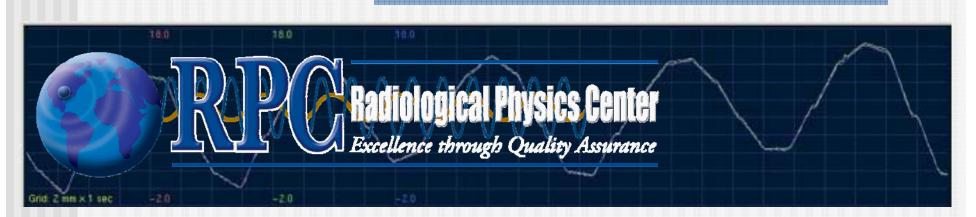
Requirements for Addressing Respiratory Motion in Cooperative Group Trials



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http://rpc.mdanderson.org

Supported by NCI grants CA10953 and CA81647

RPC Role in Evaluating Respiratory Motion

NCI protocols required to address respiratory motion when IMRT used

For intra-thoracic tumors and other locations

RTOG 0438

Liver primary and metastases (no IMRT)

RTOG 0618

SBRT lung (IMRT permitted with approval)

Institutions required to demonstrate capability

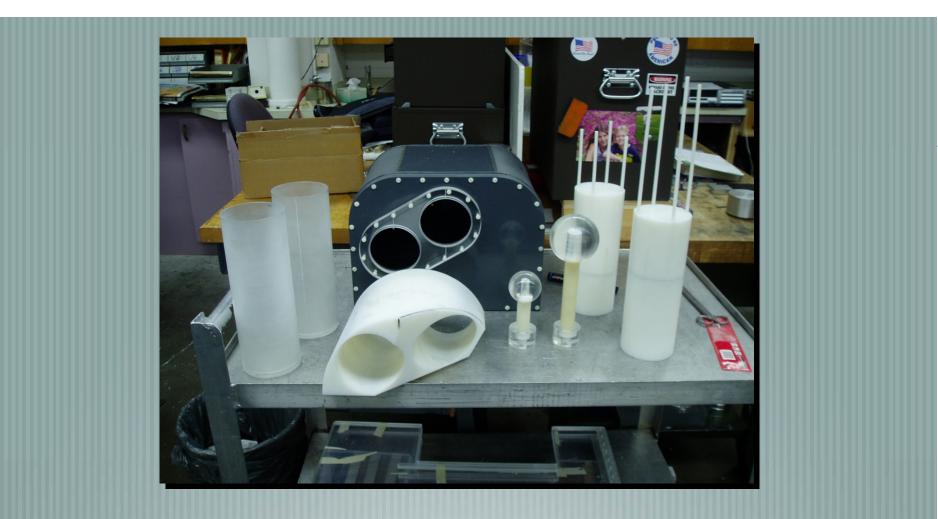
RTOG has written requirements AAPM 2007



RTOG 0438

- Organ motion due to breathing must be documented
- Tumor or diaphragm motion must be recorded
- If the cranial caudal motion of the diaphragm is < 5mm, shallow free breathing is permitted
- Active breathing control (ABC), voluntary breath hold or gating must be used. End exhale is preferred.
- Institutional reproducibility data regarding patient setup and tumor targeting must be provided to the physics and image guidance committees.





Stereotactic Liver Phantom

QuickTime™ and a Cinepak decompressor are needed to see this picture.

MDACC: M. Fitzpatrick, T. Guerrero

QuickTime[™] and a Photo - JPEG decompressor are needed to see this picture.



AAPM 2007

Credentialing Procedure

- Institution requests phantom
 Priority based on several factors
 RPC ships phantom/moving platform
 Institution fills with water
 Performs imaging
 Prepares treatment plan
 Delivers plan
 Drains water
 Returns phantom
- Institution sends data electronically to ITC

