Unveiling pencil beam proton therapy

Jan 8, 2024 Chengzhu Zhang



NEW YORK PR*TON CENTER RVJBarnabas HEALTH

Acknowledgement

RWJBarnabas HEALTH

Dr Yue (Chief) Dr Ke Nie (PD) Rihan Davis (Mentor) Dr Xiao Wang (Mentor)

NEW YORK **PR%TON CENTER**

Dr Haibo Lin (Chief) Dr Alex Shouyi Wei (Mentor) Lee Xu (Planning Physicist) Peter Park (Dosimetrist)



Treatment room (TR1) @ NYPC

NYPC workflow



Why proton therapy?

The superiority of proton therapy is in question.

No significant improvement in treating prostate cancer (COMPPARE trial) No significant improvement in treating NSCLC (10-year follow up)

Proton beams have physical limitation.

9-field IMRT is the gold standard for spine SBRT to spare the cord.

Large uncertainty and potential adverse effect.

Expensive!!!

Proton therapy territory



Pediatric Patients





Reirradiation

Challenging anatomy

Bone growth Symmetry Lower dose Image registration Dose deformation EQD2 evaluation Mesothelioma Cranial-spinal Pectus Excavatum

TL SPINE – 18~20 Gy C spine not much of concern

>40% patients have prior RT

Challenging anatomy: pectus excavatum



pectus excavatum

pectus carinatum

Challenging anatomy: Mesothelioma





Proton

Photon

Challenging anatomy: CSI







Proton

Auto Planning

Mannual Plan

Passive Scattering Proton Upstream Beamline



Passive Scattering Proton Downstream Beamline



Spot Scanning Proton Beamline



Beam characteristics: distal fall off



Achieving therapeutic conformity

Single Field Uniform Dose (SFUD)



Double Scatter Spot Scanning

Intensity Modulated Proton Therapy (IMPT)







Spot Scanning

Practical consideration: range errors



Practical consideration: range errors



Risks of single field

Original Plan



Verification Scan (VScan)



Range Shifters (RS)





Superficial

Consideration of biological effect



M Goiten, "Radiation Oncology: A physicist's Eye View" @ Springer 2007

Consideration of LET (Qualitative)



Consideration of Proton LET



Biol. 63 225009



Consideration of LET in treatment planning





Consideration of Bragg Peak location

Bragg Peak in 2D CT slices



Spots in BEV



Consideration of Bragg Peak location

SFUD Robust Planning

IMPT Robust Planning



Beam characteristics: lateral penumbra



A simplified view of lateral penumbra



Pencil-beam: spot size vs energy, RS, air gap



Commissioning Data from Varian ProBeam @NYPC

Modeling











Range Uncertainty

Uncertainty Sources			Rel. Uncertainties in SPR (1σ)			
		L	.ung	Soft Tissues	Bone Tissues	
Residual Error (human tissue composition variations considered)		С	.18%	1.2%	1.6%	
CT Related	Modeling uncertainties in predicted CT HU number		3.8%	0.75%	0.53%	
	CT imaging uncertainties		3.3%	0.56%	1.5%	
SPR Related	Uncertainties in mean excitation energy	С	0.17%	0.23%	0.65%	
	Variations with proton energy	С	.17%	0.17%	0.41%	
Consensus Uncertainty				3.5%		

Beam-specific "PTV"



Tradeoff in treatment planning



Uncertainty from SPR conversion



Metal artifact on CT images


Uncertainty from metal implants

Civco® gold fiducial

"Volume Average" Effect



Small-volume metal override



A variety of fiducial markers



NYPC's default choice



2

MR

10.28 mm Gold Anchor



Uncertainty from metal implants





CPXTM 4 SILTEX™ Breast Tissue Expander





Breast tissue expander

Magnet (High Z)







Considerations for metallic implants

Pre-Planning

Density override

- Unsure material and dimension
- \circ Avoid shoot through > 2 mm

Physicist support

- Acquire information
- \circ Monte-Carlo simulation
- Contour, density override
- Template overlay

Density override for breast tissue expander

Template Override



"non-fly zone"











Density override for breast tissue expander

Template Override



MFO Plan



Known/Unknown Component Reconstruction



C Zhang, JMI, 2017

Unknonw Component

FBP



Uncertainty in proton therapy



Why so serious?



