

# Better, faster, and more insightful prostate cancer treatment

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# MOVEMBER® FOUNDATION

## Prostate Cancer **By The Numbers**

Many Men Can Not Only Survive Prostate Cancer, But Also Make More Informed Treatment Decisions By Better Understanding Its Aggressiveness

**1 in 6** 

The American Cancer Society estimates about 1 in 6 American men will receive a diagnosis of prostate cancer in their lifetime.

**2.5M** 

More than 2 million men in the United States count themselves as prostate cancer survivors.<sup>1</sup>

**1/3**

The American Cancer Society estimates that nearly 1 in 3 men aged 65 and older will be diagnosed with prostate cancer in their lifetime.

**38,590**

Estimated # of American men diagnosed with prostate cancer in 2013.<sup>4</sup>

**2017 STATS**

**1 in 7** 

Canadian men will be diagnosed with prostate cancer in their lifetime

Prostate cancer is the most commonly diagnosed cancer among Canadian men

**21%**

of new male cases)

An estimated **21,300** **2017** **4,100** Canadian men will be diagnosed with prostate cancer

will die from the disease

**3.3%** { per year since } from improved testing and better treatment

The National Institutes of Health (NIH) found only 1 in 10 American men with prostate cancer are eligible for conservative management choose this over aggressive therapy.<sup>1</sup>

**4**

There are 4 stages of prostate cancer **BUT** tumor aggressiveness is different than tumor stage.

A more aggressive treatment regimen can be started if the cancer is growing


**EMORY WINSHIP CANCER INSTITUTE**

## How common Prostate Cancer

A man is **35%** more likely to be diagnosed with prostate cancer than a woman with breast cancer

**3 million** Nearly American men currently live with prostate cancer

Prostate cancer is the **most common** men's cancer in America affecting **1 in 7** men 

**1 in 5 men** develop prostate cancer before they turn **85** (Australia) 

2016 per

**11.0**

## THE BIG 5 CANCERS AFFECTING MEN IN SA

**#1 Prostate Cancer**

IT IS ESTIMATED THAT **1 IN 19** SOUTH AFRICAN MEN WILL DEVELOP PROSTATE CANCER

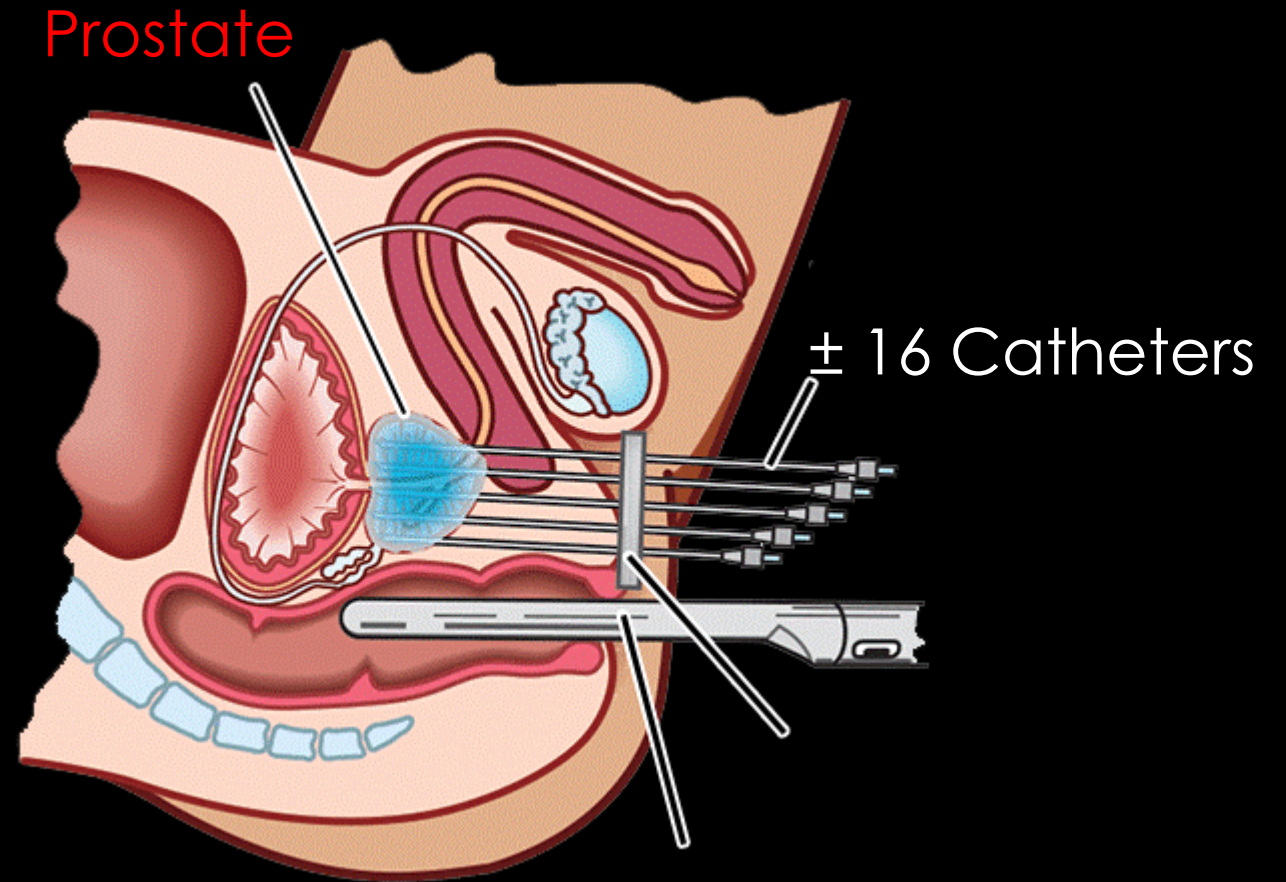
Source: American Cancer Society and Prostate Cancer Foundation

