

A fast - Monte Carlo toolkit on GPU for treatment plan dose recalculation in proton therapy

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Particle therapy (PT)

Cancer treatment technique using accelerated beams of protons or positive ions to treat solid tumor volumes.

Dose

$$D = \frac{dE}{dm} \quad \text{Gy [J/kg]}$$



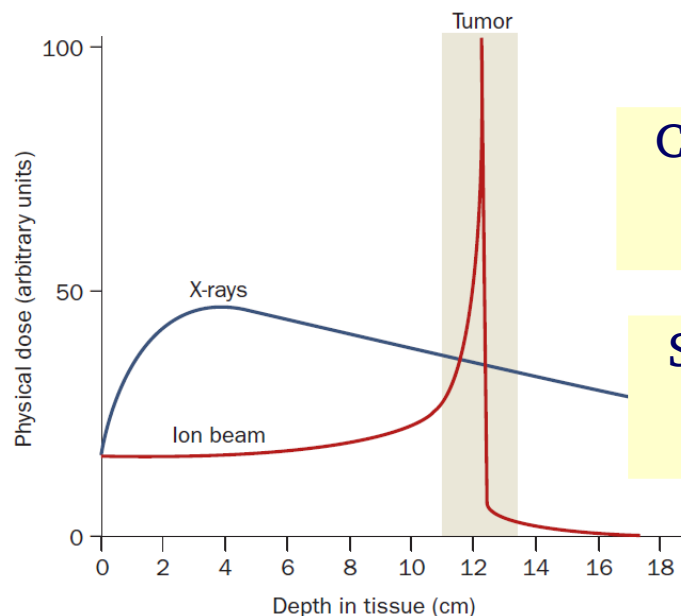
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Radiotherapy vs particle therapy



Concentrated energy release at the end of path

Sharp decrease in energy after the Bragg Peak

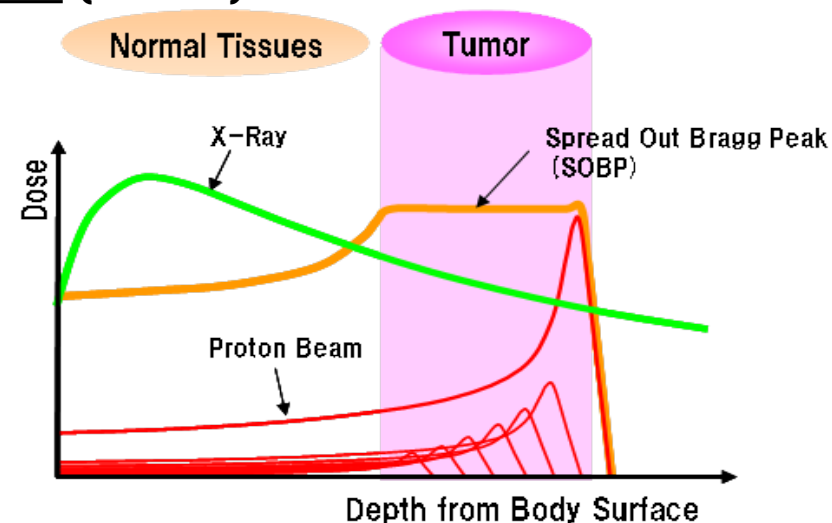
Better dose distribution to preserve critical organs and surrounding healthy tissues

Cancer irradiation techniques goal:

Conformal dose distribution

concentrate all the dose to tumor and spare healthy tissues

- Standard radiotherapy —→ Intensity Modulated Radiation Therapy (IMRT)
 - Different beam directions (**fields**)
 - Dynamic delivery (Different beams fluences, tissue compensator)
- Particle therapy —→ Spread Out Bragg Peak (SOBP)
 - Active tumor volume scanning
 - Superposition of beams with different energies



Cancer irradiation techniques goal:

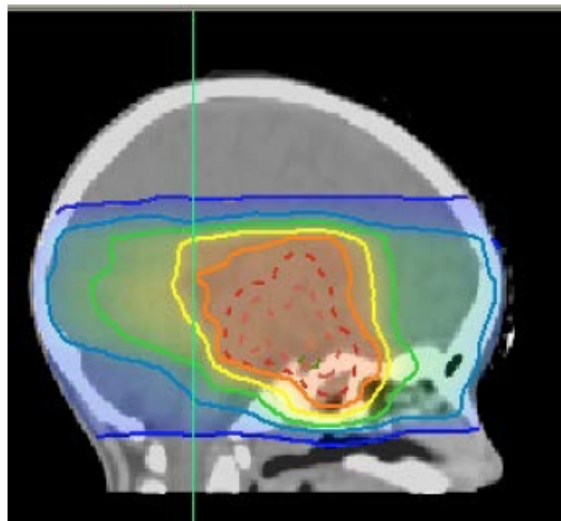
Conformal dose distribution

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- Standard radiotherapy → Intensity Modulated Radiation Therapy (IMRT)

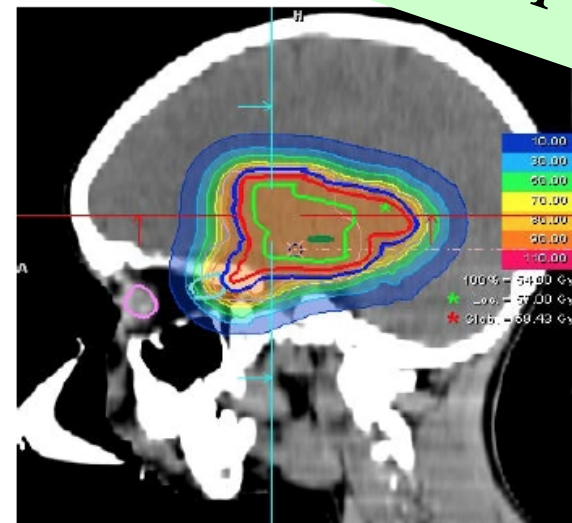
- Different beam directions (**fields**)

- Dynamic Photon-IMRT



Universitätsklinikum Dresden

Protons



HIT, Heidelberg

PT exhibits a better conformal capability

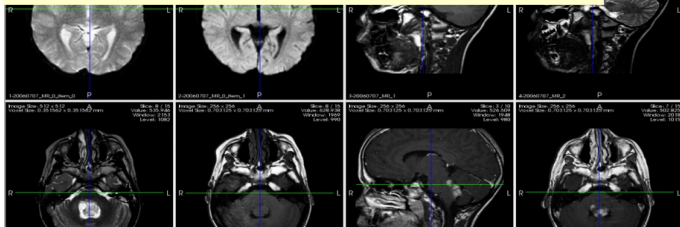


The high **selectivity** in energy release asks for an high level of **accuracy** in the computation of beams to be sent to the patient



Treatment Planning System (TPS)

patient anatomic data
(CT, MRI, PET)



Volume of interest	% of Volume	Prescription/tolerance dose (Gy)	Relative importance
Prostate PTV	100	74.0	1.0

Radiotherapist
prescriptions

Bladder	50.0	20.0	0.2
Bladder	10.0	30.0	0.2
Femoral heads	90.0	10.0	0.2
Femoral heads	50.0	20.0	0.2
Femoral heads	10.0	40.0	0.2

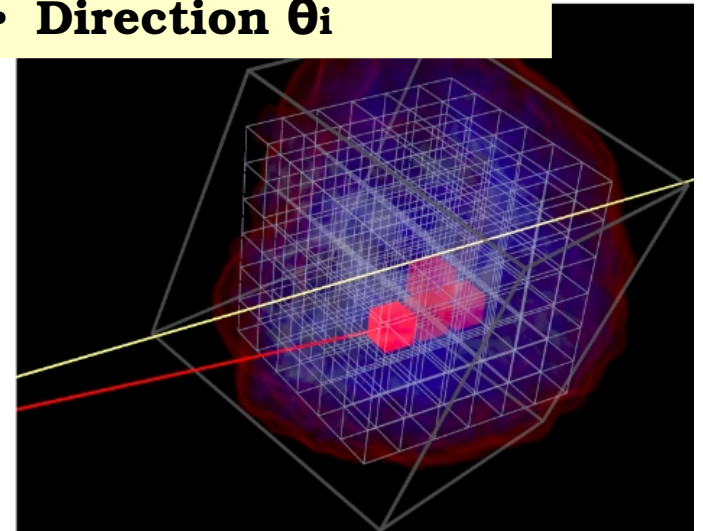
Accelerator
parameters



TPS

Treatment Plan (TP)
For each beam:

- Fluence Φ_i
- Energy E_i
- Direction θ_i



Nowadays one of the major issues related to the TPS in Particle therapy is the **large CPU time** needed.

