

# Sparse patch-based method applied to MRI-only Radiotherapy Planning

S. Aouadi, A. Vasic, S. Paloor, R. W. Hammoud, T. Torfeh, P. Petric, N. Al-Hammadi

Department of Radiation Oncology, NCCCR, Hamad Medical Corporation, Doha, Qatar



## INTRODUCTION/PURPOSE

- Replacing CT/MRI in radiotherapy chain with MRI-only will:
  - Reduce imprecise target positioning due to CT/MRI fusion;
  - Decrease the workload and associated cost ;
  - Avoid, for the patient, the dose of ionizing radiation due to CT.

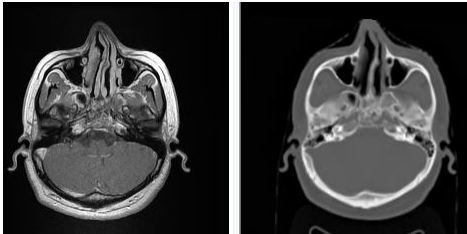


Fig1. MRI and CT slices at the same position



Generate synthetic-CT (sCT) from MRI sequences using “Sparse Patch-Based Method”;



Assess sCT for MRI-only radiation therapy planning and verification.

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## METHODS

### □ Dataset Description

- Retrospective study on 12 patients with brain cancer;
- Use of co-registered CT and contrast-enhanced T1-weighted MRI (1.5T GE MRI-simulator, 3D fast spoiled gradient pulse sequence, TR = 8.464ms, TE= 3.248ms);
- Resampling of the scans to  $1 \times 1 \times 3 \text{mm}^3$ ;
- Exclusion of background from MRI [1] ;
- Mapping of database and target MRI histograms [2].

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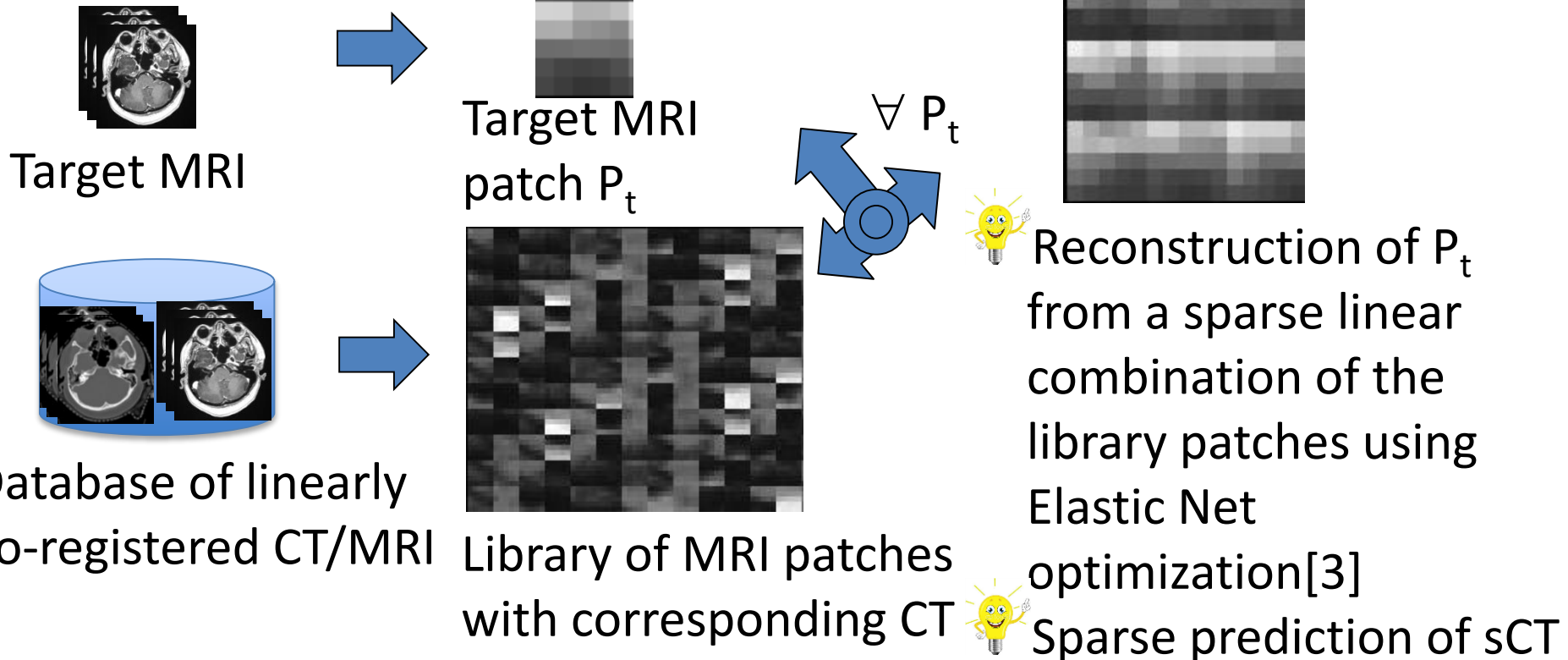
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## METHODS

