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# PREDICTION OF HIGH-RESOLUTION PORTAL IMAGES FOR TREATMENT VERIFICATION IN RADIOTHERAPY BY COUPLING MONTE CARLO SIMULATIONS TO NON PARAMETRIC BAYESIAN DENOISING

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## I. INTRODUCTION

In order to ensure safety and efficiency in the delivery of Intensity Modulated Radiotherapy (IMRT) treatments, amorphous silicon (a-Si) electronic portal imaging devices (EPIDs) are now routinely used for dosimetric verifications. A straightforward way to do this is to compare the measured EPID image with a reference image which can be calculated in the treatment planning system (TPS). Among the various prediction models proposed to compute the reference image, Monte Carlo (MC) simulation is highly attractive due to its ability to predict accurately and directly the dose to the detector in a wide range of configurations, without requiring the conversion to dose in water [1]. However, MC remains to date so time consuming that MC computation of portal images with meaningful statistical uncertainty is only feasible for pixel sizes around 2 mm, which could lead to misinterpretations due to the loss of image resolution. To overcome this problem, we developed a new method to compute high resolution reference EPID images in reasonable computing times. This method is based on the denoising of MC calculated images with a non parametric Bayesian algorithm called DPGLM (for Dirichlet Process Generalized Linear Model) [2], particularly suited to very noisy images. In this study, an accurate model of an a-Si EPID was first developed and validated. Then, the performances of the denoising algorithm were assessed and compared to those obtained with IRON (Iterative Reduction Of Noise [3]), a denoising algorithm usually employed in radiotherapy. Finally, MC images of a head-and-neck treatment plan were computed and denoised, and then compared to acquired EPID images.

## II. MATERIALS AND METHODS

### II.1. EPID model development and validation

Experiments were carried out with a Siemens Optivue1000 EPID mounted on a Siemens ARTISTE linear accelerator (linac). The Optivue1000 is an a-Si flat panel device of  $1024 \times 1024$  pixels of  $0.39 \times 0.39$  mm<sup>2</sup> each, representing a  $41 \times 41$  cm<sup>2</sup> active detection area. The PENELOPE MC code was used both to model the linac [4] (including a full description of the Siemens 160 leaf MLC) and the EPID. The EPID model consists of 13 layers described in terms of geometry and materials according to manufacturer's information. To mimic backscattering coming from structures surrounding the EPID, uniform water-equivalent slabs of varying thicknesses (from 1 to 70 mm) were added below this model and corresponding images were simulated for  $10 \times 10$  and  $20 \times 20$  cm<sup>2</sup> fields. By comparing profiles drawn in the inline and crossline directions on simulated and acquired images, a non-uniform map of water-equivalent slabs can be deduced.

The final model was validated against experimental data for two configurations. First, portal images without phantom in the beam were acquired for different jaw defined field sizes ( $5 \times 5$ ,  $10 \times 10$ ,  $15 \times 15$ ,  $20 \times 20$  and  $25 \times 25$  cm<sup>2</sup>) with the EPID positioned at a 100 cm source to detector distance (SDD). Second, a layered heterogeneous phantom (cf Figure 1) was placed in the beam, its entrance face located at 67.8 cm from the source. This phantom is made of two  $30 \times 30 \times 5$  cm<sup>3</sup> slabs of water equivalent material ( $1.04$  g/cm<sup>3</sup>), a  $30 \times 30 \times 8$  cm<sup>3</sup> slab of CIRS bone equivalent material ( $1.8$  g/cm<sup>3</sup>) and two  $30 \times 16 \times 8$  cm<sup>3</sup> slabs of CIRS lung equivalent material ( $0.3$  g/cm<sup>3</sup>), separated by a 3 cm air gap. For the model validation step, portal images were computed on a  $256 \times 256$  pixel grid (pixel size: 1.6 mm) to decrease the simulation run time. Acquired and simulated images were then compared using a 2 % / 2 mm gamma-index, after normalization of the simulated images with respect to acquired images.

