



# Quality management in multidisciplinary care and radiotherapy

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# Overview

- Impact of the technological innovation on RT and QA
- Quality Assurance in RT
  - Machine related QA
  - Patient specific QA
  - RT process QA
- link to radiology, nuclear medicine, oncology, surgery, palliative care, dietists, ...

# Definition QA in RT

- In history: “Physical and technical aspects of equipment, dosimetry and treatment delivery”
- Now: “Broader than a restricted definition of technical maintenance and quality control of equipment and treatment delivery. QA has clinical, physical and administrative components”

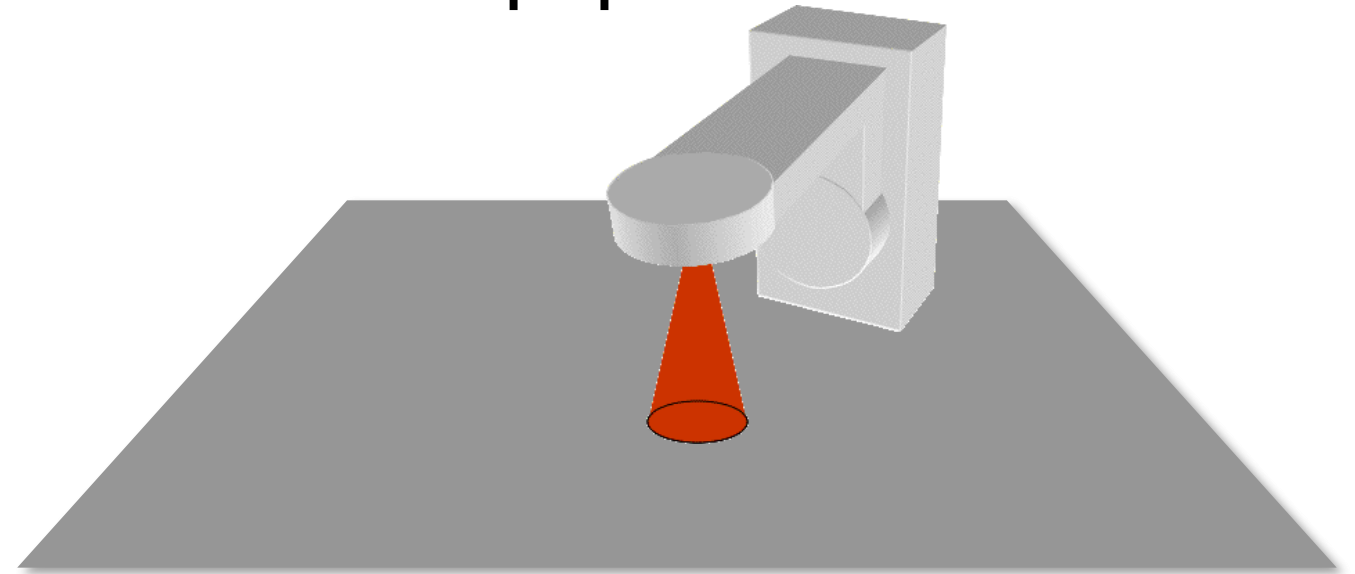
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# Increasing technological complexity

RT Equipment ...-1990

“The Working Horse”



One Main System: The Treatment Unit

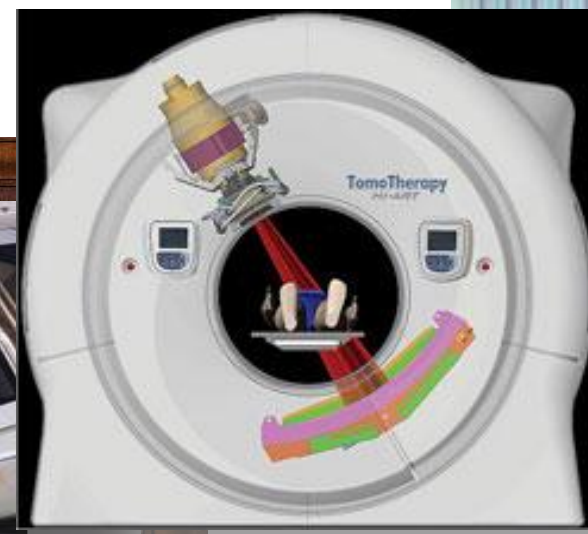
Cobalt Unit



Linac Unit

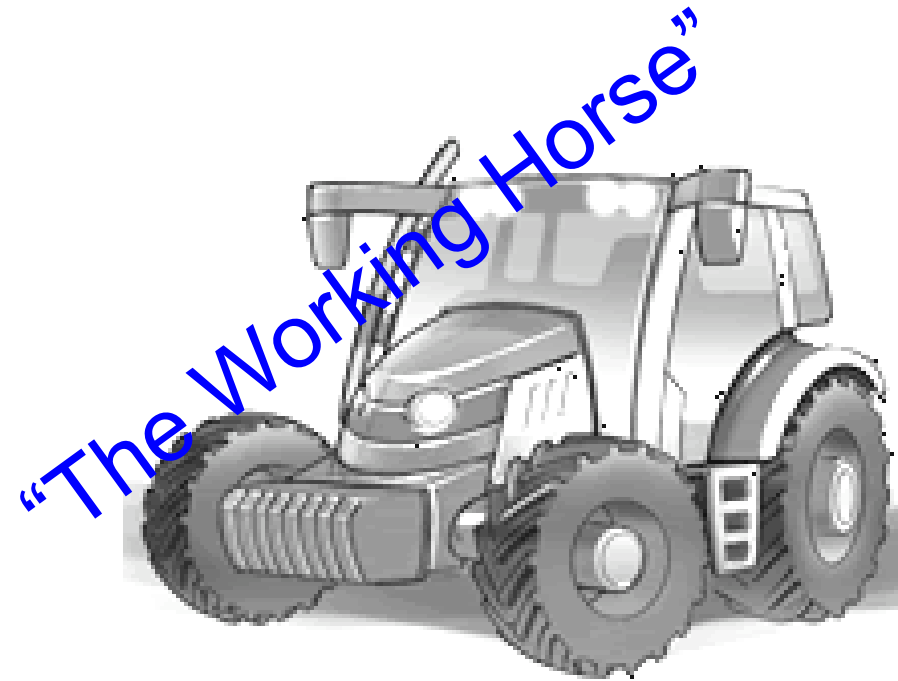


Advanced Linac Unit

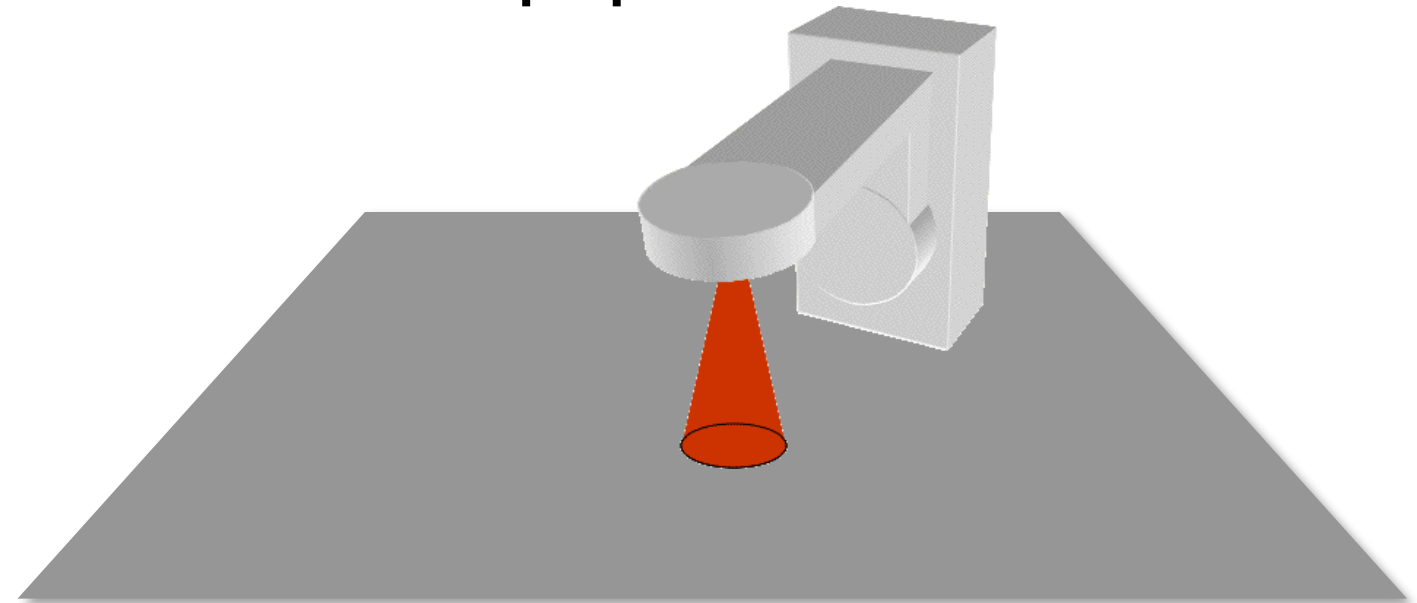


Time

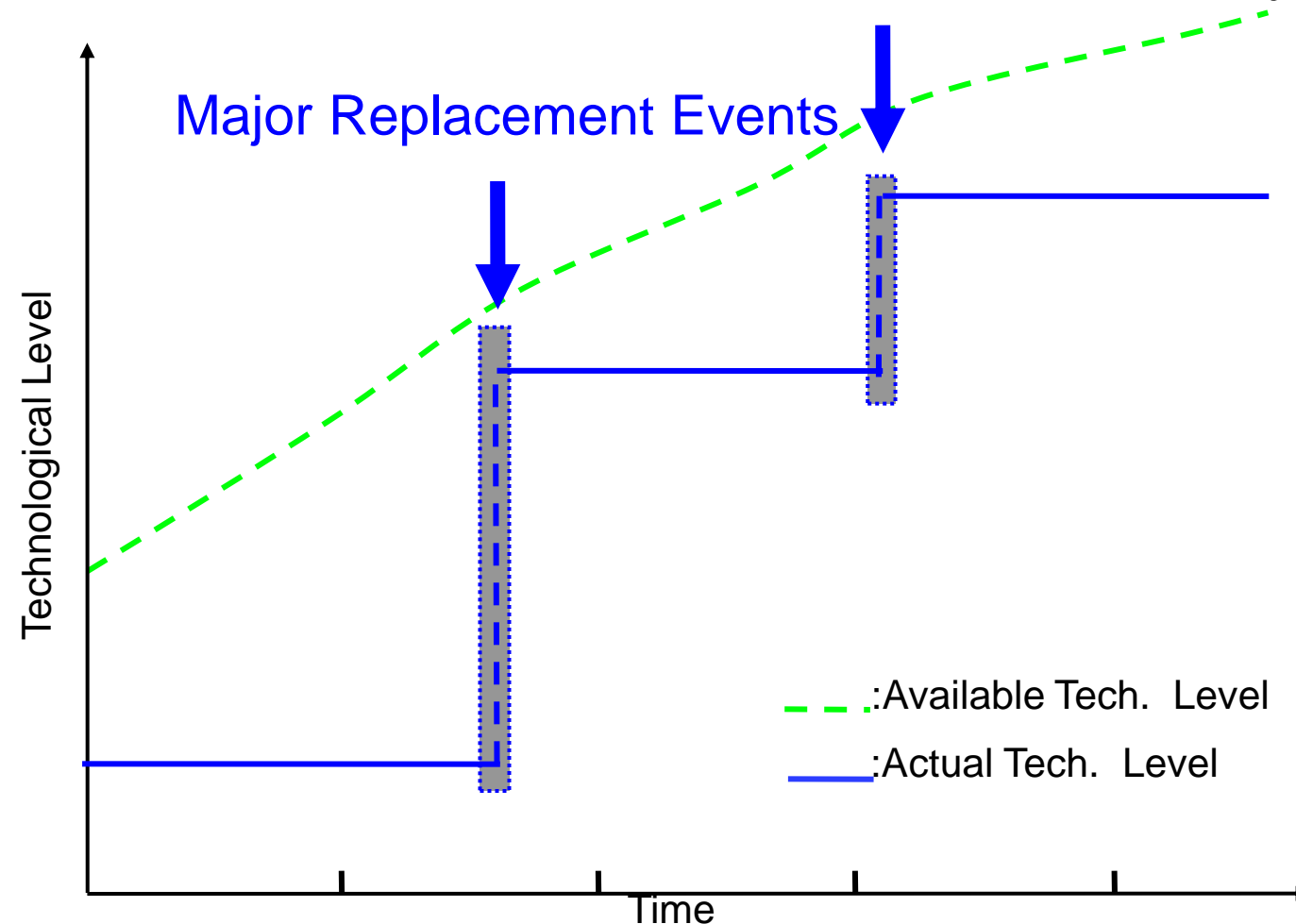
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RT Equipment ...-1990



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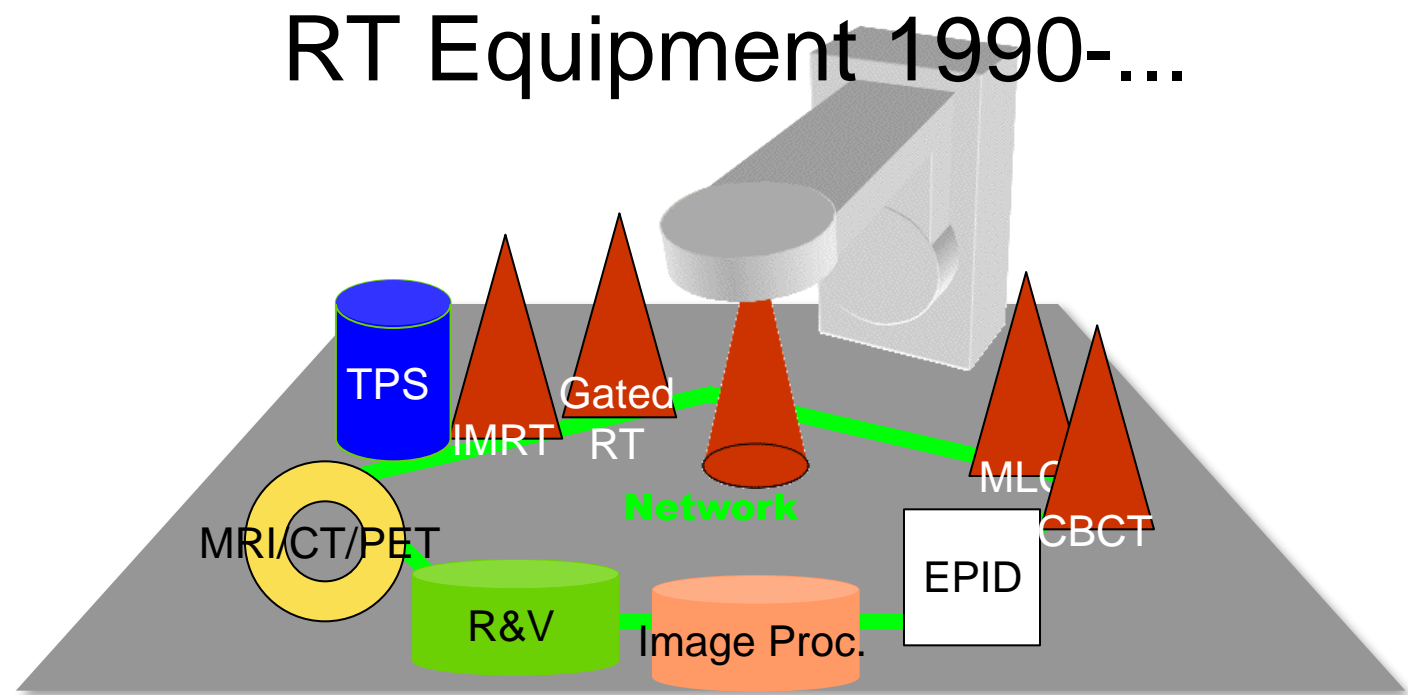


“Changes/Innovation mainly during major replacement events”