Options:

- FULL-MC recalculation using standard codes ~ 72 h/core
- Commercial TPS using analytical pencil beam algorithm ~ 1 h/core

FRED

is a fast MC able to perform a complete recalculation of **proton** TP in **less than 1 minute**

How?!?



NVIDIA Graphic
Process Units

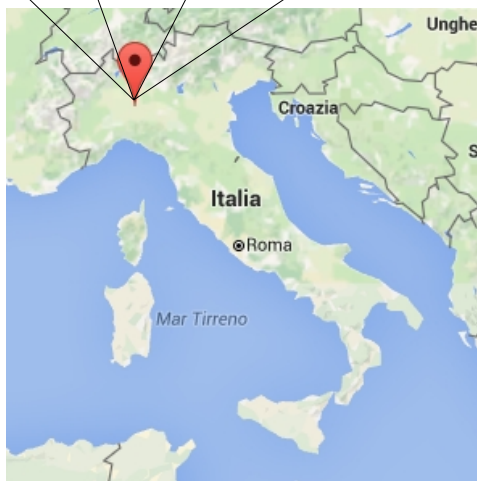
- Low budget
- Redundancy
- In-house maintenance

Pavia, PV



fondazione **CNAO**
Centro Nazionale di Adroterapia Oncologica per il trattamento dei tumori

- Both **carbons ions** and **protons** beam
- One of the 10 worldwide centers using carbon ions beams to treat tumor
- First patient treated in 2014
- ~ 900 patients treated

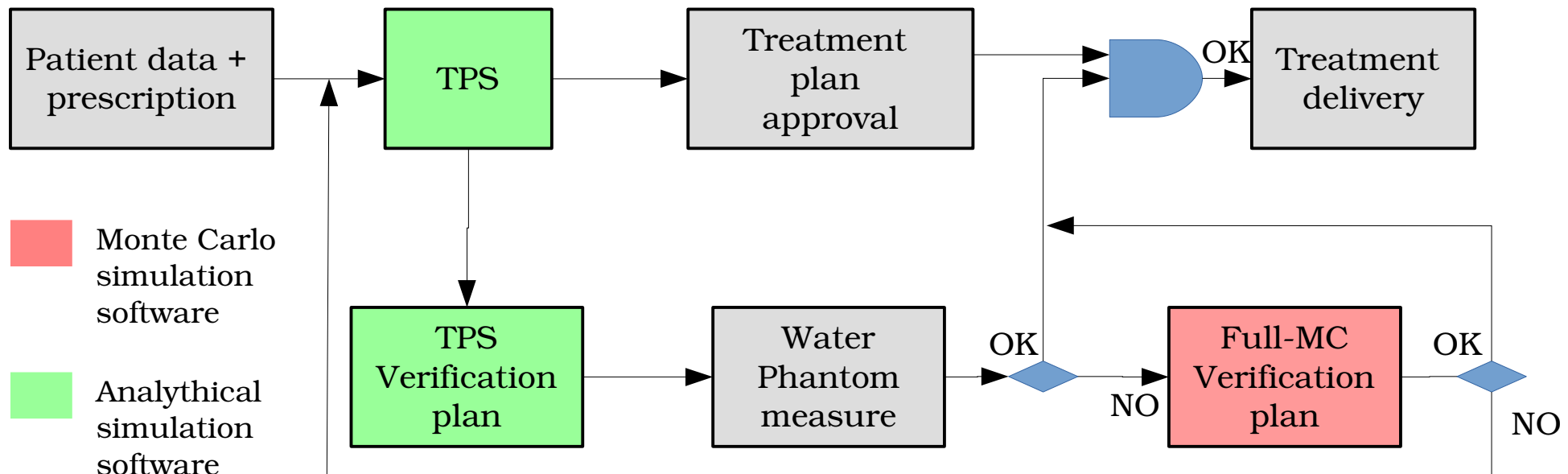




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CNAO clinical protocol

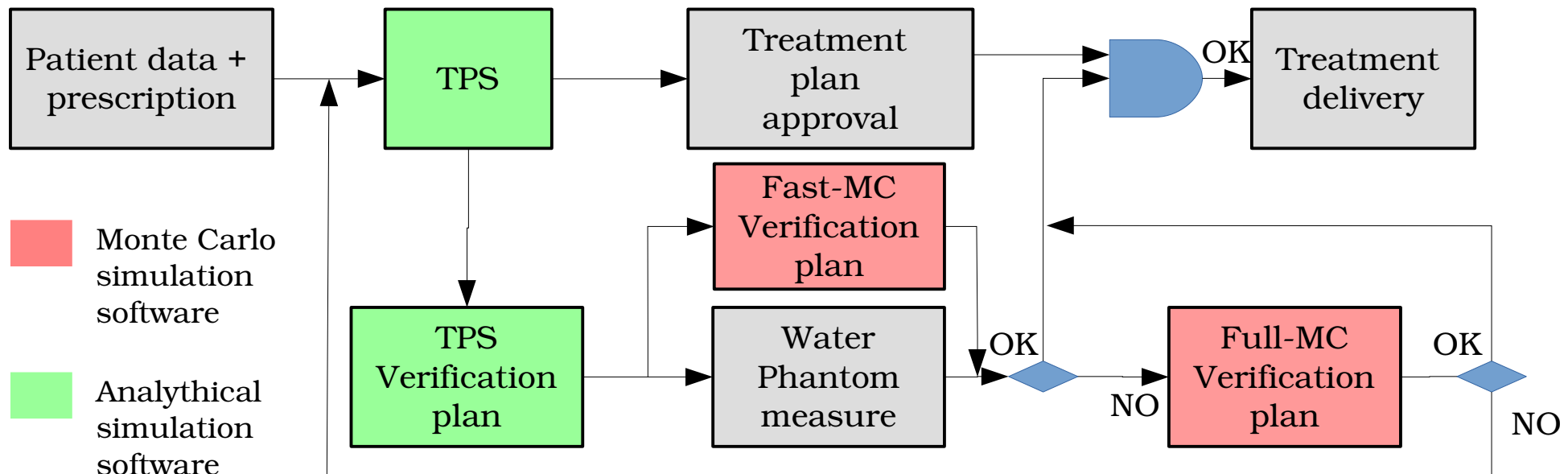




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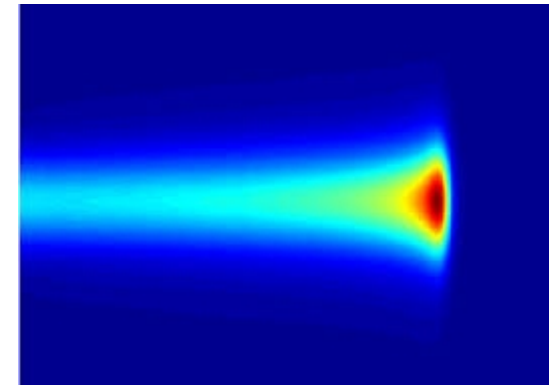
CNAO clinical protocol



