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Lazaro

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Determination of MC-based predictive models for personalized and

fast kV-CBCT organ dose estimation

H. Chesneau¹, M. Vangvichith¹, E. Barat¹, C. Lafond^{2,3}, D. Lazaro-Ponthus

1 - Commissariat à l'Energie Atomique -LIST, Département de physique, Gif-sur-Yvette, France.

2 - Centre Eugène Marquis, Rennes, France

3 - LTSI, Image and Signal Treatment Laboratory, INSERM U 1099, University of Rennes I, France.

Introduction and objective

The intensive use of CBCT during radiotherapy treatments induces additional radiations doses delivered on large volumes. If those doses are often neglected, the medical community is starting to ask for an accurate dosimetric tool dedicated to kV-CBCT.

The aim of the present study is to develop a Monte Carlo-based organ doses calculator suitable for clinical environment. To ensure fast dose estimation, the possibility to determine predictive models based on patient morphology was studied.

Material and method

1. Development of a kV-CBCT simulator

- A XVI kV-CBCT (Elekta) simulator was developed using the MC code PENELOPE [1].
- (electron source and anode) The different collimators The Bowtie filter (F1)

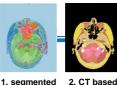
The X-ray tube

The XVI acquisition simulator was validated against experimental data

2. Realization of personalized 3D dose calculation

Personalized 3D-dose calculations were performed using planning CT-images :





Integration in the MC simulator to perform personalized 3D dose calculation

CT-image

CT-images were segmented by a statistical process based on ddCRP algorithm [3].

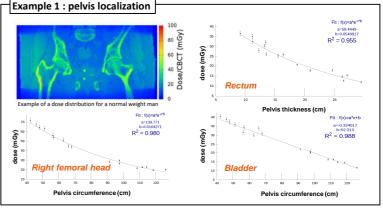
patient mode

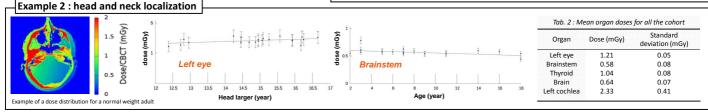
CT-image

To ensure accurate kV-beam dose calculation 5 to 7 soft tissues and 10 bones were used for the patient models.

- Results

- Except for the head-and-neck localization, results show dose variations highly correlated with the patient morphology. Doses received by children (small morphologies) are 2 to 3 times higher than doses received by adults.
- Doses to organs at risk can be adjusted with morphologic parameters directly measured on the planning CT using linear or exponential functions (Ex. 1).
- For the head-and-neck localization (Ex. 2), organ doses are little affected by morphology because of the semi-rotational acquisition process (200°) and the slight head and neck size variations with age (Ex. 2). In this case, the mean organ dose for all the cohort might be a sufficient dose estimator for every morphology (Tab. 2).





Limitation : the impact of isocenter position variations was not study in this work.

Conclusion

This preliminary cohort study demonstrates the possibility to determine mathematical predictive models for personalized and fast kV-CBCT organ dose estimation. Future works will include an extension of the patient cohort to increased the accuracy of the mathematical adjustments and a similar study for the OBI kV-CBCT (Varian). Those perspectives are a part of the French National Research Agency (ANR) project AID-IGRT.

Chesneau et al. "Monte Carlo simulation for imaging dose estimation: application to the Elekta XVI kV-CBCT." ESTRO annual meeting 34, Barcelona 2015 [2] H. Chesneau et al. "Comprehensive validation of a Monte Carlo kV-CBCT model using OSL and spectral measurements." ESTRO annual meeting 35, Torino 2016. [3] S. Ghosh et al. "Spatial distance dependent Chinese restaurant processes for image segmentation." Advances in Neural Information Processing Systems Proceedi dings Books, 2011.





- A cohort of 40 children aged from 1 to 18 years and 10 adults was constituted.
- Dose maps were calculated for each patient and various kV-CBCT protocols (Tab. 1) while respecting equivalent simulation conditions : patient and isocenter positions.

Tab. 1 : Acquisition parameters for kV-CBCT acquisitions

Collimator

M15

S20

M15

(BMI)

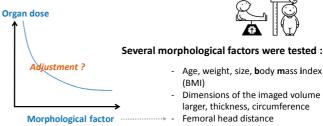
Filter

Bowtie (F1)

FO

Bowtie (F1)

Doses to critical organs were extracted and correlation with morphologies were studied.



Tension

120 kVc

100 kVp

100 kVr

Pelvis

Head & neck

Thorax

mAs/proj

2 56

0.1

1.6



Start/end

-180°/180°

-135°/70°

-180°/180°

Age, weight, size, body mass index

Dimensions of the imaged volume :

larger, thickness, circumference

Projections

660

360

660

Femoral head distance