Principles and Practice of Stereotactic Radiosurgery (SRS) and Stereotactic Radiotherapy (SRT) in Intracranial Lesions

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Stereotactic Radiotherapy

The delivery of multiple fractionated doses of radiation to a definitive target volume sparing normal structure (both intra as well as extra-cranial)
Stereotactic Radiosurgery

The delivery of a single, high dose of irradiation to a small and critically located intracranial volume, sparing normal structure.
Conventional and Stereotactic setup

• **Conventional**
  – coplanar setup
  – large volumes
  – less no. of fields
  – target volume delineation
  – positional accuracy ± 5 mm
  – Optical field, SSD indicator
  – Marking on patient’s skin

• **Stereotactic**
  – non-coplanar setup
  – small volumes
  – more no. of fields
  – precise delineation
  – positional accuracy ± 1 mm
  – Target volumes precisely delineated
  – Margins not necessary
  – Normal cells within the target negligible
Co-planar vs. Non-coplanar beams

- tolerance of normal tissue depends upon both the dose and volume of the tissue irradiated
- normal tissue irradiation can be minimized through stereotactic definition of target and sharply focused, multiple, non-coplanar beams

A. Parallel opposed beams
B. Coplanar arcs (bilateral 100°)
C. Non-coplanar beams
Advantages

- Enhances clinical outcome
- Improves quality of life
- Time factor
Quality of Life

- Minimally invasive
- Less trauma
- Faster recovery
- Minimal hospitalization
- Fewer complications
- Documented efficacy
Clinical Outcome

• Documented scientific data shows better or equal results compared with microsurgery
• Fewer complications
• Reproducible results
• Treatment solution for inoperable patients
• Combined treatment with microsurgery and endovascular techniques extend the capabilities
The Time Factor

Symptom → Diagnosis

Open Surgery:
- 2-4 days ICU
- 10-16 days hospitalization
- 4-6 weeks convalescence

Gamma Knife Surgery
Treatment techniques & units

- charged particle beams - *cyclotrons & synchrotrons*
- gamma ray photons - *Gamma Knife & RGS*
- x-ray photons - *modified & dedicated linacs (X-Knife), micro multi leaf collimator*
- neutrons have been used *unsuccessfully*
Gamma Knife ... the machine

- 201 cobalt-60 radioactive sources
  - cylindrical; 1 mm dia; 2 cm height; 30 Ci activity each
- central ray from all the sources focused at a single point, within an accuracy of ± 0.3 mm
- dose distribution at this (sec. Collimator) point is in the form of a sphere
- helmets can shape the diameter of this 'radiation sphere' to 4, 8, 14 and 18 mm
- plugging to alter the shape of this sphere
- minimal moving part (couch in & out)
Gamma Knife
“The tools used by the surgeon must be adapted to the task and where the human brain is concerned they cannot be too refined.”

Late Professor Lars Leksell
Leksell Gamma Knife

Automatic positioning system
Cobalt-60 sources
Beam channel
Shielding
Plastic cover

Treatment couch with mattress
Protection panels
Shielding doors
Helmet in treatment position
X-Knife
The Treatment Procedure

- Frame Fixation
- Diagnostic Imaging
- Image transfer
- Treatment planning
- Treatment
Why frame?

• helps us in defining the images in a coordinate system - **fiducial points**
• accurate positioning of the patient at the time of treatment
  – SRS frames
    • Leksell frame *in Gamma Knife*
    • BRW (*Brown-Roberts-Wells*) & CRW (*Cosman-Roberts-Wells*) *in X-Knife*
  – relocatable frames for fractionated stereotactic irradiation (*SRT*)
    • GTC (*Gill-Thomas-Cosman*)
Frame Fixation
Image transfer

• Networking
  – Local area networking (LAN)

• PACS
  – to Gamma plan
  – to X-plan
    • Magneto Optical disc
    • DAC tape
    • Film scanner
    • CT, MR film
Treatment Planning

• Fast creation of optimal treatment plan
• User-friendly software dedicated for Gamma Knife surgery
Treatment planning

