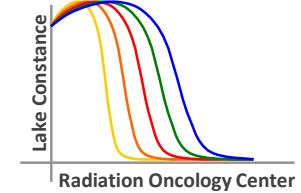


# Pre-clinical tests of the Integral Quality Monitor (IQM) System

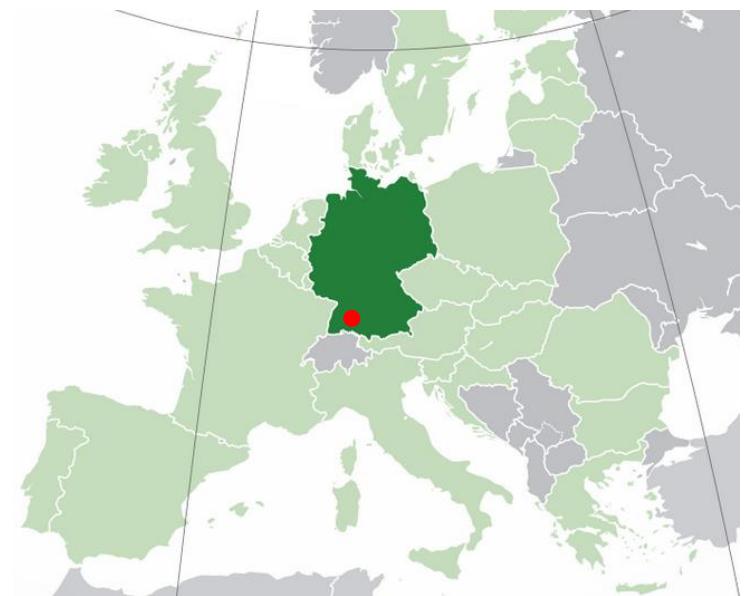
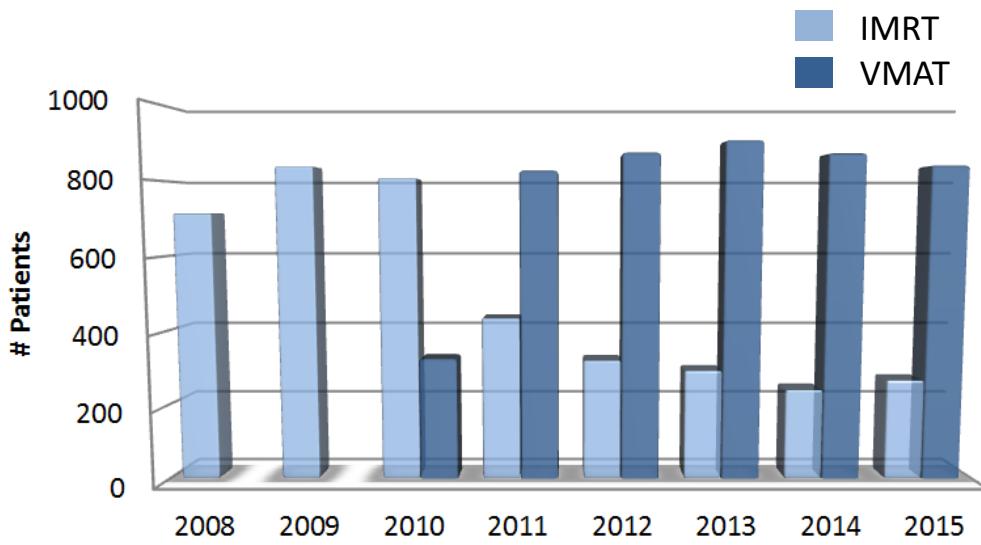
Marlies Pasler

Lake Constance Radiation Oncology Center Friedrichshafen

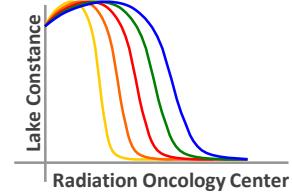
# Lake Constance Radiation Oncology Center



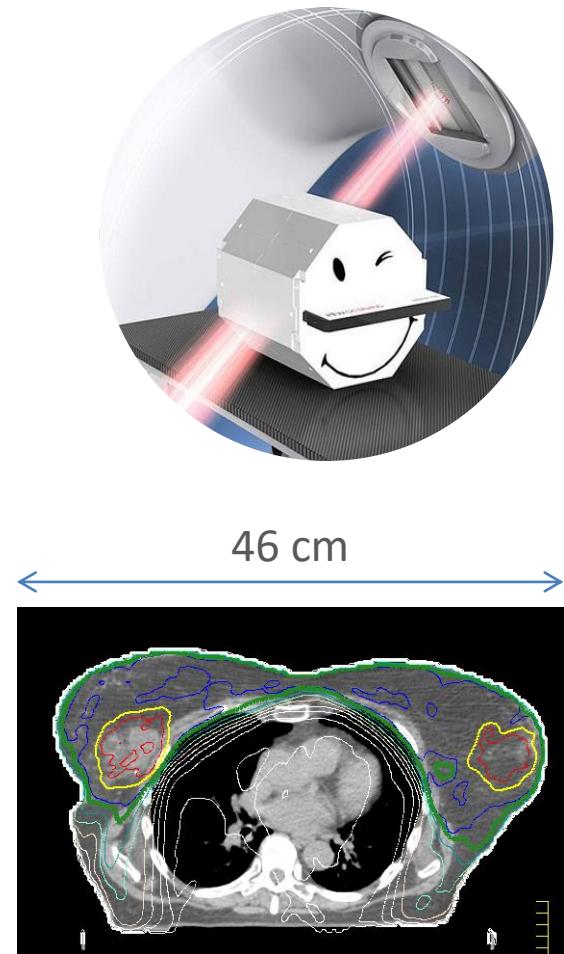
- 3 Elekta Synergy/ MLCi2
- Pinnacle<sup>3</sup> TPS
- 5 Radiation oncologists & 4 medical physicists
- > 70% VMAT



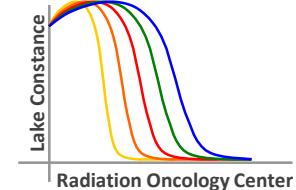
# QA: status quo



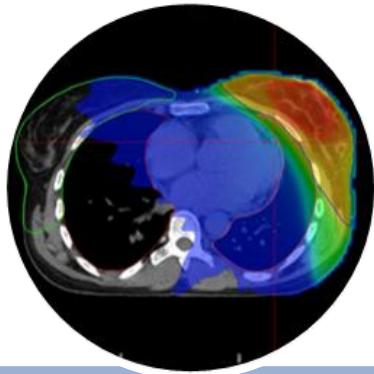
- Pre-treatment verification
  - PTW equipment
    - Octavius II/ 2D Array 729/Verisoft 6.2
- $\gamma$ -passing rate (3mm/3%) > 95%
- Concerns
  - Not VMAT-specific
  - No full field coverage
  - Workload per day: ~2h



# IQM: towards online QA



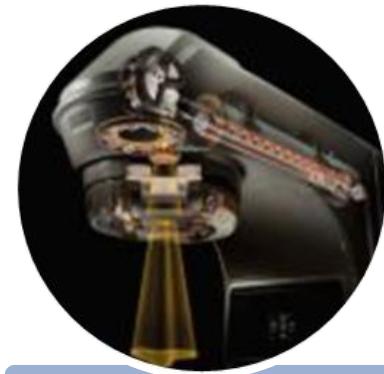
- Can IQM catch errors before they become clinically relevant?
- Can we improve on efficiency?
- Can we resign pre-treatment QA?



treatment planning

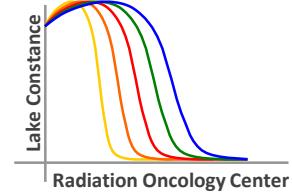


plan verification

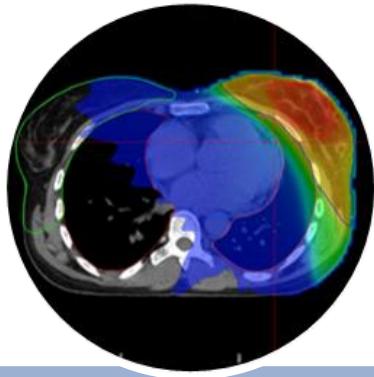


treatment delivery

# IQM: towards online QA



- Can IQM catch errors before they become clinically relevant?
- Can we improve on efficiency?
- Can we resign pre-treatment QA?

