

The Robustness of Markerless Radiation Therapy in the Pelvis Region by Using SGRT with a Bore-based Linac



Yoshifumi Oku

Dept. of Radiology, Divi. of Medical Technology,
Kagoshima University Hospital, Japan

Disclosure of conflict of interest (COI)

- ✓ I have received sponsorship from Vision RT in order to attend this symposium.

Outline

- Kagoshima University Hospital
- Characteristics of detection accuracy
(Phantom and Clinical Study)

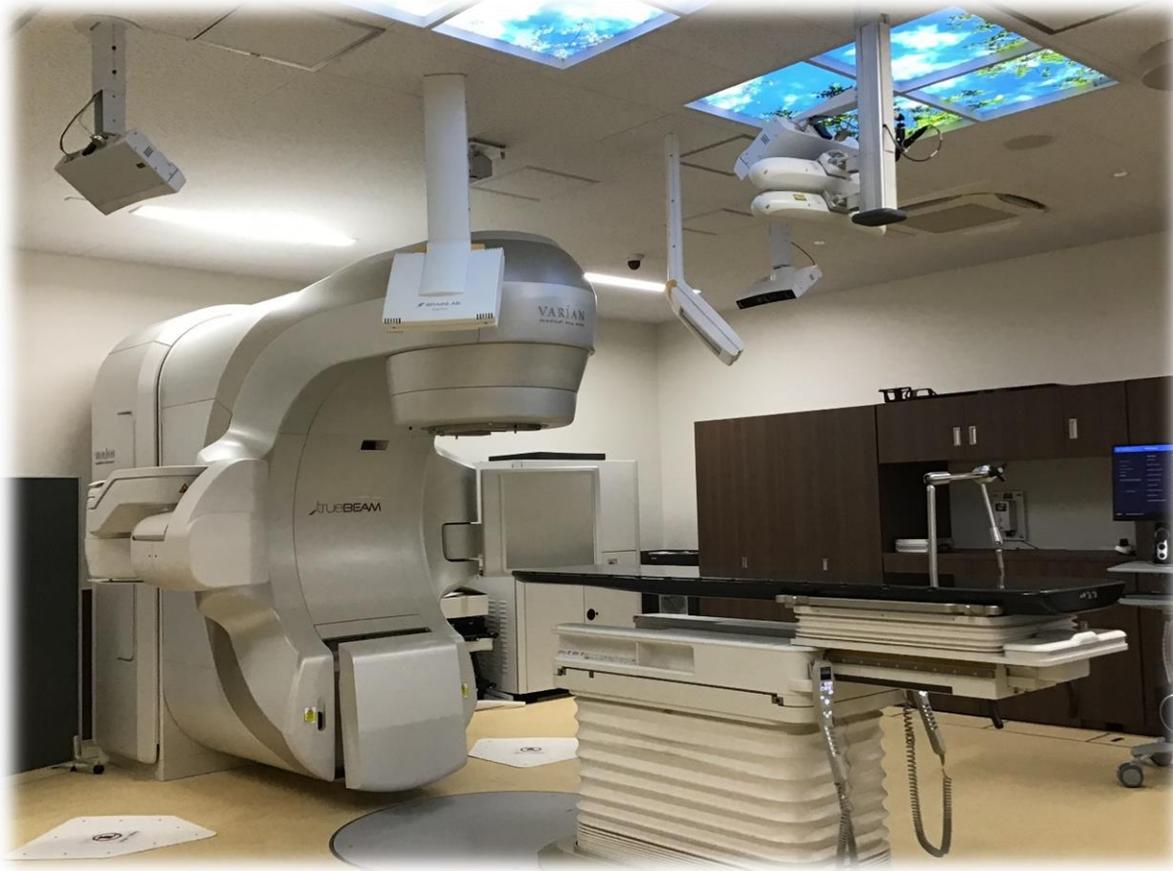
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Kagoshima University Hospital



Radiation Oncology department



+ AlignRT (VisionRT Lt.)



+ AlignRT (VisionRT Lt.)
+ AlignRT-InBore (VisionRT Lt.)

