

4D signal processing for lung cancer treatment by radiotherapy

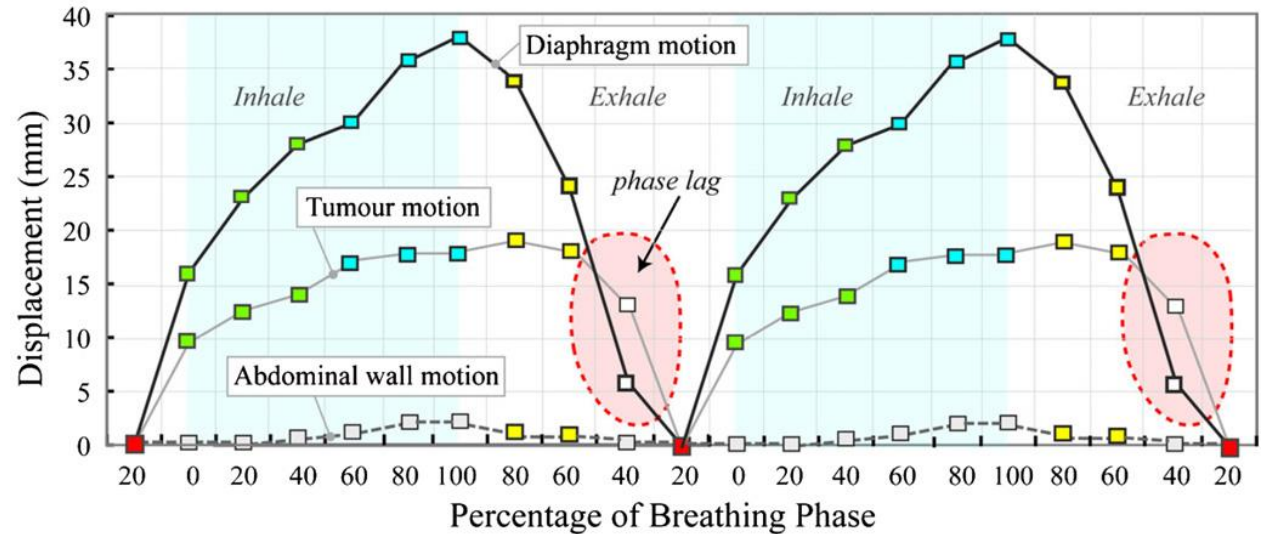
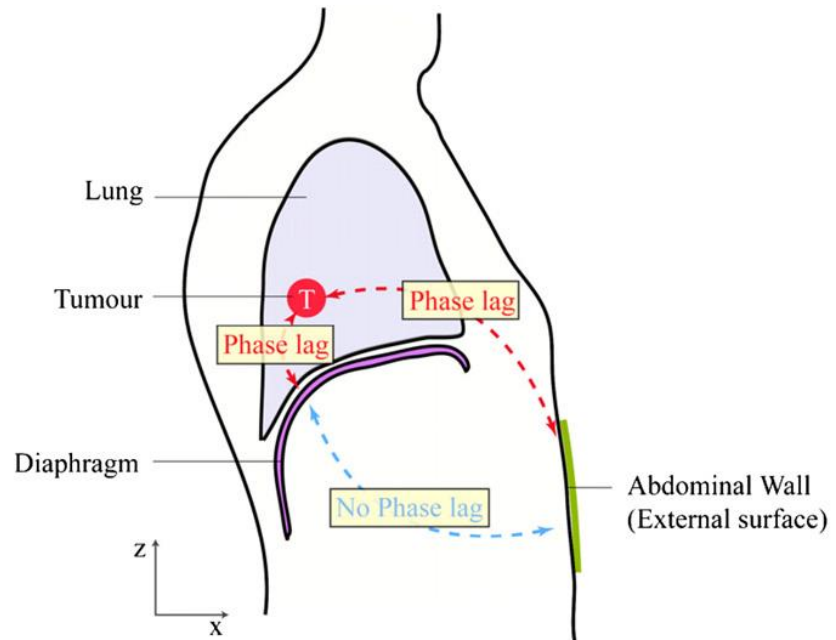
Nicolas Gallego-Ortiz

Respiratory motion

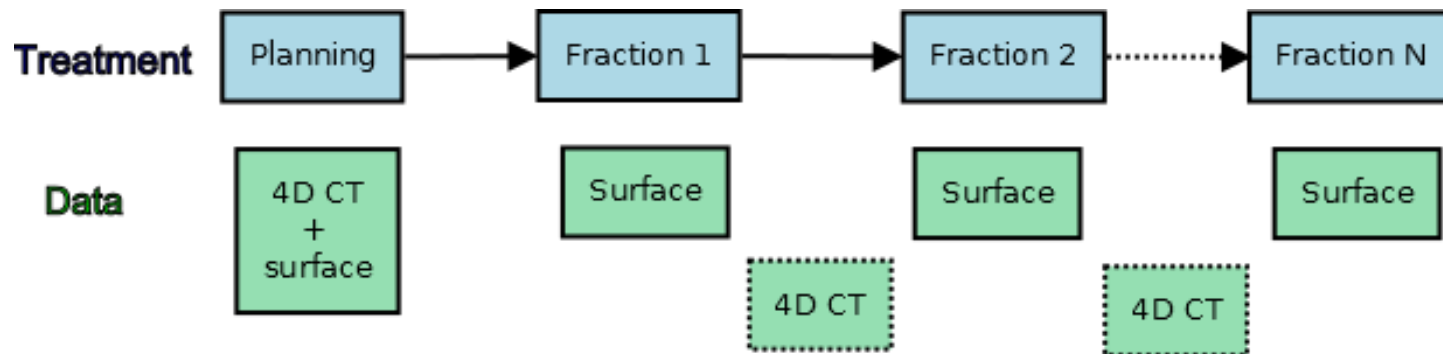
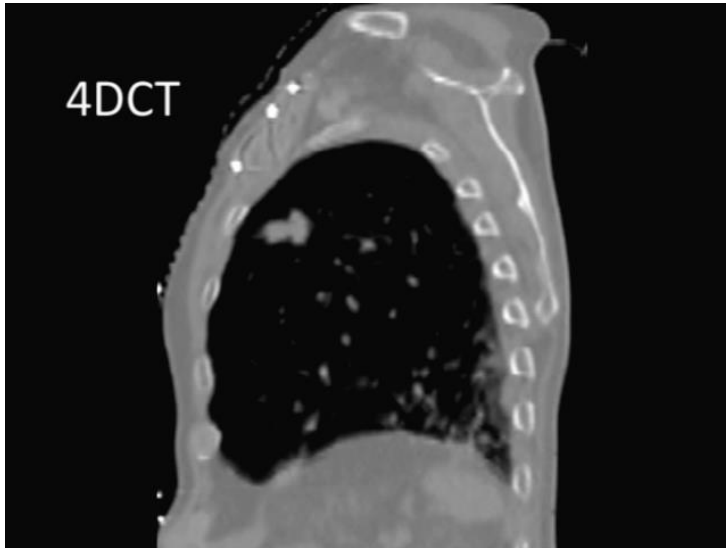
- Breath in, breath out
- What moves and how does it moves?

Respiration dynamic relations

Kyriakou et al.
 Phys. Med. Biol. **56** (2011) 2999–3013



Treatment: patient setup critical



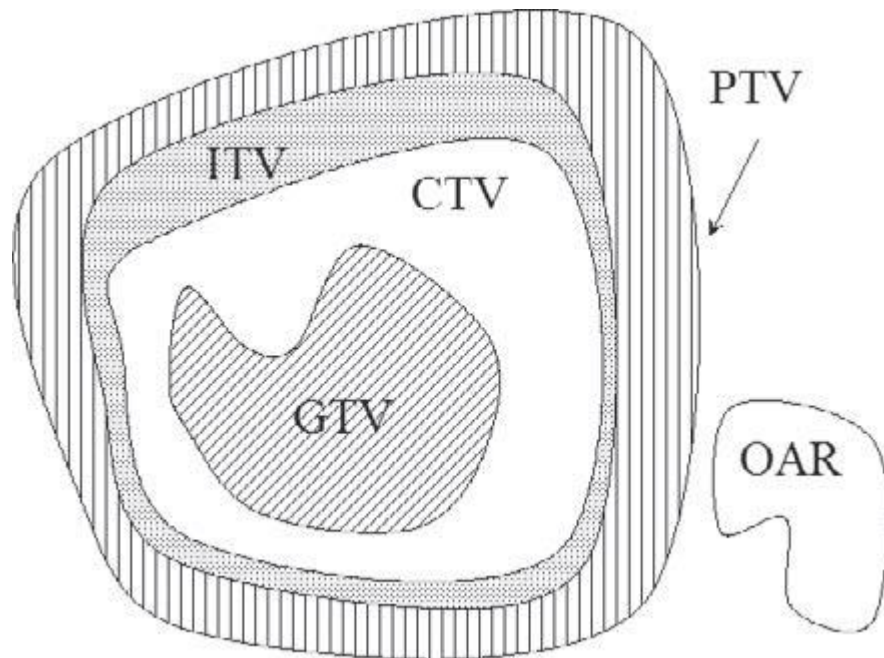
4D CT: four dimensional computed tomography

Agenda

- Why respiratory motion in RT?
- Imaging technologies
- Tumor and lungs motion modeling
 - Finite Element Method
 - Deformable Image Registration

Why study respiratory motion?

- Correct for image artefacts
- To reduce tumor position **uncertainty margins**



GTV Gross Tumor Volume

CTV Clinical Target Volume

ITV Internal Target Volume

PTV Planning Target Volume

OAR Organ At Risk

E.B. Podgorsak

RADIATION ONCOLOGY

PHYSICS.

Vienna : International Atomic
Energy Agency, 2005. Ch 7 p 220

Variations

- **Intra-fraction variations**
 - Short time changes in a regular respiratory pattern
 - Coaching to keep respiration regular
- **Interfraction variations**
 - Day to day changes. Organ fillings, weight loss / gain etc. Changes in respiratory pattern from one day to the other
- **Constraints to have real-time tumor tracking**
 - Need to model

Agenda

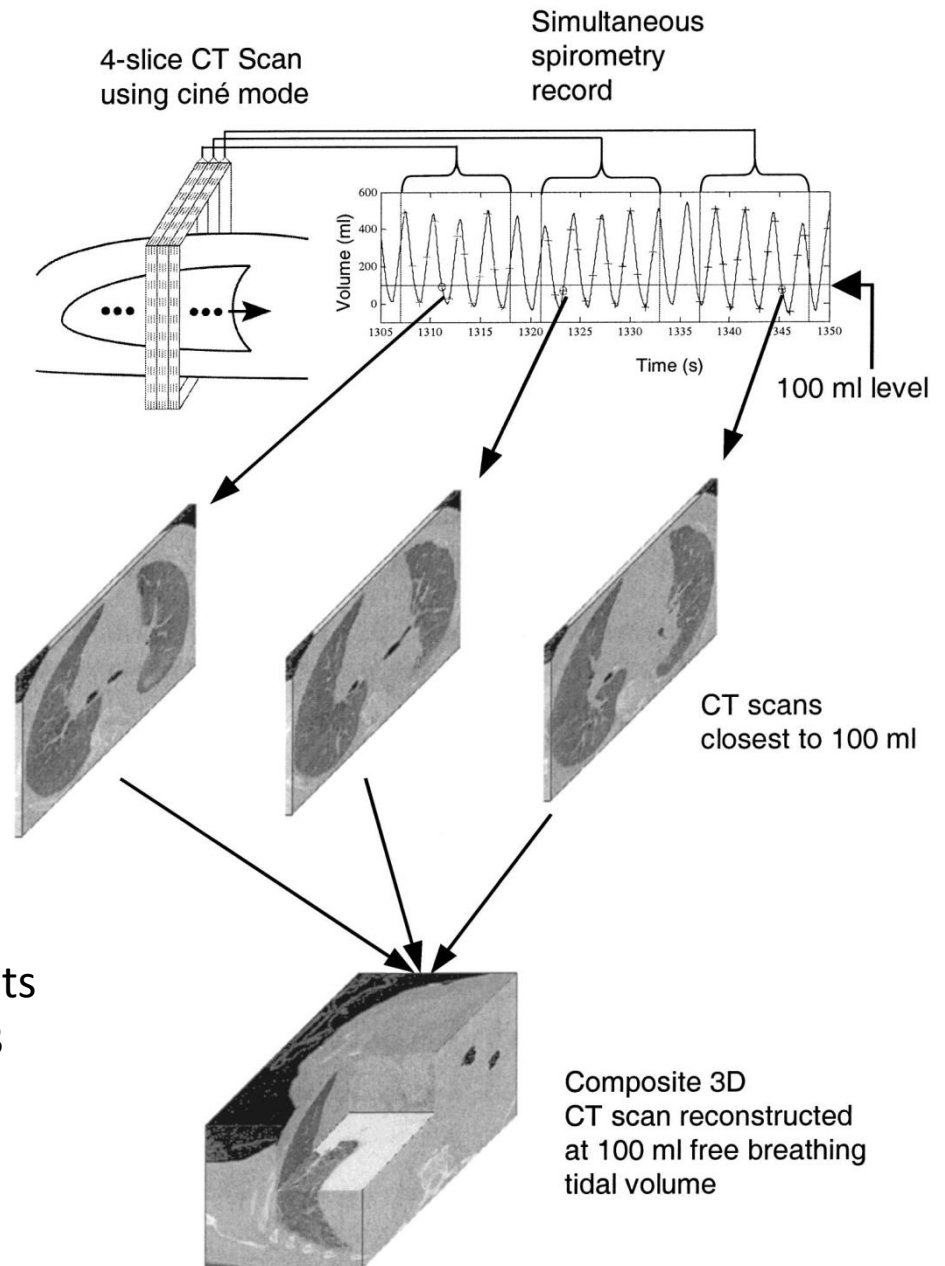
- Why respiratory motion in RT?
- **Imaging technologies**
- Tumor and lungs motion modeling
 - Finite Element Method
 - Deformable Image Registration

