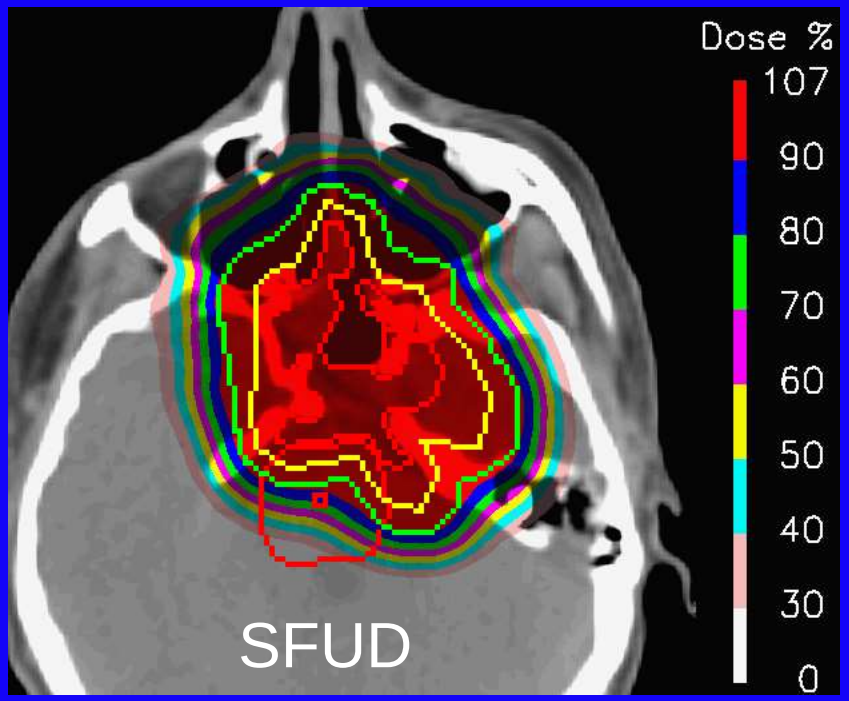
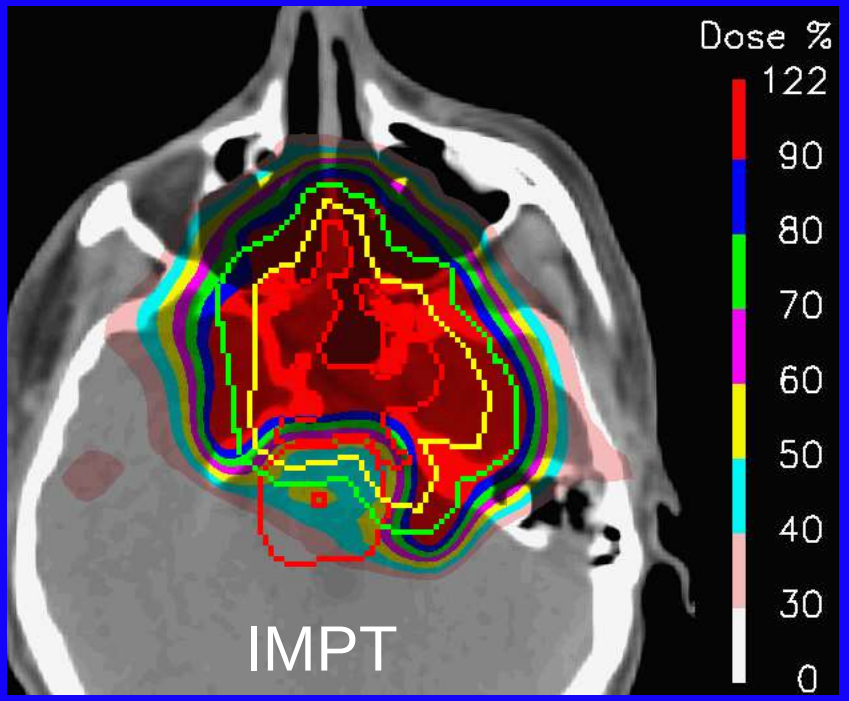
Specifics of treatment planning for active scanning and IMPT





Tony Lomax, Centre for Proton Radiotherapy,
Paul Scherrer Institute, Switzerland

Treatment planning for scanning

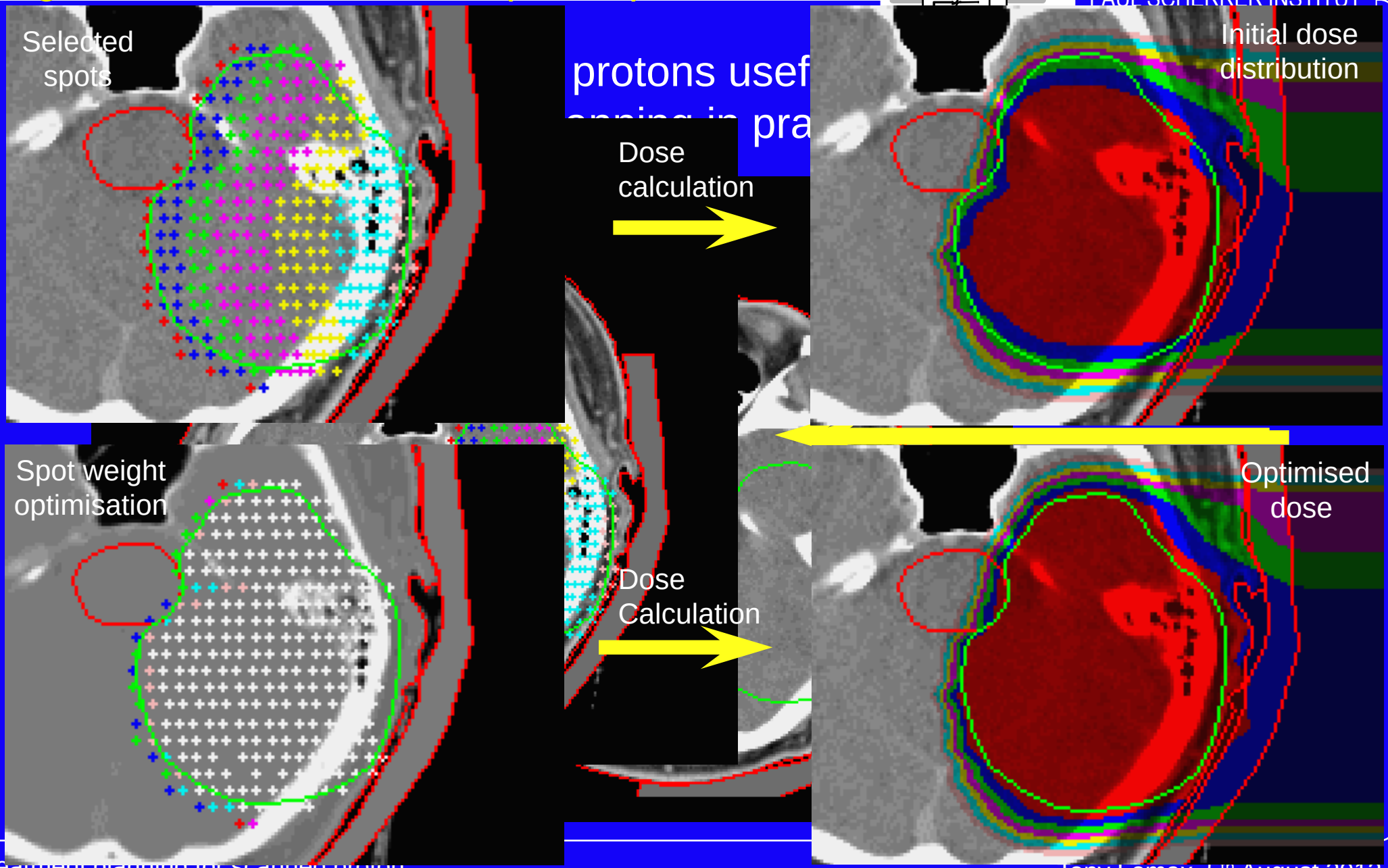
1. Single Field, Uniform Dose (SFUD)
2. Intensity Modulated Proton Therapy (IMPT)
3. Dealing with uncertainties
4. Summary

Single field, uniform dose (SFUD) planning

The combination of individually optimised fields, each of which deliver a (more or less) homogenous dose across the target volume

