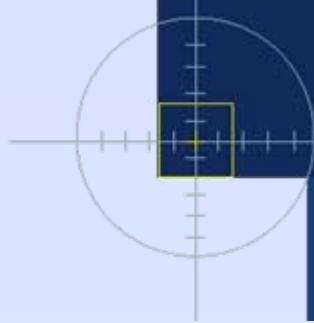


# Eclipse

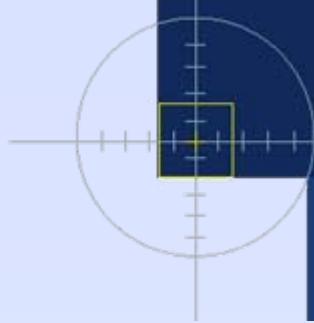
## Treatment Planning - The Basics

Martin Sabel  
Varian Medical Systems  
Zug, Switzerland



# Agenda

- ◆ Treatment planning
- ◆ Workflow: Conventionel planning
- ◆ Images
- ◆ Contouring
- ◆ Beam setup
- ◆ Dose calculation
- ◆ Workflow: Inverse planning
- ◆ Eclipse Helios

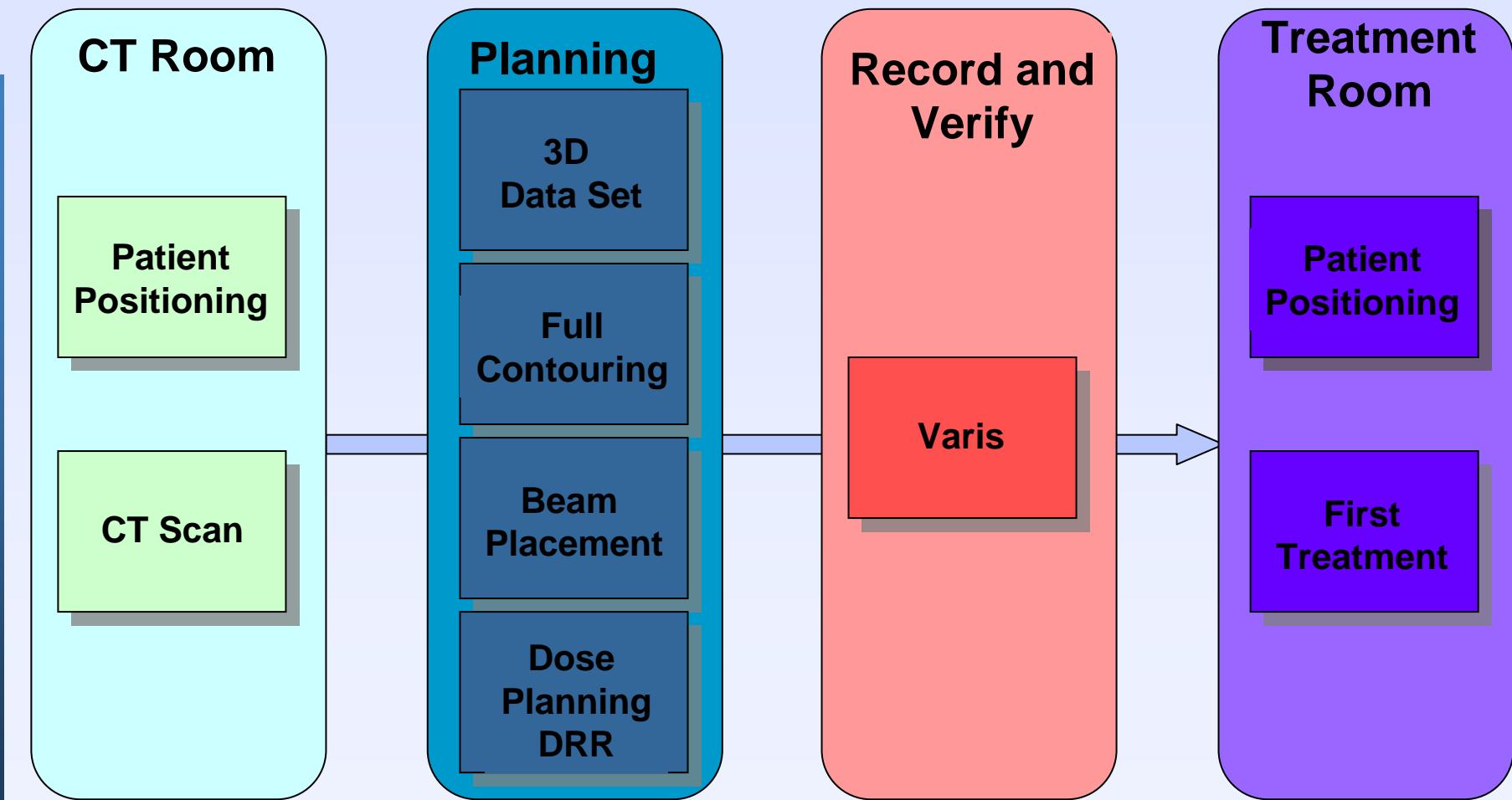


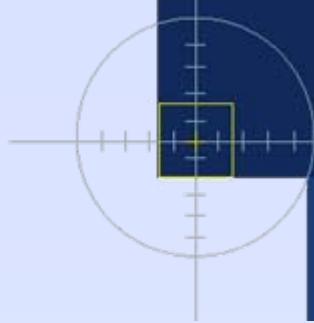
# What is Treatment Planning

- ◆ Treatment Planning is a process which results in
  - ◆ Blueprint for the optimal treatment
  - ◆ Optimal treatment:
    - ◆ Maximizing target coverage
    - ◆ Minimizing normal tissue care

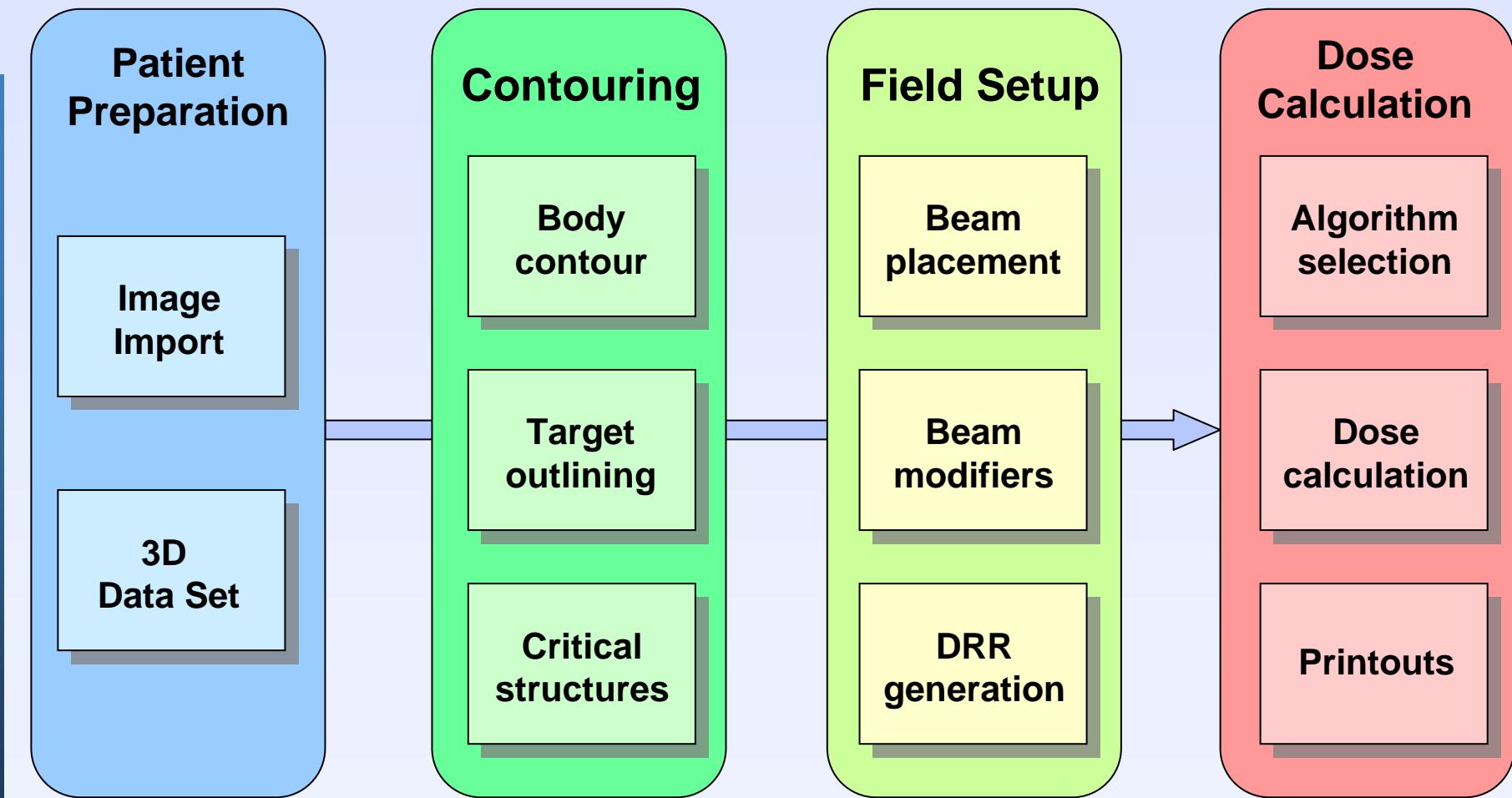


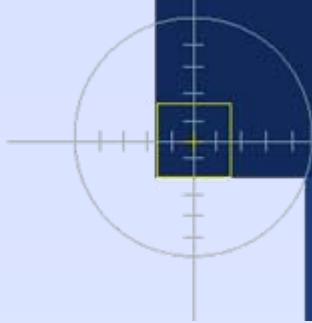
# Workflow: 3D conventional radiotherapy





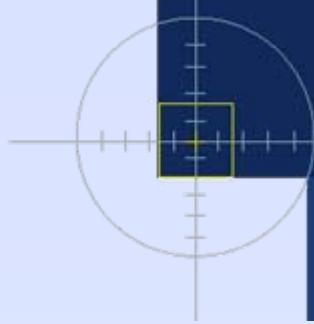
# Workflow in Eclipse





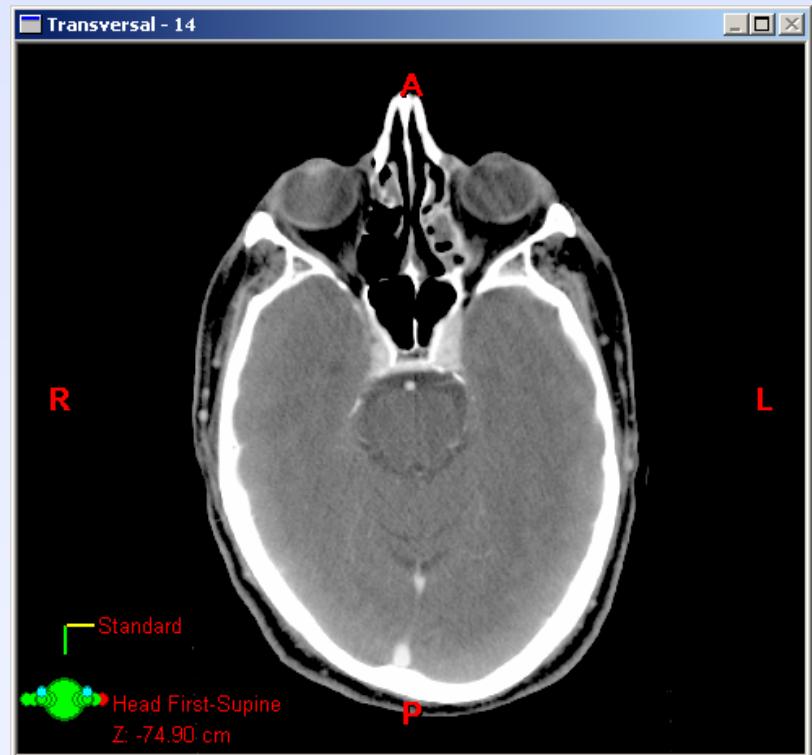
# Patient Preparation

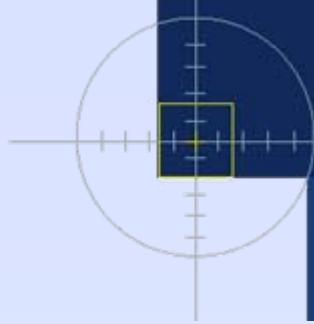
- ◆ What does Eclipse require?
  - ◆ Images in Dicom 3 format
- ◆ What kind of images?
  - ◆ CT
  - ◆ MRI
  - ◆ PET



# Images for Treatment Planning

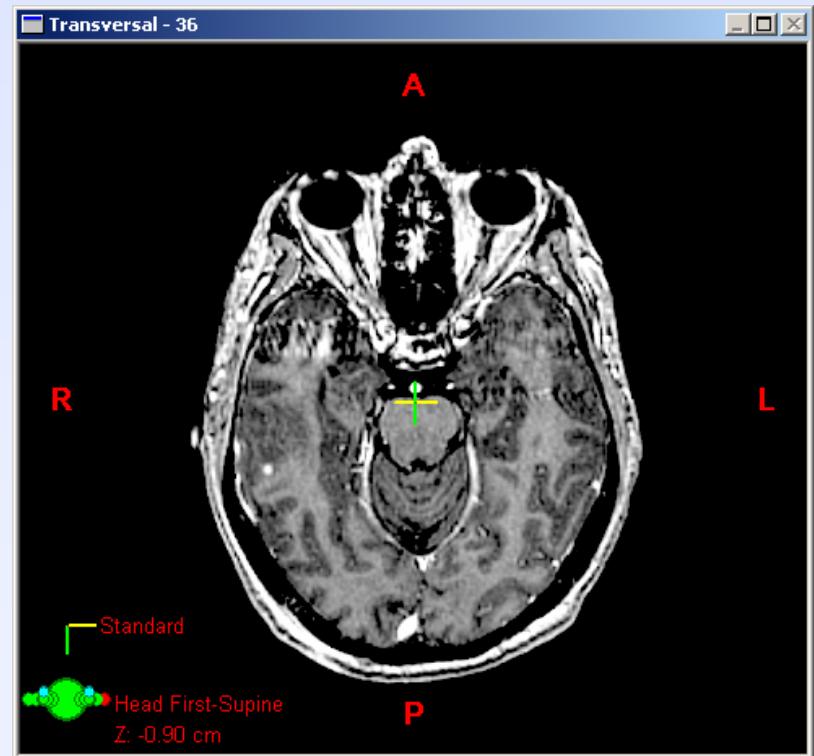
- ◆ Primary Imaging Modality
  - ◆ CT Images
    - ◆ Represents the electron density directly in the image
    - ◆ Very robust geometrical accuracy
    - ◆ Short scanning time

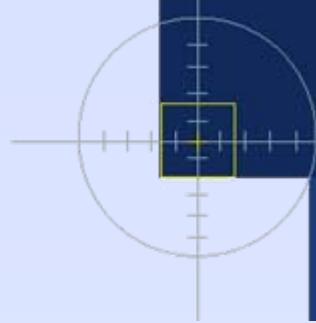




# Images for Treatment Planning

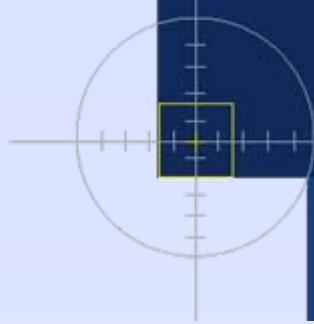
- ◆ Other Modalities
  - ◆ Magnetic Resonance Imaging (MRI)
  - ◆ Advantages of MR images
    - ◆ CT is unable to visualize tumors that exhibit little change in atomic numbers compared to their surroundings
    - ◆ Not constrained to the axial plane
    - ◆ No potential artifacts





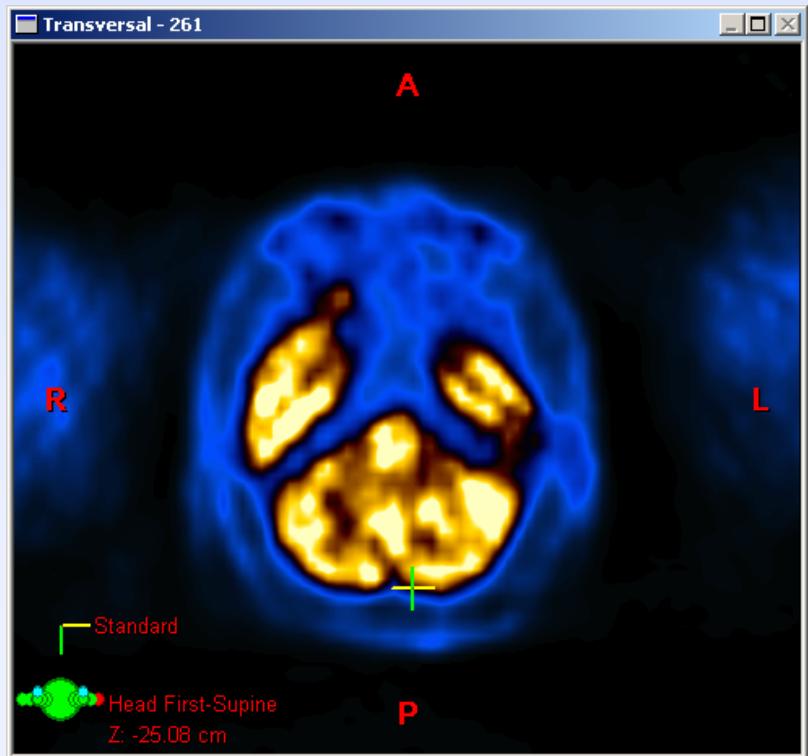
# Images for Treatment Planning

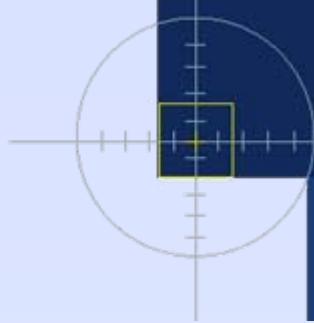
- ◆ Other Modalities
  - ◆ Magnetic Resonance Imaging (MRI)
  - ◆ Disadvantages of MR images
    - ◆ No electron density information
    - ◆ Sometimes geometrical distortions



# Images for Treatment Planning

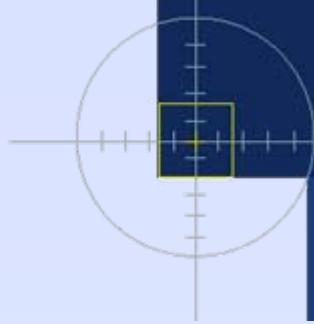
- ◆ Other Modalities
  - ◆ Positron Emission Tomography (PET)
  - ◆ Advantages of PET images
    - ◆ Ability to achieve absolute quantification of the radiotracer concentration → allows evaluation of treatment response
    - ◆ Show the active tumor and the active lymph nodes





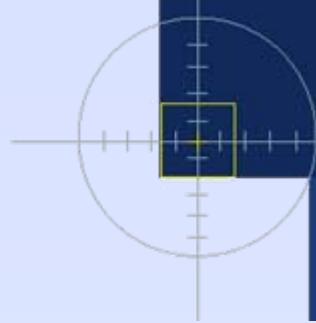
# Images for Treatment Planning

- ◆ Other Modalities
  - ◆ Positron Emission Tomography (PET)
  - ◆ Disadvantages of PET images
    - ◆ No electron density information
    - ◆ Resolution
    - ◆ Scanning time
    - ◆ Table without inserts



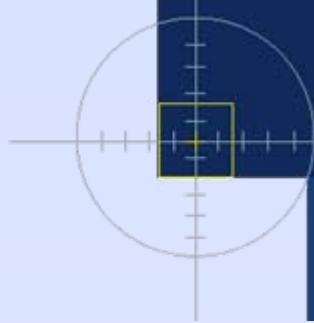
# Images for Treatment Planning

	CT	MRI	PET
Primary Signal	Electron Density	Proton Density	Isotope Concentration
Resolution	~ 0.78mm	1mm	4 mm
Tumor Specificity	Low	Low	Med-High
Tumor Sensitivity	Low	High	High
Scanning Time	short	1-10 min	10-80 min



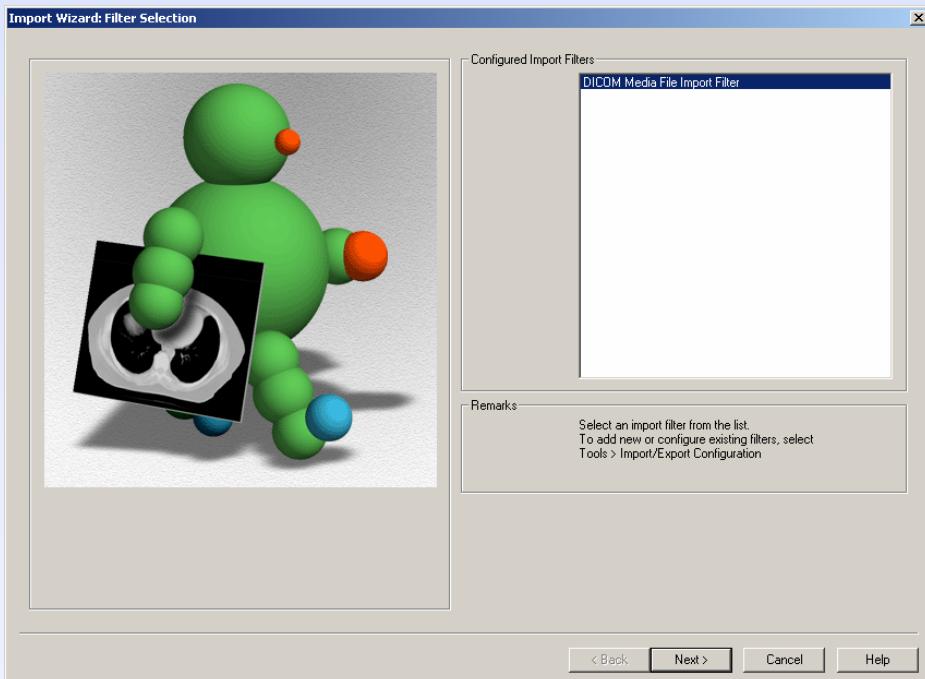
# Images for Treatment Planning

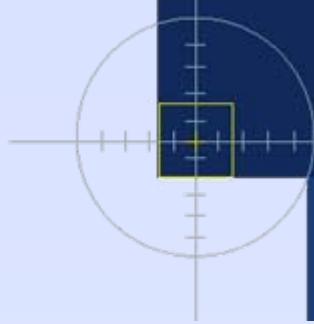
- ◆ CT images are needed for the dose calculation (information about the electron density) and MRI or PET images for the good localization of tumors and in case of PET images for the treatment response.



# Images Import

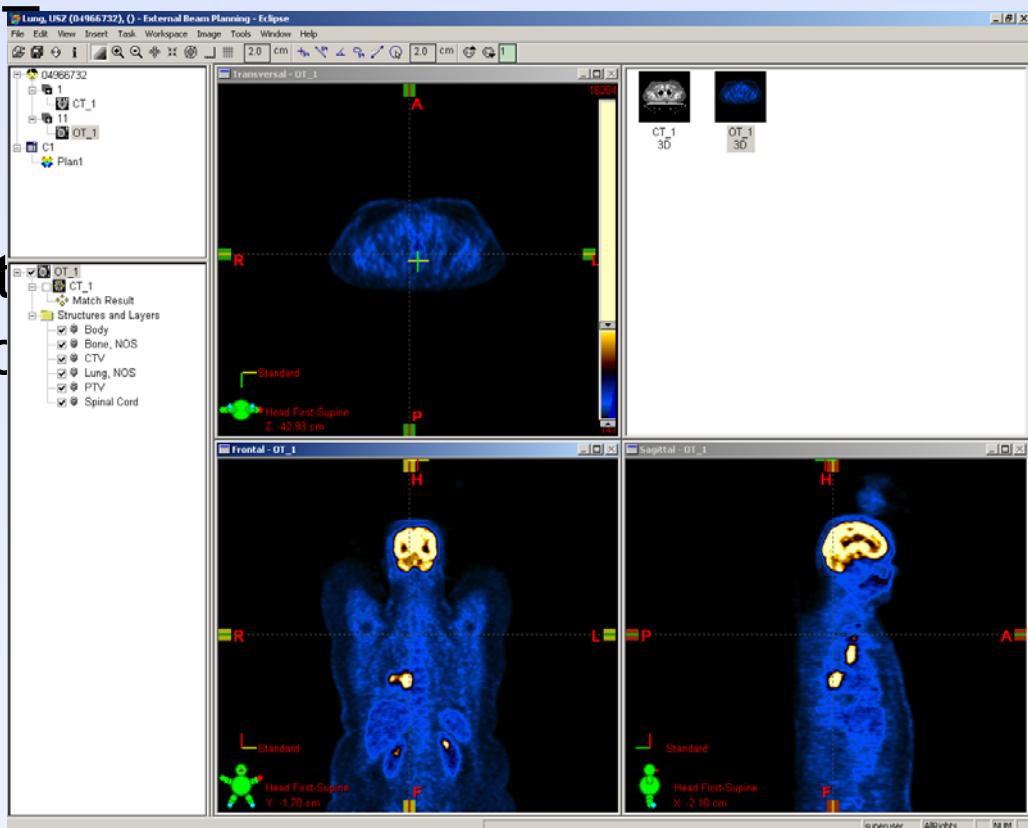
- ◆ How can you bring in the images from your scanners into the Eclipse system?
  - ◆ Import Wizard for Dicom Images

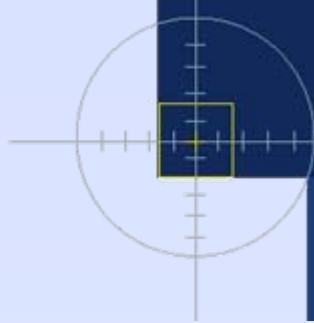




# 3D Image Set

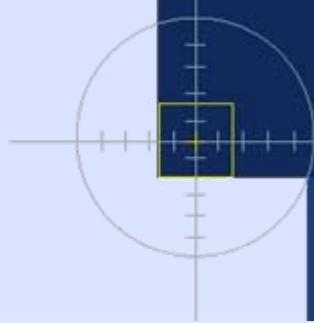
- ◆ Eclipse needs a 3D CT data set for treatment planning
- ◆ Additional 3D data sets can be created: PET or MRI





