

Brachytherapy

Quo vadis?

Nikolaos Zamboglou

Strahlenklinik, Klinikum Offenbach

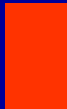
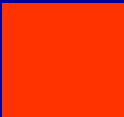
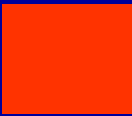
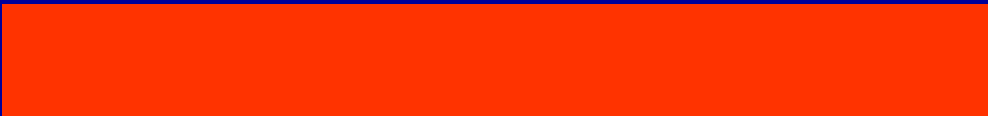
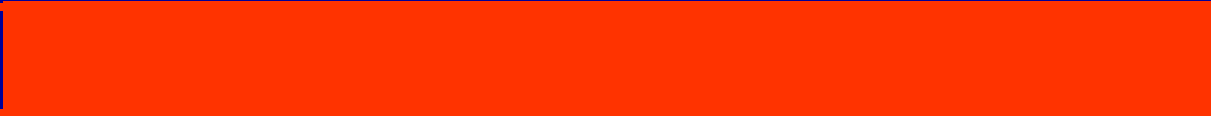
63069 Offenbach, Germany

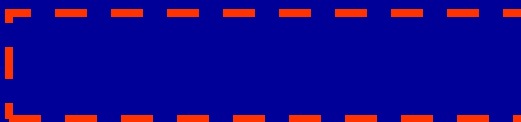
The Era of Adaptive Radiation Therapy

- IGRT (Image Guided..2D)
- VGRT (Volume Guided..3D)
- DGRT (Dose Guided ...)
- ART (4D)
- BIG-ART (Biological ...)

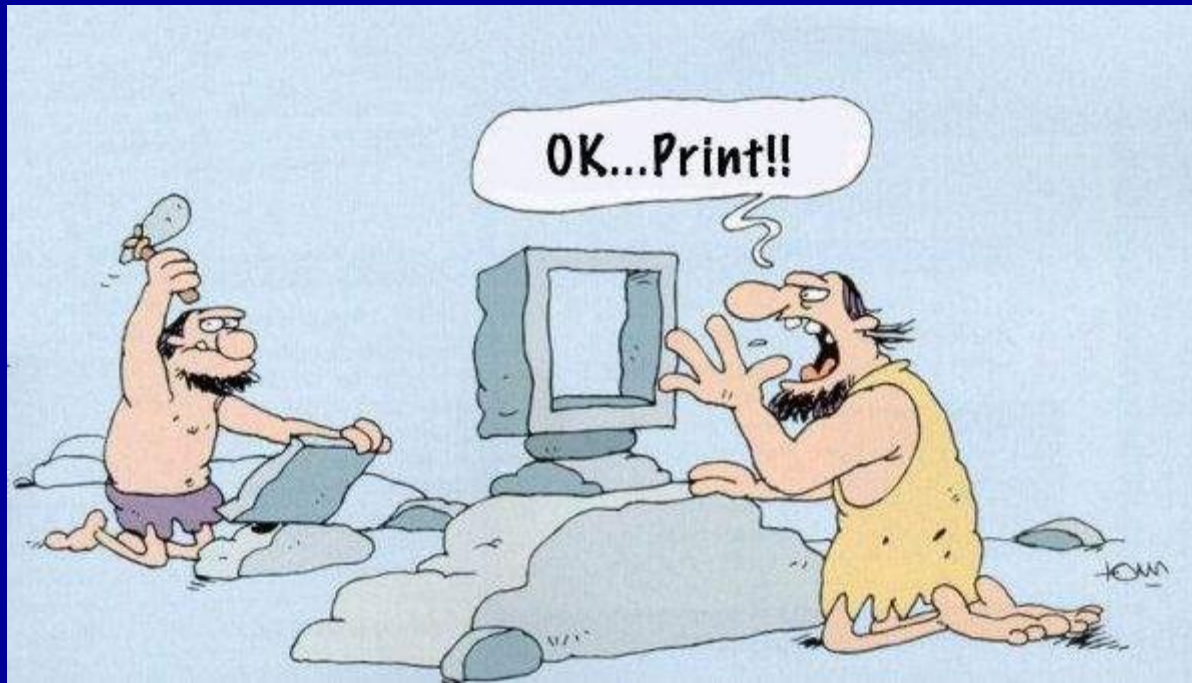
Adaptive Radiation Therapy: Advanced & New Technologies

Costs

- IMRT (X-rays) 
- Cyberknife (X-rays) 
- Tomotherapy (X-Rays) 
- Protons (p⁺) 
- Heavy Ions (He, Li, C, ???) 

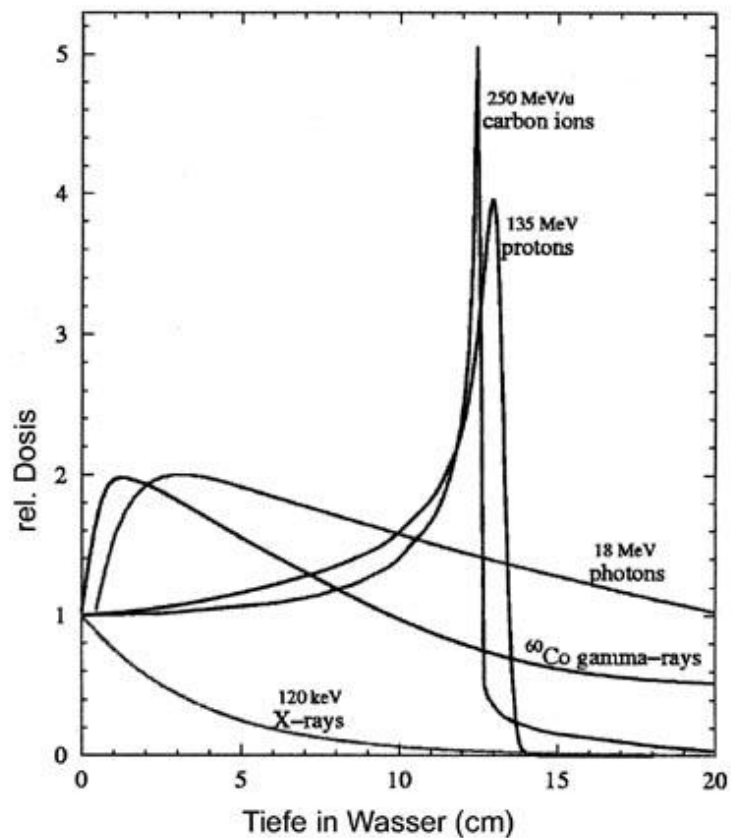


Where are we with Brachytherapy in the “Modern Times” of Radiation Oncology ?

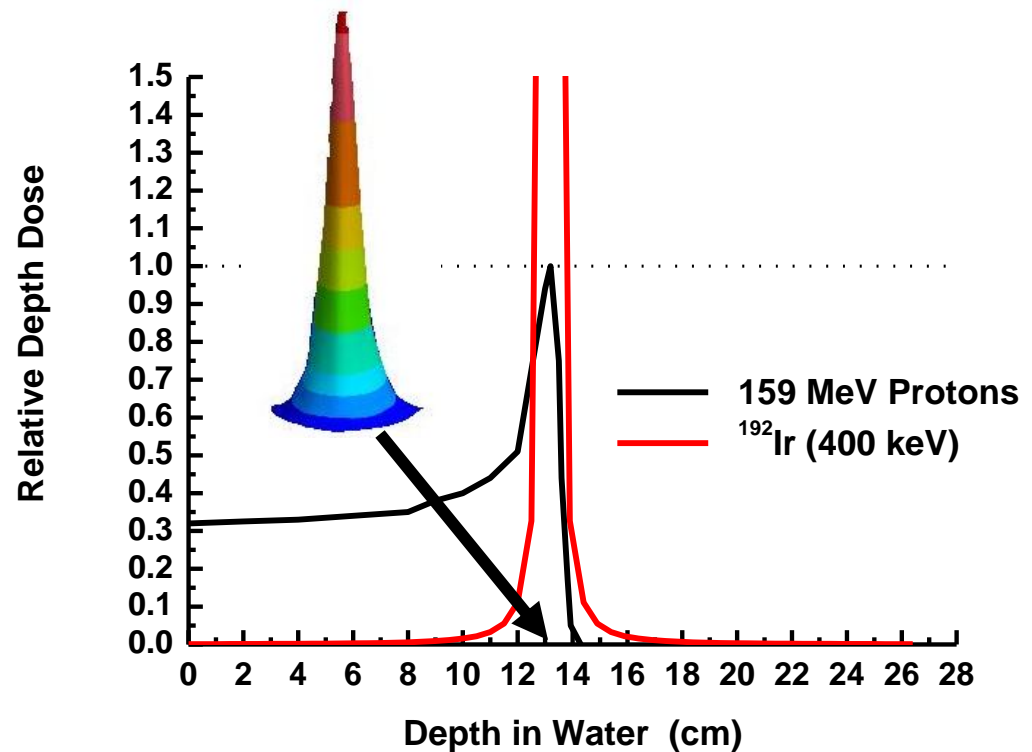


3D Conformal Brachytherapy (3D CFBRT)

Dosimetric Kernel: Depth

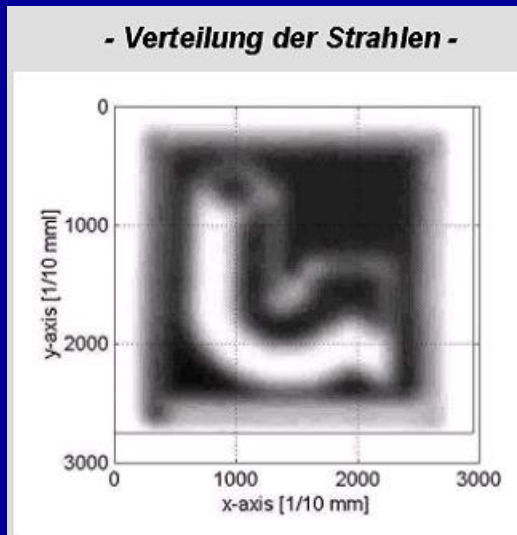
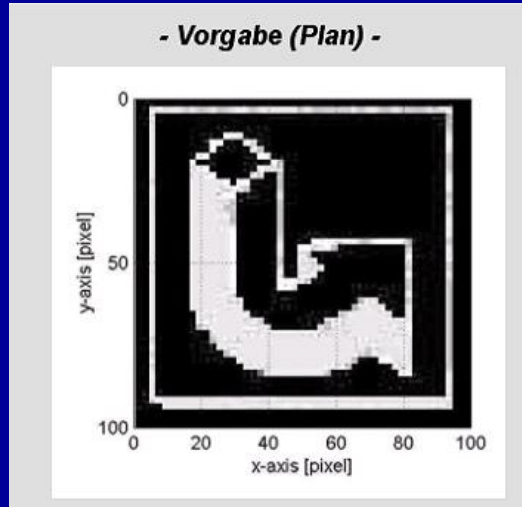


Protons vs. BRT

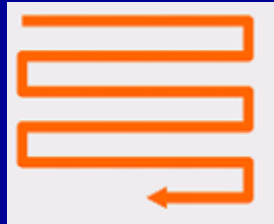


3D Conformal Radiation Therapy (3D CFRT)

Beam Shaping: Plane



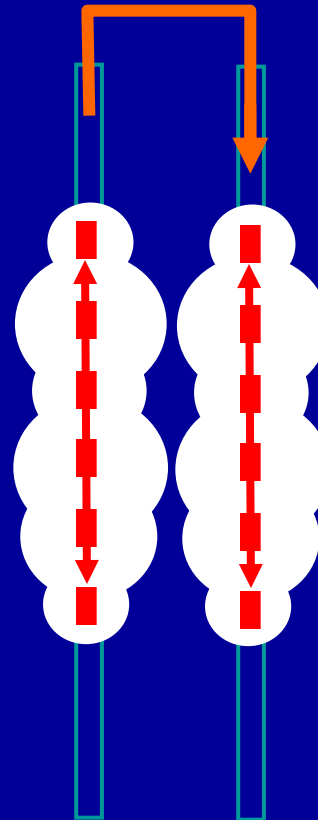
Ions:
Raster
Scanning



BRT: Needle/Catheter

MSS

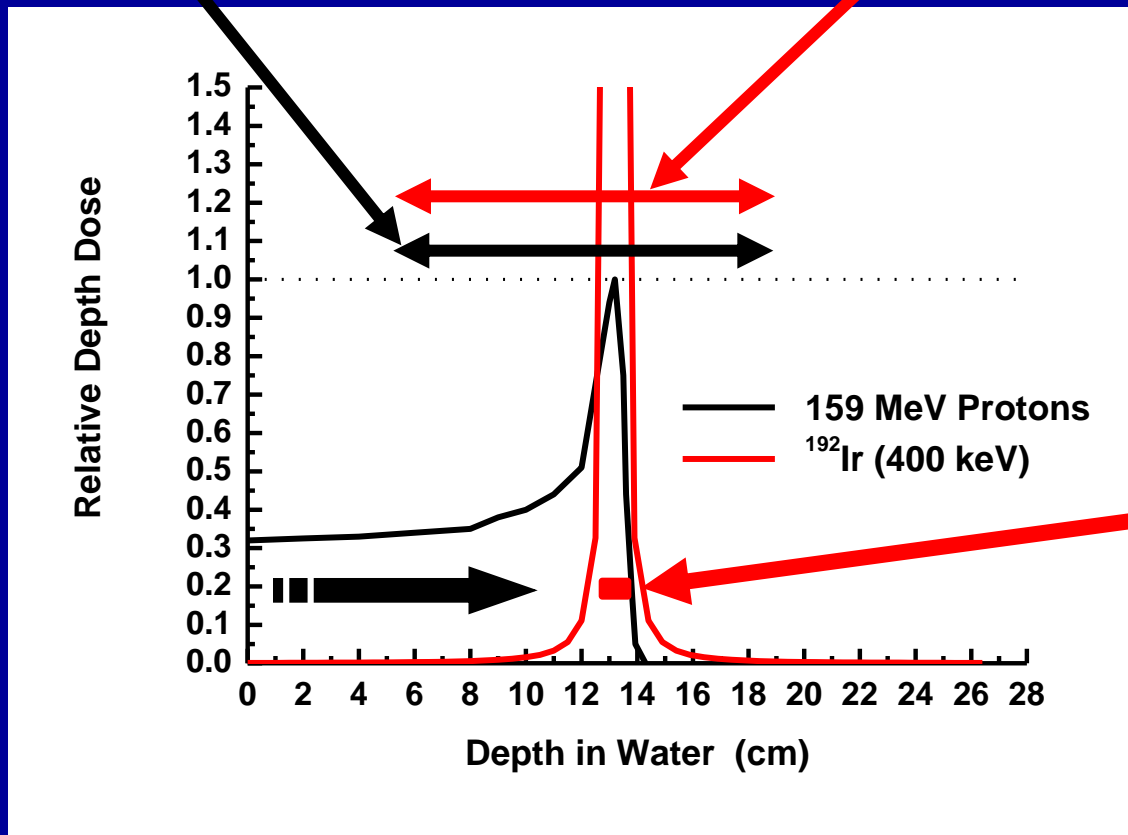
- 1.0 mm
- 2.5 mm
- 5.0 mm
- 10.0 mm
- ?? mm



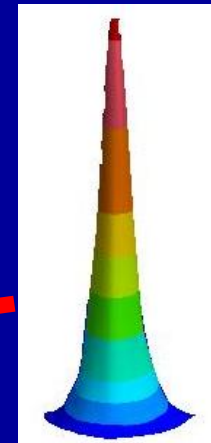
3D Conformal Brachytherapy (3D CFBRT) Intensity/Fluence/Dose Modulation

Proton Energy Modulation

Step & Shot Technology

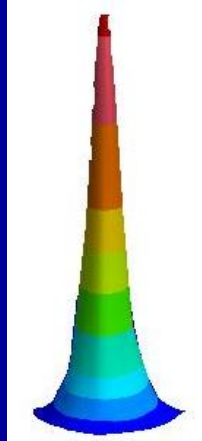


3D-Kernel



3D Conformal Brachytherapy (3D CFBRT): IMBRT Using Step & Shot Technology

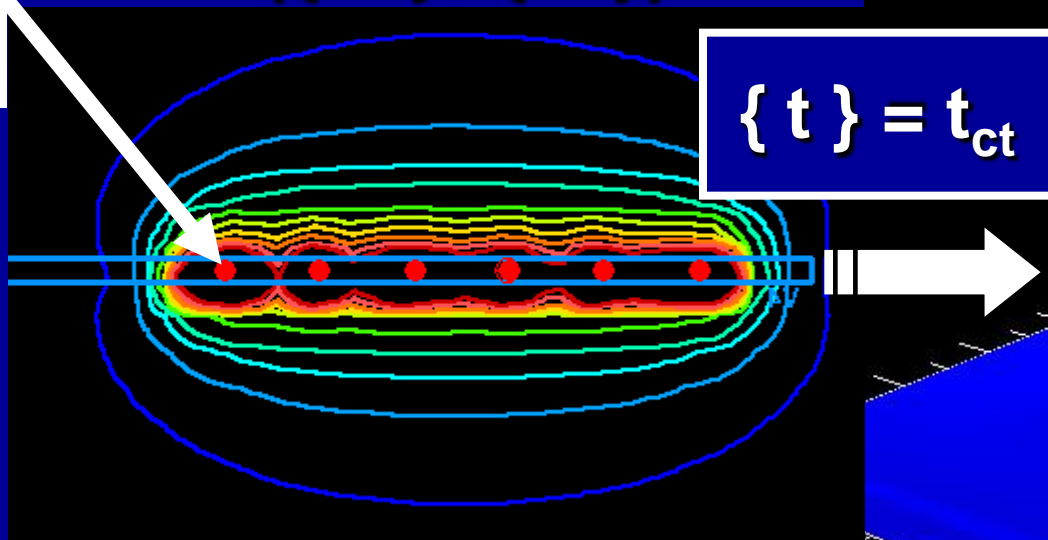
Kernel



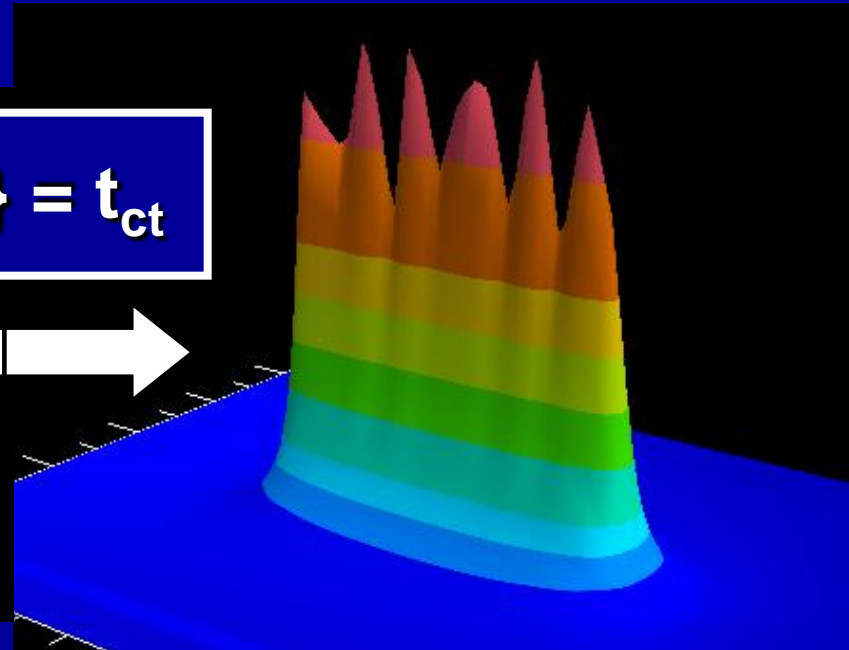
Propagation Function:
 $f(\{\vec{r}\}, \{t\})$

192Ir

...



$\{t\} = t_{ct}$



3D Conformal Radiation Therapy (3D CFRT)

Intensity/Fluence/Dose Modulation

High Energy
Particles

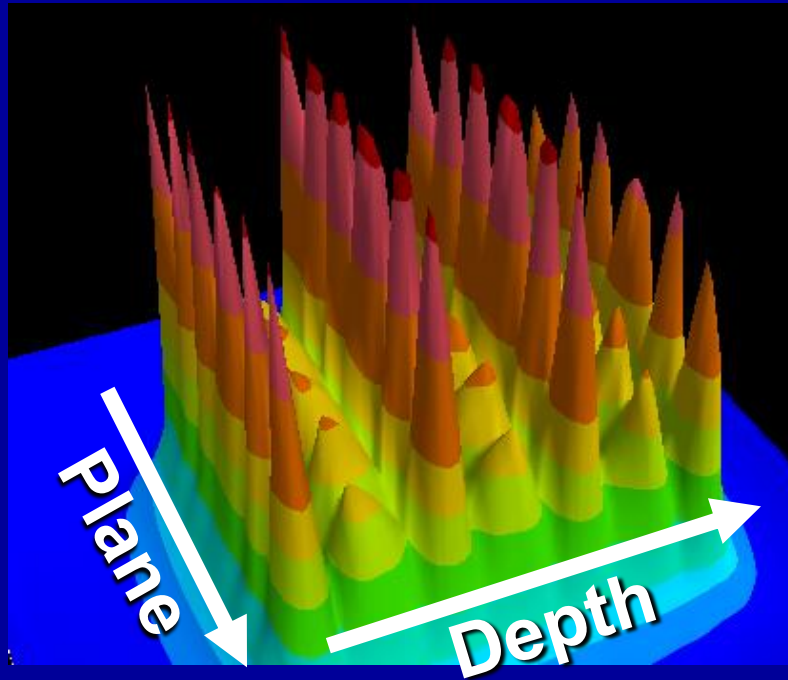
IMBRT (MSS & MC):
Raster/ Vector Scanning

IMRT
(MLC)

Plane:
Raster
Scanning

Depth:
Energy
Modulation

3D/Volume



3D/Volume

Plane: Step
& Shot or
Dynamic
MLC

Depth: ?

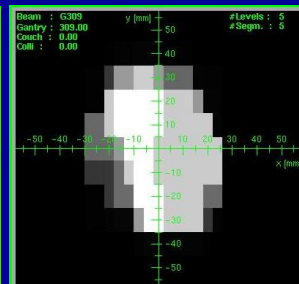
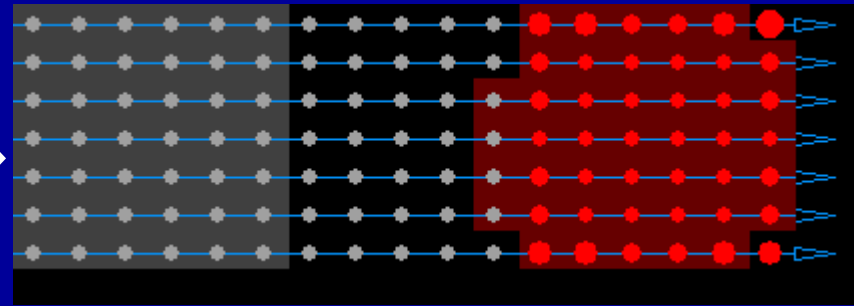
2D ?

3D Conformal Brachytherapy (3D CFBRT): IMBRT Using Step & Shot Technology

Raster /
Vector Scanning

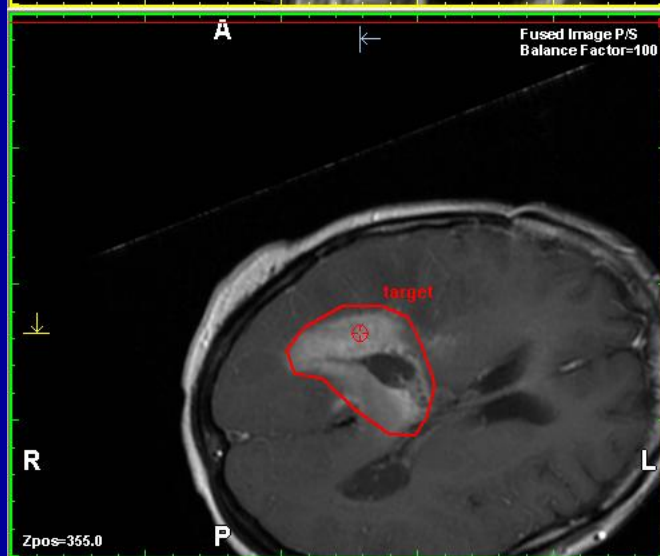
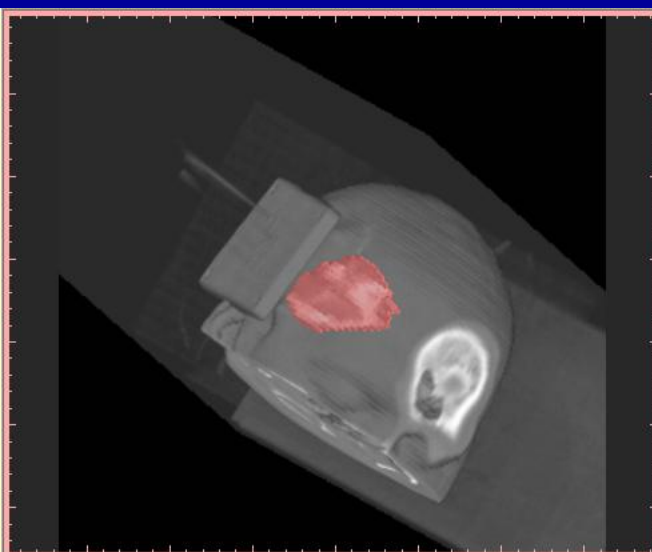
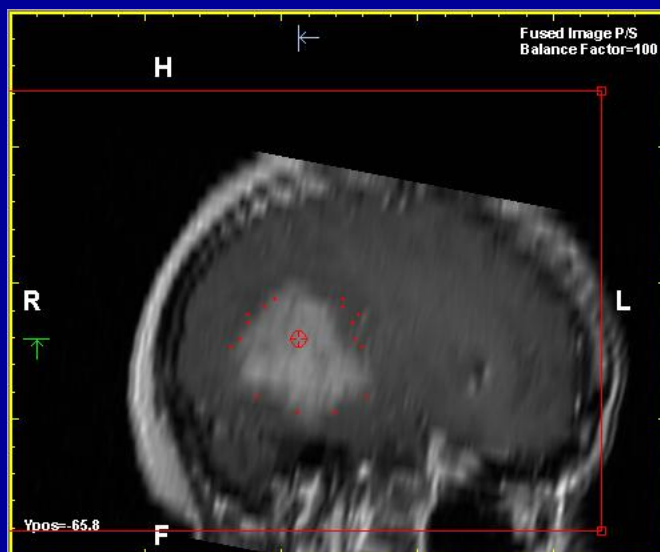
Propagation Function:

$$f(\{\vec{r}\}, \{t\})$$

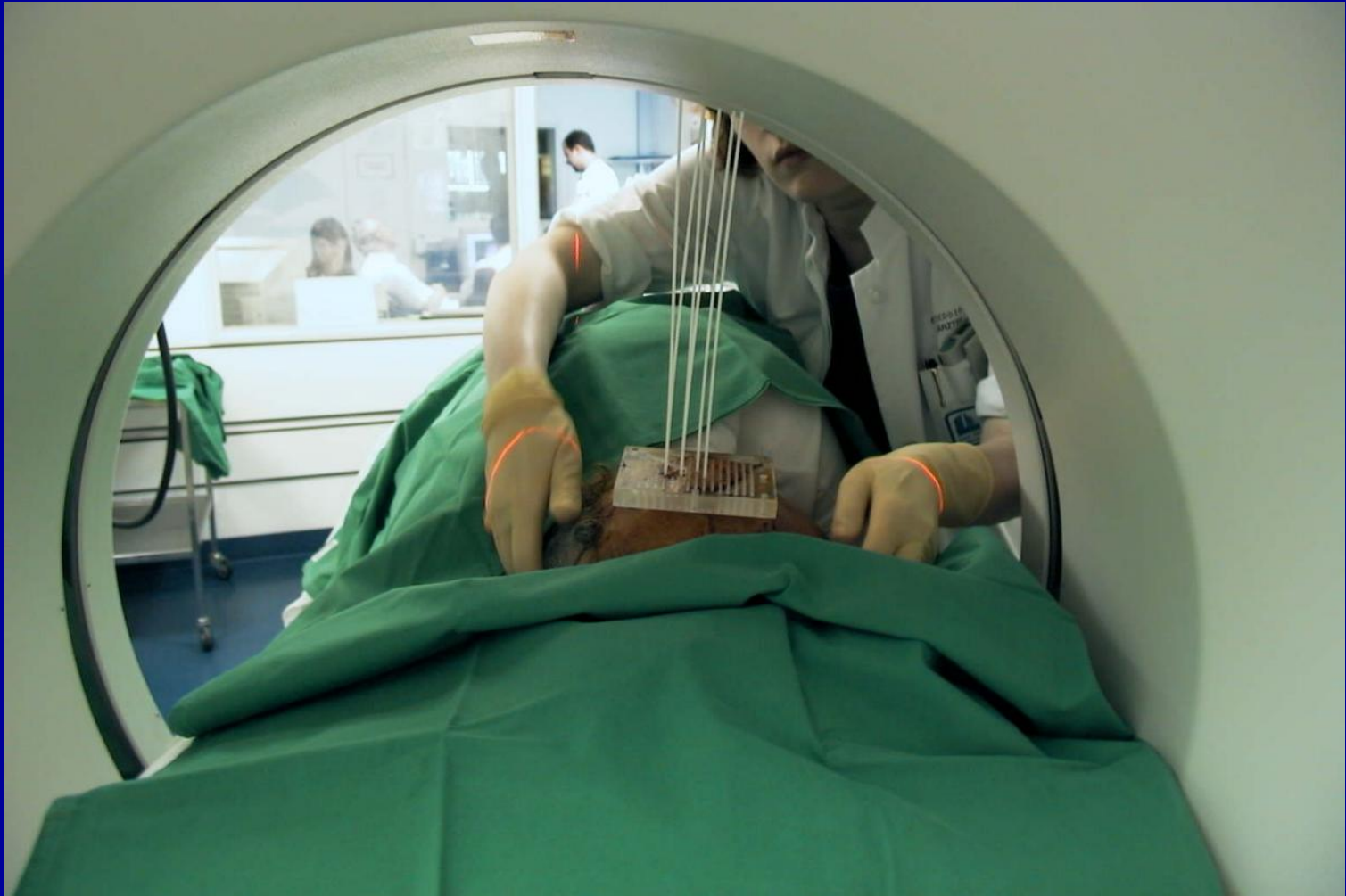


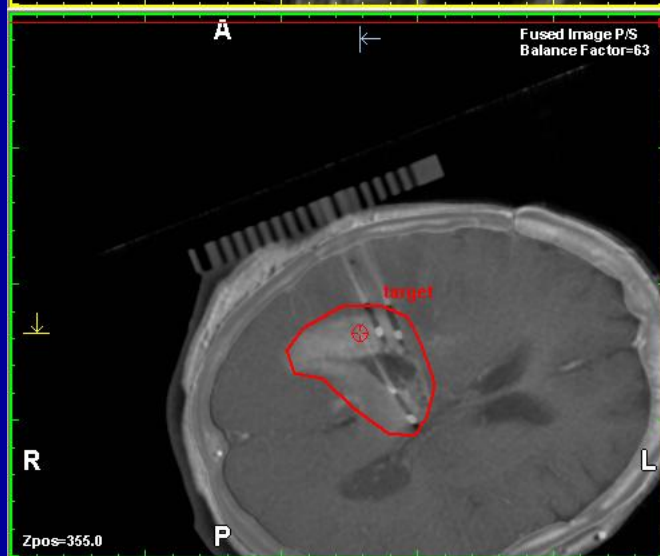
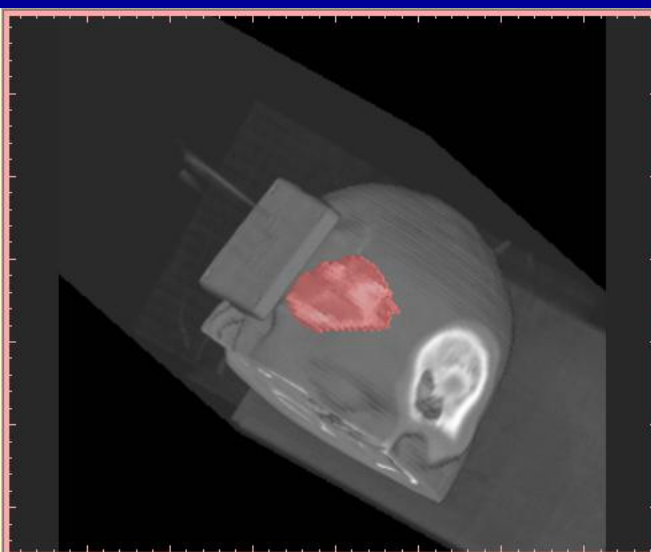
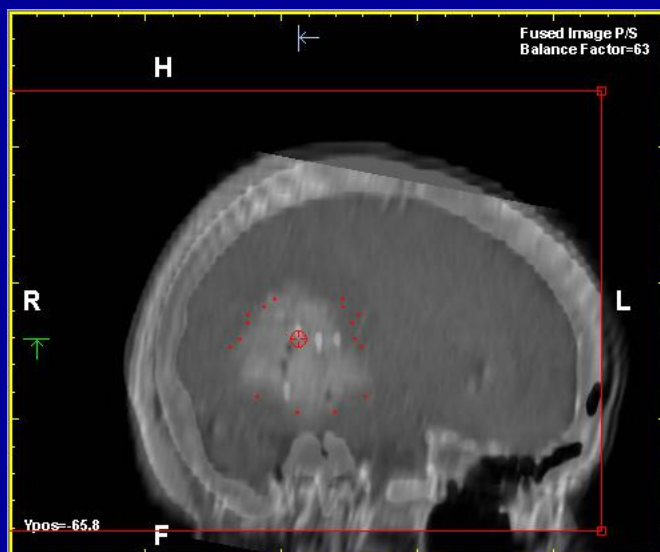
The Era of Adaptive Brachytherapy

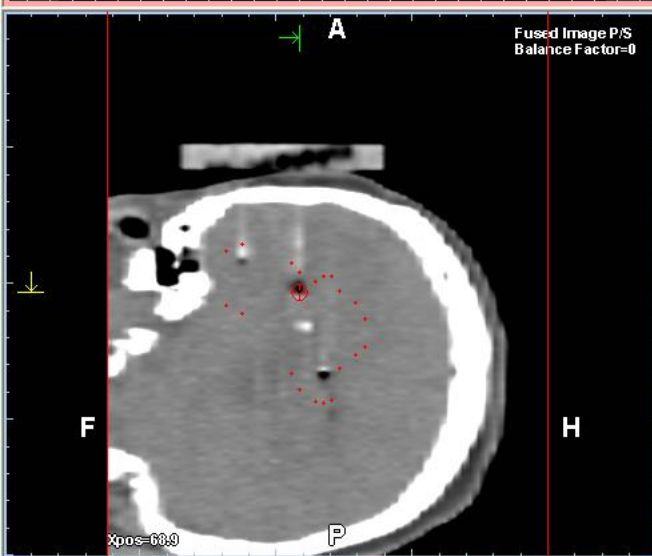
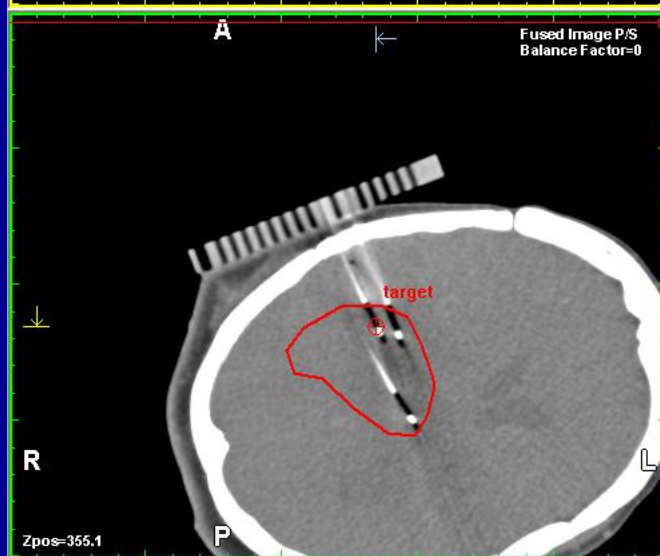
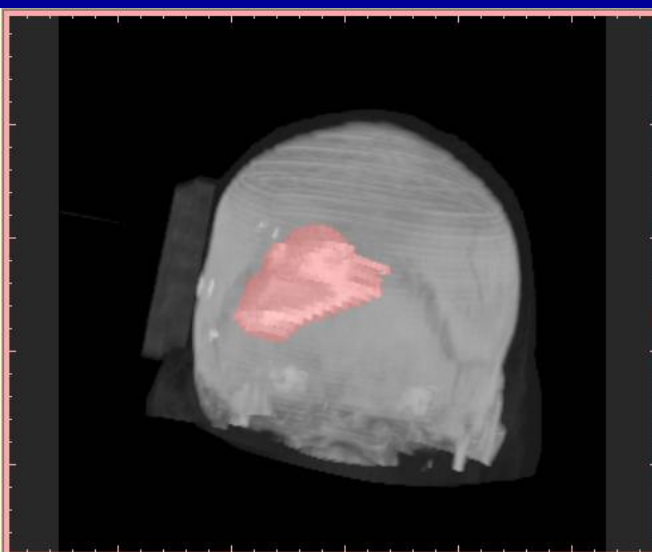
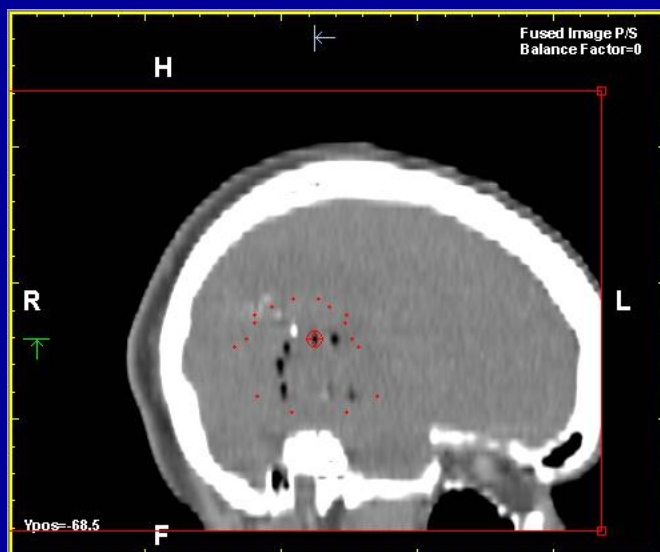
- **IGRT (Image Guided..2D)**

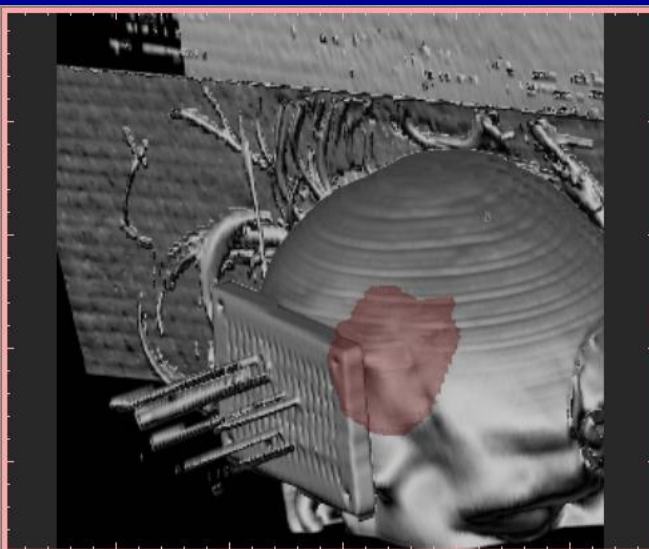
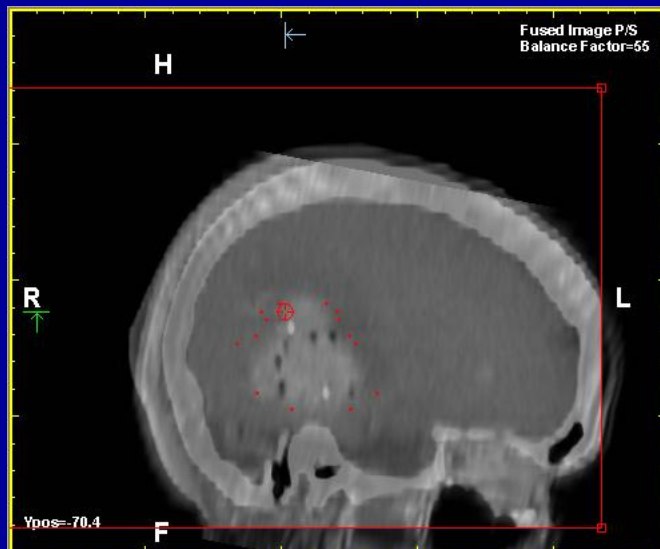


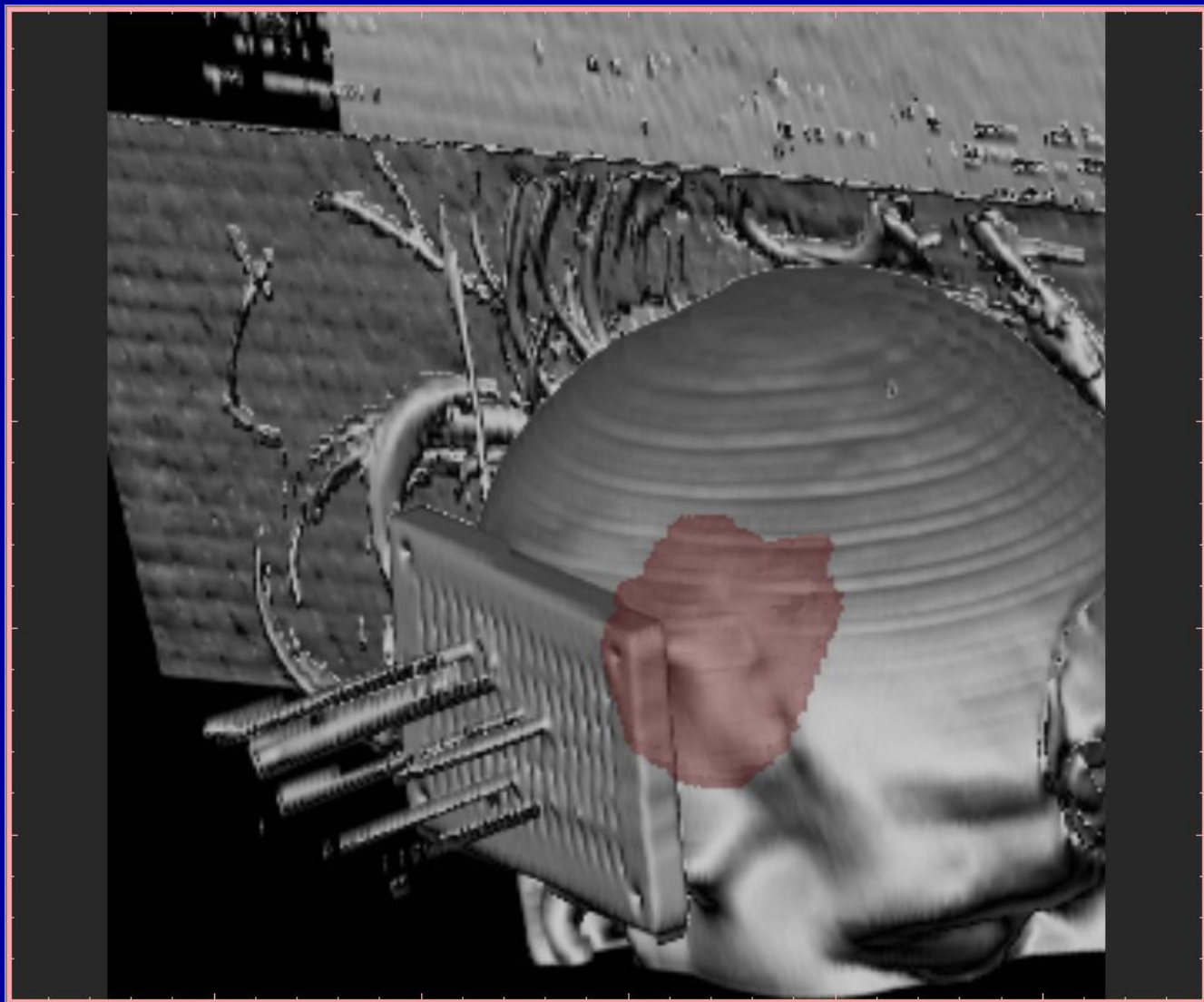
IGRT in BT

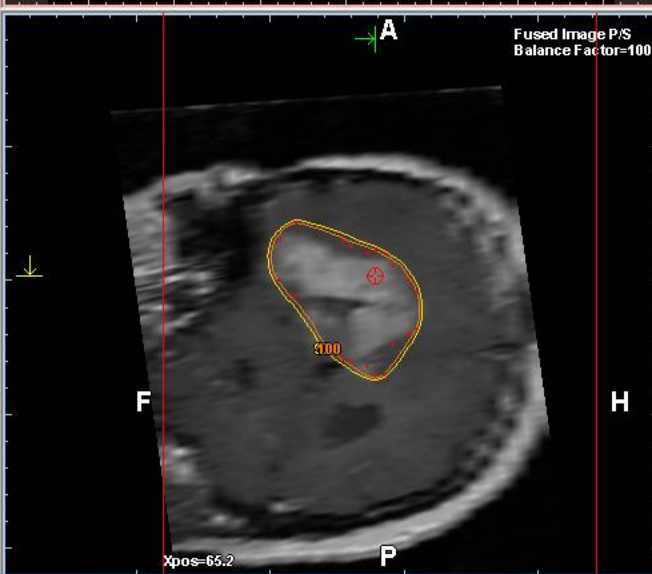
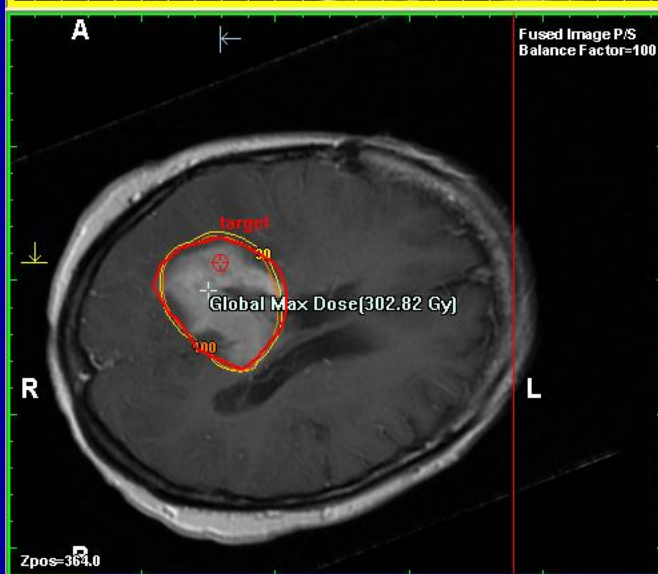
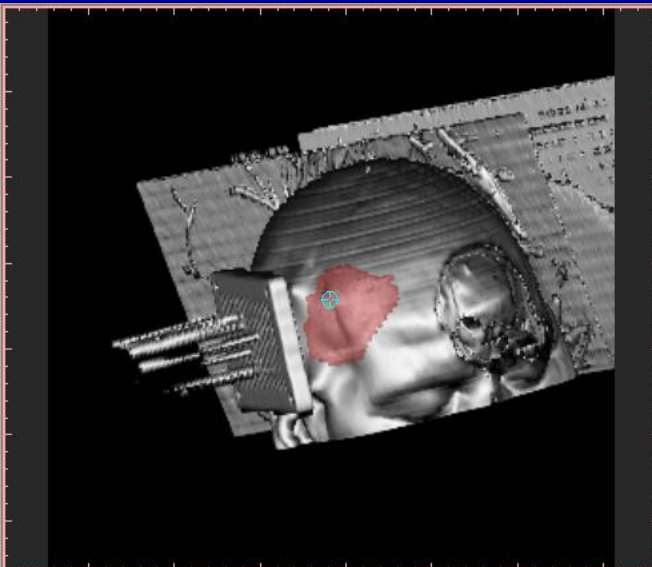
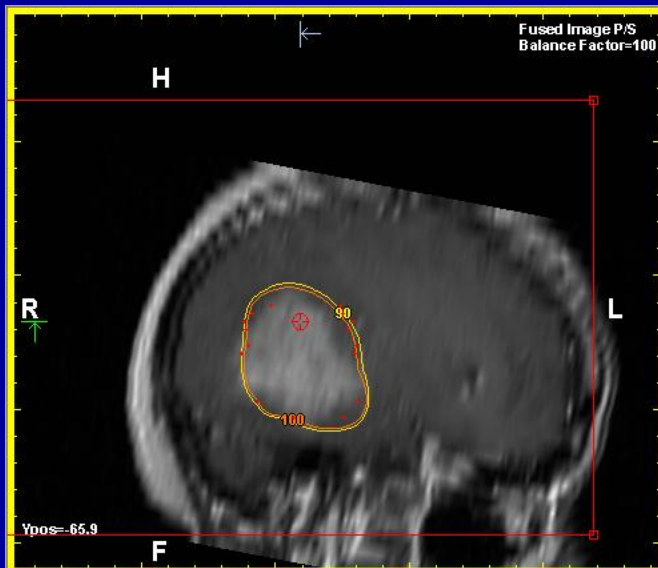


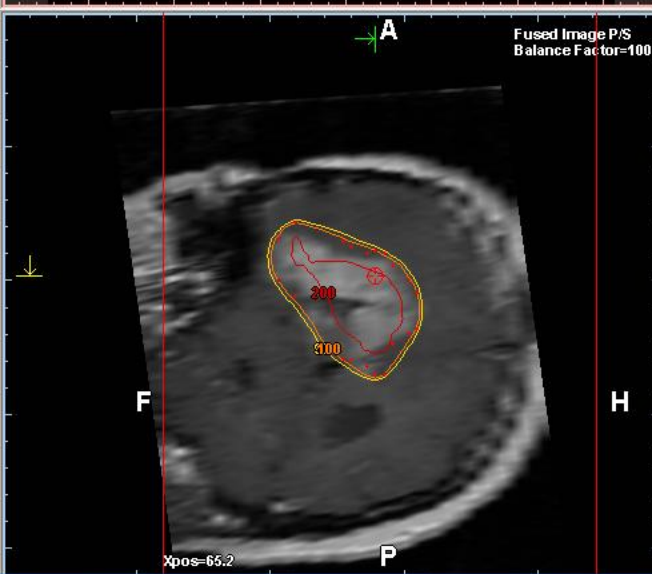
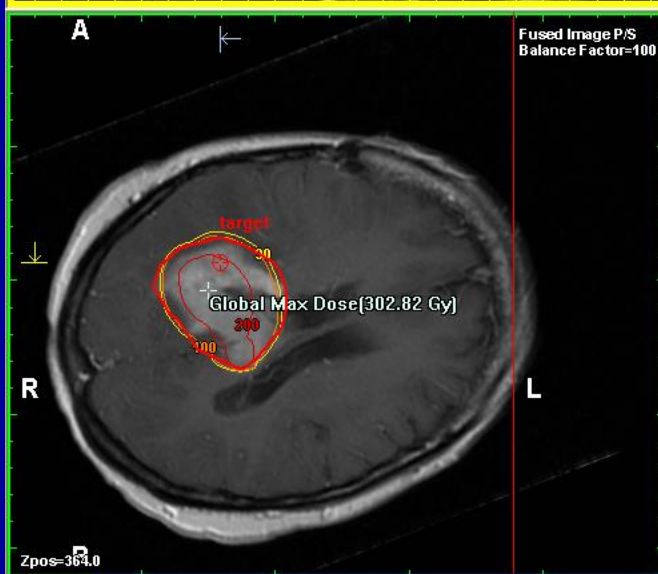
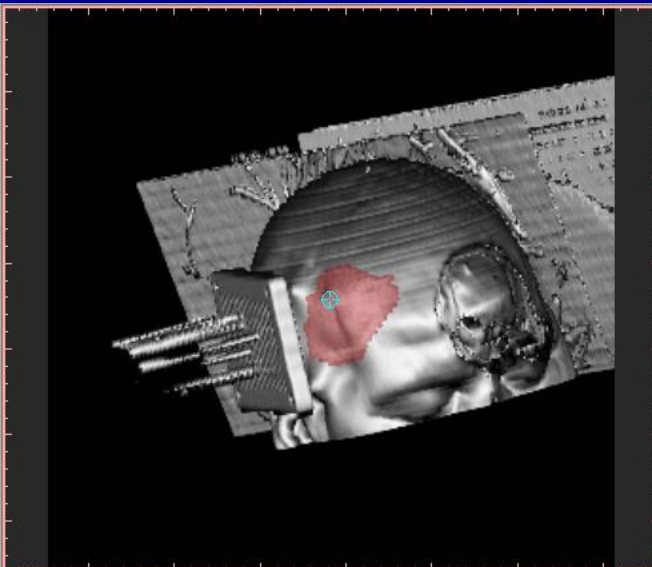
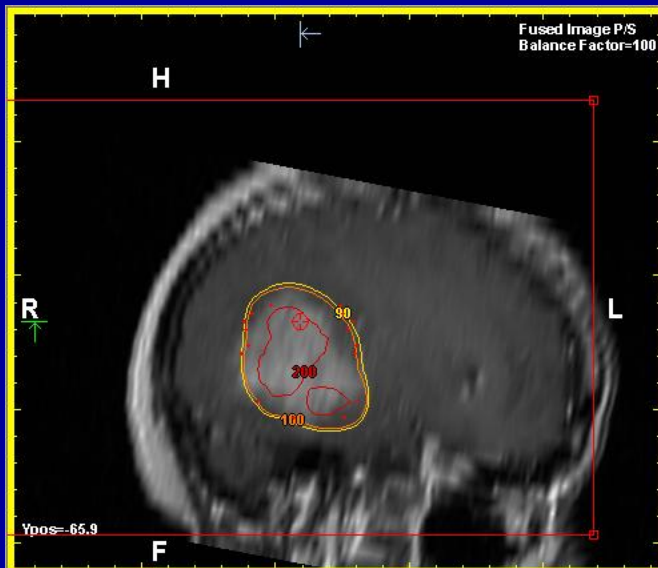


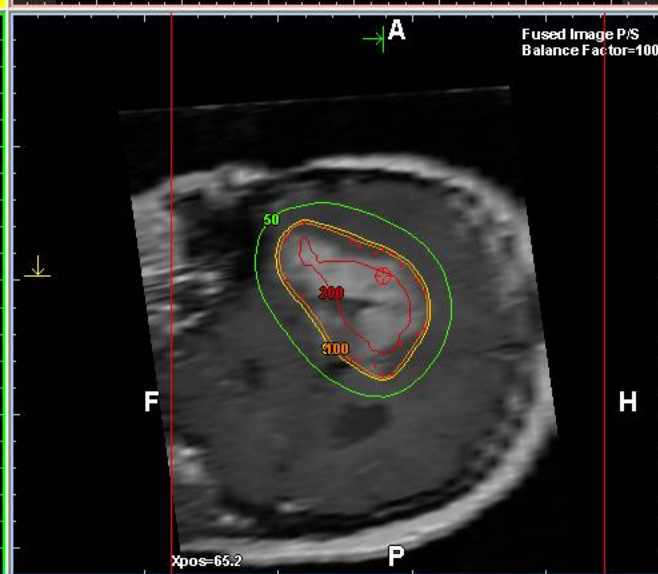
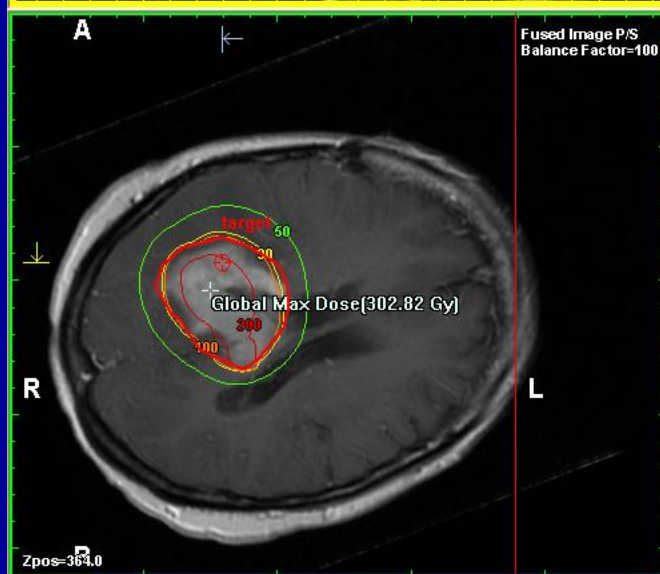
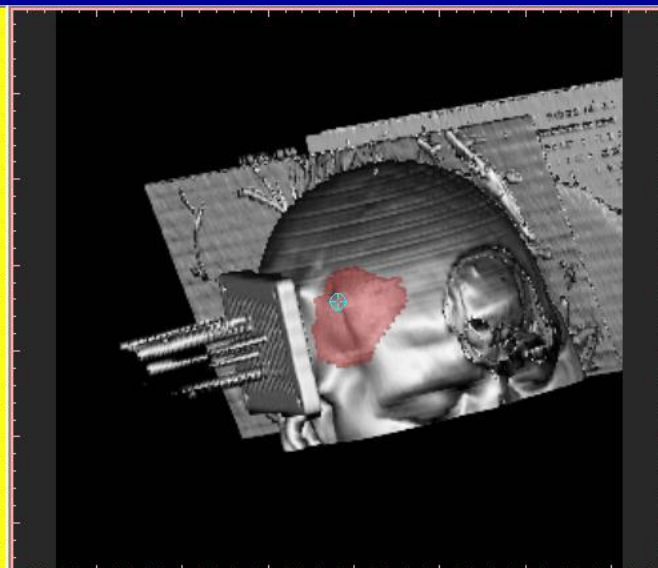
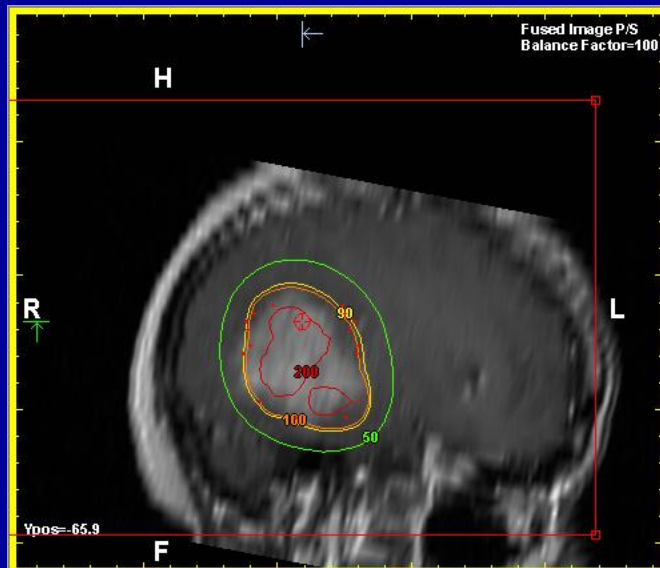


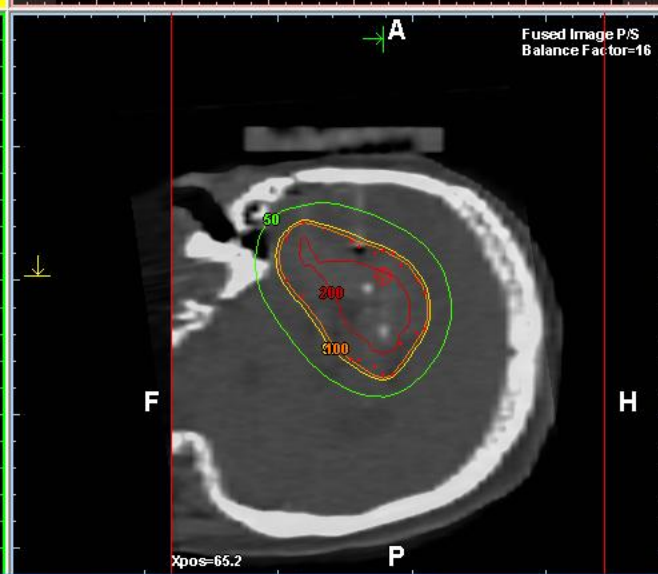
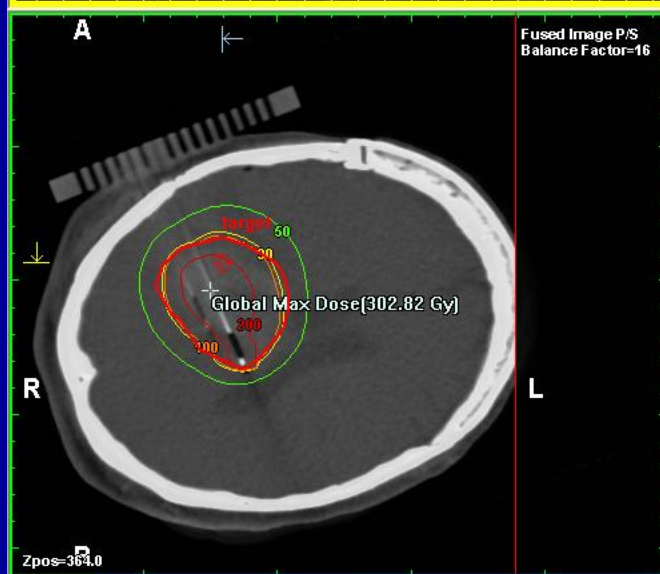
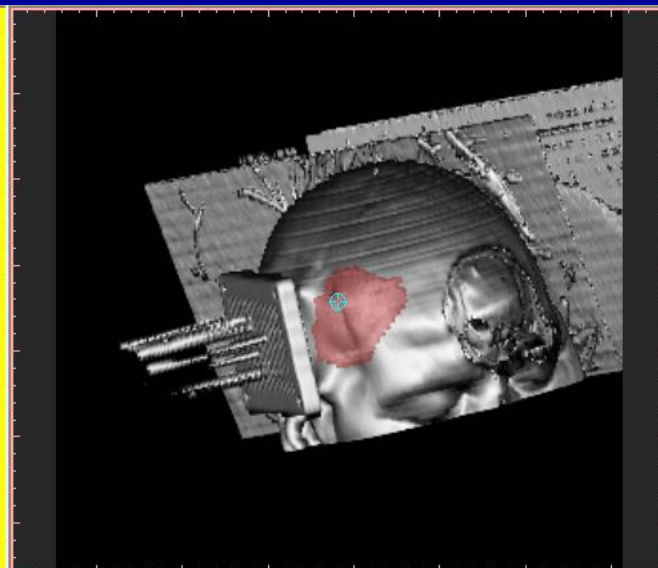
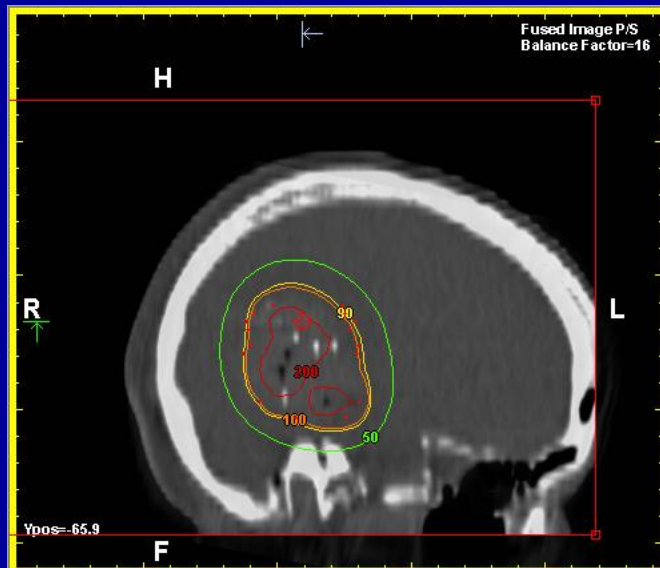






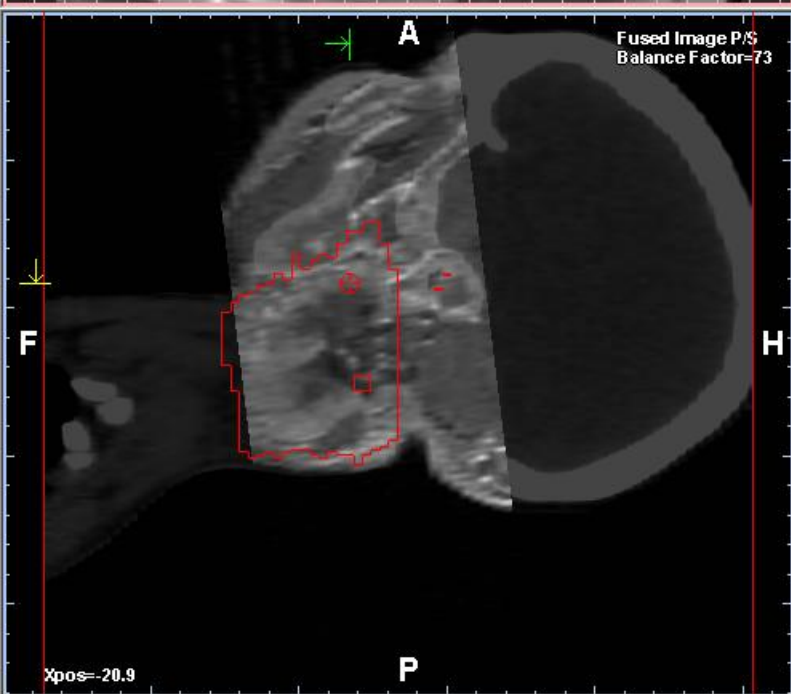
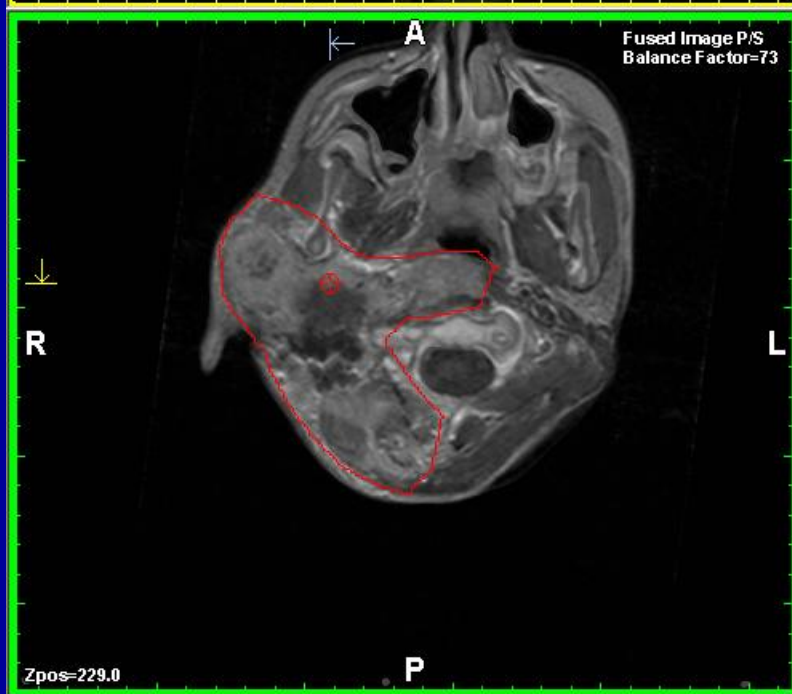
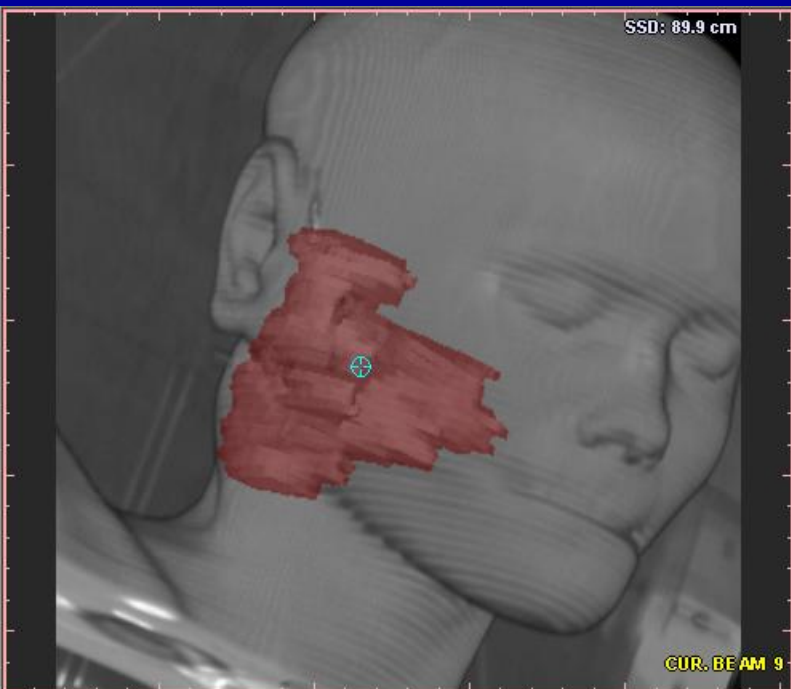
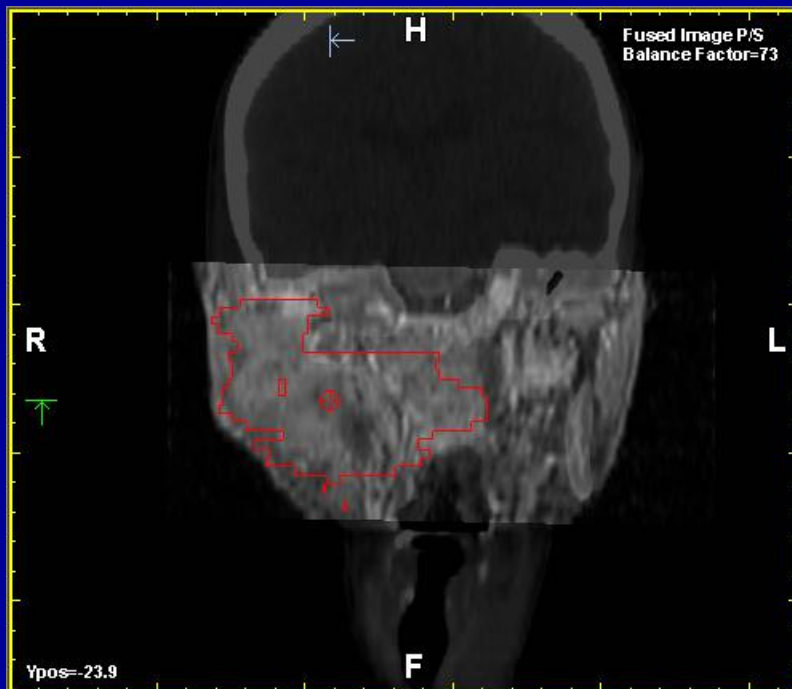


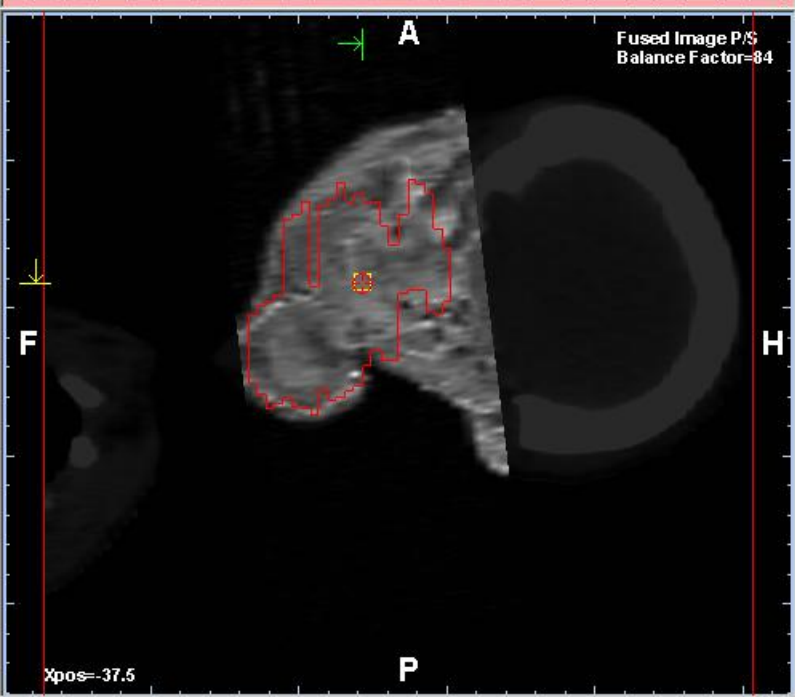
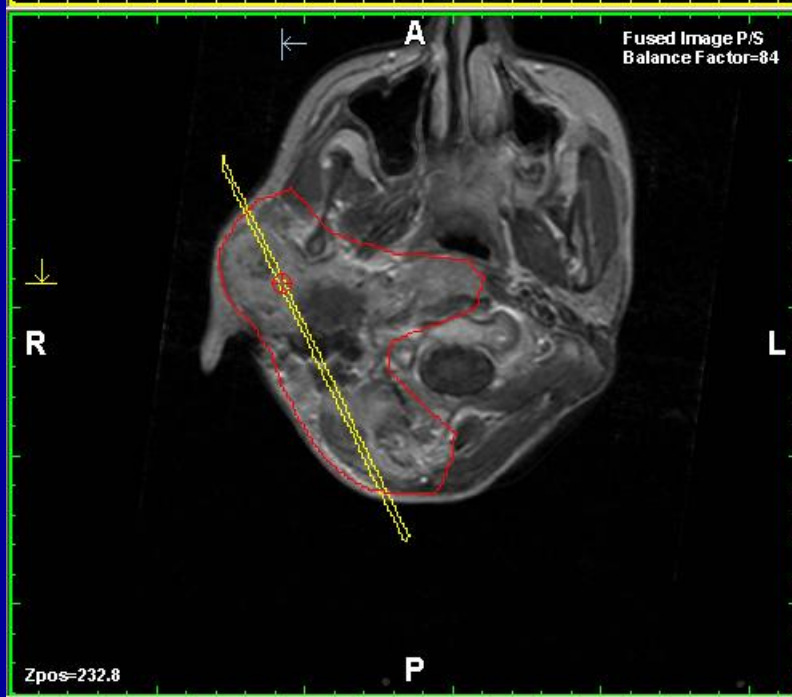
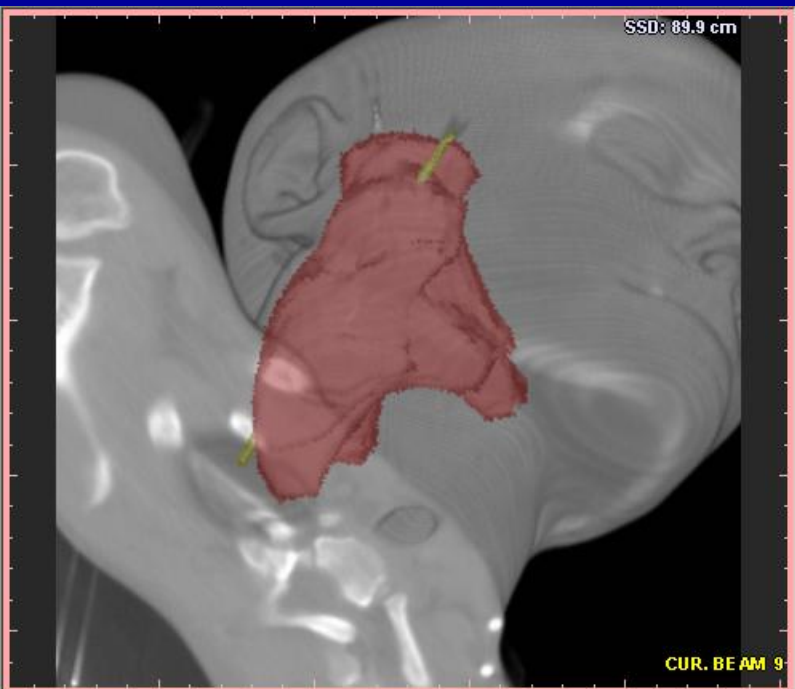
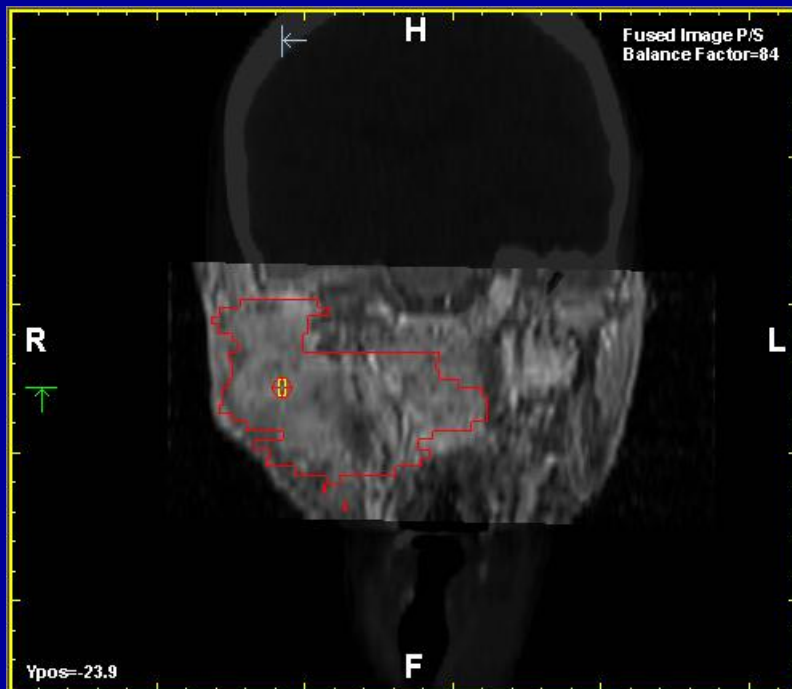




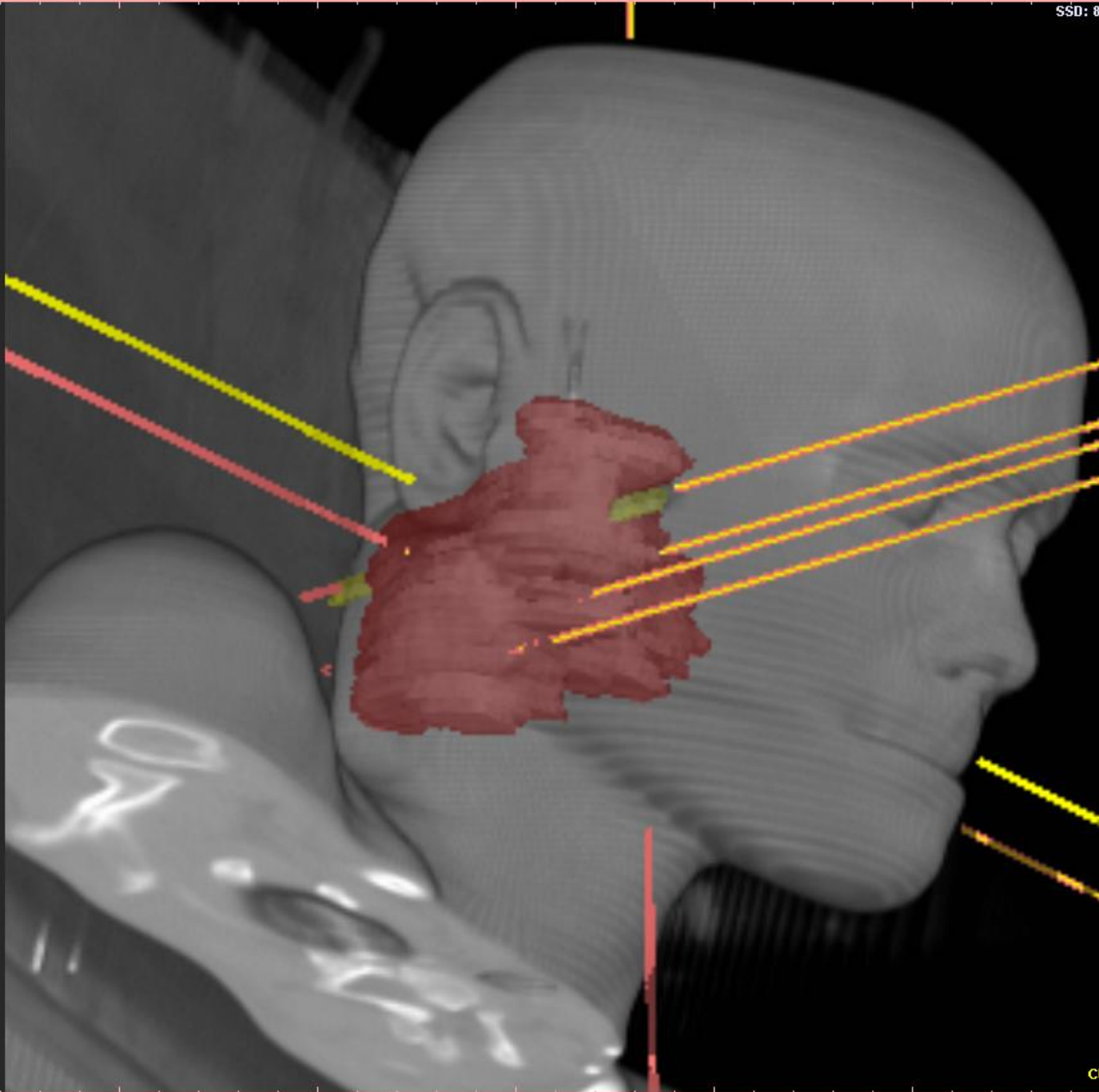
The Era of Adaptive Brachytherapy

- **IGRT (Image Guided..2D)**
- **VGRT (Volume Guided..3D)**

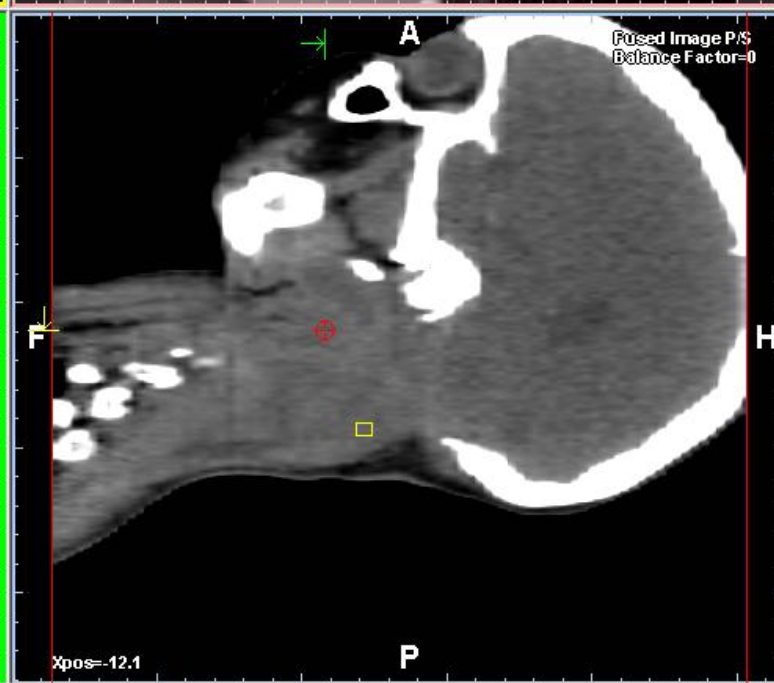
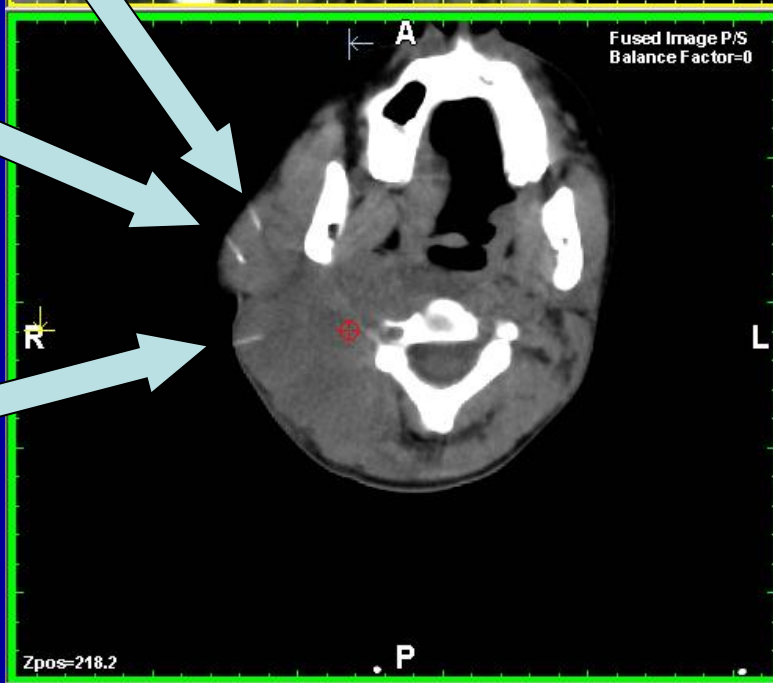
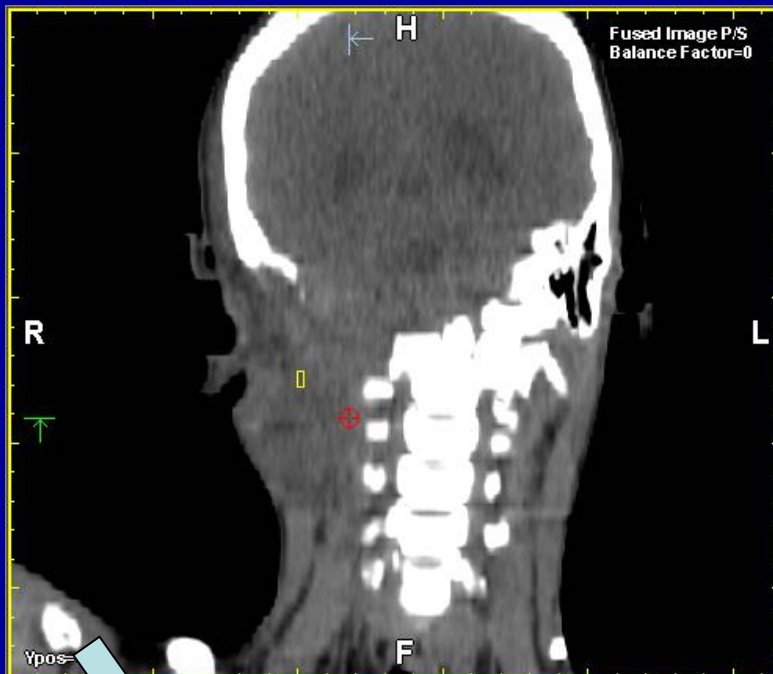


