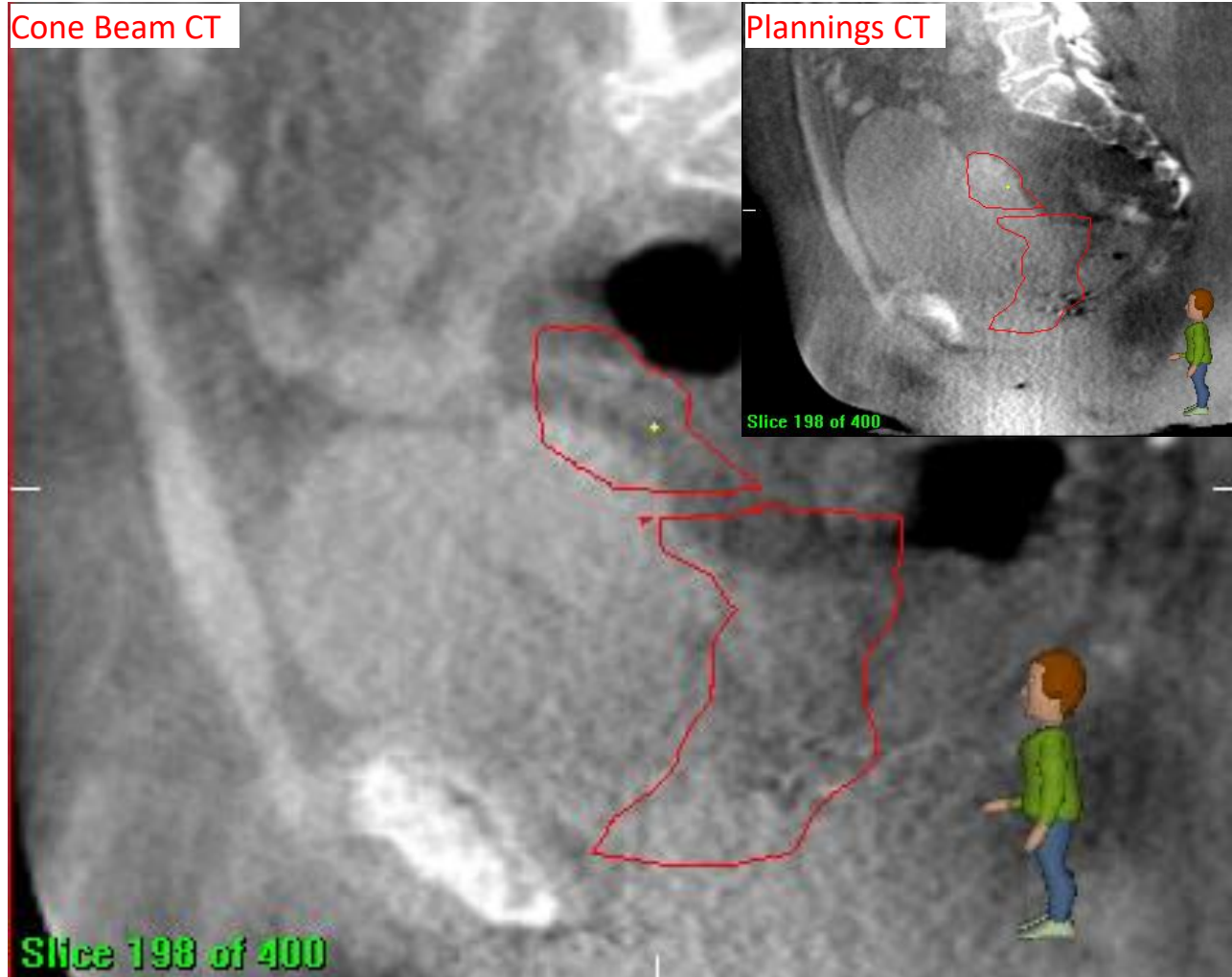




Cervix plan van de dag – de AvL benadering

Sanne van Weerdenburg – radiotherapeutisch laborant planning

Inleiding



Locally advanced cervixcarcinoom

- Primaire radiotherapie + concurrent chemotherapie

Library of Plans (LoP)

- Passend plan voor anatomie van de dag
 - Volle blaas is niet altijd even vol
 - Rectumvulling
- Marge reductie