Imaging technologies

- Computed tomography
- **4D Computed Tomography**
- 4D Magnetic Resonance
- ... multimodality solutions with flouroscopy, Cone-beam CT.
- **Optical surface scanning technologies**

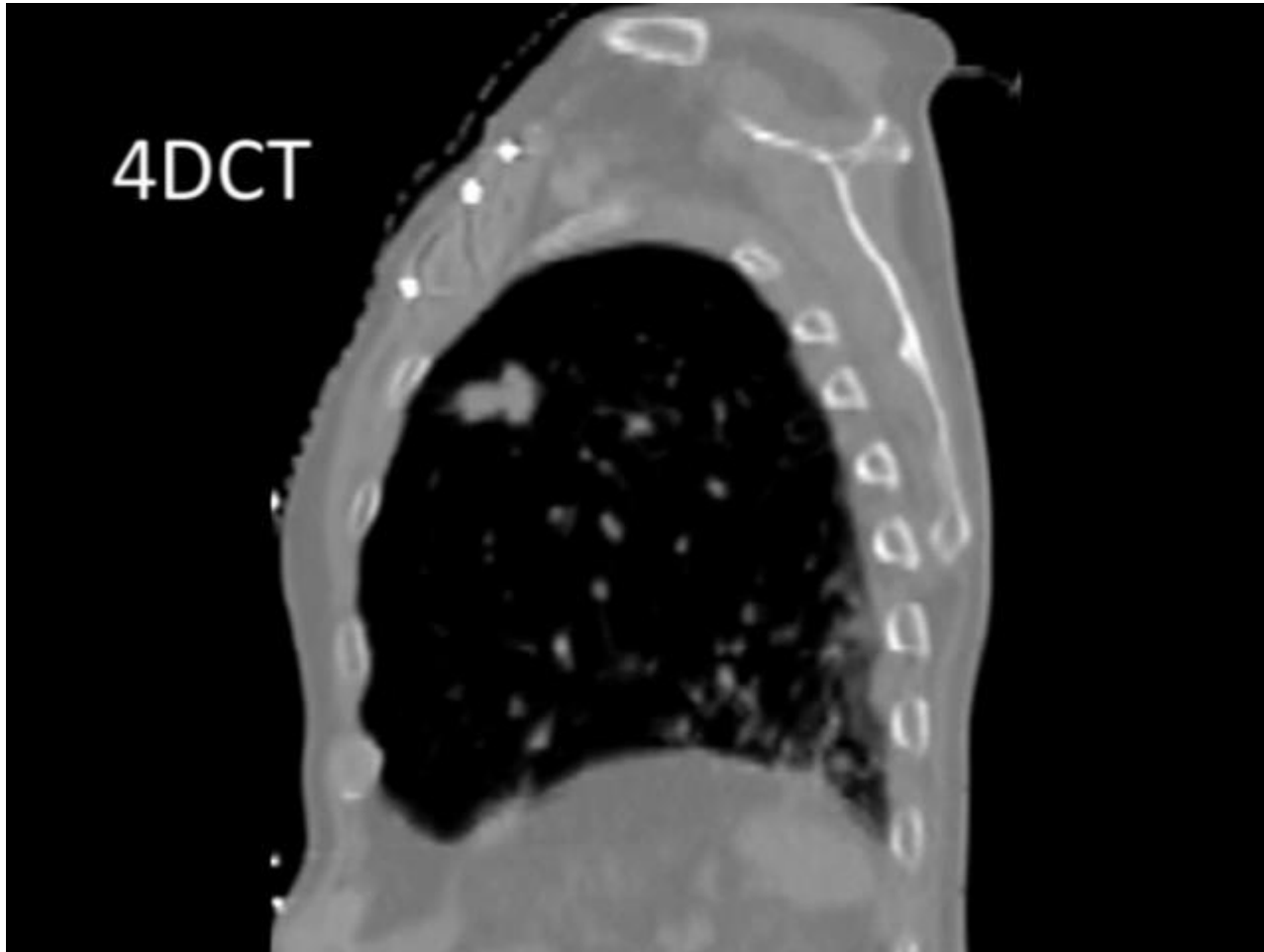
Concept of 4D CT

- (3D + t) Computed Tomography



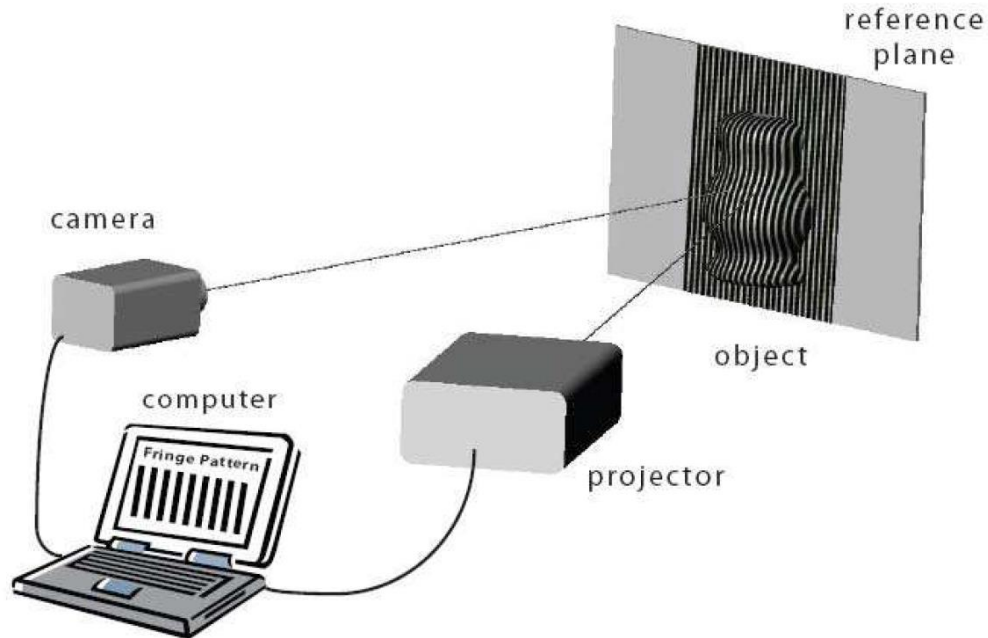
Low et al.: Breathing motion measurements
Medical Physics, Vol. 30, No. 6, June 2003

A sagittal slice of a lung tumor in motion

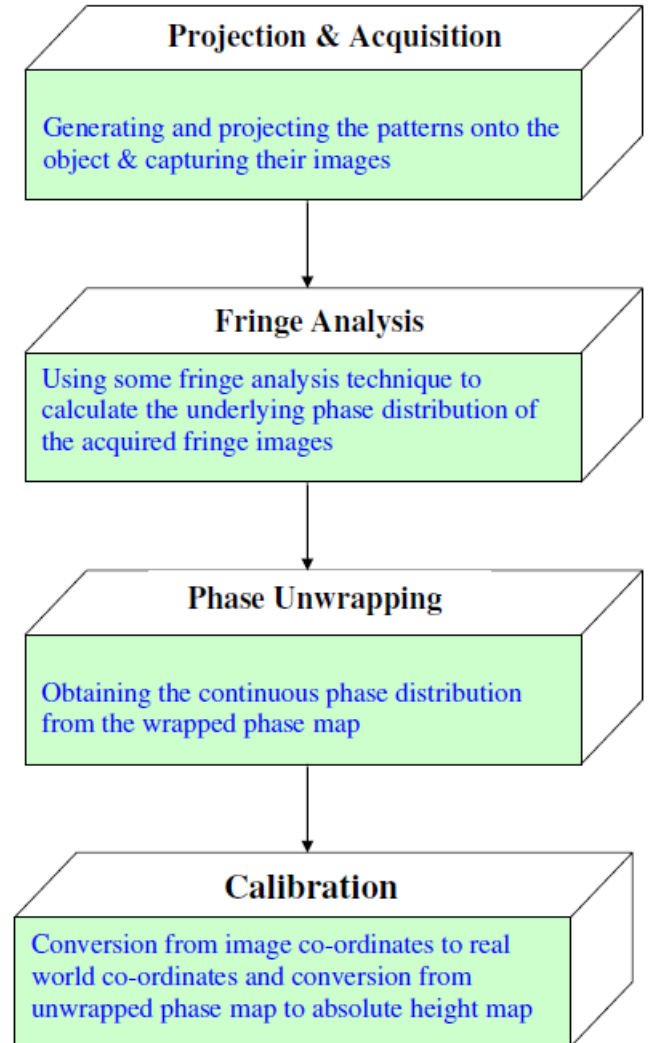


[4DCT](#)

Optical surface technologies



Gorthi, S. S. and Rastogi,
P. Optics and Lasers in Engineering, 48(2):133-140, 2010.



Agenda

- Why respiratory motion in RT?
- Imaging technologies
- **Tumor and lungs motion modeling**
 - Finite Element Method
 - Deformable Image Registration

Lung and tumor motion modeling

- Biophysical models
- Deformable registration (data-driven)
 - Internal deformations related to surface
 - Surface deformation -> motion field

Agenda

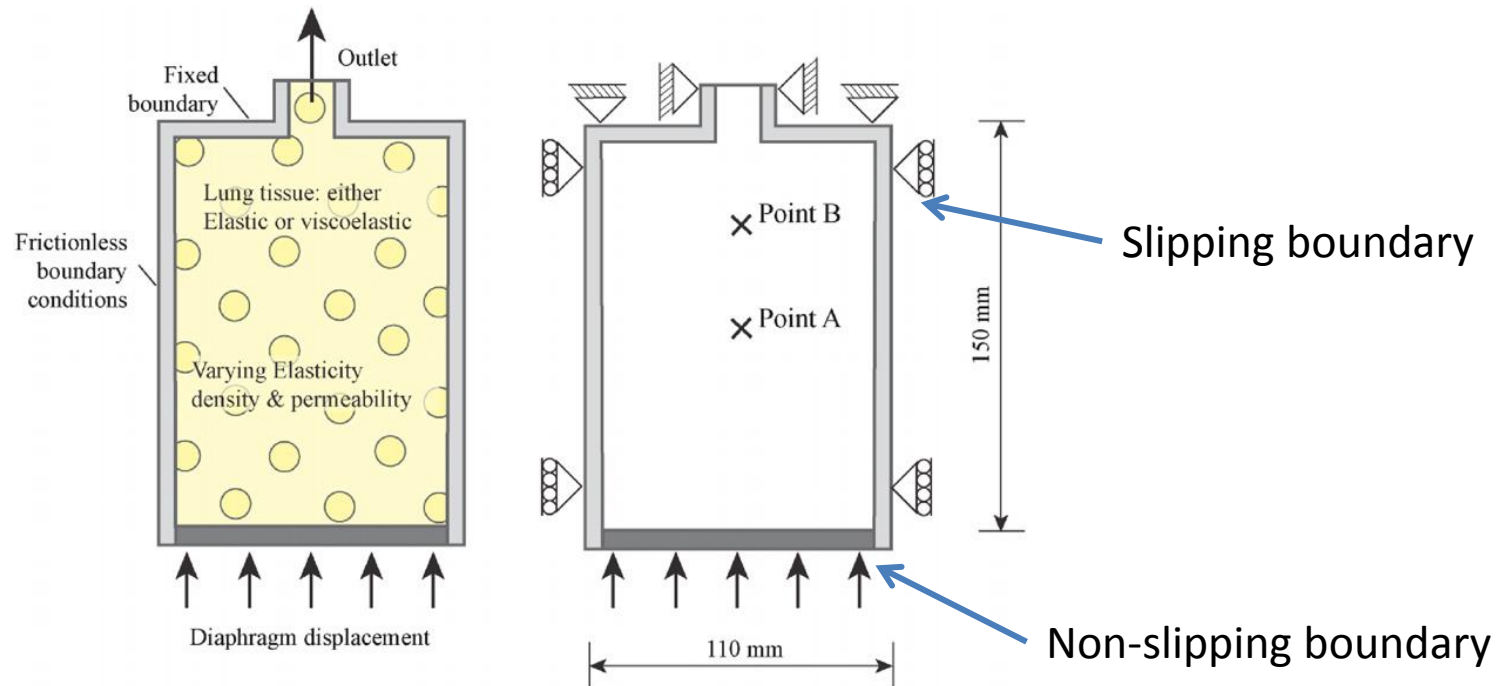
- Why respiratory motion in RT?
- Imaging technologies
- Tumor and lungs motion modeling
 - **Finite Element Method**
 - Deformable Image Registration

What is Finite Element Method?

