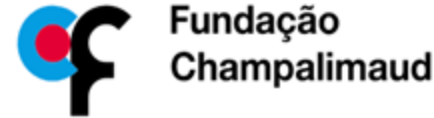




ICDA-4

4th International Conference on Dosimetry and its Applications



Data Science Pipeline for Development of Patient-Specific Phantoms and S-value Calculation in Radiopharmaceutical Therapy



Jorge Borbinha¹, Ana Cravo Sá^{1,2}, Durval Costa³, Paulo Ferreira³, Pedro Vaz¹, Salvatore Di Maria¹

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² Escola Superior de Saúde, Polytechnic Institute of Porto, Portugal

³ Champalimaud Foundation, Lisboa, Portugal

INTRODUCTION

- Radiopharmaceutical Therapy (RPT) is a cancer treatment modality that uses:



- RPT presents advantages such as:
 - More localized tumor irradiation (including metastases)
 - Higher tumor cell specificity.

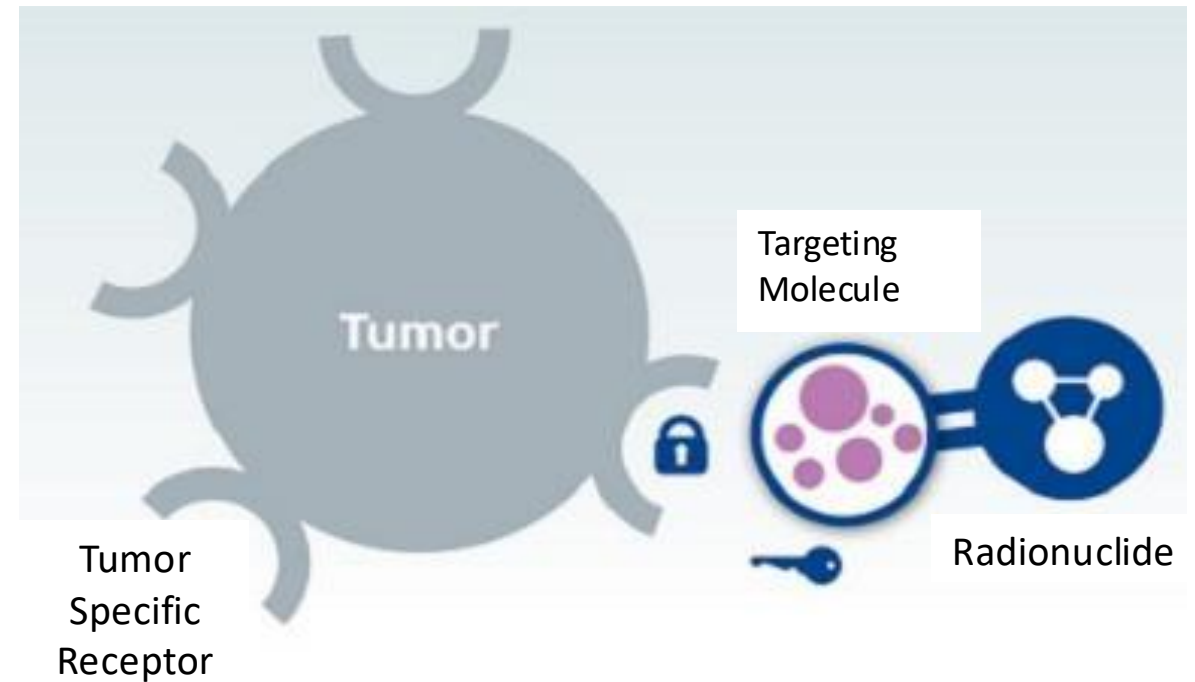


Fig. 1 – Cell schematic of Radiopharmaceutical Therapy.

INTRODUCTION

- Tumors and patients often display heterogeneity at the time of diagnosis.
- Often overlooked during treatment planning in RPT.
- Different tumor phenotypes may exhibit different resistance/sensitivity to the same therapy.

Use of functional and anatomical imaging to identify tumor phenotypes (i.e. sub-volumes) inside a tumor mass.

