

Philips Trilogy EV300 — A Non-Dedicated Ventilator for Motion Management in RT

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Breathing Control for Motion Management
in Radiotherapy and Imaging



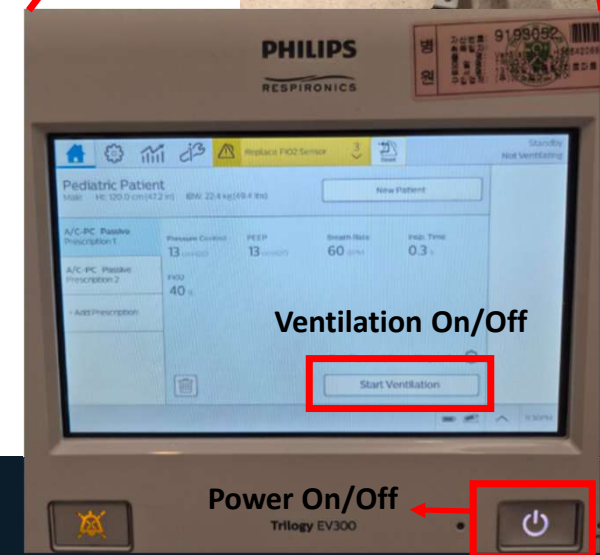
NIMV-60 Protocol on Hamilton Ventilator

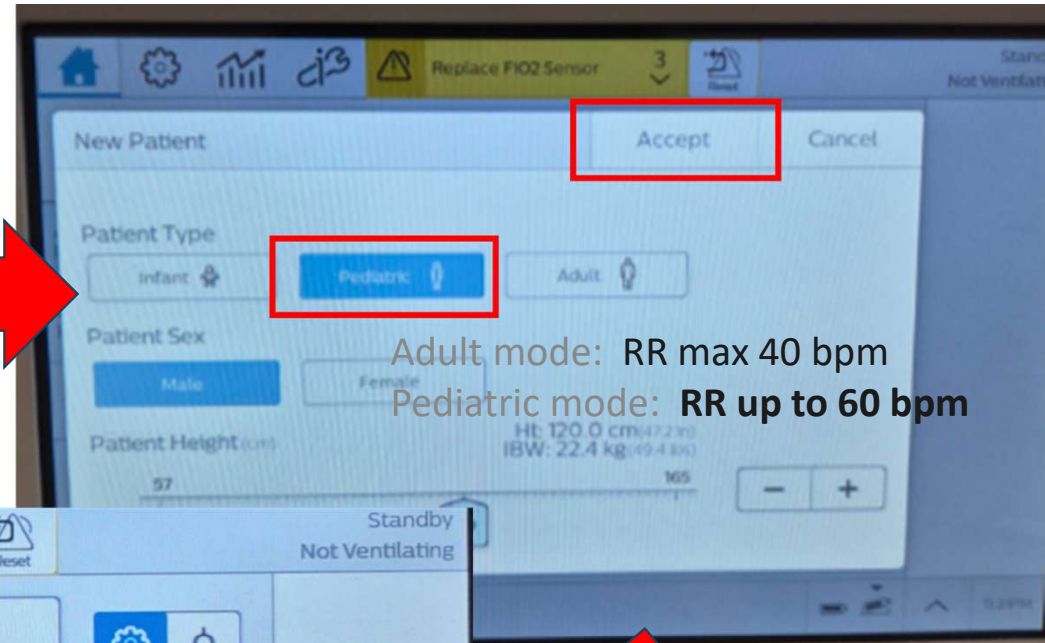
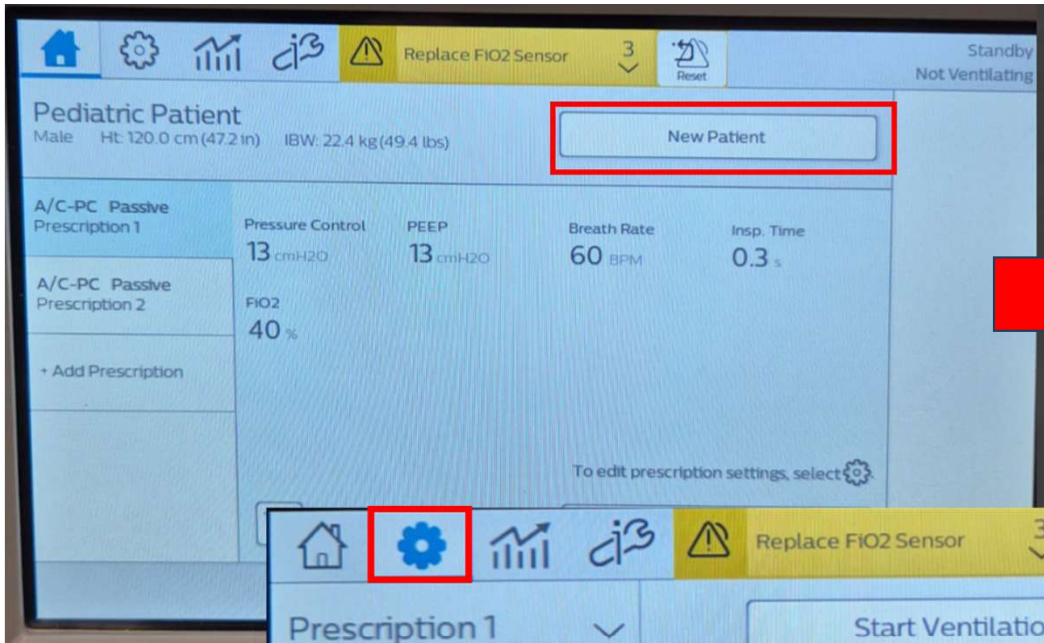
	Flow trigger	Ti	Rate	D PInsp	PEEP	P ramp
Start in NIV-ST settings for spontaneous breathing	0.5	1.3	5	8 ~ 10	0	100ms
NIV-ST change to non-voluntary breathing for controlled breathing. Start timer	20 OFF	1.3	14	15	0	100ms
NIV-ST change immediately to 30 brpm Spontaneous breathings readings	20 OFF	0.8	30	15	0	0ms
NIV-ST change immediately to 45 brpm confirm regular ventilation pattern (wait 5 to 10s)	20 OFF	0.5	45	15	5	0ms
NIV-ST change immediately to 60 brpm if subject struggles with PEEP at 15 cm, reduce PEEP (or restart from 30 brpm) to 10 cm *increase PEEP in +1 to +2 cm steps, up to 15 cm	20	0.5	60	15	5 --> 15	0ms

