



# **From Concept to Clinic: How Our In-house Automated Planning System Augmented the Commercial TPS for Treating Over 10,000 Patients**

**Masoud Zarepisheh**

*Department of Medical Physics, Memorial Sloan-Kettering Cancer Center, New York*



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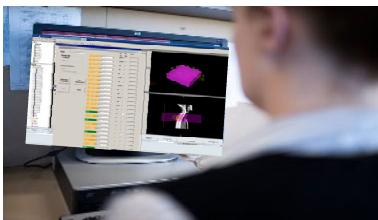
# Automated Planning

- **1- Knowledge-based planning (Varian Rapid plan)**
  - 1-1 :Extract knowledge from database of treated patients
  - 1-2: Use the knowledge to treat the new patient
- **2- Multiple criteria optimization (RayStation MCO)**
  - 2-1: Pre-generate a set of Pareto plans upfront
  - 2-2: User navigates among the plans
- **3- ECHO (Expedited Constrained Hierarchical Optimization)**
  - 3-1: Solve a series of constrained optimization problems
  - 3-2: Critical clinical criteria defined as hard constraints
  - 3-3: Desirable clinical criteria are optimized in order



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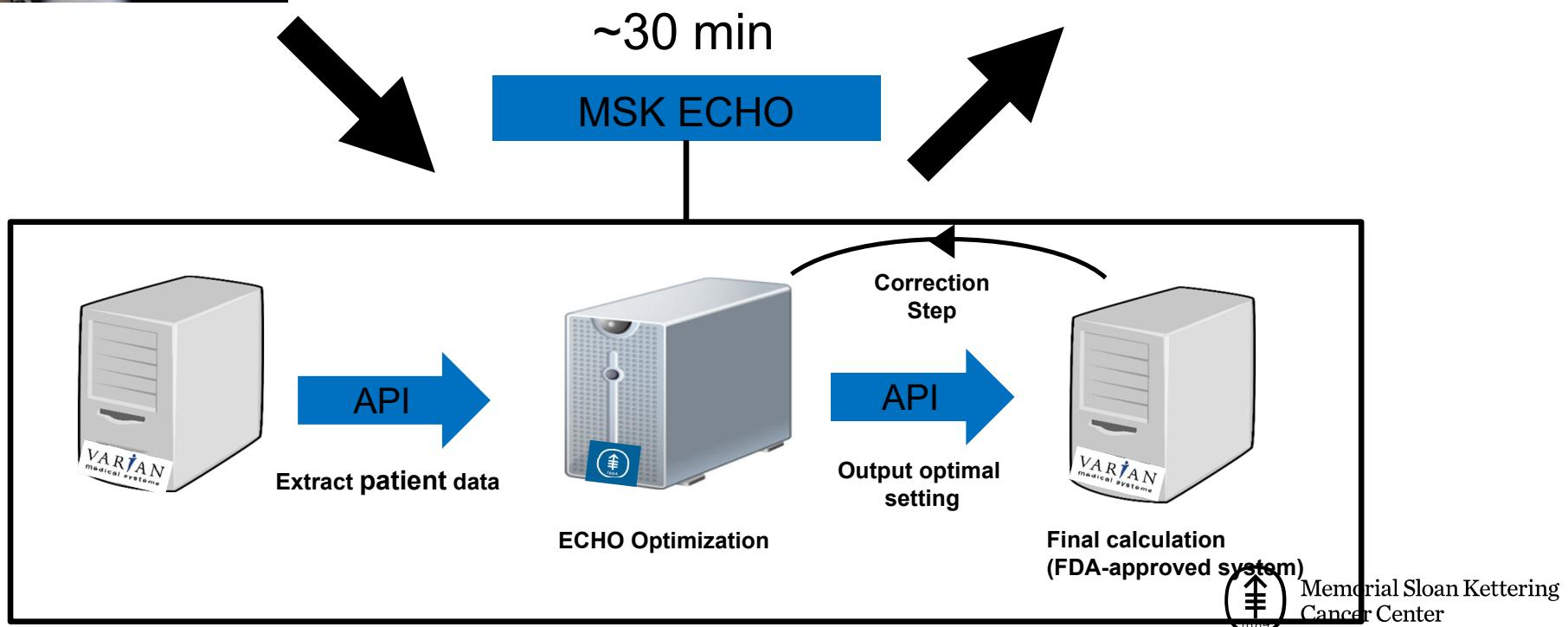
# Clinical-Workflow



