



Future developments

What do we need for our applications?

Virtual Training Course on Mathematical Modelling for Radiation Processing



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Industrial needs for MC simulation

- Irradiation installation shielding
- Beam qualification
 - shape, energy, uniformity,...
- OQ
- ...
- PQ → a tool which helps to map dose inside the product
 - product the most realistic possible
 - taking into account its variability
 - cold and hot spots in a reasonable time (for dosimeters placement)

Feasible with currently existing tools

→ What can we learn from medical use of Monte Carlo simulations?

Medical Imaging - Problematics

- PhD thesis work.
- **Interventional radiology:** X-Ray imaging during medical procedures.
- Radioprotection problematics for patient and staff.
- **Patient problematic:** when deterministic effects thresholds are exceeded
 - Estimation of patient exposure
- **Staff problematic:** optimization of exposure linked to the scattered beam
 - Pedagogic purposes



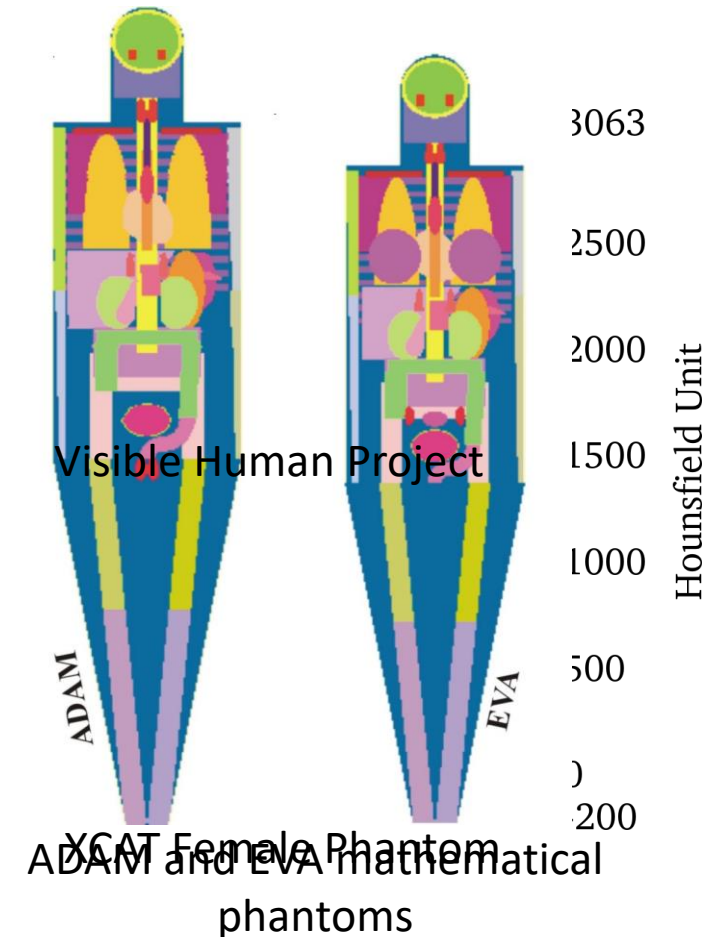
Primary beam, scattered beam

→ Monte Carlo simulation particularly adapted to answer those problematics.

- Deschler, T. (2018). *Development of a dosimetric system for interventional radiology* (Doctoral dissertation, Strasbourg).

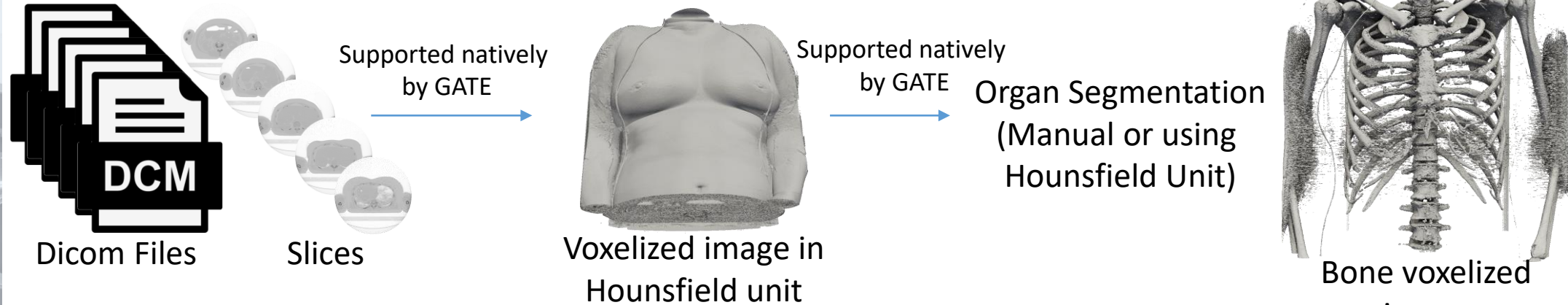
Patient representation in simulations

- How to represent patient in Monte Carlo simulations?
 - Realism is the key
- Mathematical phantoms
 - Approximation of patient...
- Anthropomorphic voxelized phantoms
 - Can be deformed to fit patient morphology
 - Organs already segmented
- CT scan patient images
 - in DICOM file format (*Digital imaging and communications in medicin*)
 - Example of Visible Human Project CT Datasets
 - Organ segmentation → complex task



- Kramer, R., Zankl, M., Williams, G., & Drexler, G. (1982). The calculation of dose from external photon exposures using reference human phantoms and Monte-Carlo methods Pt 1 (GSF-S--885). Germany
- Segars WP, Sturgeon G, Mendonca S, Grimes J, Tsui BM. 4D XCAT phantom for multimodality imaging research. *Med Phys*. 2010;37(9):4902-4915. doi:10.1118/1.3480985
- Ackerman MJ. The Visible Human Project: a resource for anatomical visualization. *Studies in Health Technology and Informatics*. 1998 ;52 Pt 2:1030-1032.

