

# Activity with TOMODIRECT™ in Aosta

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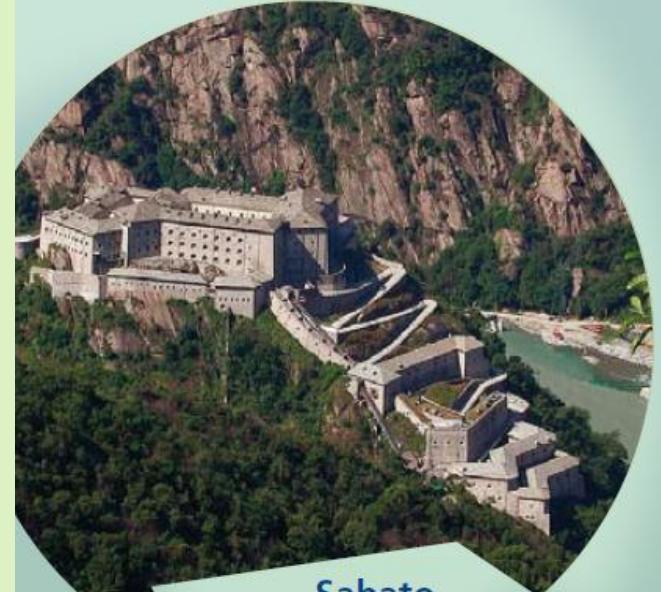


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CONVEGNO

## La TOMOTERAPIA in Italia: Esperienze a confronto

Presidenti: Umberto Ricardi - Teodoro Meloni



Sabato  
20 novembre 2010



Forte di Bard

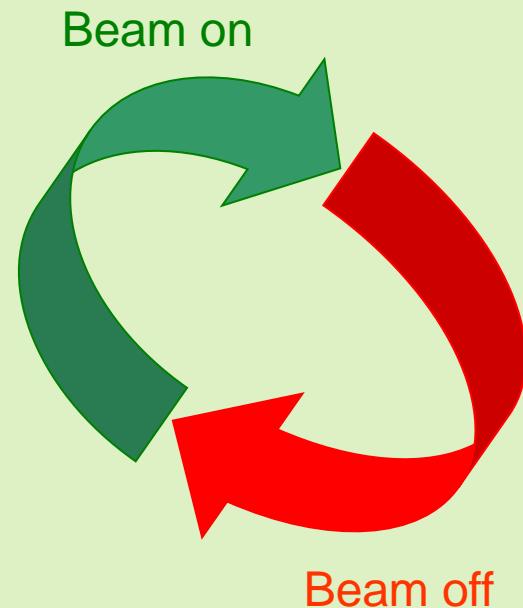
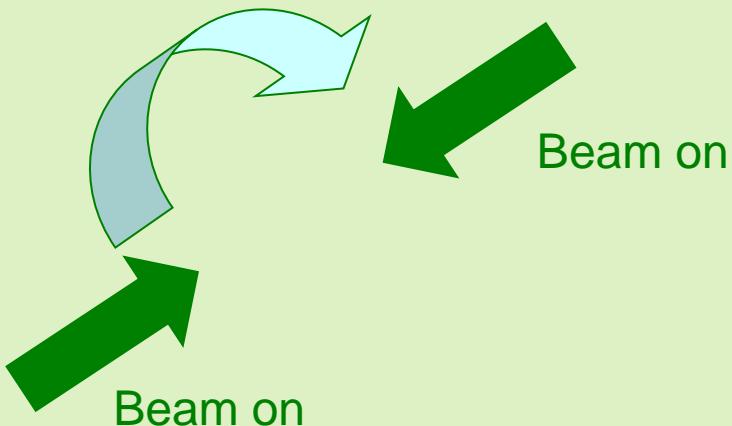
11020 Bard (AO) - Tel. 0125.833.816

5 CREDITI ECM



# Whole breast radiotherapy: TomoDirect™ vs Helical rationale

- Beam-on and treatment time reduction
- OARs dose sparing



# Whole breast radiotherapy



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## PHYSICS CONTRIBUTION

### EVALUATION OF TWO TOMOTHERAPY-BASED TECHNIQUES FOR THE DELIVERY OF WHOLE-BREAST INTENSITY-MODULATED RADIATION THERAPY