### II.2. Denoising of portal images

#### II.2.1. IRON denoising method

The IRON denoising method relies on the minimization of a criterion combining two terms: one accounting for the data adjustment and the other one encouraging low curvature. But since the curvature penalty in IRON is non-convex, a global minimum solution is not guaranteed. Another difficulty in the IRON method lies in the roughness of the non differentiable penalty. Minimization routines like conjugate gradient or quasi-Newton methods are known to be non optimal for such non smooth functions.

With a pixel size of about 2 mm, these algorithmic difficulties tend to be mitigated since the MC calculated dose images can exhibit a convenient signal-to-noise ratio (SNR). In this situation, the initial point of the optimization, which is taken to be the MC data, is not "so far" from the desired solution. But this is not the case when one wants to respect the EPID's physical pixel size (0.39 mm) in the MC simulations. We are faced here to a much noisier environment for reasonable computation times. Initialization through raw MC data can thus

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56 reveal the ill-behavior of the minimization routine and extremely slow convergence to a local minimum. This  
 57 initialization point's dependency may appear troublesome and this work aims at proposing a method relaxing  
 58 this constraint.

### 59 **II.2.2. Principles of the DPGLM denoising method**

60 In the statistical interpretation of the IRON criterion, the curvature penalty can also be seen as a kind of *prior*  
 61 term characterizing our degree of belief in a smooth dose deposit. This Bayesian rephrasing of the denoising  
 62 problem forms in that way the framework of the proposed approach. A key point of Bayesian methods is that  
 63 they give access to the estimation's uncertainty. Namely, we seek for the whole set of solutions, expressed by  
 64 their *posterior* distribution, instead of looking for just a particular one. We retain for the dose estimate the  
 65 posterior mean – which minimizes the L2 risk –. As a side-effect, our method is able to propagate the whole  
 66 information present in the MC data.

67 Another characteristic of our approach is its nonparametric feature. Since the number of variables is huge in the  
 68 EPID's MC data denoising problem ( $n=1024 \times 1024$  pixels), it turns out that it is convenient to consider the  
 69 problem as the estimation of a continuous surface in  $R^2$  which amounts to infer over a potentially infinite number  
 70 of parameters, leading to a so-called *Bayesian nonparametric regression* approach. All statistical material cannot  
 71 be expressed here and readers may refer to [2, 5] to gain an insight into involved methodologies. We model the  $n$   
 72 computed EPID's data  $(x_i, y_i)$  for  $i=1, \dots, n$ , where  $x_i \in R^2$  stands for the pixel coordinates and  $y_i$  for the pixel's  
 73 calculated dose. The method lies in estimating  $f(x, y)$ , the joint distribution of  $(x, y)$ , from simulated points  $(x_i, y_i)$  in  
 74 a nonparametric way and to take for the denoised dose  $d(x)$  for all  $x \in R^2$ :

$$d(x) = E(y|x) = \int_R y \cdot f(y|x) dy = \frac{\int_R y \cdot f(x, y) dy}{\int_R f(x, y) dy} \quad (1)$$

75 Nonparametrics arise from the choice of a Dirichlet Process Mixture (DPM) for prior specification of the joint  
 76 density  $f(x, y)$ . Roughly, the DPM structure involves an open-ended number of components which relies only on  
 77 the dataset and DPM parameters.

78 From the elicited prior and data  $(x_i, y_i)$ , we want to compute the posterior distribution  $f(x, y|x_1, y_1, \dots, x_n, y_n)$   
 79 and conditional expectation  $\hat{d}(x) = E(y|x, x_1, y_1, \dots, x_n, y_n)$ . The exact computation of the posterior is  
 80 intractable and we use a Markov Chain Monte-Carlo (MCMC) approximation scheme (Gibbs sampler) to draw  
 81 samples from the target distribution.

