



Mass General Brigham

# Simulating dose to circulating immune cells How much does the integral dose matter?

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# Disclosures

**I have no relevant financial relationships to disclose  
My presentation will not include off-label or unapproved  
products**

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- Research collaborations with GE Global Research
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- Executive Editorial Board: Phys. Med. Biol.

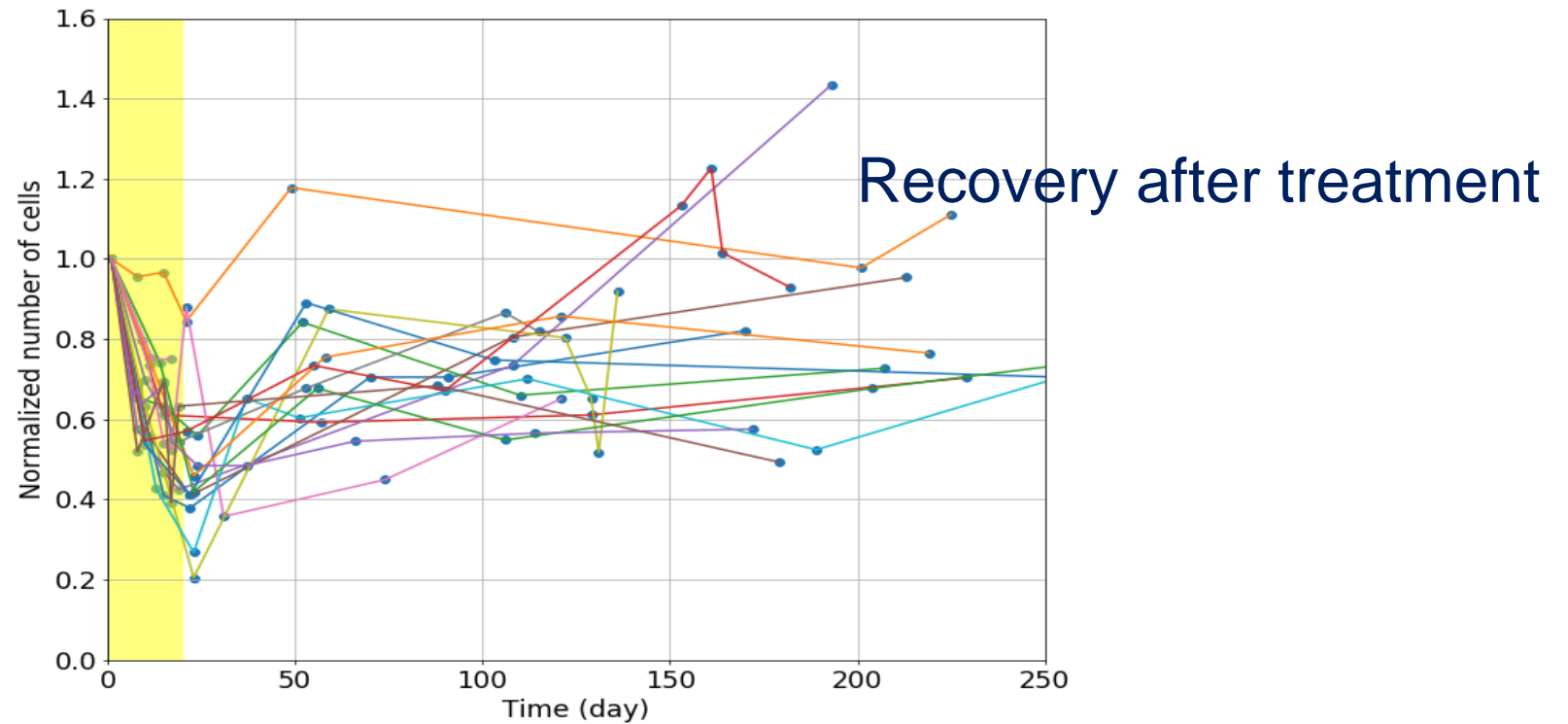


# Radiation-induced lymphopenia

**Lymphopenia: a lower-than-normal number of lymphocytes in the patient's blood**

Radiation therapy causes the depletion of circulating lymphocytes

Absolute lymphocyte Counts (ALC) for liver (HCC) patients after proton therapy

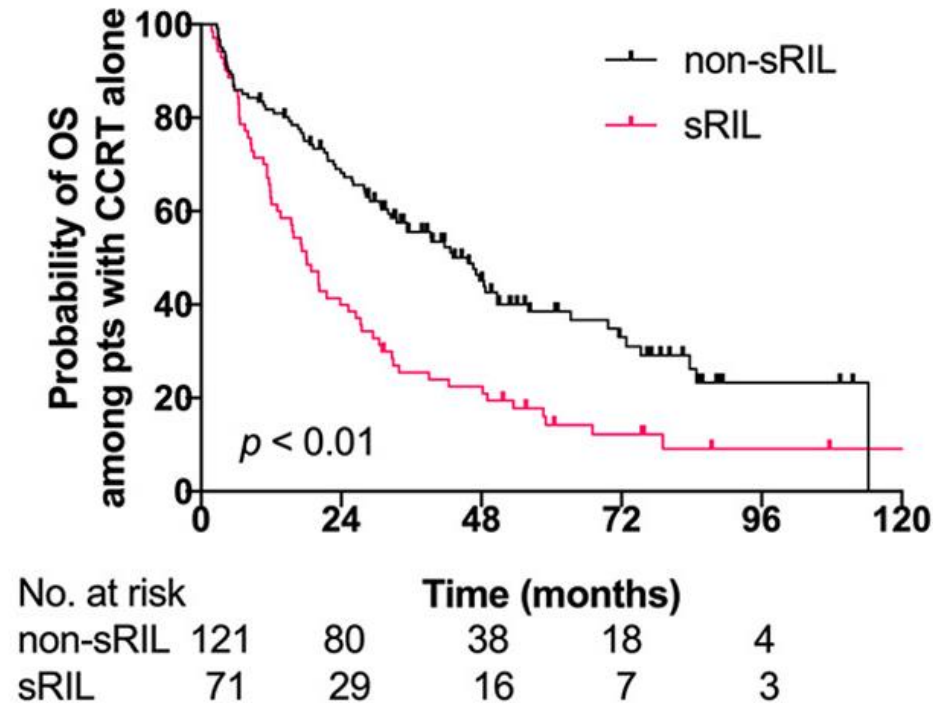


Sung, ... Paganetti: A Tumor-Immune Interaction Model for Hepatocellular Carcinoma based on measured Lymphocyte Counts in Patients undergoing Radiotherapy. *Radiotherapy and Oncology* 2020



# Radiation-induced lymphopenia

## Lymphopenia correlates with outcome



Patients treated with concurrent chemoradiation for locally advanced NSCLC

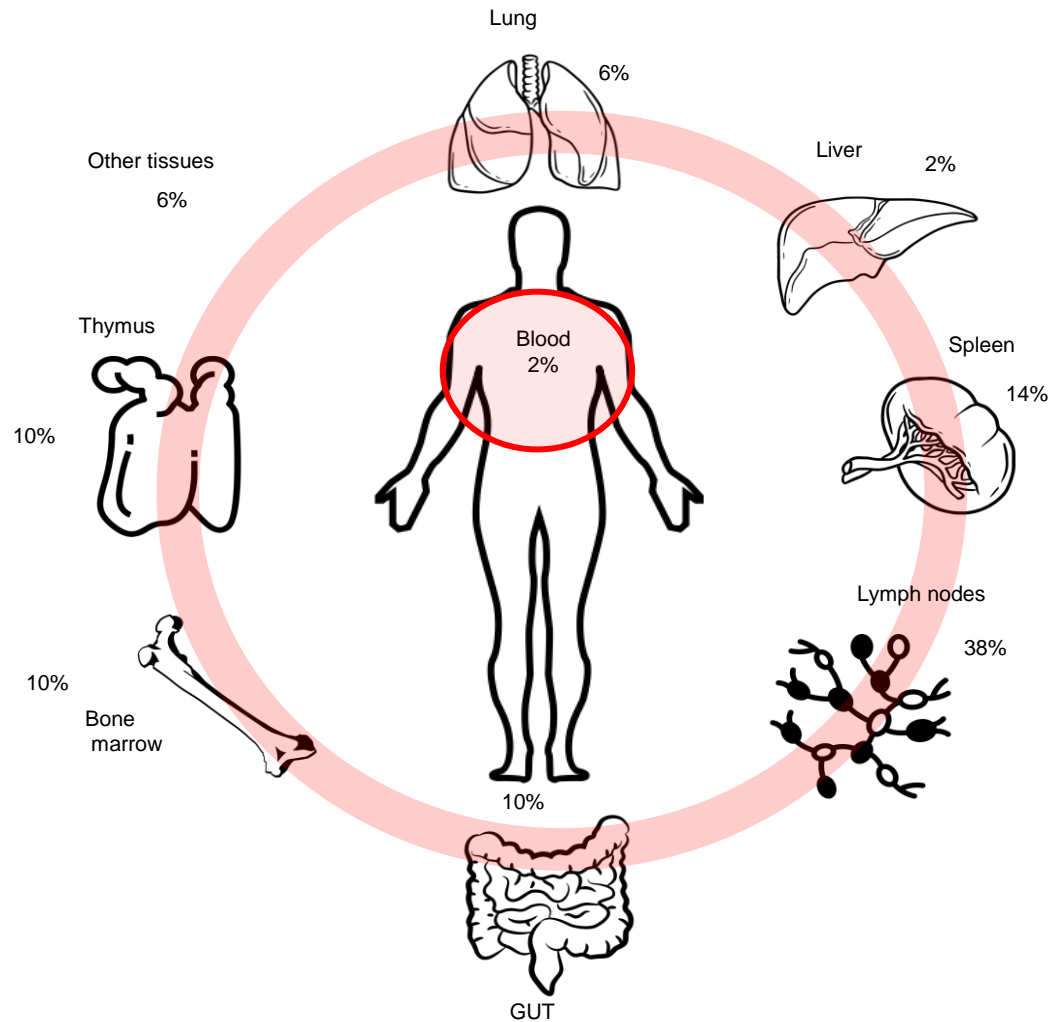
Severe radiation-induced lymphopenia (sRIL) = absolute lymphocyte count [ALC]  $< 0.23 \times 10^9$  cells/L

Jing et al. Severe Radiation-Induced Lymphopenia Attenuates the Benefit of Durvalumab After Concurrent Chemoradiotherapy for NSCLC *JTO Clinical and Research Reports* 2022



