Mid-PhD Defense

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Outline

Introduction

Cancer treatments
Radiotherapy
Multi-Leaf Collimator
IMRT/VMAT scheme
Step-and-shot
Sliding-windows
VMAT scheme
Radiotherapy workflow

Problem Statement

Optimization workflow Fluence discretization FMO problem Formulation Optimization

Early results

Optimizers Review Meta-Optimization Dose Distances

Automatic Dose Optimization for Radiotherapy



Problem Formulation

Bixel values:

$$x_{i,j}^{\theta} \geq 0$$
, for $\theta \in \Theta$ and $1 \leq i, j \leq 20^{1}$

usually concatenated to a single bixels-value vector x.

Dose calculation:

 $\mathbf{y} = L\mathbf{x}$ with L (pre-calculated) dose-influence (DI) matrix



Problem Formulation IMRT (bis)

Objective for *maximum* constraint *c* on structure *s*, dose *d*:

$$f_c(\mathbf{y}) = \frac{1}{|\mathcal{V}|} \sum_{\mathbf{v} \in \mathcal{V}} (\mathbf{y}_{\mathbf{v}} - d)_+^2$$

(reverse sign for minimal constraint).

Final objective:

$$f(\mathbf{y}) = \sum_{c \in \mathcal{C}} w_c f_c(\mathbf{y})$$

with w_c the weight of constraint c.

Problem Optimization

Optimizer review

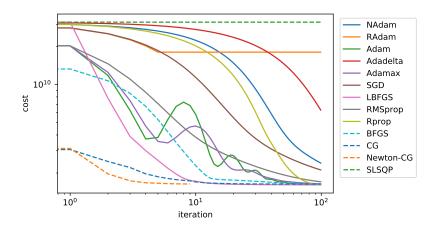


Figure: Typical prostate case.



Problem Optimization

Optimizer review (bis)

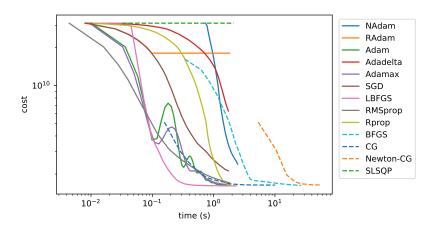


Figure: Typical prostate case.

https://arxiv.org/abs/2305.18014



Meta-Optimization

Usual optimization

$$\min_{\mathbf{x}} f(\mathbf{x}, w) \text{ s.t. } \mathbf{x} > 0$$

... and fine-tune w until the dose is clinically acceptable.

Meta optimization

$$\min_{w} \left\{ \min_{\mathbf{x}} f(\mathbf{x}, w) \text{ s.t. } \mathbf{x} > 0 \right\}$$

... still need to fine-tune the parameters (learning rate, momentum, etc...) of the meta-optimizer.

Dose Distances

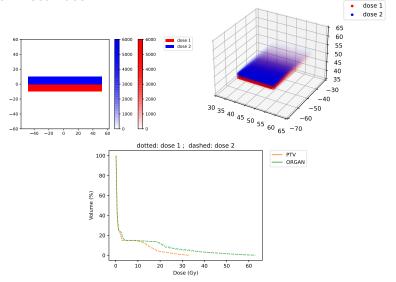


Figure: Example of two doses that have the same clinical effect (measured from the DVHs), but very different voxel-wise dose values.