

RTOG-0522 TRIAL

Robert Jeraj, Chihwa Song, University of Wisconsin John Freymann, Justin Kirby, Carl Jaffe, Vikram Bhadrasin, Jim Deye, NIH/NCI Walter Bosch, Joe Deasy, Yu Wu, Divya Khullar, Jim Purdy, ATC/ITC, Washington University Anthony Levering, ACRIN Betty O'Meara, Mike Gillin, RTOG

RTOG 0522/ACRIN 4500

- A unique opportunity to investigate concurrent advanced treatment dose plans and imaging:
 - I MRT
 - FDG PET (before/after RT)
- High QA of both components
- The problem: both components collected independently
- The question: Can we use the combined data?









Two independent channels

- RTOG 0522: CT, Structures, Doses, Plans submitted to ITC (DICOM or RTOG Data Exchange), forwarded to NCI Archive (DICOM)
 - Digital data integrity, protocol compliance QA
 - RT data (CT, Structures, Doses) format conversion
 - Data (DICOM and CERR) upload to NCIA
- ACRIN 4500: Quantitative PET (PET/CT) images submitted to ACRIN, forwarded to NCIA





- Specific Aim 1: Review dosimetric and imaging information on the subset of patients receiving I MRT and the complete set of FDG-PET/CT scans
- Specific Aim 2: Combine dosimetric and imaging information on the subset of patients receiving IMRT and the complete set of FDG-PET/CT scans
- Specific Aim 3: Reanalyze dosimetric and imaging data to establish variability of the assessment at participating institutions compared to the centralized assessment
- Specific Aim 4: Investigate feasibility of using the combined dosimetric and imaging data for new applications



Work so far

- First case pt D=15 (MDAnderson)
 - Problems in the header of imaging data
 - RTDose data inconsistent between ITC and NCIA
- Second case pt ID=9 (Moffitt Cancer Center)
 - Remaining issues with the RTDose data, but most likely due to incompatibility of different versions of CERR, Matlab, Java



Pre and post-treatment FDG PET













Treatment response











Pre and post-treatment FDG PET











Treatment response



















Remaining issues

- Need to validate DICOM header information prior to processing. For instance, sliceThickness in DICOM is different than the actual slice thickness for CT images (ID=09).
- Missing field (StartDate) and corrupted modality (RTStruct). Present in the first case (ID=15), but not in the second case (ID=09). RT dataset for the first case needs to be fixed.
- Importing data into CERR. Loading RT dataset into CERR caused some problems with DI COM(J) import option, while importing the data with DI COM requires RTPlan in order to import RTDose.



Conclusions

- We have managed to successfully combine both, the imaging and dosimetry data !!!
- Work so far identified some technical issues
 - De-identification at NCIA
 - Software version sensitivity in CERR
- Future work short term:
 - Work around the current issues
 - Make the process more robust
 - Review more cases
 - Make CERR the main platform
- Future work long term:
 - Specific Aim 3: Reanalyze the data
 - Specific Aim 4: New applications





Thanks everyone to make this possible !