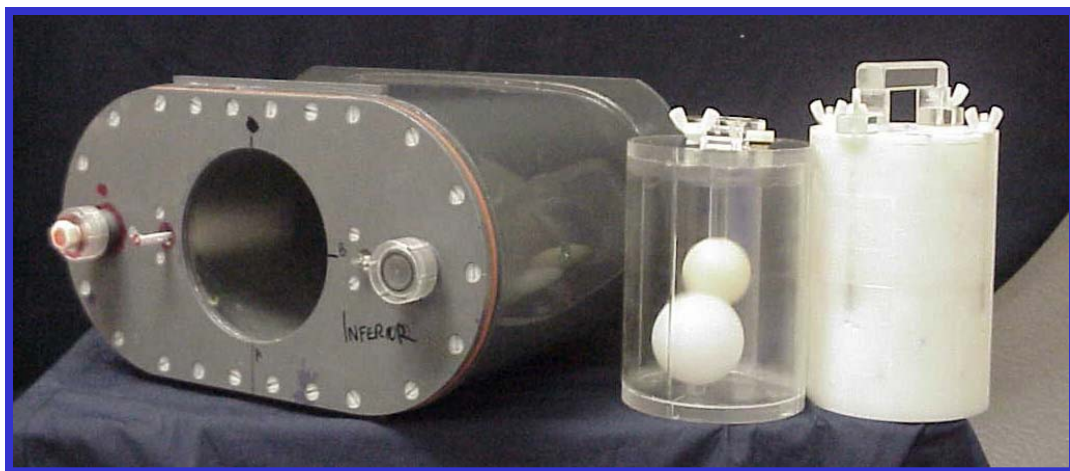


RPC's IMRT Phantoms



SWAAPM
October 2007



RPC's Phantom Team

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Brief background

- **Originated through agreement between AAPM and CRTS**
- **Founded in 1968 to monitor institution participation in clinical trials**
- **Funded continuously by NCI as structure of cooperative group programs have changed**
- **Now 39 years of experience of monitoring institutions and reporting findings to study groups and community**

Why do we do this?

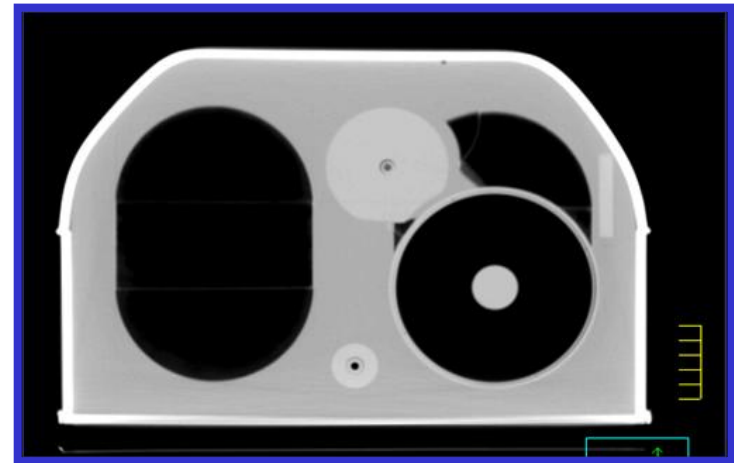
We have an NCI grant to:

1. **Assure NCI and cooperative groups that institutions participating in clinical trials deliver prescribed doses that are comparable and consistent.**
2. **Help institutions to make any corrections that might be needed.**
3. **Report findings to the community.**

RPC Phantoms



Pelvis (4)



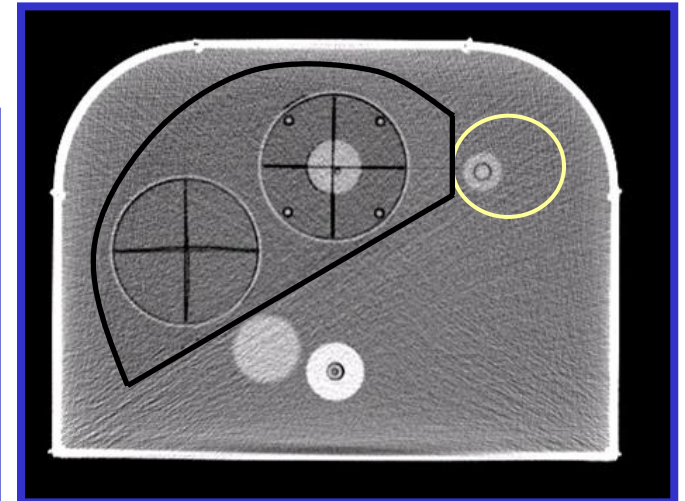
Thorax (9)



H&N IMRT (25)

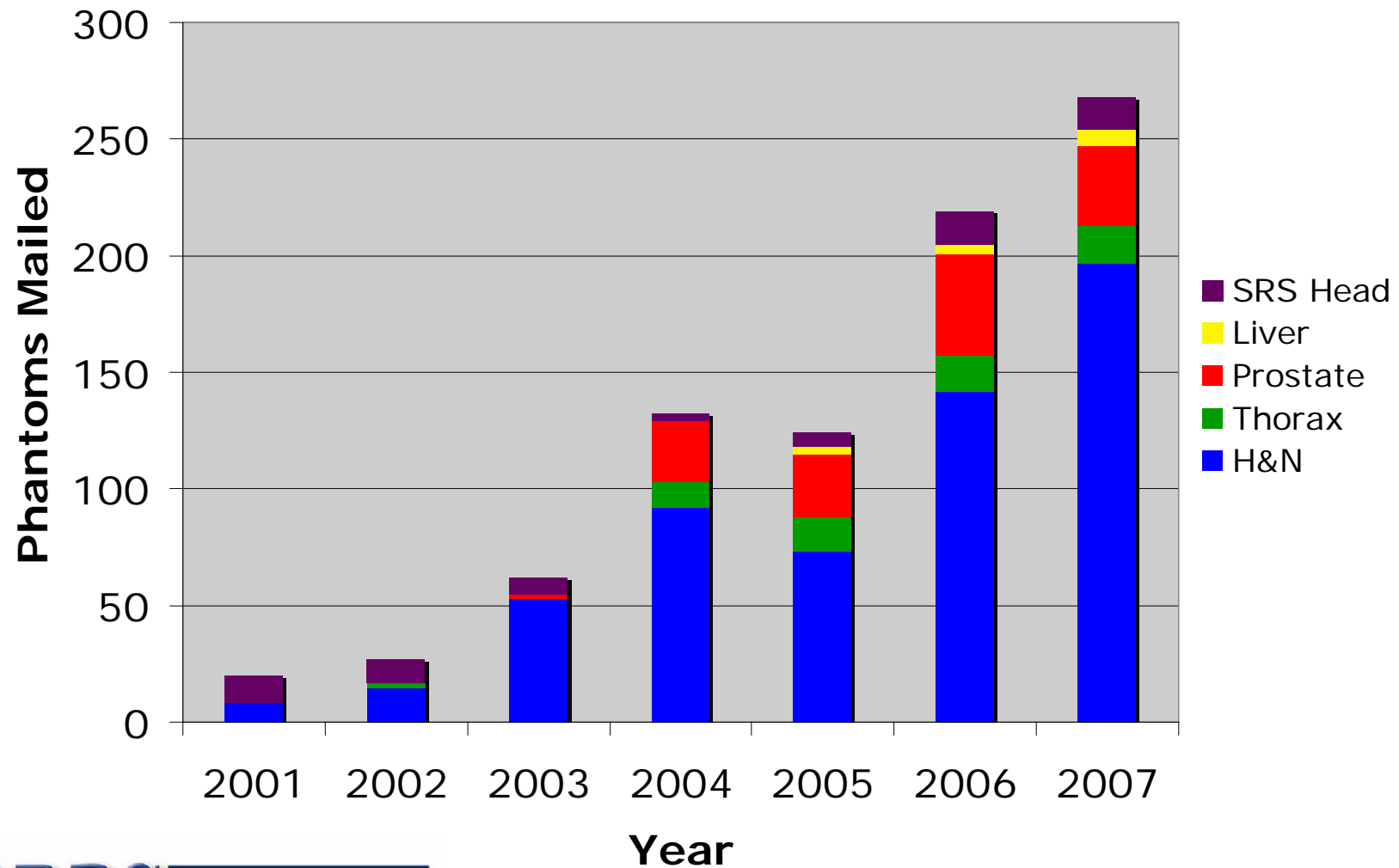


SRS Head (4)



Liver (2)

Number of phantom mailings



The thermoluminescent dosimetry (TLD) program

- Largest of its kind in operation (> 30 years)
- Verifies dose output and energy on megavoltage units (>9100 beams in 2006).
- Measure consistency of institutions based on TLD history
- Provides independent audit of the output as required by many states

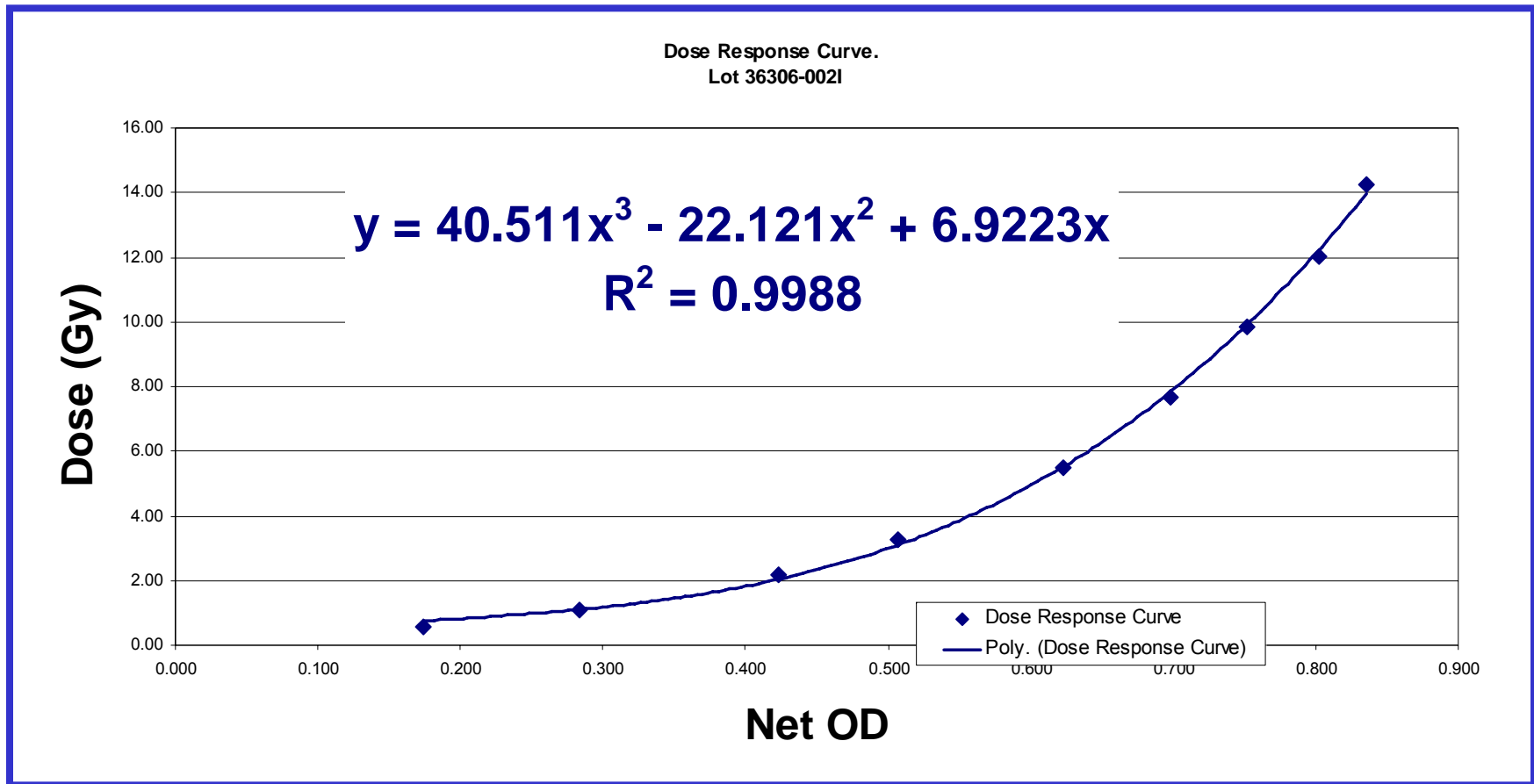
Radiochromic film

- Originally used MD-55
- Currently use EBT
- Good for doses 2-10 Gy
- Read on densitometer by Photoelectric
- Currently working with CERR group at Washington University on 2D analysis software package

