



# Monte Carlo for CyberKnife® Radiosurgery with the Incise™ Multileaf Collimator

J R DOOLEY<sup>1</sup>, J M NOLL<sup>1</sup>, W KILBY<sup>1</sup>, W FONG<sup>1</sup>, T YEUNG<sup>1</sup>, L M GOGGIN<sup>1</sup>, D SPELLMAN<sup>1</sup>, J S LI<sup>2</sup>, C-M MA<sup>2</sup>, C R MAURER JR<sup>1</sup>

- <sup>1</sup> ACCURAY INC., SUNNYVALE, CA, USA
- <sup>2</sup> FOX-CHASE CANCER CENTER, PHILADELPHIA, PA, USA



### **DISCLOSURES**

- Eight of the authors are employees of Accuray, Inc.
- Portions of this work were completed through a contract between the Fox-Chase Cancer Center and Accuray, Inc.

The views expressed in this presentation are those of the presenters and do not necessarily reflect the views or policies of Accuray Incorporated or its subsidiaries. No official endorsement by Accuray Incorporated or any of its subsidiaries of any vendor, products or services contained in this presentation is intended or should be inferred.



### CyberKnife® with InCise™ Multileaf Collimator

- The CyberKnife is an image-guided therapeutic radiation delivery system with a linear accelerator mounted on a robot
- Beams are collimated with fixed cones, the Iris™ variable aperture collimator, or the InCise multileaf collimator (MLC)
- The MLC has a 11.5 x 10.0cm field size with 26 0.385cm leaf pairs
- Full interdigitation and 100% overtravel are provided





### **Overview**

- Monte Carlo dose model
	- ‒ Source model and sampling
	- ‒ Transport through the MLC
	- ‒ Transport through and dose deposition in the patient
- Accuracy testing
	- ‒ Planar single beam comparisons with measurement
	- ‒ Point dose comparisons with measurements of composed plans
- Implemented dose calculation times



### Source model

- A virtual source model with a single source coincident with the Linac target is defined
- Three probability distribution recreate the photon phase space for the linac
	- ‒ Source position distribution: a Gaussian with user set full width half -max
	- ‒ Fluence distribution:
		- ‒ Measure 0, 45, 90, 135 degree open field profiles with MLC removed
		- ‒ Planar distribution interpolates profiles in polar coordinates
	- Energy distribution: user selects Geant precalculated spectrum based on linac energy rating
- Gaussian FWHM and Energy spectrum settings are optimized iteratively by comparing MC dose calculations with commissioning beam data measurements







### Transport through the MLC

- Leaves are flat sided and move on linear trajectories
- To reduce leakage, the collimator bank is 9cm high and is tilted  $0.5^{\circ}$
- Leaf tip has a trapezoidal edge
- Particle transmission is checked in 4 planes that define the trapezoid
	- ‒ Set transmission probability based on planes intersected by particle trajectory
- Collimator scatter is not modelled







### Transport through the collimator

### Beam Hardening

- Energy for photons that intersect the MLC leaves are sampled from a hardened energy spectrum
- The hardened energy spectrum is calculated from the open spectrum, by assuming 3cm of transmission through tungsten





### Transport through the patient or phantom

- Particle transport uses pre-simulated electron track data for monoenergetic photons that interact with water
	- Energy bins range from 25 keV to 7.7 MeV
	- ‒ 1000 to 10000 photon simulations in each energy bin
	- ‒ Track lengths scaled proportionally based on local density
- Variance reduction techniques include:
	- ‒ Electron track repeating
	- ‒ Forced photon interactions
	- Photon splitting
	- ‒ Russian roulette on collimator attenuated and patient scattered photons
	- ‒ Energy cutoffs (10 keV for photons, 700 keV for electrons and positrons)
- Ma, et al, "Implementation of Monte Carlo dose calculation for CyberKnife treatment planning", J. of Physics: Conf. Series 102 (2008)
- Li, et al, "Validation of a Monte Carlo dose calculation tool for radiotherapy", Phys. Med. Biol. 45: 2969-85 (2000)



### Transport through the patient or phantom

### Handling electrons and positrons below Ecut

- For the original implementation, if the particle energy falls below  $E_{cut}$ during the final step of the pre-generated particle track then the remaining energy is deposited in the current voxel
- For the new version, linearly extrapolate the final track step using stopping-power ratio and local density to attenuate the energy
	- ‒ Prevents artificial high-dose sparkles in low density