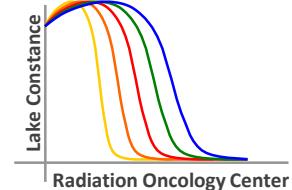


treatment planning

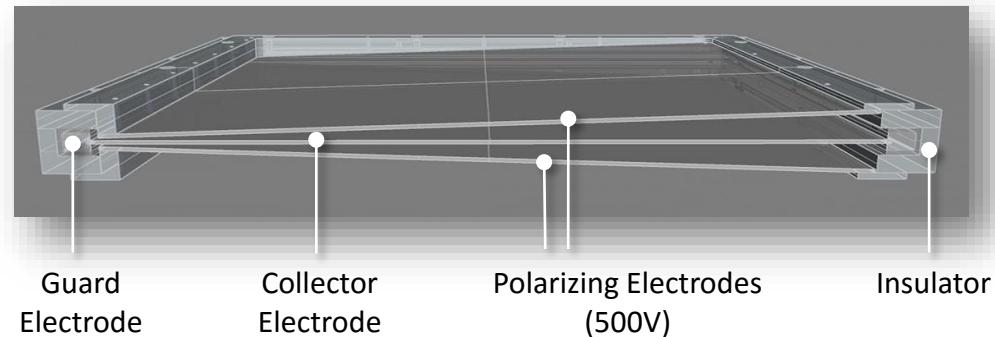


online & real time verification

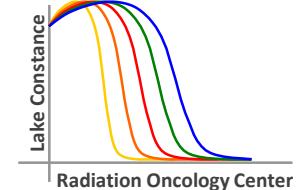
# Online patient QA: IQM



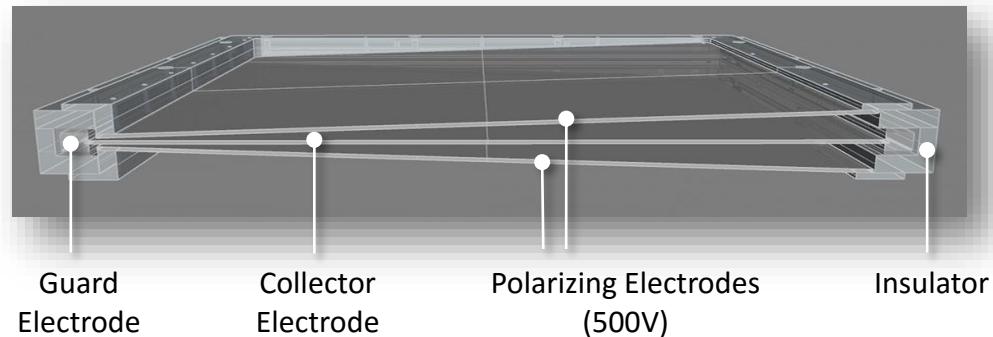
- Single large area ion chamber
  - Gantry mounted detector
  - Fully automated
  - Full field coverage
  - Real time online tracking
    - Intra-fraction linac monitoring
- Signal readout
  - Segment-by-Segment
  - Cumulative
- Reference for evaluation
  - Calculated signal
  - Measured signal



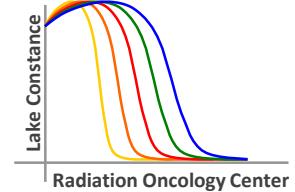
# Pre-Clinical tests of the IQM system



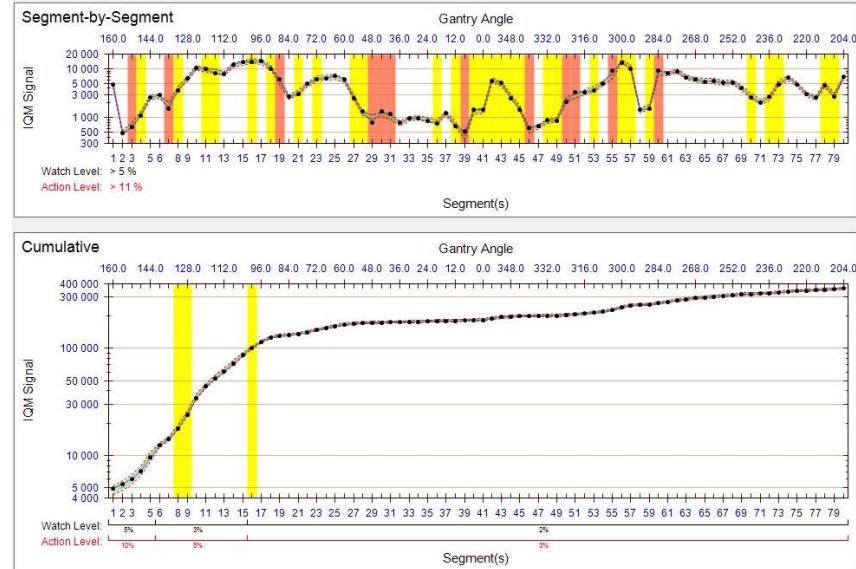
- Clinical VMAT plans:  
Prostate/ Breast/ H&N
- IQM signal stability
  - inter fraction repeatability
- Detection of geometric errors
- Detection of dosimetric errors



# IQM signal stability



- VMAT plans
  - Prostate
  - Breast with SIB
  - H&N
- Signal reproducibility
  - 10 measurements



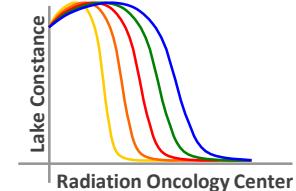
Segment-by-segment

	Prostate	Breast with SIB	H&N
<b>measurement uncertainty</b>	1.75%	1.57%	2.01%
<b>calculated vs. measured signal</b>	-2.36%	4.74%	4.19%