Integration of CT Scan images



$$\text{Hounsfield Unit} = \left(\frac{\bar{\mu}}{\bar{\mu}_{\text{water}}} - 1 \right) 1000$$

Sustance	HU
Air	-1 000
Lung	-500
Fat	-100 to -50
Water	0
Cerebrospinal Sluid	15
Kidney	30
Blood	+30 to +45
Muscle	+10 to +40
Grey matter	+37 to +45
White matter	+20 to +30
Liver	+40 to +60
Soft tissue	+100 to +300
Bone	+700 (cancellous bone) to +3 000 (dense bone)

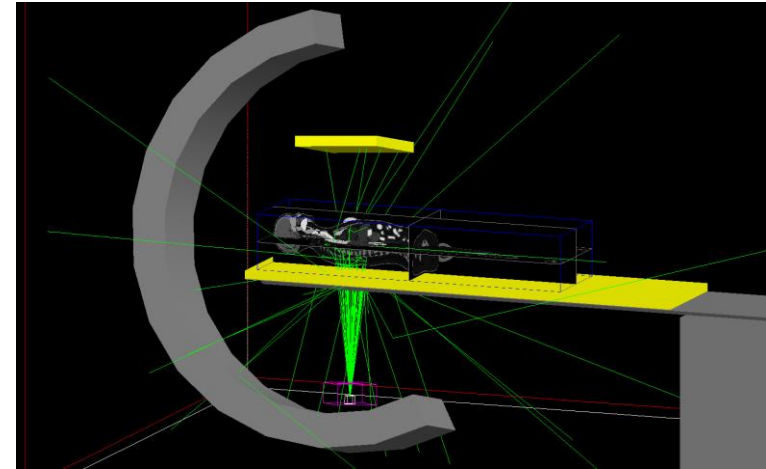
- Schneider, W et al. "Correlation between CT numbers and tissue parameters needed for Monte Carlo simulations of clinical dose distributions." *Physics in medicine and biology* vol. 45,2 (2000): 459-78. doi:10.1088/0031-9155/45/2/314

Solving patient problematic

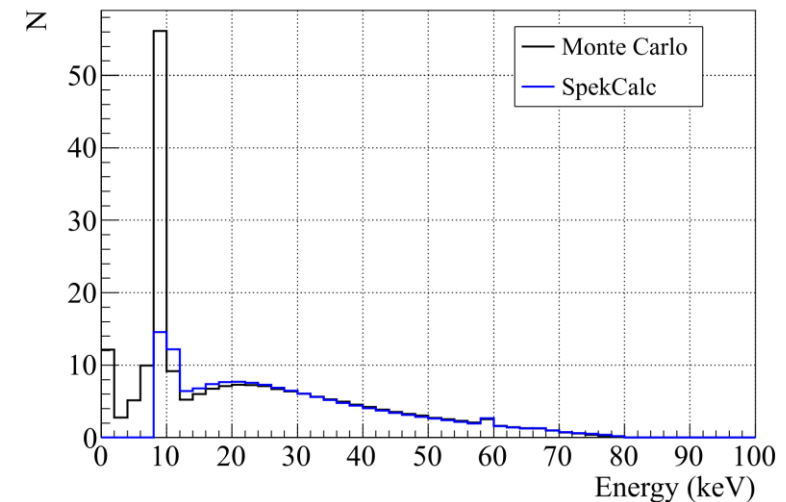
- Software developed during thesis to reconstruct patient dosimetry after interventional radiology procedures using:
 - DICOM RDSR (*radiation dose structured report*) files of the procedure (containing data of the procedure: peak energy of the X-Rays, intensity of the tube, C-arm angulation, ...)
 - GATE v8.1
 - XCAT phantoms (patient CT scan not available in most cases)
 - X Ray spectrum generated using SpekCalc (simulation of X-Ray tube very time consuming)

→ Dose to skin, dose to organs, Equivalent dose, Effective dose

- Deschler, T. (2018). *Development of a dosimetric system for interventional radiology* (Doctoral dissertation, Strasbourg).
- Poludniowski GG, Evans PM. Calculation of x-ray spectra emerging from an x-ray tube. Part I. Electron penetration characteristics in x-ray targets. *Med. Phys.*, 34(6Part1):2164–2174 (2007).
- Poludniowski GG. Calculation of x-ray spectra emerging from an x-ray tube. Part II. X-ray production and filtration in x-ray targets. *Med. Phys.*, 34(6Part1):2175–2186 (2007).