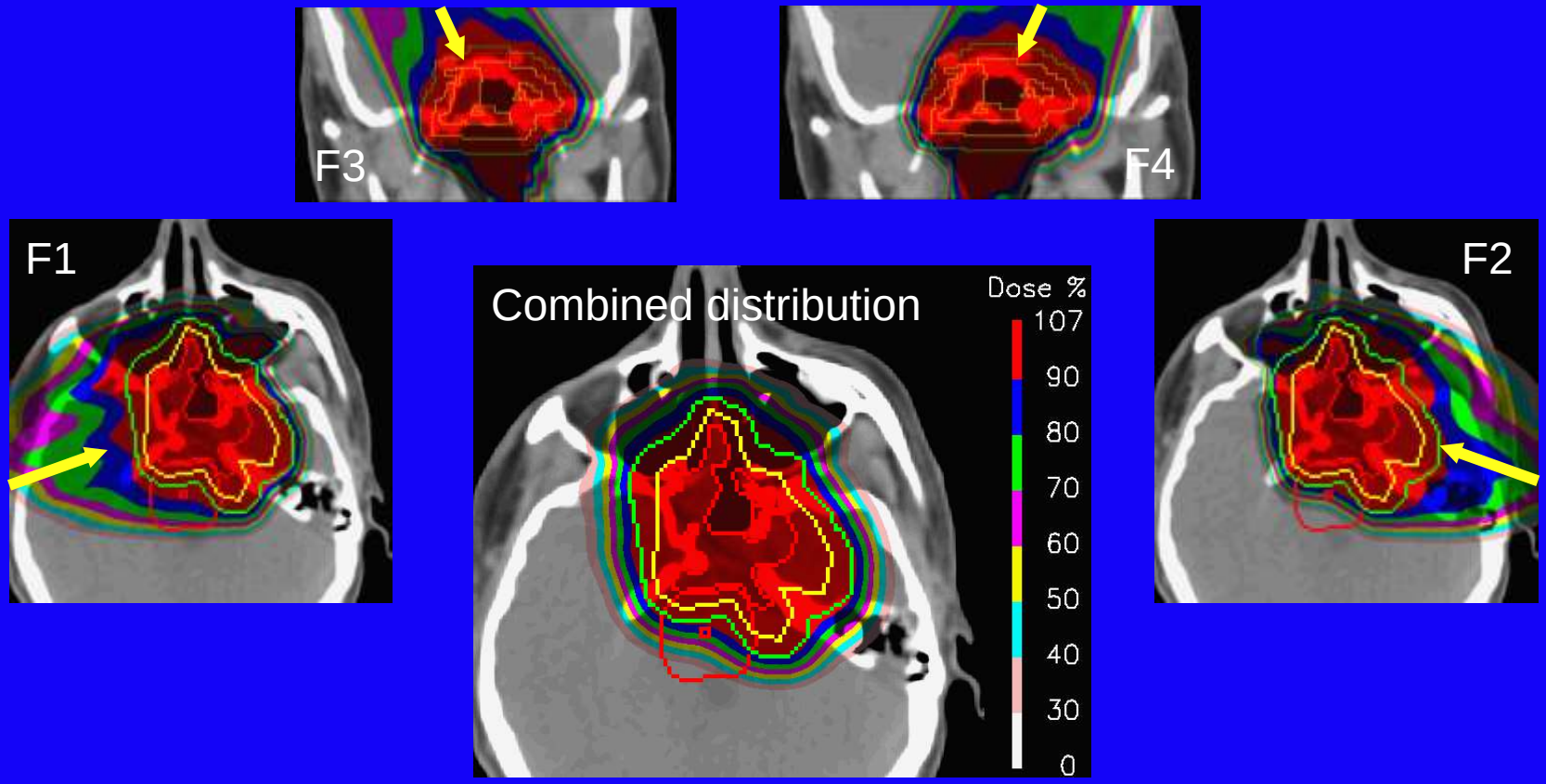
SFUD is the spot scanning equivalent of treating with ‘open’ fields.

Single Field, Uniform Dose (SFUD)



Single Field, Uniform Dose (SFUD)

A SFUD plan consists of the addition of one or more individually optimised fields.



Note, each individual field is homogenous across the target volume

Treatment planning for scanning

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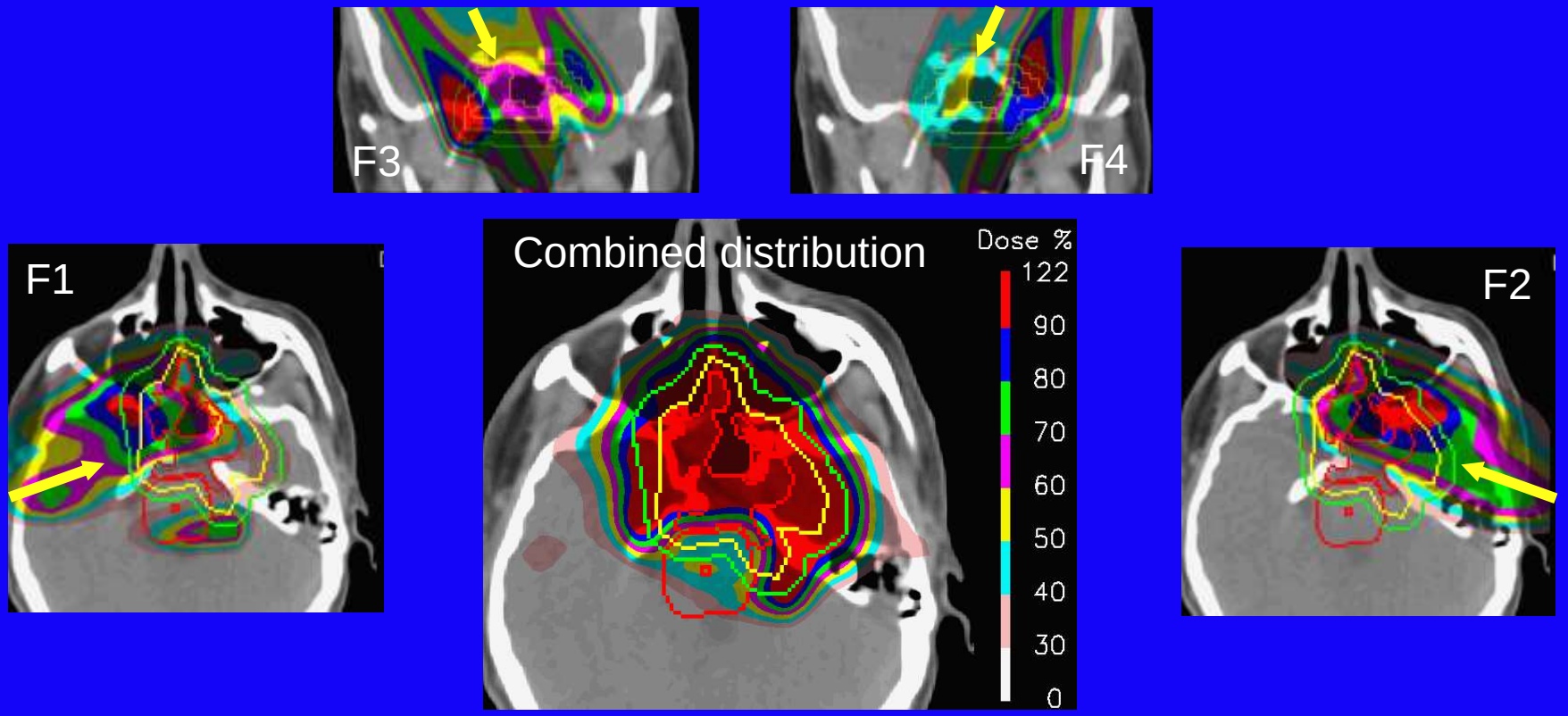
Intensity Modulated Proton Therapy (IMPT)

The simultaneous optimisation of all Bragg peaks from all fields (with or without additional dose constraints to neighbouring critical structures)

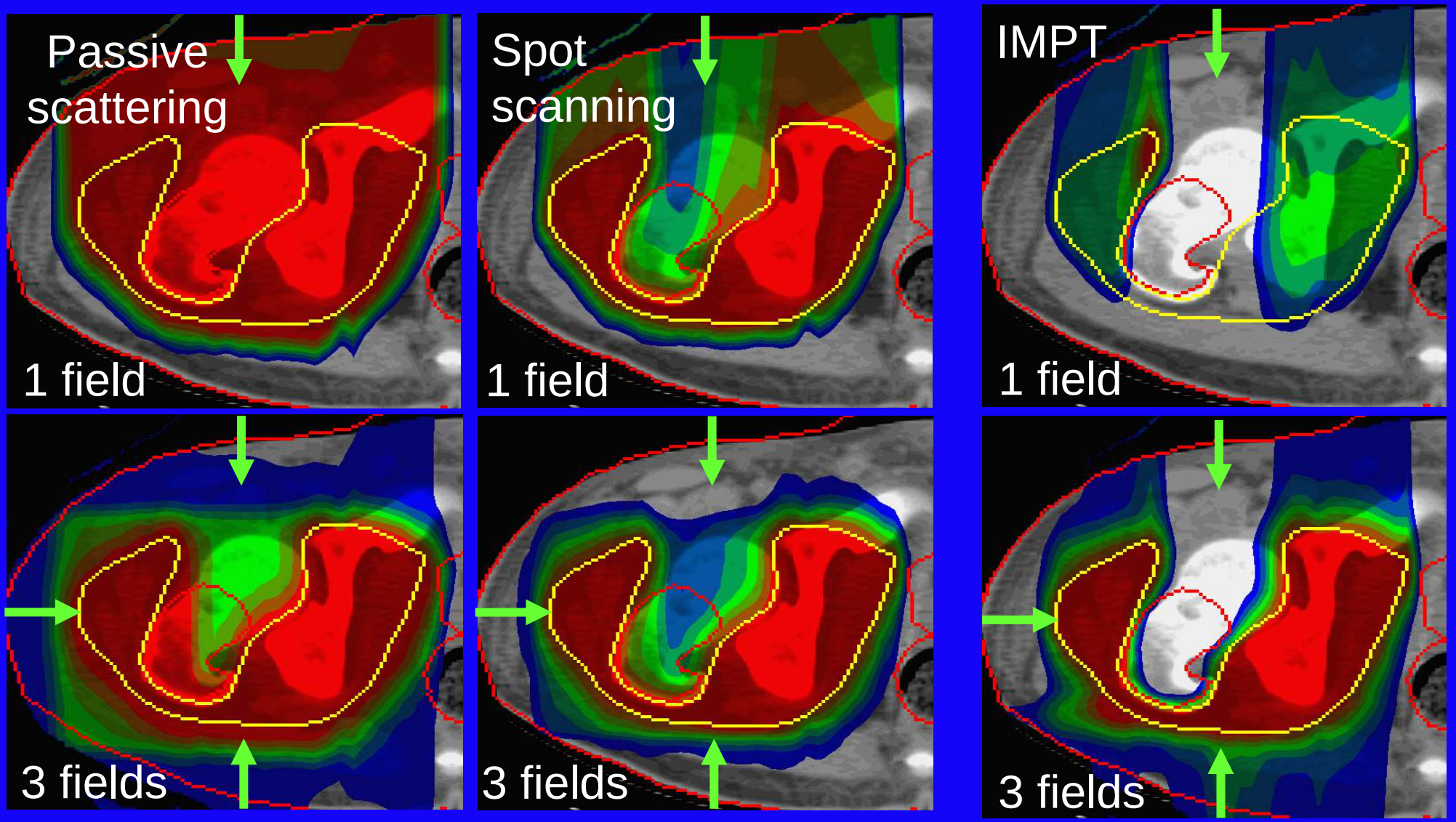
IMPT is the spot scanning equivalent of IMRT (and field patching for passive scattering proton therapy).