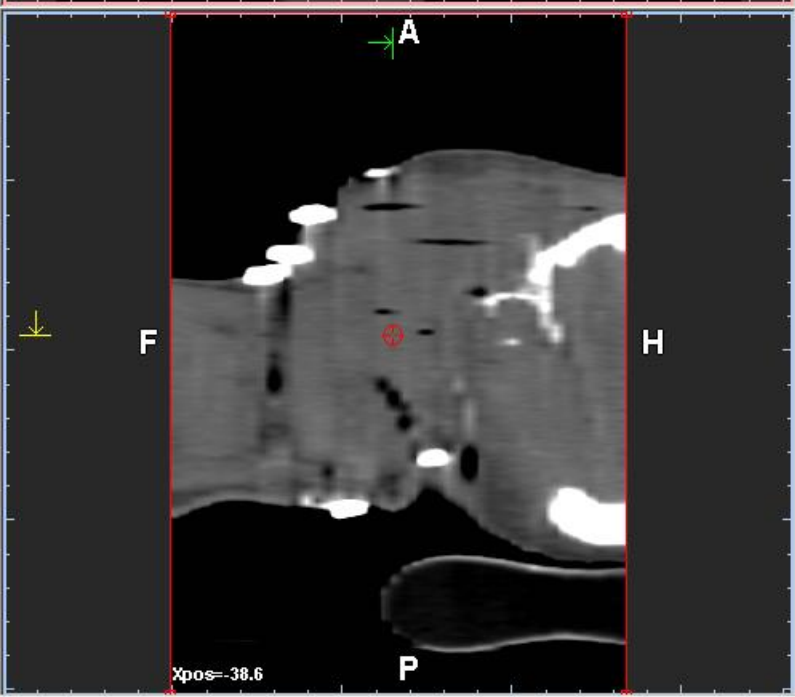
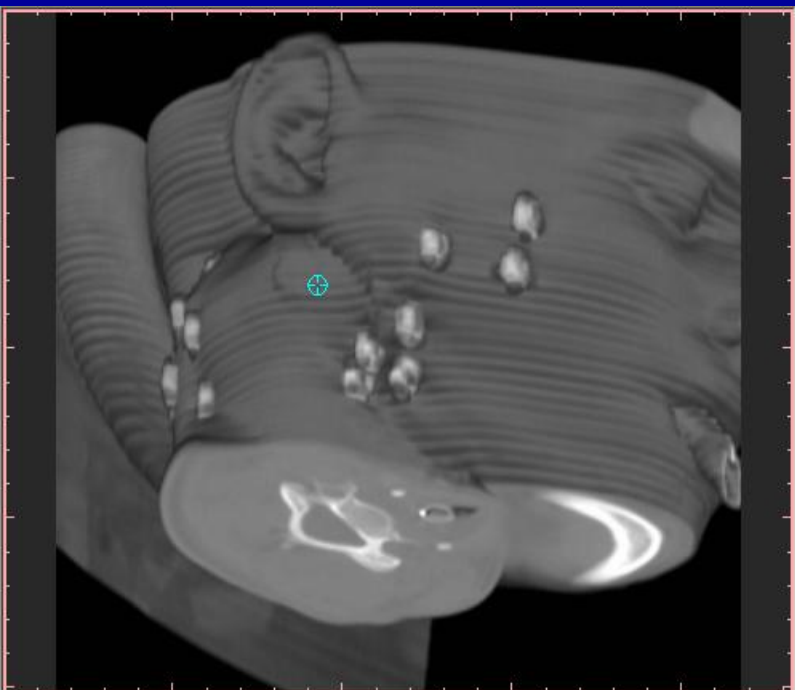
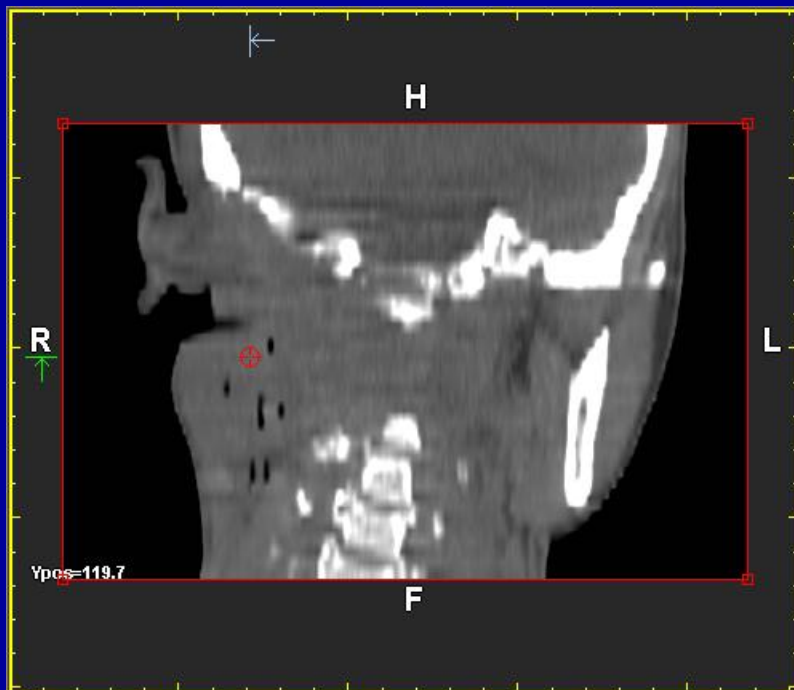


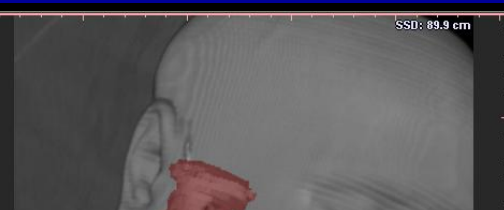
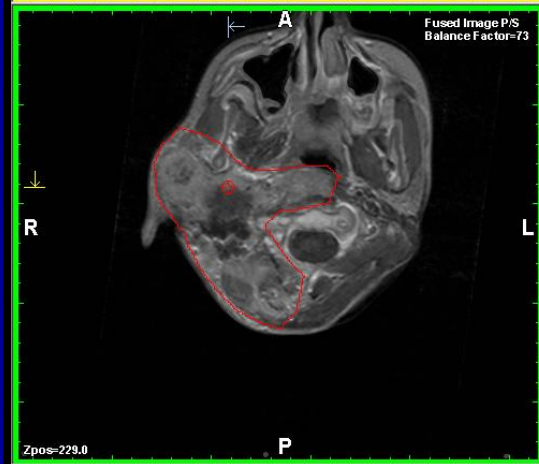
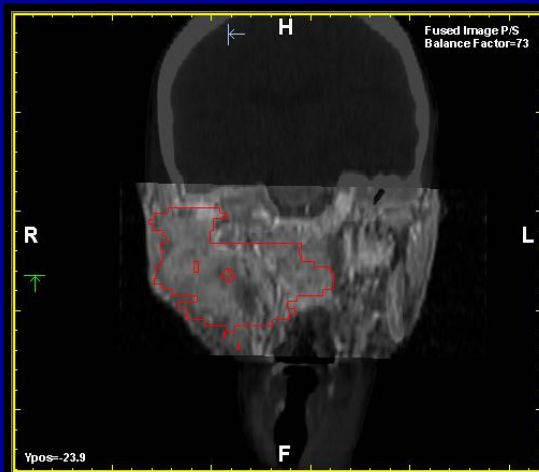
SSD: 89.9 cm



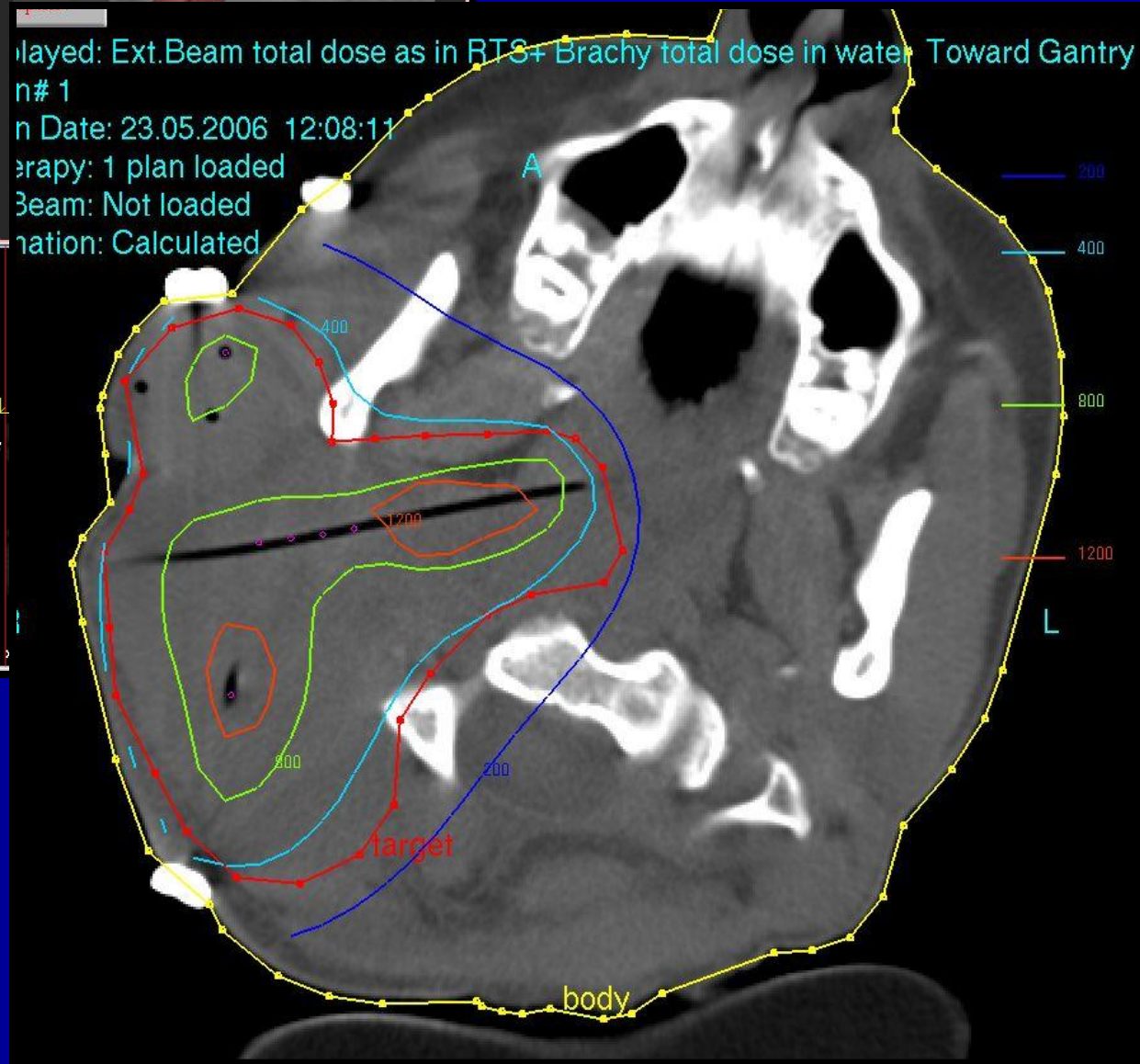
CUR. BEAM 9

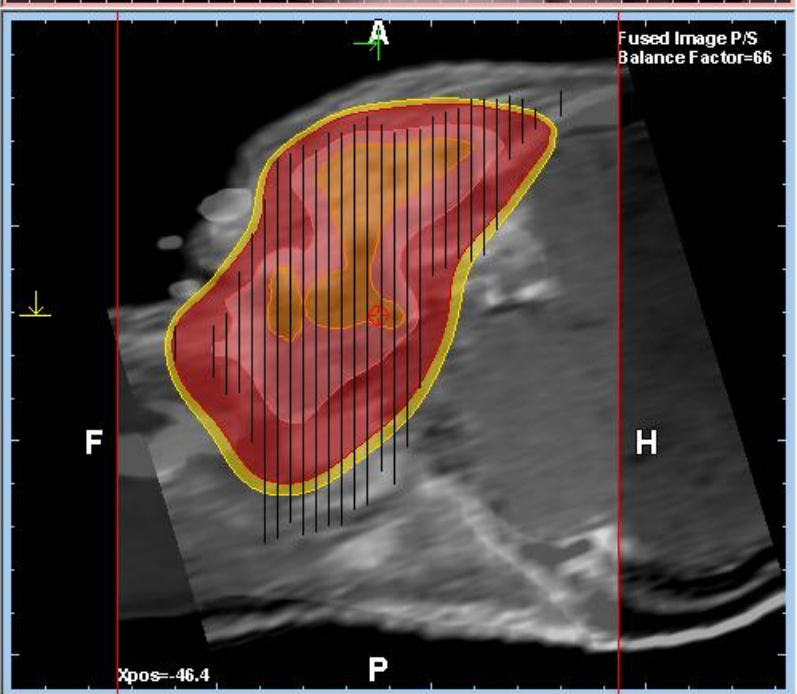
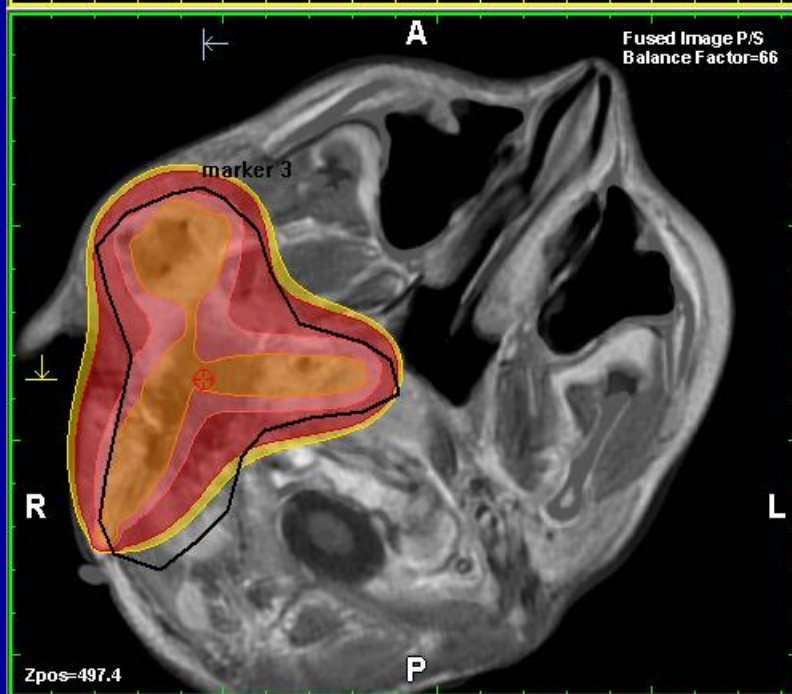
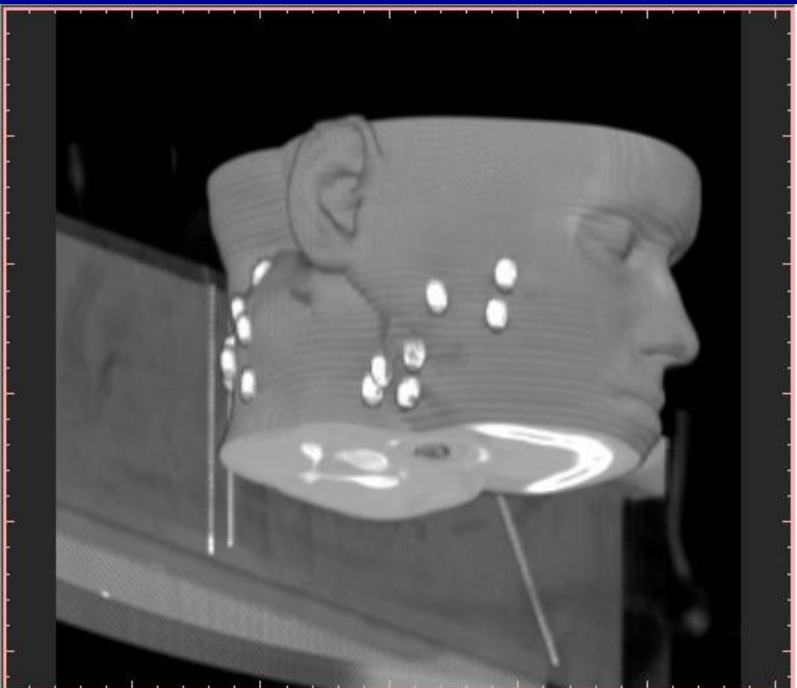
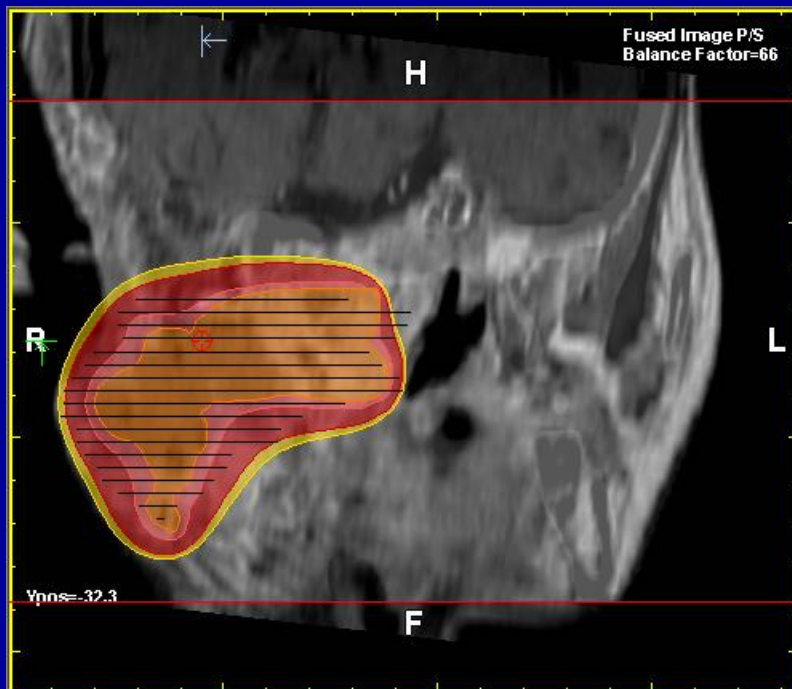


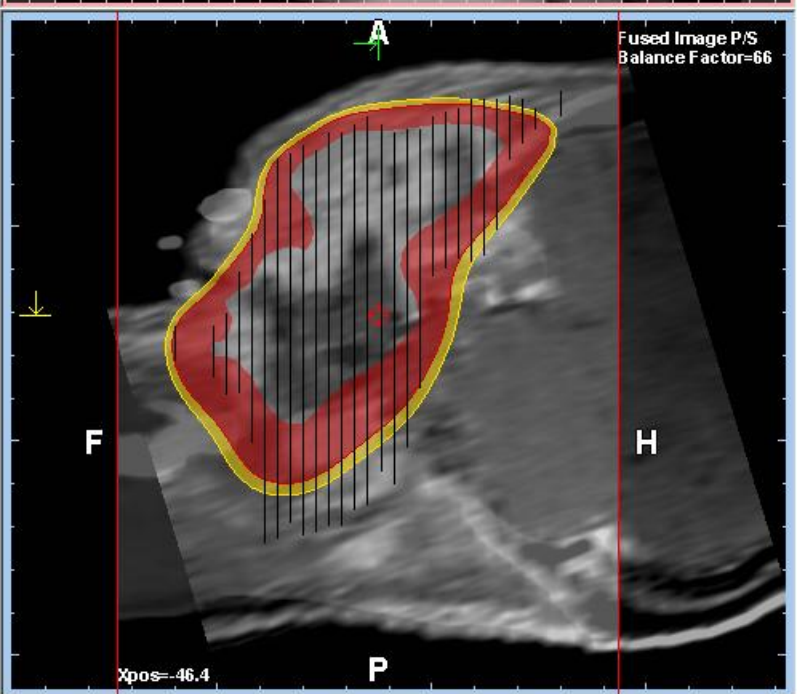
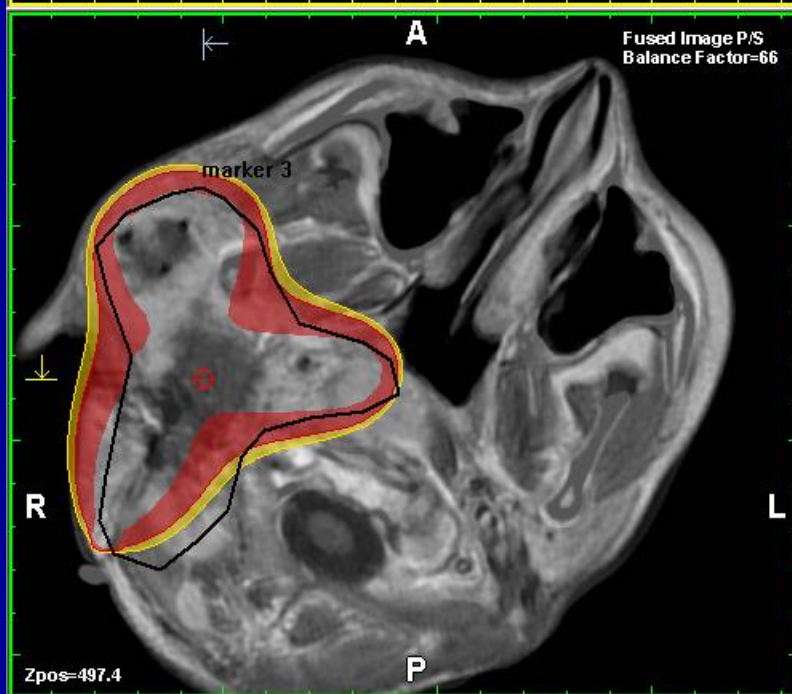
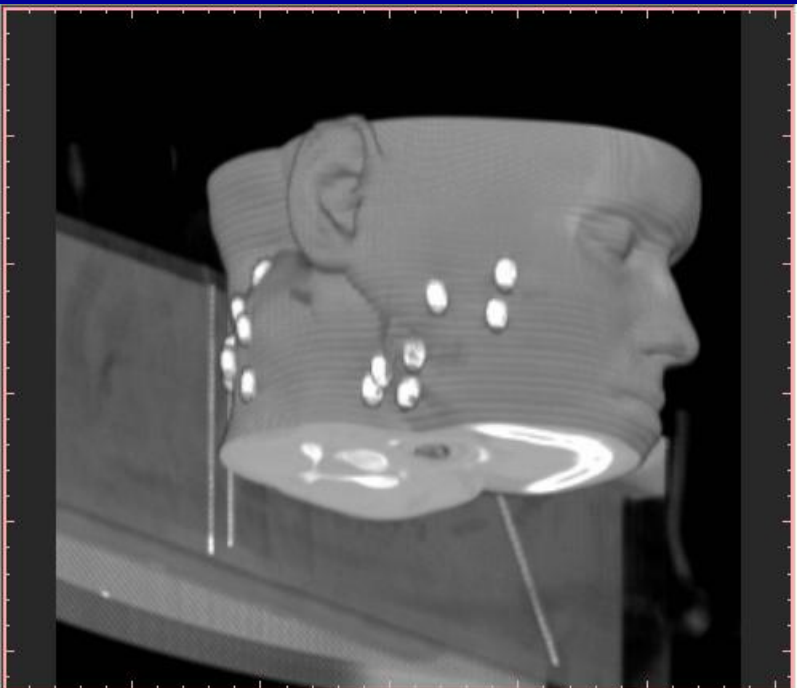
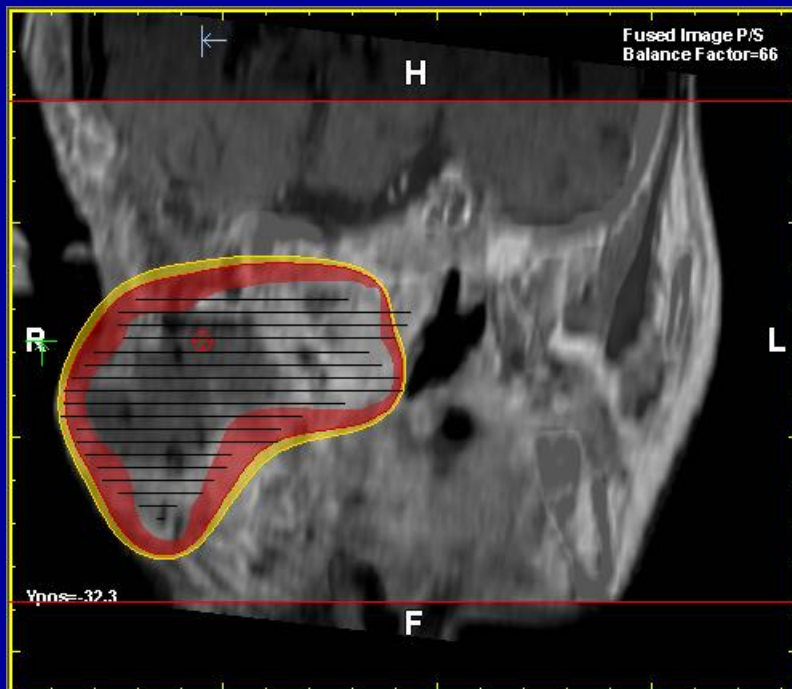


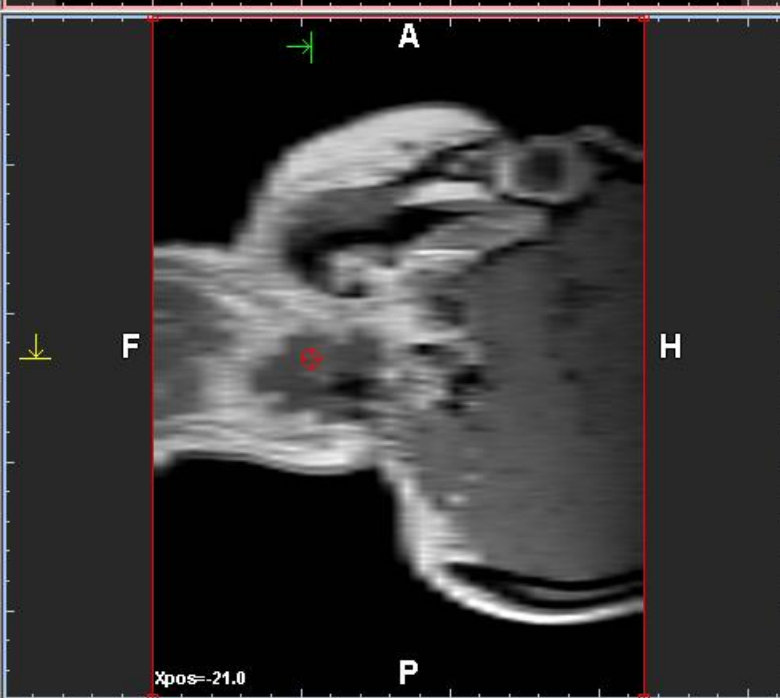
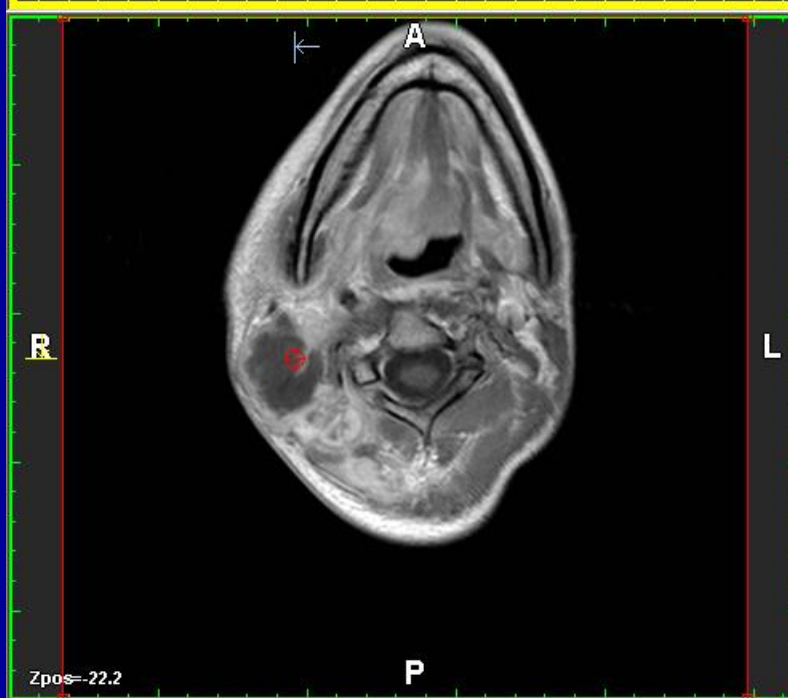
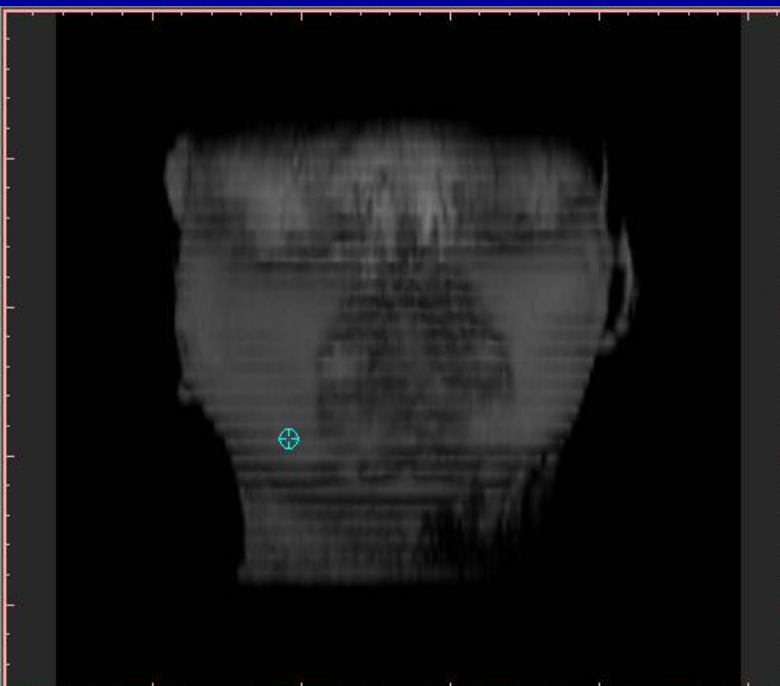
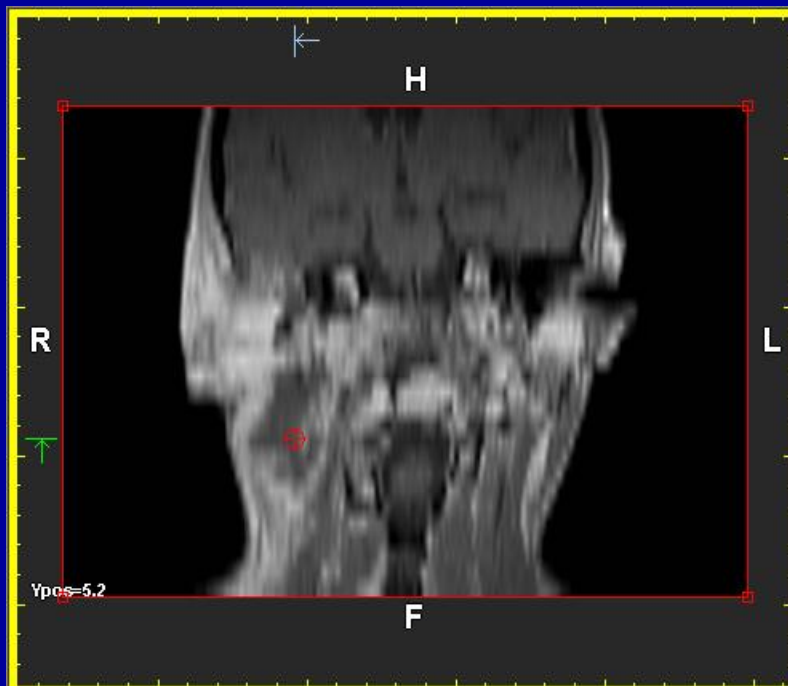


Displayed: Ext.Beam total dose as in RTS+ Brachy total dose in water Toward Gantry
 Plan # 1
 Plan Date: 23.05.2006 12:08:11
 Therapy: 1 plan loaded
 Beam: Not loaded
 Calculation: Calculated







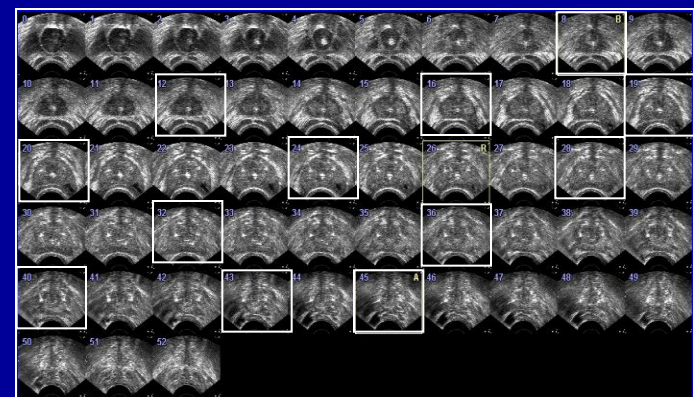
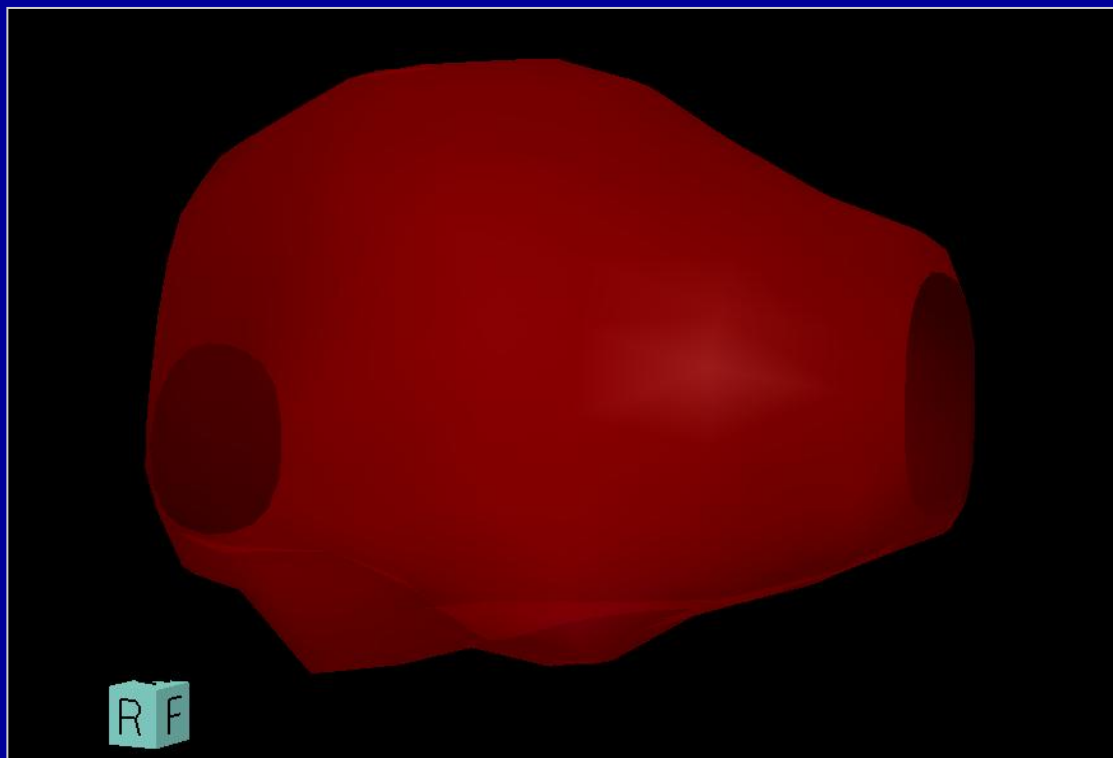
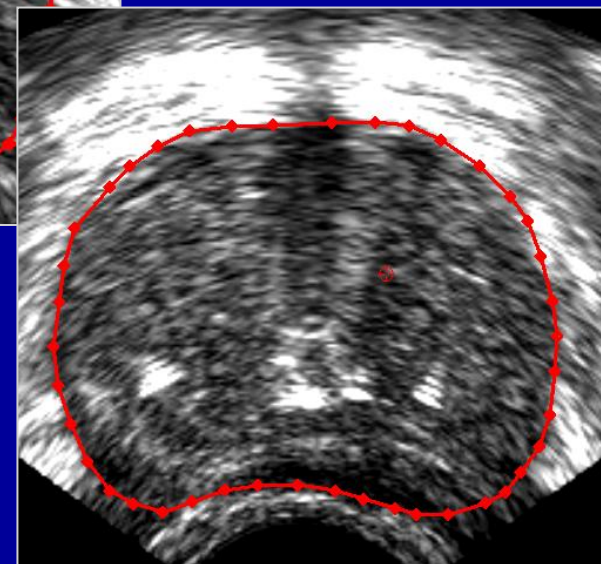
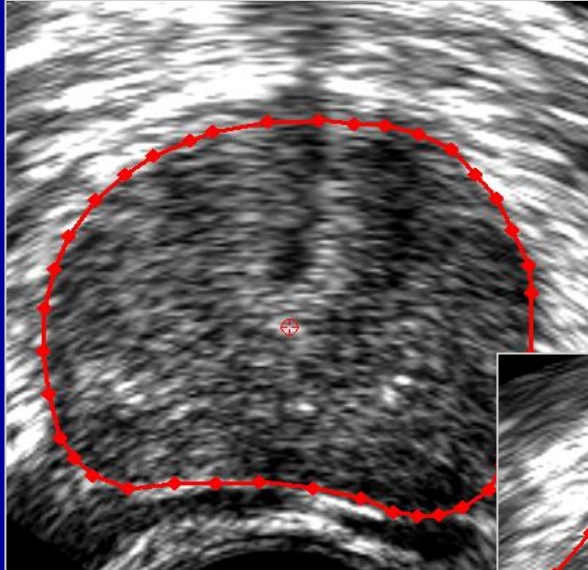
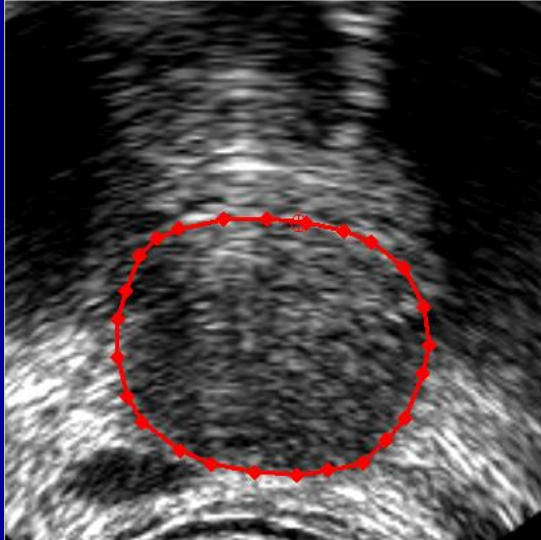


How we make the decision for
the configuration of the
catheters?

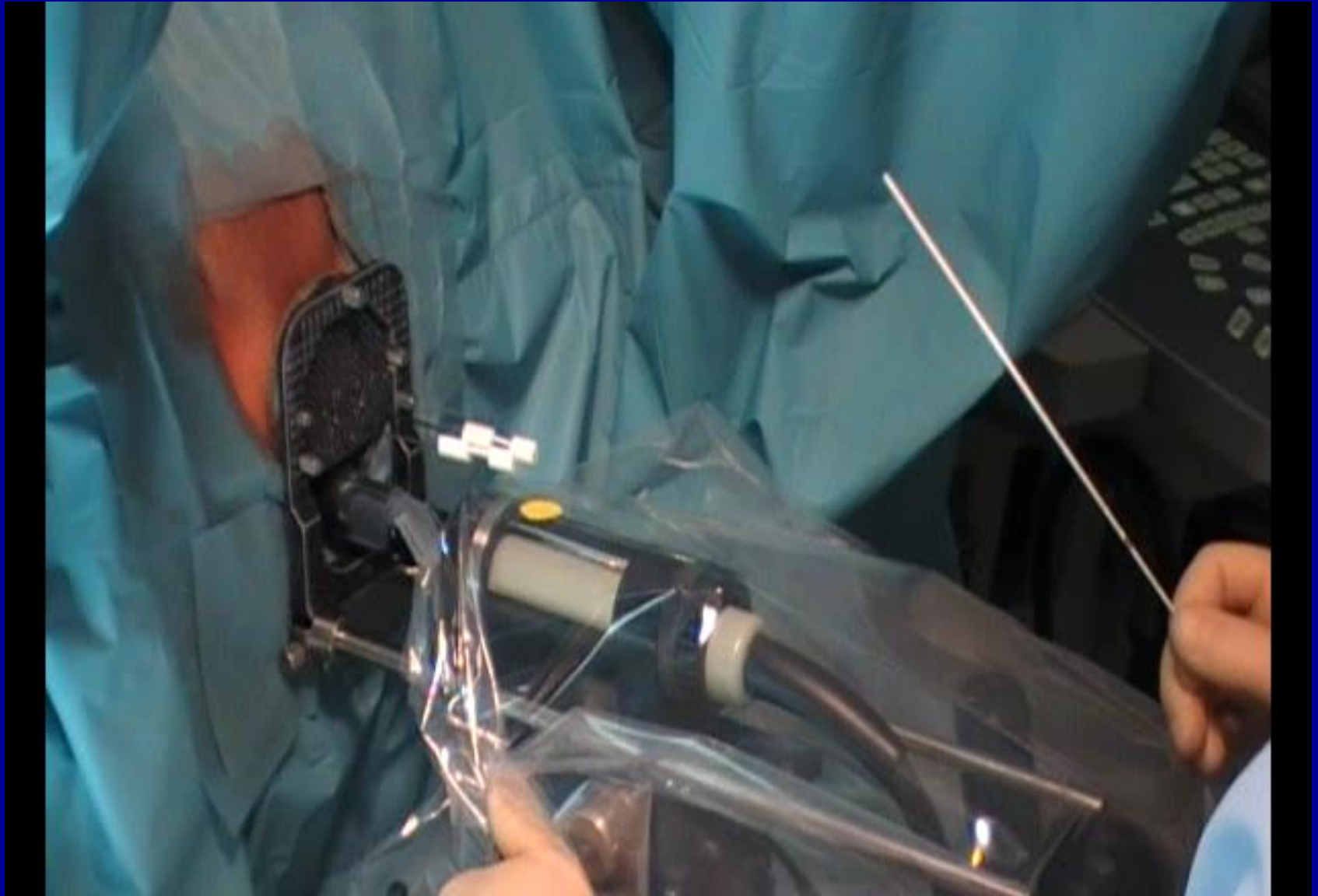
Example Prostate Ca Treatment

Example Prostate Ca Treatment Inverse Planning

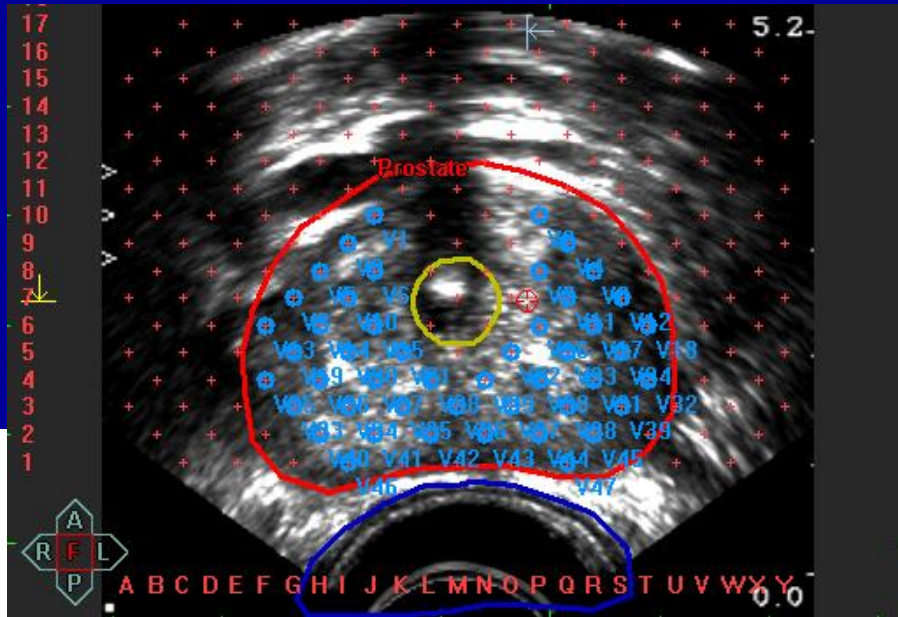




Which is the Optimal Implantation



HIPO: Inverse Planning Technology in OP



25 cm³ Prostate
2.5 mm Grid
47 x Feasible
14 x Catheters/Needles

For getting a feeling for the performance of HIPO, let discuss the example shown in the above Figures.

A template with 2.5 mm grid is used resulting in a total of 47 possible (feasible) catheters based on the placement rules defined. When asking HIPO to infer the 14 best catheters for the user-selected objectives and user-defined dose limits and penalties there exist in reality nearly $1/3 \times 10^{12}$ different catheter combinations that is the possible combinations of 47 catheters taken 14 at a time:

$$\frac{47!}{14! \times (47 - 14)!} \approx 0.34 \times 10^{12}$$

Trillion

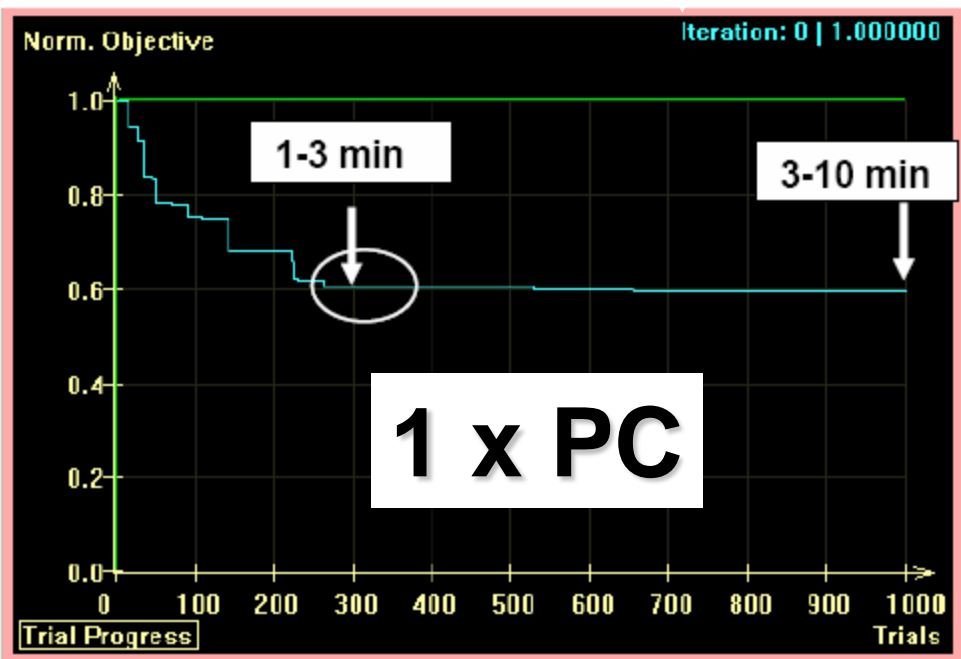
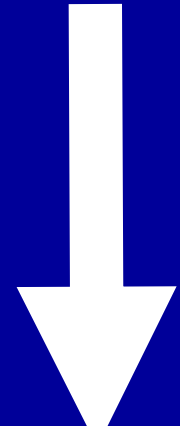
When using a very fast PC (≥ 3.2 GHz) the DVHO inverse optimization run takes approximately 3 seconds. This means that for analyzing all these possible catheter combinations we should wait approximately 32,000 years for getting the result.

1000 CPUs/PCs

32 Years



**Advance
Technology**



Anatomy-based three-dimensional dose optimization in brachytherapy using multiobjective genetic algorithms

M. Lahanas

Department of Medical Physics & Engineering, Strahlenklinik, Städtische Kliniken Offenbach,
63069 Offenbach, Germany

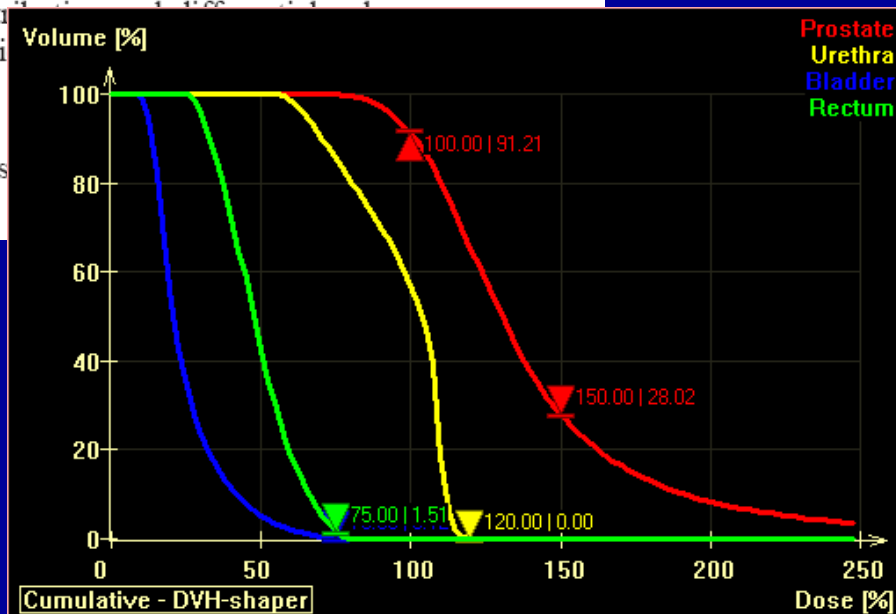
D. Baltas^{a)} and N. Zamboglou

Department of Medical Physics & Engineering, Strahlenklinik, Städtische Kliniken Offenbach,
63069 Offenbach, Germany, and Institute of Communication & Computer Systems,
National Technical University of Athens, 15773 Zografou, Athens, Greece

(Received 21 January 1999; accepted for publication 4 June 1999)

In conventional dose optimization algorithms, in brachytherapy, multiple objectives are expressed in terms of an aggregating function which combines individual objective values into a single utility value, making the problem single objective, prior to optimization. A multiobjective genetic algorithm (MOGA) was developed for dose optimization based on an *a posteriori* approach, leaving the decision-making process to a planner and offering a representative trade-off surface of the various objectives. The MOGA provides a flexible search engine which provides the maximum of information for a decision maker. Tests performed with various treatment plans in brachytherapy have shown that MOGA gives solutions which are superior to those of traditional dose optimization algorithms. Objectives were proposed in terms of the COIN distribution histograms, taking into account patient anatomy in the optimization process. *Association of Physicists in Medicine*. [S0094-2405(99)00309-0]

Key words: optimization, brachytherapy, COIN, dose-volume histograms, multiobjective genetic algorithms



A hybrid evolutionary algorithm for multi-objective anatomy-based dose optimization in high-dose-rate brachytherapy

M Lahanas¹, D Baltas^{1,2} and N Zamboglou^{1,2}

¹ Department of Medical Physics and Engineering, Strahlenklinik, Klinikum Offenbach, 63069 Offenbach, Germany

² Department of Electrical and Computer Engineering, National Technical University of Athens, 15773 Zografou, Athens, Greece

E-mail: mlahanas@gmx.de

Received 6 August 2002

Published 22 January 2003

Online at stacks.iop.org/PMB/48/399

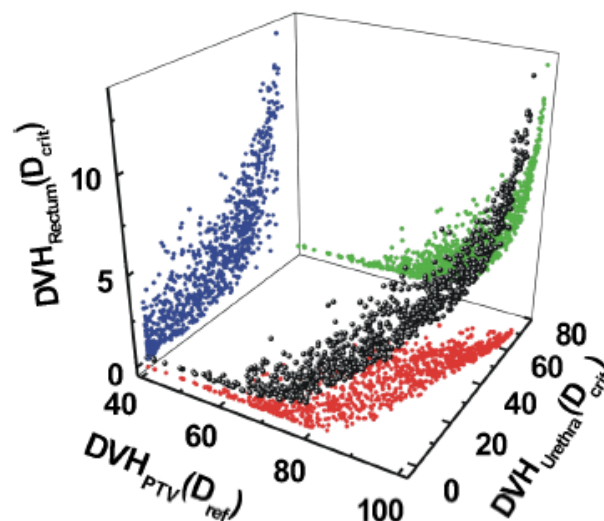


Figure 5. Trade-off between three objectives: PTV coverage, percentage of volume of urethra overdose and rectum overdose. The three two-dimensional projections are shown. These show the trade-off between two objectives.

HIPO: A hybrid inverse treatment planning optimization algorithm in HDR brachytherapy

A. Karabis¹, S. Giannouli¹, D. Baltas²

¹Pi-Medical Ltd., Athens, Greece

²Department of Medical Physics and Engineering, Strahlenklinik, Klinikum Offenbach, Offenbach, Germany

An advanced hybrid, inverse treatment planning optimization algorithm is introduced based on a stochastic method, Simulated Annealing (SA), for searching for the catheter placement and a deterministic method, LBFGS, for 3D dose distribution optimization.

The objective functions used [1].[2], have a common characteristic in that they penalize dose values above and/or below the specified upper and lower dose limits for the anatomical structures:

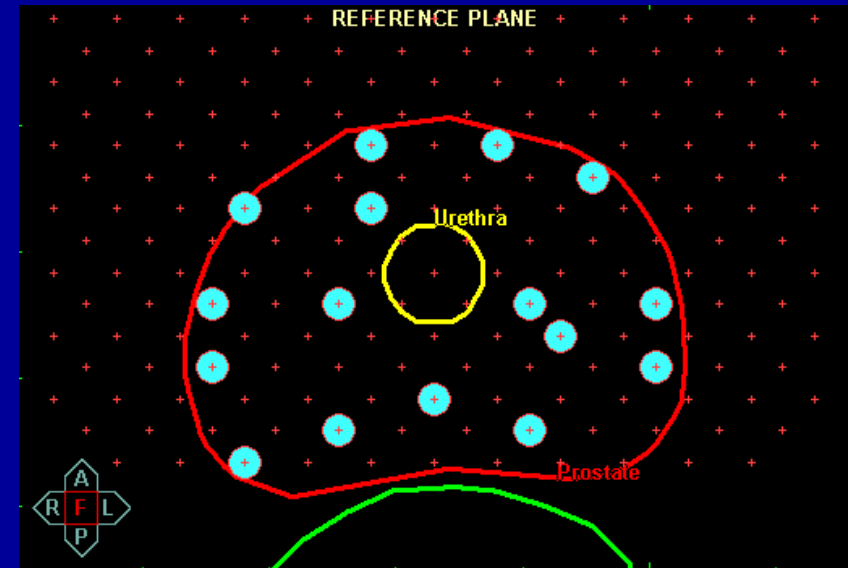
$$f_L = \frac{1}{N} \sum_{i=1}^N \left[\Theta(D_L - d_i(\mathbf{x})) [D_L - d_i(\mathbf{x})]^\alpha \right]$$

(1)

$$f_H = \frac{1}{N} \sum_{i=1}^N \left[\Theta(d_i(\mathbf{x}) - D_H) [d_i(\mathbf{x}) - D_H]^\alpha \right]$$

(2)

Prostate

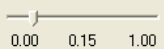


HIPO optimization settings

VOI Settings

Name	Type	Class	Dose limit [%]	Imp. factor
<input checked="" type="checkbox"/> Normal Tissue	External	External	120.00	8.000
<input checked="" type="checkbox"/> Prostate-Low	PTV	Prostate	100.00	20.000
<input checked="" type="checkbox"/> Prostate-High	PTV	Prostate	150.00	5.000
<input checked="" type="checkbox"/> Urethra	OAR	Urethra	120.00	10.000
<input checked="" type="checkbox"/> Bladder	OAR	Bladder	75.00	10.000
Normal Tissue External External 120.00 8.000				

Dwell time gradient restr.



Catheters

Name	Number Catheters
Catheter	16

Algorithmic Settings

Max. Trials: 1000
☒ Standard
☐ High Accuracy
 Max. Iterations: 1000

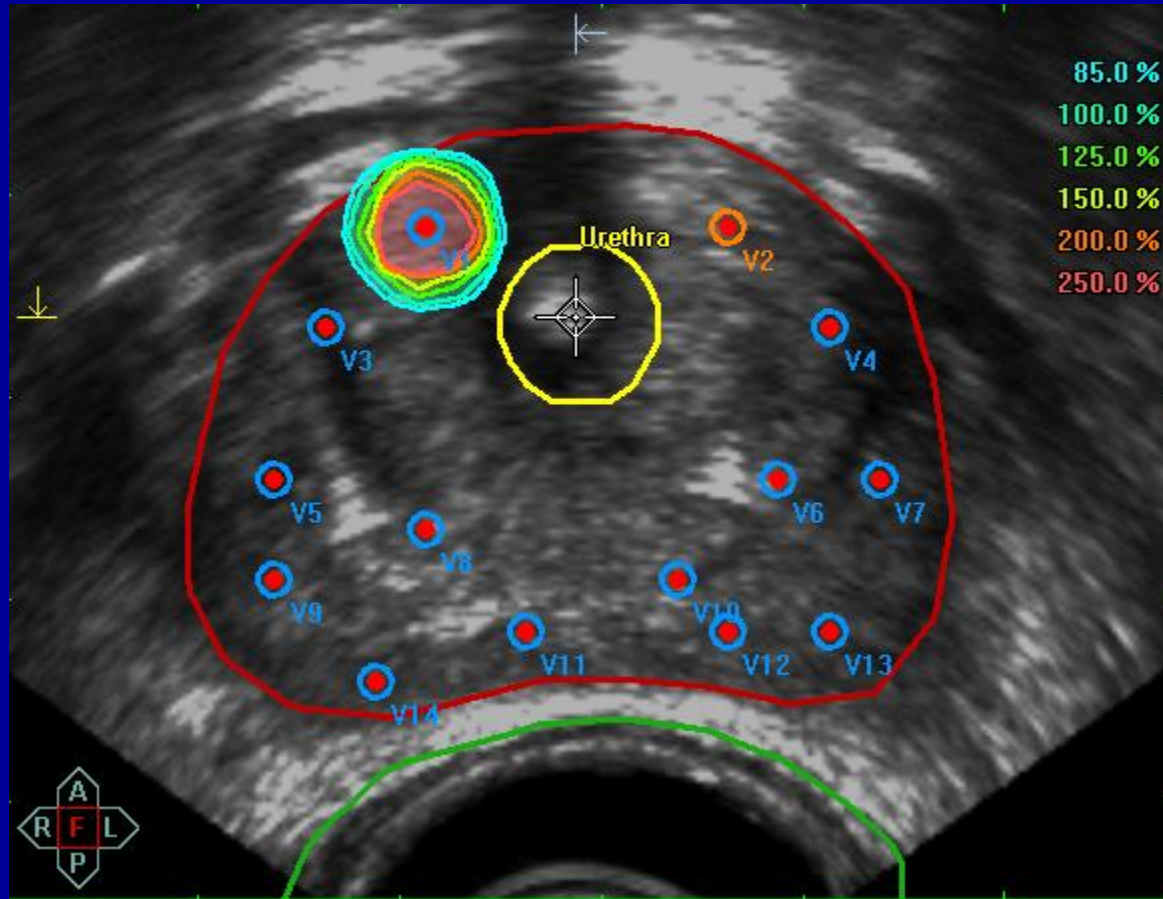
OK

Cancel

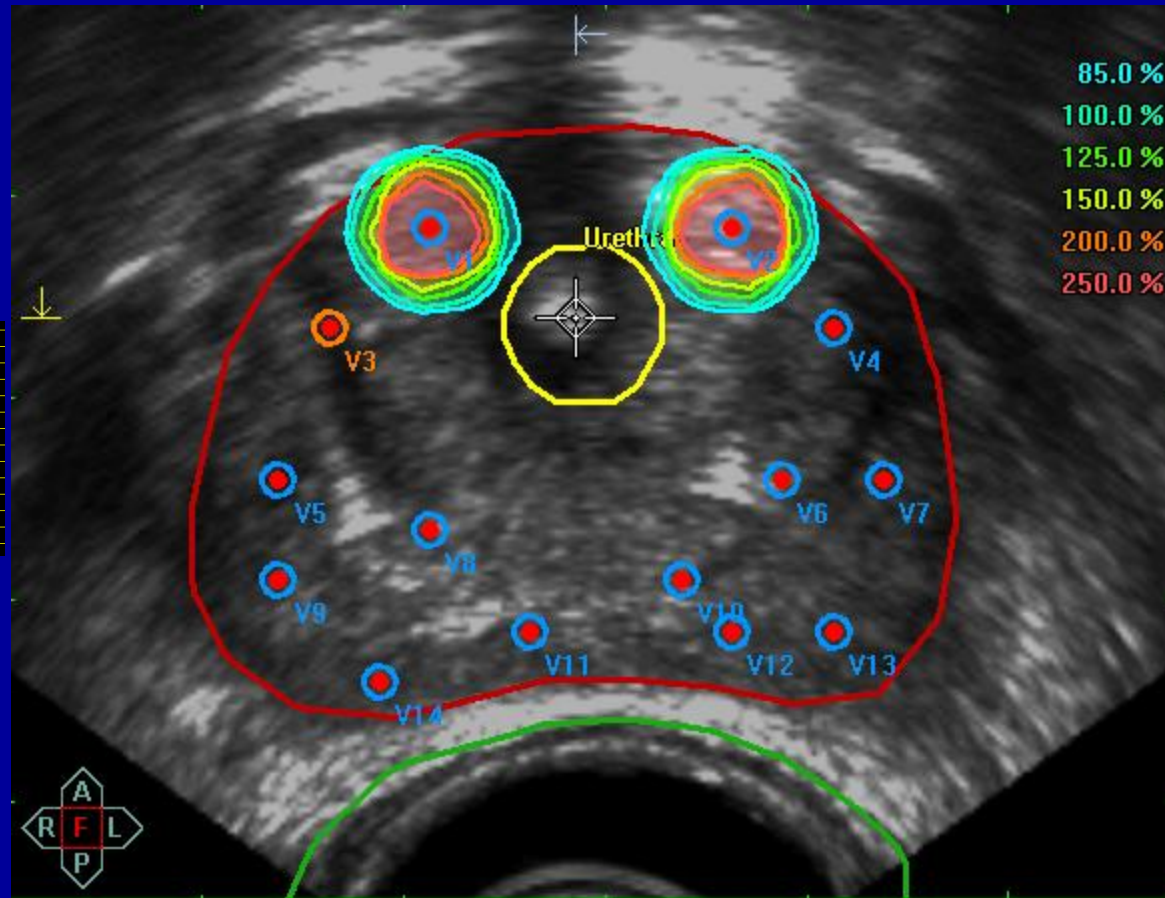
The Era of Adaptive Brachytherapy

- IGRT (Image Guided..2D)
- VGRT (Volume Guided..3D)
- DGRT (Dose Guided ...)

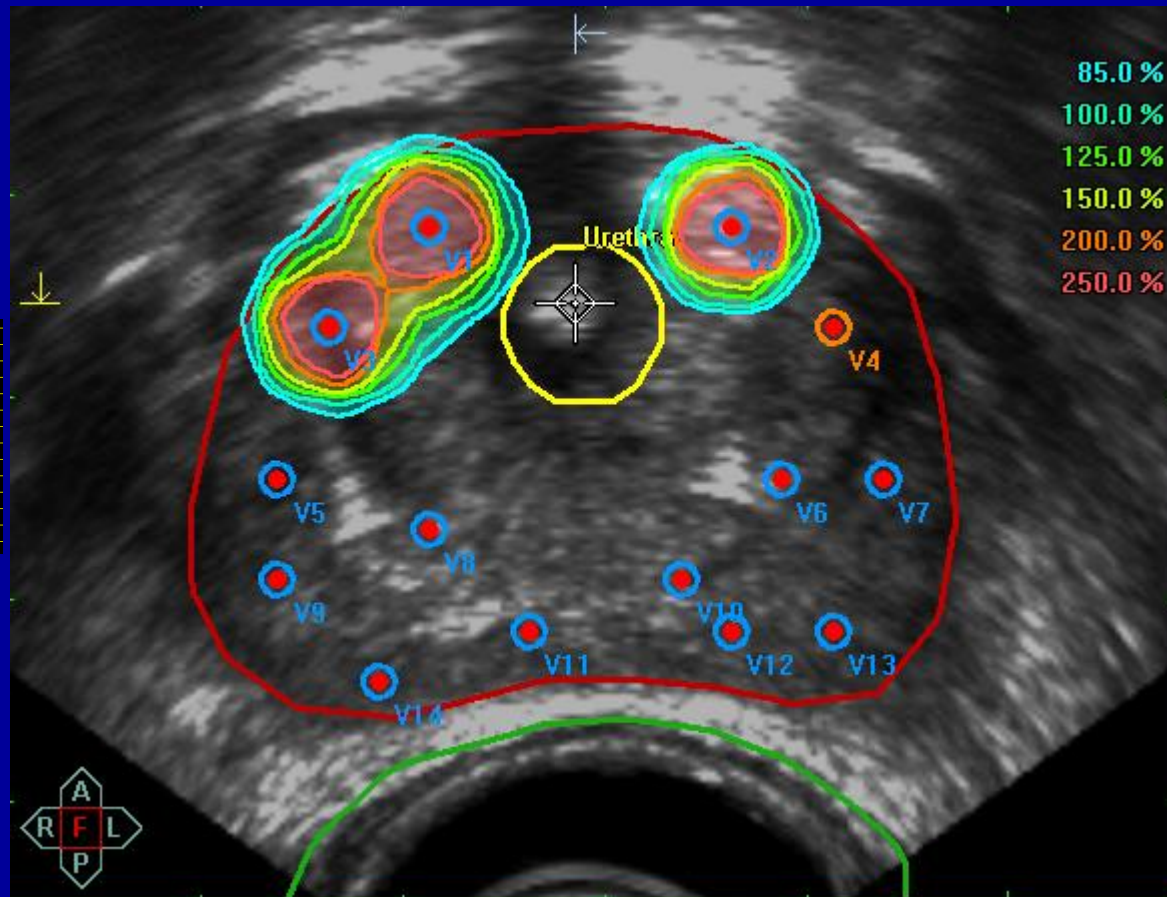
DGRT (Dose Guided ...)



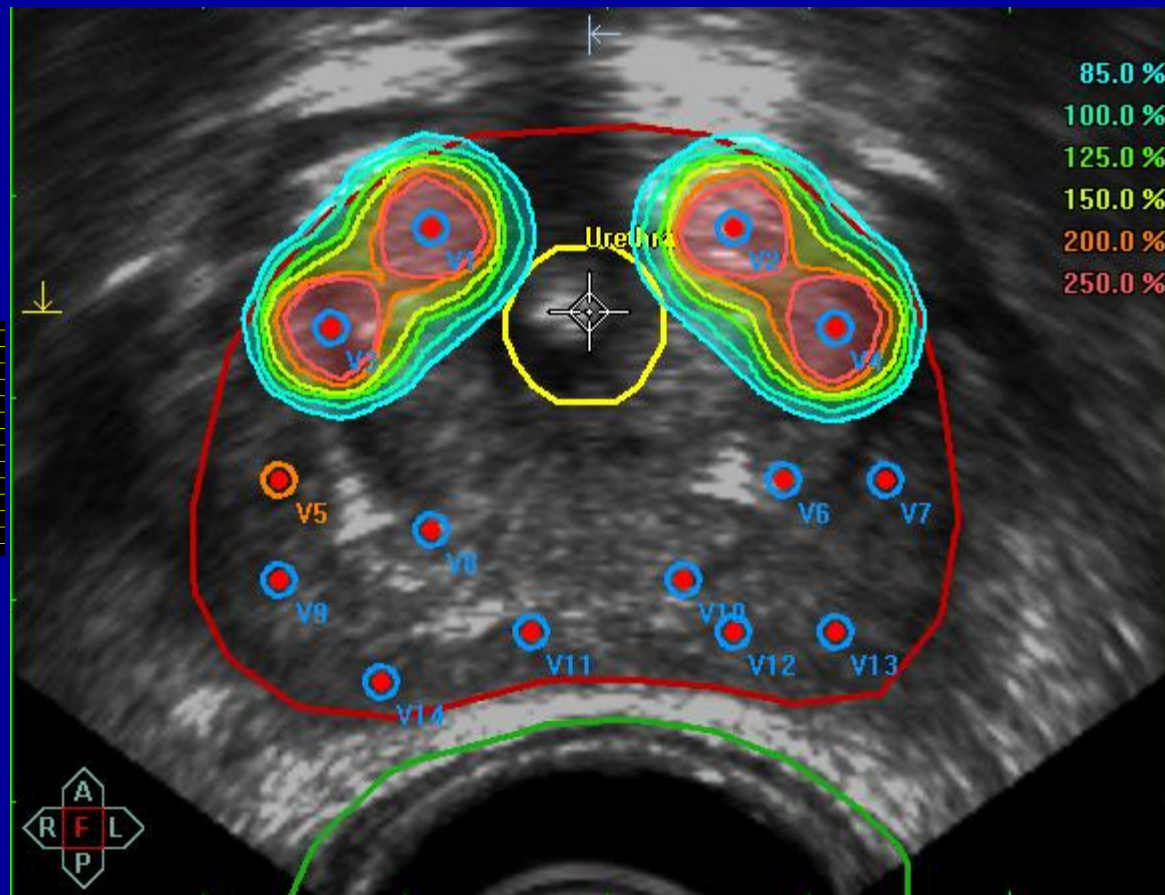
DGRT (Dose Guided ...)



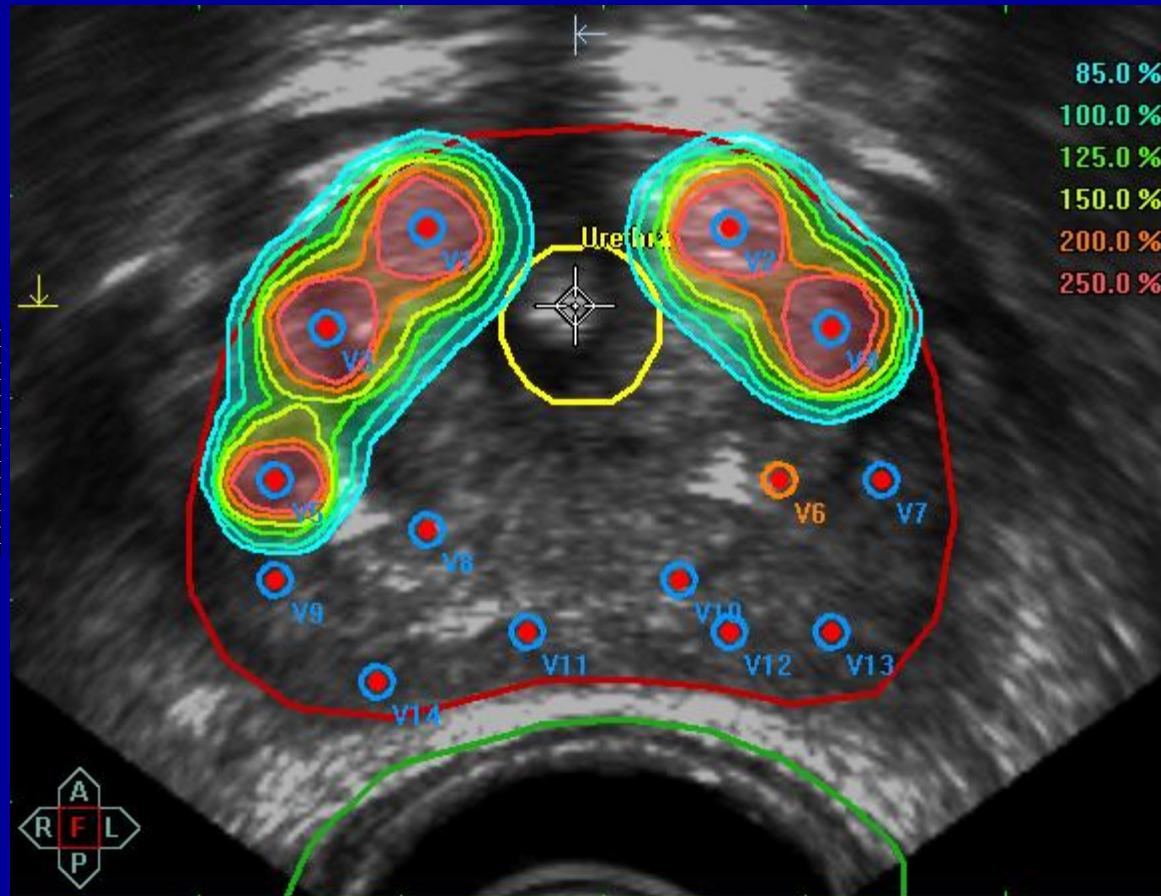
DGRT (Dose Guided ...)



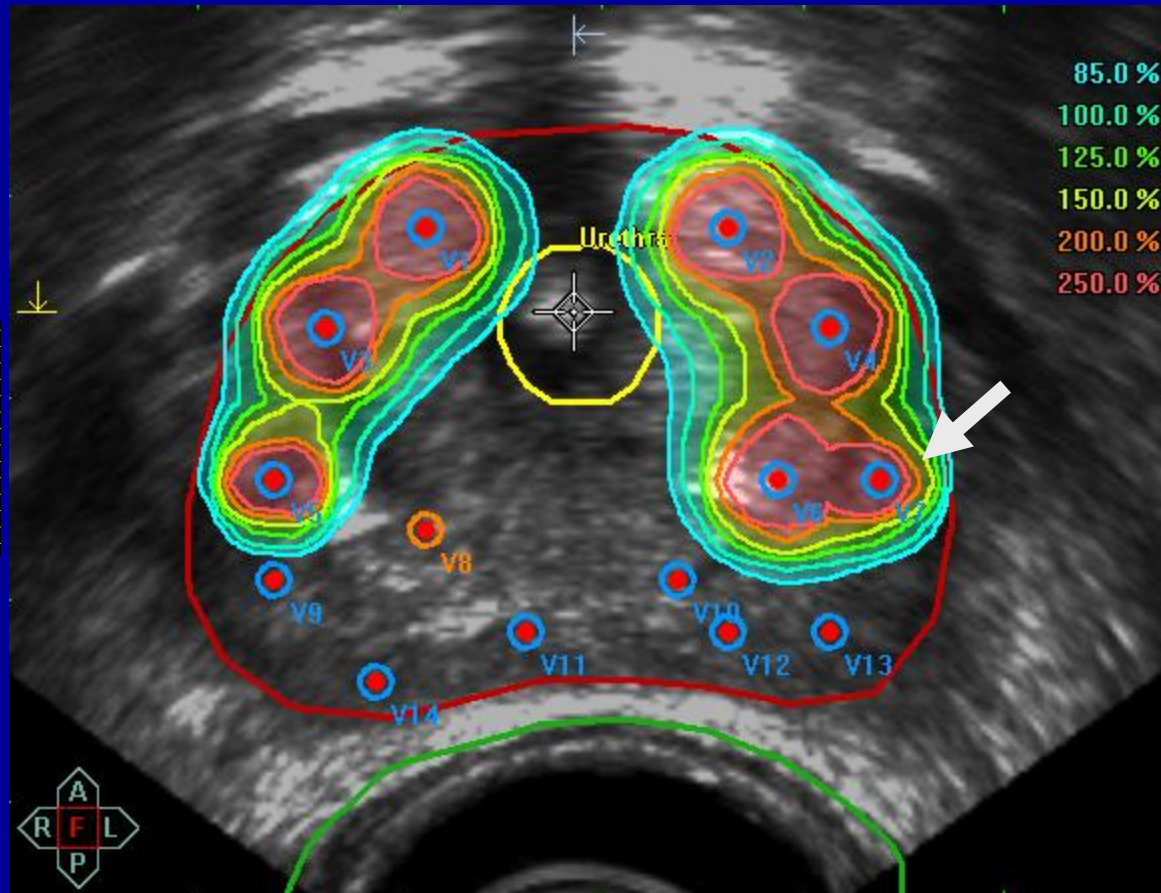
DGRT (Dose Guided ...)



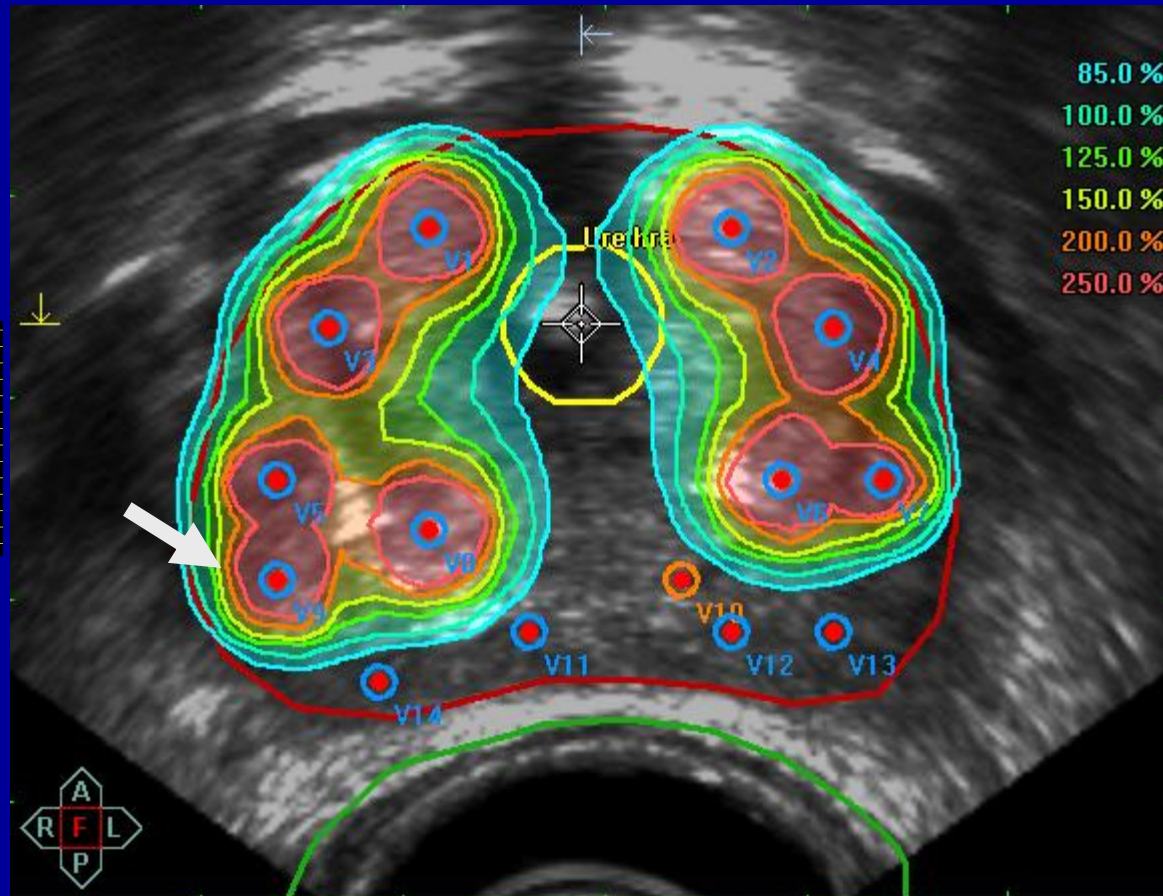
DGRT (Dose Guided ...)



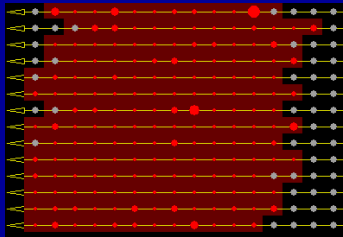
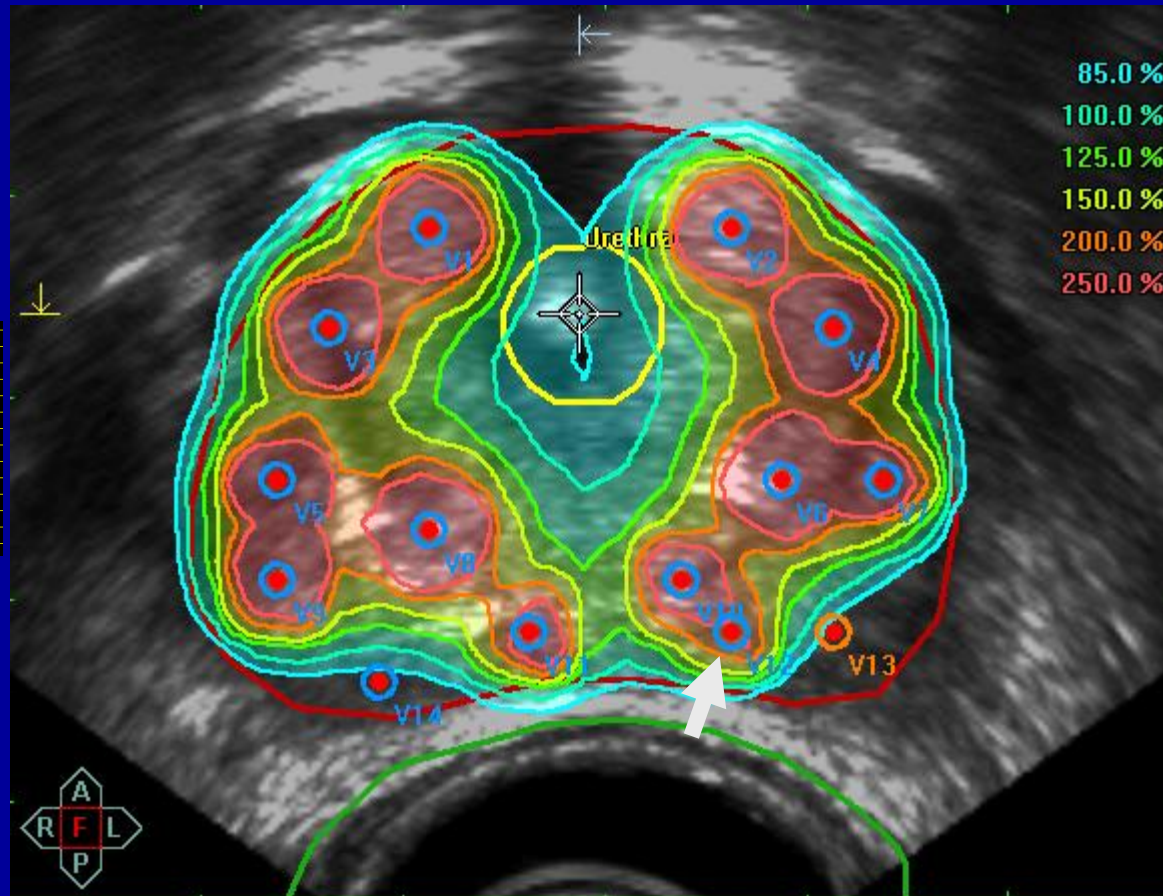
DGRT (Dose Guided ...)



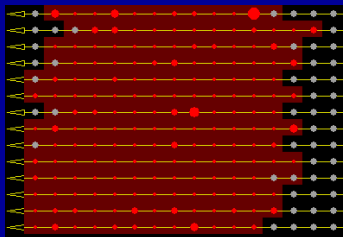
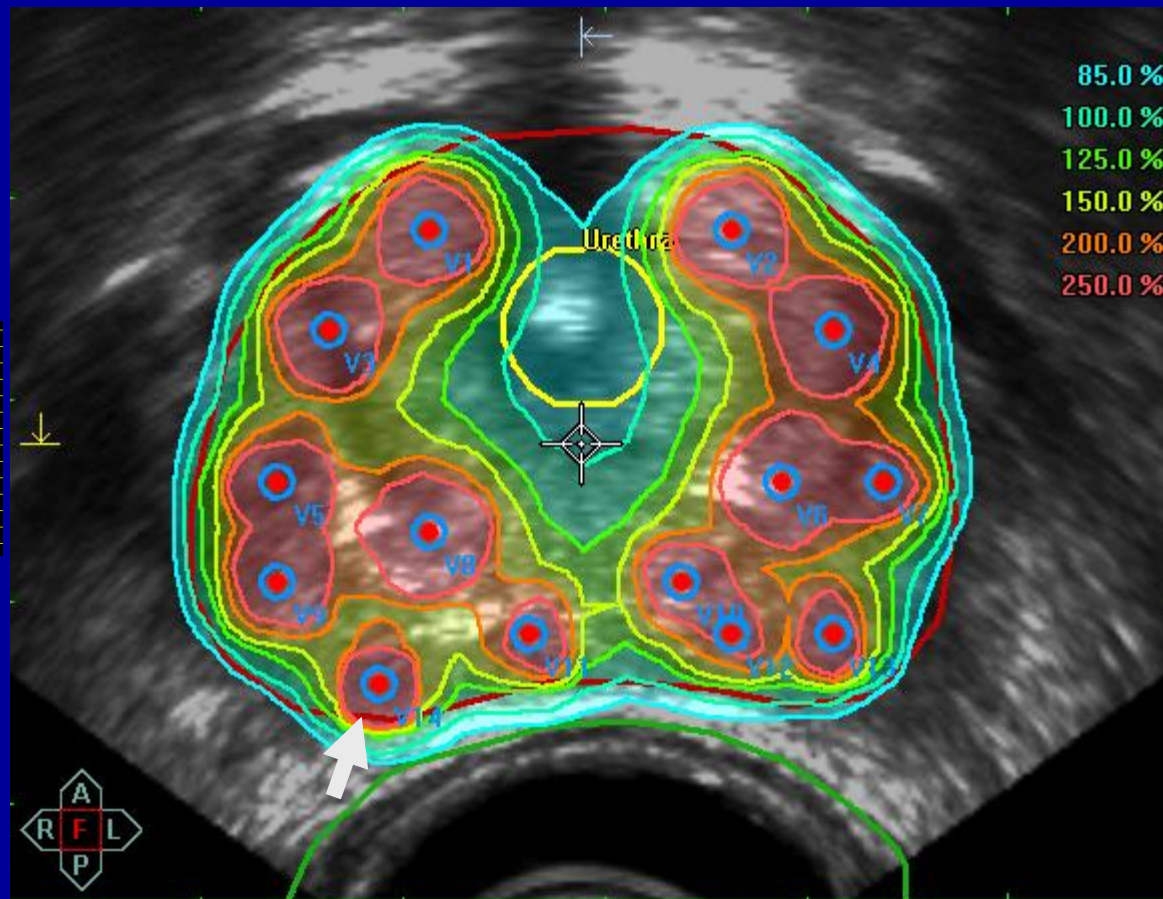
DGRT (Dose Guided ...)



