Informatics tools supporting ATC activities

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> Washington University in St. Louis School of Medicine

Div. of Bioinformatics and Outcomes Research Software developments

- Supported by
 - WUSTL
 - Tomotherapy (NTCP, TCP)
 - Varian (some dose calc and planning)
 - NIH R01s (data extraction, review, modeling)
 - RPC (Film QA, Monte Carlo dose calcs)
 - ATC (Extraction, DICOM, review, export, data mining, image registration, multi-modality, ?)

Outline

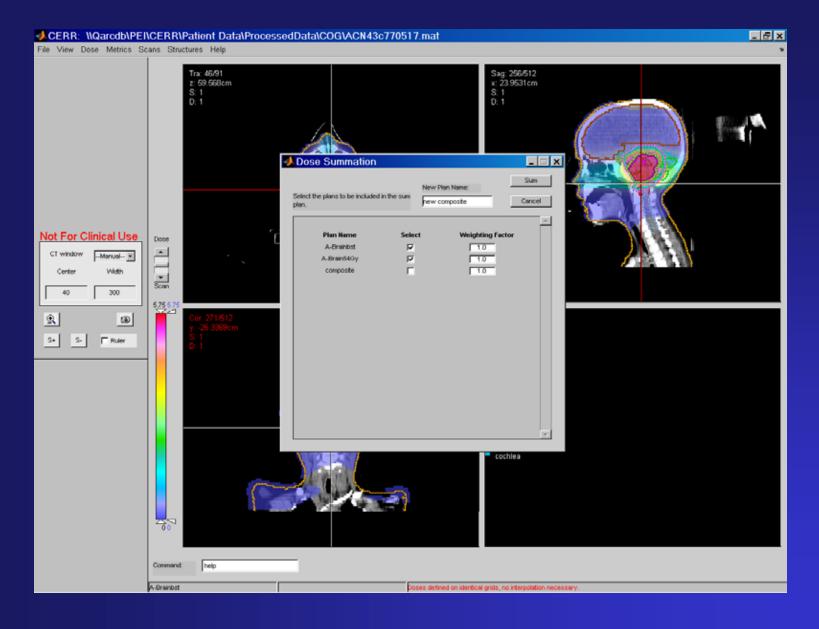
- CERR developments for ATC
 - Batch import developments
 - QARC integration/migration
 - Ovarian Ca RTOG trial update
- CERR developments for RPC
 - Monte Carlo dose re-calculations
 - Film QA tool
- New general capabilities
 - Deformable imaging extension
 - Veriseed US-based planning
 - DICOM I/O
 - Ca-grid capable version
 - Web-based plan review tools
- New outcomes analysis example (acute esophagitis)
- Current goals

CERR developments for ATC

- Batch-importing tool for CERR at ITC
 - Reduces effort
 - Increases reporting data made available (reports, thumbnails)
 - Error logging
 - Current working version
 - Ongoing testing

CERR developments for ATC

- Support of use of CERR at QARC
 - High up-time
 - Successful importing
 - Migration of Ulin customizations onto latest stable version of CERR



(Image couresy Ken Ulin)

CERR developments for ATC

• GYN RTOG trial update

- Specialized needs
 - Review of contours from one CT (bladder full) onto another fused CT (bladder empty)
 - Need to review submissions simultaneously with two PIs

