

AI for motion management

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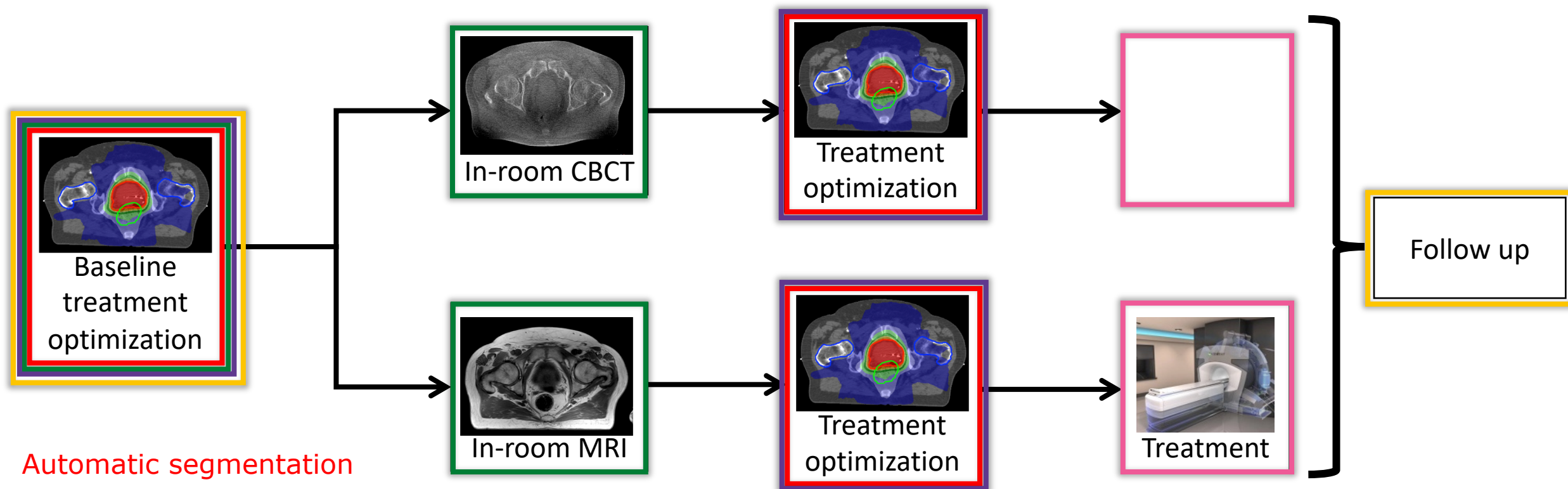
ICCR 2024

July 9th, 2024 – Lyon



Radiotherapy workflow

Where can AI help?



Automatic segmentation

Pseudo CT generation

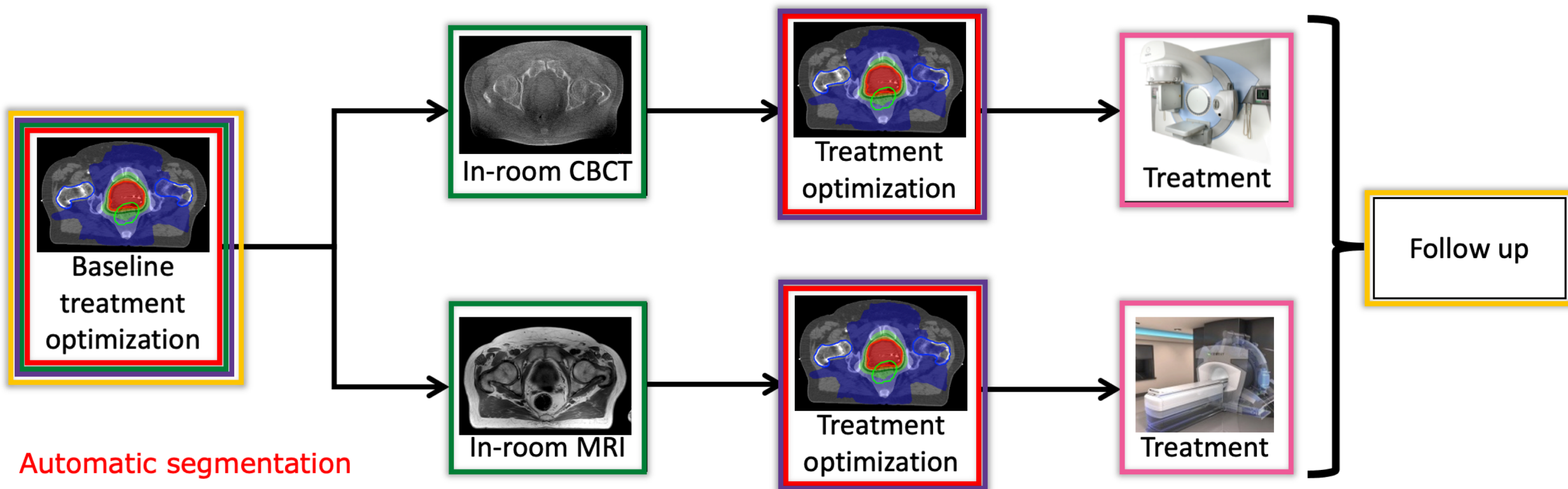
Dose prediction and automatic planning

Motion tracking

Outcome prediction

Radiotherapy workflow

Where can AI help?



Automatic segmentation

Pseudo CT generation

Dose prediction and automatic planning

Motion tracking

Outcome prediction

AI in RT

Models

- In the vast majority of applications, the U-net is used
- Trained in a supervised fashion
 - We have labels (for example clinical segmentation masks, dose distributions, CT scan)
- In motion tracking applications, we will see more heterogeneous models
 - R-CNN, mask R-CNN, faster R-CNN, Retina Net
 - LSTM
- Often limited labels, cannot train U-net
 - unsupervised training is possible

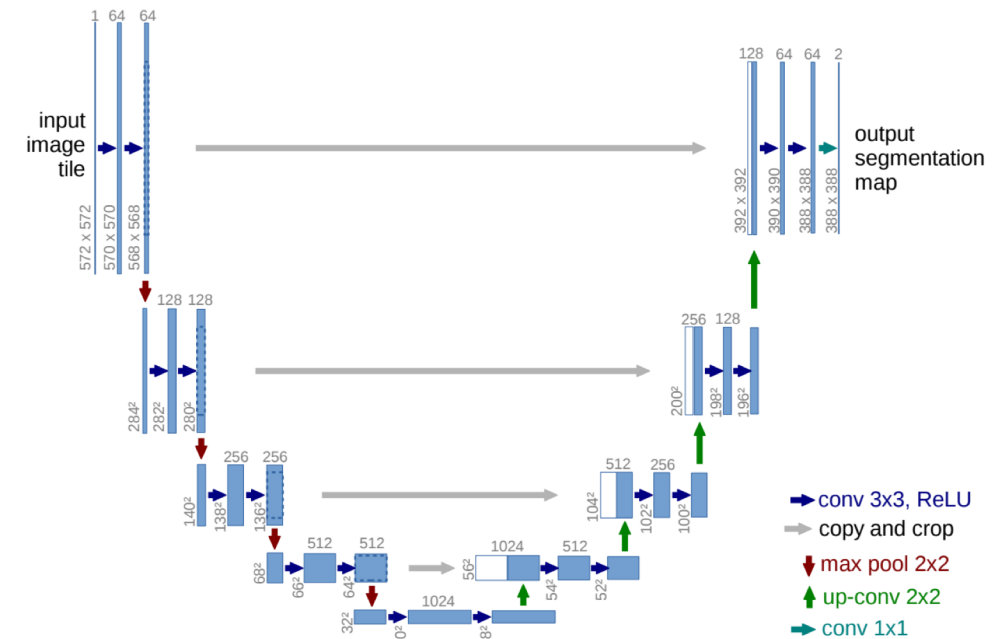


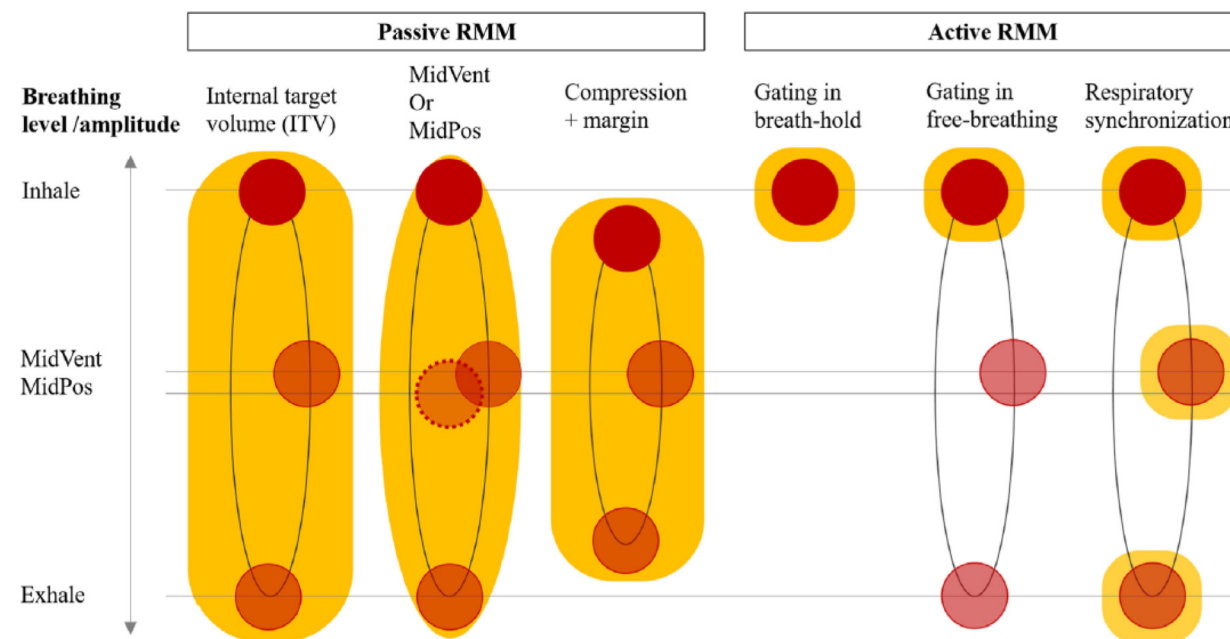
Fig. 1. U-net architecture (example for 32x32 pixels in the lowest resolution). Each blue box corresponds to a multi-channel feature map. The number of channels is denoted on top of the box. The x-y-size is provided at the lower left edge of the box. White boxes represent copied feature maps. The arrows denote the different operations.