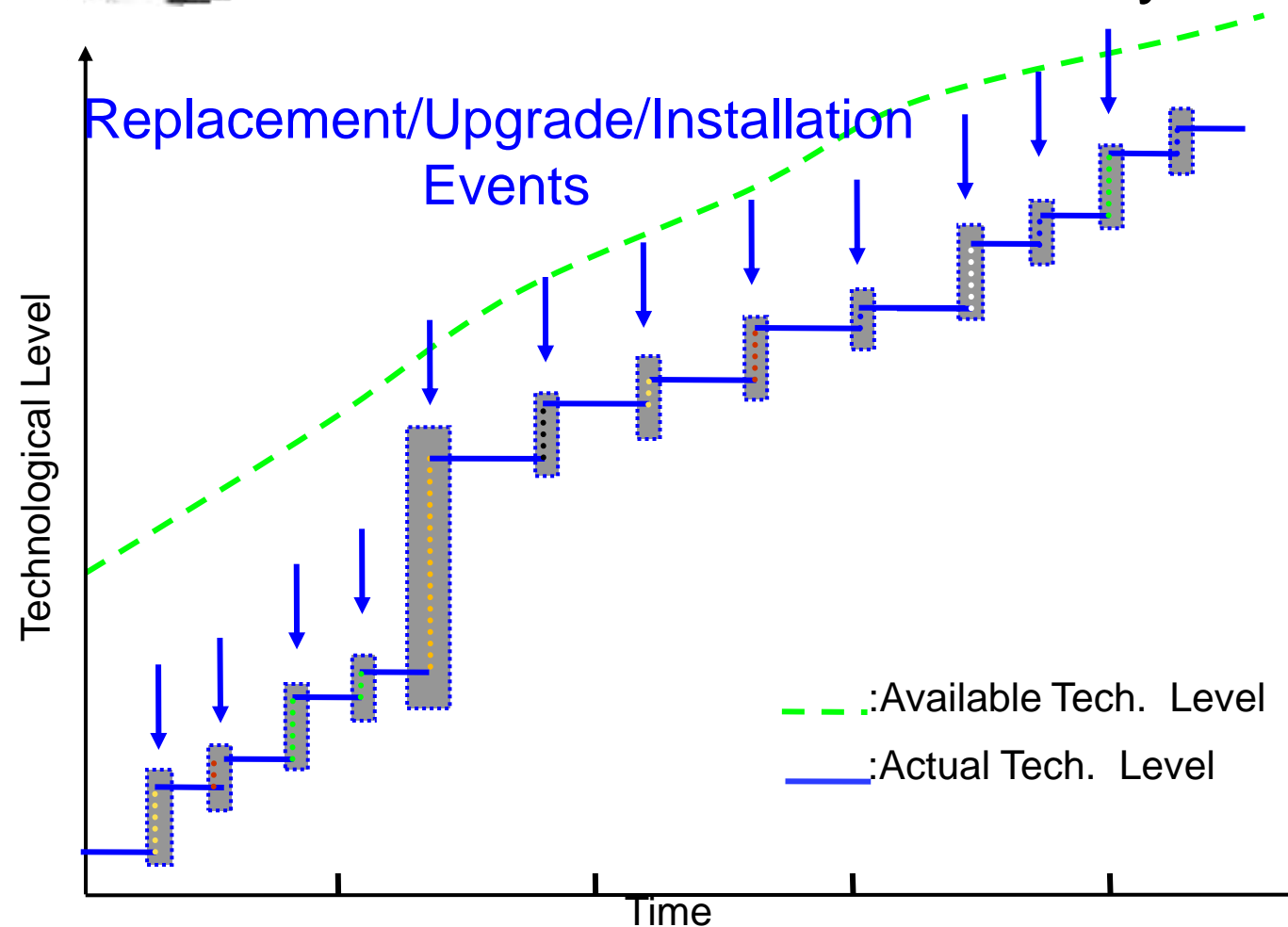


# Increasing complexity

RT Equipment 1990-...



Many Connected Sub-systems



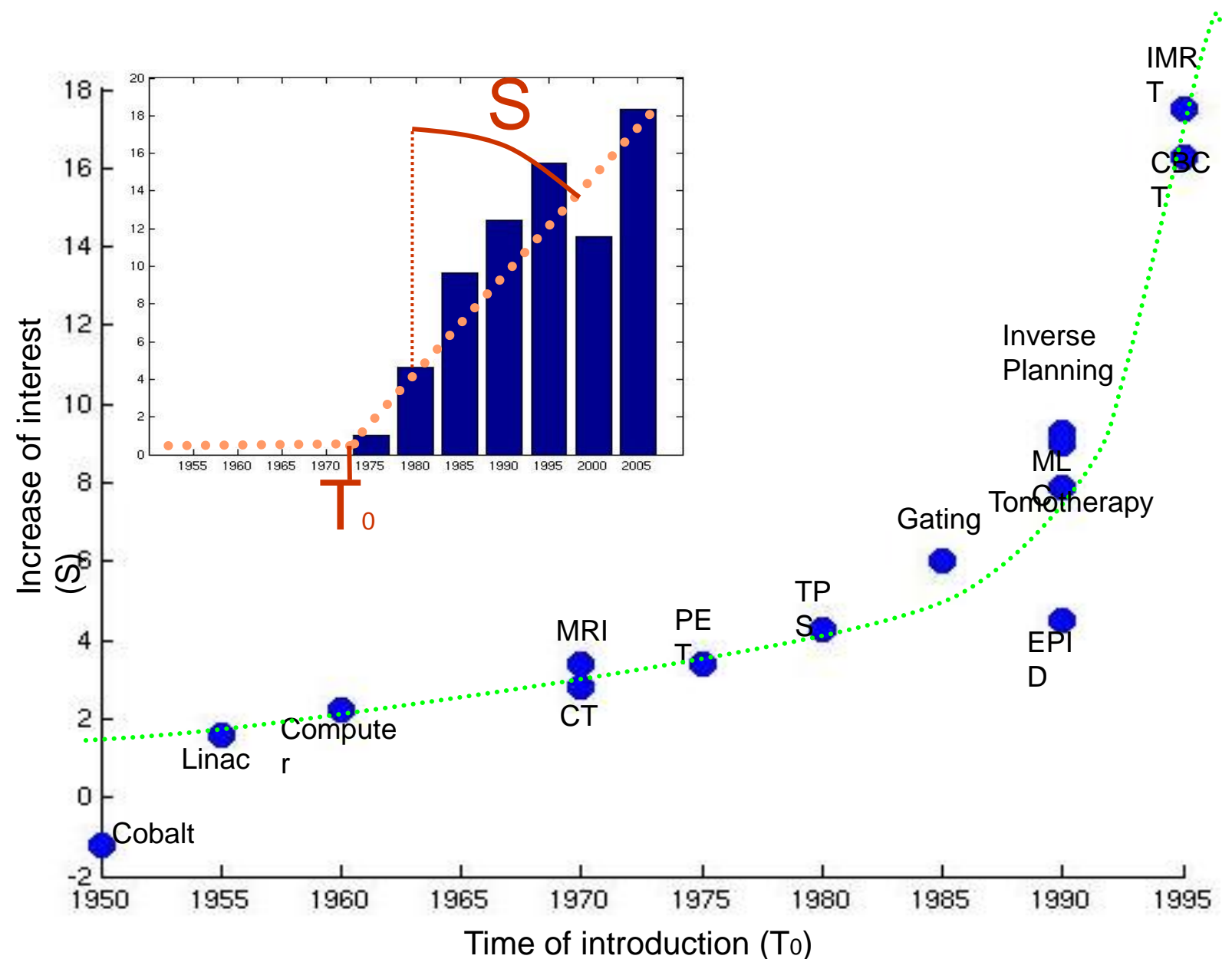
"Changes/Innovation as a continuous process consisting of minor subsequent events"

Example:

- > Software Upgrades
- > Sub-system installation

...

# Increasing complexity



Conclusion:

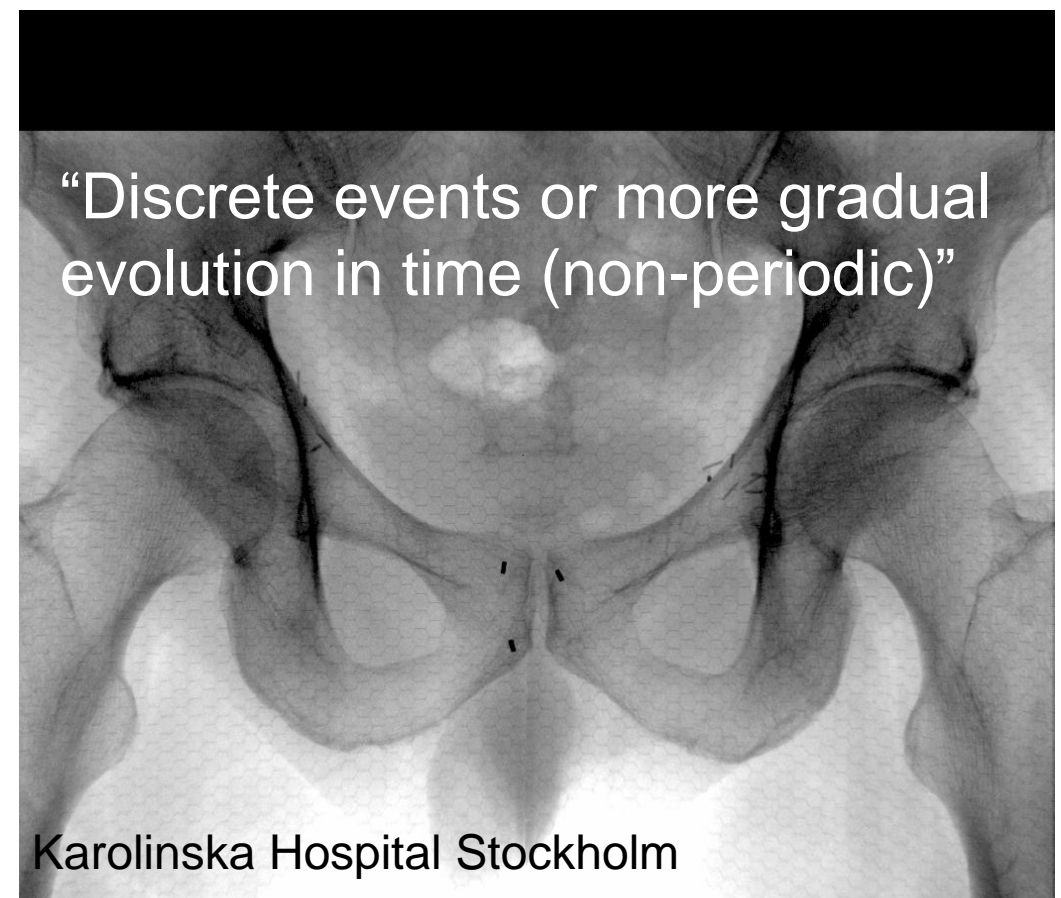
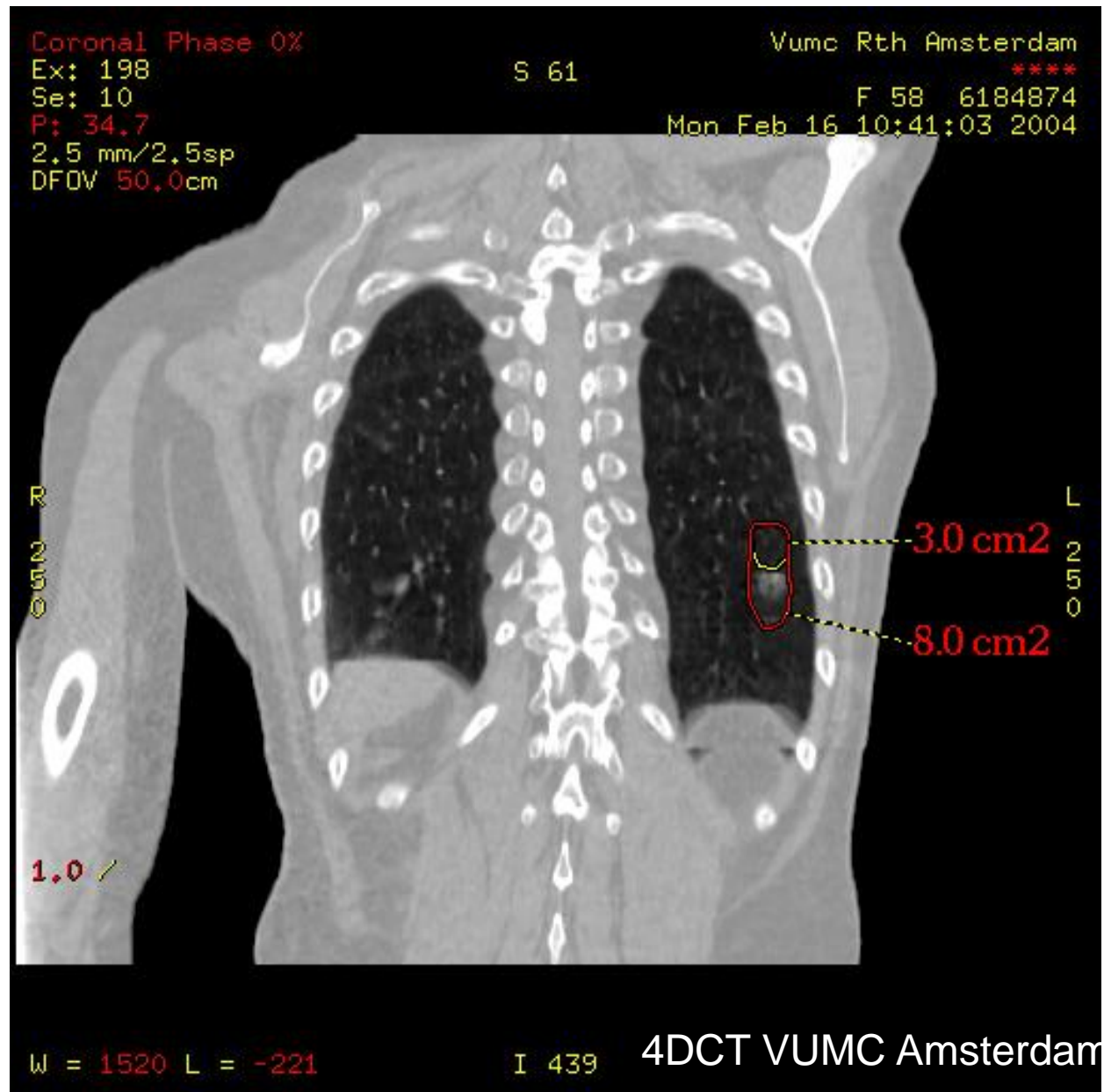
RT is an increasingly complex environment  
New technology is introduced increasingly  
faster



# “Moving Tumor Problem: Intra-fraction motion ”

“Different types of intra-  
fraction motion”

“Quasi-periodic”



## Intrafraction prostate movement (Calypso)

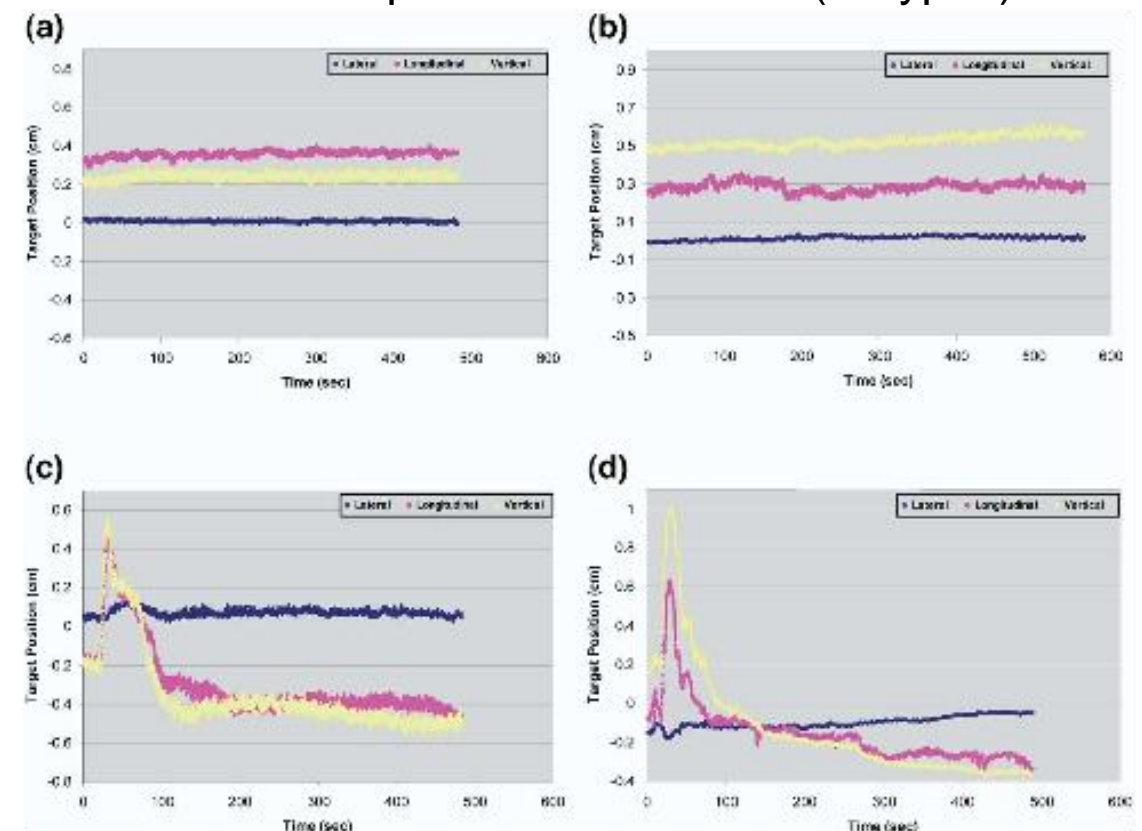


Fig. 3. Variation in X (lateral L/R, blue), Y (longitudinal S/I, yellow), and Z (vertical A/P, pink) locations over time for the entire 8-minute session in 4 of the 11 patients. (a) and (b) Patients in whom the prostate was relatively stable during the tracking period. (c) and (d) Patients in whom the prostate displayed significant excursion during the tracking period.

