

# Feasibility of customized 3D Bolus for H&N Cancer : Applied to Oral Cavity and Supraclavicular Area

Seunghyeop Baek<sup>1,3</sup>, Sohyun Ahn<sup>1</sup>, Eunbin Ju<sup>1,2</sup>, Nuri Hyun Jung<sup>1</sup>

<sup>1</sup>Department of Radiation Oncology, Kangwon National University Hospital, Chuncheon-si, Republic of Korea, <sup>2</sup>Department of Bio-medical Science, Graduate School of Korea University, Sejong, Republic of Korea, <sup>3</sup>Department of Radiological Science, School of Yonsei University, Wonju, Republic of Korea

# INTRODUCTION

Radiation therapy (RT) is a important role in treatments for oral cavity, head and neck (H&N) cancers. However, patients experience significant side effects because of RT. Although Intensity-modulated radiotherapy (IMRT) is used for H&N cancer treatment to eliminate side effects, side effect such as dry mouth, a sore and inflamed throat, and skin change remain.

In this study, we measured and evaluated the dose using 3D printingbased bolus that removes a air-gap generated when irregular surface was treated using a commercial bolus. The purpose of this study is to evaluate the dose distribution using a customized-3D bolus for irregular region.

## RESULTS

## Patient1





## **MATERLALS AND METHODS**

### Workflow of manufacture a customized 3D bolus



Figure 4. (a) Patient setup and (b) treatment planning

#### Table2. Relative dose comparison of in-vivo dosimetry for patient1

Relative dose compared to prescribed dose (%)				
		Plan		Meas.
Area	0.5 cm Bolus	Customized 3d bolus	w/o Bolus	Customized 3d bolus
Skin sparing area (A)	73.0%	73.6%	34.8%	68.5%
Build-up area (B)	82.7%	95.4%	41.3%	91.8%
150.0				

Figure 1. Workflow of manufacture a customized 3d bolus

## **Patients**

#### Table1. Patient's Information

Patient1 (H&N)	Patient2 (Oral cavity)
Prescribed dose: 66 Gy/30 fx (fraction size: 220 cGy)	<ul> <li>Prescribed dose : 45 Gy/10 fx (fraction size 450 cGy)</li> </ul>
<ul> <li>Treatment technique: 2 full arcs, 6 MV</li> <li>Treatment site: Hard Palate Mass</li> </ul>	<ul> <li>Treatment technique: 2 full arcs, 6 MV</li> <li>Treatment site: Hard Palate Mass</li> </ul>
• To reduce skin reaction, a patient who was treated with a full 0.5 cm bolus applied topically to the PTV area close	<ul> <li>A patient who was treated by applying a mouthpiece and balloon during treatment. The balloon was replaced</li> </ul>
to the skin for treatment	and customized 3d bolus was applied to PTV dose build-up and



igure 2. Treatment site of patient2



#### Figure 5. Relative dose comparison with commercial boluses and customized 3d bolus

### Patient2



#### **Dose Evaluation**

• In order to find out the bolus thickness that is equivalent to the customized 3d bolus for patient1, it was compared with the commercial bolus.



• During patient treatment, the dose was measured in-vivo dosimetry using EBT3 film.

Figure 6. (a) Patient setup and (b) treatment planning

#### Table3. Relative dose comparison of in-vivo dosimetry for patient2

	Relative dose compa dose	lative dose compared to prescribed dose (%)			
Area	Plan	Meas.			
PTV (A)	92.4%	93.8%			
Tongue (B)	22.5%	8%			

## CONCLUSION

Using a customized 3D bolus recommends when RT is performed at a irregular surface such as a supraclavicle and oral cavity.