# Radiation-induced lymphopenia

**Hypothesis: Radiation-induced lymphopenia is caused by cell kill of circulating lymphocytes**



Lymphopenia observed after irradiation of treatment sites that are

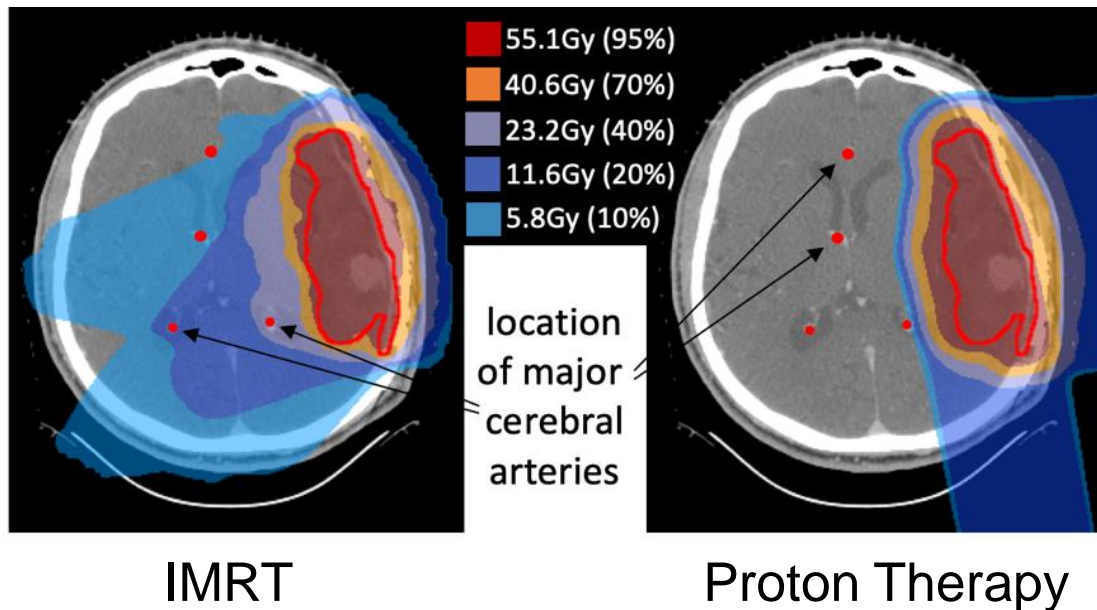
- Lymphatic-rich
  - Spleen
  - Lung
  - Pelvis
  - ...
- Lymphatic-scarce
  - Brain
  - Extra-corporal blood irradiation
  - (some HCC)
  - ...

**We need to consider blood flow !**

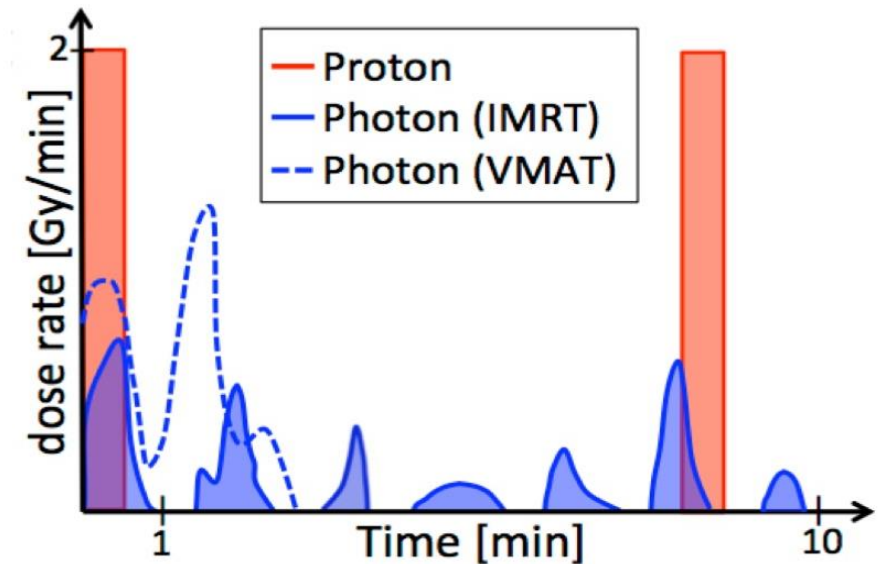
# Radiation-induced lymphopenia

## The “low dose bath” impacts dose to lymphocytes

Difference in dose bath



Difference in delivery time distribution



# Modeling dose to the blood

## Stochastic compartment model of blood flow

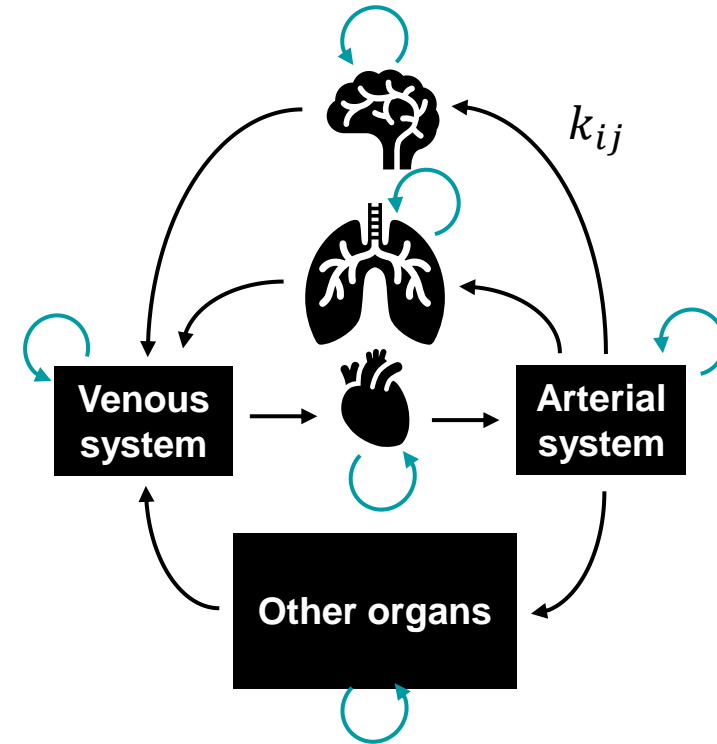
→ Simulate blood flow by blood particles moving between compartments

- Jump probabilities between compartments  $i$  and  $j$ :

$$p(c_i \rightarrow c_j) = p_{ij} = k_{ij}\Delta t$$

- Probability to stay in current compartment:

$$p_{ii} = 1 - \sum_{i \neq j} p_{ij}$$



$L$ : Conditional probability that a particle **leaves during time interval  $\Delta t$** , given it **has not left until now**

$$L = \frac{f(\tau) \cdot \Delta t}{S(\tau)} = h(\tau) \cdot \Delta t = \frac{\Delta t}{MTT}$$

Survival function

Hazard function (probabilistic rate at which particles leave)

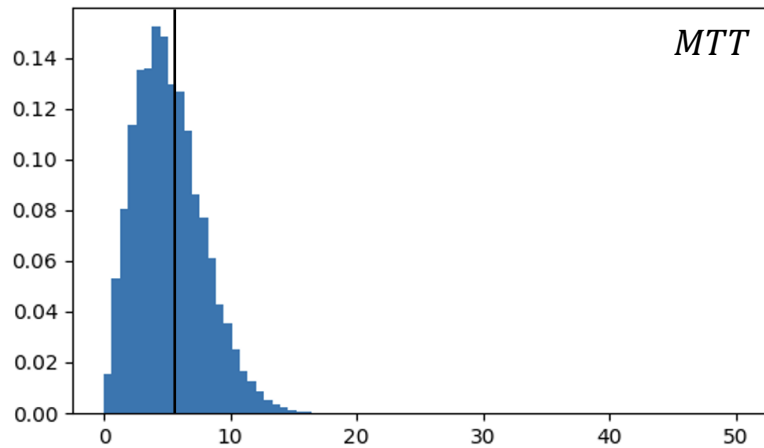
Beekman C ... Paganetti H: A stochastic model of blood flow to calculate blood dose during radiotherapy. *Physics in Medicine and Biology*

# Modeling dose to the blood

## Blood flow as a Markov Process

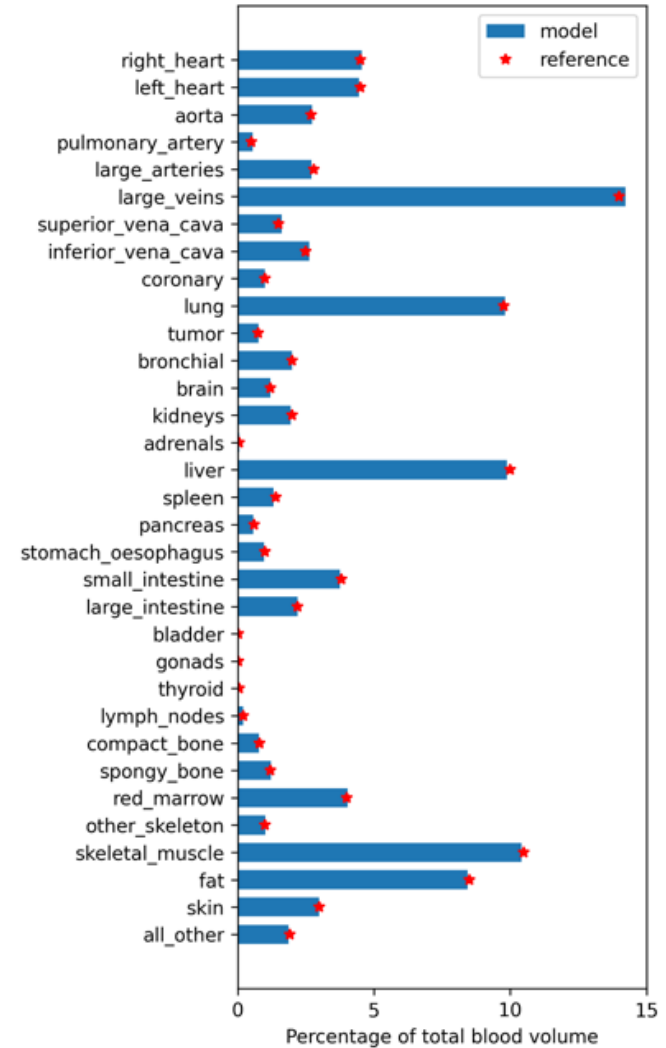
'Mean Transit Time' (MTT) in every compartment:

$$MTT_i = \frac{\text{blood volume of compartment}}{\text{total blood flow out of compartment}} = BV_i / \sum_{j \in \{i\}} Q_{ij}$$