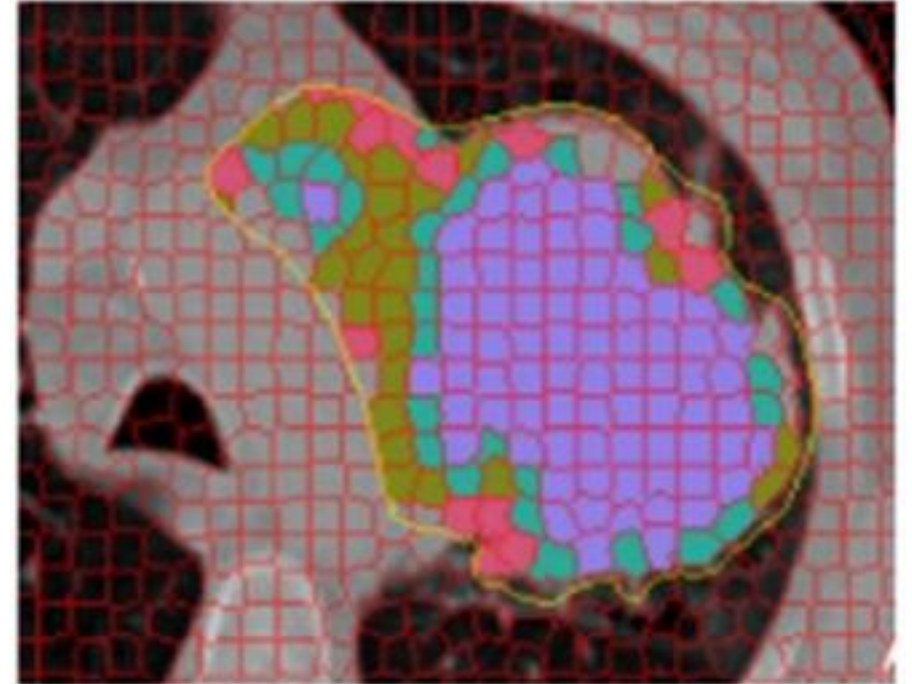
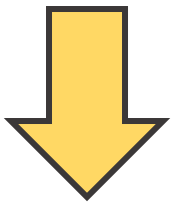


Fig. 2 – Identification of tumor phenotypes based on radiomics methods, such as CT number, hypoxia and vascularity [Even et al. 2017].

INTRODUCTION

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- Often overlooked during treatment planning in RPT.
- Different tumor phenotypes may exhibit different resistance/sensitivity to the same therapy.



Improved Individual Dosimetry → tailor the radiation-absorbed dose to the individual, to maximize efficacy of tumor treatment, while minimizing healthy tissue toxicity

Use of functional and anatomical imaging to identify tumor phenotypes (i.e. sub-volumes) inside a tumor mass.

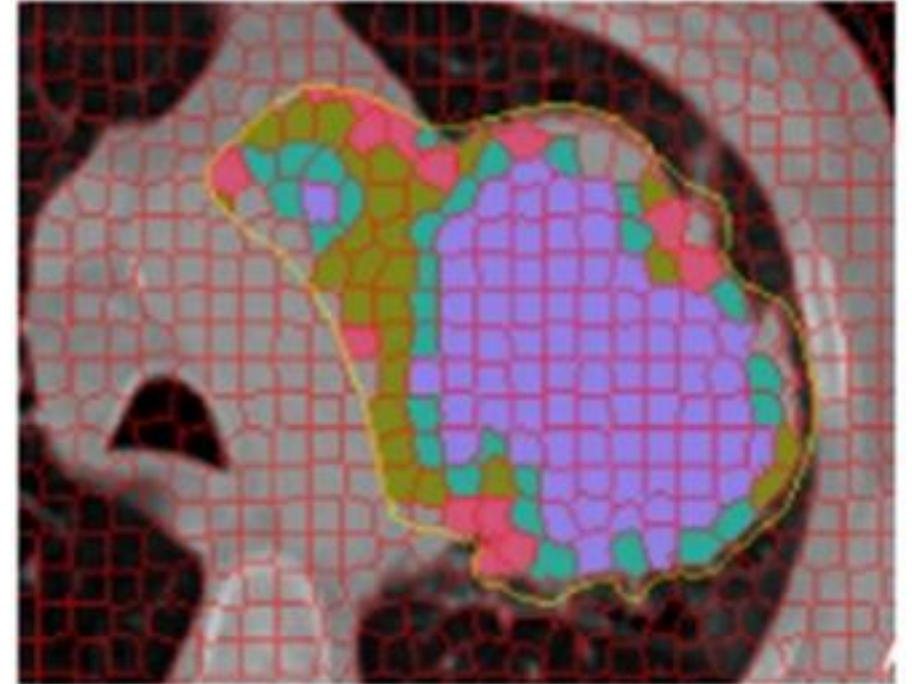


Fig. 2 – Identification of tumor phenotypes based on radiomics methods, such as CT number, hypoxia and vascularity [Even et al. 2017].

PURPOSE

MAIN AIM:

- Develop a Patient-Specific Phantom (PSP) and perform dosimetric calculations by comparing results with the ICRP reference adult female voxel phantom (ICRP-AF).

SECONDARY AIMS:

- Segment clinical functional and anatomical images.
- Develop a Data Science pipeline able to streamline the development of PSP for Monte Carlo (MC) simulation.
- Create PSP from acquired clinical images.
- Validate the created PSP, by performing MC simulations and comparing dosimetric results with the ICRP-AF.



e.g. SAF, S-value

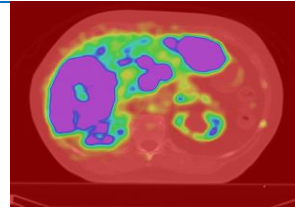
METHODS

- RPT with ^{177}Lu -DOTATATE of neuroendocrine tumor in the liver.

