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POLITECNICO
DI MILANO



Hadrontherapy in 4D

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Challenge of 4D therapy (respiratory correlated irradiation)

- ✓ X-ray radiotherapy inheritance
- ✓ Status and perspectives in particle therapy

4D treatment planning

- ✓ 4D imaging and motion modelling

4D dose delivery in particle therapy

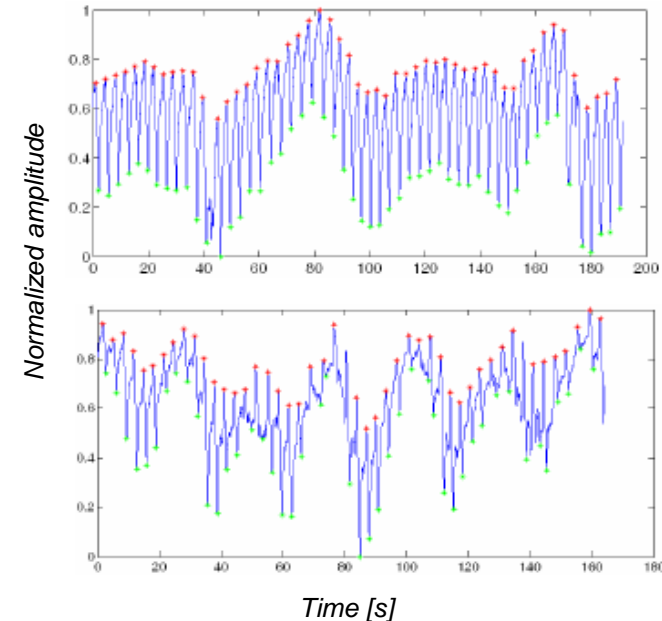
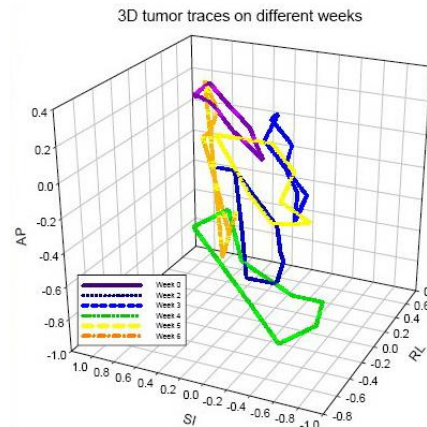
- ✓ Experimental studies (local models)
- ✓ Prediction of daily anatomical changes (global models)

4D treatment verification

- ✓ Motion compensated in-vivo PET-based dosimetry
- ✓ 4D transmission imaging



- ✓ **Challenge:** actively targeting a movable and deformable volume featuring variable kinematics and deformation patterns
 - ✓ Combination of inter- and intra-fractional deviations
 - ✓ Tasks (on-the-fly):
 1. Target localization
 2. Treatment geometry adaptation (beam direction, conformation)





Motion detection strategies

The X-ray radiotherapy heritage



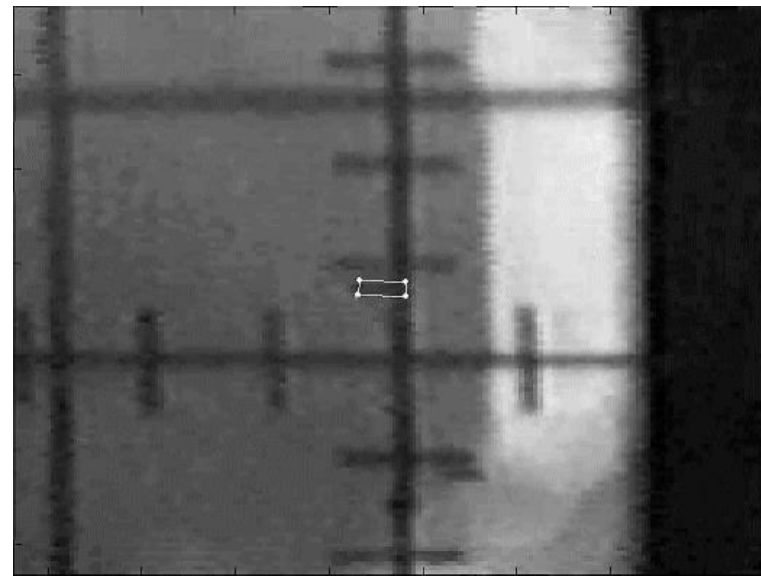
✓ Direct tumor imaging

✓ Marker-based methods

- ✓ X-ray [Shirato et al. *Cancer Sci* 2012;103:1–6]
- ✓ EM (Calypso™) [Balter et al. *IJROBP* 2005;61:933–37]

✓ Markerless

- ✓ Ultrasound [Schlosser et al *Med Phys* 2010;37:6357–67]
- ✓ Real-time X-ray image registration [Gendrin et al *Radiother Oncol* 2012; 102:274–80]
- ✓ MRI [Fallone et al *Med Phys* 2009;36:2084–88]

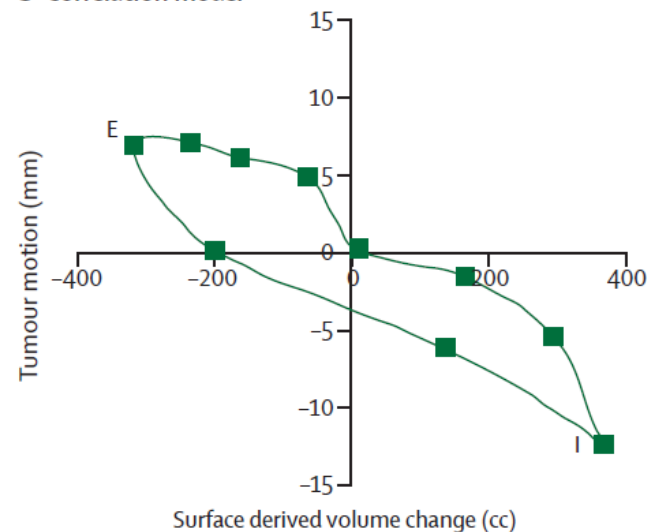


✓ Indirect tumor localization

✓ Correlation with surrogates

- ✓ Spirometric measurements [Hughes et al *Radiother Oncol* 2009; 91: 336–41]
- ✓ Surface fiducials [Baroni et al., *Radiother Oncol* 2000;54:21–27]

C Correlation model





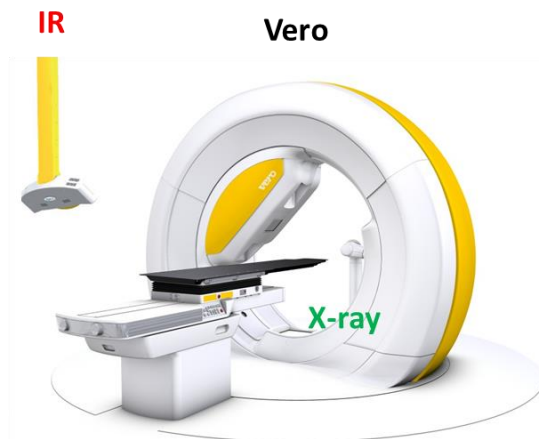
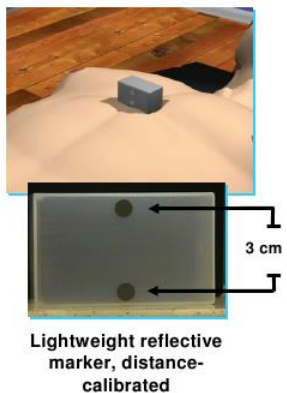
Respiratory correlated / compensated treatment planning and delivery: X-ray radiotherapy

(External) surrogates optical tracking and position correlation with inner anatomy is state of the art in photon therapy for:

- time resolved imaging for treatment planning
- breath-hold irradiation (motion suppression)
- respiratory gating (motion correlation, intermittent irradiation)
- tumor tracking (motion correlation, continuous irradiation)

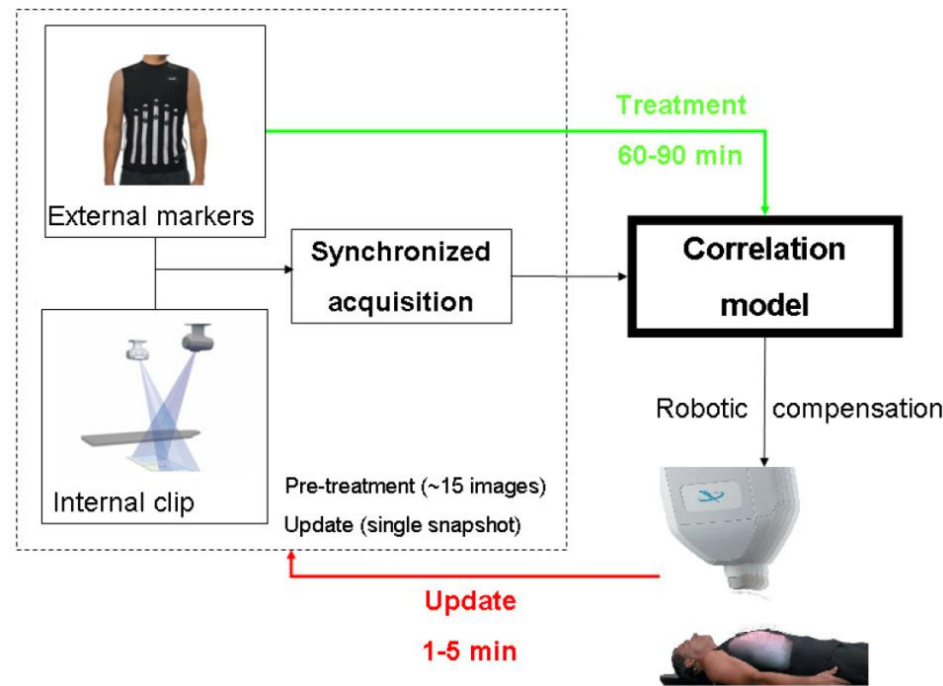
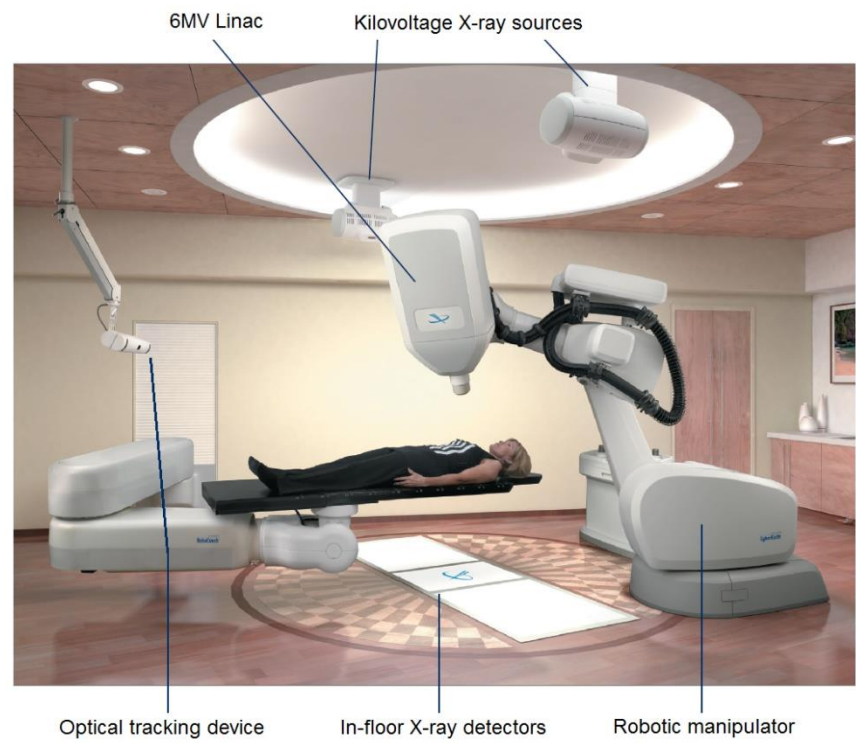


