

Proton radiography applications in an adaptive proton therapy workflow

[Prof. Dr. Antje-Christin Knopf](#)

Dr. Arturs Meijers, Carmen Orio Seller, Adrian Thummerer



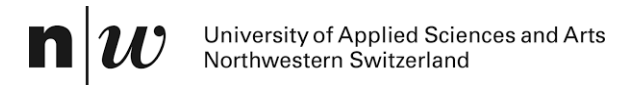
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University Medical Center Groningen
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Introduction

Koehler AM. „**Proton radiography**“. Science. 1968 Apr 19;160(3825):303-4. doi: 10.1126/science.160.3825.303. PMID: 17788234

*‘Energetic protons from an accelerator **may be used** to produce radiographs showing unusually high contrast but relatively poor spatial resolution.’*

Johnson RP. “**Review of medical radiography and tomography with proton beams**”. Rep Prog Phys. 2018 Jan;81(1):016701. doi: 10.1088/1361-6633/aa8b1d. PMID: 28884707.

*‘The recent global expansion of hadron therapy, coupled with modern advances in computation and particle detection, has led several collaborations around the world to develop **prototype** detector systems and associated reconstruction codes for proton computed tomography (pCT), as well as more simple proton radiography, with the ultimate intent to use such systems in clinical treatment planning and verification.’*

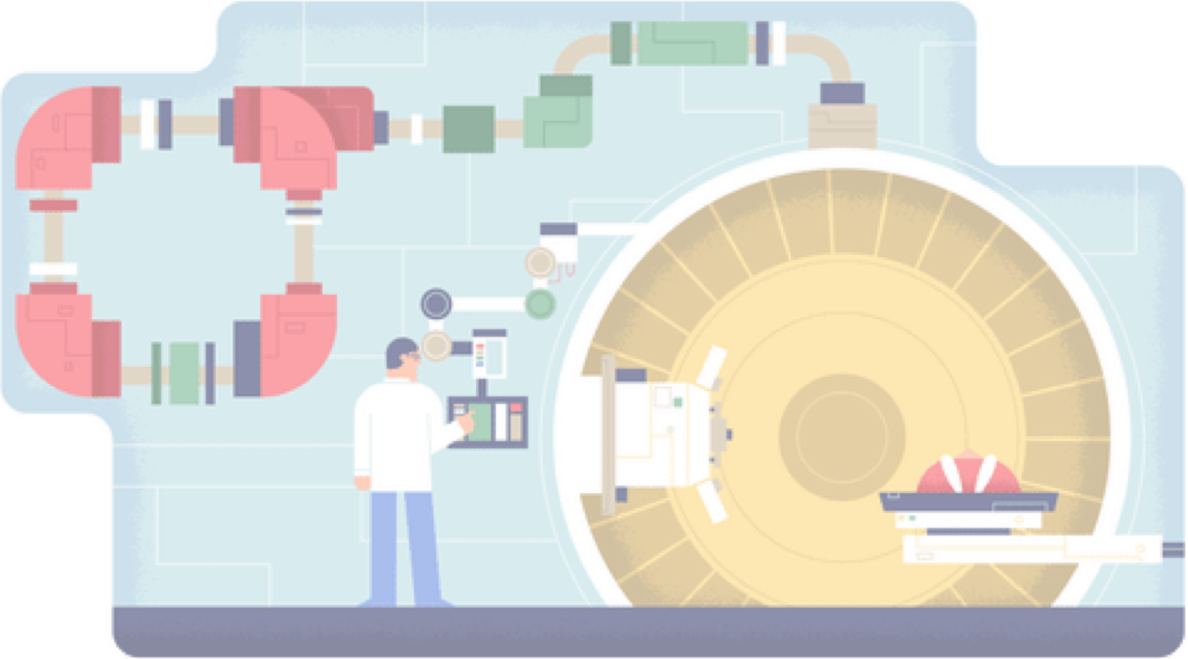
For proton radiography, how close have we come to clinical implementation and use in the context of adaptive proton therapy?

Introduction – Adaptive Proton Therapy

Reference / planning 3D
imaging and contouring

Nominal plan
generation

Quality
assurance



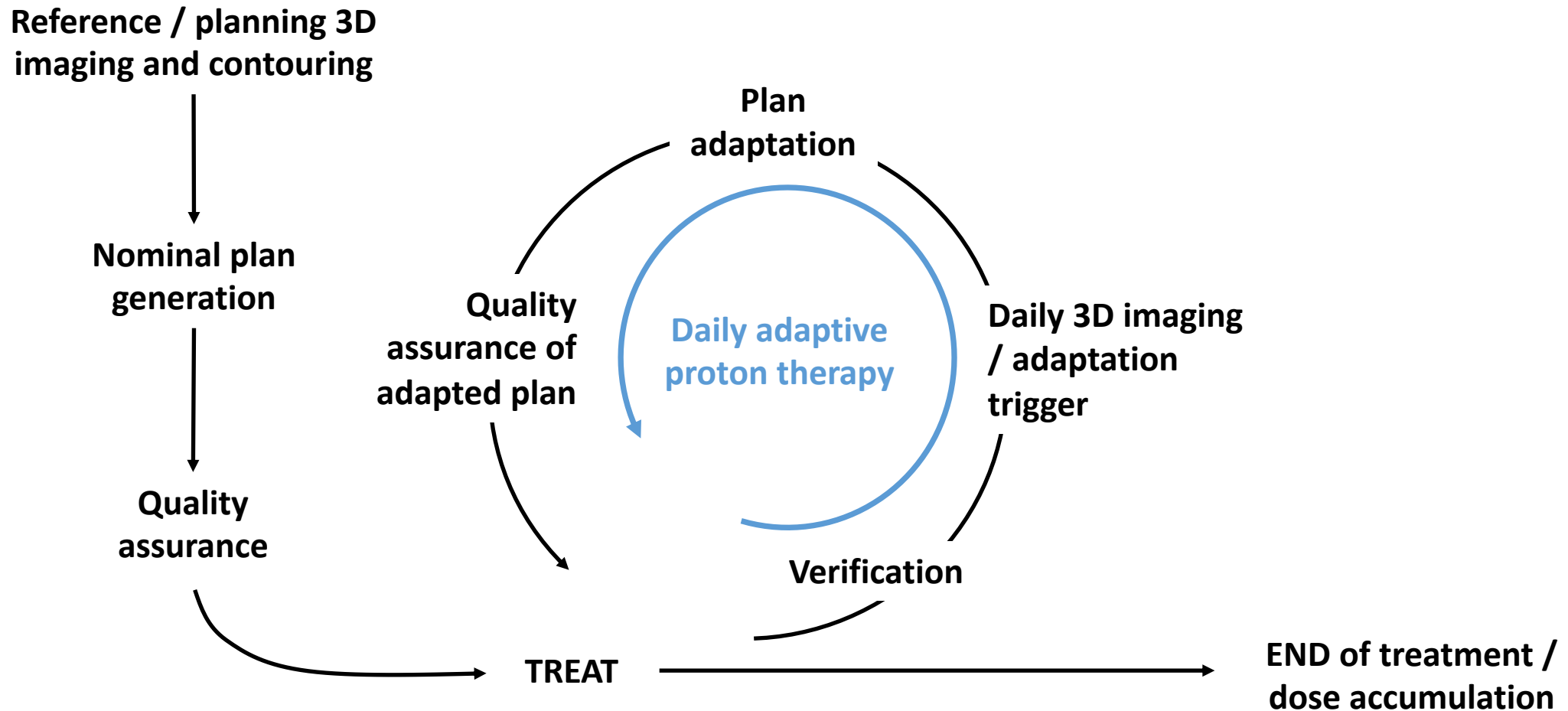
TREAT



Fractionated proton
treatment course

END of
treatment

Introduction – Adaptive Proton Therapy



Introduction – Adaptive Proton Therapy

Reference / planning 3D
imaging and contouring

Nominal plan
generation

Quality
assurance

Quality
assurance of
adapted plan

Plan
adaptation

Daily adaptive
proton therapy

Daily 3D imaging
/ adaptation
trigger

Verification

TREAT

END of treatment /
dose accumulation

Challenges:

- Time constraints
- (Wo)menpower constraints
- Imaging dose

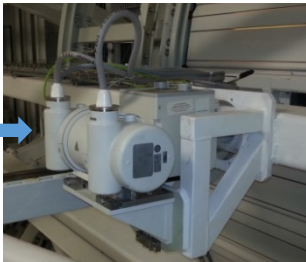
Proton Radiography can help!