Physics models

Physics models implemented in the code are:

- **Stopping Power**
- **Energy Fluctuations**
- Multiple Coulombs Scattering (**MCS**)
- **Nuclear interactions** (elastic and inelastic)



Stopping power and energy fluctuations

Bethe formula^[1] $\frac{dE}{dx}(x, N_e, v, E, \beta, \gamma, I)$

Mean energy loss
per travelled distance

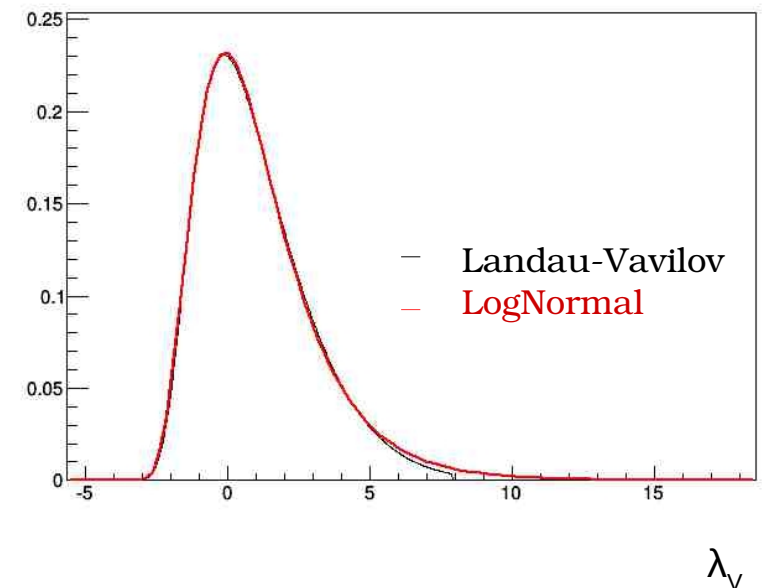
**Thick
absorber**

Gaussian distribution of energy loss

**Thin
absorber**

Landau-Vavilov
distribution of energy loss

↓
Approximation with
logarithmic normal function



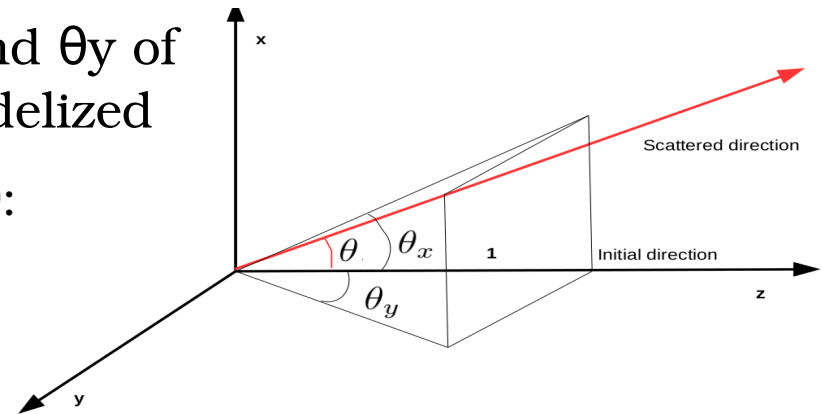
[1] H. Bethe und J. Ashkin in "Experimental Nuclear Physics", ed. E. Segré, J. Wiley, New York, 1953, p. 253

Multiple coulomb scattering

Distributions of **projected angles** θ_x and θ_y of the angle θ have been studied and modeled

Small angles approximation: $\sin(\theta) \sim \theta$:

$$\theta = \sqrt{\theta_x^2 + \theta_y^2}$$



Three different models implemented:

Single Gaussian

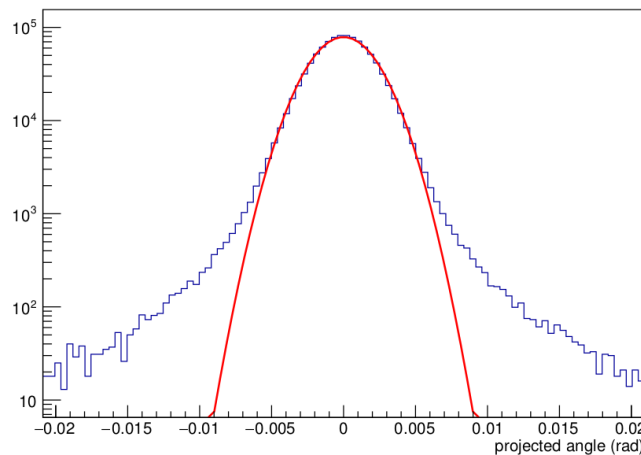
Double Gaussian

(used in clinical
analytic TPS)

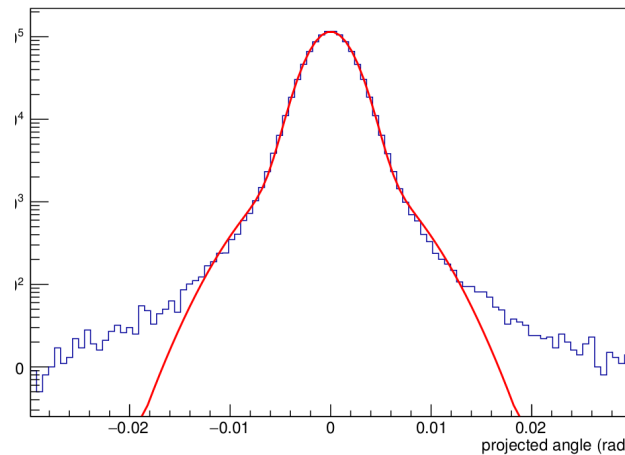
Gauss- Rutherford like

$$f_{GR}(\theta_{x,y}) = (1-w)G(\theta_{x,y}, \sigma) + w \frac{a}{(\theta_{x,y}^2 + b)^c}$$

