

Case study

Elekta Unity makes SBRT possible for pediatric cardiac angiosarcoma patients

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Lead today and be future proof for tomorrow

Heart tumors and radiation therapy

Primary cardiac tumors are a rare disease, reported in all age groups. ¹Radiation Therapy (RT) has historically mostly represented a palliative approach in patients who were not eligible for surgery. Cardiac angiosarcomas are extremely rare and difficult to treat. RT is given as part of treatment for inoperable patients with primary cardiac sarcomas or in cases where there is residual tumor. Radiotherapy treatment is often limited by the sensitivity of the heart and lung to radiation dose limitations.

Why MRgRT?

The development of MR-guided Radiation Therapy (MRgRT) makes it possible to better visualize cardiac lesions and to apply higher doses per fraction in organs such as the heart. ²As with all radiotherapy, it's vital to limit and control where possible the radiation therapy dose to healthy tissue—this is even more important in pediatric cases because of the long-term effects of any radiation therapy.



Patient details

A 16-year-old boy was diagnosed with cardiac angiosarcoma after complaining of fatigue, anorexia, and abdominal distention that did not respond to medication. Surgery to remove a 95mm× 65mm× 43 mm tumor (weighing 126 grams) was followed by chemotherapy.

Three months after undergoing surgery and chemotherapy, two lesions were detected with FDG-PET/CT on the right atrium wall, measuring 40 mm and 11 mm (image 3).

Why Elekta Unity?

For the clinical team at Başkent, MRgRT was the best option, as the lesions were invisible on CT (image 2). Without access to Elekta Unity, the only alternative treatment option for this young patient would have included repeat cardiac surgery, conventional linac-based radiation



Image 1: Positron Emission Tomography (PET) scan

therapy, and additional systemic therapy with chemotherapy.

Elekta Unity enables unparalleled acquisition of diagnostic quality MR (1.5T) images before and in real-time during the treatment itself (image 3). MRgRT is an especially relevant case of cardiac when compared to cone-beam computed tomography (CBCT)-based RT. This better visibility of the tumor and surrounding anatomy, allowing for daily online adaptive strategies to improve target volume coverage while avoiding nearby critical structures.

The combination of imaging with online deformable plan adaptation and stereotactic treatment delivery capabilities meant the team could keep margins small and confidently delivering a higher dose safely —vitally important for this pediatric patient.



Image 2: Diagnostic CT



Image 3: Unity T2WMR sequence

Treatment Details

MR guided online Adaptive SBRT MR guided online adaptive SBRT with Simultaneous Integrated Boost (SIB):

- 25 Gy tumor bed and 30 Gy recurrent nodules
- 3mm CTV-PTV margins
- 5 fractions / alternate days
- T2WMR sequence
- Online deformable plan adaptation for every treatment session
- Continuous motion monitoring of PTV during beam delivery provided visual confirmation of accurate beam delivery
- Treatment time patient In/Out 35min



Live motion monitoring of PTV with exceptional quality cine imaging

Results

The patient reported zero radiation toxicities.

Future proof for tomorrow

Some preliminary retrospective studies for online adaptive MRgRT for primary cardiac tumors show promising indications of little toxicity and prospective multicentre trials are planned.



As a leader in precision radiation therapy, Elekta is committed to ensuring every patient has access to the best cancer care possible.

We openly collaborate with customers to advance sustainable, outcome-driven and cost-efficient solutions to meet evolving patient needs, improve lives and bring hope to everyone dealing with cancer.

To us, it's personal, and our global team of 4,700 employees combine passion, science, and imagination to profoundly change cancer care.

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Hope for everyone dealing with cancer.

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LLFMRL220810