



Particle Therapy Treatment Plans on GPU

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Collaboration

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Outline

- particle therapy with active beam scanning
- fast-MC code structure and implemented physical models
- dose deposition accuracy vs full-MC code
- Fred as a recalculation tool for commercial TPS plans
- parallel execution modes, hardware and performance

European cancer treatment survey

More than 45% of cases are cured (surgery or std RT)

EU Report 2000 No cure non regional Surgery RadioTherapy

18% are localized cancers

which are not treated because:

- anatomy prevents surgery
 - radioresistant tumors
- too close to critical organs



Particle therapy may be used in these cases and might also become the preferred approach for other cancers

How to "kill" cancer cells



charged particles have high damaging power on the DNA scale-length



High LET

Local deposition of high doses

Iz et al. Rad. Res. 2001 Immunoflourescence image pair protein p21;

RadioBiological Effectiveness



also to consider that PT has higher effectiveness in poorly oxygenated tissues (typically neoplasms)

Treatment Planning System











Fred - A. Schiavi

Fred



- fast-MC code for protons in voxel geometry
- Tabulated total stopping power in water (PSTAR)
- MCS models: single-,double-,triple-gaussian, 2 gauss+Rutherford
- Nuclear interactions: elastic and inelastic; fragmentation; local deposition of heavy ions; tracking of secondary protons and deuterons
- HU to density conversion (Schneider) and stoppow calibration
- dose optimization using DDO (Lomax)
- RBE = 1.1 for protons

INPUT







- text input file (flexible format)
- geometry and ROIs definition
- accelerator file (CNAO settings)
- voxel resampling; optimization param

- DICOM import
- RTSTRUCT (PTV,OAR,etc.)
- RTPLAN (raster file)

OUTPUT



3D maps using SILO library (VisIT/Paraview)

binary output for postprocessing (MatLab, Python)

ROI { dose statistics DVH







Bragg curves in water



SOBP 3 cm cube at 20 cm depth



SOBP 3 cm cube at 20 cm depth

20.000 primary protons per PB



FastMCREC

In-room imaging for patient positioning (CBCT)



V" DEPTEMBER, 2014 - course terrange

WORLD'S FIRST PT SPECIFIC CBCT GOES CLINICAL



- patient positioning
 - geometry match
- delivery uncertainties

we need also **dosimetric** verification of TP on the day of treatment

OPTIONS

FULL-MC recalculation using standard codes

Commercial TPS using analytical pencil beam algorithm ~ 70 h/core

~ | h/core

we need an answer while the patient is on the bench, i.e. **within a minute**

MC fast-recalc hardware





- standard codes
- expensive (€€€€€)
- maintenance (staff)

- low budget (€€€€)
- redundancy
- in-house maintenance

Parallel execution model in Fred





POSIX

Multi-threads

Fred
front-end

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Anatomy of a GPU



Kepler architecture

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Memory paths



Performance on CPU and GPU



BENCHMARK SETUP

- I 50 MeV protons
- FWHM = 1 cm
- liquid water phantom (20x20x20 cm)
- voxel resolution = 2x2x2mm (TPS-like)
- FRED: complete physics model
- FLUKA: HADROnTHErapy defaults

* LAPTOP: MacBookPro (AMD Radeon R9 M370X)
 ** DESKTOP: Mac Pro (AMD FirePro D300)

Water-cooled 4 GPU workstation



Hardware concept and realization: S.Pioli



Hardware: 4x GPU NVIDIA GTX 980 1x CPU Intel i7-5930K @ 3,50 GHz with 12-core

Clinical case: glioblastoma



Clinical case example: glioblastoma







complete recalculation of TP performed in less than 30 s on a 4 GPU water-cooled workstation developed at URLS

Speed-up

Std full-MC code (Fluka) : 72h on single CPU => **I0 ms/primary**

GPU fast-MC code (Fred): 20 s on a single GPU => **0.5 μs/primary**

Speed-up is a very personal, qualitative and usually illdefined procedure to measure computational performance

... nevertheless, we can get an accurate answer $20.000 \times faster$ than before: ENCOURAGING!

Heat and Duty-cycle



6 core + 4 GPU water cooling



Sustained calculation test: temperature of all GPU cards must stay below 70°C



time (HH:MM)

LISA GPU temperature monitor

Water-cooling

COO

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FUTURE DEVELOPMENTS AND PERSPECTIVES

- clinical validation of fast-recalculation tool
- applications to clinical routine
- extensions to include other ions (Carbon, Helium) and secondary particles (neutrons, delta-rays, deuterons and alphas)
- implementation of RBE models
- dose monitoring using secondary particles