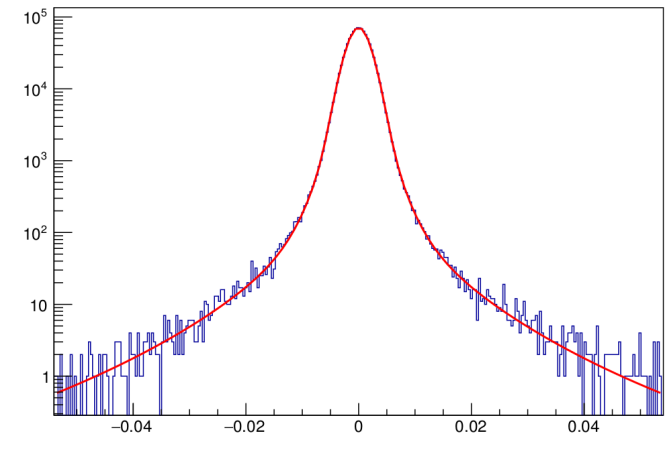
Energy=151MeV step=10^{-1.0}cm



Energy=151MeV step=10^{-1.0}cm



Energy=151MeV step=10^{-1.0}cm

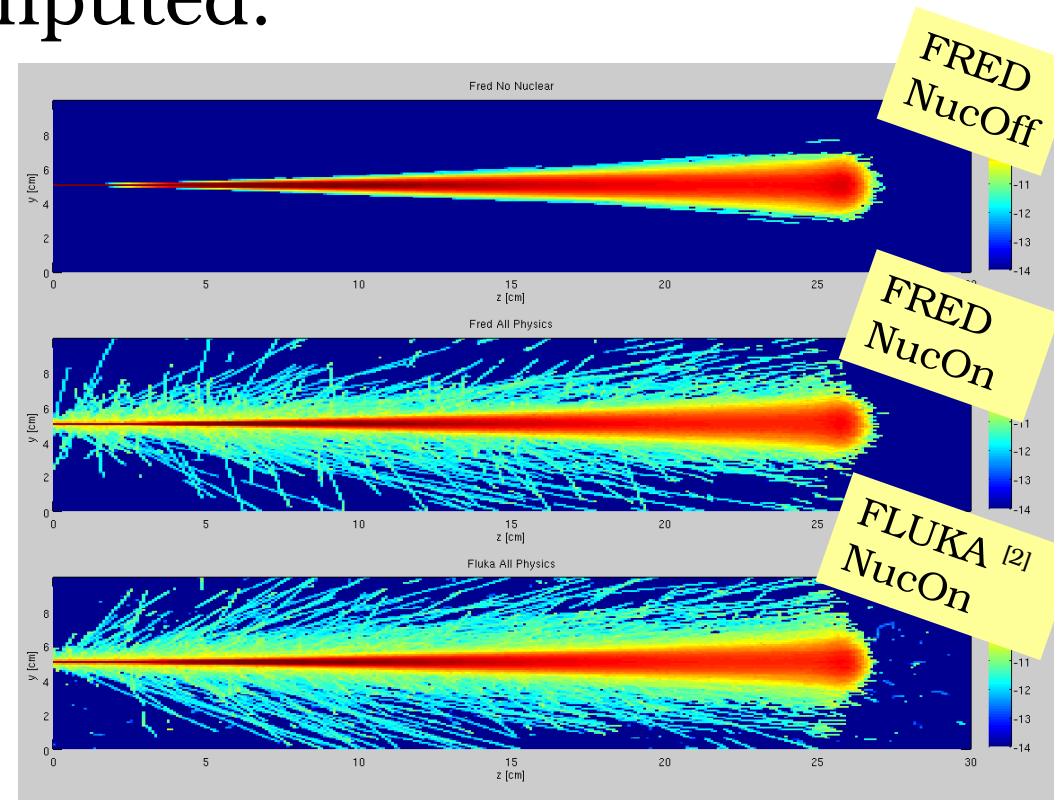


Nuclear interaction

Nuclear cross sections from ICRU report of 2003

Secondary fragments computed:

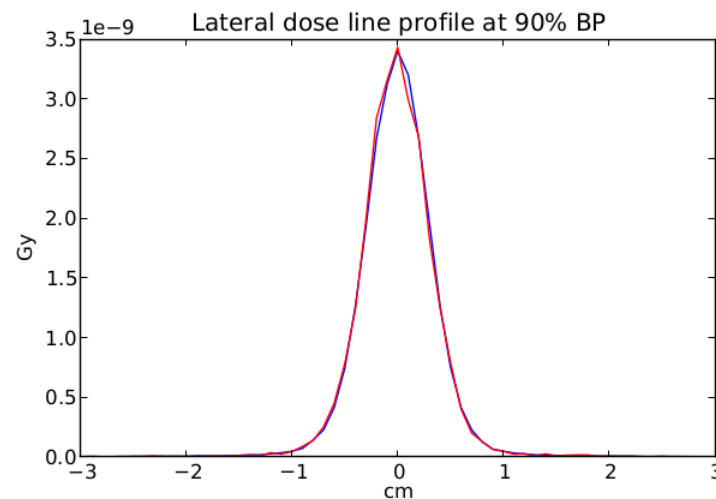
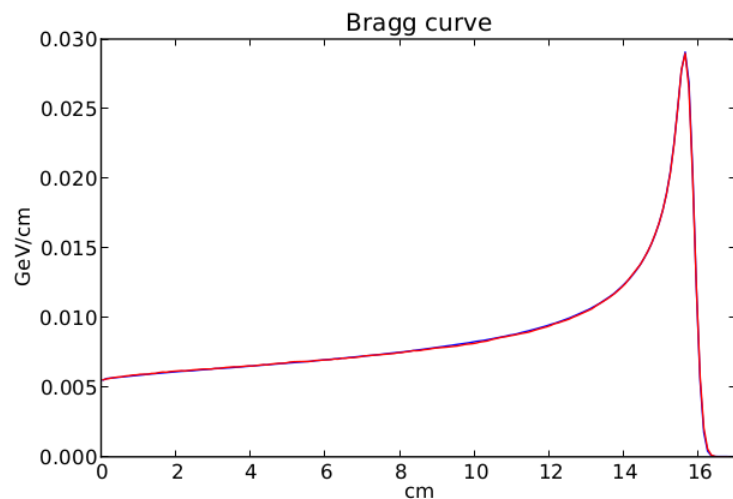
- ✓ **Protons**, tracked
- ✓ **Deuterons**, tracked
- × **Neutrons**, neglected
- **Heavier ions**, locally deposited



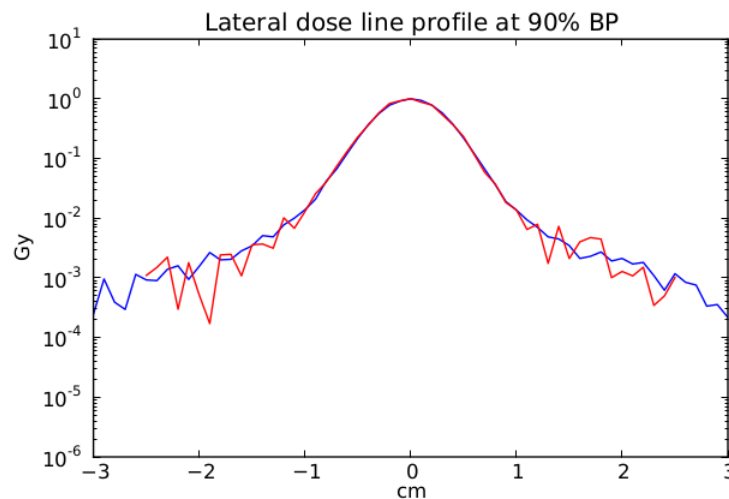
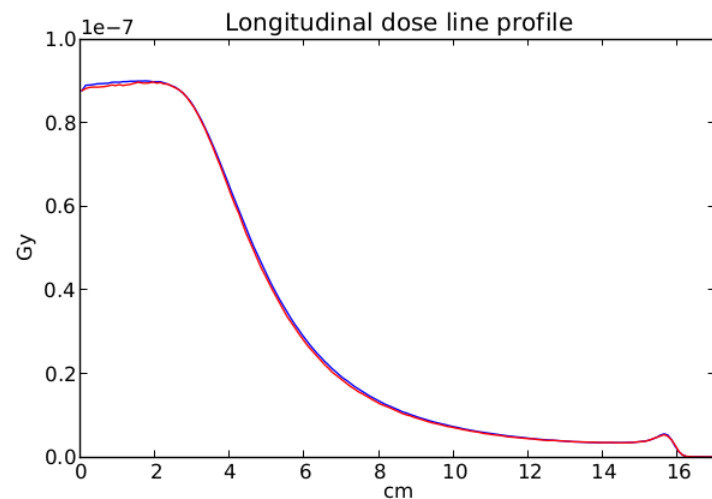
[2] <http://www.fluka.org/fluka.php>

