

A STEREOTACTIC RADIOTHERAPY TREATMENT PLANNING SYSTEM

Byung Chul Cho, Do Hoon Oh, and Hoonsik Bae

Dept. of Radiation Oncology, Kangdong Sacred Heart Hospital, Hallym University,
445 Gil-Dong Kangdong-Ku, Seoul 134-701, Korea.

INTRODUCTION

We have developed a PC-based treatment planning system for stereotactic radiotherapy in the treatment of intra-cranial lesions. Treatment planning for stereotactic radiotherapy is a three dimensional problem. The radiation beams, usually rotational arcs, are typically non-coplanar, converging from various angles toward the target[1]. The 3D information of patient is obtained from CT, MR, or Angiography in conjunction with stereotactic frames and fiducial markers.

The inputs of CT image data of patient is essential to meet the need of a high degree of spatial accuracy[2]. Furthermore, in order to maintain a high spatial resolution of dose calculation, the number of dose points to be calculated for 3D volume is very large. However, with the rapid progress on the computer hardware, it is becoming increasingly plausible to use a high-end PC for producing reasonable outcomes.

METHOD

Various basic features are incorporated into our stereotactic radiotherapy planning system. These include a) transferring magnetooptical disk of images from the diagnostic scanner to the treatment planning computer, b) localizing the target tissue and other patient anatomy in the stereotactic frame coordinate system, c) setting the irradiation beam configuration in treatment machine parameters, d) computing dose and displaying dose distribution overlapped on patients image slice and/or 3D reformatted images, and e) evaluating rival plans using dose-volume histograms both for tumor and the surrounding normal tissue.

System Environments

The planning program operated under Windows NT with Pentium III 450MHz, 256MB RAM.

The program has been developed using a data visualization tool: IDL(Research

System Inc, USA) for rapid development of Graphic User Interface and 3D graphics manipulation(Fig.1)

RESULT

Beam's Eye View(BEV) has been implemented in our system for choosing optimal treatment parameters. These parameters for an arc are the collimator aperture size, the couch angle, and the gantry start and stop angles. The BEV is an immediate visualization tool for selecting the gantry and couch angles for a given collimator aperture.

Dose-volume histogram(DVH) has been implemented to evaluate the competing plans. It provides a quantitative measure of dose distribution to analyze and compare different beam configuration.

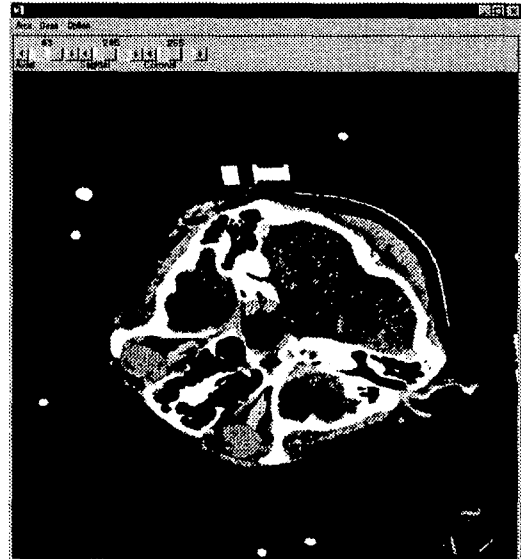


Fig. 1, A 3D viewing window includes rendered target, organs, a specific isosurface and transverse CT image.

CONCLUSION

Our aim in this work is to develop a cost-effective stereotactic radiotherapy planning system. The system currently produces reasonable outcomes with respect to the hardware specification. We are expanding the system to generate other planning tools such as CT/MR image fusion[3] and dose optimization.

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