

Verification of highly dynamic dose delivery

Molecular Biotechnology Center, Torino, February 24, 2017

Other Conference Item

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Verification of highly dynamic dose delivery

EuCARD² Workshop on Innovative Delivery Systems in Particle Therapy

Molecular Biotechnology Center, Torino, February 24, 2017



Why do we need a verification system?





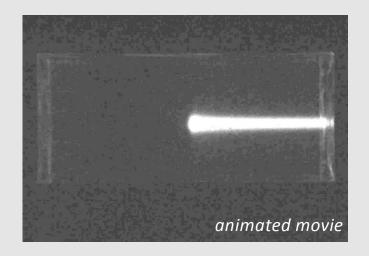


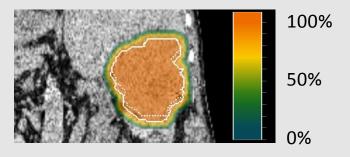
What is highly dynamic dose delivery?

Clinical example

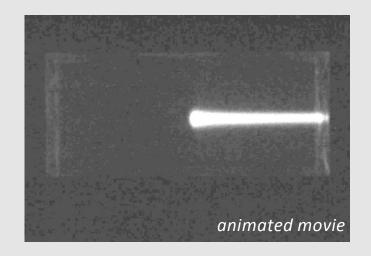
- liver tumor (460 ccm)
- single field (0.6 Gy)

discrete scanning 52 sec.





continuous scanning 26 sec.



What is highly dynamic dose delivery?

Fast and flexible form of patient irradiation

FAST

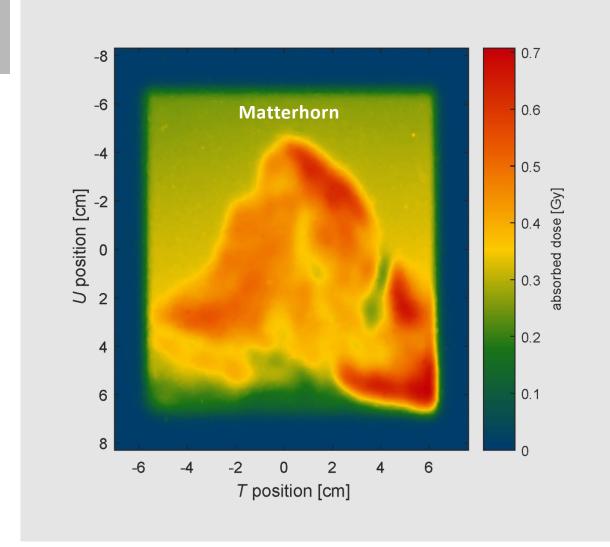
- (quasi) continuous beam of high current (~ 5 nA)
- high duty cycle ($\Delta t_{\rm beam}/\Delta t_{\rm total} > 75\%$) due to:
 - (a) minimized energy switching time (~ 100 ms)
 - (b) continuous lateral scanning (speed ~ 2 cm/ms)

FLEXIBLE

- steer beam to any point in the lateral plane
- modulate lateral scan speed at any time
- modulate beam current at any time



What is highly dynamic dose delivery?



- delivery of arbitrary dose distributions
- high dose modulation
- fast, yet accurate irradiation
- regulation in real-time

SAFETY

- less beam-off intervals
 - → non-destructive verification in real-time
- high modulation in beam current and scan speed
 - → independent supervision of both quantities
- redundant checks whenever beam is off

HARDWARE

- frequent modulation of beam current
 - \rightarrow fast ionization chambers (ICs) (< 100 μ s)
- scanning fast with reduced beam current
 - → regions of very low dose
 - → weak signal in position-sensitive ICs



Which requirements arise?