CyberKnife





Tumor tracking based on correlation models: the Cyberknife-Synchrony case



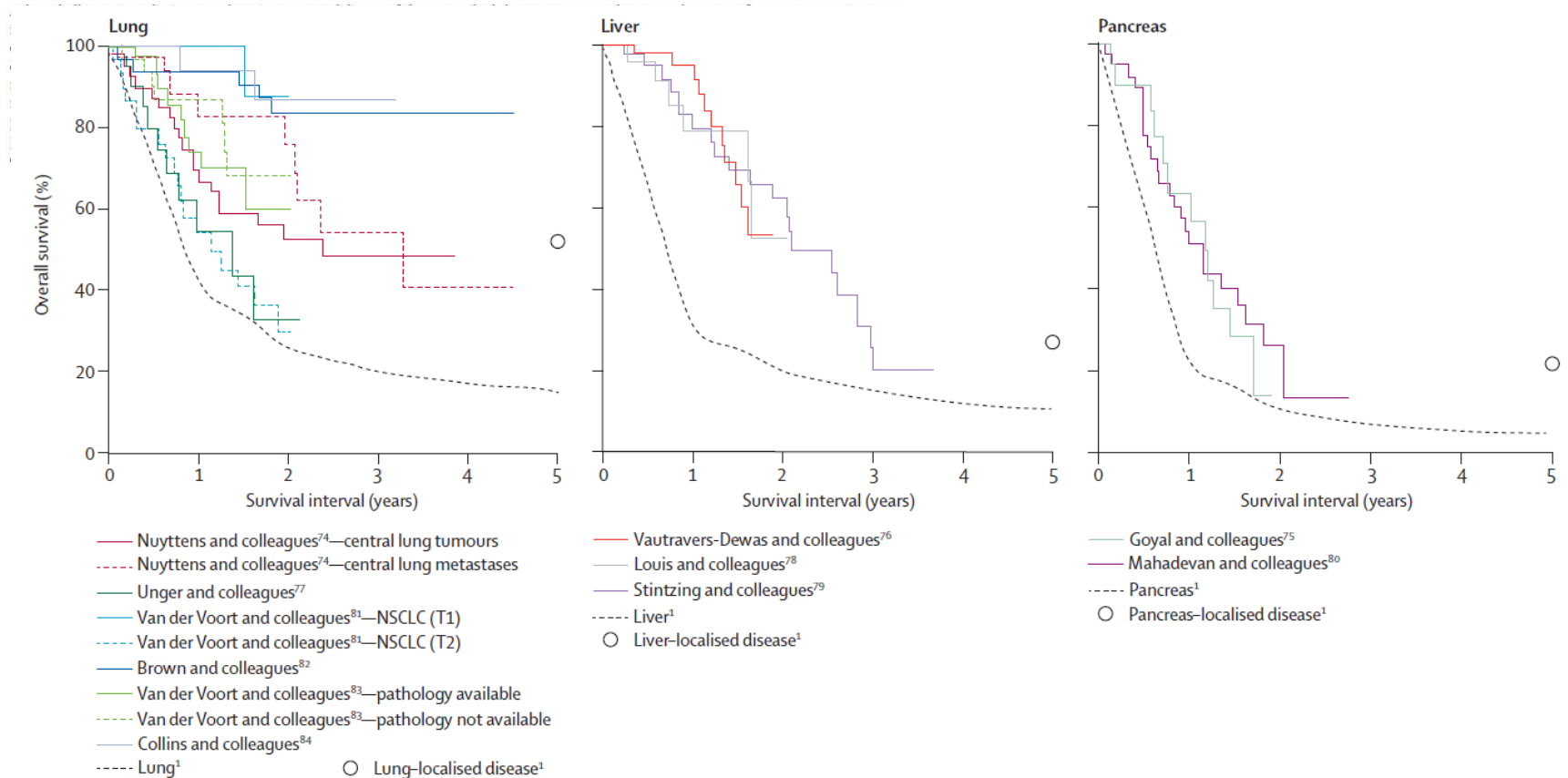
- Tumour tracking accuracy better than 1.5 mm [Kilby 2010]
- Correlation errors > 5 mm with breathing irregularities [Torshabi 2010]

(Riboldi et al, Lancet Oncol 2012)

Review

Real-time tumour tracking in particle therapy: technological developments and future perspectives

Marco Riboldi, Roberto Orecchia, Guido Baroni





From 4D X-ray to 4D hadrontherapy

4D imaging

Phase 1 ... Phase N

Treatment plan

Magnet steering

Lateral compensation

X-ray projections

External surrogates + Correlation models

Soft-tissue imaging

Particle radiography

Motion detection

Moving wedge

Static wedge

Depth compensation

Offline PET imaging

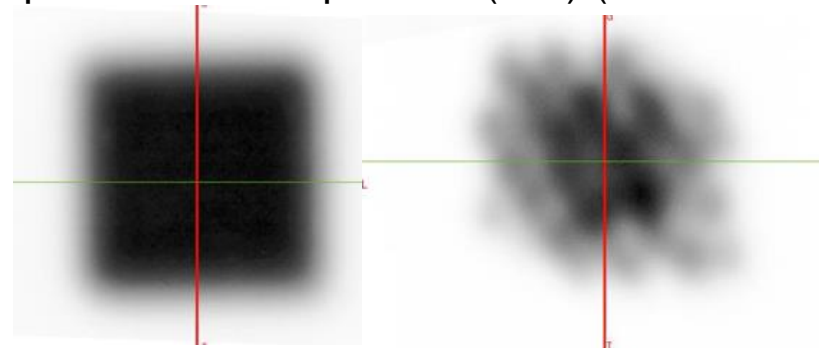
In-beam PET / prompt γ

Treatment verification



Current status

- ✓ Respiratory gating applied clinically with passive scattering (ext-int correlation)
- ✓ First cases with ion-beam active scanning reported for HCC patients (HIT) (ext-int correlation)
- ✓ No tumor tracking attempted clinically

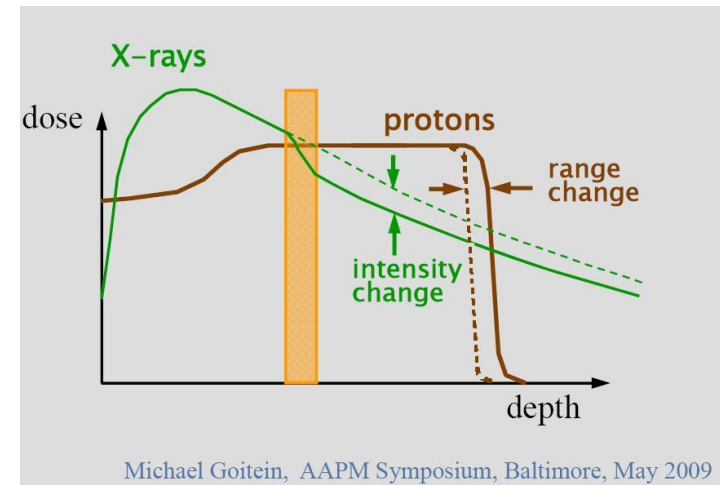


Greatest caution motivated by

- ✓ 4D CT artefacts (uncertainties)
- ✓ Interplay effects (active scanning)
- ✓ Range uncertainties

What is needed

- ✓ Robust artefacts-free treatment planning
- ✓ Accurate tumor localization (local models)
- ✓ Estimation of daily global anatomical changes





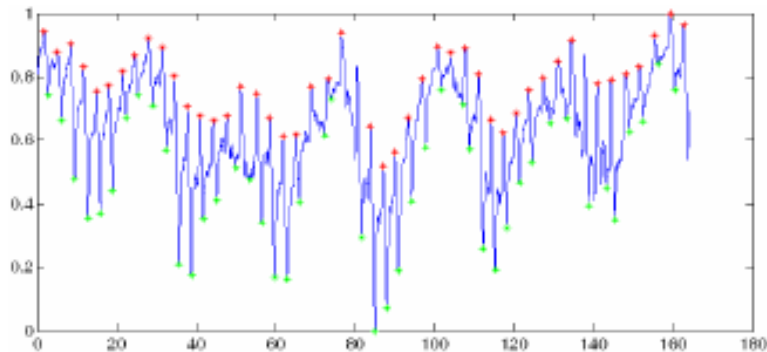
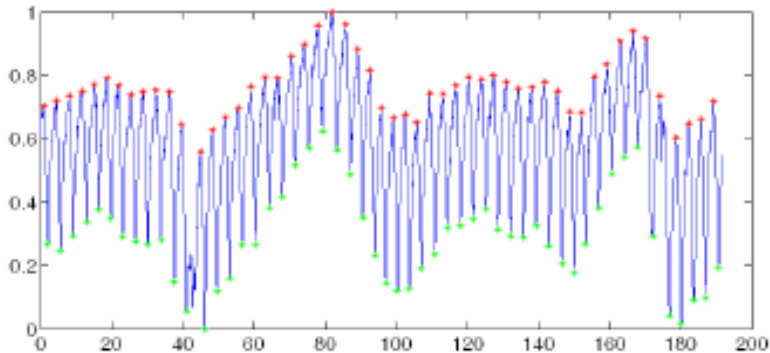
Treatment planning: 4D CT artefacts

Motion monitoring in 4D CT based on **mono-dimensional signal**:

- **uncertainties in breathing phase detection**



Additional contribution to motion artifacts (besides irregularities)

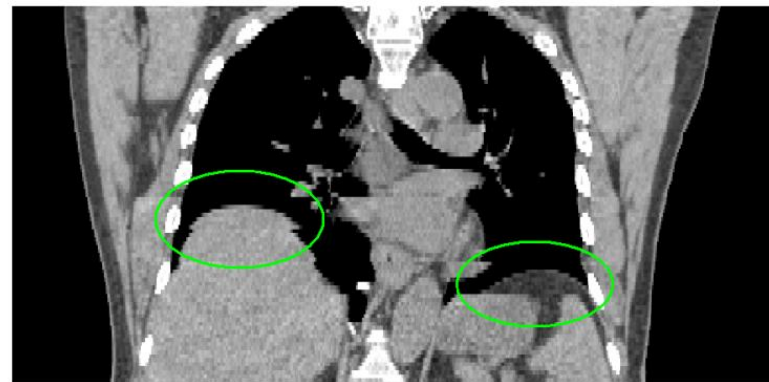
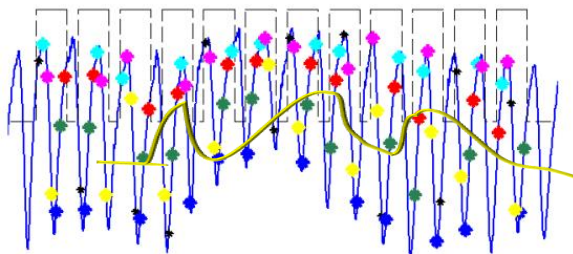




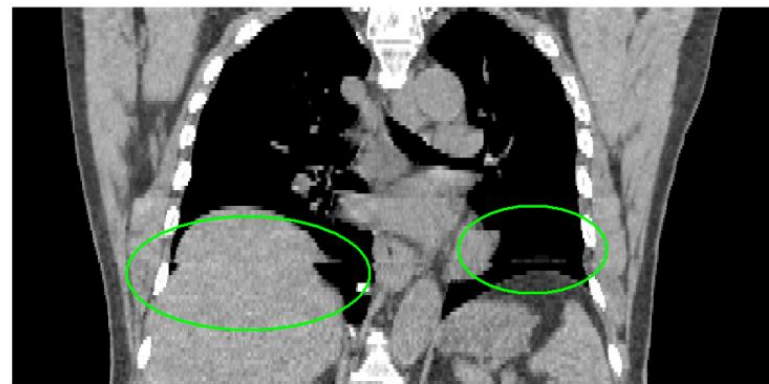
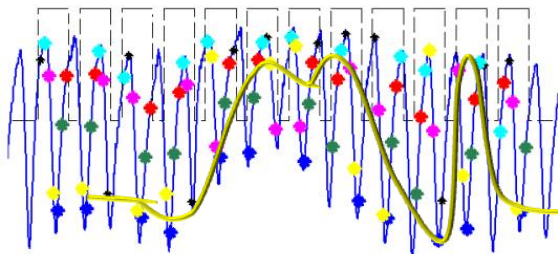
4D CT – multiple markers and data mining techniques



