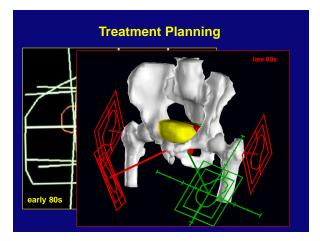
## More than Pretty Pictures: 3D Treatment Planning + Conformal Therapy Benedick A Fraass PhD, FAAPM, FASTRO, FACR Vice Chair for Research, Professor and Director of Medical Physics Department of Radiation Oncology Cedars-Sinai Medical Center, Los Angeles, CA 90048 Clinical Professor, Radiation Oncology, UCLA Professor Emeritus, University of Michigan

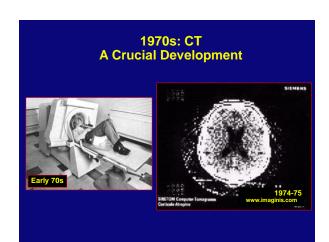
## **Disclosures**

- No current conflicts of interest
- Previous research and travel funding from Varian, Elekta, Sun Nuclear, Siemens, and others
- UM licensing arrangement with Scanditronix for Scandiplan (early 90s)

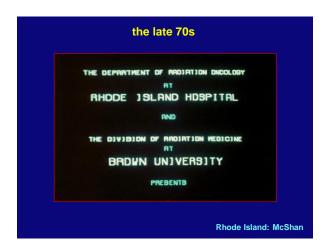


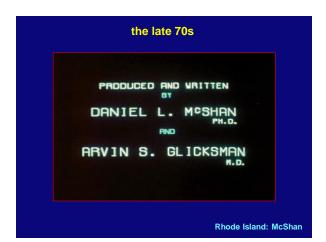
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## the 60s and early 70s: thinking about dose in 3D Ted Sterling, H Perry, L Katz: Automation of radiation treatment planning V. Calculation and visualisation of the total treatment volume. Br. J. Radiol. 38: 906-913, 1965. Jan van de Geijn: The computation of two and three dimensional dose distributions in cobalt-60 teletherapy. Br. J. Radiol. 38: 369-377, 1965 Jack Cunningham: Scatter-air ratios. Phys. Med. Biol. 17: 42-51, 1972. A COMPUTER PROGRAM FOR 3-D PLANNING IN EXTERNAL BEAM RADIATION THERAPY, EXTDOS J. Jvan de GEIJN H. Jonnet de Dos Diagnist, The Higher, The Netherlands COMPUTER PROGRAMS IN BIOMEDICINE 1 (1970) 47-57.







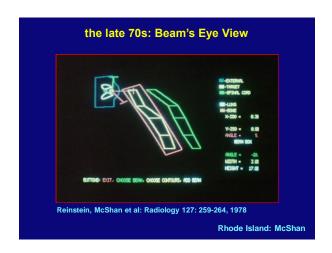




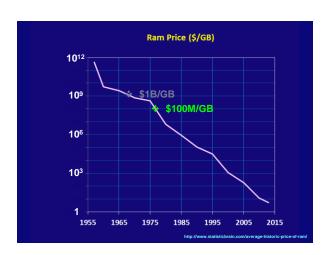




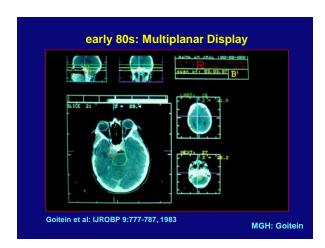




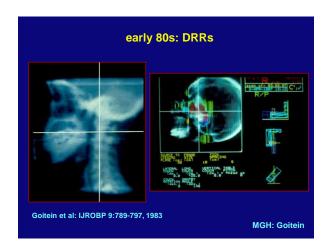


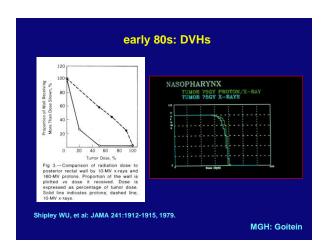


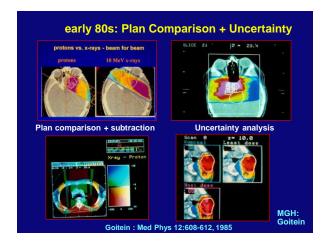












## early 80s: DKFZ 38 78 88 W Schlegel et al: Three-dimensional radiotherapy treatment planning using CT-data, in Proc World Congress on Medical Physics and Biomedical Engineering, Bleifeld, Hamburg, 1982, pp 21-27



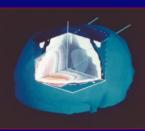
## **NCI 3D Treatment Planning Contracts** 1982-6: Evaluation of Tx Planning for Heavy Particles U Penn/Fox ChaseLBL/UCSFMGHMD Anderson 1984-7: Eval. of Tx Planning for Ext. Beam Photons U PennMSKCC MGH Wash U St Louis 1986-9: Eval. of Tx Planning for Ext. Beam Electrons UM Wash U St Louis MD Anderson

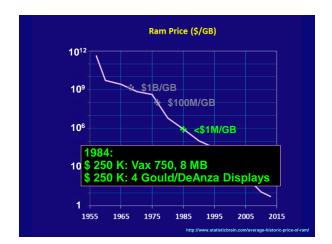
## **The NCI Treatment Planning Contracts Worked!**