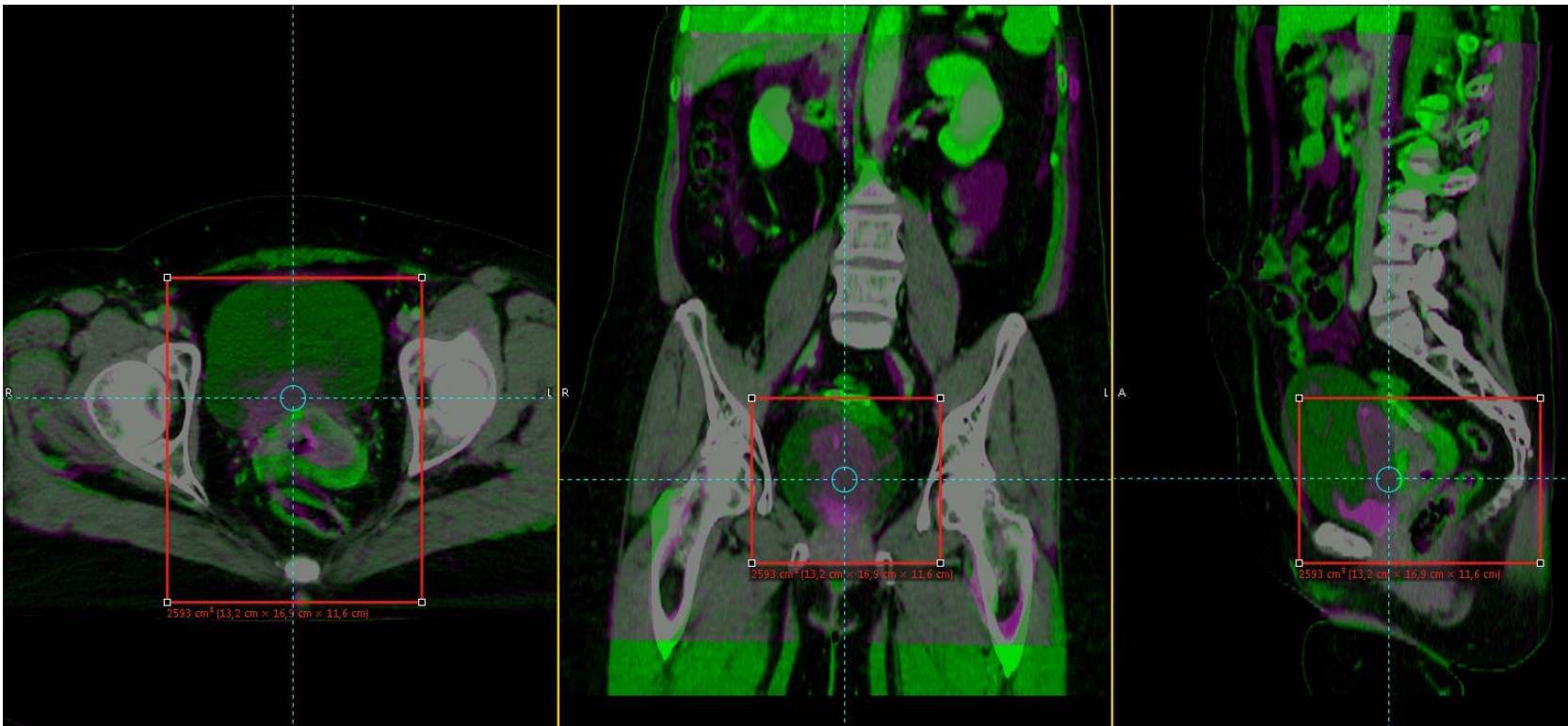
CT

- Goudmarkers
- Twee CT scans
 - Extra volle blaas met contrastvloeistof
 - Lege blaas



Imaging Voorbereiding

- Match volle en lege blaas CT



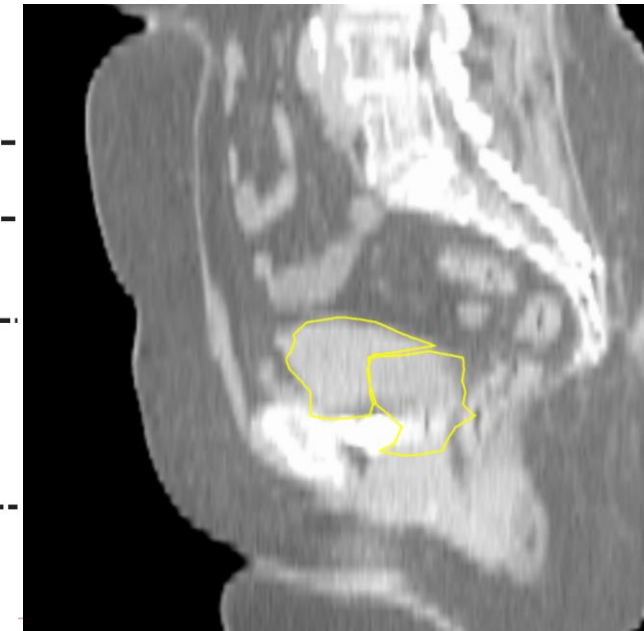
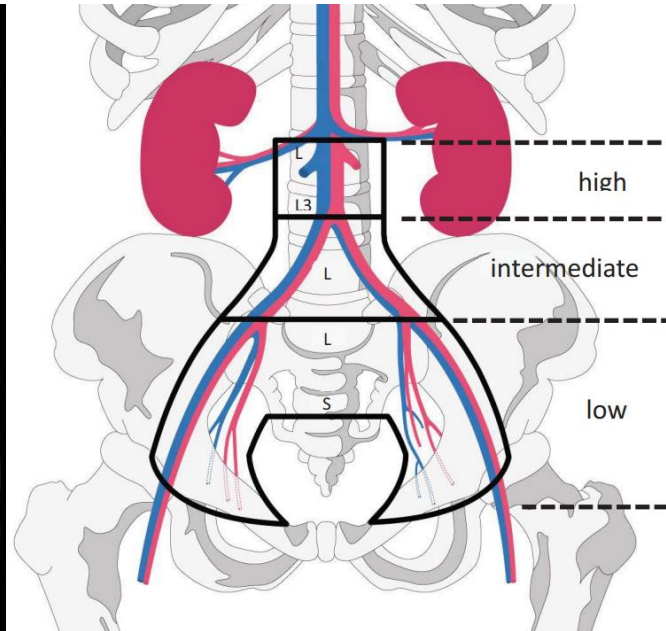
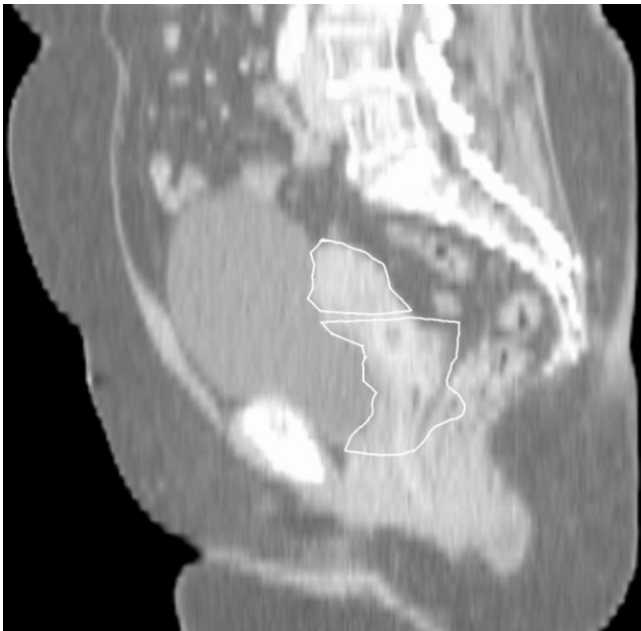
Intekening arts

- Volle blaas CT

- CTVcervix
- CTVuterus
- CTV-Nx (pathologische klieren)
- CTV-E (electieve klieren)

