

# Plan Evaluation in Early Breast Cancers in Hypofractionation Era

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**Disclosure: None**

**COI: None**

**Information used are from trial protocols available online**

Sincere thanks:  
**Prof. (Dr) Qamruzzaman Chowdhury**  
**BBCC 2025 Organizing committee**

# Introduction

- 1. Whole Breast Radiation**
- 2. Sequential Boost**
- 3. Simultaneous Boost**
- 4. External Beam APBI**
- 5. Brachytherapy Based APBI**
- 6. IORT**
- 7. PBT**

**I will not discuss about:**

- Radiobiological evaluation**
- Nodal irradiation**
- Brachytherapy plan evaluation**
- APBI/PBT/IORT**

## Relevant Trials

**Ontario Clinical Oncology Group (OCOG) Trial**

**Royal Marsden GOC trial**

**START-A**

**START-B**

**UK FAST Trial**

**IMPORT High**

**IMPORT Low**

**UK FAST Forward**

**HYPORT ART**

**NRG Oncology RTOG 1005**

## Trial Summaries

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## Ontario COG trial

Arm	Dose (Gy)	No of Fractions	Dose/Fx (Gy)	Time (Weeks)
<b>Control Arm</b>	<b>50</b>	<b>25</b>	<b>2</b>	<b>5</b>
<b>Test Arm1</b>	<b>42.5</b>	<b>16</b>	<b>2.66</b>	<b>3</b>

## Royal Marsden GOC Trial

Arm	Dose (Gy)	No of Fractions	Dose/Fx (Gy)	Time (weeks)
<b>Control Arm</b>	<b>50</b>	<b>25</b>	<b>2</b>	<b>5</b>
<b>Test Arm1</b>	<b>42.9</b>	<b>13</b>	<b>3.3</b>	<b>5</b>
<b>Test Arm2</b>	<b>39</b>	<b>13</b>	<b>3</b>	<b>5</b>

## UK START A

N	Dos(Gy)	No .of Fractions	Dose/Fx (Gy)	Time (Weeks)
749	50	25	2	5
750	41.6	13	3.2	5
737	39	13	3	5

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## UK START B

N	Dos(Gy)	No .of Fractions	Dose/Fx (Gy)	Time (Weeks)
1105	50	25	2	5
1110	40	15	2.67	3

## UK FAST Trial

## UK FAST FORWARD

N	Dose (Gy)	No of fractions	Dose/Fx (Gy)	Time (weeks)	N	Dose (Gy)	No of Fractions	Dose/F x (Gy)	Time (weeks)
302	50	25	2	5	1361	40.05	15	2.67	3
308	30	5	6	5	1367	27	5	5.4	1
305	28.5	5	5.7	5	1368	26	5	5.2	1

## IMPORT HIGH

## IMPORT LOW

N	Dose (Gy)	No of fractions	Dose/Fx (Gy)	Time (weeks)	N	Dose (Gy)	No of fractions	Dose/Fx (Gy)	Time (weeks)
656	40 (WB) 16 (Boost)	15 8	2.67 2	5	674	40 (WB)	15	2.67	5
668	36 (WB) 40 (PB) 48 (TB)	15	2.4 2.67 3.2	5	673	36 (WB) 40 (PB)	15		5
654	36 (WB) 40 (PB) 52.5 (TB)	15	2.4 2.67 3.5	5	669	40 (PB)	15	5.7	5

## NRG Oncology RTOG 1005

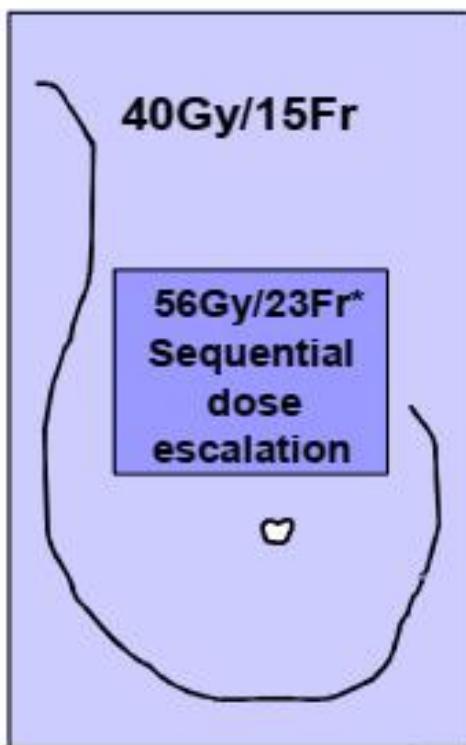
Dose (Gy)	No of fractions	Dose/Fx (Gy)	Time (weeks)
<b>50/42.7 (WB) 12/14 (Boost)</b>	<b>25/16 6/7</b>	<b>2/2.67 2</b>	<b>6.5/4.5</b>
<b>40 (WB) 48 (Cavity)</b>	<b>15</b>	<b>2.67 3.2</b>	<b>3</b>

## HYPORT ART

N	Dose (Gy)	No of fractions	Dose/Fx (Gy)	Time (weeks)
<b>1050</b>	<b>40 (WB, CW, SCF) 48 (TB for BCS)</b>	<b>15</b>	<b>2.67 3.2</b>	<b>3</b>
<b>1050</b>	<b>26 (WB, CW, SCF) 32 (TB for BCS)</b>	<b>5</b>	<b>5.2 6.4</b>	<b>1</b>

