Analysis of the intra-fractional motion of the prostate during SBRT using an EM Transmitter

Michael Trainer¹, Linda Carruthers¹, Bill Nailon¹, Susan Adamson¹, Duncan McLaren¹, Mike Kirby²

1Edinburgh Cancer Centre (ECC) UK, ²Liverpool University Directorate of Radiotherapy UK

michael.trainer@nhslothian.scot.nhs.uk



PURPOSE/OBJECTIVE(S)

Intra-fraction motion of the prostate during hypo fractionated treatment regimens can potentially impact the delivered dose to the prostate. EM Transmitters such as RayPilot, can provide real-time positional information. The purpose of this study was to establish the efficacy of RayPilot for real-time positional verification in prostate SBRT and to assess overall target displacement during treatment.

MATERIAL & METHODS

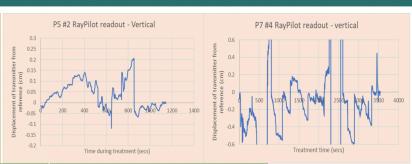
RayPilot real-time tracking system^[1] uses a transmitter inserted into the prostate transperennially; its position is detected through a table top array with in built antennae. Positional data was exported to Excel for analysis.

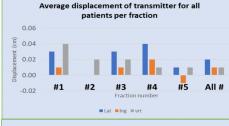
Study Detail:

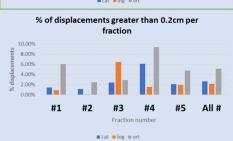
- 7 PRINToUT trial patients
- 36.25Gy / 5#
- Imaging by kV Orthogonal pairs (Primary)
- Pre/post fraction CBCT
- RayPilot for real-time tracking; data recorded every second
- Setup correction threshold 0.2cm
- 3 Arc VMAT treatment

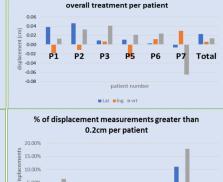
RESULTS

The position of the transmitter after the 1st set up image was recorded and exported to Excel. This included positional information between arcs and during re-set up. Shown are 2 example readouts. P7 #4 required several additional images and repositioning during this fraction.









Average displacement of transmitter during



P4 was not treated with the RavPilot system in place after #2: so P4 was excluded from study. The average displacement transmitter was less than 1mm for all patients and all fractions. Data is recorded every second with RayPilot. The overall % of data points outside the imaging threshold for each patient and fraction are shown. These measurements included re-set up and time between arcs; future analysis will try to examine displacements during beam on only

SUMMARY/CONCLUSION

RayPilot was a viable means for tracking the prostate during SBRT. The position of the target was within 0.2cm for 94.9% of the measurements. Synchronising the software with the treatment beam would help record data only during radiation delivery and help examine the dosimetric impact of the recorded displacements. **Further** work being undertaken to assess whether RayPilot could be the primary monitoring device during prostate SBRT.

REFERENCES

[1] Micropos Medical (2019) 'RayPilot', http://www.micropos.se/produ

