

AbstractID: 8715 Title: Dose calculation accuracy of a commercial treatment planning system for phantom geometries with varied lung densities

Purpose:

The purpose of this study was to investigate the dose calculation accuracy of a commercial treatment planning system for various water-lung phantom geometries; specifically, the effects of lung density, chest-wall thickness and a 3-field beam configuration.

Method and Materials:

A comparison was made between collapsed cone convolution (CCC) calculations and DOSXYZnrc Monte Carlo (MC) simulations for: (1) a homogeneous phantom ($\rho = 1.00, 0.500, 0.250$ and $0.125 \text{ g}\cdot\text{cm}^{-3}$), (2) a slab phantom with varied chest-wall thicknesses ($d_{\text{chest}} = 1.5, 2.25$ and 3.0 cm) and lung densities and (3) a $15 \times 15 \times 15 \text{ cm}^3$ box of lung surrounded by a 2.25 cm layer of water. We use $\rho_{\text{lung}} = 0.400, 0.150$ and $0.250 \text{ g}\cdot\text{cm}^{-3}$ to simulate full exhalation, inhalation and mean lung density respectively. For the homogeneous and slab phantoms one $6\text{MV } 10 \times 10 \text{ cm}^2$ field incident on a $50 \times 50 \times 25 \text{ cm}^3$ phantom at $\text{SSD} = 100 \text{ cm}$ was simulated. For the box phantom a 3-field beam configuration was used to simulate a basic lung treatment.

Results:

For the homogeneous phantom at, $\rho_{\text{lung}} = 0.125 \text{ g}\cdot\text{cm}^{-3}$, the CCC results were systematically 5% high. The slab phantom results showed that past $d = 3.0 \text{ cm}$ the accuracy of the CCC calculations were dependent on lung density and independent of chest-wall thickness. The percent difference was as high as 4% for $\rho_{\text{lung}} = 0.150 \text{ g}\cdot\text{cm}^{-3}$. The 3-field box simulations revealed an increased difference with decreasing lung density. Percent differences were as high as 8%, 4%, and 2% for the $\rho_{\text{lung}} = 0.150, 0.250,$ and $0.400 \text{ g}\cdot\text{cm}^{-3}$ phantoms.

Conclusion:

For the homogeneous phantom simulations, the percent difference increased with decreasing density. Dose accuracy was found to be invariant with respect to chest-wall thickness. From the 3-field box configuration, we found the total percent difference increased with the number of fields.