Atlas for Target Volume Delineation for Craniospinal Radiotherapy

SIOPE Brain Tumour Group
Guide for Clinical Trial Protocols

Collaborators

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Guidelines

 Please refer individual trial protocols for detailed guidelines on radiotherapy techniques

General guidelines on Craniospinal Radiotherapy

- Accurate delineation of subarchnoid space for craniospinal radiotherapy using photon and particle therapy is essential to avoid marginal recurrences.
- Planning CT scan should done with 1-3 mm slice thickness with 1mm slice thickness over the skull base
- It is recommended to fuse planning CT scan with T1W Gad and T2W MRI
- The cranial CTV encompasses the whole brain within the inner table of the skull, cribrifom plate, most inferior part of the temporal lobes, pituitary fossa and the CSF contained within the dural sheath of cranial nerves.

General guidelines on Craniospinal Radiotherapy

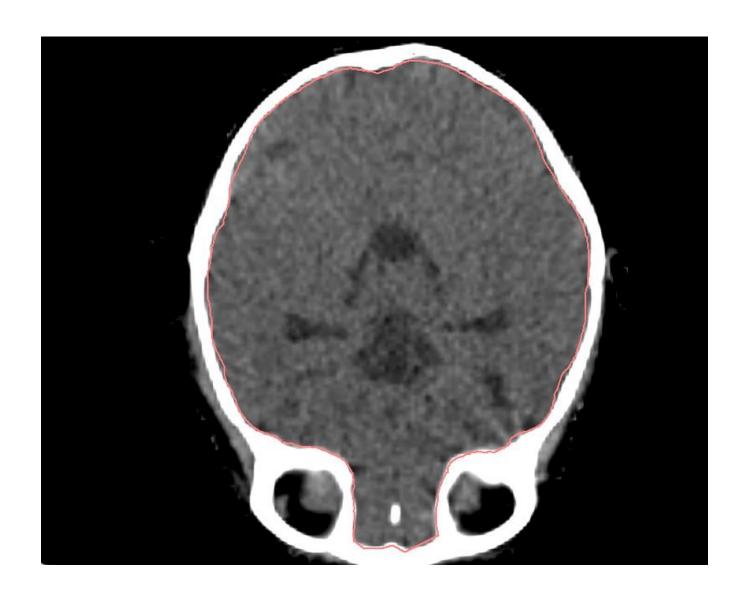
- CSF within the dural sheaths of cranial nerves identified by skull base foramen through which they pass
- Brain is contouring using the CT scan window setting: Window/level: 1500-2000/300-350
- Cribriform plate and skull base foramen are contoured using the CT scan window setting: window/level: 3000/400
- The spinal CTV should include the spinal subarachnoid space include nerve roots laterally
- The lower limit of spinal CTV is at the lower limit of thecal sac on the latest MRI scan and there is no need to include sacral nerve root canal in the spinal CTV

Steps for the delineation of craniospinal CTV

- Step 1: Delineate the whole brain within the inner table of skull
- Step 2 : Ensure that the cribriform plate, middle cranial fossae, and the pituitary fossa are in the CTV
- Step 3: Ensure that the optic nerves are included in the CTV
- Step 4: Delineate the following skull base foramina bilaterally to be include in the cranial CTV:
 - Superior orbital fissures
 - Optic canals
 - Foramen rotundum
 - Foramen ovale
 - Internal acoustic meatus
 - Jugular foramen
 - Hypoglossal canal
- Step 5: Delineation of spinal CTV and ensure accurate delineation of the lower end of thecal sac

STEP 1

DELINEATION OF THE WHOLE BRAIN















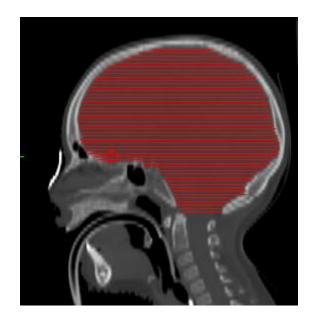


STEP 2

CRIBRIFORM PLATE, MIDDLE CRANIAL FOSSAE, AND PITUITARY FOSSA

Cribriform plate

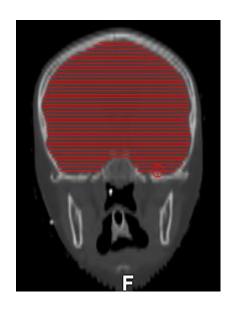


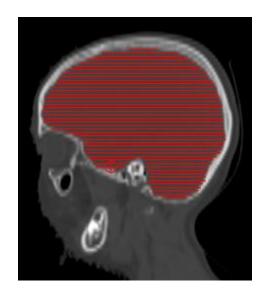


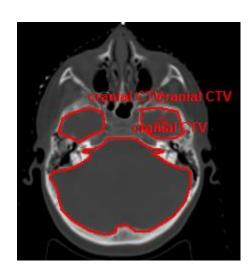
Cribriform plate is contoured using bone window setting (width 3000 and level 400)



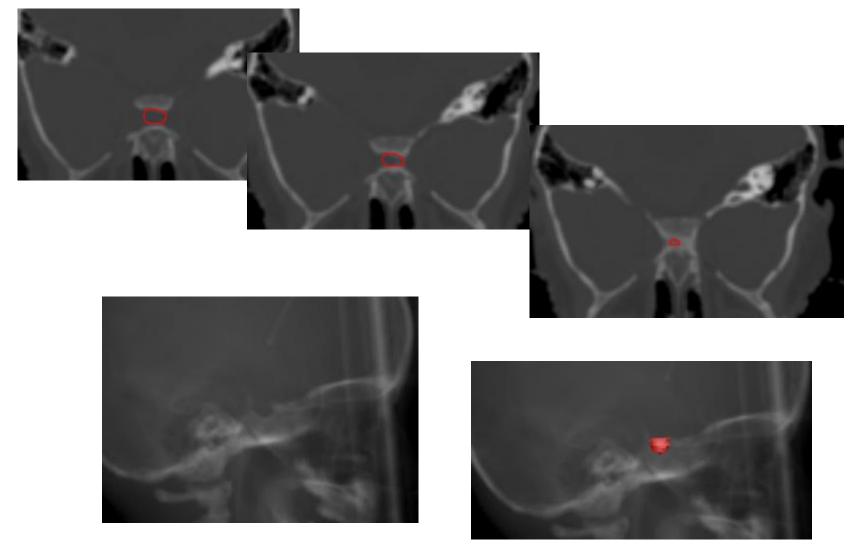
Middle cranial fossae







Pituitary fossa

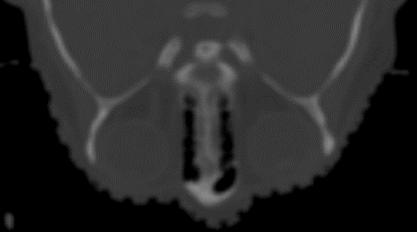


STEP 3

THE OPTIC NERVES (PARTS OF) AND CANALS

Optic nerves & Optic canals





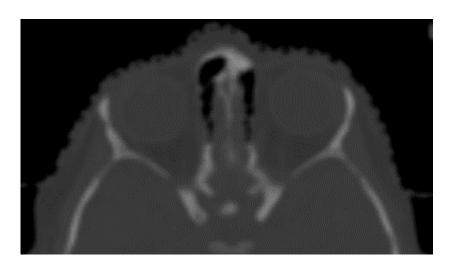
Optic nerves are contoured using window width 350 and level 40

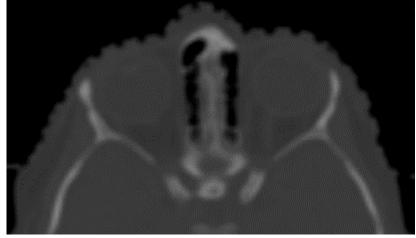
Optic canals are contoured using bone window setting (width 3000 and level 400)

STEP 4

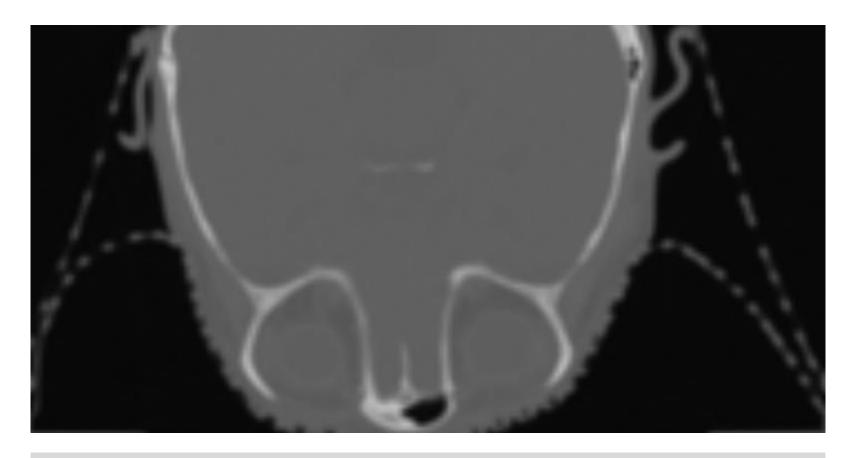
DELINEATE SKULL BASE FORAMEN WITH CRANIAL NERVES