AAPM 2007

RPC compares measurements with plan

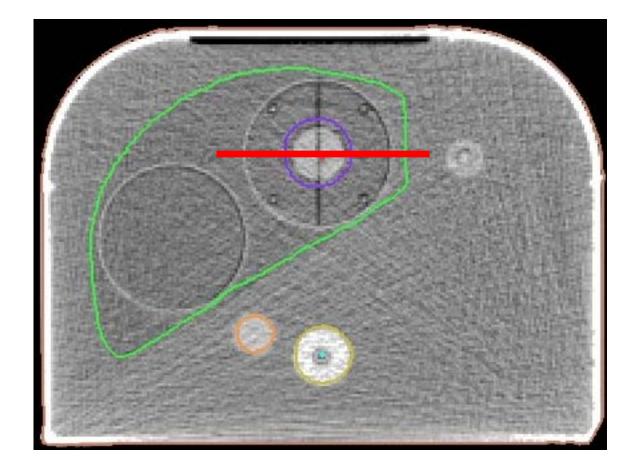


Dynamic Liver Phantom Irradiations (for RTOG 0438)

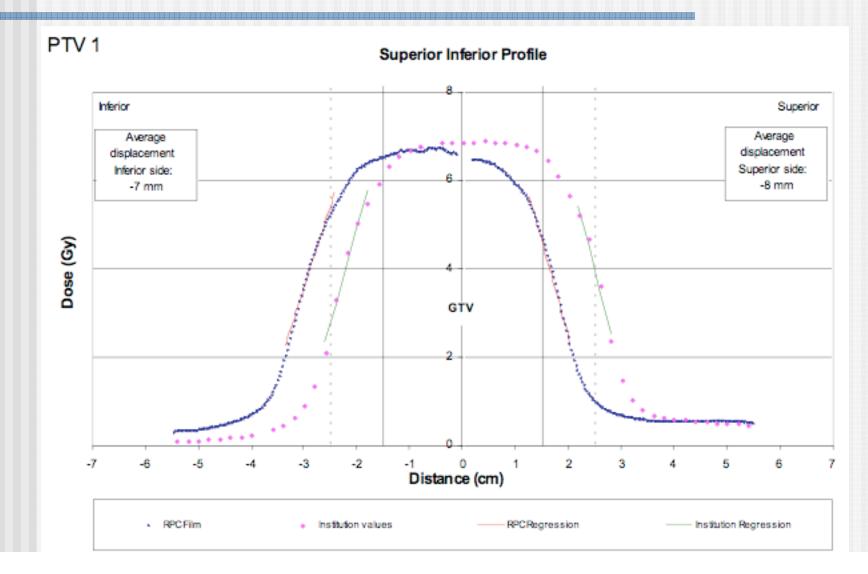
- 6 institutions requested for credentialing
 - 2 received phantom twice
- 4 have passed
- 2 failed due to sup/inf shifts
 - Both using free-breathing limited to 5 mm



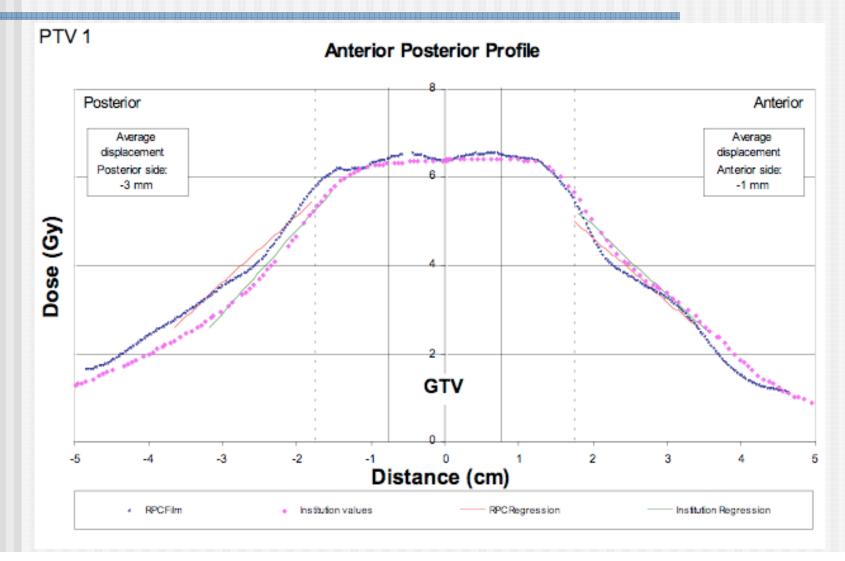
Liver Phantom Delivery Using Free Breathing (5 mm) L-R