for a *cyclotron-based* and time-driven delivery system

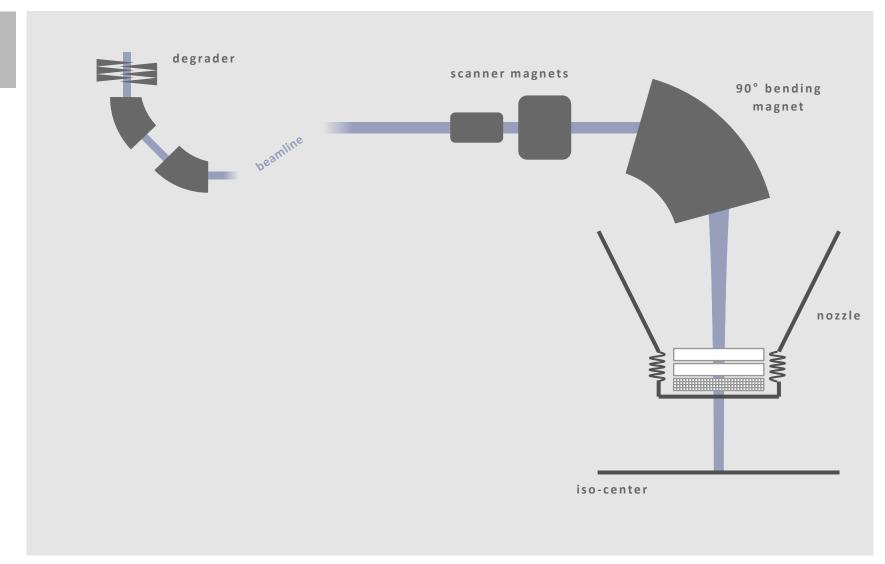
Gantry 2



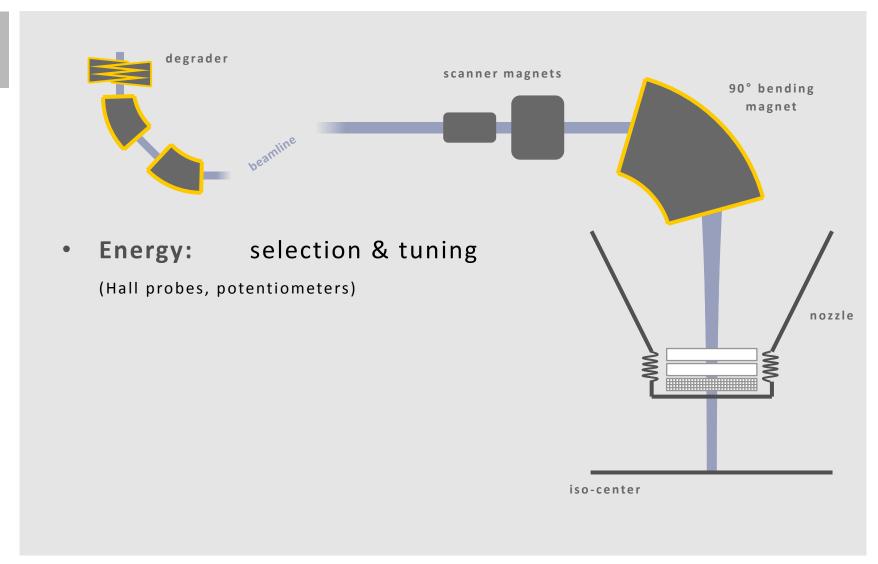


- Patient treatments since November 2013 using pencil beam scanning
- Current mode operation: discrete scanning
- Additionally offers continuous scanning, designed for fast dose delivery featuring:
 - (a) energy switching times ≈ 100 ms
 - (b) lateral scan speeds up to 2 cm/ms
 - (c) beam current regulation in < 1 ms
- Clinical go-live still requires a dedicated monitoring and validation system