Affordable Alternatives for NIMV-60

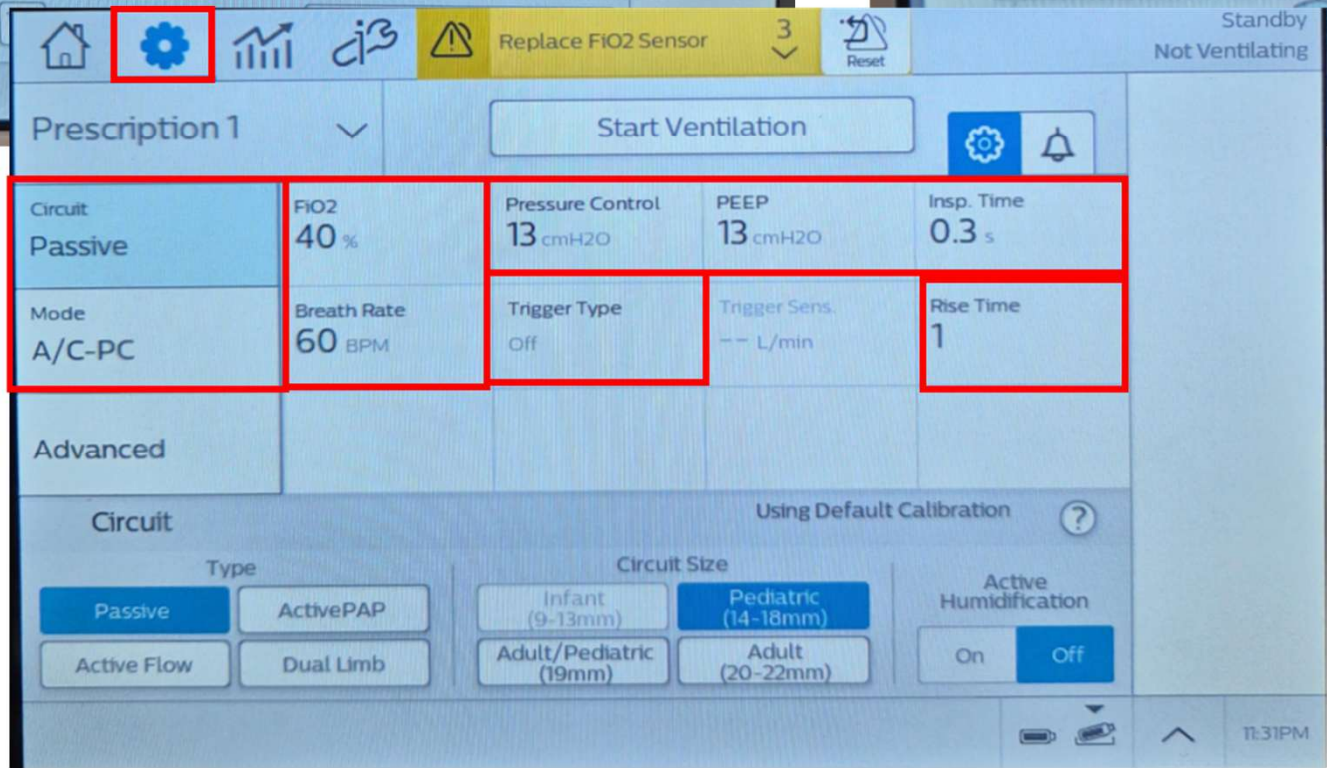
(Philips Trilogy EV300 & Evo)

- Pressure-controlled ventilator (A/C-PC mode) — fully supports NIMV-60
- RR up to 60 bpm, PEEP and PC fully adjustable
- Touchscreen, portable, mains or battery powered
- EV300: with O₂ blending
- Evo: room air only — even more affordable
- Cost: ~1/8 to 1/6 of a comparable Hamilton ventilator

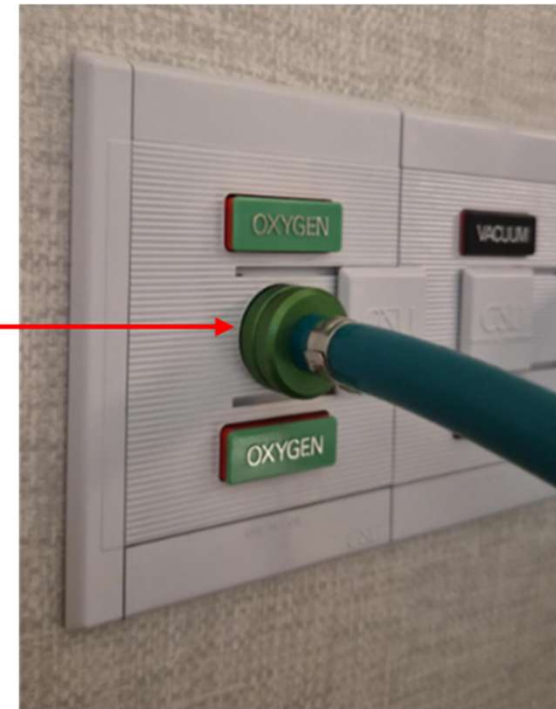




Adult mode: RR max 40 bpm
Pediatric mode: RR up to 60 bpm



If O2 required (not available in Evo, but EV300)