Radiation Oncology department

SGRT in KU

TrueBeam

Patient
Setup

Monitori
ng

DIBH
gating

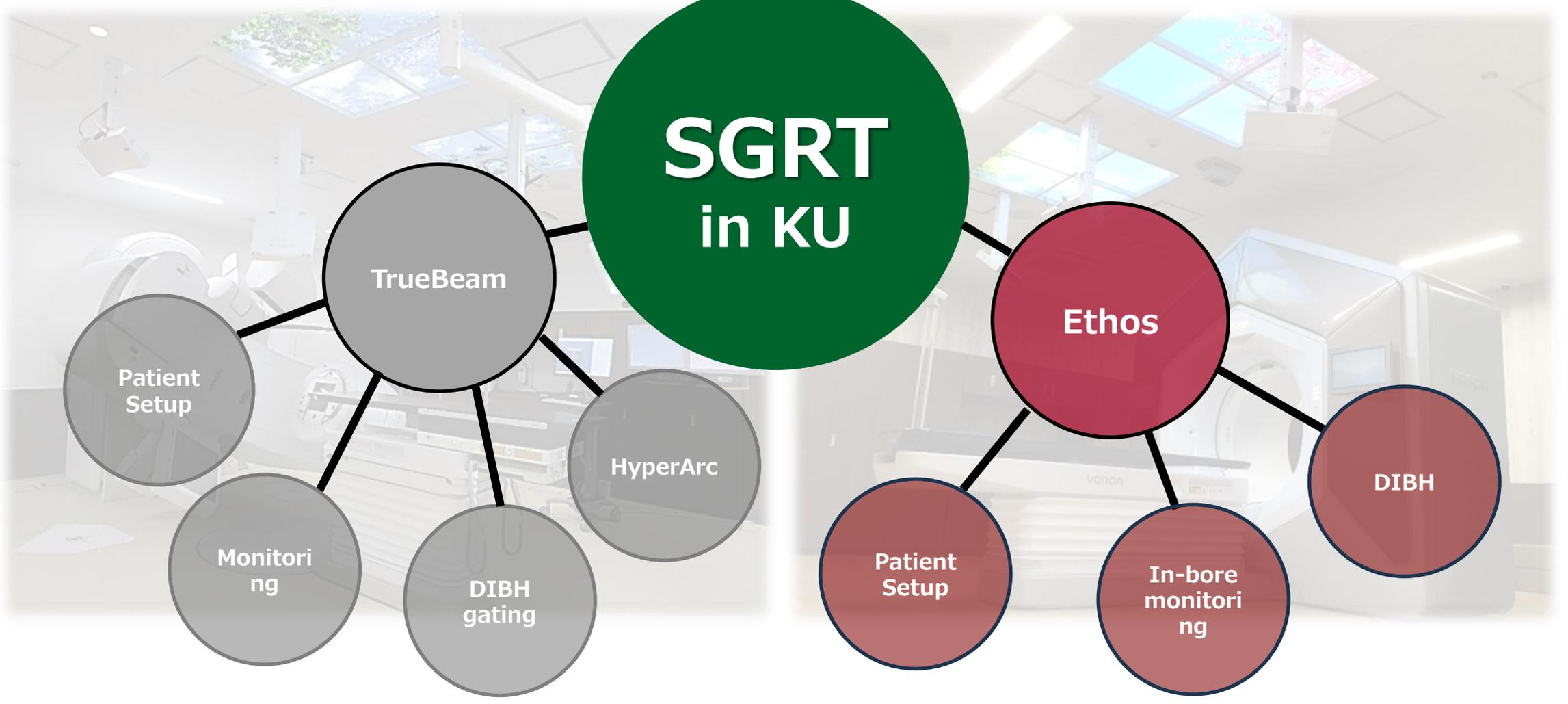
HyperArc

Ethos

Patient
Setup

In-bore
monitori
ng

DIBH



History of SGRT in KU

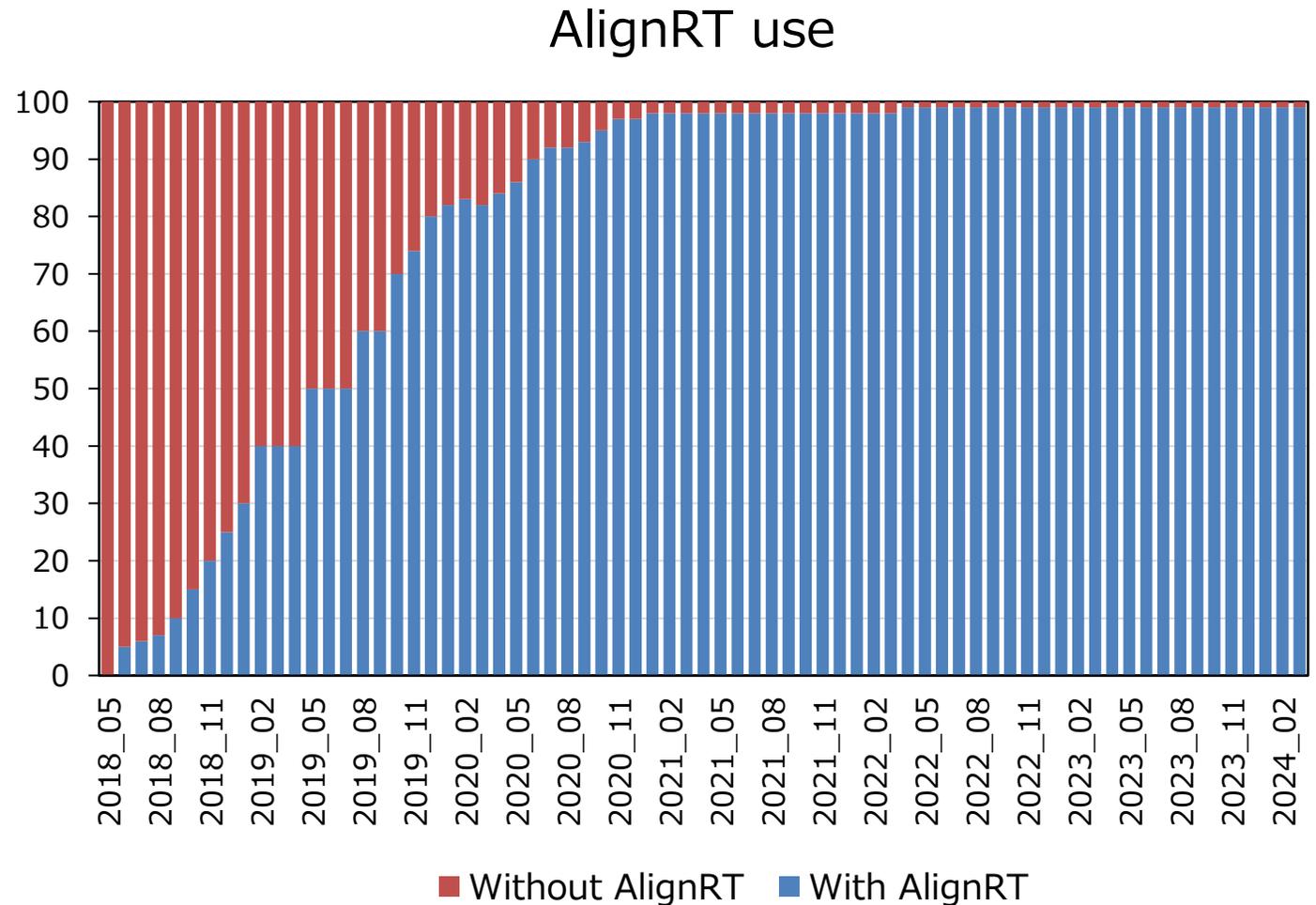
May 2018: 1st install on TrueBeam

June 2018: Setup of patient

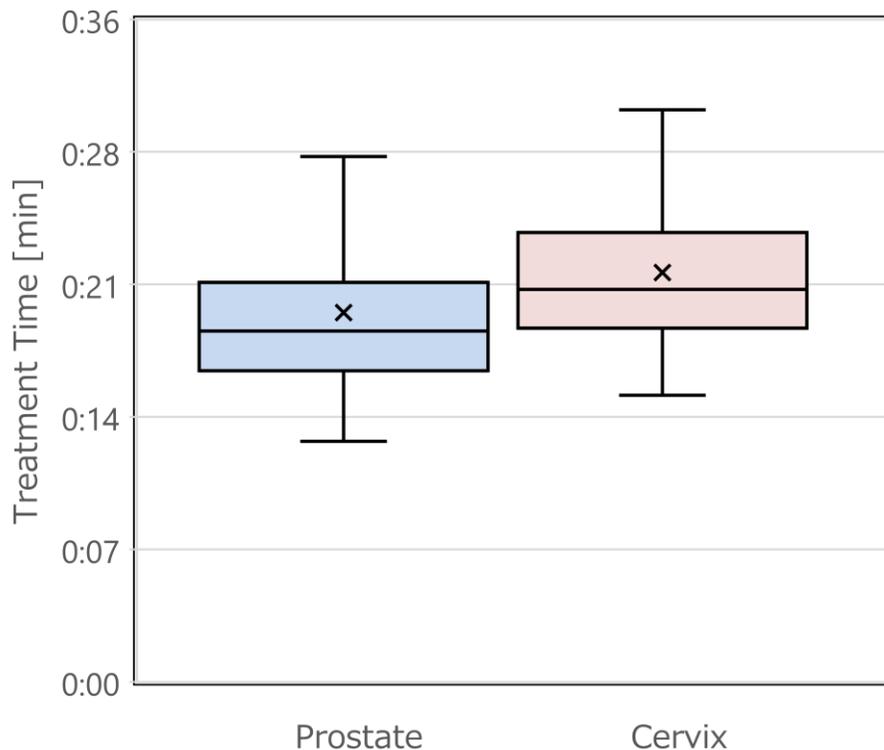
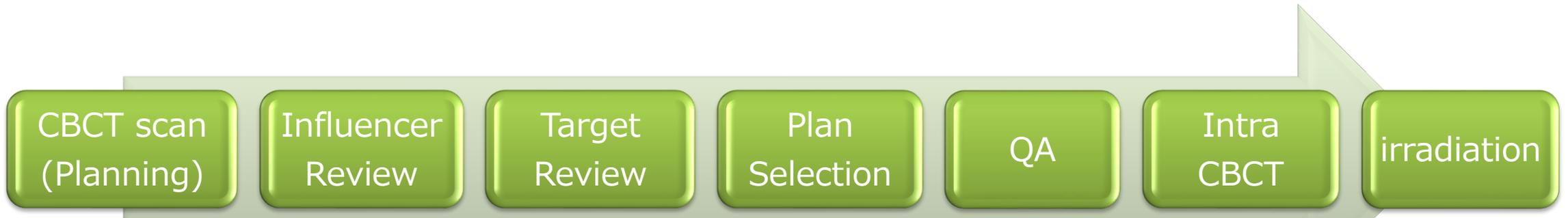
April 2019: DIBH (Breast, SBRT)

