Characterization of the location, extent, and proximity to critical structures of target volumes provides detail for improved outcome predictions among pancreatic cancer patients

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• Size, location, and proximity of the target to critical structures influence treatment decisions.

• Surgical resection offers the only chance of cure for nonmetastatic pancreatic cancer (PC).





Among the LA group, surgical candidates (LA-



DSDOCE

- We developed and validated a method to improve:
- characterization of the location of PC
- the treatment volume extent with respect to critical vascular structure that define surgical resectability to improve clinical predictions and decision makings.

Materials/Methods

Oncospace is a local learning health system that systematically captures clinical outcomes and all aspects of radiotherapy treatment plans, including overlap volume histograms (OVH) – a measure of spatial relationships between two structures (Figure 1).

Distance from PTV (cm)

Results

Figure 1. Display of the PTV A, B to Left and Right Kidneys (left) and graphical display of OVH (right)

- There were 205 pancreas stereotactic body radiotherapy patients treated from 2009-2015 queried.
- Location/laterality of NDCK show strong association with anatomic location (Figure 2).



R) demonstrated pancreas body, tail-oriented tumor based on NDCK and smaller treatment volume (Table 2).

Variable, mean	LA (n=76)	BR (n=20)	P-value
Distantce_SMA_0%	-0.8302	-0.3216	0.0764
Distantce_SMA_25%	-0.3739	0.1231	0.0922
Distance_SMA_50%	-0.0362	0.4849	0.0882
Distance_SMA_75%	0.4101	0.9975	0.0805
Distance_ClosestVessel_0%	-1.0421	-0.4121	0.0361*
Distance_ClosestVessel_25%	-0.6513	-0.0427	0.0454*
Distance_ClosestVessel_50%	-0.3894	0.2739	0.0373*
Distance_ClosestVessel_75%	-0.08	0.5603	0.0238*
PTV volume	89.2791	66.7585	0.0065*

Table 1: Significant variables* (distance to vessel at overlapped level in cm, and volume in cc) between LA and BR group. Non significant variables include: distance to celiac axis and CHA at all overlapped level, distance at

Distances between Planning Target Volume (PTV) and Organs At Risks (OARs) at 0%, 25%, 50%, 75%, 100% overlapped volume level based on OVH were computed. Normalized distance to center of kidneys (**NDCK**) was calculated to indicate tumor location and laterality (Figure 2).

 $NDCK = \frac{\min(OVH_{Lt.Kidney})}{\min(OHV_{Lt.Kidney}) + \min(OVH_{Rt.Kidney})} - 0.5$

- PTV volume, anatomic location by ICD-9 code, Karnofsky Performance Status (KPS) and surgical outcome were queried.
- Distance to celiac axis, superior mesenteric artery (SMA), common hepatic artery (CHA) (Figure 3) and treatment volume is validated by surgical status as following by t-test.

Figure 2. Relationship between normalized distance the center from the kidneys in ratio and PTV by anatomic location of the head, body and tail of the pancreatic tumor by ICD-9 with PTV volume in cc

• Compared to the LA group, the BR group showed smaller treatment volume (cc) and larger geometrical distance (cm) from closest critical arteries at 0%, 25%, 50%, 75% overlapped level (Table 1).



100% overlapped level and KPS score

Variable, mean	LA-R (n=51)	LA-U (n=25)	P-value
NDCK	0.0748	-0.0723	0.0151*
PTV volume	98.8517	67.8365	0.0004*

Table 2: Significant variables* (Normalized distance to kidney in ratio, and volume in cc) between LA and BR group. Non significant variables include: distance to all vessels at all overlapped level and KPS score

Conclusions

- Our platform enables analysis of shape/sizelocation relationships.
- These data suggest that PTV volume and distance between PTVs and surrounding OARs and major arteries can refine our ability for outcome predictions and decision making.

Prediction model to support real-time clinical

decision-support warrants further investigation.

Borderline Resectable (**BR**) vs. Locally Advanced (LA)

Locally Advanced converted to Resectable (LA-R) vs. Locally Advanced Unresectable (LA-U)

Figure 3. Pancreas and surrounding anatomy