$f(\tau)$ : Weibull distribution of transit times

Mean transit times  
(ICRP 89 as reference)  
have to be calibrated with blood flow



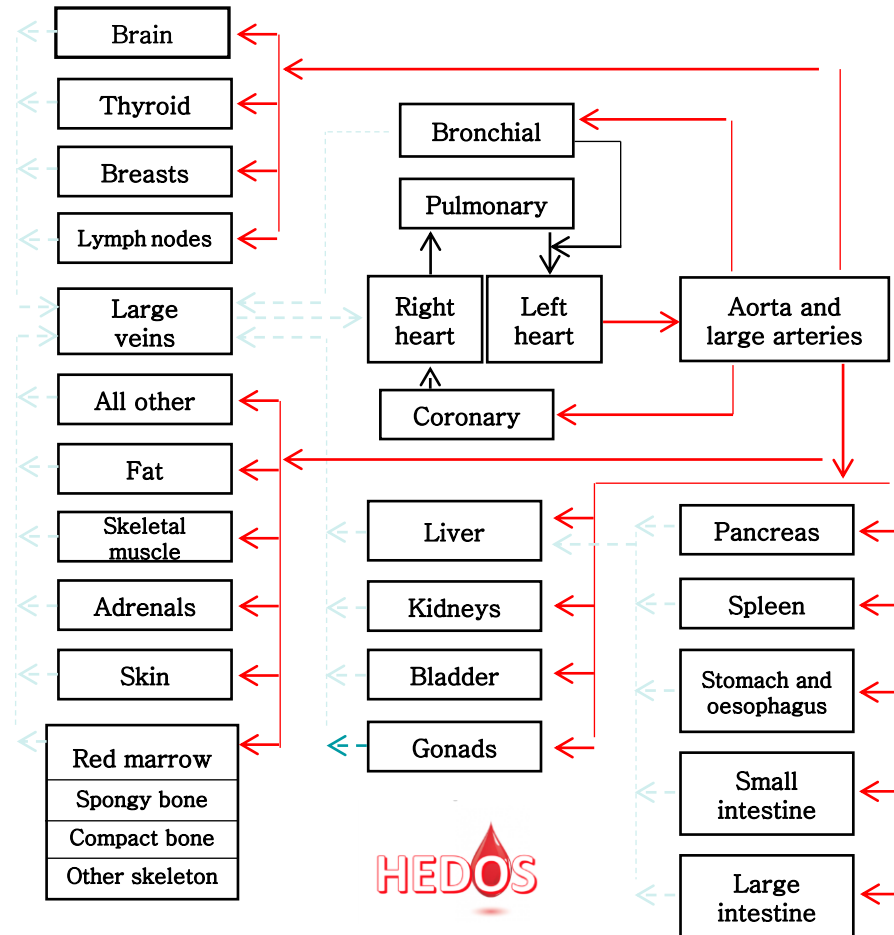
Beekman C ... Paganetti H: A stochastic model of blood flow to calculate blood dose during radiotherapy. *Physics in Medicine and Biology*



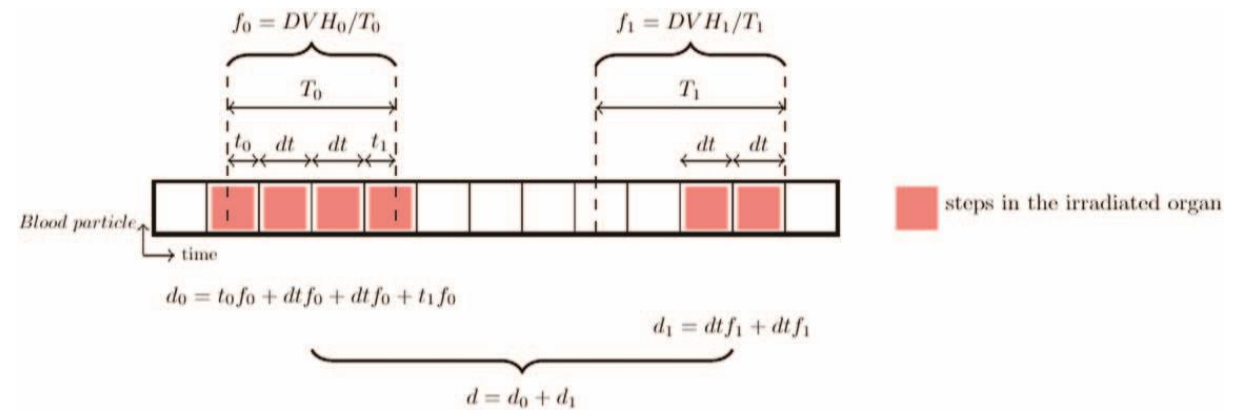


# Modeling dose to the blood

Blood flow model (“**HEDOS**”) based on ICRP organs and hemodynamic data (gender, age...)



Blood particles receive dose based on organ DVHs and proportional to the time spent in the irradiated organ



Model input: Delivery time structure and organ DVH  
(<https://github.com/mghro/hedos>)

Shin ..., Paganetti, Grassberger: HEDOS - a computational tool to assess radiation dose to circulating blood cells during external beam radiotherapy based on whole-body blood flow simulations. *Phys Med Biol* 2021

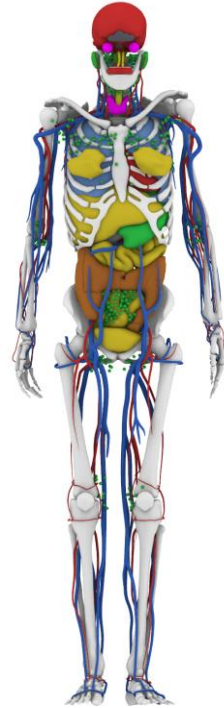
Beekman C ... Paganetti H: A stochastic model of blood flow to calculate blood dose during radiotherapy. *Physics in Medicine and Biology*

# Modeling dose to the blood

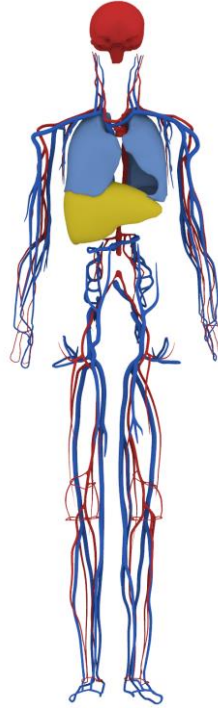
Considering dose to un-contoured areas



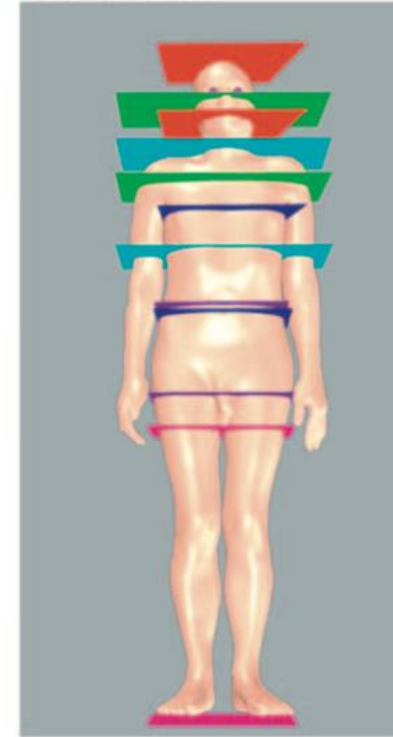
Whole-Body Adult/Female  
ICRP 145



Skin and Muscle  
Removed



Large Vessels and Brain  
| Lungs | Liver



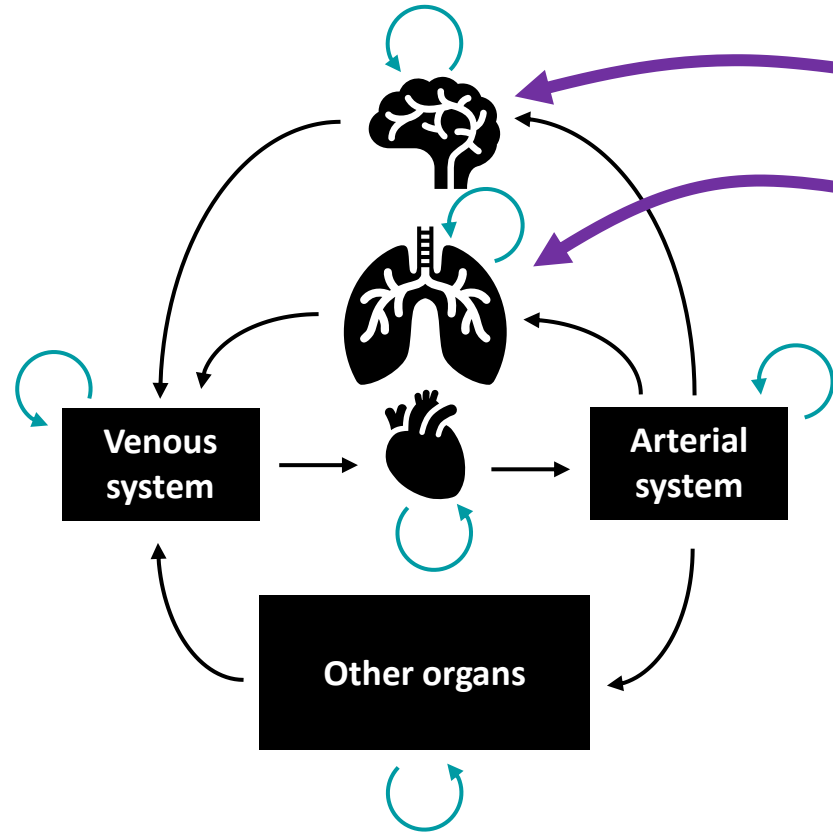
B. Relative Volume (%) of Tissue per Body Region compared to entire Body

| Tissue                     | Brain | Neck  | Chest | Abdomen | Pelvis | Lower Extremity |
|----------------------------|-------|-------|-------|---------|--------|-----------------|
| Blood in Large Arteries    | 0.03  | 9.46  | 27.72 | 23.38   | 16.98  | 25.23           |
| Blood in Large Veins       | 0.03  | 5.55  | 18.46 | 8.49    | 19.03  | 30.40           |
| Muscle                     | 2.01  | 11.52 | 21.47 | 11.90   | 22.80  | 30.20           |
| Residual Soft Tissue (FAT) | 4.02  | 11.66 | 27.24 | 29.93   | 21.89  | 23.03           |
| Skin (100um)               | 5.77  | 9.14  | 19.89 | 12.61   | 13.76  | 31.51           |
| Bone                       | 10.68 | 14.29 | 24.99 | 13.99   | 21.64  | 31.49           |

