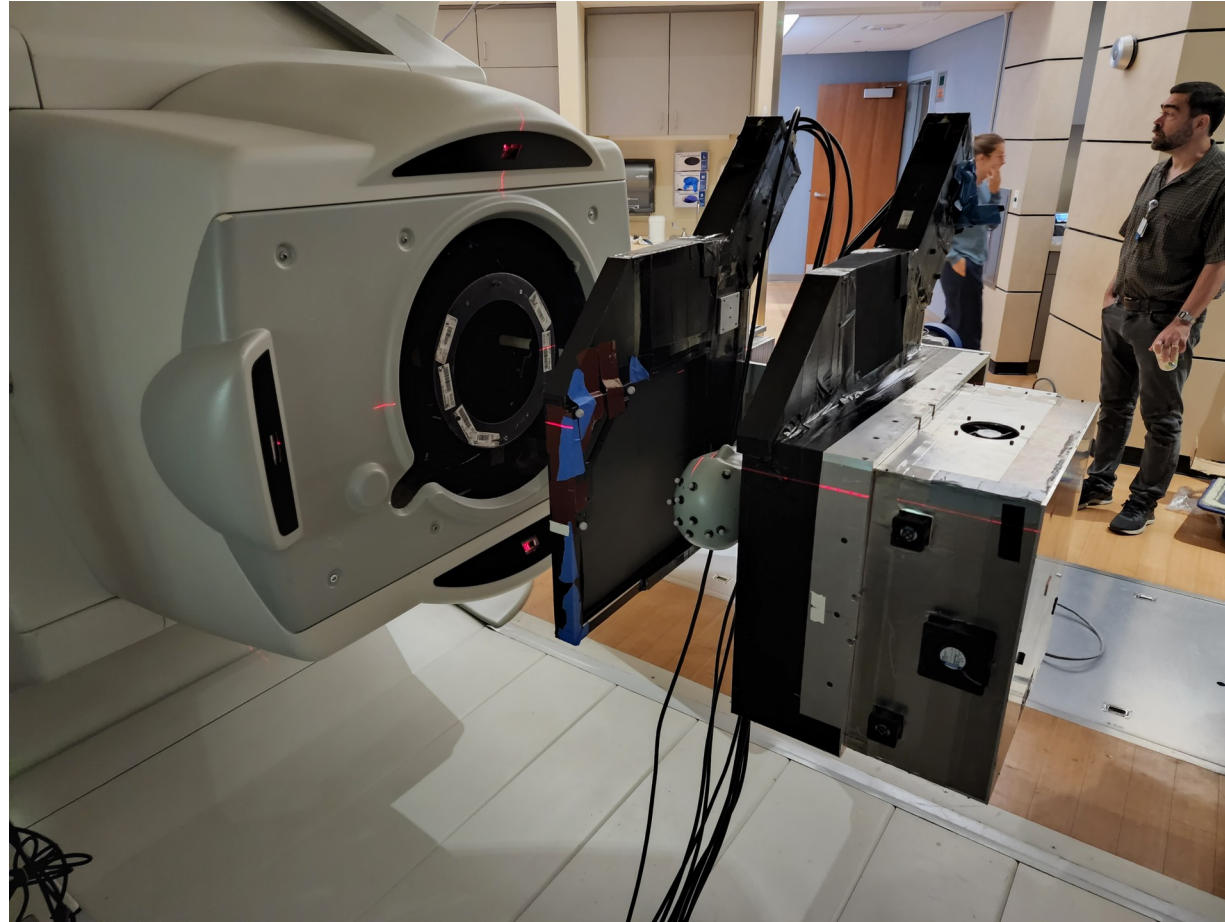


# ProtonVDA

TRANSFORMING PROTON THERAPY

## First test of pCT in a Gantry System: Results and Challenges

Ethan DeJongh  
ProtonVDA LLC  
July 18, 2022



# Proton Imaging can help reduce range uncertainties by directly measuring proton stopping power

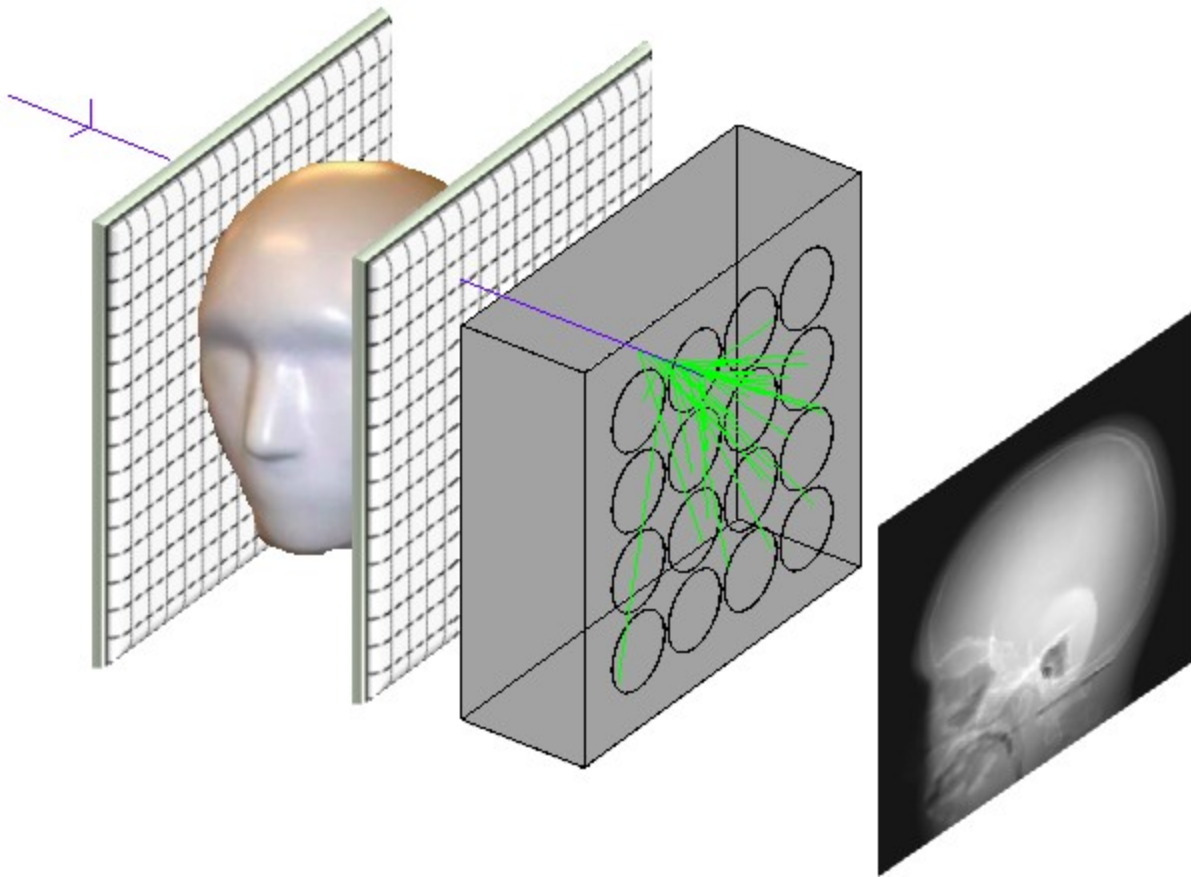
We aim to:

Develop a proton imaging system based on well-established fast scintillator technology.

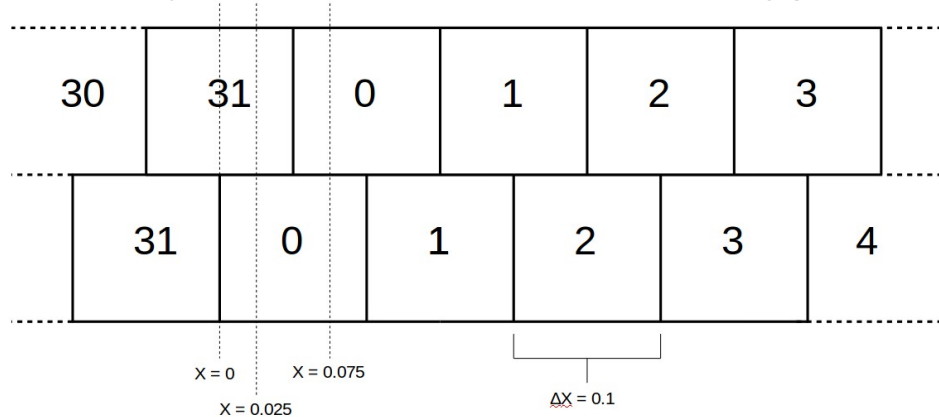
1. → High-performance, low-cost measurements of proton range.
2. Achieve lower dose to the patient relative to equivalent x-ray images.
3. Produce spatially sharp images.
4. Images free of artifacts from high-Z implants.

Multidisciplinary team of detector physicists, medical physicists, computer scientists, and radiation oncologists:

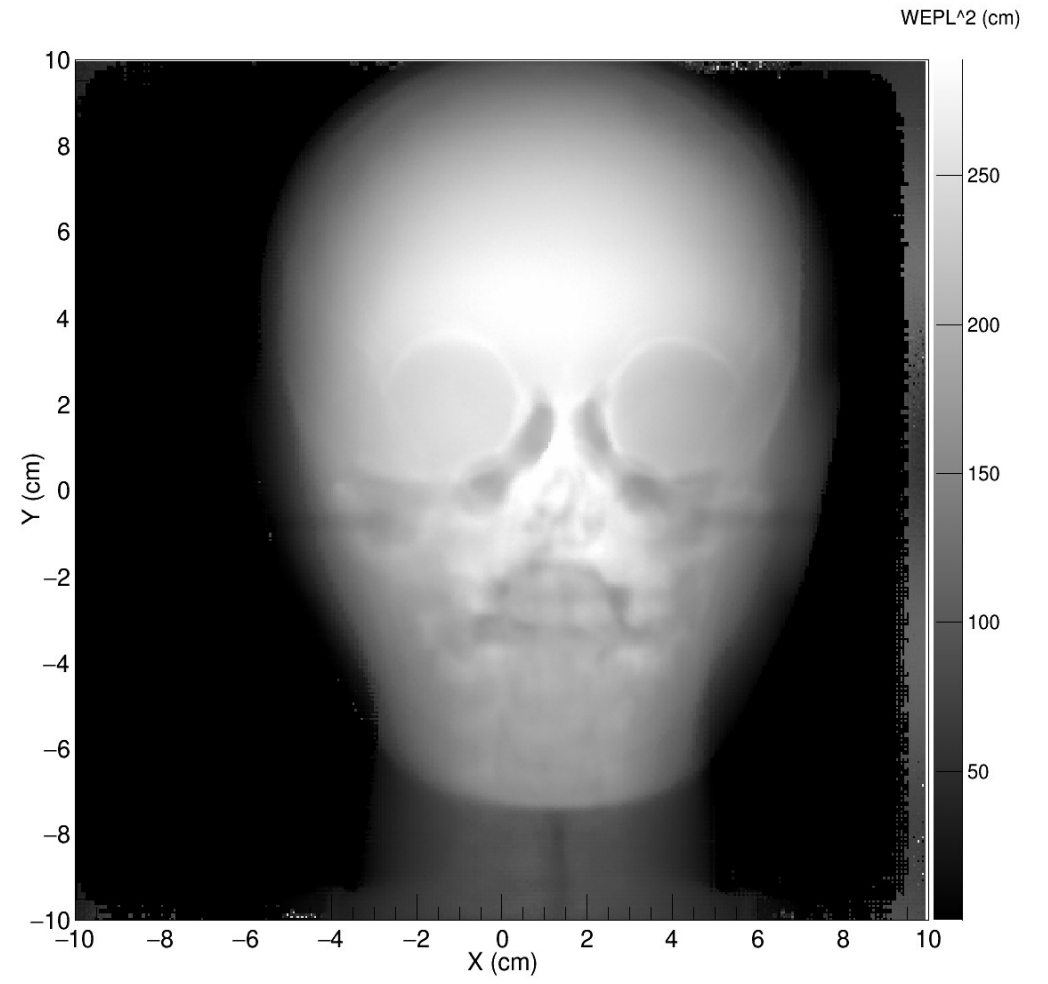
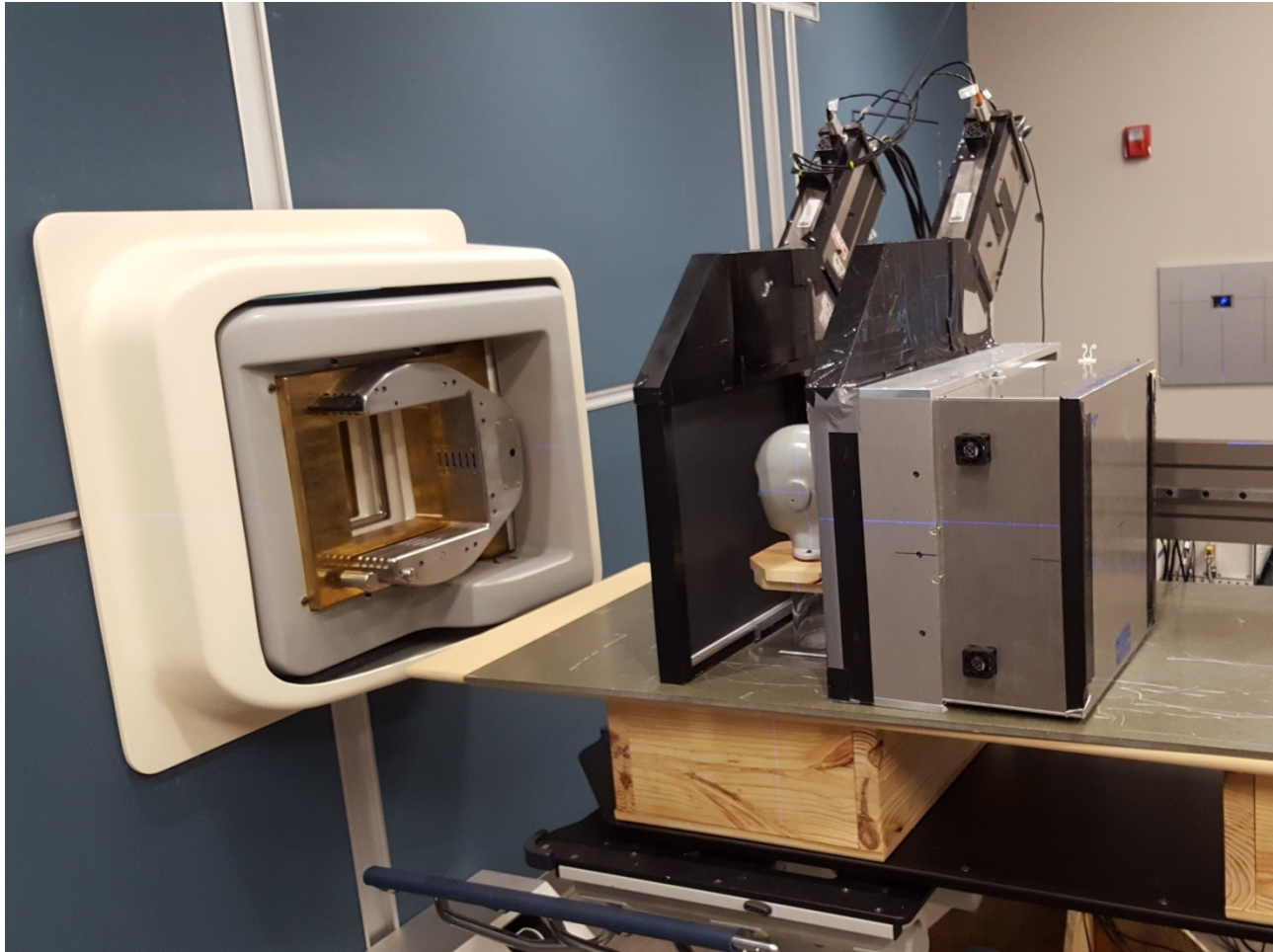
- ProtonVDA: Fritz DeJongh, Ethan DeJongh, Victor Rykalin
- Loyola Stritch School of Medicine: James Welsh
- Northwestern Medicine Chicago Proton Center: Mark Pankuch, Brad Kreydick
- Northern Illinois University, Dept. of Computer Science: Nick Karonis, Cesar Ordonez, John Winans, Kirk Duffin. Dept. of Physics: George Coutrakon, Christina Sarosiek
- Loma Linda University: Reinhard Schulte

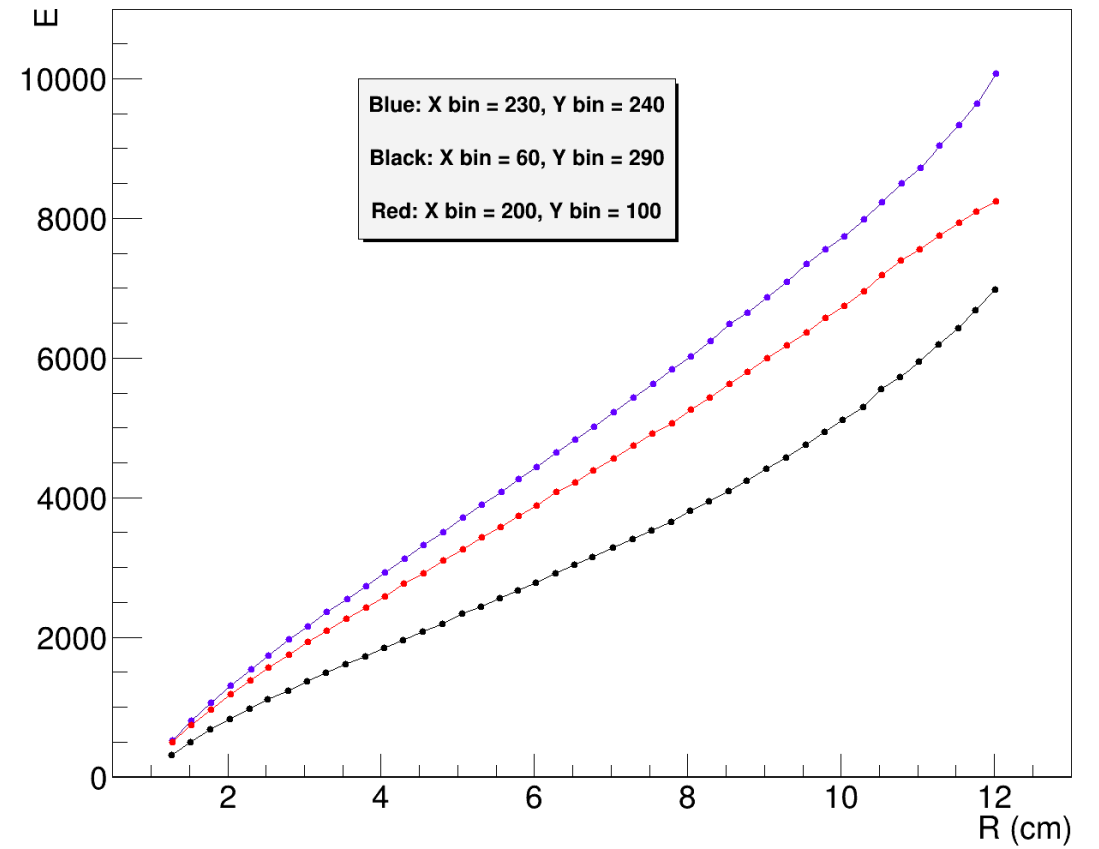
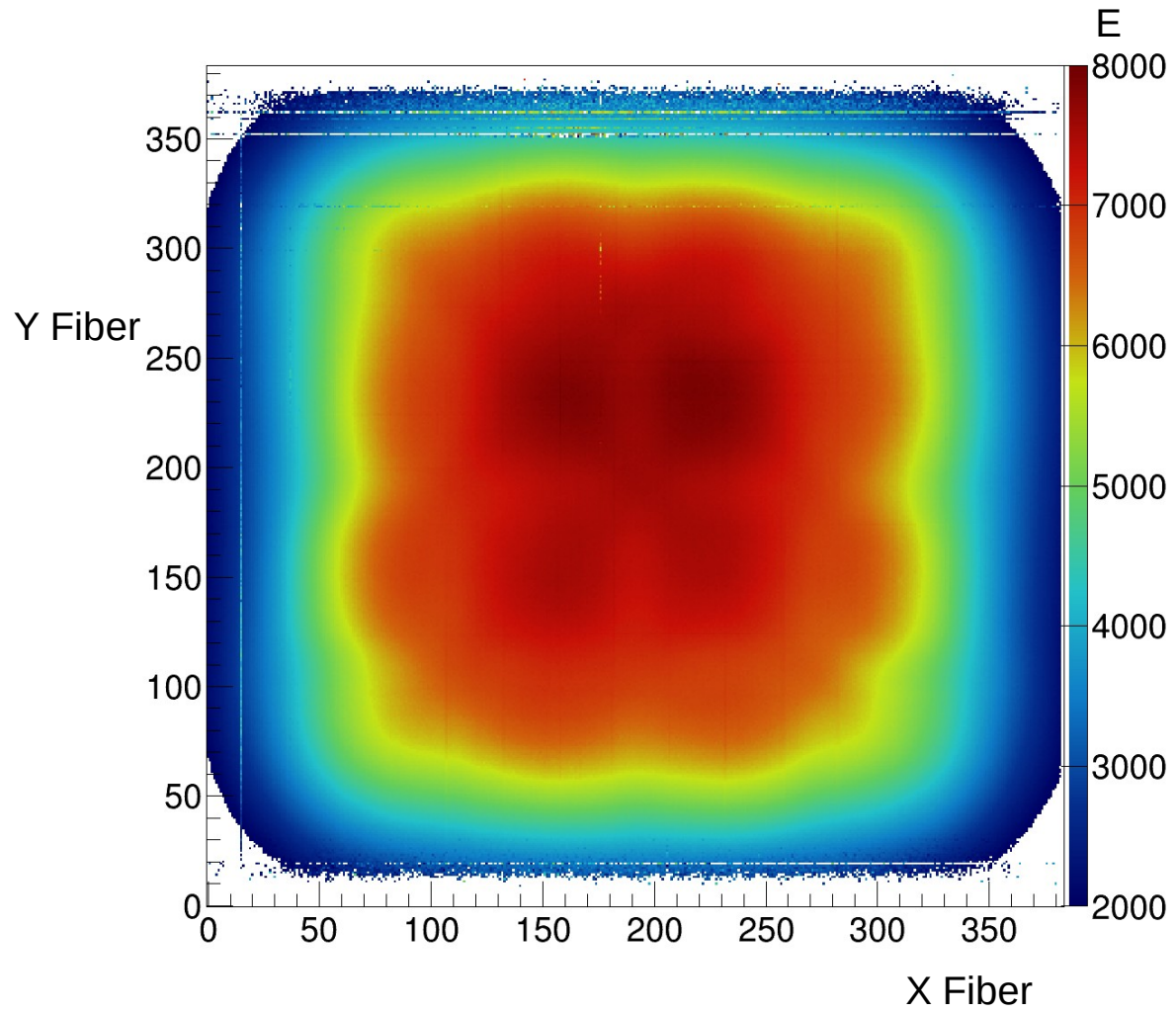


Fiber layout cross-section for one tracking plane:



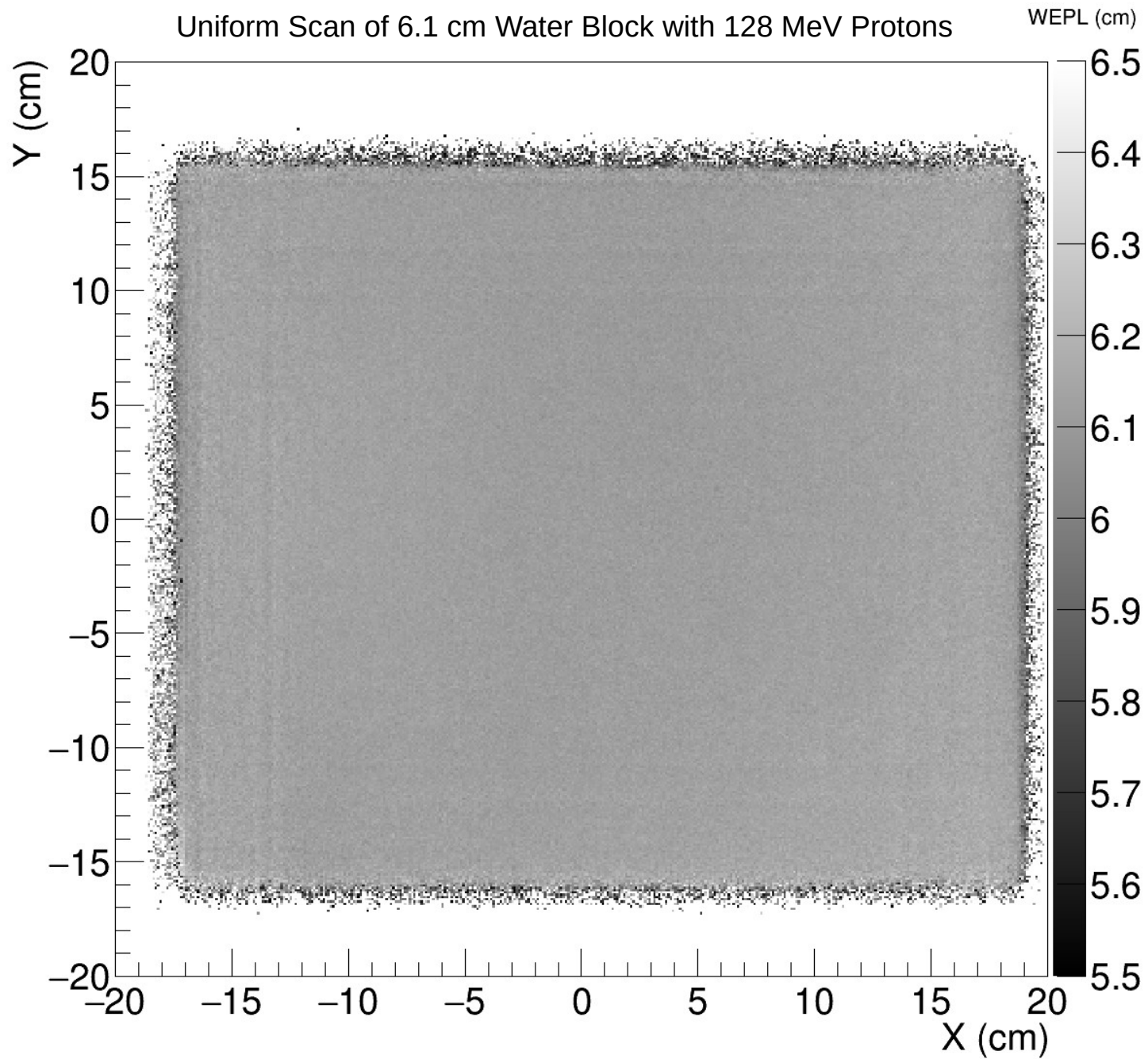
- X-Y tracking planes upstream and downstream
- Multiplexed fiber readout
  - 32 digitized channels per tracking plane
  - position ambiguities resolved using pencil beam targeting information
  - reduces amount of electronics needed
- 40 x 40 x 13 cm block of scintillator for range detector
  - 4 x 4 array of PMTs
  - Output digitized into four channels: E, U, V, C
- Individual protons tracked at up to 10 MHz
- > 99% tracking efficiency
- WEPL resolution ~ 3 mm per proton
- 40 x 40 cm image field size
- Fast (<1 min) image reconstruction for radiograph



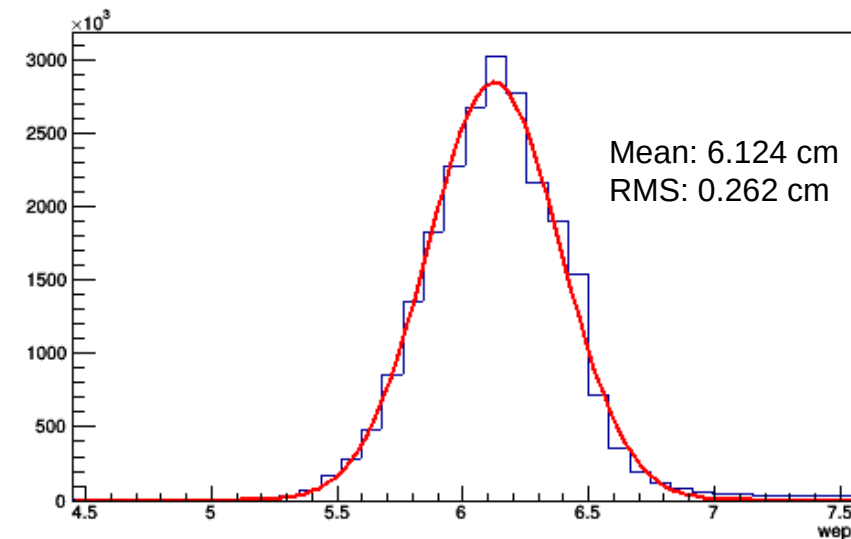


- Linear detector response vs. range gives very good range sensitivity

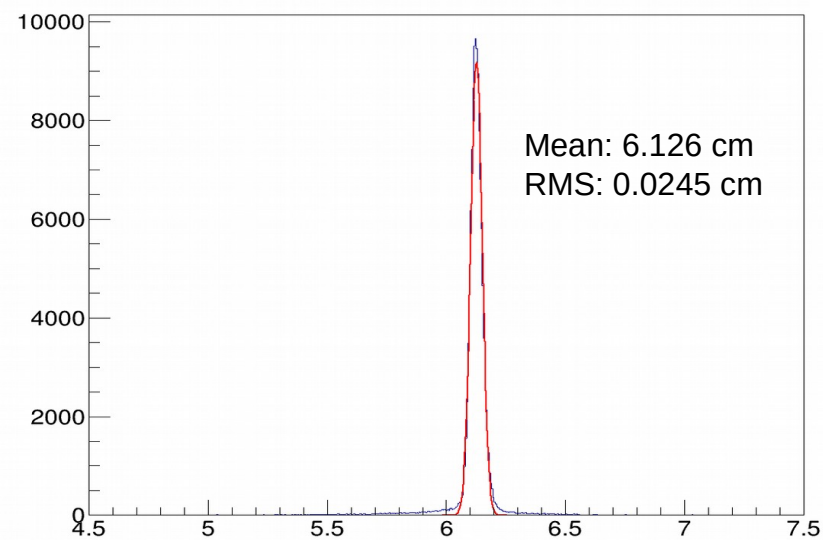
Uniform Scan of 6.1 cm Water Block with 128 MeV Protons