# Brachytherapy

Treatment



# Brachytherapy



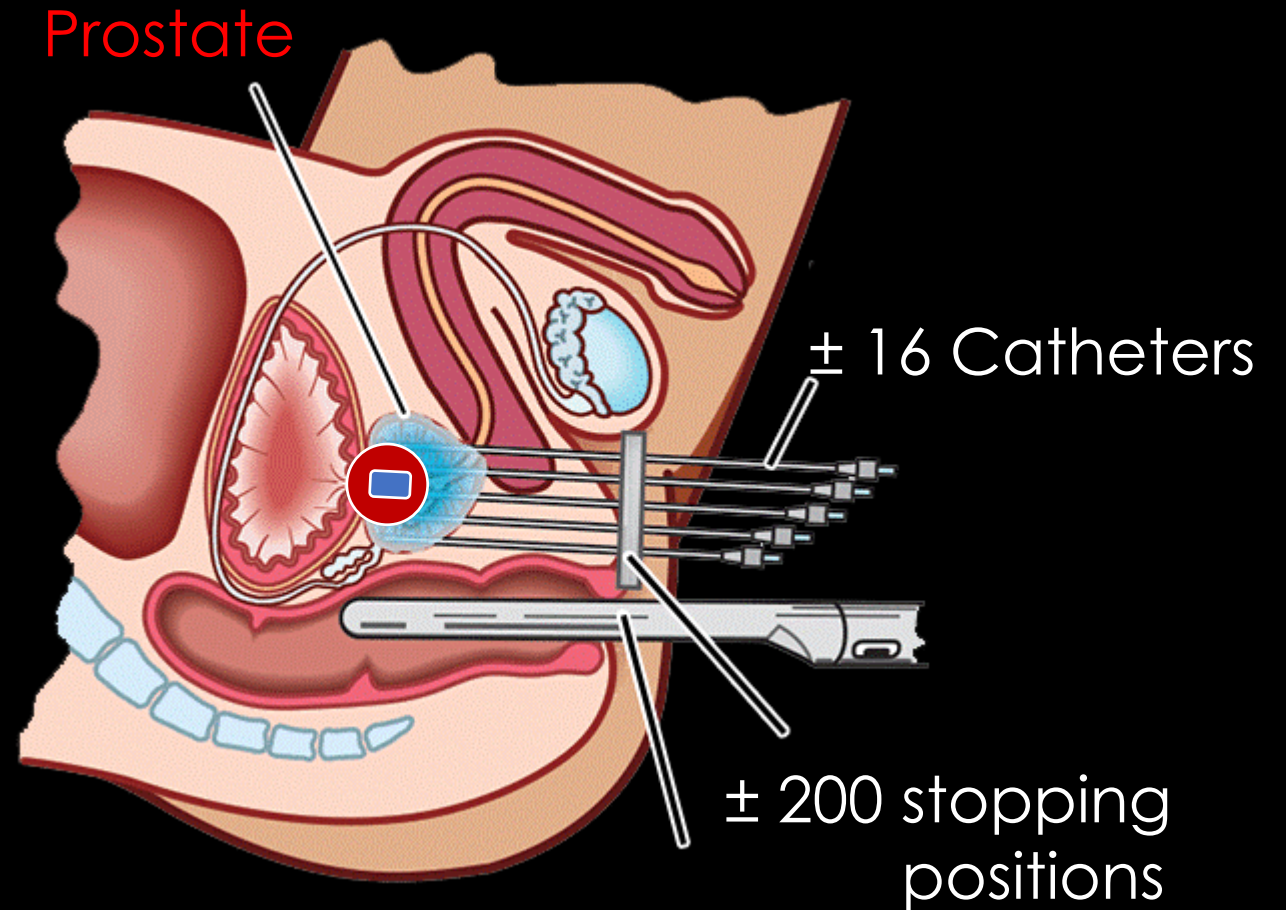
Operation  
theatre  
for catheter  
placement



