

### Oklahoma Proton Center est. 2009

- IBA machine manufacturer
- 4 Treatment Room Facility
- 1 Gantry, 2 Incline Beams, 1 Fixed Beam
- Stereoscopic X-Ray Imaging
- Uniform Scanning w/ apertures & compensators
- All breast treatments:
  - Gantry room (360° freedom)
  - Incline beam room (treatment only @ 30° and 90°)



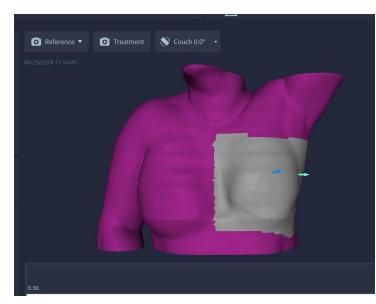


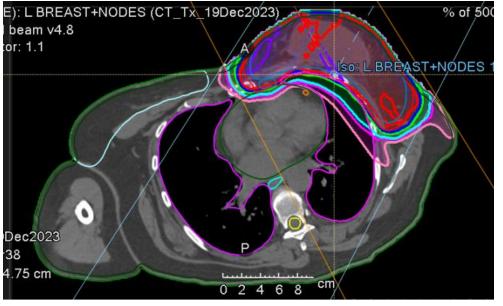
# OPC BREAST SETUP POSITIONING

- Treatment side arm up, contralateral arm down
- Head turned away from affected side
- Rolled up on treatment side

So why rolled position & not simulated flat?

In effort to plan for incline beam room



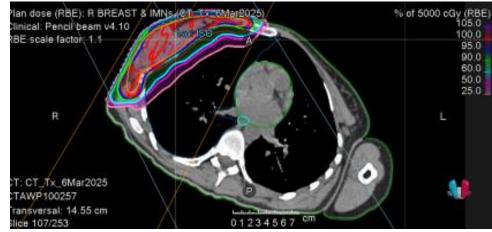


# OPC Breast Setup Challenges

- 2 Main Reproducibility issues: Roll & Arm position
- ▶ 1. Roll
  - Difficult & time consuming to adjust patient for appropriate roll
  - ► Table does allow for 3 degrees of roll, rotation, & pitch



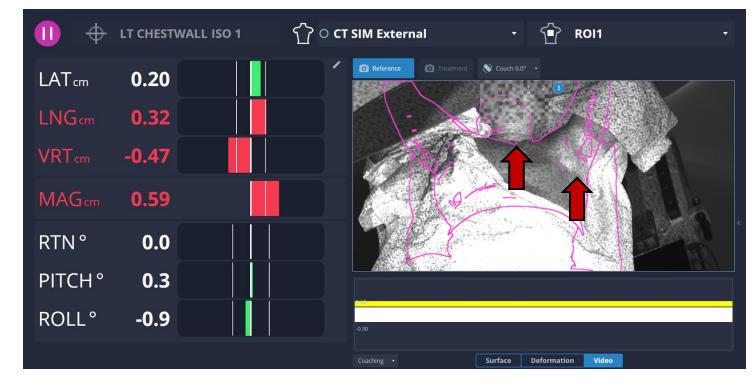




# OPC Breast Setup Challenges (cont...)

- 2. Arm Position
  - Inconsistent arm & chin positioning

These 2 issues led to numerous x-rays and patients being on the table longer than necessary

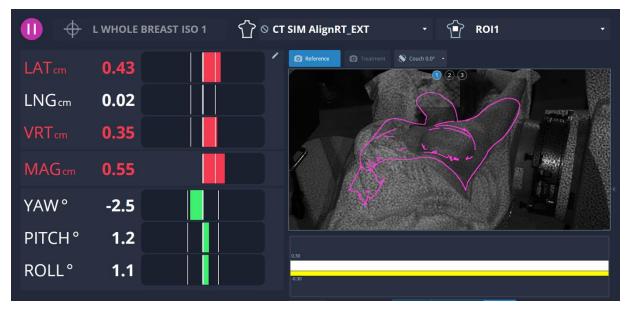


### Implementing AlignRT & Our Experience

- Ease of using AlignRT in treatment room
  - Monitors in imaging console area & in treatment room
  - Convenient to switch between surface and video function to efficiently setup patient
- ► Ease of transition to using AlignRT with patients
  - ▶ Patients are already uncovered for breast treatments while using protons
- ▶ We adjust X, Y, Z, roll, & rotation prior to imaging

