

Application of Surface-Guided Radiation Therapy in Males with Pelvic Cancers: A Comparative Analysis of Differences with Skin Marking-Guided Patient Setup

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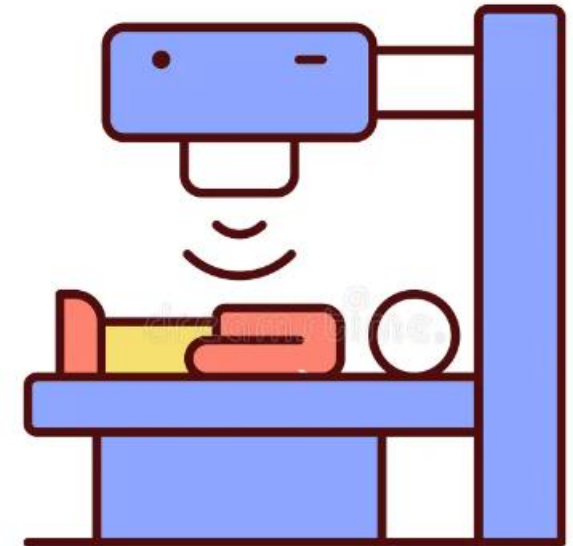
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Introduction



Accurate patient positioning in radiation therapy is essential to enhance the effectiveness and efficiency of treatment

In pelvic cases, this is particularly important because the pelvis houses several critical organs, including the bladder, rectum, and reproductive organs, which are sensitive to radiation.

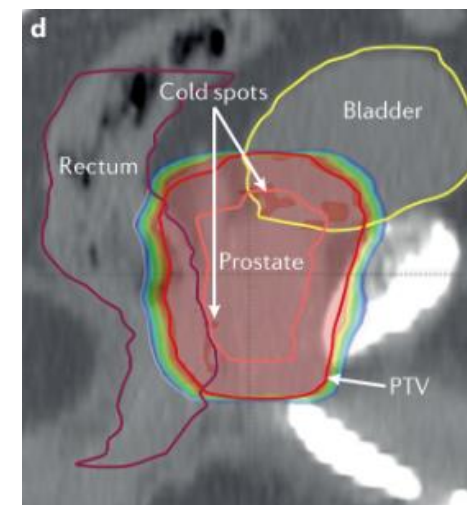


Inaccurate positioning can lead to:

Underdosing the tumor



reducing treatment effectiveness.



Overdosing nearby healthy tissues



leading to potential side effects like bowel or bladder dysfunction.





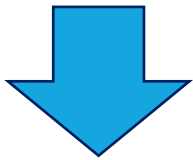
Traditionally, lines or tattoos were applied during simulation and aligned with lasers in the treatment room to ensure reproducible patient setup.

Simple

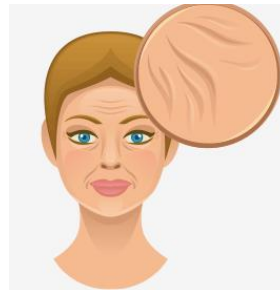
Reliable

Cost-Effective

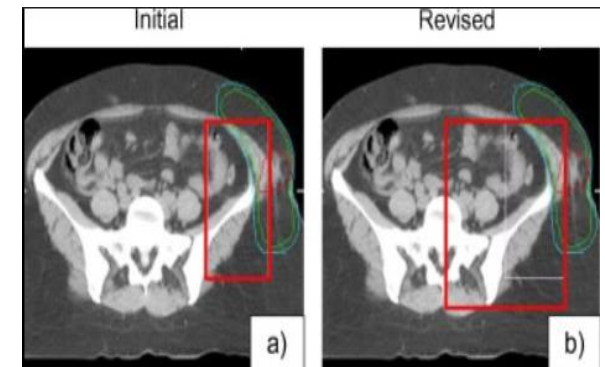
Invasive and may cause physical or psychological discomfort



