









RTOG-0522 TRIAL

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RTOG 0522/ACRIN 4500

- A unique opportunity to investigate concurrent advanced treatment dose plans and imaging:
 - IMRT
 - 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 NBIA (previously NCIA)
 - Digital data integrity, protocol compliance QA
 - RT data (CT, Structures, Doses) format conversion
 - Data (DICOM and CERR) upload to NBIA
- ACRIN 4500: Quantitative PET (PET/CT) images submitted to ACRIN, forwarded to NBIA

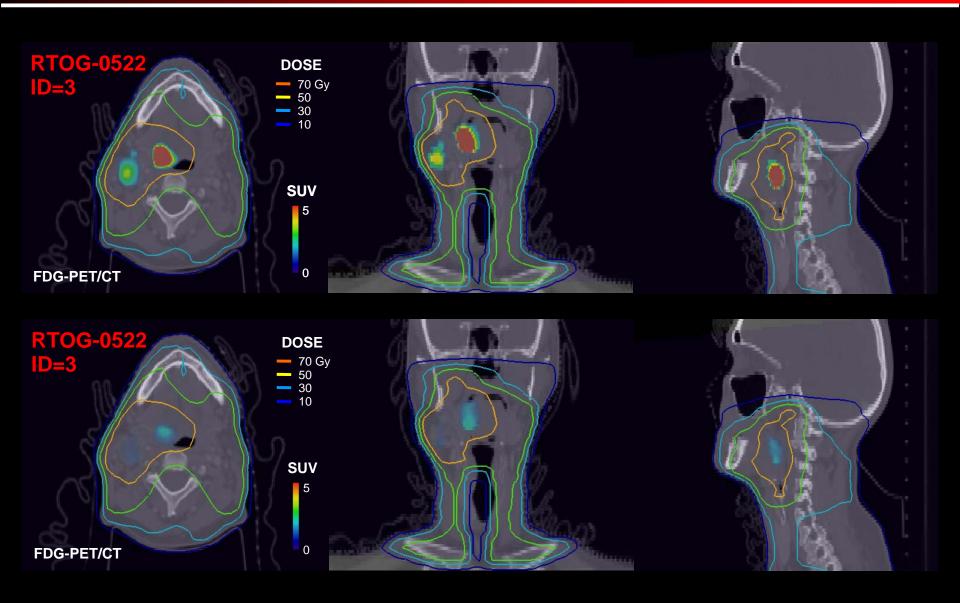
Specific Aims

- Specific Aim 1: Combine dosimetric and imaging information on the subset of patients receiving IMRT and the complete set of FDG-PET/CT scans
- Specific Aim 2: Review 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

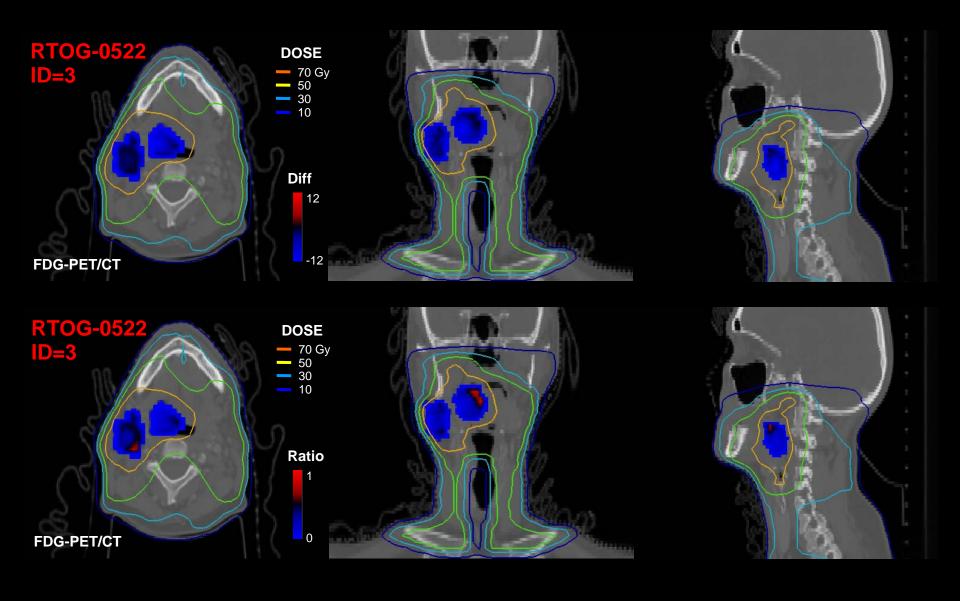
Work so far

- Technical glitches obtaining dosimetry and imaging data from NBIA resolved
- 27 complete NBIA datasets (imaging, dosimetry) analyzed
- Starting to test data integrity and data quality

