

APPARENT DIFFUSION COEFFICIENT REPEATABILITY AND REPRODUCIBILITY WITHIN THE PROSTATE FOR MR-GUIDED ADAPTIVE RADIATION THERAPY

Introduction

- Biologically-based adaptive radiotherapy (ART) is an emerging application for MR-guided prostate radiotherapy.
- Longitudinal intraprostatic apparent diffusion coefficient (ADC) values collected at each fraction can be used for ADC-driven dose adaptation as ADC increases are linked to treatment response.
- Accurate tracking of longitudinal intraprostatic ADC changes at the voxel level are required for biologically-based ART.

Objective:

- To quantify repeatability and reproducibility of prostate ADC values over the course of treatment using deformable image registration (DIR) to correct anatomical changes.

Materials & Methods

- Performed repeat ADC acquisitions for 3 consecutive fractions for patients with prostate cancer (N=20) on the Elekta Unity 1.5T MR-linac.
- DIRs were generated in RayStation 8B, (RaySearch, Stockholm Sweden) between T2-weighted (T2w) images and applied to the ADC maps via the deformed vector field (DVF) as shown in Figure 1.

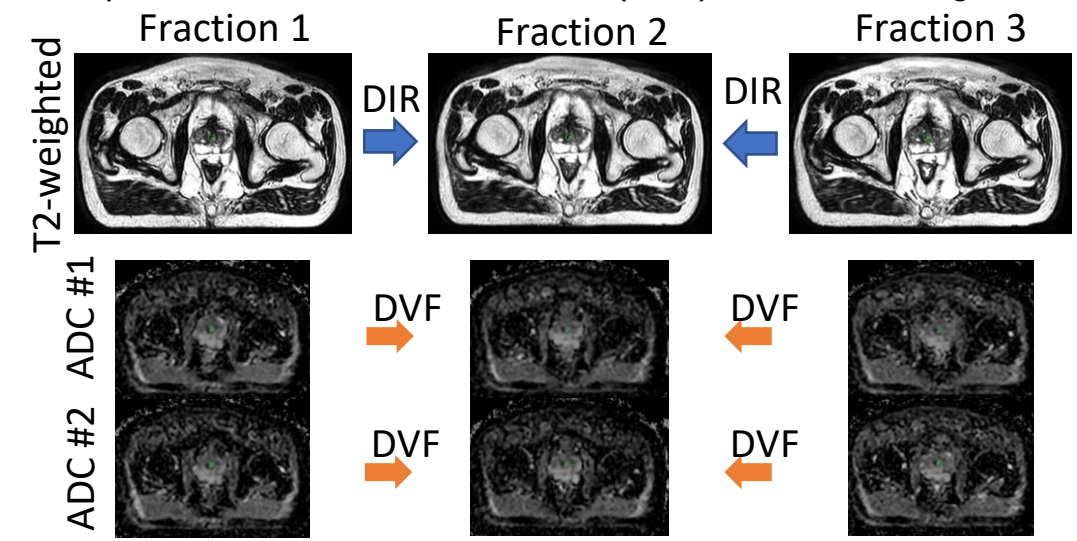
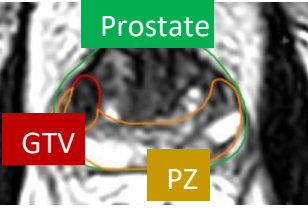


Figure 1. Image registration pipeline for deformable image registration (DIR) and application of deformed vector field (DVF) for voxel-wise ADC tracking.

Materials & Methods



- All MR-visible gross tumour volumes (GTVs), non-GTV peripheral zone (PZ) and prostate clinical target volume (CTV), were manually contoured on the fraction 2 T2w-MR scans.

- Extracted individual voxel (all voxels) and mean ADC values from each contour and calculated repeatability and reproducibility using the intraclass correlation coefficients (ICC) and percent repeatability coefficient (%RC) within (repeatability) and between fractions (reproducibility).