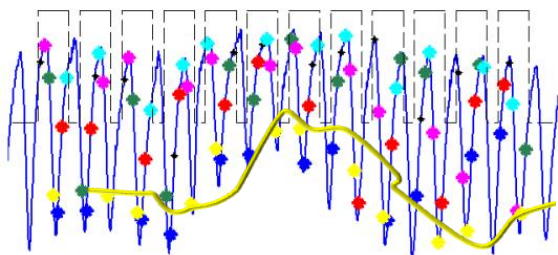
RPM phase



RPM amplitude



Multiple markers

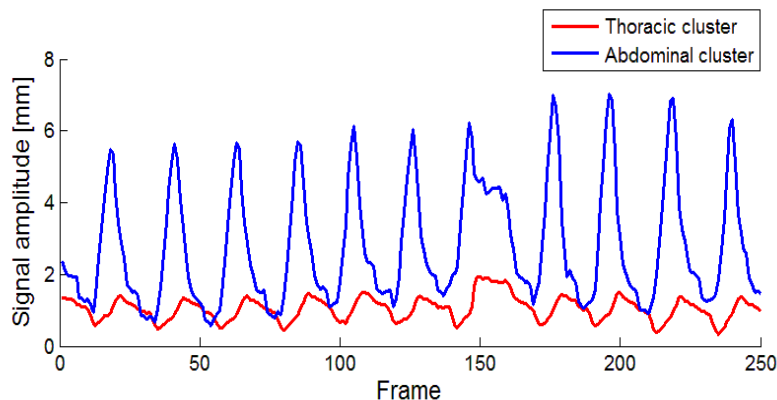
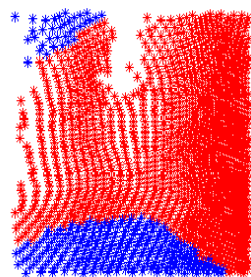
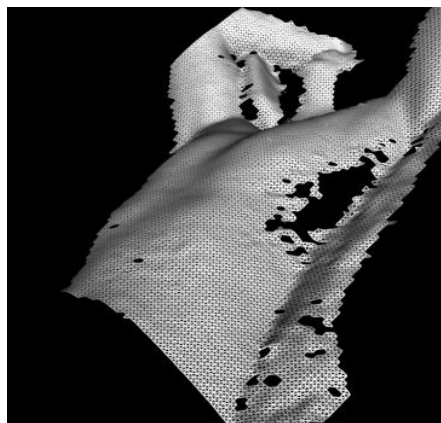


(Gianoli et al, Med Phys 2011)



4D CT based on surface optical tracking: enrich information on rib cage kinematics

- Extract the 3D trajectory of non-correspondent surface points acquired with optical systems (deformable mesh registration) (*Amberg 2007; Schaerer 2012*)
- Synthesis of a multi-regional respiratory motion model for robust image sorting and/or for respiratory correlated delivery



Correlation with diaphragm motion (US) (median ± quartile)(5 subjects)

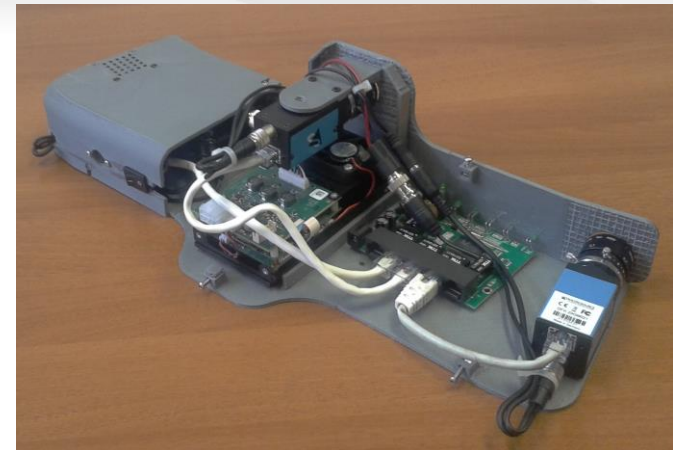
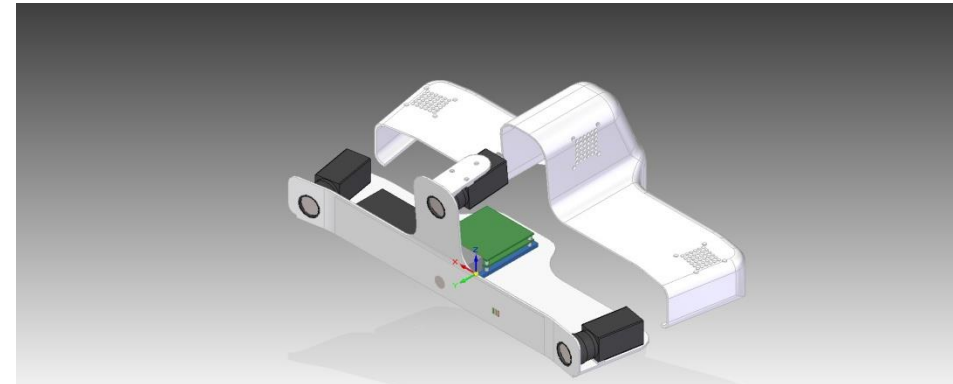
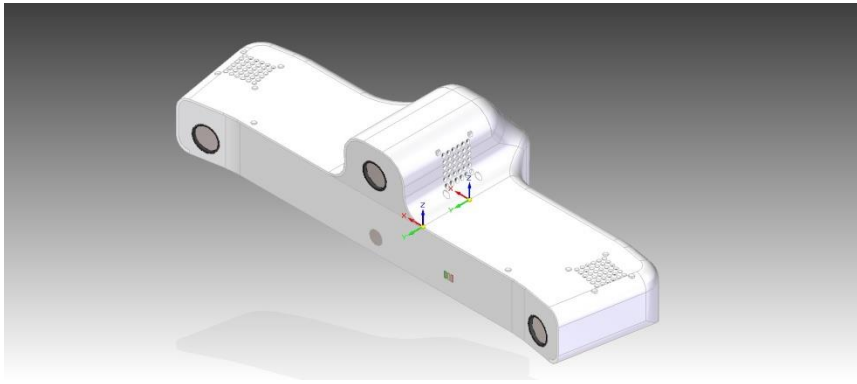
- Principal Component Analysis (PCA)
- K-means clustering
- Self-Organizing Maps (SOM)

	PCA	K-means	SOM
Pearson correlation coefficient*	0.90 ± 0.17	0.93 ± 0.06	0.91 ± 0.38
Root-mean-square error*	0.15 ± 0.10	0.11 ± 0.06	0.20 ± 0.12



4D CT based on optical measurements: combining points and surface detection

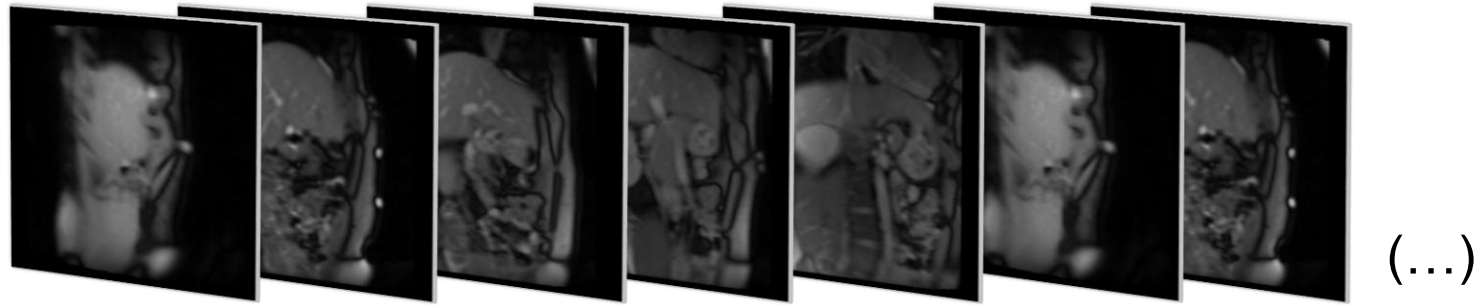
- Novel system under development/testing combining real-time point-based with surface based acquisitions with high spatial and temporal resolution for redundant external surrogates acquisition. Applications in:
 - - robust 4D CT (@CNAO early 2014)
 - - combined/selectable point/surface patient set-up verification /respiratory gating / tumor tracking



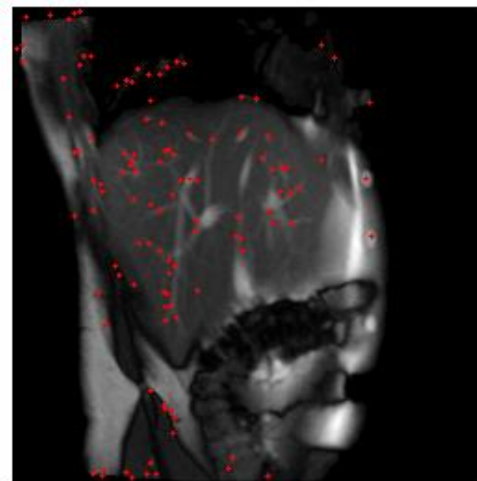
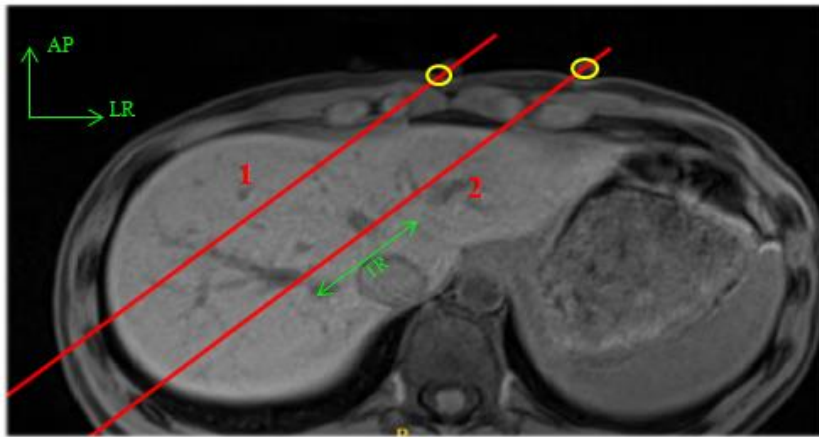
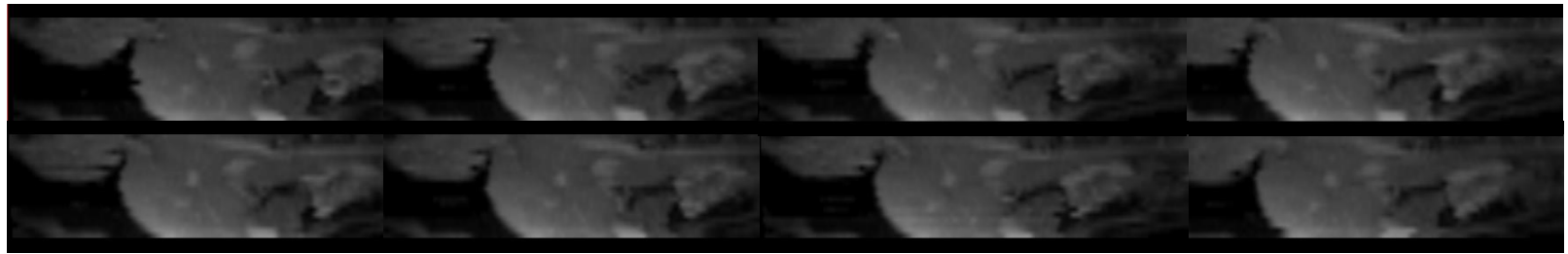


