

Méthodes pour l'automatisation de la dosimétrie pour les traitements radiothérapeutiques.

*Methods for automatization of the dosimetry for radiotherapy
treatments.*

Thèse de doctorat de l'université Paris-Saclay

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Titre: Méthodes pour l'automatisation de la dosimétrie pour les traitements radiothérapeutiques.

Mots clés: Mathématiques, Intelligence Artificielle, Radiothérapie

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Title: Methods for automatization of the dosimetry for radiotherapy treatments.

Keywords: Mathematics, Artificial Intelligence, Radiotherapy

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A PhD is more than just hard work; it thrives on mentorship, collaboration, and unwavering support.
[...]

List of Contributions

- Teaching: *Consistency and Reproducibility of Grades in Higher Education: A Case Study in Deep Learning* *replace icon*
- ArXiv: Radiotherapy Dosimetry: A Review on Open-Source Optimizer
- ESTRO: A Novel Framework for Multi-Objective Optimization and Robust Plan Selection Using Graph Theory
- SFPM: Dose Volume Histograms Guided Deep Dose Predictions
- AIME: Radiotherapy Dose Optimization via Clinical Knowledge Based Reinforcement Learning (full paper coming soon)
- ASTRO: Clinically Dependent Fully Automatic Treatment Planning System
- SFRO: Attention Mechanism on Dose-Volume Histograms for Deep Dose Predictions

List of Figures

List of Tables

Contents

1	Background	1
1.1	Medical context	4
1.1.1	10 cancer markers	4
1.1.2	4 cancer conditions	4
1.1.3	phases of cancer	4
	initiation	4
	promotion	4
	tumorigenesis + neoangiogenesis	4
	evolution (local, regional, metastasis)	4
1.1.4	cancer classification:	4
	tumor, node, metastasis	4
	stages classification:	4
1.1.5	treatment types	5
	surgery	5
	RT	5
	chemotherapy	5
	combination	5
1.2	Patient Path	5
1.2.1	Detection / diagnostic	5
1.2.2	RT Prescription	5
1.2.3	CT scan	5
1.2.4	Contouring	5
1.2.5	Treatment Planning	5
1.2.6	Irradiation Sessions	5
1.2.7	Follow-up	5
1.3	Machines	5
1.3.1	Molds / 3D-RT	5
1.3.2	MLC-LINAC	5
1.3.3	Tomotherapy	5
1.3.4	CyberKnife	5
1.3.5	Brachytherapy	5
1.4	Irradiations techniques	5
1.4.1	IMRT	5
	Step and Shoot	5
	Sliding Window	5
1.4.2	VMAT	5
1.5	Treatment Planning Systems	5
1.5.1	Manufacturer	5
	Eclipse (Varian)	5

ONE Planning (Elekta)	6
Precision (Accuray)	6
1.5.2 Non-manufacturer	6
RayStation (RaySearch)	6
matRad (German Cancer Research Center - DKFZ)	6
AutoPlan (TheraPanacea - coming soon)	6
1.6 Dosimetry steps	6
Challenges	6
1.6.1 BOO	6
1.6.2 FMO	6
1.6.3 LF	6
1.7 Simulation	6
2 Introduction	7
2.1 Context	9
2.2 Problematic	9
2.3 State of the Art	9
2.4 Unsolved problems	9
2.5 Contribution	9
3 Dosimetry Optimization	11
3.1 Optim engine: classic and dose mimicking	12
3.2 relation between optim doses (distance and network)	12
3.3 ESTRO (novel approach with graph theory)	12
4 Automation: Classical Approach	13
4.1 RL + classic optim algo (AIME / ASTRO)	14
5 Automation: Deep Dose	15
5.1 DVH guided deep dose + dose mimicking algo (SFPM / SFRO)	16
6 Conclusion	17
7 Perspectives	19