### □ Sparse Patch-Based Method - SPBM



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## METHODS

### □ Geometric Evaluation Measures

- Mean Absolute Error (MAE) between CT and sCT voxels intensities within head region;
- Dice(DI) for automatically segmented bones.

### □ Radiological Evaluation Measures

- MAE of Water Equivalent Path Length ( $MAE_{WEPL}$ ) computed for multiple spokes starting from the center of the head towards the upper hemisphere.

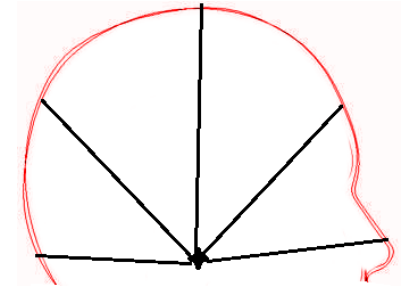


Fig2. WEPL was computed for 1860 spokes towards the upper skull

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## METHODS

### □ Dosimetric Evaluation

- Creation of two types of PTV in sCT/CT:
  - PTV1 : heterogeneous region;
  - PTV2 : homogenous region;
- Delineation of OARs in sCT/CT;
- Generation of VMAT plans (6MV, 2Gy in 30 fractions) on sCT and copying them to real CT for comparison;
- Dose calculation with AAA in Eclipse<sup>TM</sup>;
- Computation of Percentage of DVH Metrics Deviations (PDMD) (ICRU Report No. 83, QUANTEC Guidelines).

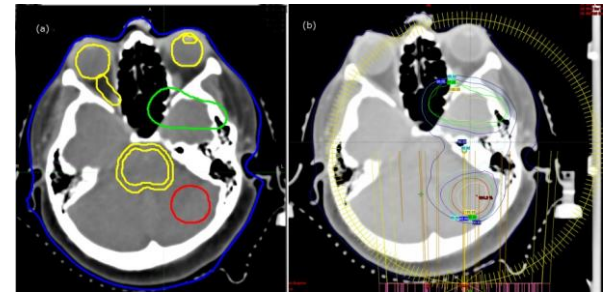


Fig3. (a) contours for PTV1 (green), PTV2 (red) and OARs (yellow) on a real CT transverse slice. (b) Isodoses and VMAT arcs for the same slice.

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## RESULTS

□ Good visual agreement for sCT/CT and sCT-DRR/CT-DRR pairs:

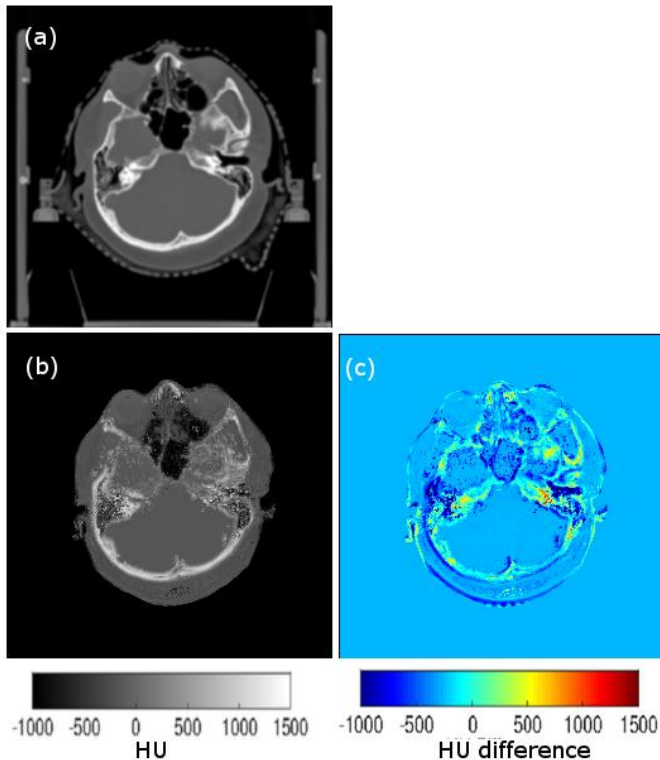


Fig4. (a) Transverse slices of CT, (b) pCT (c) image difference pCT-CT

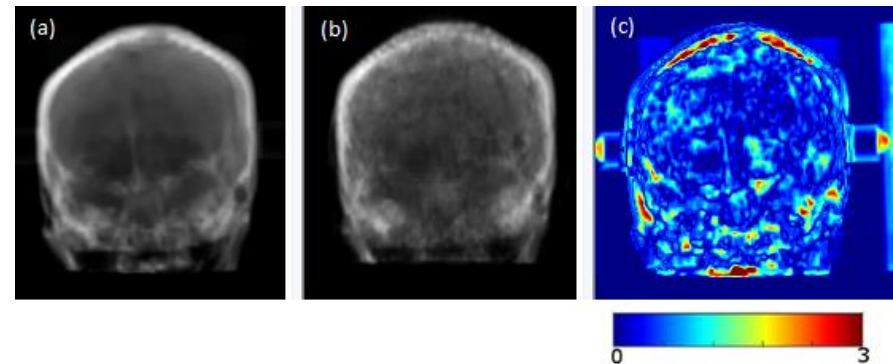


Fig5. (a) Anterior-Posterior DRRs from CT, (b) from sCT, (c)  $\gamma$  (DTA = 2mm,  $\Delta I = 5\%$ ) map with reference CT-based DRR

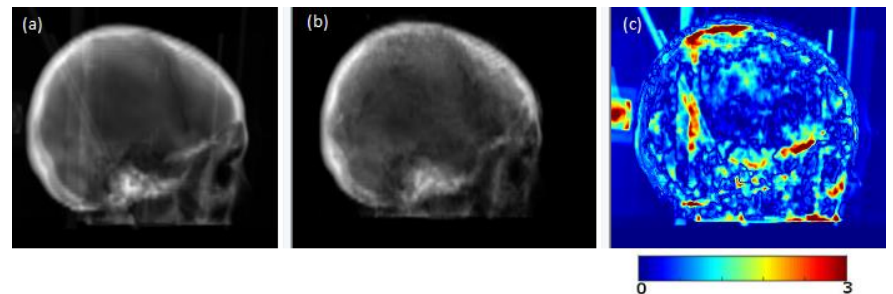


Fig6. (a) Lateral DRRs from CT, (b) from sCT, (c)  $\gamma$  (DTA = 2mm,  $\Delta I = 5\%$ ) map with reference CT-based DRR

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## RESULTS

□ The mean and standard deviations over 12 patients of MAE,  $MAE_{WEPL}$ ,  $DI_{Bone}$  for SPBM were :

|             | MAE [HU]           | $MAE_{WEPL}$ [mm] | $DI_{bone}$     |
|-------------|--------------------|-------------------|-----------------|
| <b>SPBM</b> | $126.43 \pm 13.37$ | $2.08 \pm 0.41$   | $0.75 \pm 0.02$ |

