





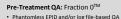








#### What is PerFRACTION™?



- · Point Dose, 2D and 3D absolute dose options
- Use for IMRT, VMAT, SRS/SBRT (with MLCs)

In-Vivo QA: Fraction  $n^{\text{TM}}$ 

- EPID and/or log file-based
- · Point Dose, 2D and 3D options

Automated Data Collection Varian/ARIA
 Ouery/Retrieve for images
 o File Monitor Service for log files

Varian/MOSAIQ

 File Monitor Service for images & log files
 Database query for CBCT

Traceability
 OICOM header info and UIDs are used to associate all
 patient & delivery information

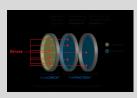
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iViewGT interface for images
 iCom Collector for log files

Elekta

- 2D transmission measured during treatment delivery

   Absolute dose conversion coming soon
- 3D dose reconstruction based on actual MLC movements and delivered MU during treatment



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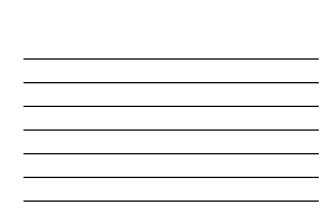


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Machine IP

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Default Protocol applied to all new incoming data automatically (can be edited)	Exhand Dock Dick Dick and the set of the set
Point Dose, 2D and 3D tasks	Inter-Inter-Price         Inter-Inter-Price         Inter-Int
Custom Protocols can be created per site or physician preference	Listence / public
<ul> <li>Clinical Goals templates contain the Dose Volume constraints</li> </ul>	EXCESSION From T
<ul> <li>75 pre-configured templates (Quantec, RTOG, etc.)</li> </ul>	All         B         B         B           Max
<ul> <li>Custom templates can be created</li> <li>7 dose volume metrics available</li> </ul>	Image         Display         - <th< th=""></th<>

#### Cine (continuous) Imaging

Imaging Techniques & Considerations Integrated Imaging

 Varian C-Series & True Beam, Elekta
 Used for 2D Analysis only

- Or Cseries & Elekta: multiple cine frames
   Oran be used for simultaneous 2D and 3D analysis
   PerFRACTION will composite frames into single image for 2D
   Frames will be used for MLC detection in 3D reconstruction

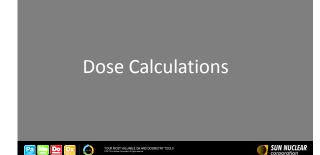


- True Beam: MPEG encoding
   Lossy compression makes unsuitable for 2D analysis

  - > 3D reconstruction only
     > 3D reconstruction only
     > A reconstruction only
     > 3D reconstruction for 3D

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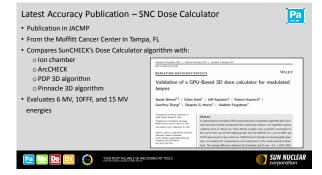
#### Dose Calculation Algorithm

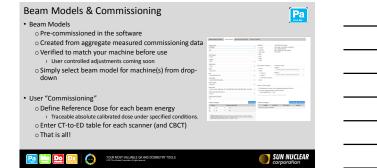
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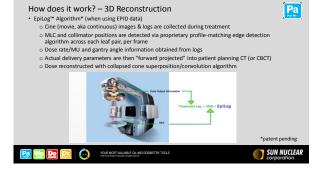
- Collapsed Cone Superposition/Convolution algorithm

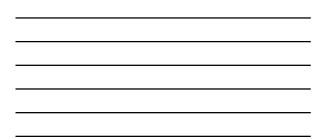
   Exclusively licensed from Johns Hopkins University
   GPU accelerated
- References:
  - Real-time dose computation: GPU-accelerated source modeling and superposition/convolution. Jacques, et al. <u>Med Phys.</u> 2011 Jan;38(1):294-305.
  - Towards real-time radiotherapy: GPU-accelerated superposition/convolution. Jacques, et al. <u>Comput Methods Programs Biomed.</u> 2010 Jun;98(3):285-92.

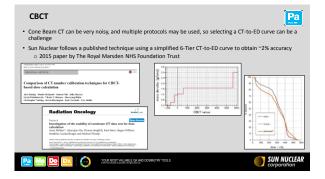
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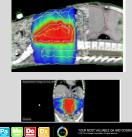








#### Patient CBCT



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- · Automatic reconstruction of dose on daily or periodic CBCT images
- Rigid registration and fusion with planning CT using offsets in DICOM registration object
- When CBCT is used for dose calculation, the 3D Analysis image display reflects the merged CBCT/Plan CT image
- Custom CT-to-ED tables can be created for each CT scanner and EPID panel/CBCT
- System allows you to recalculate dose using a previous CBCT or the original Plan CT image

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### Fraction 0: Pre-Treatment QA