Densitometer

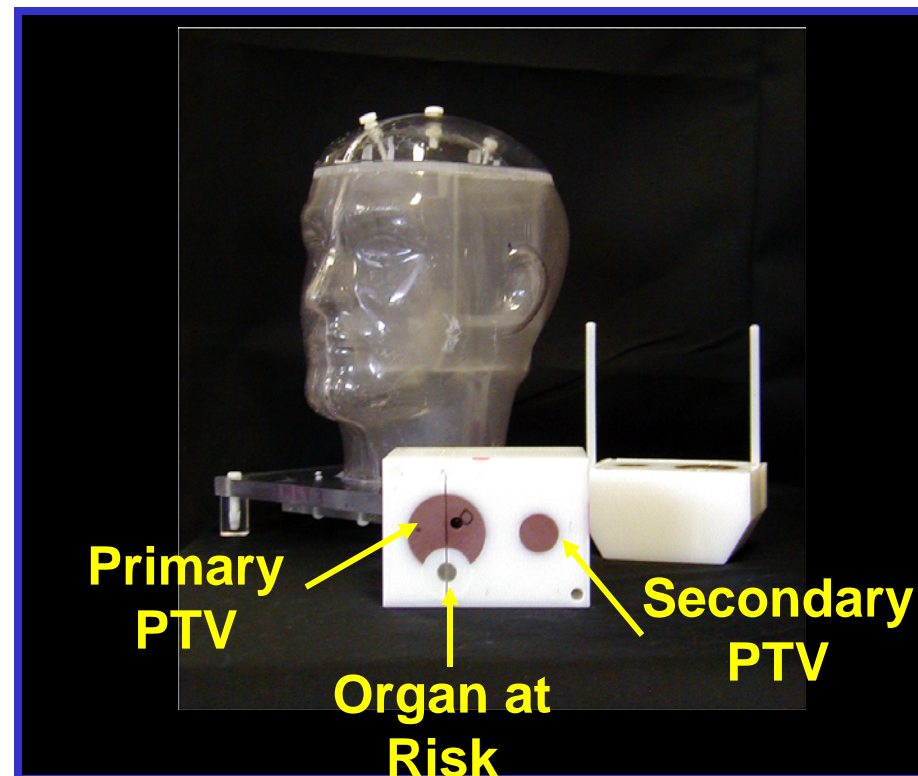


Densitometer



IMRT H&N phantom

- **Primary PTV**
4 cm diameter
4 TLD
- **Secondary PTV**
2 cm diameter
2 TLD
- **Organ at risk**
1 cm diameter
2 TLD
- **Axial and sagittal
radiochromic films**

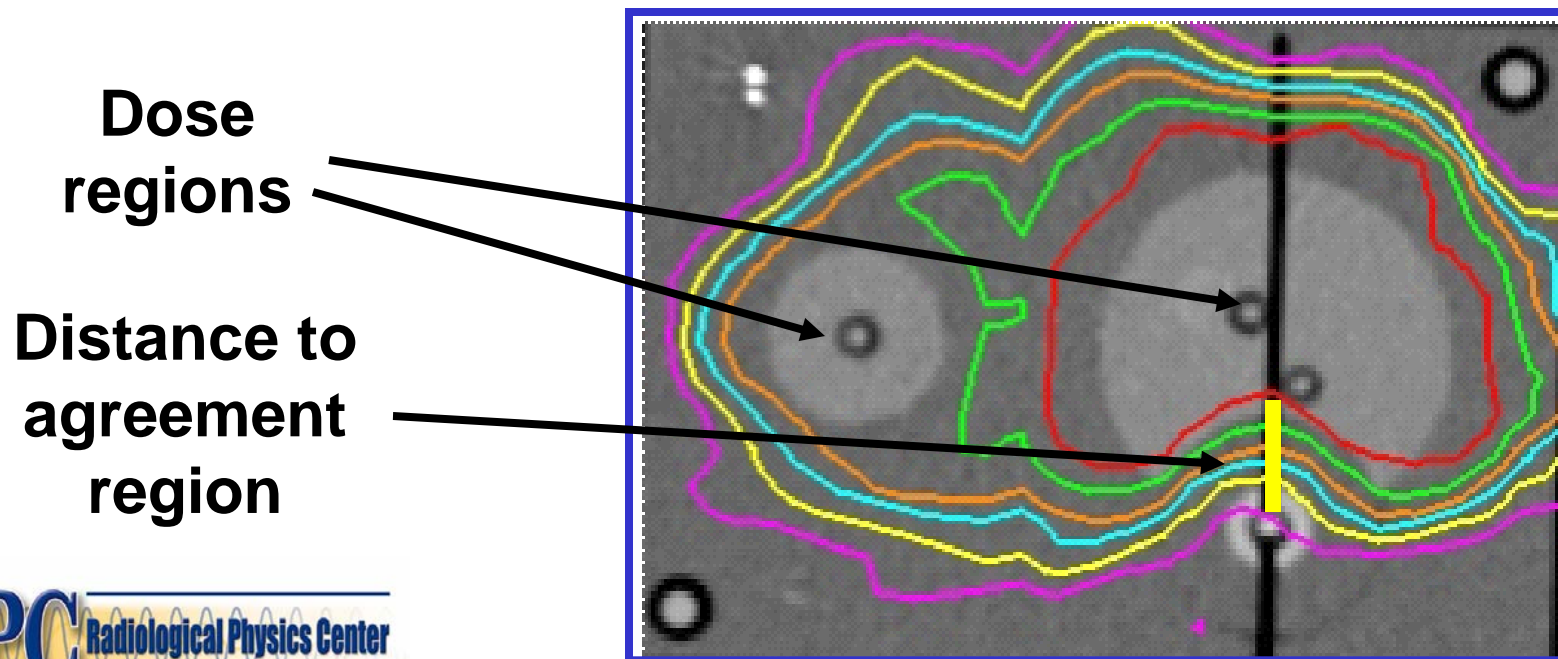


- **1° PTV treated to 6.6 Gy**
- **2° PTV treated to 5.4 Gy**
- **OAR limited to < 4.5 Gy**

Designed in collaboration with RTOG;
Molineu et al, IJROBP, October 2005

Criteria for credentialing

- RPC/Inst dose in PTVs: 0.93-1.07
- distance to agreement in high gradient region near OAR: ≤ 4 mm



IMRT H&N phantom results

- 419 irradiations were analyzed
- 322 irradiations passed the criteria
 - 68 institutions irradiated multiple times
- 97 irradiations did not pass the criteria
- 322 institutions are represented

Only 76% of institutions passed the criteria on the first irradiation.

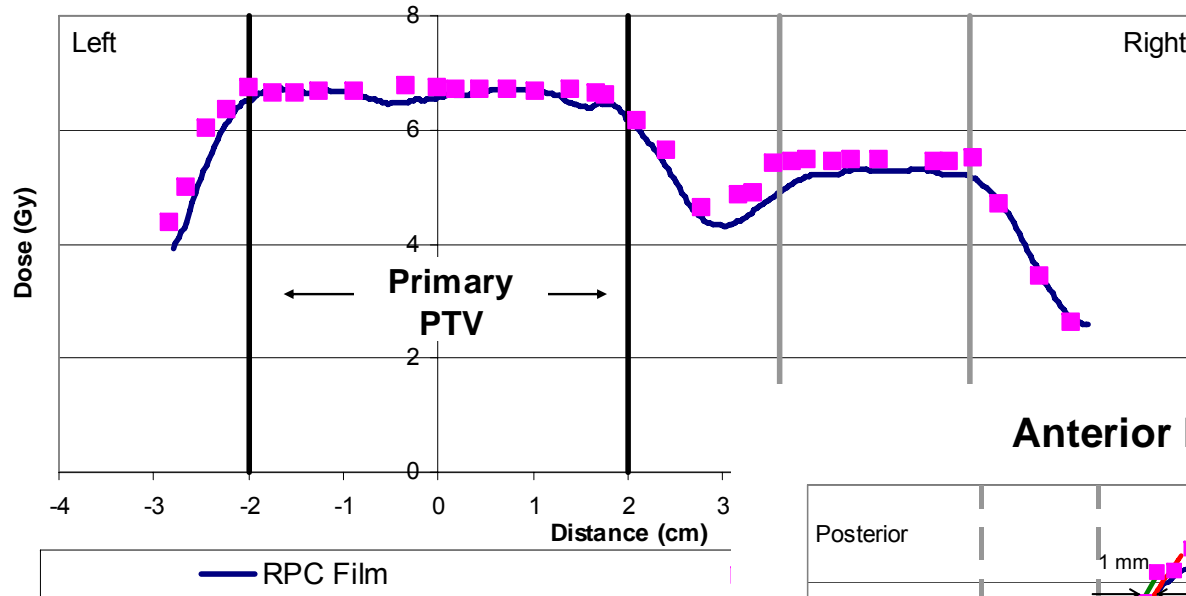
IMRT H&N phantom results cont

- **65 failed by absolute dose only**
- **13 failed by DTA only**
- **19 failed by both absolute dose and DTA**

