Automated and standardized HDR Brachytherapy Treatment Plan QA via API scripting

Bin Cai, PhD Assistant Professor of Radiation Oncology

Department of Radiation Oncology Division of Medical Physics WUSM / Siteman Cancer Center

Washington University School of Medicine in St. Louis



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(1) To introduce the design and implementation of automated plan checking tools with API-based programming or scripting in a commercially available TPS

(2) To validate and evaluate these QA tools by using mock HDR Brachytherapy plans with simulated errors.

Background

- HDR remote-afterloading brachytherapy
 - mature technology
 - many published guidelines and guidance documents to help establish safety and quality management programs (TG-56, TG-59)
- Near-misses and medical events still happen
 - Most incidents due to human failures/errors (ICRP 97)
 - Most often with actions having the least time available (references below)
 - 4 out of 10 major error categories leading to ME were related to the treatment planning process (Thomadsen, 2014)

Richardson et al, PRO , 2, 157-163, 2012. Thomadsen et al, IJROBP, 57, 1492-1508, 2003. Wilkinson et al., Brachytherapy, 12, 382-386, 2013. Thomadsen et al, PRO, 4, 65-70, 2014.

Background

- Plan quality assurance (Plan QA) can increase the detectability of planning errors
- Plan QA typically includes an evaluation of plan quality and a check of plan parameters

e.g. Checklists and forms (specific procedure/applicator); independent verification before treatment delivery;

However:

- often manually performed → subject to errors
- relies on the reviewer's expertise \rightarrow inconsistencies
- can be iterative: customized plans → further plan
 optimization → repeat plan QA → repeat retrieval of plan
 parameters & plan evaluation → takes time
 Wilkinson et al., Brachytherapy, 12, 382-386, 2013. Fraass et al., Medical Physics, 25, 1773-1829, 1998.

Features of HDR

- HDR BT demands high efficiency:
 - short time-frames (applicator placement, planning, and treatment)
 - leaving limited time for plan QA
- HDR BT demands high accuracy:
 - delivery of dose in few fractions & high dose rates
 - prevent severe dosimetric errors and medical events
- HDR brachytherapy team to be efficient, accurate, and consistent → increased need for automated plan QA tools.
- Tools embedded w/in the treatment planning system (TPS) → ideal for convenience and reduce errors

A little about WashU Brachytherapy center...



siteman.wustl.edu

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Brachytherapy Center

- AU (RO) performs HDR implants
 - In RO dept (most common)
 - Nursing & RTT assistance
 - OR (sarcoma, prostate)
- Sim RTTs image (CT or MRI)
- Dosimetrist plans
- Physicist (AMP) checks
- Therapists setup, connect, & treat with AMP and AU present





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Brachytherapy

- ~4000/yr (implants + procedures + treatments)
- Radiopharmaceutical therapy
- LDR therapy
- HDR therapy (2 RAUs)
 - Highest volume services:
 - GYN intracavitary- "template" plans ---all HDR AMPs
 - Breast interstitial/SAVI-- customized plans (more experienced team)
 - Prostate interstitial-- customized plans (more experienced team)

Aims of Our Work with API Scripting

- Design QA tools for automated plan checking with API-based programming (or scripting) in a commercially available TPS
- Test clinical implementation of these QA tools for SAVI breast and HDR prostate
 - High volumes (1-2 week) in an already busy clinic
 - Customized planning (more experienced teams)
 - Established planning criteria (rules -- scripted)
- Design an observer study to
 - Validate QA tools
 - Evaluate gain (if any) in efficiency

Cai et al., ABS, Brachytherapy 2016: 15: S28-S29 Cai et al., Brachytherapy 2019, 108e114.