Individual Proton WEPL

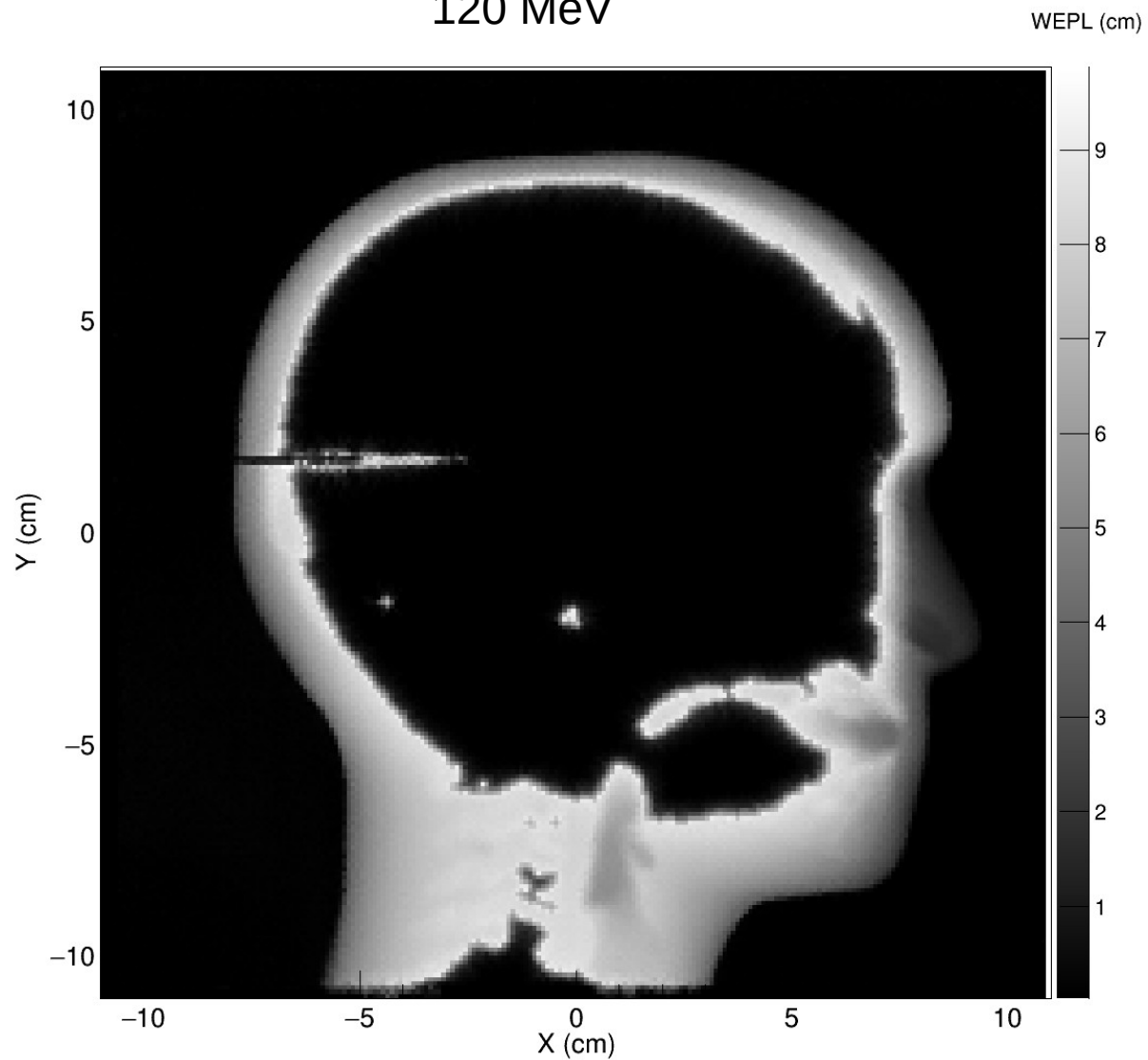


Pixel Average

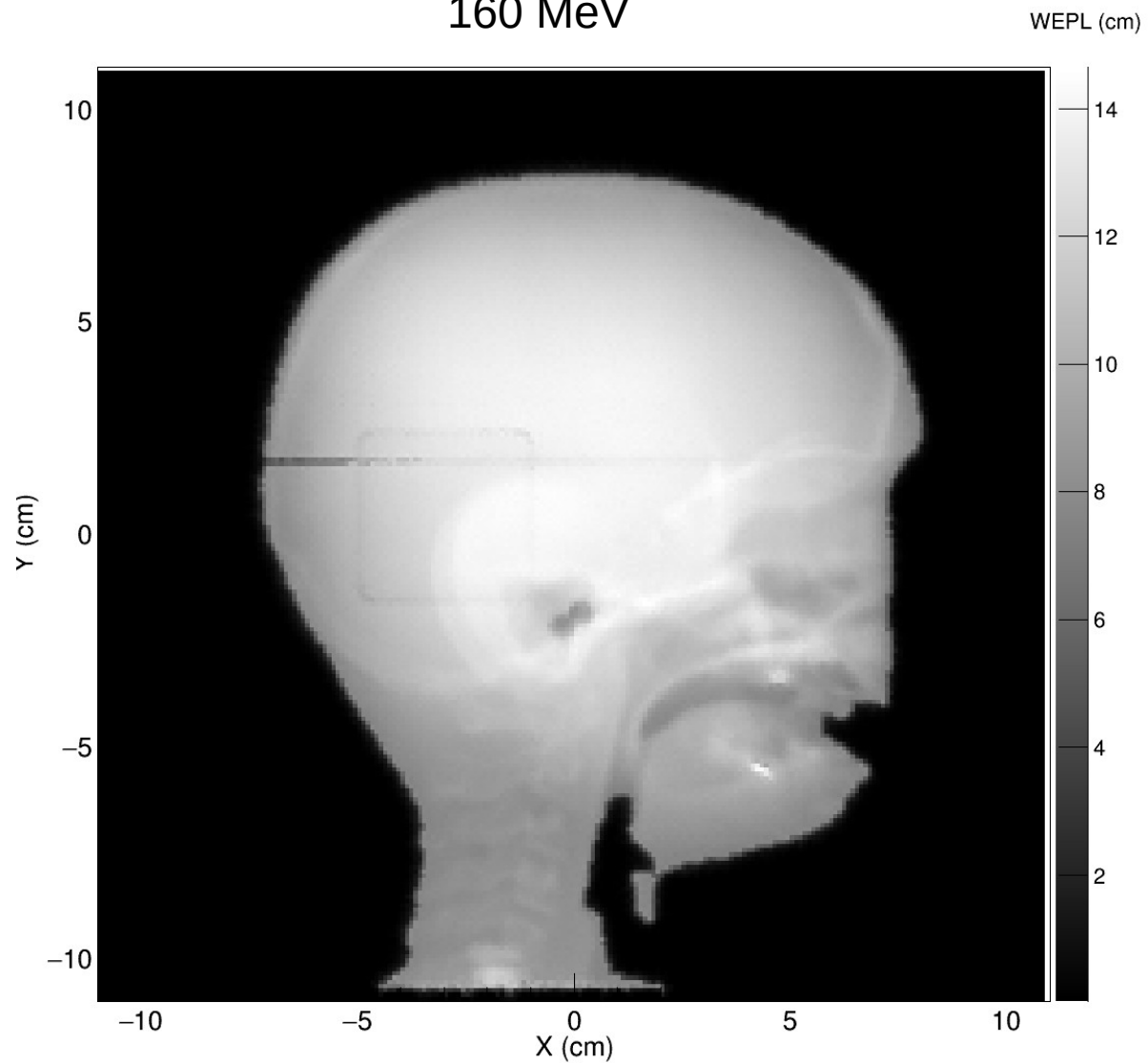


# Imaging with Multiple Proton Energies – Pediatric Head Phantom

120 MeV

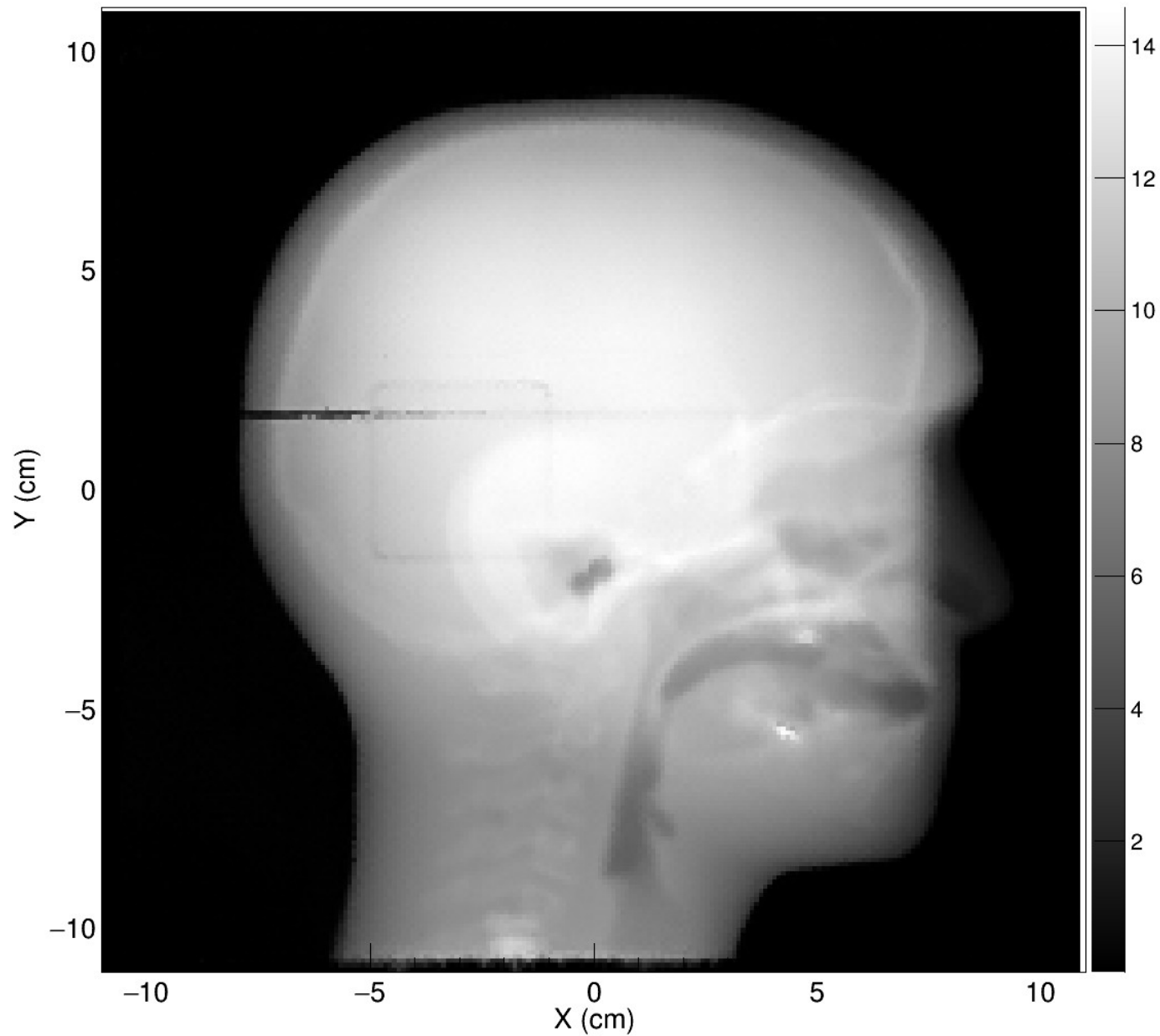


160 MeV



# Combined

WEPL (cm)

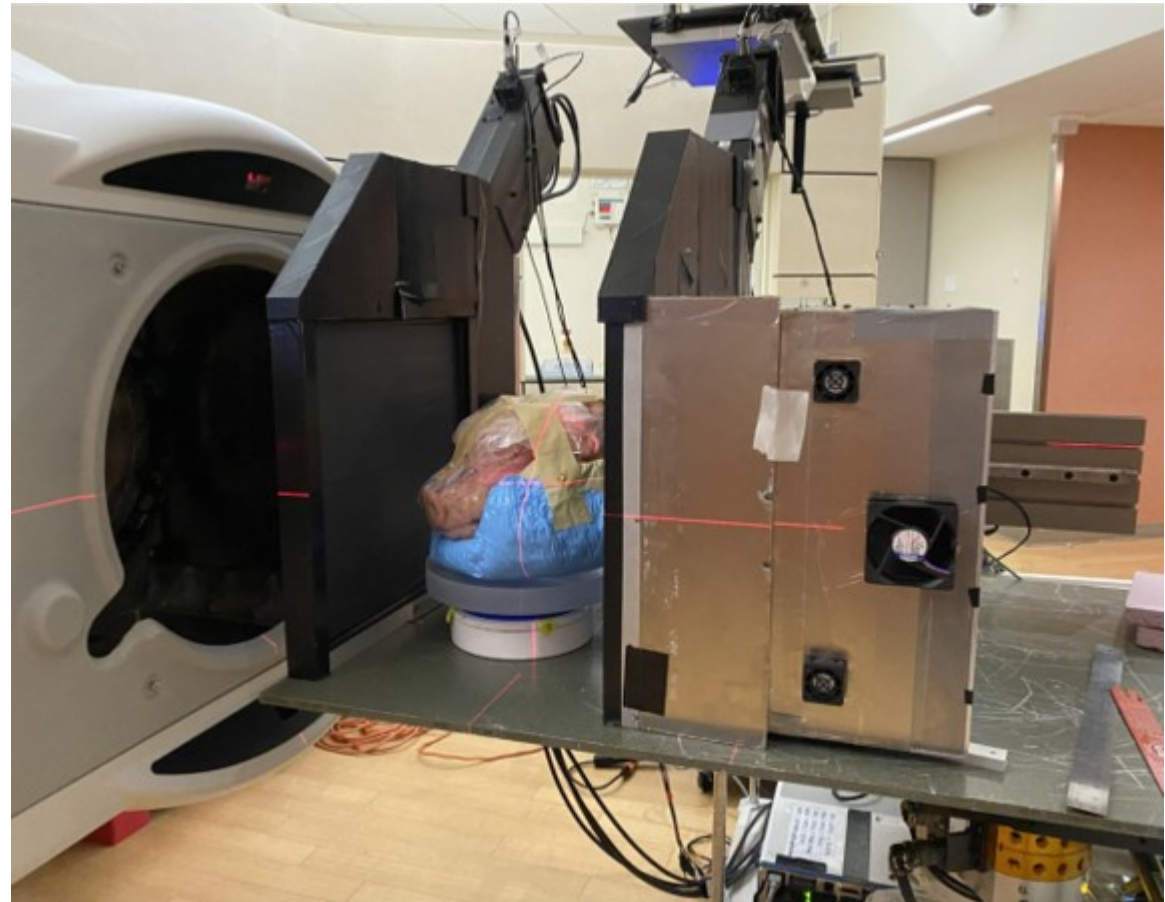




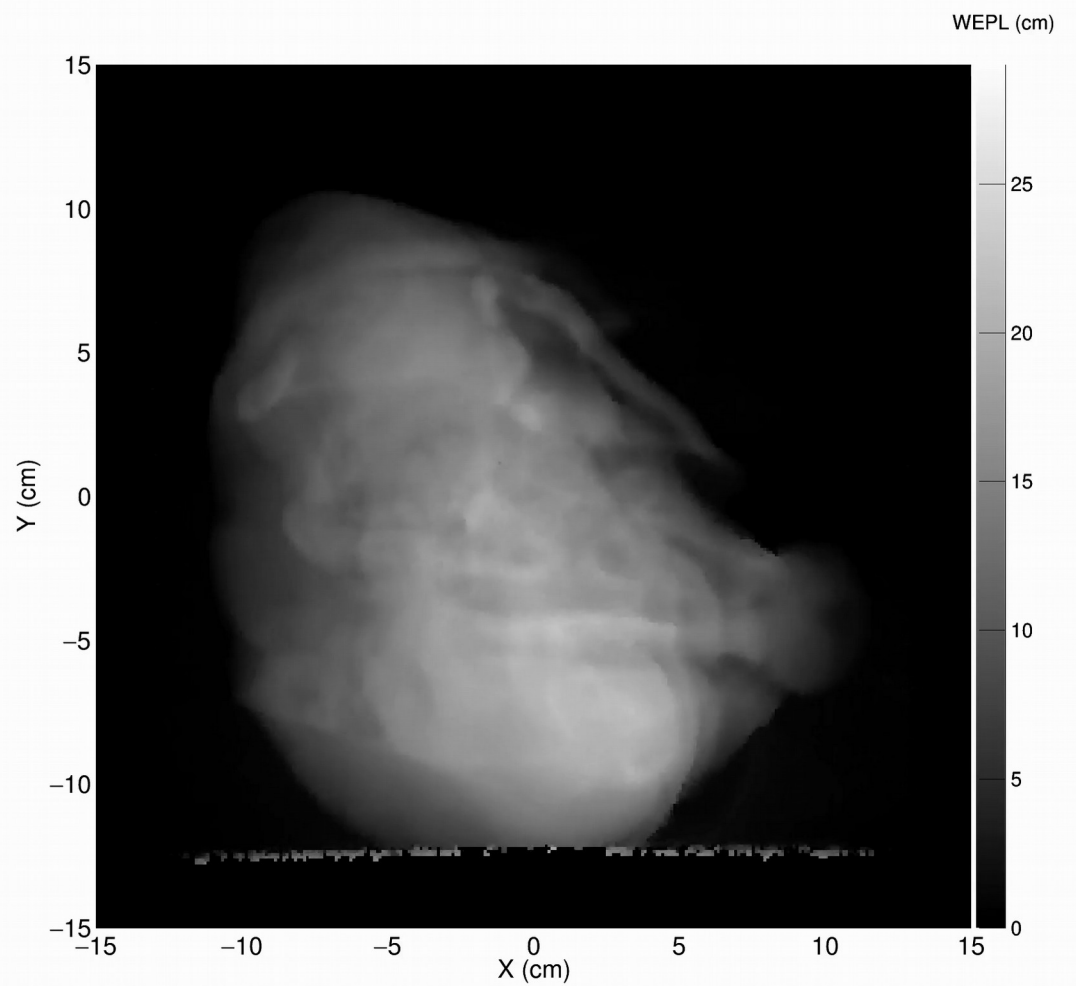
pCT of fresh pig's head

- 4 energies, data taken in 4 degree intervals

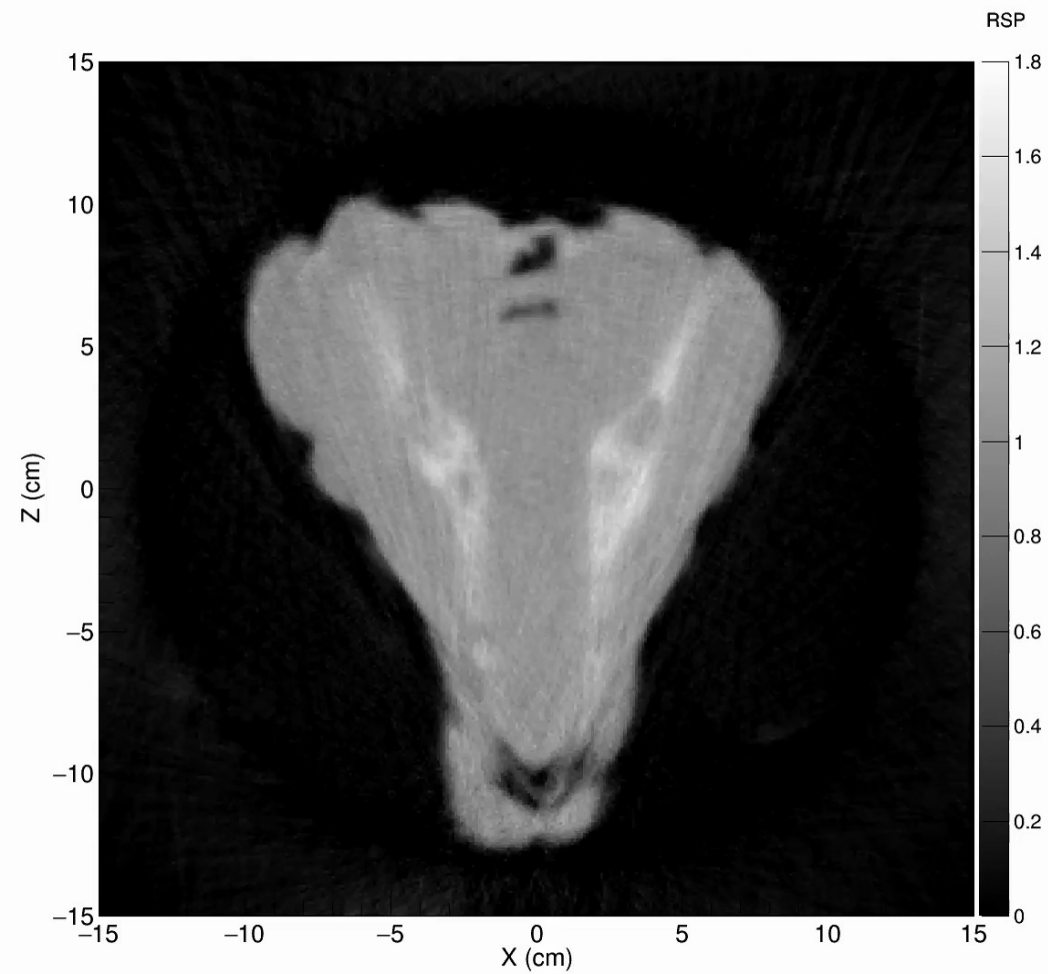
- Vertical CT taken for comparison



Proton radiographs taken every 4 degrees



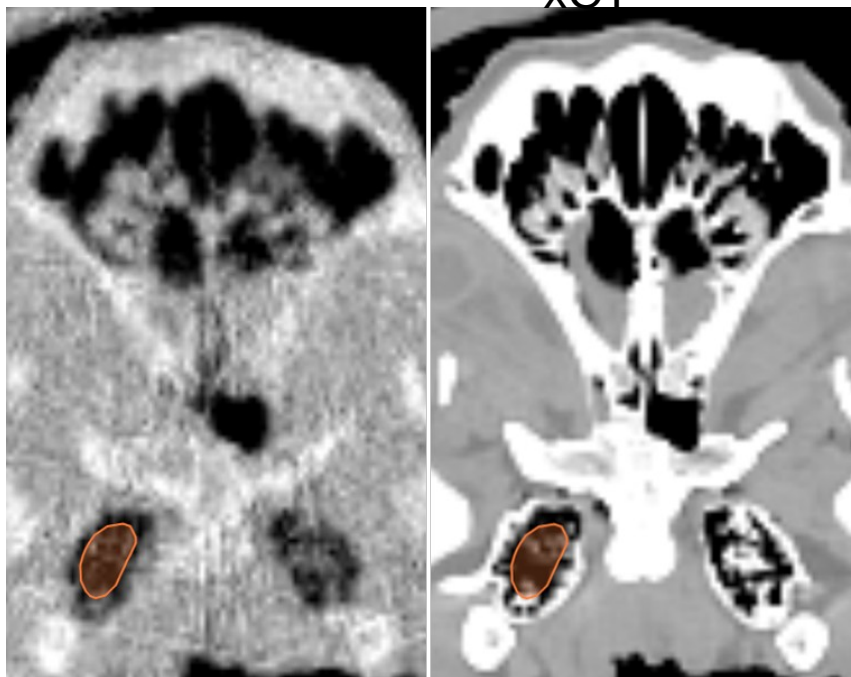
Horizontal pCT slices – 1 mm



## Contours: tympanic bullae

pCT

xCT

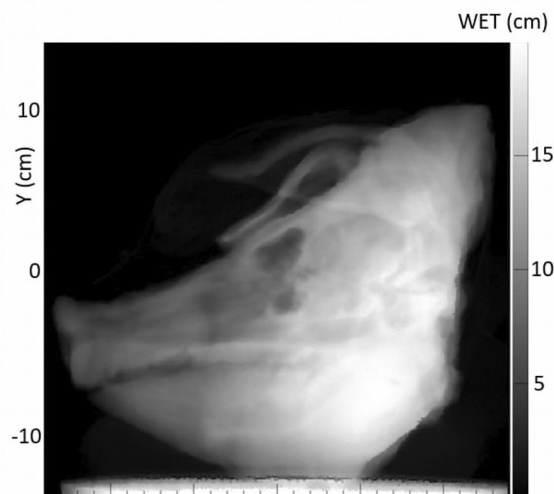


Region	Volume (cm <sup>3</sup> )	pCT RSP			Hor CT <sup>a</sup> RSP	Diff (%)	Hor CT <sup>b</sup> RSP	Diff (%)	Vert CT RSP	Diff (%)
		Mean	SD	SE(%)						
Bullae	0.8	0.491	0.24	1.7	0.684	-39.3	0.690	-40.5	0.634	-29.1
Adipose	3.7	0.950	0.14	0.2	0.961	-1.2	0.962	-1.3	0.954	-0.4
Muscle	2.0	1.033	0.16	0.3	1.058	-2.4	1.059	-2.5	1.052	-1.8
Tongue	9.4	1.047	0.23	0.2	1.035	1.1	1.036	1.1	1.031	1.5
Brain Stem	0.7	0.994	0.16	0.6	1.038	-4.4	1.038	-4.4	1.016	-2.2
Brain	2.5	1.025	0.16	0.3	1.037	-1.2	1.039	-1.4	1.031	-0.6
Lens	0.1	1.099	0.12	1.6	1.078	1.9	1.080	1.7	1.076	2.1
Eye Left	0.5	1.015	0.13	0.5	1.015	0.0	1.017	-0.2	1.018	-0.3
Eye Right	0.8	1.011	0.15	0.5	1.021	-1.0	1.021	-1.0	1.014	-0.3
Skull	0.5	1.266	0.12	0.4	1.297	-2.4	1.303	-2.9	1.320	-4.3
Mandible	0.5	1.540	0.16	0.5	1.559	-1.2	1.565	-1.6	1.562	-1.4
Sinus Air	0.1	0.067	0.12	17	0.057	15	0.058	13	0.039	42

