



**IPO PORTO**  
INSTITUTO PORTUGUÊS DE ONCOLOGIA DO PORTO FG, EPE

# ***“STUDY OF A TREATMENT PLANNING SYSTEM EFFICIENCY TO ESTIMATE THE ABSORBED DOSE BY PACEMAKERS IN EXTERNAL RADIOTHERAPY”***

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## ***Introduction & Purpose***

The number of patients with pacemakers receiving radiation therapy is increasing.

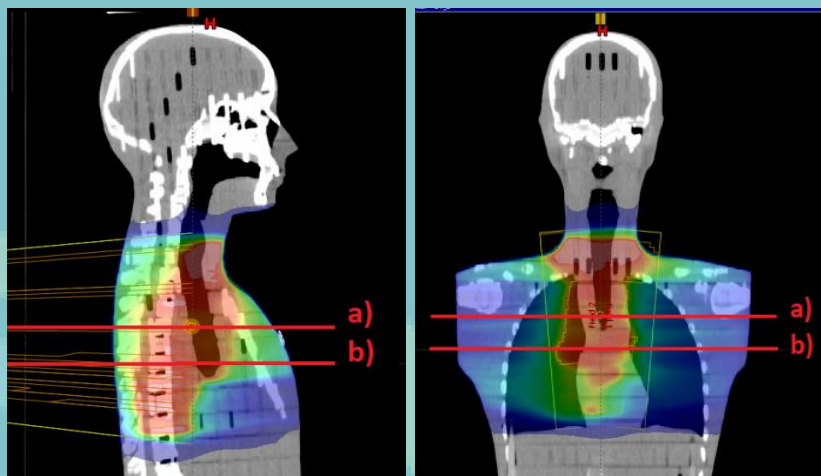
According with the AAPM TG-34 guidelines, pacemakers should not be irradiated with primary radiation fields; also, absorbed dose should be estimated before treatment and should not exceed 2 Gy.

The purpose of this work was to assess the accuracy of Varian Eclipse Treatment Planning System (TPS) used to estimate the absorbed dose by pacemakers.

# Methods

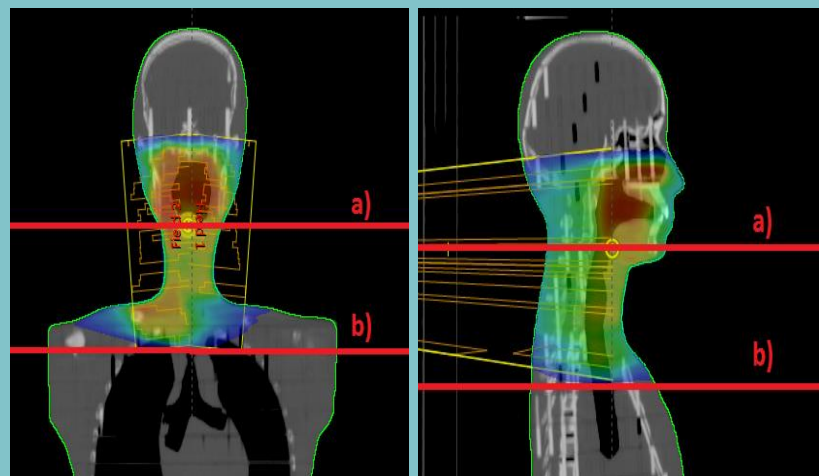
Two VMAT plans, previously used to treat patients with pacemaker, were simulated in a RANDO phantom:

## Treatment 1: Oesophagus



Sagittal and coronal views of treatment plans, showing: (a) isocenter and (b) pacemaker levels.

## Treatment 2: Faciocervical



Doses were computed on the Eclipse TPS v.13.5 using the analytic anisotropic algorithm (AAA).