Surrogate-less 4D MRI

Point-based motion modelling/model verification



Internal surrogate: MI





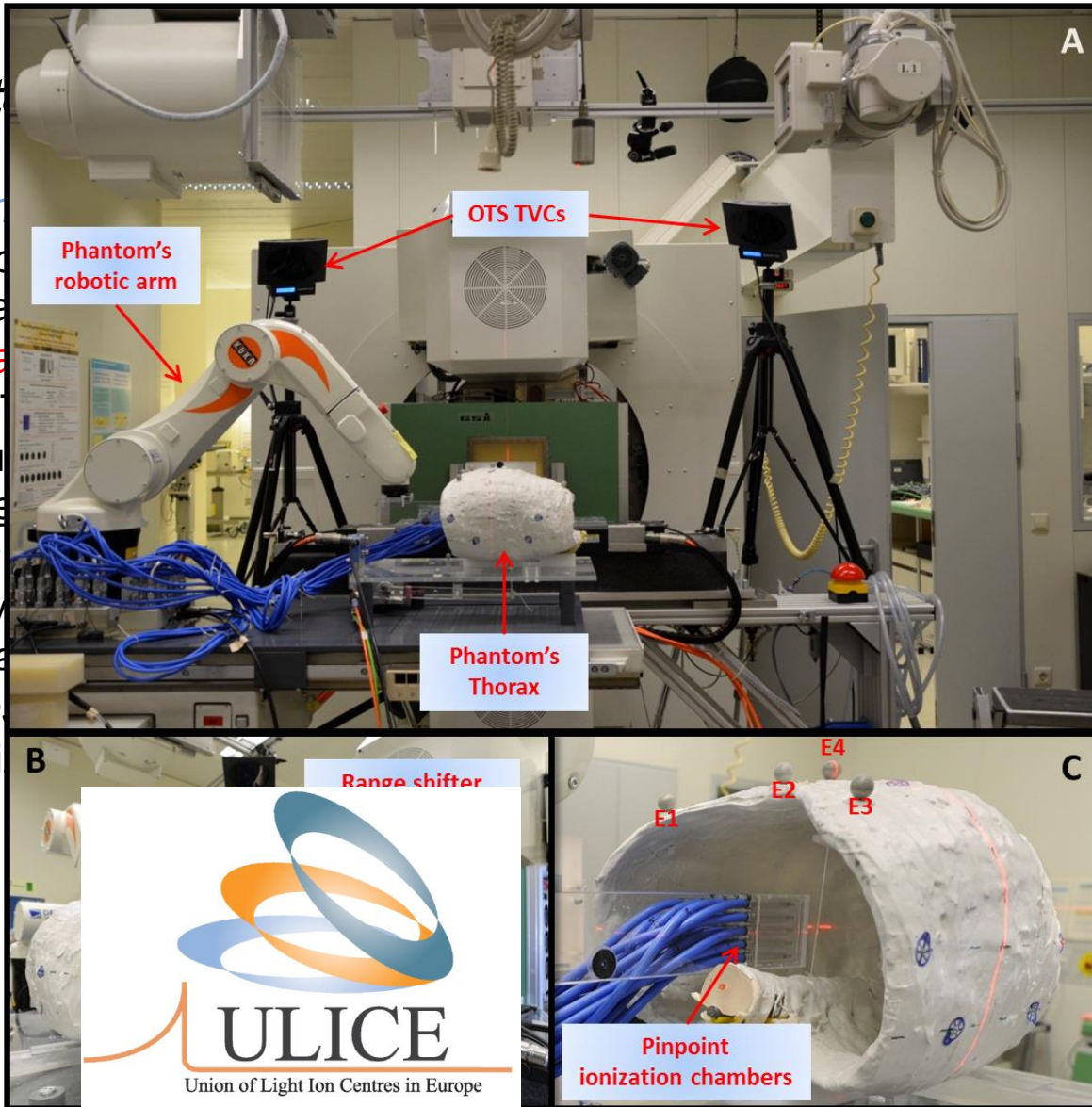
Application of correlation models for **real-time tumor tracking** in particle therapy:

1. **Experimental validation** with scanned beams in clinical like scenarios:
 - local correlation models: accurate target positioning and beam tracking against interplay effects
2. Development of **global 4D models**
 - daily 4D CT estimation to reduce beam range uncertainties



Experiment

- *Robotic ph*
 - ✓ Reprod
 - ✓ Regula
- *Optical Tra*
 - ✓ SMART
 - ✓ Measu
 - ✓ Include
- *Treatment*
 - ✓ Receiv
 - ✓ Modula
- *Dose mea*
 - ✓ 20 ioni

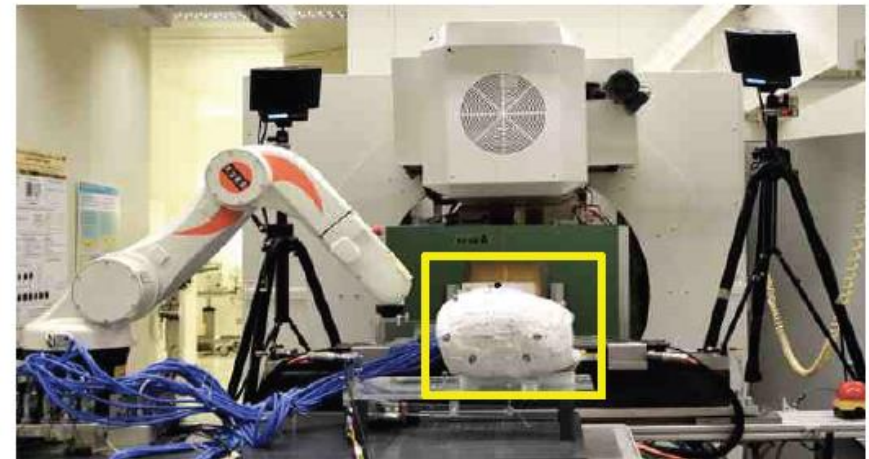
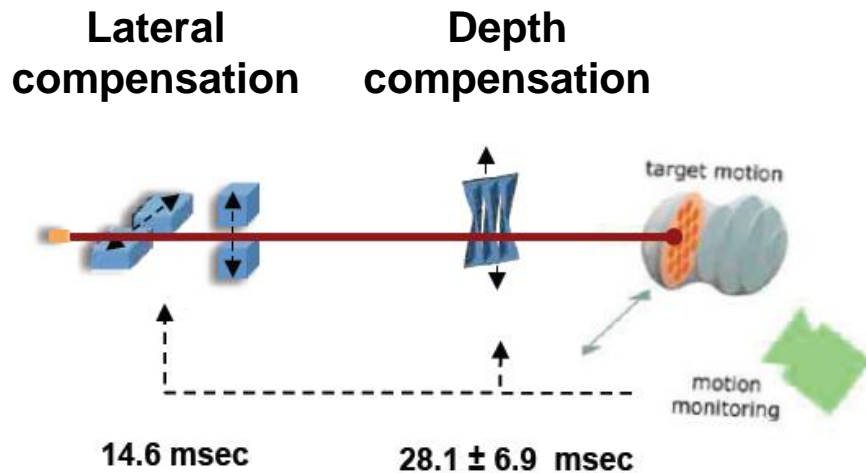


dependent)



Commissioning of OTS / TCS integration:

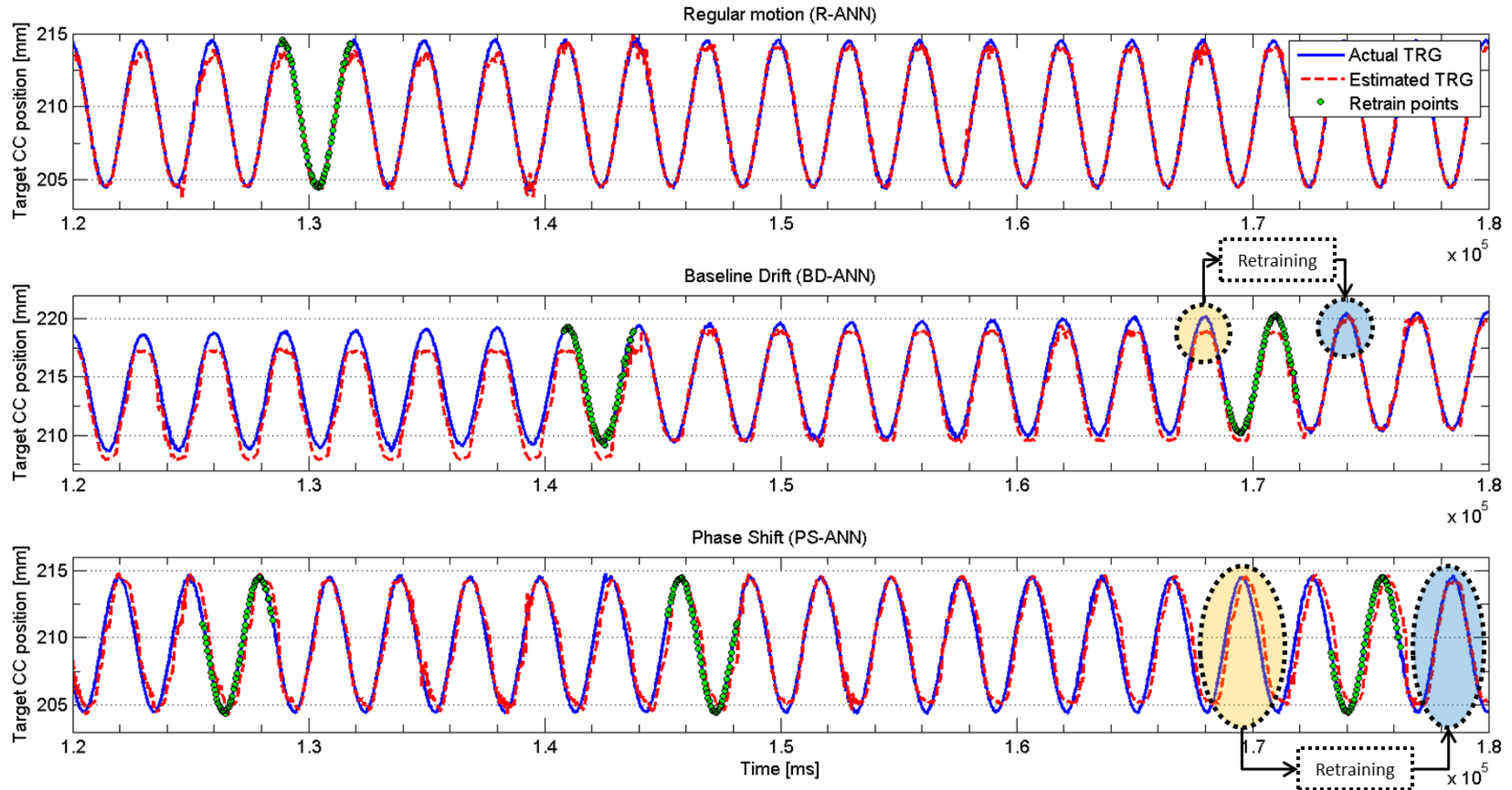
- **Lateral** compensation (magnet steering in BEV)
- **Depth** compensation (dynamic wedge for energy adaptation)



(Fattori et al, TCRT, in press)



Accuracy of correlation models



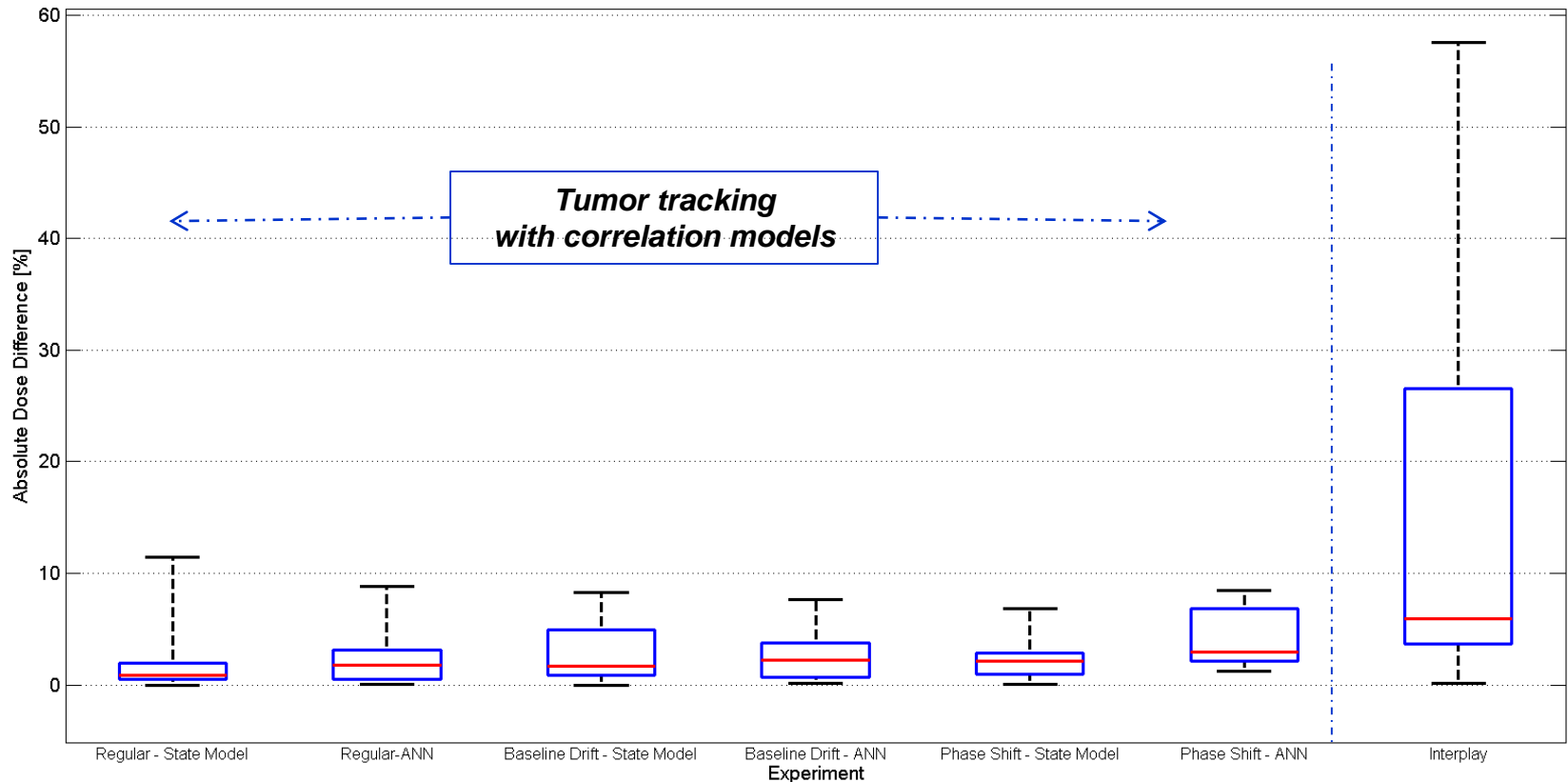
Phase shift	3	2.975	10, 5, 5	0, 0, 0
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Dose different wrt static irradiation

