



AI in modern Radiation Oncology

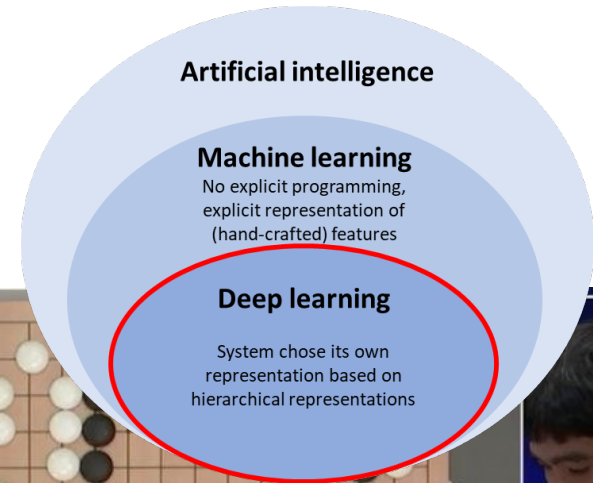
Deep Learning

a Physicist's perspective

Gert Meijer



The advent of Deep Learning in AI



Deep Blue vs. Kasparov

Deep Blue
IBM chess computer

Garry Kasparov
World Chess Champion

First match

- February 10–17, 1996: held in Philadelphia, Pennsylvania
- Result: **Kasparov**–Deep Blue (4–2)
- Record set: First computer program to defeat a world champion in a *classical game* under tournament

1997

ALPHAGO
00:08:32

LEE SEDOL
00:00:27

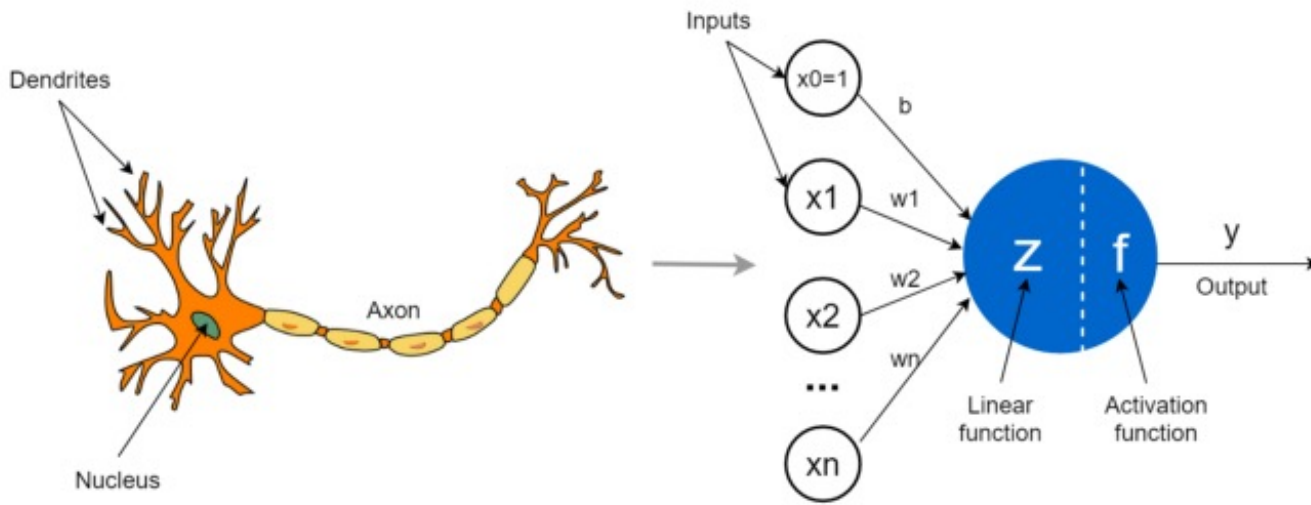
AlphaGo
Google DeepMind

2016

What is deep learning?

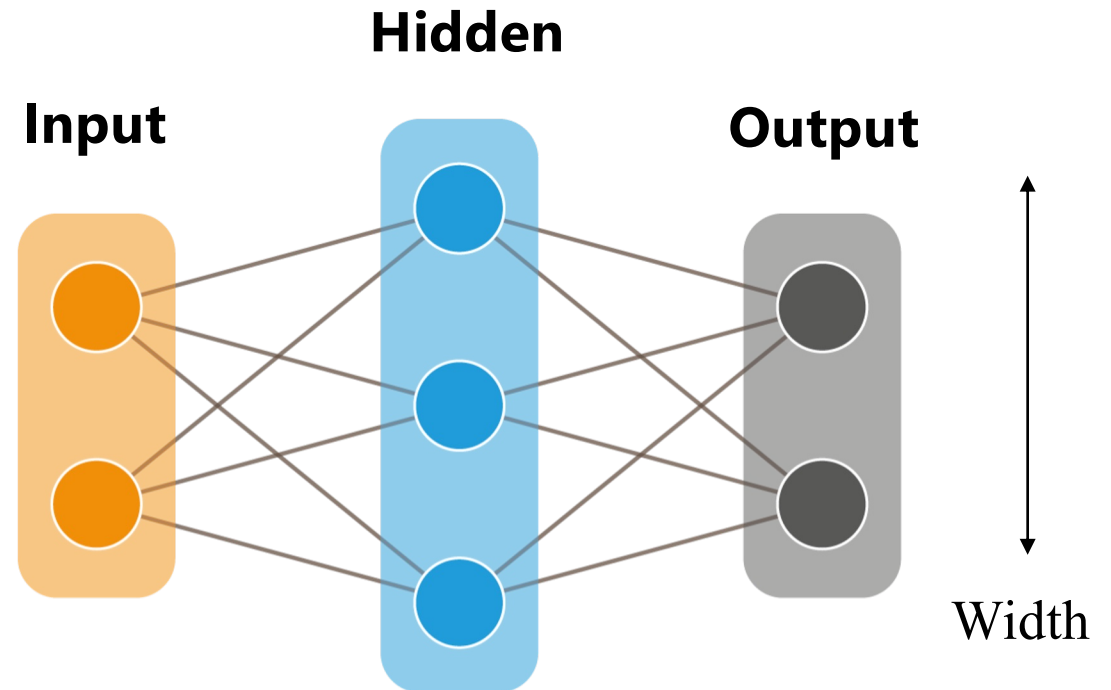
- Stacking of **artificial neurons** to increase the representation capacity

Artificial neuron



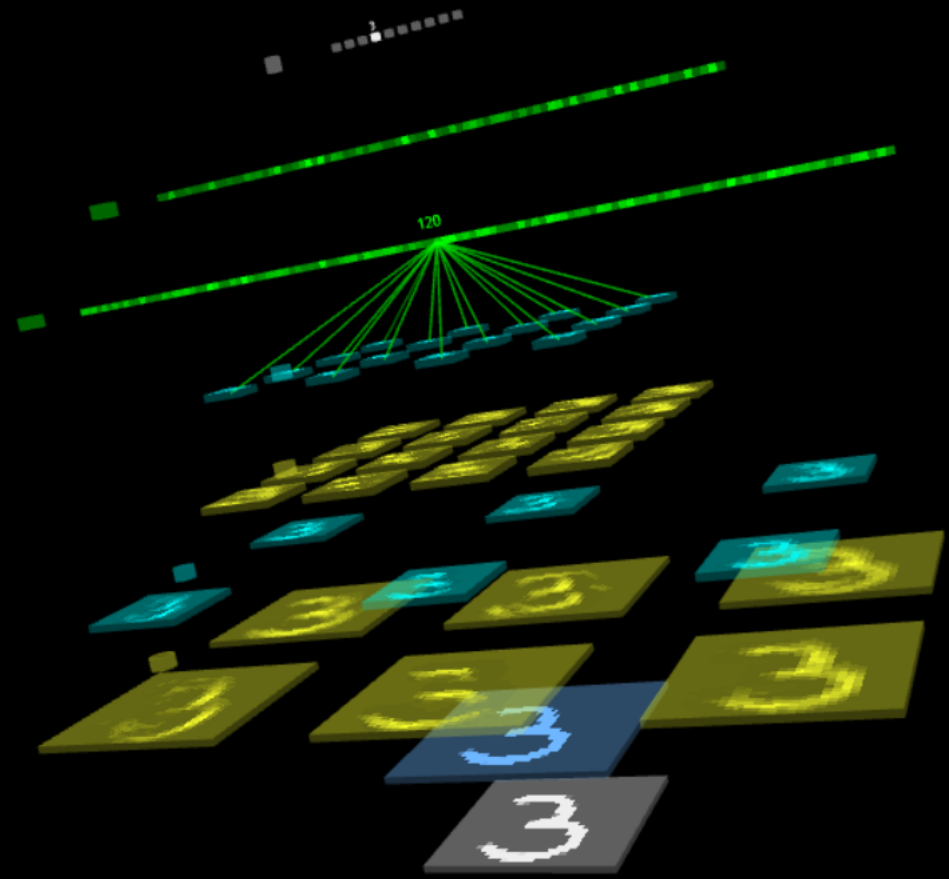
<https://medium.com/swlh/a-study-of-artificial-neural-networks-ann-7e1f72ac891>

Neural network



LeCun, Y., Bottou, L., Bengio, Y., & Haffner, P. (1998). Gradient-based learning applied to document recognition. Proceedings of the IEEE, 86(11), 2278-2324.

