IGRT in breast cancer: need or fashion?

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1. What is IGRT? History.

2. Need of IGRT in breast cancer?

3. IGRT preliminary work done.

What is IGRT:



Definition:

 Image-guided radiation therapy (IGRT) is the process of frequent or daily two and three-dimensional imaging, during a course of radiation treatment, used to direct radiation therapy utilizing the imaging coordinates of the actual radiation treatment plan. The patient is localized in the treatment room in the same position as planned from the reference imaging dataset.

IGRT:

- <u>Three-dimensional</u> (3D) IGRT would include localization of a <u>cone-beam computed</u> <u>tomography</u> (CBCT) dataset with the planning <u>computed tomography</u> (CT) dataset from planning.
- Similarly <u>Two-dimensional</u> (2D) IGRT would include matching planar kilovoltage (kV) radiographs <u>fluoroscopy</u> or megavoltage (MV) images with digital reconstructed radiographs (DRRs) from the planning CT.

Goal and clinical benefits:

- The goal of the IGRT process is to improve the accuracy of the radiation field placement, and to reduce the exposure of healthy tissue during radiation treatments.
- In years past, larger planning target volume (PTV) margins were used to compensate for localization errors during treatment.

Tumor control

- TCP and NTCP.
- Close relation between tumor/target and critical organ (OAR) like spine, heart, lung.)
- Dose escalation and increase chances of TCP and also at same fair chances to produce irreversible damage to normal surrounding tissue.

History:

- Radiation therapy is a local treatment that is designed to treat the defined tumor and spare the surrounding normal tissue from receiving doses above specified dose tolerances.
- There are many factors that may contribute to differences between the planned dose distribution and the delivered dose distribution.

History:

- Early days without technology support.
- First study on positioning and immobilization, by Haus, showed reduction in error from 36 to 15 %.
- X-ray tube in linac or cobalt room.
- Image registration and automation.
- Conformal radiotherapy set up is imp.

Recent:

- Portal imaging fluorescent screen and camera combination.
- EPID.
- Matrix ionization.
- Amorphus sillicon.
- Online as well off line verification.

Newer techniques

- 2-D images .
- Surrogate marker.
- Bone match v/s marker.
- So need of 3-D imaging on board.
- Cone beam CT scan and MV CT scan.
- US guided.

Still ?? Precision.. Not achieved

- Breathing.
- Heart movement.
- Abdominal structure movement, bowel gas and bladder postion.
- Need 4-D CT scan.
- Breath holding, respiratory gating, real time tracking.

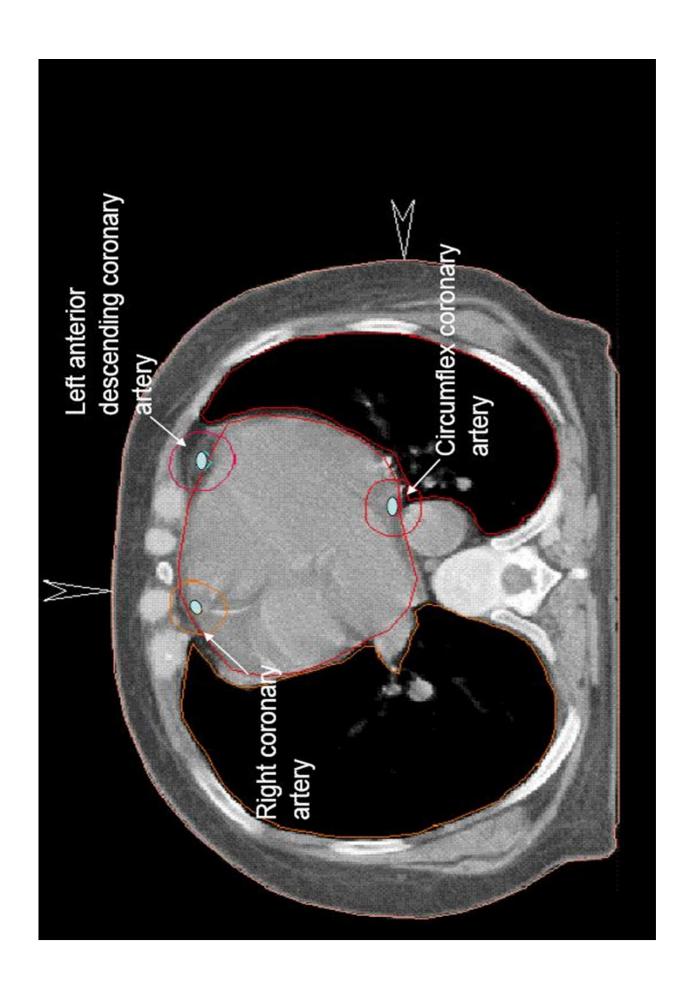
Why you need IGRT in breast cancer:

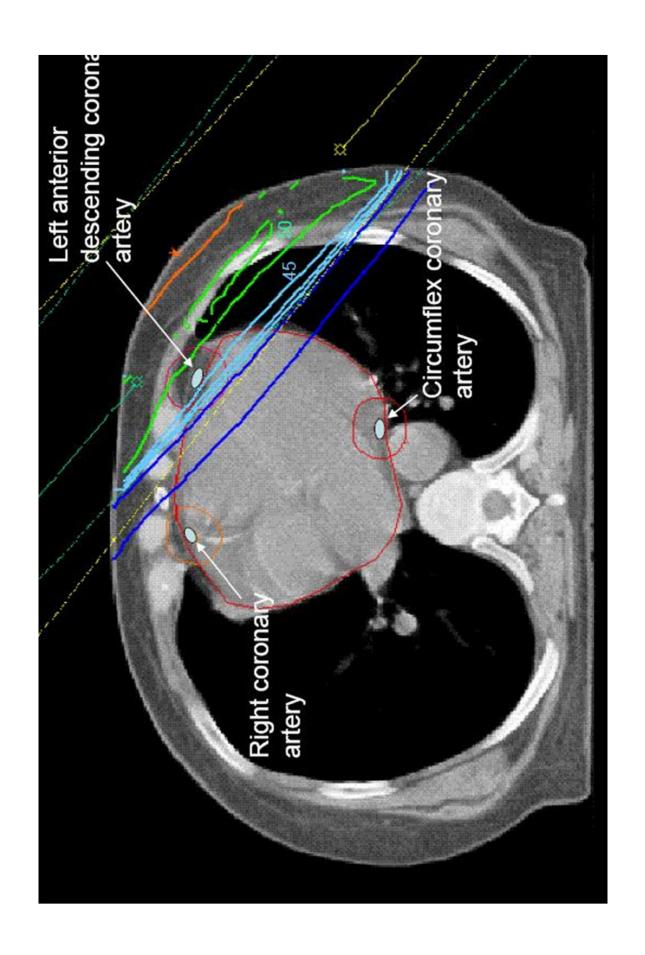
We have enough proof...

- Danish trial: Reduce loco-regional recurrence 18 % in high risk group and survival benefits of 9 %.
- Level –I evidence is lacking in 1-3 node positive but recommended in NCCN.
- Old series with superficial therapy and unplanned radiation may harm?

What make RT unwanted:

- Danish trial results are not reproducible.
- Local: breast pain, skin fibrosis, reconstruction, dose to opposite breast.
- RIHD: radiation induced heart disease.
- Death due to cardiac complication.
- Damage to lung.
- Brachial plexus damage.
- Thyroid.



