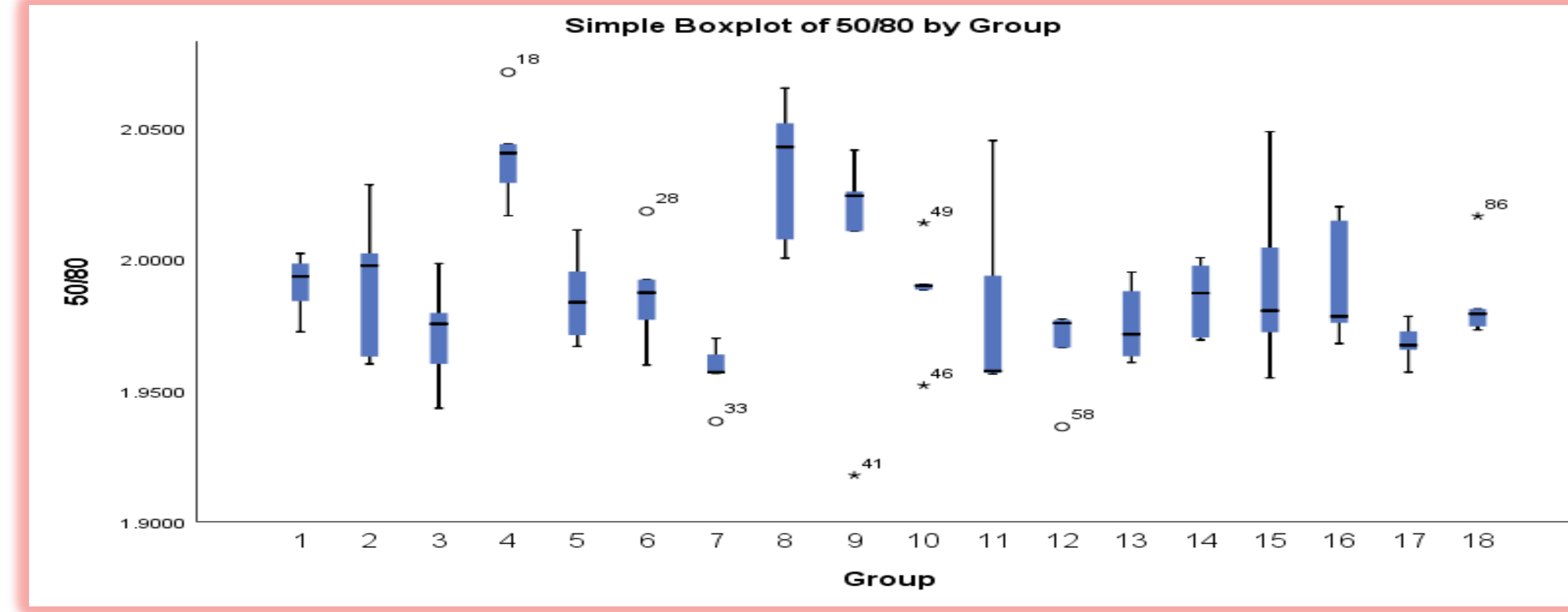
