## A Point/Counterpoint On Current and Future Directions for Patient Specific QA

LILY TANG, PHD YALE NEW HAVEN HOSPITAL

STEPHEN KRY, PHD, MD ANDERSON CANCER CENTER

ANDREA MCNIVEN, PHD PRINCESS MARGARET CANCER CENTRE

#### Outline

- ▶ Patient specific IMRT QA—available tools
  - Lily Tang (10 min)
- ▶ Point: Limitations with IMRT QA
  - Stephen Kry (20 min)
- Counterpoint: Patient specific QA measurements will remain an essential part of Medical Physics practice
  - Andrea McNiven (20 min)
- ▶ Q&A (10 min)

#### Personal IMRT QA history

- ► First 5 years of my career
  - Routine patient specific IMRT QA (MapCheck)
  - 40-60 min per patient
  - Not a single replan due to QA result
- Second 5 years
  - IMRT QA after commissioning & single fraction treatment
  - Routine log file based QA
- ▶ Now
  - Routine patient specific IMRT QA by residents (EPID, Delta4, film)

#### Goal of this session

Many discussions and talks about patient specific QA in recent years

▶ No official guideline

Call for action: time to form a new Task Group for patient specific QA

#### In the early days

➤ 3 questions on patient specific IMRT QA in early 1990's

Did TPS calculate the plan correctly?

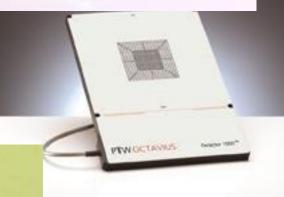
2. Can Linac deliver the planned dose accurately?

3. Do we have the right tool for the measurement?

### 2D dosimetry

- ▶ Ion chamber
- ▶ Ion chamber array
  - MatriXX
  - Octavius
- ▶ Diode array
  - \* MapCheck
- ▶ Film
  - EBT2
  - **SEBT3**
- ▶ EPID



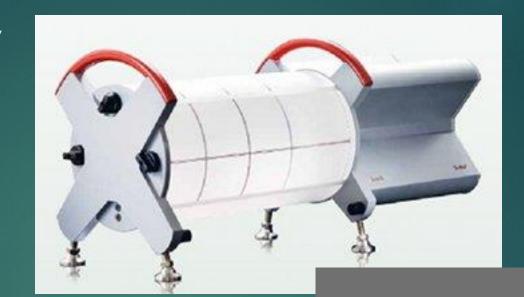




### 3D dosimetry

▶ Delta4

► ArcCHECK





### Log file analysis

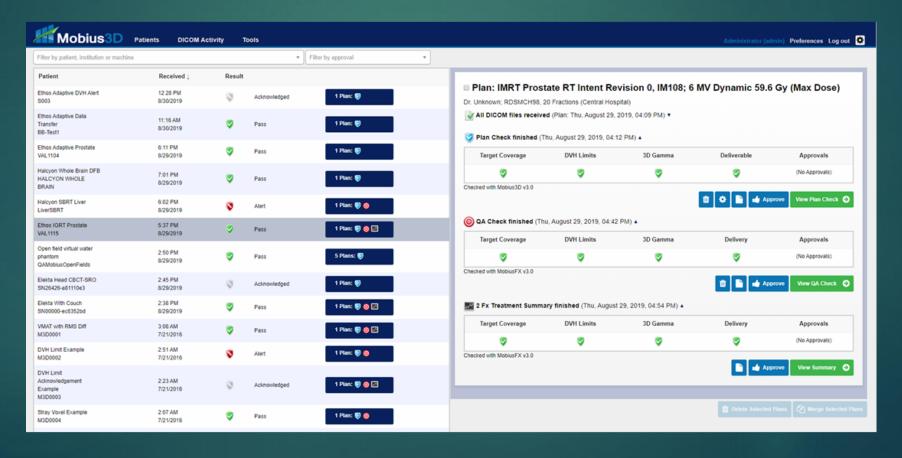
▶ Workflow

The log file includes: each MLC leaf position, Jaw positions, carriage positions, gantry angle, collimator angle, couch, MU, beam hold

▶ Dose reconstruction

## Third party calculation based analysis

► Mobius3D



# Now let's think again how we can answer these 3 questions

1. Did TPS calculate the plan correctly?

2. Can Linac deliver the planned dose accurately?

3. Do we have the right tool for the measurement?