Image-guided intraoperative electron irradiation: clinical set-up and feasibility

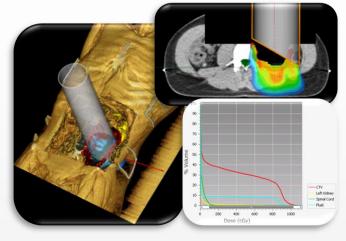
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IOERT Planning

Radiance





- Actual treatment is manually registered
- Actual location of the applicator?

 Previous work: Feasibility of integrating a multi-camera optical tracking system in intra-operative electron

radiation therapy scenarios*



Table 2. Positioning and orientation errors^a between the actual applicator and the virtual applicator

	Bevel centre (mm)	Bevel axis (°)	Longitudinal axis (°)
IOERT scenarios ^b	1.8 ± 0.5	1.6 ± 0.5	0.7 ± 0.3

 $^{^{}a}$ Mean \pm standard deviation.





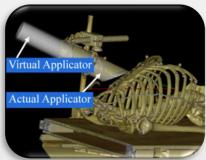


Image space

^b Average of all data.

^{*} García-Vázquez V, Marinetto E, Santos-Miranda JA, Calvo FA, Desco M, Pascau J. Physics in Medicine and Biology, 2013

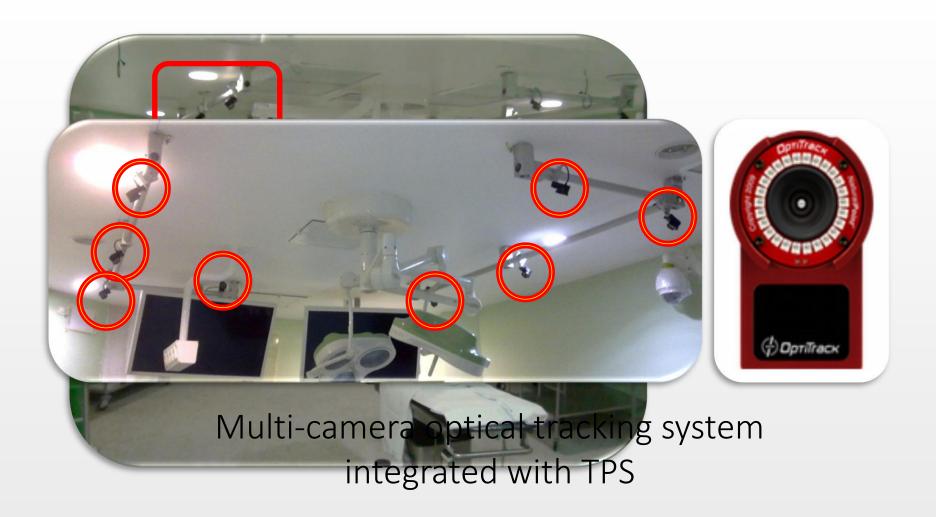
Objectives

- Integration of the navigation of the IOERT applicator with the treatment planning system (TPS) in the operating room (OR)
 - Preoperative imaging

Assessment of the feasibility and limitations in real cases (patients)

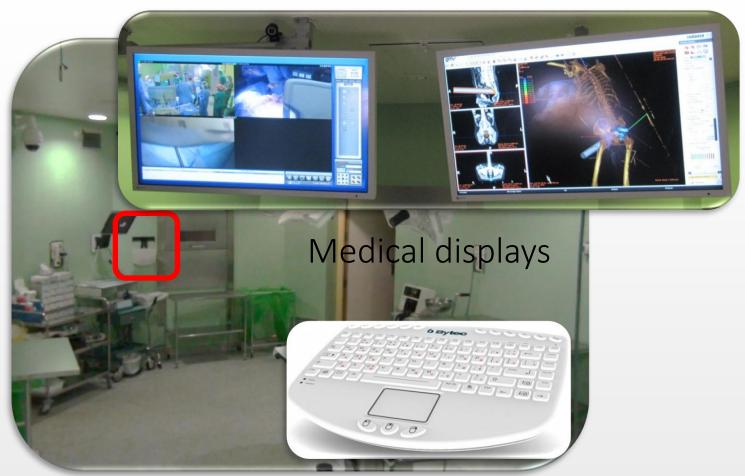


Surgical Room (I)





Surgical Room (II)



Medical keyboard with integrated touchpad



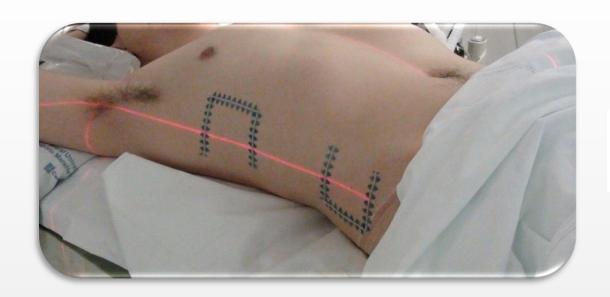
Surgical Room (III)



Surgical camera



Navigation workflow (I)





Landmarks on patient's skin



Navigation workflow (II)



Preoperative CT image

Navigation workflow (III)





Landmarks coordinates (optical tracking system)

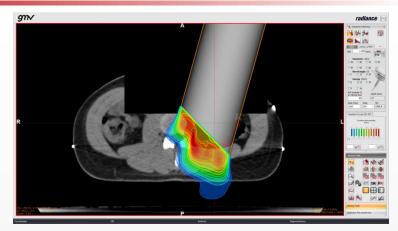
Physical space



Navigation workflow (IV)



Surgical procedure



TPS (radiotherapy treatment planning)



Physical space

Image space





Navigation workflow (V)



After navigation, IOERT was performed under the conventional institutional protocol



Cases

- 14 patients
- Different intraoperative radiation therapy sites: breast, esophagus, intraperitoneum, retroperitoneum, rectum and sacrum
- Different patient positions: supine, lithotomy, prone and lateral
- The procedure was performed independently of the clinical treatment and no decisions were taken based on these experimental data

Results



Navigation of the applicator with respect to the preoperative CT in 11 cases. Surgical complications or decision not to perform IOERT prevented the navigation procedure in other three cases

Discussion

Coordination of a multidisciplinary team

Bed movements during surgery

 Evaluation of several error sources such as tracking system, tools design and registration

Preoperative imaging

Conclusions

First cases of stereotactic image-guided IOERT with patients

- Navigation is feasible and could be integrated with the conventional protocol
- Integration of the navigation of the applicator with treatment simulation opens new possibilities that would lead to improve accuracy and to optimize documentation of intraoperative radiation procedures

Acknowledgements

• This work was supported by projects IPT-2012-0401-300000, TEC2010-21619-C04-01, PI-11/02908, TEC2013-48251-C2-1-R and FEDER funds.





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