Parallelingt heintrodu ctionofInte nsityModulatedRadiationTherapy( IMRT)in the earlyt omi d1990s,ImageGuide dRa diation Therapy(IGRT)isa nimportant but problematicnewtoolforthe Radia tionOncology community. Thee hallengesares imilar to IMRT inthatIGRTisageneralc lassificationthate oversmanydiffe rent approaches withnum erousvariations. Where eIMR Trangesfromtomotherapy to conventionalMLC -baseddose deliverywithma nydiffe renttreatmentplanning approaches, IGRT coversa broadspect rumoftechniques anging from stereoscopicx -ray imaging with rigid-body registration to cone-beam volume imaging with deformable fusion. Thus, like IMRT, guaranteeing the safe and effective use of this new modality in a clinical trial setting will require procedures that a reascompre hensive as the ones currently implace for IMRT. As quality assurance technologies like IGR T, they must also be appropriately standardized for use inclinical trials.

ImageGuidanceisde finedf orRTOG protocols asthe s tepsofobtainingda ilyin -room imagesofthepatientinthe treatment position,m atchingor fusingthes eimages tothe onesobtainedduringthetr eatmentplann ingprocess ,andtheproce dureofmanu allyor automatically changingthepatient's positionba sedonthe fusioninformation. Noticethat thisdescriptiondoesnotconsiderthepatienta sa deformableobject.U singthissimple definition,anumberof RadiationThe rapy OncologyGroup(RTOG)prot ocols have employedorarei ncludingIGR Tfor ta rgetingthe lesion.T heseprotocolsre quire institutionstoverifythe irIGRTmethod ologythrougha crede ntialingprocess. This processisaim edat guaranteeingtha t eachinstitutionunder stands theprotocol requirementsrelati vetothe use oftheirfus ion softwareormanualshiftcapabilities .

Thispresentationwilldiscussthe processusedby theRTOGtoc redentialins titutionsfor theuseo f IGRTintheirprotoc ols,a nd it willprese ntthep roblemsandc onsiderations that willhavetobeaddresseda s the above definition of IGRT expandstoincludemovin g targetsandde formablefusion.