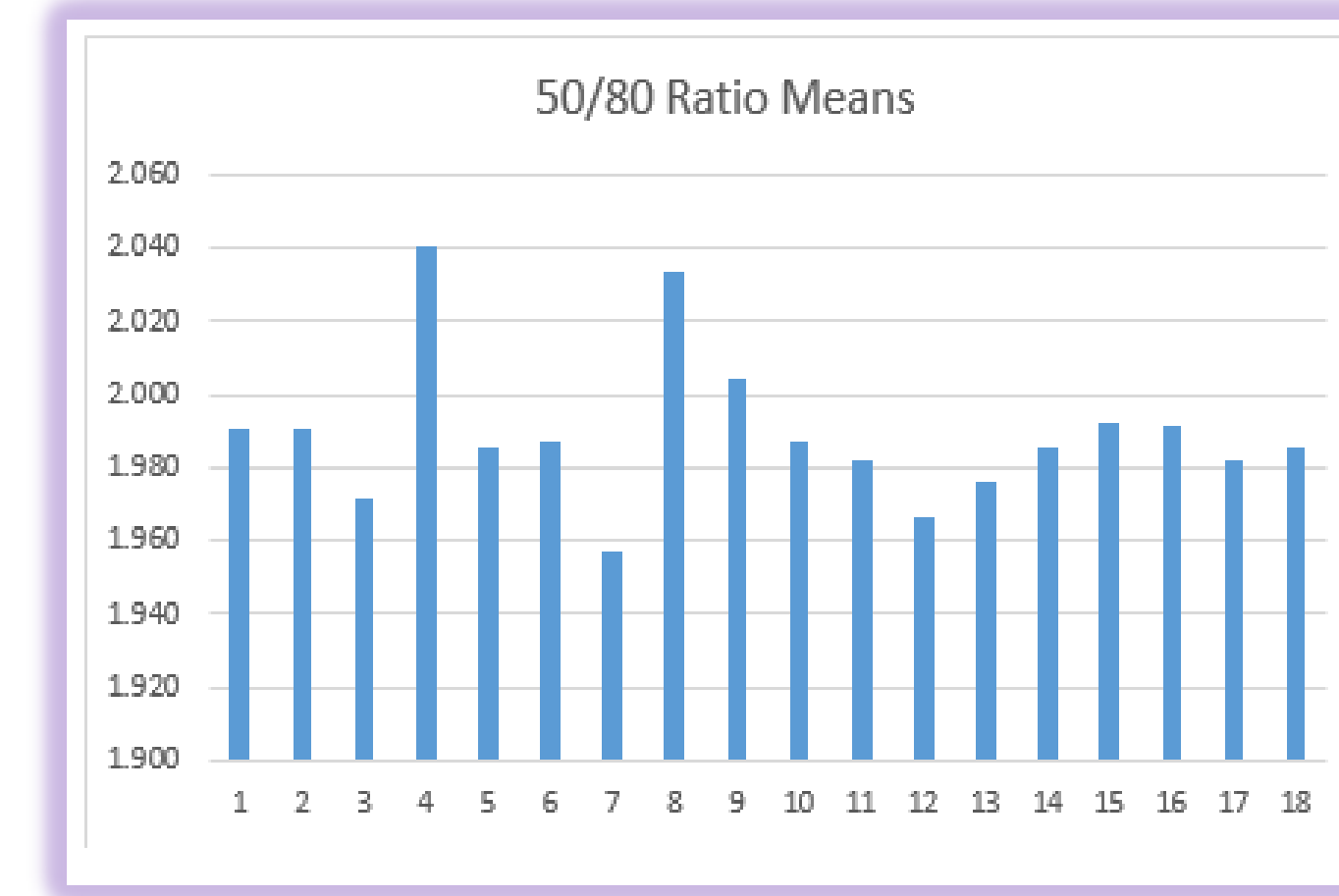
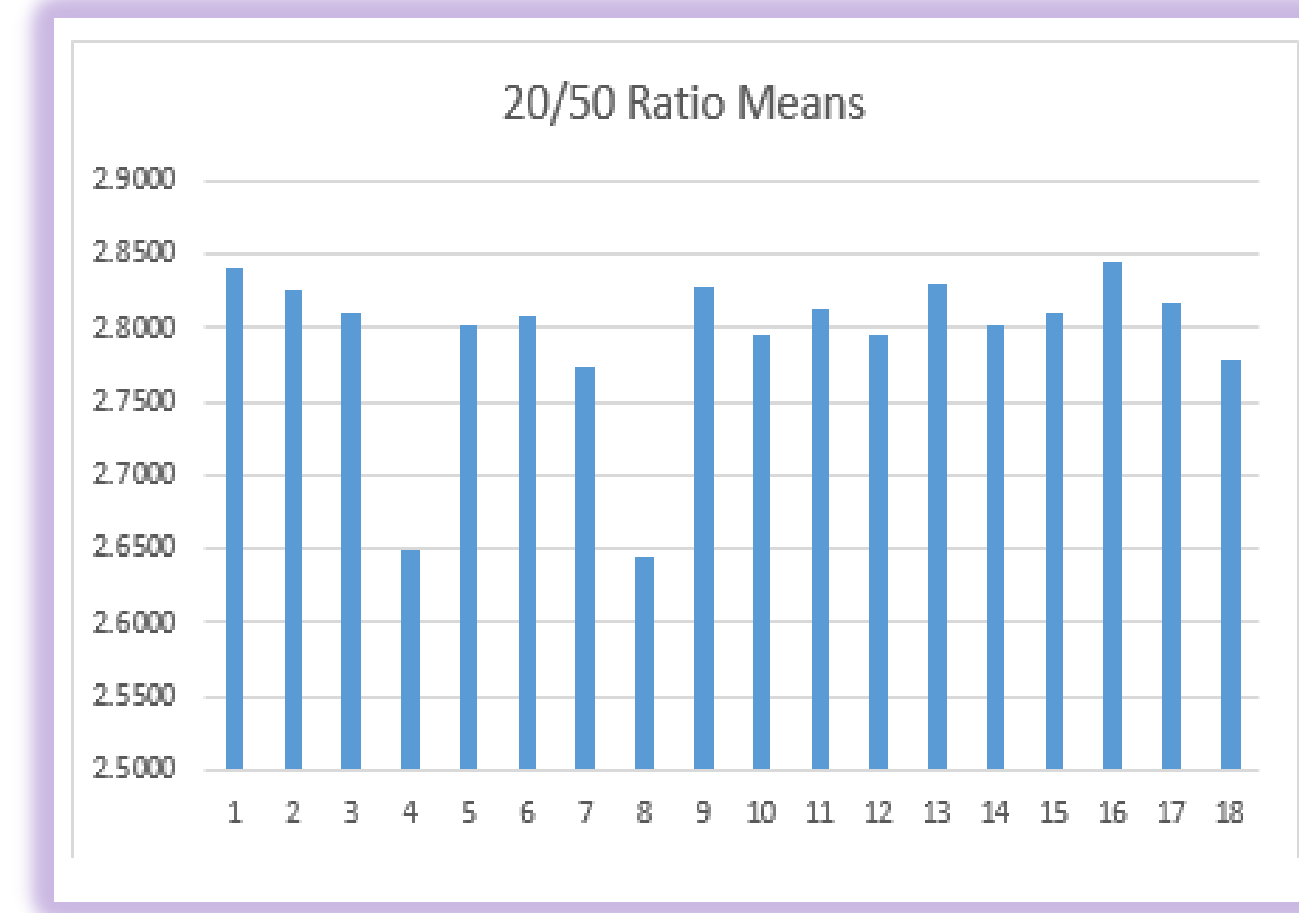