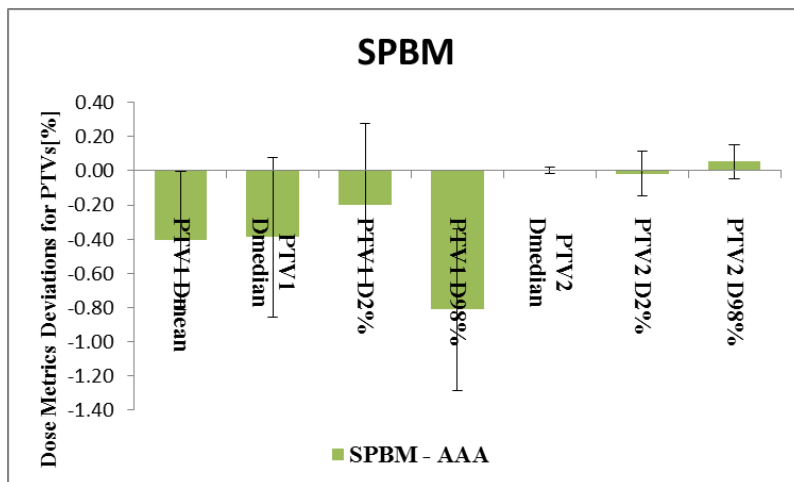


Fig7. Dose metric deviations, for PTVs, using AAA dose calculation. Means and STD are shown for 12 patients.

- Using SPBM, the highest PDMD was:
- $D_{98\%} = -0.81 \pm 0.47$  for PTV1;
  - $D_{98\%} = 0.05 \pm 0.1$  for PTV2.

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## RESULTS

Using SPBM, absolute average PDMD were  $<0.4\%$  for OARs;



Good agreement with conventional planning techniques was obtained;



Synthetic CT, generated by SPBM, could be suitable for MRI-only RT planning.

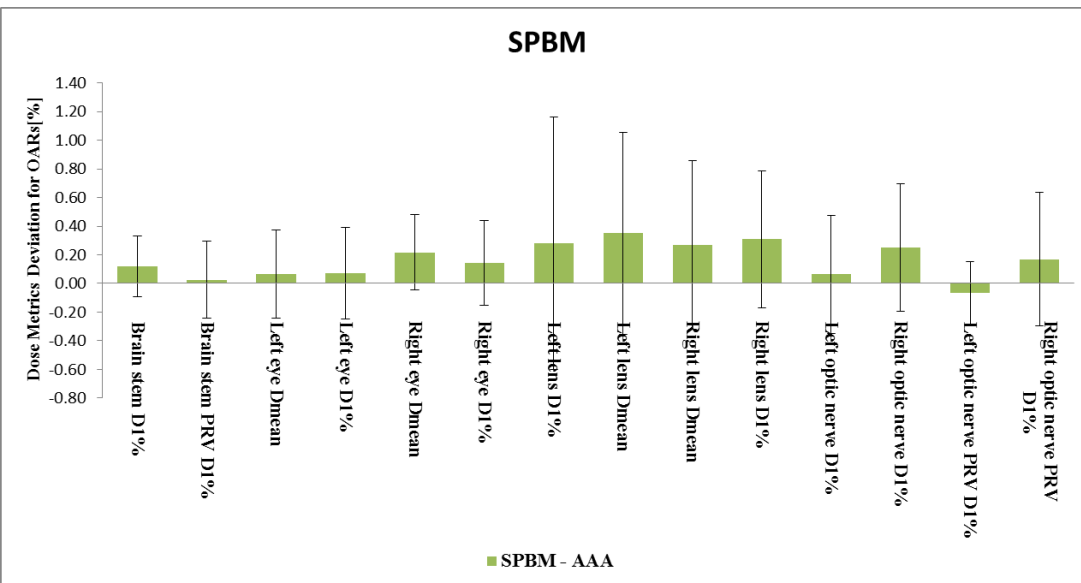


Fig8. Dose metric deviations, for OARs, using AAA dose calculation. Means and STD are shown for 12 patients.



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## CONCLUSION

- ❑ We presented novel patch-based approach to create synthetic-CT from standard contrast enhanced T1-weighted MRI;
- ❑ The generated synthetic-CT could be suitable for radiotherapy planning and verification in the brain;
- ❑ In the future, we will investigate sparse method for PET/MR attenuation correction application.

## REFERENCES

1. P. A. Yushkevich, J. Piven, H. C. Hazlett, R. G. Smith, S. Ho, J. C. Gee and G. Gerig, "User-guided 3D active contour segmentation of anatomical structures: Significantly improved efficiency and reliability," *Neuroimage*, 31(3):1116-28, 2006.
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