

Artificial Intelligence

Ethos and Eclipse developments

Jornadas Inteligencia Artificial Aplicada a la Física Médica
Sociedad Andaluza de Física Médica

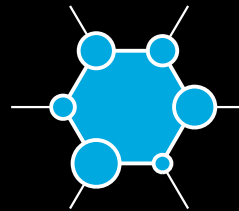
Miguel Rodriguez Checa | Senior Manager, Digital Oncology Sales Europe

Powerful combination with long-term experience in Artificial Intelligence



1,200,000,000

More than **1.2 billion**
clinical images
as well as **reports, clinical**
and **genomic data**



Worldwide super-computing
infrastructure with
700 AI experiments per day



More than 650 patent families
related to machine learning and
more than 250 patent families
related to deep learning

Data on file. Status: November 2021

Ethos treatment therapy

First AI driven linear accelerator

NEW
ETHOS 2.0

5k+
Clinics

(un) conventional

PERSONALIZATION • PERFORMANCE • CONFIDENCE

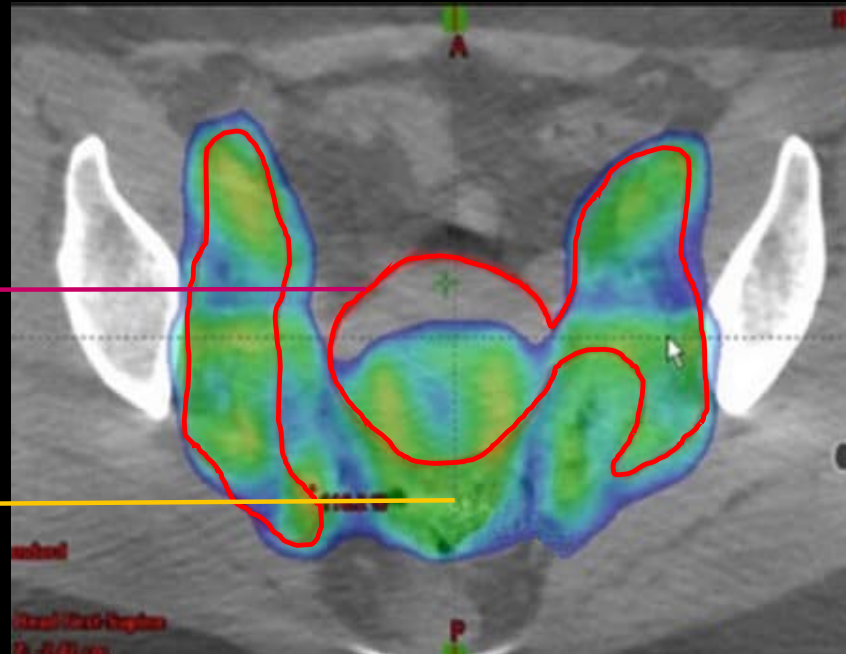
ETHOS
HYPERSIGHT

Why do we need to adapt?

What does the treatment look like today with IGRT?

CTV “of the day”

Reference Rx dose
on CBCT of the day



Actual dose delivered by IGRT

Benefits of selecting the adapted plan

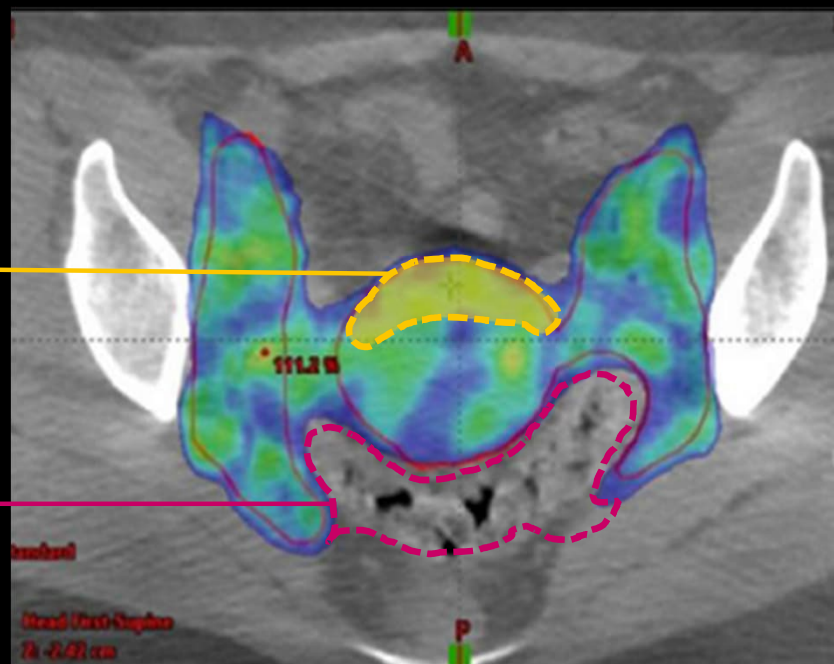
Target Coverage

Improved target coverage
and more homogeneous dose



Dose Spared

Reduced dose outside
of CTV of the day



CBCT-based adapted plan

Ethos therapy solution

NEW ETHOS 2.0

An integrated suite of solutions for the entire adaptive journey



AI-driven Technology & Guided Workflow

For efficient oART –
15-minute adaptive steps *

*Ethos online adaptive steps includes image review,
structure review, target review and plan review