Parameter	Hamilton (Mike)	Philips EV300 (ours)	Physical meaning
Inspiratory pressure	ΔP_{insp} Added above PEEP	PC Added above PEEP	Both set pressure relative to PEEP
End-expiratory pressure	PEEP cmH ₂ O	PEEP cmH ₂ O	Identical (same term)
Patient trigger	Flow trigger L/min value or OFF	Trigger Type Simply OFF	Disables patient-triggered breaths
Pressure rise speed	P ramp 100 ms → 0 ms	Rise Time 2 (normal) → 1 (fast)	How fast pressure climbs from PEEP
Ventilation mode	NIV-ST + Flow trigger OFF	A/C-PC + Trigger OFF	Pure time-controlled ventilation

How We Do It — NIMV Protocol

	Step	RR (bpm)	Flow trigger	Ti (sec)	PC (cmH ₂ O)	PEEP (cmH ₂ O)	Rise time
	1	Natural RR (25)	OFF	1.0	7	3	2 (normal)
	2	30	OFF	0.8	7	7	1 (fast)
	3	35	OFF	0.7	10	10	1 (fast)
Monitor closely (RR ≥ 40)	4	40	OFF	0.5	13	13	1 (fast)
	5	50	OFF	0.4	13	13	1 (fast)
Target	6	60 ★	OFF	0.3	15	15	1 (fast)

* Step 1 uses the patient's natural breathing rate. Most patients breathe at RR 15–20; starting at 25 reduces acclimation time. (VTE: 800–1,100 mL)

* From Step 4 (RR 40), breathing cycle accelerates noticeably — monitor for patient discomfort. Instruct shallow chest breathing, not deep abdominal breaths. (Target VTE: 500–700 mL)

* Steps 5–6 are finalized at simulation based on patient body habitus and condition. (VTE 200–300 mL = excellent; 400–500 mL = controllable with respiratory gating)

* ★ RR > 40: 4D-CT acquisition currently only possible with GE Revolution CT

NIMV-60: Live Operation Video (5 min)



▲ Natural RR

▲ Increasing IPAP (& PEEP)

▲ RR 40-60 bpm: Achieved

Anatomical Sites and Indications

- Lung SBRT (primary application, majority of cases)
- Liver, pancreas, kidney, upper abdomen SBRT

Do We Need an RT-Dedicated Device?

Why Non-Dedicated Works

- Affordable
- Portable, mains or battery
- Every NIMV strategy achievable
- Internationally available
- 382 patients treated

Limitations

- Learning curve (resolved by Step 3)
- Not MR compatible

4D-CT constraint

Most CT scanners: underestimation or failure at RR 60

GE Revolution (our institution):

Rotation time 0.2s · volumetric 4D · Markerless

→ RR 60 imaging possible

Current practice:

GE Revolution room → RR 60

GE Revolution CT (20)