Planner runs ECHO plug-in



Planner notified, and evaluates the plan



# User Interface

File Edit View Insert Planning Tools Window

Selection Contouring Image Reg

User Preferences... Import / Export Configuration... Configure Virtual Simulation... Workstation Configuration... Task Configuration... Script Approvals... Visual Scripting... Scripts... ECHO

cm 2.0 cm 1

Email hongl@mskcc.org

Disease Site

View

Paraspinal  
Oligometastases  
Prostate  
HN  
Lung

Previous Radiation

No previous radiation  
With previous radiation

Run ECHO with user-defined Jaws:

Advanced Parameters Run Optimization

Quit Save

PTV 205 (cc) (mm)

CTV 137

Cord 3

Esophagus 16

Heart 932

Lung\_L 1658

Lung\_R 1933

Lungs 3591

Patient Surface 54458

Skin 5278

ThecalSac 8

Z\_CDR 2426

zArtifact 103

Y [cm] Z [cm] Calculated SSD [cm] MU Ref. D [cGy]

0.00 0.00 88.4

0.00 0.00 87.6

0.00 0.00 76.8

0.00 0.00 78.9

0.00 0.00 77.3

0.00 0.00 76.8

Fields Dose Field Alignments Plan Objectives Optimizer

Group Field ID Technique Machine/Energy

Group	Field ID	Technique	Machine/Energy
I	01	SRS STATIC-I	245TB3 - 6X-FFF
I	02	SRS STATIC-I	245TB3 - 6X-FFF
I	03	SRS STATIC-I	245TB3 - 6X-FFF
I	04	SRS STATIC-I	245TB3 - 6X-FFF
I	05	SRS STATIC-I	245TB3 - 6X-FFF
I	06	SRS STATIC-I	245TB3 - 6X-FFF
I	07	SRS STATIC-I	245TB3 - 6X-FFF

Static 1.000 Varian IEC 140.0 0.0 0.0 None 10.5 +3.4 +7.1 9.6 +5.2 +4.4 0.00 0.00 0.00 88.4

Static 1.000 Varian IEC 120.0 90.0 0.0 None 9.5 +5.1 +4.4 10.6 +7.2 +3.4 0.00 0.00 0.00 76.8

