

Hands-on treatment planning with matRad Particle Therapy MasterClass PTMC Andrea Vargas CTU in Prague

13.03.2025





Agenda

- Introduction
- 1st Exercise-TG119 phantom
- 2nd Exercise-Carbon ion TP for a liver patient
- 3rd Exercise-Head and Neck phantom
- Conclusions

2-3 slides should be prepared for at least 2 students to present the results



INTRODUCTION

matRad is an open-source software for radiation treatment planning of intensitymodulated photon, proton, and carbon ion therapy.

matRad was developed for educational and research purposes and it is entirely written in MATLAB.



https://github.com/e0404/matRad/releases/tag/v3.1.0



	matRad (NOT FOR CLINICAL USE!) Workflow panel C	– 0 X
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	Status: ready for dose calculation	Viewing panel Data Info: axial plane z = 14.5 [mm] min value: -1024
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selection	Radiation mode protons Dose Engine Run Direct Aperture Optimization Machine Generic HongPB Biological model: none IsoCenter in [mm] -62.2 -61.1 13.4 ✓ Auto. Scenario Selection: nomSc ✓ # Fractions 30 Dose Grid Resolution: use CT grid Optimized quantity physicalDose Set Tissue α/β 5 5 [mm]	-211 -139 -139 -139 -1000
	Objectives & constraints +/- VOI name VOI type OP Robustness Function p Parameters - Skin OAR 2 none Squared Overdosing 300 d ^{max} : 25 - PTV TARGET 1 none Squared Deviation 1000 d ^{max} : 45 + GTV V V Y	-67 270° 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
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	Recenter Visualize plan/beams	About



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Workflow Refresh	Load *.mat data	Calc. Dose Influence	Optimize	Save/Keep Result
	Load DICOM		Recalculate Dose	Export Binary
	Import from Binary		Import Dose	Export Dicom
	Status:	ready for dose		

In this panel you can open the previously charged data, with Load
*mat data button. It will also charge information about the target
tissue and the surrounding healthy organs.

bixel width in [mm] 3D conformal Run Sequencing Gantry Angle in 7 Couch Angle in siochi Radiation Mode Dose Engine Run Direct Aperture Optimization protons Machine **Biological model** none IsoCenter in Imm -62.2 -61.1 13.4 Scenario Selection nom Sc... # Fractions **Dose Grid Resolut** 30 use CT grid Optimized quant physicalDos

Objectives & constraints +/ VOI name VOI type OP Robustness Function p | Parameters Skin OAR 2 none Squared Overdosing 300 | d^{max}: 25 PTV TARGET 1 none Squared Deviation 1000 | d^{max}: 45 + GTV V V V V V V

Plan selection

Here you can change the <u>gantry angles</u>, and the <u>couch angles</u> will automatically set. Also, you can find the <u>radiation mode</u> button where you can select the particle beam for the therapy treatment. The <u>isocenter</u> that was verified, and number of fractions that are prescribed by the radiation oncologist.

Objectives and constraints panel

In this panel you will see (after you insert the data) the organs of interest (target), as well as the organs at risk that are about to be irradiated, and we want to avoid obtaining more dose.



		Visualization panel				
Visualization				_		
Slice Selection	4	Type of plot	intensity	~	lateral 🗸	O plot CT
		1				O plot contour
Beam Selection	4	Plane Selection	axial	~	Open 3D-View	O plot dose
	_	.				plot isolines
Offset	4	Display Quantity	no option av	~	Show DVH/QI	plot isolines labels
				_		O plot iso center
	Recenter	C1 scenario	4	2		o visualize plan/beams

Here you can select what you will see in the viewing panel, for example, if you want to <u>visualize</u> <u>the plan/beam</u> for a better understanding of the different angles of the irradiation, <u>plot the isocenter</u> with an X, and so on.

Also, you can move within the 3D image to see the <u>slice</u> that you want.

In addition, there is a plain selection button with the choices of axial, sagittal and coronal.