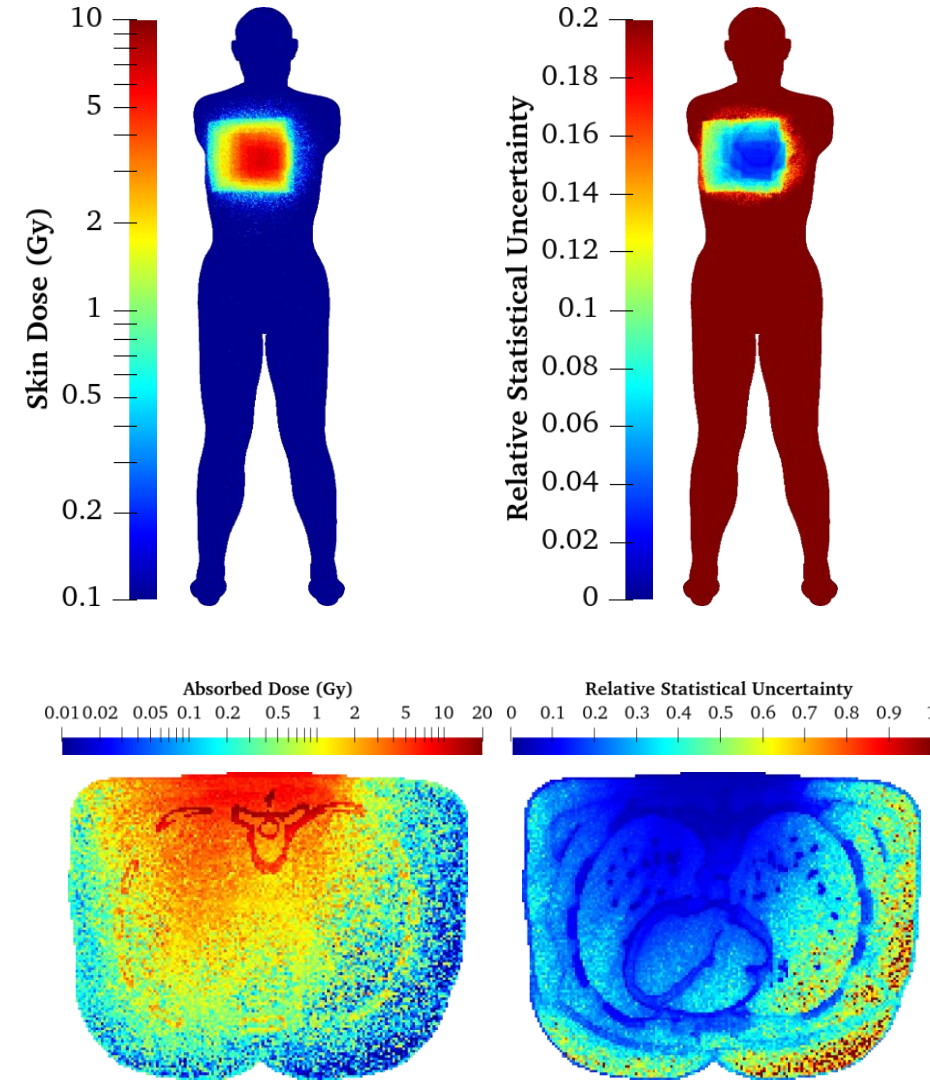
Visualization of a Gate simulation



Comparison between X-Ray spectrum obtained with SpekCalc and MC Simulation

Solving patient problematic

- Computation Time: (info proc)
- Dose skin max.: 9.0 Gy (3.1%)
- Dose organes: (stat. ucty <2%)
 - Heart: 510.9 mGy
 - Poumons: 646.3 [L:869.1-R:437.6] mGy
 - Stomac: 430.3 mGy
 - Liver: 228.6 mGy
 - Pancreas: 160.8 mGy
 - Spleen: 680.1 mGy
 - Skin: 102.3 mGy
- Effective dose: 207 mSv (1.6%)

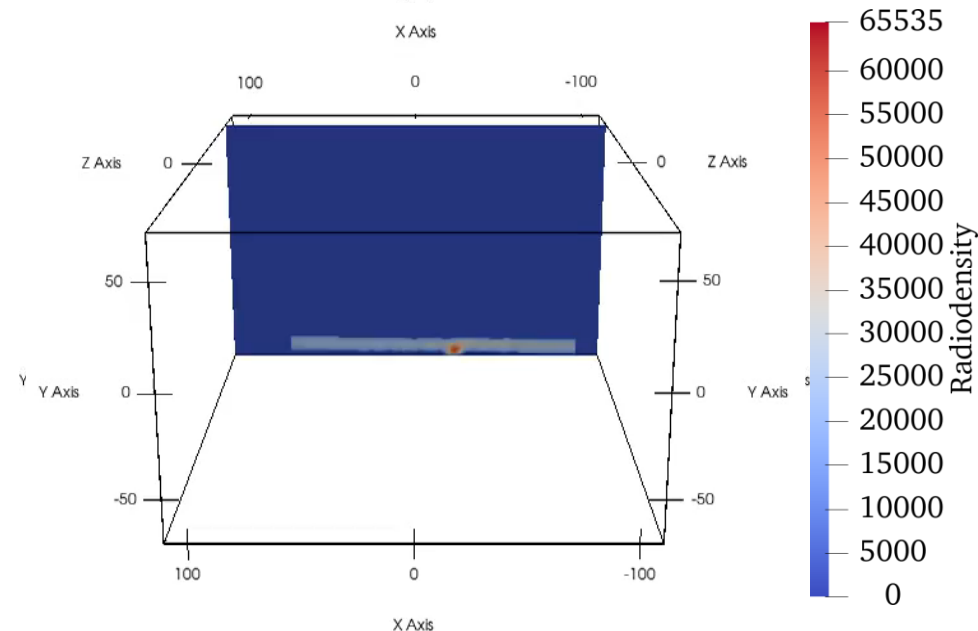


- Deschler, T. (2018). *Développement d'un système dosimétrique pour la radiologie interventionnelle* (Doctoral dissertation, Strasbourg).

