

REACHING NEW  
HEIGHTS WITH  
**SGRT**



# Future of SGRT: Beyond Traditional Motion Management

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# Future of SGRT: Beyond Traditional Motion Management

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# SGRT significantly improves modern radiation

## Patient-centered solutions for my clinical practice

- Tattoo Free Simulations
- Accurate and Precise Breathing Control
- Cherenkov imaging to reduce invisible errors
- Open mask-based SRS
- Implementation of non-coplanar treatment



**A 67-year-old female patient with early-stage breast cancer.**



A 67-year-old female patient with early-stage breast cancer.

Recommendation:  
VMAT APBI  
with DIBH



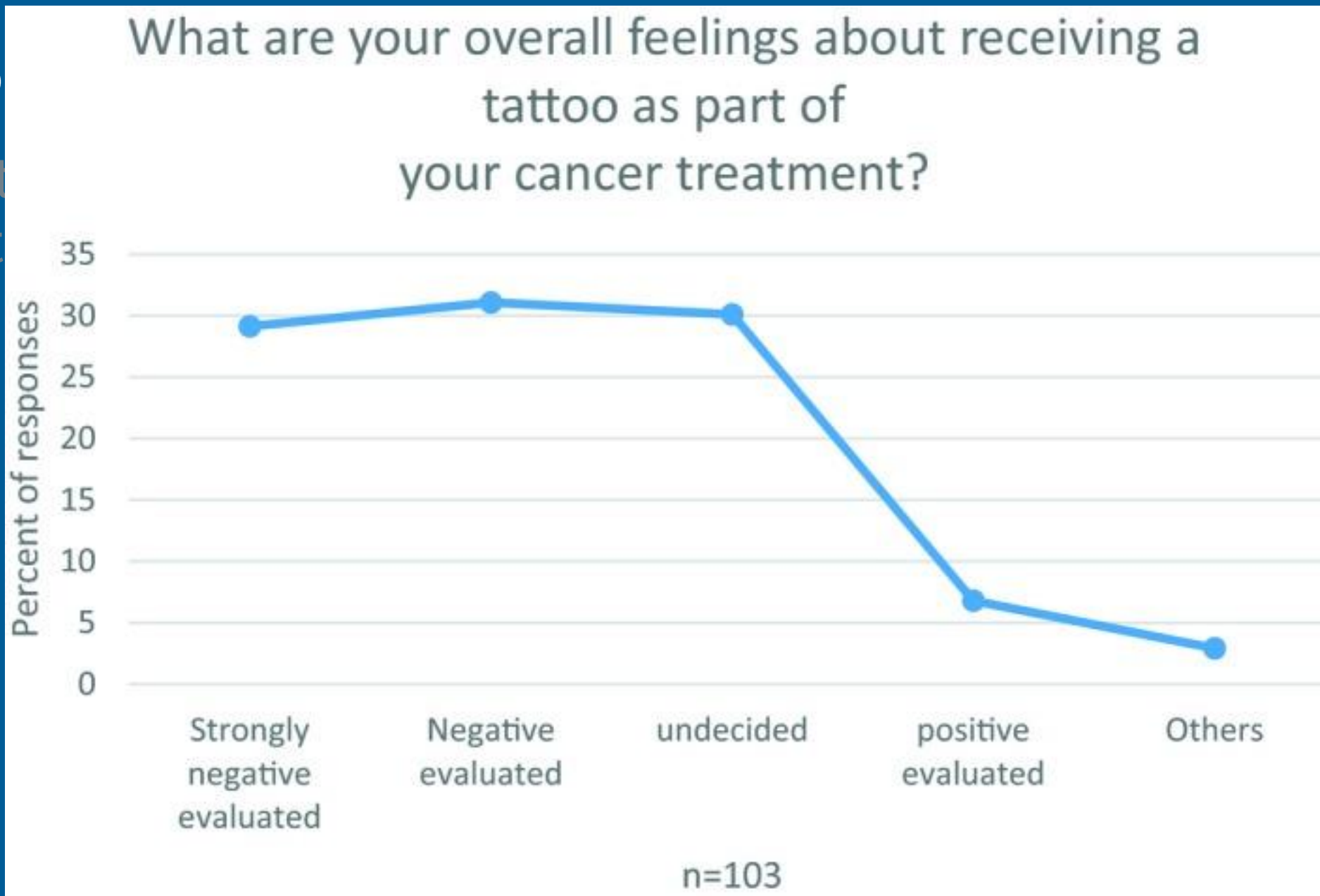
From Colorado.

# Tattoo Free Simulation

“What are your overall feelings about receiving a tattoo as part of your cancer treatment?”

