

MAKING MOLEHILLS OUT OF MOUNTAINS: COMPLEXITY IN RADIATION ONCOLOGY

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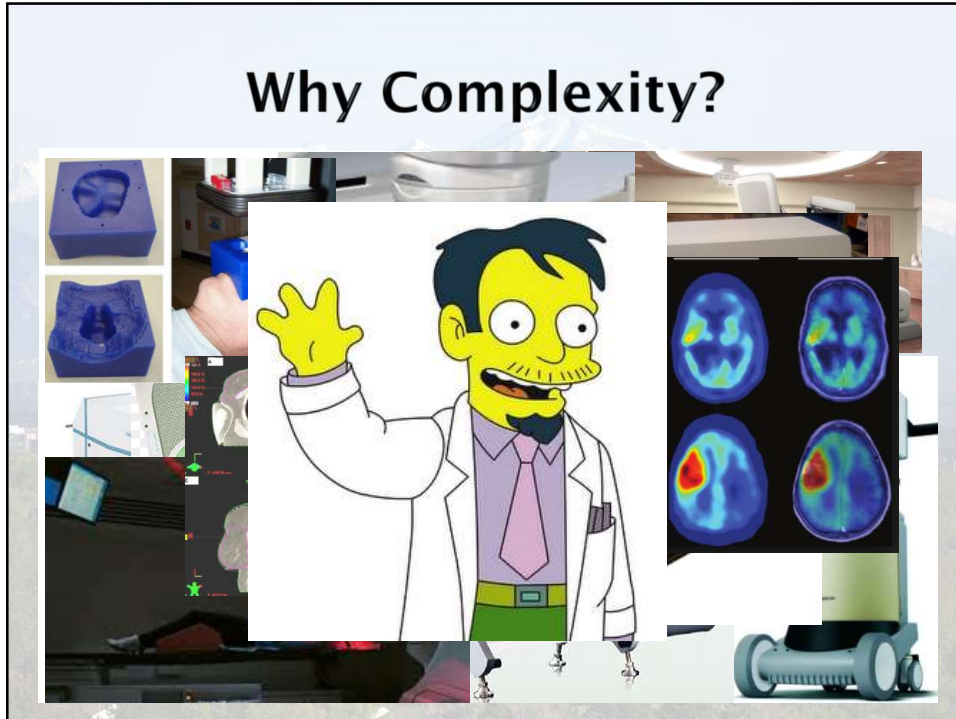


Declarations

No research agreements to declare.



Why Complexity?



Complexity in RadOnc

- Unique in the variety and breadth of tools available to accomplish a similar endpoint.
- Not common that these tools can be integrated together fluidly.
- Large overlap of vendors providing similar services with various degrees of quality.
- Technology can be misused.
- Hard to filter unnecessary, conflicting, or even inaccurate data.

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Agenda

- Discuss the concept of complexity and how it applies to radiation oncology.
- Analyze sources of complexity and how they may differ between clinics.
- Look at strategies to mitigate sources of complexity.

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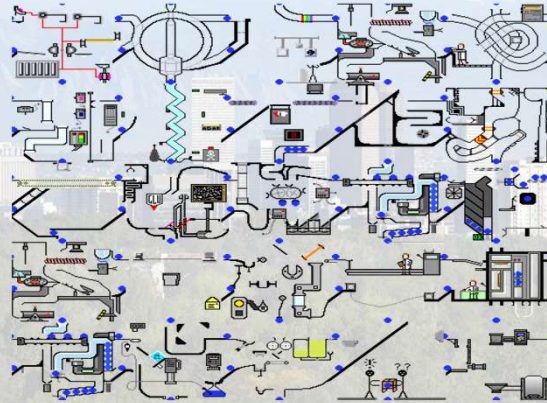
Complexity Defined

- Merriam-Webster
 - The state of being complex
- Wikipedia
 - Generally used to characterize something with many parts where those parts interact with each other in multiple ways, culminating in a higher order of emergence greater than the sum of its parts.
 - The only consensus among researchers is that there is no agreement about the specific definition of complexity.

