

₇₀ Proton Stereotactic Radiosurgery using Pencil-Beam Scanning for Intracranial Tumors: Early Experience from a Single Institution

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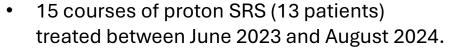
INTRODUCTION

- Proton-based Stereotactic Radiosurgery (SRS) can offer dosimetric advantages over traditional photon-based SRS.
- Previously published series demonstrated the feasibility and safety of proton SRS delivered using passive scattering.
- Proton SRS using pencil-beam scanning technology may offer additional dosimetric and clinical advantages.

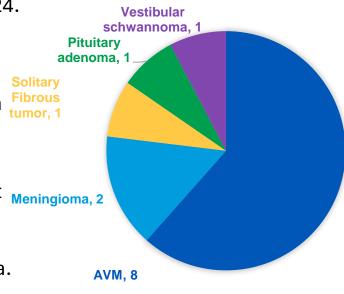
PROTON SRS TECHNIQUE

- Proton SRS was planned with pencilbeam spot scanning with multifield optimization.
- Plans were delivered using patientspecific brass apertures to reduce lateral penumbra for enhanced healthy tissue sparing.
- A built-in range shifter facilitated treatment at shallower depths.
- Fiducial markers in the skull were used to ensure treatment setup accuracy.

RESULTS



- 2 patients received staged treatments for Arteriovenous Malformations (AVM).
- Only acute toxicity was perilesional edema on imaging detected in 3 patients (CTCAE grades 1-2).
- Almost two-thirds (62%) of patients did not Meningioma, 2 receive prophylactic steroids during treatment, including 2 out of the 3 patients that went on to develop perilesional edema.



SRS dose range	17-20Gy (25/5 for fractionated SRS)
Target volume (median, range)	6.09 cm3 (0.39-30.6 cm3)
Conformality index (median, range)	1.393 (0.641-2.912)
Homogenity index (median, range)	1.166 (1.063-2.070)
V12	7.175 cm3 (2.252-59.31cm3)
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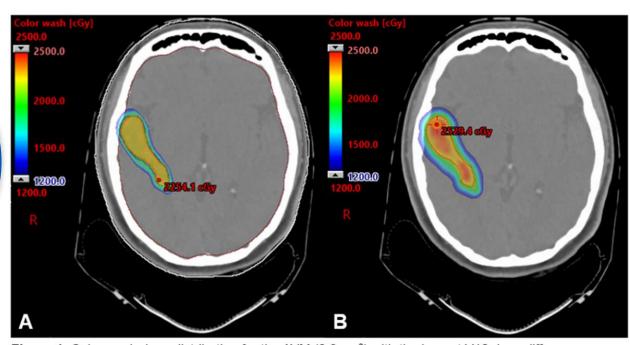
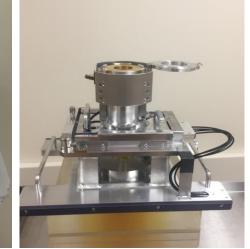
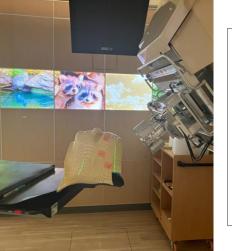
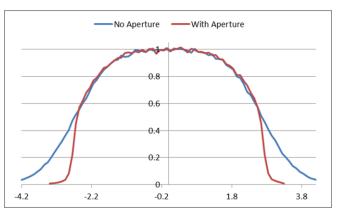


Figure 1. Color wash dose distribution for the AVM (8.3 cm³) with the largest V12 dose difference between the (A) proton SRS and (B) five-field VMAT comparison plans.







CONCLUSIONS

- Proton SRS delivered with pencil-beam scanning can decrease brain V12 dose compared to photon SRS.
- Peri-lesional edema can occur shortly after proton SRS in a small proportion of patients.
- Prophylactic steroid administration may be helpful in reducing this risk.

Patient specific aperture