### Accuracy Tests

### Comparisons of calculated and measured dose

- Single beam tests
	- ‒ PDD in homogeneous and heterogeneous phantoms
	- ‒ Planar analysis of rectangular and irregularly shaped beams in homogeneous and heterogeneous phantoms
- Composed plans in homogeneous and heterogeneous phantoms



### Comparison of PDD in water phantoms

### PTW60018 diode vs. PTW µDiamond detector

- Both detectors give good agreement for field sizes greater than 2 x 2 cm
- $\cdot$  µDiamond has better agreement for small field sizes and deeper depths
- Tabulate ratio of measured to calculated dose

#### **PTW60018 Diode**



#### m**Diamond Detector**





### Dose Accuracy Tests

### PDD in a Water / Lung / Water phantom





### Dose Accuracy Tests

Planar gamma analysis of film in Water / Lung / Water phantom

- 3 rectangular shapes (0.76x0.77cm, 1.54x1.54cm, and 4.62x4.62cm) and 9 irregular shapes
- Same water / lung / water phantom as the PDD measurement
- Film measurements recorded 9cm (mid-lung), 13.5cm (0.5cm of buildup), and 14.0cm (1.0cm of buildup) deep
- Gamma analysis at 2% dose difference and 0.2cm distance to agreement for all pixels in the plane with dose 50% or more of the maximum dose





### Dose Accuracy Tests

### Planar gamma analysis of film in Water / Lung / Water phantom















### Dose Calculation Tests

### Planar gamma analysis (2.0% / 0.2cm) with film measurement





### Composed Plans

### Point dose comparisons of measurement and calculation

- 3 relatively homogeneous phantoms (9 plans)
- 2 anthropomorphic chest heterogeneous phantoms with low density regions (3 plans)



TLD measurement, otherwise ion chamber measurement



### Comparison with EGSnrc

- Composed plan comparisons performed by Inselspital ‒ University Hospital Bern, using an independently developed MC dose calculation framework (IDC)<sup>1</sup>
- 7 lung SBRT cases evaluated
	- ‒ Mean dose difference (EGSnrc-Precision)/Precision
	- ‒ 2% / 0.1cm gamma comparison for voxels greater than 10.0% of maximum dose









### **Results**







### Calculation Time Analysis

- In the Accuray Precision™ Treatment Planning System, Monte Carlo runs in 23 parallel threads on dual 6-core hyper-threaded CPUs
- Calculation times depend on the number of photons sampled
- The number of photons sampled  $(n<sub>hist</sub>)$  is calculated from:
	- ‒ The number of voxels
	- ‒ The desired calculation uncertainty (u)
	- $-$  The mean equivalent square size of the MLC shapes ( $EQS$ )

$$
n_{hist} = H_{ref} \left(\frac{1}{u}\right)^2 \left(\frac{V}{v}\right)^{2/3} \frac{1}{\overline{(EQS^2)}}
$$

$$
-
$$
 H<sub>ref'</sub> = 1.4E6, V = target volume, v = voxel volume

This algorithm is implemented in Accuray Precision v1.1.1



### Sample Calculation Times

- All plans are lung SBRT using actual patient CT and volumes
- All cases calculated at medium resolution (256 x 256 x number of slices) with a requested uncertainty of 2.0%
- Time is from calculation button clicked to display of isodoses and DVH



Calculations performed using Precision v1.1.1 on a Dell T7910, 2 x 2.40Gz CPU, 64 GB RAM



## Multi-Threading



- Initial version allocated equal numbers of beams to each thread
- Latest version allocates equal number of sampled photons to each thread
- Thread balancing has improved significantly, but further improvement is possible by balancing based on estimated number of transported photons

Calculations performed using Accuray Precision v1.1.0 (left) vs. v1.1.1 (right)



- Most recent version of Accuray Precision treatment planning system includes a Monte Carlo dose calculation algorithm that can calculate dose for MLC collimated beams
- The algorithm computes dose with clinically acceptable agreement with measurement in both homogeneous and heterogeneous media
- The algorithm has a balanced parallel implementation and takes advantage of multiple variance reduction techniques that lead to clinically realizable calculation times