

# The RPC's Evaluation of Advanced Technologies



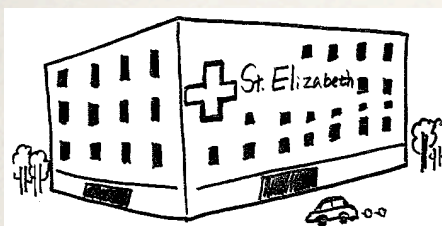
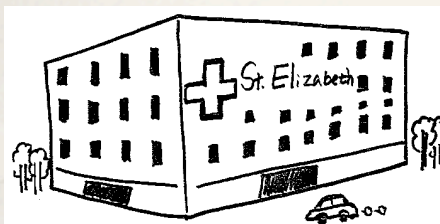
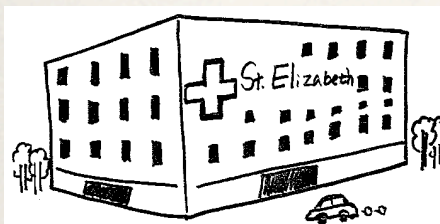
Geoffrey S. Ibbott, Ph.D.  
and RPC Staff

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*G. Ibbott, AAPM Annual Meeting, July 27, 2009*

# QA Infrastructure for Clinical Trials

Participating  
Institutions



Cooperative Groups  
ACRIN

Funding  
Agency



RPC QA  
Office

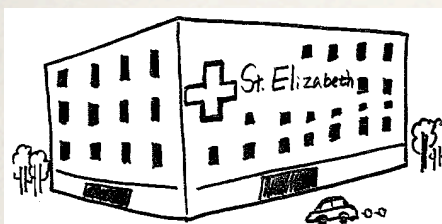
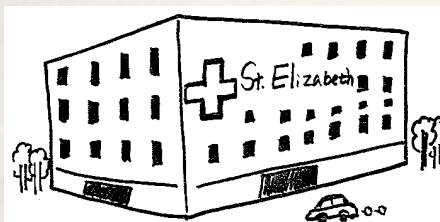
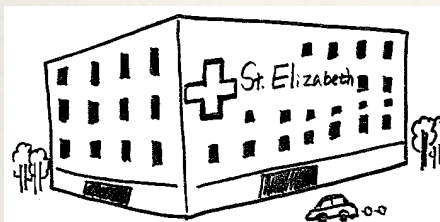


AAPM July 27, 2009



# QA Infrastructure for Clinical Trials

Participating Institutions



Cooperative Groups

Funding Agency



RPC QA Office



AAPM July 27, 2009

# Radiological Physics Center

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- Formed when AAPM received funding from NCI and announced competition
- Founded in 1968 to monitor institution participation in clinical trials
- Funded continuously by NCI as structure of cooperative group programs have changed
- Now 40 years of experience of monitoring institutions and reporting findings to study groups and community



# Mission

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The mission of the Radiological Physics Center is to **assure NCI and the Cooperative Groups that** institutions participating in clinical trials deliver prescribed **radiation doses that are clinically comparable and consistent.** We do this by assessing the institution's radiotherapy programs, helping the institutions implement remedial actions, assisting the study groups in developing protocols and QA procedures, and summarizing our findings for the radiation therapy community.

Mandate from the Cancer Trials Evaluation Program (CTEP)

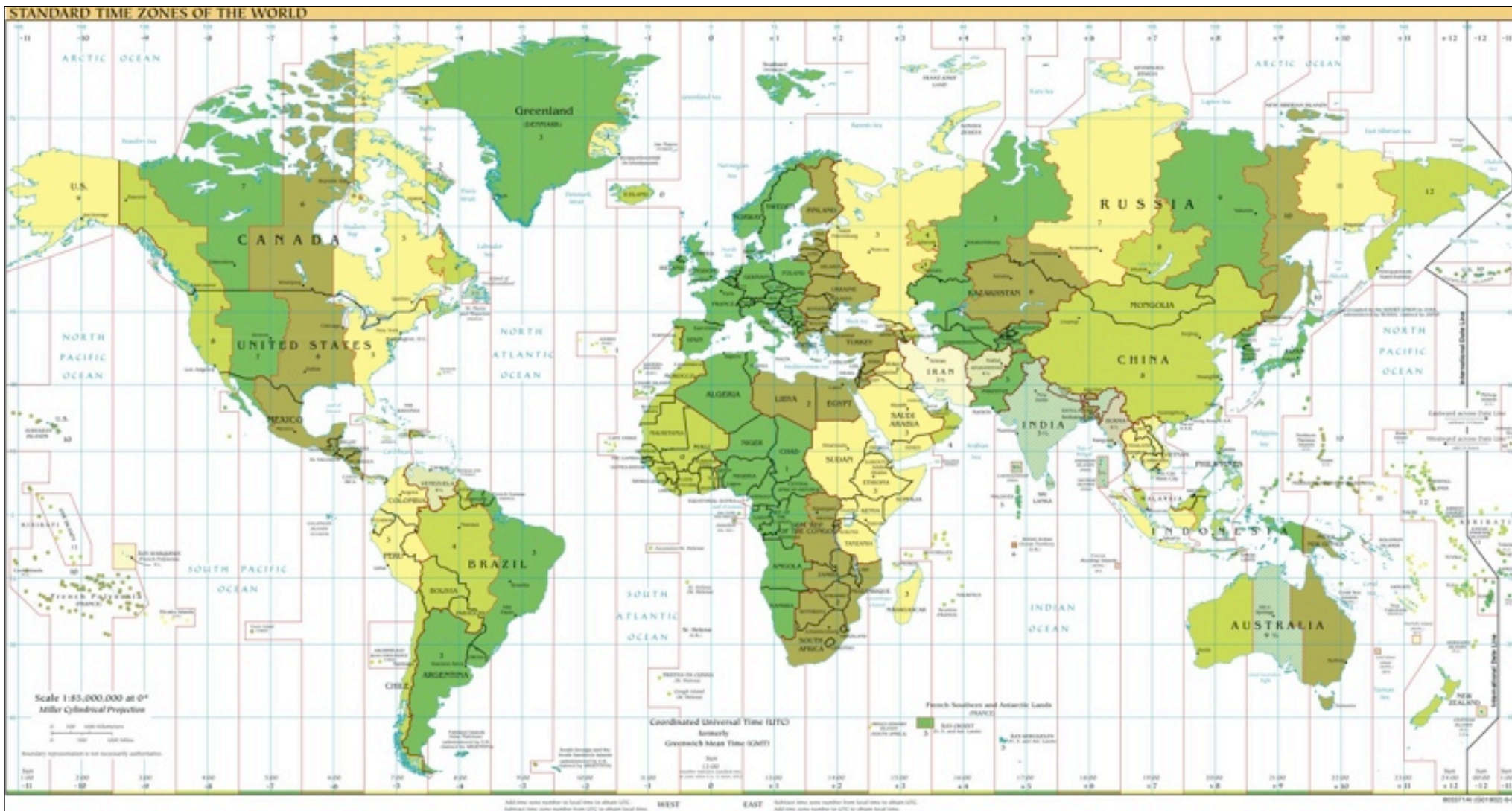


# Components of a QA Program

---

- Remote audits of machine output
  - ◆ 1,674 institutions, 14,188 beams measured with TLD (2008)
- Treatment record reviews
  - ◆ Review for GOG, NSABP, NCCTG, RTOG (brachy)
- Independent recalculation of patient dose
  - ◆ Continue to find errors
- On-site dosimetry reviews
  - ◆ 50 institutions visited (~150 accelerators measured)
- Credentialing
  - ◆ Phantoms, benchmarks, questionnaires, rapid reviews





# RPC TLD NETWORK

1,674 RT facilities in 27 countries throughout the world,  
including 58 EORTC members



**Office Hours:**  
 8 A.M. to 5 P.M.  
 M-F Central time.

**Holidays**

[Services](#)

[Forms](#)

[Publications](#)

[Brachy Sources](#)

[Research/TG-51](#)

[Upcoming Meetings](#)

**Monitored Institution Search**

City  Institution Name (wildcard = %)

State/Province  or RTF Number

Zip Code

Country

to view credentialing

Total number of distinct institutions: 1674 (1674 total active institutions monitored)

Last updated on Friday Apr 03, 2009 at 8:53 AM

- ✓ USA
- CANADA
- Non-USA
- AUSTRALIA
- AUSTRIA
- BELGIUM
- CHINA
- HUNGARY
- INDIA
- IRELAND
- ISRAEL
- ITALY
- JAPAN
- N/A
- NETHERLANDS
- NEW ZEALAND
- PERU
- POLAND
- REPUBLIC OF KOREA
- SAUDI ARABIA
- SERBIA
- SINGAPORE
- SLOVAKIA
- SOUTH AFRICA
- SPAIN
- SWEDEN
- SWITZERLAND
- TAIWAN
- TURKEY

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**RPC** Radiology  
Excellence in  
Remote Patient Care

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Upcoming Meetings

City

State/Province

Zip Code

Country

Total number of distinct

USA  
CANADA  
Non-USA  
AUSTRALIA  
AUSTRIA  
BELGIUM

**CHINA**

HUNGARY

INDIA

IRELAND

ISRAEL

ITALY

JAPAN

N/A

NETHERLANDS

NEW ZEALAND

PERU

POLAND

REPUBLIC OF KOREA

SAUDI ARABIA

SERBIA

SINGAPORE

SLOVAKIA

SOUTH AFRICA

SPAIN

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SWITZERLAND

TAIWAN

TURKEY

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Links

Site map

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(1674 total active institutions monitored)

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RPC T

1,674 RT facilities  
includ

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members

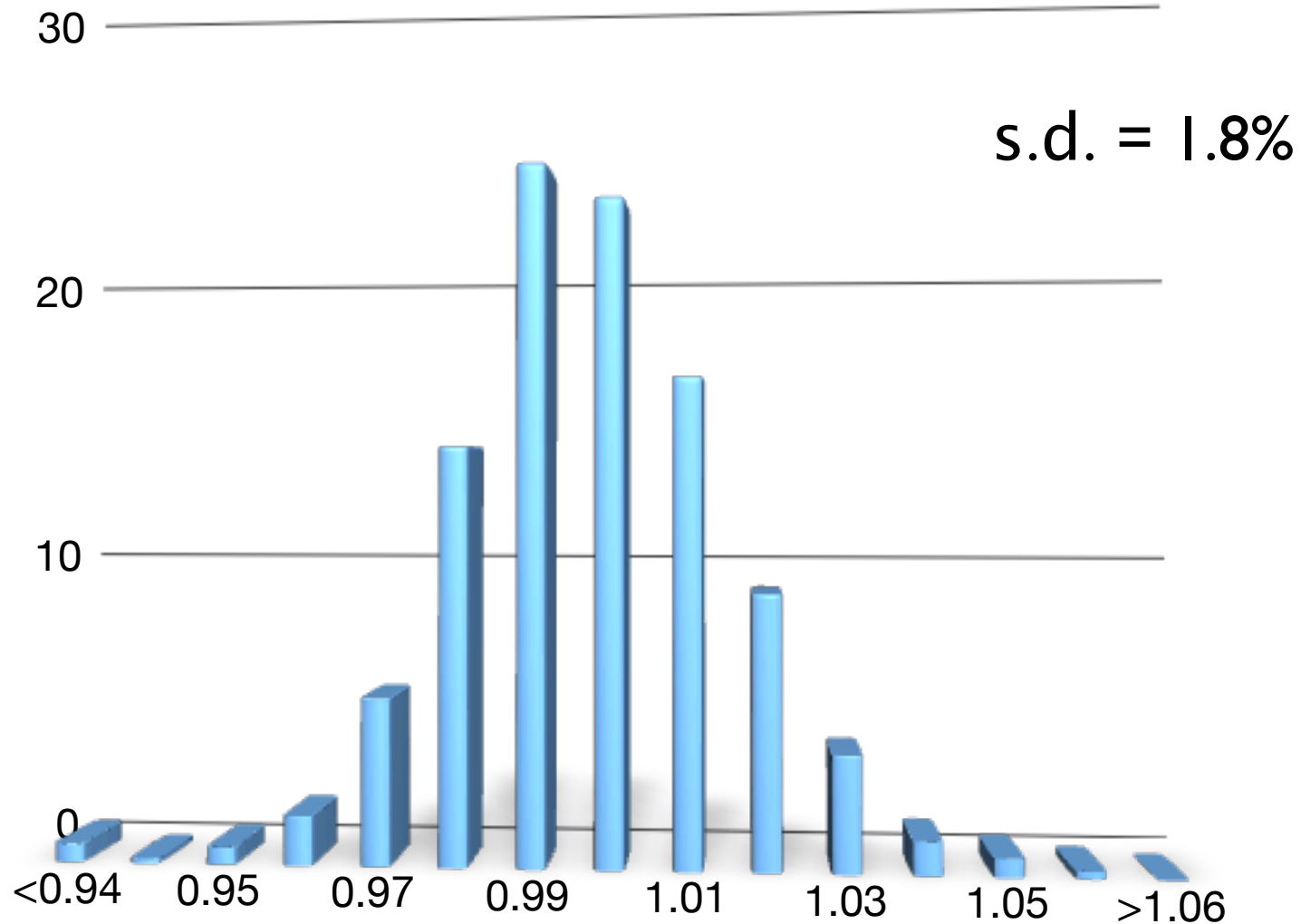


# TLD IRRADIATION

Institutions receive acrylic block containing dosimeters

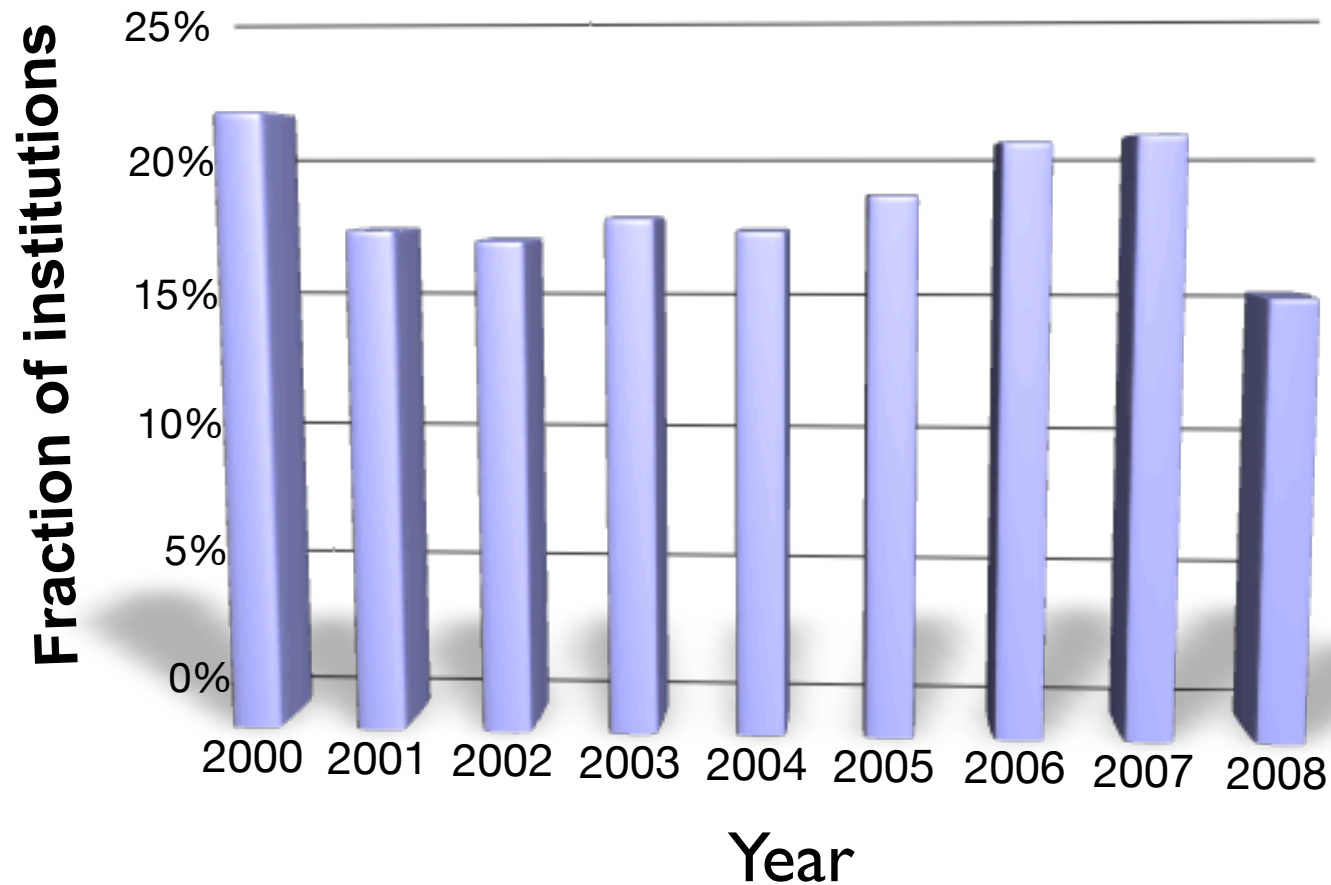


# Distribution of Photon Beam TLD Measurements



G. Ibbott, AAPM June 24, 2009

# Institutions with One or More Unacceptable TLD Measurements



G. Ibbott, AAPM June 24, 2009



# Benefits of the TLD Program

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- Helps institutions stay vigilant
- Problems contribute to priorities for visits
- May satisfy state/local requirements for independent review
- Identifies problems that have direct impact on every patient treated
- It is a model for other remote programs

