SPTC experience on treating liver patients

We have NOT started SBRT yet!!

In the past 3 years, we have treated about 30 liver patients

Typical fractionation: 67.5 Gy (RBE) in 15 fractions

Treatment planning:

- Beam arrangement: 2- 3 fields (Predominantly using PBS)
- ITV to PTV expansion: 5-7 mm uniformly
- Robust optimization: ±3% ± 3 mm

Hypofractionated liver treatment

Motion mitigation strategies:

- Within 10 mm: volumetric repainting on free breathing
- Otherwise: ABC or abdominal compression

IGRT

- KV orthogonal pair
- Alignment with bony anatomy then check with fiducial markers to be within 5 mm tolerance

Need to re-address the above for SBRT implementation