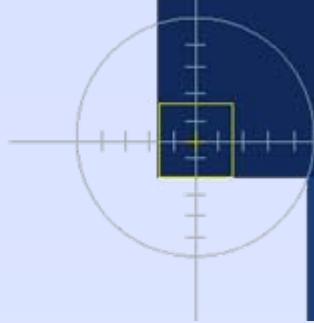
# Registration

- ◆ 3 different possibilities
  - ◆ CT – CT
  - ◆ CT – MRI
  - ◆ CT – PET



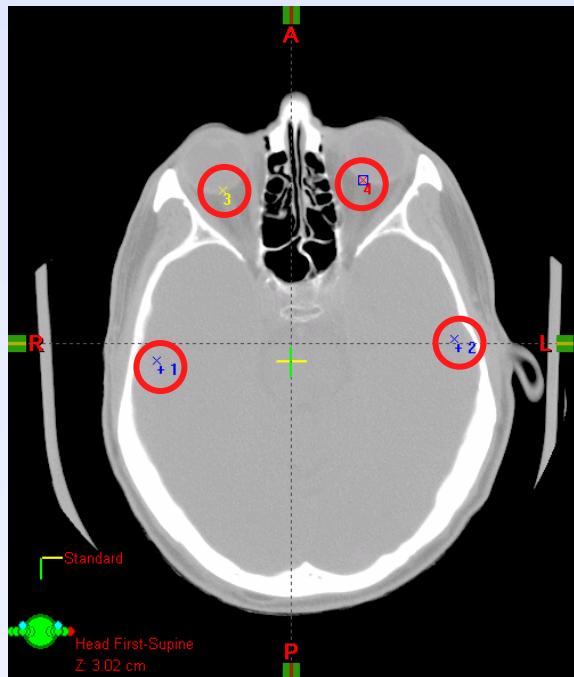
# Registration CT – MRI or CT- CT

- ◆ 4 points in each modality
- ◆ Each point pair is at the same anatomical position
- ◆ Indicator shows a rough matchresult (better than 10mm)
- ◆ Match button



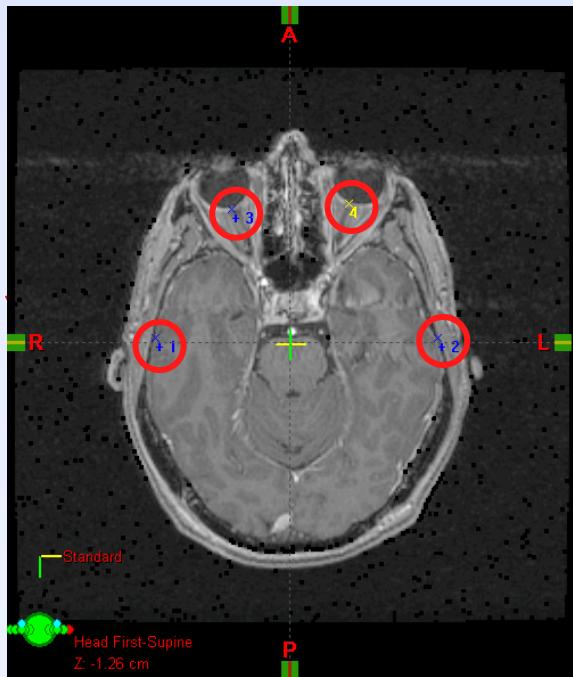
# Registration with Markers

- ◆ CT-MRI manual match



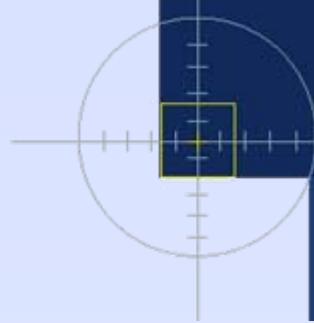
CT Image

Markers



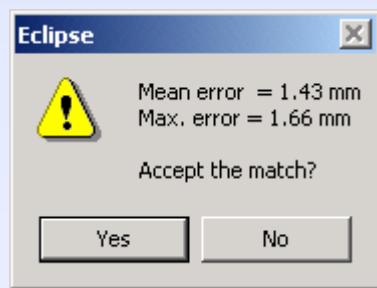
MR Image

Match Indicator

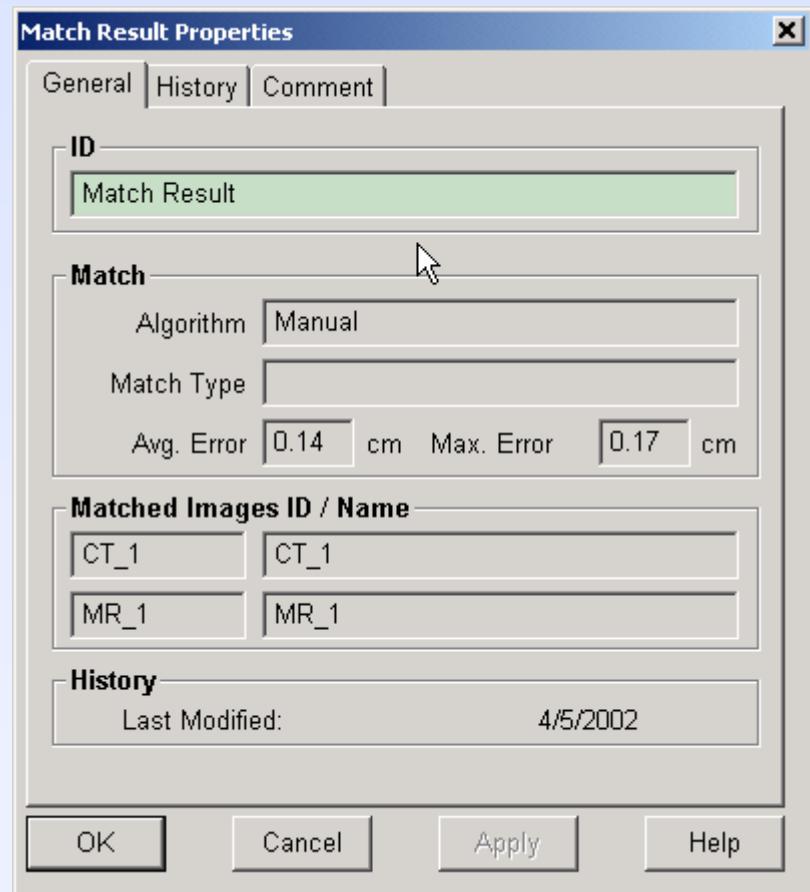


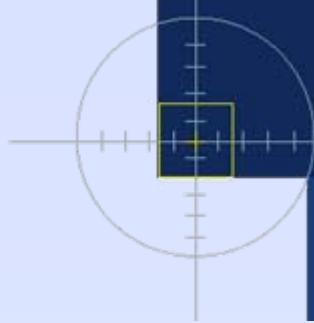
# Registration with Markers

- ◆ CT-MRI manual match

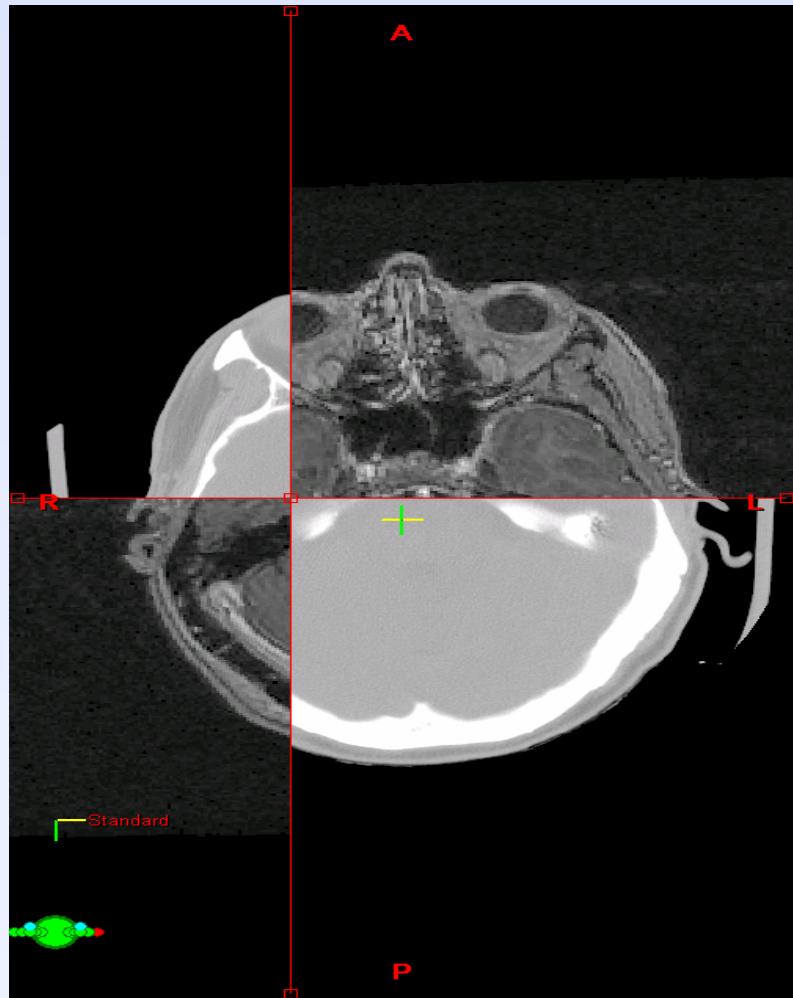


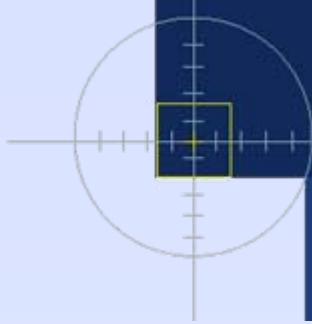
Match result





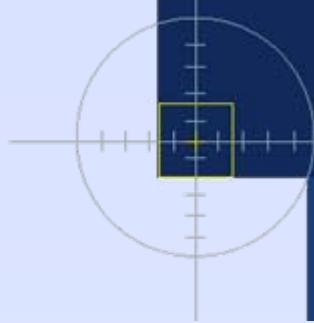
# Registration with Markers





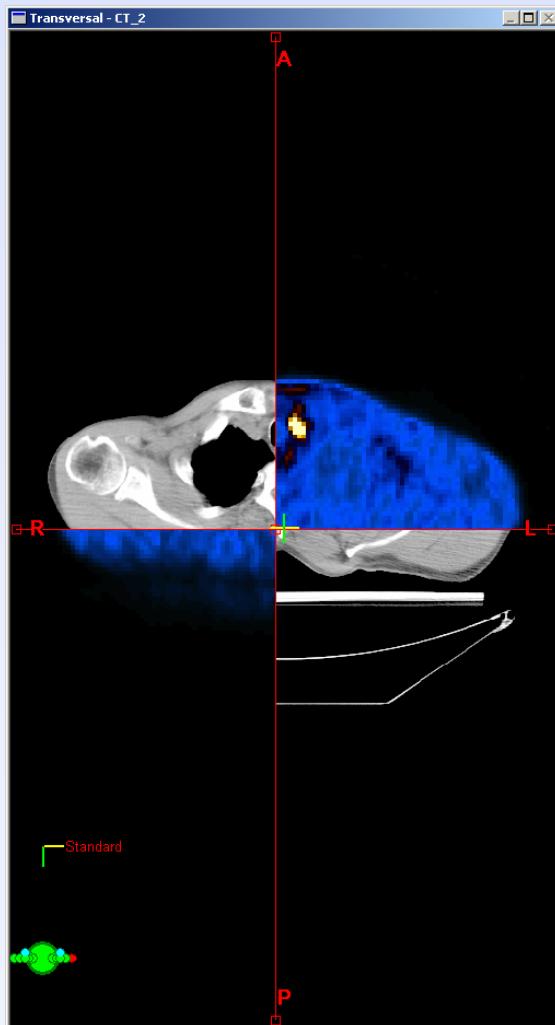
# Registration CT-PET

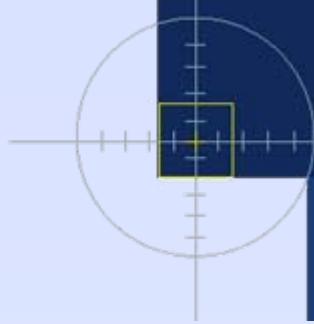
- ◆ In case the RT department has access to a PET-CT scanner, the match process is faster
- ◆ PET-CT scanner advantage
  - ◆ PET and CT data set are taken at the same time
  - ◆ Patient position is the same
  - ◆ Coordinate system is the same
  - ◆ Table is the same



# Registration CT-PET

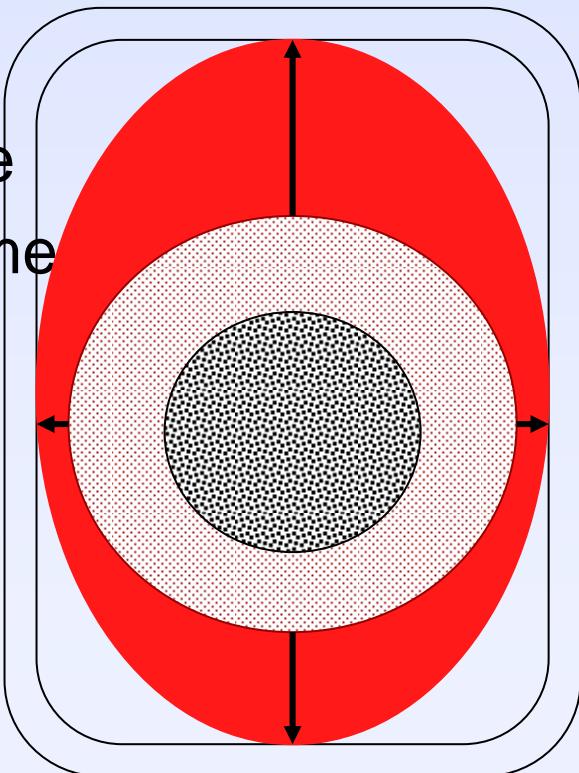
- ◆ One click on the translation icon registers the CT and the PET data set

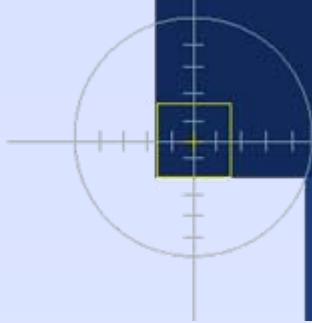




# Contouring

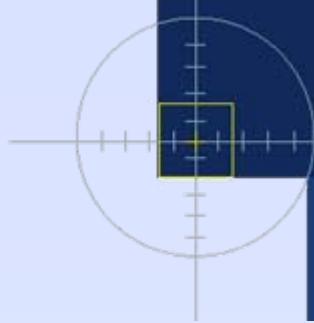
- ◆ GTV – CTV – PTV:
  - ◆ Gross Tumor Volume
  - ◆ Clinical Target Volume
  - ◆ Planning Target Volume
  - ◆ Treated Volume
  - ◆ Irradiated Volume





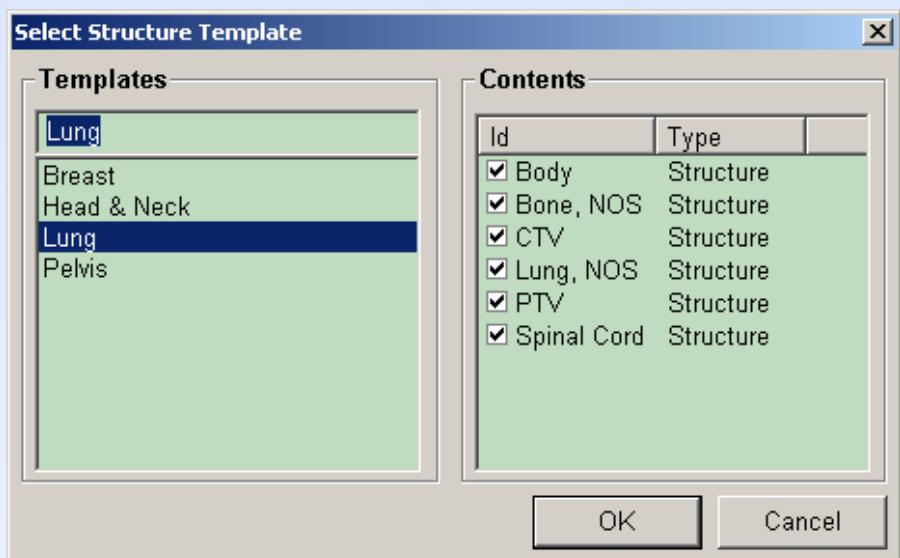
# Contouring

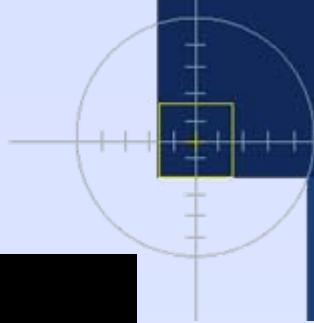
- ◆ GTV
  - ◆ Gross palpable or visible extend and location of malignant growth
- ◆ CTV
  - ◆ GTV and/or sub-clinical microscopic malignant disease which have to be eliminated
  - ◆ That's what we hope to sterilize or eradicate with the help of radiotherapy



# Contouring CTV

- ◆ Structure Templates
  - ◆ Userdefinable templates
  - ◆ Structure name
  - ◆ Structure type
  - ◆ Structure color
  - ◆ Structure search values

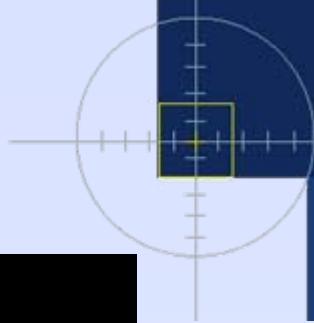




# Contouring CTV

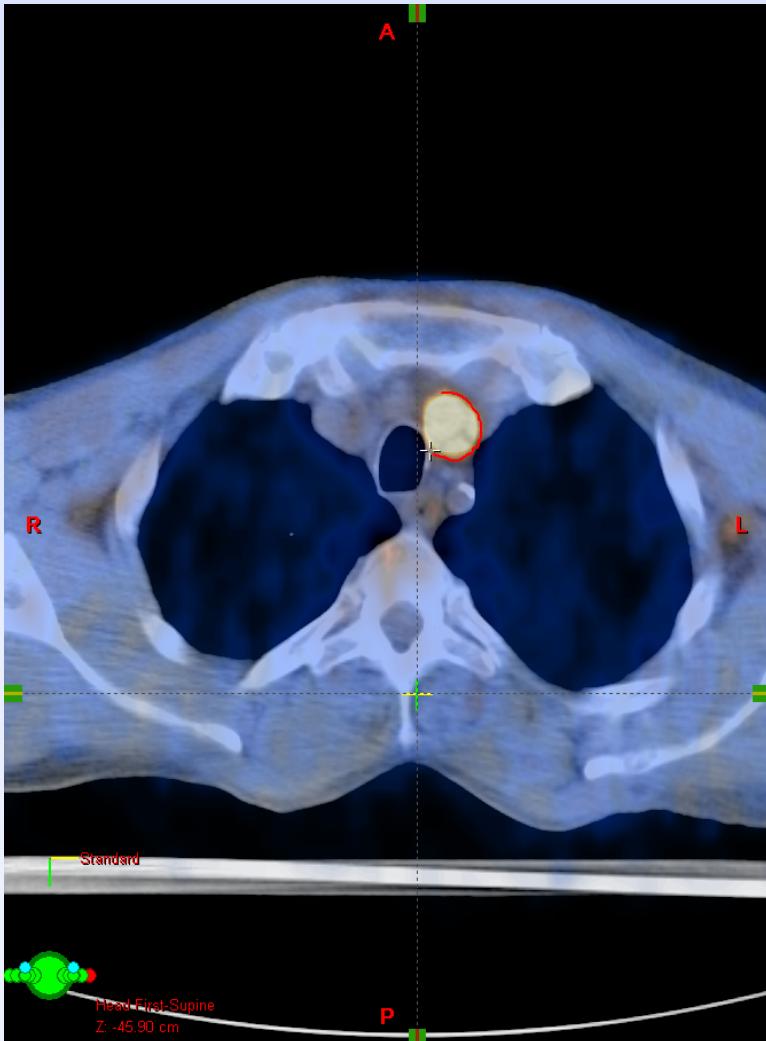
- ◆ Where is the CTV in the CT image?

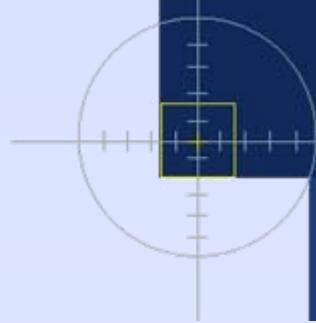




# Contouring CTV

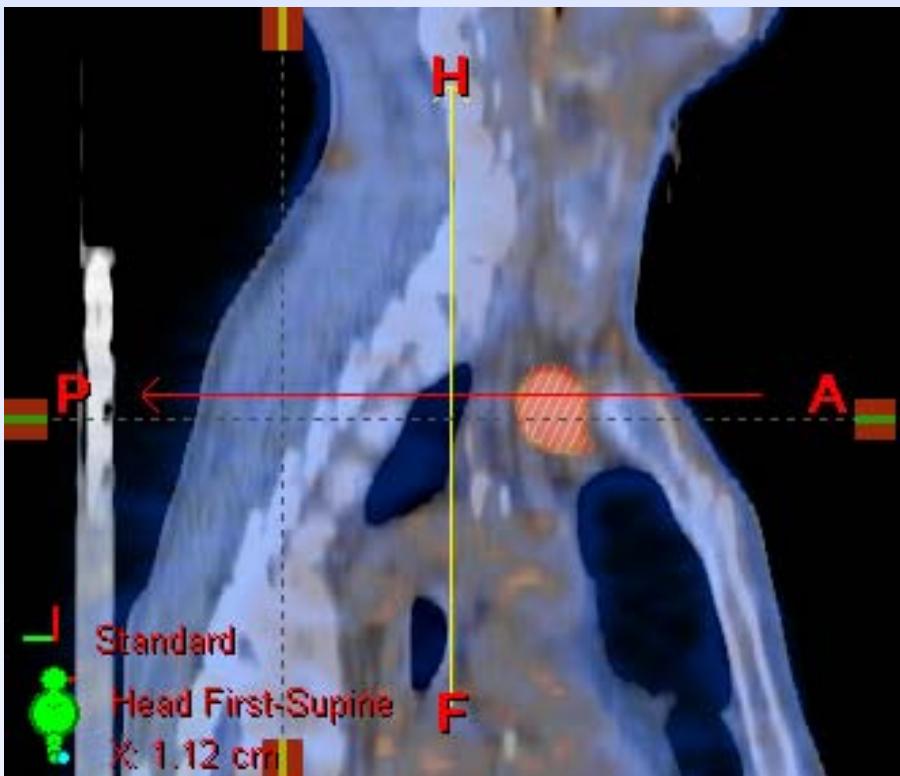
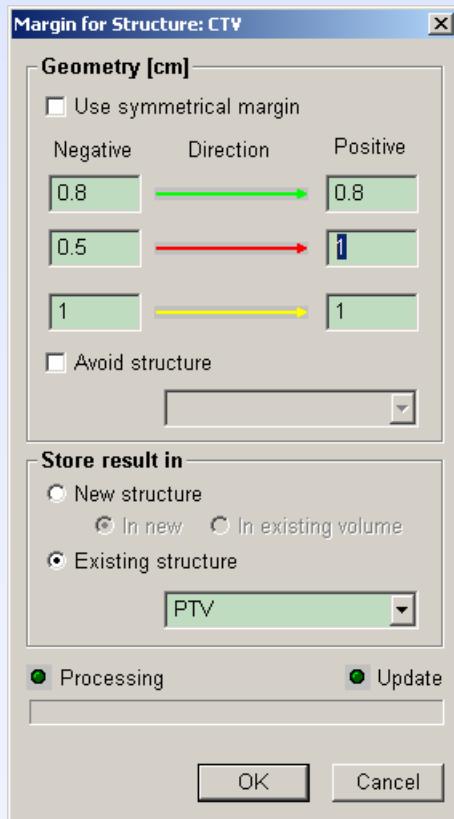
- ◆ Manual contouring tool
- ◆ Example with PET overlay

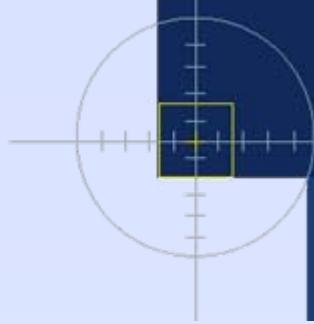




# Contouring PTV

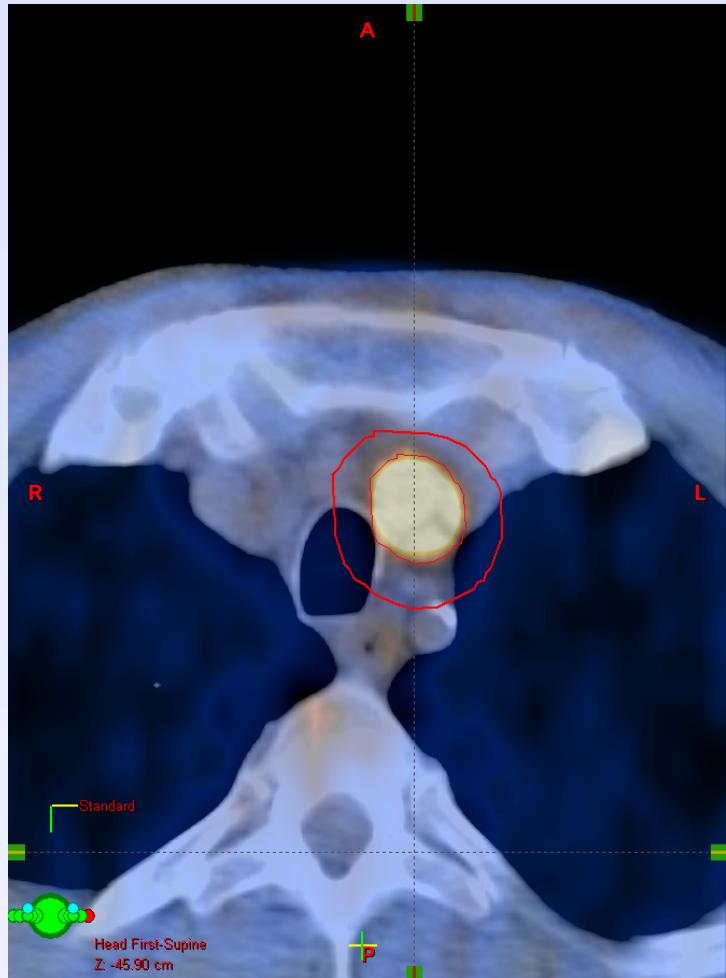
- ◆ Add margin tool

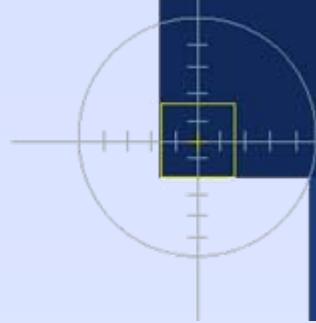




# Contouring PTV

- ◆ PTV with asymmetrical margin around CTV

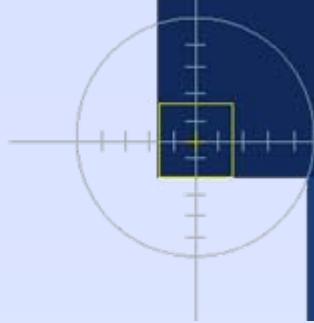




# Contouring CTV, PTV

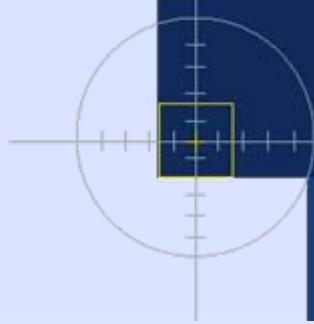
- ◆ Where is the CTV?





