

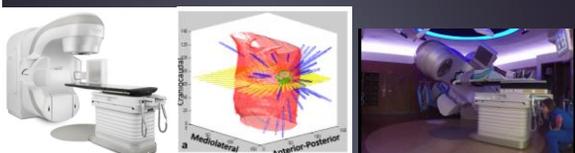
Explore New Dimensions in VMAT

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Non-coplanar 4 π radiotherapy on C-arm gantry

2



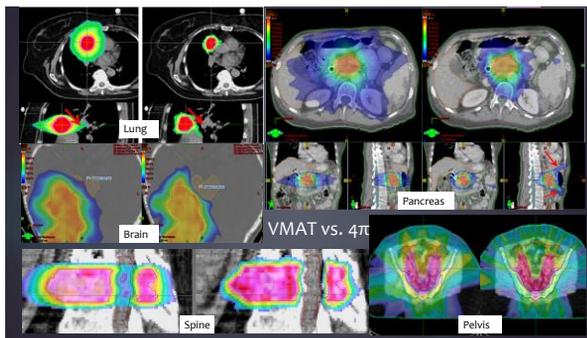
Dong et al. IJROPB 2013, Dong et al. IJROBP 2013, Dong et al. PRO, 2014, Rwigema et al. IJROBP 2015, Yu et al. IJROBP 2018, Dong et al. Med. Phys. 2014, Nguyen et al. Med. Phys. 2014, Yu et al Med Phys. 2016, O'Connor et al. PMB 2018, Nguyen et al. Radiat. Onco. 2015, Woods et al. ARO 2016, Tran et al. Radiat. Onco. 2017, etc.

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But we love VMAT!

Volumetric Modulated Arc Therapy is perceived more efficient than static beam IMRT

- Maybe true

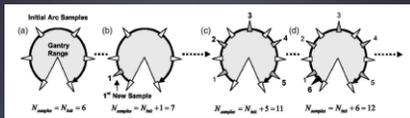
It is a more challenging optimization problem due to the additional mechanical constraints

- MLC, gantry, couch and output need to be synchronized.



Volumetric Modulated Arc Therapy

5



Delivering beams while rotating the gantry

To manage the large computational problem, progressive sampling from a few coplanar angles to 179 angles covering a full arc was performed

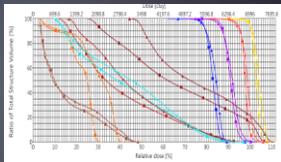
Can be trapped in local minimum, requiring multiple arcs with different initial conditions to mitigate the problem (such as collimator rotation).

Contribute to irreproducibility in the planning results



Reproducibility Problem of the Greedy Algorithm!

6



New plan using identical constraints, penalties and weights
Original plan



A platform to explore additional degrees of freedom in VMAT



- Collimator rotation
- Combined couch and gantry rotation (4π VMAT)
- Dual Layer MLC
- Other degrees of freedom

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Collimator rotation in VMAT

11

VMAT with static collimator rotation (SC-VMAT)

- In clinical VMAT, the collimator angle is manually selected and fixed for each arc

VMAT with dynamic collimator rotation (DC-VMAT)

- Collimator rotates and MLC leaf moves while beam stays on
- More modulation freedoms, potential of achieving higher modulation resolution

Radiation Oncology  Liu et al. Med. Phys. 45 (6), June 2018 0094-2405

DC-VMAT Optimization

12

Goals

- Fluence map optimization (FMO) and collimator angle selection
- Ensure deliverability

Comprehensive VMAT (comVMAT) for FMO

- Non-progressive sampling optimization approach

Dijkstra's algorithm for collimator angle selection

Radiation Oncology  Liu et al. Med. Phys. 45 (6), June 2018 0094-2405 Nguyen, Lee, et al. Medical Physics 43, 4263 (2016).