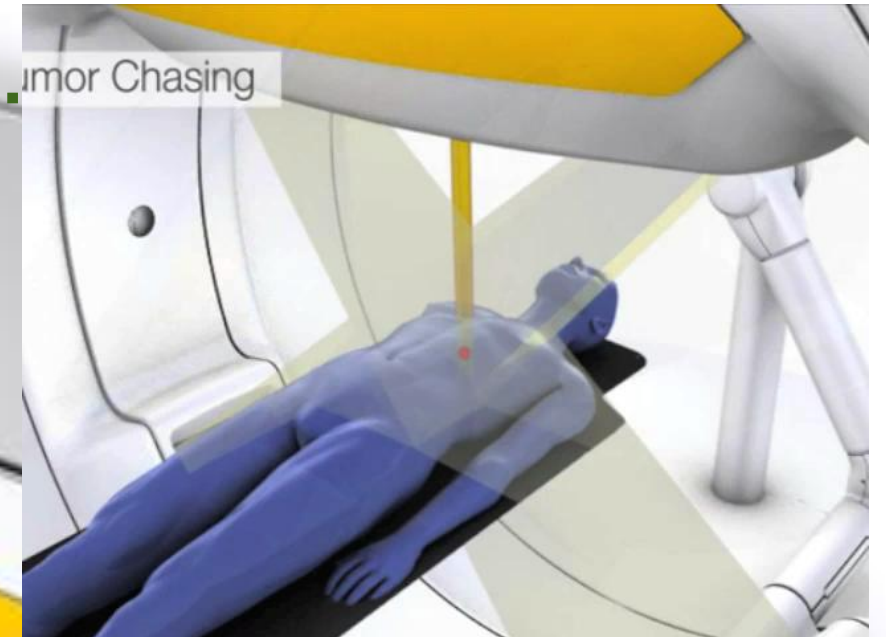
# Tracking with Fluoroscopy

Fluoro  
Imaging  
System

Tracking  
Controller

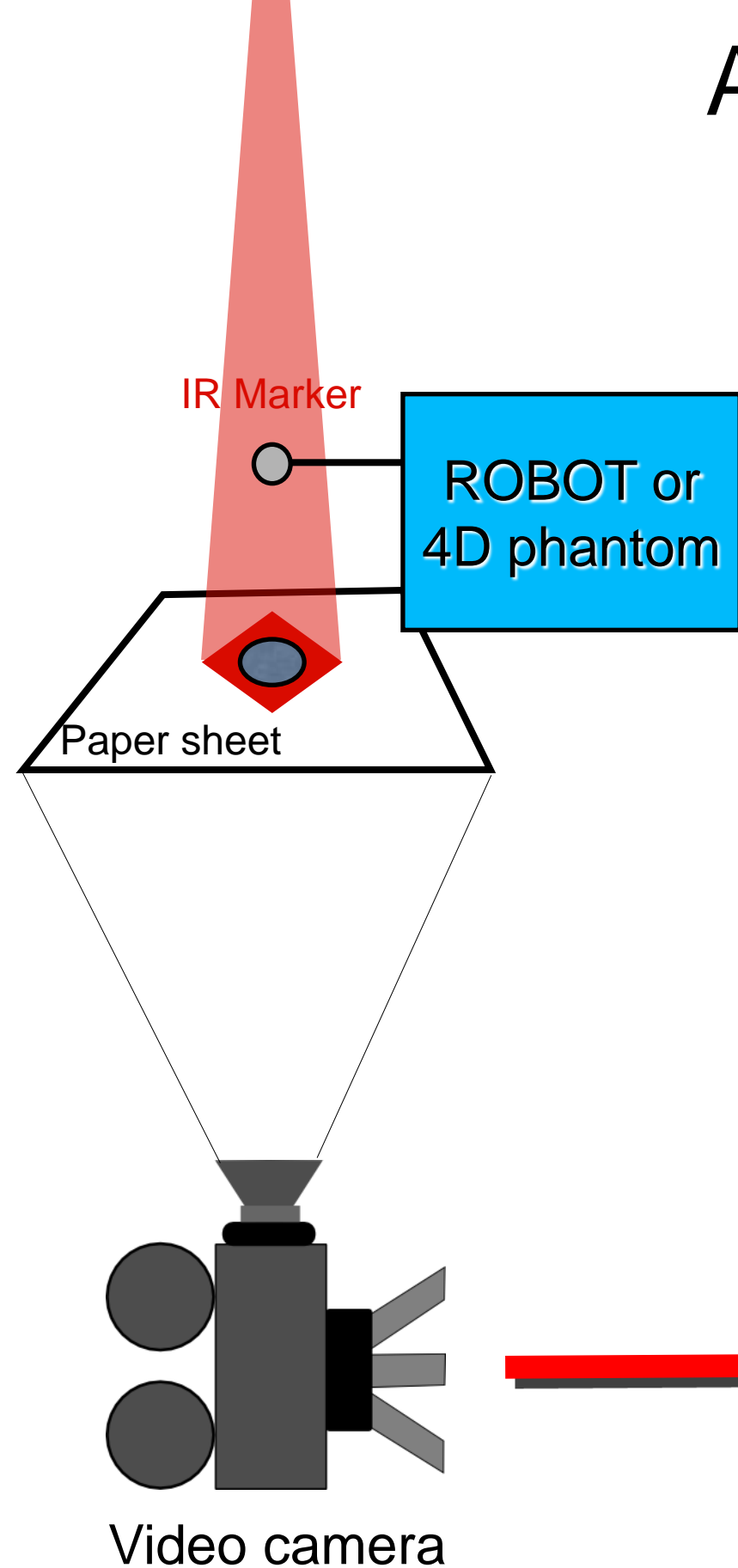
MLC

TUMOR



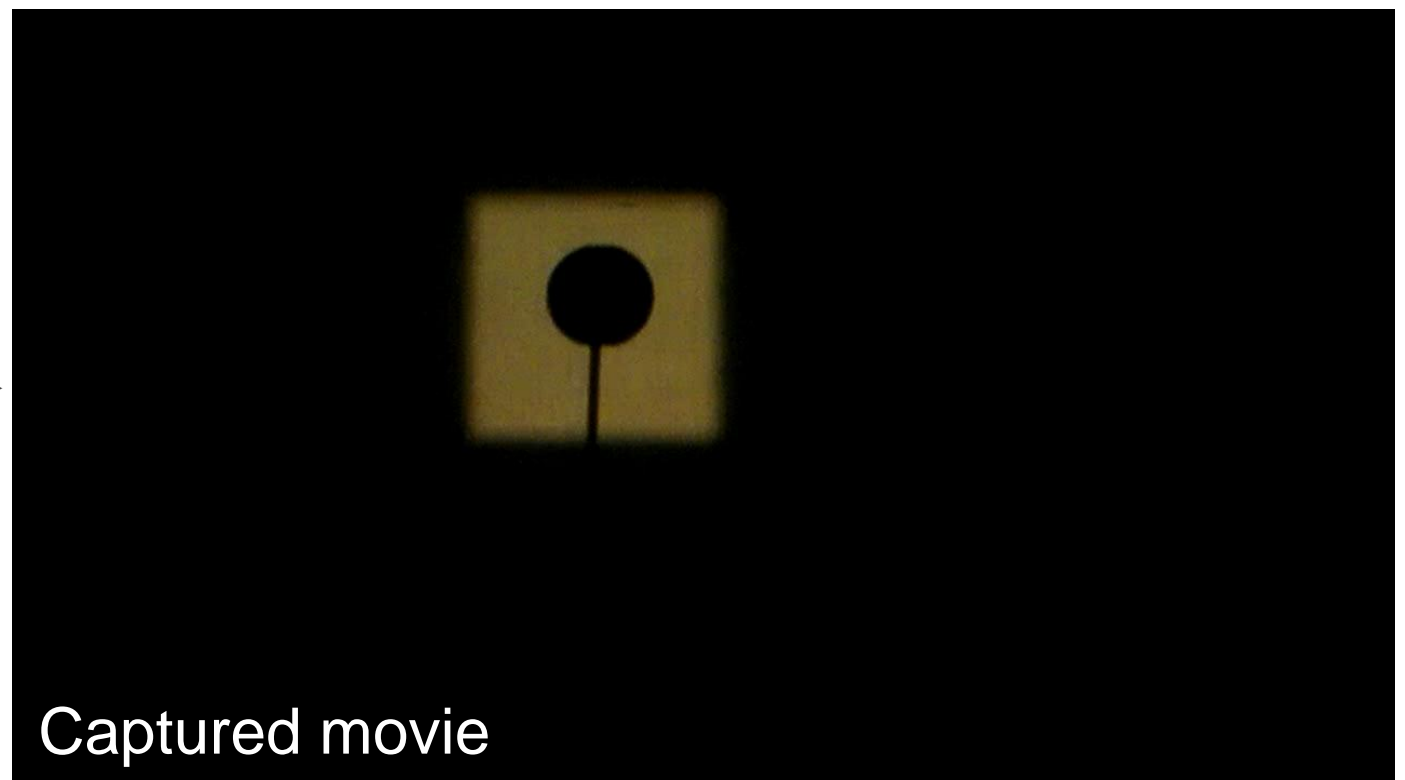
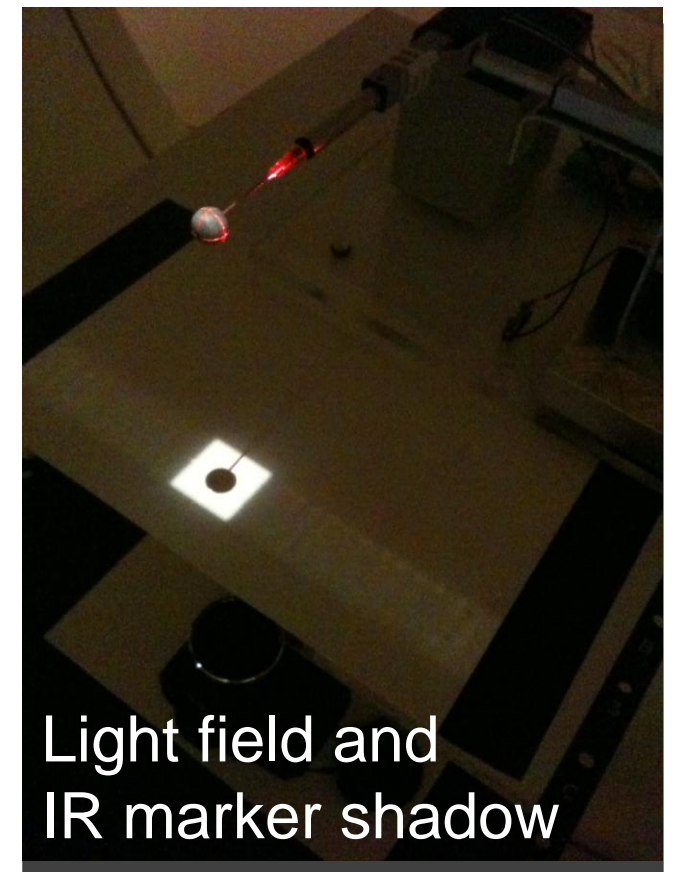
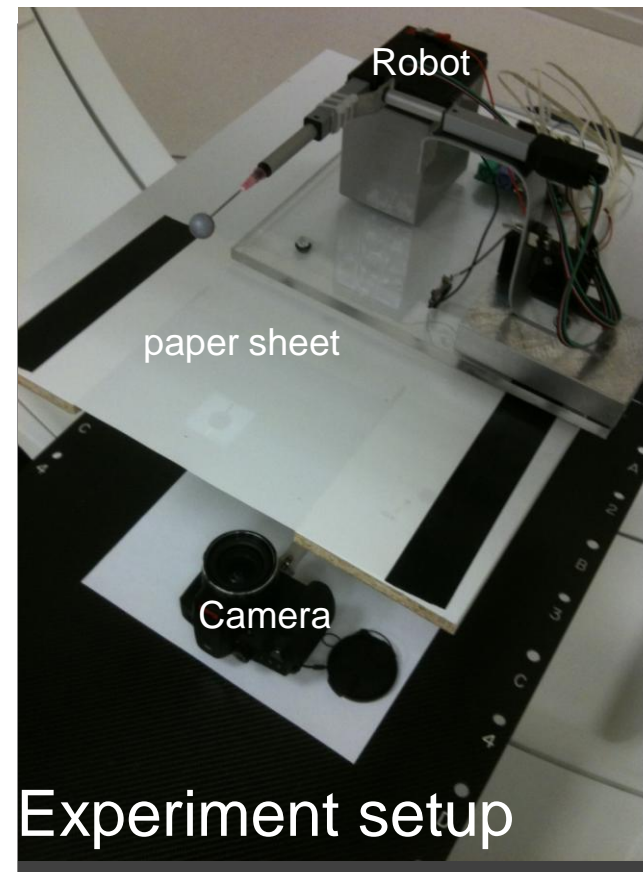


# Adaptive Radiotherapy (ART) QA



*"**Independent** measurement of tracked object position **and** tracking beam position with **high resolution** and **high sampling rate**"*

Depuydt et al. 2010



# ART QA

- With the possibilities for motion tracking getting commercially available, we are moving into an era where treatments are made and changed “in real time” based on autonomous machine decisions.

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- link to radiology, nuclear medicine, oncology, surgery, palliative care, dietists, ...



# Quality Assurance Aspects in Radiotherapy

```
graph TD; A[Quality Assurance Aspects in Radiotherapy] --> B[Machine related QA]; A --> C[Patient specific QA]; A --> D[RT Process QA]; B --- E[link to radiology, nuclear medicine, oncology, surgery, palliative care, dietists, ...]; C --- E; D --- E;
```

## Machine related QA

“Related to the performance/constancy of the equipment used for imaging, treatment preparation and treatment delivery”

- linac performance*
- imaging quality*
- mechanics*
- TPS*
- ...

## Patient specific QA

“Related to the specific treatment of each patient”

- treatment plan*
- delivery accuracy*
- patient positioning*
- ...