# Benefits of the TLD Program

---

- Helps institutions stay viable
- Problems contribute to cancellations and delays for visits
- May satisfy local requirements for institutional review
- Identifies problems that have direct impact on every patient treated
- It is a model for other remote programs

**Followill Poster SU-FF-T-320**



# Components of a QA Program

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- Independent recalculation of patient dose
  - ◆ Continue to find errors
- On-site dosimetry reviews
  - ◆ 50 institutions visited (~150 accelerators measured)
- Credentialing
  - ◆ Phantoms, benchmarks, questionnaires, rapid reviews

# RPC Patient Dose Review

---

- ❖ Independent calculation of tumor dose
- ❖ Agree within 5% (15% for implants)
- ❖ Verify dose, time, fractionation per protocol
- ❖ Notify institution if major deviation seen during review to prevent further deviations



# RPC Patient Dose Review

---

- \* Independent calculation of patient dose
- \* Agree with (within 10% for implants)
- \* Dose, time, fractionation per protocol
- \* Notify institution if major deviation seen during review to prevent further deviations

**Lowenstein Poster SU-FF-T-25**

# Components of a QA Program

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# On-Site Dosimetry Review Visit

● The only completely independent comprehensive radiotherapy quality audit in the USA and Canada

- Identify errors in dosimetry and QA and suggest improvements.
- Collect and verify dosimetry data for chart review.
- Improve quality of patient care.



# On-Site Dosimetry Review

Selected discrepancies discovered 2004 – 2008

Errors Regarding	Number of Institutions (%)
Review QA Program	127 (77%)
*Wedge Transmission	53 (32%)
*Photon FSD (small fields)	46 (28%)
Off-Axis, Beam Symmetry	42 (25%)
*Photon Depth Dose	34 (21%)
*Electron Calibration	25 (15%)
*Photon Calibration	22 (13%)
*Electron Depth Dose	19 (12%)

\*70% of institutions received at least one of the significant dosimetry recommendations.





# Components of a QA Program

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# Credentialing

Why?

- Education
- Evaluate ability to deliver dose
- Improve understanding of protocol

**Reduce deviation rate**

# General Credentialing Process

- ★ Previous patients treated with technique
- ★ Facility Questionnaire
- ★ Knowledge Assessment Questionnaire
- ★ Benchmark case or phantom
- ★ Electronic data submission
- ★ RPC QA & dosimetry review
- ★ Clinical review by radiation oncologist

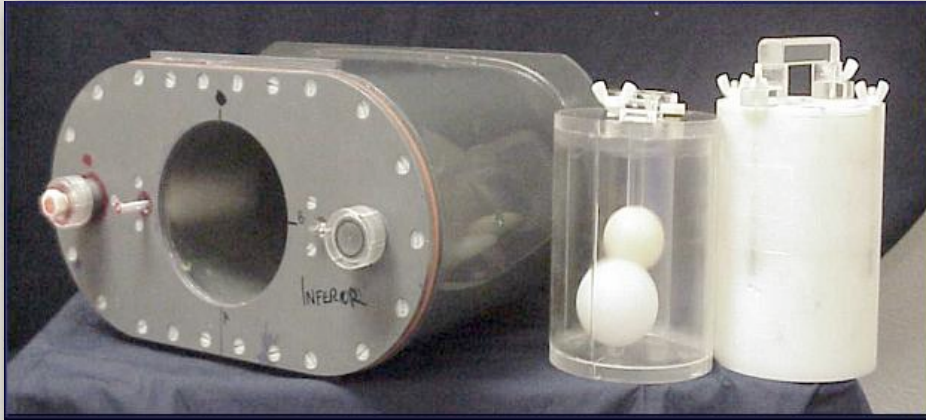


# General Credentialing Process

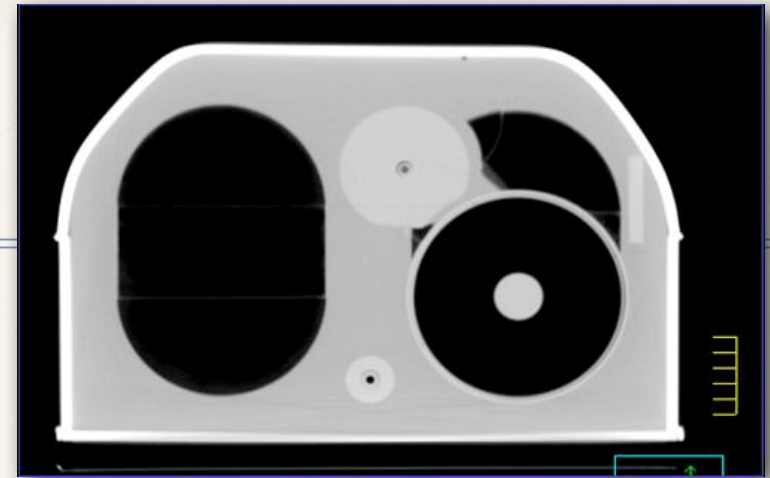
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- ★ Benchmark case or phantom
- ★ Electronic data submission
- ★ RPC QA & dosimetry review
- ★ Clinical review by radiation oncologists