40 FPS (0-60)



LeNet

(Model Size: 0.2MB)



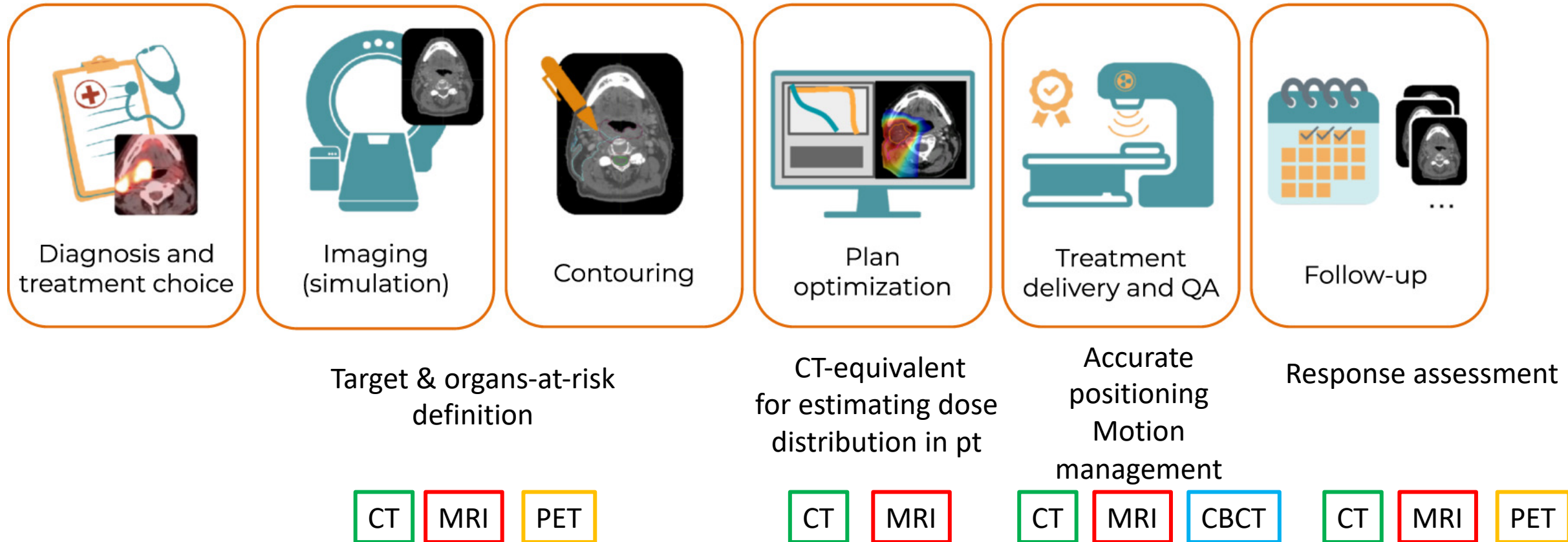
✕ Clear

↺ Reset

LeNet thinks you write a

- 0 1 2 3 4
- 5 6 7 8 9

The role of imaging in IGRT (and MRgRT)



Adapted from [Barragan-Montero PMB 202](#)

CORRECTION

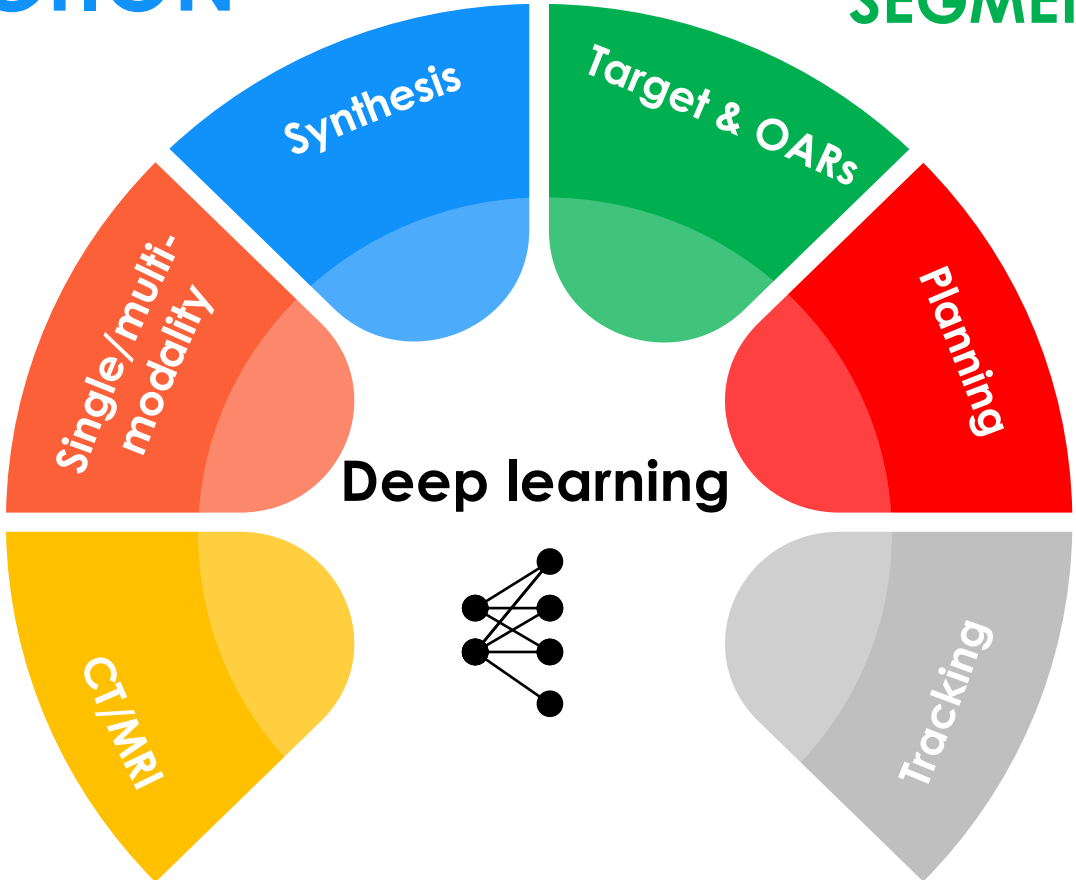
SEGMENTATION

REGISTRATION

DOSE PREDICTION

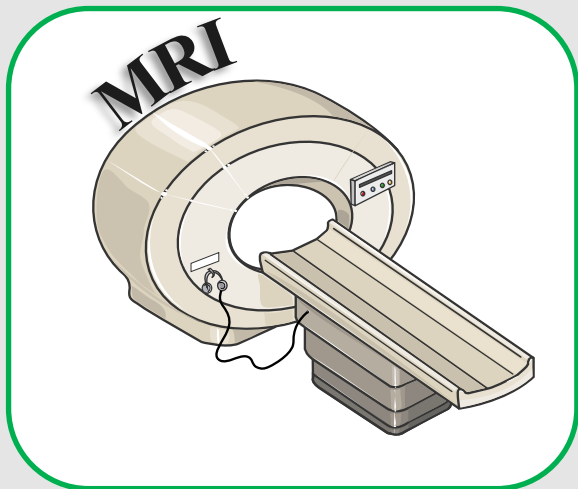
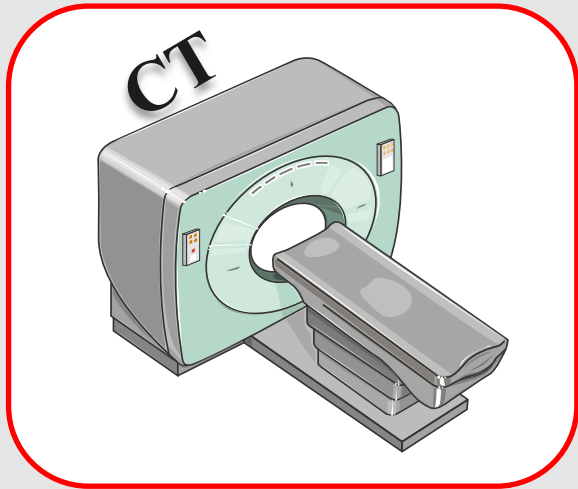
RECONSTRUCTION

TARGETING



A Radiotherapy workflow...

1. Simulation



2. Planning

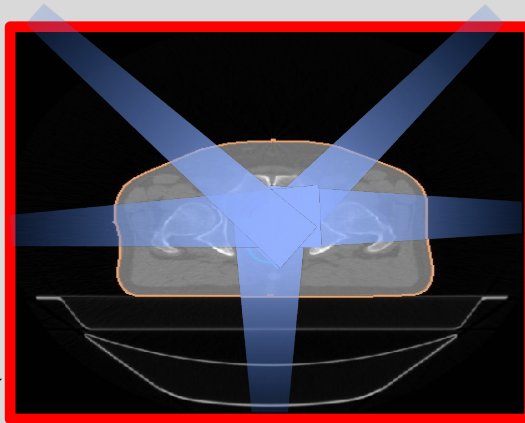
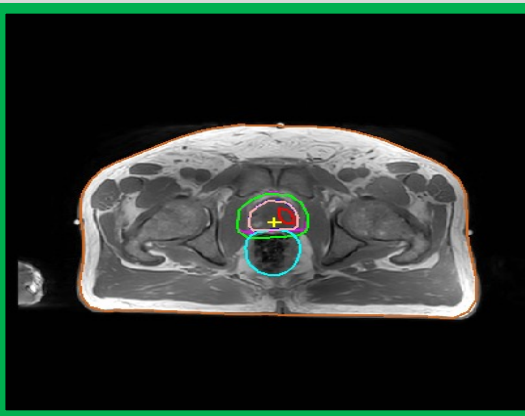