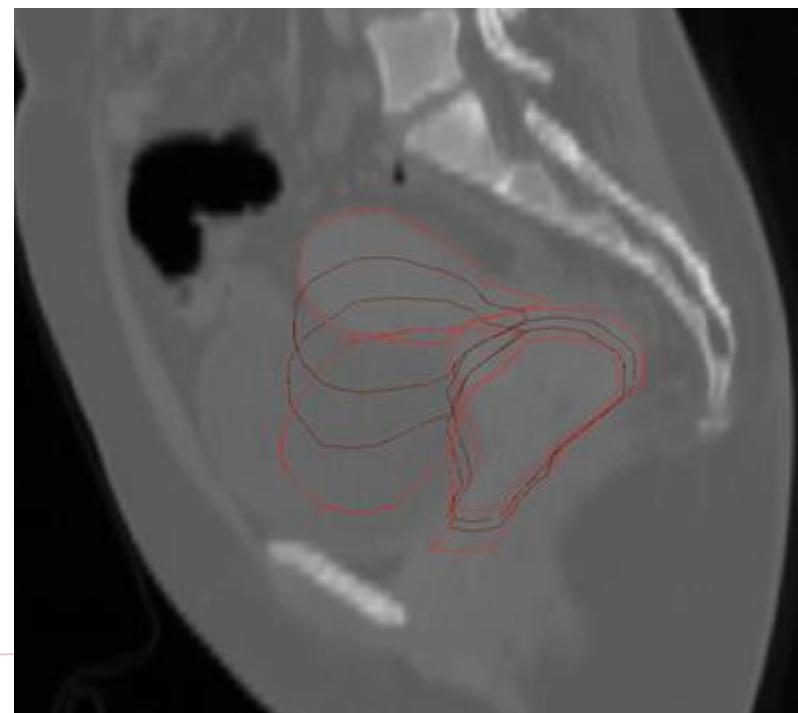
- Lege blaas CT

- CTVcervix
- CTVuterus



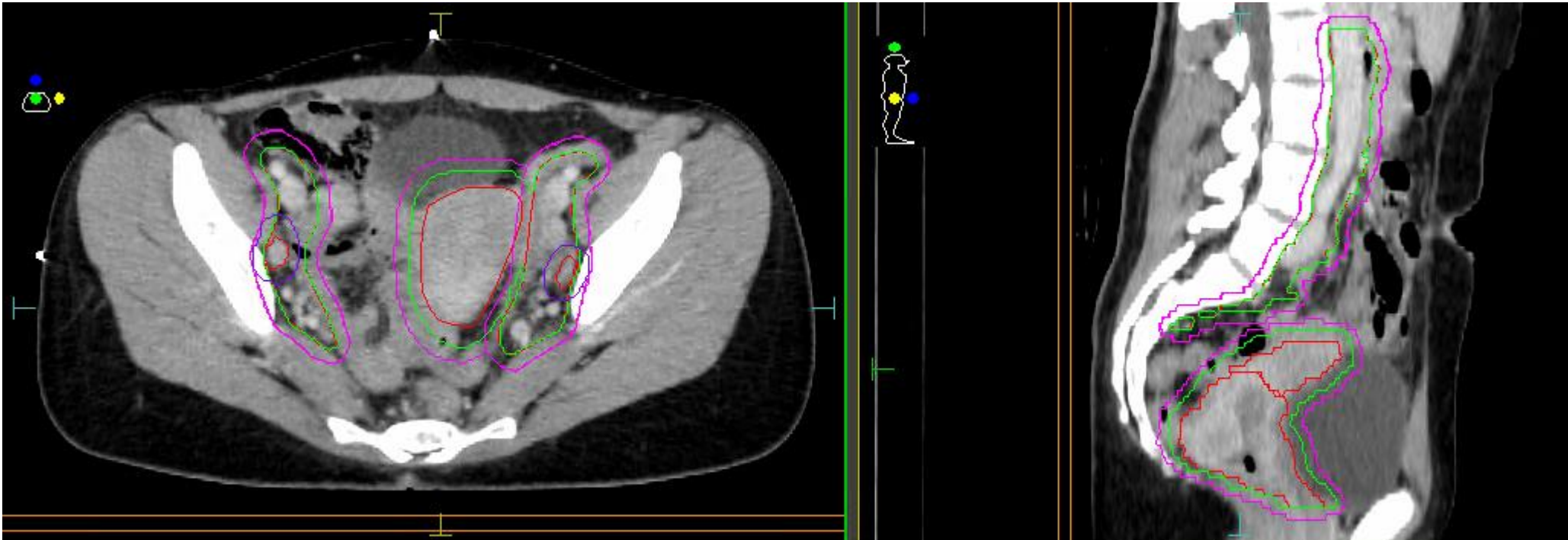
LoP generatie

- Interpolatie LoP
- Afhankelijk van verschil volle – lege blaas worden er meerdere CTV's geïnterpoleerd
 - Script meet de maximale vector tussen ingetekende CTVs
 - Afstand tussen CTVs minimaal 5 mm
 - Maximaal 4 plannen



