## BIOR informatics tools relevant to ATC efforts

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## Tools [1/2]

- Web-based automated plan reporting
- Outcomes quality assurance database
- Monte Carlo dose recalculations
- QA tool for RPC
- Ca-BIG enabled version of CERR

## Tools [2/2]

- Extensions of CERR
  - PLUNC importing
  - Old GammaKnife inporting
- Near-term efforts
  - CERR V4
    - Deformable imaging tools built-in
    - Mesh-based representations
    - New data type: geometric transform (includes deformable/DICOM friendly)

#### Web-based plan reporting and review

- Goal is to provide detailed reporting on treatment plan quality in convenient manner
- Analysis by CERR and CERR scripts
- Database-centric
- Workflow/review management
- MySQL/Ruby/Ruby on Rails/AJAX

#### Treatment planning at a cross-roads:

#### Visual review of data is inadequate,

#### but

Detailed plan reporting tools are not available in planning systems.

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Washington University in St.Louis SCHOOL OF MEDICINE TREATMENT PLAN REVIEW	Department of Radiation Oncology	
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#### WEB BASED TREATMENT PLAN REVIEW



Department of Radiation Oncology

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#### WEB BASED TREATMENT PLAN REVIEW



#### Aditya Apte plan11

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Unapproved List

List All





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SETTING / LOG OUT



Approved List         Transverse         Sagittal         Coronal         DVH         Planning Params           Approved List         WASHING TON UNIVERSITY IMRT DOSE QA TABLE         Head and Neck Target Volume Goals for Protocol 06-0001         Imapproved List         Vol (cc)         Goal         Meet Goal           DTV Coverage Goals         PTV Coverage Goals         For Quick (cc)         Goal         Meet Goal           PTV 66         46         99% Vol > 93% Rx (65.1 Gy)         Yes         93% Rx =         99.50%         6243 Gy         PTV (           20% Vol ≤ 110% Rx (77 Gy)         Yes         93% Rx =         99.50%         6243 Gy         PTV (         20% Vol ≤ 110% Rx (73 Gy)         Yes         93% Rx =         99.50%         6243 Gy         PTV (         20% Vol ≤ 110% Rx (50 Gy)         Yes         93% Rx =         99.50%         6243 Gy         PTV (         20% Vol ≤ 110% Rx =         100% Rx =         5%         6327 Gy         Yes         20% Vol ≥ 102% Rx =         5%         6327 Gy         Yes         20% Vol ≥ 120% Rx =         5%         6327 Gy         YPTV (         20% Vol ≤ 110% Rx =         100% Rx =         5%         6228 Gy         PTV f         20% Vol ≤ 110% Rx =         100% Rx =         20% Vol ≤ 100% Rx =         100% Rx =         20% Vol ≤ 100% Rx =         20% Vol ≤ 20% Vol ≤ 10% Rx = </th <th>Washingt University in St.L School of Media</th> <th>ON OUIS CINE</th> <th>REA</th> <th>WEB BA TMENT PLA</th> <th>sed an Ri</th> <th>EVIEW</th> <th>I Rac</th> <th><b>Depar</b> liatio</th> <th>tm n C</th> <th>ent of Incology</th>	Washingt University in St.L School of Media	ON OUIS CINE	REA	WEB BA TMENT PLA	sed an Ri	EVIEW	I Rac	<b>Depar</b> liatio	tm n C	ent of Incology
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The Computational Environment for Radiotherapy Research: New Tools and Present Status

Aditya Apte, Issam El Naqa, Gita Suneja, Andres Hope, Patricia Lindsay, James Alaly, Yi Mu, J. Deasy

## Computational Environment for Radiotherapy Research (CERR)

- Matlab-based
- 3-D plans exported from planning systems, archived, and converted to CERR format
- Converts plans from
  - DICOM
  - RTOG format
  - PLUNC (in beta test)
- Exports to DICOM
- Freely available from http://radium.wustl.edu/cerr







Support is provided through a 'Google Group': CERR-Forum

Currently there are 101 members

#### CERR can automatically extract...

- GTV volumes
- DVHs
- DVH-based parameters
- Dose surface histograms
- Positional information (e.g., structure center of mass)
- Anything that can be programmed in Matlab...



New multimodality image review capabilities within CERR: (a) PET import into CERR, (b) fused/overlaid PET-CT image, (c) SPECT head and neck scan, and (d) MRI import.

Development of phantom dosimetry/planning comparison tool w/RPC CERR Registration Introduction (minutes of software review)

Yu Wu

## **Image Fusion Frame**

 Moving image overlapped onto the Base image.