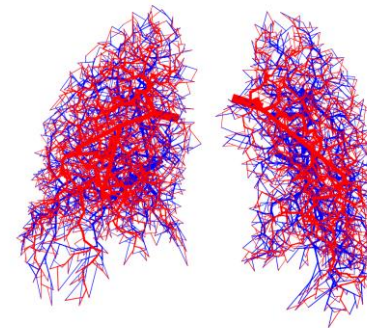
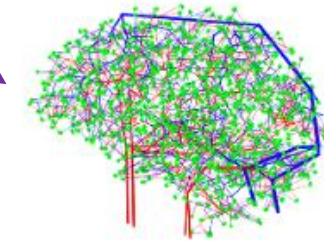
# Modeling dose to the blood



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Blood flow as a compartmental model



Blood flow modeled explicitly

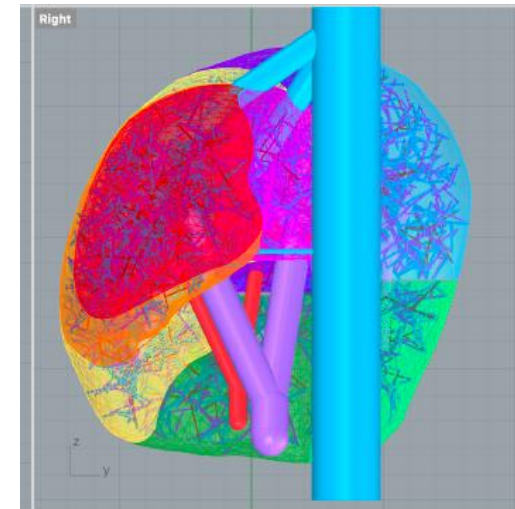
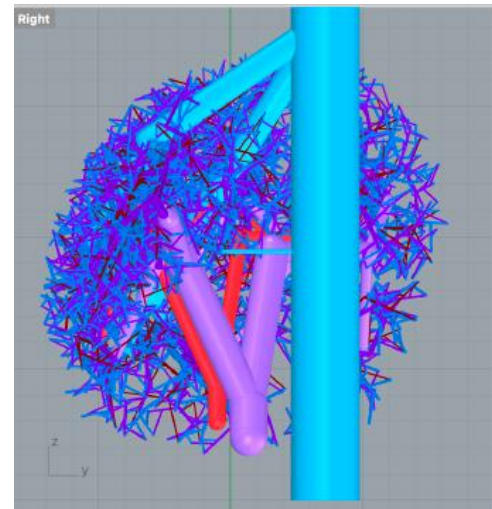
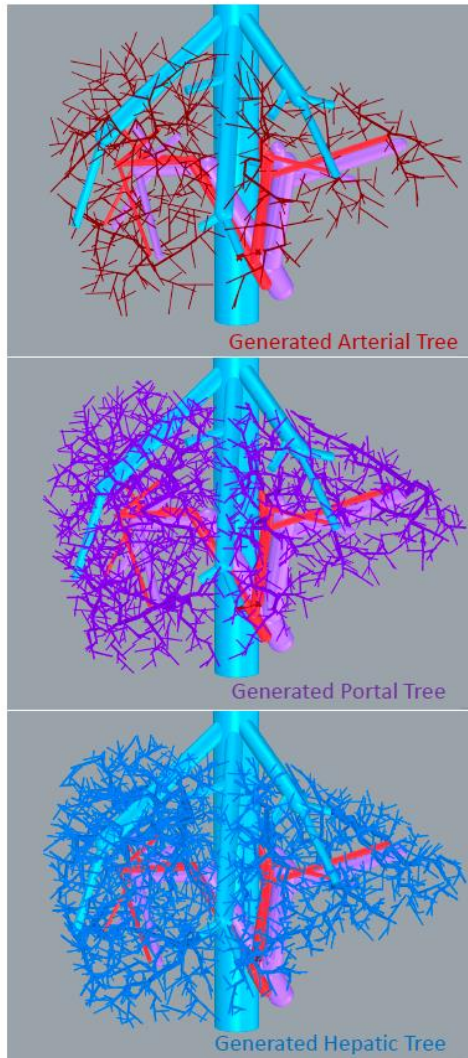
# Modeling dose to the blood

■ Arterial ■ Portal ■ Venous



Physical Principles:

- Conservation of Blood Flow at each bifurcation
- Murray's Law used to relate each parent vessel with its successors
- Gradient pressure computed at each step using Poiseuille's law

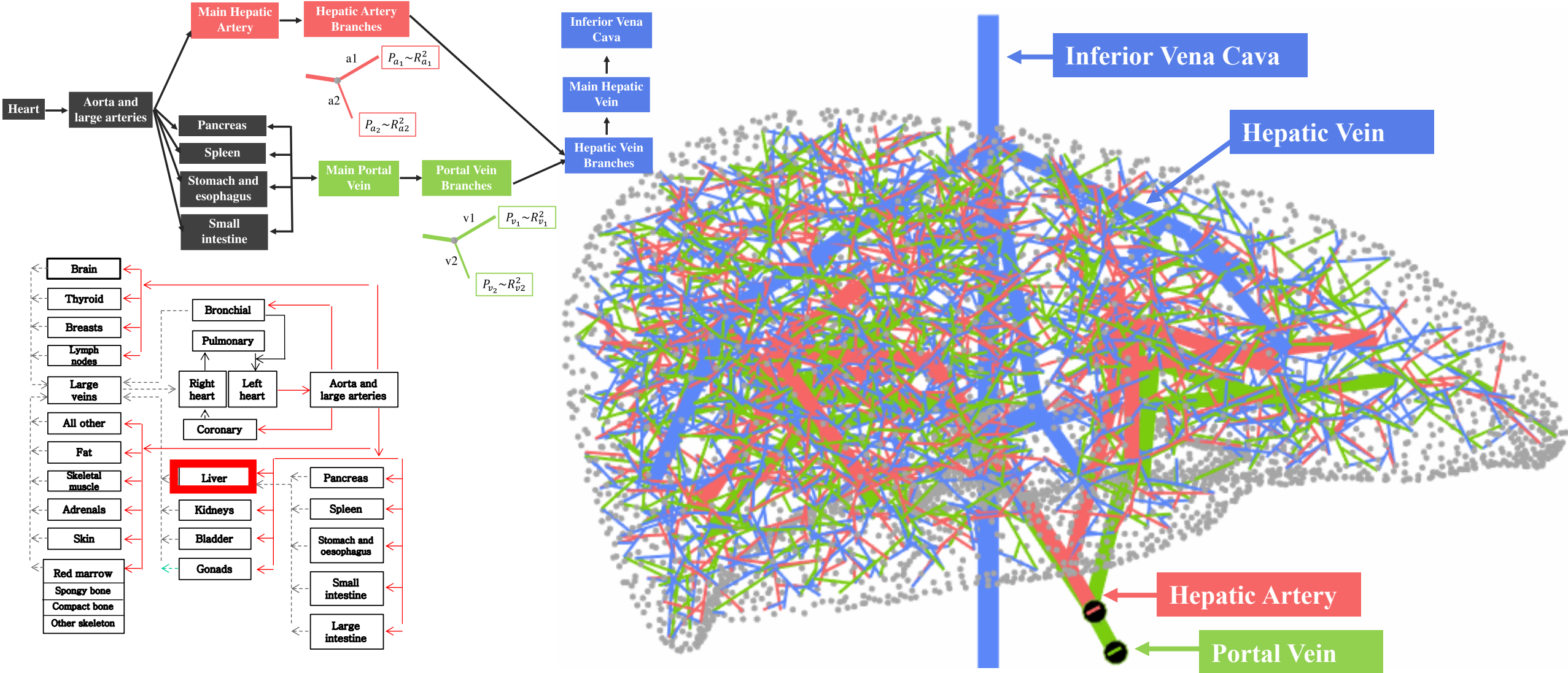


Correa-Alfonso C; Withrow JD; Domal SJ; Xing S; Shin J; Grassberger C; Paganetti H and Bolch WE: A mesh-based model of liver vasculature: Implications for improved radiation dosimetry to liver parenchyma for radiopharmaceuticals. EJNMMI-Physics 2022 9; 28





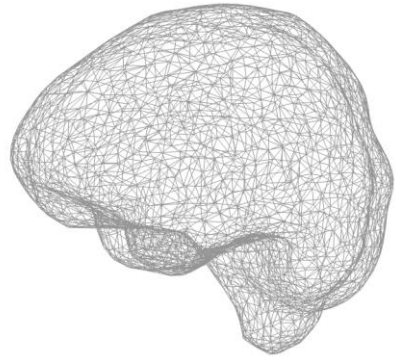
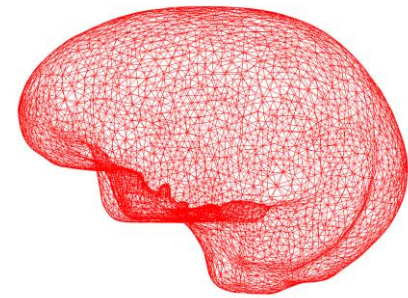
# Modeling dose to the blood



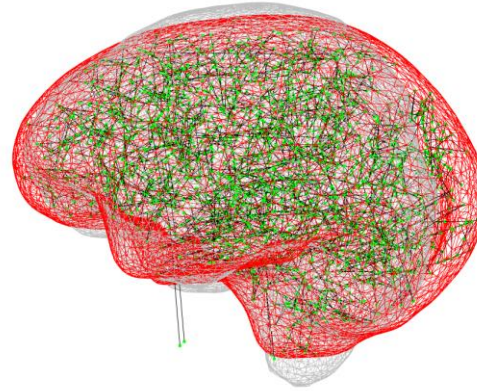
Xing, ... Grassberger, Paganetti: A dynamic blood flow model to compute absorbed dose to circulating blood and lymphocytes in liver external beam radiotherapy. *Phys Med Biol* 2022