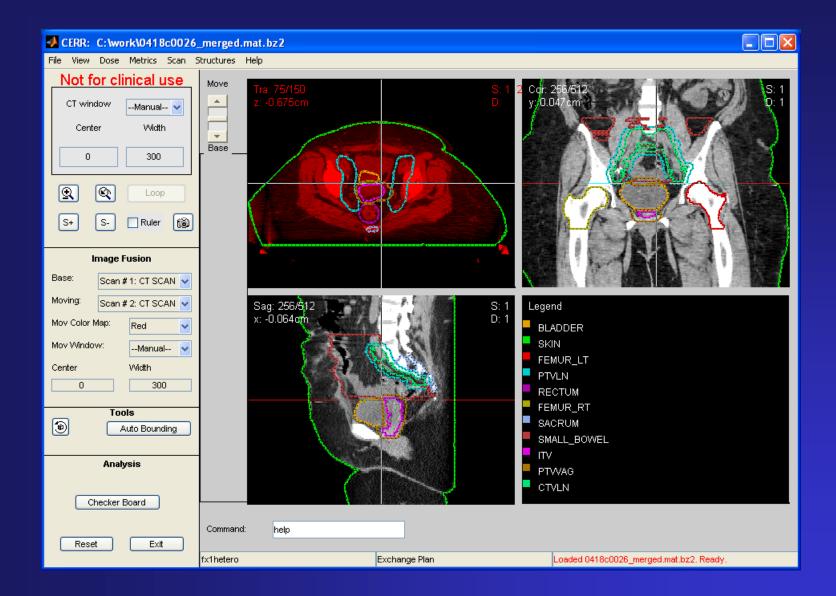


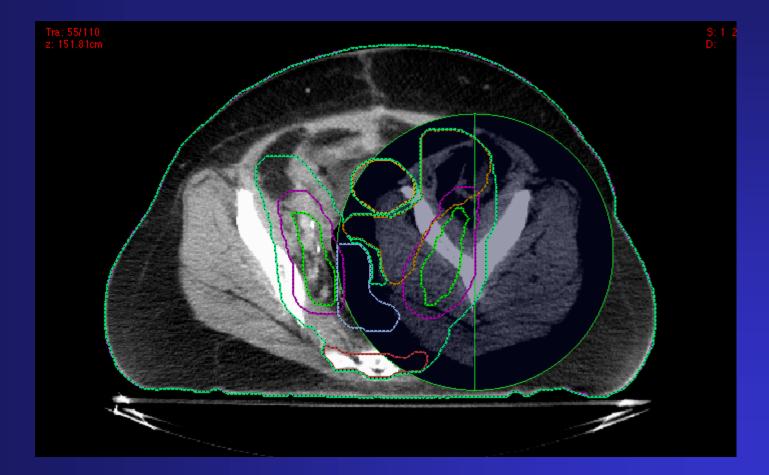
Image registration

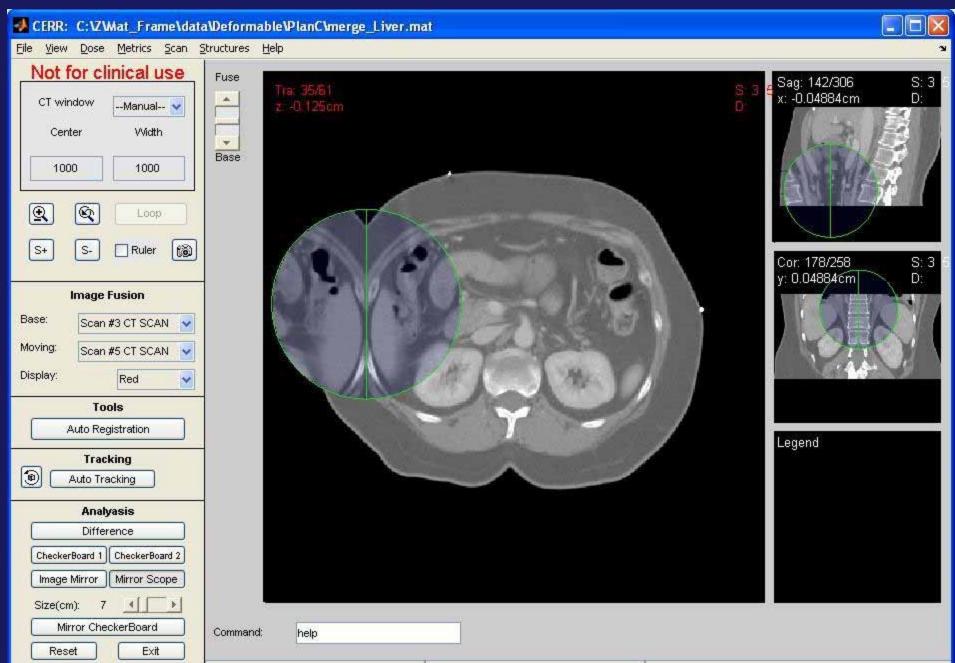
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	Maxi	mum Step: 10)	
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Rotation Center Z = 100.966	downSample(2x2x)	2)		doRegistration

Image registration QA

Mirror-scope





Loaded merge_Liver.mat. Ready

CERR developments for the RPC

- Monte Carlo recalculation tool
 - Recomputation of phantom dose distributions
 - Ongoing development (Jing Cui)
 - Ongoing validation (D Followill and Scott Davidson)
 - Linkage to film QA
 - Linkage to treatment plan data
 - Data display within CERR