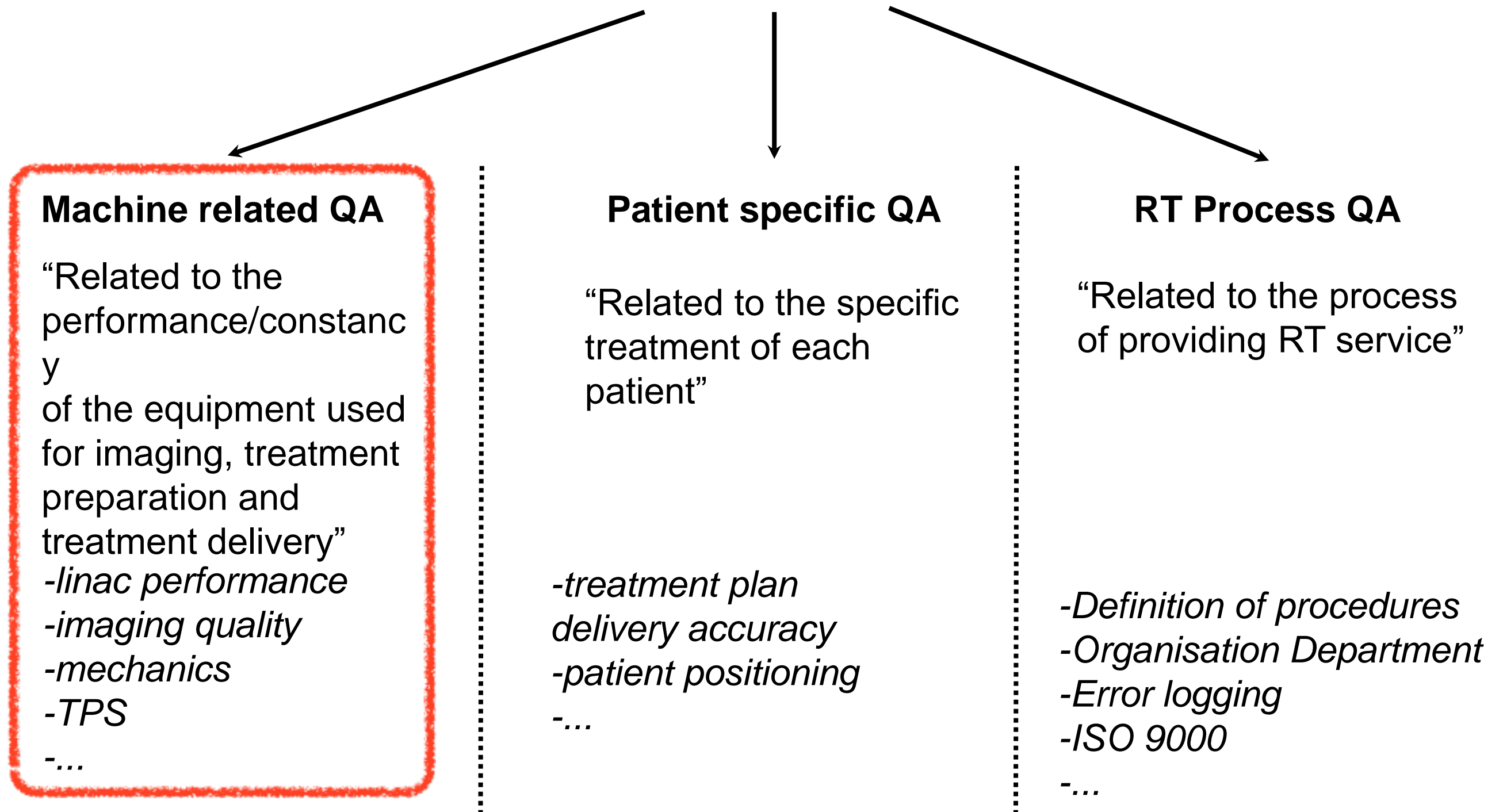
## RT Process QA

“Related to the process of providing RT service”

- Definition of procedures*
- Organisation Department*
- Error logging*
- ISO 9000*
- ...

link to radiology, nuclear medicine, oncology, surgery, palliative care, dietists, ...

# Quality Assurance Aspects in Radiotherapy

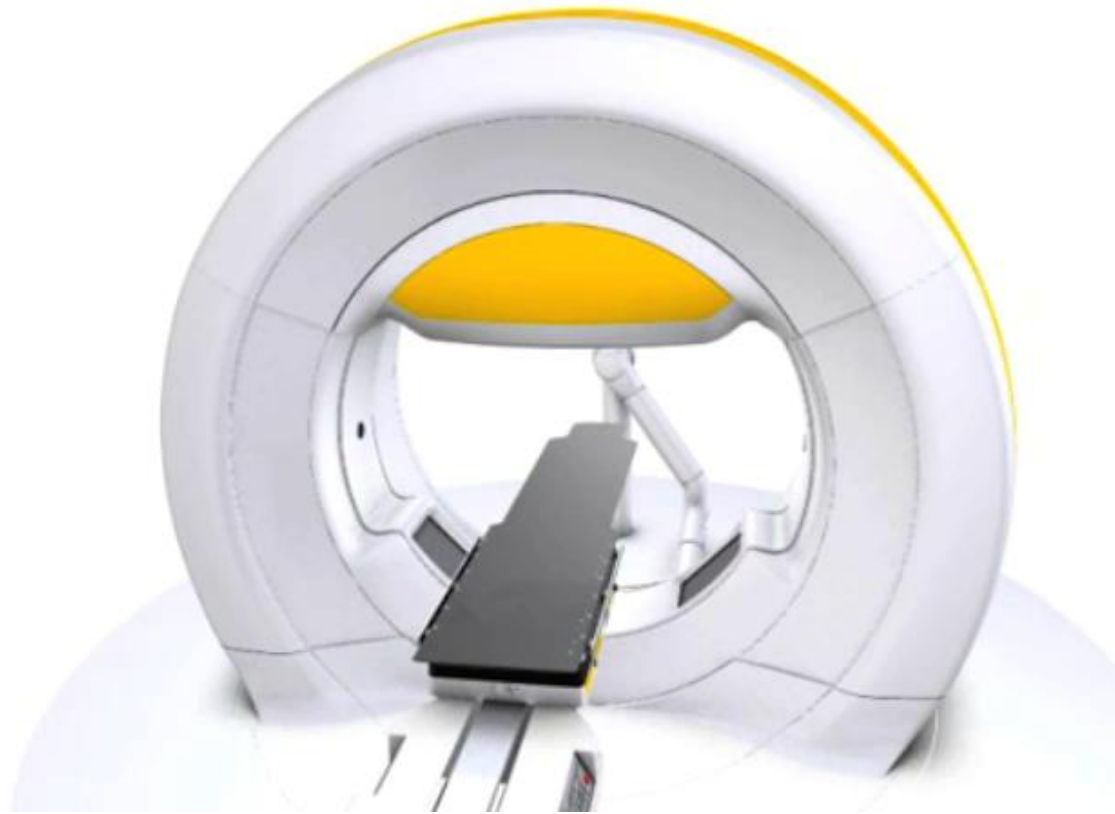


link to radiology, nuclear medicine, oncology, surgery, palliative care, dietists, ...

# Machine related QA

## Radiotherapy Treatment Unit

“Classic” platform



### BrainLAB/MHI VERO Platform:

Gantry rotation (**A**):  $[-185^{\circ}, 185^{\circ}] \pm 1^{\circ}$

O-ring rotation (**B**):  $[-60^{\circ}, 60^{\circ}] \pm 1^{\circ}$

Isocenter accuracy :  $\pm 0.5 \text{ mm}$  / **0.1 mm** (with tilt comp.)

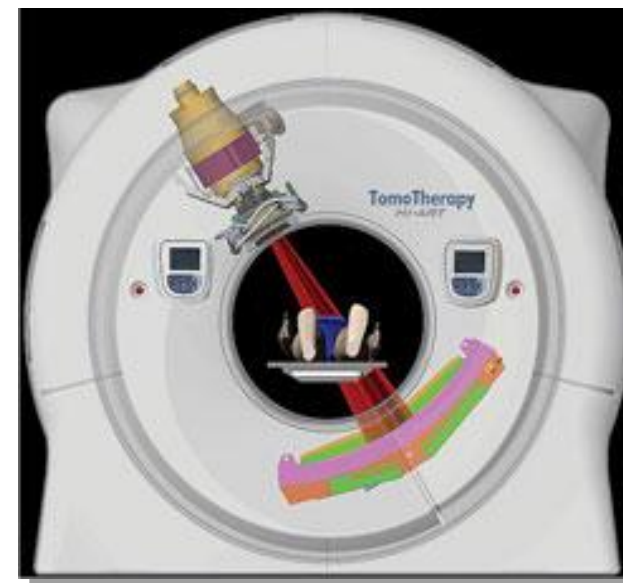
Gantry bore : 125 cm at mMLC, 200 cm elsewhere

Couch : 5D (lat, long, vert, roll, pitch)  $\pm 0.1 \text{ mm}$



C-arm  
(360°)

Tomotherapy platform



CT-like  
ring gantry  
(helical)

# Machine QA

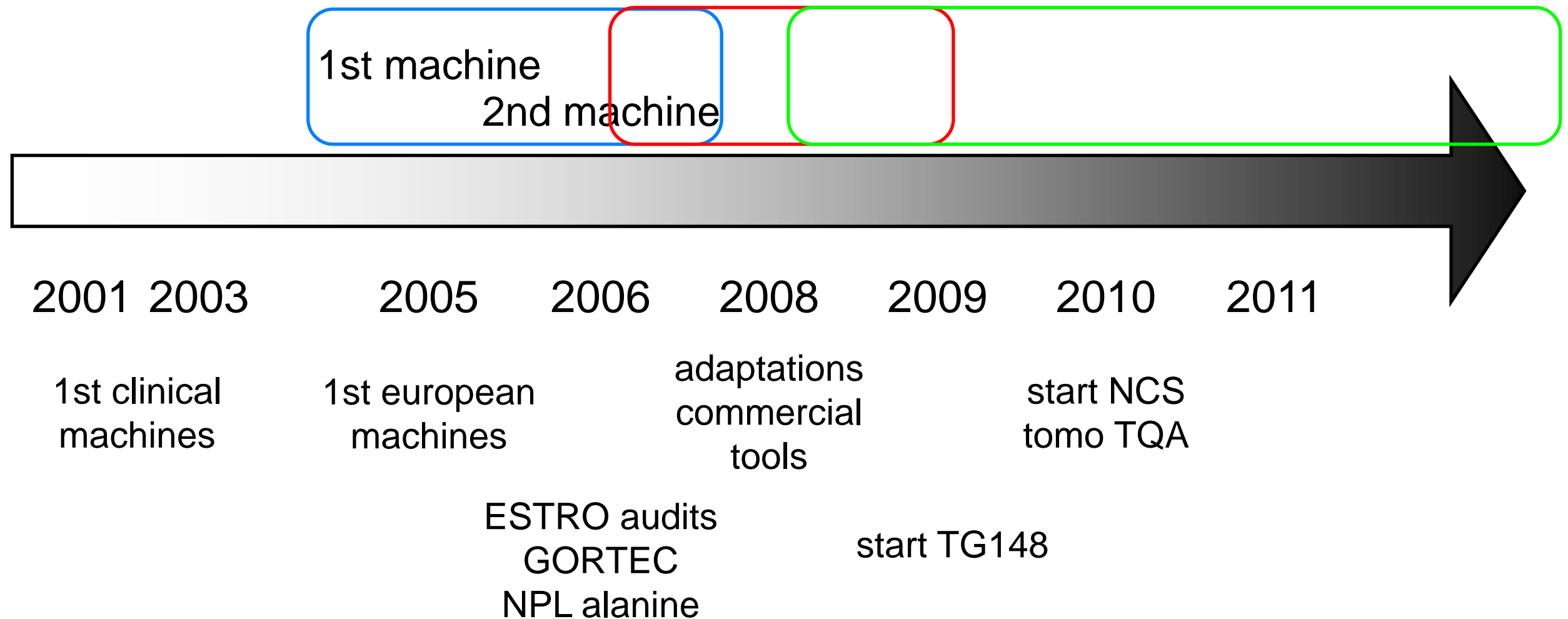
- Problem : New techniques are moving away from the standard dosimetry techniques (tomo, cyberknife)
- A gap has fallen between basic measurements and treatments (which are much less basic)
- Adaptation of protocols is a long and slow process.

# Timeline (Tomo)

Extensive QA, audits, calibration

Development tomocheck-imrt2TC

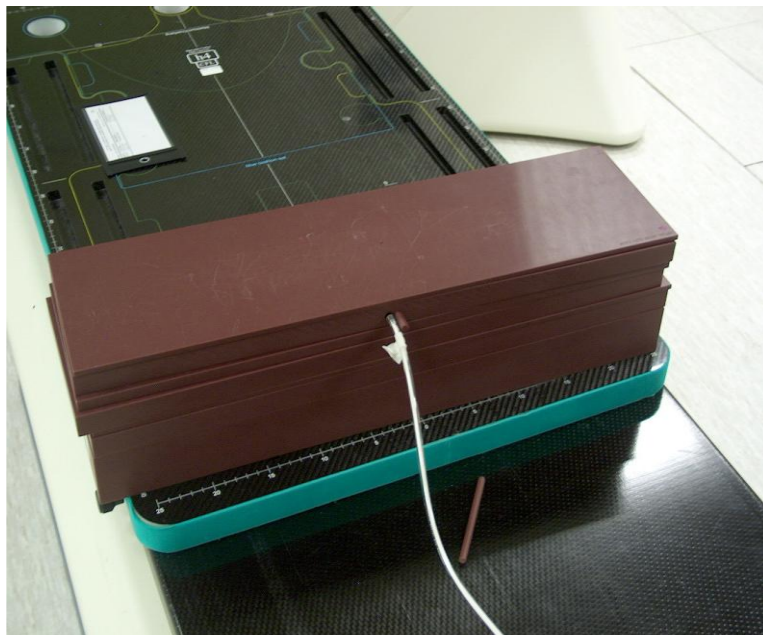
Routine QA





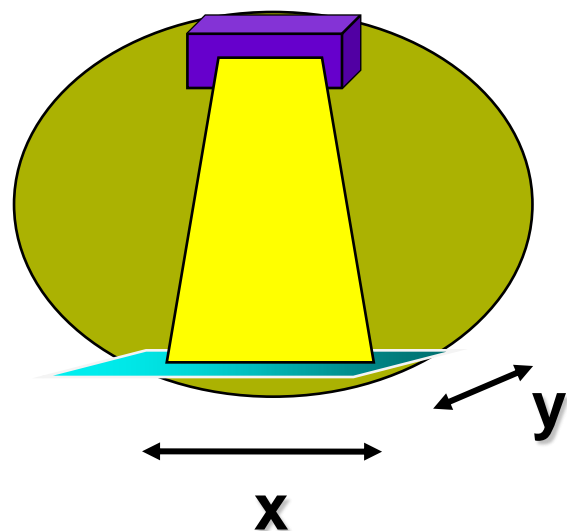
# Absolute dosimetry

- TG51/TRS398 but without the standard conditions
- Adapted kq values
- Static measurement/rotational treatment
- only measurement of 5cm field possible