Introduction – Proton Radiography

X-ray radiography



source
X-rays



object

detector
flat-panel

Proton radiography



source
p+ 230 MeV

object

detector
MLIC

Introduction – Proton Radiography

X-rays

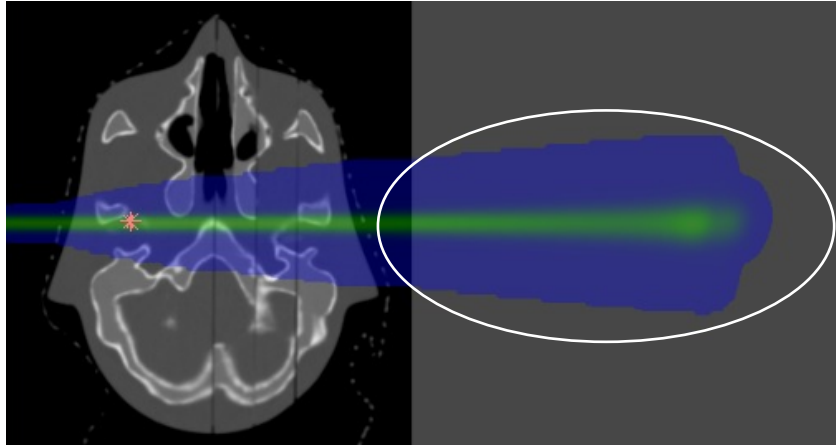


Protons



Methods – 2D range probe with MLIC

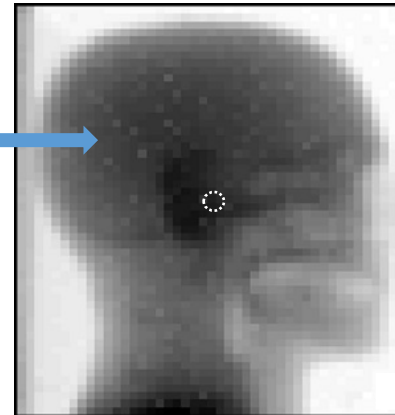
High energy (230 MeV)
Single pencil beam



Multilayer Ionization Chamber
(MLIC)

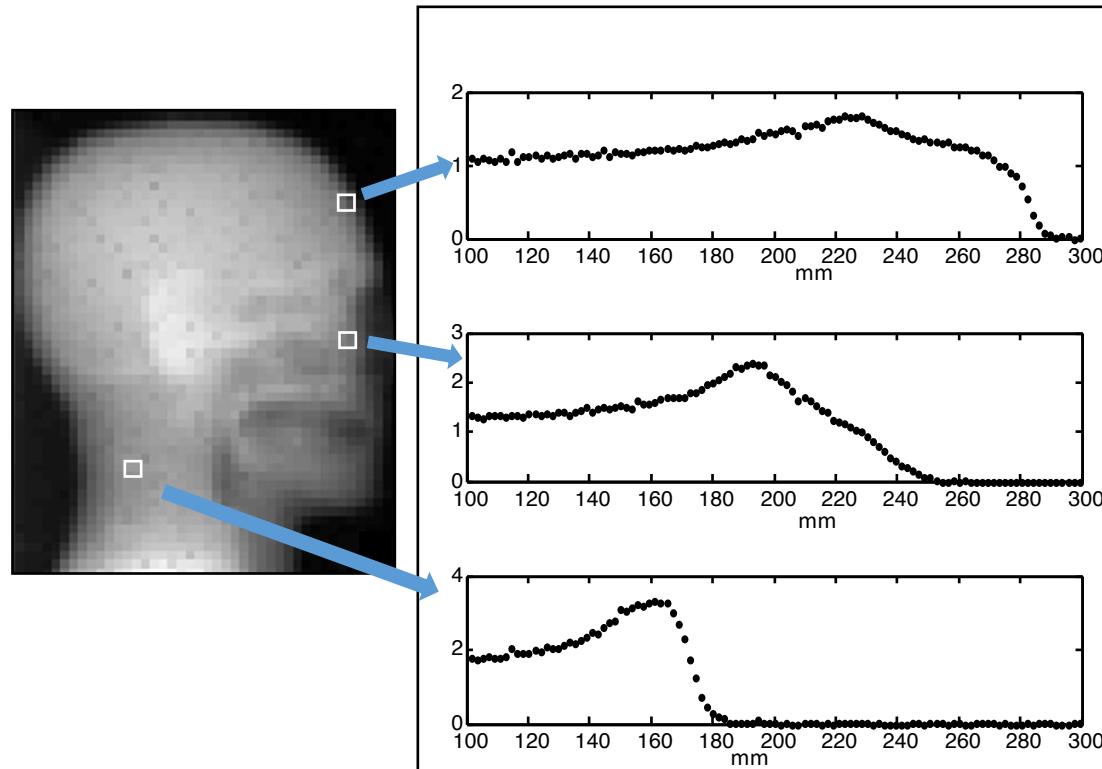


Integral Depth Dose
(IDD)



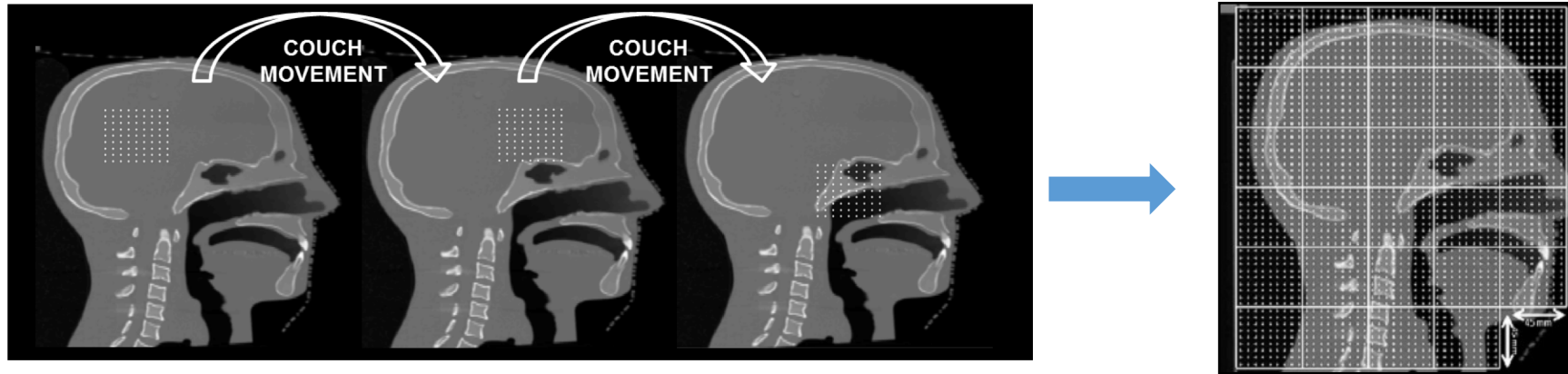
Methods – 2D range probe with MLIC

Pencil beam proton-radiography: More than a simple image !



**Behind each pixel resides
a residual IDD**

Methods – 2D range probe with MLIC



SINGLE FRAME

Field of view: 45 x 45 mm
Spot matrix: 9 x 9 (81 spots)
Spot spacing: 5 mm
Beam-on time: 2.4 sec

BETWEEN FRAMES

about 45 sec
for couch movement,
and beam loading

DOSE (TPS)

