

# Deep-learning dose prediction as first step toward real-time adaptive replanning

Laura Buchanan<sup>1</sup>, Zhaocai Chen<sup>2</sup>, Wei Zhang<sup>2</sup>, Qichao Zhou<sup>2</sup>, Diane Schott<sup>1</sup>, X. Allen Li<sup>1</sup>

<sup>1</sup>Department of Radiation Oncology, Medical College of Wisconsin, Milwaukee, WI

<sup>2</sup>Manteia Medical Technologies, Brookfield, WI

## INTRODUCTION

Real-time adaptive radiotherapy therapy (RT-ART), introduced to account for severe intrafraction variations based on real-time images during radiation therapy delivery, is difficult with the current treatment planning technology. As a first step toward RT-ART, we are developing a machine learning model that rapidly predicts dose based on a segmented image set. It is our end goal to incorporate deep-learning dose prediction into a larger planning scheme to facilitate an automatic end-to-end replanning workflow.

## AIM

This work aims to develop a machine learning model that can rapidly predict dose based on a segmented image set and be generalized to any tumor site thereby facilitating the first step towards real-time adaptive replanning.

## METHOD

- Training dataset consists of segmented CT image slices from pancreatic cancer patients (46) paired with ground truth dose distributions obtained from clinical plans
- 128 2D transverse slices per patient for total of 5,888 training data
- Prescription of 50.4 Gy to the PTV
- PTV, liver, stomach, large bowel, small bowel, duodenum, and spinal cord were segmented by trained dosimetrists and physicians
- The network architecture is a 2D conditional generative adversarial network (Pix2pix) and consists of a U-Net generator followed by a binary discriminator.
- Model was tested on 1 held-out patient with 128 slices

## RESULTS

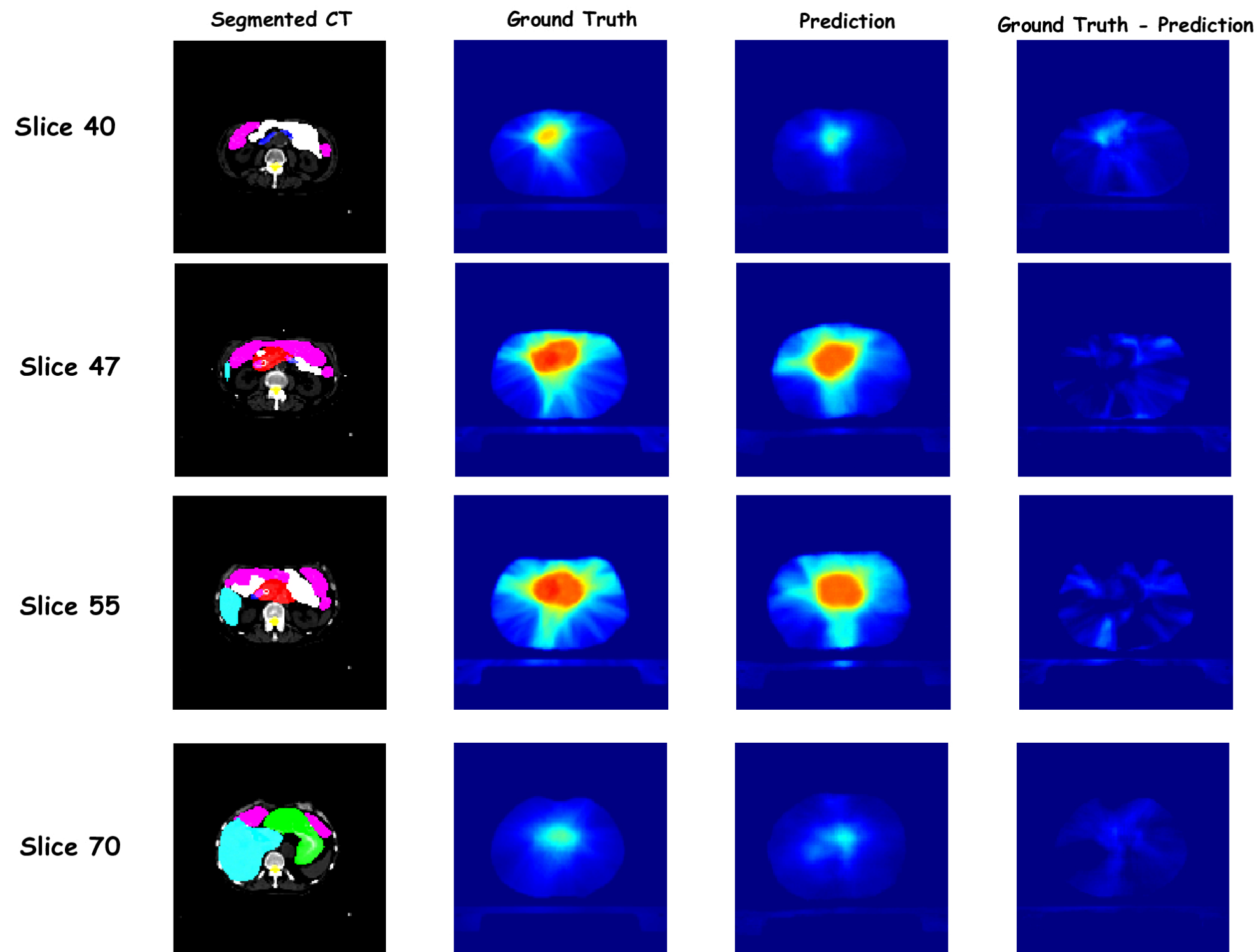


Figure 1: Representative slice by slice comparison of dose prediction results for test cases.

## CONCLUSIONS

- The maximum percent difference between ground truth and predicted dose is 41% (slice 40), 8% (slices 47 and 55), and 17% (slice 70)
- Dose difference between ground truth and prediction varies from slice to slice and is greatest at the "top" and "bottom" slices
- Slice by slice variation is likely a result of training pixel-by-pixel instead voxel-by-voxel
- Future work includes extending the model to 3D and testing the network architecture on multiple different cancer sites

## ACKNOWLEDGEMENTS

This work is partially supported by MCW Fotsch Foundation and Manteia Med.

## REFERENCES

1. Isola, Phillip & Zhu, Jun-Yan & Zhou, Tinghui & Efros, Alexei. (2016). Image-to-Image Translation with Conditional Adversarial Networks.
2. Mahmood, Rafid & Babier, Aaron & Mcniven, Andrea & Diamant, Adam & Chan, Timothy. (2018). Automated Treatment Planning in Radiation Therapy using Generative Adversarial Networks.
3. Nguyen, Dan & Jia, Xun & Sher, David & Lin, Mu-Han & Iqbal, Zohaib & Liu, Hui & Jiang, Shucui. (2018). Three-Dimensional Radiotherapy Dose Prediction on Head and Neck Cancer Patients with a Hierarchically Densely Connected U-net Deep Learning Architecture.

## CONTACT INFORMATION

Laura Buchanan: lbuchanan@mcw.edu