Treatment Technique Flexibility

Choose between adaptive radiotherapy
or sliding window IMRT/ VMAT



HyperSight CBCT Images and Adaptation

To visualize more and adapt
directly on today's anatomy

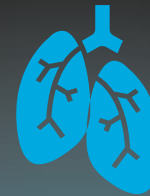
HyperSight

Next generation CBCT

HYPER SIGHT



Metal Artifact
Reduction



6-second
Imaging



High soft
tissue
contrast



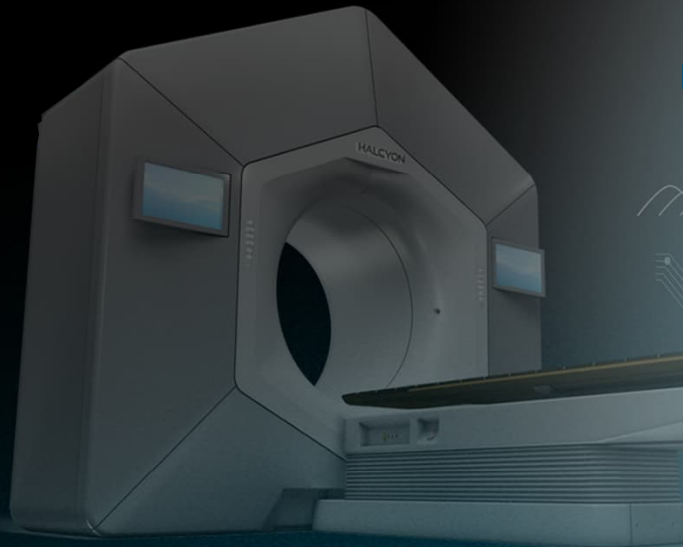
Correct HU
values



Larger
Field
Of View



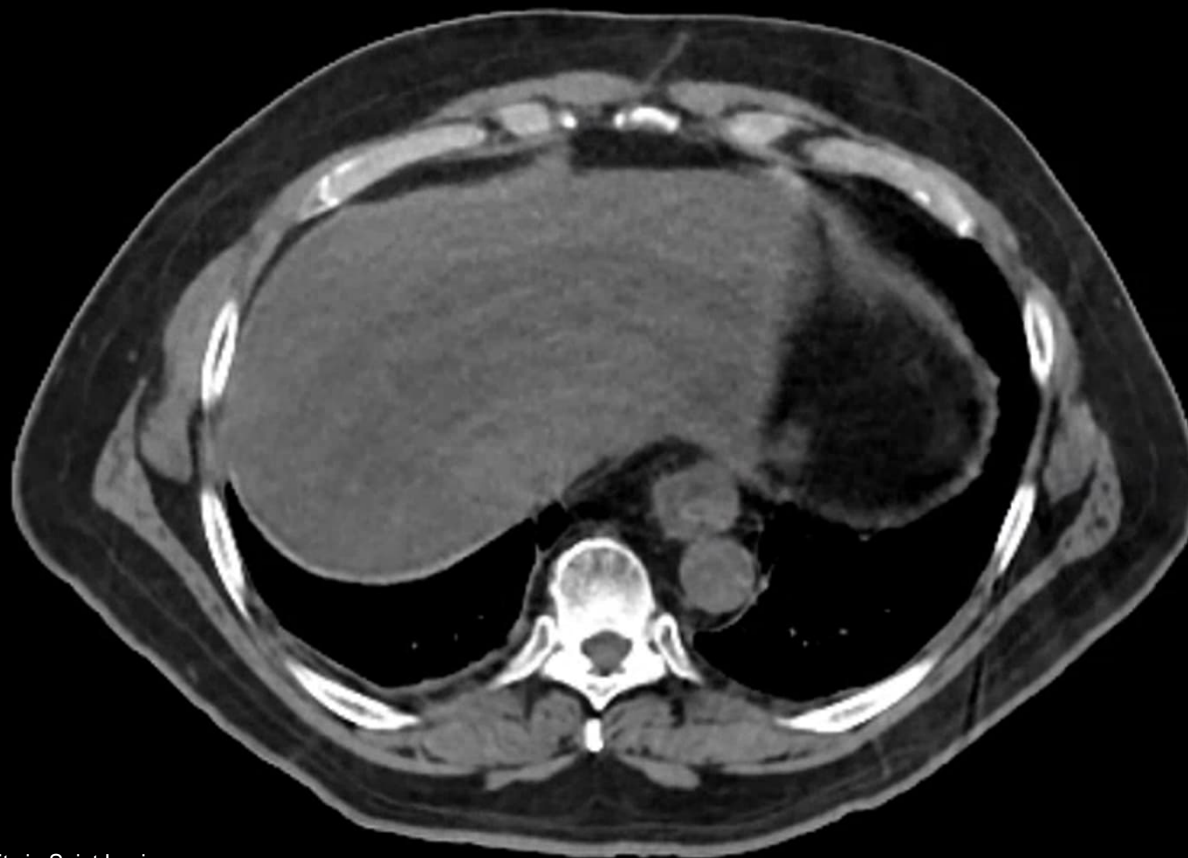
Reduced
Imaging
Dose



HyperSight: Image Quality

Going beyond IGRT

HYPERSIGHT

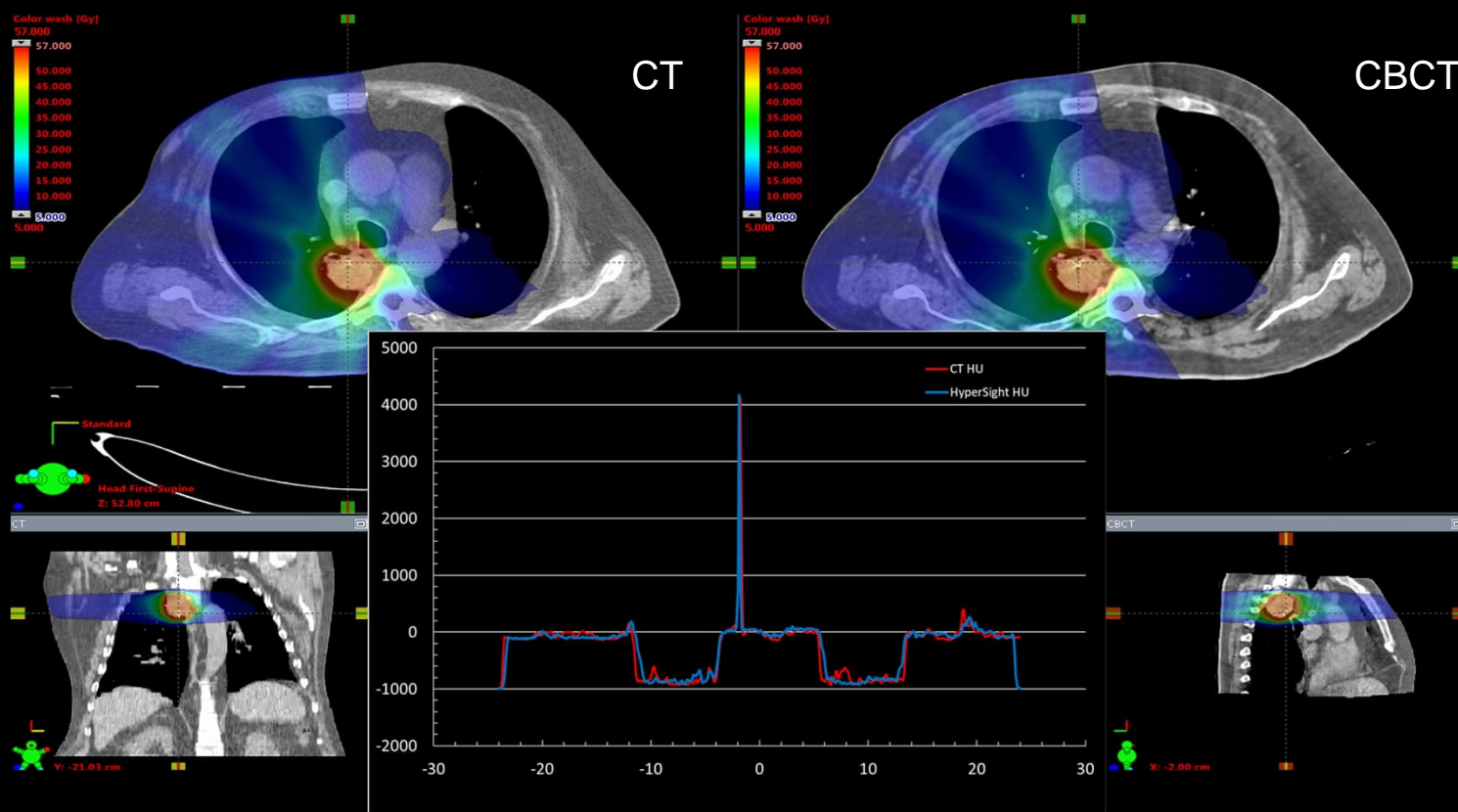


Stomach
Pancreas
Duodenum

Image courtesy of Washington University in Saint Louis.

HyperSight: Precision Images you can plan on

HYPERSIGHT



PERSONALIZATION

93.0%

Adaptive plan
selection frequency

PERFORMANCE

15min

Average duration
of adaptive steps*

CONFIDENCE

8.0x

Increase in Pancreas SBRT
Adaptive vs. IGRT

* Ethos online adaptive steps includes image review, structure review, target review, and plan review

Analysis based on 174 institutions in EMEA, APJI, and Americas from September 2019 through April 30, 2025



ETHOS
HYPERSIGHT

varian
A Siemens Healthineers Company

Ethos workflow

Supported with informed decisions



Image Review

5-10 seconds

Structures Review

~4.4 minutes

NEW
ETHOS 2.0

Target Review

~4.5 minutes

Plan Review

~4.9 minutes

Total time for Ethos 2.0
Online Adaptive Steps

15 minutes

AI segmentation expansion

For efficient clinical workflow



NEW ETHOS 2.0

- Designed to remove repetitive and time-consuming tasks
- Head & Neck, Abdomen, Thorax, Bowel, and Pelvis anatomical regions
- Same AI models from initial planning through oART

Head & Neck

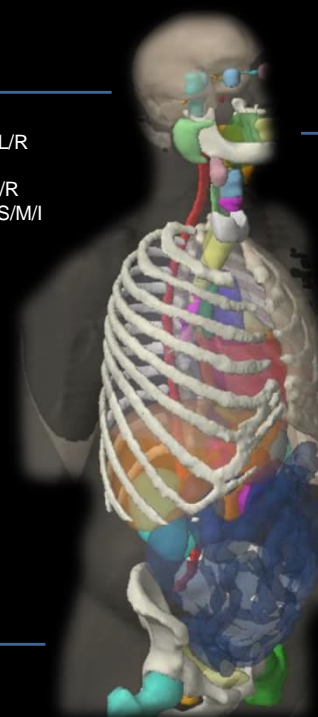
Brain	Parotid_L/R
Brainstem	GInd_Submand_L/R
Eye_L/R	Larynx_SG
Lens_L/R	GInd_Lacrima_L/R
OpticChiasm	Musc_Constrict_S/M/I
OpticNrv_L/R	Cochlea_L/R
Lips	GInd_Thyroid
Bone_Mandible	Glottis
Cavity_Oral	

Abdomen

Kidney_L/R	Gallbladder
Liver	Pancreas
Spleen	Duodenum
Stomach	

Bowel

Bowel	Colon_Sigmoid
Bowel_Large	Colon
Bowel_Small	SmallBowel-Duo



Other

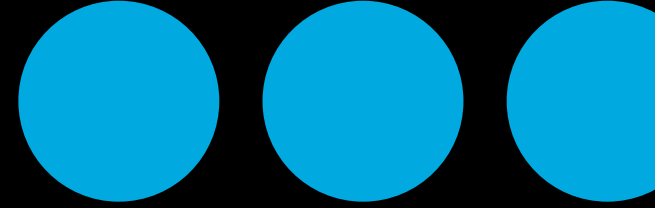
SpinalCord	External (≈ Body)
------------	-------------------

Thorax

A_Aorta	V_Venacava_S/I
Breast_L/R	Bronchus
Heart	SpinalCanal
Lung_L/R	Trachea
Ribs_L/R	Chestwall_L/R
Esophagus	GreatVes
A_Pulmonary	

Pelvis

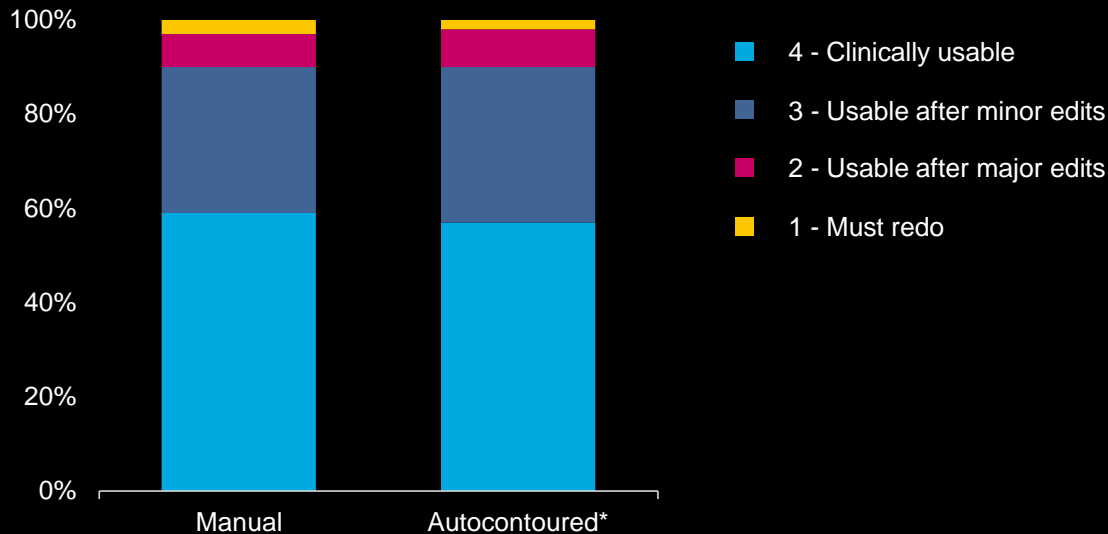
Femur_Head_L/R	Bladder
SeminalVes	PenileBulb
Prostate	Bone_Pelvic
Rectum	Uterus



Autocontouring integrated in Eclipse

Blinded evaluation of auto contouring at Universitätsklinikum Erlangen

Blinded physician rating (%)



- *The case evaluation was conducted with Organs RT on syngo.via RT Image Suite.
- The feedback and the results are from the collaboration performed at UKER
- The statements by Siemens Healthineers' customers described herein are based on results that were achieved in the customer's unique setting. Since there is no "typical" hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption) there can be no guarantee that other customers will achieve the same results.

