# Algorithmic Challenges in Radiation Therapy

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January, 2019

#### Complexity, Algorithms, Automata and Logic Meet 2019

# LaBRI

# Radiation Therapy

#### Radiation Therapy

#### Cancer treatment relying on radiations aiming at killing cancerous cells.



# Therapy modalities





















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# Different particles







Figure 1: Taheri-Kadkhoda et al. Radiation Oncology 2008

Figure 2: UCLA Brachytherapy Program

Protons and brachy therapies spare more healthy tissues

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Figure 1: Protons center are expensive - 95 Millions euros, size of a building



Figure 1: Bragg peak



Figure 2: Motion sensitivity



Figure 1: Brachy is invasive and needs catheter or needles to reach the tumor site

# Main common problem

- Take into account specificities between patients or along the treatment for a single one due to variance arising in
  - Patient setup
  - Patient breathing / coughing
  - Patient heart-beat
  - Patient discomfort
  - Patient weight fluctuation
  - Patient implants
  - ...



# What about the algorithmic in all this ?

- Binary matrices
- Stringology
- Pathways in graph
- Big data
- Deep learning



# Multileaf collimators



**Fig. 1.** a) IMRT with some intensity matrices – shown in grayscale coded grids with 5 intensities (the lighter the color the higher the radiation intensity). b) A realization of  $IM_2$  with  $i_1 = 0$ ,  $i_2 = 1$ ,  $i_3 = 2$ ,  $i_4 = 3$ ,  $i_5 = 4$ . c) MLC illustration from Varian

#### • Optimize total and/or setup time

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# Multileaf collimators

- Minimizing the total beam-on time is solvable in linear time
- Minimizing the total setup time is Strongly NP-hard even for matrices with a single row
- We investigated algorithmic aspects of two technological variants in Sofsem 2014

Multileaf collimators variants

$$\begin{bmatrix} 1 & 4 & 2 & 5 \\ 1 & 3 & 3 & 2 \\ 1 & 3 & 5 & 5 \\ 6 & 4 & 6 & 0 \end{bmatrix} = \begin{bmatrix} 0 & 0 & 0 & 1 \\ 0 & 0 & 1 & 1 \\ 1 & 1 & 1 & 0 \end{bmatrix} + \begin{bmatrix} 0 & 0 & 0 & 1 \\ 0 & 1 & 1 & 1 \\ 1 & 1 & 1 & 0 \end{bmatrix} + \begin{bmatrix} 0 & 1 & 1 & 1 \\ 1 & 1 & 1 & 0 \\ 0 & 1 & 1 & 1 \\ 1 & 1 & 1 & 0 \end{bmatrix} + \begin{bmatrix} 1 & 1 & 1 & 1 \\ 0 & 0 & 0 & 0 \\ 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 0 \end{bmatrix} + \begin{bmatrix} 0 & 1 & 0 & 1 \\ 0 & 0 & 0 & 0 \\ 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 0 \end{bmatrix} + \begin{bmatrix} 0 & 1 & 0 & 1 \\ 0 & 0 & 0 & 0 \\ 0 & 1 & 0 & 0 \\ 0 & 1 & 0 & 1 \\ 1 & 0 & 1 & 0 \end{bmatrix}$$

Figure 2: Rotating Collimator

- The Rotating MLC Decomposition problem is NP-Hard when minimizing either the total setup time or the total beam-on time
- Approximable with an additional overcost relative to size

# Multileaf collimators variants



Figure 2: Multi-Layer Multileaf Collimator

• The Dual-MLC Decomposition problem is NP-Hard when minimizing the total setup time.

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# Modulated brachytherapy



Figure 3: Modulated brachytherapy

- Conformation to the shape of the tumor site
- In practice, computation are done relatively to dose absorption in water

















- The shield configuration can be considered as fixed or dynamic
- Provided with or without rotation capabilities
- Allowing or not irradiation overdoses
- We investigated algorithmic aspects of those variants in IWOCA 2016



# Known results

- Provided with one single fixed configuration
- Allowing overdose, it can be solved in O(N log N).
- Forbidding overdose, it can be solved in O(N)



# Known results

- Considering multiple shield configurations allowed
- Achieving the optimal difference between the prescribed dose and the actual total delivered dose using a minimal number of shield configurations
- Given an upper bound on the number of shield configurations, achieving the minimum reachable difference
- Both are NP-hard even when each shield sector is associated to a even number of consecutive patient volumes
- But can be approximated in polynomial time within a factor of log of the max prescribed dose of the optimum

# Customized cylindrical shields for brachytherapy

- Manufacturing a given single best shield for a given patient (3D Metal printing)
- Assume that the physical precision of our process is limited (lower bounds on the size of a closed or open sector of a produced shield)
- We investigated algorithmic aspects of the corresponding problem in CPM 2018



# Customized cylindrical shields for brachytherapy

- Given a circular integer word *w*, the cylindrical shield to be designed can be seen as a constrained circular binary word of the same length where, when we replace each 1 by the selected irradiation time *t*, the Manhattan distance to *w* is minimal.
- Constraints on the circular binary word are according to the minimal length for an opening, and for a closed sector between two openings

# Customized cylindrical shields for brachytherapy

- A pseudo-polynomial time algorithm of complexity O(|w| \* tmax \* l<sup>3</sup>) exists with t<sub>max</sub> the maximal time of an irradiation and l the maximum sector size
- w = 013331102230313210 with  $l_0 = 3, l_1 = 5$



# Pencil Beam Discrete Scanning



# Pencil Beam Discrete Scanning



The beam is turned off between the spot positions

# Pencil Beam Discrete Scanning



The beam is turned off between the spot positions



Plan:

. . .

Step k: Energy, x coordinate , y coordinate, duration

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Plan:

. . .

Step k: Energy, x coordinate , y coordinate, duration

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Plan:

. . .

Step k: Energy, x coordinate , y coordinate, duration

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Plan:

. . .

Step k: Energy, x coordinate , y coordinate, duration

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Plan:

. . .

Step k: Energy, x coordinate , y coordinate, duration

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# Optimization of paths

- Not so much investigated from the algorithmic point of view
- Necessity to take into account motion sensitivity
- We proposed an "An open-source motion simulator for proton therapy algorithmic aspects" (MSPT) in the PhD thesis of Paul Morel 2015 which reflects the consequences of motion on a treatment



# What about big data and deep learning ?

- How to provide personal treatment plans in real time like fashion ?
- Take advantage from past treatment plans
  - Gathering treatment plans
  - Storing them in an efficient way
  - Query them in real time



# What about big data and deep learning ?

- How to provide personal treatment plans in real time like fashion ?
- Take advantage from past treatment plans
  - Avoid redundant computation
  - Being able to start from a realistic draft of the treatment plan rather than from scratch
  - Compute alternative plans to react in real time



# Learning plans rather than computed them

- Underline physics is complicated
- Rather than trying to compute it faster, could one learn it somehow ?



# Conclusion

- Radiation therapies provides lots of interesting problems
- One can easily find its own algorithmic playground