Methods: "Plan QA"

- Plan QA was divided into 2 major categories:
 - Plan quality (PQ) evaluations
 - Plan integrity (PI) checks
- PQ: focuses on dosimetric information and checks plan meets D-V constraints, and also performs a manual verification of dwell time
- PI: checks plan parameters against tolerances/specs of the RAU and applicator
- Perform by physicists, dosimetrists and physicians

Mooney et al, Brachytherapy, 15, 616-624, 2016. NSABP B-39/ROTG 0413 protocol RTOG 0321 protocol

Plan QA Checklist

- Sample plan QA checklist for HDR prostate (manual process)
 - Items need to be checked
 - Items need to be reported
- Goal: to automatically pull information from TPS and mimic human checking process -- scripting
 As much as possible

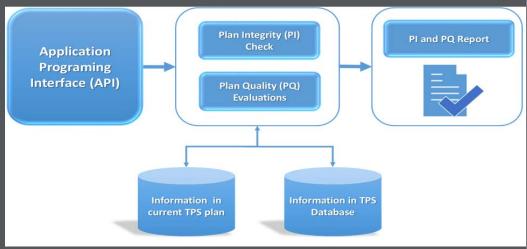
HDR Prostate Checklist:	Checked?	Comments
Correct image sets (Series?, # of images?)		
Plan Properties:		
Rx Dose (ARIA vs Plan)		
ARIA Rx linked? Ref pt created? MONO or BOOST entered?		
Correct CT for planning		
Check all contours		
Channel:		
Channel numbering		
Digitization		
Correct machine assigned to applicators		
Catheter Lengths		
Step size = 0.5 cm?		
Offset >= 0.3 cm?		
Dwell Times:		
Distribution of dwell times reasonable?		
No 0.1s dwells		
No empty channels		
Isodoses		
Prostate DVH:		
V100≥ 90% (Min V100 > 85%)		
Urethra:		
V125 < 1cc		
V150 = 0%		
Bladder & Rectum:		
V75 < 1cc		
V150 = 0%		
Implant DVH:		
HI = (1- V150/V100) ≥ 0.5		
'P-P' Calc within 15%?		

Scripting in TPS

- Programing via a vendor supported format or interface to access treatment planning information from Treatment Planning System.
- □ Scripting is supported by several major TPS (Eclipse, Pinnacle, RayStation, etc.)
- Many groups have studied and developed scripting tools for RT
 Auto planning, plan QA, DVH generation, data mining, .etc.
 Mainly for EBRT
- Education materials and resources.
- Reference guide, vendor white paper, online discussion group, courses, webinar, code share website.

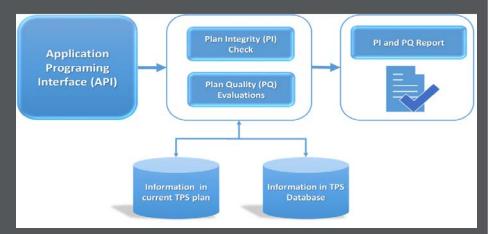
Script Design in Eclipse (ESAPI)

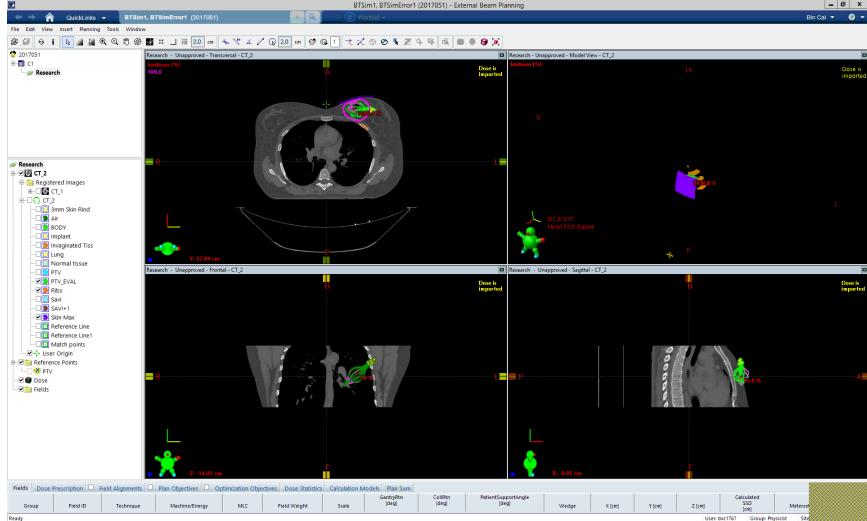
- The Eclipse Scripting Application Programming Interface (Eclipse Scripting API or ESAPI): a programming interface and a software library for Eclipse.
- The scripts can be integrated into the Eclipse user interface, or they can be run as standalone executables.
- User designed C# programs ("scripts") were created and executed through the API to access planning information in TPS (V13.7)



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- Two quality control reports were generated on
 - PI report specific to the applicator
 - PQ report designed to be site dependent (SAVI-Breast, HDR Prostate)
- Information for PI checks & PQ evaluations retrieved mainly from two places: the current plan and the TPS database.
- Dynamic information, e.g., individual plan's planning parameters, retrieved from information and data structure within current plan
- Static information, e.g., the source, is retrieved from the TPS database.