The simultaneous optimisation of all Bragg peaks from all incident beams. E.g..



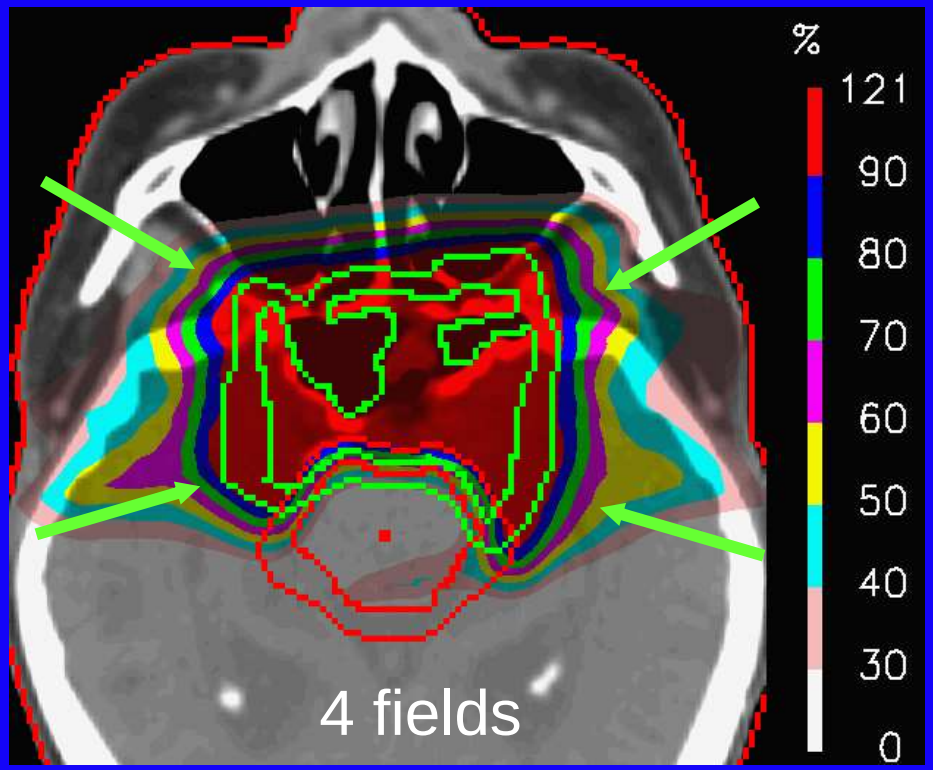
Lomax 1999, PMB 44: 185-205

The three ‘orders’ of proton therapy compared

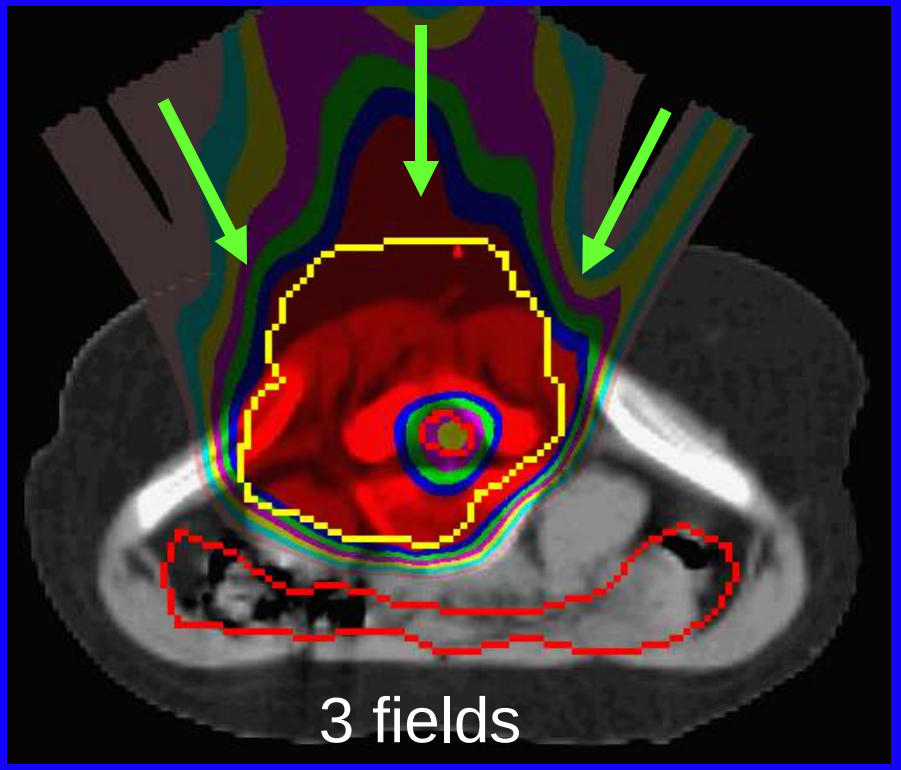


Example clinical IMPT plans delivered at PSI

Skull-base chordoma

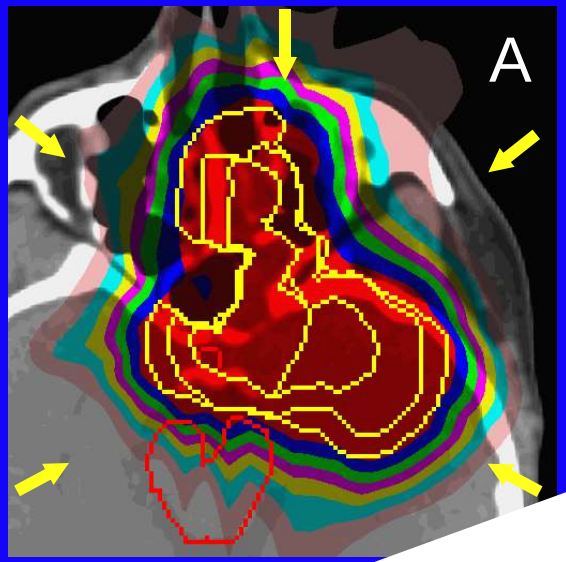


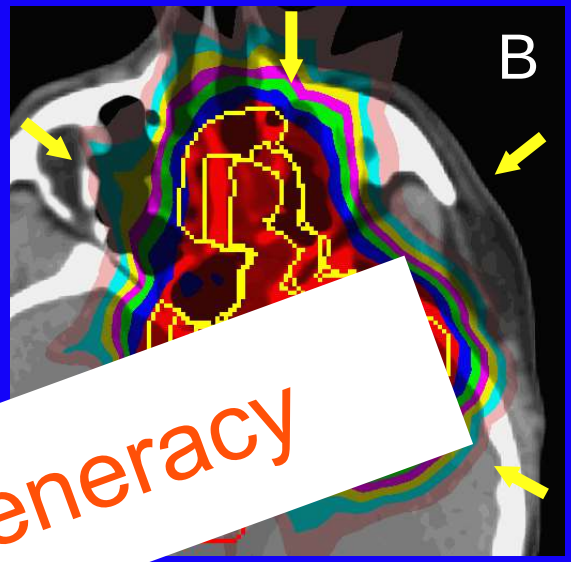
3 field IMPT plan to an 8 year old boy



There's more than one way to optimise an IMPT plan…

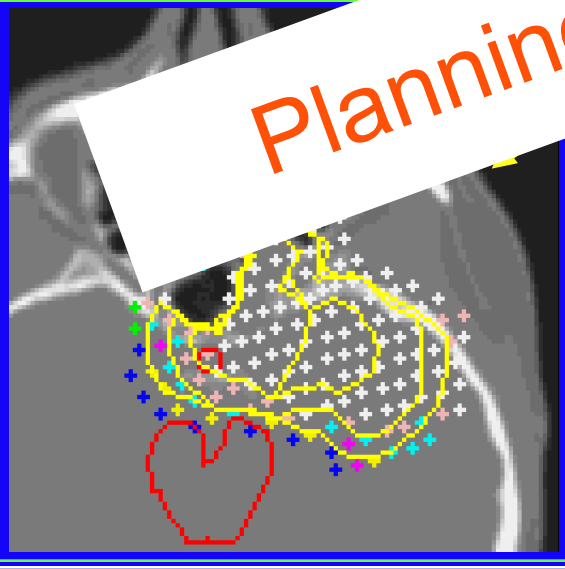
Two, 5 field IMPT dose distributions

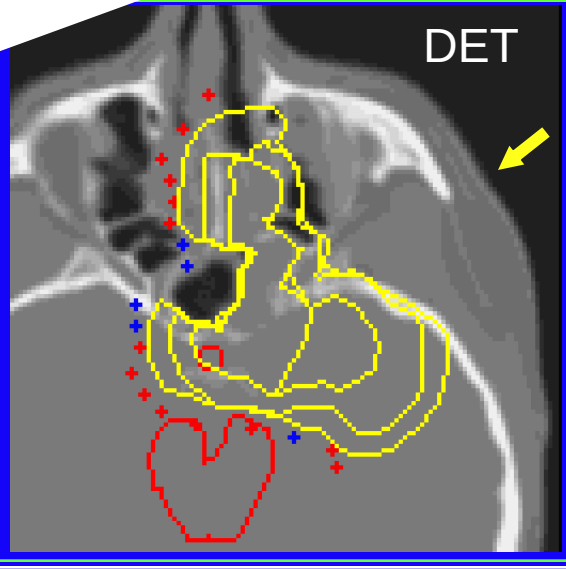




Planning degeneracy

Corresponding spot weight distributions from field 2





Treatment planning for scanning

1. Single Field, Uniform Dose (SFUD)
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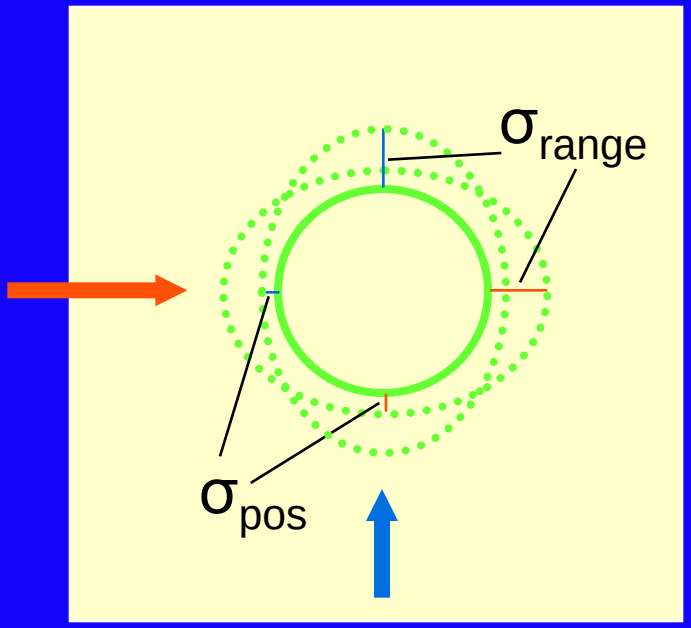
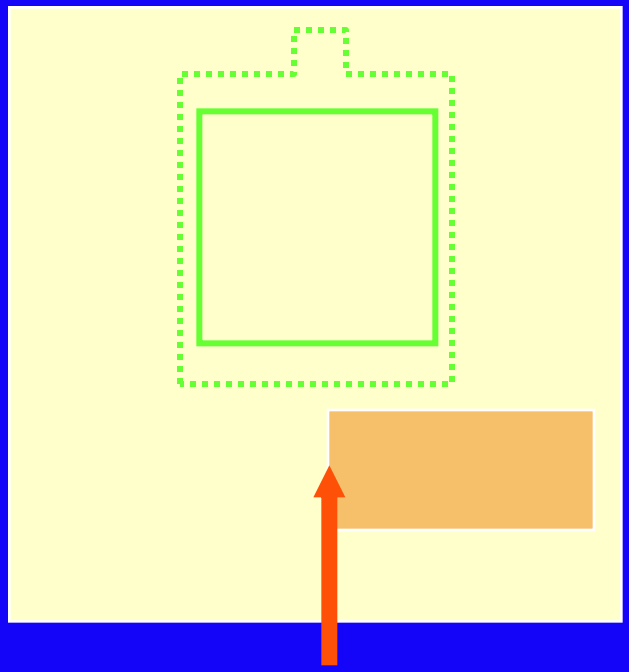
To PTV or not to PTV? – that is the question

- Definition of a PTV is conventional way of dealing with potential delivery errors
- For passive scattering protons, PTV often not used with uncertainties dealt with through expansion of apertures and smoothing and shaving of compensator
- No collimators or compensators for scanning, therefore current method is to define PTV
- Is this necessarily the best approach?

Do we need field specific PTV's?