## Positive Experiences with AlignRT

- Postural Video
  - Able to see arm placement
  - Can adjust patient's roll prior to imaging
    - Enormous benefit
  - Creates easy, accurate, & quick set up all prior to imaging
    - Being able to adjust roll & rotation prior to treatment is a HUGE time saver
- Minimal Shifts
- Confidence that patient has not moved during treatment



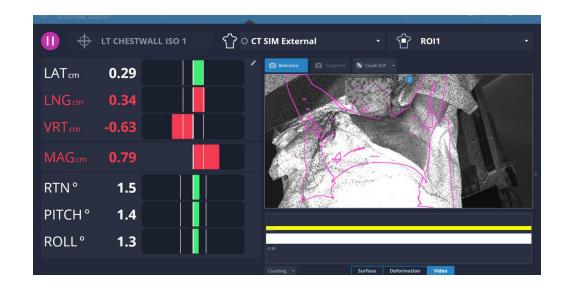
Pre-Imaging, post arm & roll manipulation

### Placement of Bad Arm vs Good Arm

Pre-Imaging, **Before** arm manipulation

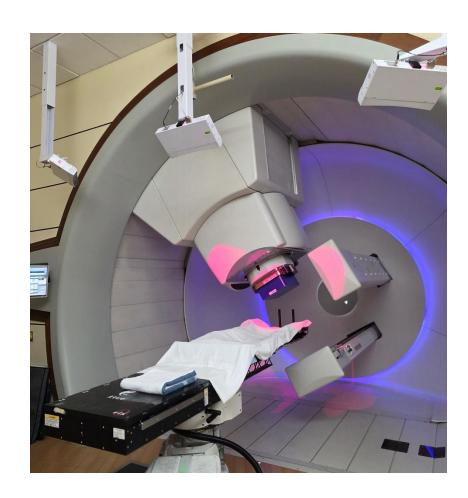


Pre-Imaging, **After** arm manipulation



# Challenges with AlignRT

- Camera placement with size of the Gantry
  - Sometimes creates unseen areas, typically around clavicle
  - Dependent on location of Gantry & imaging panels



# Challenges with AlignRT



#### X-ray arm in place

Blind spots created when x-ray arm is in place



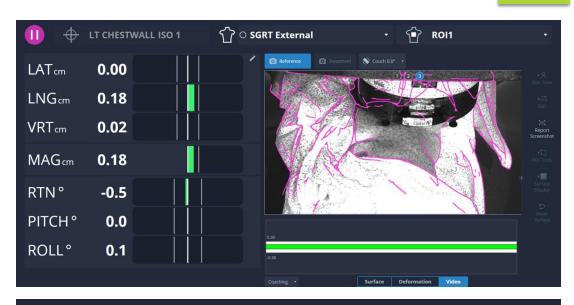


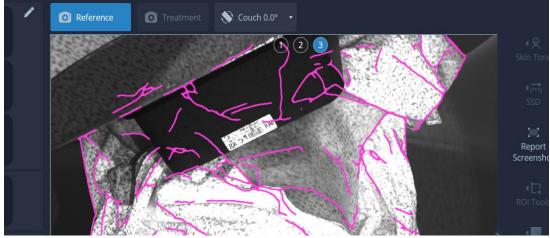
#### Gantry @ 30°

One camera angle blocked by gantry at treatment position

# Challenges with AlignRT (cont...)

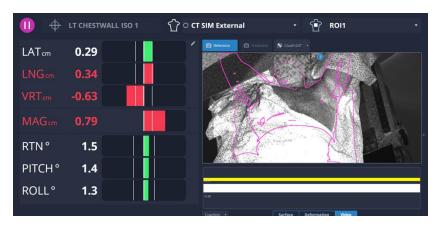
- Limited view of surface anatomy once snout is in treatment position
  - Most common with 30x40 snout
  - ROI <u>still</u> tracks even with snout in position





### Resolution to Challenges

- Have snout fully retracted during initial setup of patient
  - This gives a clear view of patient's surface anatomy in Postural Video

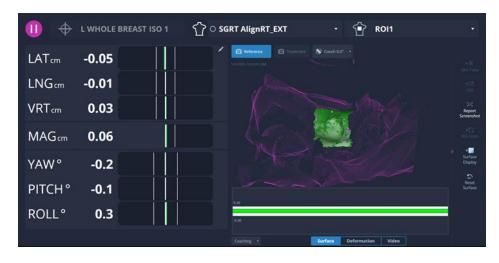




# Resolution to Challenges (cont...)

- ROI is crucial
  - Cover full breast surface anatomy when drawing initial ROI
  - Avoid any major creases or folds (if possible)
  - Make sure linen is completely out of the way of the ROI field
  - Adjust/Edit ROI as needed during patient's initial block check/treatment