Treatment Plan Pre-Check Report

		F		an Parameters & Patient		
		Image Device Mo			Brilliance Big Bore	
Detter	nt and Dian Information	Patient Orientati	on		HFS	
	nt and Plan Information	Study ID			26291	
Patient Name		No. Of Slices			56	
Patient ROC #		Date Created			12/7/2015	
Course	C1		De	se Calculation Paramete		
Plan Name	aprv120715					
Plan Time Stamp	2015-12-07 12:03 PM	Dose Grid			0.25x0.25x0.20 (cm)	
Plan Type	Brachy	Source Treatmen	nt Activity(mCi)		8048.50	
		Total Air Kerma	Strength(cGy m*m)	4021.09		
		Total Curie Seco	Total Curie Secondes (s)			
		Total Treatment	Time (s)		446.30	
		•				
		Dose Pr	escription			
Name Prescribe cG	y/Fx Number of Fraction	Total Dose (cGy)	Target Volume	Prescribed Percentage [%]	Normalization Value	
F1 1500.00		1500.00	Prostate	100 %	Unknown	

	Contour Parameters						
#	ROI Name	Volume (cc)	Density O/R	Gaps			
1	Bladder	82.49	No	No			
2	Body	13379.37	No	No			
3	Implant	866.24	No	No			
4	Normal tissue	28.22	No	No			
5	NS_implant	866.24	No	No			
6	Prostate	26.60	No	No			
7	Rectum	29.63	No	No			
8	Urethra	2.00	No	No			

		Catheter Parameters													
#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Catheter ID	Channel_1	Channel_2	Channel_3	Channel_4	Channel_5	Channel_6	Channel_7	Channel_8	Channel_9	Channel_10	Channel_11	Channel_12	Channel_13	Channel_14	Channel_15
Machine	VariSource_5														
After Loader	VariSource1- SN436														
Applicator Length	112.40	112.20	112.30	112.30	112.30	112.20	112.30	112.30	112.40	112.20	112.30	112.30	112.30	112.30	112.30
FirstSource Postion	0.80	0.30	0.30	0.30	0.60	0.30	1.00	0.00	0.50	0.60	0.30	0.30	0.80	0.30	0.50
LastSource Postion	4.80	3.80	3.80	3.30	5.10	4.30	5.00	3.80	4.50	5.10	3.80	3.80	4.80	4.30	5.00
Step Size	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
ls Equal Space	True														
Minimum Time in Catheter(s)	1.00	2.00	2.10	1.50	0.80	0.90	1.00	3.80	2.10	2.70	2.60	3.20	2.10	0.80	2.00
Total Actual Time (scconds)	62.40	28.00	10.40	20.50	20.50	4.90	24.90	34.70	31.10	43.50	23.80	28.10	21.00	31.90	33.40
Percentage Of Total Time	13.98 %	6.27 %	2.33 %	4.59 %	4.59 %	1.10 %	5.58 %	7.78 %	6.97 %	9.75 %	5.33 %	6.30 %	4.71 %	7.15 %	7.48 %
Summary							Ci	atheters' Pre-C	heck Passed						

Results: PI Report = "Precheck Report"

