The Radiation Planning Assistant (RPA)

Automation and Standardization of Planning, Plan Evaluation and System Testing through Advanced Programming in Treatment Planning Systems, AAPM 2018

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Conflicts of Interest

• Funded by NCI UH2 CA202665

- Additional funding from Varian Medical Systems
- Equipment and technical support provided by:

Varian Medical Systems
 Mobius Medical Systems

• Other, not related projects funded by NCI, CPRIT, Varian, Elekta

Specific goals of the Radiotherapy Planning Assistant (RPA)

- Generate high quality treatment plans that are:
 Generated from scratch in less than 30 minutes.
- Internally QA'd in an automated fashion within the system.
- Limit need for the radiation oncology physician to:
 - Delineate the target (location).
 - Provide the radiation prescription. Approve the final plan.
- Limit need for medical physicist to:
- Check final plan
- Create a system that can be used by an individual with:
 - A high school education.
 - ½ day of training (online and video) on the RPA itself.
 - (dosimetrists still needed for unusual/complex cases)

General philosophy

- Take advantage of Eclipse, but avoid the need for the user to actually use Eclipse
- Use Eclipse functions whenever possible (API)
- Combine with purpose-written tools
 Many functions (e.g. contouring)
- Many functions (e.g. contouring) happen before sending to Eclipse (dicom)
- Others use API
- Internal verification for everything
- Work closely with eventual users
 Deploy at MDACC whenever possible
- defloy at MOACC whenever possible (although project aimed at supporting cancer treatments in low- and middle-income countries)















Detailed Project Highlights: Head & Neck Autocontouring





Detailed project highlights: Plan Optimization

- Physician-drawn GTV
- Automatically contoured normal tissue and CTVs
- Supplement with autocontoured planning structures
 Isocenter at target center
- Collimator size/angle based on targets
 - 30° and 330° collimator angles, symmetric fields, 18cm max 90° collimator angle
- WUSTL Rapid Plan Model
- Population Constraints (weights etc.) .
- Normalize such that all PTVs receive ≥98% of prescribed dose to 95% volume



Detailed Project Highlights: Head & Neck Plan Quality



RPA generated plans are of high-quality, comparable to manually generated plans in target coverage and normal tissue sparing
 Unacceptable plans are nearly always easily identifiable – and flagged to the user





Detailed Project Highlights: Use of Multiple Algorithms to Ensure Plan





Radiation Planning Assistant (RPA) Project Summary: August 2018

- Automatic radiation planning promises to increase availability of radiation therapy worldwide by:
 - Reducing the planning burden
 - Reducing staff shortages · Increasing the quality and efficiency of radiation plan creation
- Integrated in-house tools (e.g. autocontouring) with Eclipse and Mobius:
 - API
 - Dicom import/export
 - JSON objects
- The RPA successfully generates acceptable, treatable radiation plans for: Cancers of the uterine cervix (4-field box)
 - · Cancers of the head/neck (VMAT)
- · Key components of the RPA are being used clinically in the USA: Autocontouring of head/neck normal tissues
 - Autogeneration of cervical cancer field borders

Aiming to deploy clinically early in 2019





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