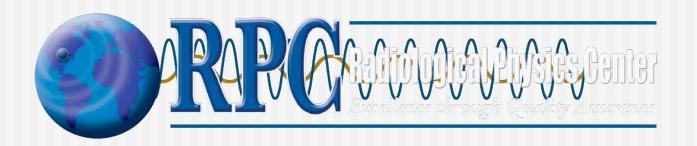
# **RPC Report**



#### David Followill, Ph.D., Geoffrey S. Ibbott, Ph.D.

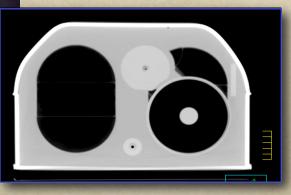
Supported by NCI grants CA10953 and CA81647, and educational grant from Varian

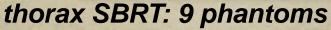


prostate IMRT: 4 in service, 4 under construction

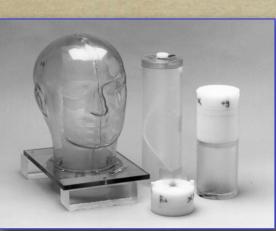
#### **RPC** Phantoms













H&N IMRT: 25 in service, 6 under construction

SRS: 2 in service, others sent by RDS

liver SBRT: 3, incl. motion

# **Availability of Phantoms**

Phantom	H&N	Lung	Prostate	Liver	SRS Head
Number	25 (+6)	9	4 (+4)	3	2
Waiting List		none		none	



# **Procedures for Request List**

- Inst. calls or emails a request
  - RPC adds inst. to request list
- RPC contacts inst. to determine status
  - Study group member, IRB approval, ITC acct, past history
  - Priority determined by "points"
  - If not eligible, inst. referred to RDS
  - If no response, move to "hold" list, confirm by email
- RPC contacts inst. to inform ship date
  - If told inst. not ready, add to "hold" list, confirm by email
- If no response to RPC contact, move to "hold" list, confirm by email



#### **Phantom Results**

Comparison between institution's plan and delivered dose. Criteria for agreement: 7% or 4 mm DTA

Site	Tech- nique	Accept- able	RTOG Members	% of RTOG	Of top 10 Full	Of top 10 Affiliate
H&N	IMRT	245	198	28.3	11 (85%)	29 (60%)
Pelvis	IMRT	65	59	8.4		
Lung	SBRT	19	19	2.7		
Liver	SBRT	4	4			
Bench- mark	IMRT	16	15			

# **Phantom Turn-Around Time**

Phantom	Average (days)	Max (days)
H&N	28	137
Pelvis	24	79
Lung	30	164
Liver	42	90
SRS Head	41	279

# **Phantom Turn-Around Time**

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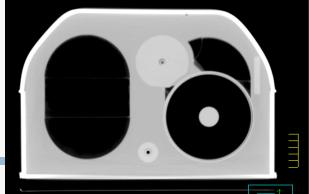


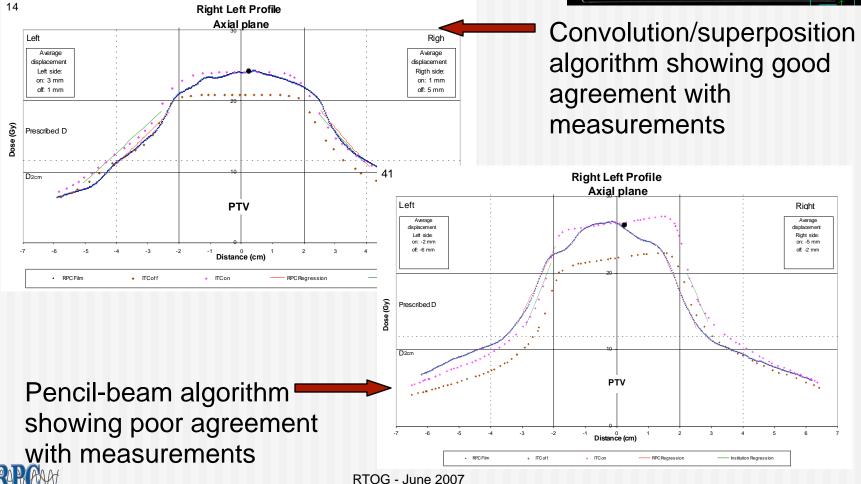
Preparation for upcoming lung protocols

- Commissioned new phantoms (9 total)
- Contacting institutions that used Eclipse pencil-beam
  - Requesting they repeat with AAA
- Developing facility questionnaire
  - To determine calculation algorithm, other capabilities



