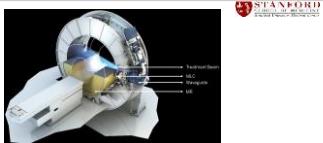


Trajectory Modulated Arc Therapy: Application to Partial Breast Irradiation

Dimitre Hristov

Radiation Oncology
Stanford University

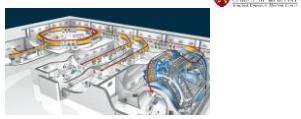
Research and development to advance radiotherapy



New imaging platforms:
MR-hybrids, O-rings, etc.
to *improve adaptation and motion management*



Research and development to advance radiotherapy



New delivery platforms:
particles, high-energy electrons, and gamma rays
(with special geometry) to
improve dose distributions



Research and development to advance radiotherapy



Have we exhausted the delivery options for dose improvements?

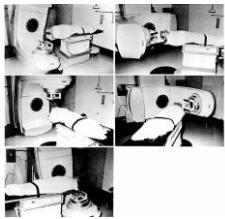


Research opportunity:

⇒ dynamic delivery on optimized but arbitrary in shape non-isocentric collision-free trajectories via synchronized motion of all accelerator axes (*including couch*)

Trajectory Modulated Arc Therapy (TMAT) 4pi Dynamic Trajectory Therapy

Back to the future



Past:

Proceedings of the Meeting of the American Society for Stereotactic and Functional Neurosurgery, Montreal 1987
Appl. Neurophysiol. 50: 263-268 (1987)



Physical Aspects of Dynamic Stereotactic Radiosurgery

Ervin B. Podgorak^a, André Olivier^b, Marina Pla^a, Joseph Hazel^b,
Alain de Lothbinière^b, Bruce Pike^b
Departments of ^aRadiation Oncology and ^bNeurosurgery, McGill University,
Montreal, Que., Canada

Future

- Extracranial trajectories
- individually optimized for each patient
- non-isocentric
- intensity-modulated

Controversy => research opportunity



POINT/COUNTERPOINT

Suggestions for topics suitable for these Point/Counterpoint debates should be addressed to Colin G. Orton, Professor Emeritus, Wayne State University, Detroit; cotton@comcast.net. Persons participating in Point/Counterpoint discussions are selected for their knowledge and communicative skill. Their positions for or against a proposition may or may not reflect their personal opinions or the positions of their employers.

Noncoplanar beams improve dosimetry quality for extracranial Intensity modulated radiotherapy and should be used more extensively

Ko Sheng, Ph.D.
Radiation Oncology, David Geffen School of Medicine at UCLA, Los Angeles, California 90095
(Tel: 310-883-3145; E-mail: ksheng@mednet.ucla.edu)

David M. Shepard, Ph.D.
Medical Physics, Swedish Cancer Institute, Seattle, Washington 98104
(Tel: 206-215-3306; E-mail: david.shepard@swedish.org)

Colin G. Orton, Ph.D., Moderator

(Received 29 August 2014; accepted for publication 5 September 2014; published 9 January 2015)

Motivation: room for improvement

CLINICAL INVESTIGATION Breast

UNACCEPTABLE COSMETIC OUTCOME WITH ACUTE BREAST CONTROL FOR ACCELERATED PARTIAL-BREAST IRRADIATION

Rossouw Jozie, MD, DPhil,¹ Maria A. Rita-Davis, MD,² Jean M. Morris, PhD,³ Ross B. Morris, CMDS,⁴ Kent A. Griffith, MPH, MD,⁵ James A. Hoskins, MD, MBA,⁶ and Lee J. Phillips, MD⁷

Journal of Clinical Oncology, Volume 31, Number 10, March 10, 2013, pp 1212-1218

The Effect of Beam-Volume Parameters and Interfraction Interval on Cosmetic Outcome and Toxicity After 3-Dimensional Conformal Accelerated Partial Breast Irradiation

Karen L. Pernicaro, MB, MRCP,¹ Jonathan A. Heyman, MS,^{2,3} Jennifer K. Wattis, MRCP,² Thomas A. Syndergaard, MS,² Carl Lyle Price, MSCE,² and David E. Weiss, MRCP,² Department of Radiotherapy, Royal Marsden NHS Foundation Trust, London, United Kingdom; Department of Radiotherapy, Royal Marsden NHS Foundation Trust, Sutton, United Kingdom; Department of Radiotherapy, Royal Marsden NHS Foundation Trust, London, United Kingdom; Department of Radiotherapy, Royal Marsden NHS Foundation Trust, London, United Kingdom; Department of Radiotherapy, Royal Marsden NHS Foundation Trust, London, United Kingdom; Department of Radiotherapy, Royal Marsden NHS Foundation Trust, London, United Kingdom; Department of Radiotherapy, Royal Marsden NHS Foundation Trust, London, United Kingdom

Accepted June 18, 2012; revised November 12, 2012; accepted December 10, 2012.

