## Mid-PhD Defense

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## Outline

### Introduction

Cancer treatments

Radiotherapy

Multi-Leaf Collimator

IMRT scheme

VMAT scheme

Radiotherapy workflow

#### Problem Statement

Optimization workflow

Fluence discretization

FMO problem

Formulation

Optimization

# 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

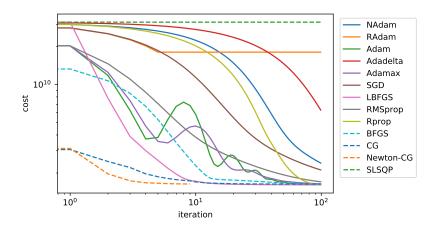


Figure: Typical prostate case.



# **Problem Optimization**

Optimizer review (bis)

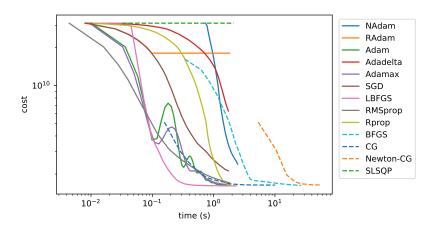


Figure: Typical prostate case.

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

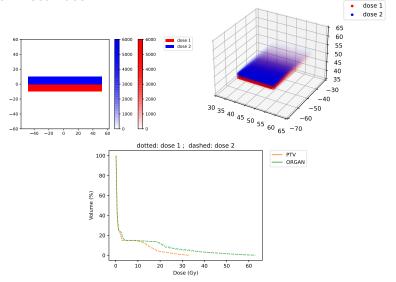


Figure: Example of two doses that have the same clinical effect (measured from the DVHs), but very different voxel-wise dose values.