Fraction 0<sup>™</sup>

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Phantom-less pre-treatment QA

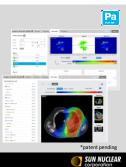
 Fraction 0 Absolute Dose (FZAD) 2D analysis of EPID images converted to dose
 Calibration per energy and SID\*

Fraction 0 3D

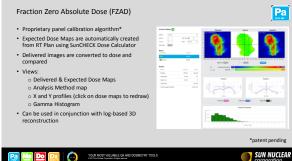
 3D dose reconstruction on planning CT
 Same 3D analysis/review options as Fraction n for apples-to-apples comparison

 Use same RT Plan as for treatment – no additional QA plans or dose maps required

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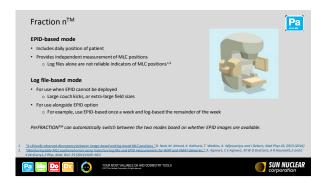






Fraction 0 3D				Pa
<ul> <li>Two Ways to perform         <ul> <li>Cine imaging (EpiLog reconstruct</li> <li>Log-only reconstruction (if also p</li> </ul> </li> </ul>		AD)	Non-matrix         Non-mat	
<ul> <li>Point Dose and 3D Analysis tasks ava</li> </ul>	ilable	1		
Represents the actual conditions of a	delivery			
in patient anatomy				
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#### Fraction n Transit 2D Analysis Choose from 5 analysis methods:

- o Gamma, % Difference, Composite Evaluation (DTA), Gradient Compensation, Diff-to-DTA
- · Delivered images are compared to baseline image (typically first fraction) o Absolute dose calibration coming soon
- Example on right:
- AP/PA chest, no IGRT
   SSDs checked daily
   Block changed to cover more heart
- Central lung progressively colder
   Periphery progressively hot
- Based on PerFRACTION results, CBCT performed: revealed lung had filled with fluid, peripheral separation change

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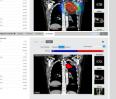
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#### Fraction n 3D with EpiLog (and CBCT)

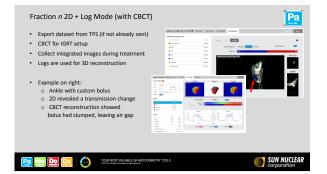
- Export dataset from TPS (if not already sent)
   Optional: CBCT for IGRT
   Collect cine images during treatment
   Epilog is used for 3D reconstruction

- Example at right:
   Fraction 1 shows dose reconstruction on CBCT, high passing rates
  - As lung tumor shrank gamma passing rates steadily declined
  - Tumor change and dosimetric effect clearly visible on later fractions



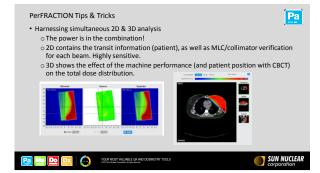
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#### PerFRACTION Tips & Tricks (continued)

"What should my tolerances be?"

- #1 question!
- Task Groups 218 (IMRT QA) & 219 (secondary calculations) will recommend 95% passing rate for gamma at 3%/2mm o for both 2D and 3D
- A new task group for EPID in vivo QA just approved
- o some time before conclusions
- Up to each department to determine their goals for using the software identify all variations or only "potentially significant" errors? Set tolerances accordingly.
- Some have suggested using half of "reportable event" values to detect large errors, up to 5-10% difference (depending on regulations)

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#### System Benefits and Limitations

- BENEFITS Automation – capable of handling more data with less direct interaction
- Comprehensive 1D/2D/3D simultaneous analysis, multiple methods and data review
- Integrated all patient QA in one workflow, total QA (patient & machine) in one platform
- Independent independent measurement & verification
- Web based access from any networked computer with an internet browser

#### LIMITATIONS

- Data dependent if machine does not produce the data (logs, images) or if the data is not usable for some analyses
- DICOM dependent sometimes desired information is missing from the DICOM objects
- Network dependent if the hospital network is down or slow, processing will be affected (same as for many server-based TPS and R&V systems)
- $\label{eq:machine} Machine \ configuration \ dependent some \ machine/R\&V \ combinations \ make \ setting \ up \ automation \ more \ complicated$

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#### CONCLUSION

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- · PerFRACTION from Sun Nuclear is an automated, web-based comprehensive patient QA software that utilizes EPID images and log files for pre-treatment QA (Fraction 0) and transit *in vivo* QA (Fraction *n*) as part of the SunCHECK platform.
- Automation and analyses function by harnessing hospital network and DICOM traceability to match data (images, logs) to patient datasets exported to the system. Proprietary algorithms for EPID panel calibration and MLC position detection power the core functionalities.
- · Clinical workflows are designed to be minimally invasive, with a single DICOM export to initiate the entire patient QA process and interaction with the software only when review or reporting is required.



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