Treatment



# Brachytherapy



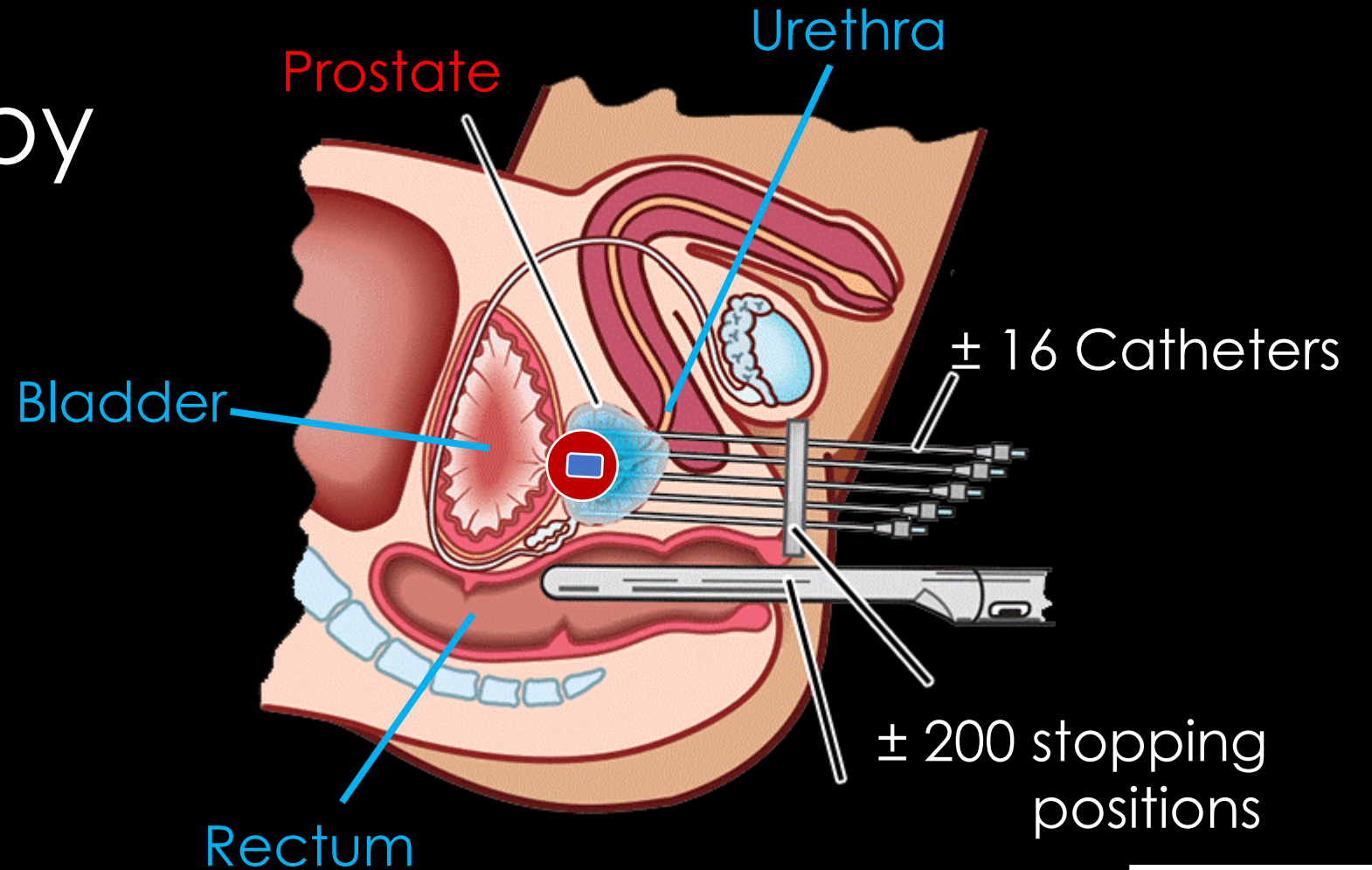
Operation  
theatre  
for catheter  
placement



Treatment



# Brachytherapy



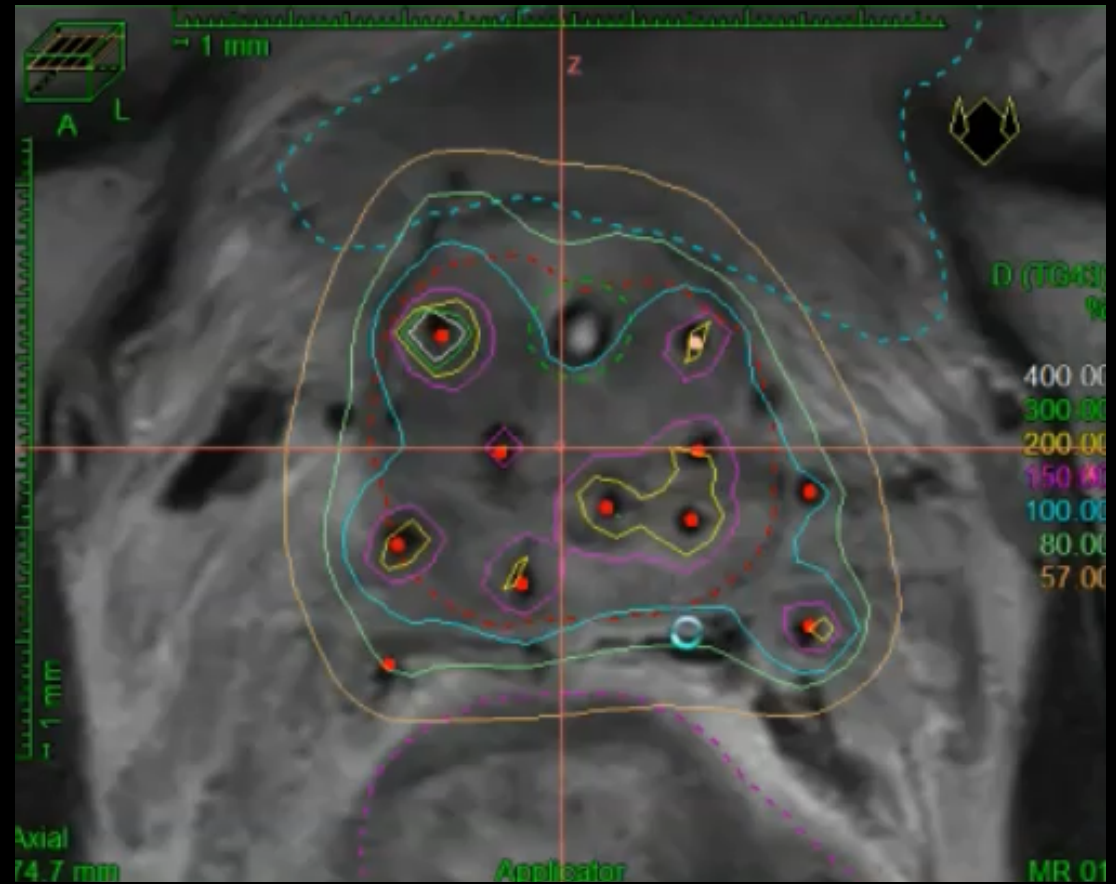
Operation theatre for catheter placement