Skin elasticity can lead to positioning inaccuracies

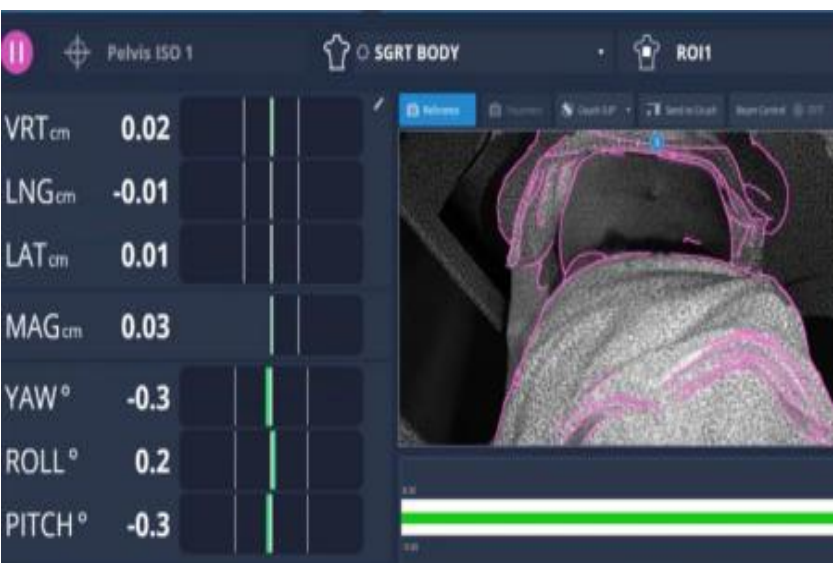


Increased radiation exposure



Surface-Guided Radiation Therapy (SGRT)

SGRT is an advanced technology that utilizes 3D surface imaging to ensure precise patient positioning, monitor movement during treatment, and motion management.





Pros

Improved accuracy

Reduced setup time

Tracking patient movement in real-time

Non-invasive approach

Cons

Shits affected by ROI

More complex and costly to implement and maintain

Potential for technical issues

SGRT



Study Objective



This study aims to evaluate and compare the accuracy and efficiency of surface-guided radiation therapy setup compared to the tattoo/skin-marking guided radiation therapy in males with pelvis cancer treatment utilizing data obtained from Cone Beam Computed Tomography (CBCT) images.

Materials and Methods

Study design

11 male patients with pelvic malignancies were included

Treatment Protocol

- Bladder protocol
- VMAT
- >20 sessions

Positioning

- All-in-one setup with pelvic board
- 10 sessions with tattoos
- 10 sessions with SGRT