# Tattoo

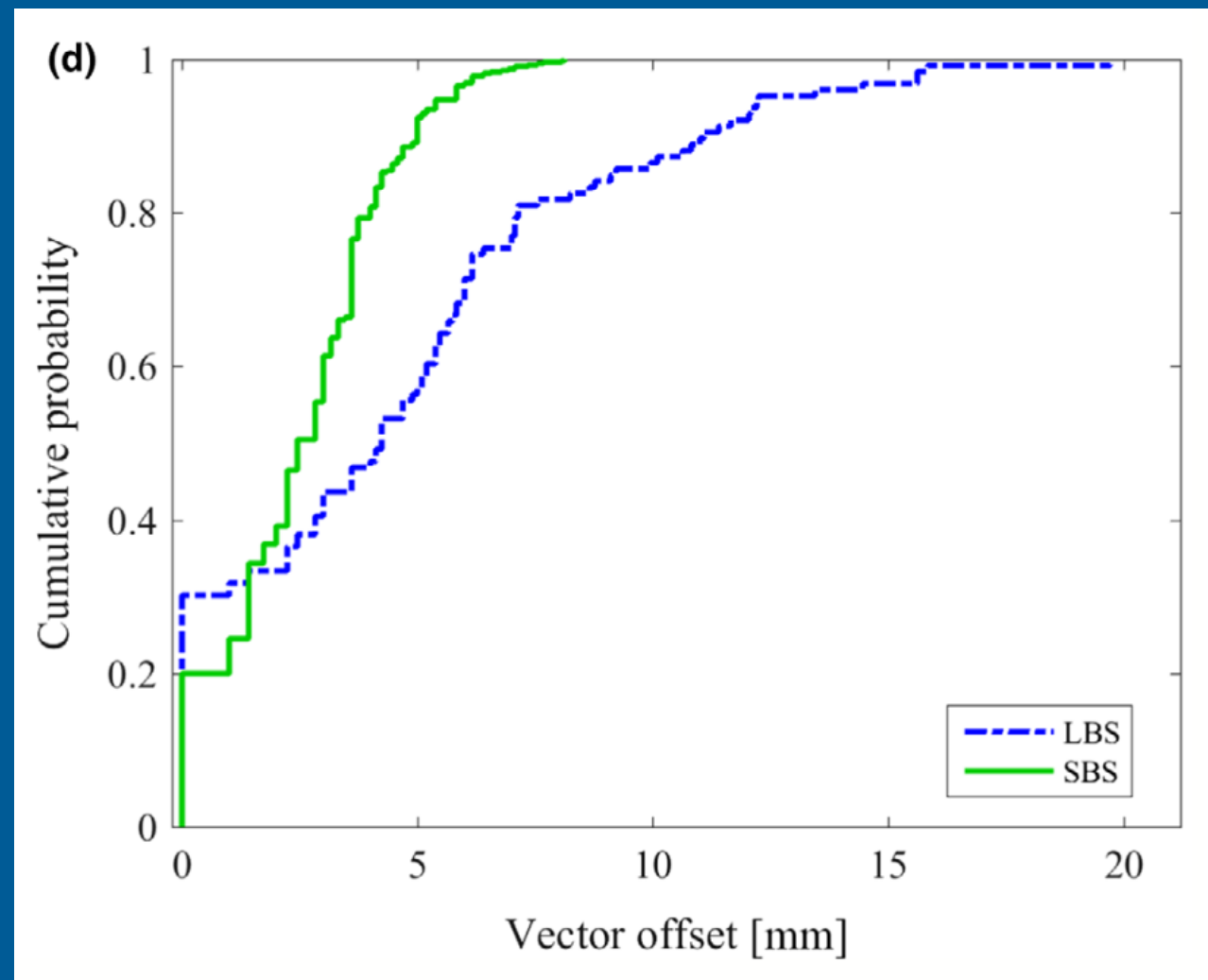
“What  
as part



# Tattoo Free Sims

## SGRT versus laser-based set up

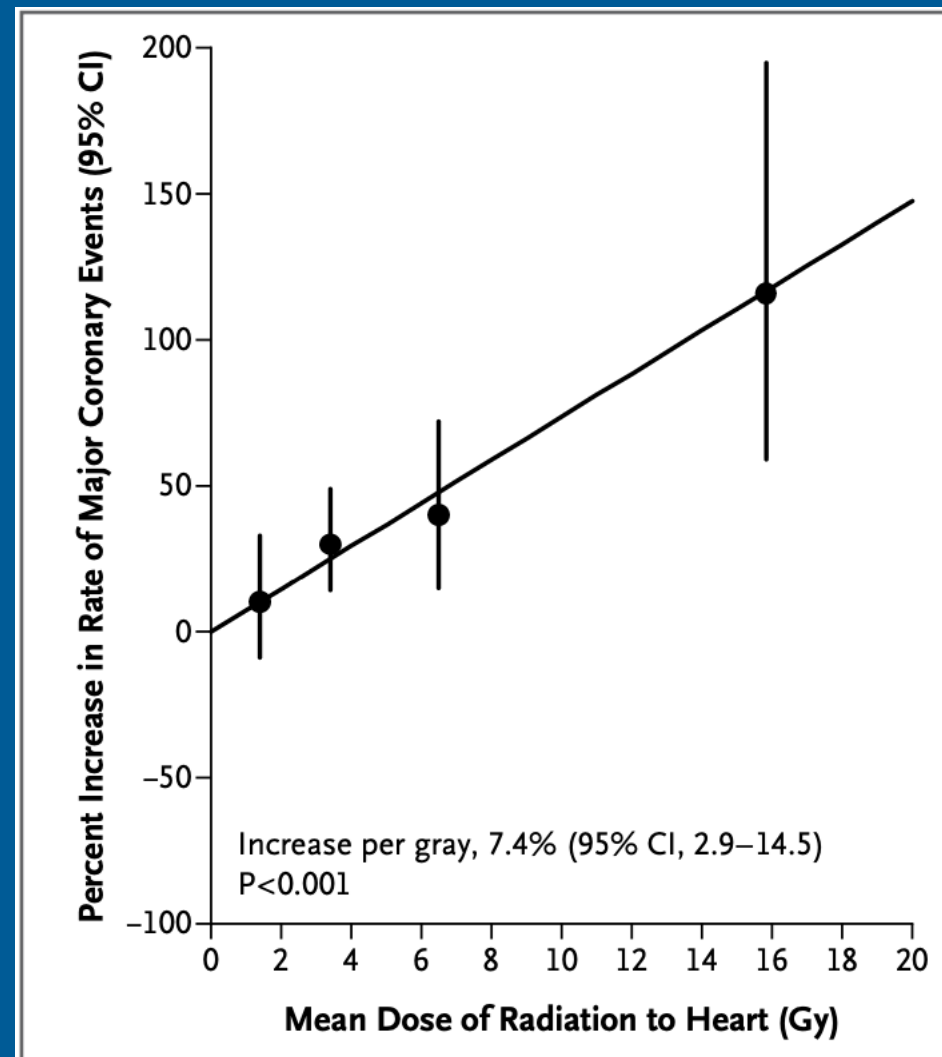
- Reduction in set up errors
- Tangents and multi-field RNI
- SGRT adds info about patient posture





# Cardiac Sparing with DIBH

- High doses of radiotherapy have deleterious effects on the heart
- Deep Inspiration Breath Hold reduces heart dose in thoracic radiotherapy