Maximum < 2 cGyE
Mean < 1 cGyE

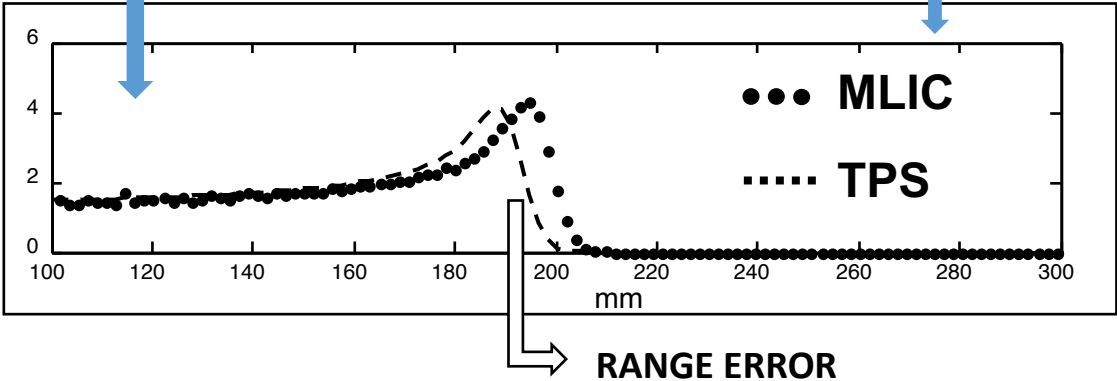
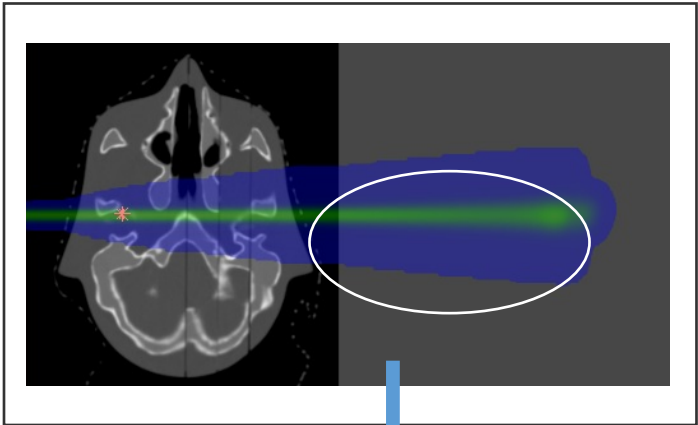
TOTAL TIME : for 30 frames, full head: 22min (110 s beam on)

Methods – 2D range probe with MLIC

**MLIC
Measurements**



**TPS
calculation**



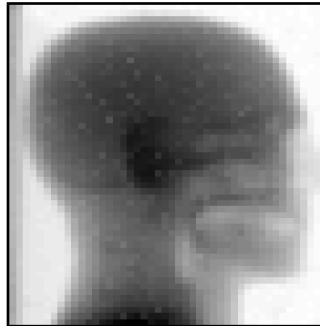
Applications

- Range error
- Classification of sources of range error
- Clinical quality control tool
- sCT quality control

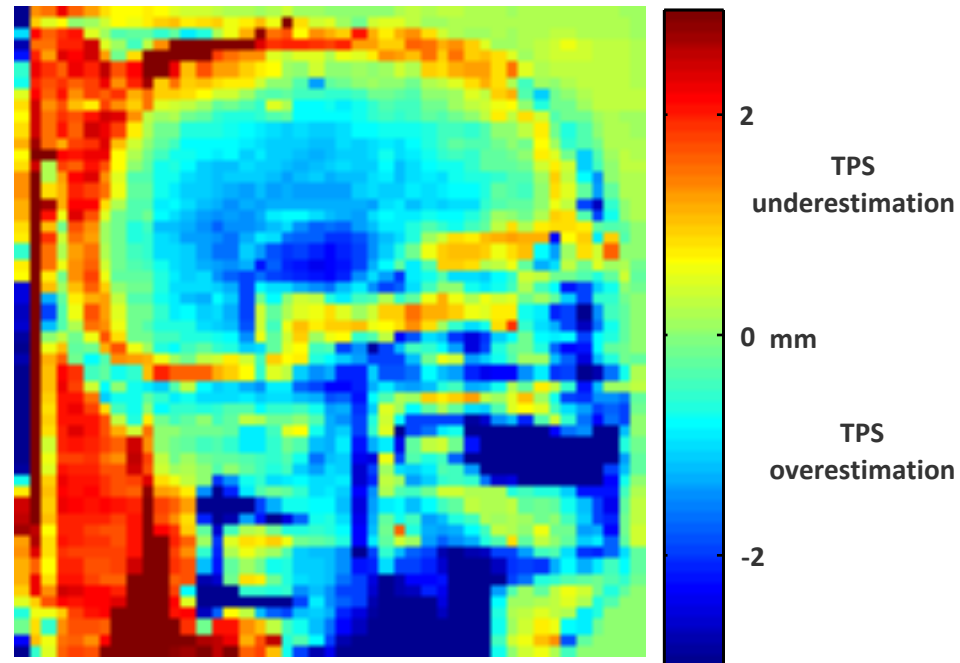


Applications – Range error

RANGE ERROR MAP
(TPS prediction vs MLIC measurements)



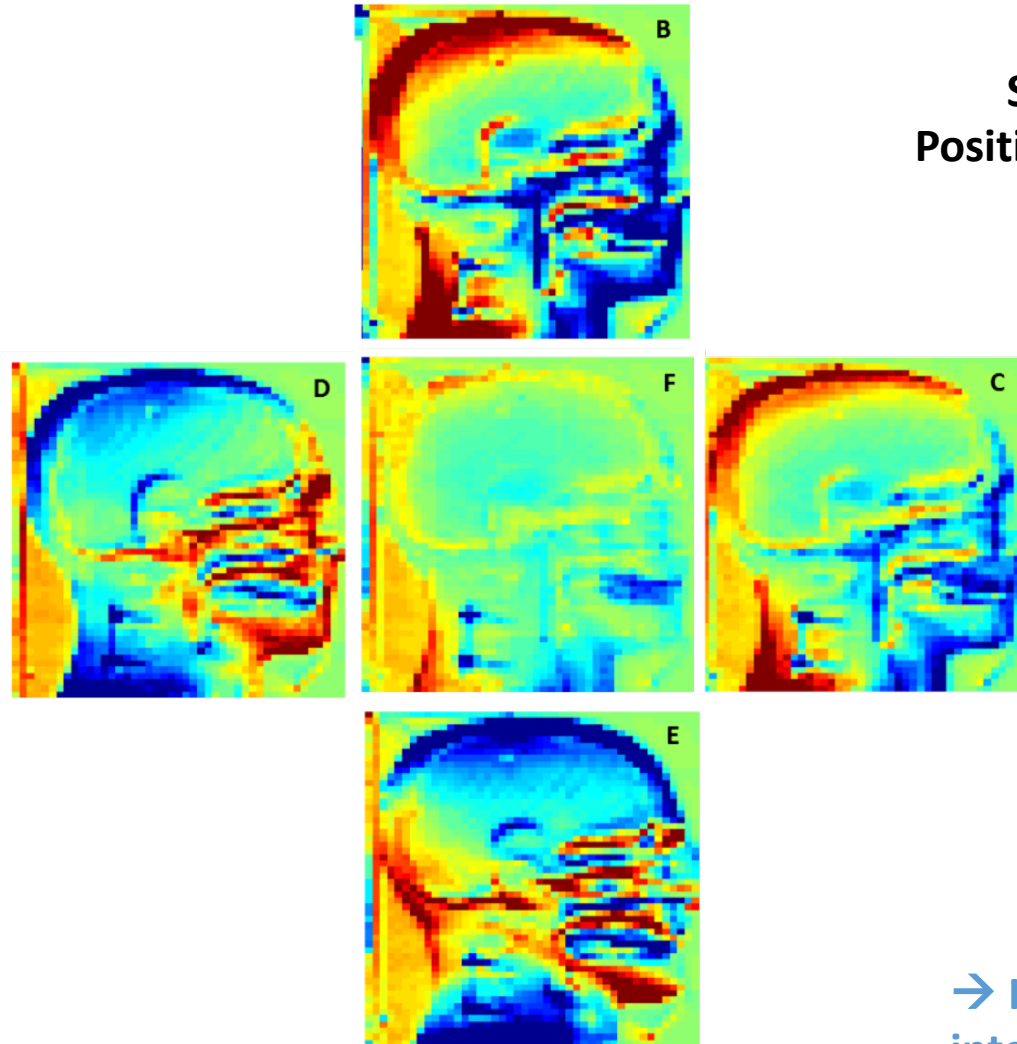
PROTON RADIOGRAPHY



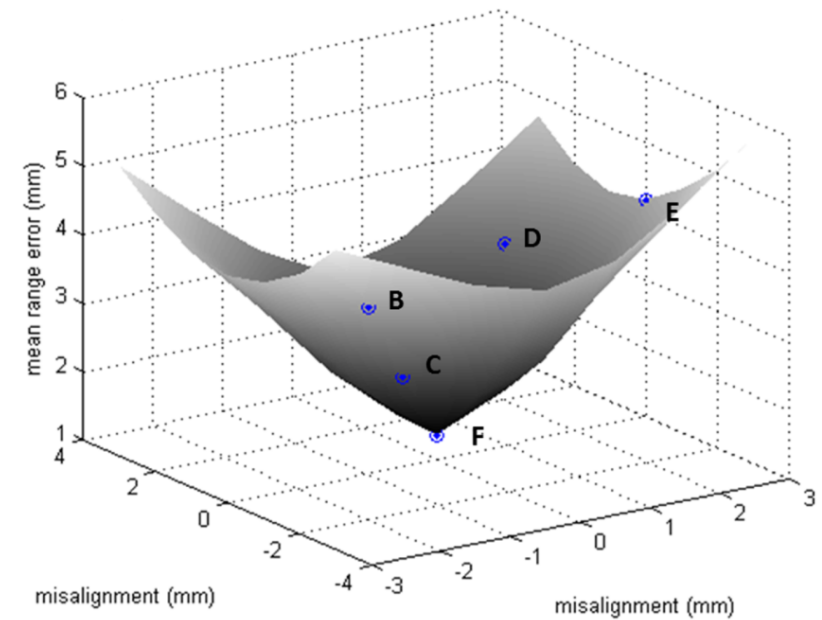
Potential sources of errors :