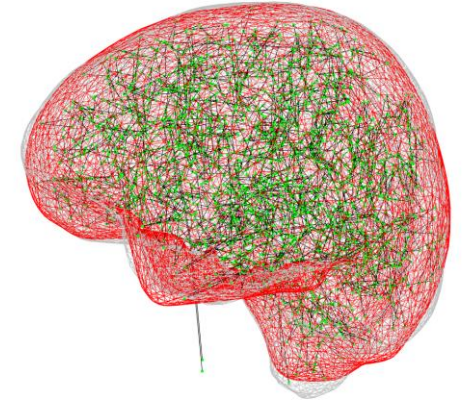
# Modeling dose to the blood



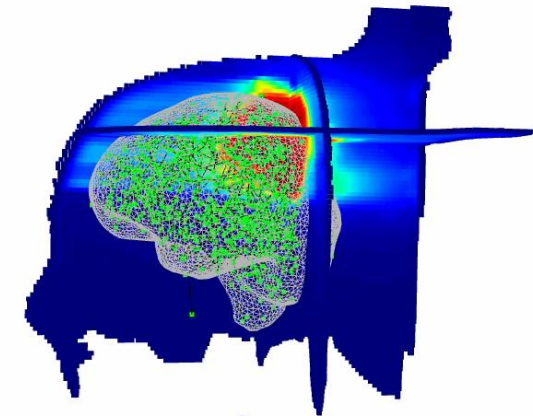
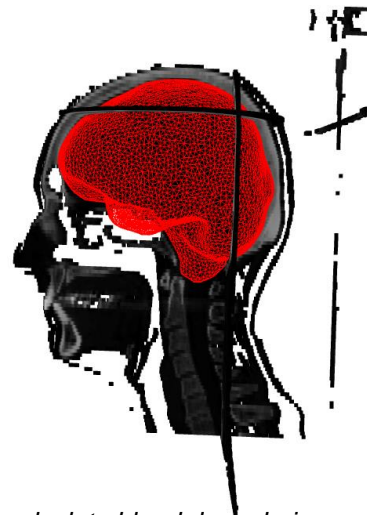
Rigid alignment



Deformable registration

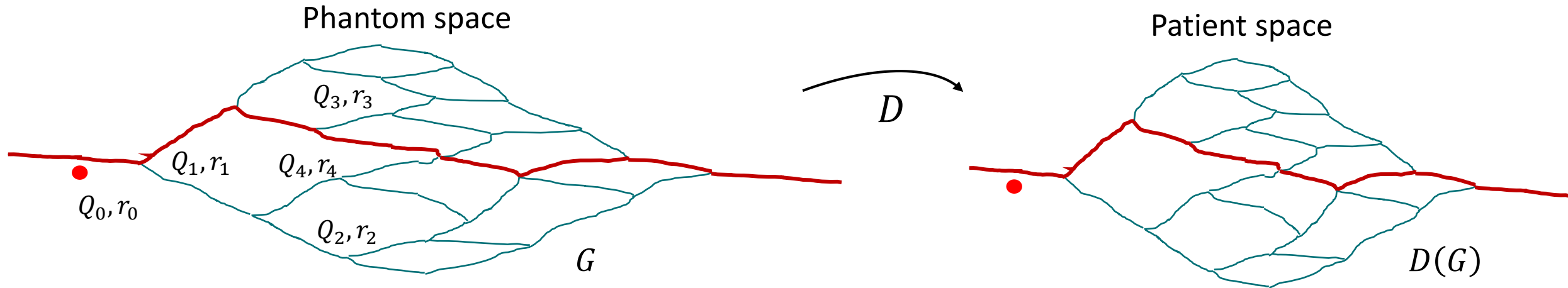


→ Simulate blood particles traversing through dose field patient, accumulating dose.



*Beekman C ... Paganetti H: A stochastic model of blood flow to calculate blood dose during radiotherapy. Physics in Medicine and Biology*

# Modeling dose to the blood



## Phantom space

- Parametrize every possible trajectory through the vasculature and solve for  $s(t)$  (parameterization of a path) using ODE

Computationally expensive

## Patient space

- Re-use the solution to the ODEs for each path
- Distribution of paths for each blood particle
- Accumulate dose

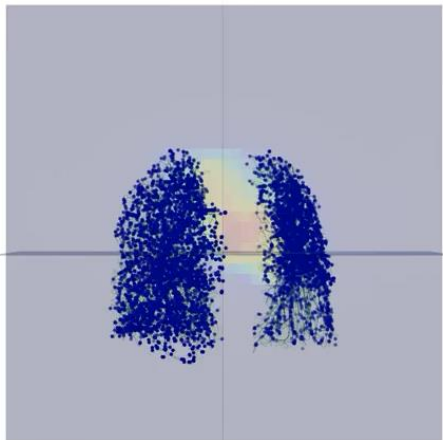
Computationally cheap

Beekman C ... Paganetti H: A stochastic model of blood flow to calculate blood dose during radiotherapy. *Physics in Medicine and Biology*

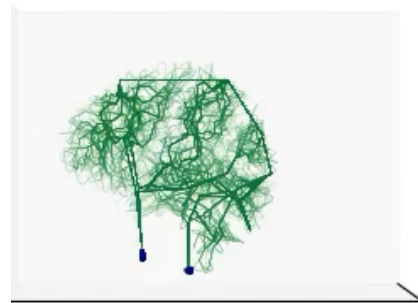


# Modeling dose to the blood

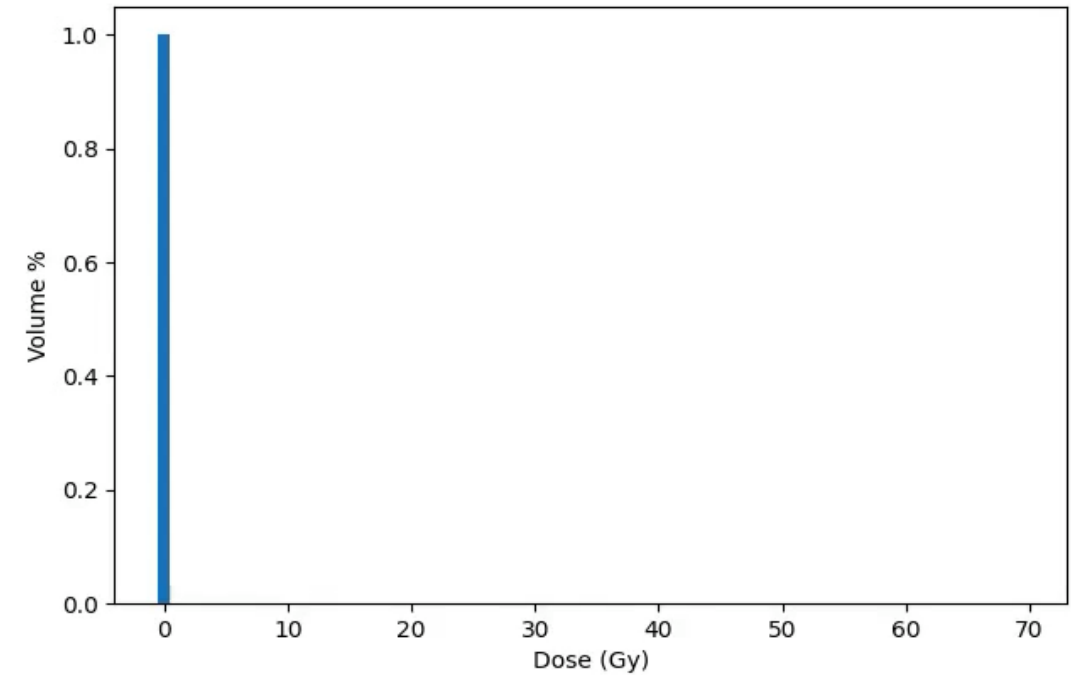
Fraction 1 --- t = 0.00 s



t = 0.00



Blood DVH over time



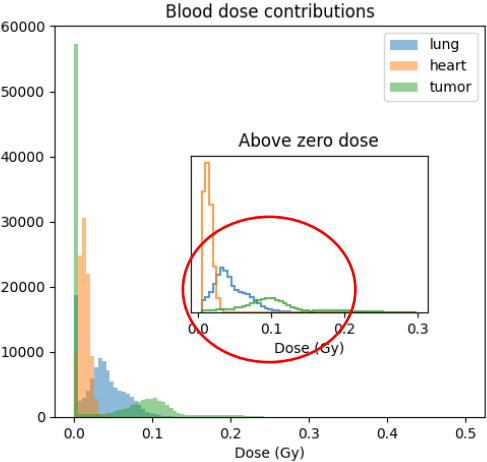
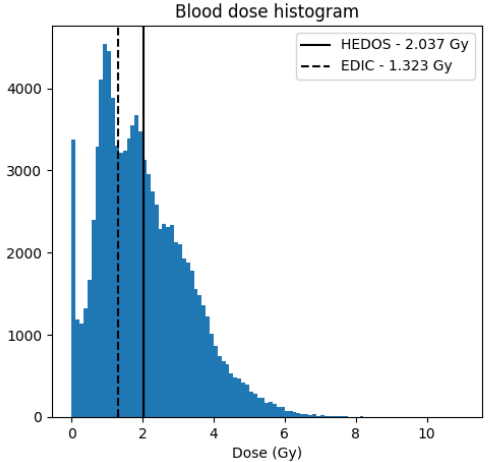
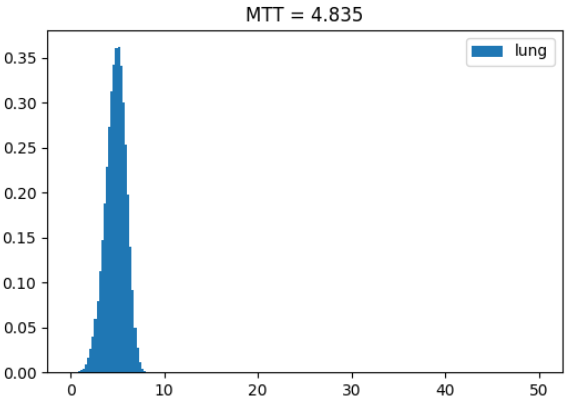
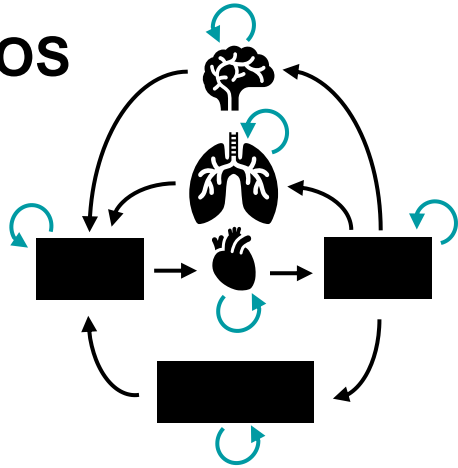
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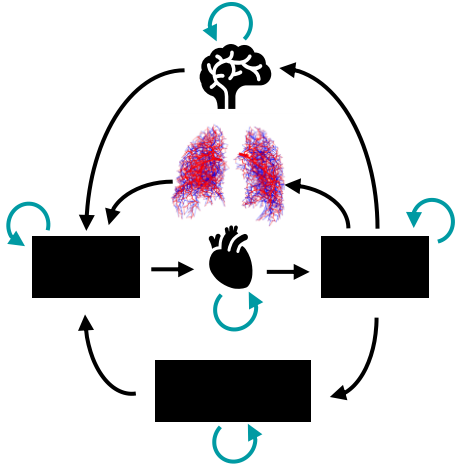