- Static irradiation = beam fixed, static target
→ Measurement of nominal delivered dose
- 'Interplay' = beam fixed, target moving
→ Measurement of «motion blurred» dose

(Seregni et al, PMB, 2013)

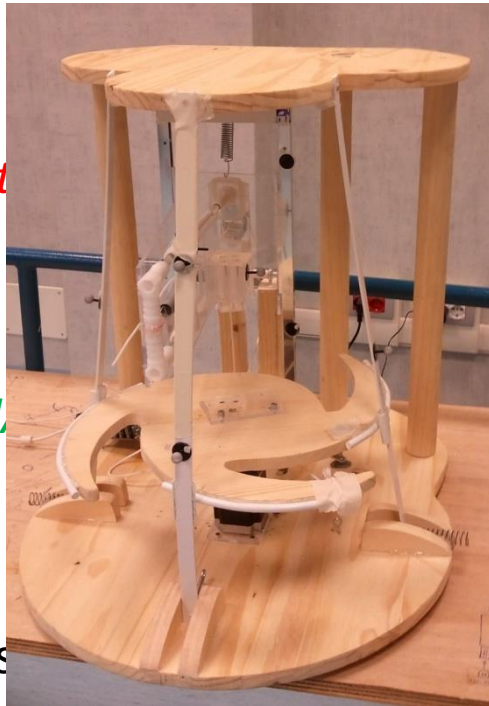




Experimental set-up (CNAO, December 2012)



- *Robotic phantom*
 - ✓ Custom moving phantom featuring correlated external and internal motion along an



- *Opt*
- *CNA*
- *Dos*

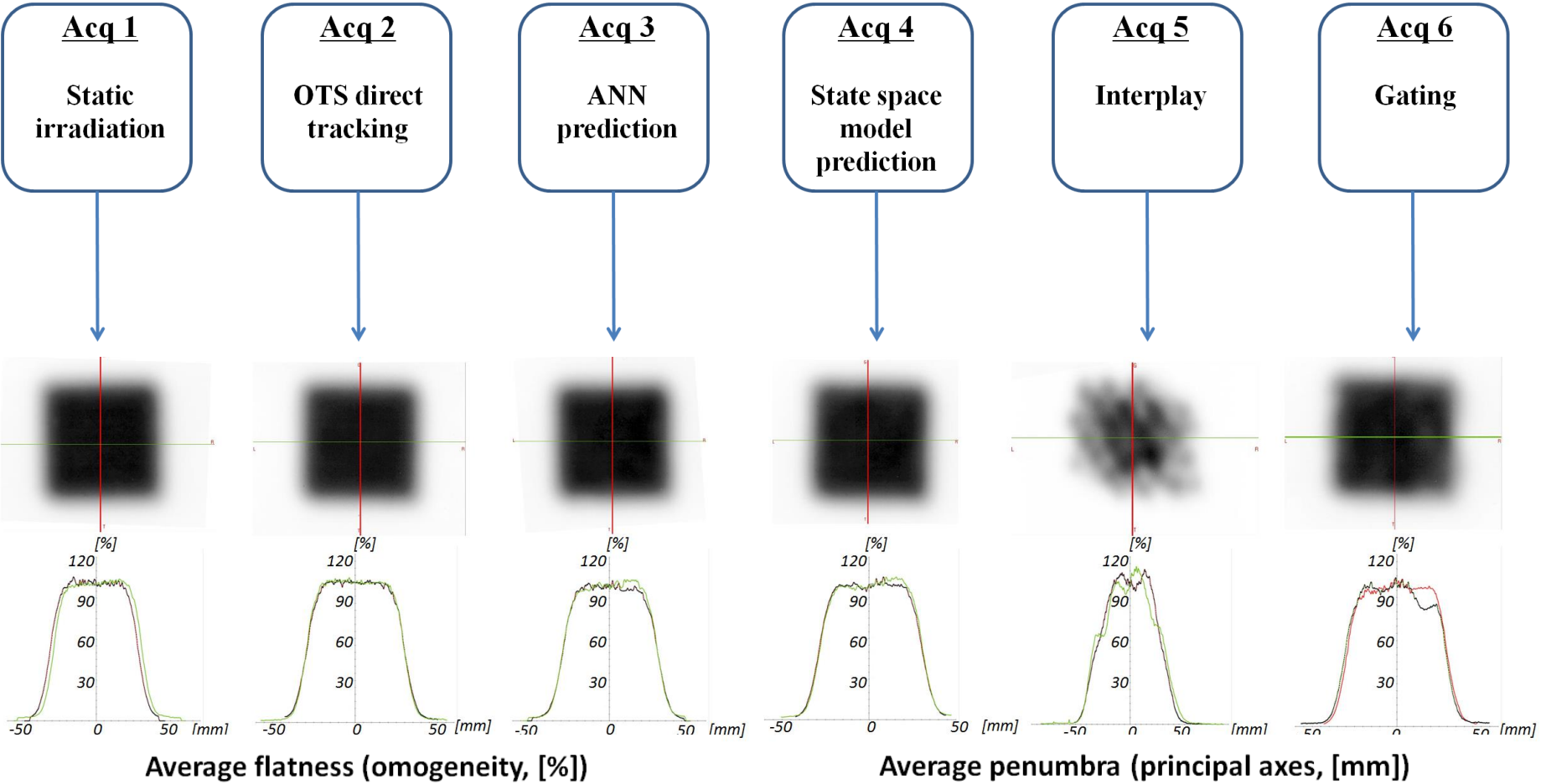
(Hz)

viation

- ✓ Films scanned with proton pencil beam (single square film, 60 mm side)



Dosimetric results (films)



Acq 1	Acq 2	Acq 3	Acq 4	Acq 5	Acq 6
4	5.7	6.6	6.1	24	9.5

Acq 1	Acq 2	Acq 3	Acq 4	Acq 5*	Acq 6
9.2	9	9	9.2	19	9.1

* Field size: 6.3 and 6.9 mm (principal directions) respectively



From local to global 4D models

- **Local** correlation models (**target**) experimentally assessed
- Need to evaluate **WEL variations (dosimetric changes) outside the target**



Global 4D model

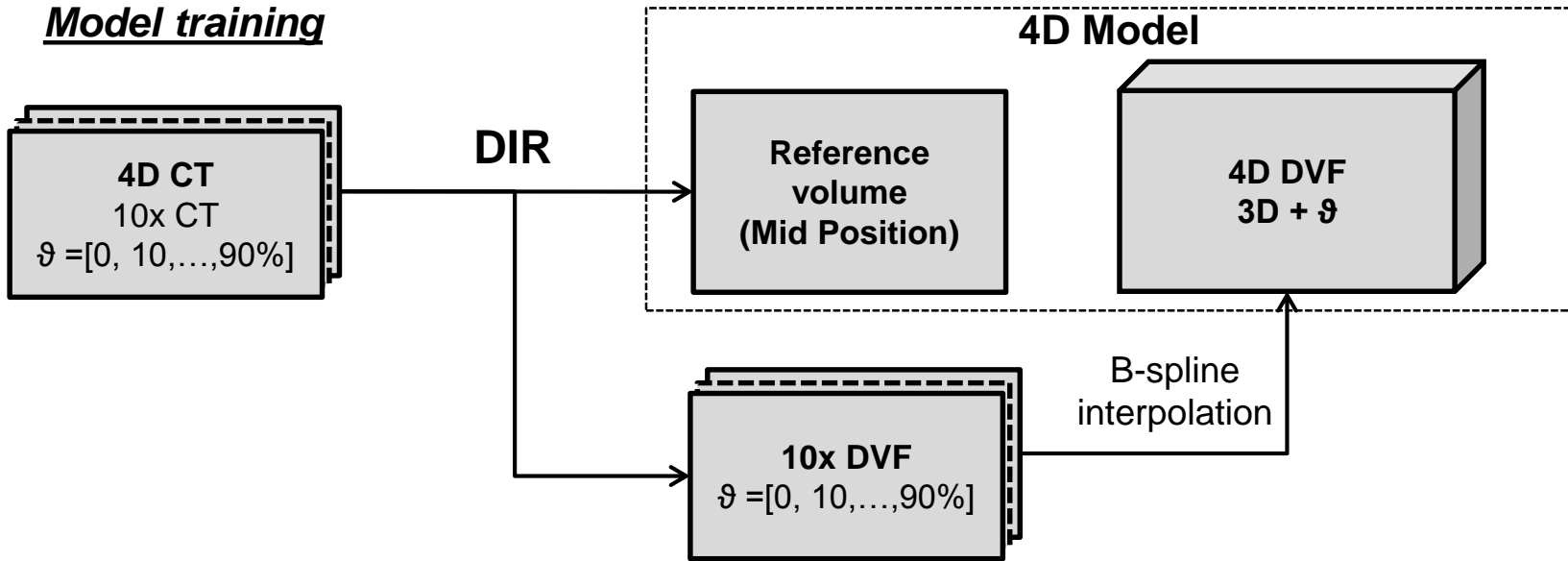
adapt treatment planning 4D CT to the time of irradiation



Global 4D model: general framework

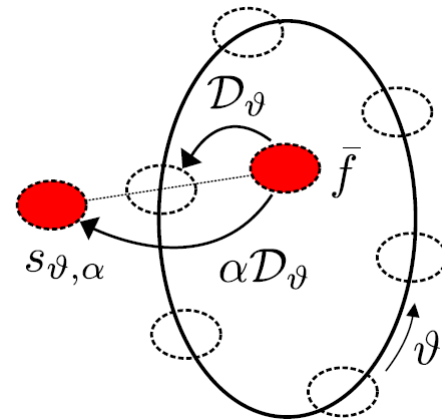
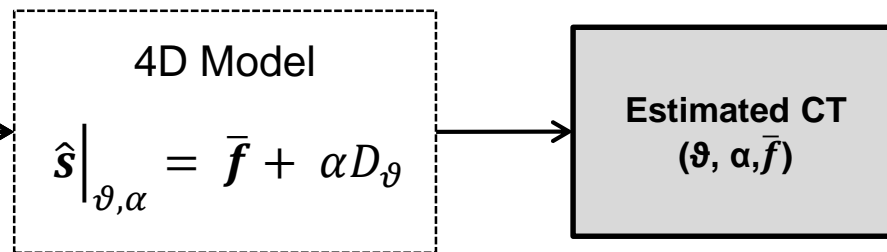
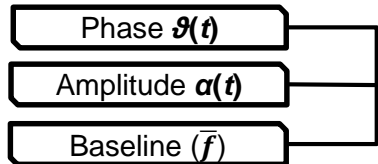


Model training



Model estimate (current fraction)

Respiratory motion parameters



(Vandemeulebroucke et al. 2009; Fassi et al. 2013)

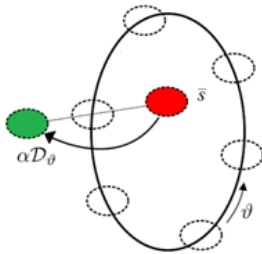


TREATMENT PLANNING

4D CT image acquisition

Estimation of a patient-specific **breathing motion model**

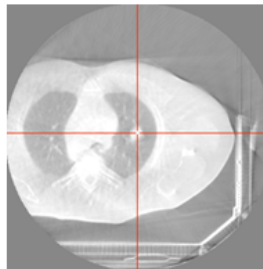
- baseline (\underline{s})
- amplitude (α)
- phase (ϑ)



PATIENT SETUP

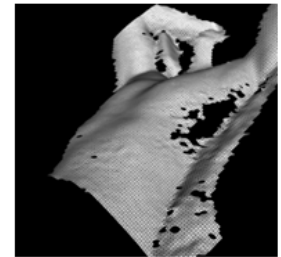
In-room **3D CBCT** image acquisition

Estimation of daily tumor **baseline**



DOSE DELIVERY

Dynamic acquisition of thoraco-abdominal **surface displacement** with optical systems