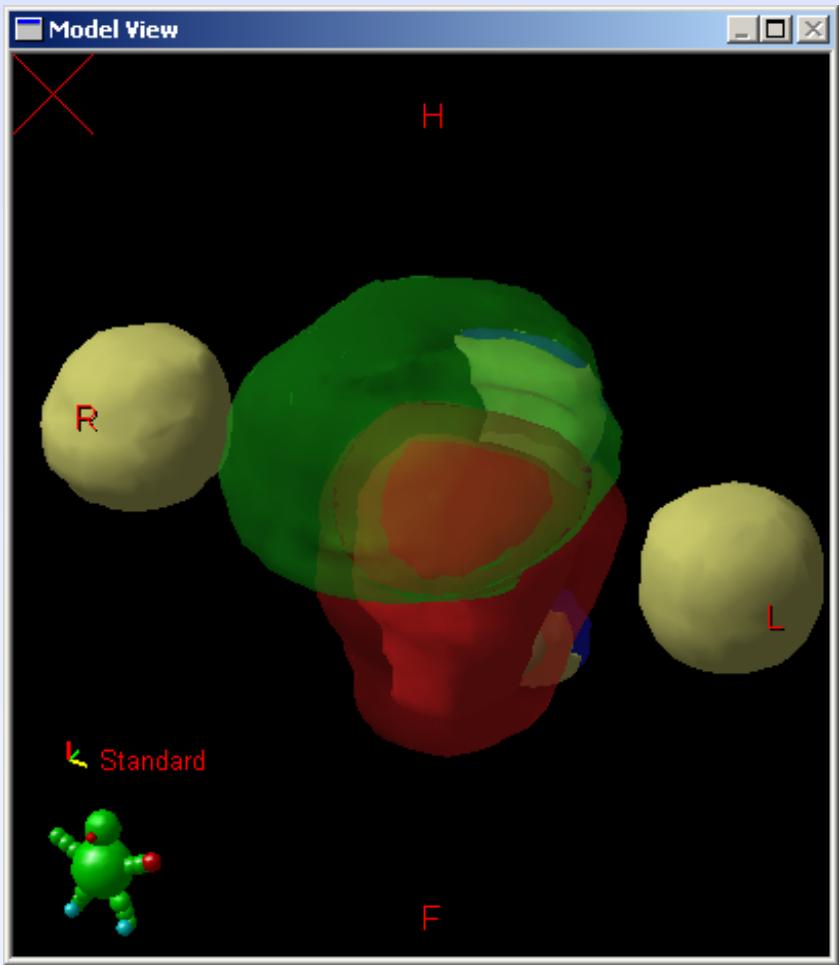
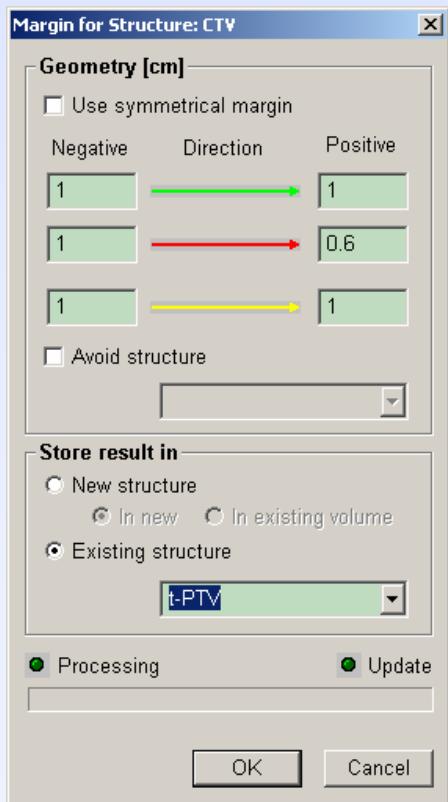
# Contouring

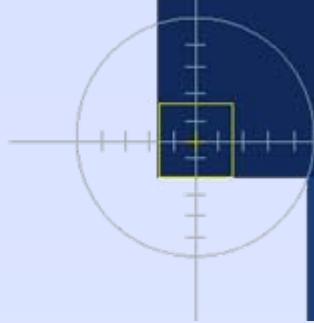
- ◆ Basic manual contouring tools
  - ◆ Drawing tool
  - ◆ Correction tool
  - ◆ Brush
  - ◆ Eraser



# Contouring

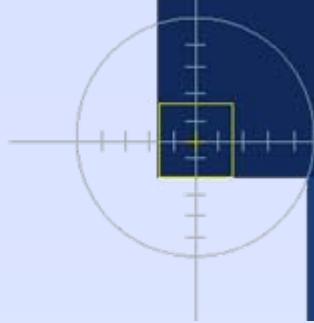
- ◆ Automatic margin tool





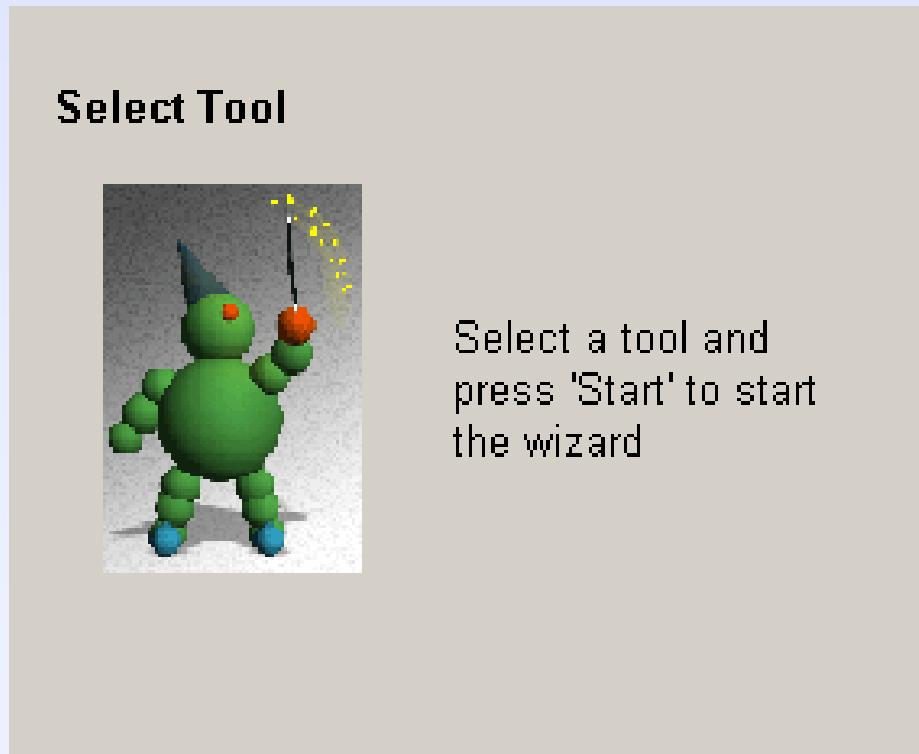
# Contouring

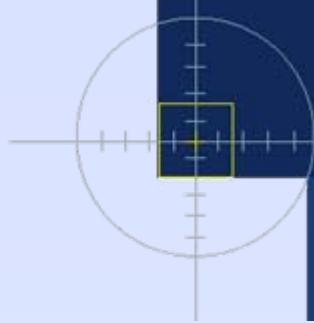
- ◆ Body contour
  - ◆ For virtual simulation
  - ◆ For dose calculation



# Contouring

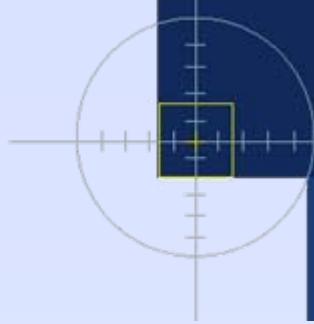
- ◆ More structures
  - ◆ Spinal cord
  - ◆ Lung
  - ◆ Brain





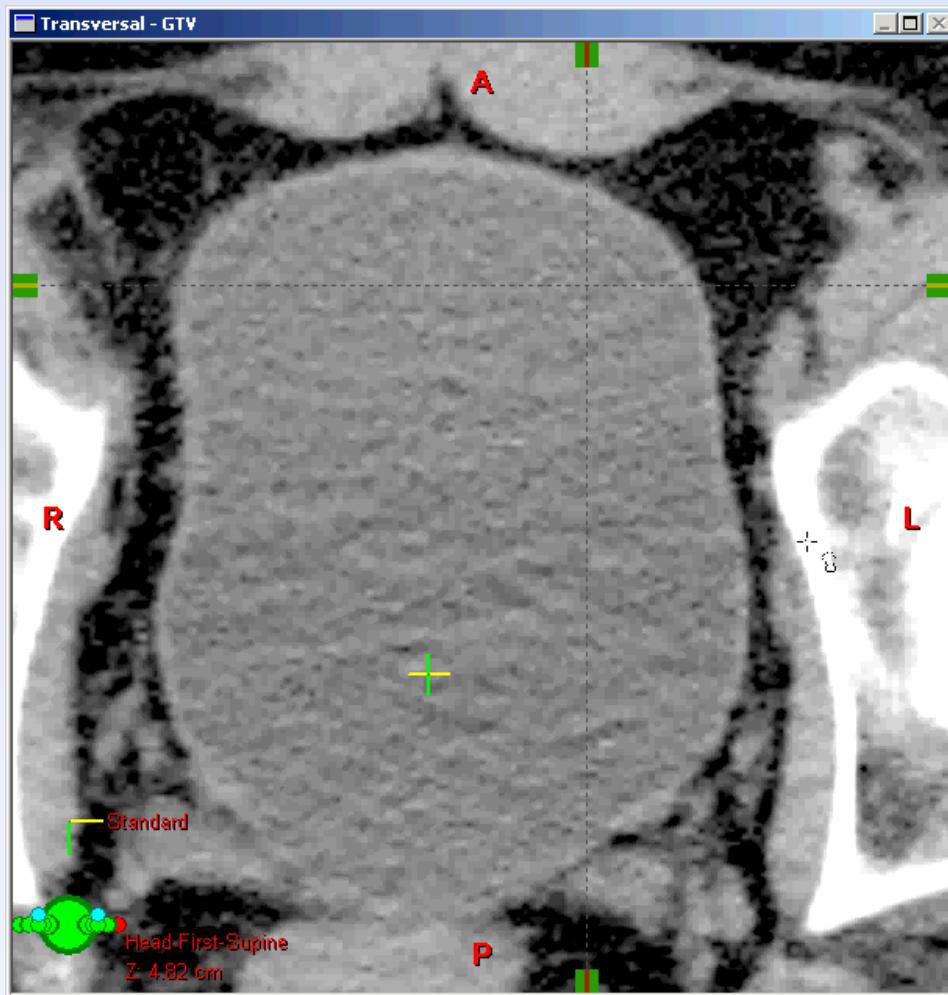
# Contouring

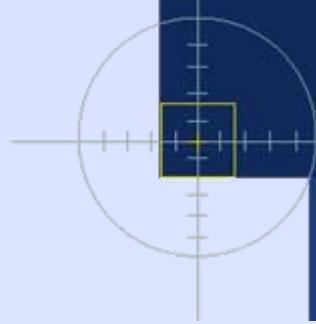
- ◆ Advanced contouring tools
  - ◆ Segmentation wizard
    - ◆ Boolean Operators
    - ◆ Intersect with a margin
- Reduce contouring time
- More complex contouring for IMRT



## Example: Live Wire

- ◆ Automatic detection of structure boundary

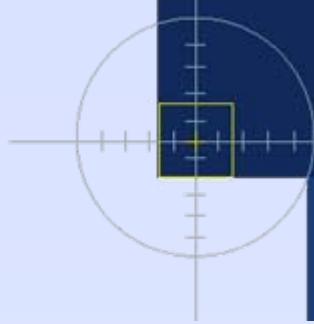




# Example: Spline Snake

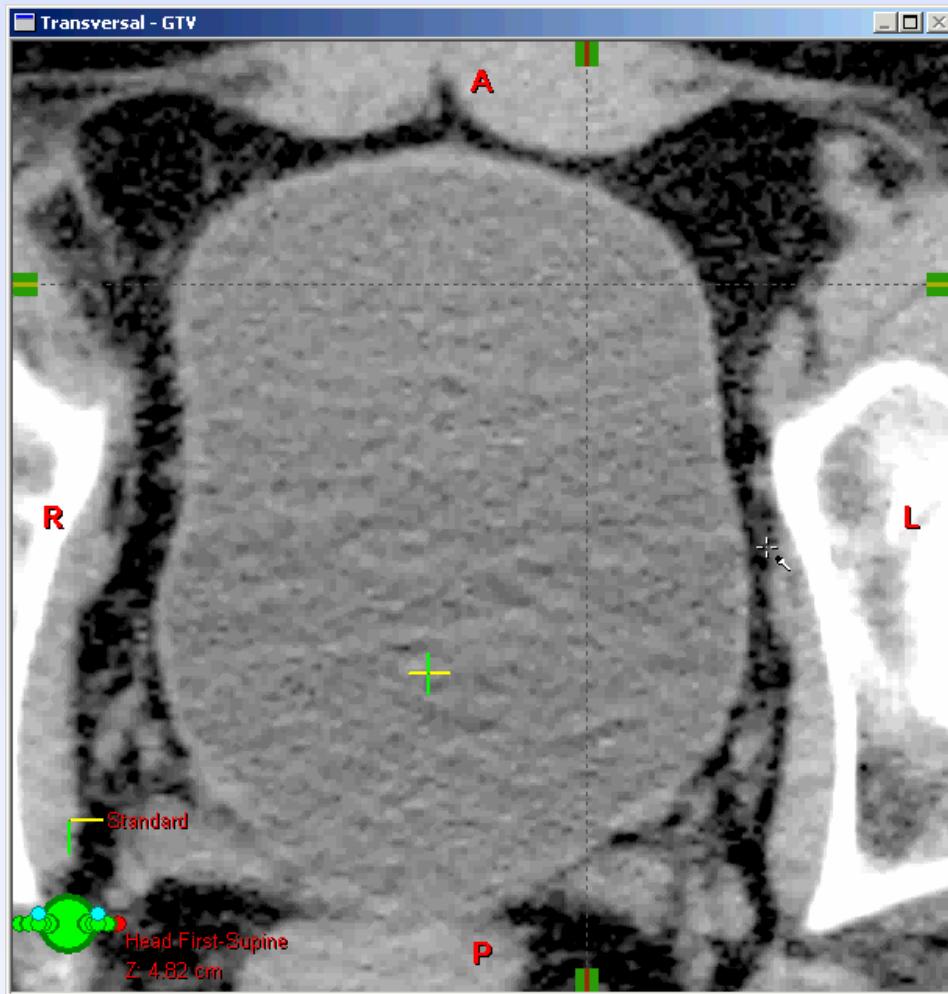
- ◆ Optimization of the spline function

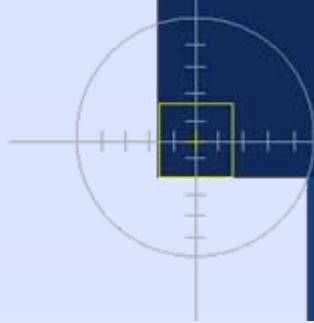




## Example: Brush

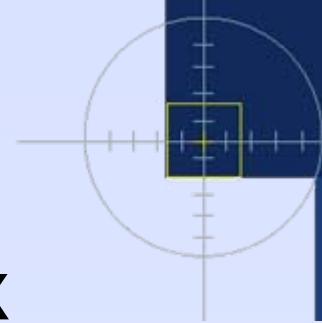
- ◆ Brush with user definable density detection
- ◆ 2D mode
- ◆ 3D mode





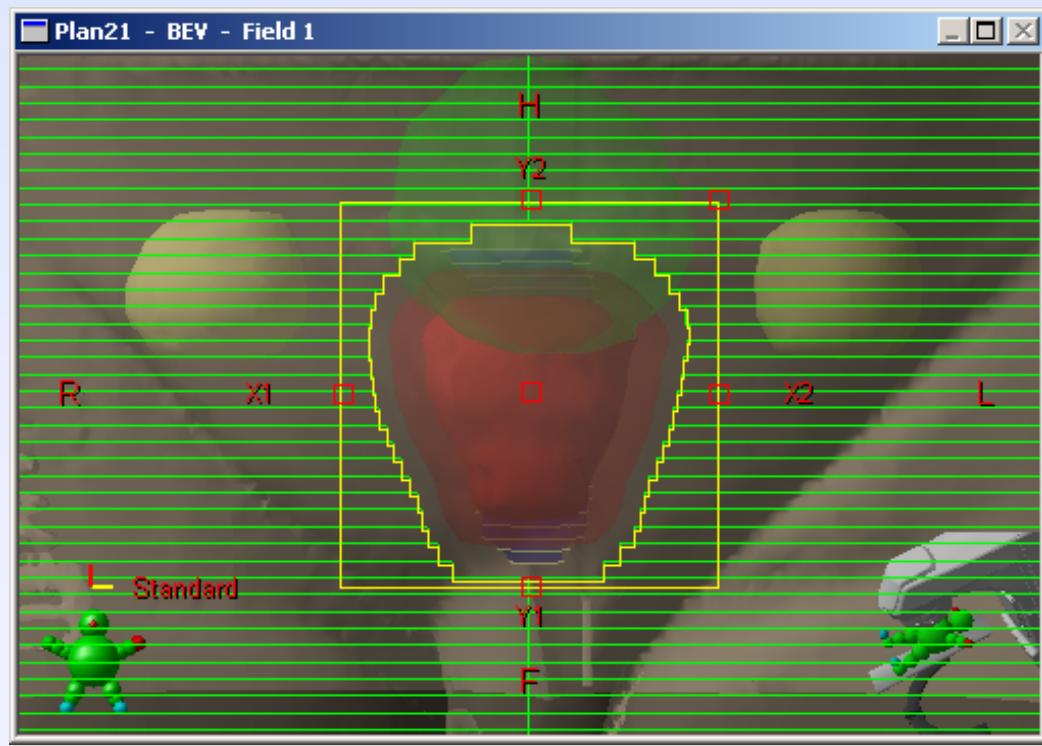
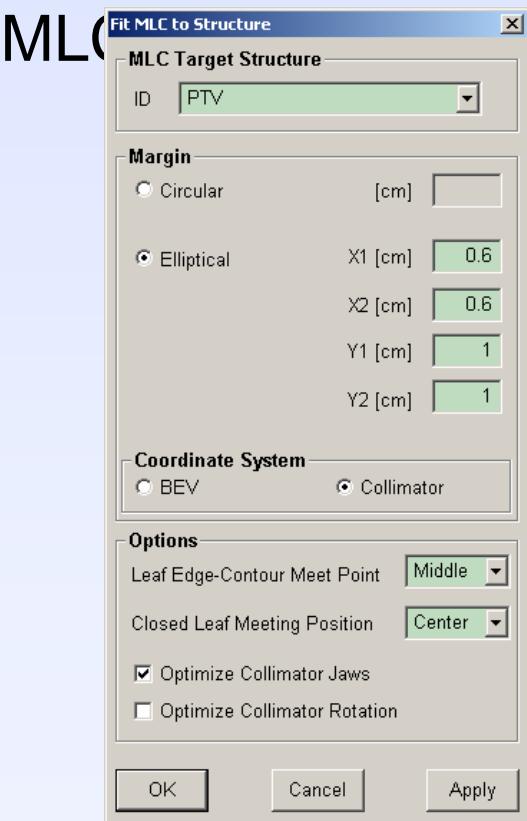
# Beam setup

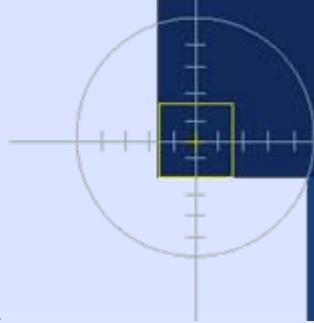
- ◆ Basics
  - ◆ Based on experience
  - ◆ Interactive beam setup with mouse
  - ◆ Plan templates



# Planning: Example 4 field MLC box

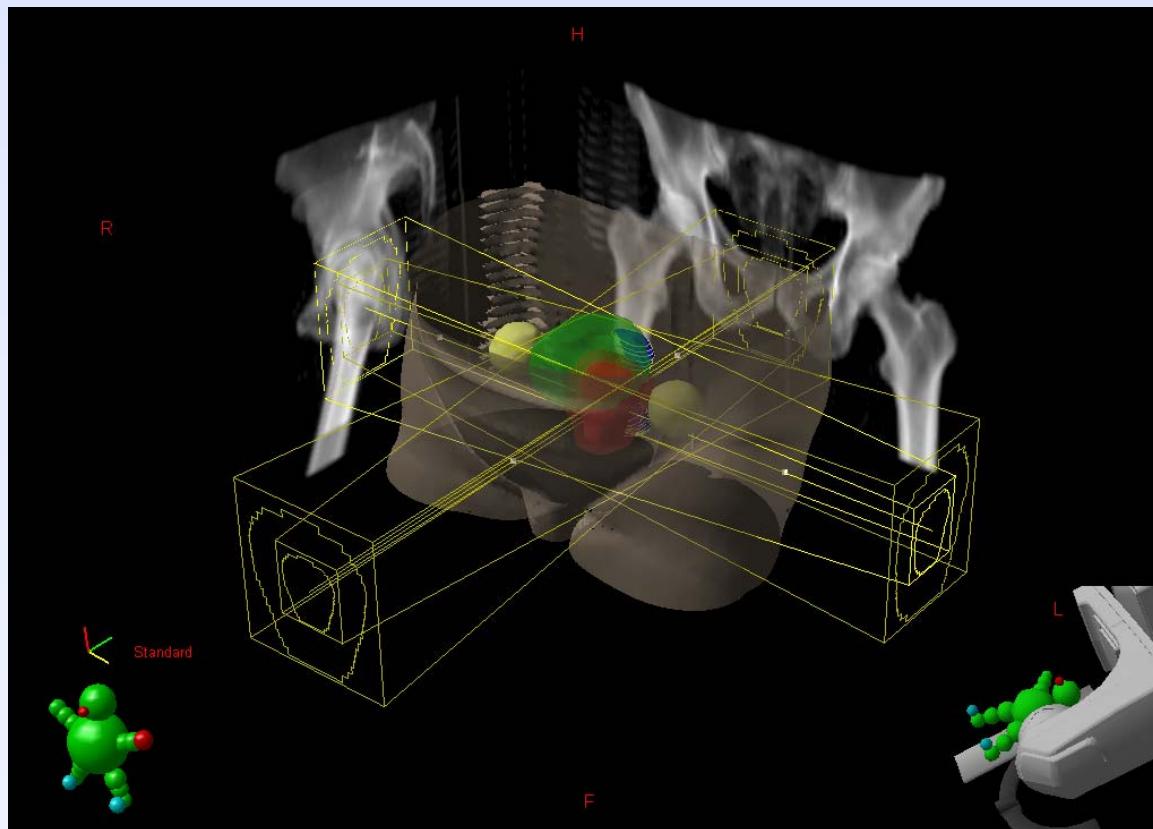
- ◆ BEV Field 1 with MLC

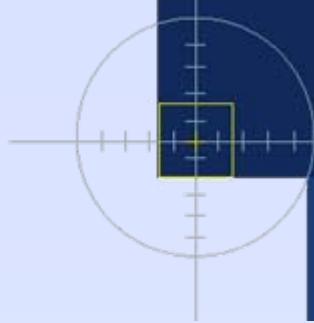




# Planning: Example 4 field MLC box

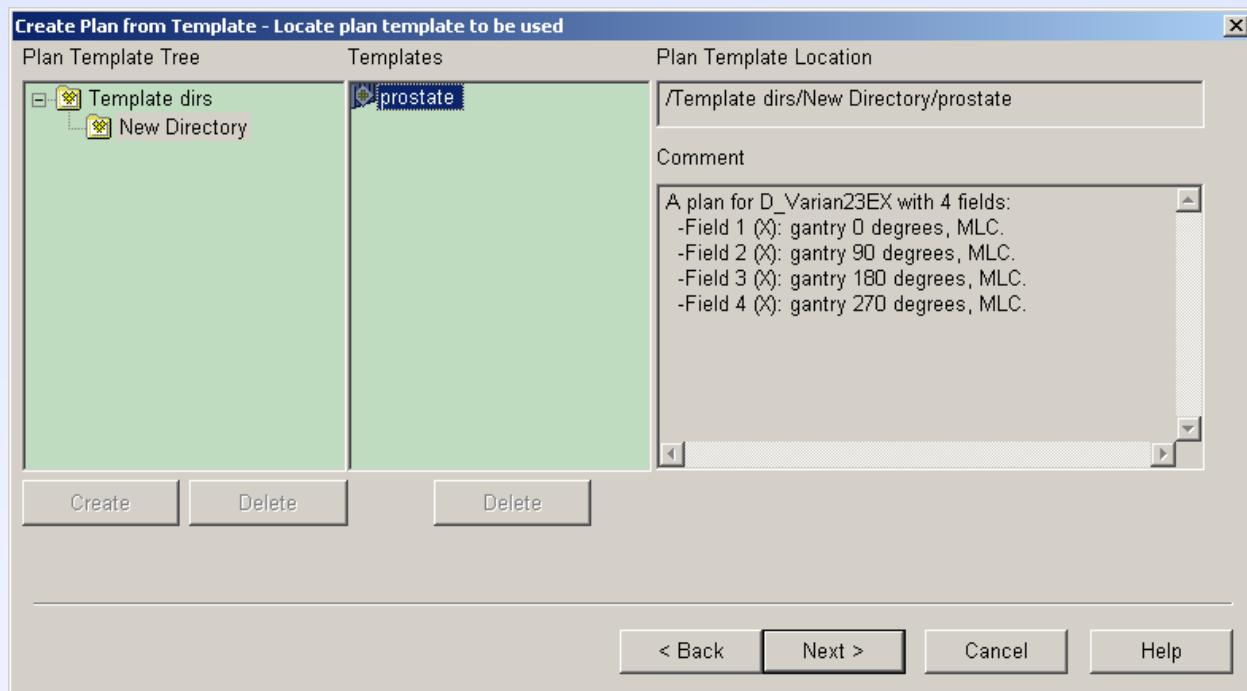
- ◆ Final Plan incl. DRR

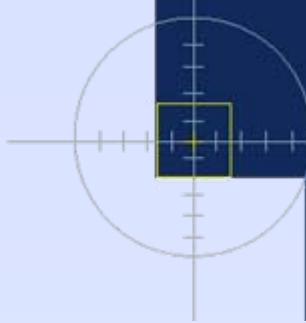




# Plan Template

- ◆ Plan Template: fast beam setup for standard plans





# Plan Template

- ◆ Plan Template: fast beam setup for standard plans

Create Plan from Template - Review template items matched with current image

Item	Placement
Plan Target Volume (PTV)	PTV (PTV)
Field 1 Isocenter (PTV)	Relative to PTV (PTV)
Collimator	[Fitted]
MLC	[Fitted]
Field 2 Isocenter (PTV)	Relative to PTV (PTV)
Collimator	[Fitted]
MLC	[Fitted]
Field 3 Isocenter (PTV)	Relative to PTV (PTV)
Collimator	[Fitted]
MLC	[Fitted]
Field 4 Isocenter (PTV)	Relative to PTV (PTV)
Collimator	[Fitted]
MLC	[Fitted]

Help

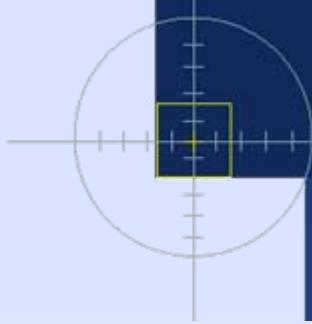
This page can be used to review or modify how fields and add-ons will be placed/fitted in the new plan.