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Complexity Defined

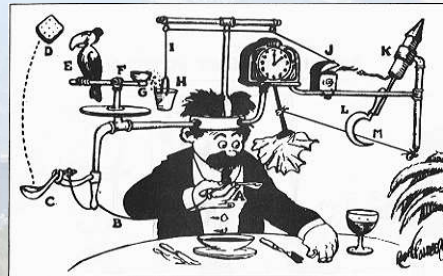
System – a set of connected things forming a complex whole



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Complexity Defined

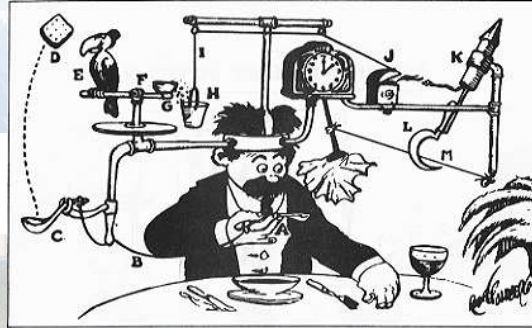
- Many simple devices acting in a system to achieve an equally simple result.
 - Deliberately complex
- What makes a system complex?
 - Number of devices
- More devices > Chance of error



Professor Butts and the Self-Operating Napkin (1931)

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More Devices = More Complex = Less Success



Professor Butts and the Self-Operating Napkin (1931)

$$P_{\text{napkin}} = P_{\text{spoon}} * P_{\text{bread}} * P_{\text{parrot}} * P_{\text{bucket}} * P_{\text{clock}} * P_{\text{rocket}} * P_{\text{scythe}}$$

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The RadOnc System

- System - Design and Deliver Therapeutic Radiation



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Plan Documentation

- Time consuming
- Many simple steps with many variables
 - Typically 'binary' in quality - right or wrong
- Crucial to plan communication and execution
- Solution: Automation
 - Reduce steps, save time
 - Increase probability of success

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Printing and Automation

- Screenshots
 - Isocenter
 - Multiple planes to show coverage
 - Alignment images
 - Beam ports
- DVHs
- Contour overlays, colors, fill settings
- Isodose settings
- Secondary Image Studies

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Printing and Automation



Printing and Automation

$$P_{printing} = P_{DVH} * P_{display} * P_{isodose} * P_{ports} * P_{DRRs} = 1$$

$$P_{printing} = 0.999$$

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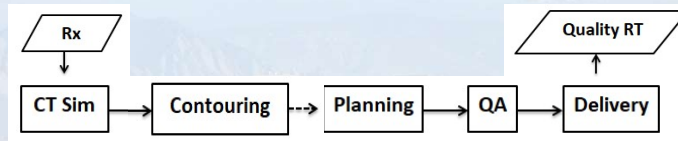
Step Reduction by Automation

- Easy means of reducing system complexity
- Particularly useful when replacing simple processes and decisions.

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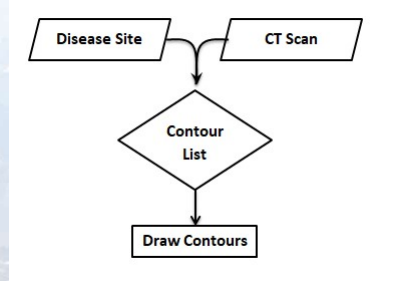
The RadOnc System

- System - Design and Deliver Therapeutic Radiation



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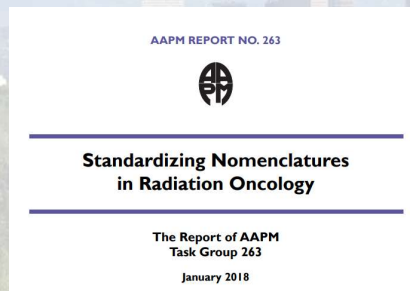
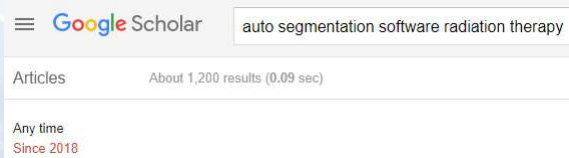
Contouring: Simplified



- Atlas and model based segmentation tools can create contours for organs at risk with little or no user input.
- Autosegmentation tools focus on anatomic regions and contain many structures pertinent to plan quality.

