

Fully probabilistic optimization framework integrating uncertainty in clinical target volume definition

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INTRODUCTION

Considering the uncertainty of **microscopical tumor extension** in the target volume is of crucial importance in radiation therapy clinical practice :

1. **Clinical target distribution (CTD)** has been introduced for this purpose as a probabilistic alternative to the CTV [1]
2. Today, robust optimization that involves such a probabilistic target is lacking

AIM

1. To propose a realistic procedure to construct a probabilistic target (= CTD) from known microscopic tumor extension models
2. To develop a **fully probabilistic** robust optimization framework that includes the CTD together with other important treatment errors

METHOD

CTD construction

1. Randomly sample **N microscopic tumor extensions (MTE)**
2. For each MTE :
 1. dilate the GTV isotropically
 2. correct for anatomical barriers (delineated as blocking structures (BS)) to generate the final target volume mask (TV)
3. Sum obtained TV masks and divide by *N*

Considered treatment uncertainties

	sigma	mu
Systematic setup (mm)	[2.4, 2.4, 2.4]	[0, 0, 0]
Random setup (mm)	[3, 3, 3]	[0, 0, 0]
Range (%)	1.6	0
MTE (mm)	2.8	3.4
Tumor motion	10 respiratory phases	

Optimization algorithms

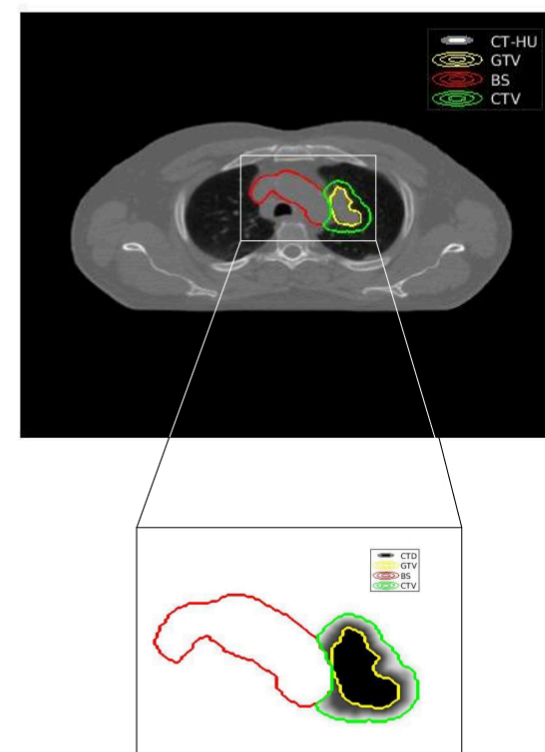
The **fully probabilistic** method uses the CTD to calculate the expected value of the objective function over 220 considered error scenarios

Proposed method is benchmarked against **worst-case** robust optimization that uses the CTV as target volume in 114 error scenarios
(= 19 systematic setup x 2 random setup x 3 range scenarios scenarios)

Optimization software : all methods were implemented in the open TPS **MIROpt** (uses Monte Carlo dose engine **MCsquare**) [3],[4]

RESULTS

Representation of the target :



GTV gross tumor volume
CTV clinical target volume
BS blocking structures
CTD clinical target distribution

Test case :

- Lung tumor with motion
- Mid-position (MidP) CT as nominal CT
- IMPT treatment plan (co-planar beams at 90, 135, 180 gantry angles).
- 60 Gy dose prescription (30 fractions of 2 Gy)

Evaluation procedure :

Recompute the planned dose distribution on 250 evaluation scenarios using **MCsquare** dose engine [2]

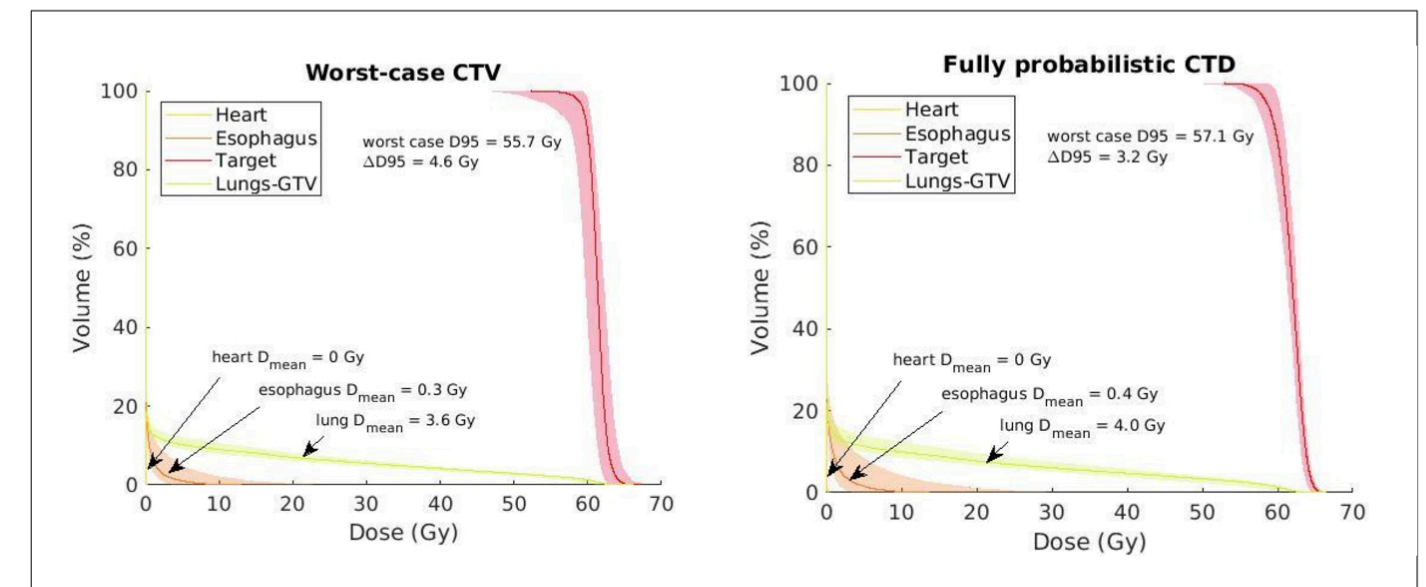
Each scenario is randomly sampled combination of :

1. Systematic setup error (rigid isocenter shift)
2. Random setup error for each fraction (rigid isocenter shift)
3. Range error (CT density scaling)
4. Microscopic tumor extension (dilation of GTV) → target realization

For each scenario : the dose is computed on all respiratory phases and accumulated on MidP-CT

The target realizations are used to evaluate target coverage

Dosimetric results :



Fully probabilistic optimization improves target coverage and robustness (indicated target bandwidth at the D95 dose level $\Delta D95$) :

- worst case D95 increased by 1.4 Gy
- $\Delta D95$ reduced by 2.4 Gy

Slightly increased OAR radiation with higher mean esophagus and mean lung dose (increase of 0.1 Gy and 0.4 Gy respectively)

CONCLUSIONS

A **fully probabilistic** robust optimization framework is implemented and achieves promising results for a lung tumor case by improving robustness of the treatment plan

A procedure was proposed to construct a probabilistic target from a microscopic tumor infiltration model

The framework can be extended by introducing additional uncertainty sources in the target volume definition without increasing the computational cost

REFERENCES

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