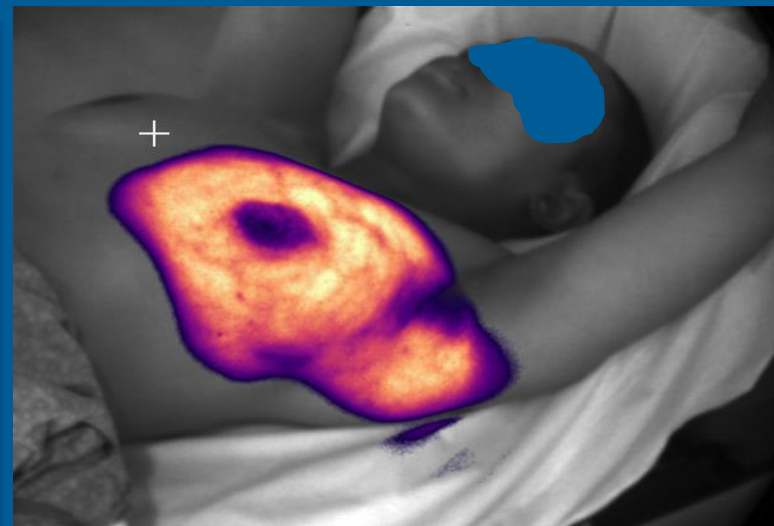
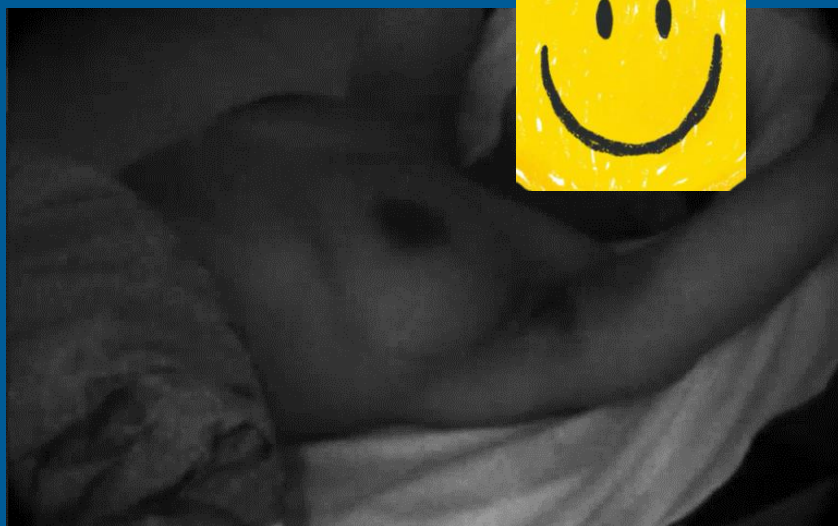
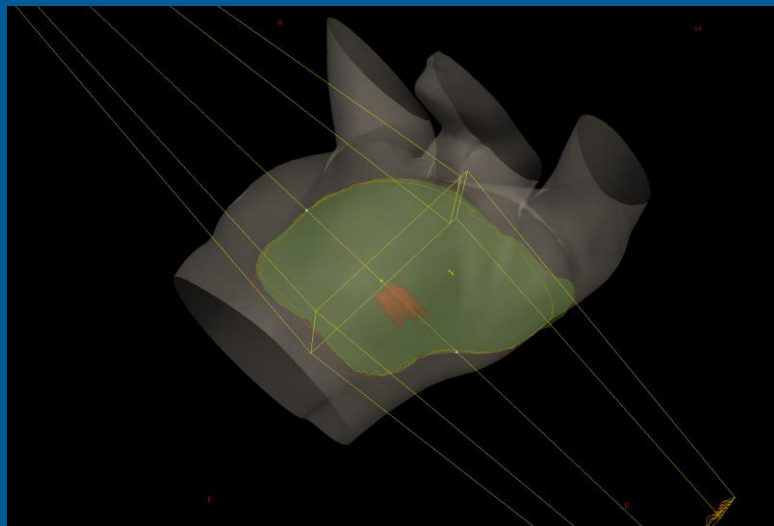
Darby et al., NEJM, 2013

# SGRT facilitates high quality breast treatment

- Set up margins within 5 mm for APBI, tangents, and RNI
- Accurate and reproducible DIBH, intrafraction motion <2 mm
- Significantly reduced set up time

*Reduce use of ionizing  
radiation IGRT?*

# Quality and Safety In Breast Radiotherapy



- DIBH Tangents of Left Breast
- Stray anomalous dose witnessed during video review of Fx1
- Incorrect port film technique was used
- Corrected for Fx2 and beyond



# Our patient returns with 4 brain metastases

Recommendation: single-iso, multi-target SRS in 1 fraction (20 Gy)

# Evolution of Brain Radiotherapy

SRS initially used as a boost, then as sole treatment

Pros	Cons
Improved QoL	Increased risk of regional failure
Improved independent function	Frequent MRI surveillance
Excellent local control	Invasive immobilization



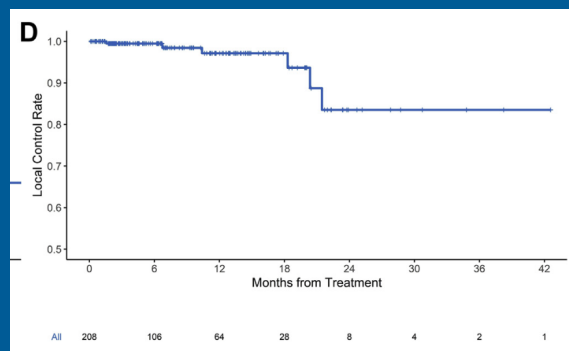
# Delivery Considerations for SRS

*How much brain can we spare?*

- Trade off between local control and mitigation of toxicity
- Registration errors, immobilization, delivery led to failure
- SGRT platform demonstrates excellent motion management

