

# MR-Guided Patient Specific QA Devices: Single Plane Ionization Array Versus Orthogonal Diode Planes

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#### Introduction

Magnetic Resonance Imaging Guided Linear Accelerators (MR-Linac) require development of MR-compatible equipment for machine and patient-specific quality assurance (QA). The way the equipment manufacturers are addressing this new paradigm is through the update of their non-MR compatible products to MR-compatible. That is the case of the Arc Check from Sun Nuclear, Octavius from PTW and Delta4 from ScandiDos.

In this work for two available in the market devices, we characterized the influence of detector design and geometry in a low magnetic field on the results for patient specific quality assurance.

### Methods

A commercial single plane ionization array (Octavius 1500, non 4D) and two planes orthogonal diode arrays (Delta4) were calibrated and implemented in a clinical MR-guided radiotherapy (MRgRT) program. Fourteen plans to treat different anatomical sites were selected to show the results of the study. The plans were developed using the ViewRay MRIdian planning system asking for a wide range of gantry angles and beams segments sizes. Patient specific QA plans were generated for the Octavius 1500 and for the Delta4. For the Gamma Index Analysis 2%/2mm criteria were used with a threshold of 90%.

		<mark>Octavius</mark>		Delta4
Patient	Site	Octavius @ 2/2 without cropping	Octavius @ 2/2 with cropping	Gamma Index @2%
1	Adrenal SBRT	89.10%	<mark>92.70%</mark>	93.80%
2	LT Adrenal SBRT	<mark>83.50%</mark>	<mark>96.60%</mark>	98.50%
3	SBRT Pancreas	<mark>95.10%</mark>	<mark>97.90%</mark>	97.20%
4	Lung LT SBRT	<mark>87.10%</mark>	<mark>95.50%</mark>	97.90%
5	Pancreas IMRT	<mark>93.30%</mark>	<mark>97.50%</mark>	94.50%
6	Liver SBRT	<mark>89.80%</mark>	<mark>99.20%</mark>	99.30%
7	Abdomen 35Gy	88.10%	<mark>99.60%</mark>	99.30%
8	Main Bronchus	79.60%	<mark>93.10%</mark>	97.60%
g	Pancreas Pancreas	<mark>82.30%</mark>	<mark>93.00%</mark>	92.40%
10 Pancreas SBRT		<mark>74.70%</mark>	<mark>96.80%</mark>	95.20%
11 LT Abdominal Wall		<mark>85.80%</mark>	<mark>89.60%</mark>	96.40%
12 Pancreas SBRT		68.00%	<mark>98.90%</mark>	97.80%
13	Pancreas Boost	70.70%	<mark>69.00%</mark>	95.90%
14	Pancreas	89.00%	<mark>98.00%</mark>	94.70%

Table 1. Results of the patients QA for different treatment sites using 2%/2mm criteria for the Gamma Index with 90% threshold. In red the failing tests

#### Results

The Octavius 1500 showed an angular dependence. We found that a region of interest (ROI) excluding the peripheral detectors needs to be defined. That means, the area of analysis has to be cropped in order to perform in comparison with the Delta4. For the cropped area, 12 of 14 results between both devices are comparable. No restrictions in the couch position when the Delta4 was found. In some cases the Octavius 1500 could not be used because the couch should be positioned outside the allowable range. For the Delta4 the pass rate was above 92% and all plans passed the test. For the Octavius, without cropping, only 2 of 14 plans passed. With cropping, 2 plans of 14 failed.

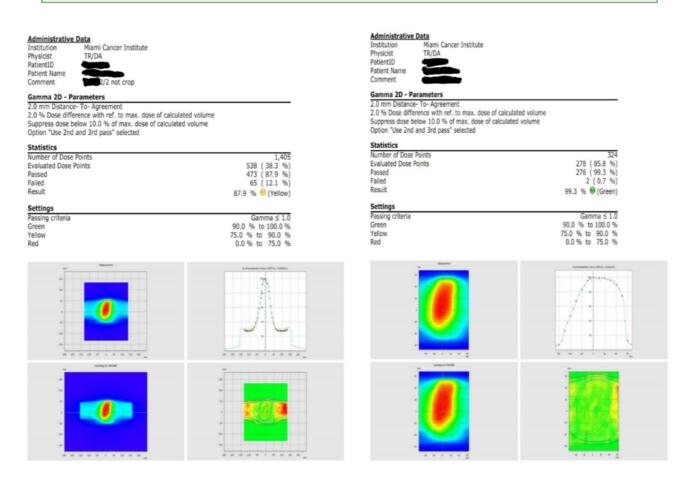


Figure 1. Illustration of the Octavius angular dependence. On the left, no ROI is defined. On the right, a ROI is defined to exclude the peripheral detectors

## **Contac information**

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## Conclusions

The Delta4 performed better than the Octavius 1500. No crop of the detectors area was necessary when the Delta4 was used, allowing the analysis in the low dose, low gradient region. The Delta4 allows the analysis in two orthogonal planes with higher spatial resolution (0.5mm).

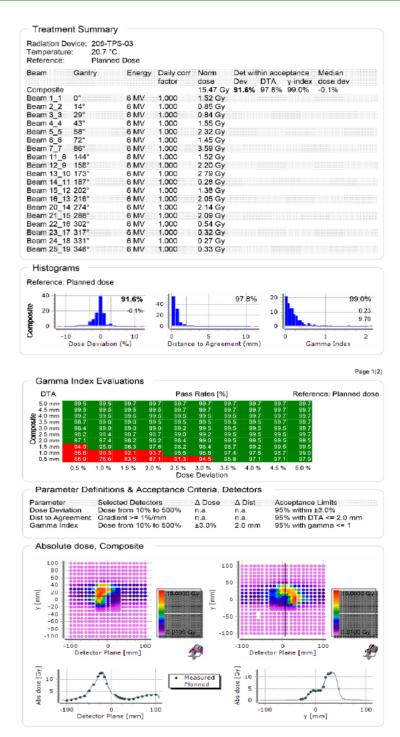


Figure 2. Report generated by Delta4. Histograms for dose deviation, DTA, Gamma Index and profiles (horizontal and vertical)