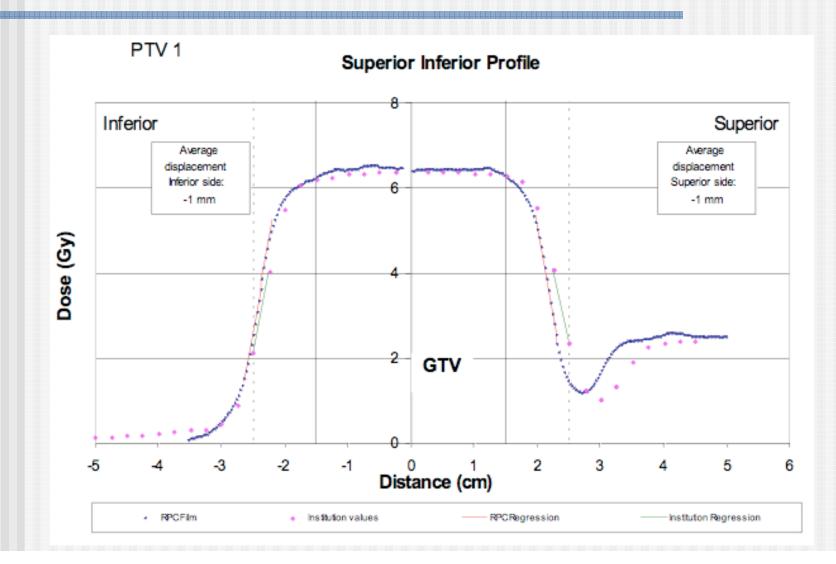
Liver Phantom Delivery Using Free Breathing (5 mm) S/I