- Numerical method
- Solve boundary problems
- Partial differential equations
- On a discrete finite element set (discretized solution domain)

Dynamic model: simplified geometry

Kyriakou et al.
Phys. Med. Biol. **56** (2011) 2999–3013



- Finite element model: Rectangle driven by a piston. Sinusoidal displacement profile

Dynamic model:

lung material:

hookean linear and viscoelastic

Kyriakou et al.

Phys. Med. Biol. **56** (2011) 2999–3013

Table 1. Median values for the key parameters of the model.

Parameter	Value	Reference
Permeability	$1.3 \times 10^{-9} \text{ m}^2$	West (2005)
Elasticity	2000 Pa	Fung <i>et al</i> (1985)
Density	200 kg	West (2005)

Variations

Explore effects

Resistance
flow of air

$$R = \frac{P_{\text{alveolar}} - P_{\text{atm}}}{Q}$$

← pressures
← flow

Dynamic
viscosity

Permeability
of medium

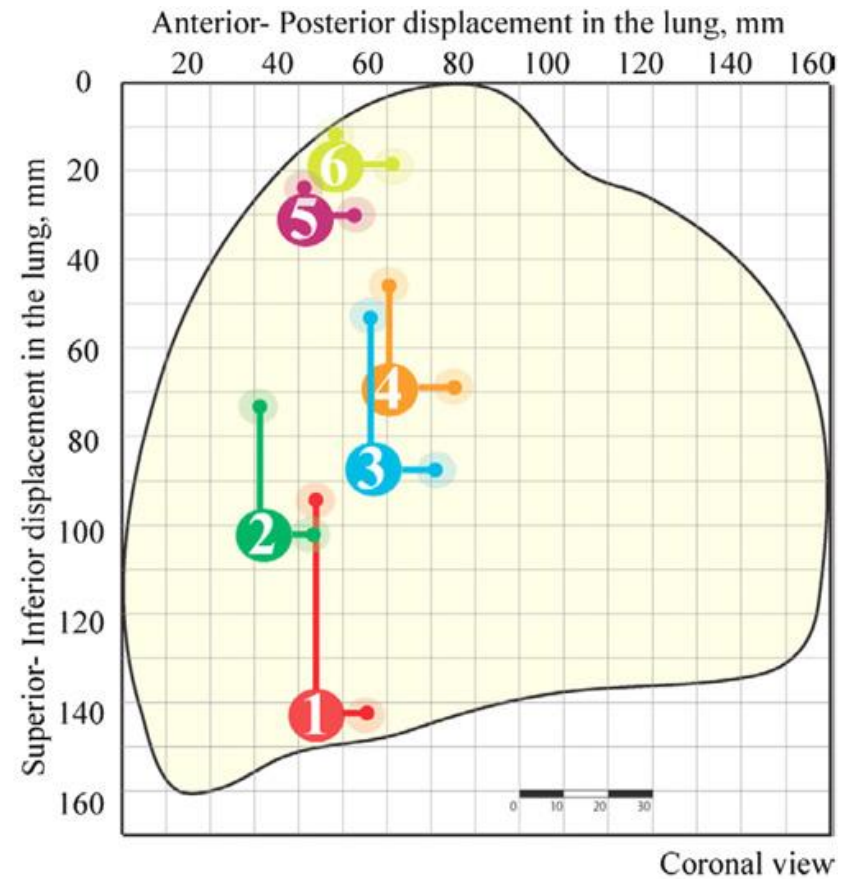
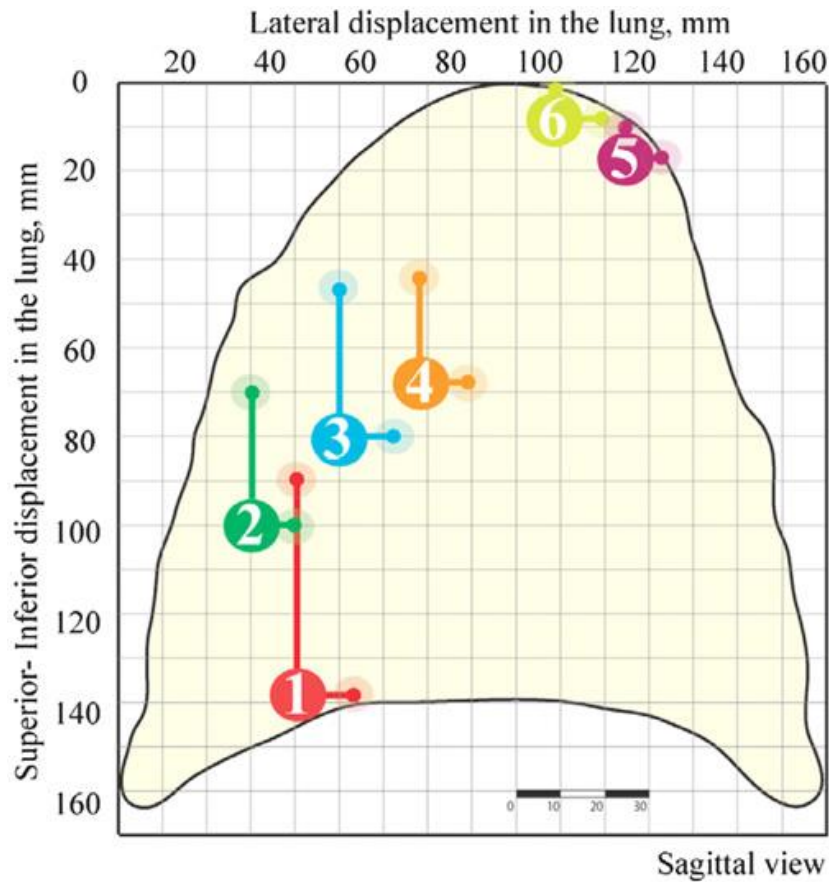
$$\kappa = \frac{Q\mu L}{A(P_{\text{alveolar}} - P_{\text{atm}})} = \frac{Q\mu L}{ARQ} = \frac{\mu L}{AR}$$

← Area, length

ADINA (commercial software for Automatic Dynamic Incremental Nonlinear Analysis).

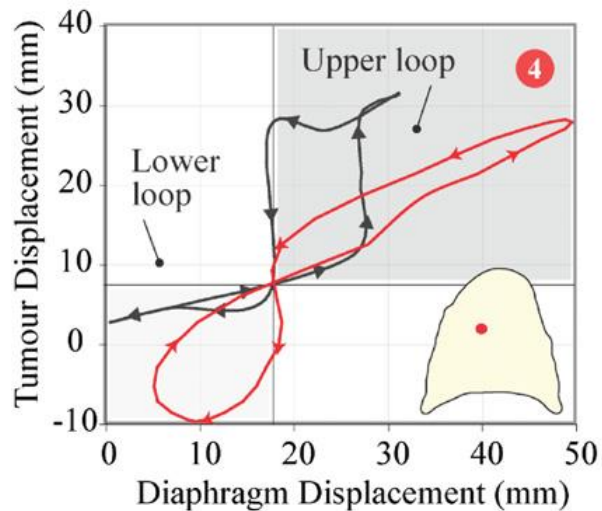
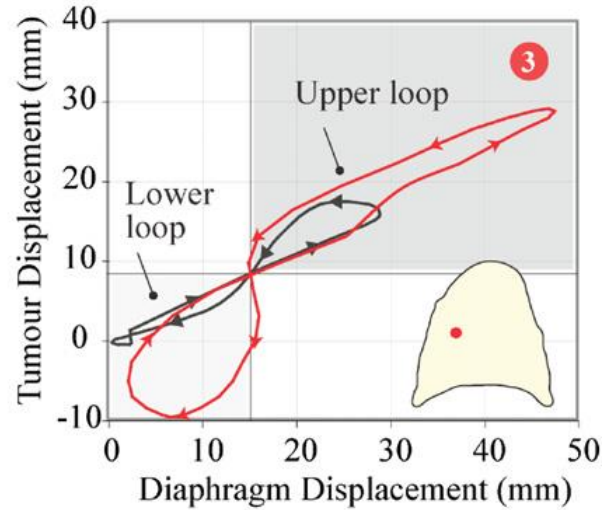
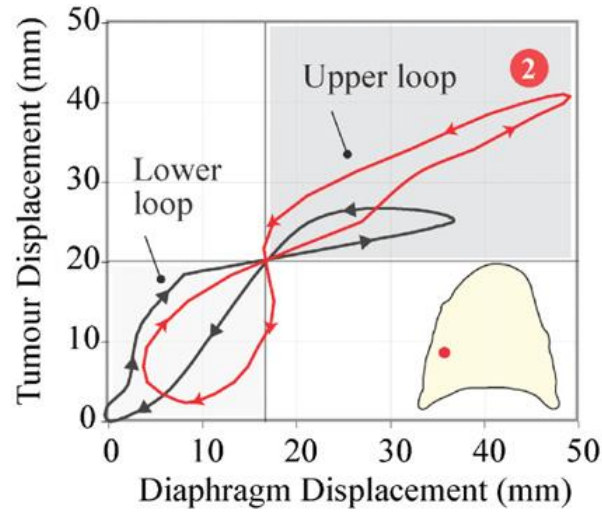
Dynamic model: Assessment: 4DCT data

Kyriakou et al.
Phys. Med. Biol. **56** (2011) 2999–3013



Dynamic model: Parameters tuning

Kyriakou et al.
Phys. Med. Biol. **56** (2011) 2999–3013



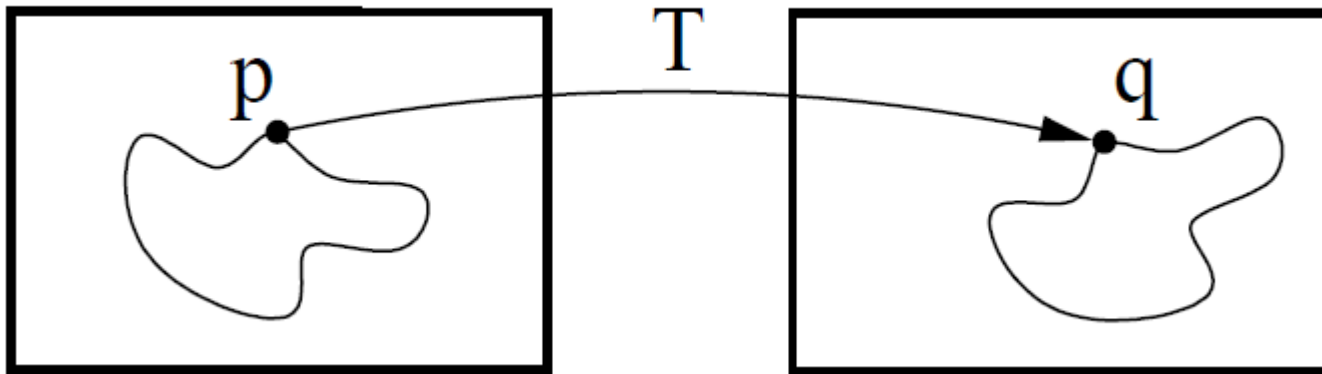
— 4DCT dataset
— Viscoelastic Model

Agenda

- Why respiratory motion in RT?
- Imaging technologies
- Tumor and lungs motion modeling
 - Finite Element Method
 - **Deformable Image Registration**

What is image registration?