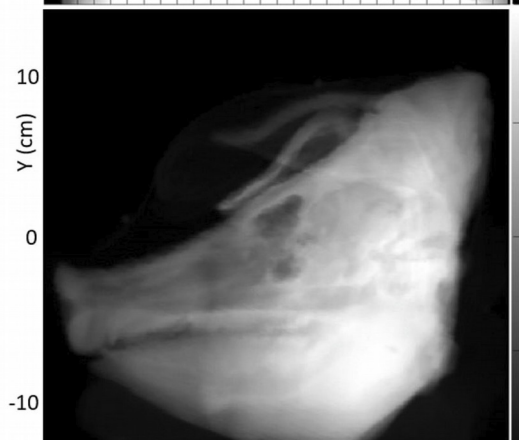
<sup>a</sup> Low dose protocol

<sup>b</sup> High dose protocol

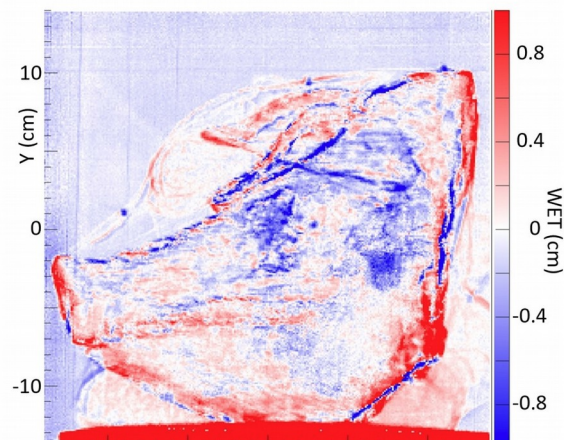
Proton  
Radiograph



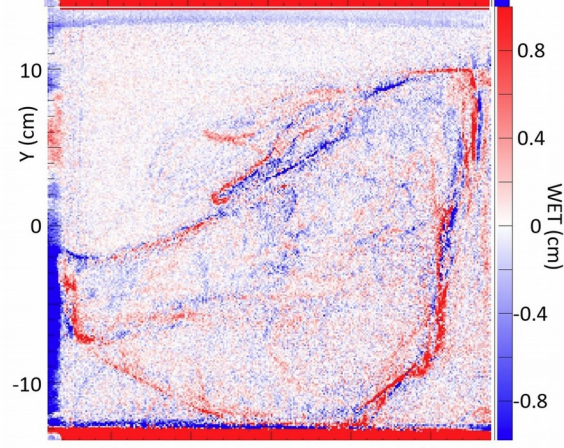
X-Ray CT DRR –  
converted to WET



pCT DRR



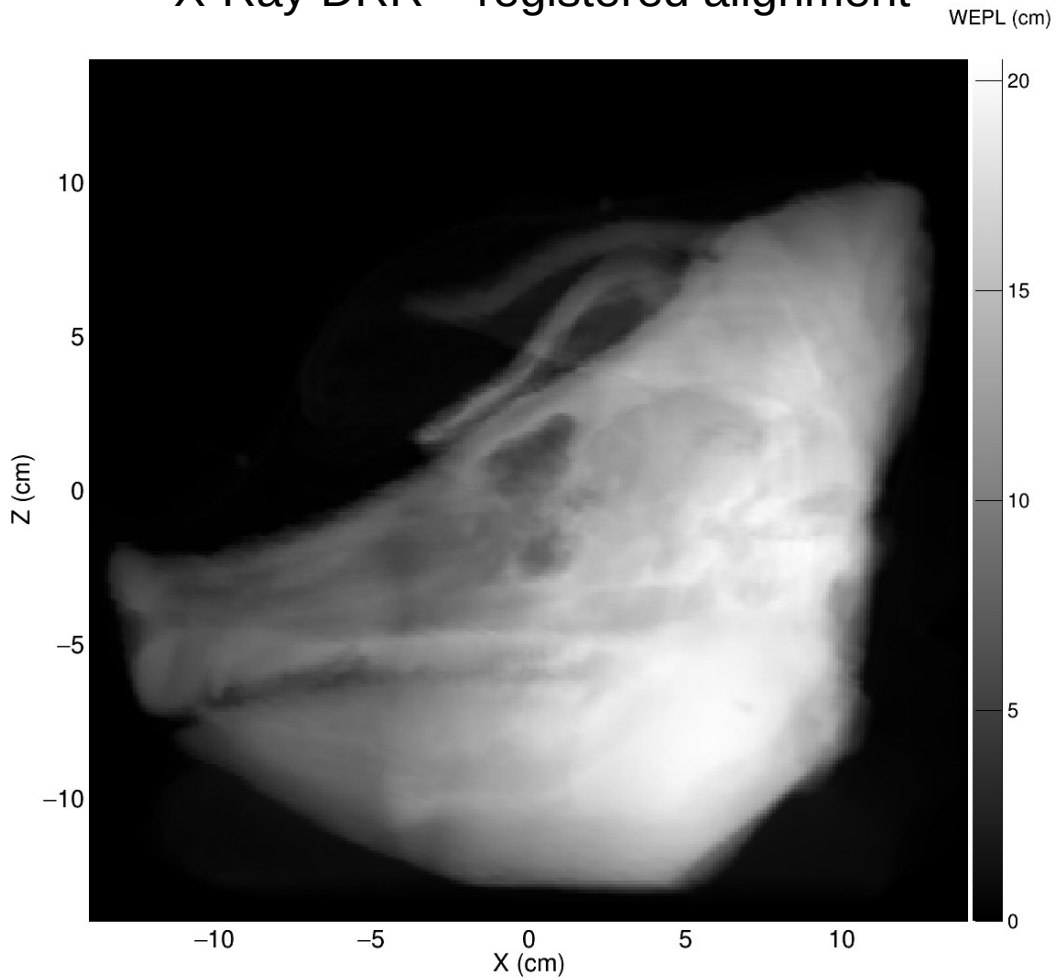
Difference – pRad vs. xCT



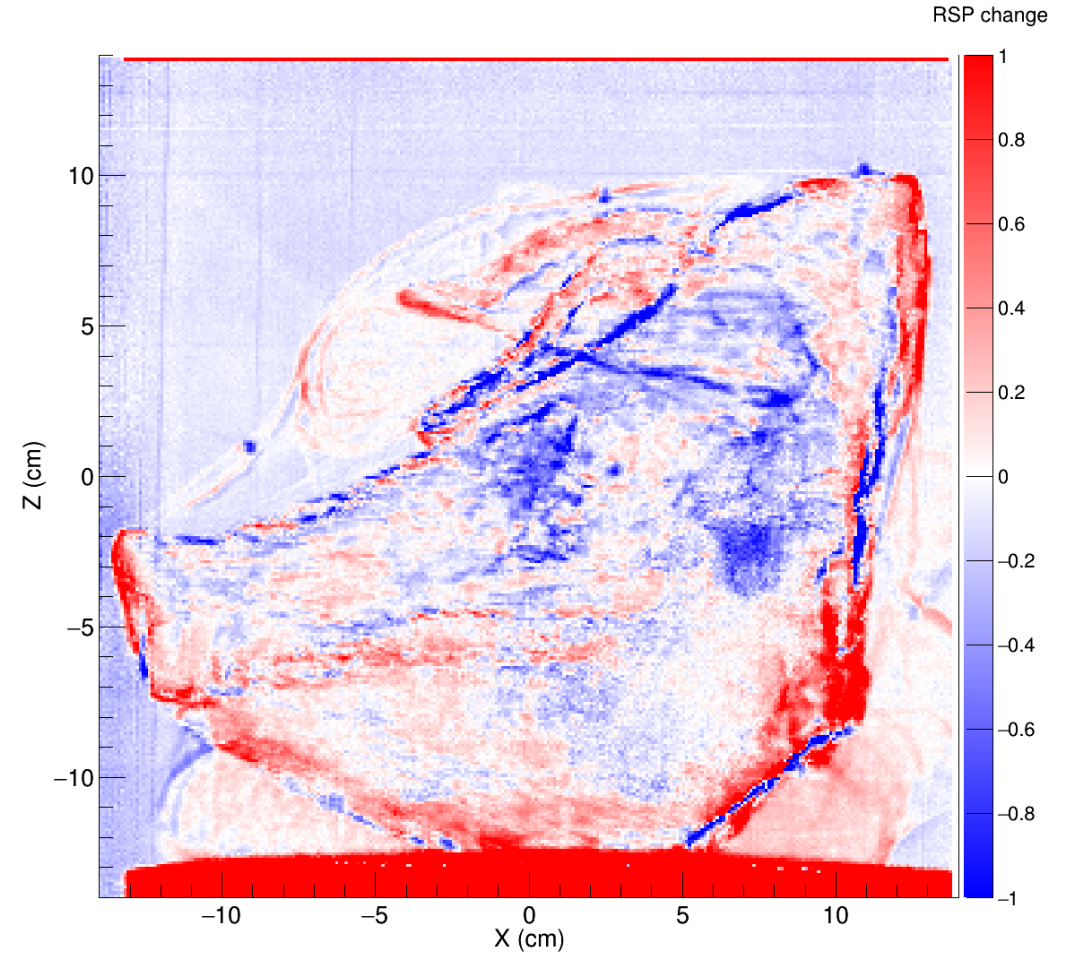
Difference – pRad vs. pCT

Using pRad to align the patient – see talk by Joe Piet

X-Ray DRR – registered alignment

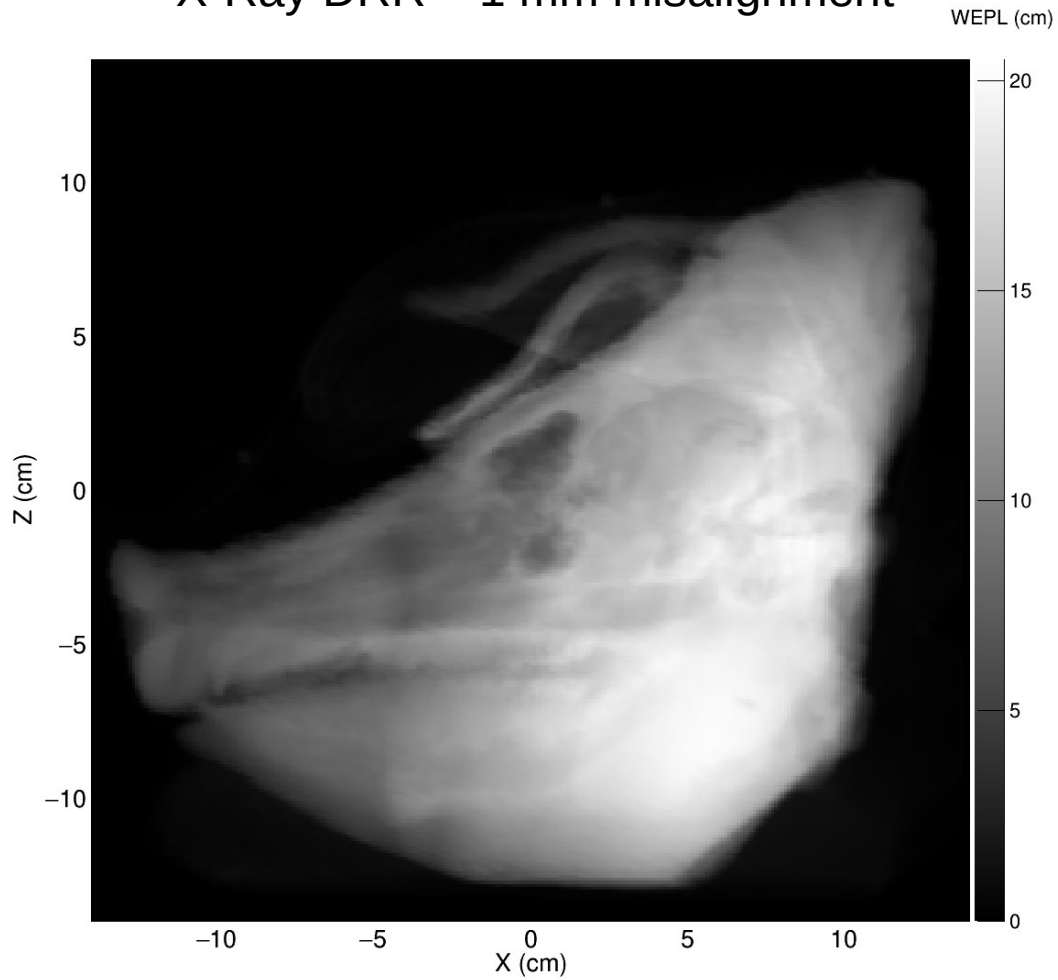


Difference – pRad vs DRR

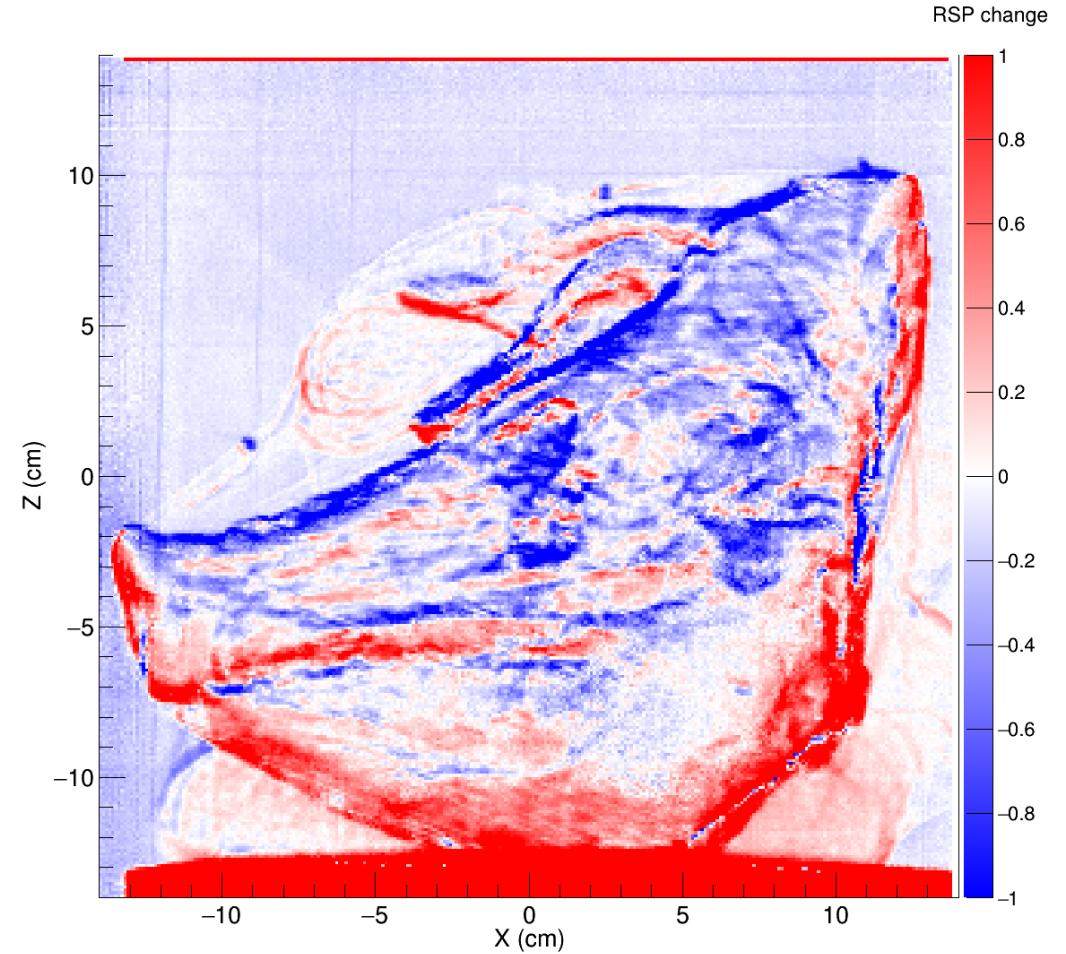


Using pRad to align the patient – see talk by Joe Piet

X-Ray DRR – 1 mm misalignment

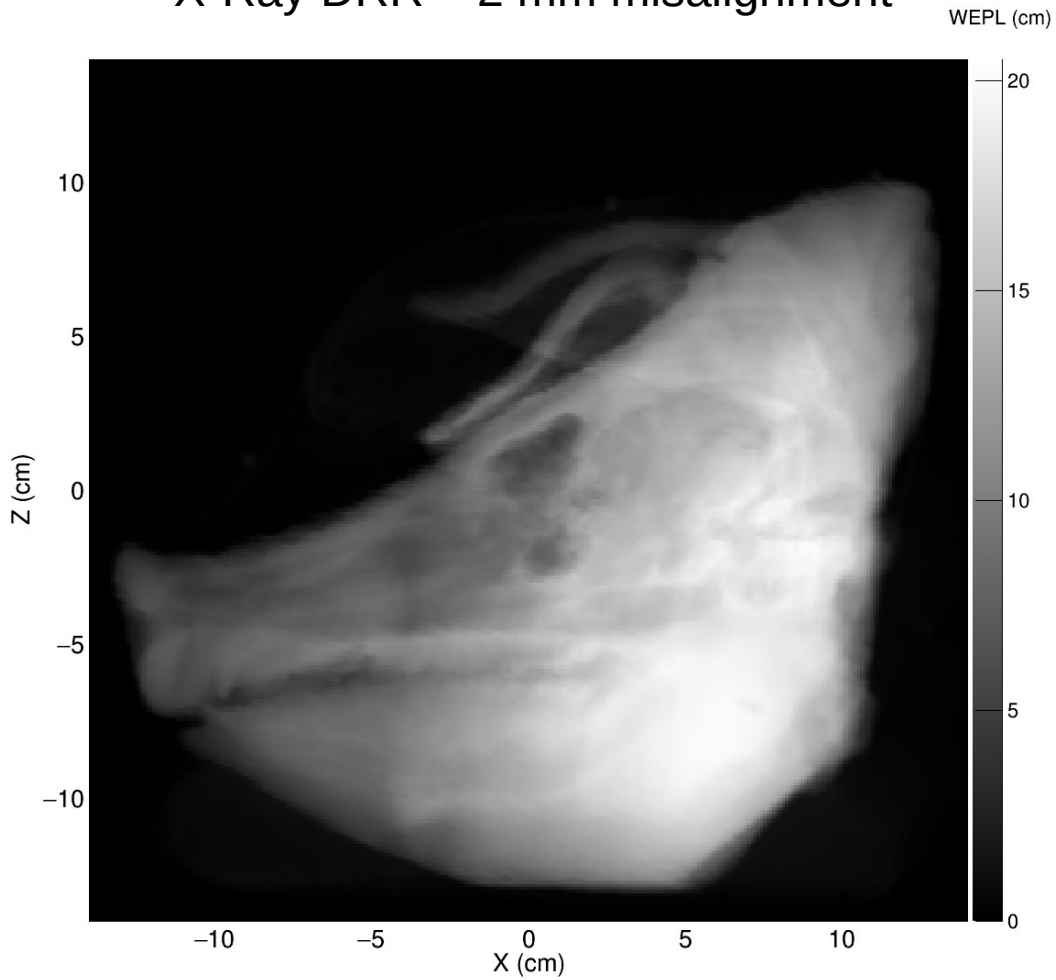


Difference – pRad vs DRR

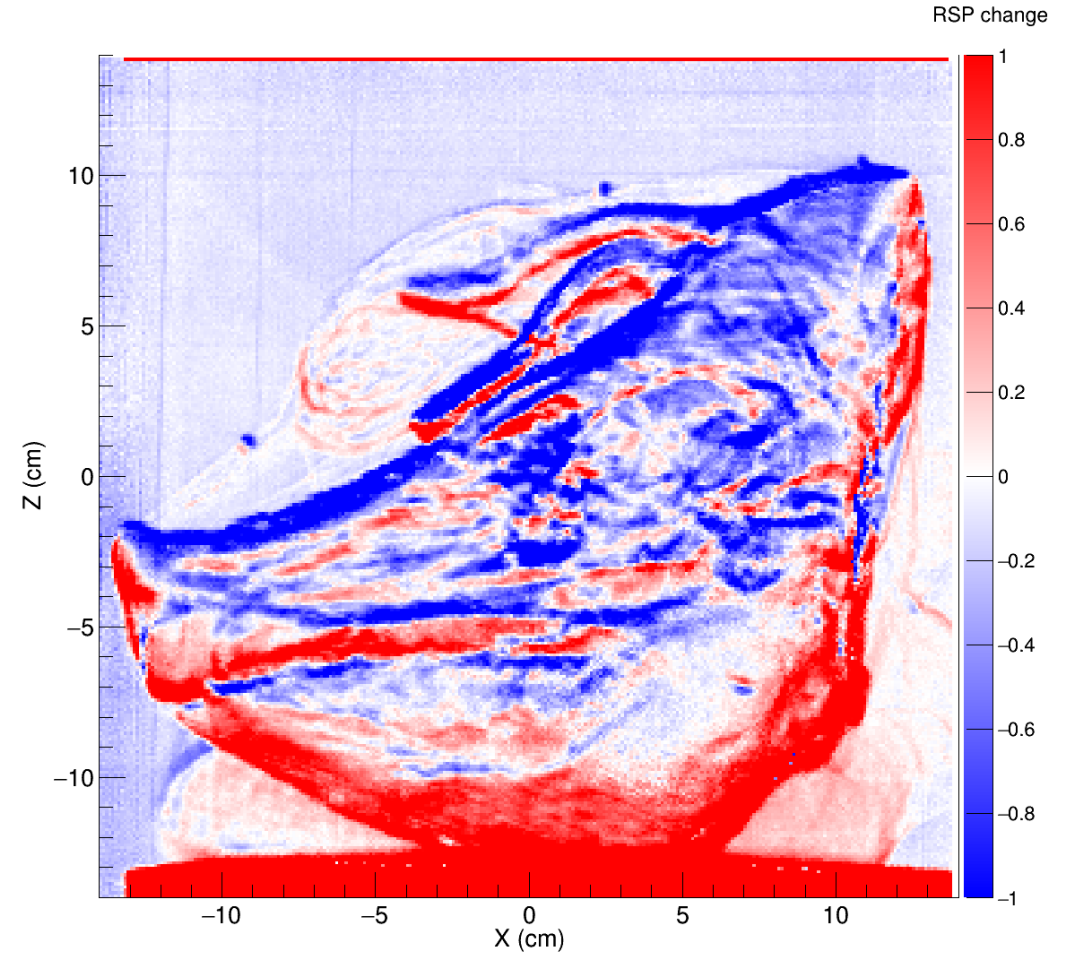


# Using pRad to align the patient – see talk by Joe Piet

## X-Ray DRR – 2 mm misalignment



## Difference – pRad vs DRR



Our Reconstruction  
Algorithm: the DV method

$$d_p = Ax - b$$

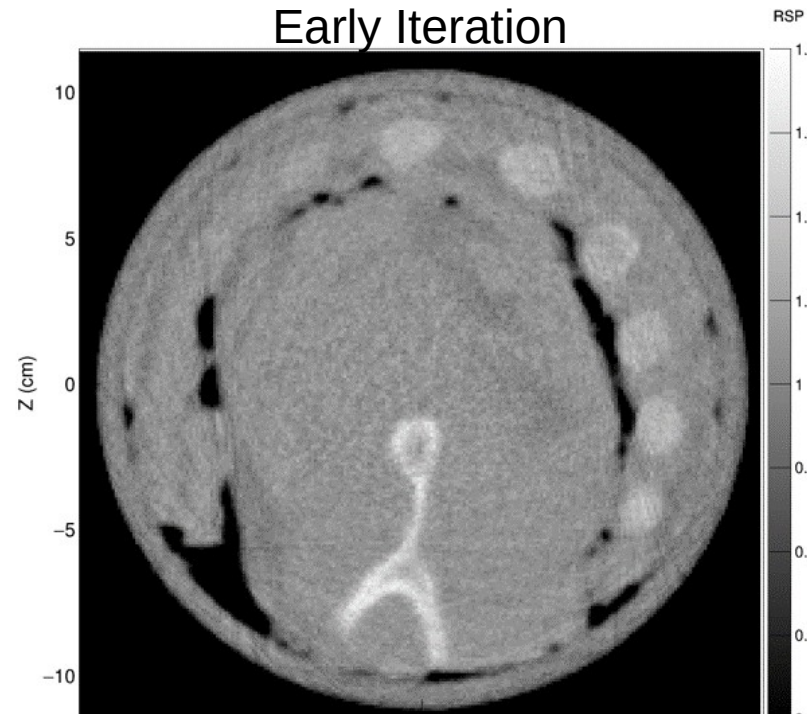
$$d_v = \bar{A}^T d_p$$

$$\bar{A}^T = V^{-1} A^T$$

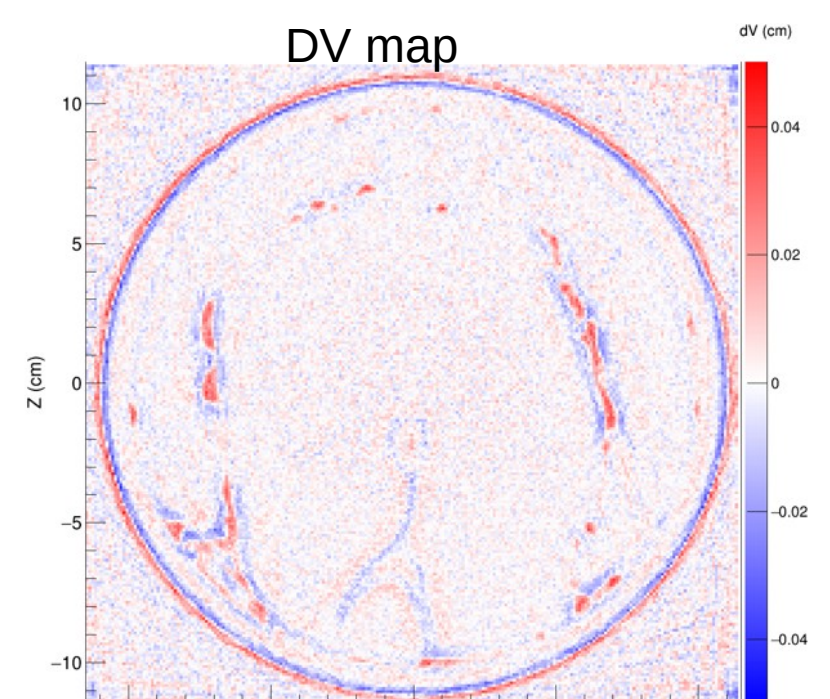
$$V^{-1} = \text{diag} \left( \frac{1}{\sum_j \alpha_{ij}^T} \right)$$

$$x_{k+1} = x_k - \lambda_k d_{vk}$$

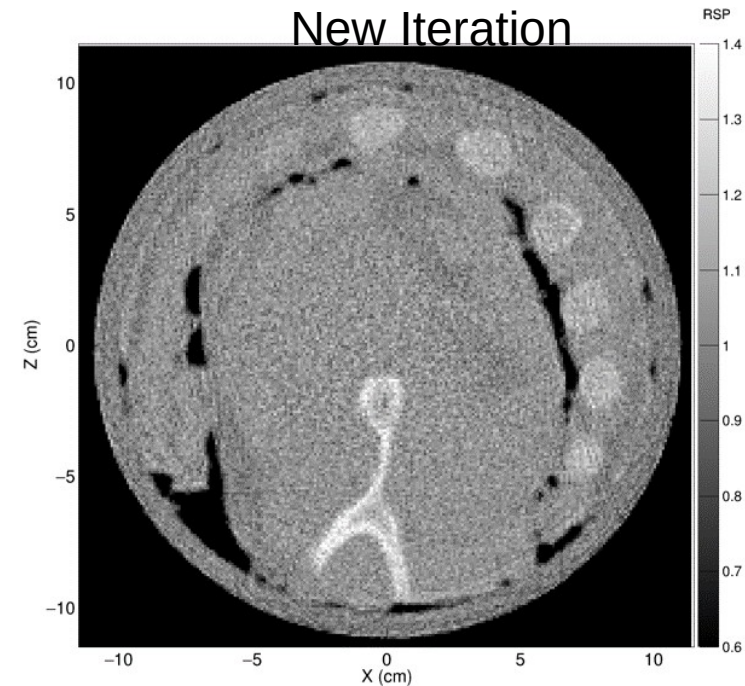
Early Iteration



DV map



New Iteration





## Optimization of $\lambda_k$

$$d_{pk} = Ax_k - b$$

$$d_{vk} = \bar{A}^T d_{pk}$$

$$x_{k+1} = x_k - \lambda_k d_{vk}$$

$$\begin{aligned} d_{p(k+1)} &= Ax_{k+1} - b \\ &= d_{pk} - \lambda_k Ad_{vk} \end{aligned}$$

$$\begin{aligned} d_{v(k+1)} &= \bar{A}^T d_{p(k+1)} \\ &= d_{vk} - \lambda_k \bar{A}^T(Ad_{vk}) \end{aligned}$$