82 At each iteration ( $t$ ) of the MCMC procedure, we are thus able to sample a denoised dose surface  $d(x)^{(t)}$ . For  $T$   
 83 samples, the posterior distribution is given by the set of  $d(x)^{(t)}$  for  $t = 1, \dots, T$ , and the dose estimate (posterior  
 84 mean) is expressed as:

$$\hat{d}(x) \approx \frac{1}{T} \sum_{t=1}^T d(x)^{(t)} \quad (2)$$

85 We can as well compute the posterior standard deviation or credible intervals from the collection  $\{d(x)^{(t)}\}$ .

86 All parameters of the DPM prior distribution are also sampled at each iteration, assuming an additional degree of  
 87 hierarchy in the dose data model and putting vague priors on these parameters.

### 88 **II.2.3. Denoising test case**

89 Denoising effectiveness of the DPGLM algorithm was assessed on  $1024 \times 1024$  images simulated for the  
 90 heterogeneous phantom irradiated by a  $15 \times 15$  cm<sup>2</sup> field. MC calculations of phase space files (PSF) storing 50,  
 91 100, 500, 1000, 1700, 3000 and 5000 million photons were performed with associated statistical uncertainties of  
 92 better than 15, 10, 5, 3.5, 2, 1 and 0.7 % of the maximum dose. Portal images were then simulated using these  
 93 PSF and recycling particles with a splitting factor of 10, and they were then denoised with the DPGLM and  
 94 IRON algorithms. To assess performances of both algorithms, we calculated in a  $600 \times 600$  pixel central area of  
 95 the image the fraction of pixels presenting a difference of more than 1 % of the maximum normalized dose, with  
 96 respect to the reference image. Due to computational time limitations linked to EPID's MC calculations, the  
 97 choice of a common reference image remains a tricky issue since the image with the best statistical uncertainty  
 98 (0.7 %) is still too noisy to be taken as the reference. In order to avoid any bias in the comparison, we then  
 99 resorted to use a reference for each denoising method, namely the image with 0.7 % statistical uncertainty  
 100 denoised with the algorithm under test. The reference for raw MC image evaluation is the 0.7 % statistical  
 101 uncertainty MC image itself.

### 102 **II.2.4. Application to a head-and-neck treatment plan**

103 The portal image associated to one of the beams used in a head-and-neck IMRT treatment plan was simulated  
 104 with an associated statistical uncertainty of better than 5 % and was denoised with DPGLM and IRON.

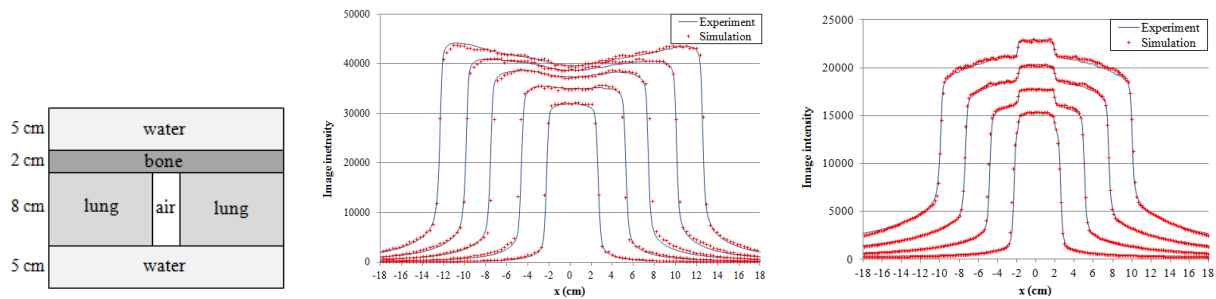
105 **III. RESULTS**

106 **III.1. EPID model development and validation**

107 The model for the Optivue1000 EPID that best matches experimental data includes two kinds of non-uniform  
 108 layers of water-equivalent material beneath the 13 layers model: a 50 mm water layer of  $16 \times 33 \text{ cm}^2$ , centered in  
 109 ( $x=0 \text{ cm}$ ,  $y=-4 \text{ cm}$ ) (the Y axis refers to the inline direction) and anywhere else a 30 mm water layer. Profiles  
 110 drawn through acquired and simulated images in the crossline direction are shown on Figure 2, for portal images  
 111 without and with phantom in the beam, respectively. 2D gamma-index values are also given in Table I. These  
 112 results demonstrate the need to include in the model a correction for backscatter to accurately predict portal  
 113 images in any configuration, especially for large field sizes.