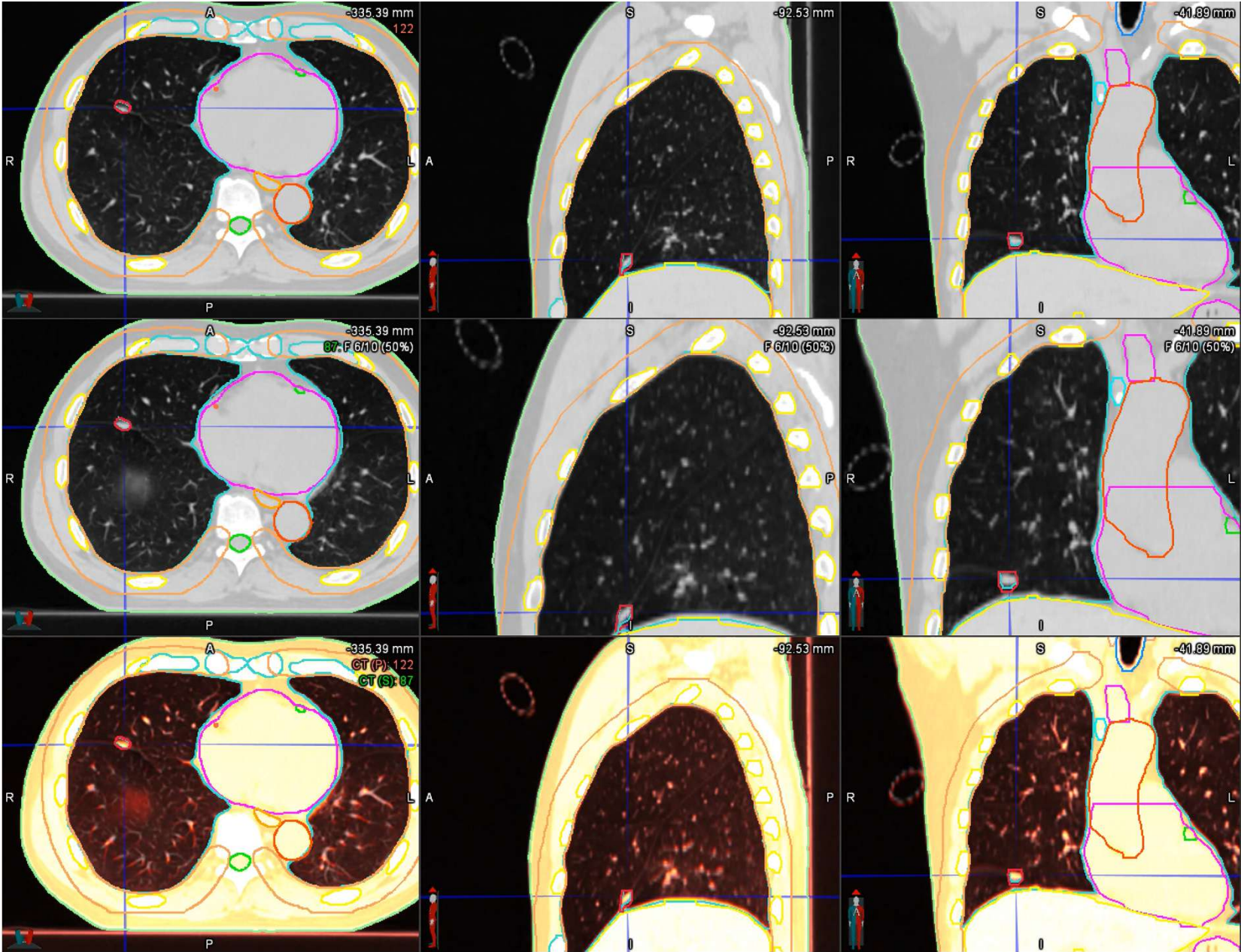


- GE Revolution CT
 - Detector Width: 8 cm
 - Slice Thickness: 0.625 mm
 - Z-axis coverage: 8 cm per rotation
 - Gantry rotation: 0.28-0.35 sec
 - Spatial resolution: 0.23-0.28 mm
 - Temporal resolution: ~29 ms

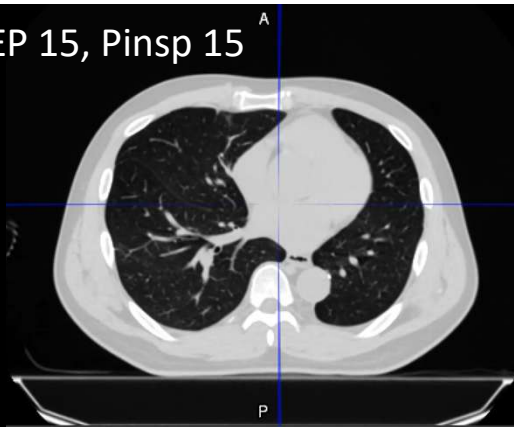
→ 4D CT Acquisition

- Detector Width: 4 cm
- Mode: Volumetric (Static, Step-and-Shoot) mode
- Phase-Sorting Reference: External Surrogate (RGSC) / Markerless Option