Cumulative

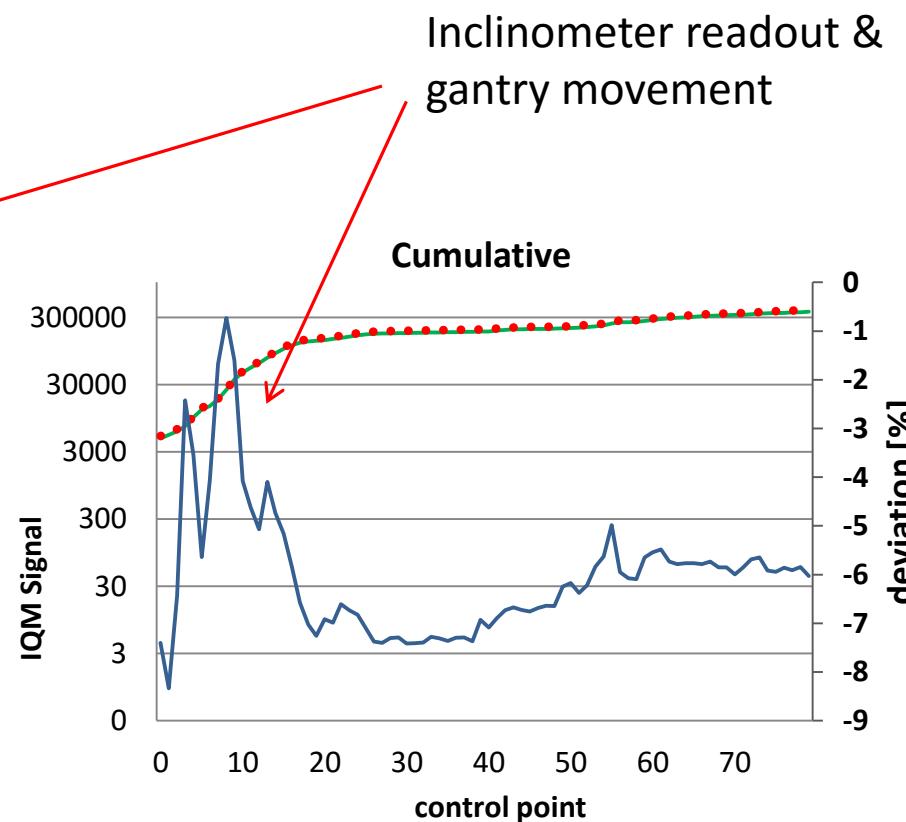
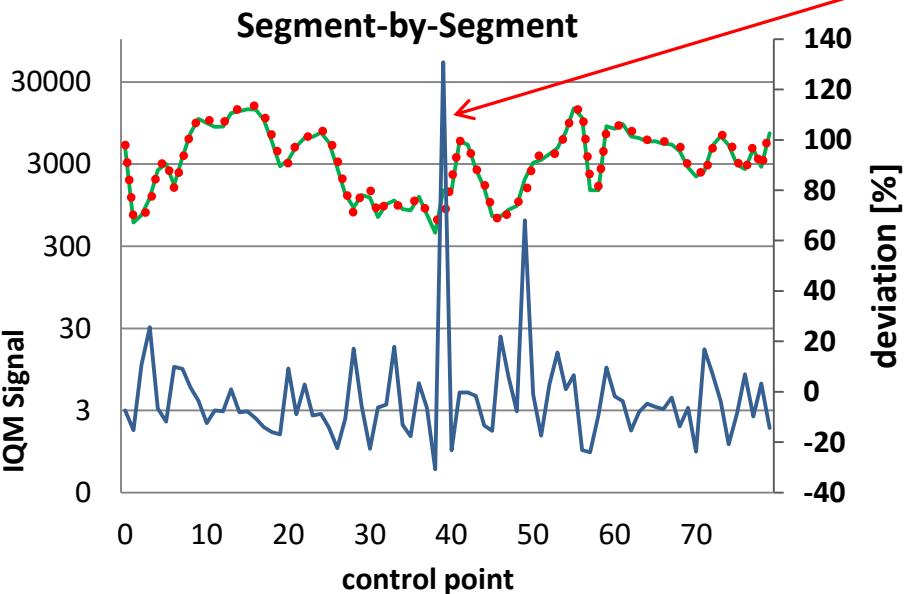
	Prostate	Breast with SIB	H&N
<b>measurement uncertainty</b>	0.32%	0.23%	0.43%
<b>calculated vs. measured signal</b>	-6.03%	-1.44%	-1.47%

# IQM signal calculation

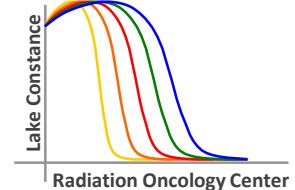


- VMAT prostate plan
  - calculated vs. average measured signal

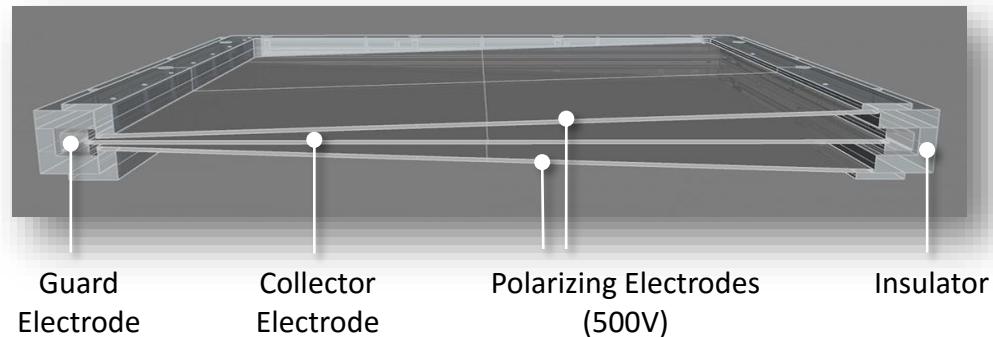
— mean measured value  
••• expected calculated value  
— relative disagreement [%]



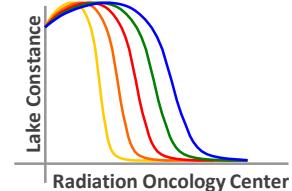
# Pre-Clinical tests of the IQM system



- Clinical VMAT plans:  
Prostate/ Breast/ H&N
- IQM signal stability
- Detection of geometric errors
  - Implementation of systematic & random errors
- Detection of dosimetric errors



# Geometric errors

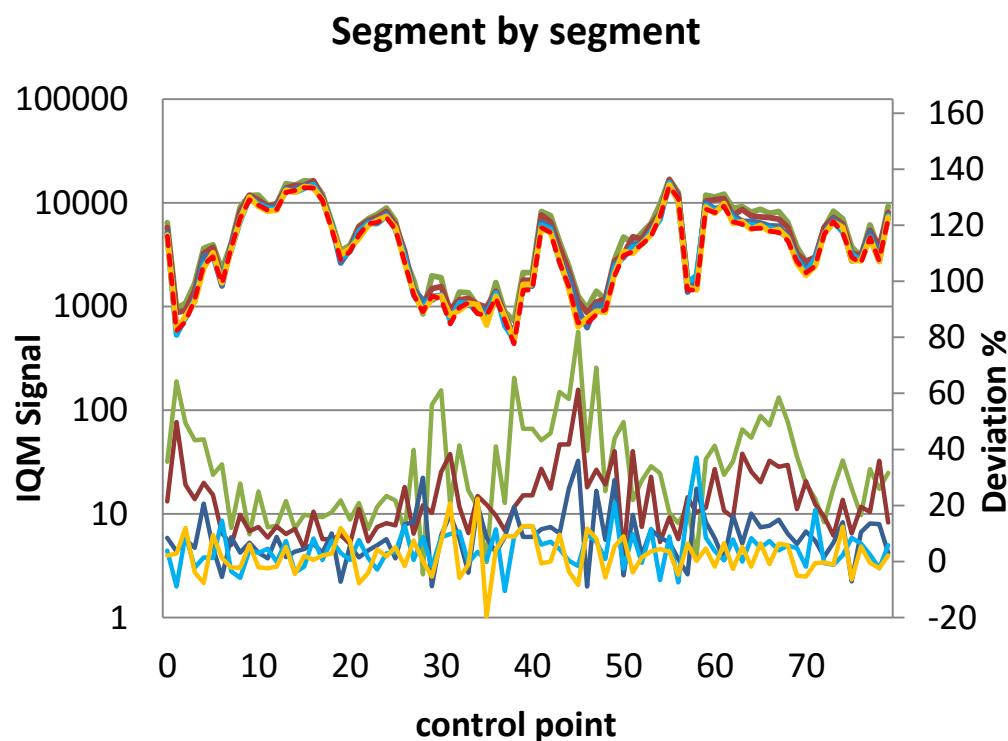


- **systematic MLC leafbank shift (0.5-8mm)**

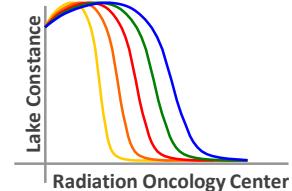
- VMAT prostate plan
- reference: average of 10 measurements

— 0.5mm      — 2mm  
— 1mm      — 5mm  
— 8mm

Error	rel. disagreement	
	Segm	Cum
Y2+0.5mm	2.2%	1.2%
Y2+1mm	4.5%	2.6%
Y2+2mm	8.6%	6.0%
Y2+5mm	21.1%	15.5%
Y2+8mm	31.9%	24.2%



