

LETTER TO THE EDITOR

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# In regard to “Tran A, Zhang J, Woods K, Yu V, Nguyen D, Gustafson G, Rosen L, Sheng K. Treatment planning comparison of IMPT, VMAT and $4\pi$ radiotherapy for prostate cases. *Radiation oncology*. 2017 Jan 11; 12(1):10”

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## Abstract

This article describe the three dimensional geometrical incompetency of the term “ $4\pi$  radiotherapy”; frequently used in radiation oncology to establish the superiority (or rather complexity) of particular kind of external beam delivery technique. It was claimed by several researchers, to obtain  $4\pi^c$  solid angle at target centre created by the tele-therapy delivery machine in three dimensional Euclidian space. However with the present design of linear accelerator (or any other tele-therapy machine) it is not possible to achieve more than  $2\pi^c$  with the allowed boundary condition of  $0 \leq \text{Gantry position} \leq \pi^c$  and  $-\frac{\pi^c}{2} \leq \text{Couch Position} \leq +\frac{\pi^c}{2}$ . This article describes why it is not possible to achieve a  $4\pi^c$  solid angle at any point in three dimensional Euclidian spaces. This article also recommends not to use the terminology “ $4\pi$  radiotherapy” for describing any external beam technique or its complexity as this term is geometrically wrong.

**Keywords:**  $4\pi$  radiotherapy,  $\pi$ , Solid angle, Solid geometry, 3D Euclidian space, Gantry, Couch, Linear accelerator, Radian

## Text

I would like to make a comment on the “ $4\pi$  radiotherapy”; mentioned by Tarn et al. regarding the  $4\pi$  radiotherapy for prostate cases. The concept of  $4\pi$  radiotherapy was originally floated by Dong et al. *in 2013*; and subsequently used by several authors; claiming to have delivered a radiotherapy technique which look into a tumour from  $4\pi$  solid angle [1–8].

The geometrical constriction of a teletherapy machine/ linear accelerator mechanically represent a Cantilever, where head anchored at only one end with a vertical support from which it is protruding. A teletherapy machine having two additional degree of freedoms; a full

arc gantry rotation of  $(0-2\pi^c)$  and a half arc couch rotation  $(0-\pi^c)$ .

Geometry of three dimensional Euclidian space, solid geometry, defines the angle obtained by a surface in terms of solid angle presented as following.

$$d\Omega = \frac{ds}{r^2}$$

where  $ds$  is the surface area and  $r$  is the radius vector can obtained a solid angle of  $4\pi^c$  at its centre as described below.

Solid angle at the centre of a sphere

$$\Omega = \frac{\text{Area}}{r^2} = \frac{1}{r^2} \left[ \int_{\theta=0}^{\pi} \int_{\phi=0}^{2\pi} (r \sin \theta d\phi) \cdot (rd\theta) \right]$$

where,  $r$ ,  $\theta$  and  $\phi$  are radius vector polar and azimuthal angle.

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$$= \frac{4\pi r^2}{r^2} = 4\pi^c [= 12.56^c; ^c \text{ is steradian}].$$

Under the geometrical boundary condition of the linear accelerator rotational degree of freedom (gantry:  $0^0-360^0-0^0$  and couch  $90^0-0^0-270^0$ ; however  $90^0-180^0-270^0$  is inaccessible to couch) azimuthal angle integration reduces to  $0-\pi^c$ . Therefore maximum accessible solid angle for a linear accelerator machine is

$$= \frac{1}{r^2} \int_{\theta=0}^{\pi} \int_{\phi=0}^{\pi} (r \sin \theta d\phi) \cdot (r d\theta)$$

$$= 2\pi^c; \text{ solid angle obtained by a hemisphere.}$$

This type of hemispherical therapy delivery is only possible for two ends of the human that is either brain or foot. Rest of the length (head neck-thorax-abdomen-pelvis) of the human body is not accessible even for a  $2\pi^c$  radiotherapy. Therefore claimed to have “ $4\pi$  radiotherapy” for prostate does not hold geometrically.

I would like to mention that, as an example, the solid angle created by a full arc ( $0-2\pi^c$ ) gantry rotation with a  $40 \times 40 \text{ cm}^2$  field opening and couch angle at zero degree is

$$\Omega_{\text{Full ARC}} = \frac{\text{Area}}{r^2}$$

$$= \frac{1}{100 \text{ cm}^2} [2\pi \cdot 100 \text{ cm} \times 40 \text{ cm}] = 2.51^c,$$

which is  $(1/5)^{\text{th}}$  of the  $4\pi^c$ . Solid angle further reduces with the multileaf collimator shaped or blocked fields.

To perform a “ $4\pi$  radiotherapy” a patient need to be point and radiotherapy machines should be able to move to any point on the surface of a spare; under the present design of any teletherapy machines like linear accelerator, tele-cobalt, tomotherapy (Accuray Inc., Madison, WI) or Cyber knife (Accuray Inc., Madison, WI) cannot perform a “ $4\pi$  radiotherapy”. Probably only Brachytherapy can be near to a “ $4\pi$  radiotherapy” approximating (highly) the source as a point source.

A generalised geometrical misconception of “ $4\pi$  radiotherapy” was floated in 2013 by Dong et al. and propagating up to date (Victoria et al.) [1–8].

The technique described by the listed authors in this article could have been identified (or nomenclated) by something else but definitely not by “ $4\pi$  radiotherapy”. “ $4\pi$  Radiotherapy” is a geometrically non-viable and scientifically wrong concept; tagged with a fancy name to establish its superiority over generalized non-coplanar technique. Therefore the misconception about “ $4\pi$  radiotherapy” need to be corrected should not be used in future.

#### Abbreviations

<sup>c</sup>: Steradian or radian unit of solid angle; r,  $\theta$  and  $\phi$ : Radius vector polar and azimuthal angle in spherical polar coordinate;  $\pi$ : Pi is a number - approximately 3.142;  $\Omega$ : Solid angle: defined as ratio between area and square of the radius vector

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#### Authors' contributions

The author read and approved the final manuscript.

#### Ethics approval and consent to participate

Not required, no patient data/ information Involved.

#### Consent for publication

Not required, no patient data/ information Involved.

#### Competing interests

The author declares that he/she has no competing interests.

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