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ELSEVIER

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## Radiotherapy and Oncology

journal homepage: [www.thegreenjournal.com](http://www.thegreenjournal.com)

### Breast cancer radiotherapy

### Dosimetric assessment of static and helical TomoTherapy in the clinical implementation of breast cancer treatments

Truus Reynders<sup>a,\*</sup>, Koen Tournel<sup>a</sup>, Peter De Coninck<sup>a</sup>, Steve Heymann<sup>b</sup>, Vincent Vinh-Hung<sup>a</sup>,  
Hilde Van Parijs<sup>a</sup>, Michaël Duchateau<sup>a</sup>, Nadine Linthout<sup>a</sup>, Thierry Gevaert<sup>a</sup>, Dirk Verellen<sup>a</sup>, Guy!

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## Reduced Contralateral Breast Dose using TomoDirect™ and Daily MVCT Imaging

Peter Hoban, Ph.D.\*; Ranjini Tolakanahalli, M.S.\*\*; Dinesh Tewatia, M.S.\*\*;  
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## PHYSICS CONTRIBUTION

### EVALUATION OF COPLANAR PARTIAL LEFT BREAST IRRADIATION USING TOMOTHERAPY-BASED TOPOTHERAPY

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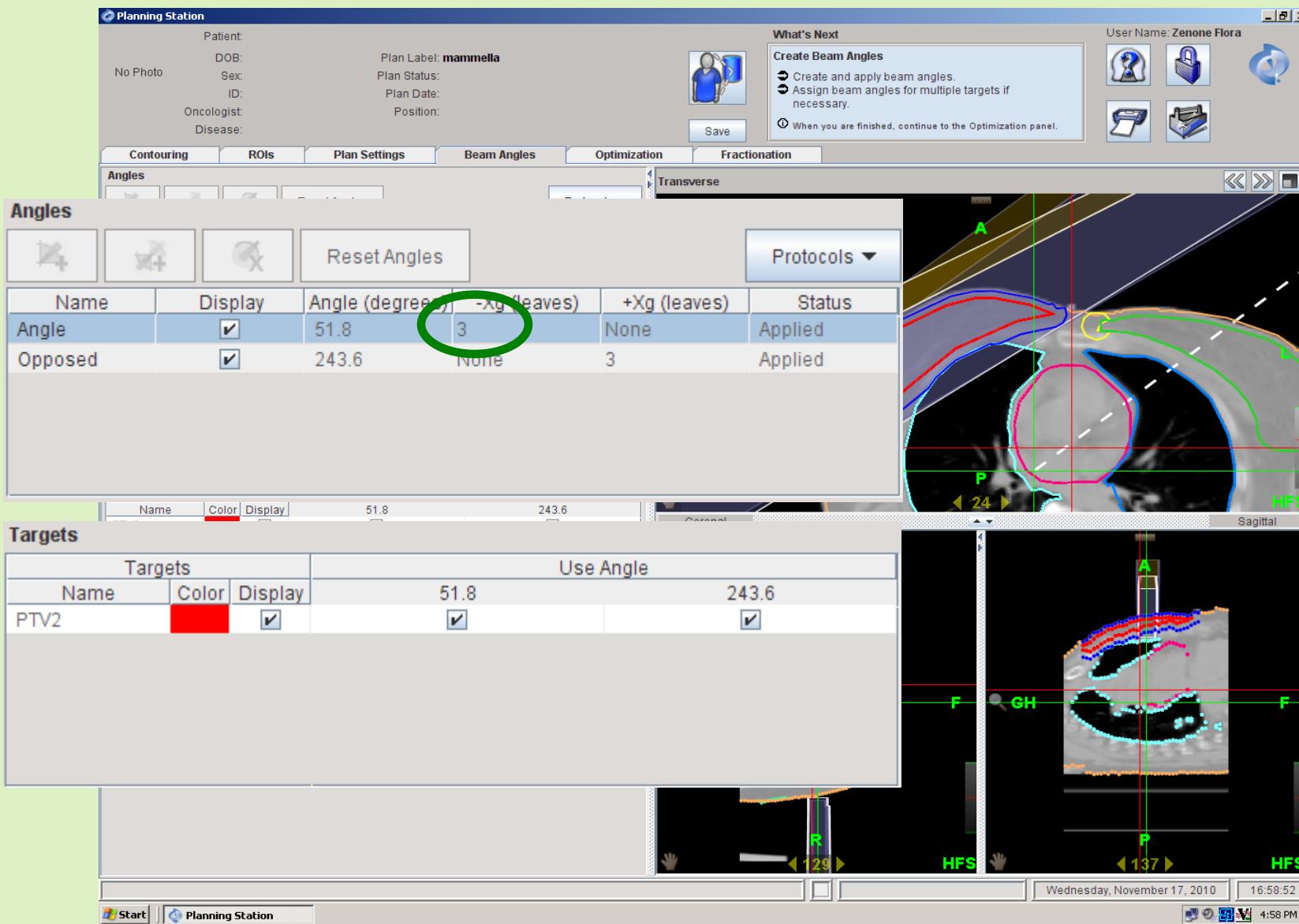
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WHITE PAPER