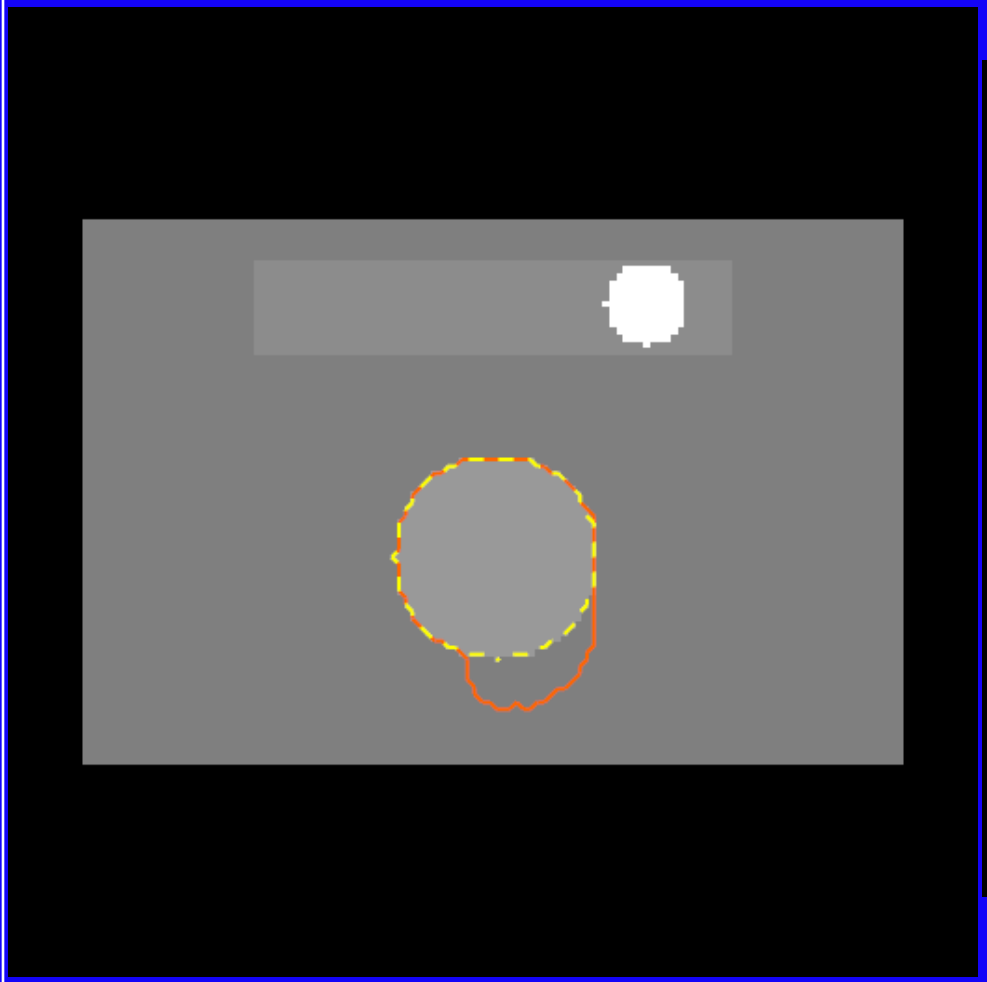


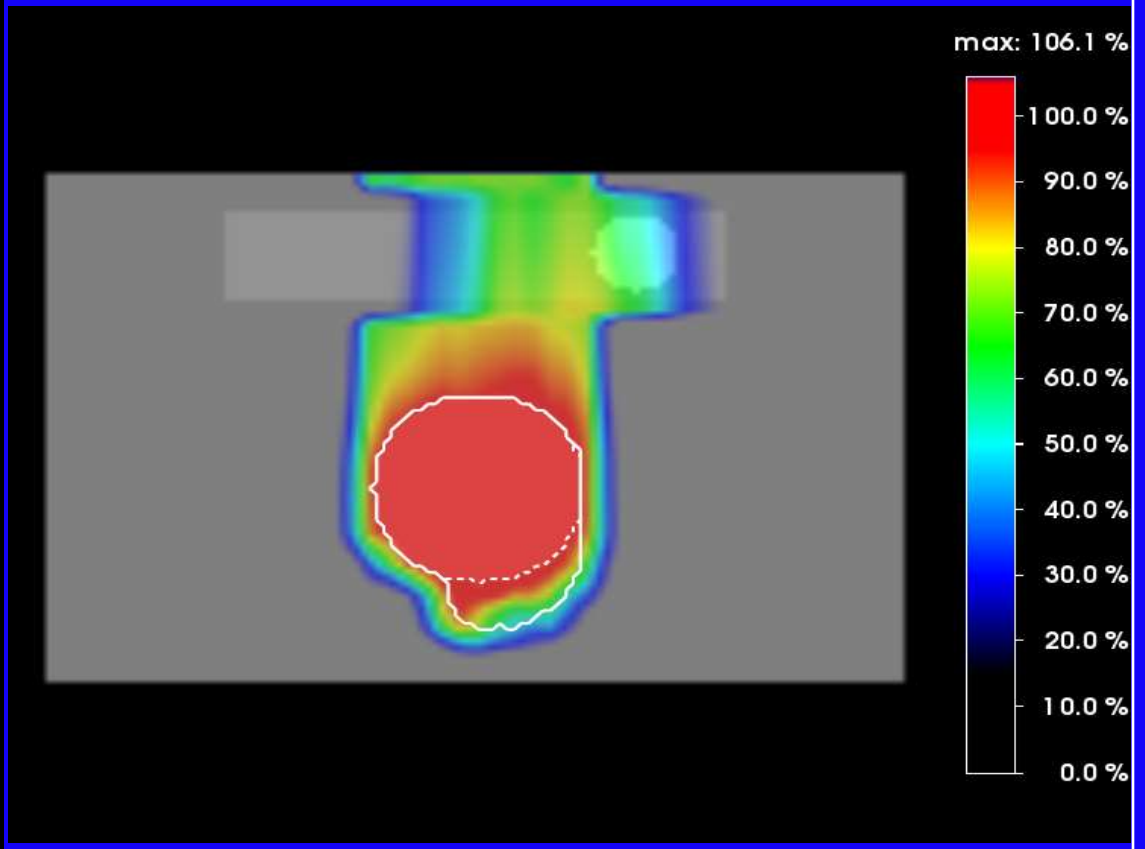
E.g. could be necessary if $\sigma_{pos} <> \sigma_{range}$



..or when passing along strong density interfaces (c.f. smearing of compensators)

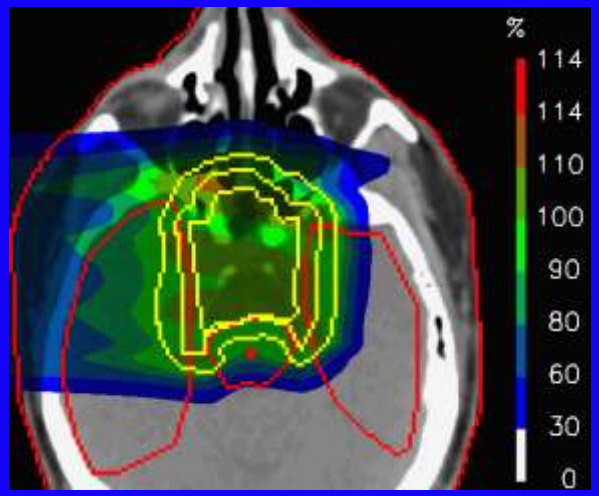
Range adapted PTV's

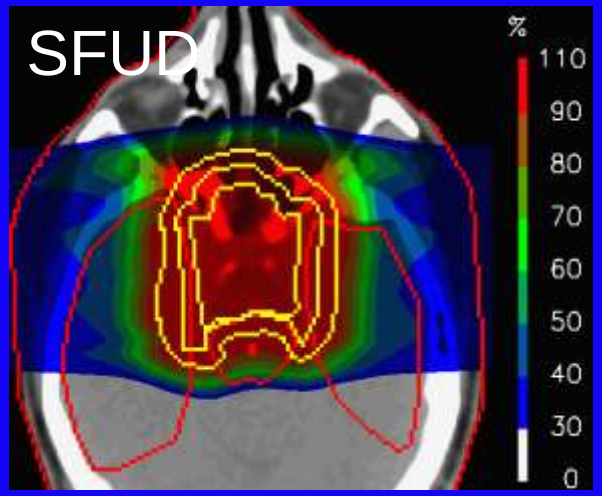


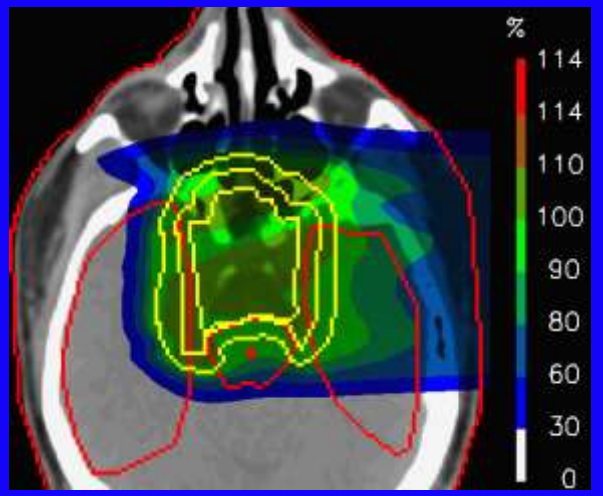


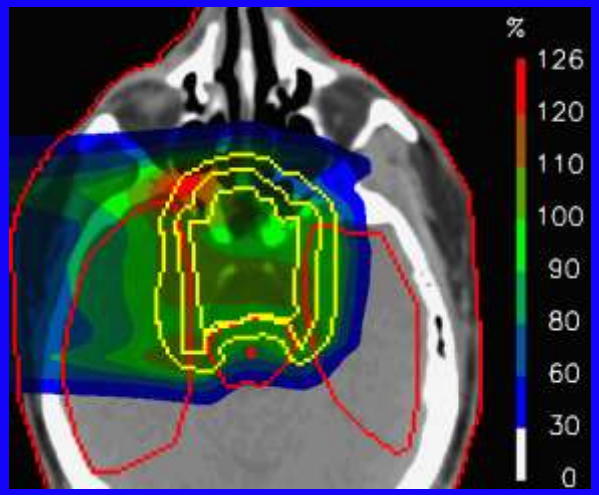
Dirk Boye, PSI

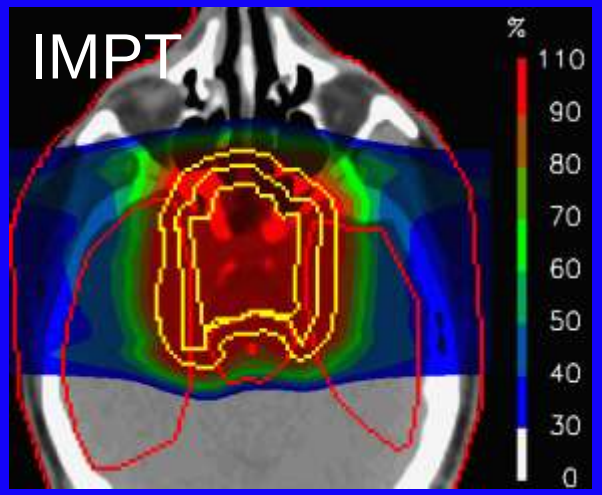
Range uncertainty for SFUD and IMPT plans

