Deep learning methods for 2D in-vivo dose reconstruction with EPID detector

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Overview



• Pipeline of the analysis

- Data exploration
- Data preprocessing
- Deep learning architecture and training phase
- Predictions of the model
- Gamma-index analysis

• Preliminary results

Possible improvements

- Data augmentation technique
- k-Cross validation
- Custom loss function
- Ensemble learning

Conclusions







We collected **one hundred pairs** of EPID-PD images from various phantoms representing different material densities (lung, solid water, titanium, and bone), along with corresponding simulated dose images).



- Size: 1024x1024
- 16 bit
- Pixel spacing: [0.405, 0.405] mm
- Grey-scale pixel value



- Size: 347x347
- Range: [0, ≈30]
- Pixel spacing: [1.0, 1.0] mm
- Gray dose pixel value [cGy]



Data preprocessing





(1) Matching of physical size



(2) Image resizing (256x256)



(3) Pixel scaling \rightarrow normalization

Do the images have the same dimensions?

A trade-off between resolution and computing capacity It can help the training phase of the network

1) Matching of physical size



Do the images have the same dimensions?



- The **spatial dimensions** of the PDs differ from those of the EPIDs.
- Additionally, the squares within the PDs appear slightly larger.
- Some **background** pixels may are **missing**, possibly due to being cut off by the TPS.
- To address this problem, we add background pixels, ensuring that both images have the same spatial dimensions.

2) Image resizing \rightarrow (256x256)



A trade-off between resolution and computing capacity



- **Image resizing** (using <u>OpenCV</u>, Python) refers to the scaling of images.
- Reduces the number of pixels, speeding up neural network training and reducing model complexity (Training efficiency).
- Lowers computational and memory requirements by decreasing image size.

3) Pixel scaling



It can help the training phase of the network



- Normalization is the process of converting an actual range of values which a numerical pixel can take, into a **standard range of values**, typically in the **interval [0, 1]**.
- Why do we normalize? It is not a strict requirement. However, in practice, it can lead to an increased speed of learning (Gradient descent, weight updates and numerical overflow)



Once the dataset is ready to be processed by the neural network for the training phase, we split it into three different set:



Unet architecture





We developed a **U-net architecture** aiming at mapping EPID images into PD ones. It is an **image regression problem**, i.e., a machine-learning technique that has the ability to predict continuous values within a specific range.

Deep learning architecture





Conv Block:

- **Conv2D:** Applies convolution with 3x3 filters and 'same' padding.
- **BatchNormalization**: Normalizes the activations of the previous layer to improve training stability.
- Activation: applies ReLU activation function to introduce non-linearity.
- **SpatialDropout2D**: Randomly drops spatial units to prevent overfitting.

Unet parameters

UNet Architecture:

Downsampling: Successive conv_block and MaxPooling2D((2, 2)) layers to reduce spatial dimensions and extract features.

Bottleneck: Deepest part of the network with highest feature extraction (256 filters).

Upsampling: Conv2DTranspose layers to increase spatial dimensions, concatenating with corresponding downsampled layers for detailed reconstruction.

Output Layer:

Conv2D(1, (1, 1), activation='linear'): Generates the final output with a single channel using linear activation.

Resizing(256, 256): Resizes the output to a fixed dimension of 256x256.

Compilation: Compiles the model with Adam optimizer, mean squared error loss, and mean absolute error as a metric.



Predictions of the model



TPS Unet **EPID** 0.5 2.5 2.5 Predicted PD Image 7 Test EPID Image 7 Real PD Image 7 0 0 0 0.0 2.0 2.0 50 50 50 - 1.5 -0.5 - 1.5 = 100 ↓ -1.0 × Value 001 Pixel Value 100 - 1.0 - 1.0 N 150 Jax 150 150 - 0.5 -1.5 0.5 200 200 200 0.0 -2.0 0.0 250 250 250 50 100 150 200 250 50 100 150 200 250 50 100 150 200 250 0 0 -0.50 -0.5-2.5









EPID



Unet

0.5 2.5 Test EPID Image 15 Real PD Image 15 Predicted PD Image 15 - 2.5 0 0 0 0.0 2.0 -2.0 50 50 50 . -0.5- 1.5 1.5 Pixel Value -1.0 ^{Al 100} Pixel Value 100 - 1.0 Jaxie 150 1.0 150 -1.5 0.5 0.5 200 -200 200 -2.00.0 0.0 250 250 -250 250 50 100 150 200 50 100 150 200 50 100 150 200 250 250 0 0 0 -2.5-0.5-0.5

TPS





Gamma-index analysis



A standard gamma analysis of 3%/3 mm was performed on the PD predicted by the DL network and the simulated PD in the test dataset, leading to a mean gamma pass rates of (82.30 ± 4.80)%.

Gamma-index: worse and best cases



Gamma Index

Gamma Index Histogram Gamma Passing Rate: 100.00%





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Gamma-index: worse and best cases







The reconstructed PDs show some **horizontal patterns**.

The causes need to be investigated...



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Possible improvements:

• Dataset:

- Correction of artefacts
- Increase the data size

Deep learning model

- Data augmentation
- Cross validation
- Ensemble learning
- Custom loss function







Augmented EPID Augmented EPID





Data augmentation





Warning: it is important that each pair of epid-pd images is subject to the same geometric transformation



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Cross validation & ensemble learning



- CV is employed for training a neural network on an image dataset to ensure that the model is **robust** and **generalizes well** to unseen data.
- This technique evaluates the model's performance on different subsets of the dataset, reducing the **risk of overfitting** and providing a more reliable estimate of its ability to predict new images.

Training phase





Pipeline of the analysis















In this study, we converted the measured EPID response into the actual PD through a DL network and compared it with the simulated PD calculated by TPS.

A standard **gamma analysis of 3%/3mm** was performed on the PD predicted by the DL network and the simulated PD in the test dataset, leading to a mean gamma pass rates of (82.30 ± 4.80) %.

Additional techniques, such as **data augmentation**, k-**cross validation**, and **ensemble learning**, do not produce significantly better results.

- We need to understand in which cases the network performs better and in which ones it performs worse.
- It is possible to use **different types of architectures**.
- Increase the size and variety of the dataset



Thank you for the attention!

Papers:

- 1. Fan Z Zhang Q Zhang X Yang R et al. Zhang J, Cheng Z. A feasibility study for in vivo treatment verification of IMRT using Monte Carlo dose calculation and deep learning-based modelling of EPID detector response. Radiat Oncol, (17):1–12, 2022.
- Parodi et. al, Towards real-time EPID-based 3D in vivo dosimetry for IMRT with Deep Neural Networks: A feasibility study, Physica Medica, Volume 114, October 2023, 103148

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Backup slides

Artifacts in the TPS images





Predictions of the model









In-vivo 3D dosimetry in radiotherapy Treatments with EPID

Predictions of the model