Verification

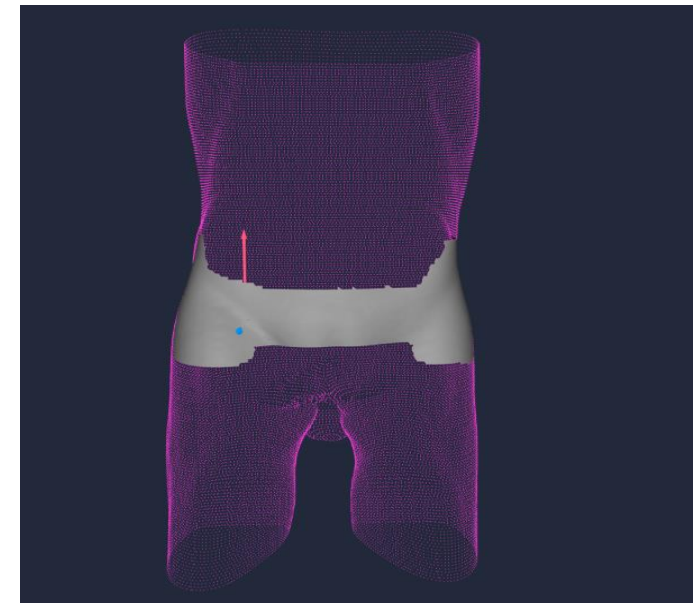
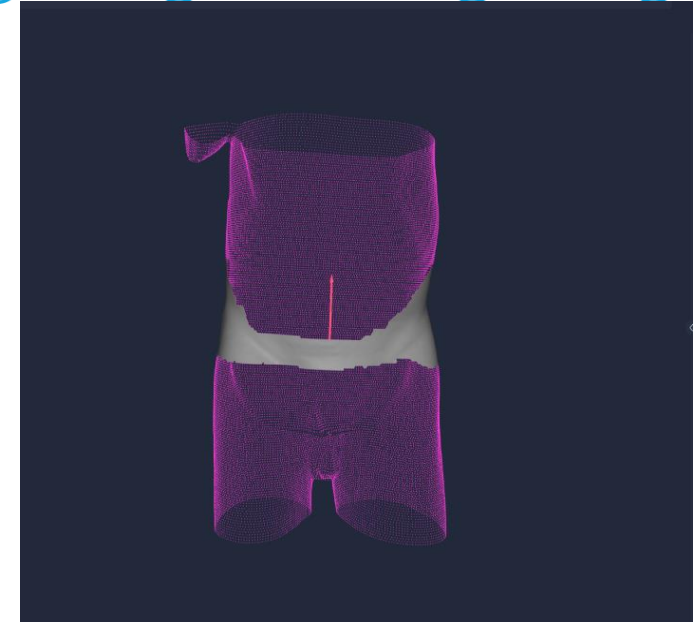
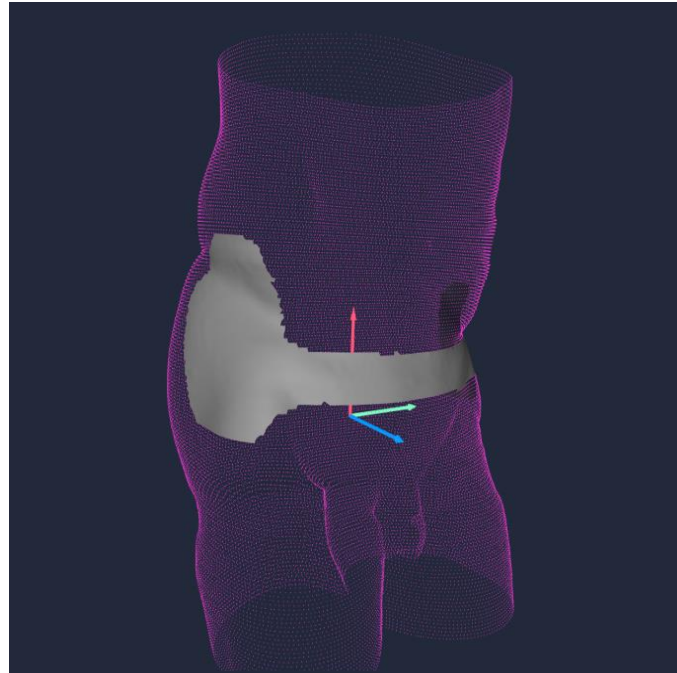
- MV/Kv images acquired with tattoo setups.
- CBCT performed before each treatment