The NCI contracts spurred development of 3-D planning

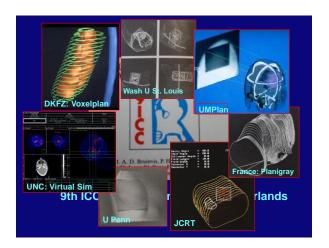
- •RTH, ASL, BAF arrived in AA July 1984, and DLM in Sept. 1984
- Electron contract proposal due: Jan. 5, 1985

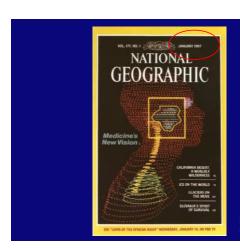




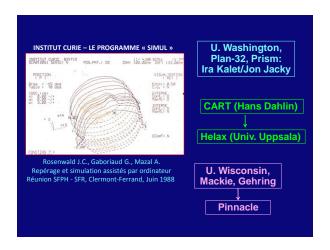


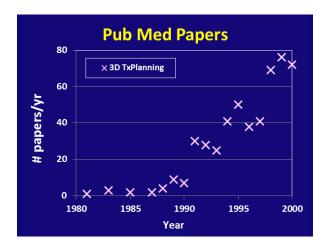
# Clinical 3-D Planning Systems begin to be introduced UMPlan, March 1986: 3-D anatomy CT, MR, PET imaging + dataset registration 3-D beams, dose calcs DVHs BEV, BEV blk design 3-D electrons 3-D brachytherapy (incl. brain implants) UMPlan, March 1986



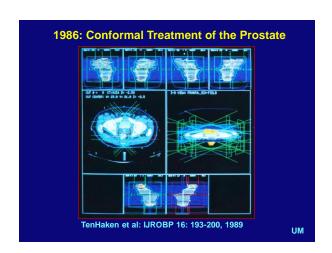


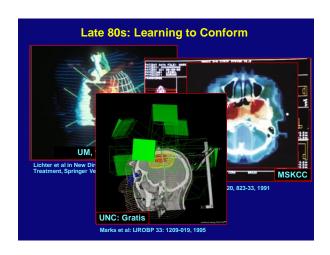
Mohan et al, MSKCC

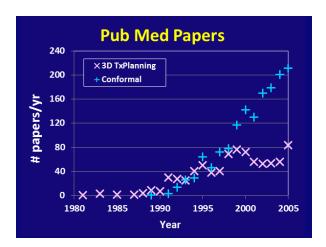


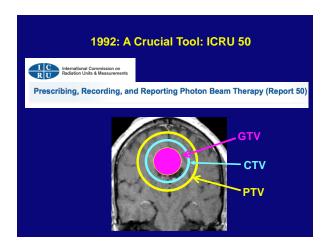


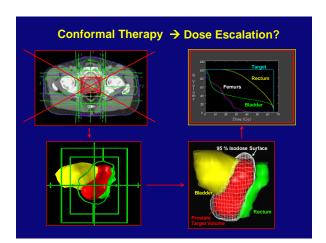
What do we do with a 3-D planning system?











## Some Early Conformal Therapy Clinical Dose Escalation Studies

Site	Institution	Start	Dose(Gy)
Prostate	UM	1986	60 → 80.4
Liver	UM	1987	30 → 90
Prostate	MSKCC	1988	64.8 → 75.6, +
Brain	UM	1989	60 → 70,80,90
Lung	UM	1991	60 → 102.9

## The 3-D Hypothesis

• Editorial

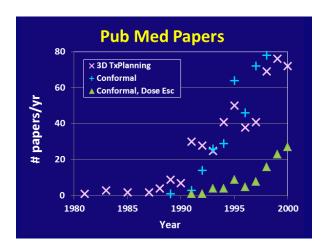
THREE-DIMENSIONAL CONFORMAL RADIATION THERAPY: A TESTABLE HYPOTHESIS

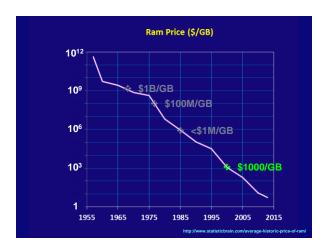
ALLEN S. LICHTER, M.D.

Department of Radiation Oncology, University of Michigan Medical Center, 1500 E. Medical Center Dr., Box 0010, Ann Arbor, MI 48109

By tightly conforming the shape of the high dose volume to the shape of the target, one could increase target dose without increasing complications

AS Lichter: Int J Rad Onc Biol Phys 21: 853-855, 1991





### 2000s: 3-D is the State of the Art

## Finally,

- We have 3-D planning capabilities
- · We know how to treat patients conformally
- We have clinical data on dose escalation and/or minimization of normal tissue toxicity
- · Cost for computer systems continues to fall
- Commercial planning systems provide some 3-D planning capabilities

Widespread acceptance of 3-D and conformal therapy: it's now time for computer-controlled machines and IMRT, as well as the next talk!

## **Summary**

## 3-D planning was made possible by

- Development of CT (and other imaging)
- Continually increasing computer power + decreasing costs
- · A lot of smart and clever people
- Vision of the improvements in therapy that the new capabilities would make possible
- Careful implementation and clinical studies which led to real improvements in clinical use and improved outcomes for patients

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DKFZ, MGH