Beam angle selection





Shortest beam path
En-face beam
Homogenous
Less WET variation

Avoid range out at OARs (<1/3)
Avoid variable anatomy
Avoid non-reproducible region
Avoid large motion
Avoid cardiac device,chemo port

Unclear metal position



Magna-Finder

Tissue-air interface

Nasal Area







Diaphramic Region



Non-reproducible setups (1)







Chin down

Shoulder up

Air gap





Hand Pegs for Shoulder Positioning

Five-point Mask (may be loose)

Non-reproducible setups (2)







Ripples

Skin Folds

Hair Clusters

Non-reproducible setups (3)



Belt Buckle



Couch Ramp

Uncertainty in proton therapy



Intrafractional anatomical variation/movement



Interfractional: Tumor Change

Original



VScan



Interfractional: Separation Change

Original



VScan



Interfractional: Pleural Effusion

Original







Interfractional: Nasal Filling

Original







Interfractional: Breast Swelling

Original





VScan

Interfractional: Bowel Gas

Original

VScan





Adaptive planning trigger machnism



Uncertainty in proton therapy



Motion Management



bowel movement Swallow motion Cardiac motion

Respiratory Motion

Organ Motion

Management of Motion



Translational Evaluation





Dosimetric Evaluation









-Motion analysis Target volume increase (itv) : 11% Target center motion [mm] : 0.9 (left-right), 3.5 (ant-post), 6.4 (sup-inf), 7.4 (3D) Average motion [mm]: 1.1 (left-right), 3.6 (ant-post), 6.8 (sup-inf), 8.1 (3D) Maximum motion [mm]: 6 (left-right), 8.3 (ant-post), 13.5 (sup-inf), 14.1 (3D) 80-percentile motion [mm] : 1.9 (left-right), 4.4 (ant-post), 10.4 (sup-inf), 11.1 (3D) 90-percentile motion [mm]: 2.7 (left-right), 4.8 (ant-post), 11.6 (sup-inf), 12.1 (3D) Average WET variation [mm] : 3.1 (0°), 6.9 (180°), 4.4 (240°), 3.3 (270°), 2.7 (300°), 2.7 (330°) Maximum WET variation [mm] : 48.8 (0°), 38 (180°), 65.2 (240°), 64.5 (270°), 51.9 (300°), 45.4 (330°) 80-percentile WET variation [mm] : 3.8 (0°), 11.6 (180°), 7.7 (240°), 4.3 (270°), 2.3 (300°), 2.7 (330°) 90-percentile WET variation [mm] : 5 (0°), 14.3 (180°), 12.3 (240°), 9.4 (270°), 5.8 (300°), 4.2 (330°)

Patient triage with motion management


Management of respiratory motion (RWJ)



Free Breathing Setup Only available in TR2 @NYPC

Management of respiratory motion (RWJ)



Posture Video for DIBH

Only available in TR2 @NYPC

Management of respiratory motion (NYPC)



Training/Imaging

PSEPARATION 26/06/02.0 31.2 Image: Control of the second seco

Treatment



Management of respiratory motion

VisionRT/SDX® Breath Hold

Compression Belt















Comprehensive Robust Planning (Raystation only)



Robustness Evaluation (Raystation Version)

Setup Uncertainty



Range Uncertainty

Density uncertainty								
Density uncertainty [%]:	3.00	Density shifts [%]:						
Number of discretization points: 3 -3.00 0.00 3.00 The density uncertainty is modeled by scaling the mass density of the patient and is uniform for all beams								
Total number of scenarios: Total number of dose computations:	42 42	🗹 Compute scenario doses 🖉 📄						



DVH

Robust Planning (ECLIPSE version)

