

The GATE platform

Lydia Maigne, Lydia.Maigne@clermont.in2p3.fr On behalf of the OpenGATE collaboration



Start in 2002 with 2 laboratories: EPFL & LPC

The collaboration & Partners

25 members: laboratories, clinics, and companies developing an open source platform Spokesperson: Lydia Maigne

Technical coordinator: David Sarrut + Technical board





Cross validation with the Geant4 collaboration Susanna Guatelli & Sébastien Incerti

Elsewhere



- Memorial Sloan-Kettering Cancer Center, New York, USA
- UC Davis, Davis, USA
- Sogang University, Seoul, South Korea
- NIRS, Chiba, Japan

France

- IJCLab CNRS-IN2P3, Paris-Orsay
- LPC CNRS-IN2P3, Clermont-Ferrand
- IPHC CNRS-IN2P3, Strasbourg
- CPPM CNRS-IN2P3, Marseille
- IP2I CNRS-IN2P3, Lyon
- LPSC CNRS-IN2P3, Grenoble
- UMR5515 CNRS, CREATIS, Lyon
- BioMaps, CEA Paris-Saclay
 - IRCM INSERM, Montpellier, France
- CRCT U1037 INSERM, Toulouse
- U1101 INSERM, Brest



- University of Julich, Germany
- University of applied Sciences, Aachen, Germany
- Medisip, Ghent University, Belgium
- Medical University of Vienna, Wiener Neustadt, Austria
- MedAustron, Wiener Neustadt, Austria
- Christie Medical Physics & Engineering, Manchester, UK
- JPET collaboration, Jagiellonian University, Krakow, Poland
- Institute of Nuclear Physics Polish Academy of Sciences, Poland
- BioemTech, Athens, Greece
- Univ. of Patras, Dept of Med.Phys., Greece

Lydia Maigne - The GATE Platform, IN2P3 – CNAO: Proposition of collaborative research topics 26/11/21



A large community of users

More than 2000 registered users

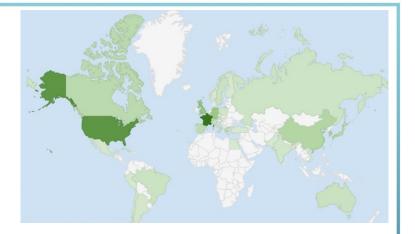
- Large communities in Europe and USA
- Increasing community: Canada, UK, Australia, China, Japan, South Korea

Open source and open access platform available on Github

The source code: <u>https://github.com/OpenGATE/Gate</u> The examples: <u>https://github.com/OpenGATE/GateContrib</u> The tools for analysis: <u>https://github.com/OpenGATE/gatetools</u>

Trainings & Workshops

- 1 workshop / conference of interest: IEEE NSS-MIC, AAPM, MCMA, PTCOG, FRPT...
- Trainings for beginners: 1/year and @ companies
- Advanced trainings: 1/year (Python data analysis...)
- Dedicated trainings for master programs



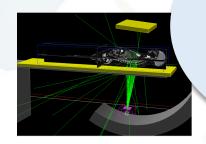












DOSIMETRY

Interventional radiology Multimodal nanoparticles Innovative internal RT (177Lu...) CT scanner dosimetry Arctherapy SBRT – Interplay effect & EPID Database of S-values (OpenDose) GATE/G4DNA micro & nanodosimetry

RESEARCH TOPICS

COMPUTING

Neural Networks for: Positioning of γ interactions in monolithic PET detectors SPECT detector ARF GAN for compact beam source modeling