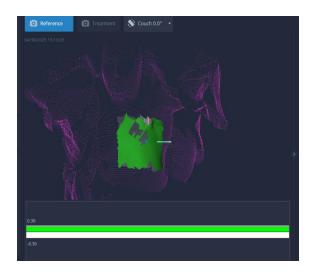
This helps ensure there will not be any unseen areas or complications from gantry angle, X ray panels, etc.

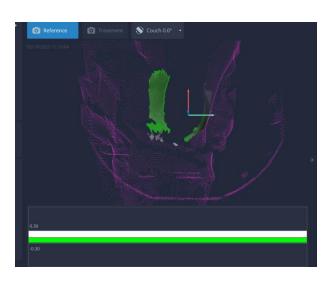


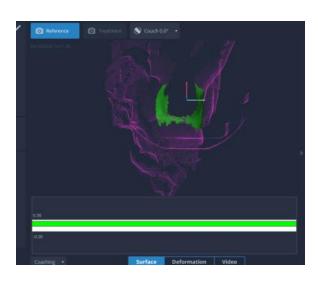


### Resolution to Challenges (cont...)

- Once snout is in treatment position, you may have the center portion of ROI blocked, but can still visualize the outside portion of ROI
- OPC has yet to have any instances where the ROI did not track during a breast treatment

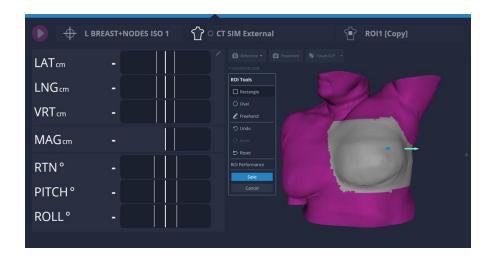




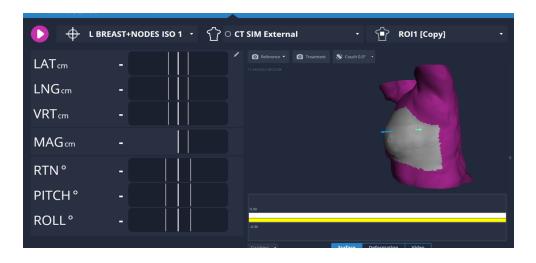


### Good ROI's

- Whole breast selected to midline
- ▶ 1-2 cm above & below breast

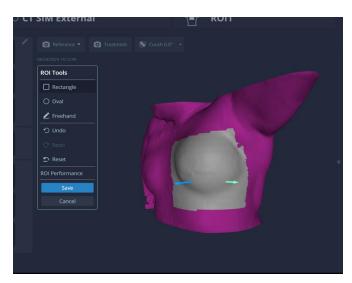


- Drawn half-depth side of body
- Avoid armpit creases

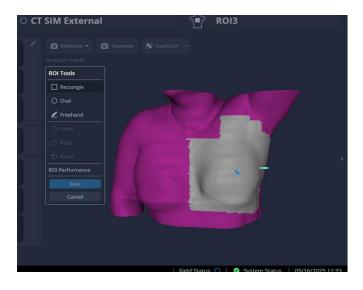


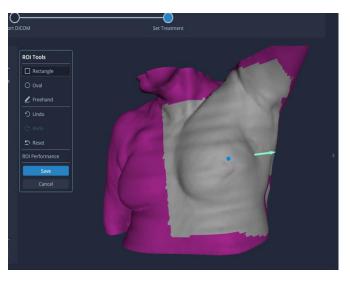
### Bad ROI's

- Crosses Midline slightly
- Extends up too high & into armpit
- Drawn too far down into abdomen



- Everything bad
- Cross midline, extend too high, too far down side, & too low





### Final Thought

- AlignRT has a true benefit in:
  - Reducing imaging time & amount of x-rays taken
  - Accurate arm placement
  - Ensuring patient hasn't moved during treatment time
- AlignRT has minor obstacles to overcome:
  - Snout position, gantry position, & imaging position
- Overall, AlignRT has a true benefit to our center. The obstacles are all possible to overcome and the system can still be used for its intended purpose.
- OPC has been able to use AlignRT effectively for all breast cancer patients since installation



Questions?