Treatment



# Brachytherapy



Operation  
theatre  
for catheter  
placement



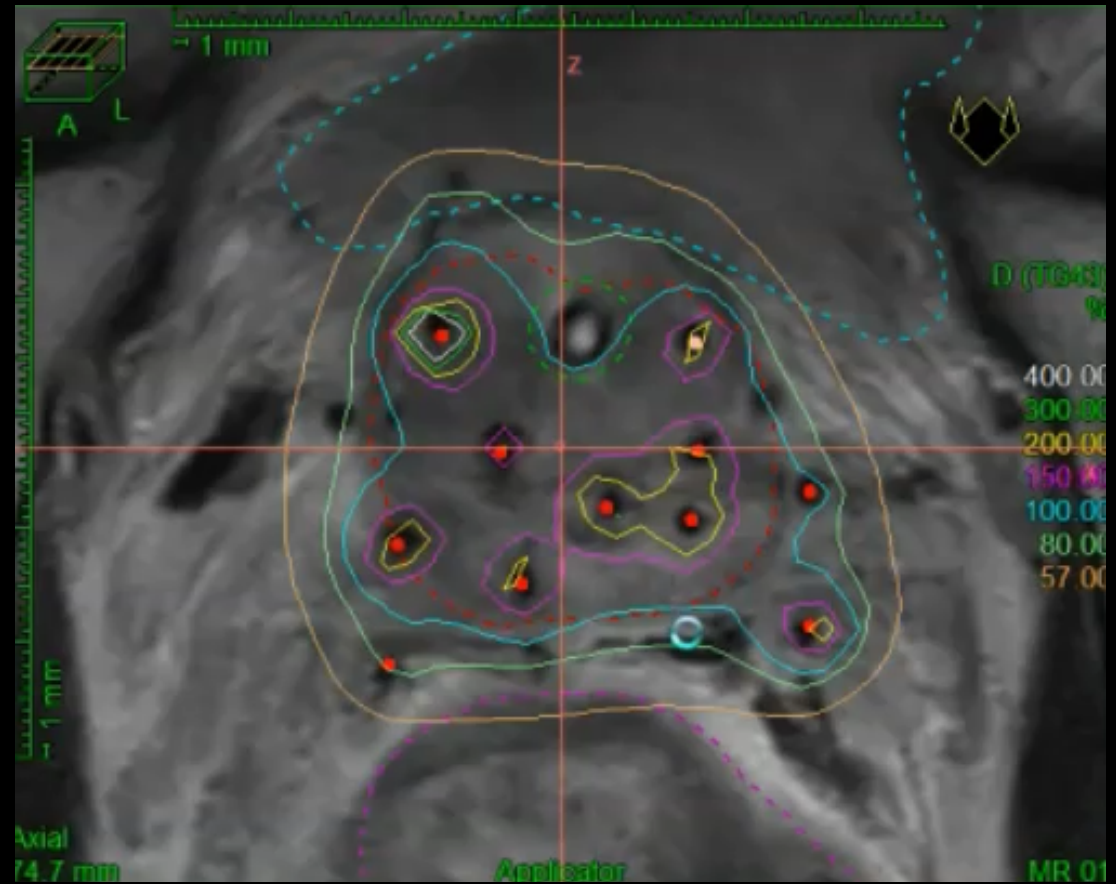
MRI



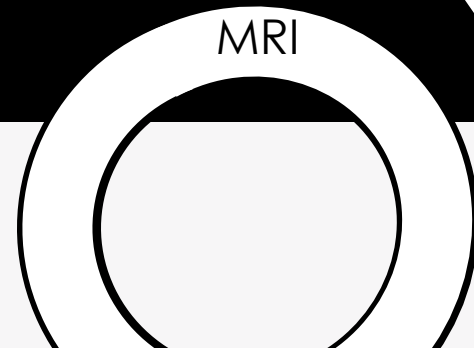
Treatment



# Brachytherapy



Operation theatre for catheter placement



Treatment

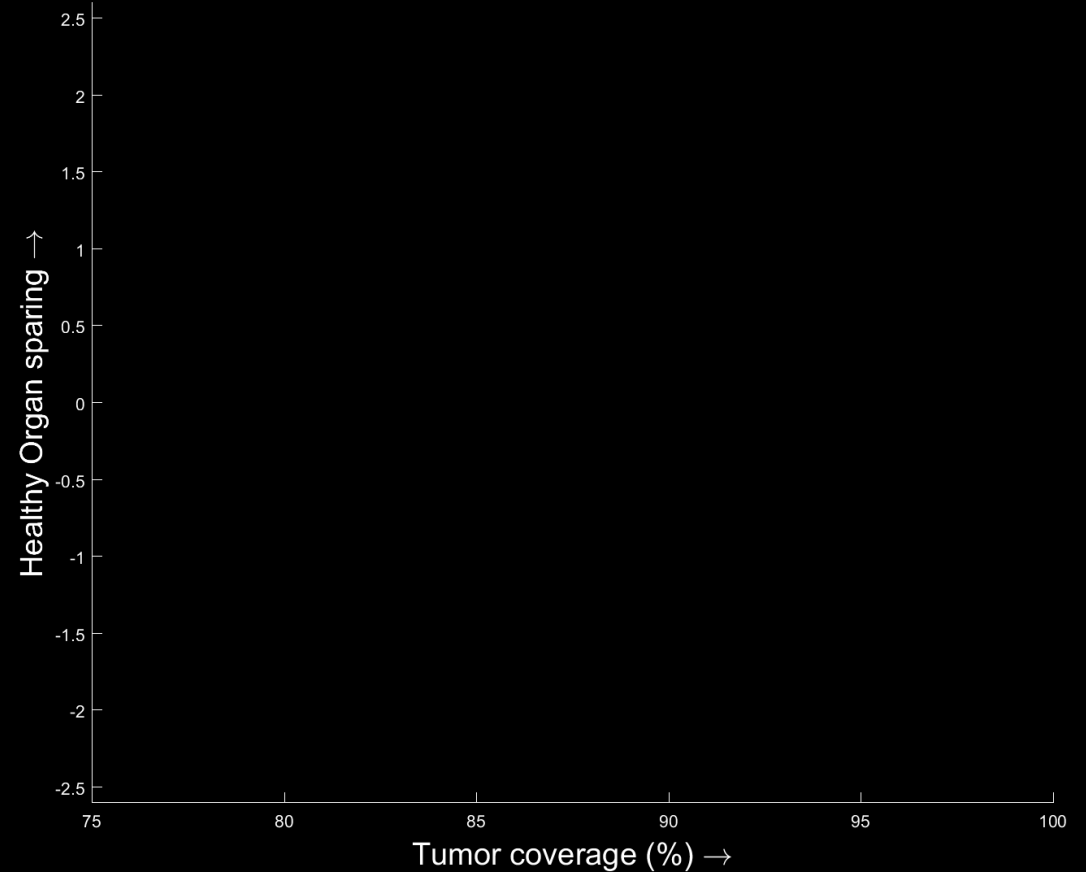




# Treatment planning

The optimization problem:

- $\pm 200$  problem variables (stopping times)
- 2 objectives
- Directly based on clinical aims
- Non-linear, non-smooth, non-convex
- Limited time (patient is still waiting)

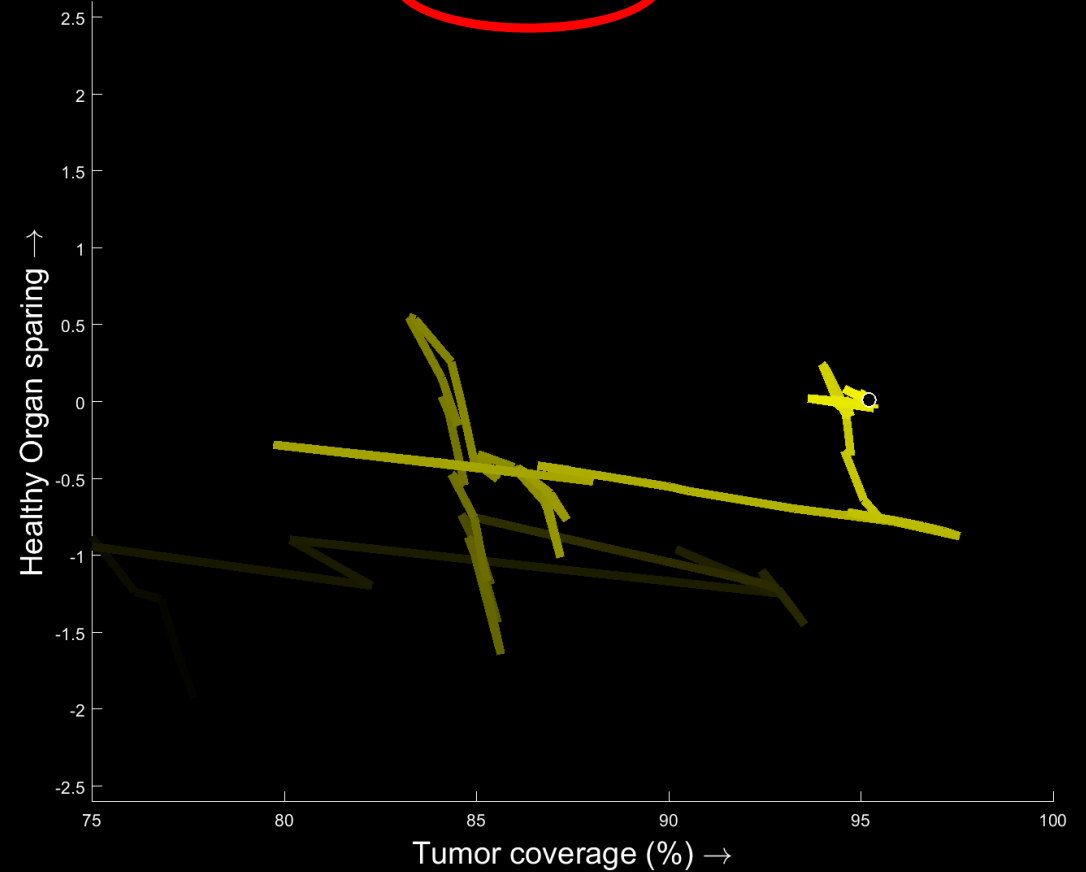


# Treatment planning

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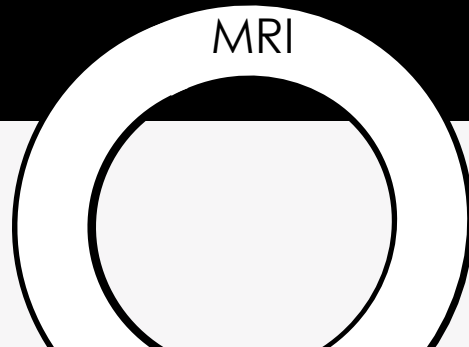
Expert planning time: 32:18