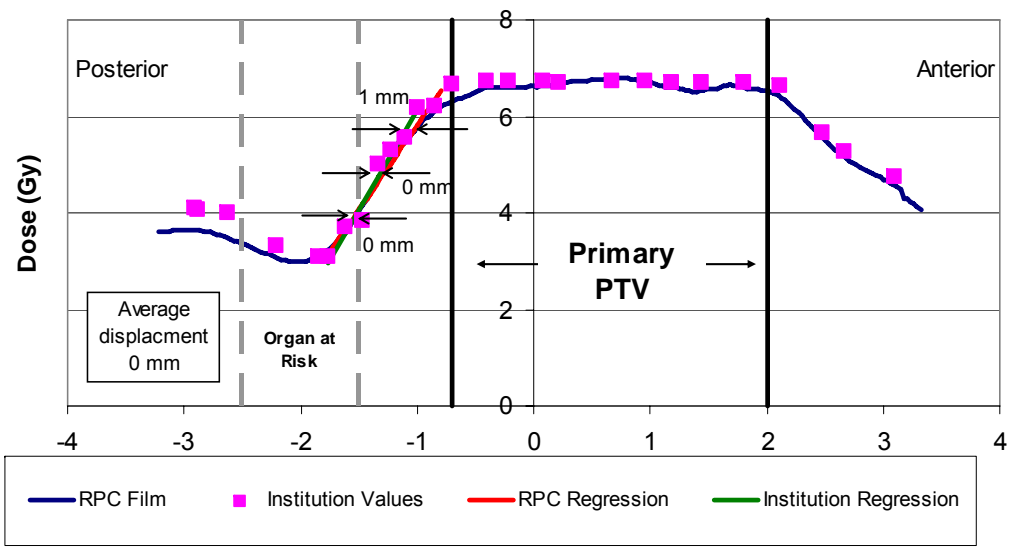
	1PTV	2PTV	Displ.(mm)
mean	0.99	0.98	0.1
std dev	0.050	0.046	2.9
count	1447	721	419
range	0.49-1.15	0.57-1.23	-15 -17