**Feedback  
to  
Institution**

# RPC Phantoms



**Pelvis (10)**



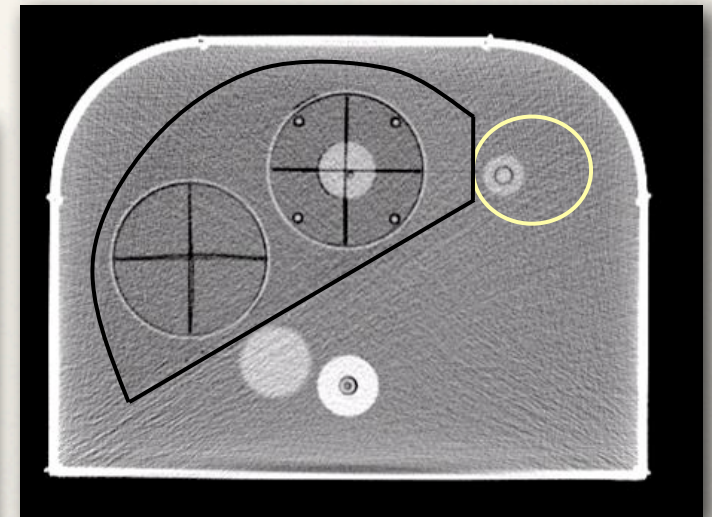
**Thorax (13)**



**H&N (31)**



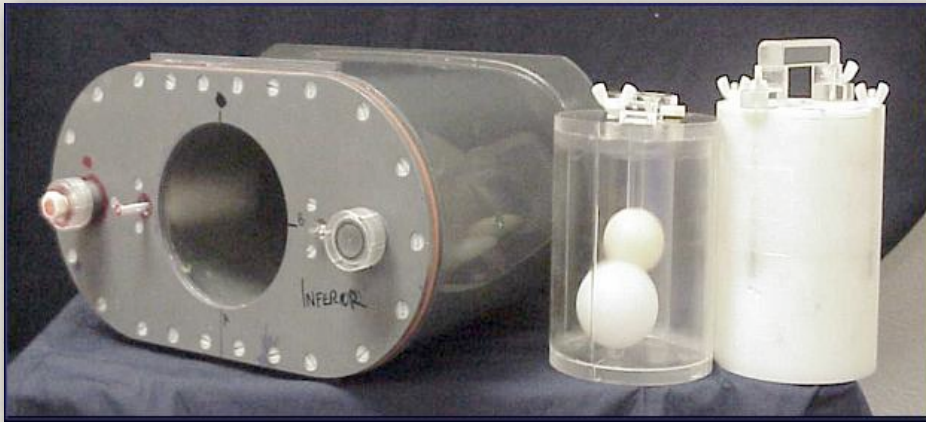
**SRS Head (4)**



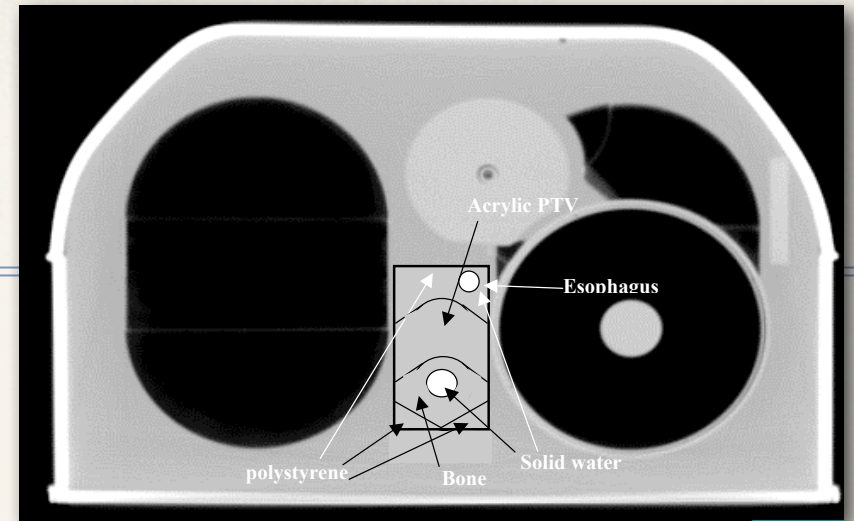
**Liver (2)**



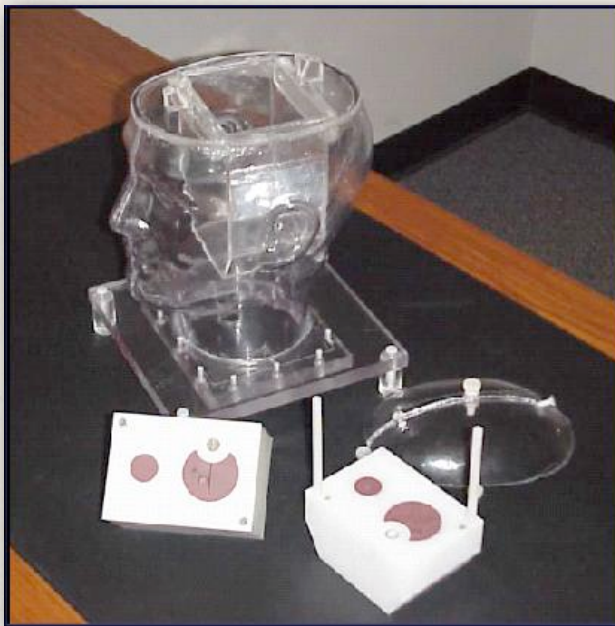
# RPC Phantoms



**Pelvis (10)**



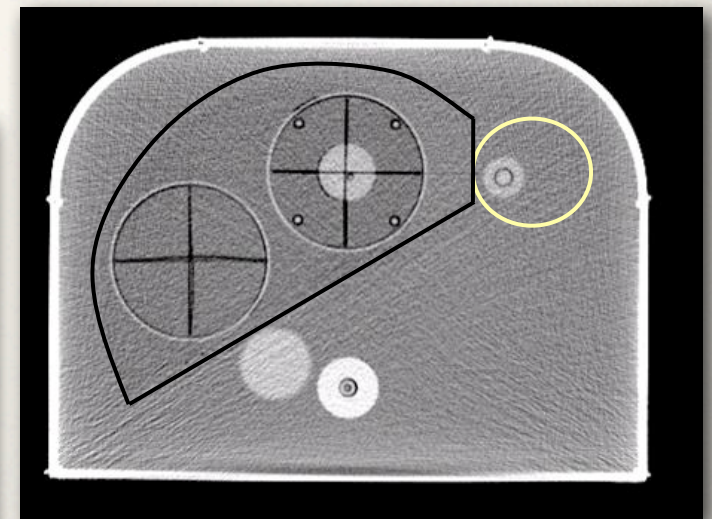
**Thorax (13)**



**H&N (31)**

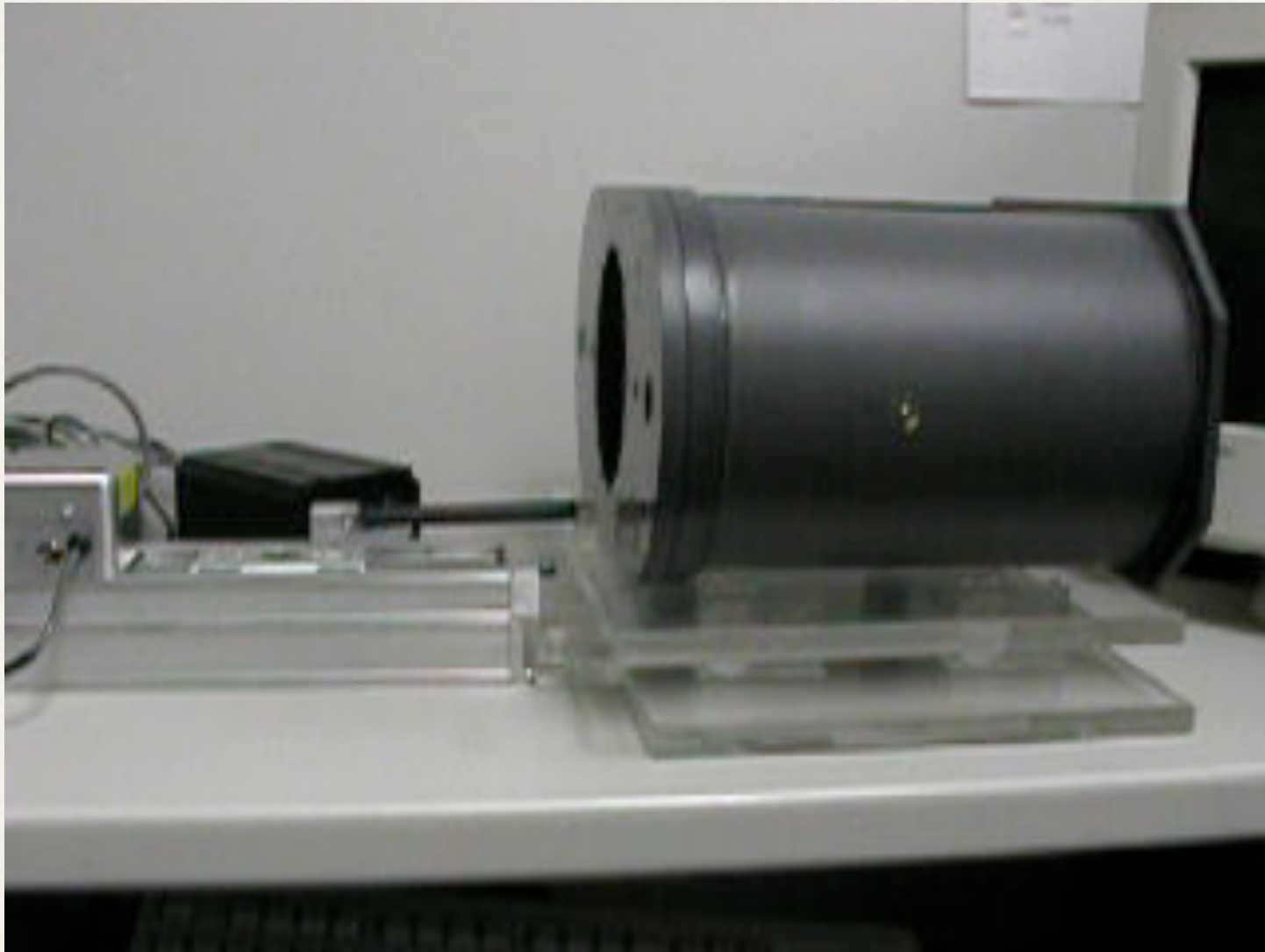


**SRS Head (4)**



**Liver (2)**

## Lung Phantom and Moving Platform

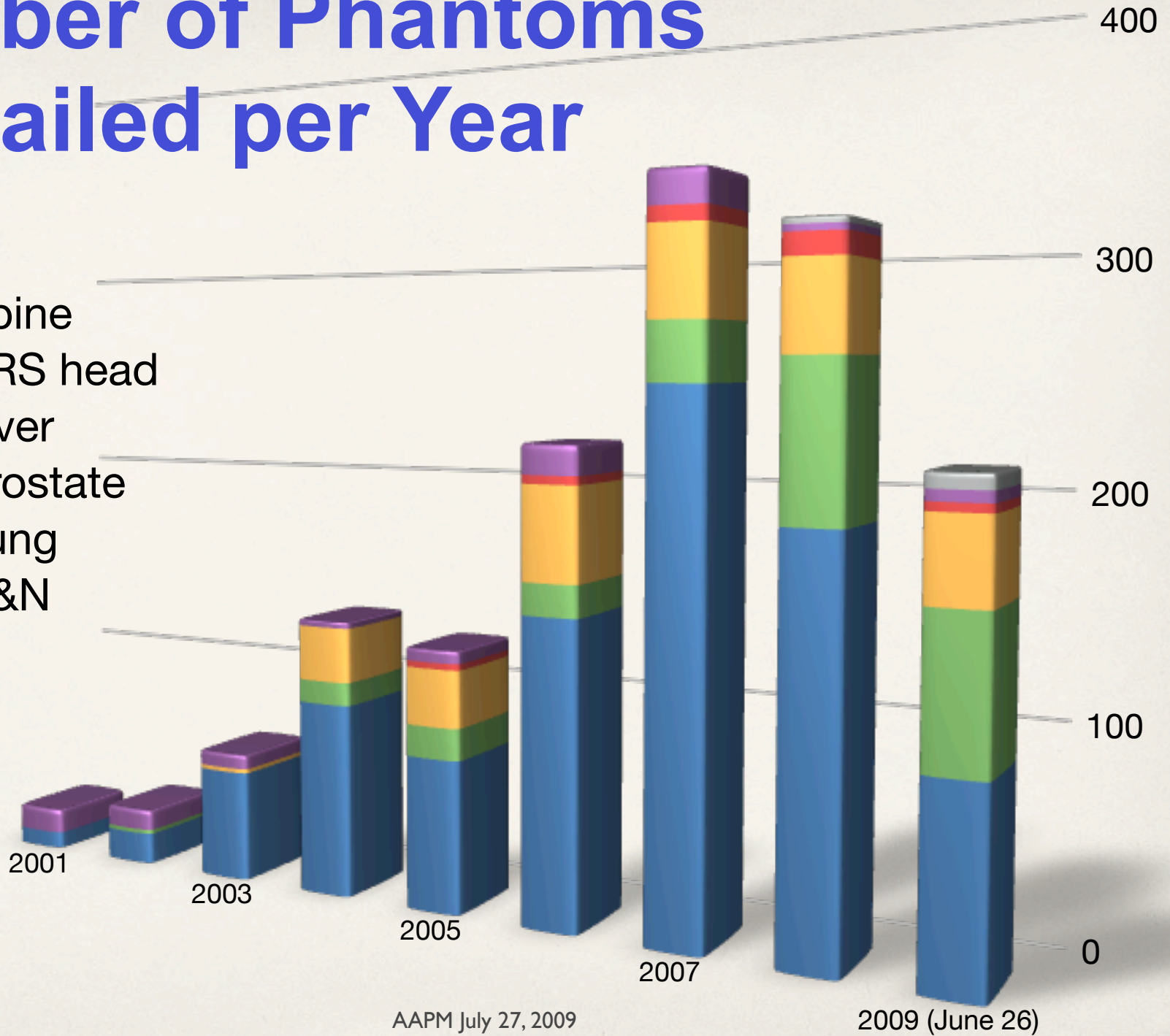


AAPM July 27, 2009



# Number of Phantoms Mailed per Year

- Spine
- SRS head
- Liver
- Prostate
- Lung
- H&N





**Treat phantom  
as if it were a  
patient**





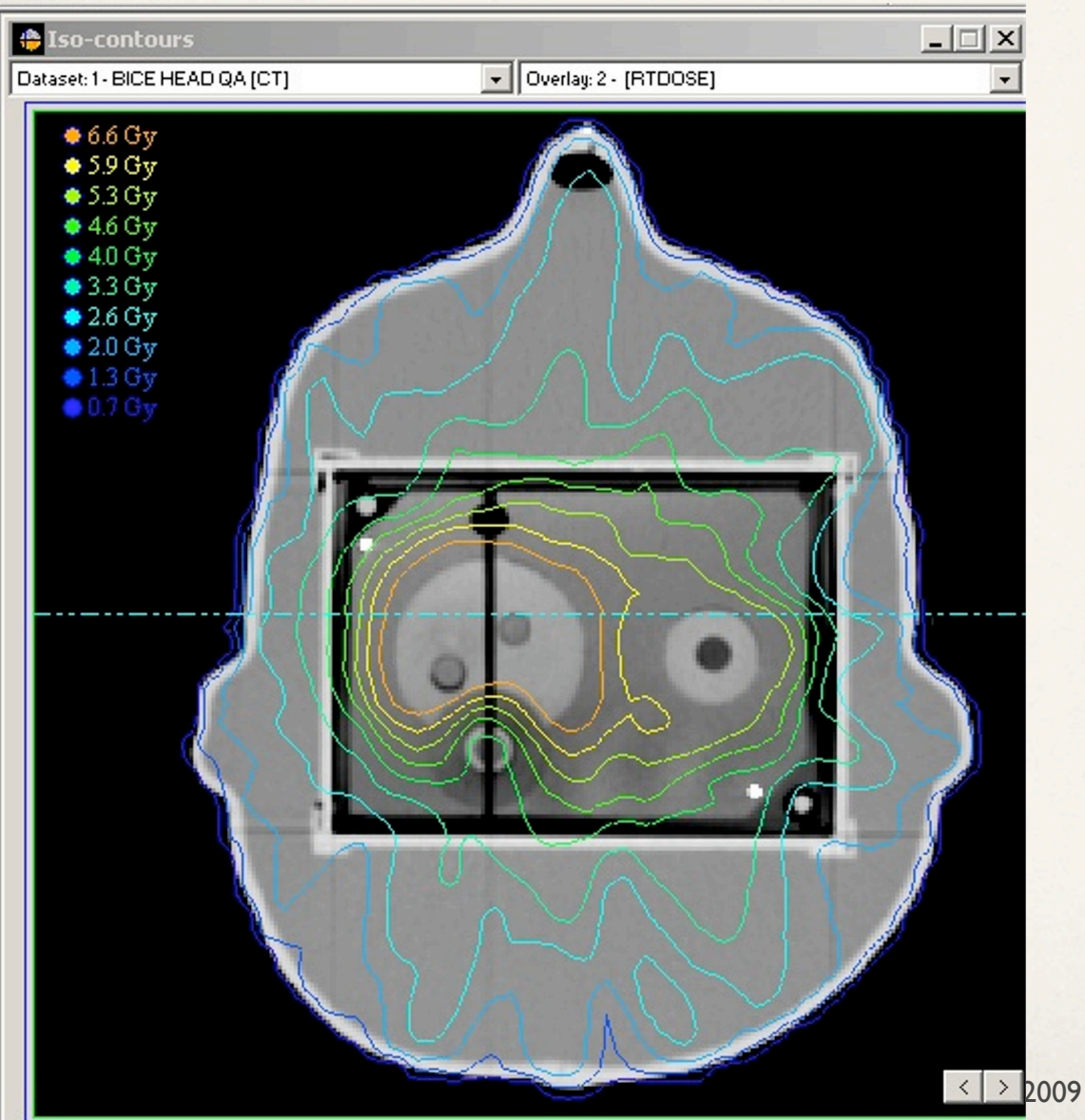
# Deliver treatment



Tuesday, August 4, 2009

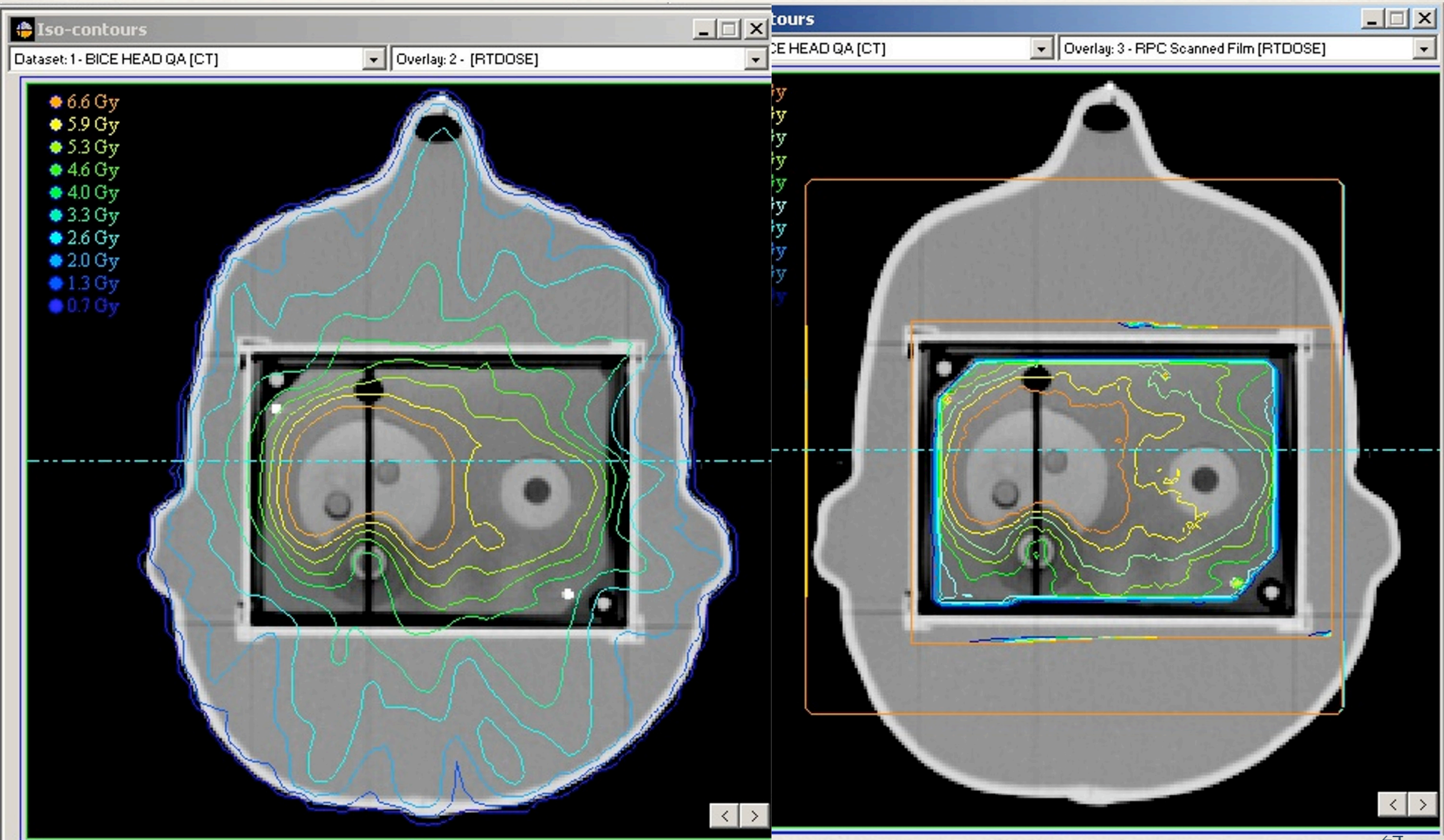


# RPC Compares Treated Distribution with Plan





# RPC Compares Treated Distribution with Plan



# Phantom Results

Comparison between institution's plan and delivered dose.  
Criteria for agreement: 7% or 4 mm DTA (5%/5mm for lung)

Site	Institutions	Irradiations	Pass
H&N	472	631	75%
Pelvis	108	130	82%
Lung	67	77	71%
Liver	15	18	50%



G. Ibbott, AAPM June 24, 2009



# Explanations for Failures

Explanation	Minimum # of occurrences
<b>incorrect output factors in TPS</b>	<b>1</b>
incorrect PDD in TPS	1
<b>IMRT Technique</b>	<b>3</b>
Software error	1
<b>inadequacies in beam modeling at leaf ends (Cadman, et al; PMB 2002)</b>	<b>14</b>
QA procedures	3
<b>errors in couch indexing with Peacock system</b>	<b>3</b>
equipment performance	2
<b>setup errors</b>	<b>7</b>

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# Questions raised regarding RPC Credentialing Programs

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- \* Credentialing process for lung protocols criticized in AAPM poster
- \* RTOG protocols (e.g., 0618, 0813) require RPC lung phantom
- \* ALL phantoms are commissioned, manufacturing verified, film registration confirmed, TLD dosimetry checked.
- \* Lung phantom was irradiated  $\geq 50$  times to assure reproducibility and accuracy