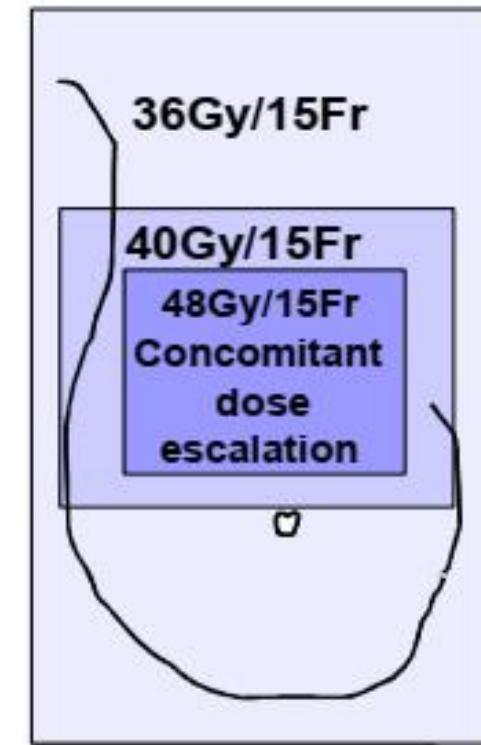
## IMPORT HIGH

Control Arm



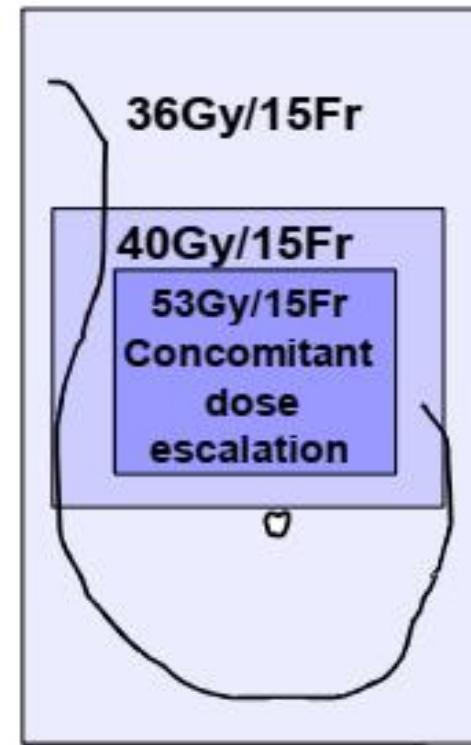
23 (15+8) fractions

Test Arm 1



15 fractions

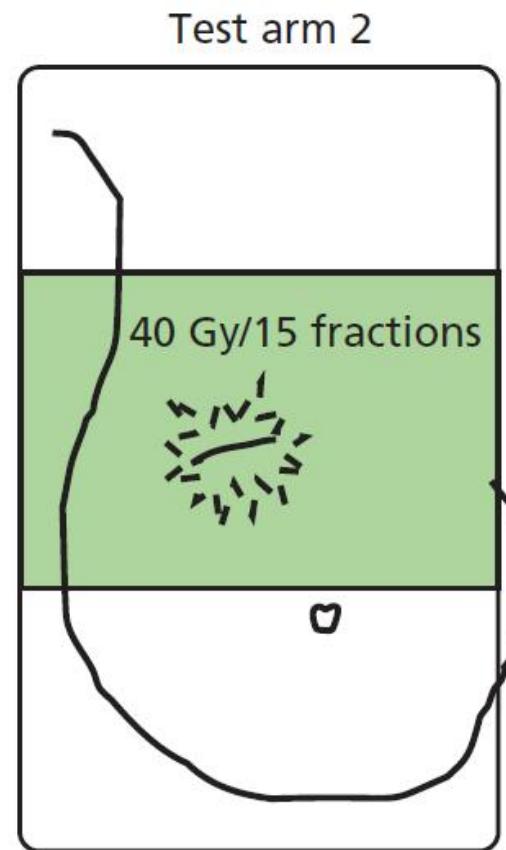
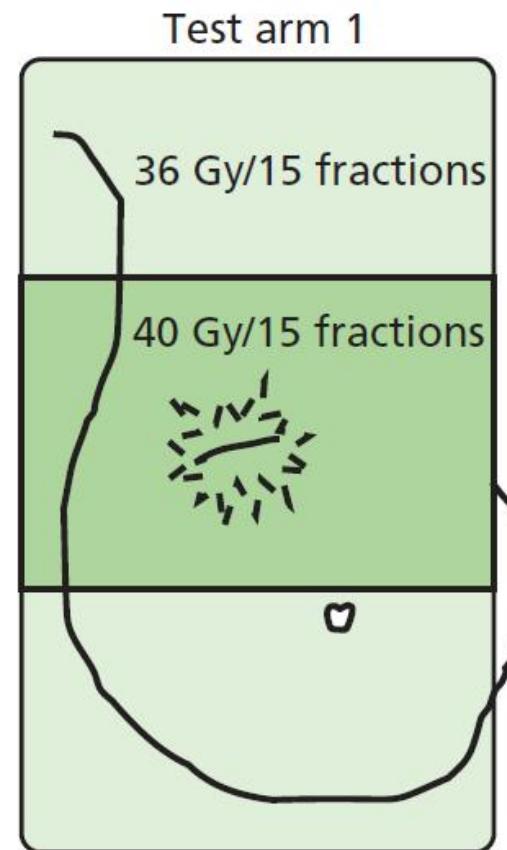
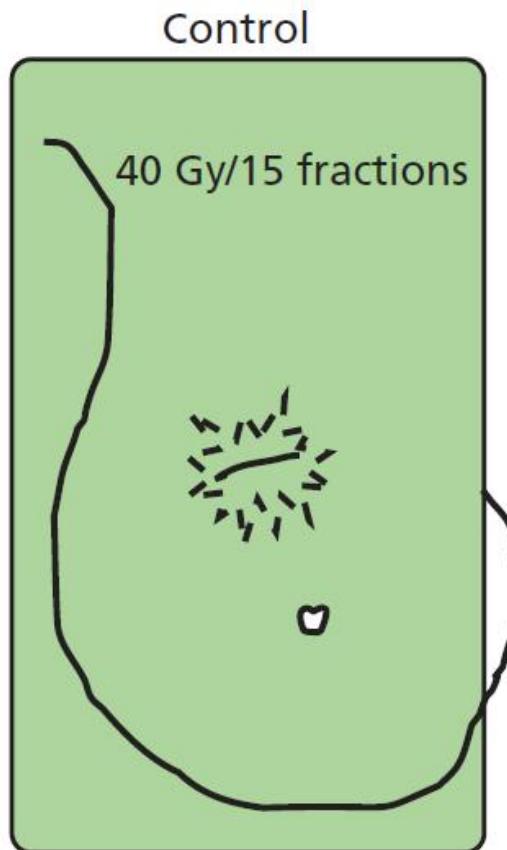
Test Arm 2



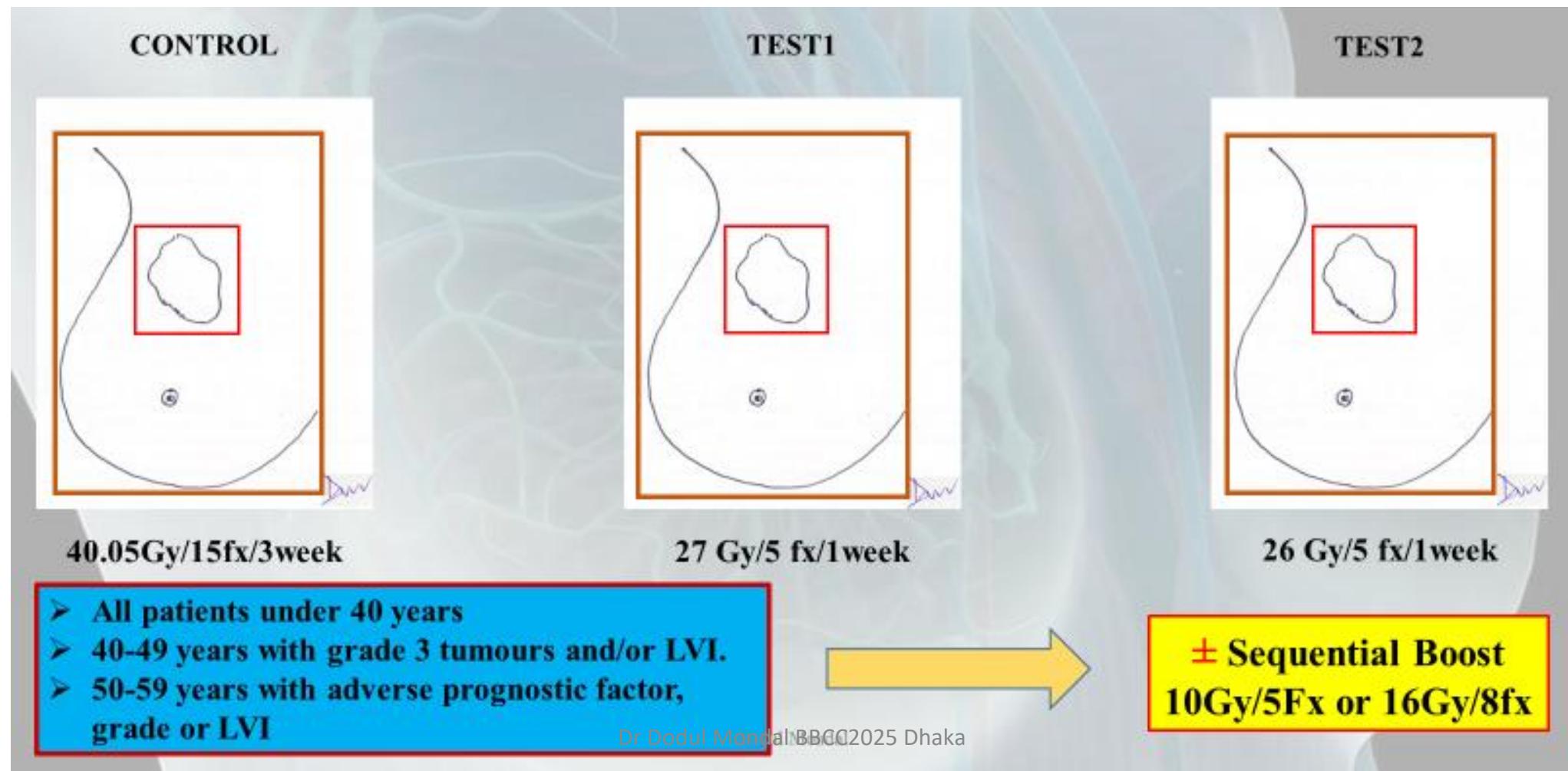
15 fractions

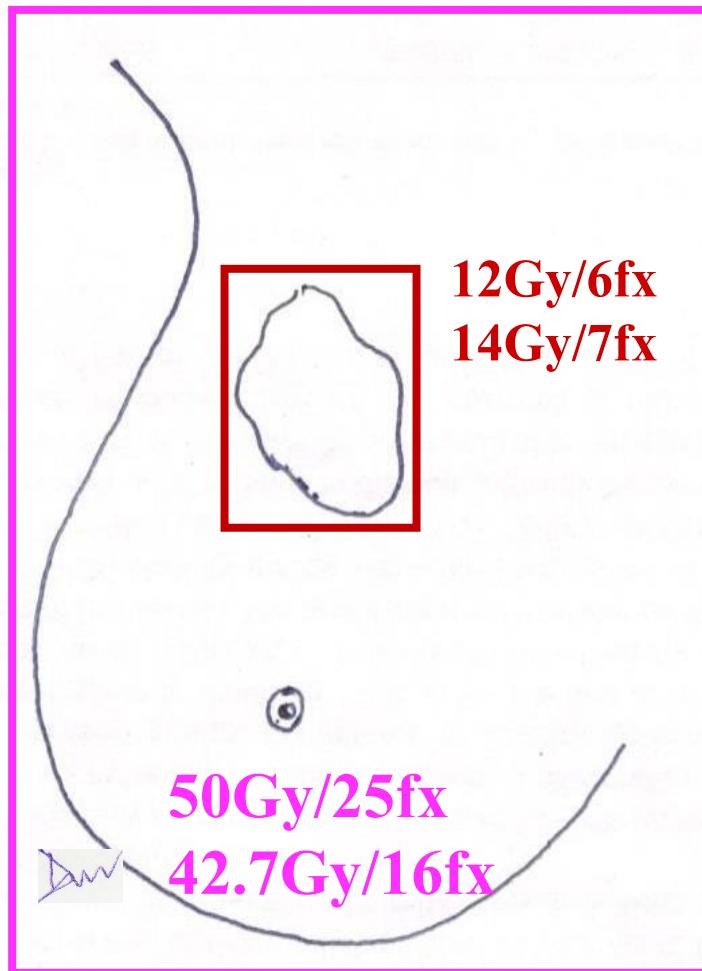
\*56 Gy/23F represents 40 Gy/15 F to whole breast plus 16 Gy/8 F sequential photon boost.

