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Clinical original contribution

The role of three dimensional functional lung imaging in radiation treatment planning: The functional dose-volume histogram

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4DCT-Ventilation



Functional Radiotherapy For Lung Cancer

4DCT-Ventilation

- 4DCT acquired for simulation (reduced time, cost, dose)
- Anatomical + Functional information
- Good spatial resolution





Calculating Ventilation Images

Calculating ventilation maps

4DCT – 10 phases



Calculating Ventilation Images

Link lung voxel elements from inhale to exhale using deformable registration



(Castillo et al., 2010)

$$\frac{Apply \text{ density-change-based equation}}{V_{ex}} = 1000 \frac{\overline{HU}_{in}^{voi} - HU_{ex}}{HU_{ex}(1000 + \overline{HU}_{in}^{voi})}$$

Calculating Ventilation Images



0%

Functional Imaging to Functional Radiotherapy: Validation

Castillo et al - SPECT





Vinogradskiy et al - VQ scans



Functional radiotherapy example with CT Ventilation



Predicting pneumonitis: dose + function > dose ???

- 96 NSCLC patients
- Radiation pneumonitis toxicity information using CTCAE grading
- Calculated dose metrics
 - Mean lung dose
 - V20 Gy = Volume of lung receiving 20 Gy or higher
- Calculated dose + function metrics
 - Functionally weighted mean lung dose
 - FV20 Gy = Amount of functioning lung getting 20 Gy or higher



4DCT-ventilation conformal avoidance – Will it work?

Ability of dose and dose + function metrics to predict for grade 3+ radiation pneumonitis: area under the curve (AUC) and logistic regression (Vinogradskiy et al 2013, Faught et al 2017)



CT Ventilation Functional Radiotherapy Clinical Trial

- 67 lung cancer patients at University of Colorado + William Beaumont (NCT02528942)
- Use 4DCT to calculate ventilation imaging
- Use 4DCT-ventilation to design functional radiation plans
- Reduce functional dose metrics using favorable arc geometry + optimization
- Single-arm, early phase trial looking at feasibility, safety, toxicity rates to be compared to current standard of care techniques





Functional Plan



Inclusion/Exclusion Criteria

- Trial inclusion/exclusion criteria
 - No SBRT, No palliative RT
 - Definitive Rx dose ≥ 45Gy
 - Planned concurrent chemotherapy regimen
 - Image heterogeneity criteria



Trial Design

- Phase II study, compare functional avoidance against historical control
- Primary endpoint: grade ≥ 2 Radiation Pneumonitis
- Hypothesis: Rate of grade ≥ 2 Radiation Pneumonitis can be reduced to 12% with functional radiotherapy compared to 25% rate of grade ≥ 2 Radiation Pneumonitis with historical control
- Simon's Two-Stage design
- 67 patient total enrollment, futility analysis at 17 patients

Outcome assessments

- Assess lung function in a variety of ways
 - CTCAE Toxicity (Pulmonary toxicity, pneumonitis, esophagitis)
 - PFTs
 - QOL Questionnaires
 - Imaging: CT, 4DCT-Ventilation, PET, VQ

Implementation: Treatment planning

Structure-based treatment planning



Implementation: Treatment planning

- Start with standard (non-functional) plan, proceed to functional plan using favorable arc geometry + optimization techniques
- Planning priorities 1) Target coverage 2) OAR constraints 3) Reducing dose to functional lung

Implementation: Adaptive planning

- Image guidance per institutional protocol (CBCT daily, 4D CBCT @ Beaumont)
- Adaptive planning per attending discretion
- If an adaptive plan is needed, a 4DCT is done and a functional adaptive plan is made



Multi (2) – Institution Trial Credentialing

- Identical versions of CT Ventilation code installed at both institutions
- Site Initiation Visits performed at both institutions
- CT ventilation physicist (+ backup) identified and trained at both institutions
- 3 sample CT ventilation cases run at both institutions, evaluated for reproducibility

Feasibility: Trial Enrollment

- 95 patients consented in ~2.5 years
- 62 evaluable patients
- Trial met futility criteria, progressed with accrual
- 8 (8.4%) ineligible per imaging criteria



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Imaging to Prevent Radiation Sequelae

Interim Analysis of a Two-Institution, Prospective Clinical Trial of 4DCT-Ventilation-based Functional Avoidance Radiation Therapy

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Patient plan example

30Gy 20Gy 10Gy

Functional Plan





Non-Functional Plan



Functional V20 Trial Dosimetry

Mean Improvement in Functional V20: 3.2% [0.1% to 7.9%]



Conformal Avoidance: Future/On-going work

SBRT Conformal Avoidance



J Bayouth, T Patton, S Gerard, G Christensen, A Baschnagel, & J Reinhardt. Clinical Application of a Lung Function Planning Technique Designed to Improve Toxicity (2017), Med. Phys., 44: 2721–3318. doi:10.1002/mp.12304

Proton Conformal Avoidance



M Dougherty

Improved calculation robustness





SR Bowen, J Zeng, University of Washington

Thank you



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