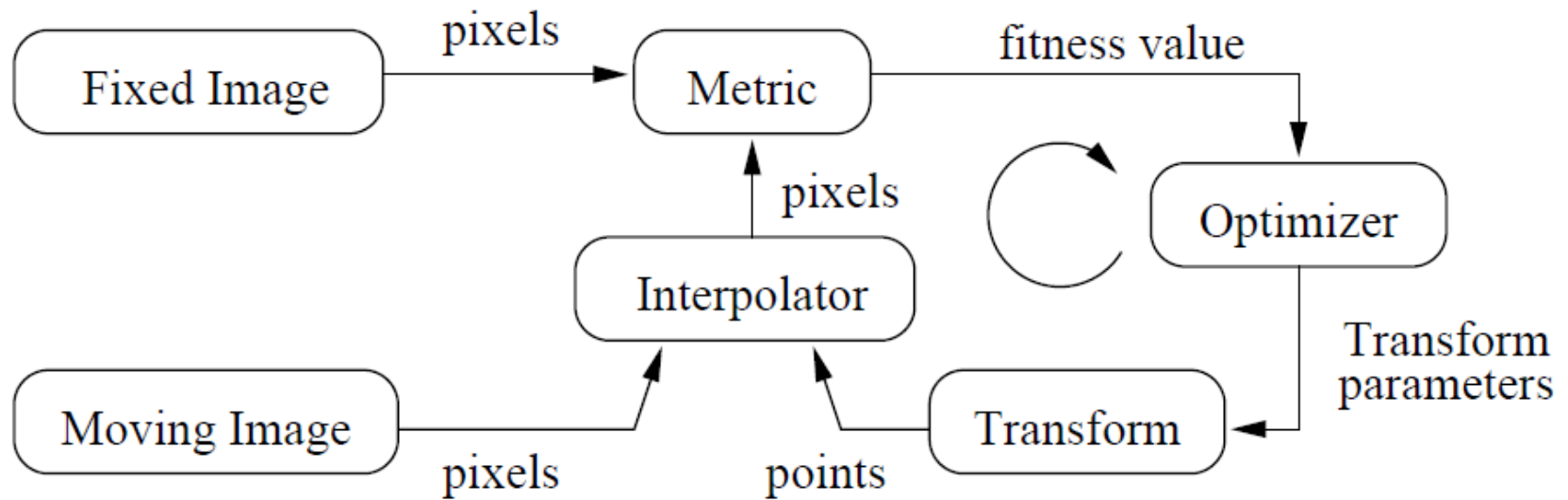
<http://www.itk.org/ItkSoftwareGuide.pdf>



How does it work?

<http://www.itk.org/ItkSoftwareGuide.pdf>

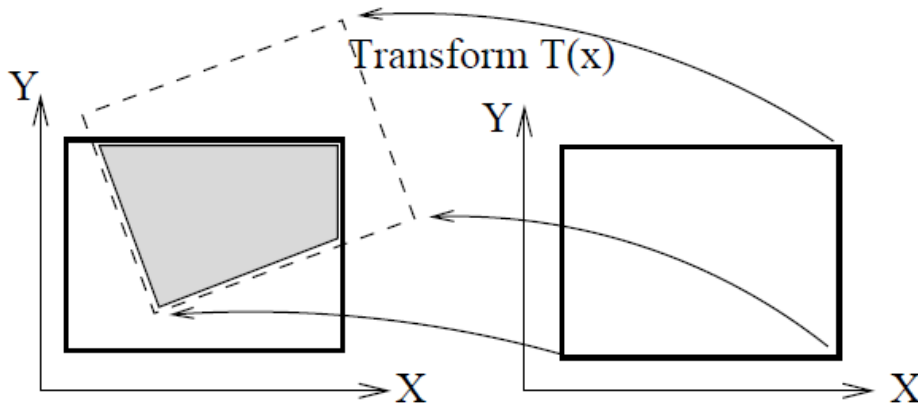
Image Registration



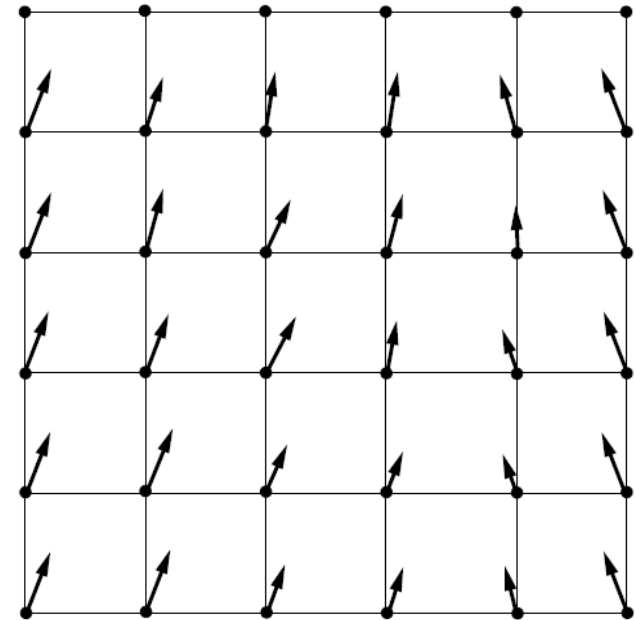
What is the difference between?

<http://www.itk.org/ItkSoftwareGuide.pdf>

Rigid Registration



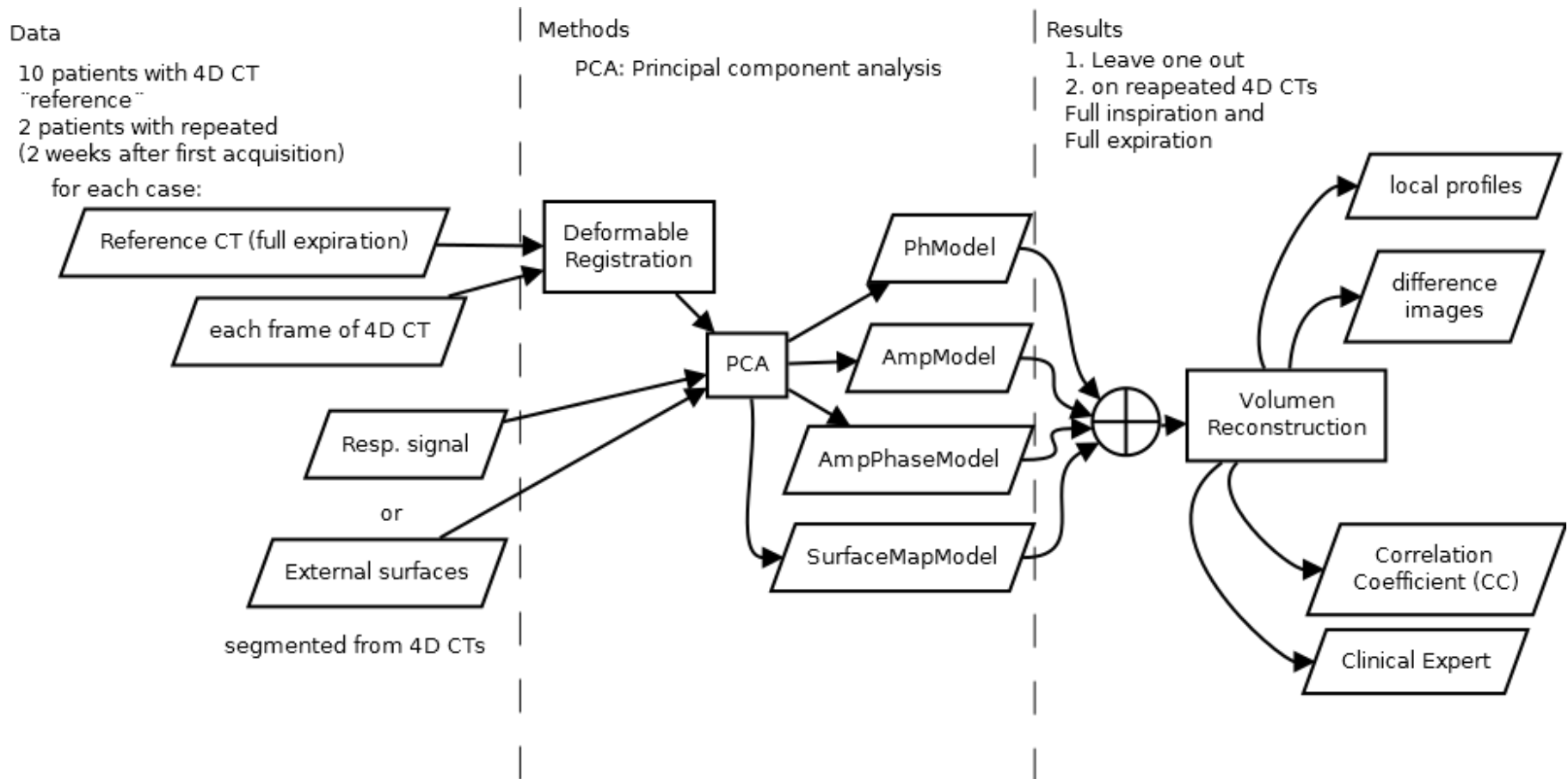
Deformable Registration?



Surface Volume Model

Deformable registration

Fayad et al.
Med. Phys. 39 (6), June 2012



Principal Component Analysis

Approximated relation surface volume

$$d_j = [\mathbf{u}_{1,1,j}, \mathbf{u}_{1,2,j}, \mathbf{u}_{1,3,j}, \dots, \mathbf{u}_{M,3,j}, s_{1,j}, s_{2,j}, \dots, s_{N,j}]^T, \quad (4)$$

$\mathbf{u}_{m,i,j}$ i th displacement of Voxel m at time j

$$D = [\tilde{d}_1, \dots, \tilde{d}_j, \dots, \tilde{d}_J], \quad (5)$$

$$\bar{d} = \frac{1}{J} \sum_{j=1}^J d_j. \quad (6)$$

$s_{n,j}$ Displacement nth Surrogate at time j
 N = 1 amplitude
 N = 1 phase
 N = 2 ampl and phase

$$DD^T(DX) = D(D^TDX) = \lambda DX. \quad (7)$$

N = 10 (surface ROIs)

Take the K first eigen vectors

$$d(t) \approx \bar{d} + \sum_{k=1}^K w_k(t) e_k. \quad (8)$$

$$\tilde{d} \approx EW, \quad (9)$$

Fayad et al.
 Med. Phys. 39 (6), June 2012

$$\begin{aligned} \tilde{u} &\approx E_u W & E &= [e_1, \dots, e_k] \\ \tilde{s} &\approx E_s W & W &= [\dots, w_k, \dots] \end{aligned} \quad \tilde{d} = [\tilde{u}, \tilde{s}]^T$$

$$\tilde{u}(t) = E_u E_s^{-1} \tilde{s}(t) = B \tilde{s}(t), \quad (11)$$

Principal Component Analysis

Approximated relation surface volume

$$d_j = [u_{1,1,j}, u_{1,2,j}, u_{1,3,j}, \dots, u_{M,3,j}, s_{1,j}, s_{2,j}, \dots, s_{N,j}]^T, \quad (4) \quad u_{m,i,j} \text{ is } i \text{th displacement of Voxel } m \text{ at time } j$$

$$D = [\tilde{d}_1, \dots, \tilde{d}_j, \dots, \tilde{d}_J], \quad (5) \quad \text{Displacement } n \text{th time } j$$

$$\tilde{u}(t) = E_u E_s^{-1} \tilde{s}(t) = B \tilde{s}(t),$$

Take the K first eigen vectors

$$d(t) \approx \bar{d} + \sum_{k=1}^K w_k(t) e_k. \quad \text{INTERNAL} \quad (8)$$

$$\tilde{d} \approx E W, \quad (9)$$

$$\begin{aligned} \tilde{u} &\approx E_u W & E &= [e_1, \dots, e_k] \\ \tilde{s} &\approx E_s W & W &= [\dots, w_k, \dots] \end{aligned} \quad \tilde{d} = [\tilde{u}, \tilde{s}]^T$$