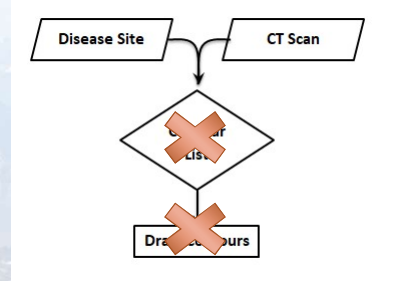
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Contouring: Simplified



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Contouring: Simplified



$$P_{\text{Contouring}} = F_{\text{Dis}} * P_{\text{rate}} = 1$$

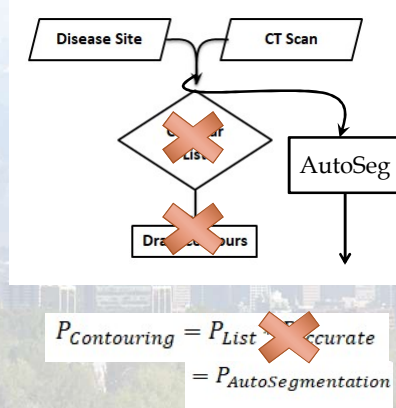
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Contouring: Male Pelvis

- Bladder, Rectum, Prostate, Femoral Heads
- Data Management System
 - Atlas segmentation **Poor Bladder Quality**
 - Autosegmentation **Doesn't work if scan is short**
- TPS 1
 - Autosegmentation **Needs an MR to function**
- TPS 2
 - Autosegmentation **Won't contour prostate**
 - Model based segmentation **Choice Overload**

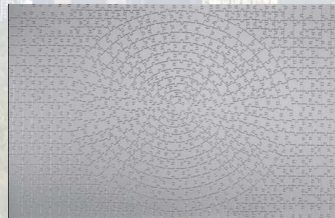
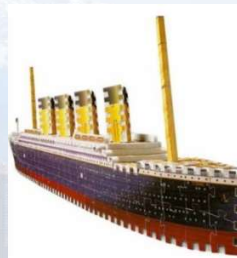
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Contouring: Simplified?

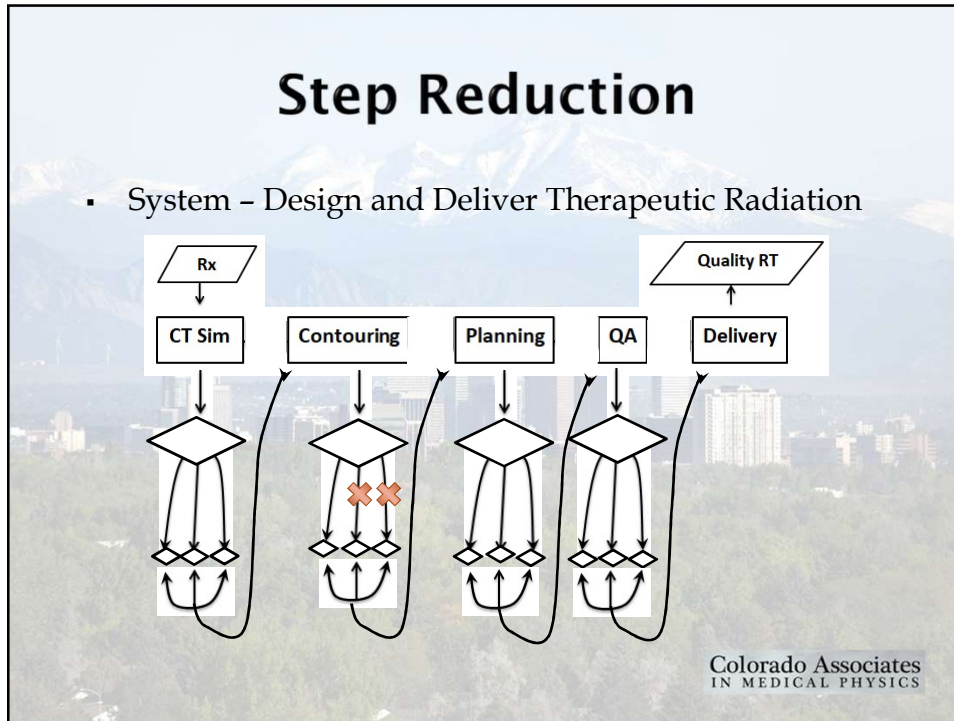


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Fewer Steps = Less Complex?



