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Why the safety margin concept is insufficient in particle therapy

Techniques for handling range and setup uncertainty in intensity modulated proton therapy

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Content:

1. Motivation

• why IMPT plans may be very sensitive to errors

2. Results -- Outline

• Features of more robust plans

3. Methods

• probabilistic approach to obtain robust plans

Following Talk by D. Pflugfelder:

- worst case optimization
- more results

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Example: Para-spinal case:



- IMPT technique:
 3D spot scanning
 (5mm σ, 5mm grid)
- range uncertainty (e.g. due to metal implants)
- setup error





"Conventional" IMPT treatment plan:



- highly conformal and homogeneous dose distribution if
 - the assumed range for each pencil beam is realized
 - no setup error occurs





Sensitivity analysis: range overshoot

→ strongly degraded dose distribution the actual range differs from the assumed range



(5 mm range overshoot)

- very high dose is delivered to the spinal cord
- cold spots in the CTV

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Sensitivity analysis: setup errors

\rightarrow effect of relative shift of beams





(3.5 mm setup error posterior (up))

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Why?



- dose gradients in beam direction
 - \rightarrow sensitive to range variations
 - \rightarrow risk of overdosing the OAR
- dose gradients horizontally
 - \rightarrow sensitive to setup errors

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How can IMPT plans become less sensitive?

By redistributing the dose among the beam directions

How?

- safety margins do not help
- can only be achieved by incorporating uncertainty directly into the optimization
- so that the optimization can take advantage of the physical characteristics of the pencil beam and features of a specific uncertainty

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Results (outline)





Including a Gaussian range uncertainty (σ =5mm)

beam at 0 degrees



(including range variation)

beam at 45 degrees



cumulative dose







Including a Gaussian range uncertainty (σ =5mm)

beam at 0 degrees



(including range variation)

beam at 45 degrees



cumulative dose















Including a Gaussian range uncertainty (σ =5mm)

plan comparison for 5 mm range overshoot



(including range error)



(conventional)

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Including both, setup (2.5mm) and range uncertainty (5mm)

beam at 0 degrees



(including range and setup variation)

beam at 45 degrees



cumulative dose







Including both, setup (2.5mm) and range uncertainty (5mm)

beam at 0 degrees



(including range and setup variation)

beam at 45 degrees



cumulative dose









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Including both, setup (2.5mm) and range uncertainty (5mm)

plan comparison for 3.5 mm shift posterior



(including uncertainty)



(conventional)

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Methods





Including uncertainty into the optimization







Including uncertainty into the optimization dose depends on uncertain parameters (range, setup error) robust optimization stochastic programming probability distribution minimize expected value of objective $E_{\lambda}[C] =$ $C(\boldsymbol{D}(\boldsymbol{x},\boldsymbol{\lambda})) P(\boldsymbol{\lambda}) \, d\boldsymbol{\lambda}$ MASSACHUSETTS GENERAL HOSPITAL HARVARD **(** A N C E R **(** E N T E R^{*}



Including uncertainty into the optimization



The probabilistic approach

Multi-criteria interpretation of the objective:

$$E_{\lambda}[C] = \int C(\boldsymbol{D}(\boldsymbol{x}, \boldsymbol{\lambda})) P(\boldsymbol{\lambda}) d\boldsymbol{\lambda}$$

- objective is weighted sum, where each term reflects plan quality for a given range and setup error
- importance weight reflects the probability of occurance





Techniques to solve the optimization problem

Challenges:

- computationally demanding
 - integral over all possible errors has to be solved in every iteration
- → <u>stochastic gradient</u> methods are used to solve the optimization problem
- → estimate the gradient by taking a subset of voxels and scenarios





Conclusion

- IMPT plans may be sensitive to both range uncertainties and setup errors
- Safety margins do not work for IMPT
- Robustness is achieved by redistributing the dose contributions from individual beams
- Can be realized by incorporating uncertainty into the optimization problem

