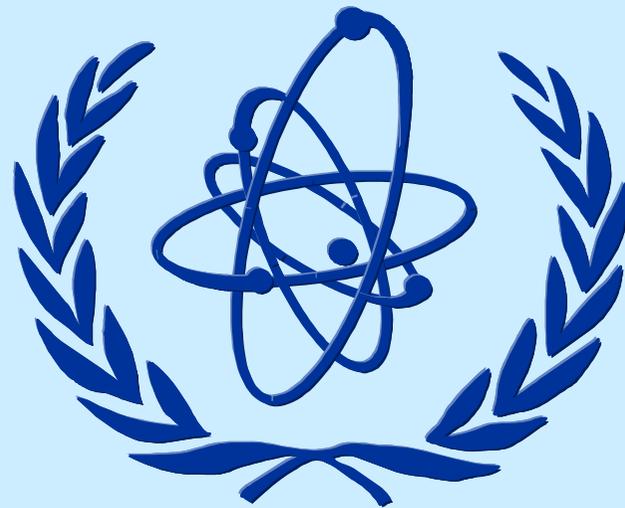


Errors During Acceptance of Treatment Planning System



Actual accidental medical exposures



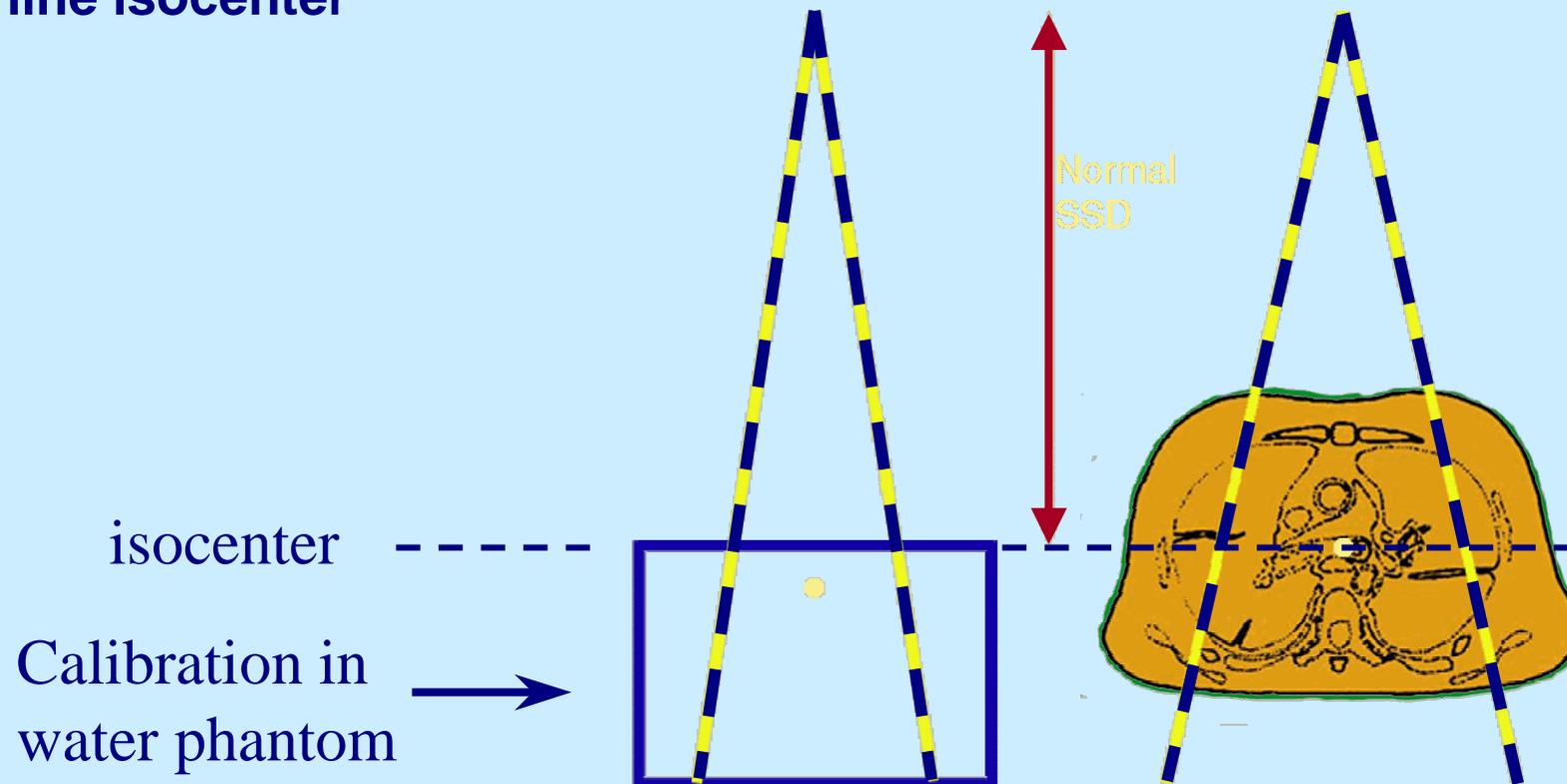
History

- **Until 1982, hospital used only manual calculations**
- **Treatments were generally at standard SSD**
- **Correction factors were used for unusual SSD, so that conventional %DD calculations could be used at non-conventional SSD**
- **A computerized treatment planning system was acquired in autumn of 1982**
- **At same time, and because TPS had the capability, hospital began treating with isocentric techniques more frequently**



Isocentric Radiotherapy

- Machine used principally for SSD treatments was probably calibrated at $100 \text{ cm SSD} + d_{\text{max}}$
- For isocentric treatment, patients generally positioned with center of PTV at machine isocenter





Implementation of TPS

- For first isocentric treatment, technologists applied previously-determined correction factors for non-standard SSD
- Hospital physicists approved this procedure
- It was not recognized that TPS correctly applied inverse-square correction for isocentric treatments



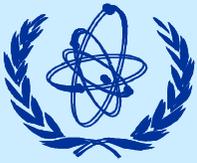
Calculations for Isocentric Treatments

- **TPS either used tissue-phantom ratios, or applied inverse-square correction to %DD calculation**
 - *For example, MU to deliver 1 Gy at 10 cm depth, 10 cm x 10 cm field, 100 cm SAD (if 6 MV accelerator calibrated to deliver 1cGy/MU at 100 cm SSD+d_{max}):*

$$\text{MU} = 100 \text{ cGy} / [(0.77)(1.03)]$$

$$\text{MU} = 126$$

where TPR = 0.77, and inverse-square correction from 100 cm SSD + d_{max} to isocenter is 1.03



Incorrect Application of Distance Correction

- **However, technologists continued to apply distance correction factor to all subsequent calculations**