#### Evaluation of Heterogeneity Corrections with RPC Thorax Phantom





RPC Role in Evaluating Respiratory Motion

- NCI protocols required to address respiratory motion when IMRT used
  - For intra-thoracic tumors and other locations
- RTOG 0438
  - Liver primary and metastases (no IMRT)
- RTOG 0618
  - SBRT lung (IMRT permitted with approval)
- Institutions required to demonstrate capability
  - RTOG has written requirements



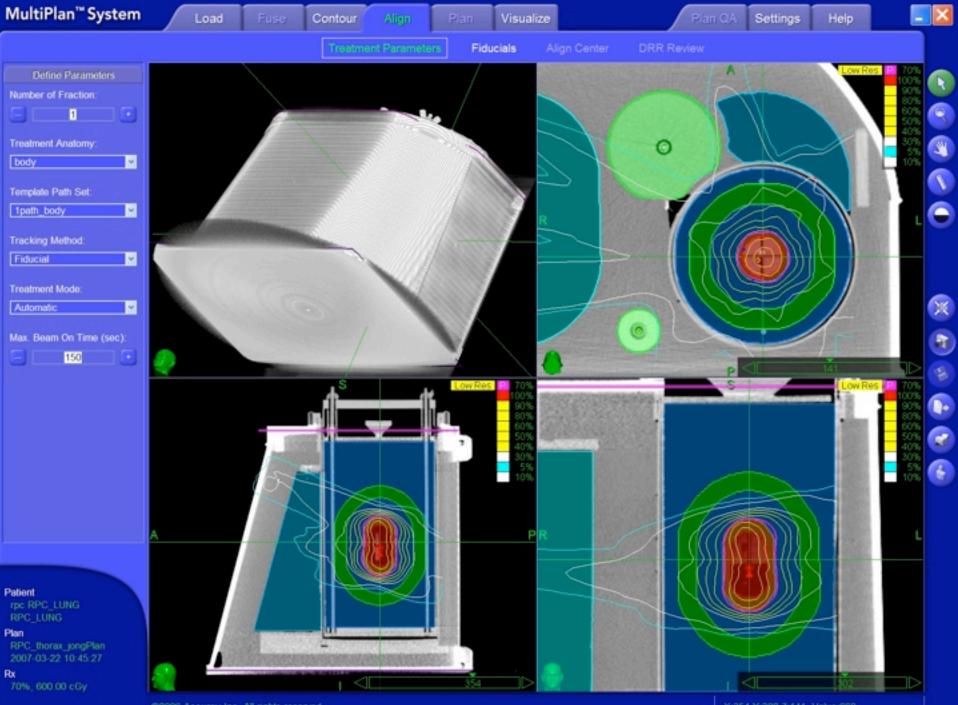
RTOG - June 2007

Modifications to Phantoms for IGRT

 Two phantoms modified to add fiducials, investigating methods to add anatomical structures for image guidance