114 **Table I.** Comparison of gamma-index values obtained for the different configurations.

Field size (cm <sup>2</sup> )	Images without phantom		Images with phantom
	Without backscatter correction	With backscatter correction	With backscatter correction
5 x 5	99.4 %	99.4 %	99.4 %
10 x 10	95.0 %	98.4 %	98.1 %
15 x 15	—	97.4 %	97.5 %
20 x 20	57.2 %	95.4 %	96.1 %
25 x 25	24.6 %	93.1 %	—



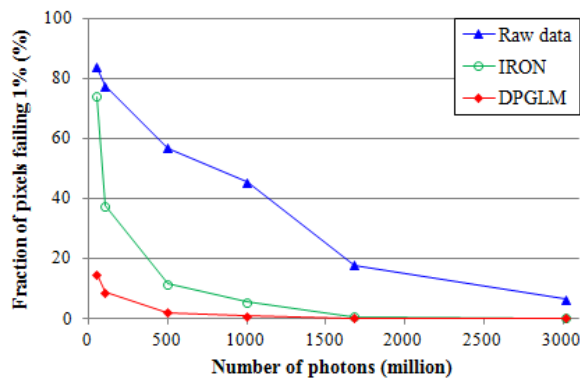
**Figure 1.** Description of the heterogeneous phantom.

**Figure 2.** Profiles for acquired (blue) and simulated (red) portal images in the crossline direction, for the configuration without phantom (left) and with phantom (right).

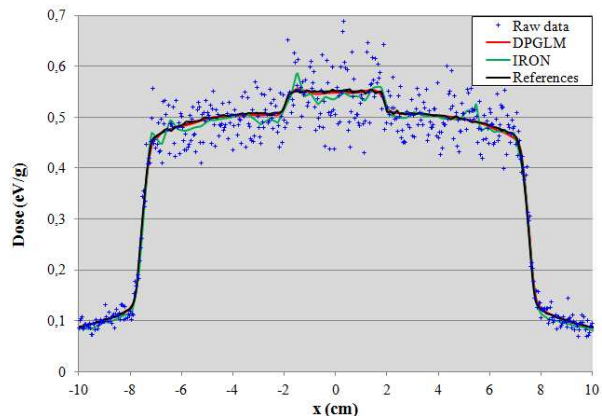
115 **III.2. Denoising of portal images**

116 **III.2.1. Denoising test case**

117 As expected, we experienced slow convergence for the IRON algorithm for low SNR images. Note that, due to  
 118 the large amount of variables, we resorted to use a limited-memory Broyden, Fletcher, Goldfarb, Shanno  
 119 algorithm (LM-BFGS) [6]. Despite the needs of significant computing requirements, the structure of DPGLM  
 120 algorithm makes it suitable for parallelization contrary to the LM-BFGS optimization algorithm. As a  
 121 consequence, the effective computation times are similar for both methods.



**Figure 3.** Fraction of pixels failing the 1% difference test for MC images (raw data), images denoised with IRON and with DPGLM.



**Figure 4.** Central profiles drawn through the reference image, the MC image, the image denoised with IRON and the image denoised with DPGLM, for a 100 million photons PSF.