Published online first November 12, 2012 in JCO Online Edition (www.jco.org). DOI: 10.1200/JCO.2012.46.10_suppl

Journal of Clinical Oncology, Vol 31, No 10 (March 10, 2013), pp 1212-1218 © 2013 by American Society of Clinical Oncology

CLINICAL INVESTIGATION Breast

Finaline of Cosmetic Outcomes following Accelerated Partial Breast Irradiation using Intensity Modulated Radiation Therapy: Results of a Single-Institution Prospective Clinical Trial

Alice A. Ivan, MD,¹ Michael J. Sauerland, MD,² Barbara Japel, MD, DMSc,¹ Karen A. Heyman, MS, MBA,¹ Kent A. Griffith, MPH, MS,¹ Jean M. Morris, PhD,³ Ross B. Morris, CMDS,⁴ and Lee J. Phillips, MS,⁵ Department of Radiation Oncology, Stanford University Medical Center, Stanford, California; Department of Plastic Surgery, Stanford University Medical Center, Stanford, California; Department of Biostatistics, Stanford University Medical Center, Stanford, California; Department of Radiology, Stanford University Medical Center, Stanford, California; Department of Radiation Oncology, Stanford University Medical Center, Stanford, California; Department of Radiation Oncology, Stanford University Medical Center, Stanford, California

Accepted June 18, 2012; revised November 12, 2012; accepted December 10, 2012.

Published online first November 12, 2012 in JCO Online Edition (www.jco.org). DOI: 10.1200/JCO.2012.46.10_suppl

Journal of Clinical Oncology, Vol 31, No 10 (March 10, 2013), pp 1212-1218 © 2013 by American Society of Clinical Oncology

Dose-volume correlates:
V100, V50, V20?, V5??



Potential solution: many convergent horizontal beams



- Dynamic 'horizontal arcs'
- Combined with prone breast setup to eliminate dose to lung, heart, etc.

Research opportunity: trajectory design

"beam angle optimization radiation therapy" 135 AND "collision" 2
"isocentric technique" 194 VERSUS "nonisocentric technique" 6

- Develop and incorporate collision detection models in planning, optimization, and delivery

Yu VY, Tran A, Nguyen D, Cao M, Ruan D, Low DA, Sheng K. The development and verification of a highly accurate collision prediction model for automated noncoplanar plan delivery. *Med Phys*. 2015 Nov;42(11):6457-67.

- Research into beam arrangement optimization without iso-centricity constraints

Research opportunity: trajectory optimization



Papp D, Bortfeld T, Unkelbach J. A modular approach to intensity-modulated arc therapy optimization with noncoplanar trajectories. *Phys Med Biol.* 2015 Jul;70(13):5179-98.

MacDonald RL, Thomas CG. Dynamic trajectory-based couch motion for improvement of radiation therapy trajectories in cranial SRT. *Med Phys.* 2015 May;42(5):2317-25.

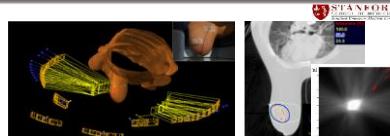
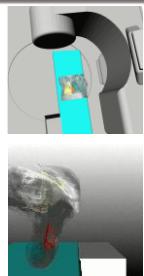
Smyth G, Bamber JC, Evans PM, Bedford JL. Trajectory optimization for dynamic couch rotation during volumetric modulated arc radiotherapy. *Phys Med Biol.* 2013 Nov;58(22):8163-77.

Dong P, Lee P, Ruan D, Long T, Ronnein E, Yang Y, Low D, Kupelian P, Sheng K. 4pi non-coplanar liver SBRT: a novel delivery technique. *Int J Radiat Oncol Biol Phys.* 2013 Apr;85(5):1360-6.

Yang Y, Zhang P, Happenett L, Xiong J, Yang J, Chan M, Beal K, Mageras G, Hunt M. Chorographing couch and collimator in volumetric modulated arc therapy. *Int J Radiat Oncol Biol Phys.* 2011 Jul 15;80(4):1238-47.

Incorporation of robust collision avoidance and non-isocentricity mandatory for approaches that optimize all degrees of freedom at once.

Research opportunity: sequential trajectory design



Pros: implementable [today](#) via multi beam-IMRT

Cons: potentially suboptimal, takes longer to deliver, start-and-stop couch motion.