## ***Methods***

To measure the distance between the pacemaker and the edge of treatment fields, we used the 50% isodose line as the edge of fields, due to the complexity to determine these edges in VMAT treatments:

	Distance (cm)
Treatment 1	8.0
Treatment 2	10.2

## *Methods*

Gafchromic EBT3 films were used to measure dose:



Films were placed between two slices in the RANDO phantom at the pacemaker level



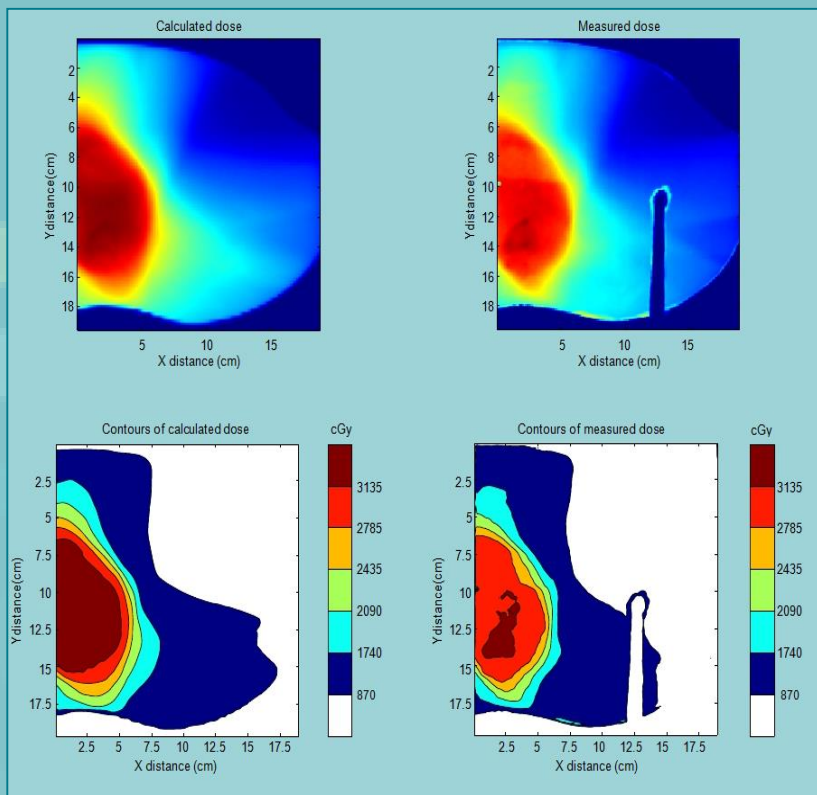
The plans were delivered in a Varian Trilogy linac

The dose planes were extracted from Eclipse and compared with the irradiated films using the software DoseLab.