DGRT (Dose Guided ...)

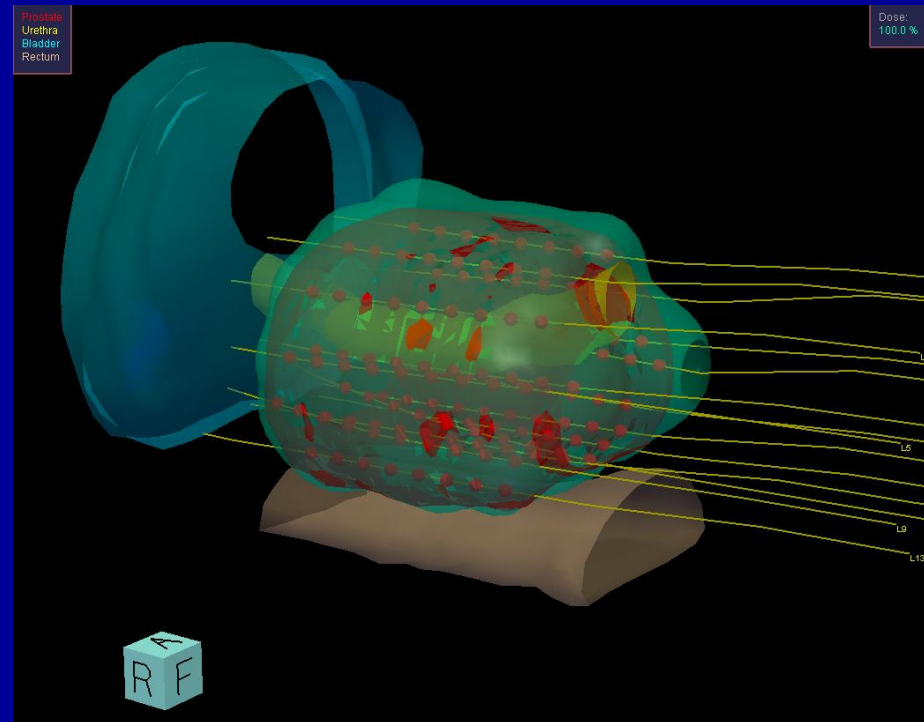
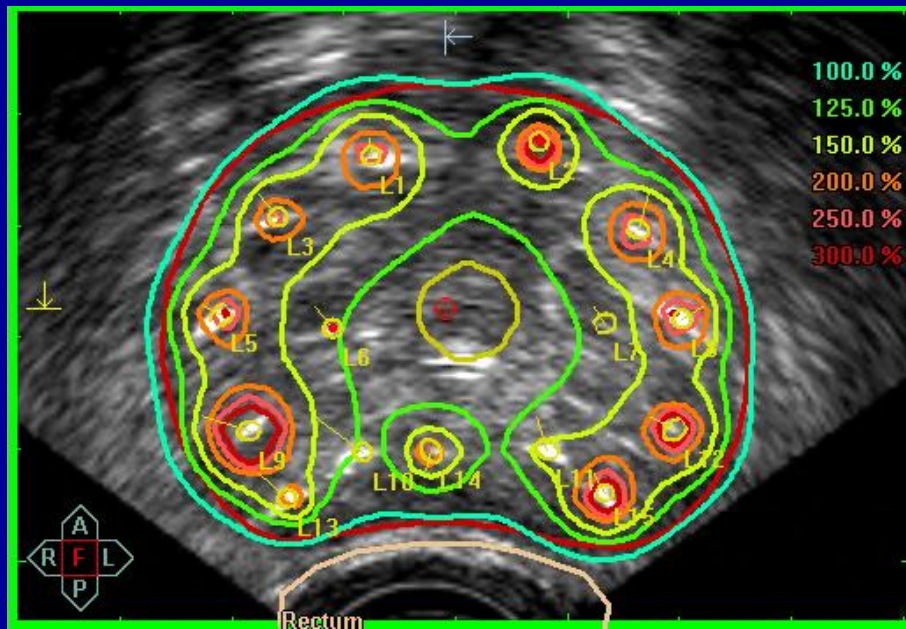


DGRT (Dose Guided ...)



IMBRT - Today:

Highly Conformal 3D Dose Distributions ...



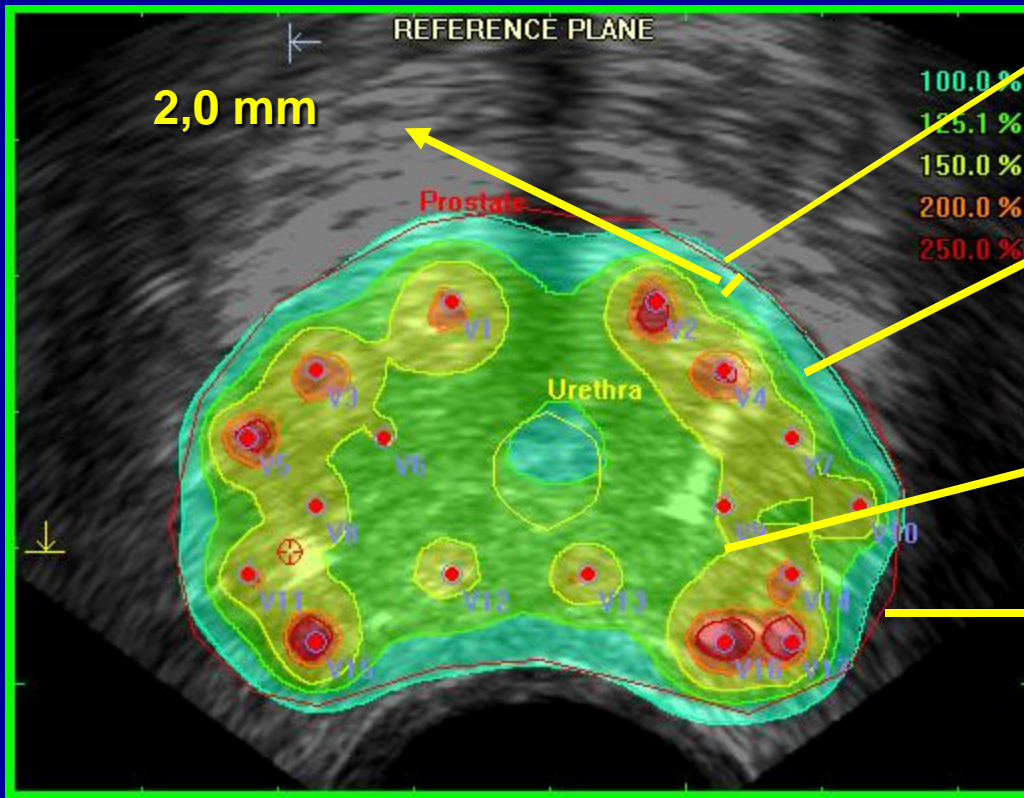
**Brachytherapy is the Highest
Conformal Treatment in Radiation
Oncology**

and

**High Biological Effective Dose
Can be Achieved**

4 x 9,5 Gy => ???

$\alpha/\beta = 1,5 \text{ Gy}$



The Era of Adaptive Brachytherapy

- IGRT (Image Guided..2D)
- VGRT (Volume Guided..3D)
- DGRT (Dose Guided ...)
- ART (4D)

Influence of the Patient Movement and Anatomy Alteration on DVH Parameters in Prostate IRO

4D analysis of influence of patient movement and anatomy alteration on the quality of 3D U/S-based prostate HDR brachytherapy treatment delivery^{a)}

Natasa Milickovic^{b)}

*Department of Medical Physics and Engineering, Offenbach Clinic, Starkenburgring 66,
63069 Offenbach am Main, Germany*

Panayiotis Mavroidis

Department of Medical Radiation Physics, Karolinska Institutet and Stockholm University, Sweden

Nikolaos Tselis

*Department of Radiation Oncology, Offenbach Clinic, Starkenburgring 66, 63069 Offenbach am Main,
Germany*

Iliyana Nikolova, Zaira Katsilieri, and Vasiliki Kefala

*Department of Medical Physics and Engineering, Offenbach Clinic, Starkenburgring 66,
63069 Offenbach am Main, Germany*

Nikolaos Zamboglou

*Department of Radiation Oncology, Offenbach Clinic, Starkenburgring 66, 63069 Offenbach am Main,
Germany*

Dimos Baltas

*Department of Medical Physics and Engineering, Offenbach Clinic, Starkenburgring 66, 63069 Offenbach am
Main, Germany and Nuclear and Particle Physics Section, Physics Department, University of Athens, 15771
Athens, Greece*

(Received 6 April 2011; revised 24 June 2011; accepted for publication 11 July 2011; published 10
August 2011)

Patients n=25

This is a 4D-Study based on the following image sets:

[1] Clinical 3D image set

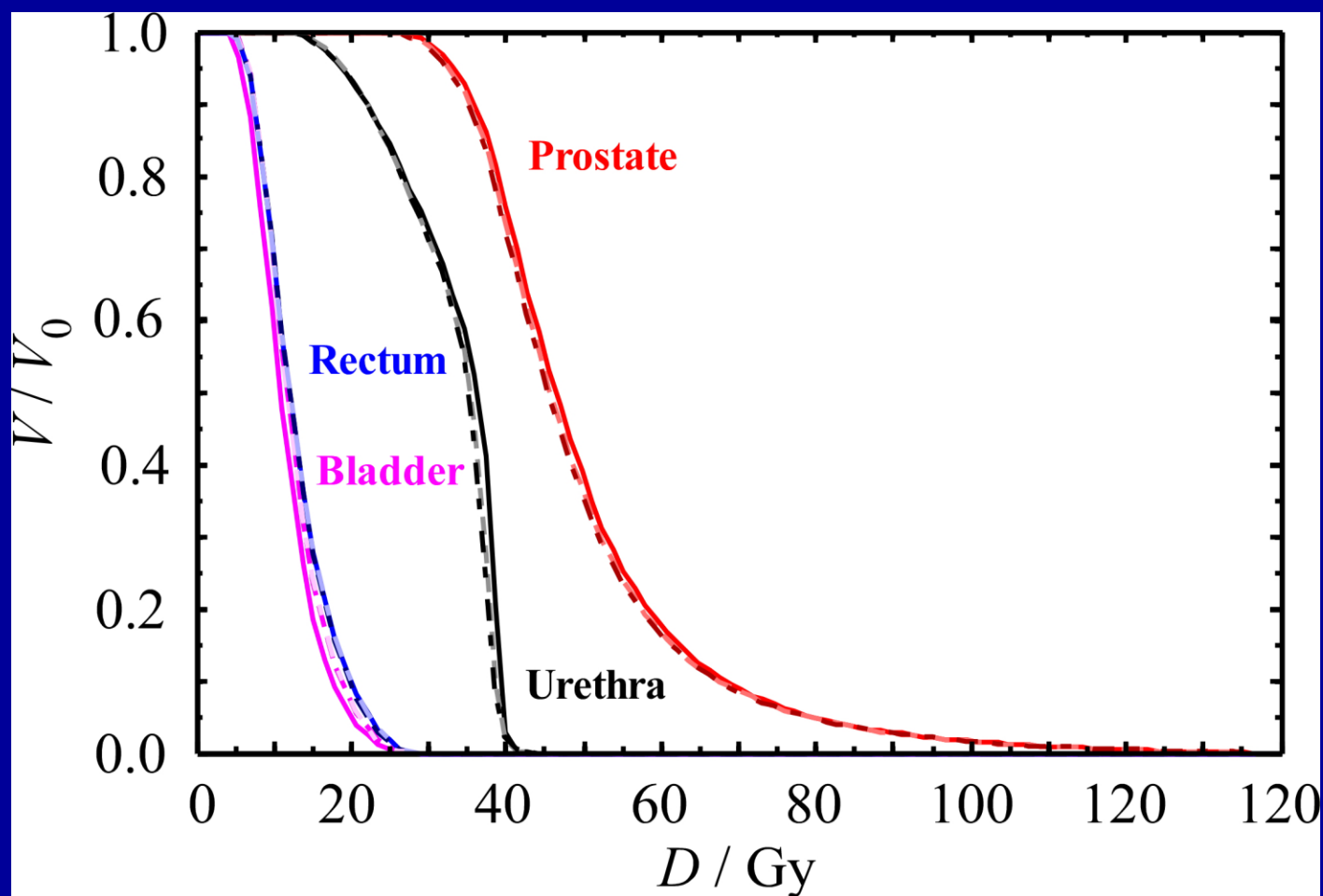
Patient irradiation plan is based on clinical image set (live plan)
Acquisition of images for this image set is made just after finalization of the implantation.

[2] Pre-irradiation 3D image set

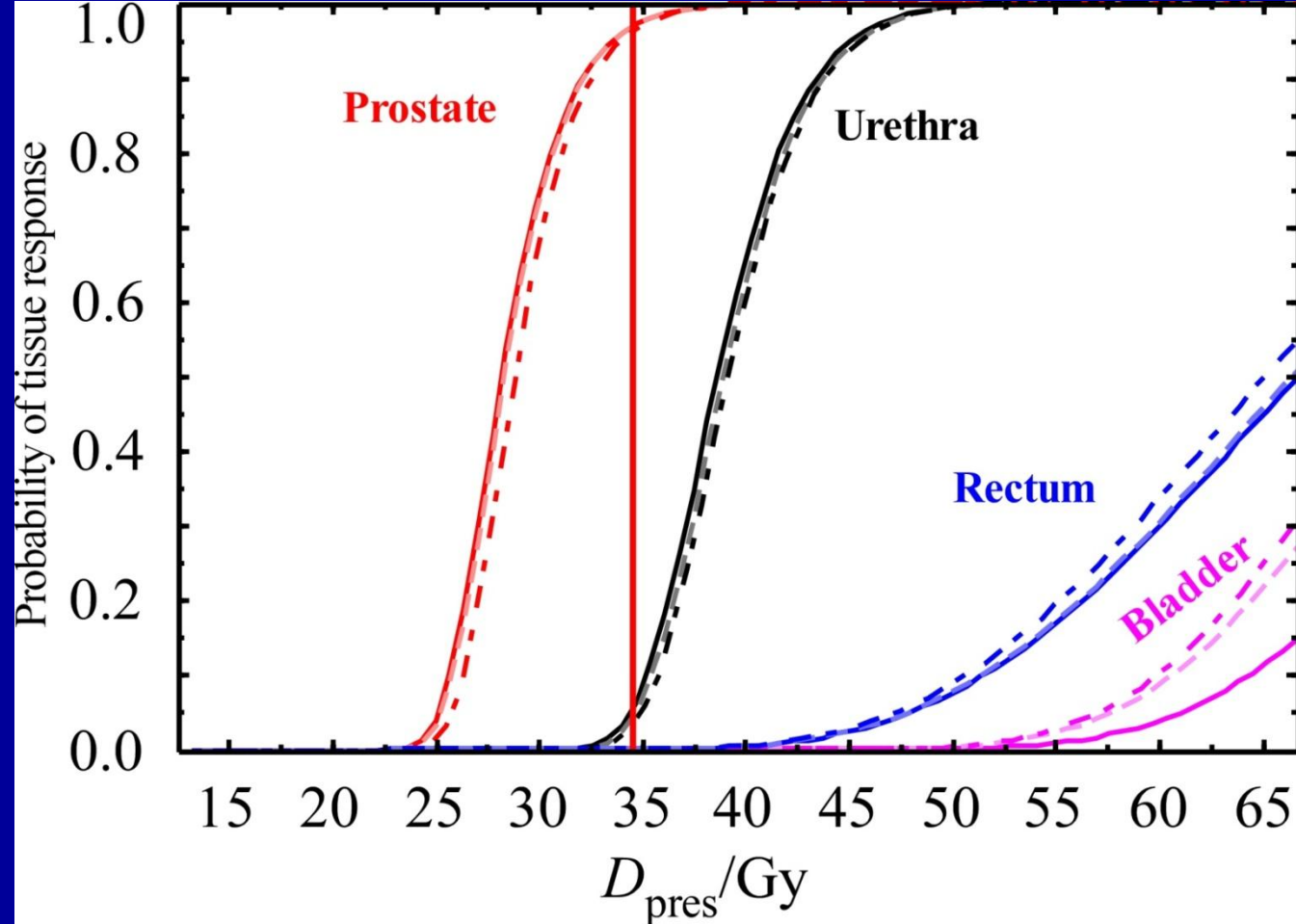
It is acquired just before the patient treatment/irradiation.

[3] Post-irradiation 3D image set

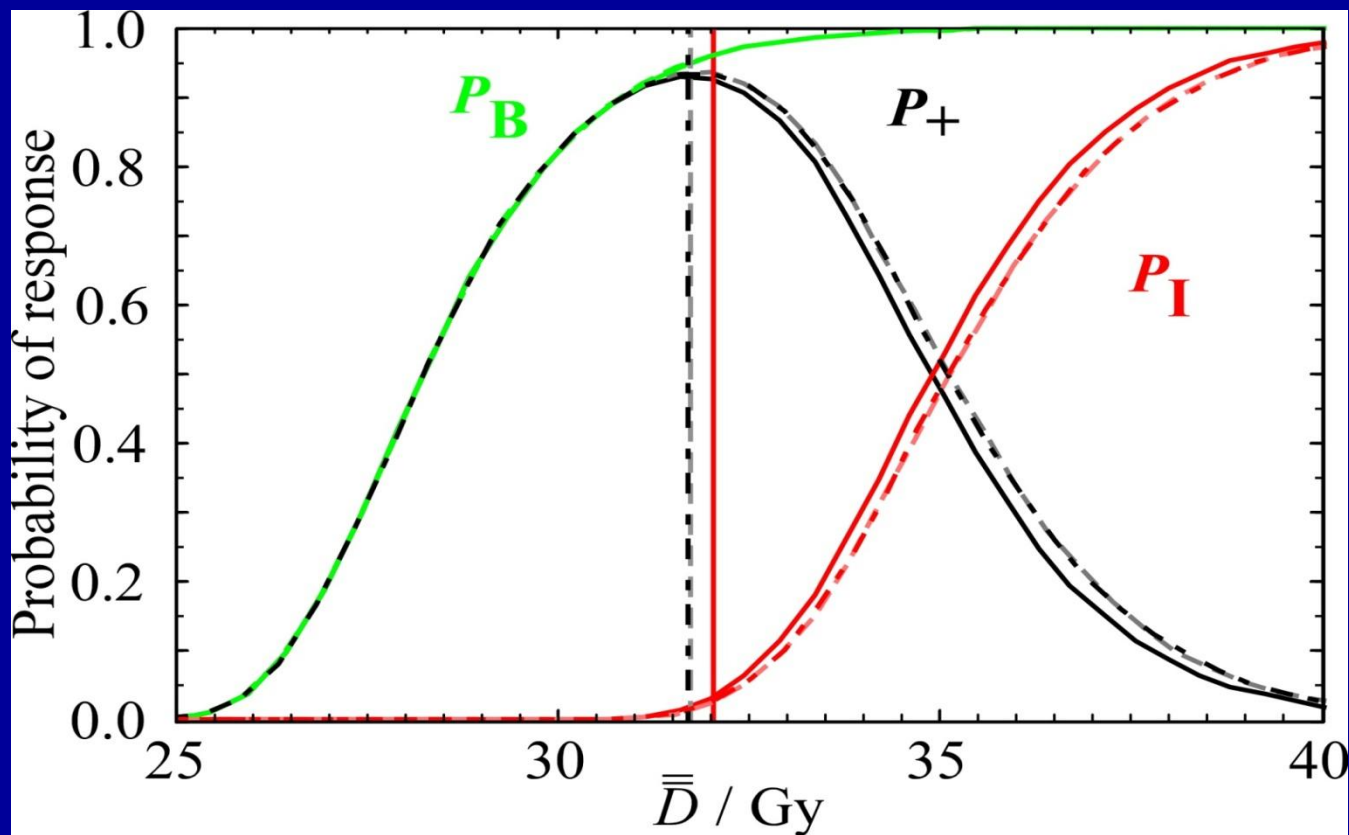
Acquisition of this image set was done after the patient irradiation.



The average DVHs of the prostate gland (red), urethra (black), bladder (pink) and rectum (blue) are presented for the three HDR treatment plans, namely 1: after implantation (clinical acquisition) (solid), 2: just before starting the treatment execution (pre-irradiation acquisition) (dashed) and 3: just after finishing the treatment delivery (post-irradiation acquisition) (dotted-dashed). Here, the total dose of 34.5 Gy delivered by three fractions of 11.5 Gy is considered to be the total prescription dose (100%).

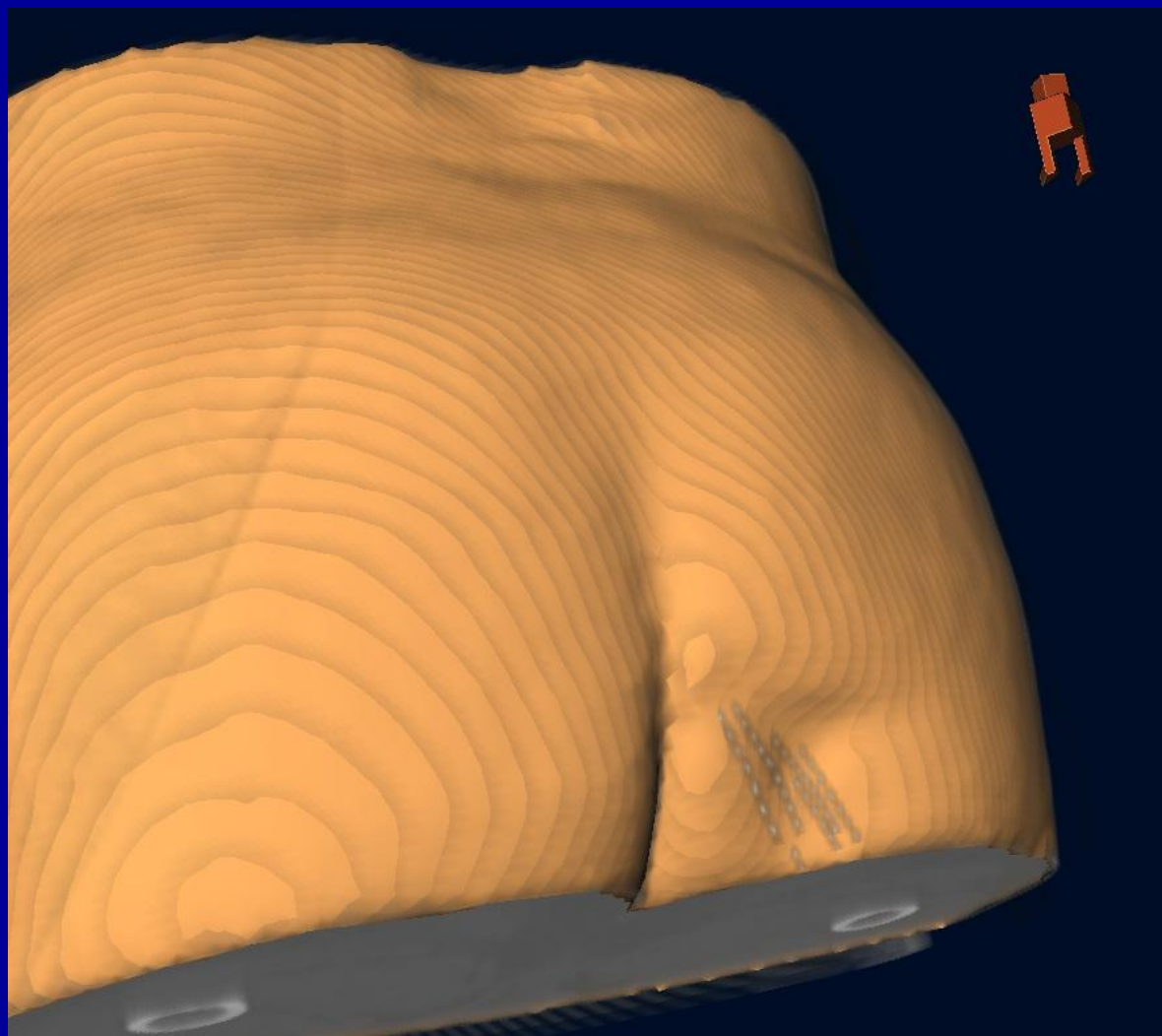


The average dose-response curves of the prostate (red), urethra (black), bladder (pink) and rectum (blue) are presented for the three HDR treatment plans, namely 1: after implantation (clinical acquisition) (solid), 2: just before starting the treatment execution (pre-irradiation acquisition) (dashed) and 3: just after finishing the treatment delivery (post-irradiation acquisition) (dotted-dashed), regarding different prescription doses. The vertical line indicates the clinical prescribed dose level of the dose distributions. Here, the total dose of 34.5 Gy delivered by three fractions of 11.5 Gy is considered to be the total prescription dose (100%).



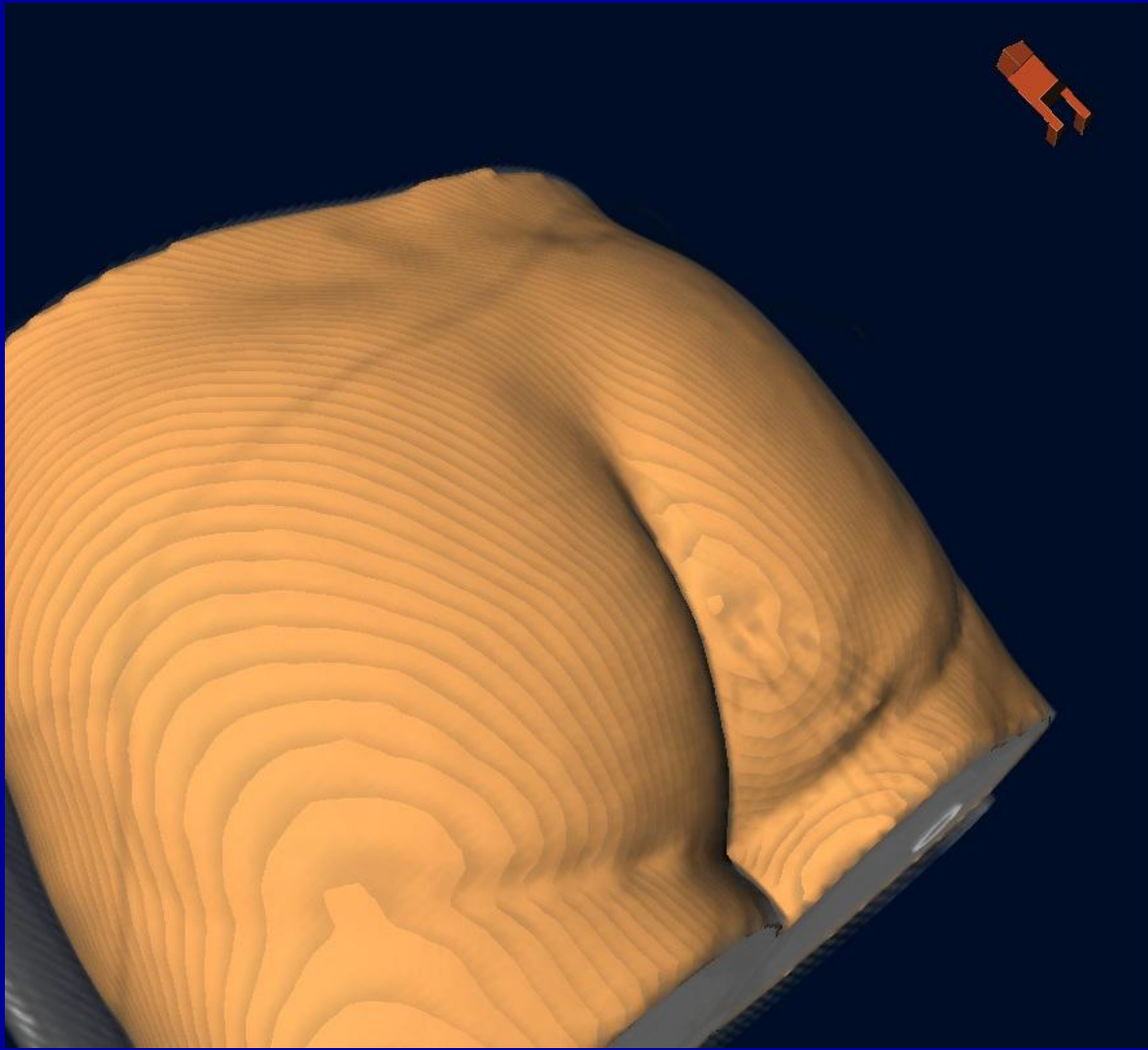
The average curves of the total tumor control probability, P_B (green), total normal tissue complication probability, P_I (red) and complication-free tumor control probability, P_+ (black) are presented for the three series of HDR treatment plans, namely 1: after implantation (clinical acquisition) (solid), 2: just before starting the treatment execution (pre-irradiation acquisition) (dashed) and 3: just after finishing the treatment delivery (post-irradiation acquisition) (dotted-dashed), regarding different prescription doses. The solid and dashed vertical lines indicate the radiobiological dose levels of the clinically prescribed dose distributions, respectively. Here, the total dose of 34.5 Gy delivered by three fractions of 11.5 Gy is considered to be the total prescription dose (100%).

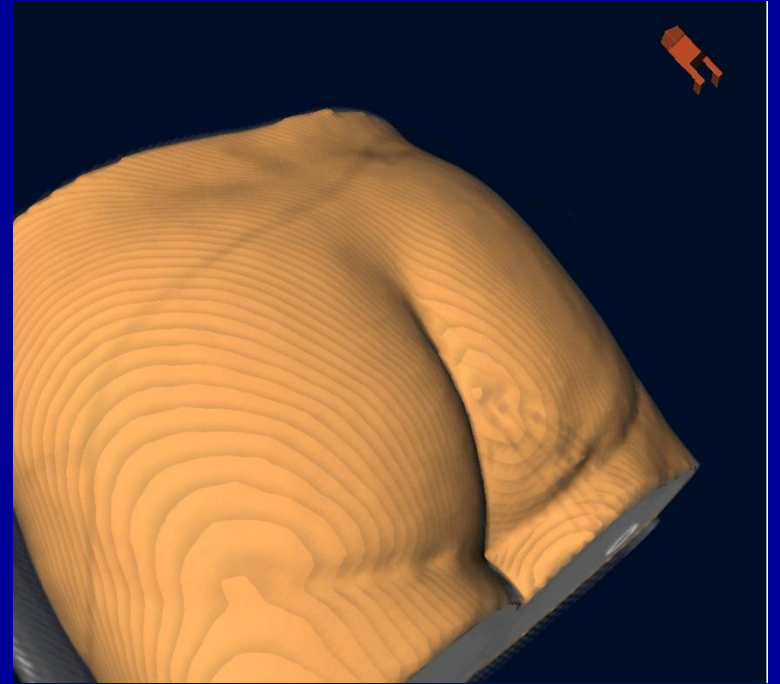
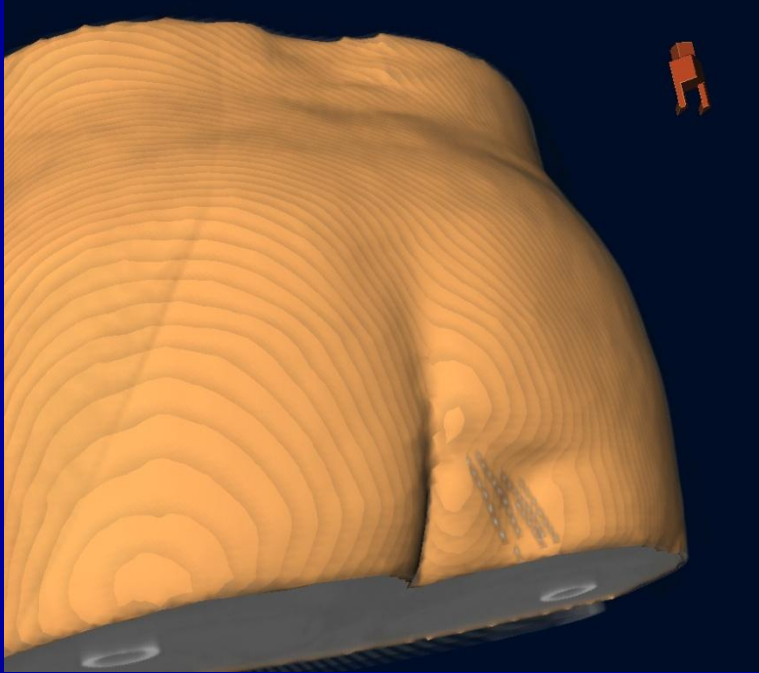
Influence of the Catheter Movement and Anatomy Alteration VERIFICATION



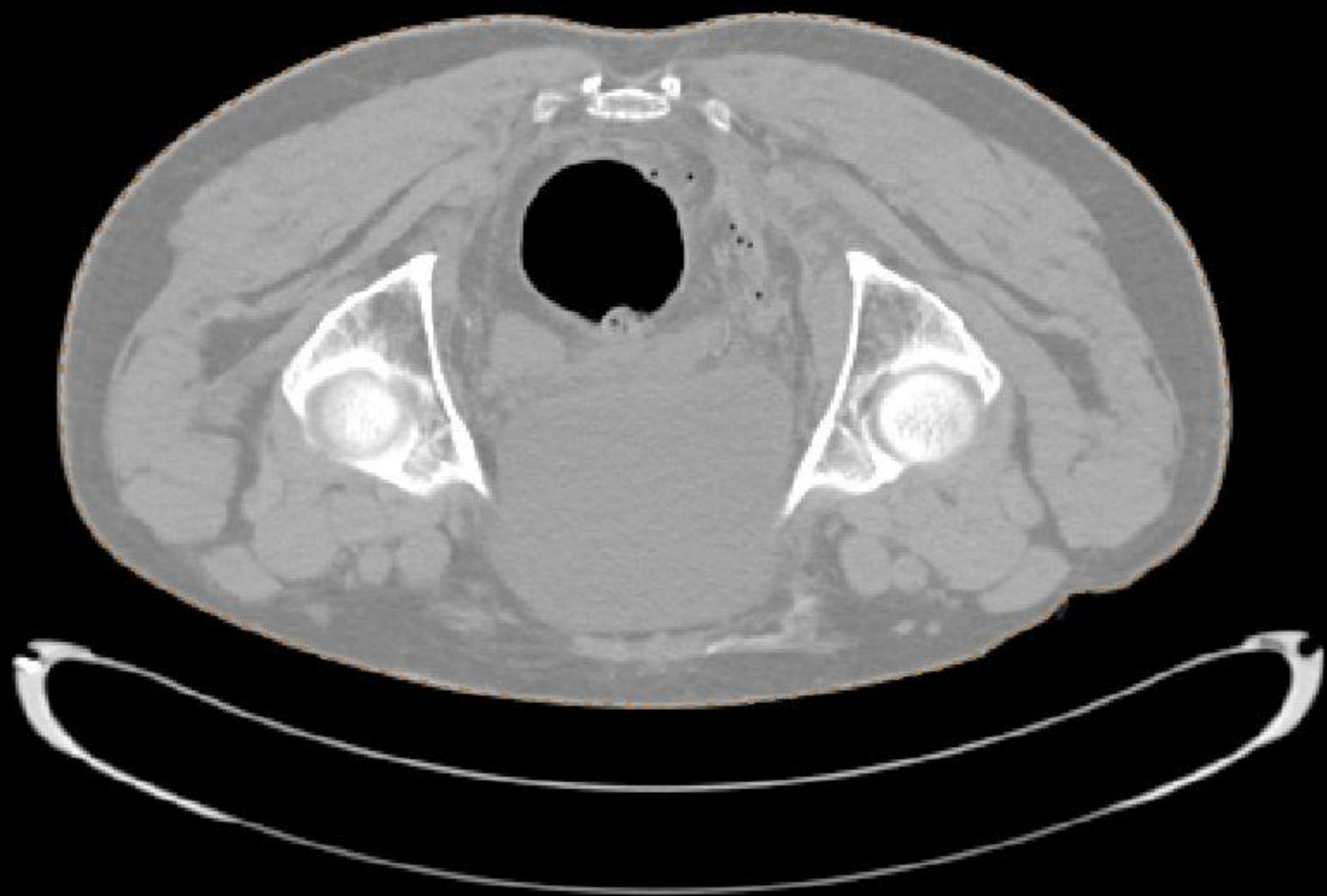








1 cm

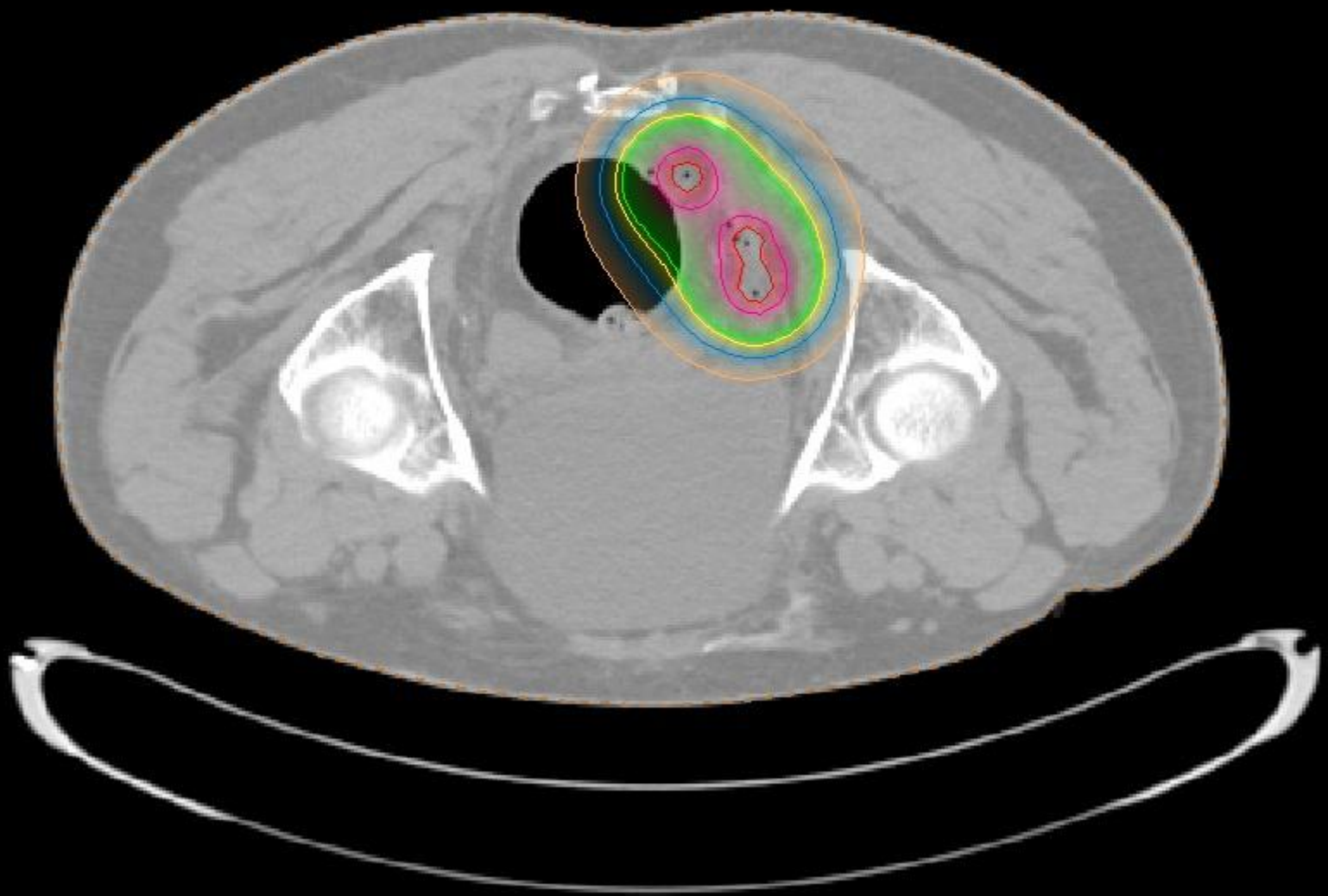


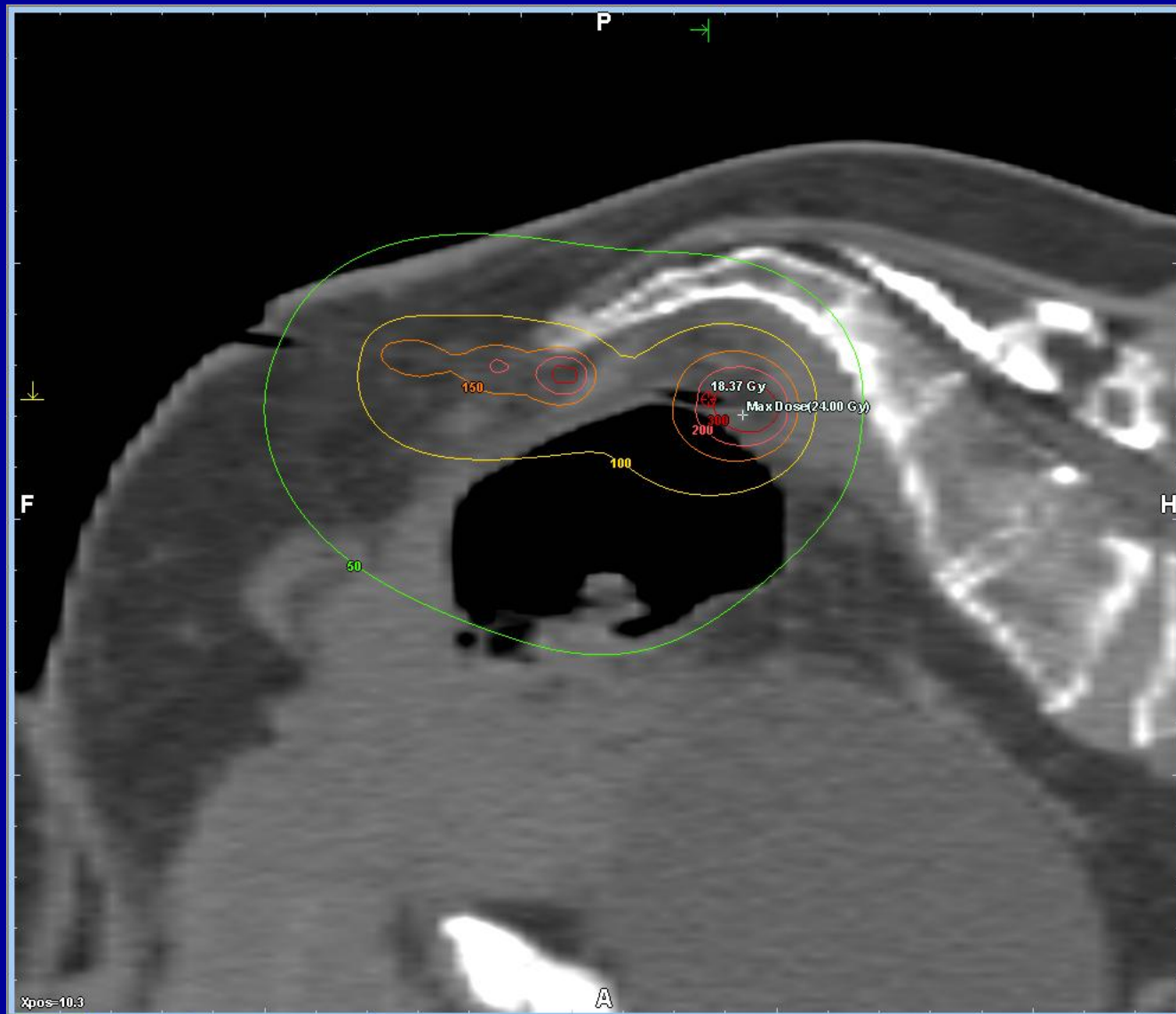
50 cm, -95.60 cm]

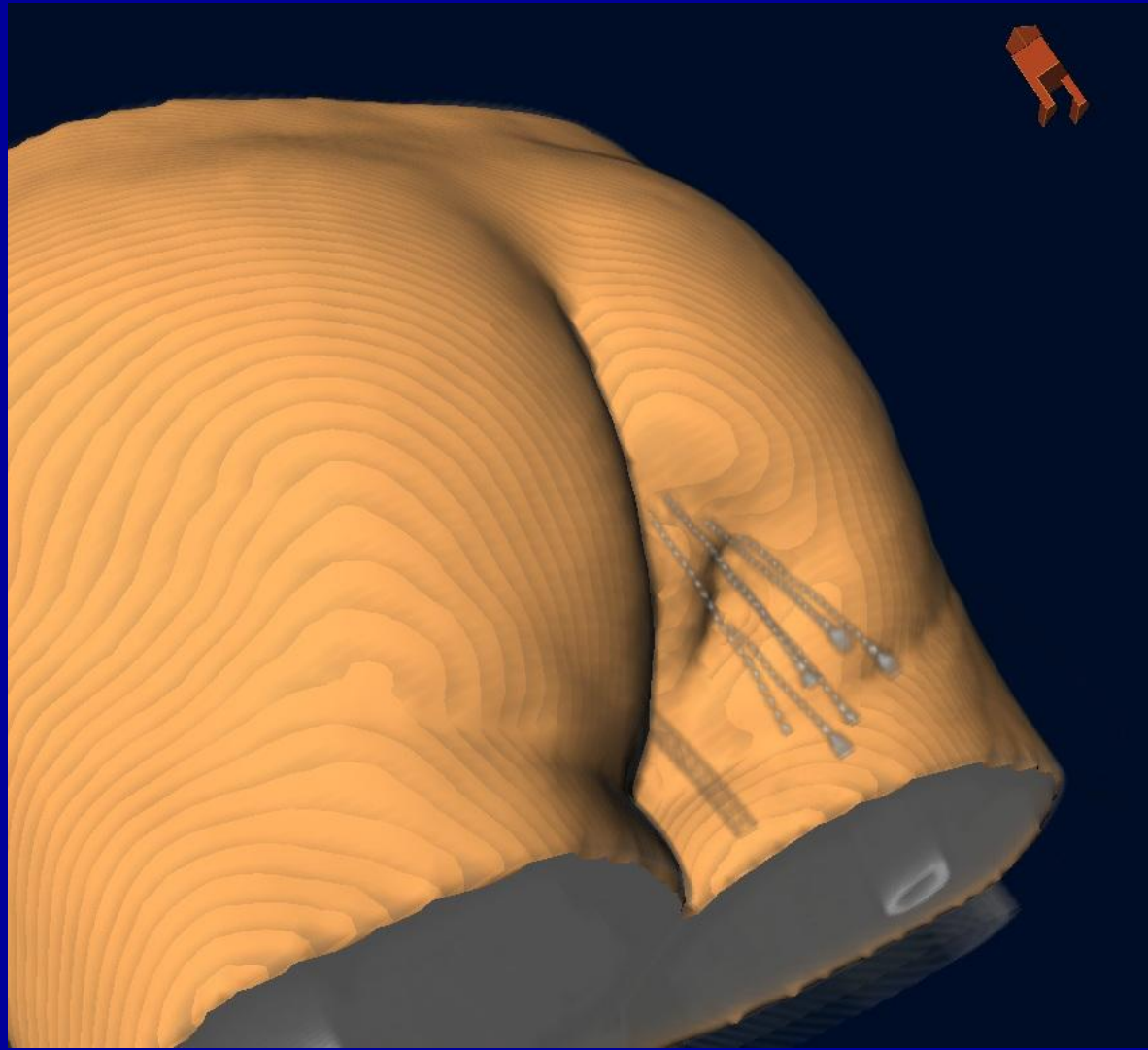
Patient



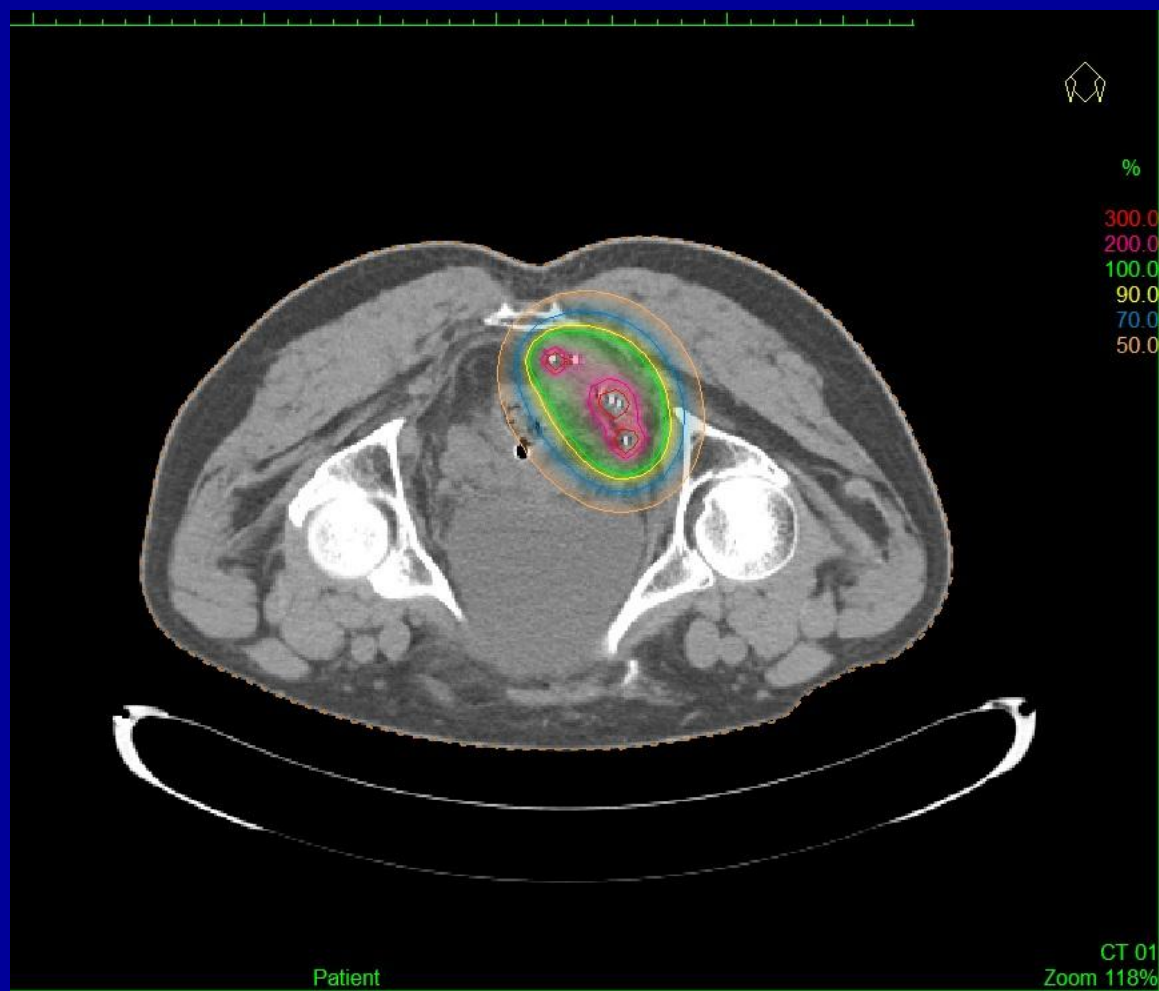
%
300.0
200.0
100.0
90.0
70.0
50.0







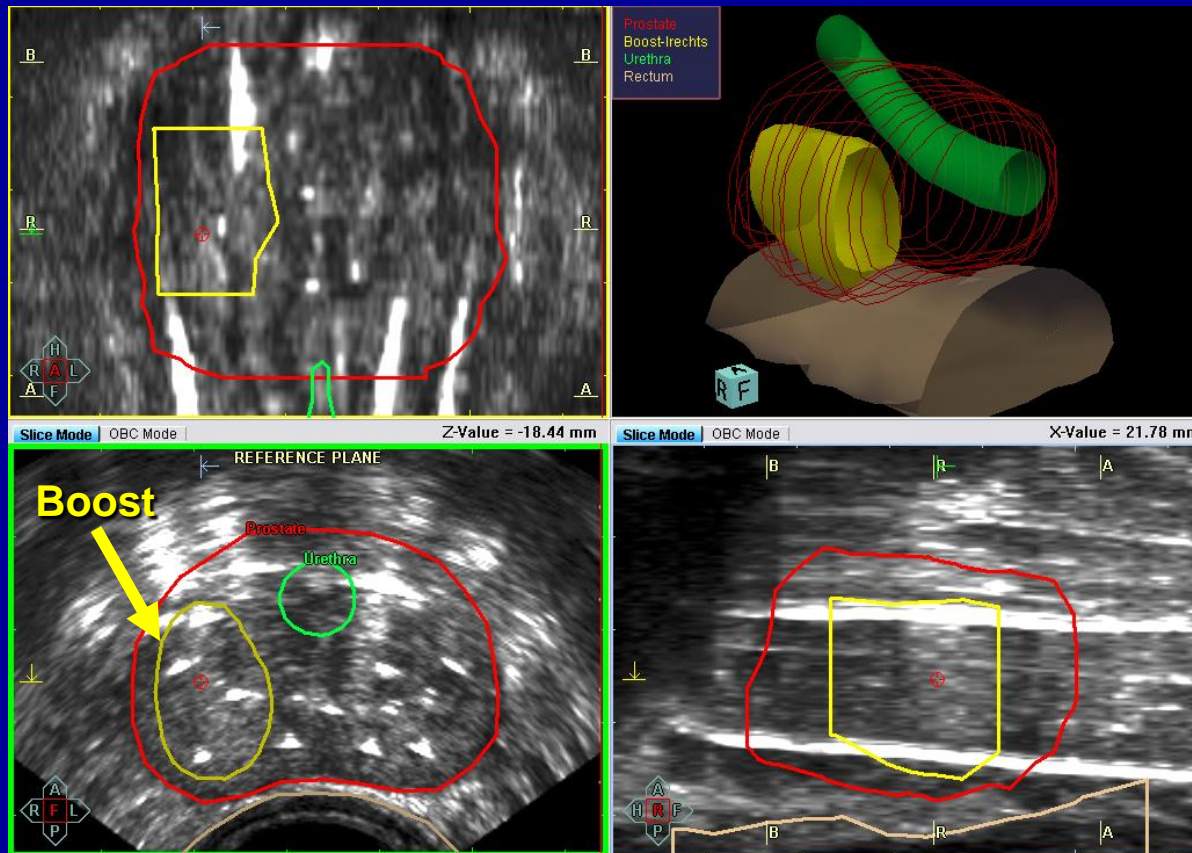




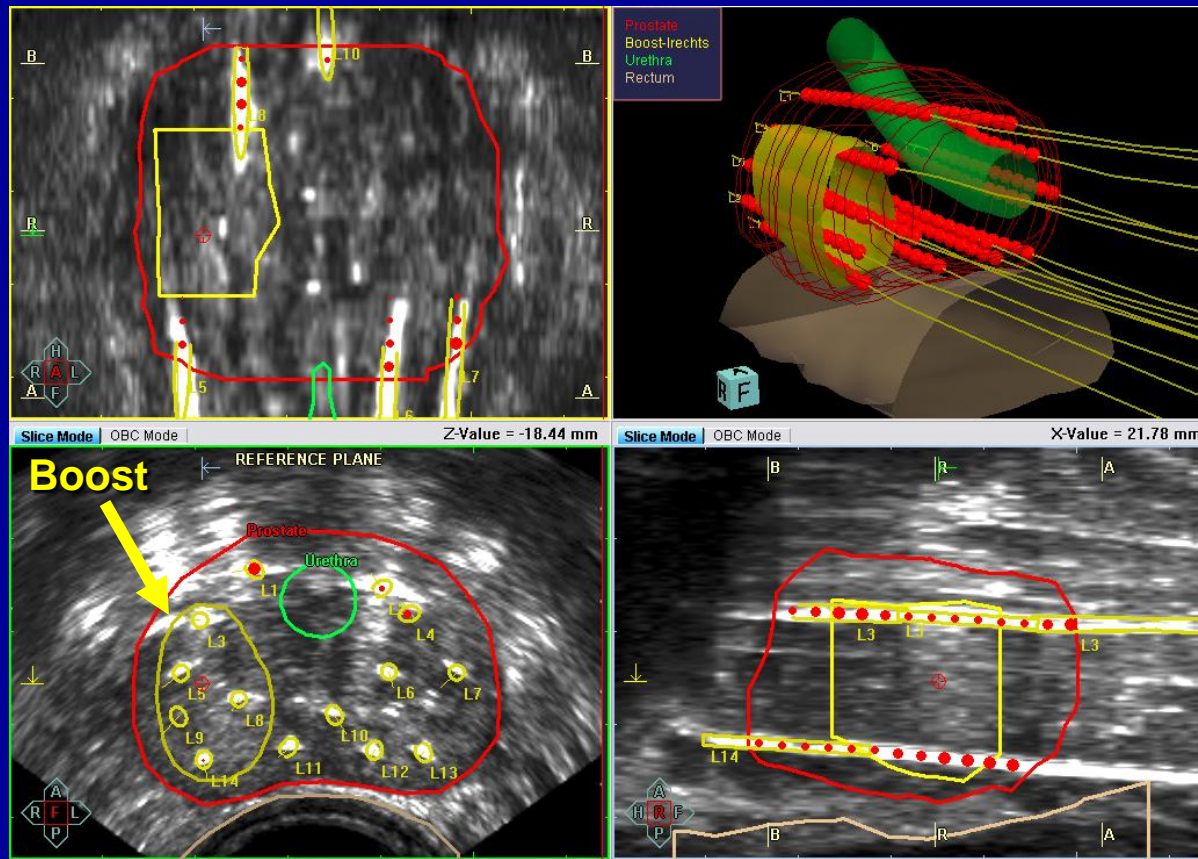
The Era of Adaptive Brachytherapy

- IGRT (Image Guided..2D)
- VGRT (Volume Guided..3D)
- DGRT (Dose Guided ...)
- ART (4D)
- BIG-ART (Biological ...)

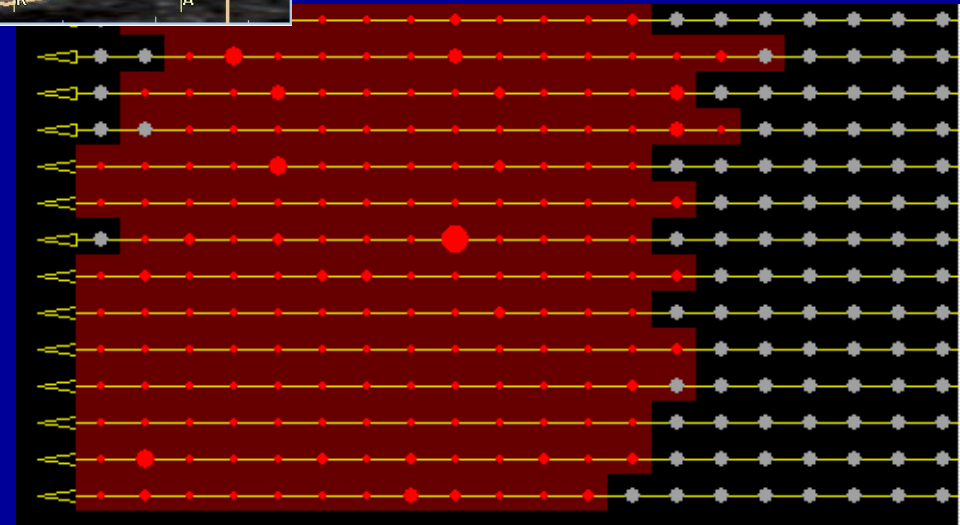
Boost Definition



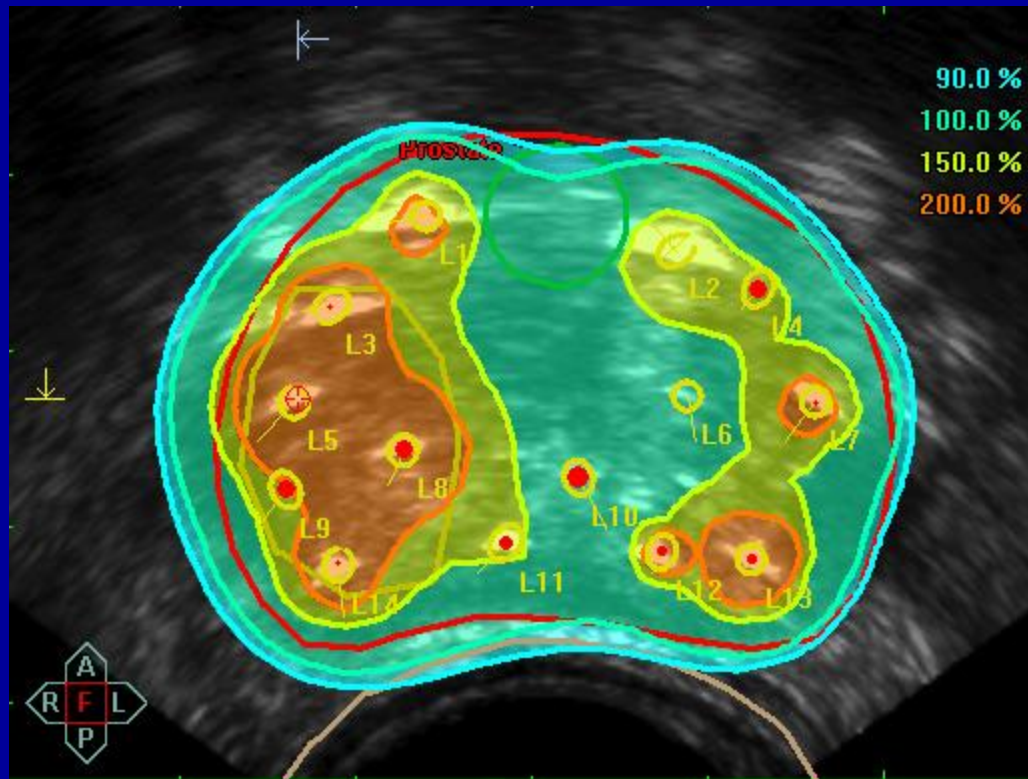
Dwell Position



Duration of Loading



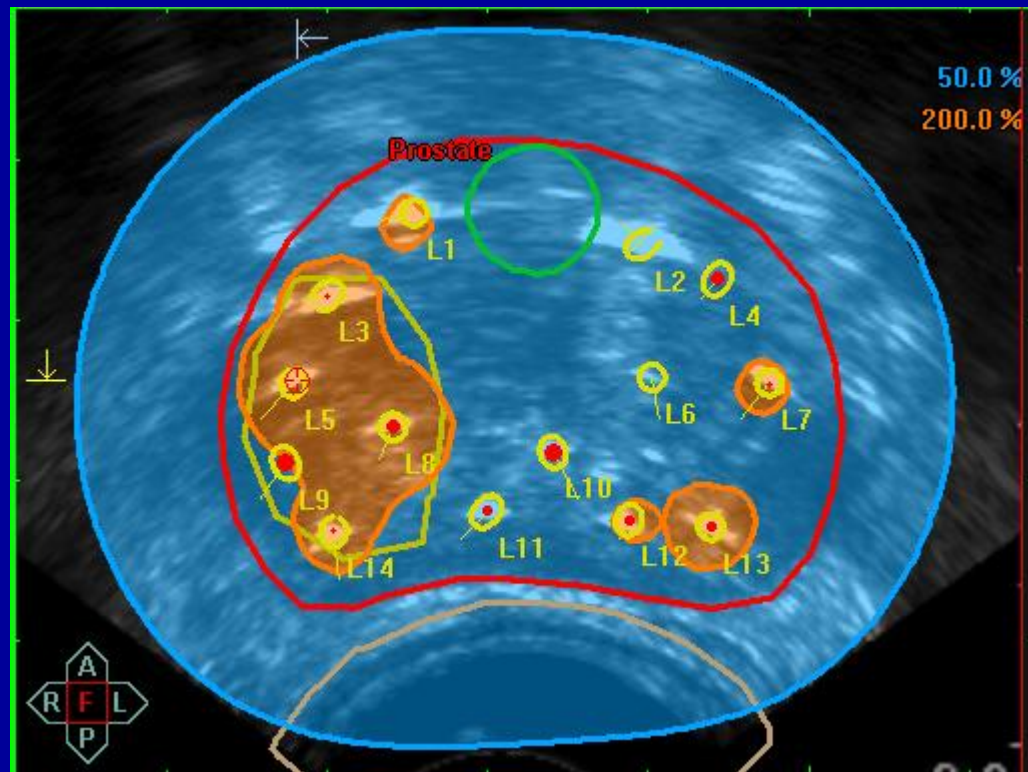
Dose Painting



200% - ISODOSE



50% - ISODOSE



Quo vadis

- **Elite**
- **Representation**
- **Support**
- **Education**
- **Reimpursement**

Quo vadis ?

Iridium Knife

Curative Setting

- Cervix Carcinoma

Fusion CT – MRI (Prone)

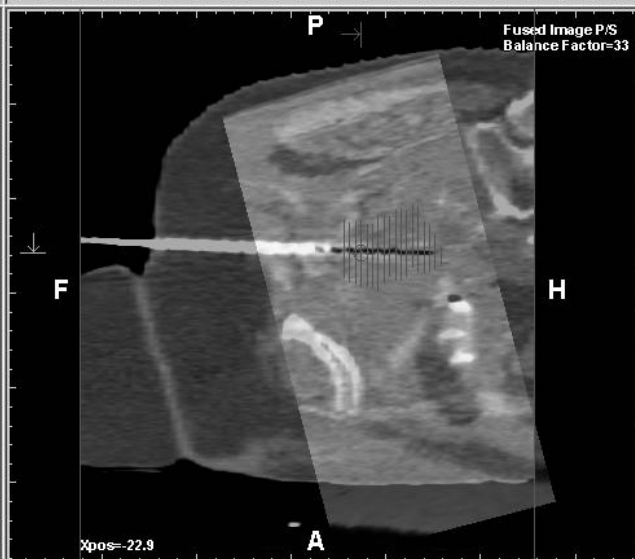
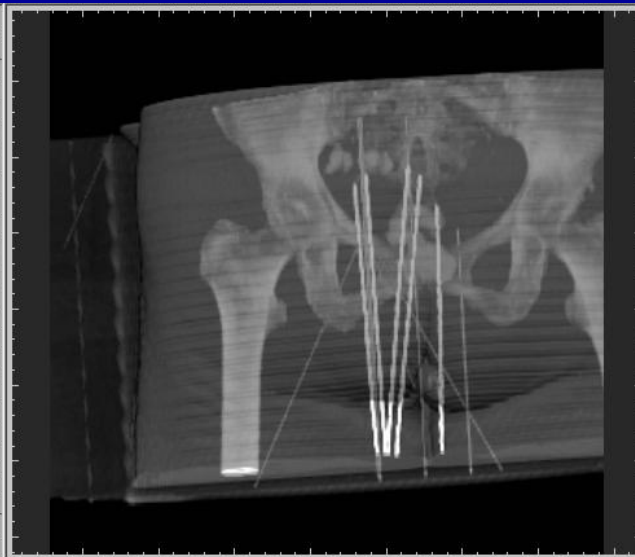
Post-Implant

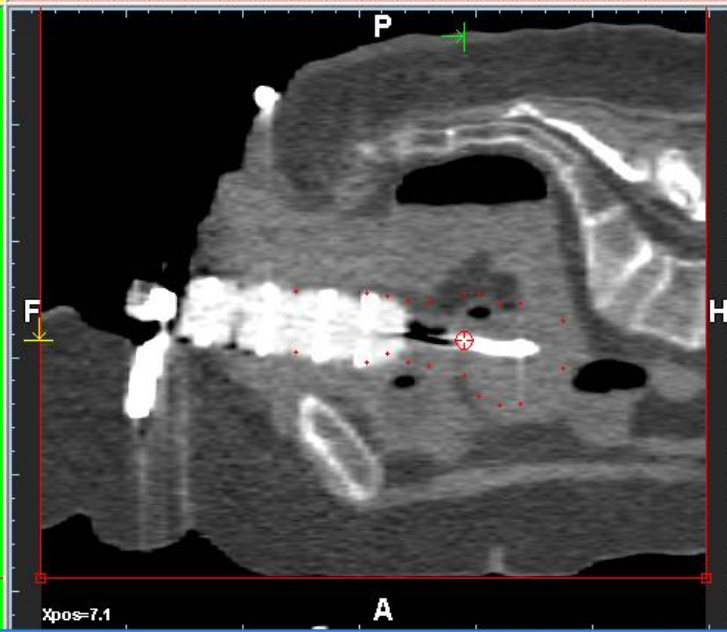
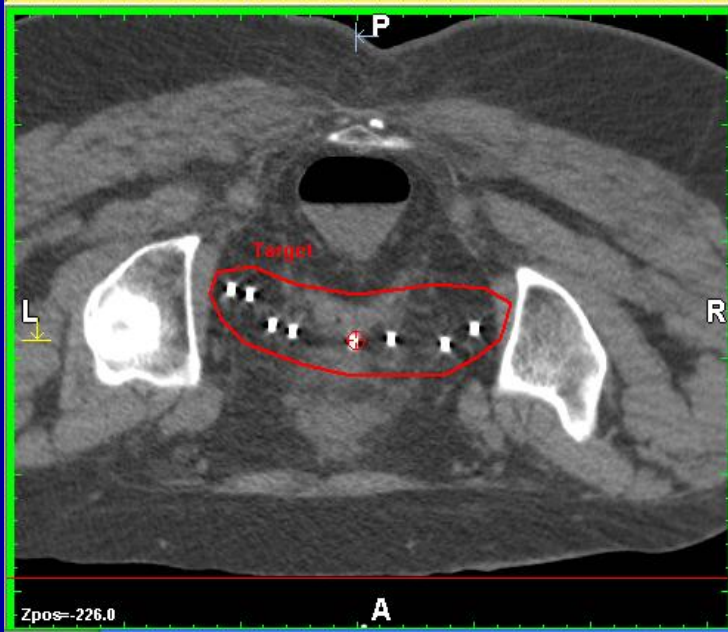
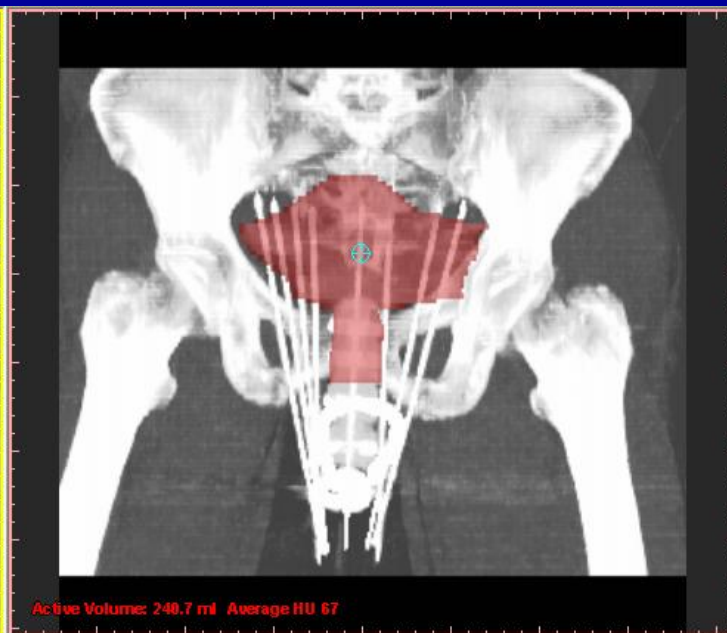
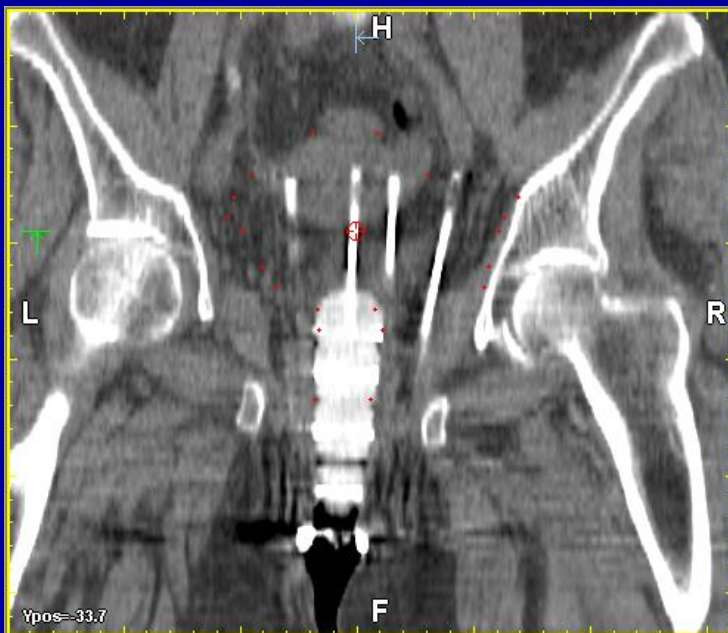


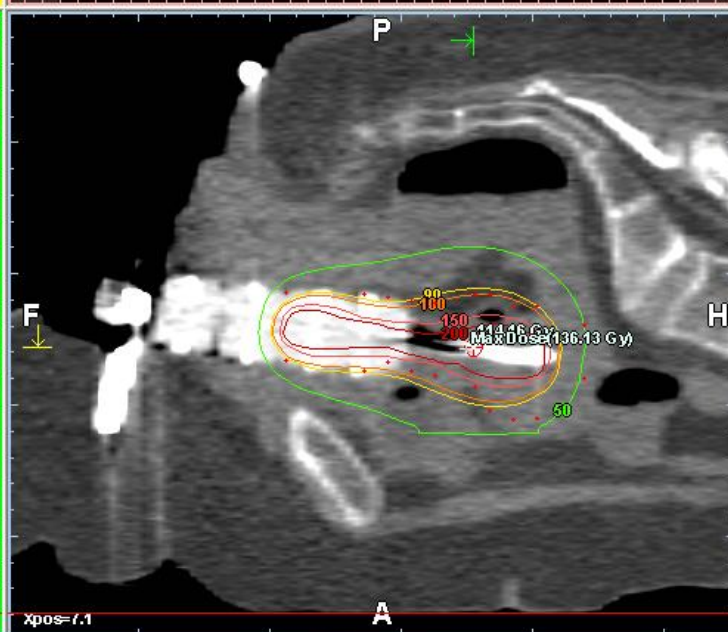
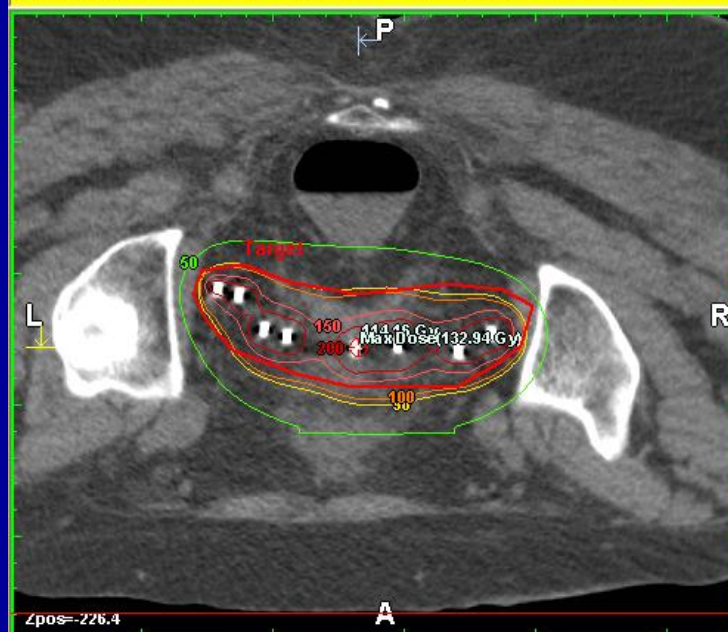
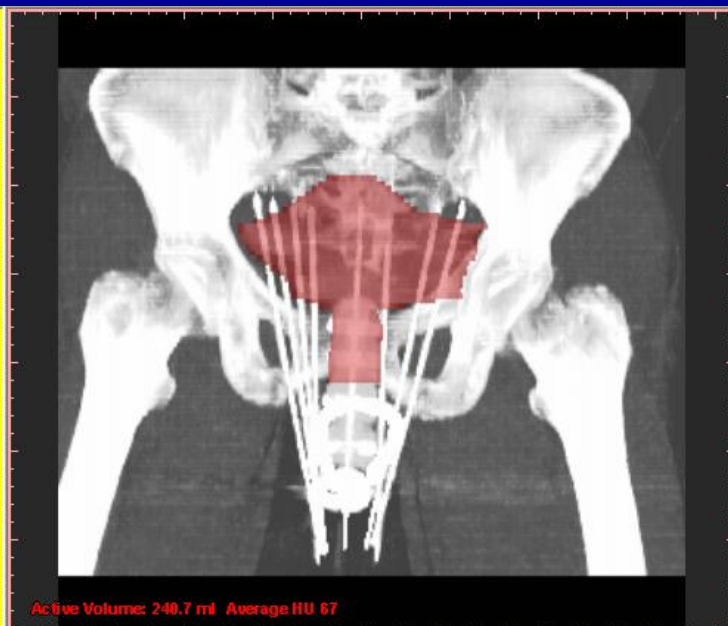
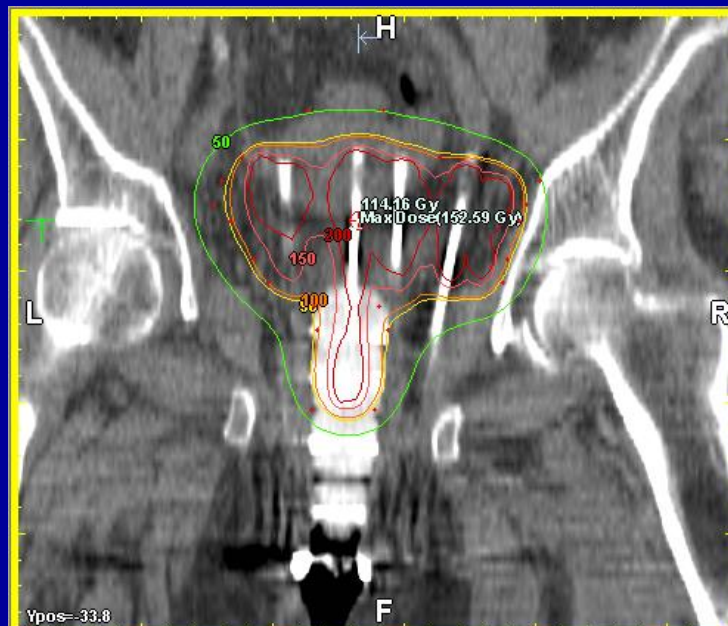
Pre-Implant
(Supine)



Fusion CT – MRI (Prone)







Curative Setting

- Cervix Carcinoma
- Prostate Cancer

Prostate Cancer

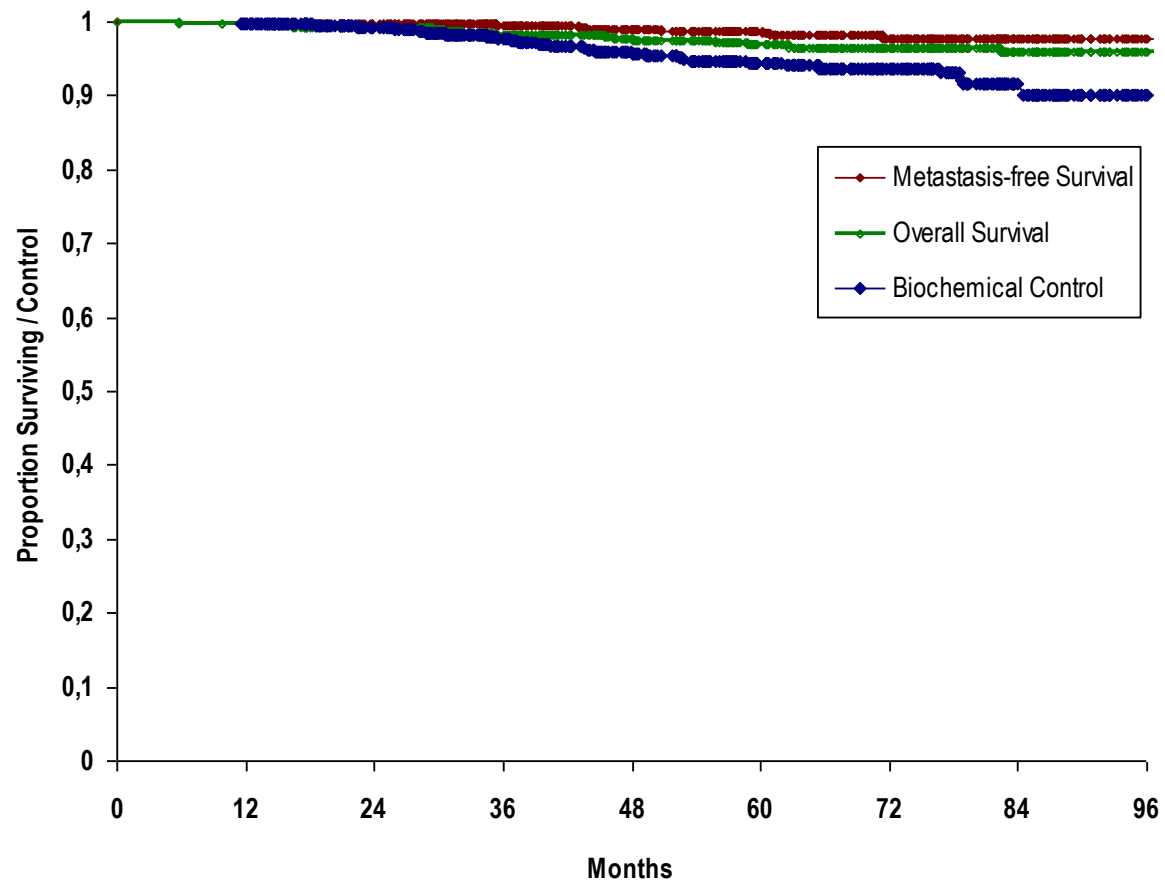
**Brachytherapy is the Highest
Conformal Treatment in Radiation
Oncology**