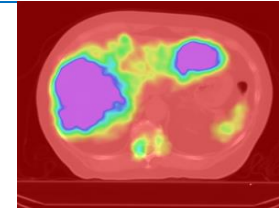
Image Acquisition and Segmentation

EXAMPLE OF TREATMENT (1 CYCLE):

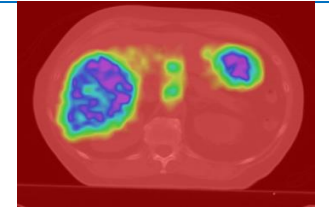
- Pre-treatment: PET-CT using ^{68}Ga -DOTANOC



- 24h post-treatment: SPECT + CT using ^{177}Lu -DOTATATE



- 168h post-treatment: SPECT using ^{177}Lu -DOTATATE



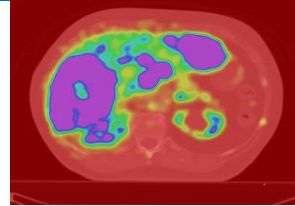
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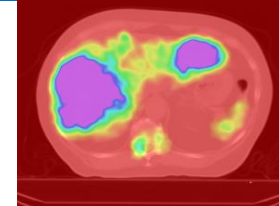
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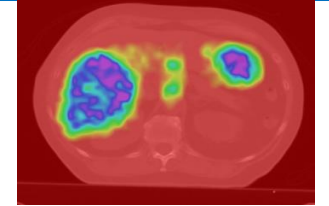
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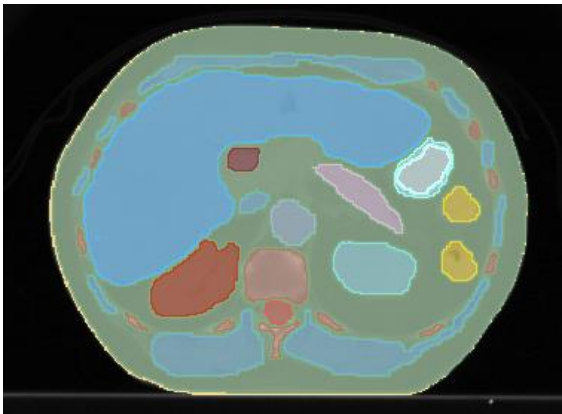


- 168h post-treatment: SPECT using ^{177}Lu -DOTATATE

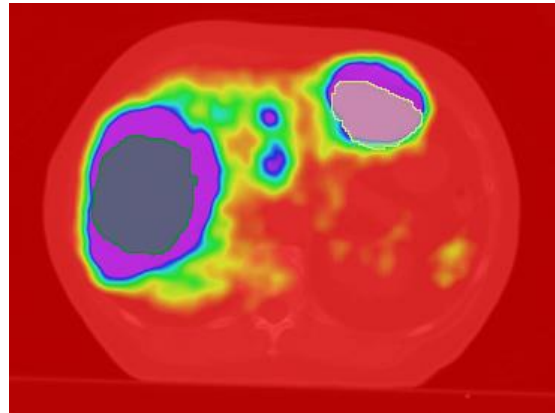


WORK FLOW:

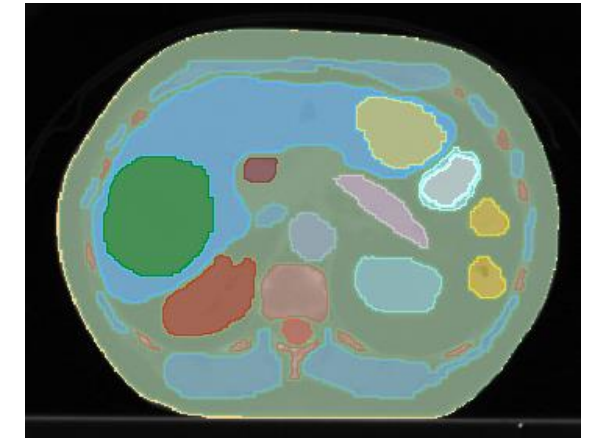
Segment pre-treatment CT in Pinnacle TPS



Tumor segmentation from ^{177}Lu SPECT post 24h performed in Slicer



Combined full segmentation



Imported into Slicer and exported as labelmap (.nrrd)

METHODS

Data Analytics/Science Pipeline

- Pipeline developed using Python, employing data science libraries/modules.
- Pipeline analyzes image data and produces voxel phantom file for Monte Carlo (MC) dosimetric calculations using the peanEasy2020/PENELOPE2018 program.
- Specific Absorbed Fractions (SAF) and S-value calculated in ICRP-AF and segmented phantom (MARIA).