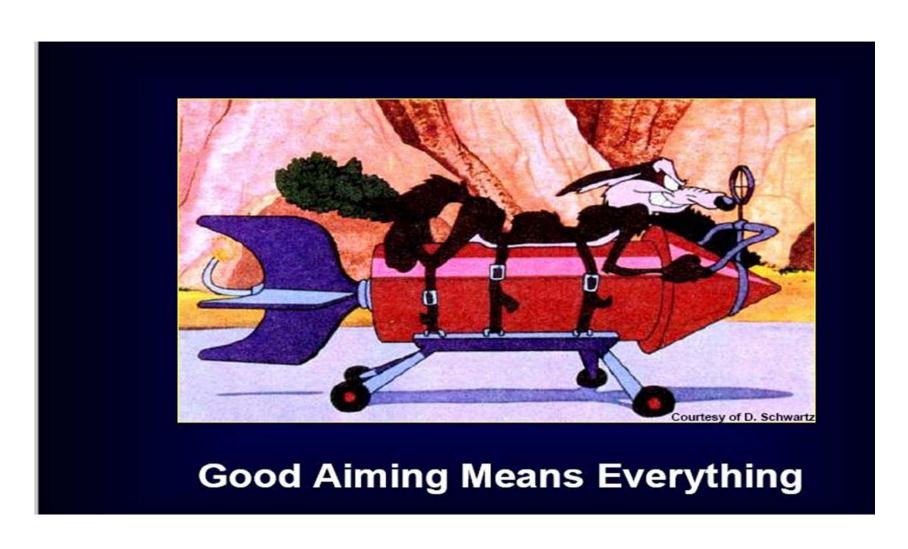


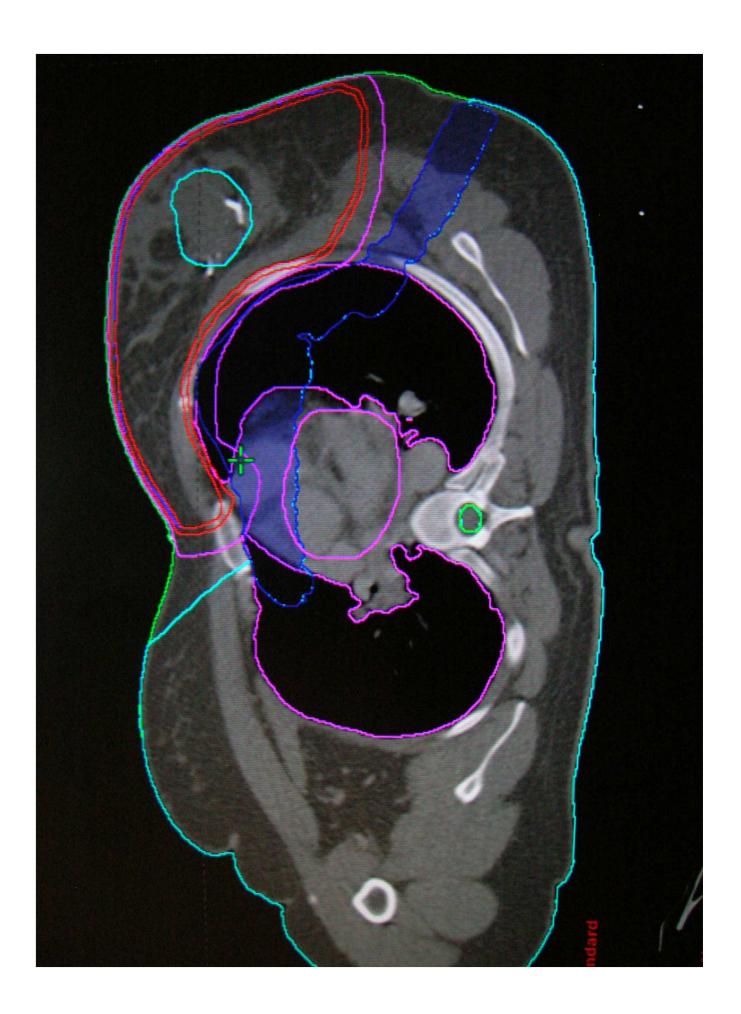
(microscopic tumor) Guidance on Target Determination and Delineation International Commission on Radiation Units and Measurements Challenge 1 GTV ICRU 62 (organ/tumor motion) (set-up variation)

Irradiated volume:

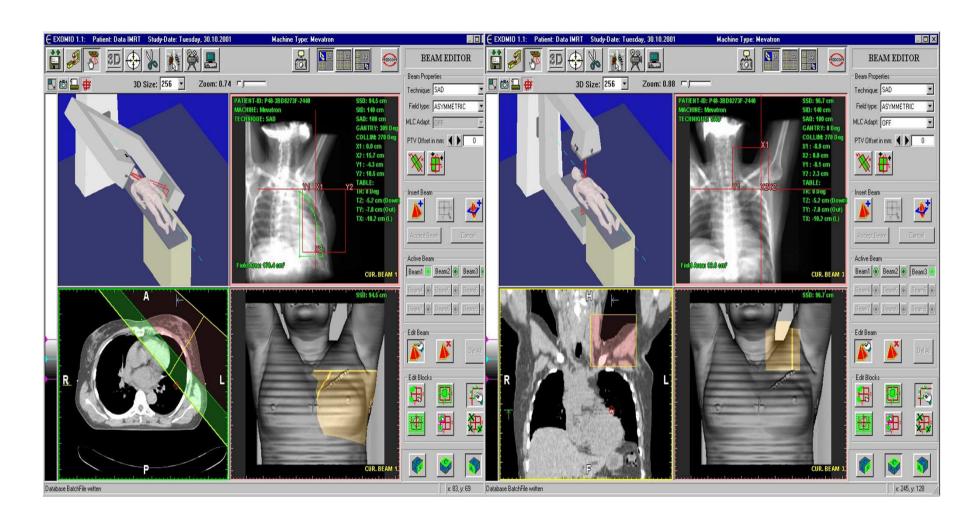
- CTV: 5 cm3 area.
- Now add margin of 2 cm and make it 7 cm3.
- Difference ??
- 125 cc volume for 5 cubic and 343 cc for 7cm3 difference of 218 cc.
- IGRT can reduce it..??

