

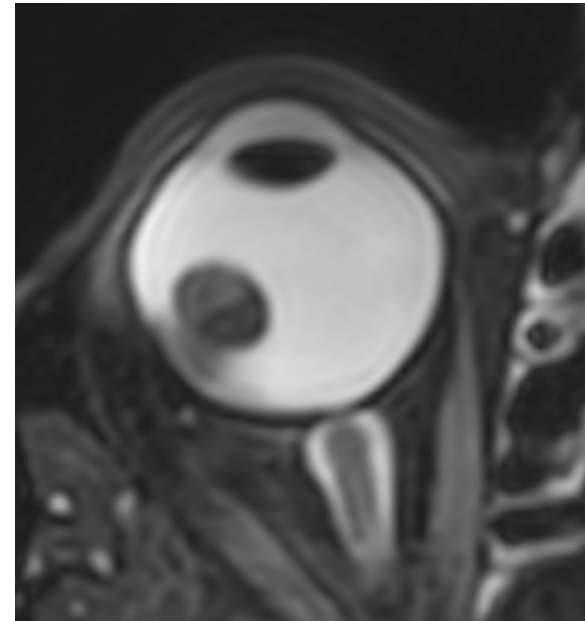
# MR imaging for ocular proton therapy

**Jan-Willem M. Beenakker**

Depts. Ophthalmology, Radiology, Radiation oncology

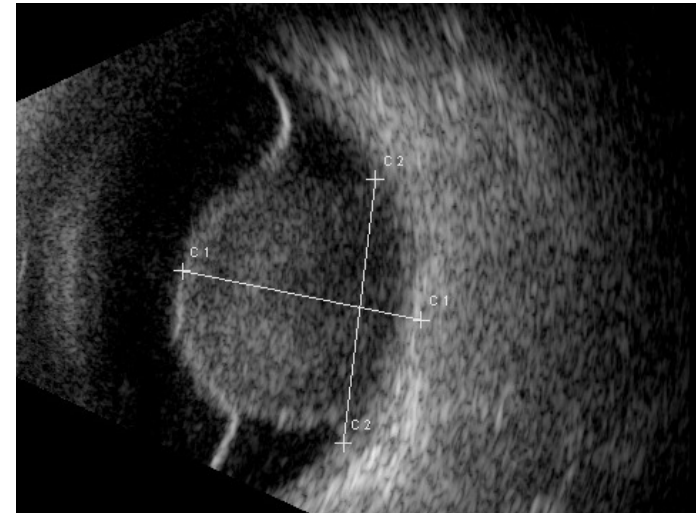
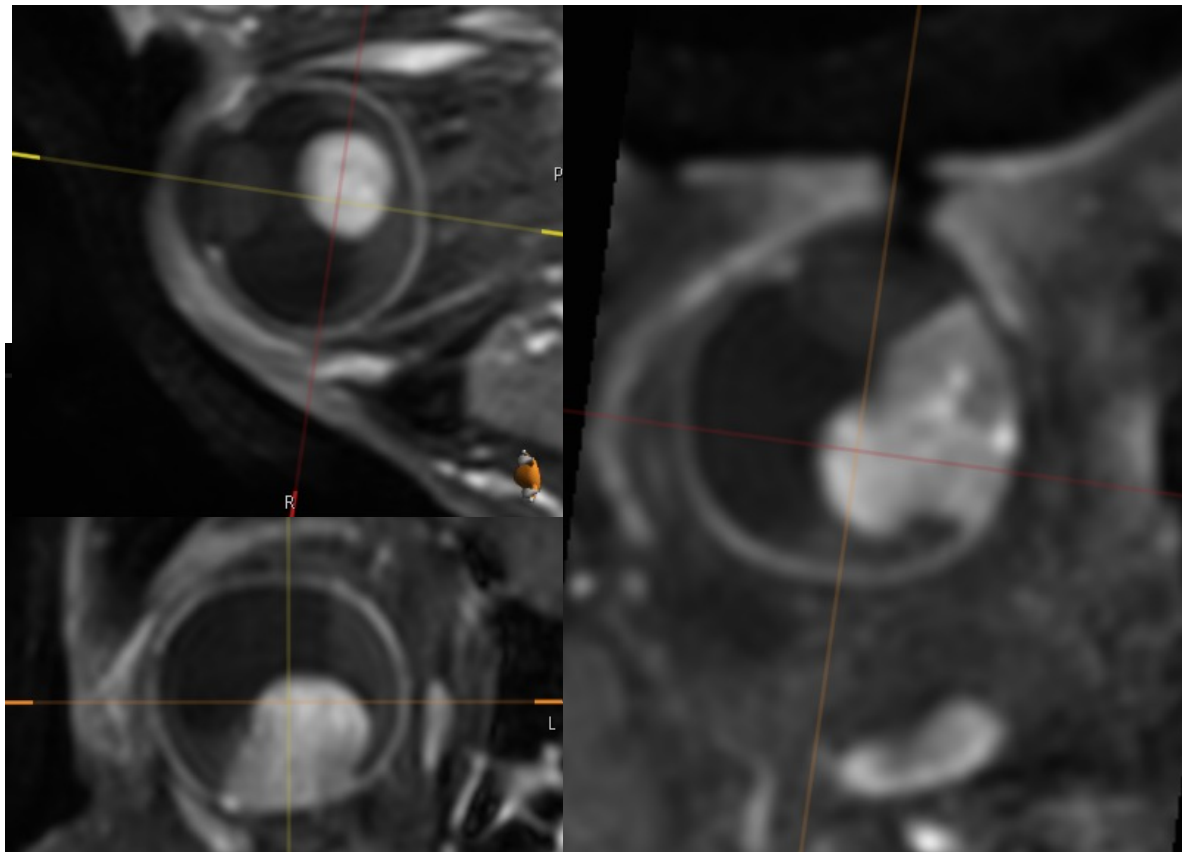