May 2022: 1st install on Ethos
AlignRT+AlignRT-InBore

June 2022: Setup of patient



On-line Adaptive in KU



- Important issue to be addressed during online adaptive radiation therapy.
- A precise assessment of the object detection accuracy is required.

SGRT for O-ring systems

From the view point of the spread of O-ring Radiotherapy System,



Problems were ...

- ① Optical line of sight limitations
- ② Difficult to correct for rotation errors
- ③ Intra-fractional motion during treatment



SGRT for O-ring systems

➤ Workflow

Step 1: Patient setup in front of the bore in Setup "isocenter" using SGRT with AlignRT



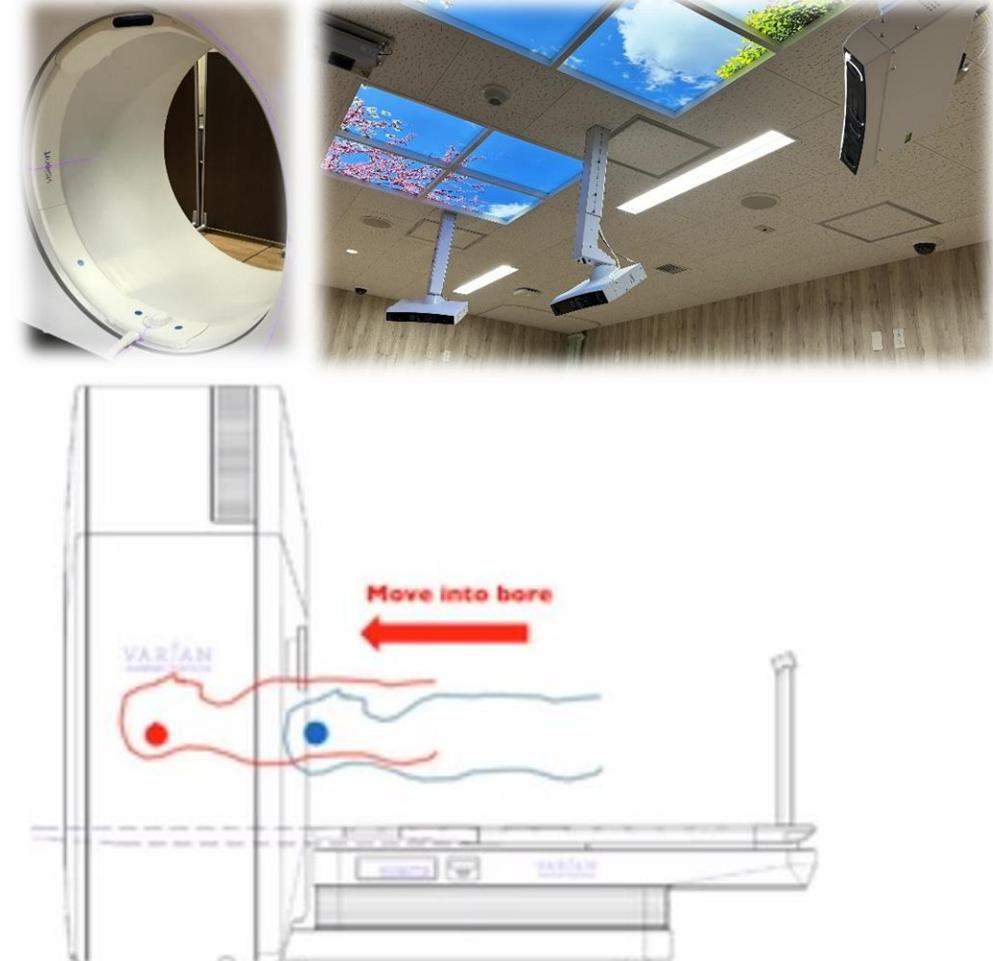
3-camera setup

Step 2: Shift into the bore + Delta Couch
(Shift between setup point and isocenter)



In-bore camera setup and monitoring

SGRT is helpful to localize the patient positioning accurately



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Purpose

To assess the positioning accuracy of the patient setup with AlignRT-InBore system.

