LET-guided Plan Evaluation and Robust Optimization in Intensity-Modulated Proton Therapy

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- The LET calculation software reported in this presentation has been licensed to .decimal LLC by Mayo Clinic

Objectives

- 1. How to calculate LET accurately and efficiently in IMPT
- 2. How to use LET in plan quality evaluation in IMPT
- 3. How to use LET to implement LET-guided robust optimization in IMPT

HOW TO CALCULATE LET ACCURATELY AND EFFICIENTLY IN IMPT

LET value in the middle as function of depth calculated using Geant4



Dose averaged LET:

$$LET_d(x, y, z) = \frac{\sum_i \int_0^\infty \varphi_{E_i}(x, y, z, E_i) SP_i^2(E) dE_i}{\sum_i \int_0^\infty \varphi_{E_i}(x, y, z, E_i) SP_i(E) dE_i}$$

Sample LET lateral profile from Geant4 in water for 228.8 MeV and 71.3 MeV at different depths



- Red: Geant4 simulation Blue: 1D LET calculation model
- Black: Fitted results

Calculate LET in patients using the hybrid 3D model



Analytical

Monte Carlos

$$LET_{d,w}(x,y,z) = \frac{\sum_{j=1}^{n_s} (LET_d)_j(x,y,z) \cdot D_j(x,y,z)}{D(x,y,z)}$$

 $LET_{d,m}(x, y, z) = LET_{d,w}(x, y, z) \times S_{rel}(x, y, z)$

Comparison between Hybrid 3D analytical, 1D analytical, and Monte Carlo LET calculation: (1) Prostate







e)		5% dose level	20% dose level	50% dose level
	Diff-1 (new method and MC)	3%	1%	1%
	Diff-2 (old method and MC)	-52%	-22%	-8%

Performance comparison between hybrid 3D and 1D LET calculation in 12 patients across various disease sites **3D-3D Gamma Analysis (3mm/2%/10%) and Calculation Time**

Patient	Hybrid 3D method	1D method passing	hybrid 3D method	gMC calculation
- defente	passing rate	rate	calculation time [s]	time [s]
Prostate	97.8%	89.5%	76	405
Prostate	97.6%	91.9%	50	366
Prostate	98.8%	90.8%	38	325
Prostate	97.6%	93.5%	86	469
Head & neck	96.4%	93.3%	29	361
Head & neck	98.0%	93.8%	93	422
Head & neck	97.6%	96.8%	110	1011
Lung	98.6%	95.5%	96	182
Lung	98.2%	95.7%	190	363
Brain	99.2%	97.8%	88	483
Breast	96.1%	93.0%	232	301
Craniospinal	99.7%	96.5%	655	722
Average ± standard deviation	98.0±1.0%	94.0±2.5%	145±171	451±218
P value	0.0003			

Dual ES 2680-v3 CPUs and 64GB (2133MHz) RAM

HOW TO USE LET IN PLAN QUALITY EVALUATION IN IMPT

Use of LET at Mayo Clinic in Arizona

- Every patient receives an LET calculation
- LET distribution are imported into Varian Eclipse TPS for display purposes.
- A planning goal is to keep LET below
 6 keV/μm within the high dose
 region of nearby critical organs.

Computational Environment



High LET distribution (greater than 6 keV/μm) overlaps within the high dose region



ITV: Magenta Esophagus: Red Cord: Orange Heart: Pink Total Lung: Cyan

High LET distributions are observed in critical organs.

Beam angle change was performed due to LET-guided plan evaluation in IMPT to minimize the overlap region of high dose and high LET in critical OARs

Initial plan LET distribution

Final plan LET distribution



HOW TO USE LET TO IMPLEMENT LET-GUIDED ROBUST OPTIMIZATION IN IMPT

Accounting for setup and range uncertainties: robust optimization



LET and uncertainties combined



 LET will also change under different uncertainty scenarios



More Challenging Problem

Question

Can we find a robust treatment plan, which also redistribute high LET from organs at risk to tumors?

LET volume histograms and LET volume constraints in LET guided robust optimization



Only the voxels with LET between LET_1 and LET_2 are penalized in the LET-guided robust optimization.

Comparison of the DVH indices of the treatment plans generated by RO, RO-OAR, and LETRO



Comparison of plan robustness of the treatment plans generated by RO, RO-OAR, and LETRO



Comparison of LET dosimetric indices of the treatment plans generated by RO, RO-OAR, and LETRO









(e) 100 Ratio of total structure volume (%) 90 RO - -CTV 80 LETRO ۱ 70 ۱ 60 ۱ 50 1 40 Brainstem 30 20 Brain 10 **Oral** cavity Cord 0 8 10 12 0 2 6

LET (keV/um)

35 10

> (f) 100 volume (%) 90 - RO 80 LETRO 70 Ratio of total structure 60 CTV 50 40 30 Brainstem 20 **Oral cavity** 10 Brain 0 Cord 4000 5000 6000 0 1000 2000 3000 7000 8000 Dose (cGy[RBE])

LET distribution

Dose distribution

LETVH and DVH

Why can LET-guided robust optimization redistribute LET distribution without sacrificing the physical dose distributions and plan robustness?





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Conclusion

- Hybrid 3D model can calculate the LET accurately and efficiently in IMPT
- LET-guided plan evaluation is important to minimize the overlap between high dose and high LET in IMPT
- LET-guided robust optimization redistributes high LET from OARs to tumors, thus it potentially improves tumor control without sacrificing the physical dose distributions quality and plan robustness

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