Disclosure: research support from Philips Healthcare



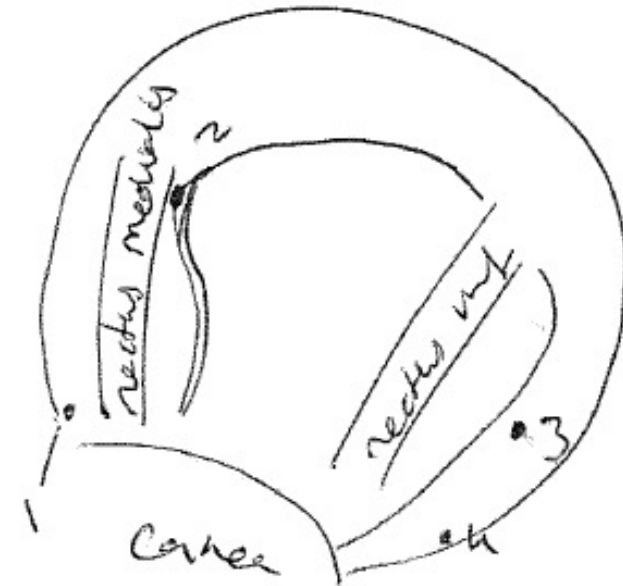
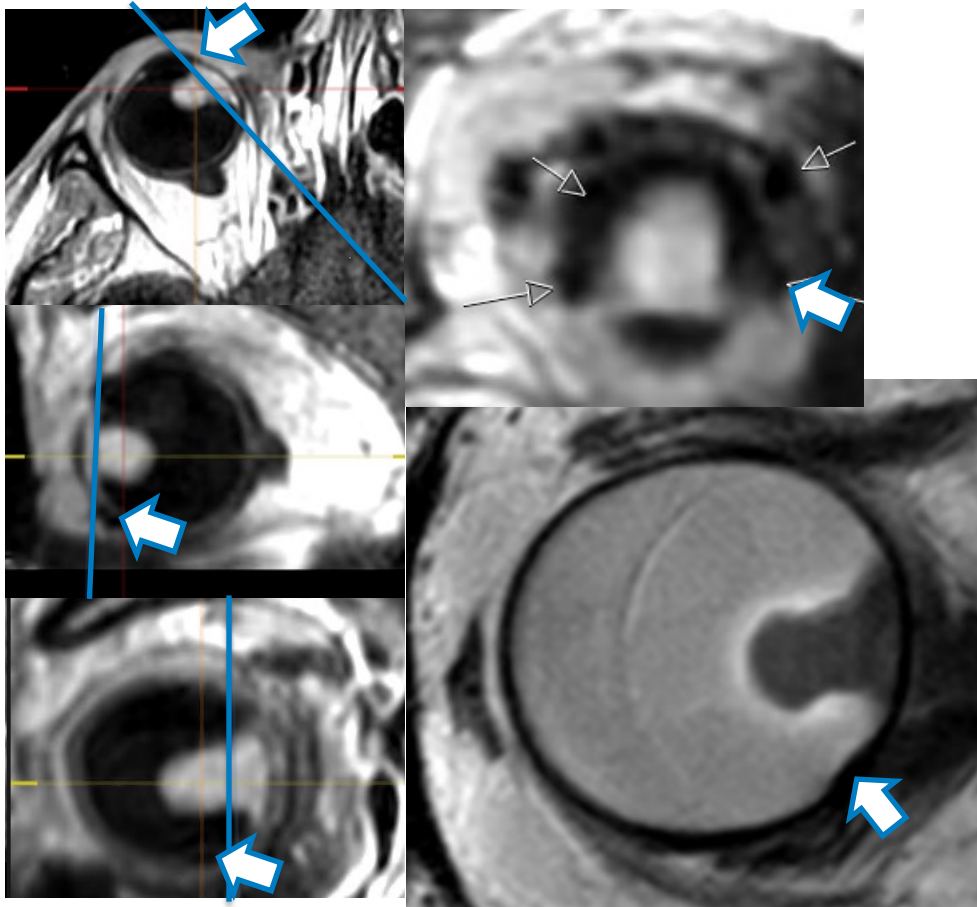
# Why MRI?