# Modeling dose to the blood

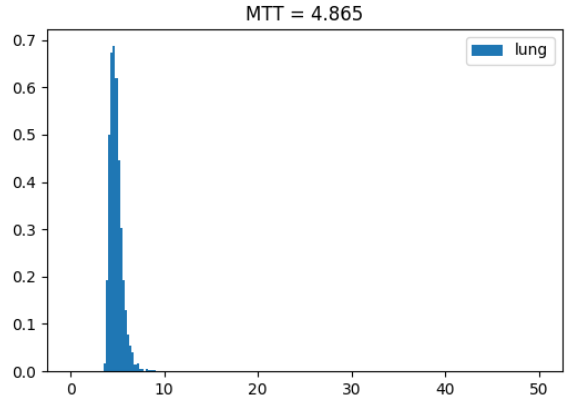
HEDOS



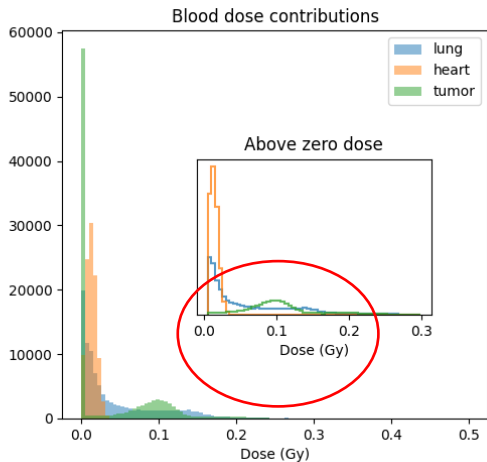
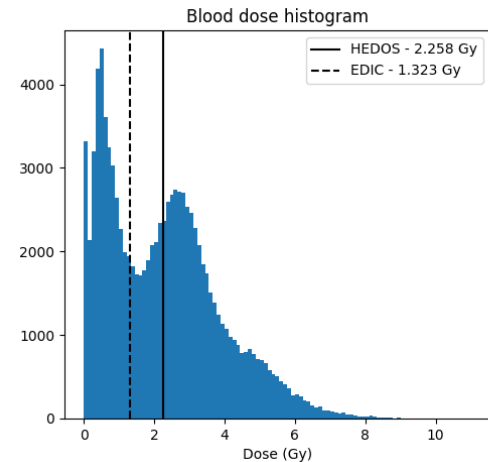
HEDOS & explicit lung



Transit time distribution similar...



... yet dose distribution different.



Beekman C ... Paganetti H: A stochastic model of blood flow to calculate blood dose during radiotherapy. *Physics in Medicine and Biology*

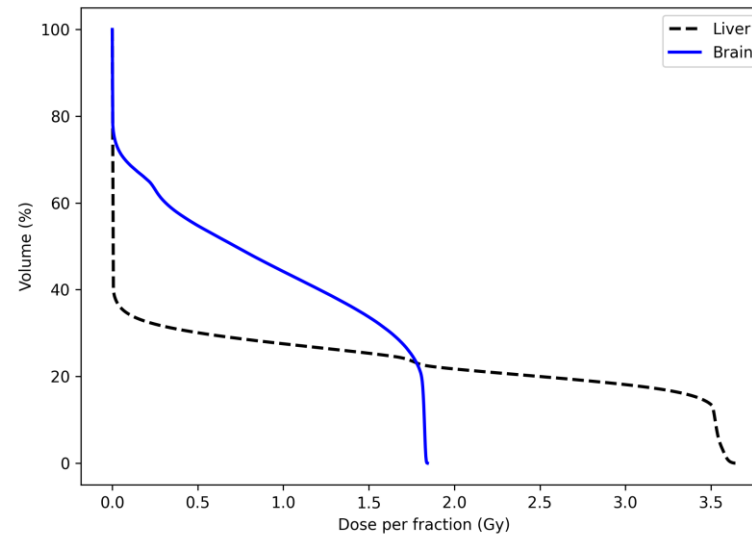


# Modeling dose to the blood - Results

Brain and liver fields with similar volume but different blood volume and transition time

|                            | Brain        | Liver       |
|----------------------------|--------------|-------------|
| Target volume (cc)         | 298.2 cc     | 353.8 cc    |
| Organ volume (cc)          | 1329.6 cc    | 1627.6 cc   |
| Target/Organ ratio         | <b>0.22</b>  | <b>0.22</b> |
| Prescription dose          | 59.4 GyRBE   | 52.5 GyRBE  |
| Fractionation size         | 33           | 15          |
| <b>Blood volume (%)</b>    | <b>1 %</b>   | <b>10 %</b> |
| <b>Transition time (s)</b> | <b>6.4 s</b> | <b>24 s</b> |

## Treatment dose



## Blood dose

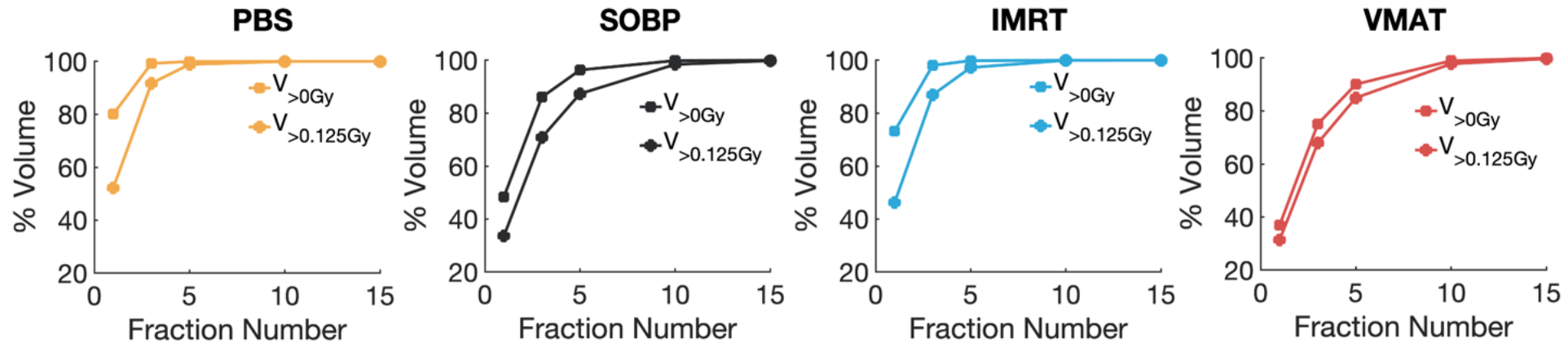
|                          | Brain   | Liver   |
|--------------------------|---------|---------|
| Blood with dose > 0.0 Gy | 6.0 %   | 9.2 %   |
| Mean dose (Gy)           | 0.16 Gy | 0.17 Gy |
| Max dose (Gy)            | 1.3 Gy  | 0.65 Gy |

In 10 mins,  
 76% and 97% of BPs pass at least once through brain and liver  
 43% and 85% of BPs pass multiple times through brain and liver