## IMPORT LOW



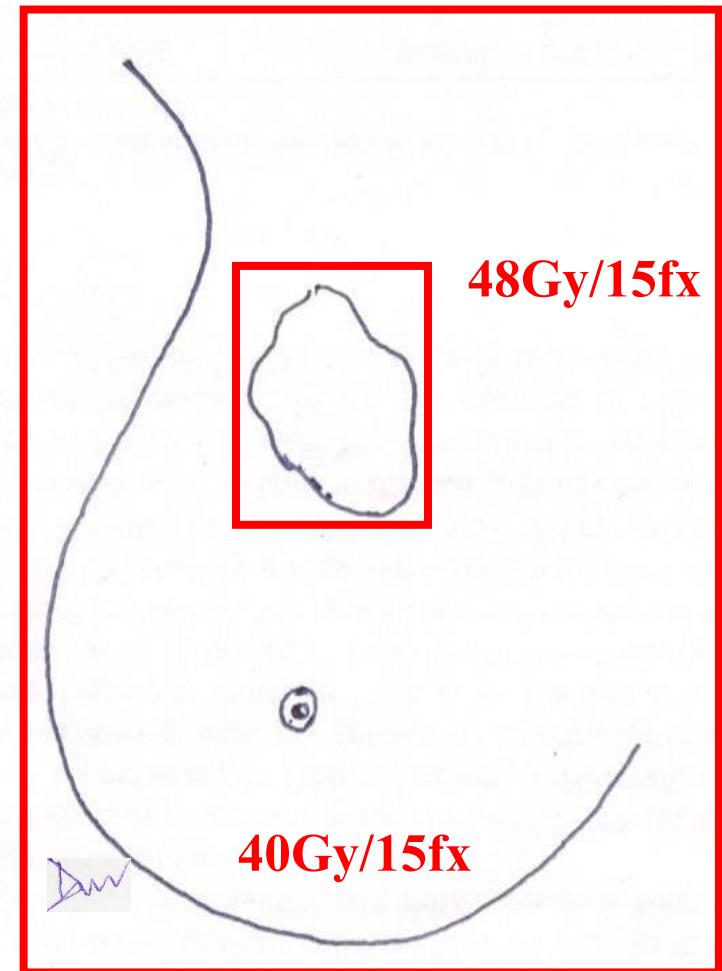
## UK FAST FORWARD





**25+6 or 25+7 fraction  
Sequential**

**NRG ONCOLOGY  
RTOG 1005**



**15 fractions  
Concurrent**

## Principles of Radiation Treatment

**Maximize target coverage**

**Minimize normal organ dose**

**Maximize chance of cure**

**Minimize chance of toxicity**

**Functional preservation**

**Cosmetic outcome**

**Quality of life**

## Principles of Evaluation

**Dynamic Process**

# Principles of Evaluation

Know the target

Guidelines

Check contouring  
Target and OAR

Know critical organs

# Principles of Evaluation

Dose Constraints

Standard / Protocol  
Specific

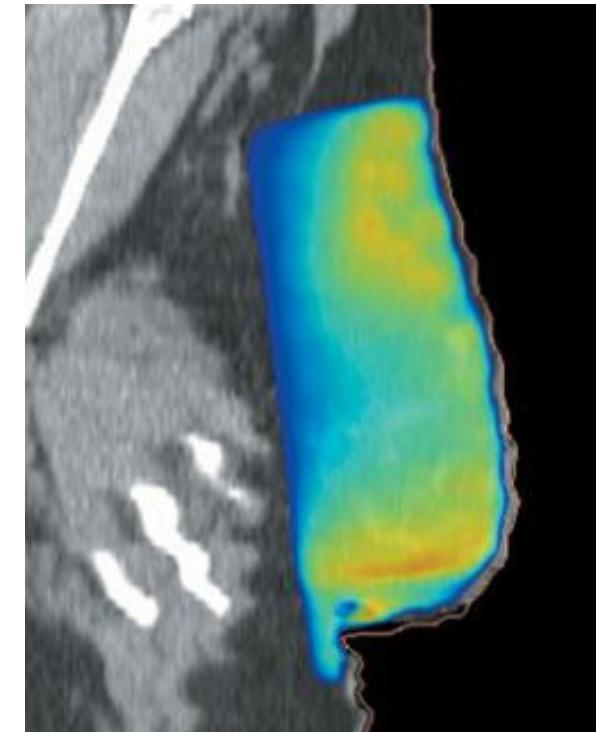
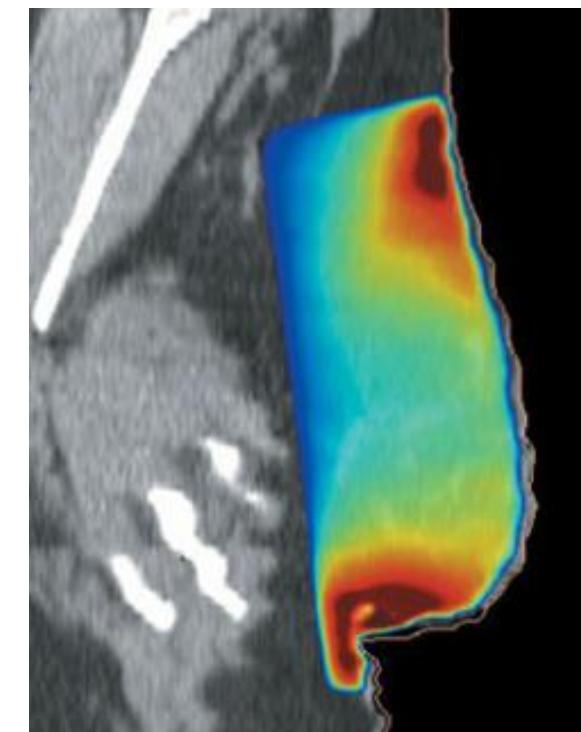
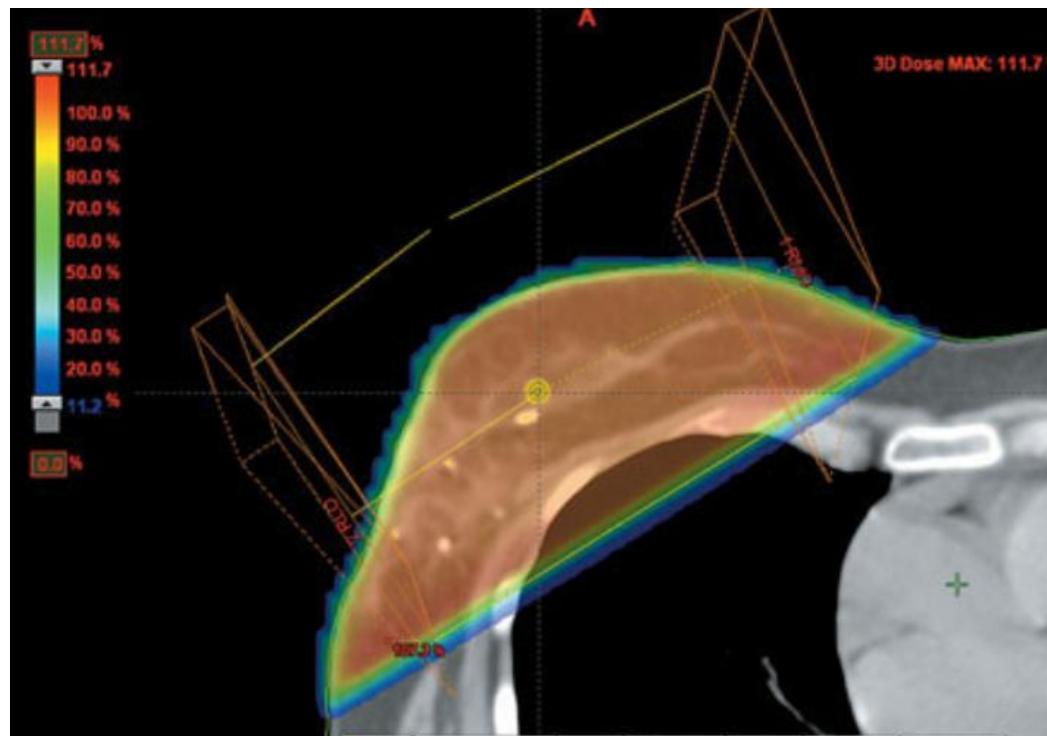
Understanding  
limitation of systems

Plan acceptance  
criteria

Technique dependent  
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# Principles of Evaluation

## Qualitative analysis



# Principles of Evaluation

## Quantitative analysis

**DVH analysis**

**Dosimetric indices:**

**Prescription isodose to target volume (PITV) ratio**

**D<sub>max</sub>**

**D<sub>mean</sub>**

**Conformity index (CI)**

**Homogeneity index (HI)**

**Target Coverage Index (TCI)**

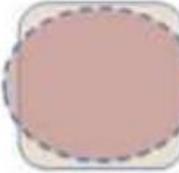
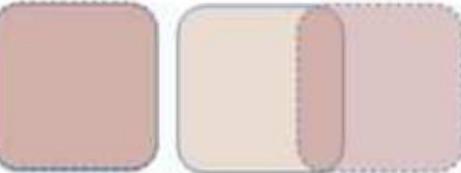
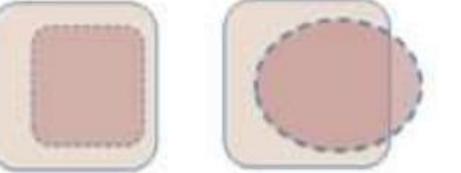
**Modified Dose Homogeneity Index (MHI)**

