

Radiotherapy Evolutionary Algorithm Further 2d Pareto-Multi Objective Optimization with Biological Effective Model for Head-Neck Cancer Hyperfractionated Treatment

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ABSTRACT

Constrained algorithms for BED model (Biological Effective Dose) in Head and Neck tumors Hyperfractionated TPO optimized with Pareto-Multiobjective (PMO) Genetic Algorithms (GA) software are obtained. The mathematical method for constrained GA is applied for a number of series of Pareto Functions. Results demonstrate PMO-AI imaging process sequences and extensive numerical values of PMO Head and Neck cancer parameters. Comparison and review with simple constrained GA Optimization is presented. Improved RT Head and Neck cancer TPO, and tumors in general for Fractional-dose photon dose delivery are explained in brief.

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KEYWORDS: Pareto-Multiobjective Optimization (PMO), Mathematical Methods (MM), Biological Models (BM), Radiation Therapy (RT), Initial Tumor Clonogenes Number Population (N_0), Effective Tumor Population Clonogenes Number ($N_{Effective}$), Linear Quadratic Model (LQM), Integral Equation (IE), Tumor Control Probability (TCP), Normal Tissue Complications Probability (NTCP), Biological Effective model (BED), Tumor Control Cumulative Probability (TCCP), Radiation Photon-Dose (RPD), Nonlinear Optimization, Radiotherapy Treatment Planning Optimization (TPO), Source-Surface Distance (SSD), Software Engineering Methods, Radiation Photon-Dose, Attenuation Exponential Factor (AEF), Nonlinear Optimization, Radiotherapy Wedge Filter (WF), Anisotropic Analytic Model (AAA), Fluence Factor (FF), Omega Factor (OF), Treatment Planning Optimization (TPO), Breast Tumor (BT), Artificial Intelligence (AI), Pareto-Multiobjective Optimization (PMO), Genetic Algorithms (GA).

I. INTRODUCTION

The objective of the contribution is apply Artificial Intelligence with Constrained Genetic Algorithms on radiotherapy BED model for Head and Neck tumors [87,88].

Nonlinear GA-PMO engineering software was improved with matrix algebra constraints and designed in programs/patterns for PMO-BED models. A review of previous research with additional numerical results for two types of selected simple-constrained BED model parameters is supplemented. Thorough GA hyperfractionated radiotherapy TPO findings are presented both in 2D graphics and dataset. The matrix-algebra constraints and the extensive comparison among several parameters selection constitutes the innovation of the study. At 2D graphics, Pareto Optimal choice is sharply indicated.

In brief, a constrained extension of previous Nonlinear Pareto-Multiobjective GA optimization was performed for radiotherapy BED models in Head and Neck tumors [87,88]. Applications for radiotherapy TPO and future improvements in RT are explained in short.

II. MATHEMATICAL AND COMPUTATIONAL METHODS

The Pareto-Multiobjective Optimization foundation BED_{Effective} model was set in software, [24,88]. Parameters intervals are detailed in Tables 1-3. Algorithms 1-2 and Equation 1 set the formulas and constraints [85-88]. Two different PMO optimization programming series are presented with different parameter intervals magnitudes, Tables 1-3. This BED model constitutes the fundamentals

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for fractionate radiotherapy, although there are variations among authors [20-25]. Formulation is based on previous studies computational software [1-21,85-88]. The algorithm that was set, with Chebyshev L_1 norm, [Algorithm 1], reads,

The general 2D Pareto-Multiobjective problem, [Algorithm-1] with inequality constraints, either linear or nonlinear, reads,

$$\begin{aligned} &\text{Minimize,} \\ &F(\vec{x}) = (f_1(\vec{x}), f_2(\vec{x}), \dots, f_N(\vec{x})), \\ &\text{subject to,} \\ &K_i(\vec{x}) \geq 0, \text{ for } i = 1, \dots, M \end{aligned}$$

(Algorithm 1)

where

$F(x)$: Main function to be optimized.

$f_i(x)$: Every function of same variables (x).

$K_i(x)$: Constraints functions such as in general $N \neq M$.

BED model has been adapted on the difficulty to obtain an stable and reliable T_{Pot} magnitude. PMO in Head and Neck, [24,88] tumors simplest BED model reads,

Chebyshev L_1 Optimization for,

$$\begin{aligned} BED_{Effective} = &k d \left[1 + \frac{d \times \beta}{\alpha} \right] - \dots \\ &\dots - \frac{\ln(2)}{\alpha} \left[\frac{T_{Treatment} - T_{Delay}}{T_{Potential}} \right]; \end{aligned} \tag{1}$$

where

k : Dose fraction number for hyperfractionated RT protocol. [20-25].

Software pattern set [35, 45] Fractions.

d : Dose fraction for hyperfractionated RT protocol. [20-25].

Software pattern set [1, 2.2] Gy.

α : Clonogen Head and Neck tumor radiosensitivity parameter [0.19, 0.61]. [20-25].

β : Clonogen Head and Neck tumor radiosensitivity parameter [0.0581]. [20-25].

$T_{Treatment}$: Total time for radiation dose delivered. Software pattern set [22, 55] days. [20-25].

T_{Delay} : Total standard repopulation delays for RT. Software set [21] days. [20-25].

$T_{Potential}$: Total standard Head and Neck cancer potential repopulation factor.

Software pattern set [3.5, 4.5] days. [20-25].

Equation 1 [developed for software patterns, Casesnoves, 2022, based on classical author' BED model, mainly Fowler] .-Head and Neck PMO algorithm [1-21,85-88] implemented in software. The intervals for optimization parameters in software are detailed. It is an improvement from a series of previous research in radiotherapy.

During programming trials it was found that precision was increased by using algebraic constraints in main patterns. Therefore, the constraints algebraic algorithm developed for Pareto-Multiobjective problem, [Algorithm-2, Casesnoves 2023] reads,

Constra int s,
For Pareto Functions $i = 1, 2,$
and lower – upper limits of
optimizati on parameters,

$$S_{Lower} \leq K_i + d_i + T_{(Treatment)_i} \leq S_{Upper},$$

(Algorithm 2)

where

S_{LOWER} : Summatory of all lower constraints for parameters [K, d, T].

S_{UPPER} : Summatory of all upper constraints for parameters [K, d, T].

K_i : Dose fraction number parameter for [$i = 1, 2$].

d_i : Dose fraction magnitude parameter for [$i = 1, 2$].