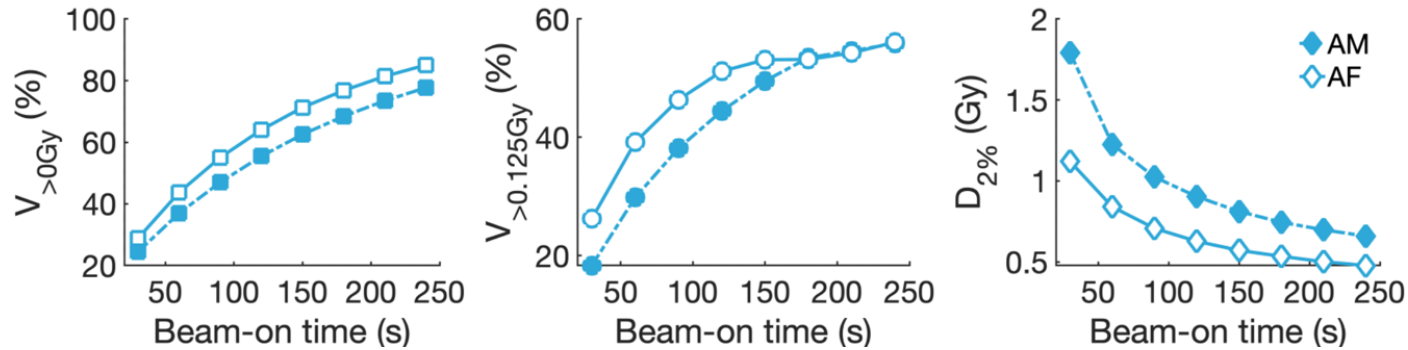


# Modeling dose to the blood - Results

## Build-up of blood dose (6 patients)



### IMRT

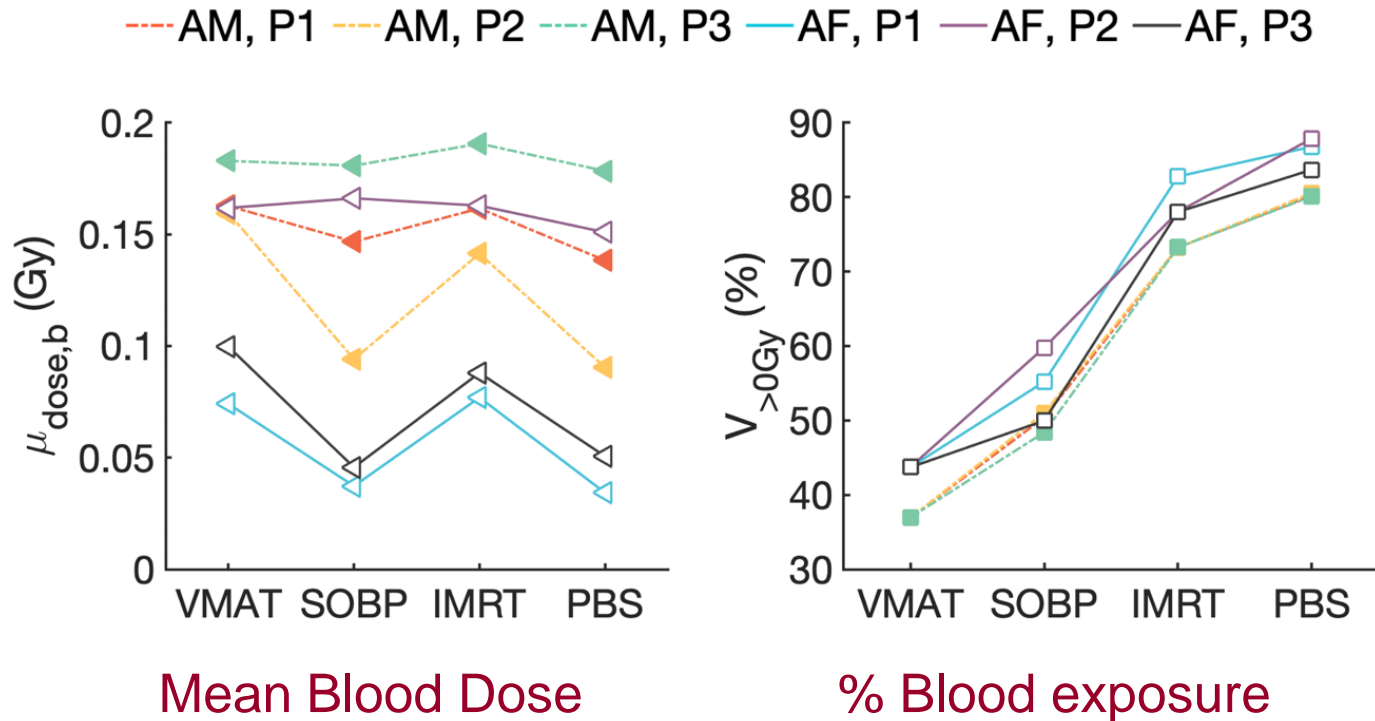


Xing, ... Grassberger, Paganetti: A dynamic blood flow model to compute absorbed dose to circulating blood and lymphocytes in liver external beam radiotherapy. Phys Med Biol 2022



# Modeling dose to the blood - Results

## Actual delivery parameters (6 patients)



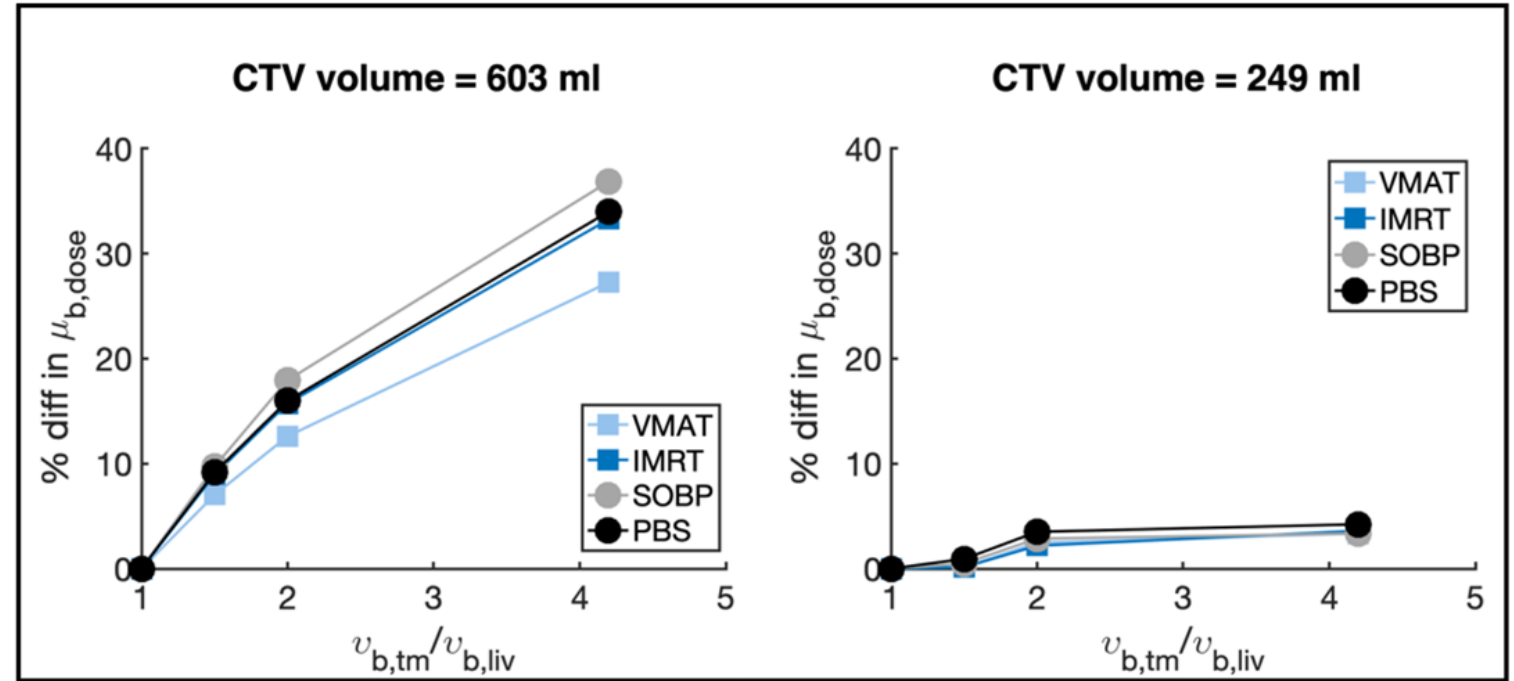
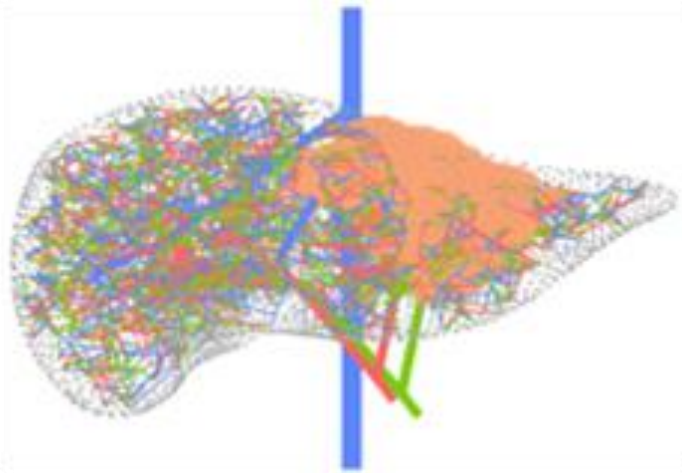
- Treatment time dependent tradeoff between low-dose to a large fraction of blood and high-dose to a small fraction of blood
- Delivery time is more important for understanding the dose to circulating blood than dose conformality (integral dose)

Xing, ... Grassberger, Paganetti: A dynamic blood flow model to compute absorbed dose to circulating blood and lymphocytes in liver external beam radiotherapy. Phys Med Biol 2022



# Modeling dose to the blood - Results

Tumor volume (increasing blood speed in the tumor)



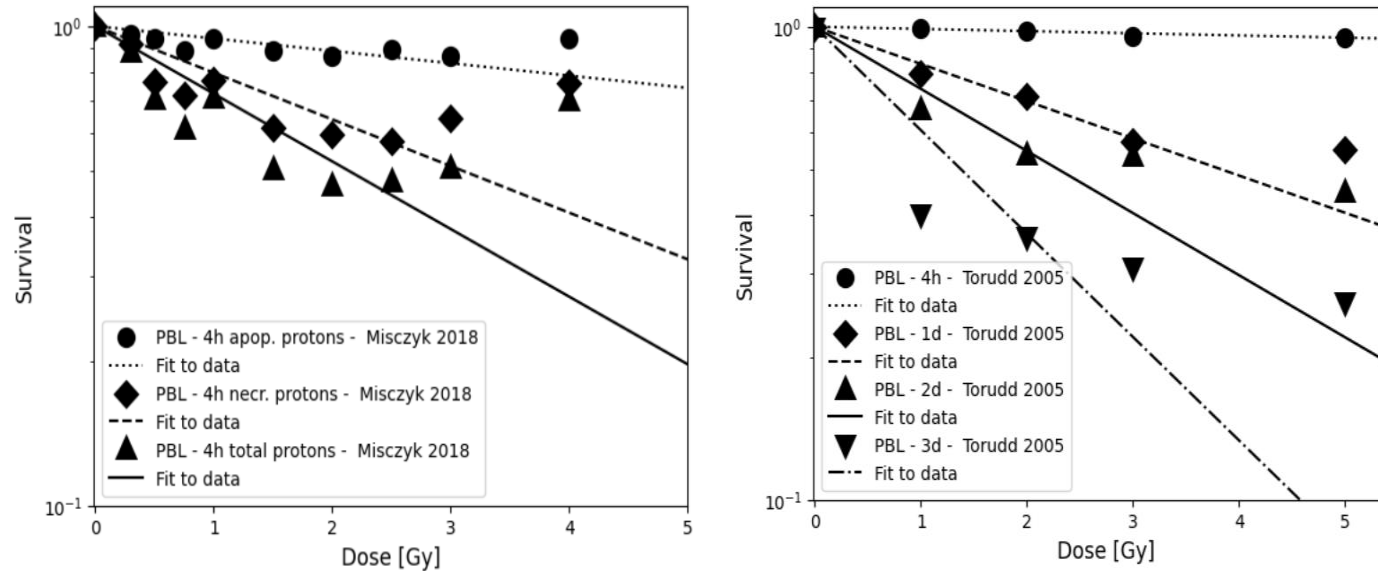
Increasing blood velocity ratio

# Take-home messages

- Lymphopenia correlates with outcome
  - Blood might have to be included as organ at risk in treatment planning decisions
  - Dose to the blood (i.e. circulating lymphocytes) can not be estimated by solely considering integral dose
  - Good estimates can be achieved using HEDOS (open source)
  - For highly inhomogeneous dose distributions or organs, explicit vasculature models deformed to patient anatomy are required
  - Is lymphopenia really caused by dose to the circulating lymphocytes?
- 
- The radiosensitivity of lymphocyte sub-populations in lymphatic organs as well as the blood and tumor is unclear
  - The difference between blood transit times and lymphocyte transit needs to be better understood