# Geometric errors

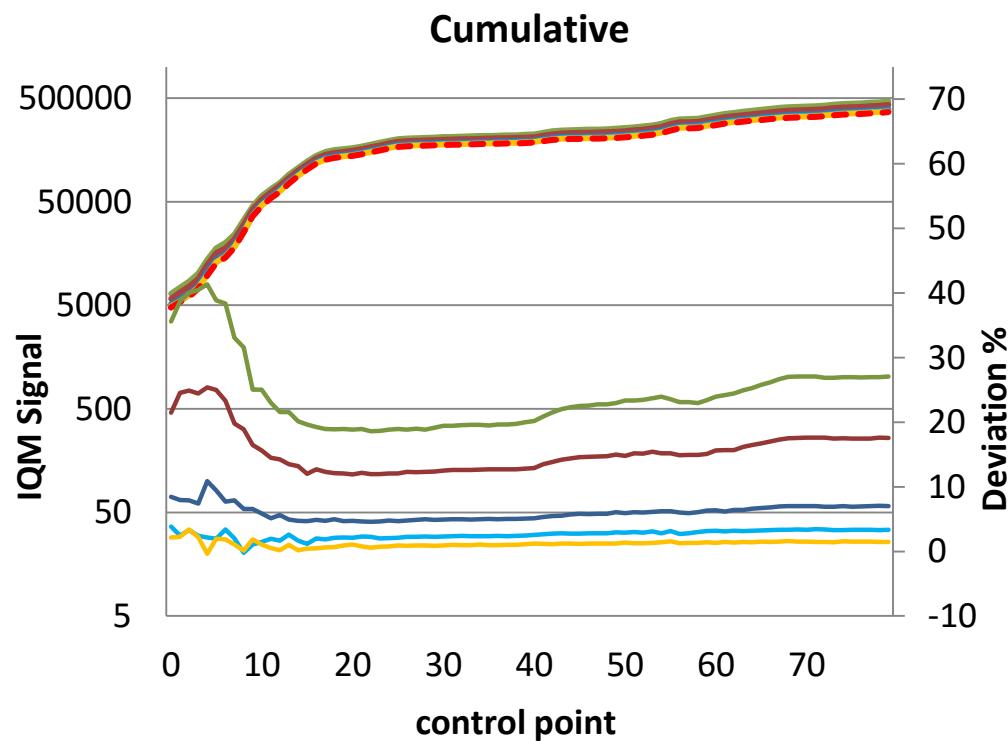


- **systematic MLC leafbank shift (0.5-8mm)**

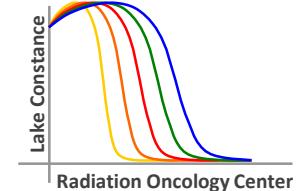
- VMAT prostate plan
- reference: average of 10 measurements

— 0.5mm      — 2mm  
— 1mm      — 5mm  
— 8mm

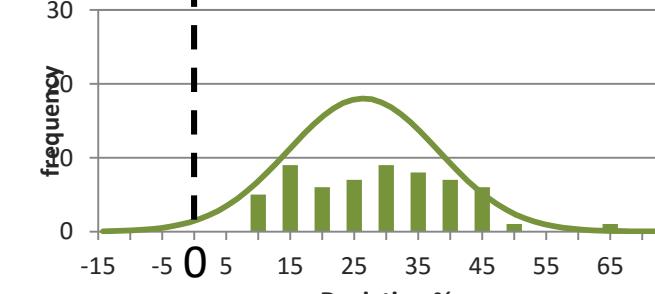
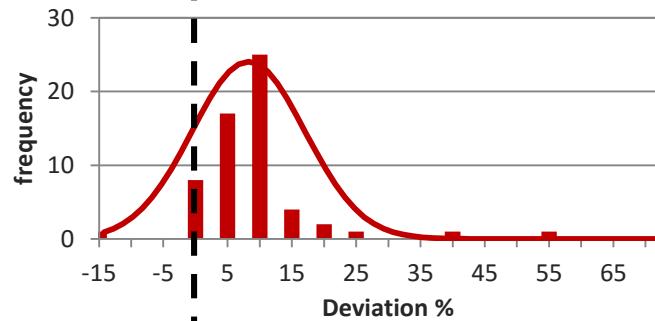
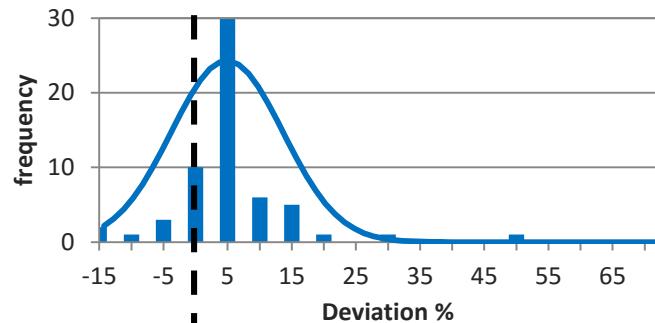
Error	rel. disagreement	
	Segm	Cum
Y2+0.5mm	2.2%	1.2%
Y2+1mm	4.5%	2.6%
Y2+2mm	8.6%	6.0%
Y2+5mm	21.1%	15.5%
Y2+8mm	31.9%	24.2%



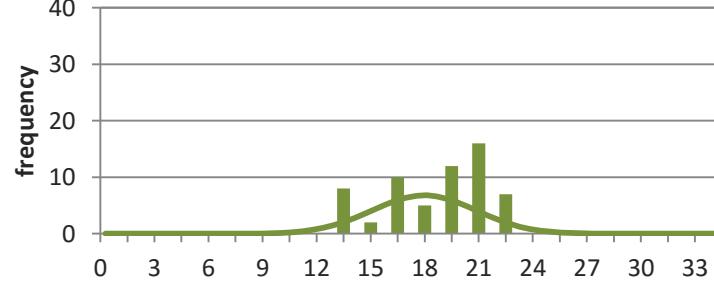
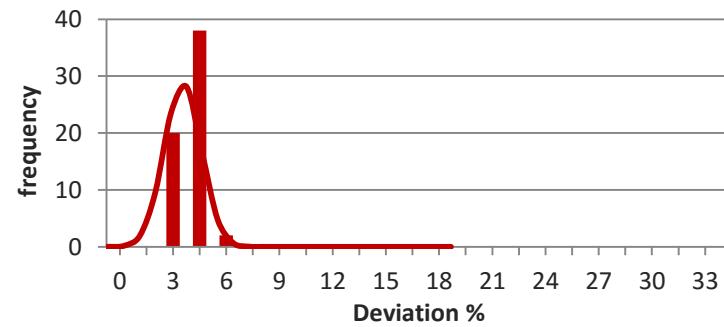
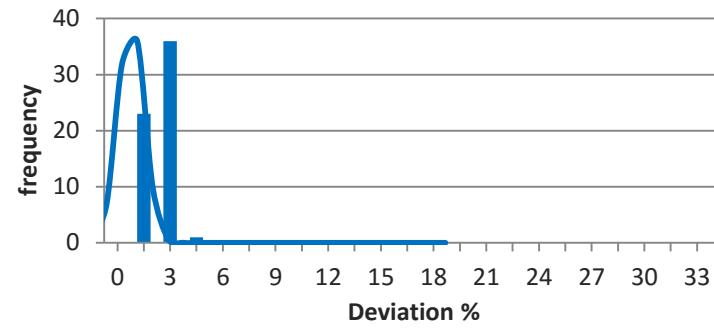
# Geometric errors: Histograms



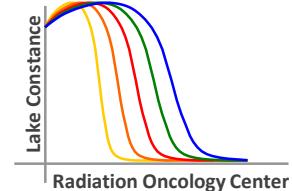
## Segment by segment



## Cumulative



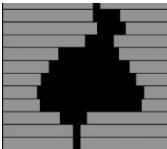
# Geometric errors



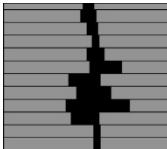
- **Random leafbank errors**
  - MLC bank shift: 2/5/8 mm @ 4 control points
  - VMAT prostate plan