Reconstruction planes

DEFINITIONS AND CLARIFICATIONS ON SOFTWARE:

- PTV is the "Planning Target Volume" that should be irradiated.
- GTV is the gross tumor volume (what in general can be seen on the image)
- CTV is the clinical target volume (where the physician thinks there is still cancerous tissue despite being directly visible in the image).
- OAR means "Organ at risk", basically organs that are more sensitive than the general healthy tissue.





1st Exercise-TG119 Phantom

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OBJECTIVES

- 1. Load the TG119 phantom via the Load *.mat button (TG119.mat)
- 2. Set radiation modality to Photons and define one beam angle (gantry angle)
- 3. Trigger dose calculation via button (Calc. Dose Influence)
- 4. Start inverse optimization by click in on (**Optimize**) and analyze the resulting dose distribution
- 5. Save the optimization result via (Save/Keep Result). Next, show the DVH by (Show DVH/QI)
- 6. Change the radiation modality to: Protons and leave the beam angles unchanged
- 7. Repeat steps 3-5 and compare the dose distributions on the basis of photons and protons
- 8. Try to define a better photon treatment plan by defining more beam angles (0°, 72°, 144°, 216°, 288°)
- 9. Compare the results



TG119 PHANTOM



Microsoft Word - TG119_Instructions_102109.doc

The phantom is a box that contains a C-shape surrounded a cylinder (central avoidance structure). The center core is a cylinder 1 cm in radius.





Discussion

- What conclusions can be drawn from comparing photons and protons in the dose distribution?
- What insights can you share about the comparison of the histograms?



2nd Exercise-Carbon Ion TP for a liver patiente

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OBJECTIVES

- 1. Load the liver patient case via the Load *.mat button (LIVER.mat)
- 2. Define a photon treatment plan (0°, 72°, 144°, 216°, 288°) beam direction as well as a proton treatment plan with one beam from 315°
- 3. Analyze the differences of the optimized treatment plans
- Create a carbon ion treatment with the exact same settings as used for the proton treatment plan What difference can now be observed? (calculation time/dose distribution/ biological and physical dose)





https://www.cancer.gov/about-cancer/diagnosis-staging/ct-scans-fact-sheet





Discussion

- What differences can be observed with a carbon ion treatment compared with proton and photon treatment?
- Discuss about the calculation time, dose distribution, biological and physical dose.



3rd Exercise-Head and Neck phantom

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OBJECTIVES

- Load a head patient case (HEAD_AND_NECK)
- Add three proton beam angles on your own
- Calculate and optimize the dose and analyze the result (Show DVH/QI)
- Simulate a patient positioning error: Remove the hook at the auto iso-center checkbox and define a new iso-center thereby introducing an offset

CAUTION: **Recalculate** the dose based on the previously optimized pencil beam intensities by clicking on the button (**Recalc**). <u>Do not perform a new optimization!</u>







Discussion

• Analyze and compare the resulting dose distribution. What changed?



Questions?



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Kahoot!

www.kahoot.it



Thank you for your attention!



Ray and bixel concept

The irradiation geometry is organized to a ray and bixel concept, which is schematically shown below.

Schematic visualization of the ray and bixel concept



From a virtual radiation source (yellow) the target volume (red) within the patient (green) is covered by equidistant rays (solid black). Note that only a two-dimensional cut through a three dimensional cone of rays is shown for clarity. In the isocenter plane (not shown) the distance of the individual rays corresponds to the bixel width (compare <u>pln struct</u>). For photons, the term bixel refers to a discrete rectangular fluence element (the limits of the individual bixels are shown in dashed black). Together, all bixels cover the entire target volume.

For 3D IMPT for particles, we have an additional degree of freedom, namely the particle energy to be considered. This is accounted for during the stf-struct generation by determining the depth of the target volume on individual rays and placing spots (black dots) accordingly.

More information about the ray and bixel concept (though with slight variations in nomenclature) can be found in sections 2.3 and 2.5 <u>Nill (2001)</u>.