Skull base foramen

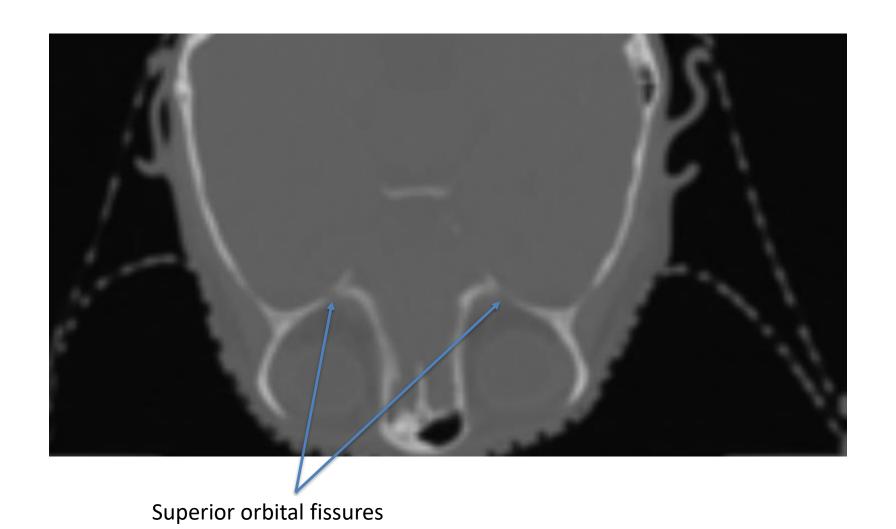


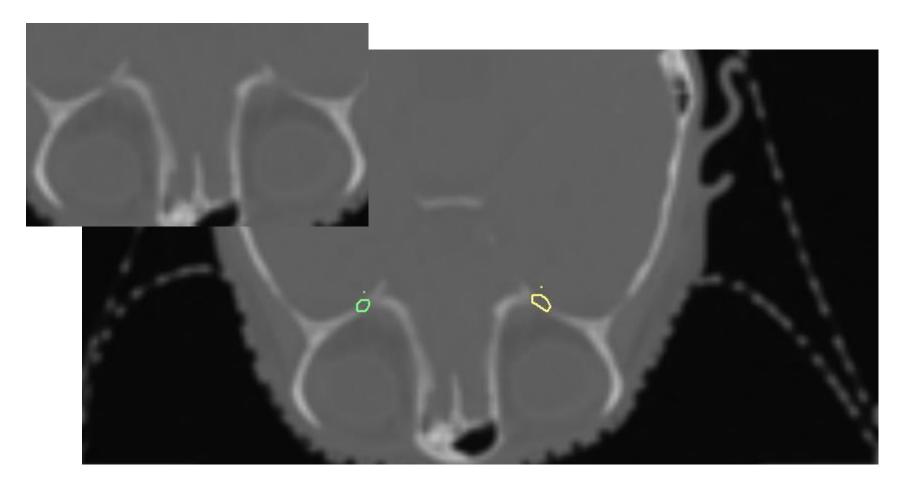


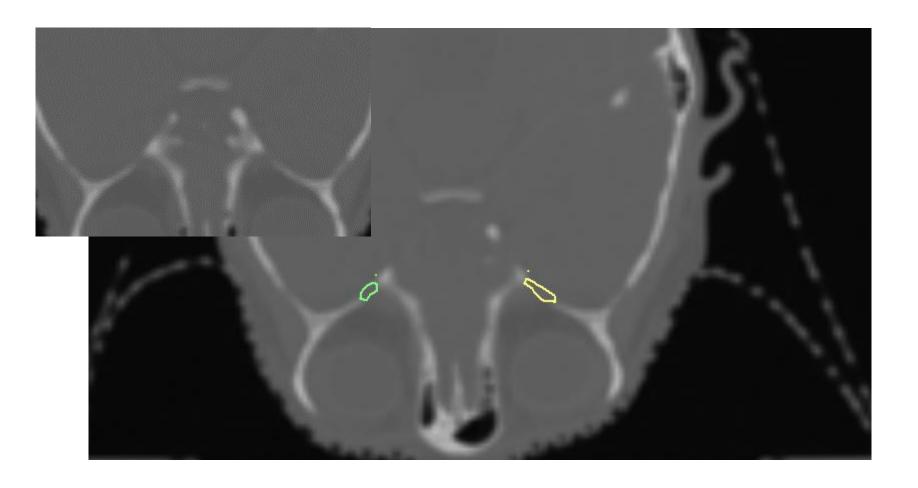
Skull base foramen are contoured using bone window setting (width 3000 and level 400)

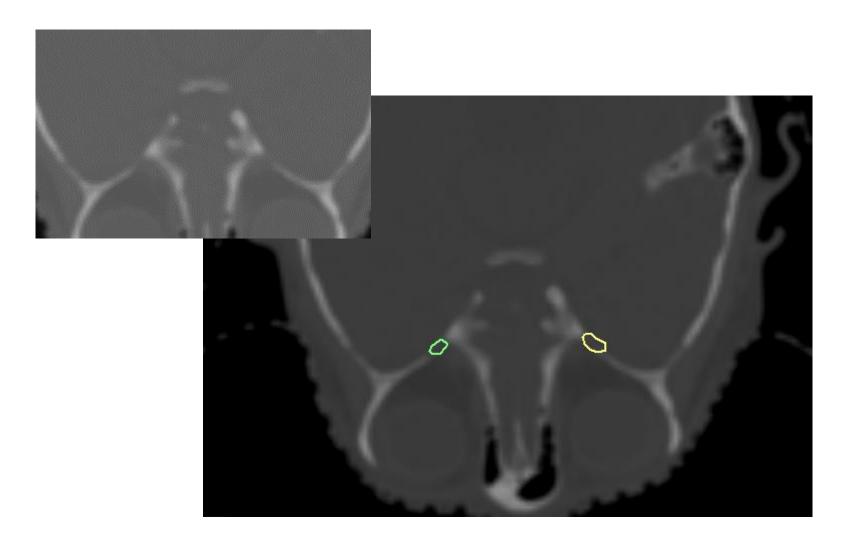


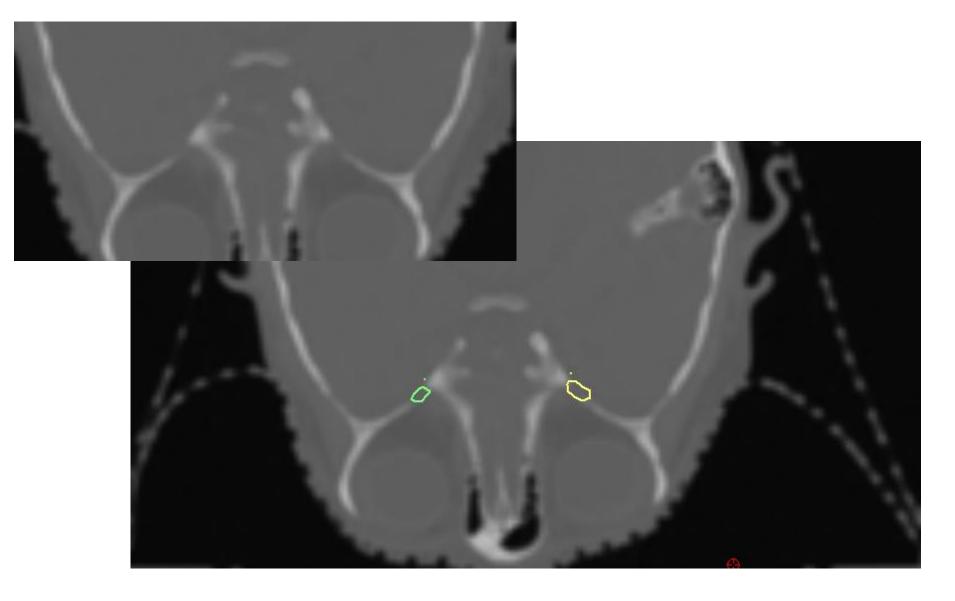
Axial section just above the start of superior orbital fissure