Image fusion

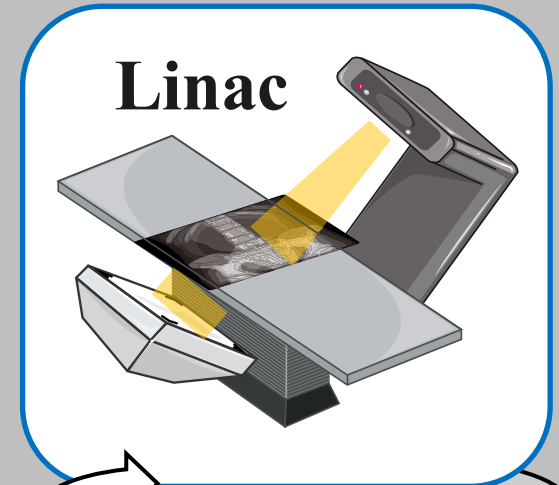
Delineation

Plan & Dose



Reference Images

3. Treatment

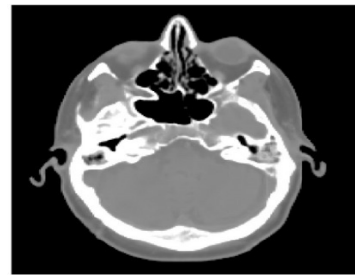
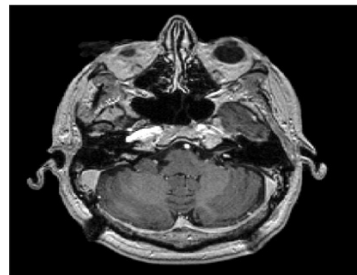
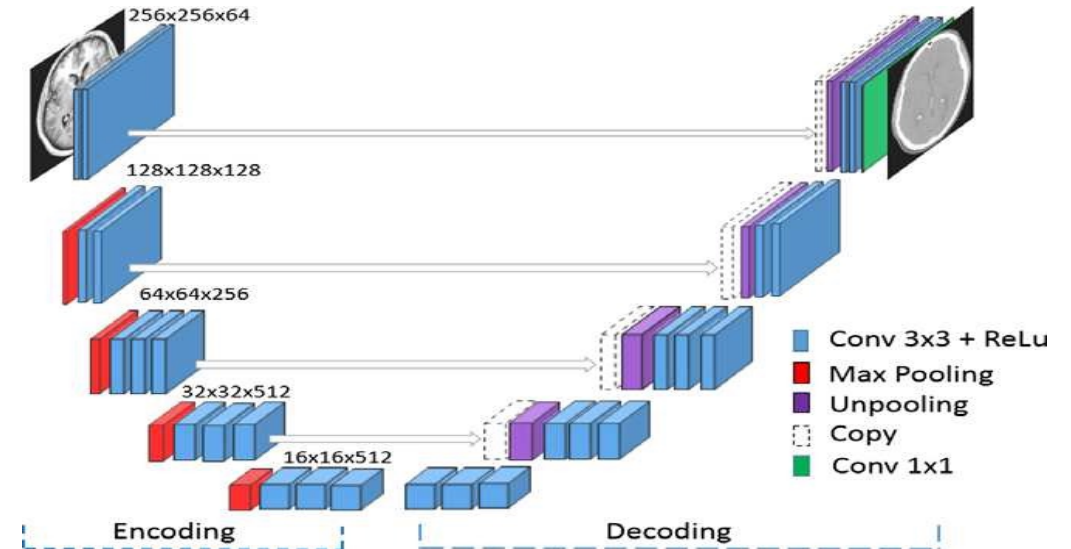


Position Verification

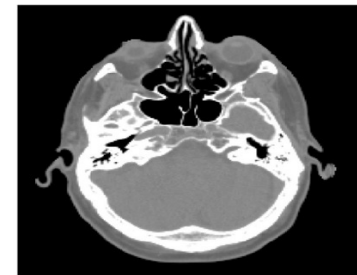
Repeated by the nr of fractions

Brain: first application

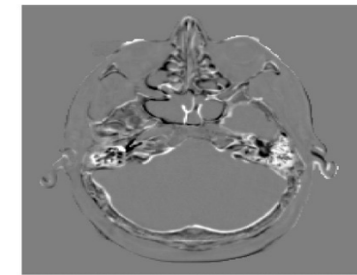
- **Subjects** 18 pts: CT & MR rig reg
- **Methods**
 - 2D U-net
- **Results**
 - MAE 85 ± 17 HU
vs 95 ± 17 HU [atlas]
 - sCT ~ 10 s



sCT

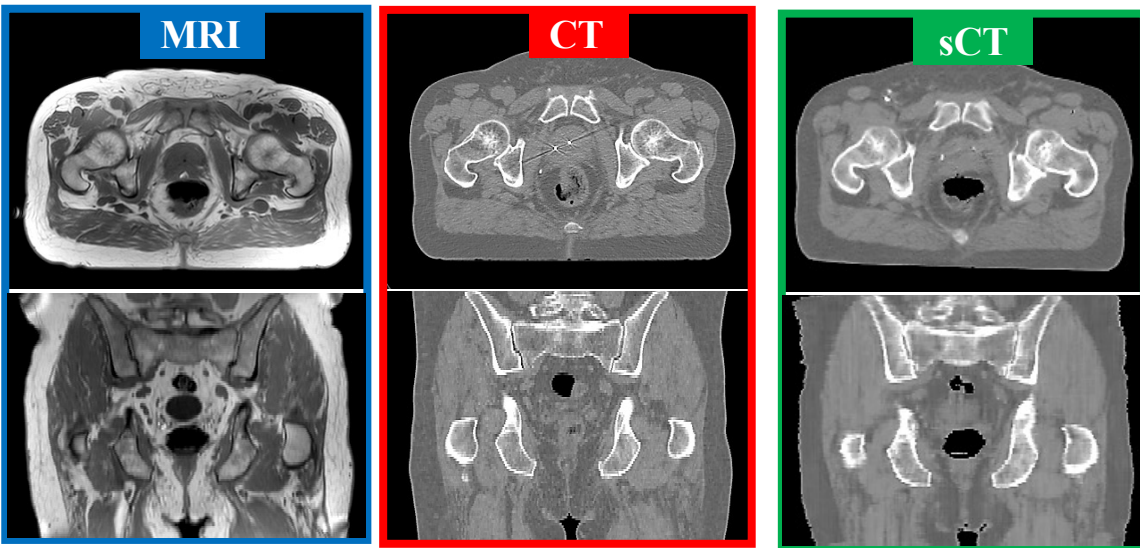


CT

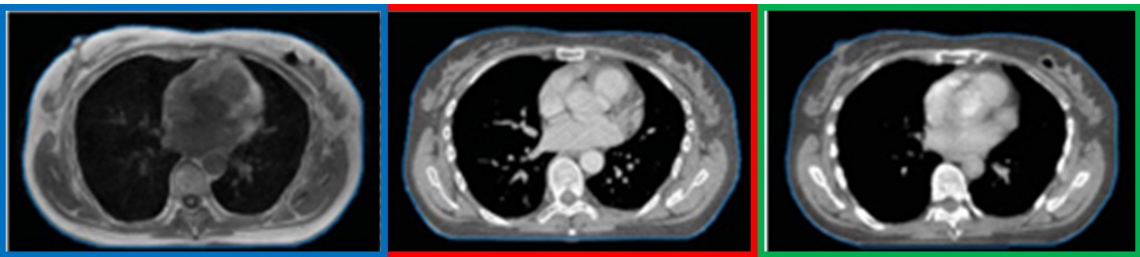


CT-sCT





Maspero et al. 2018, *Phys Med Biol* 63(18):185001



Groot Koerkamp ML et al. *Phys Med Biol*. 2021 Apr 66(85)

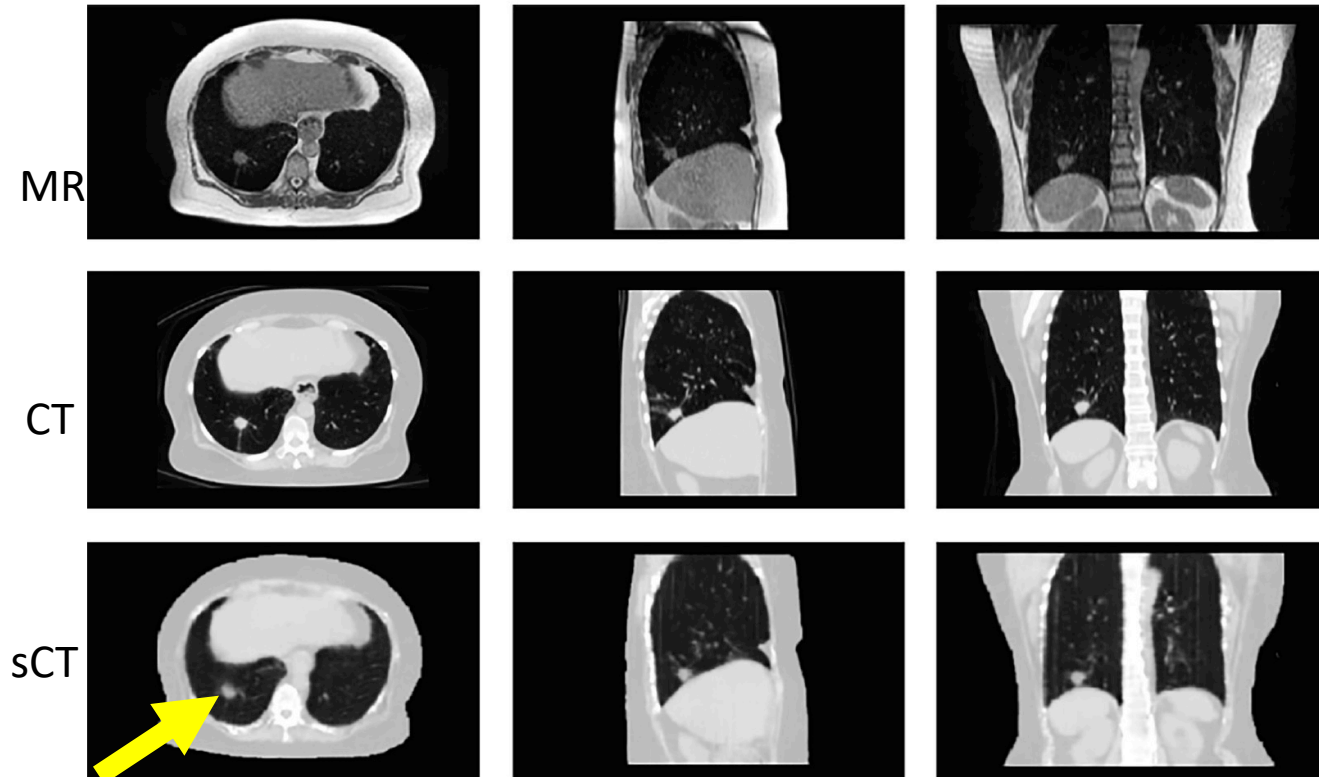
Original Article

A deep learning approach to generate synthetic CT in low field MR-guided radiotherapy for lung cases