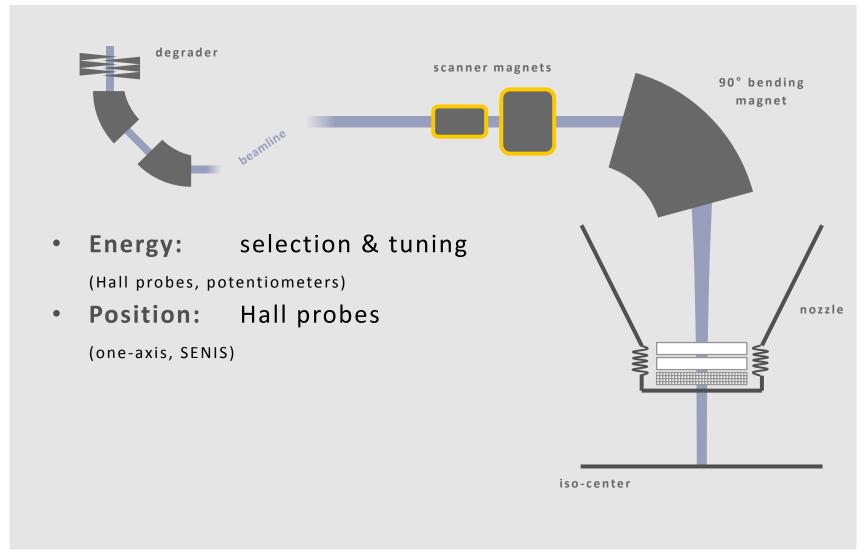




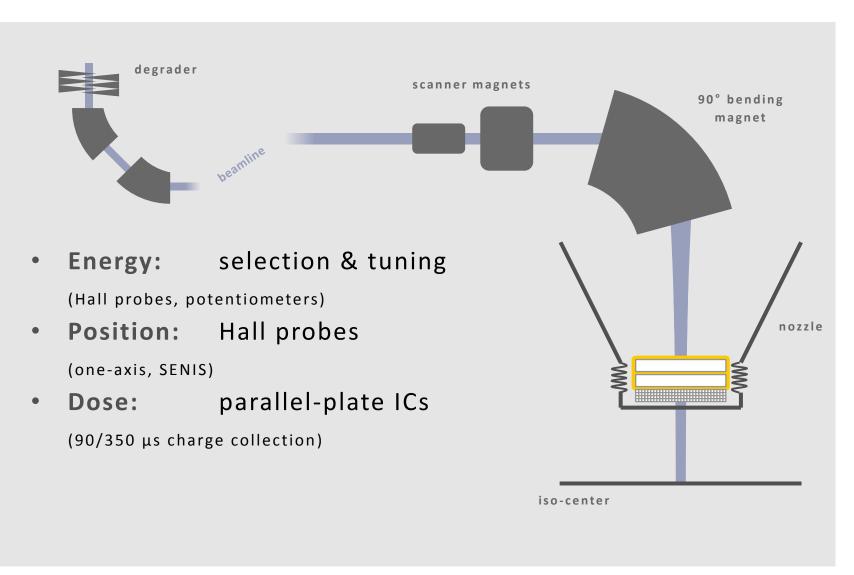




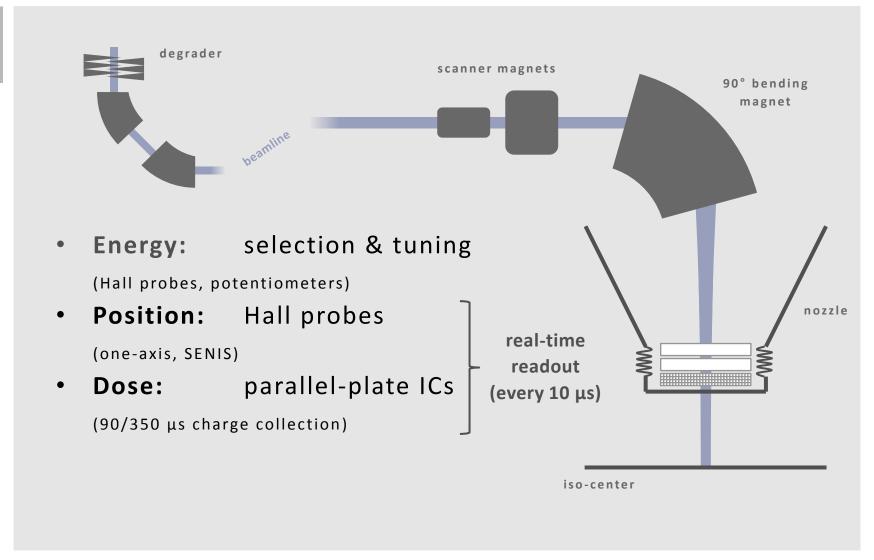




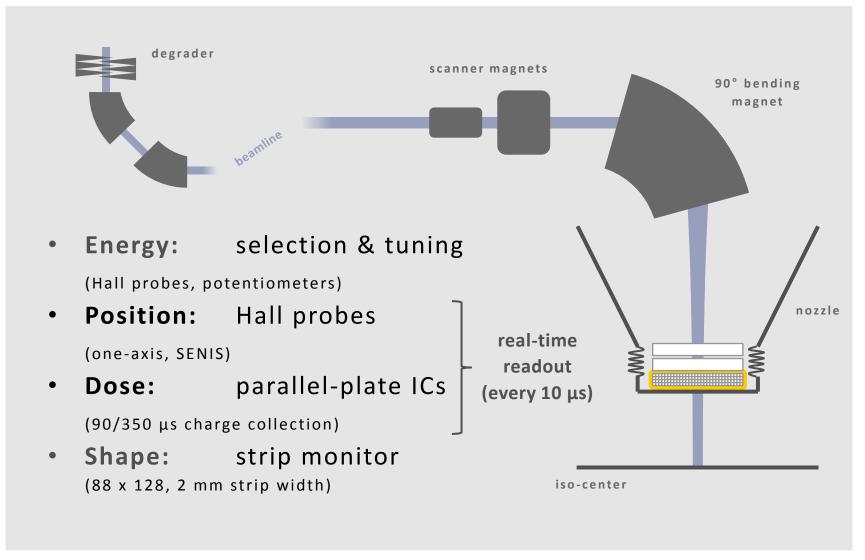