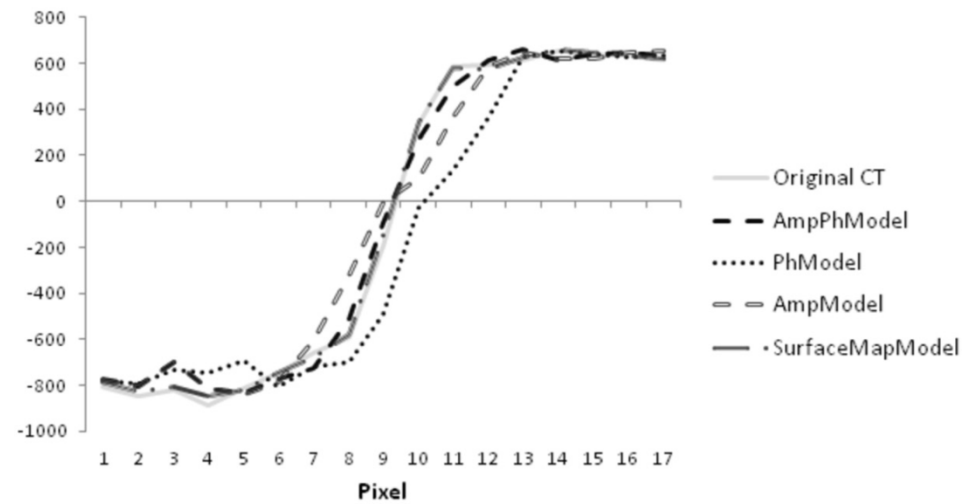
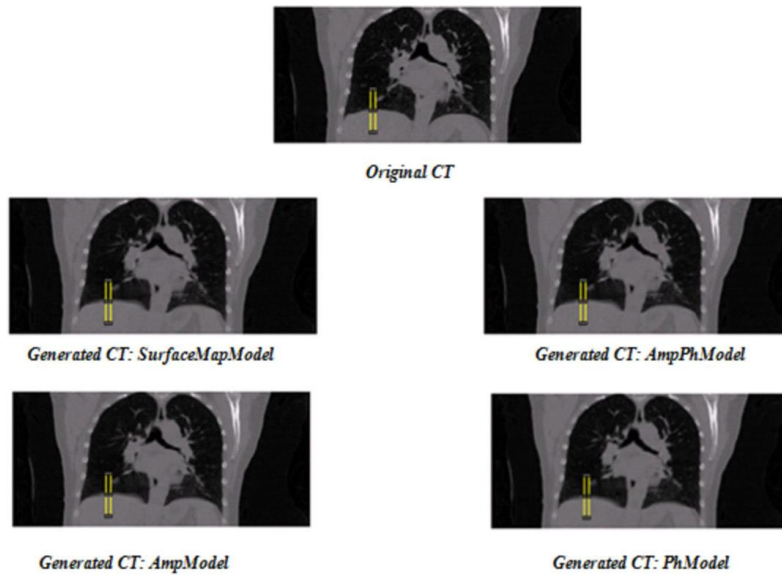
$$\tilde{u}(t) = E_u E_s^{-1} \tilde{s}(t) = B \tilde{s}(t), \quad (11)$$

EXTERNAL

Fayad et al.
Med. Phys. 39 (6), June 2012

Reconstructed volumes

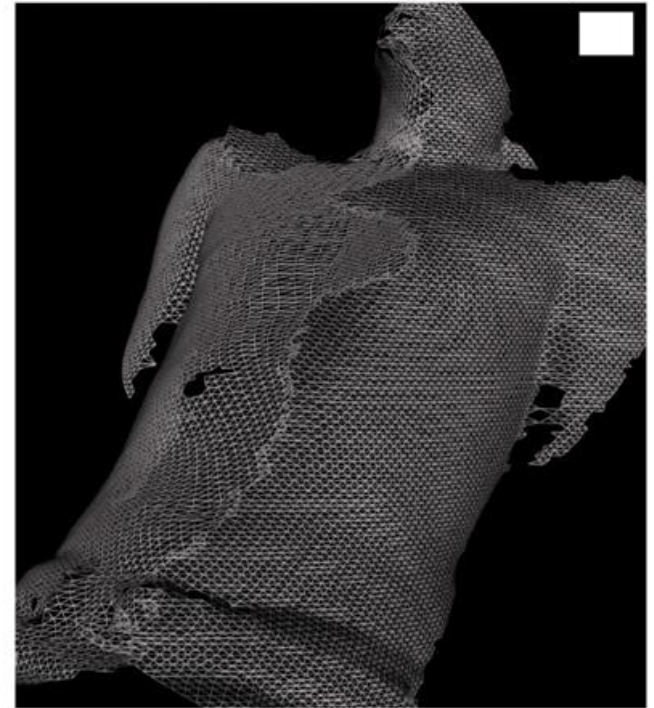
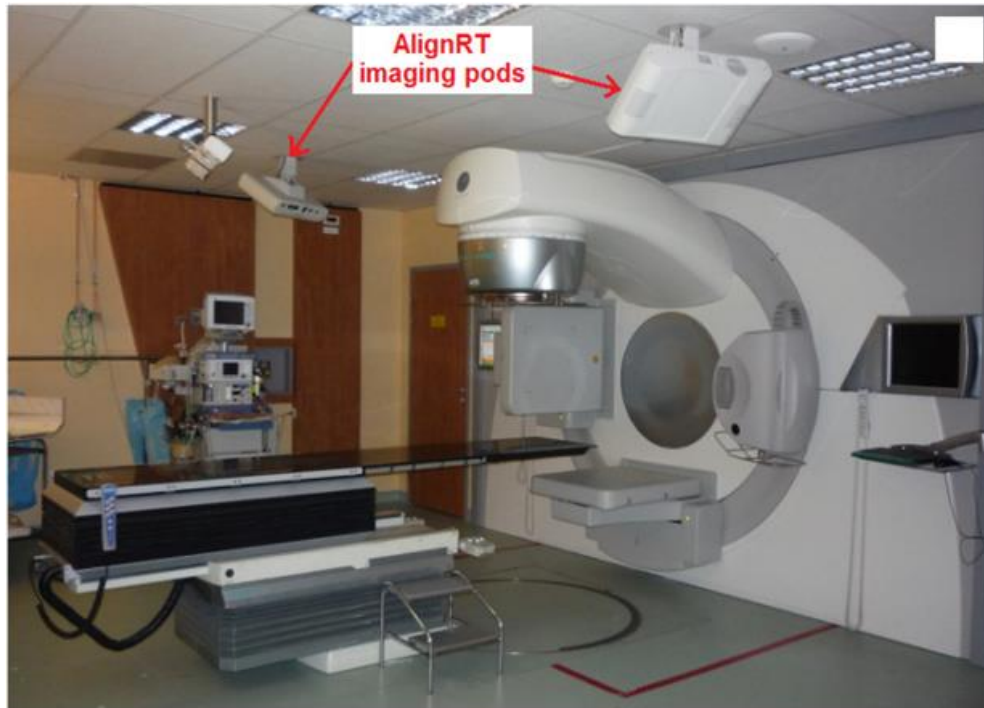
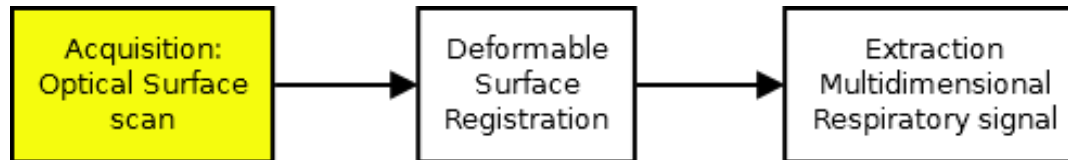
Fayad et al.
Med. Phys. 39 (6), June 2012



Surface + registration

Measuring respiratory patterns

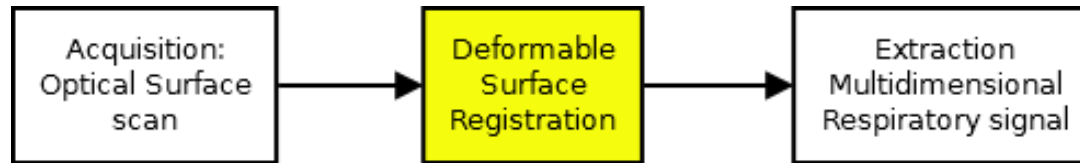
J Schaerer et al.
Phys. Med. Biol. **57** (2012) 357–373



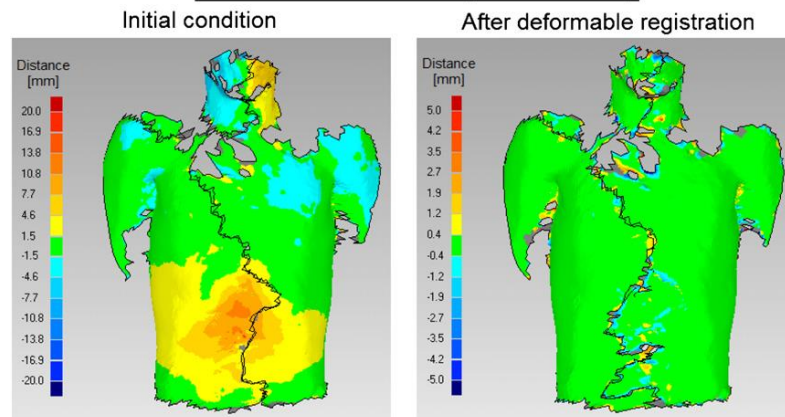
Surface + registration

Measuring respiratory patterns

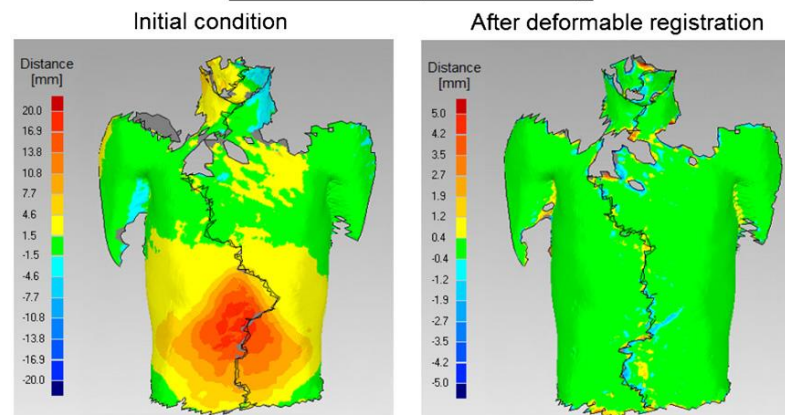
J Schaerer et al.
Phys. Med. Biol. **57** (2012) 357–373