Jacopo Lenkowicz^a, Claudio Votta^{a,b,*}, Matteo Nardini^a, Flaviovincenzo Quaranta^b, Francesco Catucci^b, Luca Boldrini^a, Marica Vagni^a, Sebastiano Menna^b, Lorenzo Placidi^a, Angela Romano^a, Giuditta Chiloiro^a, Maria Antonietta Gambacorta^a, Gian Carlo Mattiucci^{b,c}, Luca Indovina^a, Vincenzo Valentini^{a,c}, Davide Cusumano^{a,b}

^aFondazione Policlinico Universitario "Agostino Gemelli" IRCCS, Rome; ^bMater Olbia Hospital, Olbia (SS); and ^cUniversità Cattolica del Sacro Cuore, Rome, Italy

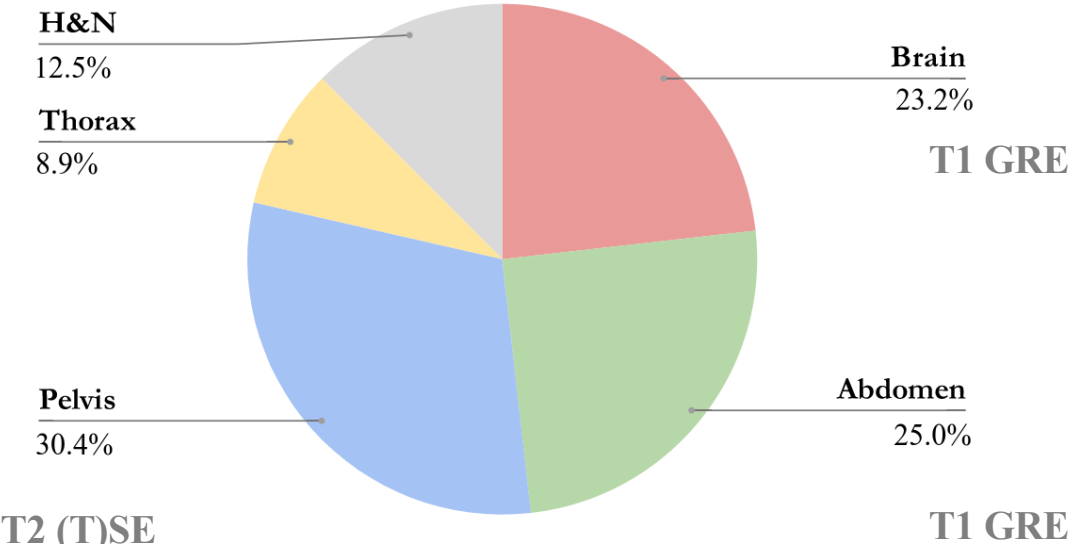


Lenkowicz et al. *R&O* 2022

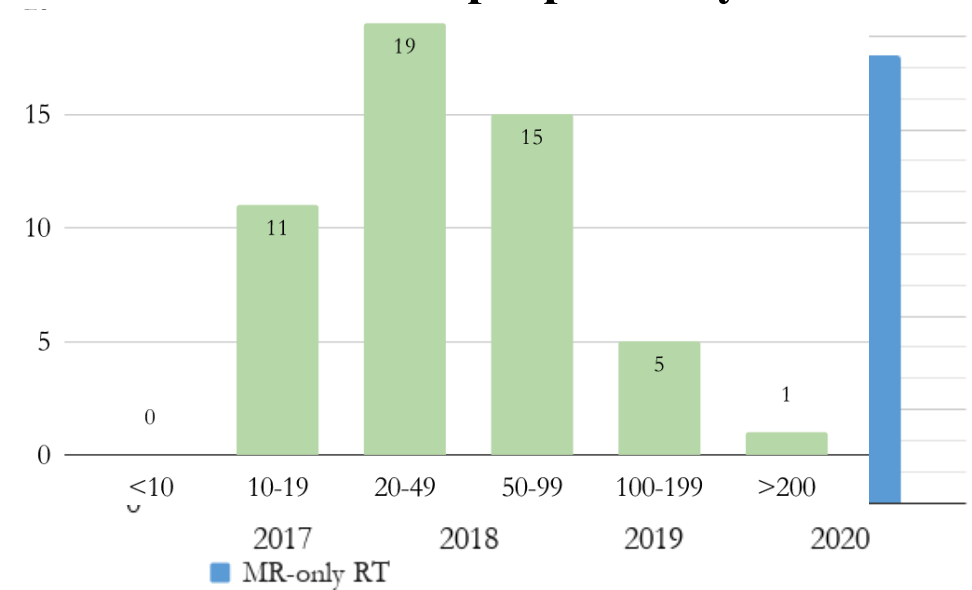
sCT generation with deep-learning

<2021

T1 GRE



Number pts per study



- >50 studies, first multi-centers
- Synthetic CT can be used for dose calculations
- Four commercial products with DL → clinically available and implemented in simulation, still simpler solutions are adopted for MRgRT

[Spadea MF & Maspero M et al. Med Phys 2021](#)

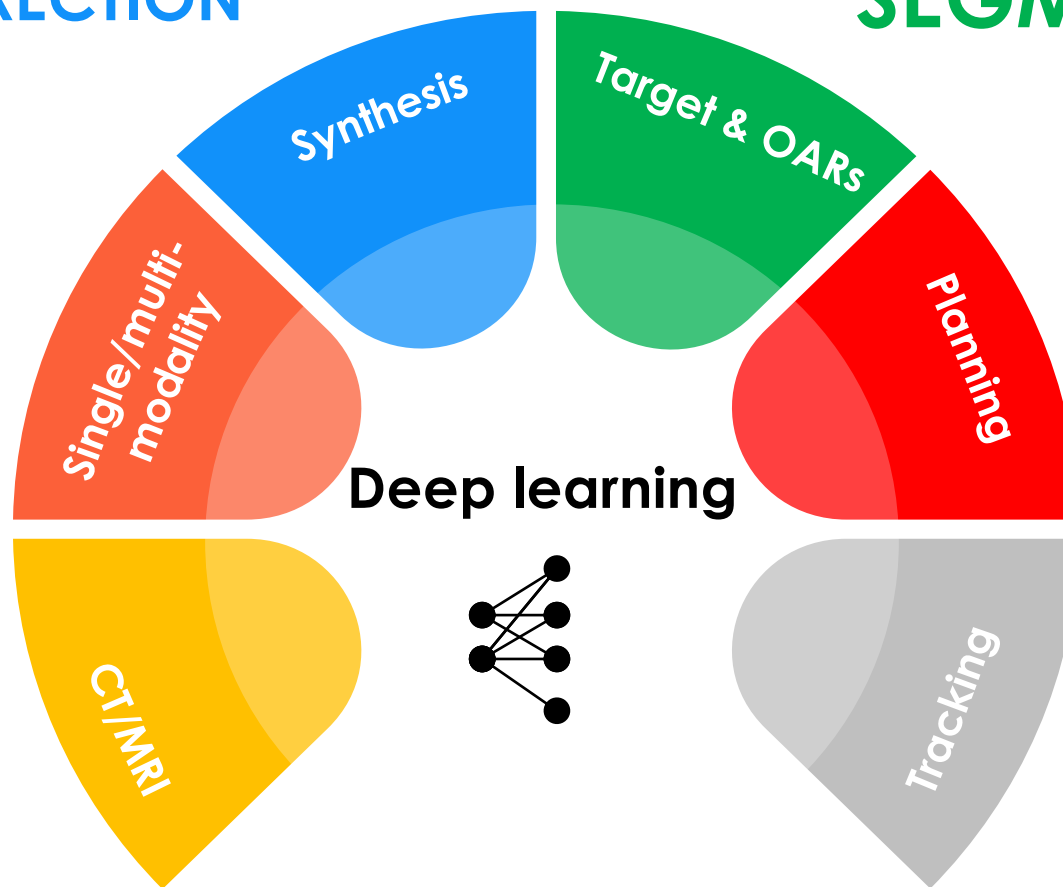
CORRECTION

SEGMENTATION

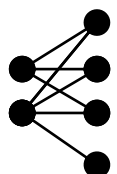
DOSE PREDICTION

REGISTRATION

RECONSTRUCTION



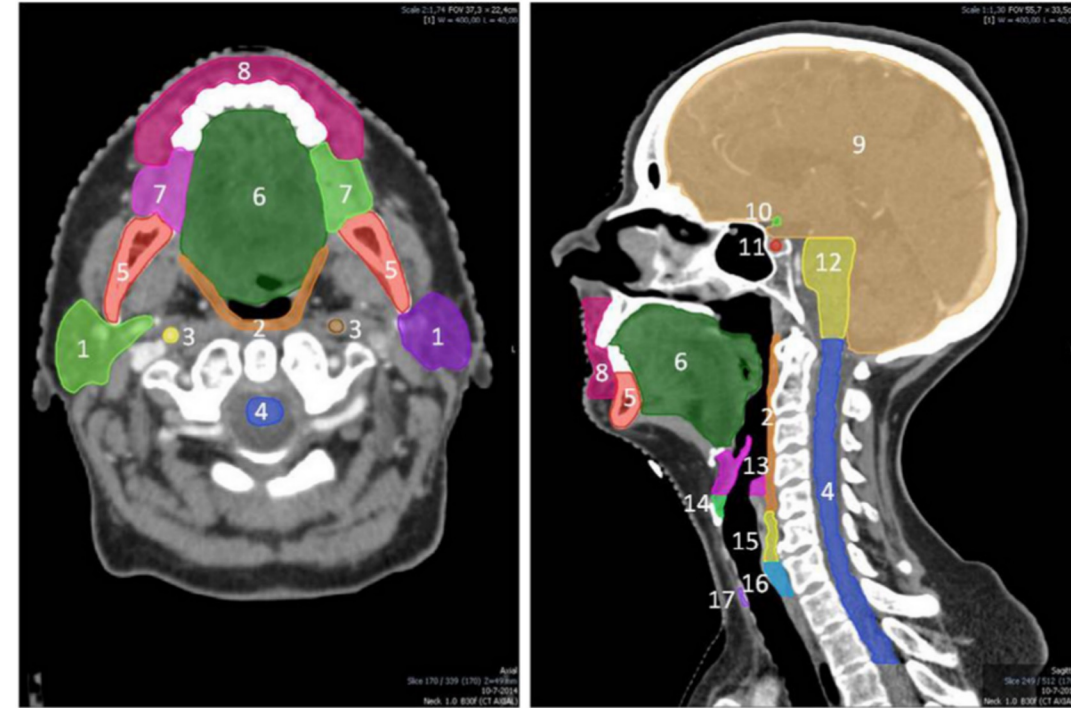
Deep learning



Contouring in RT

Segmenting OARs and targets

- Laborious and time-consuming
- Impacting personnel availability
- Limiting step in adaptive RT



[Brouwer Radiother Oncol 2015](#)

OAR on MRI prostate

Savenije et al. *Radiation Oncology* (2020) 15:104
<https://doi.org/10.1186/s13014-020-01528-0>

Radiation Oncology

First segmentation project 2018...

