



Optimising Radiotherapy

Improving outcome and reducing side-effects

Dr Julie Wetter
Dept Radiation Oncology
Groote Schuur Hospital
University of Cape Town

19–20 September 2017
IAEA Scientific Forum
**Nuclear Techniques
in Human Health**

Prevention, Diagnosis, Treatment



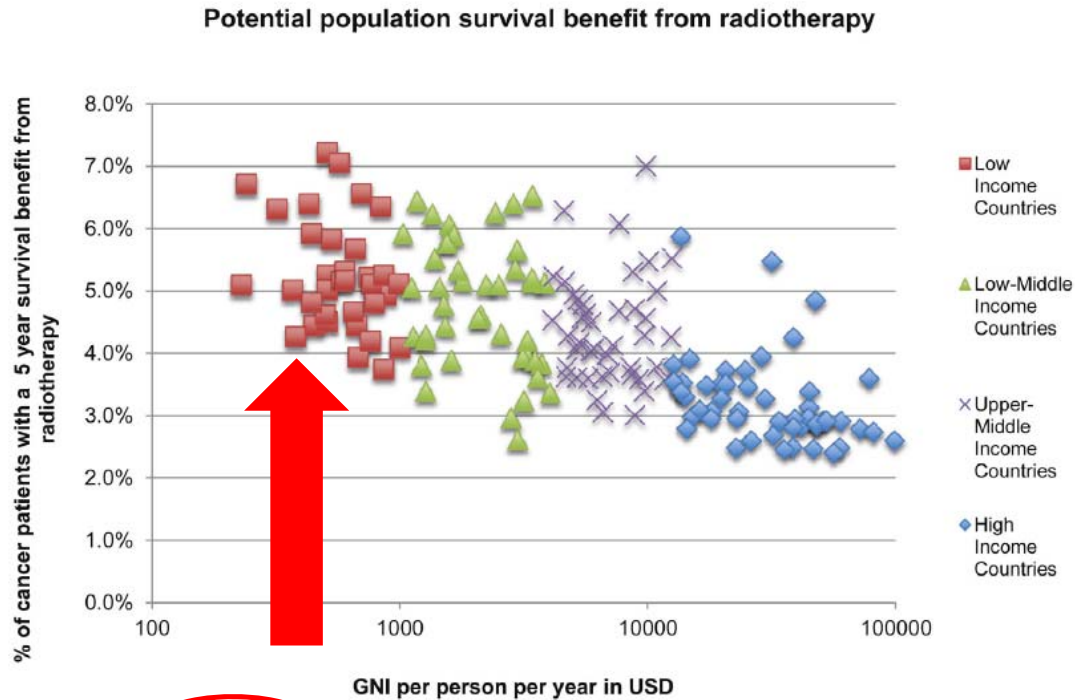


Fig 4. Survival benefit from radiotherapy according to country income classification.



ELSEVIER

Contents lists available at ScienceDirect

Clinical Oncology

journal homepage: www.clinicaloncologyonline.net



Overview

The Benefits of Providing External Beam Radiotherapy in Low- and Middle-income Countries



M.L. Yap^{*†}, T.P. Hanna^{*†}, J. Shafiq^{*}, J. Ferlay[§], F. Bray[§], G.P. Delaney^{*†}, M. Barton^{*}

^{*}Ingham Institute for Applied Medical Research, University of New South Wales, Liverpool, New South Wales, Australia

[†]Liverpool and Macarthur Cancer Therapy Centres, Western Sydney University, Campbelltown, New South Wales, Australia

[‡]Division of Cancer Care and Epidemiology, Queen's University Cancer Research Institute, Kingston, Ontario, Canada

[§]International Agency for Research on Cancer, Lyon, France

Received 2 September 2016; received in revised form 7 November 2016; accepted 7 November 2016

It is not only about getting there faster...

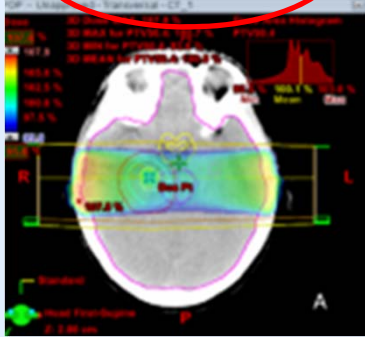
THE RADIATION BOOM

Radiation Offers New Cures, and Ways to Do Harm

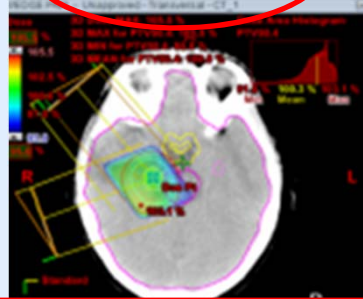
By WALT BOGDANICH

Published: January 23, 2010

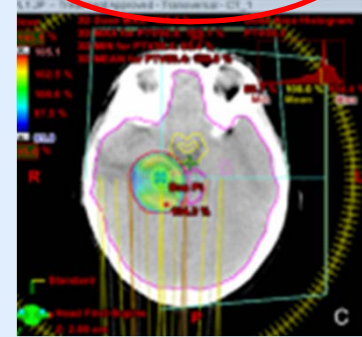
2D Planning



3D Planning



IMRT / VMAT



Improved tumour control



Increased risk !