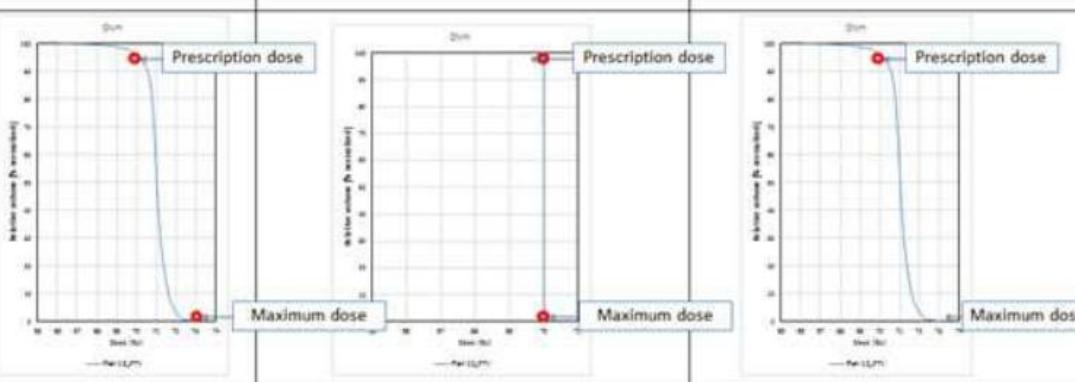
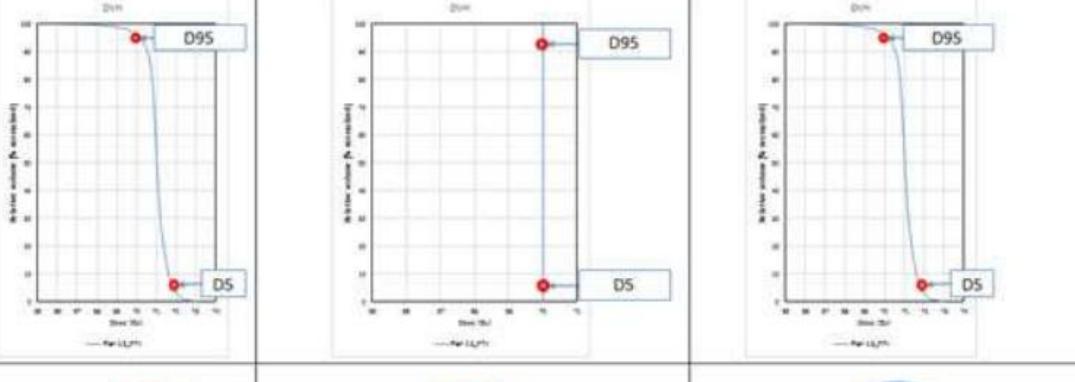
**Conformity Number (CN)**

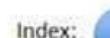
**Quality Factor (QF) for PTV**

**Critical Organ Scoring Index (COSI)**

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Index	Formula	Concept	Value = 1	Value <1 or value >1
PITV (prescription isodose to target volume)	$PITV = \frac{PIV}{TV}$			
CI (conformity index)	$CI = \frac{PTV_{PD}}{PIV}$			
TCI (target coverage index)	$TCI = \frac{PTV_{PD}}{PTV}$			
CN (conformity number)	$CN = TCI \times CI = \frac{PTV_{PD}}{PTV} \times \frac{PTV_{PD}}{PIV}$			

HI (homogeneity index)	$HI = \frac{D_{\max}}{PD}$	
MHI (modified homogeneity index)	$MHI = \frac{D_{95}}{D_5}$	
COSI (critical organ scoring index)	$COSI = 1 - \sum_i \frac{V_i(OAR) \geq tol}{TC}$	

Index:  = PTV (planning target volume)

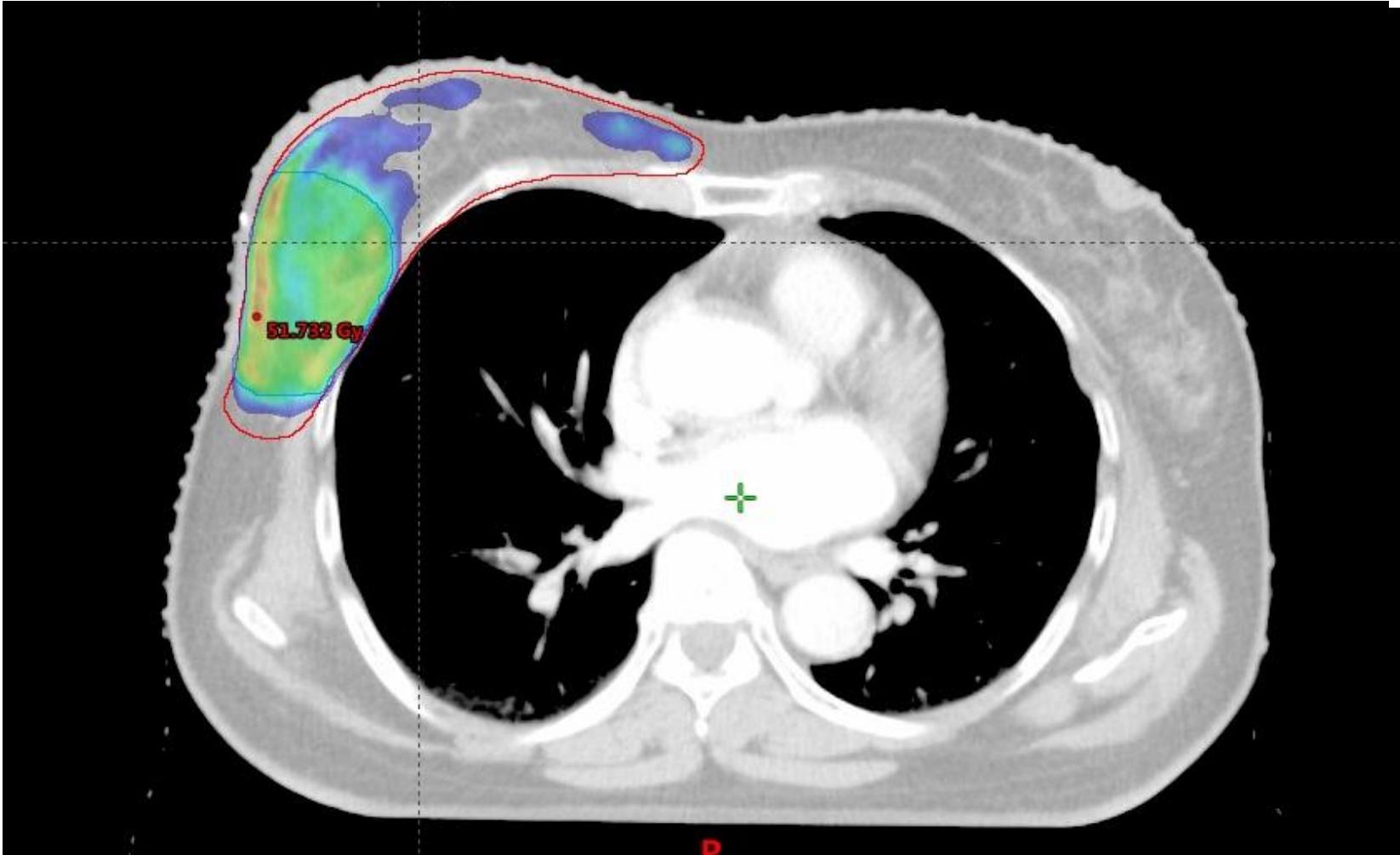
 = TV (target volume)

 = PIV (prescription isodose surface volume)

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## Field Placement, PTV Coverage, Hot spots