"Current **state-of-the art** enables **OAR auto segmentations** that are **on par with human experts**"

"Important **prerequisite to automate and accelerate RT planning workflow by multiple orders of magnitude (Adaptive Radiotherapy/plan of the day)**"



Dr. Florian Putz

Physicist, Radiation Oncology
Universitätsklinikum Erlangen,
Germany

Study details:

Clinical evaluation of 50 CT datasets for 5 sites with each 10 cases.

3 RT physicians (one Senior Physician, two Physicians) rated auto contouring solutions & peers (each other).

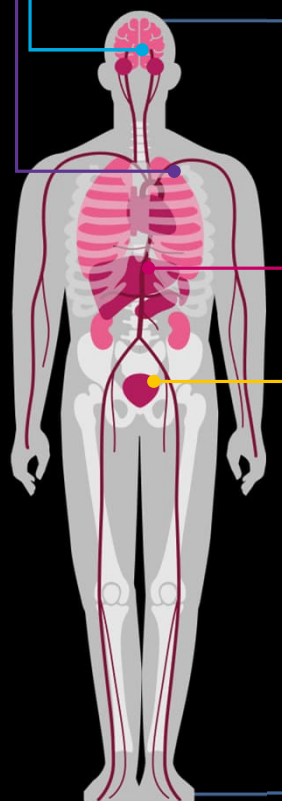
Varian Autocontouring supported anatomical sites

Head & Neck

- Brain
- Brainstem
- Eye globe (L/R)
- Lens (L/R)
- Optic nerve (L/R)
- Optic chiasm
- Cochlea (L/R)
- Parotid gland (L/R)
- Submandibular gland (L/R)
- Oral cavity
- Mandible
- Lips
- Larynx (L/R)
- Glottis
- Supraglottic larynx
- Pharyngeal constrictor muscle (inf/mid/sup)
- Brachial plexus (L/R)
- Thyroid

Breast & Lung

- Female breasts (L/R)
- Lung (L/R)
- Lung lobes (RI, RM, RS, LI, LS)
- Trachea
- Proximal bronchial tree
- Chest wall (L/R)
- Whole heart
- Atrium (L/R)
- Ventricle (L/R)
- Ventricle Left Endocardium
- Left Circumflex
- Right Coronary Artery
- LAD
- Aorta
- V. Cava (inf/sup)
- Pulmonary artery
- Individual ribs (24 ribs)
- Sternum



Abdomen

- Stomach
- Liver
- Spleen
- Kidneys (L/R)
- Pancreas
- Abdominopelvic cavity
- Duodenum
- Bowel (small/large)

Pelvic area

- Bladder
- Prostate
- Penile bulb
- Rectum
- Sigmoid
- Proximal femur (L/R)
- Seminal vesicles
- Uterus

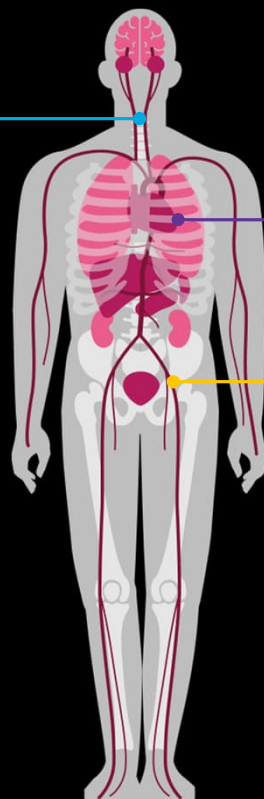
Multi-site

- Body contours
- Spinal cord
- Spinal canal
- Esophagus
- Skeleton

Varian Autocontouring supported lymph nodes

Head & Neck

- Level Ia: Submental triangle
- Level Ib Submandibular triangle (L/R)
- Level II: Upper jugular nodes (L/R)
- Level III: Middle jugular nodes (L/R)
- Level IVa: Lower jugular group (L/R)
- Level IVb: Medial supraclavicular group (L/R)
- Level V: Posterior triangle group (L/R)
- Level Vc: Lateral supraclavicular group (L/R)
- Level VIa: Anterior jugular nodes
- Level VIb: Prelaryngeal, pretracheal, and paratracheal nodes
- Level VIIa: Retropharyngeal nodes (L/R)
- Level VIIb: Retro-styloid nodes (L/R)
- Level VIII: Parotid group (L/R)
- Level IX: Bucco-facial group (L/R)
- Level Xa: Retroauricular and subauricular nodes (L/R)
- Level Xb: Occipital nodes (L/R)



Breast & Lung

- LN Axilla Level I (L/R)
- LN Axilla Level II (L/R)
- LN Axilla Level III (L/R)
- LN Internal Mammary (L/R)
- LN Supraclavicular (L/R)

Pelvic area

- LN Common Iliac (L/R)
- LN Internal Iliac (L/R)
- LN External Iliac (L/R)
- LN Obturator (L/R)
- LN Presacral

AI-based autocontouring on MR images for the male pelvis¹

Organs-at-risk Contouring

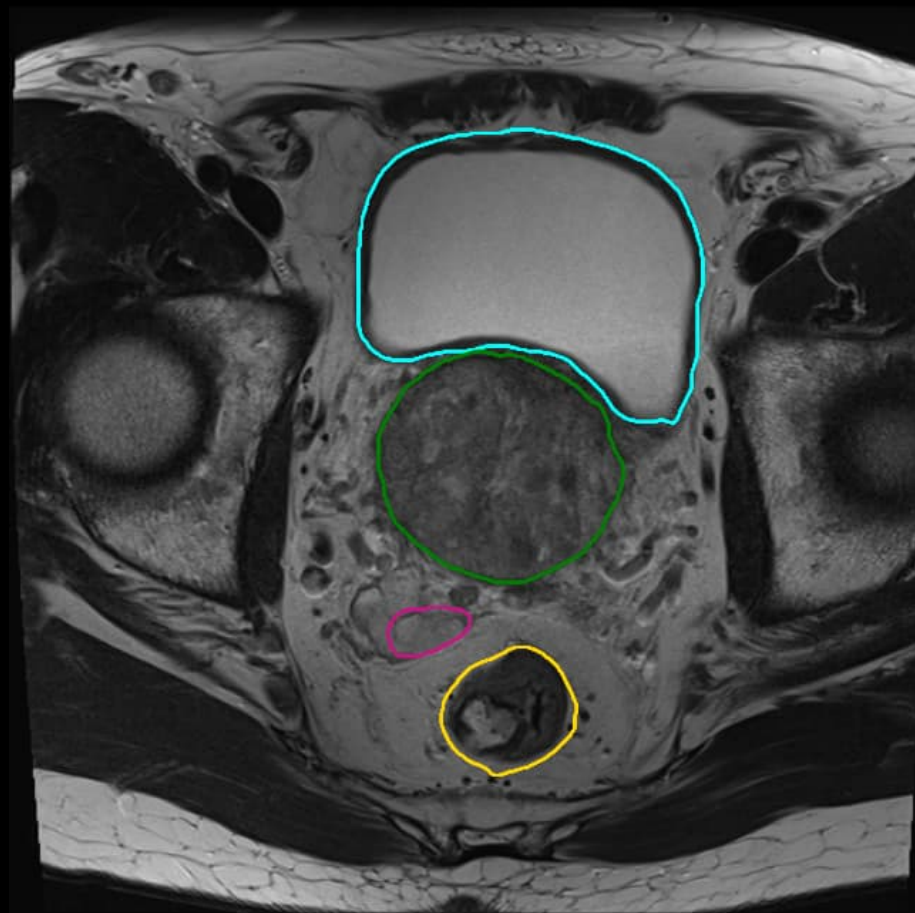
Automatic contouring of 8 structures
Anal canal, Penile bulb, Bladder,
Prostate, Body, Rectum, Femur left and
right, Seminal vesicles

MR-Only workflow

In combination with Synthetic CT
created with a dedicated sequence,
a complete MR-only workflow can
be offered

The base for the future

Will the "prostate tsunami"² hit the RT
departments too?

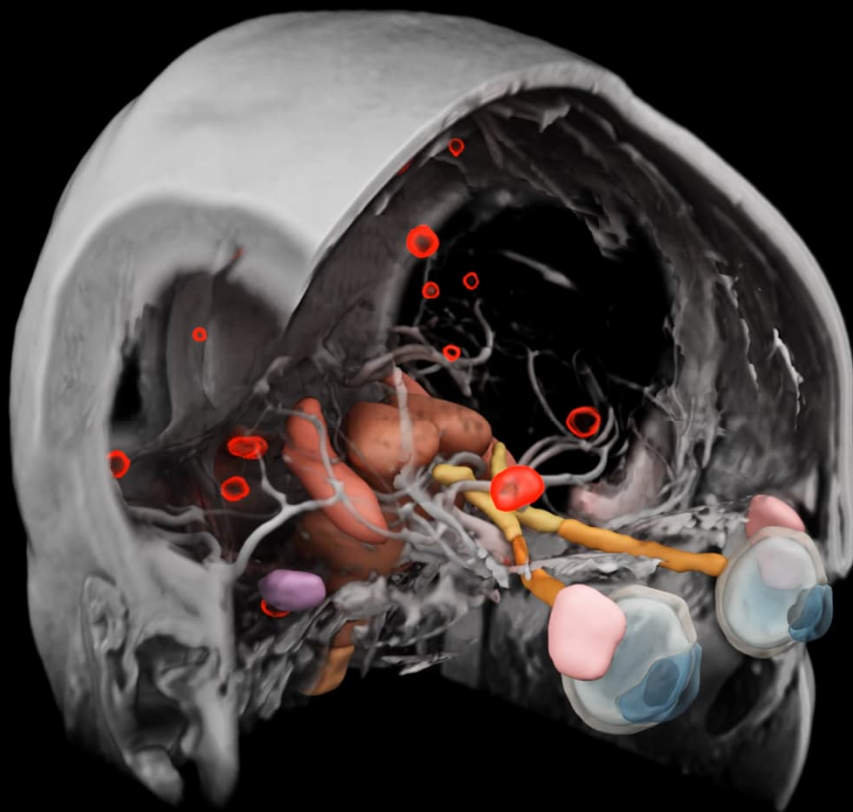


¹ synngo.via RT Image Suite VC10 is not commercially available in all countries, and its future availability cannot be ensured. Not for sale in the USA.