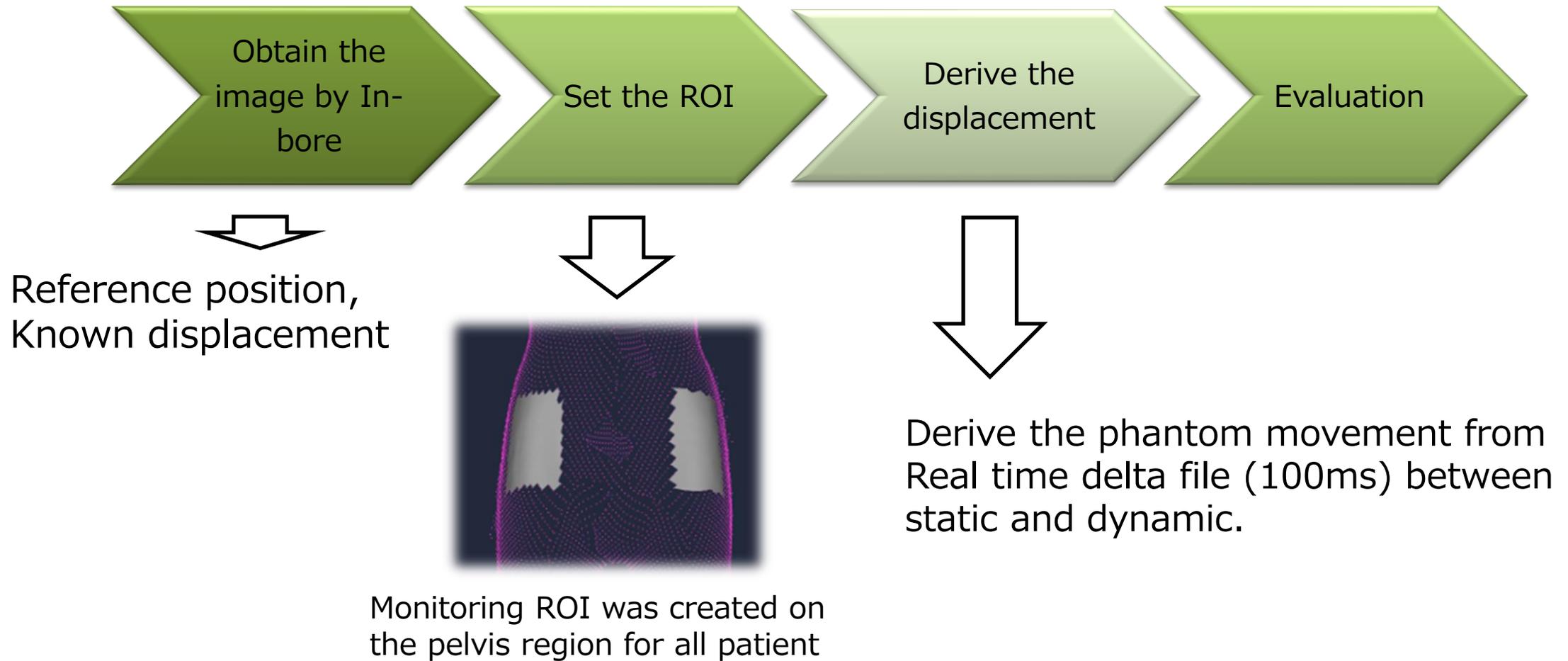


Methods / Equipment

Treatment system	
Radiotherapy machine	ETHOS Therapy (Varian)
Motion management system	AlignRT - InBore (VisionRT)
Motion device	QUASAR™ (Modus Medical Devices)
Female phantom	ERD Corporation

Patient characters		Total (n)
Patients		70
Age; median (range)	64 (24 - 82)	
Tumor location	Pelvis-male	45
	Pelvis-Female	25