# CheckerBoard View before Registration



# **Registration Framework**



- The *transform* component represents the spatial mapping of points from the fixed image space to points in the moving image space.
- The *interpolator* is used to evaluate moving image intensities at non-grid positions.
- The *metric* component provides a measure of how well the fixed image is matched by the transformed moving image.
- The optimizer is used to optimize the metric over the searching space defined by the transform parameters.

# **Registration Setup Form**

 This form provides users some options for selecting particular registration profile, composing registration method with different components, and tuning registration parameters according to the output information.

秒 Registration Setup				
Registration Profile	— Image Registratio	n Method —		
CT_CT	Transform:	Similarity	~	
PET_PET Rigid Multi Modality	Interpolator:	Linear Inte	✓	
CT_MRI CT_PET	Similarity Metric:	Mean Squ	<b>~</b>	
MRI_PET	Optimizer:	RegularSt	~	
Demons3D		meters		ل: 
	Sc	10.0		
	Rota			
	Translation Scale: 0.0001		0.0001	
	Initial Angl	le(Degree):	0	
	Mini	mum Step:	1	
- Output	Maxi	mum Step:	10	
Rotation Angle Z = 9.9617 Translation X = 2.6334 Translation Y = 17.4462 Translation Z = -0.016806 Number of Iterations = 5 Best Value = 19.153 Pathia Operative S 27051	lteratio			
	Registr	ation Levels	3	
Rotation Center Y = 1.0052 Rotation Center Z = 100.966 Scale = 0.00061	─ Options ─ ✓ downSample(2×2×2)	2)		doRegistration

## Image Fusion after registration

• Fusion of base dataset and transformed moving dataset.



## **Registration result analysis**

• Difference view between based image and registered moving image.

![](_page_23_Picture_2.jpeg)

## Checkerboard view after

![](_page_24_Picture_1.jpeg)

A Versatile Source Model for Monte Carlo Dose Calculations of External Radiotherapy

J Cui<sup>1</sup>, S Davidson<sup>2</sup>, K Zakaryan<sup>3</sup>, I El Naqa<sup>1</sup>, V Willcut<sup>1</sup>, M Wiesmeyer<sup>4</sup>, D Followill<sup>2</sup>, J Deasy<sup>1</sup>

 (1)Washington University School of Medicine; (2) UT MD Anderson Cancer Center; (3) Sun Nuclear Corporation; (4) Virginia Commonwealth University

#### **Components of the Source Model**

**Fast Monte Carlo Dose Engine: Dose Planning Method (DPM,** *Sempau, 2000* ) Primary source: point source Energy spectrum (Fatigue-Fermi) >Off-axis softening (*Tailor*, 1998) >Horn effect (piecewise linear) > Flattening filter Exponential spatial distribution (*Liu*, 1997) Energy spectrum (Fatigue-Fermi) > Electron contaminations (Fippel, 2002) Ion chamber size effect (Gaussian convolution)

### **Commissioned Results for Varian 6MV** DPM vs. IC measured in water phantom Field size: 10 x10 cm<sup>2</sup>

![](_page_27_Figure_1.jpeg)

Upper Left: Spectra for primary source and flattening filter
Lower Left: PDD; Right: Lateral dose profiles at various depths

**Commissioned Results for Varian 6MV** output factors in various field sizes: 1 x1 cm<sup>2</sup> up to 40x40 cm<sup>2</sup>

![](_page_28_Figure_1.jpeg)

Left: Dose contribution from the flattening filter relative to the primary dose at  $d_{\text{max}}$ =1.5 cm

Right: output factor at  $d_{\text{max}}=1.5$  cm; calculated vs. IC measurement

#### Model Validation: an IMRT plan in an Anthropomorphic Lung Phantom

![](_page_29_Figure_1.jpeg)

Left: IMRT lung plan, calculated using the source model
 Right: Lateral dose profile across the isocenter, obtained using the source model with DPM, radiochromic film measurement, and Pinnacle Treatment Planning System (TPS)

## **RTOG Bioinformatics Committee**

- Focusing on enabling investigations of mixed data, i.e., dose, images, biomarkers
- Near-term agenda:
  - Development of RTOG Data Survey
    - What patients do we have all of data types A, B, C?
    - For a given set of patients, what data types do we have?
    - ACRIN (PET, MRI, CT), ITC (RT-Objects), Tissue Data Bank
  - Demonstrate the ability to analyze biomarkers and dose outcome determinants within the same framework
- 8-9 AM, Tomorrow

## Tools [1/2]

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