# Whole breast radiotherapy: TomoDirect™ (12 patients)

- 6 right-sided and 6 left-sided breast cancer treated at the Ivrea Radiotherapy Department with 2 tangential fields on a 6 MV LINAC
- TomoDirect™ treatment planning with two-fields and four-fields technique

# TomoDirect™ TPS : two-fields technique



# TomoDirect™ TPS : four-fields technique



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# Dose prescription, dose constraints and dose indexes

## PTV

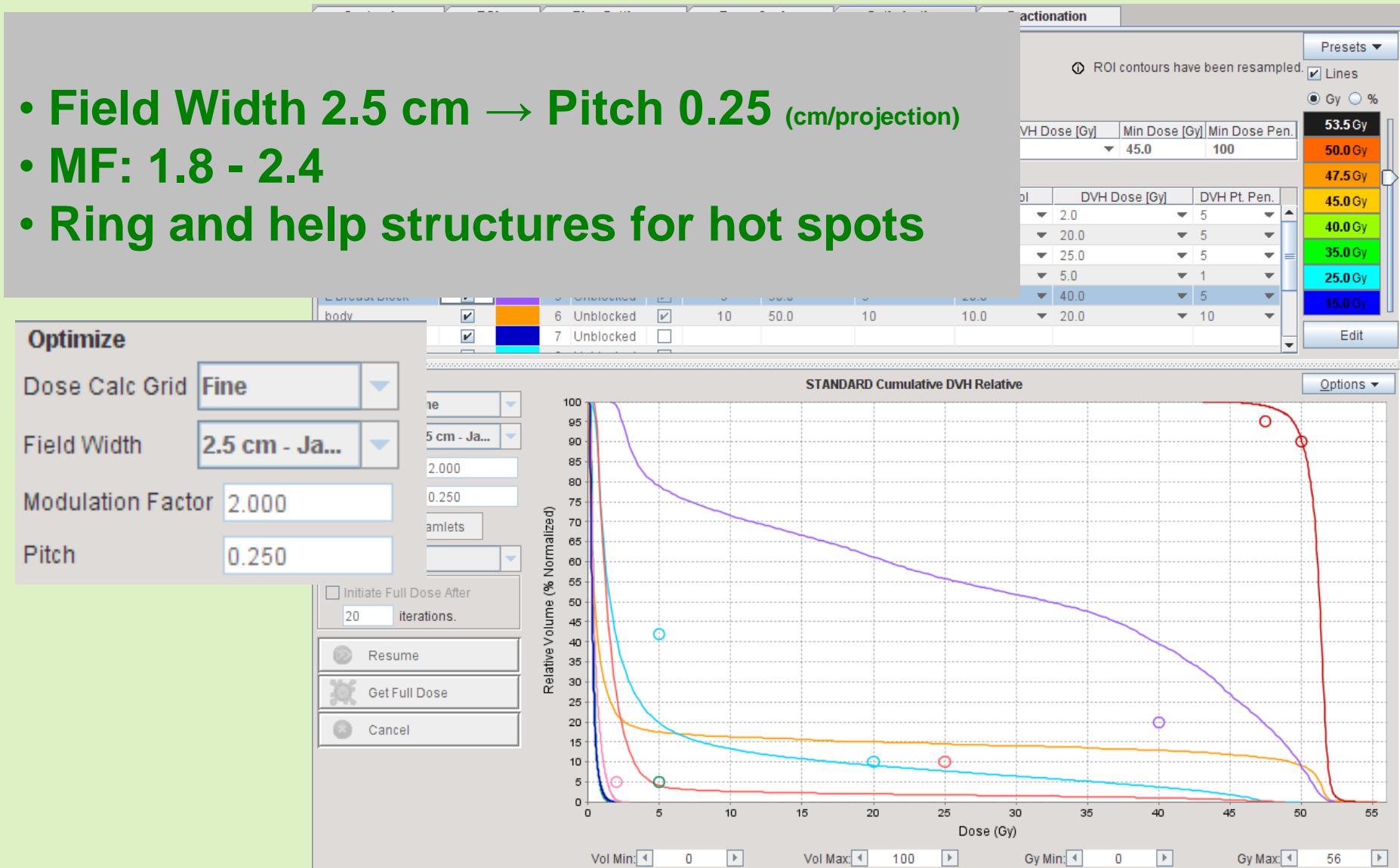
- 50 Gy to 90% PTV 25 fractions 2Gy/die
- 95% PTV receives 95% dose
- $PTV - V_{53.5 \text{ Gy}} < 3\%$
- Conformity index  $RCI = \frac{V_{PTV}}{V_{95}}$
- Homogeneity index  $HI = \frac{D_{95}}{D_5}$

