AbstractID: 14228 Title: Practical Considerations and Clinical Implementation of Patient Specific QA for Volumetric Modulated Arc Therapy AAPM 2010 Annual Meeting

## Practical Considerations and Clinical Implementation of Patient Specific QA for Volumetric Modulated Arc Therapy

**Objectives:** We developed the first no-commercial treatment planning system for volumetric modulated radiation therapy (VMAT) in the United States. Because VMAT involves multi-parameter modulations, it is imperative to develop a comprehensive, rigorous and yet, practical procedure for routine patient-specific QA. Here, we present our own approach as currently practiced at our institution.

**Materials and Methods:** Our patient-specific QA procedure involves multi-levels: pre-treatment QA, on-treatment QA, and post-treatment QA. The pre-treatment QA focuses on dosimetry verification. It is done with the commercial MapCHECK in MapPHAN, mounted on an isocentric mounting fixture (IMF). This approach is also called the fixed-gantry technique, i.e., the beams are always perpendicular to the detector plane. The on-treatment QA involves *in-vivo* optically stimulated luminescent dosimetry (OSLD). Prior to the treatment, two *nanoDot*<sup>TM</sup> OSLD dosimeters are placed on the patient abdomen under 1 cm bolus at the isocenter location. The irradiated dosimeters are read by a *nanoDot*<sup>TM</sup> reader and the average reading of the two is calculated. The post-treatment QA involves analyzing the DynaLog and DLog files. The DynaLog is a treatment log file that contains the planned and actual leaf positions for a given gantry angle. The DLog file is a treatment log file that contains the planned segmented treatment table (STT) and the corresponding segment boundary samples, i.e., the actual delivered MU and gantry angle increment for each control point.

**Results:** For the VMAT plans we have treated so far, the average pass rate was  $97.3\pm2.0\%$  and the dose discrepancy at the isocenter was  $-0.77\pm0.96\%$ . The difference between the calculated and measured doses at the chosen point on patient skin was  $-3.1\pm0.24\%$ .

**Conclusions:** We believe that our QA procedure can minimize the possibility of treatment errors and maximize the patient safety.