Methods: workflow of setup



Methods: workflow of setup

- ✓ Evaluation of displacement for three direction translation

Static

Systematic displacement

$$\text{Mean} = \frac{1}{n} \sum_{i=1}^n (x - x')$$

n : number of data

x : phantom movement

x' : known displacement

Random displacement

$$SD = \sqrt{\frac{1}{n} \sum_{i=1}^n (Y_i - \bar{Y})^2}$$

$$Y_i = X_i - X'_i$$

Dynamic

Systematic displacement

$$\text{Mean} = \frac{1}{n} \sum_{i=1}^n (A_{target} - A_{reference})$$

n : number of data

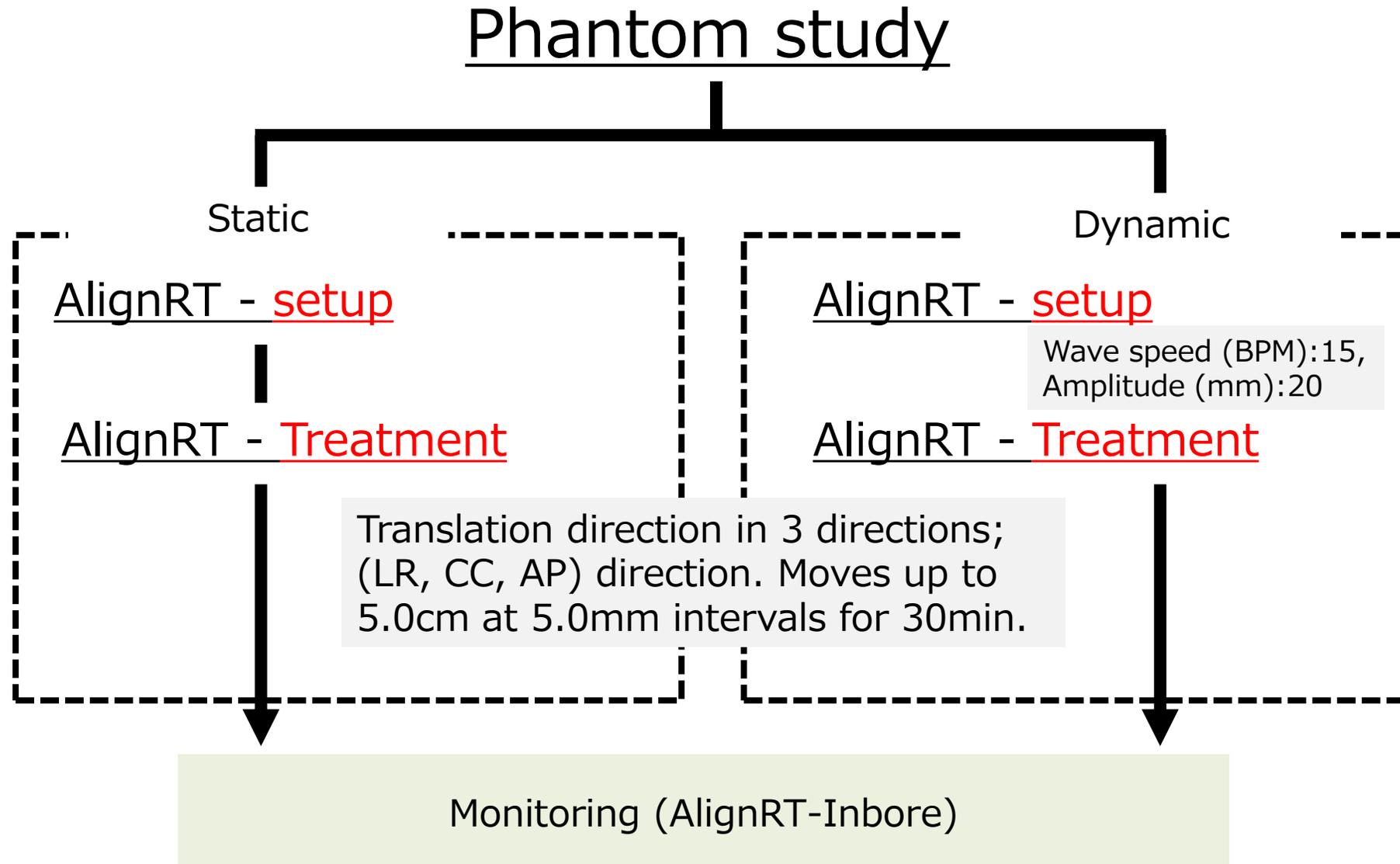
A : amplitude value

Random displacement

$$SD = \sqrt{\frac{1}{n} \sum_{i=1}^n (B_i - \bar{B})^2}$$

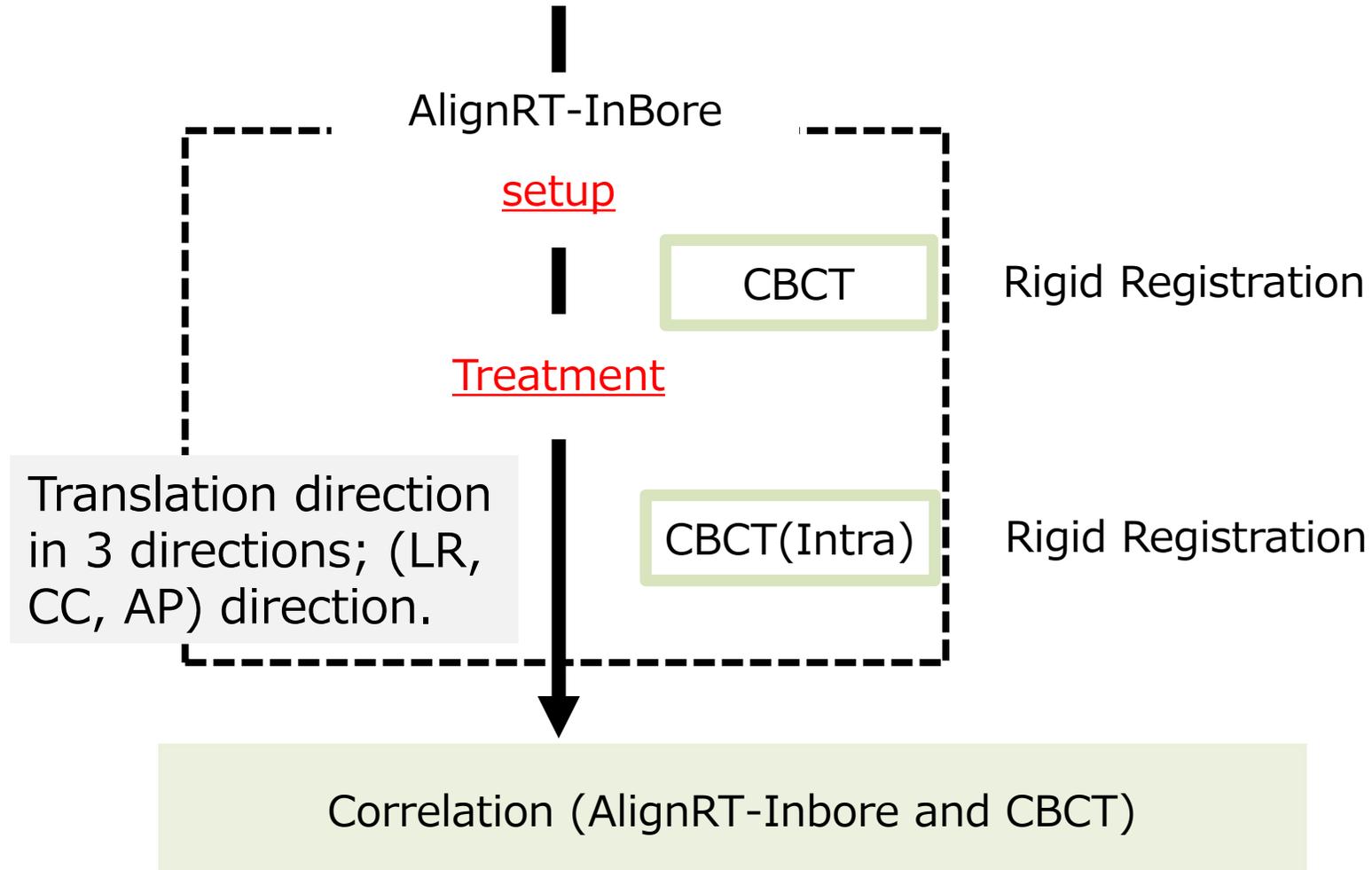
$$B = |A_{target} - A_{reference}|$$

Methods: phantom study



Methods: clinical study

70 patients (21-28 Fr. n=11210)



Methods: evaluation

(1) Phantom Positioning difference

Known displacement

(2) Phantom Positioning difference

Detectability of Static and Dynamic

(3) Positioning accuracy (during irradiation)

Reproducibility

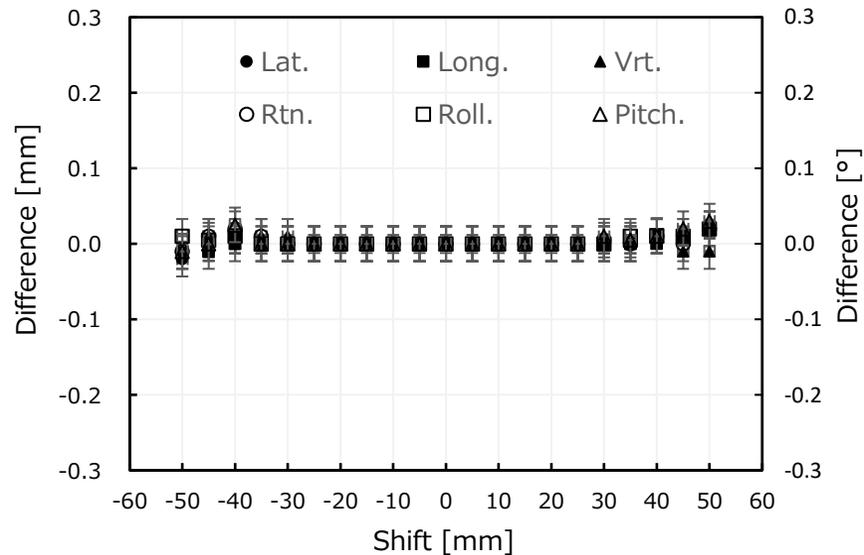
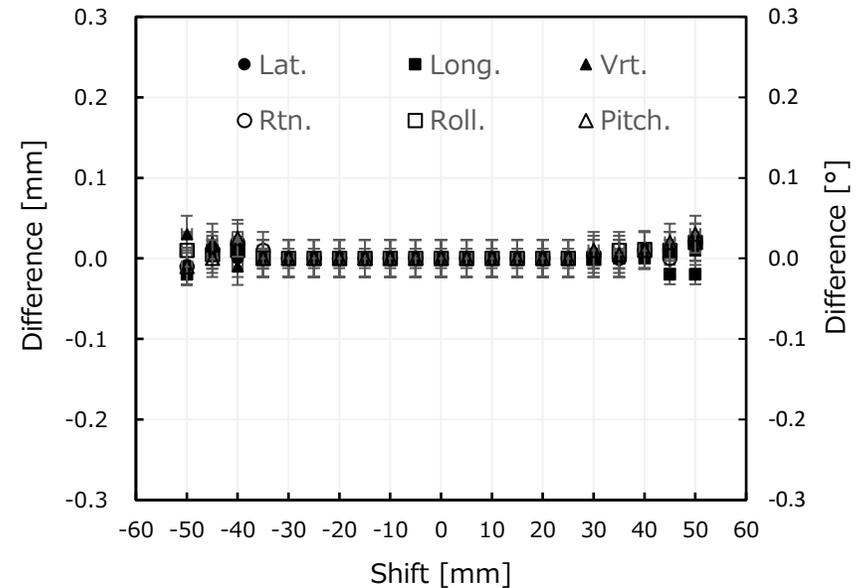
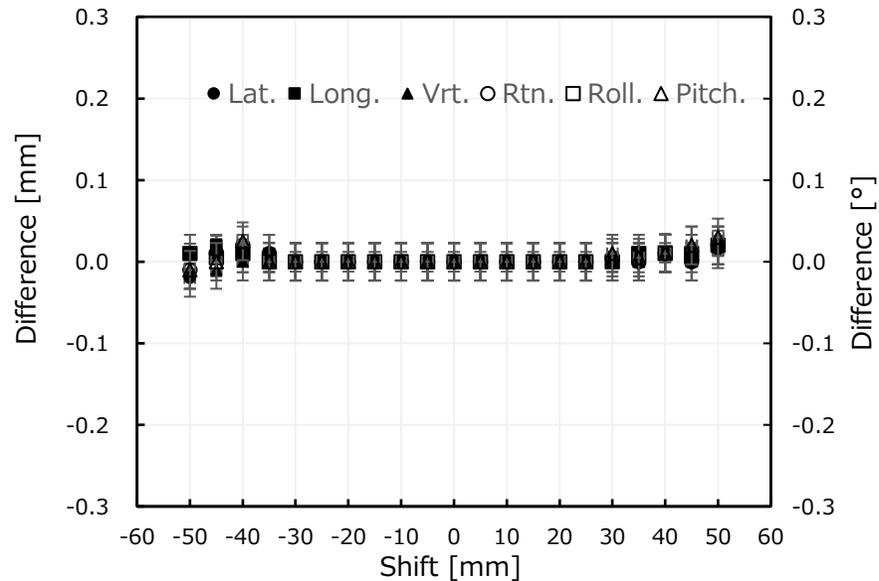
(4) Relations between the AlignRT- InBore
and CBCT set-up errors