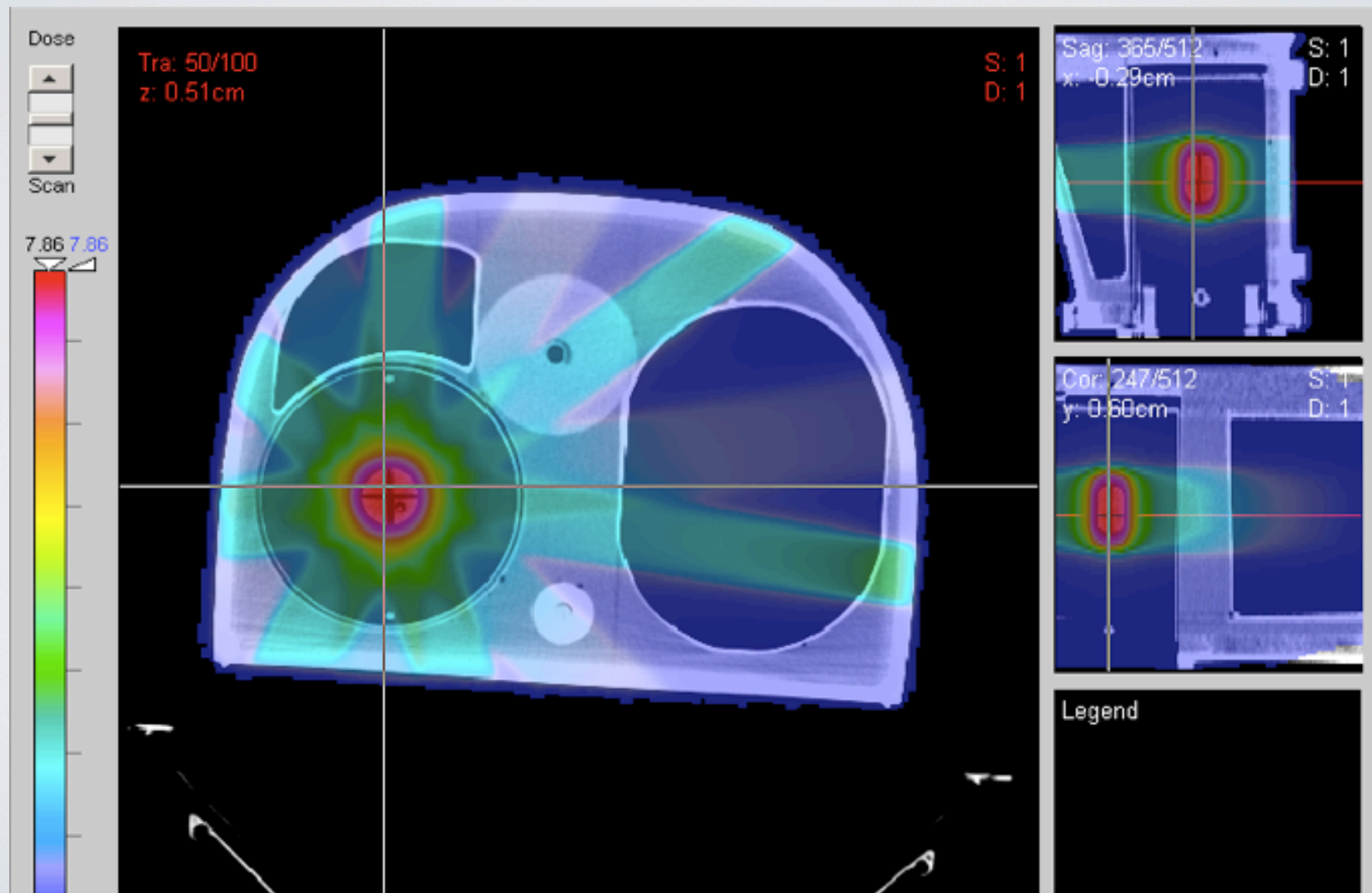


# Criticisms of RPC Lung Phantom

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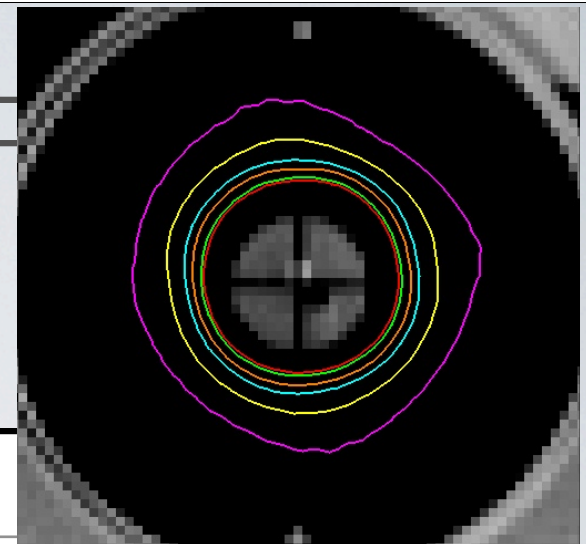
- Procedure required homogeneous calculation, then correction turned on
  - Was a requirement of older protocol (institution began process >2 years ago)
  - Current protocols (and phantom procedures) require heterogeneous calculation
- Suggestion that this increased dose gradients
  - No evidence; data demonstrate uniform distribution

# INSTITUTION'S PLAN





# PENCIL-BEAM PROF



41

## Right Left Profile Axial plane

Left

Average displacement  
Left side:  
on: -2 mm  
off: -6 mm

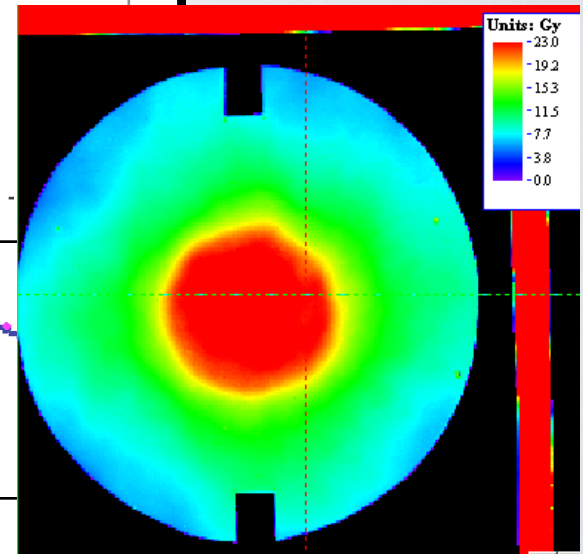
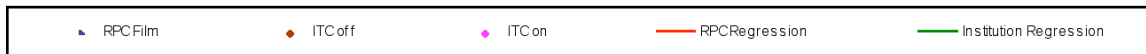
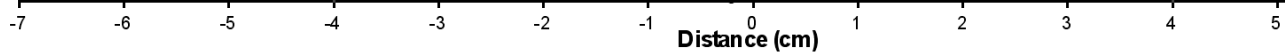
Right

Average displacement  
Right side:  
on: -5 mm  
off: -2 mm

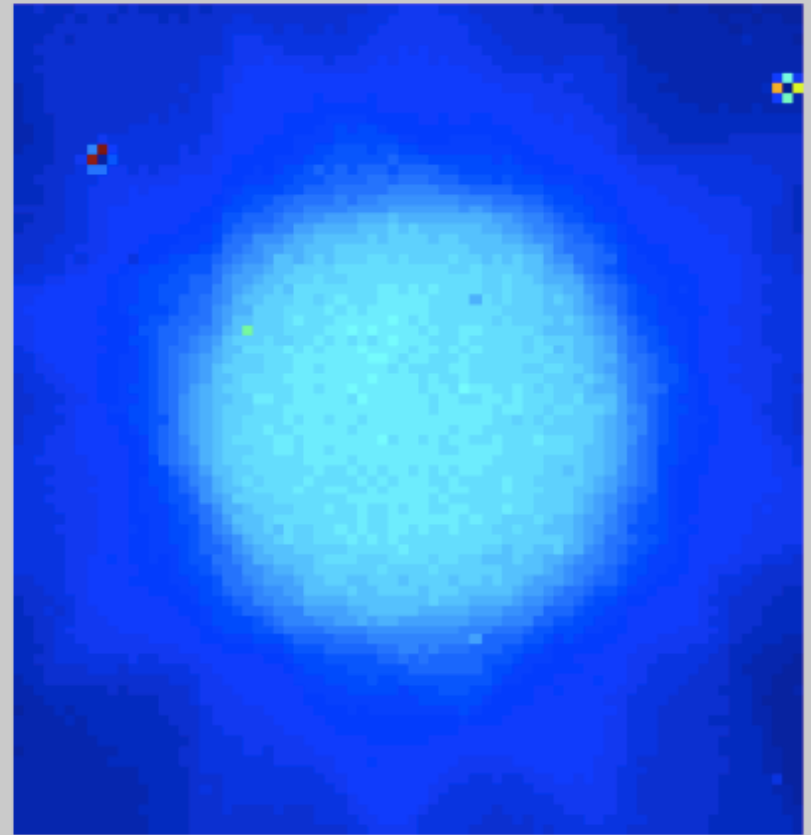
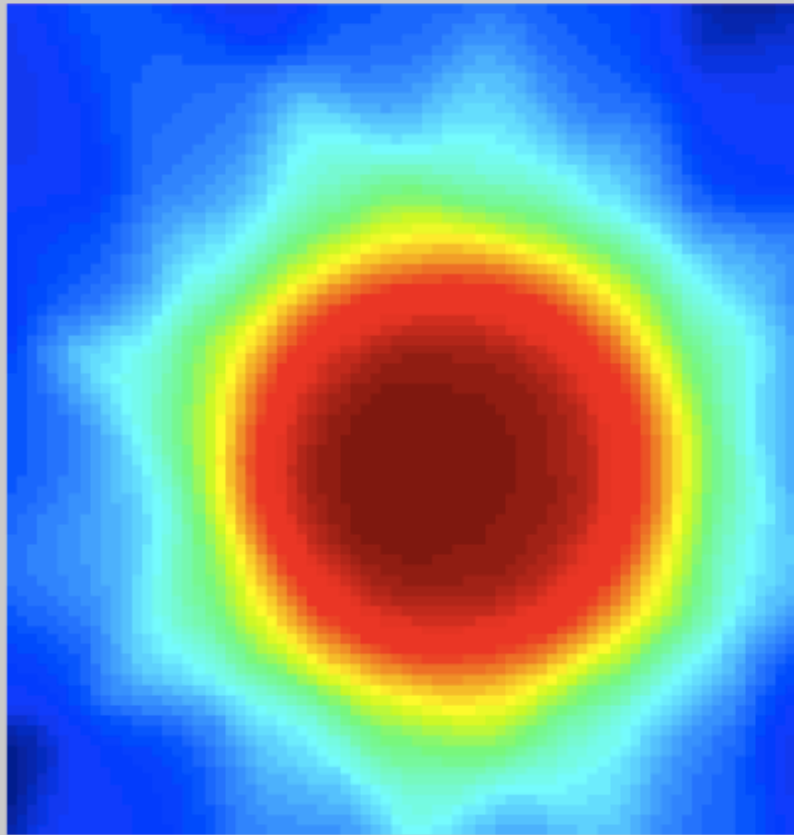
Prescribed D

D<sub>2cm</sub>

PTV

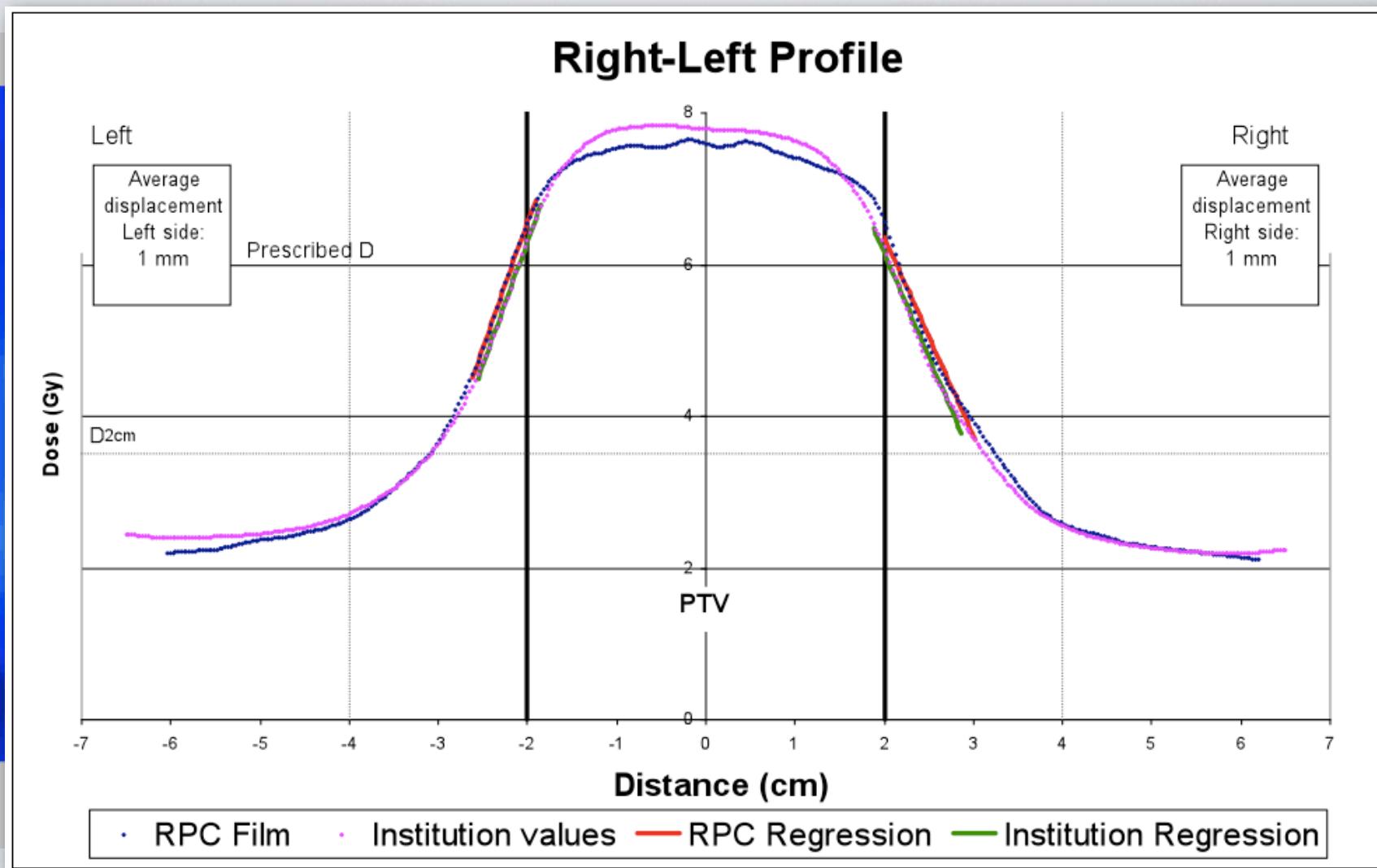


# 2D GAMMA INDEX EVALUATION CONVOLUTION ALGORITHM

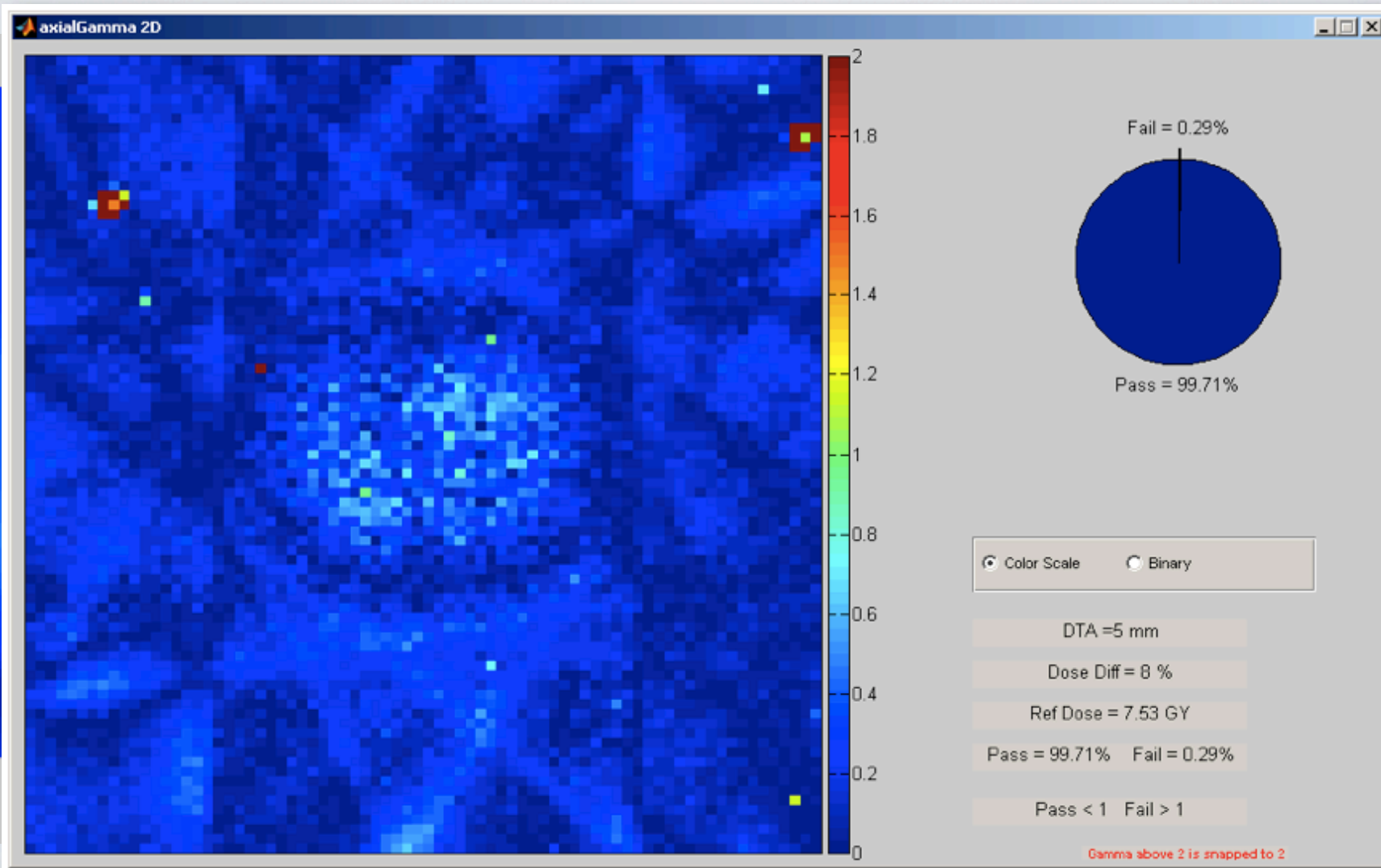




# 2D GAMMA INDEX EVALUATION CONVOLUTION ALGORITHM



# 2D GAMMA INDEX EVALUATION CONVOLUTION ALGORITHM





# Criticism of RPC TLD System

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- \* Volume of TLD too large
- \* Measurements with 0.6 cc ion chamber presented for comparison