AI-Rad Companion Organs RT VA60 is not commercially available in all countries, and its future availability cannot be ensured.

² Source: <https://doi.org/10.32074/15919511047> by B.EMS, INC. For immediate recipient's use only.

AI-based autocontouring on brain MRI images^{1,2}



Courtesy: Acibadem Atasehir Hospital, Istanbul, Turkey

1 AI-Rad Companion Organs RT VA70 is not commercially available in all countries, and its future availability cannot be ensured. Not for sale in the USA.

2 syngo.via RT Image Suite VC10 is not commercially available in all countries, and its future availability cannot be ensured. Not for sale in the USA.

Rendering not generated in AI-Rad Companion Organs RT VA70 nor syngo.via RT Image Suite VC10

varian
A Siemens Healthineers Company

AI-based contouring on brain MRI images^{1,2}

Brain metastasis and Organs at Risk

Organs at Risk Contouring

Automatic contouring of 12 structures

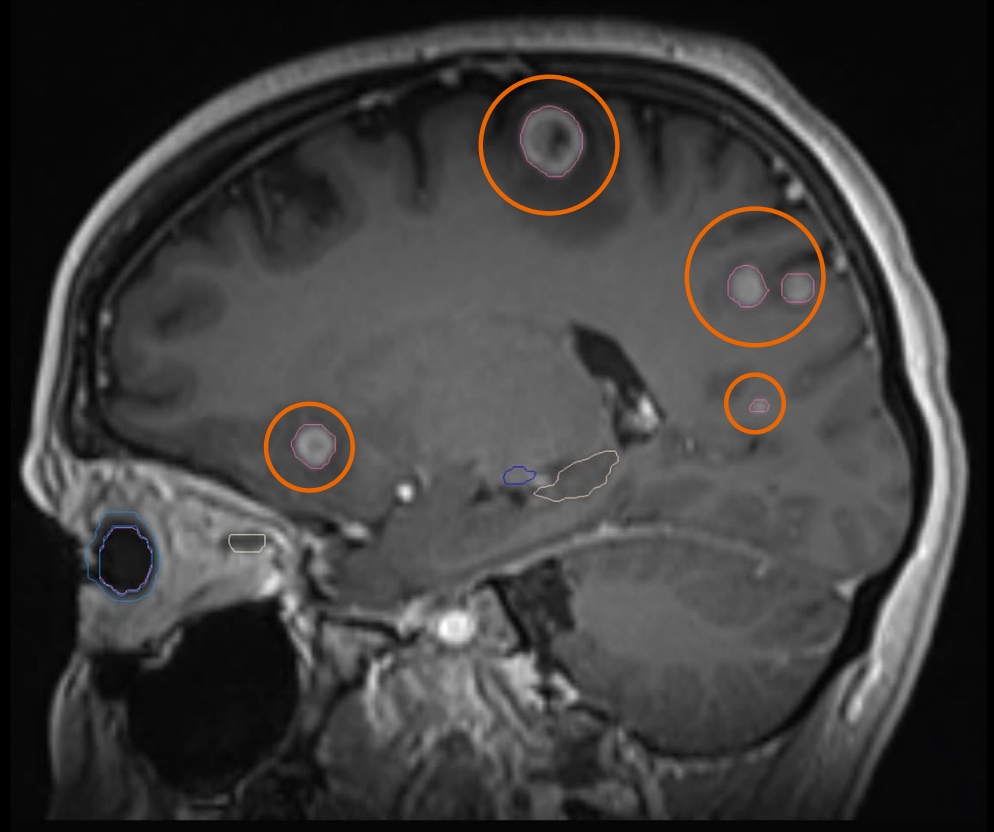
Brainstem, Cochlea, Cornea, Eyes, Hippocampus, Lacrimal glands, Lens, Optic Nerves, Optic Chiasm, Pituitary, Retina, Spinal Cord

Brain metastasis as GTV's

Automatic contouring of intraparenchymal metastases on post-contrast T1 IMPRAGE

The base for radiosurgery

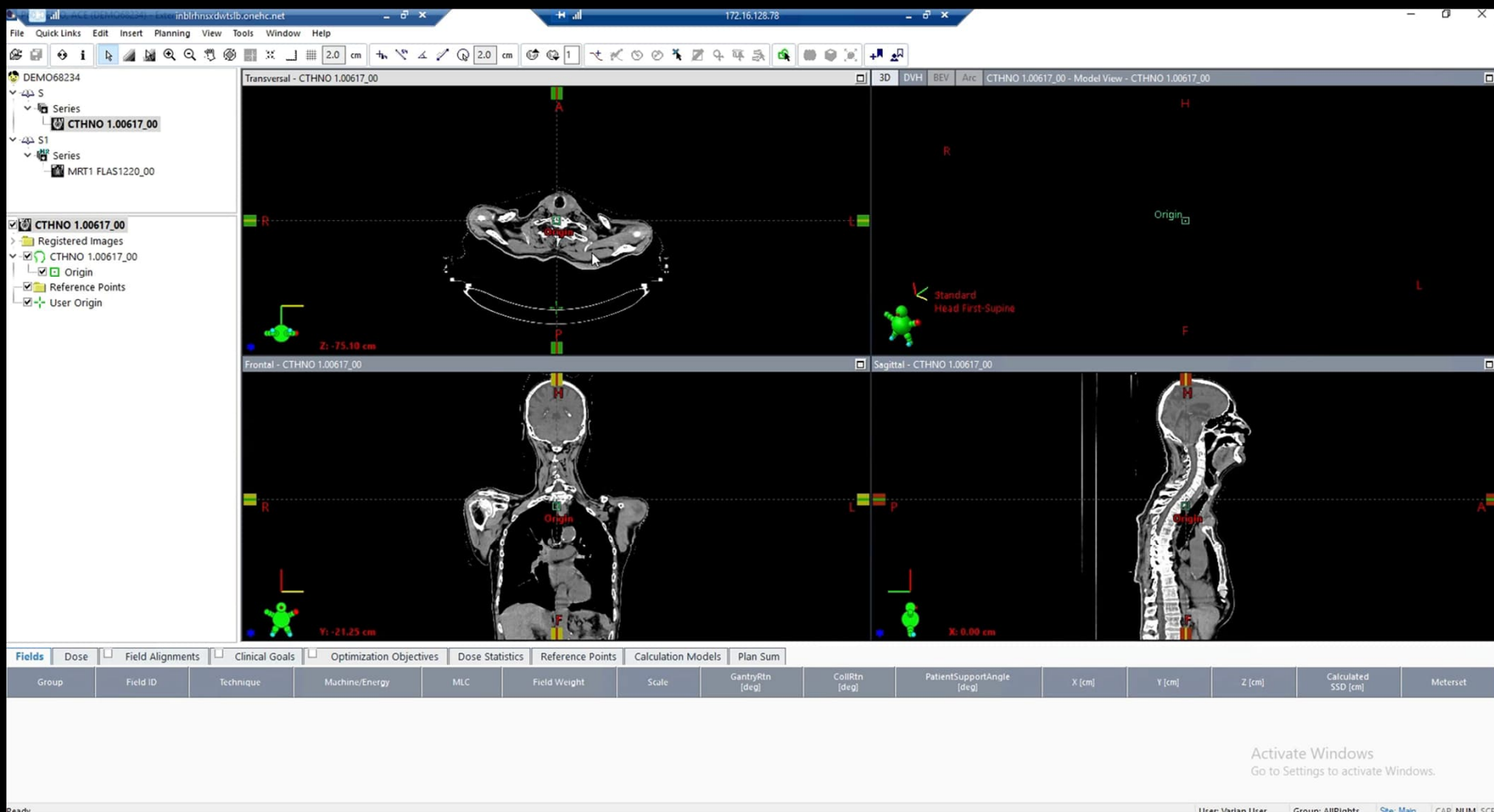
The RT Struct files with all contours can be used for a treatment planning



Courtesy: Acibadem Atasehir Hospital, Istanbul, Turkey

¹ AI-Rad Companion Organs RT VA70 is not commercially available in all countries, and its future availability cannot be ensured. Not for sale in the USA.

² syngo.via RT Image Suite VC10 is not commercially available in all countries, and its future availability cannot be ensured. Not for sale in the USA.