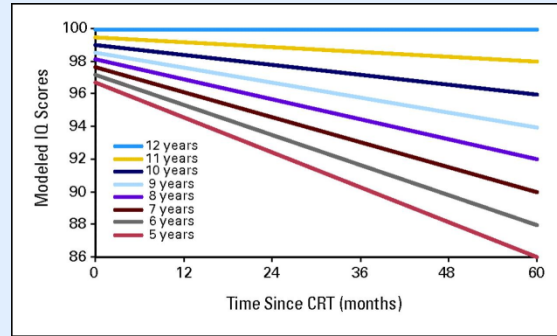


It is also about getting there safely...

This what we want to avoid : severe late side-effects



Skin necrosis



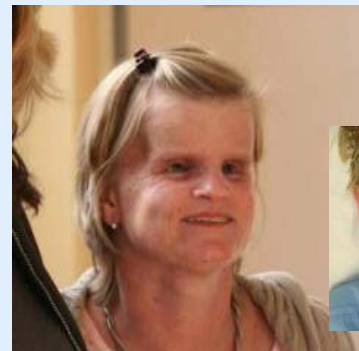
IQ decline after brain RT (children)



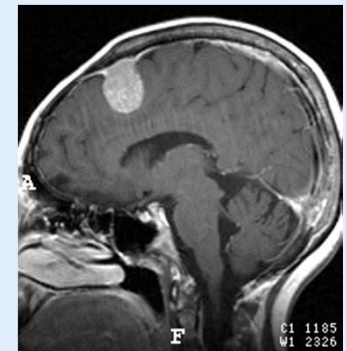
Osteoradionecrosis

Quality Assurance is key!

Growth deformities



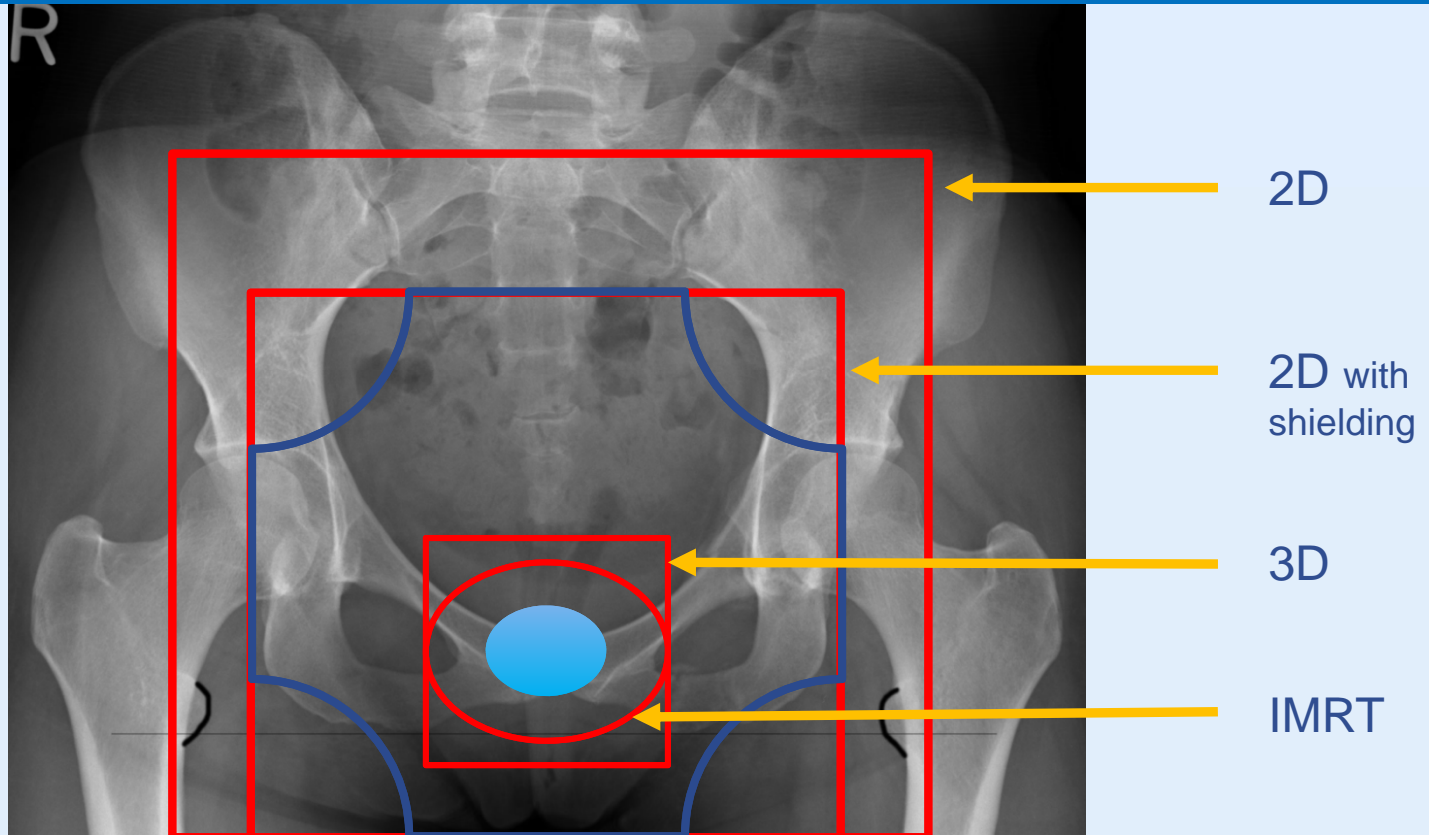
Radiation-induced malignancies



Cancer of the prostate

How treatment fields have evolved

The aim of modern radiotherapy : to deliver an effective dose to the tumour – with as low a dose to normal tissue as possible

