

## INTRODUCTION

Modern linear accelerators produce trajectory log files (TLF) containing delivery parameters during external beam radiotherapy treatment; TrajectoryLog.net simulated multi-leaf collimator (MLC) leaf-position deviations including systemic leaf openings, shifts, skews, and backlash through TLF modification. The treatment TLFs were analyzed using a commercial phantom-less patient-specific quality assurance (PSQA) platform. TLF analysis of quality assurance plans is currently performed routinely before treatment occurs and after each treated fraction.

## AIM

Using Radformation Clearcalc software, multiple fraction TLFs were used as input into the RadMonteCarlo dose calculation platform and compared against the dose from treatment planning system. Minor leaf-position errors were introduced into the TLFs to determine the impact of leaf position error upon the RadMonteCarlo dose calculation analysis.

## METHODS

- Trajectory log files of 20 multi-fraction treatment courses were collected from 2 TrueBeam Linear Accelerators featuring HD MLC and standard Millenium MLC.
- A custom-developed C# script (TrajectoryLog.net) modified the TLFs to simulate wear-related MLC errors such as 0.5mm systemic opening (error in MLC Gap), 0.5mm systemic shift (centerline error), -0.5/0.5mm skew (angular misalignment), and 1mm backlash (delay in linear movement of MLC).
- Radformation's Clearcalc V2.6.5 RadMonteCarlo software calculated 3D gamma analyses for the original and modified TLFs at a 2%/2mm criteria and a 10% threshold.

## ACKNOWLEDGEMENTS

Radformation engineering and support teams.  
WashU QA team for delivering PSQA for these plans.

## CONTACTS

Matthew C. Schmidt; Matthew.schmidt@wustl.edu  
Jonathan C. Pence; Pence@wustl.edu

## RESULTS

RadMonteCarlo (RMC) software successfully detected simulated errors within external beam radiotherapy trajectory log files (TLFs) when compared against treatment plan control points and unmodified TLFs [Figure 1]. As shown in Fig. 2 error introduction yielded distinct average 3D gamma pass rate decreases for backlash (0.595%), skew (0.0640%), systemic shift (2.36%), and systemic opening (3.65%). Fig. 3 indicates unmodified 3D gamma pass rate ranges of [90.2-100], backlash [85.8, 100], skew [90.1, 100], systemic shift [55.0, 100], and systemic opening [74.1, 99.97].