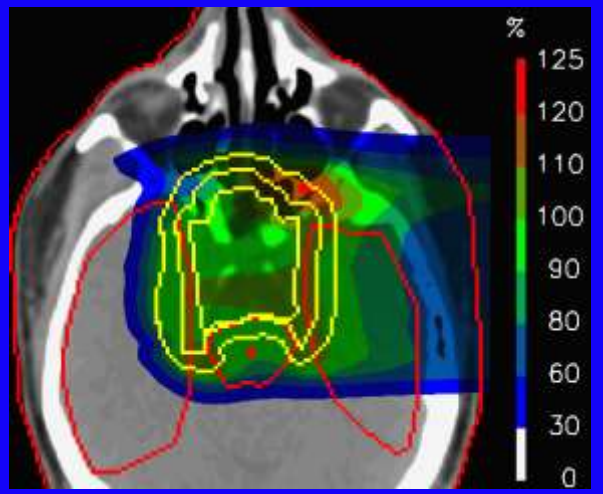










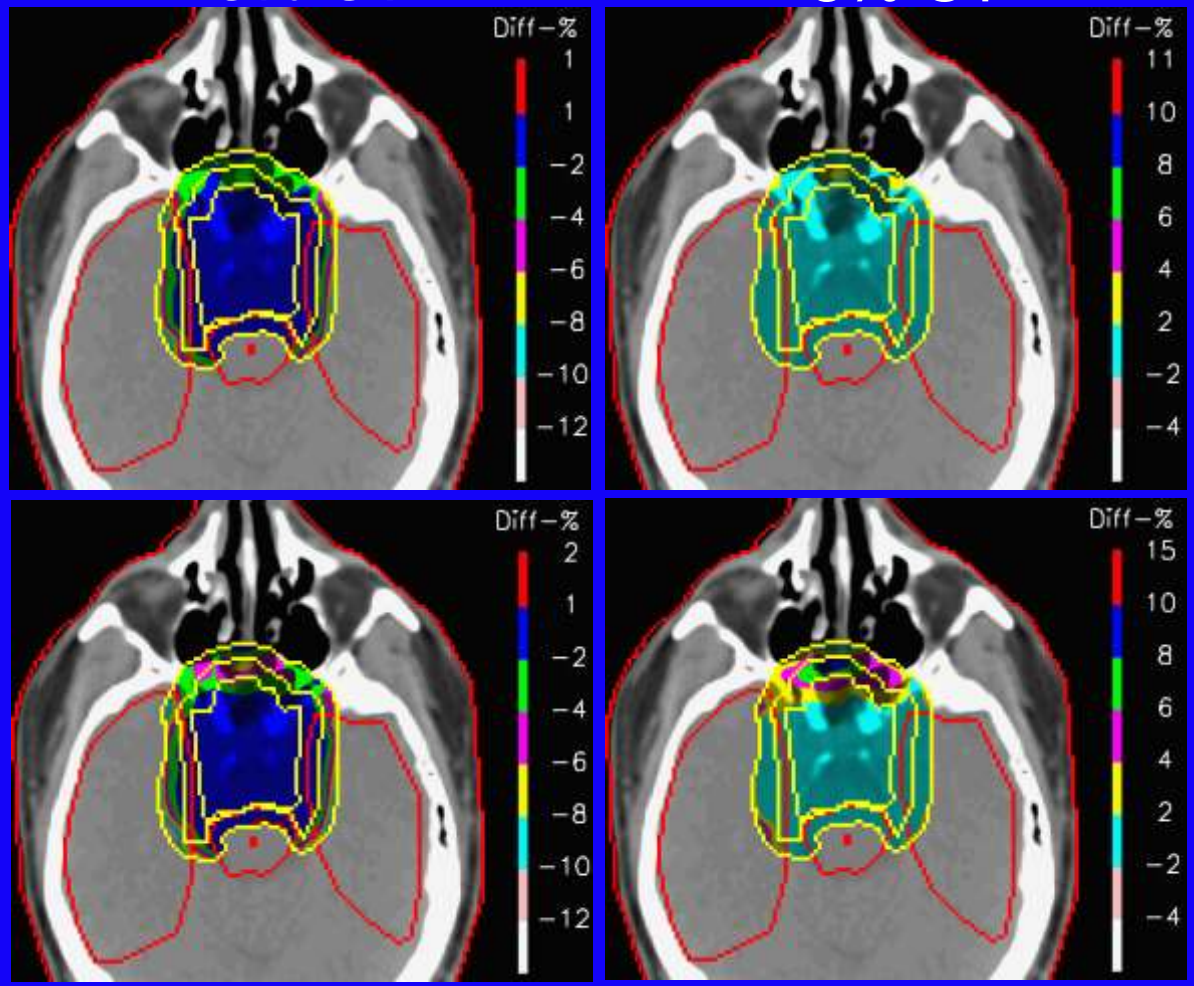


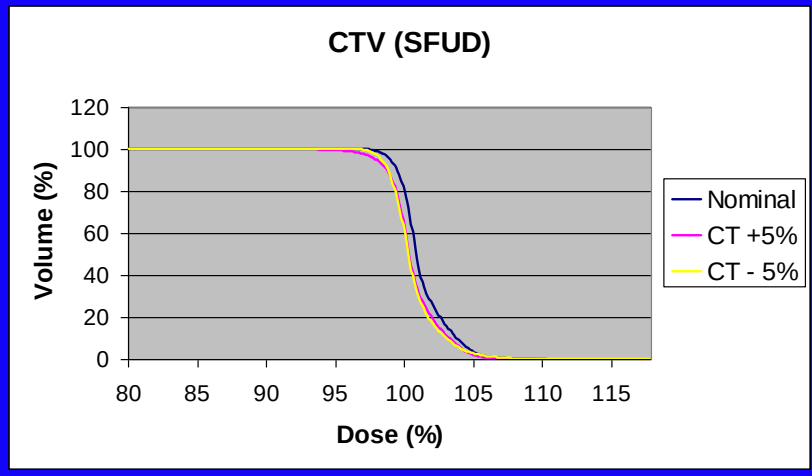
Lomax AJ (2007) in 'Proton and charged particle Radiotherapy', Lippincott, Williams and Wilkins

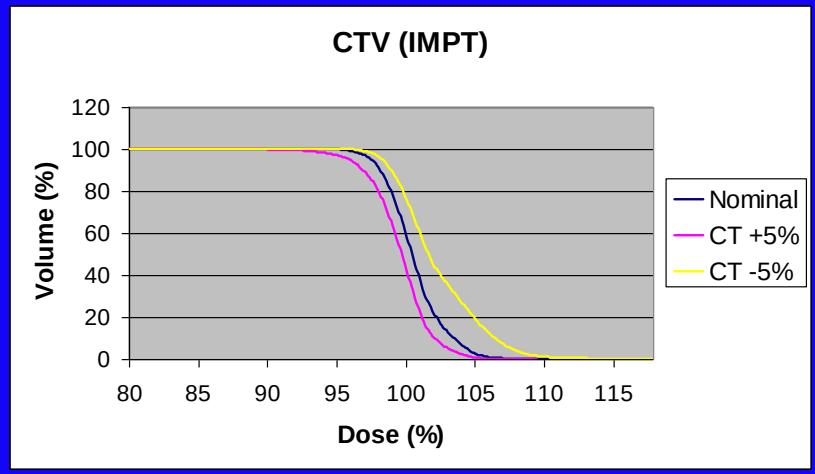
Range uncertainty for SFUD and IMPT plans

+5% CT

-5% CT

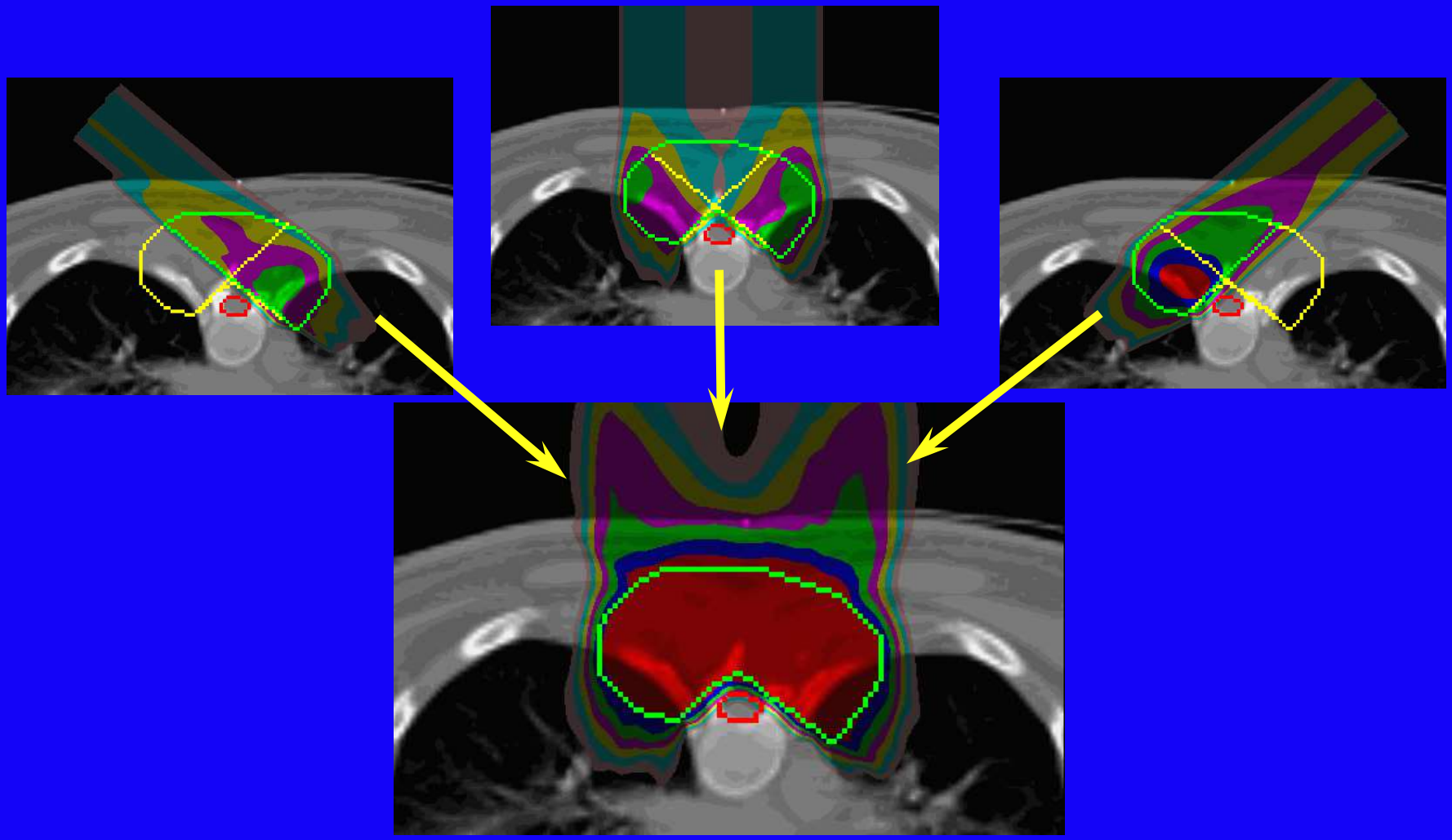






Lomax AJ (2007) in 'Proton and charged particle Radiotherapy', Lippincott, Williams and Wilkins

Dealing with range uncertainties - robust IMPT planning?