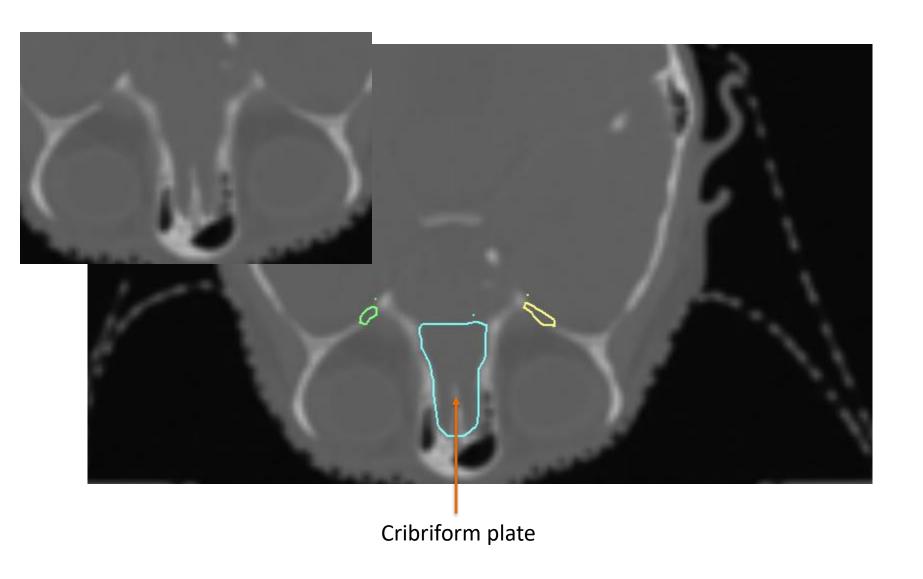


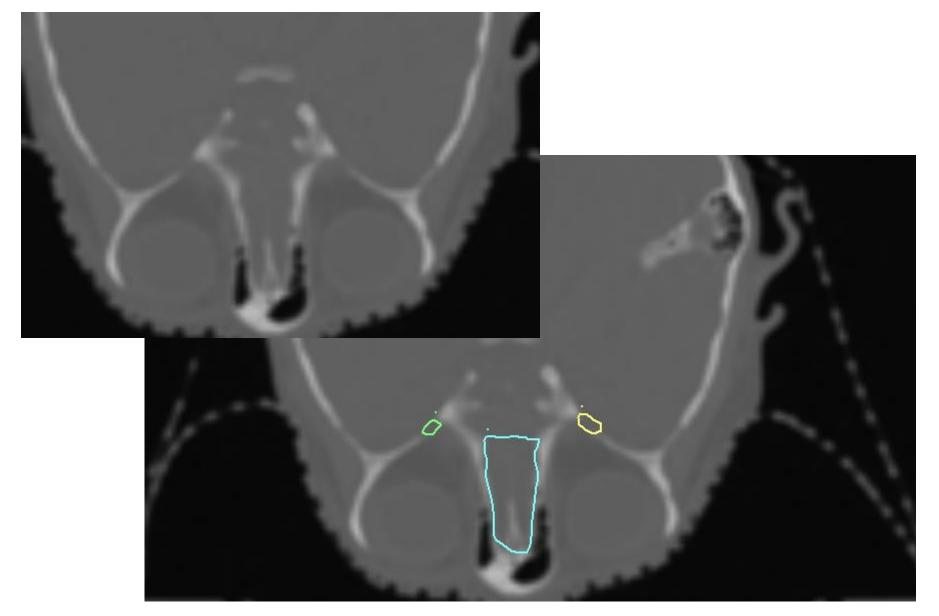


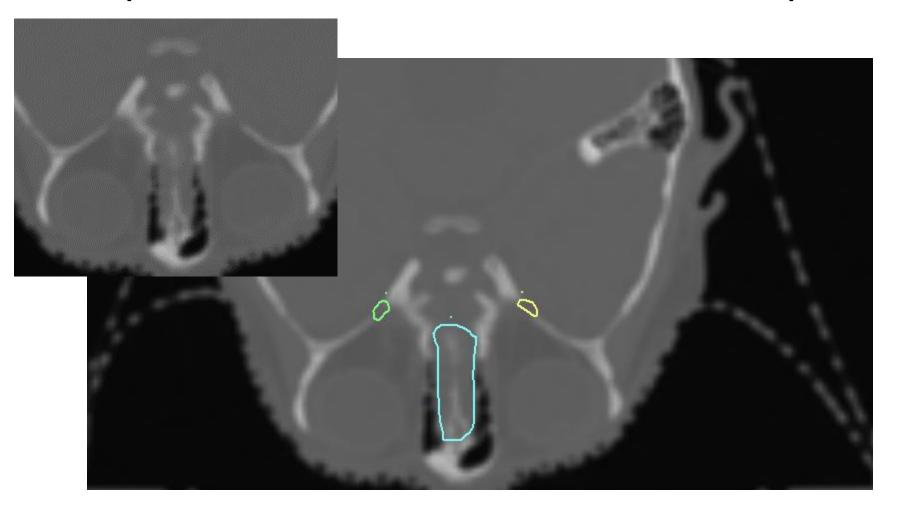


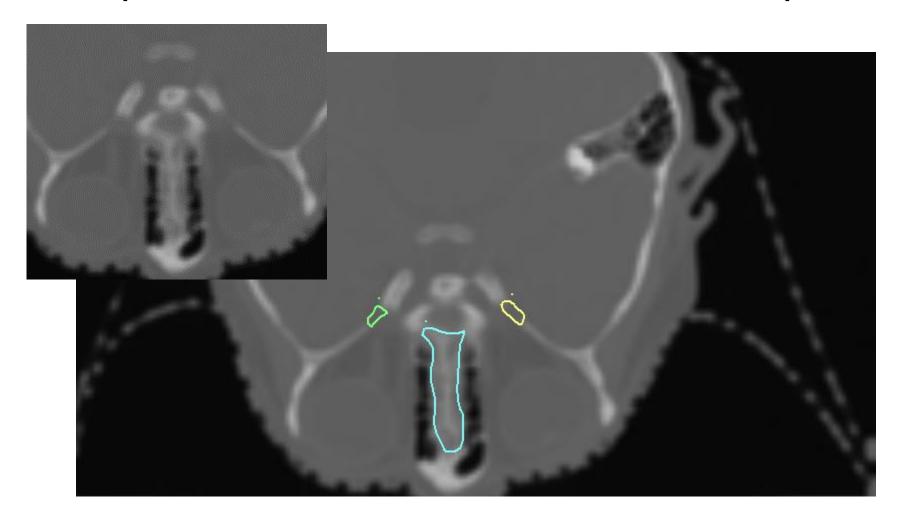




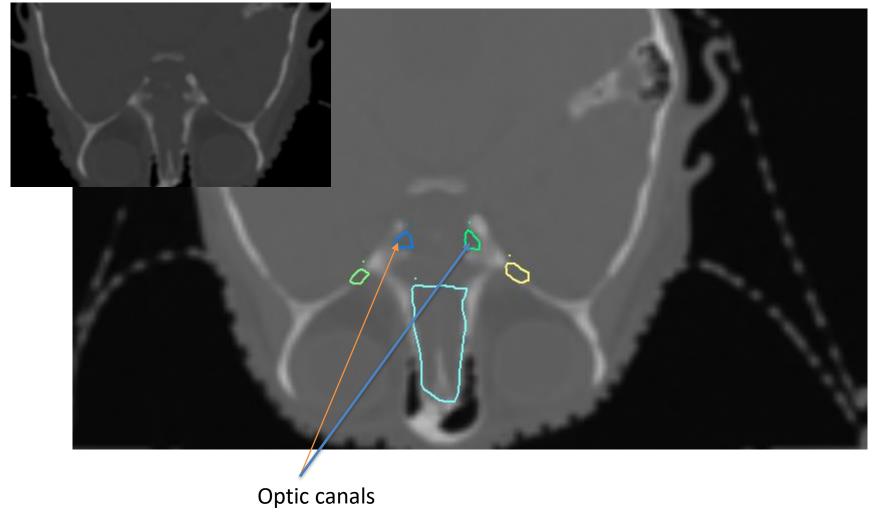




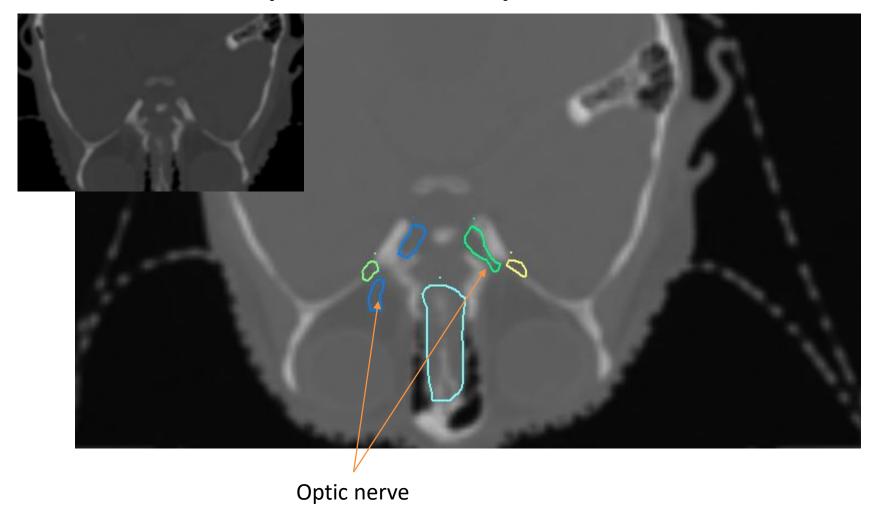




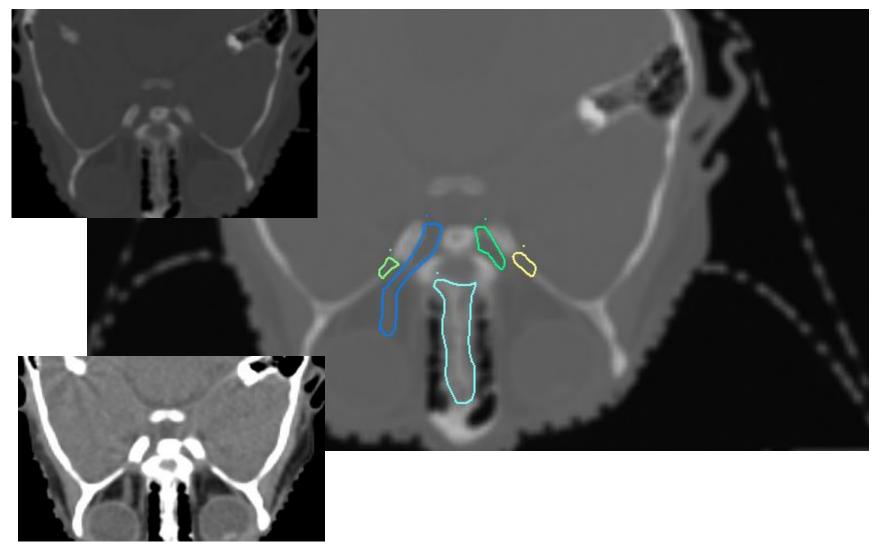
Superior orbital fissure, Cribriform plate, Optic Canal



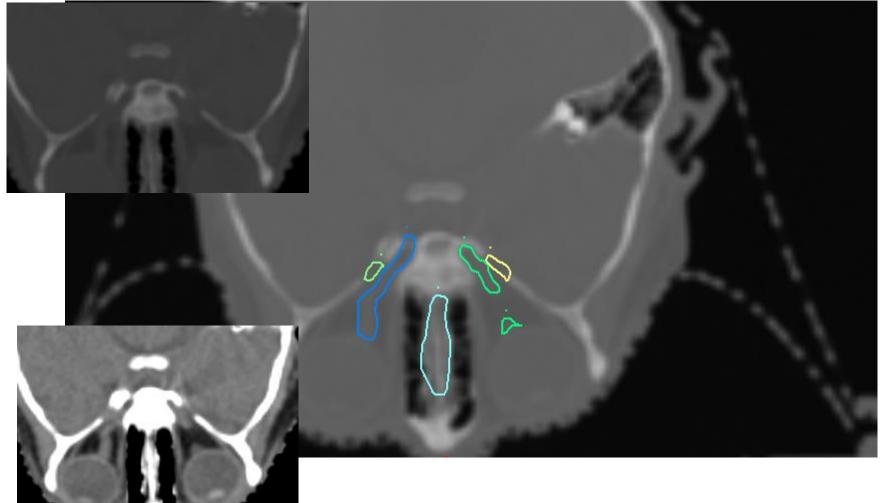
Superior orbital fissure, Cribriform plate, optic canal, optic nerve



Superior orbital fissures, Cribriform plate, optic canals with optic nerves



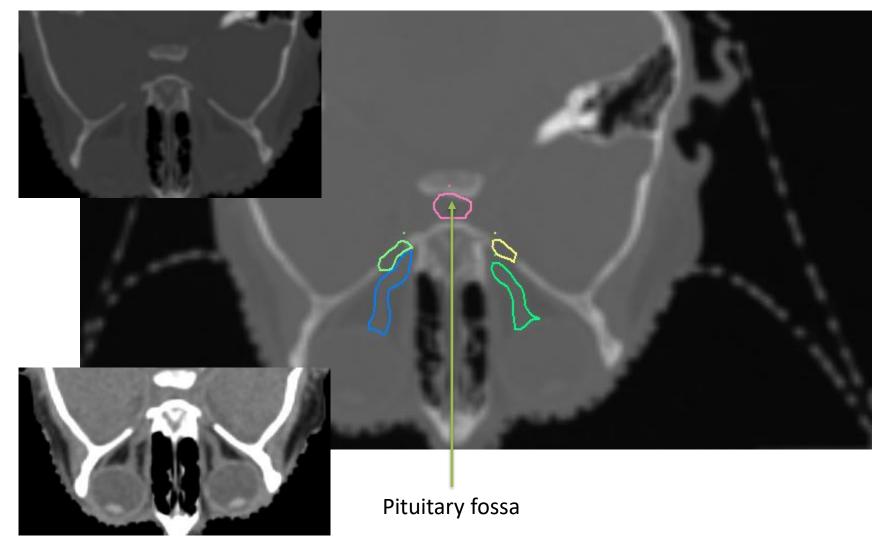
Superior orbital fissure, Cribriform plate, optic canals with optic nerves



