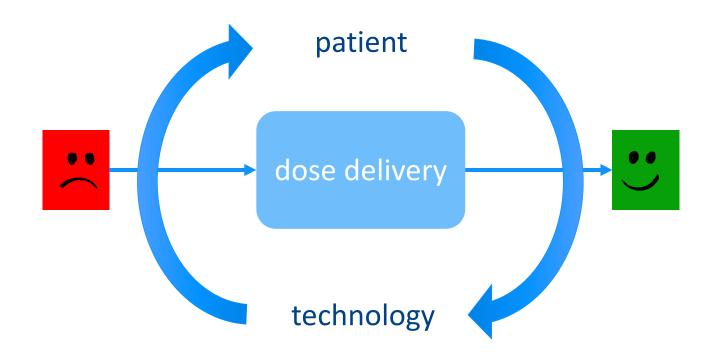
Will innovations in IGRT change compliance in radiotherapy treatments?

Gert Meijer Associate Professor, Medical Physicist Department of Radiation Oncology | UMC Utrecht



Will innovations in IGRT change compliance in radiotherapy treatments?





Invasive treatments (UMC Utrecht)

uncomfortable immobilization!

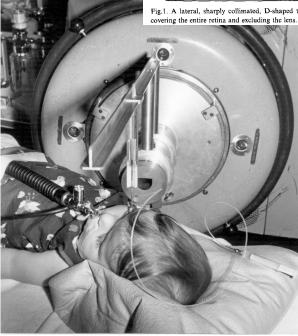




the 90's



Fig.1. A lateral, sharply collimated, D-shaped treatment field covering the entire retina and excluding the lens.



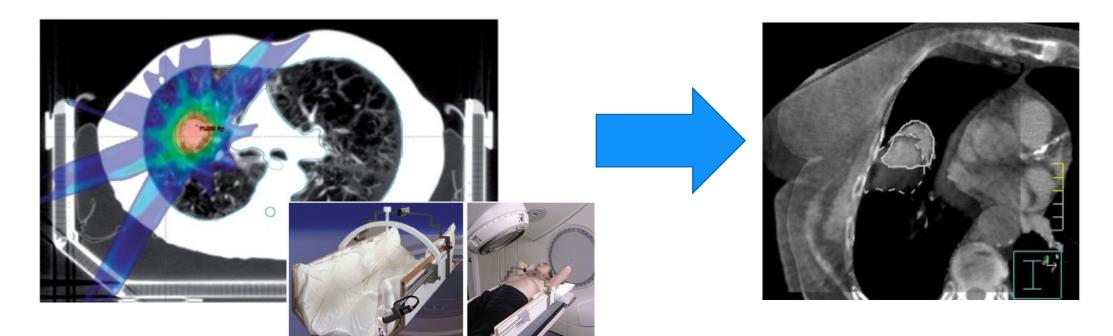
pre-IGRT era: move patient to the dose!





The advent of image guided radiotherapy





stereotactic body frame

move patient to the dose!

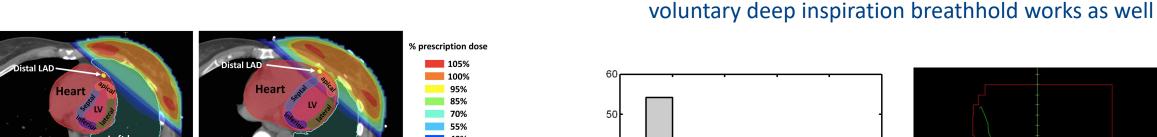
move dose to the patient!



Courtesy of Elekta AB. Purdie et al IJROBP2006

in room CBCT

Image guidance paved the way to more patient friendly treatment procedures



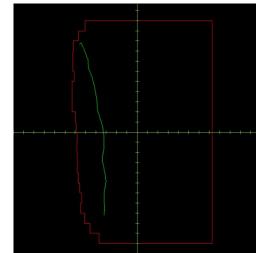
Active

Control

Deep inspiration breath hold



Free breathing



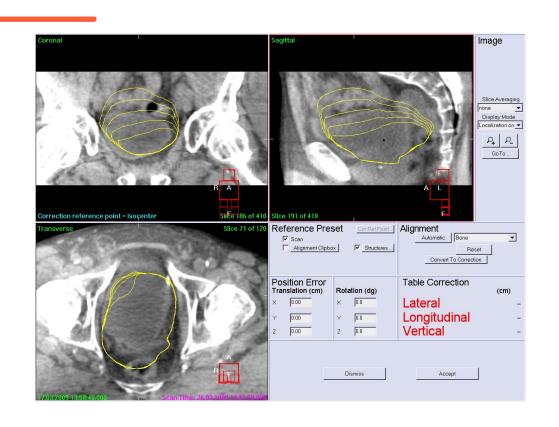
97% patient compliance with breath hold instructions