- Immobilization devices
- Titanium implants
- Misalignment

Applications – Range error

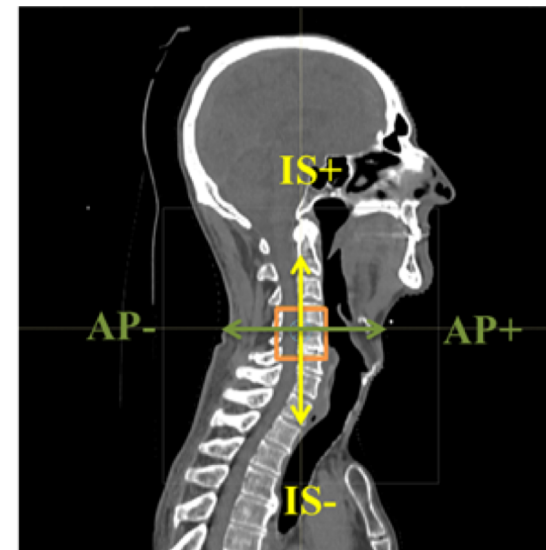
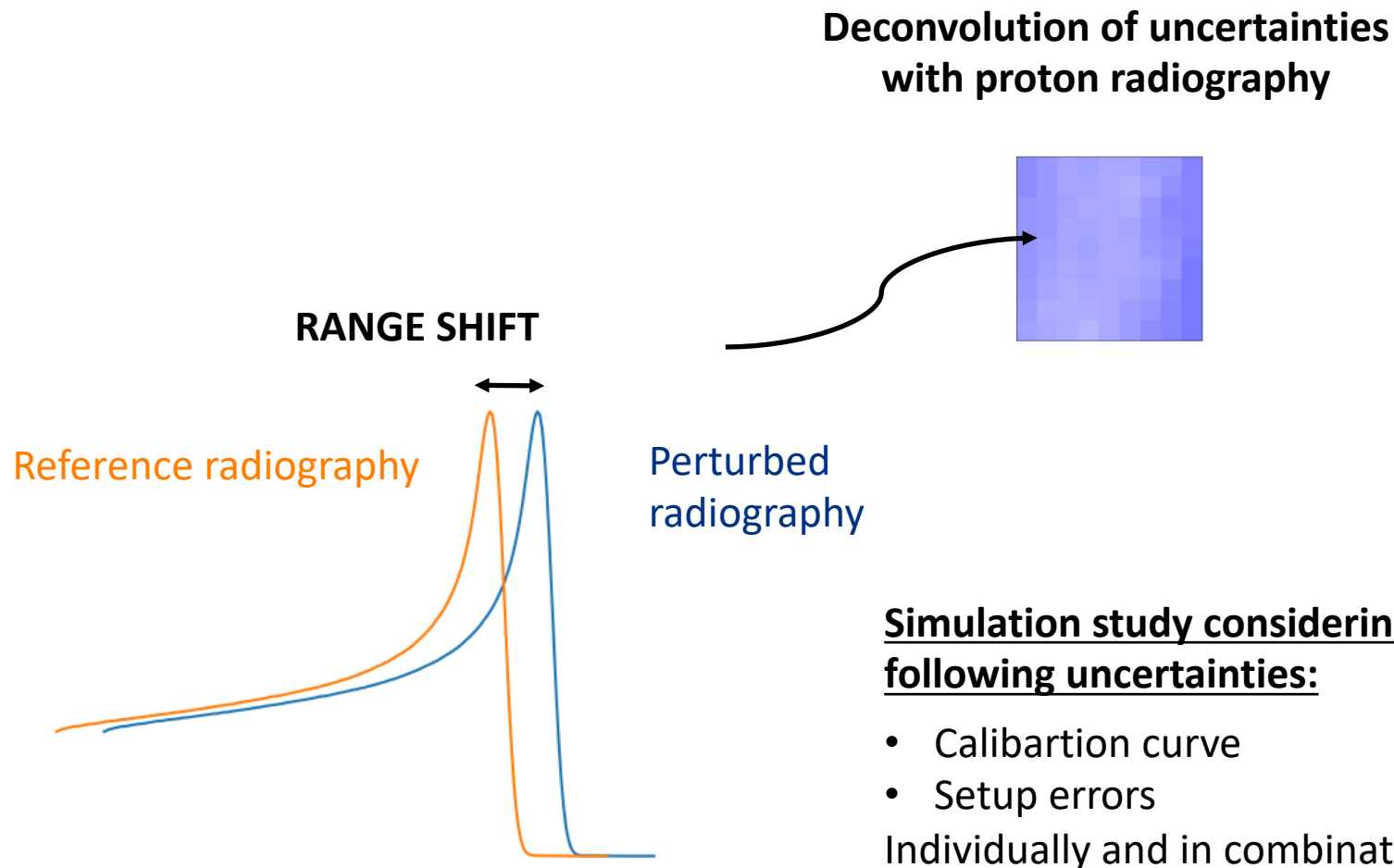


**Sensitivity to
Position misalignment**



→ In an adaptive workflow, PR could be used as integrated quality control / verification tool

Applications – Classification of sources of range error



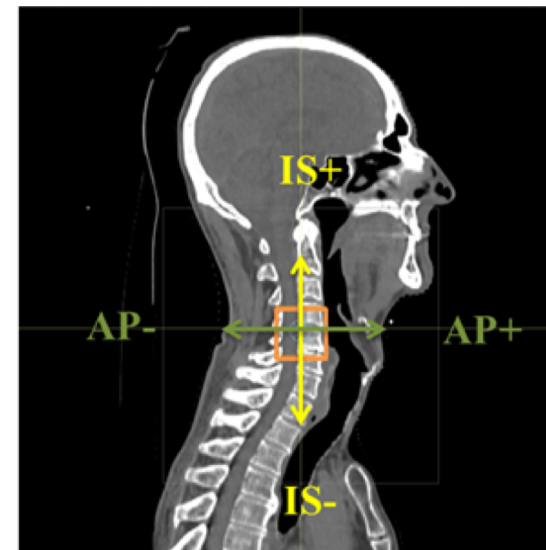
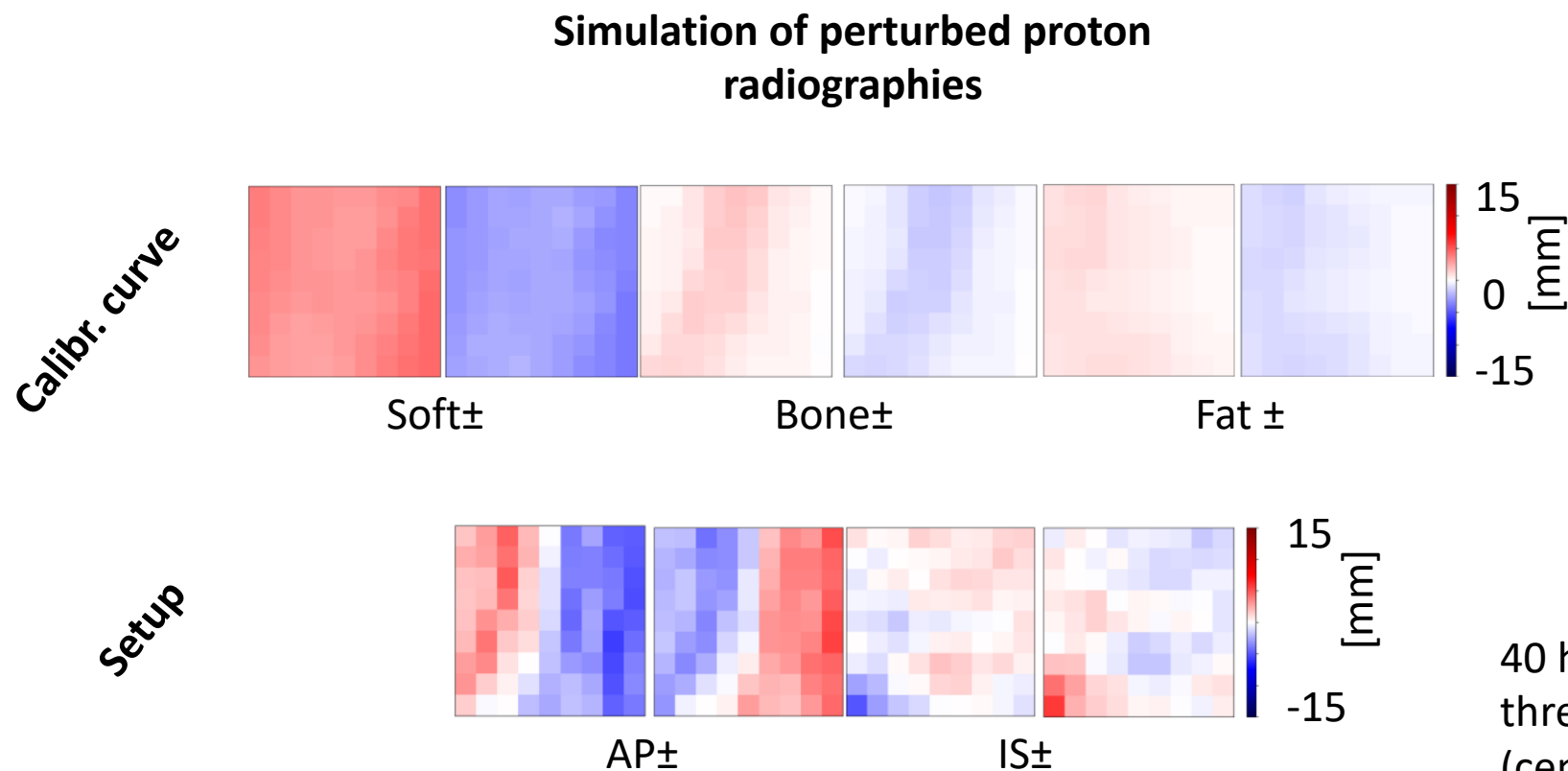
soft, bone, fat HU perturbation