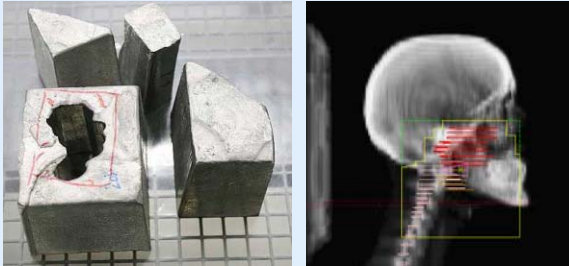


We need to *kill* cancer cells AND *protect* normal cells

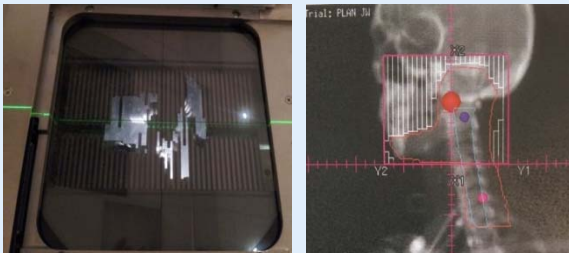
Lead cut-out



Lead blocks



Multi-leaf collimator



Shield normal tissue

**A BALANCE
BETWEEN
Tumour control**



Complications

Thermoplastic cast



Breast board



Knee and foot rests



**Accurate and
reproducible
positioning**

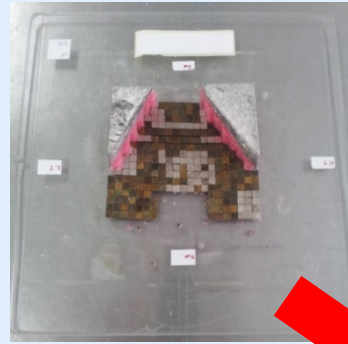


**Computerised
planning**

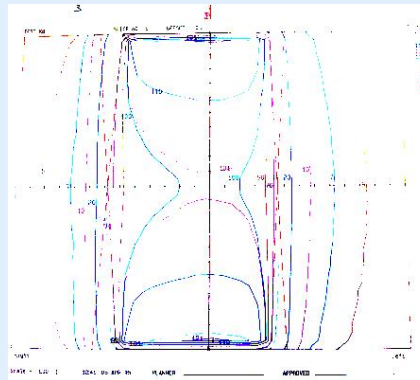
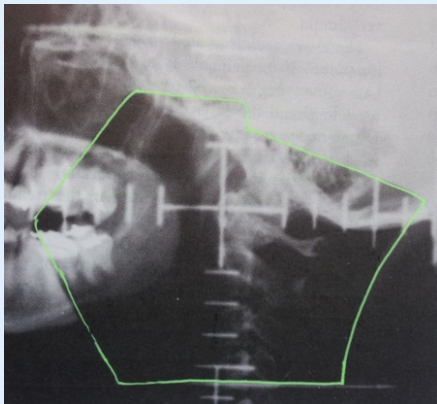
2-Dimensional Planning



Radiation fields (shaped with lead blocks)



Field drawn in on Xrays



Hand-drawn 2 D plan



Until “recently” world-wide ...
(Still used in many LMI countries)



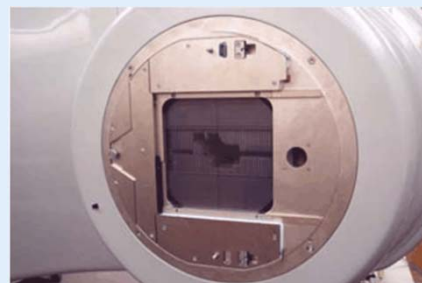
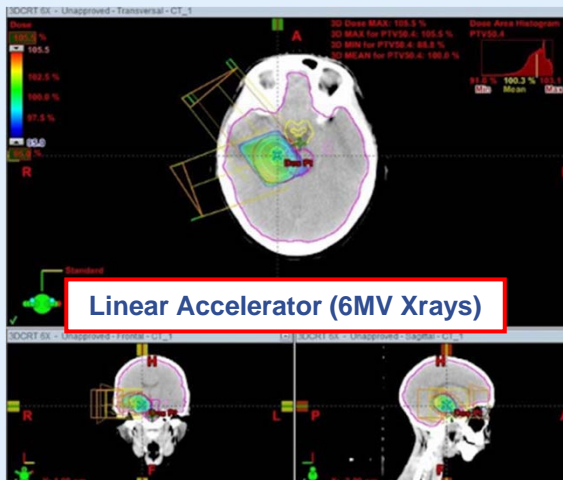
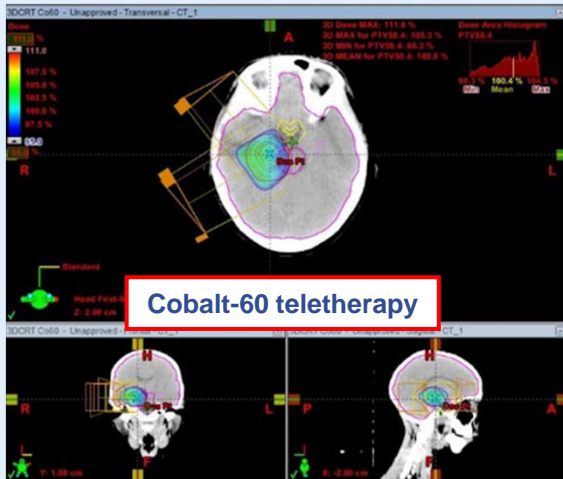
Cobalt-60 machine