Industrial Examples

Industrial Example 1

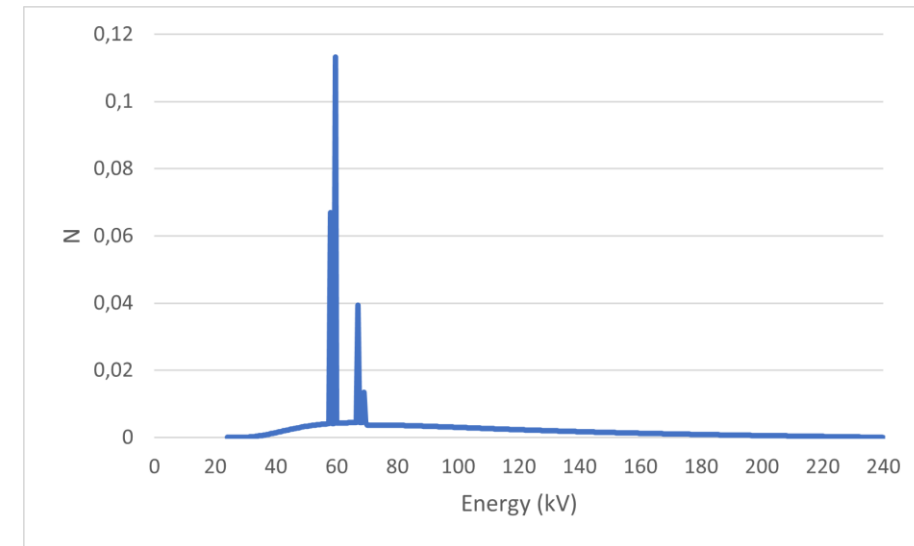
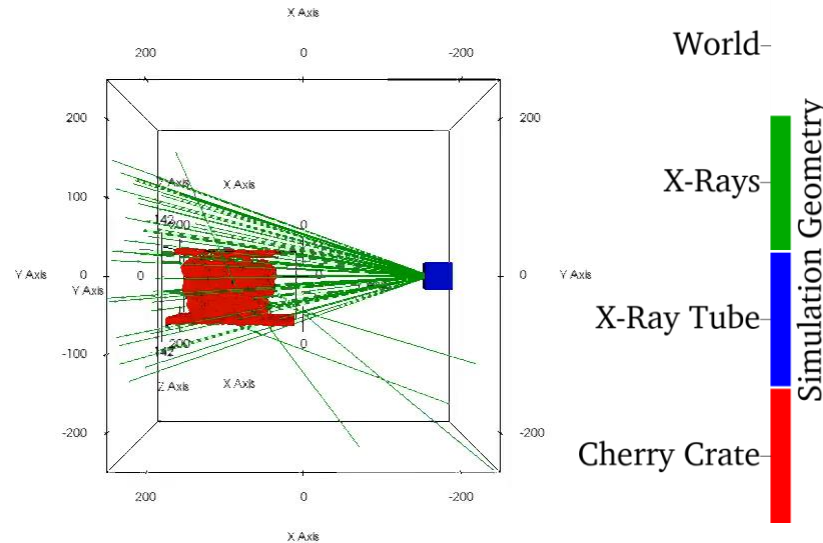
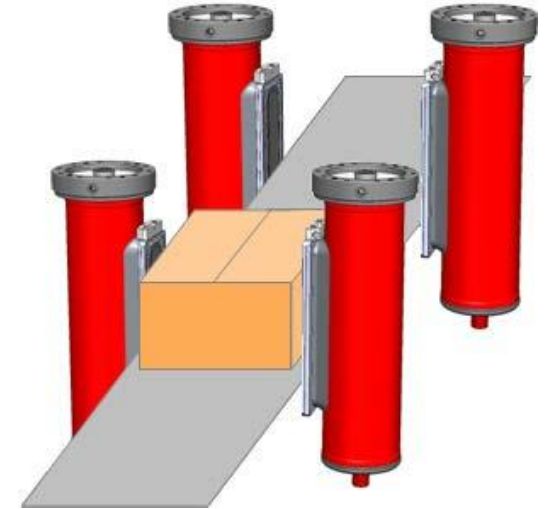
- Cherries Crate
 - Packaging size: 210x160x100mm
- Product numerized with a CT scan on a conveyor belt
 - DICOM image with 288 slices
 - Voxel resolution: 1x1x1.48 mm³