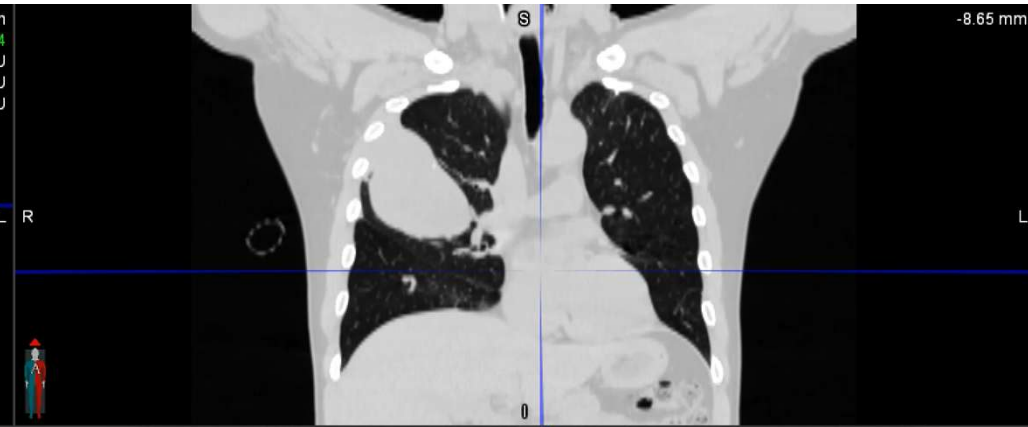
NIMV-60, PEEP 15, PInsp 15



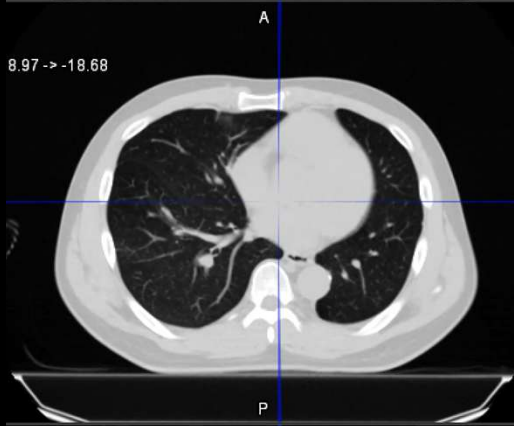
NIMV-60, PEEP 15, PInsp 15



-201.66 mm
84
WW 1324 HU
WL -362 HU
29 HU

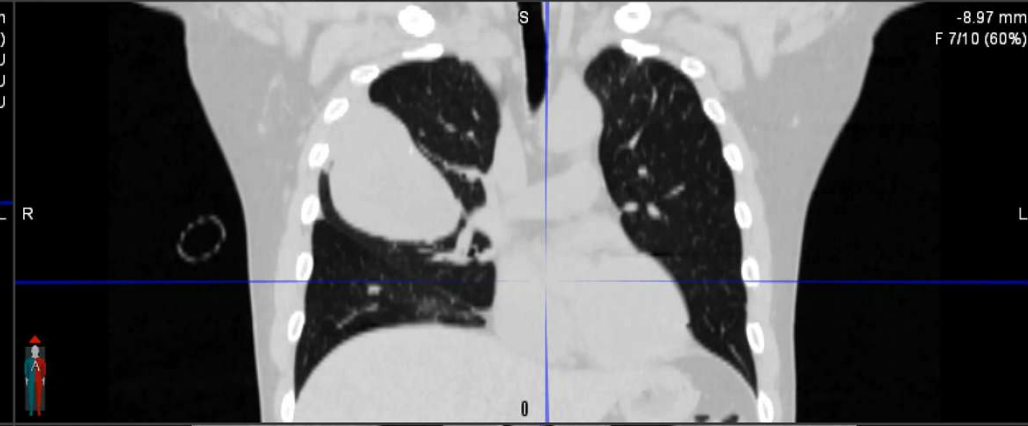


-8.65 mm

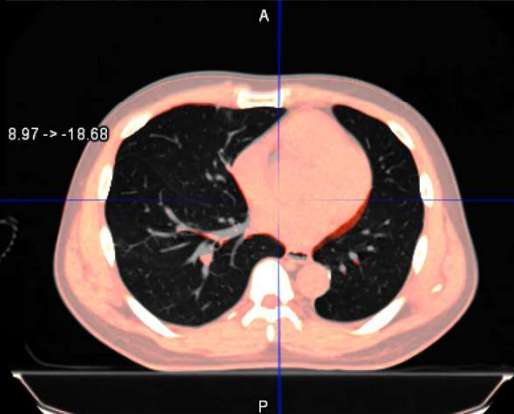


8.97 -> -18.68

-201.24 mm
70: F 7/10 (60%)
WW 1324 HU
WL -362 HU
30 HU

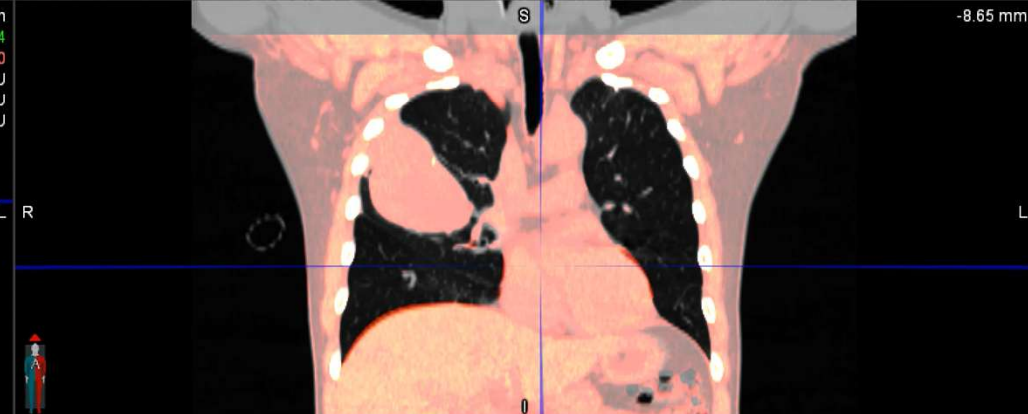


-8.97 mm
F 7/10 (60%)



8.97 -> -18.68

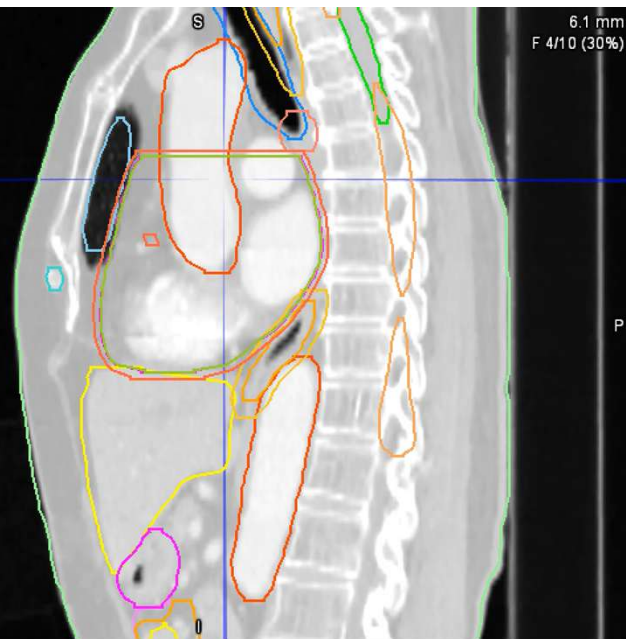
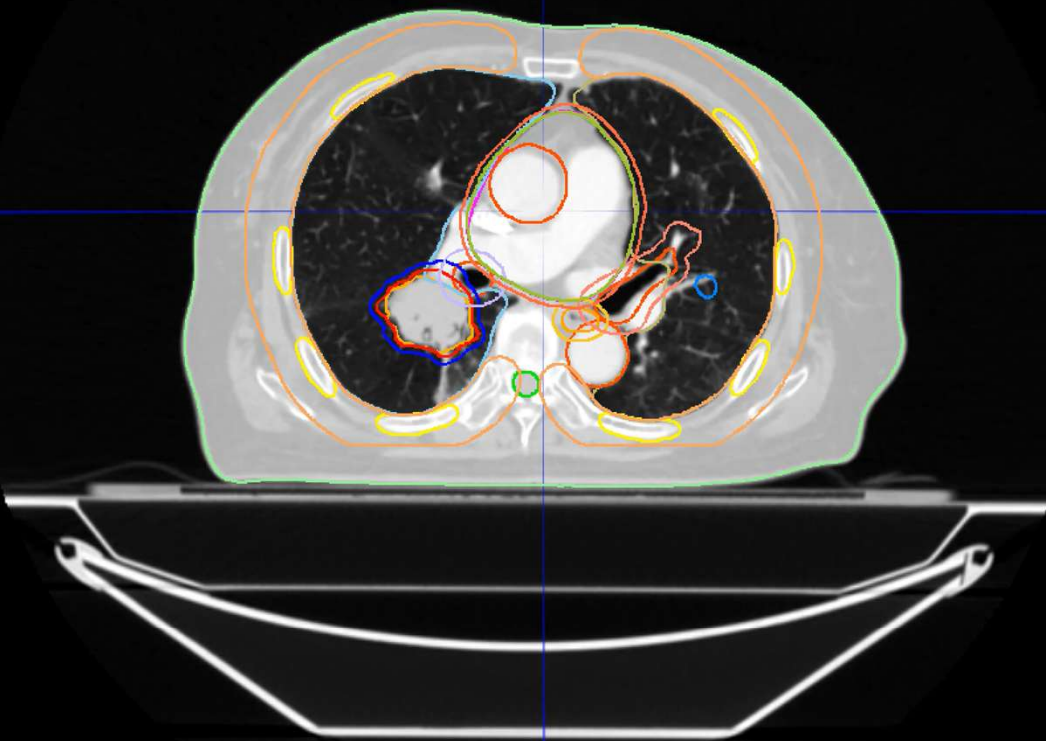
-201.66 mm
CT (P): 84
CT (S): 70
WW 400 HU
WL 40 HU
CT (S): 30 HU



