

Clinical implementation of a Monte Carlo based treatment plan QA platform for validation of Cyberknife and Tomotherapy treatments

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- Introduction (why do we need it ?)
- Moderato system
 - Principles and architecture
 - Machine modelling
 - Interface and practical use
- Clinical applications
 - Comparison with TPS
 - Advanced features : standardized prescription, plan validation, delivered dose reconstruction, MRI-only calculation
- Conclusions and future evolution

Introduction

Introduction

- Independent MU verification
 - In France there is a legal obligation of independent verification of the monitor units (Critères d'agrément Inca 2008)
 - In practice conformal 3D plans are systematically verified using commercial (eg IMSure) or in-house systems, that provide a single-point verification

But:

 Lack of available and accurate tools for the recalculation of a complete 3D dose distribution of more complex techniques : IMRT, VMAT, SBRT !

Introduction

o Aim

- Develop a powerful and « clinically usable » dose verification system for Tomotherapy and Cyberknife
- No additional tasks shoud be introduced to the dosimetry department !
 - → It has to be **user-friendly**, **fast**, and as **automated** as possible

Moderato system

Accelerator modelling

Cyberknife

- The 12 sizes for the fixed and iris collimators were modelled¹
- Phase-space files were pre-calculated and stored in Moderato
 - → No particle transport in the head : the system reads the phasespace below the chosen collimator
- More recently the Cyberknife M6 collimator (including a MLC) was modelled as well

¹Wagner A, Crop F, Lacornerie T, Vandevelde F, Reynaert N. Use of a liquid ionization chamber for stereotactic radiotherapy dosimetry. Phys Med Biol. 2013; 58(8):2445-59

Accelerator modelling

Tomotherapy

- Double Gaussian spot² to obtain agreement between measurements and MC calculations for all field sizes (1.0, 2.5, 5.0 cm)
- Dynamic Jaws and TomoDirect were included as well
- Transport in the MLC can be performed using 2 options :
 - Full MC
 - RayTracing : total distance in tungsten used to calculate an exponential attenuation factor for use in Russian roulette
 → faster !

 \rightarrow Distributions for full MC and RT are almost identical (less scatter due to binary MLC)

^c Chen Q, Chen Y, Chen M, Chao E, Sterpin E, Lu W. A slit method to determine the focal spot size and shape of TomoTherapy system. Med Phys. 2011; 38(6):2841-9

Moderato system

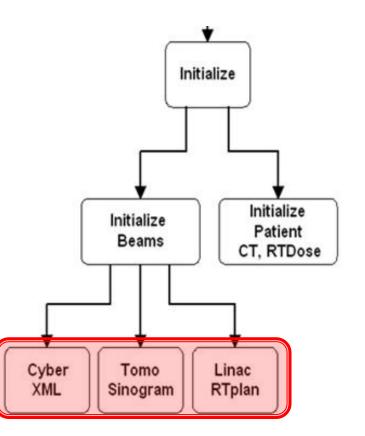
• Originally based on MCDE (Monte Carlo Dose Engine)

- System developed in Ghent university in 2004³
- Based on BEAMnrc and DOSXYZnrc
- The phantom (or patient) reprogrammed as a component module (CM) introduced at the bottom of the linac head
- Slow and not very flexible (QA specific modifications applied inside BEAMnrc/DOSXYZnrc)

³ Reynaert N, De Smedt B, Coghe M, Paelinck L, Van Duyse B, De Gersem W, De Wagter C, De Neve W, Thierens H. MCDE: a new Monte Carlo dose engine for IMRT. Phys Med Biol. 2004; 49(14):N235-41