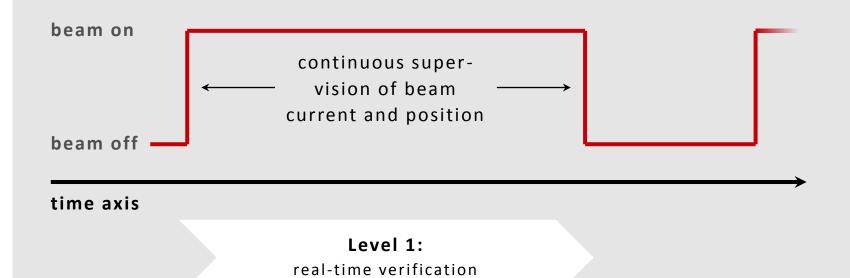






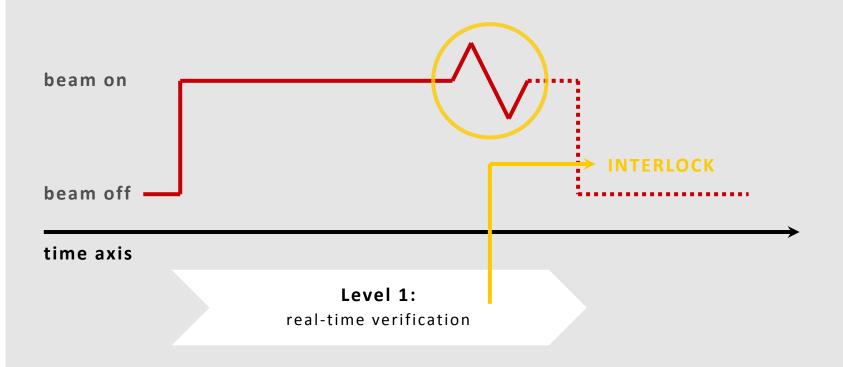


 Level 1: Real-time verification during the application of a line to prevent radiation incidents