Estimation of a **breathing surrogate**

Extraction of respiratory **amplitude** and **phase** parameters

Update of the 4D CT motion model

Tumor motion tracking

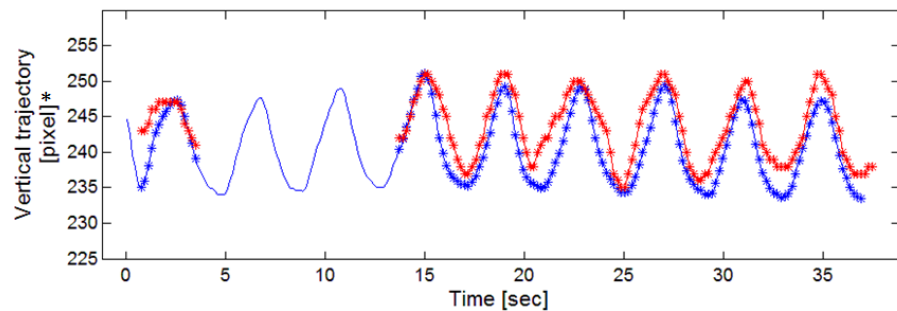
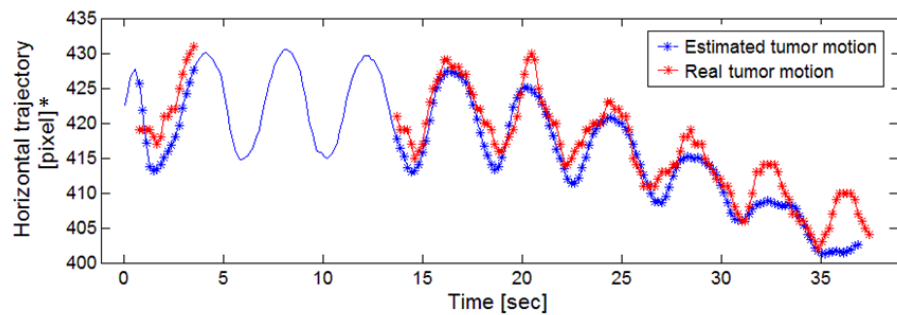
(Fassi et al, IJROBP, in press)



CBCT study: sample traces

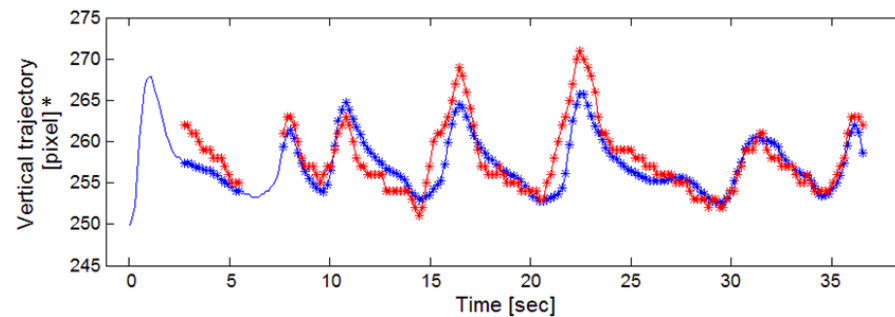
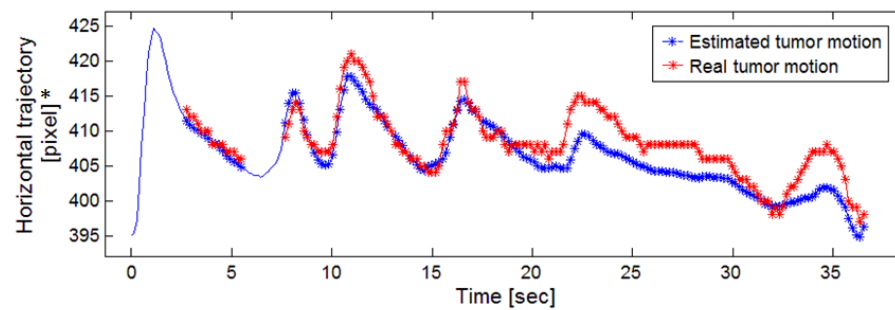


Patient P5



* Pixel spacing of CBCT projections = 0.8 mm/pixel

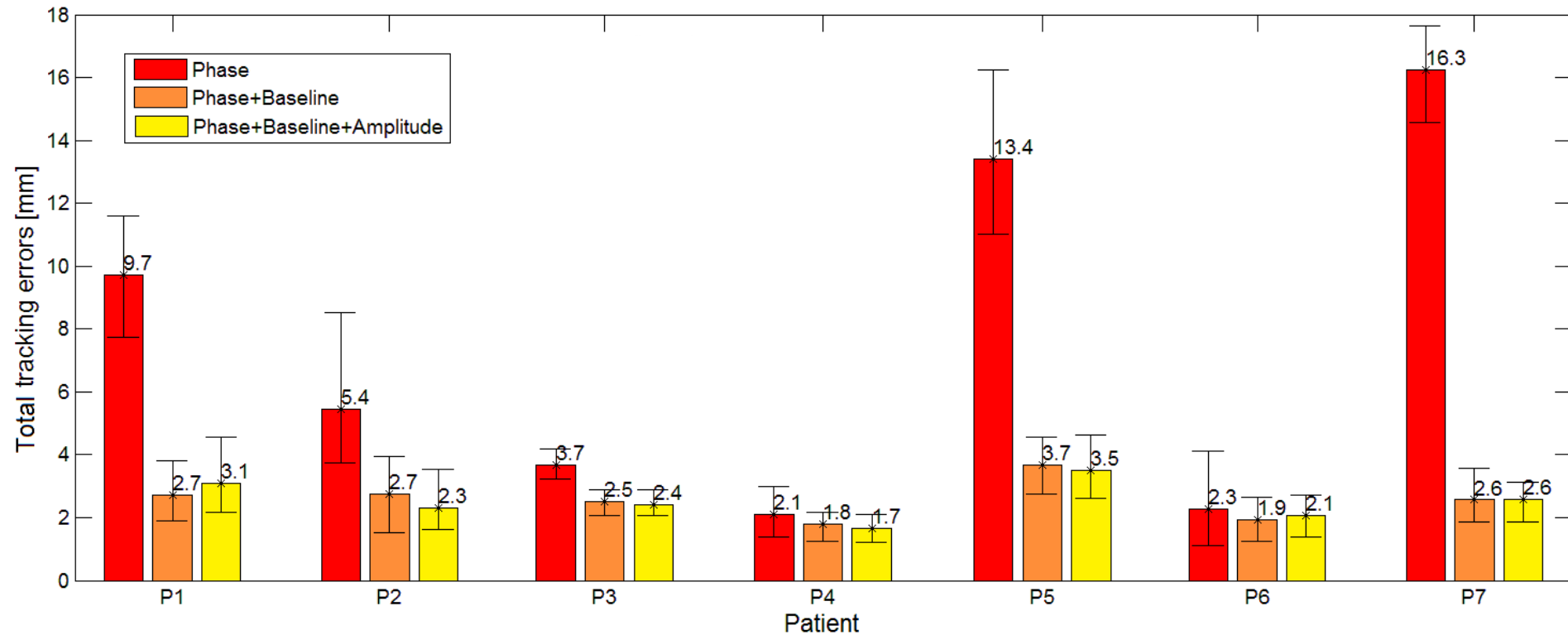
Patient P2





Total tracking error:

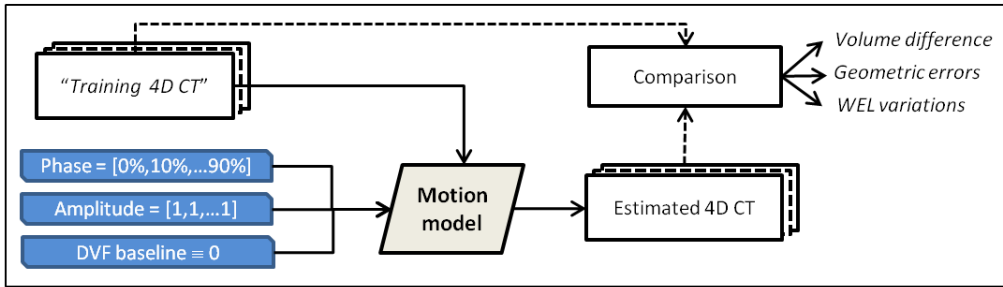
→ RMS error of tumor tracking in the CBCT projection plane





Global 4D model: can we predict a daily 4D CT?