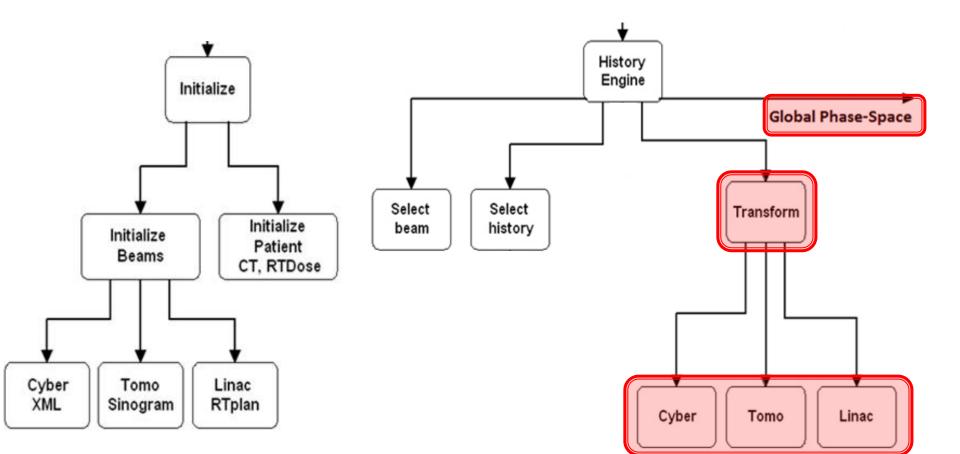
Moderato system : process

 Initialize geometry and BEAMnrc input files using the DicomRT or XML files imported from the TPS



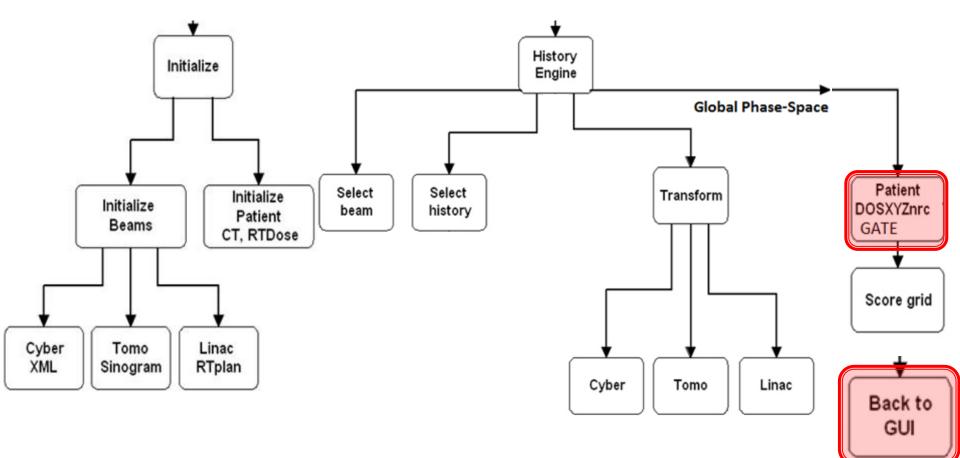
Moderato system : process

 Generate a global phase-space file that combines particles from all beams (cylindrical phase-space surrounding the patient)



Moderato system : process

 Perform the dose calculation in the patient geometry, combine the obtained dose files and display the results in the GUI



- Once a plan is finalized, it is exported to Moderato
- The *Dropbox* directory is continuously scanned
- MC calculation automatically launched once all data are present

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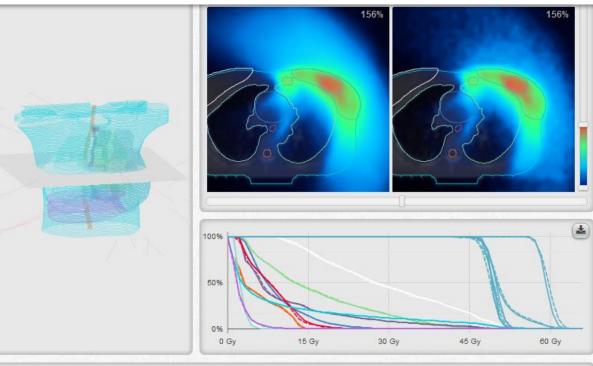
• the status of all cases can be visualized in the *Dashboard* (this display also shows if any files are missing)

