

# Mechanical Evaluation of a Helical Drive System for Rotating Shield Brachytherapy in Prostate Cancer

Quentin Adams,<sup>1</sup> Karolyn M. Hopfensperger,<sup>2</sup> Yusung Kim,<sup>1</sup> and Ryan T. Flynn<sup>1</sup>

<sup>1</sup> Department of Radiation Oncology, University of Iowa, 200 Hawkins Drive, Iowa City, Iowa 52242

<sup>2</sup> Department of Biomedical Engineering, University of Iowa, 1402 Seamans Center for the Engineering Arts and Sciences, Iowa City, Iowa 52242



## INTRODUCTION

Prostate RSBT delivery requires a unique mechanical delivery system that can precisely control helical source motion in order to generate highly conformal dose distributions.

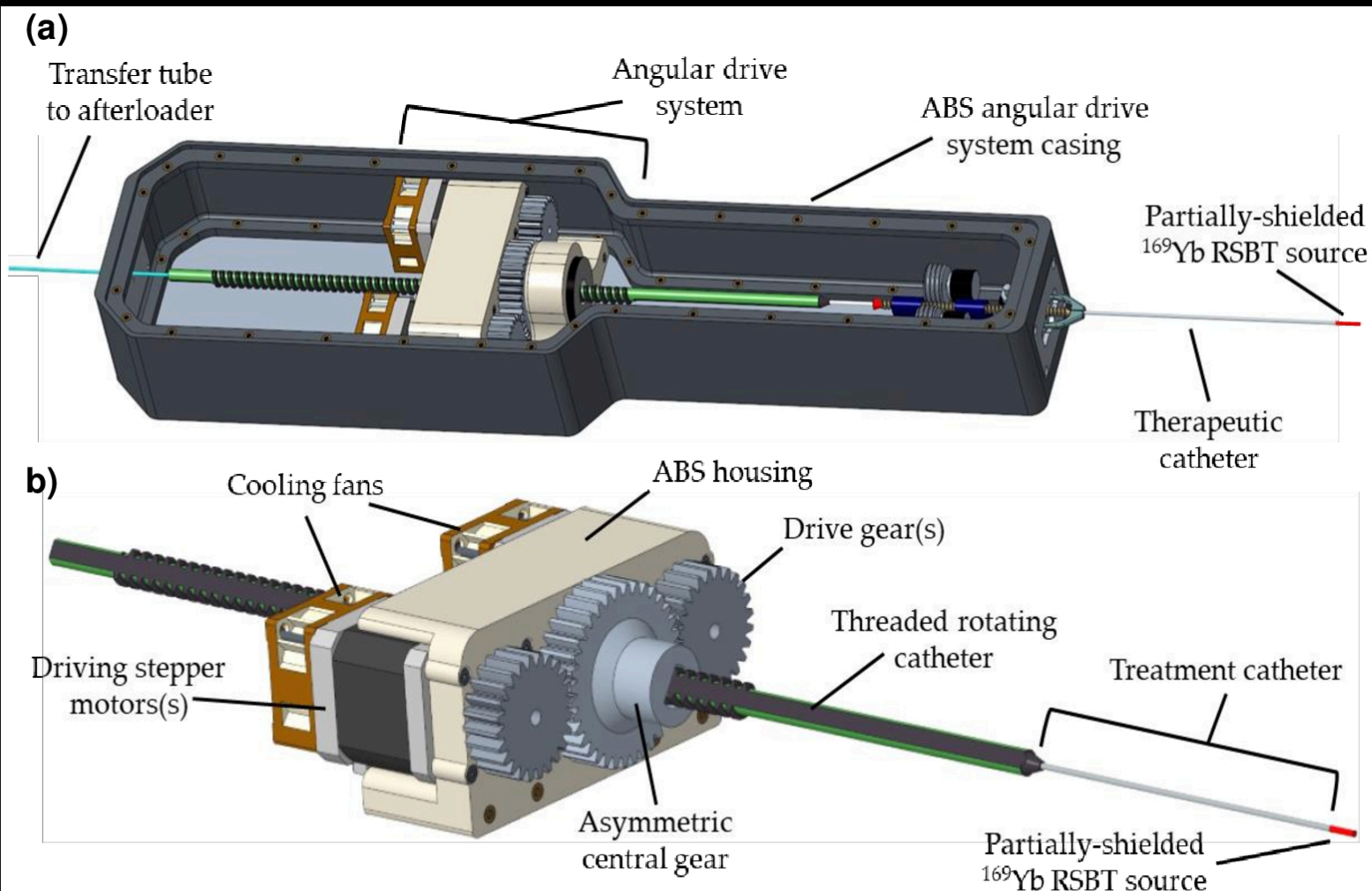
- Delivery mechanisms have been described in multiple theoretical studies but have suffered from many limitations creating barriers to clinical implementation.
- The proposed mechanism for RSBT clinical delivery is a single-source, single-catheter system which uses a catheter angular drive system to automatically control the insertion of a therapeutic catheter into each needle in serial in a helical manner.