Automated Plan Generation

Offers flexibility in Treatment Technique

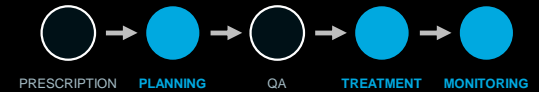


- Ethos delivers flexibility in:
 - Treatment technique – adaptive or IGRT
 - IMRT, VMAT, SBRT
- IMRT and VMAT plans are generated automatically
 - Dose calculations done with the Acuros XB algorithm
 - Optimization and dose calculations powered by GPU

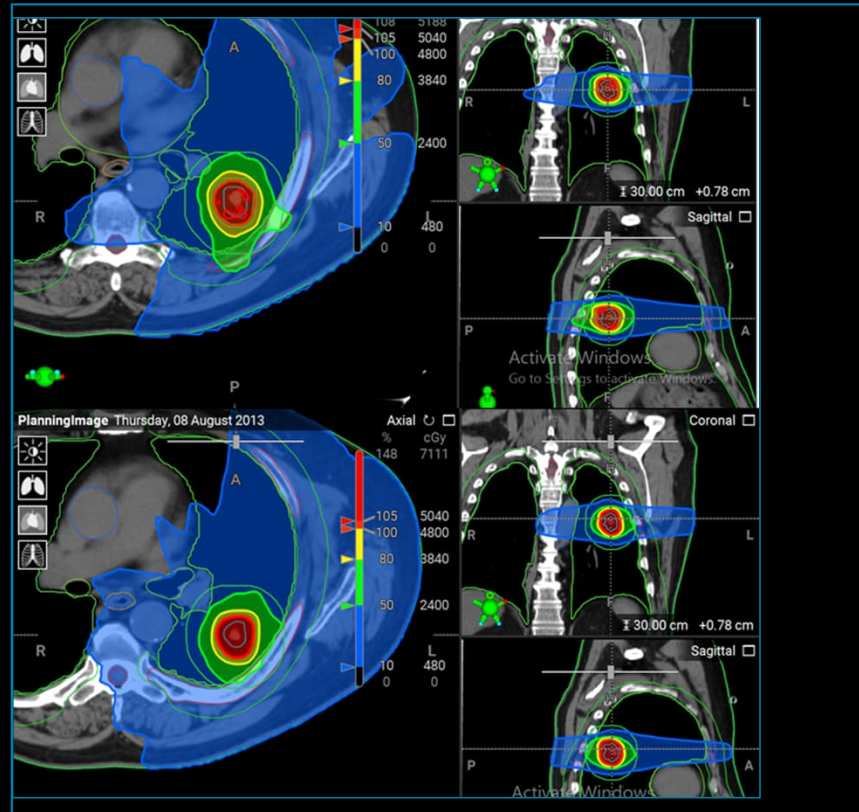


Intelligent Optimization Engine

Enhancements



- Improved Intelligent Optimization Engine vs. Ethos v.1
 - Improved plan quality
 - Faster treatment delivery
- SBRT planning solution
 - High fidelity dose calculation and optimization for ultimate conformity
 - Availability of dose calculation grids down to 1.25mm



NEW ETHOS 2.0

RapidPlan with Intelligent Optimization Engine

Fast track toward optimal treatment plan



Using RapidPlan to drive the IOE2 offers the potential to enhance:

Speed

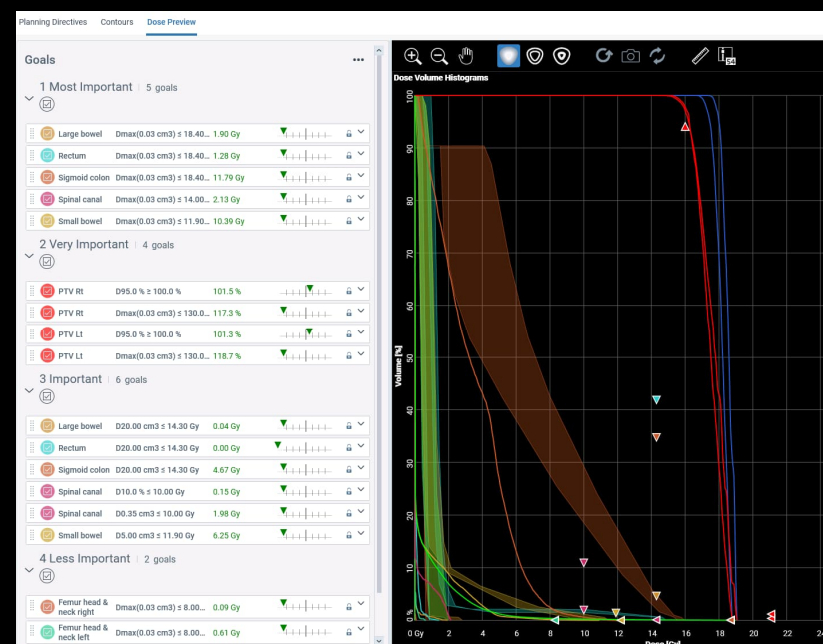
- Reduce optimization time²
- Lessen planner interaction²
 - Using less user defined goals

Quality

- Improve adaptive plan quality²
 - Reduce the dose to the OAR whilst maintaining target coverage¹

Knowledge sharing

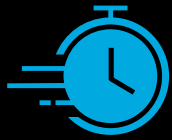
- Unlock the recipe for the optimal plan
- Bridge the gap in Planner experience²



1. Yoganathan SA, Basith A, Rostami A et al. Investigating the impact of RapidPlan on Ethos automated planning . Medical Dosimetry Jul28 2:56 2024
2. Visak J, Liao CY, Zhong X et al. Assessing population-based to personalized planning strategies for head and neck adaptive radiotherapy. Journal of Applied Clinical Medical Physics. 03 December 2024

IOE2 and RapidPlan Studies

Results



RapidPlan-enabled strategy demonstrated

faster optimization time than both

population-based and AI-guided strategies.²



Up to **10% less dose** to pelvic OARS.

Mean doses of the bladder, rectum, and peritoneal space were significantly lower by 4%, 8% and 10% respectively.¹



20Gy → 15Gy

Average contralateral parotid gland mean dose reduction
RapidPlan offers enhanced dosimetric sparing in organs-at-risk (OAR).²

The statement by Varian's customer described here is based on results achieved in the customer's unique clinical setting. Because there is no "typical" clinical setting and many variables exist, there is no guarantee that other customers will achieve the same results.

¹ Yoganathan SA, Basith A, Rostami A et al. Investigating the impact of RapidPlan on Ethos automated planning. Medical Dosimetry Jul28 2:56 2024

² Visak J, Liao CY, Zhong X et al. Assessing population-based to personalized planning strategies for head and neck adaptive radiotherapy. Journal of Applied Clinical Medical Physics. 03 December <https://doi.org/10.1002/acm2.14576>

Machine Learning + Human Intelligence

RapidPlan and MCO



Reduce up to 40%
the interplanner
variability¹

Consistency



Reach up to 95% of
overall planning
time reduction in
RapidPlan Models
for several
anatomical regions²

Efficiency



RapidPlan can
significantly
improve planning
process and
produce higher
quality plans³

Quality

1.Scaggion et al (2018) *Reducing inter- and intra-planner variability in radiotherapy plan output with a commercial knowledge-based planning solution*. Physica Medica, 86-93, <https://doi.org/10.1016/j.ejmp.2018.08.016>

2.K. van Gysen et al. (2020) *Rolling out RapidPlan: What we've learnt*. Journal of Medical Radiation Sciences, 67 (310-317) <https://doi.org/10.1002/jmrs.420>

3.Chang et al. (2016) *Comparison of Planning Quality and Efficiency between conventional and Knowledge-based algorithms in Nasopharyngeal cancer patients using Intensity Modulated Radiation Therapy*. International Journal of Radiation Oncology- Biology- Physics 95(3), 981-990, <https://doi.org/10.1016/j.ijrobp.2016.02.017>

RapidPlan™ knowledge-based planning

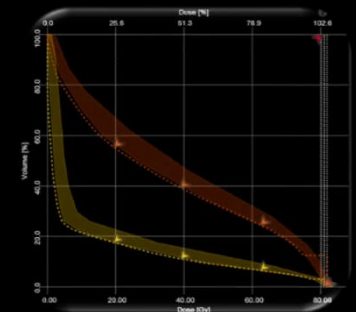
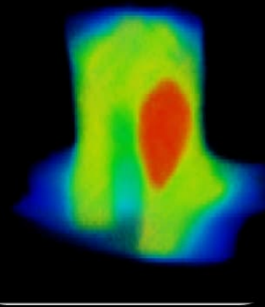
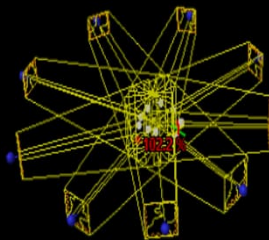
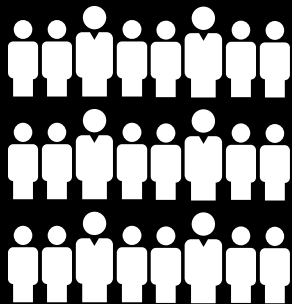
Plan
Collection

Structure
Sets

Treatment
Geometries

Dose
Distributions

RapidPlan
Model



Machine Learning

Predict DVH
Generate objectives

Eclipse Rapidplan



“We expected the biggest impact on the high dose distributions and NTCP for the patient dosimetry historically will be coming from IMRT or VMAT introduction on the workflow, but the fact is that RapidPlan was the biggest and fastest contribution for the plan quality improvement”

Pedro Gallego Franco
Medical Physicist
Medical Physics and Radioprotection
department
Hospital de la Santa Creu i Sant Pau
Barcelona, Spain

Estimate DVH

Plan Information

Explore Trade-Offs

?

Pause

00:00:00

Select Area

Audio

Record Pointer

ID/Type	cm ³	Vol [%]	Dose[Gy]	Actual Dose[Gy]	Priority	gEUD _a	x
CTVEN	149.0						
CTVIN	25.2						
GTVN	14.1						
PTV_All	486.0						
PTV_high	42.4						
PTV_int	166.8						
PTV_Int Eval	122.6						
PTV_low	368.8						
PTV_Low Eval	304.2						
Body	16962.6						
Brain	1171.3						
Brainstem	19.2						
Cerv Esophagi	9.8						
Cord	20.5						
Cord PRV	88.8						
Glottic Larynx	13.7						
HD	7.0						

Normal Tissue Objective

100/Automatic NTO

MU Objective

Base Dose Plan

None

Settings

Normal (2.5 mm)

Progress

Clinical Goals

3D Dose Max

3D MAX for PTV_All

3D MEAN for PTV_All

3D MIN for PTV_All

Elapsed Time

Monitor Units

Step in MR

Leaf Sequence

Intermediate Dose

MU

At least one lower, lower gEUD or target gEUD objective with non-zero priority is required before optimization can be started.

Open Log...

Automatic Optimization Mode

Automatic Intermediate Dose

Use GPU

Start VMAT Optimization

Intermediate Dose

Close and Apply

Discard changes

Isodoses...