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Moderato 🗉 👁 🕹 🚳 😤			
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 When calculation is over : patient appears as ready for validation in the patient workflow system (RTFlow[™])

rage / Prescription	<	Dosii	nétrie ‹		Validation <		
e en cours 🗸	Valid. contours / prescription <	En attente d'une dosimétrie 🛛 🗸	Dosimétrie en cours <	En attente de valida	ation <	Validé	< Prêt
Traitements	Traitements	Traitements	Traitements		Traitements	Traitements	
BLANCO BCD	P 186018 BERTOT AC	P 167851 DHILLIT FLT	P 279232 PELLEGRIN BCD	P 280093 PARDOEN		P 281653 MARTIN BCD	D 18
HENNEBELLE AC	P 281754 ZYCIAK TLE R	P 281992 SANFILIPPO BCD	P 280624 HERAULT DP	P 282124 VERDIER		P 280557 COUSIN DP	13
BEHAGUE BCD	P 281443 TONG FLT R	P 282182 BOUCHEZ BCD		P 280841 FOURMES		P 281762 DRAN FLT	R P 28
GIOT DP	P 281903 DECAE TLE			P 281217 TOTH	FLT 🔂 🎲 🗒	P 276577 DIOP AC	P 27
En attente	P 280594 FOLCKEN AC			P 281564 LEFEVRE	BCD 🔏 🏷 🖽)	P 276577 DIOP AC	P 27
BOULOGNE BCD	P 281979 DAOUDI BCD R			P 281450 GORIS	FLT 🛛 🕄 ‰ 📆 🗍	P 281702 HUGOT DP	28
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5 Traitements	7 Traitements	3 Traitements	2 Traitements		7 Traitements	7 Traitements	
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	277329 BINNEMA DP	281151 CAPENDU DP	281993 JOVENIN BCD	P 281810 ANTON	BCD 🖉 🗹 + 🔏 🎭 📆	P 281209 MARRANNES TLE	
	281077 LEDUCE DP	281838 HEQUET SIS	279865 RAVISSE TLE	278454 DELCROI	х тle 🛛 🗞 📩 🛅	P 144604 LEFRANC TLE խ	P 2
	282346 RENARD TLE	282056 LIGNIE XM	209045 MELIN XM 🗹 🖵 +	278283 LOBSTEI	N TLE 🛛 🗞 📩		P 2
	270559 HEDDOUCHE TLE	255863 MARTINACHE DP	231372 HOULIEZ DP S	282177 RICHARD	abula 6.5 6.5		P 2
	P 233601 LEFEBVRE DP		280267 DRAPIER DP	282243 TURCK	вср 🖓 🎲 🛅		P 2
	282415 BOUMAZA TLE			282239 COLPAER	т вср 🖉 🗖 💑 🎲 🛅	1	P 2
				281619 LEFEBVR	e tle 🛛 🗞 🎲 🛅		P 2
1 Traitement	8 Traitements	6 Traitements	7 Traitements		13 Traitements	4 Traitements	
Traitements	En attente	Traitements	Urgence		Traitements	Traitements	
FLAMENT XM	271441 QUINTIN TLE	281871 FILLATRE BCD R +	281807 DEHAUT XM	263522 DUQUEN	NE BCD 🗹 🔣 😓 🛅)	P 261082 WINOCQ TLE	P 26
En attente	281689 LEULIETTE XM	275447 BAILLEUL XM	Traitements	281636 BRUGE	TLE 🔣 🏷 🛅	P 281212 LEBLANC XM	P 28
FAUST BCD	241166 HOUILLIEZ DP	281599 LALANNE XM	268426 hauville XM	281617 VAN HAM		En attente	P 28
LAURENT XM		281904 BOURREAU TLE	281709 HU TLE			280982 BRUNEL XM •	D P 28
OLIVIER XM		281783 DARDENNE XM					P 28
		282121 ROUSSEAUX BCD					P 28
		281511 LUKASIK XM					
		281345 FINET YM					

- The user can visualize the isodoses and DVH data (*Visualization* pane), with a table containing relevant dose points for all organs
- This report is automatically included in the R&V and signed by the physicist and physician