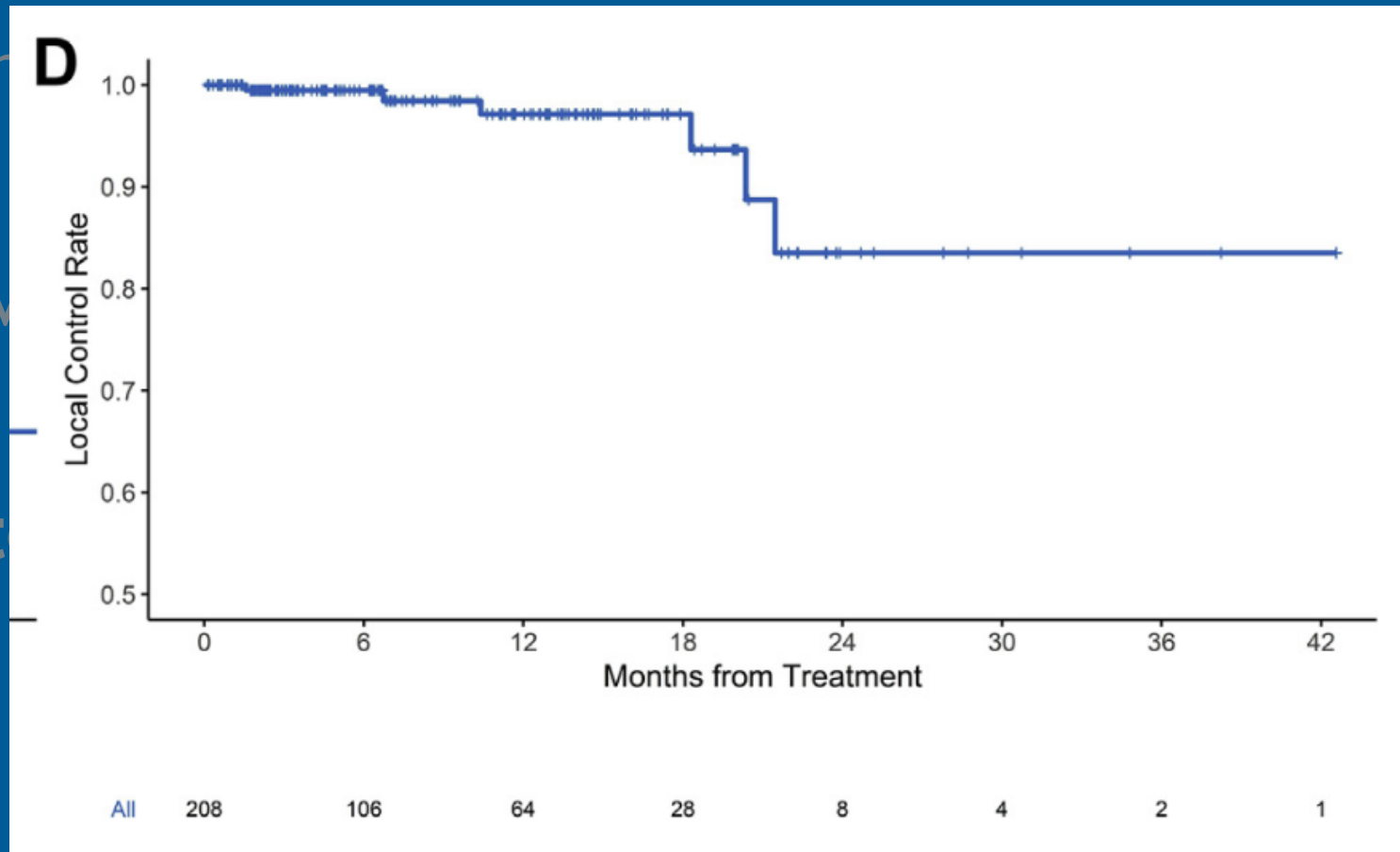
# The Future: Linac-Based Multi-Target SRS

- 173 patients, 1014 lesions (intact and post-op)
- “Closed Mask”, daily kV CBCT, continuous SGRT
- **4.1 minutes beam on, <3% risk of grade 3 radionecrosis**