$T_{TREATMENT}$: Treatment time magnitude parameter for [$i = 1, 2$].

The programming method(s) applied for this research are based on previous papers [1-20,24,74,88]. For GA-PMO modeling, Equation 1 and Algorithms 1-2 are implemented on 2D programs. However, Algorithm 2 was programmed with constraints functions. Table 1 shows Constrained GA Optimization selected parameters according to Algorithm 2. Tables 2-3 show the 2D GA-PMO simple programming method variations to obtain acceptable better calculations, and 2D Graphical Optimization processing images, error determinations, and get good approximations for the PMO-BED model. For simple simulations, the difference between the first and second simulations is given by Dose Fraction and Dose Interval parameters, Tables 2-3.

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CONSTRAINED GENETIC ALGORITHM OPTIMIZATION PARAMETER INTERVAL FOR HEAD AND NECK TUMOR ALGORITHM 2 [References at Tables 2-3]	
Parameter	Magnitude Interval
Constraints Interval Algorithm 2	[77.0 , -56.0] [Note that there are two linear inequality constraints in matrix]
Dose Fraction Number	[25 , 35]
Dose Fraction Magnitude	[1 , 2] Gy
T _{Treatment}	[30 , 40] Days
T _{Delay}	21 Days
T _{Potential}	[3.5 , 4.5]
α [Gy ⁻¹] β [Gy ⁻²] Parameters	[0.19 , 0.61] Gy ⁻¹ [0.0581] Gy ⁻² fixed
Dose Interval in Objective Function	45 Gy for Pareto F 1 function 55 Gy for Pareto F 2 function

Table 1.-Matlab Constrained GA optimization dataset. Note the values of Matlab constraints matrix in Algorithm 2. In Matlab and other similar systems, the constraints can be set as a matrix equation. As in Tables 2-3, the simulations were done with approximate numerical-experimental data from several authors. T_{Potential} in Head and Neck cancer is about 4 days as average. Simulation dataset from [20-25,74,75,80,81,85-88] .

GENETIC ALGORITHM ARTIFICIAL INTELLIGENCE OPTIMIZATION PARAMETER INTERVAL FOR HEAD AND NECK TUMORS FIRST GA OPTIMIZATION		
PARAMETER	MAGNITUDE INTERVAL	ADDITIONAL
Dose fraction number	[32 , 40]	Usual protocol in literature [1-21,74-86]
Dose fraction magnitude	[1.2,1.5] Gy	Usual protocol in literature [1-21,74-86]. Set with intervals according to different criteria.
T _{Treatment} (total)	[22,52] Days	Usual protocol in literature [1-21,74-86]. Set with intervals according to different criteria. The RT treatment varies according to weekends breaks, secondary effects, patient circumstances, etc.
T _{Delay}	[20,30] Days	Usual protocol in literature [1-21,74-86]. Set with intervals according to different criteria.
T _{Potential}	[3.5, 4.5] Days	Usual protocol in literature [1-21,74-86]. Set with intervals according to different criteria.
α [Gy ⁻¹] , β [Gy ⁻²] radiobiological parameters	[calculated from head and neck cancer experimental α = 0.40 ±0.21 Gy ⁻¹ , β= 0.0581 Gy ⁻²]	
Dose interval in Objective Function	47 Gy for Pareto F 1 function 55 Gy for Pareto F 2 function	Usual protocol in literature [1-21,74-86]. Set with two total dose Pareto Functions according to different criteria.

Table 2.-First GA optimization dataset. The simulations were done with approximate numerical-experimental data from several authors. T_{Potential} in head and neck cancer is about 4 days as average. Simulation dataset from [20-25,74,75,80,81,85-88] .

GENETIC ALGORITHM ARTIFICIAL INTELLIGENCE OPTIMIZATION PARAMETER INTERVAL FOR HEAD AND NECK TUMORS SECOND GA OPTIMIZATION		
PARAMETER	MAGNITUDE INTERVAL	ADDITIONAL
Dose fraction number	[35 , 50]	Usual protocol in literature [1-21,74-88]
Dose fraction magnitude	[1.2 , 2.0] Gy	Usual protocol in literature [1-21,74-88]. Set with intervals according to different criteria.
T _{Treatment} (total)	[22,52] Days	Usual protocol in literature [1-21,74-88]. Set with intervals according to different criteria. The RT treatment varies according to weekends breaks, secondary effects, patient circumstances, etc.
T _{Delay}	[20,30] Days	Usual protocol in literature [1-21,74-88]. Set with intervals according to different criteria.
T _{Potential}	[3.5, 4.5] Days	Usual protocol in literature [1-21,74-88]. Set with intervals according to different criteria.
α [Gy ⁻¹] , β [Gy ⁻²] radiobiological parameters	[calculated from head and neck cancer experimental α = 0.40 ±0.21 Gy ⁻¹ , β= 0.0581 Gy ⁻²]	
Dose interval in Objective Function	35 Gy for Pareto F 1 function 50 Gy for Pareto F 2 function	Usual protocol in literature [1-21,74-88]. Set with two total dose Pareto Functions according to different criteria.

Table 3.-The second simulations were done with approximate numerical-experimental data from several authors. T_{Potential} is taken [3.5, 4.5] days.

III. OPTIMIZATION GRAPHICAL RESULTS

2D Graphical results for first constrained optimization are shown in Figures 1-2. The simple constrained optimization results are presented in Figures 3-7. In general, constrained optimization with algorithm 2 shows be better than simple constrained one. However, differences are not very high.

Algebraic constrained Model Results

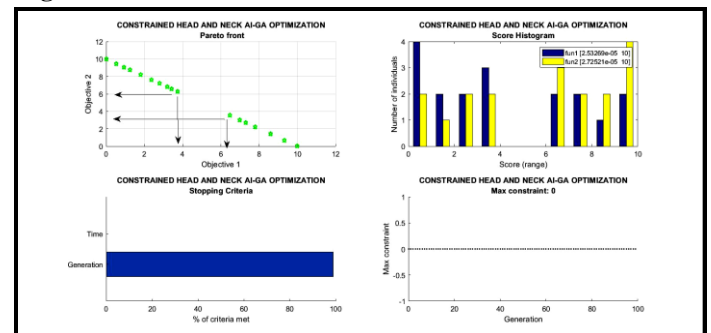


Figure 1.-Constrained optimization Multifunctional GA 2D graph (100 generations). This is the most important graph given by software when PMO is performed to check the optimization accuracy. The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f 1 and f 2 show low residuals. Therefore, results are acceptable in first optimization for function 1 and function 2 . Enhanced in Appendix.