Motivation
MRI-based software was not available

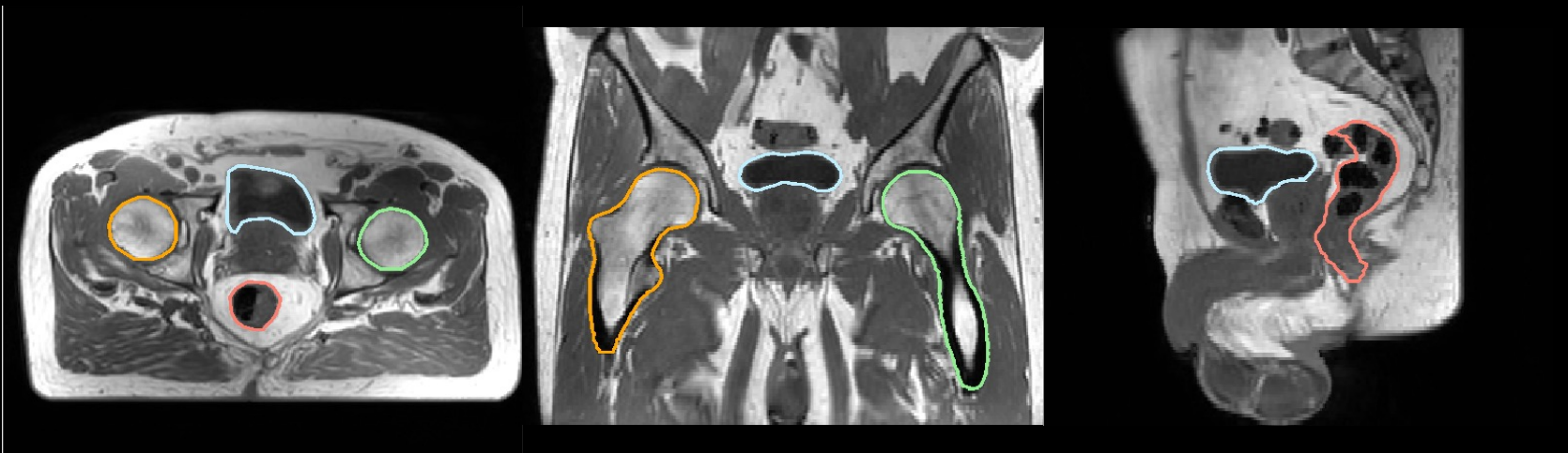
RESEARCH

Open Access

Clinical implementation of MRI-based organs-at-risk auto-segmentation with convolutional networks for prostate radiotherapy



Mark H. F. Savenije^{1,2†}, Matteo Maspero^{1,2*†}, Gonda G. Sikkes¹, Jochem R. N. van der Voort van Zyp¹, Alexis N. T. J. Kotte¹, Gijsbert H. Bol¹ and Cornelis A. T. van den Berg^{1,2}



Prostate_{MRI}

Bladder

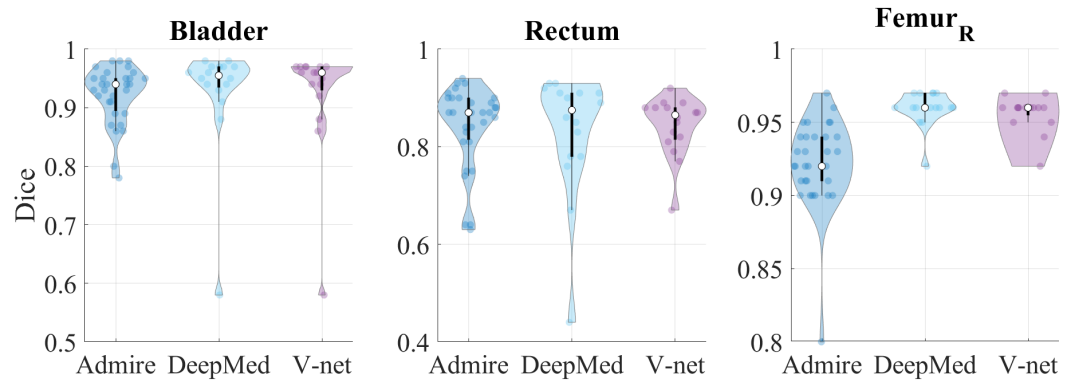
Rectum

Femur_{R/L}

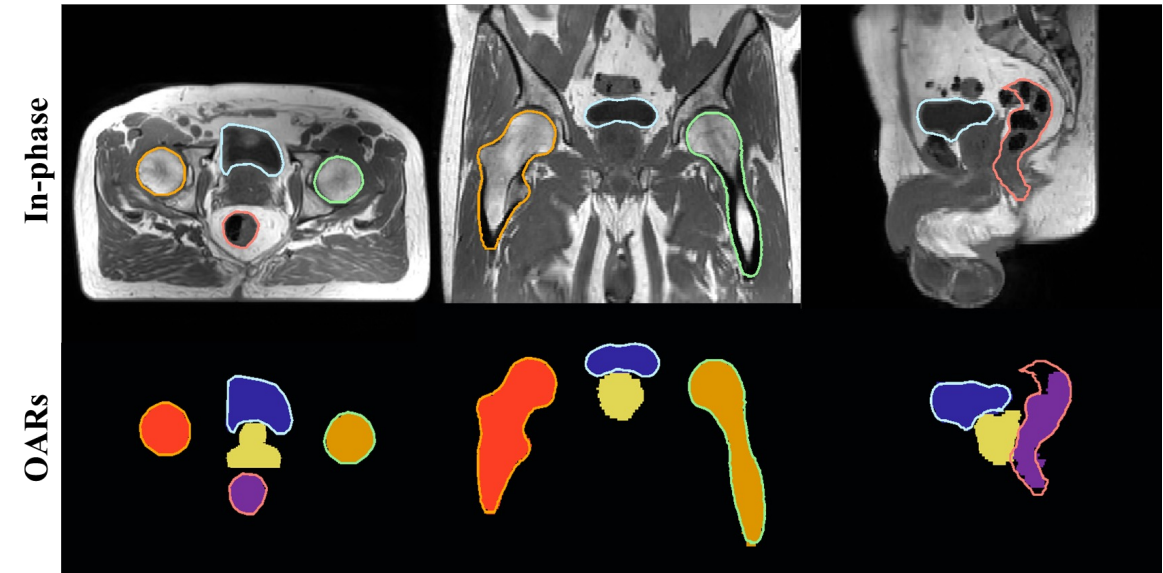
Prostate

[Savenije M & Maspero M Radiat Oncol 2020](#)

Results: quantitative comparison



**DL outperformed
atlas-based solutions**



	Bladder	Rectum	Fem _L	Fem _R	CTV
DeepMedic					/
Clinical					

[Savenije M & Maspero M Radiat Oncol 2020](#)

Overview company with DL-based segmentation

CARINA



 **Limbus AI**



visions. innovations. solutions.