Simulation study considering the following uncertainties:

- Calibration curve
- Setup errors

Individually and in combination

Applications – Classification of sources of range error

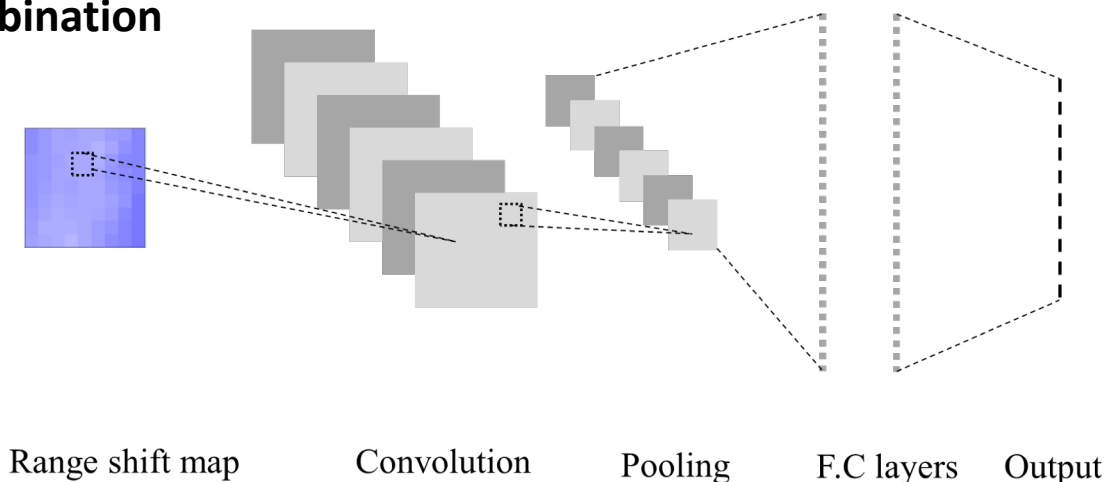


soft, bone, fat HU perturbation

40 head and neck cancer patients, at three different anatomical locations (centered for head and neck, neck and base of skull coverage)

Applications – Classification of sources of range error

CNN classifier: detection of different sources of uncertainty individually and in combination



Results

Individual uncertainties:	100% correct detection
Combinations:	73 % correct detection 27% partial detection

→ In an adaptive workflow, PR could be used to assist with adaptation triggering

PR can distinguish between different sources of uncertainty

Applications – Clinical quality control procedure

Confirmation of the accuracy of CT based model on patient specific basis

PR field:

Area covered by 81 probe beam

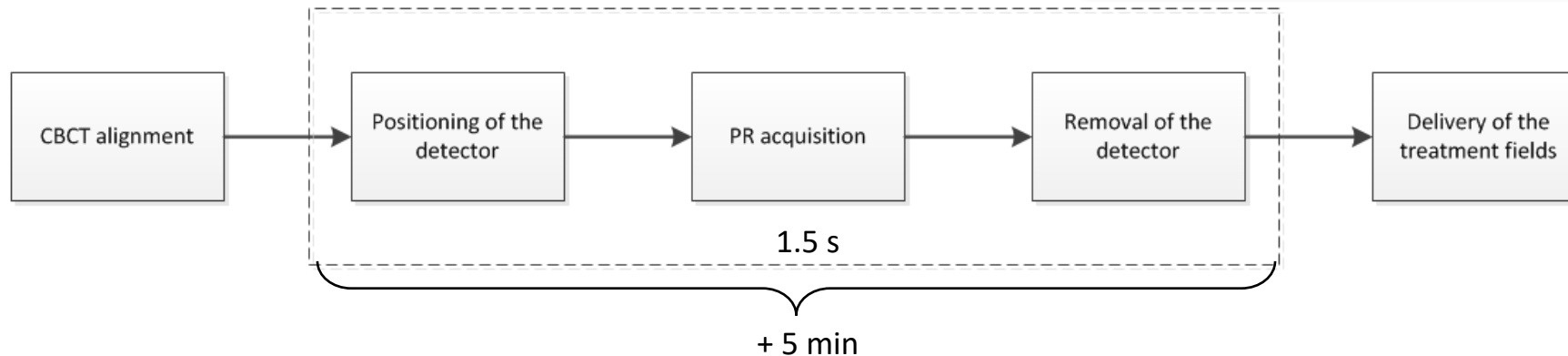
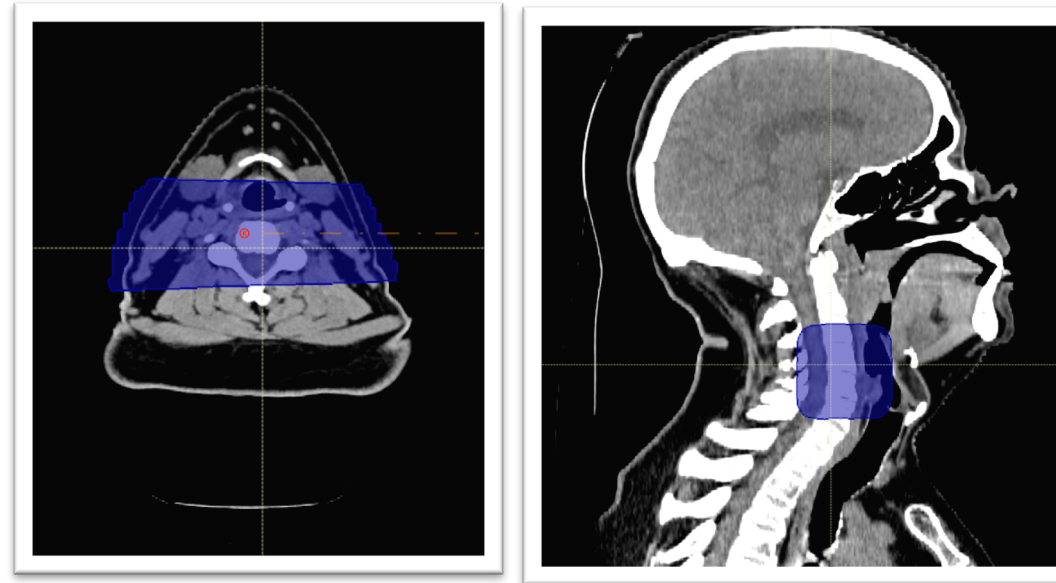
Small size (4 x 4 cm²)