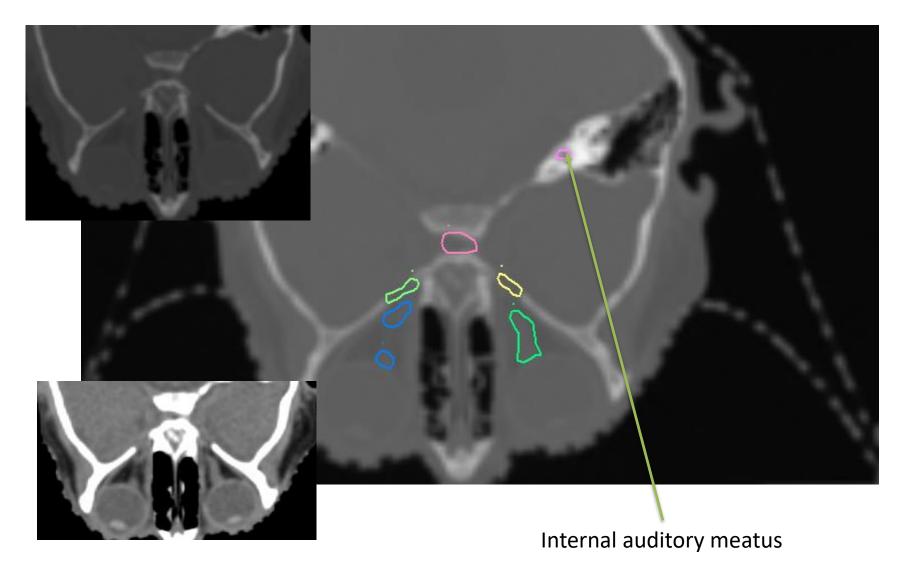
Superior orbital fissures, optic canals with optic nerves



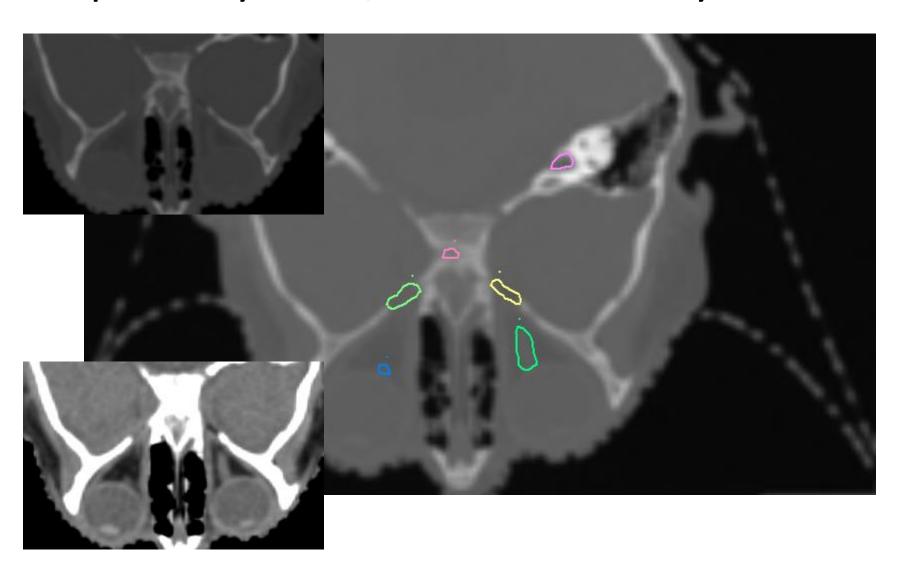
Superior orbital fissures, optic nerves, pituitary fossa



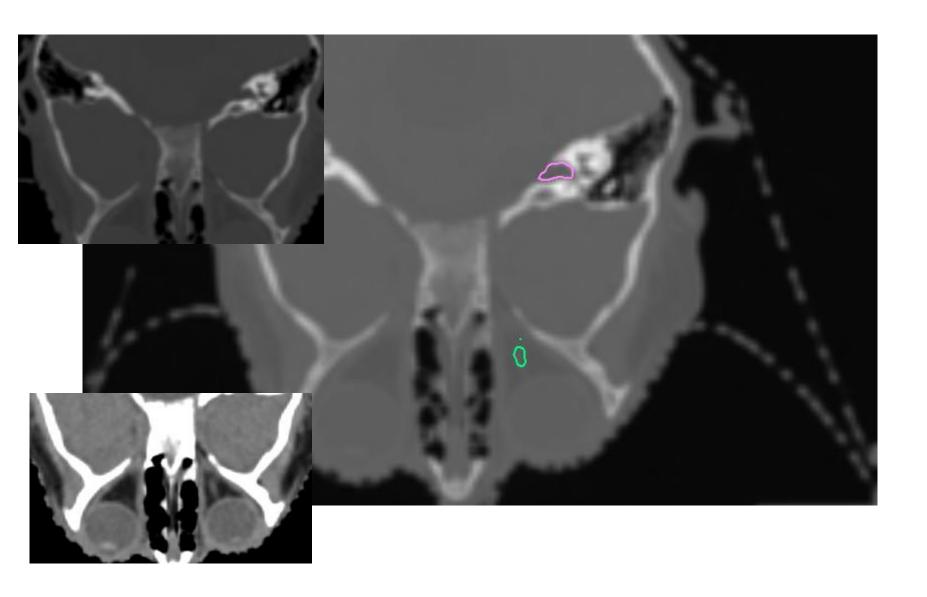
Superior orbital fissure, optic nerves, pituitary fossa, internal auditory meatus



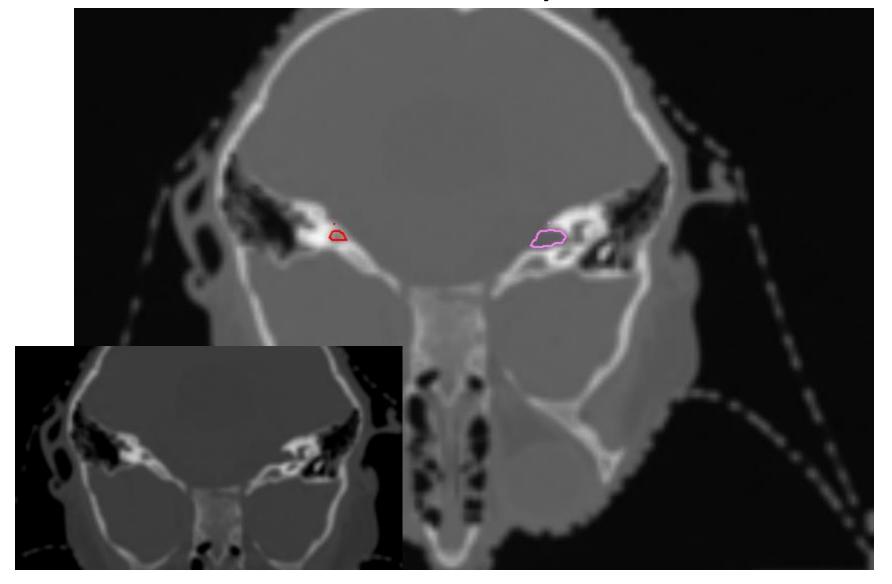
Superior orbital fissure, optic nerves, pituitary fossa, internal auditory meatus