Plan Target Volume change affects the placement of all fields, but not their fitting.

Fit everything      Unfit everything

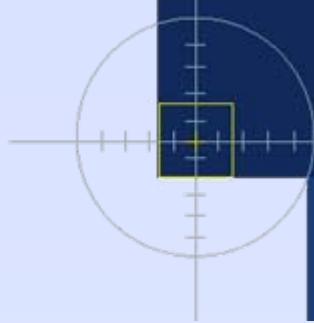
Reset to defaults

< Back      Next >      Cancel      Help



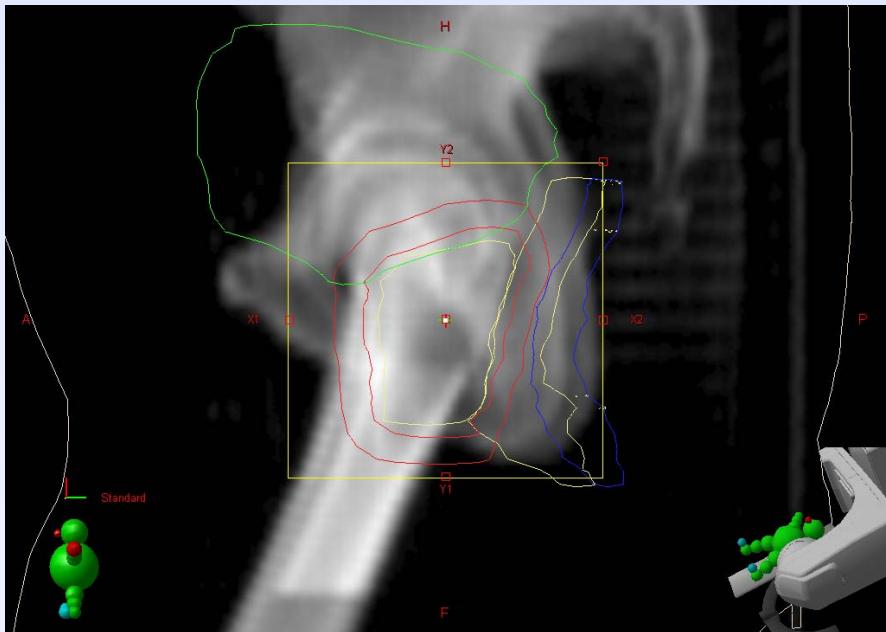
# DRR

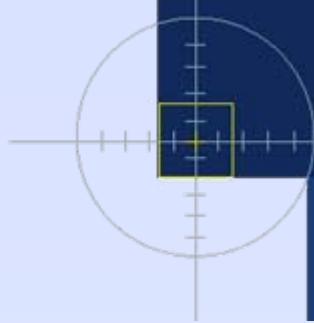
- ◆ DRR (Digital Reconstructed Radiograph) is used for patient position checks  
→ comparison with a Portal Image
  
- ◆ Different DRR settings available
  - ◆ Bones
  - ◆ Lung
  - ◆ Soft Tissue



# DRR

- ◆ DRRs of a prostate patient

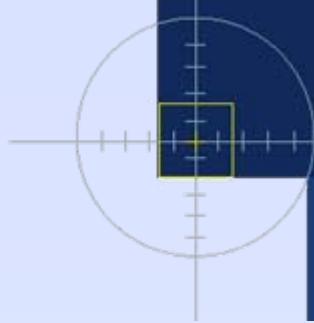




# DRR

- ◆ DRR of a lung patient

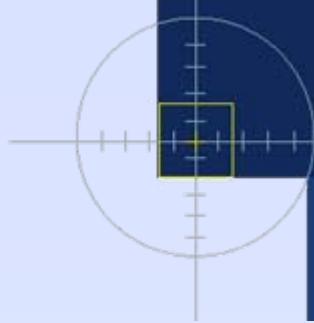




# DRR

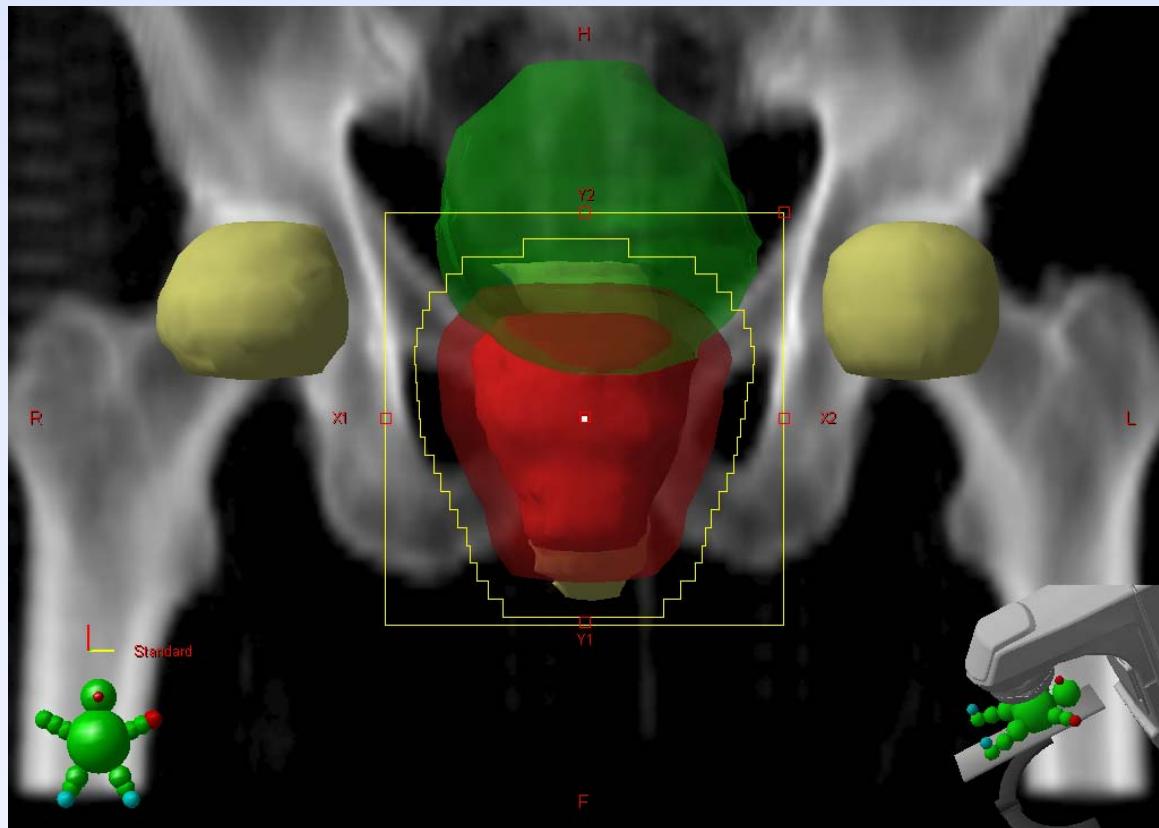
- ◆ DRR of a head and neck patient

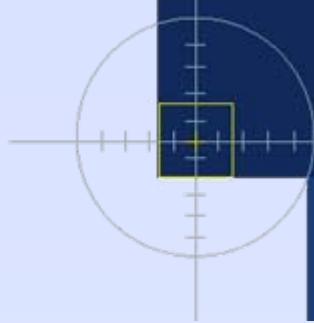




# DRR additional options

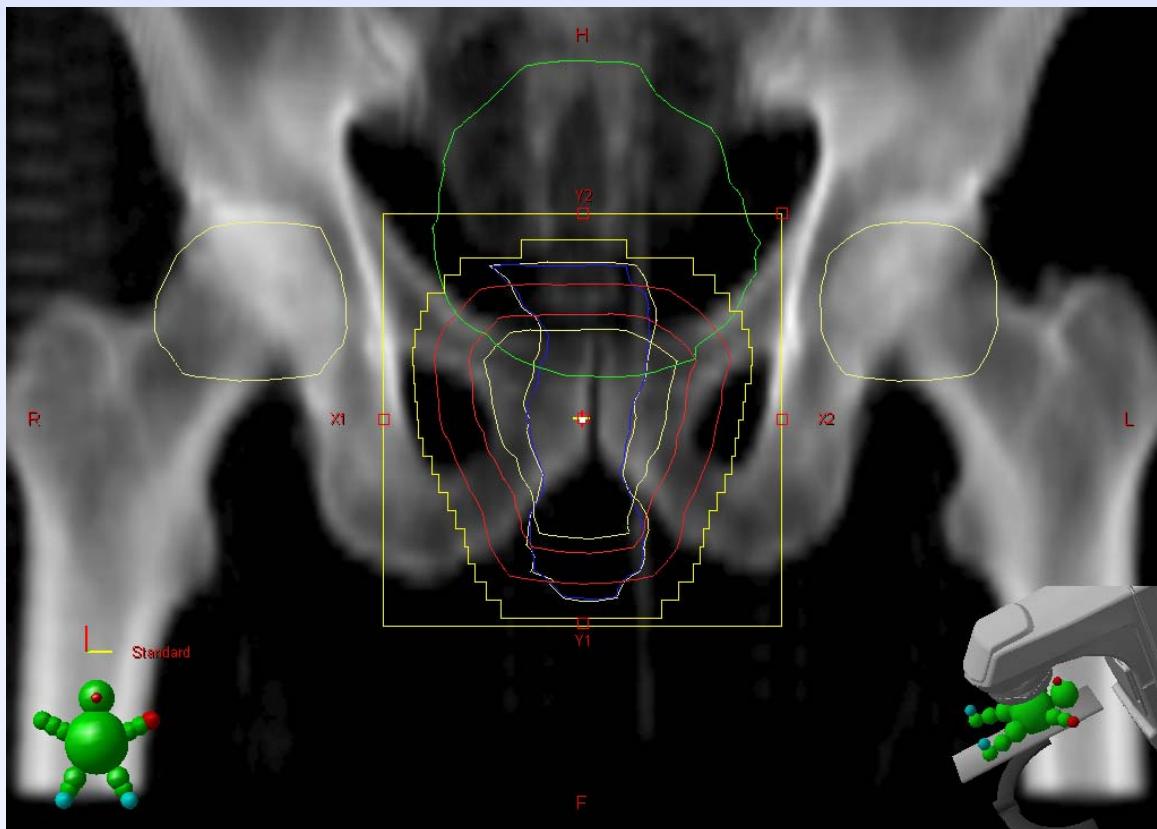
- ◆ Standard view

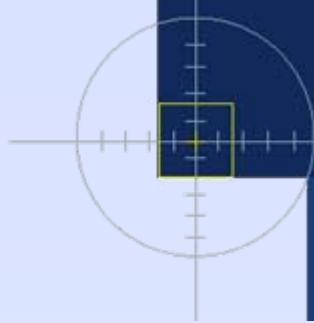




# DRR additional options

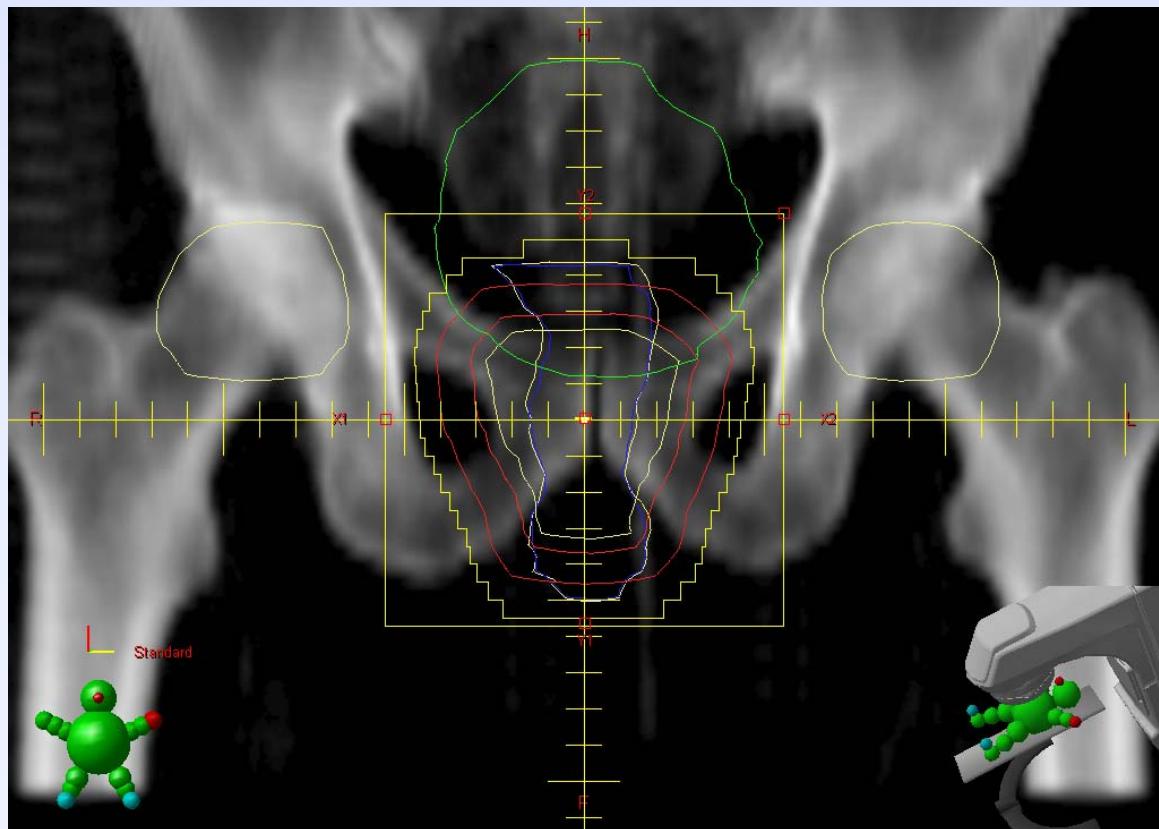
- ◆ Structures: outline

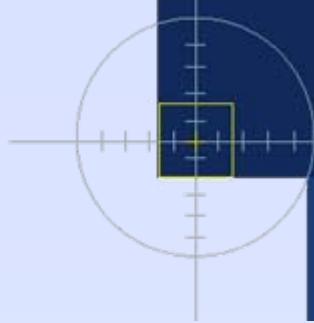




# DRR additional options

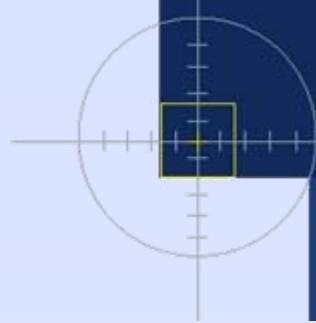
- ◆ Graticule





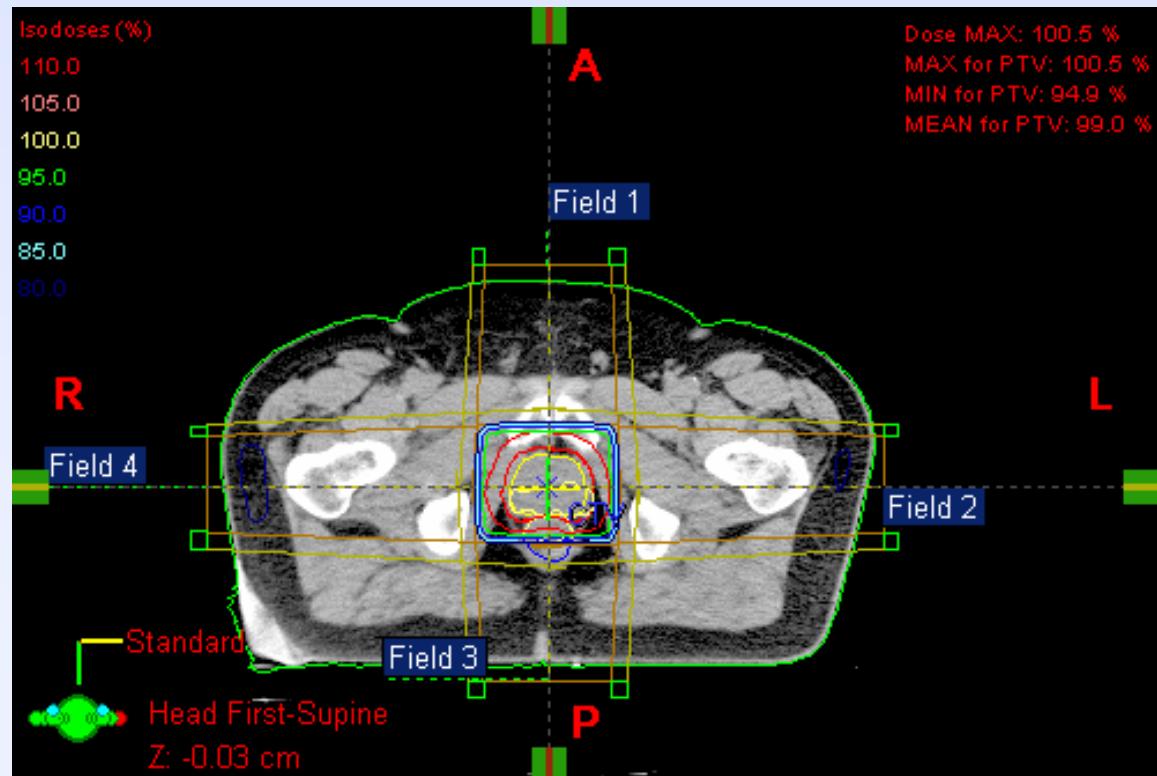
# Dose Calculation

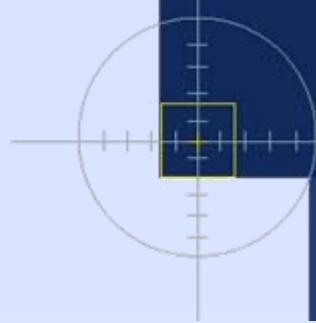
- ◆ Select Algorithm
  - ◆ Photons: Single Pencil Beam with different inhomogeneity corrections, (AAA)
  - ◆ Electrons: Gaussian Pencil Beam, (EMC)
- ◆ Calculation grid