3-Dimensional Conformal Radiotherapy

The aim of modern radiotherapy techniques :

Highest possible dose to the tumour & lowest possible dose to normal tissue

Visualising the target area accurately is key...

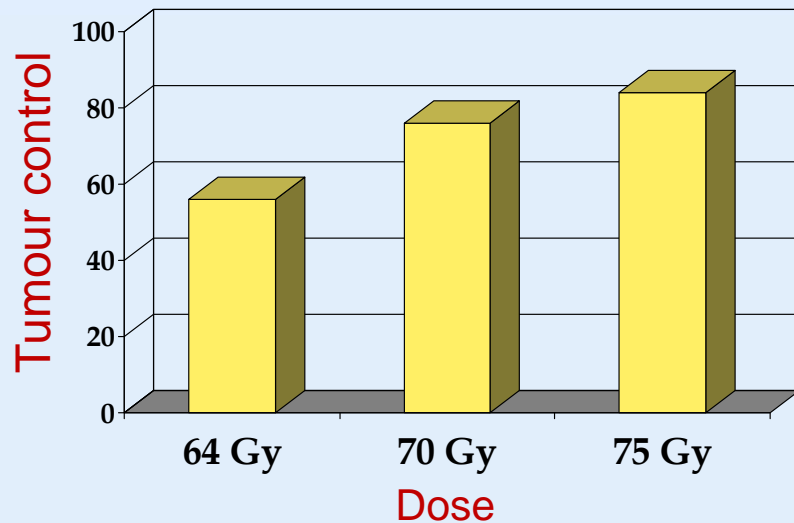


- Sophisticated planning tools
- Reconstruction in all planes
- Multiple beams
- Different planes
- Beam shapers
- Highly skilled staff

Cancer of the prostate

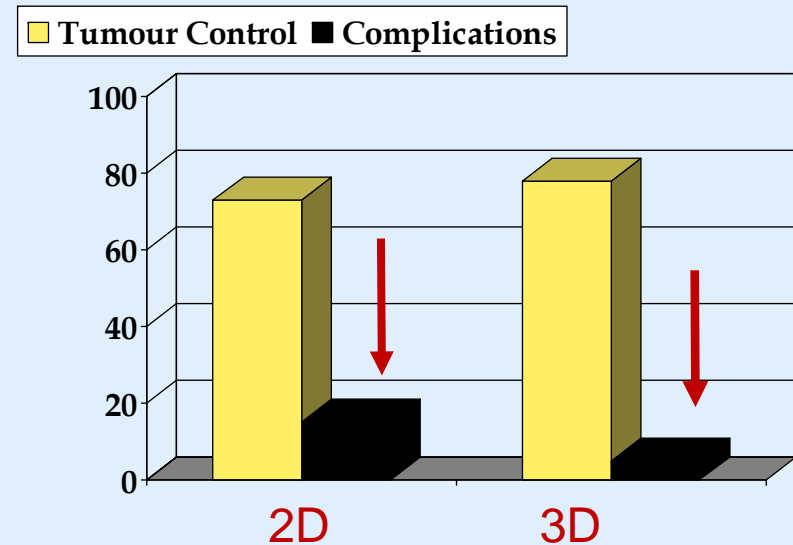
Outcomes of 2D vs 3D planning

Tumour control improves with increasing dose



Zelefsky, IJROBP 1999

Complications decrease with 3D radiotherapy



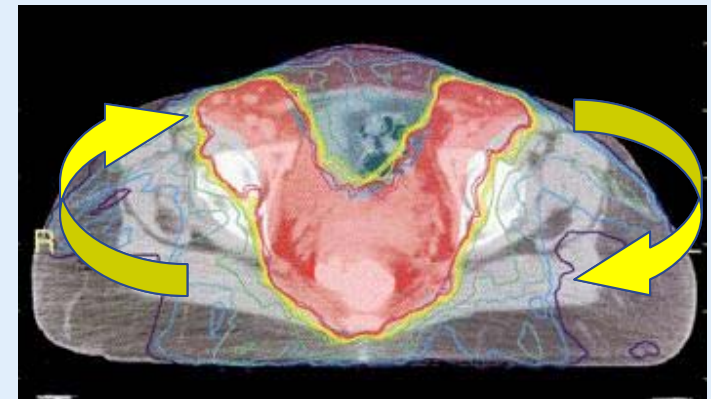
Dearneley et al, Lancet 1999

The Next Step ...