Lomax et al 2001, Med. Phys. 28:317-324

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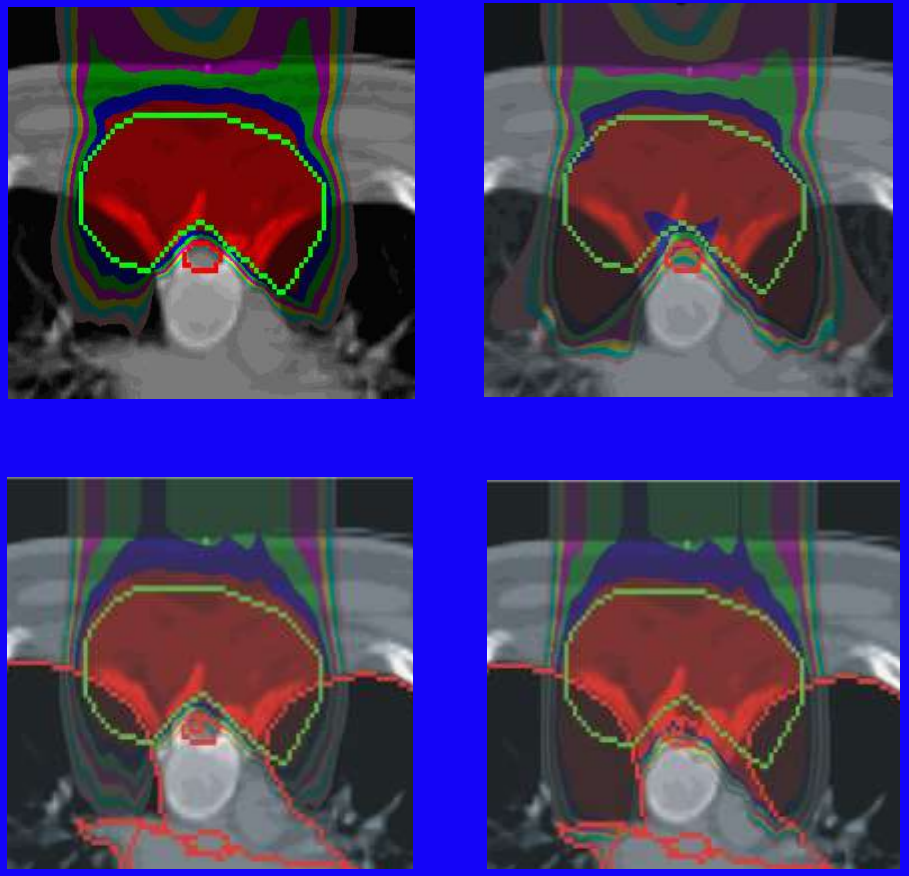
Dealing with range uncertainties - robust IMPT planning?