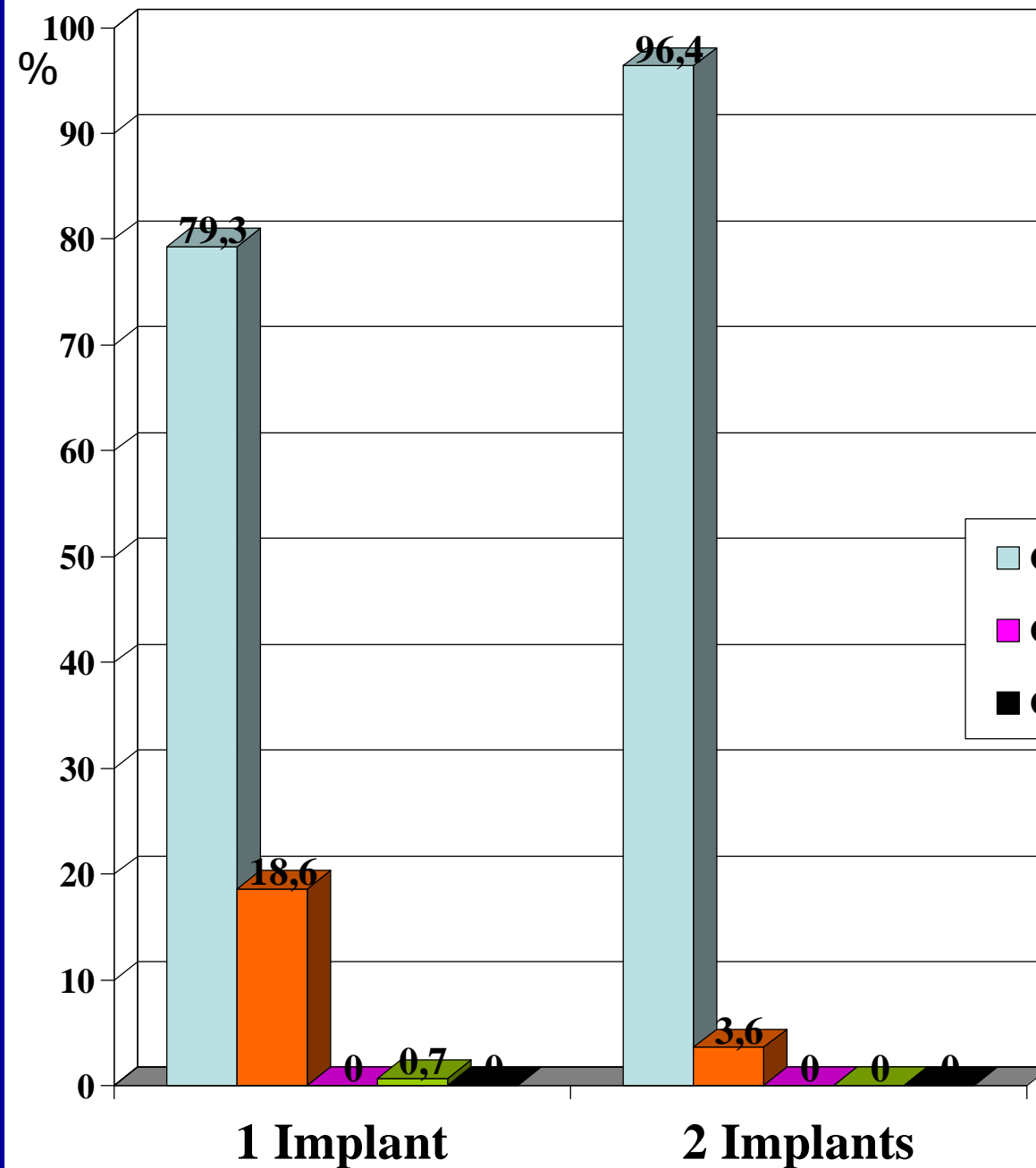
Results

Offenbach Study HDR-Monotherapy

08/1999-10/2010: 718 patients

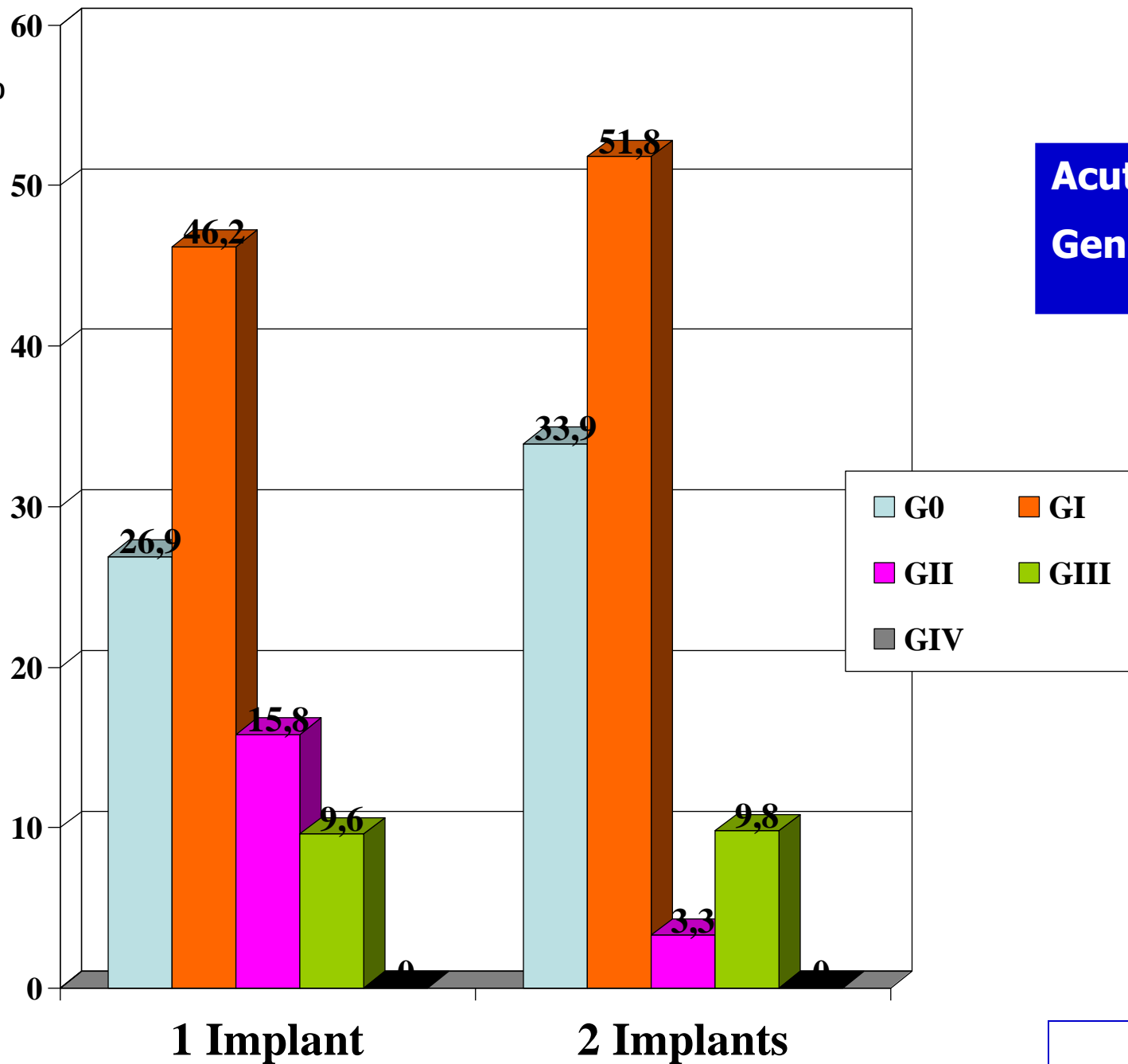
(Published in IJROBP 2012)





Acute toxicity
Gastrointestinal

Acute toxicity
Genitourinary



HDR-Monotherapy: Chronic Toxicity

After median 52 months

85,0 % Grade 0 toxicity

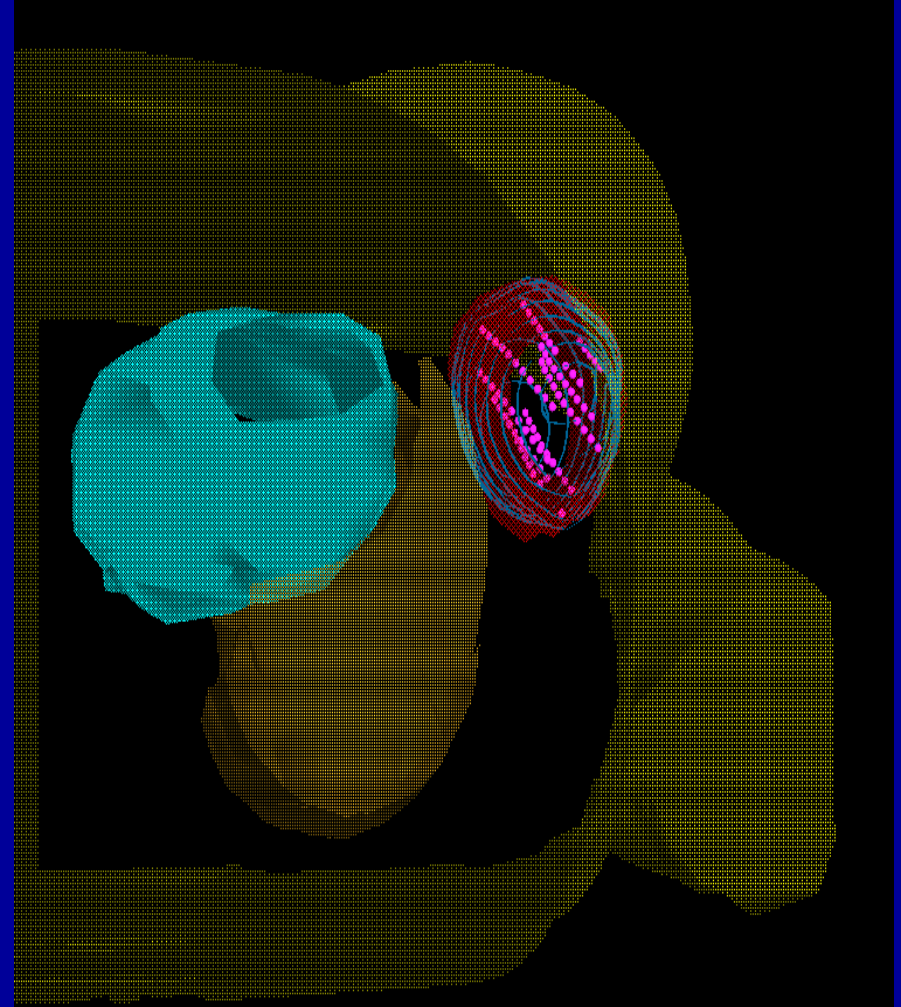
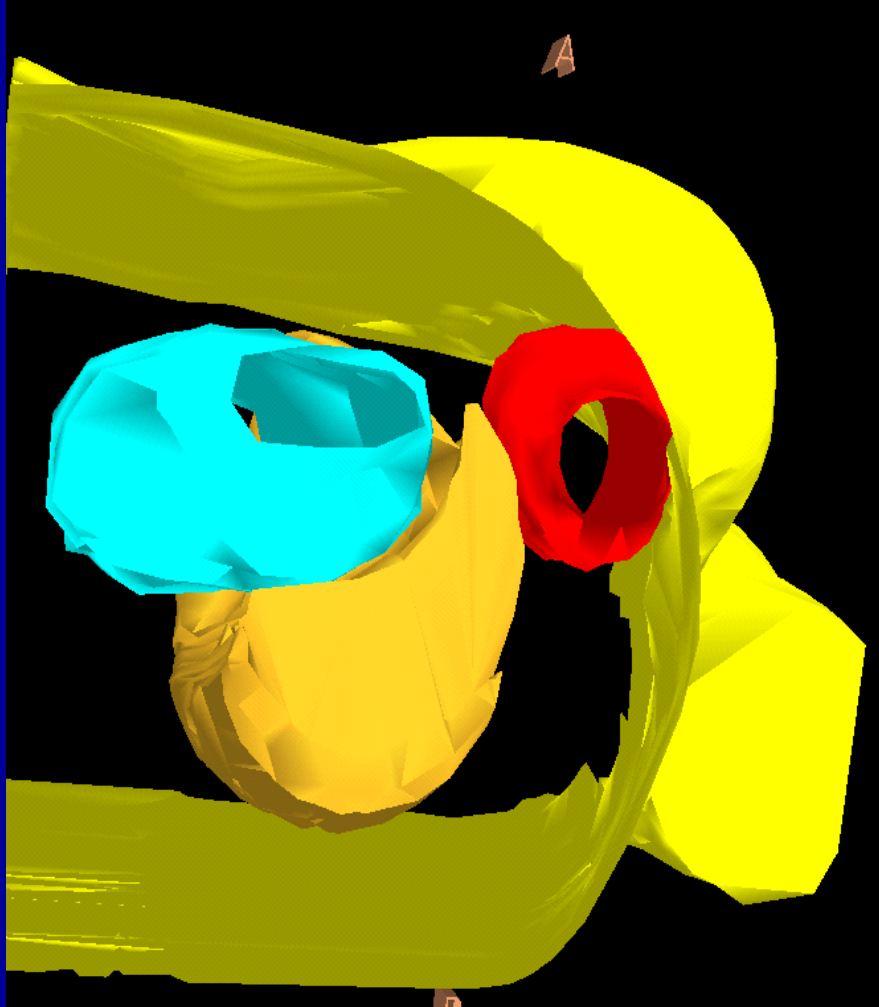
84,0 % Potency preservation

0,1 % Incontinence

Curative Setting

- Cervix Carcinoma
- Prostate Cancer
- Breast Cancer

3D Target



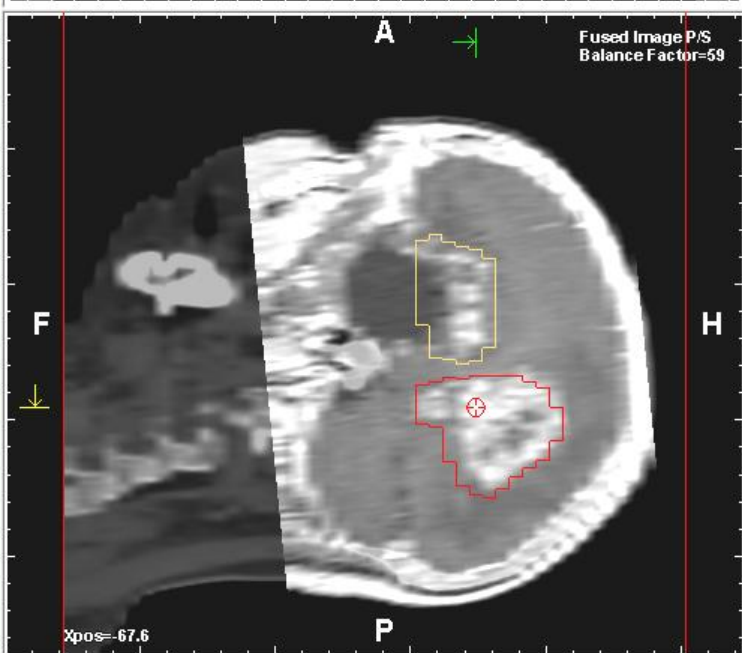
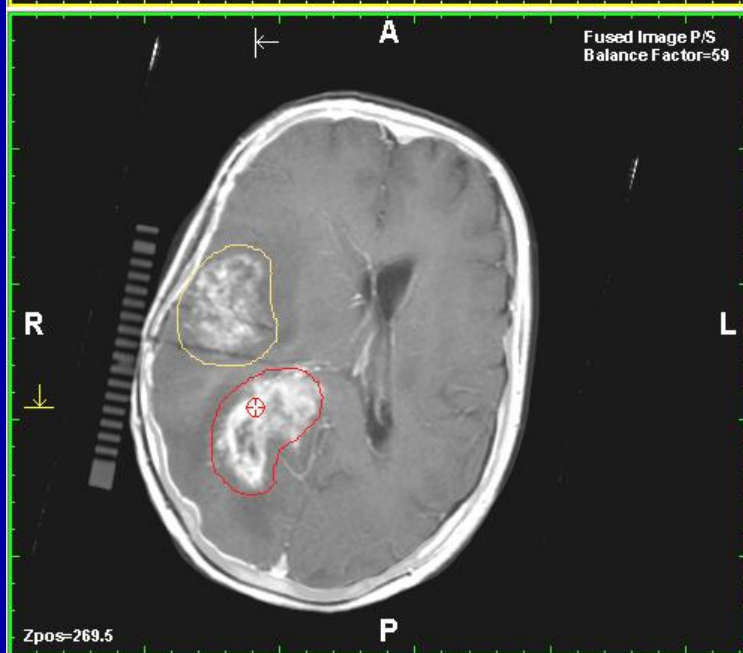
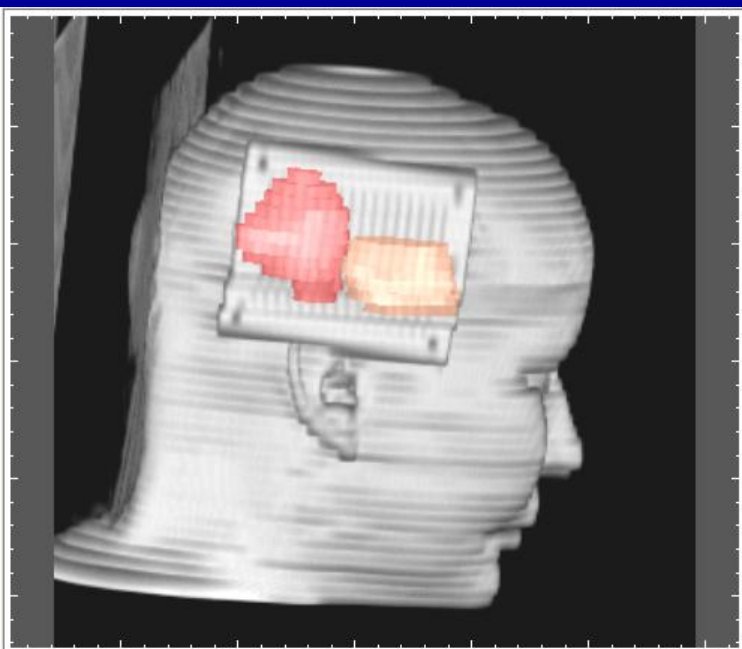
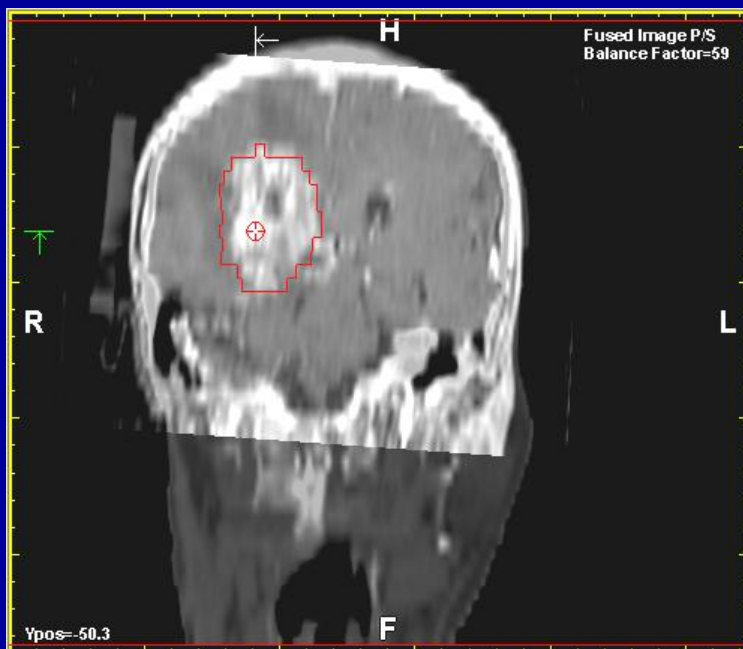
HDR Brachytherapy Palliative Setting

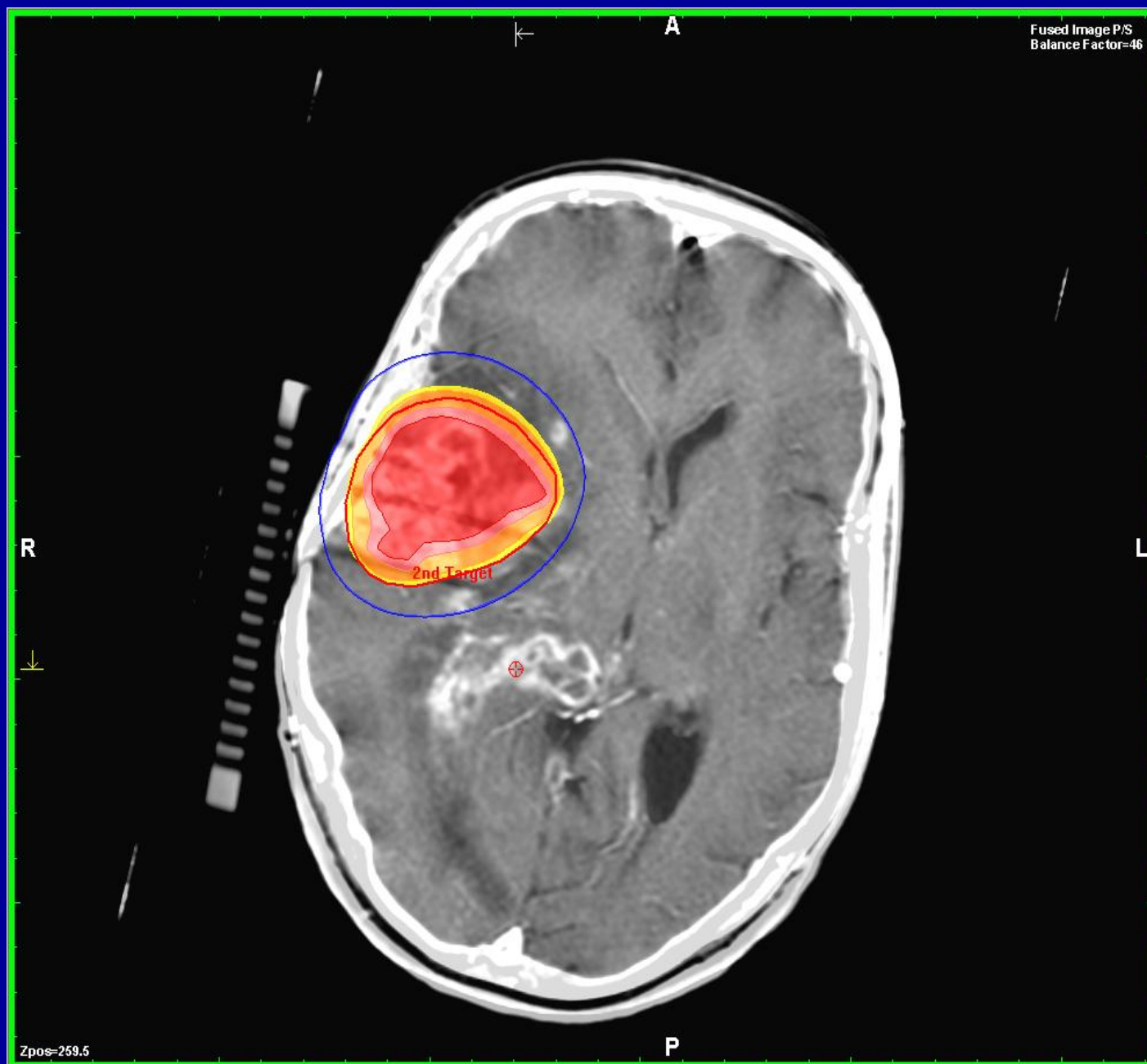
Brain

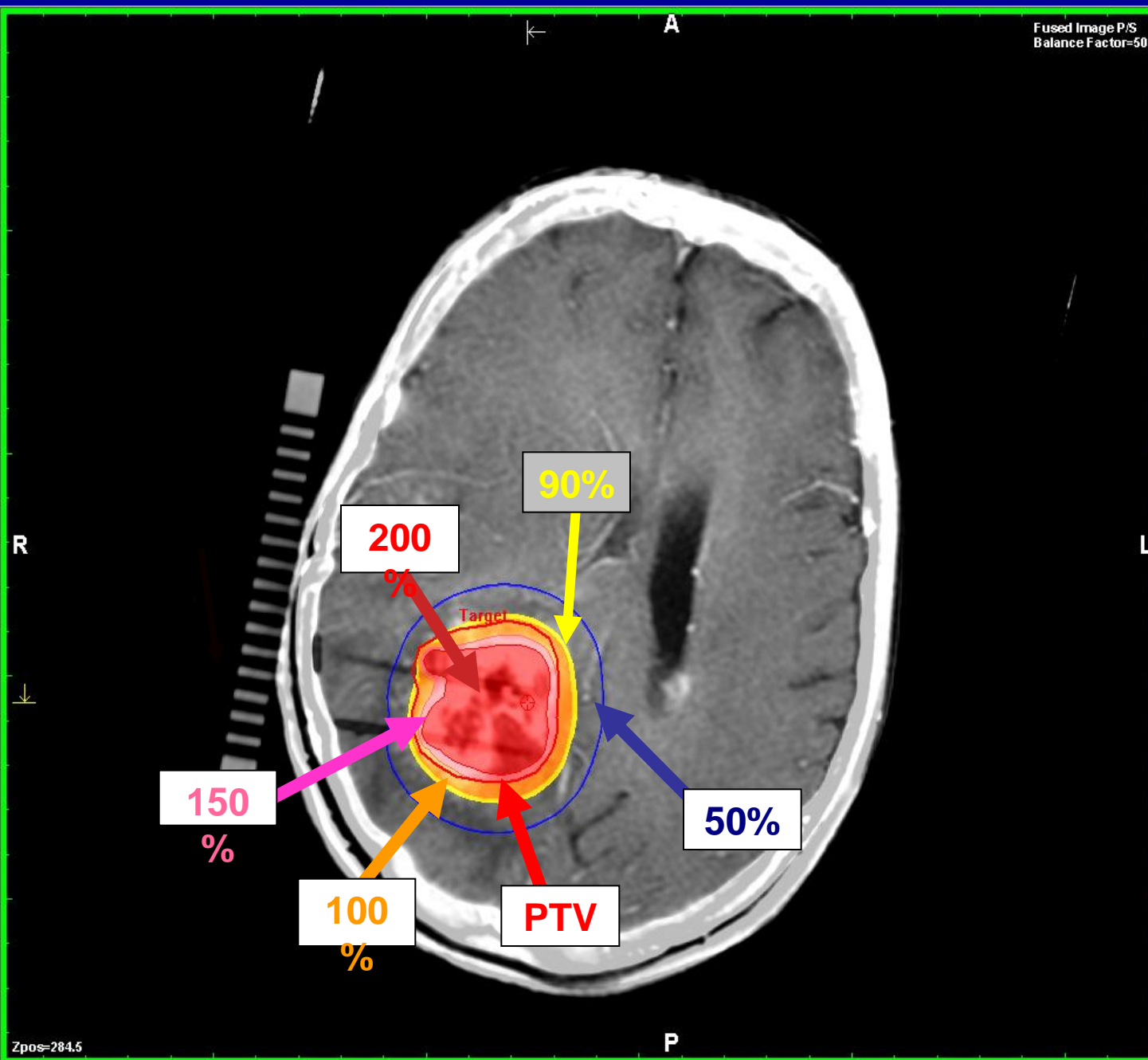
Patient characteristics

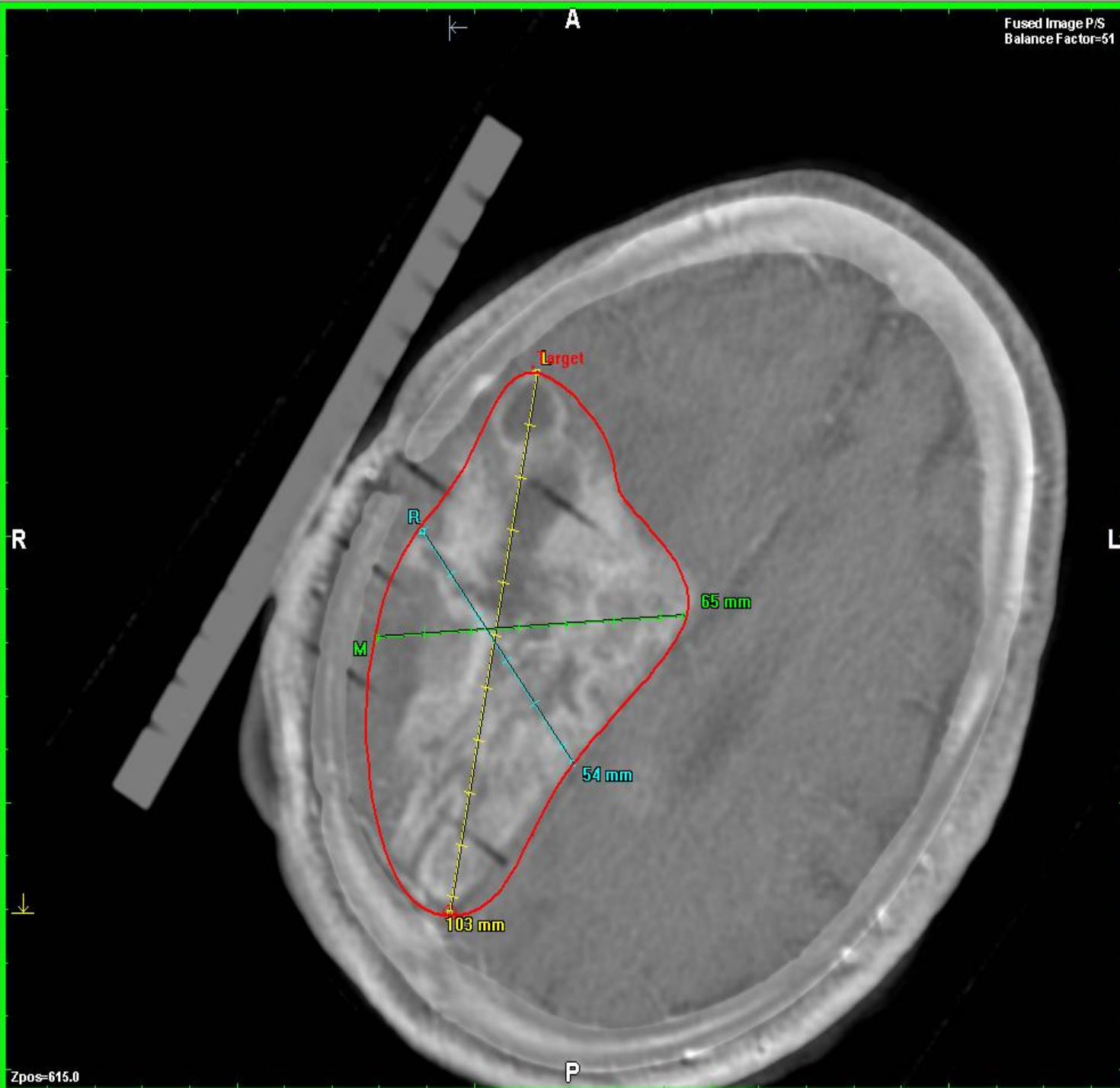
1995-2010: 179 patients with recurrent malignant gliomas

All patients had unresectable recurrent disease after primary surgery with adjuvant EBRT (54-60Gy) and showed progression under palliative chemotherapy

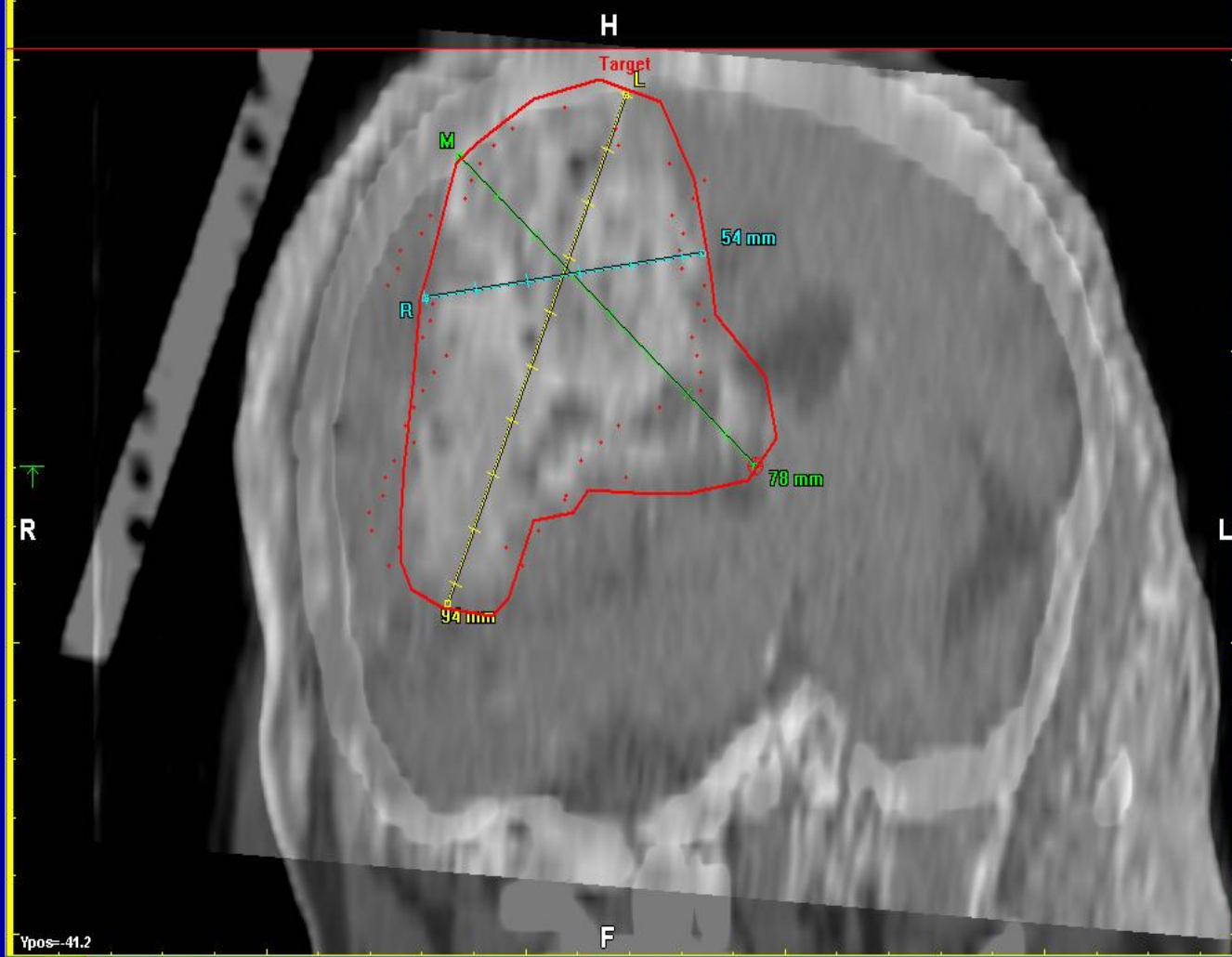








Fused Image P/S
Balance Factor=52



Ypos=-41.2

A

Fused Image P/S
Balance Factor=16

F

H

M

Target

R

63 mm

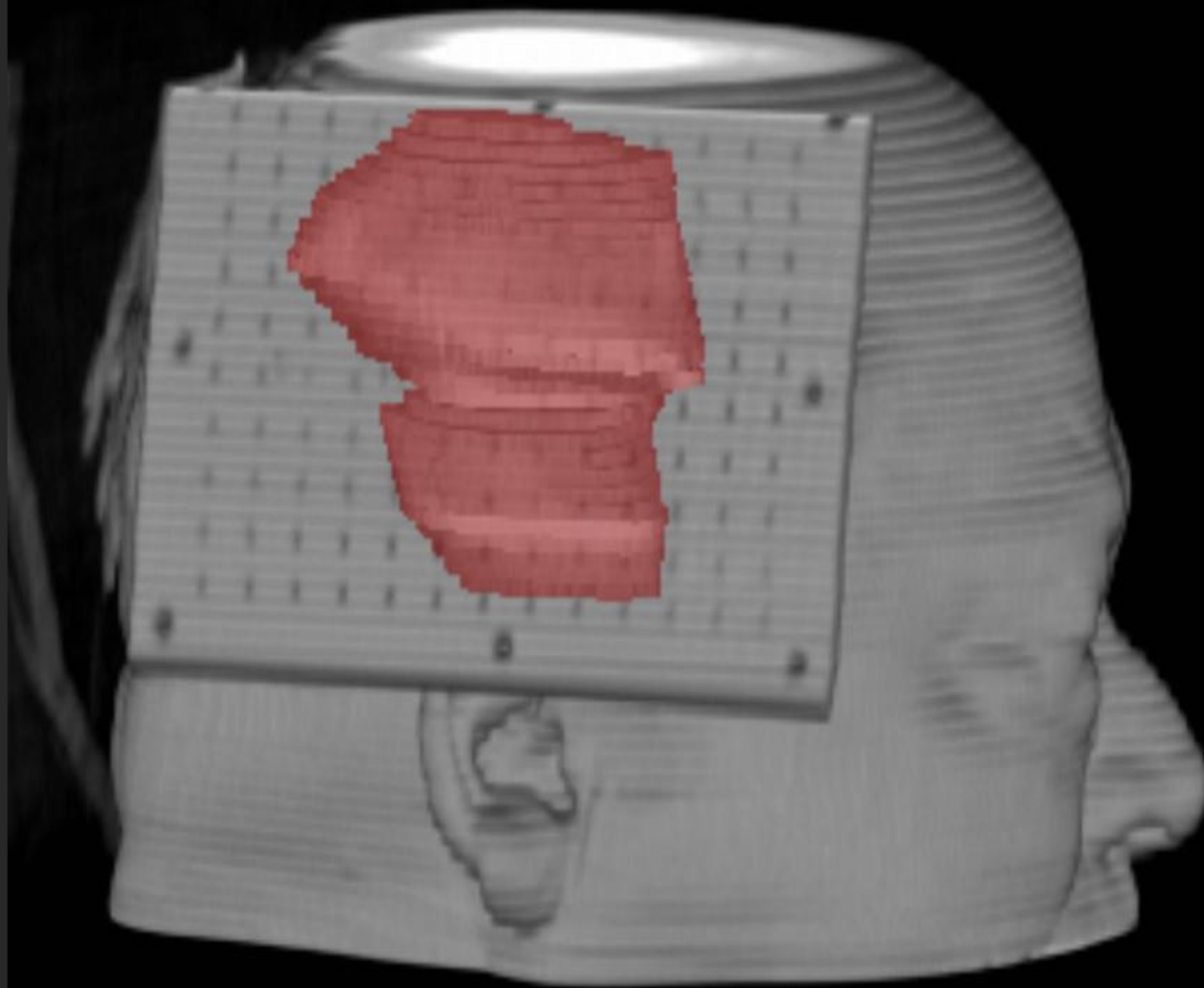
93 mm

89 mm

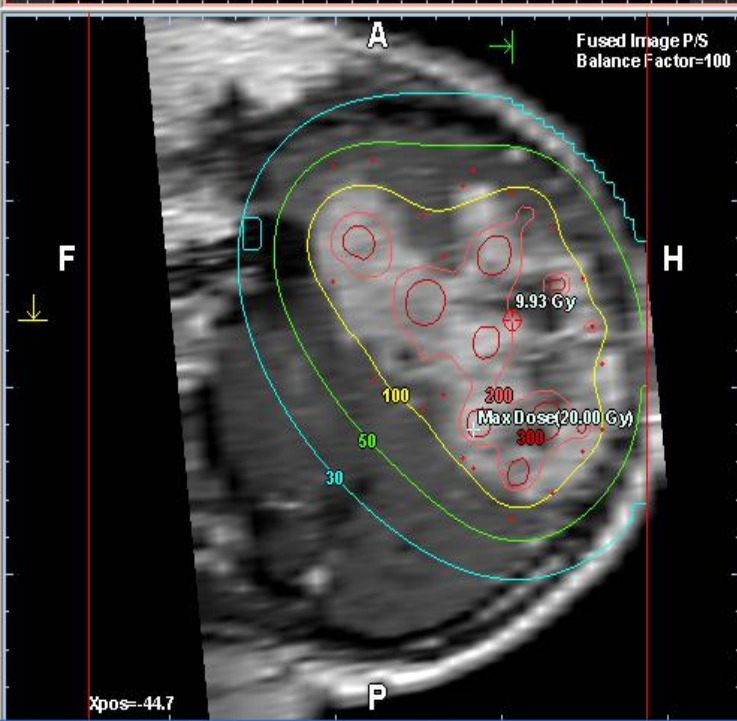
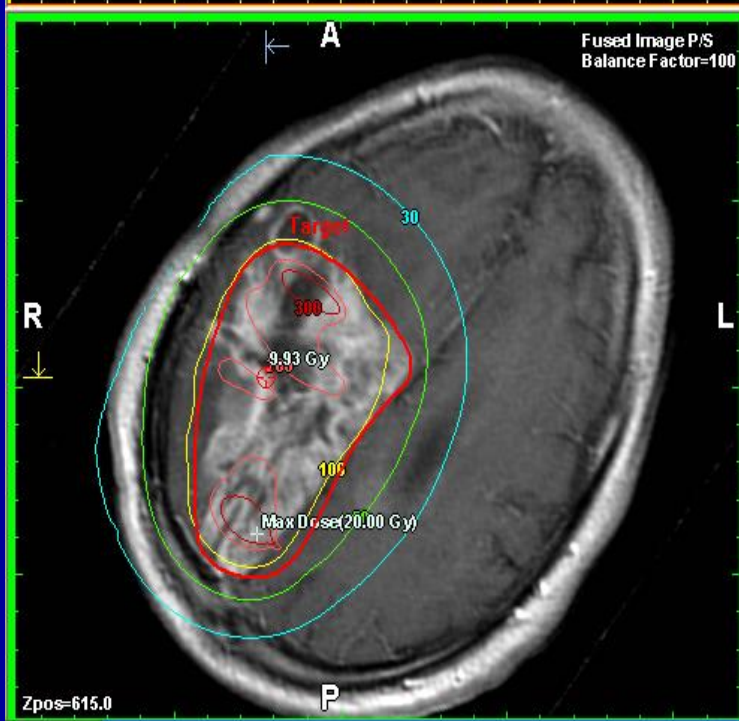
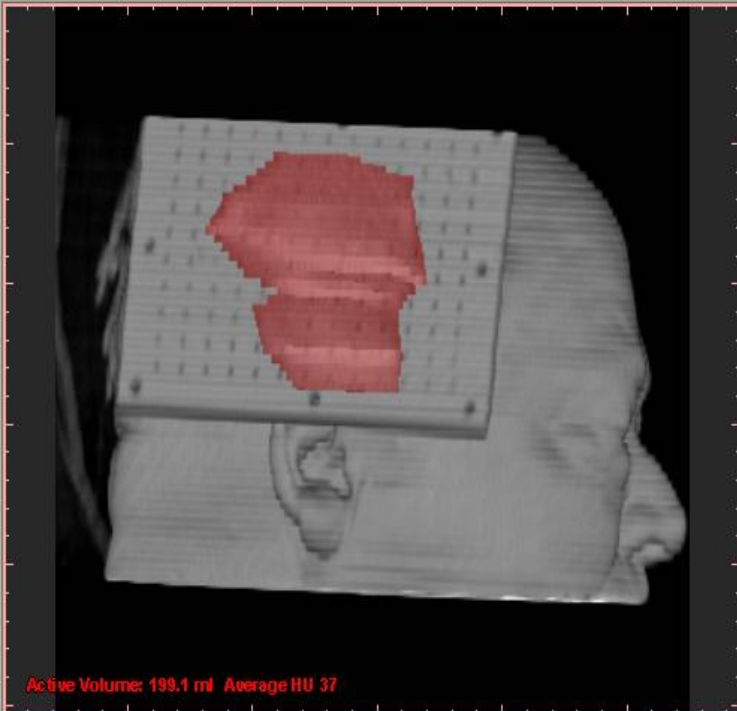
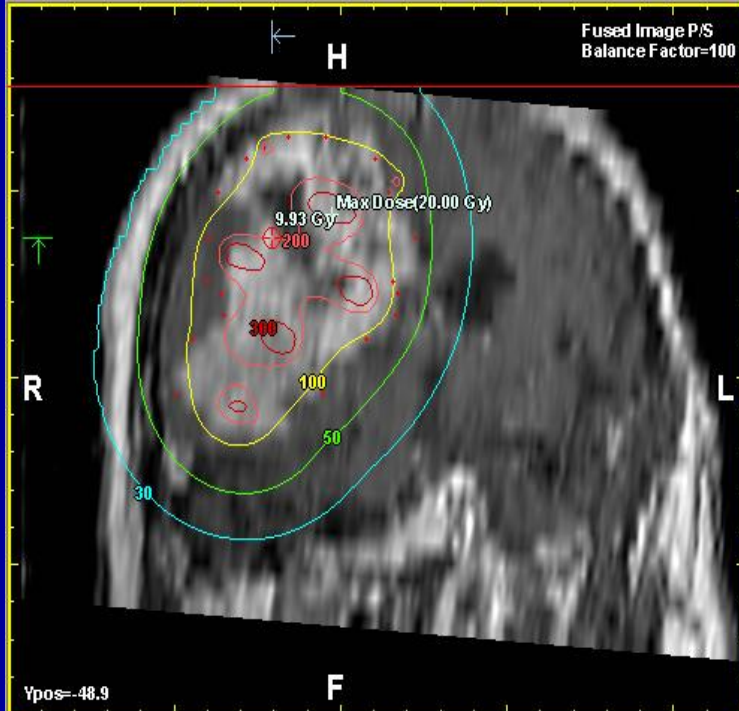
P

Xpos=35.1





Active Volume: 199.1 ml Average HU 37



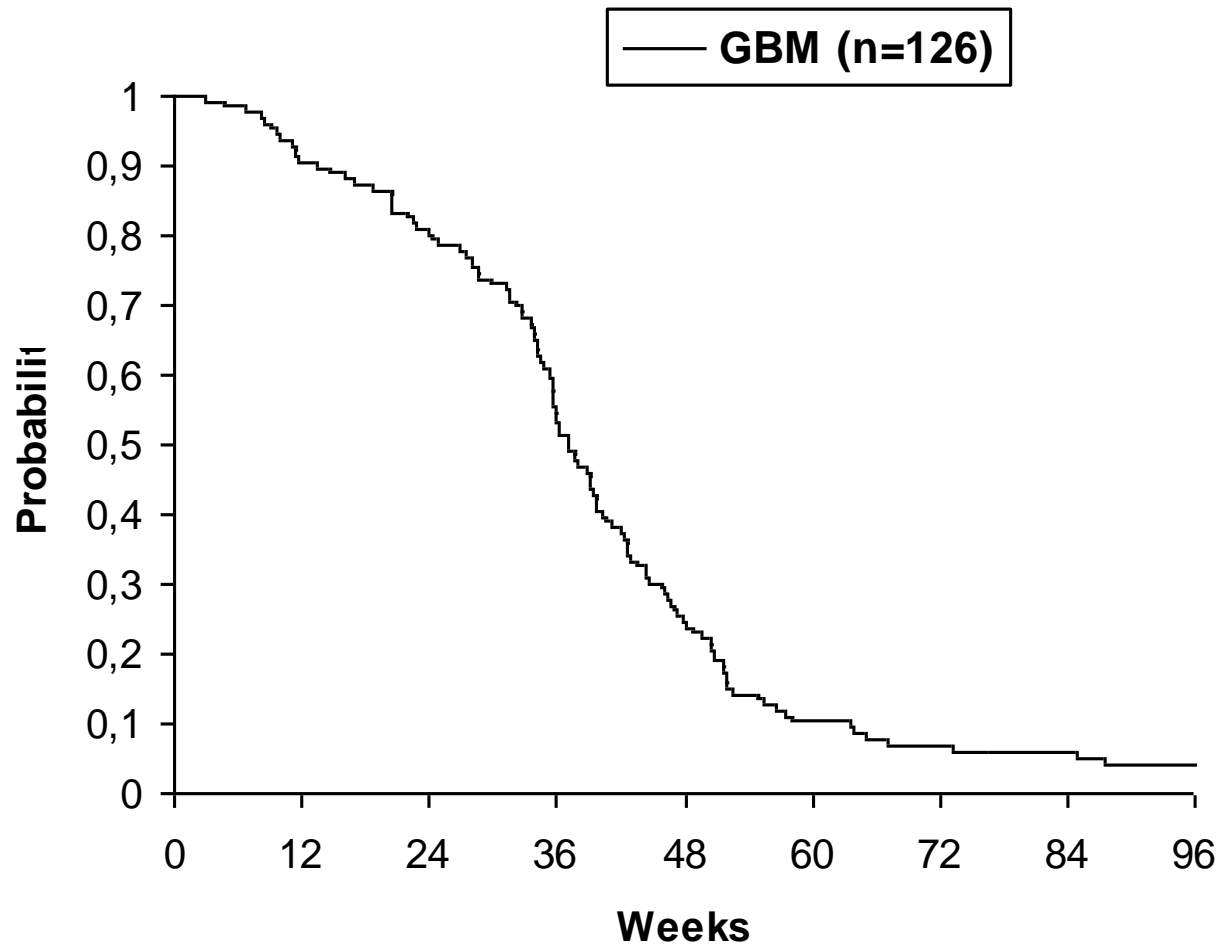


Patient characteristics

n=179

Primary Histology { 126 Glioblastoma Multiforme
(GBM)
53 Non-Glioblast. Multiforme
(13 Astro II and 40 Astro III)

Survival after Brachytherapy



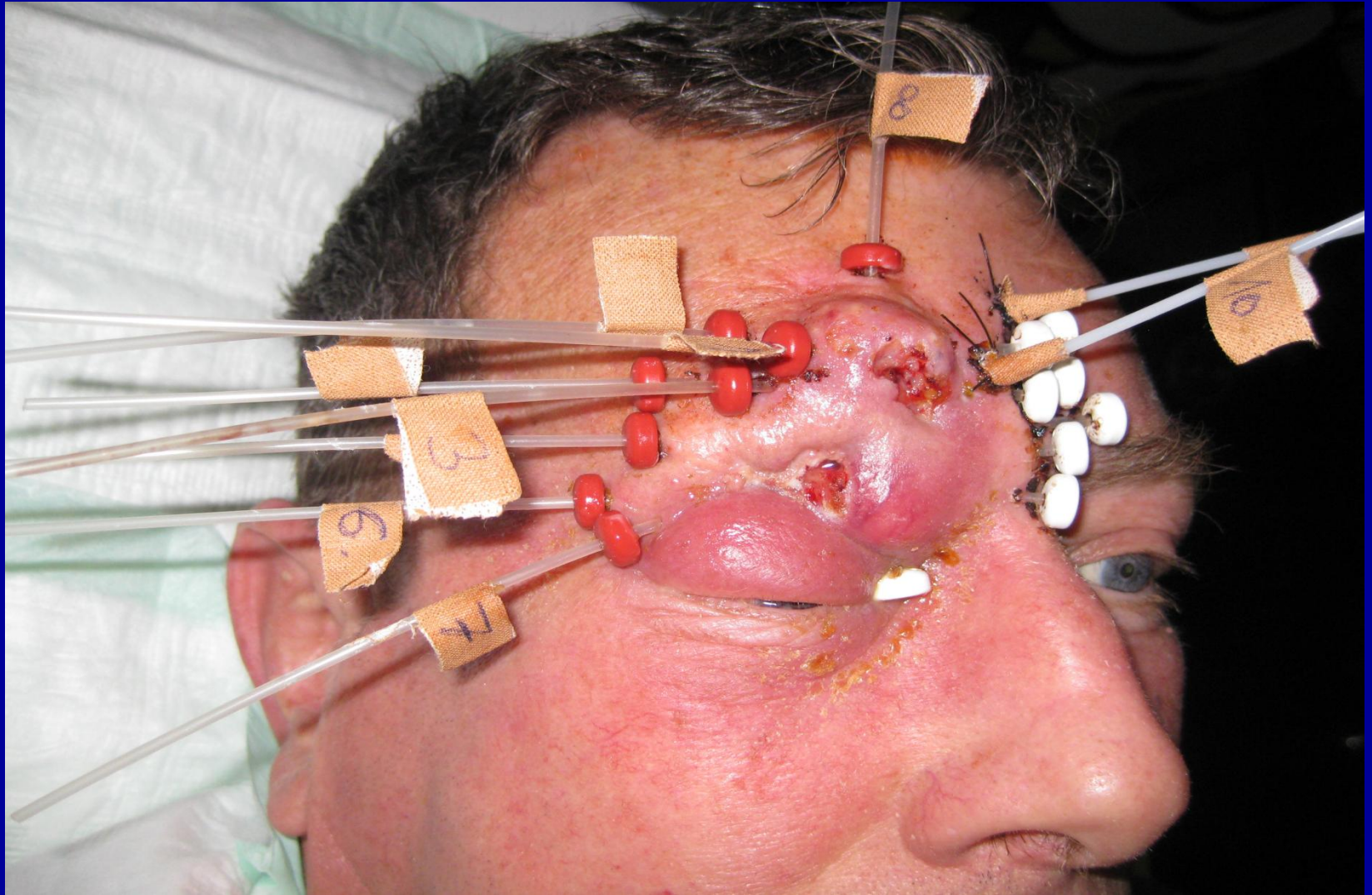
IRO in H&N Ca

Palliative treatment

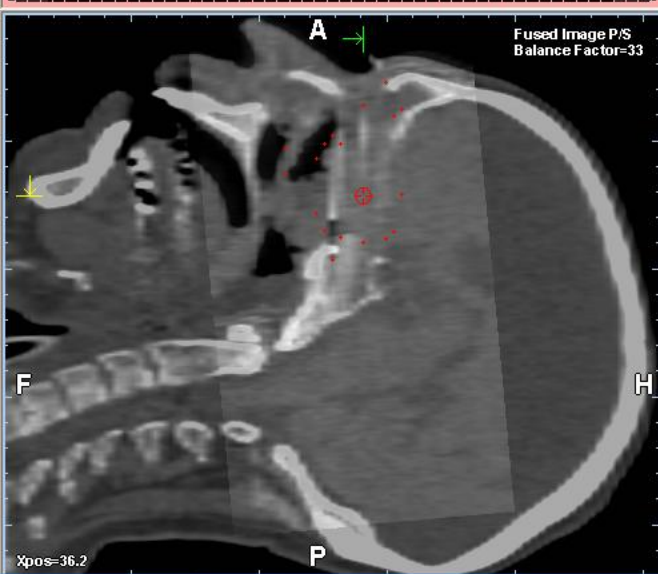
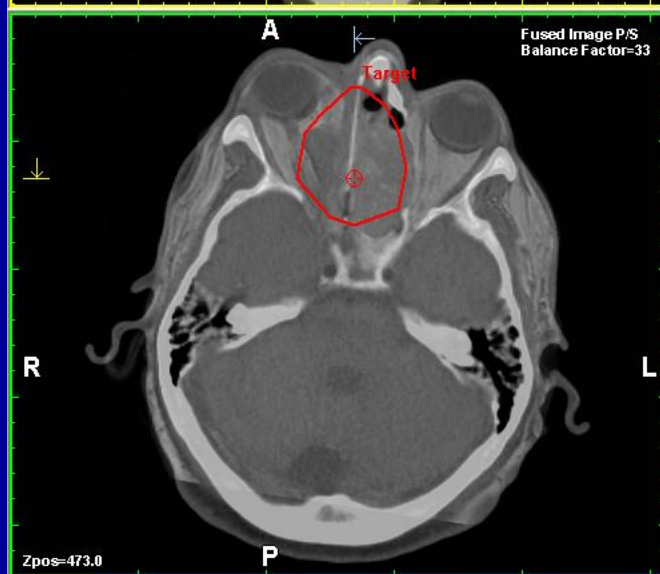
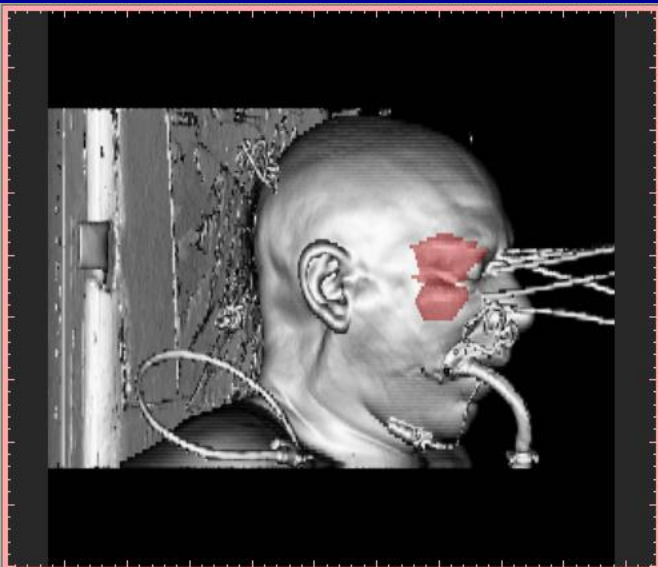
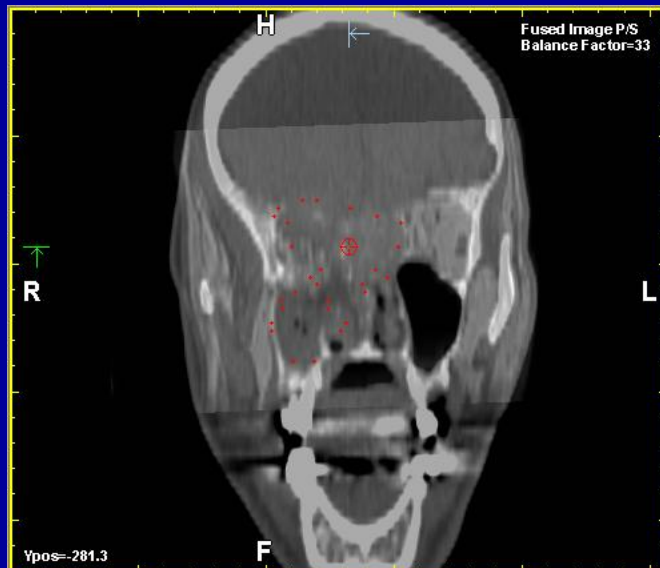
Site of relapse

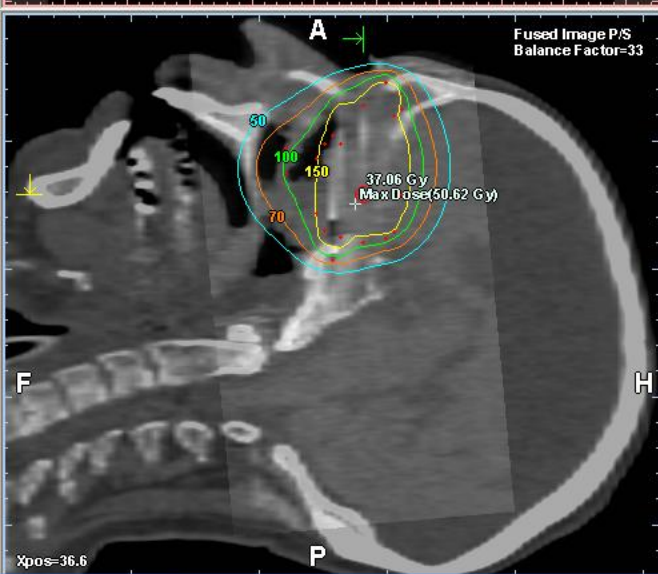
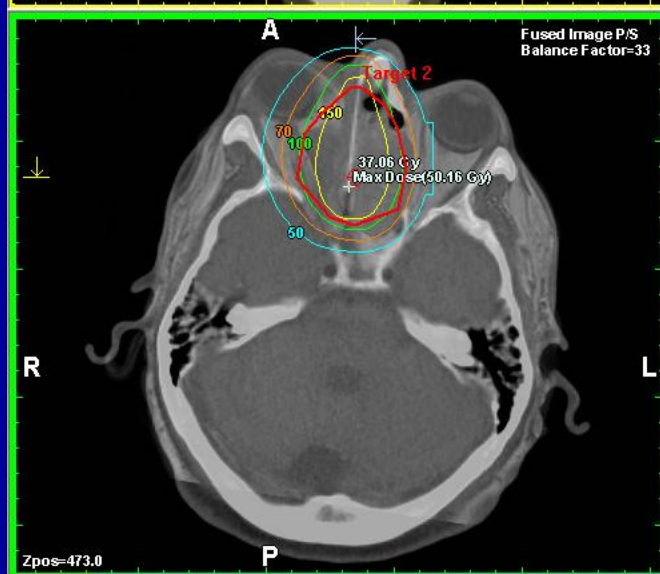
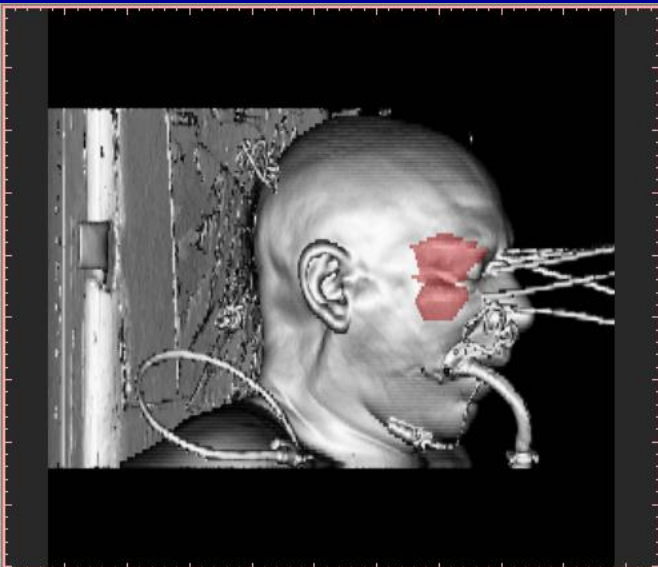
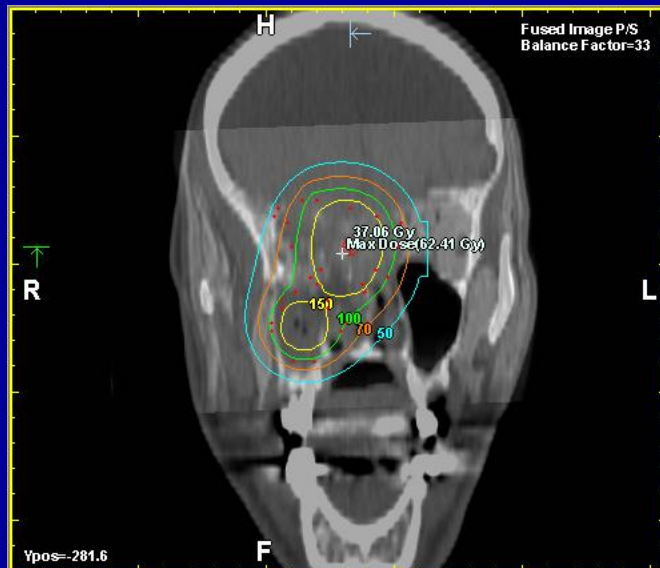
- **Facial :**

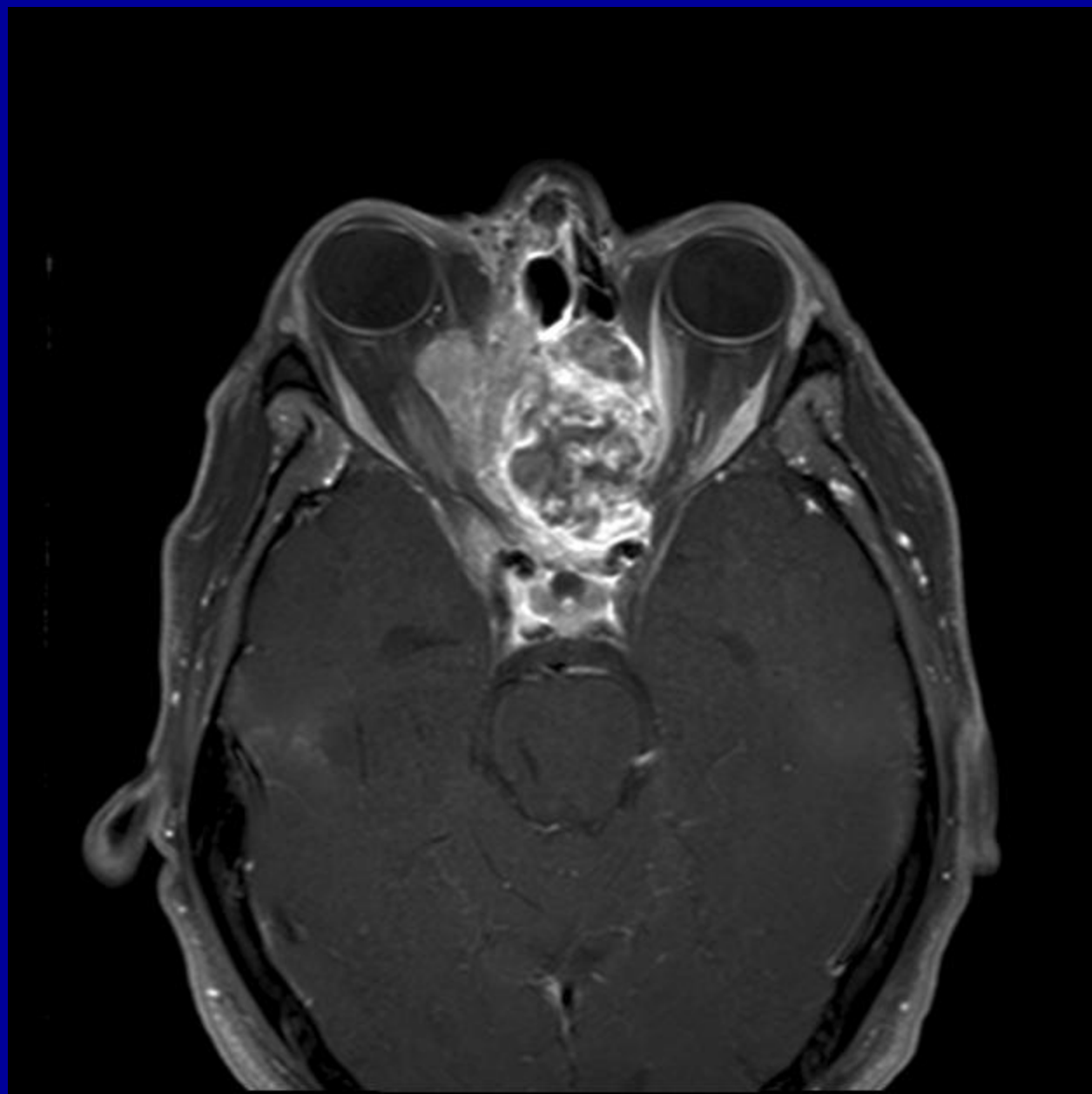
Orbita

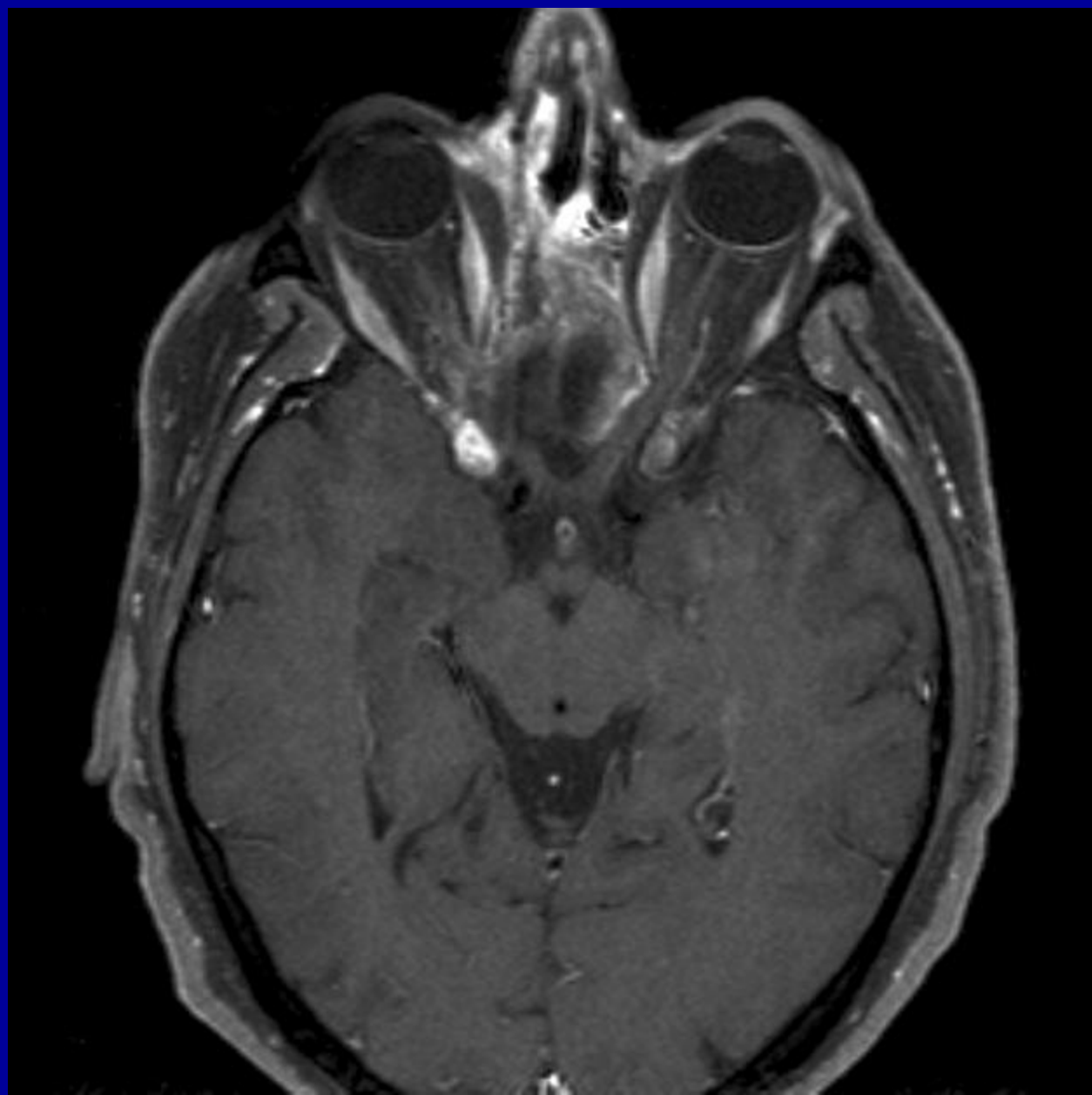


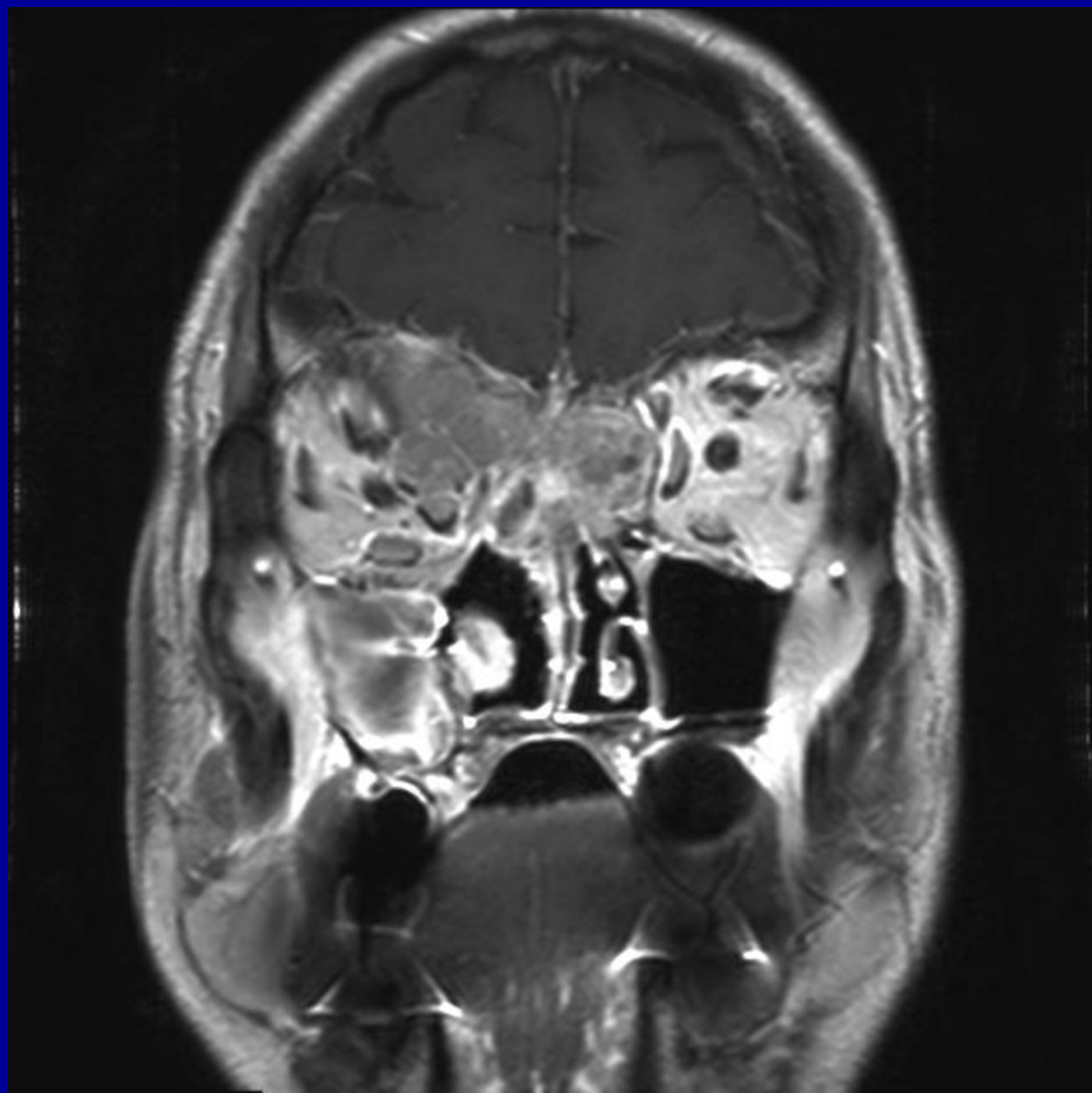


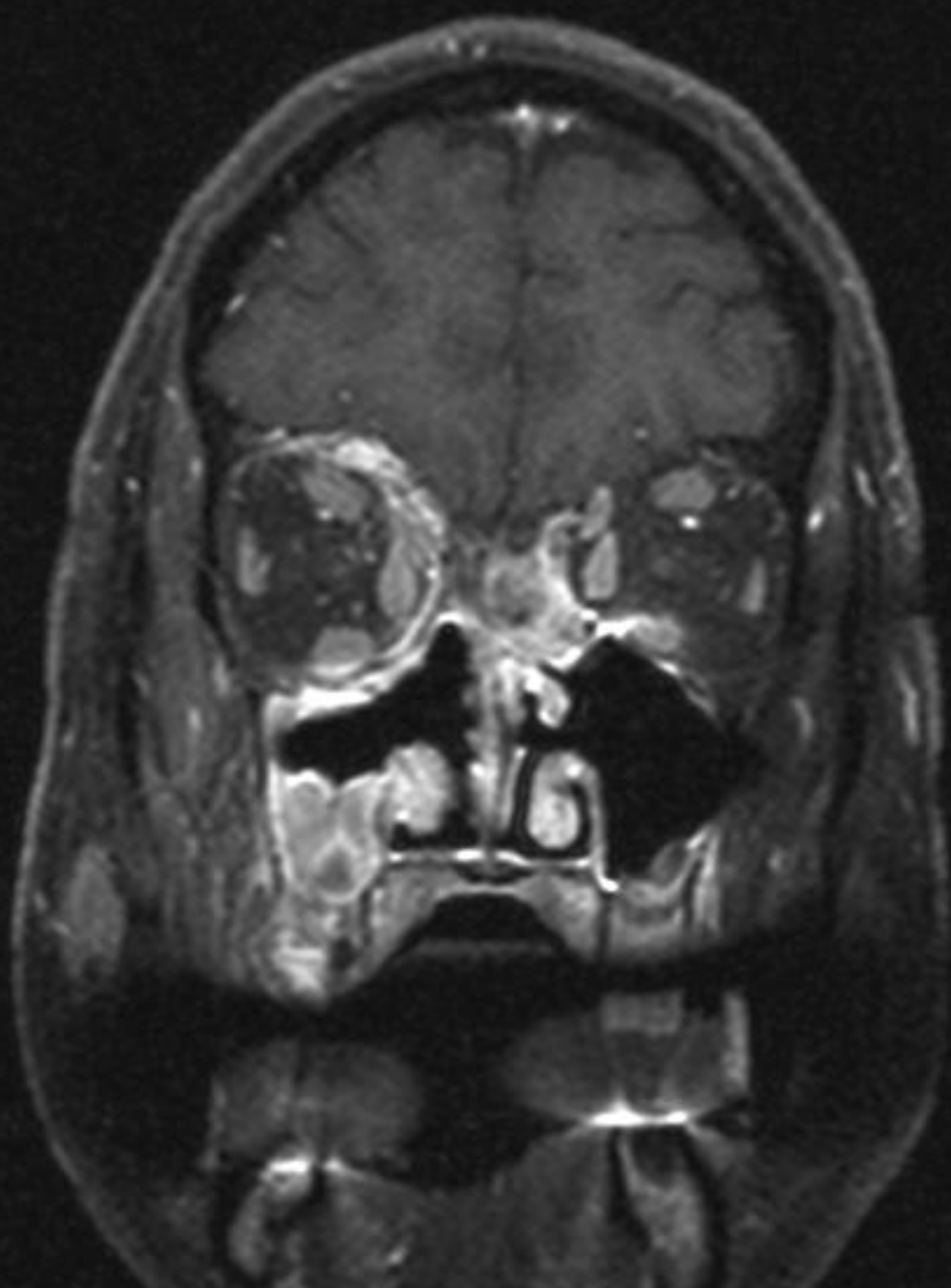












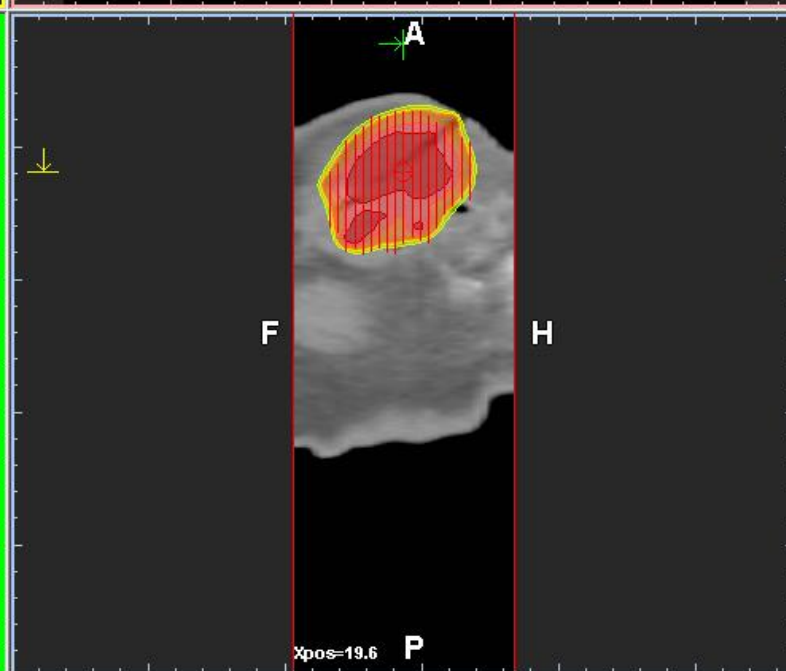
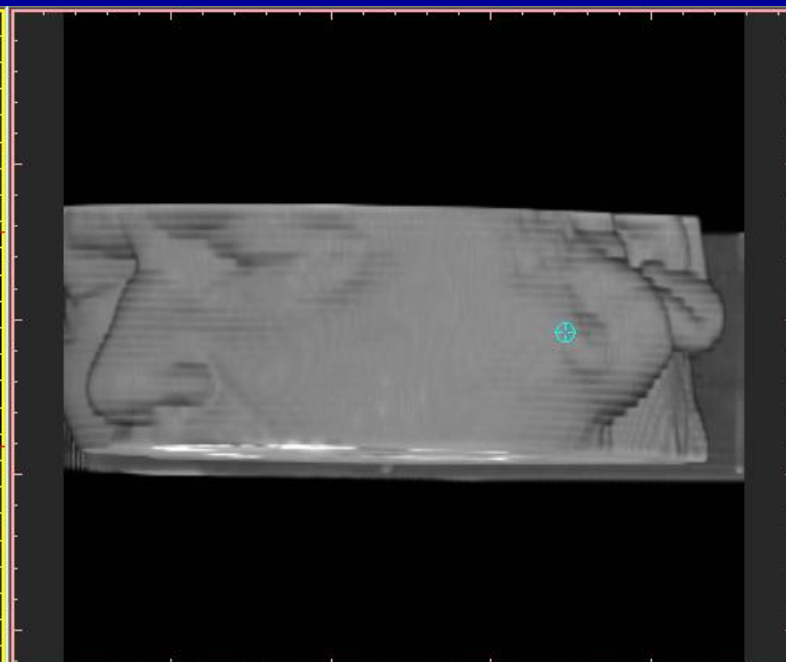
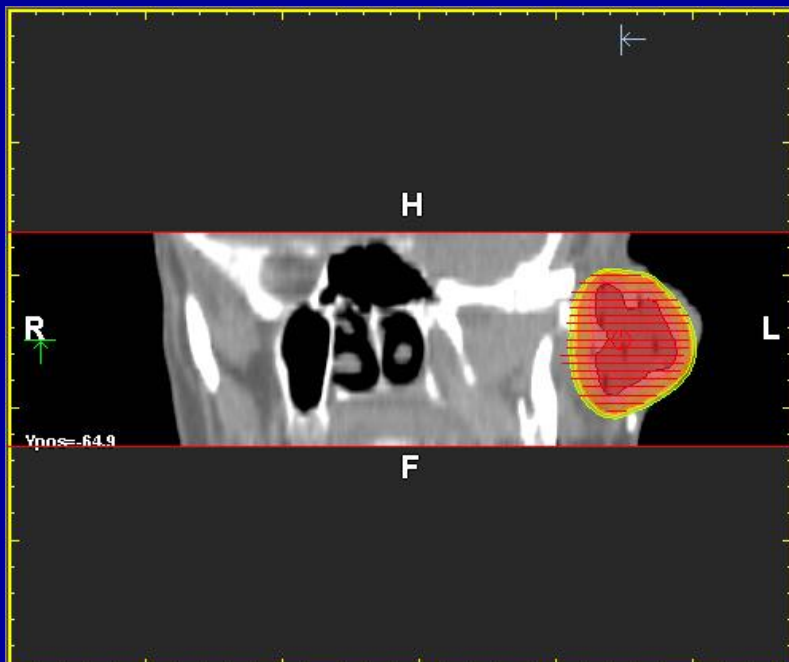
Site of relapse