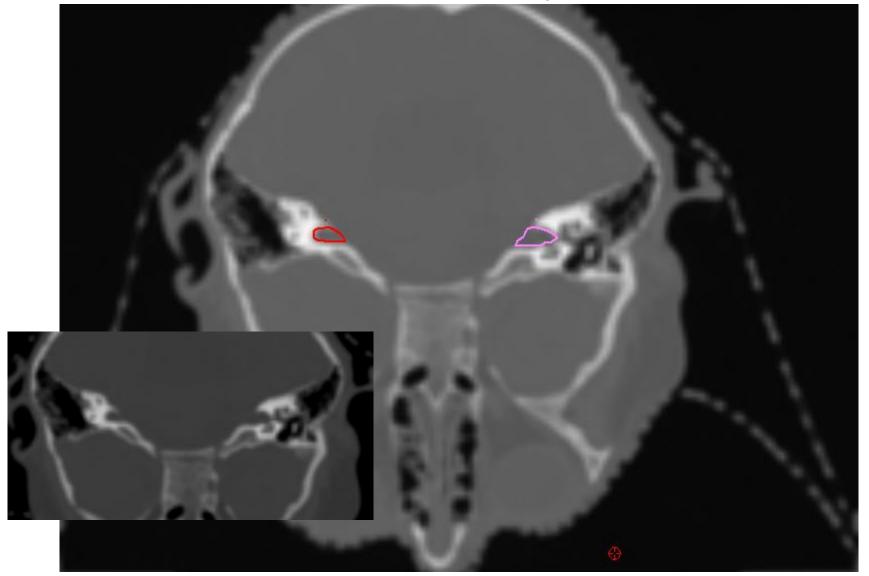
Optic nerve, internal auditory meatus



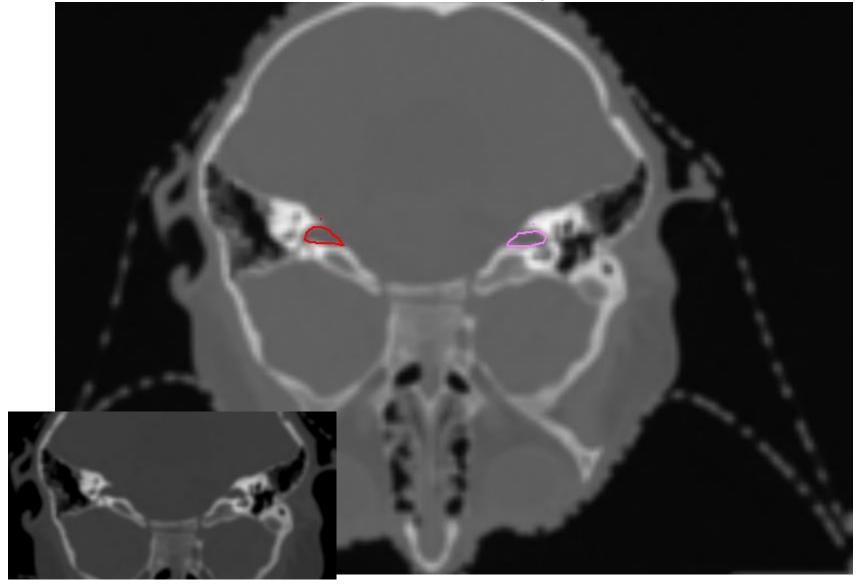
Internal auditory meatus



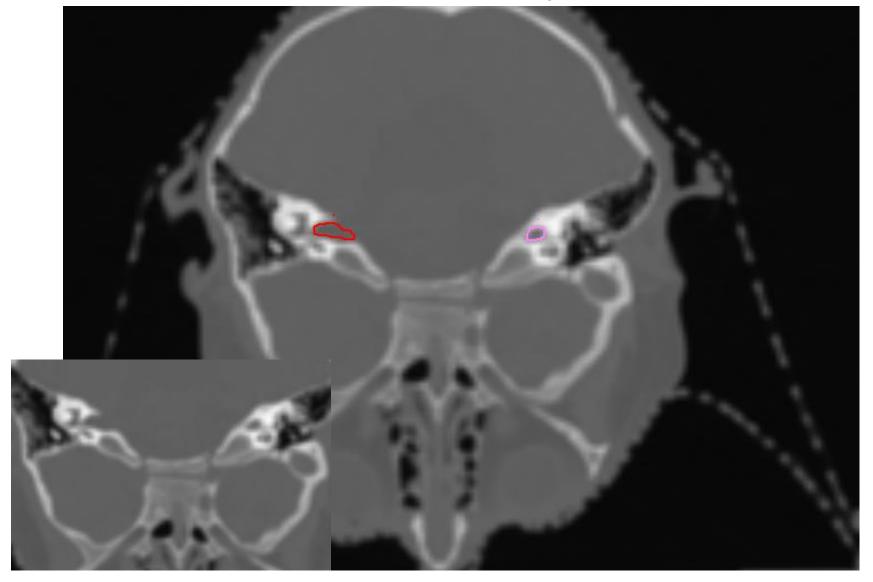
Internal auditory meati



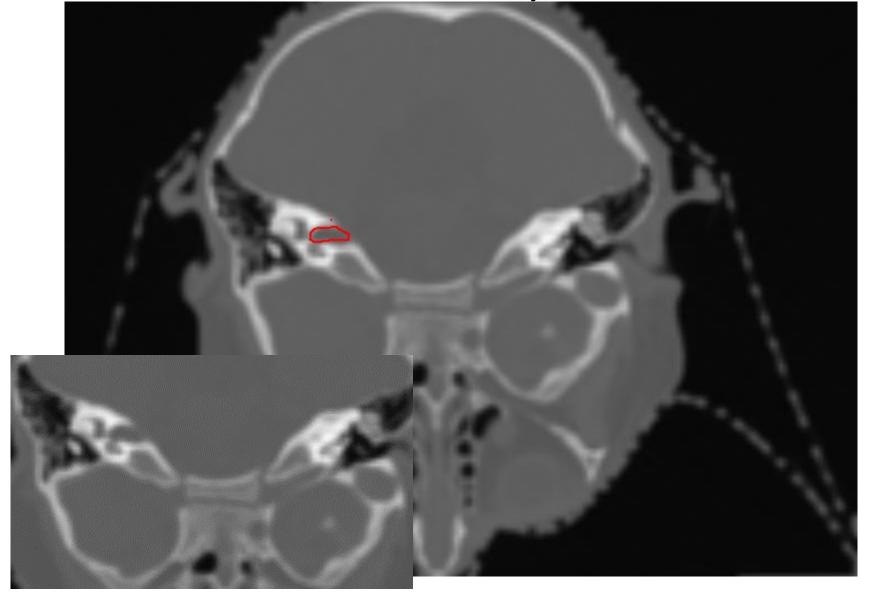
Internal auditory meati



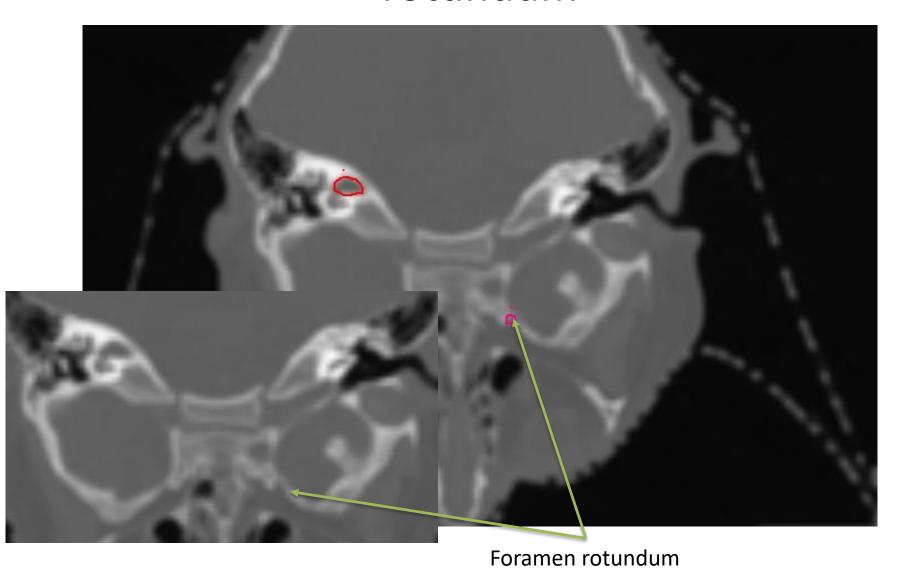
Internal auditory meati



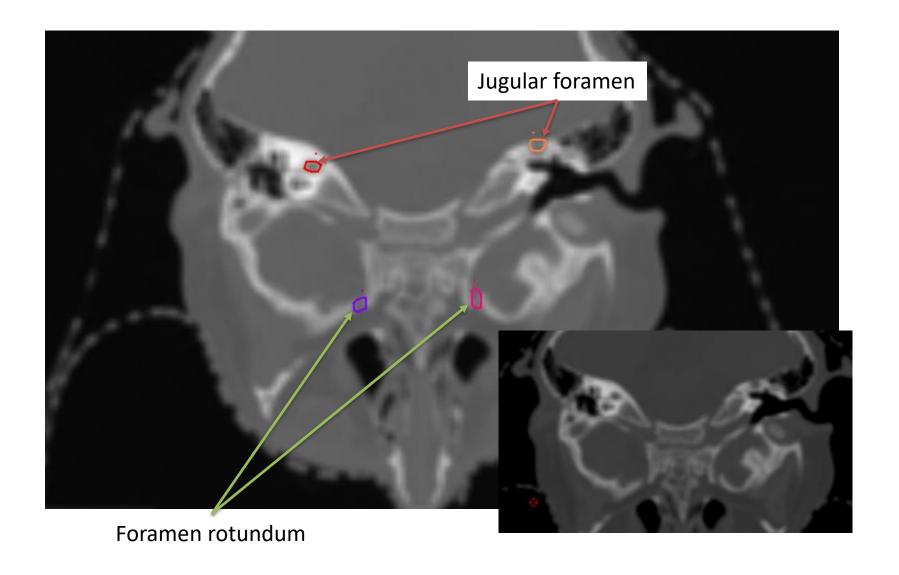
Internal auditory meatus



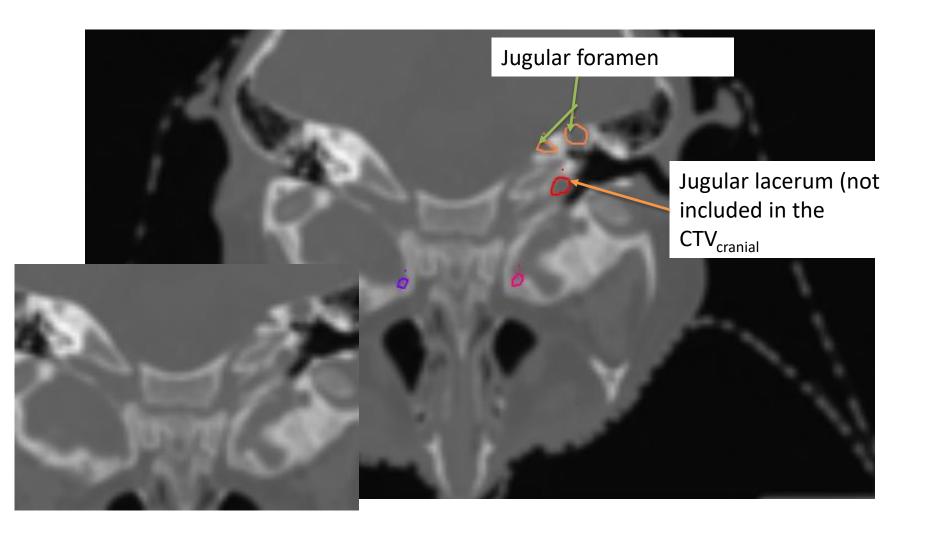
Internal auditory meatus and foramen rotundum