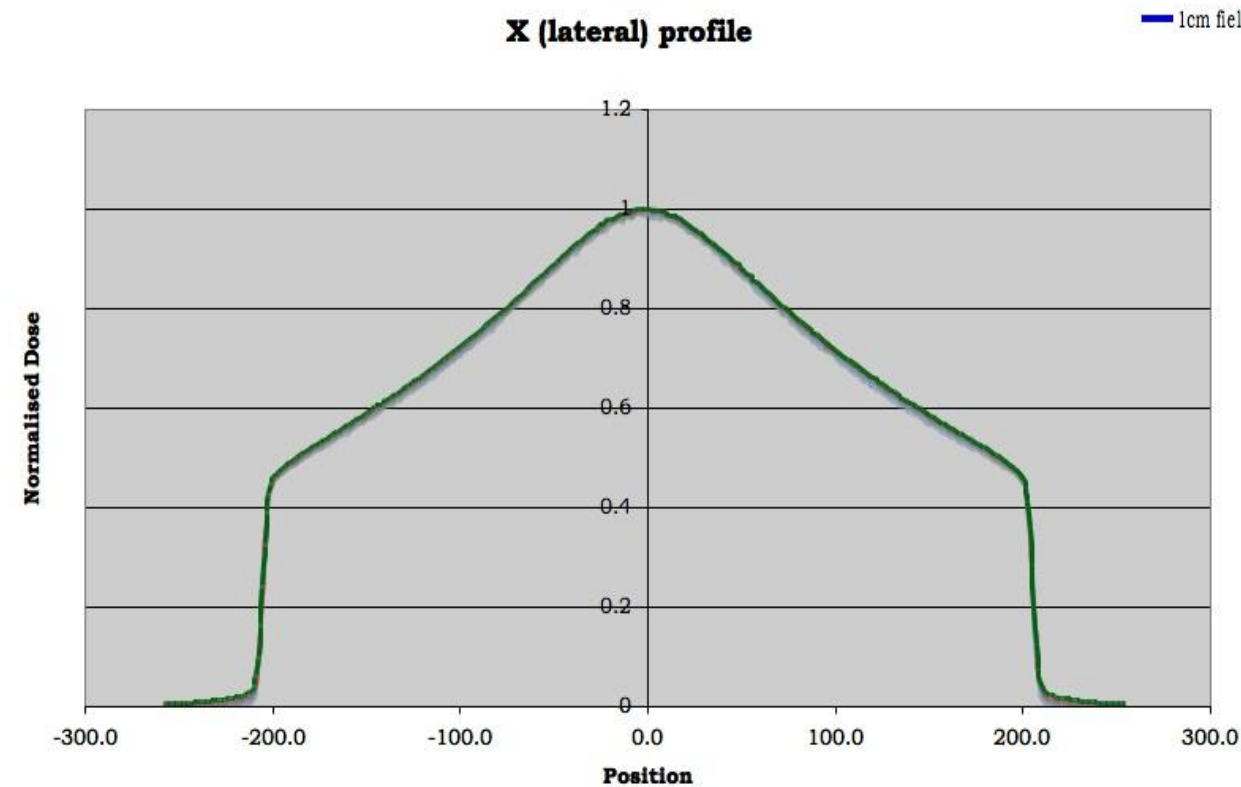
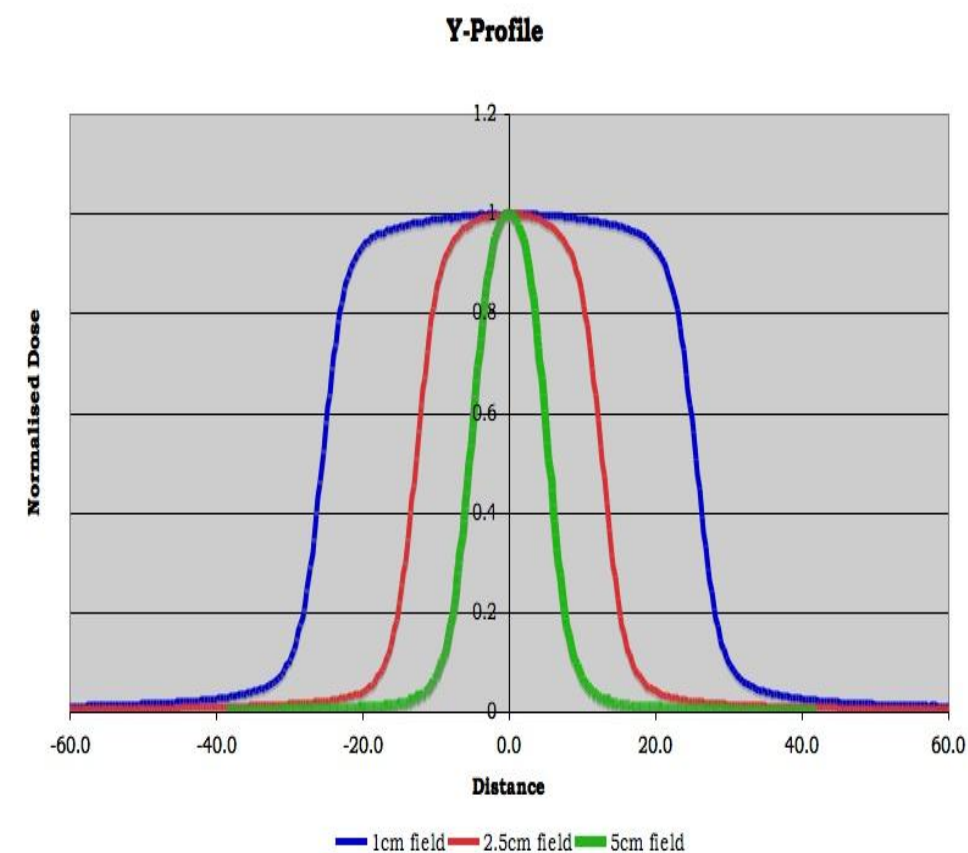


**Exradin\* A1SL, 0.056 cm<sup>3</sup>  
(cavity 4.05mm by 4.4mm)**

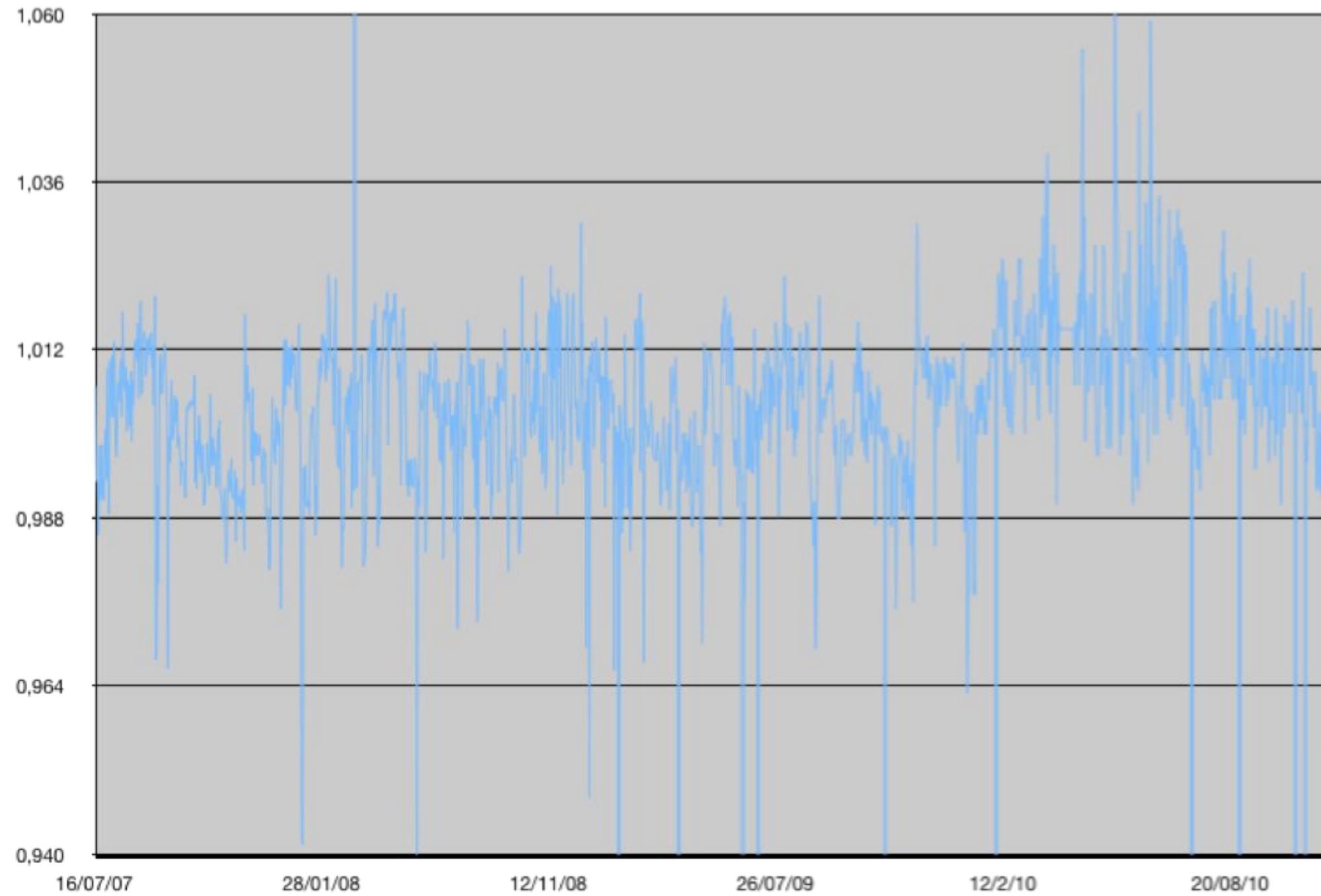
# Beam Profiles



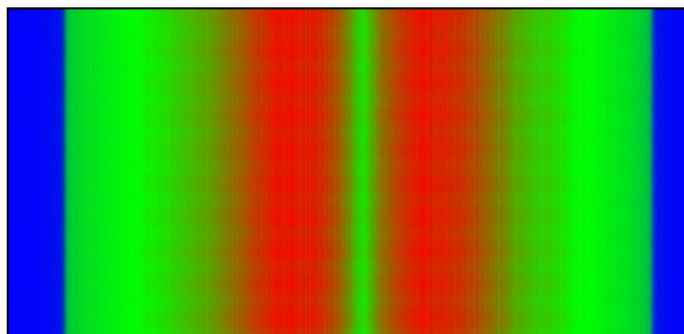
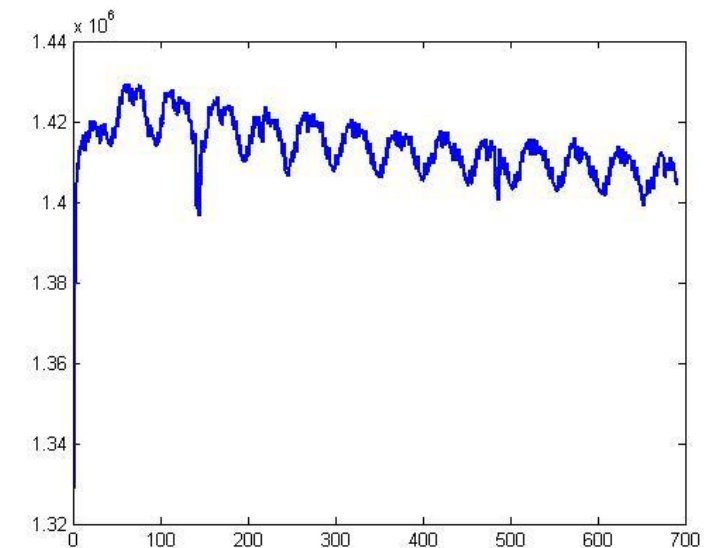
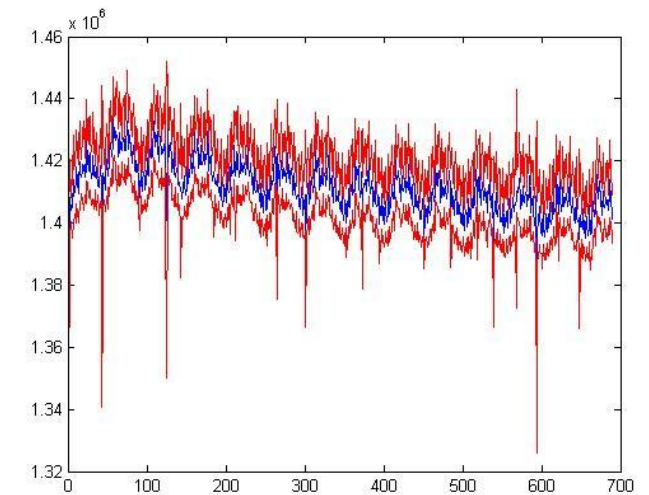
40cm x (1,2.5,5)cm



