Online plan adaptation of head and neck IMPT treatments based on cone beam CT imaging and GPU Monte Carlo simulations

P. Botas¹², J. Kim³, B. Winey¹, H. Paganetti¹

¹Massachusetts General Hospital, Boston, MA ²Heidelberg University, Heidelberg, Germany ³Yonsei University, Seoul, South Korea

PTCOG57, Cincinnati







Motivation

Problem:

- Proton therapy is sensitive to geometry
- Robust optimization cannot account for all scenarios
- Smaller margins: better plans

Problem and potential solution:

- Adaptive therapy could allow margin reduction by correcting inter-fractional geometry changes and mispositioning
- **Head and neck patients** are candidates to benefit from the technique

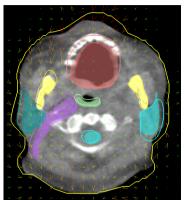


Fig: Head and neck patient geometry changes. Green: original CT. Red: CBCT. The arrows represent a vector field, the arrow color is a representation of their length.

The need for adaptive proton therapy

10 head & neck patients planned without CTV margins, evaluated at 60 weeks:

- ullet Reduced margins o sensitive to errors
- Coverage deteriorates:

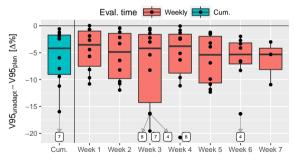


Fig: V95 in CTV decreases

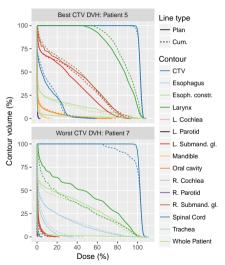


Fig: DVHs after full treatment

Adaptive proton therapy ingredients: the framework

Cone Beam CT (CBCT)

A priori CT-based scatter correction WEPL error < 2% in head cases.

Park et al., Med Phys. 2015;42(8), Kim et al., Phys Med Bio. 2017;62(1)

Image Registration: Plastimatch

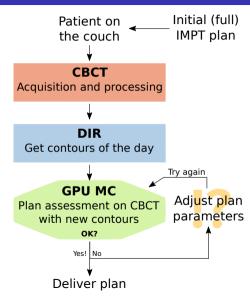
Rigid and deformable (DIR), GPU B-spline

Shackleford et al., Phys Med Biol. 2010;55(21)

Fast GPU MC: gPMC

Accurate calculation engine developed with UT Southwestern.

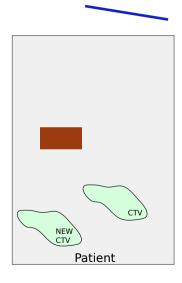
Qin et al., Phys Med Biol. 2016;61(20)



Adaptation method

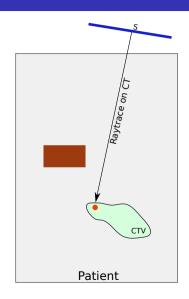
Consists of 2 steps:

- Geometrical adaptation: Move individual spots following a deformation vector field and correct energies
- Weight tuning: Adjust the weight of the spots if necessary

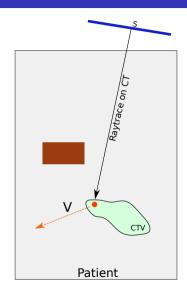


Per spot $s_i = (x_0, y_0, E_0)$:

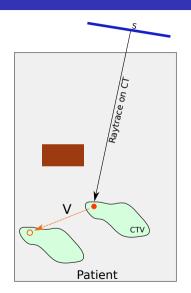
1: Raytrace s_i in CT (r_i)



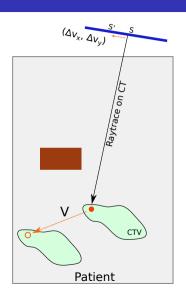
- 1: Raytrace s_i in CT (r_i)
- 2: **Probe** VF at r_i coords: v_i



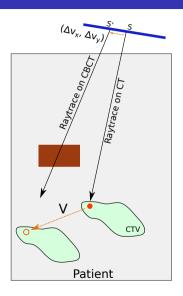
- 1: Raytrace s_i in CT (r_i)
- 2: **Probe** VF at r_i coords: v_i
- 3: **Apply** v_i **to** r_i coords: position where the r_i should be in the CBCT



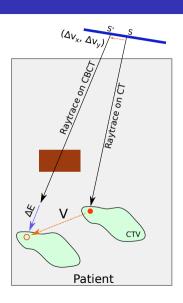
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- 5: Raytrace s'_i in CBCT



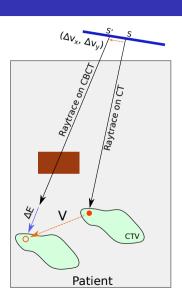
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Spot adaptation: $(\Delta v_x, \Delta v_y, \Delta E)_i$



Energy and position layers organization is distorted.

