

PRIMERJAVA OBSEVANJA RAKA DOJK V ANTERO-POSTERIORNI IN POSTERO-ANTERIORNI SMERI

COMPARISON OF BREAST CANCER IRRADIATION IN SUPINE AND PRONE POSITIONS

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IZVLEČEK

Uvod in namen: Obsevanje pri raku dojk se danes izvaja v antero-posteriornem (AP) kot tudi v postero-anteriornem (PA) položaju. Cilj raziskave je predstaviti, ali položaj obsevanja, starost bolnice in število frakcij obsevanja pomembno vplivajo na velikost interfrakcijskih premikov pri geometrični verifikaciji v lateralni, longitudinalni in vertikalni smeri.

Metode: Raziskava je bila zasnovana retrospektivno s sekundarno statistično analizo podatkov. Analiza o interfrakcijskih premikih se je izvedla pri 25 bolnicah, ki so obsevale raka dojk v AP položaju na podlagi Breastboard (CIVCO), in 25 bolnicah v PA položaju na podlagi Sagittilt (Orfit). Geometrična verifikacija je bila v vseh primerih izvedena v prostem dihanju pred obsevanjem. Pri obsevanju v AP položaju je bila uporabljena 2D/2D (2D – dvodimenzionalno) verifikacija kilovoltnih (kV) slik. Pri obsevanju raka dojk v PA položaju je bila uporabljena verifikacija s CBCT (angl. cone beam computed tomography, računalniška tomografija s stožastim snopom). Verifikacijske slike so bile zajete s sistemom XVI (angl. X-ray volumetric imaging system).

Rezultati: Rezultati pri AP položaju so pokazali največje interfrakcijske premike v longitudinalni smeri, najmanjše pa v lateralni smeri. Z Mann-Whitney U testom smo dokazali statistično značilno razliko med lateralno in vertikalno ($p = 0,008$) ter med lateralno in longitudinalno smerjo ($p = 0,002$) v AP položaju. V PA položaju so bili največji premiki v lateralni, najmanjši pa v longitudinalni smeri. S Kruskal Wallis testom smo dokazali, da pri PA položaju obsevanja v lateralni, longitudinalni in vertikalni smeri ni statistično značilnih razlik med premiki ($p = 0,220$).

Ugotovili smo, da je povprečje premikov v vseh treh smereh večje v PA položaju (Slika 1). Največja povprečna razlika med položajema obsevanja je v lateralni, najmanjša pa v longitudinalni smeri.

Neparametrični Mann-Whitney U test pokaže statistično značilne razlike v premikih v vseh treh smereh glede na položaj obsevanja ($p < 0,05$). Starost bolnic ($p > 0,05$) in število frakcij obsevanja ($p > 0,05$) nimata statistično značilnega vpliva na velikost premikov med AP in PA položajem obsevanja.

Zaključek: S primerjavo vpliva položaja obsevanja, starosti bolnic in številom frakcij obsevanja na velikost interfrakcijskih premikov pri geometrični verifikaciji z drugimi študijami, smo prišli do enakih ugotovitev. Pri vseh translacijskih premikih obstajajo statistično značilne razlike med obsevanjem v AP in obsevanjem v PA položaju ($p < 0,05$), premiki so večji pri PA položaju obsevanja.

Ključne besede: obsevanje raka dojk, antero-posteriorni in postero-anteriorni položaj, interfrakcijski premiki

ABSTRACT

Introduction and purpose: Today radiation therapy for breast cancer is performed in both - supine and prone position. The aim of the study is to present if the patient position, age and the number of fractions of radiation, have a significant influence on the size of inter-fraction displacements during geometric verification in lateral, longitudinal and vertical directions.

Methods: The study was designed retrospectively with secondary statistical data analysis. The analysis of inter-fraction displacements was performed in 25 patients that underwent breast cancer irradiation in supine position (Breastboard, CIVCO) and 25 patients in prone position (Sagittilt, Orfit). All patients received radiation therapy with free-breathing geometric verification performed before the irradiation - 2D/2D (two-dimensional) kilovoltage (kV) image verification in supine and cone-beam computed tomography (CBCT) in prone position. The images used for verification purposes were captured using the X-ray Volumetric Imaging System (XVI).

Results: The results showed that, on average, the largest inter-fraction displacements in supine positioning are in the longitudinal direction and the smallest in the lateral direction. The Mann-Whitney U test showed a statistically significant difference between lateral and vertical displacements ($p=0.008$) and between lateral and longitudinal displacements ($p=0.002$) in supine positioning. The Kruskal-Wally's test showed that there were no statistically significant differences in the lateral, longitudinal and vertical directions in prone positioning ($p=0.220$).