<https://arxiv.org/pdf/1505.04597.pdf>

Treatment of moving tumors

Motion management

- Lung tumors are the 1st cause of cancer deaths in men, 2nd in women in Germany (Robert Koch Institute)
- Stereotactic body radiotherapy (SBRT) and hypofractionation has brought long term control in the range of 80-90%
Timmerman et al. JAMA Oncol 2018
 Ball et al., Lancet Oncol 2019
- Successful radiation delivery requires respiratory motion management strategies
 - Also applies to liver, pancreas and other lesions in the abdomen

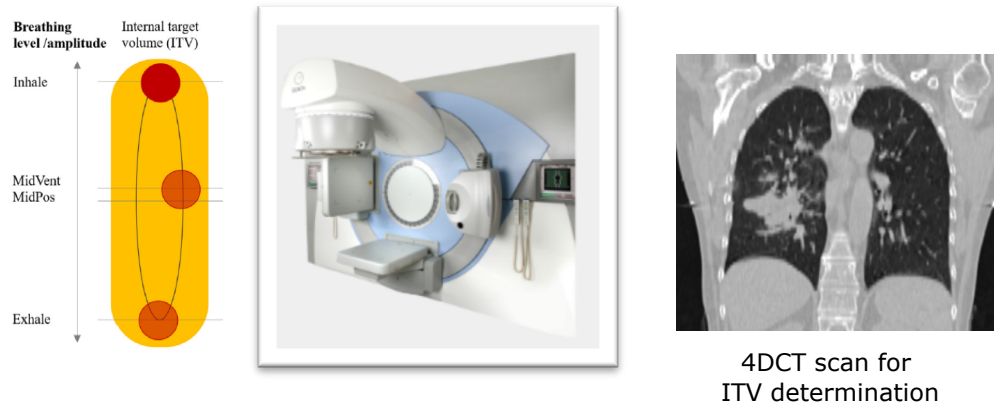


Dhont et al. Clin Oncol 2020

SBRT of moving tumors

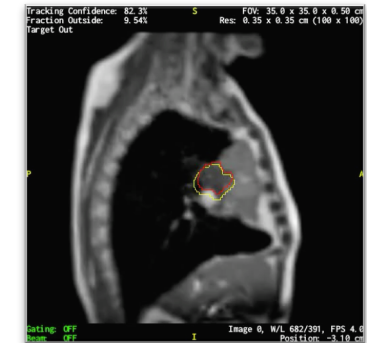
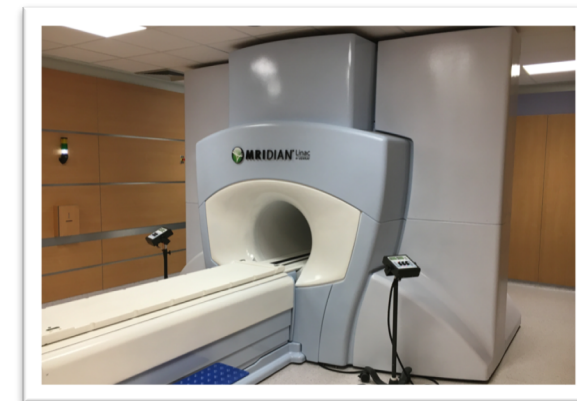
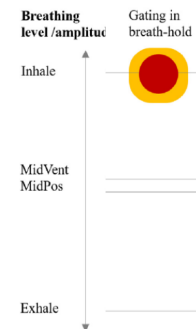
Options at the clinic

Conventional linac and ITV



- Typically peripheral stage 1-2 tumors
- Pros: relatively simple workflow and limited treatment times
- Cons: larger irradiated volume for larger motion

MR linac and gating

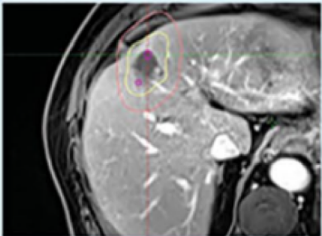
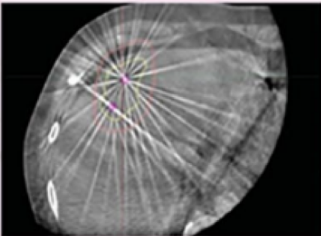
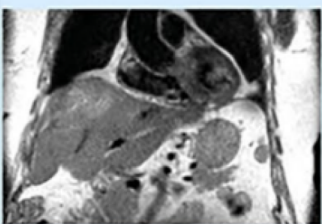



8Hz 2D cine-MRI for target tracking

- Typically central stage 1-2 tumors
- Pros: limited irradiation volume
- Cons: limited throughput, median treatment time 50 minutes, limited availability of technology (5 in Germany), high investment

Background

Image-guided adaptive RT

MRI guided	X-ray guided	Timescales
<p data-bbox="631 525 1314 568">Pretreatment image-guidance quality</p> <p data-bbox="211 586 509 765">Routinely available. Superior soft tissue imaging: Exquisite visualization of tumor and normal tissue.</p> 	 <p data-bbox="1345 586 1732 729">Routinely available. Generally poorer tumor and normal tissue visualization than MRI.</p>	<ul style="list-style-type: none"> ■ Pretreatment <ul style="list-style-type: none"> ■ Minutes ■ Inter-fractional changes ■ Online adaptive RT
<p data-bbox="736 868 1210 911">Imaging during treatment</p> <p data-bbox="211 929 573 1043">Routinely available. Limited in spatio-temporal acquisition.</p> 	 <p data-bbox="1345 929 1676 1136">Emerging. General reliance on implanted markers as a surrogate for the tumor position.</p>	<ul style="list-style-type: none"> ■ During treatment <ul style="list-style-type: none"> ■ Second(s) or less ■ Intra-fractional changes ■ Real-time adaptive RT

Motion management

X-ray tumor tracking

- Relies on 2D x-ray images, ideally stereoscopic
- Usually requires marker implantation
 - Patient discomfort
 - Risk of infection
 - Risk of marker migration



Fiducial marker implantation apparatus

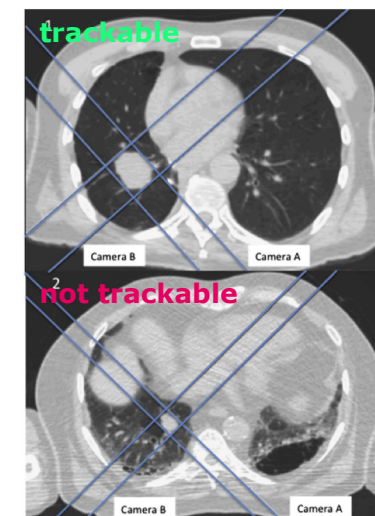
Baghat et al. Cardiovasc Intervent Radiol 2010

- Markerless tracking is challenging
 - Low contrast
 - Shadowing by ribs, mediastinum or diaphragm
- Typically based on template matching or correlation to surface
- For CyberKnife markerless tracking 66% of selected patient deemed eligible

Bahig et al. Int J Radiat Oncol Biol Phys 2013



LMU lung cancer patient during CBCT acquisition



Bahig et al. Int J Radiat Oncol Biol Phys 2013 9

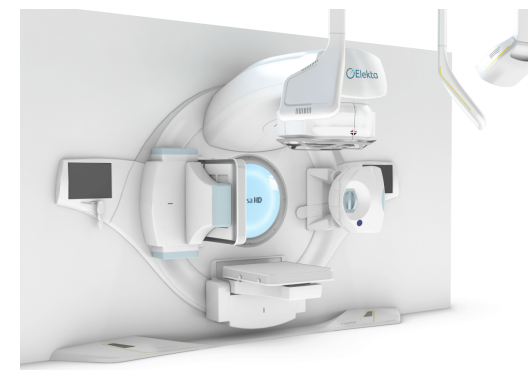
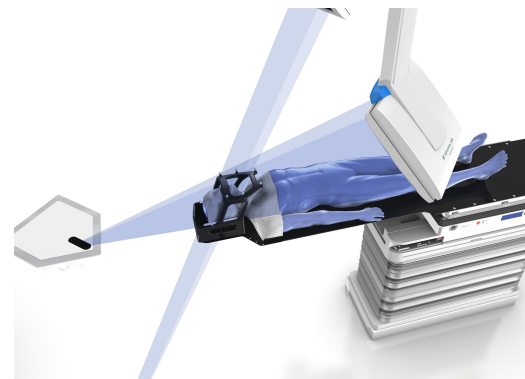
X-ray tracking

Exactrac Dynamic

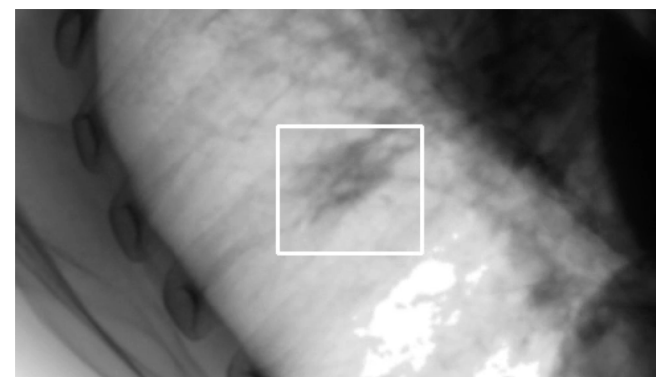
- Stereoscopic x-rays
- Surface imaging with structured light
- Thermal camera integrated for improved surface definition
- Submillimeter positioning accuracy

Mendes, ..., Landry, Freisleder JACMP 2022

- Current use for stereotactic brain radiosurgery and deep inspiration breath hold for breast cancer
- Application to lung cancer is in development
 - Markerless tumor tracking approach
 - For gated breath hold



<https://www.brainlab.com/radiosurgery-products/exactrac/>



<https://www.brainlab.com/radiosurgery-products/lung/>

Motion management with AI

Overview

- AI allows shifting calculation time from online to the training phase
- Models are often very fast
 - 10 to few 100 ms
- In RT we often have prior knowledge
 - Diagnostic or RT planning images
 - Allows patient-specific training strategies
- Challenges
 - Tumors are very heterogeneous
 - Need models which limit false positives
 - Object detection networks are good for this

X-ray tracking studies

Study	Imaging modality	Method	Site
Tong et al. 2009 ⁵⁰	X-ray	ML	Lung
Terunuma et al. 2018 ⁵¹	Synthetic X-ray	Encoder-decoder CNN	Lung
Edmunds et al. 2019 ⁵²	X-ray	Mask R-CNN	Diaphragm
Hirai et al. 2019 ⁵³	X-ray	DNN	Liver and lung
Mori et al. 2019 ⁵⁴	X-ray	ML	Chest
Zhao et al. 2019 ³⁷	Synthetic X-ray	Faster R-CNN	Pancreas
Zhao et al. 2019 ³⁶	Synthetic X-ray	Faster R-CNN	Prostate
Roggen et al. 2020 ³⁵	X-ray	Faster R-CNN	Vertebrae
Sakata et al. 2020 ⁵⁵	X-ray	ML	Lung
Takahashi et al. 2020 ⁵⁶	X-ray	FCN	Lung

MR linac studies

Study	Imaging modality	Method	Site
Cervino et al. 2011 ⁵⁹	cine MRI	ML	Lung
Yun et al. 2015 ^{60,61}	cine MRI	PCNN	Lung
Bourque et al. 2017 ⁶²	cine MRI	ML	Lung
Fast et al. 2017 ⁶³	cine MRI	PCNN	Lung
Friedrich et al. 2021 ⁶⁴	cine MRI	U-net	Liver