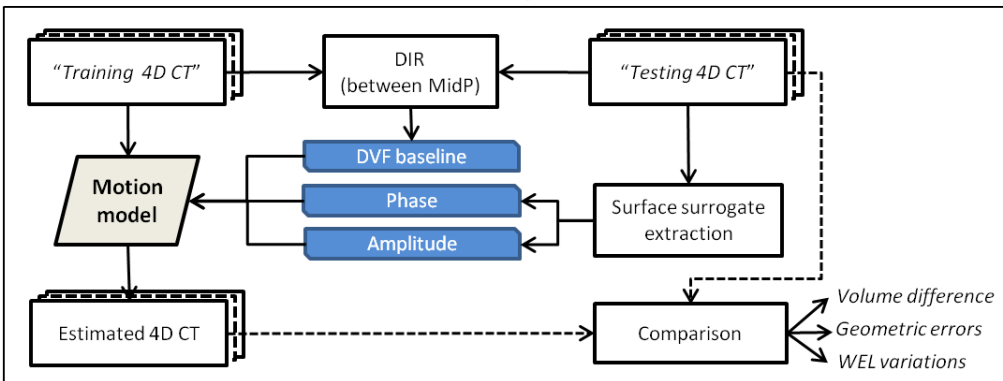
Modelling test



Modeling test

→ intrinsic model errors DIR

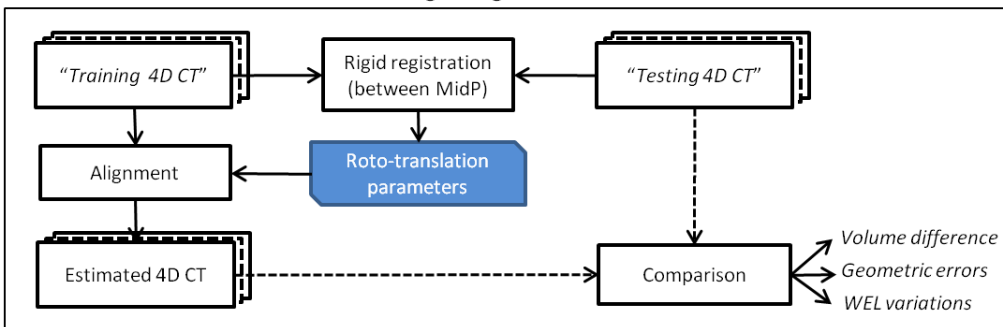
Tracking test



Tracking test

→ tracking accuracy evaluation

Rigid alignment test



Rigid alignment Test

→ for comparison



Global 4D model: geometric results

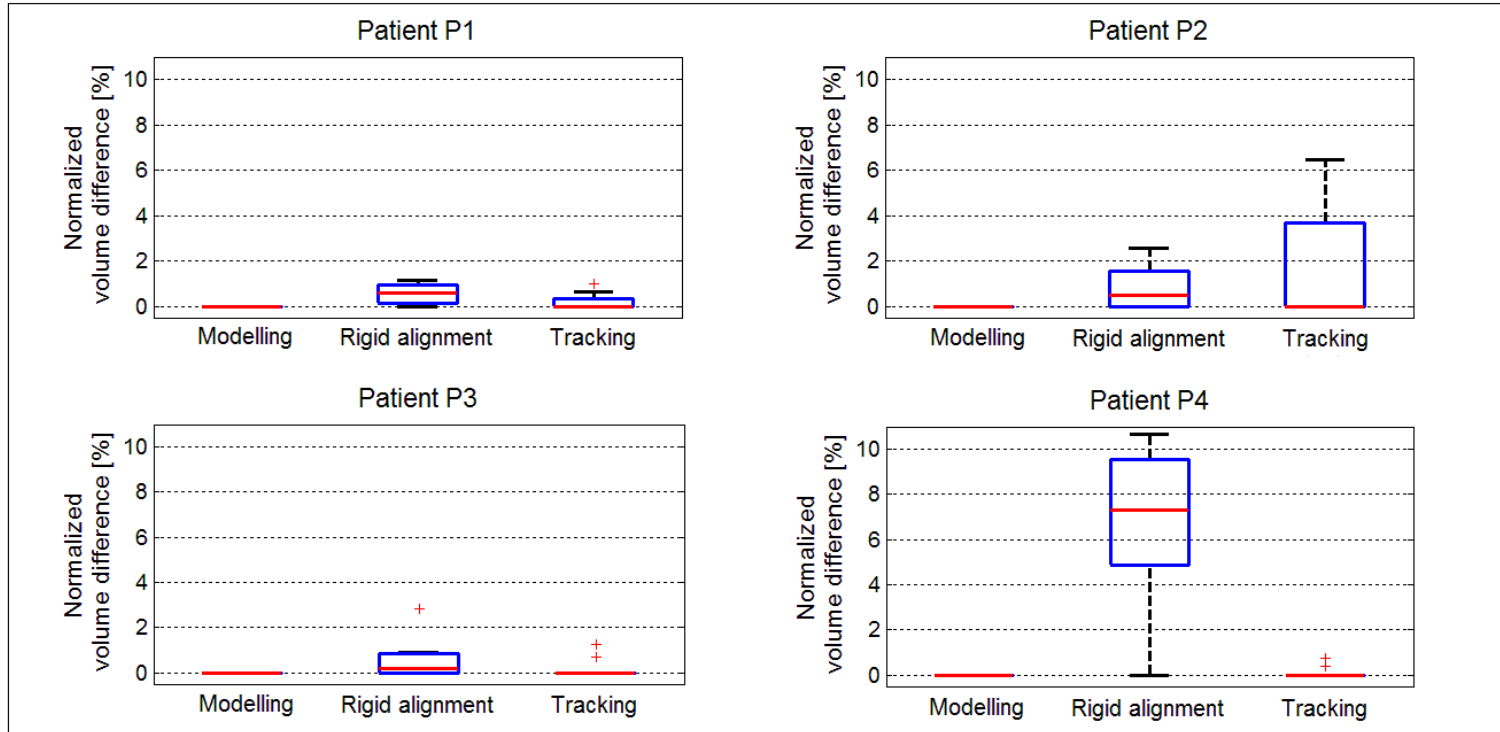
Measurement		COM distance [mm]				Hausdorff distance [mm]				Dice Coefficient			
Structure		GTV	Lungs	Trachea	Esophagus	GTV	Lungs	Trachea	Esophagus	GTV	Lungs	Trachea	Esophagus
Patient	Experiment												
P1	Modeling	0.40	0.42	0.36	0.50	0.31	0.49	0.31	0.21	0.90	0.99	0.94	0.97
	Rigid	4.70	3.66	3.36	4.39	1.61	2.56	1.55	1.89	0.57	0.89	0.67	0.57
	Tracking	1.58	0.78	1.01	0.84	0.63	0.64	0.51	0.34	0.80	0.97	0.88	0.91
P2	Modeling	0.51	0.15	0.46	0.21	0.27	0.28	0.24	0.15	0.92	0.99	0.97	0.98
	Rigid	2.30	2.49	1.28	1.07	0.84	0.90	0.48	0.41	0.78	0.97	0.94	0.92
	Tracking	1.82	1.05	1.98	0.96	0.64	0.62	0.58	0.40	0.82	0.98	0.90	0.93
P3	Modeling	0.13	0.14	0.34	1.19	0.12	0.22	0.23	0.24	0.99	0.99	0.96	0.96
	Rigid	1.28	1.68	3.73	2.63	0.51	1.62	1.66	1.23	0.91	0.95	0.73	0.76
	Tracking	0.87	2.78	2.19	2.09	0.38	1.32	1.12	1.23	0.93	0.96	0.79	0.76
P4	Modeling	0.52	0.15	0.45	0.36	0.32	0.21	0.20	0.11	0.90	0.99	0.97	0.99
	Rigid	3.93	2.63	1.57	1.75	1.75	1.15	0.58	0.47	0.45	0.69	0.89	0.87
	Tracking	1.26	0.41	0.65	1.17	0.56	0.36	0.31	0.33	0.80	0.99	0.94	0.92

✓ Tracking Test:

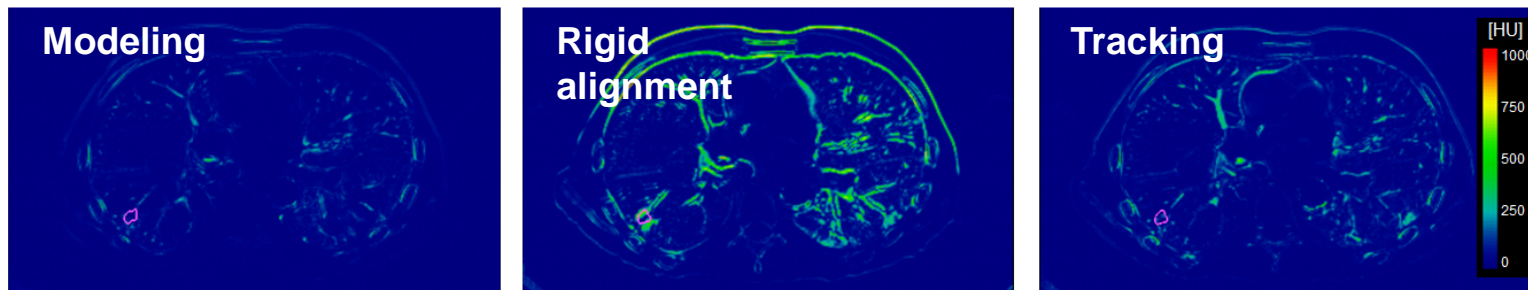
- Localization error (COM) = 1,4 mm (GTV), 1,3 ÷ 1,5 mm (OARs)
- Contour surface distance (Hausdorff) = 0,55 mm (GTV), 0,57 ÷ 0,53 mm (OARs)
- Volume overlap (Dice) = 0,83 (GTV), 0,87 ÷ 0,93 (OARs)



A) Motion state identification error



B) HU difference

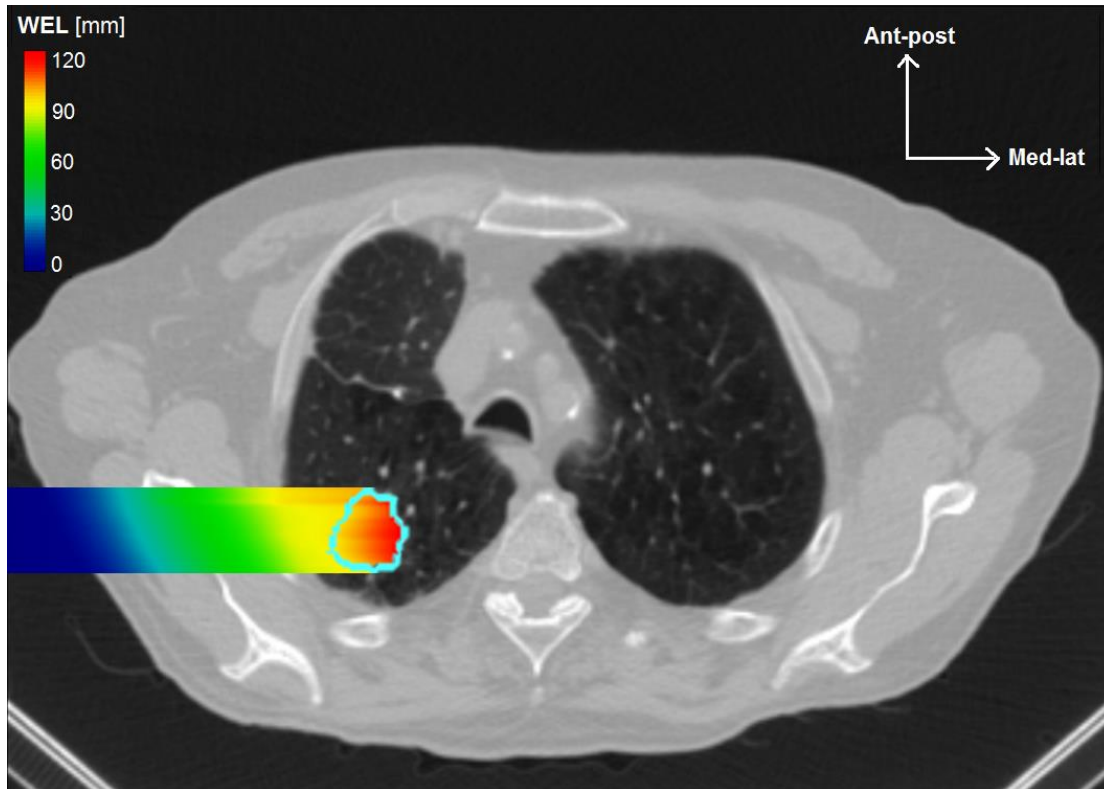




Quantification of range variations



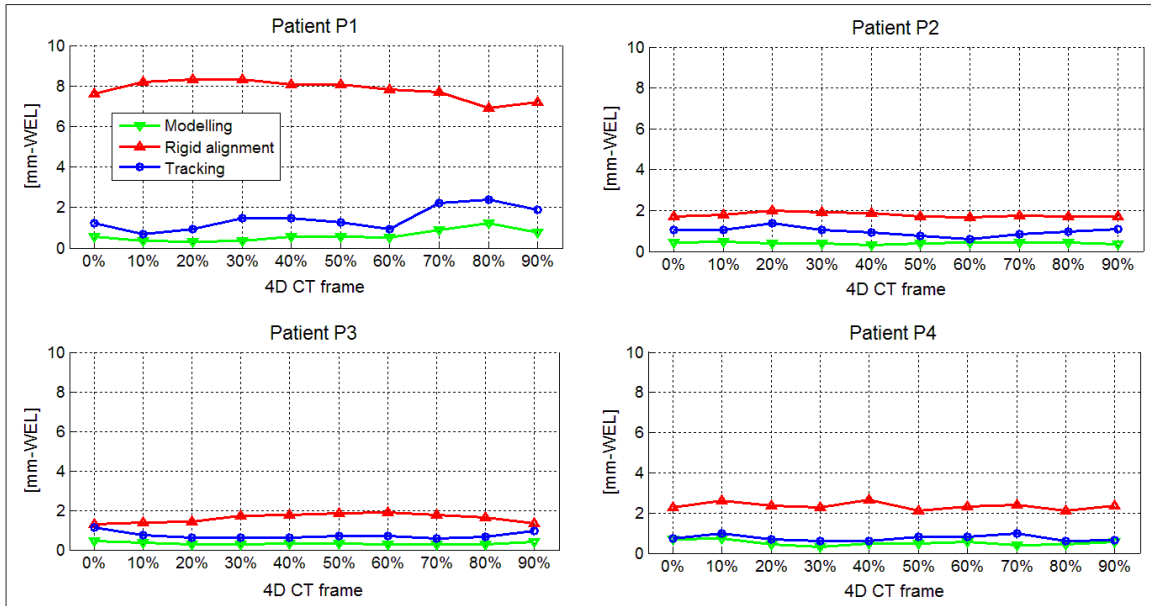
Δ WEL calculation





Global 4D model: WEL results

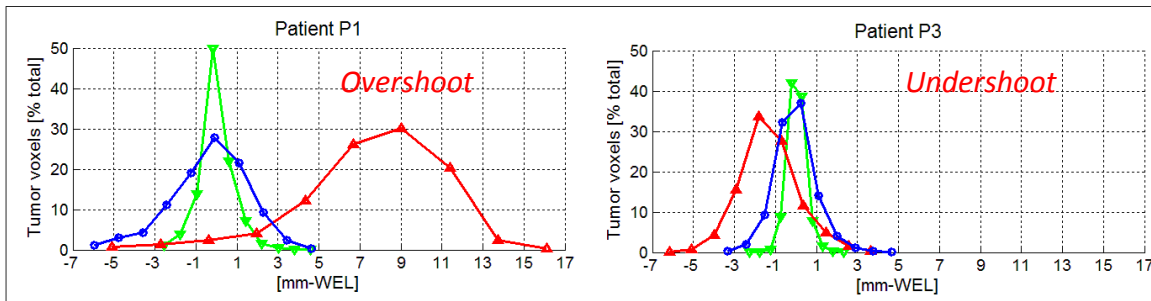
A) Mean absolute Δ WEL



✓ Rigid alignment Test
 $|\Delta\text{WEL}| = 1,6 \div 7,8 \text{ mm}$
 $\text{mean}(\Delta\text{WEL (GTV)}) \neq 0 \text{ mm}$
→ *Systematic variations*

✓ Tracking Test:
 $|\Delta\text{WEL}| = 0,7 \div 1,4 \text{ mm}$
 $\text{mean}(\Delta\text{WEL (GTV)}) \approx 0 \text{ mm}$
→ *NO systematic variations*