HYBRID SIMULATIONS

PYTHON data analysis



IMAGING

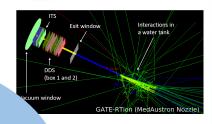
Models to define crystal surfaces **Optical simulation study on timing performance** of monolithic crystals **Testing of new camera and crystal designs New digitizers for SiPM (analogue and digital) Compton camera** Proton radiography Non-circular orbit motion in SPECT JPET (plastic scintillator-based PET) Metabolic modeling Digital Photon Counting commercial PET

n wrapped Opecal some mean set of the 20 mm

reos DPC SiPM PET

HADRONTHERAPY

G4 Physics settings On-line MR-guidance for particle therapy **Neutron dosimetry Prediction of RBE -> G4DNA** Carbon ion dosimetry **Range monitoring BNCT & PBCT FLASH therapy**





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- Goals
 - Foster collaboration between clinical partners and laboratories to improve treatment delivery
 - Passive and PBS proton and carbon beams quality assurance
 - Clinical applications
 - Cross validation with TPS
- « Frozen » version of GATE and common tools for analysis

3 clinical partners involved

- The Centre Antoine Lacassagne (Nice, France): IBA PT (Louvain-la-Neuve, Belgium) Synchro-Cyclotron (S2C2) machine with proton energy range 70-230 MeV
- The Christie NHS Foundation Trust (Manchester, UK) has a Varian (Palo Alto, California, US) ProBeam (Cyclotron) machine with proton energy range 70-245 MeV
- MedAustron (Wiener Neustadt, Austria) has a MAPTA (Synchrotron) machine with proton and carbon ion energy ranges of 60-250 MeV and 120-400 MeV/n, respectively



GATE-RTion – Project Paper (1)

- The Centre Antoine Lacassagne (Nice, France): **Proton radiography images**
- Proton radiography images of the anthropomorphic human head phantom
 - RayStation 6.0 TPS,
 - **GATE-RT-ion**
 - Lynx 2D scintillator (IBA)
 - Results compared with MyQA software (IBA) for comparisons
 - γ-index analysis (2%, 2mm) between GATE-RTion simulations and TPS, more than 95% of the pixels passed the test.



Technical Note

Technical Note: GATE-RTion: a GATE/Geant4 release for clinical applications in scanned ion beam therapy

L. Grevillot 🕱, D. J. Boersma, H Fuchs, A. Aitkenhead, A. Elia, M. Bolsa, C. Winterhalter, M. Vidal, S U. Pietrzyk, L. Maigne, D. Sarrut

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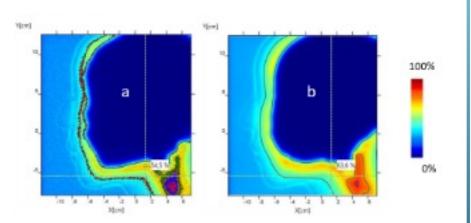


Figure 1: Relative comparison of a GATE dose simulation (a) and a 2D Lynx measurement (b) acquired at the same downstream position for an anthropomorphic phantom. An arbitrary dose scale is used between 100% (red) and 0% (dark blue) - same for both relative dose distributions.



GATE-RTion – Project Paper (2)

- Independent Dose Calculation of proton beam therapy plans at The Christie
- Treatment planning for proton pencil beam scanning
 - Varian Eclipse TPS, proton- convolution-superposition analytical dose calculation algorithm
 - GATE-Rtion (AUTOMC, Aitkenhead, Br J Radiol 2020)
- 23.4 Gy in 13 fractions, delivered using 5 fields: a pair of left/right fields to the brain, and 3 fields to the spine
- a 3D gamma analysis at 3%, 3mm, the percentage of voxels in the patient having γ ≤ 1 was between 92.4% and 95.8% for all fields, and the GATE-RTion simulation was between 1.6% and 2.4% hotter than the TPS in terms of the median dose to the patient.

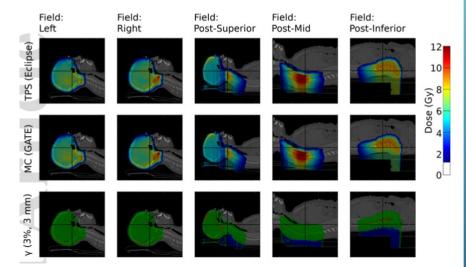


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Comparison of TPS (Varian Eclipse) and MC (AutoMC / GATE-RTionV1.0) calculations of a 5-field craniospinal axis proton treatment plan, planned at

the Christie for delivery on a Varian ProBeam system.