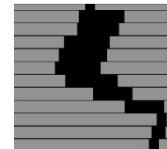
CP10



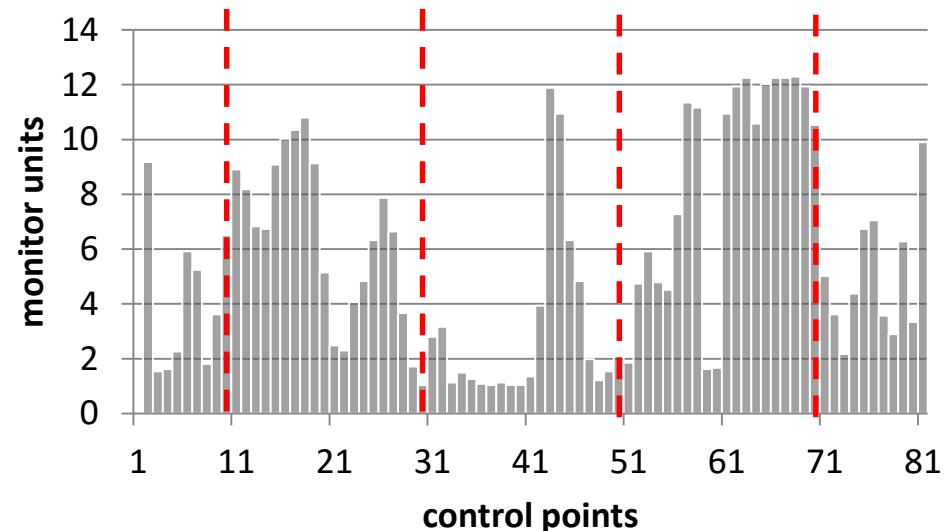
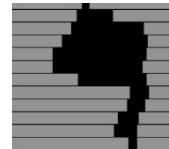
CP30



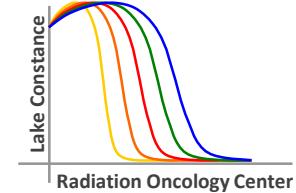
CP50



CP70



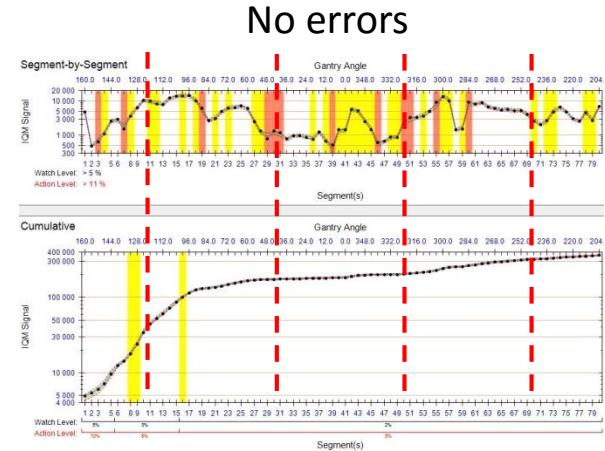
# Geometric errors



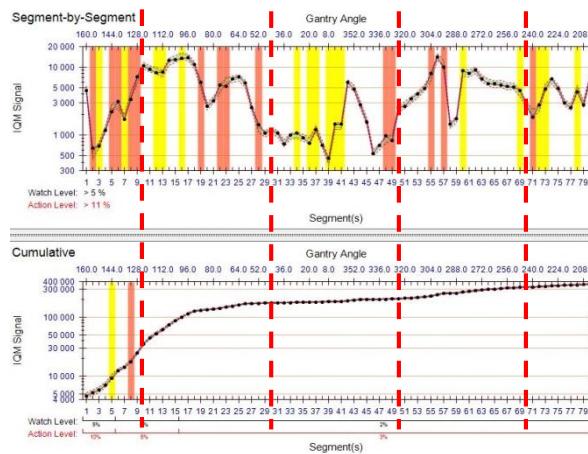
- Random leafbank errors

Tolerance levels

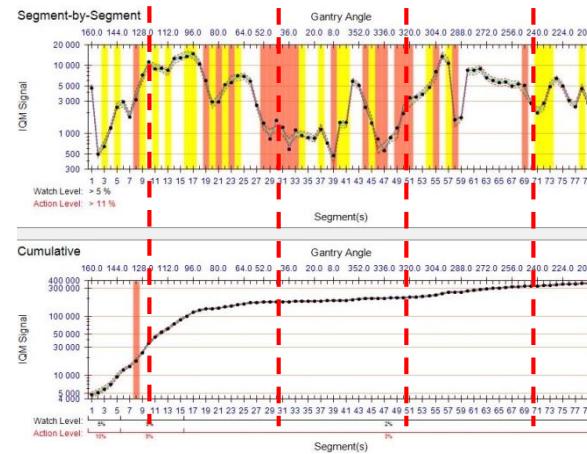
Segment by segment: 5% **11%**  
Cumulative: **1,5%** **3%**



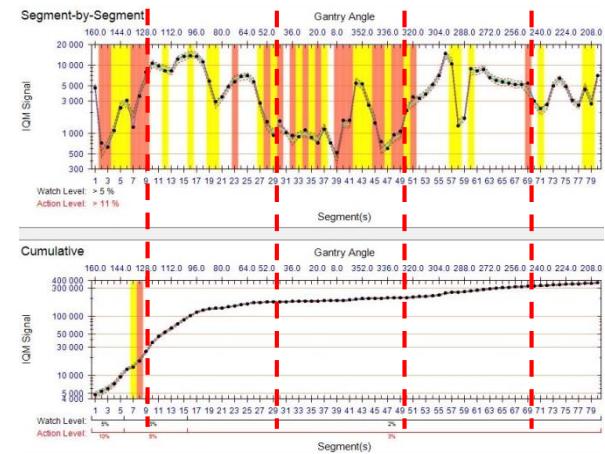
2mm



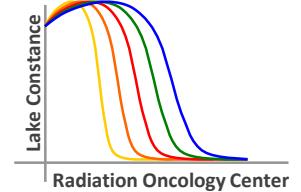
5mm



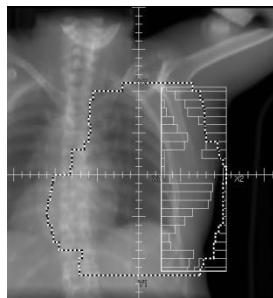
8mm



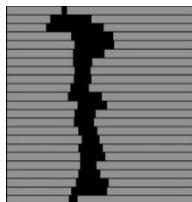
# Geometric errors



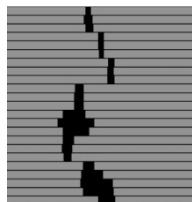
- Random leafbank errors
  - 8mm @ 3 control points
  - VMAT for breast with SIB



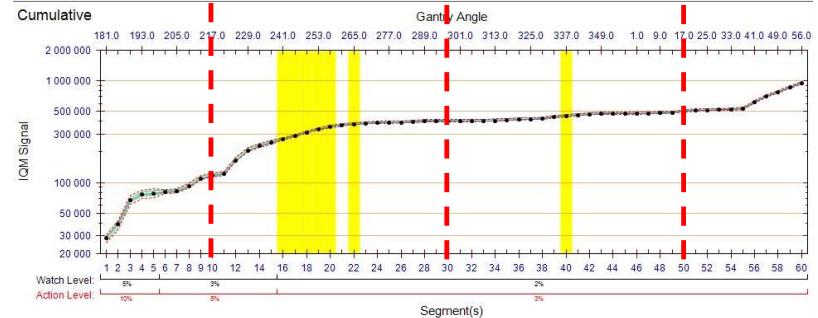
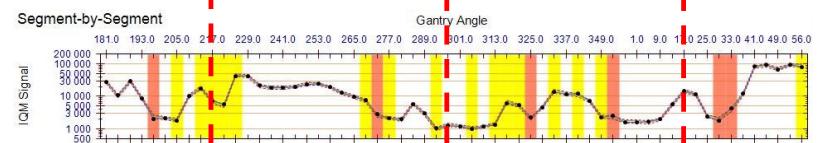
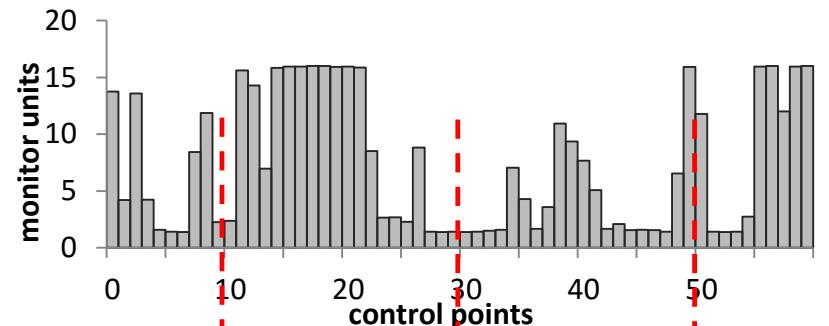
cp10