# Criticism of RPC TLD System

- \* Volume of
- \* Measurement

comparison





# Criticism of RPC TLD System

- \* Volume of
- \* Measurement

comparison

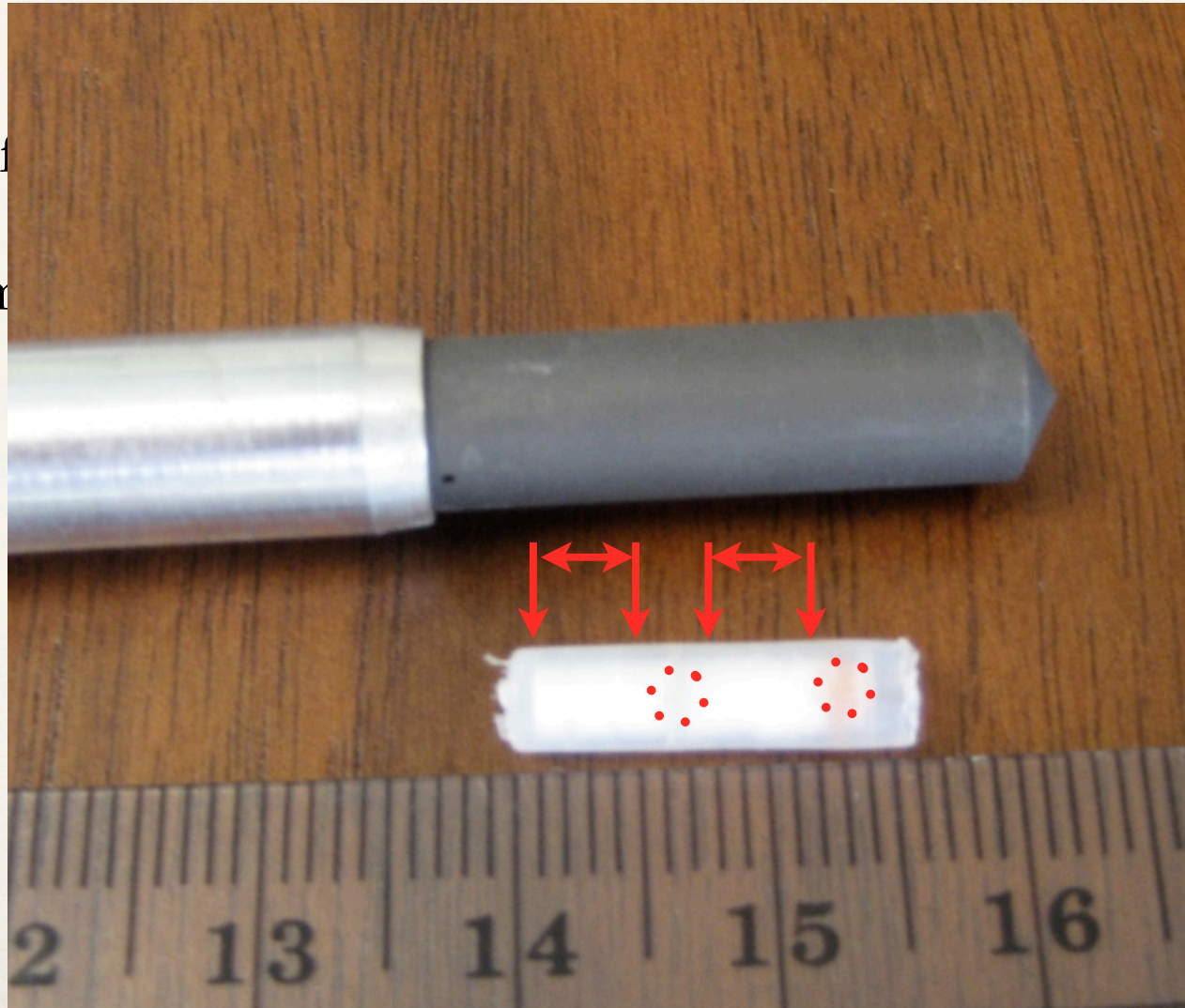




# Criticism of RPC TLD System

- \* Volume of
- \* Measurement

comparison

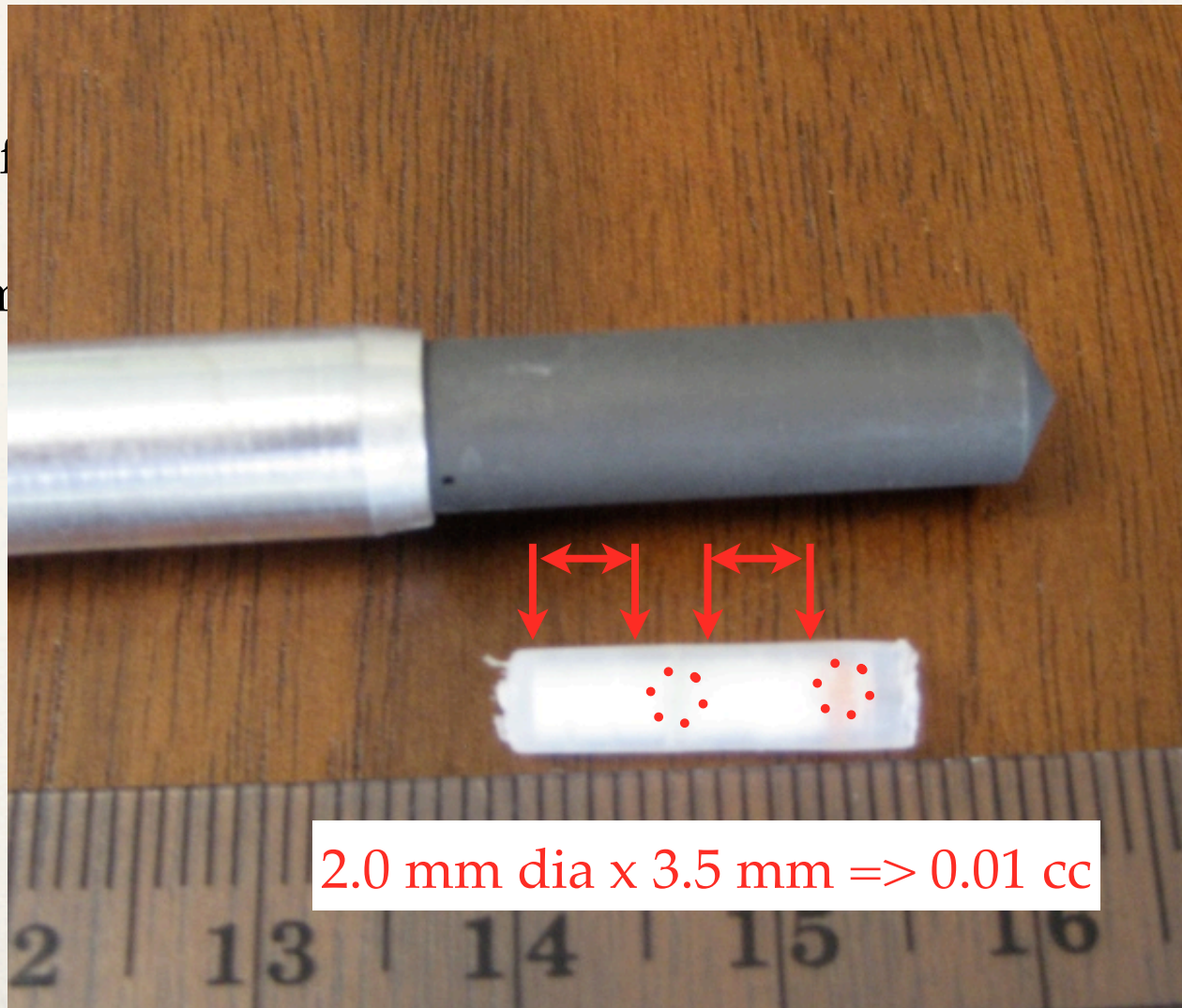




# Criticism of RPC TLD System

- \* Volume of
- \* Measurement

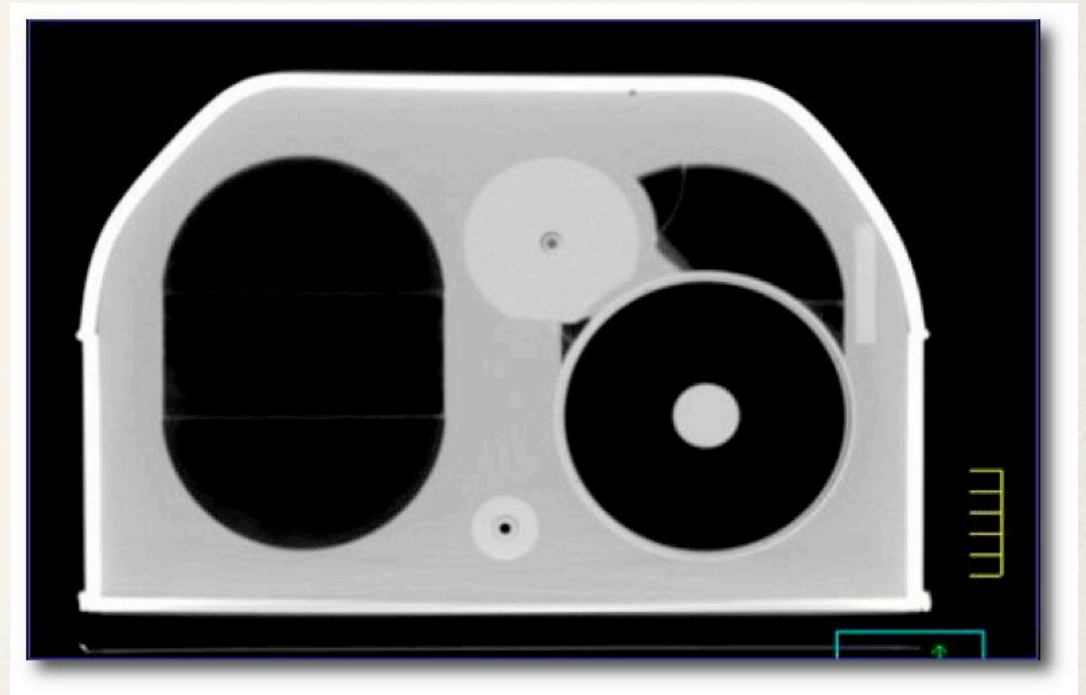
comparison



# TLD Capsule vs. 0.6 cc Chamber [2]

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- ❖ RPC measurements are in 1 g/cc “tumor”
- ❖ Institution put ion chamber in low density “lung”
- ❖ Raises questions about electronic equilibrium





# Recent New Programs

- Adopt OSL in place of TLD program
- Ongoing evaluation of gel dosimetry
- RPC audits of Proton treatment centers
- Implementation of Monte Carlo planning
- International collaboration and harmonization



# Optically Stimulated Luminescence (OSL) Dosimeters

- Detector material of aluminum oxide crystals ( $\text{Al}_2\text{O}_3:\text{C}$ )
- Landauer's InLight™ NanoDot™ dosimeters and microStar™ Reader

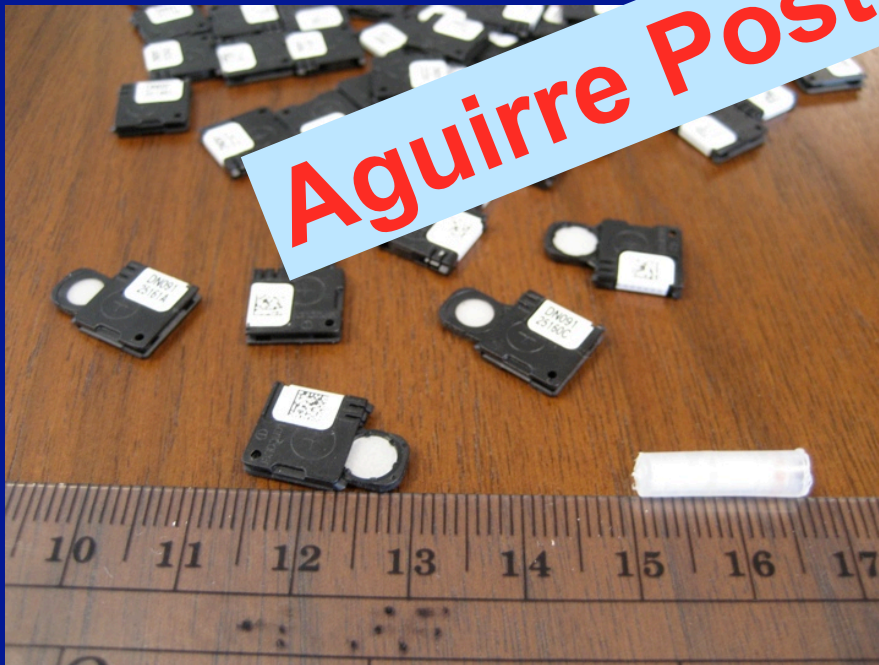




# Optically Stimulated Luminescence (OSL) Dosimeters

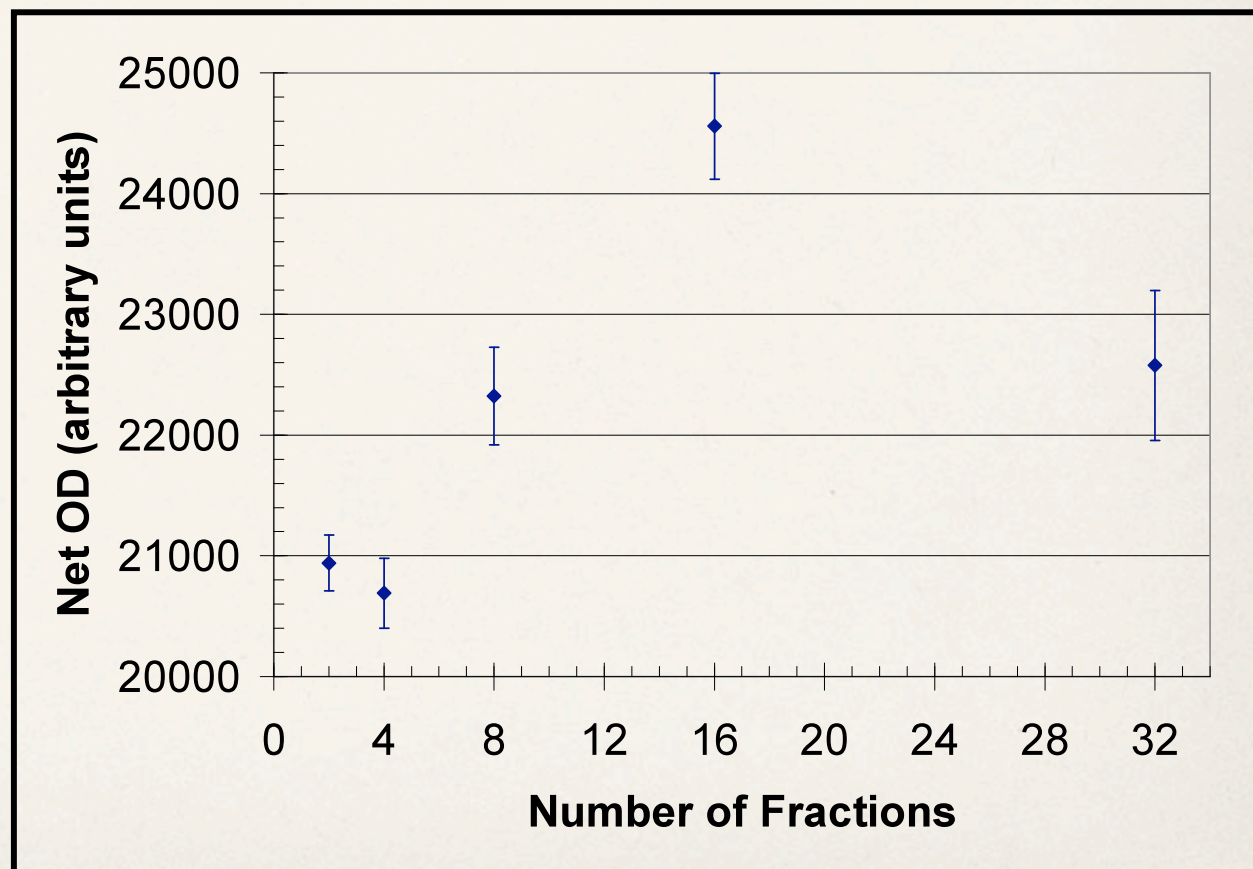
- Detector material of aluminum oxide crystals ( $\text{Al}_2\text{O}_3:\text{C}$ )
- Landauer's InLight™ NanoDose™ Dosimeters and microStar™ Reader