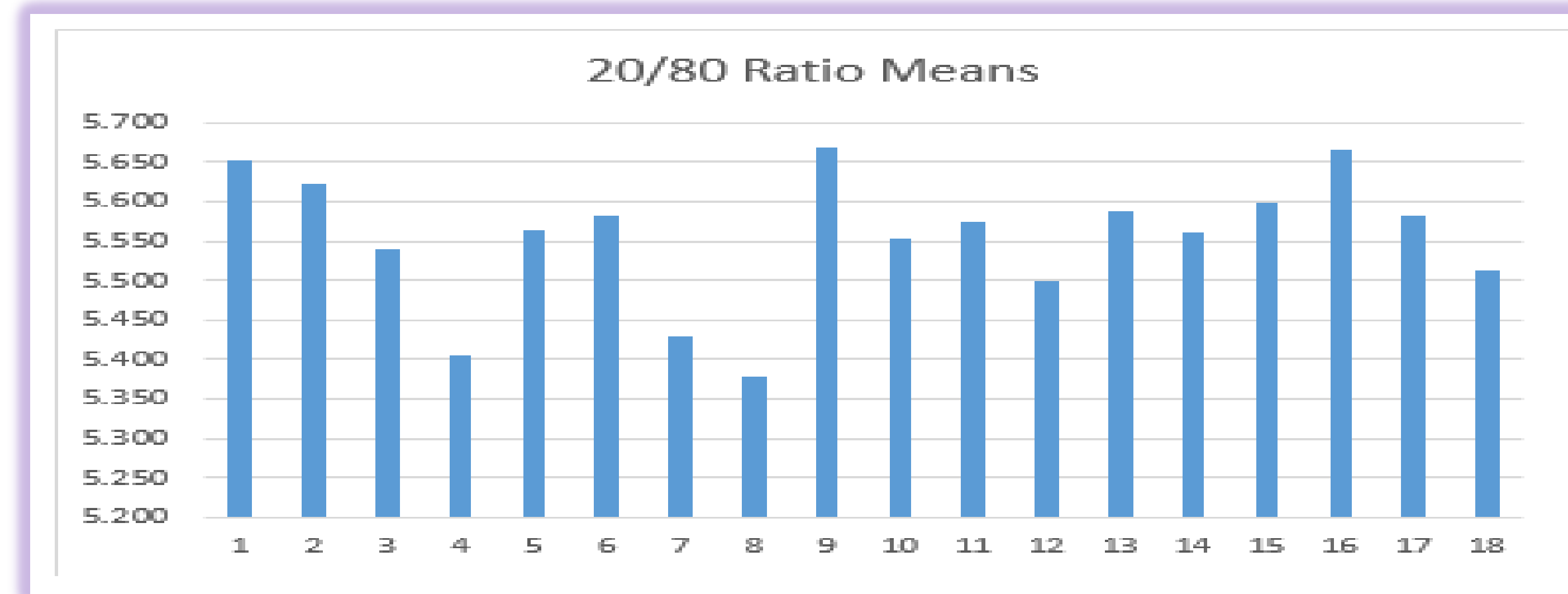