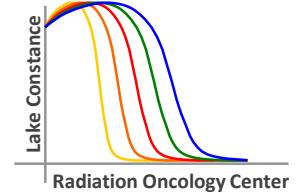
cp30



cp50

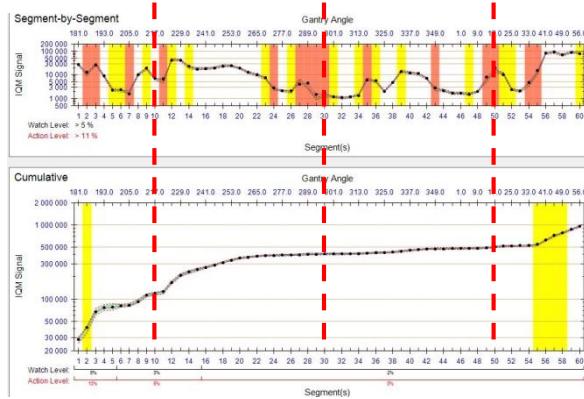


# Geometric errors

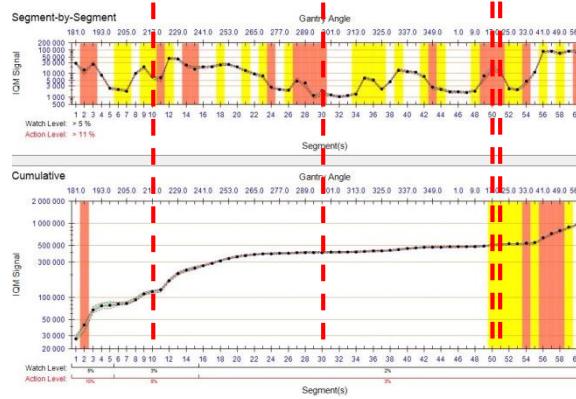


- Random leafbank errors  
8mm @ 3 control points  
+ consecutive cps

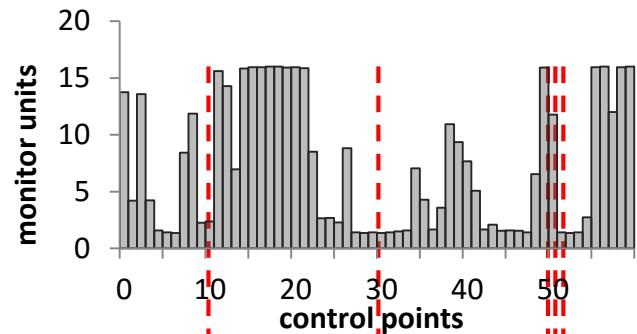
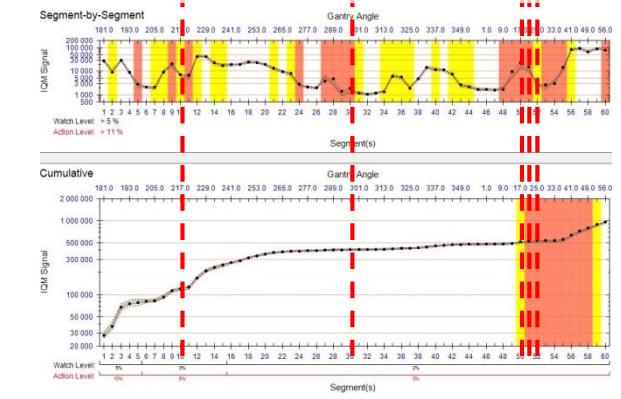
8mm @ cp10, cp30, cp50



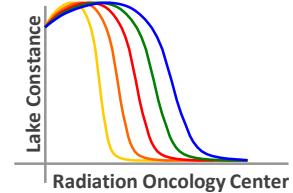
8mm @ cp10, cp30, cp50 + 51



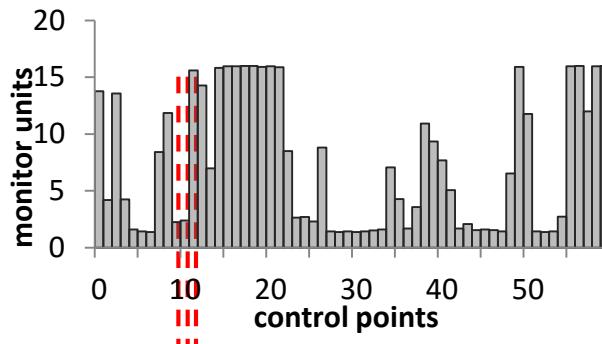
8mm @ cp10, cp30, cp50+51+52



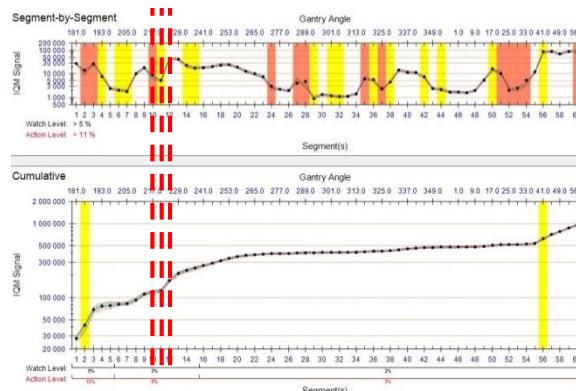
# Geometric errors



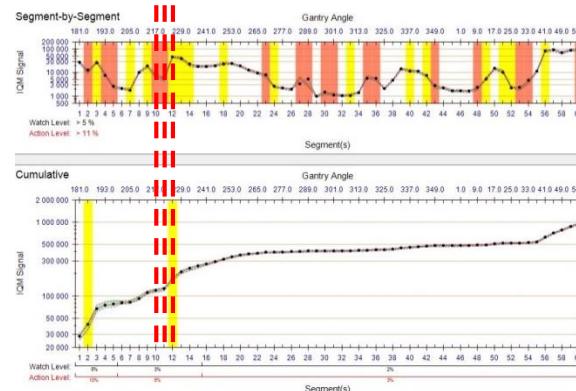
- Random leafbank shift @ 3 consecutive control points
  - Control points with **low relative weight** (2-10MU/cp)



