

# **Duke** University Enhancement of SRS patient QA via 3D dose School of Medicine reconstruction from multiple 2D planar measurements

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## INTRODUCTION

- Linac based VMAT technique has been used to generate conformal plans for the treatment of brain metastases in stereotactic radiosurgery (SRS).
- To ensure safe and accurate treatment, pretreatment verification plans are measured and compared with those calculated by the treatment planning system (TPS).
- Sun Nuclear SRS MapCHECK is a high spatial-resolution 2D detector array for SRS QA, but limited to 2D planar dose comparison.
- This study enhanced SRS patient QA by expanding the dose comparisons to: a) more 2D planar doses; and b) 3D dose and 2D slice extraction.

## **METHOD**

- 2D dose distribution measured from SRS MapCHECK detector (2.47 mm spacing) with StereoPHAN at 0°, 30°, 45°, 60°, 90° and 120°.
- Bezier interpolation algorithm interpolated all angles between 0°, 45°, 90°, and 135° planes to achieve 2D dose for
- Validation performed by procuring pixel by pixel percent difference between measured and interpolated 30°, 60°, and  $120^{\circ}$  planes in the gradient dose (40 - 80% of max dose) and high dose (> 80% of max dose) regions.
- Verification performed by procuring pixel by pixel percent difference between TPS and interpolated 30°, 60°, and 120° planes in the gradient dose (40 - 80% of max dose) and high dose (> 80% of max dose) regions.
- Algorithm applied to patient data: 30°, 60°, 120°, and central axis axial slice generated from interpolation 3D dose vs calculated TPS dose using mean dose and 2D gamma analysis (3%/1mm passing criteria).

# Figure 1: SRSMapCHECK detector and StereoPHAN phantom

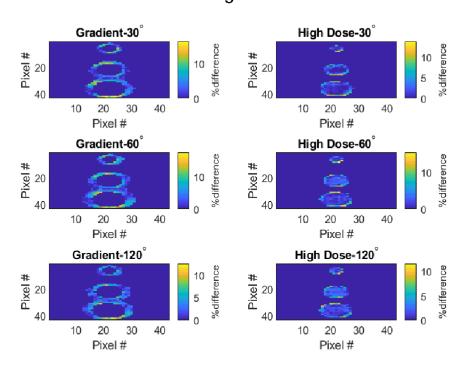




# **RESULTS**

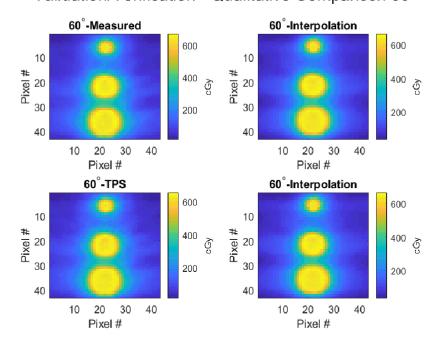
## Figure 2: Interpolated vs TPS Regional Percent Difference

Validation - Regional %difference



# Figure 3: Planar 60° Measured vs Interpolation and TPS vs Interpolation

Validation/Verification - Qualitative Comparison 60°



# **Patient Application**

**Regional Average Pixel Percent Difference** 

Verification - Mean Percent Difference						
	Low Dose	Gradient	High Dose			
30°	1.63%	4.14%	2.13%			
60°	1.75%	5.64%	2.54%			
120°	2.40%	5.63%	2.42%			

**Interpolated vs Measured** 

## **Interpolated vs TPS**

Validation - Mean Percent Difference				
	Low Dose	Gradient	High Dose	
30°	1.36%	3.55%	2.60%	
60°	1.44%	4.94%	2.71%	
120°	1.94%	4.93%	2.55%	

# TPS Axial slice Interpolated Axial Slice

2D Planar Dose Comparison					
	Mean Dose (TPS) cGy	Mean Dose (Bezier) (cGy)	2D Gamma(3%/2mm)		
30	320	325	96%		
60	292	308	94%		
120	283	295	96%		
CAX	819	726	N/A		

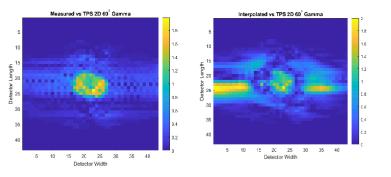
## **CONCLUSIONS**

- Validation and verification mean pixel percent differences and dose distributions demonstrated feasibility of using the Bezier algorithm to obtain 2D planar dose at any angle.
- Extraction of Central Axis Axial slice from 3D interpolated dose reconstruction showed comparable dose distribution; however, the average dose mismatch between the reconstructed and TPS dose exploits inherent discrepancies from 3D reconstruction algorithm.
- The gradient dose region (40 -80% of max dose) was where the algorithm had limitations, as shown by 2D gamma analysis and Regional % difference (see 2D gamma below.)
- 3D gamma analysis had been performed using the same patient with the following criteria: global gamma, 4%/4mm. And 3%/3mm. The pass rates in the high dose region were 92% and 85%, respectively.

## **FUTURE WORK**

We could look at 3D gamma in the high dose region to enhance QA– this is the region where the 3D interpolation is the most accurate and clinically significant; this can provide volumetric QA information.

# Figure 4: 2D Gamma 60°: Measured vs TPS and Interpolated vs TPS



- NOTE: There is a conspicuous discrepancy between the two gamma results in the gradient region
- NOTE: A pixel passes the gamma test if it is below 1.

### CONTACT INFORMATION

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