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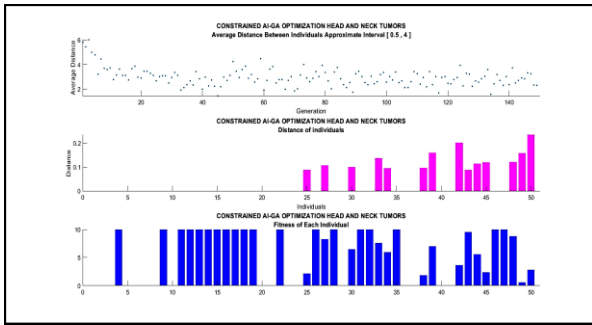


Figure 2.-Constrained optimization Multifunctional GA 2D graph (100 generations). This is the most important graph given by software when PMO is performed to check the optimization accuracy. The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f 1 and f 2 show low residuals.

Review Simple Constrained 2D Simulations Model Results

Figures 3-7 show PMO results. Tables 4-6 present details of both numerical PMO optimization results. Table 4 shows the constrained optimization results (100 generations, optimal fraction dose ($d \in [1.6, 1.7]$ Gy). The most important to validate the results are those ones that show the Pareto Front. Average distance among generation individuals, stopping criteria, are also important. The other details are complementary and shown in additional 2D charts for first and second PMO optimization. For simple constrained optimization maximum number of generations selected was 300-800. Score histograms also prove the validity of the software and PMO done. Running time for both processes is about 2-4 minutes. Numerical results, Tables 5-6, resume for PMO in simple constrained optimization BED model. For this simple constrained optimization dose fraction magnitude should be less than 2 Gy approximately [19-21,75,85-88].

Review PMO-GA 2D Imaging Processing First Simple Constrained Optimization Results

First optimization results are shown in Figures 3-4, Table 5. Pareto function 2 results are more accurate than Pareto function 1. Every chart of Artificial Intelligence GA is detailed with further explanations.

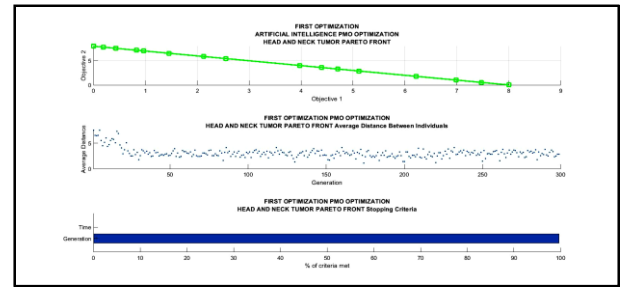


Figure 3.-First optimization Multifunctional GA 2D graph. This is the most important graph given by software when PMO is performed to check the optimization accuracy. The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f 1 and f 2 show low residuals. Therefore, results are acceptable in first optimization for function 1 and function 2 . The number of points on the Pareto front was: 18. The number of generations was : 300.

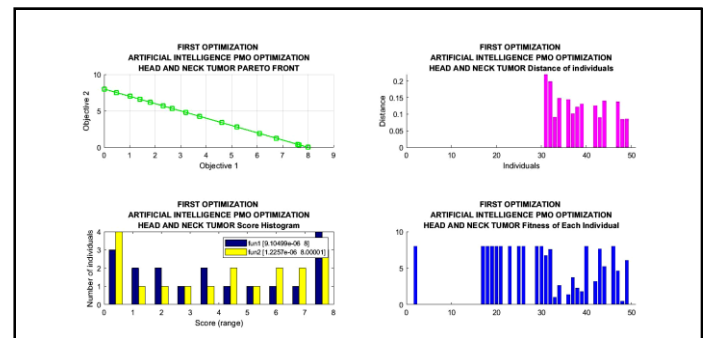


Figure 4.-First optimization Multifunctional GA 2D graph. This is the complementary multifunctional graph given by software when PMO is performed to check the optimization accuracy. The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f 1 and f 2 show low residuals. Therefore, results are acceptable in first optimization for function 1 and function 2 The number of points on the Pareto front was: 18. The number of generations was : 300.

Review PMO-GA 2D Imaging Processing Second Simple Constrained Optimization Results

Second optimization results are shown in Figures 5-7, Table 6. Pareto function 2 results be more accurate than pareto function 1. Every chart of Artificial Intelligence GA is detailed with further explanations.

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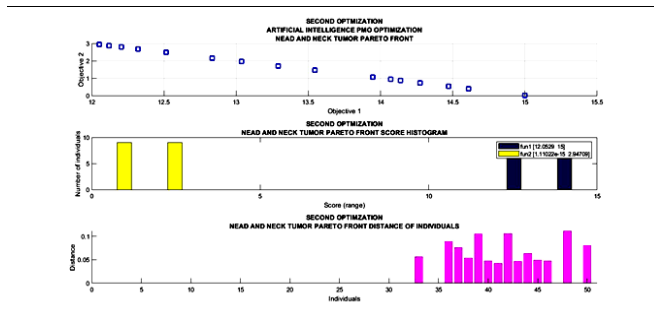


Figure 5.-Second simulation. Multifunctional GA 2D graph. This is the most important graph given by software when PMO is performed to check the optimization accuracy.

The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f 1 and f 2 show low residuals. Therefore, results are acceptable. The number of points on the Pareto front was: 18. The number of generations was : 300.

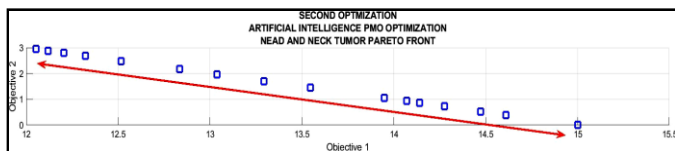


Figure 6.-This is the most important graph given by software when PMO is performed to check the optimization accuracy.

The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f1 and f2 show low residuals. Objective 2 is more accomplished. Therefore, results are acceptable. The number of points on the Pareto front was: 18. The number of generations was : 300. Enhanced in Appendix.