**Aguirre Poster SU-FF-T-306**



# Evaluations of Gel Dosimetry

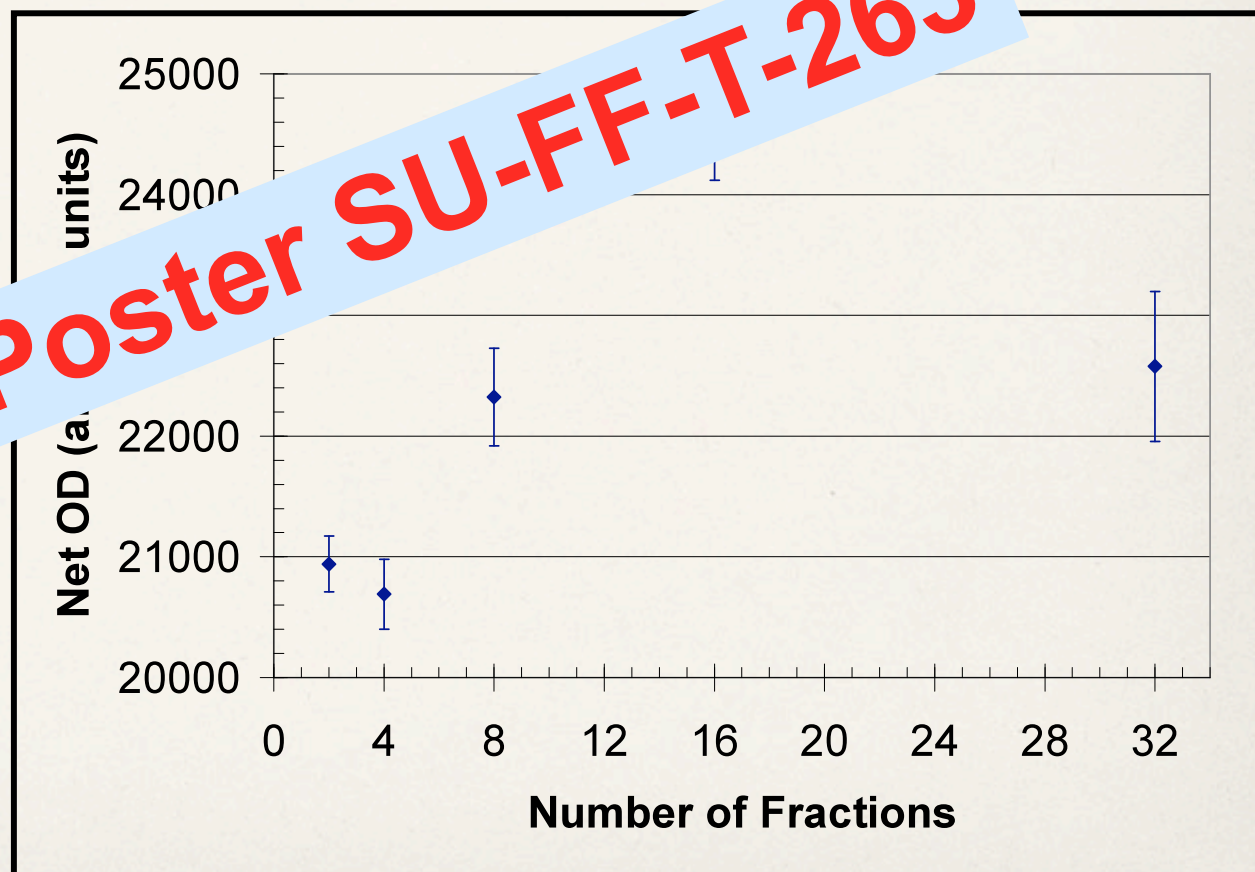
- ❖ Comparison of PAGAT gel response to fractionated radiation (e.g., IMRT)





# Evaluations of Gel Dosimetry

- ❖ Comparison of PAGAT gel to fractional radiation (e.g., IMRT)



# International Participation

- RPC has audited international institutions that are members of US study groups, as part of routine audits
- In 2007, RPC was approached by EORTC to consider offering TLD audits to EORTC members, at cost
- Following agreement among RPC, EORTC and NCI, EORTC began recommending RPC's TLD service to their members
- Subsequent meetings between RPC, EORTC, and other groups have been held to discuss expanding auditing procedures
- RPC now auditing 100 non North-American institutions
  - Including 58 EORTC members



# International Study Groups

- RPC has developed relationships with several international clinical trials QA offices, leading to reciprocal visits and collaborations:
  - TROG – Trans-Tasman Radiation Oncology Group
  - EORTC – European Organization for Research and Treatment of Cancer
  - Japanese National Cancer Center: Outreach Radiation Oncology and Physics

G. Ibbott meeting with staff of Japanese center and viewing calibration facilities



# Irradiation of RPC Phantoms

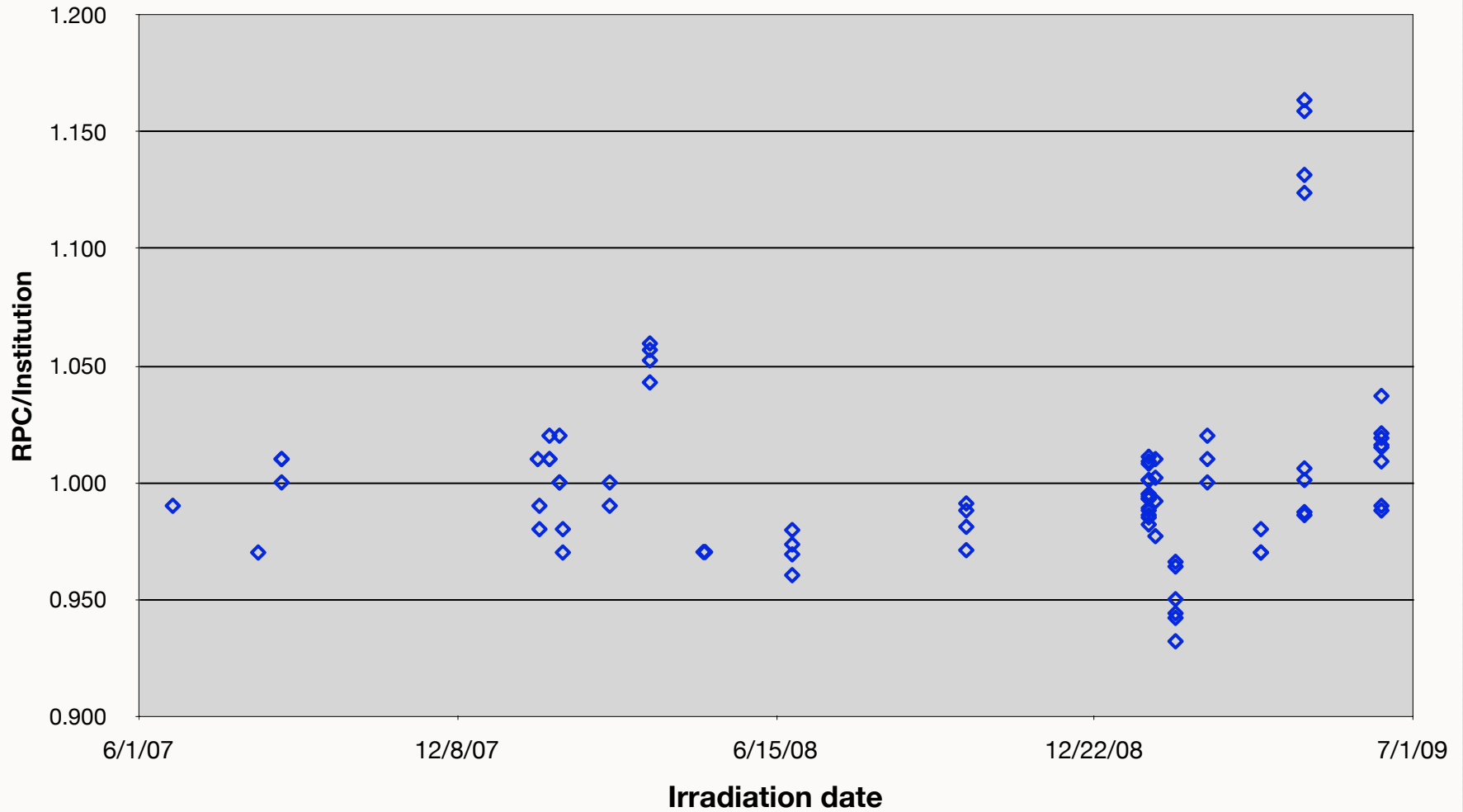
- Through various arrangements, 18 international institutions have already irradiated RPC phantoms
- Arrangements are being discussed for providing phantoms to additional institutions in Europe, the Middle East, Australasia and Latin America
- Through agreement with the RTOG and NCI, international non-member institutions participating in RTOG trials will meet the same QA requirements as member institutions



# PROTON FACILITY CREDENTIALING

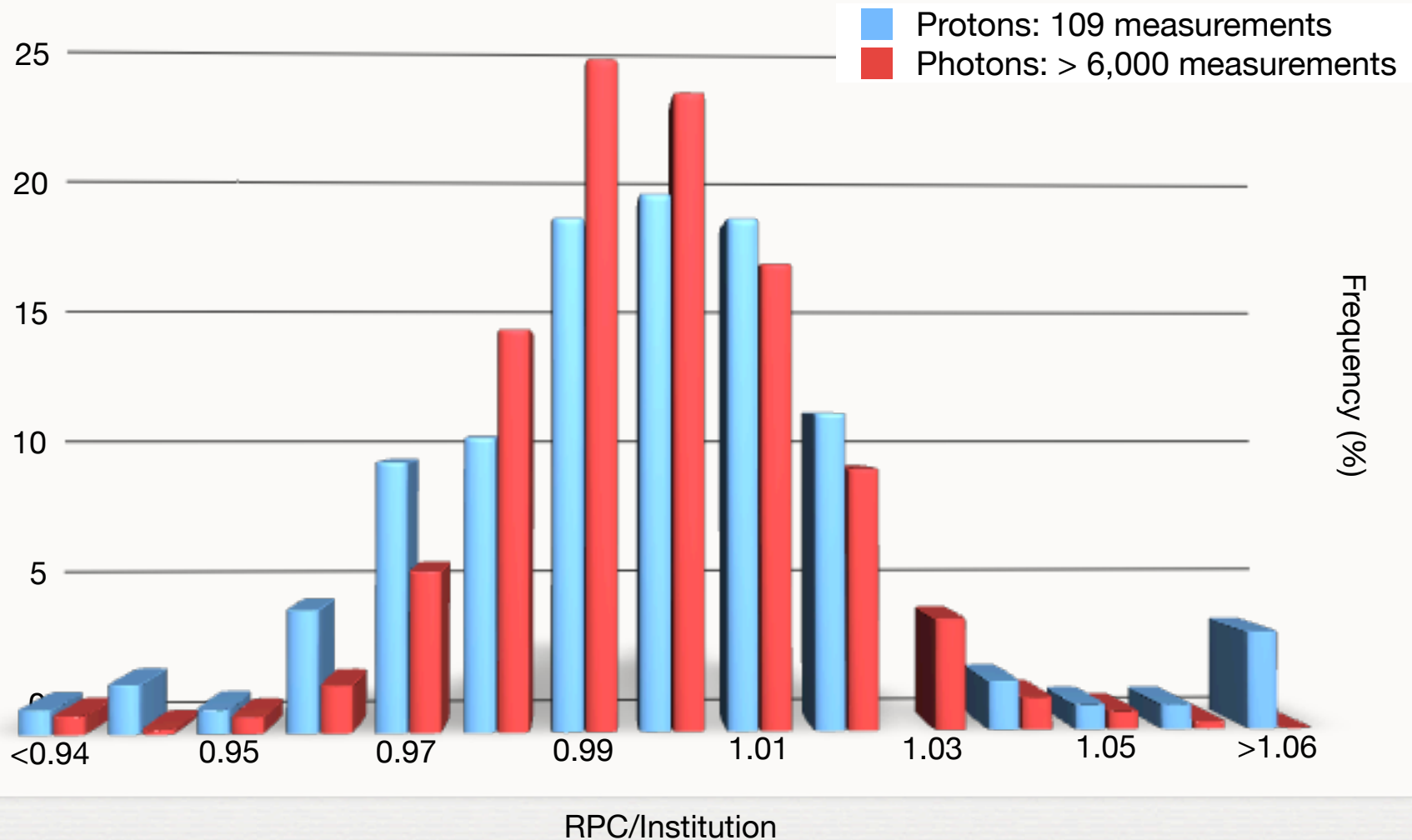
- \* NCI Guidelines mandate –
  - \* Questionnaire - sent to facilities by QARC
    - \* Completed by 4 of 5 centers
- \* TLD monitoring
  - \* Mailed to all 5 US centers + 1 Japanese center
- \* On-site dosimetry review visits
  - \* 1st visit completed
- \* Anthropomorphic phantom
  - \* Modified existing pelvis phantom