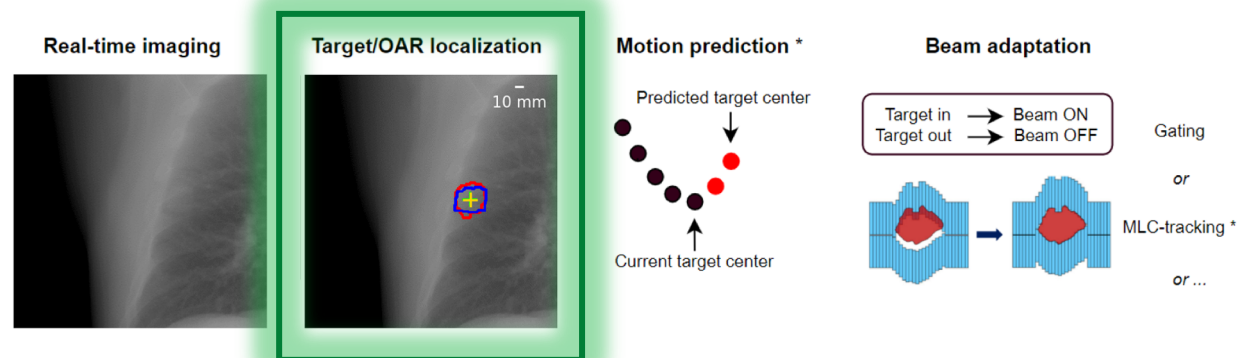
Mylonas et al. J Med Imaging Radiat Oncol 2021

Some definitions



Lombardo,..., **Landry**, ..., Placidi Radiother Oncol 2024

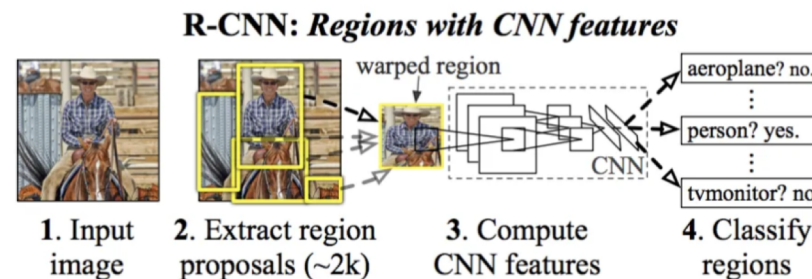
Methods for x-ray target localization



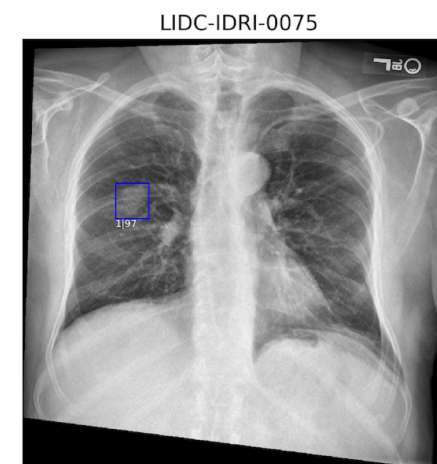
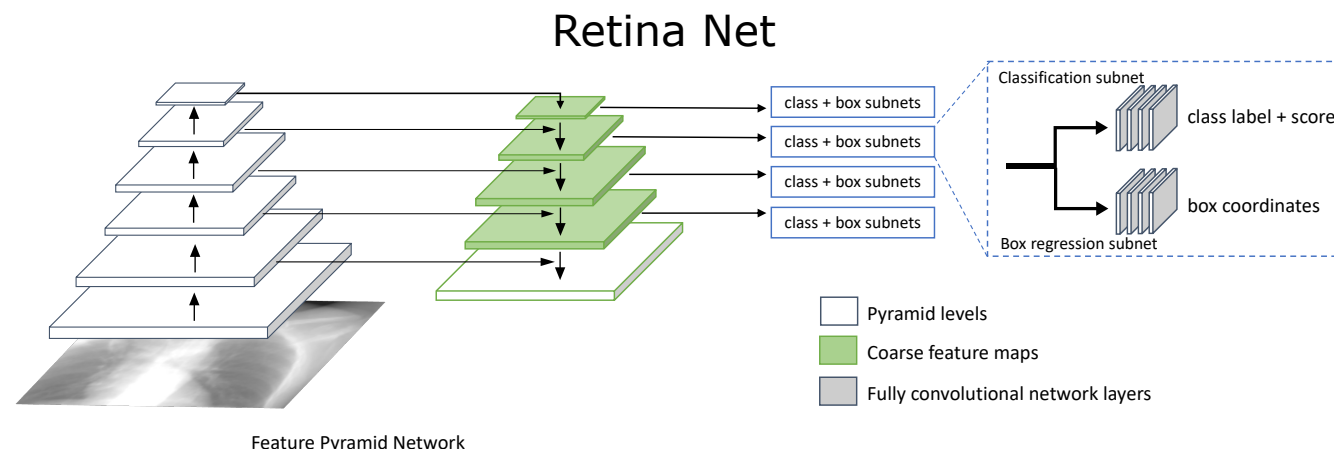
Object detection networks

R-CNN and Retina Net

- Object detection networks
 - Region and CNN: R-CNN
 - Mask R-CNN
 - Faster R-CNN
- Retina net is a good example
 - Feature pyramid network
 - Class subnet
 - Box subnet
 - Fast enough
- Outputs a bounding box and a confidence score
- Can also classify the object



<https://towardsdatascience.com/r-cnn-fast-r-cnn-faster-r-cnn-yolo-object-detection-algorithms-36d53571365e>



Example output

Object detection networks

X-ray tracking: pancreas

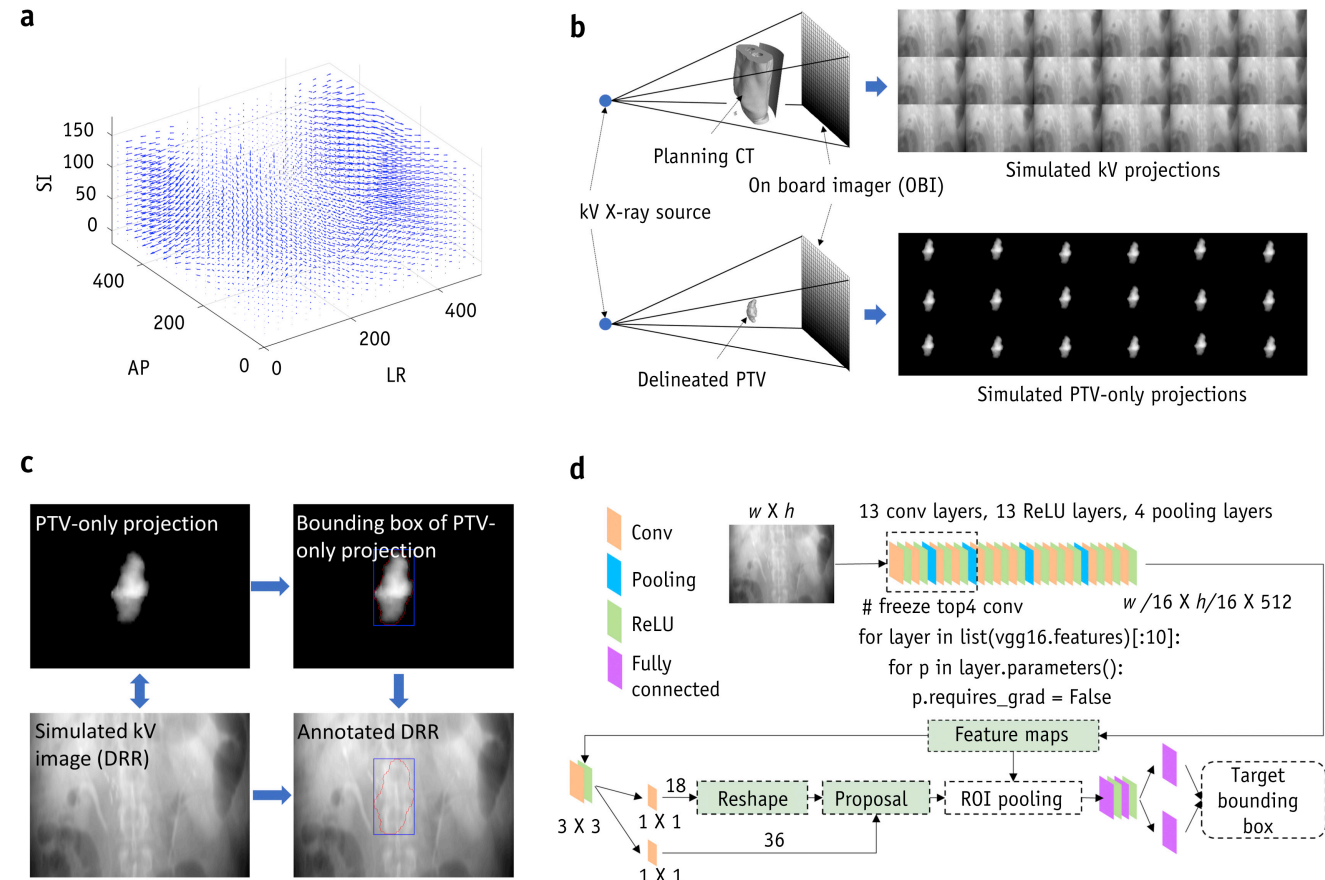
- Pancreas tumor tracking
- Uses Faster R-CNN
- Patient specific training on simulated DRRs from planning CT
 - PTV projection is the ground truth
 - Various projection angles
- Use deformations of planning CT to generate multiple training images

Physics Contribution

Markerless Pancreatic Tumor Target Localization Enabled By Deep Learning

Wei Zhao, PhD,* Liyue Shen, MS,* Bin Han, PhD,* Yong Yang, PhD,* Kai Cheng, PhD,* Diego A.S. Toesca, MD,* Albert C. Koong, MD, PhD,[†] Daniel T. Chang, MD,* and Lei Xing, PhD*

*Department of Radiation Oncology, Stanford University, Stanford, California; and [†]Department of Radiation Oncology, The University of Texas MD Anderson Cancer Center, Houston, Texas



Object detection networks

X-ray tracking: pancreas

- Pancreas tumor tracking
- Uses Faster R-CNN
- Patient specific training on simulated DRRs from planning CT
 - PTV projection is the ground truth
 - Various projection angles
- Use deformations of planning CT to generate multiple training images
- **Potential issue: test images also sampled from the same planning CT**