Monte Carlo head model

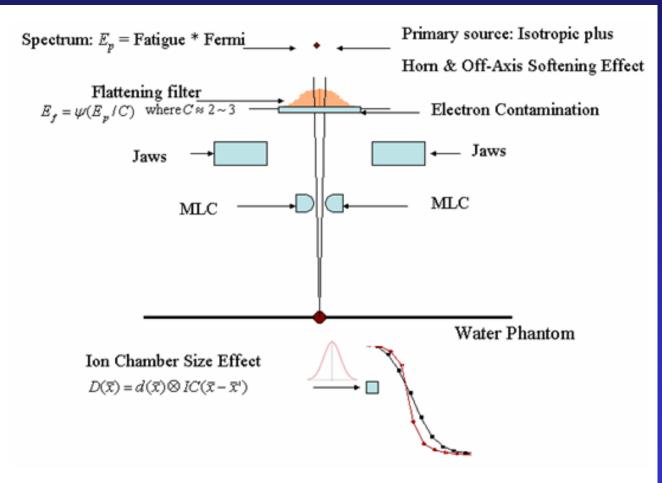
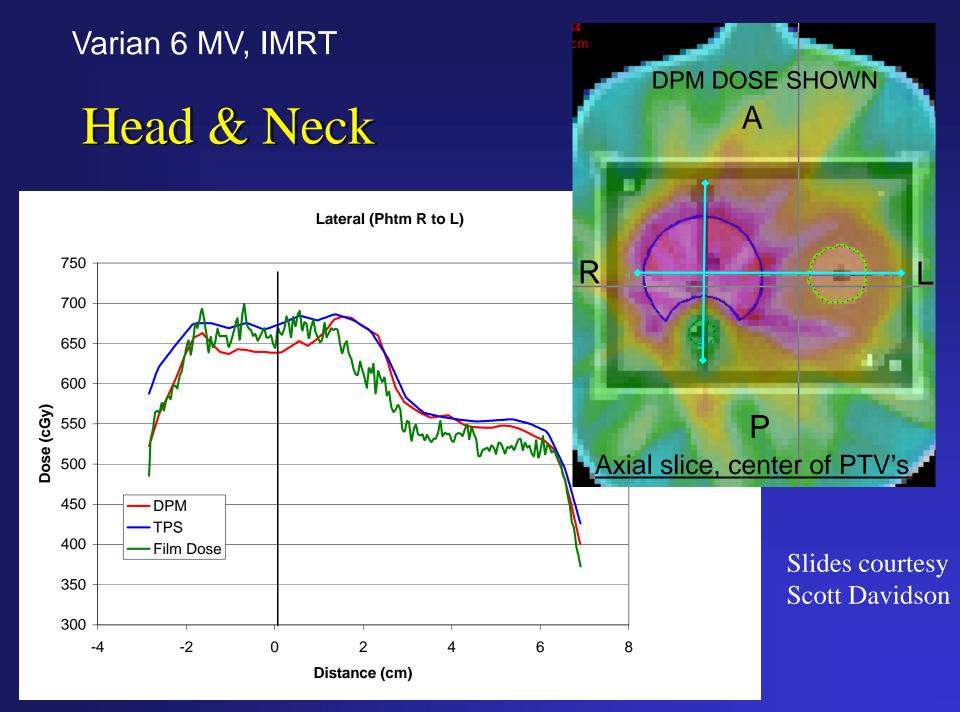
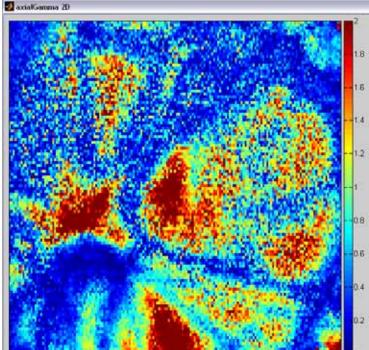


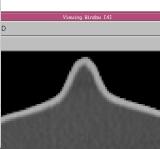
Figure 1. The source model diagram (not proportional)

(*Cui*, *Willcut*, *Davidson et al.*)