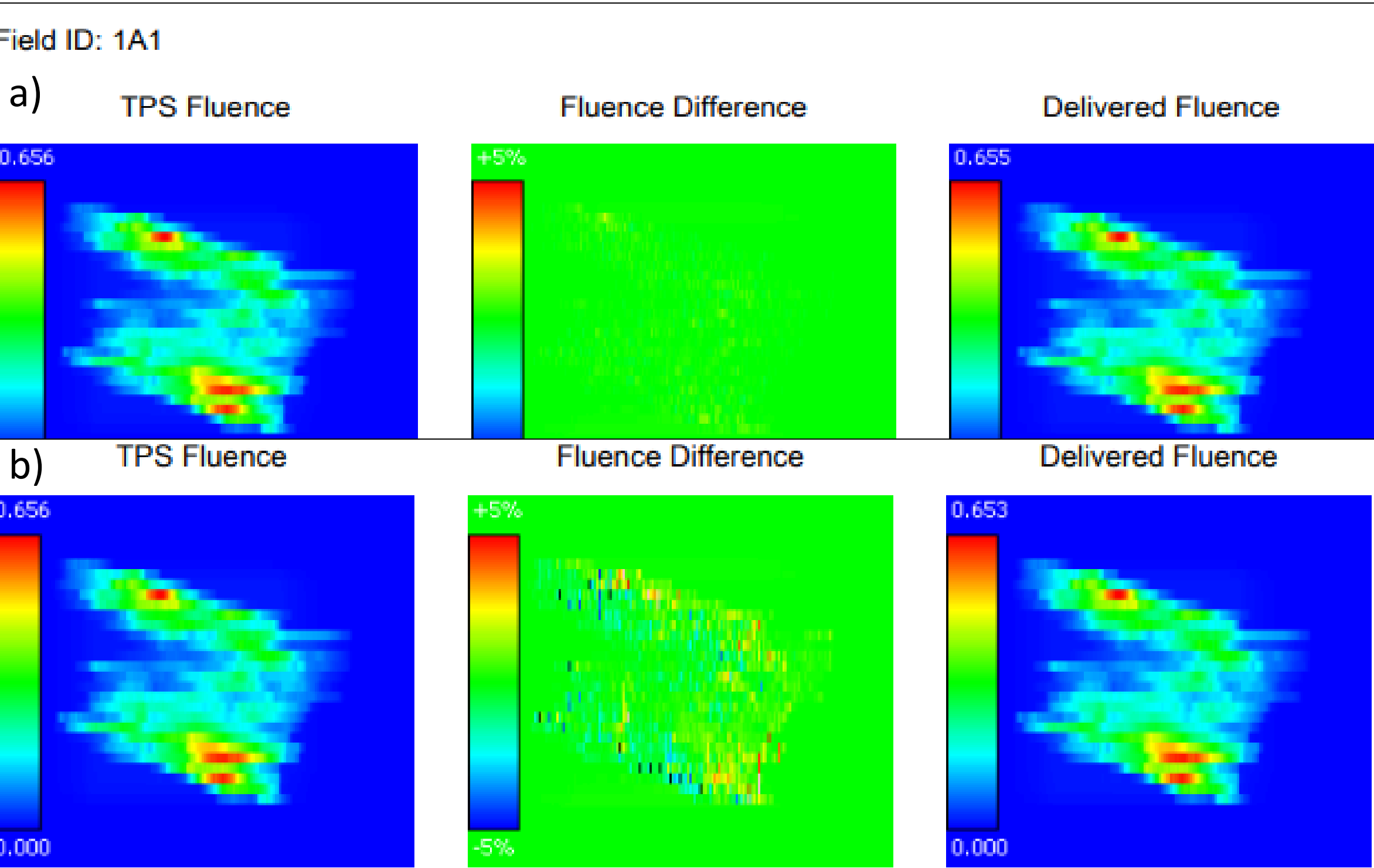


Figure 1: Log file fluence difference (5% threshold) depicted using RMC software; Both rows depict the fluence difference between TPS and delivery, (a) visualizes the unmodified field (b) visualizes a modified field (0.5mm systemic shift) with a greater fluence difference.