## OAR

- Omolateral lung  $V_{20\text{Gy}} < 10\%$ ,  $V_{10\text{Gy}} < 20\%$  e  $V_{5\text{Gy}} < 42\%$
- Contralateral lung  $V_{5\text{Gy}} < 5\%$
- Contralateral breast  $D_{\max} < 5\text{Gy}$
- Heart  $V_{25\text{Gy}} < 10\%$

# TomoDirect™ TPS : optimization

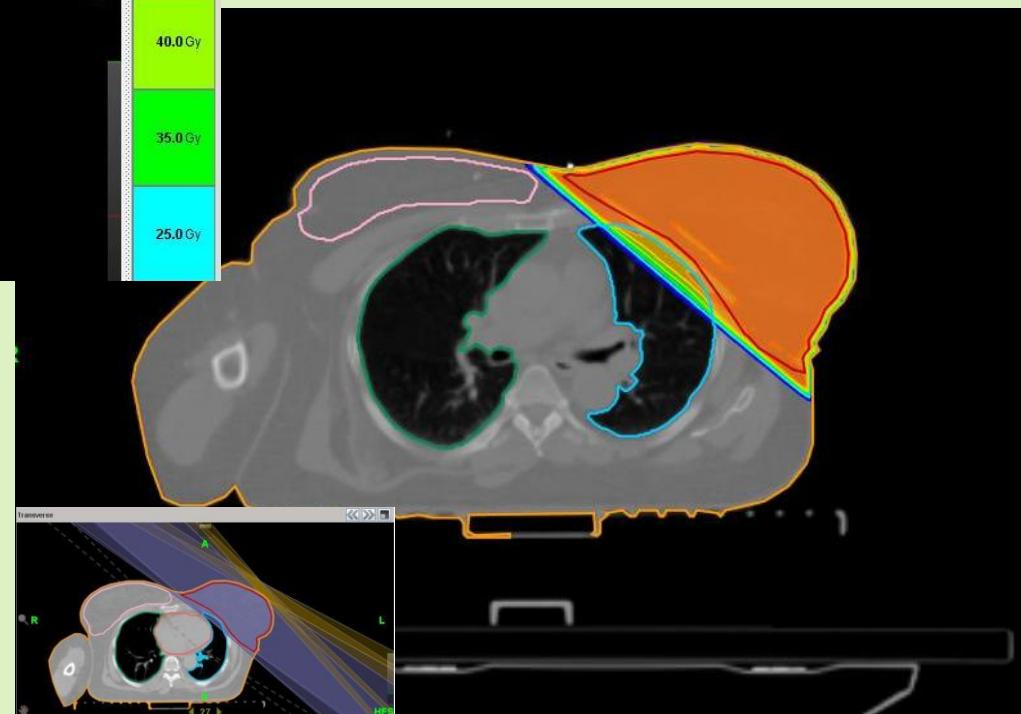
- Field Width 2.5 cm → Pitch 0.25 (cm/projection)
- MF: 1.8 - 2.4
- Ring and help structures for hot spots