- One possible choice for  $\lambda_k$ : Minimize  $\chi^2_{k+1}$

$$\begin{aligned} \chi^2_{k+1} &= d_{p(k+1)} \cdot d_{p(k+1)} \\ &= d_{pk} \cdot d_{pk} - 2\lambda_k d_{pk} \cdot (Ad_{vk}) + \lambda_k^2 |Ad_{vk}|^2 \\ &= \chi^2_k - 2\lambda_k d_{pk} \cdot (Ad_{vk}) + \lambda_k^2 |Ad_{vk}|^2 \end{aligned}$$

$$d\chi^2_{k+1}/d\lambda_k = -2 d_{pk} \cdot (Ad_{vk}) + 2\lambda_k |Ad_{vk}|^2 = 0$$

$$\lambda_k = d_{pk} \cdot (Ad_{vk}) / |Ad_{vk}|^2$$

- Another choice for  $\lambda_k$ : Minimize  $d_{v(k+1)} \cdot d_{v(k+1)}$

$$\lambda_k = d_{vk} \cdot (\bar{A}^T Ad_{vk}) / |\bar{A}^T Ad_{vk}|^2$$

# Stopping Criteria

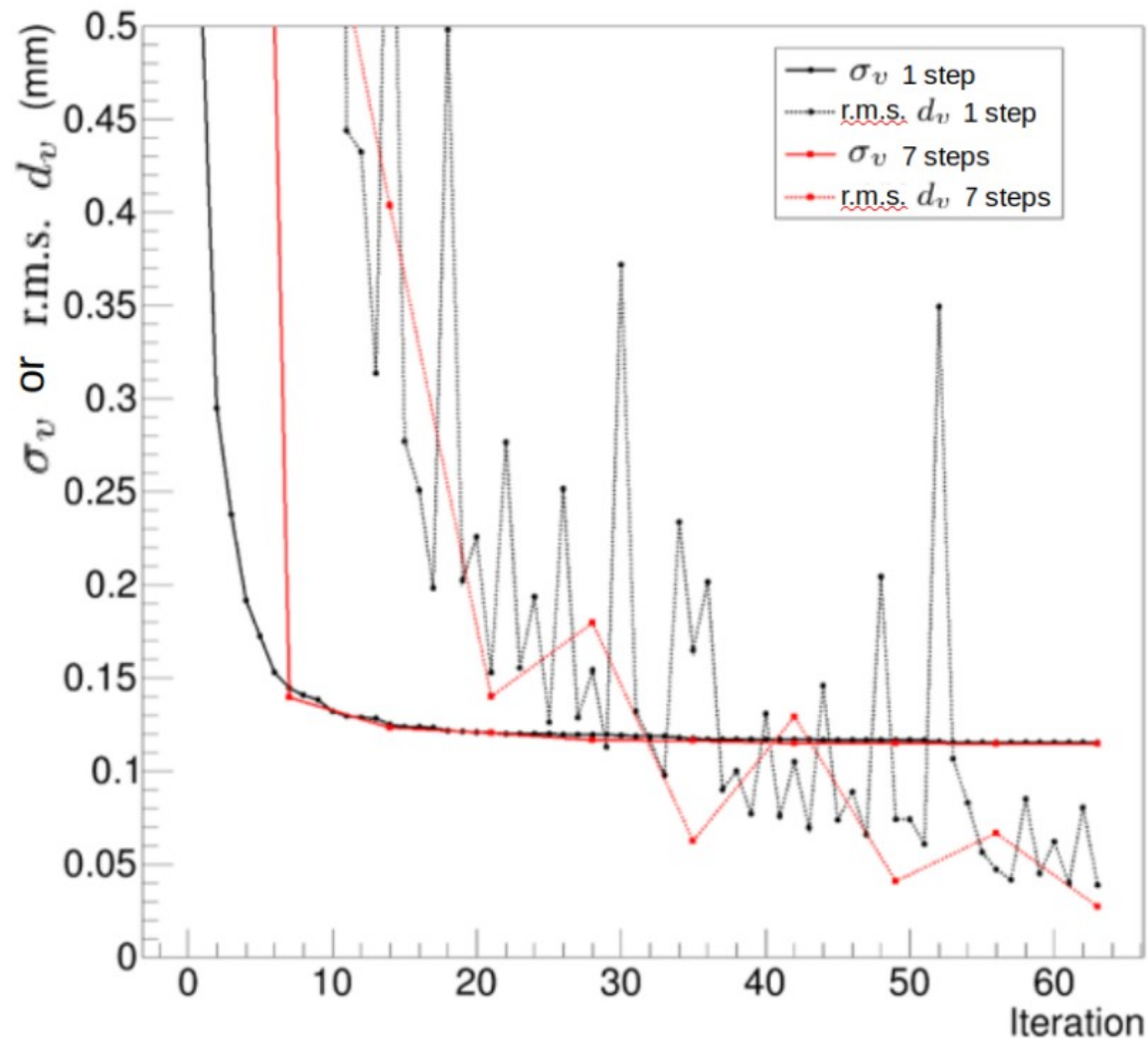
WEPL  
uncertainty  
per proton:

$$\sigma_p = \sqrt{\frac{\chi_p^2}{N_p - N_v}}$$

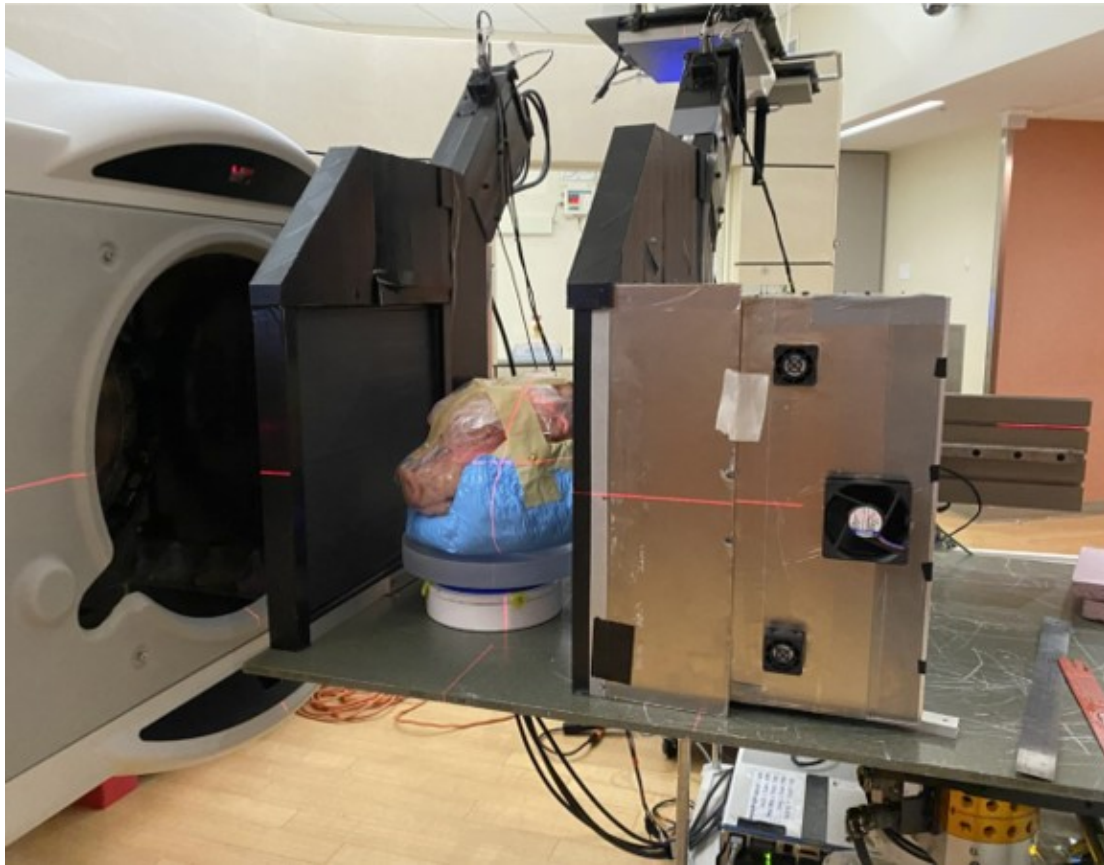
Estimated RSP  
uncertainty per  
voxel:

$$\sigma_v = \frac{\sigma_p}{\bar{\alpha} \sqrt{N_{pv}}}$$

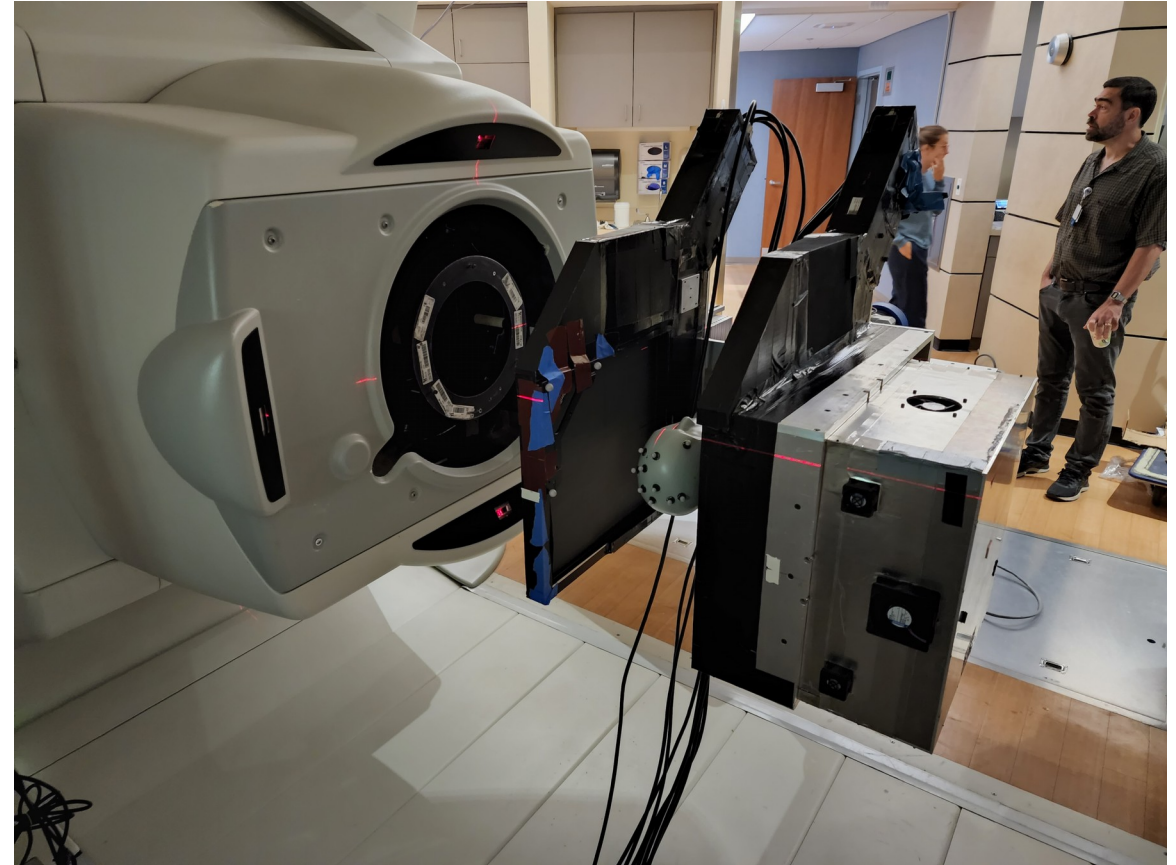
\*See talk by Alexander  
Pryanichnikov



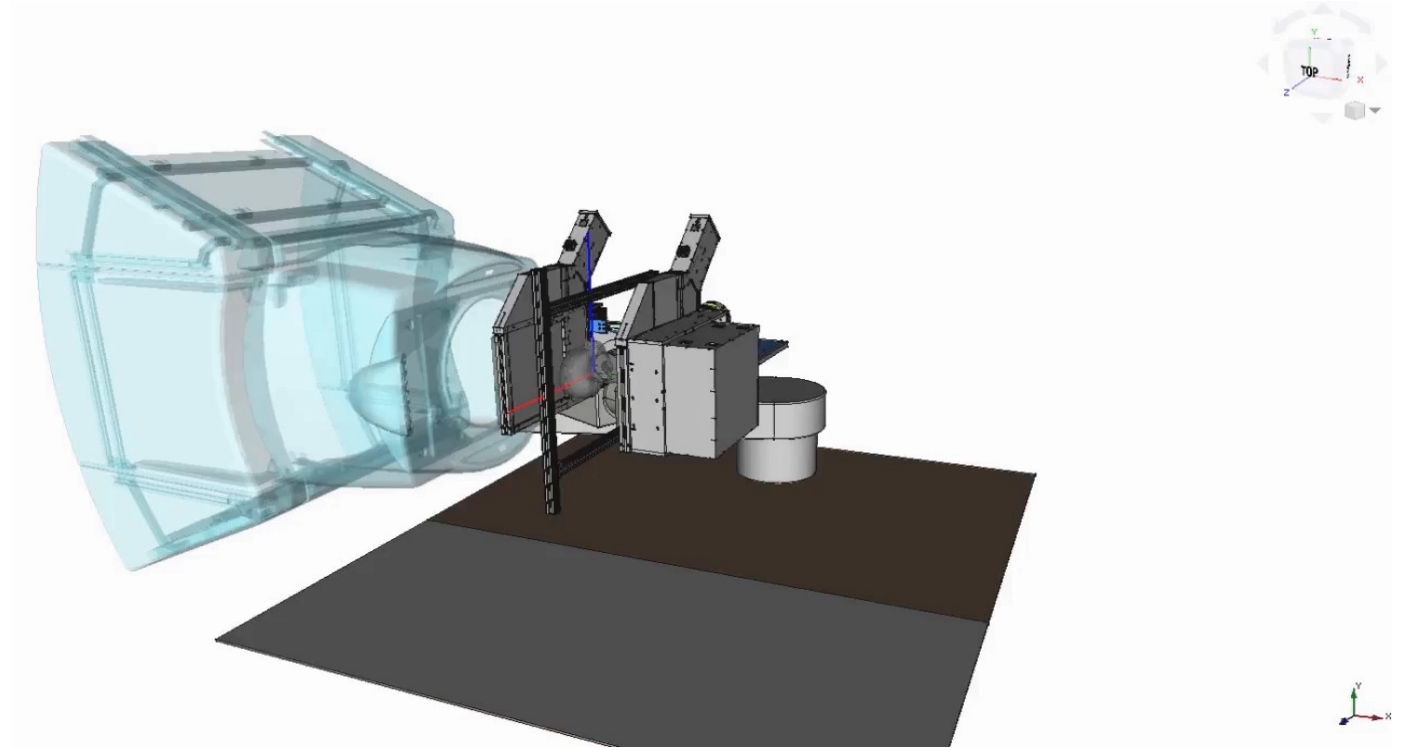
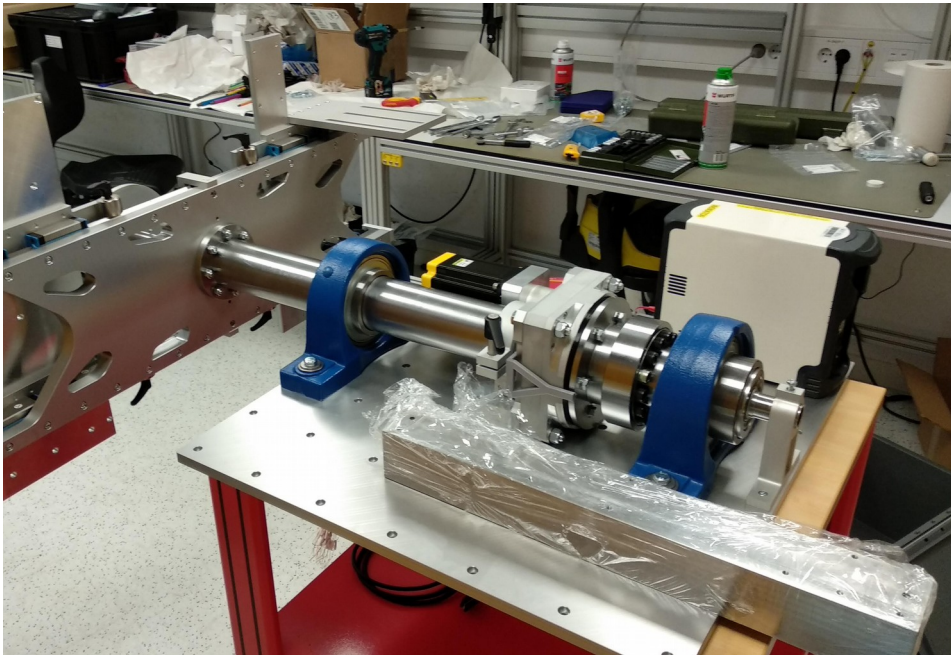
Fixed beam and imaging system, rotating patient



Fixed patient, rotating beam and imaging system



Mounting system designed and built by Cosylab



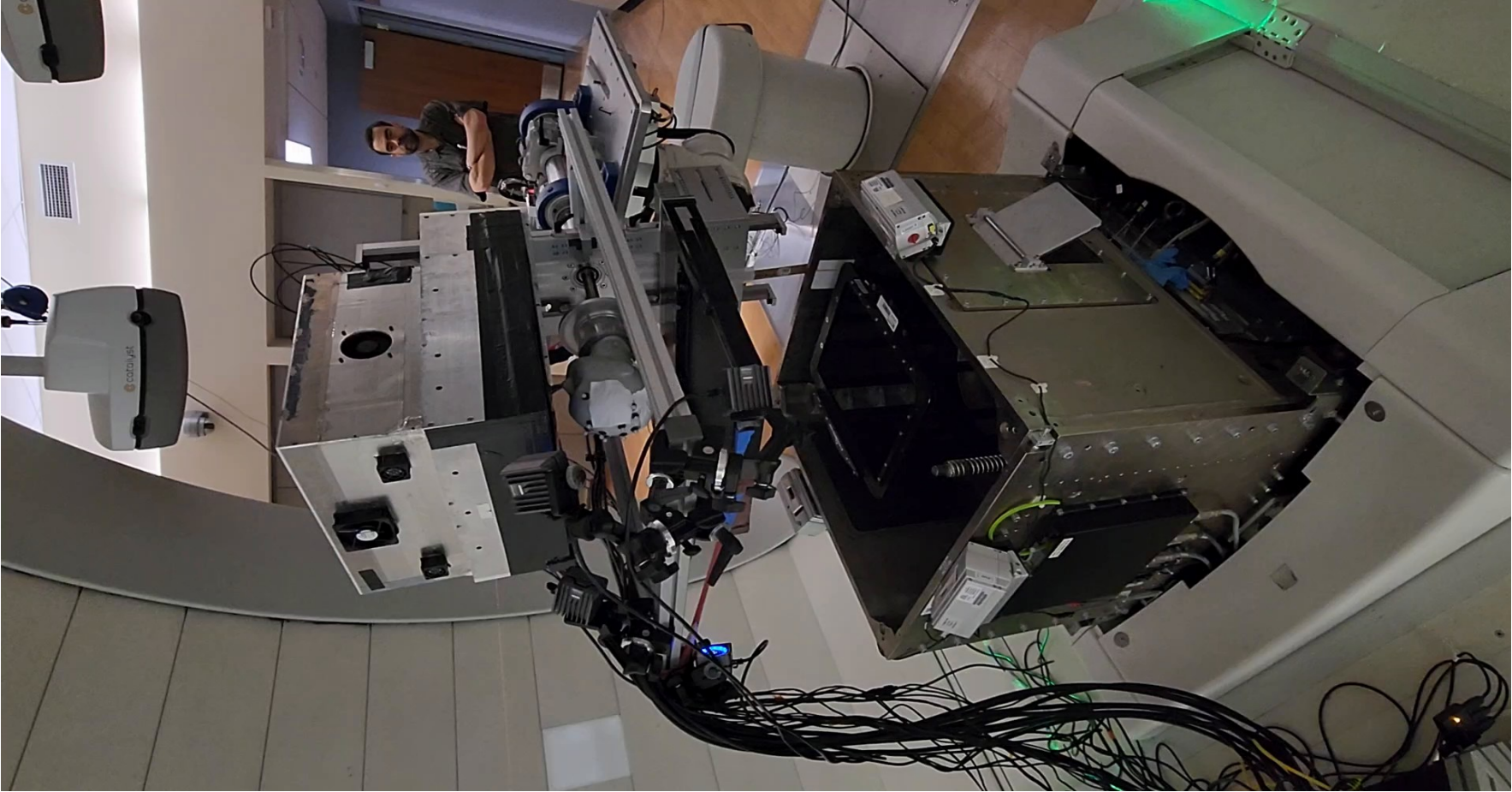
# First ever pCT test in a gantry system!

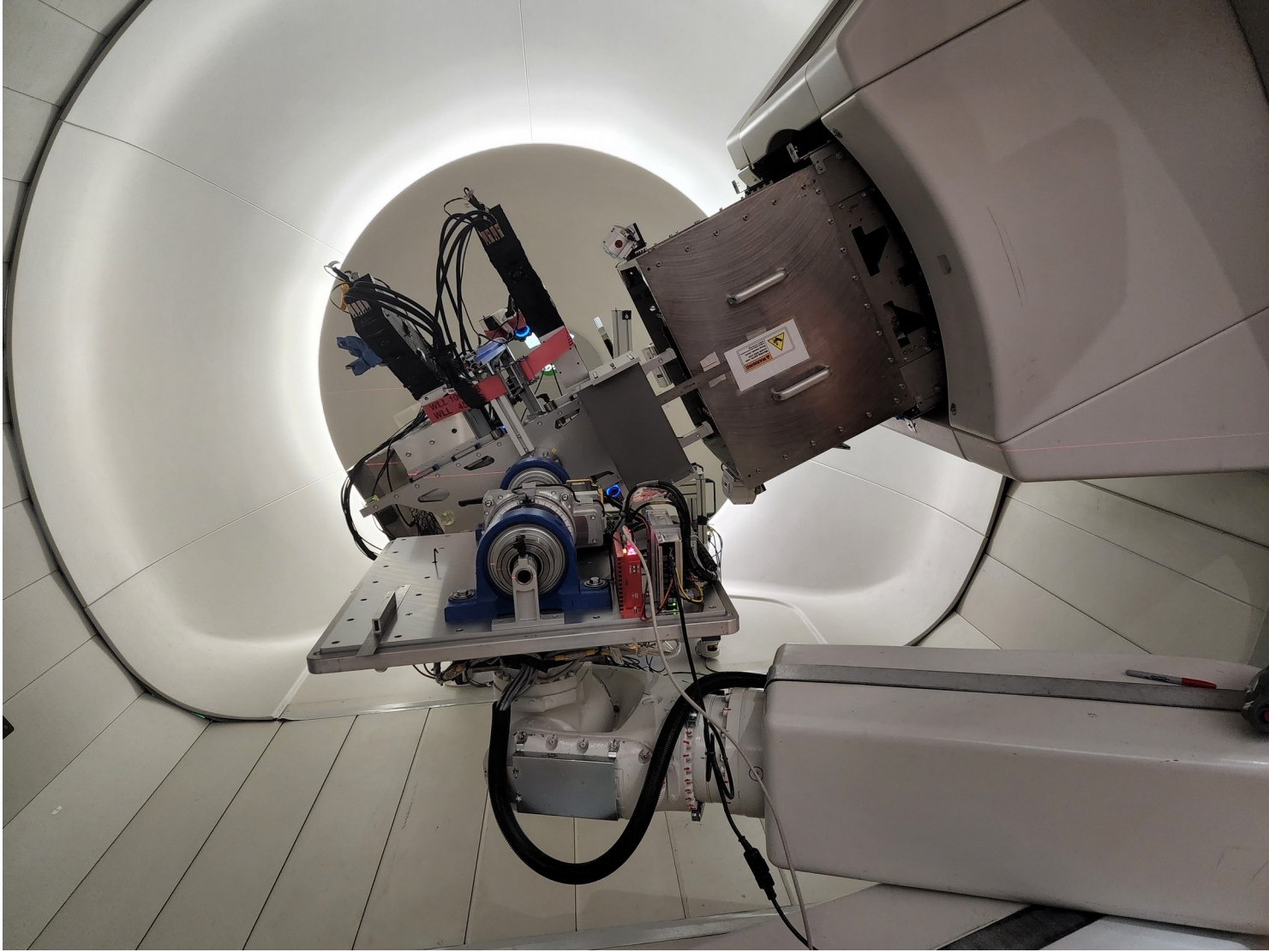
June 25, 2022

We acquired proton imaging data from 45 angles for a pediatric head phantom using 3 proton energies – 120, 162, and 198 MeV.

The test took over 6 hours to complete.

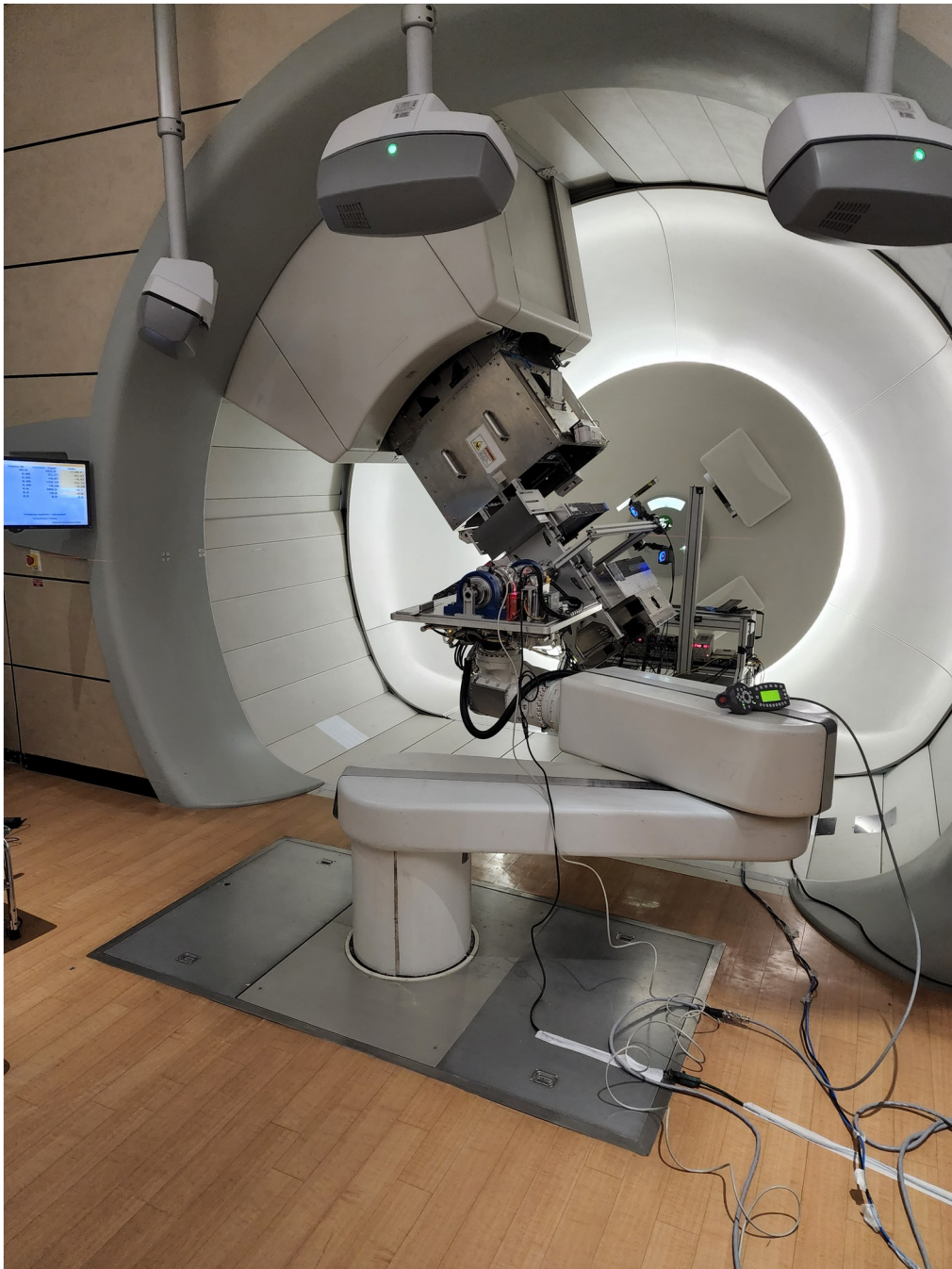




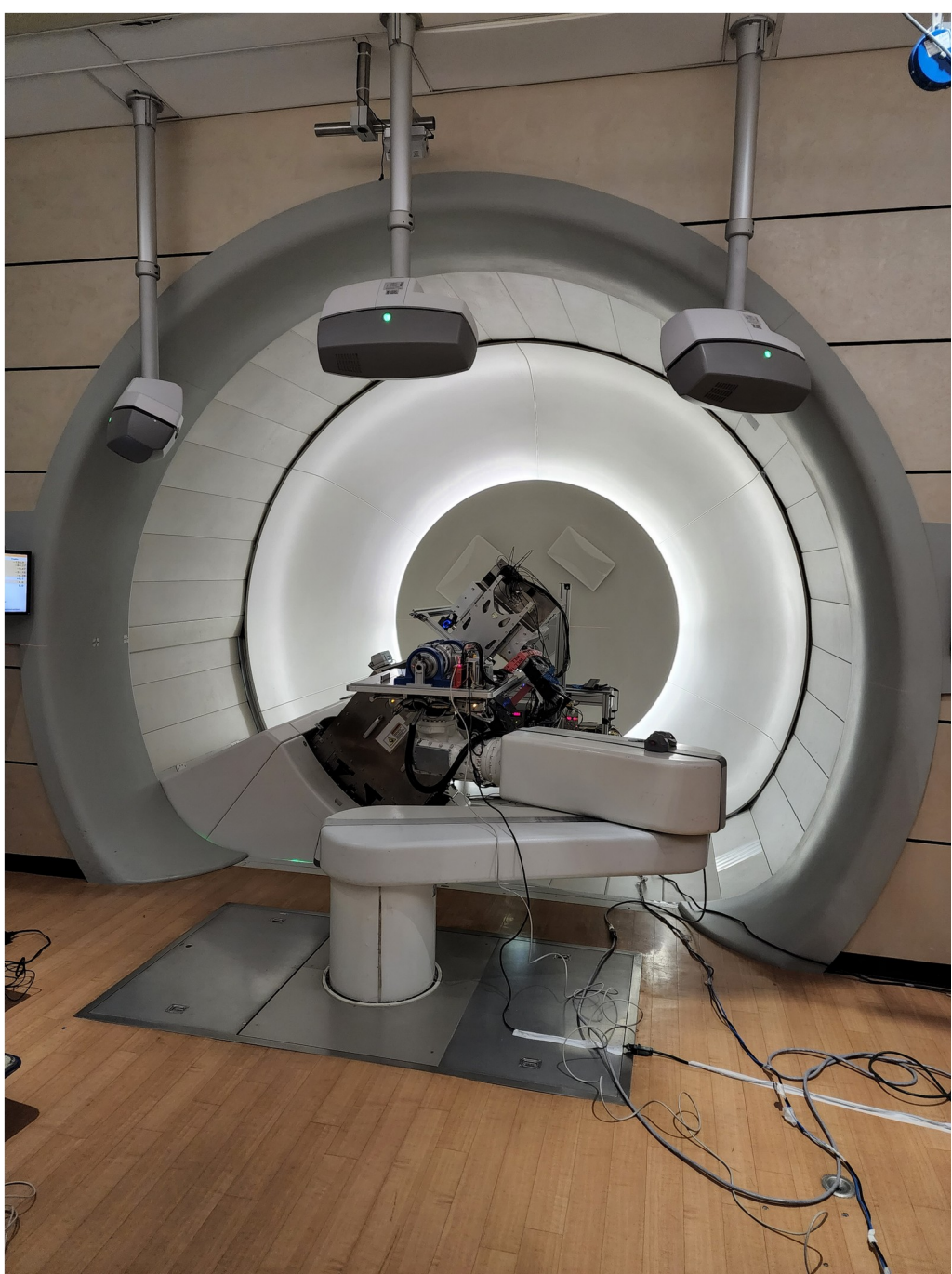












## Issues affecting image reconstruction:

- Separate rotational axes for imaging system and gantry
- Shifting of detector geometry vs. angle
- Sagging of gantry vs. angle
- Change in PMT gains vs. angle
- Beam steering not well calibrated at low intensity



