Nuclear Medicine, Treatment of Thyroid Cancer and Mathematical Modelling

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Outline of Talk



Nuclear Medicine

- What is Nuclear Medicine
- Dosimetric Measurement
- Treatment of Thyroid Cancer

2 Modelling Tasks — Examples

- Estimation of Activity
- Estimation of Dose
- Advisory System

3 Conclusions

What is Nuclear Medicine Dosimetric Measurement Treatment of Thyroid Cancer

Nuclear Medicine

- a method for diagnosis, imaging and therapy
- connected with physiology (X-ray etc. shows anatomy)

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What is Nuclear Medicine Dosimetric Measurement Treatment of Thyroid Cancer

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- a method for diagnosis, imaging and therapy
- connected with physiology (X-ray etc. shows anatomy)
- how it works:
 - a substance with radioactive atoms is got into an organism
 - chemically identical behaviour as a non-radioactive one
 - binding to a specific organ, emission of ionizing particles
 - detection of γ-particles: diagnosis, imaging
 - absorption of α or β -particles: targetted destruction

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Dosimetric Measurement

scintillation probe



 γ -camera (matrix of probes)



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- focus on treatment of thyroid diseases

What is Nuclear Medicine Dosimetric Measurement Treatment of Thyroid Cancer

Treatment Schedule after Thyroid Cancer Diagnosis



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Estimation of Activity Estimation of Dose Advisory System

Estimation of Activity: Deterministic Approach

- A = source activity, S = standard activity
- a = source impulses, s = standard impulses (without background)

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- precision of this estimate = ?

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Estimation of Activity: Bayesian Approach

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• Posterior:
$$f(A|...) \propto \frac{A^{a+\alpha}}{(A+S(n))^{\beta+a+s(n)+1}}$$
, where $x(n) \equiv \sum_{i=1}^{n} x_i$

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- $\operatorname{var}[A|\alpha,\beta,a,S(n),s(n)] = \hat{A}^2 \frac{\beta+a+s(n)}{(\alpha+a+1)(\beta+s(n)-\alpha-2)}$

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$$E[A|\alpha, \beta, a, S(n), s(n)] \equiv \hat{A} = S(n) \frac{\alpha + a + 1}{\beta + s(n) - \alpha + 1}$$

- var[$A|\alpha,\beta,a,S(n),s(n)$] = $A^2 \frac{\beta+a+s(n)}{(\alpha+a+1)(\beta+s(n)-\alpha-2)}$
- soft prior bounds: prior statistics α, β hard prior bounds: numerical evaluation of the moments

Uncertainty does not significantly decrease with repeated calibration

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Typical data
$$\mathcal{D}_n \equiv \{(t_i, A_i)\}_{i=1}^n$$

i	time ti [days]	estd. activity A _i [MBq]
1	0.823	6.899
2	3.799	1.711

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Typically, n = 2 - 4

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Estimation of Dose I: Identification of A(t)

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- Marginal posterior pdf $f(k|\mathcal{D}, \mathcal{I}_c, \mathcal{I}_0)$: Student

Estimation of Activity Estimation of Dose Advisory System

Estimation of Dose II: Numerical Simulation of $f(\xi|...)$

Construction of $f(\xi | \mathcal{D}, \mathcal{I}_c, \mathcal{I}_0)$:

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Empirical $f(\xi)$ approximated by log-normal with sufficient precision

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Advisory System for Individual Therapy

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Advisory System for Individual Therapy

Response of organism to administered activity is individual How much activity to administer for therapy, so that

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Nuclear Medicine Estimation of Activity Modelling Tasks — Examples Conclusions

Estimation of Dose Advisory System

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Off-line stage, processing of archive data of all patients:

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On-line stage:

- substitute diagnostic data for a particular patient to the advisory mixture
- call the advisory procedure to generate an individual recommendation of activity

Estimation of Activity Estimation of Dose Advisory System

GUI for the Advisory System

🕽 p(UIA,data)		-		×
Main data	Graph by activity	Legend	Numeric presentation	8000.00
Program recommendati Doctor's decision	on 3659 MBq 3800 MBq	Pa	atient ID 2750	
Please select how program recomendation was close	Cnotatall Cfar Cn	ear 🖲 very near 🔿	as mine	
Doctor's not	some note here		E	
A Max				
			<u>×</u>	
Min Accum.		Save	Load <u>C</u> lose	
(Martine and Control of Control				2000.00
0				0.5
Probability D.: 0.00136	34000 Accumula	ition: 0.15660	Activity: 3222.2	

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Estimation of Activity Estimation of Dose Advisory System

Results of the Initial Version

Only dosimetric data included in mixture processing

relative difference	cases
<10 %	31 %
<15 %	46 %
>50 %	15%

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- successful if the decision independent of medical and biochemical quantities
- higher differences if other than dosimetric information necessary

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- in majority, lower activities recommended

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>50 %	15%

- successful if the decision independent of medical and biochemical quantities
- higher differences if other than dosimetric information necessary
- in majority, lower activities recommended
- other than medical data are being gathered for off-line processing



 nuclear medicine generates uncertain data and requires adequate methods for their processing

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Conclusion

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- Bayes:
 - precision of estimates provides more information for medical decision
 - prior information reduces uncertainty

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- GIGO principle
- nearly-finished:
 - systemization of all data to extend the set for processing
 - learning with dropouts in data records
- numerically nontrivial implementation

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