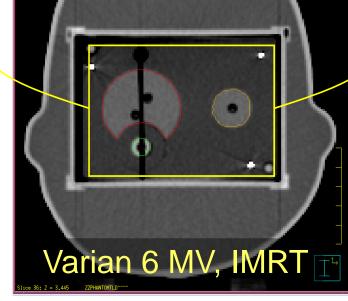




<u>NOTE</u>: Aspect ratio not 1 to 1 🛃 axiaKamma 20



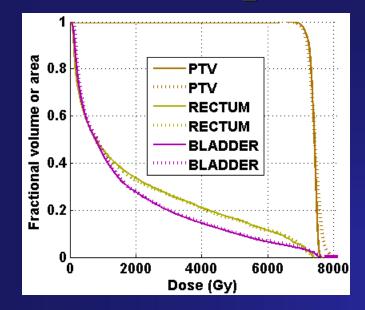
Pinnacle vs. Meas. ±3%/2mm ~53% pixels pass



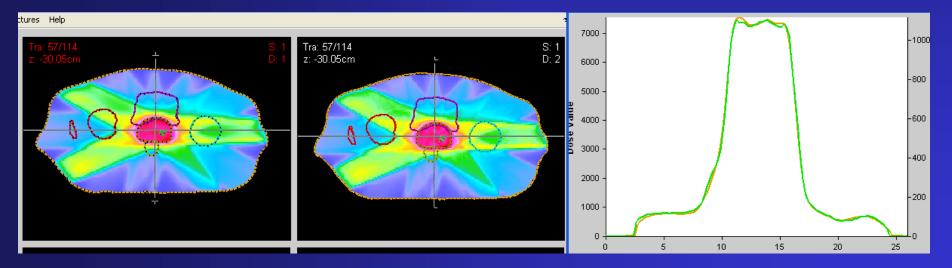
DPM vs. Meas. ±3%/2mm ~81% pixels pass

Slides courtesy Scott Davidson

Comparison with Pinnacle



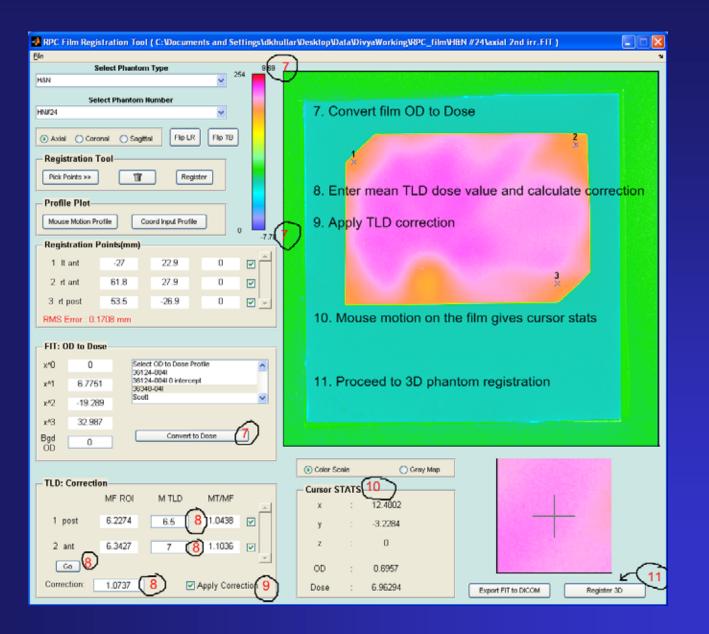
Dotted - MC Solid-Pinnacle

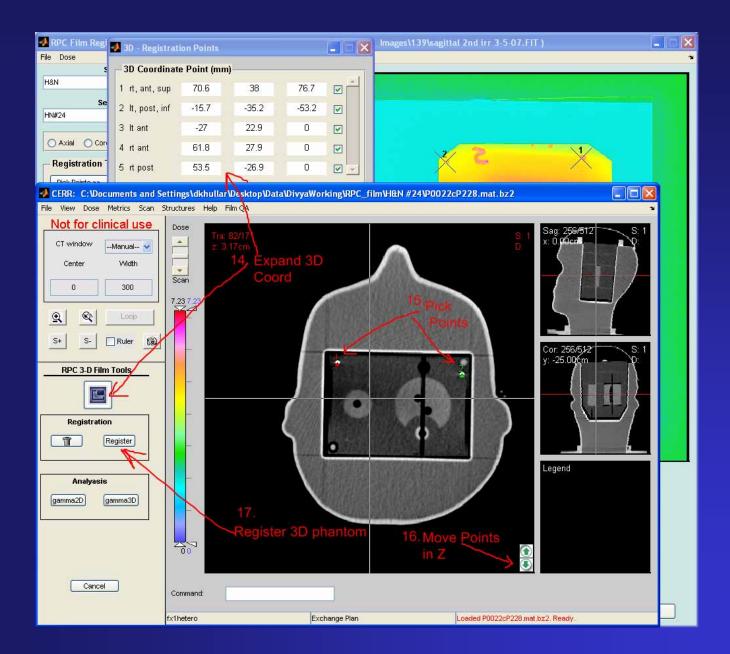


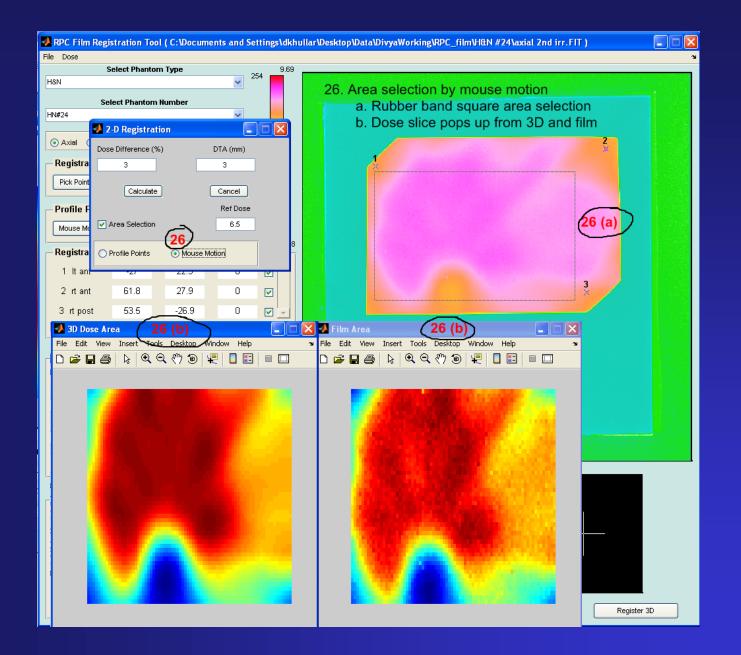
Pinnacle

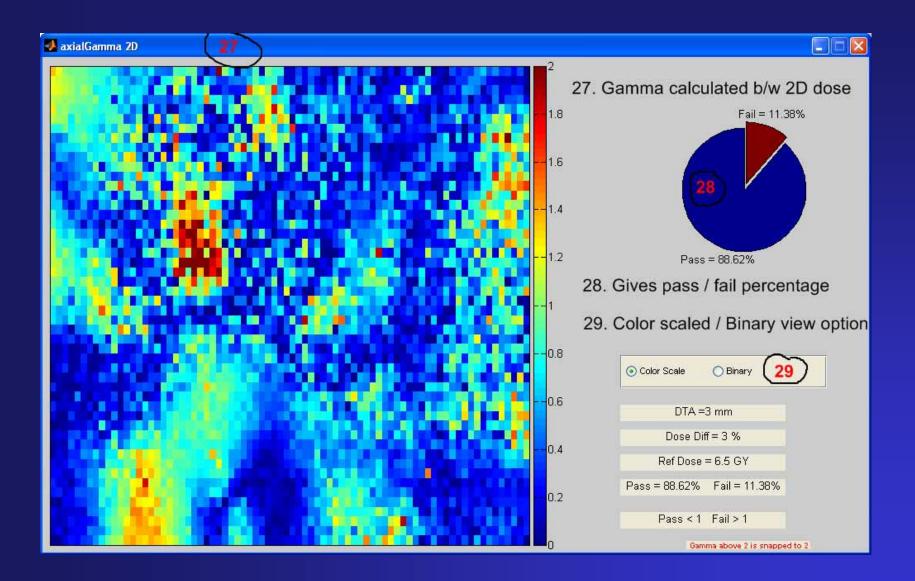
Our Monte Carlo

Green- MC; Gold-Pinnacle