Courtesy of Nucltech Company, Ltd

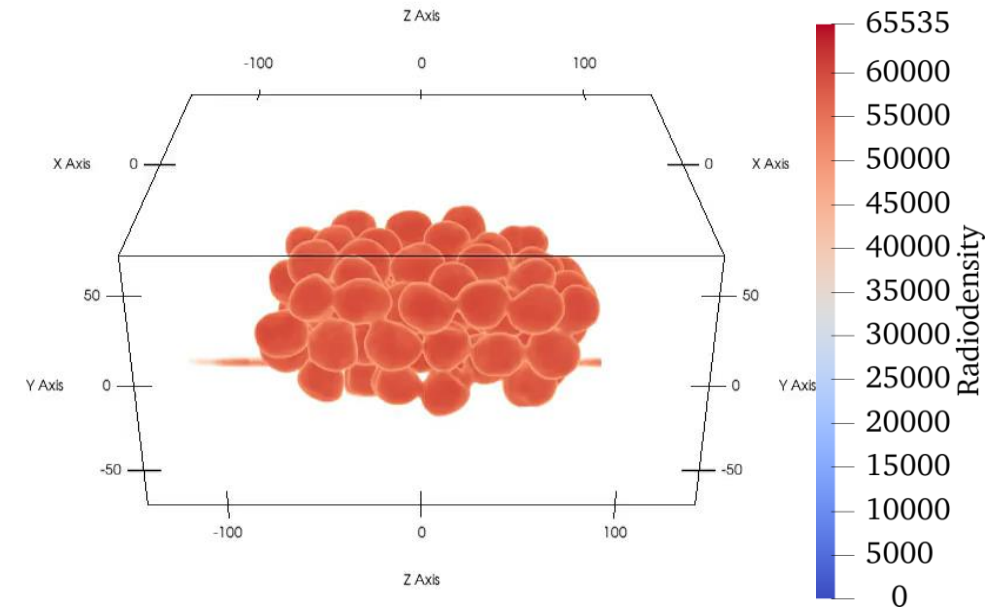
Simulation Geometry

- Irradiated with X-Rays of 240 kVp
- X-ray spectrum generated from SpekCalc.
- The cherries crate is irradiated one side after another in the simulation.
 - Half particules on each side.
 - The crate is automatically rotated in Gate.



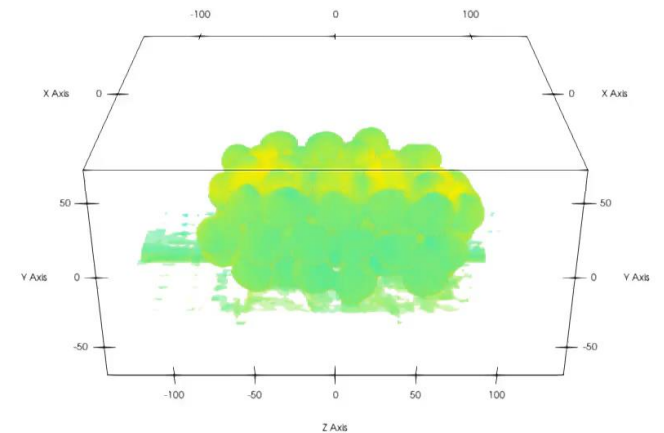
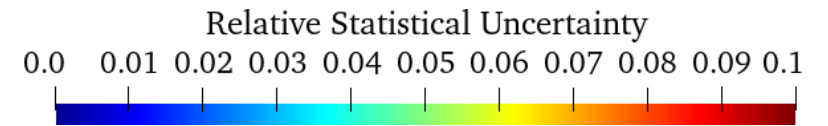
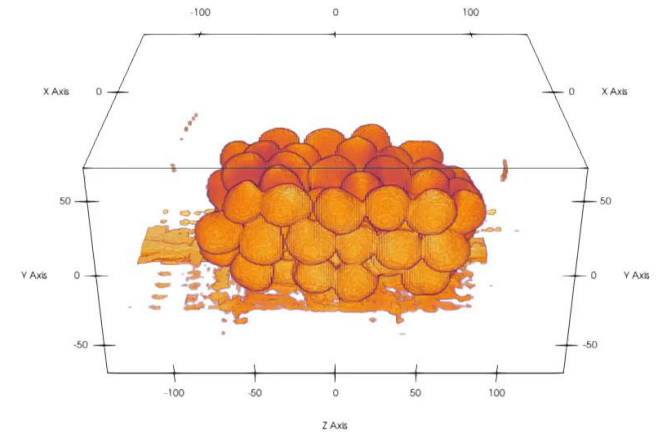
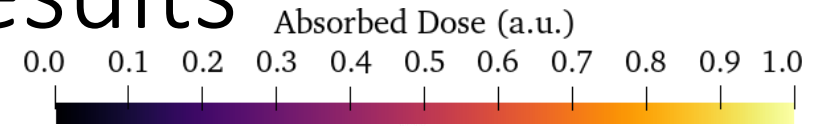
Simulation Segmentation

- **Segmentation problem:** Associate a material to an interval of radiodensity
 - Selecting only cherries
 - radiodensity over 40k
 - In simulation:
 - Under 40k: Air
 - Over 40k: Water
- clean segmentation between volumes



Simulation Results

- Parallelized simulations: 2^8 X-Rays on 16 cores (Intel Xeon Platinum)
- Total number of X-Rays: 3.2^9
- Computation Time: ~22hours/per core
- Relative statistical uncertainty: $\mu=5.2\%$ $\sigma=0.3\%$