Low dose (1.5 cGy)

Spots intersect mix of tissues:

Bony tissue

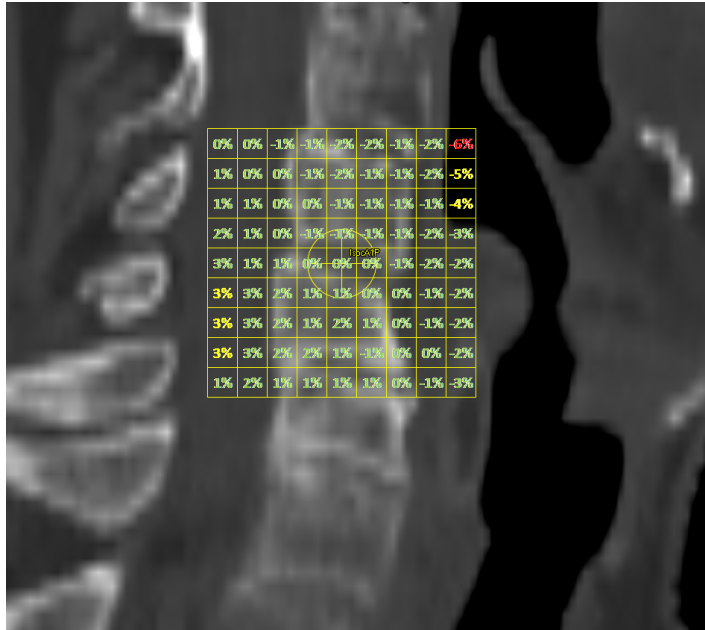
Soft tissue (fat, muscle, marrow)



7 head and neck cancer patients, two RP frames were acquired within the first two weeks of treatment, on days when a repeated CT scan was obtained.

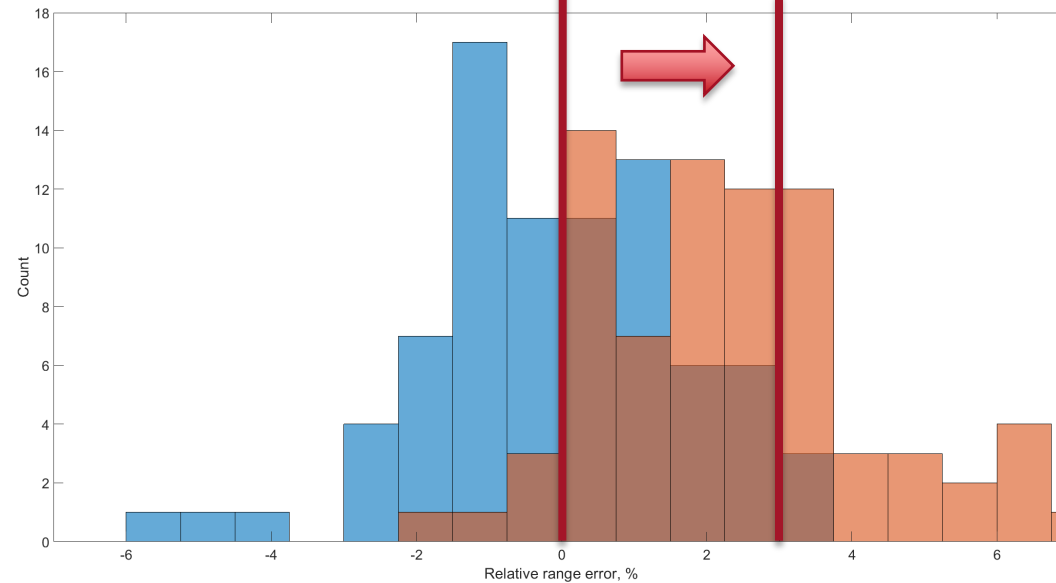
Applications – Clinical quality control procedure

repeat CT



repeat CT
Mean = 0%

planning CT
Mean = 3%



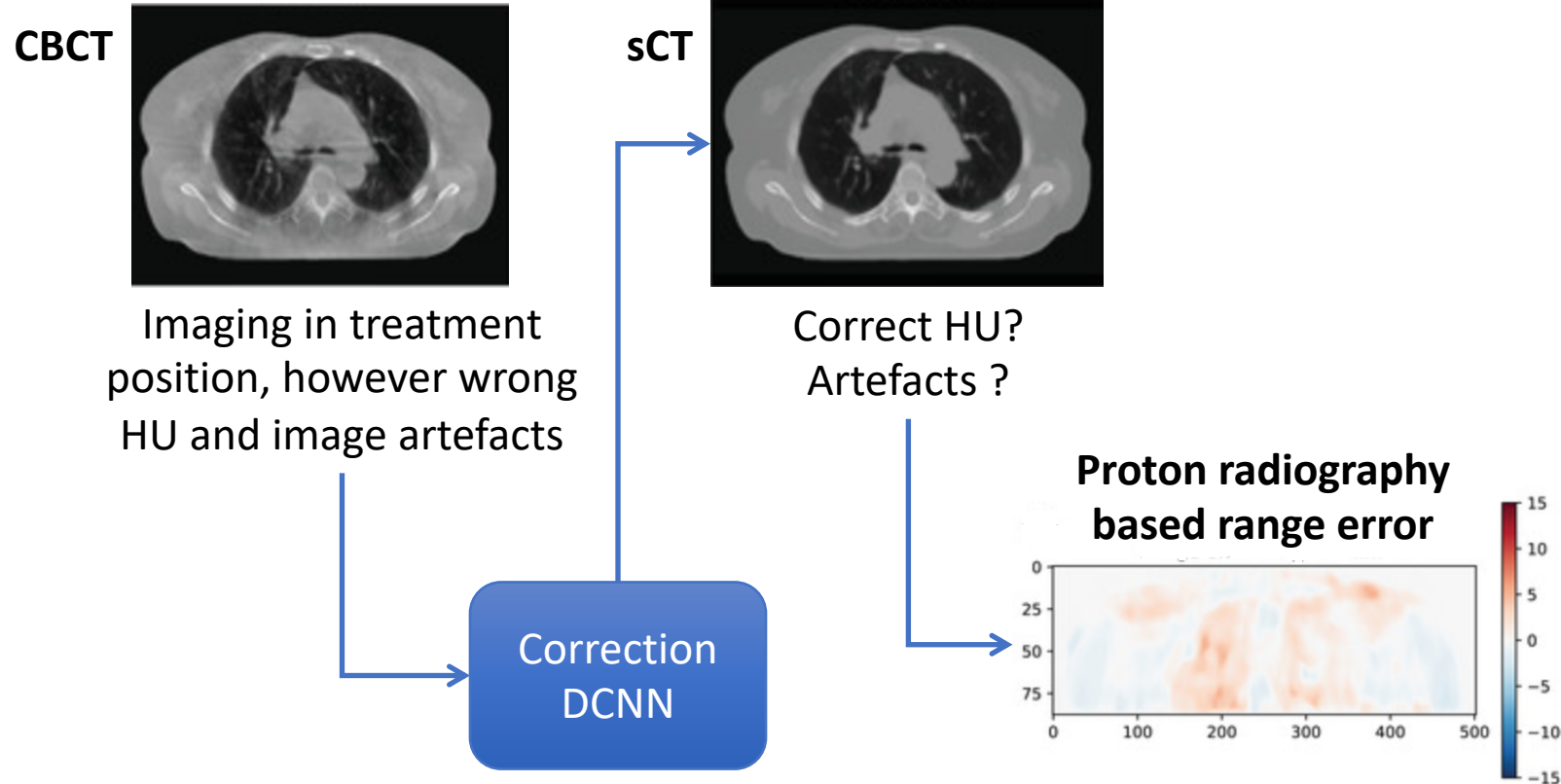
The agreement of measured and simulated proton ranges confirms the 3% uncertainty margin for robust optimization.

Anatomical variations show a predominant effect on range accuracy, motivating efforts towards the implementation of adaptive radiotherapy.

