The Dosimetric Impact of Multichannel Vaginal Cylinder Applicator Rotation in the Treatment of High Dose Rate Gynecological

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Purpose

This study investigated dosimetric effects of applicator rotational errors of the multichannel cylinder. The results will provide guidance for the multichannel vaginal cylinder quality assurance regarding dosimetric consequences for daily treatment error.

Materials and Methods

- Seven consecutive GYN cancer patients who received multi-channel high dose rate brachytherapy had dose distributions re-evaluated to assess the impact of rotational errors.
- As shown in Figure 1, errors were simulated by virtually rotating the 3D dose cloud using commercial image registration software. The rotational errors of ±1°, ±3°, ±5°, ±7°, ±15°, ±30°, ±60°, ±90° along the central axis of the applicator were simulated.
- Tabular DVHs were generated for the target and critical structures (i.e. small bowel, sigmoid, rectum, and bladder).
- Differences in dosimetric parameters between the reference plan and each angle of rotation were analyzed for the target D90% and D2cc for several organs-at-risk (OARs).

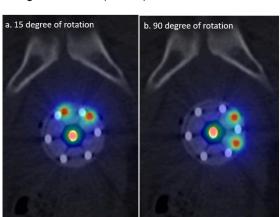


Figure 1. Simulation of 3D dose cloud rotation of 15° (a) and 90° (b)

Results/Discussions

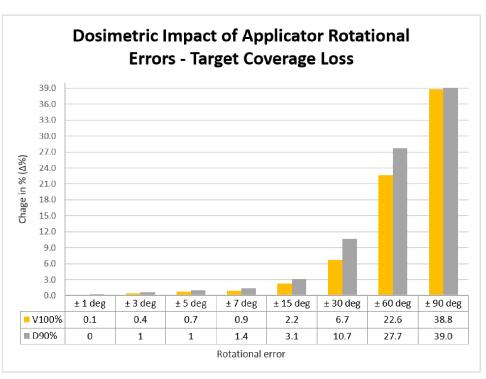


Figure 2. Simulated target dosimetric impacts (%) by virtually rotating the dose cloud

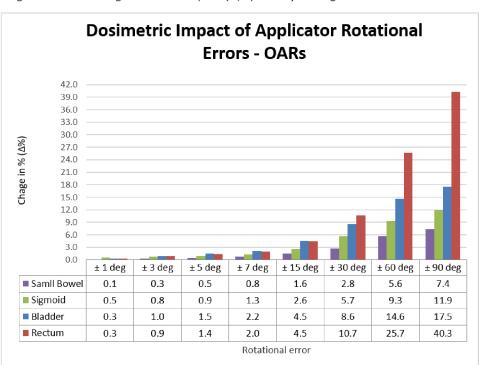


Figure 3. Simulated OARs dosimetric impacts (%) by virtually rotating the dose cloud



Target:

As shown in Figure 2, the dose variation due to device rotation indicated relatively small changes in D90% (i.e. <5%) for angles of rotation less than or equal to 15° as compared to those for 30°, 60° and 90° angles of rotation that resulted in differences of 11%, 28%, and 39%, respectively.

OARs:

- As shown in Figure 3, the change in D2cc for all OARs was also under 5% for angles of rotation less than or equal to 15°.
- Among the studied OARs, the change in rectal D2cc was observed as the most sensitive to a large angle of rotation resulting in 10.7%, 25.7%, and 40.3% when the dose cloud was rotated by 30°, 60°, and 90°, respectively.
- In contrast, the small bowel D2cc had relatively low dosimetric change (7.4%) even at a higher angle of rotation (90°).

Conclusions

- We report rotation-induced variations in dosimetric parameters that were determined with the help of commercially available software.
- Limiting the applicator rotation to less than 15° keeps dosimetric deviation under 5% for both the target and the OARs.
- Before each treatment, applicator immobilization and QA checks should be employed to prevent multichannel vaginal cylinder rotation.

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