Operation  
theatre  
for catheter  
placement



MRI



Treatment



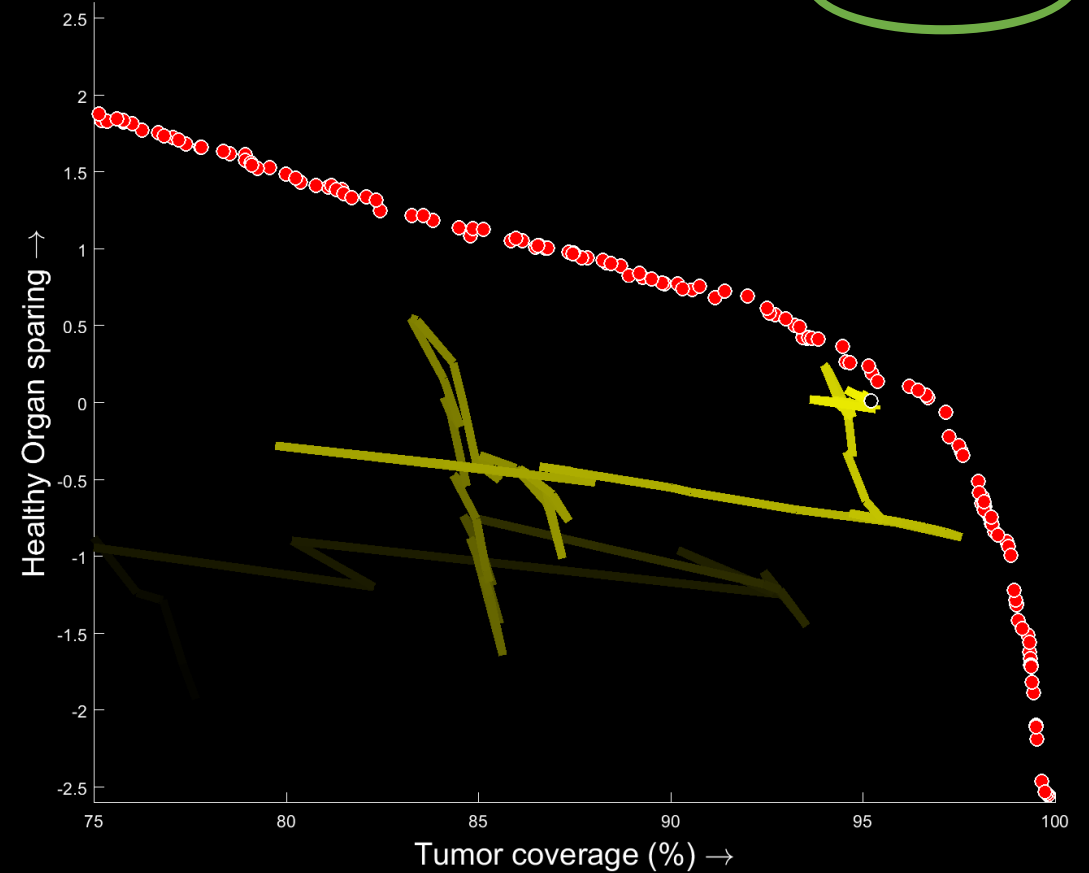
# Treatment planning

The optimization problem:

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- 2 objectives
- Directly based on clinical aims
- Non-linear, non-smooth, non-convex
- Limited time (patient is still waiting)

Expert planning time: 32:18

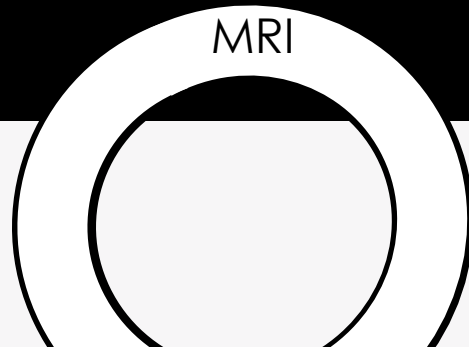
EA planning time: 00:03



Operation  
theatre  
for catheter  
placement



MRI



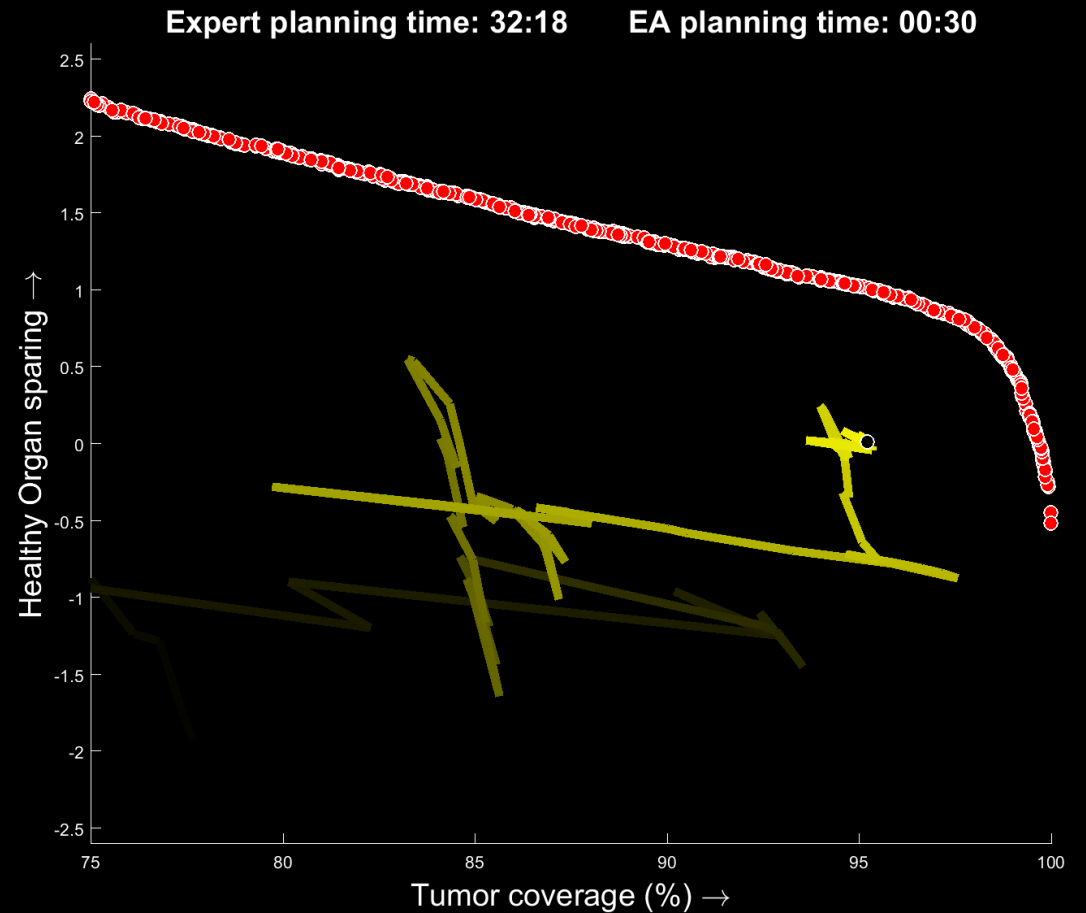
Treatment



# Treatment planning

The optimization problem:

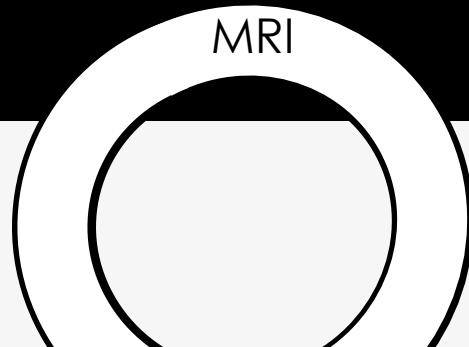
- $\pm 200$  problem variables (stopping times)
- 2 objectives
- Directly based on clinical aims
- Non-linear, non-smooth, non-convex
- Limited time (patient is still waiting)



Operation  
theatre  
for catheter  
placement



MRI

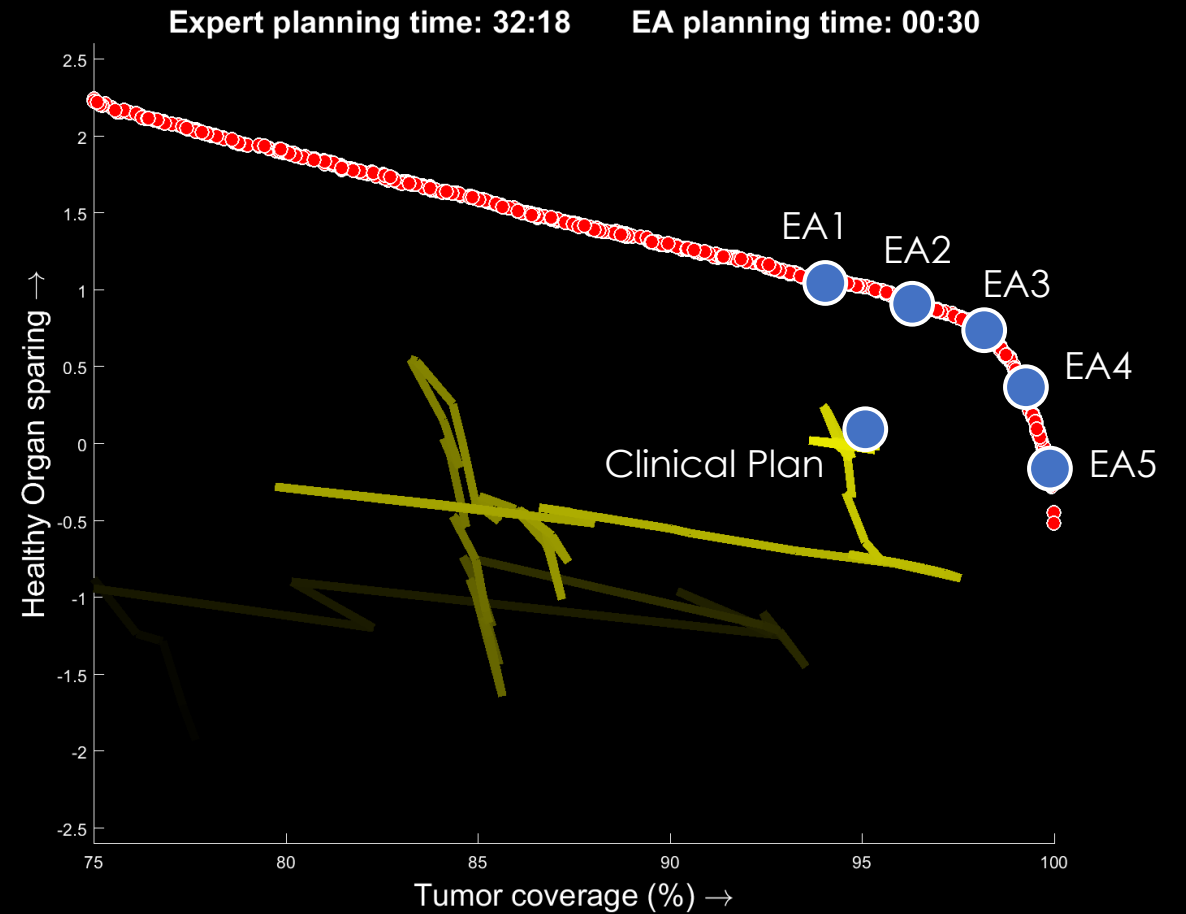


Treatment



# Human competition

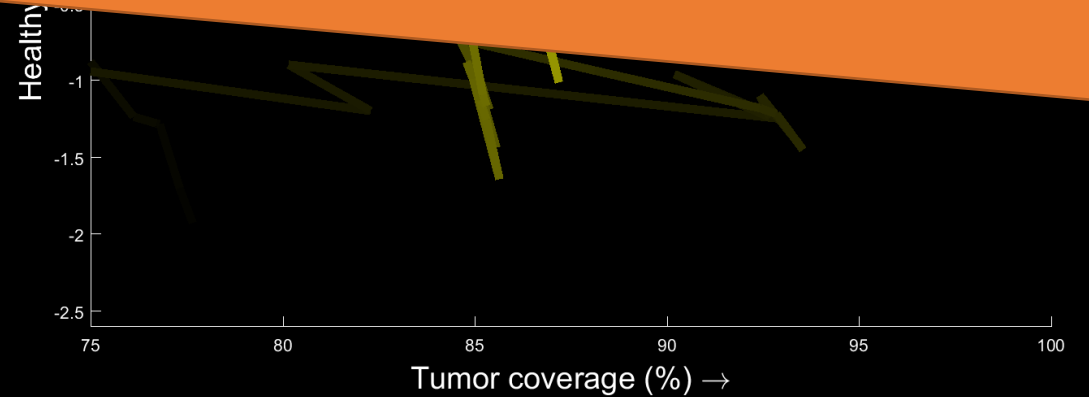
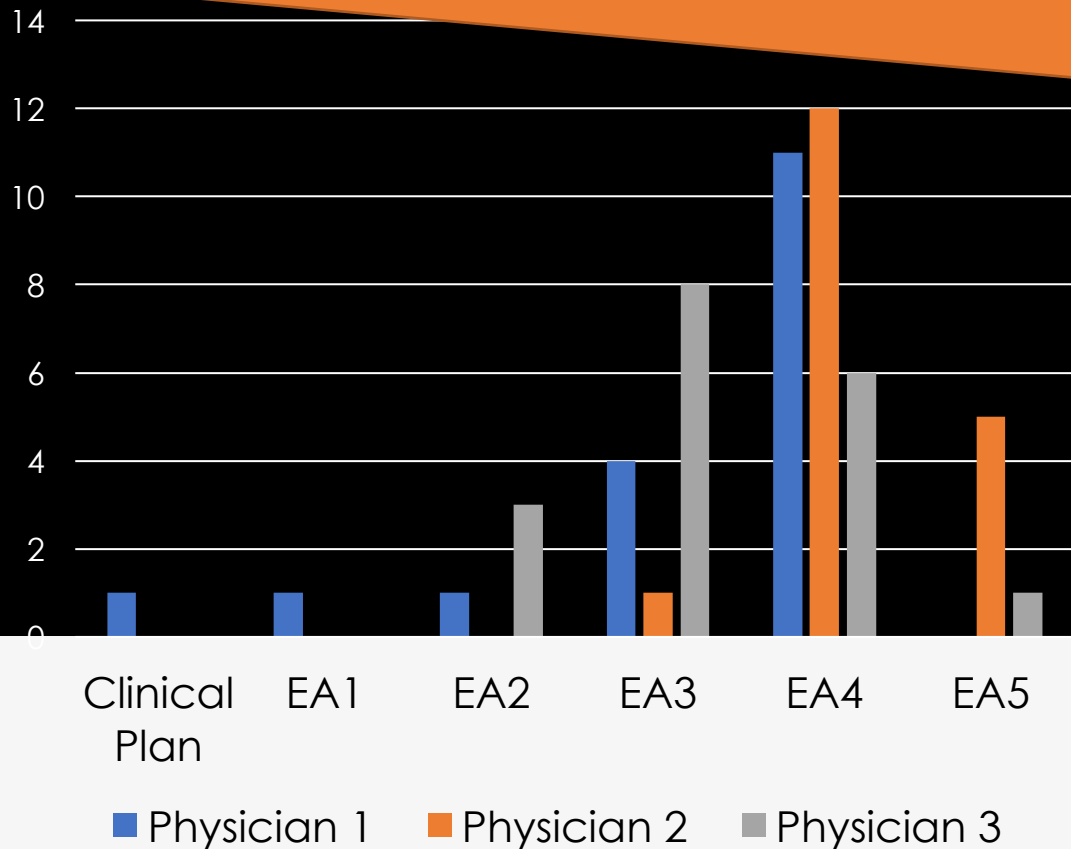
- 18 prostate cancer patients
- Blinded comparison between 6 plans
- 3 experienced radiation oncologists



Expert planning time: 32:18

EA planning time: 00:30

In 98% of the cases, an EA plan was preferred



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**First patients will be treated soon!**

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# Literature in this work

- S.C. Maree, N.H. Luong, E.S. Kooreman, N. van Wieringen, A. Bel, K.A. Hinnen, H. Westerveld, B.R. Pieters, P.A.N. Bosman, and T. Alderliesten. Evaluation of bi-objective treatment planning for high-dose-rate prostate brachytherapy -- A retrospective observer study. *Brachytherapy*, 2019.  
<https://doi.org/10.1016/j.brachy.2018.12.010>
- M.C. van der Meer, P.A.N. Bosman, B.R. Pieters, Y. Niatsetski, N. van Wieringen, T. Alderliesten, and A. Bel. Sensitivity of dose-volume indices to computation settings in high-dose-rate prostate brachytherapy treatment plan evaluation. *Journal of Applied Clinical Medical Physics*, 2019.  
<https://doi.org/10.1002/acm2.12563>
- A. Bouter, T. Alderliesten, A. Bel, C. Witteveen, and P.A.N. Bosman. Large-Scale Parallelization of Partial Evaluations in Evolutionary Algorithms for Real-World Problems. *GECCO*, 2018.  
<https://doi.org/10.1145/3205455.3205610>
- N.H. Luong, T. Alderliesten, A. Bel, Y. Niatsetski, and P.A.N. Bosman. Application and Benchmarking of Multi-Objective Evolutionary Algorithms on High-Dose-Rate Brachytherapy Planning for Prostate Cancer Treatment. *Swarm and Evolutionary Computation*, 2018.  
<https://doi.org/10.1016/j.swevo.2017.12.003>