Liver Phantom Delivery Using Gating: A-P



Liver Phantom Delivery Using Gating: S/I

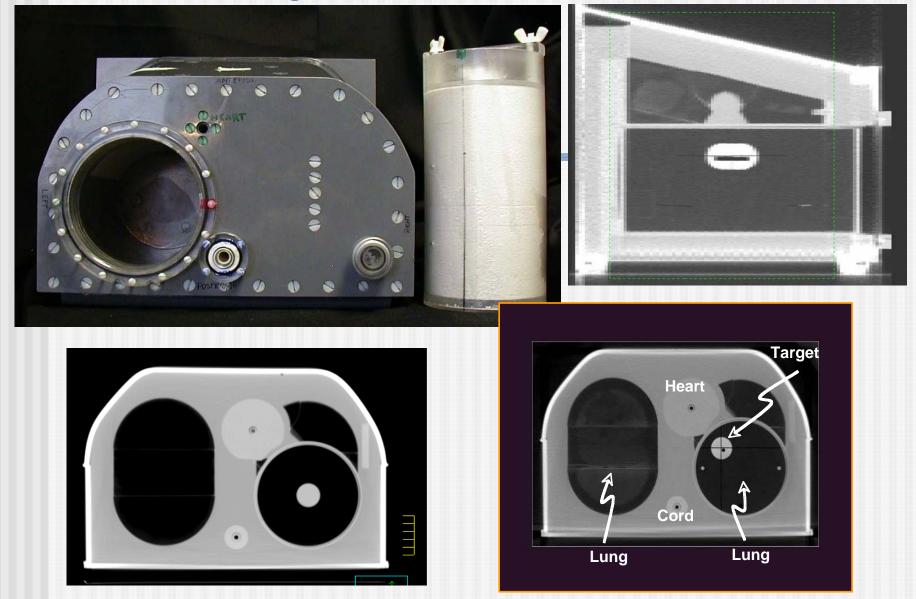


Irradiations with CyberKnife



P. Nitsch, TH-D-Aud-5: 2:18 pm

RPC Lung Phantom



Modifications to Phantoms for IGRT

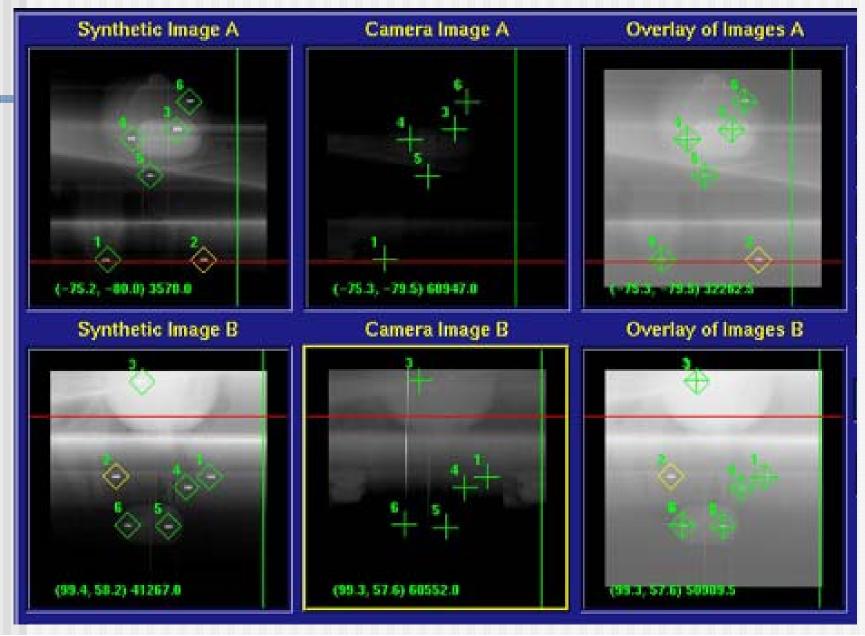
 Two phantoms modified to add fiducials, investigating methods to add anatomical structures for image guidance



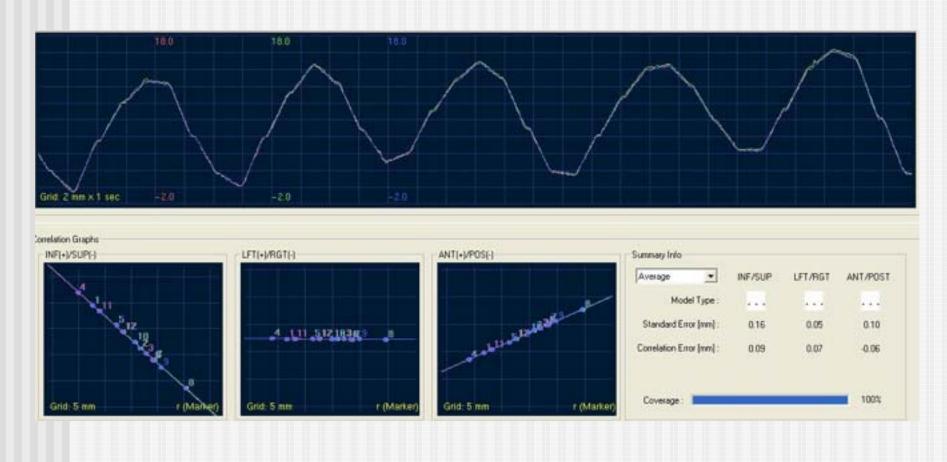




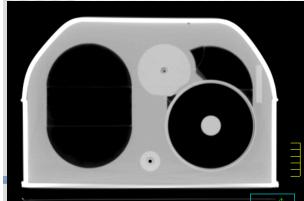
Phantom Alignment



Model of Respiratory Motion



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Evaluation of Synchrony

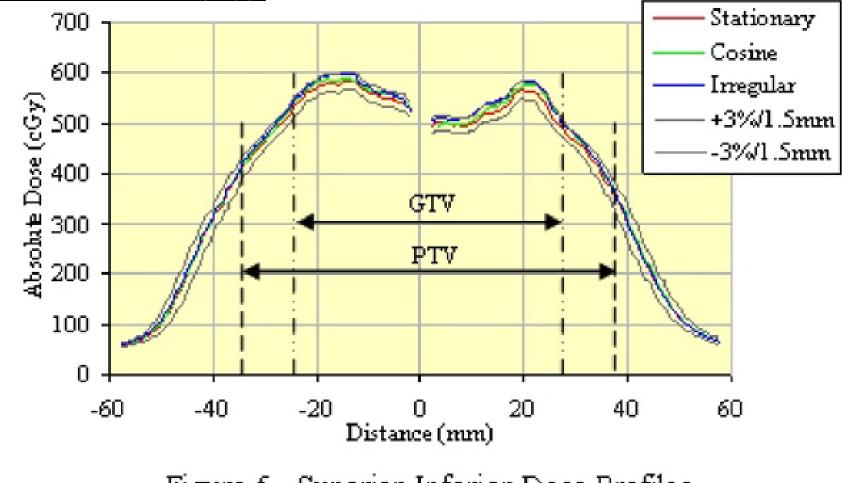


Figure 5. Superior-Inferior Dose Profiles