Intensity Modulated RT & Arc Therapy (VMAT)

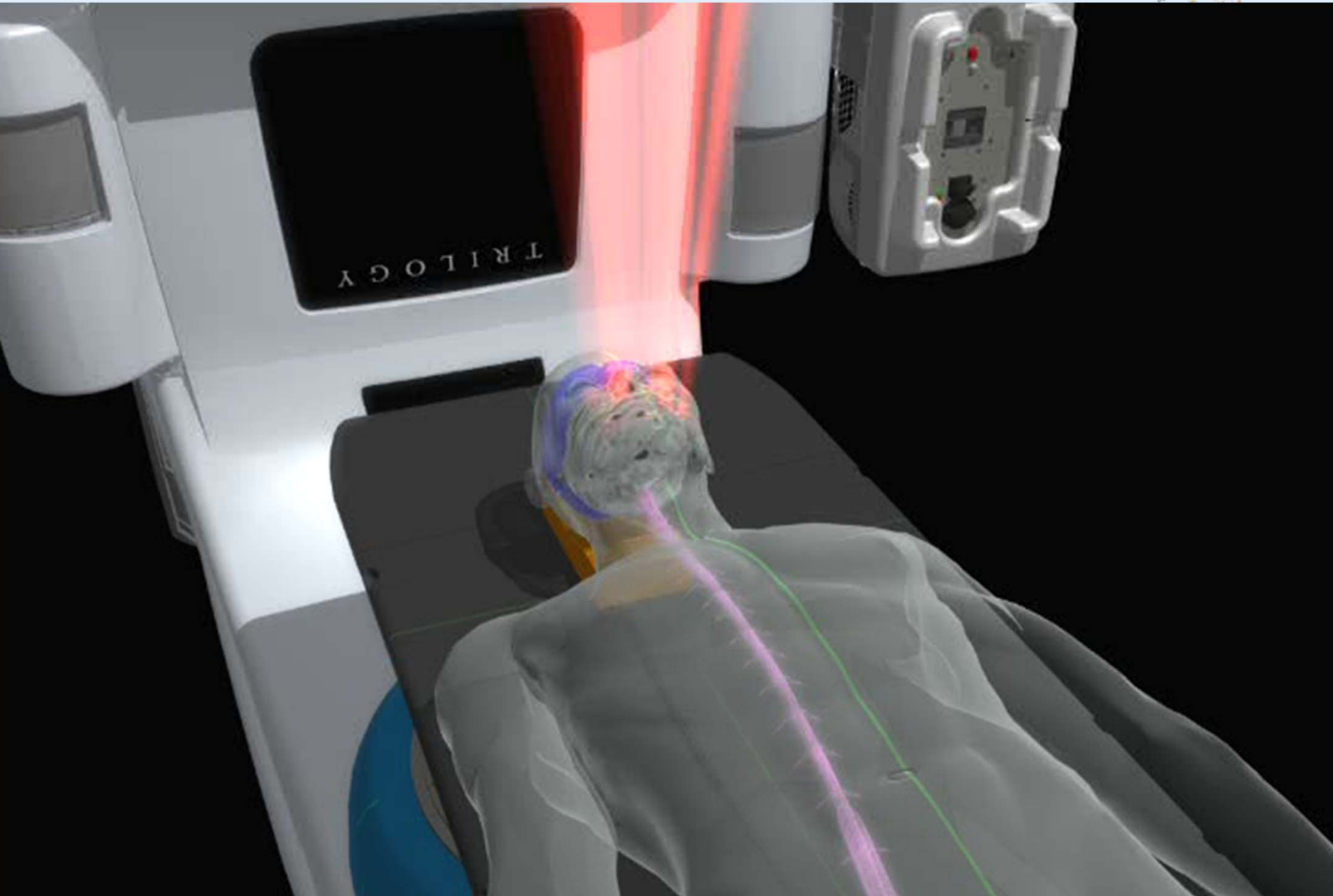
- Sophisticated computer software works out the beam arrangement
 - gives the optimal dose to the tumour
 - while keeping the dose to normal structures within tolerance
- The beam shaper now also filters (modulates) the beam
- The machine rotates around the patient during treatment – which can take as little as two minutes