Target: Challenge 2

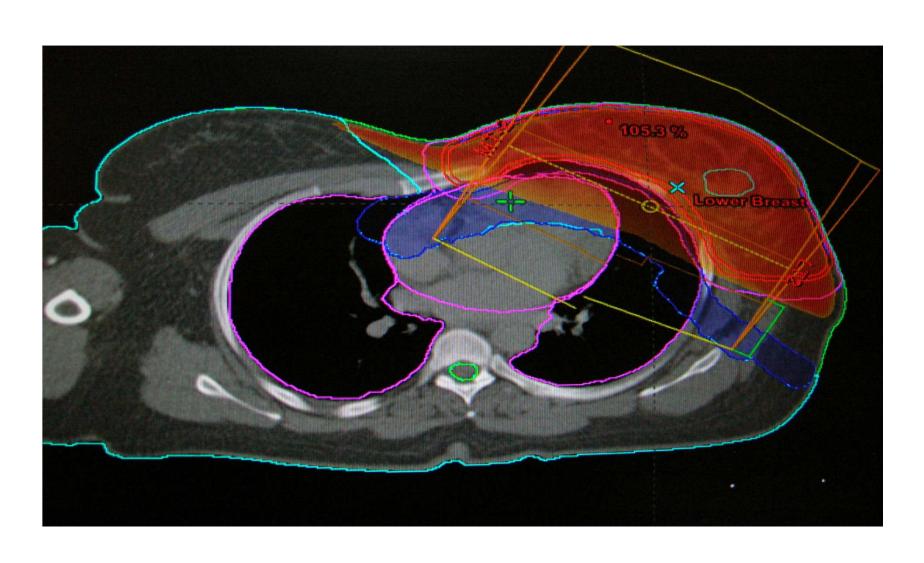




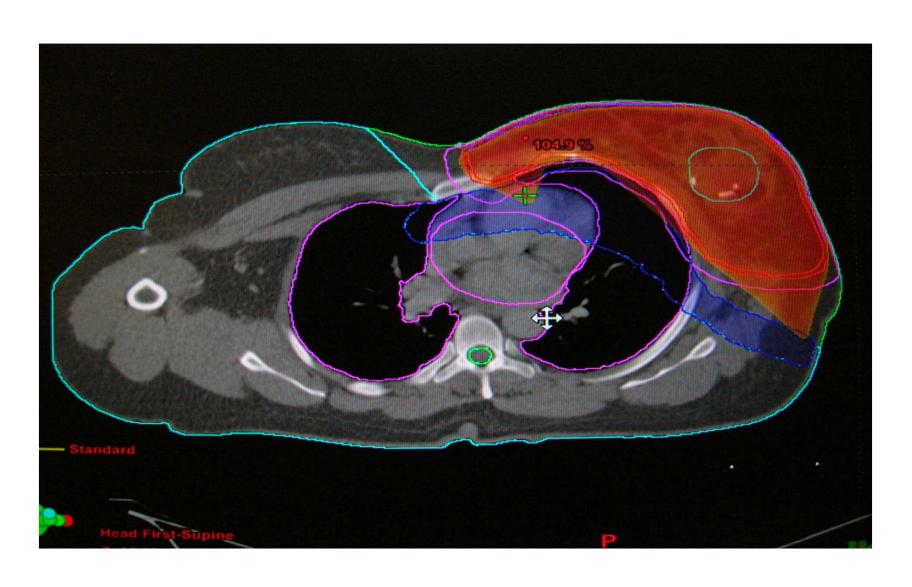
Treatment planning:



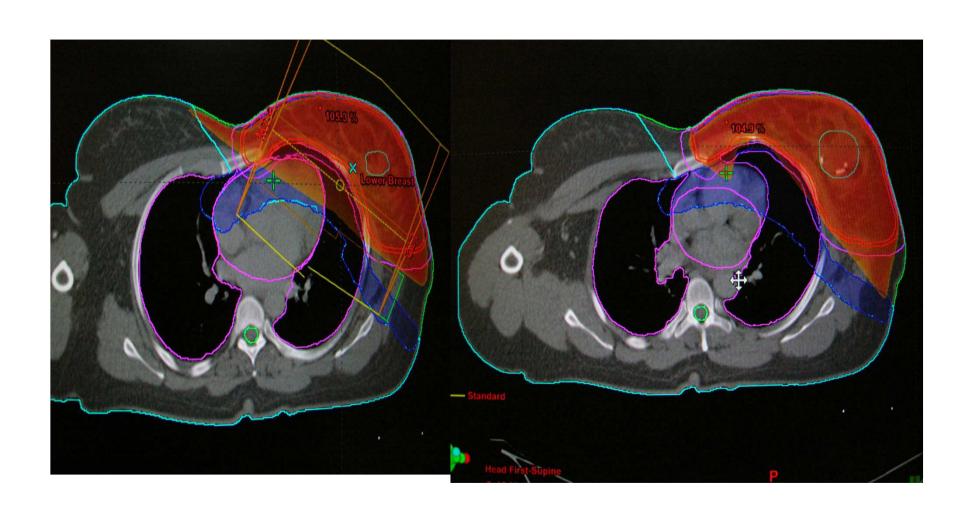
3-DRT v/s IMRT:



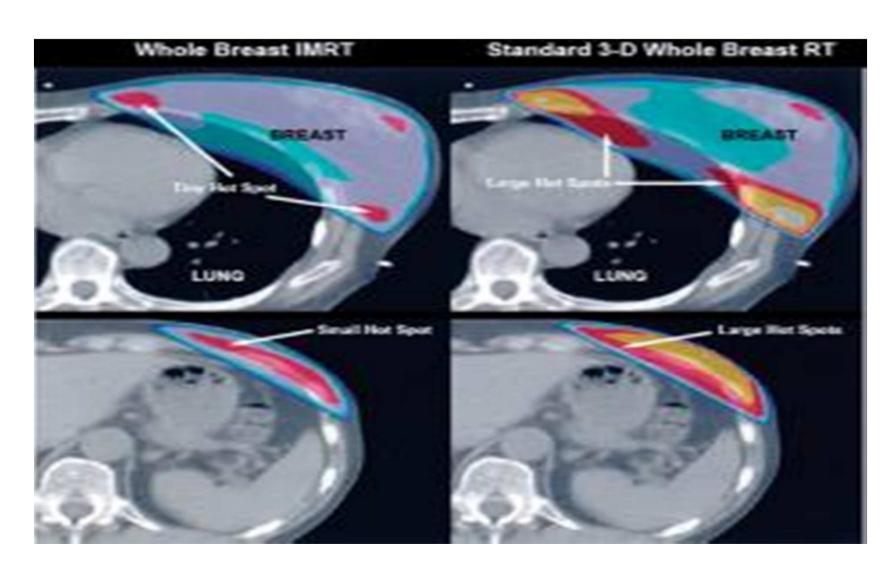
3-DCRT v/s IMRT



3-D v/s IMRT



3-D v/s IMRT



Challenge 3

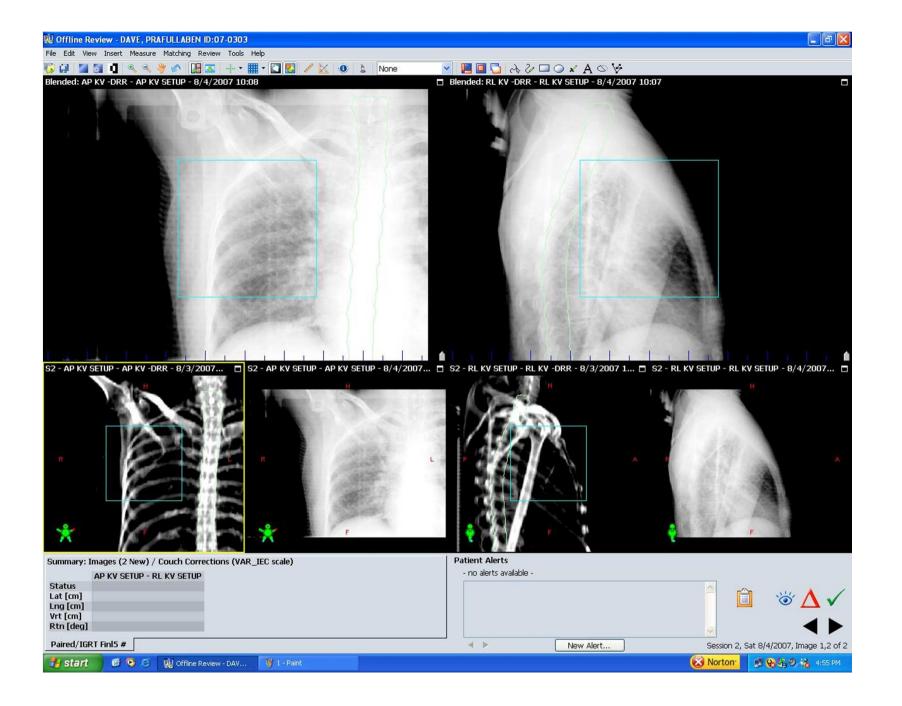


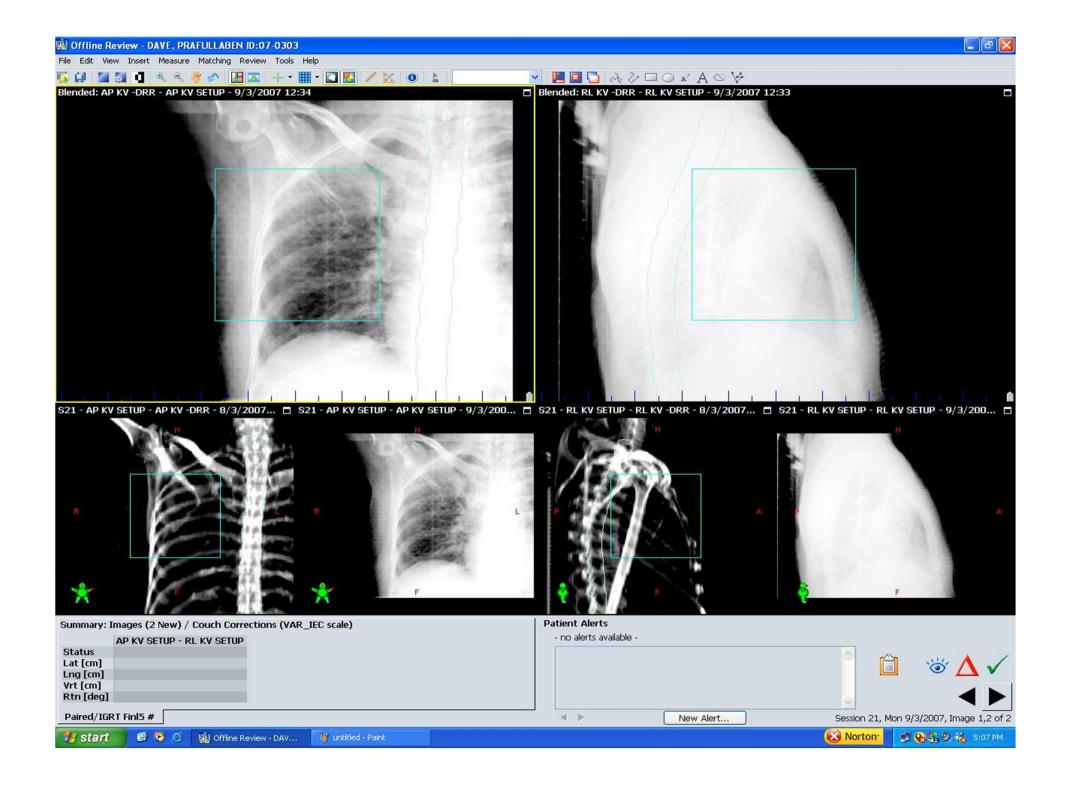
Provided the bull's eye is not moving...