FMO guided by selected collimator angle

16

$$\sum_{b=1}^{n_b} \sum_{a=1}^{n_a} \gamma(1 - P_{ba}) \|f_{ba}\|_2 + \theta_3 \|D_P u\|_1$$

$(1 - P_{ba}) \|f_{ba}\|_2$: angle selection

- $l_{2,1}$ norm turns off most candidate beams
- P_{ba} is 1 for selected collimator angle and 0 otherwise
- This term will not penalize selected collimator angle

$\|D_P u\|_2$: Derivative matrix depending on P_{ba}

- Minimize aperture difference between adjacent selected beams
- MLC leaf motion: 2.5cm/second

How does the algorithm work?

17

Fluence Map: Iteration 1.1.5

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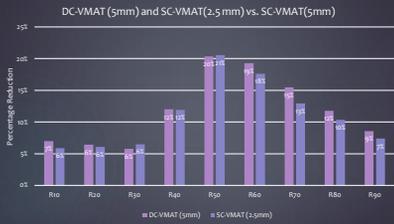
    graph LR
      A[Optimize f_u] --> B[Optimize c_u]
      B --> C[Optimize c_{ba}]
      C --> D["||f_{ba} - c_{ba} - M_{ba}|| < F ?"]
      D -- Yes --> E[Select collimator angle c_{ba}]
      E --> A
      D -- No --> F[Collimator angle selection]
      F --> C
      subgraph FMO
        A
        B
        C
      end
      subgraph Selection
        F
      end
  
```

Radiation Oncology Lyu et al. Med. Phys. 45 (6), June 2018 0094-2405

Digital Phantom Test

Radiation Oncology Lyu et al. Med. Phys. 45 (6), June 2018 0094-2405

Optimized dynamic collimator rotation practically doubles the MLC resolution



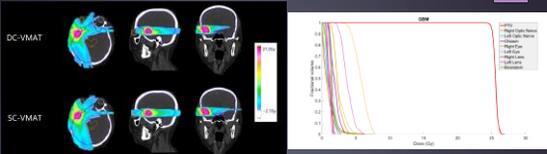
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Lyu et al. Med. Phys. 45 (6), June 2018 0094-2405

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Dynamic collimator rotation



With the same target coverage, DC-VMAT achieved 20.3% reduction of R50 in the phantom study, and reduced the average max and mean OAR dose by 4.49% and 2.53% of the prescription dose in patient studies, as compared with SC-VMAT. The collimator rotation coordinated with the gantry rotation in DC-VMAT plans for deliverability.

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Lyu et al. Med. Phys. 45 (6), June 2018 0094-2405

UCLA

The potential implication of DC-VMAT

<i>Millennium 120</i>	<i>HD120</i>
40 × 0.5 cm inner	32 × 0.25 cm inner
20 × 1.0 cm outer	28 × 0.50 cm outer
40Y × 40X	22Y × 32X

There is a constant struggle to decide HD MLC or SD MLC

The struggle may be entirely avoided given DC-VMAT