Higher dose and tighter margins than previously possible

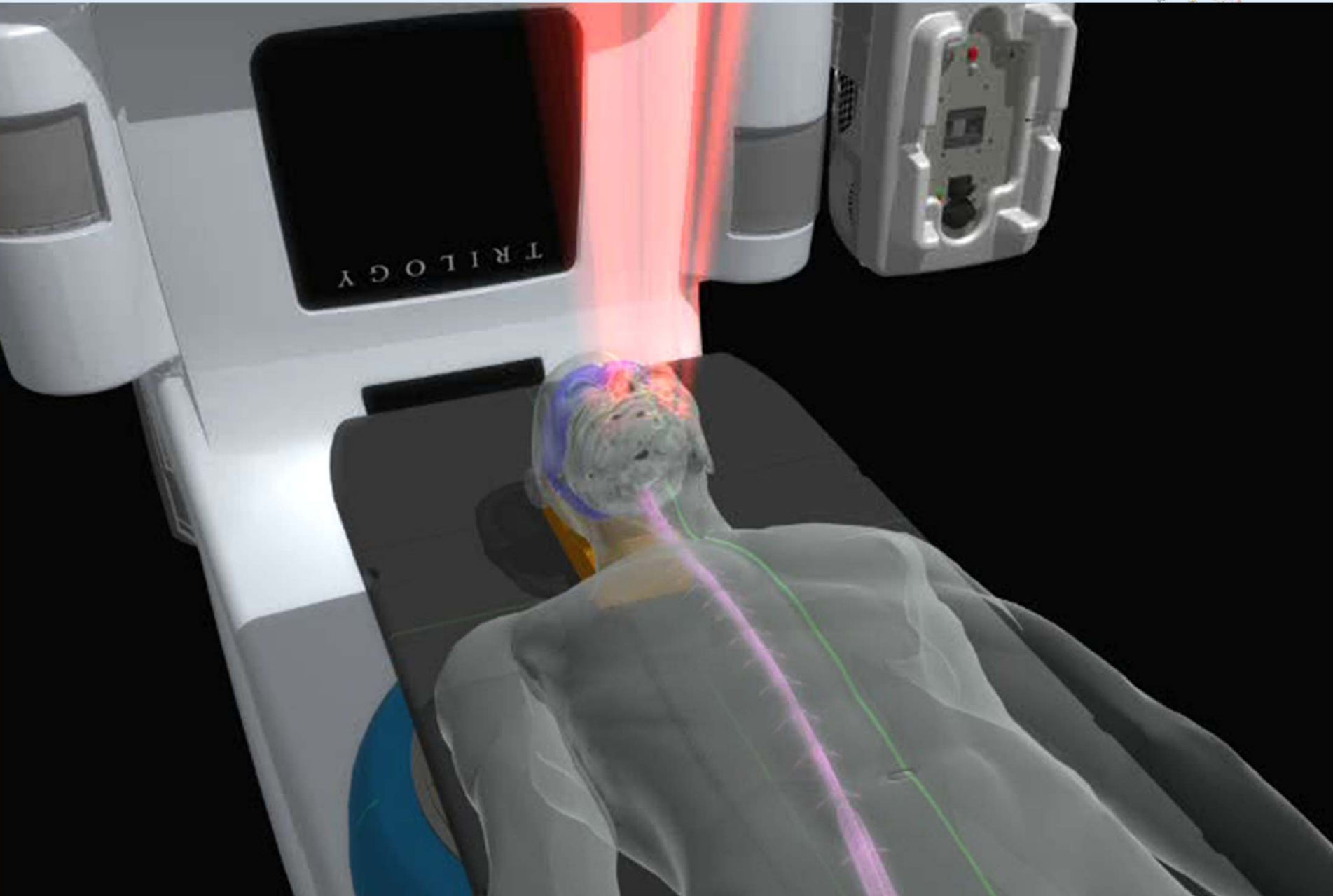


Shorter treatment time – therefore more patients treated per day

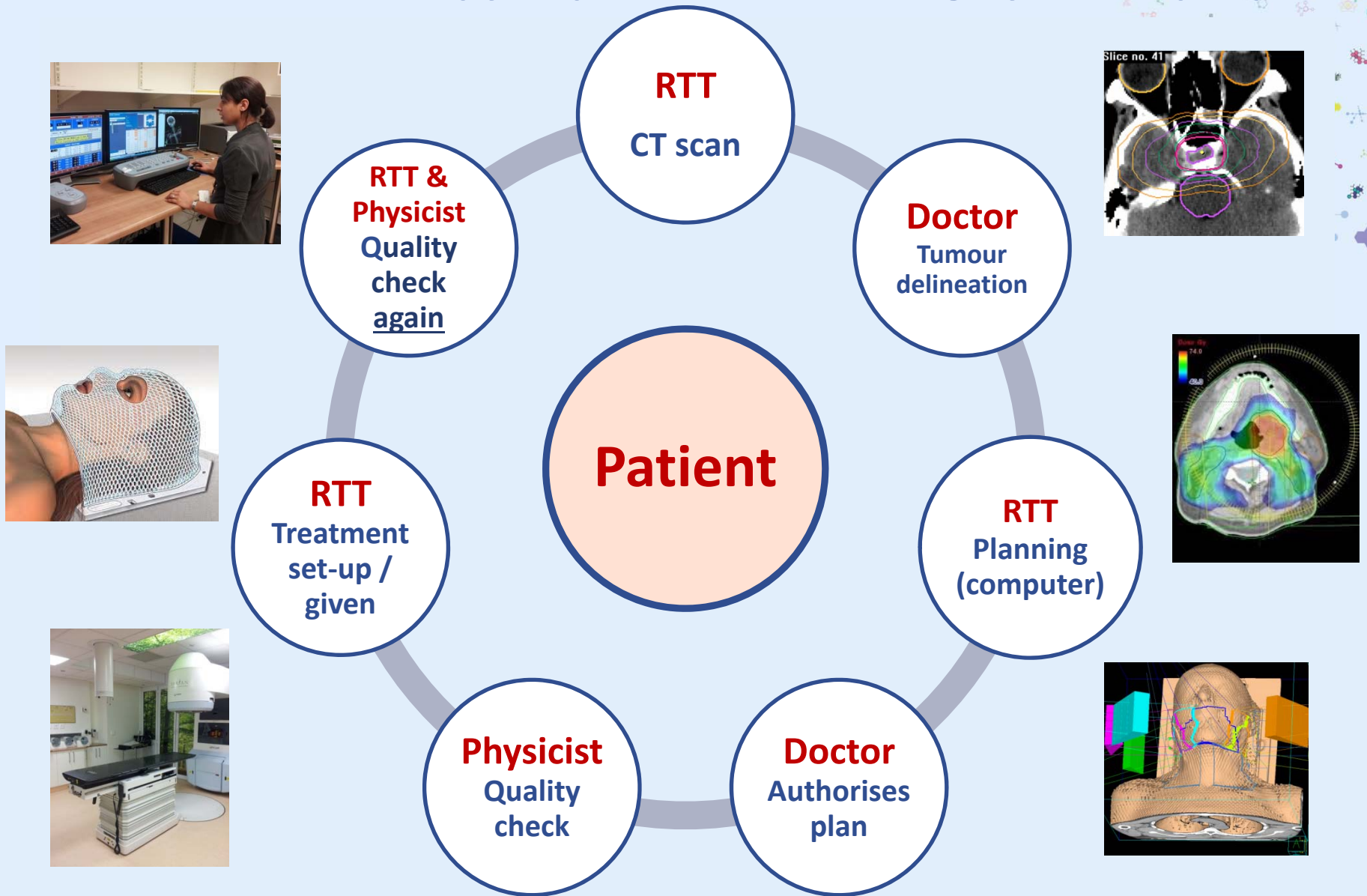
ARC Therapy (VMAT)



ARC Therapy (VMAT)