- 3D visualization
  - More accurate (3D) description of tumour geometry



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- 3D visualization
  - More accurate (3D) description of tumour geometry
    - And relation to clips
- Some ophthalmic measurements are less accurate in UM patients
  - E.g. tumor affects eye-length measurement in 68% of patients <sup>1</sup>
- (Functional scans)<sup>2</sup>
- Our patients receive 3 MRI's
  - Diagnostic MRI (Pre clip surgery)
    - > Tumour geometry & involvement of nearby structures (& diagnosis)
      - Change in optimal therapy (brachy/protons/enucleation)
  - MRI for clip-tumour relations (short protocol)
  - 3mnts post PBT: follow-up

1.Jaarsma, Comparison of MRI-based and conventional measurements for proton beam therapy of uveal melanoma, submitted

2. Kamrava, Quantitative multiparametric MRI in uveal melanoma, Neuroradiology 2015



# How?

- Hardware, protocols, etc. available from major MR-manufacturers
- Hardware: 3Tesla & surface coil

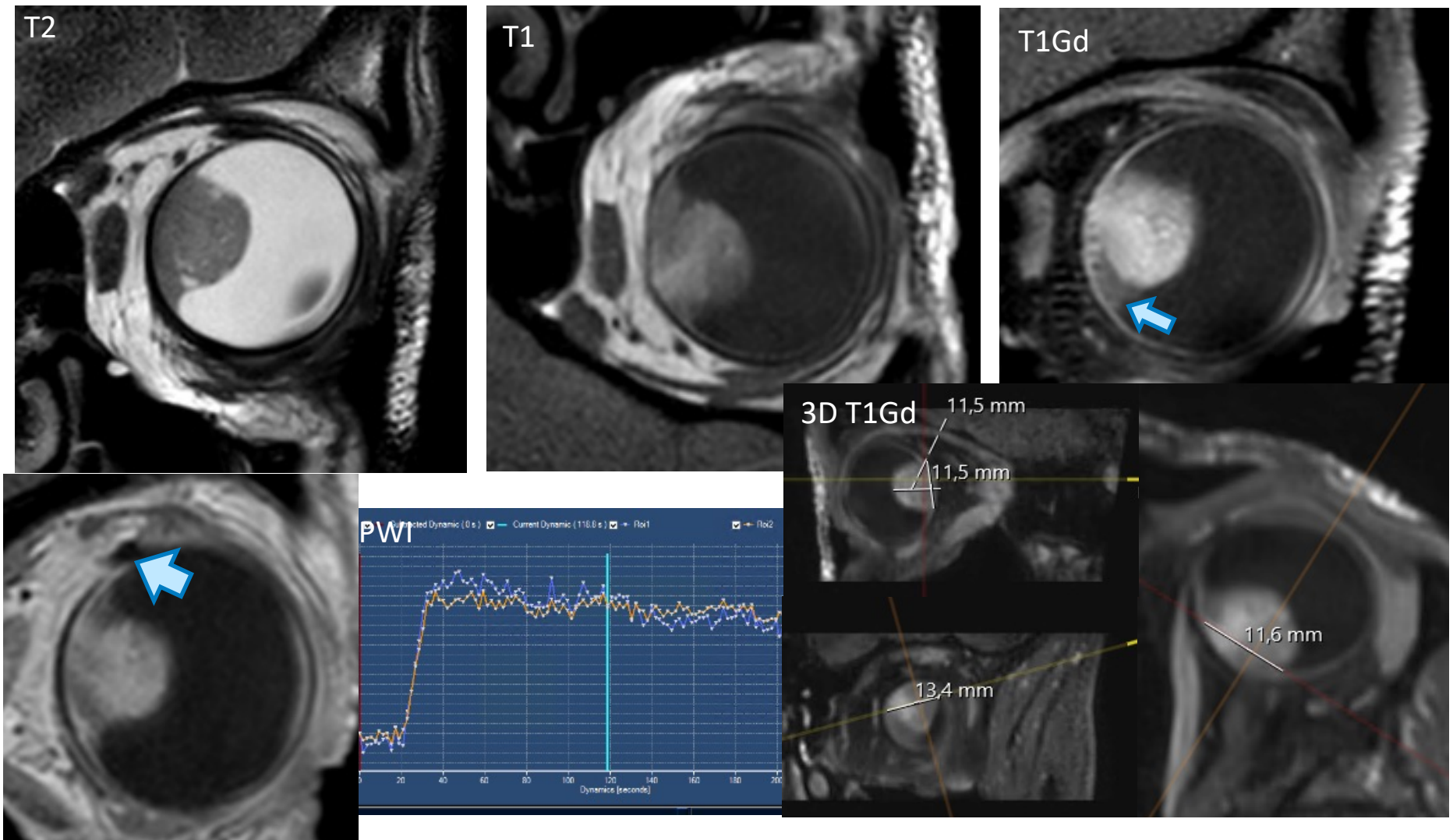


# How?

- Hardware: 3Tesla & surface coil
- Protocol:
  - 3D isotropic ( $<0.7\text{mm}$  acquisition resolution)
    - allow for reformatting in all directions
    - measure dimensions, distances
  - 2D multi-slice ( $<0.5\text{mm}$  in plane resolution)
    - Detailed evaluation (optic nerve invasion, origin of lesion,...)
    - Clip-tumour relation
  - Functional imaging (DWI, DCE)
    - Diagnosis, follow-up
- Contrast agent is strongly advised to differentiate between UM and RD
- Enhanced gradient strength (and localized shimming) for clips
- Experienced radiologist



# Example patient



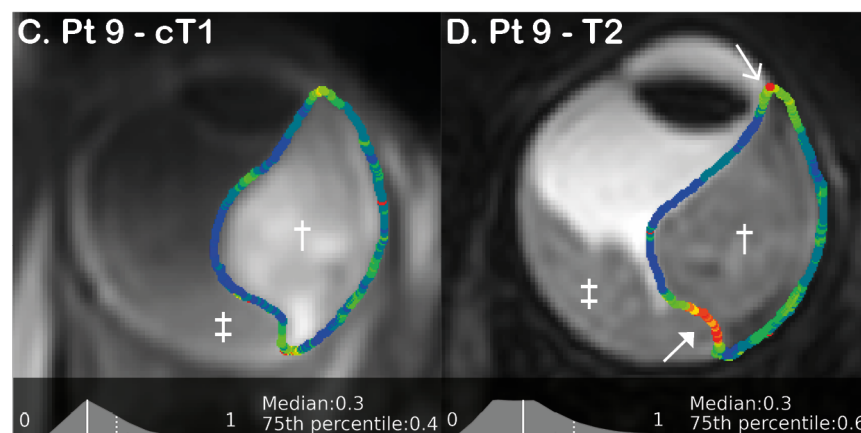
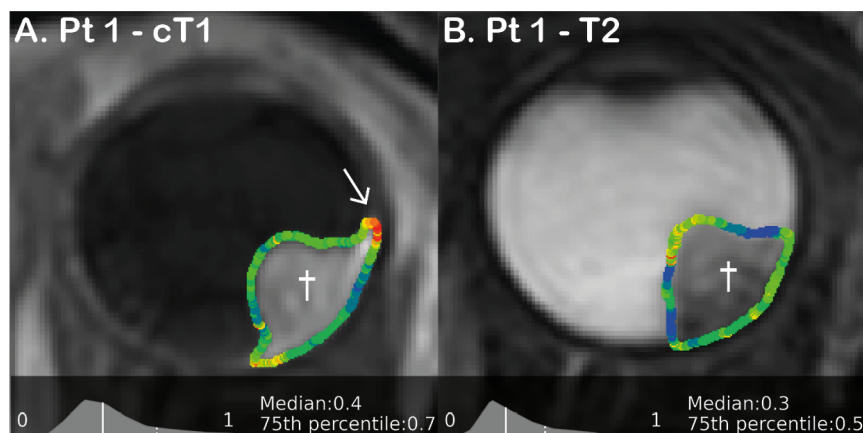
Ferreira, MR imaging characteristics of uveal melanoma with histopathological validation, Neuroradiology (2022)