- **Facial :**

Orbita

Parotis





A

Fused Image P/S
Balance Factor=0

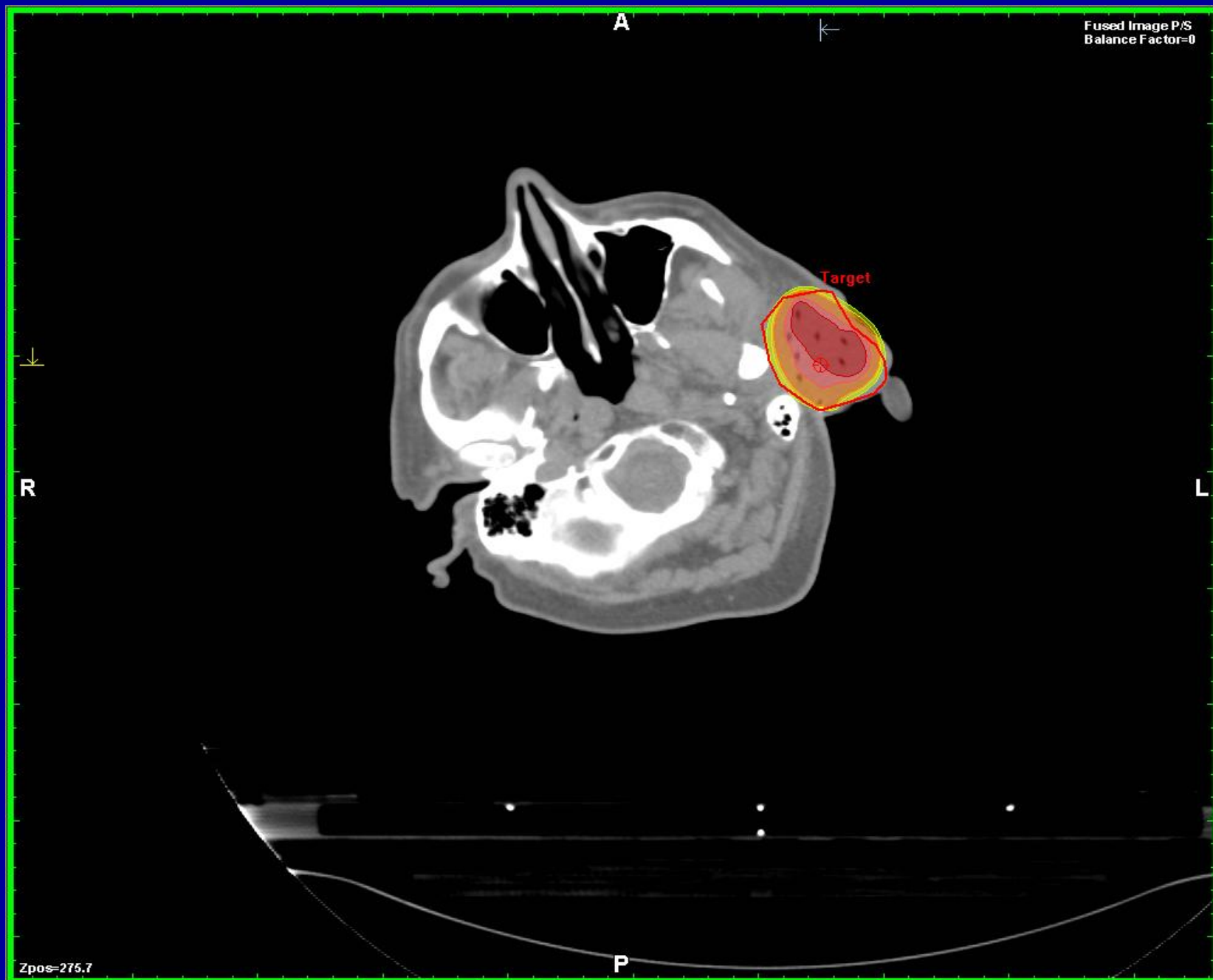
Target

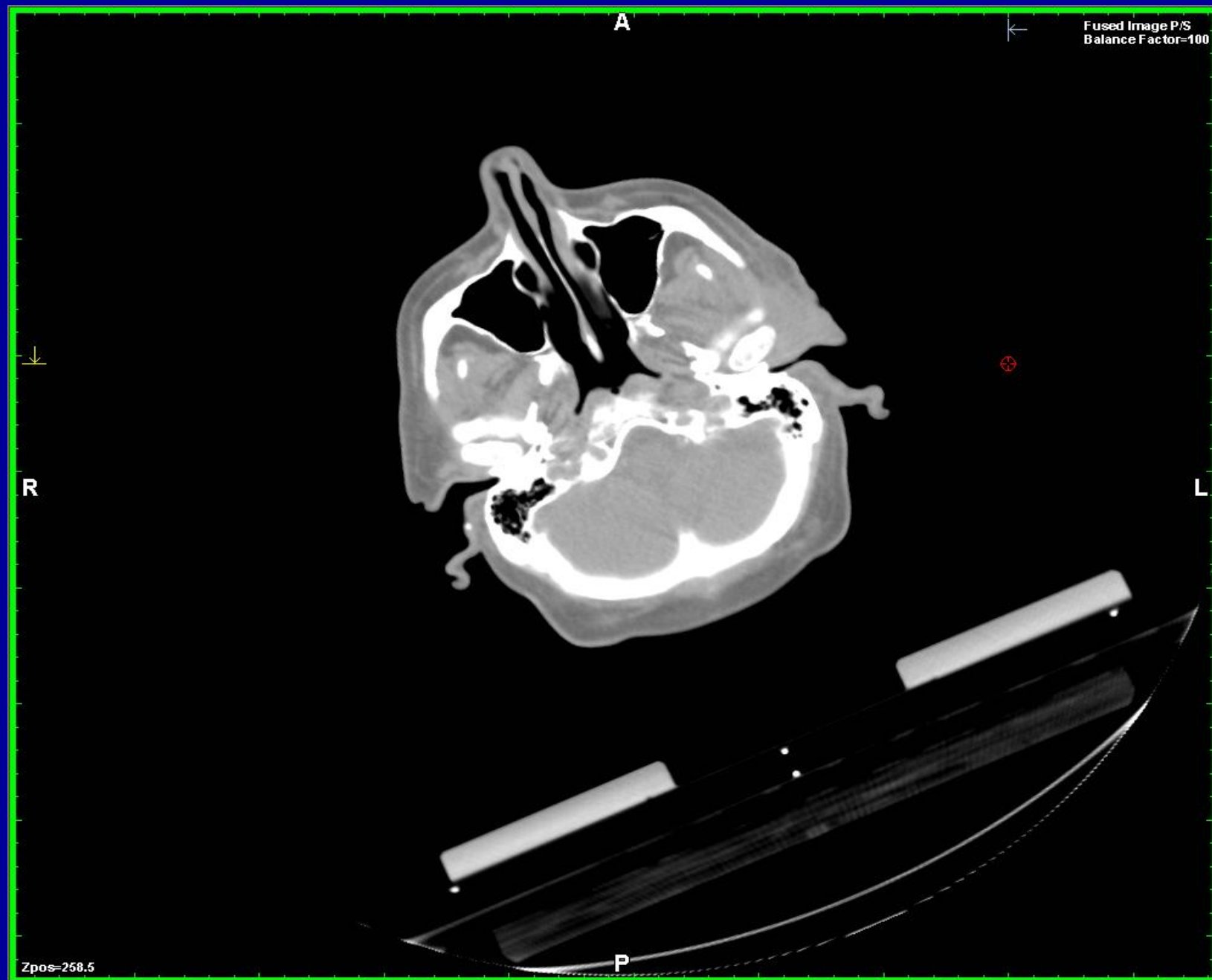
R

L

P

Zpos=275.7







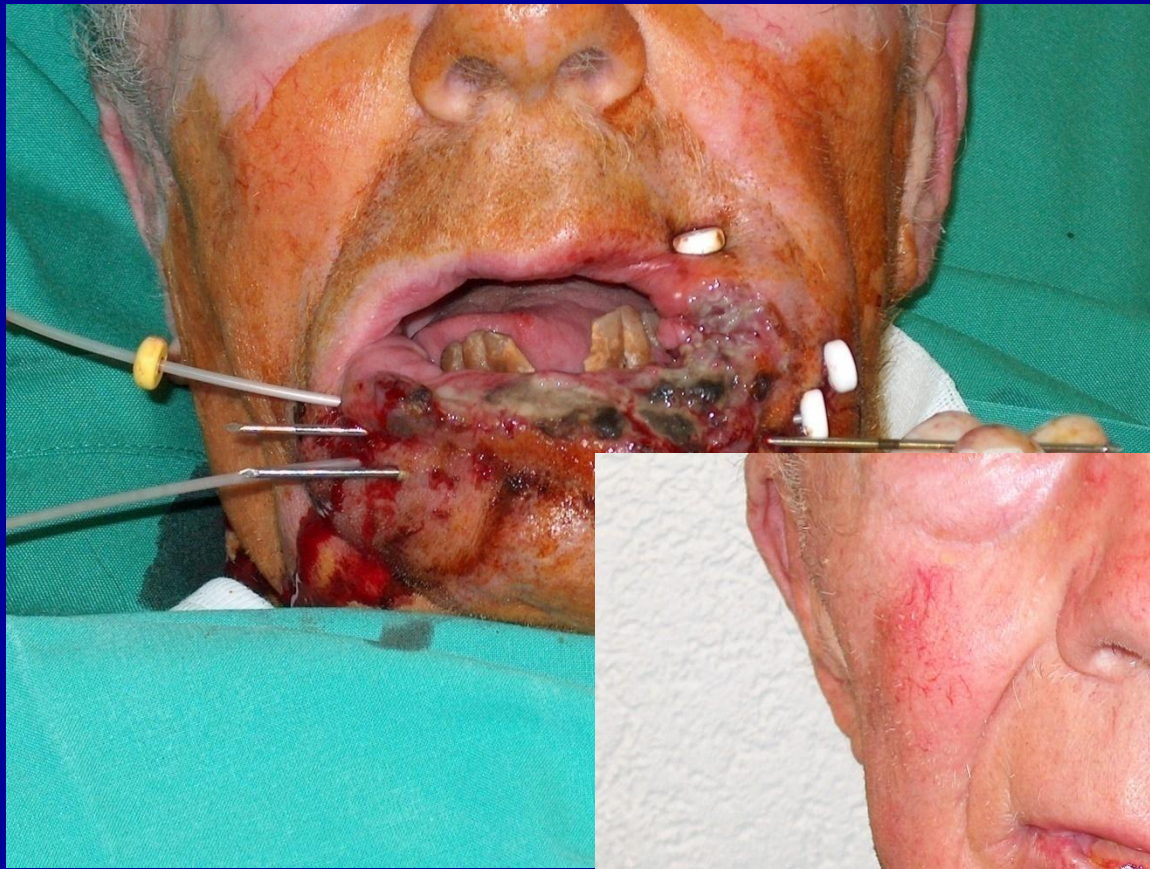
Site of relapse

- **Facial :**

Orbita

Parotis

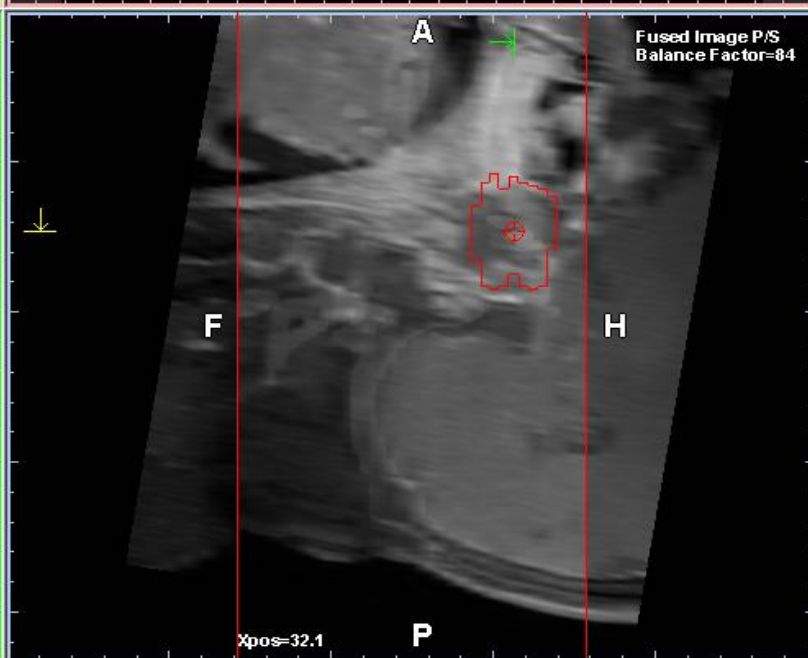
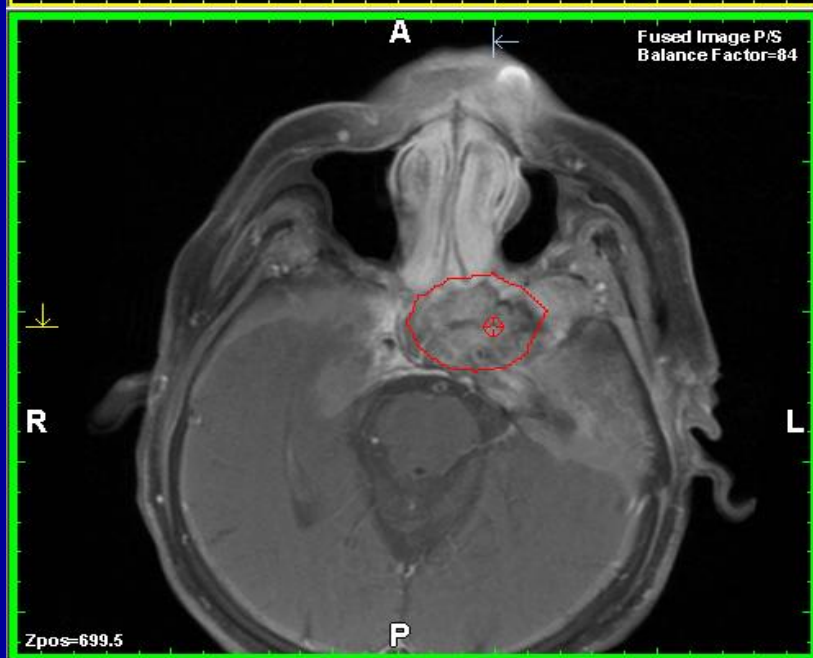
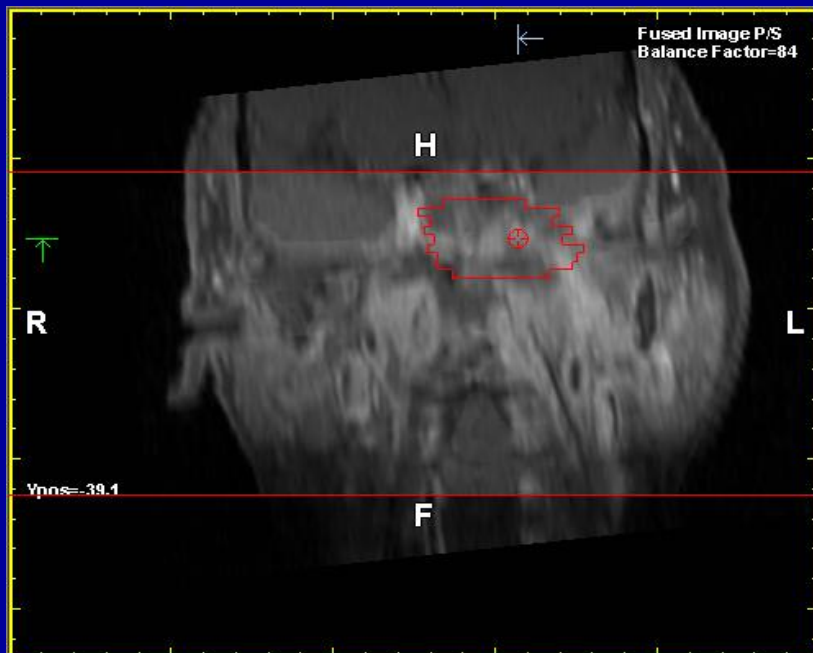
Lips

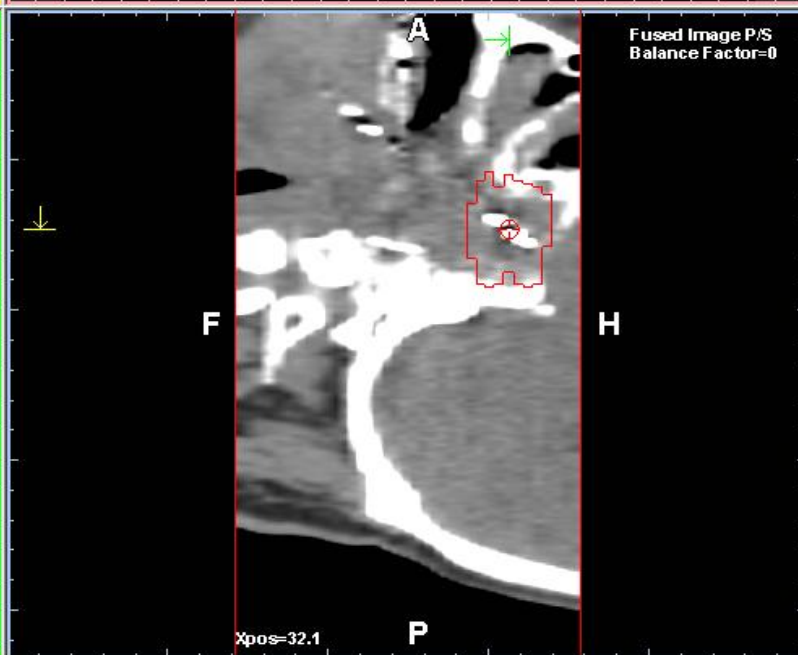
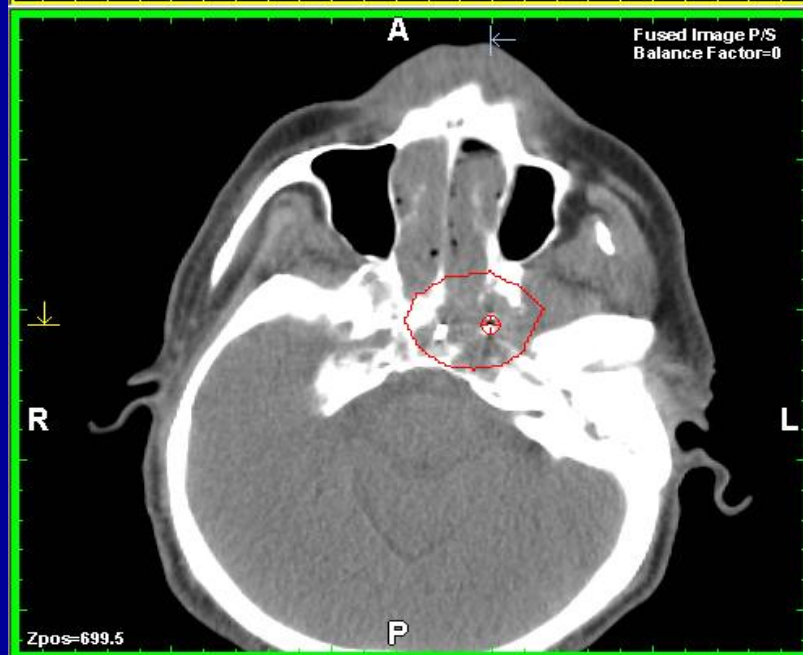
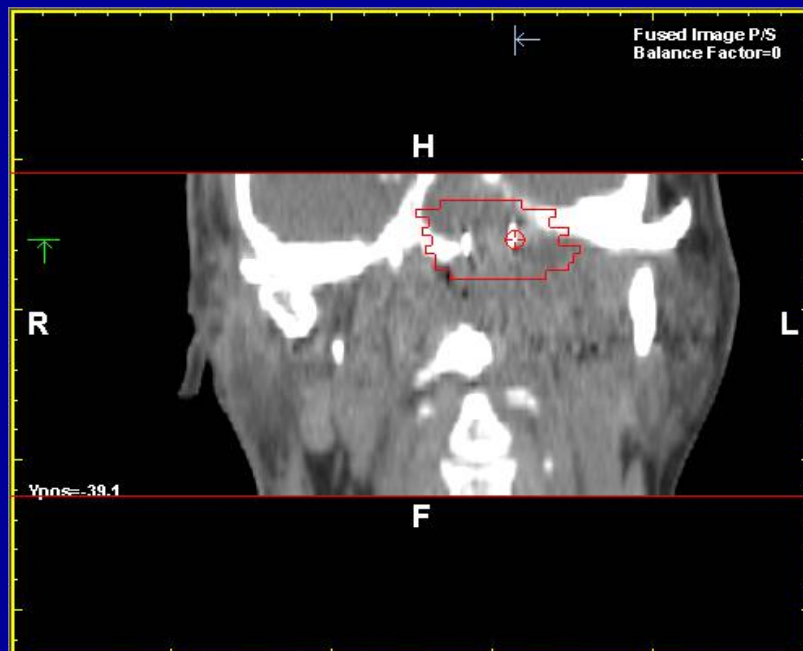


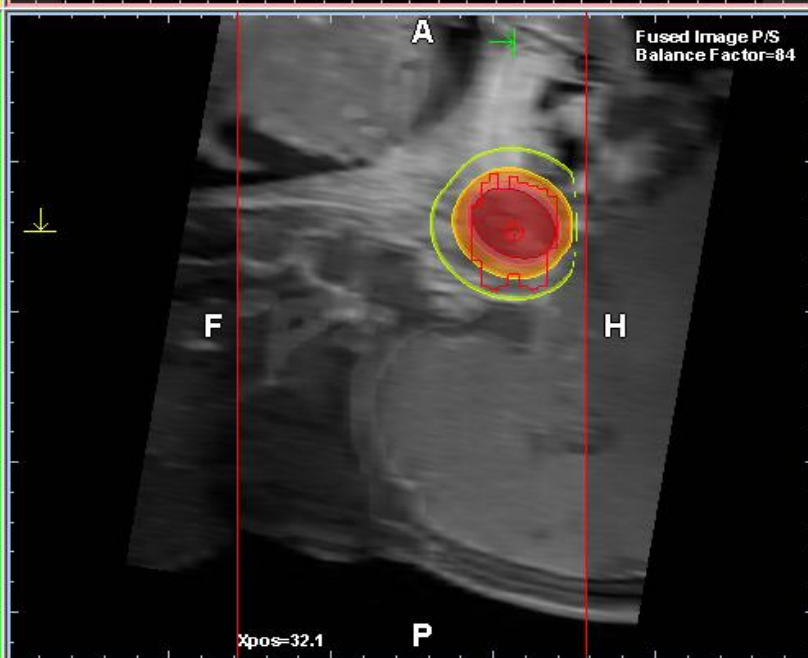
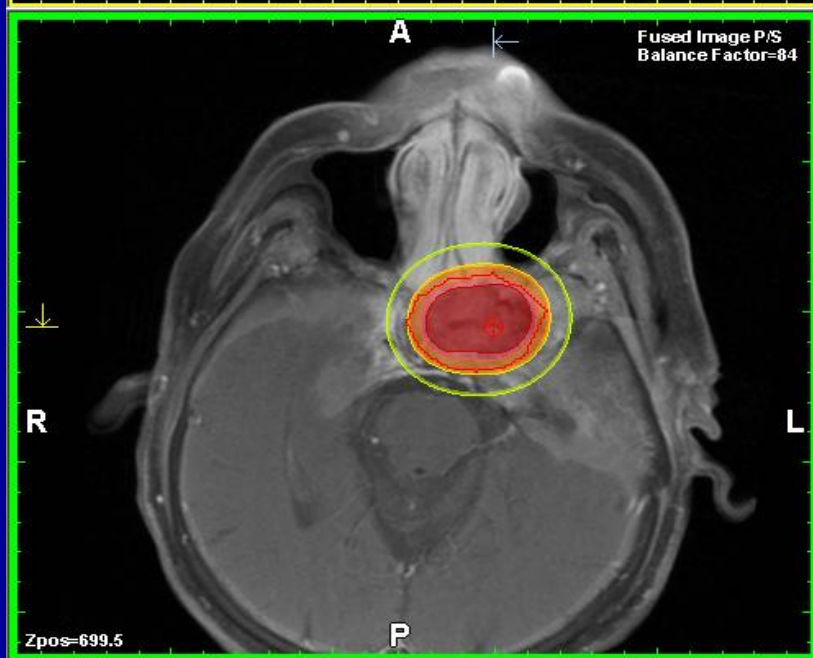
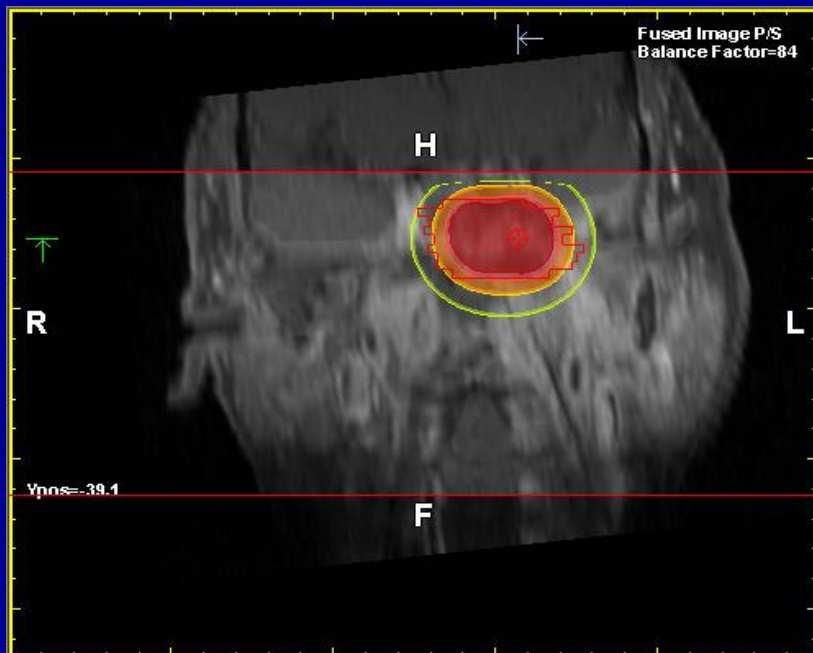
Site of relapse

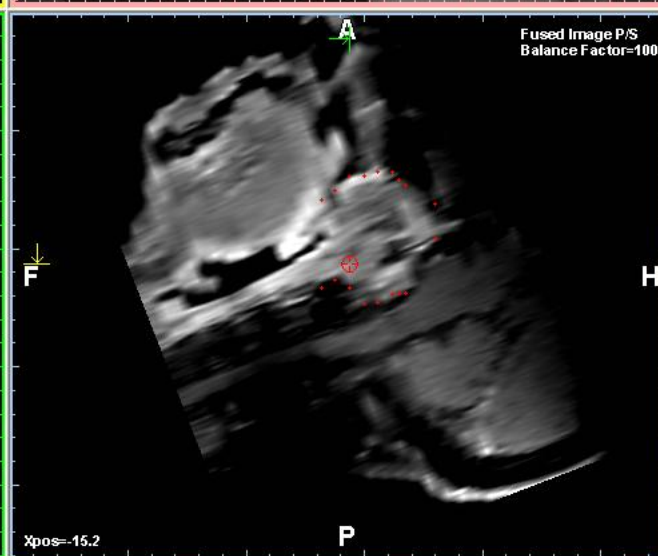
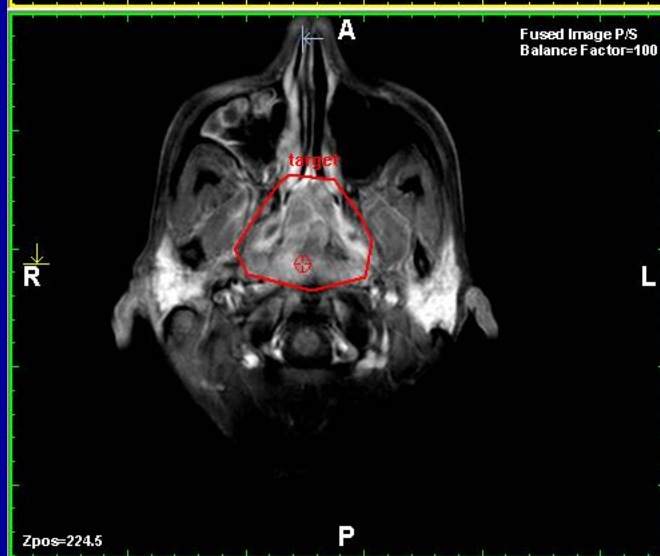
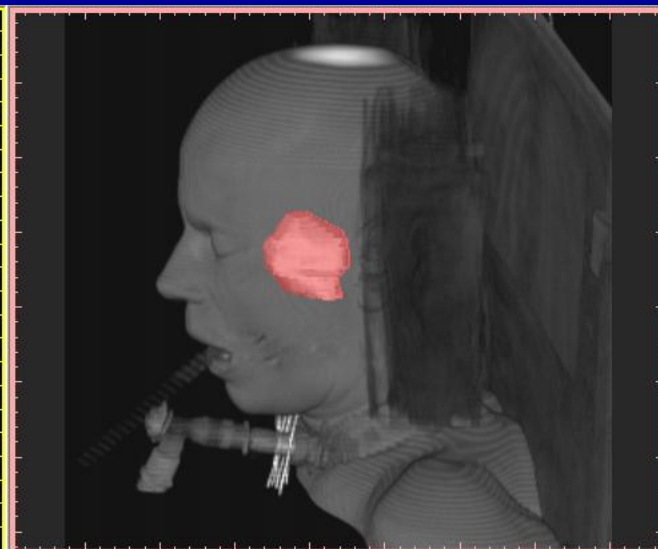
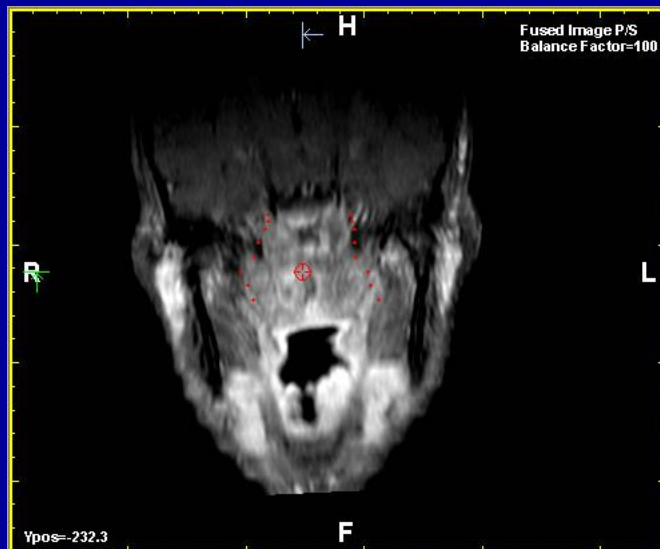
- **Head and Neck mucosal structures**

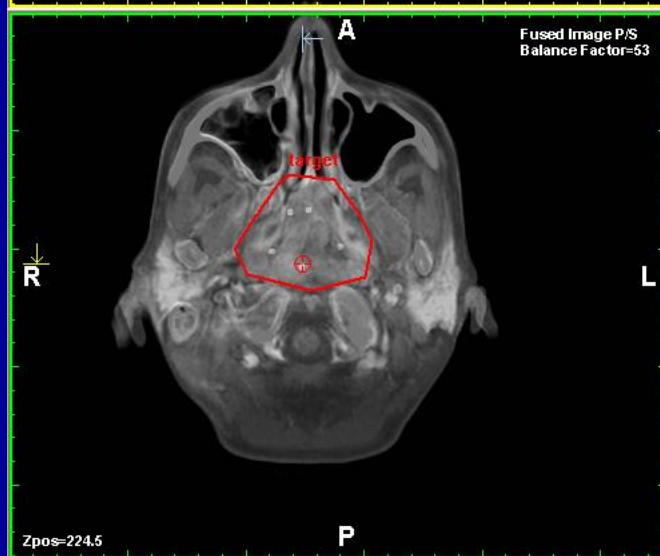
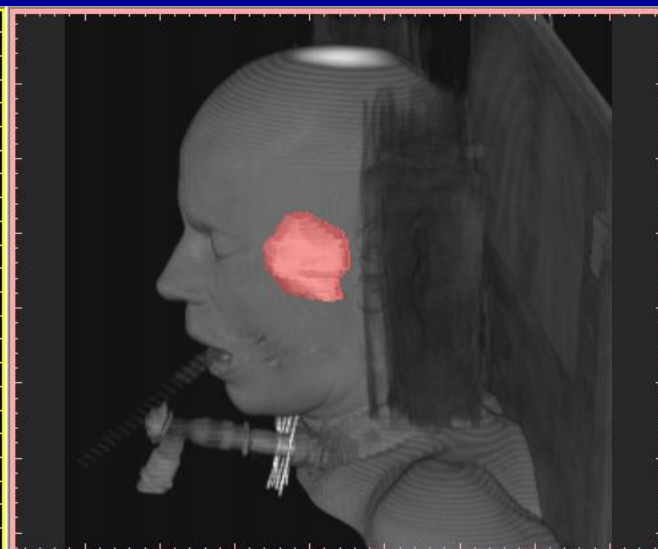
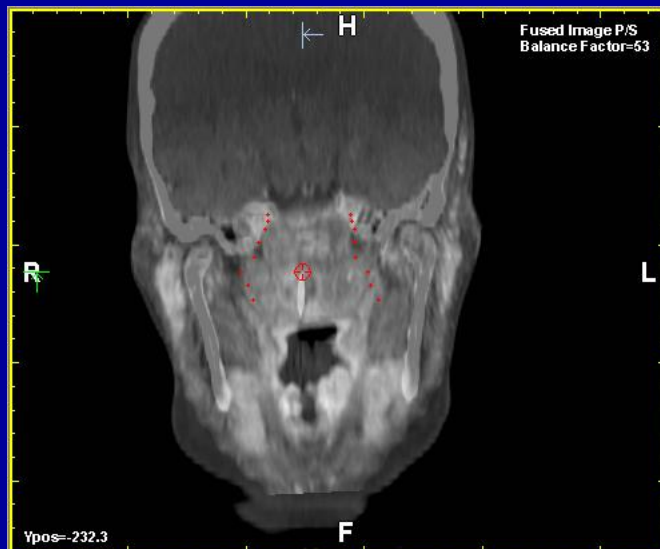
Epipharynx

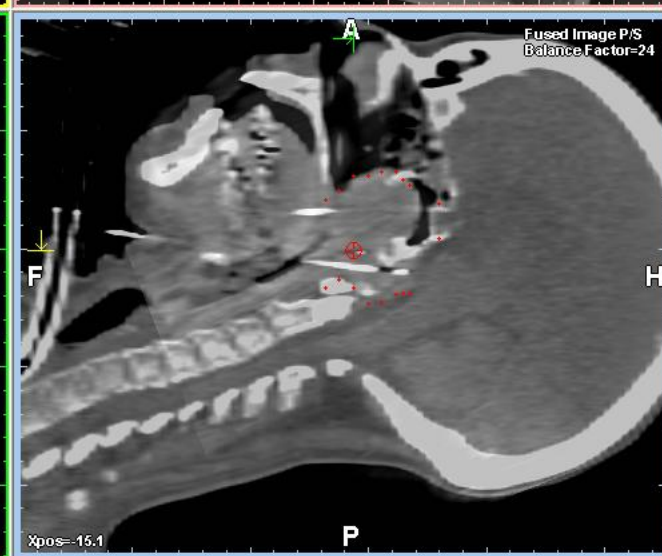
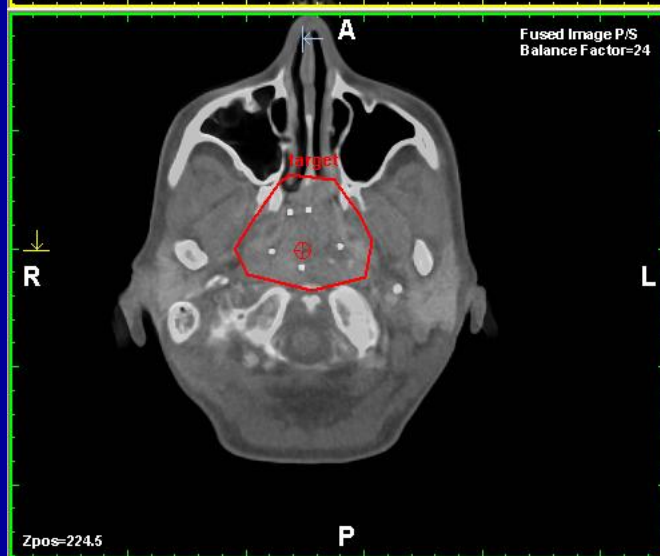
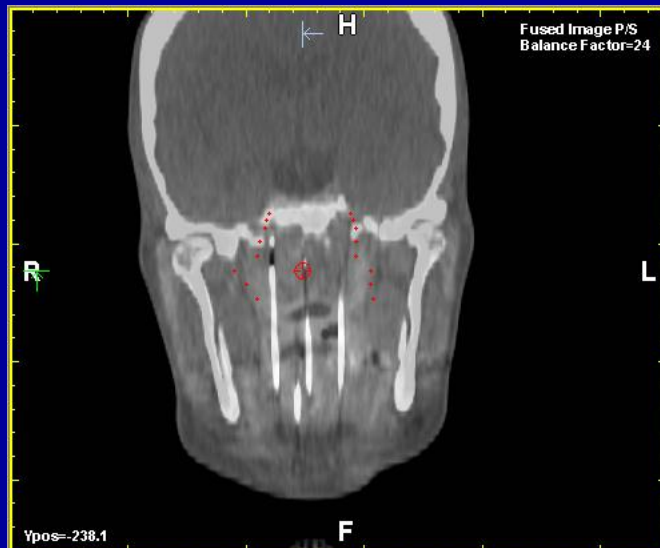


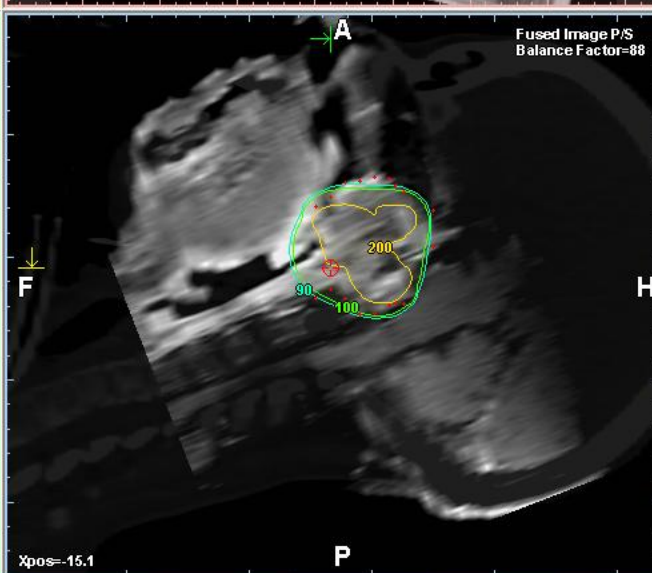
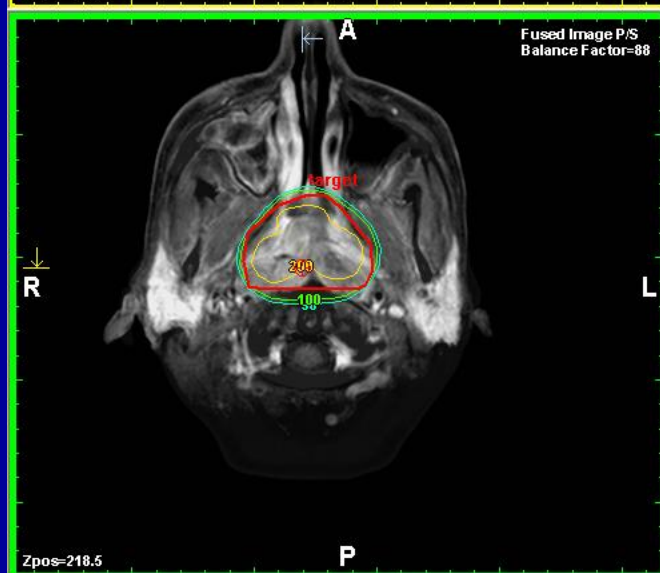
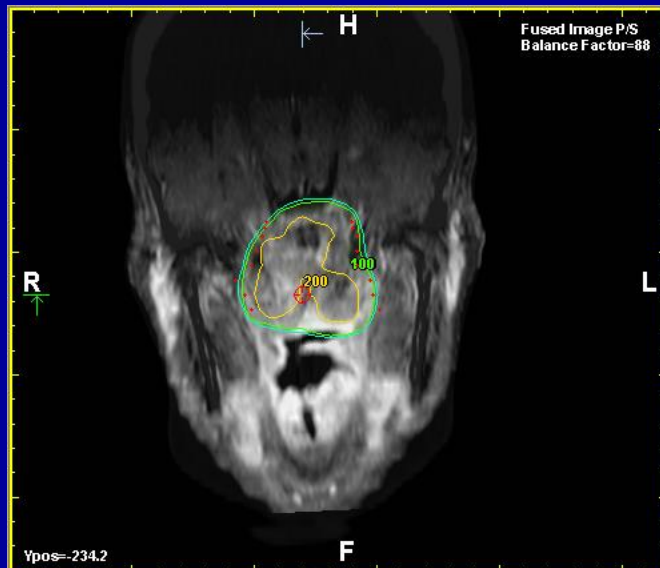


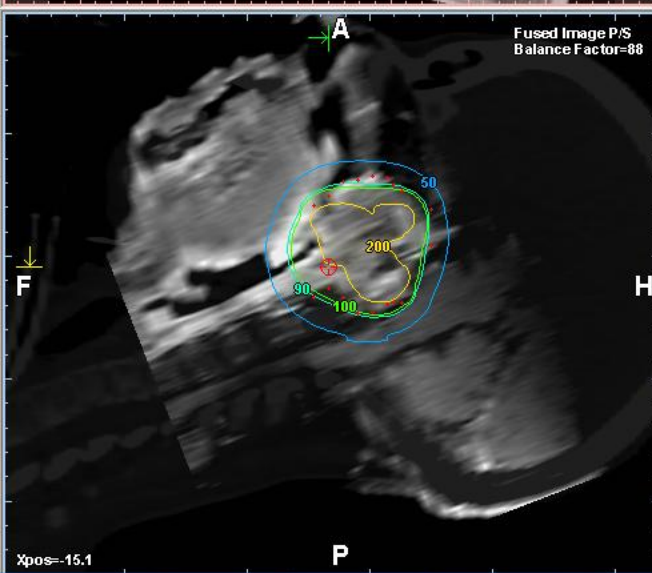
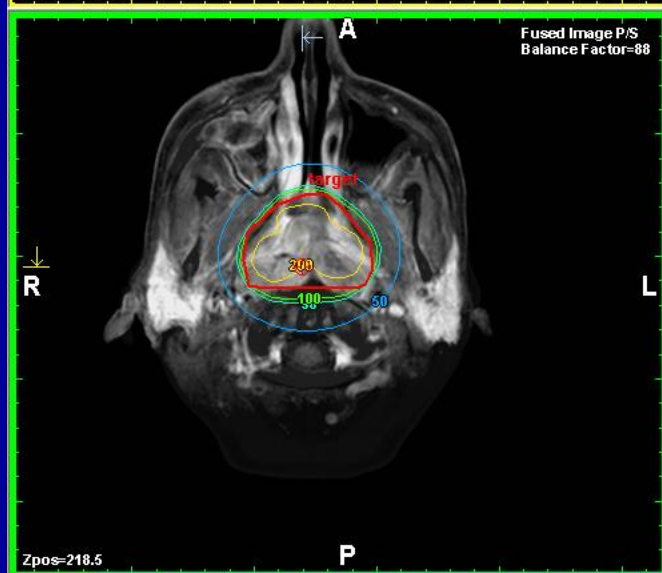
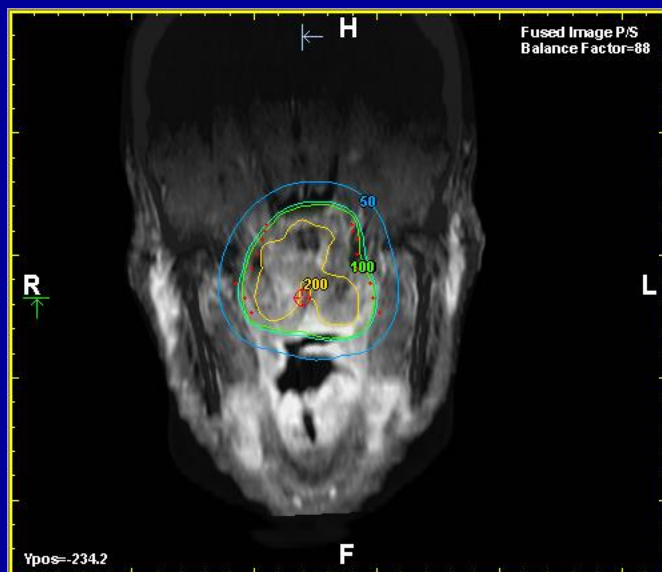


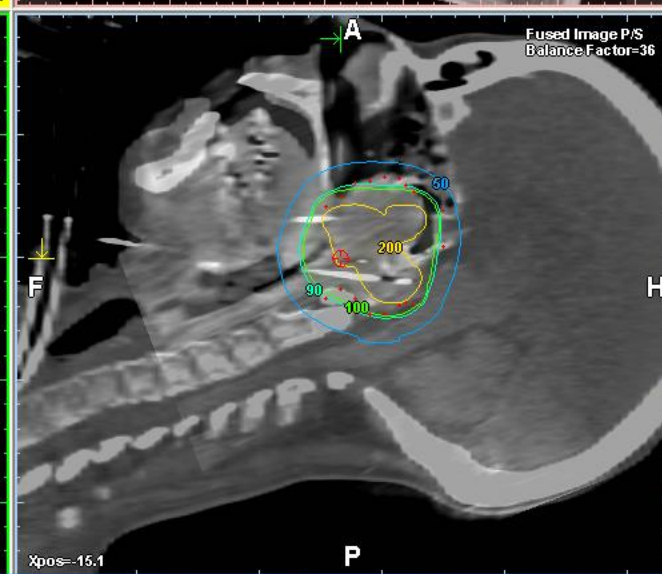
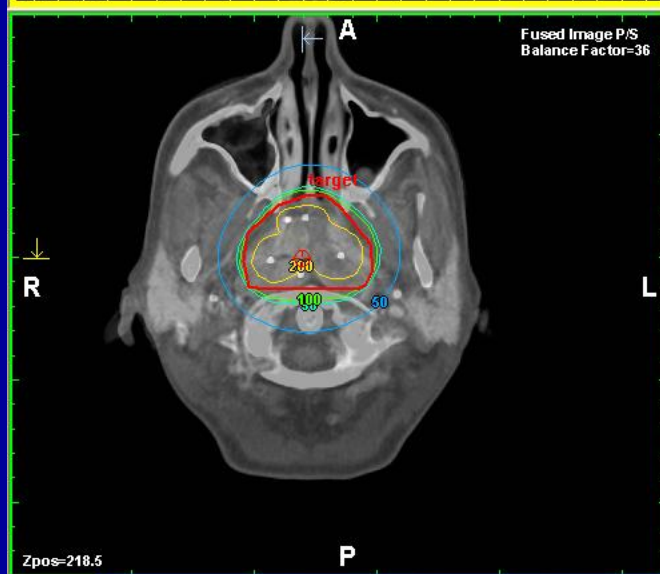
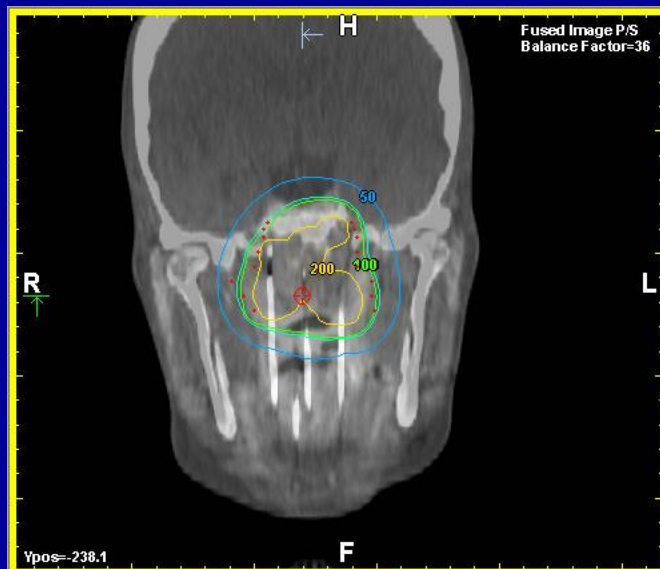










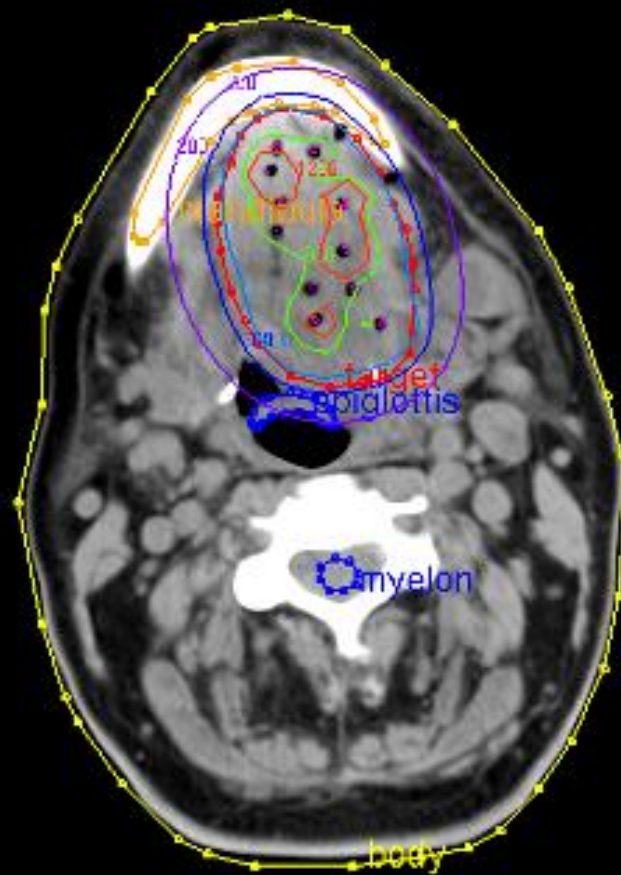
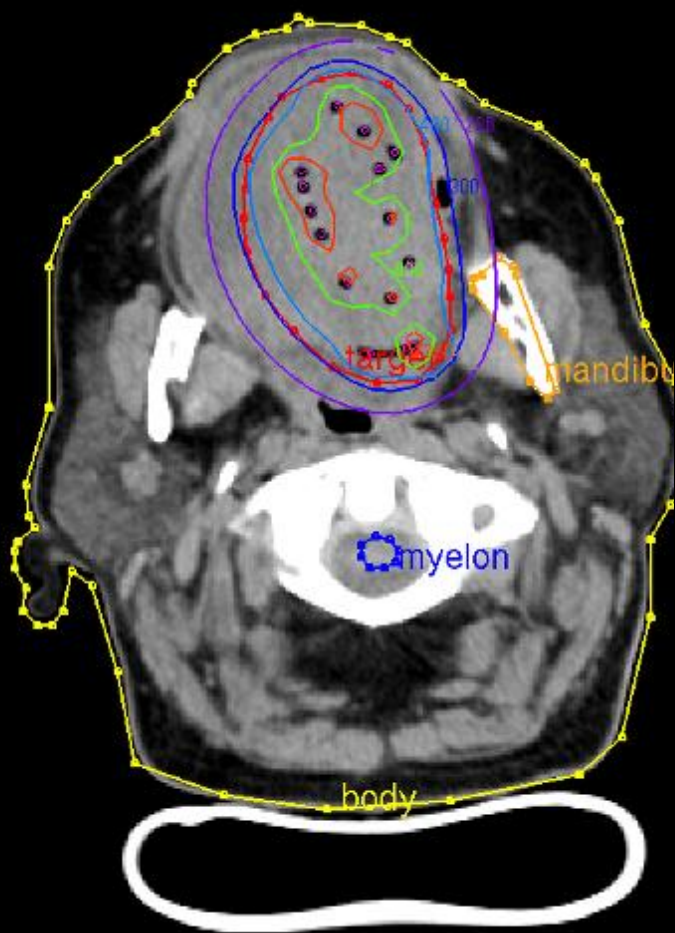


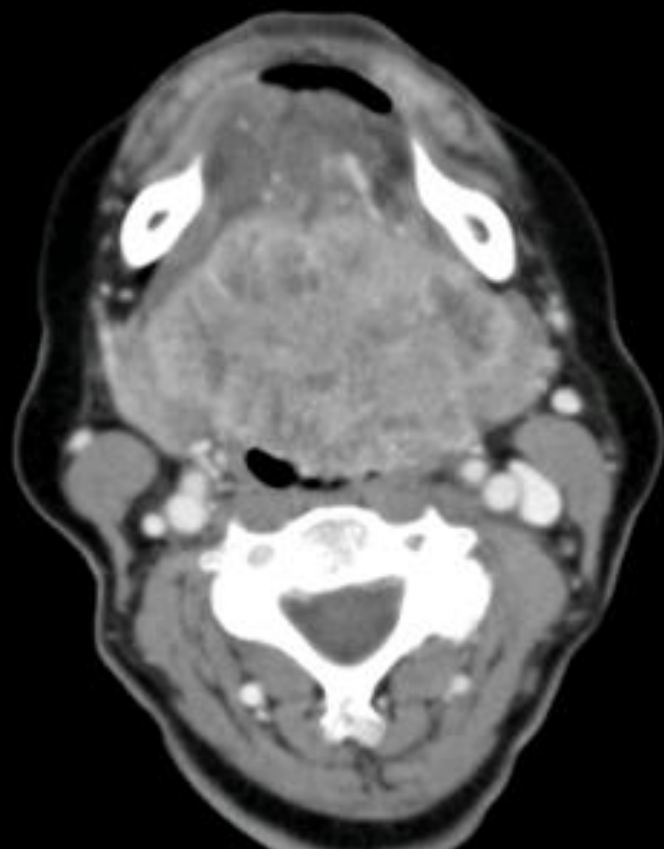
Site of relapse

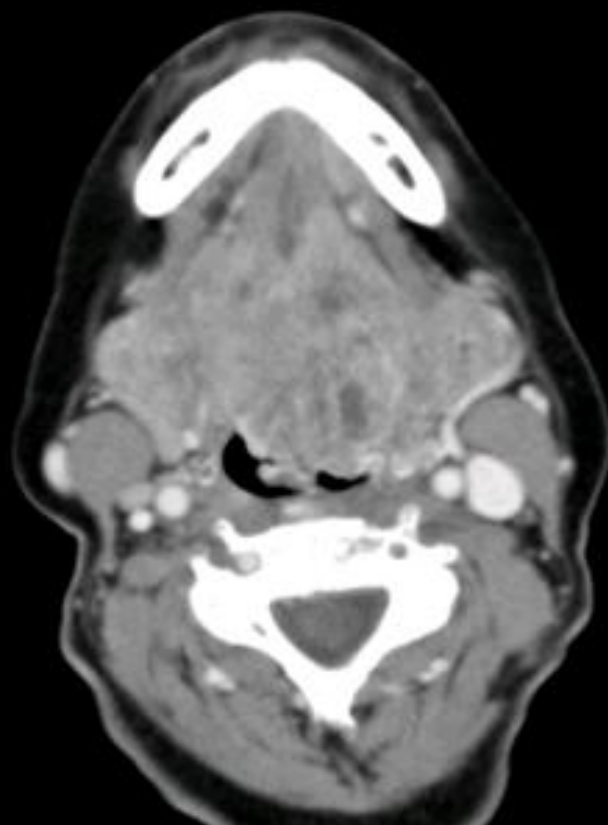
- **Head and Neck mucosal structures**

Epipharynx

oral cavity







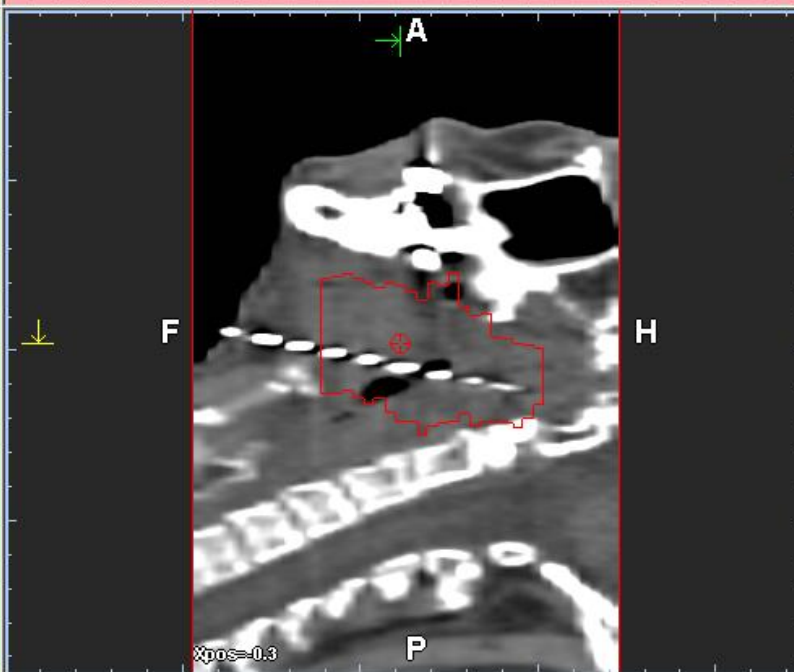
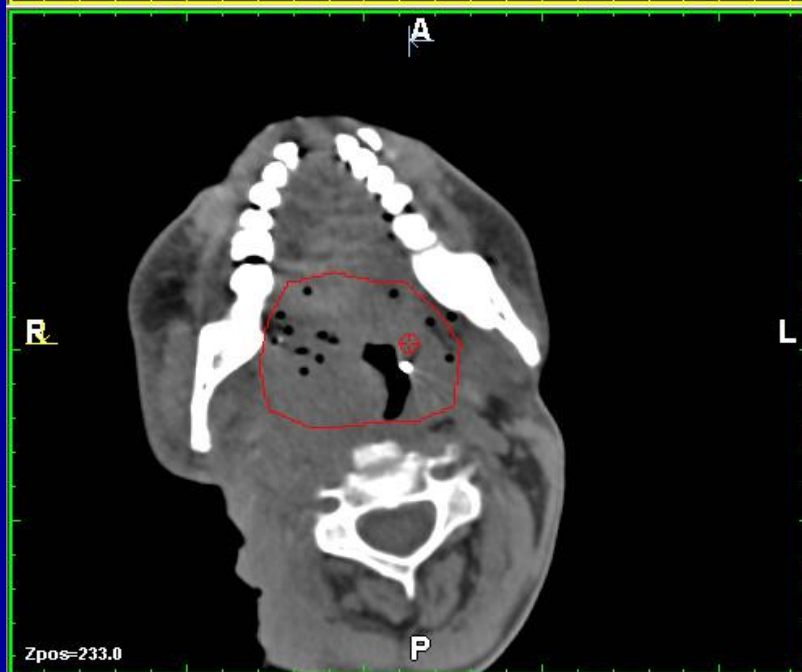
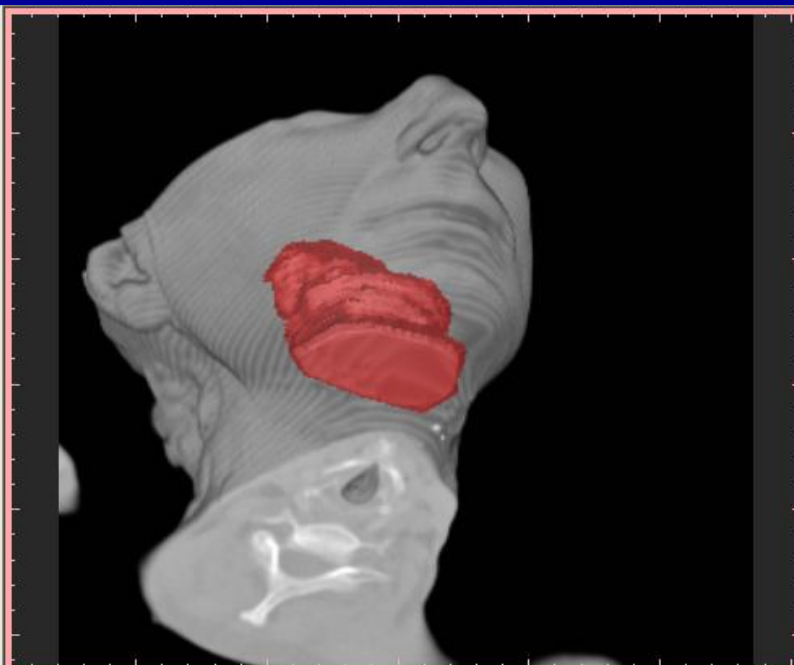
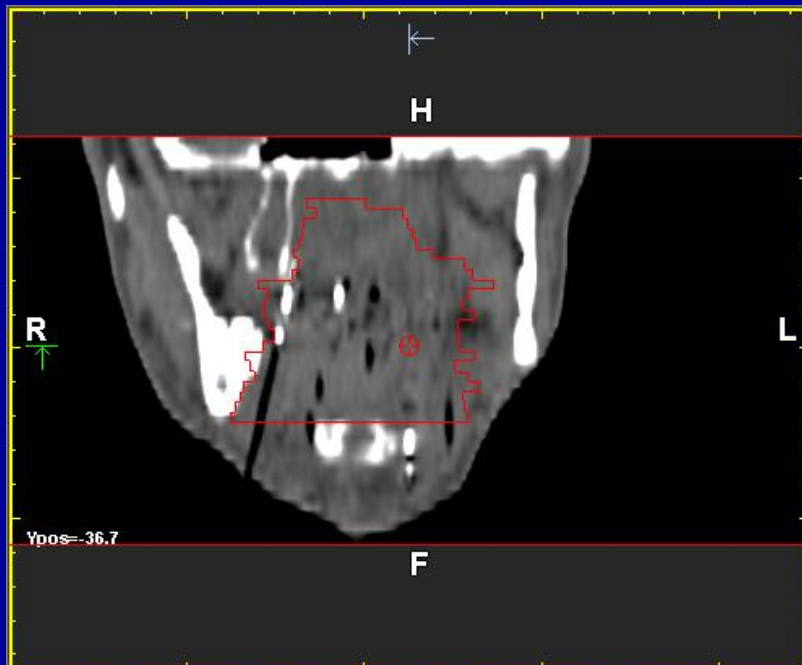
Site of relapse

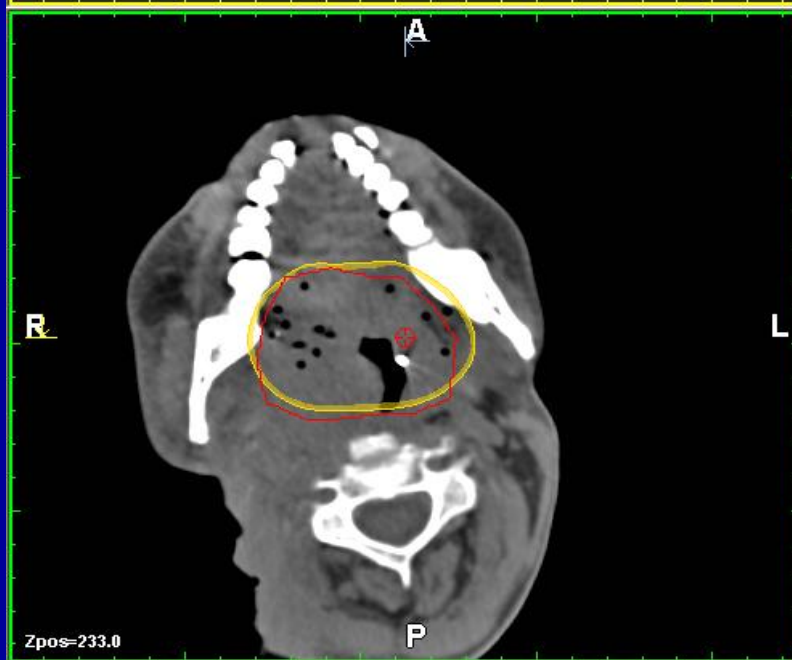
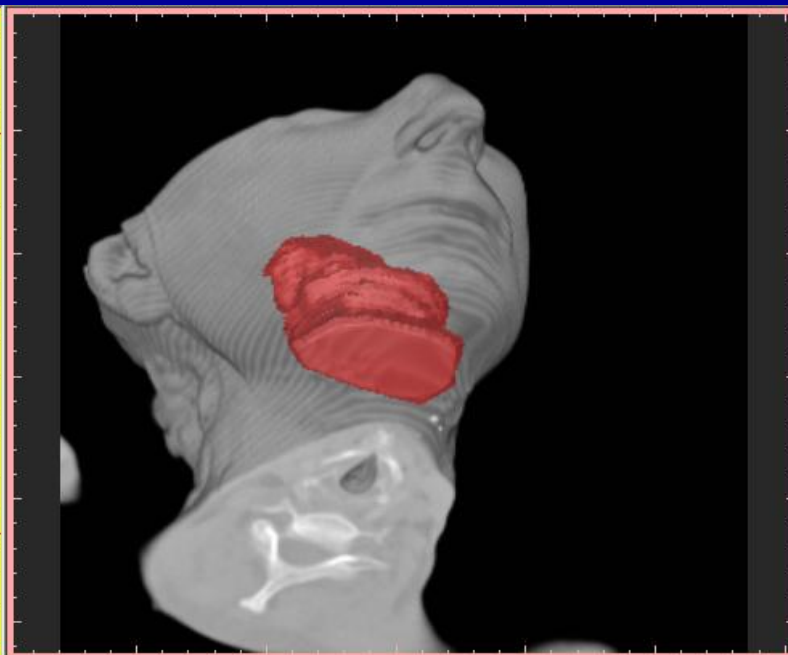
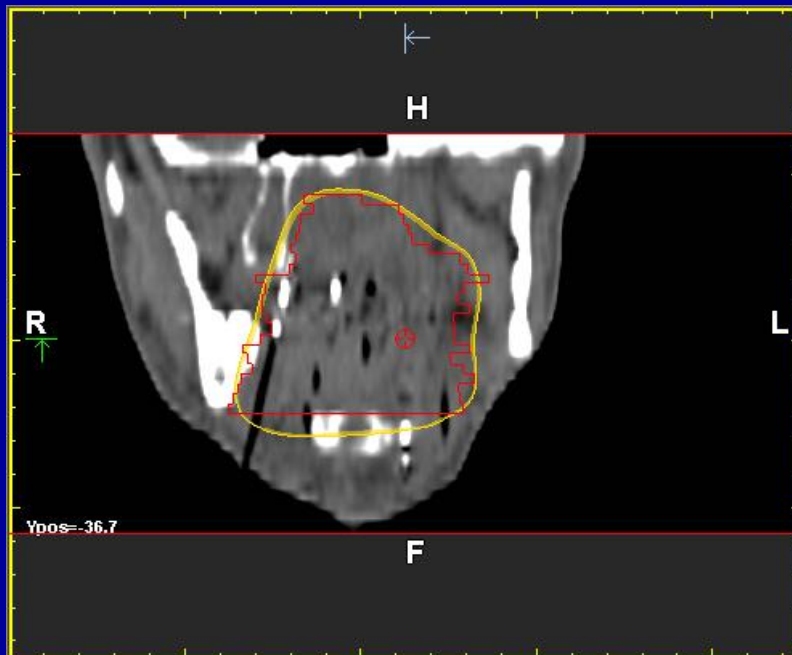
- **Head and Neck mucosal structures**

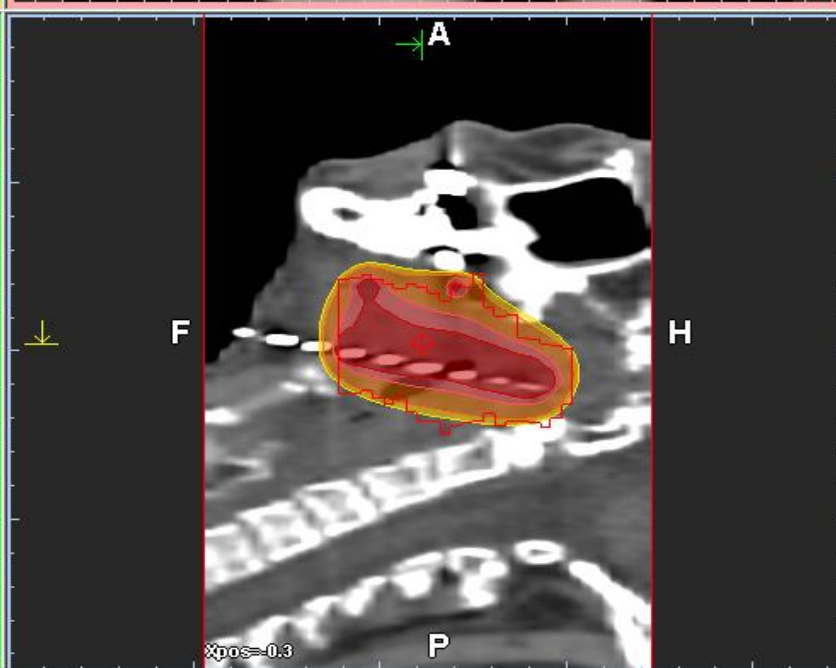
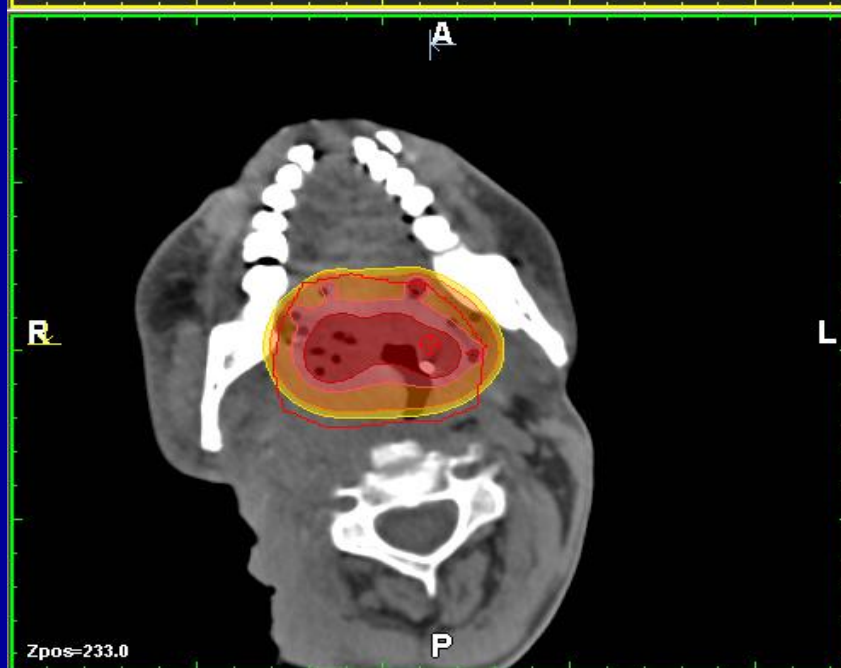
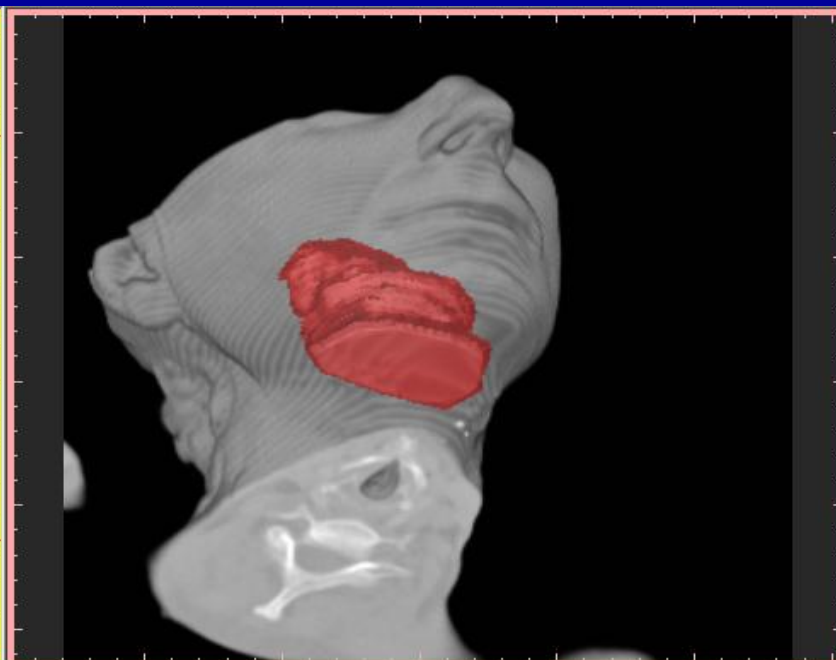
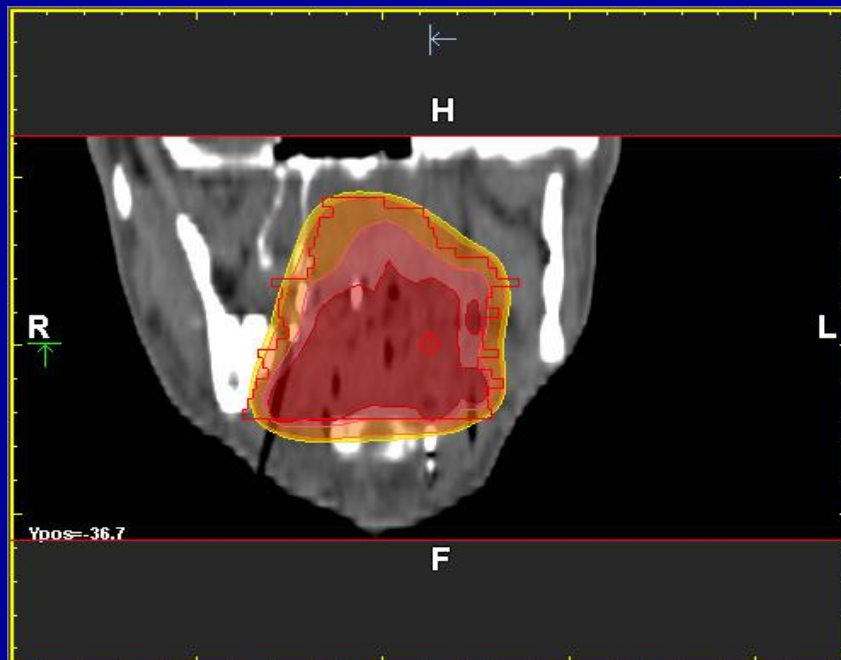
Epipharynx

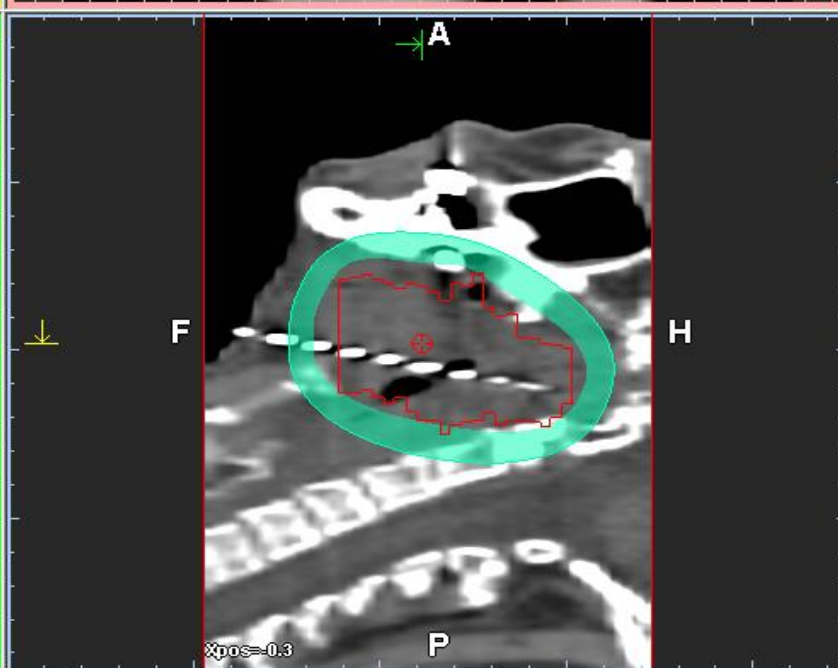
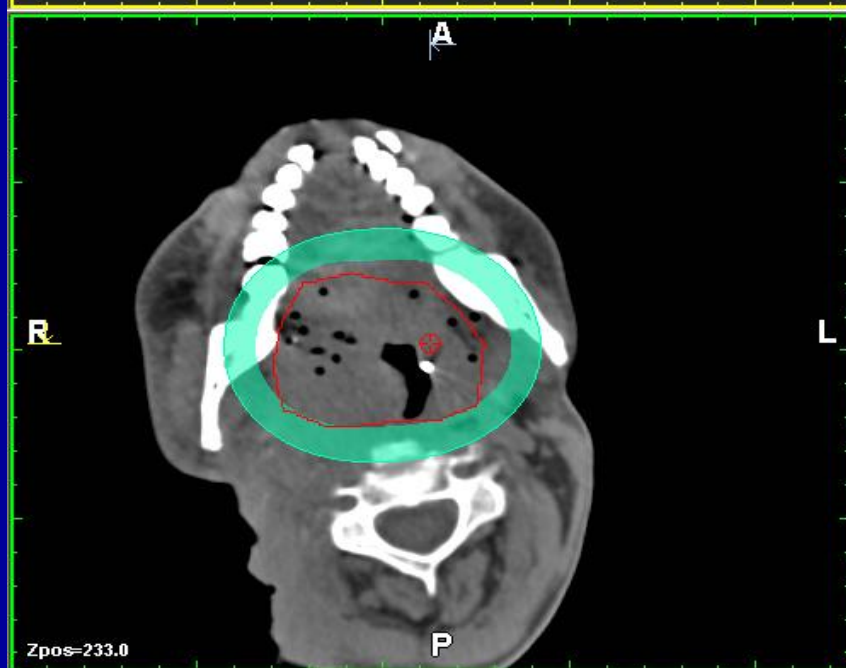
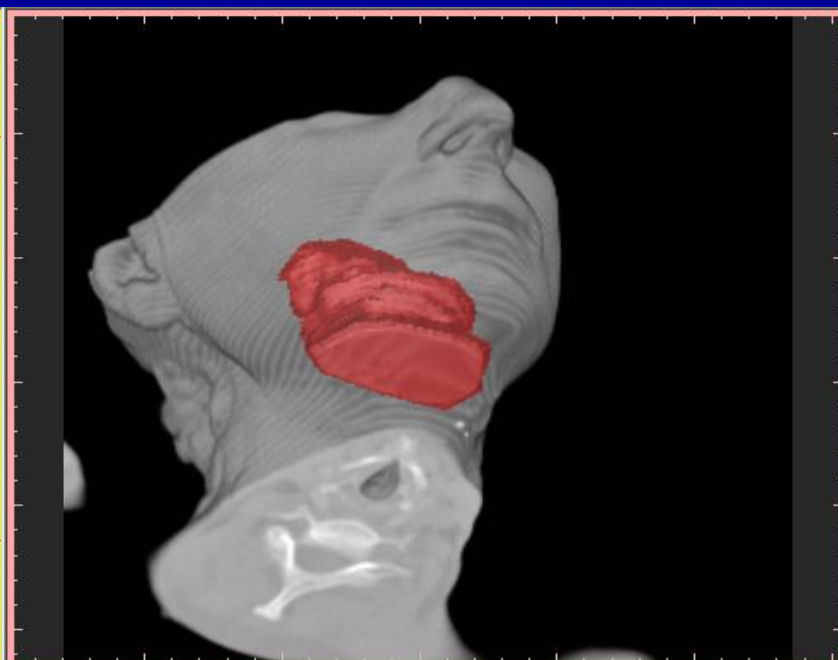
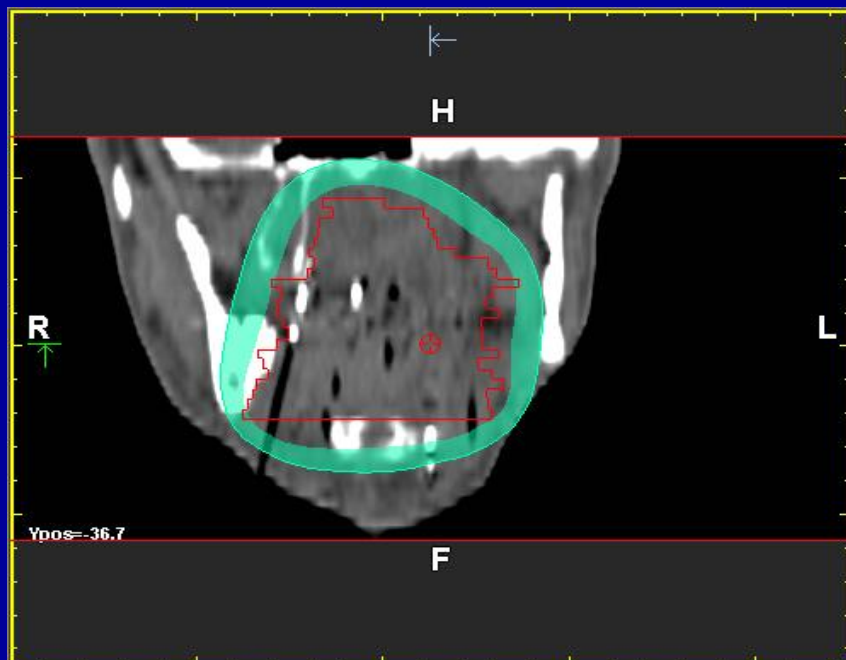
oral cavity

oropharynx









Site of relapse

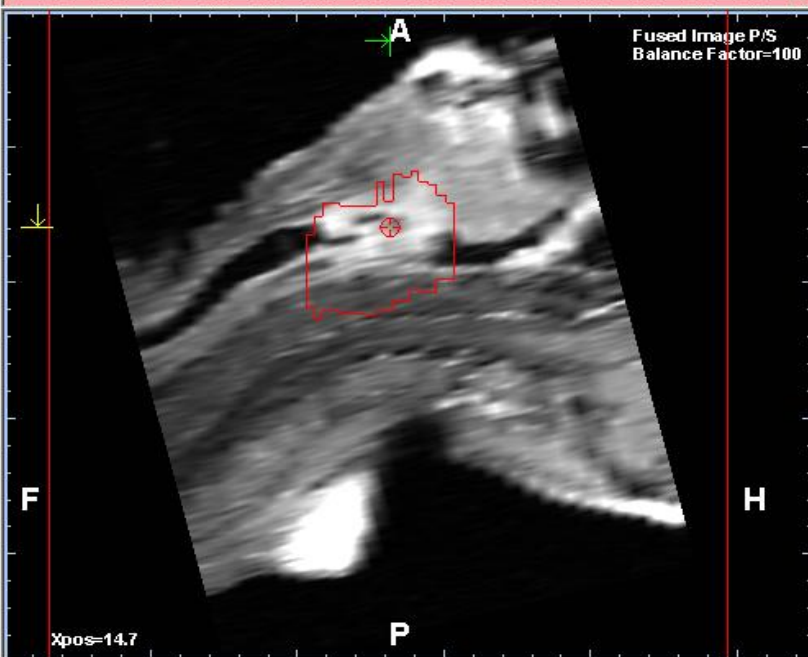
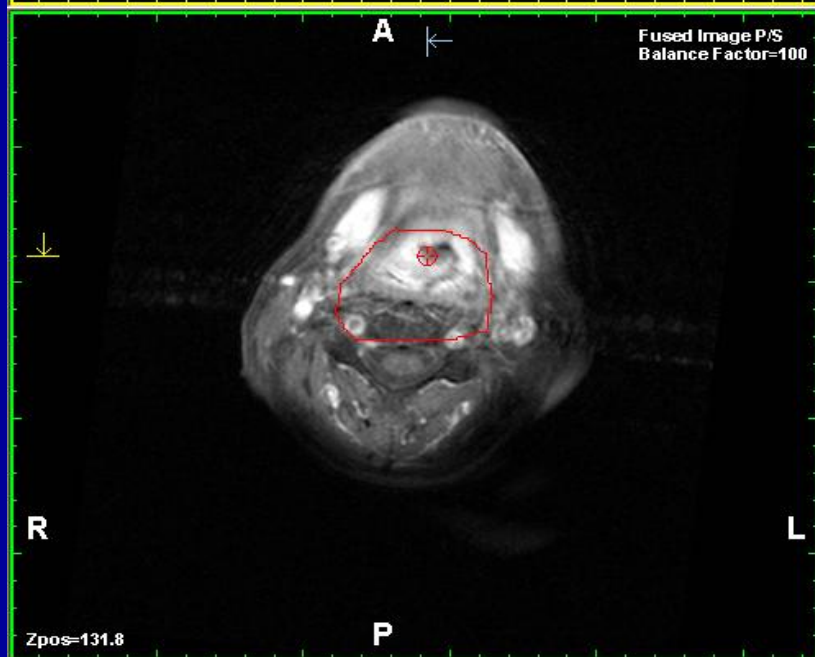
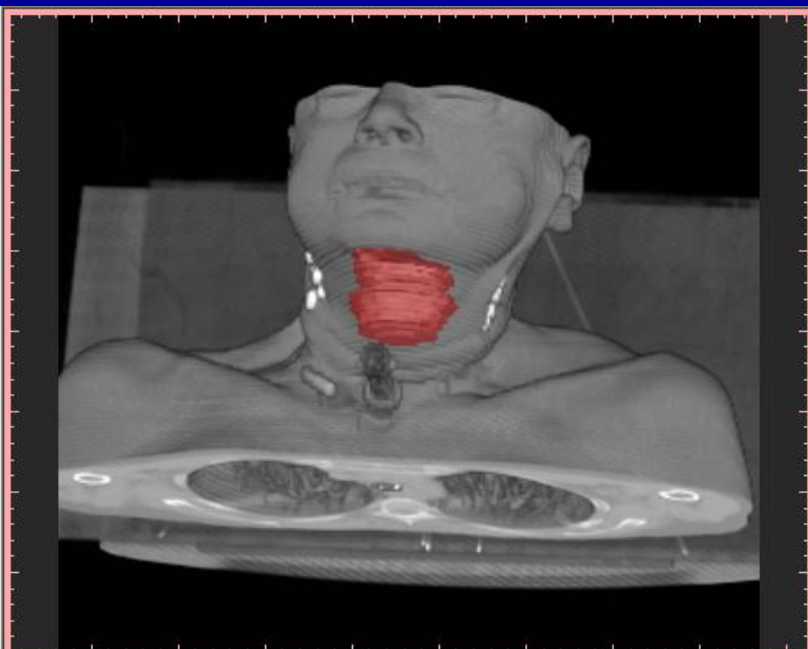
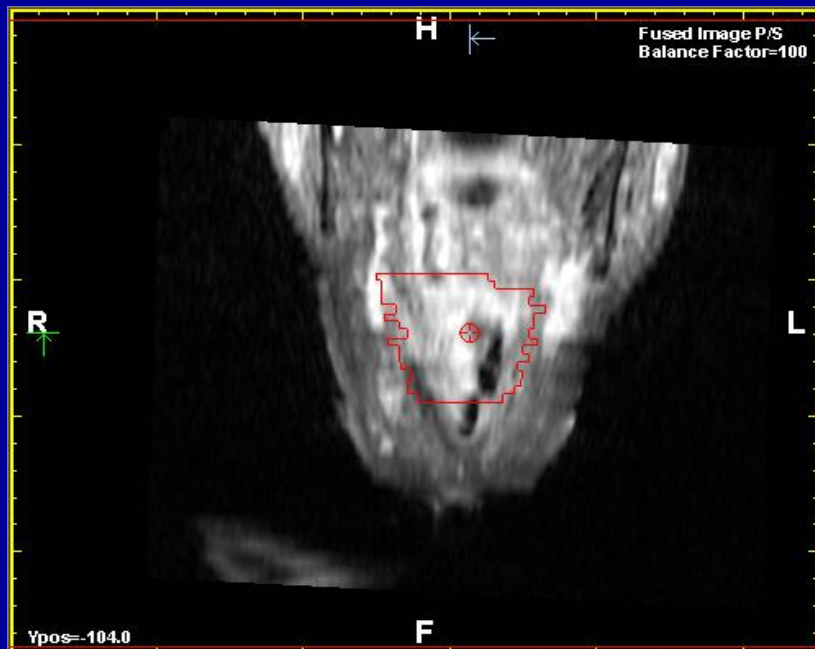
- **Head and Neck mucosal structures**

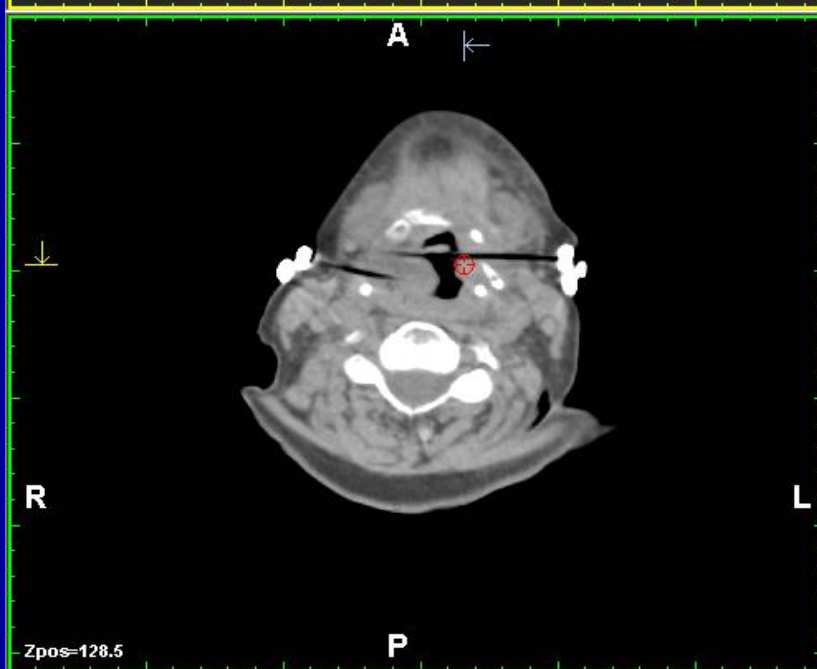
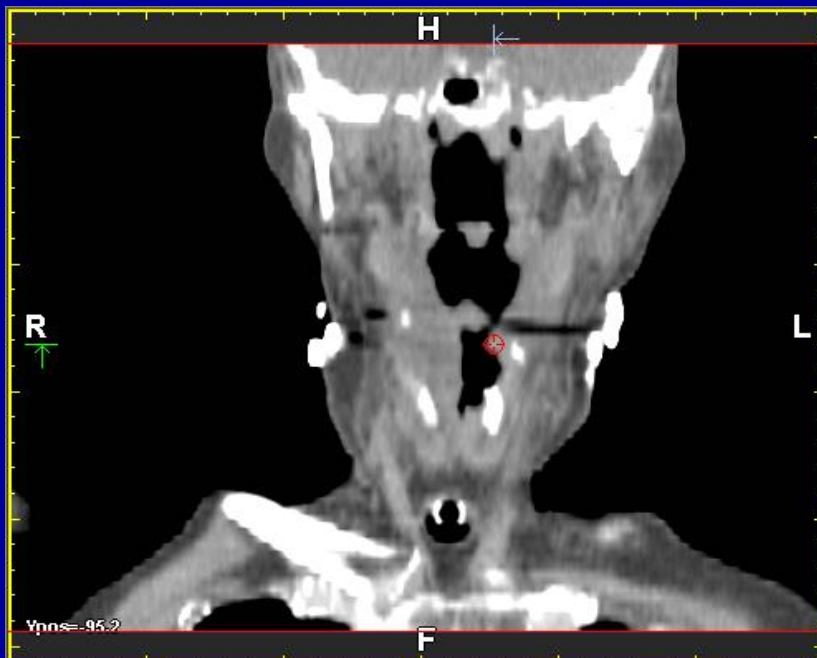
Epipharynx

