Impact of parotid gland migration on xerostomia prediction

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Session Name: Treatment implications of motion management

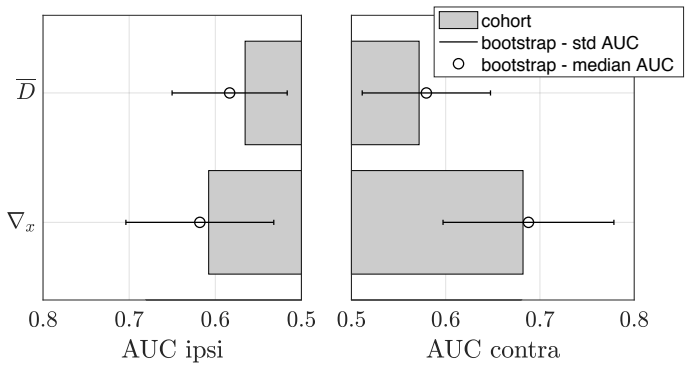

Fig 1. The planned mean dose $\overline{D}$ does not recognized G2 xer. patients. Instead, this endpoint was well predicted by average dose gradient in right-left direction ∇_x.

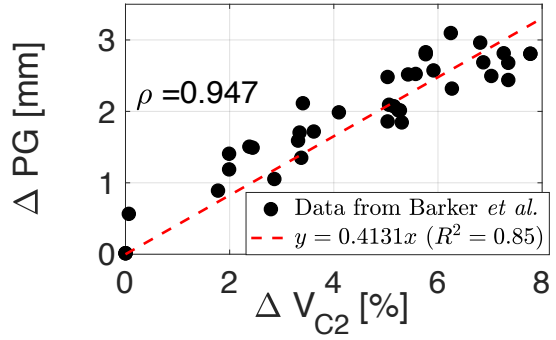

Fig 2. Used correlation to estimate PG migration towards medial from the volume reduction of the external contour at the C2 level (Barker *et al.* 2004).

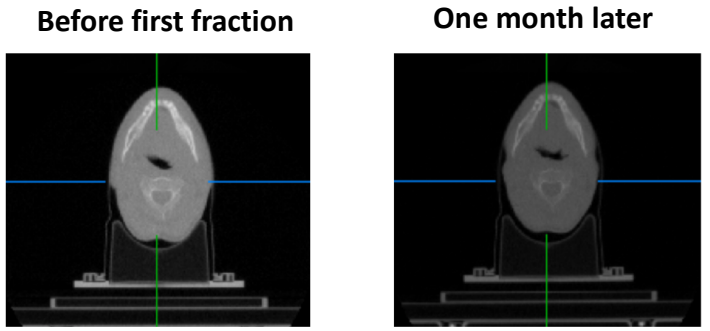

Fig 3. MVCT slices at C2 level. For this patient, ΔPG_T = 5.7 mm towards medial.

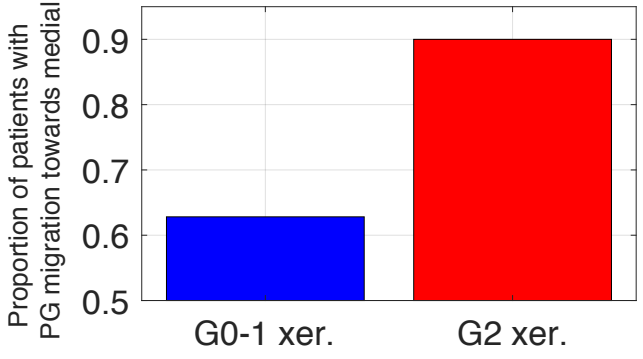

Fig 4. A bigger proportion of G2 xer. patients suffered PG migration towards medial (ΔPG_T), compared with negative patients.

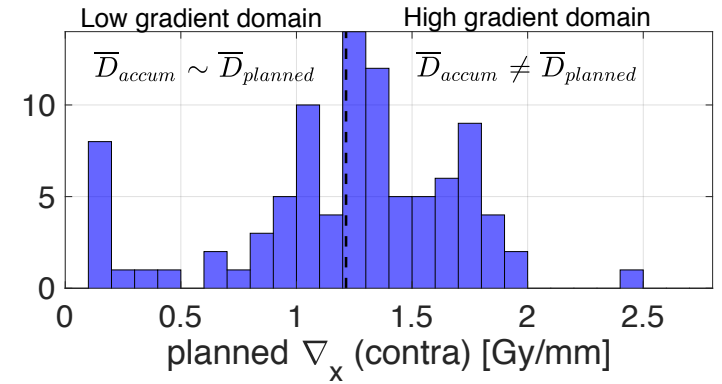

Fig 5. Cohort was split into low and high gradient domain by the median value of planned ∇_x .

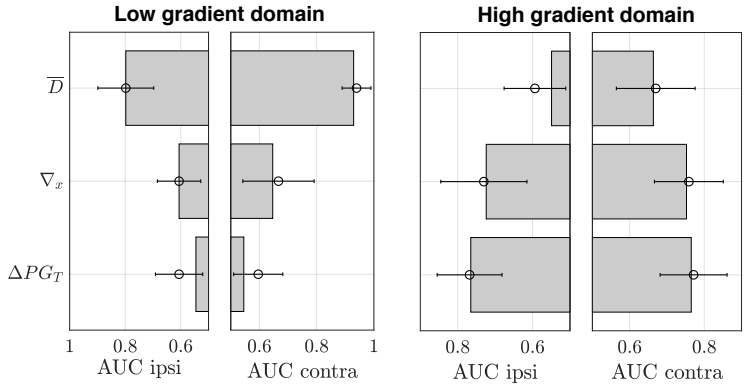

Fig 6. G2+ xer. patients in the low and high gradient domains were succesfully recognized by the planned $\overline{D}$ and ΔPG_T, respectively.