MIRADA
The Imaging Software People

MVISION
- AI for Precision Radiotherapy -

PHILIPS

RAD formation

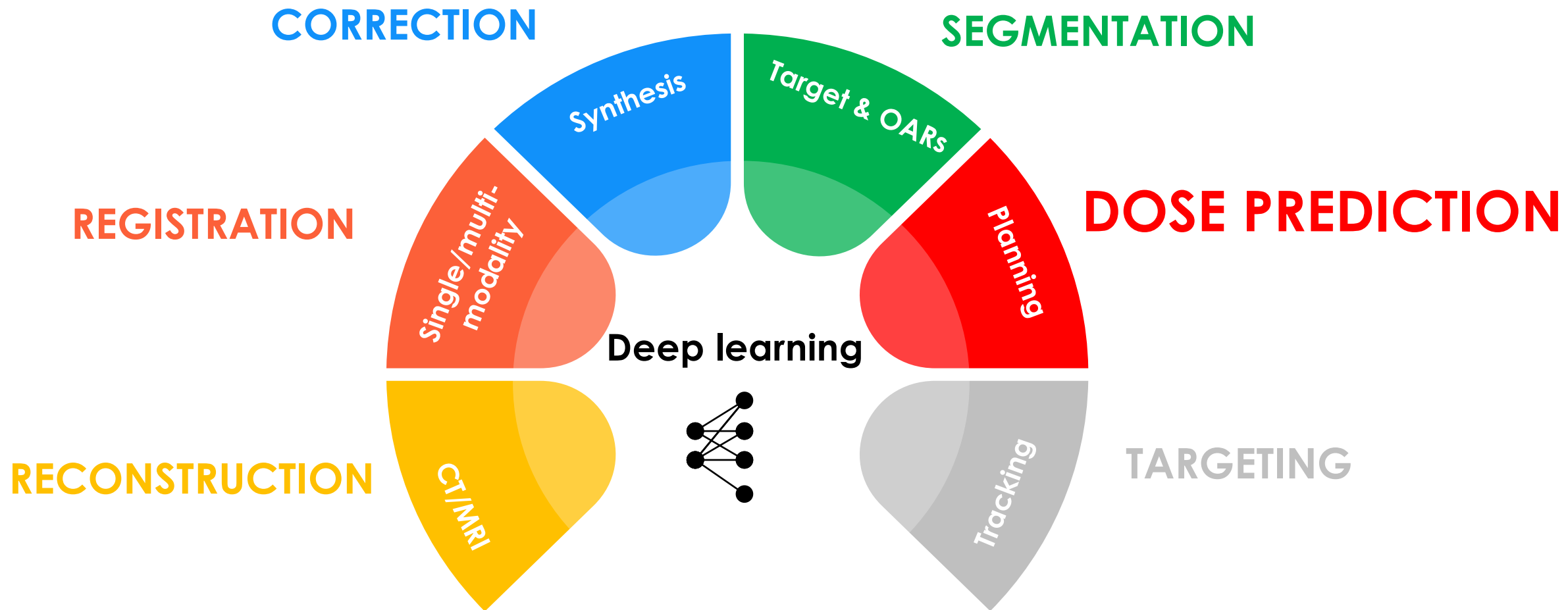
RaySearch
Laboratories 

SIEMENS
Healthineers 

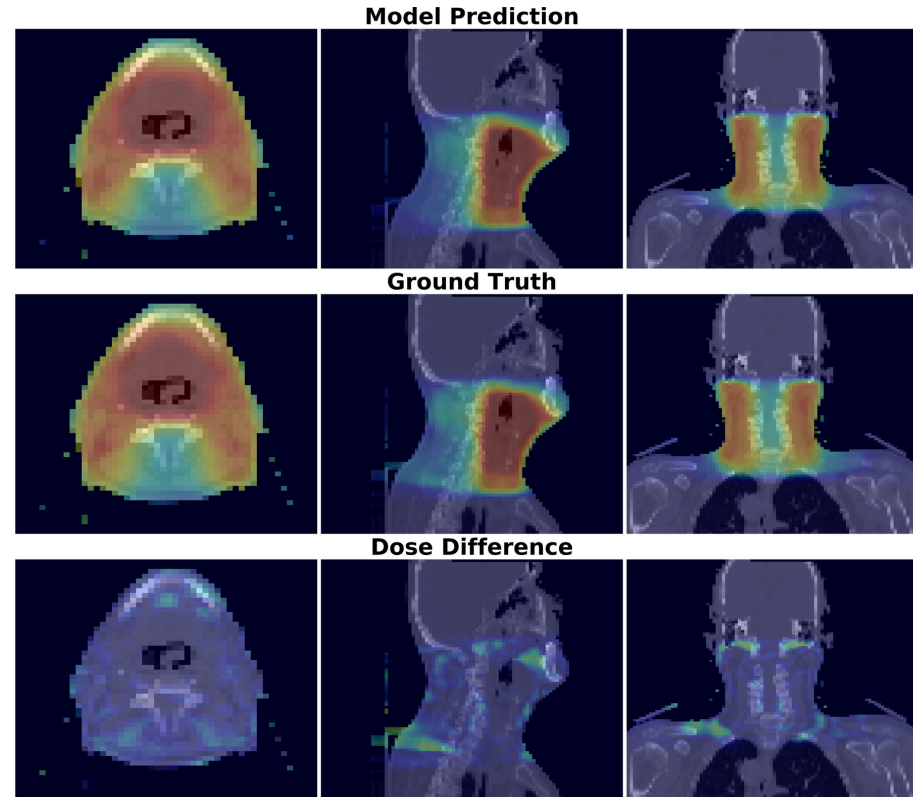
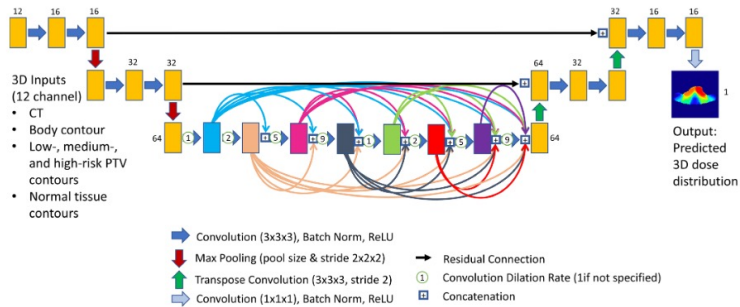
SPECTRONIC
MEDICAL

 **SYNAPTIQ**
COLLECTIVE INTELLIGENCE


THERAPANACEA
Reinventing cancer care through AI



DL used for dose prediction



Dr. Nuria Jornet
OMICS & AI in H&N
cancer

Medical Physics, Volume: 48, Issue: 9, Pages: 5567-5573, First published: 22 June 2021, DOI: (10.1002/mp.14827)


The online RT workflow



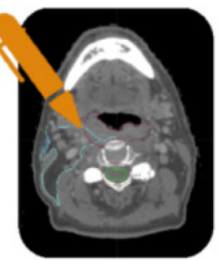
With the patient on the table



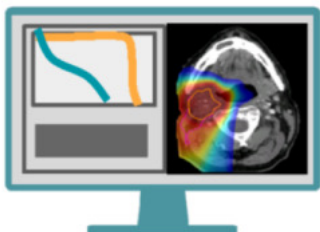
Diagnosis and treatment choice




Imaging (simulation)




Contouring



Plan optimization



Treatment delivery and QA



Follow-up

Current fraction = 40-55 min*
Desired = < 15 min → in-line with standard RT

Adapted from [Barragan-Montero PMB 2022](#)

*Gungor Prat radiat Oncol 2021

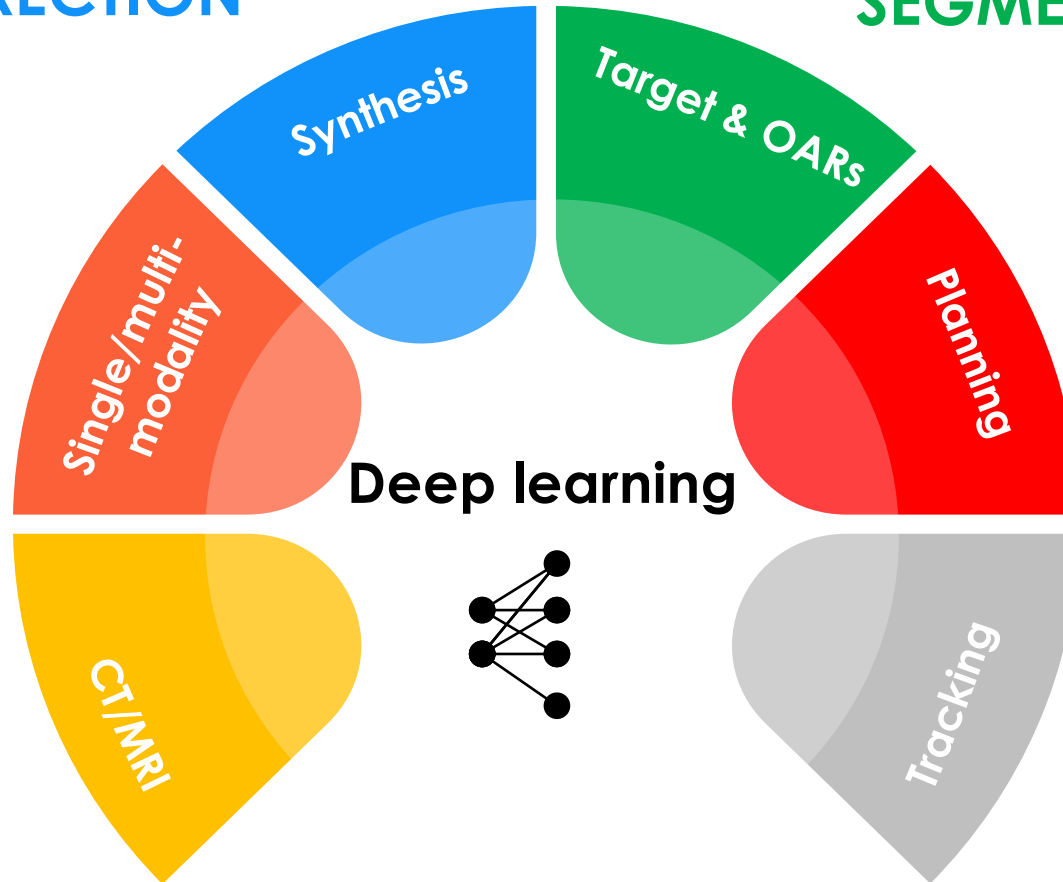
CORRECTION

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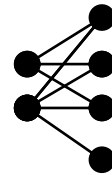
DOSE PREDICTION

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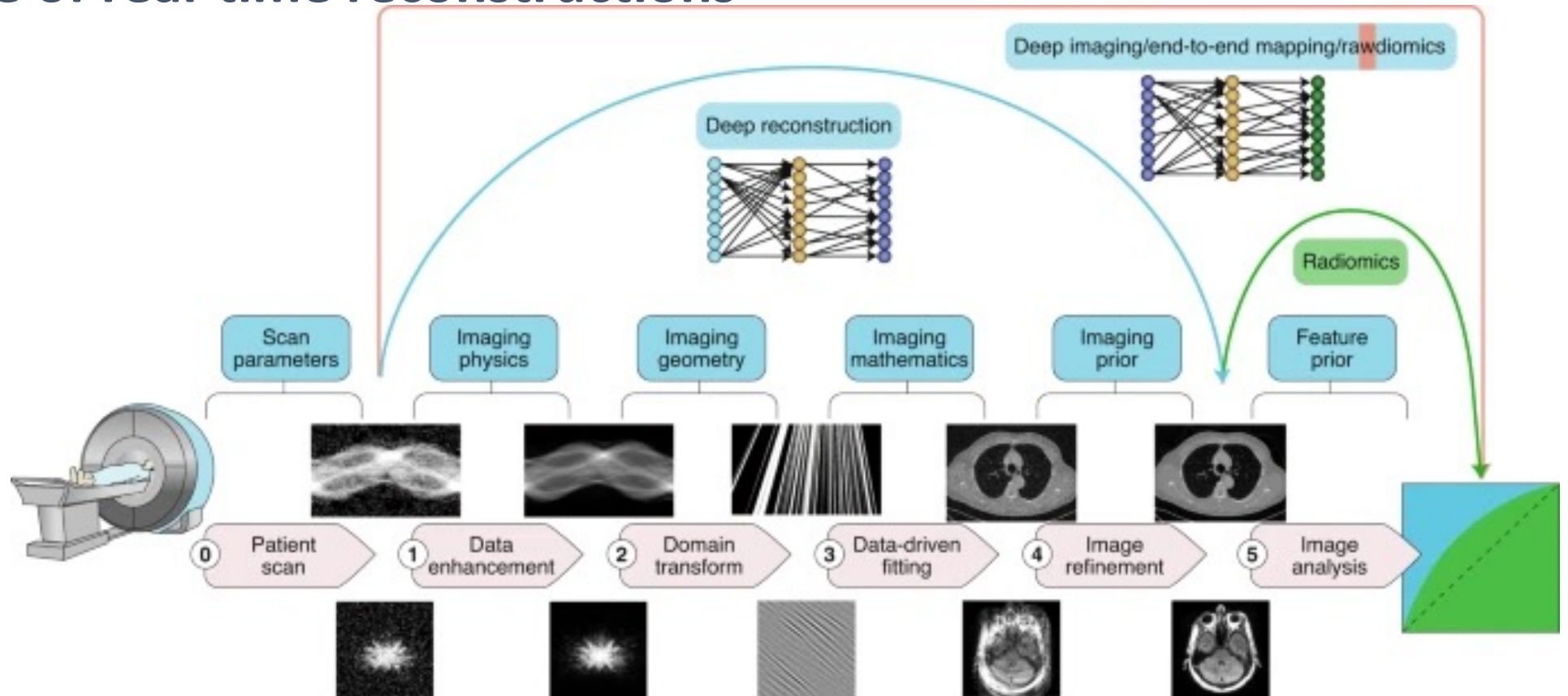
Deep learning