Single PB dose profiles

150 MeV protons in water (FWHM=0.0)

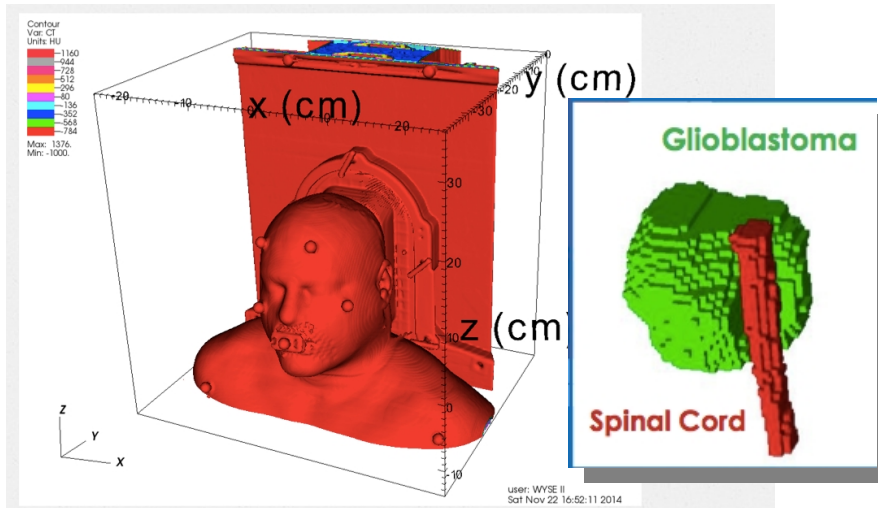


Full Monte Carlo
(FLUKA)
Fast Monte Carlo
(FRED)

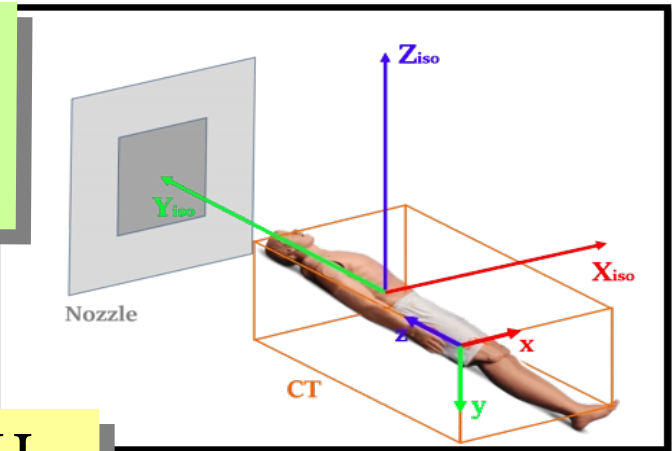


Clinical case: Glioblastoma

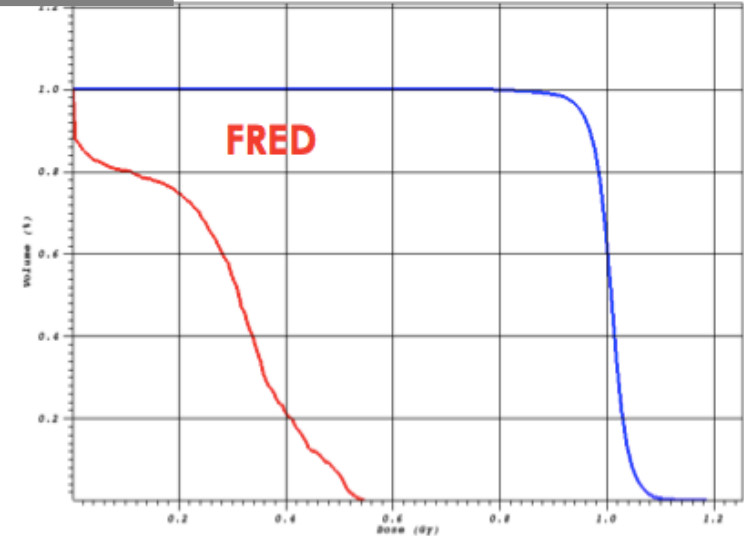
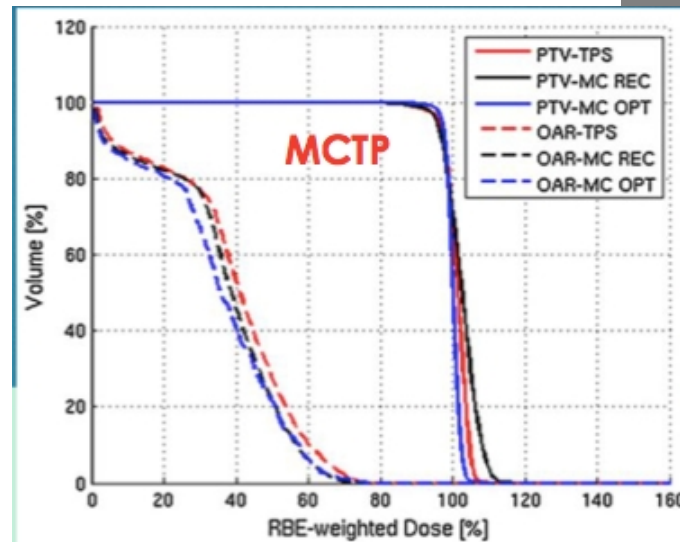
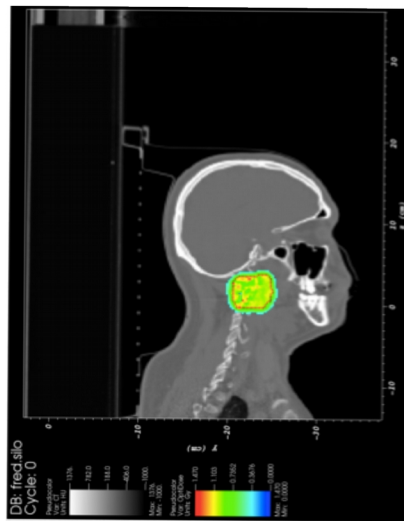
HU conversion in voxel density ρ and elemental composition from
"The Calibration of CT of CT Hounsfield units for radiotherapy treatment planning",
Schneider, Pedroni, Lomax, 1996 Phys. Med. Biol. 41 111



6400 pencil beams,
 5000 primary each
 Dose scoring
 volume resolution
 2 x 2 x 2 mm



DVH



Hardware and performance



DUTY CYCLE

Under sustained raytracing workload, in order to keep temperature of all GPU cards below 70°, we obtain:

AIR-COOLED 2X NVIDIA GTX TITAN

30% duty cycle

WATER-COOLED 4X NVIDIA GTX 980

100% duty cycle

		THREADS	primary/s	µs/primary
C P U	FLUKA	1	0.75 K	1340
	FRED	1	15K	68
	FRED	16	48K	21
	FRED	32	80K	12.5
G P U	FRED	1 GPU*	800K	1.35
	FRED	2 GPU**	3500K	0.3
	FRED	4 GPU***	20000K	0.05

*LAPTOP: MacBookPro(AMD Radeon R9 M370X)

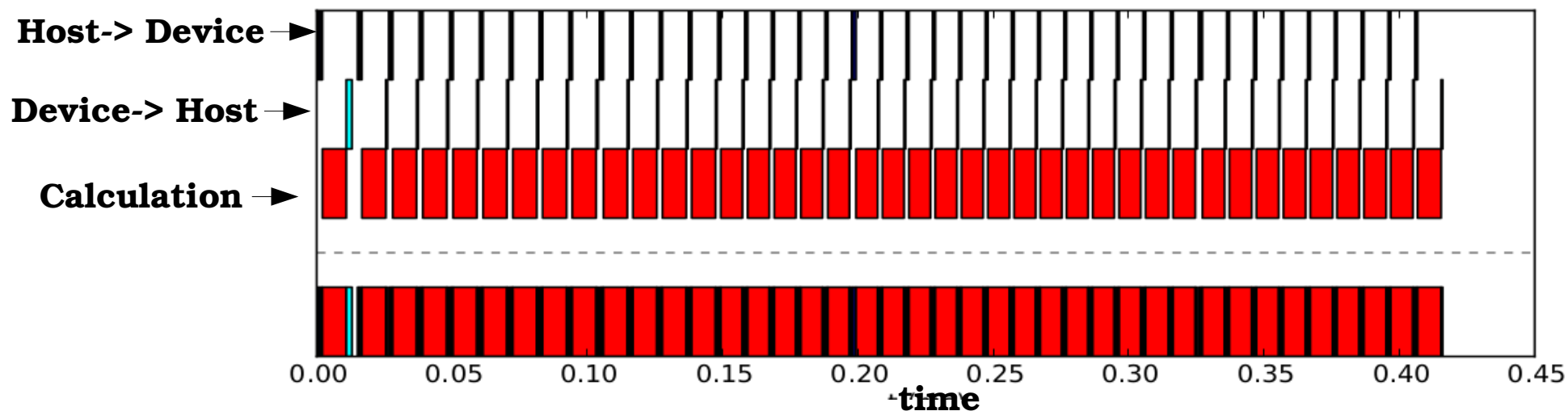
** DESKTOP: Mac Pro (AMD FirePro D300)