B) Signed Δ WEL distribution





Discussion: time resolved delivery with particles

1. **Local correlation models** validated experimentally in scanned particle therapy
 - **RMS tracking error** < 1.5 mm
 - **few % dosimetric deviation** wrt static irradiation

2. **Global 4D models** can predict anatomy changes (preliminary)
 - **Results are patient dependent**
 - **Systematic WEL variations** can be **compensated**

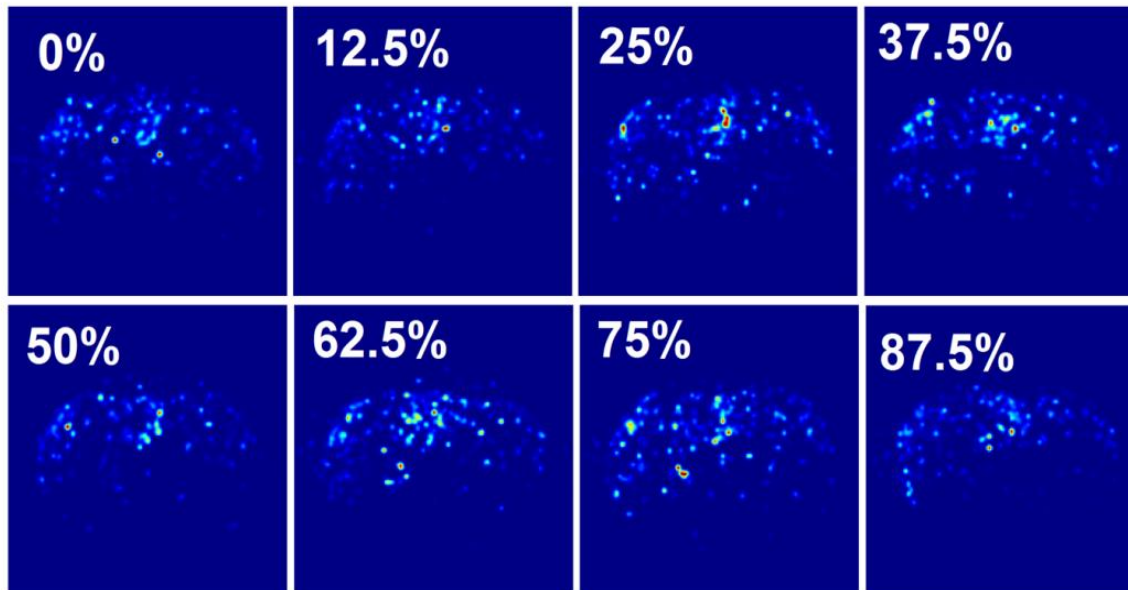


4D treatment verification



Motion compensated PET imaging

- ✓ Off-line PET-based treatment verification for moving target
 - reduced count statistics due to time delay before acquisition
 - reduced count statistics due to 4D acquisition



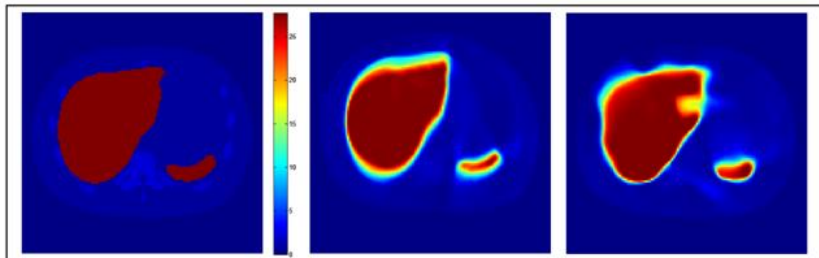
illegible 4D PET images from commercial scanners



4D treatment verification

Motion compensated PET imaging: alternative strategies

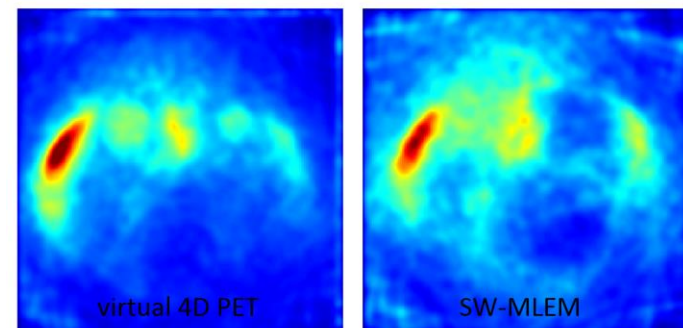
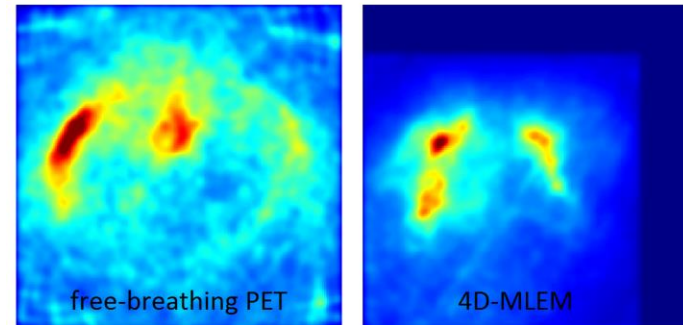
- ✓ 4D MLEM (motion compensation through DIR in image domain)
- ✓ “4D Virtual PET” (Gianoli et al, TCRT, in press)
- ✓ Pre-reconstruction sinogram warping (anticipated motion compensation in sinogram domain)



Ideal PET image
(NCAT phantom)

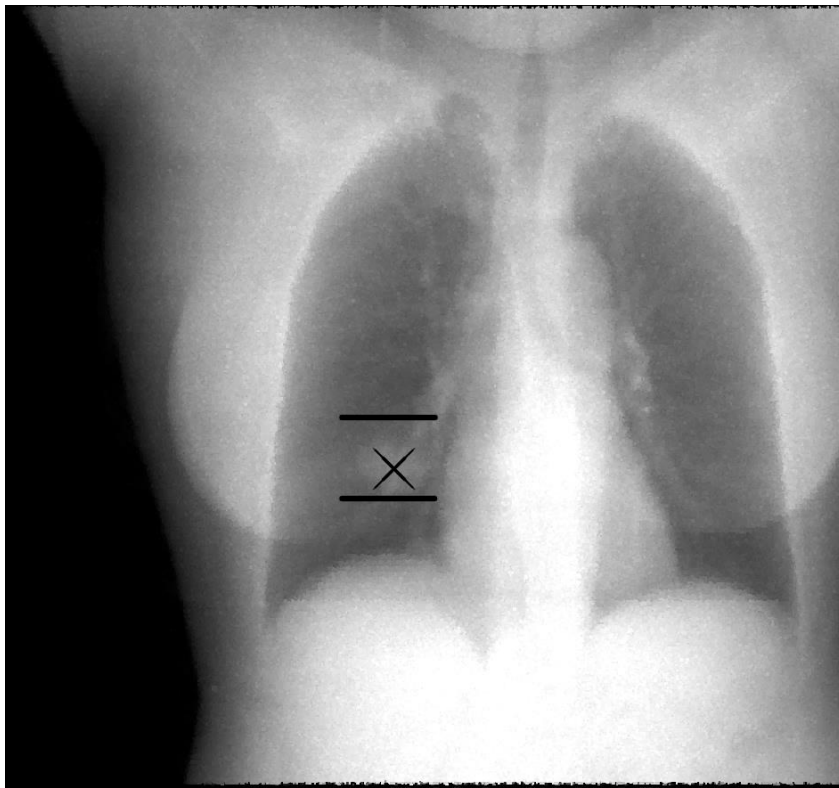
SW-MLEM

4D-MLEM

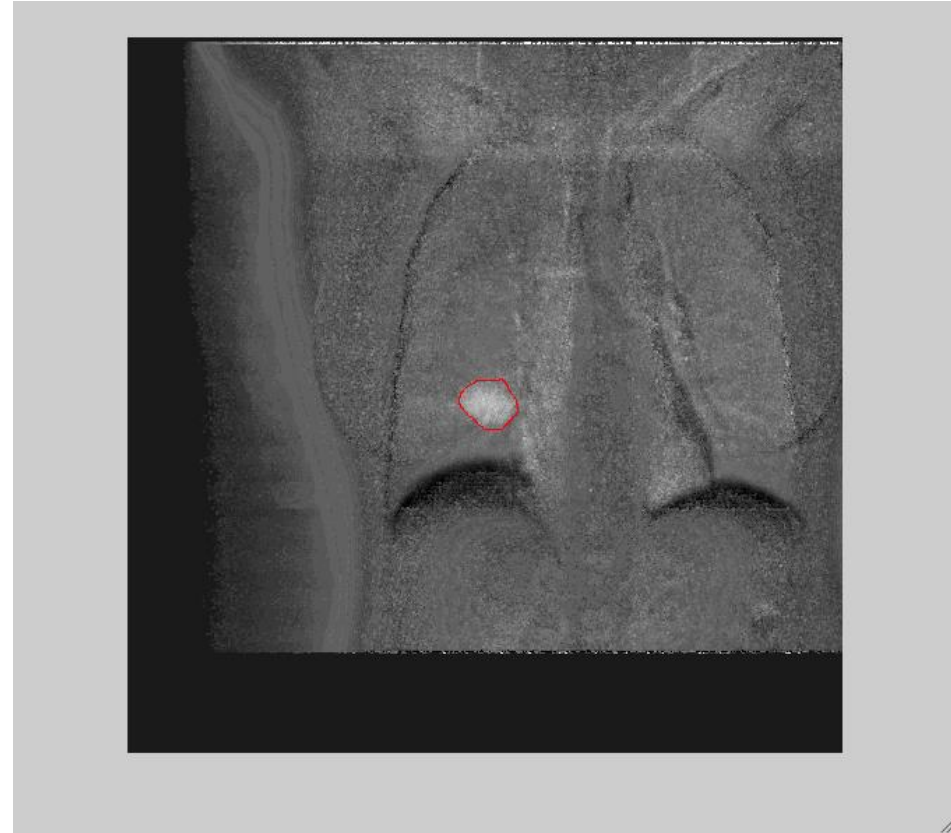




- ✓ Simulated 4D transmission imaging (image contrast through lung masking for lesion detection)



(courtesy of J. Seco)



(courtesy of MF Spadea)



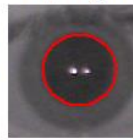
4D eye motion monitoring (under development)

✓ Infra-red eye tracking technique for real-time 3D clipless eye motion monitoring (Fassi et al. JBO, 2012)

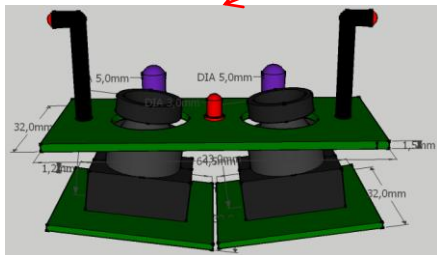
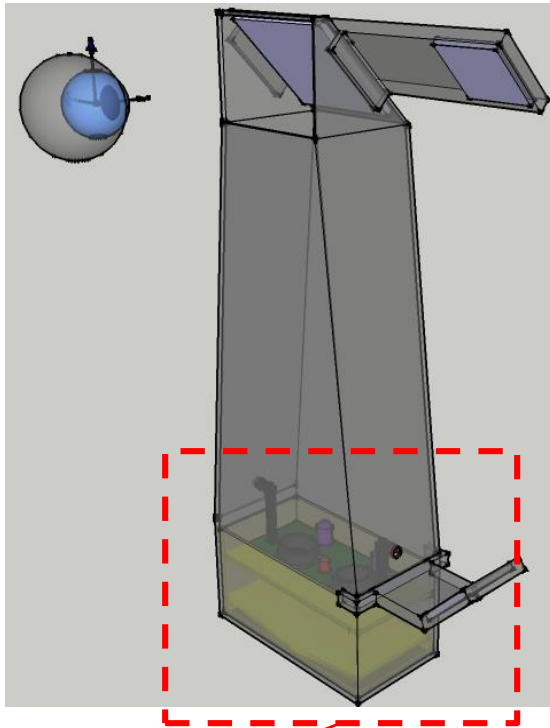
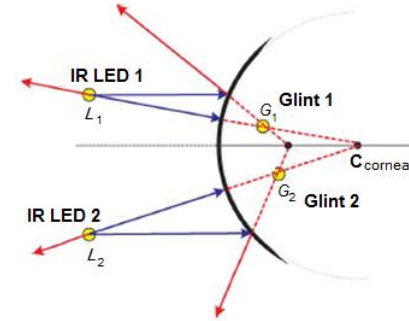
Eye region



Pupil region



Glint region





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Thank you



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