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Bowel Sparing with Intensity-modulated Proton Therapy (IMPT) in Cervical Cancer: A Dosimetric Study with Intensity-modulated Radiation Therapy (IMRT)

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# **Objectives**

To compare dosimetric parameters of bowel dose, a key predictor of gastrointestinal toxicities in pelvic radiotherapy, between IMRT and IMPT for locally advanced cervical cancer. Additional parameters, including bladder, rectum, and sigmoid colon doses, will also be evaluated.

### Methods

A retrospective analysis was conducted on twenty cervical cancer patients. The target volumes and organ-at-risk (OAR) definitions, including dose constraint parameters, were based on the EMBRACE-II protocol. The prescription included 45 Gy in 25 fractions with a simultaneous boost to pelvic lymph nodes at 55 Gy. IMRT was designed using a seven-beam photon configuration based on the planning target volume (PTV), while IMPT utilized an internal target volume (ITV)-based approach with an additional 5 mm robust optimization, incorporating pencil beam scanning with the Monte Carlo algorithm. Target coverage and doses to OAR, including the bowel, sigmoid colon, bladder, and rectum, were evaluated and compared between IMRT and IMPT.

## **Results**

Both techniques provided comparable target volume coverage (table 1). However, due to differences in the methods and volumes used for optimization, the homogeneity index and conformity index cannot be directly compared. Details of OAR dose-volume parameters are shown in Table 2. In IMPT, there was a significant reduction in the mean volumes of V30Gy and V40Gy for the bowel compared to IMRT, corresponding to reductions of 39.88% (95% CI: 46.73–33.04) and 28.35% (95% CI: 38.30–18.10), respectively (P < 0.001 for all comparisons). IMPT significantly diminished the volumes of the sigmoid and rectum at V40 Gy. The sigmoid volume decreased by 8.72% (95% CI: 0.56–18.01; P = 0.042). Similarly, the rectum volume showed a reduction of 21.10% (95% CI: 6.93–35.28; P = 0.001). Furthermore, the body volume receiving 43 Gy (V43) Gy was significantly lowered using IMPT, from 1153.79  $\pm$  163.25 cm³ with IMRT to 981.85  $\pm$  205.62 cm³ with IMPT, representing a reduction of 14.87% (95% CI: 8.46–21.28; P < 0.001). However, V30Gy and V40 Gy of the bladder were not significantly different between the two techniques.

## **Conclusions**

IMPT demonstrated significant sparing of the small bowel, sigmoid colon, and rectum while providing comparable target coverage. This could potentially reduce the risk of gastrointestinal toxicity in cervical cancer treatment. To validate the findings of this dosimetric study and support the use of IMPT for locally advanced cervical cancer, clinical research is required.

Table 1 Summary of DVH analysis for target volume

| Target parameter<br>IMRT/IMPT             | IMRT                        | IMPT                | Mean diffence(%) (95% Confidence Interval), P-value |
|---|-----------------------------|---------------------|---|
| ITV45 volume (cm³)<br>(Median; IQR)       | 619.66<br>(550.5-685.42)    |                     | -   |
| PTV45 volume (cm³)<br>(Median; IQR)       | 1074.14<br>(964.86-1137.28) |                     | -   |
| D98 of PTV45/ ITV45 (Gy)<br>(Median; IQR) | 43.27 (42.12-43.39)         | 42.75 (42.75-42.75) | 0.36 (-1.02-1.70),<br>P = 0.627                     |
| V95 of PTV45/ ITV45 (%)<br>(Median; IQR)  | 98.75 (96.27-99.02)         | 96.35 (96.18-96.69) | 1.07 (-1.8-3.95),<br>P = 0.247                      |
| D98 PTV-N(1)/CTV-N(1) (Gy) (Median; IQR)  | 53.56 (53.38-54.08)         | 52.32 (52.29-53.45) | P = 0.109   |

Table 2 Summary of DVH analysis for organs at risk

| OAR Parameters                  | RT tecnique        |                     | Mean diffence (%)                     |
|---------------------------------|--------------------|---------------------|---------------------------------------|
|                                 | IMRT               | IMPT                | (95% Confidence Interval),<br>P-value |
| Bowel V15Gy (cm³) (Mean±SD)     | 769.61 ± 310.30    | 284.70± 91.59       | 60.82 (65.34-56.30), P<0.001          |
| Bowel V30Gy (cm³) (Mean±SD)     | 294.68±98.42       | 172.14±57.58        | 39.88 (46.73-33.04), P<0.001          |
| Bowel V40Gy (cm³) (Mean±SD)     | 152.04±61.75       | 103.80±38.06        | 28.35 (38.30-18.40), P<0.001          |
| Sigmoid V30Gy (%) (Median; IQR) | 98.70 (92.55-100)  | 98.65 (89.9-100)    | 4.52 (10.81-1.77), P= 0.331           |
| Sigmoid V40Gy (%) (Mean±SD)     | 81.20±17.49        | 74.63±22.21         | 8.72 (0.56-18.01), P = 0.042          |
| Bladder V30Gy (%) (Mean±SD)     | 65.31±10.04        | 61.78±6.42          | 3.06 (7.35-13.46), P = 0.126          |
| Bladder V40Gy (%) (Mean±SD)     | 43.62±12.74        | 39.03±9.68          | 3.70 (16.77-24.18), P = 0.102         |
| Rectum V30Gy (%) (Median; IQR)  | 77.80 (62.4-83.63) | 76.53 (73.12-79.97) | P = 0.470                             |
| Rectum V40Gy (%) (Median; IQR)  | 44.80 (36.6-52.67) | 33.76 (23.06-37.23) | 21.10 (6.93-35.28), P = 0.001         |
| Body V43Gy (cm³) (Mean±SD)      | 1153.79±163.25     | 981.85±205.62       | 14.87 (8.46-21.28), p < 0.001         |

Table 3 Scatter plot with mean  $\pm$  SD comparing OAR dosimetry between IMRT and IMPT.