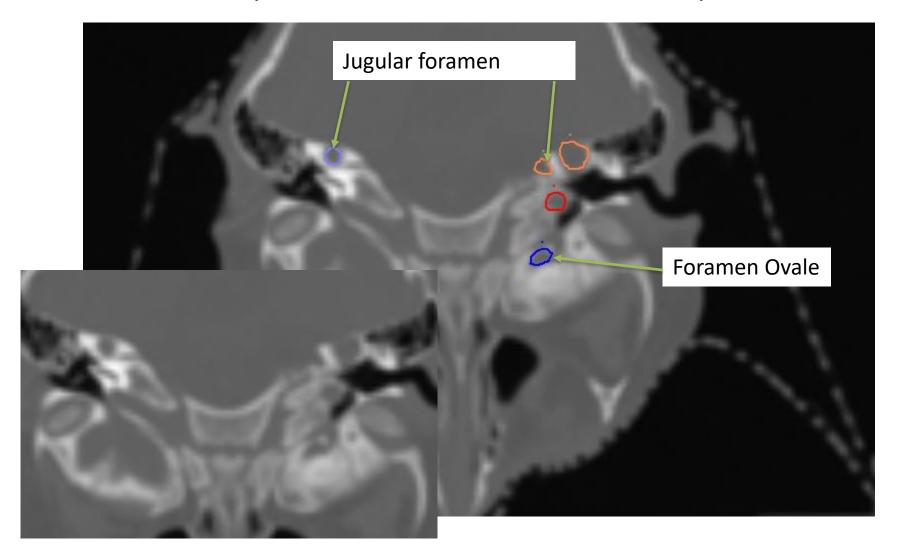


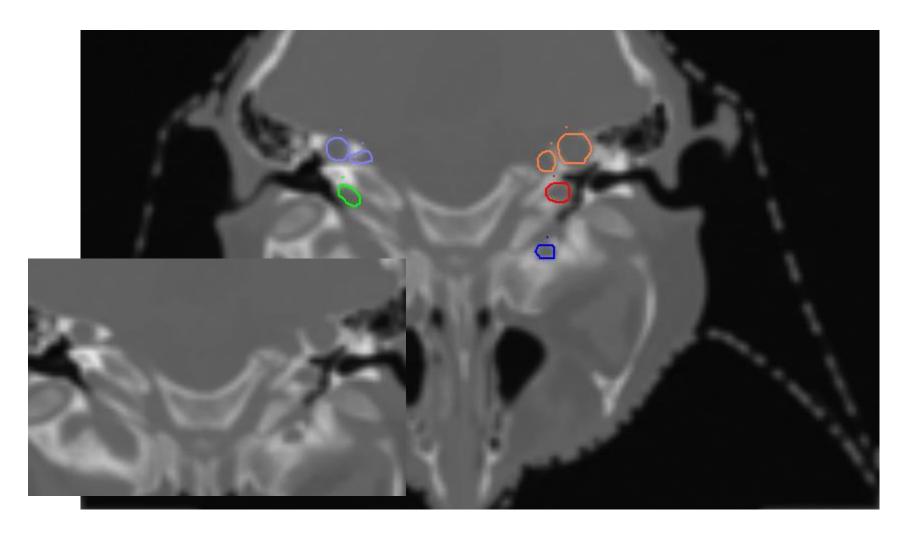
Jugular foramen, foramen rotundum

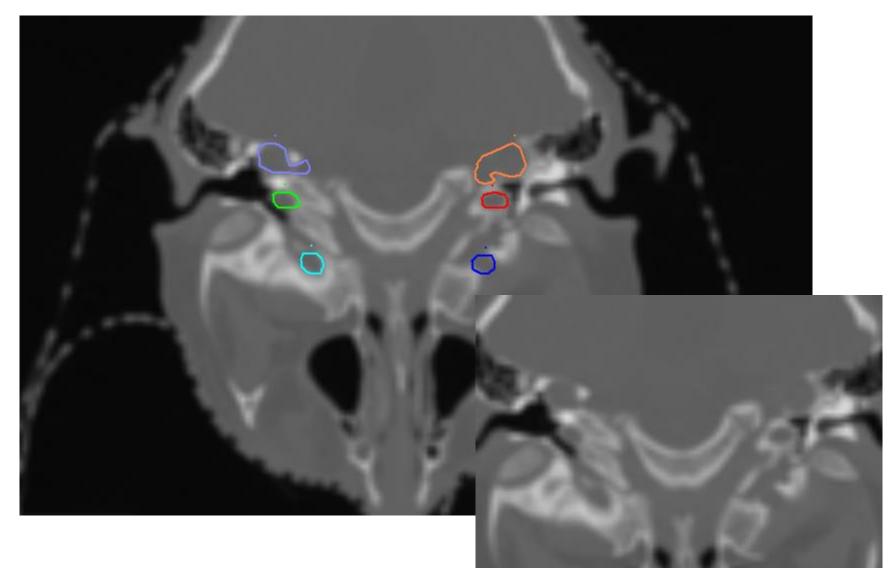


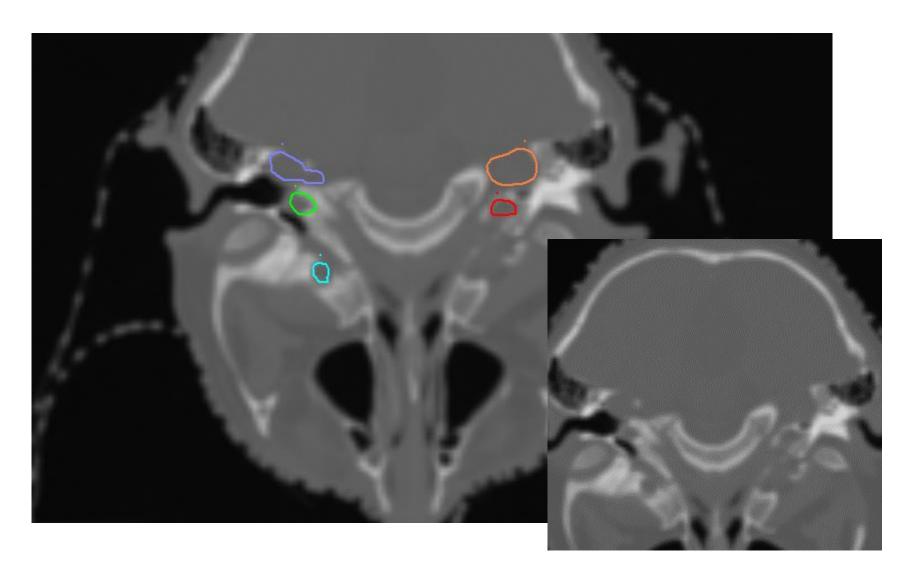
Jugular foramen & foramen rotundum

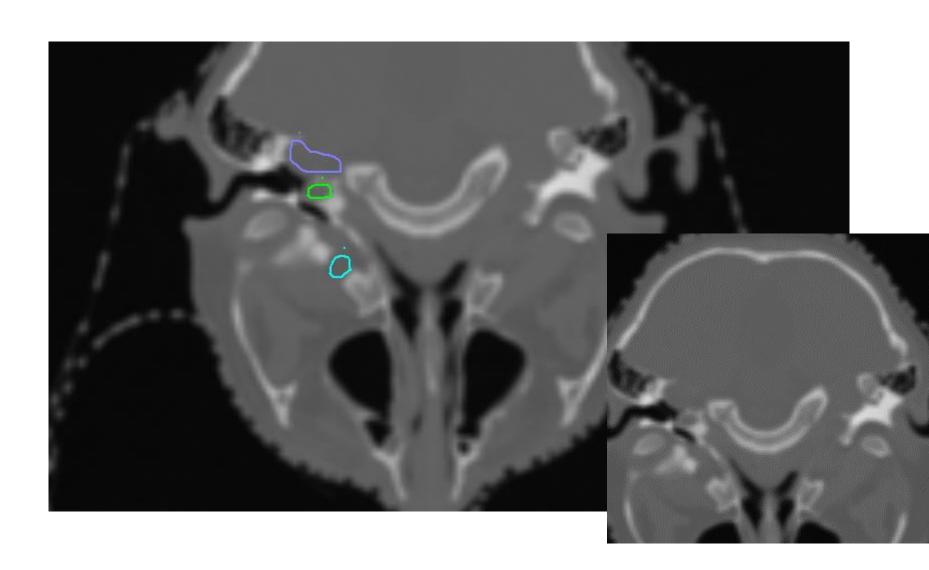


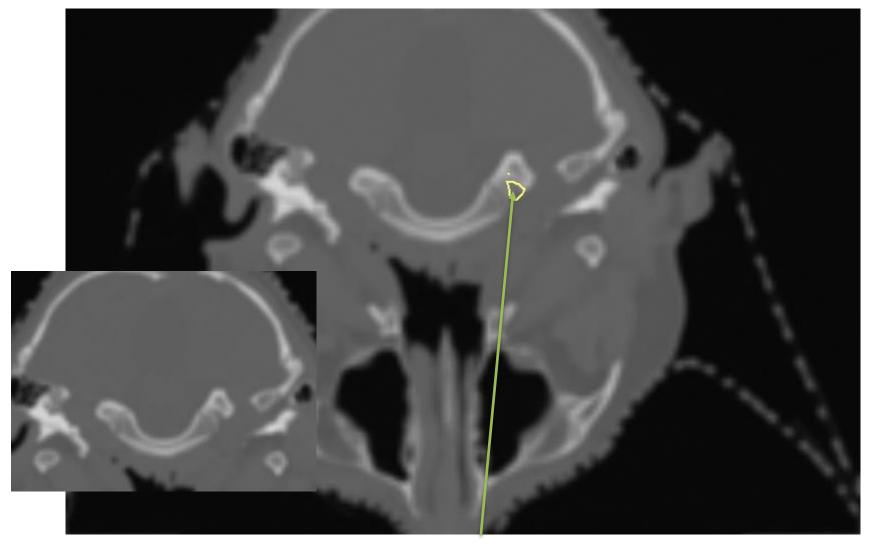




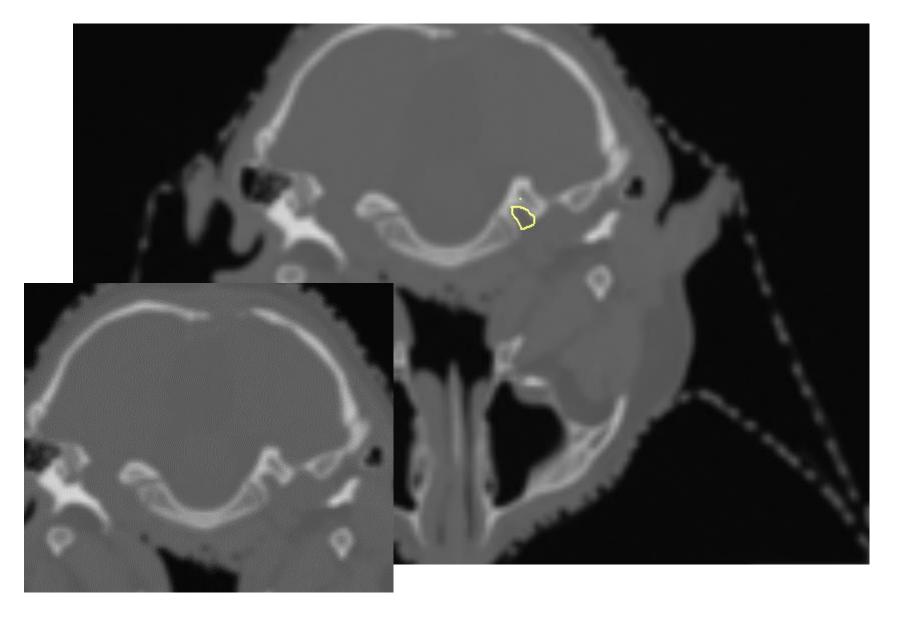


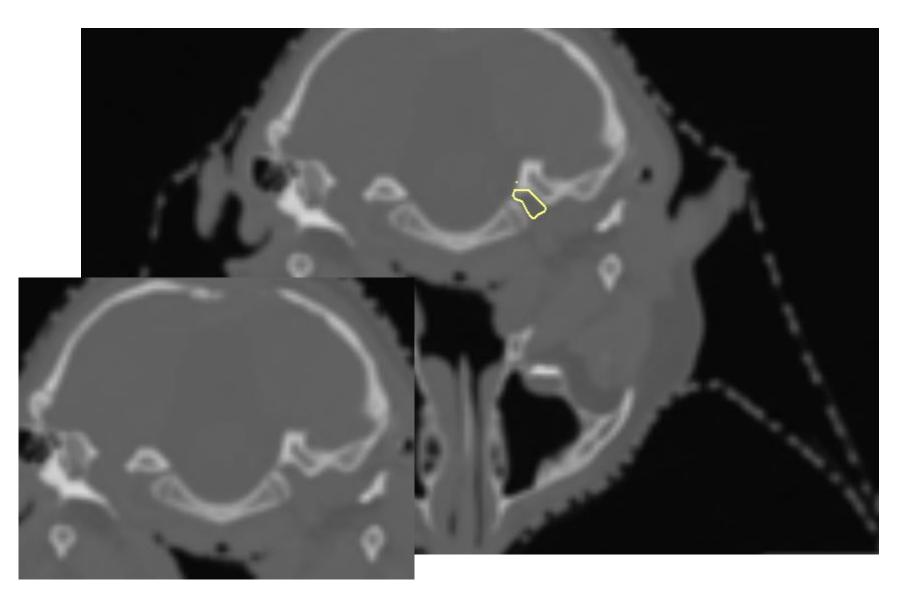


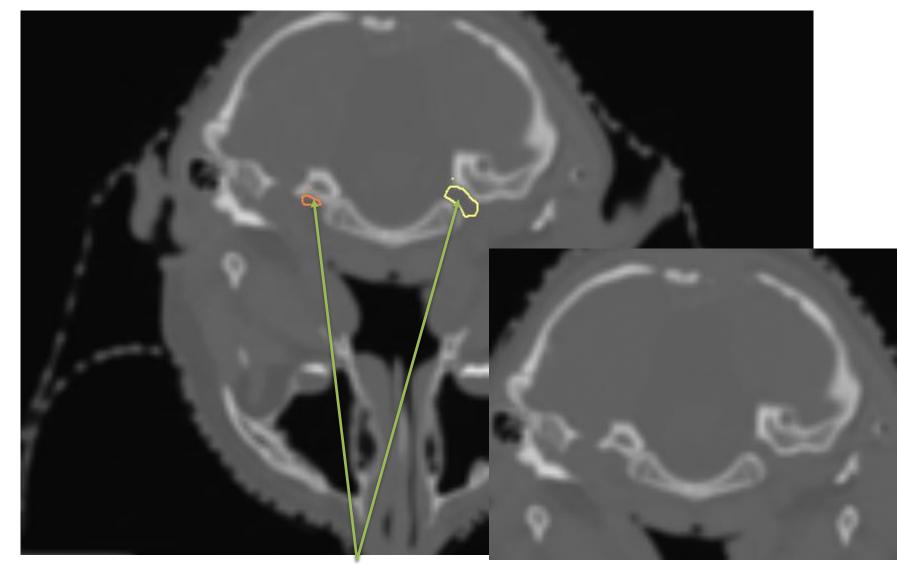




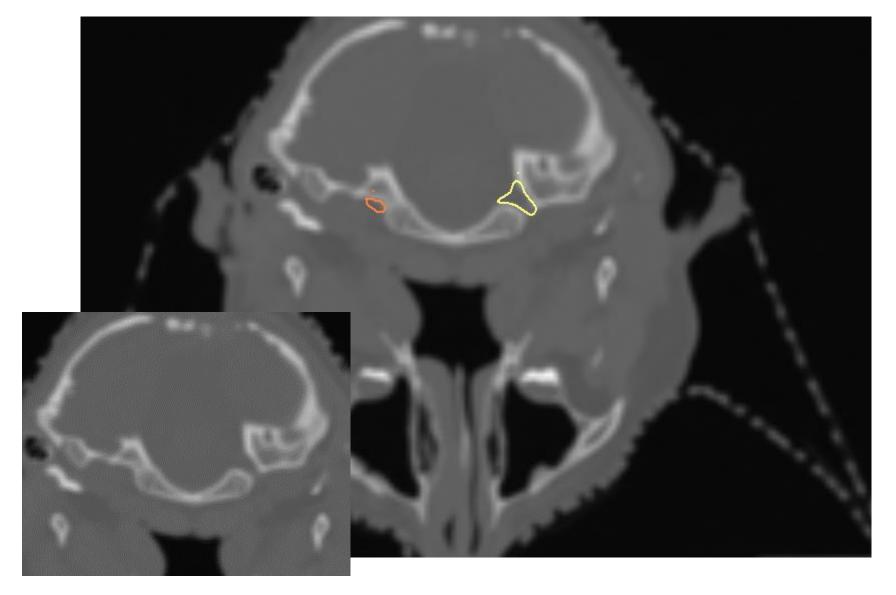
Hypoglossal canal

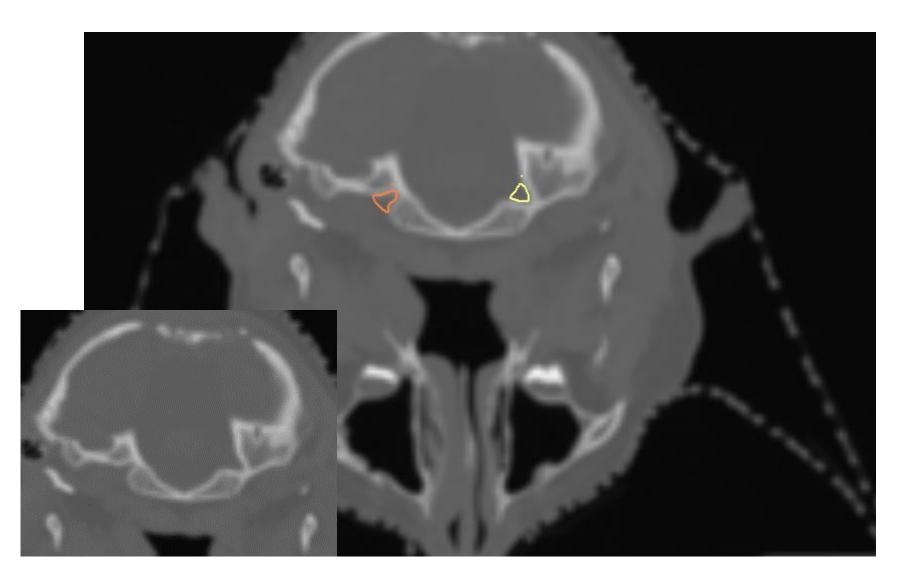


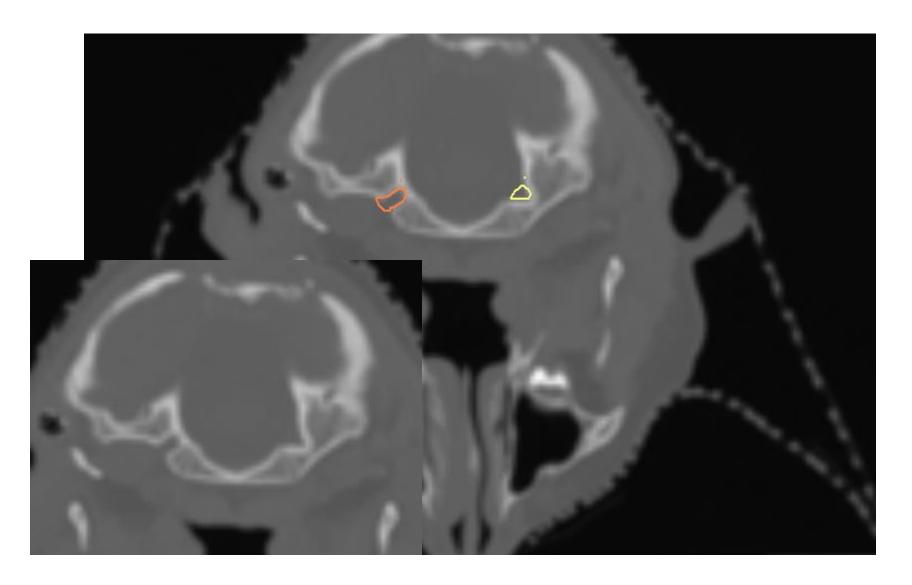