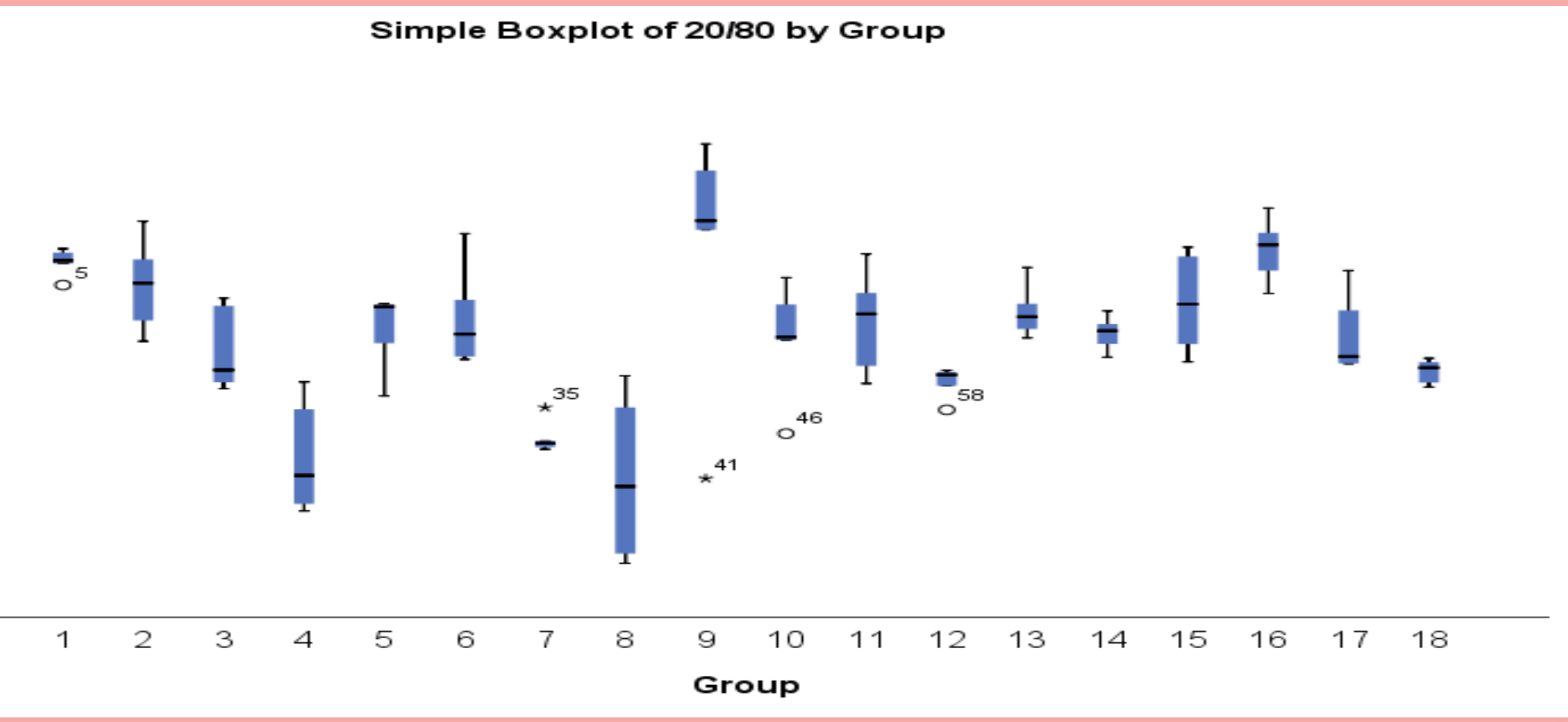