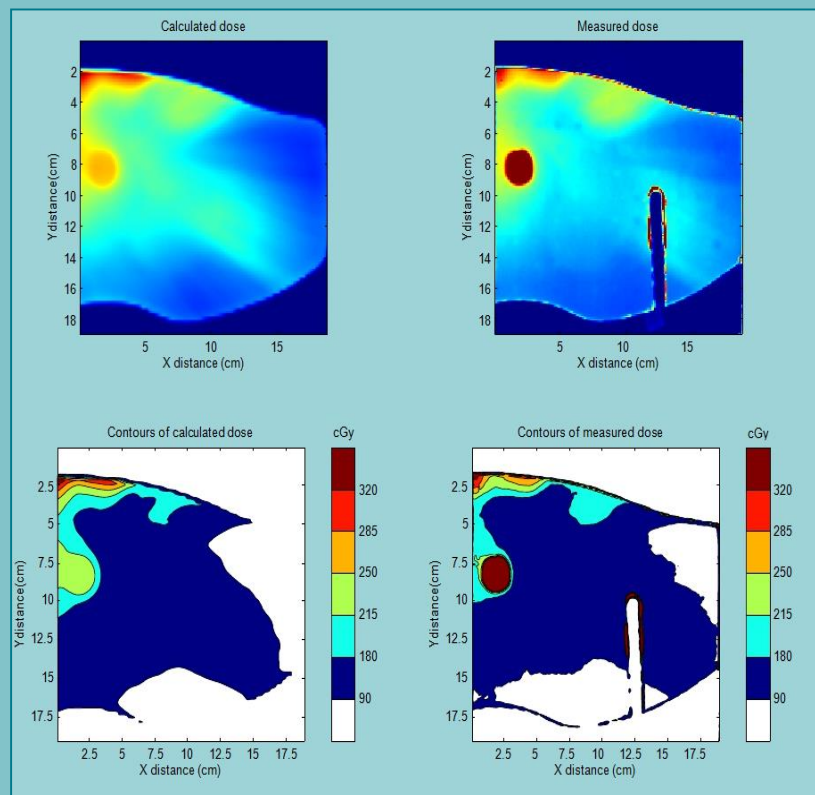
# Results

## Dose distribution at pacemaker level

### Treatment 1



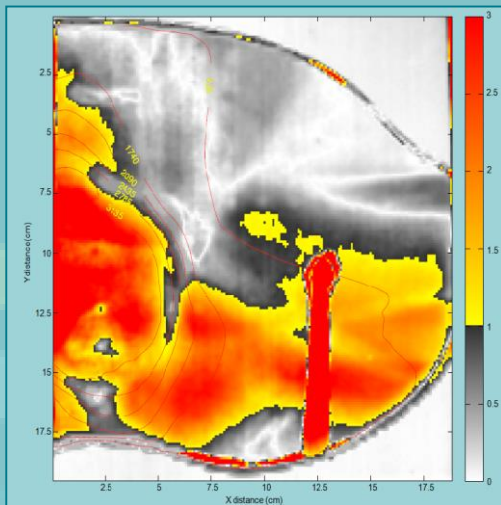
### Treatment 2



# Results

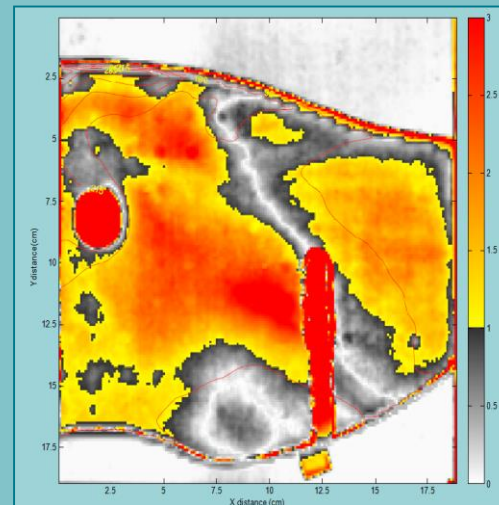
## Gamma analysis (3%/3mm)

### Treatment 1



- 61,6% of pixels pass  $\gamma$  criteria

### Treatment 2



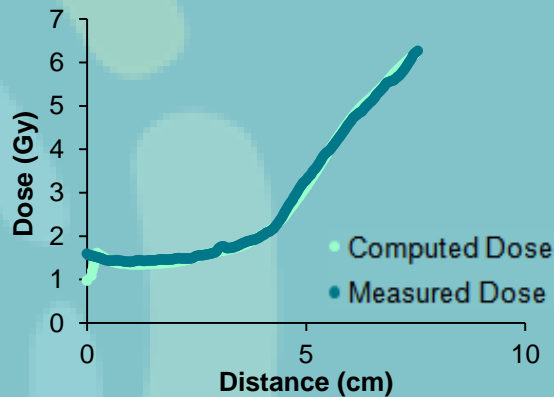
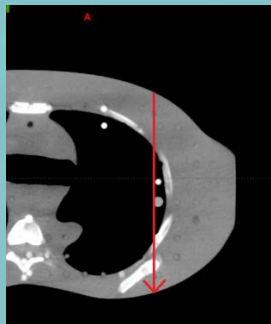
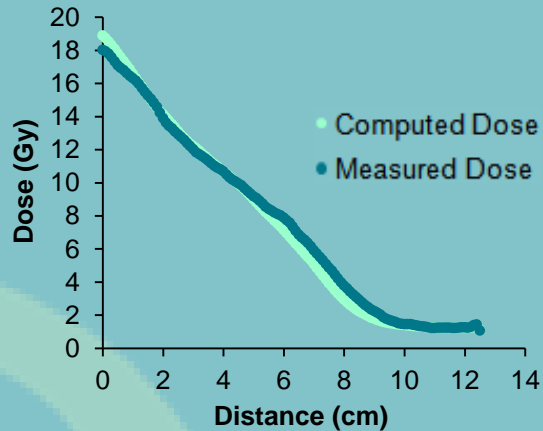
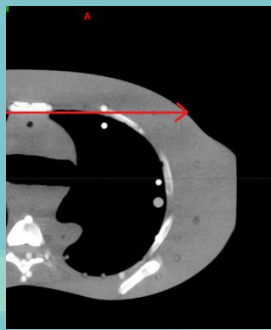
- 54.3% of pixels pass  $\gamma$  criteria