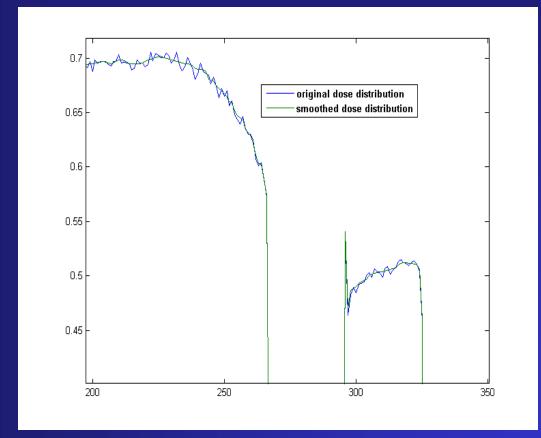




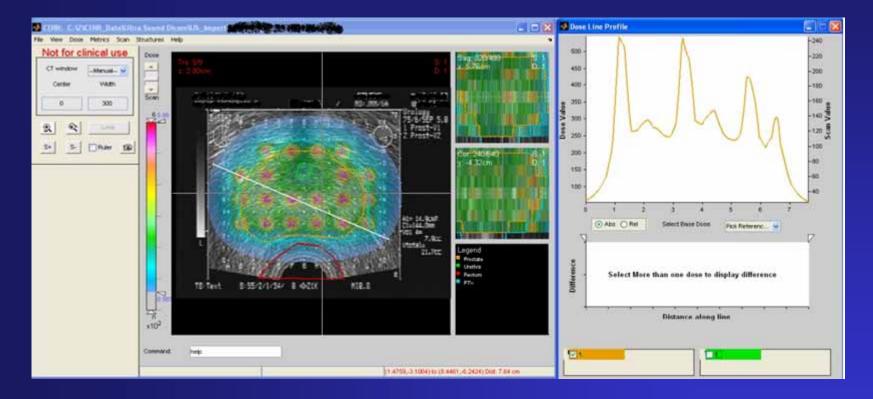




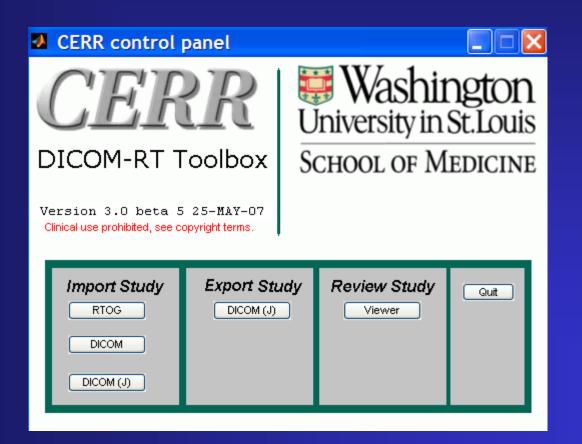
Film denoising (WUSTL & RPC collaboration)



Variseed import with ultrasound



CERR: A Computational Environment for Radiotherapy Research



Application of caGrid[®] Middleware to Facilitate Quality Assurance for Advanced Technology Radiation Therapy Clinical Trials

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¹ Department of Biomedical Informatics, The Ohio State University, Columbus, OH ² Image-guided, Therapy QA Center, Washington University, St. Louis, MO ³ Department of Radiation Oncology, Washington University, St. Louis, MO ⁴ Department of Radiation Oncology, UC Davis Cancer Center, Davis, CA



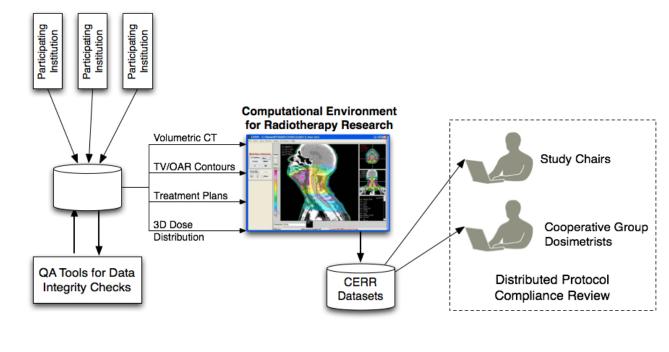


QuickTime™ and a decompressor are needed to see this picture

Grid Computing and RT Clinical Trials

The caBIG In Vivo Imaging middleware is used to deploy existing CERR software as an integrated communication and review tool for Radiation Therapy clinical trials, institutional credentialing, and case quality assurance.

