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Radiobiological Modelling in Radiation Oncology . Authors: Roger G Dale and Bleddyn Jones.
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This modelling process will also be capable of helping develop a rational and cost-effective use of resources. Amongst radiation oncologists and medical physicists there is a need for a greater understanding of the scope, applications and limitations of radiobiological modelling, particularly in complex situations that include multiple treatment variables, the respective influence of which are difficult to separate out by randomised trials without using radiobiologically-based analysis. In ...

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In addition, in particle radiotherapy, a currently emerging field in radiation oncology, radiobiological considerations are of importance. For proton radiotherapy hypofractionated concepts are aimed for partially as motion management strategy [17–20], so that isoeffect calculations are essential. Apart from isoeffect calculations current treatment planning strategies for light ion therapy also require the attribution of radiobiological properties to both tumor and normal tissues.

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9. Are spared by prolongation (beyond about 2 weeks). 10. Are made worse by shorter overall times (except below 1 to 2 weeks, which is within the turnover time for mucosa). 16 Seminars in Radiation Oncology, Vo12, No 1 (January), 1992:pp 16-21 Fractionation: Radiobiological Perspectives 17 11.

Brief summary of radiobiological principles in ...

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Abstract. A bio-anatomical quality assurance (QA) method employing tumor control probability (TCP) and normal tissue complication probability (NTCP) is described that can integrate radiobiological effects into intensity-modulated radiation therapy (IMRT). We evaluated the variations in the radiobiological effects caused by random errors (r-errors) and systematic errors (s-errors) by evaluating TCP and NTCP in two groups: patients with an intact prostate (Gintact) and those who have undergone ...

Radiobiological model-based bio-anatomical quality ...

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Of note, the LQ model is the most used model adopted for conventional fractionation with only the basic assumptions that lung tumor α/β ratio is 10 Gy while α/β ratio for radiation pneumonitis (RP) and other late complications is 3 Gy, that the intrinsic radio-sensitivity of tumor cells is 0.35 ln/Gy, that no tumor

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repopulation occurs within 2 weeks, and that the model is sound up to 23 Gy per fraction .

Frontiers | Radiobiological Optimization in Lung ...

Modeling the Cellular Response of Lung Cancer to Radiation Therapy for a Broad Range of Fractionation Schedules Clin Cancer Res . 2017 Sep 15;23(18):5469-5479. doi: 10.1158/1078-0432.CCR-16-3277.

Modeling the Cellular Response of Lung Cancer to Radiation ...

The treatment of a patient with radiation therapy is planned to find the optimal way to treat a tumour while minimizing the dose received by the surrounding normal tissues. In order to better exploit the possibilities of this process, the availability of accurate and quantitative knowledge of the peculiar responses of the different tissues is of paramount importance.

Modelling Radiotherapy Side Effects: Practical ...

mon Radiobiological Models Result in Similar Predictions of Time-Dose Relationships. Radiat. Res. 150,83-91 (1998). One of the fundamental tools in radiation biology is a formal-ism describing time-dose relationships. For example, there is a need for reliable predictions of radiotherapeutic isoeffect doses

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