81.40 Gy

77.70 Gy

74.00 Gy

70.30 Gy

66.60 Gy

62.90 Gy

59.20 Gy

A

R

L

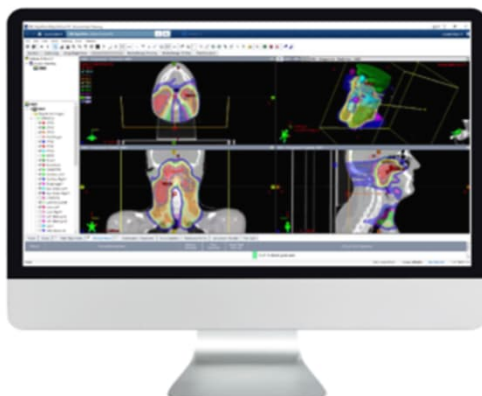
P

Z: -0.70 cm

10.00 cm



Varian's Eclipse treatment planning system now compatible with IBA Proteus® ONE treatment delivery system



Robust Proton Planning – Leverage Eclipse system's robust proton optimization, powered by the Monte Carlo-based AcurosPT algorithm.

Seamless Interoperability – Enable effortless data exchange between Eclipse and IBA's Proteus ONE, a compact single-room proton system.

Streamlined Workflow – ARIA CORE and Eclipse work together to support end-to-end clinical workflows with automation and patient outcome tracking.

Automated Capabilities – Utilize RapidPlan PT adaptive planning workflows directly through Eclipse to help enhance efficiency.

CONTACT US

Connect with your local Varian sales representative to learn more about Eclipse and Proteus ONE.

Visit us at www.varian.com



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RapidPlan for Proton treatment planning

First clinical application of machine learning in proton therapy

<10 mins

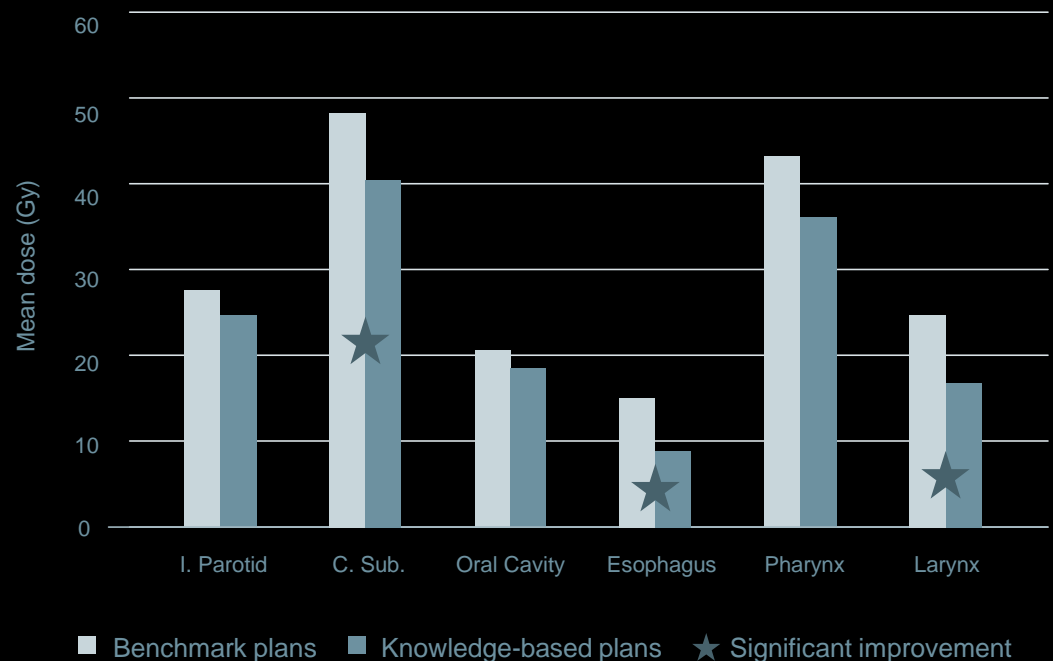
RapidPlan for Protons



RapidPlan PT automatically generated plans that were originally created for patients at 4 leading proton centers

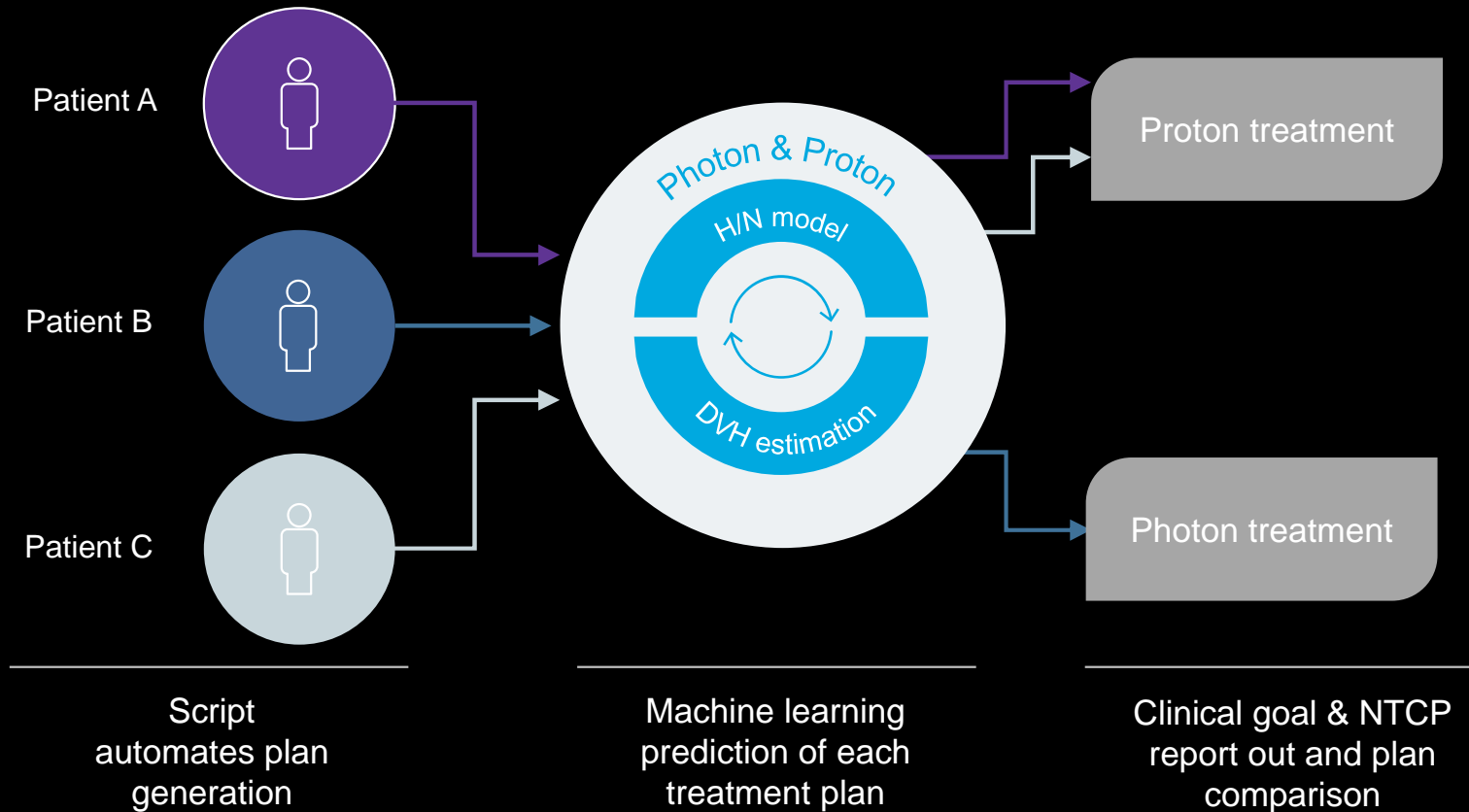
Source: Joint Publication on RapidPlan PT: VUMC, UPENN, PSI, & CCHMC;
<https://www.mdpi.com/2072-6694/10/11/420/html>

Plan quality improvement: Reduced dose to OARs



RapidPlan and Scripting for Proton decision making

Proof of concept: Decision Support Script



RapidArc Dynamic

A turning point for arc therapy

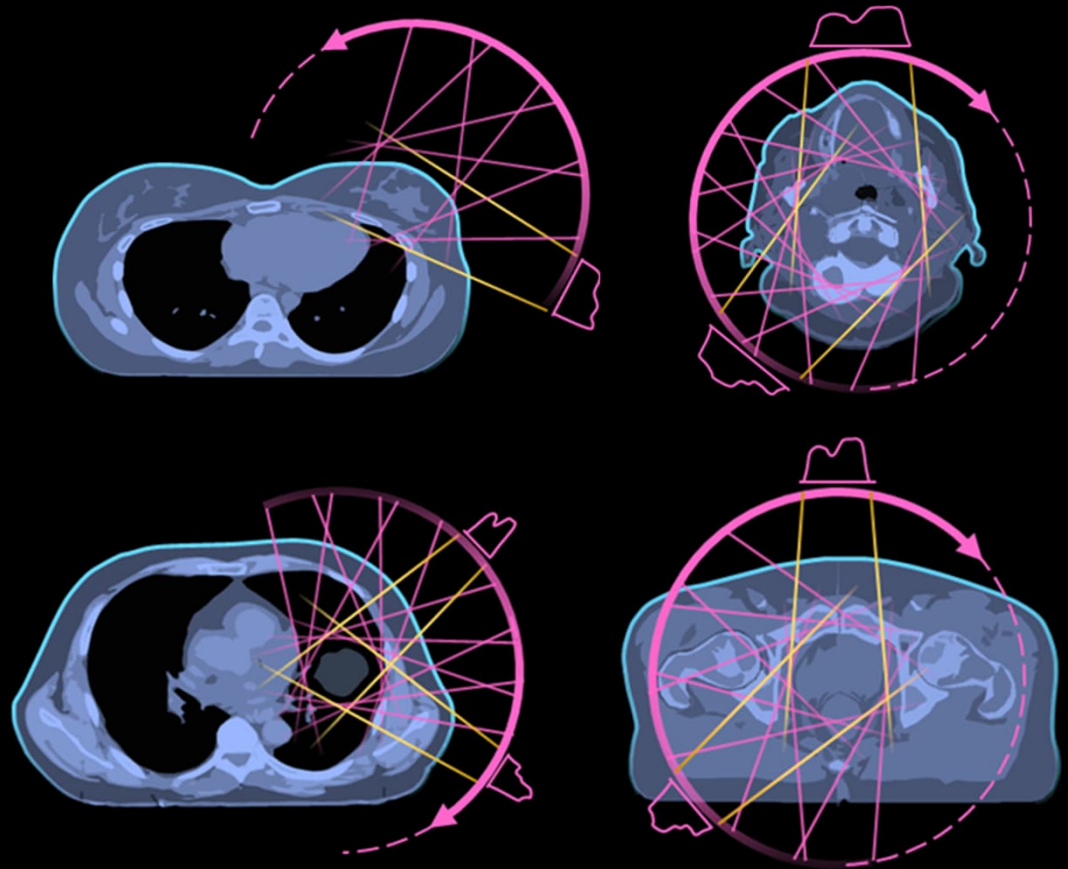
Features

Unlocking the power of **modulated ports**, **RapidArc**, and **dynamic collimator rotation** in a single plan, optimization, and delivery