***LINUX WorkStation with 4 NVIDIA GTX 980 GPUs

Synchronous/asynchronous execution

WATER-COOLED 4X NVIDIA GTX 980

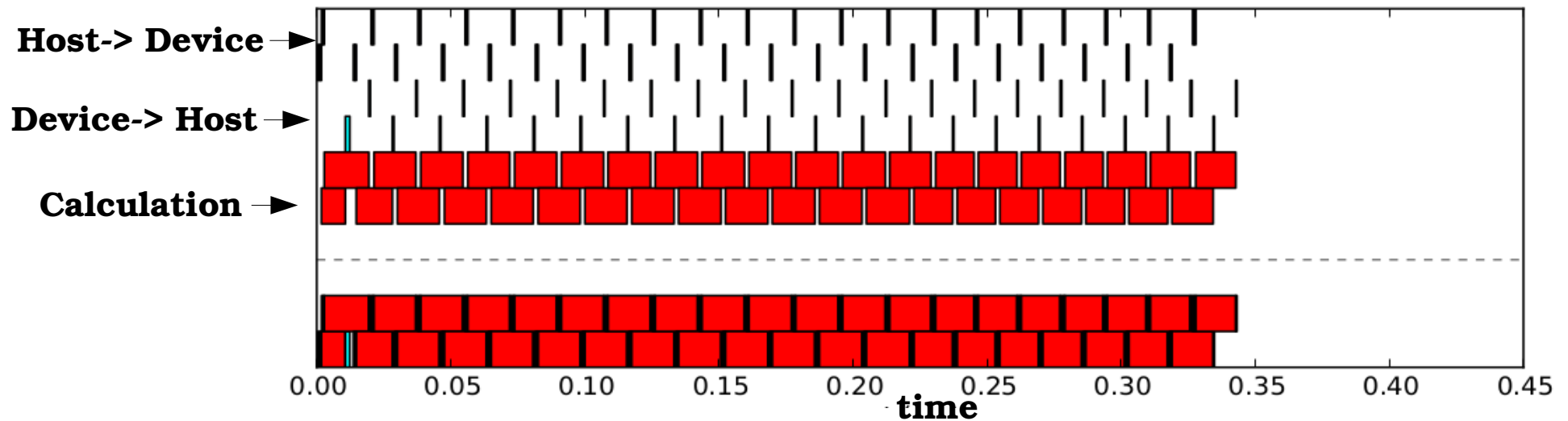
1 DEVICE
1 QUEUE



Synchronous/asynchronous execution

WATER-COOLED 4X NVIDIA GTX 980

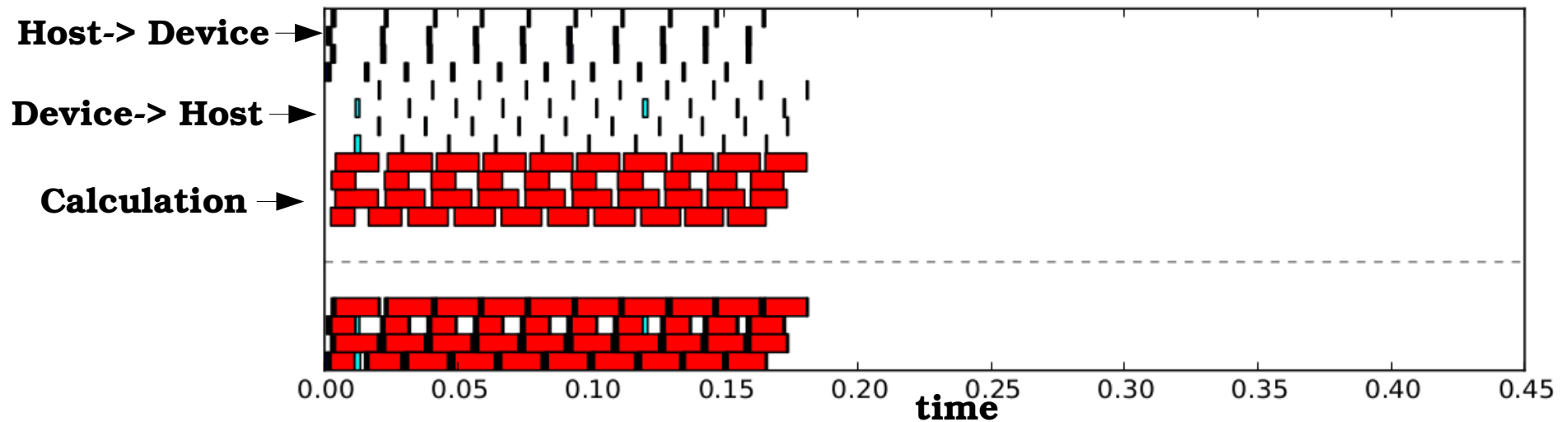
1 DEVICE
2 QUEUES



Synchronous/asynchronous execution

WATER-COOLED 4X NVIDIA GTX 980

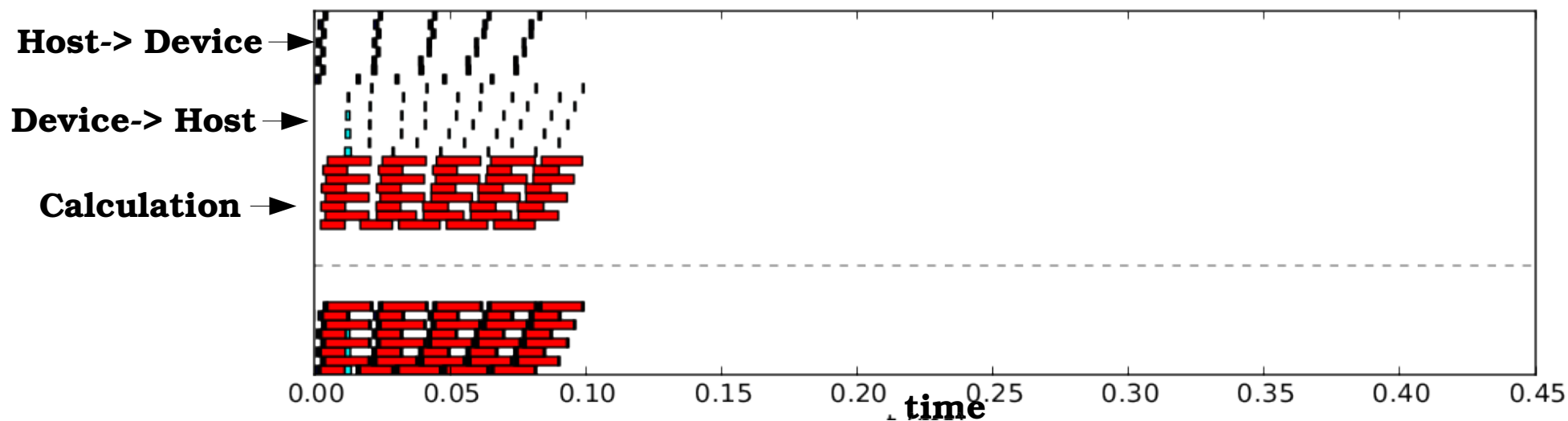
**2 DEVICES
2 QUEUES**



Synchronous/asynchronous execution

WATER-COOLED 4X NVIDIA GTX 980

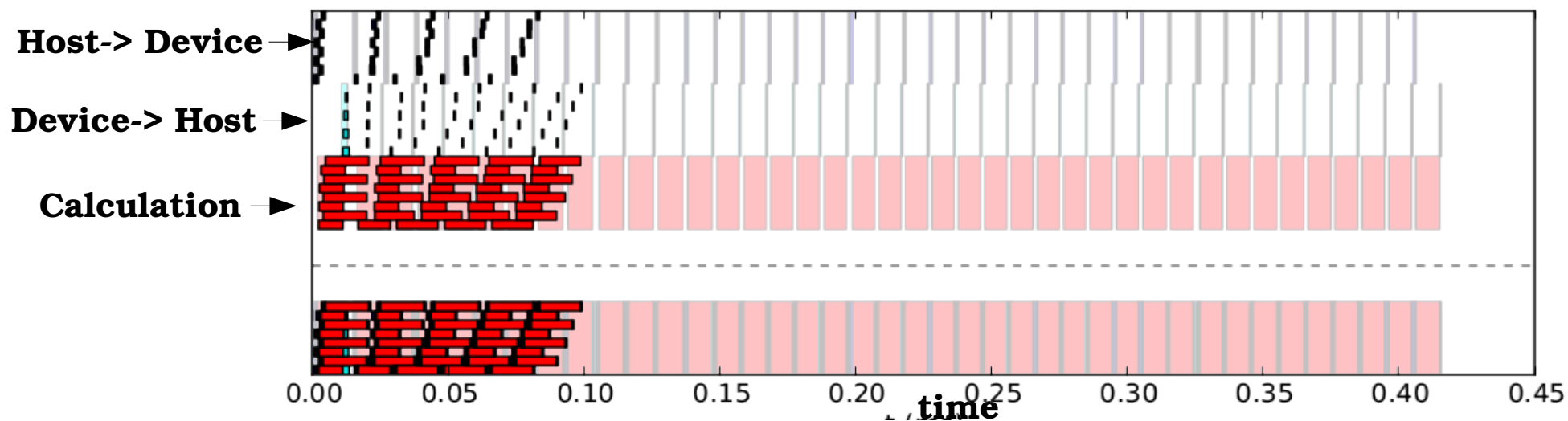
**4 DEVICES
2 QUEUES**



Synchronous/asynchronous execution

WATER-COOLED 4X NVIDIA GTX 980

**4 DEVICES
2 QUEUES**



Conclusions and future developments

- ♦ Good dose maps agreement with TPS data and Full-MC simulations