# TomoDirect™ TPS : dose distribution



Two-fields  
technique



Four-fields  
technique

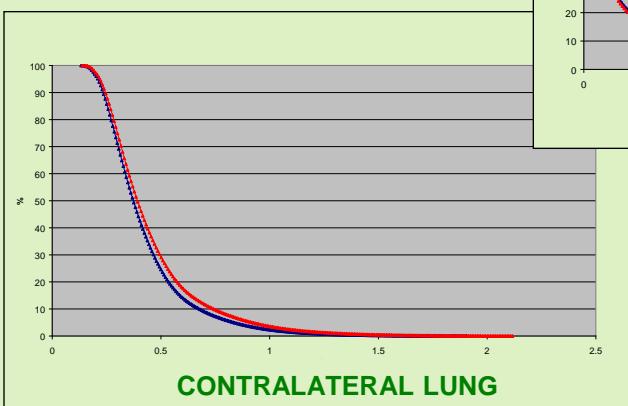
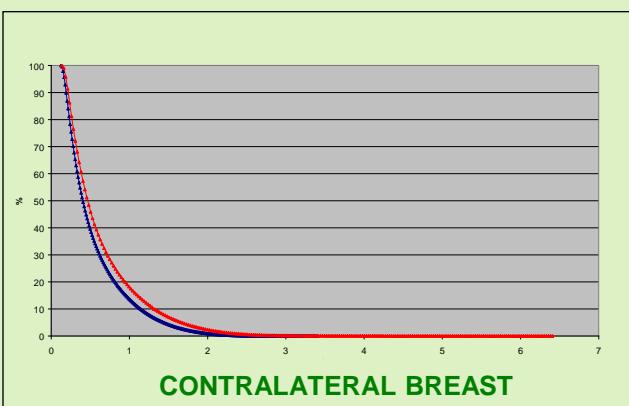
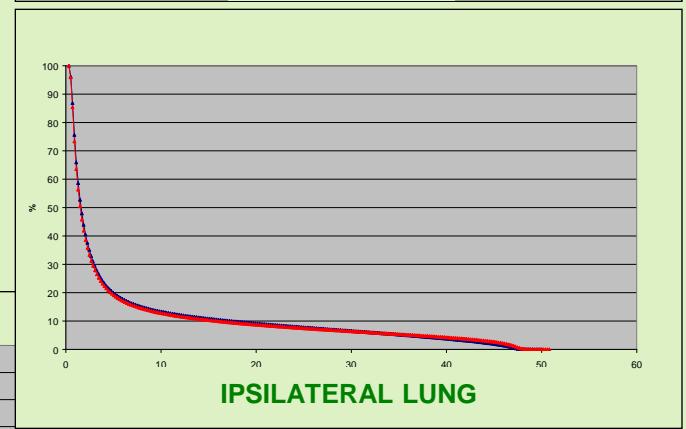
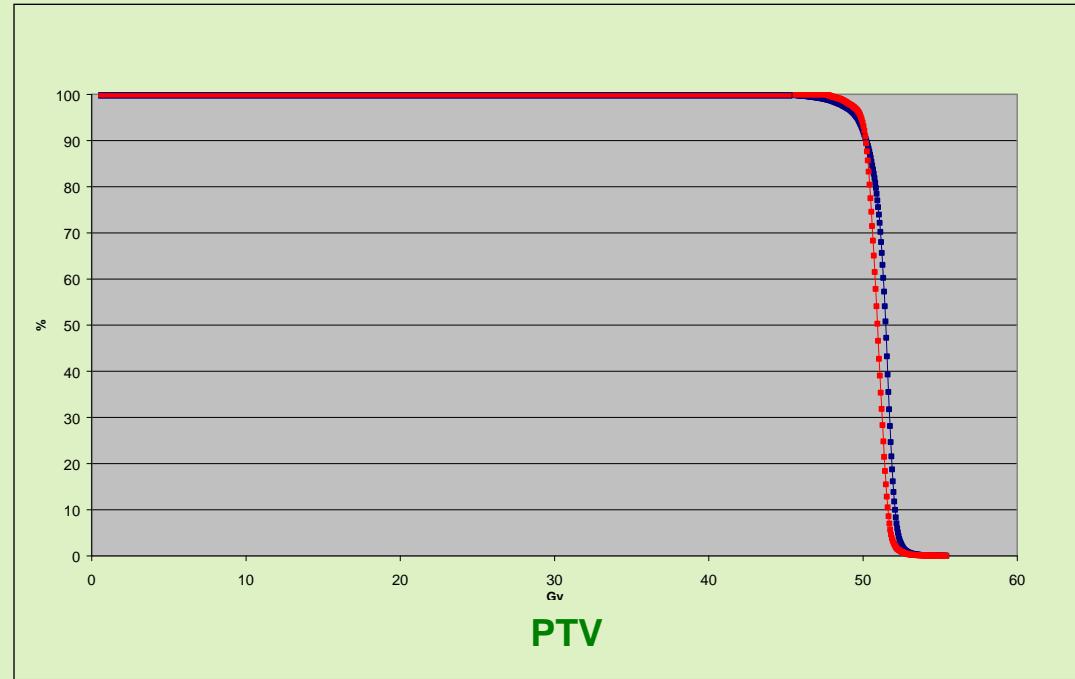
# TomoDirect™ TPS : results\*