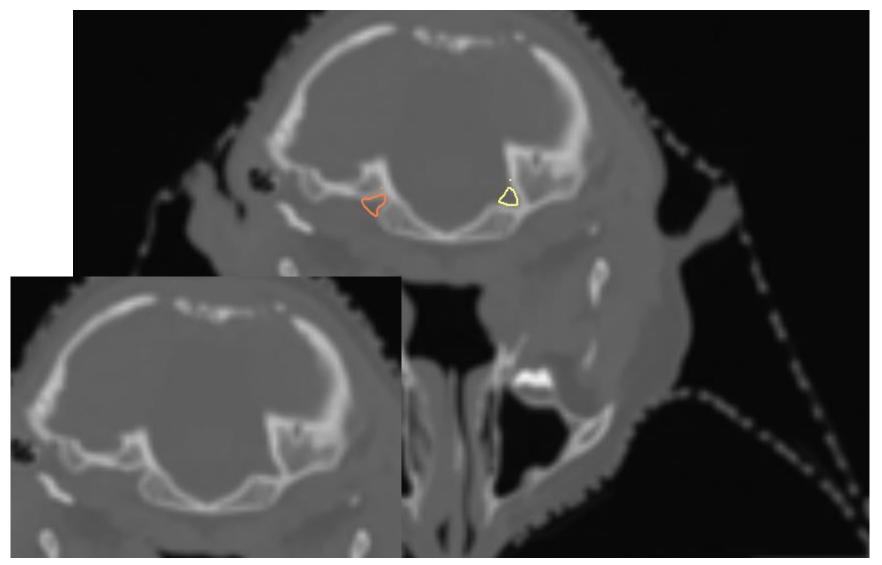


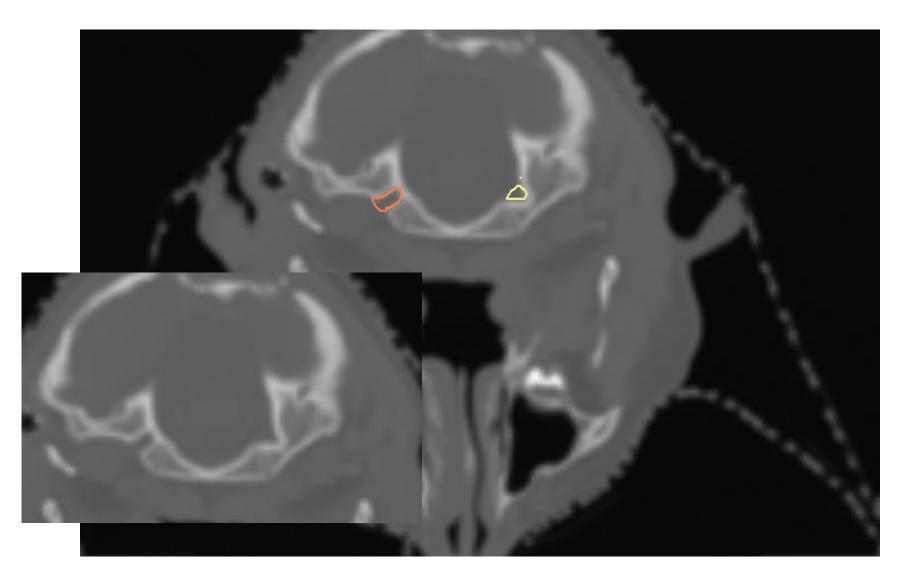
Hypoglossal canals

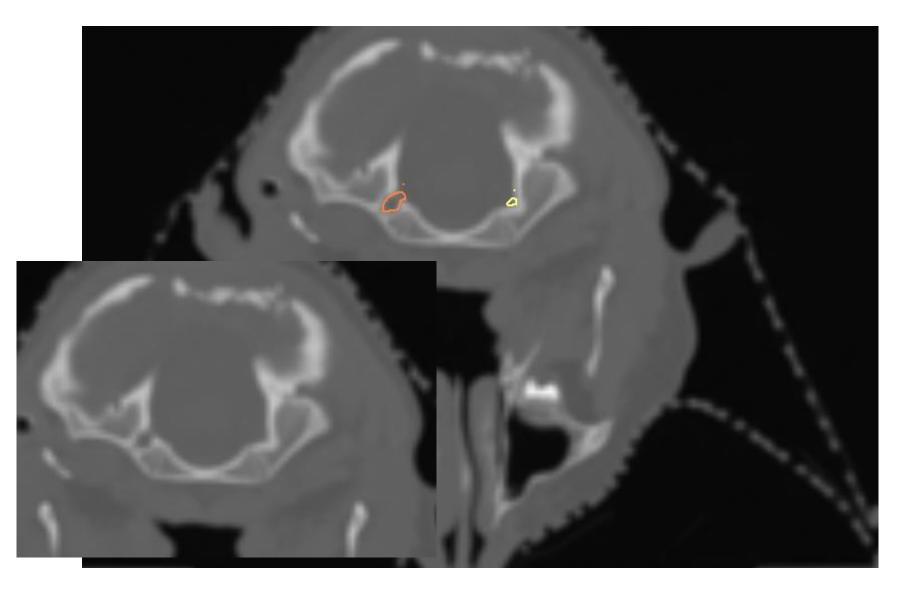


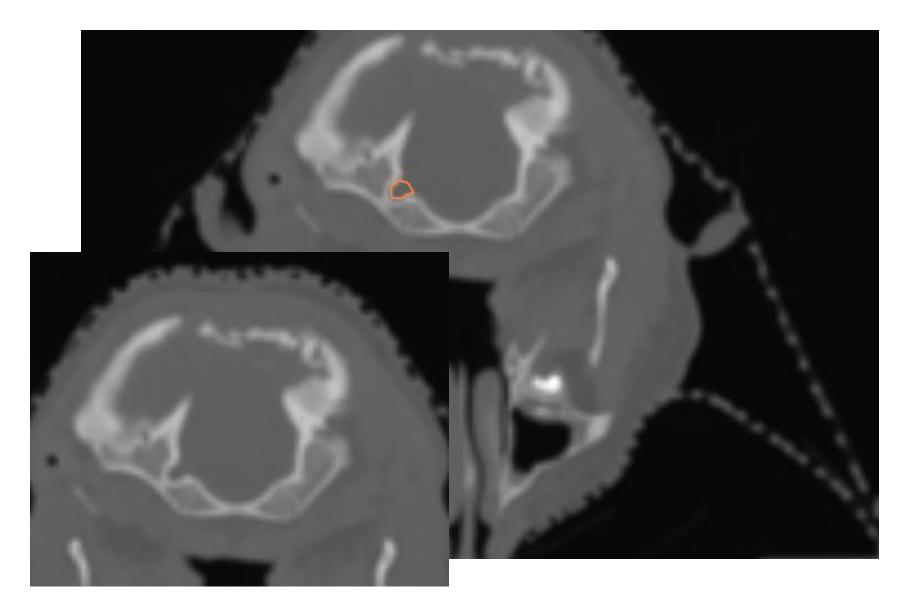


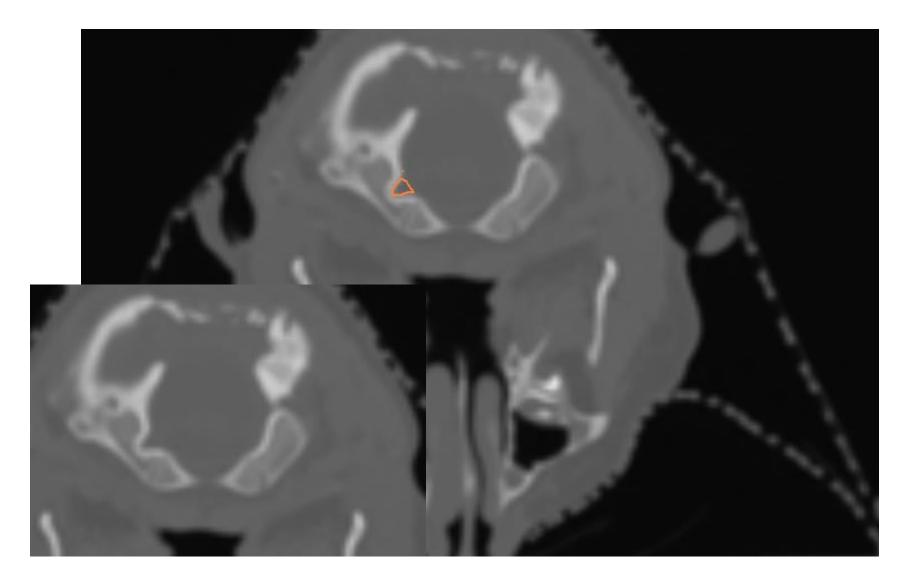


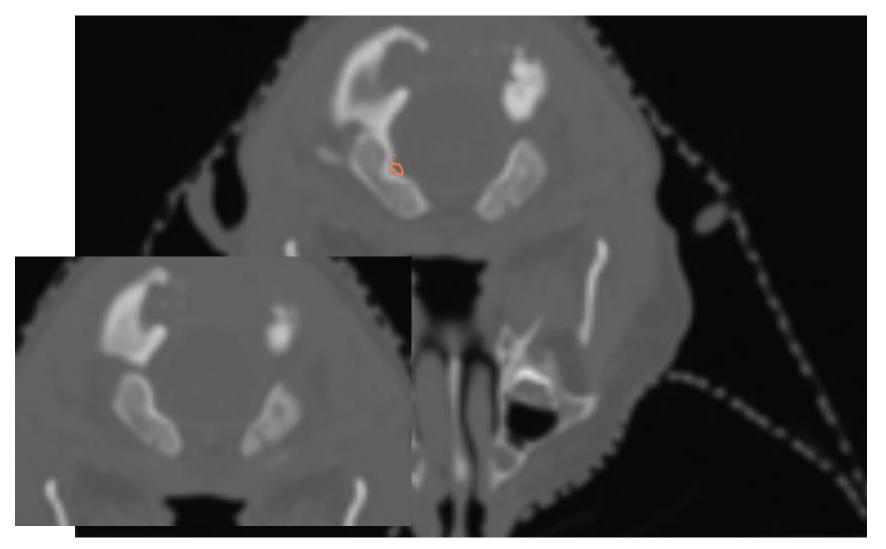




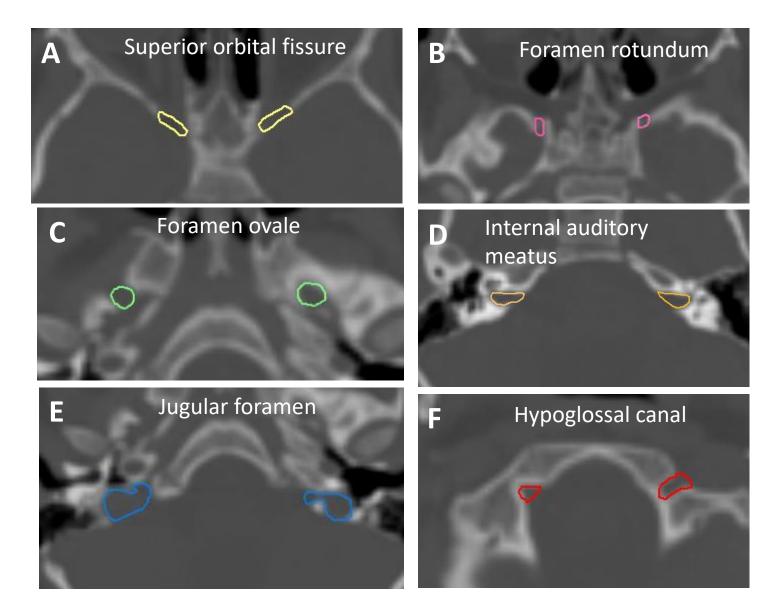




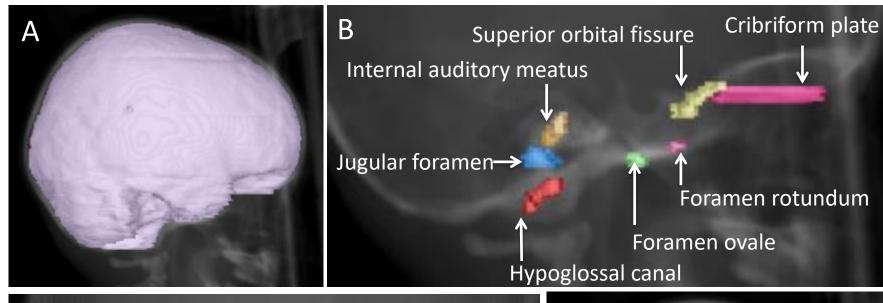


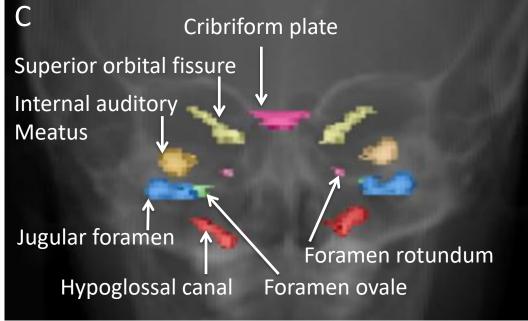


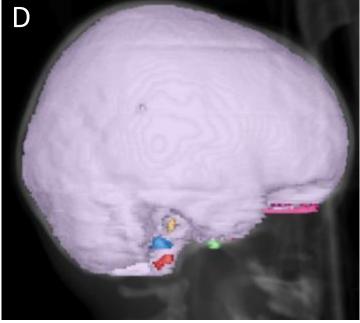
Skull base foramina included in CTV_{cranial}



Final cranial CTV showing skull base foramen and brain





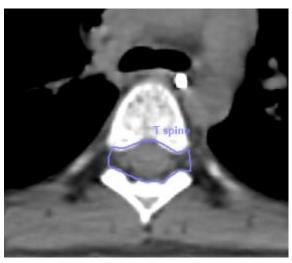


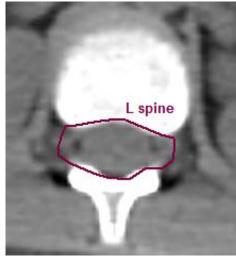
STEP 5

DELINEATION OF SPINAL CTV

Spinal CTV

 The spinal CTV is the spinal subarachnoid space including nerve roots laterally as illustrated below:





Lower end of spinal CTV

 The lower limit of spinal CTV is at the lower limit of thecal sac on the latest MRI scan and there is no need to include sacral nerve root canal in the spinal CTV as illustrated:



 Seek expert neuroradiological advice if lower limit of thecal sac is unclear

Lower limit of thecal sac

Lower limit of spinal CTV – an illustration







Final Spinal CTV