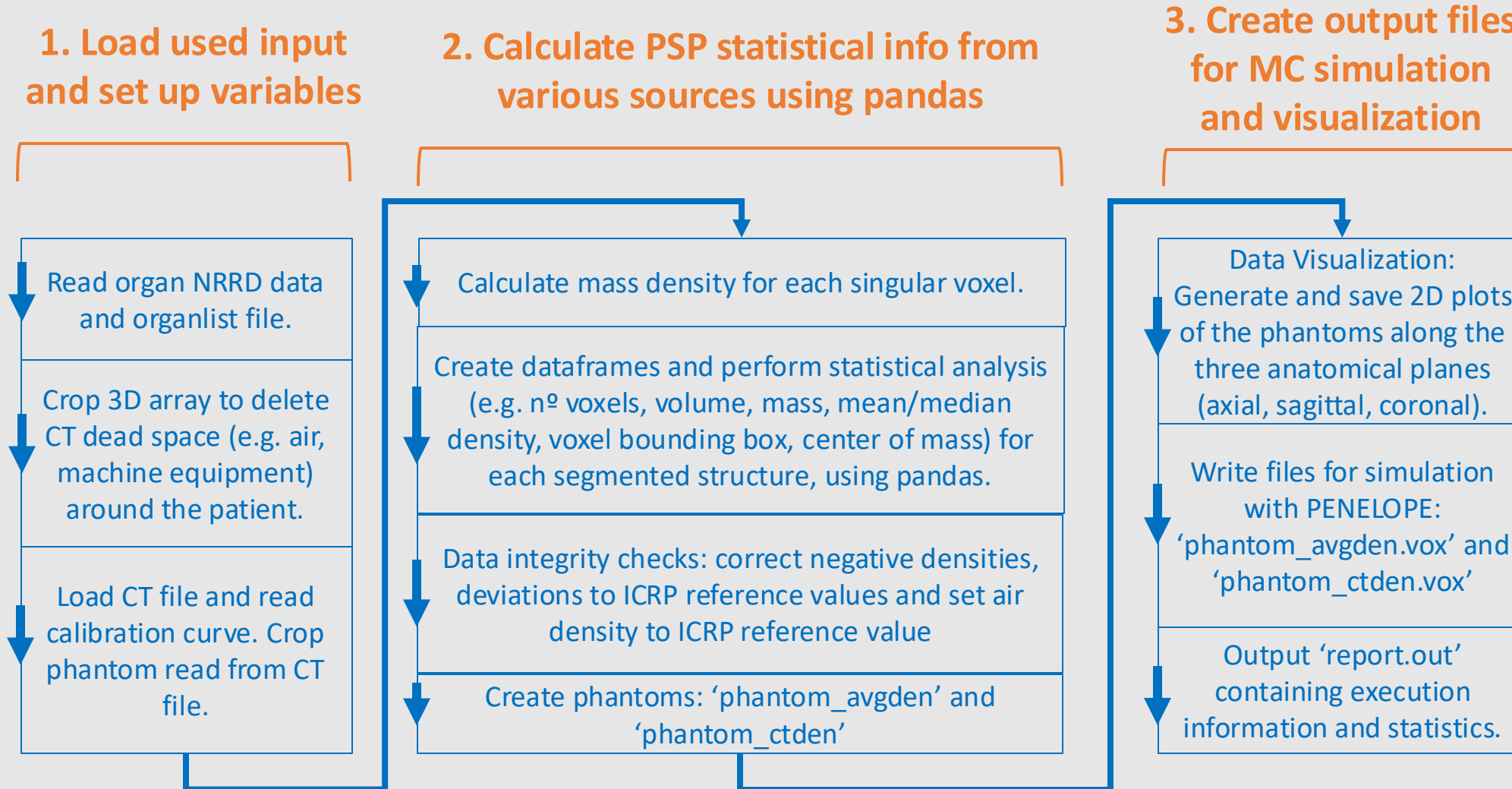
Spyder

5.4.3

METHODS

Data Analytics/Science Pipeline

Summary Workflow Diagram For Patient-specific Phantom (PSP) Generation Pipeline:



Spyder

5.4.3

RESULTS AND DISCUSSION

ICRP-AF SAF Comparison with Literature

- SAF(Liver<-Liver), SAF(Stomach W.<-Liver), SAF(Lungs<-Liver) calculated and compared to literature (10, 50, 100 keV).
- Photons → **6.2%**
- Electrons → **2.3%**

L Hadid et al 2010 Phys. Med. Biol. 55 3631

Table 1 – Organ mass in ICRP-AF and MARIA and relative difference [ICRP, 2009. ICRP Publication 110. Ann. ICRP 39 (2)].

| Organ | Mass (kg) | | Relative Difference (%) |
|-------------------|-----------|-------|-------------------------|
| | ICRP-AF | MARIA | |
| Lung | 0.941 | 0.835 | 11% |
| Breast, glandular | 0.200 | 0.054 | 73% |
| Liver | 1.400 | 3.019 | 116% |
| Spleen | 0.130 | 0.089 | 32% |
| Stomach | 0.140 | 0.096 | 32% |
| Kidneys | 0.275 | 0.395 | 44% |
| Bladder | 0.040 | 0.043 | 7% |