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Bergman et al. JCO 32 (3), 2014

UCLA

4π VMAT

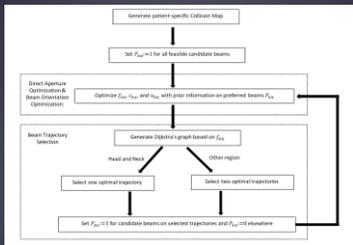
- To include the additional freedom of gantry and couch rotation for further improved dosimetry
- A simple way to create non-coplanar VMAT is by generating static beams first and then connect them with arcs
- However, these arcs may not be dosimetrically undesirable.
- Need to include arc trajectory selection in optimization

4π VMAT radiotherapy: cost function

$$\begin{aligned}
 & \underset{f_{ba}, C_{ba}, u_{ba}}{\text{minimize}} \frac{1}{2} \left\| W \left(\sum_{b=1}^{n_b} \sum_{a=1}^{n_a} A_{ba} f_{ba} \right) - d \right\|_2^2 \\
 & + \sum_{b=1}^{n_b} \sum_{a=1}^{n_a} (\lambda_1 \|D_{1ba} f_{ba}\|_1 + \lambda_2 \|D_{2ba} f_{ba}\|_1) \\
 & + \frac{1}{2} \sum_{b=1}^{n_b} \sum_{a=1}^{n_a} (\gamma_1 \|\text{diag}(u_{ba})(f_{ba} - C_{ba})\|_2^2 + \gamma_2 \|\text{diag}(1 - u_{ba})f_{ba}\|_2^2) \\
 & + \sum_{b=1}^{n_b} \sum_{a=1}^{n_a} (g_1 \|D_{1ba} u_{ba}\|_1 + g_2 \|D_{2ba} u_{ba}\|_1) + \sum_{b=1}^{n_b} \sum_{a=1}^{n_a} \gamma_3 G_{ba} \|f_{ba}\|_2 + \gamma_4 G_{ba} (1 - P_{ba}) \|f_{ba}\|_2 \\
 & + g_3 \|D_p u\|_1
 \end{aligned}$$

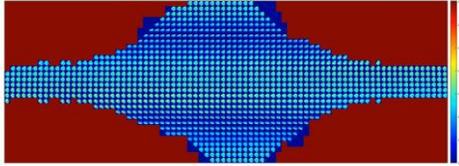
Labels for terms in the equation:
 - Fidelity term: $\frac{1}{2} \left\| W \left(\sum_{b=1}^{n_b} \sum_{a=1}^{n_a} A_{ba} f_{ba} \right) - d \right\|_2^2$
 - Anisotropic TV term on f : $\sum_{b=1}^{n_b} \sum_{a=1}^{n_a} (\lambda_1 \|D_{1ba} f_{ba}\|_1 + \lambda_2 \|D_{2ba} f_{ba}\|_1)$
 - Single segment term: $\frac{1}{2} \sum_{b=1}^{n_b} \sum_{a=1}^{n_a} (\gamma_1 \|\text{diag}(u_{ba})(f_{ba} - C_{ba})\|_2^2 + \gamma_2 \|\text{diag}(1 - u_{ba})f_{ba}\|_2^2)$
 - Anisotropic TV term on u : $\sum_{b=1}^{n_b} \sum_{a=1}^{n_a} (g_1 \|D_{1ba} u_{ba}\|_1 + g_2 \|D_{2ba} u_{ba}\|_1)$
 - Group sparsity term: $\sum_{b=1}^{n_b} \sum_{a=1}^{n_a} \gamma_3 G_{ba} \|f_{ba}\|_2 + \gamma_4 G_{ba} (1 - P_{ba}) \|f_{ba}\|_2$
 - Aperture continuity term: $g_3 \|D_p u\|_1$

Flow Chart

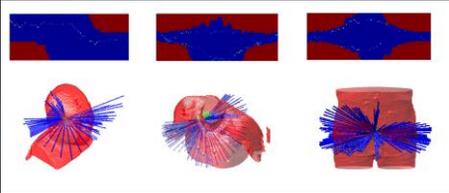


4π VMAT optimization progress

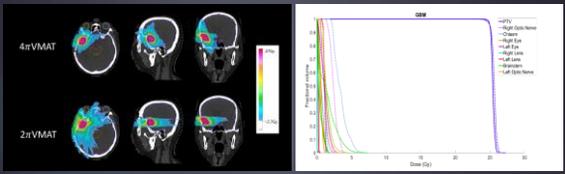
Fluence Map: Iteration 1.1.5



4π VMAT radiotherapy



4π VMAT radiotherapy: brain



4π VMAT radiotherapy: lung