## Angle 240

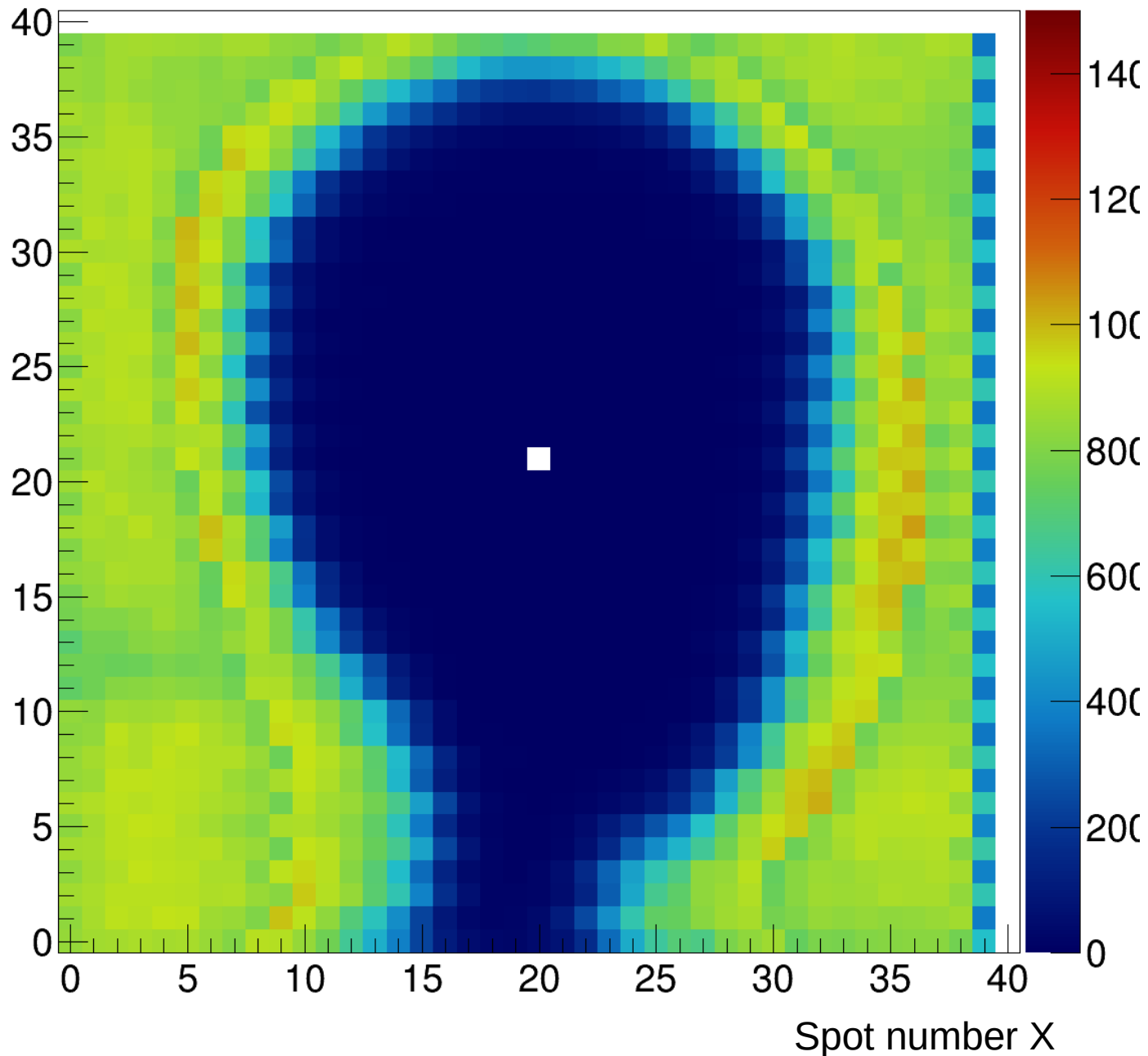
Plot of proton count vs  
beam spot for 120 MeV

- Each pixel represents a  
5x5 mm area

- Apparent movement of  
head indicates scan  
pattern shifts up to 2 cm

- This did not occur for  
198 MeV scan

Spot number Y



# Angle 280

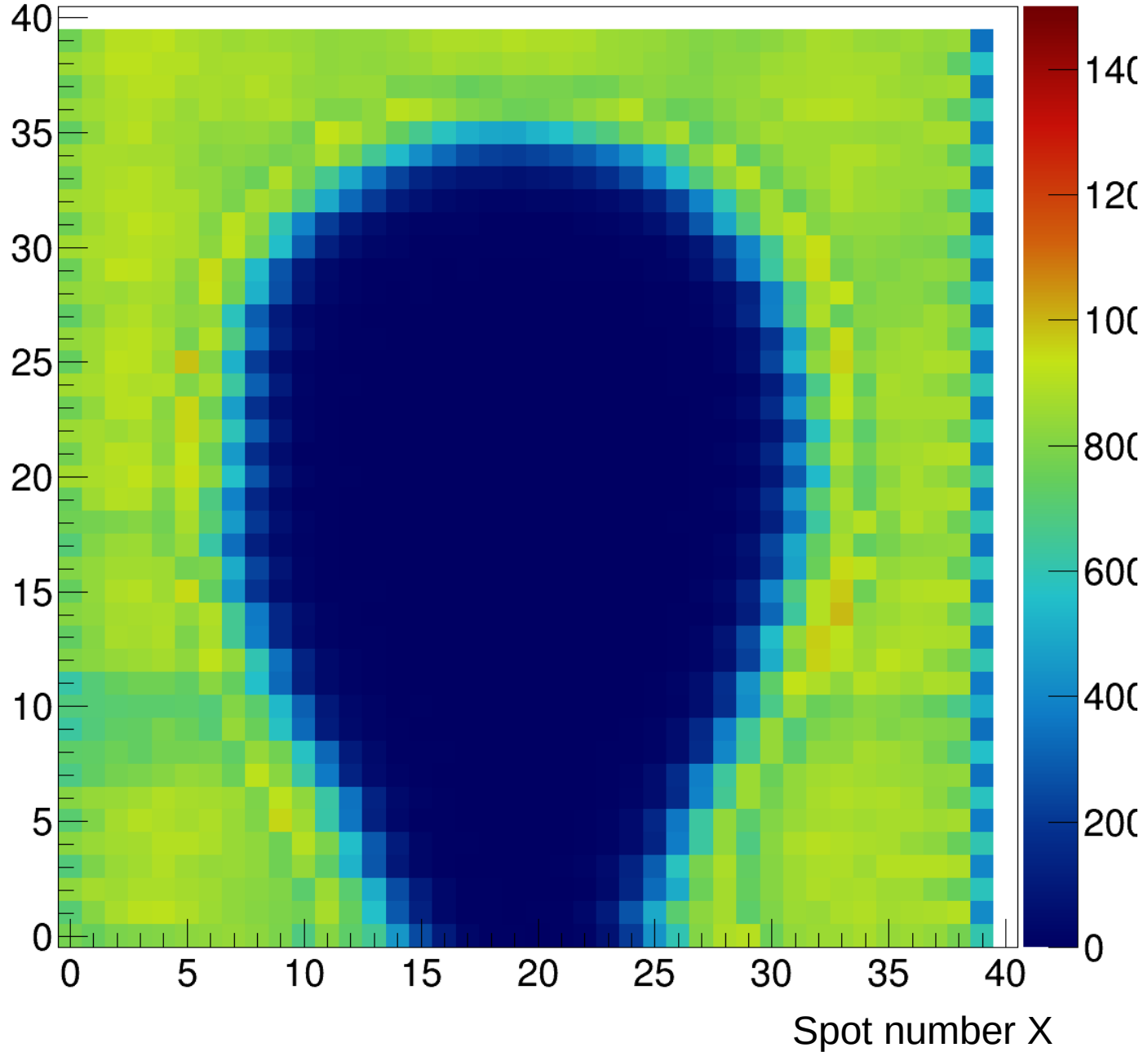
Plot of proton count vs beam spot for 120 MeV

- Each pixel represents a 5x5 mm area

- Apparent movement of head indicates scan pattern shifts up to 2 cm

- This did not occur for 198 MeV scan

Spot number Y



# Angle 320

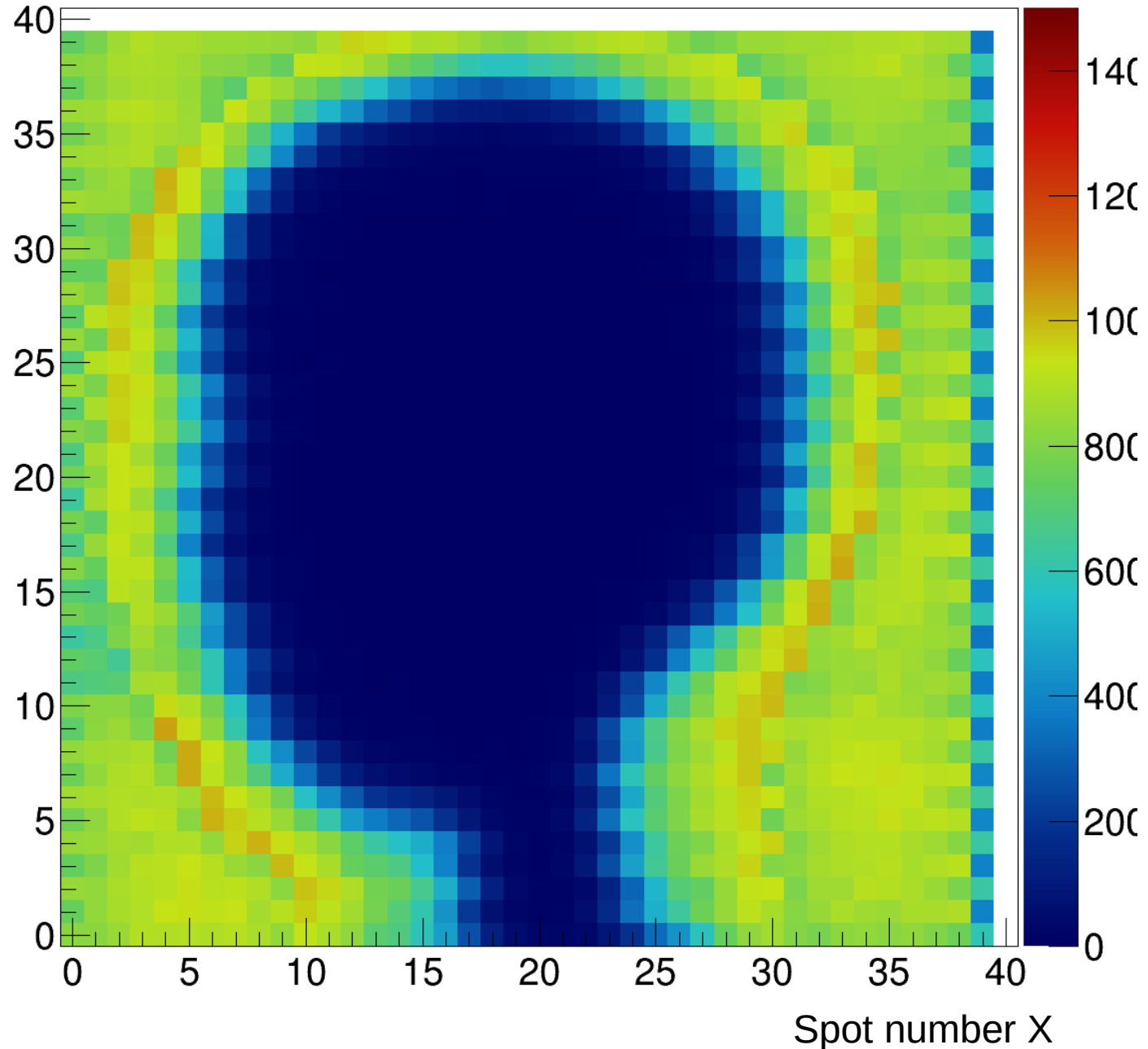
Plot of proton count vs beam spot for 120 MeV

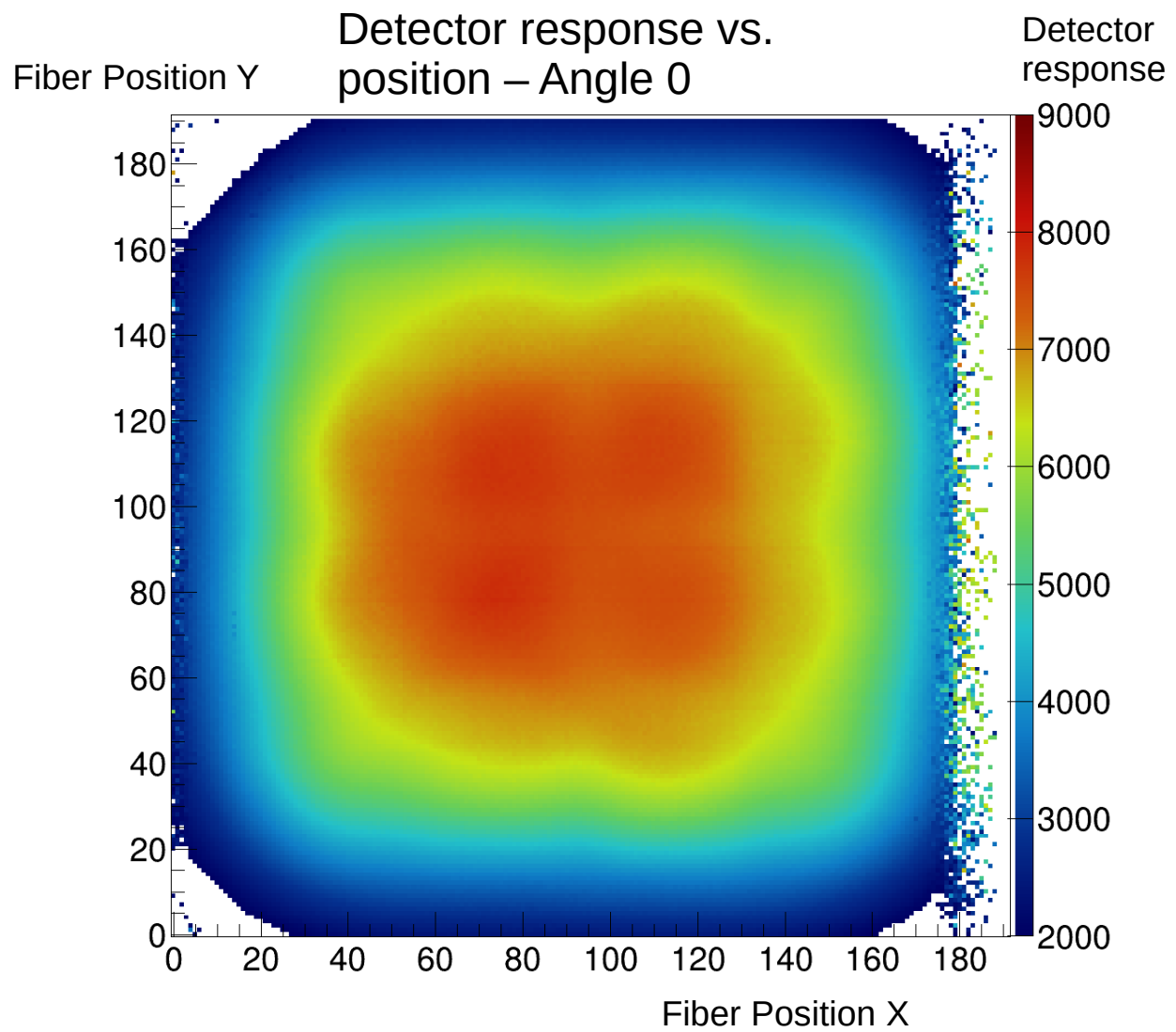
- Each pixel represents a 5x5 mm area

- Apparent movement of head indicates scan pattern shifts up to 2 cm

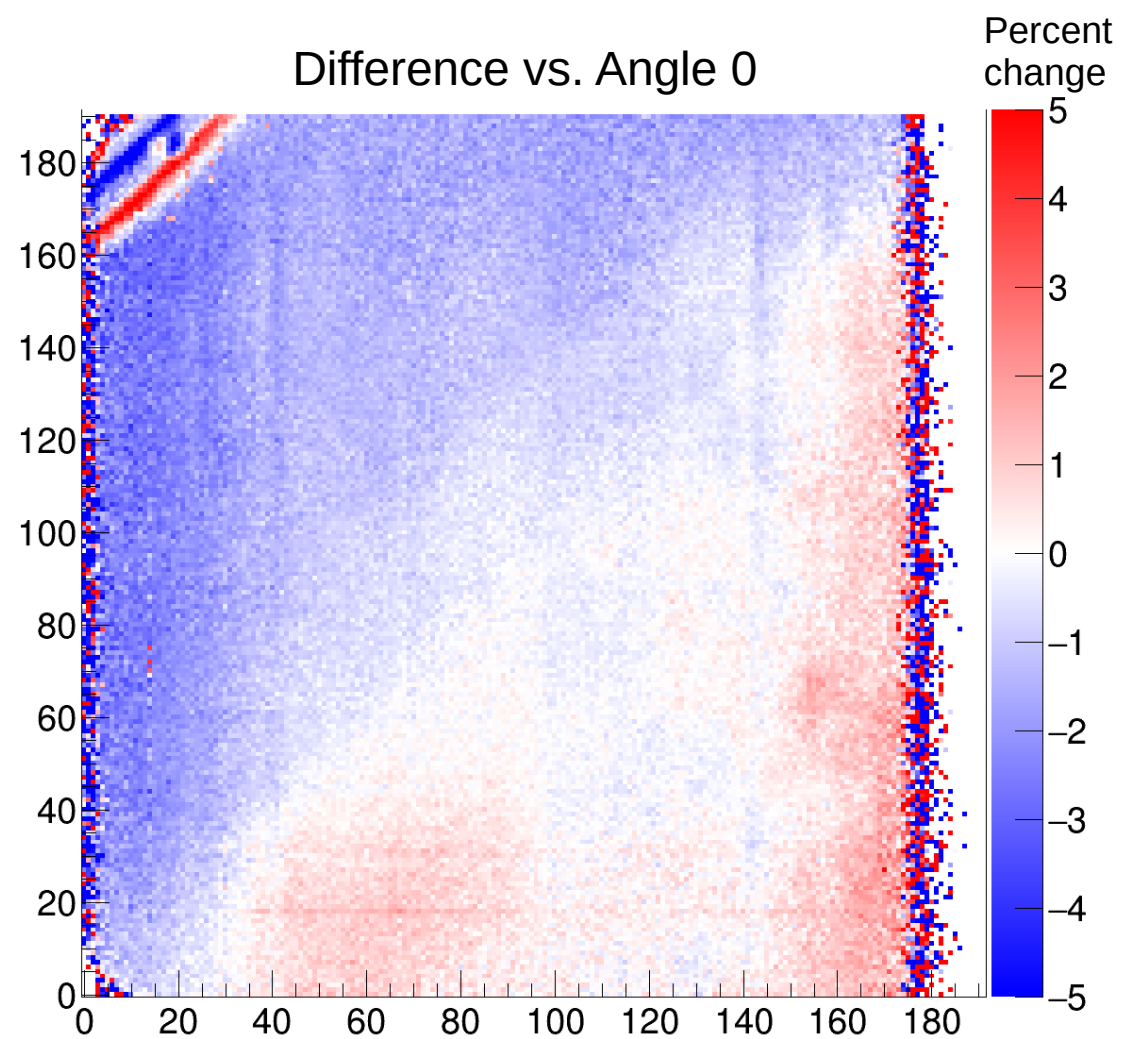
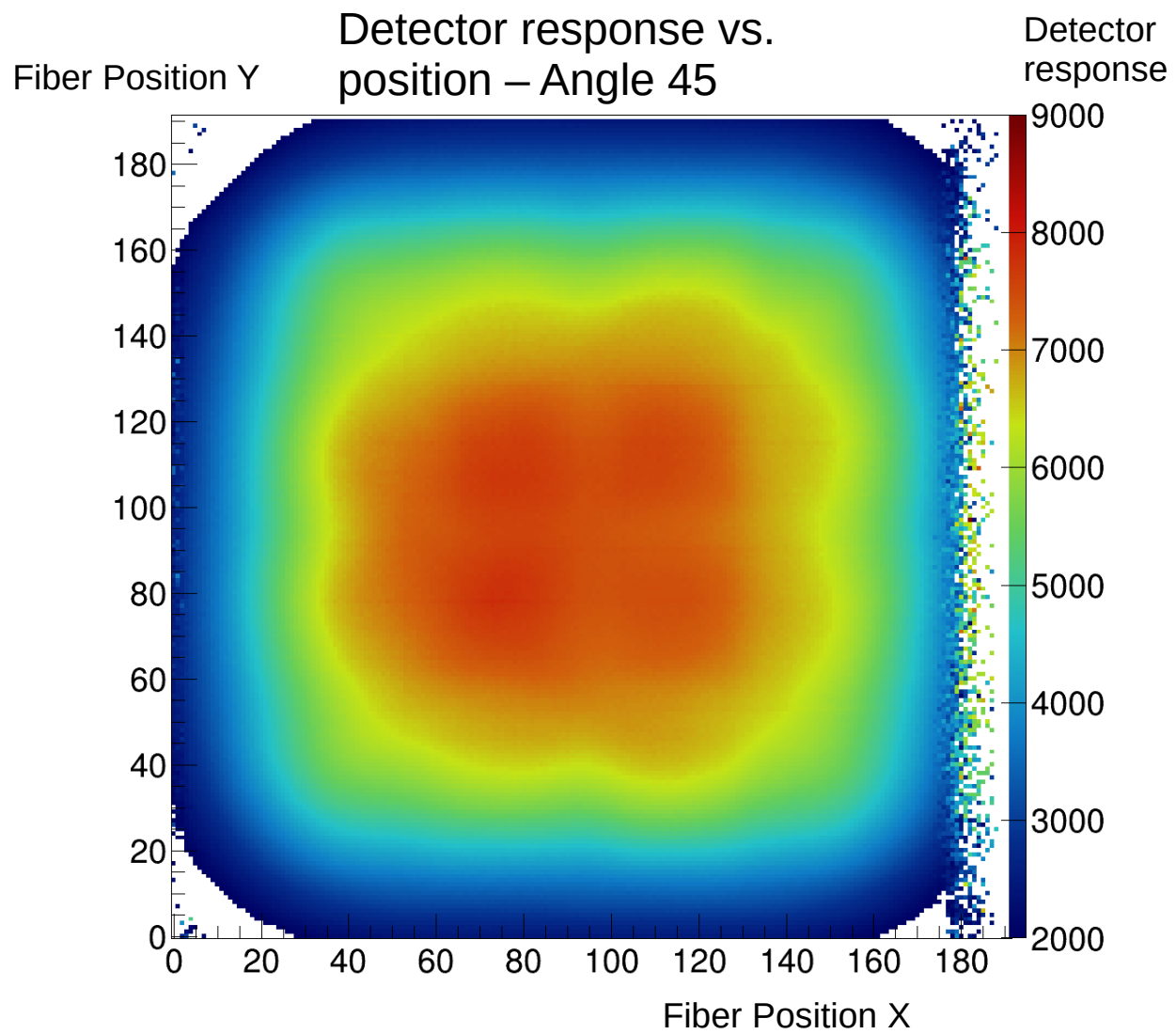
- This did not occur for 198 MeV scan

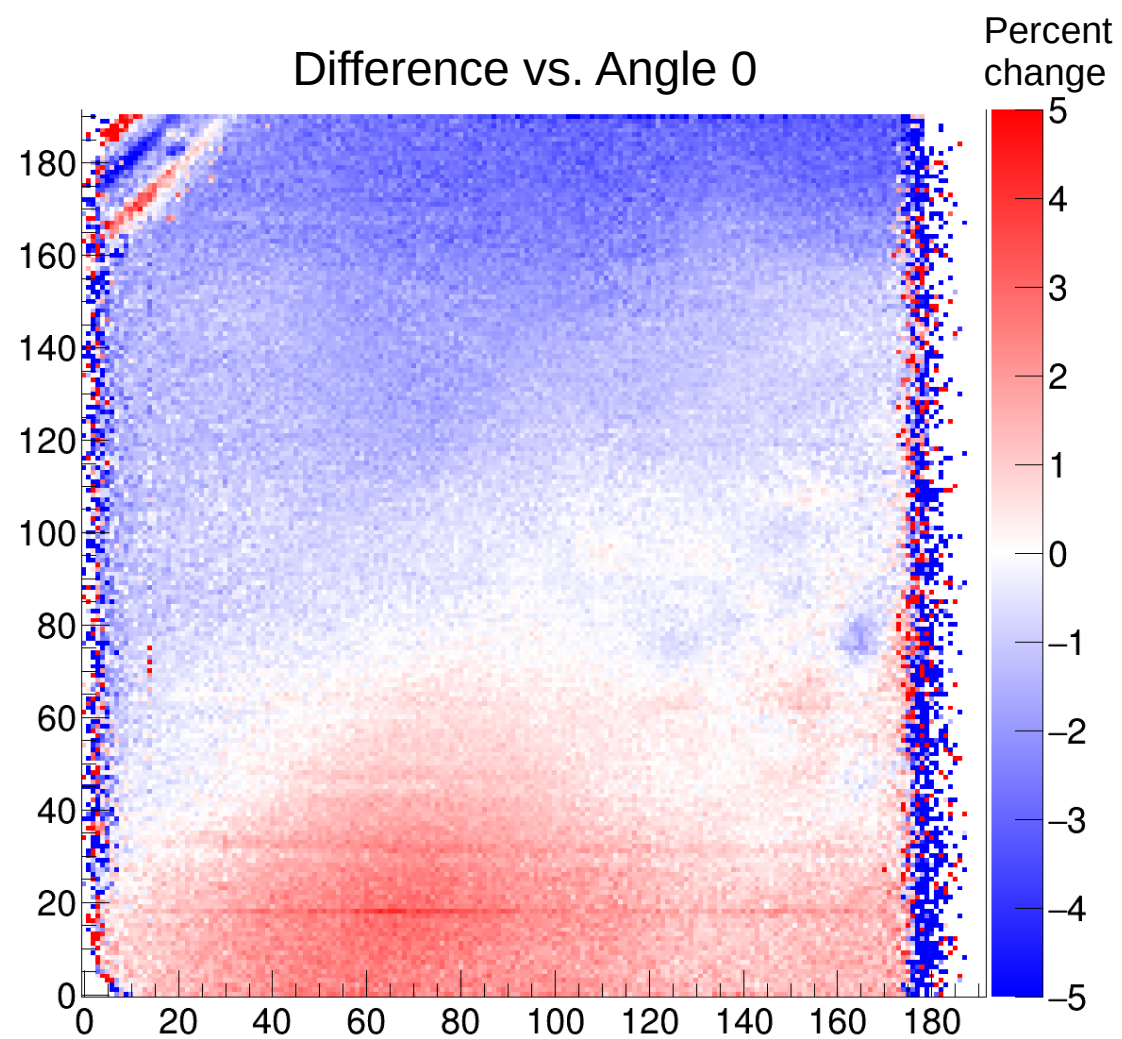
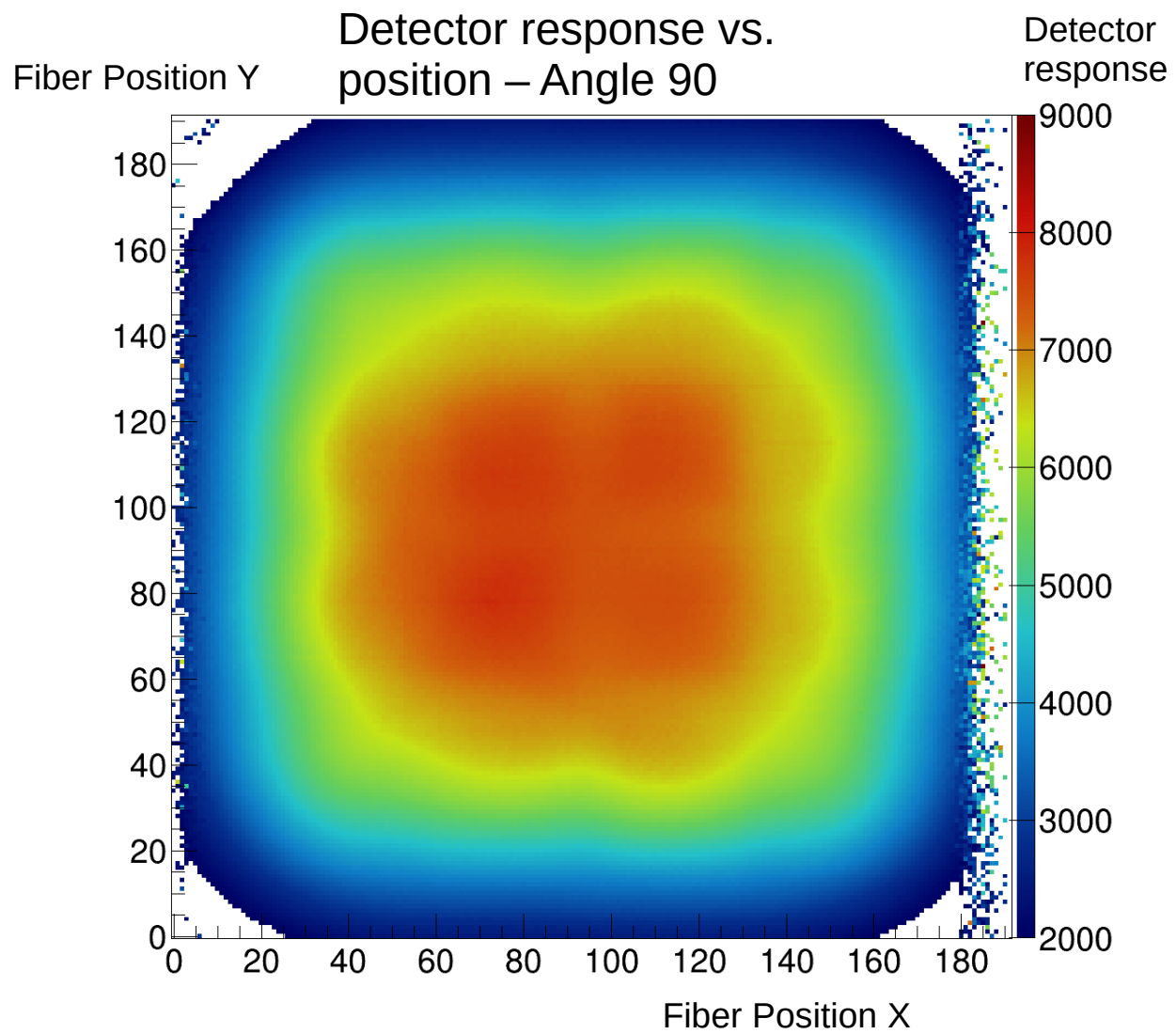
Spot number Y