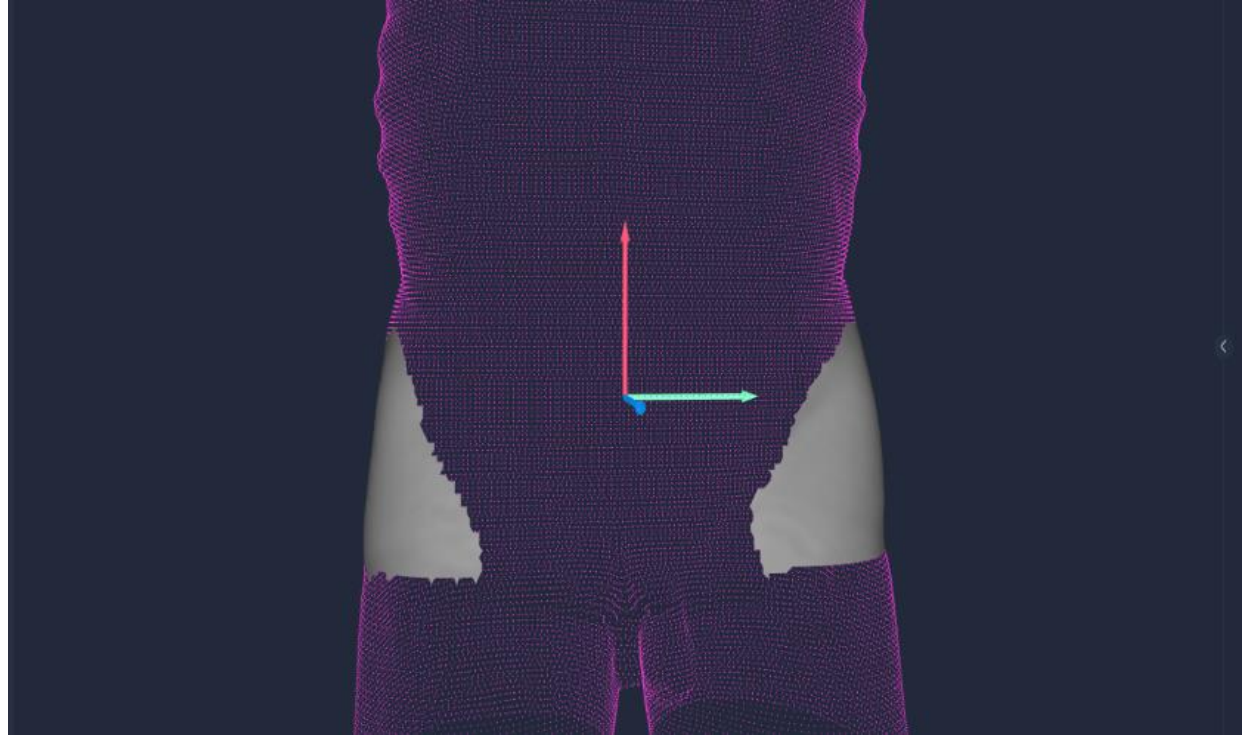
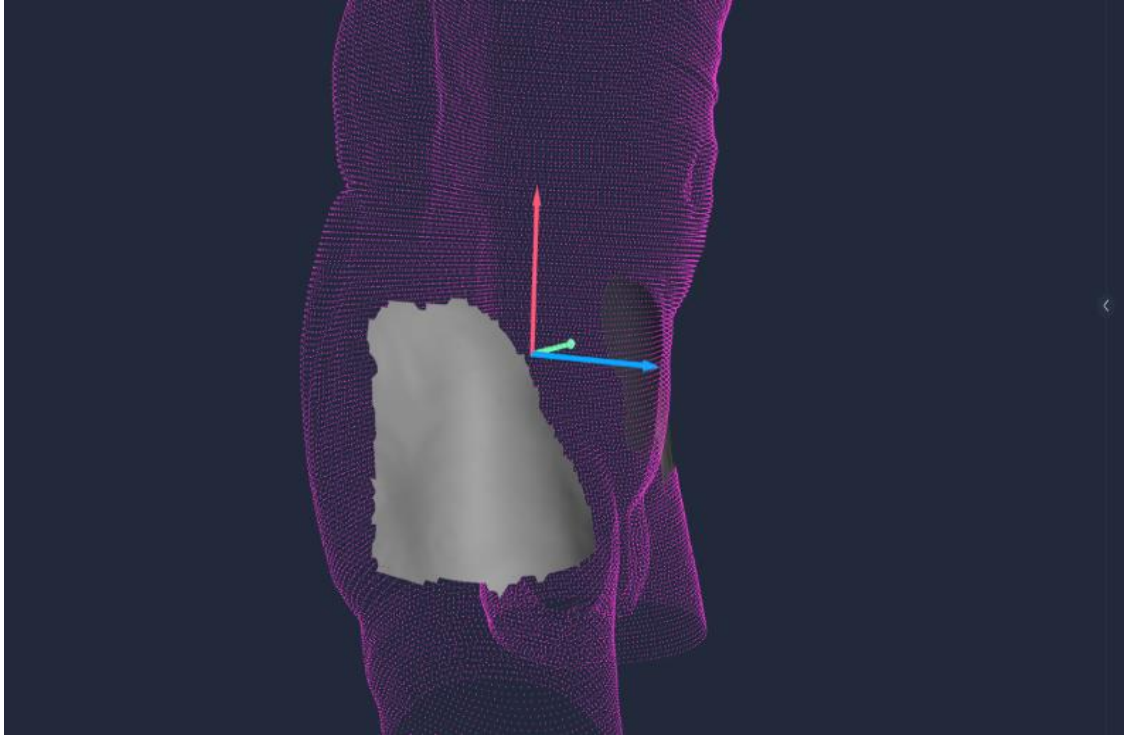
Data Analysis

Translational and rotational shifts recorded from 220 CBCT images retrospectively and documented in excel sheet for analysis

Region of interest (ROI):