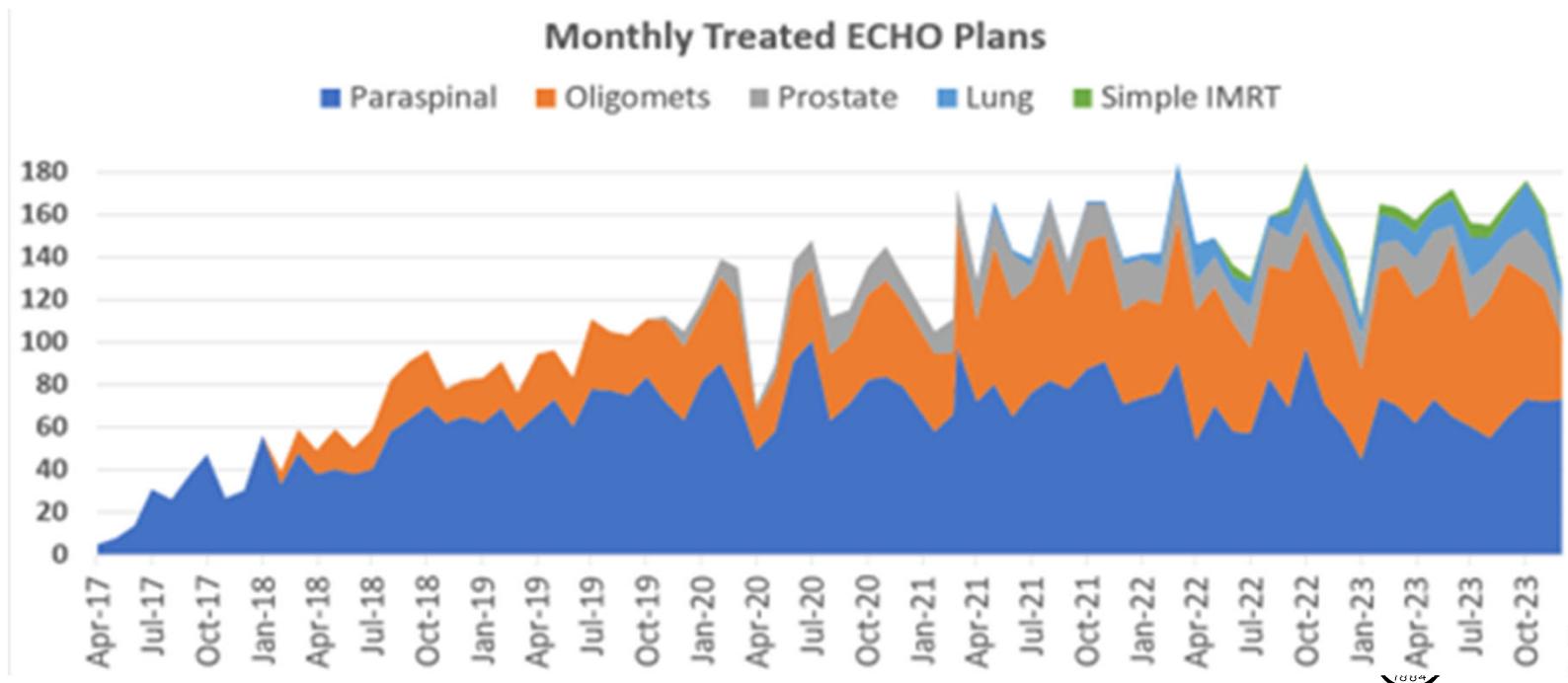
Static 1.000 Varian IEC 100.0 0.0 0.0 None 10.1 +3.4 +6.7 9.5 +5.1 +4.4 0.00 0.00 0.00 78.9

Static 1.000 Varian IEC 260.0 0.0 0.0 None 10.0 +6.6 +3.4 9.6 +5.2 +4.4 0.00 0.00 0.00 77.3

Static 1.000 Varian IEC 240.0 90.0 0.0 None 9.7 +5.3 +4.4 9.1 +3.2 +5.9 0.00 0.00 0.00 76.8