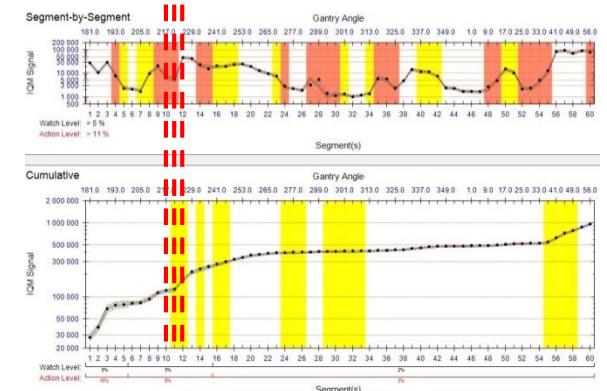
5mm @ cp10-12



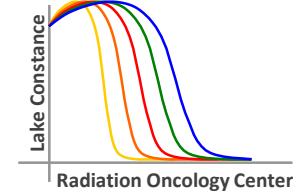
8mm @ cp10-12



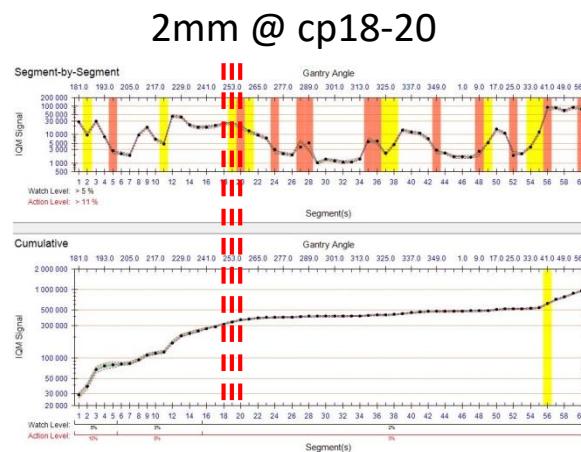
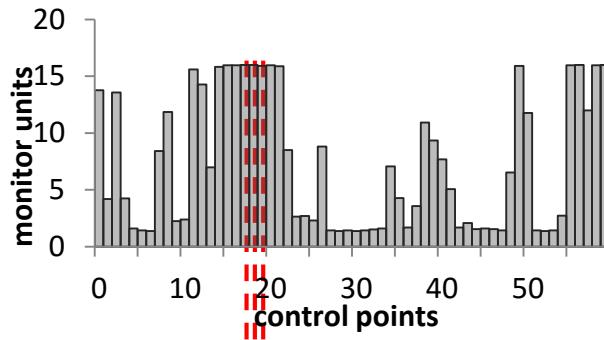
10mm @ cp10-12



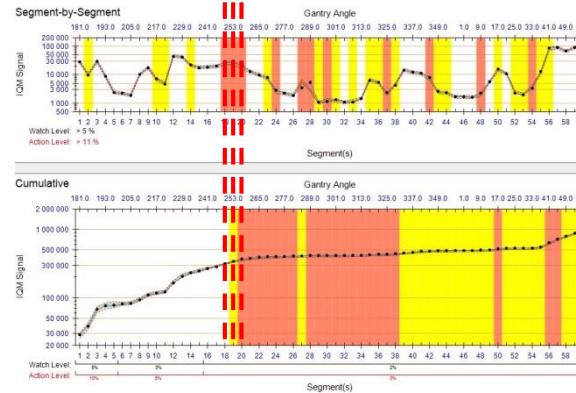
# Geometric errors



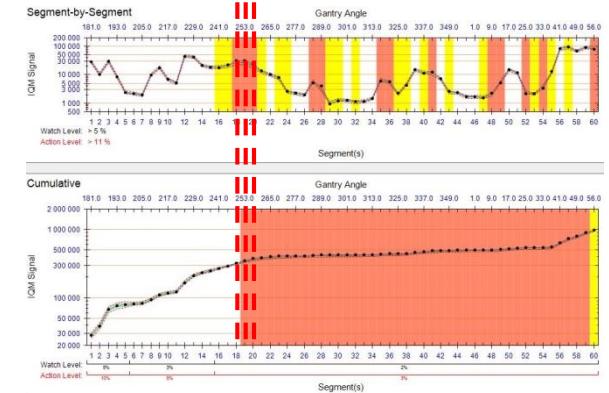
- Random leafbank shift @ 3 consecutive control points
  - Control points with **high relative weight** (16MU/cp)



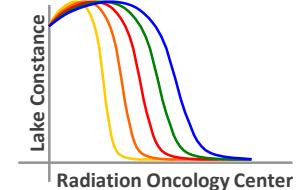
5mm @ cp18-20



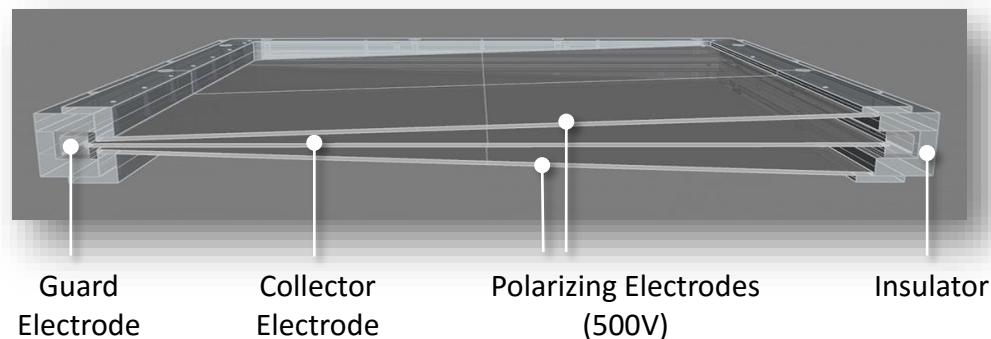
8mm @ cp18-20



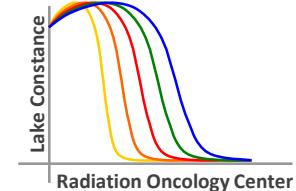
# Pre-Clinical tests of the IQM system



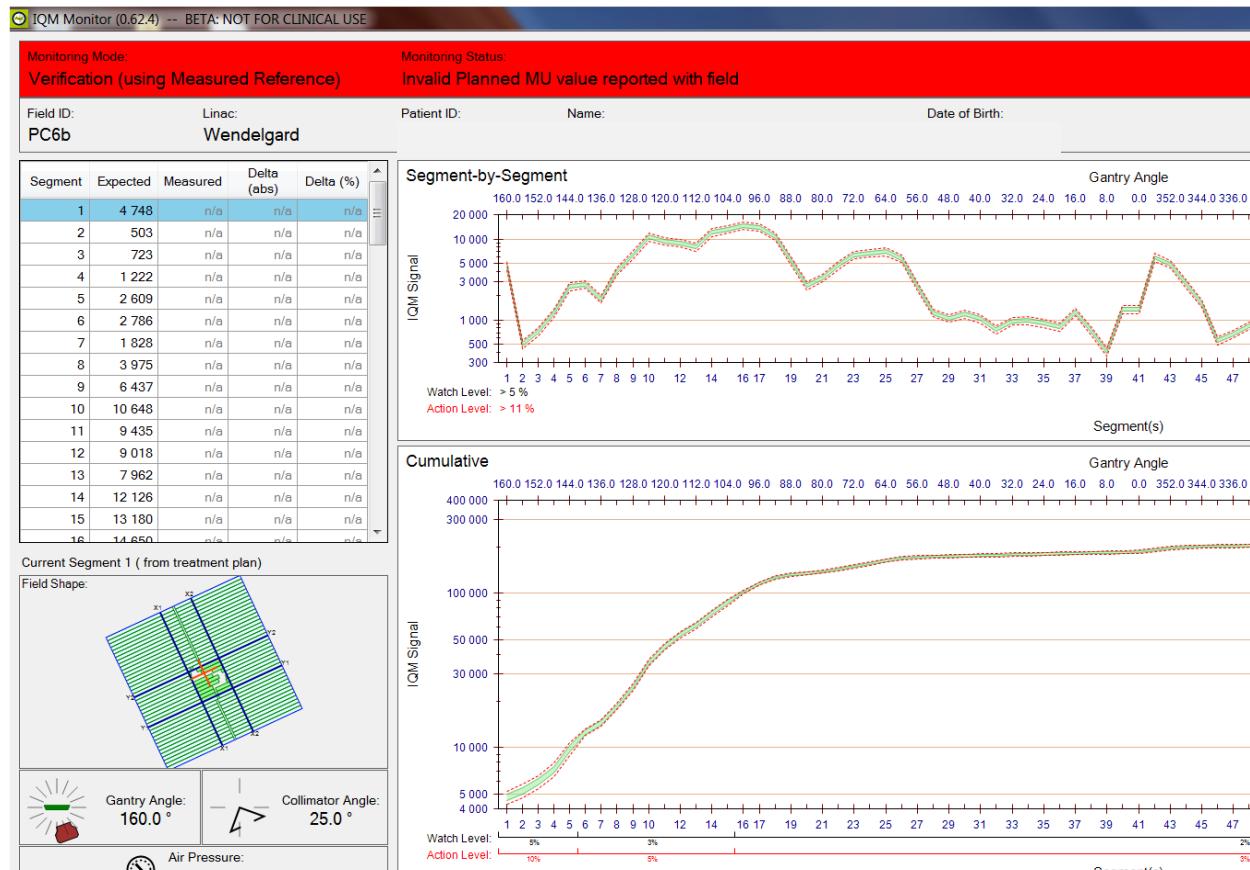
- Clinical VMAT plans:  
Prostate/ Breast/ H&N
- IQM signal stability
- Detection of geometric errors
- Detection of dosimetric errors