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Contouring: Male Pelvis

- Bladder, Rectum, Prostate, Femoral Heads
- Data Management System
 - Atlas segmentation **Poor Bladder Quality**
 - Autosegmentation ~~Doesn't work if scan is short~~
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 - Autosegmentation ~~Needs an MR to function~~
- TPS 2
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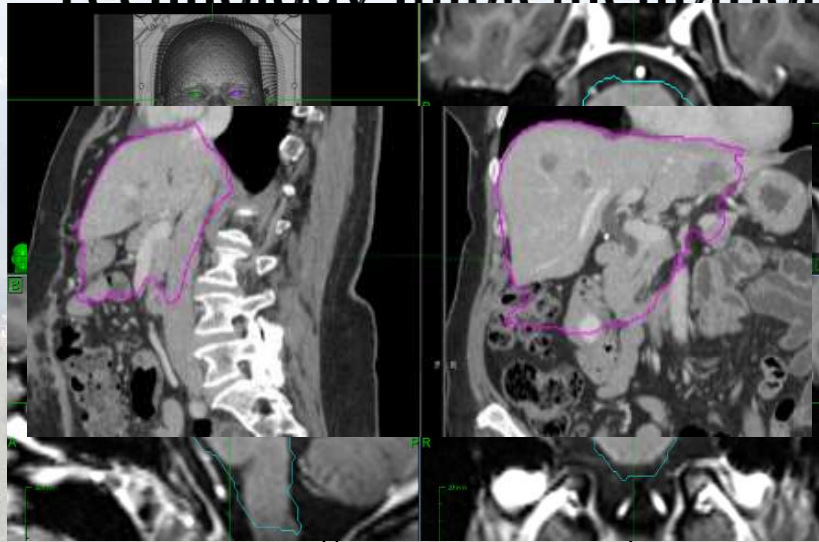
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Step Reduction by Automation

- Easy means of reducing system complexity.
- Particularly useful when replacing simple processes and decisions.
- Total impact on system complexity may not be straightforward.
 - Especially true when quality of process is variable
 - Requires more scrutiny

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Technology Implementation



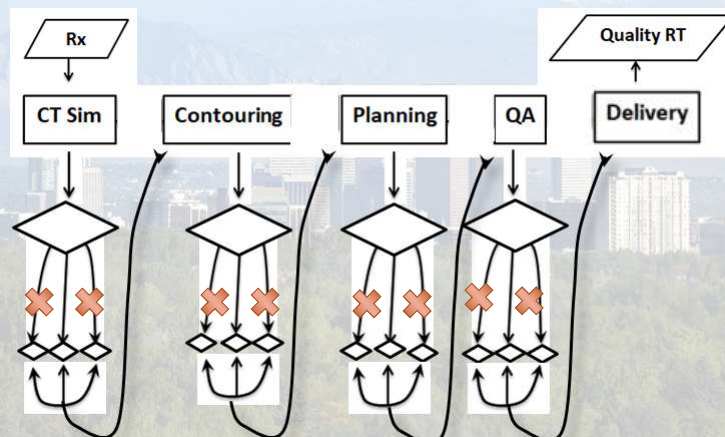
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Decision Reduction through Uniformity

- Clinic should agree on method of implementation
 - At least educate on technology limitations
- Reducing variation in decisions perhaps more important than reduction of steps
 - Poor decisions lead to unsuccessful clinical pathways

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Fewer Decisions = Less Complex



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Complexity in Delivery

```

        graph TD
            Patient[/Patient/] --> SetUp[Set Up]
            SetUp --> ImageAlign[Image/Align]
            ImageAlign --> BeamOn[Beam On]
            ImageAlign --- Options["AP kV  
Rt Lat kV  
AP MV  
Rt Lat MV"]
            
```

- Most important area to increase uniformity.
- Documentation and communication on simulation day can have critical impact on patient treatment.
 - Tends to propagate through treatment.

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Decision Uniformity

```

        graph LR
            PlanCheck[Plan Check ?] --> Sim[Simulation ?]
            Sim --> WhoWasRight[Who Was Right?]
            WhoWasRight --> Tx3[Tx 3 ?]
            WhoWasRight --> Options["AP MV  
Rt Lat kV  
Lt Lat kV"]
            Tx3 --> Options2["PA kV  
AP MV  
Rt Lat kV  
Lt Lat kV"]
            Options --> Options3["AP MV  
Rt Lat kV  
Lt Lat kV"]
            
```

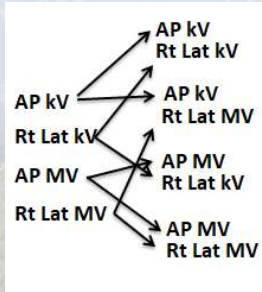
AP kV → AP kV
Rt Lat kV → Rt Lat MV
AP MV → AP MV
Rt Lat MV → Rt Lat kV