MEAN RELATIVE DIFFERENCE: 44%

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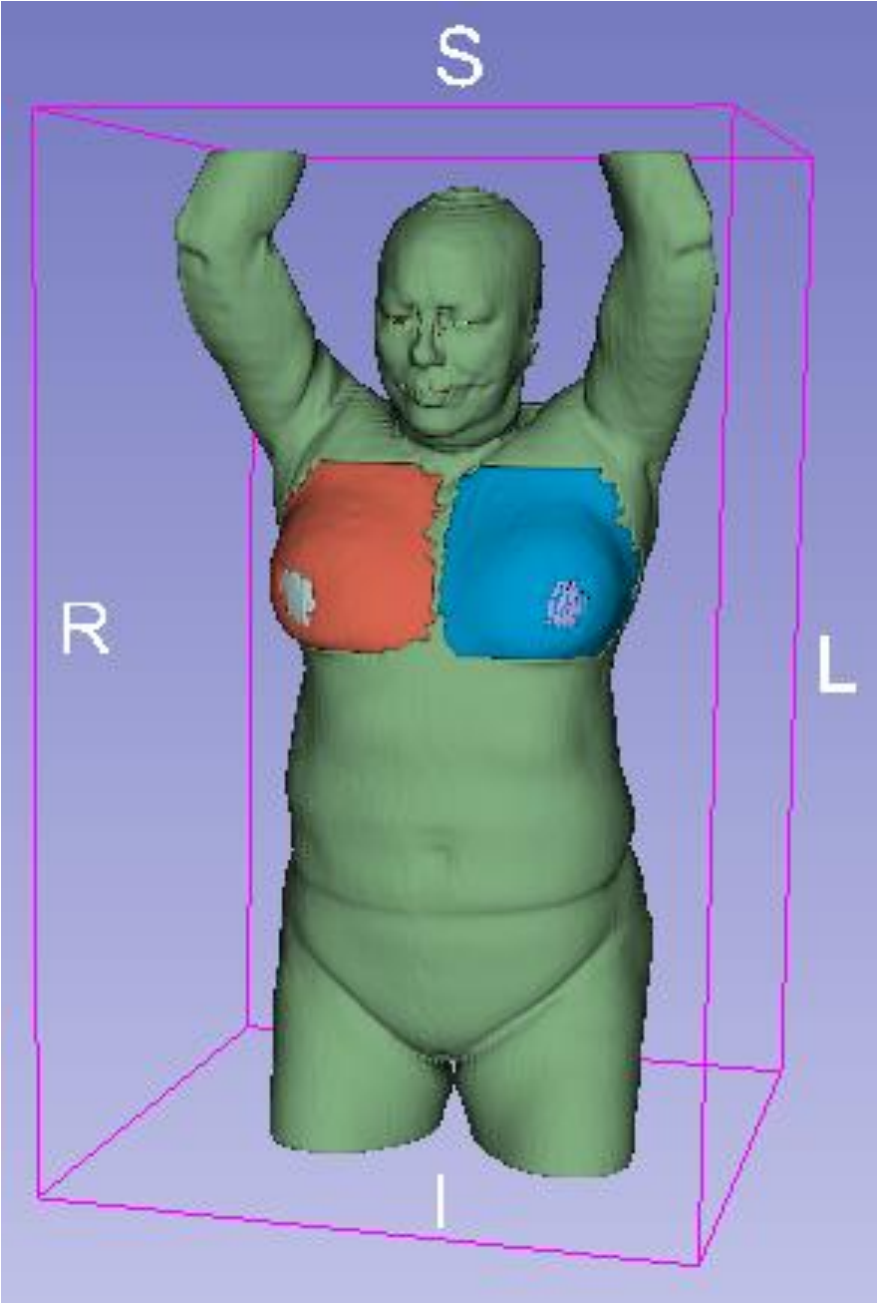


Fig. 3 - Patient-specific Phantom segmented from clinical images (obtained in Slicer).

RESULTS AND DISCUSSION

$$\text{Relative Difference (\%)} = \frac{SAF_{\text{ICRP-AF}} - SAF_{\text{MARIA}}}{SAF_{\text{ICRP-AF}}} \times 100$$