Background

Abstract

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1.1	Medical context	4
1.1.1	10 cancer markers	4
1.1.2	4 cancer conditions	4
1.1.3	phases of cancer	4
	initiation	4
	promotion	4
	tumorigenesis + neoangiogenesis	4
	evolution (local, regional, metastasis)	4
1.1.4	cancer classification:	4
	tumor, node, metastasis	4
	stages classification:	4
1.1.5	treatment types	5
	surgery	5
	RT	5
	chemotherapy	5
	combination	5
1.2	Patient Path	5
1.2.1	Detection / diagnostic	5
1.2.2	RT Prescription	5
1.2.3	CT scan	5
1.2.4	Contouring	5
1.2.5	Treatment Planning	5
1.2.6	Irradiation Sessions	5
1.2.7	Follow-up	5
1.3	Machines	5
1.3.1	Molds / 3D-RT	5
1.3.2	MLC-LINAC	5
1.3.3	Tomotherapy	5
1.3.4	CyberKnife	5
1.3.5	Brachytherapy	5
1.4	Irradiations techniques	5
1.4.1	IMRT	5
	Step and Shoot	5
	Sliding Window	5
1.4.2	VMAT	5
1.5	Treatment Planning Systems	5
1.5.1	Manufacturer	5
	Eclipse (Varian)	5
	ONE Planning (Elekta)	6
	Precision (Accuray)	6
1.5.2	Non-manufacturer	6
	RayStation (RaySearch)	6
	matRad (German Cancer Research Center - DKFZ)	6
	AutoPlan (TheraPanacea - coming soon)	6
1.6	Dosimetry steps	6
	Challenges	6
1.6.1	BOO	6
1.6.2	FMO	6

	3
1.6.3 LF	6
1.7 Simulation	6

1.1 Medical context

1.1.1 10 cancer markers

- cell proliferation
- reprogram cellular metabolism
- stop cell growth arrest
- evade apoptosis
- escape immune system
- ability to undergo a sufficient number of successive cell cycles of growth and division to generate macroscopic tumors
- create new blood vessels to get nutrients
- allow cell escape and metastasis formation
- change cellular response phenotypic via plasticity
- senescence

1.1.2 4 cancer conditions

- mutation
- epigenetic reprogramming
- inflammatory context
- disruption of microbiota

1.1.3 phases of cancer

initiation

promotion

tumorigenesis + neoangiogenesis

evolution (local, regional, metastasis)

1.1.4 cancer classification:

tumor, node, metastasis

stages classification:

1. stage 0 which corresponds to a so-called in situ tumor
2. stage 1 which corresponds to a single, small tumor
3. stage 2 which corresponds to a larger local volume
4. stage 3 which corresponds to invasion of the lymph nodes or surrounding tissues
5. stage 4 which corresponds to a wider extension in the body in the form of metastases

1.1.5 treatment types

surgery

RT

chemotherapy

combination

1.2 Patient Path

1.2.1 Detection / diagnostic

1.2.2 RT Prescription

1.2.3 CT scan

1.2.4 Contouring

1.2.5 Treatment Planning

1.2.6 Irradiation Sessions

1.2.7 Follow-up

1.3 Machines

1.3.1 Molds / 3D-RT

1.3.2 MLC-LINAC

1.3.3 Tomotherapy

1.3.4 CyberKnife

1.3.5 Brachytherapy

1.4 Irradiations techniques

1.4.1 IMRT

Step and Shoot

Sliding Window

1.4.2 VMAT

1.5 Treatment Planning Systems

1.5.1 Manufacturer

Eclipse (Varian)

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1.6 Dosimetry steps

Challenges

1.6.1 BOO

1.6.2 FMO

1.6.3 LF

1.7 Simulation

Introduction

Abstract

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2.1	Context	9
2.2	Problematic	9
2.3	State of the Art	9
2.4	Unsolved problems	9
2.5	Contribution	9

2.1 Context

Cancer; RT; optim to be done

2.2 Problematic

Manual optim is time consuming; need to automate

2.3 State of the Art

2.4 Unsolved problems

2.5 Contribution

Dosimetry Optimization

Abstract

3.1	Optim engine: classic and dose mimicking	12
3.2	relation between optim doses (distance and network)	12
3.3	ESTRO (novel approach with graph theory)	12

3.1 Optim engine: classic and dose mimicking

3.2 relation between optim doses (distance and network)

3.3 ESTRO (novel approach with graph theory)

Automation: Classical Approach

Abstract

4.1	RL + classic optim algo (AIME / ASTRO)	14
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4.1 RL + classic optim algo (AIME / ASTRO)

Automation: Deep Dose

Abstract

5.1 DVH guided deep dose + dose mimicking algo (SFPM / SFRO)	16
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5.1 DVH guided deep dose + dose mimicking algo (SFPM / SFRO)

Conclusion

Perspectives