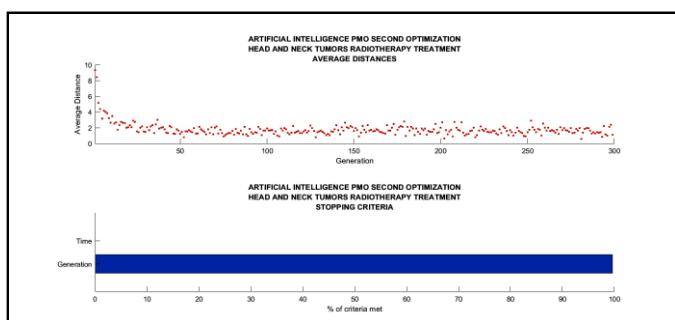


Figure 7.-This is important complementary graph given by software when PMO is performed to check the optimization accuracy.

Average Distances is a significant parameter. The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f 1 and f 2 show low average distances, less than 2. Therefore, results are acceptable. The number of points on the Pareto front was: 18. The number of generations was : 300.

IV. NUMERICAL RESULTS

Constrained optimization numerical data is shown in Table 4. Large numbers for simple constrained optimization are shown in Tables 5-6.

Numerical Results Constrained Optimization

Constrained optimization show be acceptable within numerical intervals, Table 4.

Table 4. Constrained Optimization Algorithm 2 numerical results.

HEAD AND NECK HYPOFRACTIONATED NUMERICAL RESULTS FOR CONSTRAINED OPTIMIZATION FOR ALGORITHM 2		
Parameter/Settings	Magnitude Interval	Additional
Generations	150	Not too big figure
Pareto-Distance	$\approx 10^{-2}$	Acceptable precision
K	$\approx [27 , 34]$	Within literature data
d	$\approx [1.6 , 1.7]$	Within literature data
T _{treatment}	$\approx [30 , 35]$	Within literature data

Numerical Results Simple Constrained Optimization Review

PMO-GA Numerical Results

Examples of Numerical results resume for PMO in BED model are detailed in Tables 5-6. Chebyshev norms were set for [55 , 65] Gy interval. Dose fraction magnitude should be less than 2 Gy approximately. Numerical Results for model are developed and reviewed from the innovation from [20,21,75,85-88].

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3. Casesnoves F (2015) . Radiotherapy Conformal Wedge Computational Simulations, Optimization Algorithms, and Exact Limit Angle Approach. International Journal of Scientific Research in Science, Engineering and Technology (IJSRSET) 1(2): 353-362. Print ISSN : 2395-1990. Online ISSN : 2394-4099.
4. Casesnoves F (2019) . Improvements in Simulations for Radiotherapy Wedge Filter dose and AAA-Convolution Factor Algorithms. International Journal of Scientific Research in Science, Engineering and Technology (IJSRSET) 6(4): 194-219. Print ISSN: 2395-1990 . Online ISSN : 2394-4099.
5. Casesnoves F (2011) . Exact/Approximated Geometrical Determinations of IMRT Photon Pencil-Beam Path Through Alloy Static Wedges in Radiotherapy Using Anisotropic Analytic Algorithm (AAA). Peer-reviewed ASME Conference Paper. ASME 2011 International Mechanical Eng Congress. Denver. USA. IMECE2011-65435.
6. Casesnoves F (2012) . Geometrical Determinations of Limit angle (LA) related to maximum Pencil-Beam Divergence Angle in Radiotherapy Wedges. Peer-reviewed ASME Conference Paper. ASME 2012 International Mechanical Eng Congress. Houston. USA. IMECE2012-86638.
7. Casesnoves F (2013) . A Conformal Radiotherapy Wedge Filter Design. Computational and Mathematical Model/Simulation’ . Peer-Reviewed Poster IEEE (Institute for Electrical and Electronics Engineers), Northeast Bioengineering Conference. Syracuse New York, USA. April 6th, 2013. Peer-Reviewed Poster Session on 6th April 2013. Sessions 1 and 3 with Poster Number 35. Page 15 of Conference Booklet Printed.
8. Casesnoves F (2014) . Mathematical and Geometrical Formulation/Analysis for Beam Limit Divergence Angle in Radiotherapy Wedges. Peer-Reviewed International Engineering Article. International Journal of Engineering and Innovative Technology (IJEIT) . 3(7). ISSN: 2277-3754 . ISO 9001:2008 Certified.
9. Casesnoves F (2014) . Geometrical determinations of IMRT photon pencil-beam path in radiotherapy wedges and limit divergence angle with the Anisotropic Analytic Algorithm (AAA) Casesnoves, F. Peer- Reviewed scientific paper, both Print and online. International Journal of Cancer Therapy and Oncology 2 (3): 02031. DOI:10.14319/IJCTO.0203.1. Corpus ID: 460308.
10. Casesnoves F (2014) . Radiotherapy Conformal Wedge Computational Simulations and Nonlinear Optimization Algorithms. Peer-reviewed Article, Special Double-Blind Peer-reviewed paper by International Scientific Board with contributed talk. Official Proceedings of Bio- and Medical Informatics and Cybernetics: BMIC 2014 in the context of the 18th Multi-conference on Systemics, Cybernetics and Informatics: WMSCI 2014 July 15 - 18, 2014, Orlando, Florida, USA. ISBN: 978-1-941763-03-2 (Collection). ISBN: 978-1-941763-10-0 (Volume II) .
11. Casesnoves F (2007) . Large-Scale Matlab Optimization Toolbox (MOT) Computing Methods in Radiotherapy Inverse Treatment Planning’. High Performance Computing Meeting. Nottingham University. Conference Poster.
12. Casesnoves F (2008) . A Computational Radiotherapy Optimization Method for Inverse Planning with Static Wedges. High Performance Computing Conference. Nottingham University. Conference Poster.
13. Casesnoves F (2015) . Radiotherapy Conformal Wedge Computational Simulations, Optimization Algorithms, and Exact Limit Angle Approach. International Journal of Scientific Research in Science, Engineering and Technology 1(2). Print ISSN : 2395-1990, Online ISSN : 2394-4099.
14. Casesnoves F (2015) . Radiotherapy Standard/Conformal Wedge IMRT-Beamlet Divergence Angle Limit Exact Method, Mathematical Formulation, and Bioengineering Applications. International Article-Poster. Published in Proceedings of Conference. 41st Annual Northeast Bioengineering Conference. Rensselaer Polytechnic Institute. Troy, New York USA, April, p. 17-19. DOI:10.1109/NEBEC.2015.7117152 . Corpus ID: 30285689.
15. Casesnoves F (2015) . Radiotherapy Standard/Conformal Wedge IMRT-Beamlet Divergence Angle Limit Exact Method, Mathematical Formulation, and Bioengineering Applications. IEEE (Institute for Electrical and Electronics Engineers), International Article-Poster. <http://ieeexplore.ieee.org/stamp/stamp.jsp?tp=&arnumber=7117152>.
16. Casesnoves F (2015) . Abstract-Journal. ‘Radiotherapy Standard/ Conformal Wedge IMRT-Beamlet Divergence Angle Limit Exact Method, Mathematical Formulation. International Conference on Significant Advances in Biomedical Engineering. 252nd OMICS International Conference 5(1). Francisco Casesnoves, J