# Output



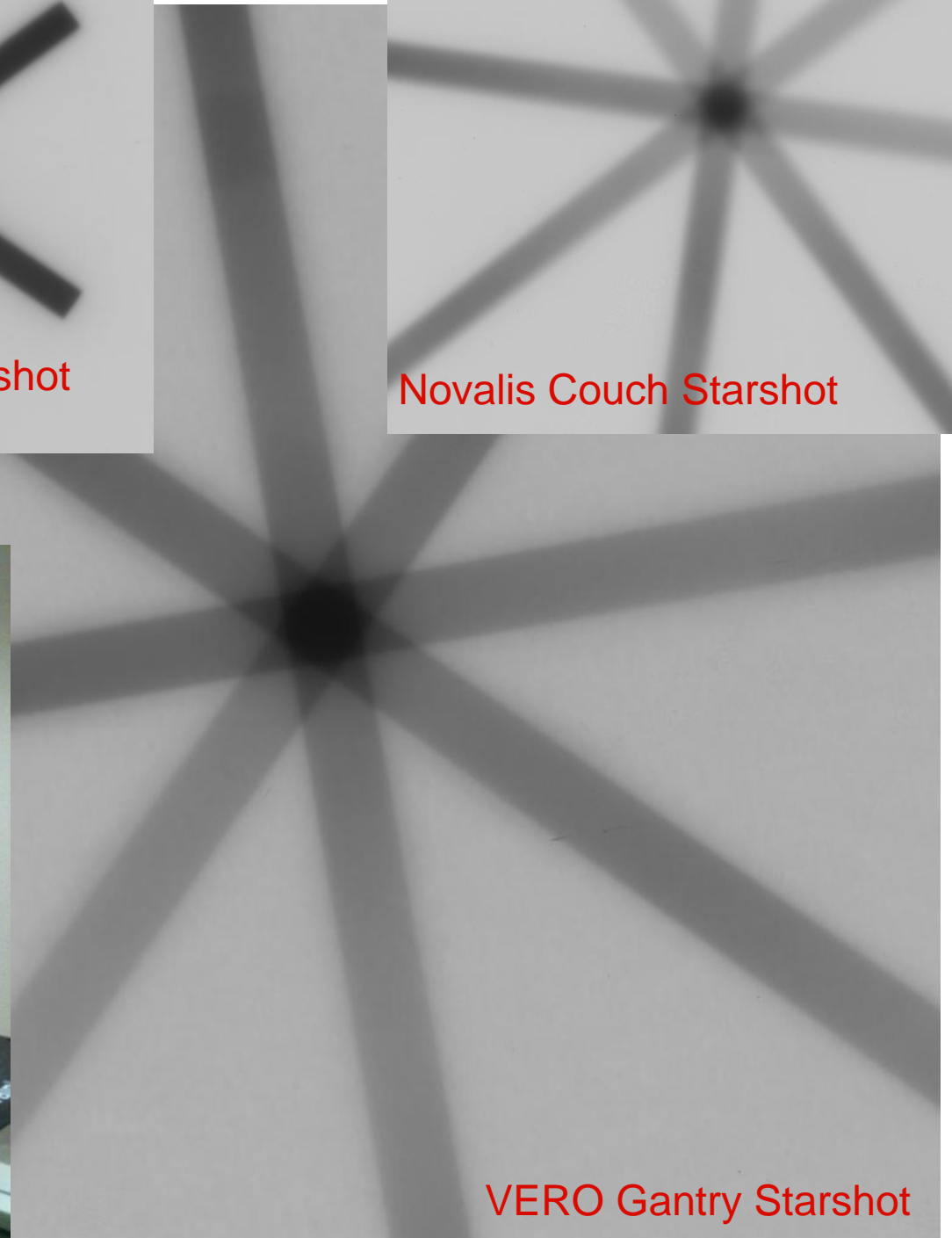
# Example : Detector Dosimetry





# High Mechanical Precision Equipment

## Determination of Radiation Isocenter Size with Star Shot film



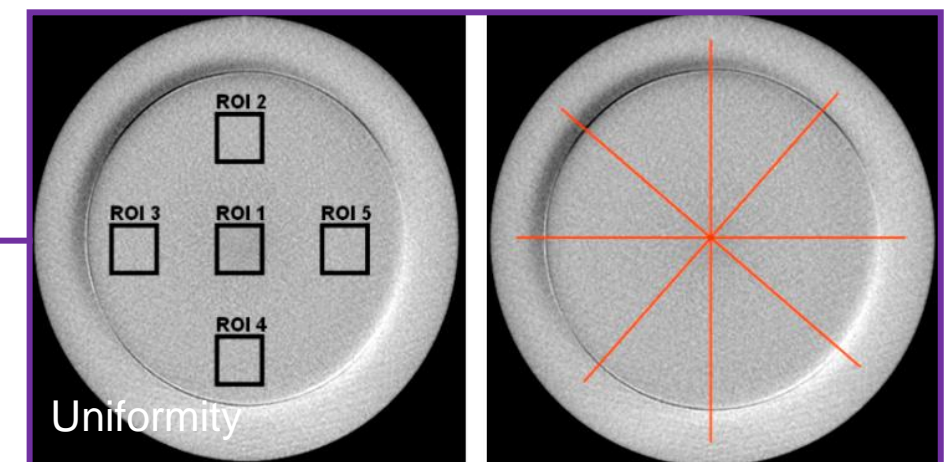
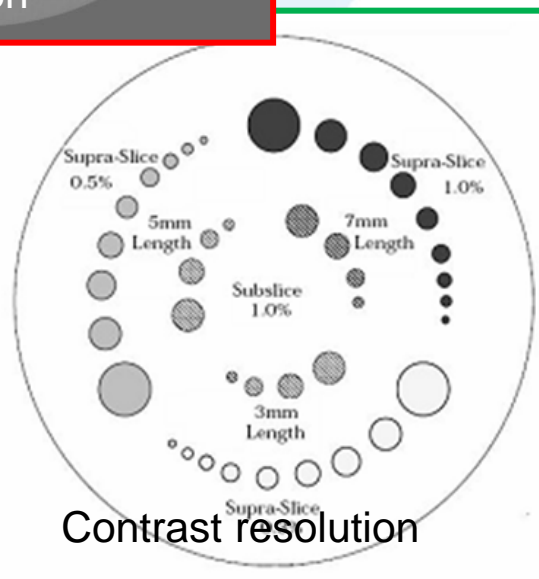
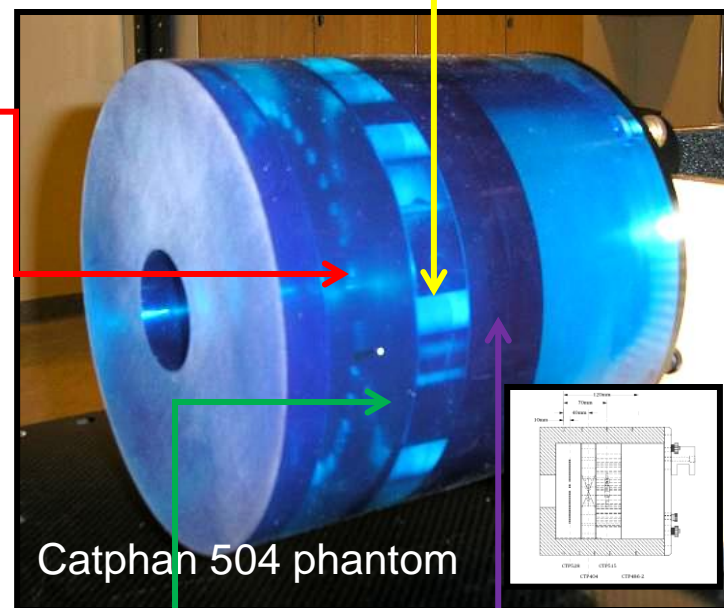
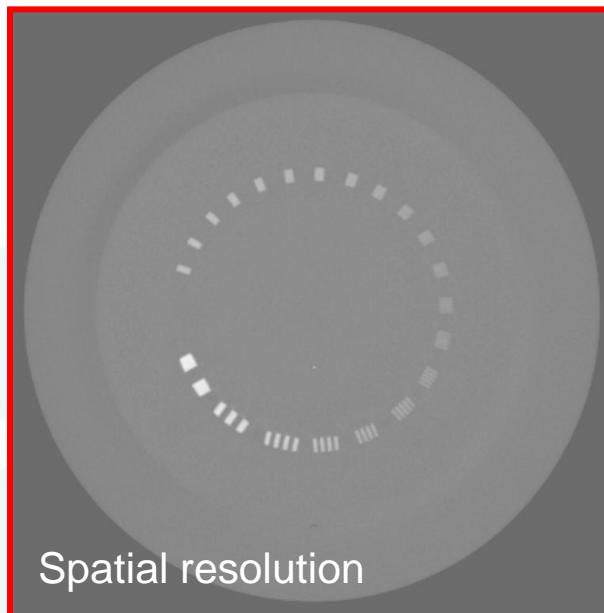
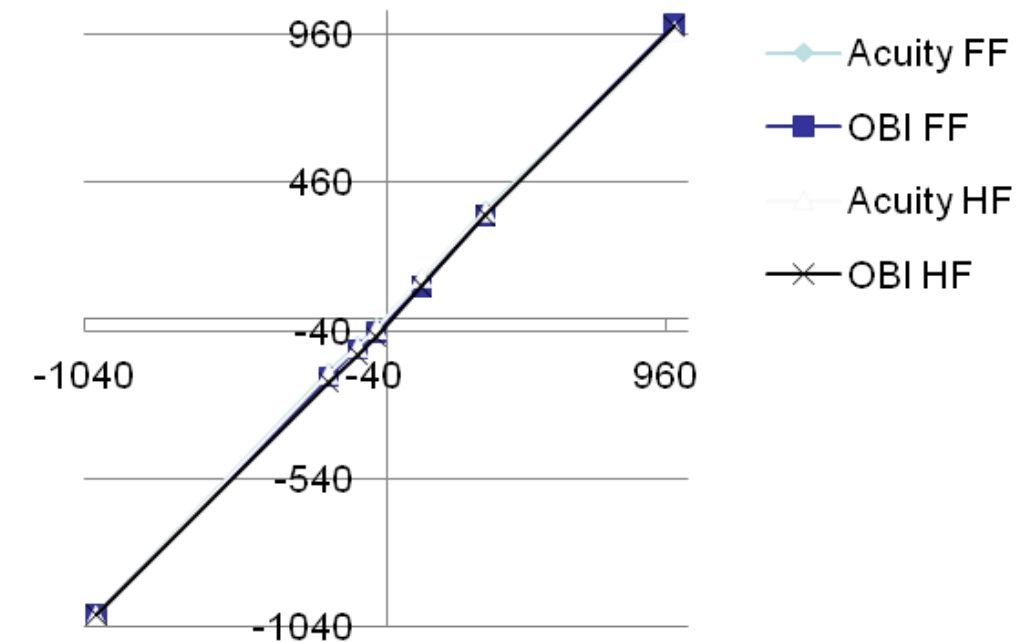
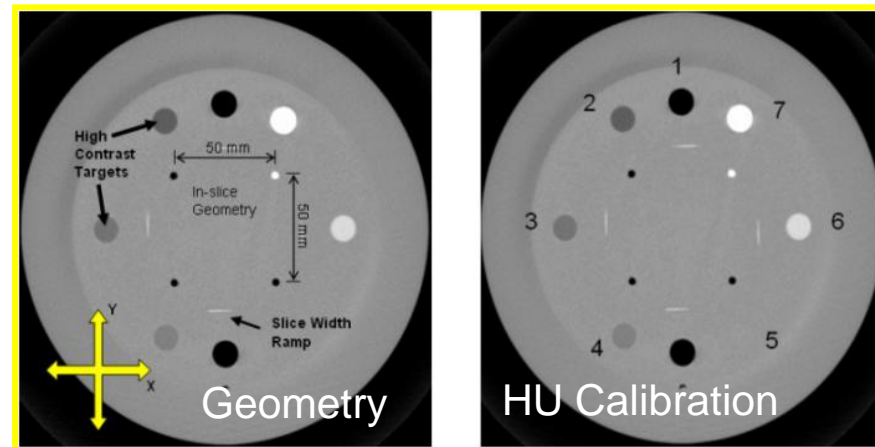


# IG-QA

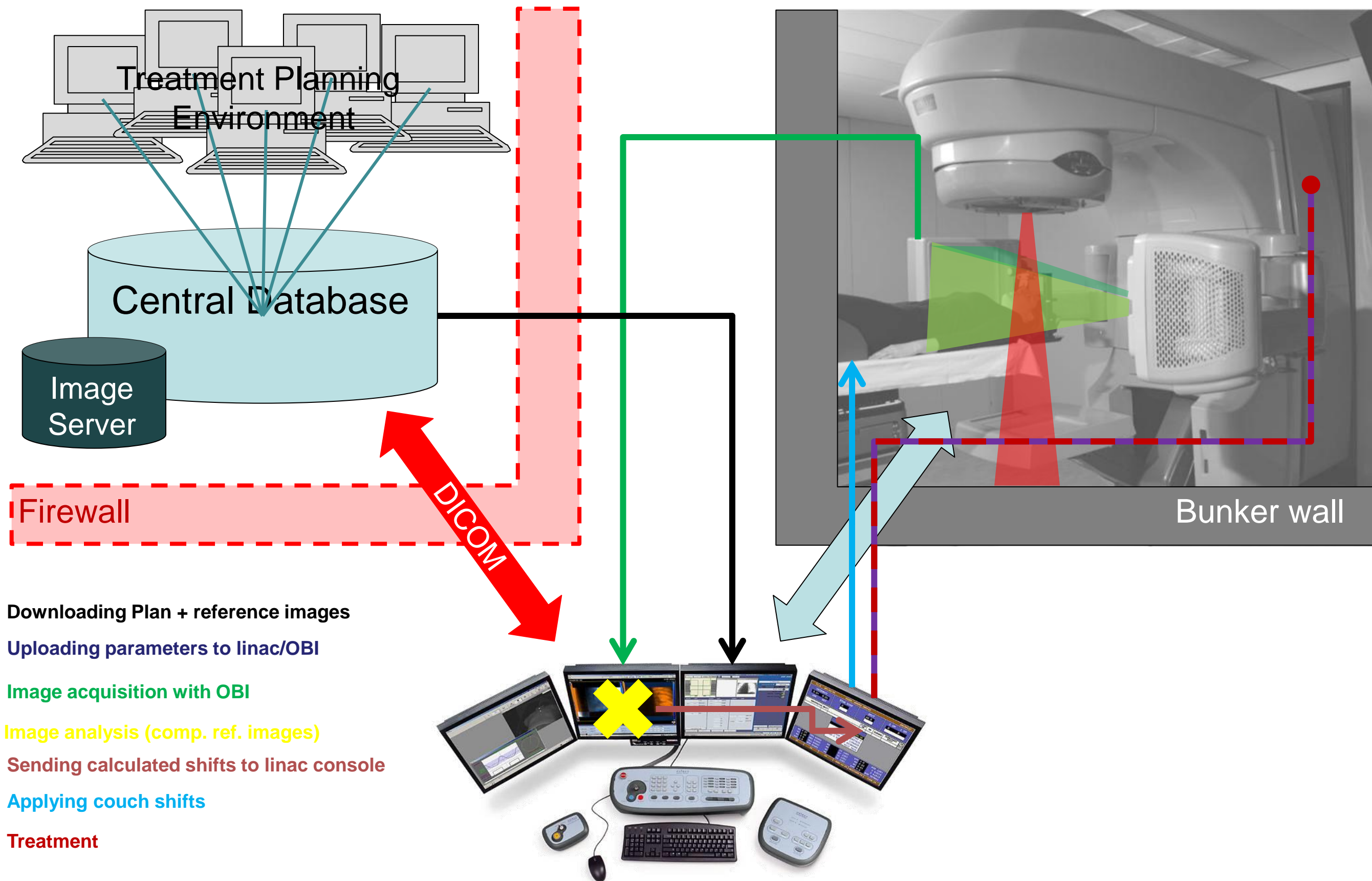
- Compared to radiology, QA schedules for IG-techniques are only in the first stage of development
- Since ART is the new buzz word...one should realize that this is completely linked to proper QA of the images.

# Image Guided Radiotherapy (IGRT) QA

## Image Quality: CBCT



# Quality Assurance of a computer network ?!



# Conclusions

- With increasing complexity of RT procedures the range of QA procedures also has to increase demanding specialization of personnel
- The existing QA procedures sometimes reach their limit, demanding some creativity from the physicists
- A “leap of faith” in dynamic treatments like gating/tracking : we have to trust a machines judgement while operating....

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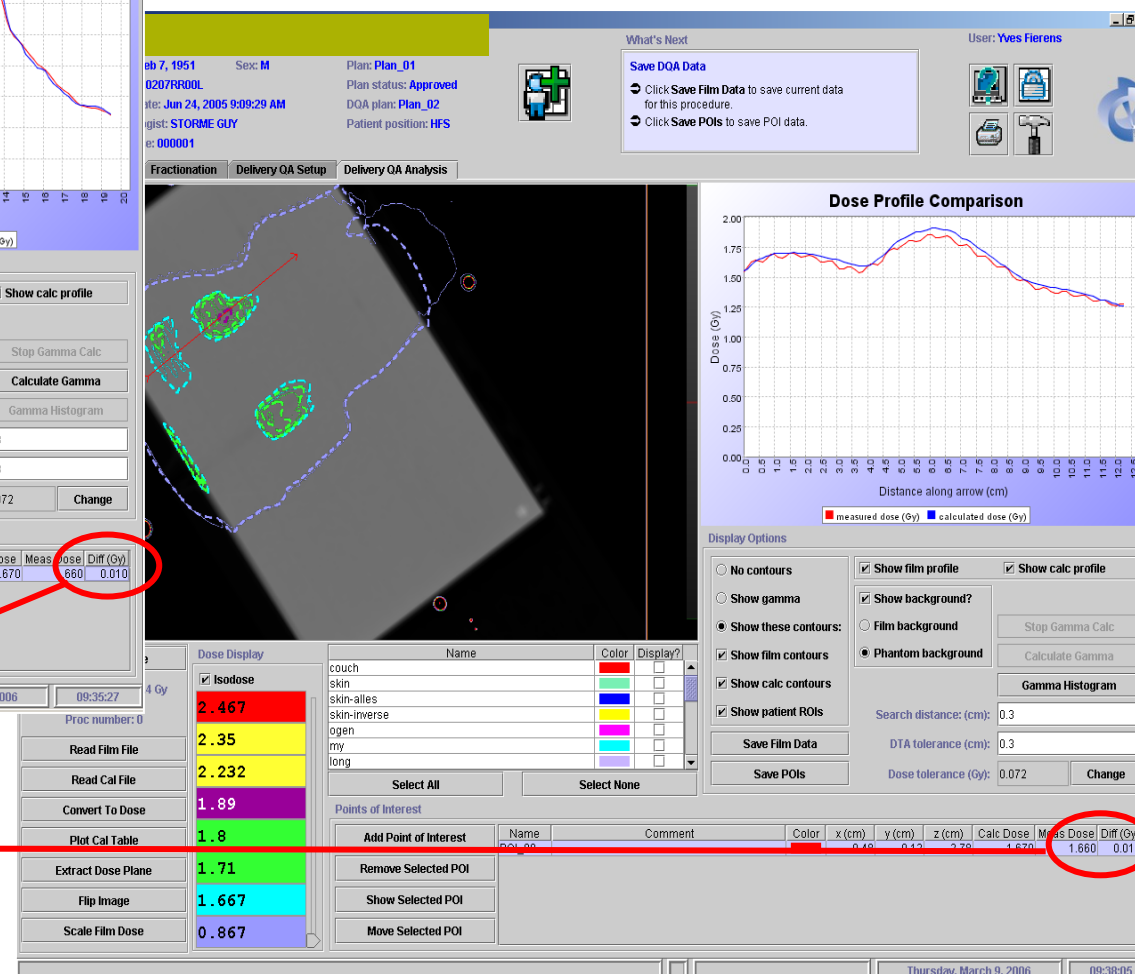
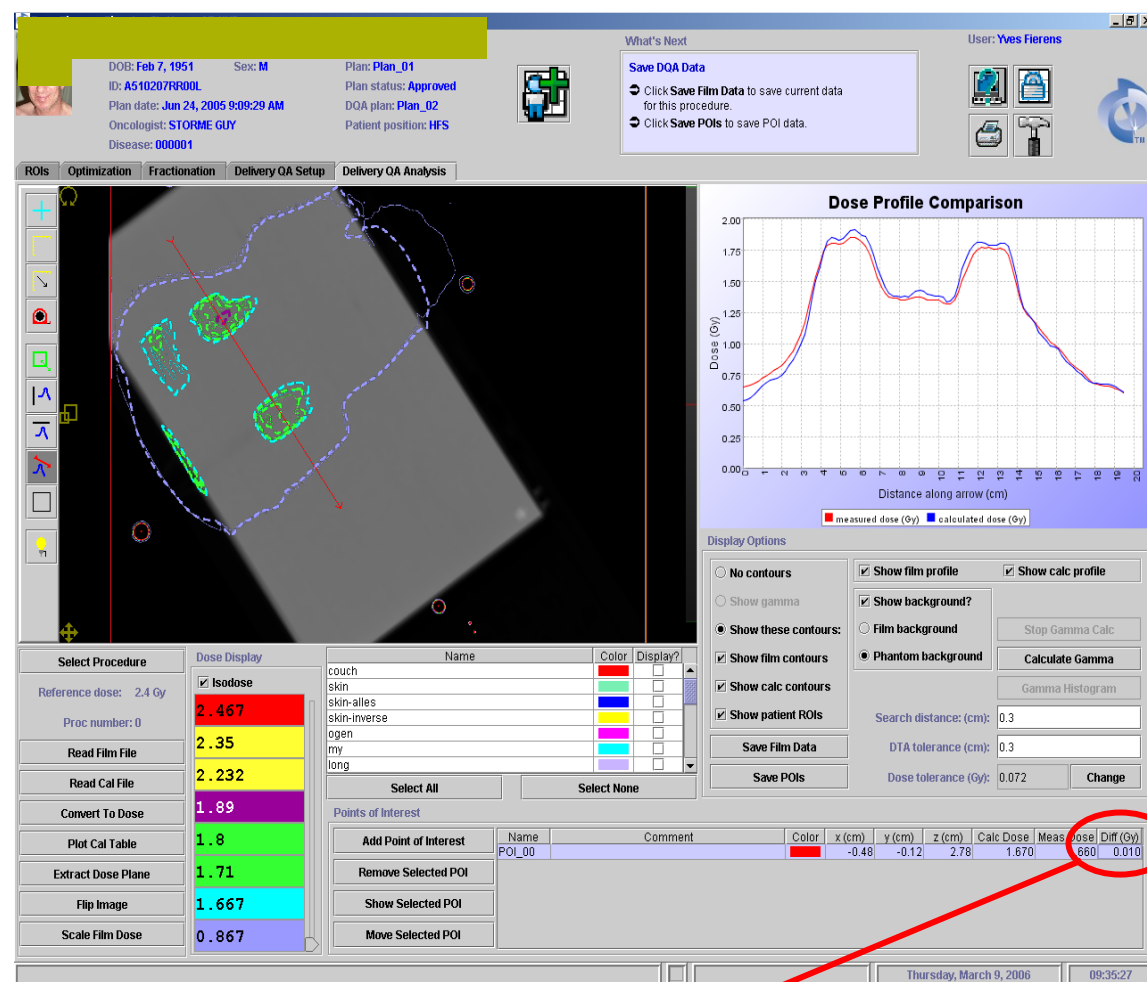
link to radiology, nuclear medicine, oncology, surgery, palliative care, dietists, ...