Four strategies constraining the geometrical adaptation:

- Free: No constrains on the spots movement
- Isocenter shift: Average VF in the CTV
- Range shifter: Average energy shift
- Iso. + range: Average VF and energy shift

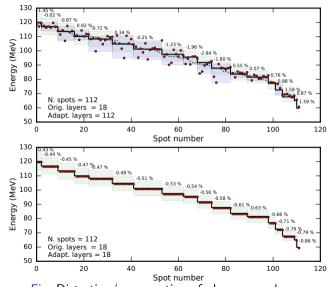


Fig: Distortion/conservation of plan energy layers

Weight tuning:

How to create dose-influence matrices fast with MC?

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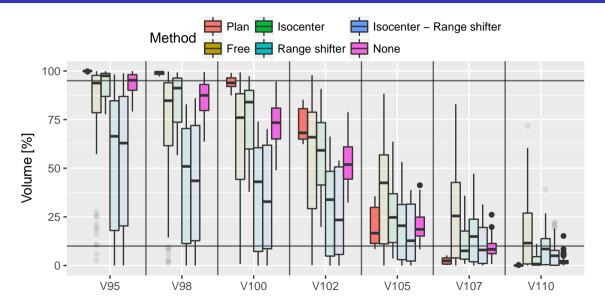
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Weight tuning steps:

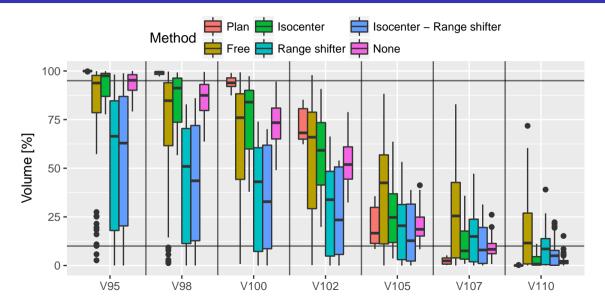
- Simulate the geometrical adaptation with gPMC
- Score the dose per spot in region of interest
- **Select set** of spots giving 50% of the dose (at least 10% of the total spots)
- Accumulate adapted dose without the set
- Occident to the control of the co
- Tune set weights to fill the remaining dose with original objectives/constraints

Results: all geometrical adaptations (no weight tuning)

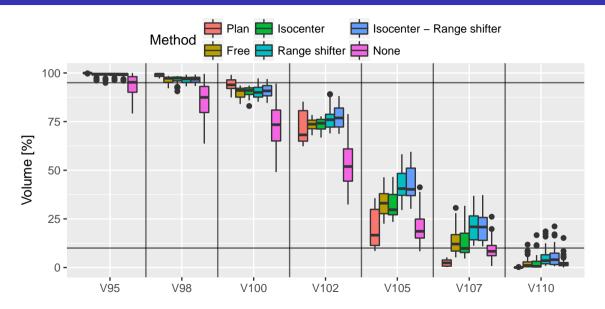
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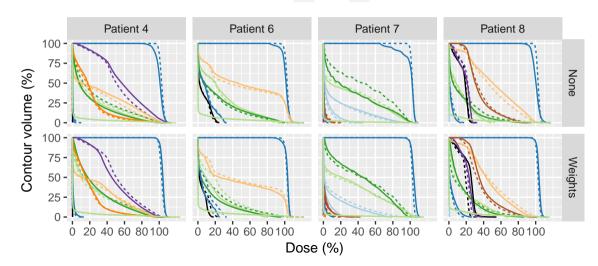


Results: all geometrical adaptations + weight tuning



Results with free geometrical adaptation + weight tuning

Line type: — Cum. ---- Plan



Timing and conclusions

Timing, timing, timing!!

(seconds)	Minimum	Average	Maximum	Expected
Geometrical adapt.	11.7	16.9	26.57	$\sim 1-5$
gPMC validation	115.6	261.9	419.2	~ 30
Weight tuning	12.0	44.8	198.0	$\sim 5-120$
Total	-	322.7	-	$\sim 60-120$

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Conclusions:

- If adaptation is needed, weight tuning is necessary
- Tuning the weight of a subset of spots might be enough
- The algorithm has the potential to be applicable online, pending hardware and parallelization
- The algorithm might allow further margin reduction



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