Setup Uncertainty

	Plan/Field Uncertainty Parameters								
Iso Shift	3 mm	ienerate Field Uncertainty Parameters							
Cali Error	3.5%								
Uncertainty Parameters		Add Plan Uncertainty Parameter Add Field Uncertainty Parameter							
ID Satur Error V	Coture Error V Coture B								
U 1 0.3 cm	0.0 cm	0.0 cm 3.50 % X							
U 2 0.3 cm	0.0 cm	0.0 cm _3.50 % X							
U 3 -0.3 cm	0.0 cm	0.0 cm 3.50 % X							
U 4 -0.3 cm	0.0 cm	0.0 cm -3.50 % X							
U 5 0.0 cm	0.3 cm	0.0 cm 3.50 % X							
U 6 0.0 cm	0.3 cm	0.0 cm -3.50 % X							
U 7 0.0 cm	-0.3 cm	0.0 cm 3.50 % X							
U8 0.0 cm	-0.3 cm	0.0 cm -3.50 % X							
U 9 0.0 cm	0.0 cm	0.3 cm 3.50 % X							
U 10 0.0 cm	0.0 cm	0.3 cm -3.50 % X							
U 11 0.0 cm	0.0 cm	0.3 cm 3.50 % X							
0.0 cm	0.0 cm	0.3 cm -3.50 % A							
Scenarios 6×2=12									

Optional RO

- 🗗 🖡	Plan Informat	tion						0
• •	► 1 ♦ Ll-							
۲	ID/Type			Dose[cGy]	Actual Dose [cGy]			
	CTV_5040_P	169.2						
	Upper	0.0	0.0	5290		180	V	
	Lower	169.2	100.0	5140		180	V	
	BRAINSTEM1_P	25.3						
	Upper	0.0	0.0	5040		90		
	COCHLEA_R_P	0.3						
	Mean			3500		50		
	CORD4_P	8.9						
	Upper	0.0	0.0	200		50	V	
	OPTIC CHIASM1_P							
	Upper	0.0	0.0	4500		70		
	OPTIC NERVE_L_P							
	Upper	0.0	0.0	1000		70		
S	OPTIC NERVE_R_P	0.9						
	Upper	0.0	0.0	4500		70		
	zc_105	3.1						
	Upper	0.0	0.0	5290		120		
	zc_45gy	0.4						
	Upper	0.0	0.0	4500		70	V	
	zc_bs							
	Upper		0.0	5040		70		
	ARTFACT_CLIPS_P	14.0						
	ARTIFACT_BONE_F	185.1						
	BB_P	0.1						
▼ Fields								

DVH band Visualization



Robustness Evaluation (ECLIPSE version)

Setup Uncertainty





Plan Uncertainty Doses U1 X:+0.30cm +3.50% U2 X:+0.30cm -3.50% U3 X:-0.30cm +3.50% U4 X:-0.30cm -3.50% U5 Y:+0.30cm +3.50% U6 Y:+0.30cm -3.50% U7 Y:-0.30cm +3.50% U8 Y:-0.30cm -3.50% U9 Z:+0.30cm +3.50% U10 Z:+0.30cm -3.50% U11 Z:-0.30cm +3.50% U12 Z:-0.30cm -3.50% U13 +3.50% U14 -3.50%

INIT_v3 INIT_v3 C1-RRAIN

C1-BRAIN

DVH Evaluation



Interplay Effect

Interplay





ITV

Evaluation of Interplay Effect (Phantom)



Evaluation of Interplay Effect (Patient Evaluation)





- Proton therapy benefits from distal fall-off with proper management of range uncertainty.
- Careful consideration of reproducibility and close onboard monitoring of anatomical variation is crucial ensure the integrity of the plan.

Acknowledgement

RWJBarnabas HEALTH

Dr Ke Nie

Rihan Davis

Dr Xiao Wang

NEW YORK **PR%TON CENTER**

Dr Haibo Lin

Dr Alex Shouyi Wei

Lee Xu

Peter Park

Contact: cz453@cinj.rutgers.edu