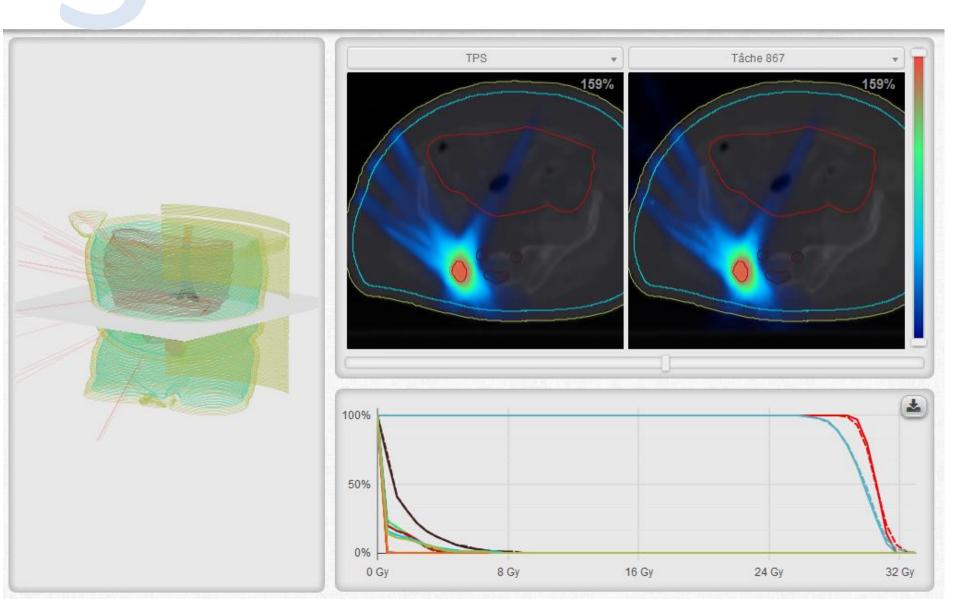


coule	ur nom	moy	(Gy)	max	(Gy)	volun	ne (%)	dose	e (Gy)
	coeur	8	.8	31.8	32.1	100.0	100.0	2.0	2.0
	coeur2cm	20.2	20.3	32.4	32.8	100.0	100.0	9.0	10.0
	coeur5cm	11	1.2	28.9	29.7	100.0	100.0	2.0	2.0
	coeurext	5.9	5.8	15.9	<mark>16</mark> .1	100.0	100.0	2.0	2.0
	CTV boost sein G	60.1	60.4	62.8	64.4	100.0	100.0	58.0	56.0
	CTV CMI G	50.4	50.3	52.7	54.5	100.0	100.0	48.0	47.0
	CTV sein G	50.5	50.3	62.7	65.8	100.0	100.0	40.0	34.0
	CTV sousclav G	49.5	49.7	52.9	59.4	100.0	100.0	48.0	46.0
	CTV susclav G	49.2	48.9	51.9	52.9	100.0	100.0	46.0	45.0
	external	9.5	9.4	61.4	61.2	100.0	100.0	0.0	0.0
	foie	2.2	2.1	16.5	16.3	100.0	100.0	0.0	0.0
	Internal	9	.5	62.0	63.7	100.0	100.0	0.0	0.0

