

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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Acknowledgments

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

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Radiotherapy

Abstract

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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

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Step and Shoot

Sliding Window

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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

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

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- 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

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4.1 RL + classic optim algo (AIME / ASTRO)

Automation: Deep Dose

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Conclusion

Perspectives