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# SGRT surveillance during adaptive radiation therapy for prostate cancer

**Fernanda Macedo-Jimenez** 



• Fernanda Macedo received compensation for travel expenses from Vision RT.









• In-house prostate adaptive workflow combined with SBRT duration of up to 34 minutes (+ beam-on time).





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# Introduction: Why SGRT?

- Reported adaptive workflow duration of 20 minutes (+ beam-on time) [1], [2].
- Reported conventional pelvic RT treatment duration of 15 minutes [3].



#### Objective 1

Use of SGRT for continuous, dose-free monitoring over longer treatment durations!!



[1] D. N. Stanley et al., "A roadmap for implementation of kV-CBCT online adaptive radiation therapy and initial first year experiences," J Appl Clin Med Phys, vol. 24, no. 7, Jul. 2023, doi: 10.1002/acm2.13961.



[2] M. Byrne et al., "Varian ethos online adaptive radiotherapy for prostate cancer: Early results of contouring accuracy, treatment plan quality, and treatment time," J Appl Clin Med Phys, vol. 23, no. 1, Jan. 2022. doi: 10.1002/acm2.13479.

[3] Apicella, G., Loi, G., Torrente, S., Crespi, S., Beldi, D., Brambila, M., & Krengi, M. (2016). Three-dimensional surface imaging for detection of intra-fraction setup variations during radiotherapy of pelvic tumors. Radiologia Medica, 121(10), 805–810. https://doi.org/10.1007/s11547-016-0659-9





To quantify the relation between surface position detected by SGRT and internal target position as measured by CBCT.



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# Materials and Methods: Study design

- Retrospective study on 30 ART combined with SBRT prostate cancer patients
  - PACE trial regulations
  - 7.25 Gy/fx in 5 fractions

#### 138 treatment fractions

Number of patients	30
Intermediate-risk patients	29
High-risk patients	1
Diagnosis	Malignant neoplasm of
	prostate
Age	70.4 (55 - 83)
Considered OAR	Bladder
	Rectum
	Urethra
	Penile bulb
	Femoral heads
	Bowel
	Testes





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# Materials and Methods: ART/SGRT workflow



### Materials and Methods: Intra-fractional motion analysis

**Objective 1** 







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19144 14-06-24 10:21:56.261 AM 19145 14-06-24 10:21:56.261 AM

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1914.989 Prostata 2.766320431 -1.765994072 0.629585624 2.034063816 0.377233952 -0.062351994 -0.346223801

1915.096 Prostata 2,334782985 -0.86960727 0.624304771 2.074906826 0.429377884 -0.105283983 -0.342242658 1915.274 Prostata 2.294637038 -0.613473415 0.740855694 2.083300829 0.411416143 -0.104167193 -0.359782428

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1915.8 Prostata 2.185567908 -0.421327651 0.358630776 2.114373207 0.431994528 -0.100781754 -0.328636736

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1916.552 Prostata 2.060087881 -0.595477343 -0.443211108 1.921700478 0.460299611 -0.079599284 -0.262919277

1916.639 Prostata 1.510957044 -0.647472501 -0.673272014 1.187634349 0.612868309 -0.110377789 -0.266329646

2.210614389 -0.488318831 -0.341917545 2.128720999 0.440418988 -0.098110169

2.273084617 -0.542249322 -0.452059209 2.160676241 0.450411201 -0.088097386 -0.265464485









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# Results and Discussion: Surface-Tumor position correlation and statistics

Objective 2



 Surface position not accountable for internal prostate variability!





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### Conclusions



 Objective 1: VRT surface drop over the ENTIRE ART treatment duration.

- Objective 2: SGRT not accountable for internal prostate position due to WIDE RANGES in:
  - VRT
  - o LNG

#### Implications for practice

#### Recommendation:

 Verification CBCT should remain a mandatory step to ensure correct patient positioning during conventional RT and ART.



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