Nominal

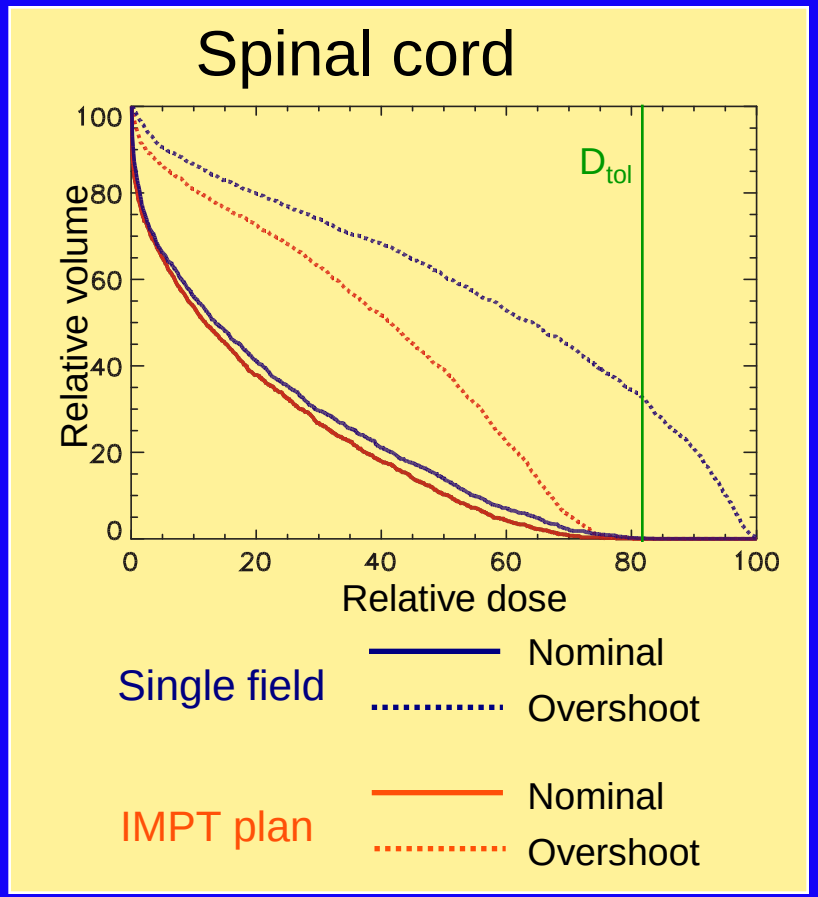
-10% CT

IMPT

Single field

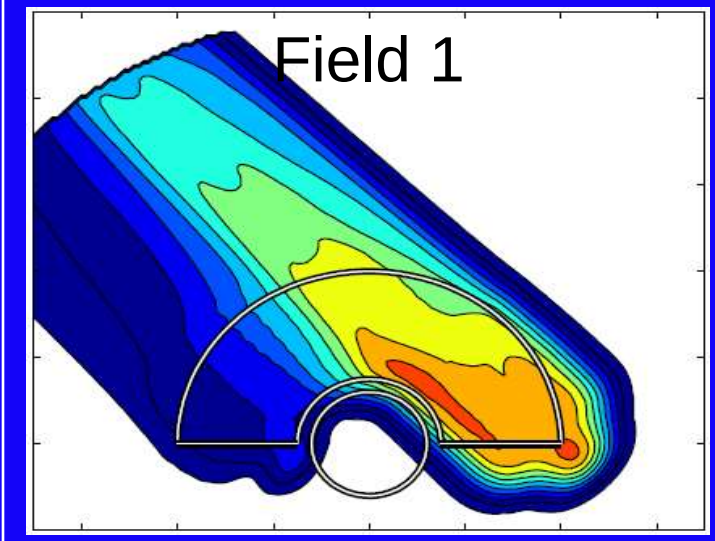


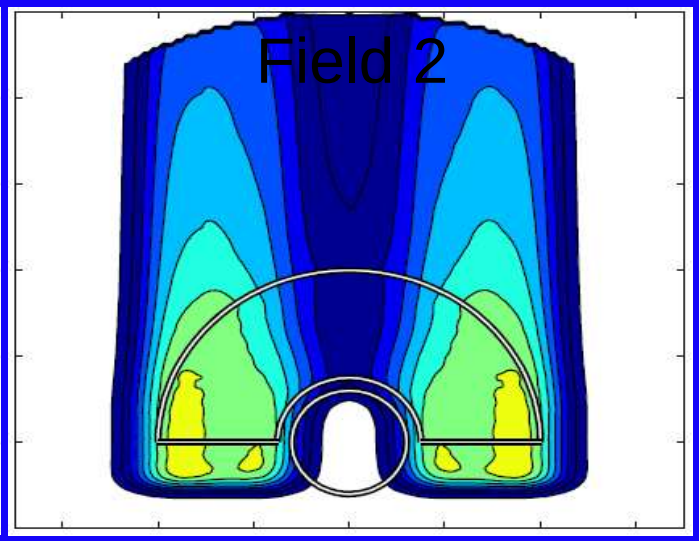
DVH analysis

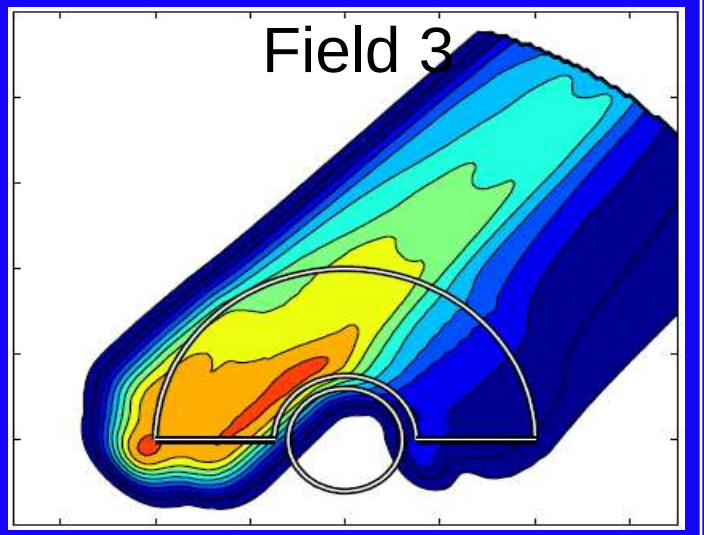


Lomax et al 2001, Med. Phys. 28:317-324

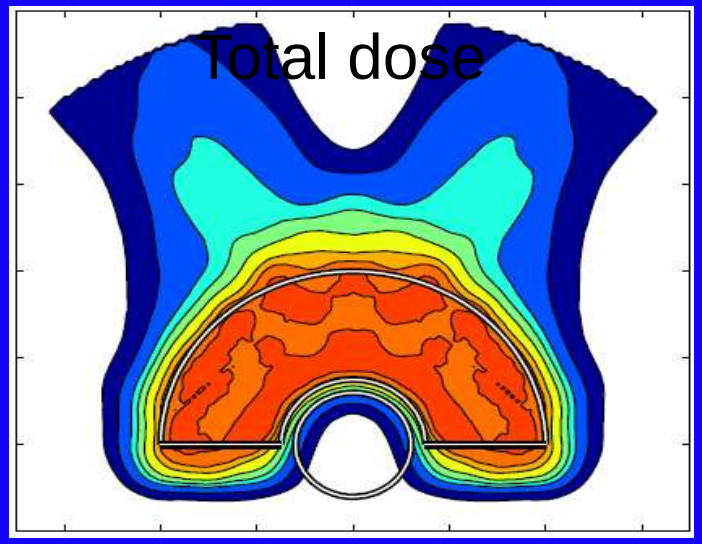
Robust IMPT planning – the automated approach

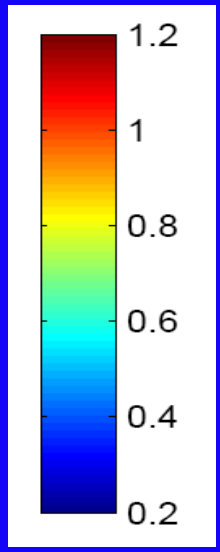






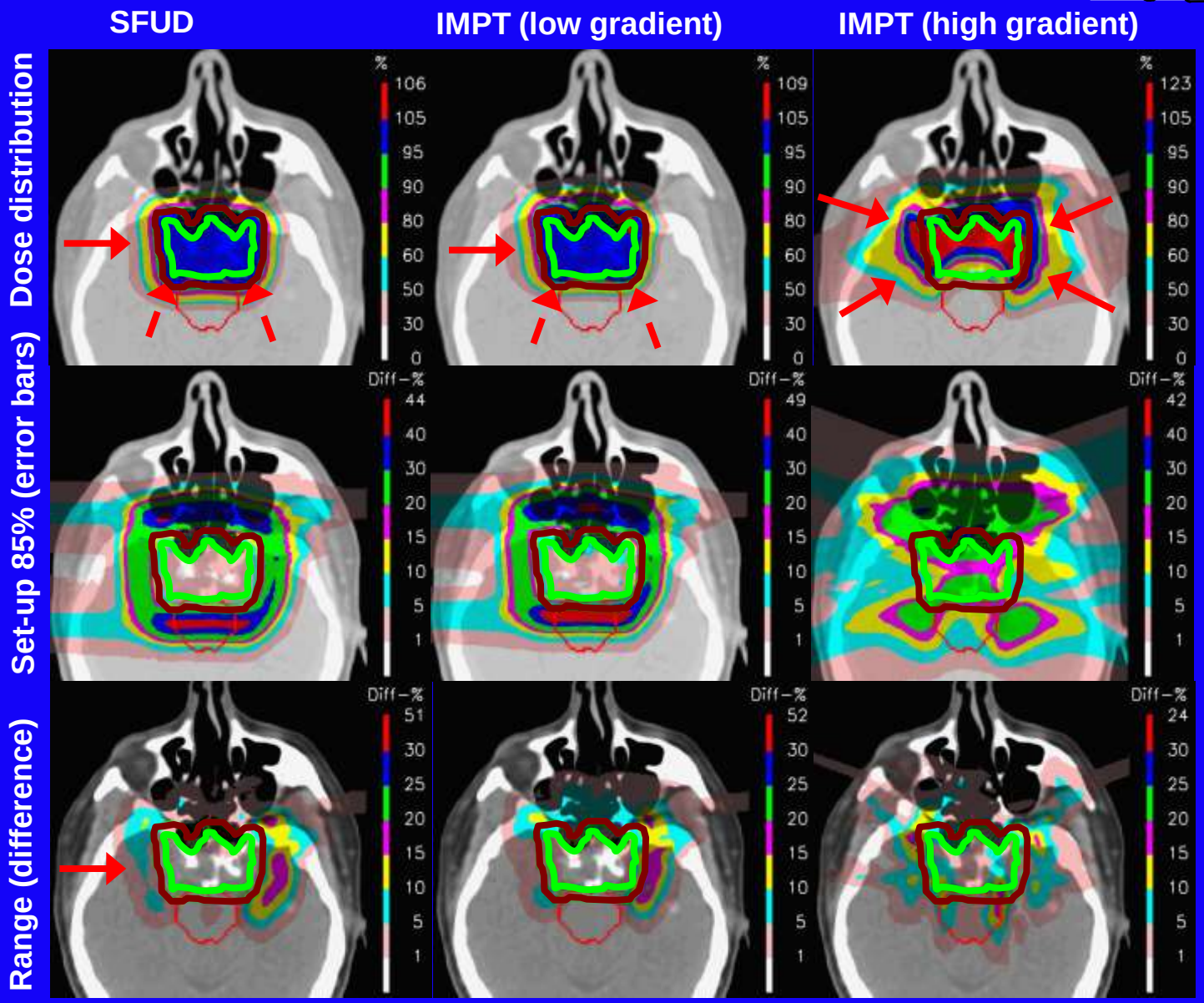
Optimised fields using ‘robust’ optimisation





Unkelbach et al, PMB, 52;2755-2773, 2007

Dealing with uncertainties – displaying uncertainties



Displaying ‘error-bars’ for dose distributions

Max-min displays

Albertini et al 2011, PMB, 56: 4399-4413

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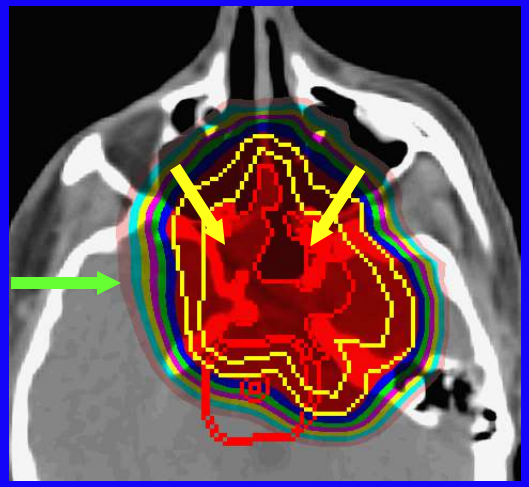
Typical skull base treatment at PSI

1st series
(0-40CGE)