# Data

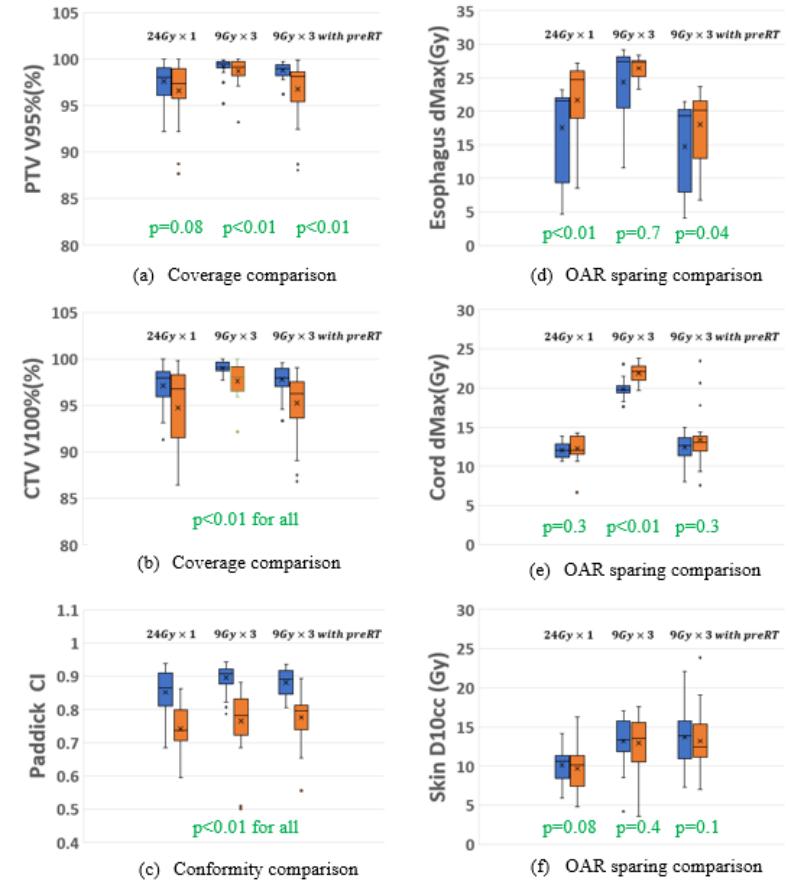
- > 10,000 patients to-date (2017-2024)
- ~ 200 plans per month



# Improved Plan Quality and Consistency

- ❖ Pre-clinical validation before adding new site
- ❖ Ensuring improved/comparable plan quality compared to the manual plans

ECHO vs. Manual: 75 Paraspinal patients



# Adaptability to changes in clinic

Lung SBRT clinical criteria

Hong, Linda To: Huang, Ojije Zhou, Ying Cc: Jhamvar, Gourav; Zarepisheh, Masoud

LUNG SBRT criteria officially changed. Then we need to tell the CET planners for 18

Thanks, Linda

To contact me:  
Pager:4091 [lhong@mskcc.org](mailto:lhong@mskcc.org)  
Or through Teams

From: Della Bianca, Cesar <[dellabc@mskcc.org](mailto:dellabc@mskcc.org)>  
Sent: Thursday, July 20, 2023 3:16 PM  
Subject: UPDATE - MSK External Beam Clinical Criteria

(Bcc: [zzPDL MPH\\_TreatPlan\\_ALL](mailto:zzPDL MPH_TreatPlan_ALL))

The following updates have been made to the [MSKCC EXTERNAL BEAM CLINIC](#)

- GTV Dmin constraint added to Lung SBRT and Lung 750x8 worksheets
- Addition of new worksheet: Lung 150x40-60Gy BID
- Name change of 'Lung 150cGy BID' worksheet to Lung 150x30-45Gy BID

Thanks,  
Cesar

Please note the following:  
We are going to implement the Level I/Level II scheme for the bowel/stomach/duodenum doses for SBRT cases. The plan will try to achieve level I. If exceeds level I, within level II is acceptable. If the plan exceeds the level II limit, the planner will discuss with you.

Please make sure when you contour, put in either large or small bowel instead of just bowel. If unspecified, bowel will be treated as small bowel. We are going to update the MIM template to have Bowel\_sm and Bowel\_lg in the structure set.

Thanks.  
Linda

\*\*indicated if overlaps with PTV.  
\*if unspecified, bowel will be treated as small bowel.