## PURPOSE

- To mechanically assess the potential clinical viability of a helical delivery system to enable rotating shield brachytherapy for prostate cancer based on the  $^{169}\text{Yb}$  isotope.
- Treatment delivery occurs in an automated manner using a single partially shielded source that treats each implanted needle in serial.

## METHODS

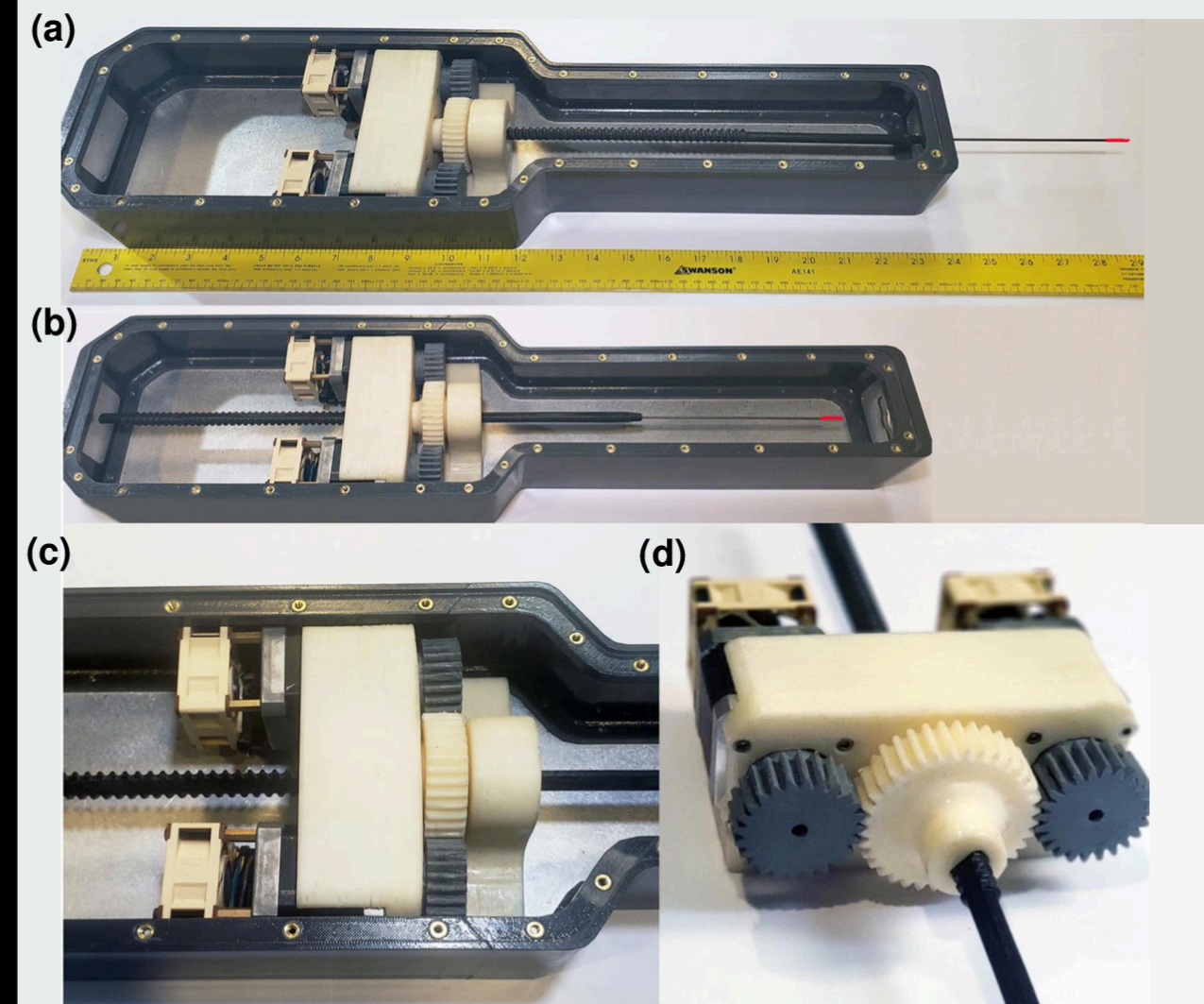
- Helical source motion is generated by coupling the rotational and translational motion of a threaded rotating catheter which is connected to a nitinol needle containing the partially shielded source at its distal end (Fig 1).
- The catheter is controlled by a gear drive system containing a central gear with an asymmetric inner profile that corresponds to the axial profile of the catheter along its longitudinal axis.
- Rotational motion is generated by redundant high-torque, high-resolution stepper motors with an angular precision of  $0.9^\circ$  per step coupled to the asymmetric central gear.
- The threaded rotating catheter has a pitch of 5 mm to allow for up to 72 angular dwell positions per rotation.