Physics Contribution

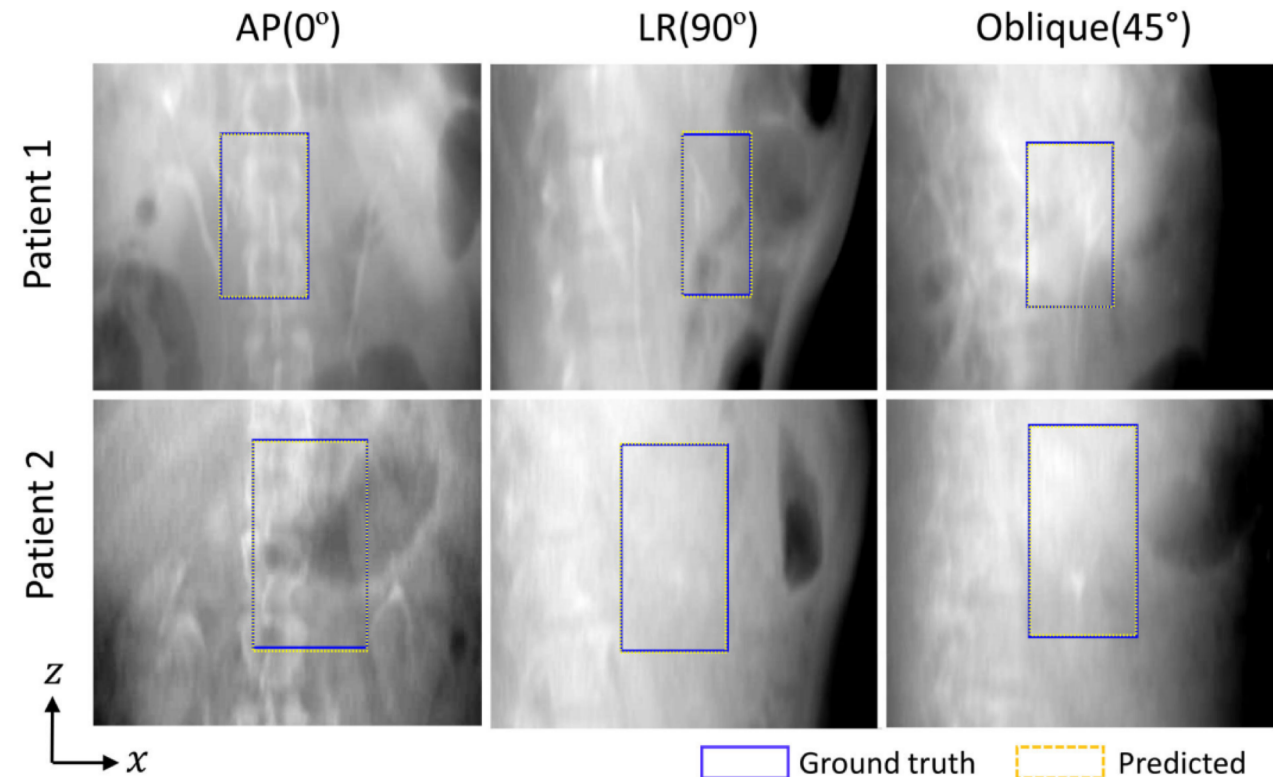
Markerless Pancreatic Tumor Target Localization Enabled By Deep Learning

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^{*}Department of Radiation Oncology, Stanford University, Stanford, California; and [†]Department of Radiation Oncology, The University of Texas MD Anderson Cancer Center, Houston, Texas



Example results: very good agreement



Classical machine learning

X-ray tracking: lung

- Here classical machine learning was used for tracking lung tumors
- Stereoscopic x-ray imaging setup similar to the Exactrac

PAPER

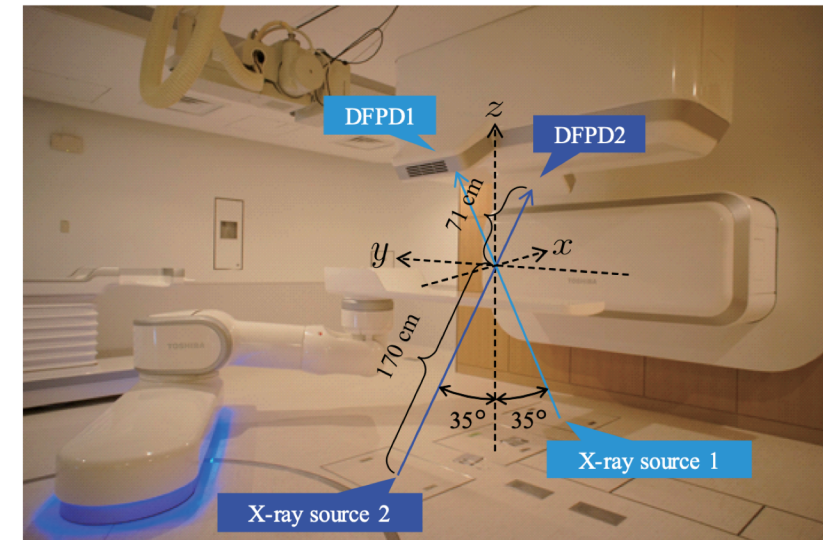
A machine learning-based real-time tumor tracking system for fluoroscopic gating of lung radiotherapy

Yukinobu Sakata¹, Ryusuke Hirai¹, Kyoka Kobuna¹, Akiyuki Tanizawa¹ and Shinichiro Mori²

¹ Corporate Research and Development Center, Toshiba Corporation, Kanagawa, Japan

² Research Center for Charged Particle Therapy, National Institute of Radiological Sciences, Chiba, Japan

Fluoroscopic tracking set up in Chiba, Japan



Classical machine learning

X-ray tracking: lung

- Here classical machine learning was used for tracking lung tumors
- Stereoscopic x-ray imaging setup similar to the Exactrac
- Classical ML: random forest approach to classify patches as tumor or non-tumor
 - Convert patches to features before random forest
 - Aggregate positions in likelihood map
 - Only provides a center position
- Good data separation
 - Training: 4DCT
 - Testing: real x-ray images
 - Challenge: manual labelling of ground truth

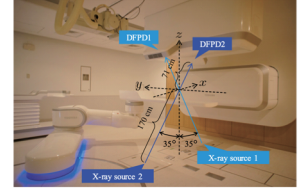
PAPER

A machine learning-based real-time tumor tracking system for fluoroscopic gating of lung radiotherapy

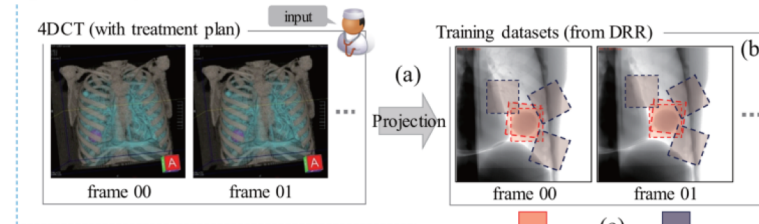
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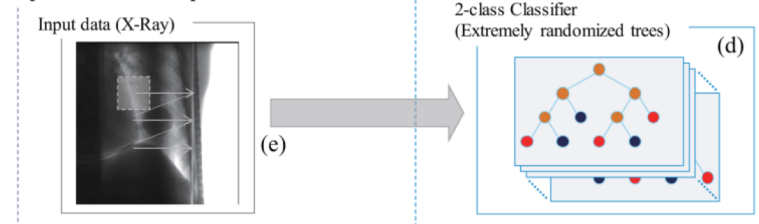
² Research Center for Charged Particle Therapy, National Institute of Radiological Sciences, Chiba, Japan



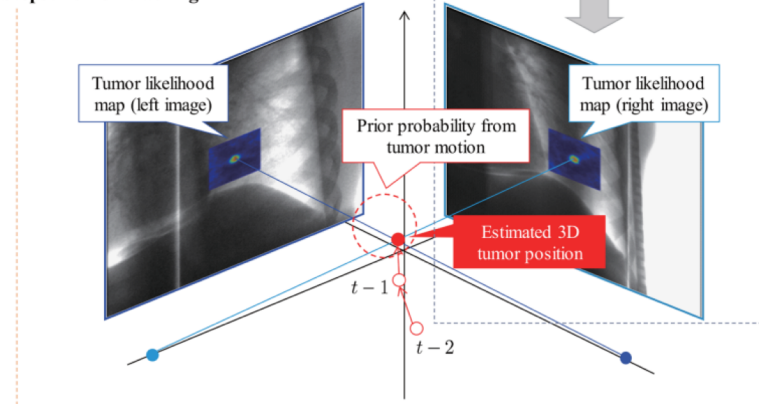
Step1: Learning classifier



Step2: Likelihood map estimation



Step3: Tumor tracking

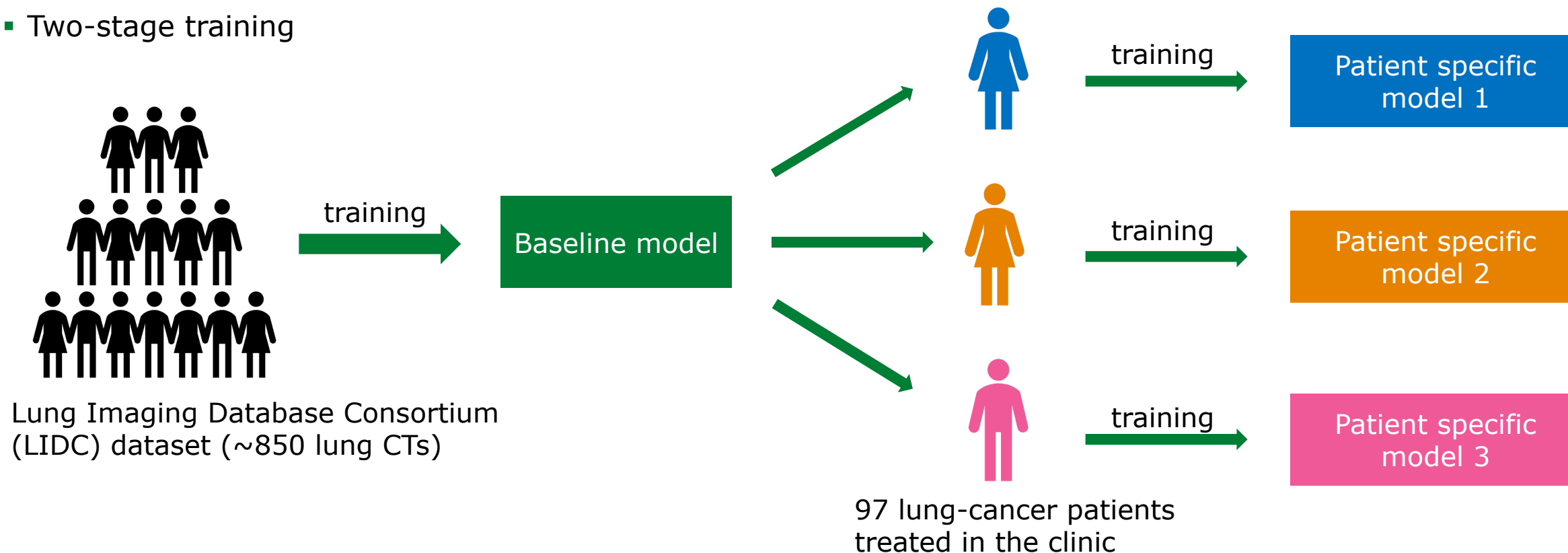


$$g(\mathbf{u}) = \tan^{-1} \frac{I_v}{I_u}, I_u = \frac{\partial I(\mathbf{u})}{\partial u}, I_v = \frac{\partial I(\mathbf{u})}{\partial v}$$