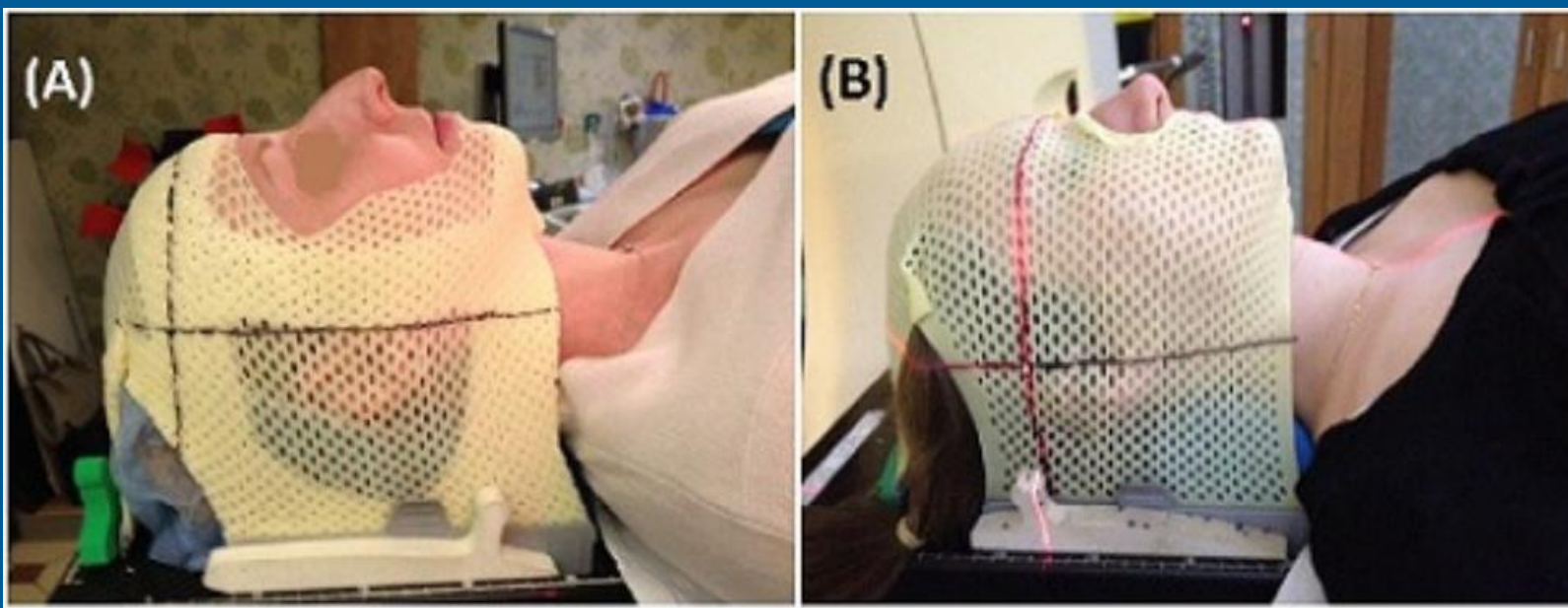
# The Future: Linac-Based Multi-Target SRS