Good HN profile

Right Left Profile

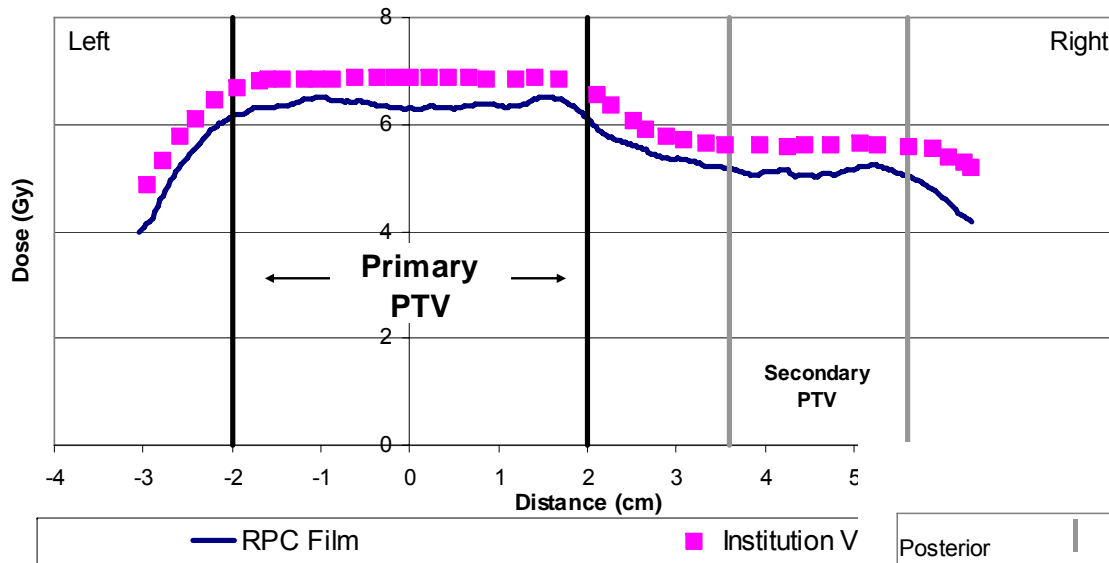


Anterior Posterior Profile



Not so good HN profile

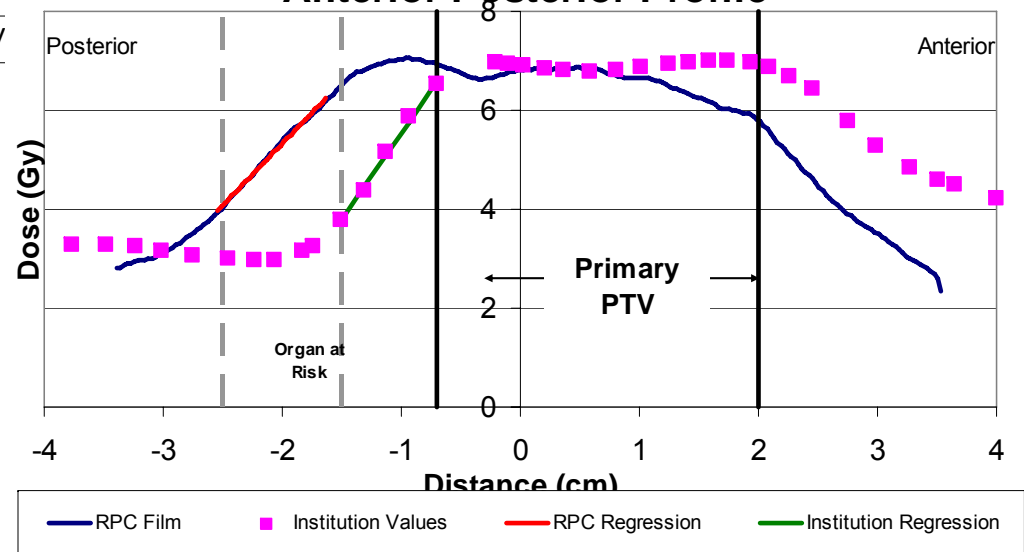
Right Left Profile



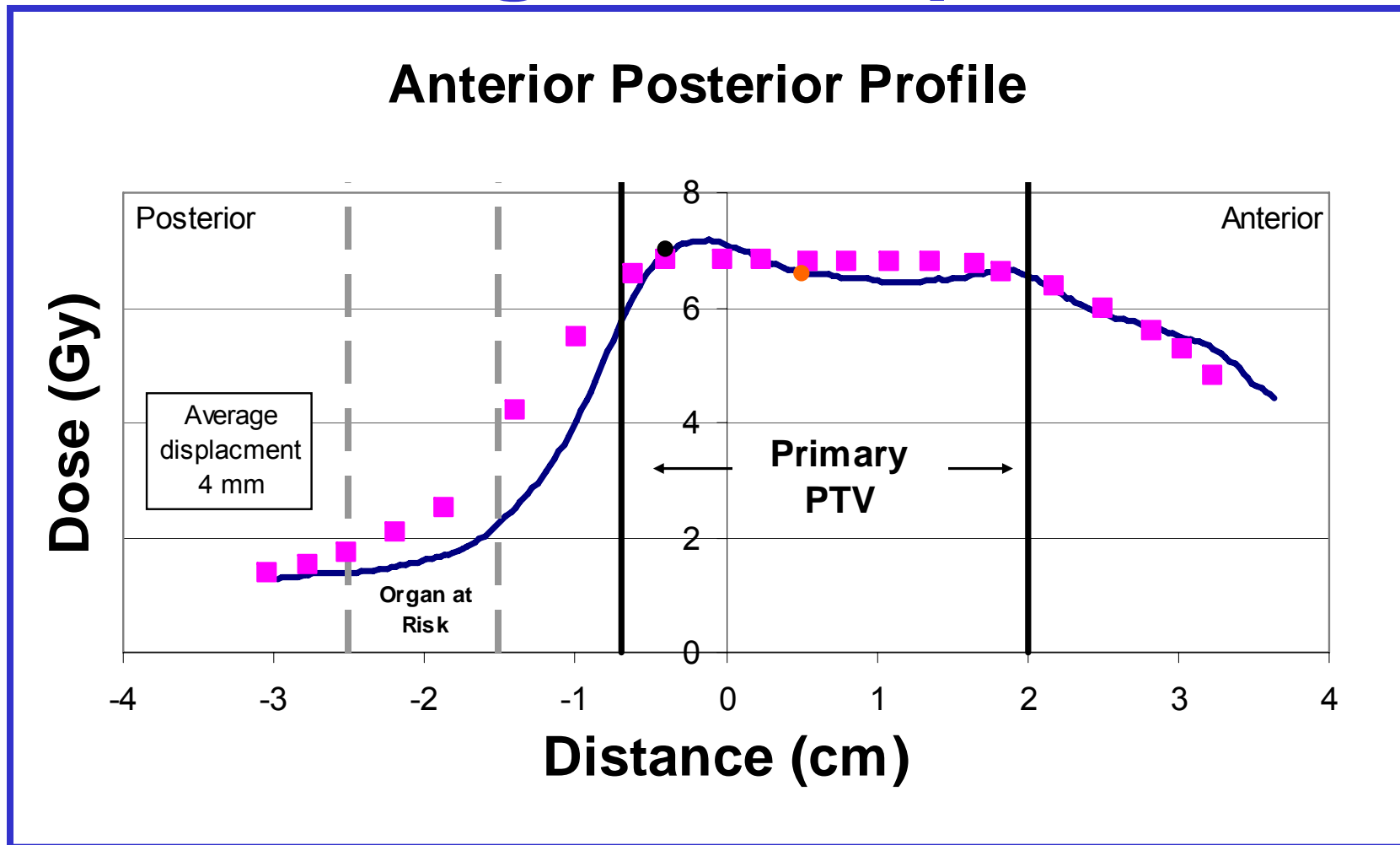
TLD 5-8% low

10 mm shift

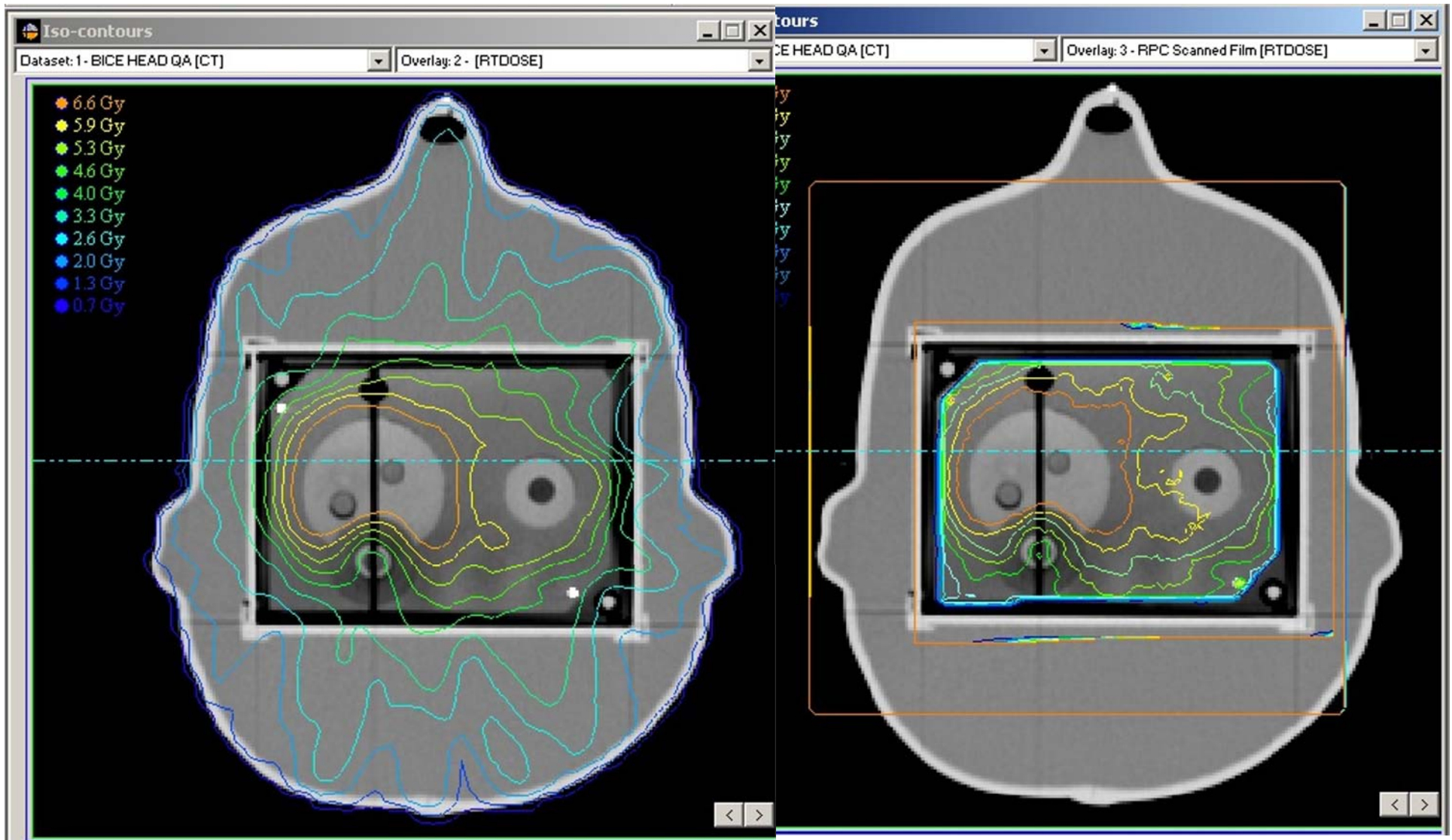
Anterior Posterior Profile



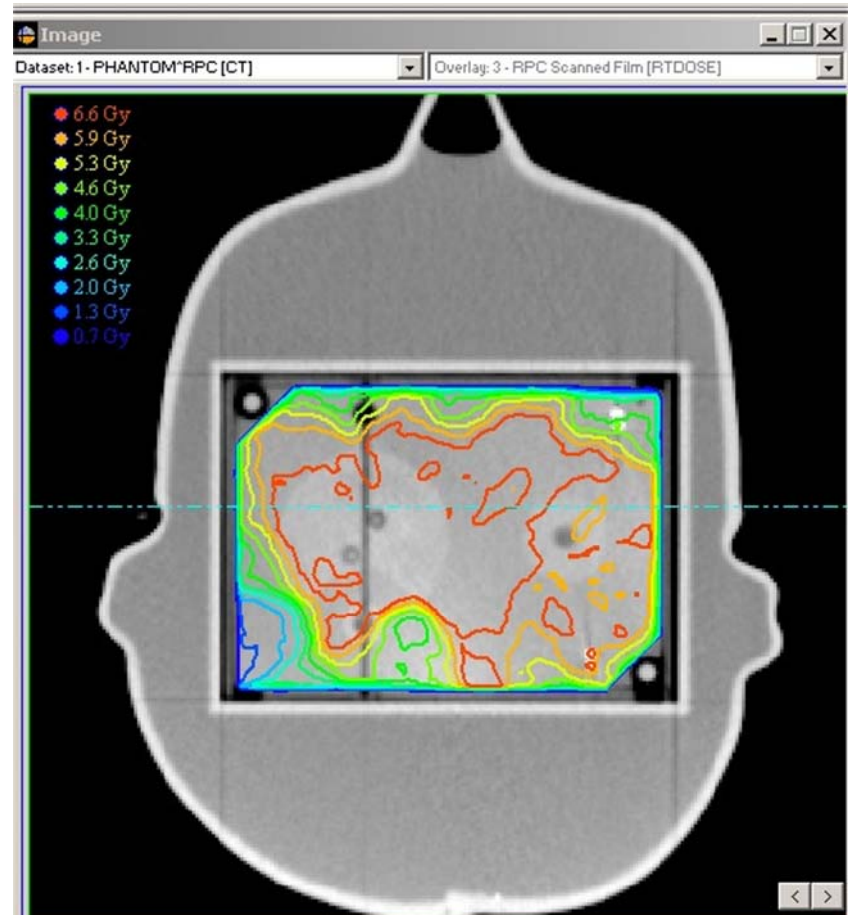
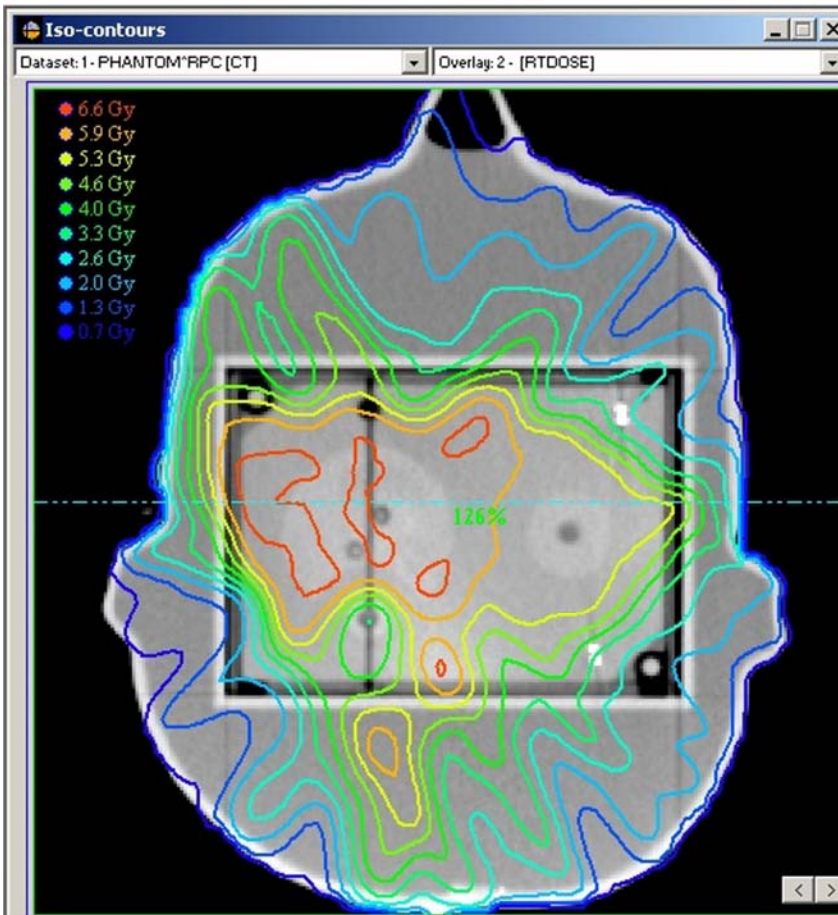
Not so good HN profile