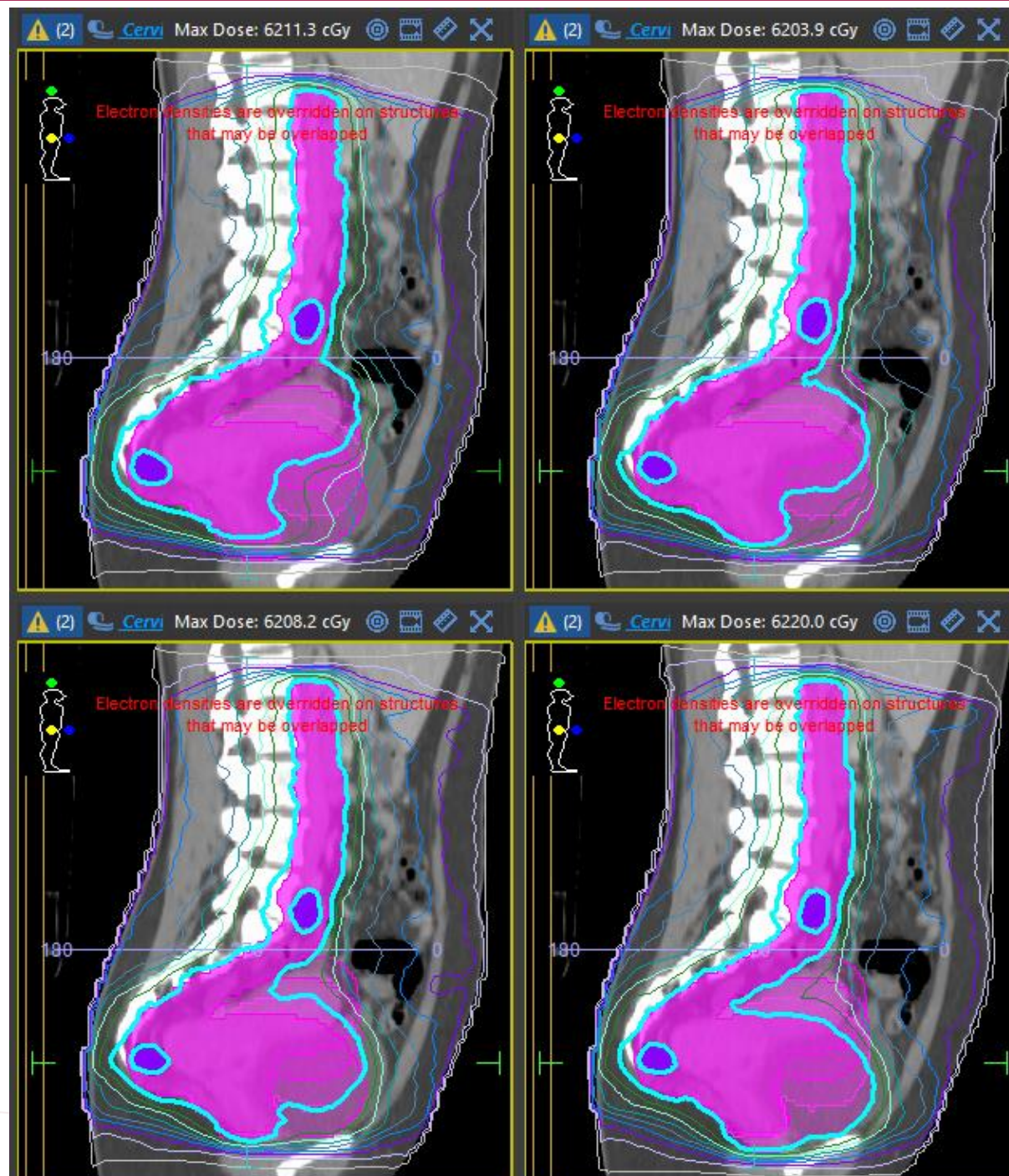
Planning

- $PTV_{cervix} = CTV_{cervix} + 5 \text{ mm caudaal, } 10 \text{ mm overige richtingen}$
- $PTV_{uterus} = CTV_{uterus} + 10 \text{ mm alle richtingen}$
- $PTV-E = CTV-E + 5 \text{ mm alle richtingen}$
- $PTV-Nx = CTV-Nx + 5 \text{ mm alle richtingen}$
- $ITV = (CTV_{cervix} + 0 \text{ mm caudaal, } 5 \text{ mm overige richtingen}) + (CTV_{uterus} + 5 \text{ mm alle richtingen}) + CTV-E$



Planning

- Dosisschema
 - PTVcervix, uterus en electieve klieren
 $25 \times 1,8 \text{ Gy} = 45 \text{ Gy} / 5\text{x per week}$
 - Pathologische klieren
 $25 \times 2,3 \text{ Gy} = 57,5 \text{ Gy} / 5\text{x per week}$
- Monaco
 - VMAT
 - LP1, van daar uit LP2, LP3 en LP4



Planning

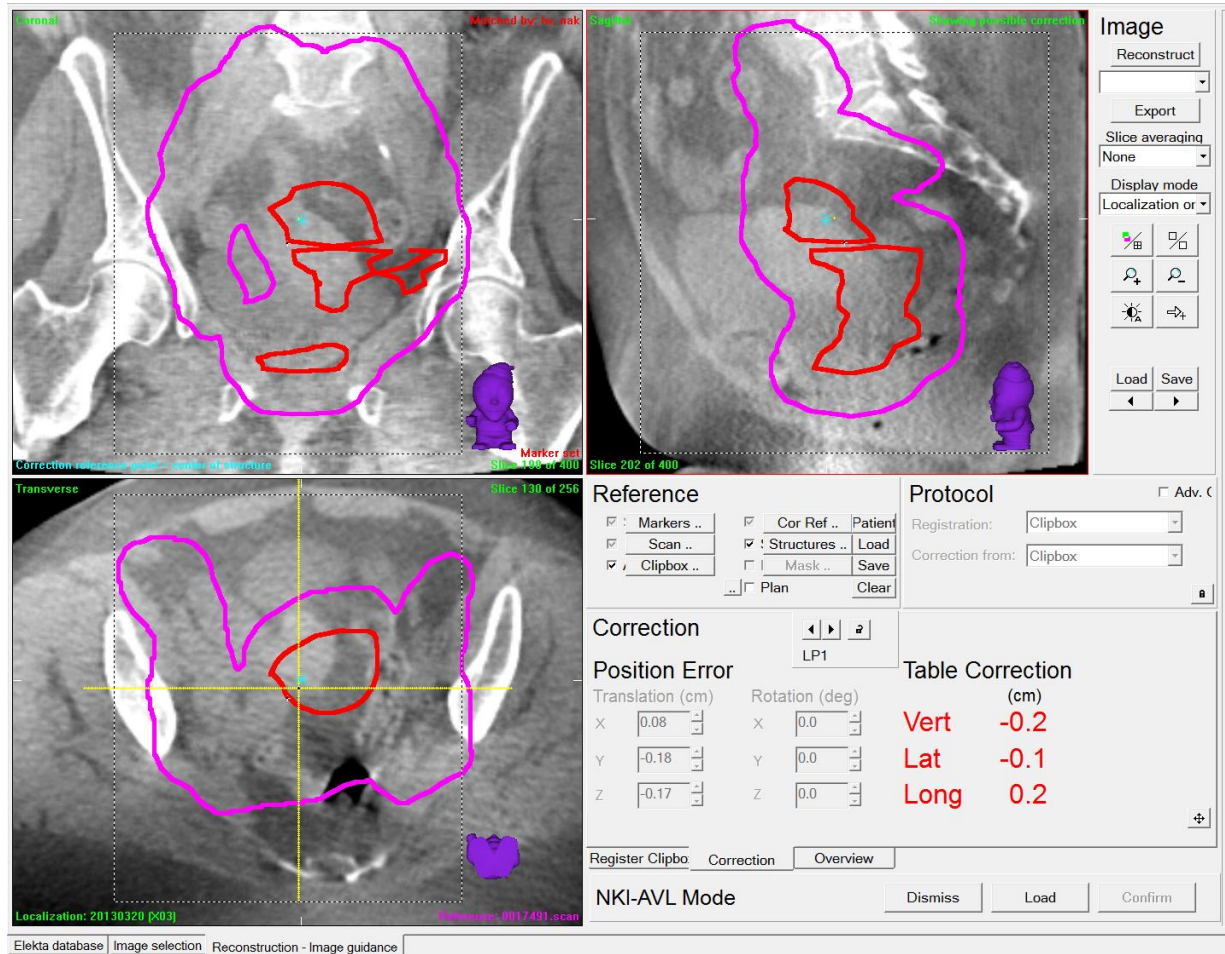
- Embrace II criteria PTVs + OARs

	Hard constraint	Soft constraint
PTV-Nx	D98% > 90%	
	Dmax < 107%	
CTV-Nx	D98% > 100%	
	D50 > 102%	
PTVcervix/uterus/E	V95% > 95%	
ITV	Dmin > 95%	
Bladder (-PTV-Ntot+15mm)	Dmax < 105%	
Bladder		V40Gy < 60%
		V30Gy < 80%
Bowel (-PTV-Ntot+15mm)	Dmax < 105%	
Bowel		V40Gy < 300cc
		V30Gy < 650cc
Sigmoid (-PTV-Ntot+15mm)	Dmax < 105%	
Rectum (-PTV-Ntot+15mm)	Dmax < 105%	
Rectum		V40Gy < 75%
		V30Gy < 95%
Kidney	Dmean < 15Gy	
Spinal cord	Dmax < 48Gy	
Femoralhead	Dmax < 50Gy	