The gamma pass rates are low due to the existence of air cavities, lung areas and film cuts.

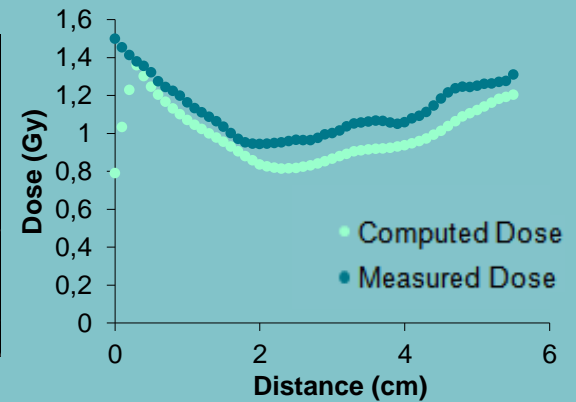
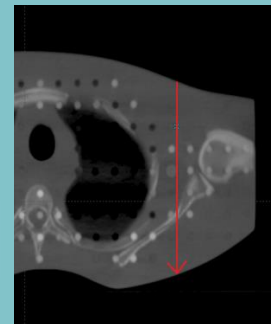
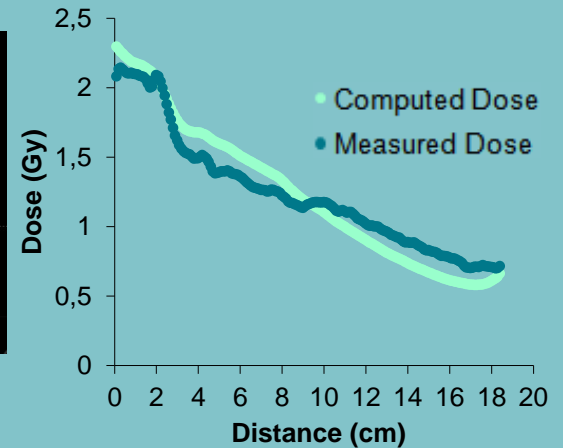
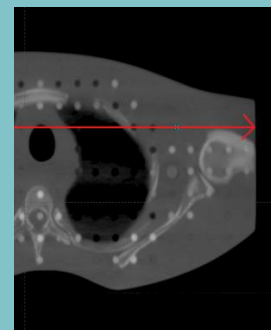
# Results

## Beam profiles across the pacemaker

### Treatment 1



### Treatment 2





# Results

## Mean dose

A 2x2 cm<sup>2</sup> ROI was used to determine the mean dose in the pacemaker:

	Calculated (cGy)	$\sigma$ (cGy)	Measured (cGy)	$\sigma$ (cGy)	Difference (%)
Treatment 1	140.57	12.25	148.58	18.12	5.30
Treatment 2	88.22	6.68	101.07	9.83	12.71

## ***Discussion & Conclusions***

Irradiated films showed higher doses in the pacemaker than the TPS prediction: 5% in Treatment 1 and 13% in Treatment 2. In the former case, the pacemaker is closer to the field border

TPS underestimates dose in the region where pacemakers are placed; usually out of field. The underestimation of dose increases with increasing distance from the field border.

Other methodologies should be implemented in the future to improve dose estimation.