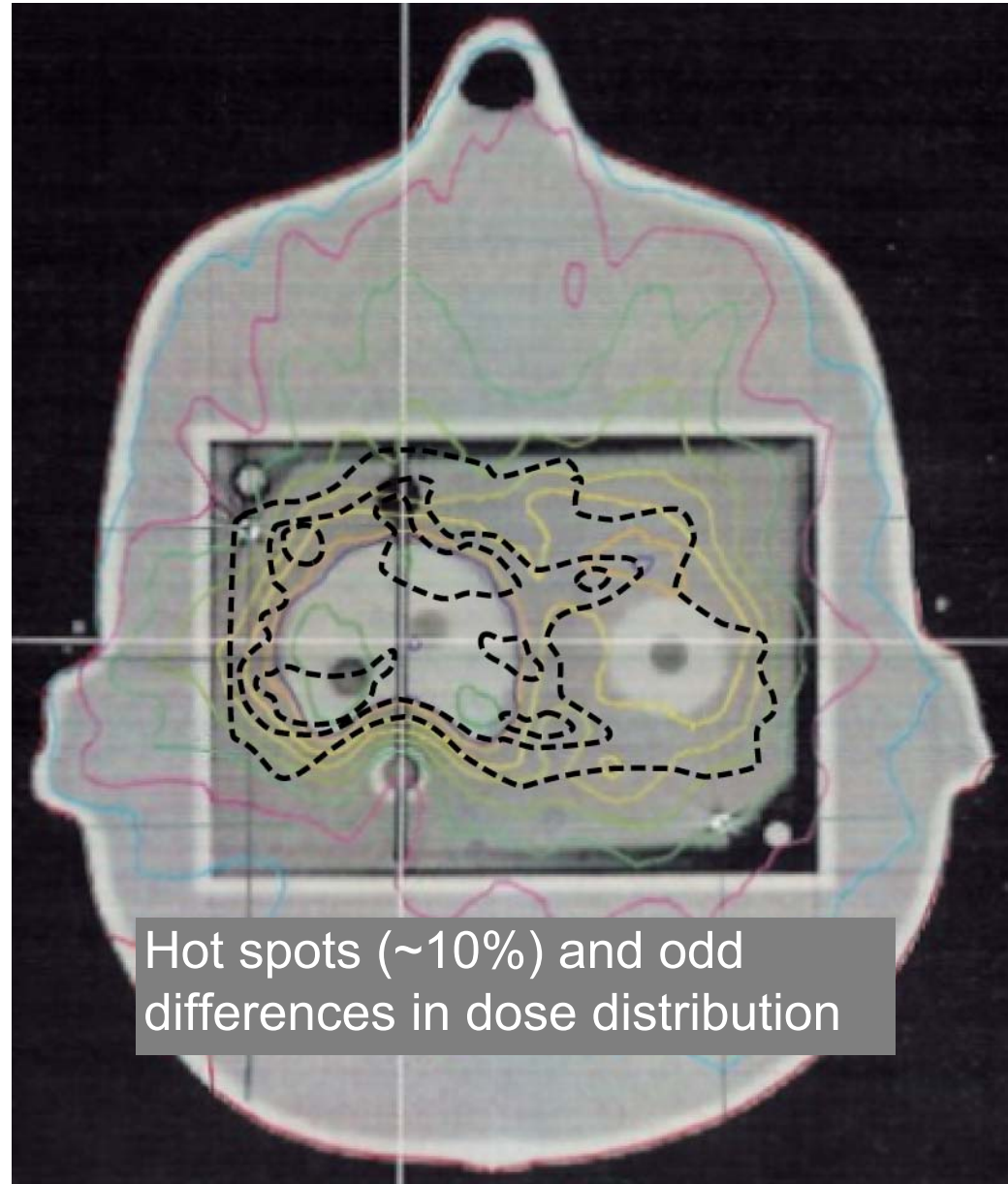
Plan vs. Treatment



Examples of failures



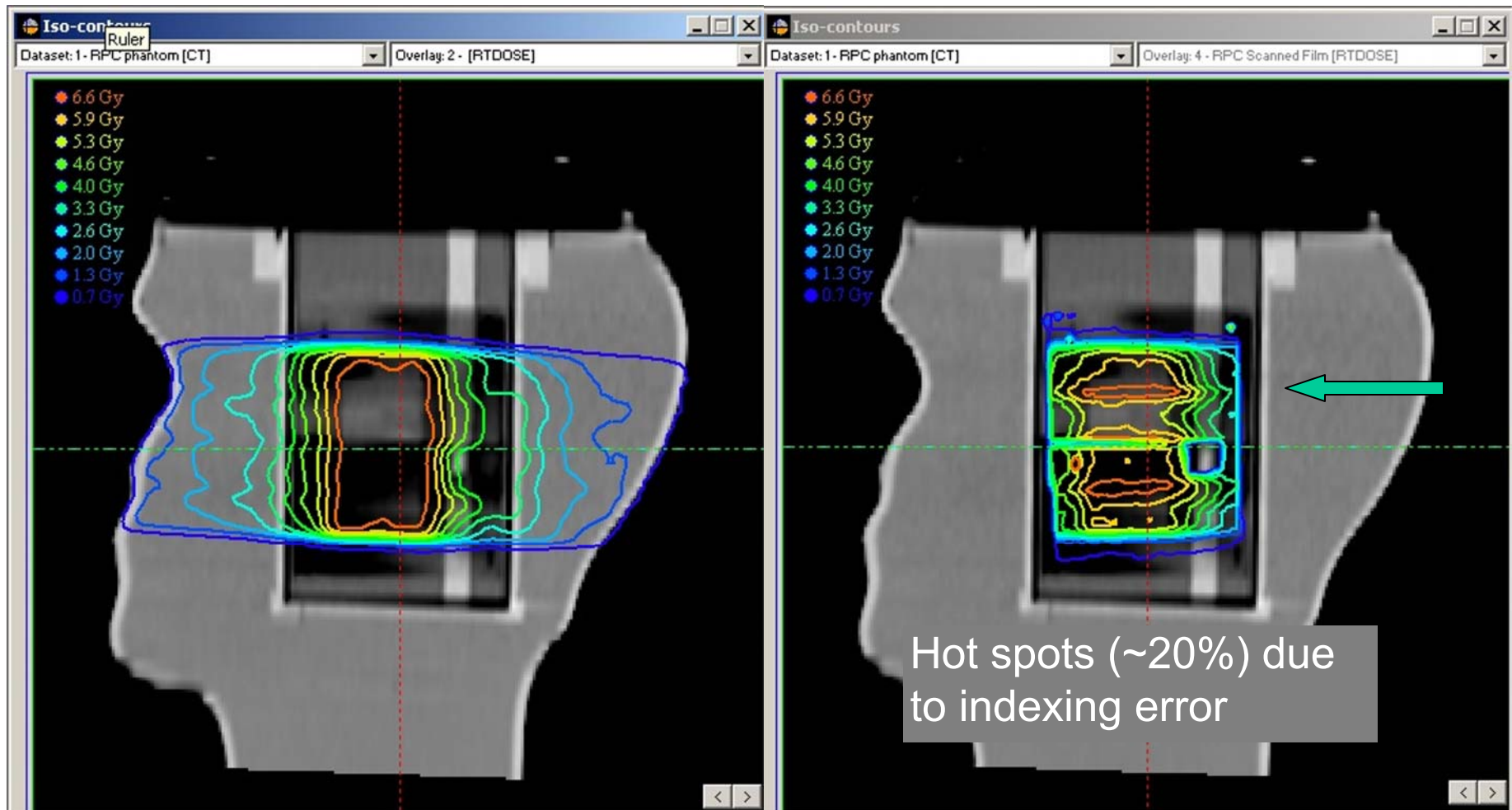
Comparison: planned vs. delivered distribution



Couch indexing error

Institution's Plan

Delivered Dose



HN results grouped by accelerator manufacturer

Linear Accelerator Manufacturer	Pass Rate (%)	Attempts	Criteria Failed		
			Dose	DTA	Dose and DTA
BrainLab	100	5	0	0	0
Elekta	60	35	11	2	1
Siemens	71	56	10	2	4
TomoTherapy	73	22	5	1	0
Varian	80	301	39	8	14
total		419	65	13	19

HN results grouped by TPS

Treatment planning system	Pass Rate (%)	Attempts	Criteria Failed		
			Dose	DTA	Dose and DTA
Corvus	75	32	7	0	1
Eclipse	85	114	10	4	3
Pinnacle	73	168	33	4	8
TomoTherapy	73	22	5	1	0
XiO	73	59	7	4	5
Other	79	24	3	0	2
total		419	65	13	19

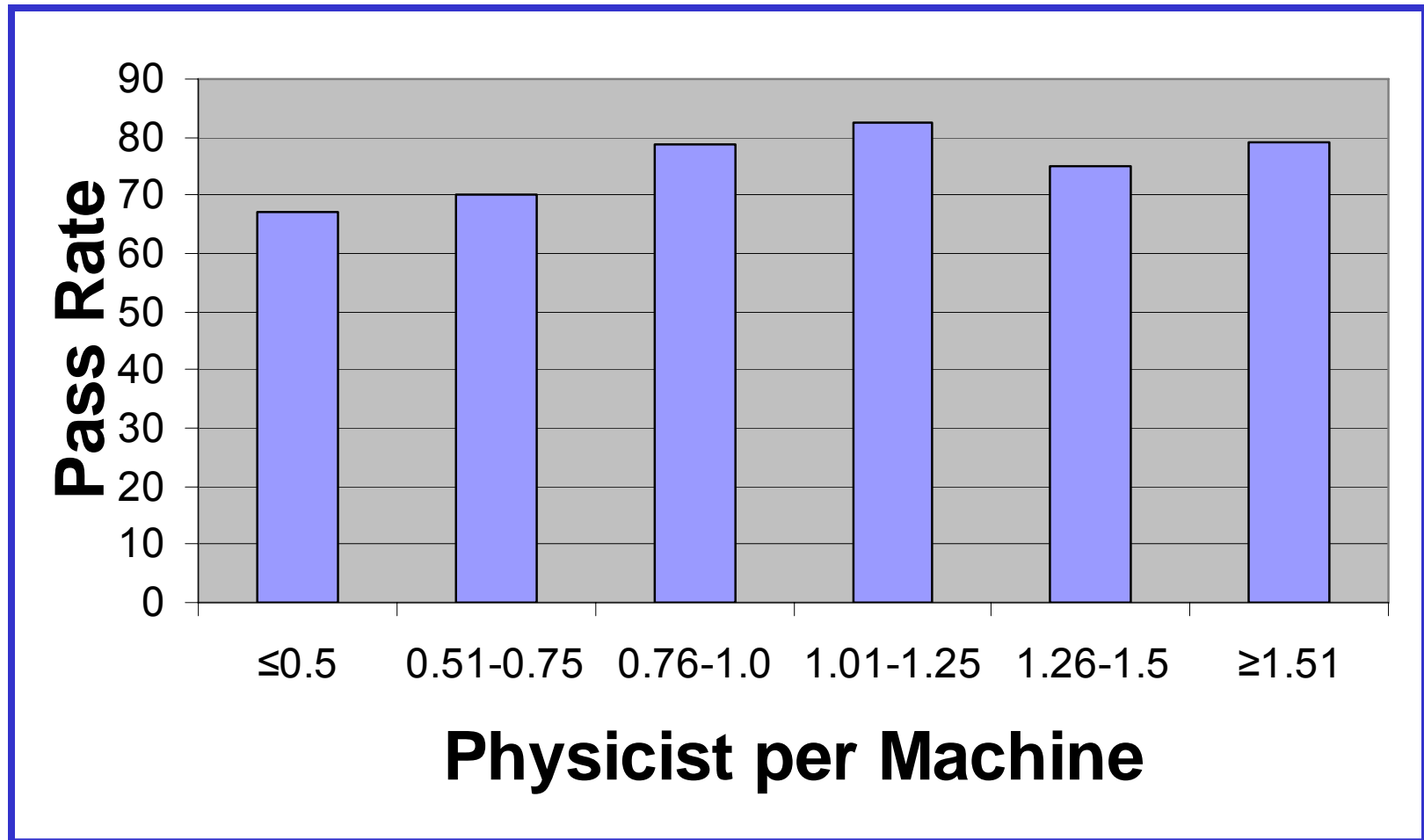
HN results grouped by machine/TPS

Manufacturer/TPS Combination	Pass Rate (%)	Attempts	Criteria Failed		
			Dose	DTA	Dose and DTA
Elekta/Corvus	0	1	1	0	0
Elekta/Pinnacle	67	21	6	1	0
Elekta/XiO	56	9	2	1	1
Elekta/Other	50	4	2	0	0
Siemens/Corvus	88	8	1	0	0
Siemens/Pinnacle	70	27	5	0	3
Siemens/XiO	77	13	1	1	1
Siemens/Other	67	6	1	1	0
Varian/Corvus	73	22	5	0	1
Varian/Eclipse	86	110	9	3	3
Varian/Pinnacle	75	121	22	3	5
Varian/XiO	76	37	4	2	3
Varian/Other	77	13	1	0	2
Other	77	26	5	1	0
total		418	65	13	19

