

# Linear Energy Transfer Weighted Beam Orientation Optimization for Intensity-Modulated Proton Therapy

Wenbo Gu<sup>1</sup>, Dan Ruan<sup>1</sup>, Wei Zou<sup>2</sup>, Lei Dong<sup>2</sup>, and Ke Sheng<sup>1</sup>

<sup>1</sup>Department of Radiation Oncology, University of California—Los Angeles, Los Angeles, CA

<sup>2</sup>Department of Radiation Oncology, University of Pennsylvania, Philadelphia, PA

## Purpose

- In IMPT, the variation in biological effectiveness leads to the discrepancy between the constant RBE prediction and experimental observations.
- We previously developed an automated IMPT BOO algorithm using group sparsity regularization<sup>[1]</sup>, to automatically select beam angles and create treatment plans with superior physical dose distribution.
- A BOO method incorporating biological effectiveness is still unavailable. In this study, we developed a novel BOO framework integrating physical and biological doses.

## Methods

### Linear Energy Transfer weighted BOO (LETwBOO)

The LET and dose product (LET×D) is incorporated into the group sparsity based BOO to encourage selecting proton beams and generate fluence map, which 1) minimize LET×D in the OARs; 2) maintain LET×D to the target; and 3) achieve superior physical dose distribution.

### Objective function

$$\begin{aligned} \text{minimize}_{x \geq 0} & \sum_{k \in \mathcal{T}} \alpha_k \|A_k \mathbf{x} - p_k\|_2^2 + \sum_{k \in \mathcal{O}} \alpha_k \|A_k \mathbf{x}\|_2^2 + \sum_{b \in \mathcal{B}} \lambda_b \|\mathbf{x}_b\|_2^{1/2} \\ & + \sum_{k \in \mathcal{T}} \beta_k \left\| ((LD)_k^{\text{ref}} - (L \circ A)_k \mathbf{x})_+ \right\|_2^2 + \sum_{k \in \mathcal{O}} \beta_k \|(L \circ A)_k \mathbf{x}\|_2^2 \end{aligned}$$

Physical dose constraint      Group sparsity to select beams

LET×D constraint

- $\mathcal{B}$ : the set including all feasible beams;
- $\mathbf{x}$ : vector of the intensities of scanning spots of all candidate beams;
- $A$ : dose calculation matrix to transform  $\mathbf{x}$  to dose;
- $L$ : LET calculation matrix to transform  $\mathbf{x}$  to LET;
- $L \circ A$ : the elementwise multiplication of  $L$  and  $A$  to calculate LET×D;
- $p_k$ : prescription dose of target volume  $k$  ( $k \in \mathcal{T}$ );
- $(LD)_k^{\text{ref}}$ : reference LET×D value target volume  $k$ ;

### Evaluations

- 600-800 non-coplanar candidate beams;
- Three patients with skull base tumor (SBT) and three patients with bilateral H&N cancer around were tested;
- Dose and LET calculation are based on matRad<sup>[2]</sup>;
- Compared with 1) conventional plan optimizing physical dose with manually selected beams (MAN); 2) the same MAN plan reoptimized with additional LET×D constraint (LETwMAN);

## Results

- The LETwBOO plans show superior physical dose and LET×D sparing for the OARs.
- On average, the [mean, maximal] doses of OARs in LETwBOO are reduced by [2.85, 4.6] GyRBE from the MAN plans in the SBT cases and reduced by [0.9, 2.5] GyRBE in the H&N cases, while LETwMAN is comparable to MAN.
- cLET×Ds of PTVs are comparable in LETwBOO and LETwMAN, where  $c$  is a scaling factor of 0.04  $\mu\text{m}/\text{keV}$ .
- On average, in the SBT cases, LETwBOO reduces the OAR [mean, maximal] cLET×D by [1.1, 2.9] Gy from the MAN plans, compared to the reduction by LETwMAN from MAN of [0.7, 1.7] Gy. In the H&N cases, LETwBOO reduces the OAR [mean, maximal] cLET×D by [0.8, 2.6] Gy from the MAN plans, compared to the reduction by LETwMAN from MAN of [0.3, 1.2] Gy.