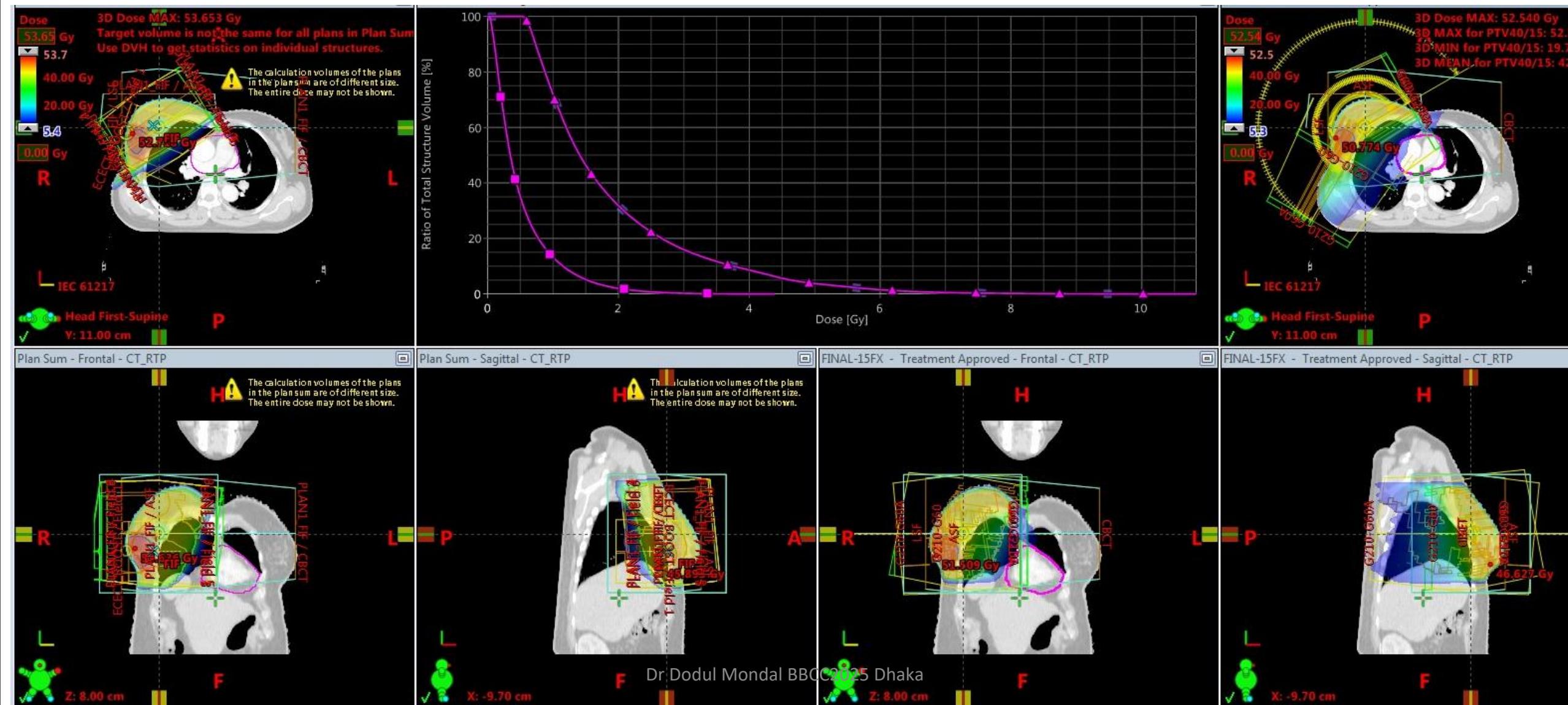


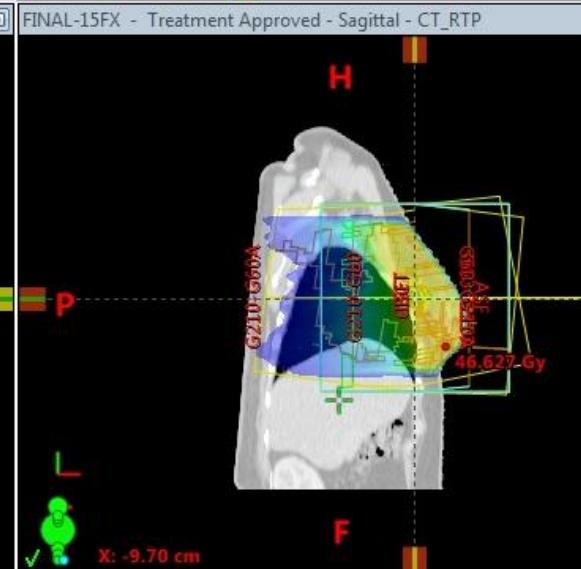
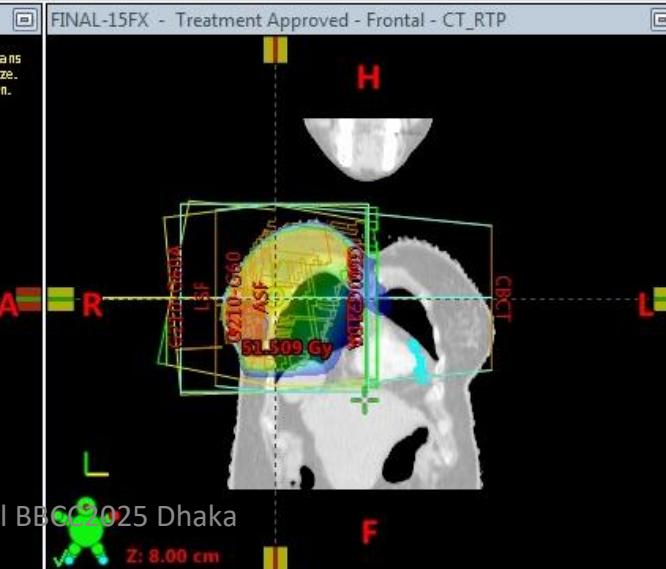
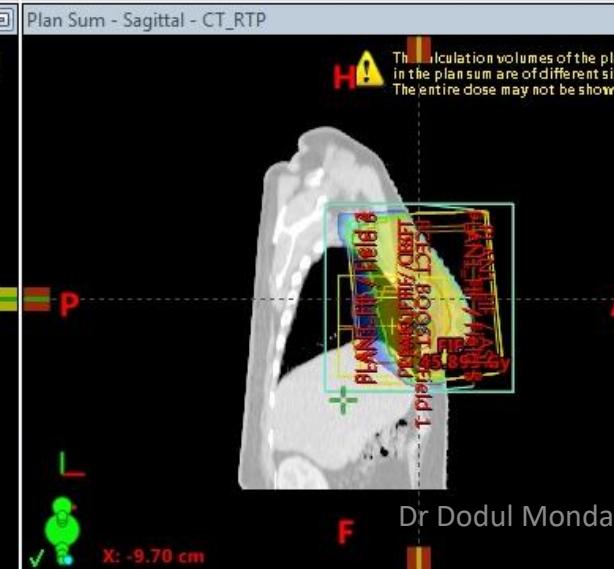
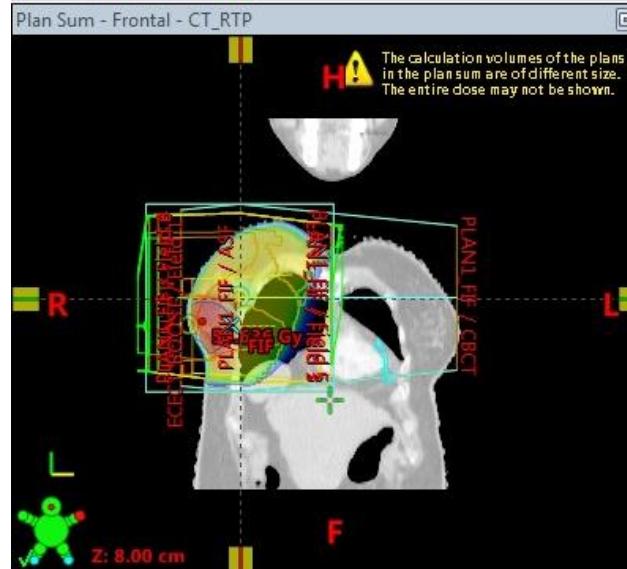
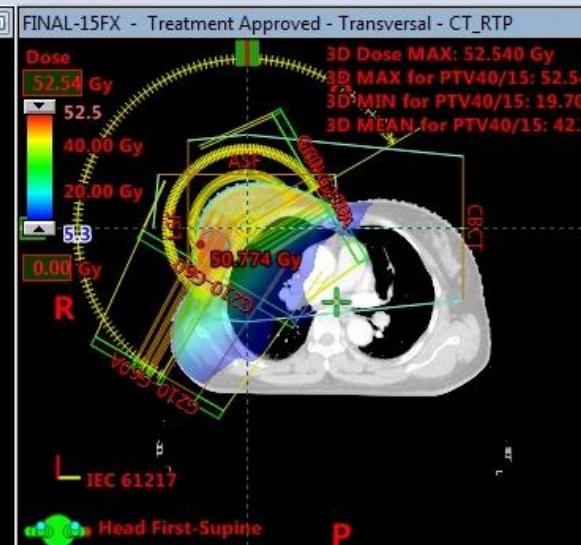
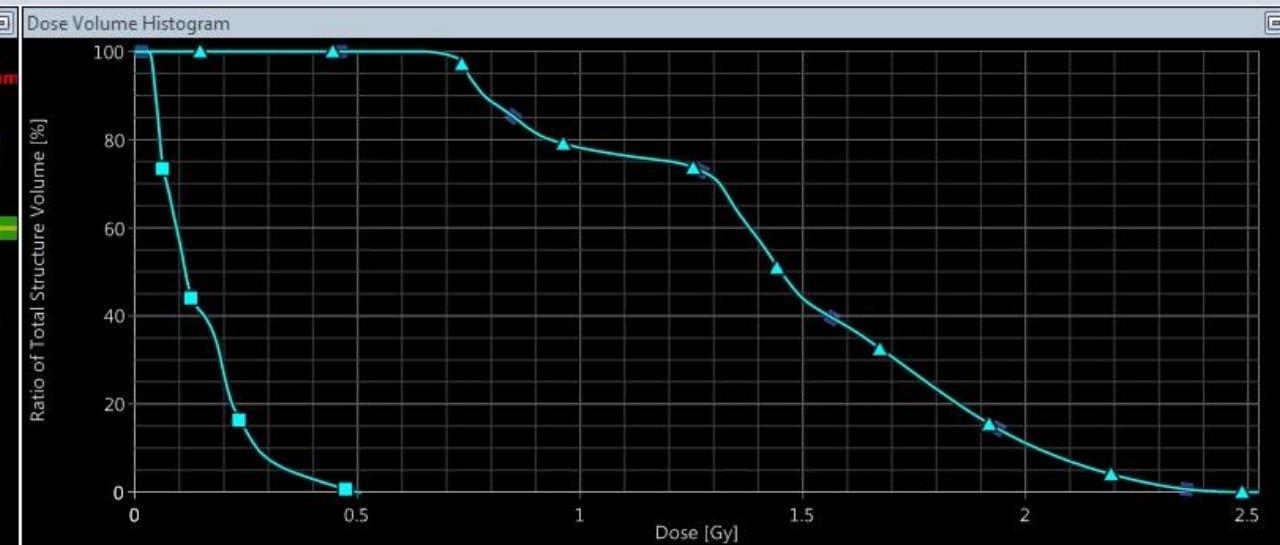
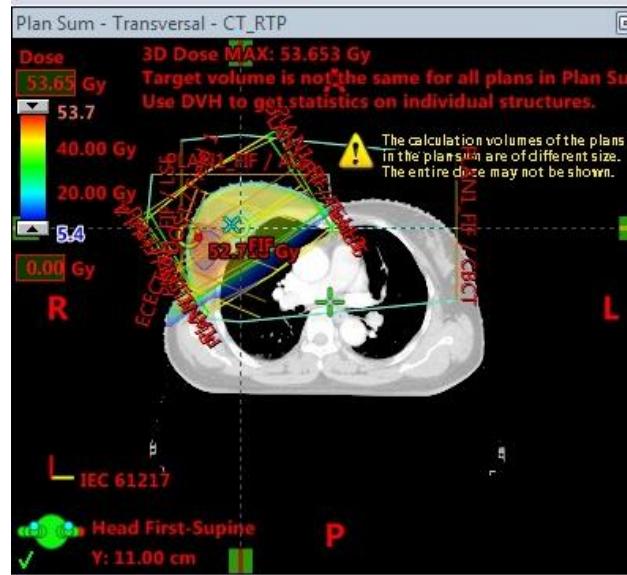