AI for markerless tumor tracking

Patient specific approach

- Two-stage training



Object detection with AI

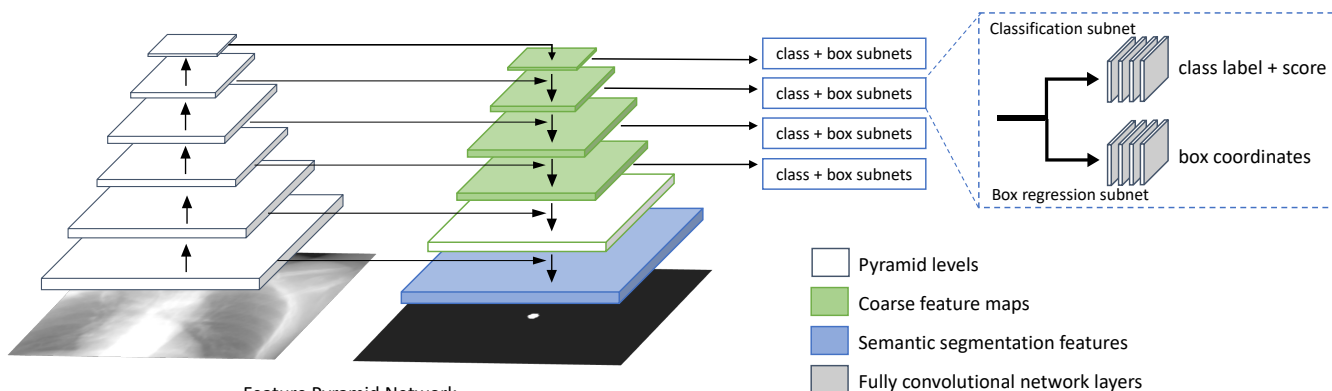
Retina U-net

Extra high-res levels for semantic segmentation

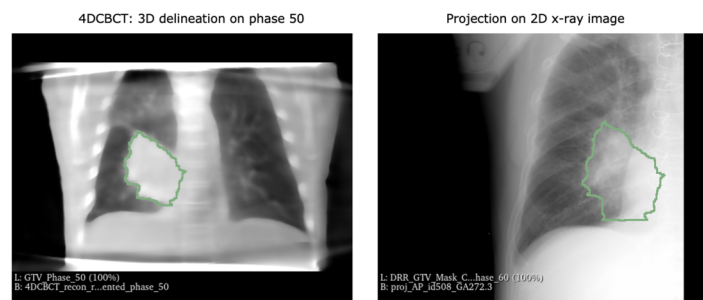
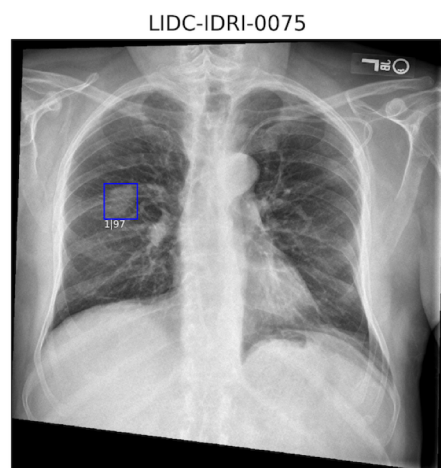
→ Another loss for segmentation:

Seg loss = Cross entropy loss + Soft dice loss

Retina UNet

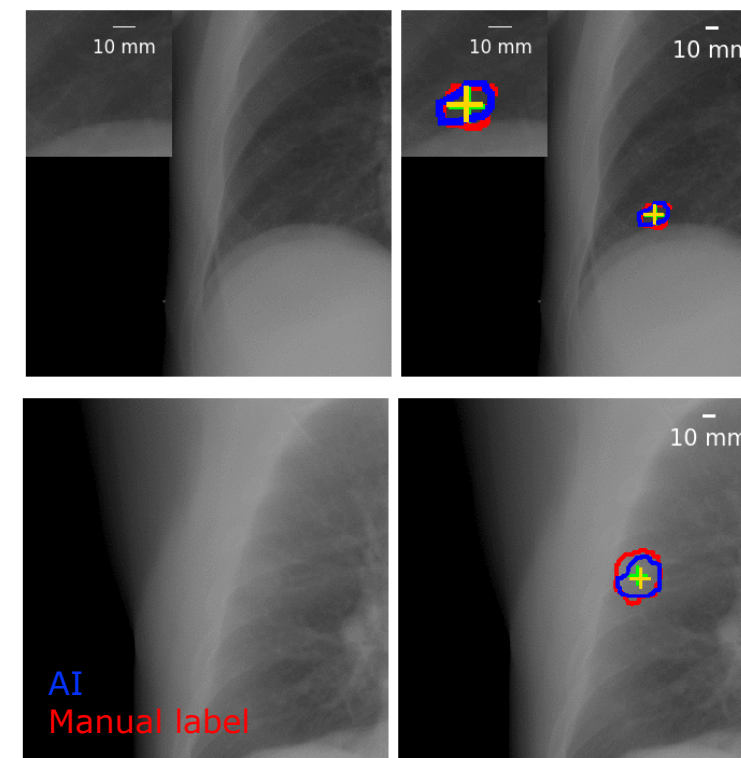


Feature Pyramid Network



4DCBCT ground truth generation

Validation using 4D labelled CBCT projections



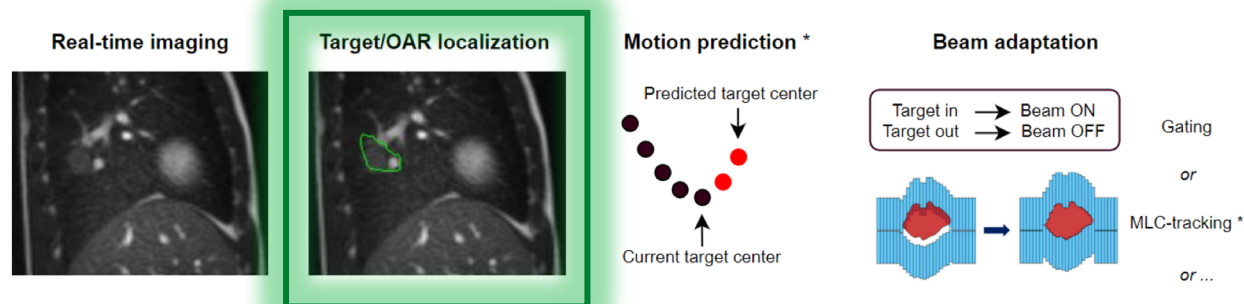
- Localization error 2.5mm
- DSC > 0.8
- Runtime 70 ms per frame



L. Huang

Huang, ... Landry, Riboldi Med Phys 2023
Huang, ... Landry oral at AAPM 2024

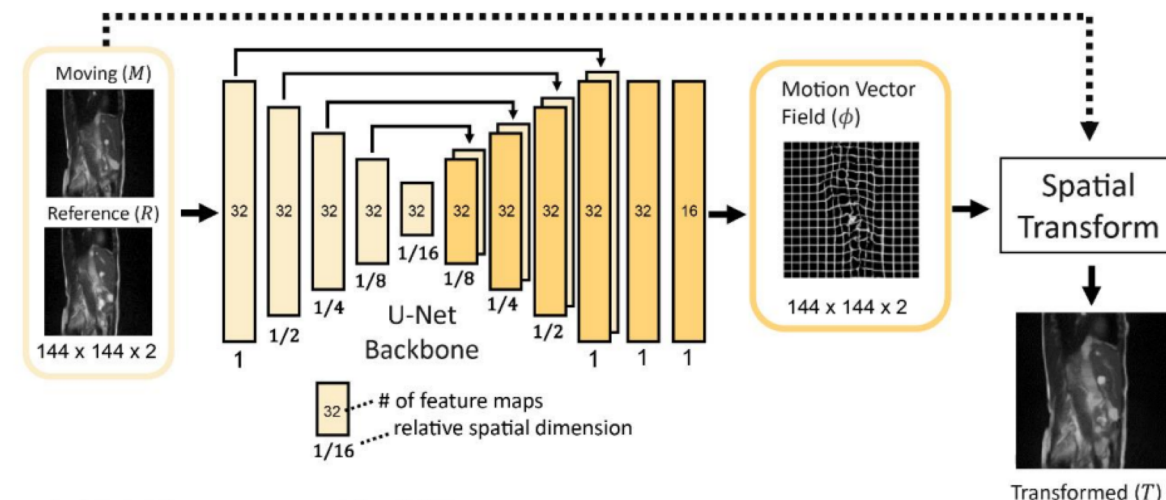
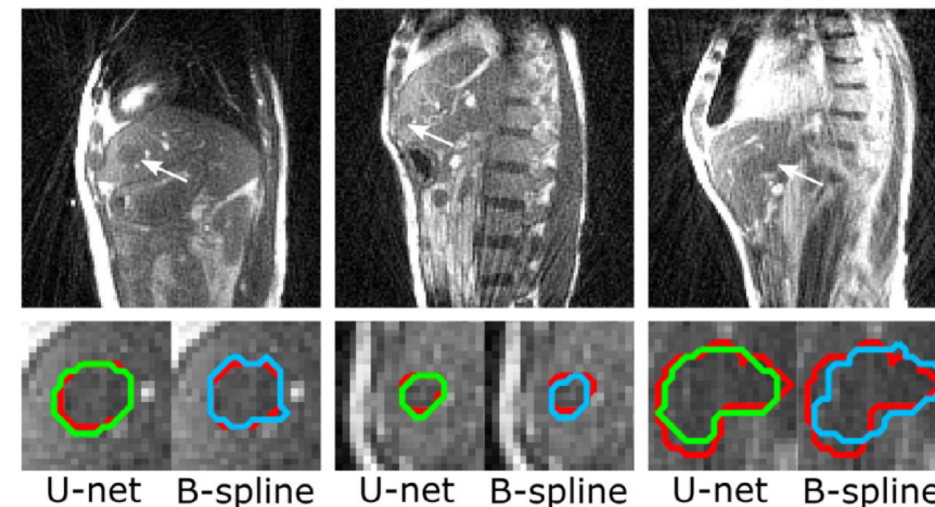
Methods for MR linac target localization



MR linac tracking

Seminal AI efforts

- Friedrich et al. (2021) *Med Phys*
 - U-net auto-segmentation model outperformed B-spline on under-sampled radial cine MRI
 - Manual labels on 150 frames (2 patients)
 - Patient-specific training strategy on 10 manually labeled frames
- Hunt et al. (2022) *IJROBP*
 - U-net DIR model outperformed conventional spline and Demons
 - Cine MRI from vendor (8 Hz)
 - About 600k frames without labels (21 patients)