# PROTON BEAM MONITORING





# PROTON BEAM MONITORING

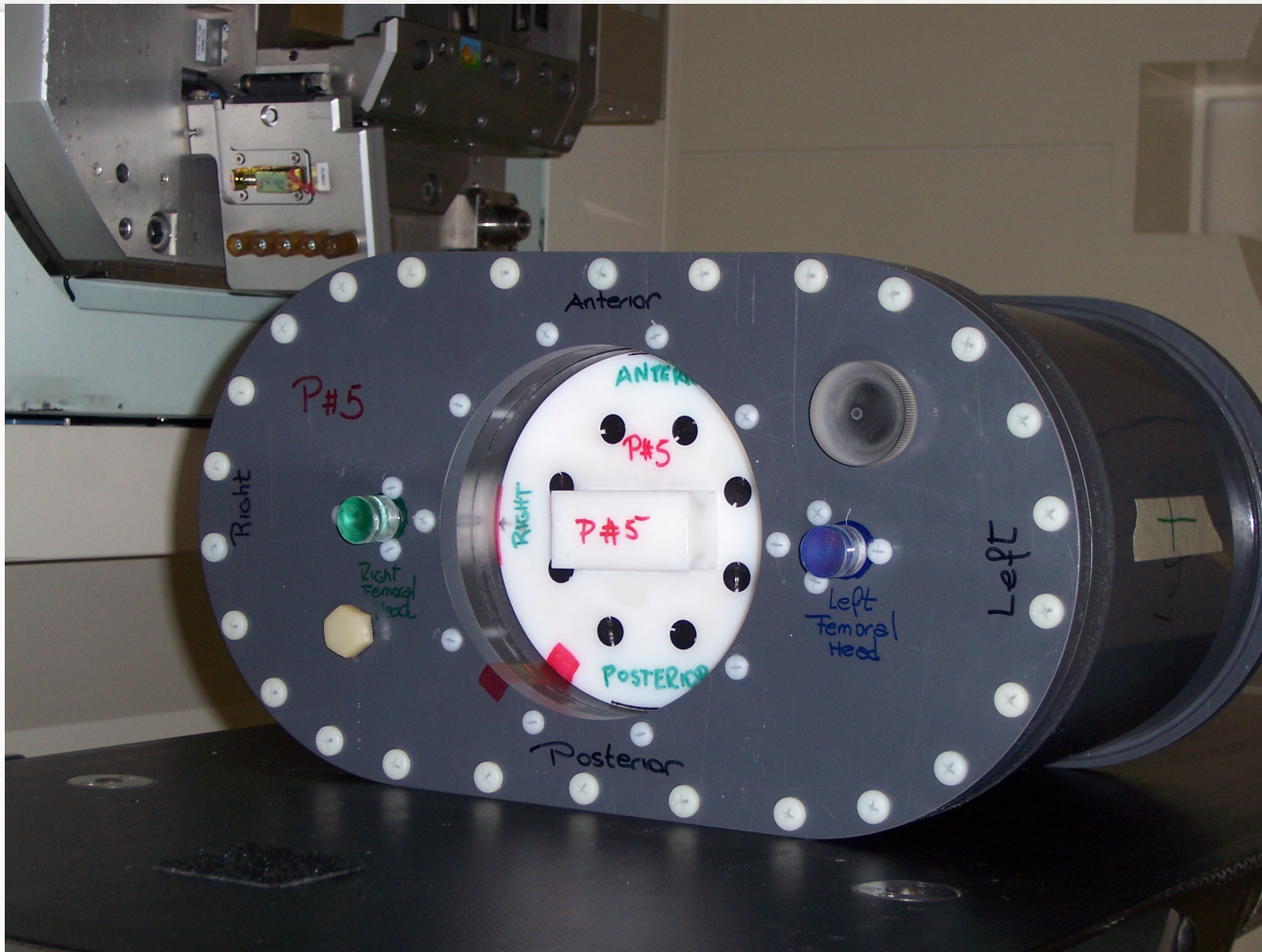


# PHANTOMS

- ❖ Pelvis phantom has been developed
  - ❖ Evaluation is under way, will be completed this summer
- ❖ Lung phantom evaluation will begin this fall
  - ❖ Evaluation of materials will be considerably more complex
  - ❖ Likely to extend into next grant cycle

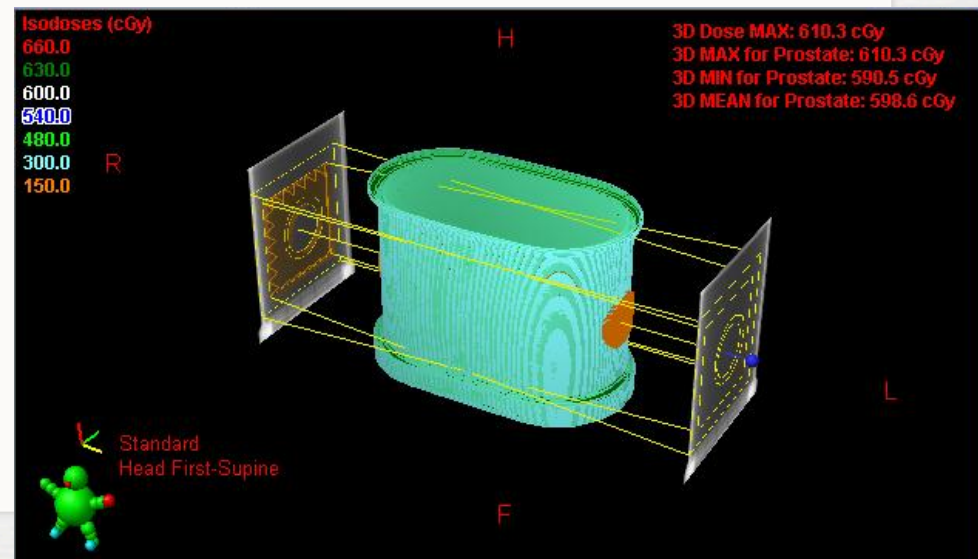
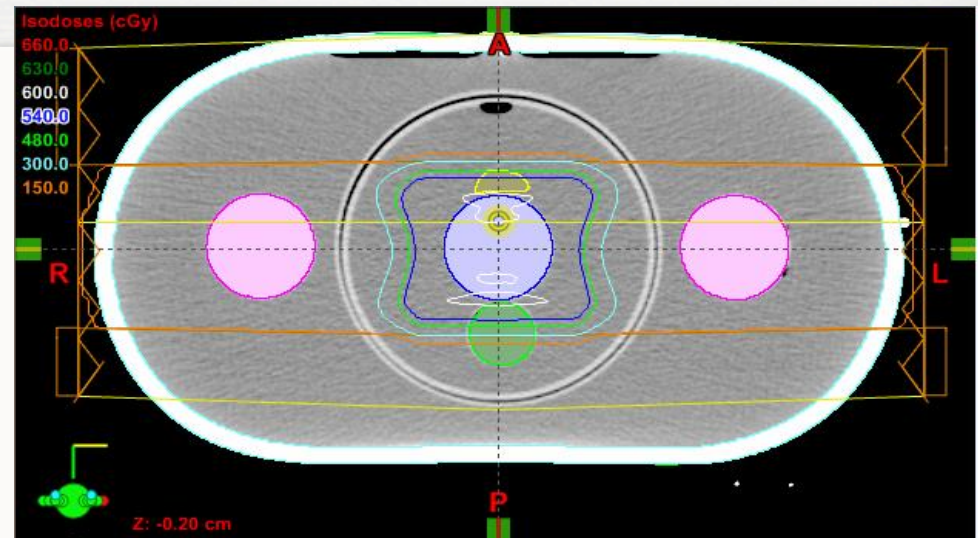


# PROTON PELVIS PHANTOM



# PHANTOM TREATMENT

- ❖ Treatment plan created with a prescription of 6 Gy to the prostate
- ❖ Plan delivered 3 times with film and TLD inserted in phantom
- ❖ Plan accounting for difference in patient and material SP to be delivered in near future





# TLD RESULTS

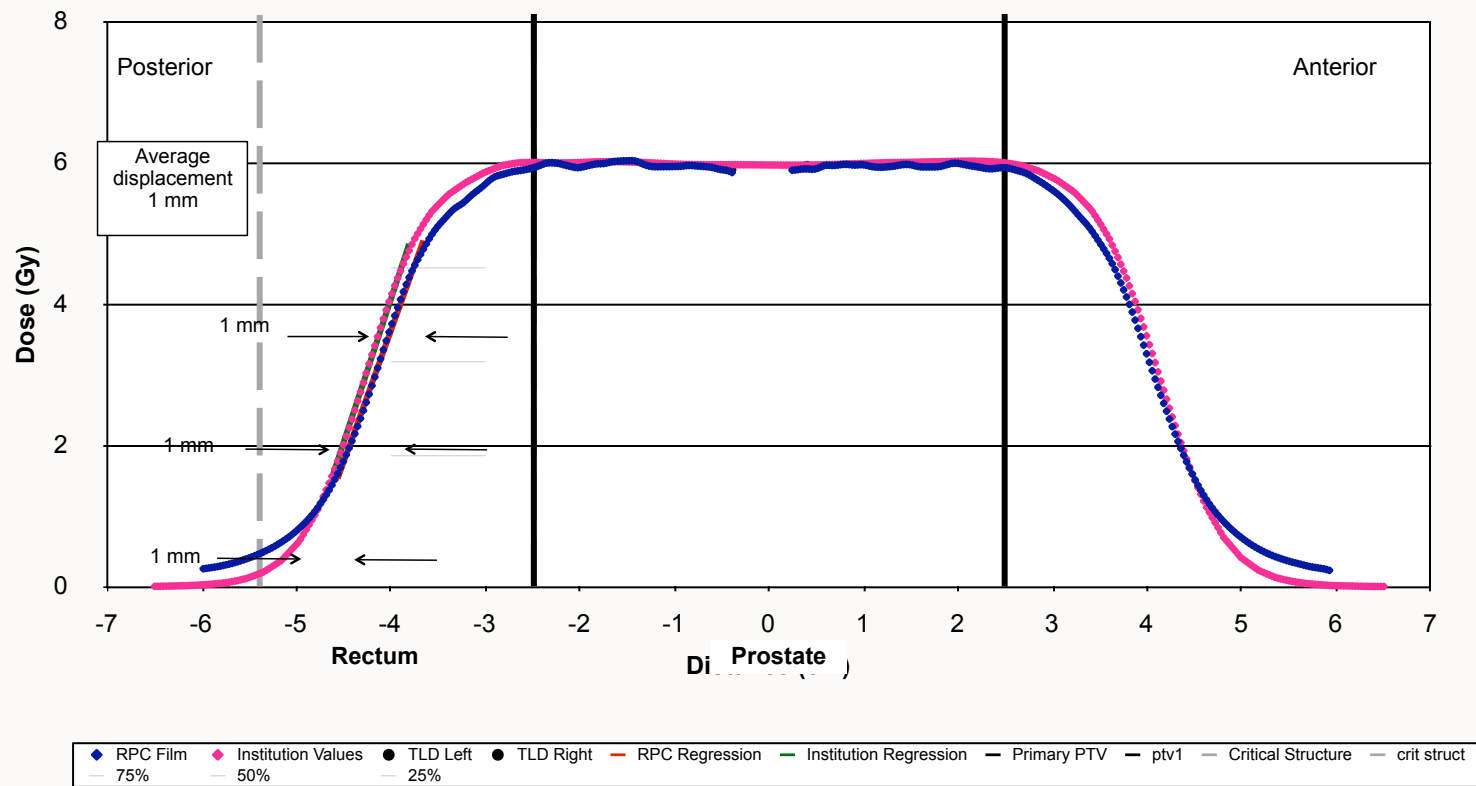
	PTV Right	PTV Left	Femur Right	Femur Left
Institution Predicted Dose (cGy)	600.2	600.2	247.3	243.8
TLD Measured Dose (cGy)	589.8	595.1	242.1	240.4
Measured / Predicted Dose	<b>0.983</b>	<b>0.992</b>	<b>0.979</b>	<b>0.986</b>