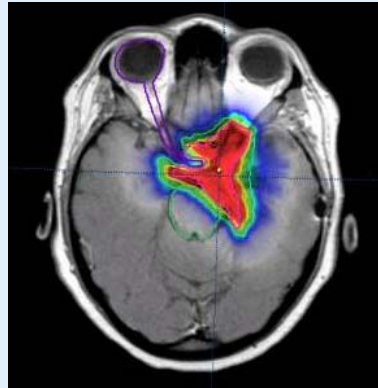


Modern Radiotherapy requires a TEAM of highly skilled people



A treatment plan is only as good as it's quality assurance

Stereotactic Radiosurgery



High dose of radiation

Single dose

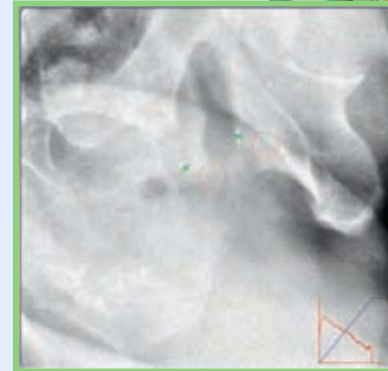
Small target

Brain & eye tumours



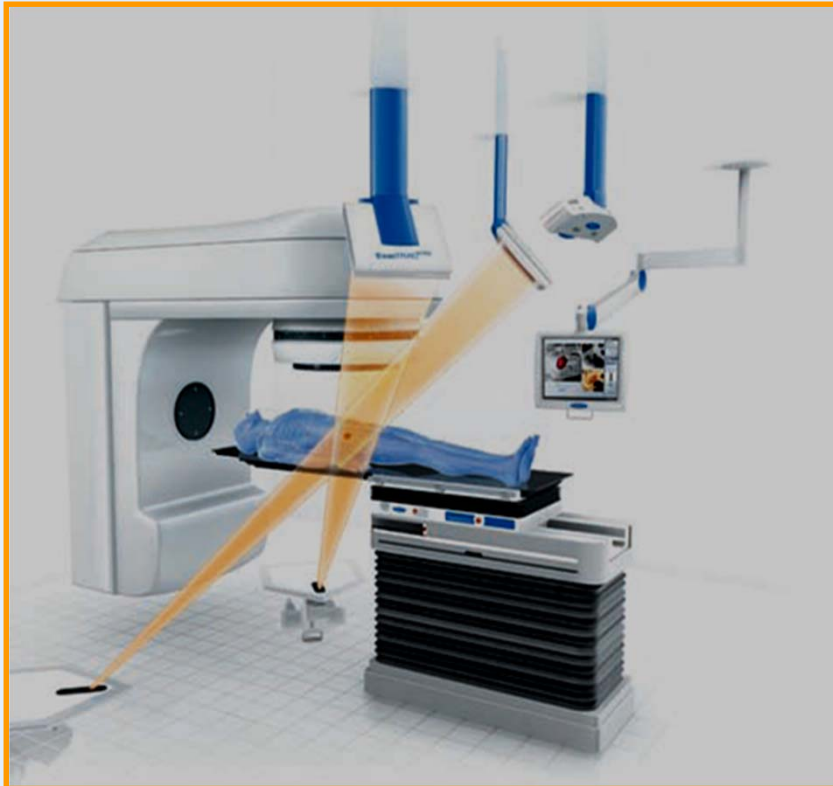
Stereotactic Body Radiotherapy

Single / multiple tumours



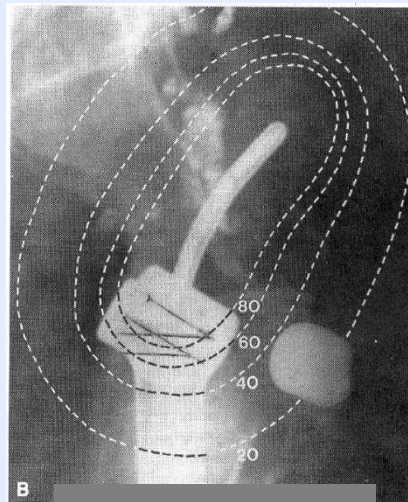
Infra-red cameras & Xrays localise points on skeleton

Computer ensures patient is accurately positioned for treatment

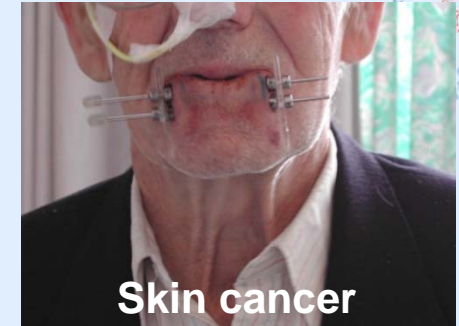
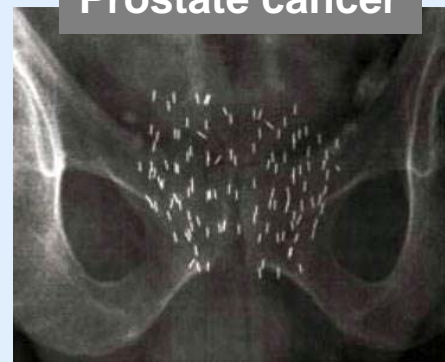


Brachytherapy