- ♦ Time computing expense > 1000 times less than a full MC tool

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- ♦ Time computing expence ~ 1000 times less than a full MC tool



- Clinical validation of fast-recalculation tool
- Applications to clinical routine
- Extensions to include other ions (Carbon, Helium)
- Improvement of radiobiological models (RBE)
- Dose monitoring using secondary particles

Thank you for your attention!



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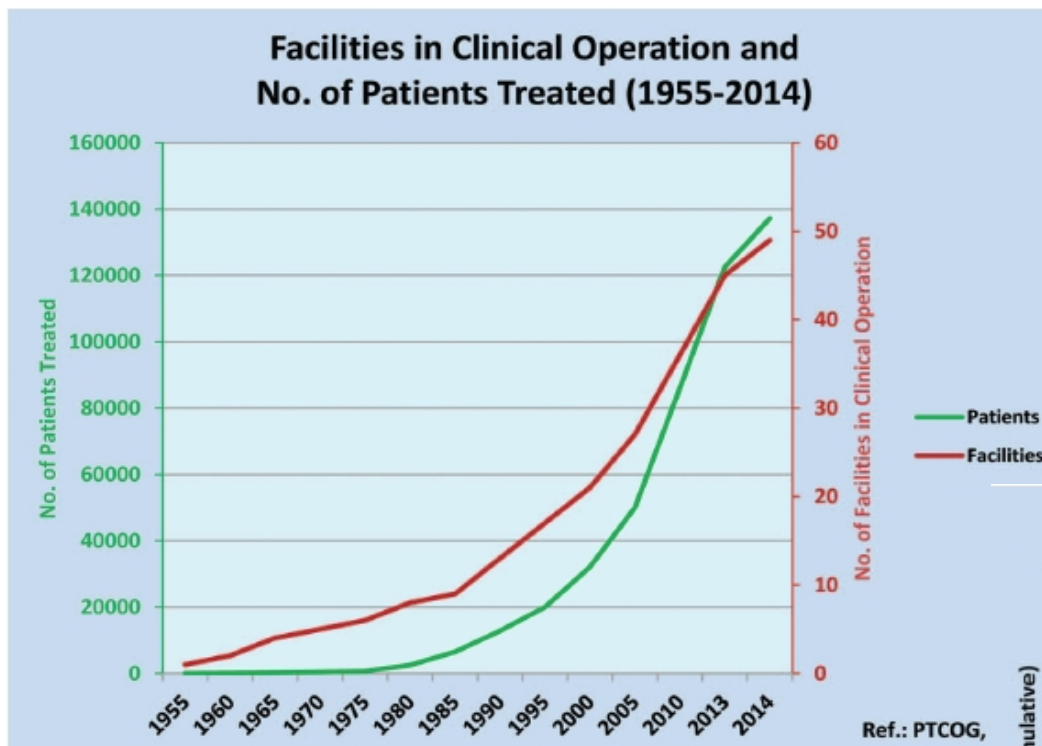
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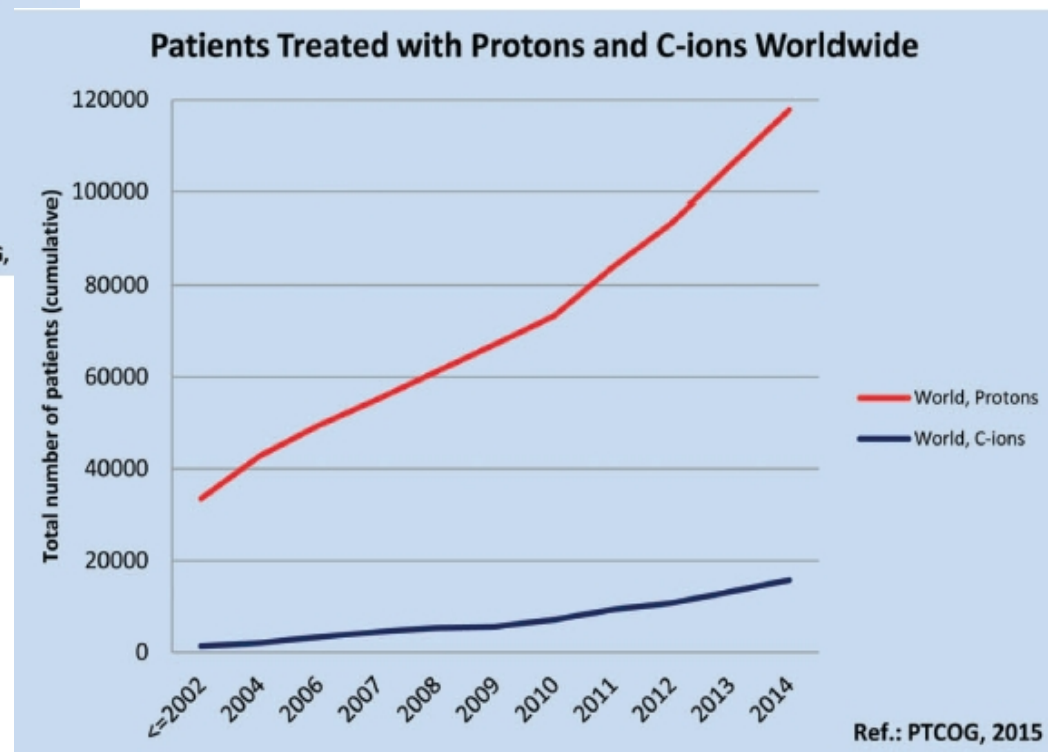
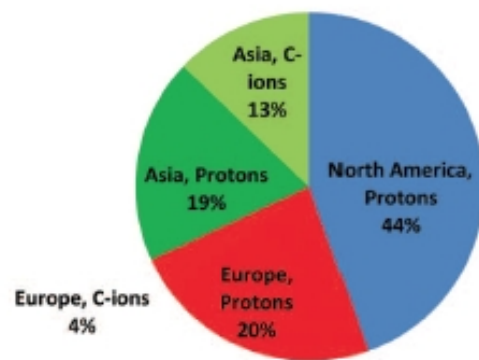
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Patient statistic