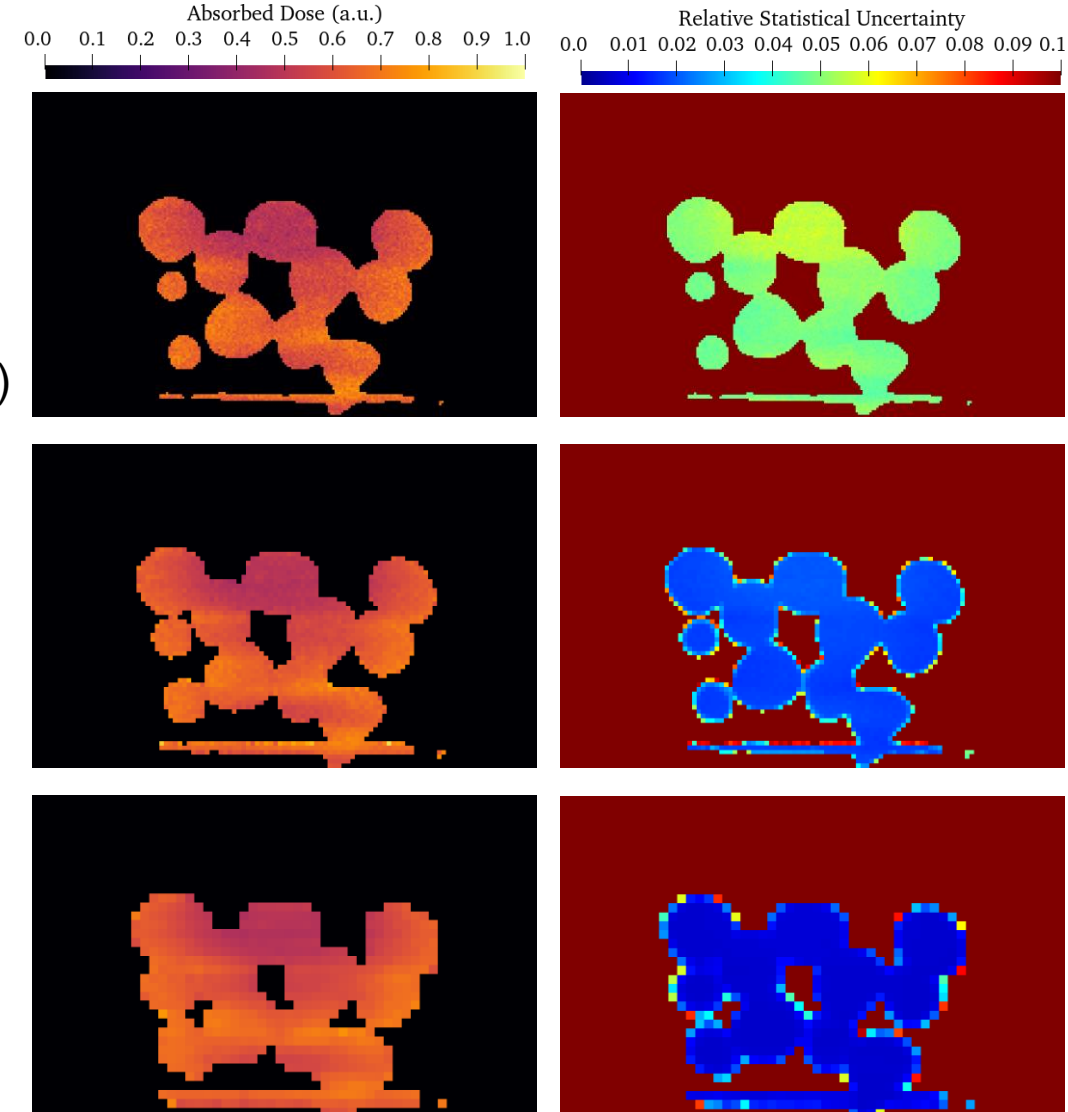
Variance Reduction: Dose Size

- **Dosel:** *Dose Map Voxel*
- More particles interacting in a volume
→ less statistical uncertainty
- Volume augmentation of a factor 8 (~2x2x2mm³)
 - Mean relative statistical uncertainty: 2.4%
 - Can achieve a mean statistical uncertainty of 5% in 5h
- Volume augmentation of a factor 64 (~4x4x4mm³)
 - Mean relative statistical uncertainty: 1.3%
 - Can achieve a mean statistical uncertainty of 5% in 1h30

$$\sigma \propto \frac{1}{\sqrt{n}} \propto \frac{1}{\sqrt{t}}$$

Dosel Size	$\bar{\Delta}$ (%)	Ratio	f_{time}
Origin	5.2	1	22h

- Deschler, T., et al. "Dose calculations in heterogeneous volumes with the GATE Monte Carlo software for radiological protection." *Radioprotection* 54.2 (2019): 125-132.



