

**Purpose:** To examine the clinical effectiveness of radiobiologically-centered treatment plans utilizing Helical Tomotherapy (HT), MLC-based IMRT, and 3D-Conformal Radiotherapy treatment plans by allowing the use of radiobiological parameters to supplement current treatment planning techniques and to develop  $P_+ - \bar{D}$  diagrams that can further describe the efficacy of treatment plans. Finally, to provide a closer association between clinical outcome and treatment delivery.

**Method and Materials:** Two cases of lung cancer were examined. Treatment plans were developed using the HT, IMRT, and 3D-CRT modalities. The radiobiological analysis was based on the probabilities of complication-free tumor control ( $P_+$ ), overall injury ( $P_I$ ), overall benefit ( $P_B$ ), and the biologically effective uniform dose ( $\bar{D}$ ) as common prescription point. These radiobiological measures were used to evaluate the different treatment plans when used in concert with standard dosimetric criteria.

**Results:** For both patients,  $P_I$  is lower and  $P_+$  is higher in the HT modality than in both IMRT and 3D-CRT.  $\bar{D}$  is lower for HT than in the other modalities. Between IMRT and 3D-CRT exclusively, 3D-CRT delivers better  $P_I$  in both patients. The DVHs show better treatment planning and delivery with HT. This implies a reduction in the delivered dose to the spinal cord and heart, which have much smaller volumes and have dose delivery controlled in the Treatment Planning System as OARs.

**Conclusion:** The use of radiobiological parameters to improve treatment delivery and clinical outcome is shown to be effective in this examination. The HT modality showed lower  $P_I$  than both IMRT and 3D-CRT. Furthermore, analysis with a greater number of lung cases and OARs is needed to establish whether radiobiologically-based treatment planning can be established as an effective clinical tool for better radiation delivery and positive clinical outcomes.