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- Bioengineer & Biomedical Sci 2015, 5:1. <http://dx.doi.org/10.4172/2155-9538.S1.003> .
17. Casesnoves, F (2001) . Determination of absorbed doses in common radio diagnostic explorations. 5th National Meeting of Medical Physics. Madrid, Spain. September 1985. treatment Planning’.
 18. Casesnoves, F (2001). Master Thesis in Medical Physics. Eastern Finland University. Radiotherapy Department of Kuopio University Hospital and Radiotherapy Physics Grouversity-Kuopio. Defense approved in 2001. Library of Eastern finland University. Finland.
 19. Casesnoves F (2013) . A Conformal Radiotherapy Wedge Filter Design. Computational and Mathematical Model/Simulation’. Peer-Reviewed Poster IEEE (Institute for Electrical and Electronics Engineers), Northeast Bioengineering Conference. Syracuse New York, USA. Presented in the Peer-Reviewed Poster Session on 6th April 2013. Sessions 1 and 3 with Poster Number 35. Page 15 of Conference Booklet. April 6th, 2013.
 20. Casesnoves F (2022) . Radiotherapy Biological Tumor Control Probability Integral Equation Model with Analytic Determination. International Journal of Mathematics and Computer Research 10(8): 2840-2846. DOI: <https://doi.org/10.47191/ijmcr/v10i10.01> .
 21. Casesnoves F (2022) . Radiotherapy Wedge Filter AAA Model 3D Simulations For 18 Mev 5 cm-Depth Dose with Medical Physics Applications”, International Journal of Scientific Research in Computer Science, Engineering and Information Technology (IJSRCSEIT) 8(1): 261-274. ISSN : 2456-3307 (www.ijsrcseit.com) . DOI: <https://doi.org/10.32628/CSEIT228141> .
 22. Walsh S (2011) . Radiobiological modelling in Radiation Oncology. PhD Thesis. School of Physics. National University of Galway. <http://hdl.handle.net/10379/3027> .
 23. Chapman D, Nahum, A (2015) . Radiotherapy Treatment Planning, Linear- Quadratic Radiobiology. CRC Press. ISBN 9780367866433 .
 24. Mayles, W, Nahum A (2015) . Rosenwald, J. Editors. Handbook of Radiotherapy Physics. Second Edition. CRC Press. ISBN 9780367192075 . International Standard Book Number-13: 978-1-4987-2146-2 .
 25. Nahum, A, Webb, S (1993) . A model for calculating tumour control probability in radiotherapy including the effects of inhomogeneous distributions of dose and clonogenic cell density. Physics in Medicine and Biology; v. 38(6); p. 653-666 . ISSN 0031-9155 .
 26. Haydaroglu, A, Ozyigit G (2013) . Principles and Practice of Modern Radiotherapy Techniques in Breast Cancer. Springer. DOI:10.1007/978-1-4614-5116-7 .
 27. Casesnoves, F (2019-20) . Die numerische Reuleaux-Methode Rechnerische und dynamische Grundlagen mit Anwendungen (Erster Teil). ISBN-13 : 978-620-0-89560-8, ISBN-10: 6200895600. Publishing House: Scientia Scripts. 2019-20.
 28. Ulmer W, Harder, D (1997) . Corrected Tables of the Area Integral I(z) for the Triple Gaussian Pencil Beam Model. Z Med Phys 7: 192-193. DOI: [https://doi.org/10.1016/S0939-3889\(15\)70255-2](https://doi.org/10.1016/S0939-3889(15)70255-2) .
 29. Ulmer W, Harder, D (1995) A triple Gaussian pencil beam model for photon beam treatment planning. Med. Phys 5: 25-30. DOI :10.1016/S0939-3889(15)70758-0.
 30. Ulmer W, Harder D (1996) . Applications of a triple Gaussian pencil beam model for photon beam treatment planning. Med Phys 6: 68-74. [https://doi.org/10.1016/S0939-3889\(15\)70784-1](https://doi.org/10.1016/S0939-3889(15)70784-1) .
 31. Ma, C, Lomax, T (2013) . Proton and Carbon Ion Therapy. CRC Press. DOI: <https://doi.org/10.1201/b13070> .
 32. Censor, Y, Zenios, S (1997) . Parallel Optimization: Theory, Algorithms and Applications’. UOP. DOI:10.12694/SCPE.V3I4.207 .Corpus ID: 19584334 .
 33. Ulmer, W, Pyyry, J, Kaissl, W (2005) . A 3D photon superposition/ convolution algorithm and its foundation on results of Monte Carlo calculations. Phys Med Biol, p. 50. DOI: 10.1088/0031-9155/50/8/010.
 34. Ulmer, W, Harder, D (1997) . Applications of the triple Gaussian Photon Pencil Beam Model to irregular Fields, dynamical Collimators and circular Fields. Phys Med Biol. DOI: <https://doi.org/10.1023/B:JORA.0000015192.56164.a5> .
 35. Haddad K, Anjak O, Yousef B (2019) . Neutron and high energy photon fluence estimation in CLINAC using gold activation foils. Reports of practical oncology and radiotherapy 24: 41-46. DOI: 10.1016/j.rpor.2018.08.009 .
 36. Sievinen J, Waldemar U, Kaissl W. AAA Photon Dose Calculation Model in Eclipse™. Varian Medical Systems Report. Rad #7170A.
 37. Vagena E, Stoulos S, Manolopoulou M (2016) . GEANT4 Simulations on Medical LINAC operation at 18MV: experimental validation based on activation foils. Radiation Physics and Chemistry. DOI:10.1016/j.radphyschem.2015.11.030 .