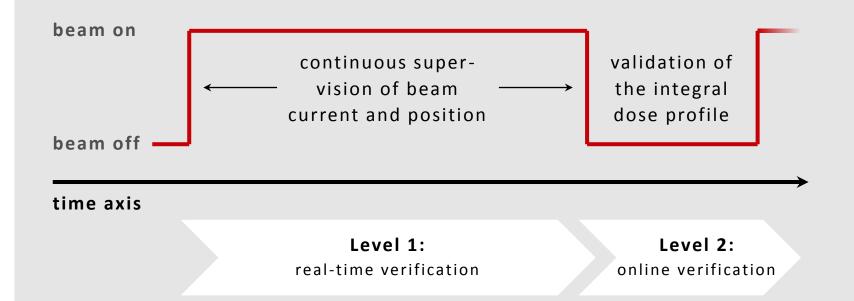


Verification concept

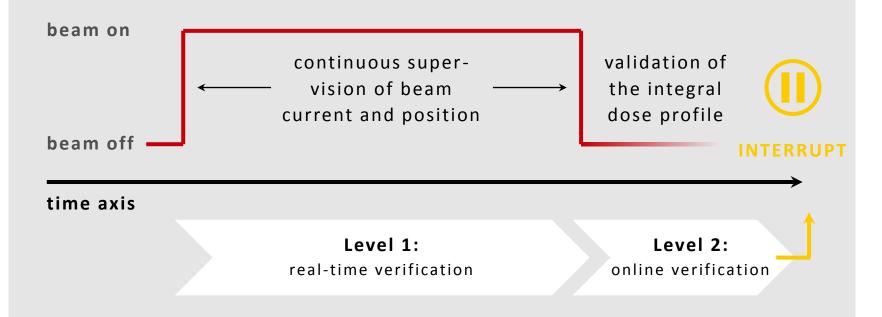
 Level 1: Real-time verification during the application of a line to prevent radiation incidents



- Level 1: Real-time verification during the application of a line to prevent radiation incidents
- Level 2: Online verification after the application of a line to assess and validate delivery accuracy



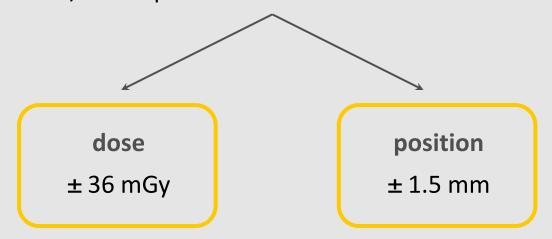
- Level 1: Real-time verification during the application of a line to prevent radiation incidents
- Level 2: Online verification after the application of a line to assess and validate delivery accuracy



level 1

Definition of delivery error

- Errors occur rarely and randomly.
- Restrict magnitude of delivery errors to
 - \rightarrow hot/cold spots of \pm 2% of fraction dose^{1,2}



Still no effect on clinical outcome

¹ ICRU. Journal of the ICRU **7**(2), 29-48 (2007). ² IEC. Medical electrical equipment. 60601-2-64 (2014).