Benefits

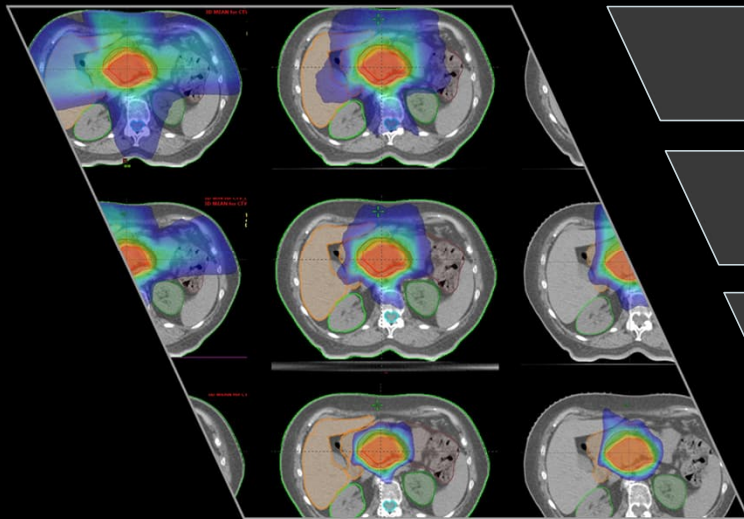
Clinical: Designed to improve plan quality, meet target objectives and spare OARs without sacrificing throughput

Operational: Powered by **new GPU-enabled algorithms**, designed to complete plan optimization in seconds





RapidArc Dynamic



Dose

Better

Planning

Faster

Delivery

Simpler

EDGE
HYPERSIGHT

truEBEAM
HYPERSIGHT

RapidArc Dynamic

A turning point for arc therapy



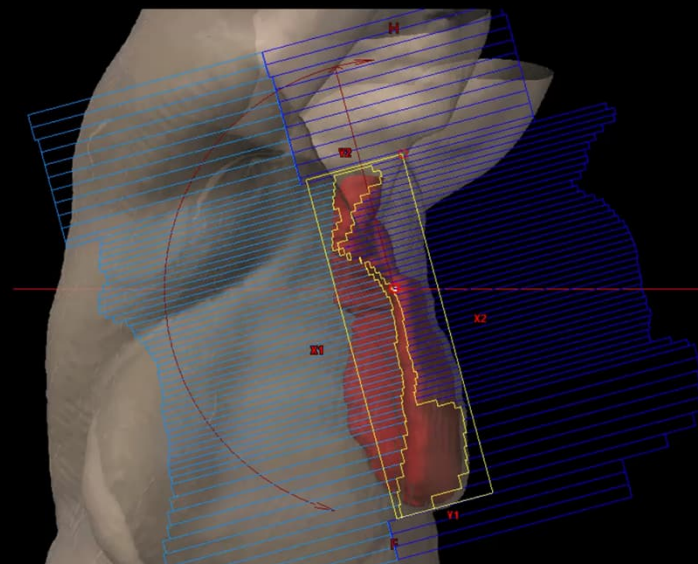
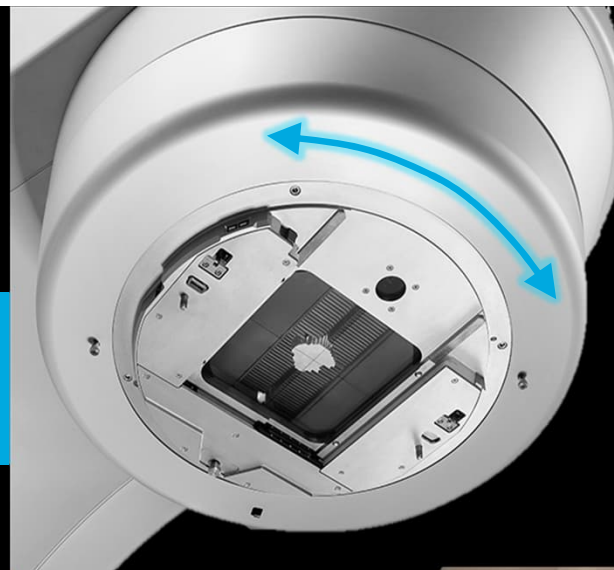
New generation of optimization algorithms