# Patient QA...

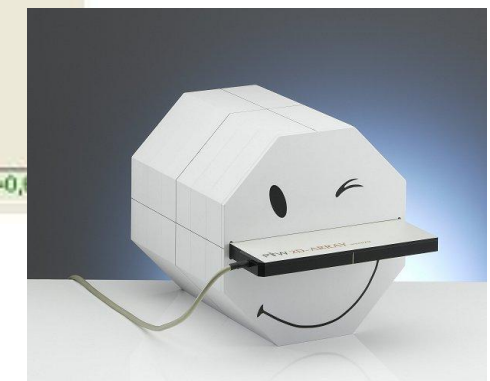
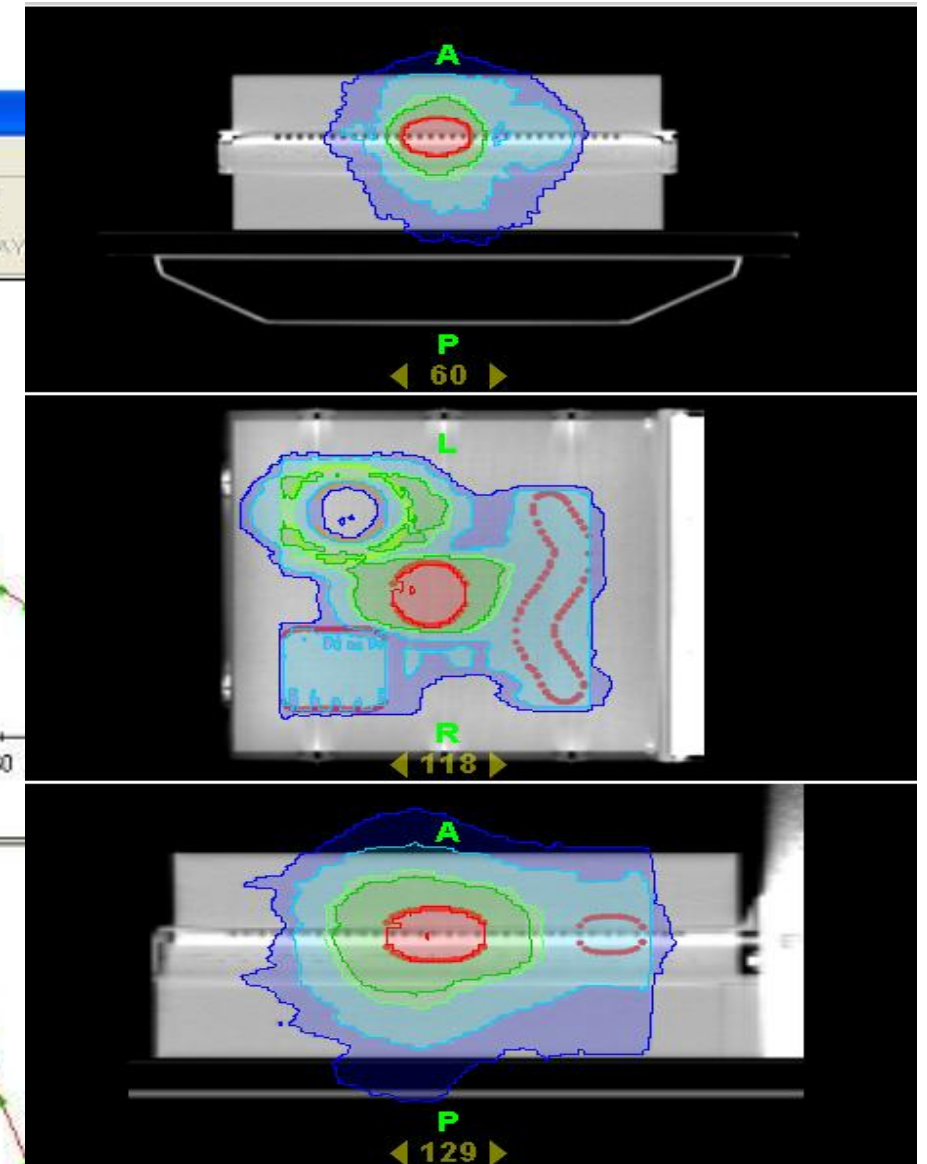
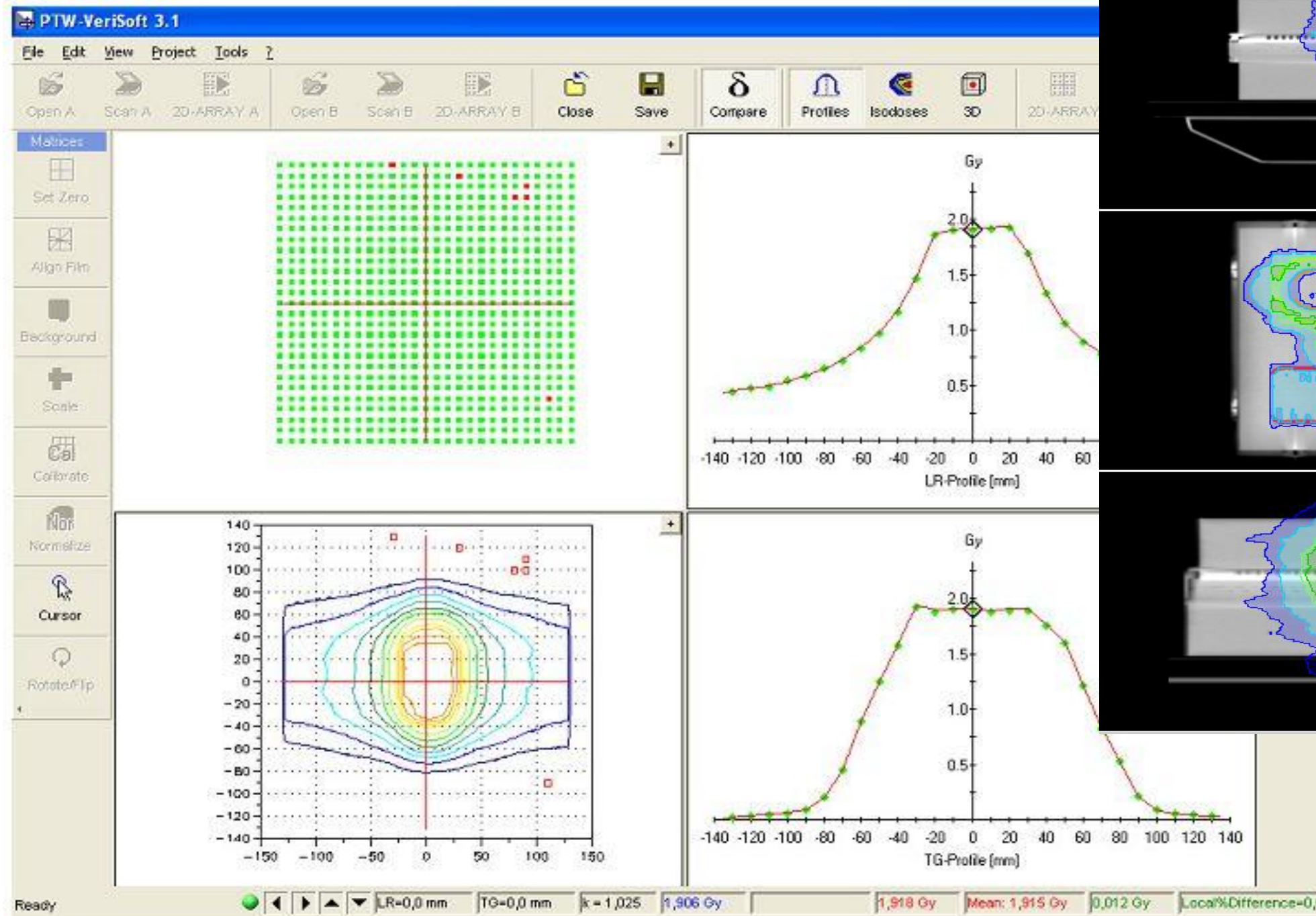
- is not a problem (we know how to do that) as long as the results are OK.
- is demanding a lot of time in the resources

# Film verification



IC measurement

# Commercial solutions



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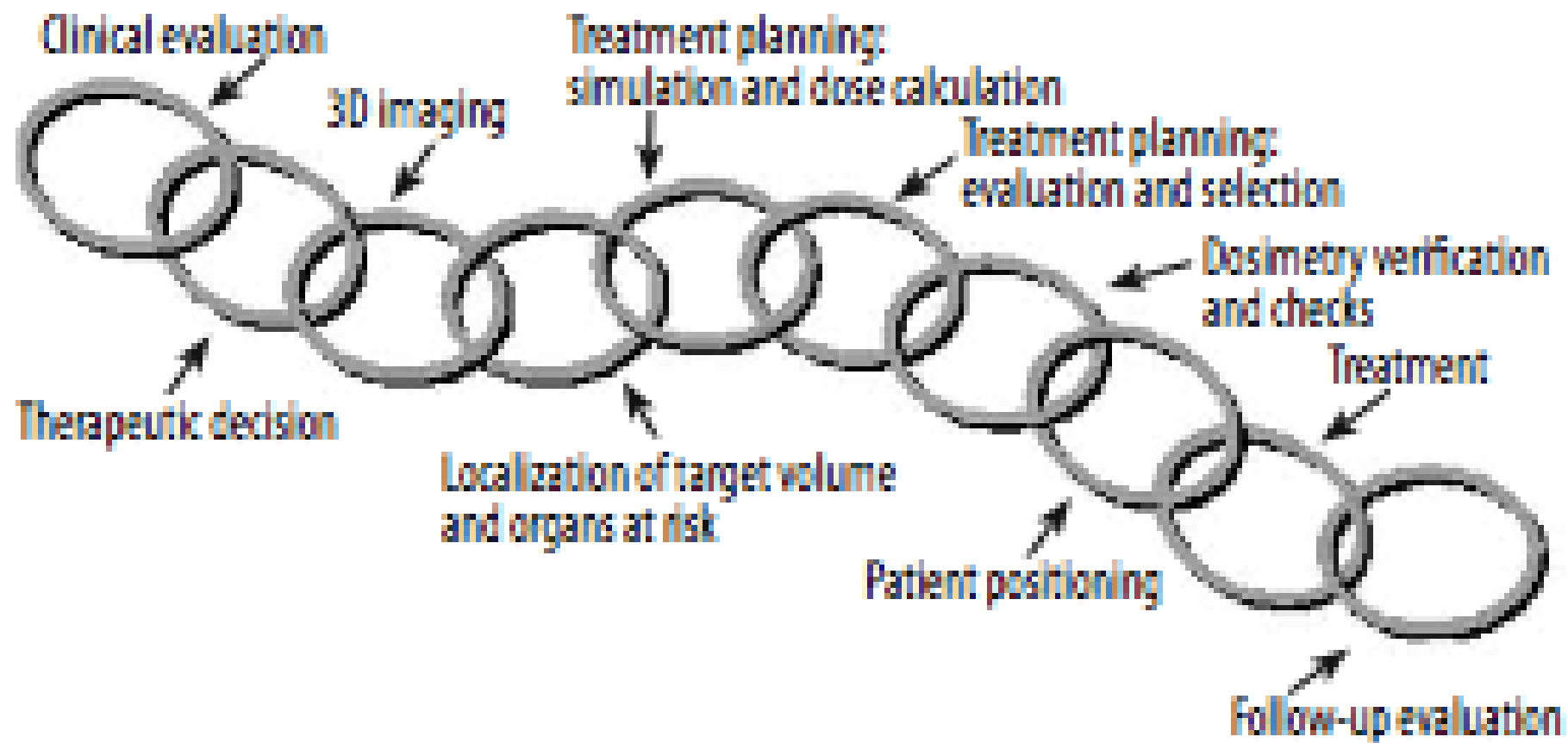
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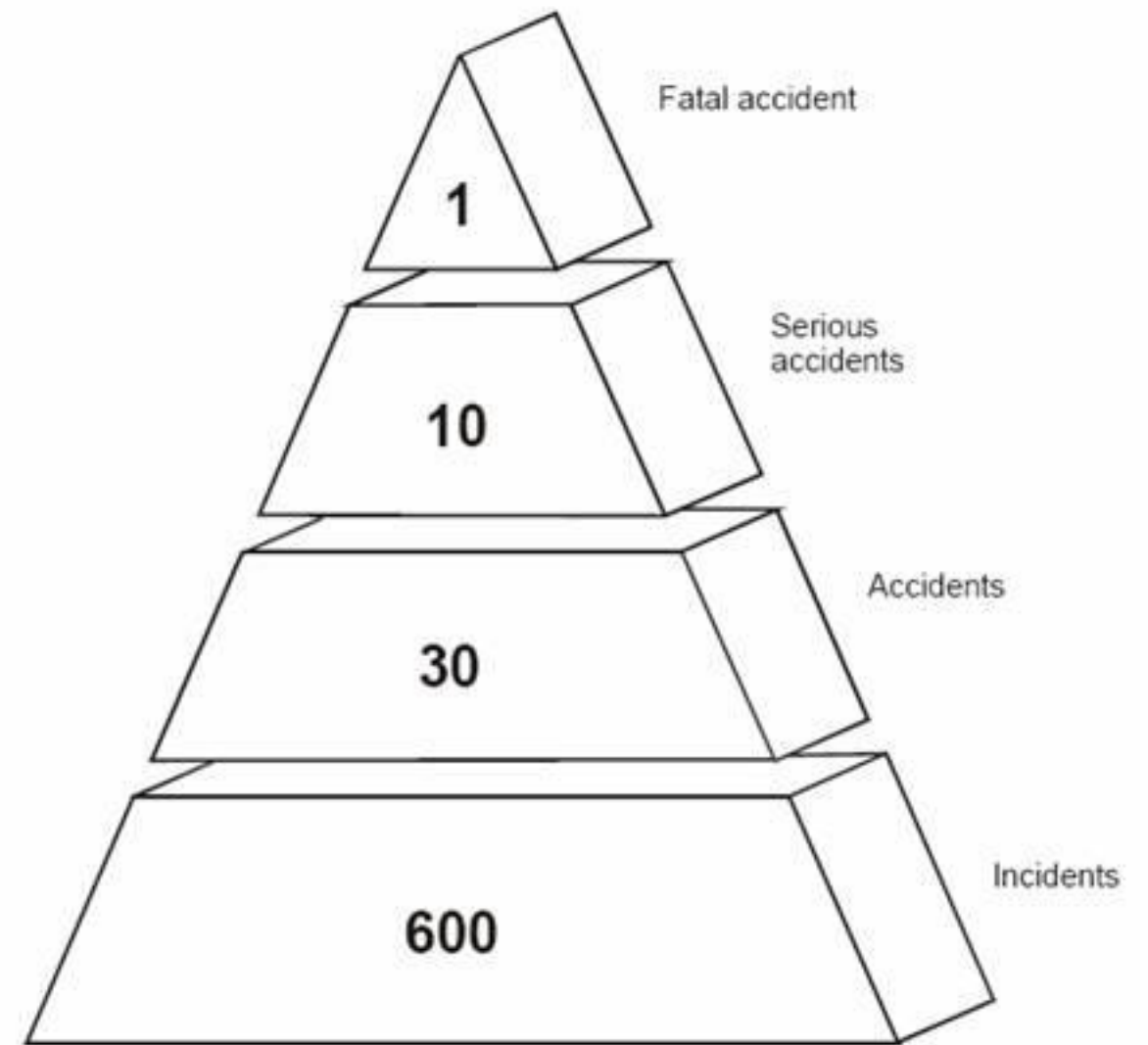


