

AbstractID:9577Title:Incorporating SPECT functional Lung Imaging in Routine Treatment Planning for Lung Cancer

Purpose: SPECT lung perfusion images have been used to derive functional DVH for planning in a decade ago (Markset al 1994), however, it is still not widely used. The current study describes a method to incorporate functional images in routine planning based on only one commercial TPS.

Method and Materials: 12 patients were immobilized with the esam eAlpha -Cradle on SPECT/CT combination dCT simulator. The SPECT was registered to the planning CT by registering the low-resolution CT to the planning CT. The whole lung was divided into several sub-volumes according to the pixel values of the perfusion image (PVPI) above the background. The lung functionality was assumed to be linear with the PVP. If only 80% of the maximum value, as used by other investigators. The mean PVPI in each lung sub-volume was used to define the functionality weight factor. The $V_{20\text{function}}$ was determined based on the dose-volume and weight factor for each sub-volume.

Results: The priority score was set for each sub-volume according to the weight factor for IMRT optimization. For non-IMRT plan, sub-volumes with higher weight factors were avoided in the structures of the optimization. The 22% (range 11-35%) lung volume had a weight factor \geq mean weight factor. The difference between perfusion weighted lung volume and actual lung volume was -1565 cc (mean, range -491 to -3270 cc). $V_{20\text{function}}$ was smaller than V_{20} in 11 of 12 patients and the difference ranged from -0.4% to -12% .

Conclusions: Because the exact relationship between lung functionality and PVPI is still uncertain, large bin number may not be required. Our method for reducing the number of functional bins to several/less than a dozen may still provide useful prediction of toxicity and significantly reduce the amount of effort in plan optimization and can be routinely implemented in a clinical setting.