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38. Ethics for Researchers (2013) . EU Commission. Directorate-General for Research and Innovation. Science in society/Capacities FP7. <https://data.europa.eu/doi/10.2777/7491> .
39. Casesnoves F (1981) . Surgical Pathology I course class notes and clinical practice of Surgical Pathology Madrid Clinical Hospital [Professor Surgeon Dr Santiago Tamames Escobar]. 4th academic year course for graduation in Medicine and Surgery. Lessons and practice Breast Cancer Surgical and Medical Treatment. 1980-1981. Madrid Complutense University.
40. Tamames Escobar, S (2000) . Cirugia/ Surgery: Aparato Digestivo. Aparato Circulatorio. Aparato Respiratorio/ Digestive System. Circulatory System. Respiratory System (Spanish Edition). ISBN 10: 8479034955. ISBN 13: 9788479034955 .
41. Formenti, S ; Sandra Demaria, S (2013) . Combining Radiotherapy and Cancer Immunotherapy: A Paradigm Shift Silvia C. Formenti, Sandra Demaria. J Natl Cancer Inst 105: 256-265. DOI : 10.1093/jnci/djs629.
42. Numrich R, (2010) . The computational energy spectrum of a program as it executes. Journal of Supercomputing 52. DOI:10.1007/s11227-009-0273-x .
43. European Commission, Directorate-General for Research (2021). Unit L3. Governance and Ethics. European Research Area. Science and Society.
44. ALLEA (2017) . The European Code of Conduct for Research Integrity, Revised Edn.; ALLEA: Berlin Barndenburg Academy of Sciences.
45. Good Research Practice (2017) Swedish Research Council. ISBN 978-91- 7307-354-7.
46. Ulmer W, Schaffner, B (2011) . Foundation of an analytical proton beamlet model for inclusion in a general proton dose calculation system. Radiation Physics and Chemistry 80: 378-389. DOI:10.1016/j.radphyschem.2010.10.006 .
47. Sharma, S (2008) . Beam Modification Devices in Radiotherapy. Lecture at Radiotherapy Department, PGIMER. India.
48. Barrett, A, Colls (2009) . Practical Radiotherapy Planning. Fourth Edition. Hodder Arnold. ISBN 9780340927731.
49. Ahnesjö A, Saxner M, A Trepp (1992) . A pencil beam model for photon dose calculations. Med Phys, pp. 263- 273. DOI:10.1118/1.596856.
50. Brahime A (2000) . Development of Radiation Therapy Optimization. Acta Oncologica 39(5). DOI: 10.1080/028418600750013267 .
51. Bortfeld T, Hong T, Craft D, Carlsson F (2008) . Multicriteria Optimization in Intensity-Modulated Radiation Therapy Treatment Planning for Locally Advanced Cancer of the Pancreatic Head. International Journal of Radiation Oncology and Biology Physics 72(4). DOI:10.1016/j.ijrobp.2008.07.015.
52. Brown, B, and cols (2014) . Clinician-led improvement in cancer care (CLICC) - testing a multifaceted implementation strategy to increase evidence-based prostate cancer care: phased randomised controlled trial - study protocol. Implementation Science 9: 64. DOI: <https://doi.org/10.1186/1748-5908-9-64> .
53. Bortfield, T (2006) . IMRT: a review and preview. Phys Med Biol 51(2006): R363–R379. DOI: 10.1088/0031-9155/51/13/R21 .
54. Censor, Y (1996) . Mathematical Optimization for the Inverse problem of Intensity-Modulated Radiation Therapy. Laboratory Report, Department of Mathematics, University of Haifa, Israel.
55. Capizzello A, Tsekeris PG, Pakos EE, Papathanasopoulou V, Pitouli EJ (2006) . ‘Adjuvant Chemo-Radiotherapy in Patients with Gastric Cancer. Indian Journal of Cancer 43(4). ISSN: 019-509X.
56. Tamer Dawod, EM Abdelrazek, Mostafa Elnaggar, Rehab Omar (2014) . Dose Validation of Physical Wedged symmetric Fields in Artiste Linear Accelerator. International Journal of Medical Physics, Clinical Engineering and Radiation Oncology 3: 201-209. DOI: 10.4236/ijmpcero.2014.34026 .
57. Do SY, David A, Bush Jerry D Slater (2010) . Comorbidity-Adjusted Survival in Early-Stage Lung Cancer Patients Treated with Hypofractionated Proton Therapy. Journal of Oncology. DOI: 10.1155/2010/251208 .
58. Ehr Gott M, Burjony M. (1999). Radiation Therapy Planning by Multicriteria Optimization. Department of Engineering Science. University of Auckland. New Zealand. Conference Paper.
59. Ezzel, G (1996) . Genetic and geometric optimization of three-dimensional radiation therapy treatment planning. Med Phys 23: 293- 305. DOI: 10.1118/1.597660.
60. Effective Health Care, (2008) . Number 13. Comparative Effectiveness of Therapies for Clinically Localized Prostate cancer. Bookshelf ID: NBK554842 .
61. Hansen, P (1998) . Rank-deficient and discrete ill-posed problems: numerical aspects of linear inversion’. SIAM monographs on mathematical modelling and computation. ISBN-13: 978-0898714036 .

“Radiotherapy Evolutionary Algorithm Further 2d Pareto-Multi objective Optimization with Biological Effective Model for Head-Neck Cancer Hyperfractionated Treatment”