# definition of procedures

- dose prescription
- planning
- patient positioning
- treatment
- dosimetry
- follow-up

# error logging

- incident management
- reporting is essential
- open culture



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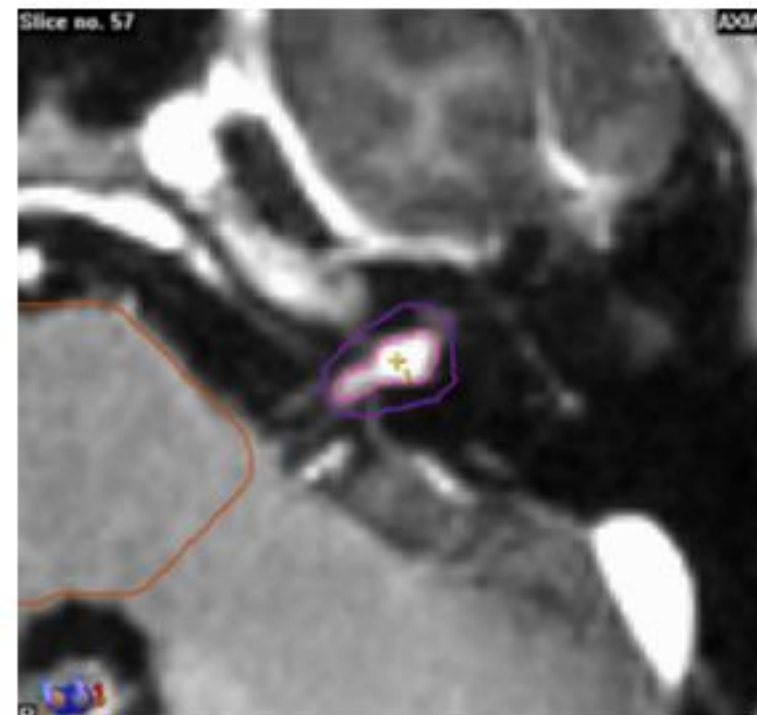
link to radiology, nuclear medicine, chemotherapy, surgery, palliative care, dietists, ...

# link RT to radiology and nuclear medicine

- QA images (resolution, calibration, ...)



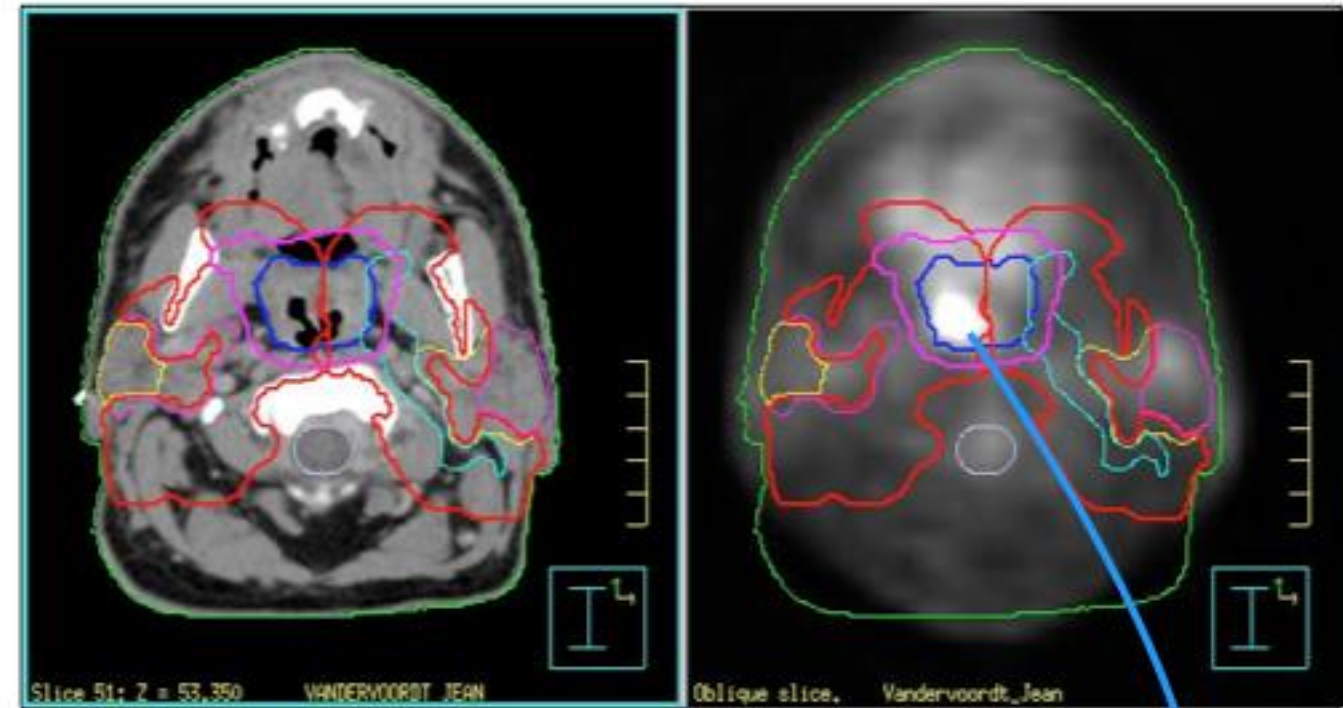
MR 2008



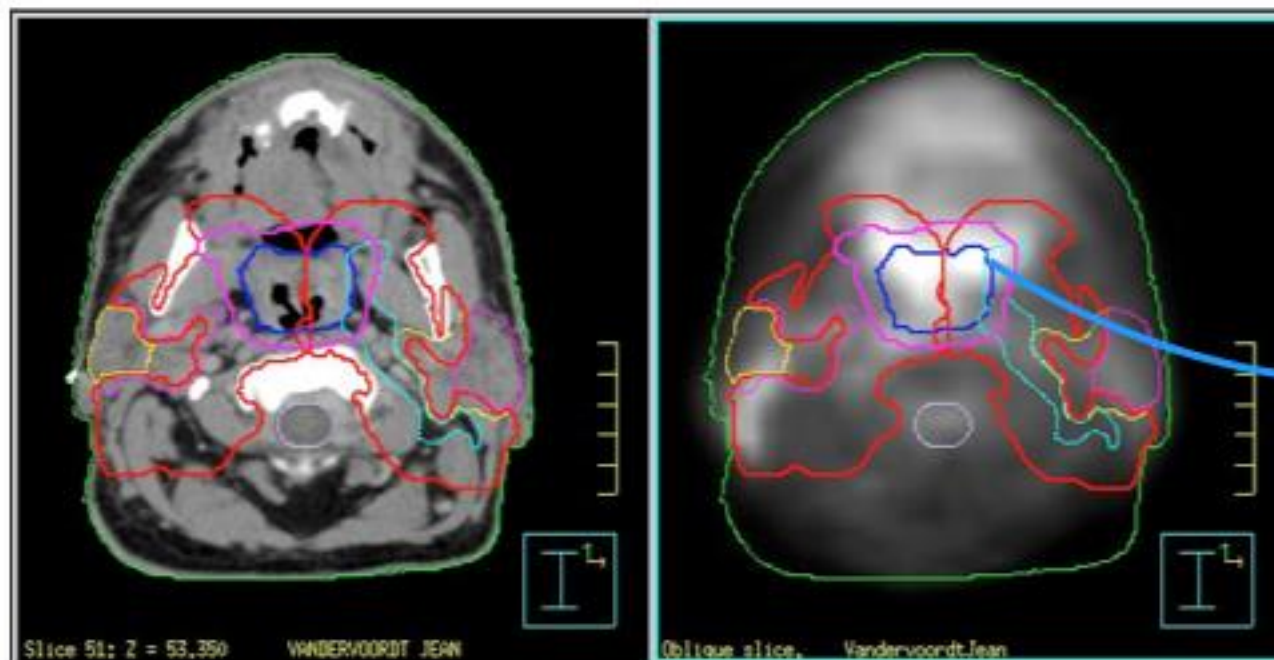
MR 2009

# Petscan : WYSIWIG?

Voor RT



Na RT

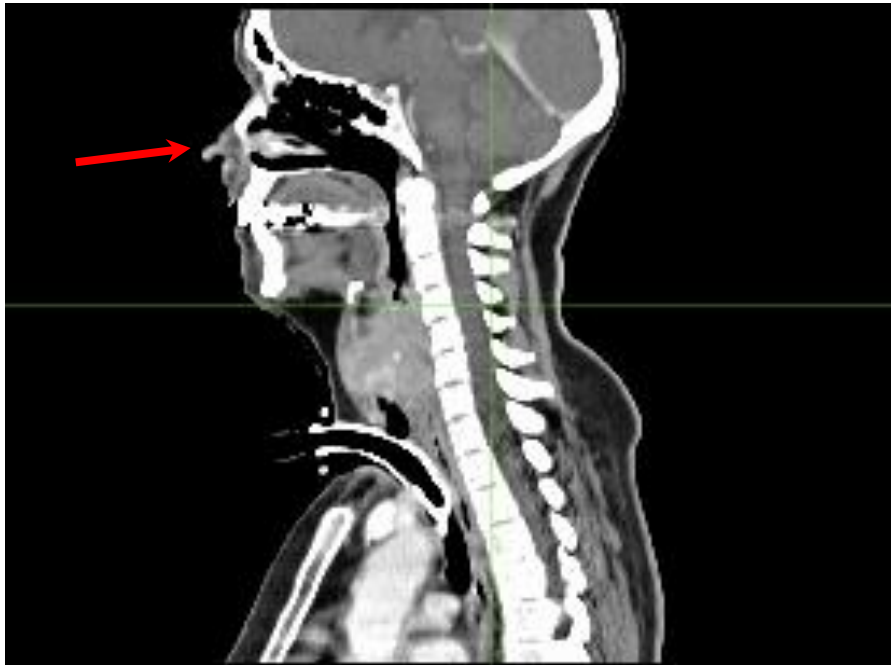


Tumor

Mucositis

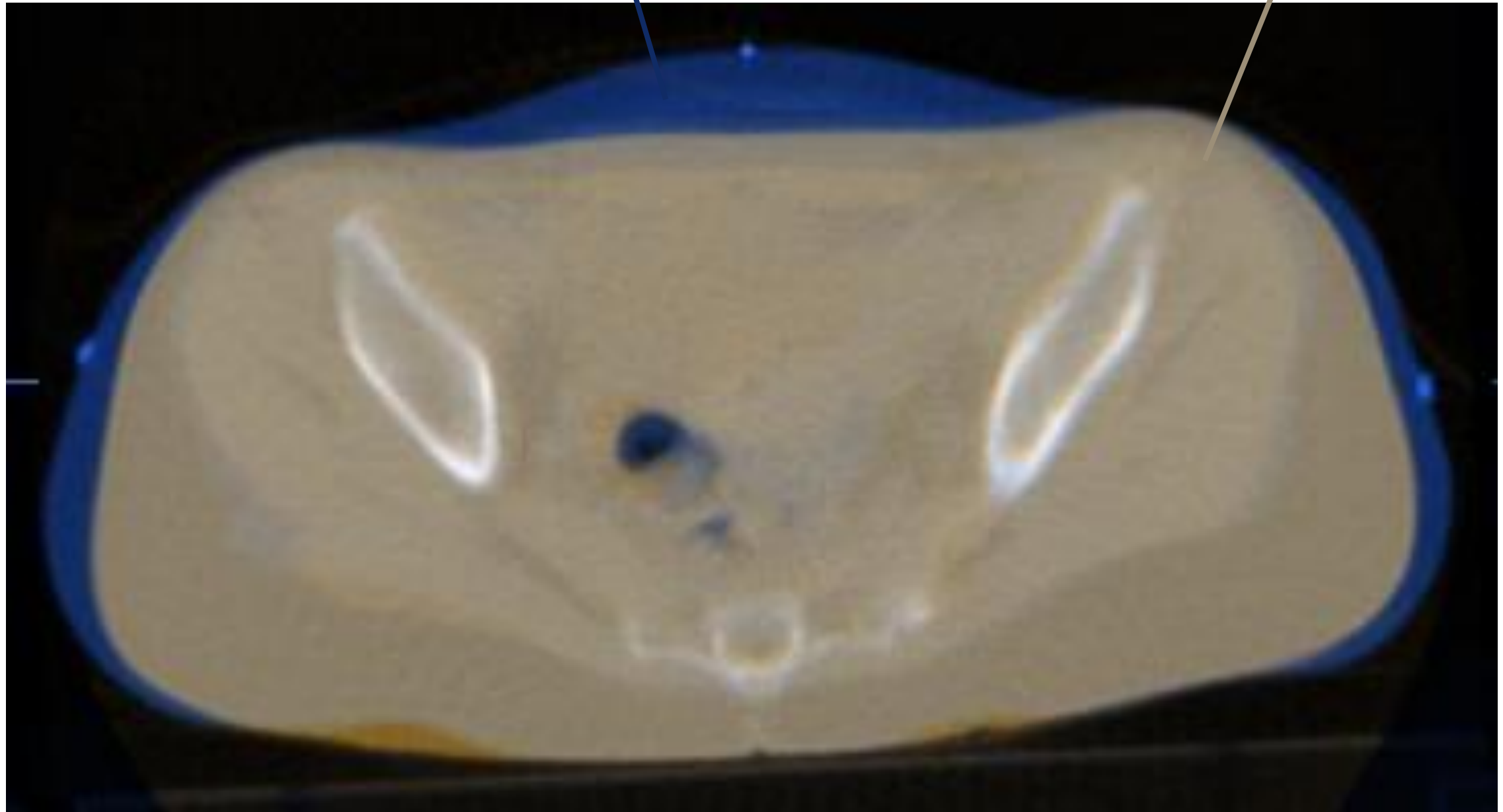


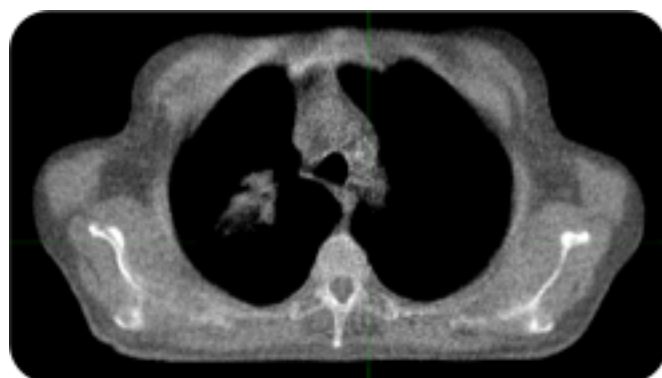
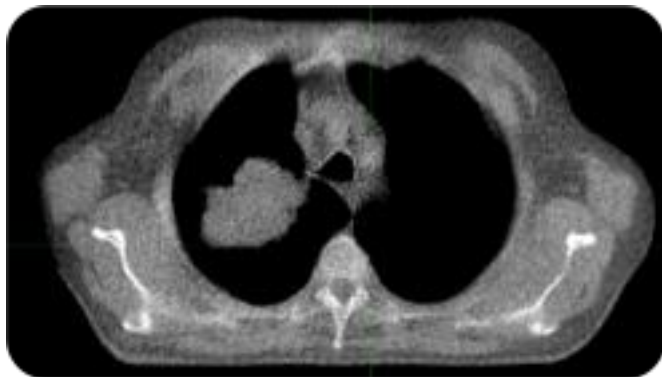
# Adaptive RT



kV planning CT

MVCT





# link RT to chemotherapy

- linac breakdown => concomitant chemo
- dose RT
- Patient appointments

# link RT to dietists

- communication doctor with dietist
- IGRT/IMRT => less toxicity
  - adaptation of dietary protocols
- RT Dose



# link RT to surgeons

- Time between surgery and RT
- Dose (boost)
- MOC (multidisciplinary oncological consult)

# Conclusions

- QA doesn't stop at the border of your department
- QA methods should evolve together with your technology
- QA has clinical, physical and administrative components

# Thanks to...

- UZ Brussel physics team