# Modeling dose to lymphocytes



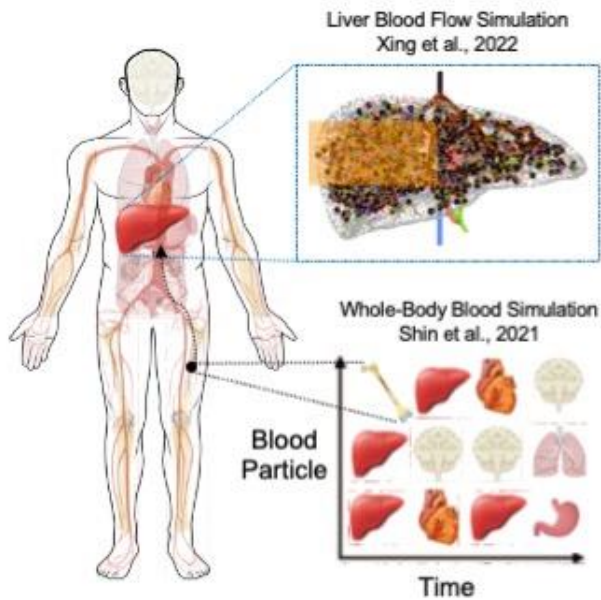
- radiosensitivity of lymphocytes is in the same order of magnitude as normal fibroblasts
- B cells appear to be more radiosensitive than T cells, and NK cells appear to be the most resistant.

Paganetti H: A review on lymphocyte radiosensitivity and its impact on radiotherapy. *Frontiers in Oncology* 2023

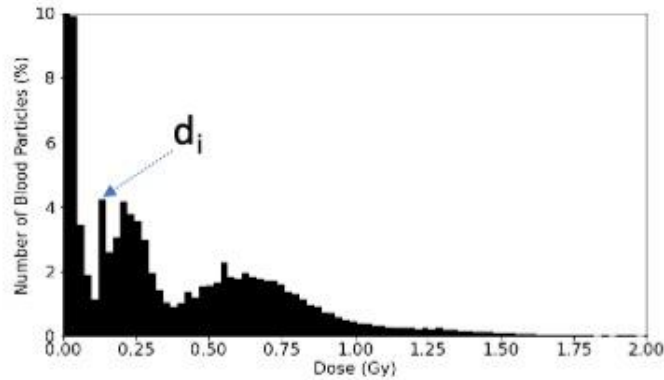


# Modeling dose to lymphocytes

A. Blood dose calculation



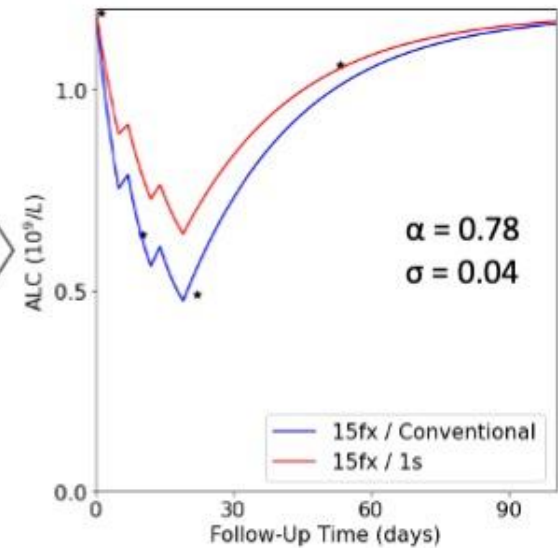
B. Estimating lymphocyte radiosensitivity and recovery



$$ALC_{t+1} = ALC_t \cdot \left[ \underbrace{\sum_{i=0}^{d_i} f_{d_i} \cdot e^{-\alpha d_i}}_{\text{Radiation cell kill}} + \underbrace{\left( 1 - e^{-\sigma \frac{ALC_0 - ALC_d}{ALC_0}} \right)}_{\text{Recovery}} \right]$$

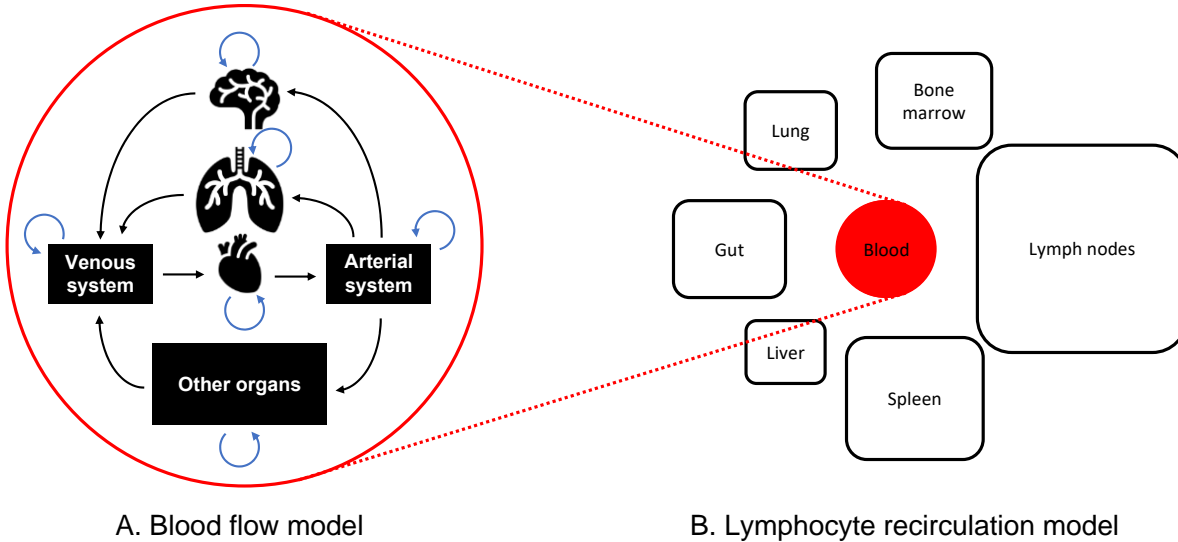
$\alpha$  = Lymphocyte Radiosensitivity  
 $\sigma$  = Lymphocyte Recovery Parameter

C. Simulation of alternative RT parameters for individual patients

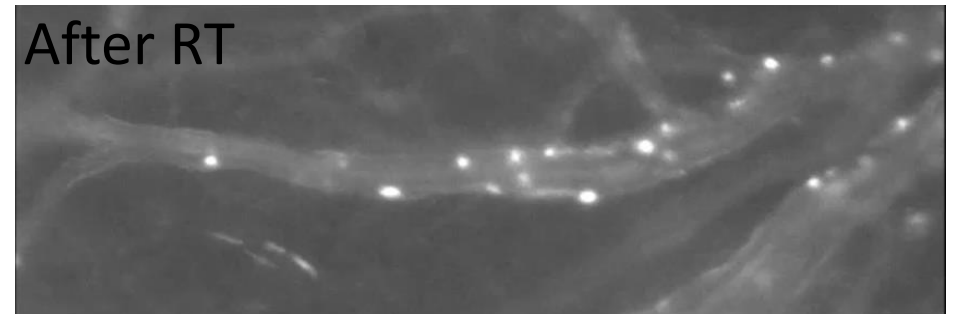
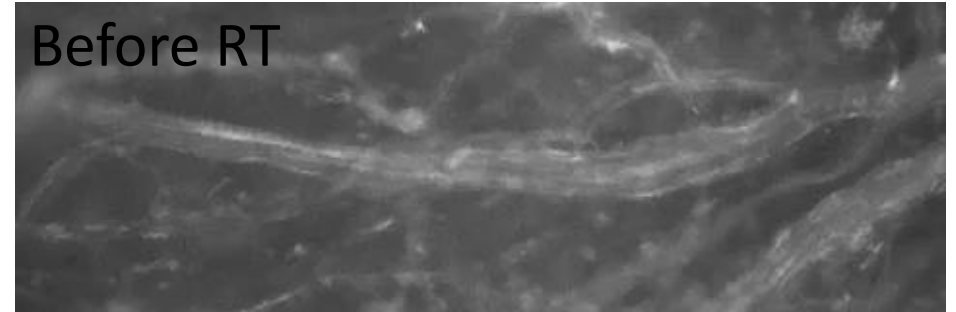




# Modeling dose to lymphocytes



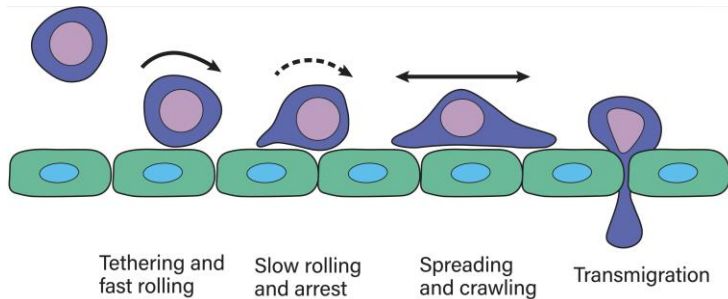
RT increases adherence of lymphocytes to endothelial cells



Weijerathne, H. et al. 2021. *Radiother Oncol.*

Lymphocytes traverse capillary much slower than blood due to

1. Time required to deform to squeeze through
2. Process of adhesion to endothelial cells



Guenther, C., 2022. *Frontiers in Immunology.*

# Team Paganetti Within Physics Research



## Students:

Mislav Bobic  
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Aimee McNamara  
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**Chris Beekman**  
Keyur Shah  
Hoyeon Lee  
Isaac Meyer  
Nils Peters  
Carlos Huesa  
Wook-Geun Shin  
Qianyi Huang  
Victor Valladolid (starting Nov 15)  
Jesus Bosque (starting Dec 1)  
Nicolo Cogno (starting Jan 1)

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R01 CA187003 (PI: Schuemann)  
R01 CA229178 (PI: Paganetti)  
**R01 CA248901 (PI: Paganetti)**  
R01 EB031102 (PI: Paganetti)  
R01 CA266419 (PI: Schuemann)  
R00 CA267560 (PI: Bertolet)  
R21 CA252562 (PI: Schuemann)  
R21 CA 279068 (PI: Bertolet)  
Contr. 2020A003480 (PI: Paganetti)

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