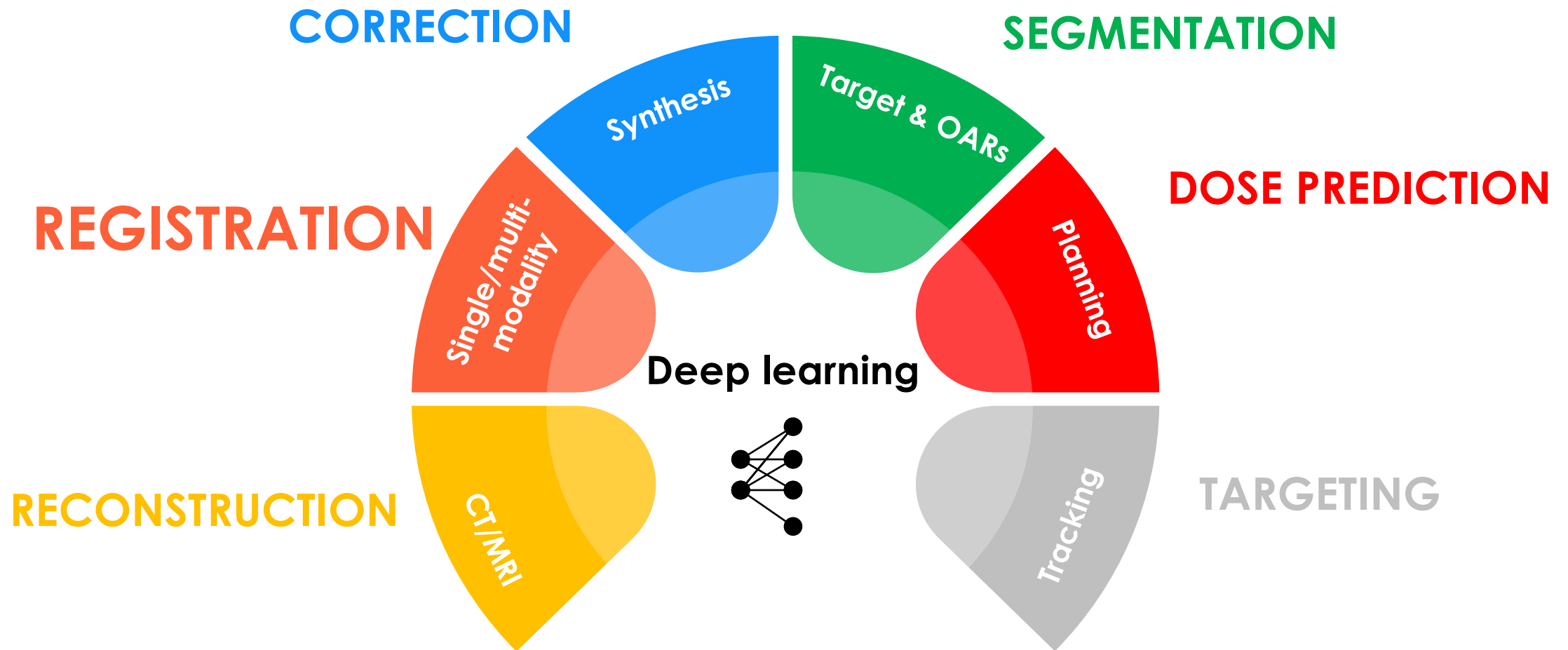


TARGETING

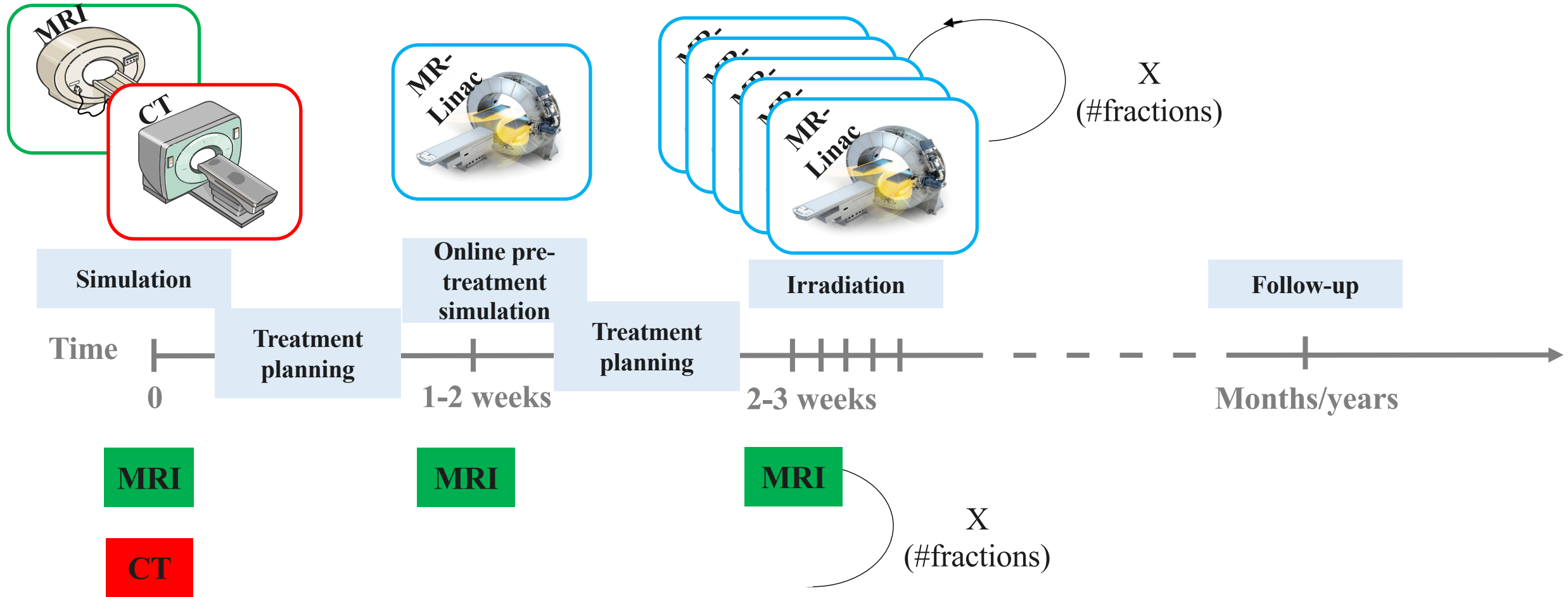
Increasing image quality with DL reconstruction