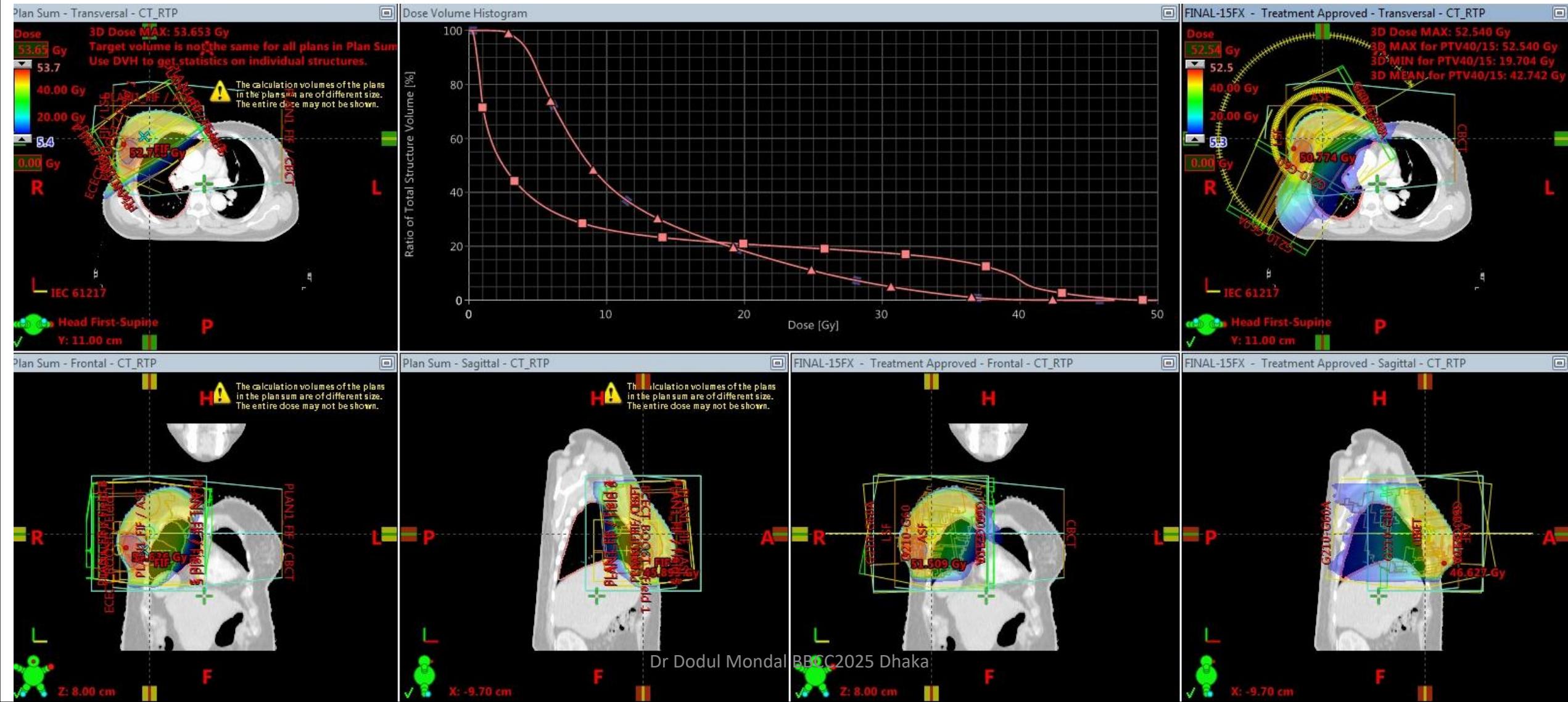
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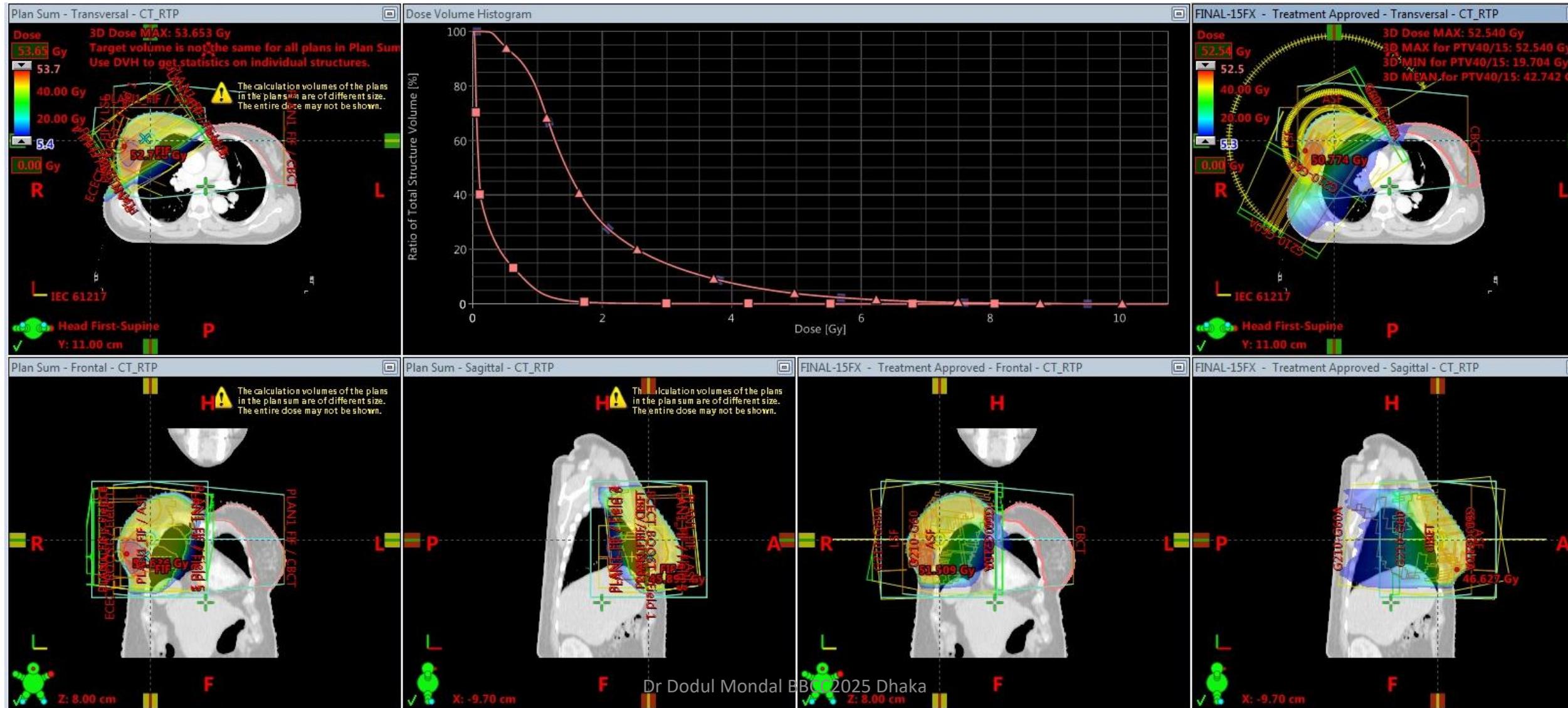
DVH

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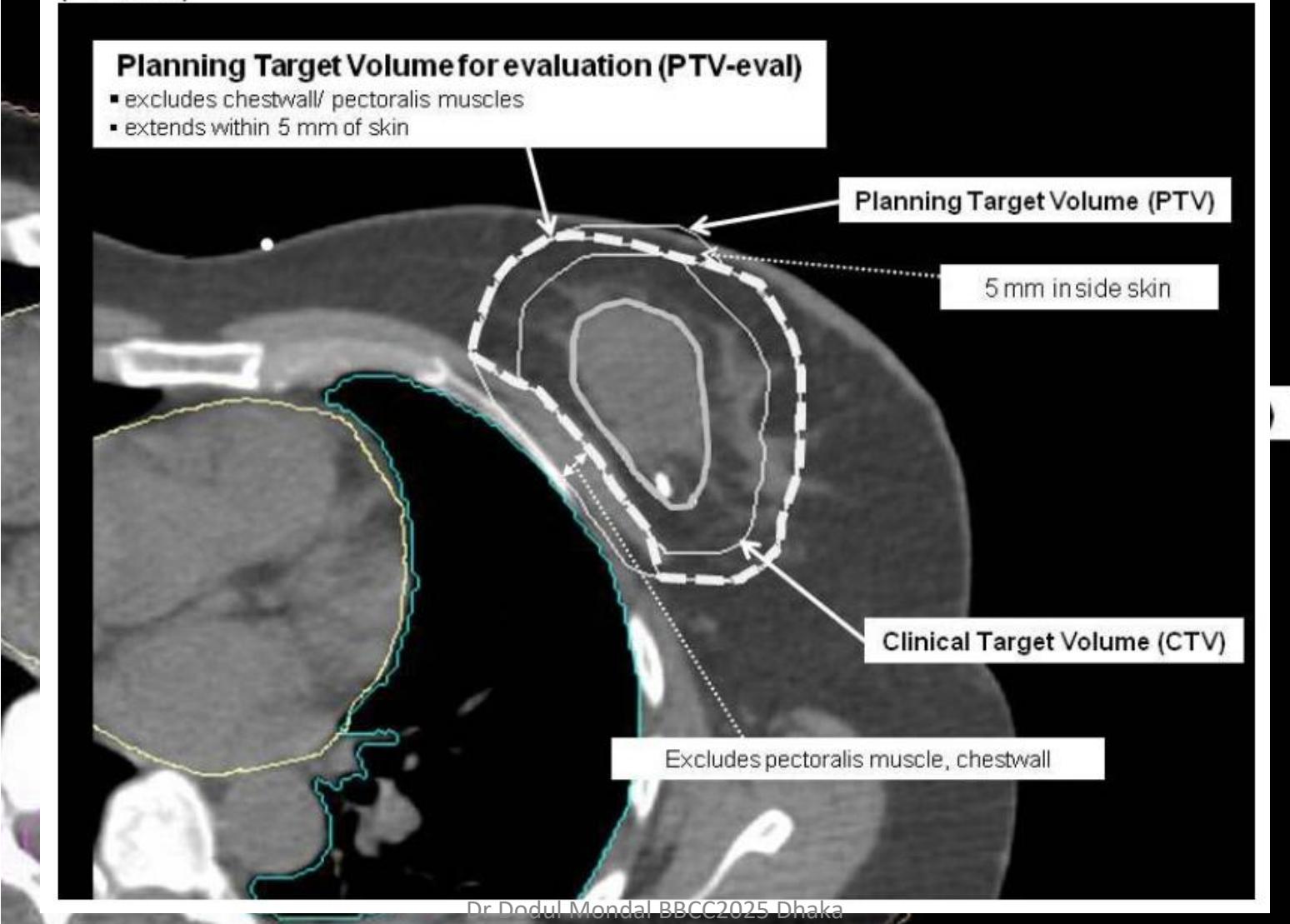