AP kV → AP kV
Rt Lat kV → Rt Lat kV
AP MV → AP MV
Rt Lat MV → Rt Lat MV

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Decision Uniformity

- Who was right?
- No one!
- You never determined what was right.
- Hindsight may reveal a more efficient combination
 - Not helpful in guiding practical decision making



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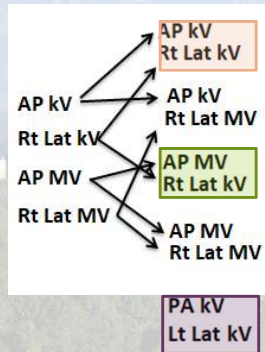
Decision Uniformity

- Important in all aspects of plan execution and plan documentation.
- Imaging technique
- Beam naming conventions
- Treatment accessory description
- Order of operations

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Decision Uniformity

- Who was right?
- Machine 1
 - Most patients
 - Alignment with fiducials



- Machine 2
 - Central and left sided
 - Right Sided

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Decision Uniformity

- Well vetted strategies discussed with all members of the RadOnc team can account for most scenarios
 - Additionally, limit number of clinical decisions
- Documentation and accessibility to standards prevent treatment deviations
- Most of these processes run through dosimetry.

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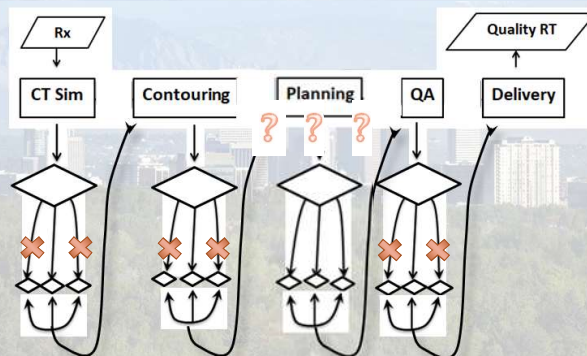
Complexity: Getting Better

- Step Reduction: Automation
 - Automating simple processes increases efficiency and uniformity.
 - Automation of variable quality for crucial system steps may introduce additional complexity and decrease probability of system success.
- Decision Reduction: Uniformity
 - Formalized clinical stances on performance of 'time-saving' tools and their implementation significantly reduces scenarios that lead to system failure.
 - Establishing well-defined clinical strategies improves system uniformity and ability for team members to coordinate

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Step and Choice Reduction

$$P_{\text{printing}} = P_{D\text{VH}} * P_{\text{display}} * P_{\text{isodose}} * P_{\text{ports}} * P_{\text{DRRs}} = 1$$



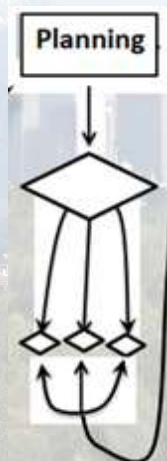
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Making Clear Decisions

- Judging plan quality can be difficult, not necessarily straightforward
- Creating plan evaluation metrics is time consuming and can be miscalculated
- Knowing how these plan metrics compare to similar plans not always easy to assess

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Adding Tools to Remove Complexity



- Comparing plans versus historical and national data easiest way to gauge relative plan quality
- More metrics that can be analyzed, less likely that plans of poor quality are treated

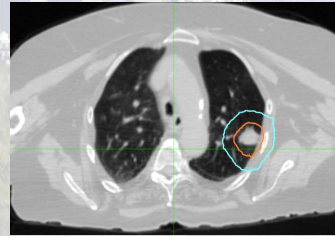
$$P_{GoodPlan} = P_{intuition} * P_{experience} * P_{Tool}$$

- $P_{Tool} < 1$ but additional workflows can enhance ability to evaluate more metrics and compare large amounts of data
 - Increases value of $P_{intuition} * P_{experience}$

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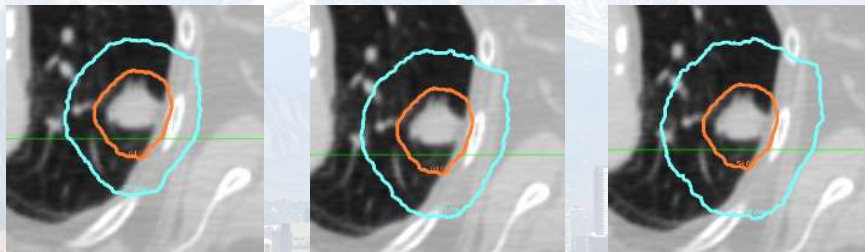
SBRT Gradient Index and Quality

