State of the ART High Tesla MRgART

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University of Iowa Health Care

## COI

- License revenue from IBA
- Consulting for Elekta





# Agenda

- Technology overview
- Implementation timeline
  - Construction
  - Installation
  - Commissioning
- Workflow overview at our site
- How are we using the Unity
  - Statistics on what kind of cases we have treated
  - Case highlight

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• Treatment throughput and machine reliability



### **TECHNOLOGY OVERVIEW**





## **Commercial Implementations**



## Unity overview

- Beam Energy: 7 MV FFF
- SAD: 143.5 cm
- Maximum Field Size: 22x57.4 cm<sup>2</sup>
- Treatment Delivery: Step & Shoot IMRT
- Dose Rate: <u>425 MU/min</u>
- Max Gantry Speed: 6 RPM

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- Leaf Speed: <u>6 cm/s</u>
- Collimator: <u>90°</u>



Construction: ~6 months (Highly Variable) Installation: ~6 months (~3 months for new installations) Commissioning/training: ~3 months

#### **IMPLEMENTATION TIMELINE**









### Implementation timeline



MV isocenter, MR-MV alignment

### **COMMISSIONING: MECHANICALS**





## MV isocenter - starshot

- Need to add copper plates to eliminate ERE
- Analyze spokes only within the central region



#### MV isocenter - starshot results



## **MR-MV** alignment

- MRI and gantry are mechanically aligned during installation
- Any offset between the systems needs to be quantified and accounted for during treatment planning



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## **MR-MV** alignment phantom

- Alignment evaluated using the MR-MV isocenter phantom
  - 7 ZrO<sub>2</sub> spheres in a known geometry surrounded by copper sulfate solution
- EPID and MRI images are acquired without moving the phantom
- Analyzed using QA alignment software

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- 0.307 mm (lat), 0.998 mm (sup/inf), 0.015 mm (ant/post)



Absolute dose calibration

### **COMMISSIONING: DOSIMETRY**





## Dose calibration methodology

• Followed TG-51 formalism with modifications by Malkov et al<sup>1</sup>

$$D_W^Q = Mk_Q k_B N_{D,w}^{^{60}Co}$$

- Due to extended SAD, beam quality specifier was TPR<sub>20,10</sub>
  - TG-51 requires %dd(10)<sub>x</sub> for  $k_{Q}$  determination
    - Conversion following the formalism of Kalach  $et al^2$
- $K_{\rm B}$  factor accounts for changes in chamber response due to the magnetic field
  - TN30013 chamber aligned parallel with the magnetic field
    - 0.994 (O'Brien et al)<sup>3</sup>
    - 0.988 (Malkov et al)<sup>1</sup>
- Output measured at 90° to remove dependence due to varying helium level



- 2. Kalach N I and Rogers D W 2003 Which accelerator photon beams are "clinic-like" for reference dosimetry purposes? Med Phys 30 1546-55
- 3. O'Brien D J, Roberts D A, Ibbott G S and Sawakuchi G O 2016 Reference dosimetry in magnetic fields: formalism and ionization chamber correction factors Med Phys 43 4915

## Dose calibration validation

- Independent validation performed with UW Calibration Lab TLDs
- Construction of probes
  - 4 TLDs embedded in a solid water phantom with minimal air-gaps
- Result: 0.991 ± 5%

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Geometric accuracy

### **MRI COMMISSIONING**





## Geometric accuracy

- Assessed using the vendor supplied 3D geometry phantom
  - Markers in 7 planes
    - 25 mm in-plane spacing
    - 55 mm plane spacing
  - Overall size

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• 500x375x330 mm<sup>3</sup>



### Geometric accuracy – results

 Geometric accuracy is assessed within variable diameter spherical volumes

	Maximum distortion (mm) – Excluding 2% of markers with greatest values					
	400 mm DSV	3 <u>50 mm</u> DSV	300 mm DSV	200 mm DSV	100 mm DSV	
Total	2.05	0.82	0.68	0.52	0.32	
RL	0.64	0.43	0.35	0.27	0.16	
AP	1.72	0.64	0.51	0.38	0.22	
FH	0.45	0.39	0.36	0.28	0.19	



#### **ADAPTIVE THERAPY WORKFLOW**





### Workflow overview





#### **Online treatment process**



#### Understanding the adaptive planning process

- Adapt to position
  - MLC position is shifted to account for daily setup errors
  - Plan is re-calculated with new MLC positions
    - No new contours are drawn!
- Adapt to shape

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- New contours are drawn to account for anatomical changes
- Plan is re-optimized and re-calculated



### Standard linac: Table shift





### MRI linac: Adapt to Position





### MRI linac: Adapt to Position







Prostate Seminal Vesicles Bladder Rectum Body Bone



#### Adapt to shape: Adapted contours erridden on structures that may be overlapped

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Prostate Seminal Vesicles Bladder Rectum Body Bone



Statistics and case highlights

### HOW ARE WE USING THE UNITY?





## Sites treated





# Case highlight: Liver

- Potential benefits
  - Visualizing tumor
    - Far superior to CBCT
  - Visualizing adjacent OAR's
    - Adapt plan if position of OAR's change throughout treatment to achieve ablative doses
    - 3 fx RX: 45-60 Gy, Limit to bowel is 35 Gy
- Challenges
  - Motion

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• Typically can use abdominal compression to reduce motion



## Standard planning strategy

- Unity
  - HCC: 45 Gy / 3fx
  - Mets: 54-60 Gy / 3 fx
  - 3-5 mm PTV around ITV
    - 8-10 mm with KV imaging
  - 11 coplanar beams
  - Step and shoot IMRT
- Unity imaging

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- T2 navigator triggered MRI



#### Standard of care – CBCT



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#### **Original contours**

<u>.</u>

Electron densities are overridden on structures that may be overlapped.



GTV Liver Kidneys Stomach Great Vessel Cord Body Bone

#### Adapted contours

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Electron densities are overridden on structures that may be overlapped



GTV Liver Kidneys Stomach Great Vessel Cord Body Bone



Treatment throughput and uptime

#### **MR-LINAC**



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## Planning and review time



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#### Included

- Registration
- Contouring (if needed)
- Plan optimization
- Plan approval
- Second check

Not Included

- Patient ingress/egress
- Image acquisition

Slide from David Dunkerley, PhD

Treatment delivery

## Machine uptime

	Versa A	Versa B	Unity	GammaKnife
Start Date:	12/1/2018	12/1/2018	5/20/2019	12/1/2018
End Date:	12/1/2019	12/1/2019	12/1/2019	12/1/2019
Down Time [Hr]	15.75	62.95	28.03	0.00
Workdays In Range (M-F)	261	261	139	261
Holidays in Range	10	10	4	10
Principal period of maintenance (PPM) [hr/d]:	14	14	14	14
Total PPM [hr]	3514	3514	1890	3514
Up-Time [%]:	99.55%	98.21%	98.52%	100.00%



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## Thanks!