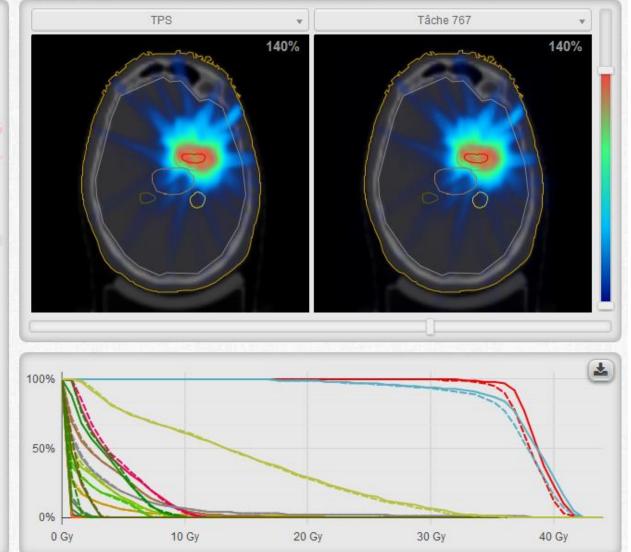
Clinical Applications

Cyberknife

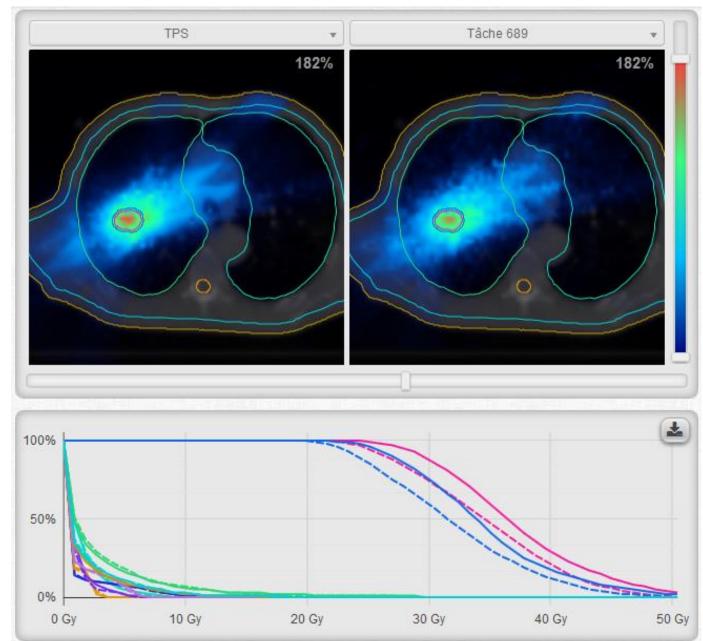
- The Cyberknife TPS (Multiplan) includes two different algorithms : RayTracing and Monte Carlo.
- RT is used for most treatments, except lung
- Excellent agreement between Multiplan dose distributions and Moderato in most cases





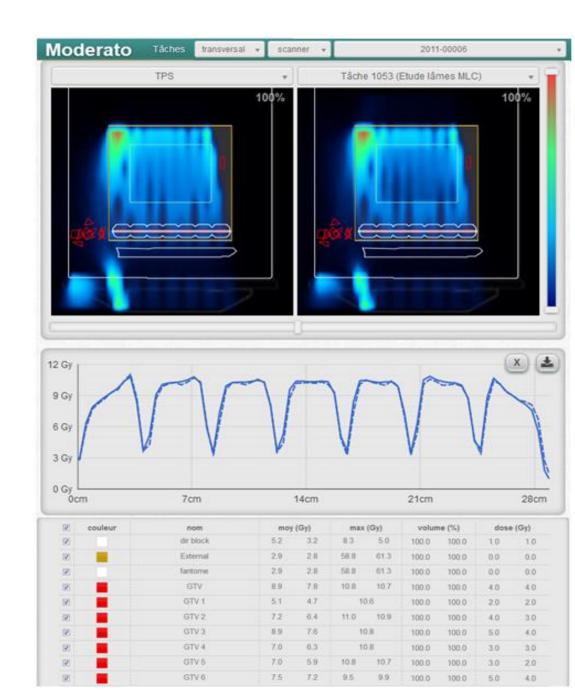


- small lung tumors surrounded by low density lung tissue
- due to different
 energy cut-off
 value for the
 secondary
 electron
 transport

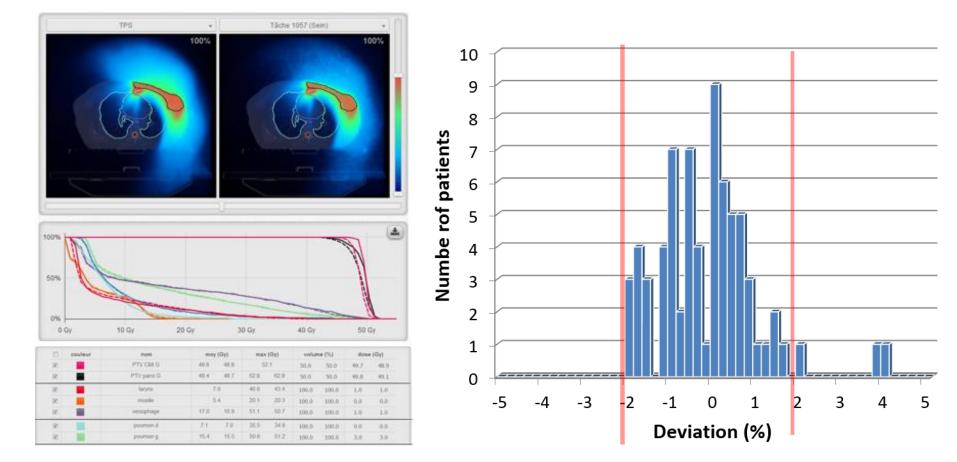


Tomotherapy

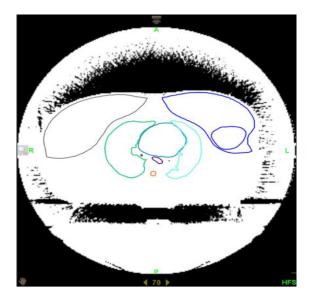
 Picket fence test : 7
 GTVs with OARs
 between to force the system to close
 intermediate leaves