Exhale - Intermediate phase overlap



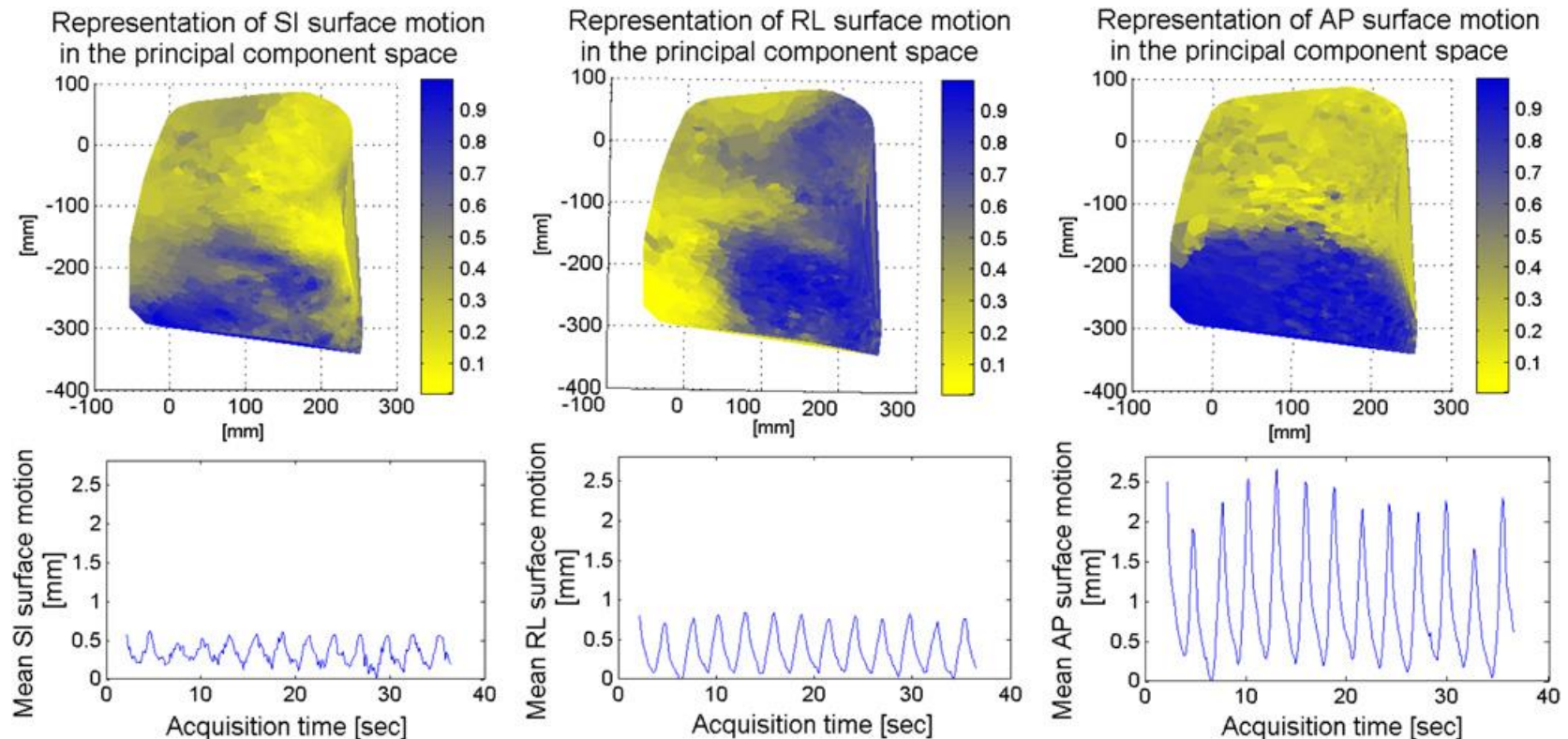
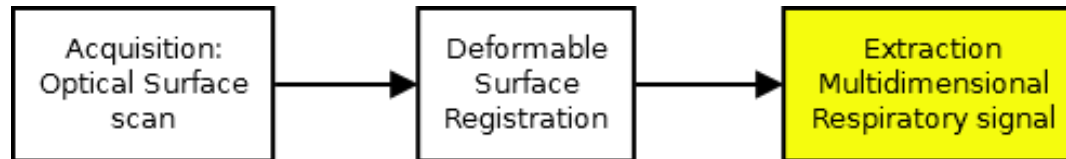
Exhale - Inhale phase overlap



Surface + registration

Measuring respiratory patterns

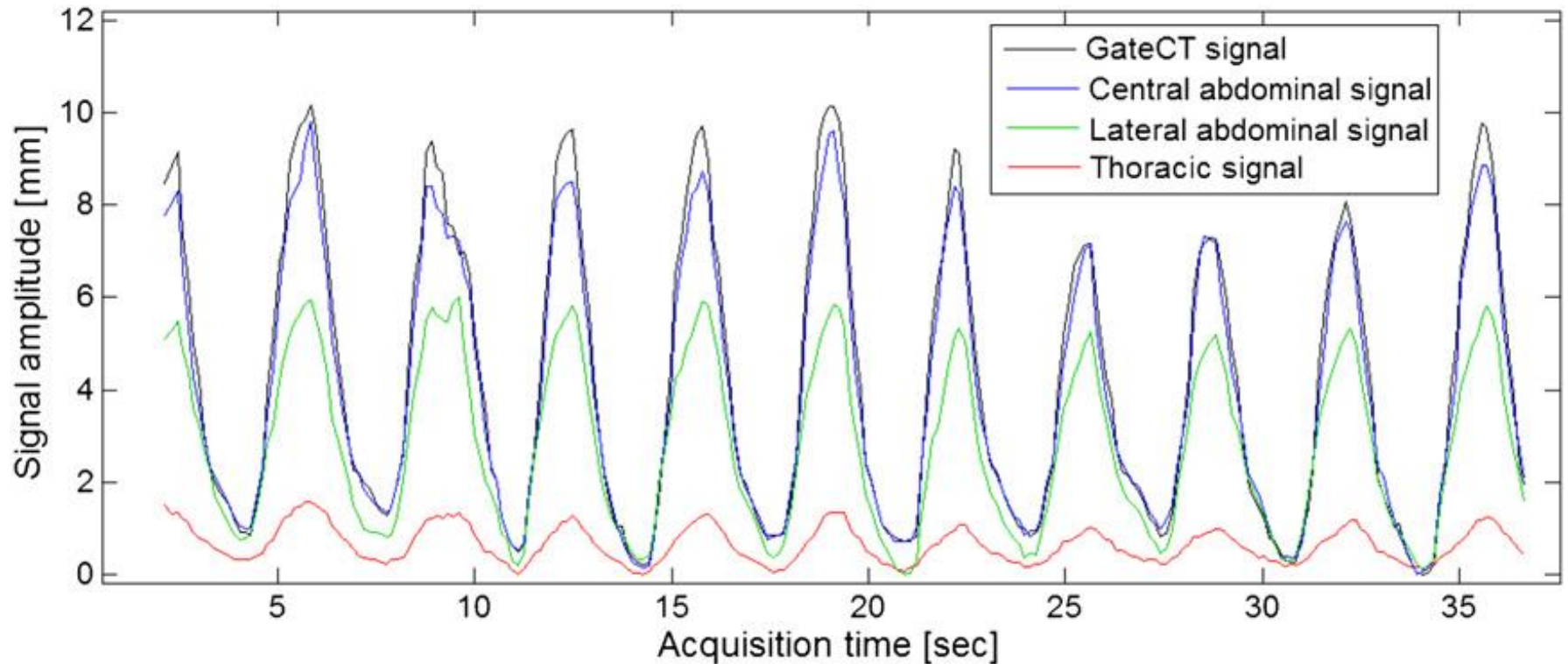
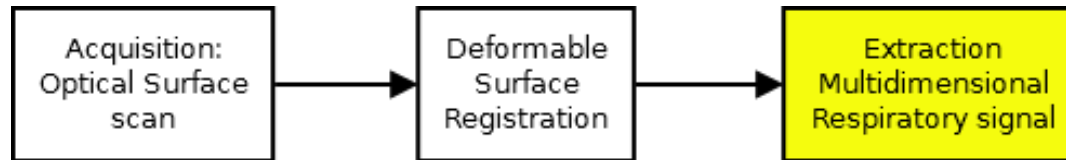
J Schaerer et al.
Phys. Med. Biol. **57** (2012) 357–373



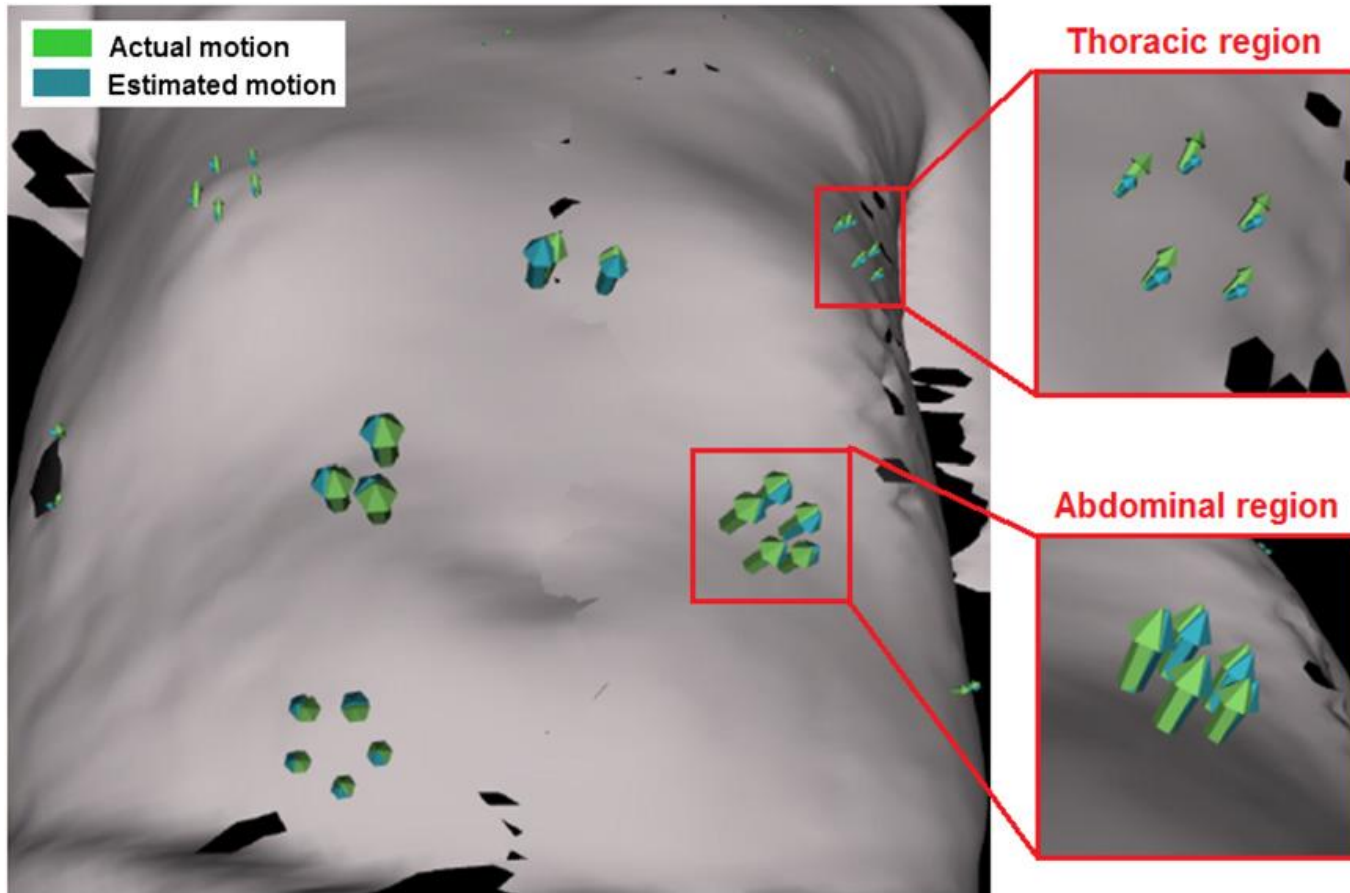
Surface + registration

Measuring respiratory patterns

J Schaerer et al.
Phys. Med. Biol. **57** (2012) 357–373



Patient surface motion



Summary

- Modeling + Simulation
 - Very simplified model approaches real tumor trajectories
- Deformable registration (motion field)
 - Typical breathing cycle motion (4D CT data)
 - Given a surfaces -> reconstruct volumen
 - Sensing + registering surfaces -> extract external motion field

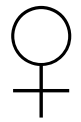
Discussion

- Still no evidence that monitoring skin thoraco-abdominal area can improve tumor position estimation
 - Initial condition for tumor trajectories
 - Breaking correlation -> changes in respiratory pattern
 - Same tumor size and position DONT => same trajectory
- Will a model based on planning data hold for delivery fractions? (Time invariance)

Thank you!
What is your opinion?