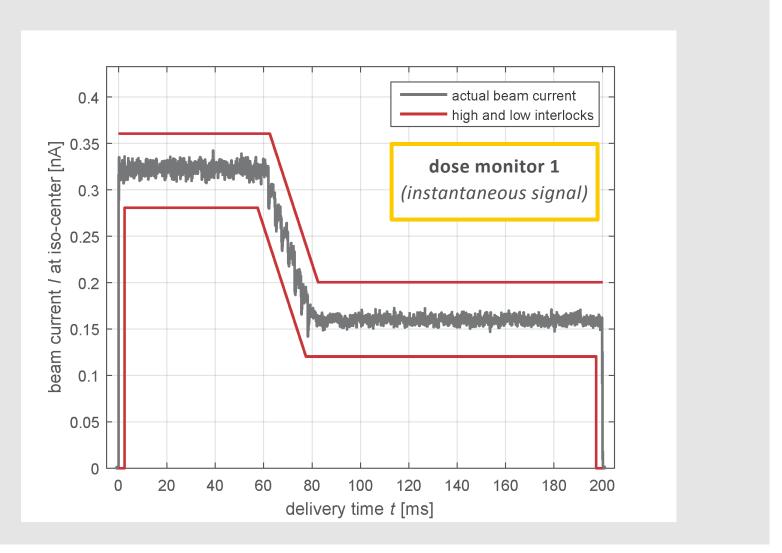


Tolerance band for beam position





Tolerance band for beam current





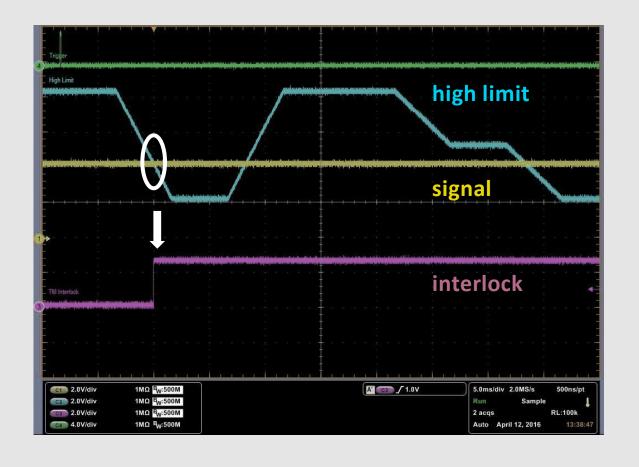
Tolerance band for deposited dose





Testing interlock functionality

Response of our test system to tolerance violations



level 2



What about smaller inaccuracies?

EXAMPLES

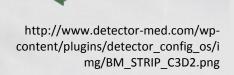
- rather noisy beam current
- slight offset in beam position
- unexpected instability in regulation

SOLUTION

- assessment of integrated profiles
 - → absolute dose
 - → direct position
- 88 x 128 strip monitor

(DE.TEC.TOR, Torino)