Radiation Oncology Lyu et al. Physics and Medicine in Biology, 2019 64 095028 **UCLA**

Prostate: Dose

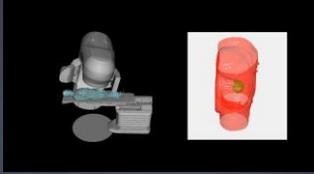
29

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4π VMAT radiotherapy: prostate

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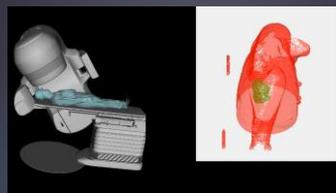
4π VMAT radiotherapy: prostate delivery



Estimated delivery time: 5 minutes based on actual machine parameters

Radiation Oncology  Lyu et al. *Physics and Medicine in Biology*, 2019 64 095028 

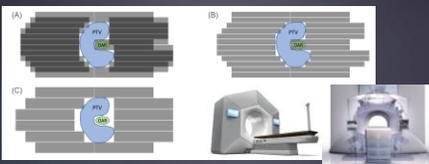
4π VMAT radiotherapy: lung delivery



Estimated delivery time: 5 minutes based on actual machine parameters

Radiation Oncology  Lyu et al. *Physics and Medicine in Biology*, 2019 64 095028 

A variation of the VMAT problem: Double Layer MLC problem



Lyu et al. WE-J-301-4, AAPM 2019

Radiation Oncology  Lyu et al. *Physics and Medicine in Biology*, 2019 64 095028 

Additional degrees of freedom



Variable source to tumor distances (STD)

Variable isocenter

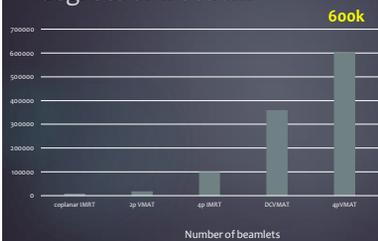
Energy modulation

Combination of collimator rotation, gantry-couch rotation, STD, energy modulation and isocenter shift

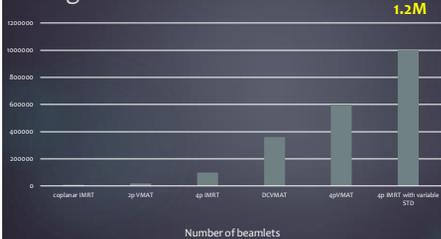
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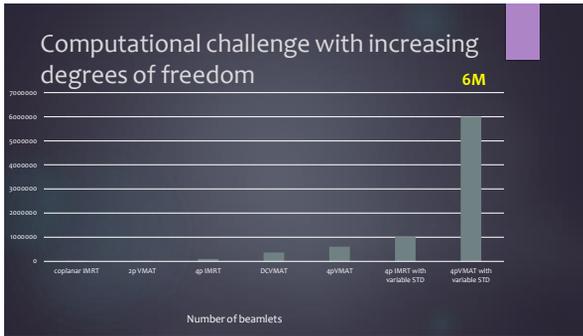


Computational challenge with increasing degrees of freedom



Computational challenge with increasing degrees of freedom



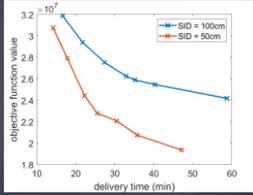




Ultrafast parallel beamlet dose calculation using GPU context array

Radiation Oncology Neph et al. Med. Phys., 2019

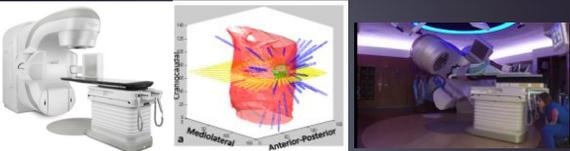
Is there a diminishing gain adding more degrees of freedom?



Substantial gain in objective function treating at half the source to tumor distances with many isocenters.

Time to reconsider the good old C-arm gantry?

41



It becomes harder and harder to incorporate the additional degrees of freedom into the inflexible C-arm gantry system

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Time to move to a new platform for all degrees of freedom



<http://shenglab.dgsom.ucla.edu/>

43



2017



2018

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