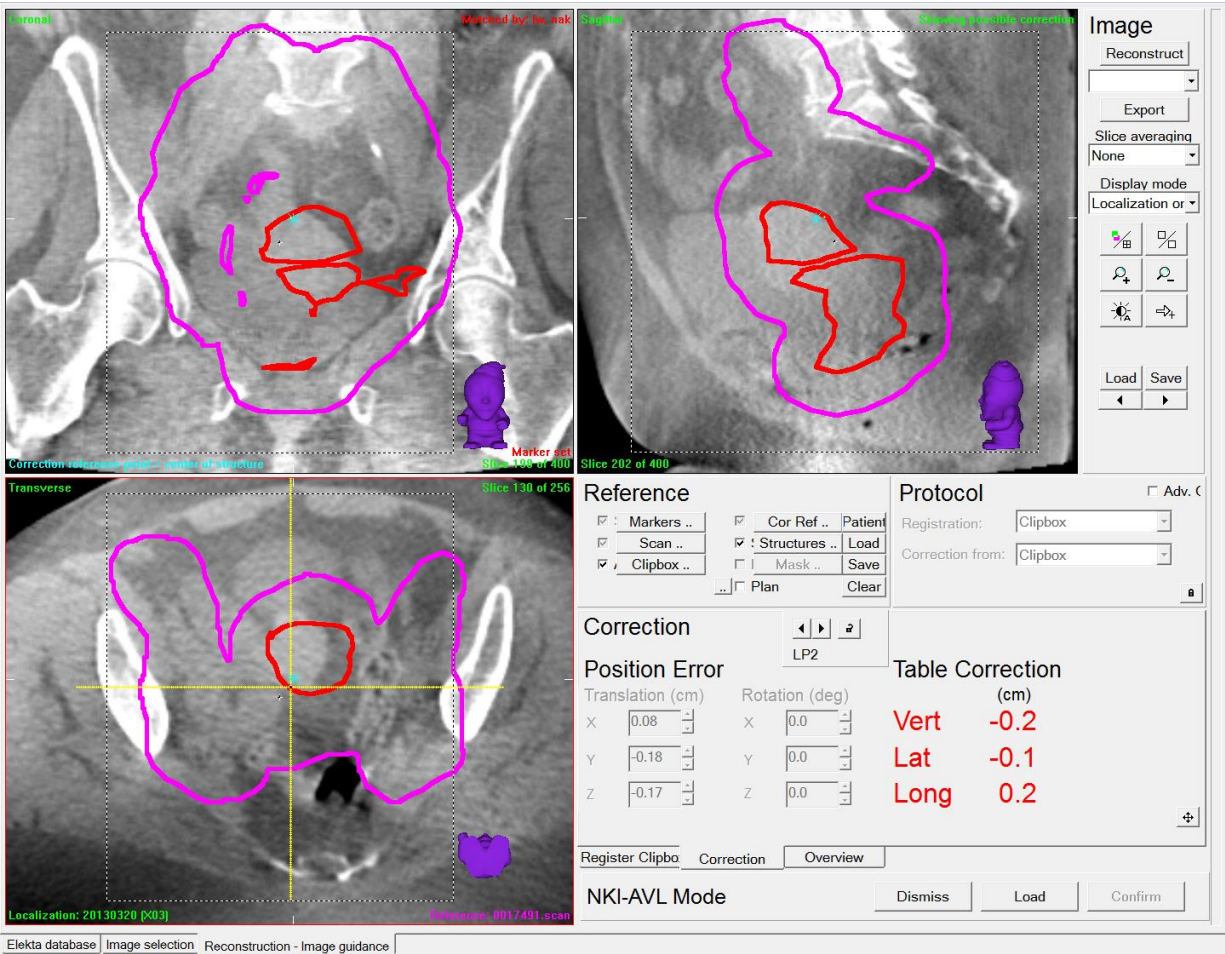
Toestel

- Drinkinstructies
- Cone Beam CT -> welk plan past het beste qua CTV, PTV en OARs