Lung cancer

- Mortality rates
- Categories
- Treatment options
- Radiotherapy
 - Margins

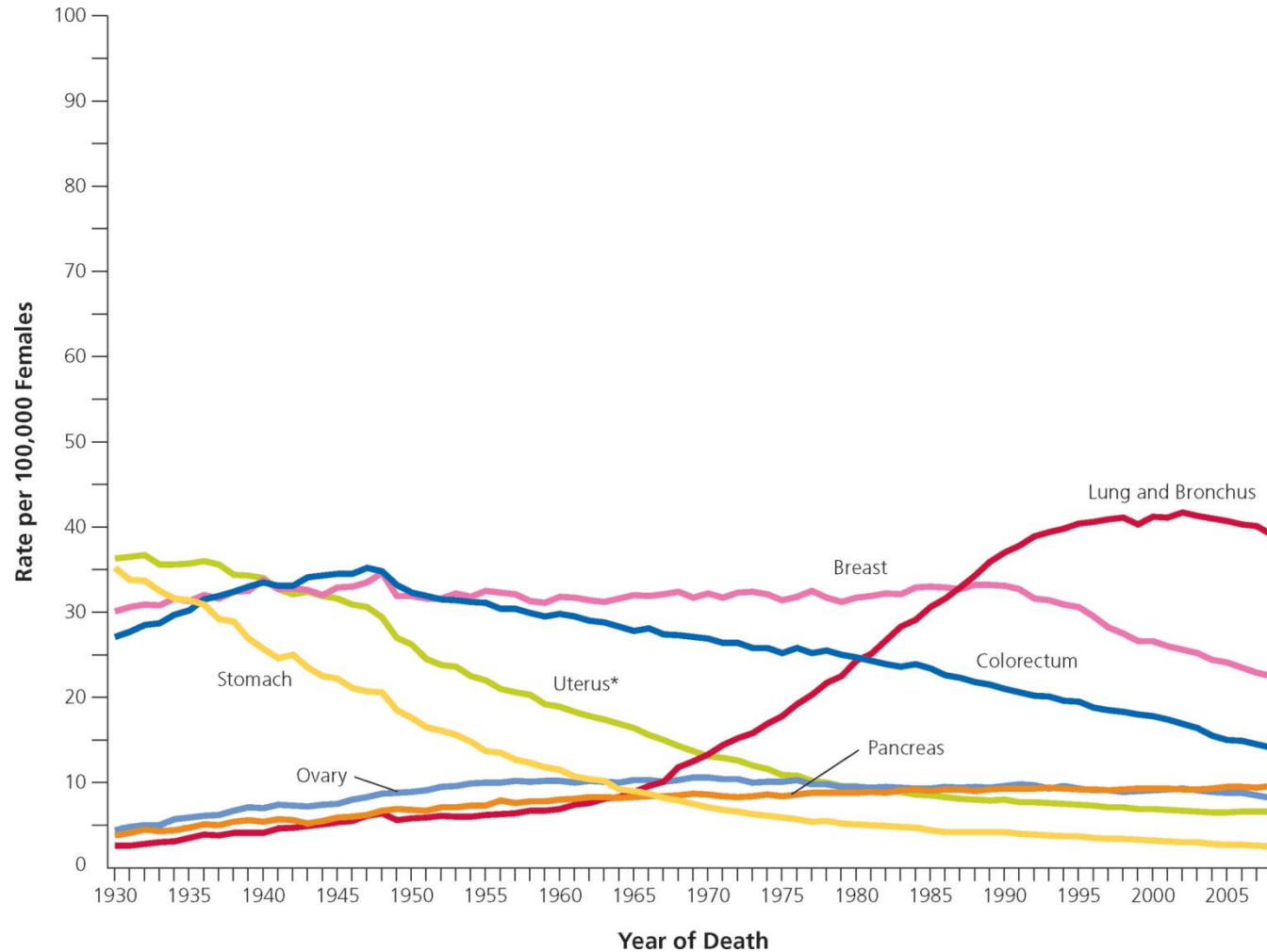


death rates

US data 1930-2007

CA: A Cancer Journal for Clinicians

Volume 62, Issue 1, pages 10-29, 4 JAN 2012

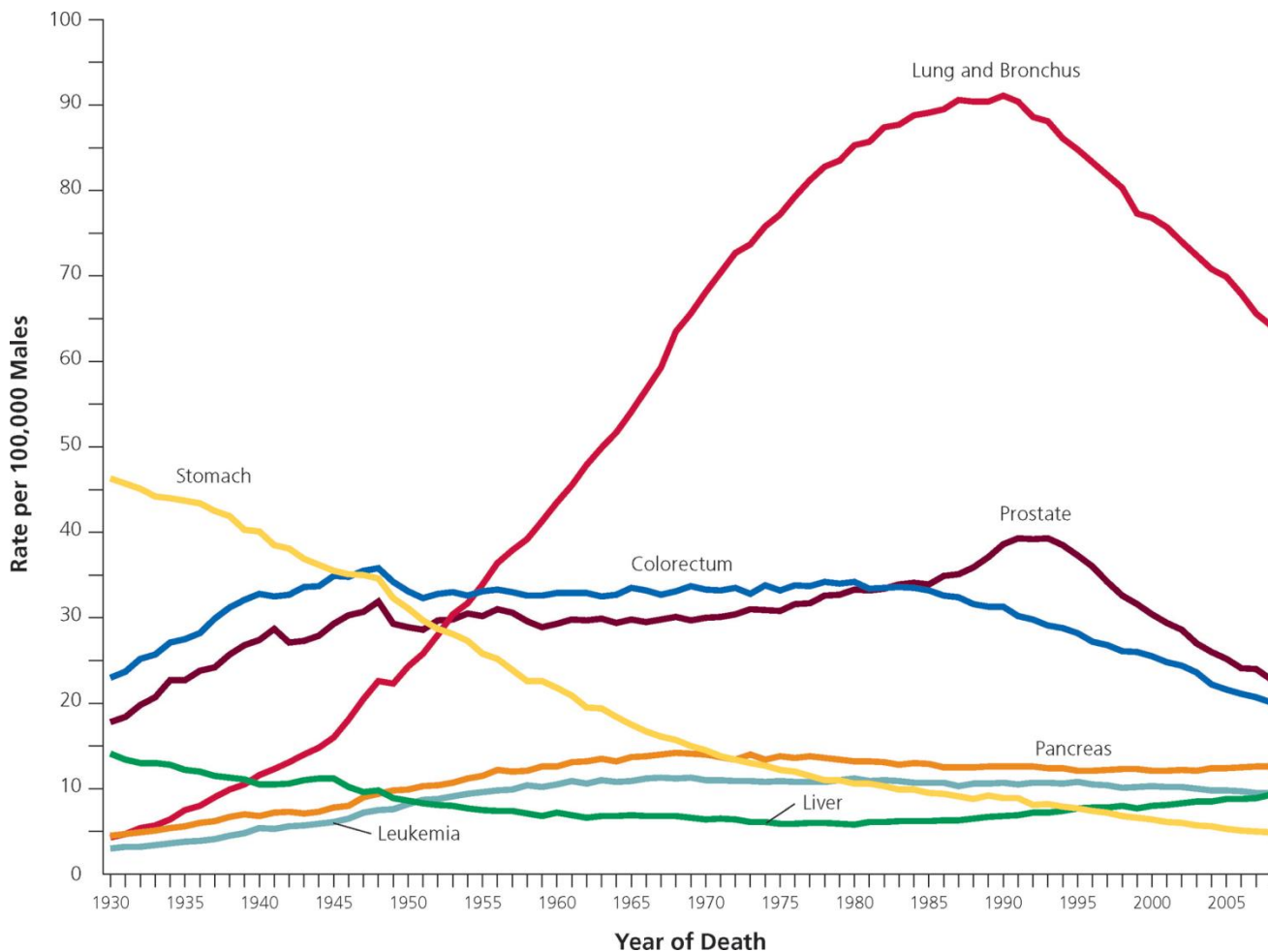


♂ death rates

US data 1930-2007

CA: A Cancer Journal for Clinicians

Volume 62, Issue 1, pages 10-29, 4 JAN 2012



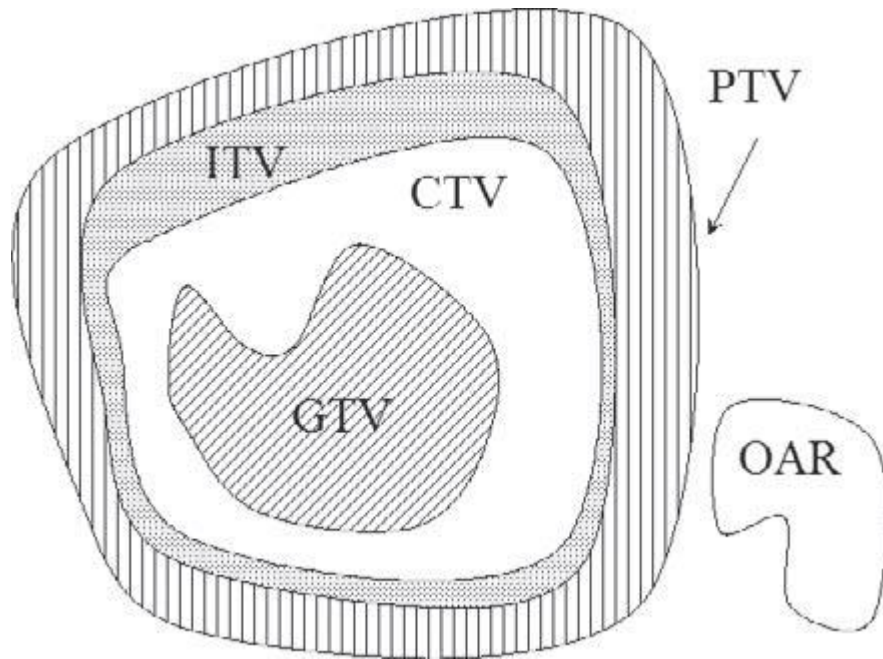
Two categories

- Small cell lung cancer (SCLC)
 - 15 – 20 % of lung cancers
 - Agressive
- Non-small cell lung cancer (NSCLC)

Patient setup

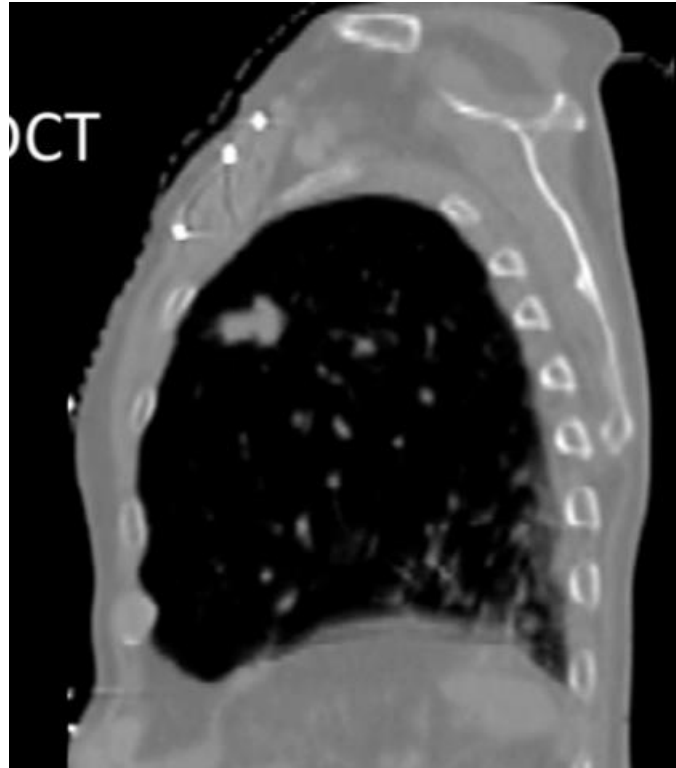
- Registration
- Surface Matching

Margins

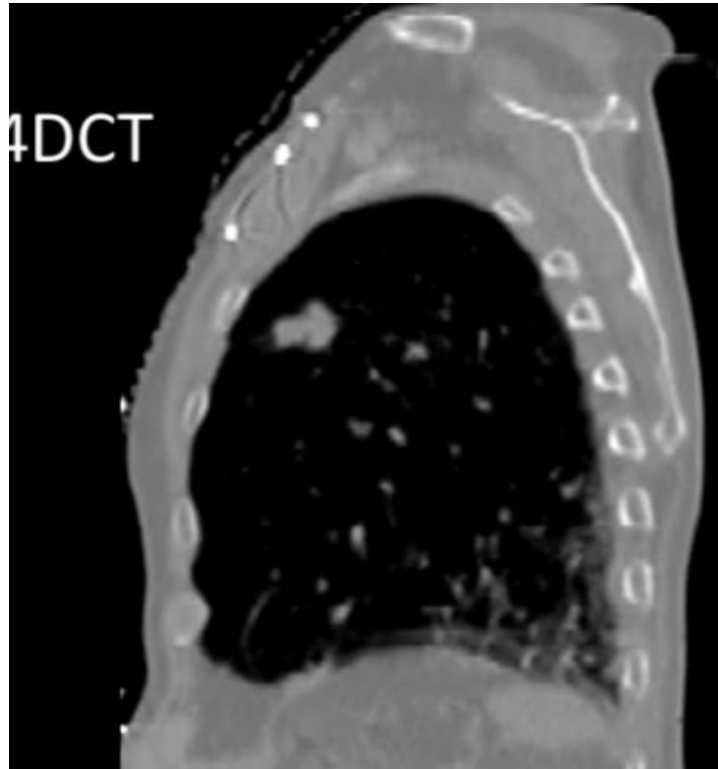


GTV Gross tumor Volume
CTV Clinical Target Volume
ITV Internal Target Volume
PTV Planning Target Volume
OAR Organ At Risk