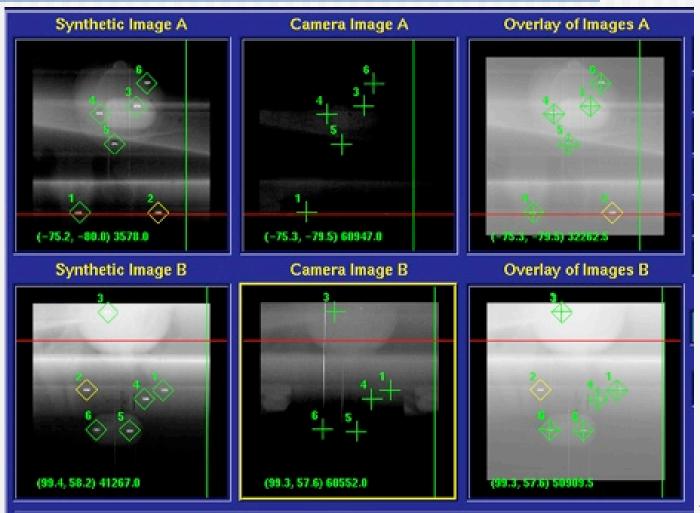






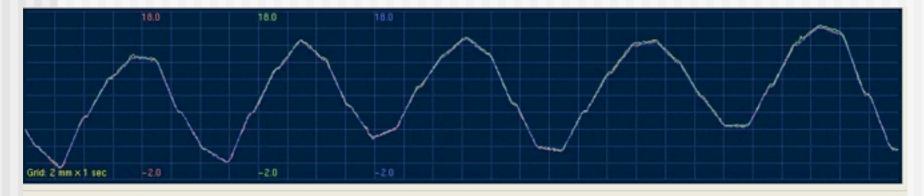
X:354 Y:302 Z:141 Value:660

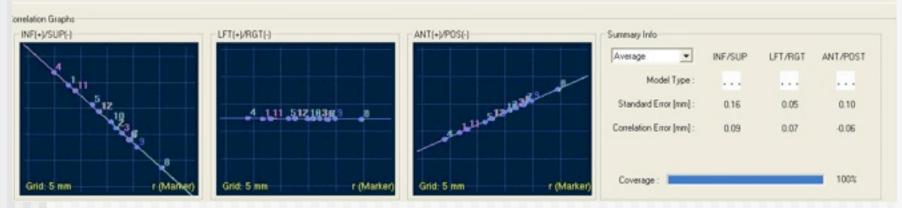
### **Phantom Alignment**



12

## Model of Respiratory Motion





#### **Evaluation of Synchrony**

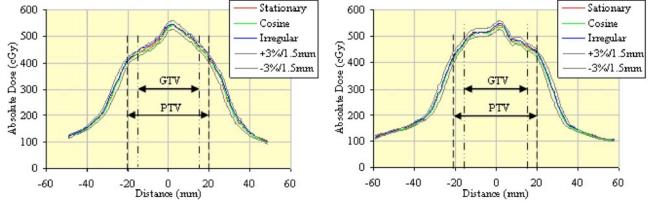


Figure 3. Anterior-Posterior Dose Profiles

Figure 4. Medial-Left Lateral Dose Profiles

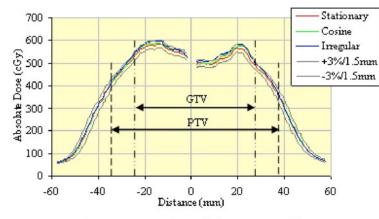
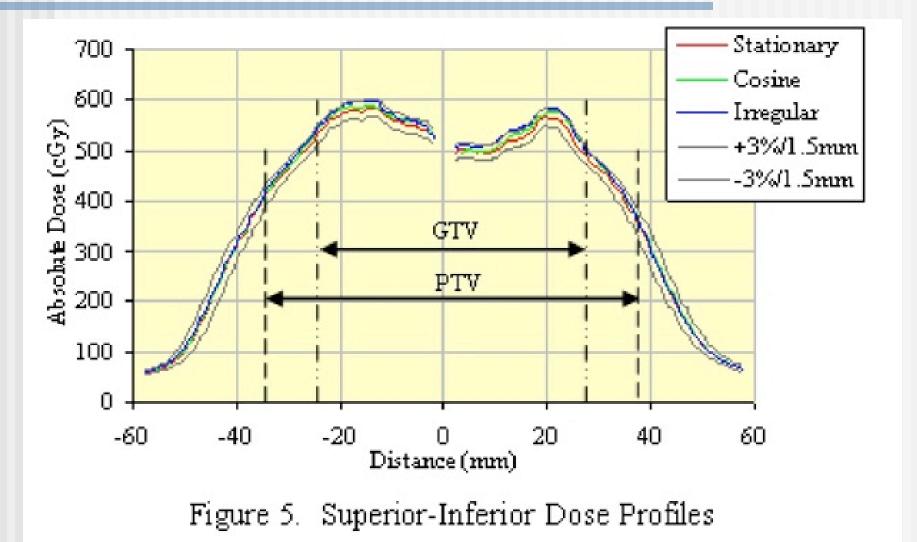


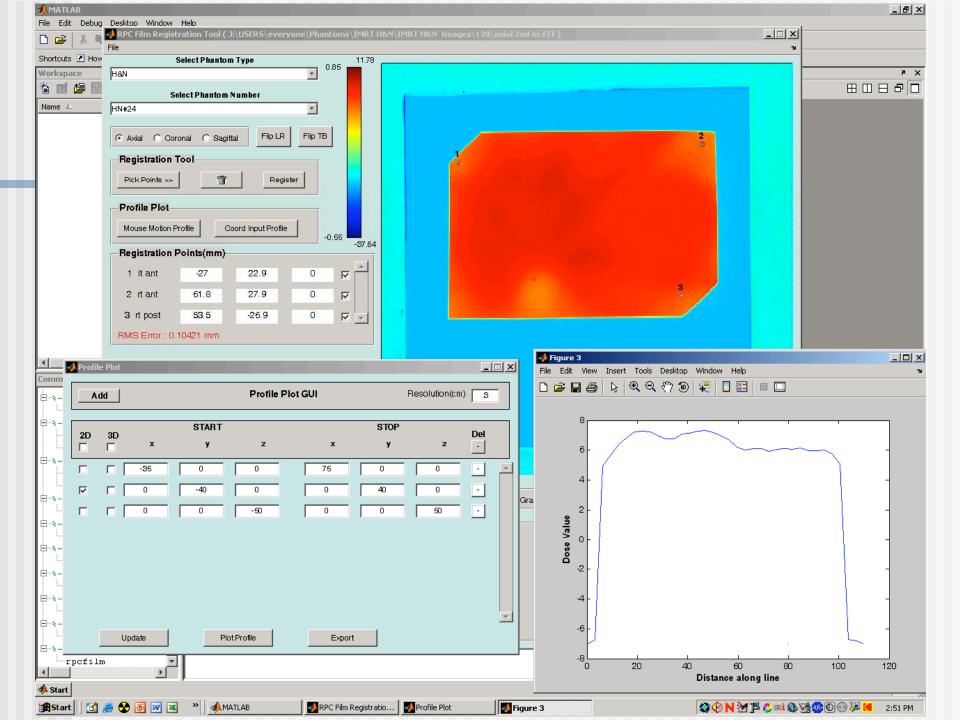
Figure 5. Superior-Inferior Dose Profiles