- DL as a way to incorporate priors
- Capable of real-time reconstructions



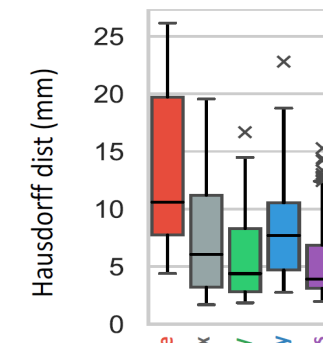
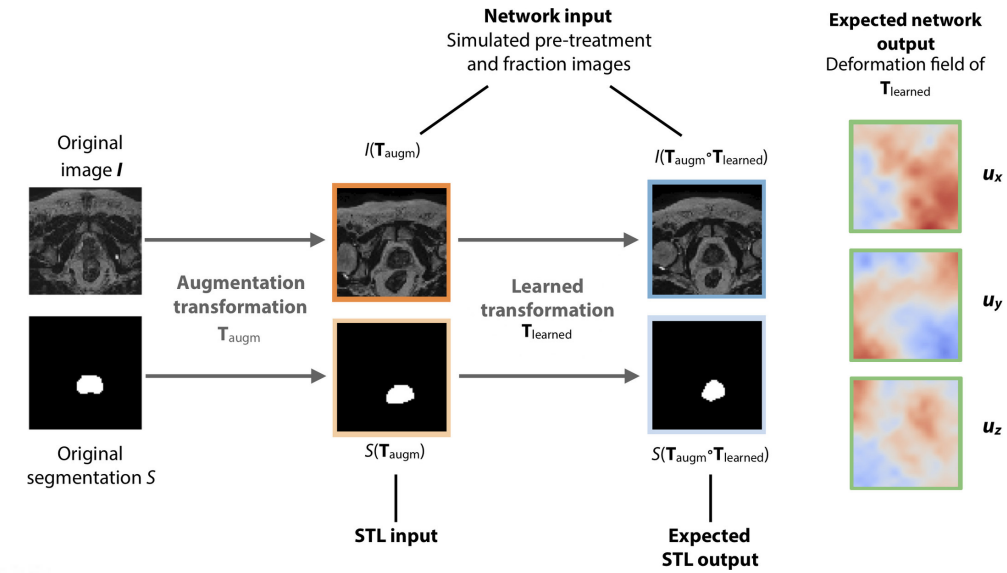
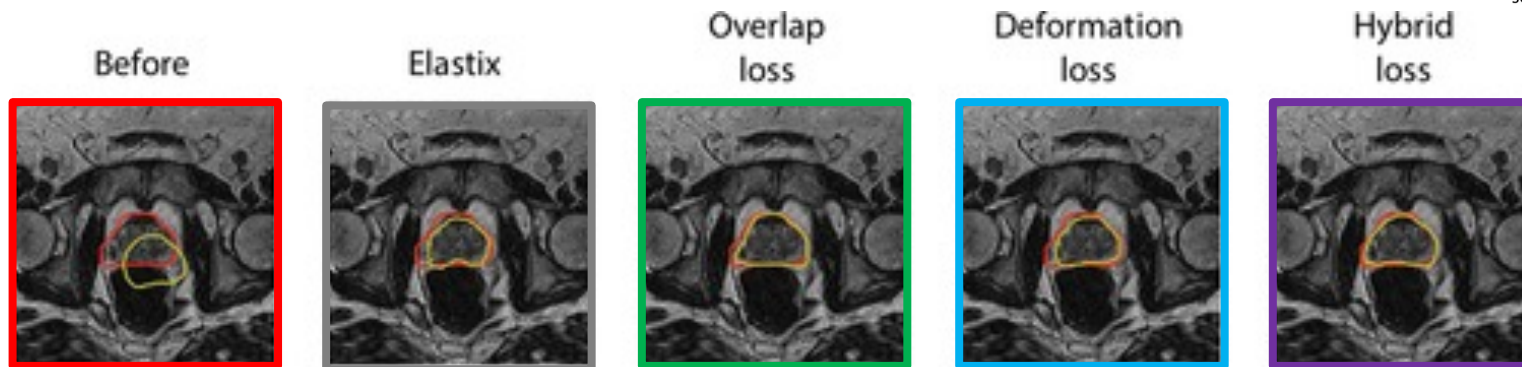


Contour propagation for Online adaptive RT

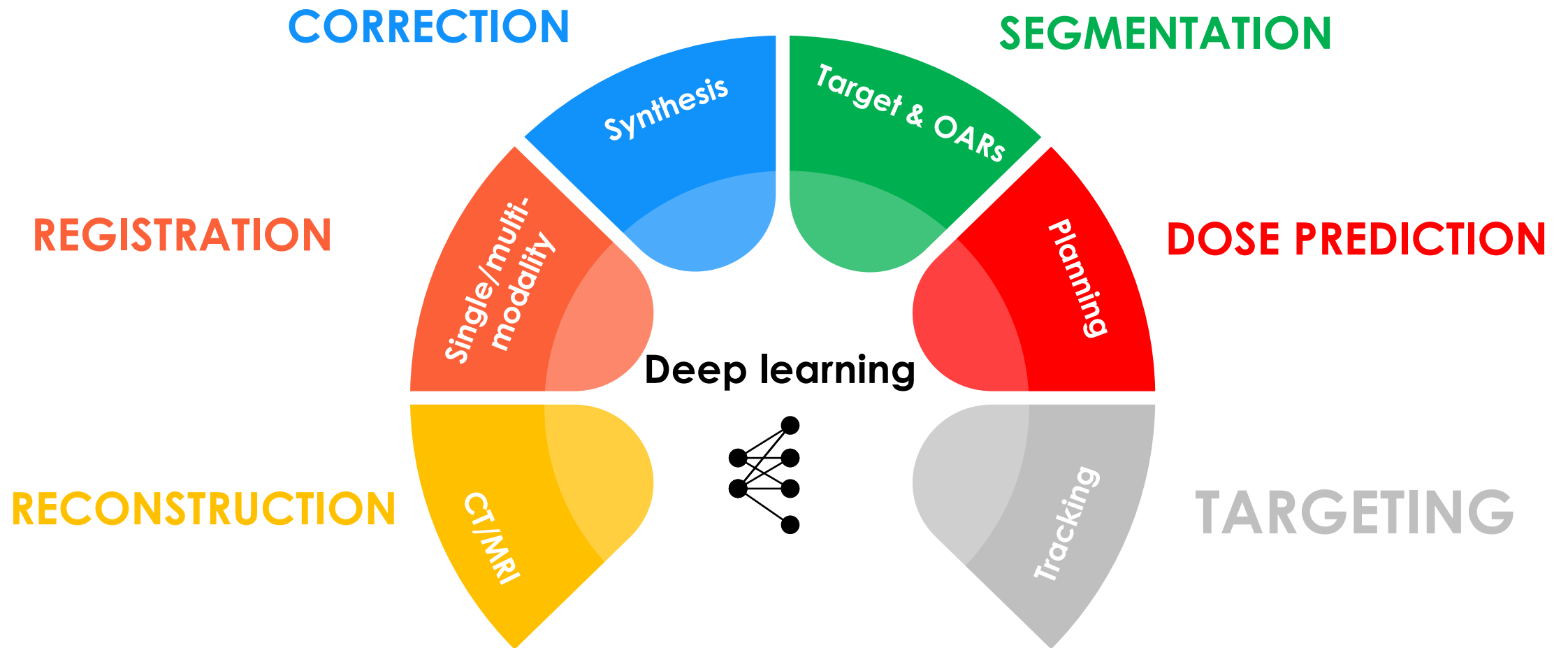


Contour propagation for MRgRT prostate

- Registration from pre-treatment to daily fraction for the target
- Comparison of weakly vs strongly supervised or **Hybrid**
- Deep learning outperforming classical registration

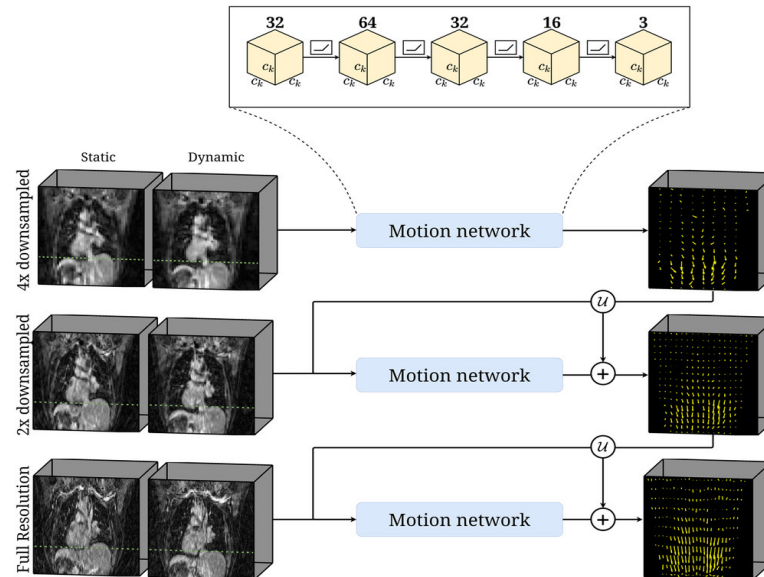


Eppenhof K et al. Med Phys 2020

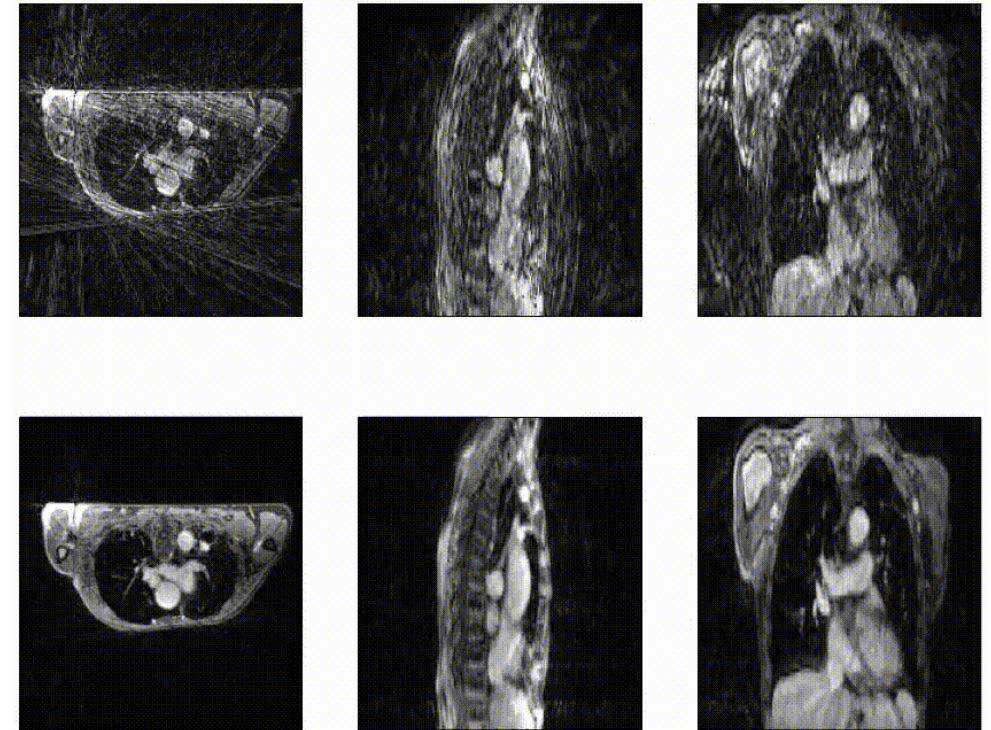


Real time 3D motion estimation

- Undersample 4D MRI
- Multi-resolution approach
 - registration = 30 ms in 3D
 - manage to deal with artifacts
 - 1.5 mm mean error



DL-based
Classical on fully sampled



Conclusions

- DL applications have found solid ground in Radiation Oncology workflows
 - Image segmentation
 - Image synthesis
 - Dose prediction
 - Image reconstruction
 - Deformable image registration

- Training is slow (need lots of data for each task)
- Inference is *fast*

- Increase use of DL in online adaptive workflows

Acknowledgments: Matteo Maspero