Top row: TPS; Middle row: GATE- RTion; Bottom row:Gamma 3%(local),3mm using a 10% lower dose threshold. Voxels in green have $y \le 1$, while voxels in (red/blue) have y > 1 and are

(hotter/colder) than the TPS respectively.



GATE-RTion – Project Paper (3)

MEDICAL PHYSICS

he International Journal of Medical Physics Research and Practi

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Comparison of the physical dose distribution for a carbon ion beam having an oblique incidence in the head region of a patient. IDEAL/GATE-RTion dose distribution (Top left) is compared to the TPS (bottom left) in terms of Dose Volume Histogram (DVH, bottom right) and dose profiles (top right).

For DVH and dose profiles, solid lines correspond to IDEAL/GATE- RTion and dotted lines to the TPS. The positions of the two orthogonal dose profiles in the patient are visible in the patient images on the left side (orange and green lines).



- Treatment planning for carbon pencil beam scanning
 - RayStation version 8B from RaySearch Laboratories (Stockholm, Sweden) with MC 4.2
 - GATE-RTion (IDEAL: Independent DosE cAlculation for Light ion beam therapy)
 - 3D-block/24 PinPoint ionization chambers type 31015, PTW, Freiburg
- Curative carbon ion treatment up to 65.6 Gy RBE in 16 fractions of 4.1 Gy RBE (4 fractions per week). The PTV1 is treated with 9 fractions up to 36.9 Gy RBE, using 4 beams with a horizontal beam line and table rotations of 315°, 355°, 320° and 360°

GATE-RTion – Validation paper for PBS

Comparisons of physics lists in proton PBS treatments

- QGSP_BIC, QGSP_BIC_EMY, QGSP_BIC_EMZ, QGSP_BIC_HP_EMZ
- Cuts varying form 0.1 to 1 mm
- Maximum step size: 0.1 mm, 1 mm, none

Recommendations

• Patient specific quality assurance measurements:

MEDICAL PHYSICS

Research Article 🚊 Open Access 💿 🖲

Evaluation of GATE-RTion (GATE/Geant4) Monte Carlo simulation settings for proton pencil beam scanning quality assurance

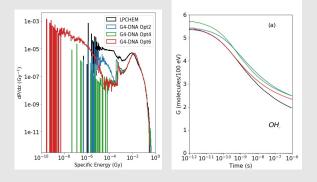
Carla Winterhalter 🕱, Michael Taylor, David Boersma, Alessio Elia, Susanna Guatelli, Ranald Mackay, Karen Kirkby, Lydia Maigne, Vladimir Ivanchenko, Andreas F. Resch ... See all authors $\, imes \,$

First published: 23 September 2020 | https://doi.org/10.1002/mp.14481

- No step limiter on proton tracks; production cuts of 1 mm for electrons, photons and positrons (in the phantom and range-shifter) and 10 mm (world); best agreement to measurement data was found for QGSP_BIC_EMZ
- Considering the patient CT model,
 - No step limiter on proton tracks; production cuts of 1 mm for electrons, photons and positrons (phantom/range-shifter) and 10 mm (world) if the goal is to achieve sufficient dosimetric accuracy to ensure that a plan is clinically safe; or 0.1 mm (phant om/rangeshifter) and 1 mm (world) if higher dosimetric accuracy is needed (increasing execution times by a factor of 2); most accurate results expected for QGSP_BIC_EMZ