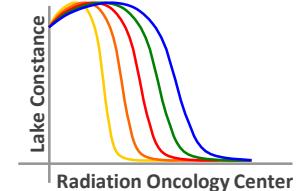
# Dosimetric errors



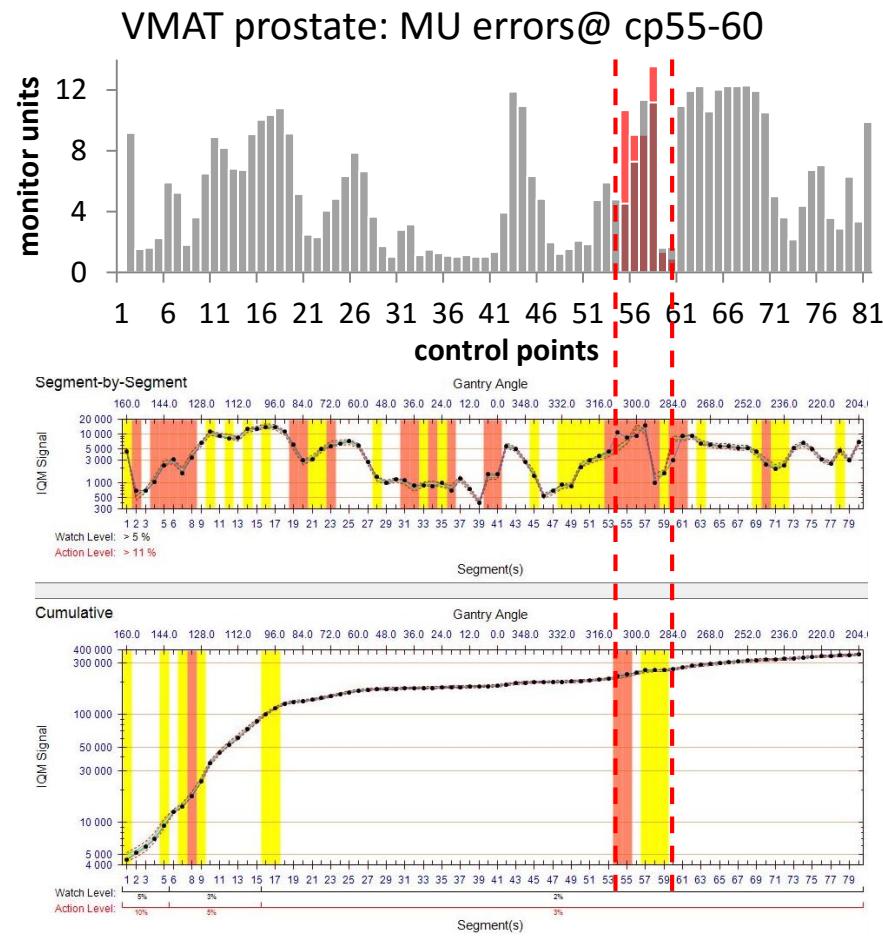
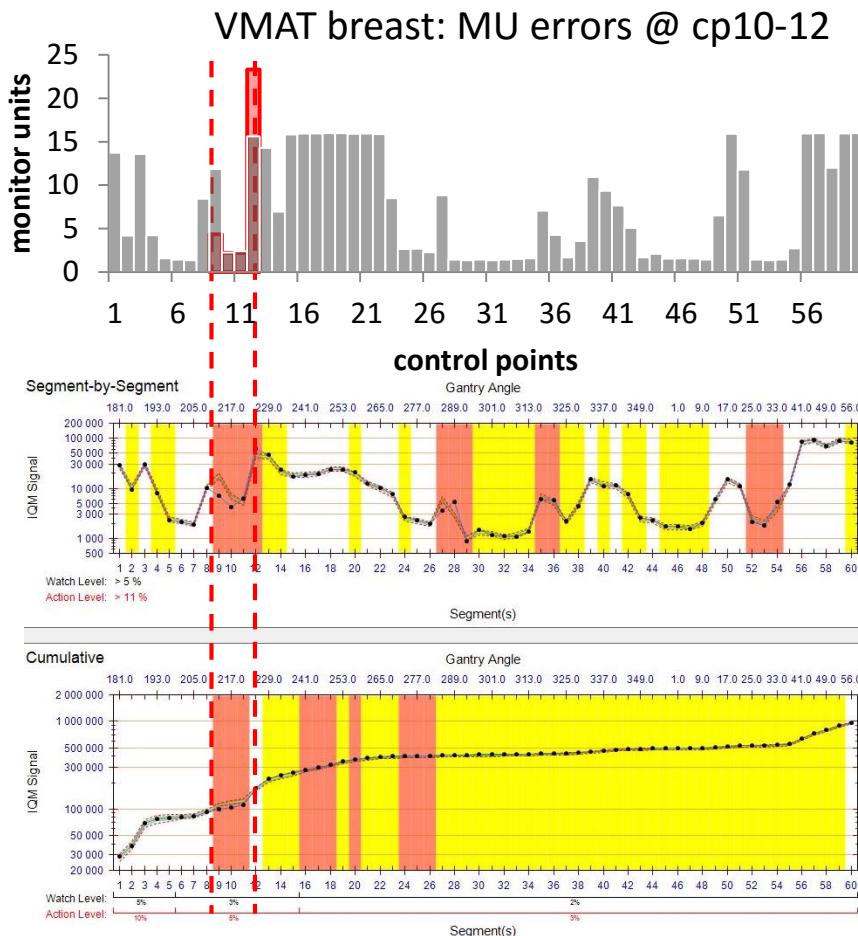
- Total #MU changed
  - IQM monitor gives immediate alert



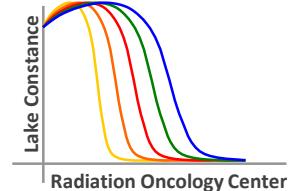
# Dosimetric errors



- Random errors @ single control points



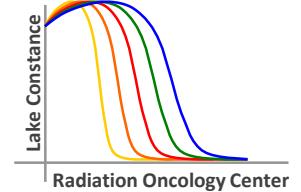
# Summary



- General
  - Easy & robust workflow, no software crashes
  - User friendly interface
  - Consideration: no lightfield
  - Integration into clinical routine to be discussed
- Segment by segment analysis:
  - Calculated signal not yet clinically applicable
  - Inclinometer refinement necessary (WIP)
  - Averaged signal (eg. 10 measurements) more robust
- Cumulative analysis:
  - High sensitivity: leaf bank shift  $> 1\text{mm}$  detectable  
systematic & random dosimetric errors detectable

# Conclusion

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- Can we improve on efficiency?
  - yes
- Can IQM catch errors before they become clinically relevant?
  - Systematic errors: yes
  - Random errors: clinically relevant?
- Can we resign pre-treatment QA?
  - not yet

# Thank you!

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## Acknowledgements

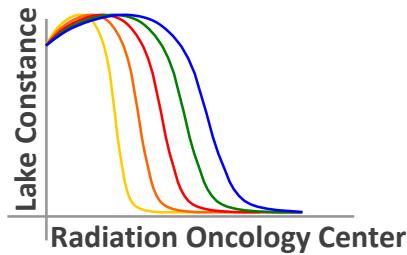
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