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Hippocampus-sparing volume modulated arc therapy (HS VMAT) for patients with World Health Organization grade II gliomas: a feasibility study

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INTRODUCTION & AIM

- Gliomas are one of the original malignant brain tumors¹, the WHO has classified gliomas into four grades, which low-grade were Grade I or II gliomas².
- Low-grade gliomas are customarily deemed to be benign for the symptom, but there is potential for cancerous growth³.
- Radiotherapy (RT) can improve the survival rates of patients with gliomas, but it also impairs cognitive functions⁴.
- The hippocampus is regarded as an essential construction for normal cognition⁵.
- No further research exploring whether we can minimize the radiation dose to the hippocampus while using volumetric modulated arc therapy (VMAT) as the treatment for gliomas.
- This study aimed to assess the feasibility of hippocampus-sparing volumetric modulated arc therapy (HS VMAT) in patients diagnosed with WHO Grade II gliomas pathologically.







RESULTS & DISCUSSION



Figure 1. Hippocampi delineation and dose distribution in selected transversal plane for a patient.
A. Hippocampi delineation in transversal plane, B. Hippocampi delineation in sagittal plane,
C. Dose distribution from HS VMAT plans, D. Dose distribution from NHS VMAT plans.

Table 1. Dosage distribution in PTVminus in NHS VMAT plans and HS VMAT plans

	NHS VMAT (Mean ± SD)	HS VMAT (Mean ± SD)	P-value
PTVminus			
D98 (cGy)	53.51 ± 0.16	53.30 ± 0.35	0.016*
D50 (cGy)	55.05 ± 0.28	55.27 ± 0.27	0.022*
D2 (cGy)	56.03 ± 0.50	56.48 ± 0.51	0.018*
HI	0.046 ± 0.009	0.057 ± 0.014	0.011*
CI	0.92 ± 0.02	0.91 ± 0.02	0.071
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NHS VMAT: non-hippocampus-sparing volume modulated arc therapy, HS VMAT: hippocampus-sparing volume modulated arc therapy, PTVminus: PTV minus the overlapping with Brain stem PRV, D98: the dose covered 98% of target volume, D50: the dose covered 50% of target volume, D2: the dose covered 2% of target volume, HI: homogeneity index, CI: conformity index, *: P<0.05, SD: Standard Deviation

CONCLUSION

The use of the HS VMAT plan is a feasible approach for the radiotherapy plan of WHO grade II gliomas, which can effectively reduce the dosage delivered to the hippocampus while not significantly exacerbating the homogeneity index (HI), conformity index (CI), and organs-at-risk (OARs).

REFERENCES

1. Miller KD, Ostrom QT, Kruchko C, Patil N, Tihan T, Cioffi G, Fuchs HE, Waite KA, Jemal A, Siegel RL, et al.: Brain and other central nervous system tumor statistics, 2021. *CA Cancer J Clin* 2021, 71:381–406.

2. Louis DN, Perry A, Wesseling P, Brat DJ, Cree IA, Figarella-Branger D, Hawkins C, Ng HK, Pfister SM, Reifenberger G, et al.: **The 2021 WHO Classification of Tumors of the Central Nervous System: a summary**. *Neuro-Oncol* 2021, **23**:1231–1251.

3. Slegers RJ, Blumcke I: Low-grade developmental and epilepsy associated brain tumors: a critical update 2020. *Acta Neuropathol Commun* 2020, 8:27.

4. Lu VM, Welby JP, Laack NN, Mahajan A, Daniels DJ: **Pseudoprogression after radiation therapies for low grade glioma in children and adults: A systematic review and meta-analysis**. *Radiother Oncol* 2020, **142**:36–42.

5. Douw L, Klein M, Fagel SS, van den Heuvel J, Taphoorn MJ, Aaronson NK, Postma TJ, Vandertop WP, Mooij JJ, Boerman RH, et al.: Cognitive and radiological effects of radiotherapy in patients with low-grade glioma: long-term follow-up. *Lancet Neurol* 2009, **8**:810–818.

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