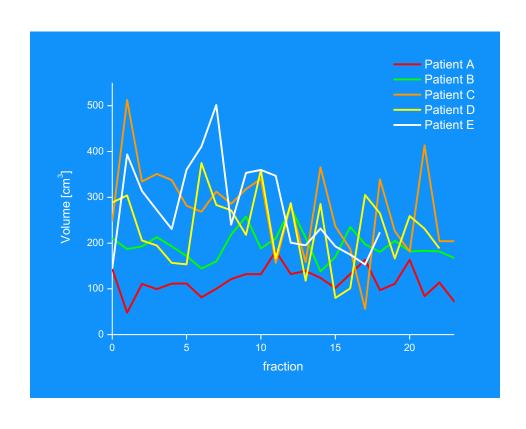
Range of thoracic wall motion during breath hold (mm)

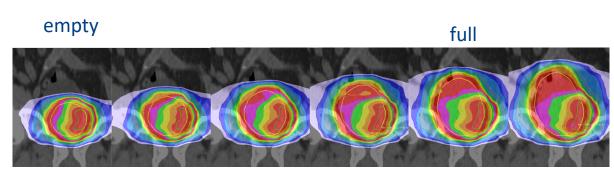


Latty et al J Med Radiat Sci. 2015 de Boer et al. R&O 2016

Adapt the dose to the anatomy of the day using a library of plans

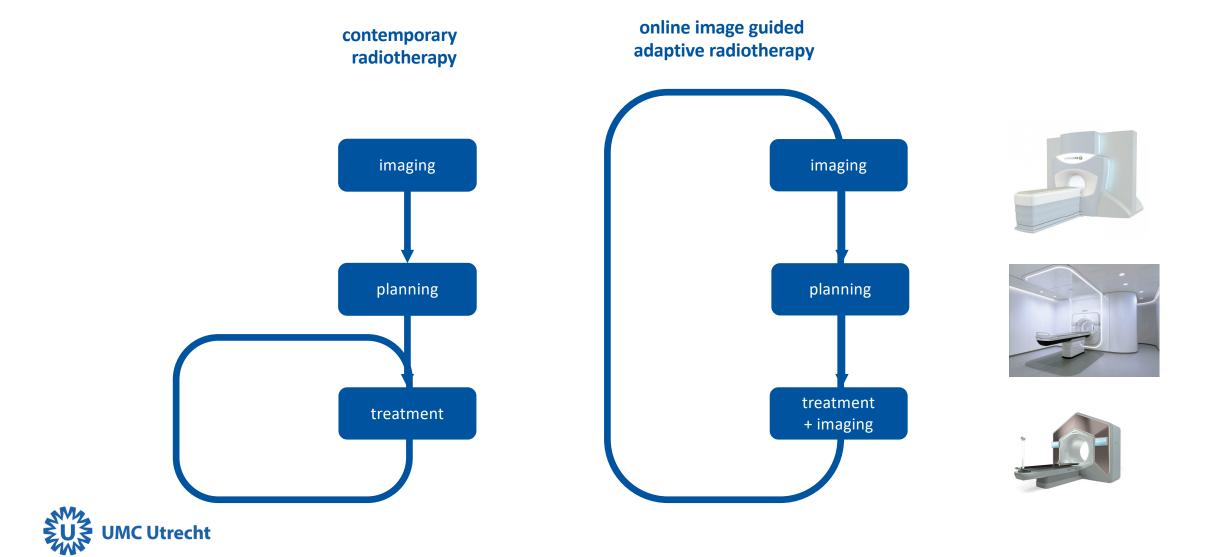




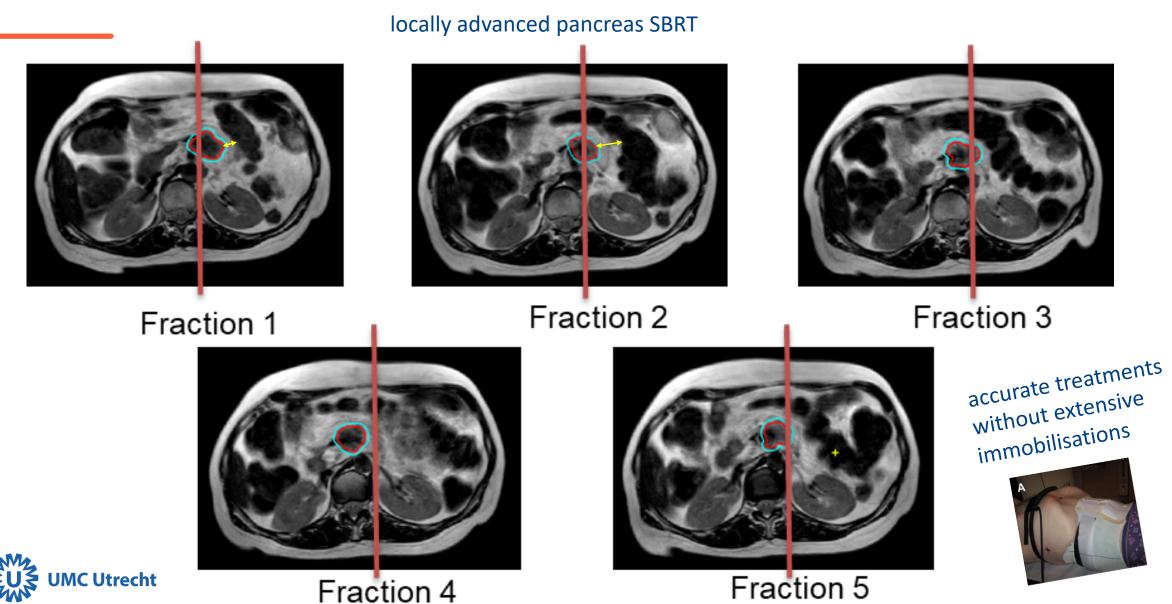


poor compliance to drinking instructions, but

the advent on online image guided adaptive radiotherapy



Adapting the dose to the patient with online MRgRT



Compliance with video-feedback systems for online MRgRT

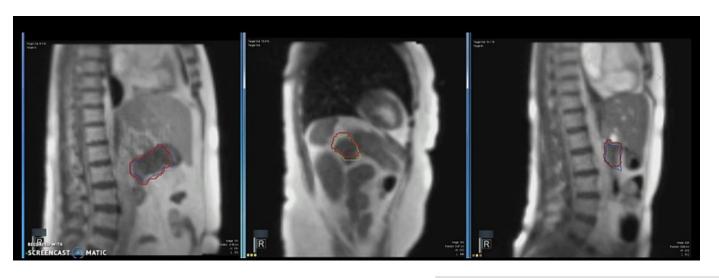


Table 4 Results of the patient-reported outcome questionnaires

How do you rate	After the first fraction $(n = 34)$	At the end of treatment $(n = 34)$	p-value
	Mean (range)	Mean (range)	
Respiratory gated dose delivery (N = 22)			
Was it difficult to control the target by holding your breath?	1.3 (1-3)	1.2 (1-2)	0.739
Was it confronting to watch your tumor on the monitor?	1.2 (1-2)	1.1 (1-2)	0.564
How did you like the possibility to have an active role in control- ling the duration of treatment?	1.2 (1-2)	1.1 (1-2)	1.000

	Not at all	A little	Moderate	Very much
Was it difficult to control the target by holding your breath?	42% (N = 34)	45% (N = 36)	9% (N = 7)	4% (N = 3)
Was it confronting to see your tumor during treatment? (N=79)	86% (N = 69)	9% (N = 7)	3% (N = 2)	1% (N = 1)
Did you like having an active role during treatment? (N=79)	10% (N = 8)	13% (N = 10)	40% (N = 32)	36% (N = 29)
