Results showed statistically significantly improvement for Dmean (2.1 vs. 1.2 Gy) and heart D2 (7.3 vs. 5.5 Gy, both p=0.01). For the three studied techniques in the five patients with peripheral AVMs, the V3Gy from 7.7 cm3 (for DCA) to 5.6 cm3 and 5.4 cm3 for C-VMAT and NC-VMAT, respectively (p<0.01). In contrast, the GI (Paddick) was smallest for DCA delivery (p<0.01). The GD was only improved the conformity of plans with a CI (Paddick) of 0.55, 0.85 and 0.94, respectively (p<0.01). For OARs the SIB resulted in a statistically significantly increase in lung V20 (3.1 vs. 2.9%, p=0.03), heart Dmean (2.1 vs. 1.2 Gy) and heart D2 (7.3 vs. 5.5 Gy, both p=0.001 for the mean dose and 0.6 Gy, contralateral breast D2 2.1 vs. 2.2 Gy, p=0.05).

Results: Our finding are summarized in Figure 1. The SIB technique showed statistically significantly improvement for PTV1-2, 48.76 (29.7 vs. 37.7%), PTV1-2, 53.06 (71 vs. 26.2%), and PTV1-2, 53.06 (39.1 vs. 23.5%) with pPTV1-2, 53.06; 99.4%, p=0.1, p=0.1, p=0.01. For OARs the SIB resulted in a statistically significantly increase in lung V20 (3.1 vs. 2.9%, p=0.03), heart Dmean (2.1 vs. 1.2 Gy) and heart D2 (7.3 vs. 5.5 Gy, both p=0.001 for the mean dose and 0.6 Gy, contralateral breast D2 2.1 vs. 2.2 Gy, p=0.05).

Results: Our finding are summarized in Figure 1. The SIB technique showed statistically significantly improvement for PTV1-2, 48.76 (29.7 vs. 37.7%), PTV1-2, 53.06 (71 vs. 26.2%), and PTV1-2, 53.06 (39.1 vs. 23.5%) with pPTV1-2, 53.06; 99.4%, p=0.1, p=0.1, p=0.01. For OARs the SIB resulted in a statistically significantly increase in lung V20 (3.1 vs. 2.9%, p=0.03), heart Dmean (2.1 vs. 1.2 Gy) and heart D2 (7.3 vs. 5.5 Gy, both p=0.001 for the mean dose and 0.6 Gy, contralateral breast D2 2.1 vs. 2.2 Gy, p=0.05).

Results: Our finding are summarized in Figure 1. The SIB technique showed statistically significantly improvement for PTV1-2, 48.76 (29.7 vs. 37.7%), PTV1-2, 53.06 (71 vs. 26.2%), and PTV1-2, 53.06 (39.1 vs. 23.5%) with pPTV1-2, 53.06; 99.4%, p=0.1, p=0.1, p=0.01. For OARs the SIB resulted in a statistically significantly increase in lung V20 (3.1 vs. 2.9%, p=0.03), heart Dmean (2.1 vs. 1.2 Gy) and heart D2 (7.3 vs. 5.5 Gy, both p=0.001 for the mean dose and 0.6 Gy, contralateral breast D2 2.1 vs. 2.2 Gy, p=0.05).

Results: Our finding are summarized in Figure 1. The SIB technique showed statistically significantly improvement for PTV1-2, 48.76 (29.7 vs. 37.7%), PTV1-2, 53.06 (71 vs. 26.2%), and PTV1-2, 53.06 (39.1 vs. 23.5%) with pPTV1-2, 53.06; 99.4%, p=0.1, p=0.1, p=0.01. For OARs the SIB resulted in a statistically significantly increase in lung V20 (3.1 vs. 2.9%, p=0.03), heart Dmean (2.1 vs. 1.2 Gy) and heart D2 (7.3 vs. 5.5 Gy, both p=0.001 for the mean dose and 0.6 Gy, contralateral breast D2 2.1 vs. 2.2 Gy, p=0.05).

Figure 1. Comparison of classical (CLA) and SIB treatment planning for breast cancer patients with hypofractionated, multibeam IMRT in prone position.