Peasons correlation coefficient test

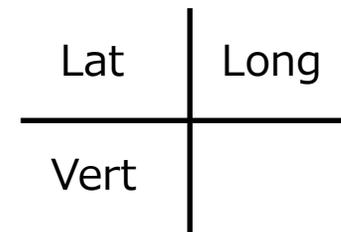
Evaluated with
AlignRT-InBore

Evaluated with
AlignRT-InBore
and CBCT

Results: known displacement

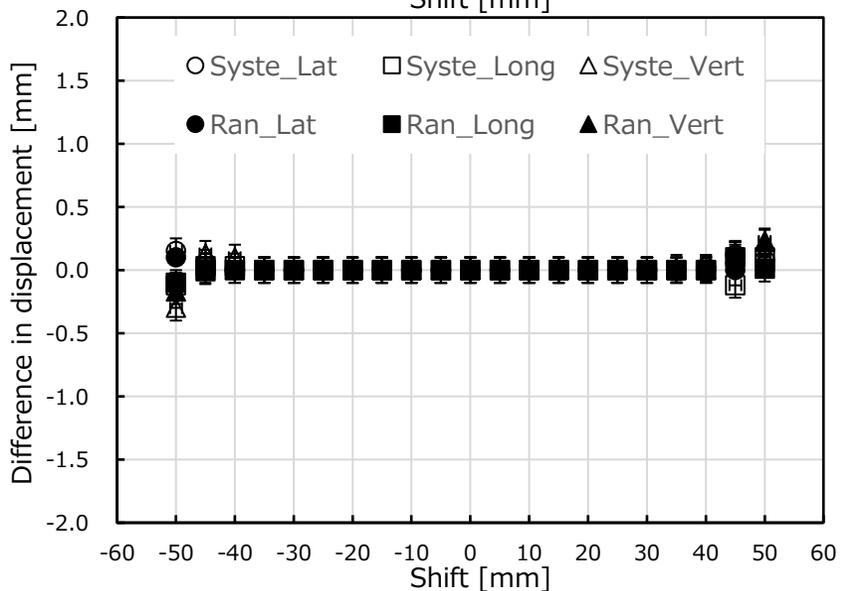
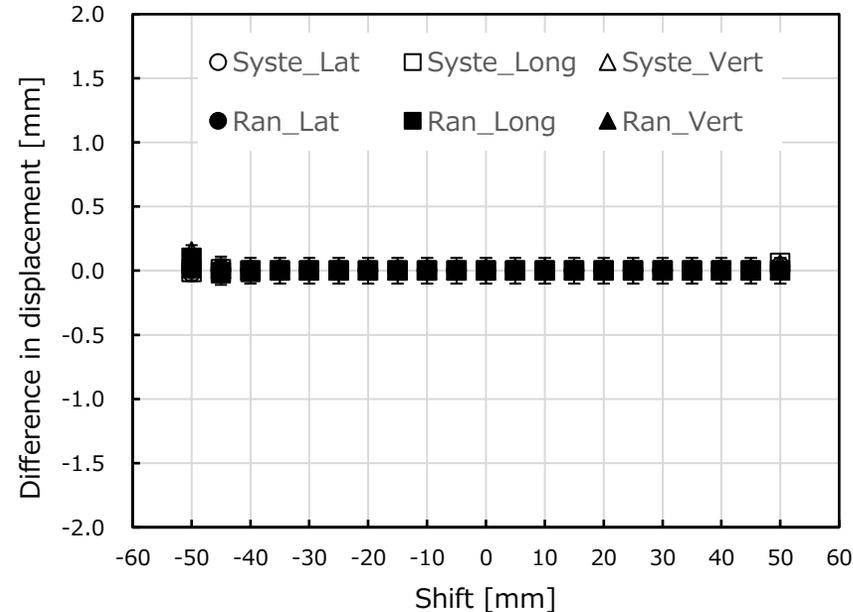
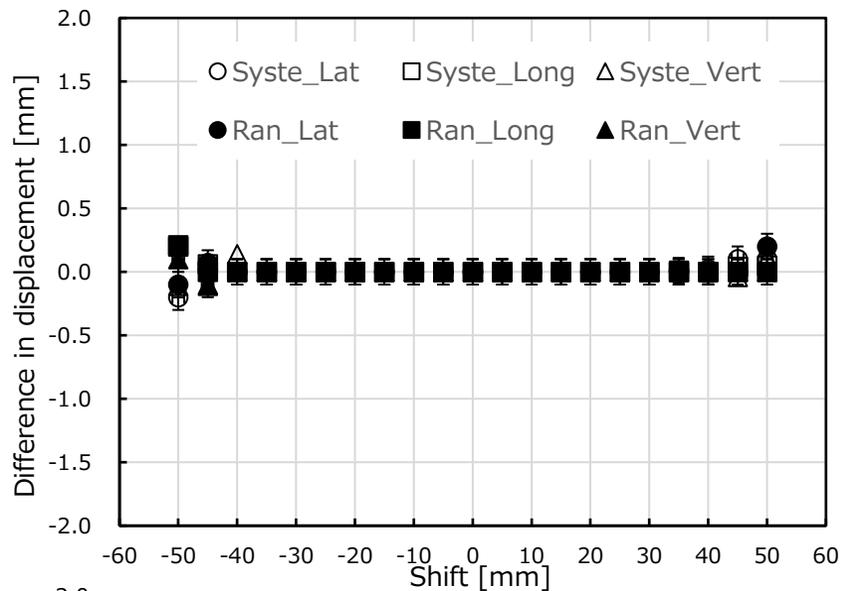


move direction (5.0mm interval)

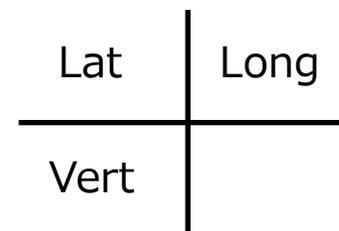


Agreed within 0.1mm, 0.1° for all directions.