Did you worry about your contribution to the treatment?	62% (N = 50%)	30% (N = 23)	7% (N = 6)	1% (N = 1)

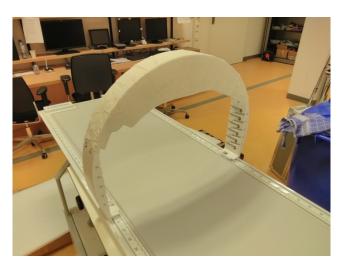
TABLE 4: PRO-Q Results Regarding the Video-feedback System (N = 80 patients)

N: number

Eligibility MR-linac treatment

1. MR eligibilityPatient-related

- - Claustrophobia
 - BMI
 - Noise
 - Implants/ Cardiac devices



Dummy coil

2. MR-Linac eligibility Duration of treatment: 45 to 60 minutes vs. 10-20 min

- Patient-related
- Tumor/imaging-related
- Treatment-related

	Yes	Considerable
Noise	60% (N = 90)	17% (N=26)
Cold	29% (N = 44)	10% (N = 15)
Paresthesia	28% (N = 42)	6% (N = 9)
Dizziness	11% (N = 16)	1% (N = 2)
Local heat sensations	9% (N = 13)	1% (N = 2)
Metallic taste	2% (N = 3)	-
Light flashes	2% (N = 3)	-

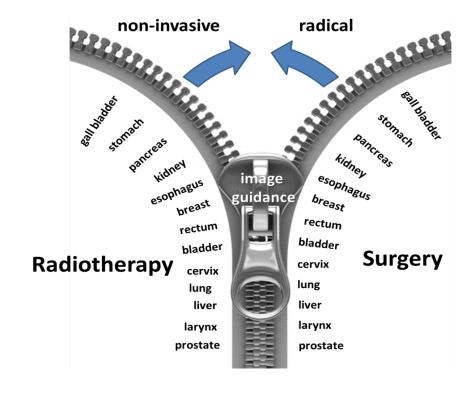
TABLE 3: MR-related Complaints MR: magnetic resonance; N: number



Resuming

- IGRT has drastically diminished the need for immobilization, potentially increasing eligibility (and compliance)
- IGRT has decreased dose to the surrounding tissues enhancing treatment compliance
- MRgRT well tolerated for hypofractionated regimens
- However, the true merit of IGRT/MRgRT is the increased possibility of non-invasively eradicating macroscopic disease thereby further bridging the gap between radiotherapy and surgery

Image guidance is key!







Disclosures

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