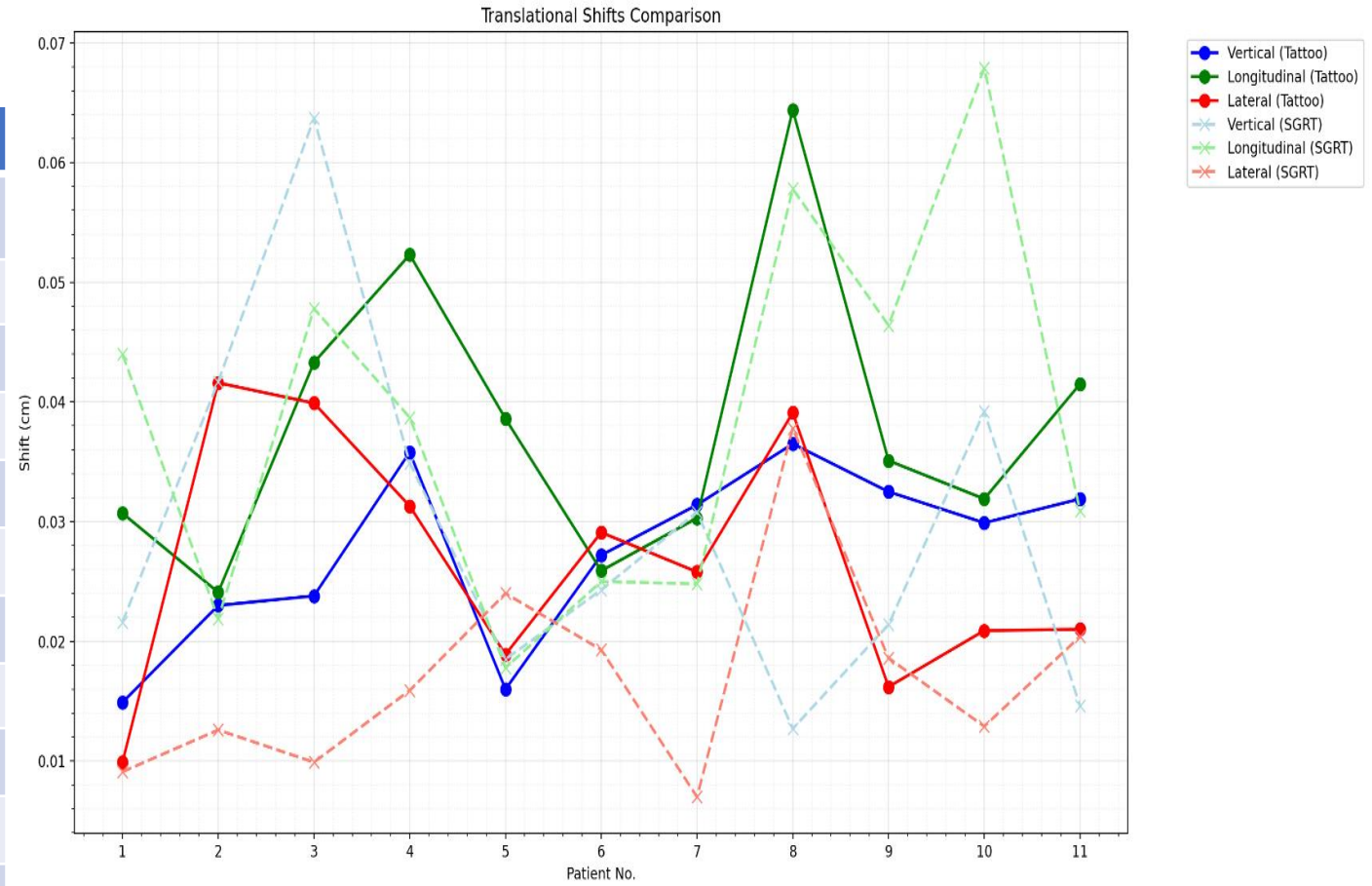
- Include only the patient's surface, avoiding sheets and immobilization devices.
- Exclude unstable areas, such as the abdomen.
- Drawing the ROI too inferior may result in more unwanted pitch rotation.
- Consider including include more anatomy in middle, superiorly or laterally if needed.