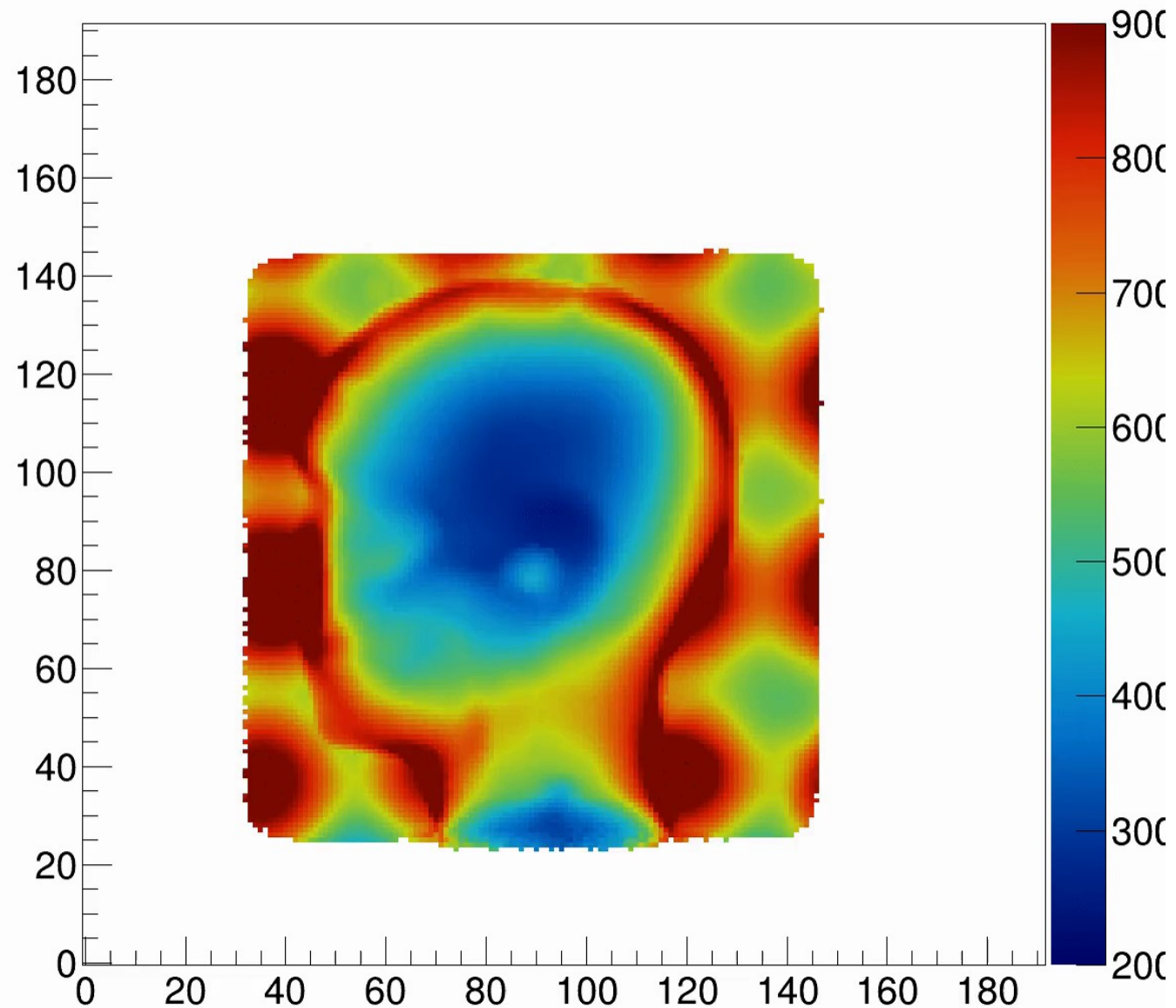






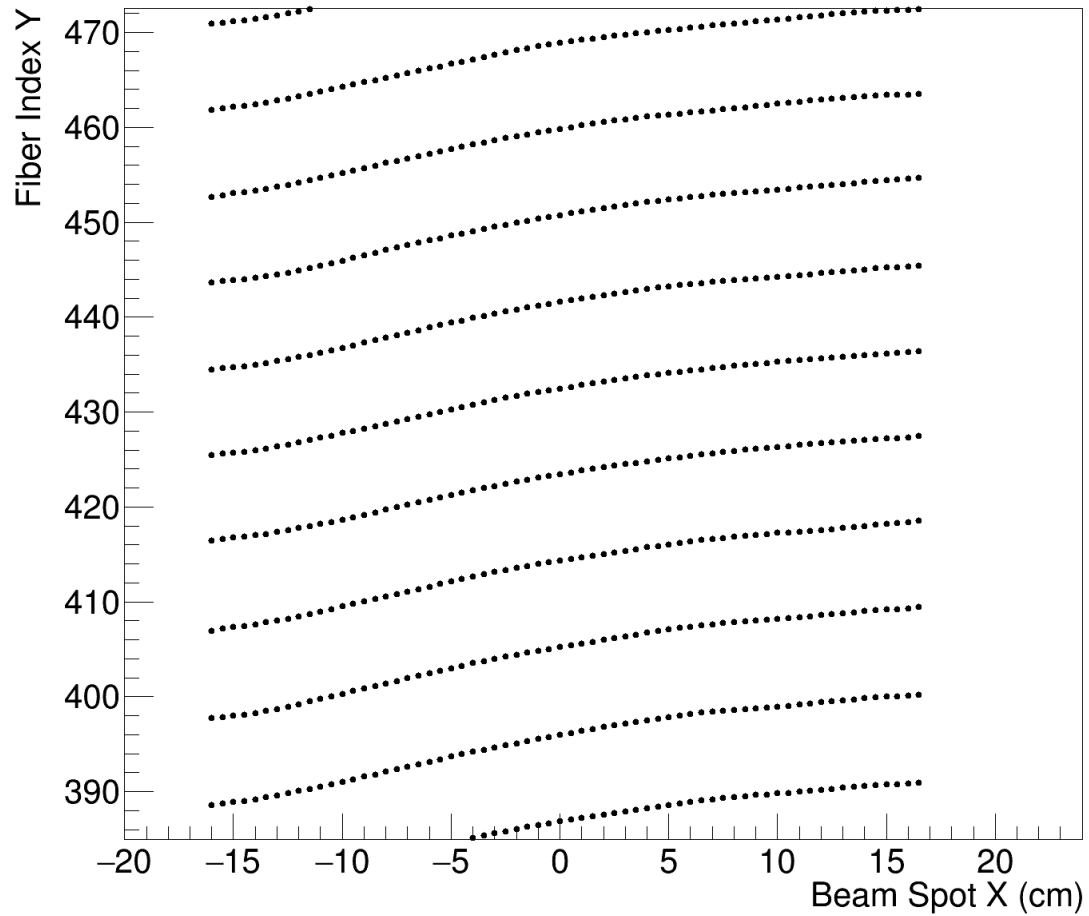
Detector Response vs.  
Fiber Position for 45  
gantry angles

- 162 MeV protons

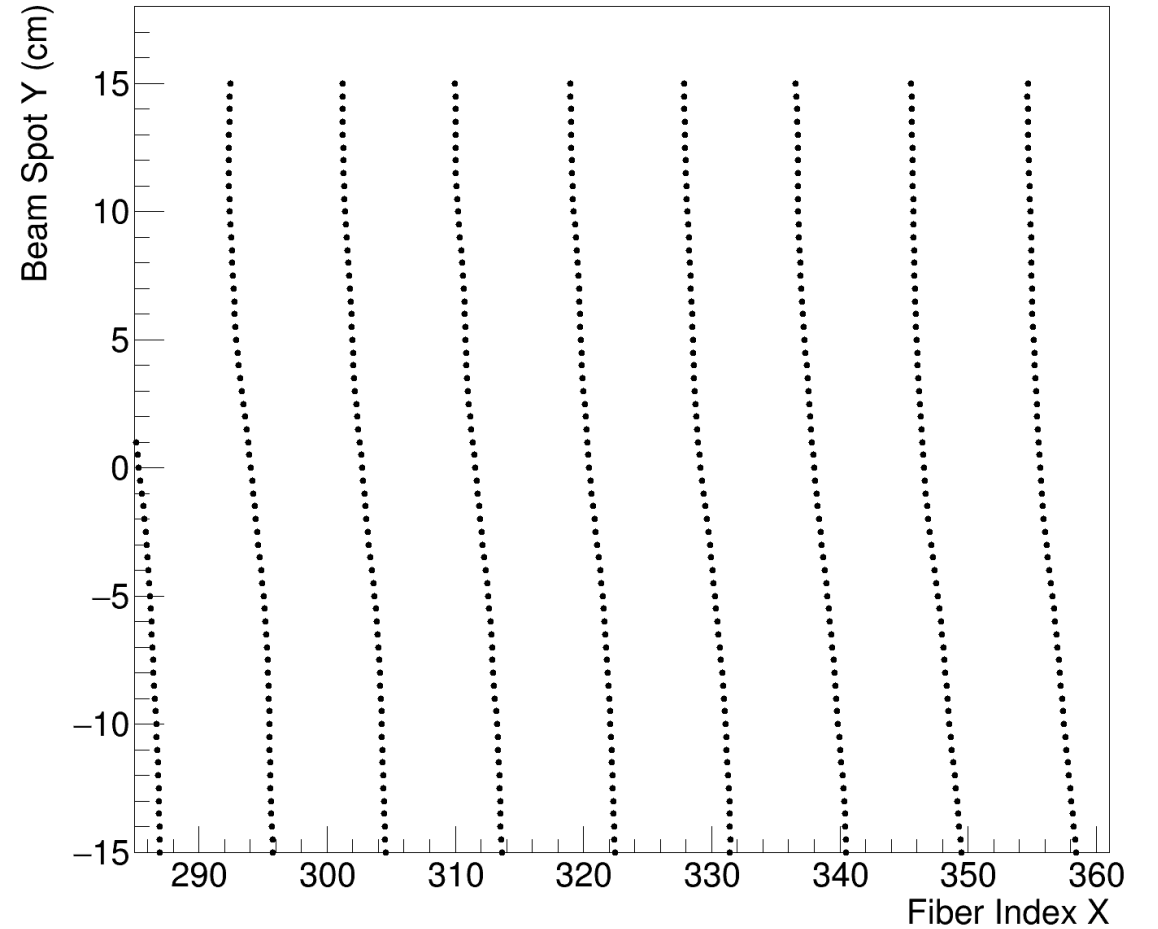


# Mapping fiber positions to beam coordinates using the average fiber index of each beam spot

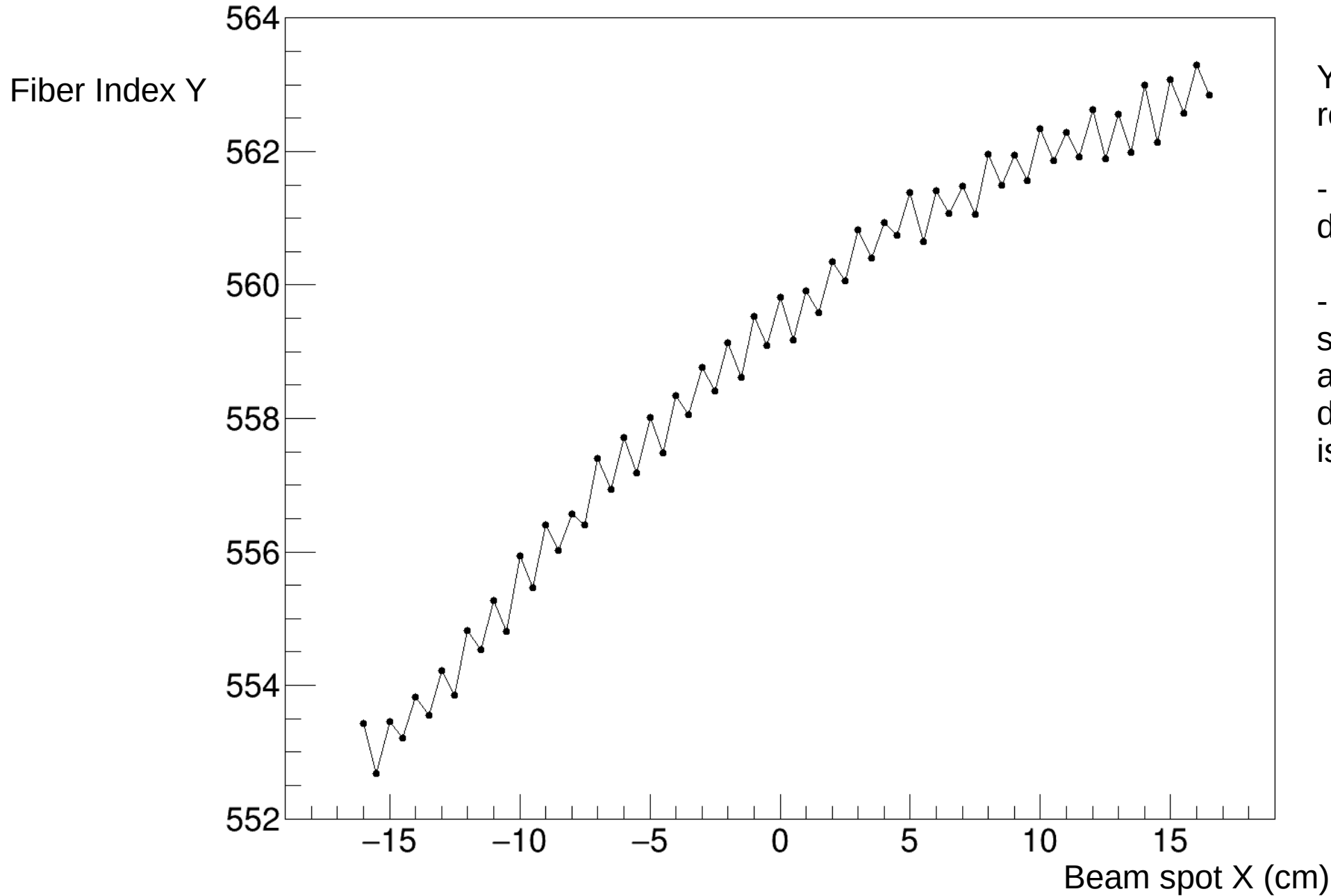
## Horizontal fibers



## Vertical fibers



Ymu:xt {yt==10 && Ymu>0}

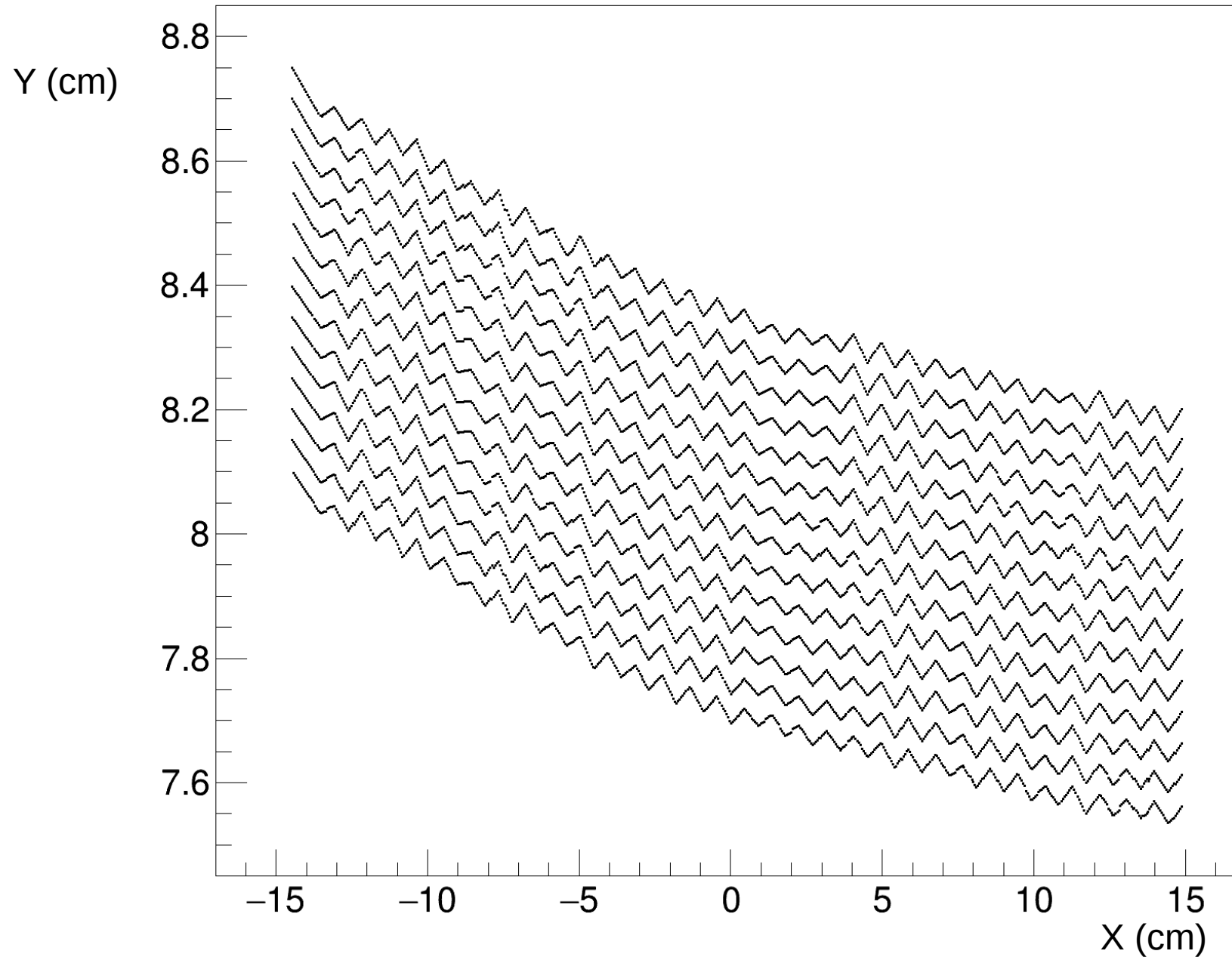


Y Fiber Positions for one row of spots

- beam scanning up and down

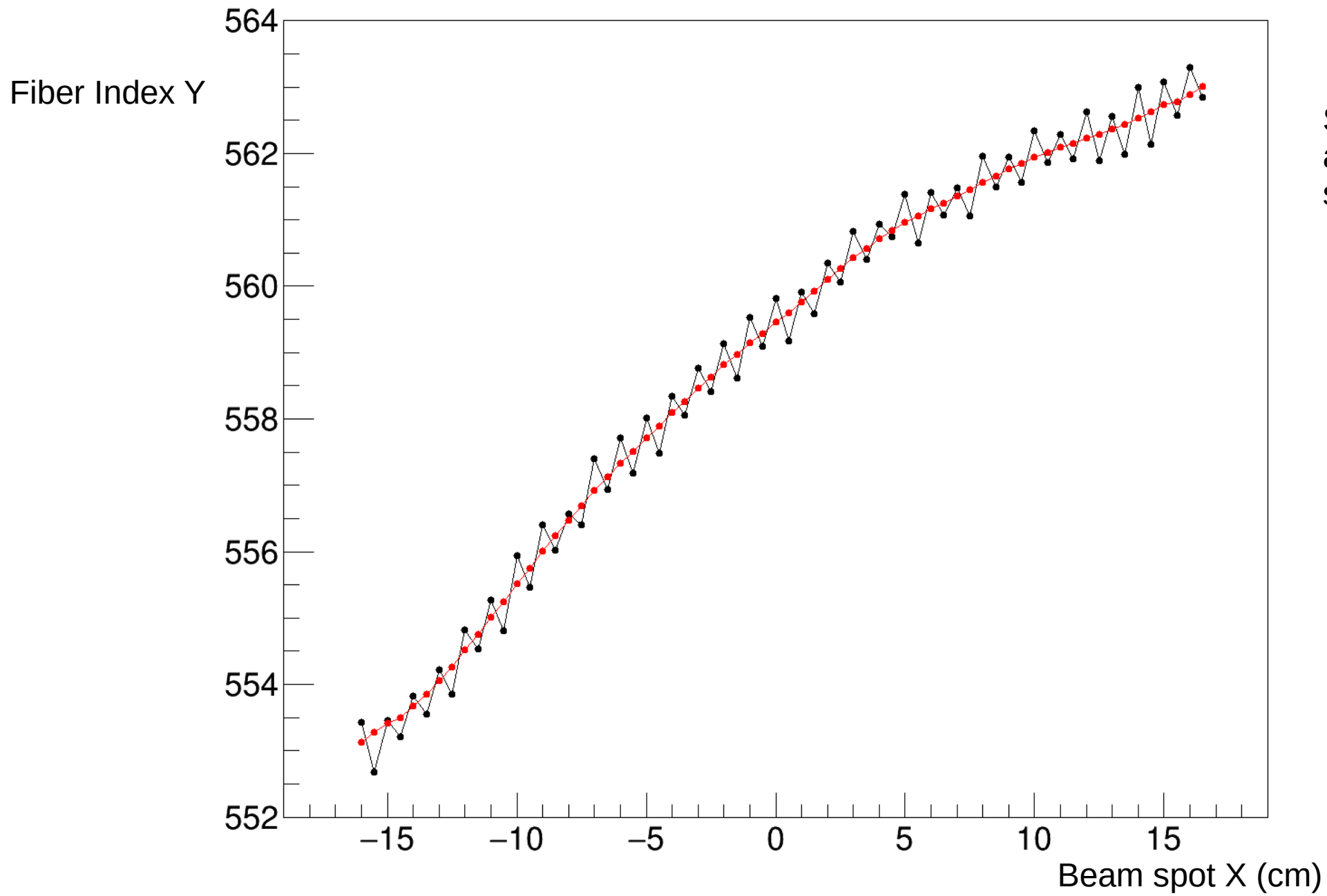
- oscillating pattern shows the beam stopping at different heights depending on whether it is moving up or down

yu:xu {Ymu>530 && Ymu<545 && xu>-99 && yu>-99}



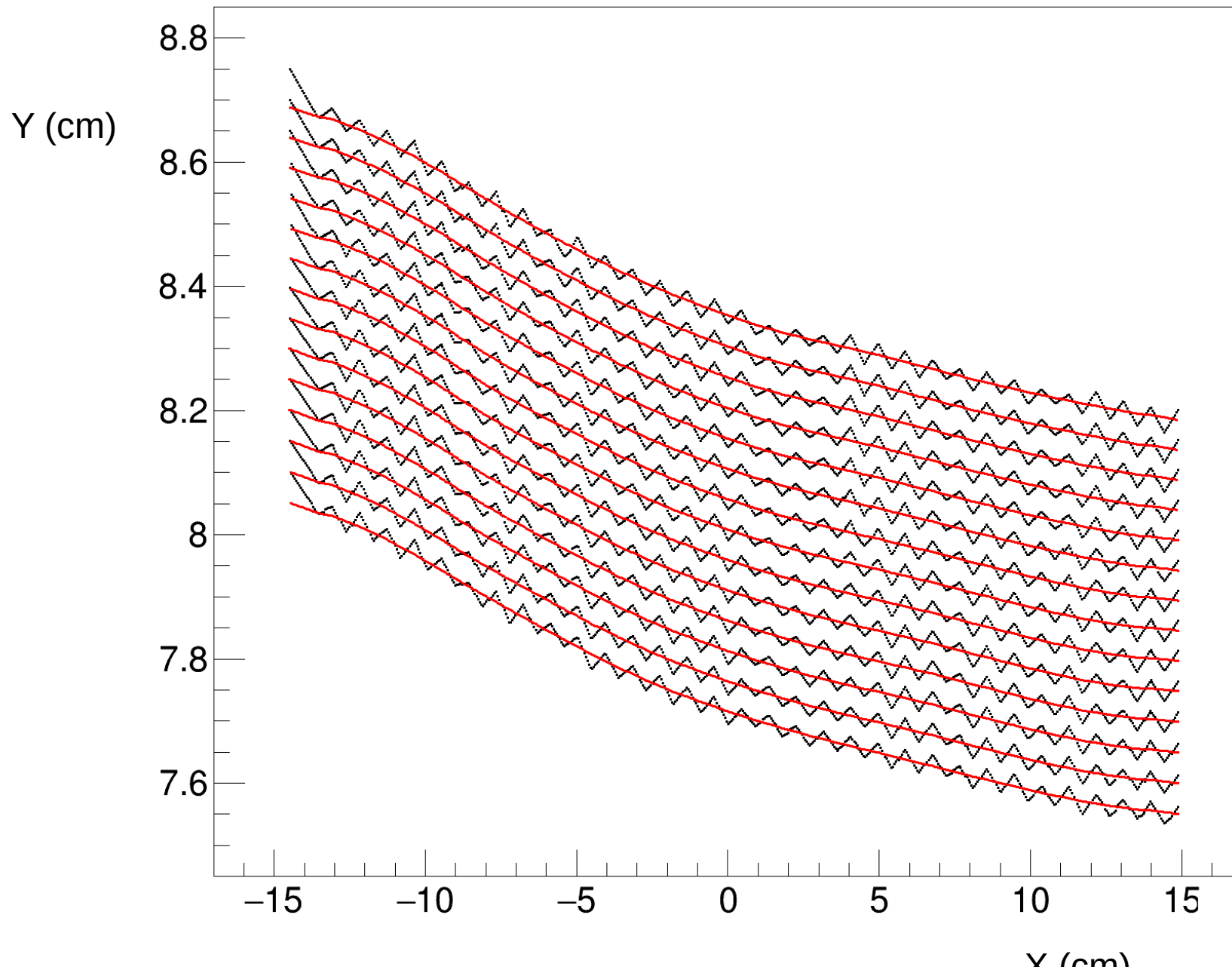
X-Y location of  
each fiber index  
combination, in  
beam coordinates

$Y_{\mu:xt} \{y_t=10 \ \&\& \ Y_{\mu}>0\}$



Smoothing algorithm  
applied to beam  
spot positions

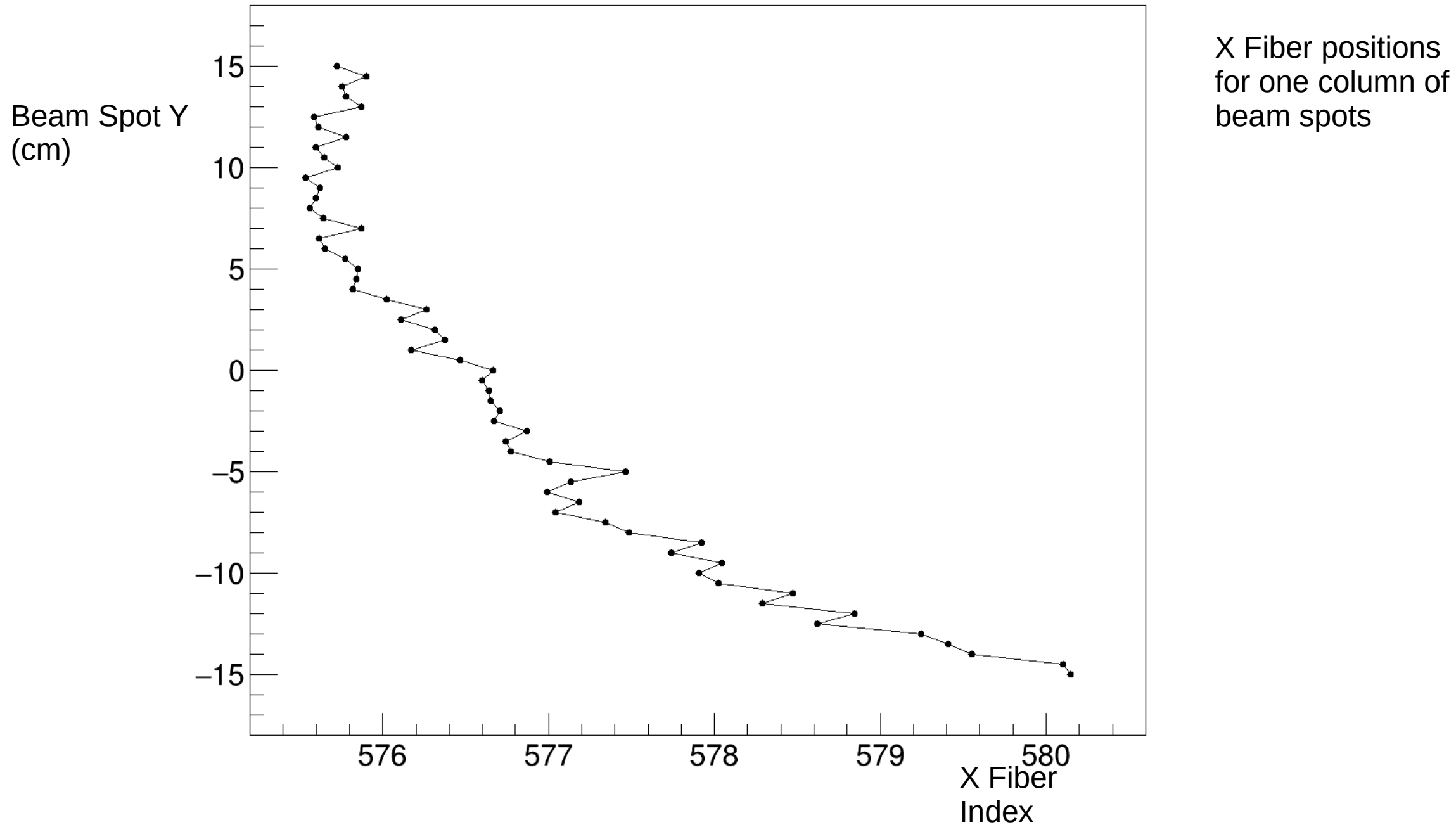
yu:xu {Ymu>530 && Ymu<545 && xu>-99 && yu>-99}