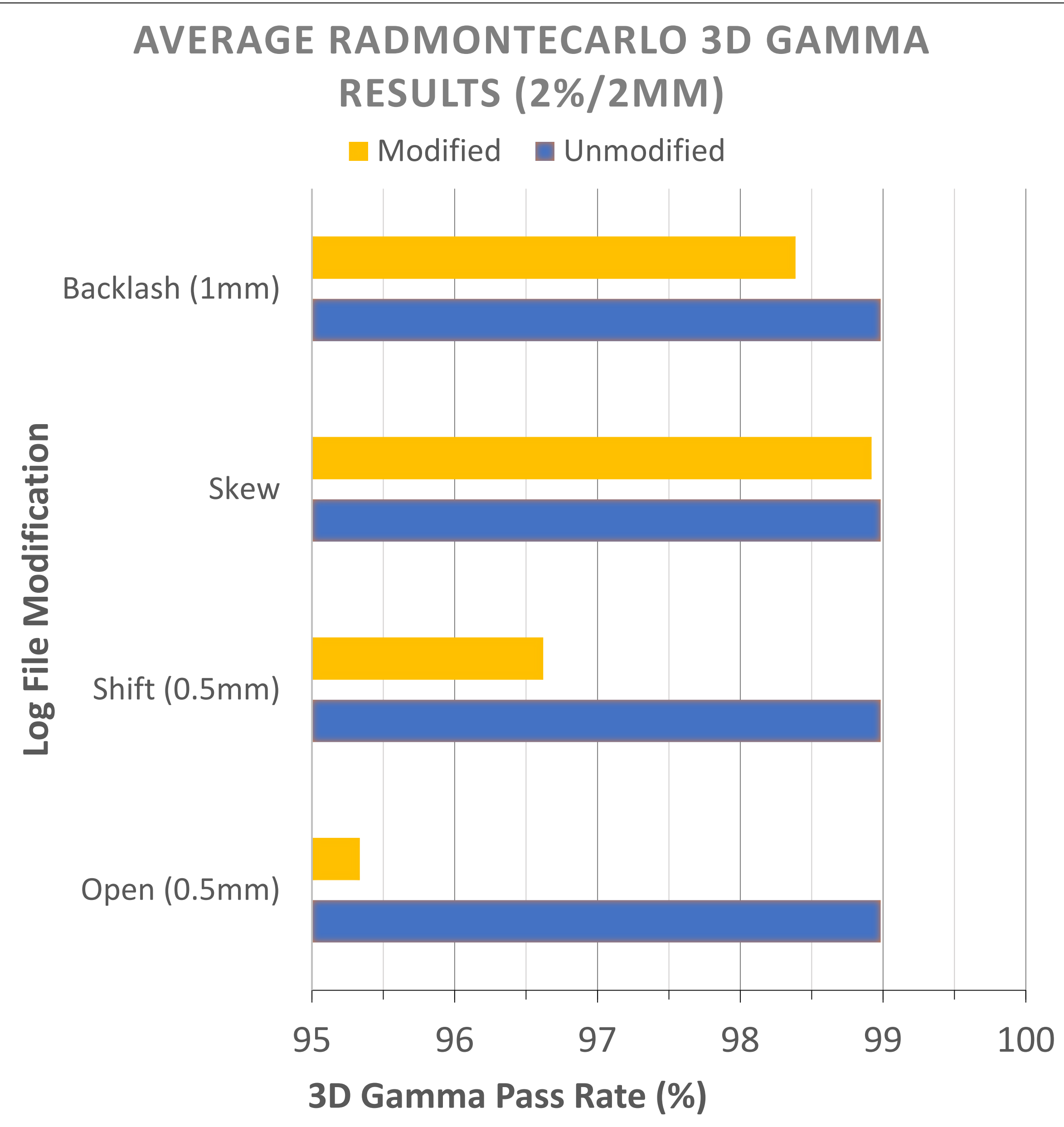


Figure 2: Average 3D gamma results of all simulated-error plans (yellow) compared to the analysis of the original unmodified (blue).