Oral cavity

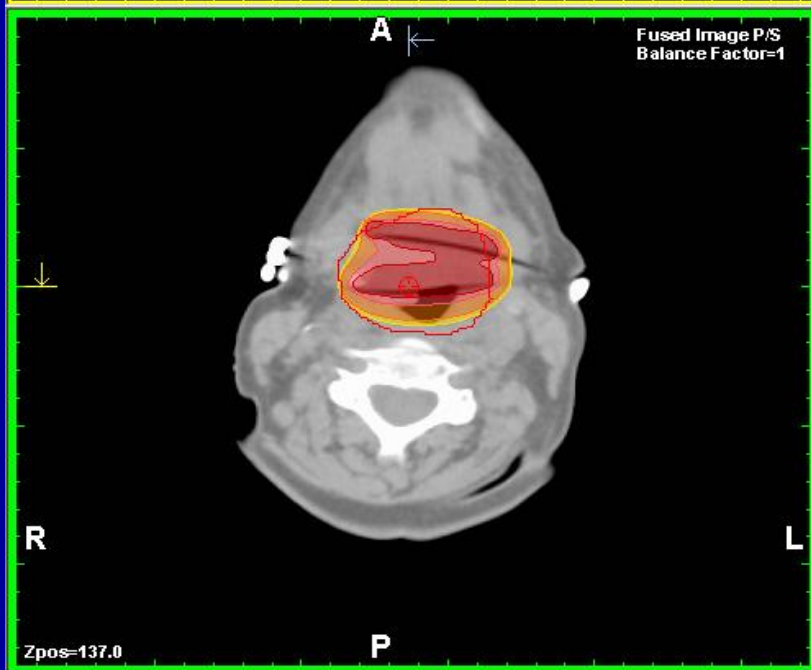
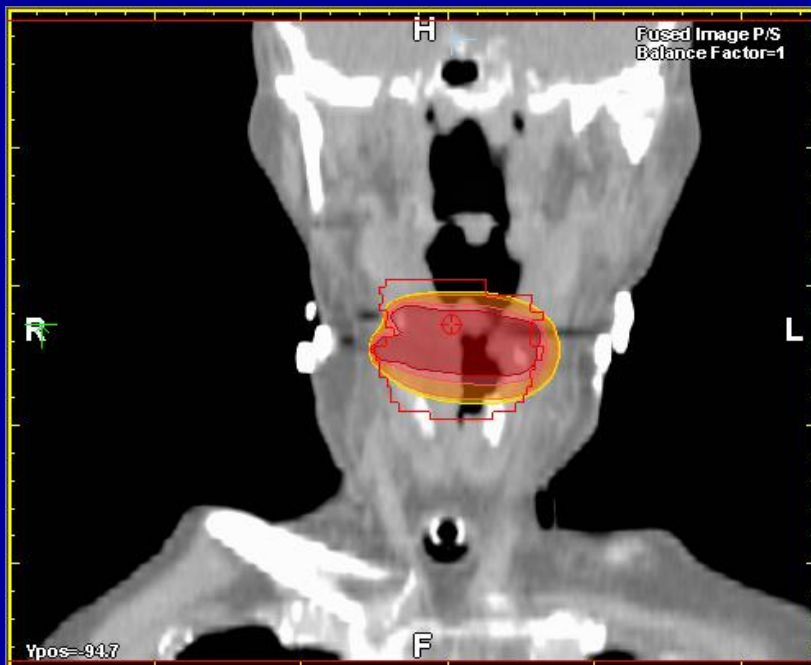
Oropharynx

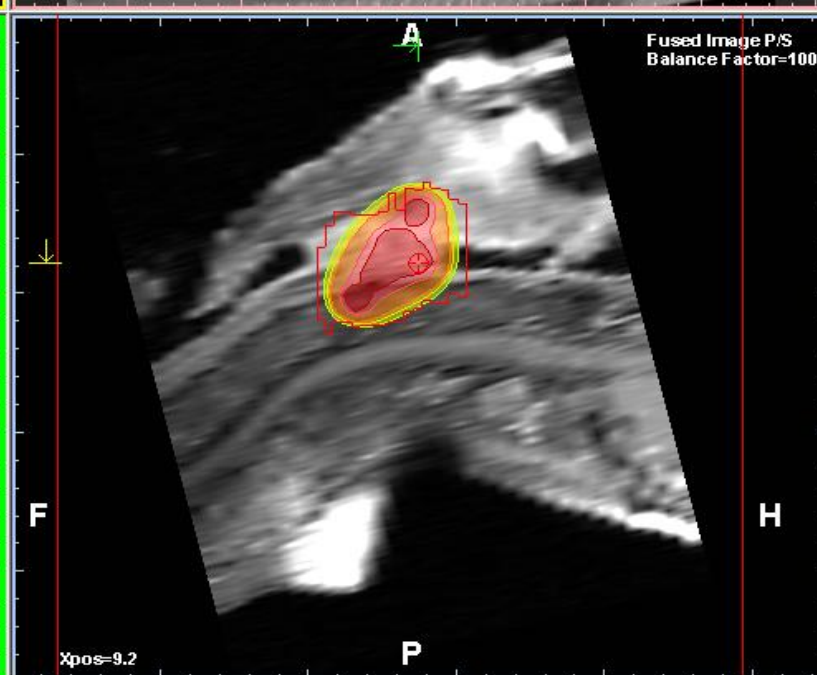
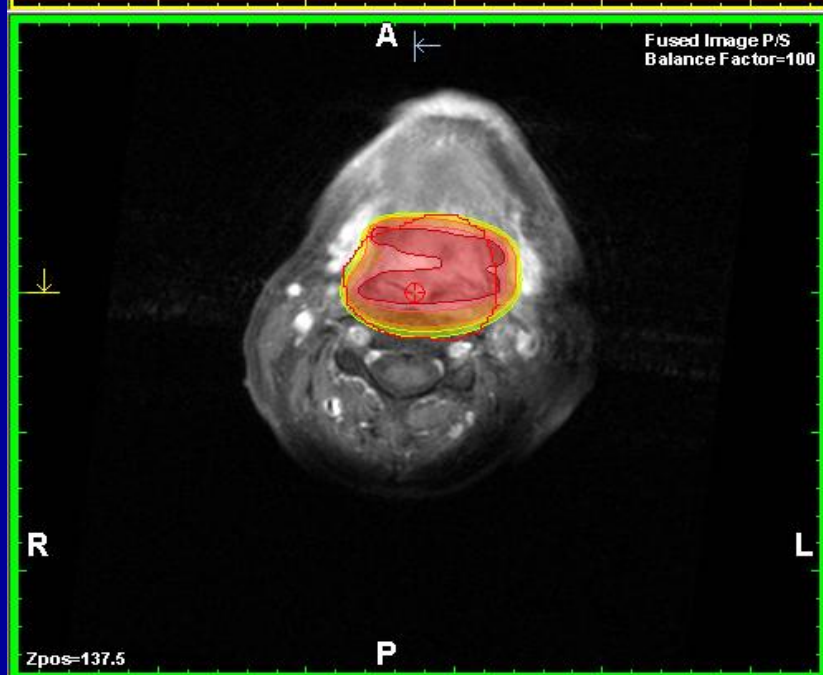
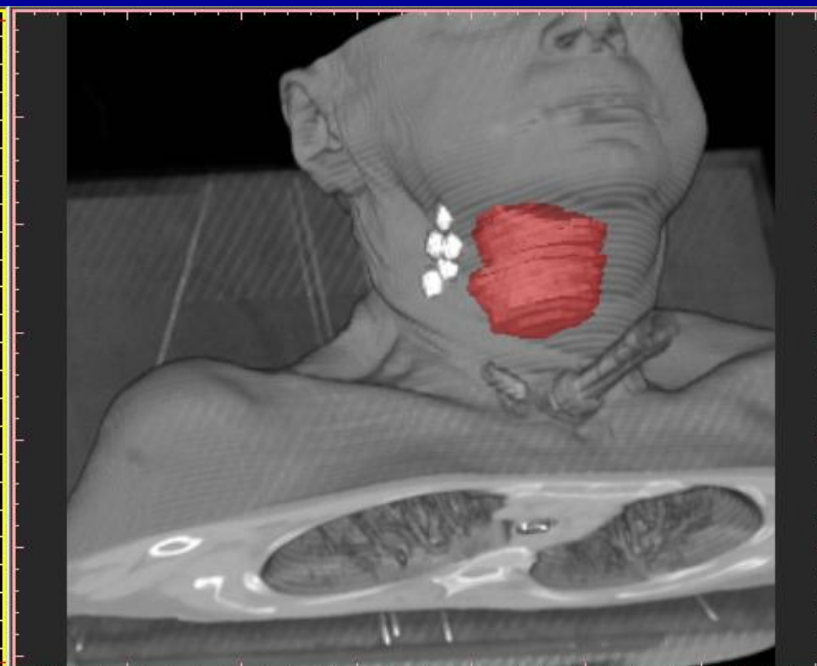
Hypopharynx - Larynx

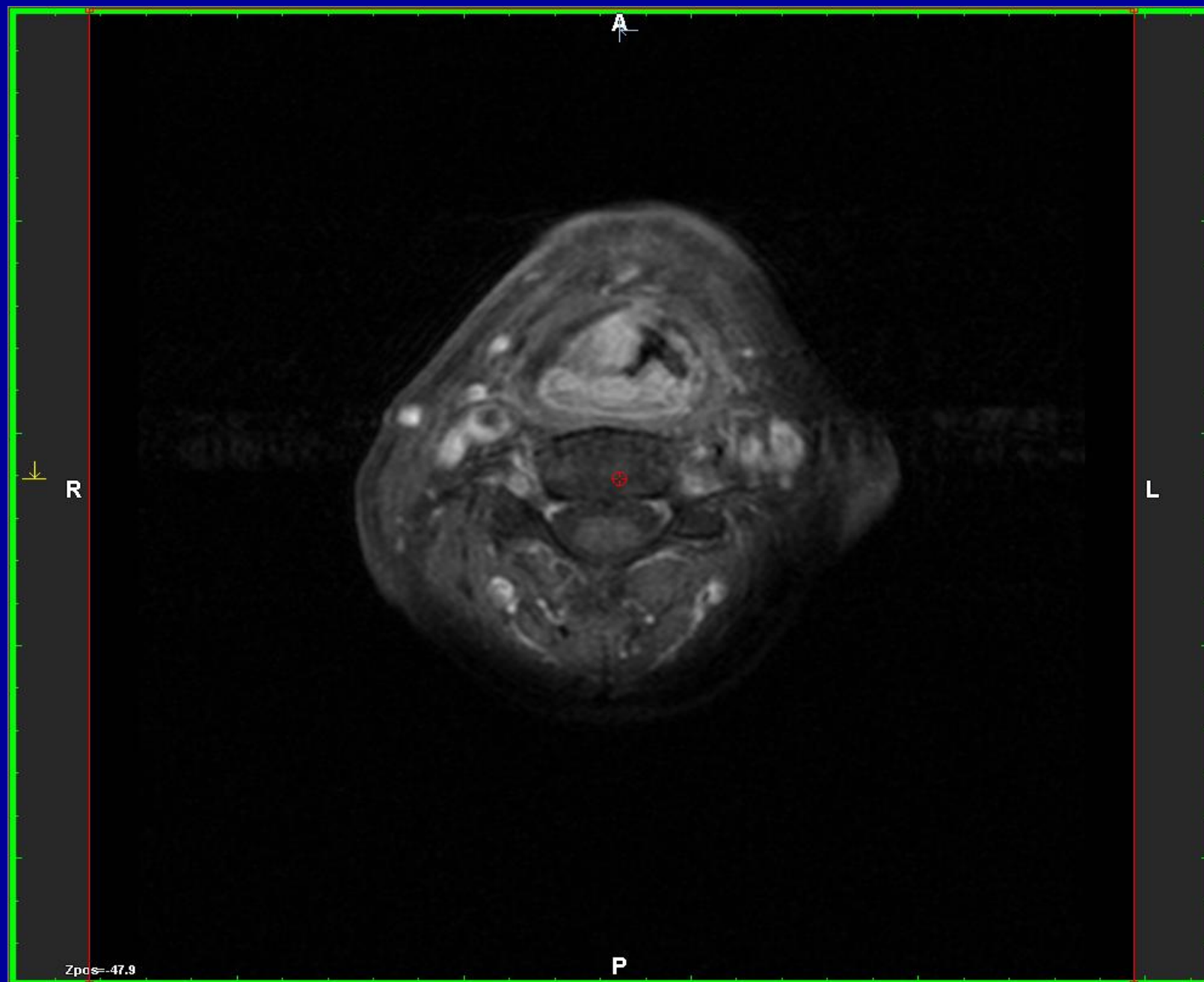














Site of relapse

- **Head and Neck mucosal structures**

Epipharynx

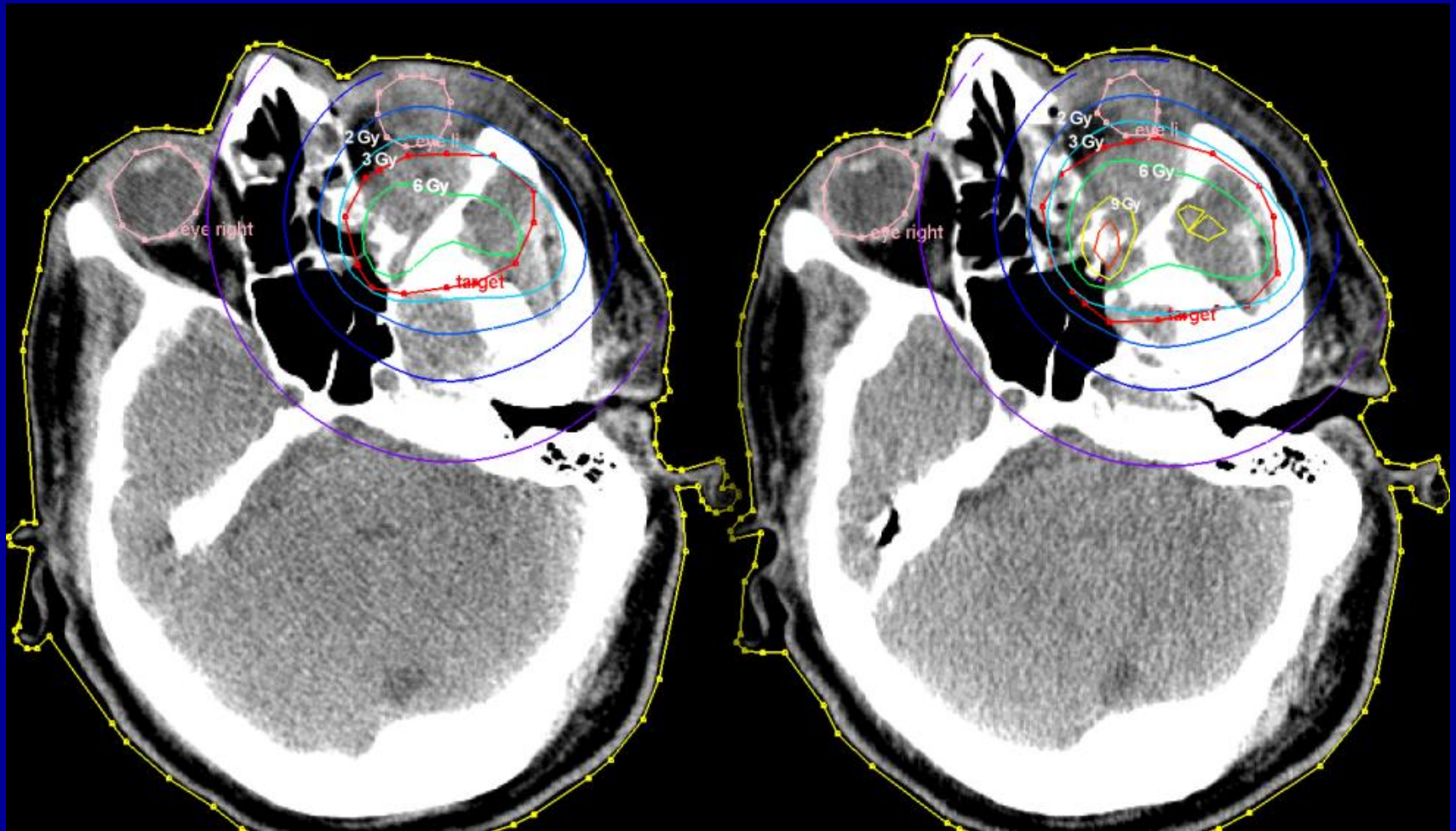
Oral cavity

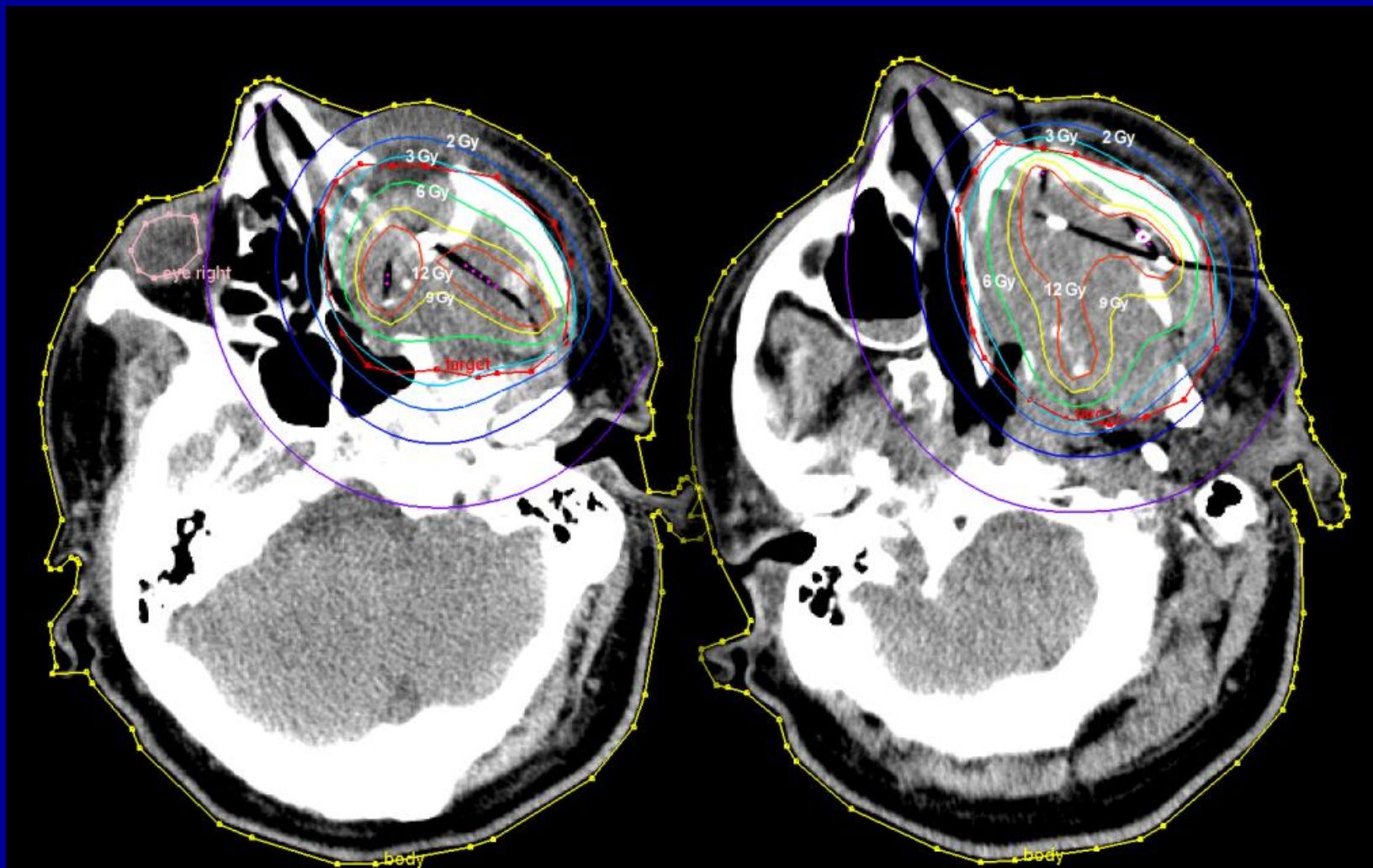
Oropharynx

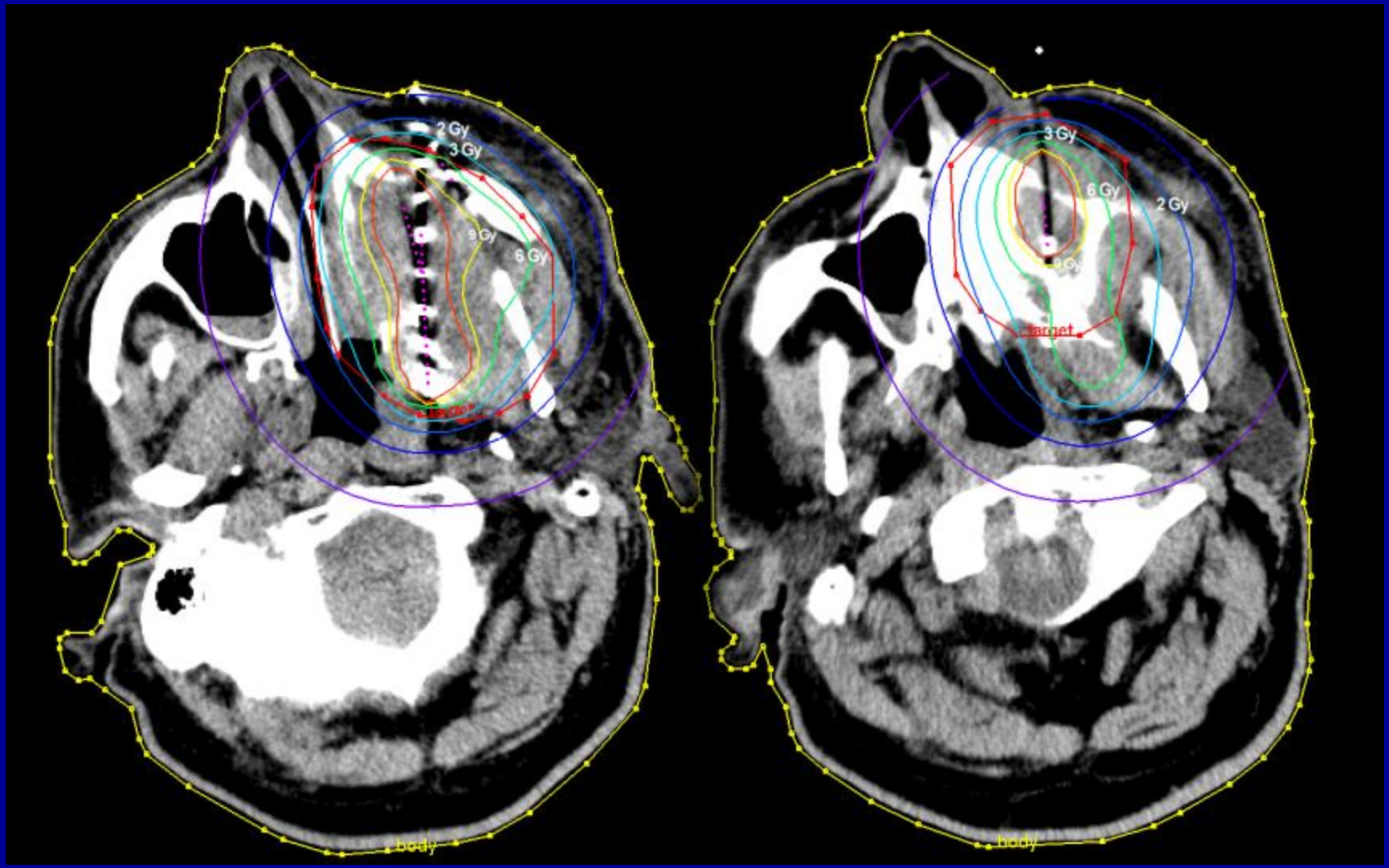
Hypopharynx – Larynx

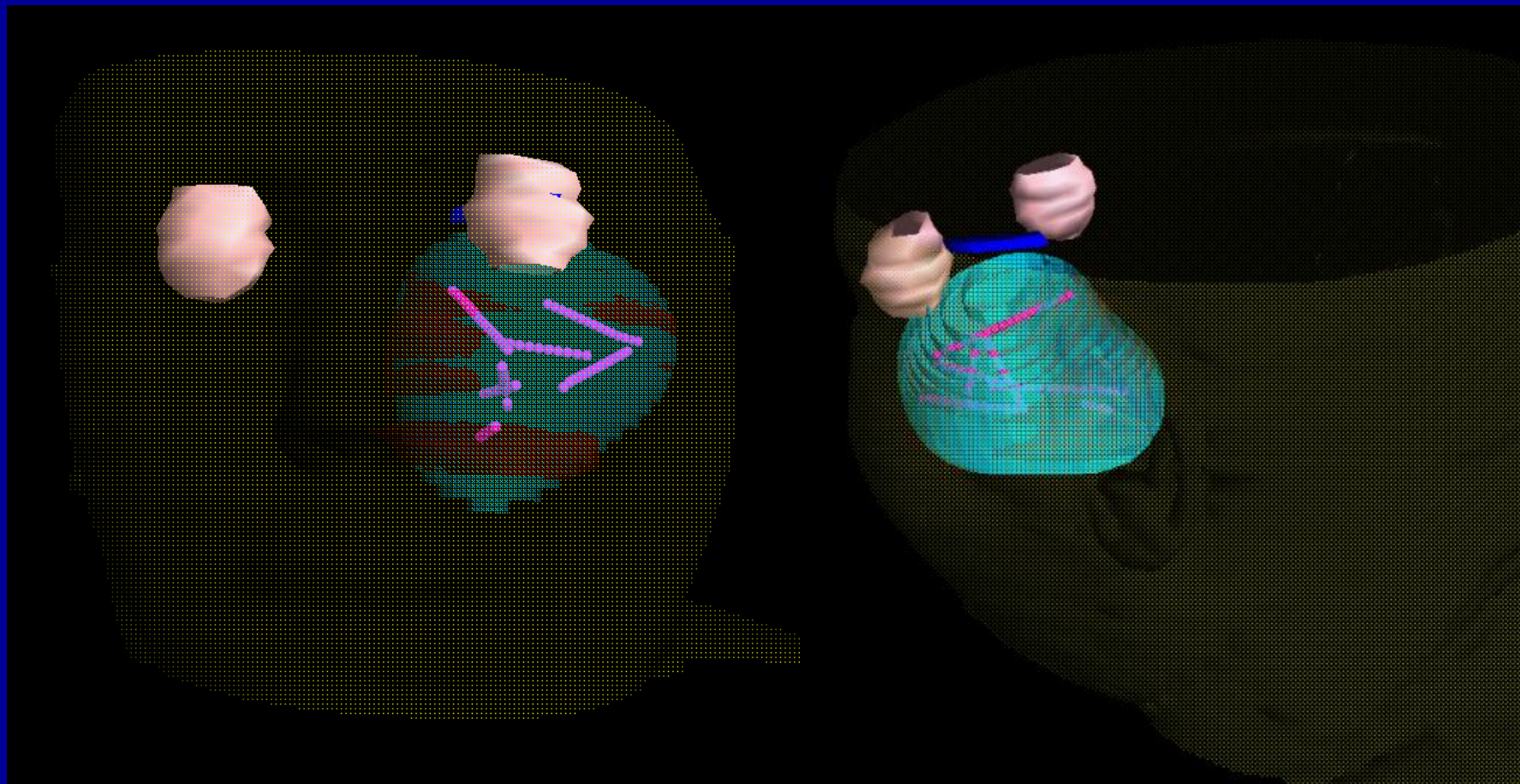
Sinus Maxillaris

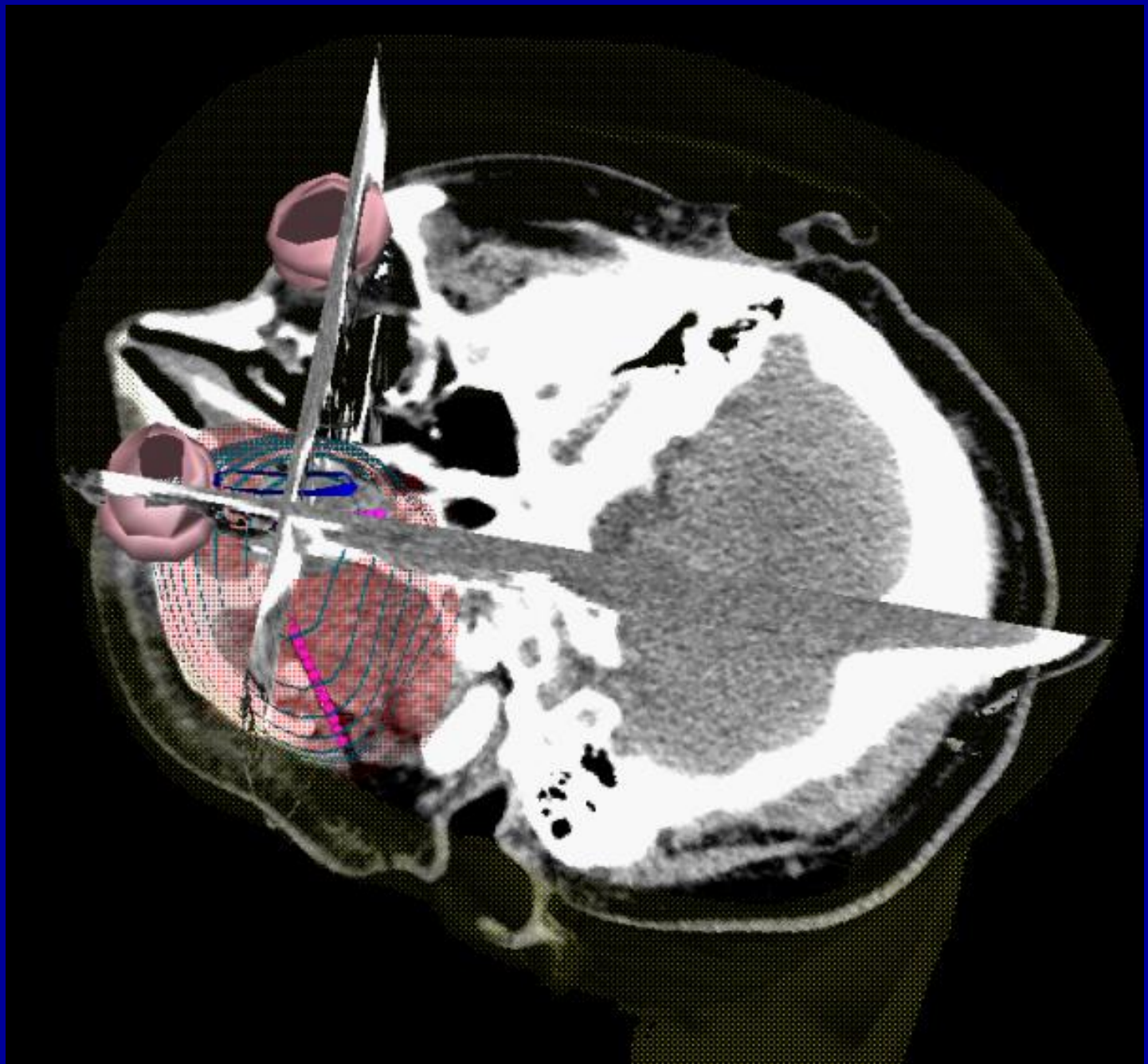
Implant for recurrence of a sinus maxillaris tumour











Site of relapse

- **Head and Neck mucosal structures**

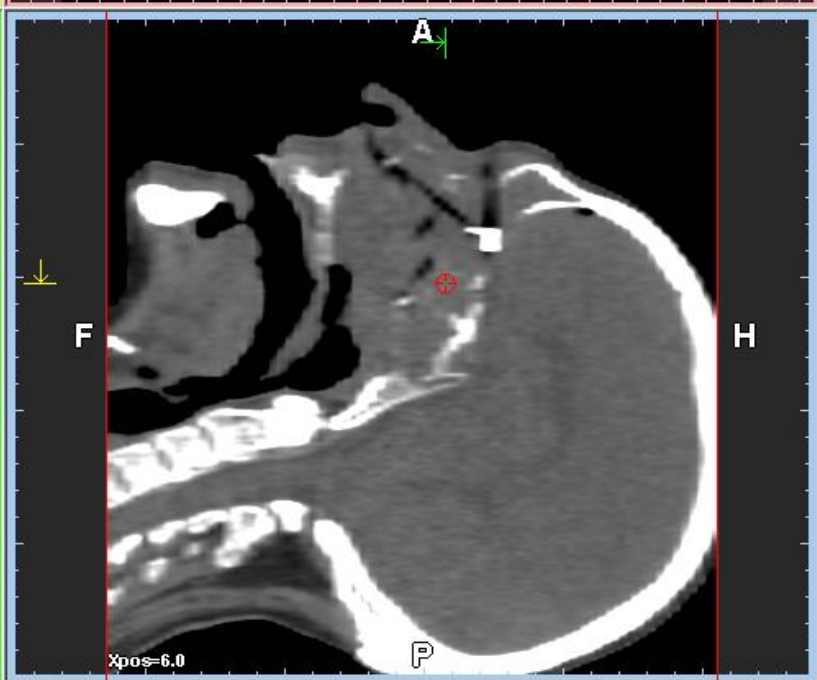
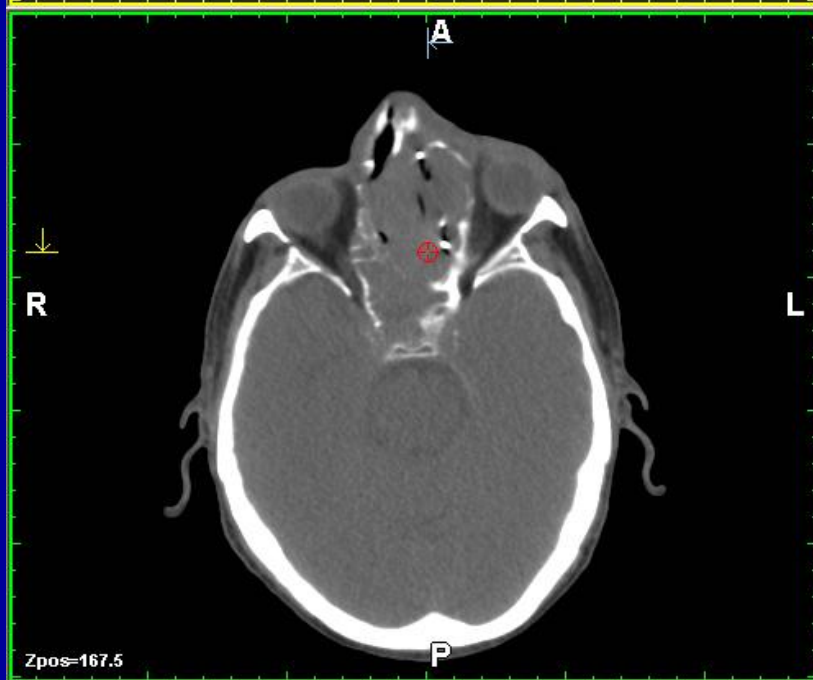
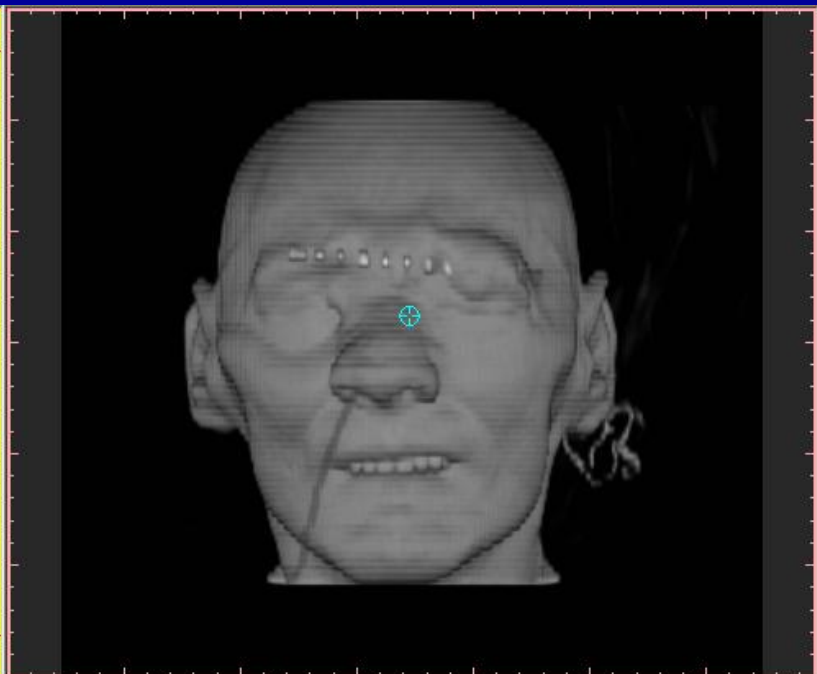
Epipharynx

Oral cavity

Oropharynx

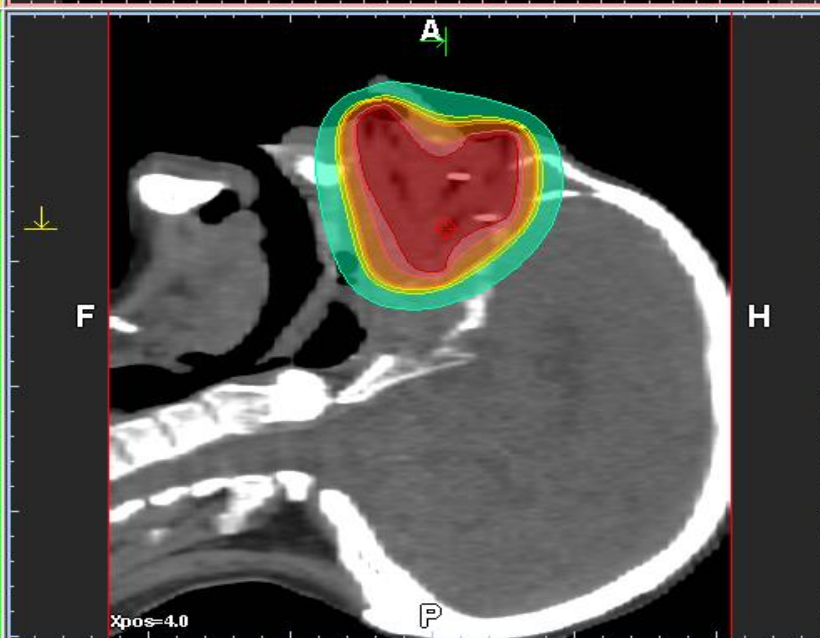
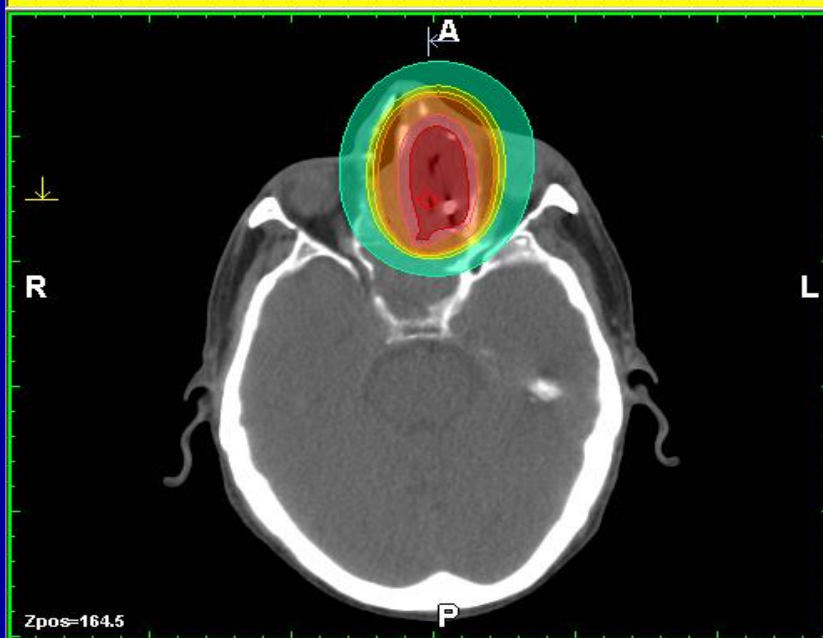
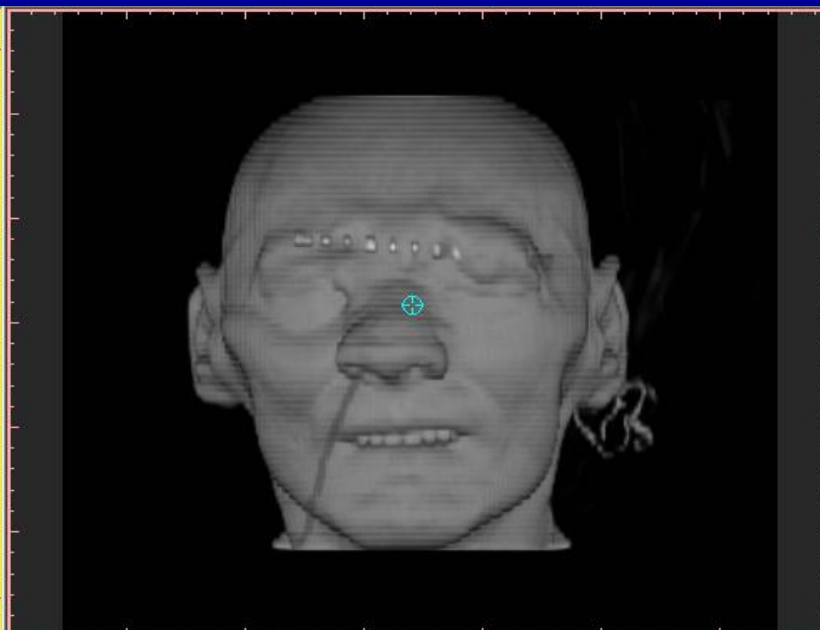
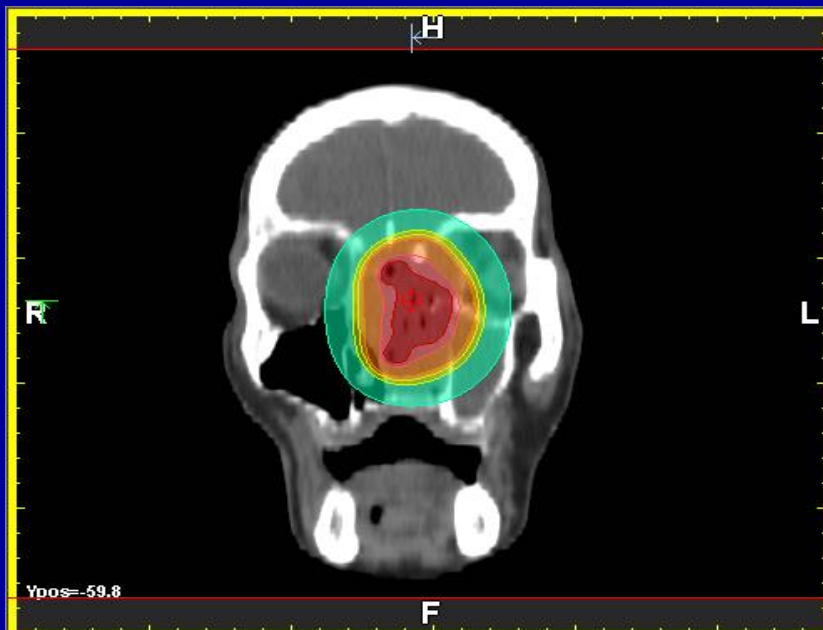
Hypopharynx – Larynx

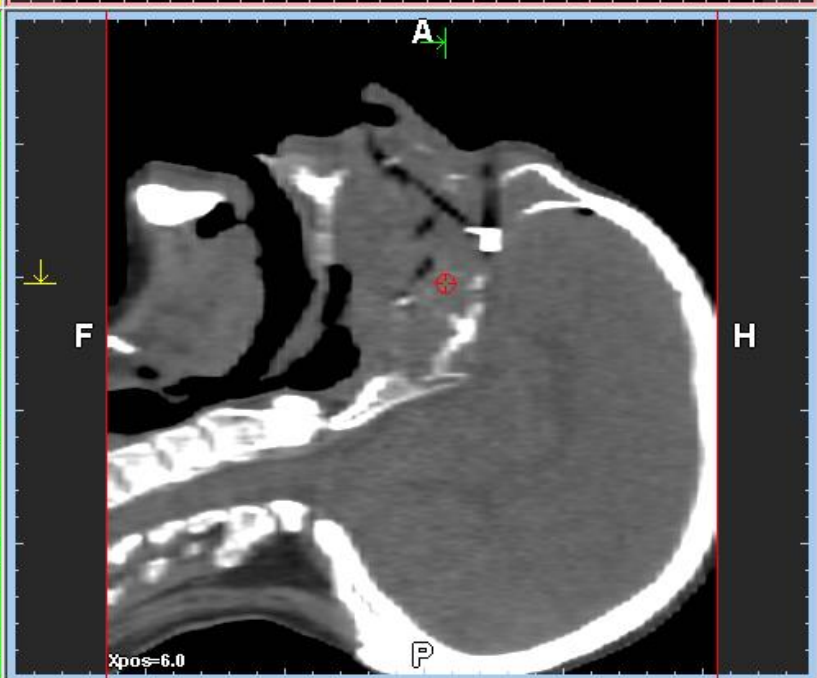
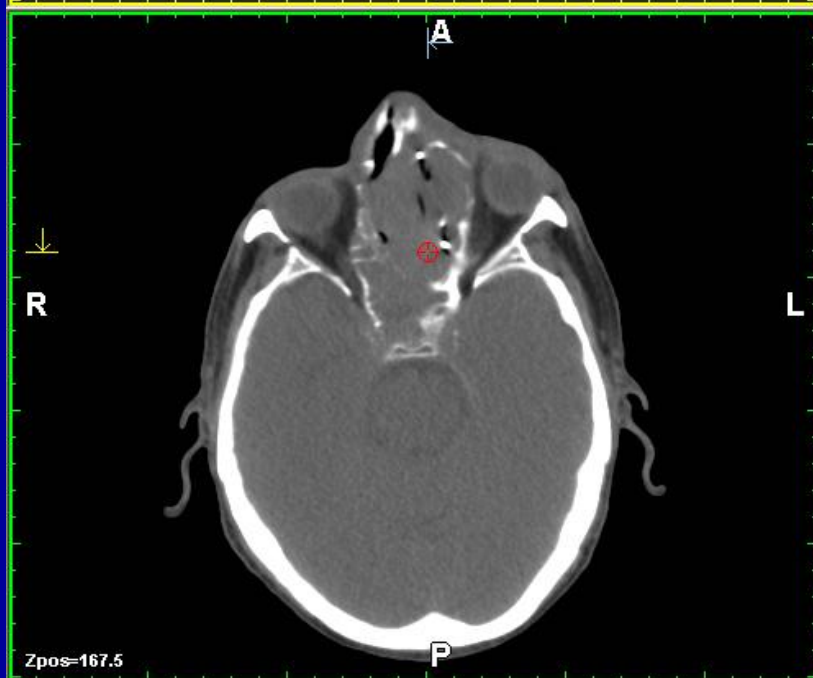
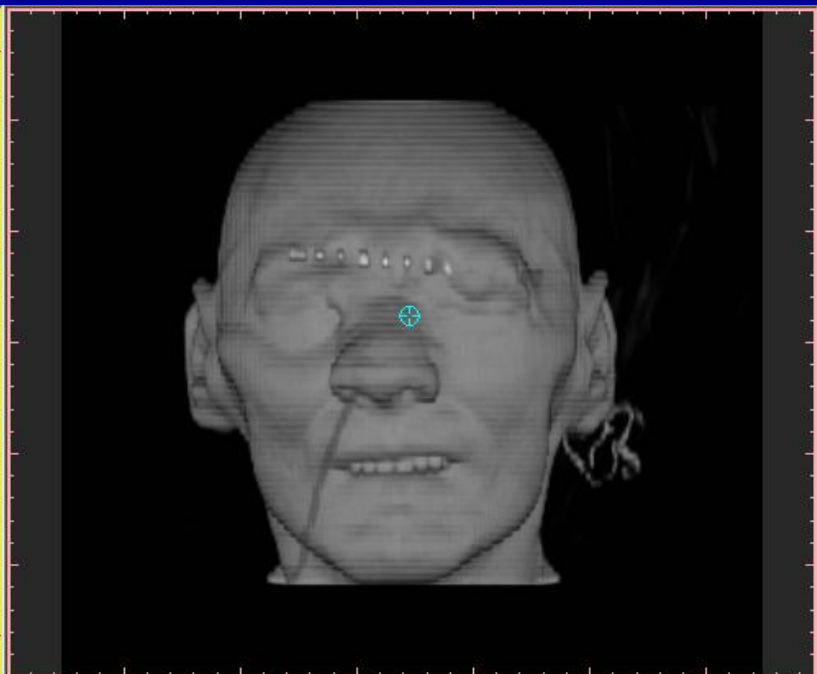
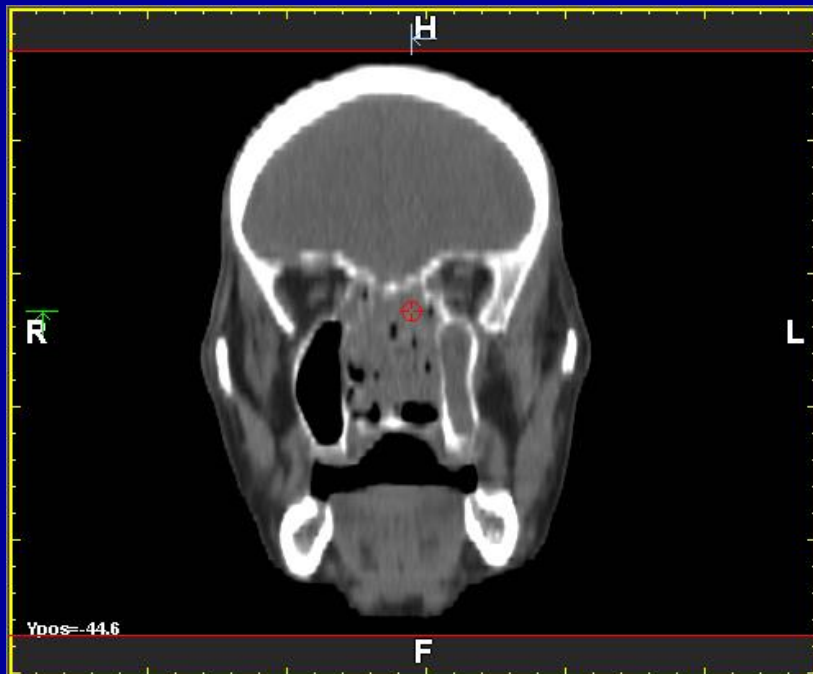
Sinus Maxillaris - Nasalis

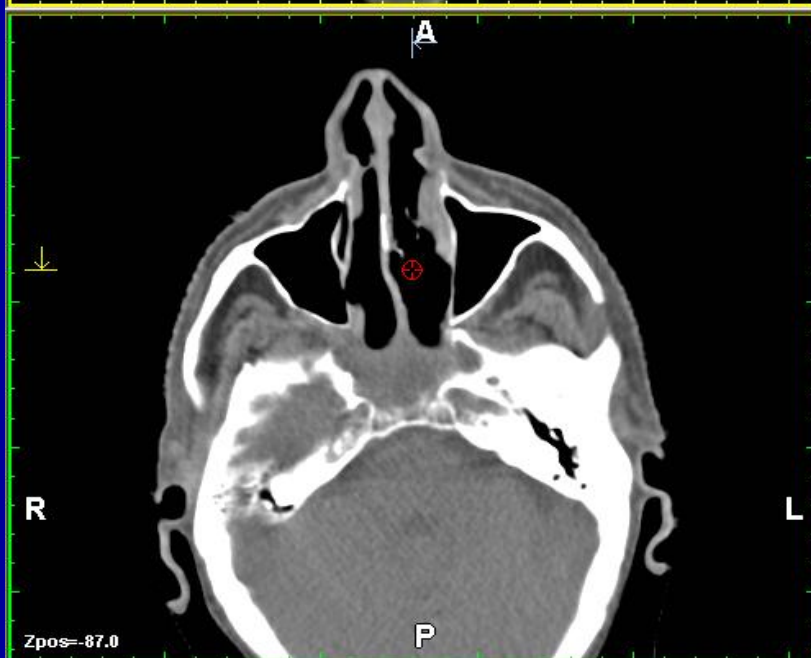
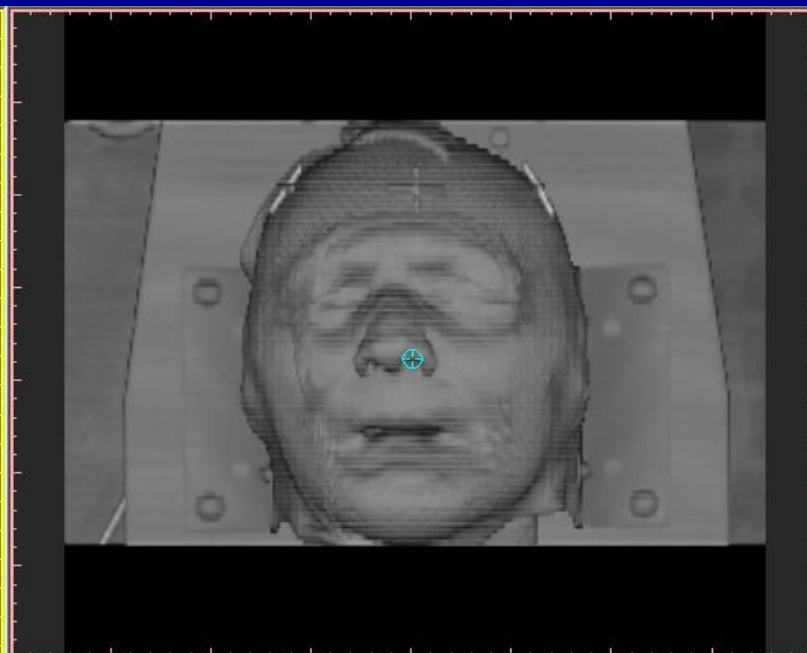








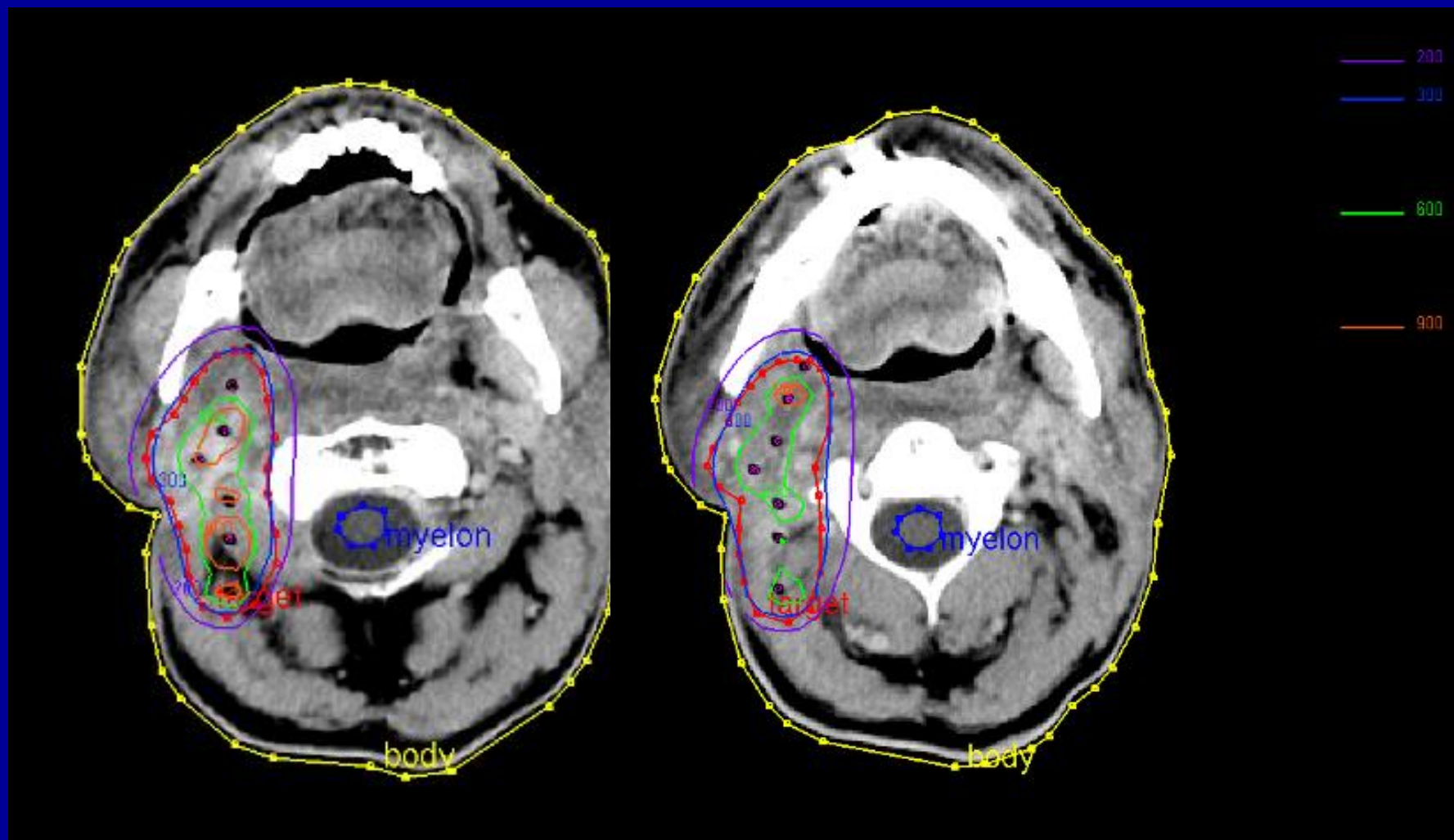




Site of relapse

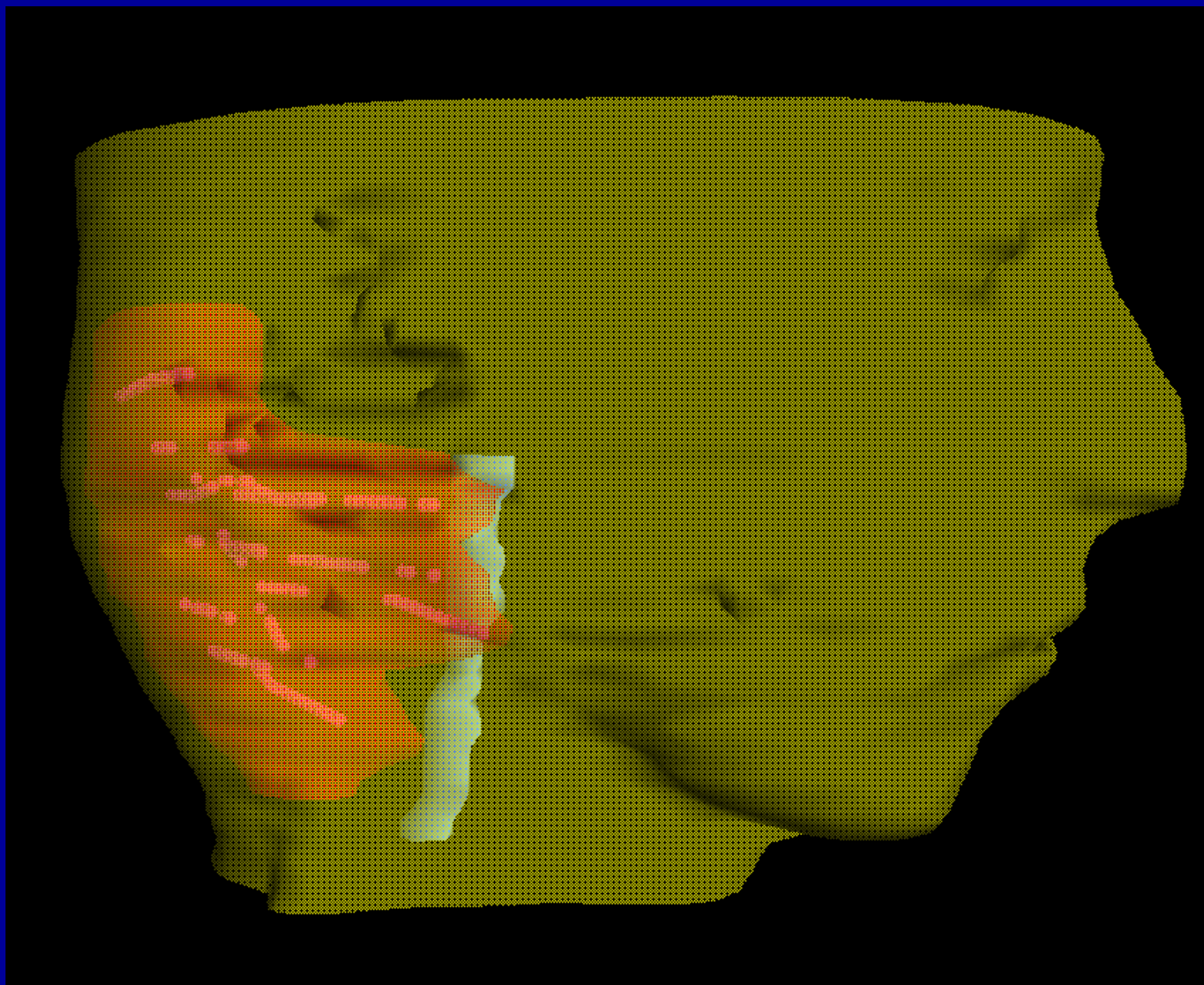
- Neck lymphadenopathy

Cervical



Nuchal





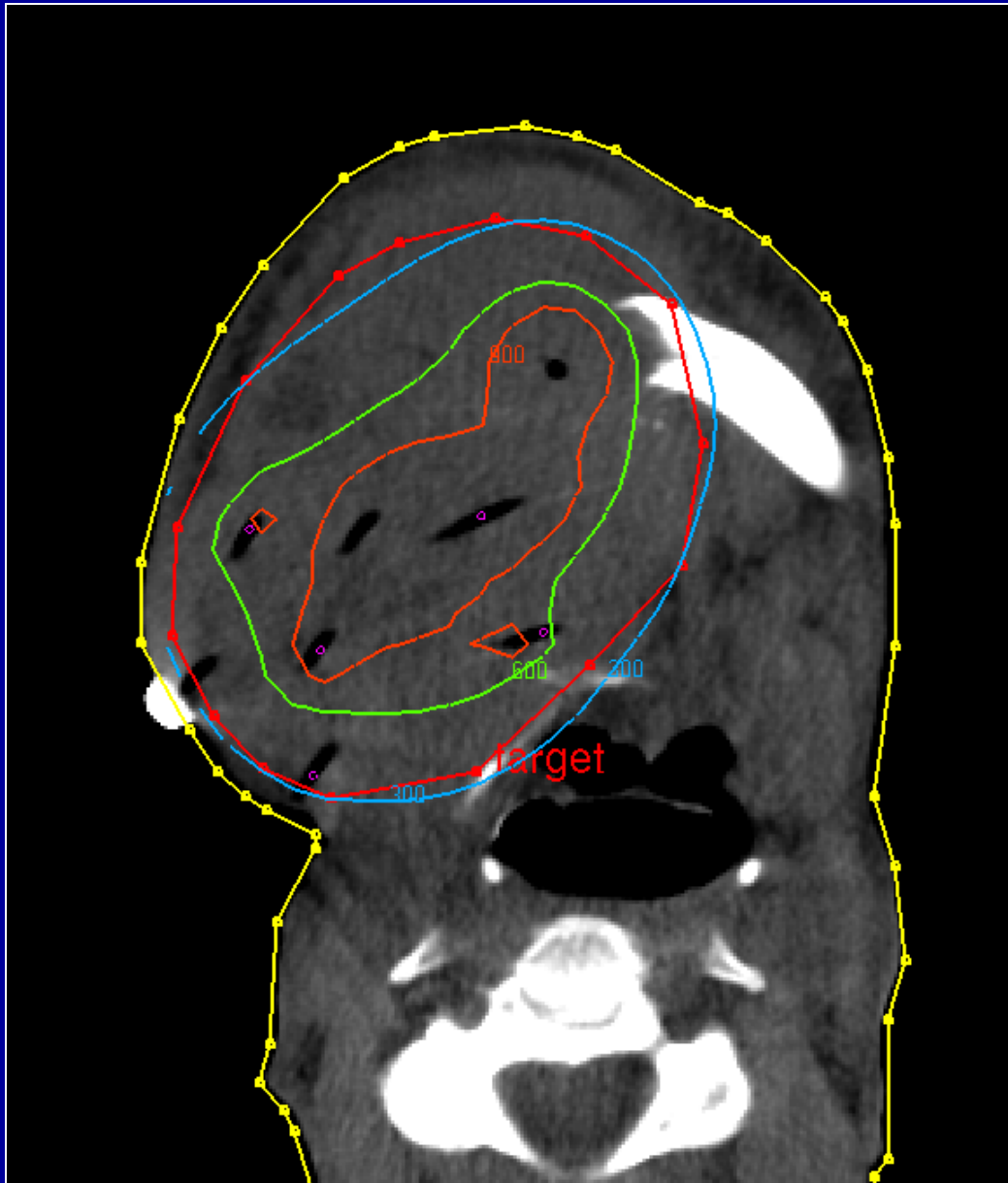


Retroauricular



Submental

isodoses





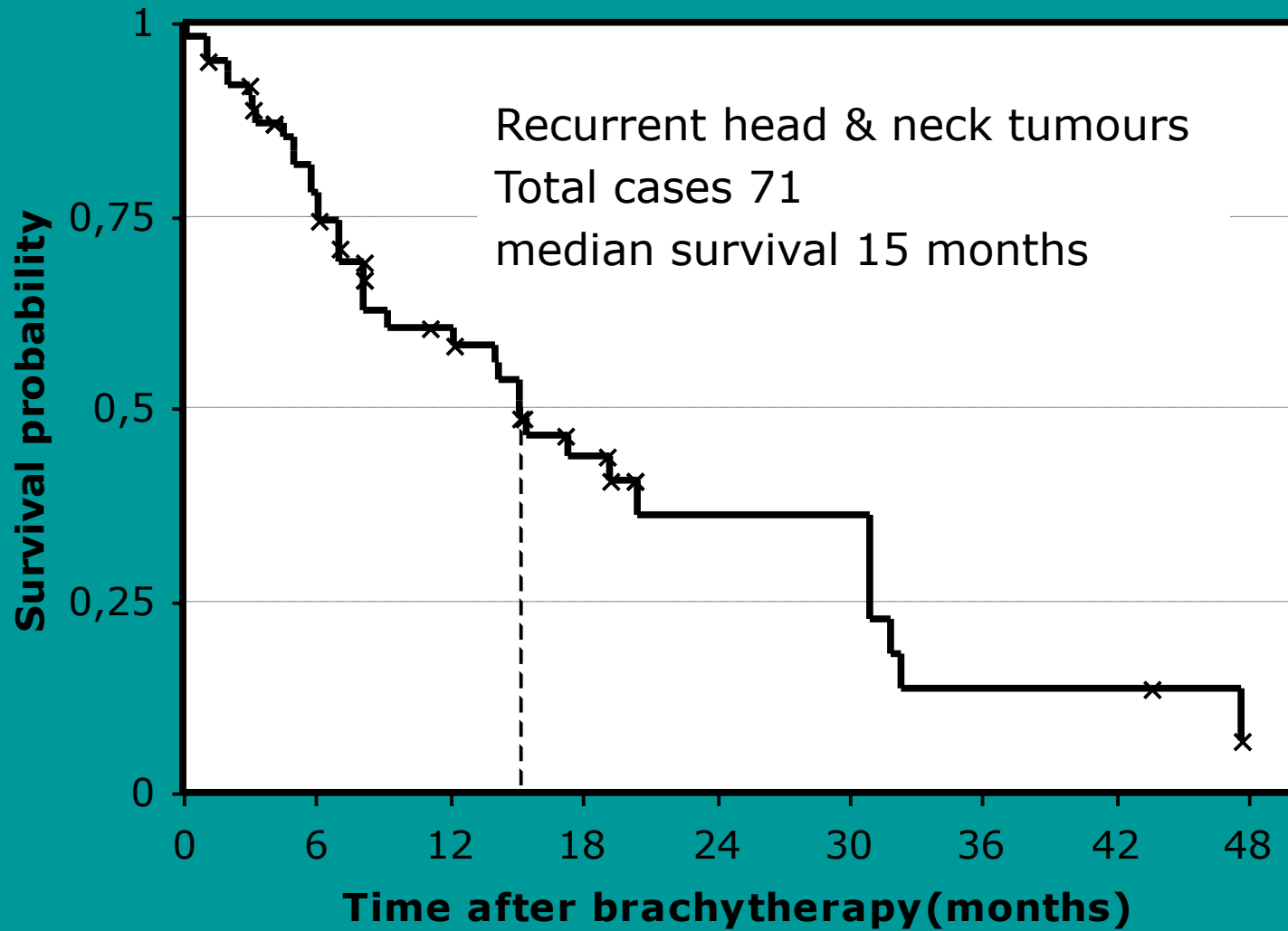
9 weeks after BRT



10 weeks after BRT



Results



Fractionation: twice daily 3 Gy

n=74 Patients

Total brachytherapy dose:

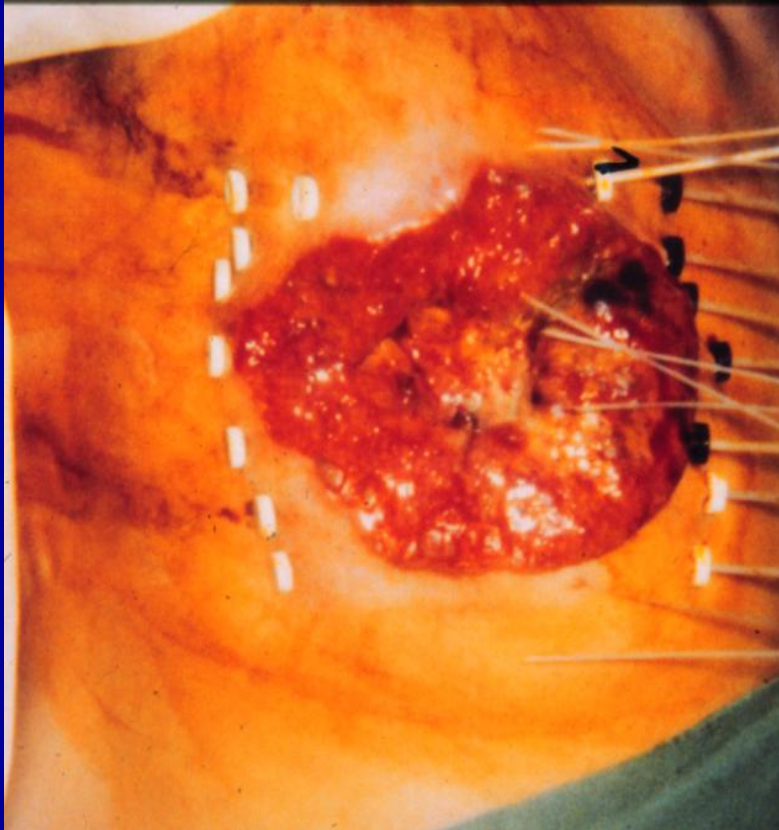
30 Gy

2x3Gy / day

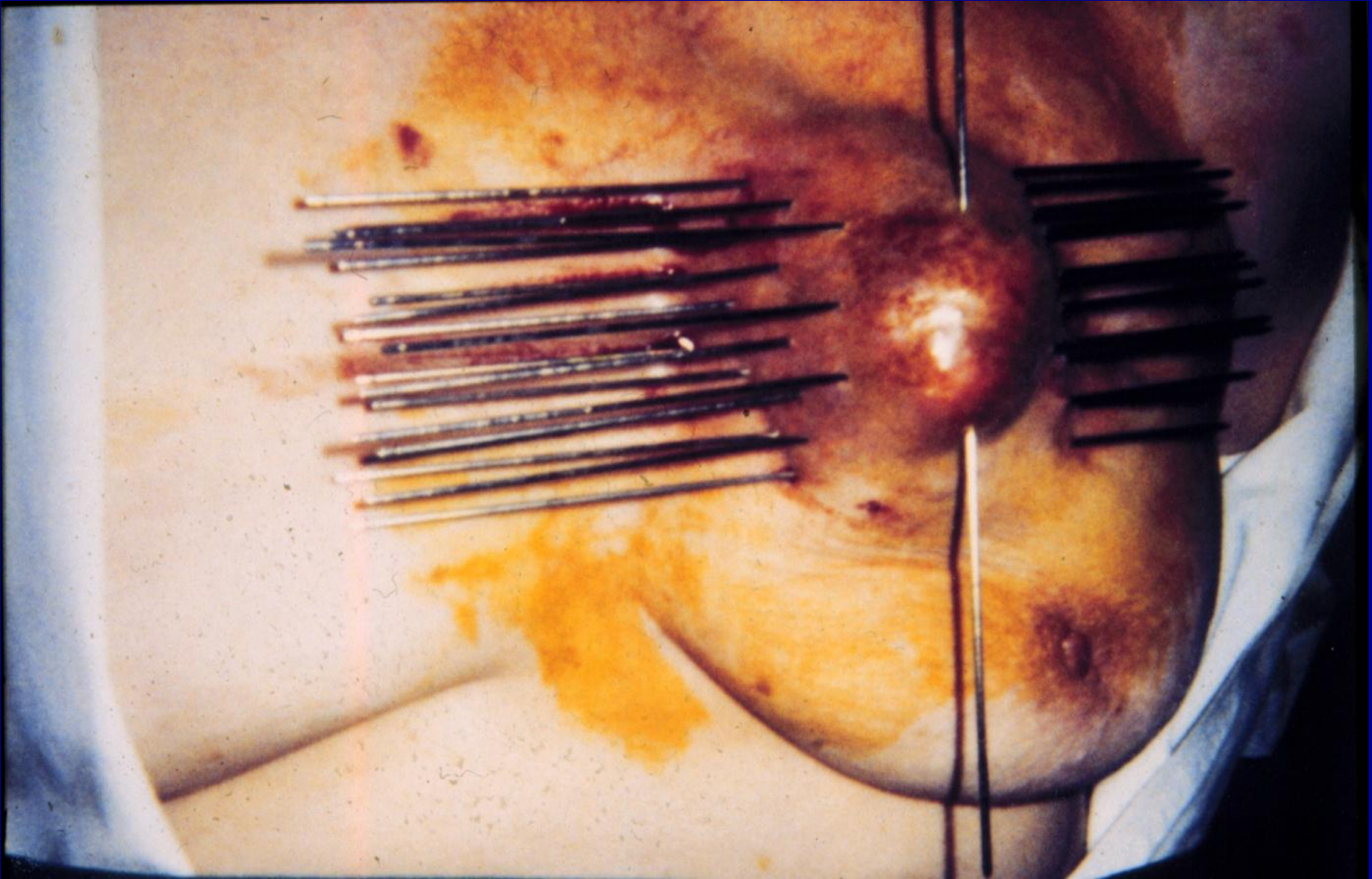
Tselis N,Zamboglou N.
Radiother Oncol. 2011 Jan;98(1):57-62. Epub 2010
Dec 2.

