www.redjournal.org

Clinical Investigation

Real-Time 3D Image Guidance Using a Standard LINAC: Measured Motion, Accuracy, and Precision of the First Prospective Clinical Trial of Kilovoltage Intrafraction Monitoring—Guided Gating for Prostate Cancer Radiation Therapy



Paul J. Keall, PhD,* Jin Aun Ng, PhD,* Prabhjot Juneja, PhD,*,† Ricky T. O'Brien, PhD,* Chen-Yu Huang, PhD,* Emma Colvill, MSc,*,† Vincent Caillet, MSc,*,† Emma Simpson, BSc,† Per R. Poulsen, PhD,‡ Andrew Kneebone, MBBS,*,† Thomas Eade, MBBS,*,† and Jeremy T. Booth, PhD*,†

*Sydney Medical School, University of Sydney, Camperdown, New South Wales, Australia; [†]Northern Sydney Cancer Centre, Sydney, New South Wales, Australia; and [‡]Aarhus University Hospital, Aarhus, Denmark

Received Jun 18, 2015, and in revised form Sep 14, 2015. Accepted for publication Oct 2, 2015.

Summary

Kilovoltage intrafraction monitoring (KIM) is a new real-time 3-dimensional image guidance method. Unlike previous real-time image guidance methods, KIM uses a standard linear accelerator without any additional expensive equipment. The first clinical trial of KIM is underway for

Purpose: Kilovoltage intrafraction monitoring (KIM) is a new real-time 3-dimensional image guidance method. Unlike previous real-time image guidance methods, KIM uses a standard linear accelerator without any additional equipment needed. The first prospective clinical trial of KIM is underway for prostate cancer radiation therapy. In this paper we report on the measured motion accuracy and precision using real-time KIM-guided gating.

Methods and Materials: Imaging and motion information from the first 200 fractions from 6 patient prostate cancer radiation therapy volumetric modulated arc therapy treatments were analyzed. A 3-mm/5-second action threshold was used to trigger a gating event where the beam is paused and the couch position adjusted to realign the prostate to the treatment isocenter. To quantify the in vivo accuracy and precision, KIM was compared with simultaneously acquired kV/MV triangulation for 187 fractions.

Reprint requests to: Dr Paul J. Keall, PhD, The University of Sydney, School of Medicine or Physics, Camperdown, NSW 2006, Australia. E-mail: paul.keall@sydney.edu.au

This work was supported by National Health and Medical Research Council Australia Fellowship (633000), Cancer Australia (1064731), and Prostate Cancer Foundation of Australia (1064731).

Conflict of interest: P.J. Keall and P.R. Poulsen hold US patents on kilovoltage intrafraction monitoring technology, licensed by Stanford University to Varian Medical Systems. All other authors report no conflicts of interest. Varian Medical Systems provided equipment for this study.

Acknowledgments—We thank the Royal North Shore Hospital staff and the staff at Sydney University, who were involved in software development, testing, quality assurance, clinical trial support, and patient treatments. We thank Varian Medical Systems, which provided equipment for this study.

Int J Radiation Oncol Biol Phys, Vol. 94, No. 5, pp. 1015–1021, 2016 0360-3016/\$ - see front matter © 2016 Elsevier Inc. All rights reserved. http://dx.doi.org/10.1016/j.ijrobp.2015.10.009