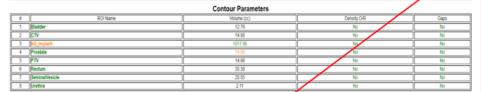
	Treatment Plan Pre-Check Report						
CT Scan Parameters & Patient Setup)
			Image Device Mo	odel		B	rilliance Big Bore
Detient en	d Diam Information	,	Patient Orientation	on			HFS
	d Plan Information	'	Study ID				26291
Patient Name		/	No. Of Slices				56
Patient ROC #		/	Date Created		12/7/2015		
Course	C1			D	ose Calculation Param	etere	
Plan Name	aprv120715				DSe Calculation Faran		
Plan Time Stamp	2015-12-07 12:03 PM		Dose Grid				0.25x0.25x0.20 (cm)
Plan Type	Brachy		Source Treatmen				8048.50
				Strength(cGy m*m)			4021.09
			Total Curie Seco				3592.04
			Total Treatment	Time (s)			446.30
			Dose Pr	escription			
Name Prescribe cGy/Fx	Number of Fraction	Total	Dose (cGy)	Target Volume	Prescribed Percentage [%]	Normalization Value
F1 1500.00		1	1500.00	Prostate	100 %		Unknown

- Used as a "precheck" & "final check" tool (e.g., after opt)
- Some information simply reported (black)
- Other information compared against predetermined QA metrics with color-coded pass (green) or fail (red) or warning (yellow) indicators
- Forty-one parameters reported/checked

Treatment Plan Pre-Check Report

		CT Scan Parameters 8	Patient Setup
		Image Device Model	Brillance Big Bore
Detion	and Blan Information	Patient Orientation	H₽S
	and Plan Information	Study ID	32257
Patient Name	BTSIm4,BTSimError4	No. Of Slices	52
Patient ROC #	2017054	Date Created	3/20/2017
Course	C1	Dose Calculation F	anna tan
Plan Name	Research(BOOst)		
Plan Time Stamp	2017-04-14 15 00 PM	Dose Grid	0 25x0 25x0 20 (cm)
Plan Type	Brachy	Source Treatment Activity(mCl)	7622.30
	3	Total Air Kerma Strength(cGy cm*cm)	3069.23
		Total Curie Secondes (s)	2741.74
		Total Treatment Time (s)	359.70
		(Total Treatment Time (s)	359.70

Dose Prescription								
Name	Prescribe cGy/Fx	Number of Fraction	Total Dose (cGy)	Target Volume	Prescribed Percentage [%]	Normalization Value		
F1	F1 1500.00 1 1 1500.00 100.00 % Upden							



Catheter Parameters

							-			-					-	-
Channel Number	1	10	11	12	13	14	15	16	2	3	4	5	6	7	8	9
Catheter ID	Channel_1	Channel_10	Channel_11	Channel_12	hannel_13	Channel_14	Channel_15	Channel 16	Channel 2	Channel 3	Channel 4	Channel_5	Channel_6	Channel_7	Channel 8	Channel 9
Machine	VariSource_5	VariSource_5	VariSource_5	VariSource_5	riSource_5	VariSource_5	VariSource_5	Versource_5	VariSource_5	VariSource_5	VariSource_5	VariSource_5	VariSource_5	VariSource_5	VariSource_5	VeriSource_5
After Loader	VariSource1- HDR VS 438		VariSource1- HDR VS 436	VanSource1- HDR VS 436	InSource1- OR VS 436	VanSource1- HDR VS 436	VanSource- HDR 16 436	VanSource1- HDR VS 436	VariSource1- HDR VS 436	VariSource1- HDR VS 436		VariSource1- HDR VS 436	VariSource1- HDR VS 436	VariSource1- HDR VS 436	VariSource1- HDR VS 436	VanSource1- HDR VS 436
Applicator Length	112.20	112.20	112.30	112.30	112.30	112.30	112.20	112.30	112.30	112.20	112.20	112.30	112.30	112.30	112.30	112.30
FirstSource Position	0.30	0.30	0.30	0.30	0.60	1.20	0.30	0.20	0.30	0.30	0.30	0.30	0.30	0.30	0.30	0.30
LastSource Postion	2.80	2.80	1.80	2.30	<i>y</i>	4.70	3.30	2.70	2.80	2.30	2.30	2.30	3.30	2.30	2.30	1.80
Step Size	0.50	0.50	0.50	0.50	010	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Is Equal Space	True	True	True	True	True	lite	True	True	True	True	True	True	True	True	True	True
Minimum Time in Catheter(s)	2.10	NA	1.20	0.30	0.10	1.50	0.60	0.10	3.30	2.20	0.70	5.10	1.60	0.20	1.40	0.60
Total Actual Time (scconds)	22.70	0.00	1.20	12.50	25.00	26.10	26.30	23.10	42.80	45.30	12.40	43.20	7.00	1.10	46.00	25.00
Percentage Of Total Time	6.31 %	0.00 %	0.33 %	3.48 %	6.95 %	7.26%	7.31%	6.42%	11.90 %	12.59 %	3.45 %	12.01 %	1.95 %	0.31 %	12.79 %	6.95 %
Summary	-total actu Channel_13: -Min dwel Channel_16: -First dwel	al time for each I time in each ci Il position shoul	atheter shold be catheter should atheter shold be d be > 0.2 cm atheter shold be	d be > 0s i >0.ts										<u> </u>	_	_