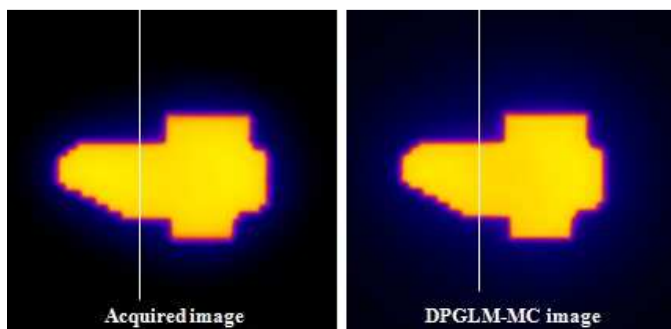
123

124 Figure 3 summarizes the fraction of pixels which fail the 1% criterion. In all cases, the interest of using any of  
 125 the denoising algorithms is evident, even for MC images with a high SNR. IRON and DPGLM exhibit similar

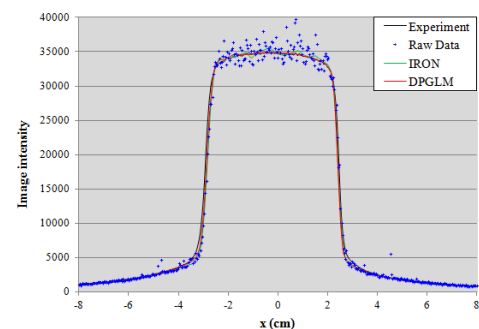
126 performances for images with a statistical uncertainty better than 2 %. At lower SNR, the statistical basis of  
 127 DPGLM offers more robustness with respect to noise. This allows maintaining below 2 % the fraction of pixels  
 128 failing the chosen dose criterion for images with a statistical uncertainty lower than 5 %. Obtaining the same  
 129 image quality with IRON would require a PSF about three times larger. We also observe on the profiles shown  
 130 in Figure 4 that DPGLM produces smoother images than IRON while preserving edges in high-gradient dose  
 131 regions. These results demonstrate that it is possible to reach image quality compatible with clinical  
 132 interpretation for PSF storing between 100 (10 % statistical uncertainty) and 500 million photons (5 % statistical  
 133 uncertainty) with DPGLM. For instance, the computation of the simulated image on 100 processors (2.26 GHz)  
 134 of our Linux cluster lasts in half an hour when running 100 million photons from the PSF and 2,5 hours when  
 135 running 500 million photons. In the same configurations, DPGLM denoising on  $1024 \times 1024$  images necessitates  
 136 1,5 hour. The complete computation of the portal image takes 2 hours and 4 hours for 100 and 500 million  
 137 photons, respectively. Shorter MC simulation times were observed for smaller field sizes.

### 138 III.2.2. Head-and-neck treatment plan

139 The acquired image and its reference image calculated by combining MC simulation and DPGLM denoising are  
 140 shown on Figure 5. Profiles drawn along the white line on the acquired image, the undenoised MC image, the  
 141 MC image denoised with IRON and DPGLM are compared on Figure 6. Here again, DPGLM produces  
 142 smoother images than IRON and allows direct comparison with the acquired image at the same resolution.



143 **Figure 5.** Acquired EPID image (left) and associated simulated image  
 144 after denoising with DPGLM (right), for the head-and-neck treatment  
 145 beam.



146 **Figure 6.** Profiles drawn through the acquired  
 147 image, the MC image undenoised, the MC image  
 148 denoised with IRON and with DPGLM.

## 143 **IV. DISCUSSION AND CONCLUSION**

144 This study shows that the combination of MC simulations with efficient denoising methods enables the accurate  
 145 computation of high-resolution portal images for computational burden now compatible with clinical settings  
 146 and acceptable for TPS. Particularly, in a context of low SNR, DPGLM reveals interesting performances. In  
 147 addition, some features of the proposed method have not been fully investigated. Among them, based on a  
 148 nonparametric regression approach, DPGLM is able to interpolate the dose deposit at any coordinates of the  
 149 portal image's plane. This could offer flexibility in the choice of final image resolution. Another key feature of  
 150 the approach lies in the uncertainty estimation over the whole image. This could bring enhanced information  
 151 which can help in practical situations to determine credible intervals containing the desired dose image.

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