- 173 patients
- “Closed Monitor”
- 4.1 minutes

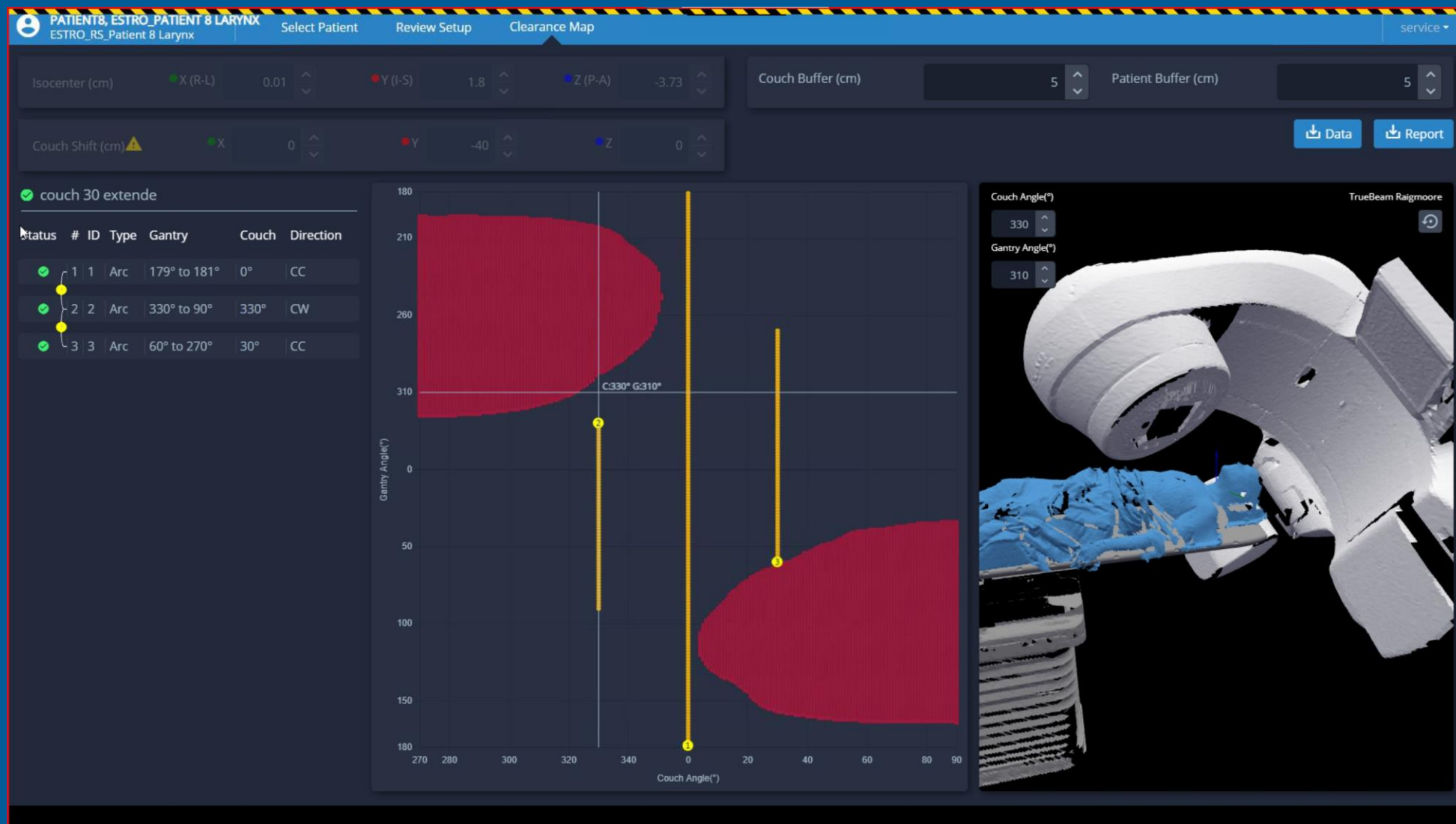


# Open Face Mask Optimizes Patient QoL

- Clinical series shows stability: **1 mm and 1 degree or less**
- Preferred by most patients, acceptable in claustrophobia



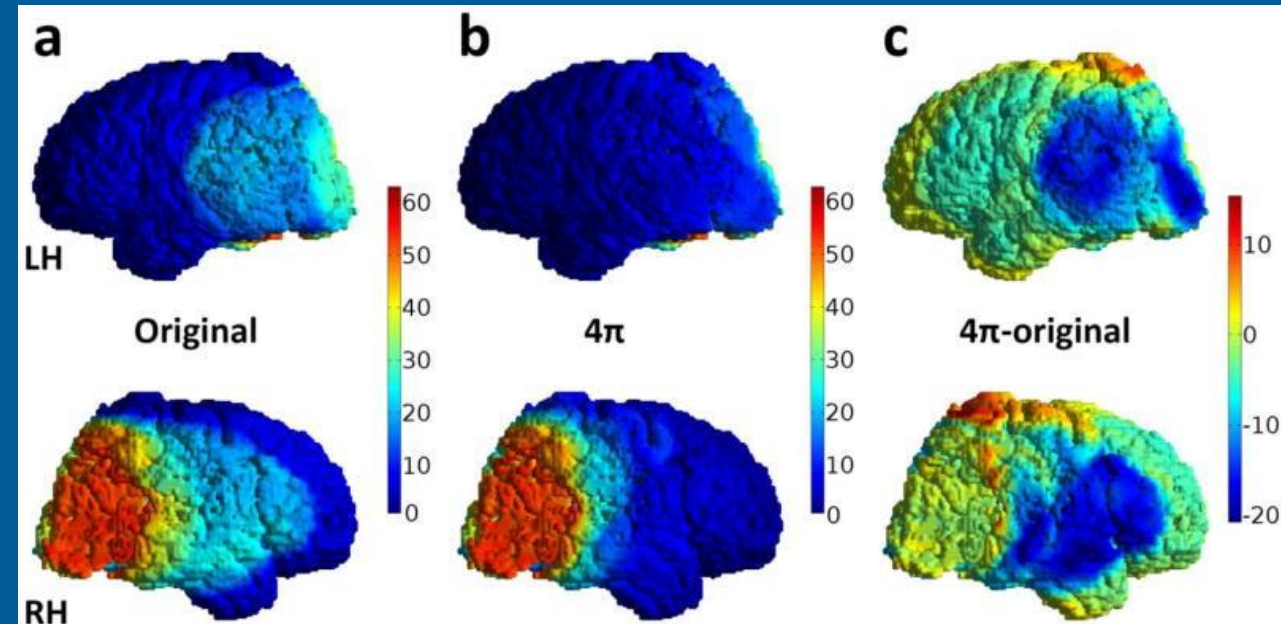
# MapRT Facilitates Non-Coplanar Planning