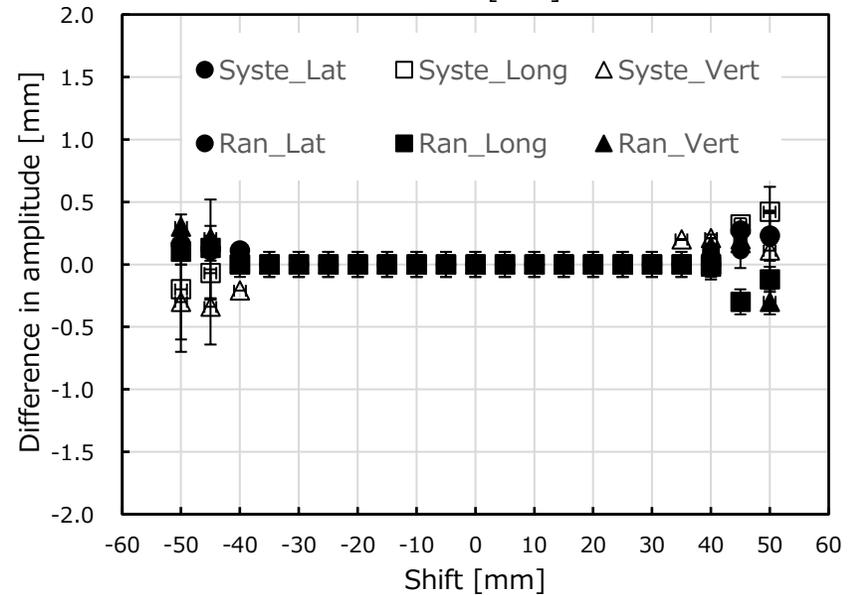
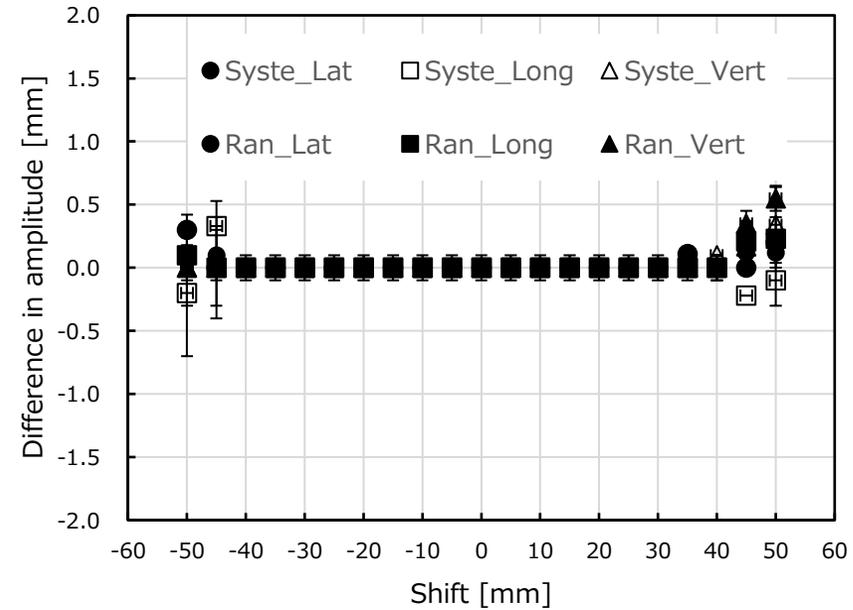
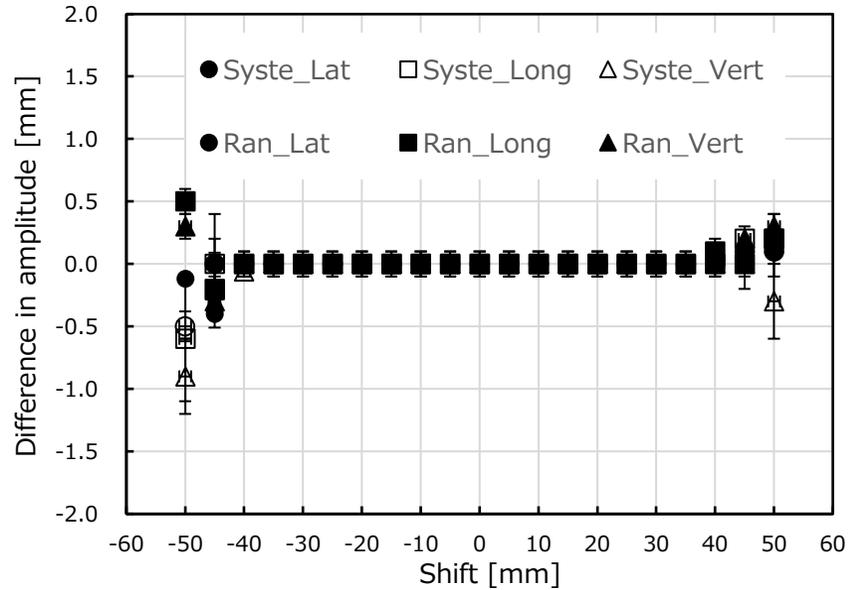
Results: detectability of static



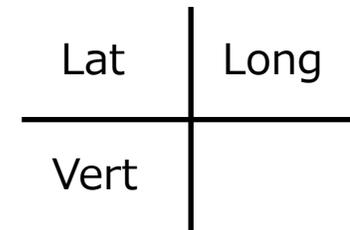
move direction (5.0mm interval)