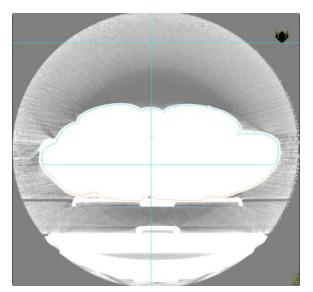


• Patients : excellent agreement for 23 patients with different indications (within 2 % for all but one case)



- Large difference detected for a specific breast case
- Inspecting the scan revealed a high CT reconstruction diameter (70 cm) with an artifact surrounding the patient (air voxels with a density > 0.1 g/cm³)
- Removing this artifact restored the agreement between both algorithms

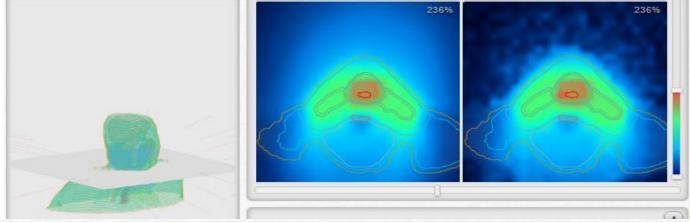




Standardized prescription

Prescriptions	Modèles	+0	ORL		
			Descrip	tion	
Abdomen		× Ū	13		
r Crâne 7 ORL					
ORL - crâne		×			
Pelvis Sein droit tomo		× Ū	Evention		
Sein gauche tom	0	Ō×	Fractionr		- + © ×
TAP Thorax		© × © ×	- 13 36	cances	
Corps entier a c	corriger		Descrip	tion du fractionnement	
		n 🖌	S HE -	· · · · · · ·	1
×C	avité bu	ccale			🗙 Conduit auditif, oreille m
×	V15	<	80	%	× ∨6 < 2 %
×	V30	<	50	%	
×	V45	<	25	%	+ Nouvelle condition
×	V50	<	2	%	
+	Nouvelle	e cond	× Ma ×	ndibule V70 < 2 % Nouvelle condition	TNOUVElle condition Moëlle épinière $\times \sqrt{45} < 10\%$ $\times \sqrt{50} < 0.003 \text{ cm}^3$ \bullet Nouvelle condition
			×	eille interne droite V45 < 50 % V50 < 2 %	X Oreille interne gauche X

Plan validation



	tps	task1787		tps	task1787
Cavité buccale			Thyroïde		
V15 < 80%	18.3 Gy	18.2 Gy	V50 < 50%	52.2 Gy	52.3 Gy
V30 < 50%	23.8 Gy	23.8 Gy			
V45 < 25%	29.3 Gy	29.3 Gy			
V50 < 2%	42.0 Gy	43.0 Gy			
			d.		
	tps	task1787		tps	task1787
Articulation temp			Encéphale irradia		task1787
Articulation temp V55 < 2%			Encéphale irradia V60 < 10cm ³		task1787 2.9 Gy

⁴ Wagner A, Crop F, Mirabel X, Tailly C, Reynaert N. Use of an in-house Monte Carlo platform to assess the clinical impact of algorithm-related dose differences on DVH constraints. Phys Med. 2017 (in press)

Delivered dose reconstruction

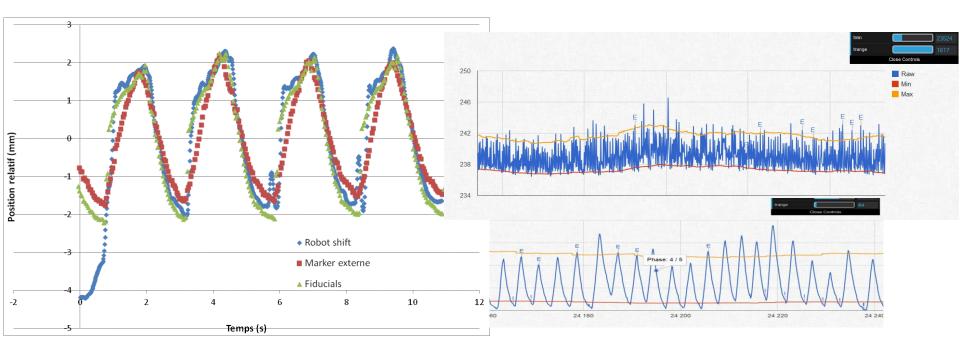
Cyberknife

 Synchrony treatments : construction of a correlation model between external markers and internal fiducials to treat moving targets (lung, liver)