-8.65 mm

NIMV-50, PEEP 13, PInsp 13

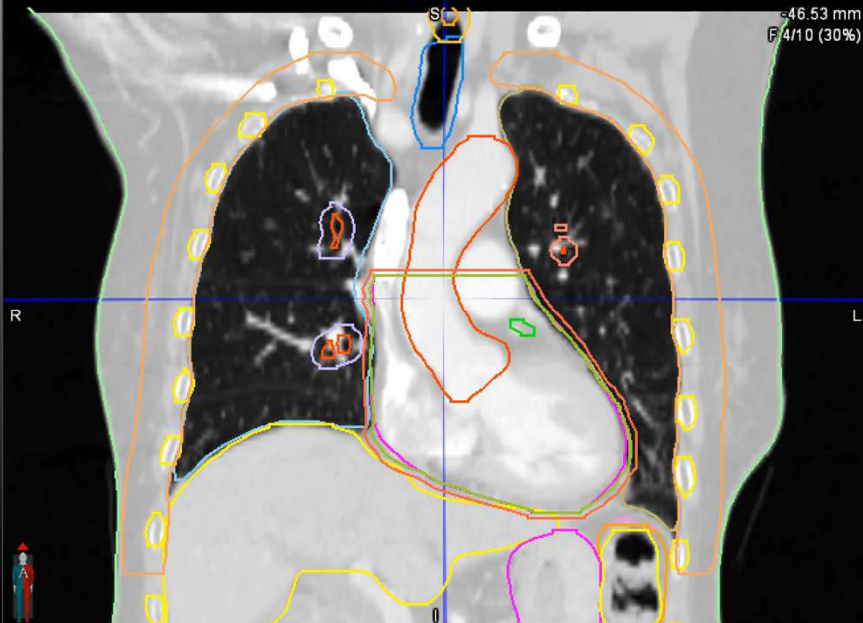
-229.02 mm
F 4/10 (30%)
0.32°, 0.06°, 0.13°
WW 1324 HU
WL -362 HU
232 HU



A

P

6.1 mm
F 4/10 (30%)