MR linac tracking Transformers

- Transformer-based DIR (Transmorph)
 - About 1.4M unlabeled (219 patients) and 8k labeled frames (35 patients)
 - Patient-specific training on 8 labeled frames significantly improved performance compared to unsupervised and supervised training
 - Transformer DIR model outperformed U-net auto-segmentation and B-spline DIR



E. Lombardo



L. Velezmoro

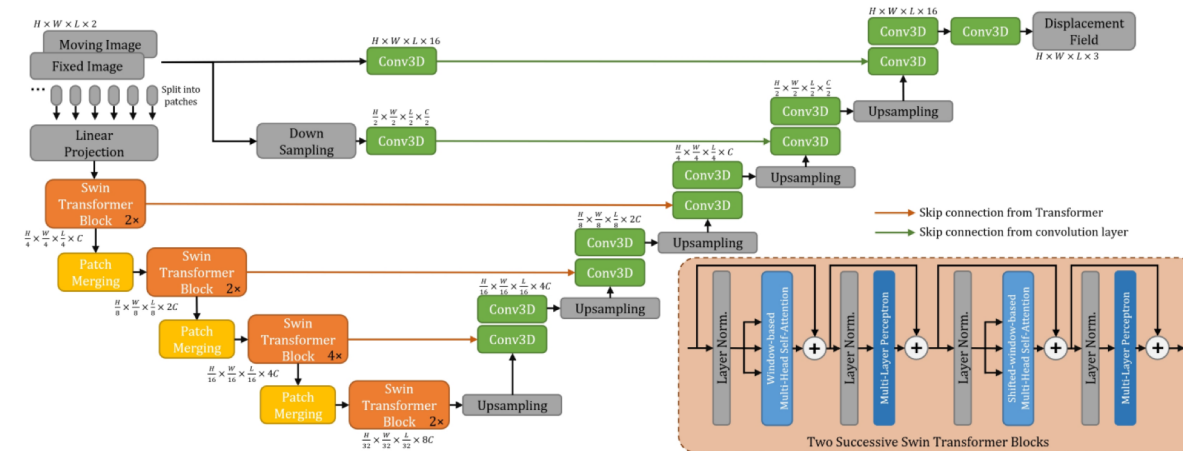
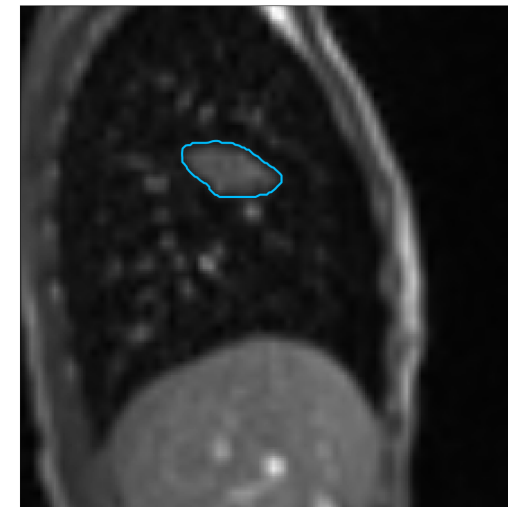


Fig. 1: The architecture of the proposed TransMorph registration network.



MR linac tracking Transformers

- Transformer-based DIR (Transmorph)
 - About 1.4M unlabeled (219 patients) and 8k labeled frames (35 patients)
 - Patient-specific training on 8 labeled frames significantly improved performance compared to unsupervised and supervised training
 - Transformer DIR model outperformed U-net auto-segmentation and B-spline DIR
- Disadvantage
 - Patient-specific labelling and training costs additional time
 - 3 minutes labelling
 - 4 minutes training



E. Lombardo



L. Velezmoro

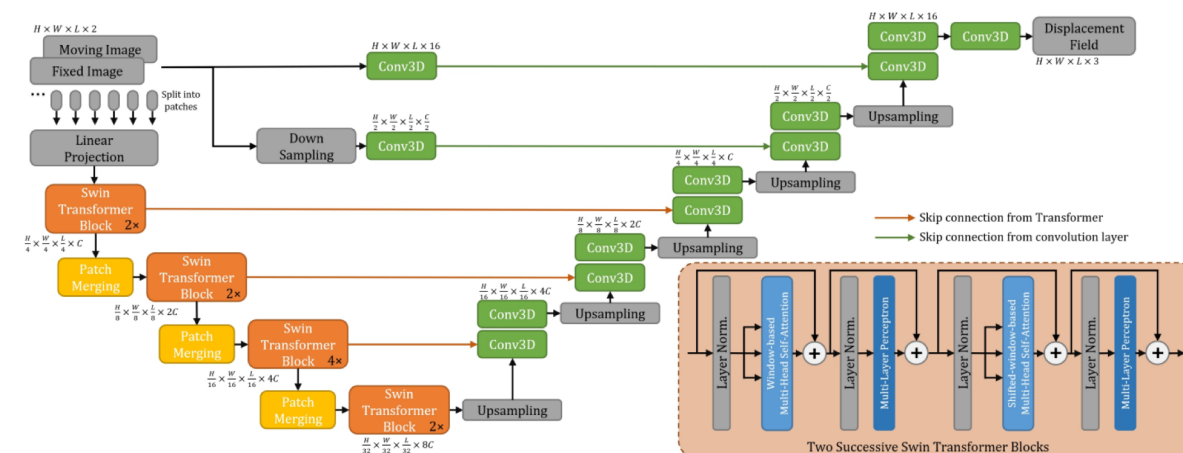
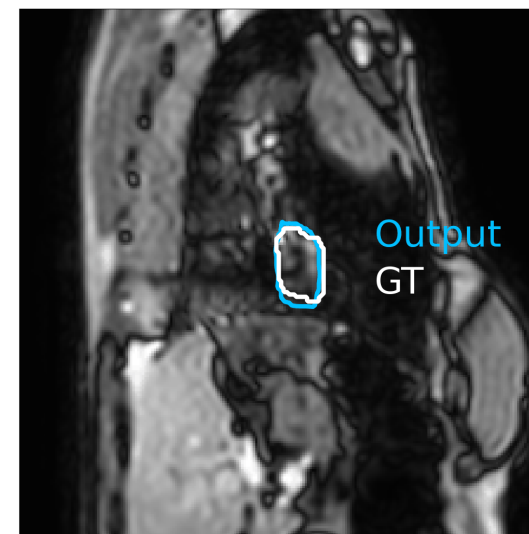


Fig. 1: The architecture of the proposed TransMorph registration network.



- Transfer learning to 1.5 cine-MRI from Unity MR-linac
- Collaboration with Sichuan Cancer Hospital, Chengdu, China



Dr. Y. Wang



T. Blöcker

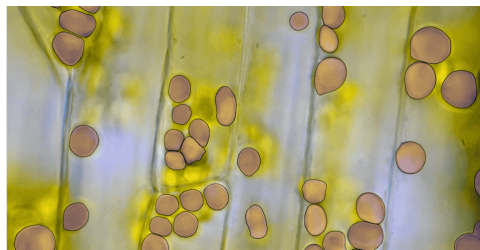
MR linac tracking

Foundation models

- Foundation models may eliminate the need for training (baseline or PS)
 - Large transformers from industry leaders
 - Pre-trained on very large databases
- *Segment Anything Model (SAM)* and *CoTracker* from Meta AI

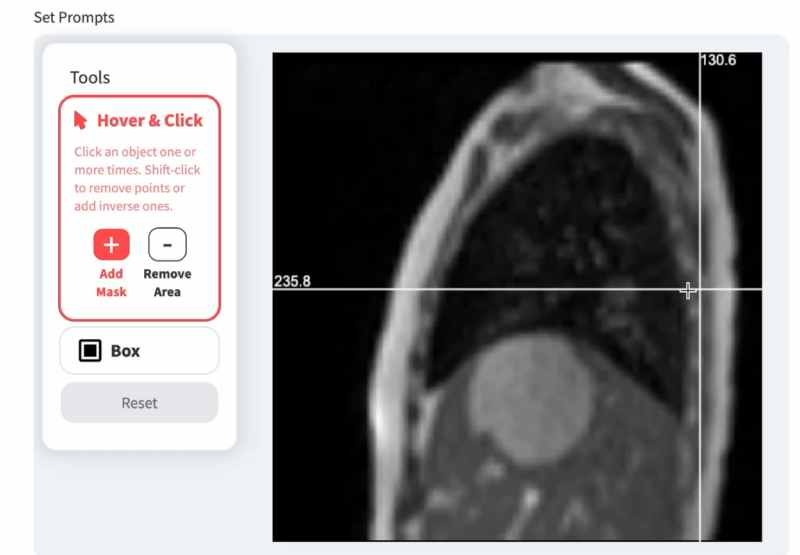


<https://www.louisbouchard.ai/meta-sam/>



<https://co-tracker.github.io/>

SAM + CoTracker demo



Click the button below to run the model, or check the 'autorun' option to automatically evaluate the prompt and model, whenever the prompt is updated.

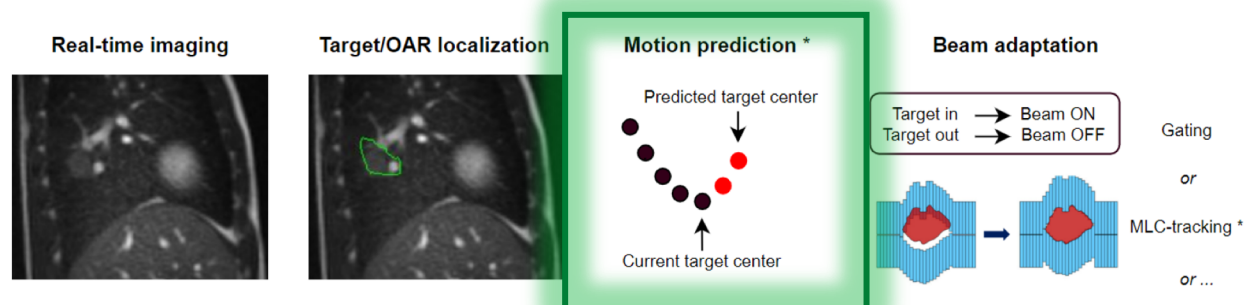
☒ Run with video generation. Deactivate on mobile or on slow internet connections.