Variance Reduction: Dose Size

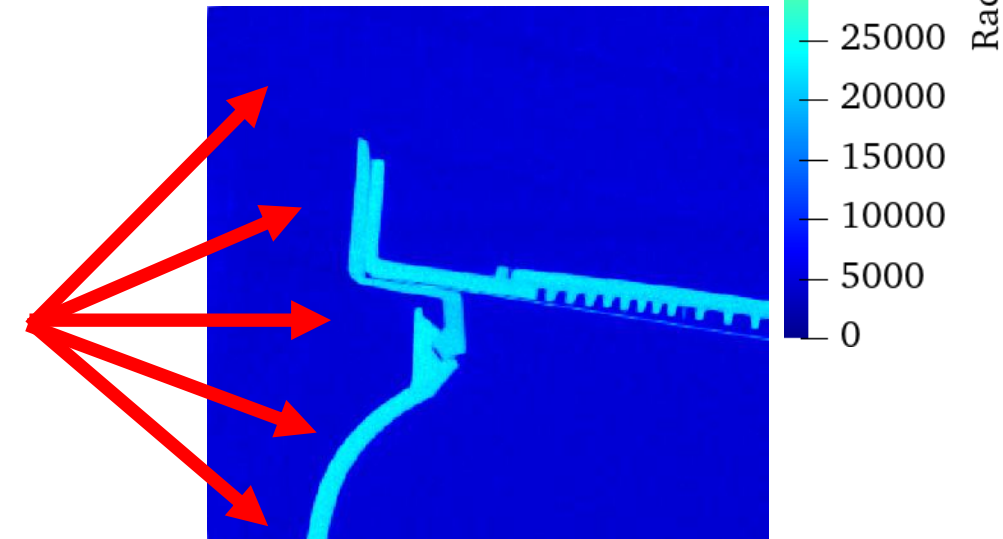
- Dose mapping in product qualification (PQ):
 - Interesting to estimate dose hot/cold spots in a minimum of time.
 - And to optimize the placement of dosimeters
- But spatial resolution is greatly diminished...
 - Cannot be used for surface dose mapping...

Industrial Example 2

- Industrial product acquired with CT scan of very good resolution
- Original voxel size: $32.4 \times 32.4 \times 32.4 \mu\text{m}^3$
- Original voxel count: near 4.5 billion
- Size of the file: 9 GB
 - **Need to resample image in order to optimize computing resources**
- Resampling to voxel size: $135.6 \times 136.2 \times 130.7 \mu\text{m}^3$
- New size of the file: 120 MB
 - **Way better**
- Segmentation using radiodensity of materials:
 - between 18k and 25k → Water
 - other → Air
- Simulation:
 - Irradiation with a monoenergetic electron beam of 400 keV

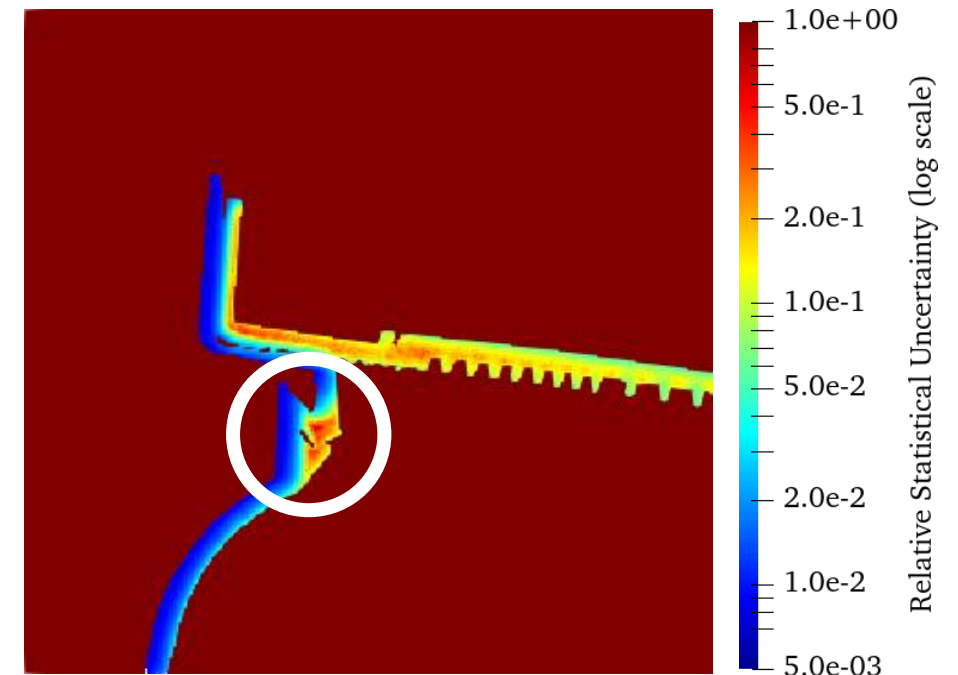
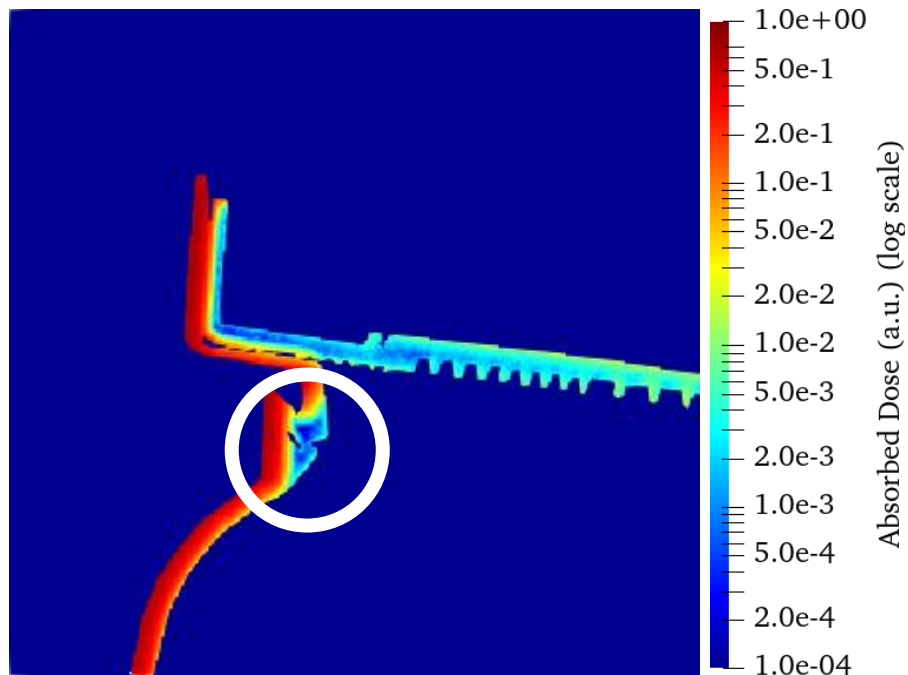