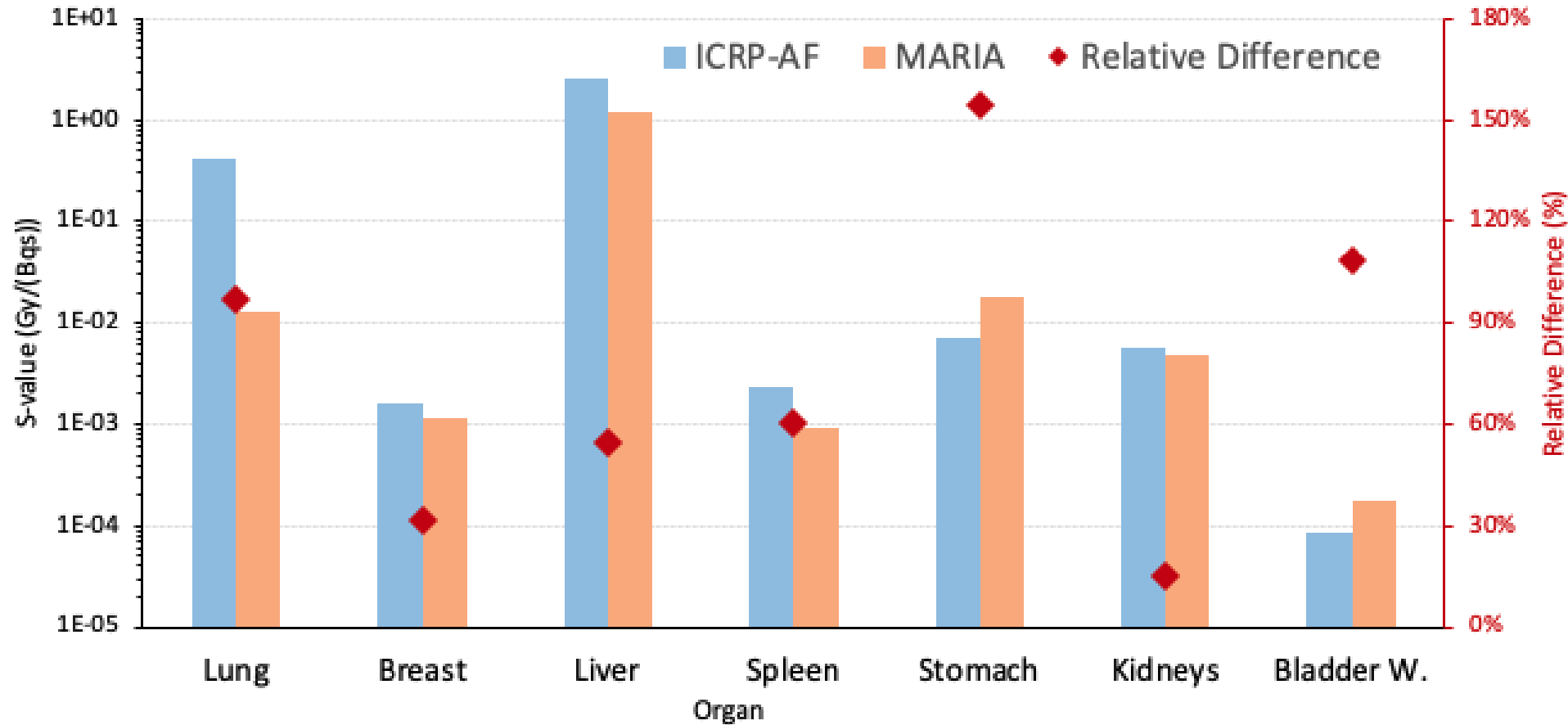


Fig. 4 – S-value in the Lung, Breast, Liver, Spleen, Stomach, Kidneys and Bladder Wall, with Liver as source organ, calculated in the ICRP-AF, MARIA and their relative difference. The emissions of ^{177}Lu were considered, namely beta, internal conversion and auger electrons, as well as X-ray and gamma photons.

S-value mean relative difference: **74%**

- As expected, the differences obtained between the two phantoms reflect the unequal patient individual anatomy, e.g. MARIA has much higher liver mass than ICRP-AF.

CONCLUSION

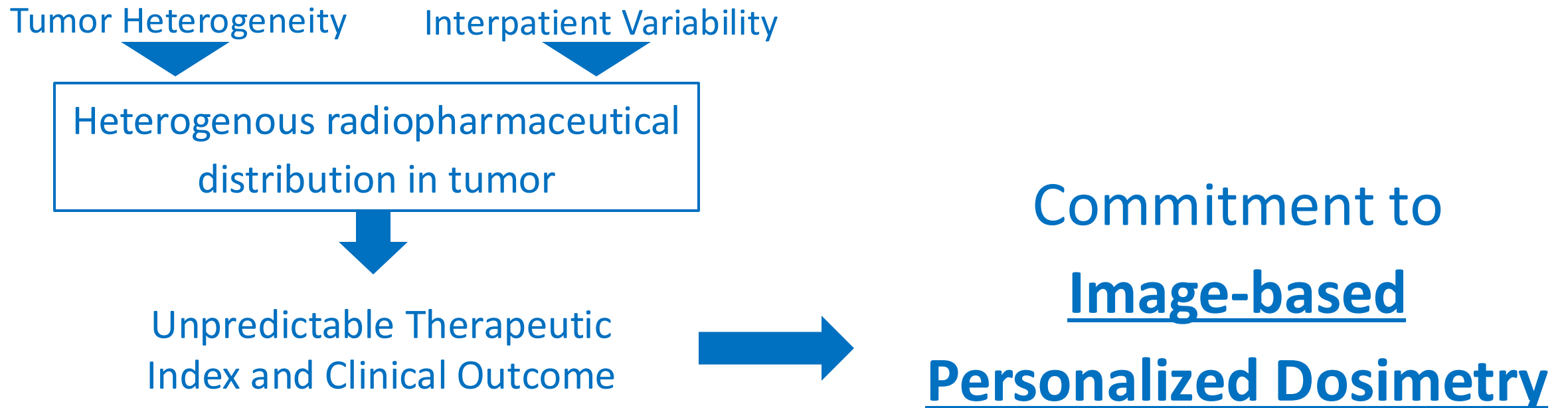
- The PSP created (MARIA) is considered validated, by comparison of calculated S-values to ICRP-AF.
- The developed Pipeline is efficient, versatile and user-friendly, able to work with any CT image or labelmap.