• contouring of target and critical structures on image slices
• target contours on image slices constitute an empty sac three dimensionally
• fill up this sac with ‘radiation spheres’ (shots) conformally
• x,y,z coordinates of the shots are given in the print out
• treatment time for every shot depends on the dose to be delivered
• position the patient for every shot and treat
Conformity of Dose to Target

With multiple isocenter

With conventional beams
Years of Clinical Experience

1968
The first prototype of Leksell Gamma Knife was installed in Stockholm, Sweden.

1999
Elekta refines the Art of radiosurgery by introducing Leksell Gamma Knife C.
Treatment Indications

- **Tumors**
  - Meningioma
  - Pituitary
  - Acoustic
  - Metastatic
  - Glioma
- **Vascular**
  - AVM
- **Functional**
  - Trigeminal Neuralgia
- **Research Areas**
  - Movement Disorders
  - Intractable Pain
  - Epilepsy
  - Macular Degeneration
  - Uveal Melanoma
Arteriovenous Malformation

Pre Gamma Knife Surgery

2 years post Gamma Knife Surgery
<table>
<thead>
<tr>
<th>Pre Post</th>
<th>Dose Plan</th>
<th>13 Months</th>
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AVM
Acoustic Neuroma
Meningioma

Dose plan with 6 isocenters
- minimizing dose to optic chiasm
Meningioma

2 years post
Pituitary Adenoma

Pre 54 months post
Metastasis

Pre

2 months post
Metastasis

Pre

10 months post
Astrocytoma

Pre

5 years post
Trigeminal Neuralgia

Dose plan

6 months post
Clinical Solutions

Dose

Radio Surgery

Stereotactic Guided Radiotherapy

Conformal Radiotherapy

Conventional Radiotherapy

Target volume
SRT/SRS at AIIMS ...

- Started on 27th May, 1997
- No. of patients treated till date: 1674
X-Knife … *the machine*

- installed on a modified / dedicated linac
  - Floor Mounted System
  - *Couch Mounted System*
- collimators are modified
  - tertiary collimators are added
  - circular; elliptical
  - mMLC (gradually replacing cone based radio-surgery system- *better isodose shaping*)
Linac treatment parameters

To be optimized to produce desired isodose.

- isocenter location
- collimator field size
- couch angle
- arc rotation interval
- weightage of each arc
- dose per isocenter
X-Knife planning steps

• isocenter selection
  – place isocenter in target volume center
  – determine collimator size by covering target volume

• arc selection
  – Through BEV to avoid critical structures
  – Number of non-coplanar arcs (depends on collimator size)
  – couch / gantry restrictions to be considered
QA for linac based SRS

Before every treatment

• lasers are aligned to point to isocenter
• lasers are then taken as the reference system for positioning the patient
  – initial positioning
  – then, at every couch angle

• Laser must fall on the reference line on the frame

positional accuracy better than ± 1 mm
Treatment Indications

• Cranial
  – Tumors
  • Pituitary
  • Meningioma
  • Craniopharyngioma
  • Acoustic
  • Metastatic
  • Glioma
  – Vascular
  • AVM

• Extracranial
  – Primary lung tumors
  – Metastatic lung tumors
  – Liver metastases
  – Adrenal metastases
Gamma Knife vs. X-Knife

• mechanical precision is far superior in Gamma Knife
  – Accuracy easily achievable (0.1mm- mechanical, 0.3mm-intersection of beams & 0.5mm overall)
  – only for cranial targets

• stereotactic procedures are quite similar, except
  – CT is a MUST for X-Knife; not so in Gamma Knife
  – skull contouring (total imaging in X-knife; partial imaging in Gamma Knife)
Stereotactic Bodyframe

- Stereotactic irradiation concept extended to extra-cranial sites also
In summary...

- SRS & SRT are almost the ultimate form of Conformal Therapy (IMRT better for tumors encasing a normal structure)
- The dose distribution accuracy up to +/- 1mm (+/- 0.5 mm for Gamma Knife) not achieved by any other modality
- SRT preferred for targets adjacent to critical structures
- Immobilization by frame is the key
- SRT is achieved by re-locatable frames (non-invasive)
- Both SRT & SRS can be performed with Linac (Only SRS possible with Gamma Knife)
Thank You