- **Consequently, distance correction factor was applied twice for all patients treated isocentrically, or at non-standard SSD**
- **This error caused patients to receive doses lower than prescribed**
- **The incorrect procedures were in place until 1991, or for approximately nine years**
- **Evaluation by Ash and Bates showed that of 1 045 patients whose calculations were affected by the incorrect procedures, 492 developed local recurrences that could be attributed to the error**



Example of Typical Error

- The hospital applied an inverse-square correction, assuming an SSD-type calculation, which might have been

$$(101.5/91.5)^2 = 1.23$$

- *From previous example, MU to deliver 1 Gy at 10 cm depth, 10 cm x 10 cm field, 100 cm SAD (if 6 MV accelerator calibrated to deliver 1 cGy/MU at 100 cm SSD+d_{max}) and with additional inverse-square correction:*

$$\text{MU} = 100 \text{ cGy}/[(0.77)(1.03)(1.23)]$$

$$\text{MU} = 103$$

- Application of additional inverse-square correction leads to treatment time (monitor unit setting) that is too low by approximately 20%
- Patients receive doses ~20% too low

Lessons: manufacturers

- **Instruction manuals must explain clearly how calculations are performed**
- **Customers should be advised to perform comprehensive commissioning, and to assure that their staff understand the operation of the equipment**

Lessons: Radiotherapy Department

- **Assure adequate staffing of Physics group**
- **Assure that staff are properly trained in the operation of the equipment**
- **Include in the Quality Assurance Programme:**
 - **Procedures to perform complete commissioning of treatment planning equipment before first use**
 - **Procedures for independent checking of patient treatment time calculations**