Home PC → Pipeline runs in ~ 7 min for 25 million voxel phantom ➡ Efficient for research!

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Thank you for your attention!

ACKNOWLEDGEMENTS

- Fundação para a Ciência e Tecnologia (FCT) and European Social Fund for PhD grant no. 2020.05908.BD.



CIÊNCIA, TECNOLOGIA
E ENSINO SUPERIOR



UNIÃO EUROPEIA

Fundo Social Europeu

- EURADOS Young Scientist Conference Support Financing.



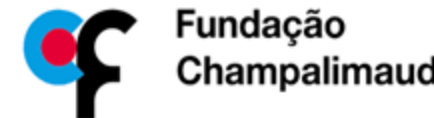
- Authors and Institutions:

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SUMPPLEMENTARY SLIDES

¹⁷⁷Lu emissions [ICRP Publication nº 109, 2007]

| Emitted Particle | Energy (eV) | Yield (/nt) |
|------------------|-------------|-------------|
| Beta | 133300 | 1 |
| IC | 87370 | 0.1548 |
| Auger | 1014 | 1.117 |
| X-ray | 2576 | 1.374 |
| Gamma | 175000 | 0.1803 |

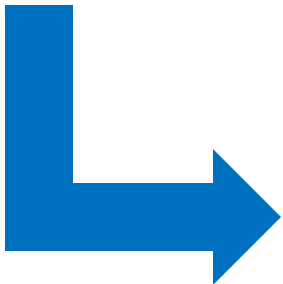
FUTURE WORK

Segmentation of clinical
PET-CT images.



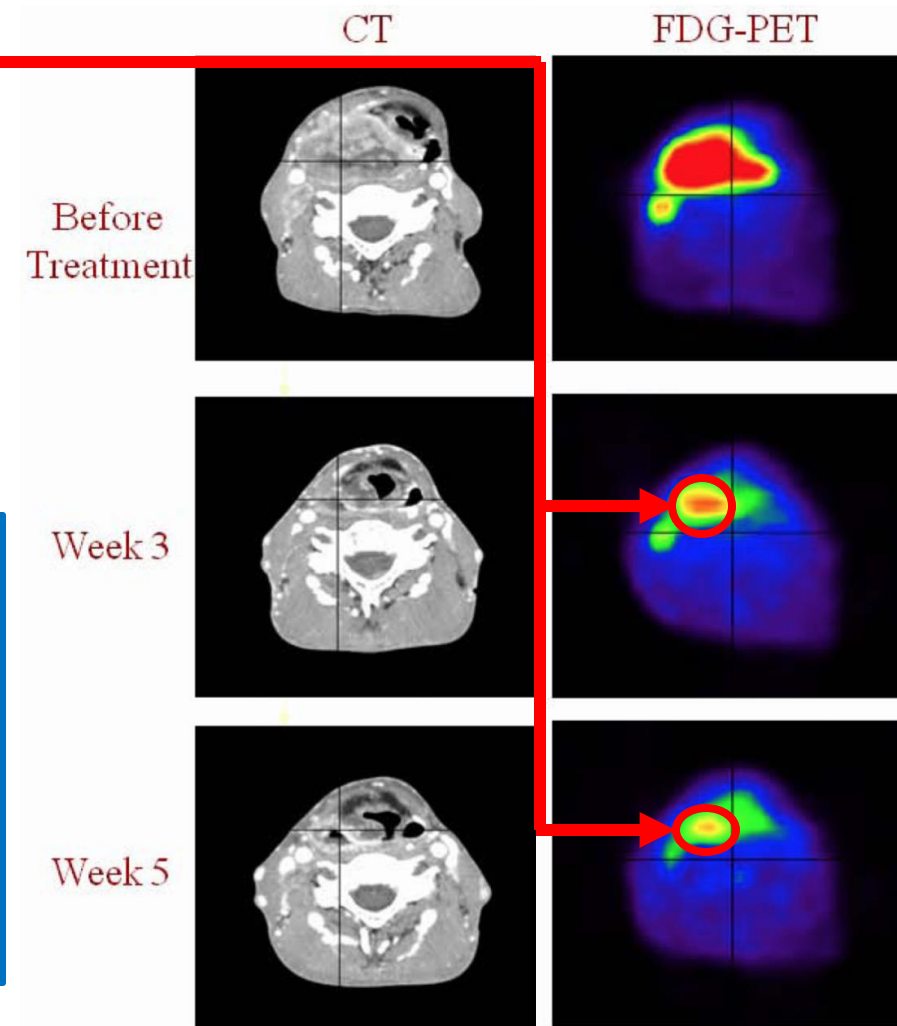
$$\text{Therapeutic Index (TI)} = \frac{\text{Voxel Intensity}_{\text{before treatment}}}{\text{Voxel Intensity}_{\text{after treatment}}}$$