SBRT Bowel/Stomach/Duodenum Constraints		
	Level I	Level II
Stomach, Small Bowel and Duodenum	3Fx: Dmax ≤ 23Gy	3Fx: <span style="color: green;">Dmax ≤ 23Gy</span>

RE: Echo Guru's

Hong, Linda X./Medical Physics To: Happersett, Laura/Medical Physics; Damato, Antonio L./Medical Physics; Zhou, Ying/Medical Physics Cc: Zarepisheh, Masoud/Medical Physics

9/3/2019

Hello All

By the way, we have new constraints we will be releasing soon for post implant 500x5. We are moving from rectal wall and bladder wall to rectum and Bladder. The rectum is defined from Anus to bowel, for old cases you may need to create a rectum.

Please see below

500x5 post implant prostate only			
Rectum	Bladder		
Max	2650	maximum	2650
D1cc	2575	d5cc	2575
Mean guideline	1000	mean dose	1650
Mean Limit	1200		
V500cGy guideline	66%		
V500 limit	84%		
V1000 guideline	25%		
V1000 limit	45%		
V1600 guideline	8%		
V1600 limit	16%		



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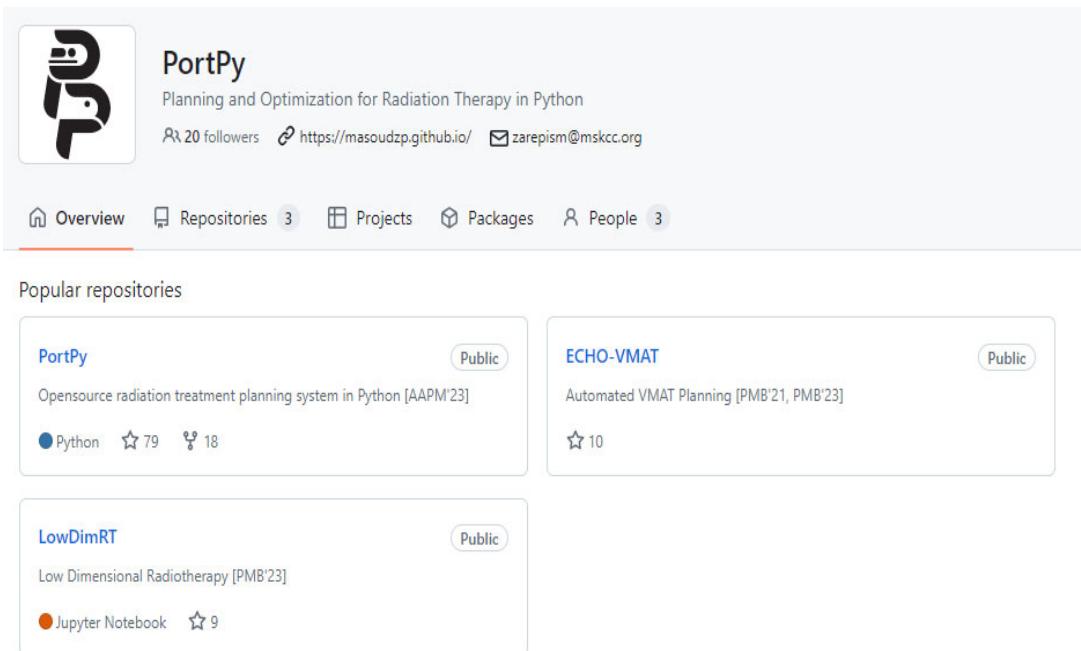
# ECHO