☐ Use Initial Segmentation

☐ Autorun on prompt changes

Run

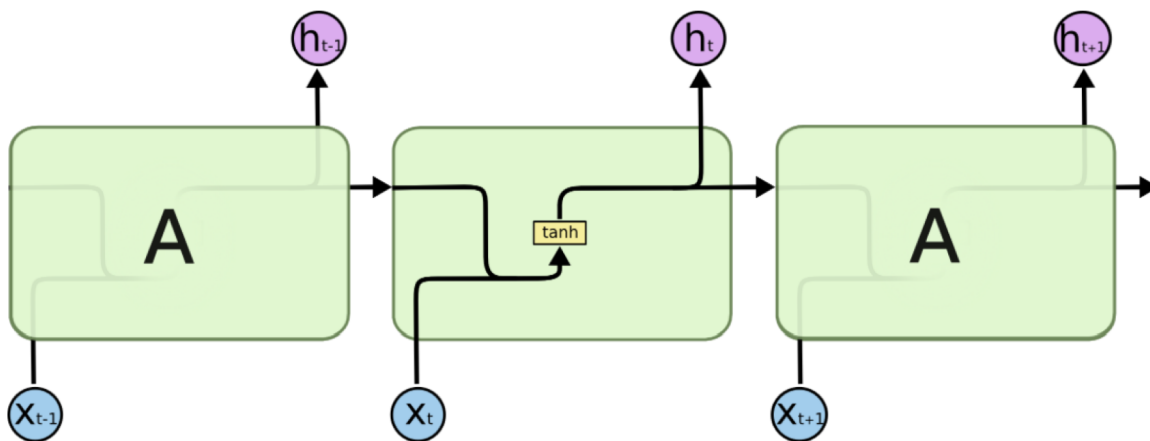
Methods for motion prediction



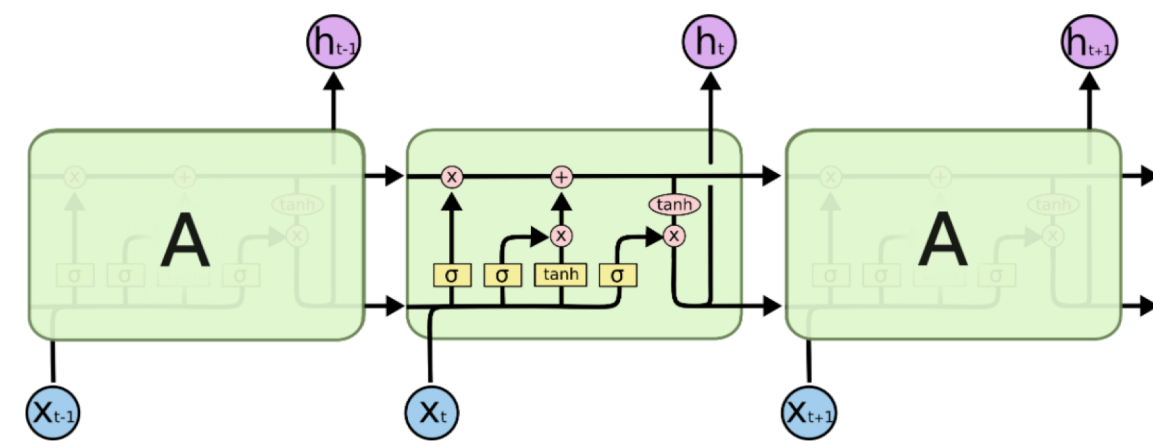
Motion tracking

Long short term memory networks

- Recurrent neural networks (RNNs) are often used for time series
- A particularly relevant approach are long short term memory networks
 - LSTM
- Architecture designed to allow learning long-term dependencies in the input data



The repeating module in a standard RNN contains a single layer.



The repeating module in an LSTM contains four interacting layers.

<https://colah.github.io/posts/2015-08-Understanding-LSTMs/>

LSTM in radiotherapy

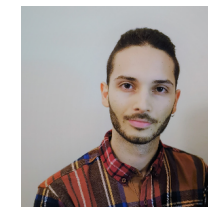
0.35 T MR linac forecasting with LSTM

ACCEPTED MANUSCRIPT • OPEN ACCESS

Offline and online LSTM networks for respiratory motion prediction in MR-guided radiotherapy

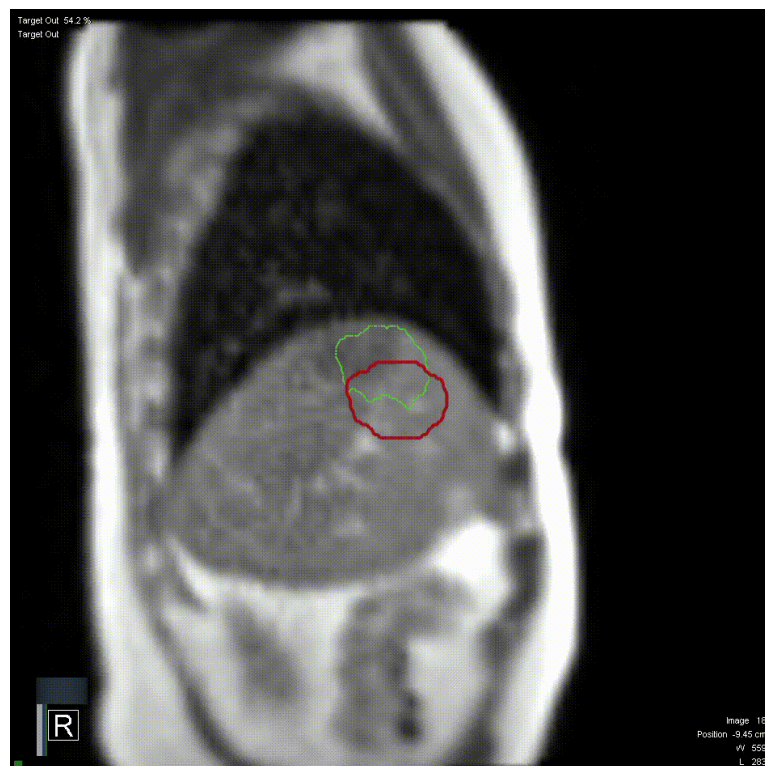
Elia Lombardo¹, Moritz Rabe¹, Yuqing Xiong¹, Lukas Nierel¹, Davide Cusumano², Lorenzo Placidi³, Luca Boldrini³, Stefanie Corradini¹, Maximilian Niyazi¹, Claus Belka¹, Marco Riboldi⁴, Christopher Kurz¹ and Guillaume Landry¹ — [Hide full author list](#)

Accepted Manuscript online 24 March 2022 • © 2022 The Author(s). Published by IOP Publishing Ltd.

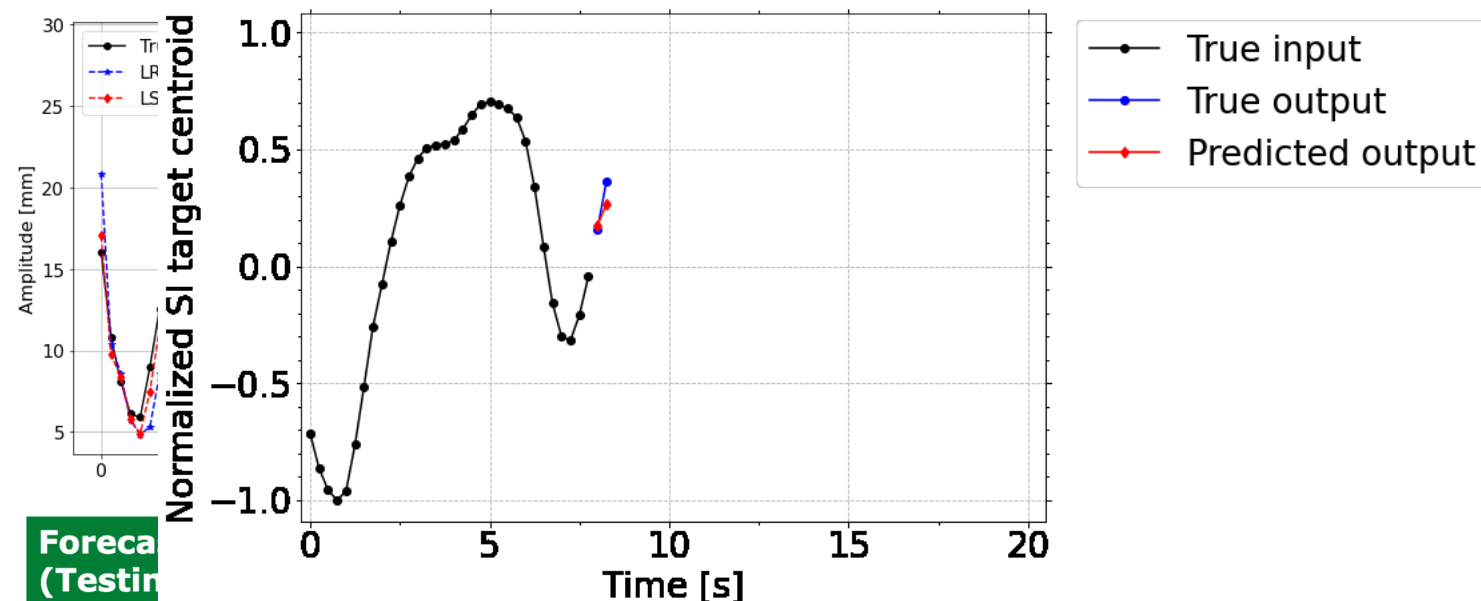


E. Lombardo

2D motion forecasting in cine-MRI



4Hz cine MRI, latency approx. 250 ms



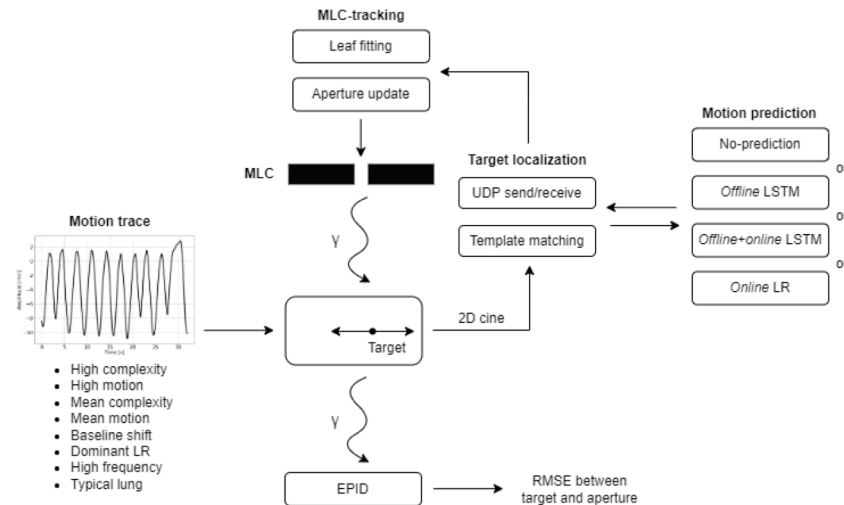
Forecast (Testing)

Forecast (Testing)	0.47 (0.12)	0.42 (0.13)	0.57 (0.14)	0.53 (0.17)
250	1.14 (0.29)	1.00 (0.31)	1.52 (0.34)	1.22 (0.30)
500	2.02 (0.48)	1.77 (0.54)	2.76 (0.61)	2.02 (0.48)
750				

