Updating a Familiar Clinical Tool: Including Structures in Gamma Index Calculations

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Workflow

Nelms Results Compare

Re-created Nelms Results



Structure Dependent Gamma Index Results

<u>Goal 1:</u>

Verify results of Nelms et. al. paper

Per-beam, planar IMRT QA passing rates do not predict clinically relevant patient dose errors $^{\rm a)}$

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Procedure 1:

- Re-create Nelms experiment (as closely as possible)
- Compare our results to Nelms

<u>Goal 2:</u>

Improve the IMRT QA gamma index analysis

Procedure 2:

- Develop a gamma comparison that uses planning structures
- Compare our results to the traditional gamma comparison method



Nelms Procedure



Comparing Results

Spinal Cord Difference vs. QA Pass Rate

<u>Nelms</u>

Our Results



Multiple 100% passing results reduce the correlation Outliers reduce the correlation



Comparing Results

CTV/PTV D95 Difference vs. QA Pass Rate

<u>Nelms</u>

Absolute % Error, CTV D95

Our Results



Multiple 100% passing results reduce the correlation Outliers reduce the correlation Two data groups could affect the correlation



Conclusion

- 1. The re-created Nelms experiment yielded much better results then those originally published.
- 2. Institutions should be encouraged to perform this experiment to determine whether Nelm's results translate to their own clinical setup.

	Nelms	Exp.
Technique	Step-and-Shoot	Dynamic
TPS	Pinnacle	Eclipse
Target Volume	CTV	PTV
DVH Comparison	3DVH	TPS

Important Study Differences



Structure Dependent Gamma Analysis

 Structures are exported from the planning system along with dose planes

 The measured/calculated dose planes and the structures are imported into user-developed Matlab software and a structure dependent gamma pass rate is calculated.



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Passing Criteria in Gamma Calculations

$$\Gamma(\mathbf{r}_m, \mathbf{r}_c) = \sqrt{\frac{r^2(\mathbf{r}_m, \mathbf{r}_c)}{\Delta d_M^2} + \frac{\delta^2(\mathbf{r}_m, \mathbf{r}_c)}{\Delta D_M^2}}$$

$$\gamma(\mathbf{r}_m) = \min\{\Gamma(\mathbf{r}_m, \mathbf{r}_c)\} \forall \{\mathbf{r}_c\}$$

 $\gamma(\mathbf{r}_m) \leq 1$, calculation passes,

 $\gamma(\mathbf{r}_m) > 1$, calculation fails.

• Each measured point is compared to a small local subset of planned points.

• A gamma value is calculated for each comparison.

• The minimum gamma value at each measured point determines whether it passes or fails.

• We vary the passing criteria in the gamma calculation.

D. A. Low, W. B. Harms, S. Mutic, and J. A. Purdy, "A technique for the quantitative evaluation of dose distributions," Med. Phys. 25 (5), 656-661 (1998).

Structure Dependent Passing Criteria

- Each critical planning structure is projected from a beams-eye-view onto the IMRT QA dose plane.
- The passing criteria are varied in proportion to the thickness of the structures that the beam passed through.
- Emphasizes the importance of the portion of the beam that could have the largest effect on clinically relevant dose.

Max Cord Results

Traditional

Structure Dependent

	Spinal Cord Max error	
IMRT QA Criteria	Pearson r-value	
3%/3mm	-0.717	
2%/2mm	-0.720	
1%/1mm	-0.750	

Error (%) in Max Cord vs. Structure Dependent IMRT QA Metrics

_	Spinal Cord Max error	
IMRT QA Criteria	Pearson r-value	
Structure Dependent	-0.831	

PTV D95 Results

Traditional

Structure Dependent

	PTV D95 error	
IMRT QA Criteria	Pearson r-value	
3%/3mm	-0.729	
2%/2mm	-0.703	
1%/1mm	-0.711	

Error (%) in PTV D95 vs. Structure Dependent IMRT QA Metrics

	PTV D95 error
IMRT QA Criteria	Pearson r-value
Structure Dependent	-0.812

Conclusion

• Using structure dependent gamma criteria creates a stronger correlation between outcomes of IMRT QA and clinical dose deviations.

• The structure dependent gamma criteria results in increased QA emphasis in the clinically important areas of the fields.

Future Work

• This study was limited to head and neck IMRT cases. The same investigation needs to be applied to other treatment sites.

• The structure dependent IMRT QA needs to be tested for other combinations of treatment planning systems/QA procedures.

• This technique needs to be tested for other sources of error that could affect IMRT plans.

Questions?