- ❖ PTV within 1.7% of predicted value
- ❖ Femur within 2.1% of predicted value

# FILM RESULTS

Feb 19 2009 Trial 1

## Anterior Posterior Profile- Sagittal Plane

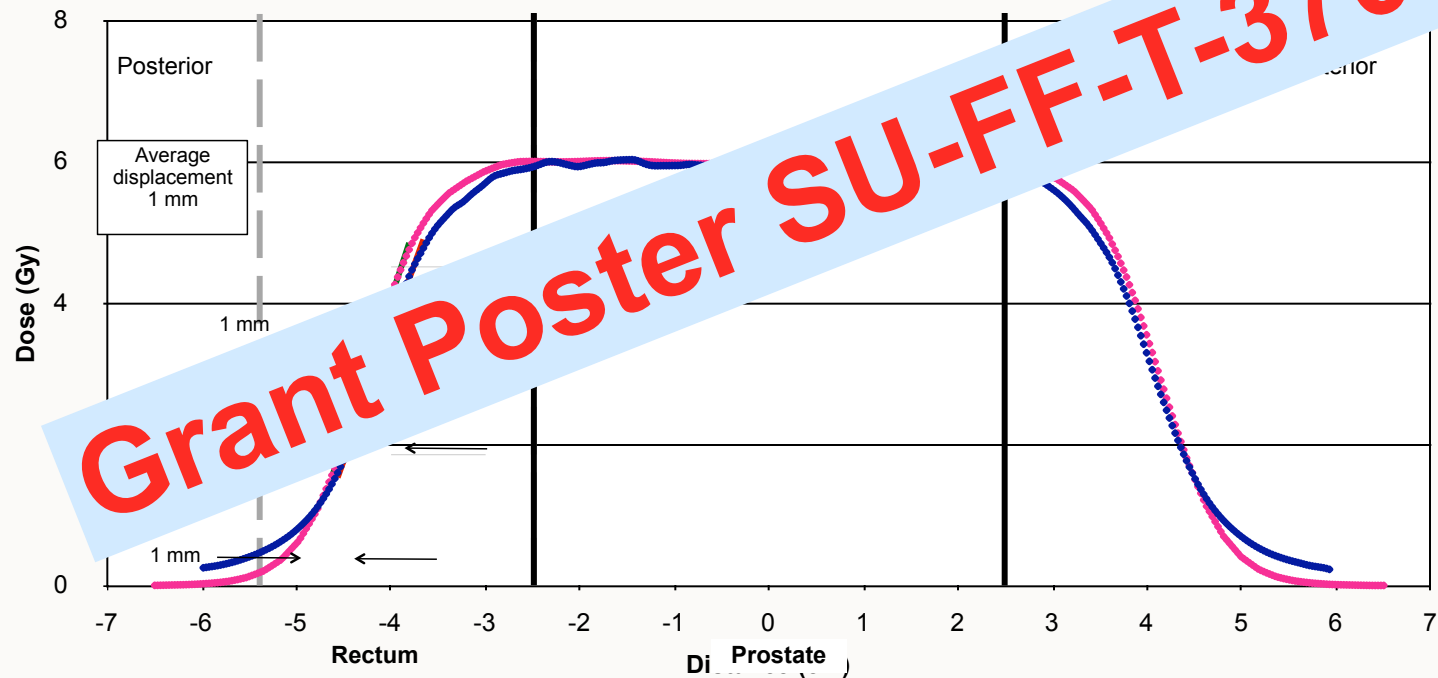




# FILM RESULTS

Feb 19 2009 Trial 1

## Anterior Posterior Profile- Sagittal Plane



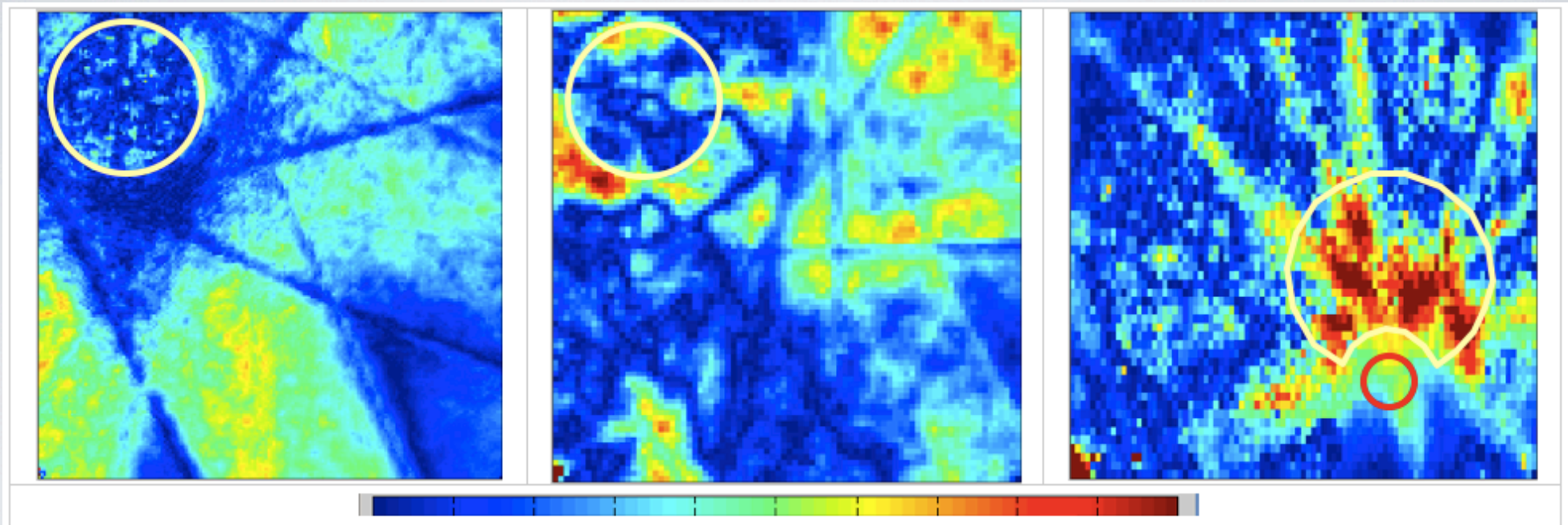
**Grant Poster SU-FF-T-370**

# VISITS

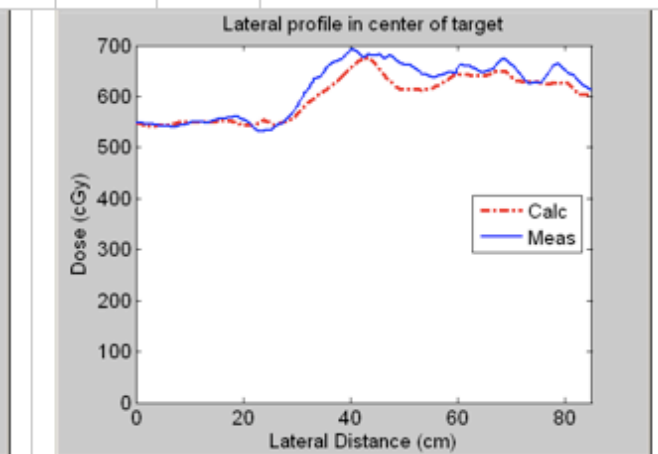
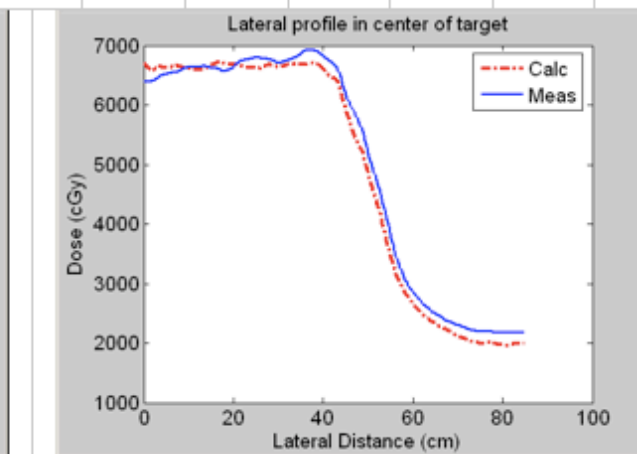
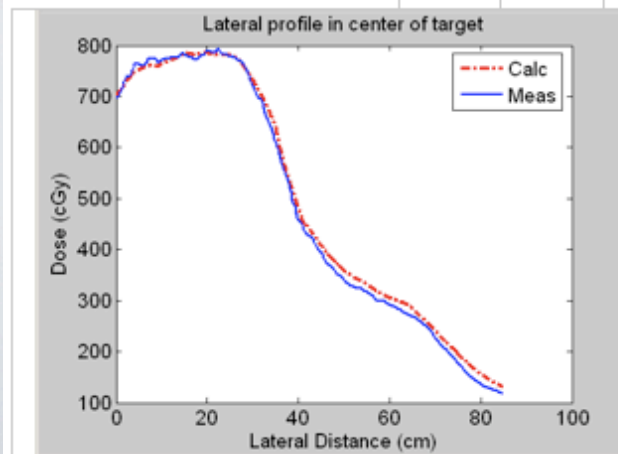
- ❖ Visit procedures have been developed at PTC-H
- ❖ First full visit conducted weeks of April 20 & June 8
  - ❖ F. H. Burr Proton Therapy Center @ MGH
  - ❖ Final report is in review
- ❖ Measurements made:
  - ❖ Mechanical tests, x-ray imaging / patient alignment
  - ❖ Output, depth dose, range (for variety of beam energies, modulation, field size, etc.)
  - ❖ Review of treatment planning procedures



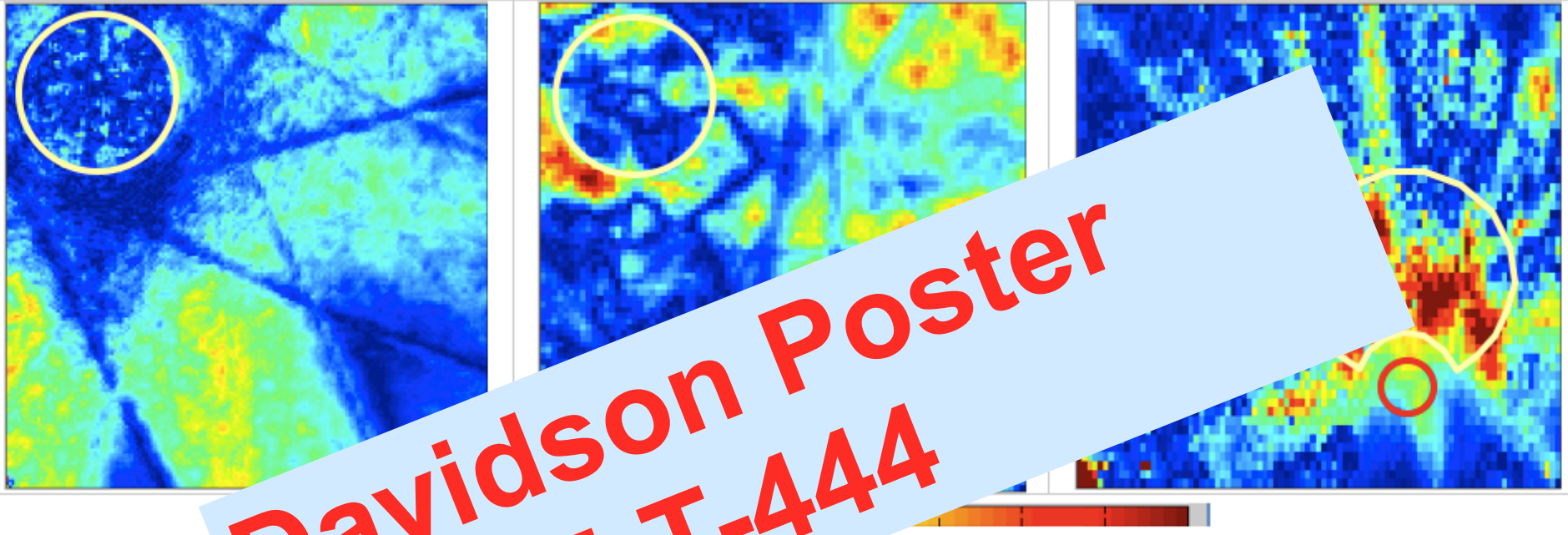
# MONTE CARLO CALCULATIONS



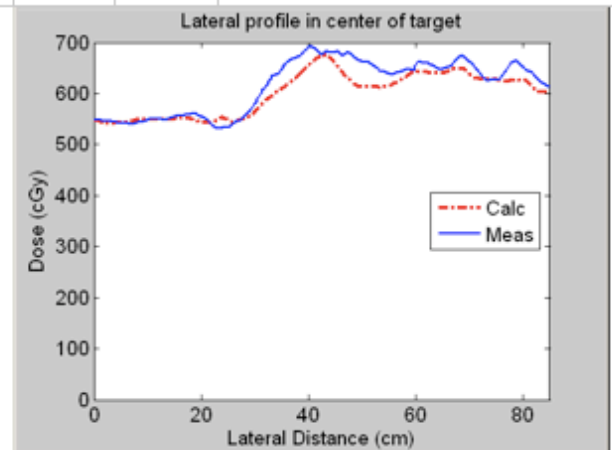
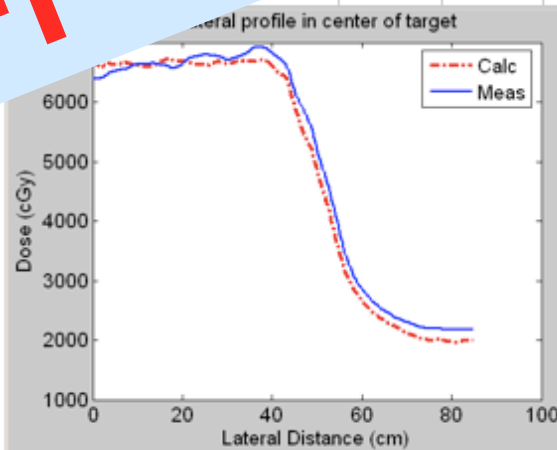
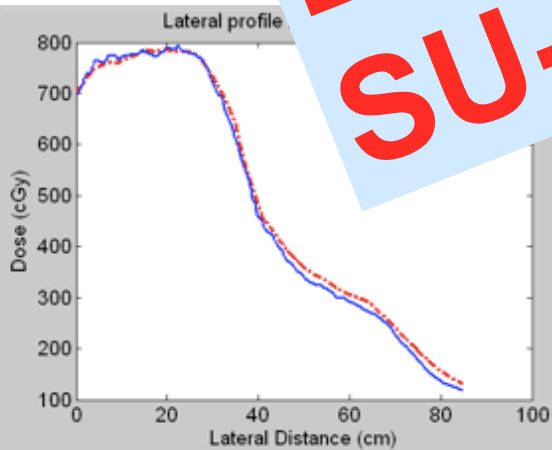
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# MONTE CARLO CALCULATIONS



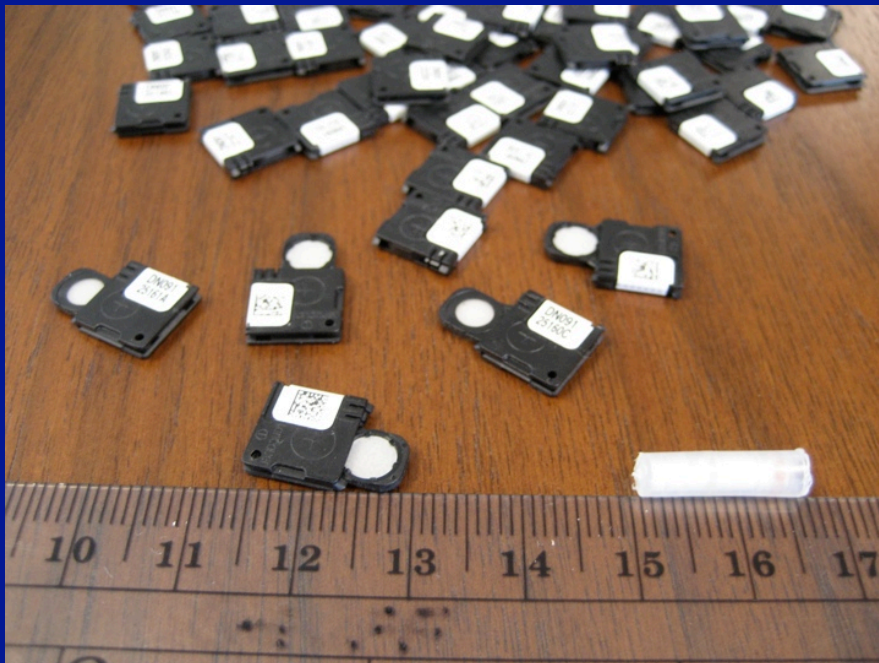
**Davidson Poster**  
**SU-FF-T-444**





# Optically Stimulated Luminescence (OSL) Dosimeters

- Detector material of aluminum oxide crystals ( $\text{Al}_2\text{O}_3:\text{C}$ )
- Landauer's InLight™ NanoDot™ dosimeters and microStar™ Reader



# Reproducibility - NanoDots

<u>Dosimeter ID</u>	<u>AVG ECF</u>	<u>STDEV</u>
DN09305639P	1.035	0.34%
DN09307843U	0.950	0.50%
DN09307865O	0.989	0.83%
DN09307916P	0.974	0.85%
DN09308972Q	1.045	1.34%
DN093090941	0.997	0.24%
DN09309159T	1.010	0.60%
DN09309249S	1.030	0.48%
DN09309355X	1.012	0.39%
DN09309697J	0.989	0.96%



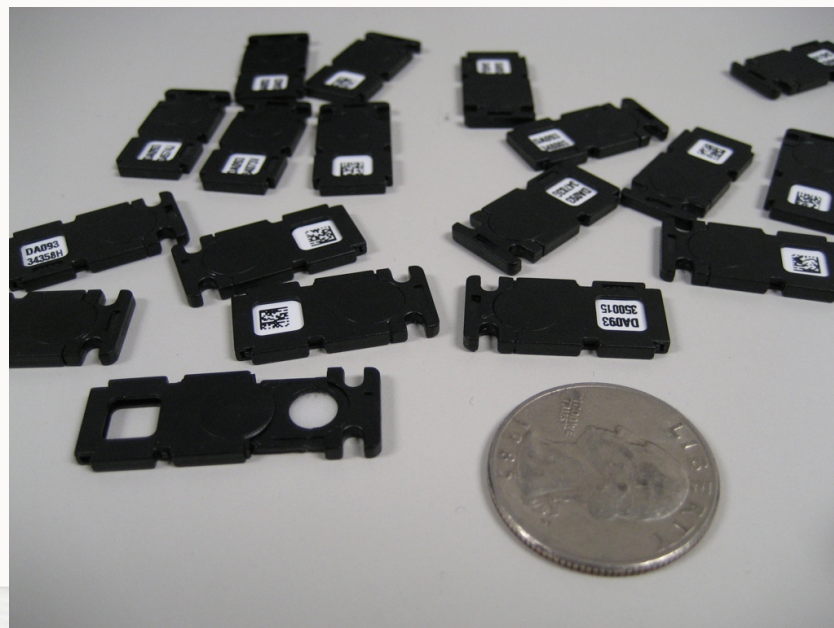
# Reproducibility - NanoDots

<u>Dosimeter ID</u>	<u>AVG ECF</u>	<u>STDEV</u>
DN09305639P	1.035	0.34%
DN09307843U	0.950	
DN09307865O	0.950	0.83%
DN09307910P	0.950	0.85%
DN09307910P	1.045	1.34%
DN093090941	0.997	0.24%
DN09309159T	1.010	0.60%
DN09309249S	1.030	0.48%
DN09309355X	1.012	0.39%
DN09309697J	0.989	0.96%

**Aguirre Poster SU-FF-T-306**

# AUDITS

- ❖ Evaluation of OSL for audits of proton beams will begin this summer
- ❖ Program of evaluation likely to extend into next grant cycle





# International Participation

- RPC has audited international institutions that are members of US study groups, as part of routine audits
- In 2007, RPC was approached by EORTC to consider offering TLD audits to EORTC members, at cost
- Following agreement among RPC, EORTC and NCI, EORTC began recommending RPC's TLD service to their members
- Subsequent meetings between RPC, EORTC, and other groups have been held to discuss expanding auditing procedures
- RPC now auditing 100 non North-American institutions
  - Including 58 EORTC members



# RPC TLD Network

1,674 RT facilities in 27 countries throughout the world

Including:

100 non-North American facilities

58 EORTC members



# International Clinical Trials

- RTOG (and several other study groups\*) are expanding trials to international participation
- Through agreements with EORTC, RPC will likely make phantoms available to international participants in NCI-sponsored clinical trials
  - Funding source yet to be determined

\*NCCTG and GOG, among others

# International Study Groups

- RPC has developed relationships with several international clinical trials QA offices, leading to reciprocal visits and collaborations:
  - TROG – Trans-Tasman Radiation Oncology Group
  - EORTC – European Organization for Research and Treatment of Cancer
  - Japanese National Cancer Center: Outreach Radiation Oncology and Physics

G. Ibbott meeting with staff of Japanese center and viewing calibration facilities





# Irradiation of RPC Phantoms

- Through various arrangements, 18 international institutions have already irradiated RPC phantoms
- Arrangements are being discussed for providing phantoms to additional institutions in Europe, the Middle East, Australasia and Latin America
- Through agreement with the RTOG and NCI, international non-member institutions participating in RTOG trials will meet the same QA requirements as member institutions

<http://rpc.mdanderson.org>

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