LSTM in radiotherapy

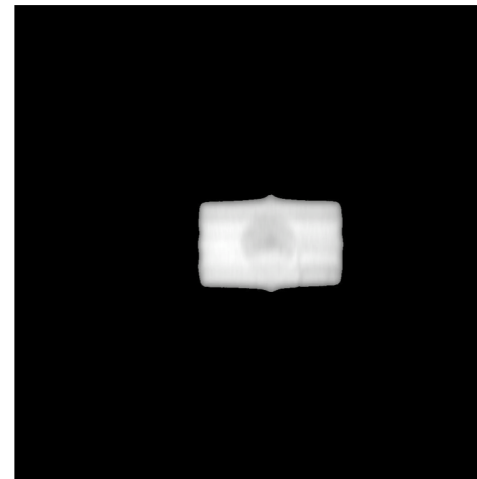
Experimental validation with MLC tracking

experimental setup

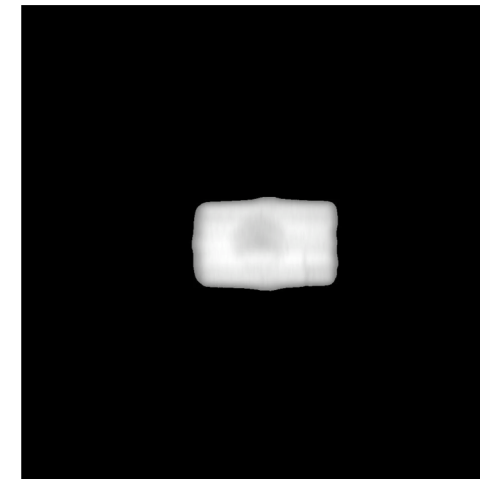


Tracking validation with EPID

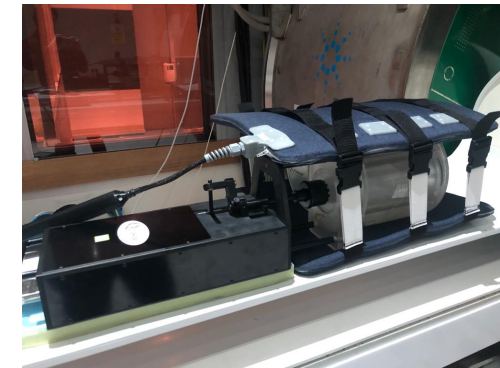
390 ms latency



LSTM



E. Lombardo @
Australian MR linac



phantom

RMSE relative to no prediction (lower better)

Motion trace	Offline LSTM	Offline+online LSTM	Online LR
High complexity	0.65; 0.64	0.58; 0.61	0.78; 0.87
High motion	0.73; 0.79	0.63; 0.64	0.78; 0.88
Mean complexity	0.72; 0.73	0.61; 0.62	0.86; 0.72
Mean motion	0.83; 0.71	0.59; 0.61	0.71; 0.66

Motion management and dose

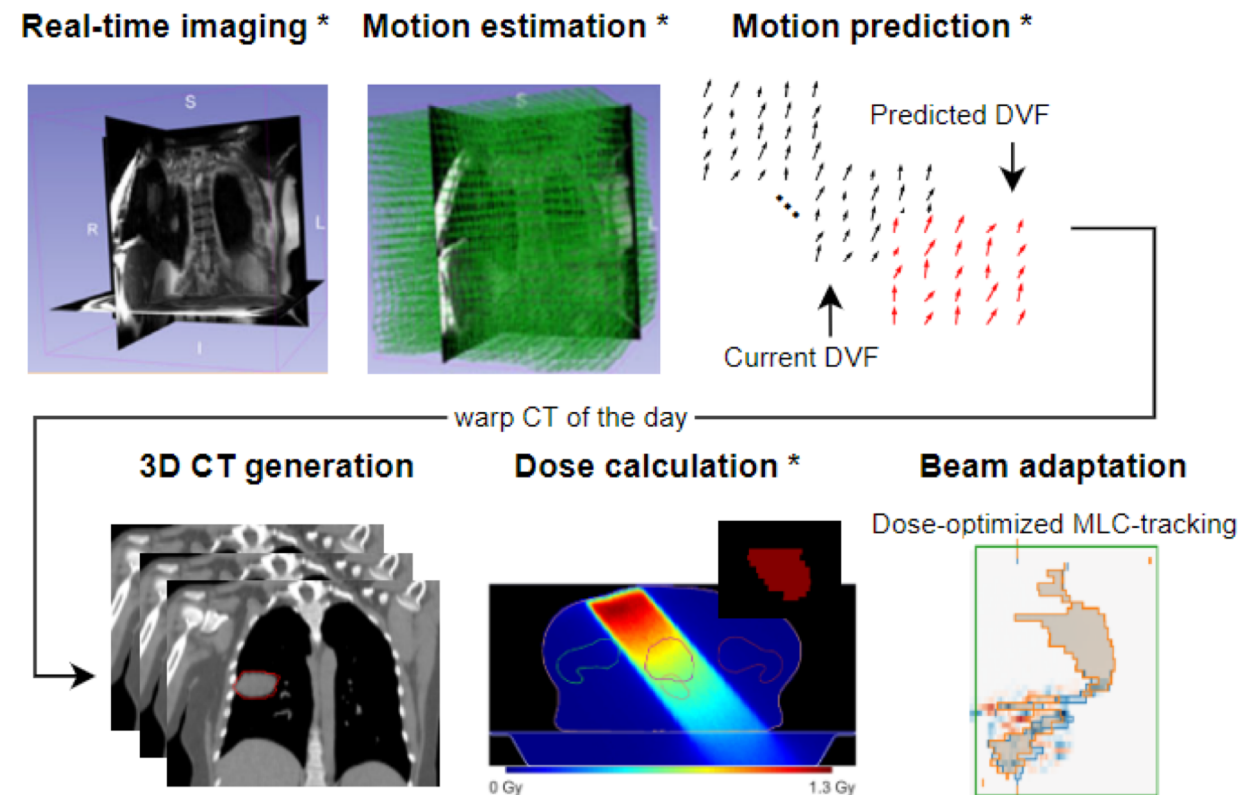
What we hope to achieve



- AI may bring speed increase for real time dose reconstruction

1. Motion tracking
2. 3D+t imaging
3. Dose reconstruction*
4. Dose accumulation

*See talk from **Fan Xiao**,
Wednesday at 11h00,
Auditorium Lumière
"LSTM-based proton
dose calculation"

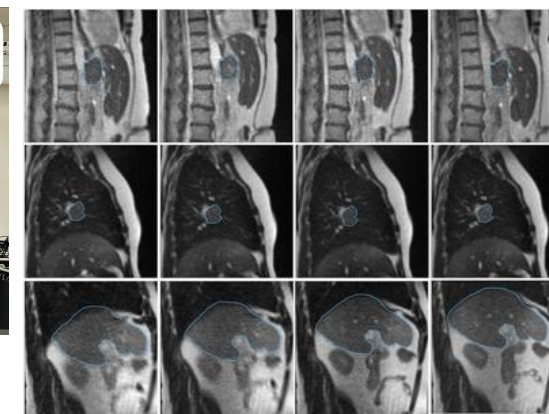


Lombardo, ..., **Landry**, ..., Placidi Radiother Oncol 2024

Conclusion

- For target localization on x-rays, object detection models have been mostly used
 - Bounding box prediction
- For MR linac target localization, networks that predict deformations or correspondence between points have been used
- In both cases, some prior knowledge is needed
 - Unlike in OAR segmentation, models do not segment or find the lesion from scratch
- Motion prediction is important for latency and can be done with long-short-term memory networks

TrackRad2025 Challenge

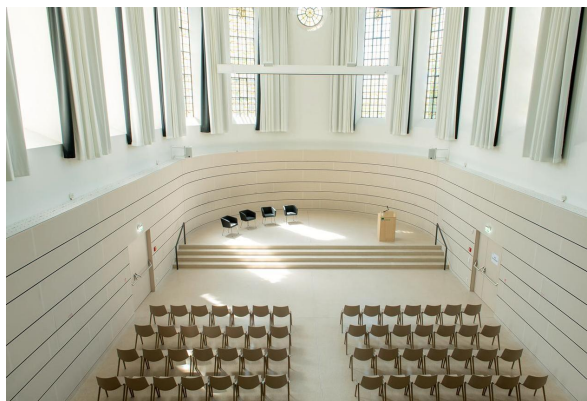


- *Large public 2D-cine MRI dataset*
- *5 participating centers (0.35 T and 1.5 T)*
- *Labelled and unlabelled data*
- **Expected March 2025!**

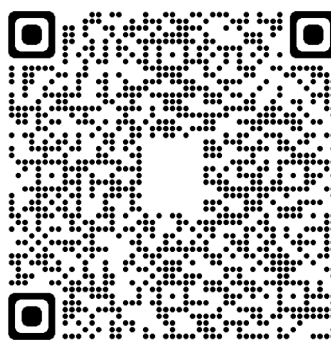
Save the date!

October 14th 2024

- One-day event at the beautiful St Vinzenz Haus in the Munich city center
- Distinguished international speakers
 - *Anna Kirby*
 - *Luca Boldrini*
 - *Jan Jakob Sonke*
 - *Lorenzo Placidi*
 - *Jennifer Dhont*
 - *Lorenzo Placidi*
 - *Niklas Wahl*
 - *Many more!*
- Contact:
 - Guillaume Landry
 - Stefanie Corradini



St Vinzenz Haus



Xchange 2024 website

XChange 2024 – Artificial Intelligence in Radiation Therapy

Monday, October 14th, 2024
St. Vinzenz Haus, München



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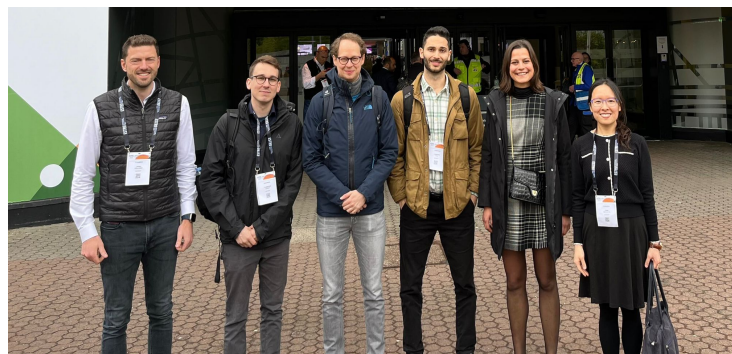
- Luca Boldrini
- Davide Cusumano
- Lorenzo Placidi

■ Image X Sydney

- Paul Keall
- Paul Liu
- David Waddington
- James Grover

■ Amsterdam UMC

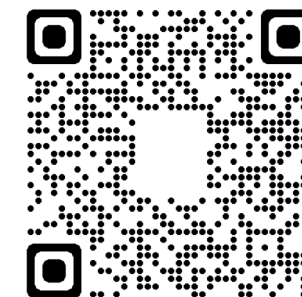
- Miguel Palacios
- Suresh Senan



Conflicts of interest

Research agreements with Brainlab, Elekta and previously ViewRay

Funding



LMU ART Lab