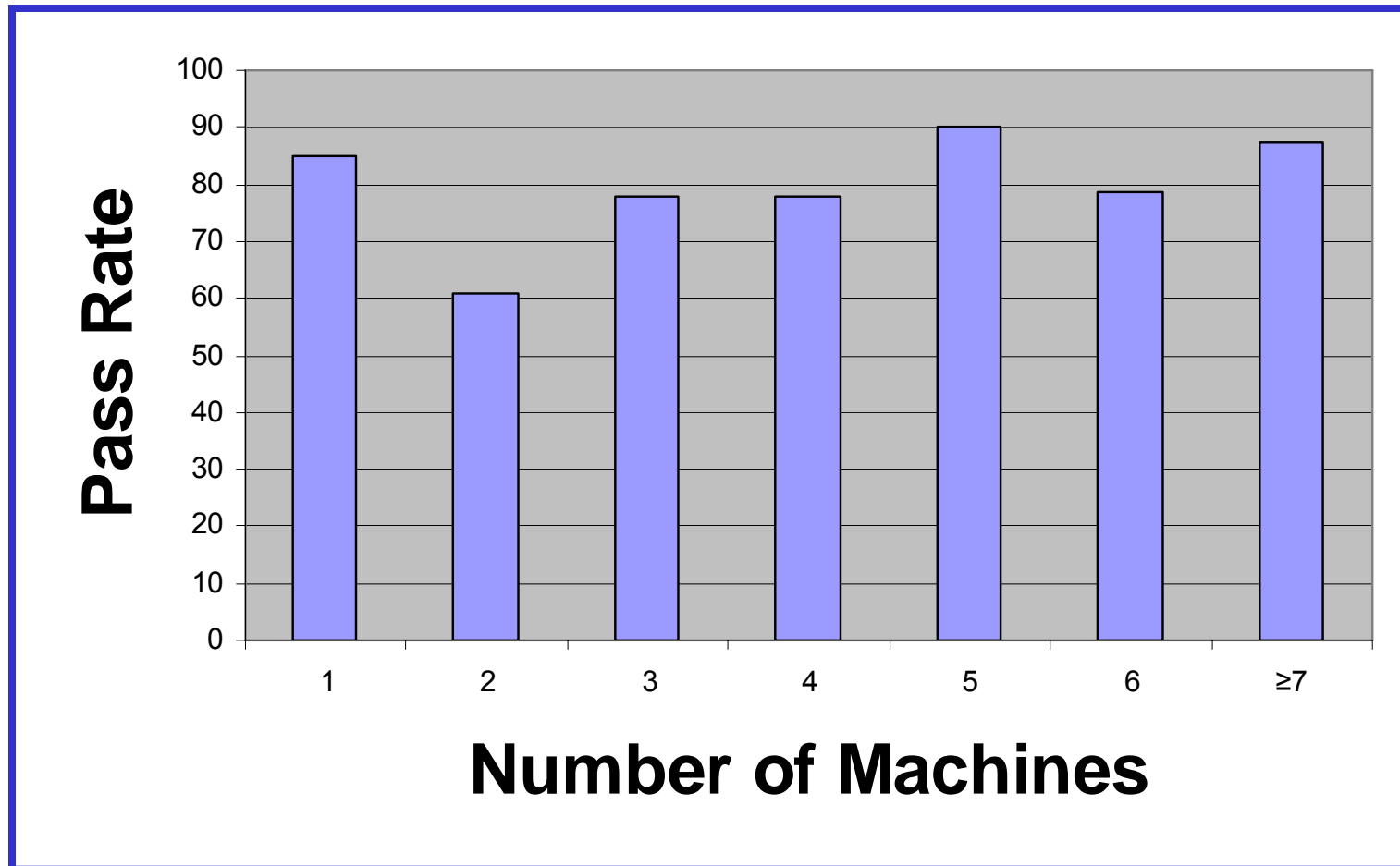
HN results grouped by technique

IMRT technique	Pass Rate (%)	Attempts	Dose	Criteria Failed	
				DTA	Dose and DTA
Dynamic MLC	87	110	9	2	3
IMAT	50	12	5	0	1
Segmental	74	279	47	10	15
TomoTherapy	76	17	3	1	0
Experimental	0	1	1	0	0
total		419	65	13	19

Physicist per machine



Number of machines



HN QA Dose criterion

148 institutions reported point dose measurements and criterion

Dose Criterion	Number of Institutions
2% - 3%	96
4% - 5%	52
> 5%	0

HN QA DTA criterion

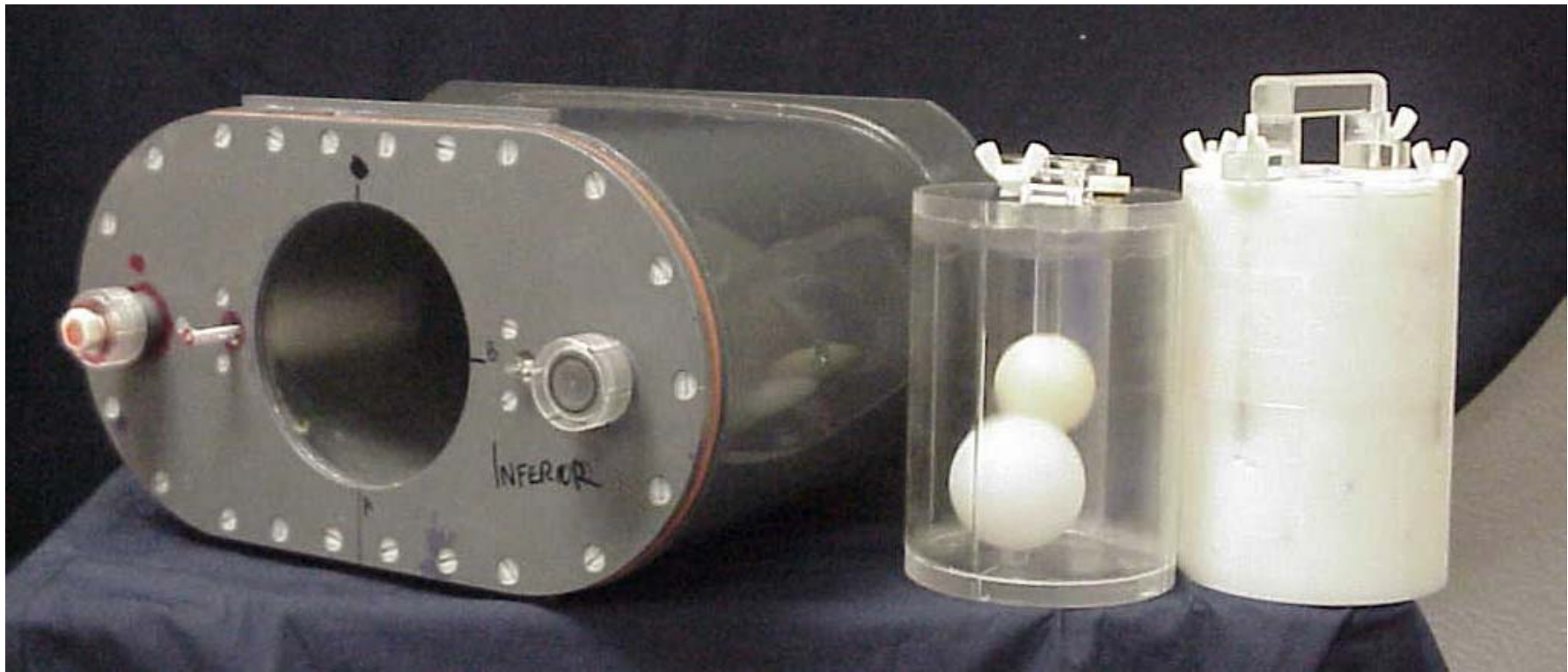
111 institutions reported distance to agreement measurements and criterion

DTA Criterion	Number of Institutions
2 mm	4
3 mm	84
4 mm	11
5 mm	12

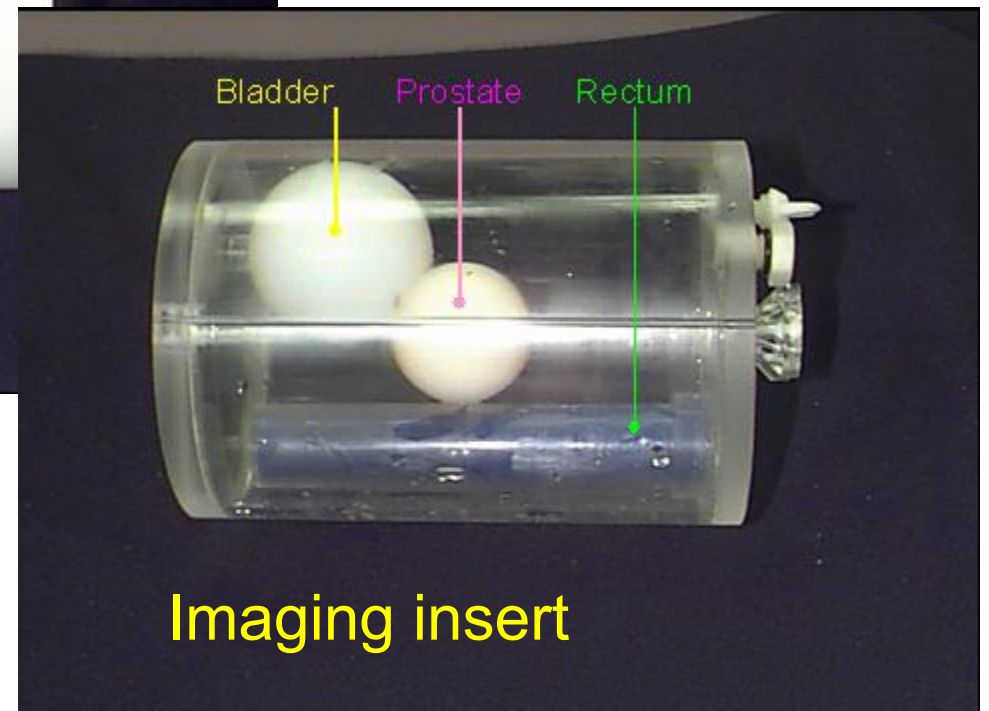
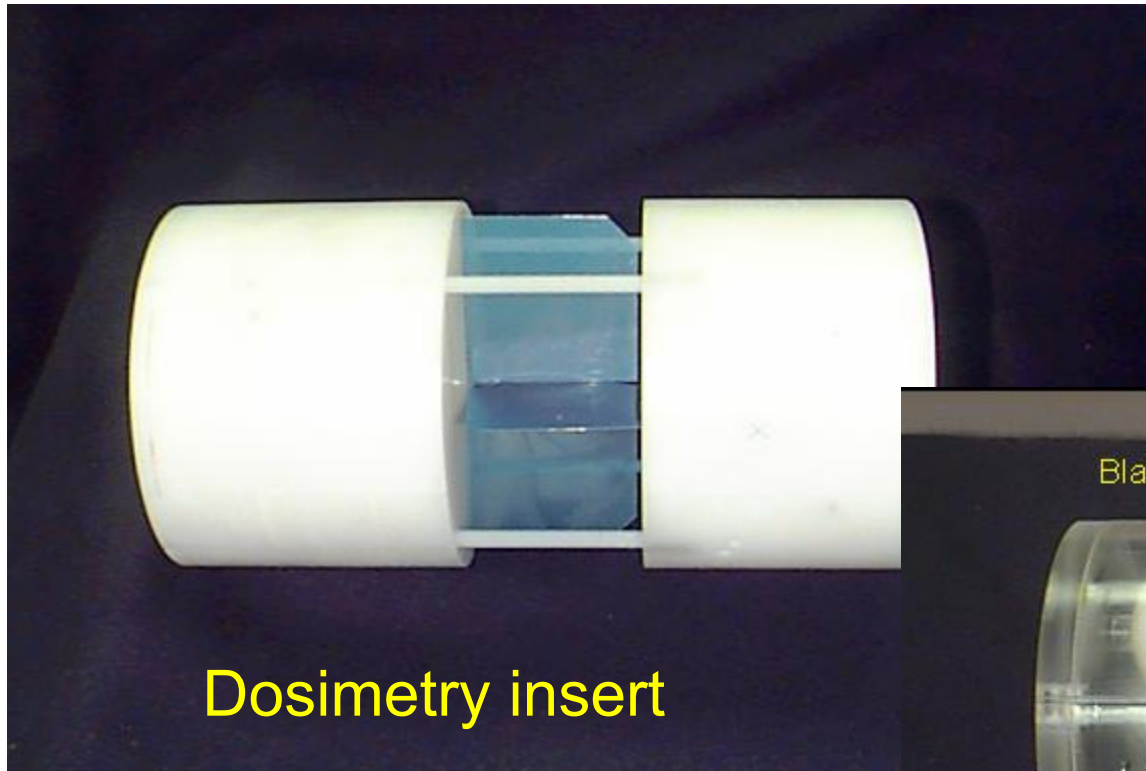
HN dose adjustments based on QA