# Interobserver variation

- 10 patients, 6 observers (Radiologists, Ophthalmologists, Radiation oncologists)
- Median localSD: 0.4mm
  - 1/2 acquisition voxel
- T2 smaller than T1gd
- Contrast enhanced T1 advised

<i>Local SD</i>	cT1	T2	
	Median; 75 <sup>th</sup> perc	Median; 75 <sup>th</sup> perc	p-value (n)
<i>Vitreous</i>	0.39 mm; 0.49 mm	0.24 mm; 0.34 mm	<0.001* (10)
<i>Sclera</i>	0.37 mm; 0.51 mm	0.39 mm; 0.51 mm	0.99 (10)
<i>Edge</i>	0.62 mm; 0.90 mm	0.52 mm; 0.71 mm	0.08 (10)
<i>RD</i>	0.54 mm; 0.85 mm	0.47 mm; 0.79 mm	0.35 (5)
<i>GTV</i>	0.41 mm; 0.60 mm	0.35 mm; 0.54 mm	0.12 (10)

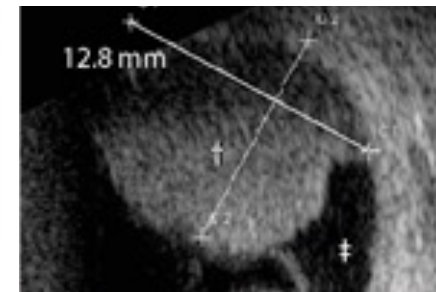
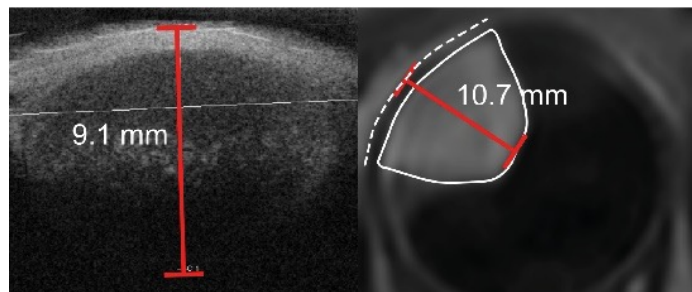
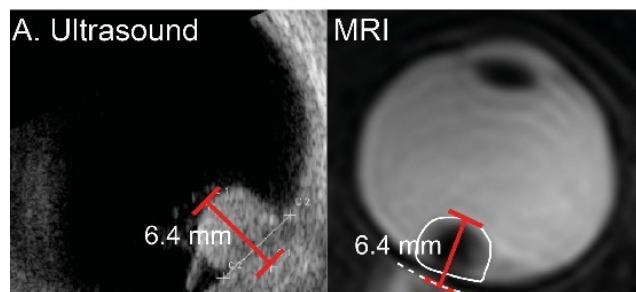
perc = percentage, \* significant difference