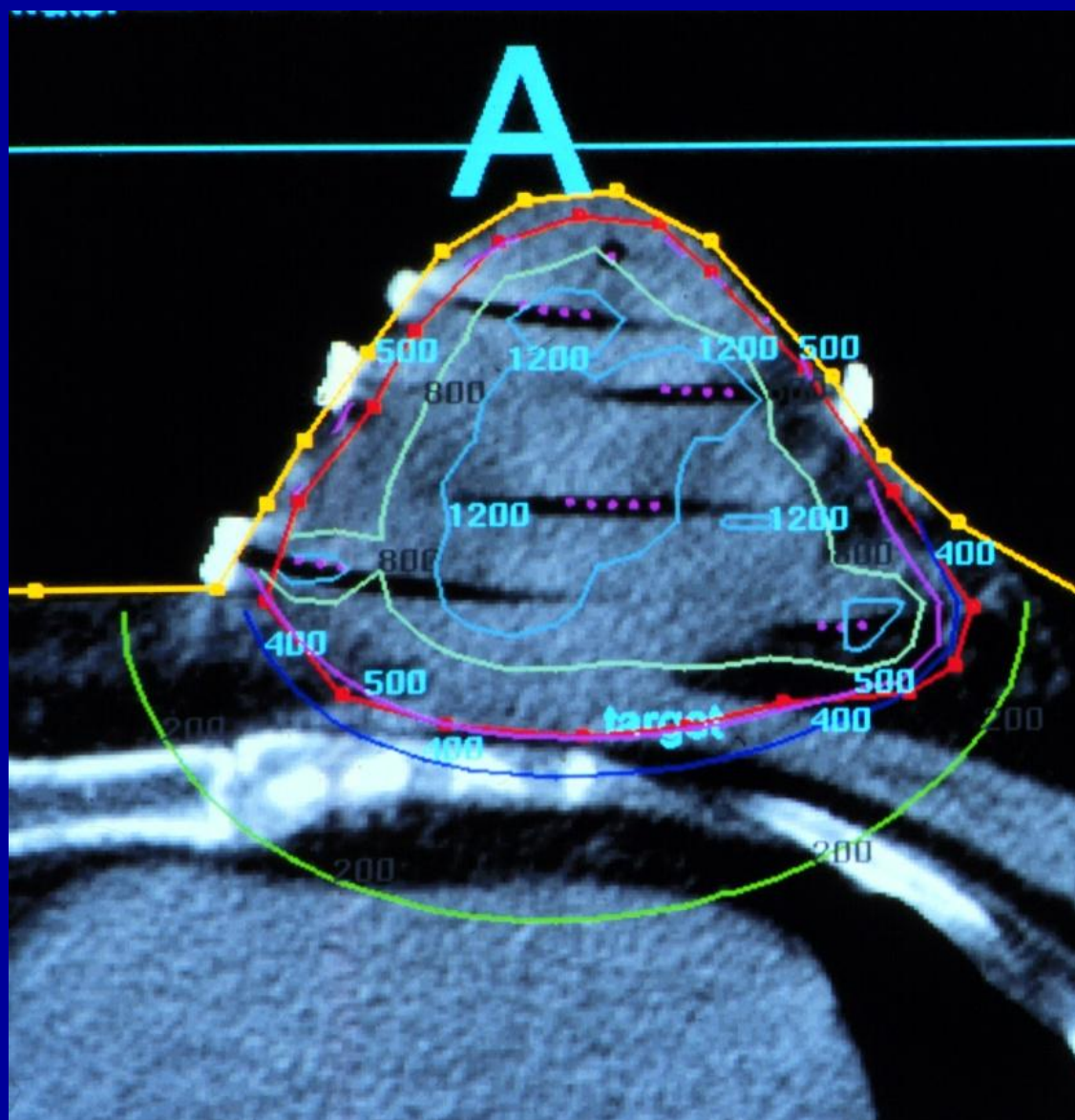
Thoracic Wall

Breast cancer



Breast cancer recurrence







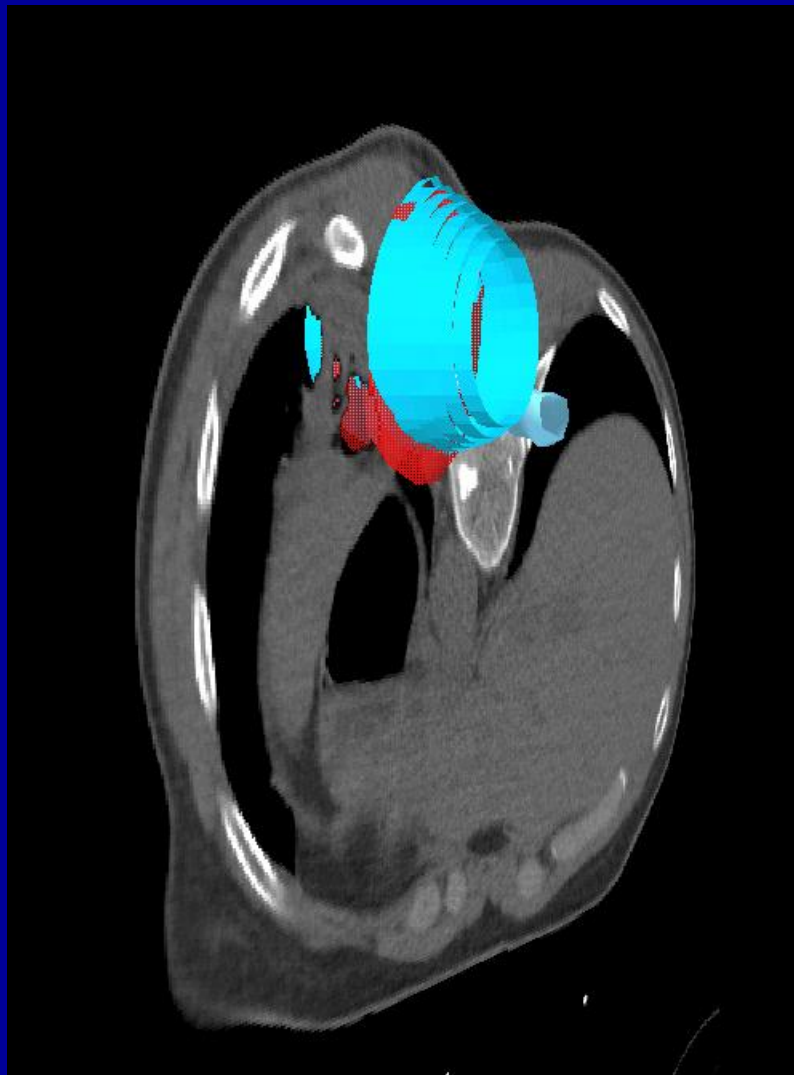
sarcoma

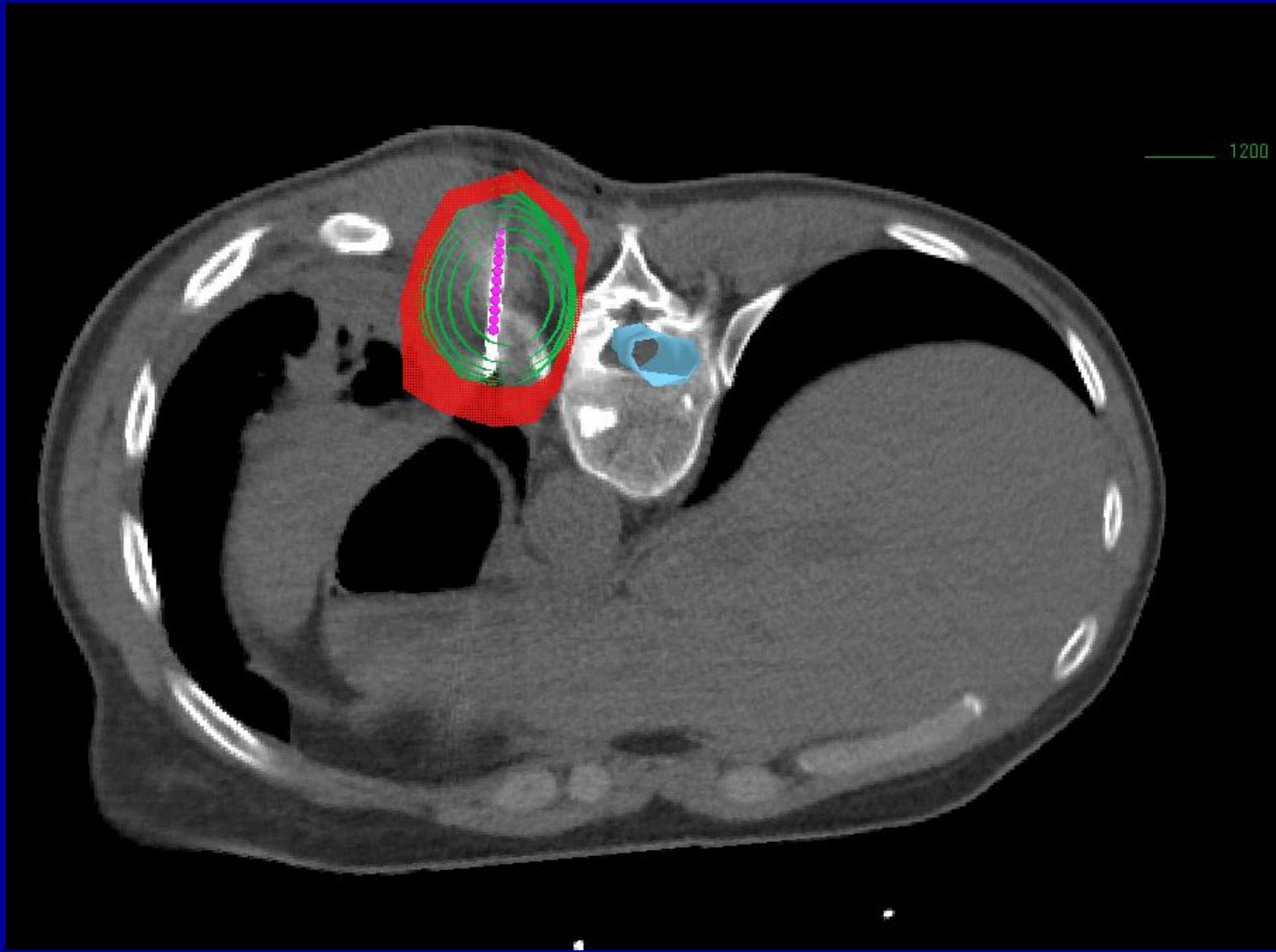




paravertebral metastases







Information: Calculated

P

1600

L

body

myelon

target

200

P

plan Date: 02.12.2004 14:15:33

therapy: 1 plan loaded

al Beam: Not loaded

ormation: Calculated

P

200

400

800

1600

2400

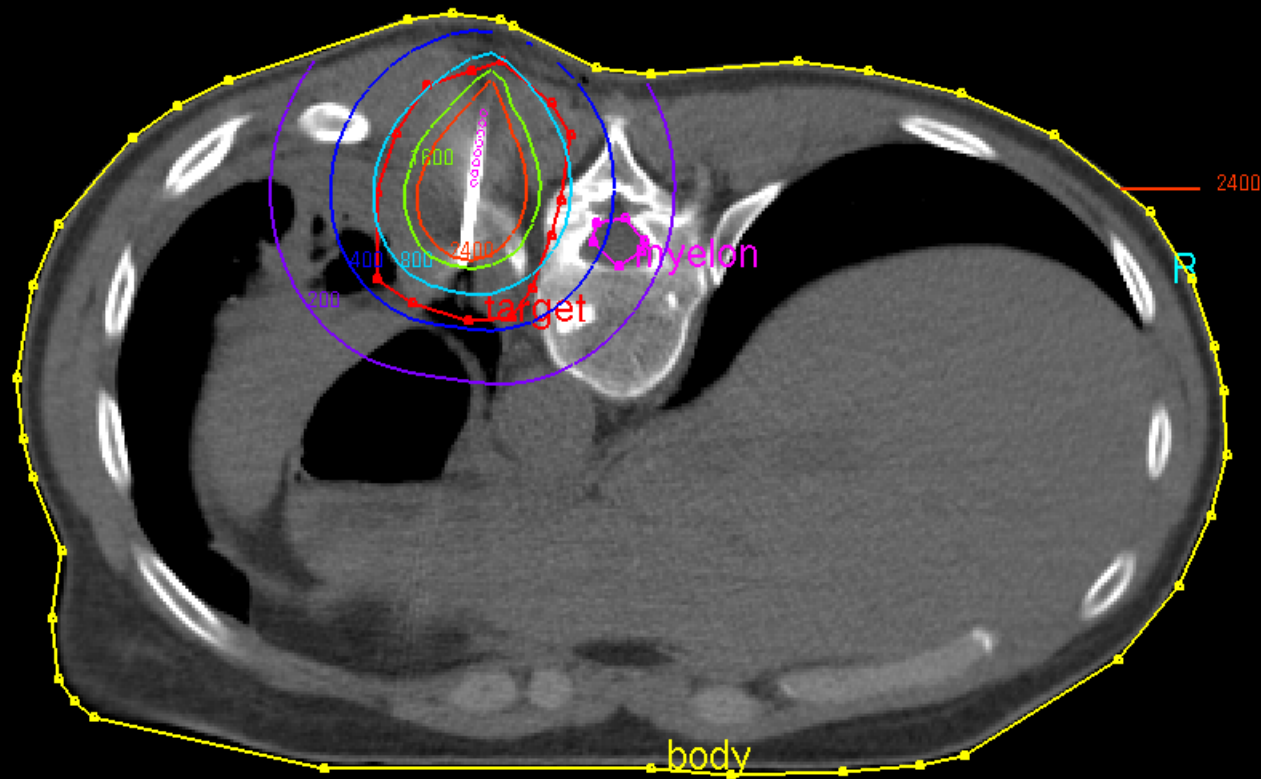
L

R

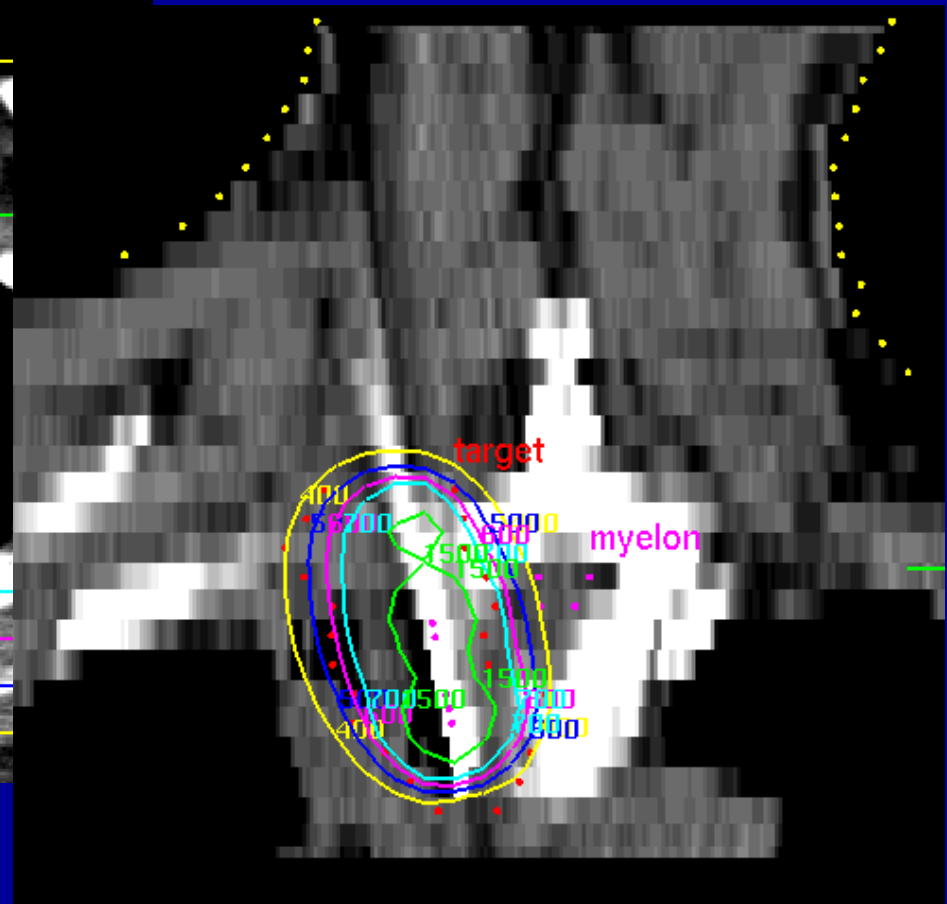
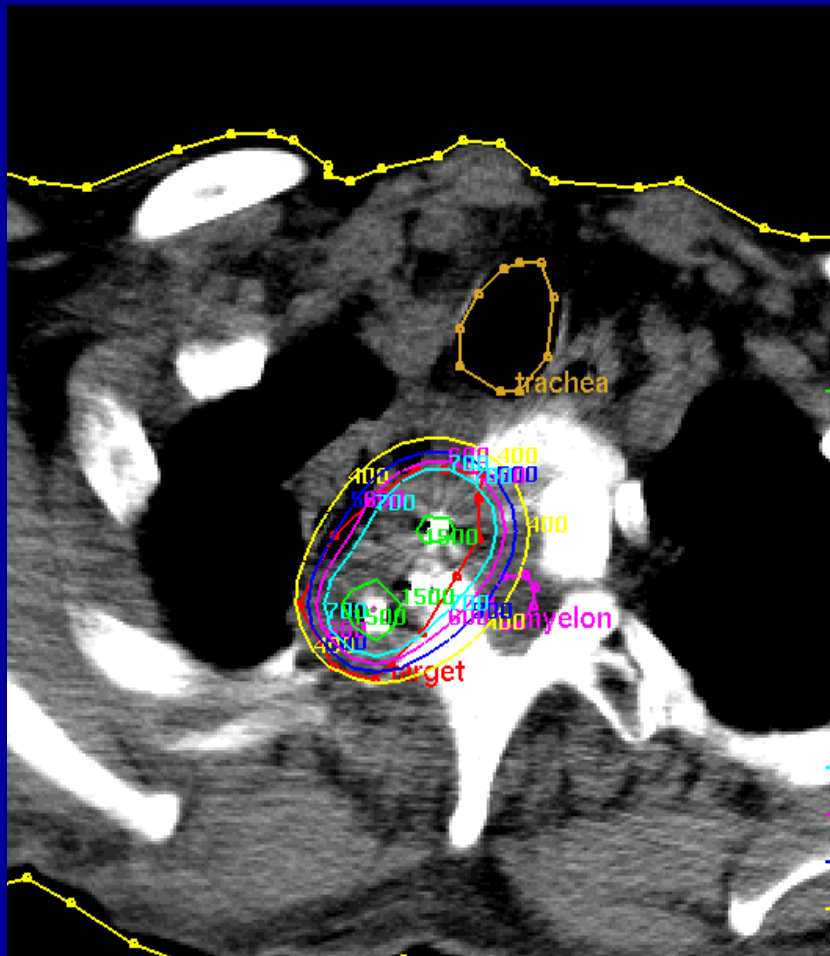
body

myelon

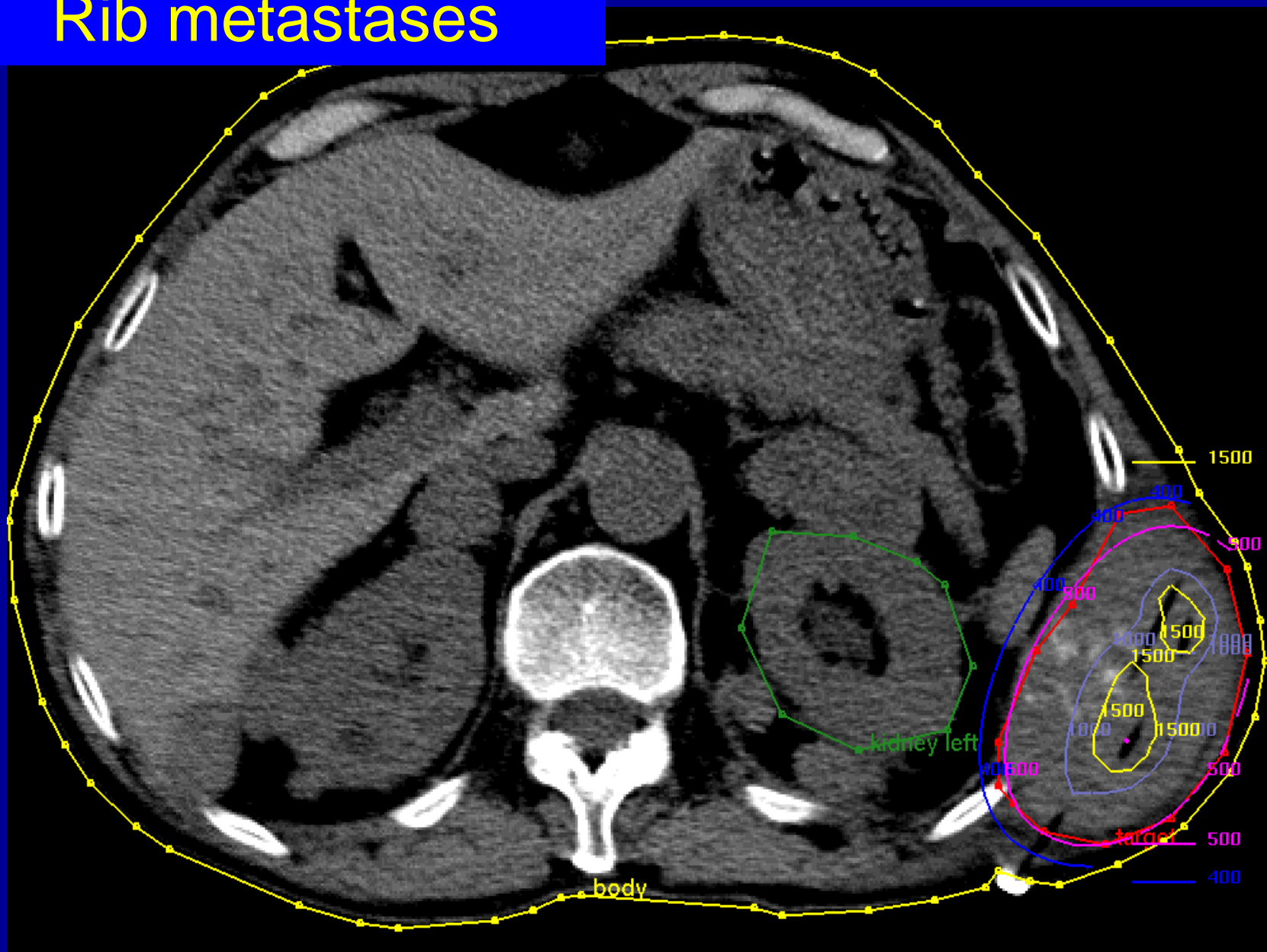
target



Preirradiated metastasis

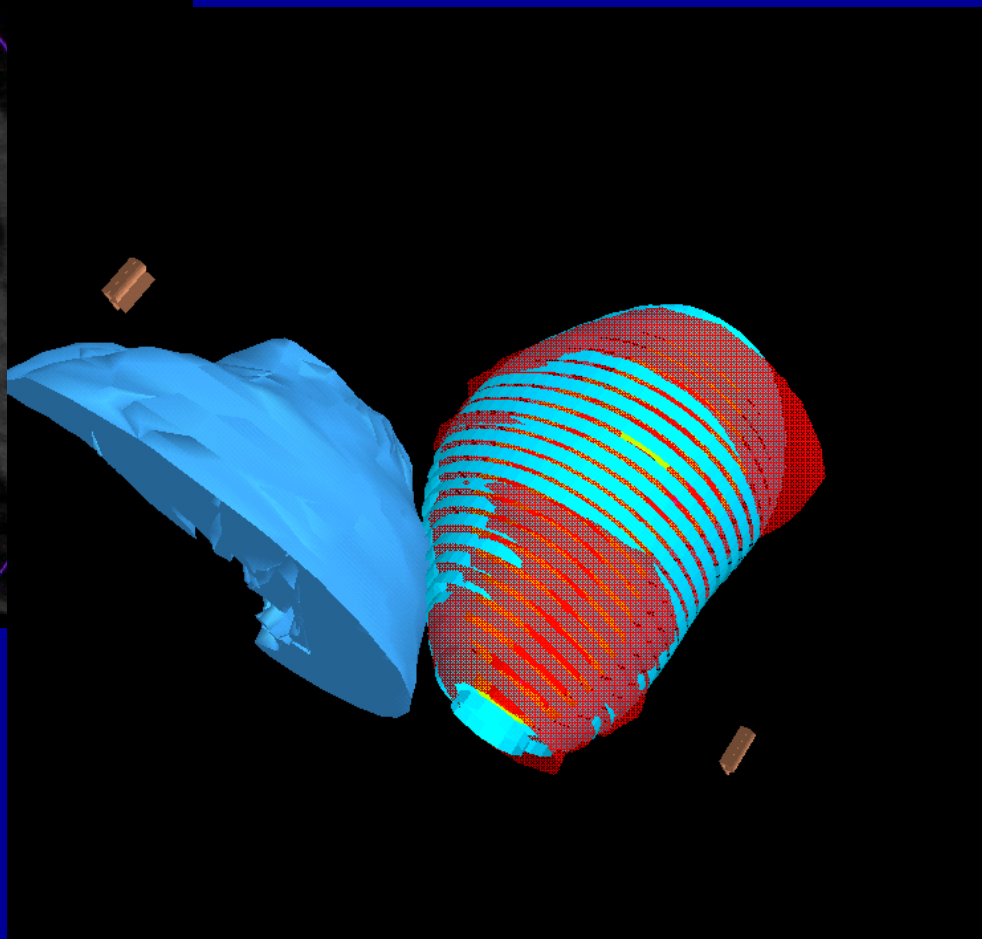
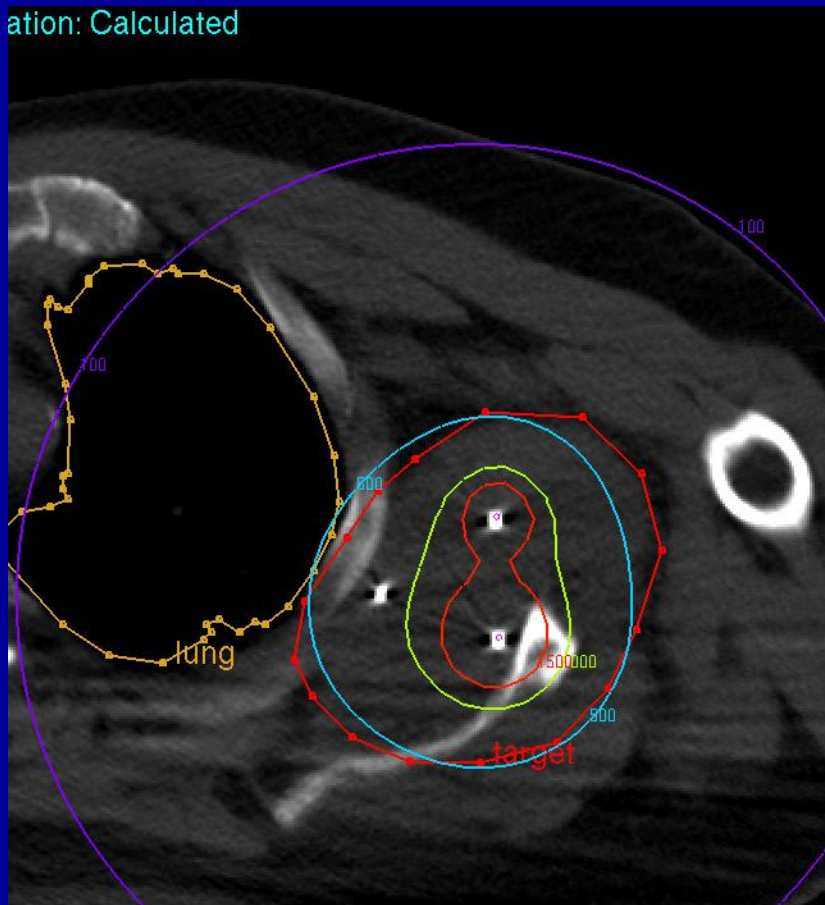


Rib metastases

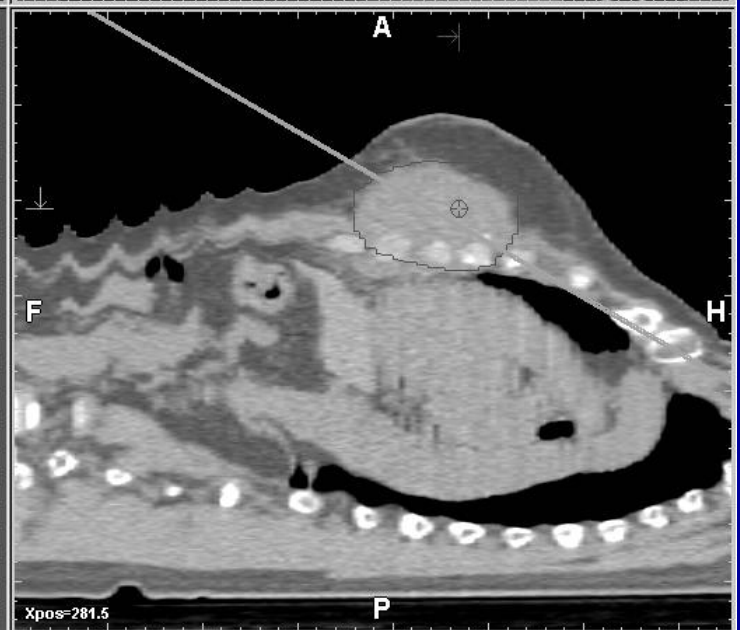
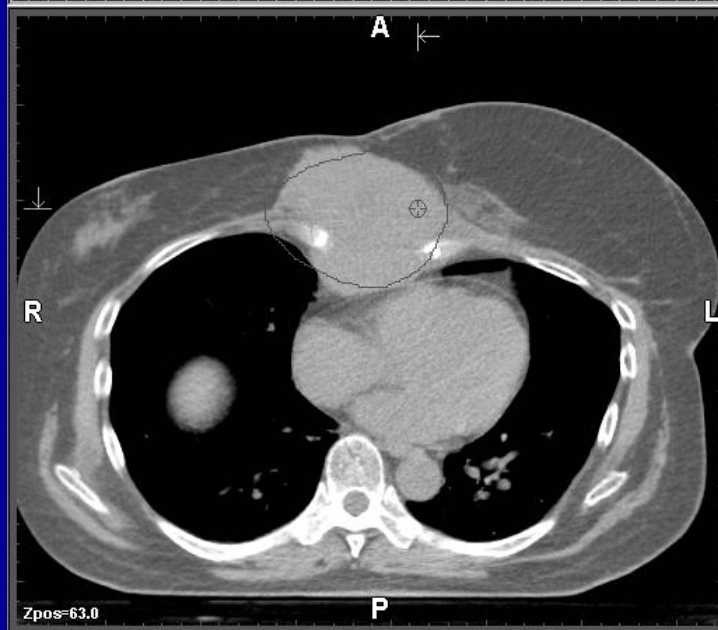
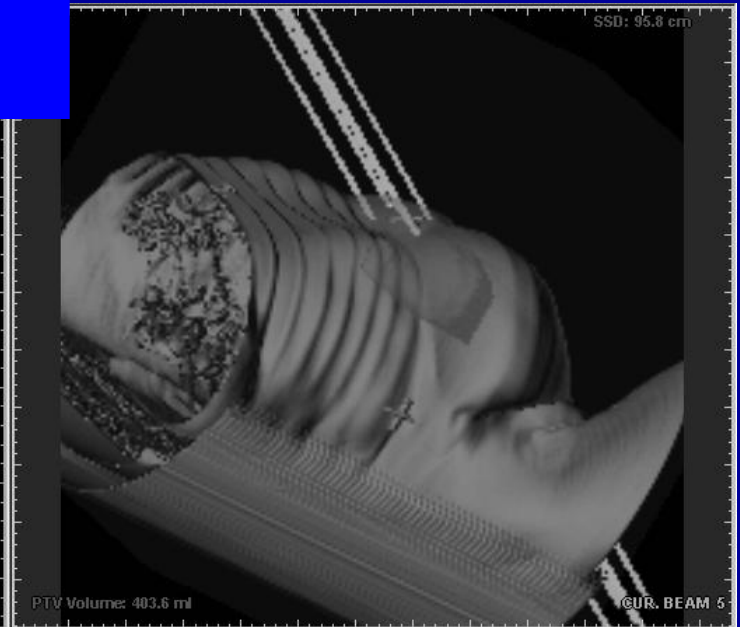
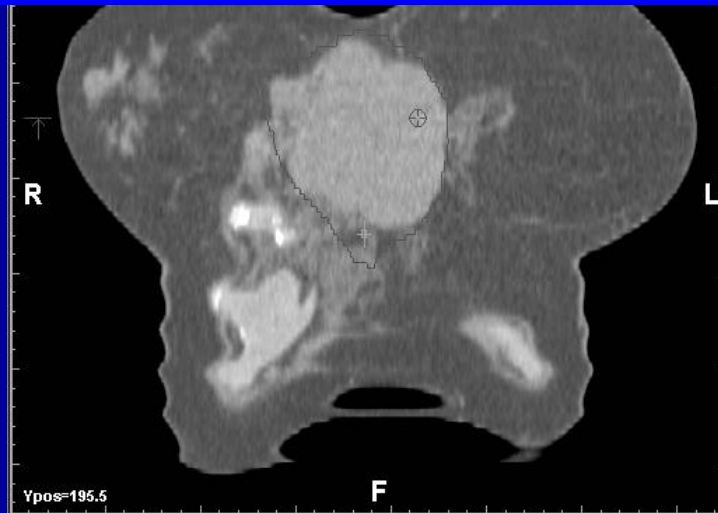


Axilla Metastasis

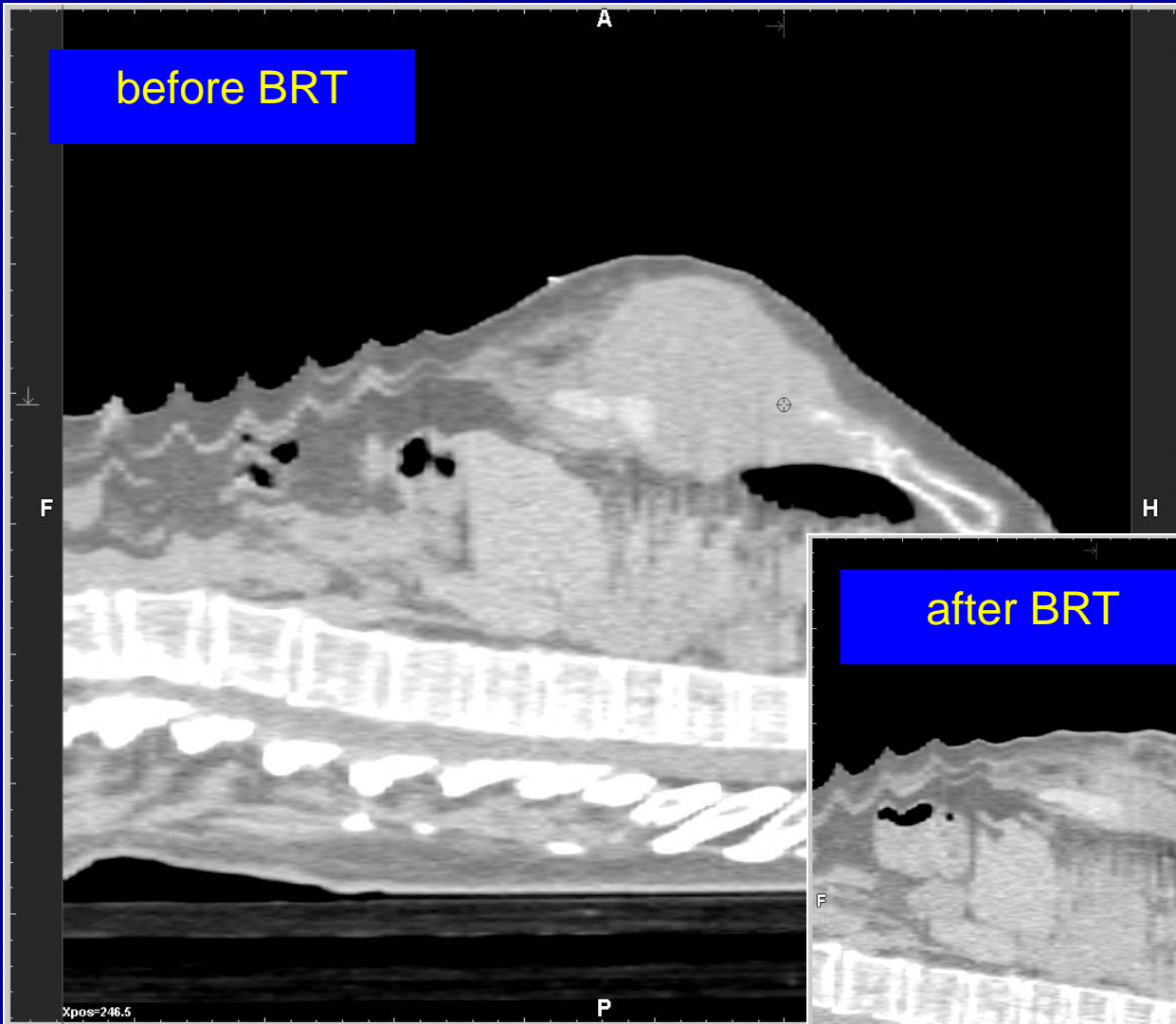
ation: Calculated



Sternal metastases in a patient with breast cancer

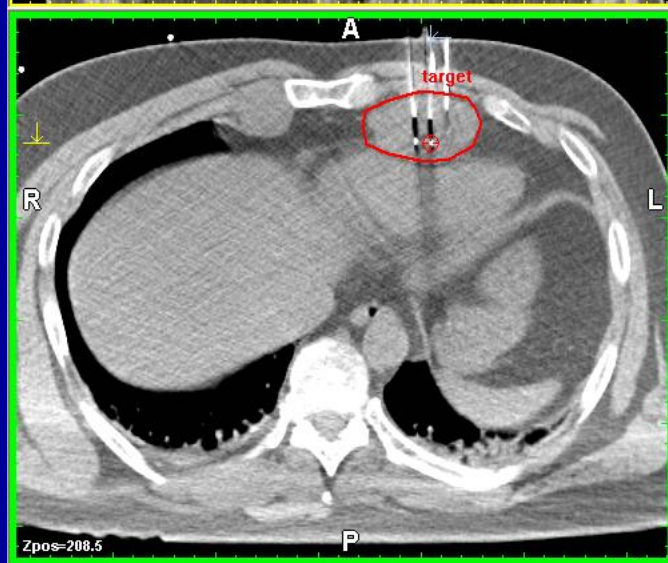
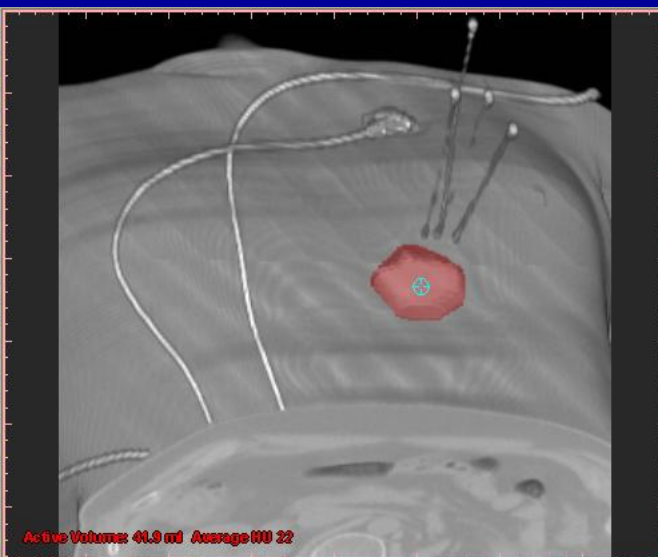


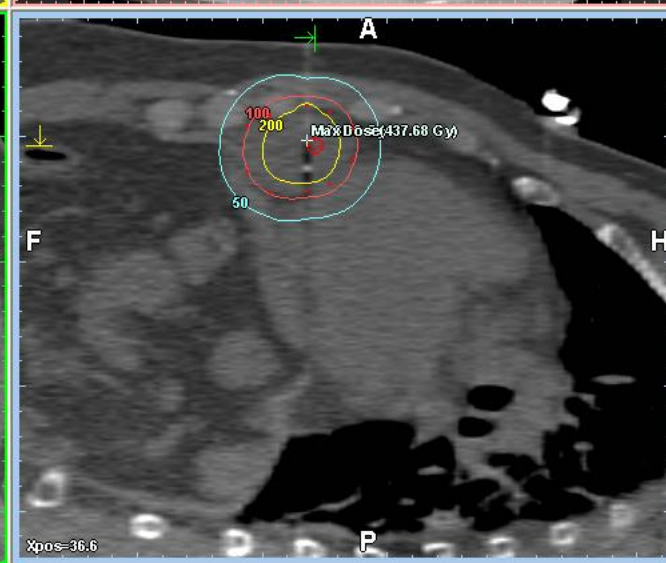
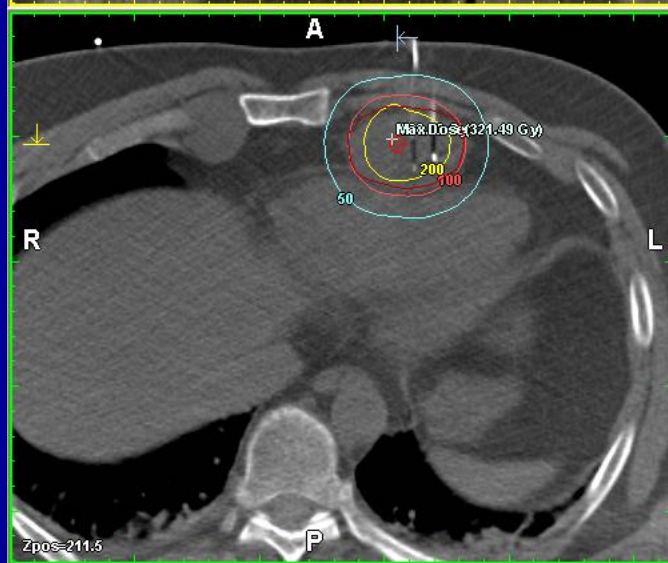
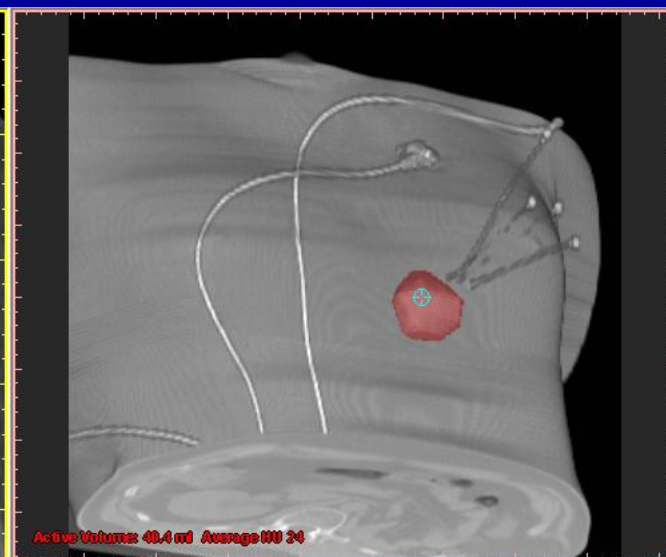
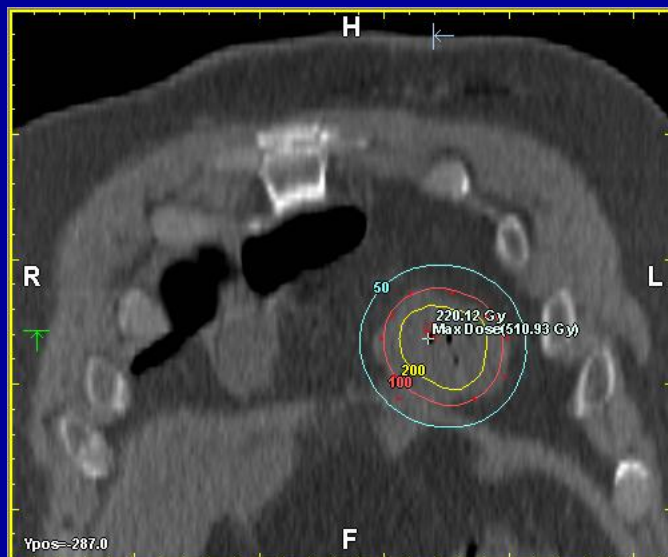
before BRT

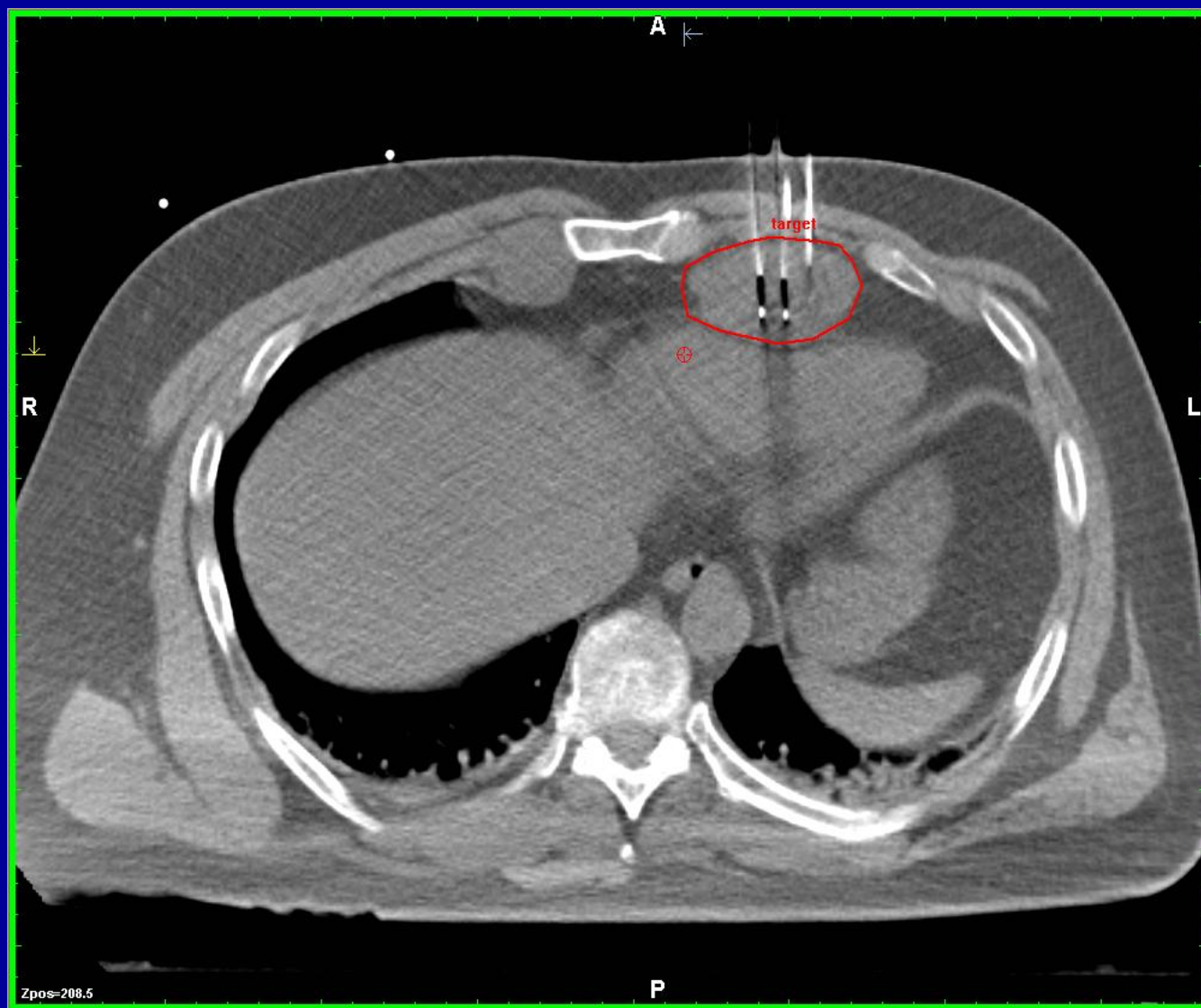


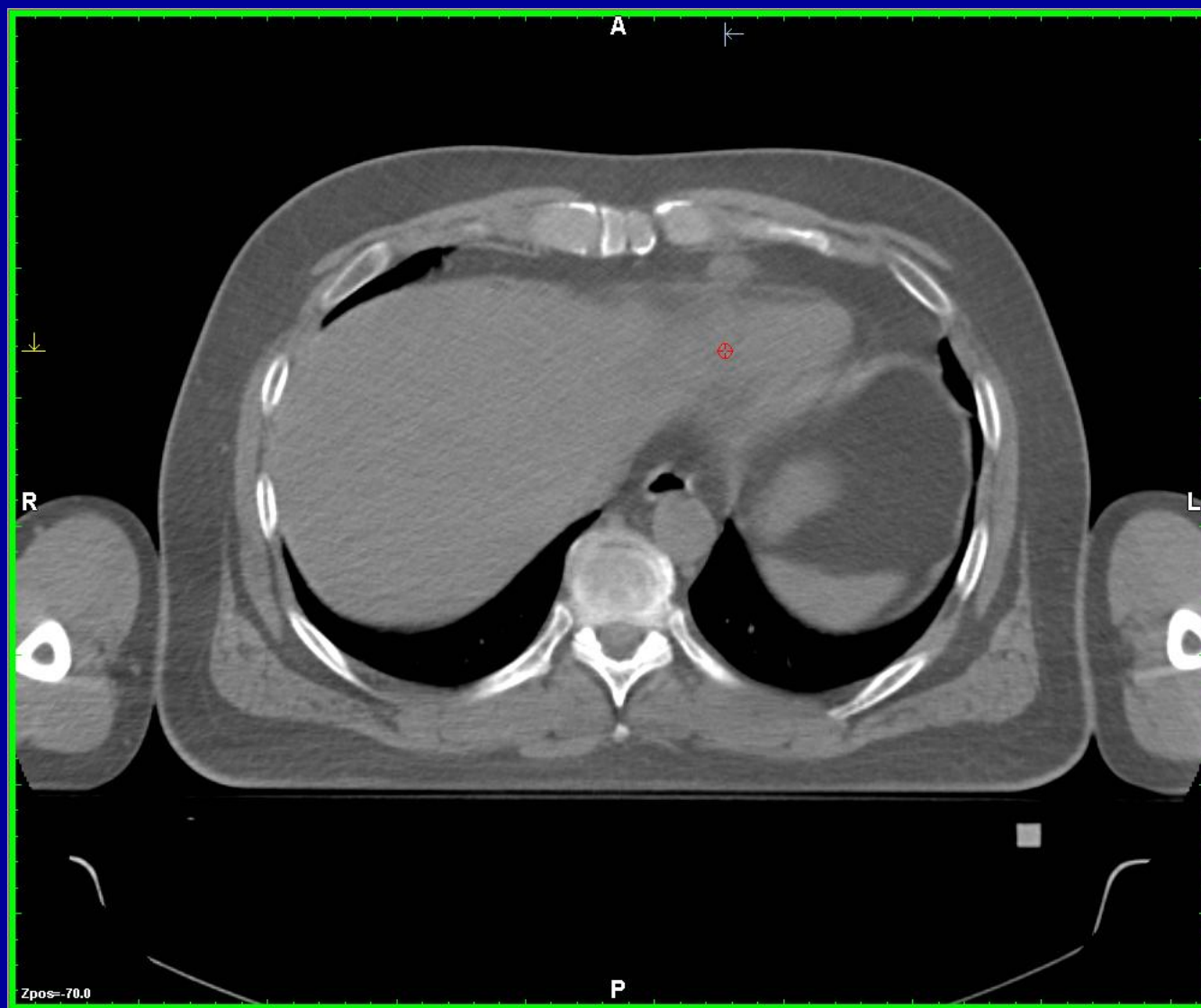
after BRT











Brachytherapy in Thoracic Wall Recurrences

CR 18/38 pat. PR 19/38 pat.

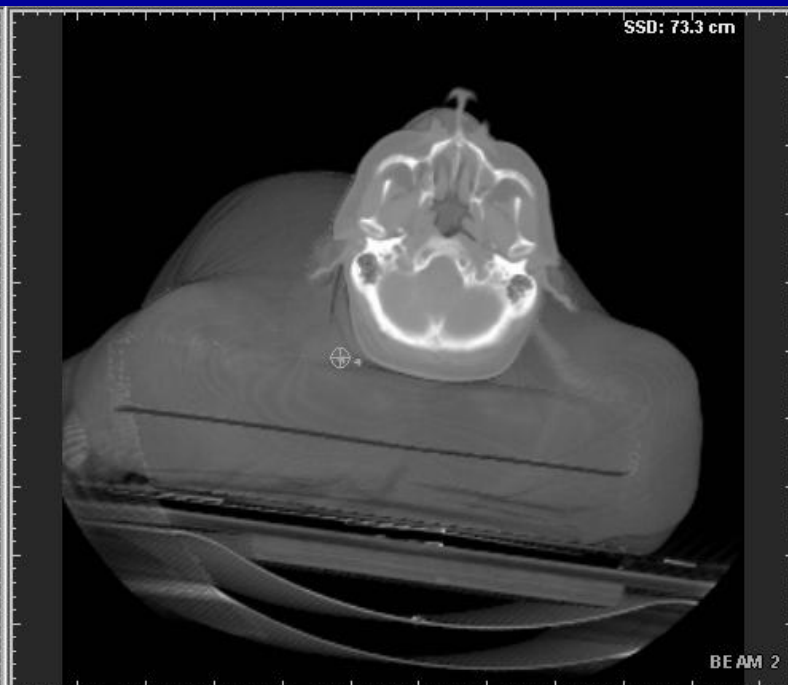
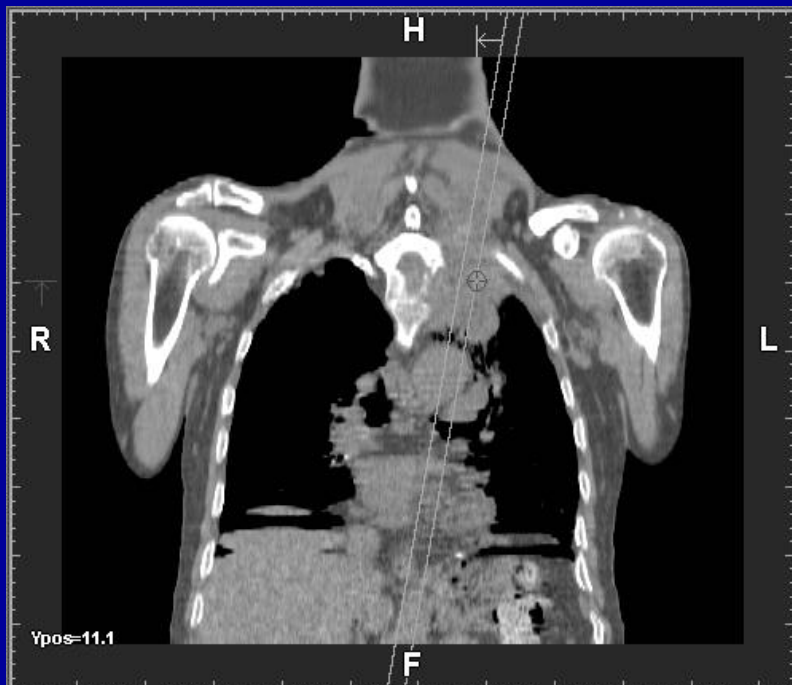
**Local Control after 6 months :
34/38 patients**

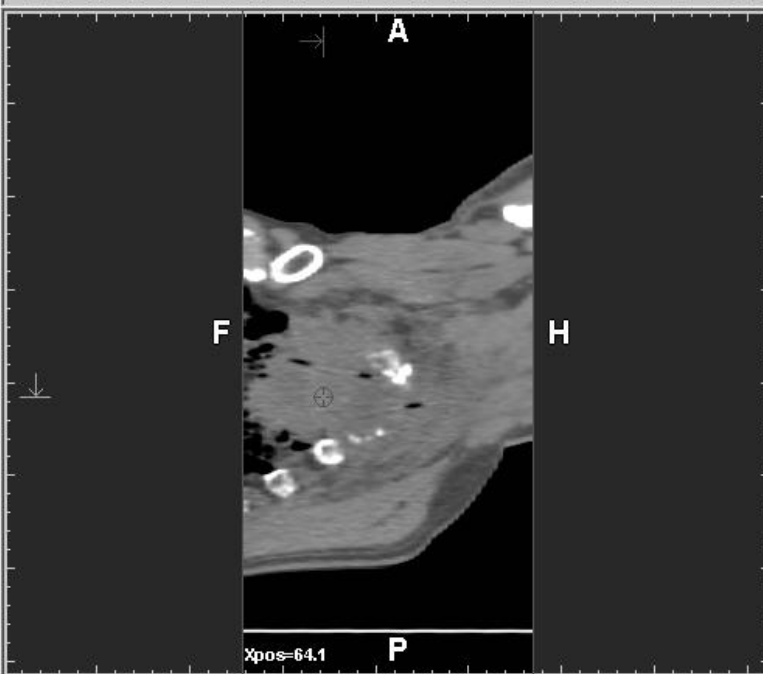
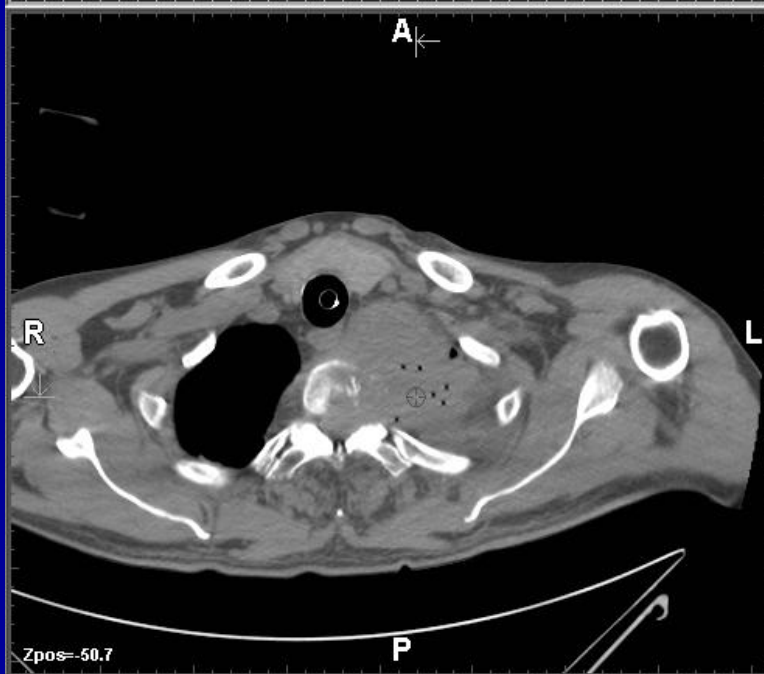
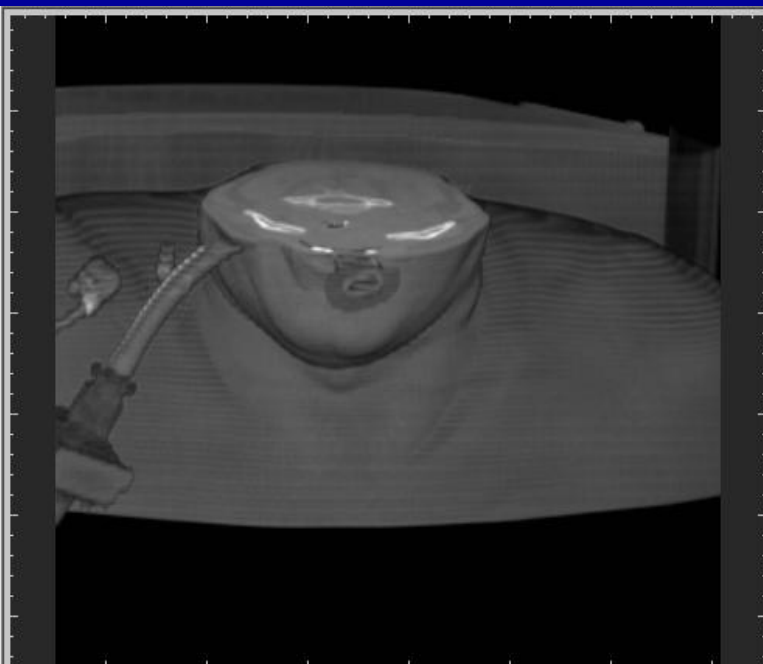
Pain releaf 37/38pat.

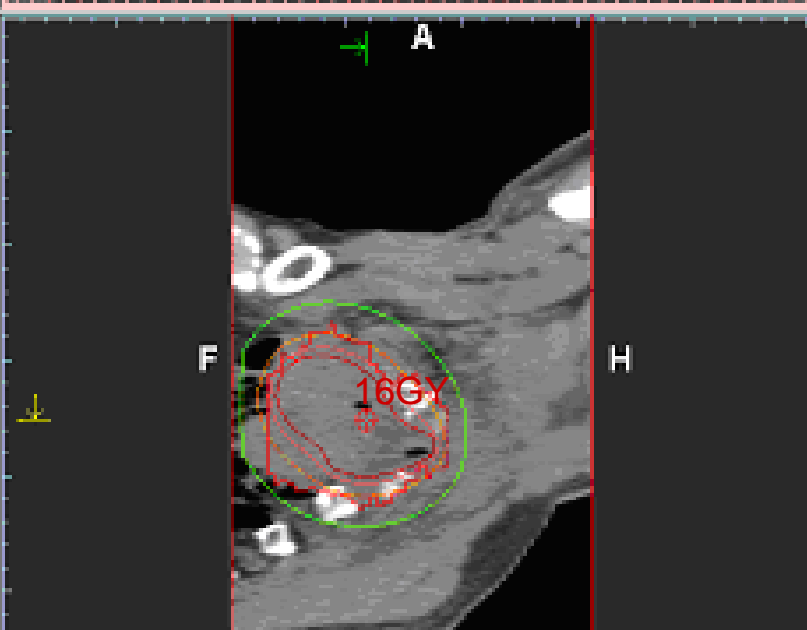
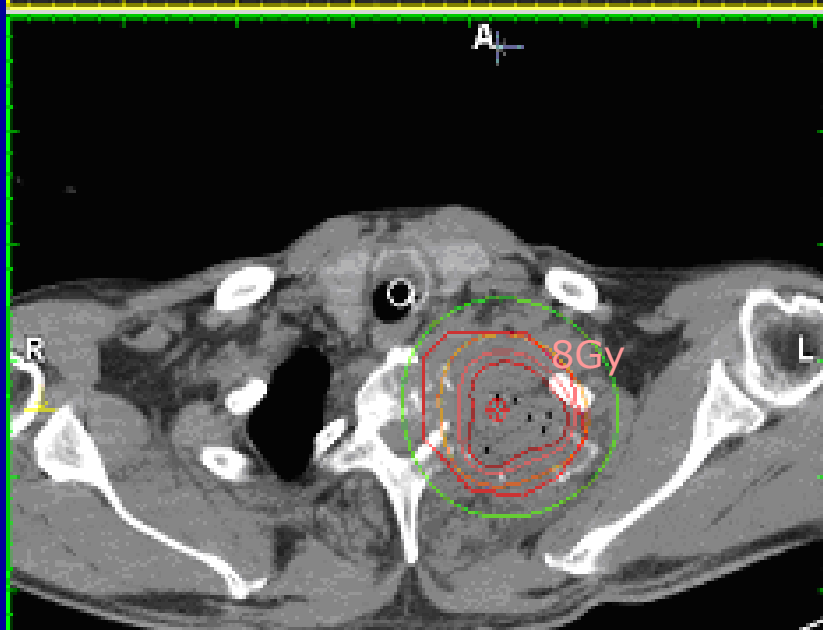
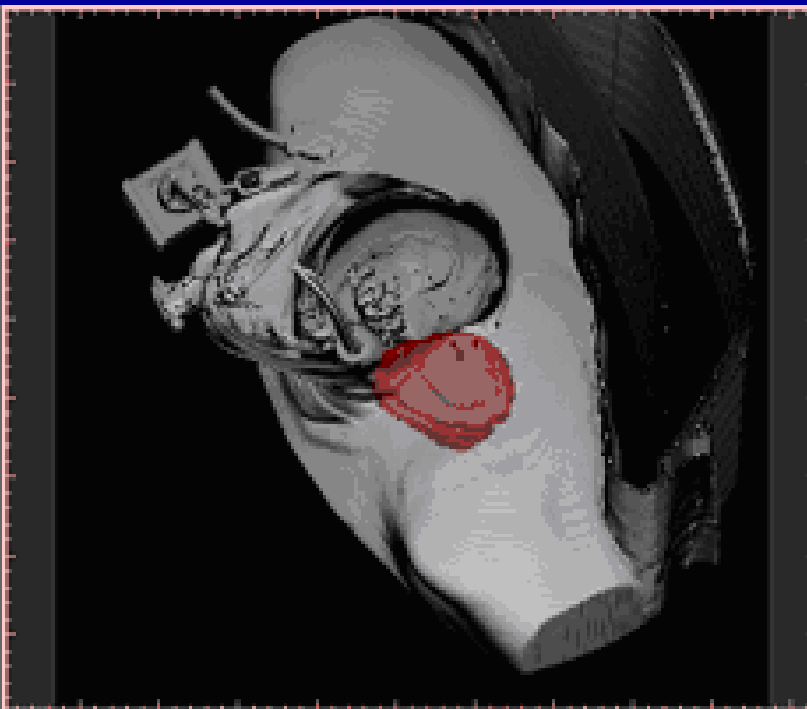
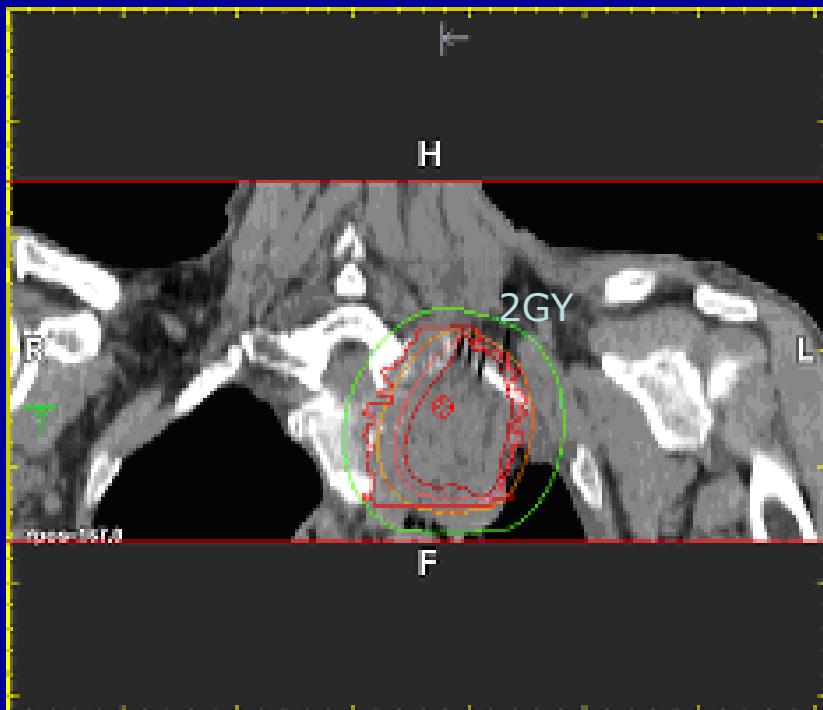
Lung

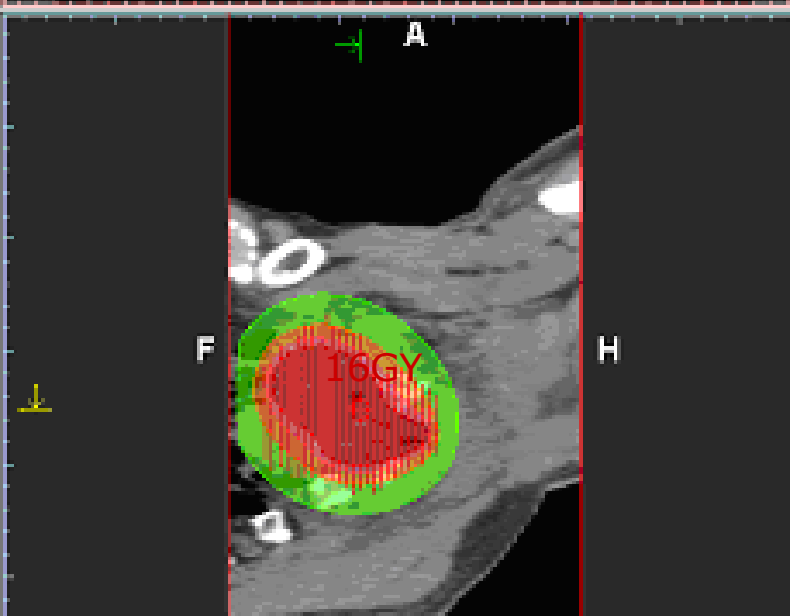
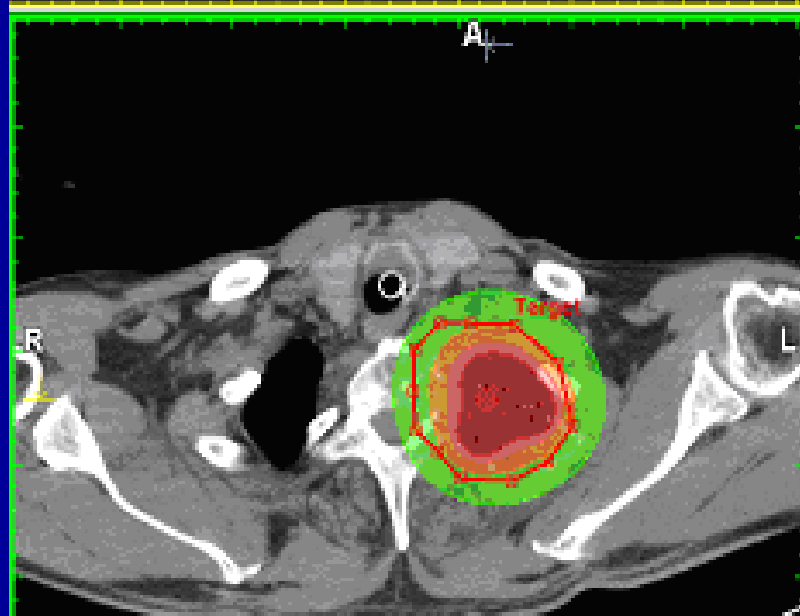
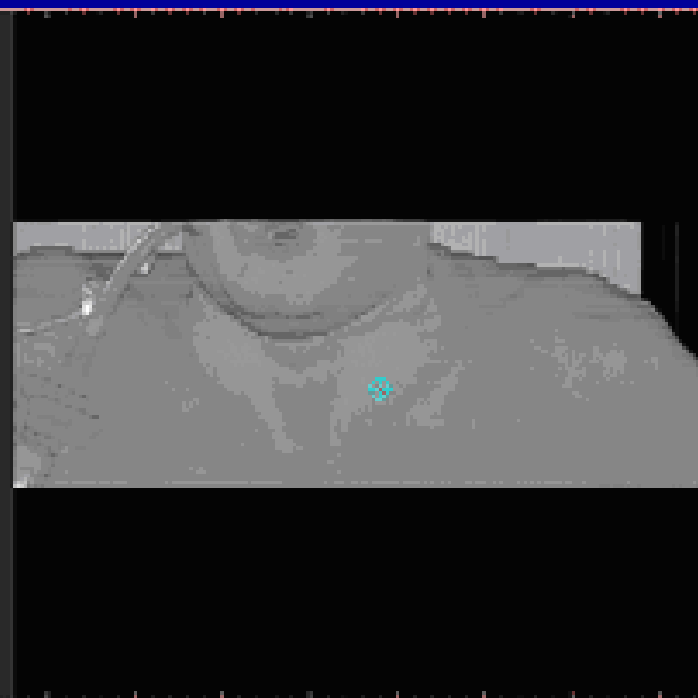
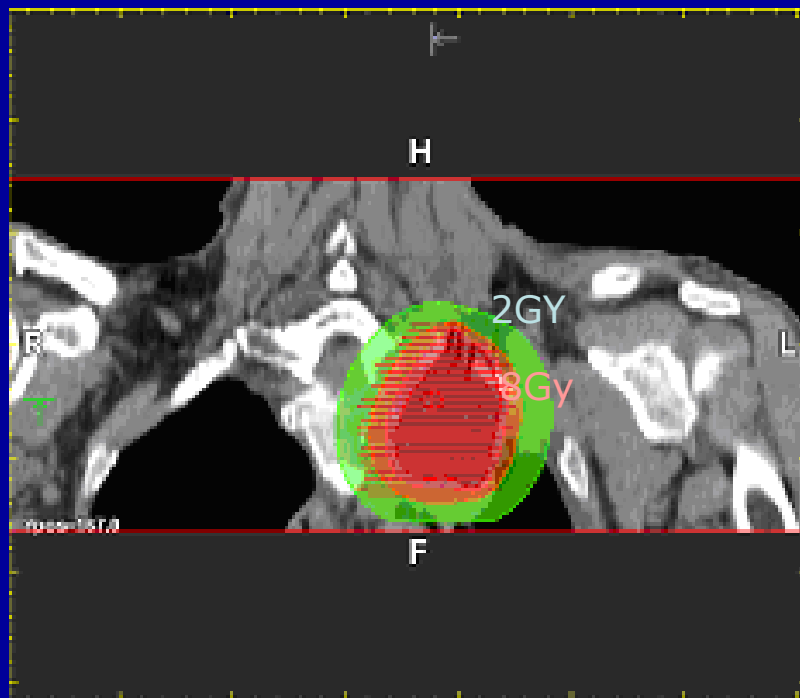
Method

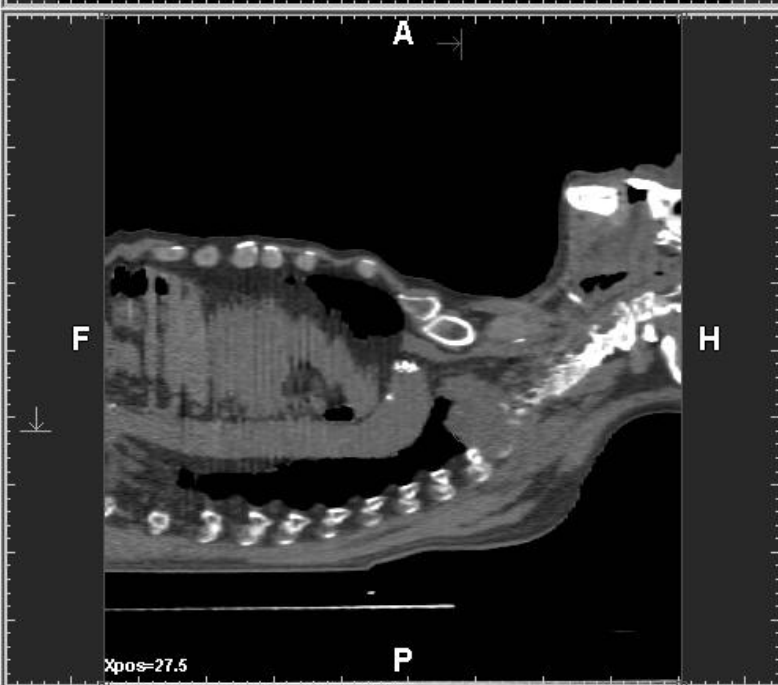
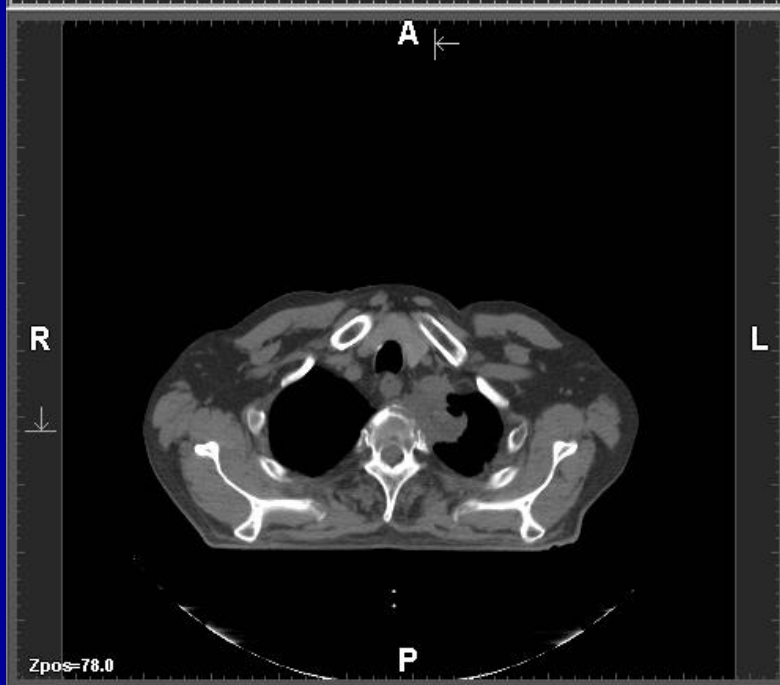
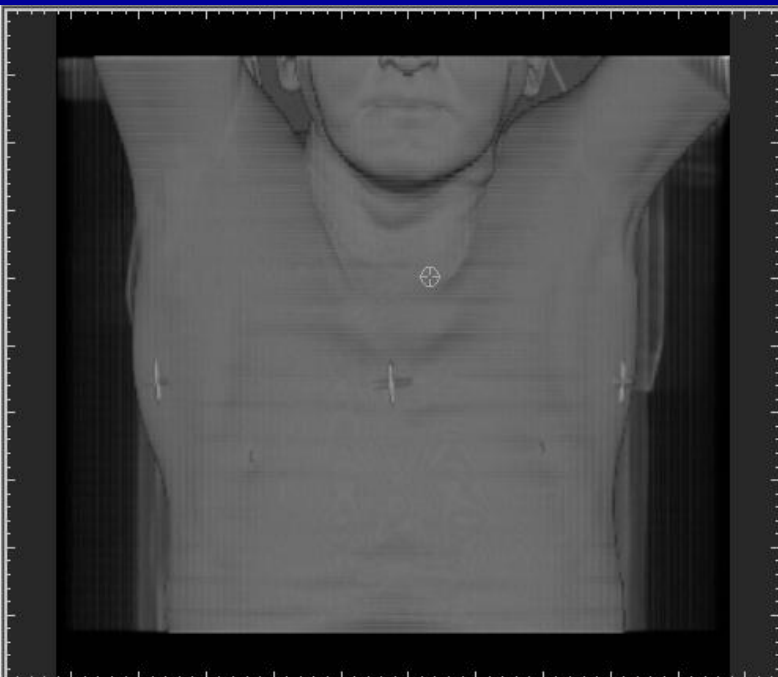
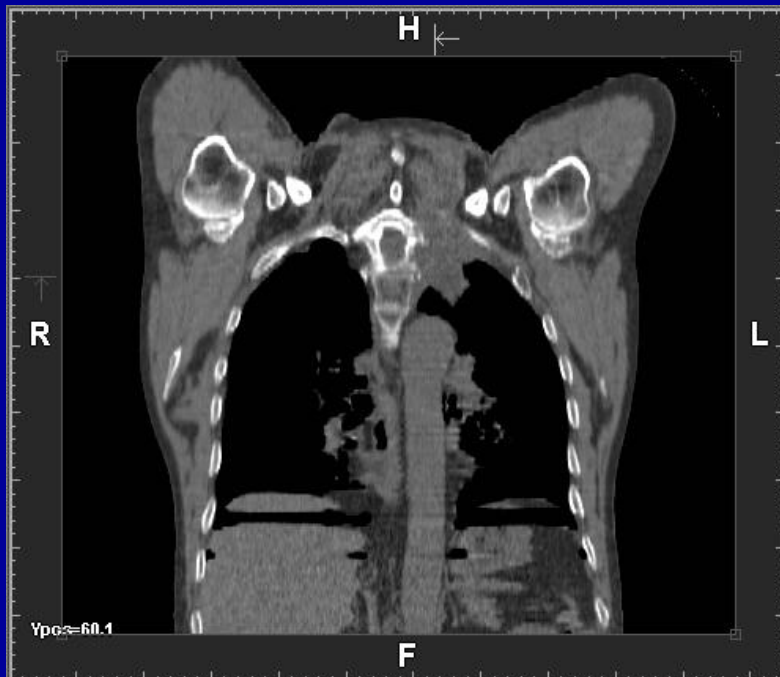
Preplanning

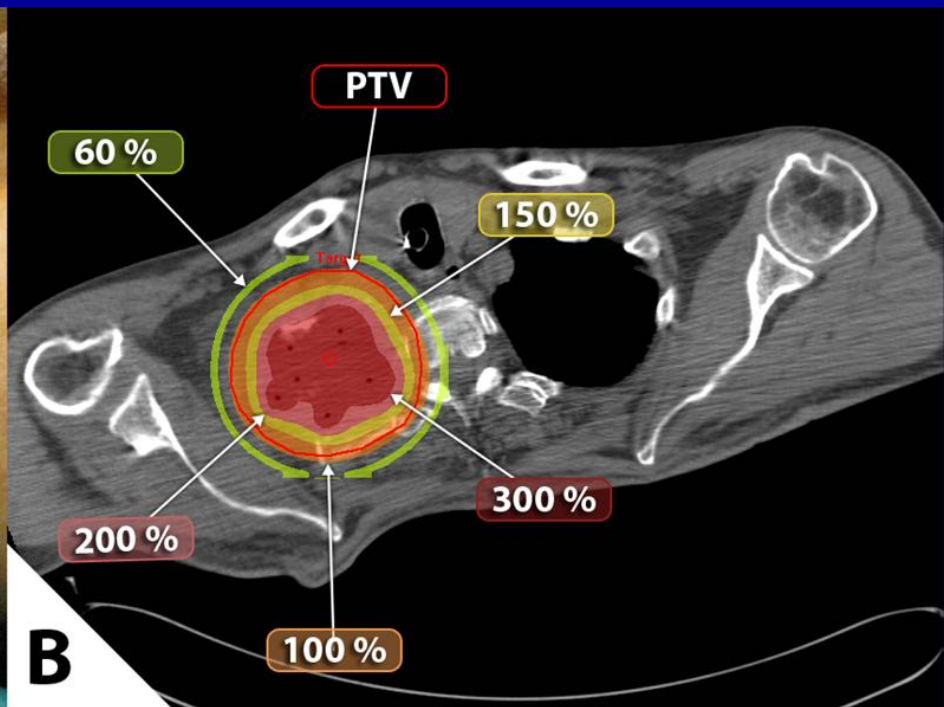


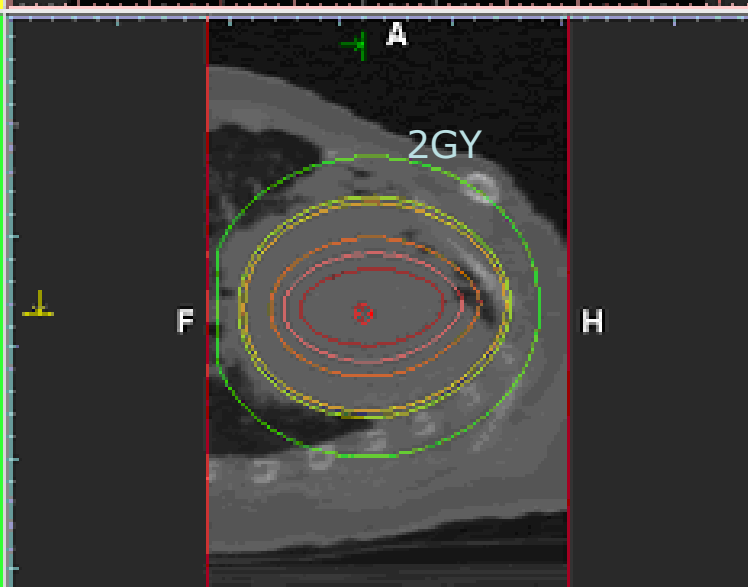
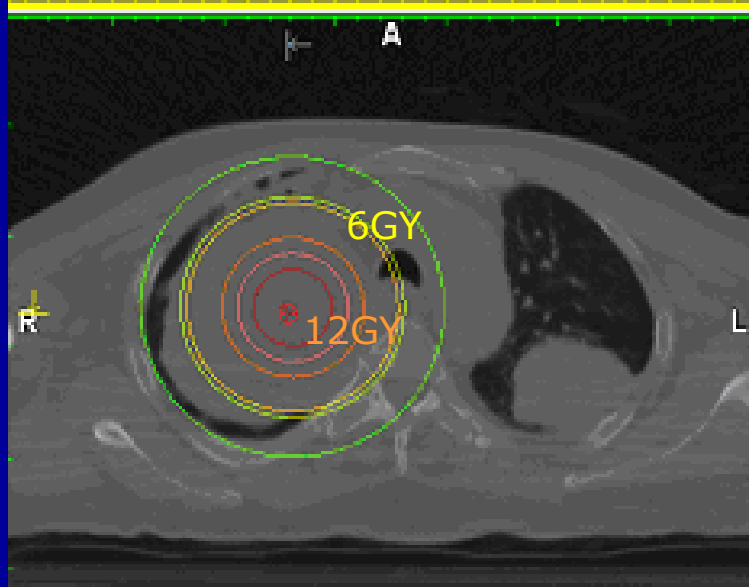
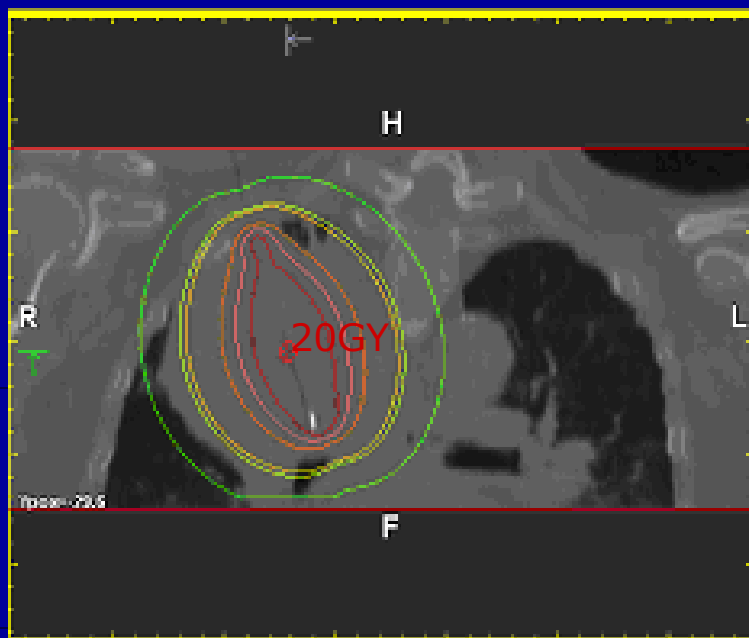




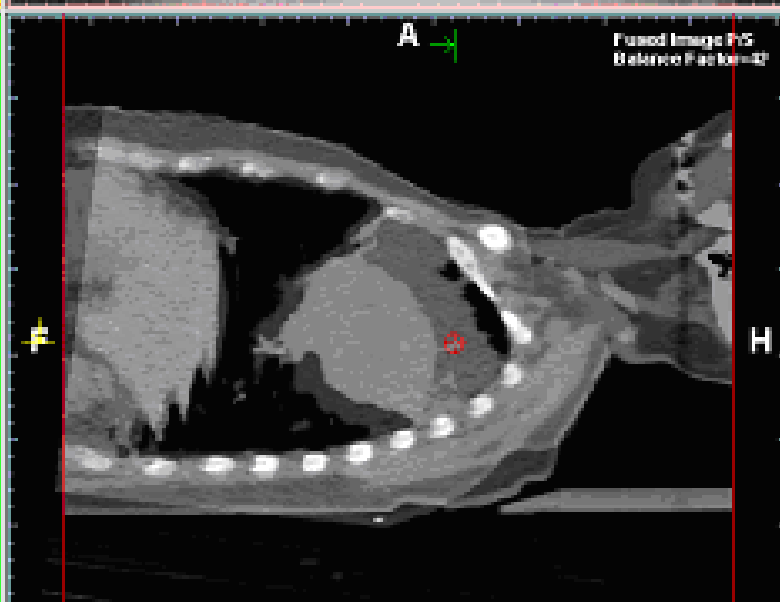
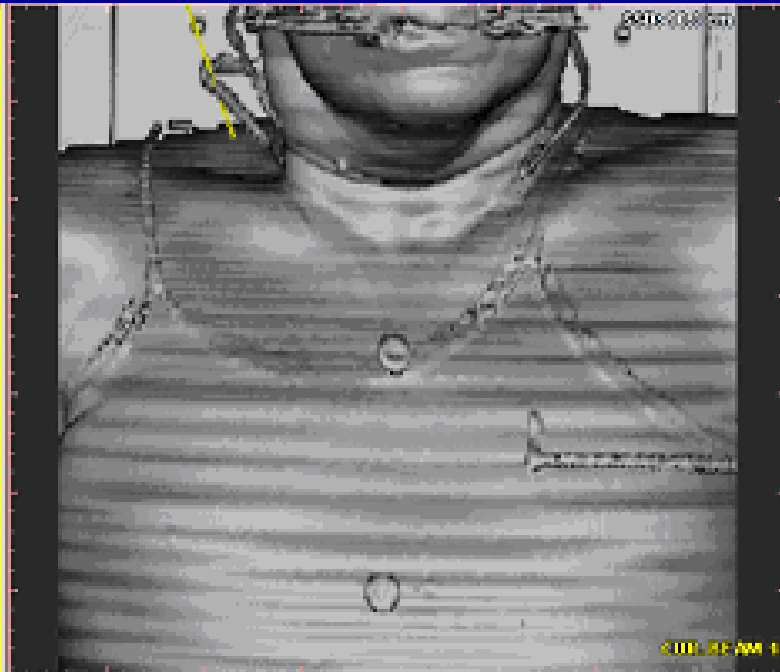
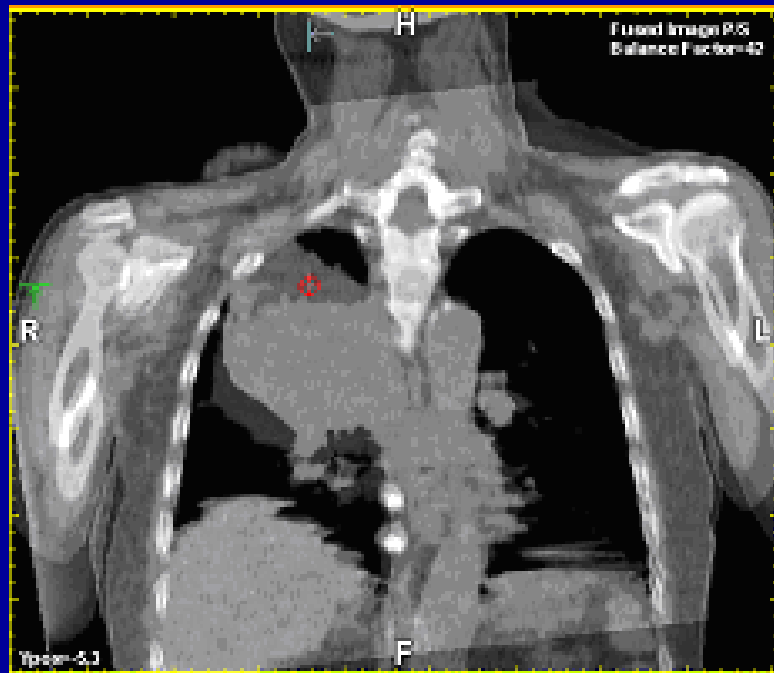




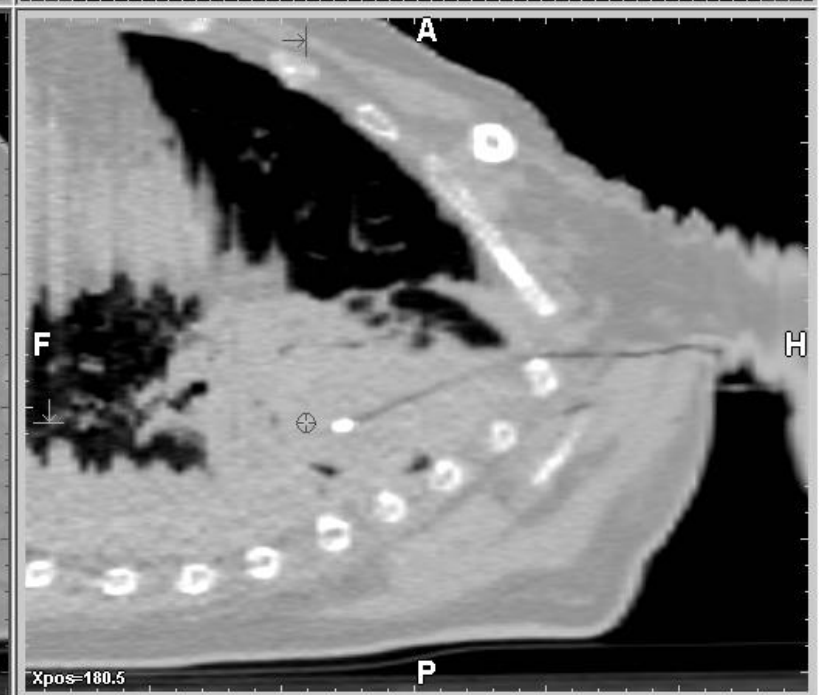
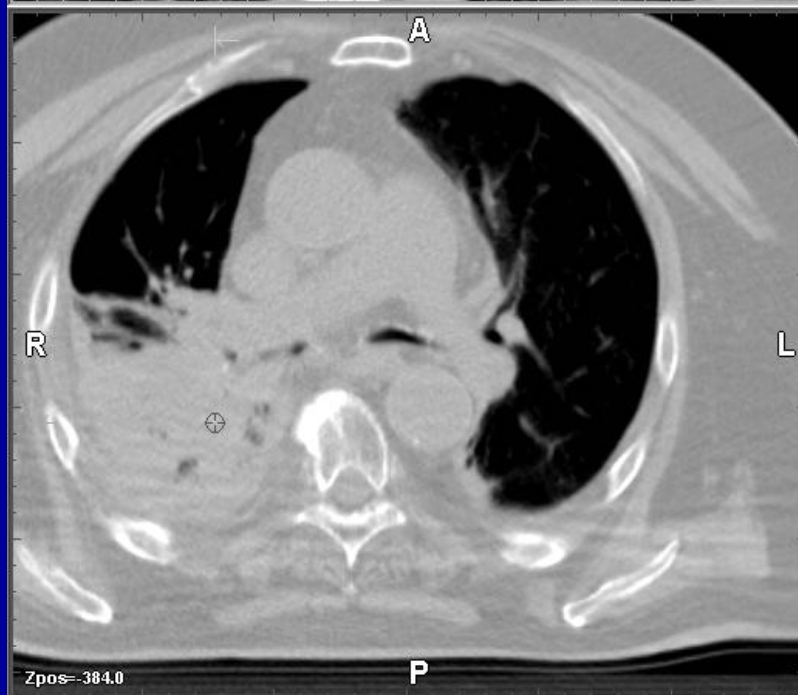
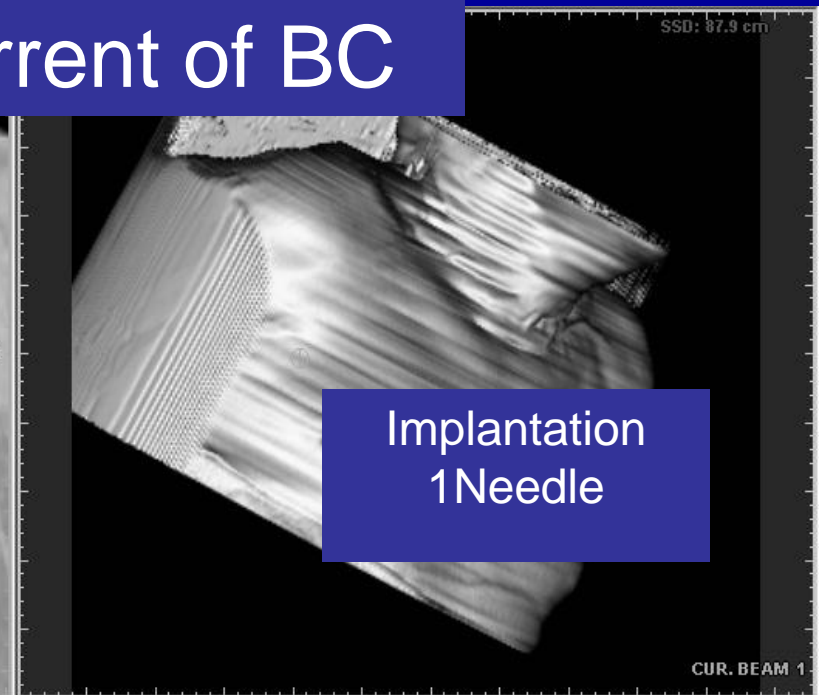
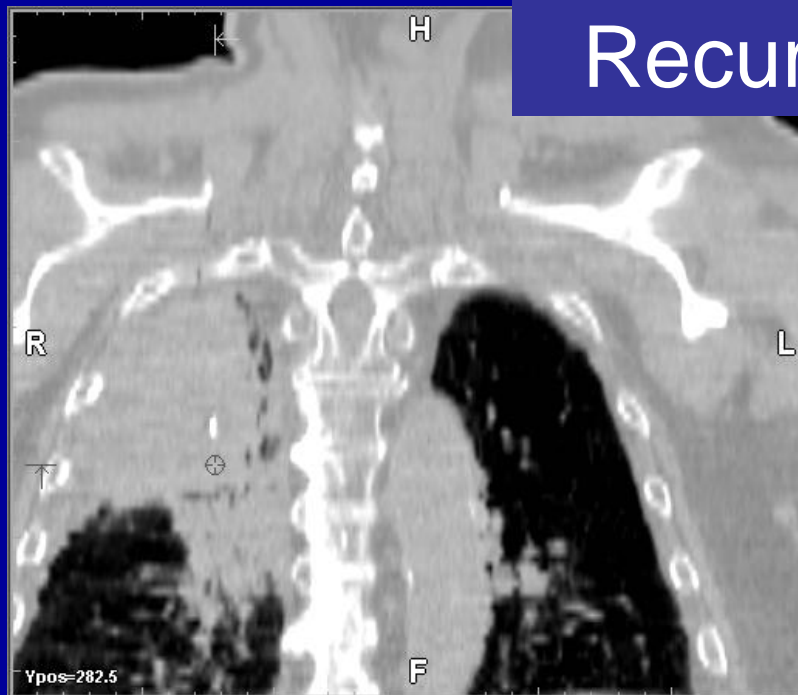