PTV	RCI	HI	t(sec)
Two-fields technique	0.678	0.939	380
Four-fields technique	0.681	0.939	414

OARs	Ipsilateral lung			Controlateral lung	Controlateral breast	Heart
	V <sub>20 Gy</sub> %	V <sub>10 Gy</sub> %	V <sub>5 Gy</sub> %	V <sub>5 Gy</sub> %	D <sub>max</sub> Gy	V <sub>25 Gy</sub> %
Two-fields technique	9.6	13.8	18.6	0	2.7	3.2
Four-fields technique	9.9	17.0	22.9	0	3.1	2.9

\* To be submitted to IJROBP

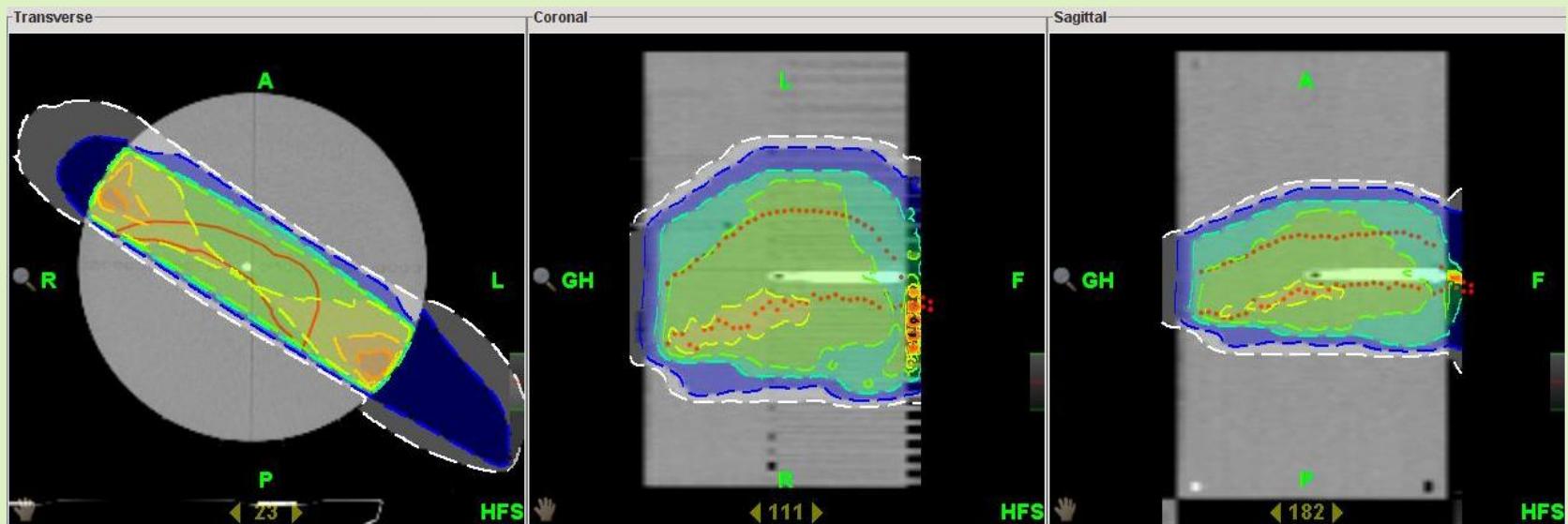
# DVH two-fields vs four-fields technique



- Two-fields technique
- Four-fields technique

# TomoDirect™ - DQA

- Dose measurement in Cheese Phantom with IC A1SL Standard Imaging
- Coronal or sagittal 2D dose distribution with GafChromic EBT2



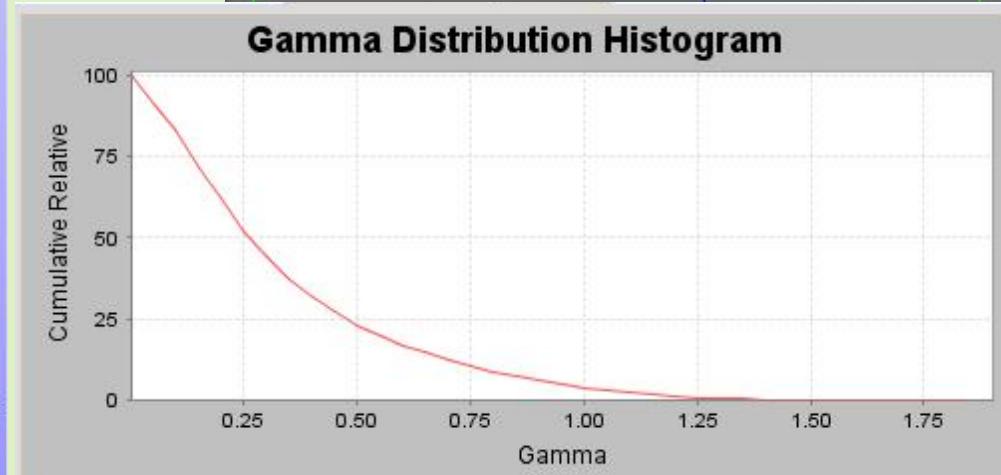
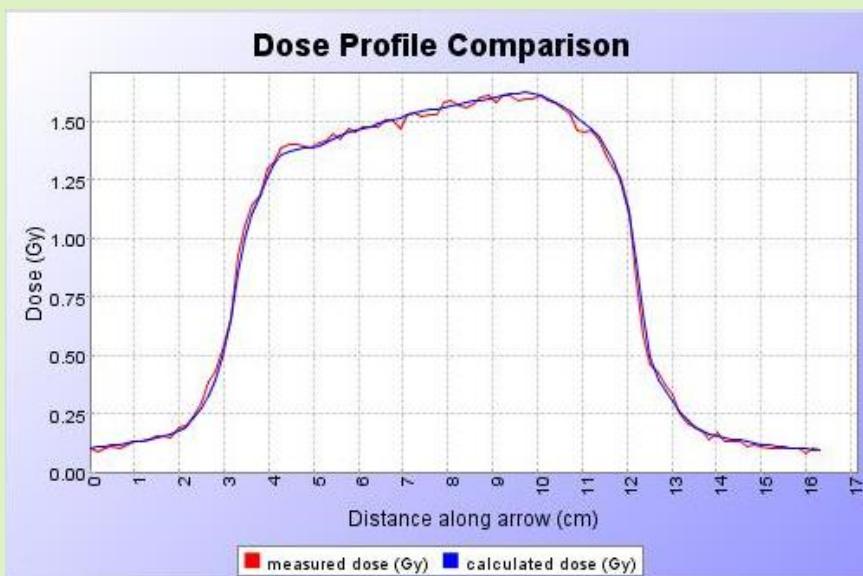
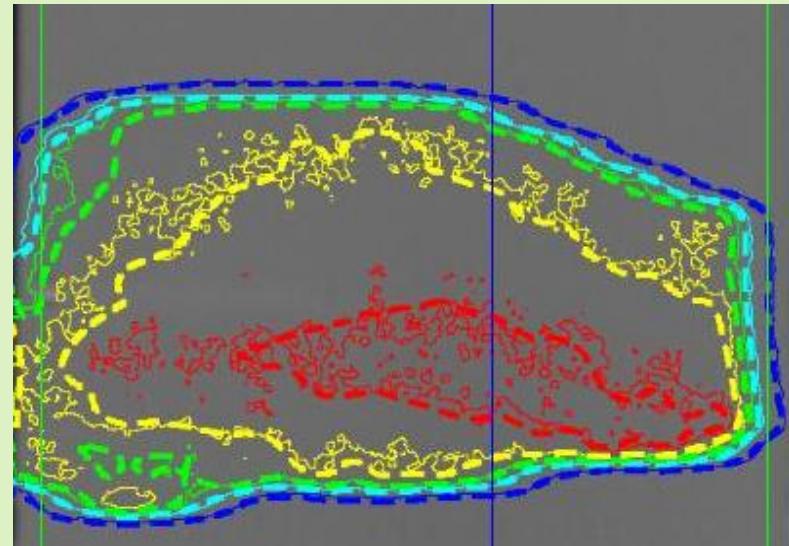
# TomoDirect™ – DQA results\*