- 11 institutions adjusted MU delivered based on their QA
 - 4 of these institutions failed anyway
- 63 of the failing institutions reported making no changes based on QA measurements
 - 13 of these measured dose in the same direction as the failure

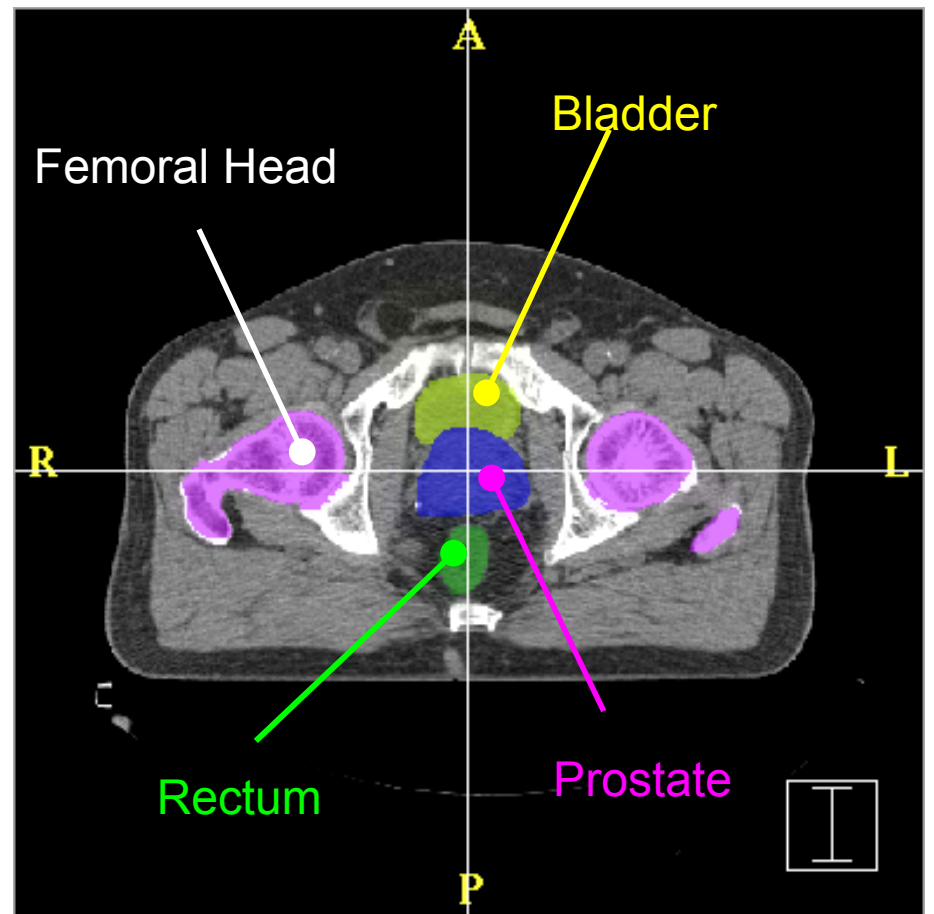
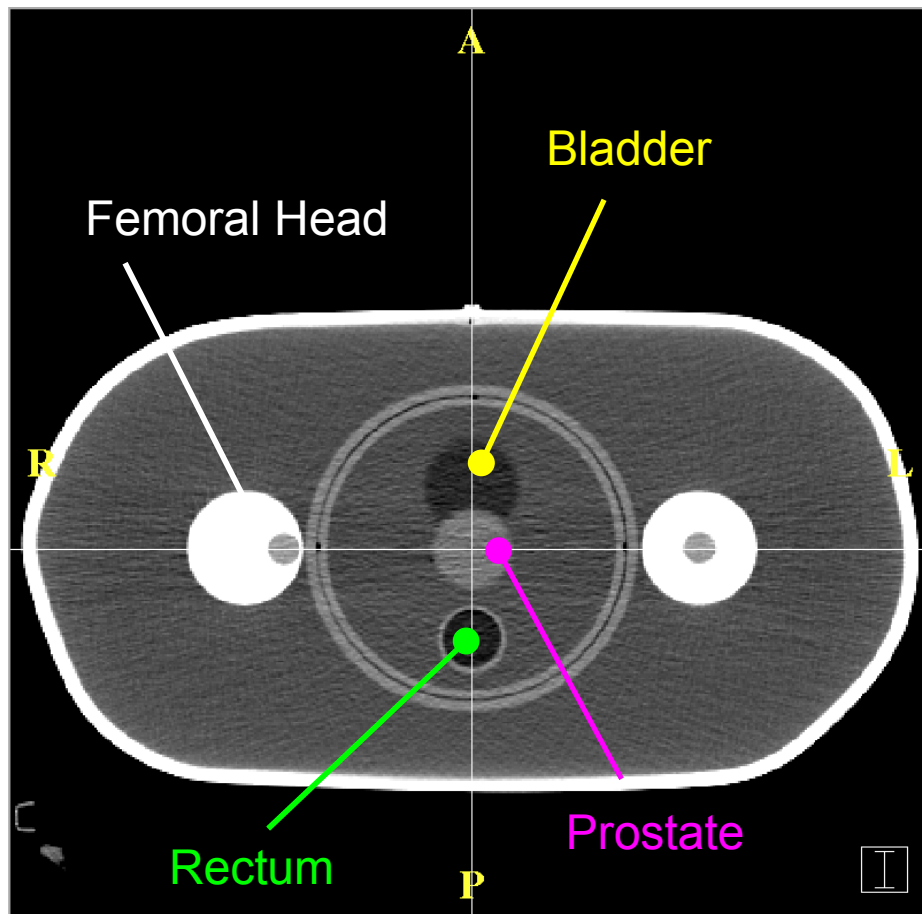
Prostate Phantom



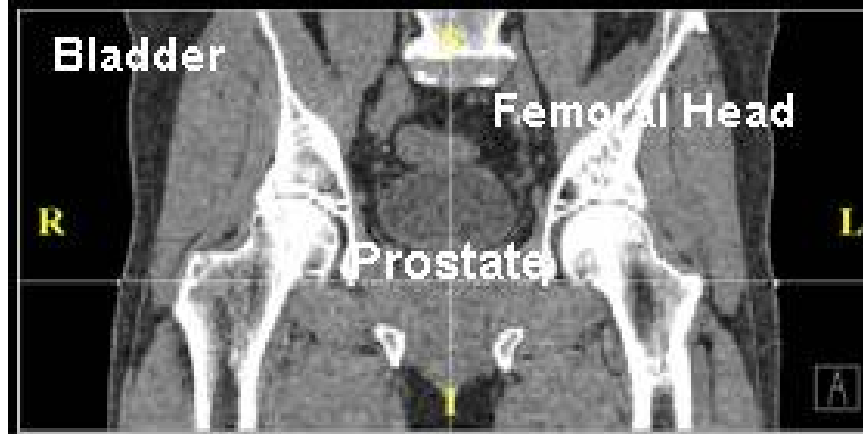
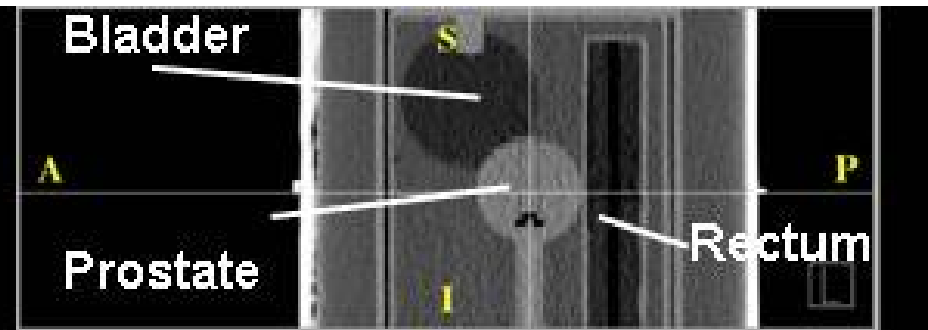
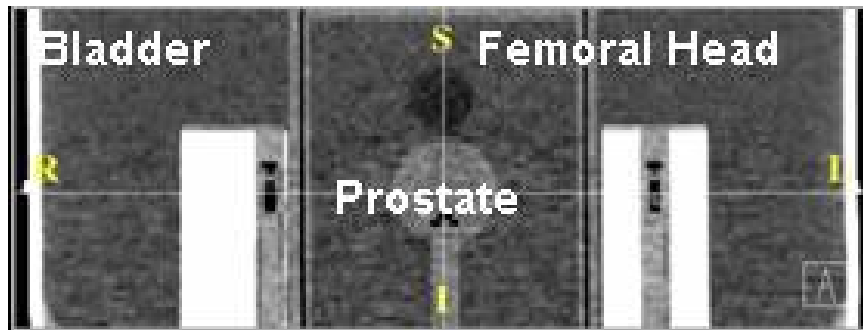
Prostate phantom inserts



Prostate phantom



Prostate phantom



Prostate phantom Rx

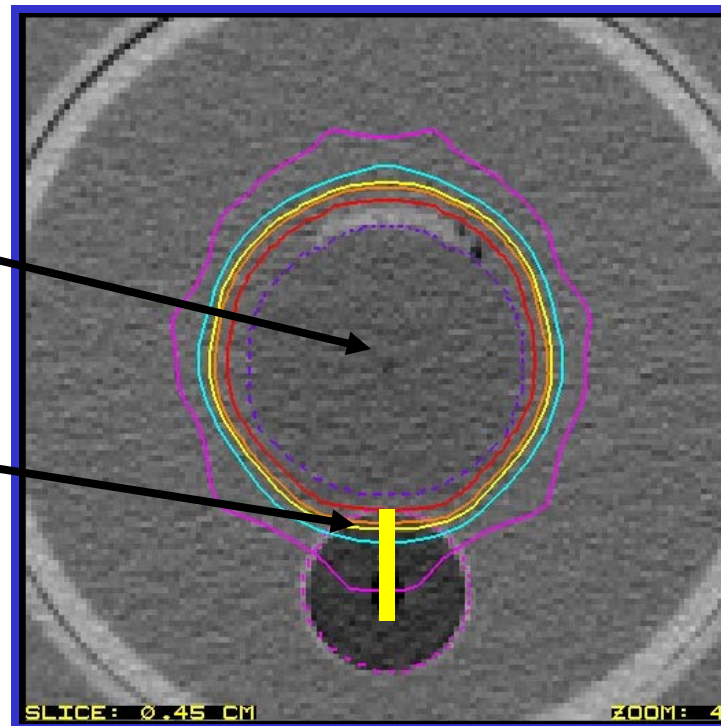
- 6 Gy to prostate
- 50% of bladder limited to 5.7 Gy
- 25% of bladder limited to 6.3 Gy
- 50% of rectum limited to 5.0 Gy
- 25% of rectum limited to 6.0 Gy