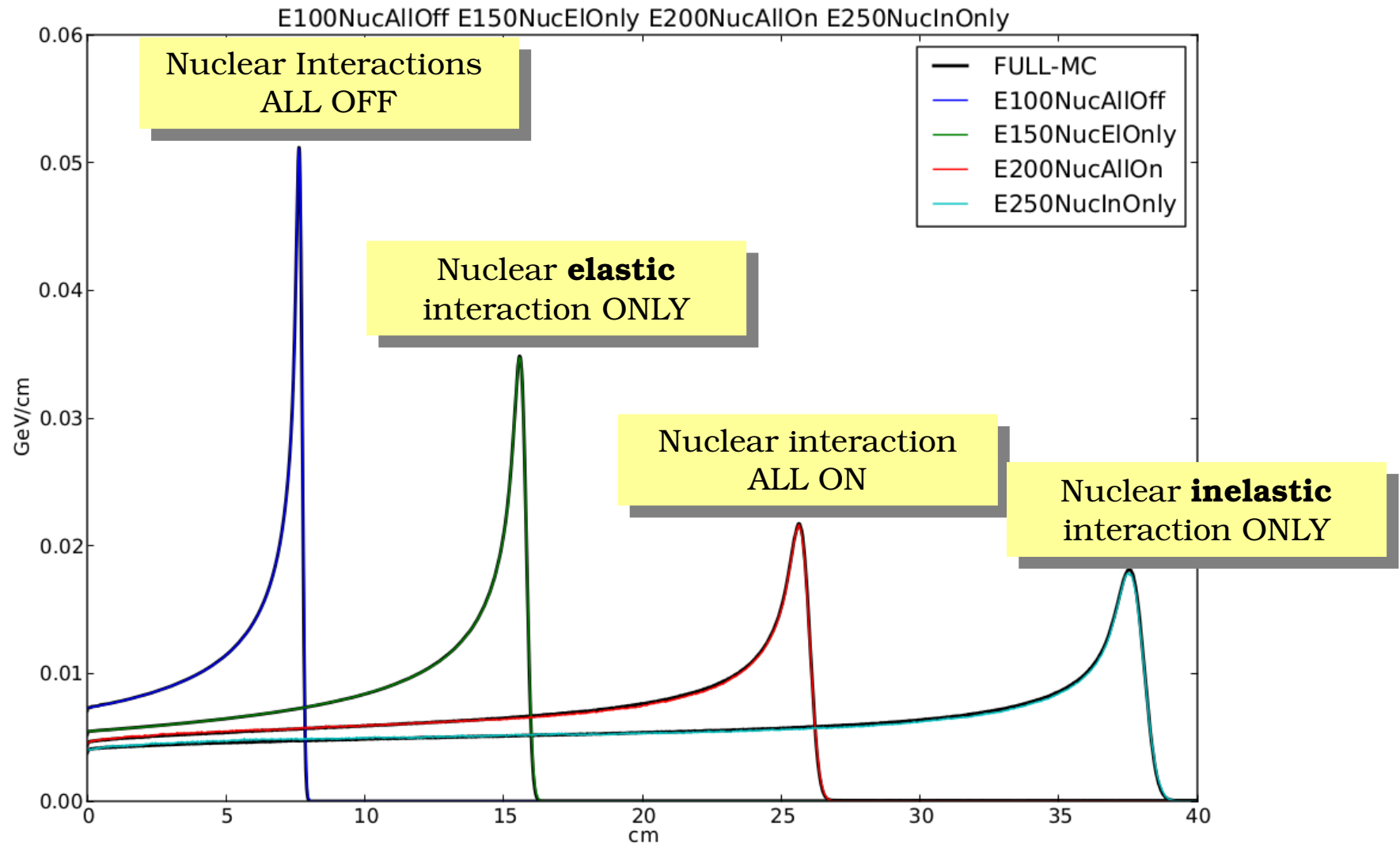
www.ptcog.ch



Patients Treated in 2014, Protons and C-ions
Total of 15 400



Bragg Peaks



Gamma Index pass rate^[3]

DTA = Distance to agreement

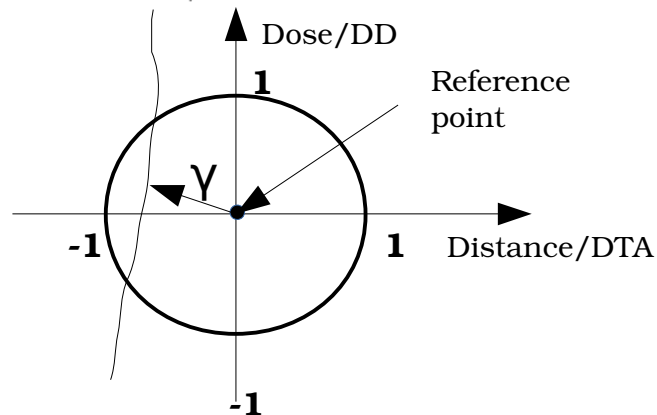
DD = Dose Difference

$*_r$ = reference dose map

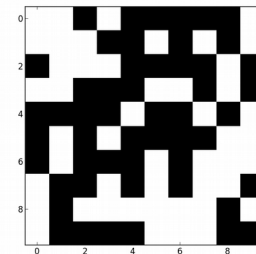
$*_e$ = evaluated dose map

$$\Gamma(\vec{r}_e, \vec{r}_r) = \sqrt{\frac{|\vec{r}_e - \vec{r}_r|^2}{\text{DTA}^2} + \frac{[D_e(\vec{r}_e) - D_r(\vec{r}_r)]^2}{\text{DD}^2}}$$

$$\gamma(\vec{r}_r) = \min \{ \Gamma(\vec{r}_e, \vec{r}_r) \} \forall \{ \vec{r}_e \}$$

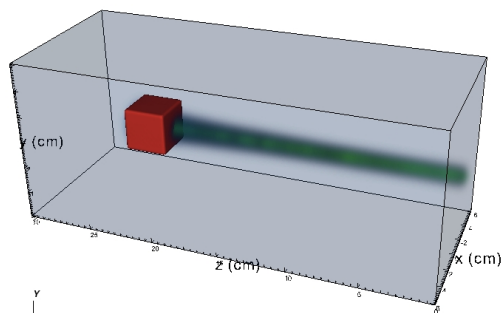


If $\gamma < 1$, the reference point passes the γ -test otherwise it fails.



[3]Daniel A. Low, William B. Harms, Sasa Mutic, and James A. Purdy, "**A technique for the quantitative evaluation of dose distributions**", Medical Physics, Vol. 25, No. 5, May 1998

Quality assurance cube



SOBP 3 cm cube @ 20 cm depth
20000 primary protons per PB