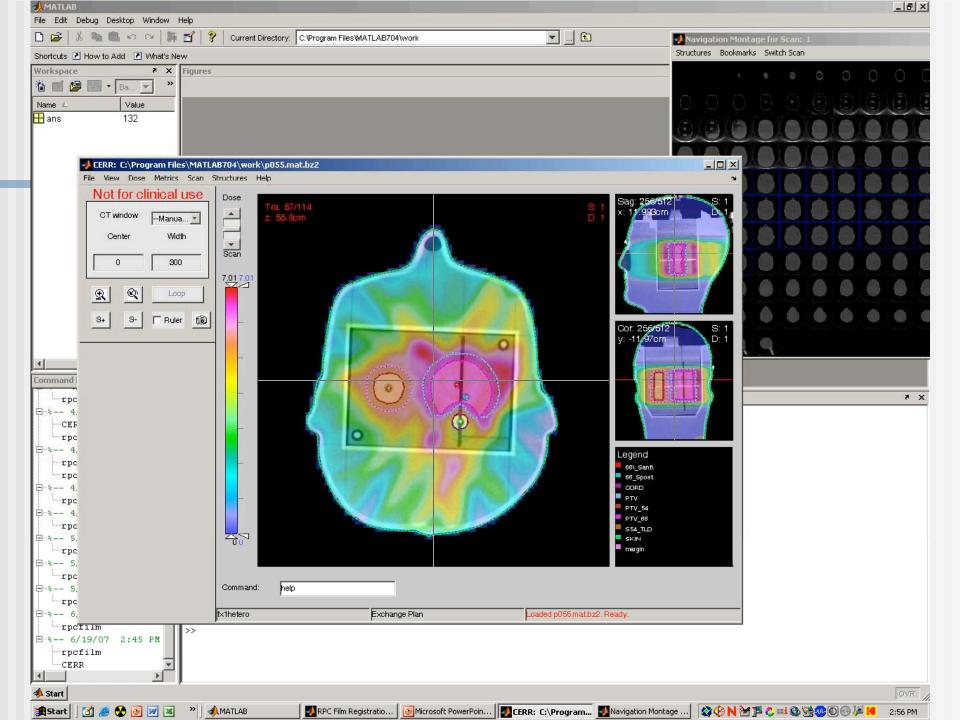
#### **Evaluation of Synchrony**



# Subcontract with CERR

- Contract formalized, effective Jan 1
- Significant progress
  - Registration of films
  - Display of film and institution data
- Next: comparison of data





# **CERR Project: Monte Carlo**

- Developing generic solution to enable RPC to verify IMRT and lung heterogeneity calculations
- Several visits to St. Louis
- Progress: preliminary calculations
  - Benchmarked Varian 6 MV IMRT in lung

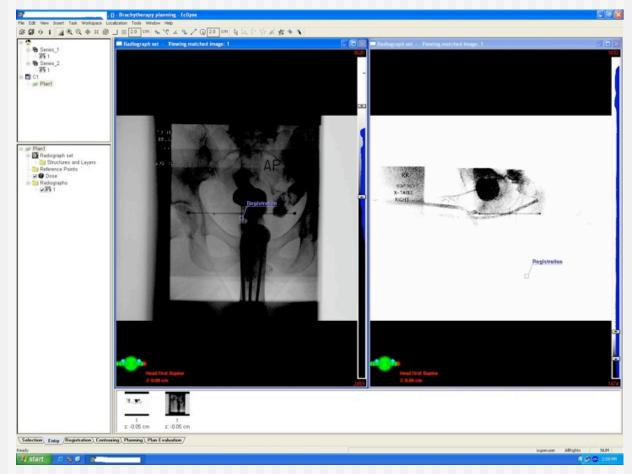
# **Brachytherapy Review**

Eclipse workstation to review GOG/ RTOG brachy charts received electronically



# **Brachytherapy Review**

Eclipse workstation to review GOG/ RTOG brachy charts received electronically



# EORTC•ROG

- Responded to RFP for TLD monitoring (with NCI approval)
  - RPC selected
- EORTC to recommend RPC for biennial monitoring
- TLD sent to first group of institutions