The average displacements in all three directions are larger in prone position (Figure 1). The largest average difference between the two irradiation positions is in the lateral direction, while the smallest is in the longitudinal direction. The non-parametric Mann-Whitney U test shows statistically significant differences in the inter-fraction displacements in all three directions, depending on the patient's position ($p<0.05$). Patient age ($p>0.05$) and the number of fractions of radiation ($p>0.05$) do not have a statistically significant effect on the size of displacements between the supine and prone positions.

Conclusion: Comparing the influence of the patient's position during breast cancer irradiation, the age of the patients and the number of fractions of radiation on the size of the inter-fraction displacements in geometric verification with other studies, the same conclusions were reached. For all translational displacements, there are statistically significant differences between irradiation in the supine and prone position ($p<0.05$), with larger displacements in the prone position.

Keywords: breast cancer irradiation, supine and prone position, inter-fraction displacements

LITERATURA / REFERENCES

- Abo-madyan Y, Polednik M, Rahn A et al. (2008). Improving dose homogeneity in large breasts by IMRT: Efficacy and dosimetric accuracy of different techniques. In: Strahlentherapie und Onkologie 184(Suppl. 2): 86-92. Dostopno na: <https://www-proquest-com.nukweb.nuk.uni-lj.si/docview/233189212?accountid=16468> <11. 11. 2020>
- Agrawal A (2019). Radiotherapy Techniques in CA breast. Breastboard. Dostopno na: <https://www.slideshare.net/animeshagr/radiotherapy-techniques-for-breast-cancer> <09. 11. 2020>
- Aly M M O M, Glatting G, Jahnke L, Wenz F, Abo-Madyan Y (2015). Comparison of breast simultaneous integrated boost (SIB) radiotherapy techniques. In: Radiation Oncology 10, Article number: 139. Dostopno na: <https://link.springer.com/article/10.1186/s13014-015-0452-2> <11. 11. 2020>
- Bas Ayata H, Güden M, Ceylan C, Küçük N, Engin K (2011). Comparison of dose distributions and organs at risk (OAR) doses in conventional tangential technique (CCT) and IMRT plans with different numbers of beam in left-sided breast cancer. In: Reports of practical oncology & radiotherapy 16(Suppl. 3): 95-102. Dostopno na: <https://www.sciencedirect.com/science/article/pii/S1507136711000307> <12. 11. 2020>
- Borštnar S, Bračko M, Čufer T et al. (2006). RAK dojke: kaj morate vedeti. 2. dopolnjena izdaja. Ljubljana: Onkološki inštitut. Dostopno na: https://dora.onko-i.si/fileadmin/user_upload/Dokumenti/Rak-dojke.pdf <24. 10. 2020>
- CIVCO Radiotherapy (Slika 1)
Dostopno na: <https://civcort.com/ro/breast-positioning/breastboards/mt350-mt250-breastboards-MT350N.htm> <25.05.2021>
- Dahmane R (2005). Ilustrirana anatomija. 2. izd. Ljubljana: 143.
- Grann A, McCormick B, Chabner E S et al. (2000). Prone breast radiotherapy in early-stage breast cancer: a preliminary analysis. In: International journal of radiation oncology*biology*physics 47(Suppl. 2): 319-325. Dostopno na: <https://www-sciencedirect-com.nukweb.nuk.uni-lj.si/science/article/pii/S036030160000448X> <27. 10. 2020>
- Gori S et al. (2018). Il carcinoma della mammella. Associazione Italiana di Oncologia Medica: 1-7. Dostopno na: https://www.aiom.it/wp-content/uploads/0208/11/2018_carcinoma_mammella.pdf <08. 11. 2020>
- Hupert N, Jozsef G, DeWyngaert K, Formenti S C (2011). The role of a prone setup in breast radiation therapy. New York: New York University Clinical Cancer Center. Dostopno na: <https://www.frontiersin.org/articles/10.3389/fonc.2011.00031/full> <26. 10. 2020>