Delivered dose reconstruction

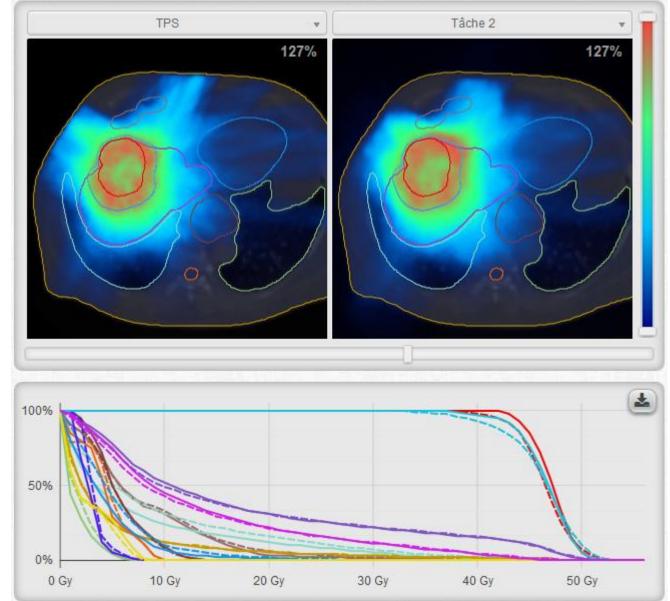
 The log files containing the actual positions of the robot and of the internal and external markers can be used in conjunction with the planning 4D-CT images to reconstruct the dose actually delivered during treatment



Delivered dose reconstruction

Liver case :
 comparison of
 planned and
 delivered dose

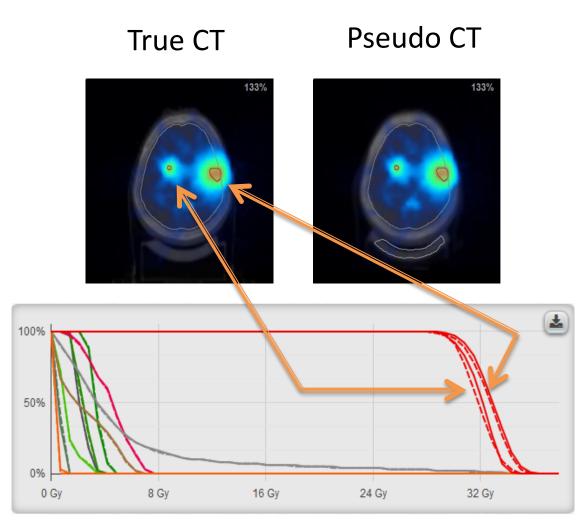
 The use of a treatment belt for all liver treatments limits the motion



Dose calculation on MRI

 MRI allows more accurate target volume delineation

 Moderato is used to compare dose distributions calculated using MRI and CT





Conclusions

Moderato system

- independent platform offering accurate dose verification for advanced delivery techniques
- Fast and user-friendly (web page access, automation of the process)

 \rightarrow allows for a use in the clinical routine

- It has a cool name
- Despite the small number of patients tested so far, detection of an IVDT problem for a large CT recon diameter

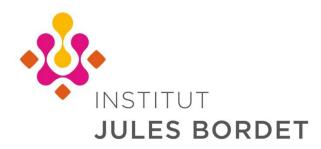
Conclusions

Evolution

- Introduce the linacs used in both centers
- Further automation of the process
 - Introduce PTV and OAR constraints for more cases
 - Allows Moderato to « validate » the plan quality or highlight constraint violations in the GUI
- Focus on *actually delivered dose* using treatment session information (daily images, log files, reconstructed sinograms, cone beam CT, 4D MRI ?)

→ Replacing planned by delivered dose can be linked to clinical outcome and toxicity data!





Thank you !