- Simplified distribution of data to reviewers
- Capture reviewer modifications for subsequent analysis



QuickTime[™] and a decompressor

are needed to see this picture



Washington

SITEMAN CANCER CENTER

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A Web-based and database-centric radiotherapy treatment plan review and reporting system

Divya Khullar, Dan Mullen, Walter Bosch, and Joe Deasy, Div. of Bioinformatics and Outcomes Research, and the Image Guided Therapy Center, Dept of Radiation Oncology

> Washington University in St. Louis School of Medicine

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	plan12 Approve	Mullen	<u>Dan</u>	Fri Apr 20 12:30:00 Central Daylight Time 2007		Jing	Pinnacle	unapproved		
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WEB BASED TREATMENT PLAN REVIEW

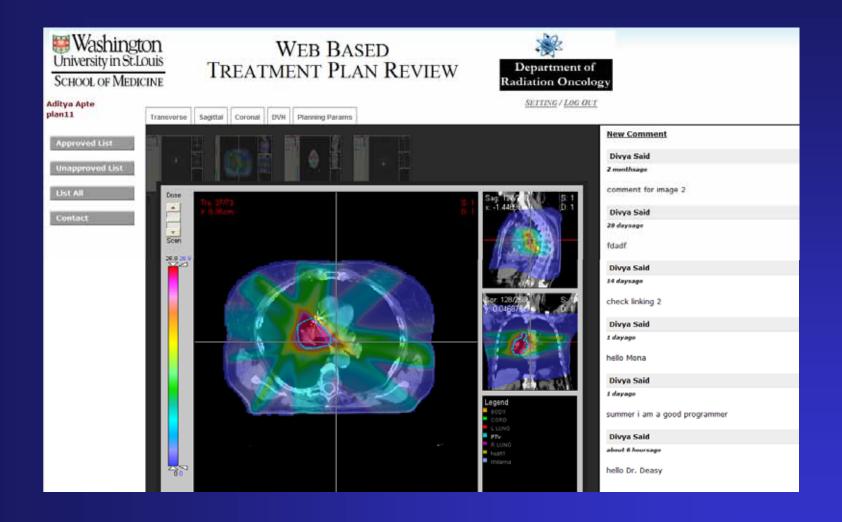


SETTING / LOG OUT

	Account	Plan Parameters			
Approved List	Planning	Parameters			
Unapproved List	Filter o	n Structure:			
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Contact	Structur	e Goals			
	PTV 66	99% Vol > 93% Rx	Edit	Destroy	
	PTV63	20% Vol < 110% Rx	<u>Edit</u>	<u>Destroy</u>	
	PTV56	99% Vol > 93% Rx	<u>Edit</u>	Destroy	

