



Research Article

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Assessment of Target Definition for Stereotactic Body Radiation Therapy (SBRT) of Pelvic Lymph Node Metastases from Extensive Stage Small Cell Lung Cancer (ES-SCLC)

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Abstract

Objective: Pelvic lymph nodes represent a potential site for metastatic involvement in patients with Small Cell Lung Cancer (SCLC), particularly in the setting of oligometastatic disease, and the use of advanced local therapies such as Stereotactic Body Radiation Therapy (SBRT) in carefully selected cases has gained increasing clinical attention in recent years. SBRT allows delivery of high radiation doses with sub-millimeter accuracy while minimizing exposure to adjacent normal tissues, making it a potentially effective tool for managing metastatic pelvic lymph nodes in Extensive Stage Small Cell Lung Cancer (ES-SCLC). In this study, we aimed to evaluate target volume definition for SBRT in the management of ES SCLC-related pelvic lymph node metastases through a comparative analysis of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI).

Materials and methods: We performed a comparison for assessment of target definition by CT-simulation images only vs CT-MRI based target definition.

Results: As the result of this study, we found differences between target definition by CT-simulation images only vs CT-MRI based target definition. These variations highlighted the importance of integrating both imaging modalities for accurate target definition. Consequently, fused CT-MRI datasets were employed to establish the most accurate and clinically relevant target definition-our defined "ground truth" for SBRT planning.

Conclusion: While our findings support the value of CT-MRI fusion in target definition, larger studies are needed to validate these results and refine consensus guidelines for SBRT planning in this clinical scenario.

Keywords: Pelvic Lymph Node Metastases; Stereotactic Body Radiation Therapy (SBRT); Target Definition; Small Cell Lung Cancer (SCLC)

Abbreviations: SCLC: Small Cell Lung Cancer; IMRT: Intensity-Modulated Radiotherapy; stereotactic techniques, ART: Adaptive Radiotherapy; CT: Computed Tomography; MRI: Magnetic Resonance Imaging; AAPM: Association of Physicists in Medicine; ICRU: International Commission on Radiation Units and Measurements; HU: Hounsfield Units

Introduction

Pelvic lymph nodes represent a potential site for metastatic involvement in patients with Small Cell Lung Cancer (SCLC), particularly in the setting of oligometastatic disease, and the use of advanced local therapies such as Stereotactic Body Radiation Therapy (SBRT) in carefully selected cases has gained increasing clinical attention in recent years [1-7]. Rapid technological developments have greatly enhanced the precision and effectiveness of modern radiotherapy. Advances include automatic segmentation, molecular imaging, Image-Guided Radiotherapy (IGRT), Intensity-Modulated Radiotherapy (IMRT), stereotactic

techniques, and Adaptive Radiotherapy (ART) [8-49].

SBRT allows delivery of high radiation doses with sub-millimeter accuracy while minimizing exposure to adjacent normal tissues, making it a potentially effective tool for managing metastatic pelvic lymph nodes in SCLC. In this study, we aimed to evaluate the determination of target volume for SBRT in the management of ES SCLC-related pelvic lymph node metastases through a comparative analysis of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI).

Materials and Methods

At the Department of Radiation Oncology, University of Health Sciences, we have long served a large and diverse patient population, both from within Turkey and internationally. With a robust infrastructure for state-of-the-art radiotherapy, including SBRT, we routinely treat various benign and malignant tumors. For the present analysis, we focused on ES-SCLC patients presenting with pelvic lymph node metastases, referred to our center for SBRT. The primary aim was to compare target definition based on CT simulation images only versus CT-MRI fusion-based imaging.

All patients underwent simulation with a dedicated CT simulator (GE Lightspeed RT, GE Healthcare, UK), and MRI was available for all patients. Rigid patient immobilization was ensured during simulation, and the acquired CT datasets were transferred to a dedicated contouring workstation. Structure sets including target and organs at risk (OARs) were outlined. Then, a comparison was performed for assessment of target definition by CT-simulation images only vs CT-MRI based target definition. All treatment plans were performed using a Linear Accelerator (Synergy, Elekta, UK) capable of IGRT. Patients were treated at the Department of Radiation Oncology, Gulhane Medical Faculty, University of Health Sciences.