→ In an adaptive workflow, PR could assist quality assurance

Applications – sCT quality control

The cornerstone of adaptive workflows are daily images. Modern PT rooms are equipped with CBCT

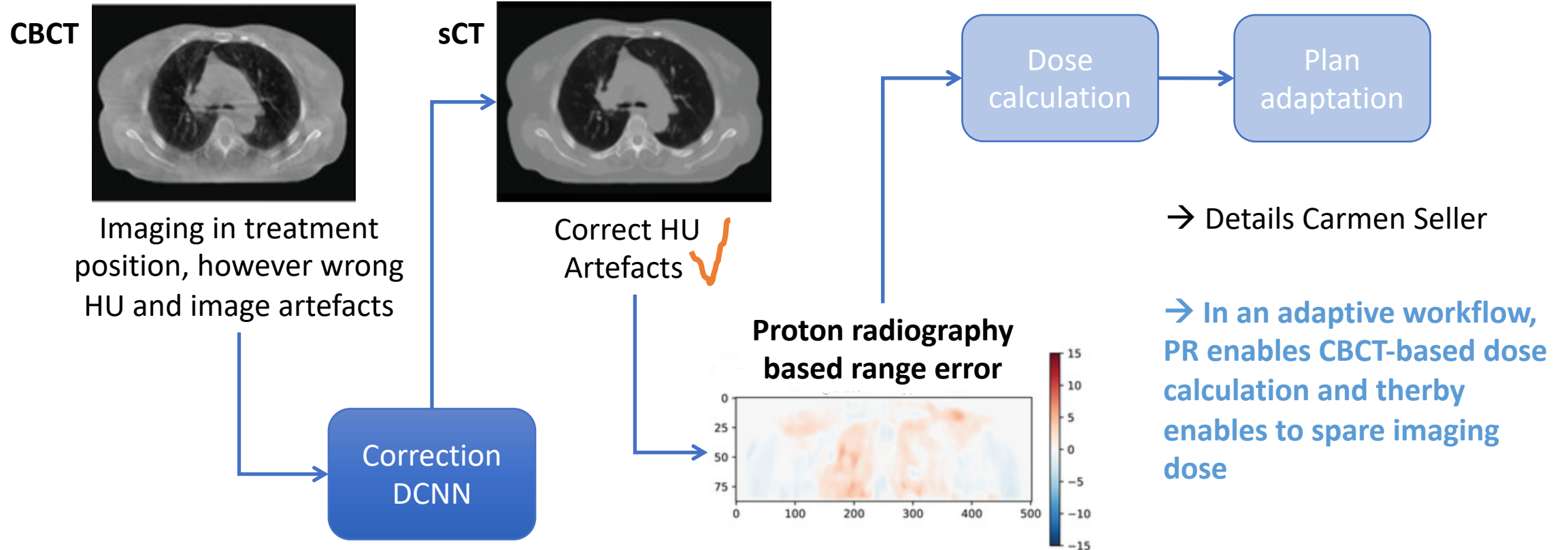


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Seller Oria C, Thummerer A, Free J, Langendijk JA, Both S, Knopf AC, Meijers A. „**Range probing as a quality control tool for CBCT-based synthetic CTs: In vivo application for head and neck cancer patients**“. Med Phys. 2021 Aug;48(8):4498-4505. doi: 10.1002/mp.15020. Epub 2021 Jul 11. PMID: 34077554; PMCID: PMC8456797.

Applications – sCT quality control

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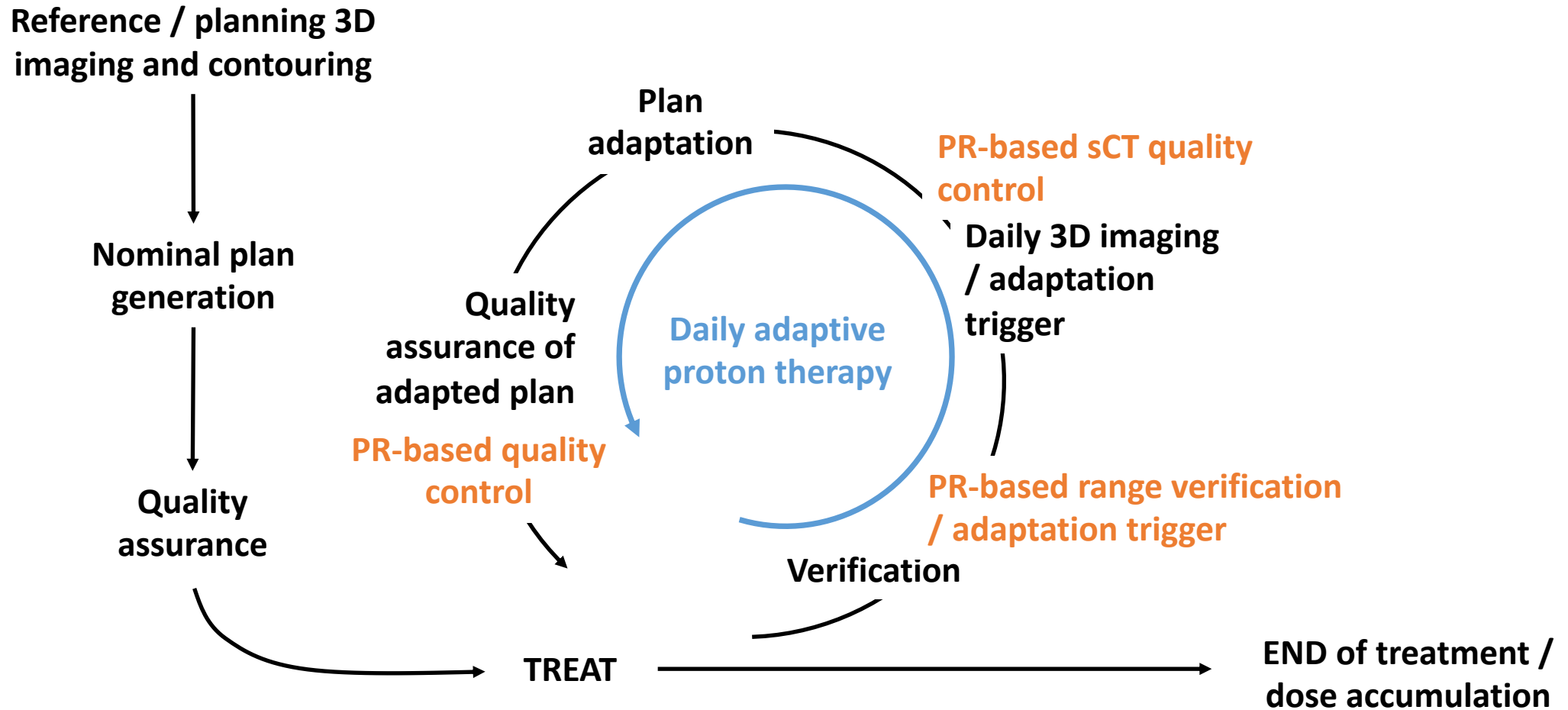
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Conclusion