# Dose Distribution

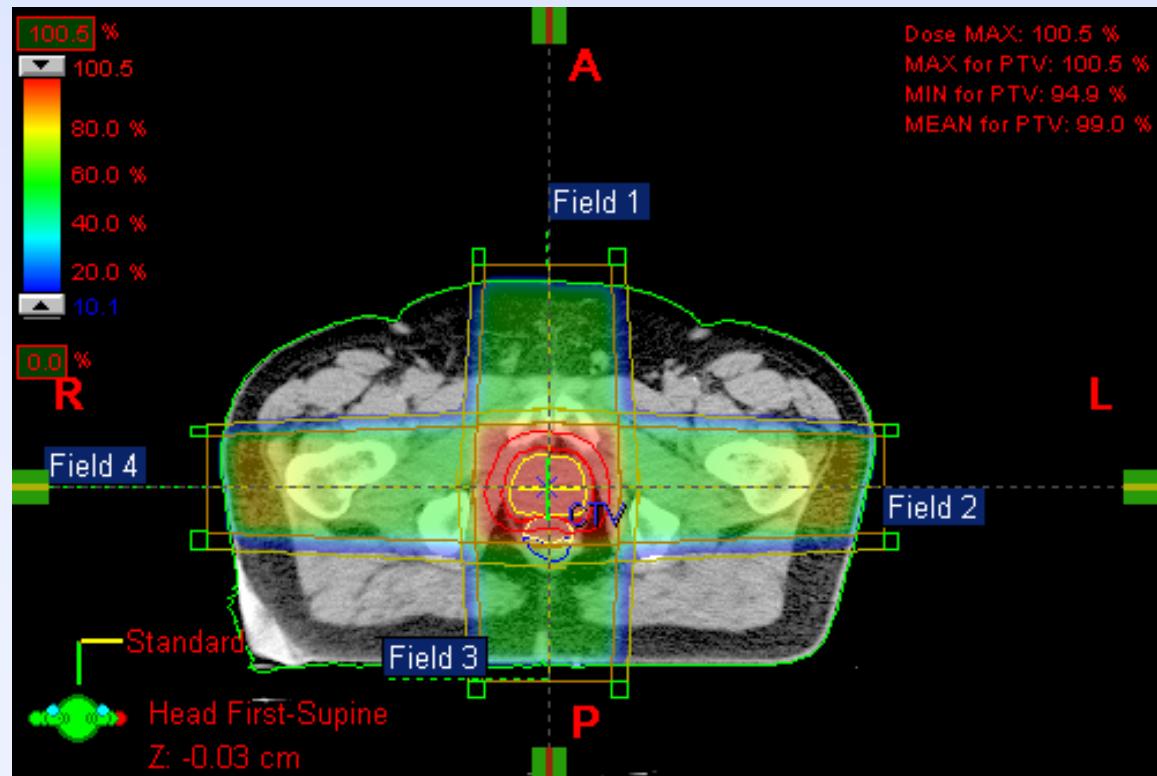
- ◆ 2D dose distribution: Isodose lines

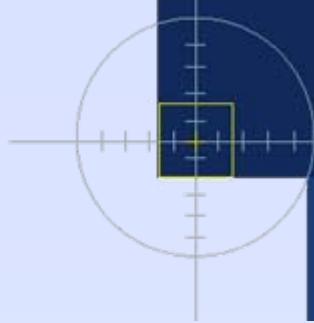




# Dose Distribution

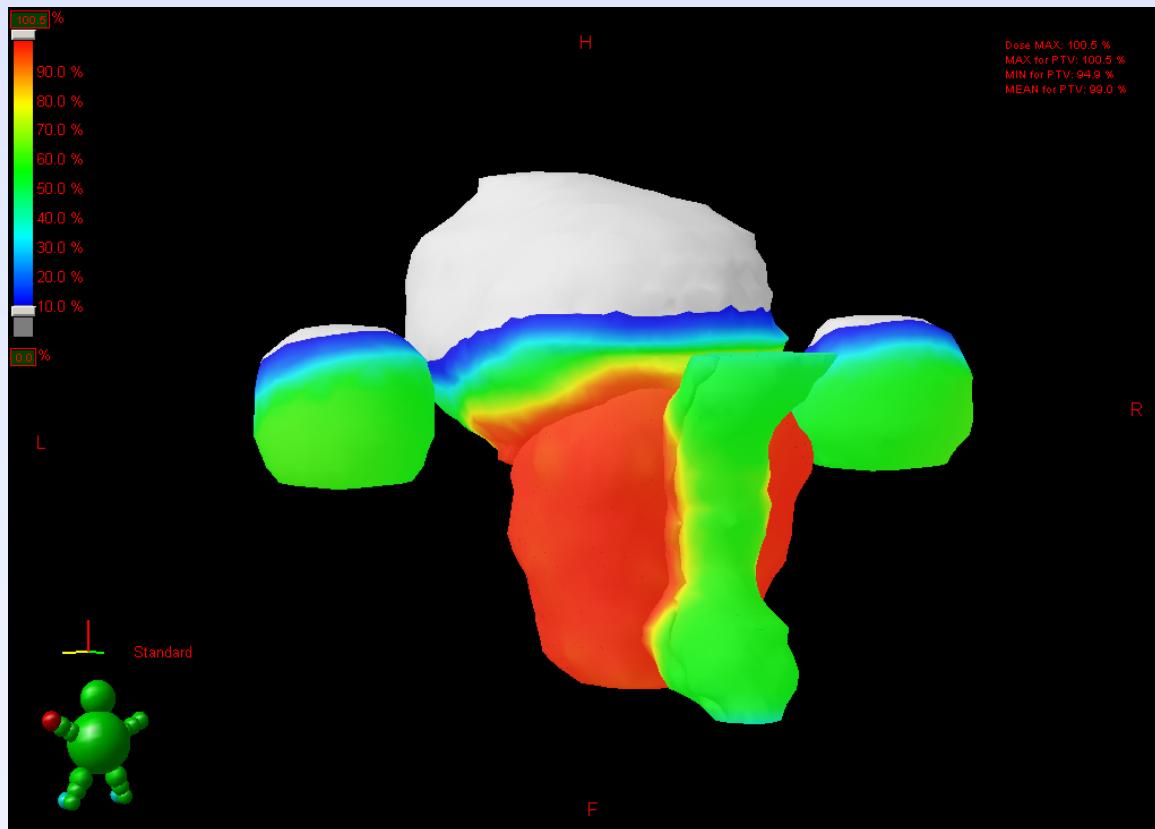
- ◆ 2D dose distribution: Isodose lines

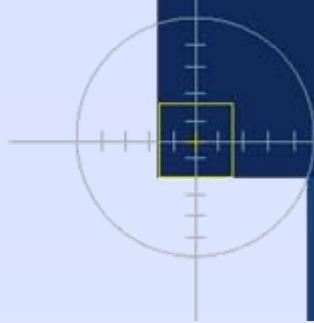




# Dose Distribution

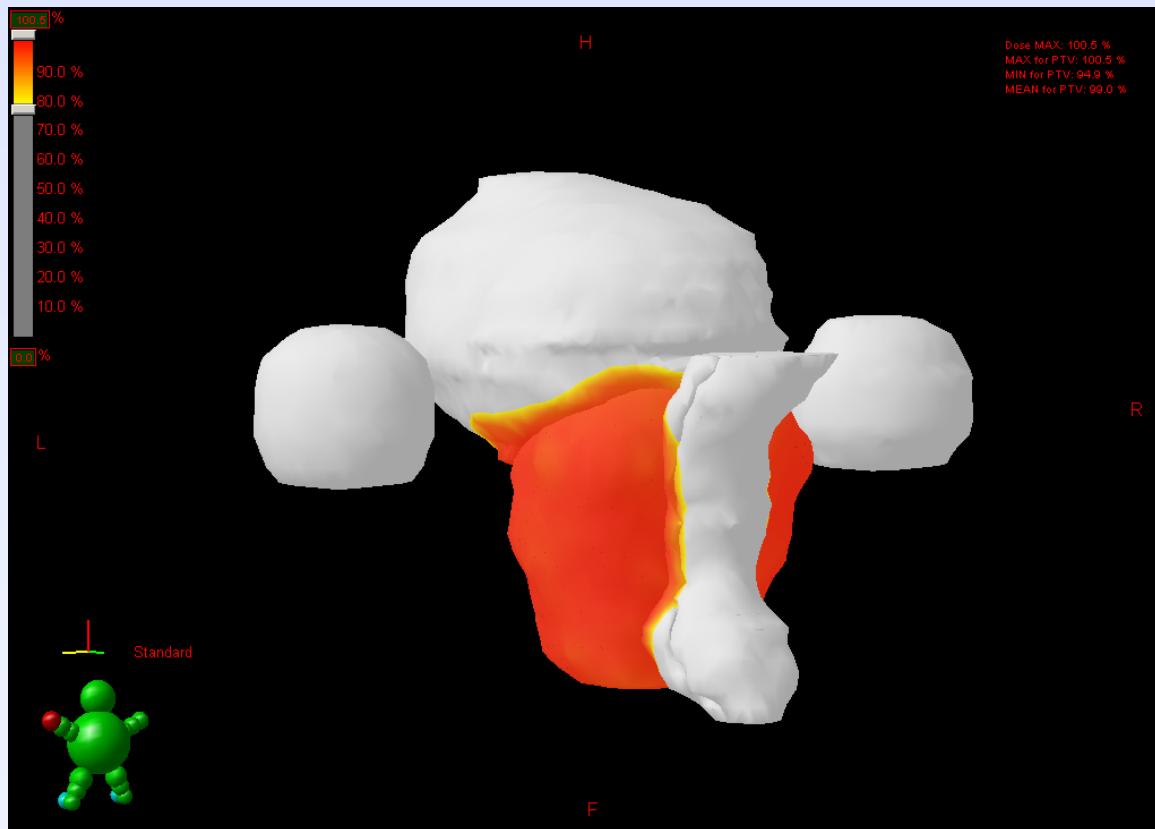
- ◆ 3D dose distribution: Surface dose

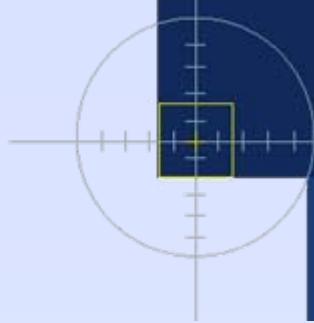




# Dose Distribution

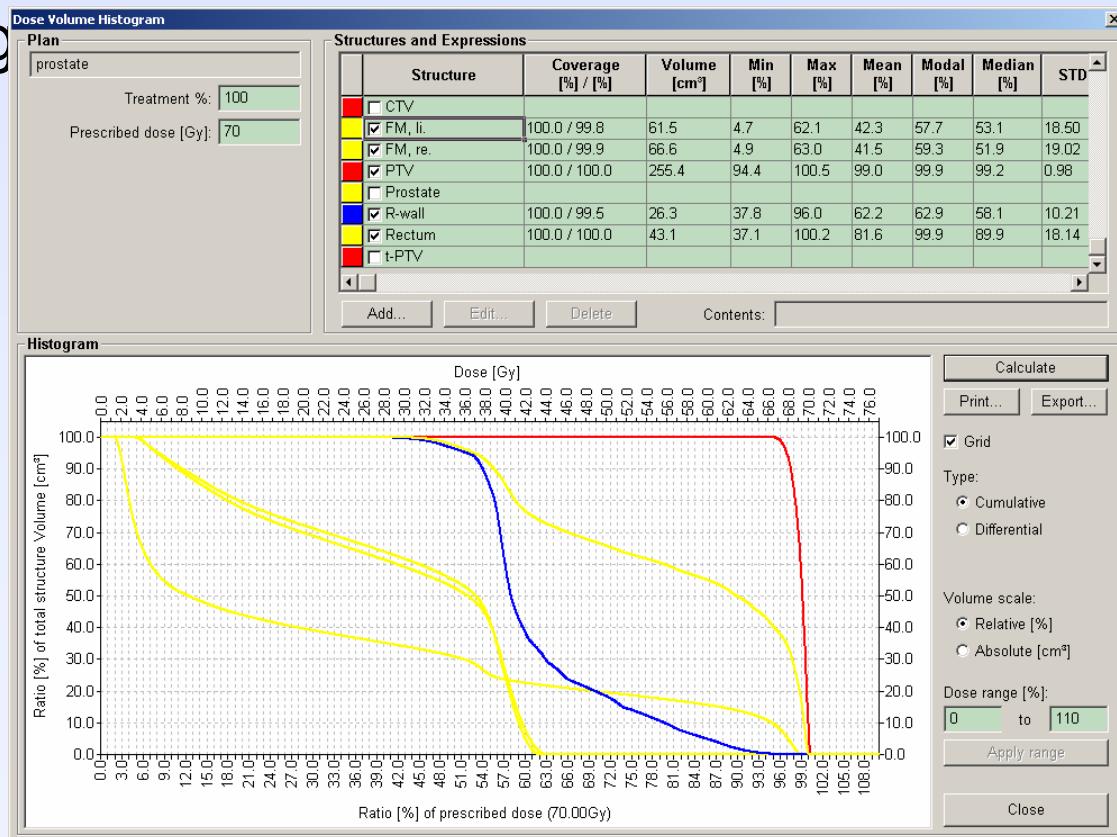
- ◆ 3D dose distribution: Surface dose

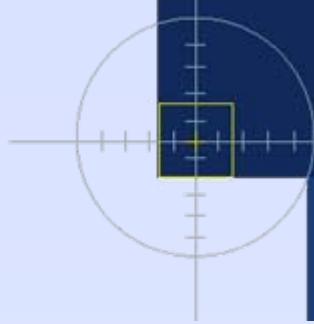




# Plan Evaluation

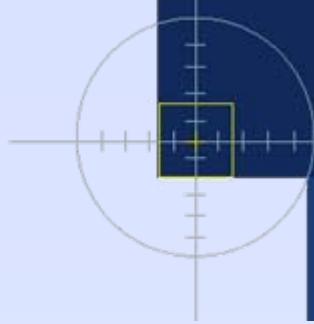
- Dose Volume Histogram



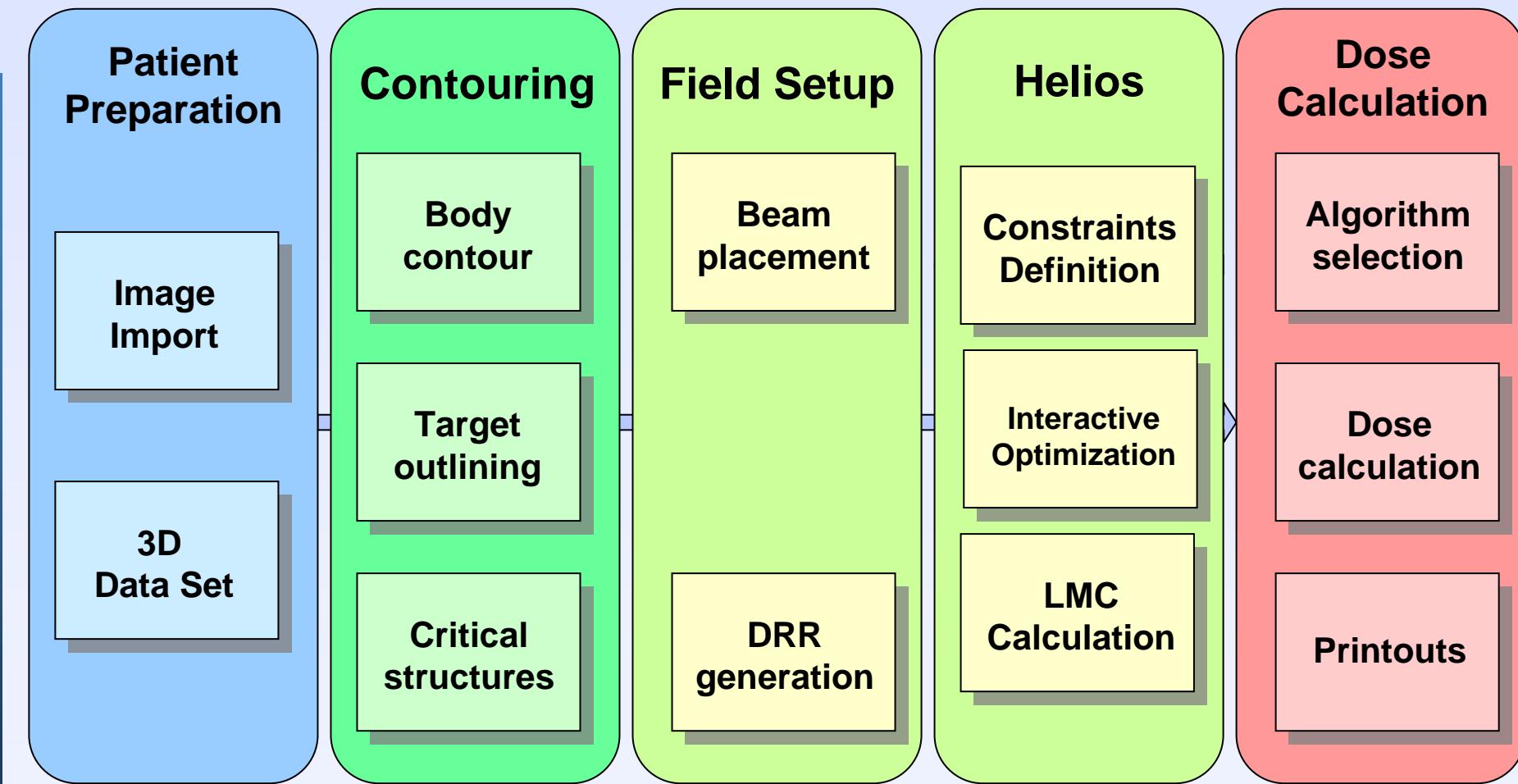


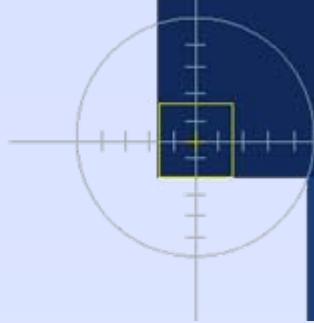
# Inverse Planning

- ◆ The inverse planning tool in Eclipse: Helios
  - ◆ How does inverse planning with IMRT change the RT process?
  - ◆ What parts inside the planning system are important to do inverse planning with IMRT?



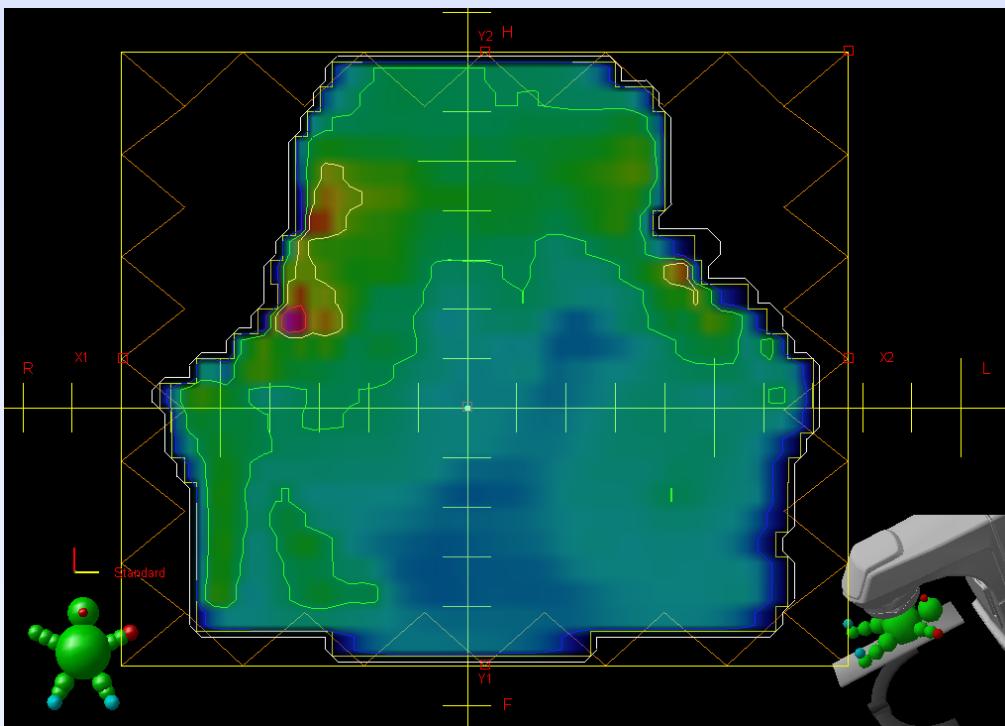
# Workflow in Eclipse doing IMRT

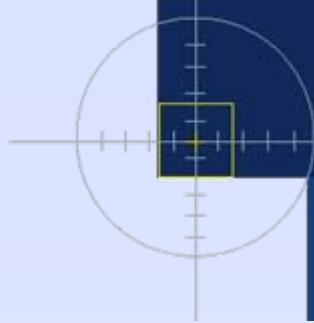




# What is IMRT?

- ◆ Intensity modulated radiotherapy
  - ◆ Standard flat fields are modulated
  - ◆ This modulation can be created with inverse planning systems





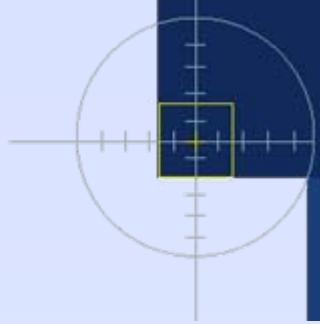
# What is inverse planning?

- ◆ Target doses and doses for organs at risk are used as constraints
- ◆ An optimization algorithm starts to modulate the fields (IMRT) to fulfill the constraints
- ◆ Final optimal dose is calculated with the modulated fields



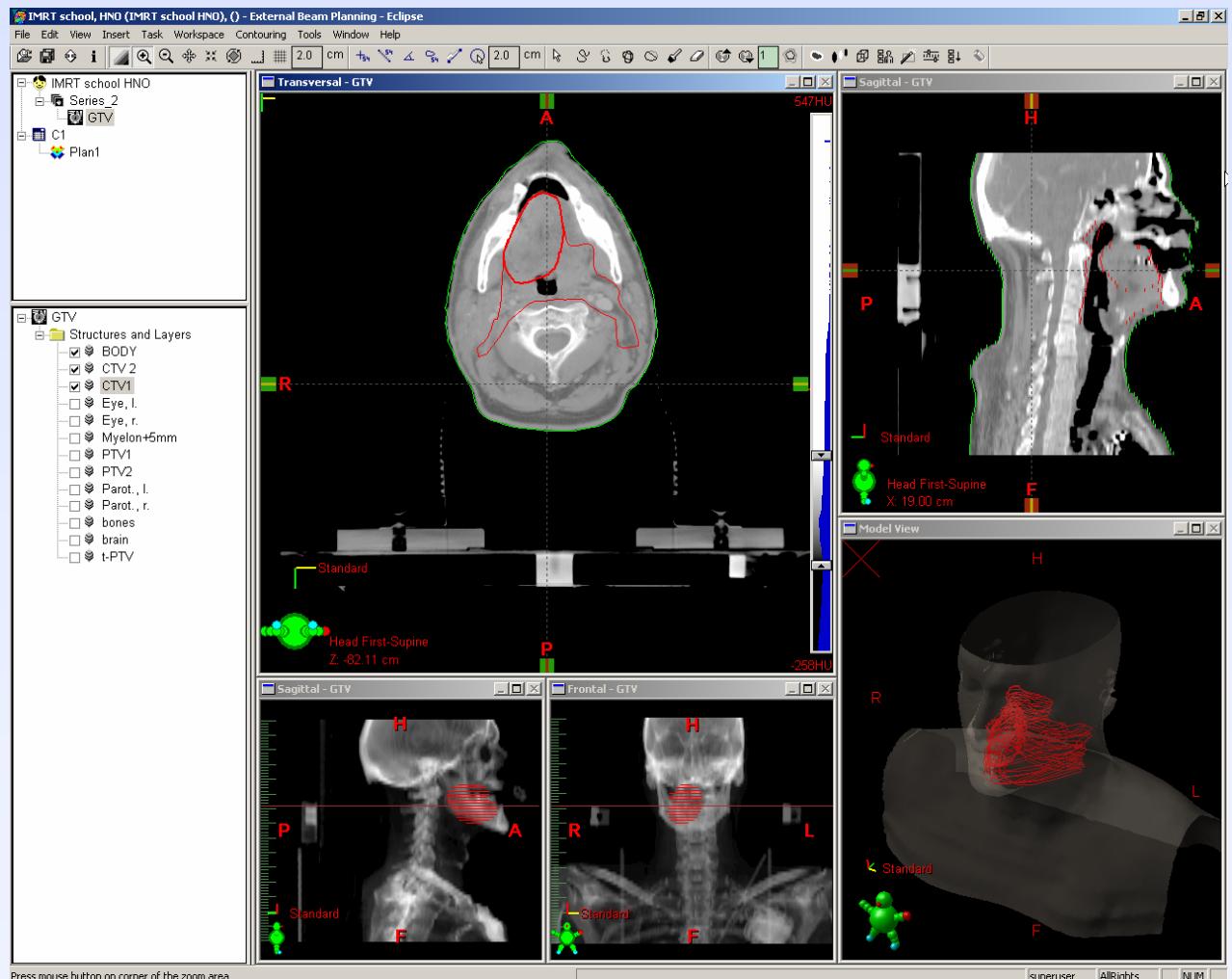
## What is important to do IMRT with a TPS?

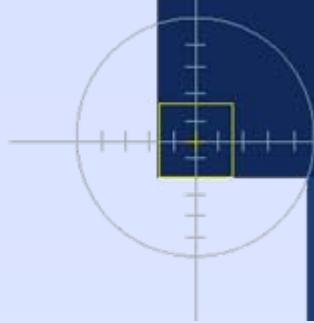
- ◆ You need a good optimization algorithm
- ◆ You don't need a black box → interactive optimization
- ◆ You need an accurate leaf sequencing program



# Contouring

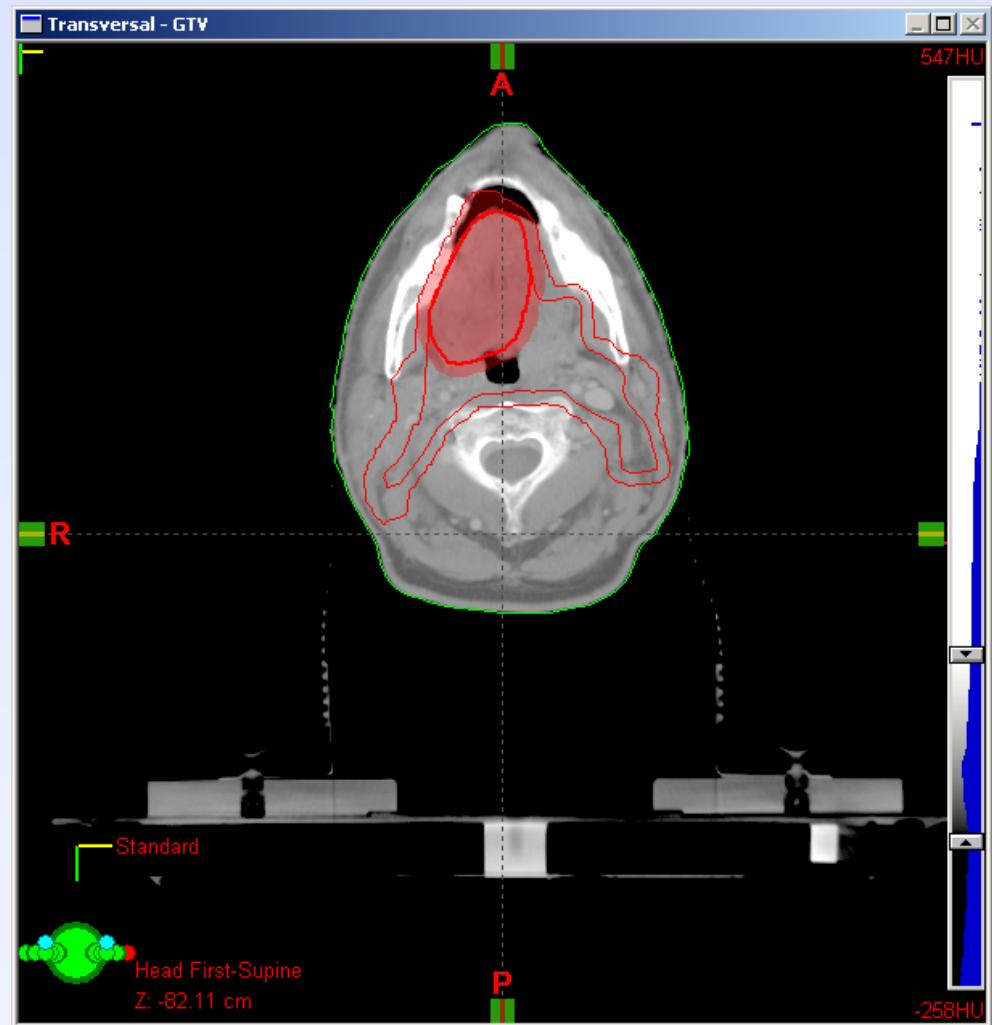
- ◆ CTV
- ◆ PTV

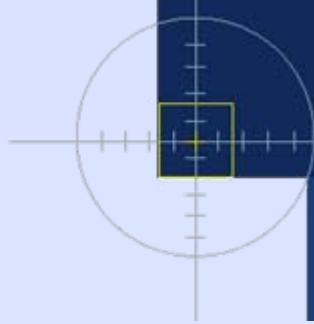




# Contouring

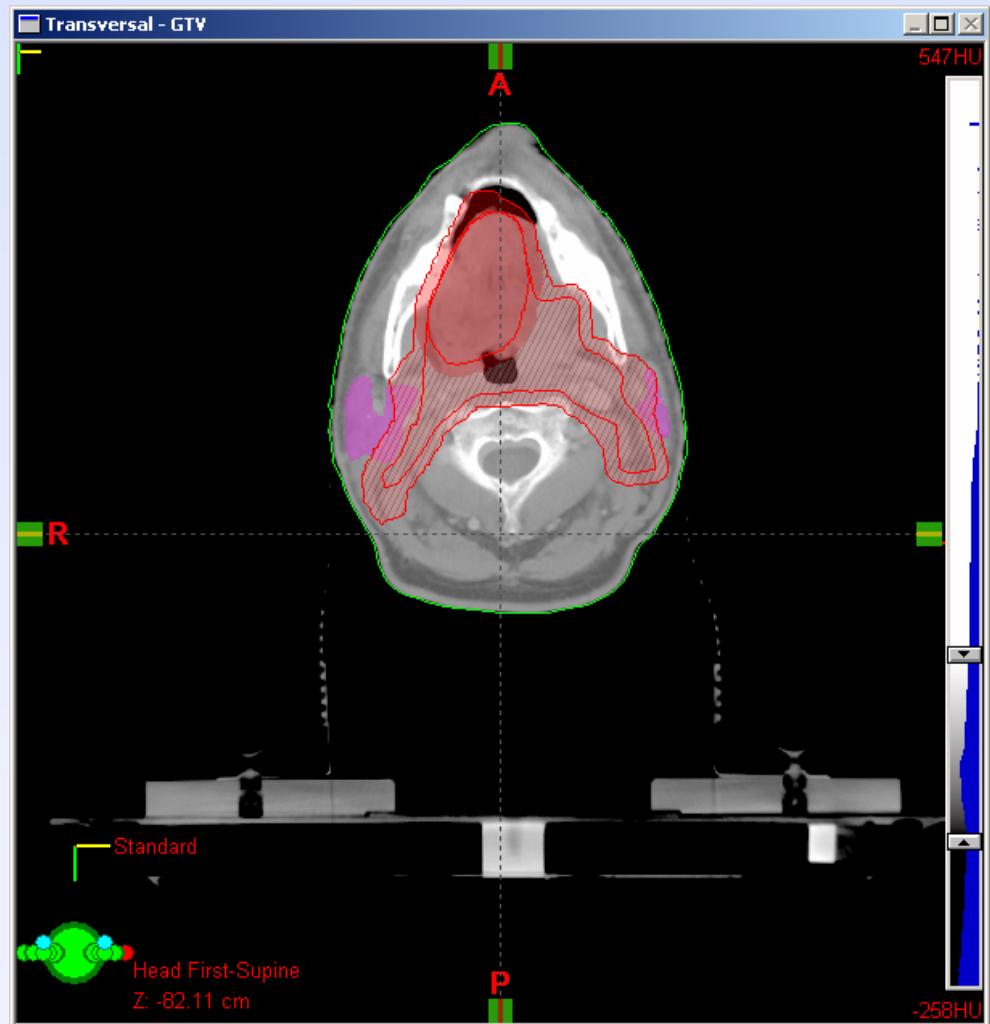
- ◆ CTV
- ◆ PTV

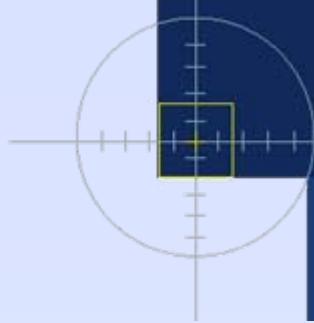




# Contouring

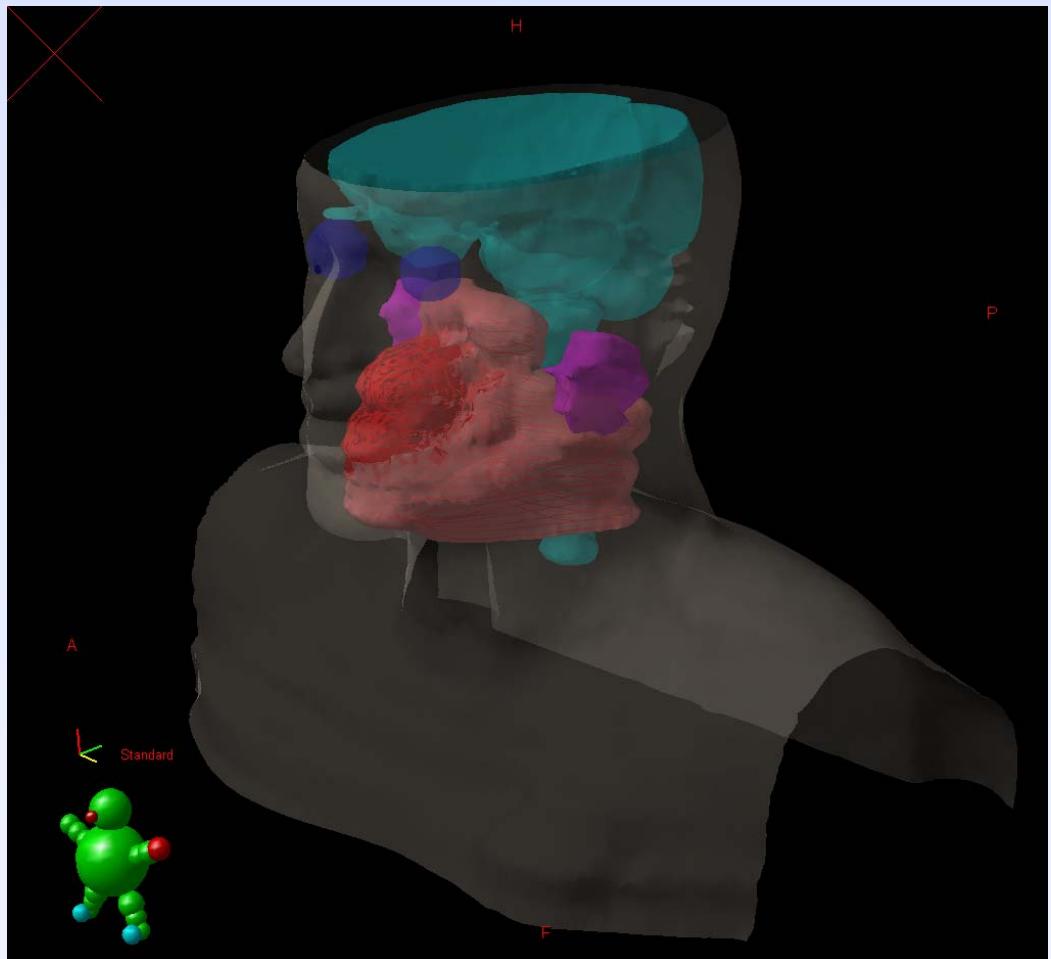
- ◆ CTV
- ◆ PTV
- ◆ Partial PTV
- ◆ Parotis left
- ◆ Parotis right