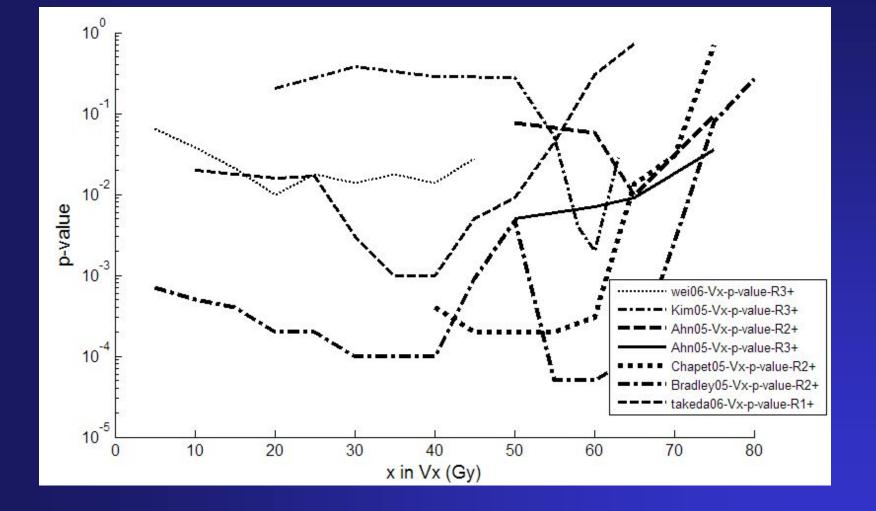
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	11000	10	20% Vol ≤ 110% Rx (63 Gy)	Yes		32.4% Rx	6526 Gy			
						12.5% Rx	6728 Gy			
						6.5% Rx	7234 Gy			
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	Brainstem		0.1 cc Vol ≤ 60 Gy	Yes	0.1 cc =	5834 cGy				
			1% ≤ 60 Gy			5994 cGy				
	Brain		1% <u>≤</u> 60 Gy	No	60 Gy Volume=	1.50%				
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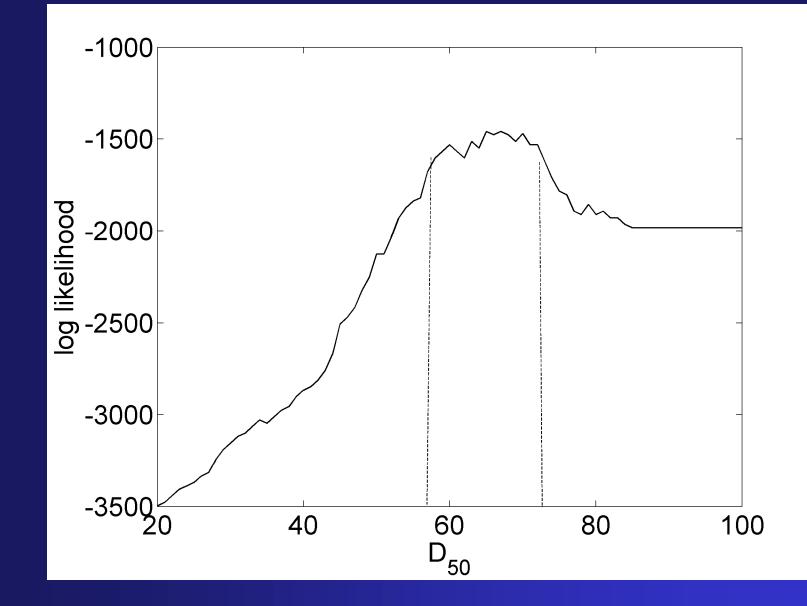


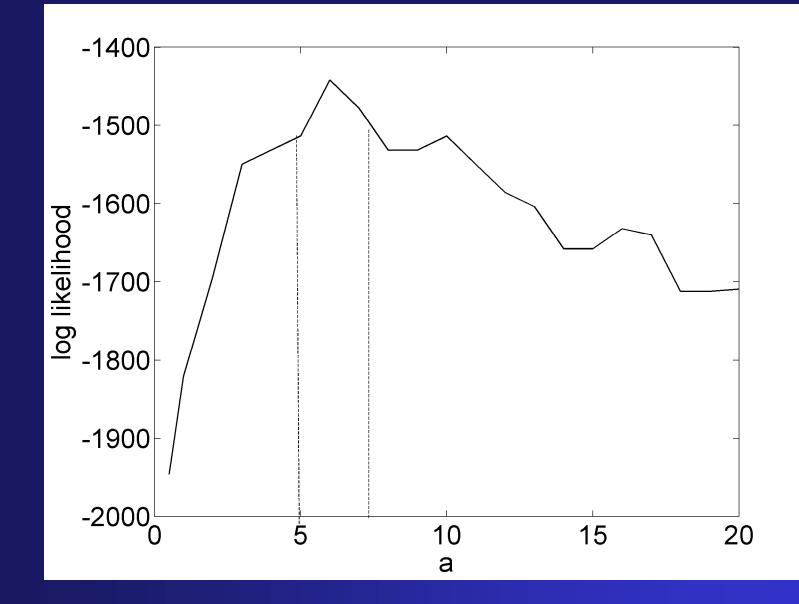
Mining RTOG/ITC data: acute esophagitis data from RTOG 93-11

• Lung cancer external beam RT



Add chemo effect to gEUD: gEUD(a) + C





Concurrent chemo was 'worth' about 16 Gy.

10 year old data: cutting edge results

Current priorities

• RPC

- New features and bug fixes for film QA tool
- [Film denoising]
- Continued improvement of Monte Carlo tool
 - Speed review
 - Validation
 - [Support other resarch?]

Current priorities

• ATC

- Finish batch review tool
- Finish QARC migration
- Viewer for RT-PACs
- Tools for RTOG protocols
- Fixing CT/structure mismatch problem from Eclipse exports

Future challenges

- Distributed plan review
- IGRT datasets/analysis
- Multi-modality plan review