# Evaluation of Proton Dose Fall-off Optimization Structures

## Introduction

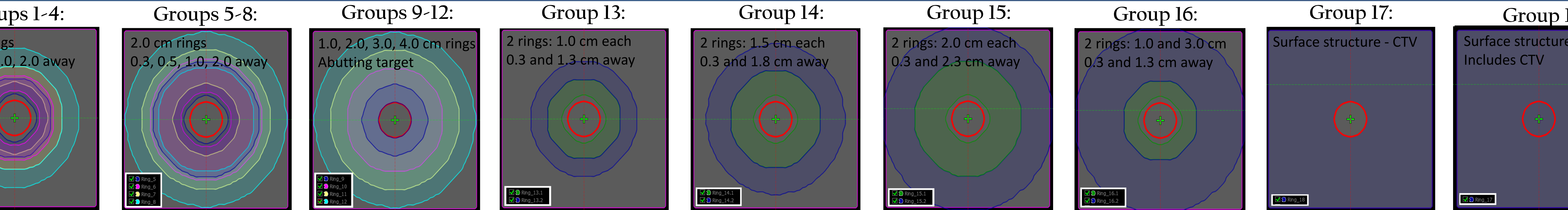
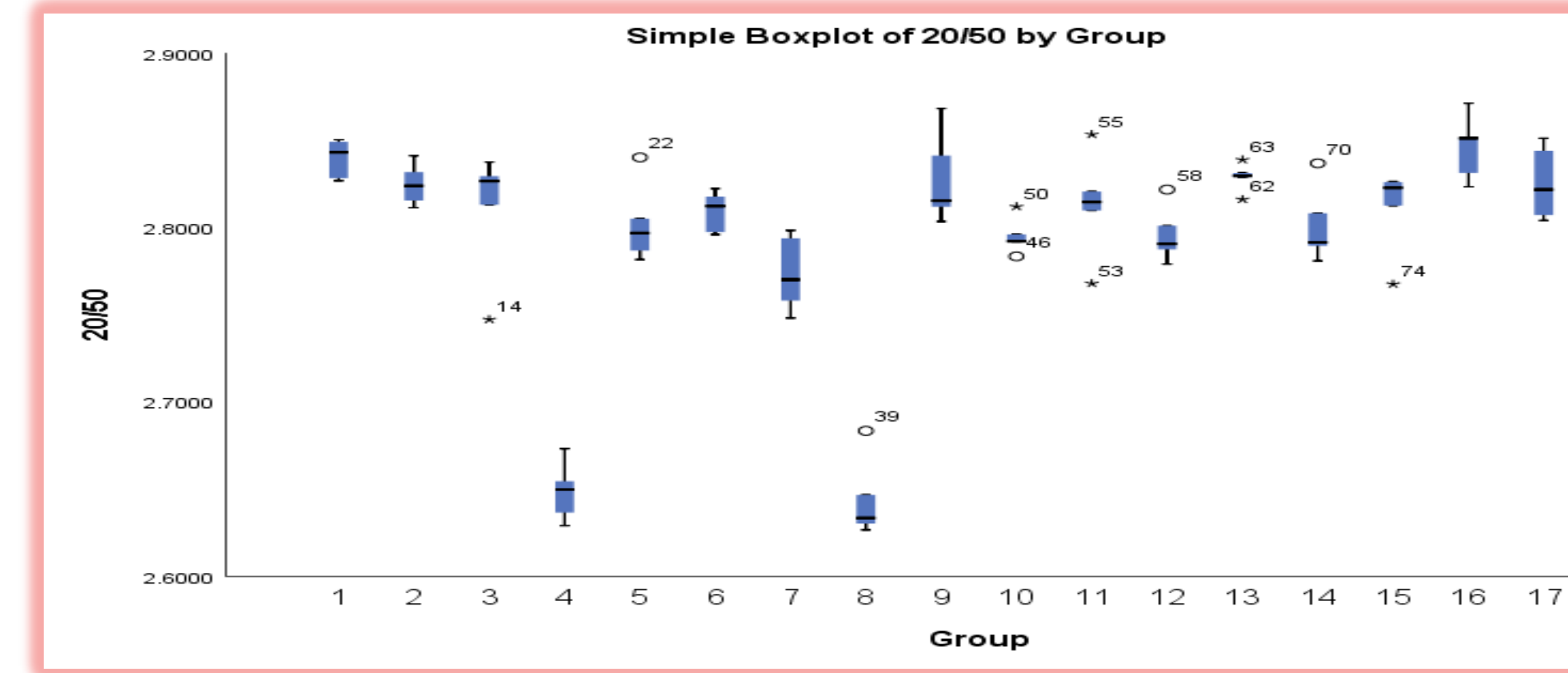
Normal Tissue Objective (NTO) does not often produce results for proton therapy, particularly when considering uncertainty management techniques, such as robust optimization. At our institution, the method to achieve adequate dose fall-off is at the discretion of the individual planner, consisting of a single or multiple rings. Within the target, using a DVH-style objective often allows too much flexibility for the optimizing algorithm and yields non-specific results, particularly for large structures such as "body" or "head". This study aims to systematically review different dose fall-off control methods within a phantom to determine the best method to apply to treatment plans. The beam selection was for centrally located brain tumors, as seen in nasopharyngeal carcinoma patients.



