

**AbstractID: 14317 Title: Image-based scoring of radiation injury in lung for dose-effect correlations: analysis of sources of uncertainties**

**Purpose:** We are studying the robustness and uncertainties of an automated method for quantifying radiotherapy-induced lung injury from CT image density changes and delineate its relationship with radiation dose at different post-radiation (post-RT) time points.

**Method and Materials:** Using multi-resolution affine optimization technique, post-RT diagnostic CT images were registered to planning CT images. Following the registration and patient tissue-based CT number calibration, a change in physical density at each voxel position of the post-RT CT was evaluated and the voxels which density change is considered pathological were segmented as injury. The PTV was excluded from the analysis due to the lack of functional information to differentiate between recurrence and injury. Retrospective patient dose calculations using the anisotropic analytical method (AAA) and the Monte-Carlo (MC) were performed. The segmented injury was spatially correlated to the dose distributions to deduce a patient-specific dose-response relationship for the radiation-induced injury.

**Results:** Probability of lung injury as a function of dose and post-treatment time is patient-dependent and can be up to 70% at the highest dose. Due to the inaccuracy of the affine registration, the injury segmentation was manually corrected for the misalignment of normal tissue features, which gave rise to a case-dependent uncertainty of up to 10%. Inter-patient variability in CT calibration contributed 4% or less to the uncertainty of the complication probability and was dependent on dose. Finally, dose calculation from direct MC simulation occasionally yielded a significantly modified complication probability than using the AAA model suggesting that dose calculation accuracy is important for robustness of the dose-response model of lung injury.

**Conclusion:** The presented method provided a quantitative approach for dose-response analysis in normal lung tissues if the accuracy in image registration and dose calculation can be assured and will provide better options to complication-driven treatment planning.