Types of movement:

Interfraction

• Intrafraction.

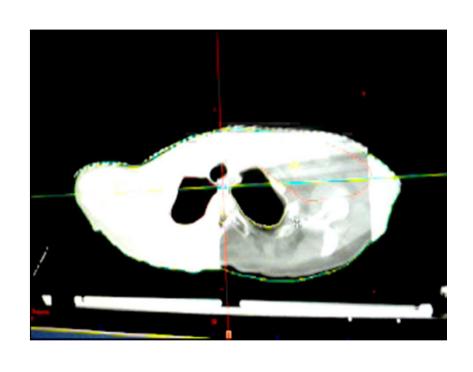


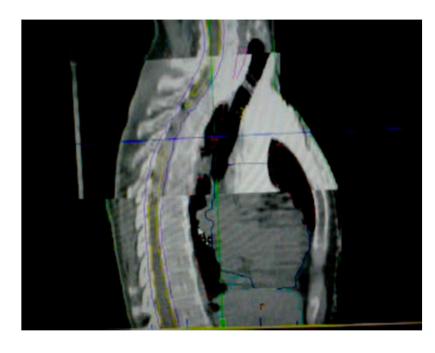


Intrafraction:

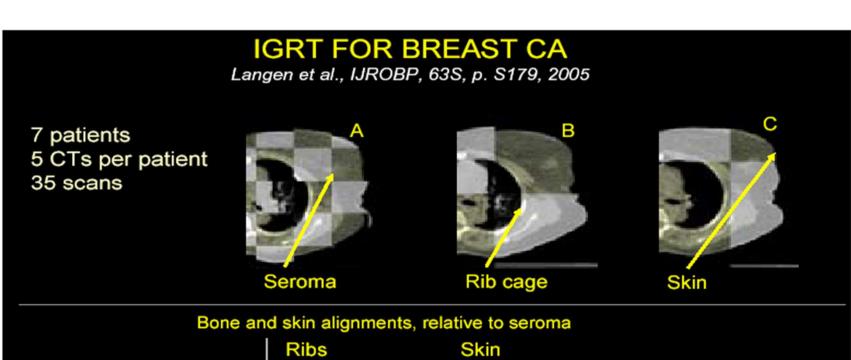


Movement and motion:





Precision therapy:



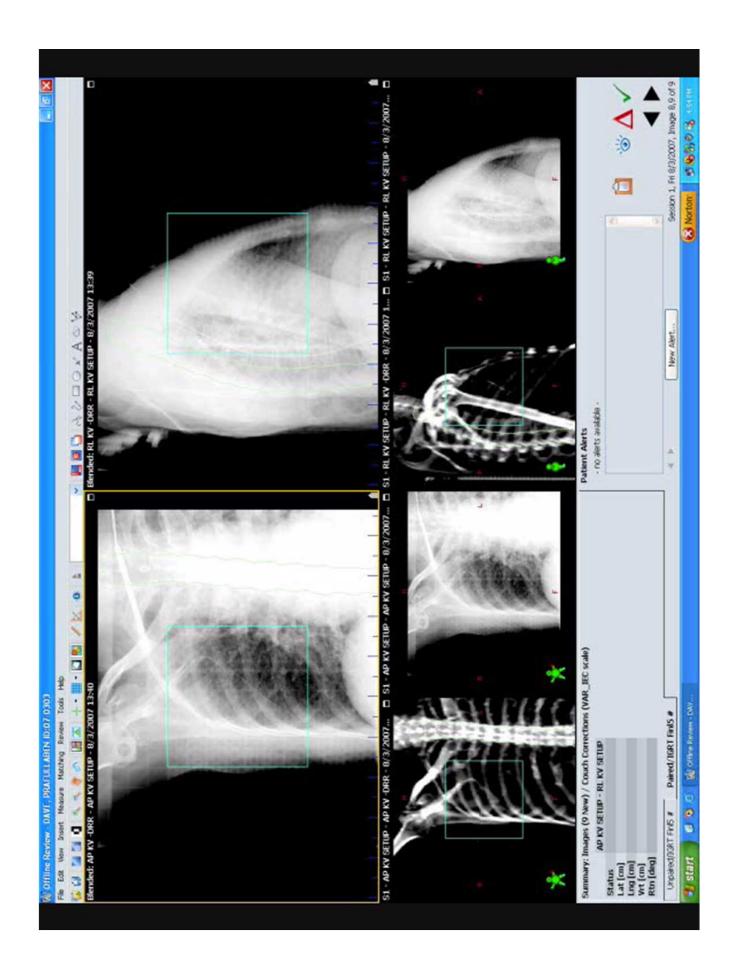
Dir.	Ribs	Skin (Margin*)
DII.	Mean ± 1SD (Margin*)	
Lat.	-1.5 ± 2.7 (5)	1.7 ± 3.4 (6)
Long.	0.8 ± 3.1 (4)	1.2 ± 2.8 (4)
Vert	-2.4 ± 2.0 (6)	-0.5 ± 3.2 (3)

Our experience:

- Since Aug 2006: 24 patients treated with IGRT.
- 11 were CBS and 13 post mastectomy.
- 09 patients were right sided breast and 15 were left sided breast disease.
- Mean age was 51 years.

Steps:

- Immobilization.
- CT-scan free breathing.
- Contouring.
- Planning.
- Verification.
- Treatment delivery online and off line correction.



Results:

- All patients off line record were revied.
- Daily set up error were corrected.
- Daily movement noted.
- Cone beam CT was also taken in selected cases.

Conclusion:

- Radiotherapy play important role in management of breast cancer.
- Side effect after 10-15 years are well understood so we can reduce side effect with available present technology.
- Image guided radiotherapy is not standard of care at present but will definitely going to useful radiation techniques to treat breast cancer, more on left side.

•Thank you.