Criteria for credentialing

- RPC/Inst dose in PTV: 0.93-1.07
- distance to agreement in high gradient regions near OARs: ≤ 4 mm

Dose
region

Distance to
agreement
region



IMRT prostate phantom results

- 93 irradiations were analyzed
- 76 irradiations passed the criteria
 - 7 institutions irradiated multiple times
- 17 irradiations did not pass the criteria
- 85 institutions are represented

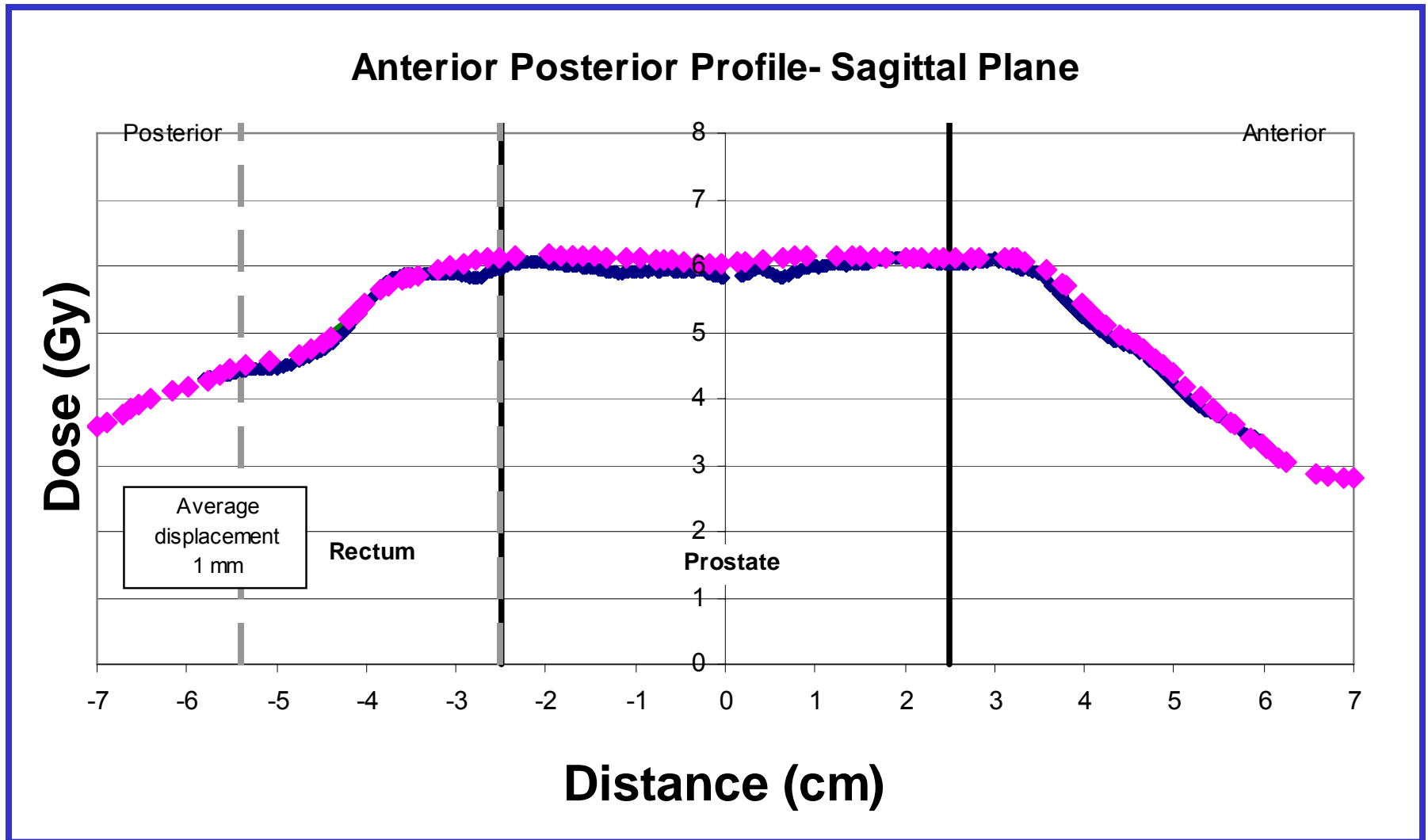
Only 79% of institutions passed the criteria on the first irradiation.

Prostate phantom results cont

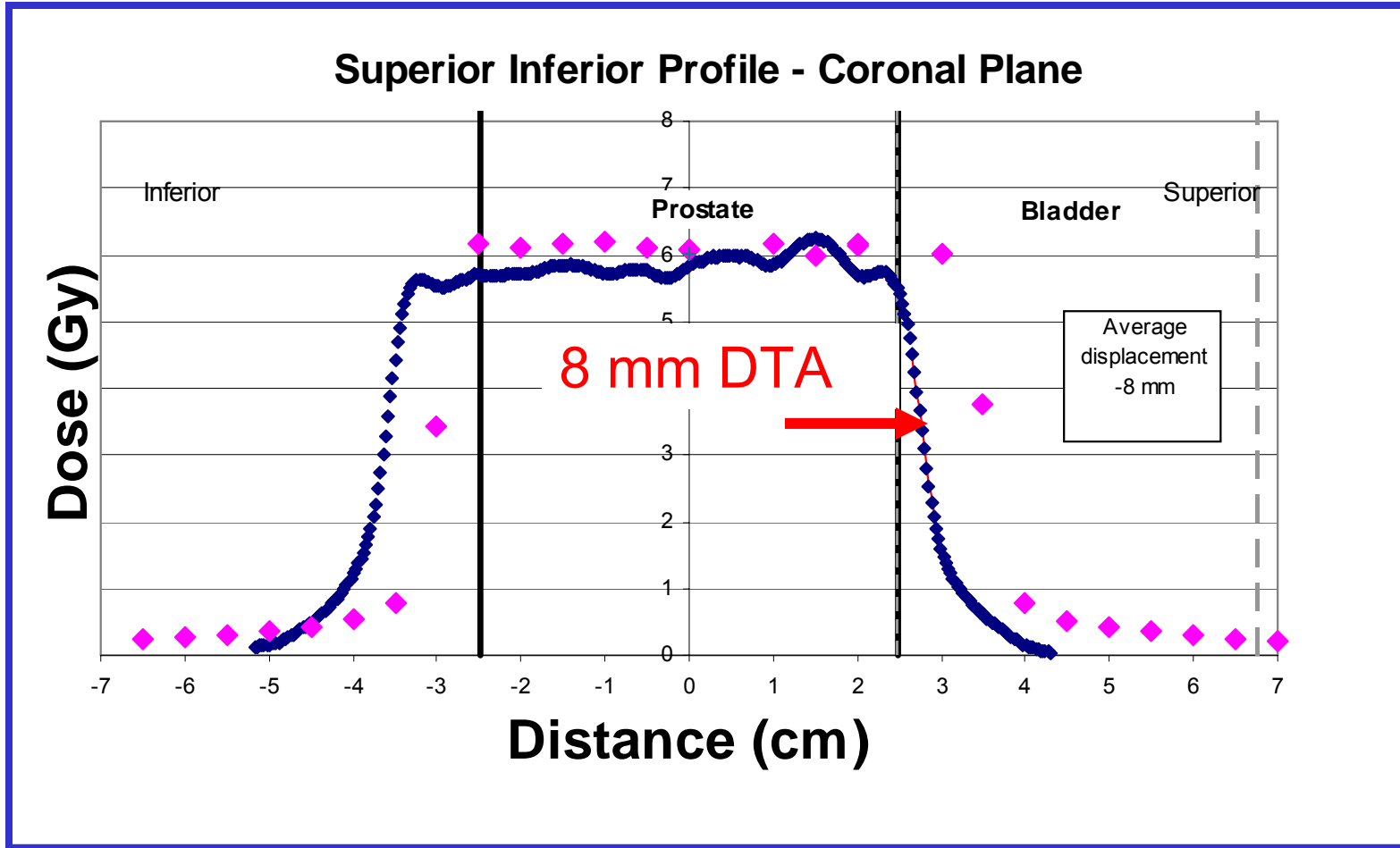
- **0 failed by absolute dose only**
- **16 failed by DTA only**
- **1 failed by both absolute dose and DTA**

	PTV	DTA bladder (mm)	DTA rectum (mm)
mean	1.00	-0.52	0.89
std dev	0.029	3.926	2.483
count	184	92	91
range	0.92 - 1.06	-8 - 18	-5 - 7

Good prostate profile



Not so good prostate profile



Prostate results grouped by accelerator manufacturer

Linear Accelerator Manufacturer	Pass Rate (%)	Attempts	Criteria Failed		
			Dose	DTA	Dose and DTA
Elekta	60	5	0	2	0
Siemens	82	17	0	3	0
TomoTherapy	100	2	0	0	0
Varian	83	69	0	11	1
total		93	0	16	1

Prostate results grouped by TPS

Treatment planning system	Pass Rate (%)	Attempts	Criteria Failed		
			Dose	DTA	Dose and DTA
Eclipse	90	21	0	2	0
Pinnacle	80	45	0	9	0
XiO	82	17	0	3	0
Other	70	10	0	2	1
total		93	0	16	1

Prostate results grouped by machine/TPS combo

Manufacturer/TPS Combination	Pass Rate (%)	Attempts	Criteria Failed		
			Dose	DTA	Dose and DTA
Elekta/Pinnacle	60	5	0	2	0
Siemens/Corvus	50	2	0	1	0
Siemens/Pinnacle	100	8	0	0	0
Siemens/XiO	71	7	0	2	0
Varian/Corvus	60	5	0	1	1
Varian/Eclipse	90	21	0	2	0
Varian/Pinnacle	78	32	0	7	0
Varian/XiO	90	10	0	1	0
Other	100	3	0	0	0
total		93	0	16	1

Prostate results grouped by technique

IMRT technique	Pass Rate (%)	Attempts	Criteria Failed		
			Dose	DTA	Dose and DTA
Dynamic MLC	84	19	0	2	1
IMAT	33	3	0	2	0
Segmental	83	69	0	12	0
TomoTherapy	100	2	0	0	0
total		93	0	16	1

Explanations for failures

**incorrect output factors in
TPS**

incorrect PDD in TPS

**inadequacies in beam
modeling at leaf ends
(Cadman, et al; PMB 2002)**

**not adjusting plan to
account for dose
differences measured with
ion chamber**

Explanations for failures cont

**errors in couch indexing
with Peacock system**

**2 mm tolerance on MLC
leaf position**

setup errors

target malfunction

Treatment planning bug

MLC sag

Changes made by institutions that resulted in acceptable phantom irradiation

input new output factors
remeasured PDD and modeled beam based on new values
adjusted leaf end modeling
updated software version
upgraded MLC leaves
more accurate setup
replaced target

Conclusions

- The RPC's IMRT phantoms provide a comprehensive evaluation of IMRT for clinical trials
- QA of IMRT is important!



The investigation was supported by PHS grants CA10953 and CA81647 awarded by the NCI, DHHS.



<http://rpc.mdanderson.org/rpc/>

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