Point dose measurements: deviation between measured and calculated values < 1 %

2D dose distribution Gamma index

IA<sub>DD 4% DTA 3mm</sub> > **90%**

IA<sub>DD 5% DTA 3mm</sub> > **95%**



\* To be submitted to IJROBP

# TomoDirect™ vs LINAC

	Beam-on time sec	PTV	
		RCI	HI
<b>TomoDirect™ Two-fields technique</b>	<b>380</b>	<b>0.678</b>	<b>0.939</b>
<b>LINAC</b>	<b>120</b>	<b>0.602</b>	<b>0.896</b>

	Omolateral lung			Contralateral lung	Contralateral breast	Heart
	V <sub>5 Gy</sub> %	V <sub>10 Gy</sub> %	V <sub>20 Gy</sub> %	V <sub>5 Gy</sub> %	D <sub>max</sub> Gy	V <sub>25 Gy</sub> %
<b>TomoDirect™ Two-fields technique</b>	<b>18.6</b>	<b>13.8</b>	<b>9.6</b>	<b>0</b>	<b>2.7</b>	<b>3.2</b>
<b>LINAC</b>	<b>16.6</b>	<b>12.4</b>	<b>10.6</b>	<b>2.8</b>	<b>3.9</b>	<b>1.1</b>

# Conclusions

- TomoDirect™ represents a well-suitable treatment in terms of target dose homogeneity and conformality, dose sparing to the sensitive structures and overall treatment time
- TomoDirect™ does not necessarily demand for the use of more fields than the traditional two tangential fields approach
- Results similar or better than by LINAC
- Treatment time shorter than Helical Tomo but longer than LINAC but this issue might be solved using a lower MF, a higher pitch and a 5 cm field width