Results

This study was aimed at evaluation of target definition for SBRT of pelvic lymph node metastases from ES-SCLC with comparative analysis of CT and MRI. Stereotactic irradiation procedures were carried out at our Radiation Oncology Department of Gulhane Medical Faculty at University of Health Sciences, Ankara. All patients underwent comprehensive pre-treatment evaluation by a multidisciplinary tumor board, including specialists in medical oncology, radiation oncology, and surgical oncology. SBRT plans were developed according to established guidelines from the American Association of Physicists in Medicine (AAPM) and the International Commission on Radiation Units and Measurements (ICRU).

Radiotherapy physicists accounted for key imaging parameters such as tissue heterogeneity, CT number, electron density, and Hounsfield Units (HU) to ensure accurate dose calculations. The overarching goal was to achieve optimal tumor coverage while adhering strictly to normal tissue dose constraints. As the result of this study, we found differences between target definition by CT-simulation images only vs CT-MRI based target definition. These variations highlighted the importance of integrating both imaging modalities for accurate volume determination. Consequently, fused CT-MRI datasets were employed to establish the most accurate and clinically relevant treatment volume-our defined "ground truth" for SBRT planning.

We considered the reports by American Association of Physicists in Medicine (AAPM) and International Commission

on Radiation Units and Measurements (ICRU) for optimal SBRT planning. Radiation physicists took part in generation of SBRT treatment plans by considering relevant normal tissue dose constraints. Tissue heterogeneity, electron density, CT number and HU values in CT images have also been considered by radiation physicists for precise SBRT planning. Main goal of SBRT planning was to achieve optimal treatment volume coverage without violation of normal tissue dose constraints. IGRT techniques including kilovoltage cone beam CT has been utilized, and SBRT was delivered by Synergy (Elekta, UK) LINAC. We found that CT and CT-MRI fusion defined target volumes showed differences as an important result of this current study. Considering this, we made use of fused CT and MRI for ground truth target definition for SBRT of pelvic lymph node metastases from ES-SCLC.

Discussion

SCLC is an aggressive malignancy known for its rapid dissemination and tendency for early metastasis. While systemic treatment remains the backbone of therapy, the emerging concept of oligometastatic SCLC has opened a window for incorporating local ablative strategies such as SBRT. Pelvic lymph node involvement, although less common than thoracic spread, poses unique treatment challenges given the complex anatomy and proximity to radiosensitive structures. Modern SBRT platforms, when guided by accurate imaging and immobilization, offer the capability to deliver ablative doses with steep dose gradients, enabling effective treatment of small-volume disease while sparing adjacent organs. However, precise target definition remains critical to achieving favorable outcomes and avoiding unnecessary toxicity.

Pelvic lymph nodes represent a potential site for metastatic involvement in patients with SCLC, particularly in the setting of oligometastatic disease and the use of advanced local therapies such as SBRT in carefully selected cases has gained increasing clinical attention in recent years [1–7]. Rapid technological developments have greatly enhanced the precision and effectiveness of modern radiotherapy. Advances include automatic segmentation, molecular imaging, IGRT, IMRT, stereotactic techniques, and ART [8–49]. SBRT allows delivery of high radiation doses with sub-millimeter accuracy while minimizing exposure to adjacent normal tissues, making it a potentially effective tool for managing metastatic pelvic lymph nodes in SCLC.

In this study, we aimed to evaluate the determination of target volume for SBRT in the management of ES SCLC-related pelvic lymph node metastases through a comparative analysis of CT and MRI. This study demonstrated measurable differences between CT and CT-MRI fusion-based target definition for SBRT of pelvic lymph node metastases from ES-SCLC. Differences in target definition may partly be explained by differences in soft tissue contrast, spatial resolution, or delineation practices across modalities. Fused CT-MRI imaging proved advantageous in

reconciling these differences, suggesting that multimodal imaging should be considered standard for target delineation in such cases.

Over- or underestimation of treatment volumes can have serious clinical implications-either by increasing toxicity or compromising disease control. Therefore, effective cancer management is critical from the perspective of public health, and integration of multimodality imaging along with adaptive strategies may play a critical role in personalizing SBRT for pelvic lymph node metastases from ES-SCLC as also suggested by other studies [50–112]. While our findings support the value of CT-MRI fusion in target definition, larger studies are needed to validate these results and refine consensus guidelines for SBRT planning in this clinical scenario.

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