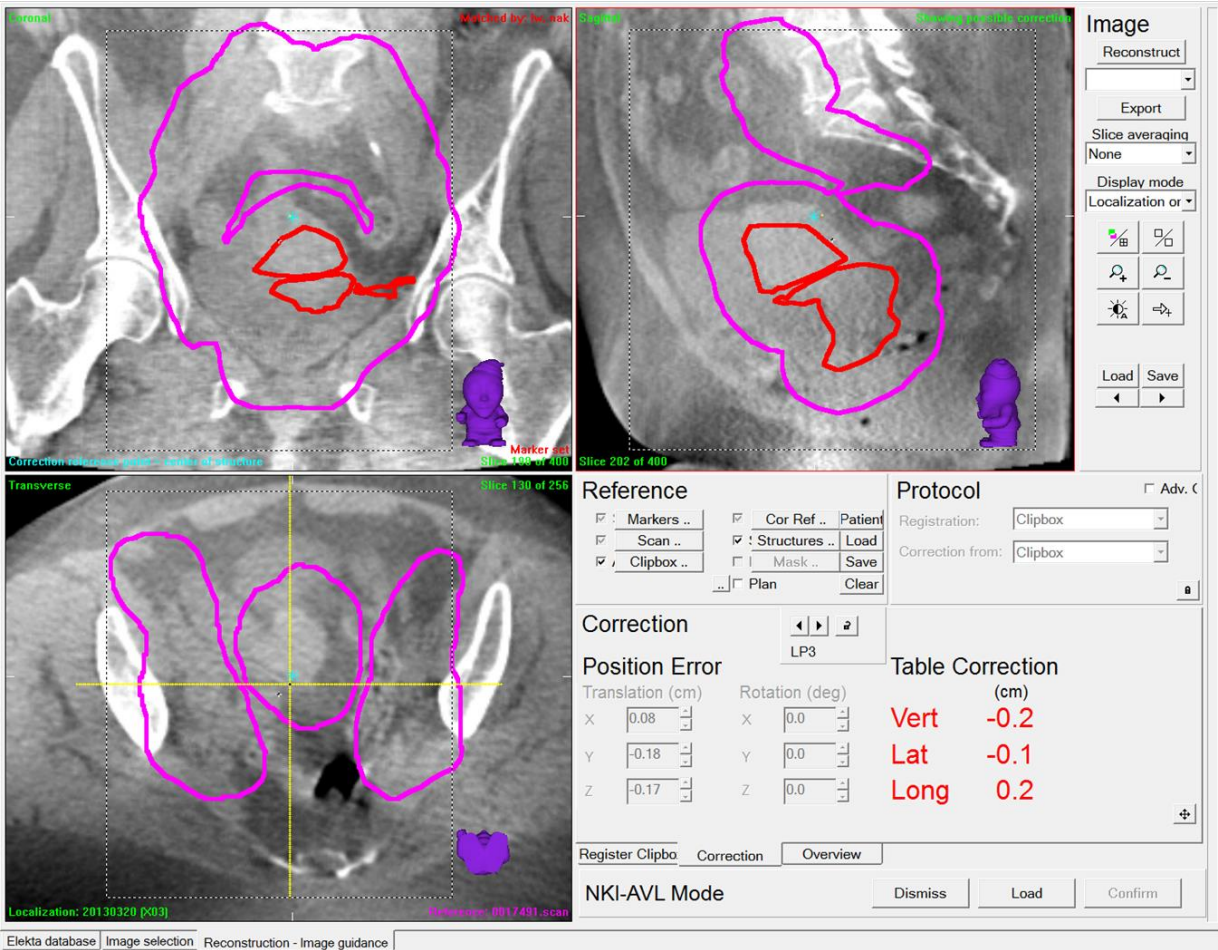
LP1 = volle blaas



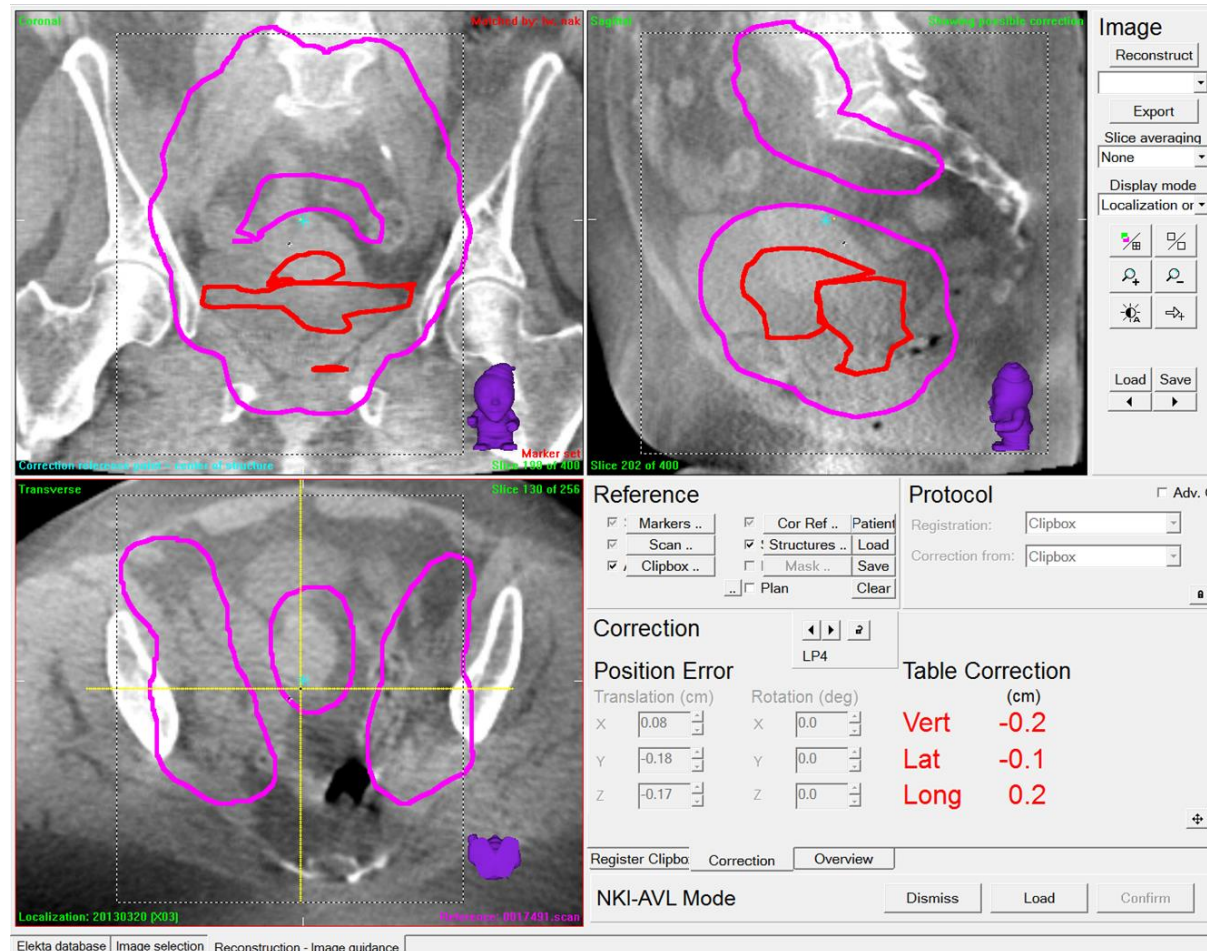
LP2

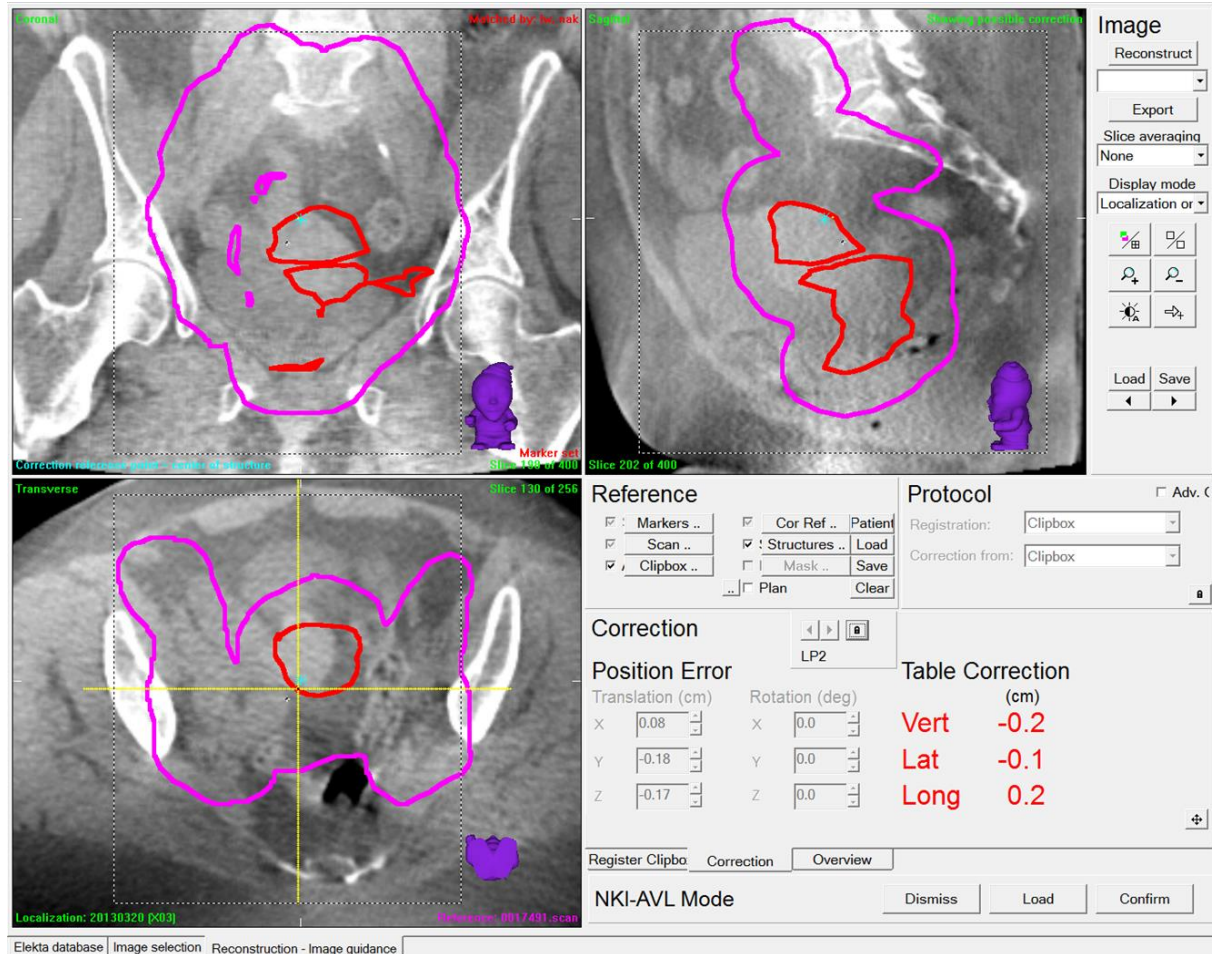


LP3



LP4 = lege blaas





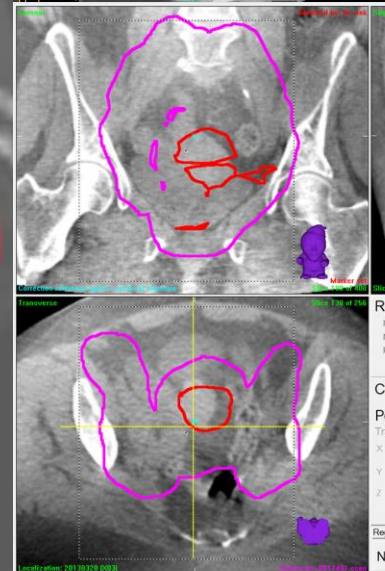
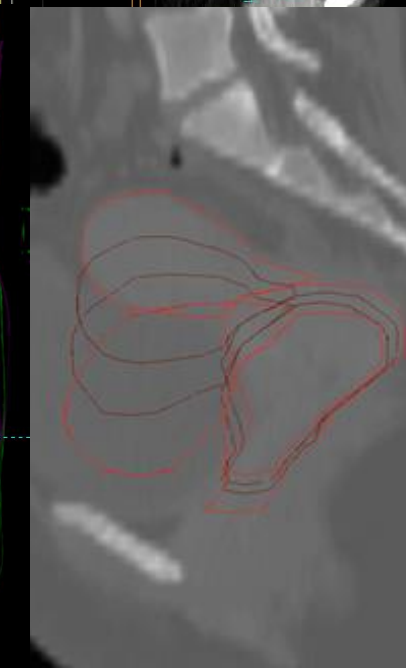
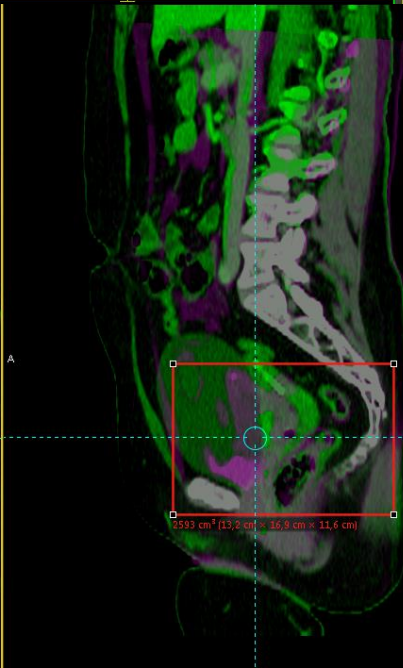
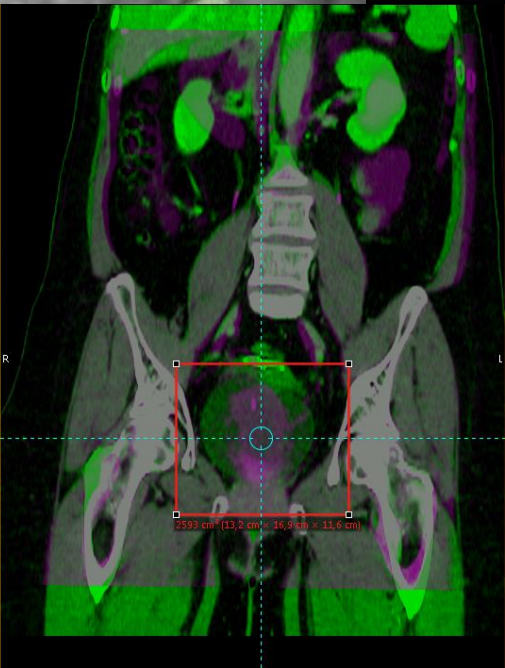
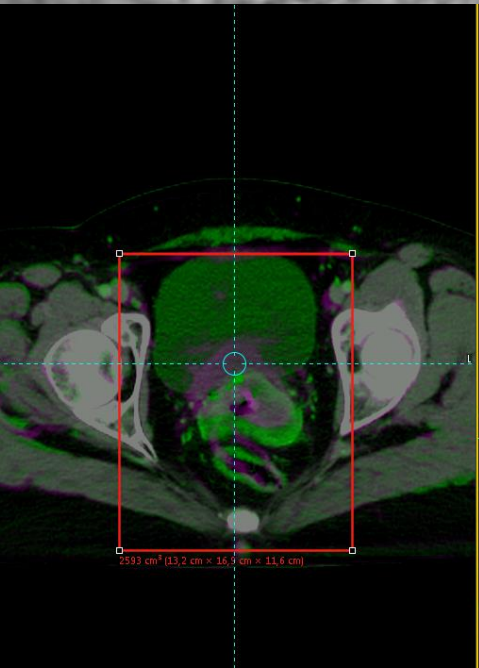
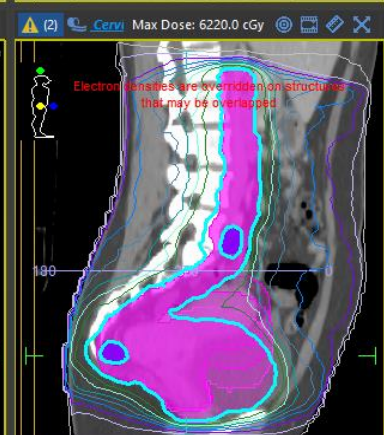