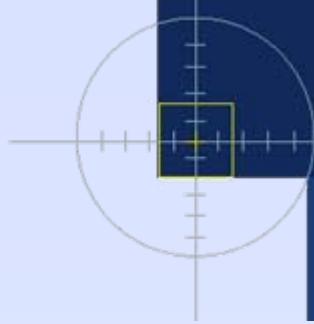




# Contouring

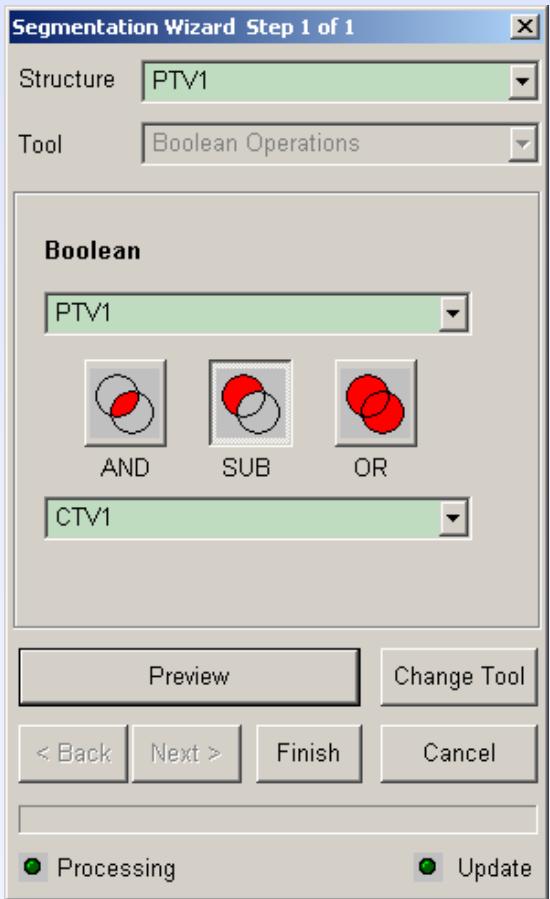
- ◆ Spinal cord
- ◆ Eyes
- ◆ Brain

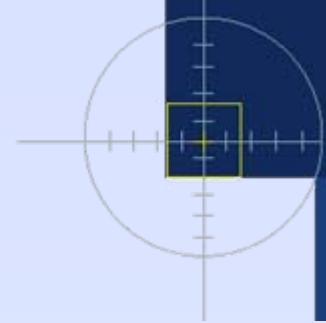




# Contouring

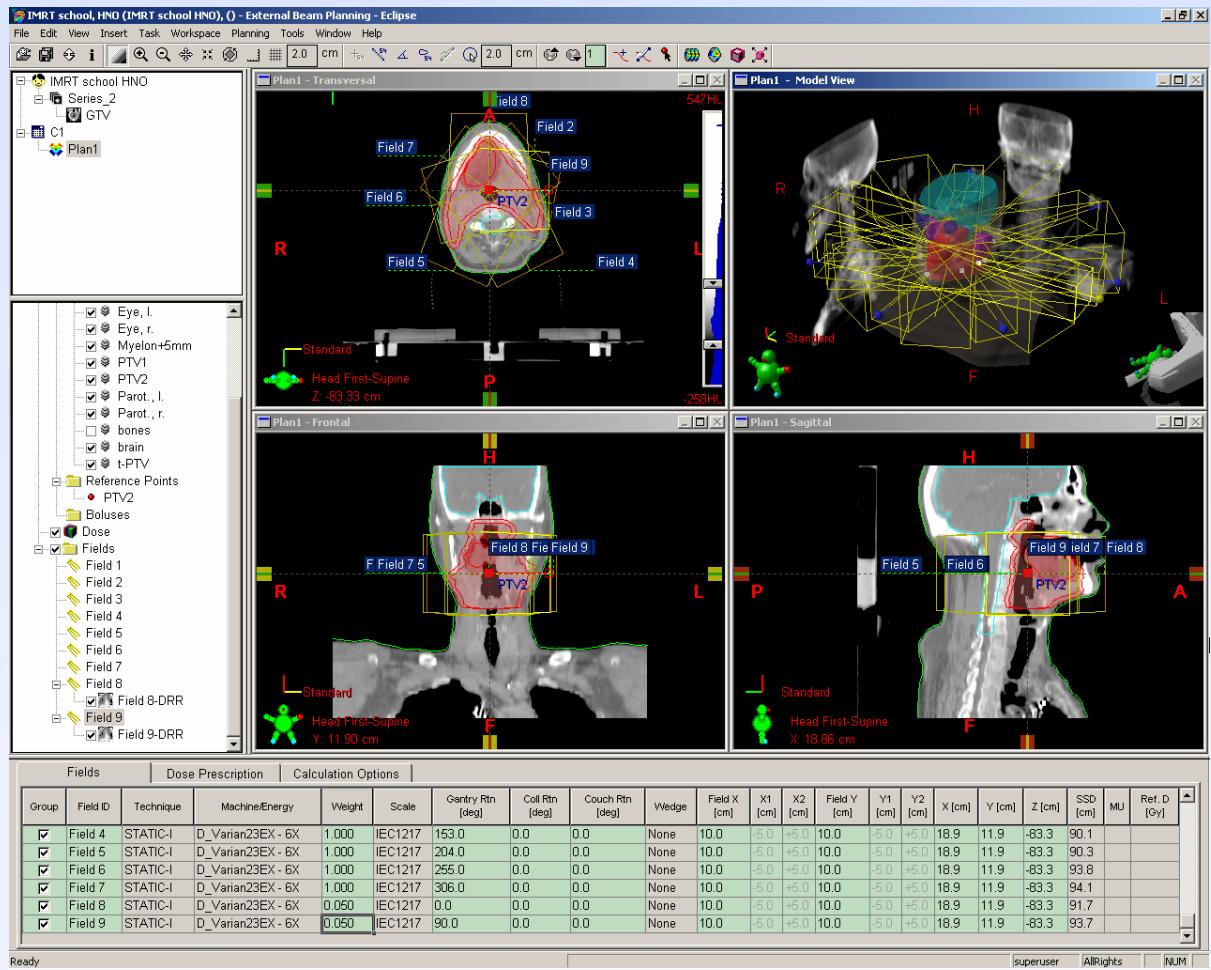
- ◆ Special contouring tools
- ◆ Why?
  - ◆ Constraints for different structures may compete each other
  - ◆ Dose escalation
- ◆ What kind of tools?
  - ◆ Boolean operators
  - ◆ Extract wall tool
  - ◆ Intersect with a margin

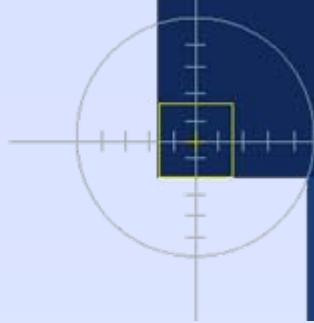




# Beam setup

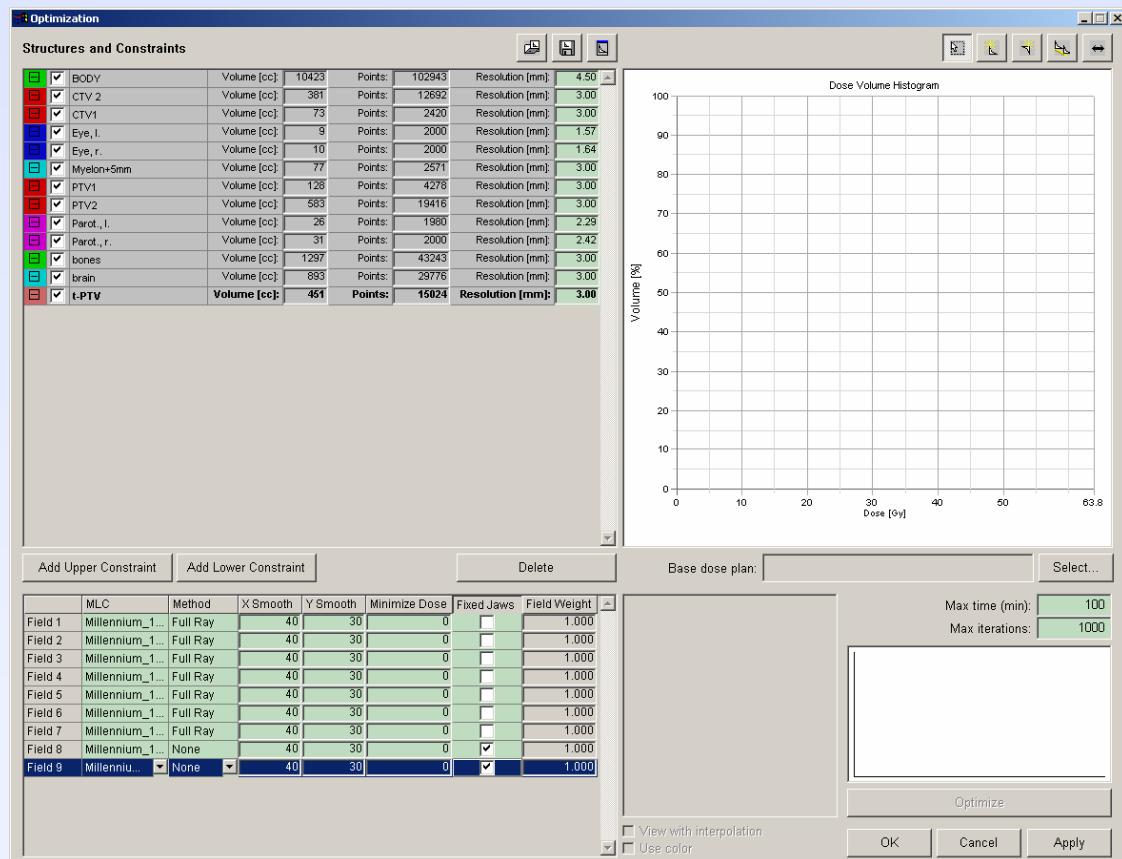
- ◆ 7 IMRT fields:
  - ◆ 0
  - ◆ 51
  - ◆ 102
  - ◆ 153
  - ◆ 204
  - ◆ 255
  - ◆ 306

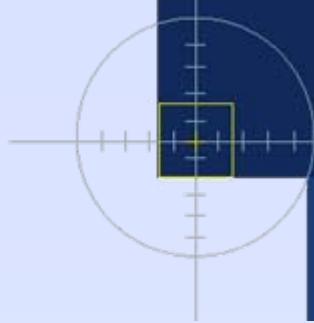




# Optimization

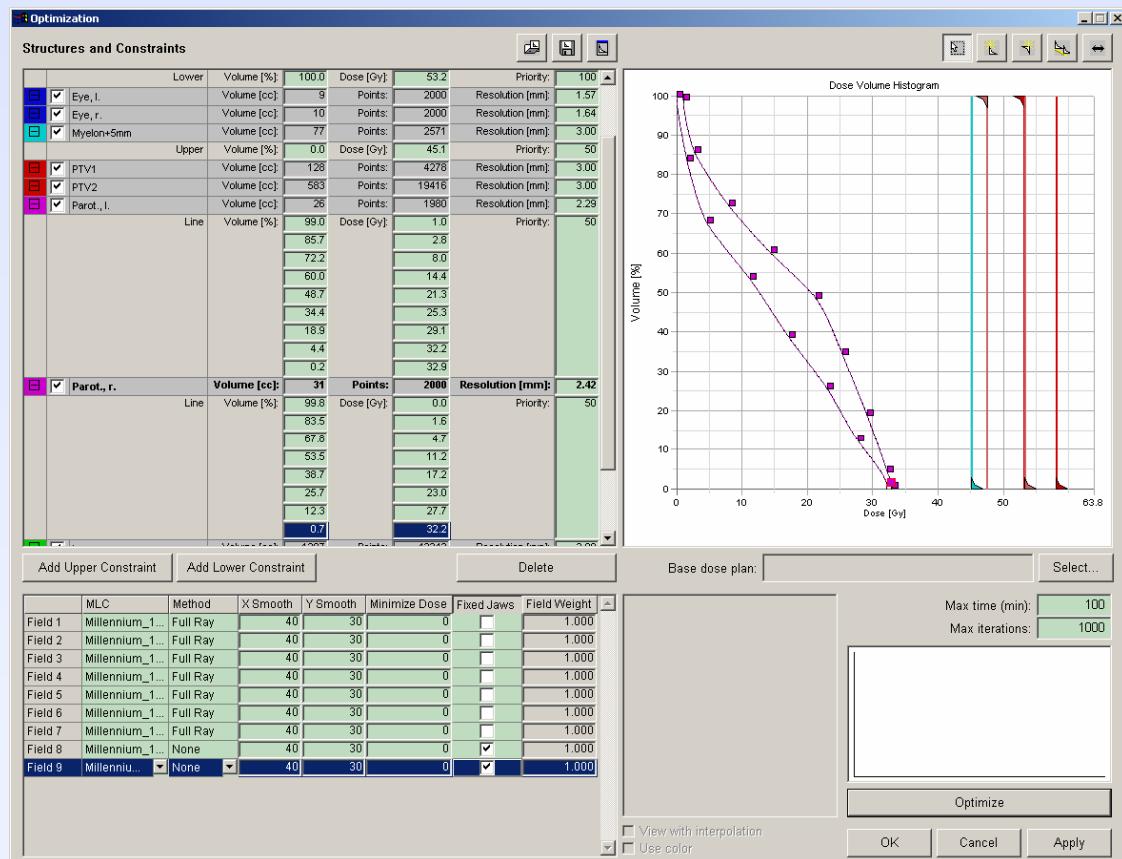
- ◆ First step
  - ◆ Switch of optimization for verification fields
- ◆ Option
  - ◆ Load constraints from library

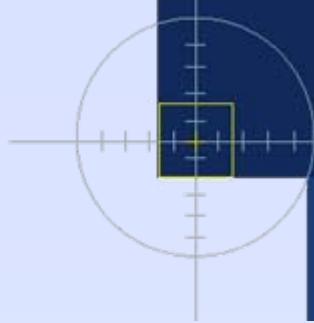




# Optimization

- ◆ Put in constraints
- ◆ Example: Head and neck
- ◆ CTV  
 $53.2 < D < 58$
- ◆ T-PTV  
 $47.5 < D < 53.2$
- ◆ Spinal cord  
 $D < 45$
- ◆ Parotis  
 $D_{mean} < 26$



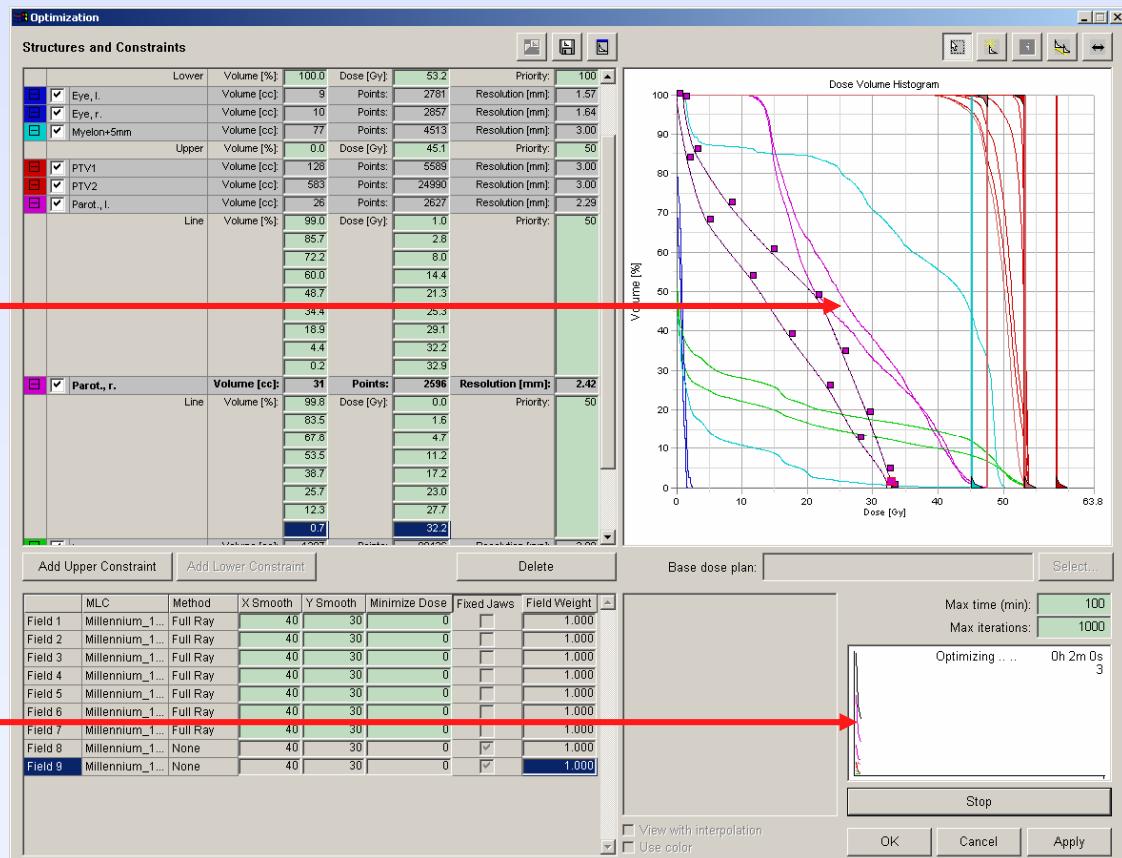


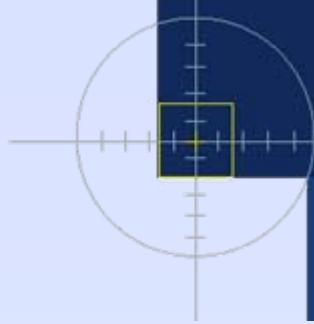
# Optimization

- ◆ After a few iterations

- ◆ Actual DVH

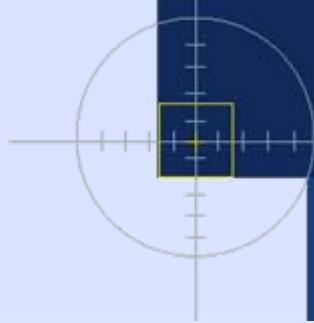
- ◆ Optimization function





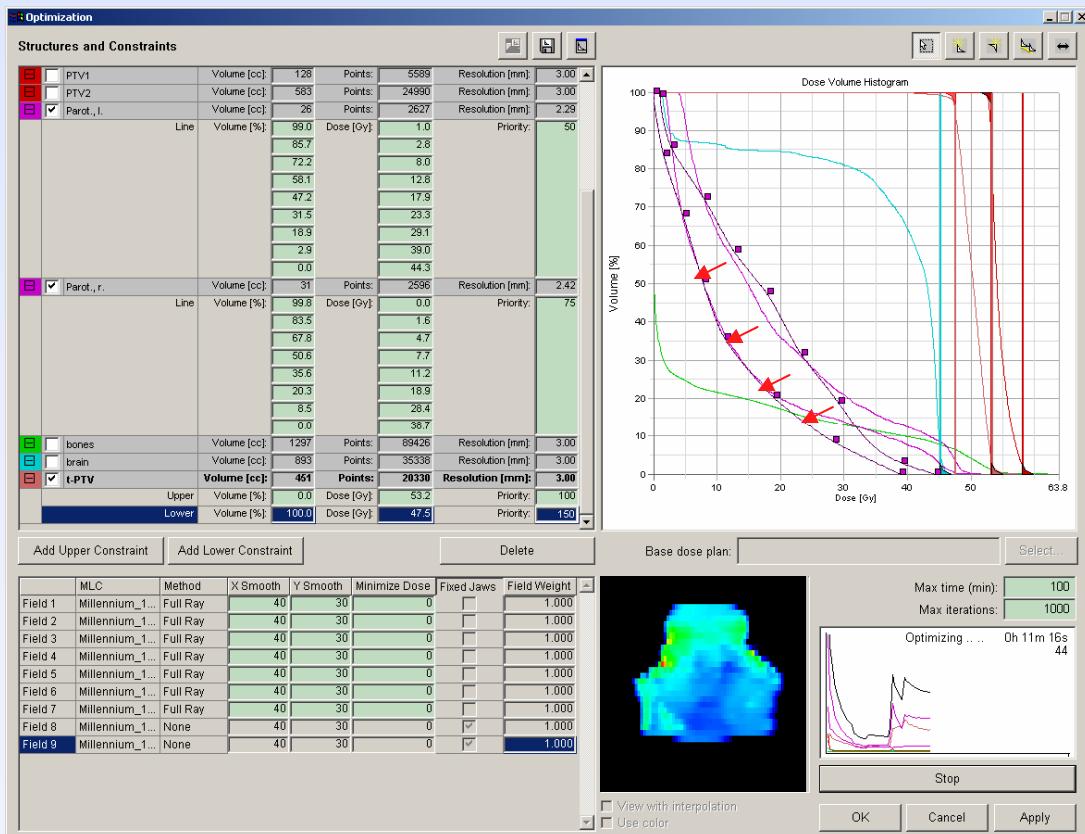
# Optimization

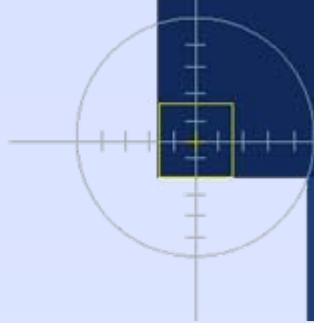
- ◆ Optimization process shouldn't be a black box
  - ◆ Why?
    - ◆ Result is only as good as the constraints are
    - ◆ It is possible to have too restrictive constraints, probably a restart is needed
  - ◆ In Eclipse Helios
    - ◆ User can interactively change all constraints, penalty factors
    - ◆ It is always possible to interrupt an optimization, calculate the dose and continue with the optimization in case the dose distribution is not satisfying yet
- 
- saves a lot of time
  - results in better dose distributions
  - steep learning curve



# Optimization

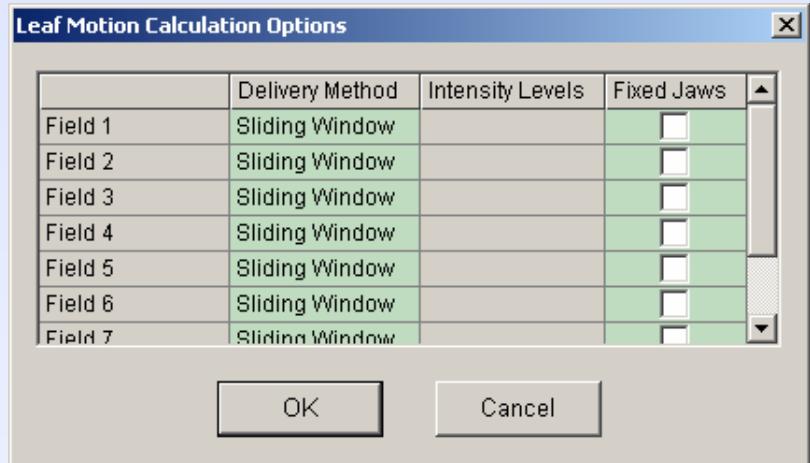
- Reduce the dose for the right parotis

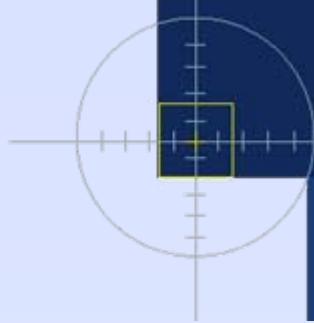




# Leaf Motion Calculator

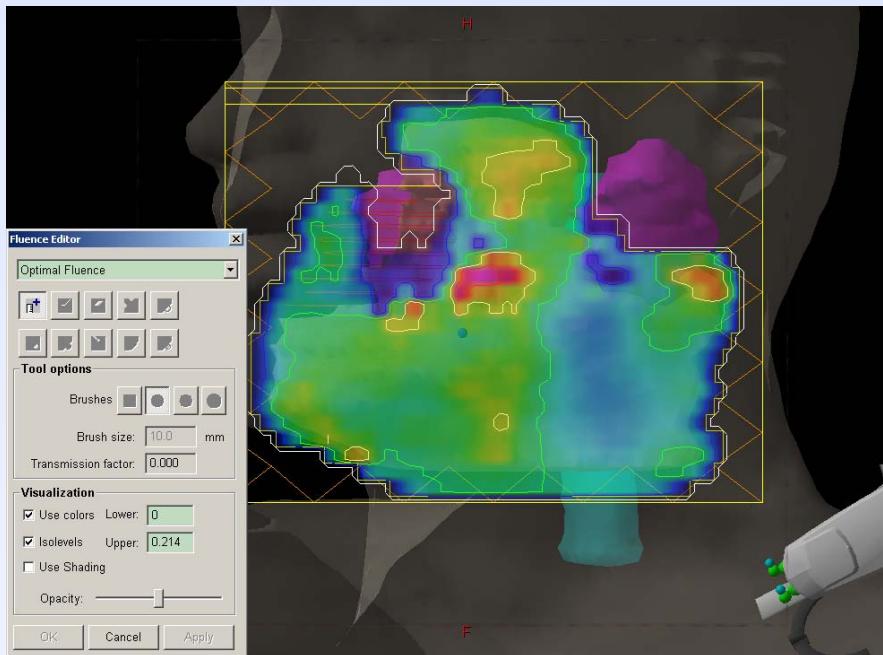
- ◆ Converts optimal fluence into actual fluence
- ◆ Creates optimal leaf motion
  - ◆ Leaf transmission
  - ◆ Max leaf speed
  - ◆ Rounded leaf ends
- ◆ Sliding window
- ◆ Multiple static segments