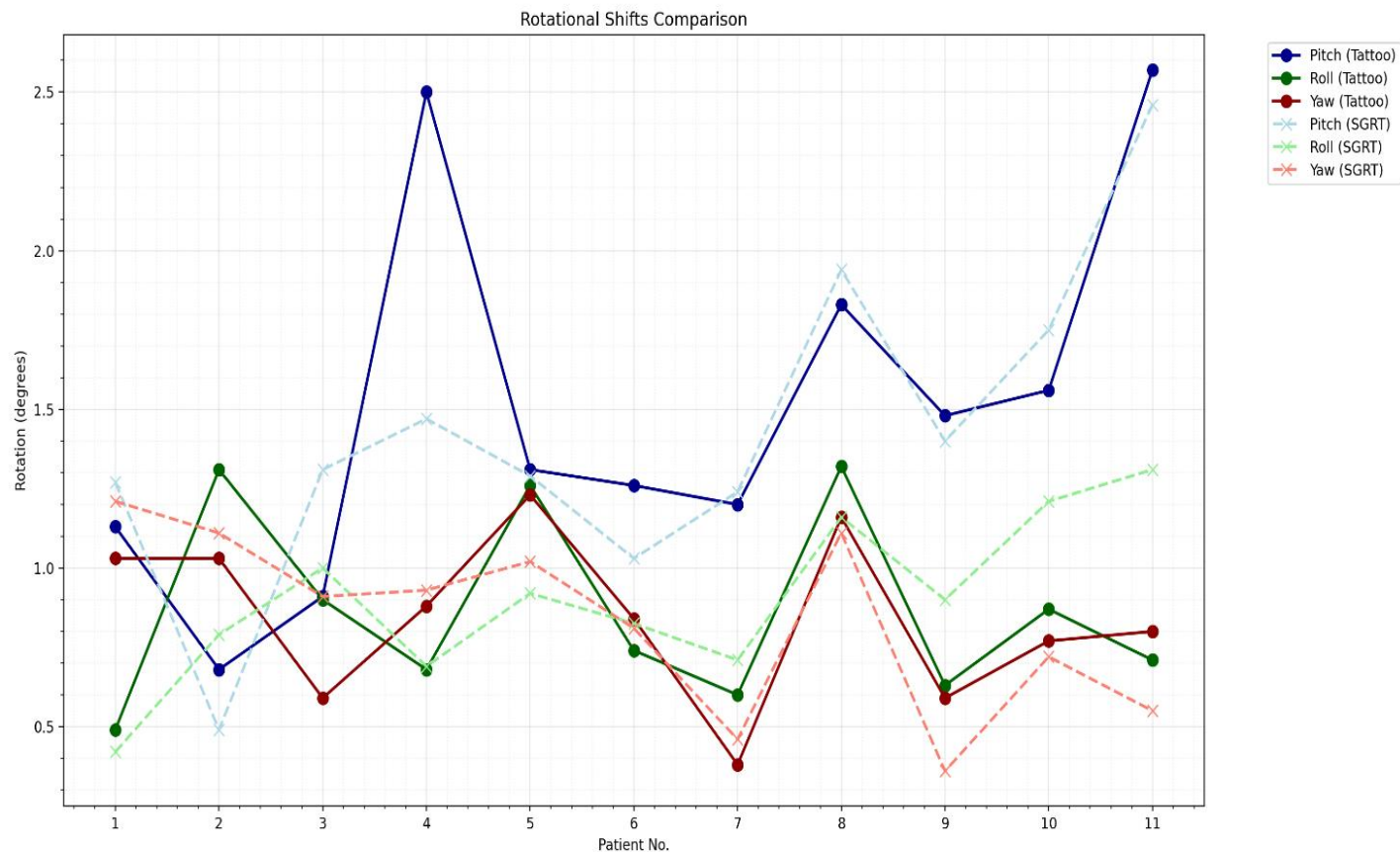
Results

| Patient No. | Tattoo | | | SGRT | | |
|-------------|---------------|-------------------|--------------|---------------|-------------------|--------------|
| | Vertical (cm) | Longitudinal (cm) | Lateral (cm) | Vertical (cm) | Longitudinal (cm) | Lateral (cm) |
| 1 | 0.149 | 0.307 | 0.099 | 0.216 | 0.44 | 0.091 |
| 2 | 0.23 | 0.241 | 0.416 | 0.417 | 0.219 | 0.126 |
| 3 | 0.238 | 0.433 | 0.399 | 0.637 | 0.478 | 0.099 |
| 4 | 0.358 | 0.523 | 0.313 | 0.349 | 0.387 | 0.159 |
| 5 | 0.16 | 0.386 | 0.189 | 0.185 | 0.178 | 0.24 |
| 6 | 0.272 | 0.259 | 0.291 | 0.243 | 0.25 | 0.193 |
| 7 | 0.314 | 0.303 | 0.258 | 0.308 | 0.248 | 0.07 |
| 8 | 0.365 | 0.644 | 0.391 | 0.127 | 0.578 | 0.378 |
| 9 | 0.325 | 0.351 | 0.162 | 0.214 | 0.464 | 0.186 |
| 10 | 0.299 | 0.319 | 0.209 | 0.392 | 0.679 | 0.129 |
| 11 | 0.319 | 0.415 | 0.21 | 0.146 | 0.309 | 0.204 |



- Solid lines with circles (●) represent Tattoo measurements