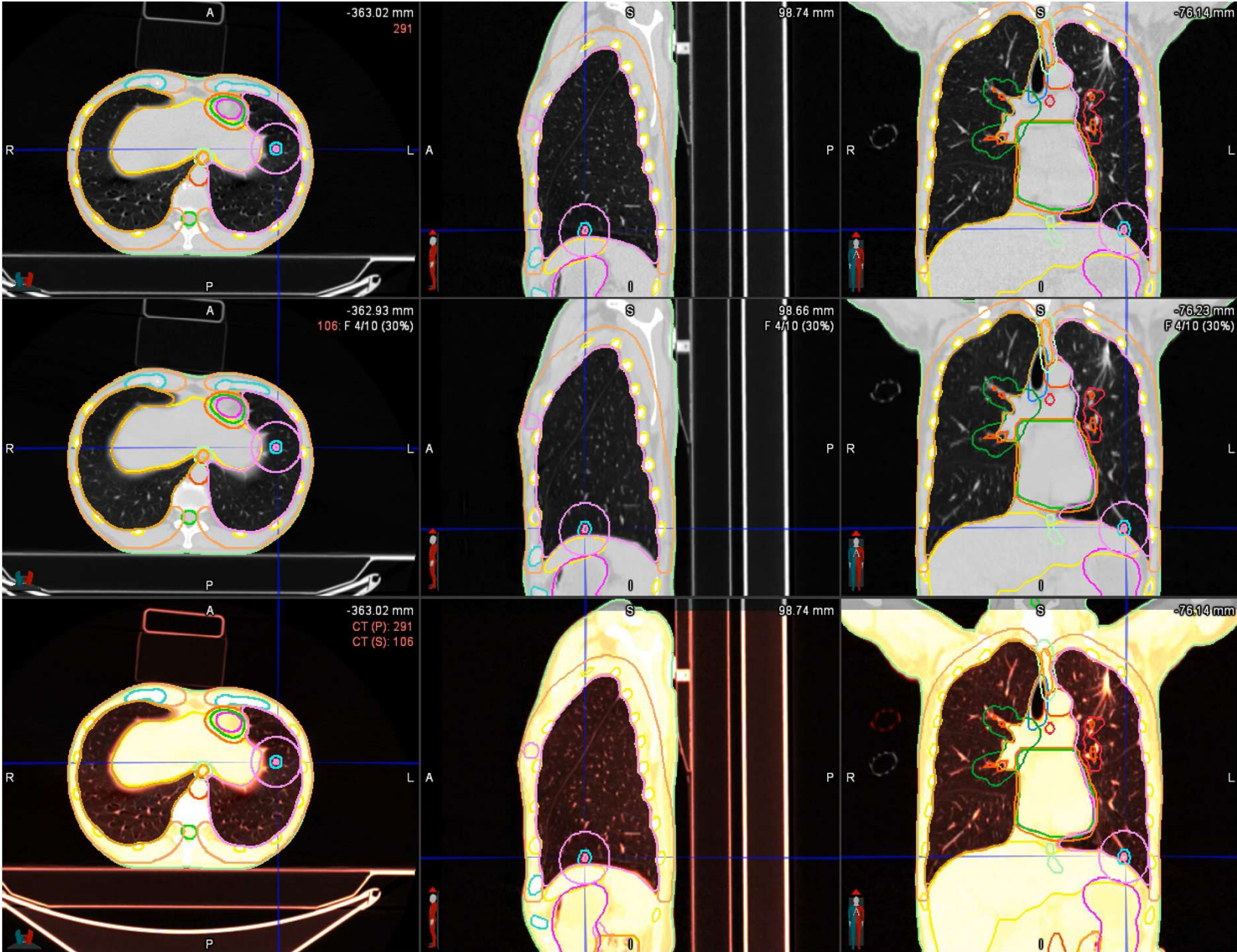


R

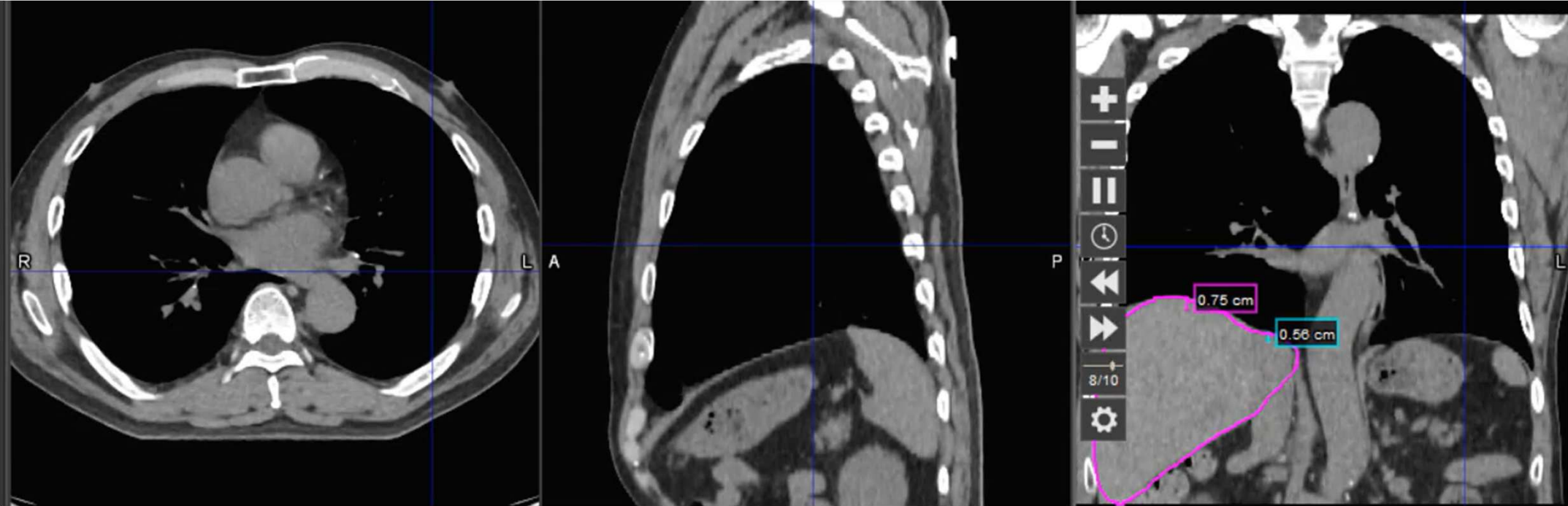
L

-46.53 mm
F 4/10 (30%)

NIMV-50, PEEP 15, PInsp 10



NIMV-20, PEEP 10, PInsp 8



Next Stage and Future Plans

- SOP manual for NIMV in radiation therapy
- Structured training program for RT therapists
- High-level evidence for reimbursement
- Integration with gating, tracking, and EEBH

GE Revolution CT (20)



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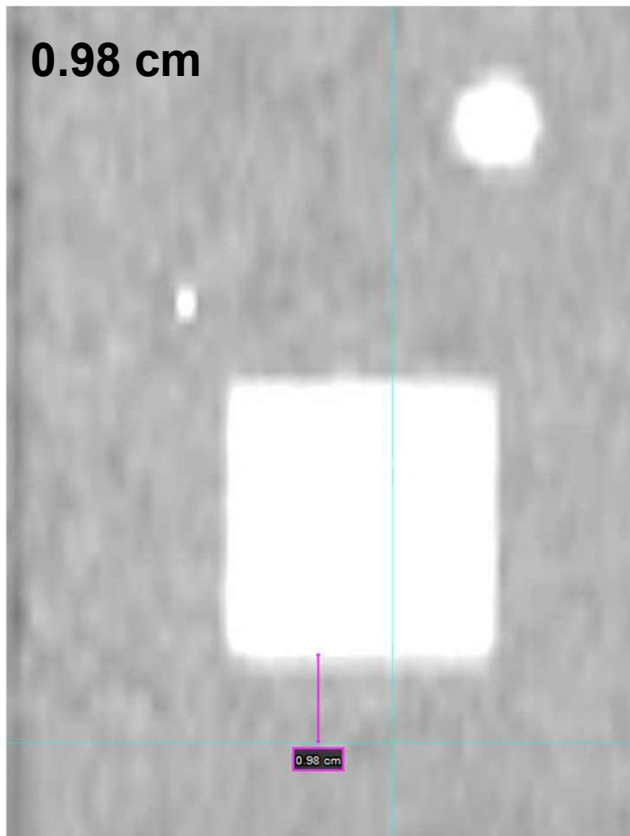
Quasar Moving Phantom