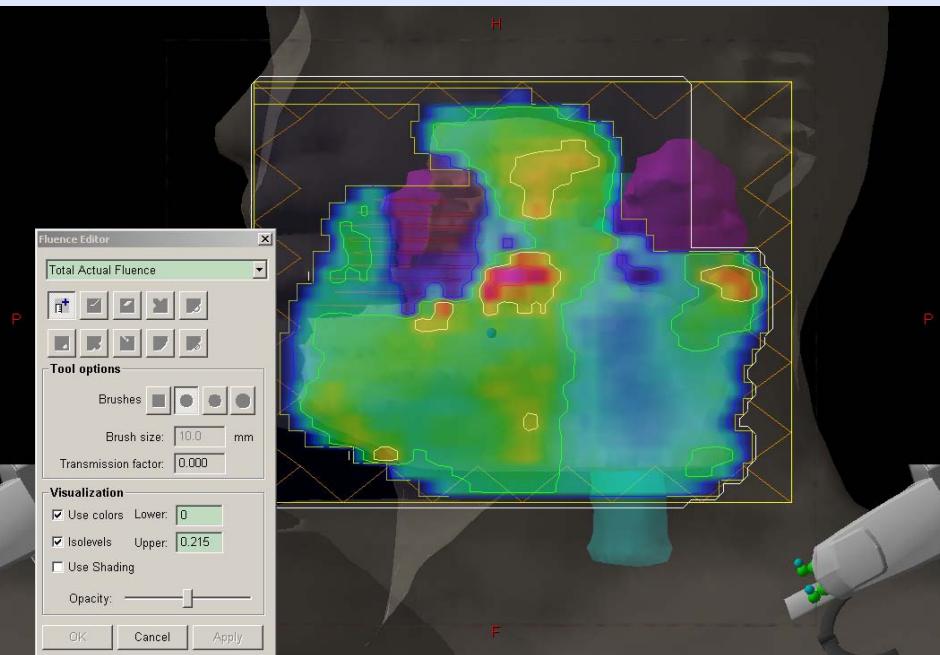


# Optimal fluence vs actual fluence

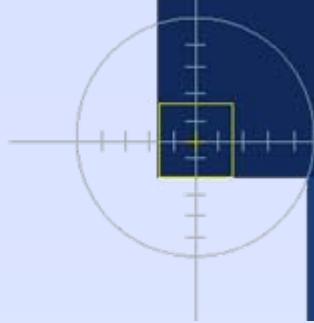
Optimal Fluence  
Window)



Actual Fluence (Sliding

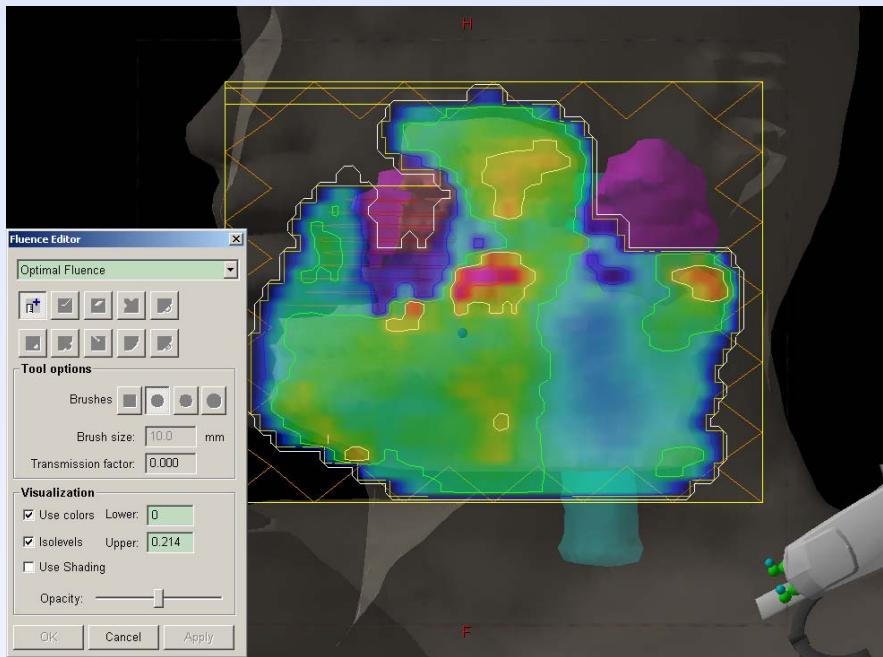


100 Intensity levels, 640 Segments

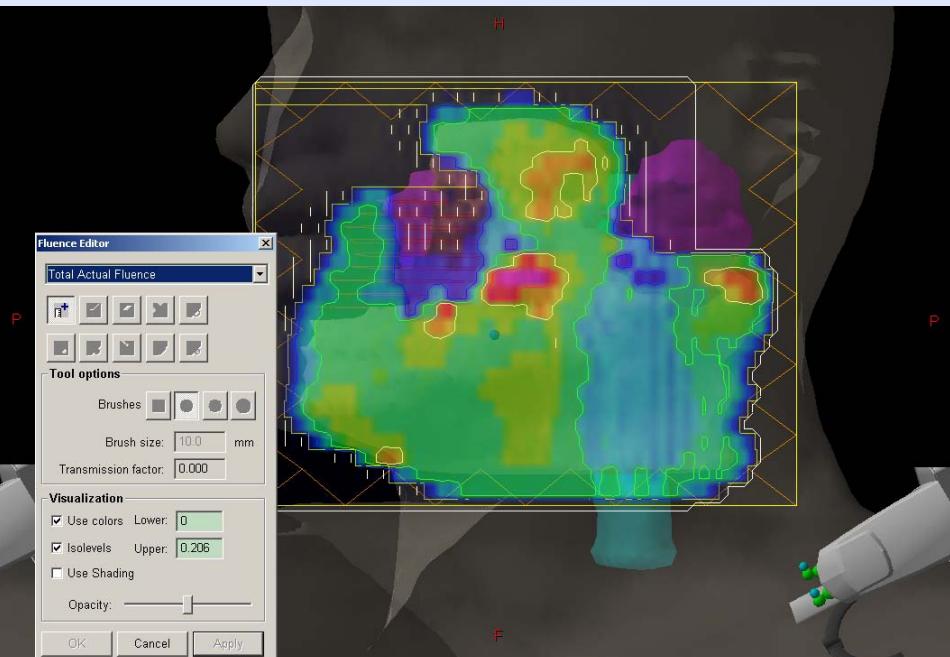


# Optimal fluence vs actual fluence

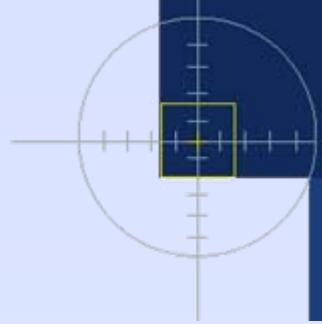
Optimal Fluence  
(MSS)



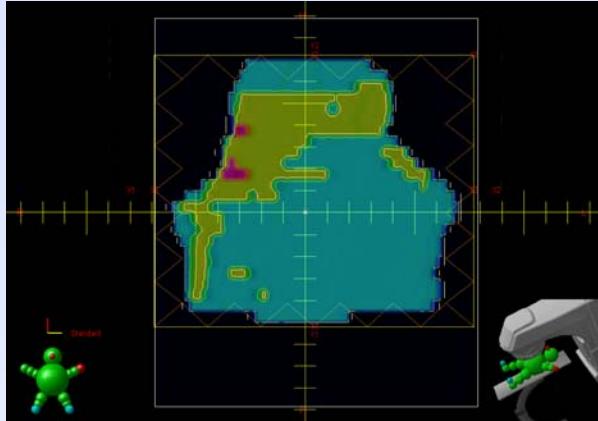
Actual Fluence



8 Intensity levels, 18

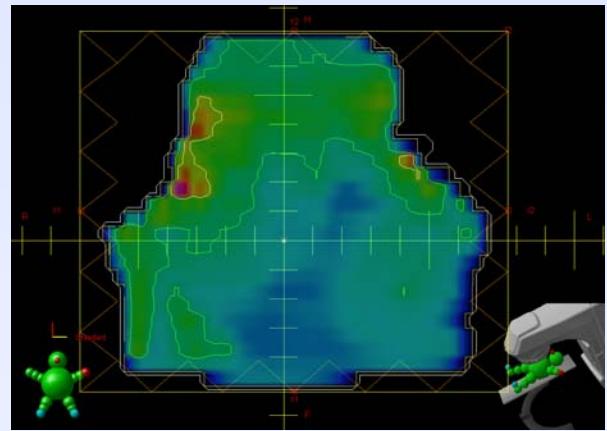


# Actual Fluence Maps

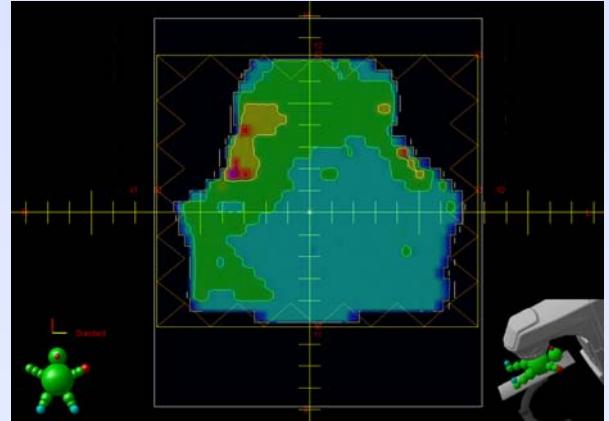
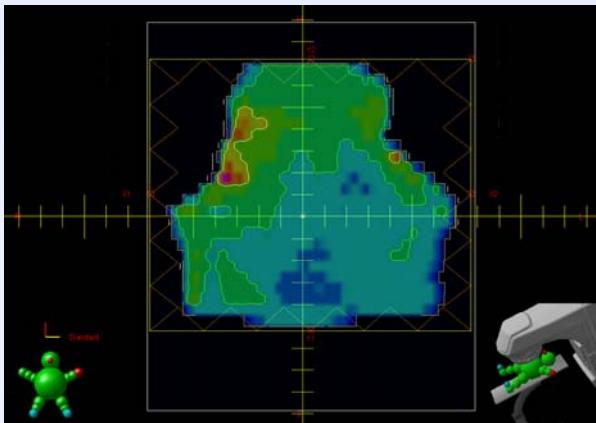


**4 int levels – 5 segments**

**10 int levels – 13 segments**

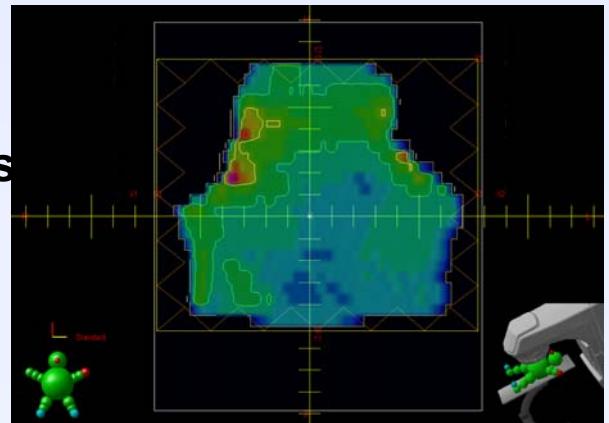


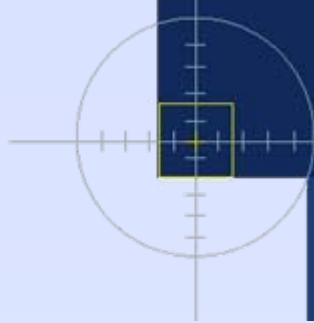
**100 int levels – 320 segments**



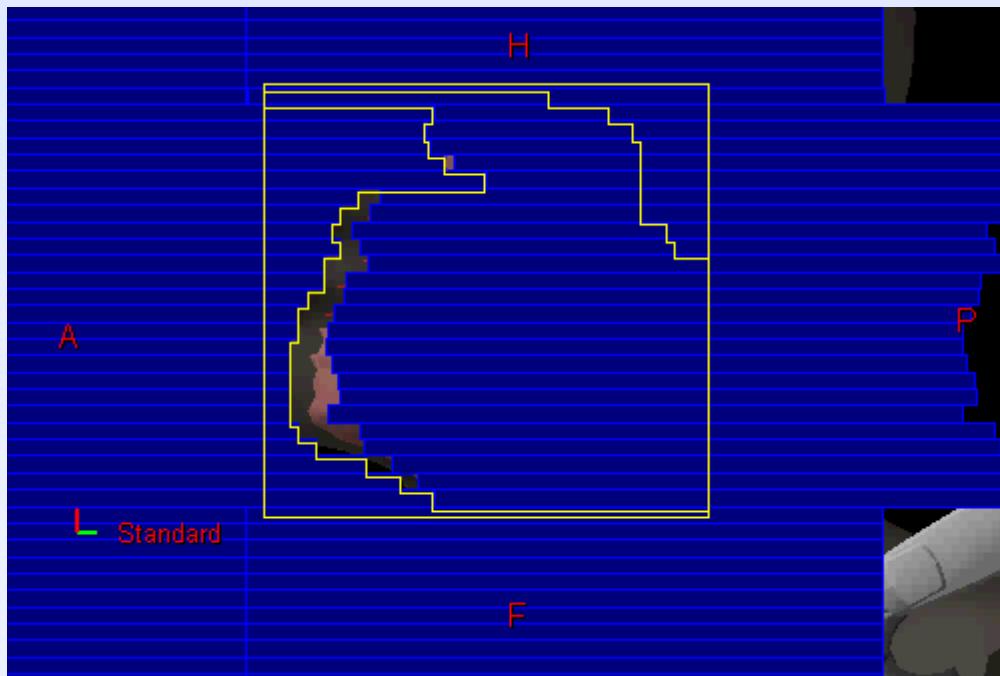
**7 int levels – 9 segments**

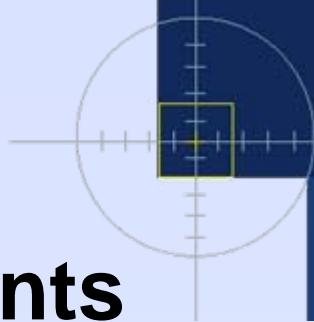
**15 int levels – 19 segments**



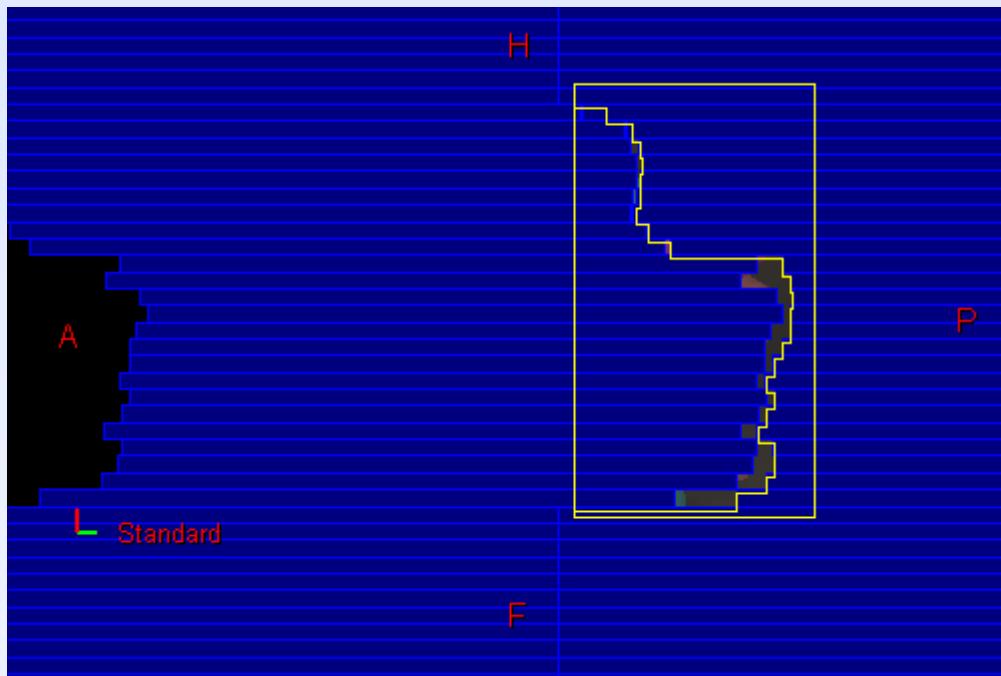


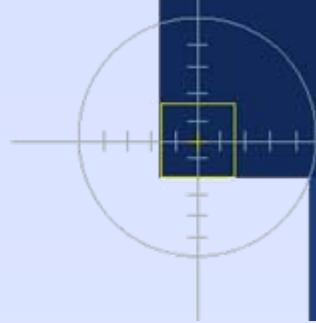
# Sliding Window 640 Segments





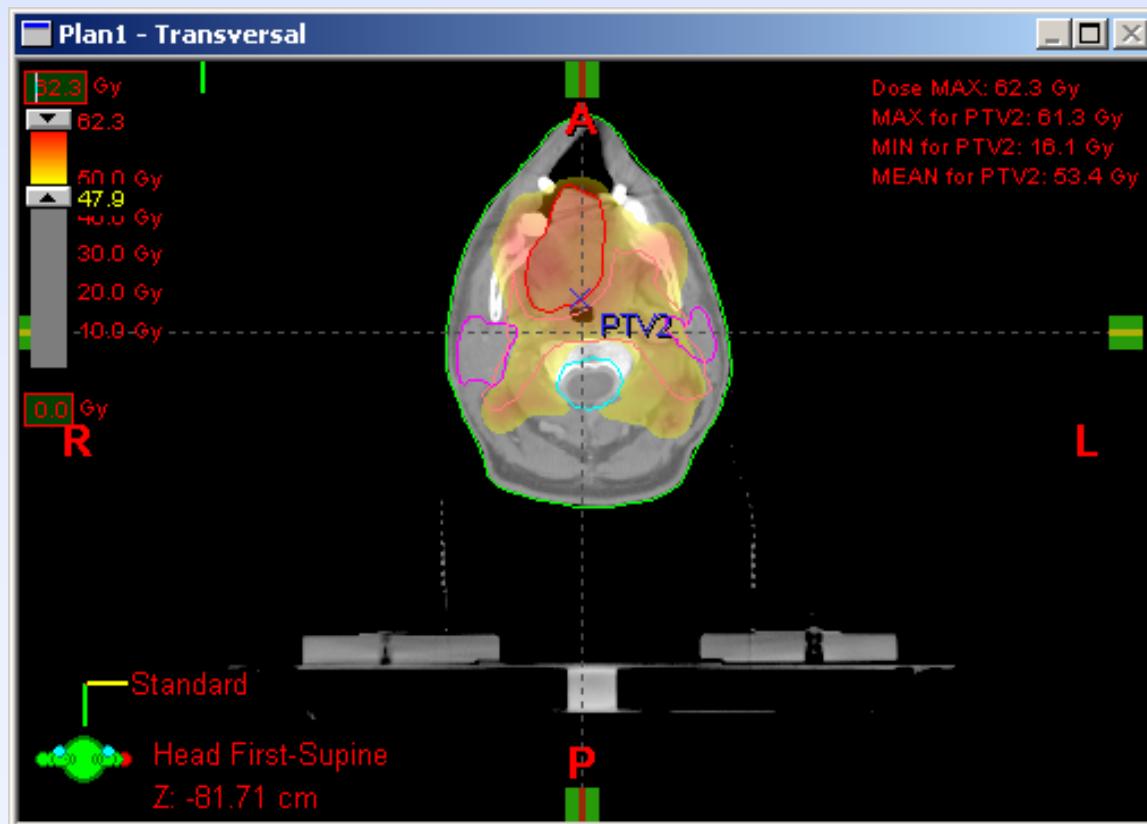
# Multiple static segments 18 Segments

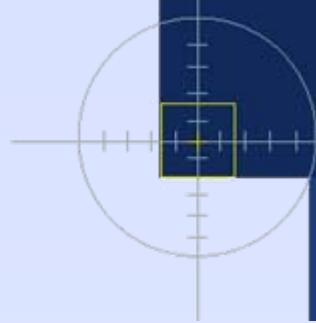




# Dose Distribution

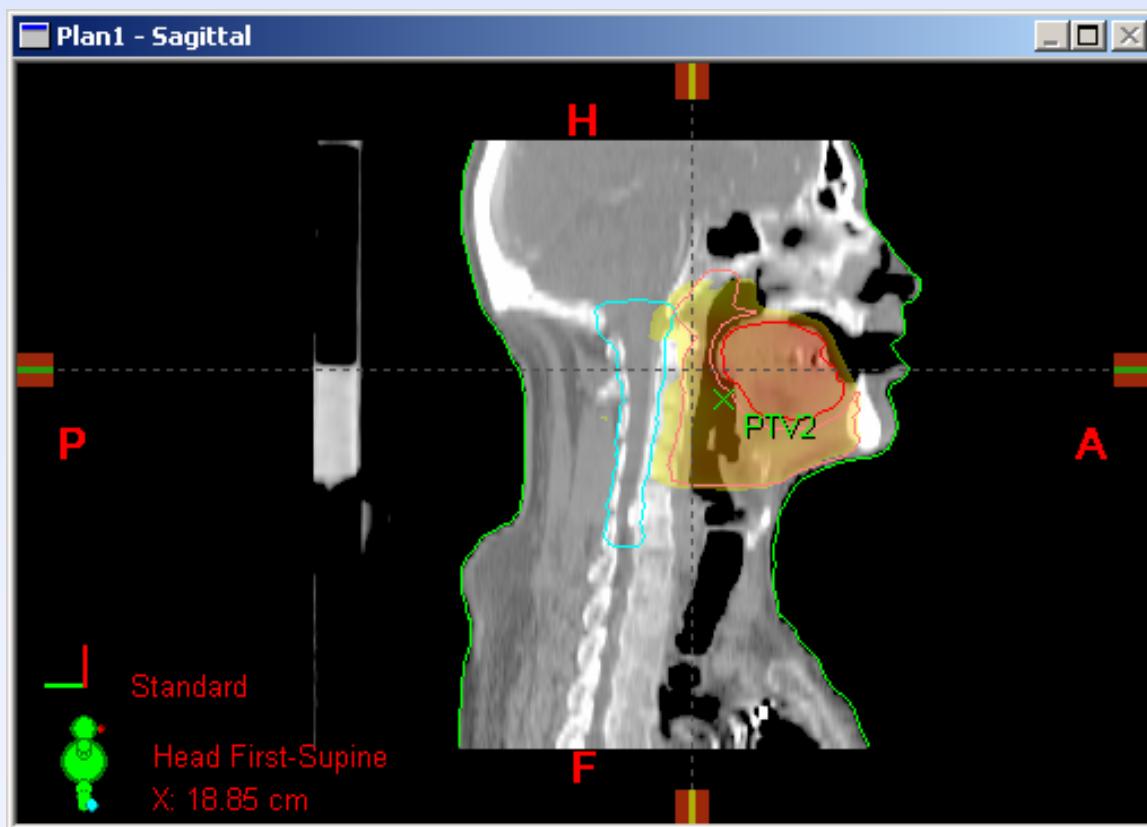
- ◆ Transversal 2D dose distribution

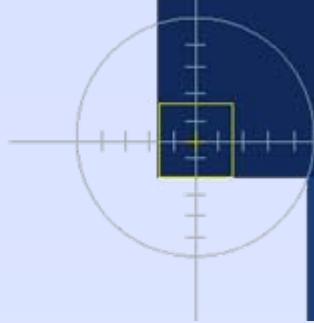




# Dose Distribution

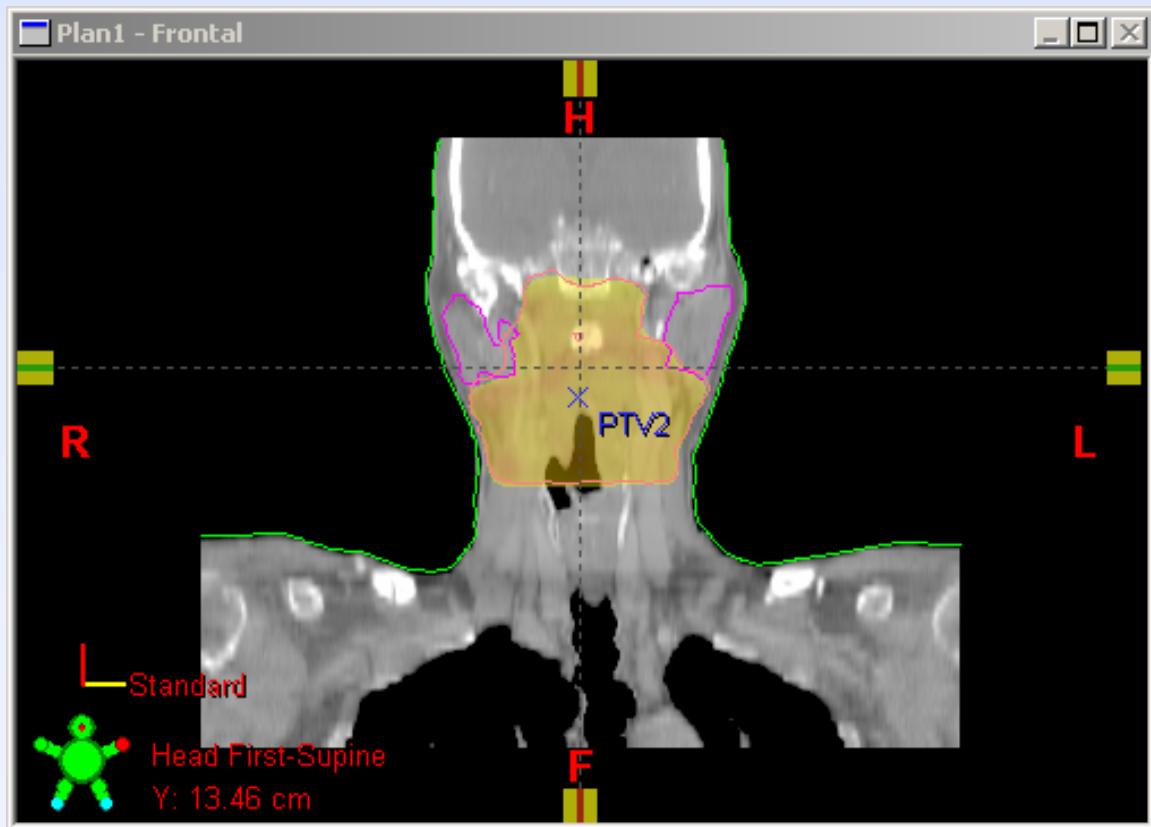
- ◆ Sagittal 2D dose distribution

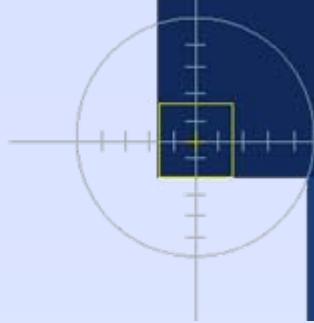




# Dose Distribution

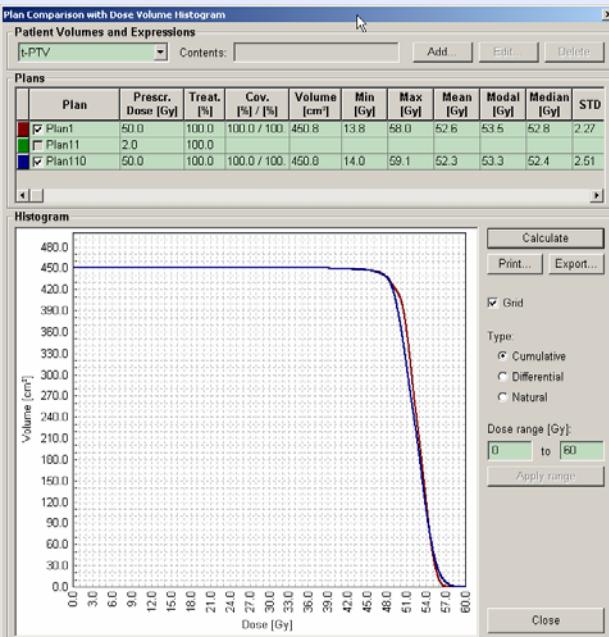
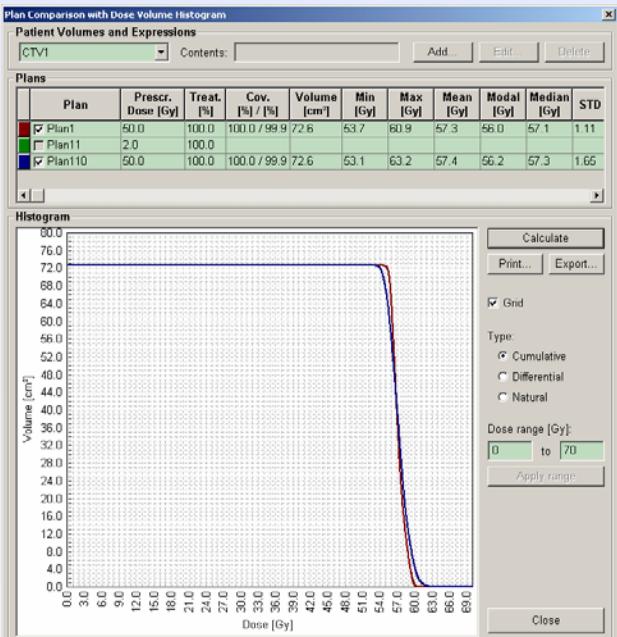
- ◆ Frontal 2D dose distribution