# Plan Acceptance Criteria

Protocol Specific

# NRG Oncology RTOG 1005

F| Figure 3. Lumpectomy Planning Target Volume for Evaluation (PTV<sub>eval</sub>)



## NRG Oncology RTOG 1005

### **ARM I Standard Whole Breast Irradiation with Sequential boost**

#### Lumpectomy PTV Eval:

- **Per Protocol:** The maximal point dose will not exceed 71.3-73.6 Gy which is 115% of the boost prescribed dose of 62-64 Gy (or will not exceed 62.9-65.2 Gy which is 115% of 54.7-56.7 Gy if hypofractionated whole breast fractionation is used).
- **Variation Acceptable:** The maximal dose point is will not exceed 74.4-76.8 Gy which is 120% of the boost prescribed dose of 62-64 Gy (or maximal dose will not exceed 65.6-68 Gy which is 120% of 42.7 if hypofractionation is used).
- Optional constraint: Conformity Index (CI): defined as “the ratio of the volume covered by the 95% prescription isodose over the volume of lumpectomy PTV Eval. **Per Protocol:** CI is no less than 0.95 and no more than 2.5.

**Variation Acceptable:** CL is no less than 0.9 and no more than 3

hypofractionation whole breast fractionation is used.

## NRG Oncology RTOG 1005

### Contralateral Breast

- Per Protocol: The maximum dose to contralateral breast does not exceed

### Heart

- Per Protocol: No more than 5% of the whole heart exceeds 20 Gy for left-

### Thyroid

#### **ARM 1 if prescribed 62-64 Gy:**

- Per Protocol: The maximum point dose does not exceed 2% of the prescribed dose (Maximum point dose does not exceed 1.24-1.28 Gy).  
Variation Acceptable: The maximum point dose does not exceed 3% of the prescribed dose (Maximum point dose does not exceed 1.86-1.92 Gy).

#### **ARM 1 if prescribed 54.7-56.7 Gy:**

- Per Protocol: The maximum point dose does not exceed 2% of the prescribed dose (Maximum point dose does not exceed 1.09-1.13 Gy).  
Variation Acceptable: The maximum point dose does not exceed 3% of the prescribed dose (Maximum point dose does not exceed 1.64-1.70 Gy)

Every attempt should be made to make the cardiac exposure to radiation as low as possible.

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## NRG Oncology RTOG 1005

### ARM II Hypofractionated Whole Breast Irradiation with Concomitant Boost

Breast PTV Eval

#### Heart

- Per Protocol: No more than 5% of the whole heart exceeds 16 Gy for left-sided breast cancers, and 0% of the heart exceeds 16 Gy for right-sided breast cancers.
- Variation Acceptable: No more than 5% of the whole heart exceeds 20 Gy for left-sided breast cancers, and 0% of the heart exceeds 20 Gy for right-sided breast cancers.
- Per Protocol: No more than 30% of the whole heart exceeds 8 Gy for left-sided breast cancers and no more than 10% of the heart exceeds 8 Gy for right-sided breast cancers.
- Variation Acceptable: No more than 35% of the whole heart exceeds 8 Gy for left-sided breast cancers and no more than 15% of the heart exceeds 8 Gy for right-sided breast cancers.
- Per Protocol: The mean heart dose does not exceed 320 cGy.
- Variation Acceptable: The mean heart dose does not exceed 400 cGy.

Every attempt should be made to make the cardiac exposure to radiation as low as possible.

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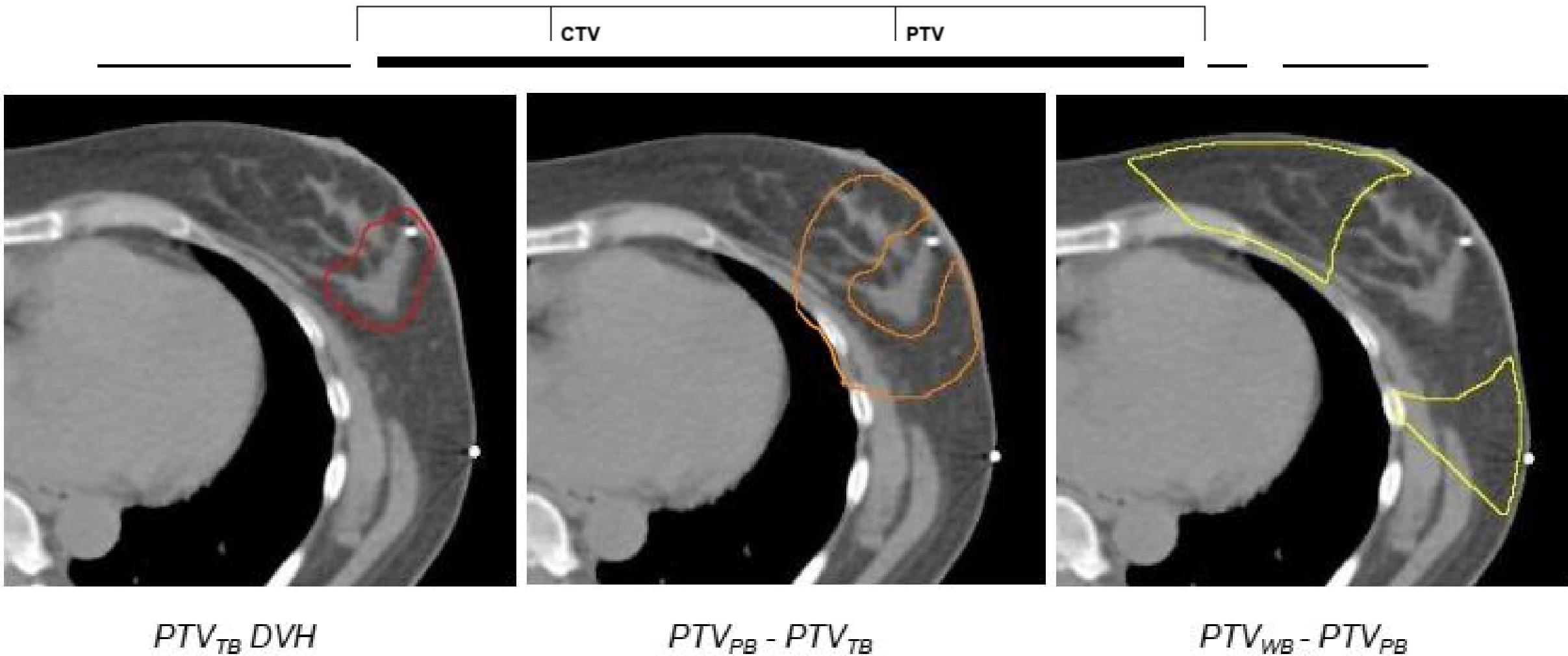


Figure 9. Axial slices showing subtracted structures for DVH analysis.

Figure 8. Axial slice showing field-based whole breast PTV

# IMPORT HIGH

Control Arm

Volume	Lower dose limit
$PTV_{WB}$ - $PTV_{TB}$	> 90% of the volume should receive 36 Gy
$PTV_{TB}$	> 95% of the volume should receive 53.2 Gy

Organ at risk	Mandatory Constraint	Optimal Constraint
Ipsilateral Lung	V18Gy < 15%	V18Gy < 10%
		Mean Dose < 6Gy
Contralateral Lung	V2.5Gy < 15%	V2.5Gy < 3%
		Mean Dose < 1Gy
Heart (Left sided tumour)	V13Gy < 10%	V13Gy < 2%
		Mean Dose < 3Gy
Heart (Right sided tumour)	N/A	V5Gy < 6%
		Mean Dose < 1.7Gy
Contralateral Breast	Mean Dose < 1.5Gy	Mean Dose < 0.5Gy

$PTV_{TB}$	> 95% of the volume should receive 50.4 Gy	Median dose = 55 Gy (allow 52.5 - 53.5 Gy)	Should receive > 56.7 Gy with global max < 58.3 Gy
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## IMPORT HIGH