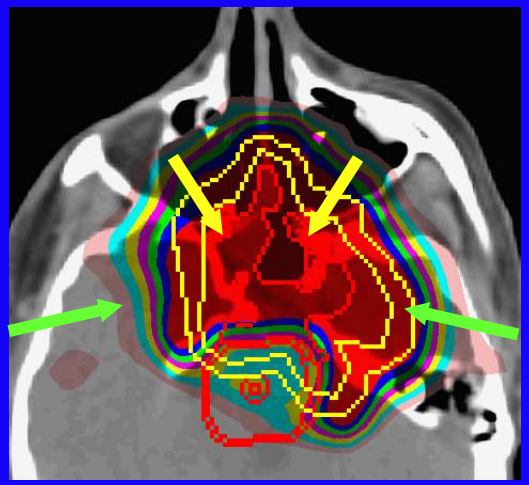
3 field SFUD plan to PTV



+

2nd series
(40-74CGE)

4 field IMPT plan with constraints on brainstem, optic structures…



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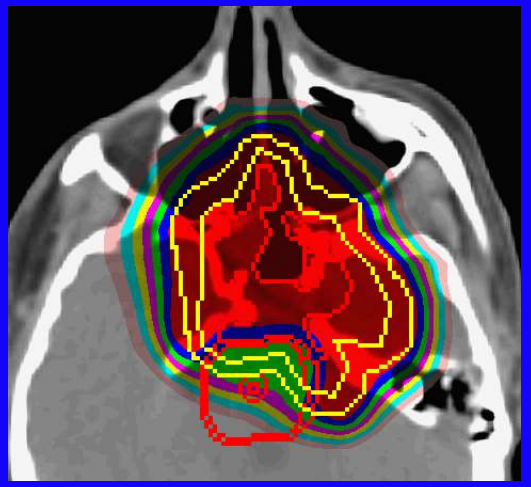

Full treatment

Summary

- Although many similarities with passive scattering, there are some significant differences and issues for planning active scanned proton and IMPT plans
- Is the conventional PTV criteria still valid? Are field specific PTV's required? Do we need probabalistic planning?
- Active scanned plans (fields) have a large degeneracy – many distributions of pencil beam intensities give very similar dose distributions
- In general, SFUD plans are more sensitive to errors than conventional photon plans and IMPT plans more sensitive than SFUD plans

Don't abandon 'simple' planning techniques (e.g. SFUD)!