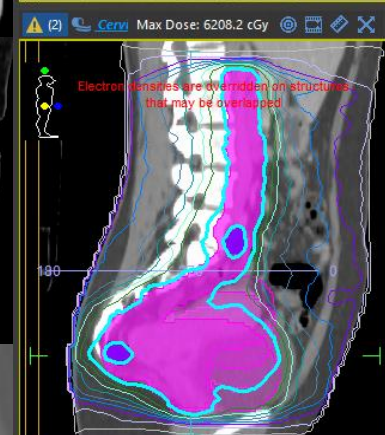
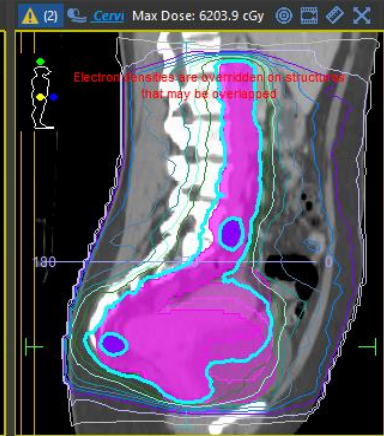
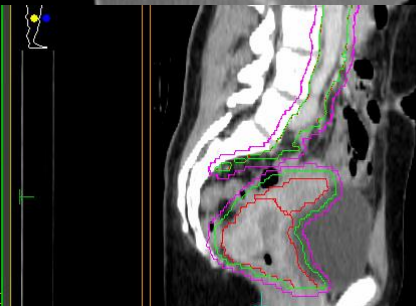
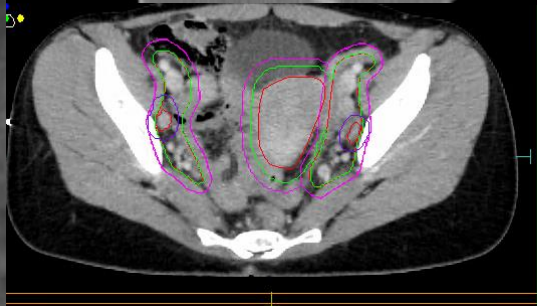
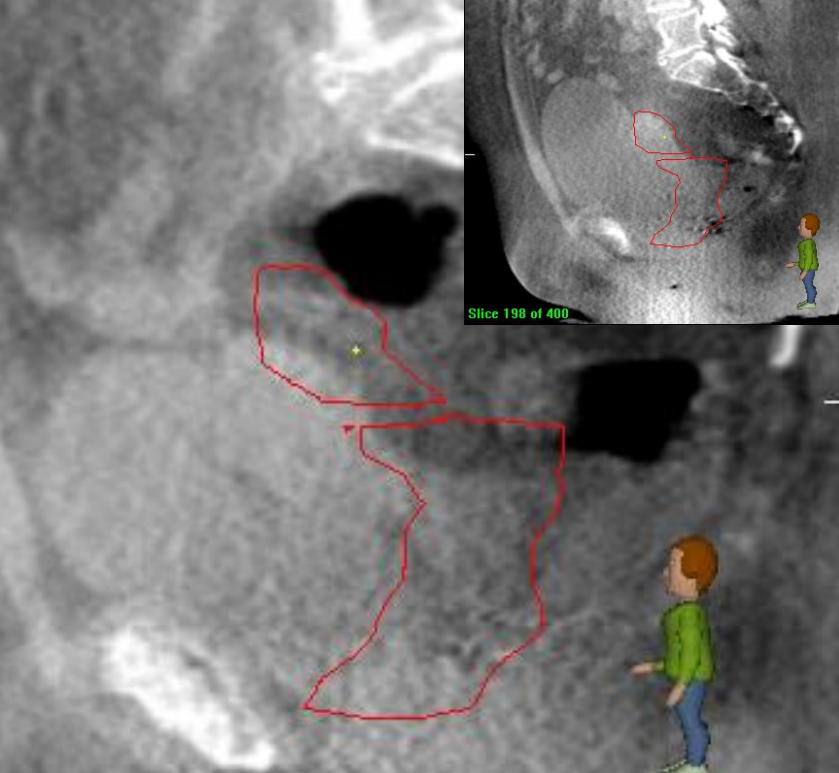
Keuze is gevallen op LP2

Toestel

- Tafelverplaatsing
- Stralen
- Post Cone Beam CT

Actieprotocol

- CTV buiten PTV
 - Plan toevoegen aan Library of Plans
 - Nieuwe Library of Plans
 - Verruimen van de marges



Image

Reconstruct

Export

Slice averaging

None

Display mode

Localization or

3% 9%

Load Save

Reference

IP: Markers

Scan

Clipbox

Cor Ref

Patient

Load

Save

Clear

Protocol

Registration: Clipbox

Correction from: Clipbox

Correction

LP2

Position Error

Translation (cm)

X 0.08

Y -0.18

Z -0.17

Rotation (deg)

X 0.0

Y 0.0

Z 0.0

Table Correction (cm)

Vert -0.2

Lat -0.1

Long 0.2

Register Clipbox

Correction

Overview

NKI-AVL Mode

Dismiss

Load

Confirm