Catheter Parameters

Channel Number	1	10	11	12	
Catheter ID	Channel_1	Channel_10	Channel_11	Channel_12	
Machine	VariSource_5	VariSource_5	VariSource_5	VariSource_5	
After Loader	VariSource1- HDR VS 436	VariSource1- HDR VS 436	VariSource1- HDR VS 436	VariSource1- HDR VS 436	
Applicator Length	112.20	112.20	112.30	112.30	
FirstSource Position	0.30	0.30	0.30	0.30	
LastSource Postion	2.80	2.80	1.80	2.30	
Step Size	0.50	0.50	0.50	0.50	
Is Equal Space	True	True	True	True	
Minimum Time in Catheter(s)	2.10	NA	1.20	0.30	
Total Actual Time (scconds)	22.70	0.00	1.20	12.50	
Percentage Of Total Time	6.31 %	0.00 %	0.33 %	3.48 %	
Summary	-total actu Channel_13: -Min dwell Channel_16: -First dwe	l time in each ca al time for each I time in each ca Il position shoul I time in each ca	catheter should atheter should be > 0.2 cm	1 be > 0s >0.1s	



Some manual inputs required by the PQ report:What site? Manually selected

- SAVI
- Prostate
- •What structures for D-V stats?
 - Script will automatically assign contours in plan to these structures based on a set naming convention, e.g., "PTV_Eval"
 - Otherwise, can be manually assigned

Stri Skin	uctures Match Table 3mm Skin Rind
PATIENT/PLAN DEMOGRAPHICS	
PATIENT NAME: BTSim1,BTSimError1	Patient ID: 2017051
PHYSICIAN: IZ/MAT CURRENT USER: Bin Cai	PLAN DATE: 2017-04-14 13:20 PM PLAN CREATED BY: jxe8655
COURSE: C1	PLAN CREATED BT: Jxe0055 PLAN Name: Research
RADIATION PRESCRIPTION(Rx)	
Per Fraction Dose: 340.00 cGv/Fx Total Dose: 340.00 cGy	Number of Fractions: 1 Total Isocenter Dose: NA
Dose Prescribed To: PTV_EVAL (74.24 cc)	iotal isocenter bose. IVA
TARGET V90.00%Rx PTV_Eval = 99.80 %	(>= 98 %) Constraint
$V_{95.00\%Rx}$ PTV_Eval = 99.32 %	(>= 95 %) Goal
$V_{100.00\%Rx}$ PTV_Eval = 98.17 %	(>= 90 %) Goal
$V_{150.00\%Rx}$ PTV_Eval = 39.59 cc	(<= 50.00 cc) Goal
$V_{200.00\%Rx}$ PTV_Eval = 20.18 cc	(<= 20.00 cc) Goal
Volume PTV_Eval = 74.24 cc	(20.00 00) 000
Volume Air = 0.74 cc	
V _{Air} /V _{PTV-Eval} = 1.00 %	(<10%) Goal
OARs	
Max Skin Dose = 104.82 %	(Primary: <90.00%Rx; Second: <100.00%Rx)
Max Ribs Dose = 94.03 %	(< 100.00 %Rx) Constraint
V _{100.00%Rx} Implant = 119.85 cc	
INDEPENDENT CHECK OF DWELL	TIME
Total Treatment Time = 247.10 sec	
$S_{K}(cGy^{*}m^{*}m)hr) = 3.664$	
Estimated Manchester mg-hrs = 327.40	
Planned mg-hrs = 348.07	
Diff = 6.31 %	
PREPARED BY:	REVIEWED BY:

Results: PQ Report

(>= 98 %) Constraint
(>= 95 %) Goal
(>= 90 %) Goal
(<= 50.00 cc) Goal
(<= 20.00 cc) Goal
(<10%) Goal

- Customizable report
 - D-V indices for our clinic
 - Also evaluates % air in PTV_EVAL
 - Could also re-execute report with a different target contour structure—for example PTV_EVAL_air (simply re-assign)
- Report can be re-generated during planning & re-opt (Dos & Phys)

Evaluating the Scripts

- Observer study to validate script, and to quantify improvement in plan review efficiency
- 5 blinded observers
 - 3 experienced authorized medical physicists [AMPs]
 - 2 junior physicists with limited HDR-BT experience
- 4 mock plans (2 SAVIs + 2 HDR Prostates) with added deficiencies

ltem	Simulated Errors or Suboptimal Plan Parameters (detected via Pl script)	Simulated Deficiencies in Plan Quality (detected via PQ script)
(1)	Wrong prescription	OAR max dose constraints not met
(2)	Wrong planning image dataset	Compromised target coverage
(3)	Wrong step size	Difference of more than 15% in
		independent dwell time check
(4)	Minimum dwell time < 0.2s	
(5)	Offset of first dwell position < 0.3cm	
(6)	Heavily weighted single channel (> 40%)	

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Condensed Checklist

- Check mock plans using a condensed checklist
- Perform 2 rounds:
 - 1st withOUT script,
 - 2nd with script, run it first, and exclude manual check of items included in script
- In-house timing software
 - Track time with pausing
 - To record all detected errors/comments along the way

SAVI Checklist:	Checked?								
Plan Properties									
Rx is entered for 1 Fraction?									
Air Volume (<10% of <u>PTV_Eval</u> ?)									
Objectives for Vol Opt									
Channel:									
Channel Numbering									
Catheter Lengths									
Step size = 0.5 cm?									
Offset >0.2?									
Dwell times:									
Distribution of Dwell Times Reasonable?									
Channel 1 < 50%?									
No 0.1 Seconds									
No Empty Channels									
DVHs for PTV_EVAL:									
V90 ≥ 98%									
V95≥95%									
V100 ≥ 90%									
V150 ≤ 50cc									
V200 ≤ 20cc									
DVHs for OARs:									
Skin <u>Dmax</u> < 90% (at least <100%)									
Ribs <u>Dmax</u> < 100% (at least not transecting rib)									
P-P' Calc within 15%?									

Results of Observer Study

	Average over all physicists	Plan1			Plan 2*		Plan 3			Plan 4			
		%Errors detected		Time reduction (min)	%Errors detected	Time reduction (min)	%Errors detected		Time reduction (min)	%Errors detected		Time reduction (min)	
		Manual	Auto	(1111)	Manual	Auto		Manual Auto	Auto	(11111)	Manual	Auto	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		80.0	100	22.1±16.4	100	100	12.8±9.0	90	100	15.7±12	83.3	100	14.3±5.0
*Please note Plan 2 had no simulated errors.													

- 100% of simulated errors were detected by the PI scripts
- An average time reduction of 16 mins for plan review observed when using the scripts
- Values failing to meet the planning constraints were red-flagged successfully in the PQ reports
- Appropriate warning messages displayed in the reports

Summary & Conclusions

- Automated API scripting-based plan QA was designed and implemented for HDR SAVI & prostate plans
- Can be helpful in terms of error catching and efficiency improvement
- Scripts have been in use in our clinic since 2015 (for brachy)
- Some notable benefits:
 - 10 s → Comprehensive summary → avoid some manual checking steps → saves time, helps prevent misses
 - Maintain some level of consistency between planners/checkers
 - As a precheck tool—quickly identify problems and identify them all at once & upfront
 - Customizable can check D-V stats, report other metrics (% air, DHI), quickly verify dwell times
 - Reports saved to pdf, has location for AMP/AU signature and part of patient's chart → concise plan report (happy dosimetrists)

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