- Dose gradient index: $(50\% \text{ Rx Volume}) / (\text{Target Volume})$
 - Evaluates how quickly radiation dose falls off away from the target
 - An important metric to determine plan quality that is hard to appreciate visually
- Orange – Rx Dose
- Blue – 50% Rx



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Stereotactic Plan Evaluation: New Challenges



118.9 cc

153.6 cc

192.3 cc

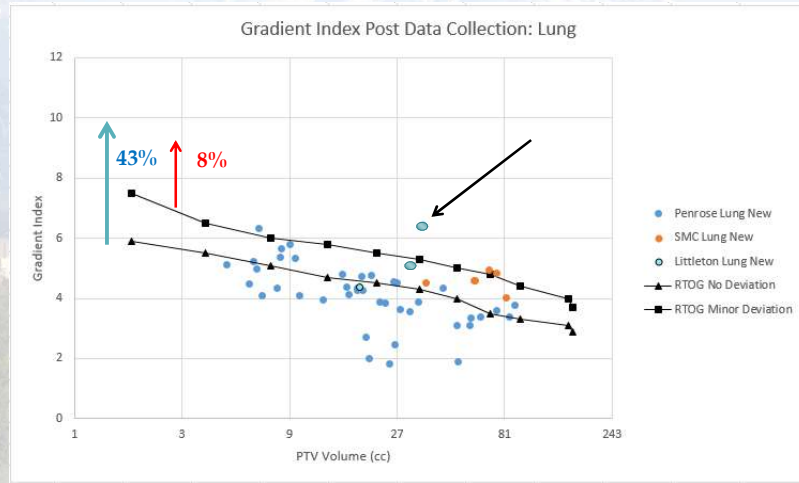
29%

62%

Dose Gradient – Ratio of 50% Rx Volume/Target Volume

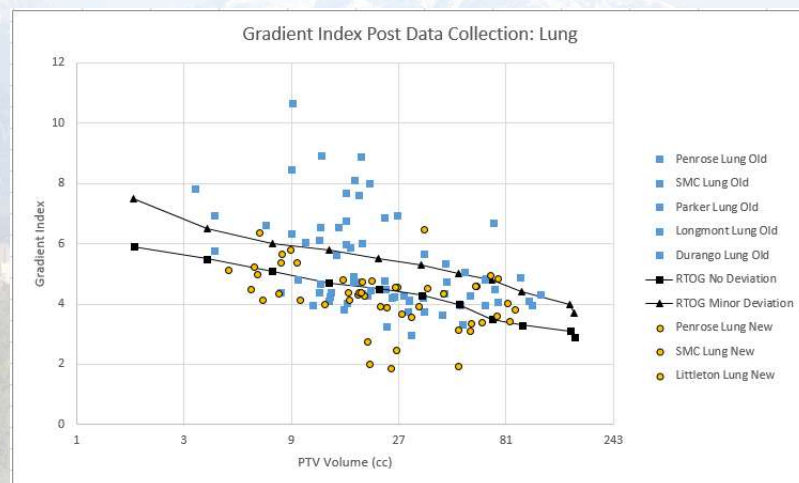
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Stereotactic Lung: Dose Gradients



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Stereotactic Lung: Dose Gradients



Dose Gradient Implementation

- Possible because of:
 - Automation
 - Uniformity
- Index calculation formalisms not as important as consistency
- The ability to share and implement identical workflows guarantees reliable comparisons
- Effective tool for planning feedback during optimization
- Very important for sites with low stereotactic workload

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Summary

- Radiation Oncology is complex
- Reducing the number of total pathways to plan completion will reduce the complexity of your system
- Reduce steps to limit opportunities for system failure
 - Automation
- Reduce planning decisions to limit opportunities for miscommunication and incorrect treatment paths
 - Uniformity
 - Well described treatment strategies
- Vet new tools thoroughly to evaluate impact on clinical complexity
 - Automation with poor results increases complexity and failure
 - Introduction of tools can increase probability of system success and enhance decision making

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Thank You!



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