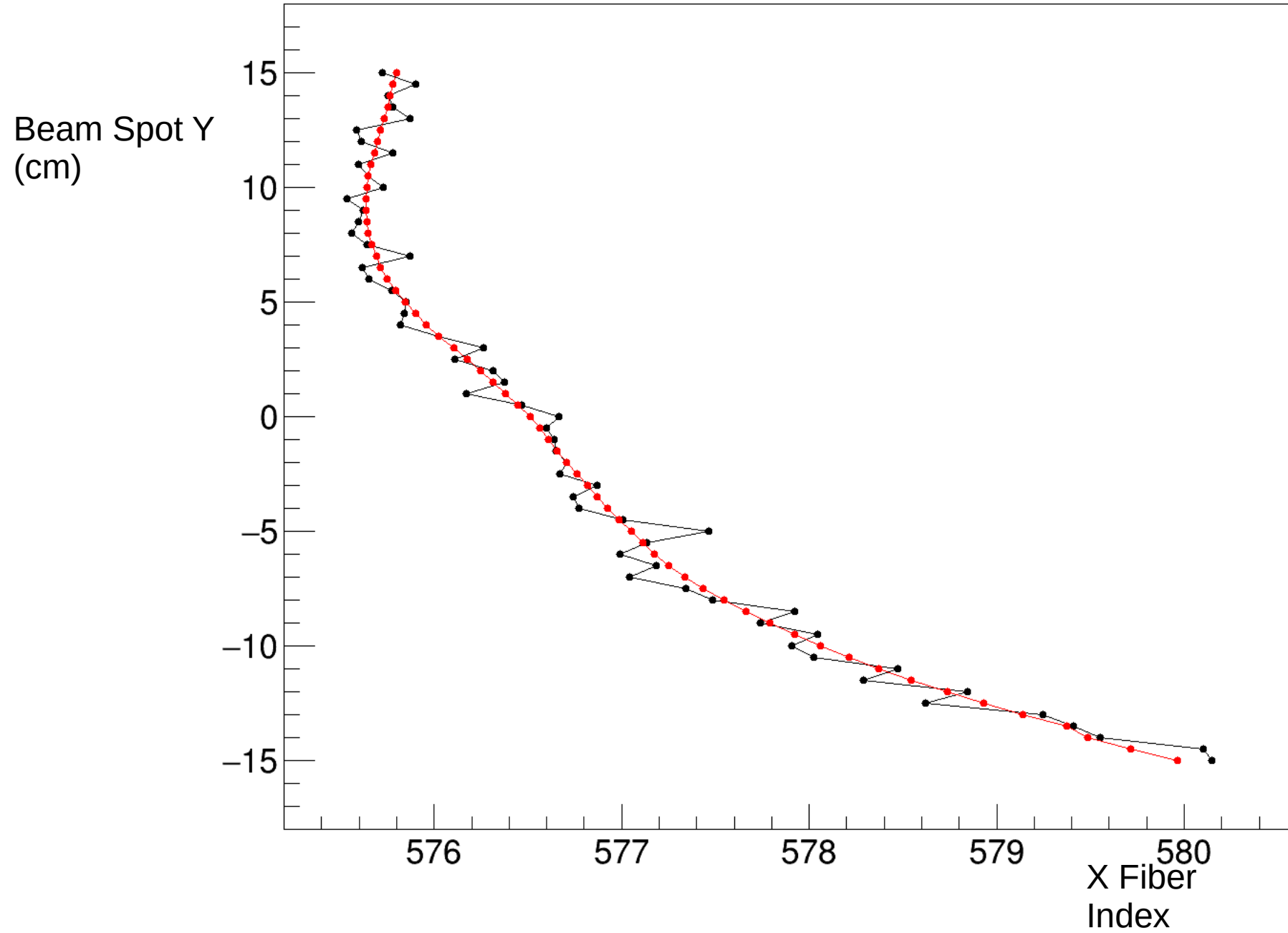
Affect of  
smoothing of fiber  
positions



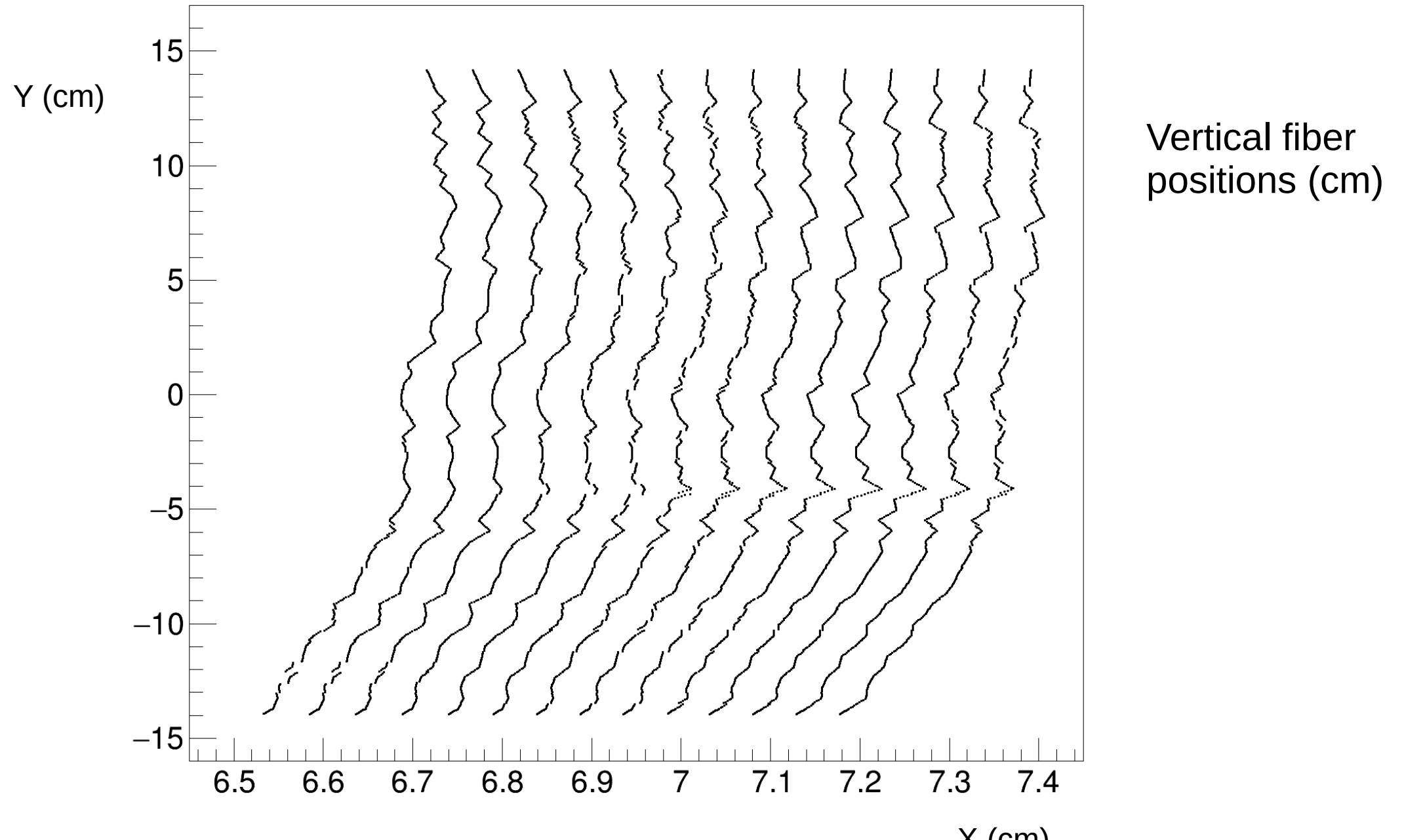
yt:Xmu {xt==10 && Xmu>0}



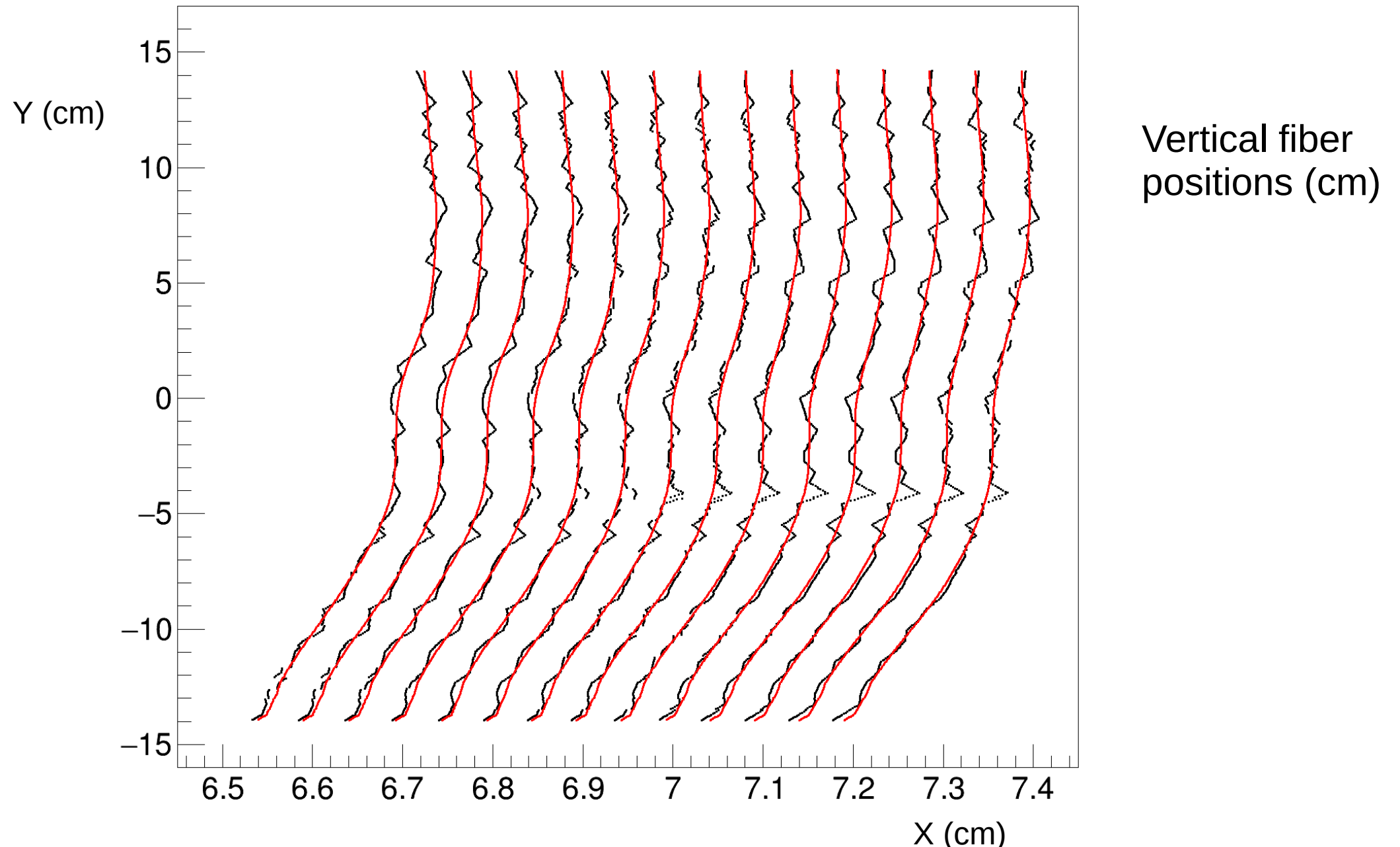
yt:Xmu {xt==10 && Xmu>0}



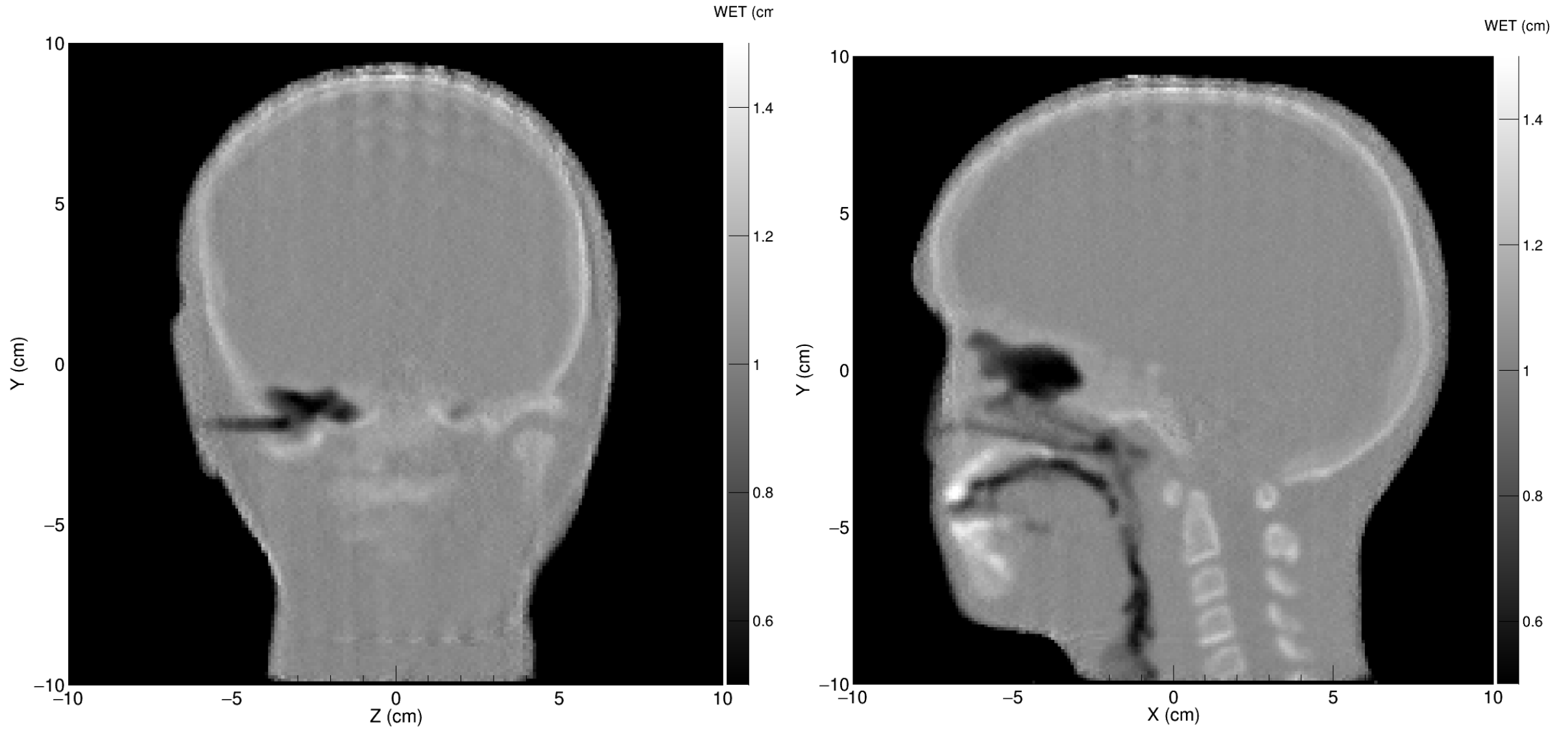
yu:xu {Xmu>530 && Xmu<545 && xu>-99 && yu>-99}



yu:xu {Xmu>530 && Xmu<545 && xu>-99 && yu>-99}

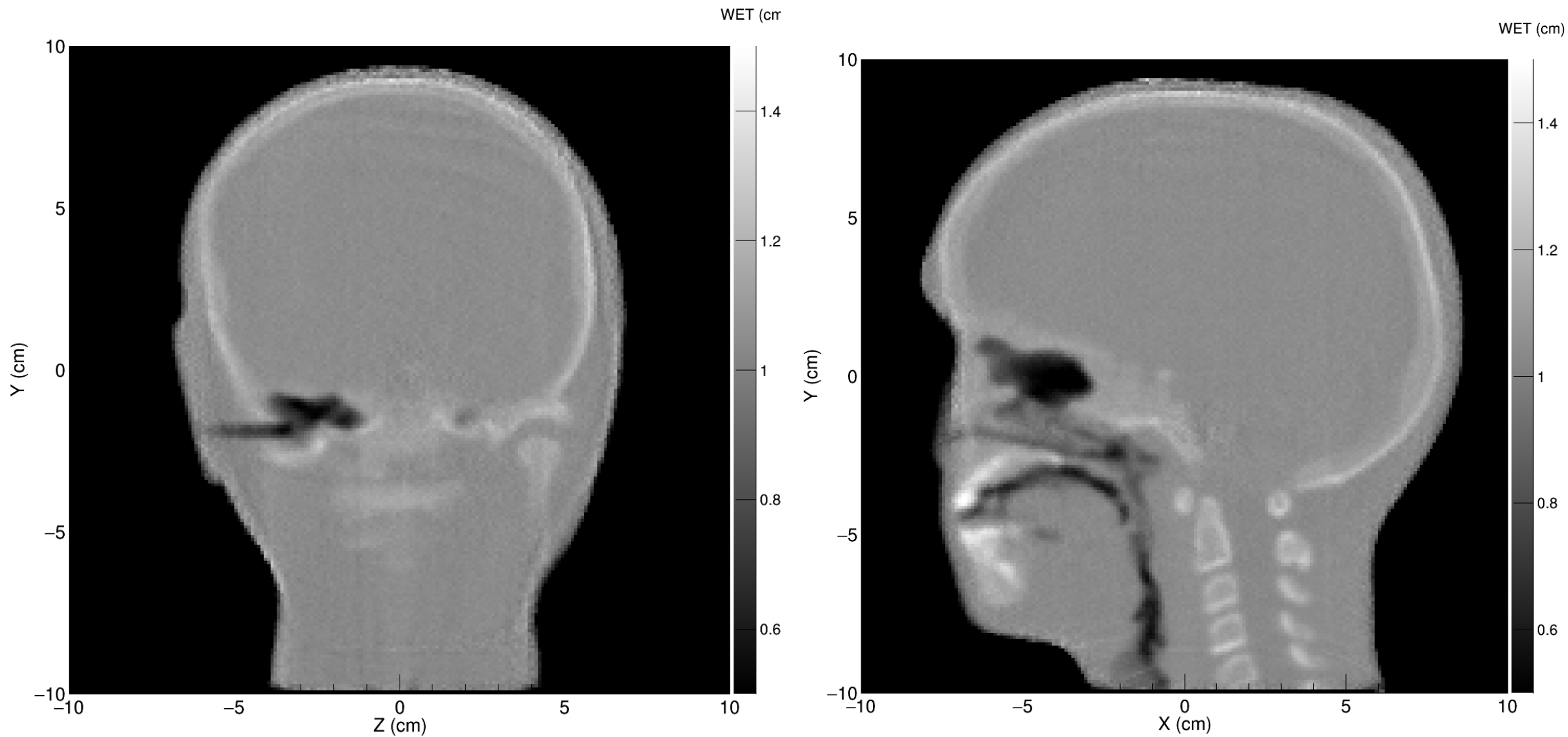


# 1 cm pCT slices – unsmoothed fibers



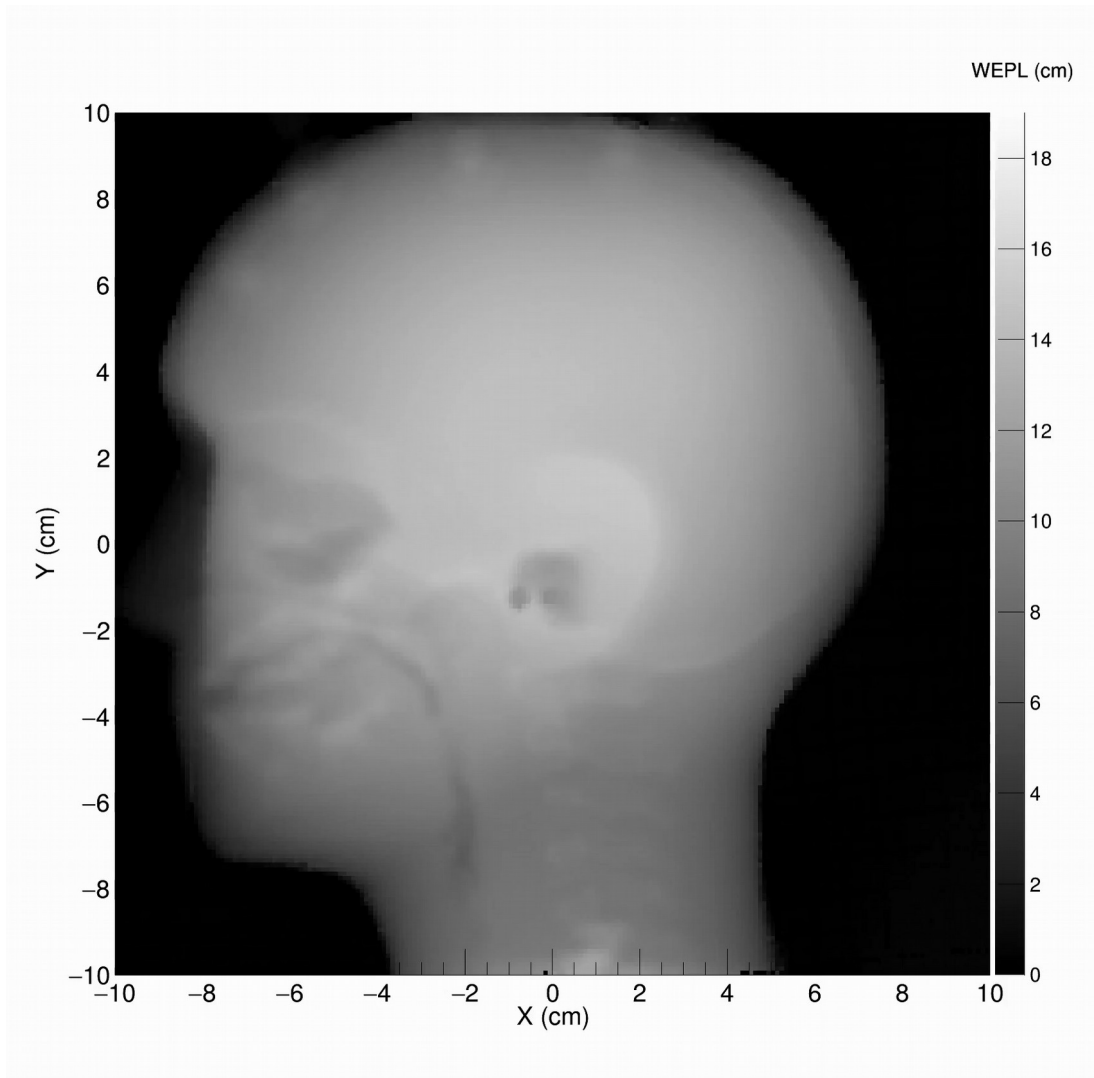
\*Data taken from November 2021 fixed-beam room pCT scan

# 1 mm pCT slices – smoothed fibers



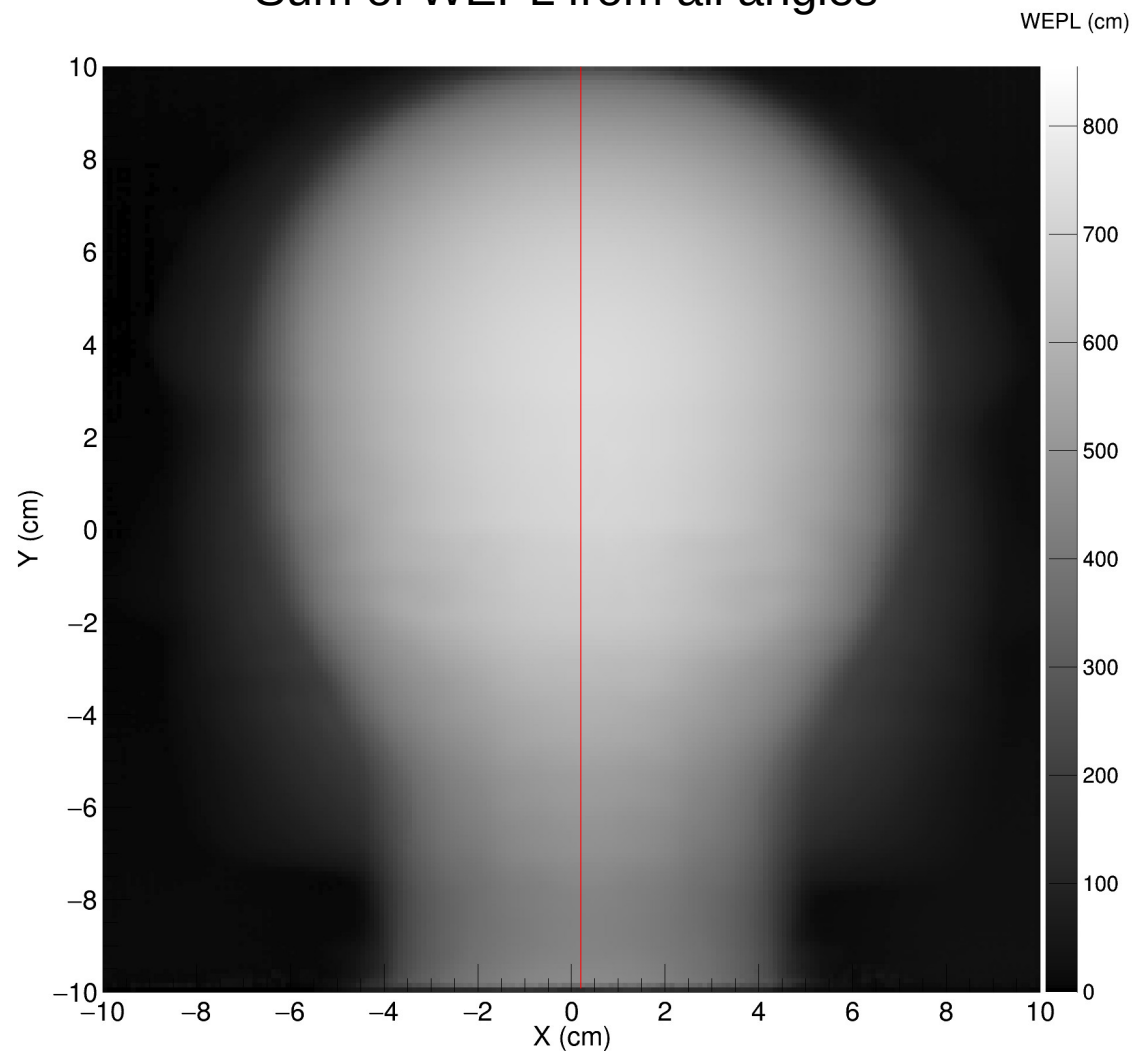
\*Data taken from November 2021 fixed-beam room pCT scan

# pRad Movie: 45 gantry angles



\*Using separate beam-based position calibration at each angle

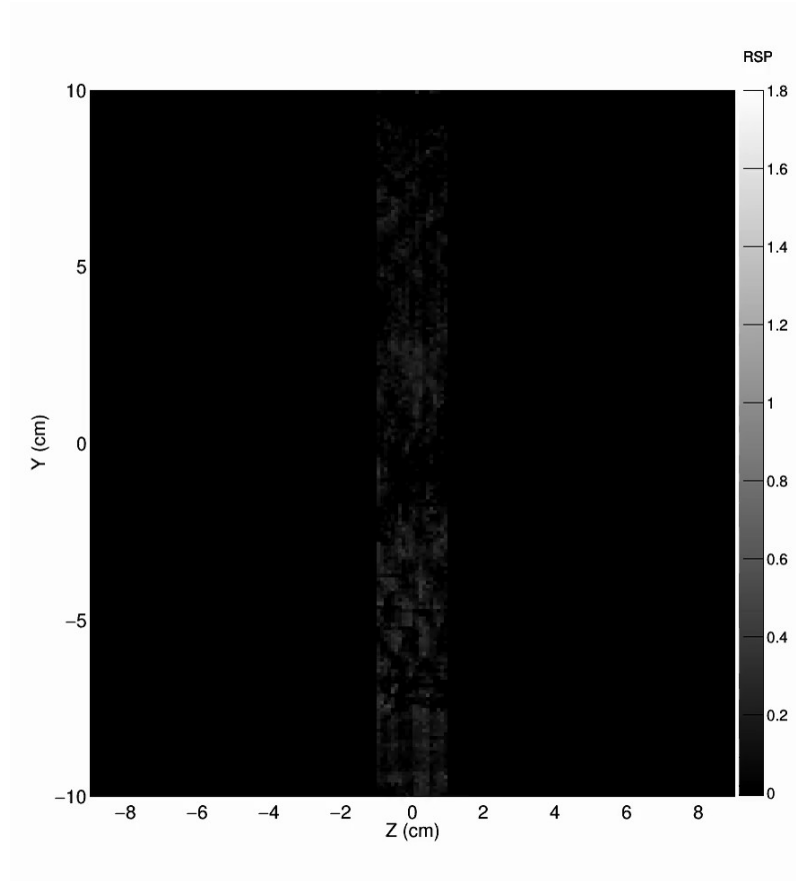
# Sum of WEPL from all angles



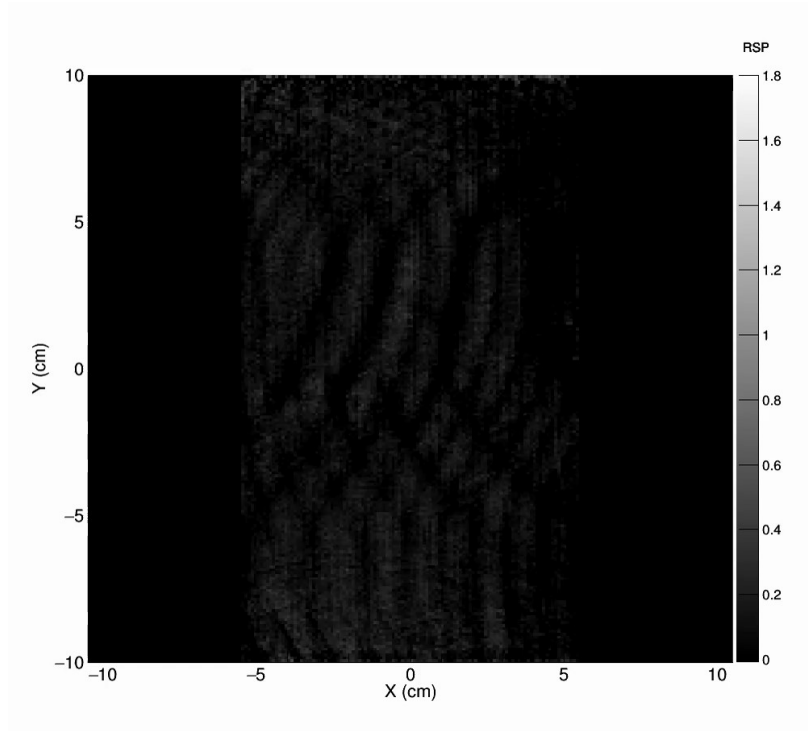
\*Line of symmetry determines horizontal position of rotational axis to within 0.1 mm