## INDIVIDUAL 3D GAMMA ANALYSIS RESULTS

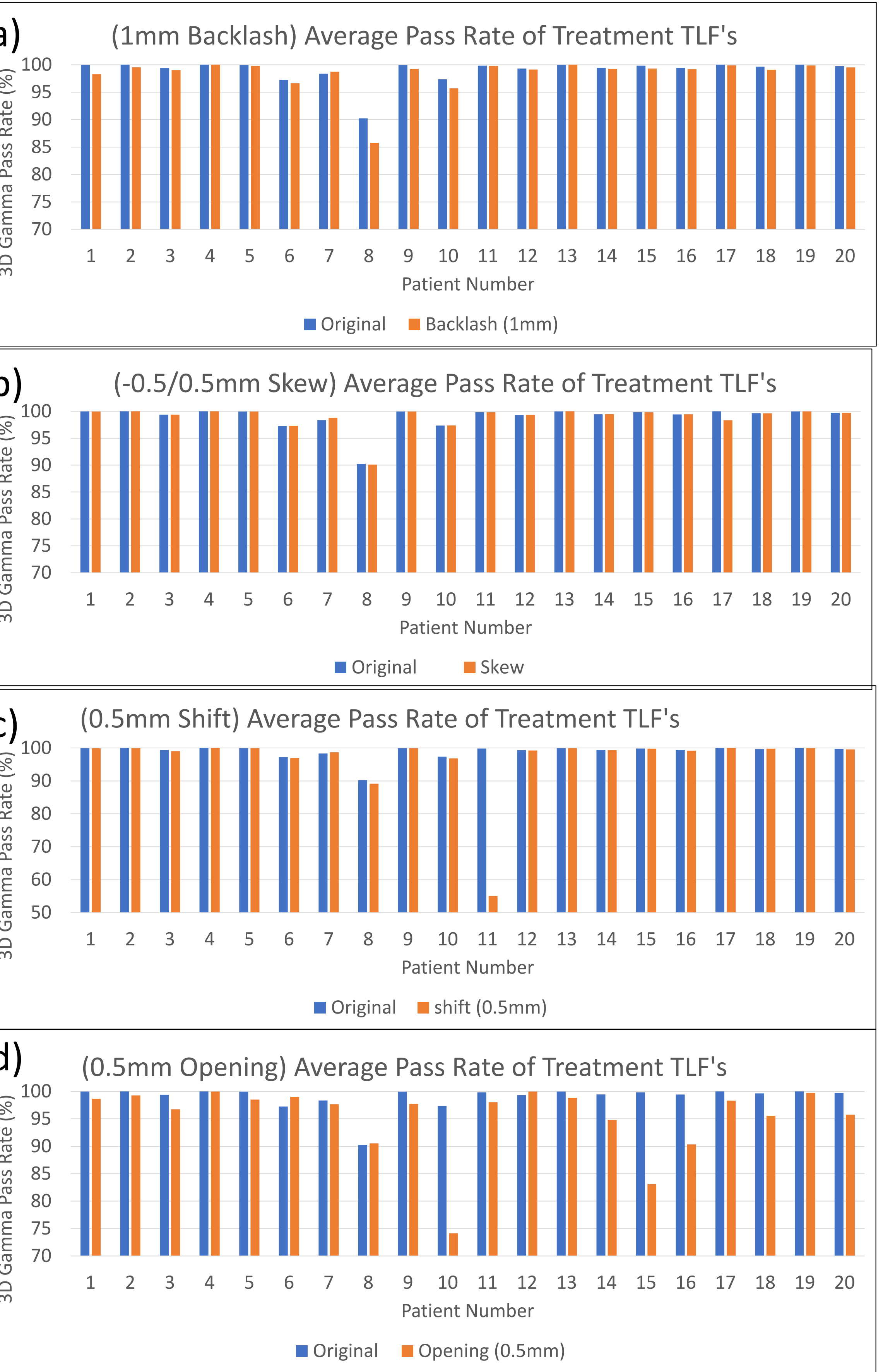


Figure 3: 3D gamma pass rate comparison between unmodified and modified TLFs for 20 multifraction treatments (2–10 fractions per patient). Bar plots display the 3D gamma analysis pass rates (%) evaluated using 2%/2 mm criteria with a 10% threshold. Unmodified deliveries compared against simulated delivery errors: (a) 1mm MLC backlash, (b) -0.5/0.5mm MLC skew, (c) 0.5 mm MLC shift, and (d) 0.5 mm MLC opening.

## CONCLUSION

Sensitivity validation of Radformation's commercial software shows daily auditing of treatment trajectory log files can assist in detection of divergent plan delivery parameters. Integration of an RMC-guided workflow can be used to detect plan deviations that can develop from mechanical wear during treatment and flag them for physicist review.

## REFERENCES

Wall P, et al. Clinical validation of statistical predictive model for patient-specific quality assurance outcomes in stereotactic radiotherapy using secondary Monte Carlo dose calculations. *Radiother Oncol.* 2025 Jul;208:110934. doi: 10.1016/j.radonc.2025.110934. Epub 2025 May 11. PMID: 40360048.

Schmidt M, et al. TrajectoryLog.Net: Applications of an Integrated Trajectory Log File Analysis API. XXth International Conference on the use of Computers in Radiation Therapy. 2024.