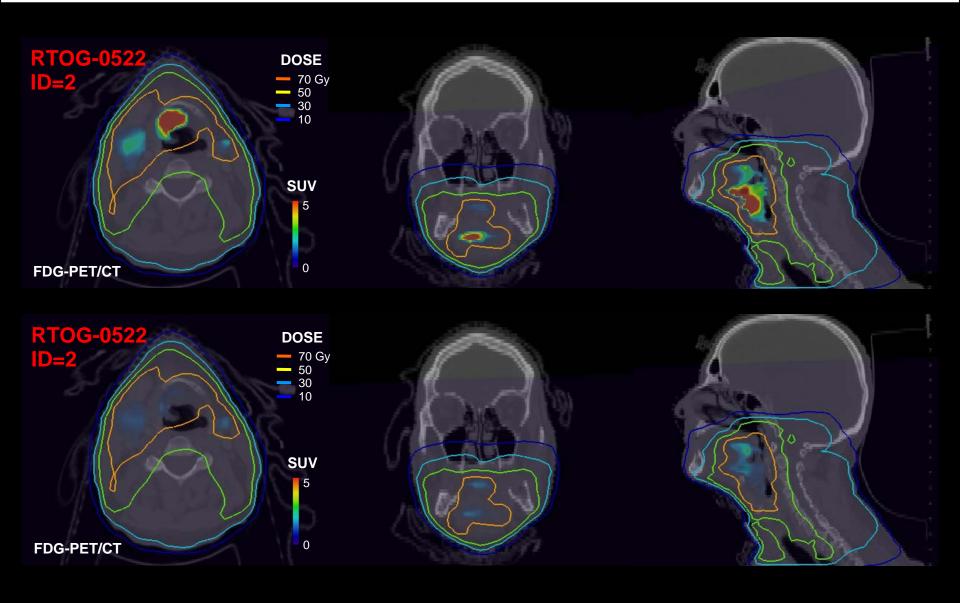
Pre and post-treatment FDG PET



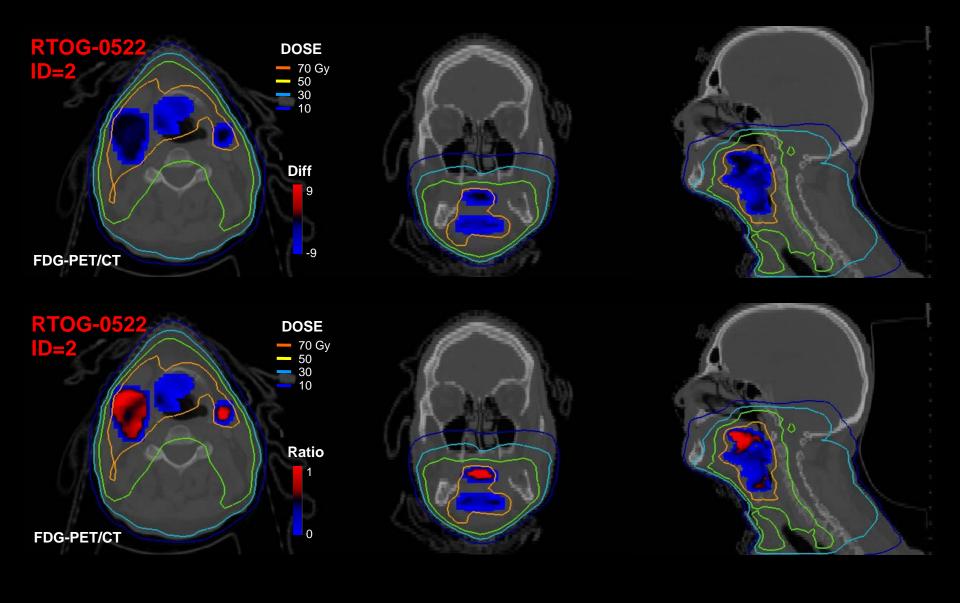
Treatment response



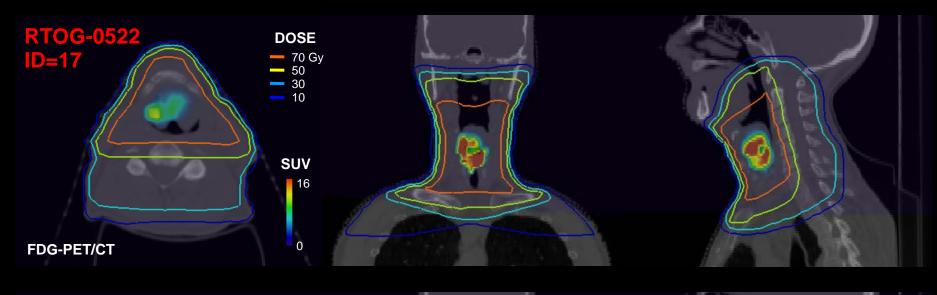
Pre and post-treatment FDG PET

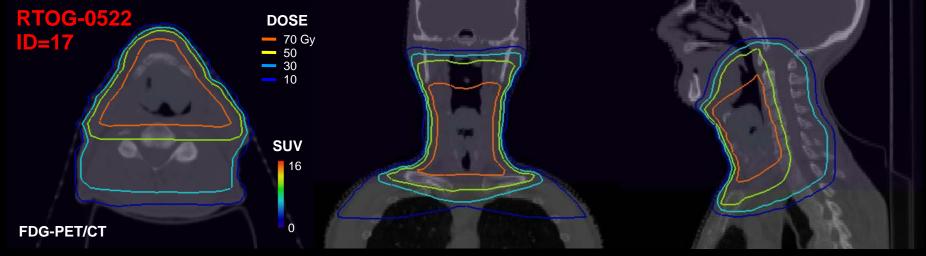


Treatment response

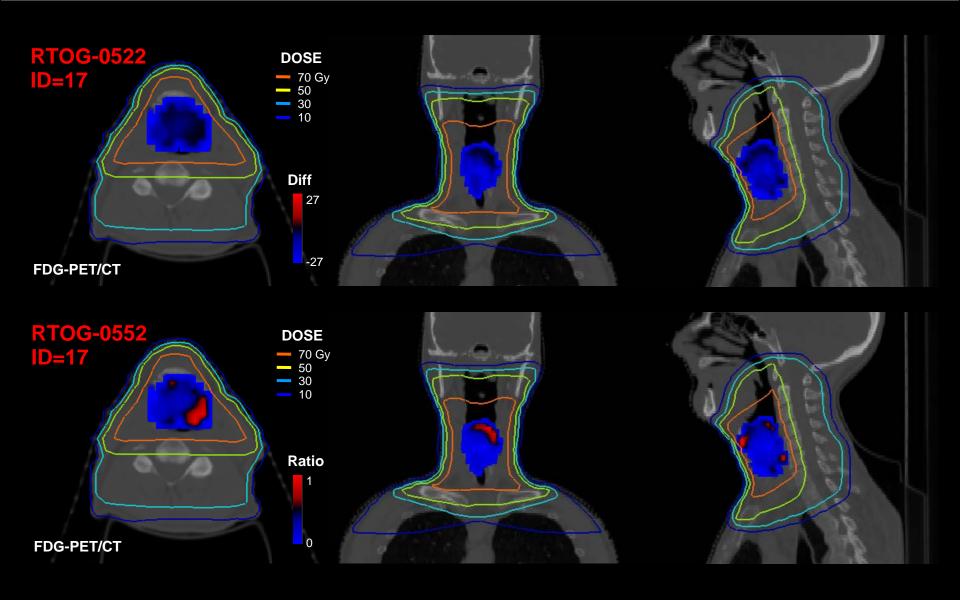


Pre and post-treatment FDG PET





Treatment response



Progress since the last RTOG mtg

- Data integrity verification process started at NBIA
- Resolved initial de-identification issues
 - Some tags contained values too long to insert into database
 - Modified schema to include important tags that were initially being stripped from the data
- NBIA updated to NCIA 4.1
- 16 completed cases currently in NBIA

Remaining challenges

- Automate patient ID mapping between sites
- Eventually setup CTP at remote sites to allow direct submission to NBIA rather than FTPing to NCI

NCIA 4.1 Features

- Updated Cedara I-Response client for visualization available at http://gforge.nci.nih.gov/frs/download.php/4838/I-ResponseR2.0.zip
- New search feature which allows you to search by Patient/Subject UID. You can search for more than one patient UID at a time by inserting commas between each UID in the list.
- New "CTP" image submission back end for improved stability and performance.
- Backend optimizations to improve system performance

Conclusions

- Successfully combination of both, the imaging and dosimetry data !!!
- Work so far identified some technical issues
 - Software upgrades in CERR
 - Software upgrades at NBIA
- Future work:
 - Improve the submission workflow
 - Make the submission process automatic
 - Test the automatic submission process
 - Review all the cases
 - Make the data available for research
 - U01 proposal

Thanks everyone to make this possible!