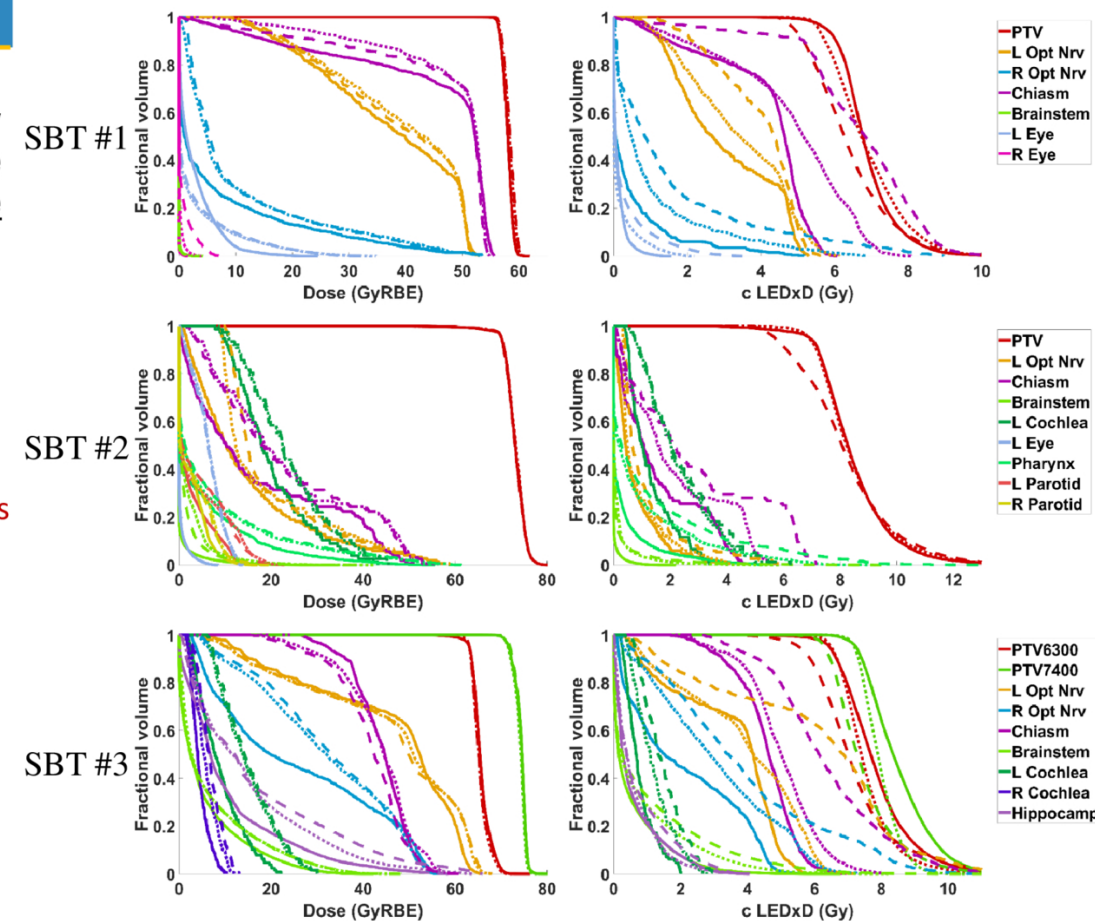


Figure 1. Comparison of dose and cLET×D between LETwBOO (solid), LETwMAN (dotted) and MAN (dashed) for the SBT patients.

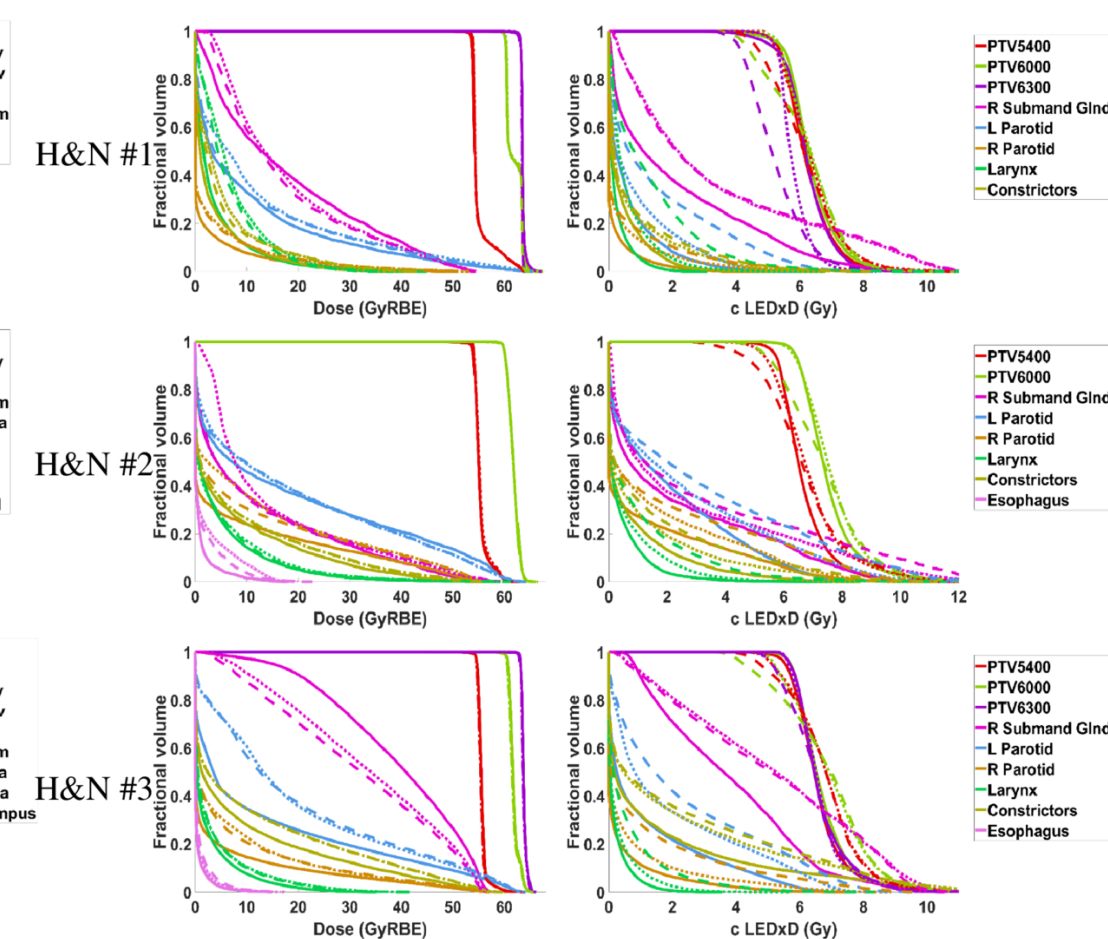


Figure 2. Comparison of dose and cLET×D between LETwBOO (solid), LETwMAN (dotted) and MAN (dashed) for the H&N patients.

## Conclusion

We developed a novel LET weighted BOO method for IMPT to generated plans with improved physical and biological OAR sparing compared with the plans unaccounted for biological effects from BOO.

## Reference

- [1] Gu W, et al. Medical physics. 2018 Apr;45(4):1338-50.
- [2] Wieser HP, et al. Medical physics. 2017 Jun;44(6):2556-68.