Sealed radioactive sources (radio-isotopes) placed adjacent to, or into, a tumour

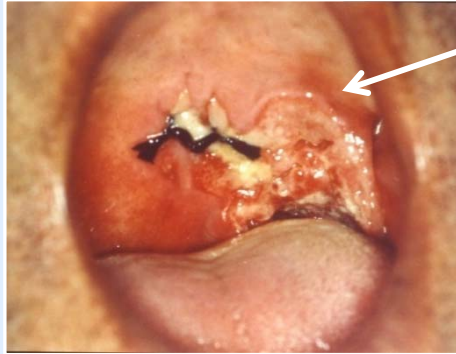


Cervix cancer



Remote after-loader

- Dose around the applicator (tumour) is **high**
- Dose a short distance from the applicator (healthy organs) is **low**
- Can combine with Xrays / surgery



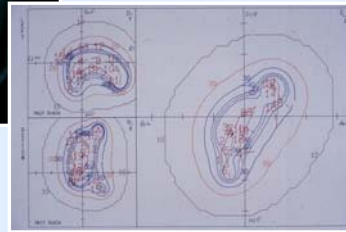
Tumour of the soft palate



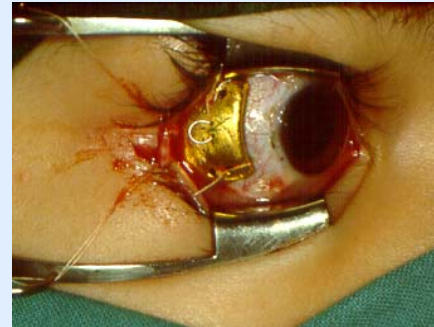
Eye cancers



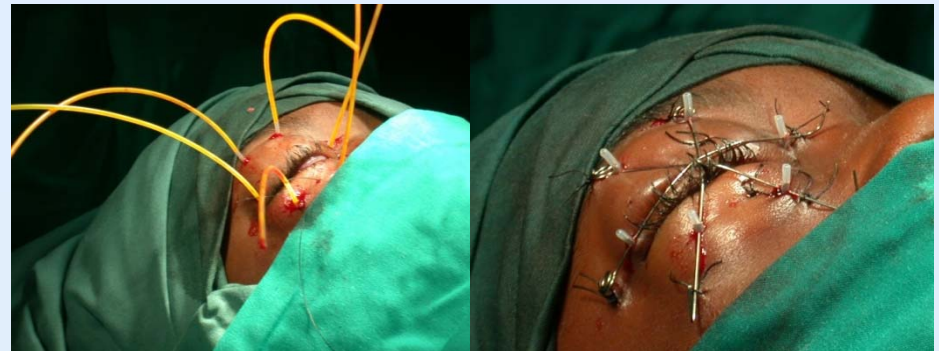
Head & neck cancers



2 years later



Radioactive iodine eye plaque



Radioactive iodine orbital implant

Also used to treat cancer of the oesophagus, bronchus

We have come a long way ...