- ❖ 12 Publications (10 in PMB/Medical Physics)
- ❖ 2 Patents

Implementation Status	Challenge	Technique	Publication
<b>Clinically Deployed</b>	Multi-Criteria Challenge	Hierarchical Constrained Nonlinear Optimization	<a href="#">Zarepisheh et al. (2019) (Medical Physics)</a> <a href="#">Zarepisheh et al. (2021) (INFORMS)</a> <a href="#">Hong et al. (2020) (Advances in RO)</a>
	Dose Discrepancy	Lagrangian Methods	<a href="#">Zarepisheh et al. (2019) (Medical Physics)</a>
	Hard constrained DVH	Mixed Integer Programming, Convex Relaxation	<a href="#">Mukherjee et al. (2020) (Medical Physics)</a>
	Non-convexity in Machine Parameters (VMAT)	Sequential Convex Programming	<a href="#">Durmus et al. (2021) (PMB)</a> <a href="#">Durmus et al. (2023) (PMB)</a>
<b>Research &amp; Development</b>	Proton: Beam Angle Selection	Bayesian Optimization	<a href="#">Taasti et al. (2020) (Medical Physics)</a>
	Proton: Uncertainty Management	Robust Optimization (P-Norm Function)	<a href="#">Taasti et al. (2020) (Medical Physics)</a>
	Multi-Criteria Challenge	Deep Learning Predictions (Moment-Based Loss Functions)	<a href="#">Jhanwar et al. (2022) (PMB)</a>
	Proton: Increasing Computational Complexity With Uncertainty Managements	Distributed Optimization (ADMM)	<a href="#">Fu et al. (2022) (Medical Physics)</a>
	Reducing IMRT plan complexity	Wavelet-induced smoothness	<a href="#">Tefagh, Zarepisheh (2023) (PMB)</a>

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# PortPy Open-source Planning and Optimization for Radiation Therapy in Python



The screenshot shows the GitHub repository page for PortPy. The repository has 20 followers and is public. It contains 3 repositories, 0 projects, 0 packages, and 3 people. Popular repositories listed include PortPy, ECHO-VMAT, and LowDimRT. PortPy is described as an open-source radiation treatment planning system in Python [AAPM'23]. ECHO-VMAT is described as an automated VMAT planning system [PMB'21, PMB'23]. LowDimRT is described as low-dimensional radiotherapy [PMB'23].

## Quick start and examples

The easiest way to start is through the PortPy following examples.

Example File	Description
<a href="#">1_basic_tutorial.ipynb</a>	Demonstrates the main functionalities of PortPy (e.g., Access data, create an IMRT plan, visualize)
<a href="#">vmat_scp_tutorial.ipynb</a>	Creates a VMAT plan using sequential convex programming
<a href="#">vmat_scp_dose_prediction.ipynb</a>	Predicts 3D dose distribution using deep learning and converts it into a deliverable VMAT plan
<a href="#">3d_slicer_integration.ipynb</a>	Creates an IMRT plan and visualizes it in 3D-Slicer
<a href="#">imrt_tps_import.ipynb</a>	1. Outputs IMRT plan in DICOM RT format and imports it into TPS. 2. Outputs IMRT plan optimal fluence in an Eclipse-compatible format and imports it into Eclipse
<a href="#">vmat_tps_import.ipynb</a>	Outputs VMAT plan in DICOM RT format and imports it into TPS
<a href="#">imrt_dose_prediction.ipynb</a>	Predicts 3D dose distribution using deep learning and converts it into a deliverable IMRT plan
<a href="#">vmat_global_optimal.ipynb</a>	Finds a globally optimal VMAT plan
<a href="#">beam_orientation_global_optimal.ipynb</a>	Finds globally optimal beam angles for IMRT
<a href="#">dvh_constraint_global_optimal.ipynb</a>	Finds a globally optimal plan meeting Dose Volume Histogram (DVH) constraints
<a href="#">structure_operations.ipynb</a>	Creates new structures by expanding/shrinking the existing ones or using boolean operations
<a href="#">inf_matrix_down_sampling.ipynb</a>	Down-samples beamlets and/or voxels for computational efficiency
<a href="#">inf_matrix_sparsification.ipynb</a>	Sparsifies (i.e., truncates) the influence matrix for computational efficiency

# Summary

- **ECHO:** Fully automated treatment planning system
- Integrated with commercial TPS using API scripting
- Treated **> 10,000** patients
- **Open-sourcing** our tools using **PortPy** (Planning and Optimization for Radiation Therapy in Python)



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