BIOPHYSICS MODELS PRE CALCULATED DATA WITH TRACK SCTRUCTURE MC CODES

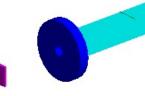


Evaluation of alpha and beta parameters for mono-energetic ion beams using data such as specific energy and water radiolysis

mMKM and NanOx models

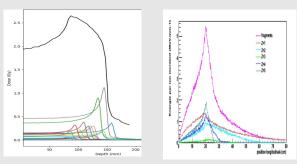
CLINICAL BEAM MODELING

HIMAC BEAM LINE GEOMETRY IN GATE



SOBP

IRRADIATION FIELD WITH PRIMARY IONS AND NUCLEAR FRAGMENTS OF DIFFERENT LET



The physical dose deposition is simulated for the clinical beam line as an SOBP using PBS or passive modulation

BIODOSE ACTOR

The biodose actor uses the biophysics models predictions to calculate the biological quantities for an SOBP in a voxelized target

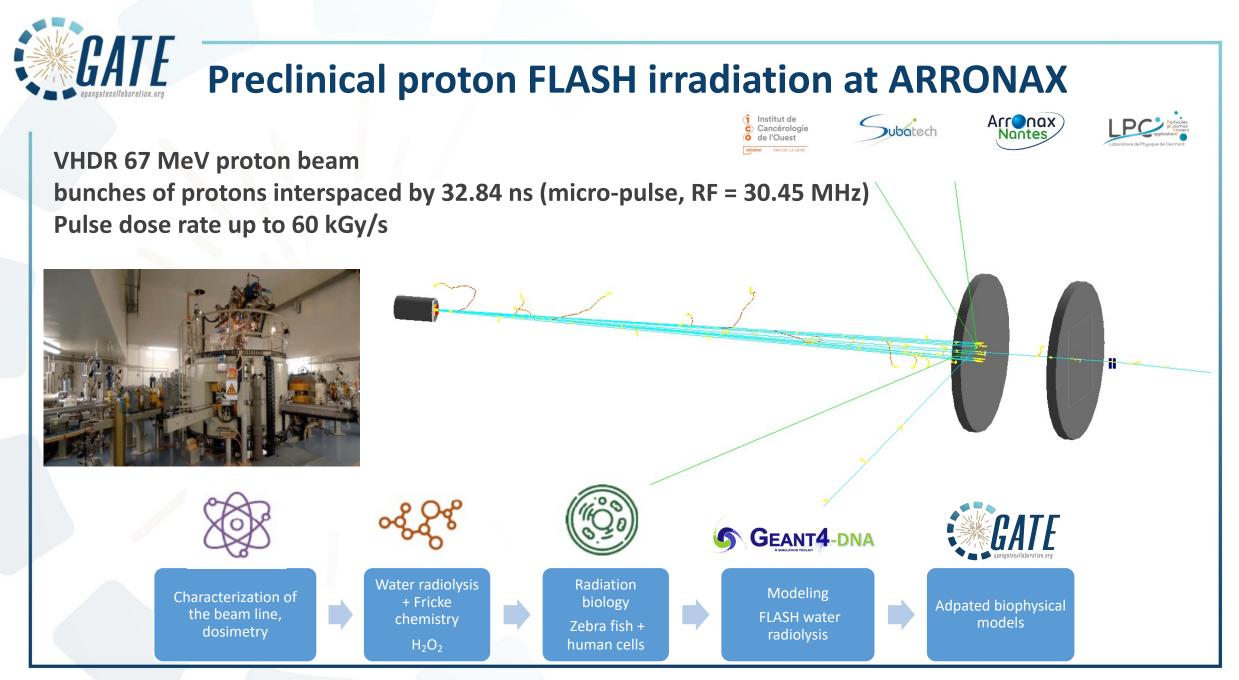
> RBE BIOLOGICAL DOSE SURVIVAL FRACTION











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• GATE is being used and validated over different applications:

- G4 Physics settings
- Neutron dosimetry
- Carbon ion dosimetry
- Range monitoring
- Prompt gamma ray imaging
- BNCT & PBCT

• FLASH therapy – Multi-scale simulations using Geant4-DNA

• RBE evaluation _

• GATE has to be validated over other irradiation beams (CNAO) and with other MC codes (FLUKA)