# MR-based tumour dimensions

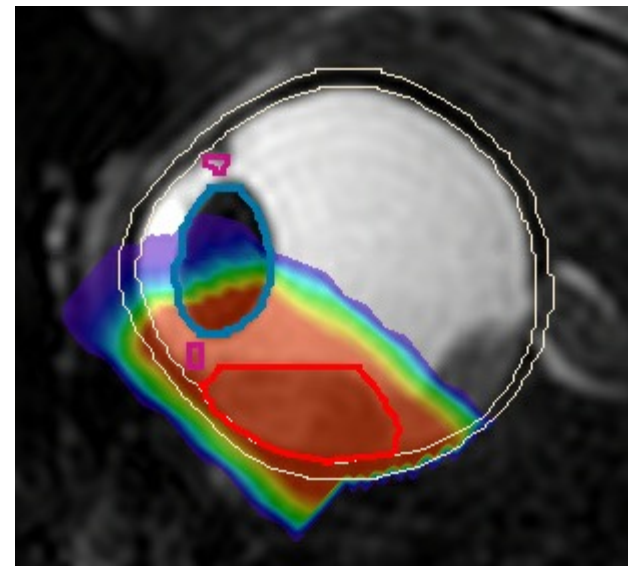
- Manual MRI (T1gd) & ultrasound measurements generally match<sup>1,2</sup>
  - IQR prominence -0.2 – 0.6mm; largest diameter -1.4 – 1.5mm (n=72)<sup>3</sup>
- Except for anterior tumors<sup>2,3</sup>:
  - Full tumour extend often not visible on ultrasound
  - Correct positioning of transducer not always possible



1. Ferreira, MR imaging characteristics of uveal melanoma with histopathological validation, Neuroradiology (2022)
2. Jaarsma, Comparison of MRI-based and conventional measurements for proton beam therapy of uveal melanoma, submitted
3. Jaarsma, Magnetic resonance imaging in the clinical care for uveal melanoma patients, in preparation

# Main points

- High resolution ocular MRI is feasible in regular clinical practise
- Main benefits:
  - 3D visualisation of tumor, clips and eye
  - More accurate tumour dimensions for anterior tumors
  - More accurate eye length determination for posterior tumors
  - Detailed radiological evaluation (invasion, functional parameters, ...)
  - Follow-up
- 3D MR-based PT planning



Fleury et al, Medical Physics (2020)

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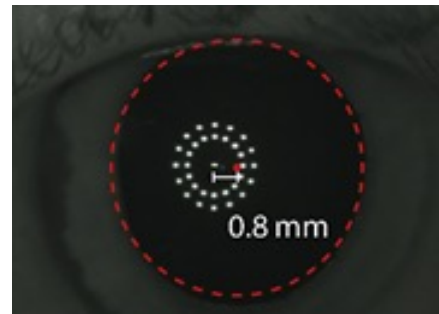
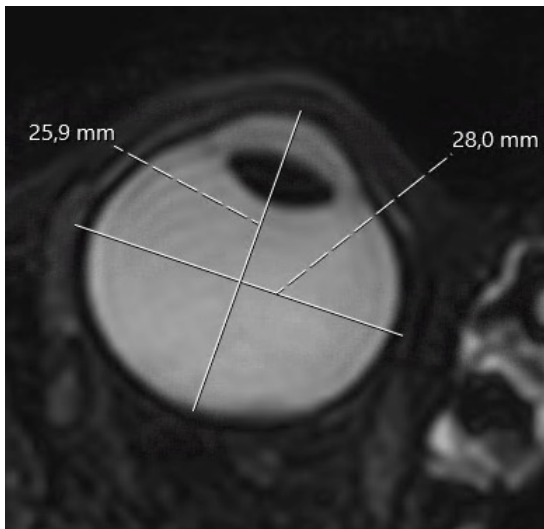
[j.w.m.beenakker@lumc.nl](mailto:j.w.m.beenakker@lumc.nl)





# Eye dimensions

- MRI and biometry match in healthy population (SD <0.3mm)<sup>1,2</sup>
- 15/22 UM patients: signs of unreliable biometry :
  - -> average 0.8mm shorter eye
  - Multiple reflections in raw biometry signal
  - Large iris decentration
- MRI preferred over biometry of contralateral eye



1. Beenakker, Automated Retinal Topographic Maps Measured With Magnetic Resonance Imaging, IOVS 2015

2. Jaarsma, Comparison of MRI-based and conventional measurements for proton beam therapy of uveal melanoma, submitted