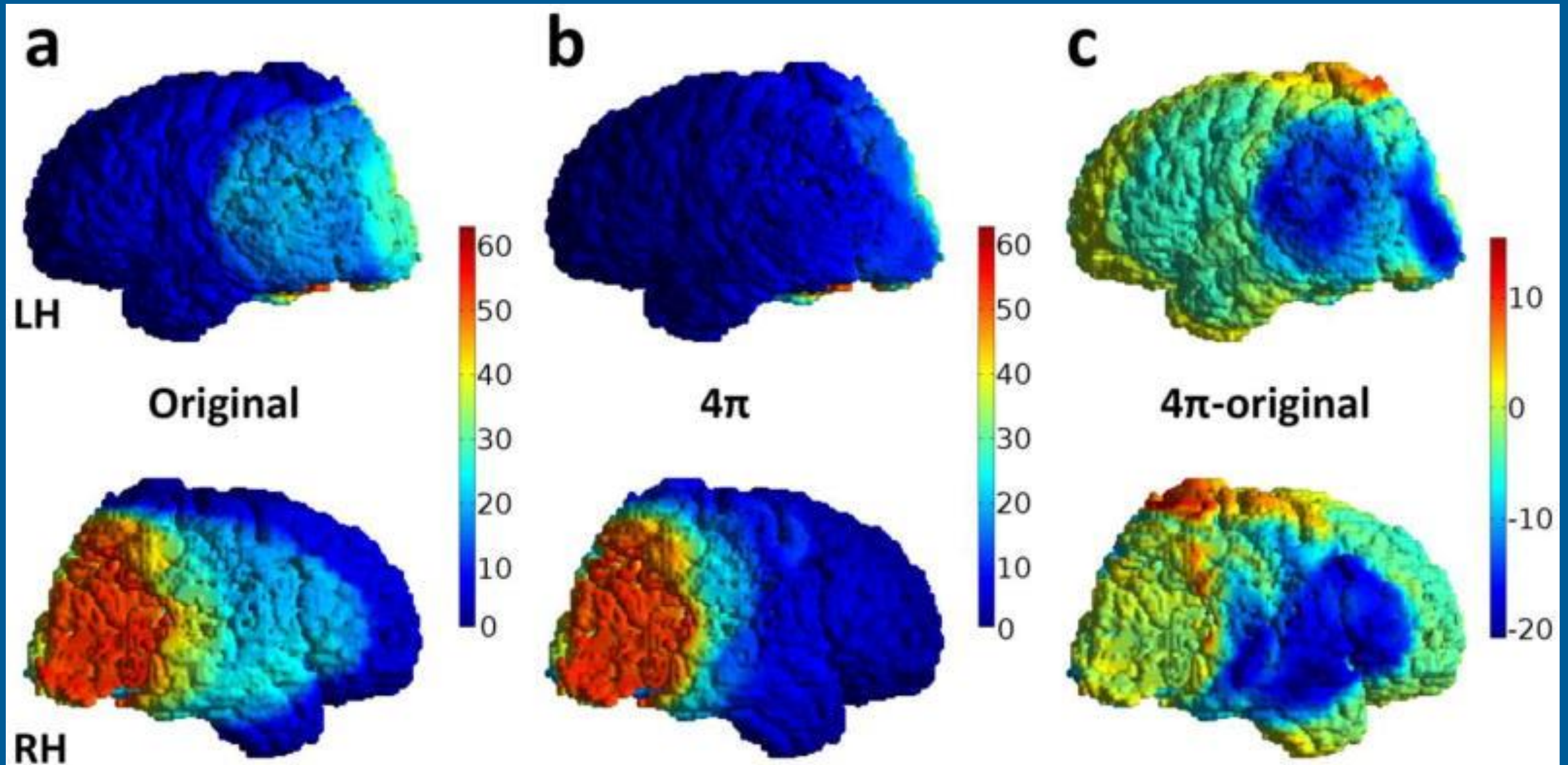




# Non-Coplanar Treatment to Spare Cortex

- Non-coplanar beam delivery enhances conformality
- 13 patients evaluated, non-coplanar versus delivered plans
- Example: Hippocampus mean dose improved 40%





# SGRT significantly improves modern radiation

- SGRT can improve patient QoL while maintaining expected cancer outcomes.
- Improvements in all disease sites
- SimRT, AlignRT, MapRT, and DoseRT offer enhancements from simulation through planning and delivery
- Single platform offers safe, future-proof solution

# Contact Information and Online Content

## THE ACCELERATORS PODCAST

EST. 2021



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"Beyond Traditional  
Motion Management"*

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