**Figure 1** (a) Catheter angular drive system schematics with accessory components removed to highlight functional mechanisms (b) cross-sectional view with distal housing component removed demonstrating gear drive system and interface with threaded rotating catheter

## RESULTS

- The prototype system was constructed (Fig 2) using primarily 3D printing and mechanical accuracy measurements of the helical source motion were obtained.
- Mechanical accuracy of the constructed angular drive system prototype (Fig 2) was evaluated in 3-D space using a FARO (Lake Mary, FL) FaroArm®, a coordinate measuring machine accurate to within  $\pm 0.016$  mm.
- Translational (controlled by rotation) catheter positioning error was  $0.18 \pm 0.12$  mm or less for all three step sizes considered over the 16 cm evaluation length.
- Angular positioning accuracy for  $6.25^\circ$  step sizes was  $0.07 \pm 0.78^\circ$  and, for  $22.5^\circ$  step sizes, was  $0.05 \pm 1.6^\circ$  (mean  $\pm$  standard deviation).



**Figure 2** Constructed prototype with therapeutic catheter (a) fully inserted, (b) fully retracted, (c) zoomed view of gear drive system within housing, and (d) cross-sectional view demonstrating asymmetric central gear interface.

## CONCLUSIONS

- The prototyped catheter angular drive system was able to control helical motion of the source to within clinically relevant tolerances, demonstrating adequate mechanical accuracy.
- Successful production and evaluation of the prototyped system, which is a core component of a complete future clinical delivery system, provides initial evidence for the feasibility of RSBT clinical implementation for prostate cancer.

### CONTACT INFORMATION

Quentin Adams (quentin-adams@uiowa.edu)

### CONFLICT OF INTEREST

RTF is the President of pxAlpha, LLC, which is developing an RSBT delivery system.