62. Hashemiparast, S, Fallahgoul H (2011) . Modified Gauss quadrature for ill-posed integral transform. *International Journal of Mathematics and Computation* 13(11). ISSN: 0974-570X .
63. Isa, N (2014). Evidence based radiation oncology with existing technology. *Reports of practical oncology and radiotherapy* 19: 259-266. DOI: 10.1016/j.rpor.2013.09.002
64. Johansson KA, Mattsson S, Brahme A, Turesson I (2003) Radiation Therapy Dose Delivery'. *Acta Oncologica* 42(2): 2003. DOI:10.1080/02841860310004922 .
65. Khanna P, Blais N, Gaudreau PO, Corrales-Rodriguez L (2016) . Immunotherapy Comes of Age in Lung Cancer, *Clinical Lung Cancer*. DOI: 10.1016/j.clcc.2016.06.006.
66. Kufer KH, Hamacher HW, Bortfeld T (2000). A multicriteria optimisation approach for inverse radiotherapy planning. University of Kaiserslautern, Germany. DOI: 10.1007/978-3-642-59758-9_10 .
67. Kirsch A (1996) . An introduction to the Mathematical Theory of Inverse Problems. Springer Applied Mathematical Sciences. Series E- ISSN2196-968X .
68. Luenberger, D (1989) . Linear and Nonlinear Programming (2nd Edn.). Addison-Wesley. ISBN-13 : 978-3030854492 .
69. Moczeko, J, Roszak, A (2006) . Application of Mathematical Modeling in Survival Time Prediction for Females with Advanced Cervical cancer treated Radio-chemotherapy. *Computational Methods in science and Technology* 12(2). DOI: 10.12921/cmst.2006.12.02.143-147
70. Ragaz, J, Ivo A Olivotto, John J Spinelli, Norman Phillips, Stewart M Jackson, et al. (2005). Regional Radiation Therapy in Patients with High-risk Breast Cancer Receiving Adjuvant Chemotherapy: 20-Year Results of the Columbia Randomized Trial?. *Journal of National Cancer Institute* 97(2). DOI: 10.1093/jnci/djh297.
71. Steuer R (1986) . Multiple Criteria Optimization: Theory, Computation and Application. Wiley. <https://doi.org/10.1002/oca.4660100109> .
72. Spirou SV, Chui CS (1998) . A gradient inverse planning algorithm with dose-volume constraints. *Med Phys* 25: 321-323. DOI: 10.1118/1.598202 .
73. Das I, and colls (1997) . Patterns of dose variability in radiation prescription of breast cancer. *Radiotherapy and Oncology* 44: 83-89. DOI: 10.1016/s0167-8140(97)00054-6
74. Casesnoves, F (2018). Practical Radiotherapy TPO course and practice with Cyberknife. Robotic simulations for breathing movements during radiotherapy treatment. Sigulda Radiotherapy Cyberknife Center. Latvia. Riga National Health Oncology Hospital Varian LINACs TPO practice/lessons several Varian LINACs. Riga Technical University Bioengineering Training-Course Nonlinear Life. August 2018.
75. Casesnoves, F. (2022). Radiotherapy Linear Quadratic Bio Model 3D Wedge Filter Dose Simulations for AAA Photon-Model [18 MeV, Z= 5,15 cm] with Mathematical Method System. *Biomed J Sci & Tech Res* 46(2)-2022. BJSTR. MS.ID.007337. DOI: 10.26717/BJSTR.2022.46.007337 .
76. Casesnoves, F (1985) . Master in Philosophy Thesis at Medical Physics Department. Protection of the Patient in Routinary Radiological Explorations. Experimental Low Energies RX Dosimetry. Medicine Faculty. Madrid Complutense University. 1984-85.
77. Casesnoves, F (1983-5). Ionization Chamber Low Energies Experimental Measurements for M-640 General Electric RX Tube with Radcheck ionization camera, Radcheck Beam Kilovoltmeter and TLD dosimeters. Radiology Department practice and measurements. Madrid Central Defense Hospital. Medical Physics Department. Master in Philosophy Thesis. Medicine Faculty. Complutense University. Madrid.
78. Casesnoves, F (1985) . Determination of Absorbed Doses in Routinary Radiological Explorations. Medical Physics Conference organized by Medical Physics Society Proceedings Printed. San Lorenzo del Escorial. Madrid. September 1985.
79. Greening, J (1985). *Fundamentals of Radiation Dosimetry*. Taylor and Francis. Second Edition. 1985. DOI: <https://doi.org/10.1201/9780203755198> .
80. International Commission of Radiation Protection (1977) . Bulletin 26th . The International Commission on Radiological Protection. Recommendations of the International Commission on Radiological Protection. Pergamon Press. Copyright © 1977 The International Commission on Radiological Protection .
81. Stanton, P ; Colls (1996) . Cell kinetics in vivo of human breast cancer. *British Journal of Surgery* 1996,83,98-102 . DOI: <https://doi.org/10.1002/bjs.1800830130> .
82. Hedman M, Bjork-Eriksson T, Brodin O, Toma-Dasu I (2013) . Predictive value of modelled tumour control probability based on individual measurements of in vitro radiosensitivity and

“Radiotherapy Evolutionary Algorithm Further 2d Pareto-Multi objective Optimization with Biological Effective Model for Head-Neck Cancer Hyperfractionated Treatment”

- potential doubling time. *Br J Radiol* 2013;86: 20130015. DOI:10.1259/bjr.20130015 .
83. Fowler, J. 21 years of Biologically Effective Dose. *The British Journal of Radiology*, 83 (2010), 554–568.
84. Marcu, L , and al. *Radiotherapy and Clinical Radiobiology of Head and Neck Cancer*. Series in Medical Physics and Biomedical Engineering. CRC Press. 2018.
85. Casesnoves, F. *Radiotherapy 3D Isodose Simulations for Wedge Filter 18 Mev-Dose [z = 5,15 cm] with AAA Model with Breast Cancer Applications*. *International Journal on Research Methodologies in Physics and Chemistry (IJRPC)* ISSN: 2349-7963 Volume: 9 Issue: 2 . 2022.
86. Garden, A; Beadle, B; Gunn, G. *Radiotherapy for Head and Neck Cancers*. Fifth Edition. Wolters Kluwer. 2018.
87. Casesnoves, F. *Radiotherapy Genetic Algorithm Pareto-Multiobjective Optimization of Biological Effective Dose and Clonogens Models for Head and Neck Tumor Advanced Treatment*. *International Journal of Mathematics and Computer Research*. ISSN: 2320-7167. Volume 11 Issue 01 January 2023, Page no. – 3156-3177. DOI: 10.47191/ijmcr/v11i1.08 .
88. Casesnoves, F. *Radiotherapy effective clonogens model graphical optimization approaching linear quadratic method for head and neck tumors*. *International Journal of Molecular Biology and Biochemistry*. ISSN Print: 2664-6501. ISSN Online: 2664-651X. Impact Factor: RJIF 5.4. *IJMBB* 2023; 5(1): 33-40 .