Results

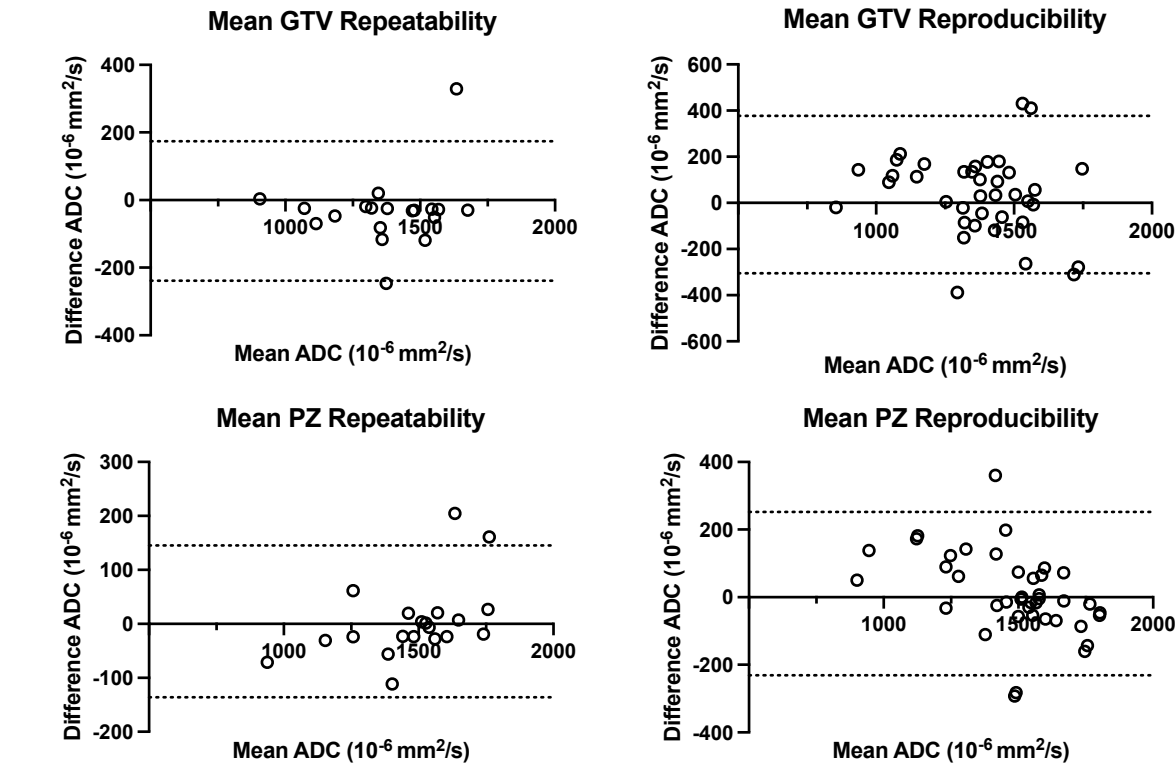


Figure 2. Bland-Altman plots of mean GTV and PZ repeatability and reproducibility

- Bland-Altman analysis (Figure 2) shows repeatability of $-33 \pm 206 \times 10^{-3} \text{ mm}^2/\text{s}$ for GTV and $5 \pm 141 \times 10^{-3} \text{ mm}^2/\text{s}$ for PZ as well as reproducibility of $36 \pm 341 \times 10^{-3} \text{ mm}^2/\text{s}$ for the GTV, $10 \pm 242 \times 10^{-3} \text{ mm}^2/\text{s}$ for PZ (mean difference $\pm 1.96 \times \text{SD}$ limits of agreement)

Results

		Factor	ICC	RC (%)
GTV	Mean ADC	Repeatability	0.928	10.0
		Reproducibility	0.877	19.5
	All Voxels	Repeatability	0.592	21.7
		Reproducibility	0.542	32.1
PZ	Mean ADC	Repeatability	0.972	6.4
		Reproducibility	0.952	12.8
	All Voxels	Repeatability	0.660	30.6
		Reproducibility	0.586	38.7
Prostate CTV	Mean ADC	Repeatability	0.980	4.2
		Reproducibility	0.941	10.2
	All Voxels	Repeatability	0.667	27.6
		Reproducibility	0.587	34.5

Table 1. ICC and RC(%) values for repeatability and reproducibility for GTV, PZ, and prostate CTV.

Discussion

- Excellent ADC repeatability and reproducibility existed for all ROIs (ICC > 0.86) for mean ADC.
- Good repeatability and reproducibility were observed for individual voxels for all ROIs. Similarly, low %RC within-fraction for ADC values existed, with greater %RC between fractions (10.2 - 36.8%).
- We found %RC and ICC results correlated with ROI volume, with greatest precision observed for CTV and least for GTV.
- Larger ROIs (CTV and PZ) may have better repeatability and reproducibility due to the greater number of voxels being sampled.

Conclusions:

- Found excellent reproducibility and repeatability for mean percentile ADC values in prostate, using DIR to correct for anatomical changes.
- Established the accuracy for voxel-wise ADC tracking for implementation of biologically-based ART.