Modulated ports during an arc delivery

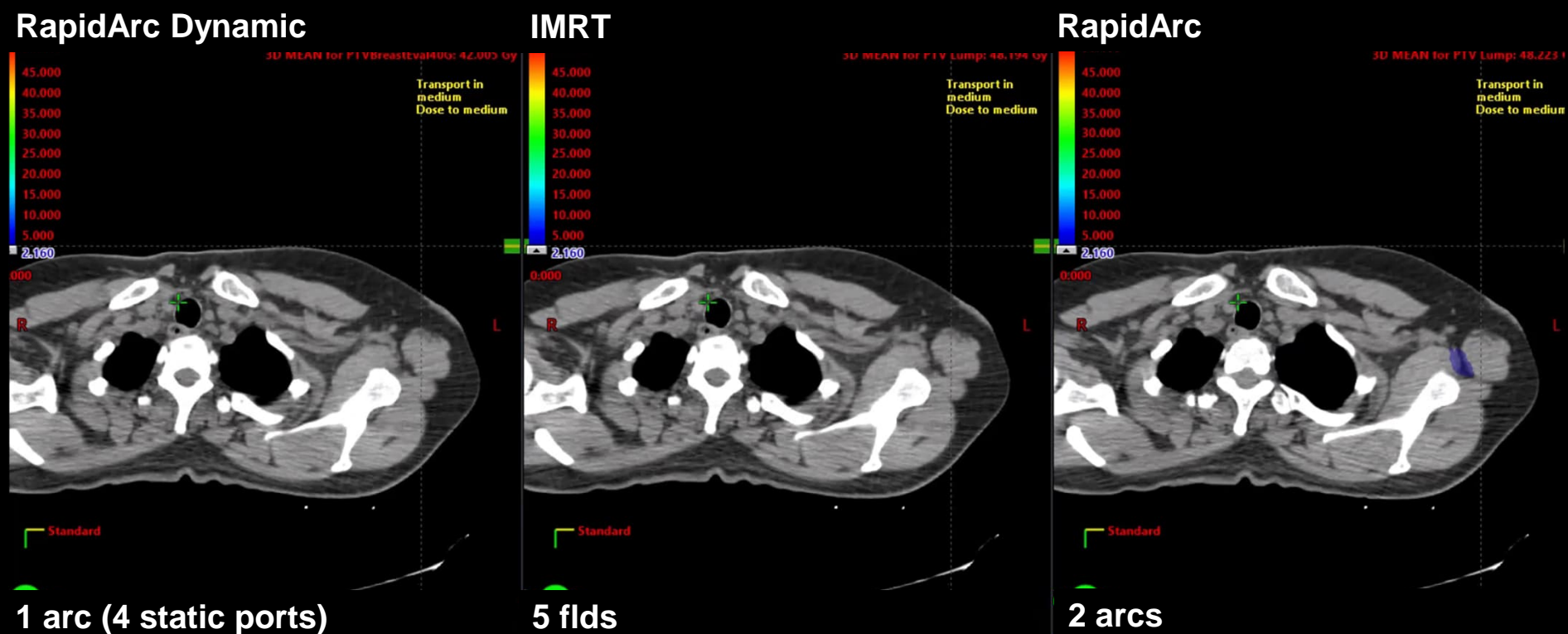


Dynamic collimator rotation delivery



RapidArc Dynamic

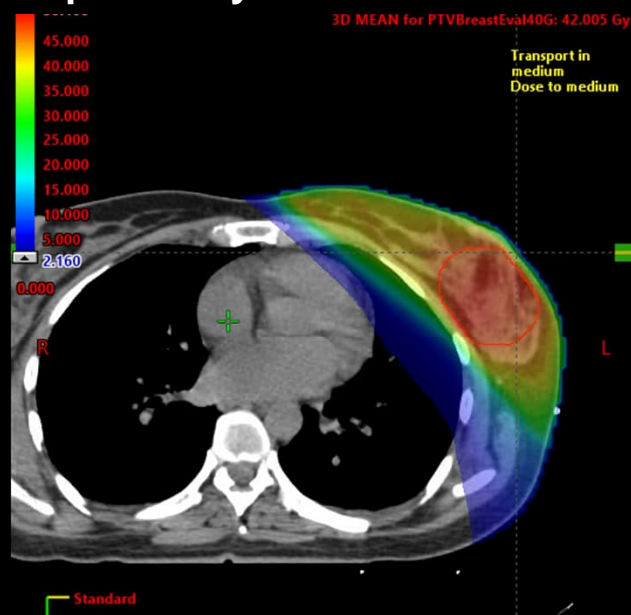
Plan comparisons – Breast SIB



RapidArc Dynamic

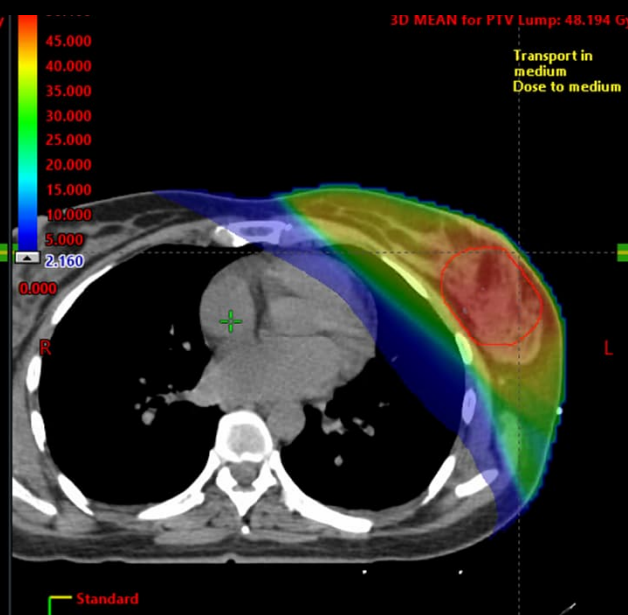
Plan comparisons – Breast SIB

RapidArc Dynamic



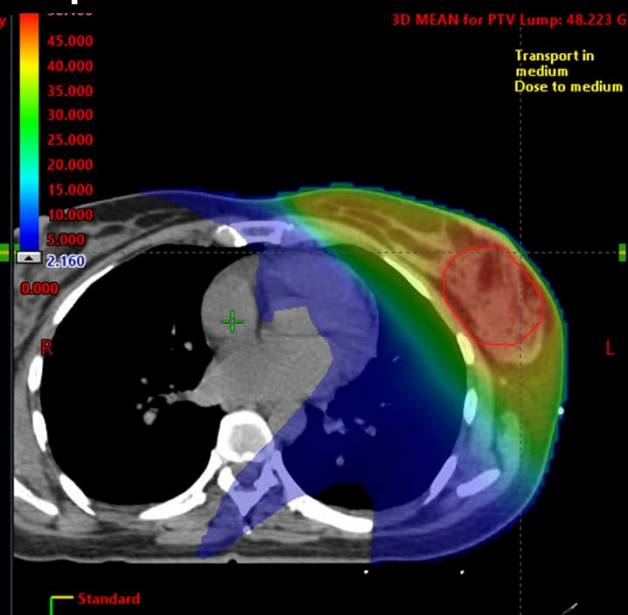
1 arc (4 static ports)

IMRT



5 flds

RapidArc



2 arcs

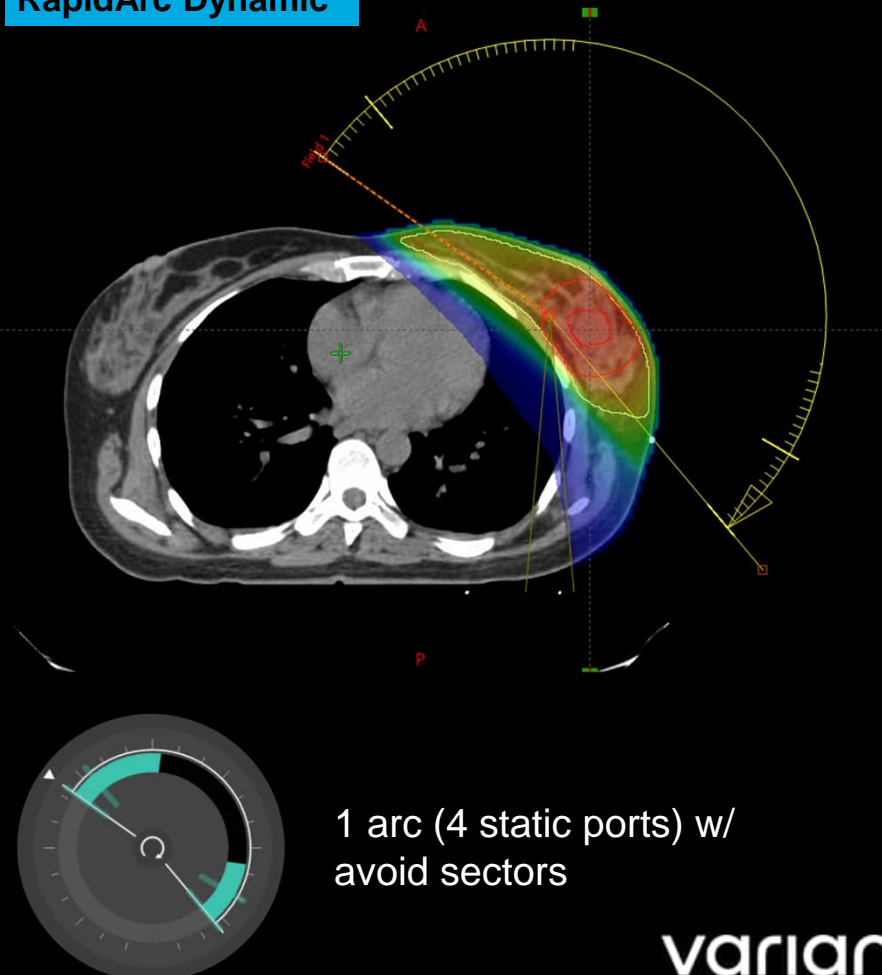
RapidArc Dynamic

Plan comparisons – Breast SIB

Clinical Goals – Contralateral Breast and Lung, Heart and Ipsilateral Lung

Clinical goals: All Plans			<input type="checkbox"/> Evaluate Goals for All Plans		
Plan			■ RAD	▲ IMRT	● VMAT
Total Dose			48.000 Gy	48.000 Gy	48.000 Gy
Clinical Goal Summary			0 0 15	1 0 14	2 0 13
● PTVLumpEval	P1	Dmax ≤ 55.00 Gy	50.42 Gy	51.02 Gy	50.93 Gy
	P1	V 52.80 Gy ≤ 5.0 %	0.00 %	0.00 %	0.00 %
	P1	V 45.60 Gy ≥ 95.0 %	99.25 %	99.06 %	99.57 %
● CONTRA_BRE...	P2	Dmean ≤ 1.00 Gy	0.14 Gy	0.20 Gy	0.61 Gy
	P2	Dmax ≤ 2.40 Gy	0.91 Gy	3.71 Gy	3.68 Gy
● CONTRA_LUNG	P2	V 4.00 Gy ≤ 10.0 %	0.00 %	0.00 %	2.72 %
	P2	V 8.00 Gy ≤ 10.0 %	1.78 %	3.04 %	4.96 %
● HEART	P2	Dmean ≤ 2.00 Gy	1.26 Gy	1.69 Gy	3.00 Gy
	P2	V 4.00 Gy ≤ 50.0 %	11.58 %	24.34 %	43.84 %
● IPSILATERAL_...	P2	V 8.00 Gy ≤ 35.0 %	6.47 %	12.10 %	21.51 %
	P2	V 16.00 Gy ≤ 15.0 %	3.58 %	6.93 %	10.11 %
● PTV Breast - P...	P1	Dmax ≤ 46.00 Gy	45.18 Gy	45.39 Gy	45.33 Gy
	P1	D 50.0 % ≤ 43.20 Gy	41.11 Gy	40.67 Gy	40.96 Gy
● PTVBreastEval...	P1	V 48.00 Gy ≤ 30.0 %	7.50 %	11.34 %	13.23 %
	P1	V 38.00 Gy ≥ 95.0 %	97.16 %	97.81 %	98.20 %

RapidArc Dynamic

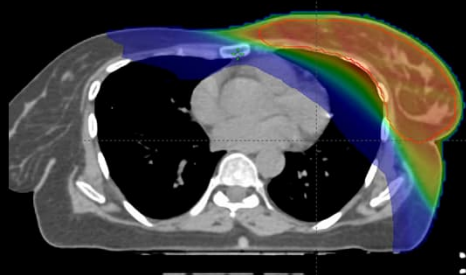


Every Gray Matters – Breast

Minimizing dose to reduce heart toxicity

Predictive Factors

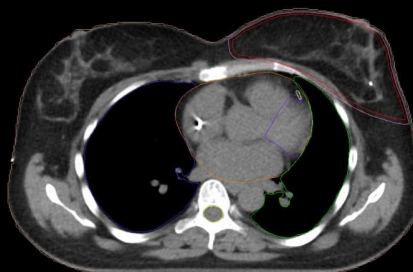
1.56 x



1.56 x greater risk of cardiac disease death in left-sided breast patients^{2, 3}

Dose Management

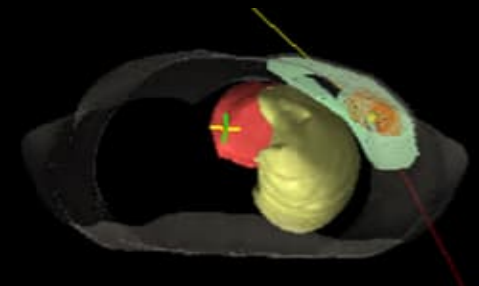
4-5 Gy



Most frequently reported mean heart dose^{1,4}

Impact of Gy

~16.3 %



Major coronary events increase by **16.3% per Gy** in the first 0-4 years post-radiation

1. Konstantinou E et al. Radiation Dose to critical structures from 3D CRT, IMRT & VMAT techniques for left sides Breast cancer. J Pers Med. 2024 Jan, 14(1): 63
2. Darby S.C., Ewertz M., McGale P., Bennet A.M., Blom-Goldman U., Brønnum D., Correa C., Cutter D., Gagliardi G., Gigante B., et al. Risk of Ischemic Heart Disease in Women after Radiotherapy for Breast Cancer. *N. Engl. J. Med.* 2013;368:987–998. doi: 10.1056/NEJMoa1209825.
3. Bouillon K, Haddy N, Delaloge S, Garbay JR, et al. Long-term cardiovascular mortality after radiotherapy for breast cancer. *J Am Coll Cardiol* 2011 Jan 25;57(4) :445-52.
4. Chirillia et al Organ-sparing techniques and dose-volume constraints used in breast cancer radiation therapy – Results from European and Latin American surveys; *Clin Transl Radiat Oncol.* 2024 May; 46: 100752.

(Thank you)

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