## Results

The dependent variables, excluding HI, either did not meet the assumptions of normality, homogeneity of variance or normal distribution assumptions. A non-parametric Welch ANOVA test was run which yielded significant p-values for each test variable (Table below). Games-Howell was used for post hoc analysis (alpha 0.5).

Robust Tests of Equality of Means		Statistic <sup>a</sup>	df1	df2	Significance
20/80	Welch	19.584	17	26.693	
50/80	Welch	4.425	17	26.730	
20/50	Welch	34.273	17	26.748	
$\Delta V_{20-80\%}$	Welch	4.333	17	26.446	
$\Delta V_{20-50\%}$	Welch	3.981	17	26.660	
$\Delta V_{50-80\%}$	Welch	8.311	17	26.661	
HI	Welch	2.505	17	26.793	
R50%	Welch	6.508	17	26.647	

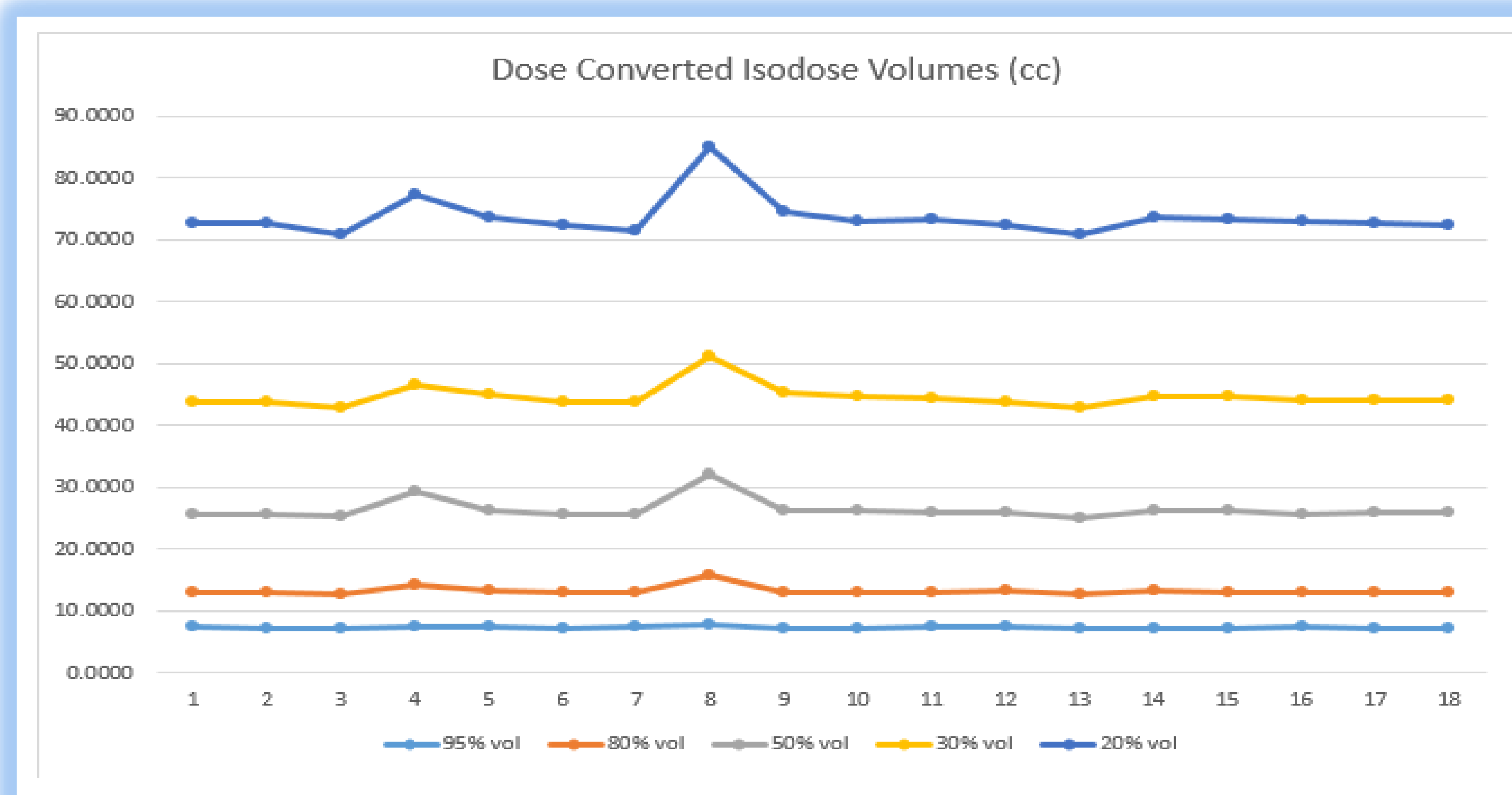


## Methods

Phantom (10x10x10)  
Robust optimization (3mm, 3%)  
Angles (90°, 0°, and 270°)  
1 cm diameter CTV  
Objectives:  
Nominal coverage: V98% at 98%  
Robust coverage: V95% at 95%  
Single mean on control structure – variable dose and priority

Variables: Isodose lines converted to structures from 80%, 50%, and 20%  
Ratios:  
20/80 ratio •  $\Delta 20-80\%$  isodose • HI (D2-D98/D<sub>p</sub>)  
50/80 ratio •  $\Delta 50-80\%$  isodose • R50% (V50%/VPTV)  
20/50 ratio •  $\Delta 20-50\%$  isodose

Groups – distinct dose control structures



## Final Thoughts

- Limitations:
  - Single mean objective – larger rings or rings attempting to control lower isodose lines may benefit from upper objectives
  - Ring priority often ended higher than target coverage

## Conclusion

- Rings 2.0 cm away showed the **worst** control of dose fall-off (Groups 4 and 8)
- Highest mean isodose volumes for 80%, 50%, and 20% isodose lines discretely
- Lowest ratios for 80/20 and 20/50
- Highest ratio for 50/80 – due to larger increase in 50% isodose line
- Most number of statistically significant difference between group means
- Larger the ring = worse control when  $\geq 2.0$  cm away**
- Ring 1.0 cm size, 1.0 cm away (group 3)
  - Lowest mean 20%, Second lowest mean 80%, and the lowest mean 50% isodose volumes
  - Lowest mean difference between 20-80% and 20-50% isodose volumes.
- No clear trends showing which ring is best for all variables
  - In general, rings closer to the target showed better 80/20 and 20/50 ratios