- Patient-specific Voxel
Phantom: MC simulations
using PENELOPE



**Correlate dose in tumor
phenotypes to therapy
outcome observed in clinical
images**

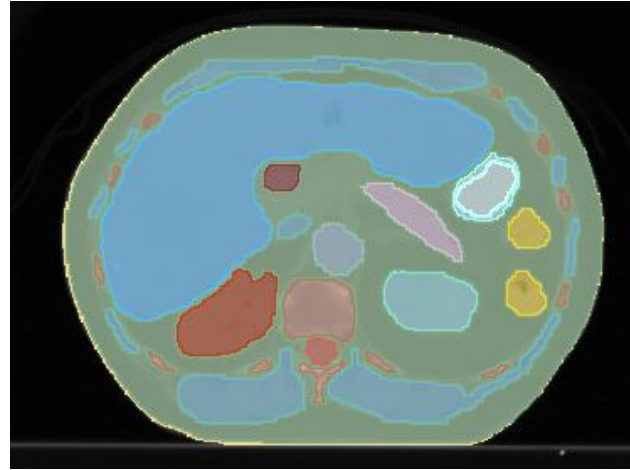
Identification of tumor areas
depicting TI inhomogeneities
(i.e. phenotypes).



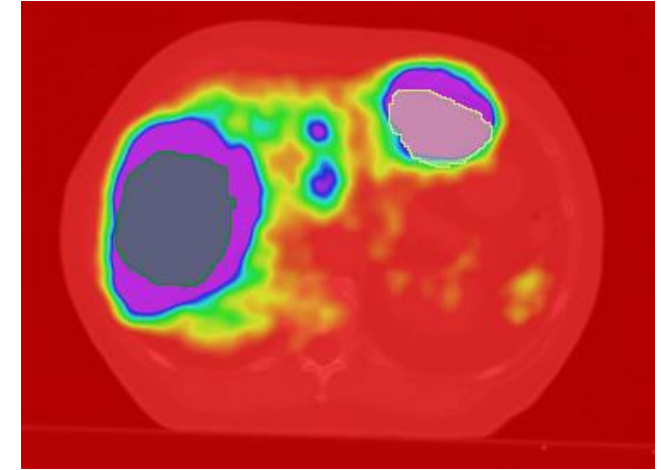
METHODS

- Pre-treatment CT images and 24h post-treatment SPECT images segmented using state-of-the-art specialized software, i.e. Pinnacle TPS and Slicer, respectively.
- Automatic, semi-automatic and manual segmentation methods employed.

Segment pre-treatment CT in Pinnacle TPS

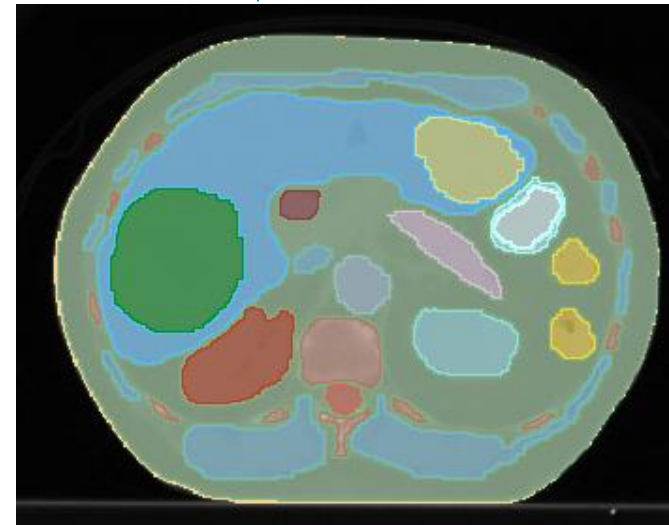


Tumor segmentation from ^{177}Lu SPECT post 24h performed in Slicer



MC Simulations

- Pipeline developed using data science methods to create simulation voxel phantom.
- MC simulations performed using penEasy2020/PENELOPE2018.
- Specific Absorbed Fractions (SAF) and S-value calculated in ICRP-AF and segmented phantom (MARIA).



Combined full segmentation

Imported into Slicer and exported as labelmap (.nrrd)