# 1 mm pCT slices from gantry data

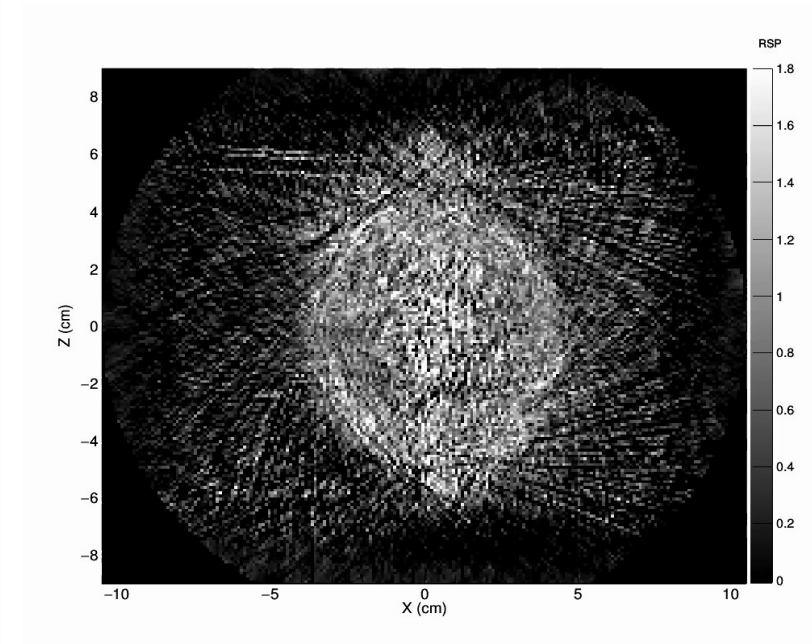
## Vertical – from front of head



## Vertical – from side of head

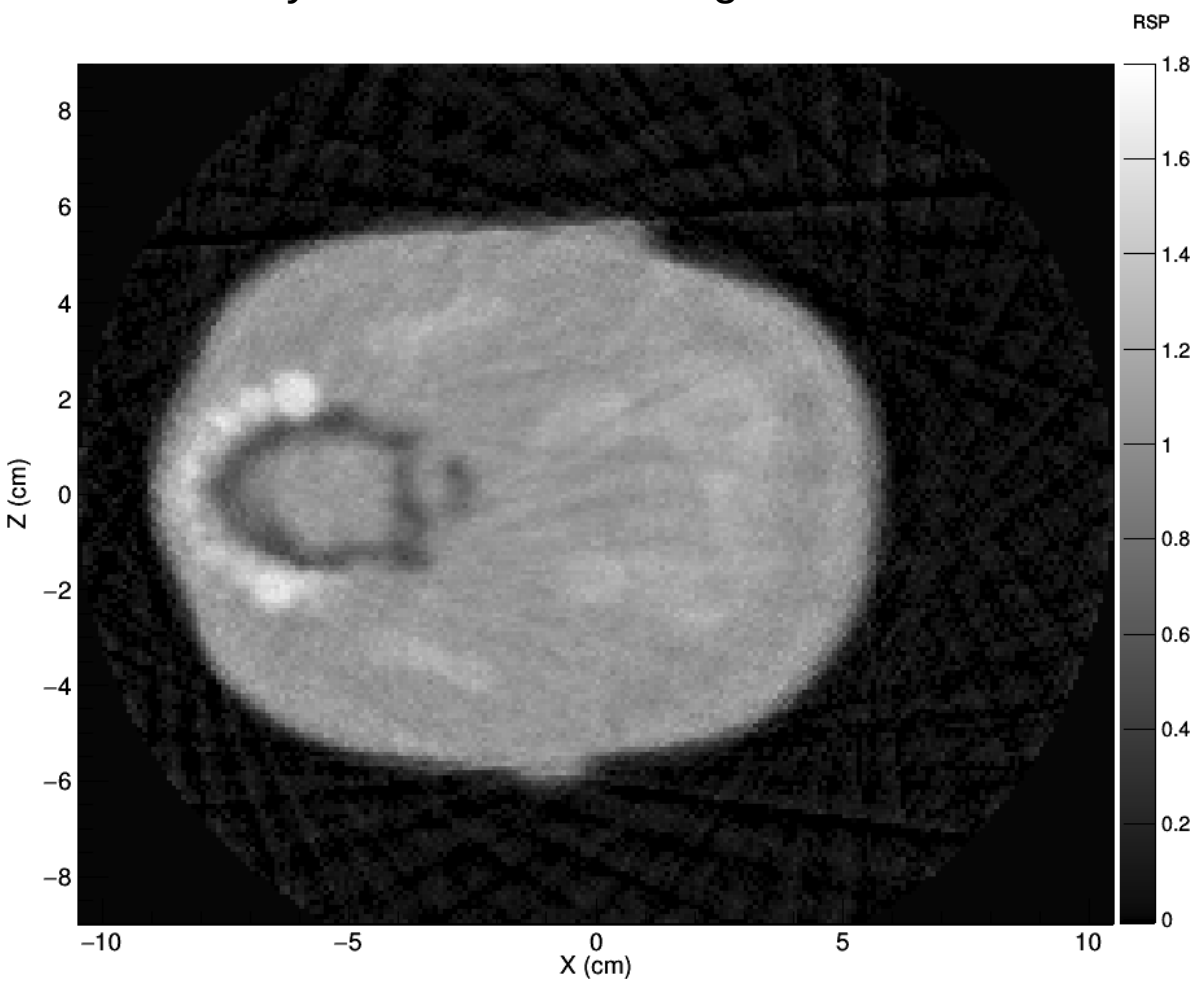


## Horizontal

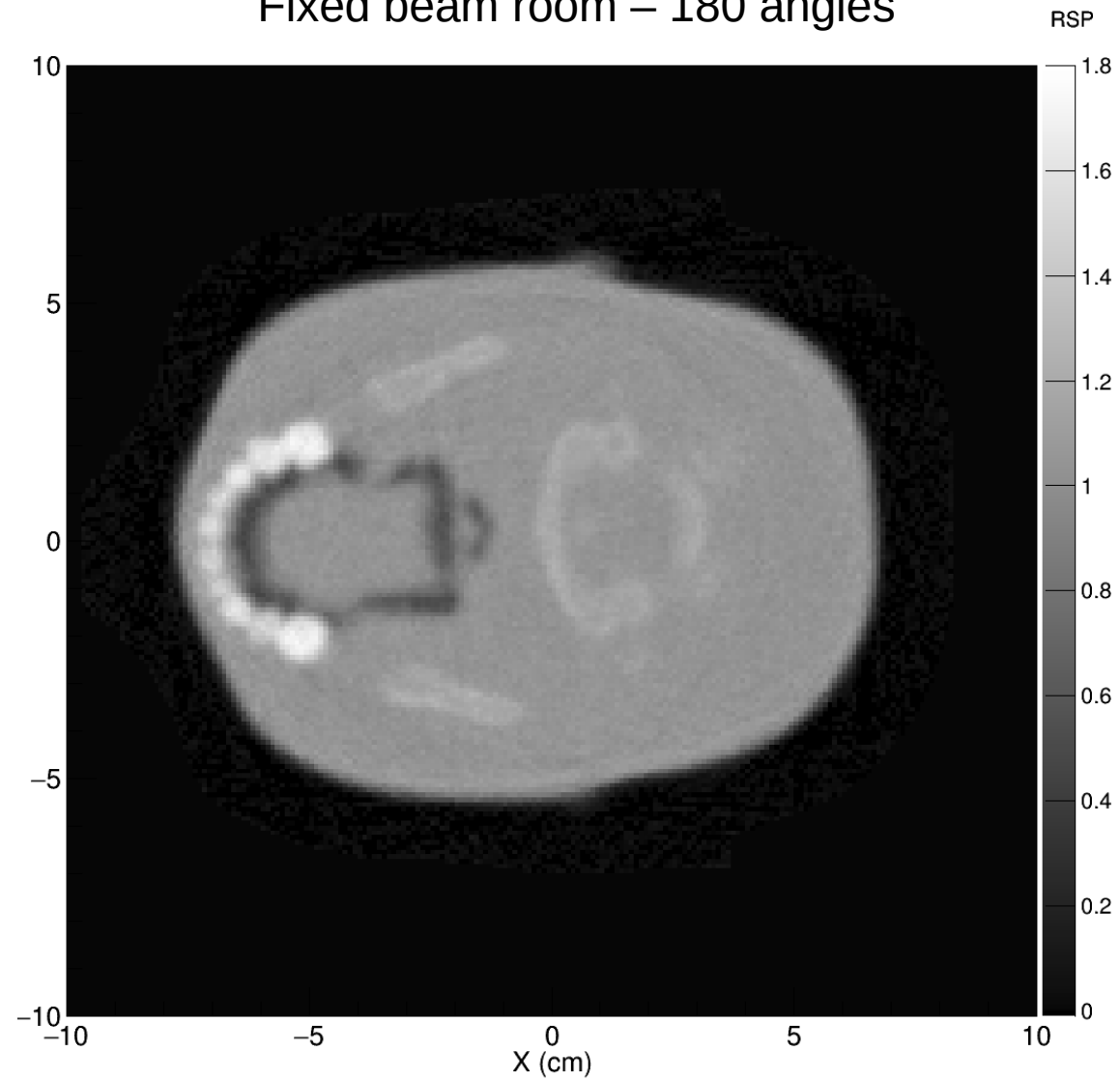




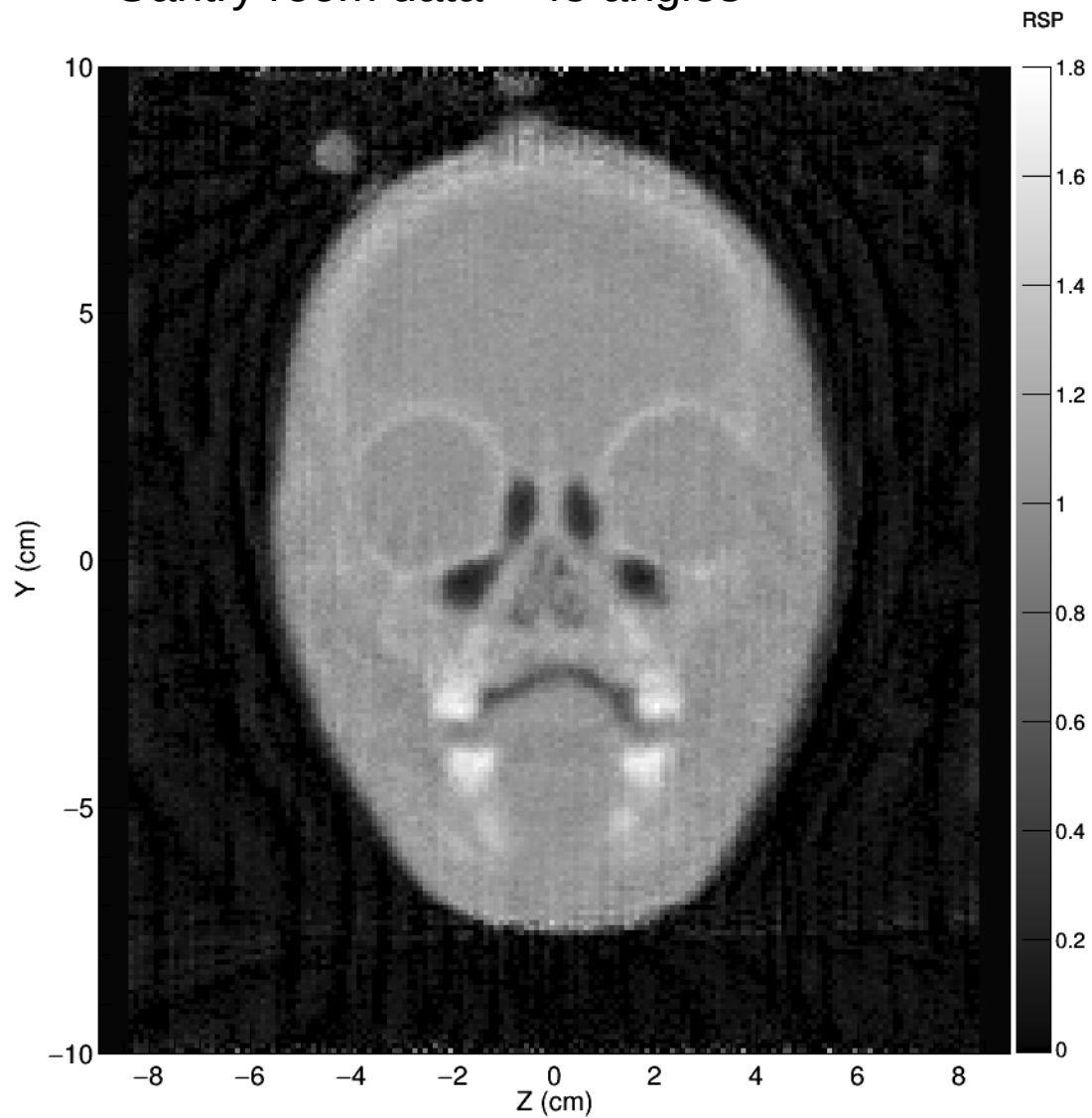
Gantry room data – 45 angles



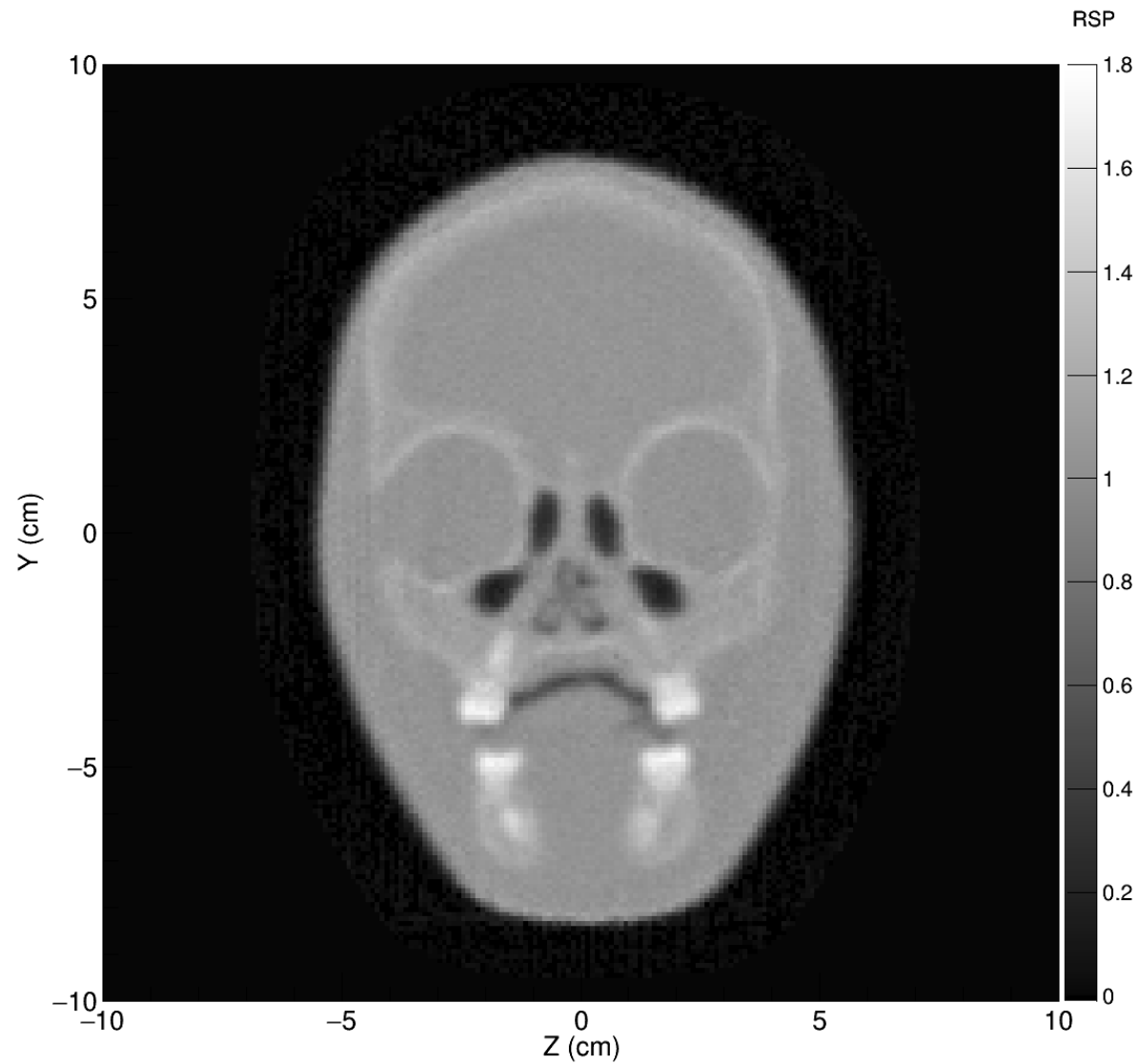
Fixed beam room – 180 angles



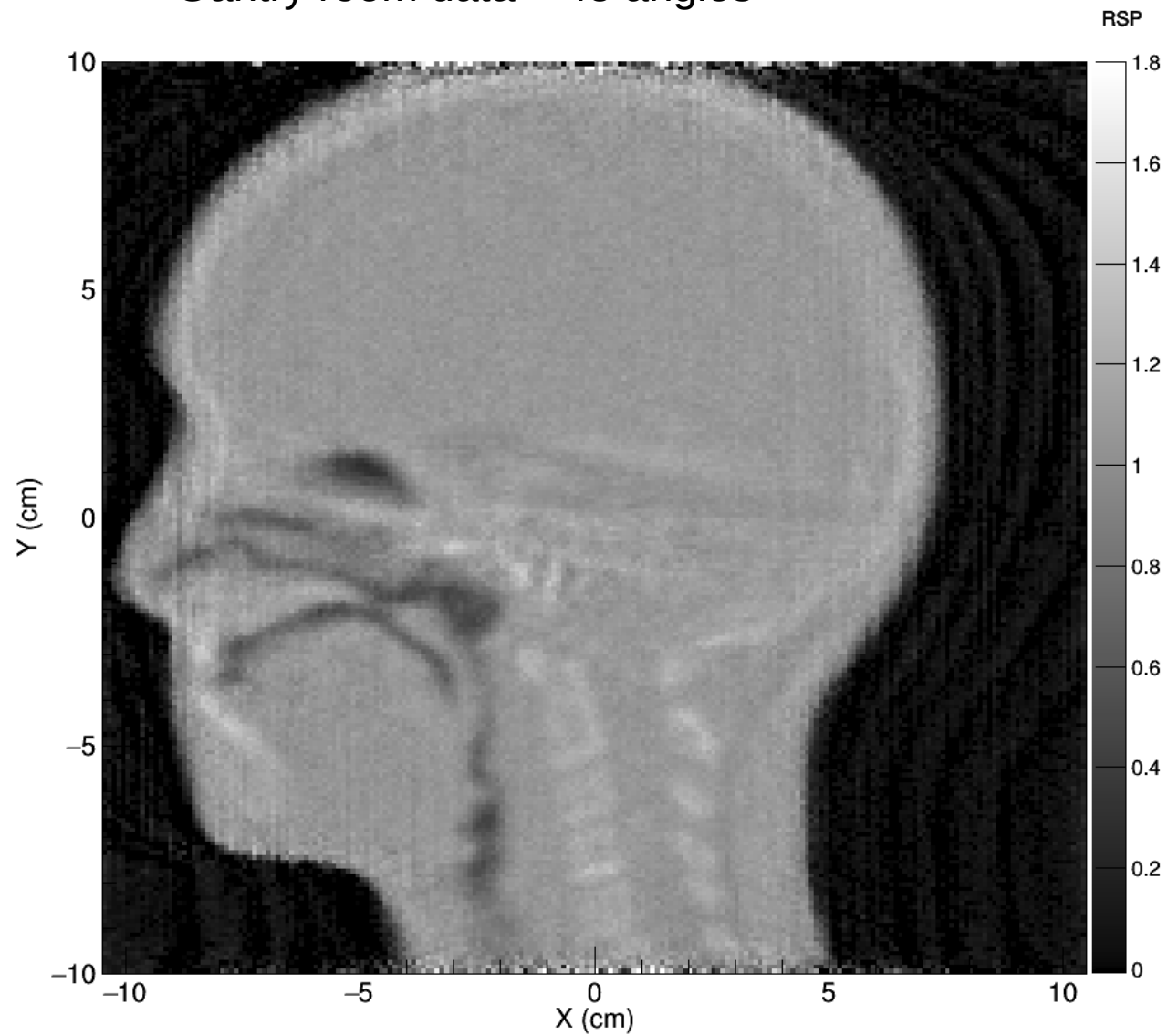
Gantry room data – 45 angles



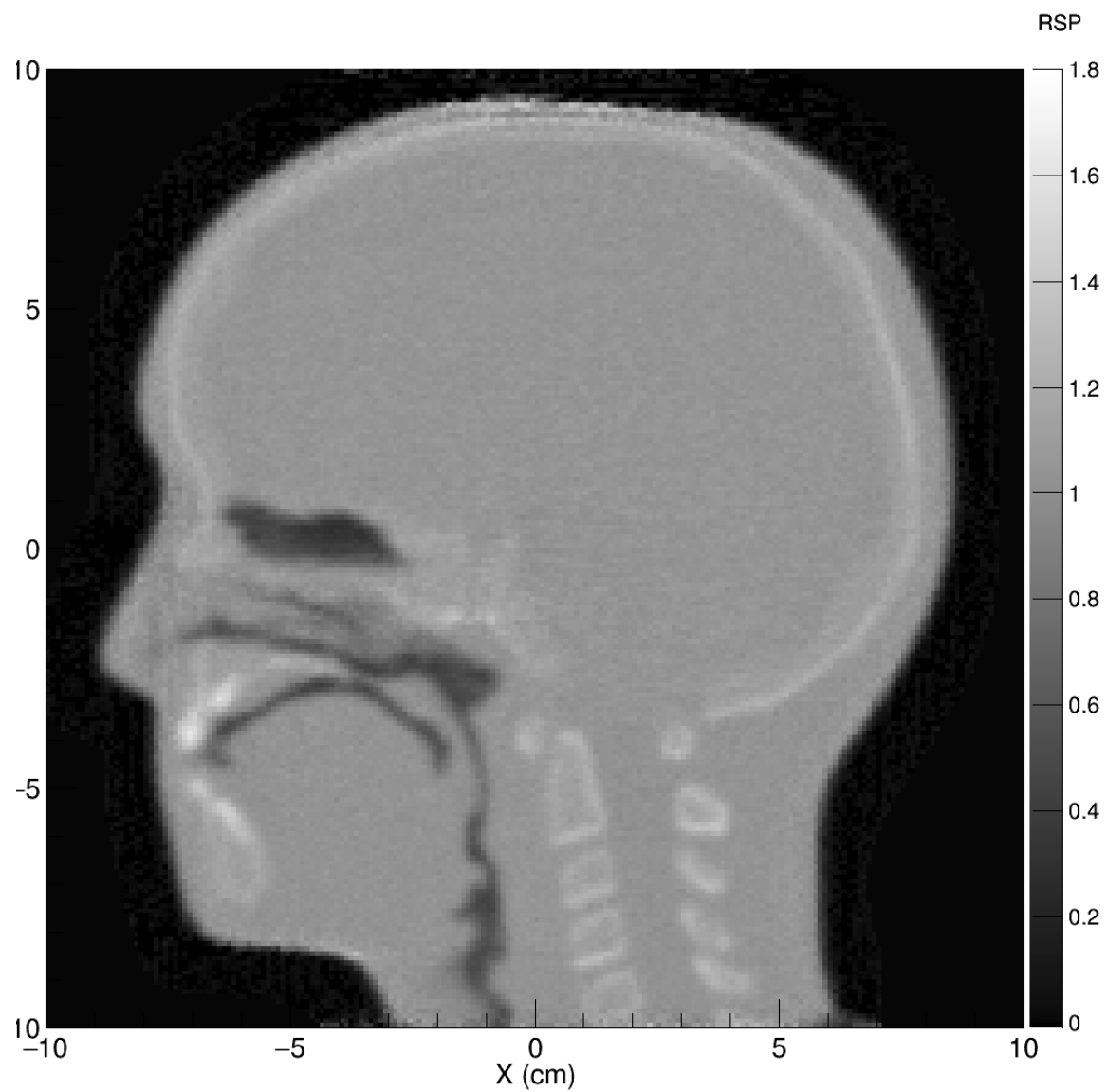
Fixed beam room – 180 angles



Gantry room data – 45 angles

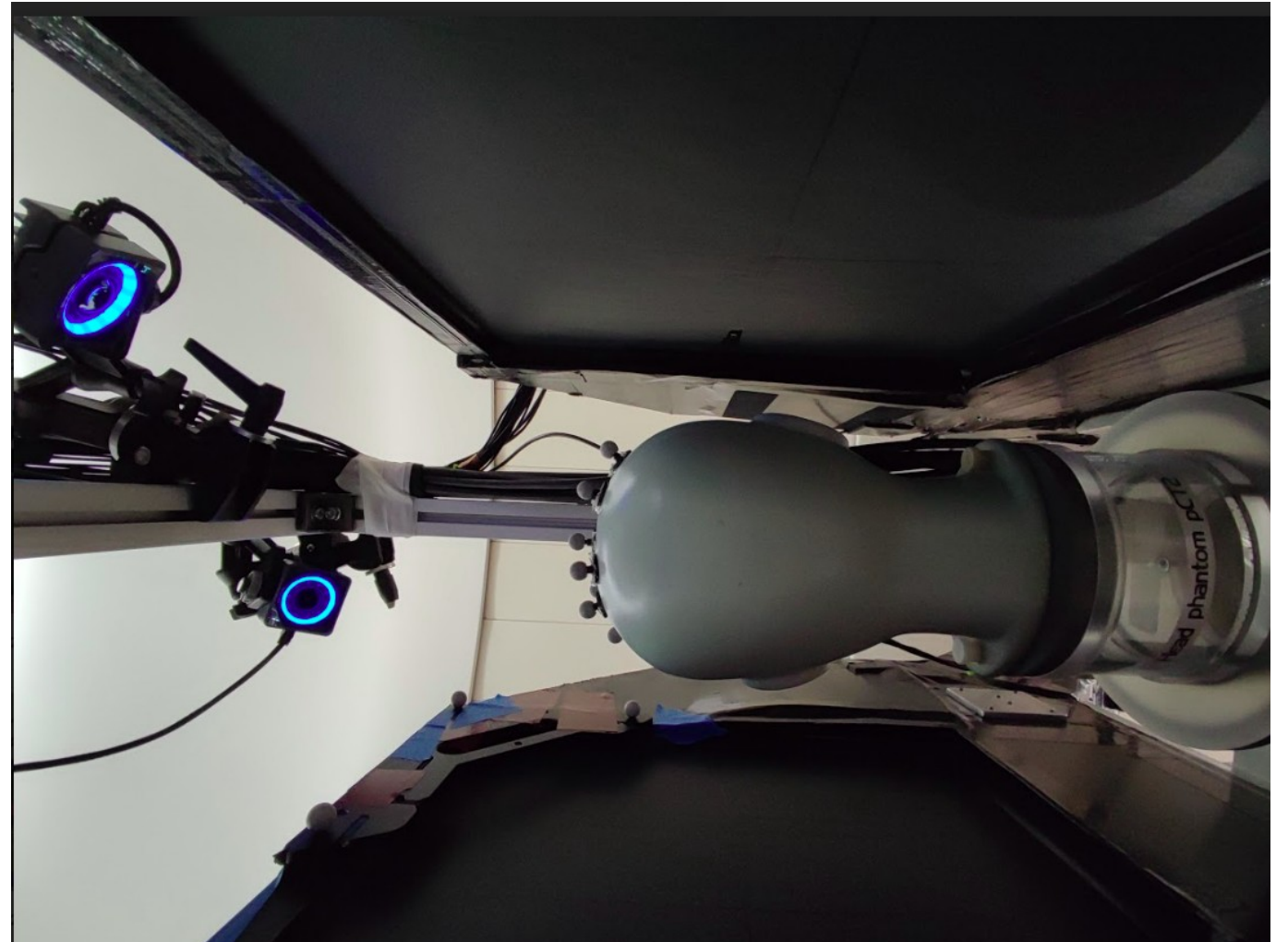


Fixed beam room – 180 angles



More tools to improve the image:

- Use of optical tracking markers to detect movement of trackers vs. patient
- 6D tracker alignment using beam spots – see talk by Kirk Duffin
- Apply angle-dependent position corrections to account for gantry sagging
- Angle-dependent range detector calibration



# ProtonVDA

TRANSFORMING PROTON THERAPY

## Conclusions:

Overall, a successful first test

We have demonstrated that pCT in a gantry system is challenging, but feasible.

Fixed-beam pCT is simpler due to:

- Single rotational axis
- Single detector alignment
- Single WEPL calibration

More work is needed to utilize all information in the image reconstruction.