EN. And based on ‘The European Code of Conduct for Research Integrity’. Revised Edition. ALLEA. 2017. This research was completely done by the author, the computational-software, calculations, images, mathematical propositions and statements, reference citations, and text is original for the author. When a mathematical statement, algorithm, proposition or theorem is presented, demonstration is always included. If any results inconsistency is found after publication, it is clarified in subsequent contributions. When a citation such as [Casesnoves, ‘year’] is set, it is exclusively to clarify intellectual property at current times, without intention to brag. The article is exclusively scientific, without any commercial, institutional, academic, religious, religious-similar, non-scientific theories, personal opinions, political ideas, or economical influences. When anything is taken from a source, it is adequately recognized. Ideas and some text expressions/sentences from previous publications were emphasized due to a clarification aim [38, 43-44].

VII. SCIENTIFIC ETHIC STANDARDS

GA-AI RT applications methods from these publications were created by Dr Casesnoves in 2022. 2D/3D Graphical Optimization Methods were created by Dr Francisco Casesnoves in 3rd November 2016, and Interior Optimization Methods in 2019. BED model setting in Algorithms and programming were developed by Dr Casesnoves from previously published BED models. This article has previous papers information, from [1-10], whose inclusion is essential to make the contribution understandable. This study was carried out, and their contents are done according to the International Scientific Community and European Union Technology and Science Ethics [38-41]. References [38,43,44]: ‘European Textbook on Ethics in Research’. European Commission, Directorate-General for Research. Unit L3. Governance and Ethics. European Research Area. Science and Society. EUR 24452

APPENDIX

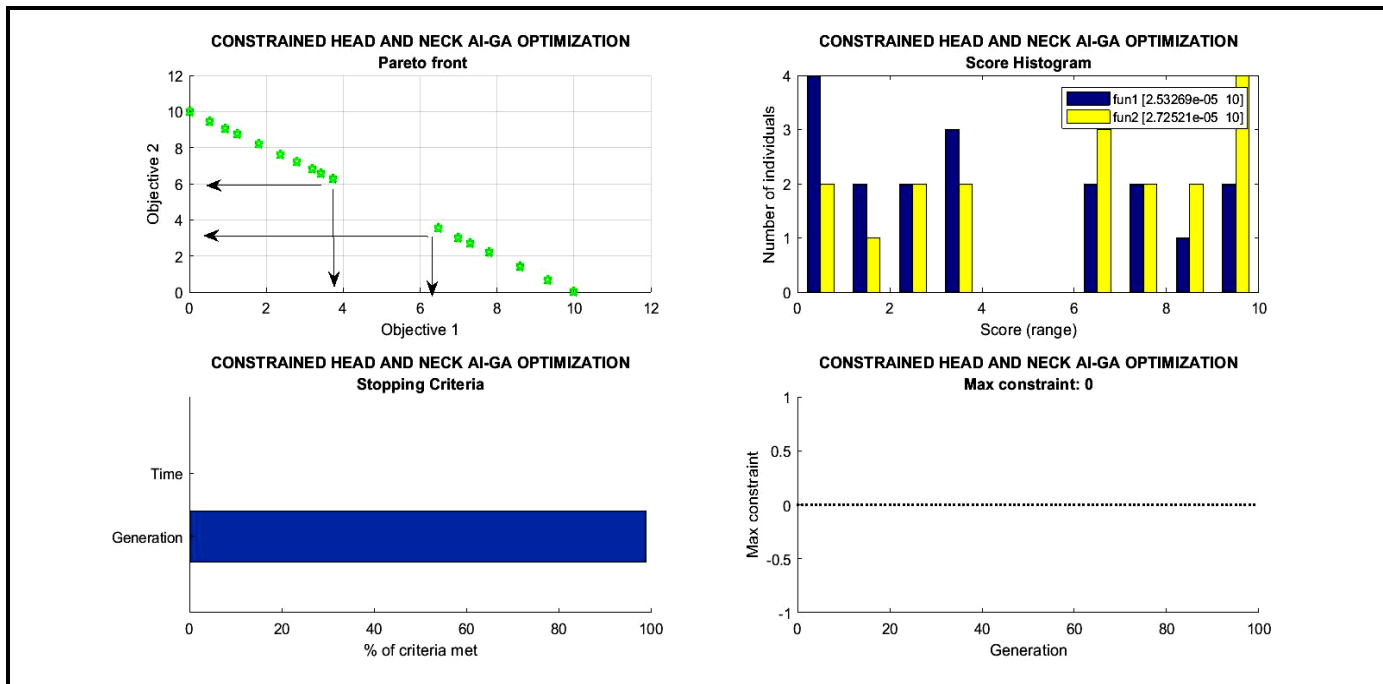


Figure 1. (Enhanced) .-Constrained optimization Multifunctional GA 2D graph (100 generations). This is the most important graph given by software when PMO is performed to check the optimization accuracy. The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f 1 and f 2 show low residuals. Therefore, results are acceptable in first optimization for function 1 and function 2.

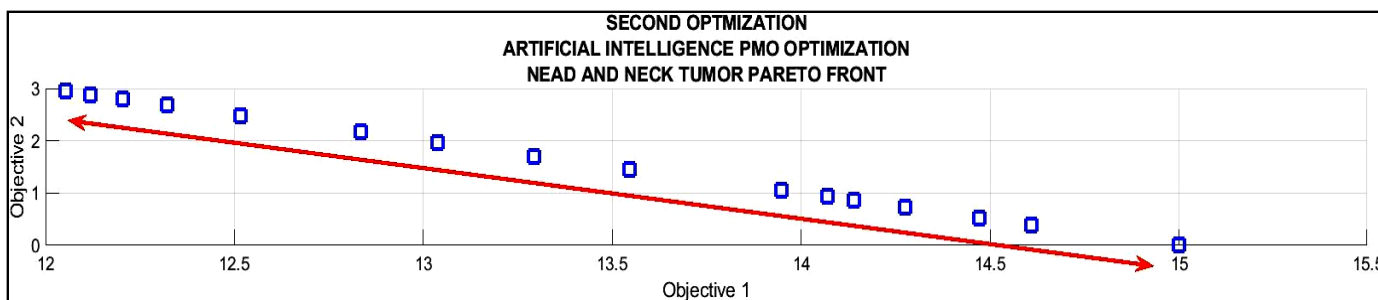


Figure 6. (Enhanced).-This is the most important graph given by software when PMO is performed to check the optimization accuracy. The fundamentals of Nonlinear PMO calculations are usually based on 2D PMO functions charts. In this study both f1 and f2 show low residuals. Objective 2 is more accomplished. Therefore, results are acceptable. The number of points on the Pareto front was: 18. The number of generations was : 300.