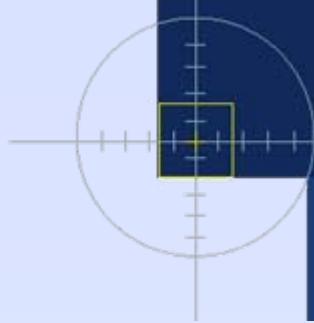




# Sliding Window vs MSS

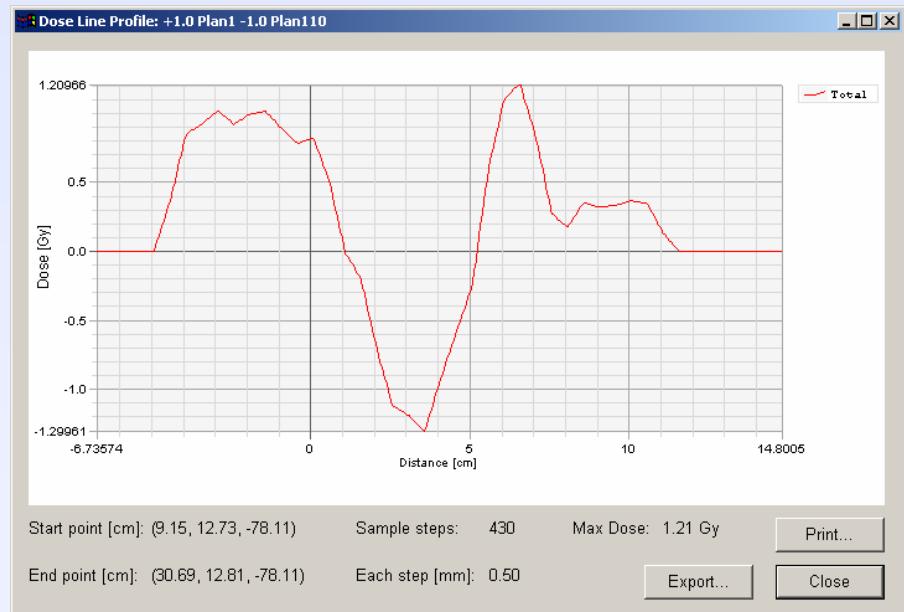
- ◆ DVH CTV and PTV
  - ◆ Sliding window:  
conformer dose

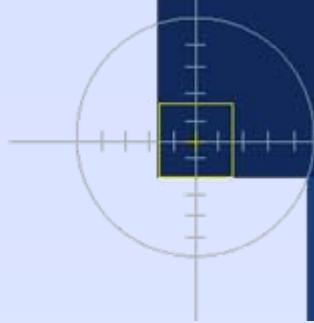




# Sliding Window vs MSS

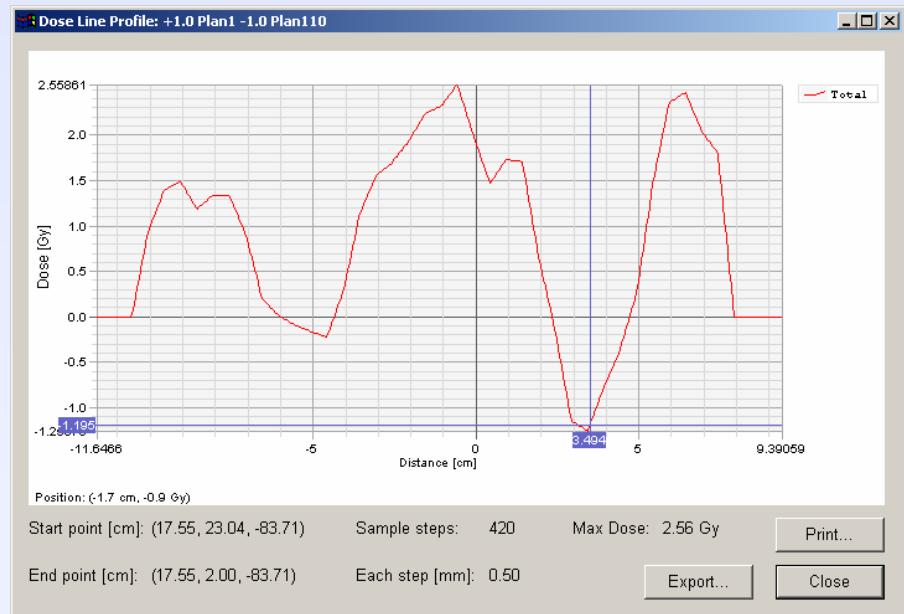
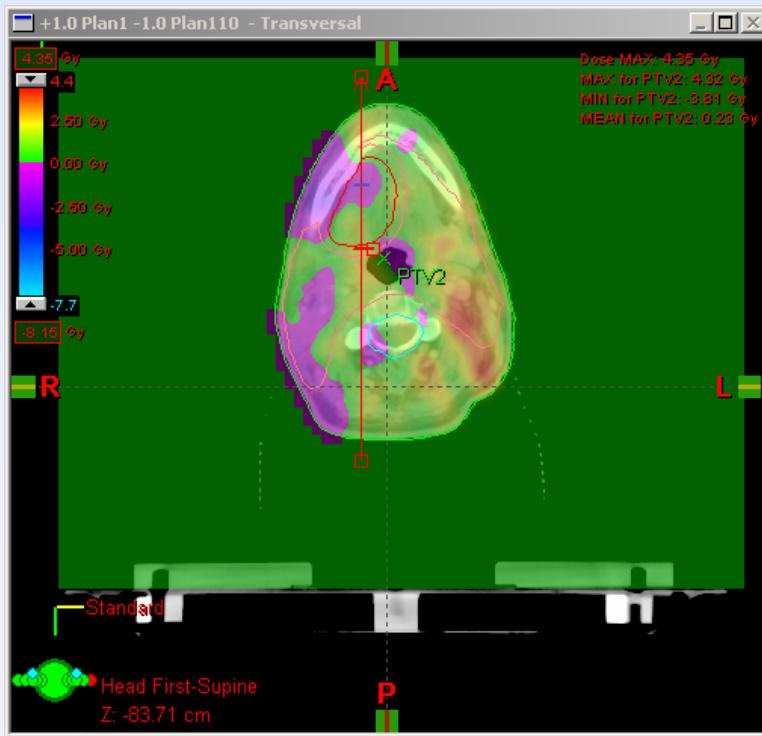
- ◆ Plan subtraction Sliding window - MSS

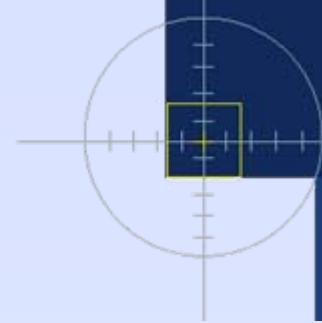




# Sliding Window vs MSS

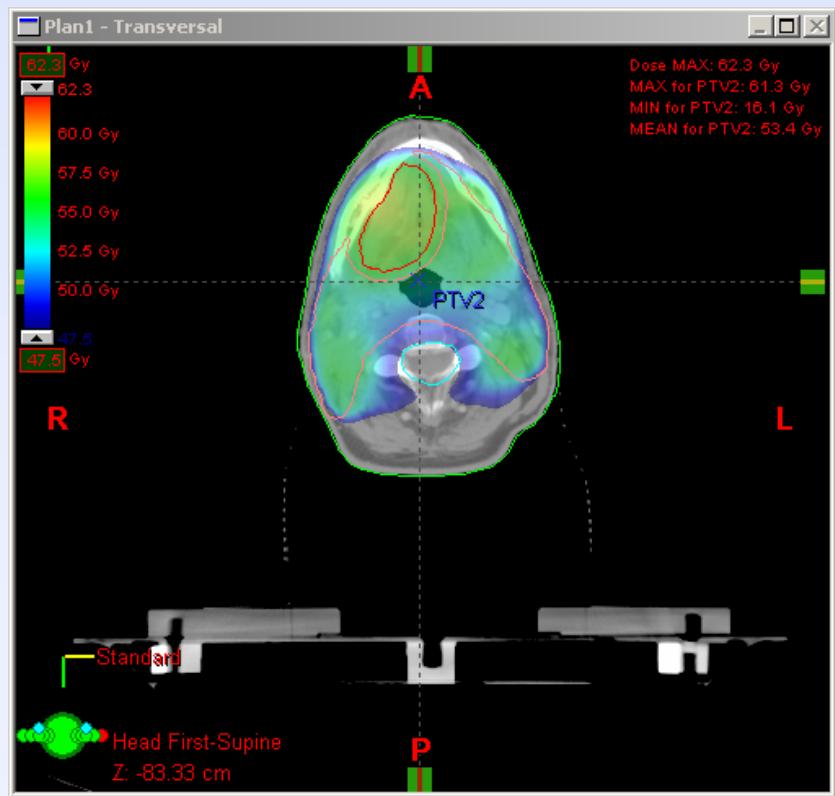
- ◆ Plan subtraction Sliding window - MSS



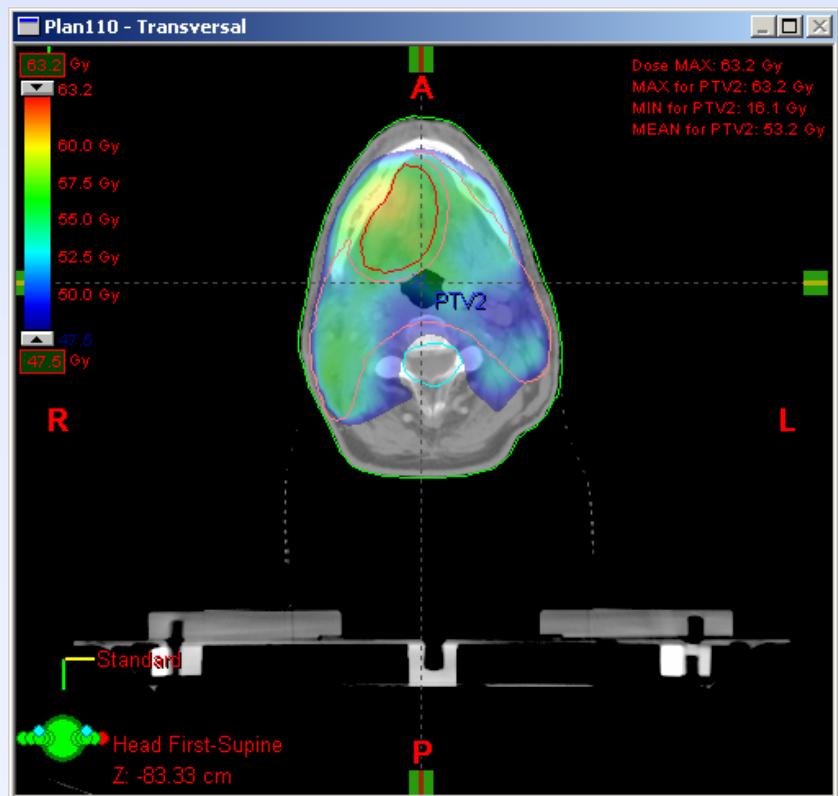


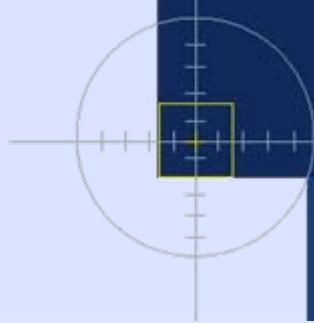
# Sliding Window vs MSS

Sliding window



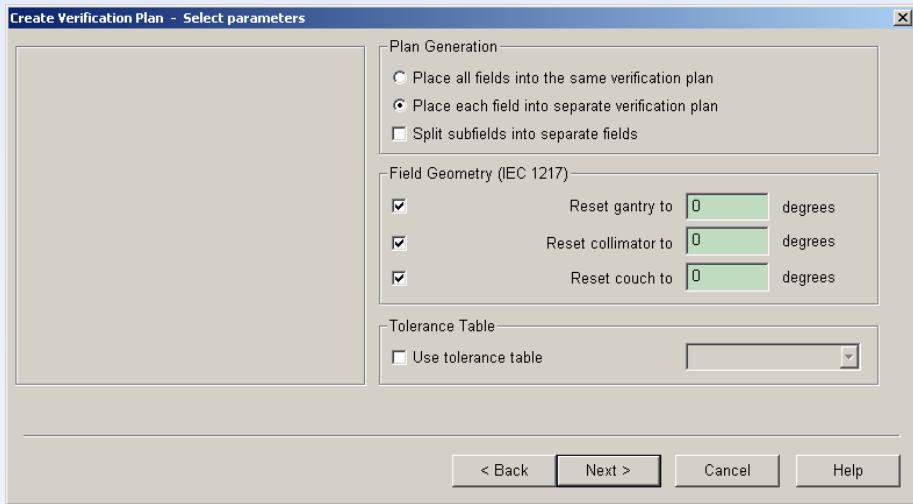
MSS

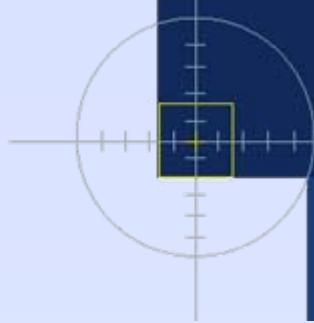




# Quality Assurance

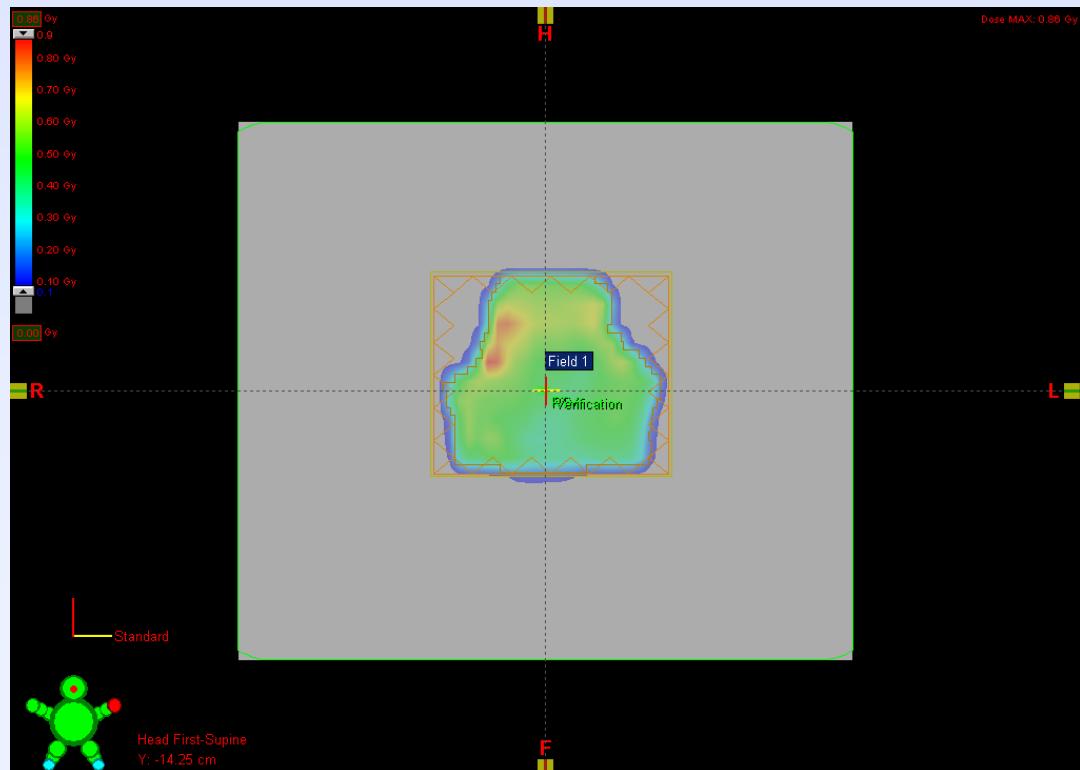
- ◆ Possible patient QA
  - ◆ Verify every single IMRT field (all segments together)  
or
  - ◆ verify the total plan

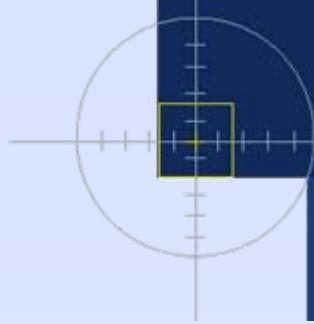




# Quality Assurance

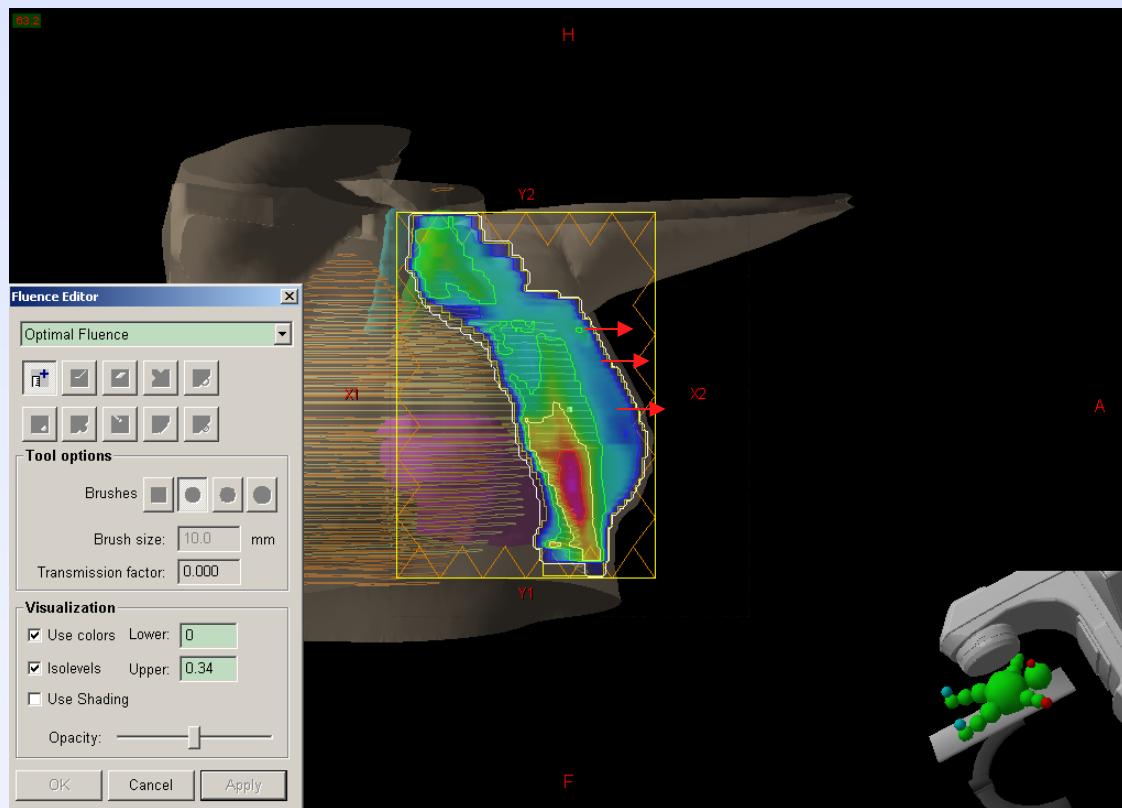
- ◆ Field by field verification

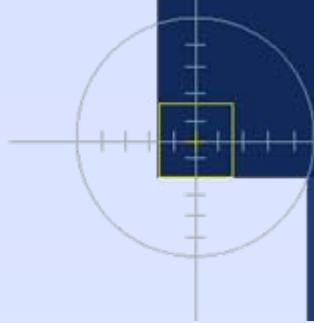




# Special Tool

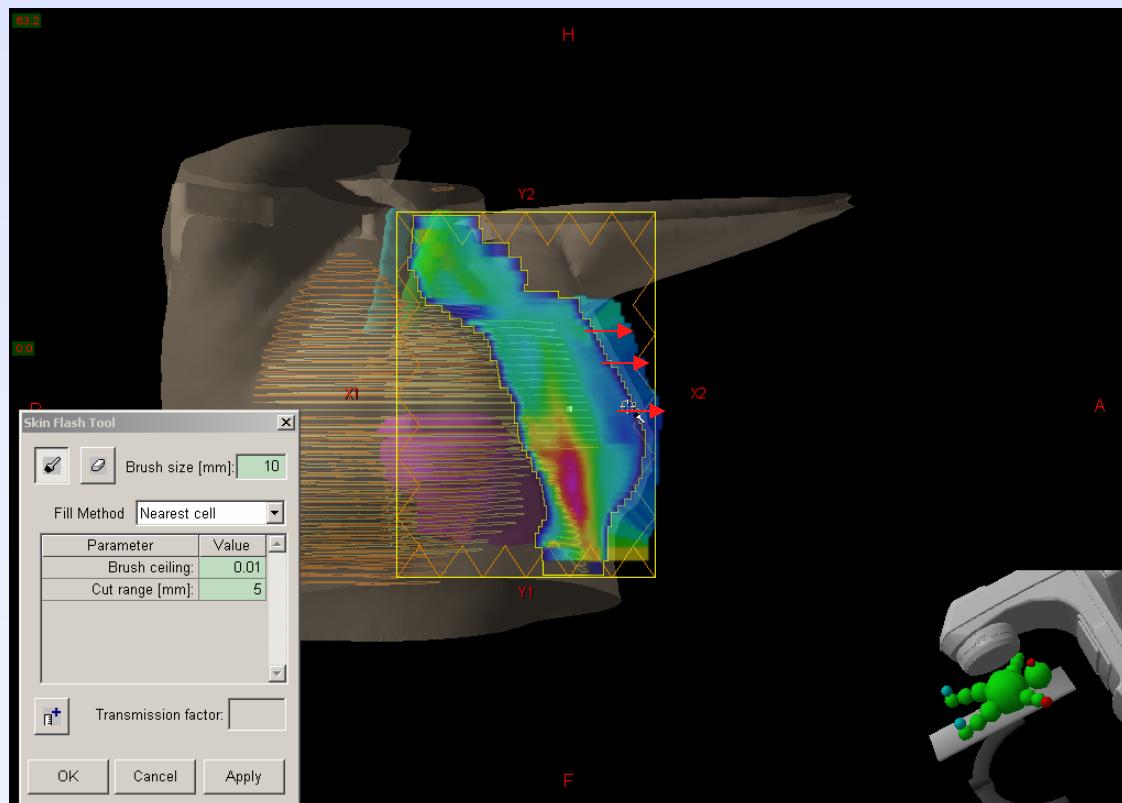
- ◆ Skin flash tool
  - ◆ Breast patient
  - ◆ Patient movement
  - parts outside the fluence

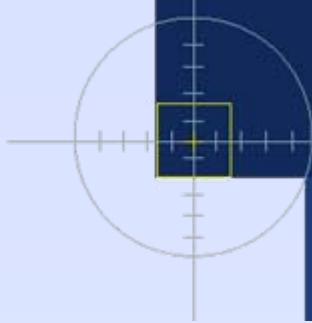




# Special Tool

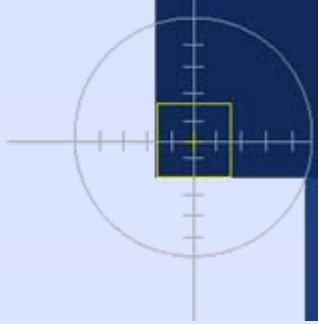
- ◆ Skin flash tool
  - ◆ Breast patient
  - ◆ Patient movement  
→ parts outside the fluence
- Add fluence at the border of the original fluence





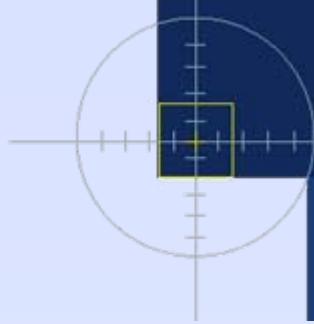
# Summary

- ◆ Eclipse Helios includes
  - ◆ Fast and Interactive Optimization
  - ◆ Sliding Window (and MSS)
  - ◆ QA tools
  - ◆ Skin Flash tool



# Summary

- ◆ Participant of IMRT School Berlin at the end of the Course:  
“I have learned again to enjoy Radiotherapy”



# Summary

- ◆ Eclipse Helios
  - ◆ All tools needed for 3D RT planning
  - ◆ All tools needed for excellent IMRT planning

→ so, lets continue to work together that our customers can learn to enjoy RT again