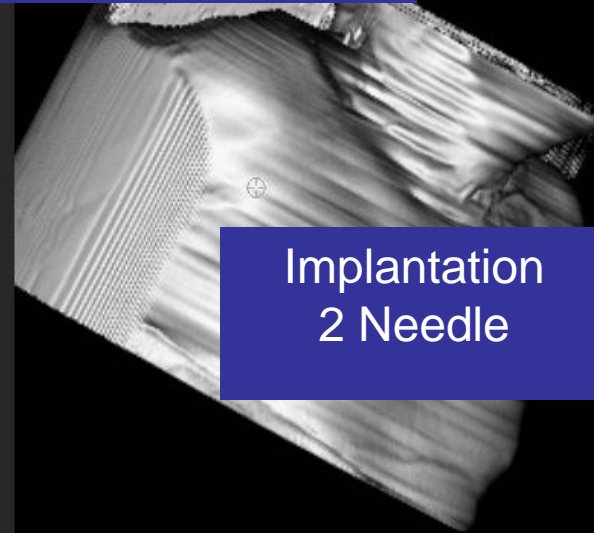
CT-Fusion: before Vs 12days after 32 Gy IRT



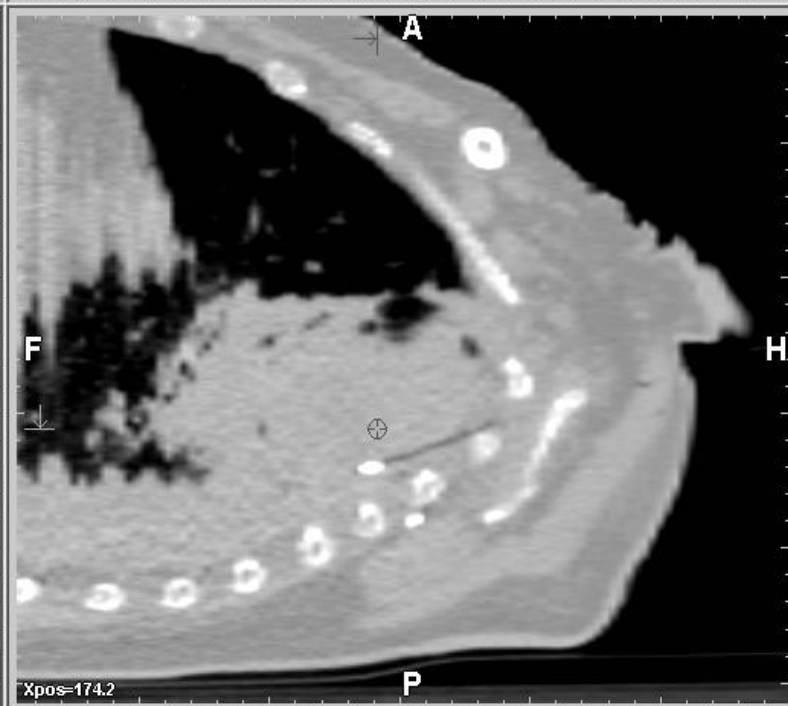
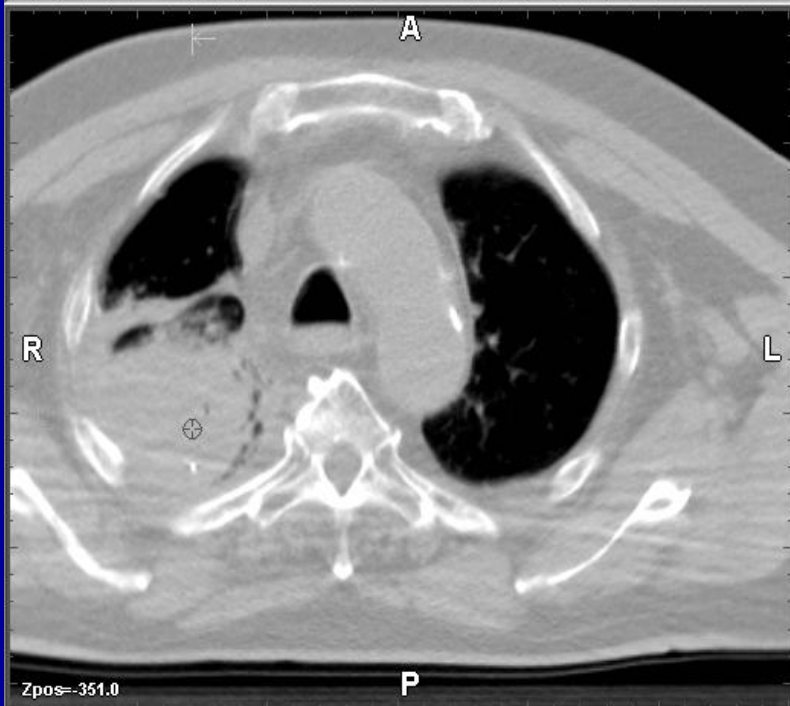
Recurrent of BC



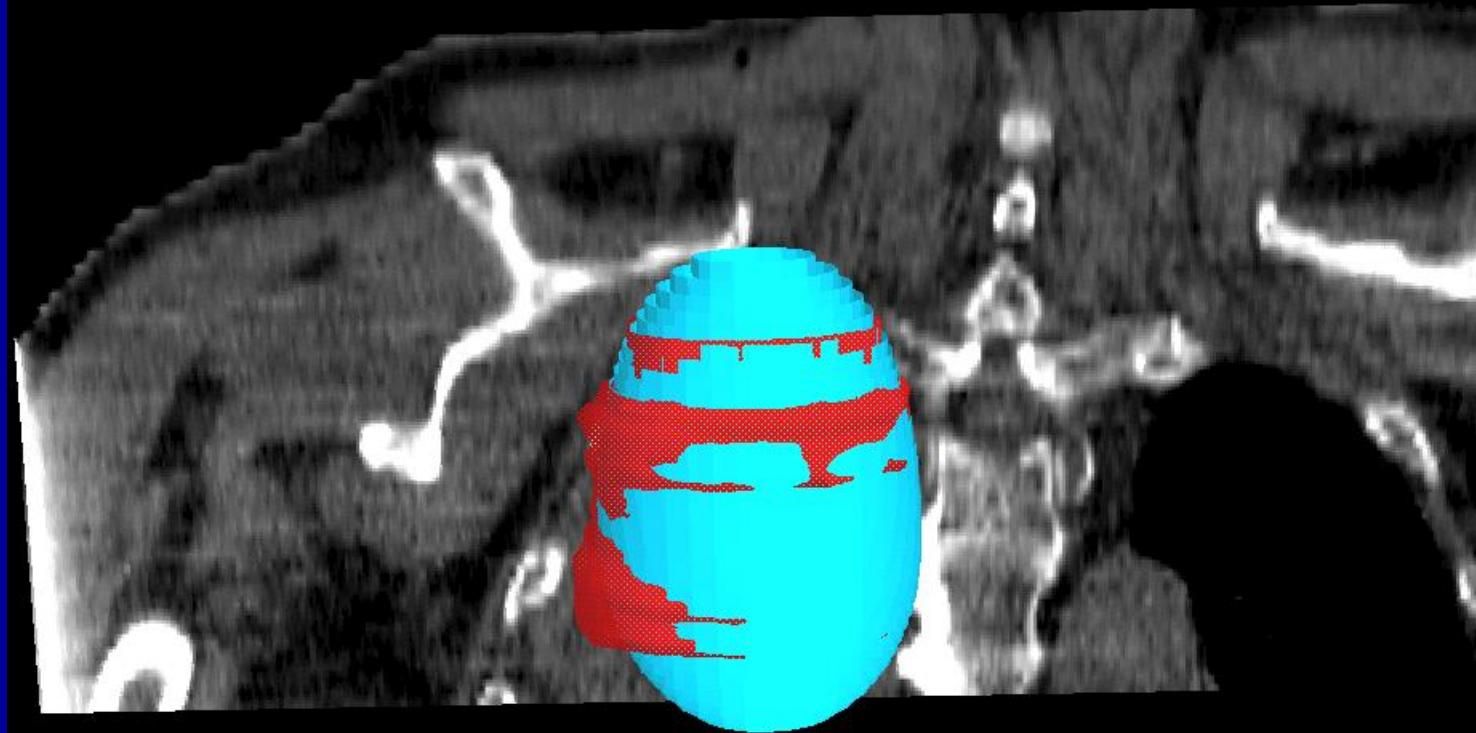
Recurrent of BC



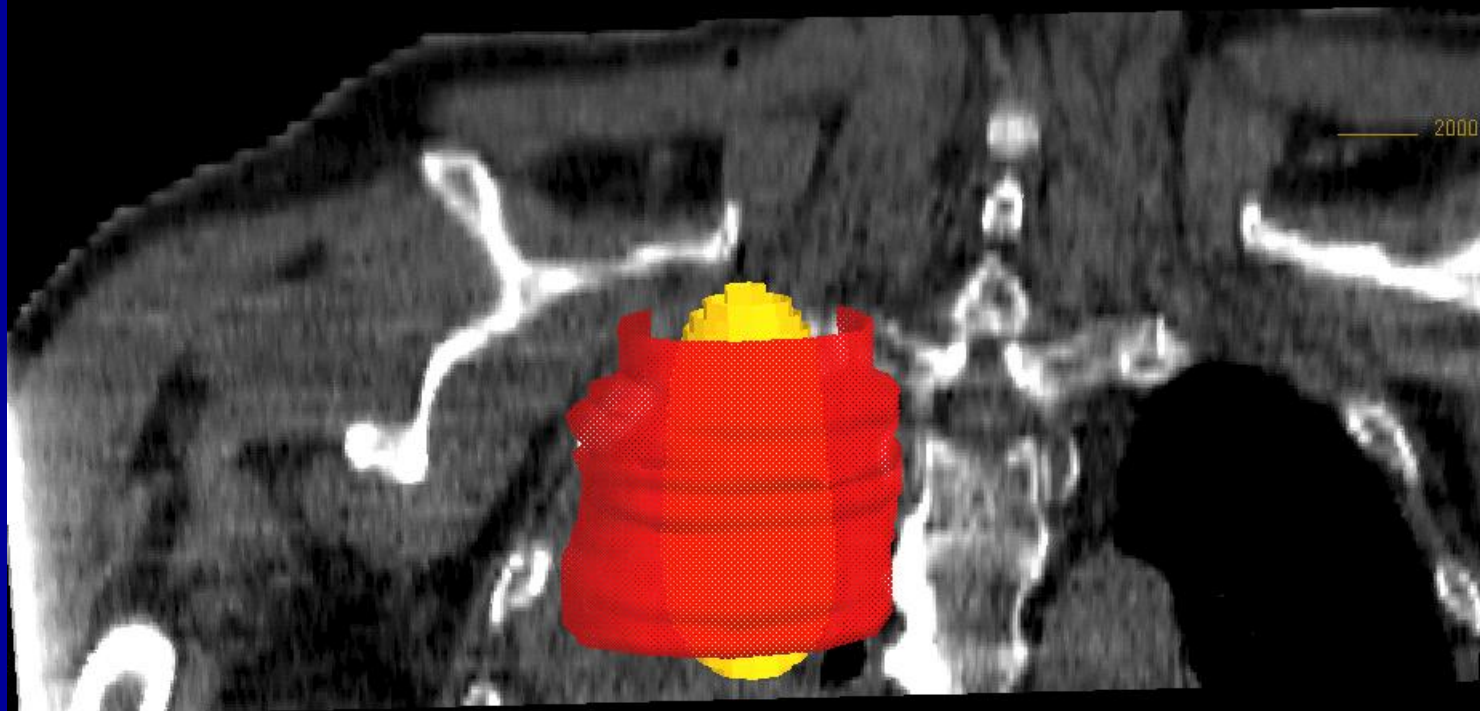
Implantation
2 Needle

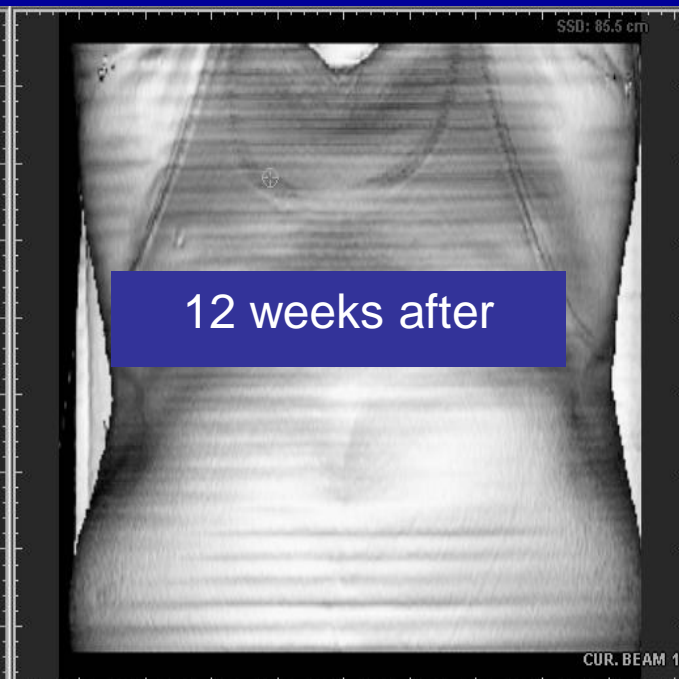
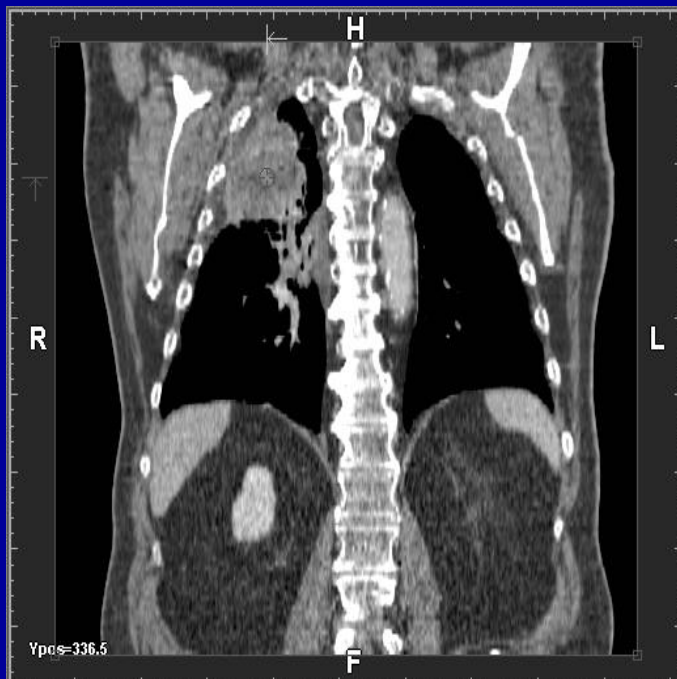


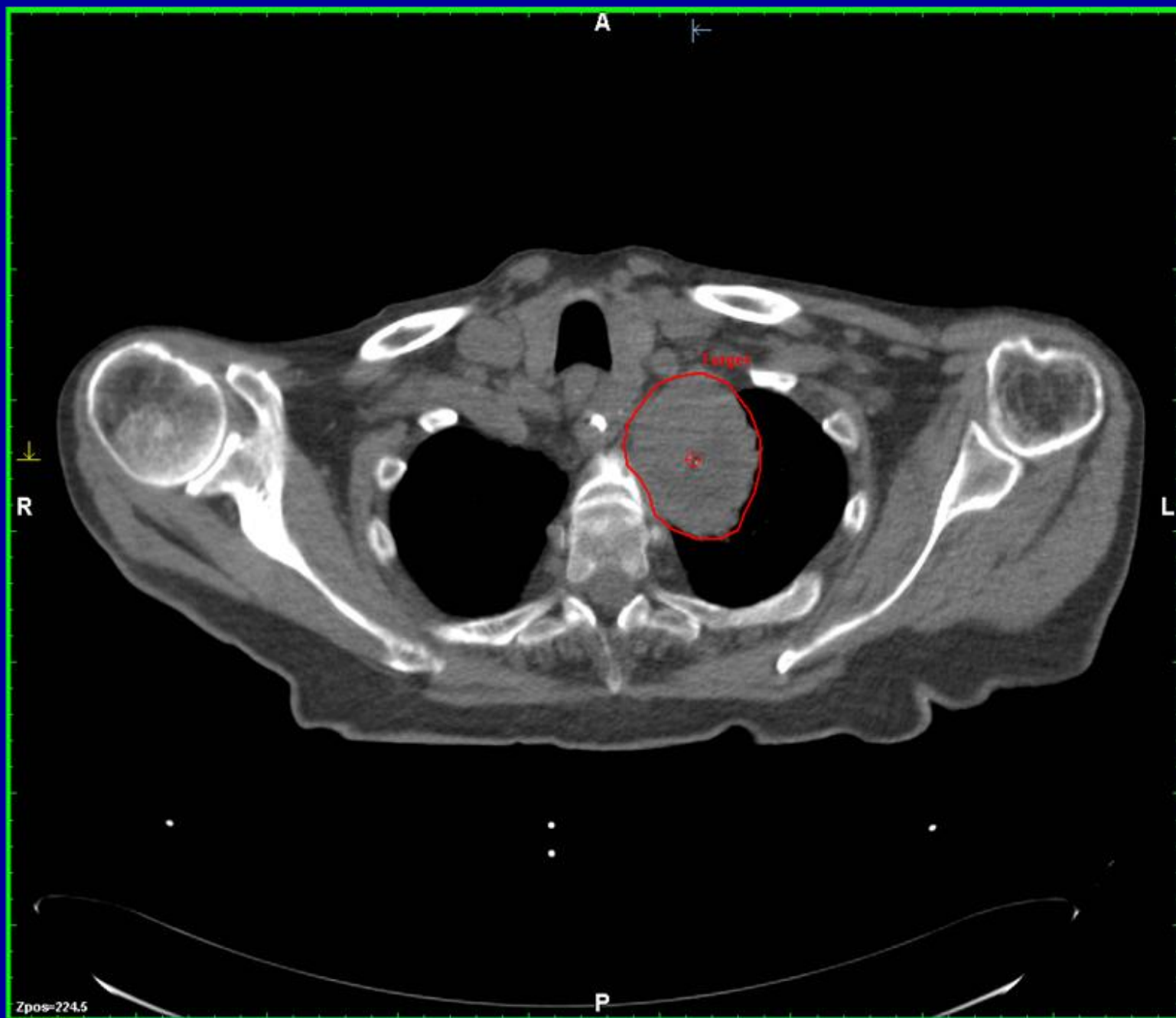
8 Gy Isodose

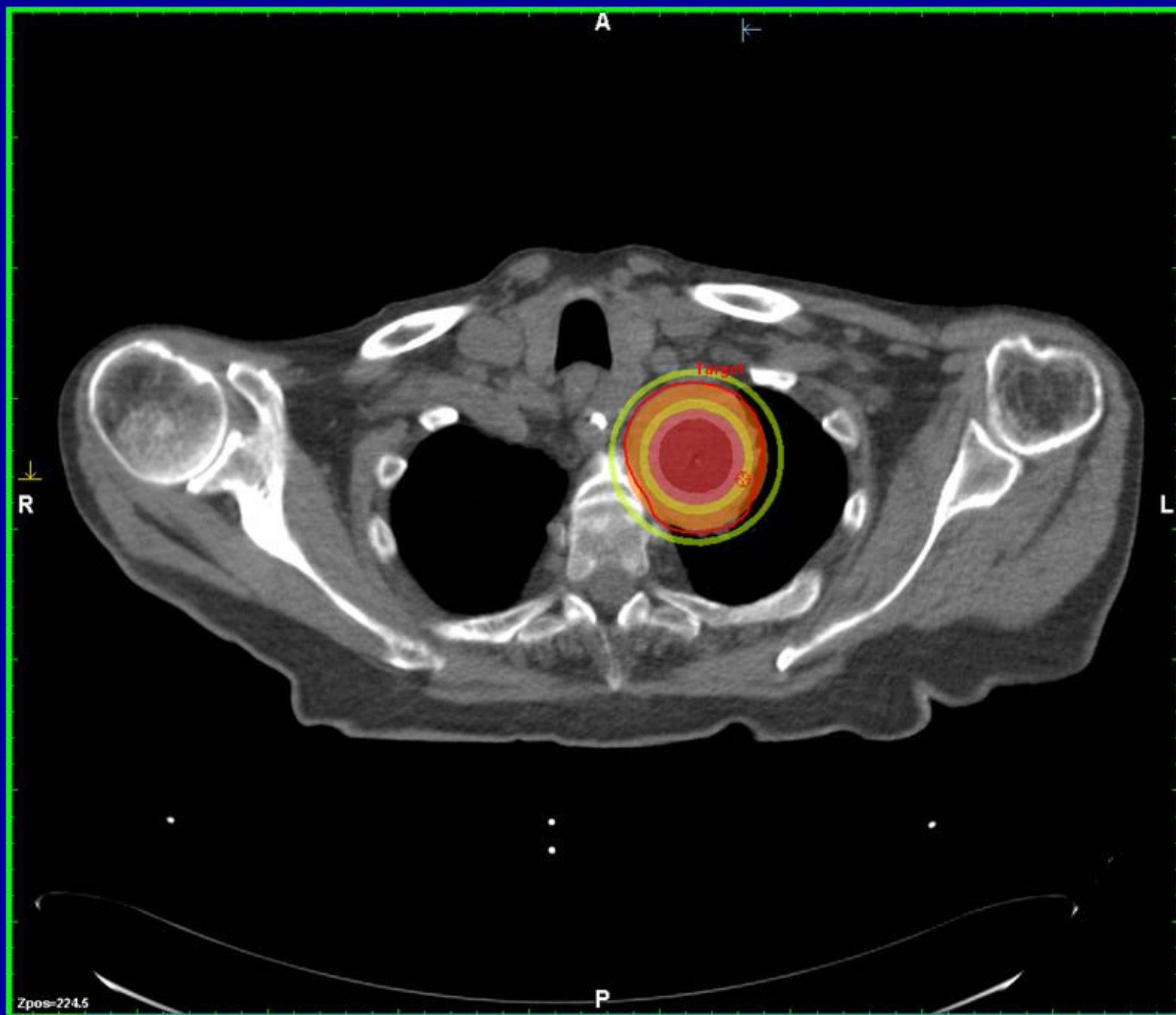


20 Gy Isodose

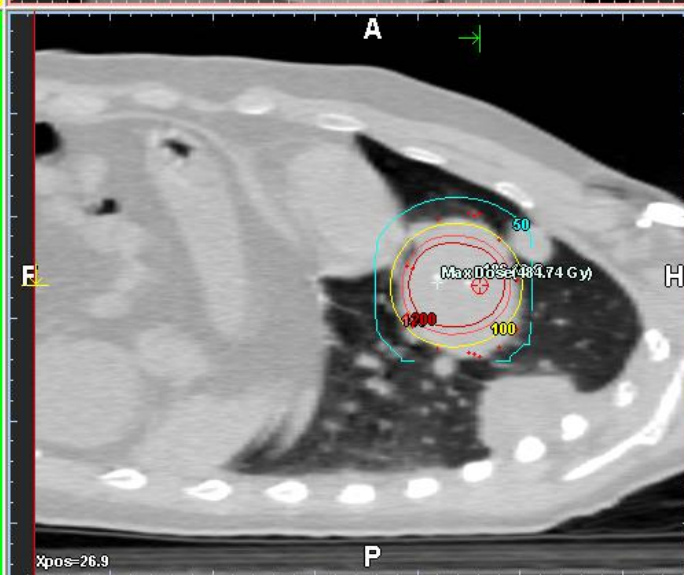
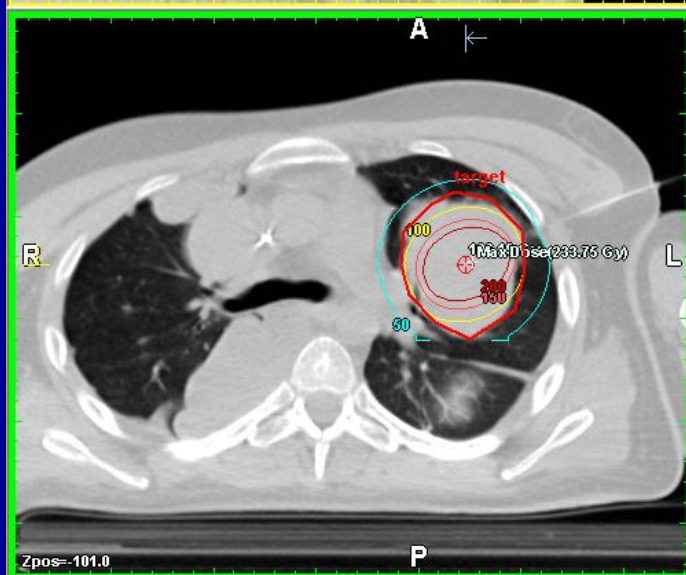
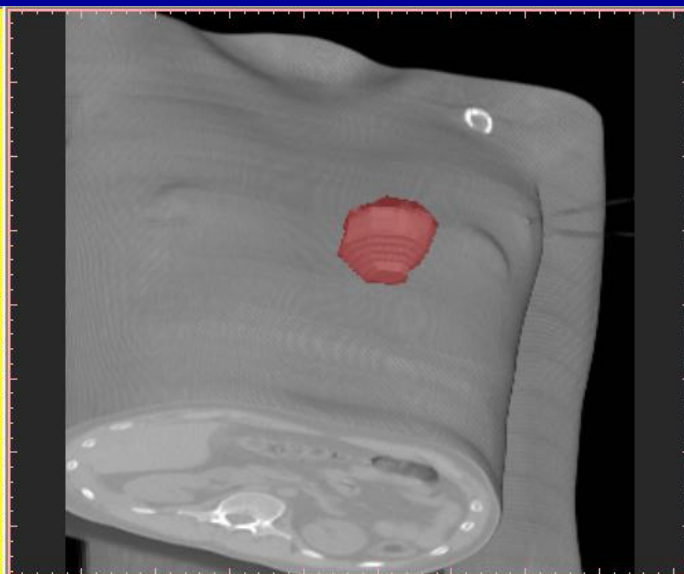
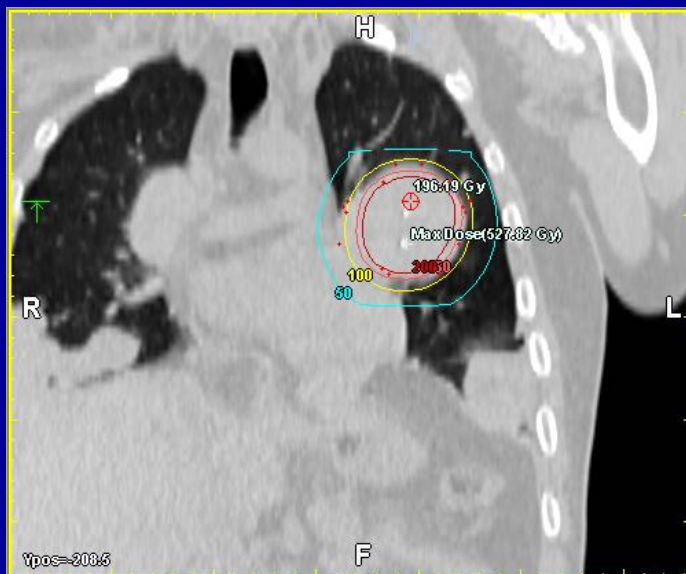












Brachytherapy in Pulmonary Tumours

- Pancoast tumour N= 18
- BC recurrences N= 15
- Pleura mesothel. N= 5
- Metastasis N= 24

Tselis N.,Zamboglou N.
J Thorac Oncol. 2011 Mar;6(3):545-52.

Brachytherapy in Pulmonary Tumours

Side Effects

N=62

- No bleedings
- No Infections
- Pains with analgetics tolerable
- 1 Patient Pneumothorax asymptomatic

Brachytherapy in Pulmonary Tumours

Duration

Mean time of hospitalisation

5 days

Brachytherapy in Pulmonary Tumours

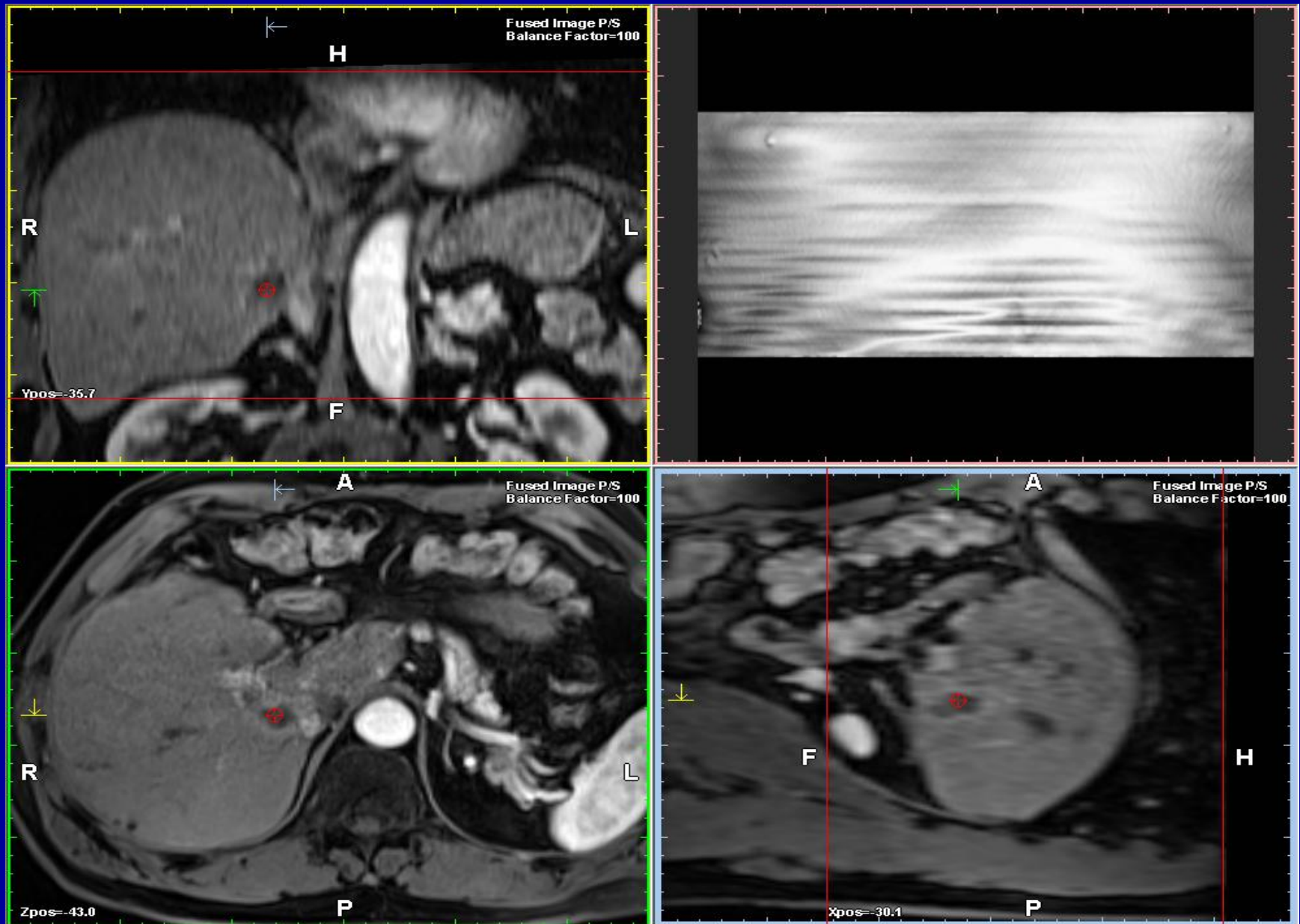
Symptoms

Pain releaf :
58/62 patients

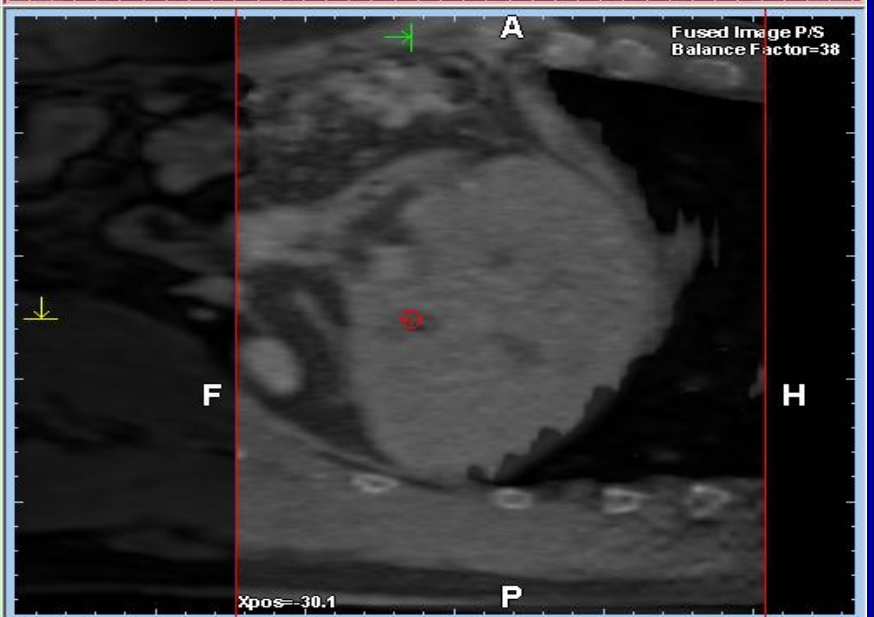
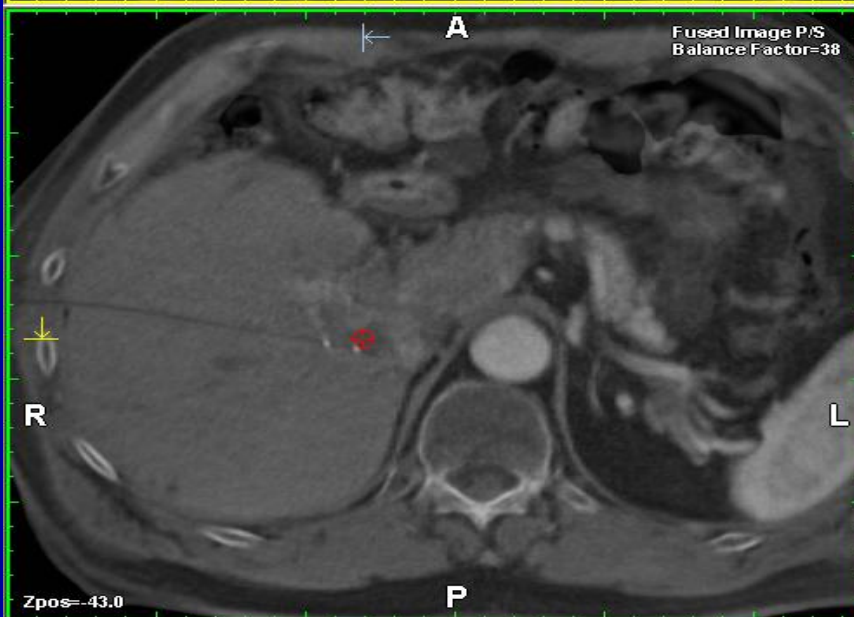
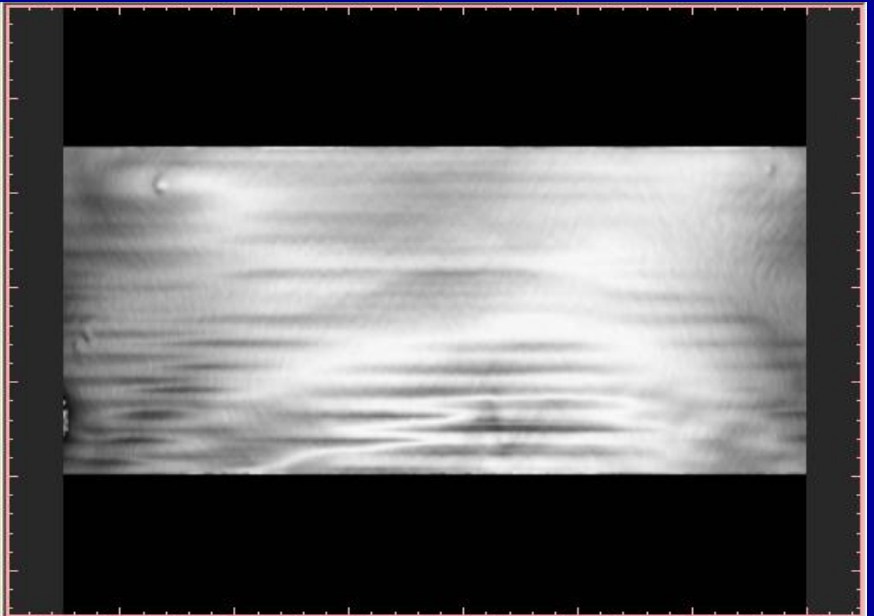
Improvement of respiratory function:
30/62 patients

Liver

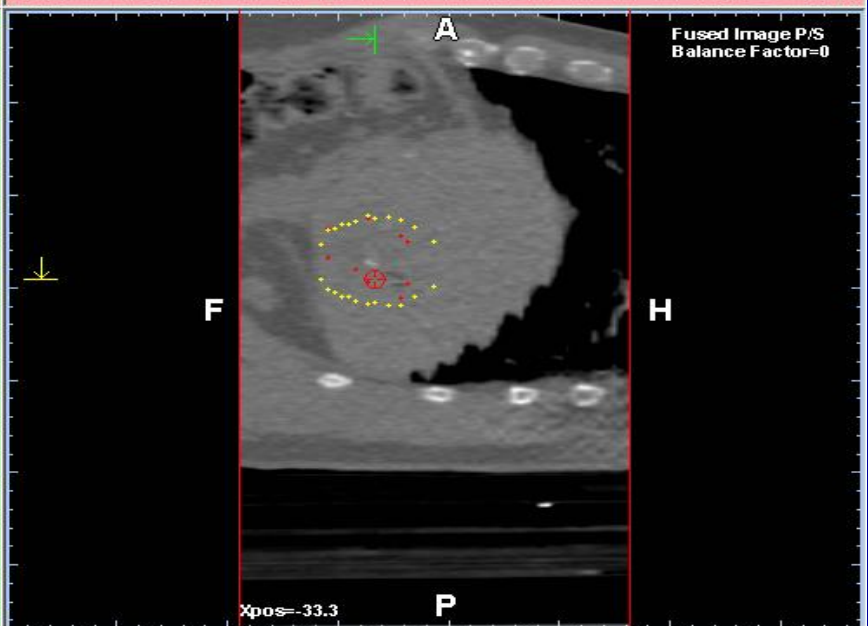
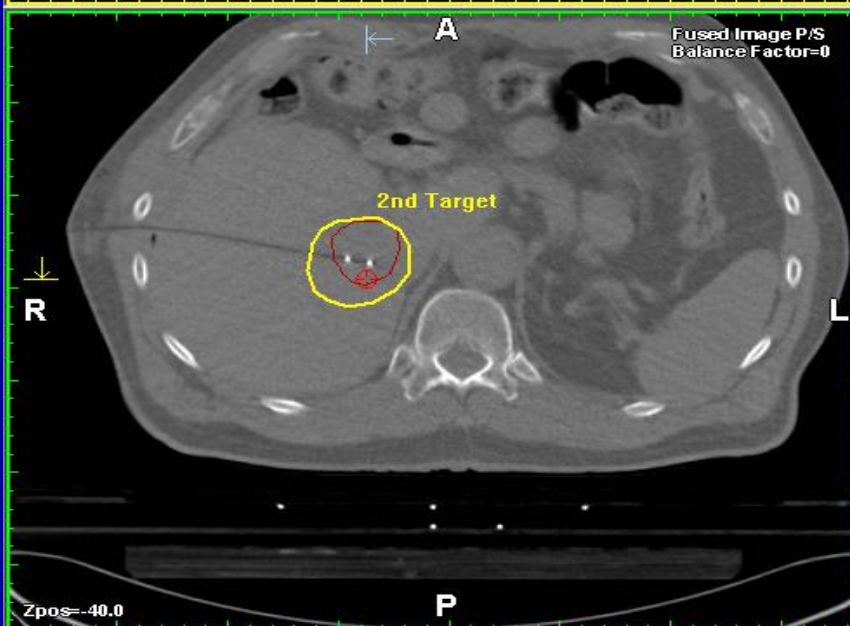
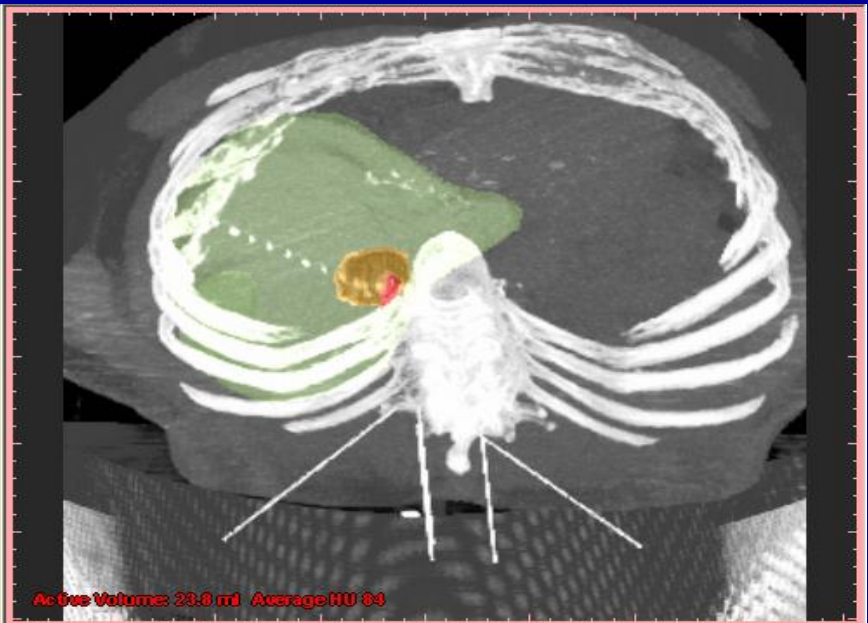
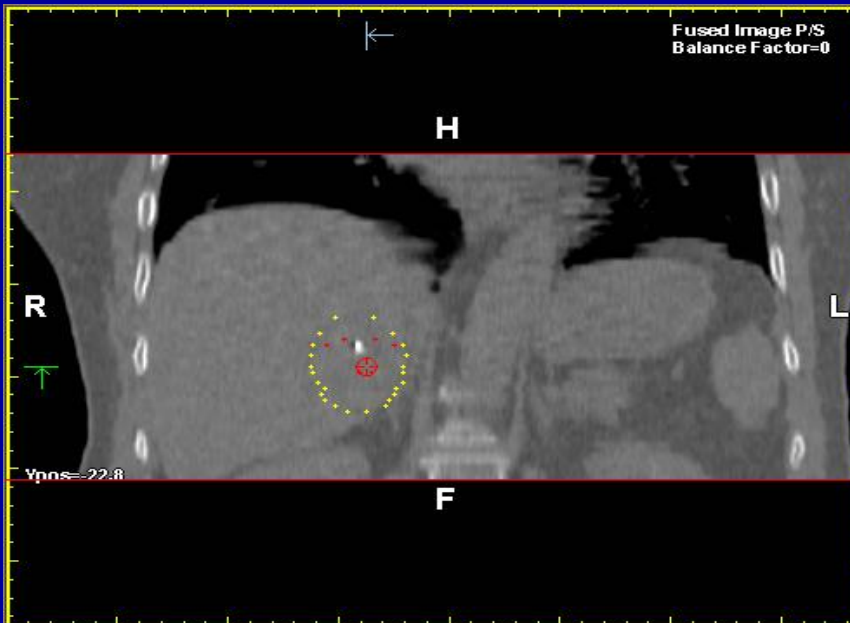
Liver Metastasis CT-MRI Fusion



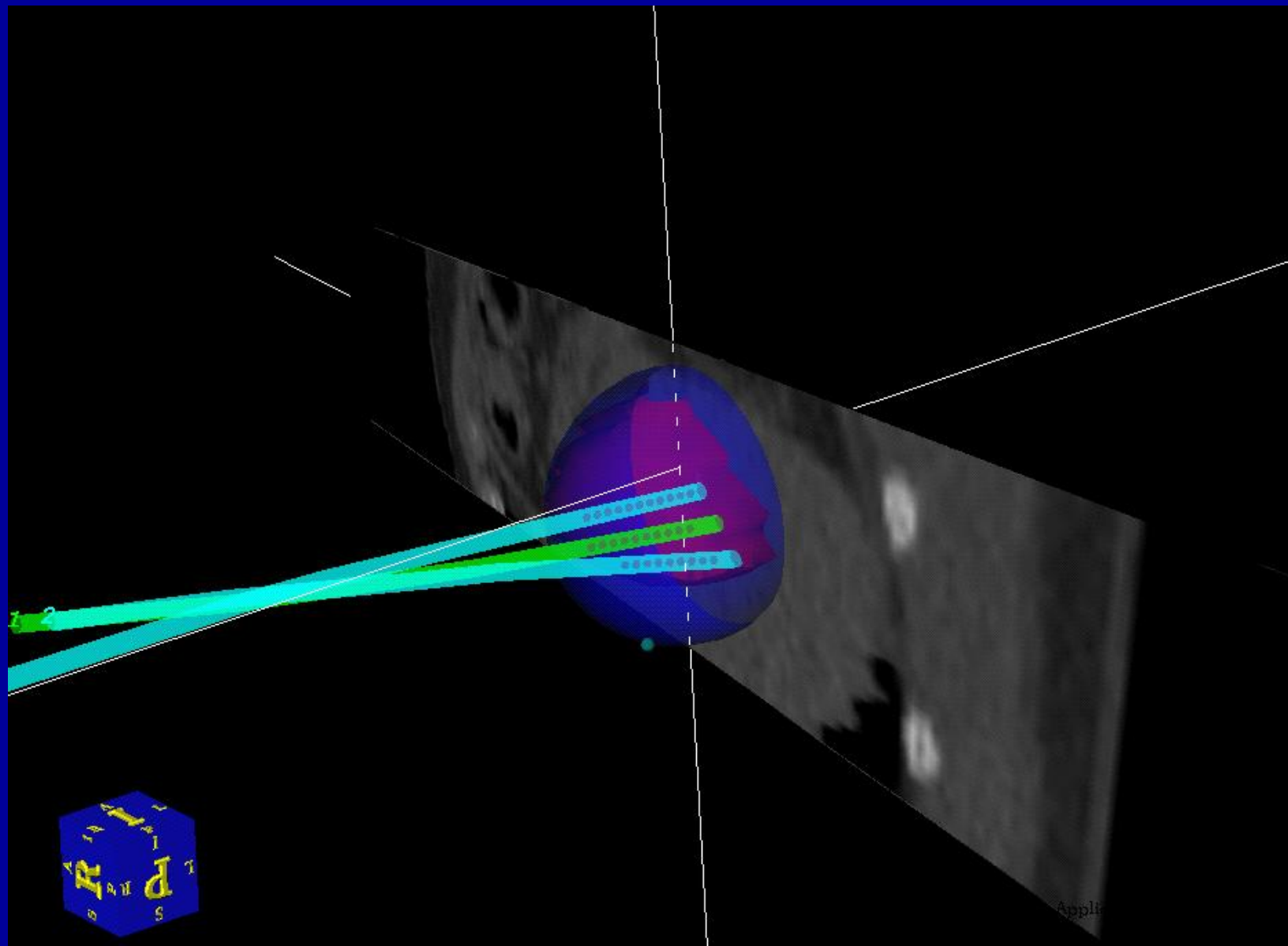
Needles Implantation



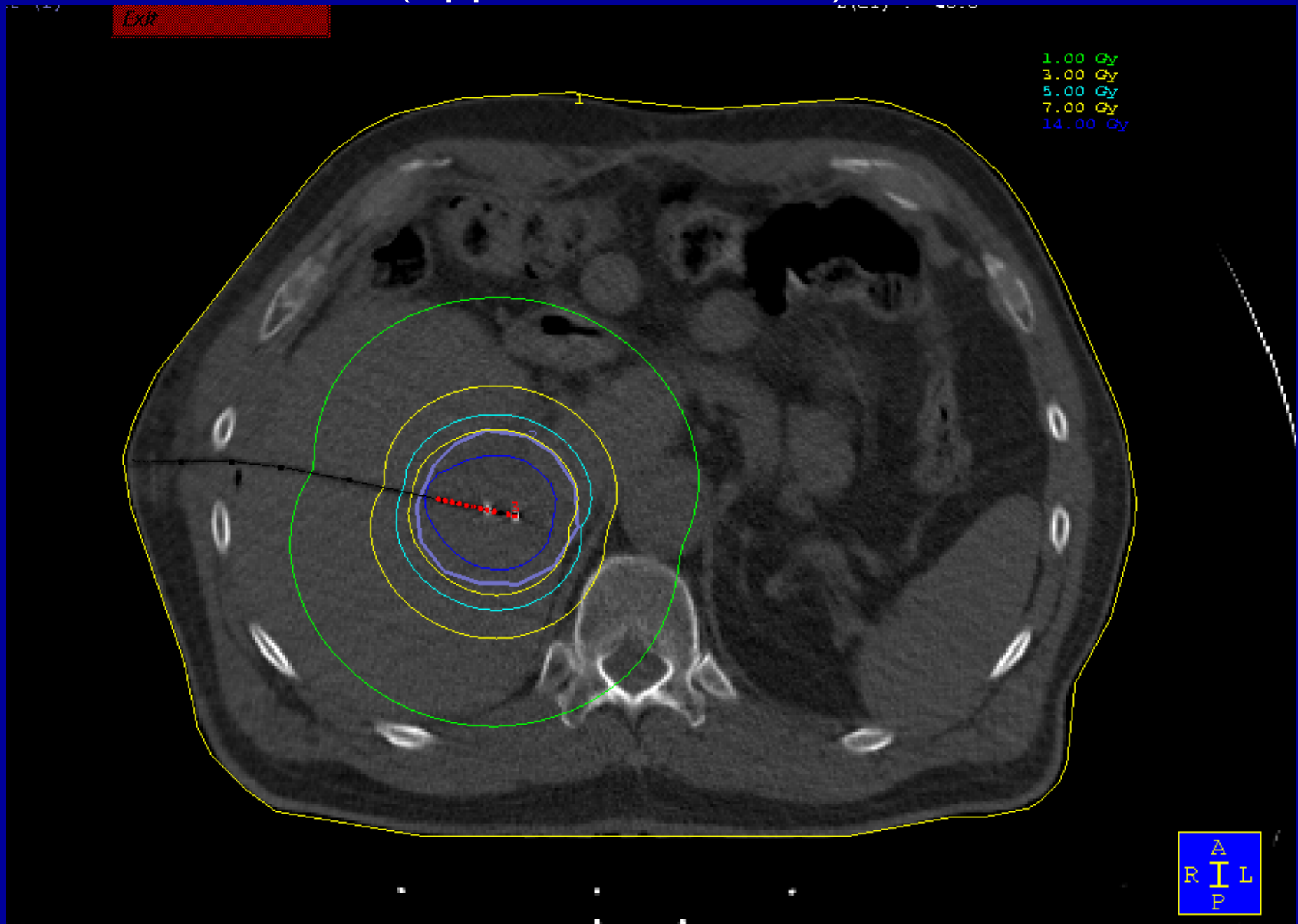
Needles Documentation



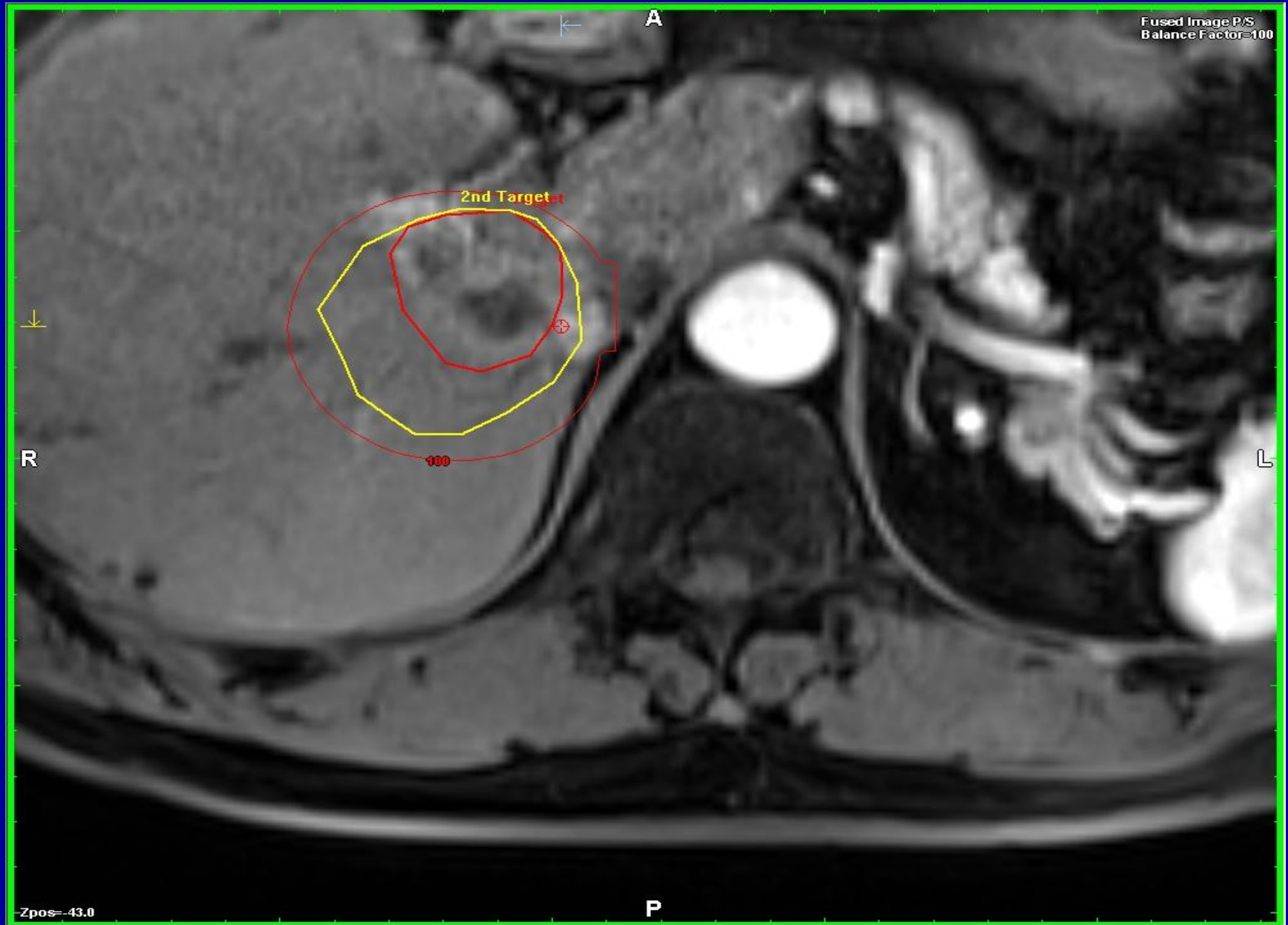
Needles Reconstruction 3D



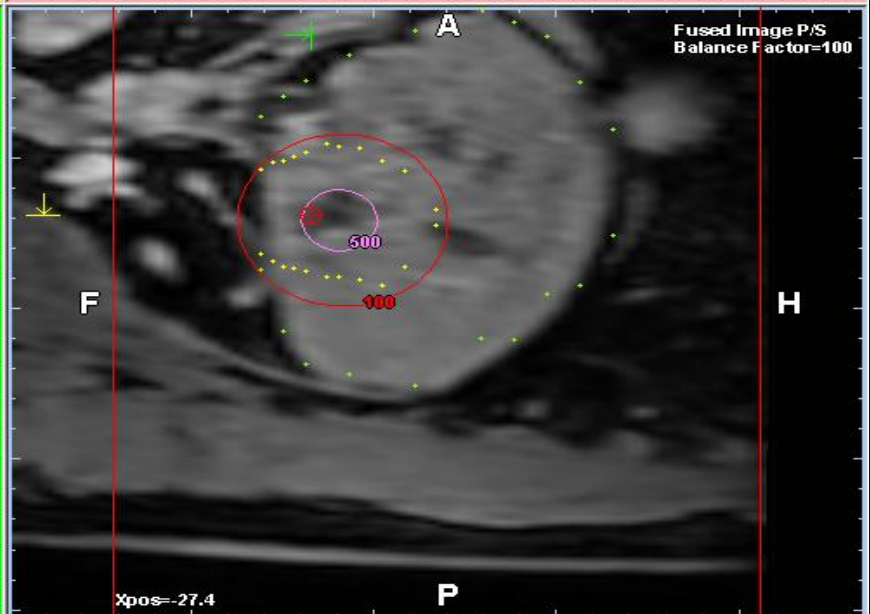
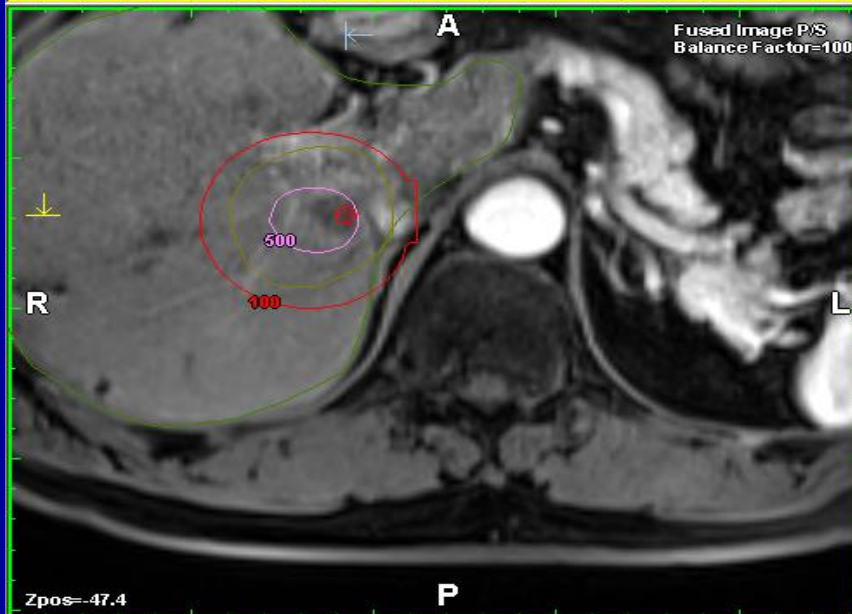
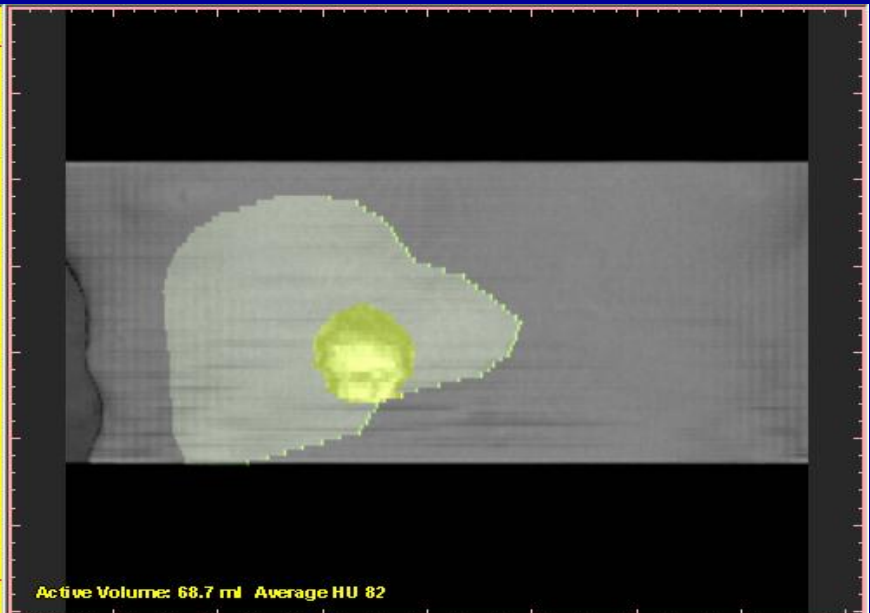
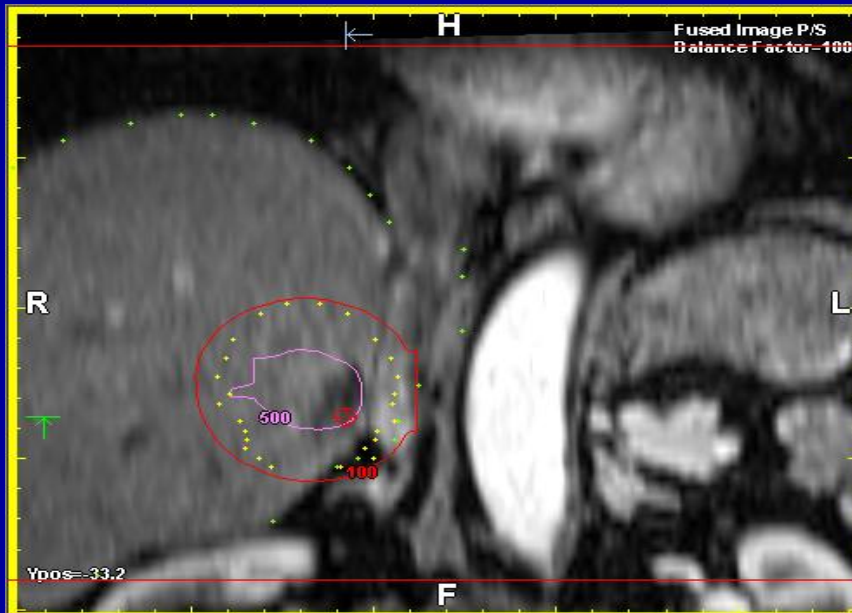
Dose Distribution Gy/per Fraction (Applied 3 Fractions)



Dose Distribution on MRI (100% = 7 Gy per Fraction)

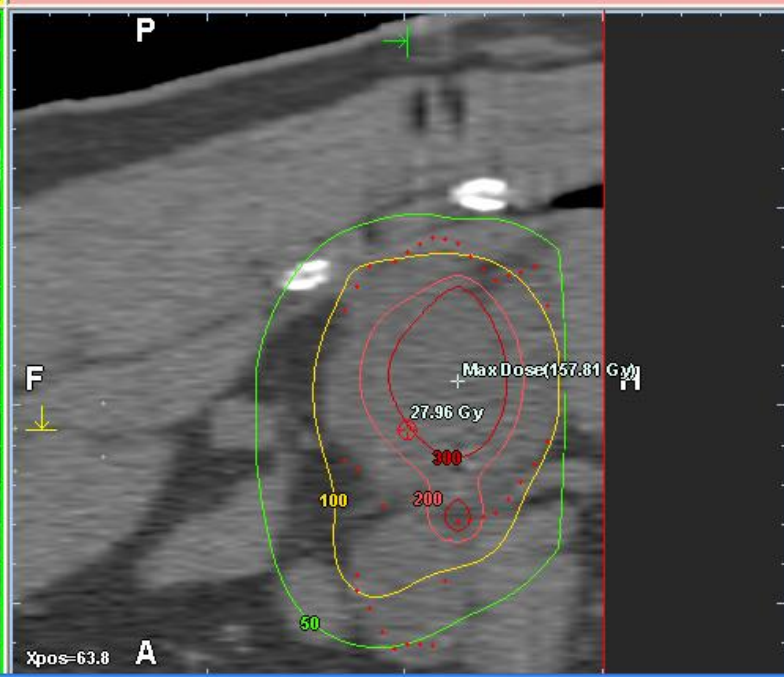
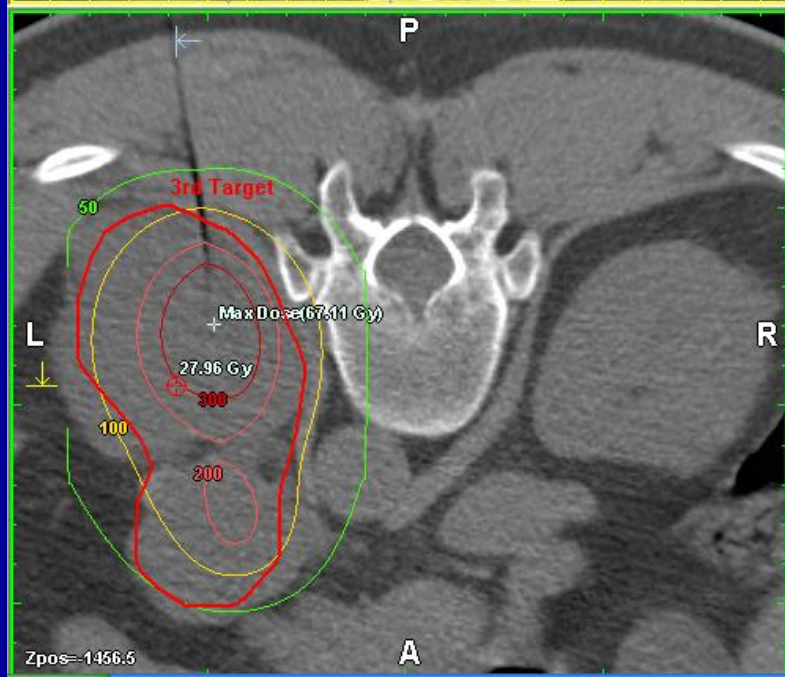
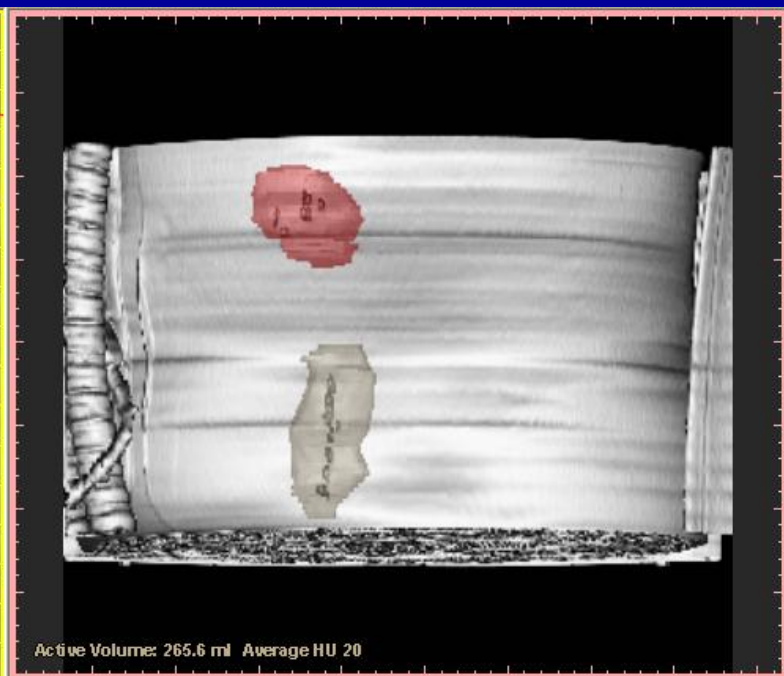
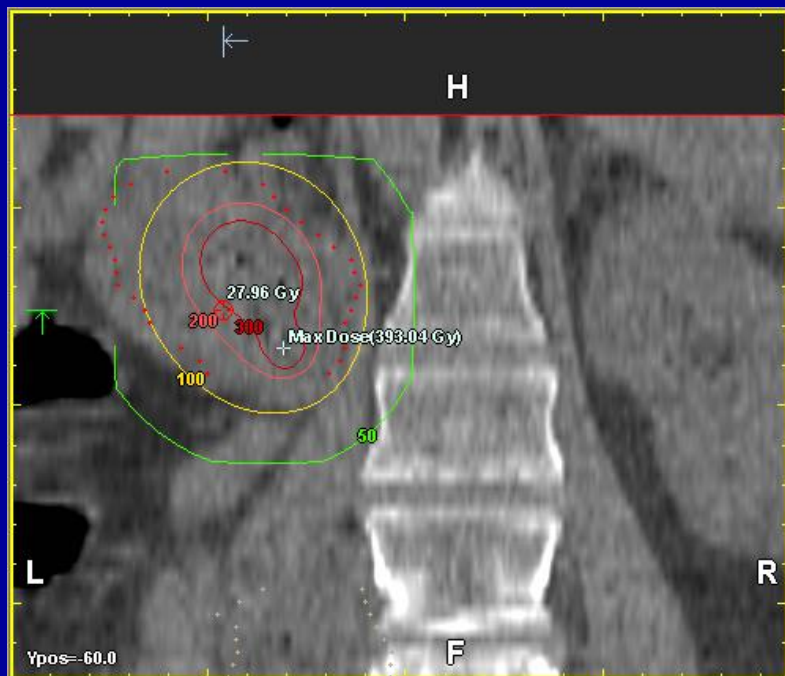


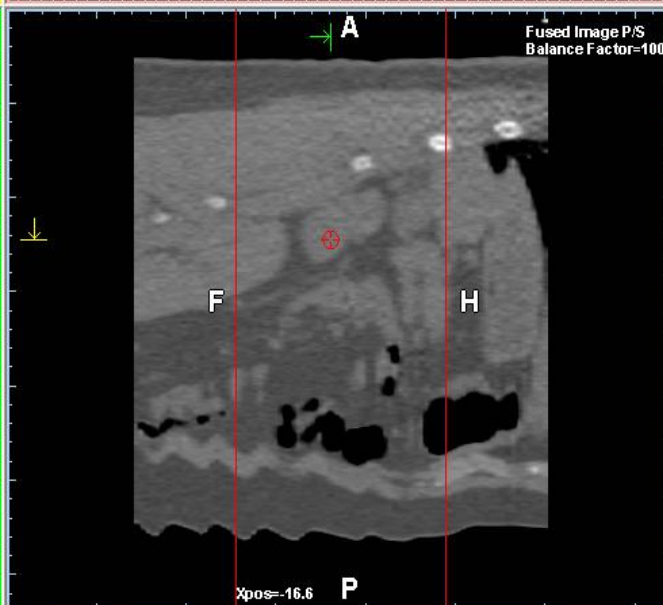
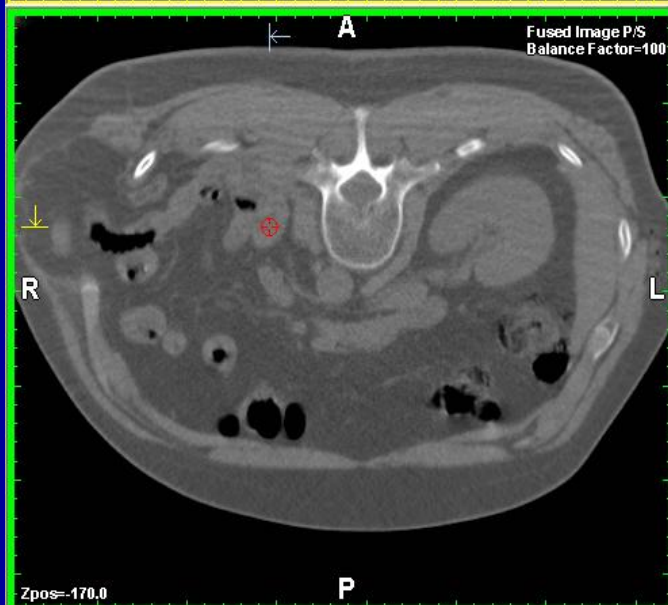
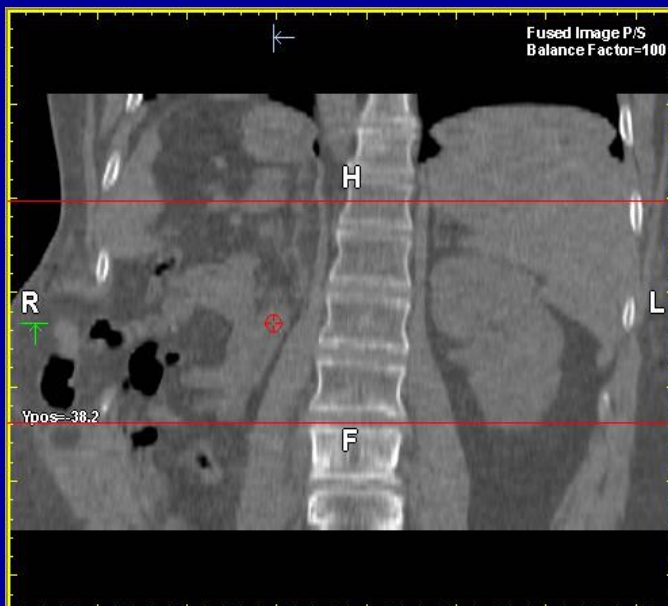
Dose Distribution (500% = 35 Gy per Fraktion)



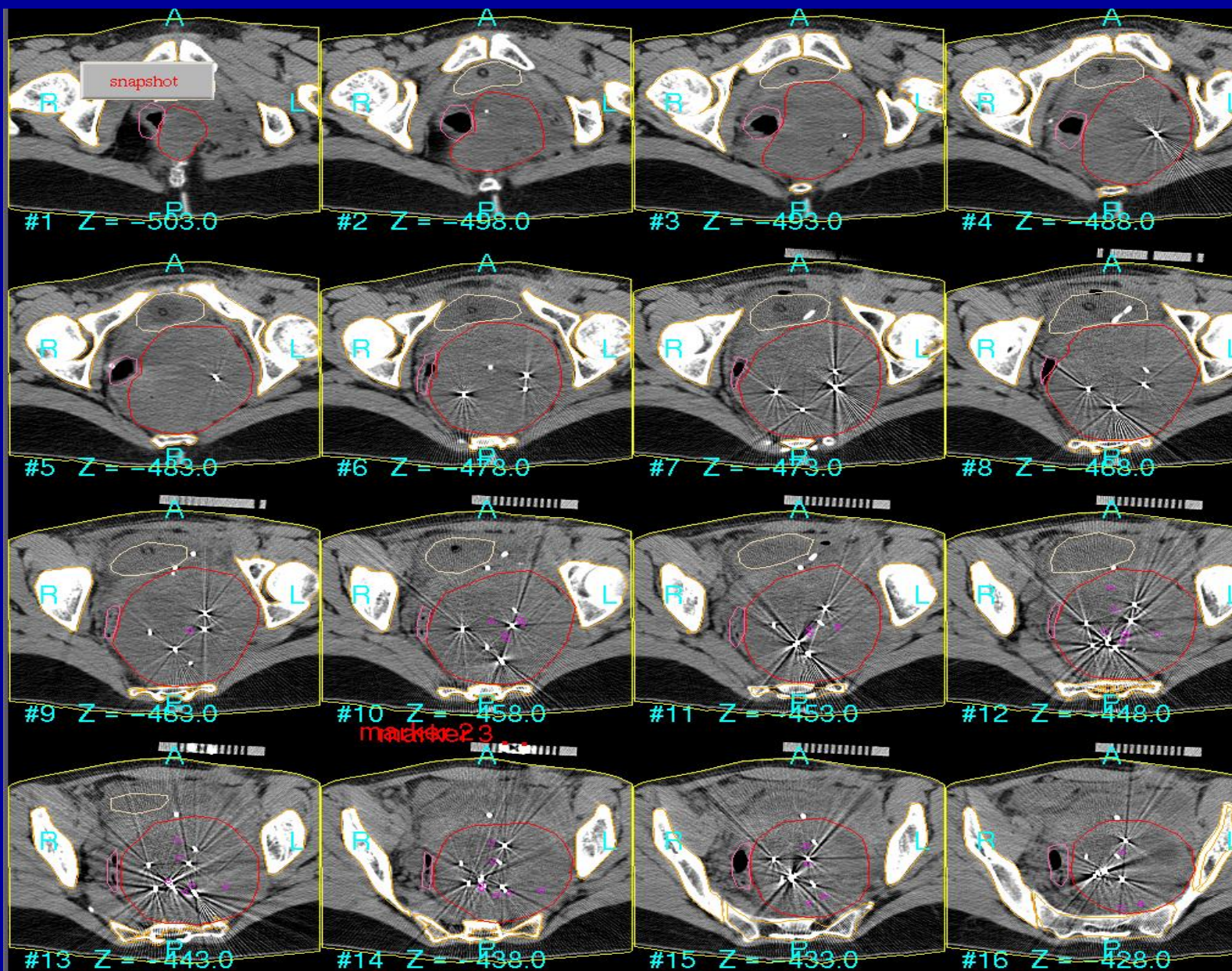
- **Hypofractionated accelerated computed tomography-guided interstitial high-dose-rate brachytherapy for liver malignancies.**
- Tselis N. Zamboglou N.
Brachytherapy, 2012 May 8

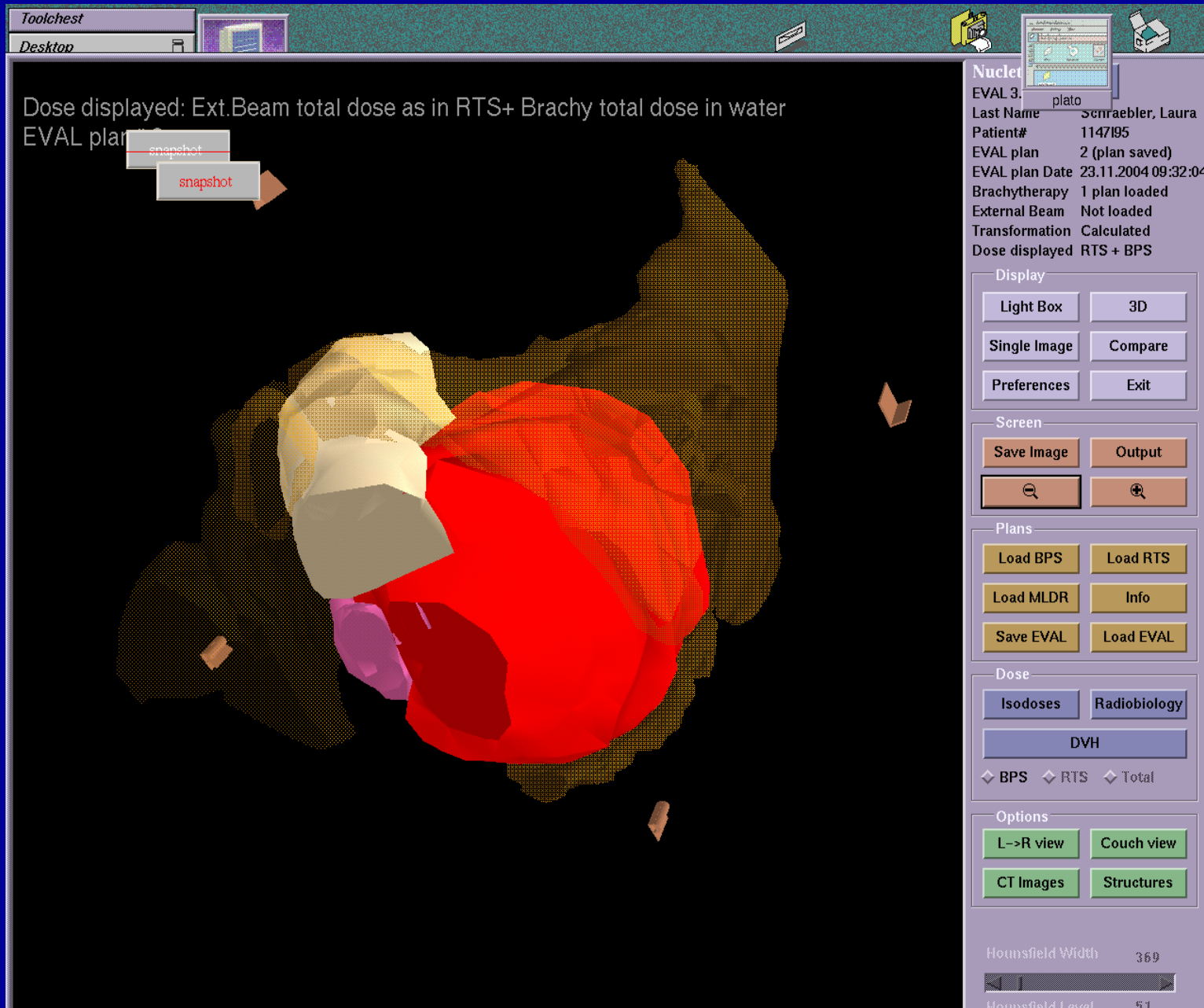
Retroperitoneum



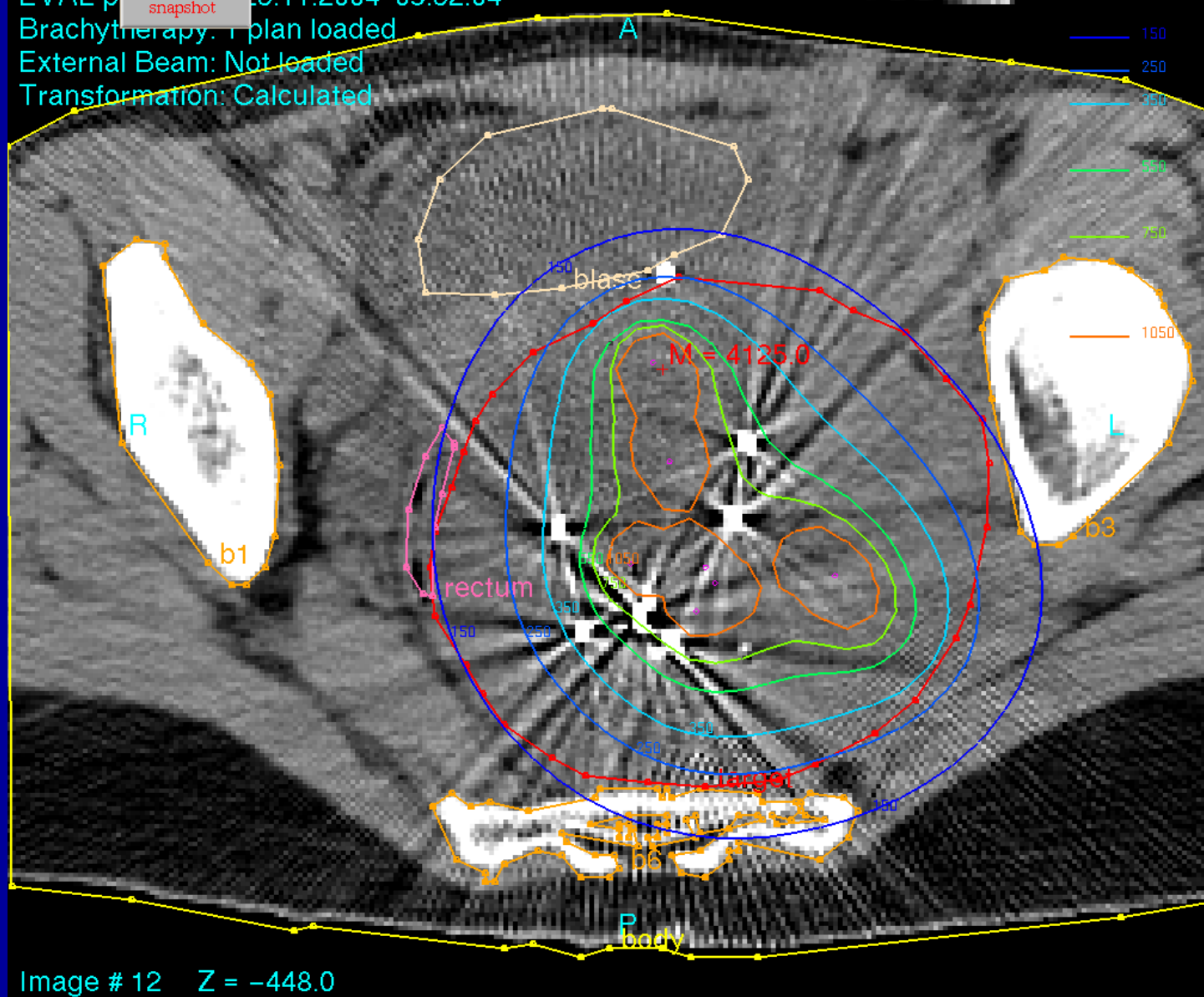


Pelvis





Dose displayed: Ext.Beam total dose as in RTS+ Brachy total dose in water Toward Gantry
EVAL plan# 2
EVAL p snapshot 23.11.2004 09:32:04
Brachytherapy: 1 plan loaded
External Beam: Not loaded
Transformation: Calculated





10
Years
after

Ευχαριστώ