- Dashed lines with crosses (×) represent SGRT measurements
- Each direction has its own color scheme:
 - Blue shades for Vertical
 - Green shades for Longitudinal
 - Red shades for Lateral

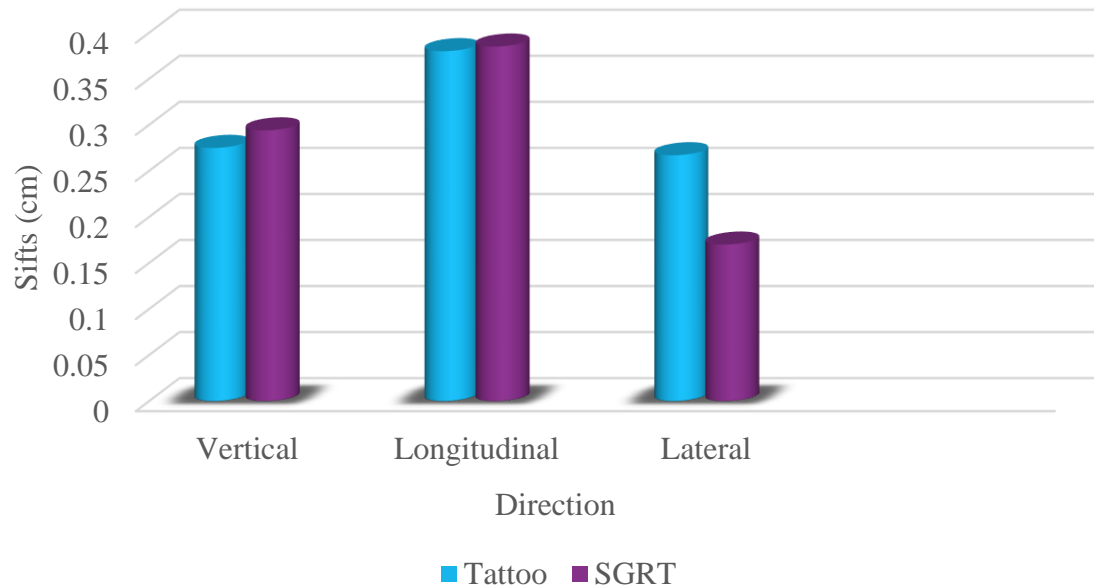
| Patient No. | Tattoo | | | SGRT | | |
|-------------|-----------|----------|---------|-----------|----------|---------|
| | Pitch (°) | Roll (°) | Yaw (°) | Pitch (°) | Roll (°) | Yaw (°) |
| 1 | 1.13 | 0.49 | 1.03 | 1.27 | 0.42 | 1.21 |
| 2 | 0.68 | 1.31 | 1.03 | 0.49 | 0.79 | 1.11 |
| 3 | 0.91 | 0.9 | 0.59 | 1.31 | 1 | 0.91 |
| 4 | 2.5 | 0.68 | 0.88 | 1.47 | 0.69 | 0.93 |
| 5 | 1.31 | 1.26 | 1.23 | 1.29 | 0.92 | 1.02 |
| 6 | 1.26 | 0.74 | 0.84 | 1.03 | 0.825 | 0.81 |
| 7 | 1.2 | 0.6 | 0.38 | 1.24 | 0.71 | 0.46 |
| 8 | 1.83 | 1.32 | 1.16 | 1.94 | 1.16 | 1.11 |
| 9 | 1.48 | 0.63 | 0.59 | 1.4 | 0.9 | 0.36 |
| 10 | 1.56 | 0.87 | 0.77 | 1.75 | 1.21 | 0.72 |
| 11 | 2.57 | 0.71 | 0.8 | 2.46 | 1.31 | 0.55 |