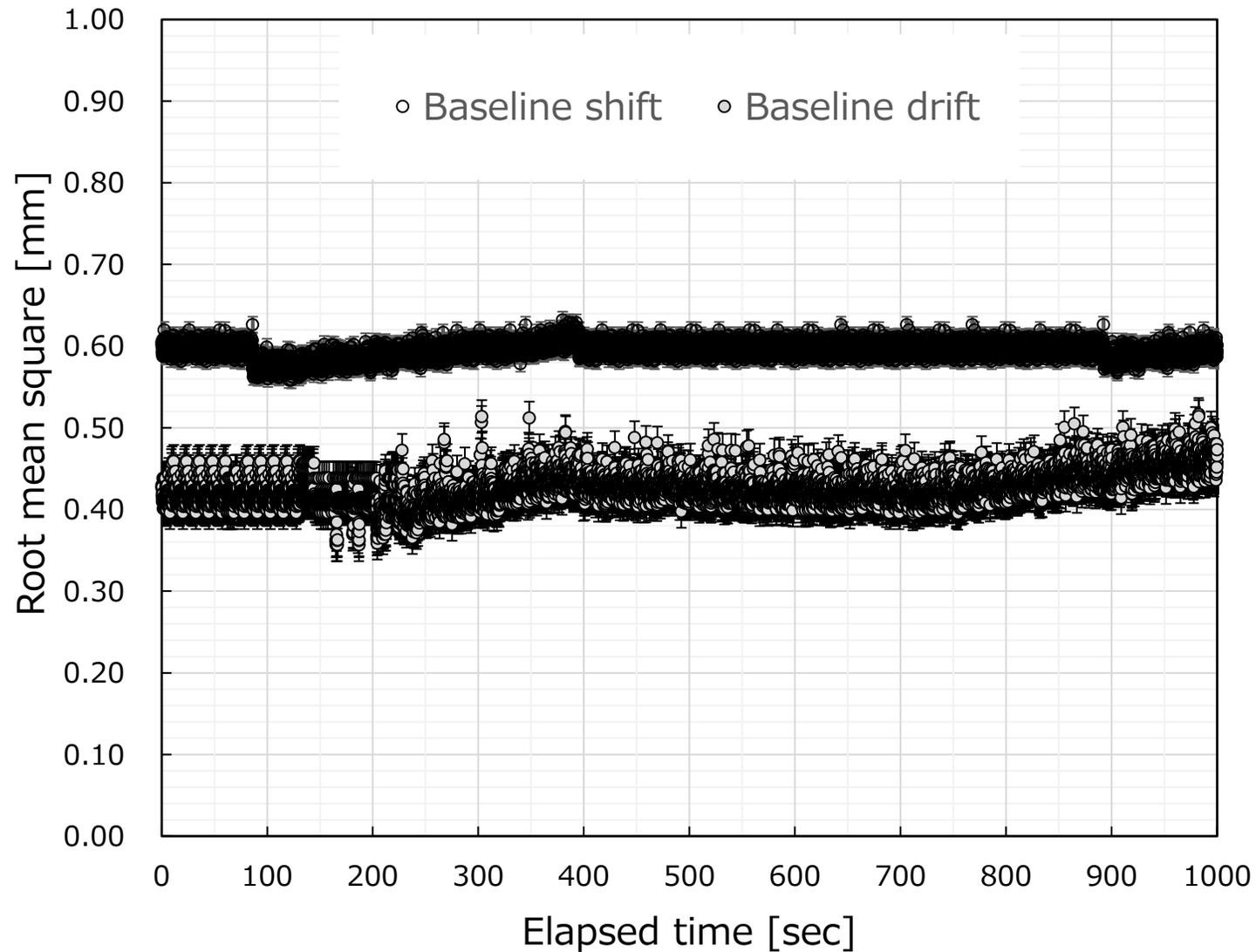
Results: detectability of dynamic



move direction (5.0mm interval)

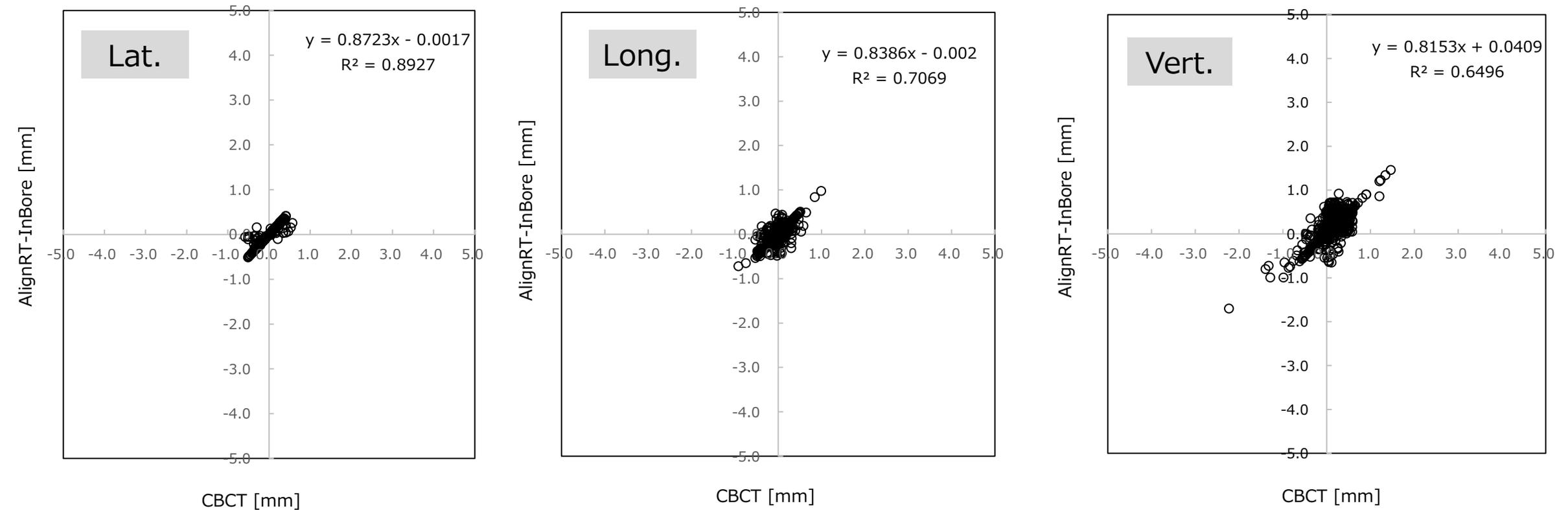


Results: reproducibility



Variability	Stability
0.21 (± 0.43)	0.35 (± 0.81)
0.78 (± 0.83)	0.89 (± 0.73)
<u>(Mean \pm 1SD)</u>	

Results: correlation



A statistically significant ($P < 0.01$) strong correlation was observed between AlignRT-InBore and CBCT in each directions.

Discussion (1)

Advantages:

- Markerless treatment
- Benefit for claustrophobic and infectious disease patients

Patient first

Friendly for medical professions

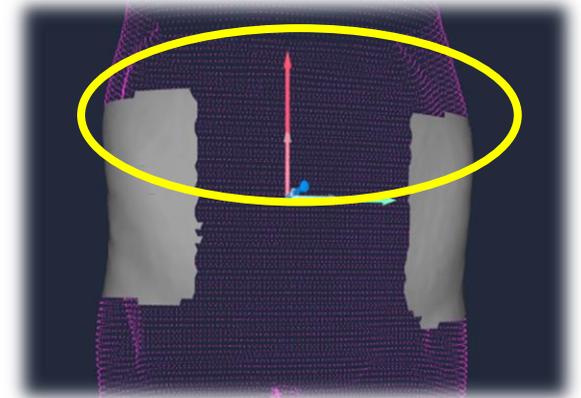


Discussion (2)

Limitations:

- The detection accuracy and each displacement are in a trade-off relationship.

The cause is **to decrease the feature areas** by moving away from the isocenter.



- Cases that occurring in the vertically direction.

Rigid registration

Point to plane iterative closet point algorithm (ICP)*



The ICP recognize objects at the same height and reflection.



Conclusions

The accuracy of the patient setup and monitoring using the In-Bore optical positioning system is within 1.0 mm is available for the moving objects.

***Thank you for your
kind attention!***