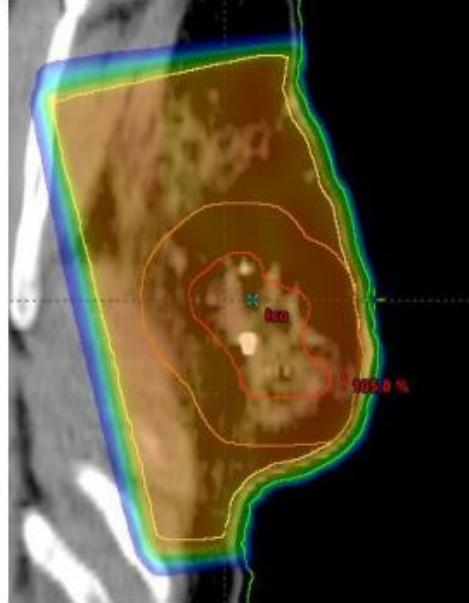
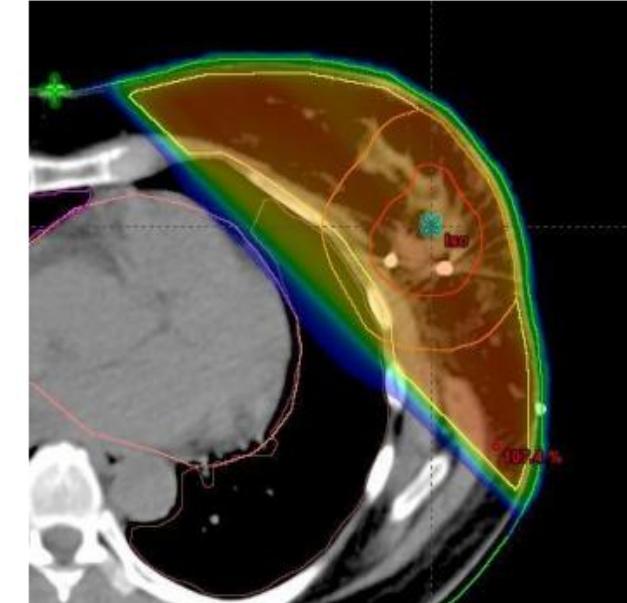
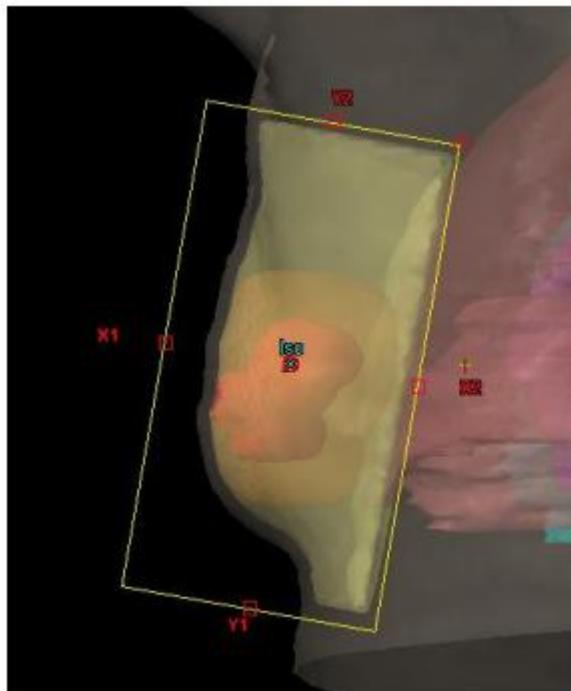


Figure 15. Transverse and sagittal slices with colour wash showing dose distribution from 34Gy base dose plan

## IMPORT HIGH

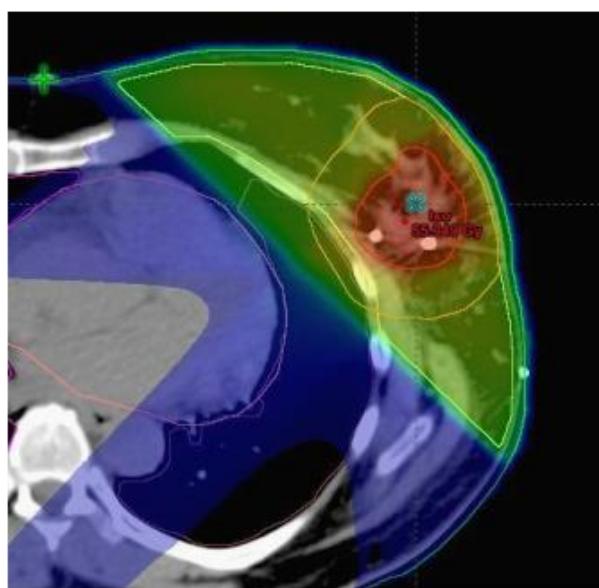
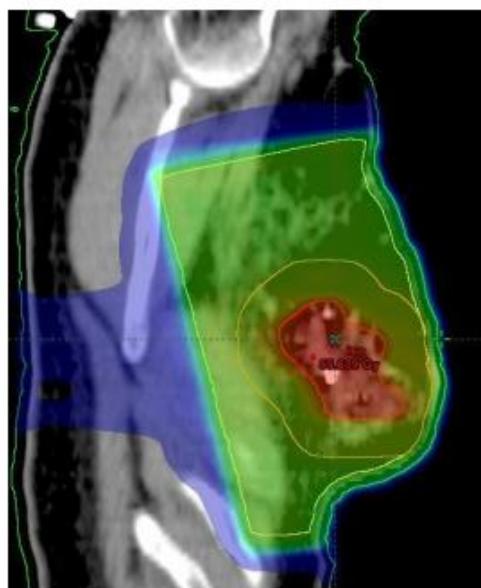


Figure 17. Transverse and sagittal slices showing the combined dose from a base dose plan and boost dose plan for test arm 2 (53Gy total dose)

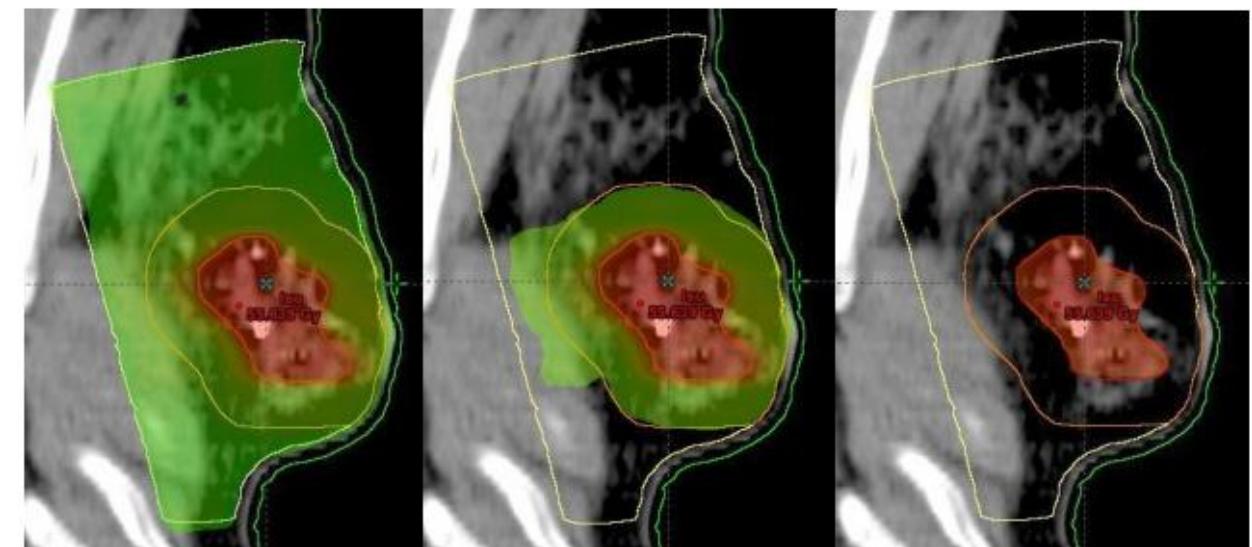


Figure 18. Sagittal slices showing 95% dose coverage for each of the three dose levels in test arm 2 (36Gy, 40Gy and 53Gy).

## UK FAST FORWARD

### 10.1.1 Whole breast/chest wall, level I-III axilla and/or level IV axilla (SCF)

Trial group	Total dose (Gy)	Dose per fraction (Gy)	Number of fractions	Fractions per week	Treatment time (weeks)
<b>Control Group</b>	40.05	2.67	15	5	3
<b>#Test Group 2</b>	26.0	5.2	5	5	1

# Justification for choice of this regimen is found in Appendix 2

## UK FAST FORWARD

Lower dose limit	Prescription dose	Upper dose limit
<p>&gt;95% of the volume should receive 95% of the prescribed dose</p>	<p>Use a clinical relevant normalisation point for tangents, seek QA advice for inverse-planned</p>	<p>&lt;5% of the volume should receive <math>\geq 105\%</math>  <math>&lt;2\%</math> of the volume should receive <math>\geq 107\%</math>  global max <math>&lt;110\%</math> of the prescribed dose</p>

Table 2: Upper and lower dose limits for whole breast/chest wall PTV

Dipak Kumar Basak

## UK FAST FORWARD

### OAR

Dose per fraction (Gy)	Keep 30 % of dose to < 15 % of ipsilateral lung volume	Keep 25 % of dose to < 5 % of heart volume	Keep 5 % of dose to < 30 % of heart volume
2.67	12.0 Gy	10.0 Gy	2.0 Gy
5.2	8.0 Gy	7.0 Gy	1.5 Gy

## What I follow in my practice

**SIB: 40 Gy and 48Gy in 15 fractions**

**Sequential Boost: 40Gy in 15 fractions followed by 10 Gy in 4 fractions**

Organ	Dose Constraints
Heart	Dmean <3Gy (Left), 2Gy (Right), V40<3%, V18< 5%
Ipsilateral Lung	Dmean<10Gy, V20<15%, V5<60%
Contralateral Lung	ALARA, Dmean <2Gy
Contralateral Breast	Dmean <2Gy or ALARA

## Take home messages

1. Plan evaluation is a dynamic process
2. Hypofractionation needs special care
3. Important to know the target, OAR
4. Important to follow trial protocol criteria
5. Heart dose, lung dose and contralateral breast dose
6. Every effort should be made to save heart
7. Skin should be effectively spared for better cosmesis

# Interested in fellowship on Advanced and Precision Radiation Oncology?



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## Acknowledgement

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**My patients, teachers, family**

# THANK YOU

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