Scanned product (cropped)



Results

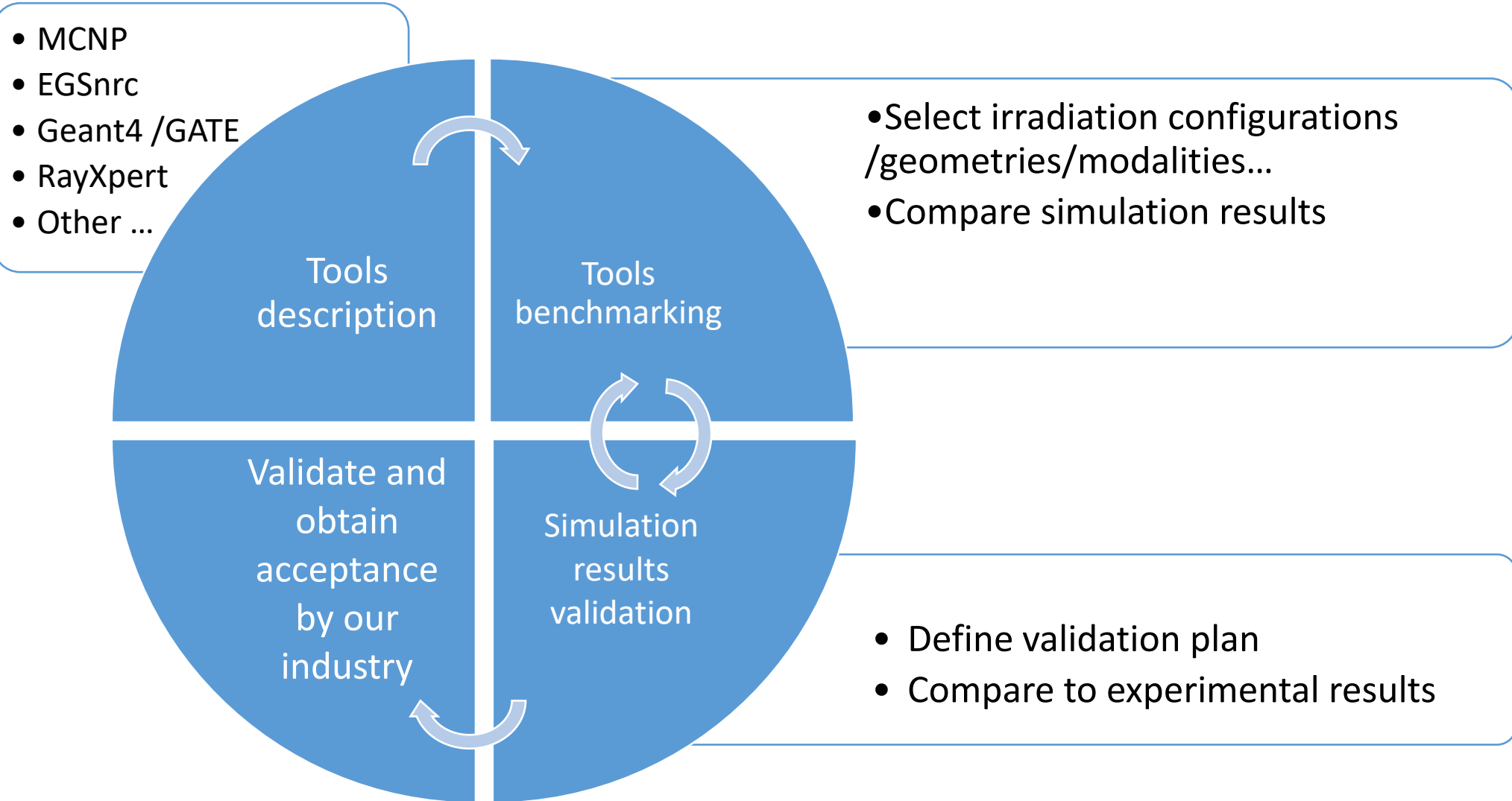
- 45 cores (Intel Xeon Platinum)
- Number of electrons: $2e8$ per core ($9e9$ total)
- Simulation time: 8h per core
- 2.5 GB of RAM per core (113 GB total)
- Very good uncertainty at entrance surface ($< 5\%$)
- Dose distribution can easily be visualized (cold/hot spots)



Limitations

- Voxelized image resolution limitations:
 - Too low:
 - - blurry interfaces
 - - difficulties to segment product materials
 - + less time to converge
 - Too high:
 - - large memory consumption
 - - high computation time to converge
 - + high precision of dose maps
- Voxel resolution optimization is a key point to master

Acceptance by our industry and validation





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*La bonne dose d'innovation**
* the best dose of innovation