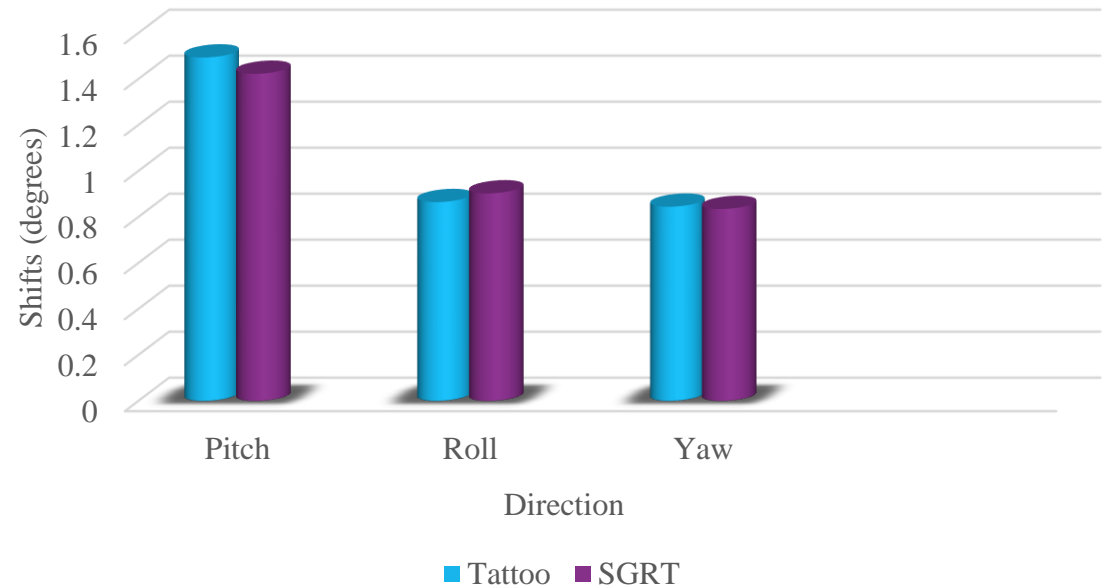
- Solid lines with circles (●) represent Tattoo measurements
- Dashed lines with crosses (×) represent SGRT measurements
- Each direction has its own color scheme:
 - Blue shades for Pitch
 - Green shades for Roll
 - Red shades for Yaw


| | Vertical (cm) | Longitudinal (cm) | Lateral (cm) | Pitch (°) | Roll (°) | Yaw (°) |
|--------|-----------------|-------------------|-----------------|-----------------|-----------------|-----------------|
| Tattoo | 0.275 (± 0.074) | 0.38 (± 0.12) | 0.267 (± 0.105) | 1.494 (± 0.6) | 0.865 (± 0.3) | 0.845 (± 0.259) |
| SGRT | 0.294 (± 0.149) | 0.385 (± 0.16) | 0.17 (± 0.087) | 1.423 (± 0.506) | 0.903 (± 0.259) | 0.835 (± 0.283) |

Translational shifts



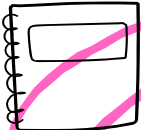
Rotational shifts






Both Tattoos and SGRT methods provide almost similar accuracy


Conclusion



Reduce the frequency of imaging exposure by utilizing SGRT




SGRT has the potential to significantly enhance treatment accuracy and efficiency



We recommend always performing a CBCT scan to confirm setup position, regardless of using tattoos or SGRT



Key Takeaways:

- ✓ SGRT is a valuable tool in the treatment of pelvic cancer.
 - ✓ Accurate and skillful ROI drawing is essential to maximize SGRT benefits.
 - ✓ Following the CBCT scan, applying SGRT shifts and capturing a new surface image helps analyze intrafraction movements.
 - ✓ In pelvic cases, SGRT complements IGRT rather than replacing it.
 - ✓ Further studies are required to optimize the implementation of SGRT and maximize its benefits for patients.
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References

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شكريه

धन्यवाद

Any Questions??

متنرم

Thank you

Teşekkür ederim

شكرا