Trajectory Modulated Prone Breast Irradiation: A Linac-Based Technique Combining Intensity Modulated Delivery with Motion of the Couch. Benjamin P. Fahmanian, Victoria Yu, Kathleen Horst, Lei Xing, and Dimitri Pishkin. *Radiat Oncol.* 2013 Dec;10(9):475-81.

Research opportunity: TMAT optimization

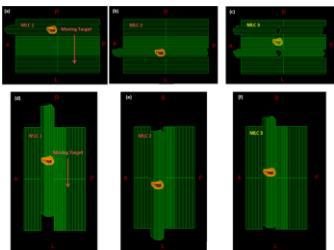


Control Point	X(mm)	Y(mm)	Z(mm)	Gantry Angle	Collimator Angle	Couch Angle	Arc Number	Sample Ord
1	-291.5	-65.2	664.8	270	90	90	1	1
2	-291.5	-65.2	664.8	270	90	88.75	1	105
3	-291.5	-65.2	664.8	270	90	87.5	1	91
4	-291.5	-65.2	664.8	270	90	86.25	1	107
5	-291.5	-65.2	664.8	270	90	85	1	2
6	-291.5	-65.2	664.8	270	90	83.75	1	108
7	-291.5	-65.2	664.8	270	90	82.5	1	62
8	-291.5	-65.2	664.8	270	90	81.25	1	109
9	-291.5	-65.7	664.8	270	90	80	1	3

- Extension of VMAT progressive sampling on pre-generated non-isocentric collision-free trajectories.
- Export of XML control file for treatment delivery in Varian Developer Mode

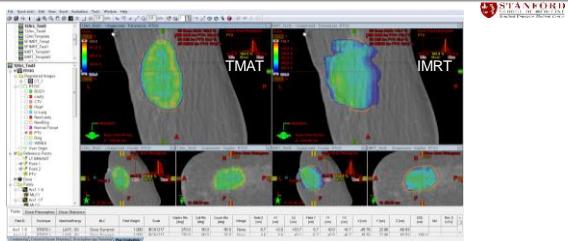
Liang J, Alcock T, von Elbeyn R, Fahmanian B, Cho E, Horst K, Cho K, Histon D. Trajectory Modulated Arc Therapy: A Fully Dynamic Delivery With Synchronized Couch and Gantry Motion Significantly Improves Dosimetric Indices Correlated With Poor Cosmesis in Accelerated Partial Breast Irradiation. *Int J Radiat Oncol Biol Phys.* 2015 Aug;92(5):1148-56.

Challenges with VMAT extension to TMAT optimization



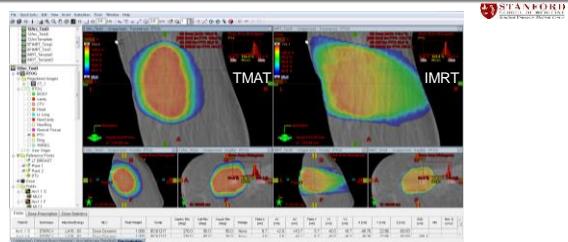
Standard MLC leaf position interpolation used with VMAT progressive sampling is *not* directly applicable to TMAT optimization for arbitrary collimator angles

Patient 3: $V_{100\%}$



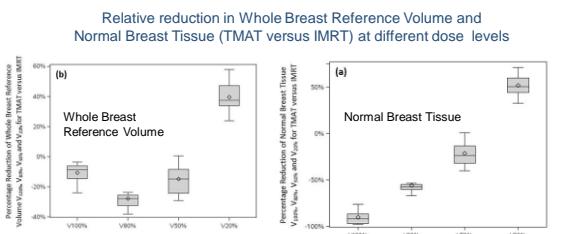
Liang J, Alsaad T, von Eyben R, Fahrman B, Chin E, Horst K, Oso K, Hsuou O. Trajectory Modulated Arc Therapy: A Fully Dynamic Delivery With Synchronized Couch and Gantry Motion Significantly Improves Dosemetric Indices Correlated With Poor Cosmestis in Accelerated Partial Breast Irradiation. Int J Radiat Oncol Biol Phys. 2010 Aug 1;82(5):1748-56.

Patient 3: $V_{50\%}$



Liang J, Alsaad T, von Eyben R, Fahrman B, Chin E, Horst K, Oso K, Hsuou O. Trajectory Modulated Arc Therapy: A Fully Dynamic Delivery With Synchronized Couch and Gantry Motion Significantly Improves Dosemetric Indices Correlated With Poor Cosmestis in Accelerated Partial Breast Irradiation. Int J Radiat Oncol Biol Phys. 2010 Aug 1;82(5):1748-56.