- Moving phantom
 - * Different respiratory cycle (30, 40, 50, 60 RR)
 - * Amplitude: **1 cm** (Superior-Inferior direction)
 - * External marker: RGSC
(Markerless 4D is **unavailable** for phantom)

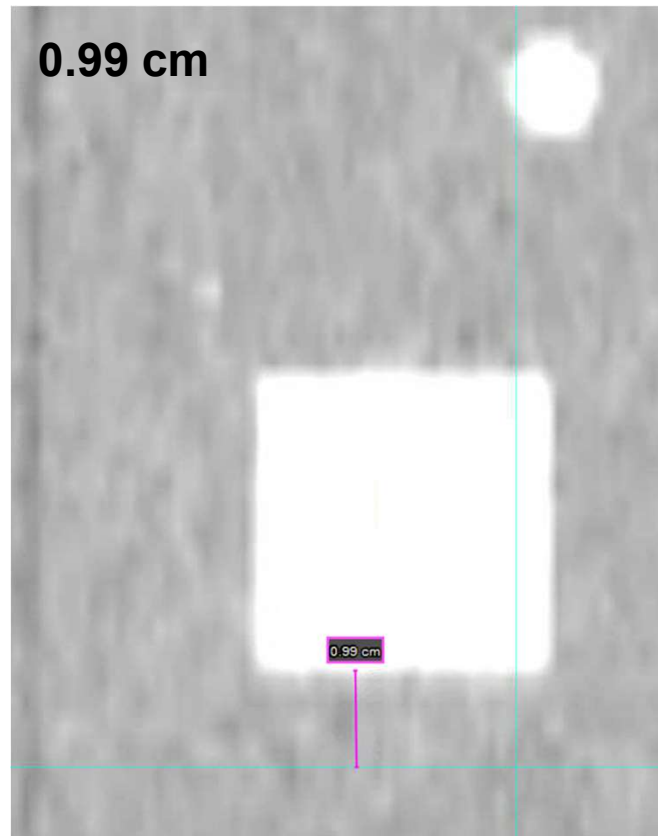


Results (30,40,50 RR) with RGSC

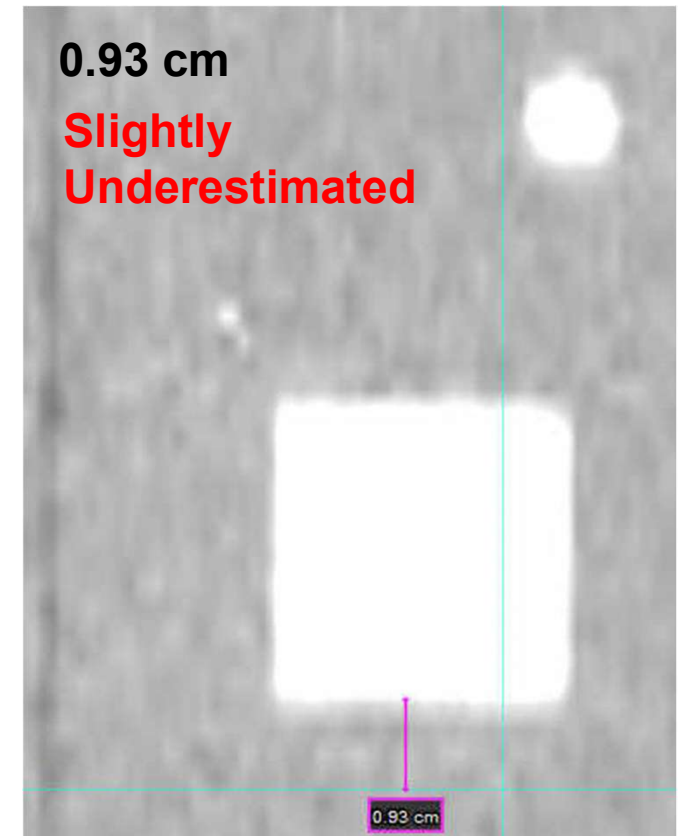
30 RR



40 RR

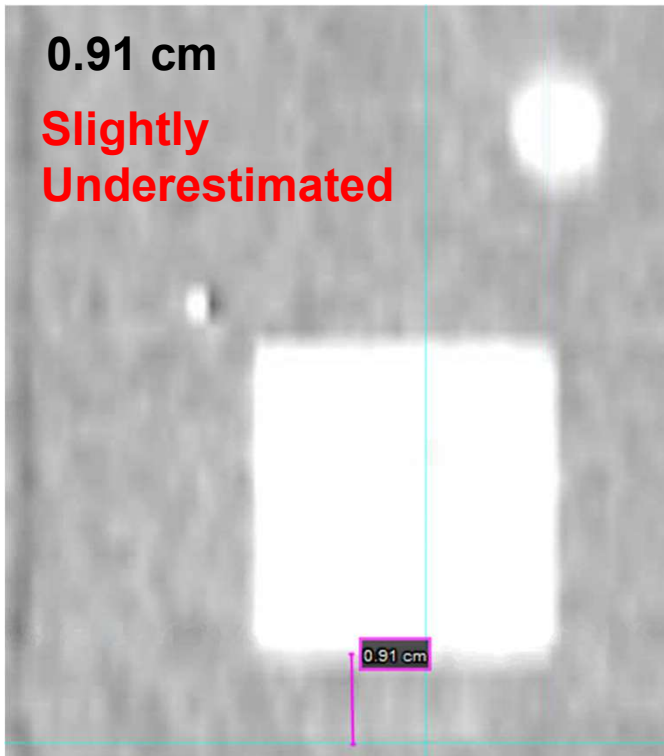


50 RR



Results (60 RR) with RGSC

60 RR



Totally Wrong Sorted Images