- Jezeršek Novaković B, Pajk B (2018). Sistemsko zdravljenje: Neželeni učinki. In: Strojan P, Hočevar M, eds. Onkologija, učbenik za študente medicine, elektronska izdaja. Onkološki inštitut Ljubljana, 293-327.
- Dostopno na: https://www.onko-i.si/fileadmin/onko/datoteke/Strokovna_knjiznica/ostale_publikacije/Onkologija_ucbenik_za_studente_medicine_2018.pdf <29. 5. 2021>
- Kirby A M, Evans P M, Helyer S et al. (2011). A randomised trial of supine versus prone radiotherapy (SuPr study): comparing set-up errors and respiratory motion. *Radiotherapy and Oncology* 100(2): 221-6.
- Dostopno na: <https://www.sciencedirect.com.nukweb.nuk.uni-lj.si/science/article/pii/S0167814010007085> <27. 03. 2021>
- Lakosi F, Gulyban A, Ben-Mustapha Simoni S et al. (2016). Feasibility evaluation of prone breast irradiation with the Sagittilt system including residual-intrafractional error assessment. In: *Cancer/Radiotherapie* 20 (Suppl. 8): 776-782.
- Dostopno na: <https://www.sciencedirect.com.nukweb.nuk.uni-lj.si/science/article/pii/S127832181630097X> <26. 10. 2020>
- Lee J, Liu S H, Lin J B et al. (2018). Image-guided study of inter-fraction and intra-fraction set-up variability and margins in reverse semi-decubitus breast radiotherapy. In: *Radiation Oncology* 13, 254.
- Dostopno na: <https://link.springer.com/article/10.1186/s13014-018-1200-1> <29. 04. 2021>
- Lesjak N, Palčič T (2019). Osveščenost študentk zdravstvene nege o rakih dojk in materničnega vratu. Diplomsko delo. Ljubljana: Zdravstvena fakulteta.
- Dostopno na: <https://repozitorij.uni-lj.si/Dokument.php?id=117296&lang=slv> <24. 10. 2020>
- McKinnon R, Christie D, Peres H, Burke M, Le Thai, Lah M (2009). The prone technique for breast irradiation – is it ready for clinical trials? In: *The Breast* 18(Suppl. 1): 30-34.
- Dostopno na: <https://www.sciencedirect.com.nukweb.nuk.uni-lj.si/science/article/pii/S0960977608001987> <26. 10. 2020>
- Mulliez T, Gulyban A, Vercauteran T et al. (2016). Setup accuracy for prone and supine whole breast irradiation. In: *Strahlentherapie und Onkologie* 192: 254-9.
- Dostopno na: <https://link.springer.com/article/10.1007/s00066-016-0943-6> <27. 03. 2021>
- Nilsson G, Witt Nyström P, Isacsson U et al. (2016). Radiation dose distribution in coronary arteries in breast cancer radiotherapy. In: *Acta oncologica* 55(Suppl. 8): 959-963. Dostopno na: <https://www.tandfonline.com/doi/full/10.1080/0284186X.2016.1182209> <12. 11. 2020>
- Poleszczuk J, Luddy K, Chen L et al. (2017). Neoadjuvant radiotherapy of early-stage breast cancer and long-term disease-free survival. In: *Breast Cancer Research* 19(75).
- Dostopno na: <https://breast-cancer-research.biomedcentral.com/articles/10.1186/s13058-017-0870-1#citeas> <26. 5. 2021>
- Ratoša I (2019). Primerjava obsevalnih tehnik po ohranitveni operaciji raka leve dojke. Doktorska disertacija. Maribor: Medicinska fakulteta.
- Dostopno na: <https://www-proquest-com.nukweb.nuk.uni-lj.si/docview/2371871345?accountid=16468> <26. 10. 2020>
- Taylor C, Correa C, Duane F K et al. (2017). Estimating the risk of breast cancer radiotherapy: Evidence from modern radiation doses to the lungs and heart and from previous randomized trials. In: *Journal of clinical oncology* 35(Suppl. 15): 1641-1649. Dostopno na: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5548226/> <12. 11. 2020>
- Taylor C W, Wang Z, Macaulay E, Jaggi R, Duane F, Darby S C (2015). Exposure of the heart in breast cancer radiation therapy: A systematic review of heart doses published during 2003 to 2013. In: *International journal of radiation oncology*biology*physics* 93(Suppl. 4): 845-853.
- Dostopno na: <https://www.sciencedirect.com.nukweb.nuk.uni-lj.si/science/article/pii/S036030161503103X> <12. 11. 2020>
- Wang W, Yu T, Xu M, Shao Q, Zhang Y, Li J (2019). Setup error assessment and correction in planar kV image – versus cone beam CT image-guided radiation therapy: A clinical study of early breast cancer treated with external beam partial breast irradiation. In: *Sage Journals* 2019(18)
- Dostopno na: <https://journals.sagepub.com/doi/full/10.1177/1533033819853847> <1. 5. 2021>
- Yu T, Xu M, Sun T et al. (2018). External-beam partial breast irradiation in a supine versus prone position after breast-conserving surgery for Chinese breast cancer patients. *Scientific Reports*.
- Dostopno na: <https://www.nature.com/articles/s41598-018-33741-z> <27.10.2020>
- Žgajnar J, Marinko T, Šeruga B (2018). Rak dojk. In: Strojan P, Hočevar M, eds. Onkologija, učbenik za študente medicine, elektronska izdaja. Onkološki inštitut Ljubljana, 508-38.
- Dostopno na: https://www.onko-i.si/fileadmin/onko/datoteke/Strokovna_knjiznica/ostale_publikacije/Onkologija_ucbenik_za_studente_medicine_2018.pdf <13. 10. 2020>