Impact



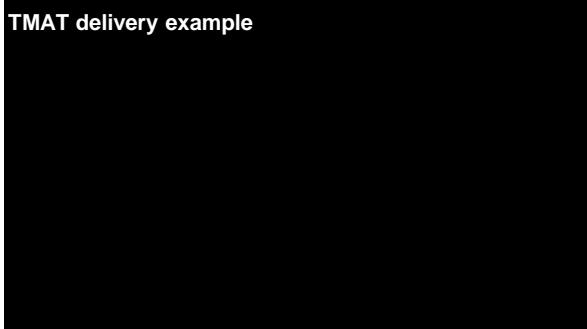
Research interfaces to deliver dynamic trajectories



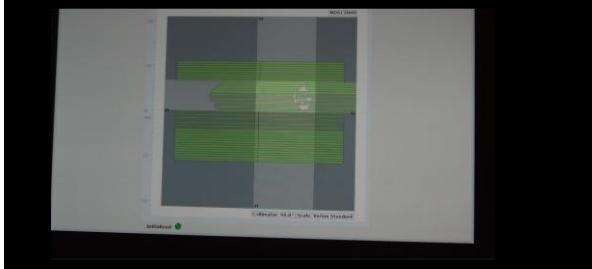
Liang J, Alswed T, von Eby R, Fahlman B, Choi E, Horn K, Oto K, Hsu D. Trajectory Modulated Arc Therapy: A Fully Dynamic Delivery With Synchronized Couch and Gantry Motion Significantly Improves Dosimetric Indices Correlated With Poor Cosmetic in Accelerated Partial Breast Irradiation. *J Radiat Oncol Biol Phys*. 2015 Aug; 15(8):148-56.

17

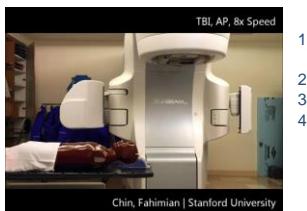
TMAT delivery example



TMAT delivery example



TMAT: TBI Delivery

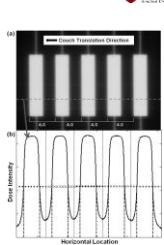
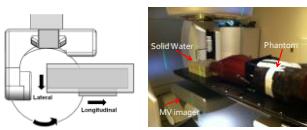


- 1) Inversely planned with MLCs:
 - Differential sparing of organs
- 2) Accurate dosimetry
- 3) Most importantly: Patient comfort
- 4) No significant additional requirements on room/equipment



AAPM 2015 FEATURED PRESENTATION and BEST IN PHYSICS (THERAPY): Trajectory Modulated Arc Therapy: Development of Novel Arc Delivery Techniques Integrating Dynamic Table Motion for Extended Volume Treatments
F. Yu¹, B. Xing¹, L. Hirou D.H.², R. Heppel¹, L. Miller¹, B. Loo¹, A. Kong¹, L. Xing¹, A. Bai¹, B. Fahimian¹, (1) Stanford University, Stanford, CA, (2) University of British Columbia, Vancouver, BC.

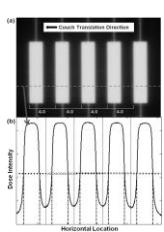
Research opportunity: TMAT Quality Control



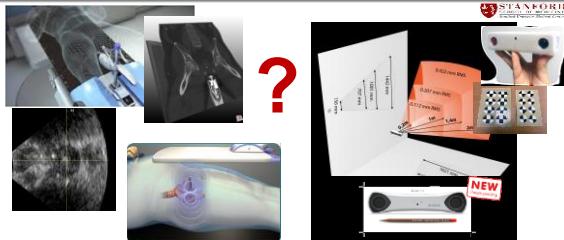
Yu YY, Fahimian BP, Xing L, Hirou DH. Quality control procedures for dynamic treatment delivery techniques involving couch motion. Med Phys. 2014 Aug;41(8):081712. doi: 10.1111/14686757. PubMed PMID: 25086522.

Needed: Tools, tests, analysis techniques to evaluate the spatial and temporal fidelity of dynamic concerted motions of all axes

STANFORD UNIVERSITY MEDICAL CENTER



Research opportunity: TMAT grand challenge



Intra-fractional imaging: imaging device attached to table, table position monitoring ²²

Conclusions



- Dynamic delivery on arbitrary in shape non-isocentric collision-free trajectories via synchronized motion of all accelerator axes (including couch) is largely unexplored
- Research opportunities exist along all steps of involved with the potential clinical implementation of such techniques: planning, QA delivery/validation, collision detection, and image guidance.
- Intra-fractional imaging is a key challenge to implementation.