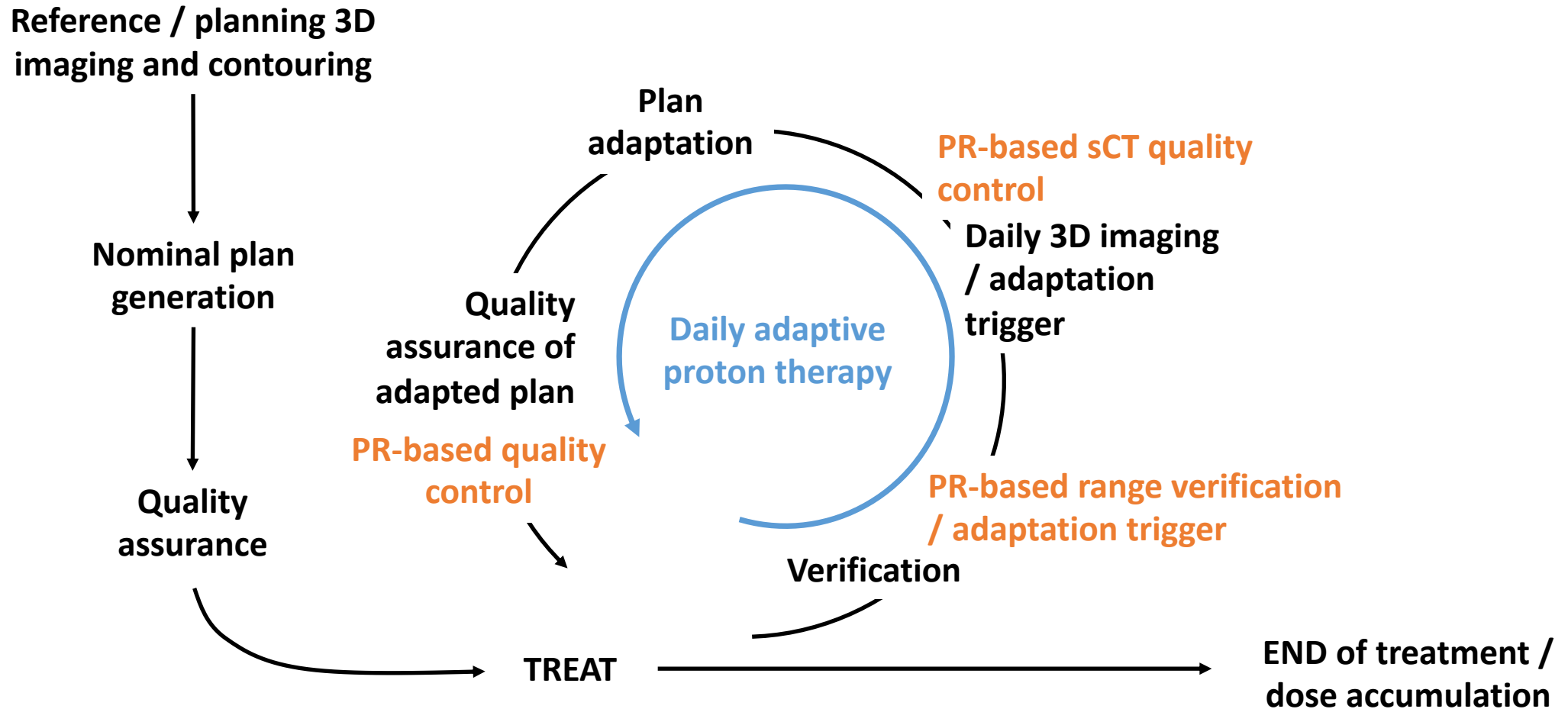
Challenges:

- Time constraints
- (Wo)menpower constraints
- Imaging dose



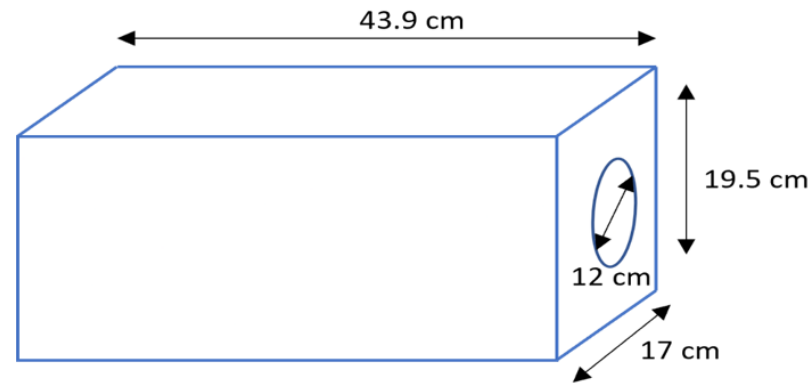
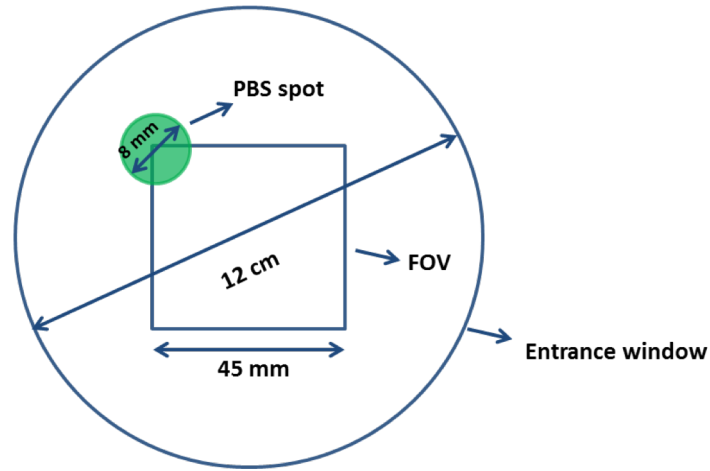
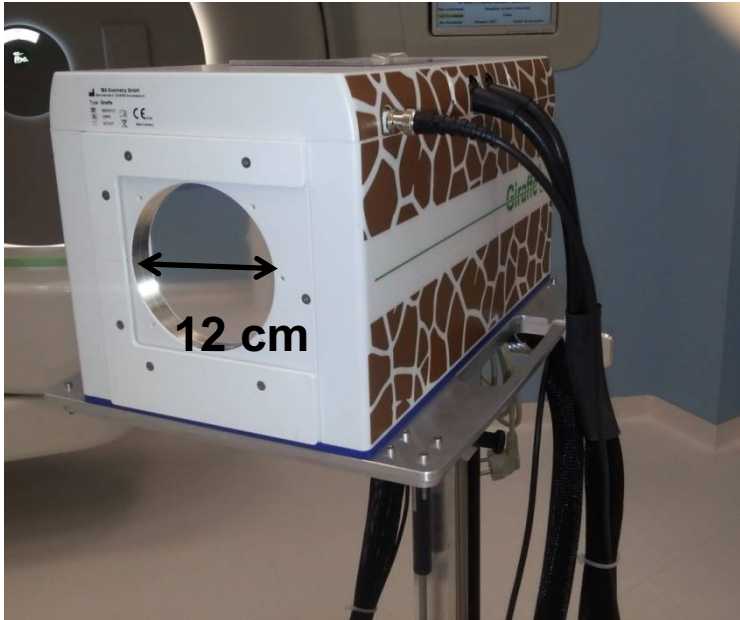
Conclusion

→ Proton radiography can help to overcome current challenges of daily adaptive proton therapy. It can be employed as quality control tool and has the potential to optimize adaptive workflows with respect to time, (wo)menpower and imaging dose.



Outlook

Detector refinement



Limited Field Of View

- Requires detector repositioning for bigger areas of interest

Extendet longitudinal dimension

- Impeds flexible detector positioning

Outlook

Detector refinement

Optimized detector design would allow for:

- An improved integration of proton radiography in the clinical workflow
- An optimization of range probing location
- Beams eye view (or at any angle) range probing



Outlook

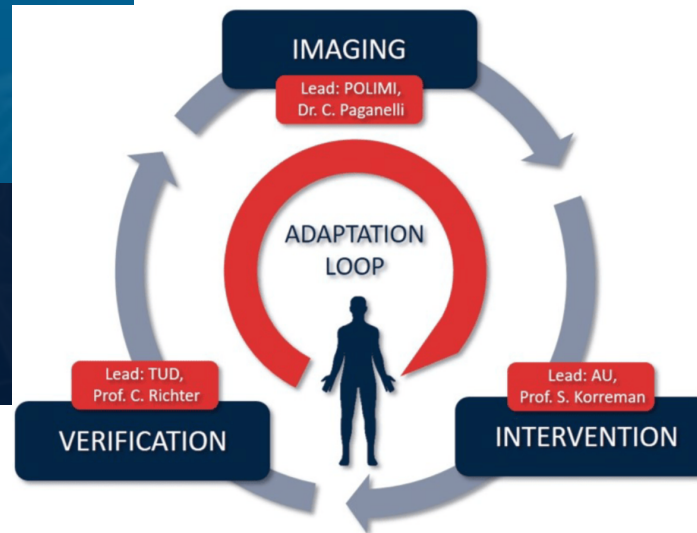
Proton Radiography is also part of RAPTOR

A MARIE SKŁODOWSKA-CURIE INNOVATIVE TRAINING NETWORK (ITN)

Real-Time Adaptive Particle Therapy Of Cancer (RAPTOR)

RAPTOR brings together 13 Beneficiaries and 15 partner organizations with one aim in common: To bring adaptive particle therapy to the clinic.

Funded by the Horizon 2020 Framework Programme of the EU.



Project 15
Giuliano Perotti Bernardini
Proton Radiography for real-time Intensity Modulated Proton Therapy plan adaptation

Proton Radiography for real-time Intensity Modulated Proton Therapy plan adaptation, Host: Cancer Research Center Groningen (CRCG) Research Institute of the UMCG, Netherlands.

Questions?

Thank you for your attention!

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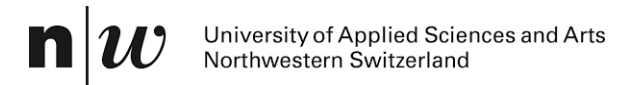
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