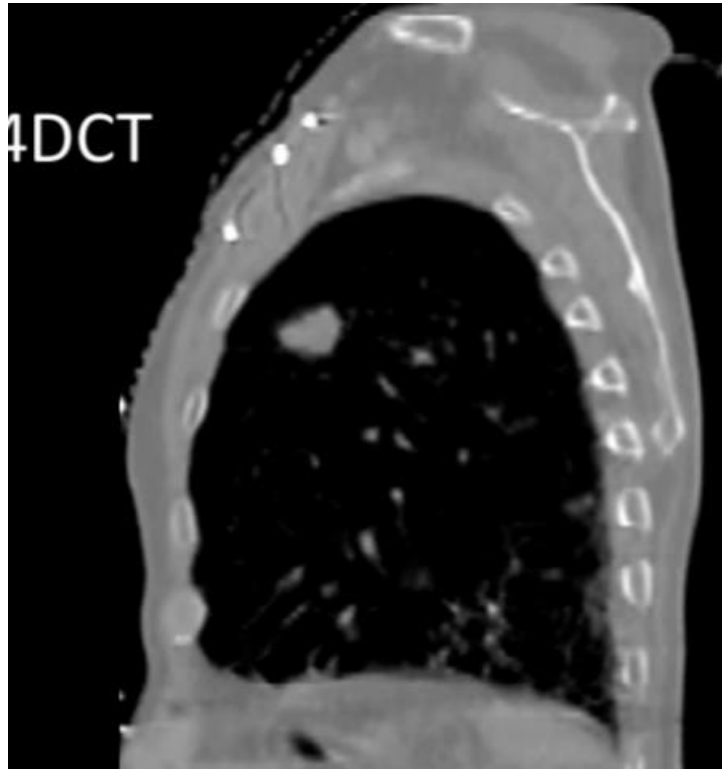
4D CT



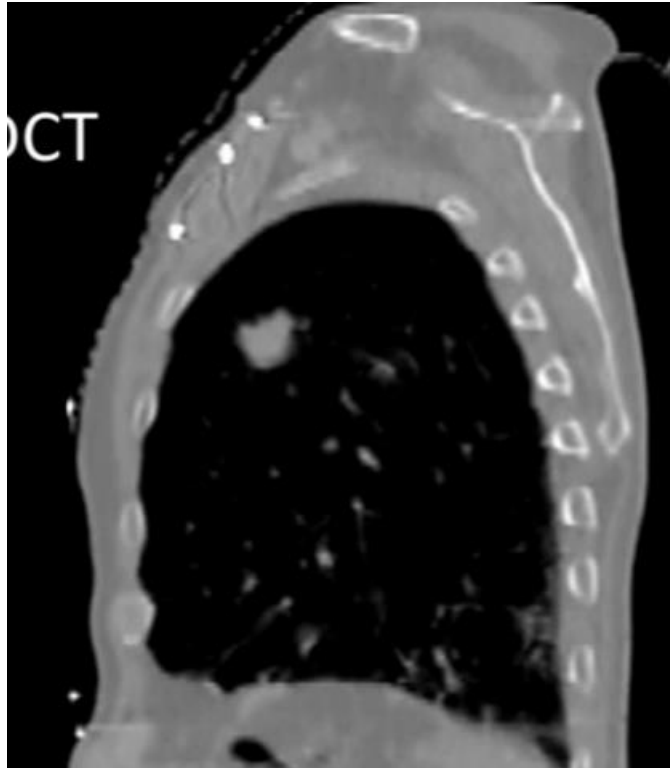
4D CT



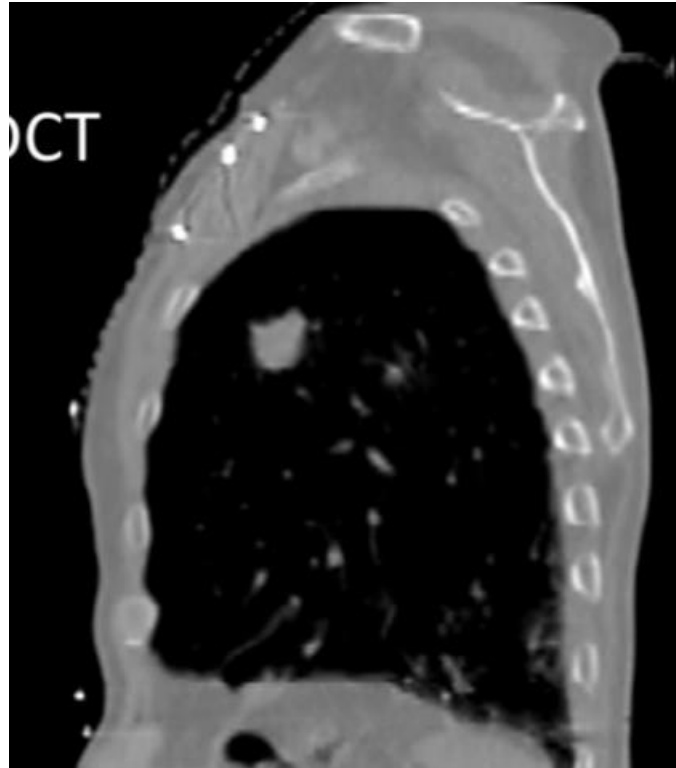
4D CT



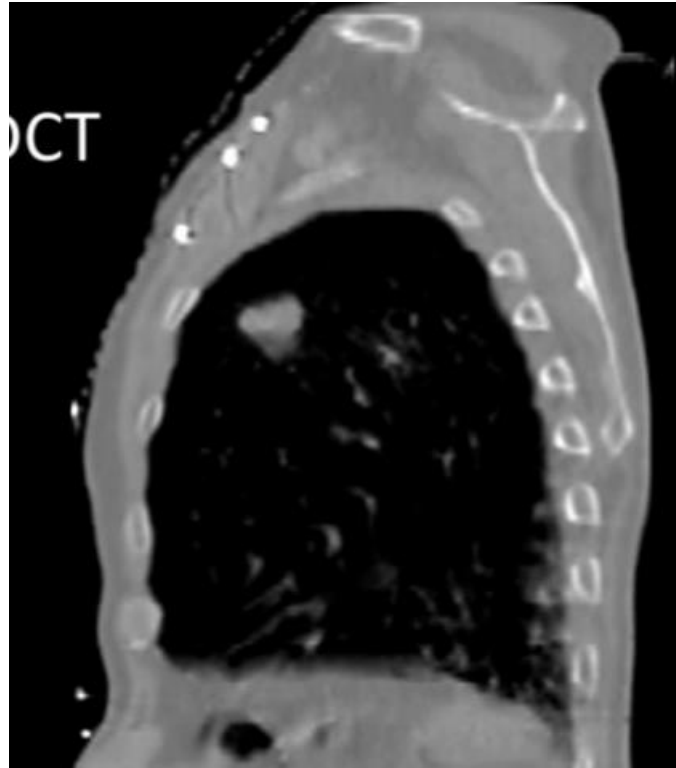
4D CT



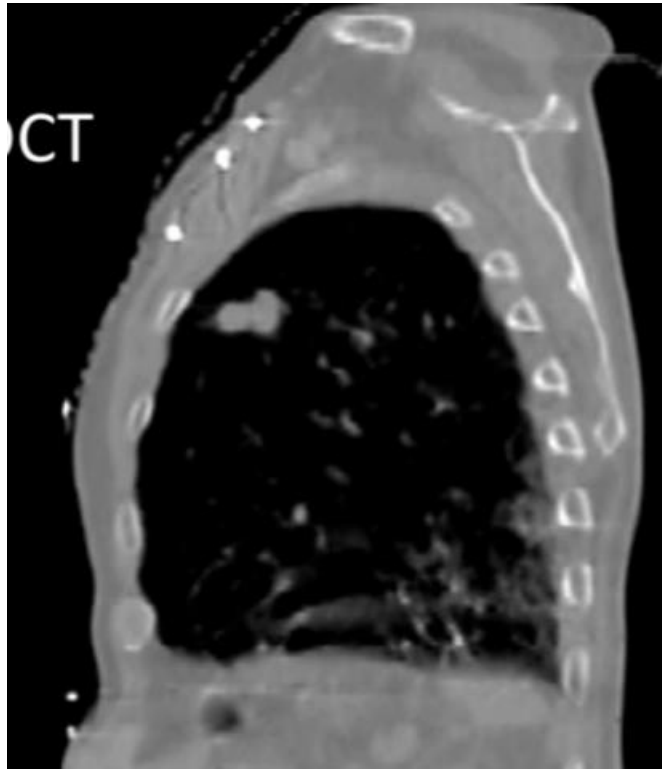
4D CT



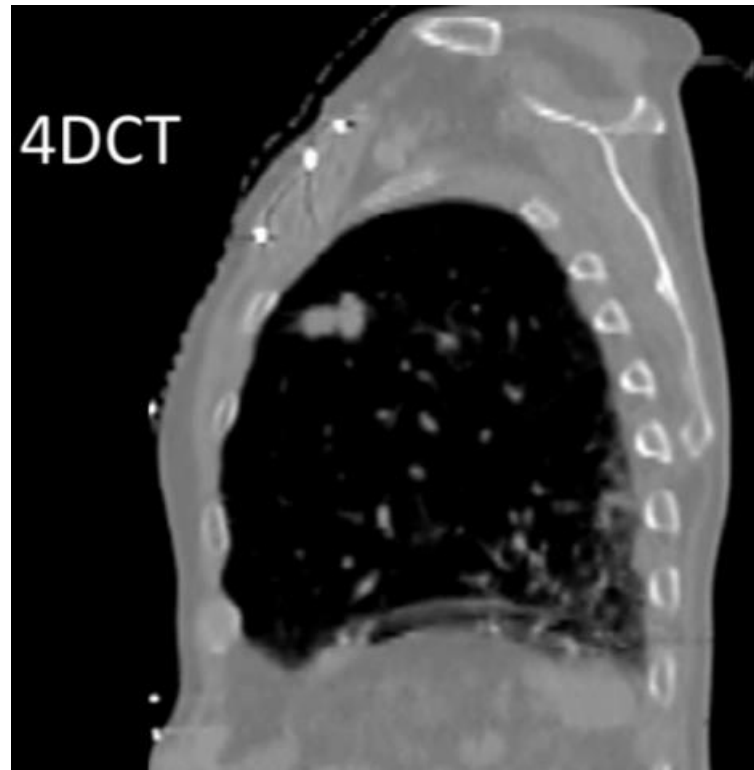
4D CT



4D CT



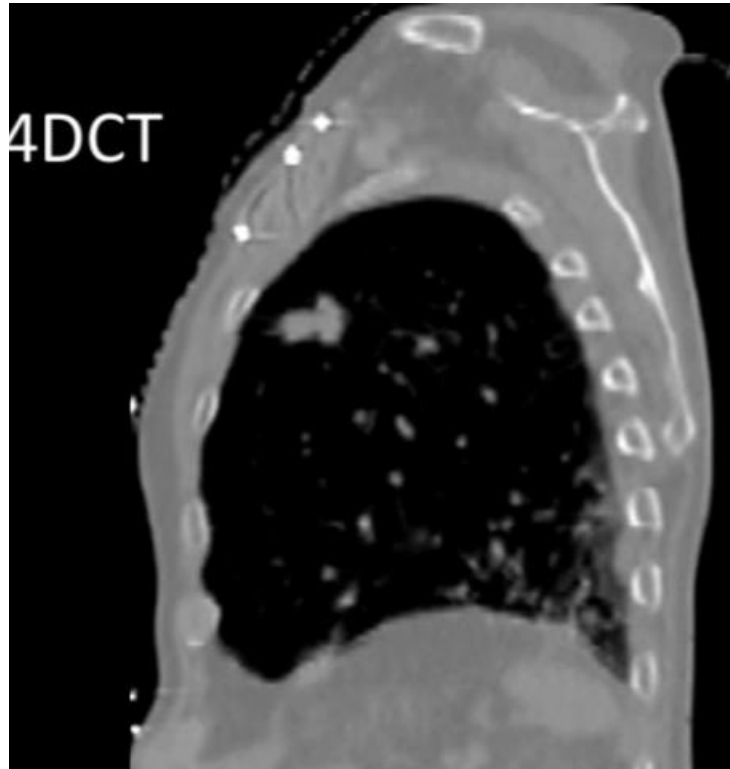
4D CT



4D CT



4D CT



[restart](#)

[back](#)