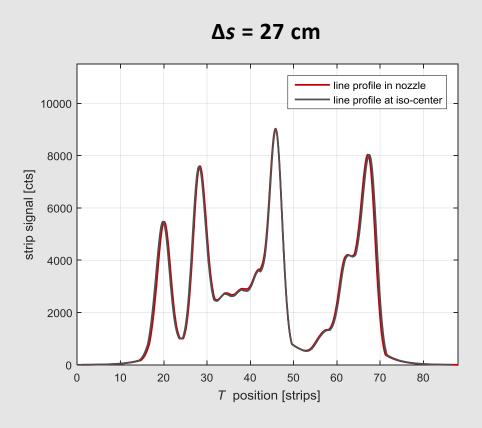
remain undetected by safety level 1

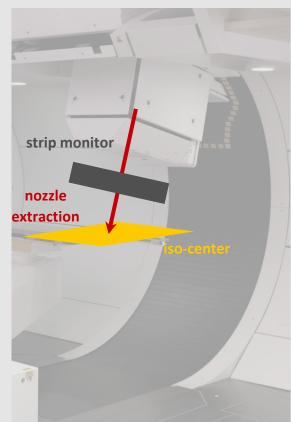




Profiles in the nozzle plane

Retracting nozzle and strip monitor

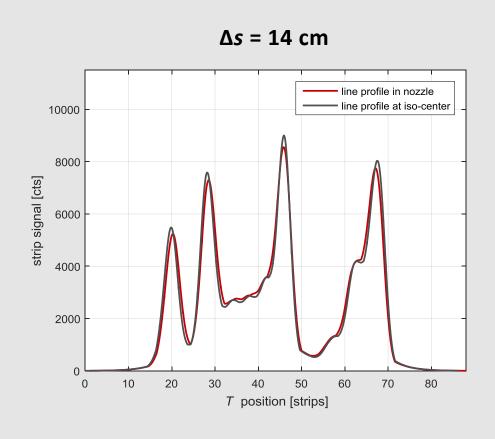


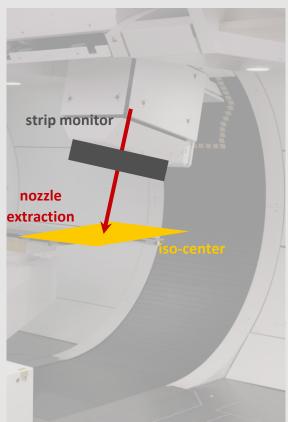




Profiles in the nozzle plane

Retracting nozzle and strip monitor

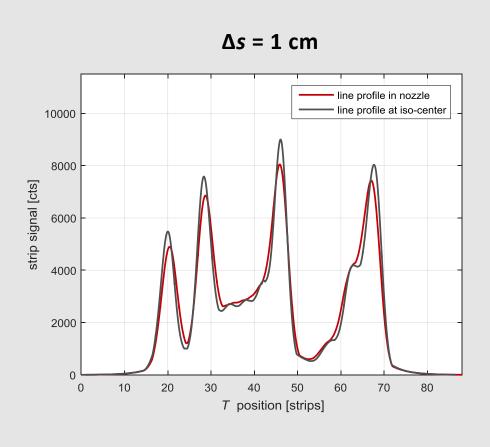


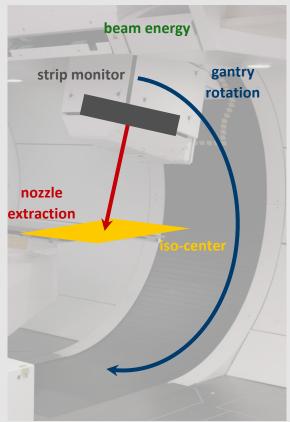




Profiles in the nozzle plane

Retracting nozzle and strip monitor







Beam profile parameterization

The shape of the pencil beam in the nozzle plane depends on (at least) *five* parameters:

- beam energy E
- nozzle extraction Δs
- gantry angle α
- lateral T position
- lateral *U* position

The dependencies are *coupled* and, therefore, complicated to model accurately.

Our solution: Acquire a comprehensive beam shape look-up

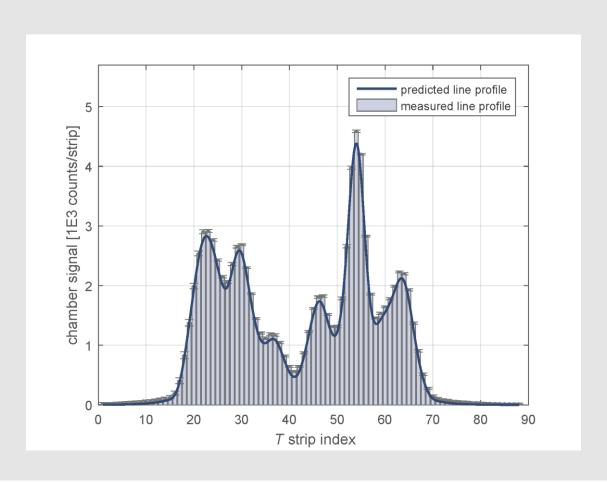
table (LUT) and interpolate it smoothly in all

five dimensions



Predicted vs. measured dose profiles

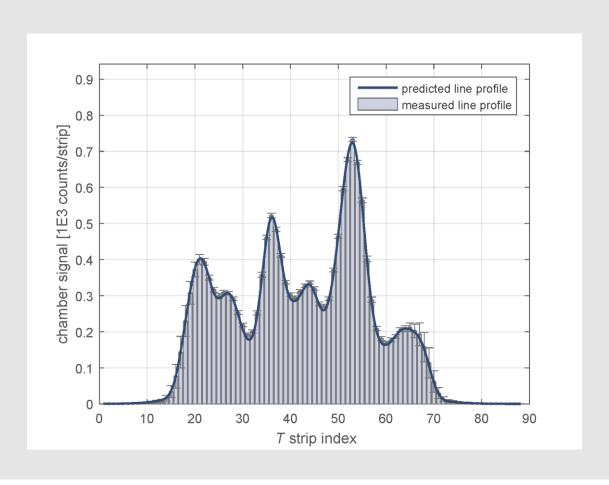
Comparison for $(\alpha, E, \Delta s, U) = (0^{\circ}, 150 \text{ MeV}, 27 \text{ cm}, 0 \text{ cm})$





Predicted vs. measured dose profiles

Comparison for $(\alpha, E, \Delta s, U) = (15^{\circ}, 115 \text{ MeV}, 25 \text{ cm}, 5 \text{ cm})$



Limits derived from successfully delivery patient plans:

Integrated strip signal

 \rightarrow maximum deviations: $\pm 10\%$

Profile center of gravity

 \rightarrow maximum differences: ± 1.5 mm

Profile symmetry

→ maximum deviations: ± 10%

R² value

 \rightarrow minimum score: 0.97

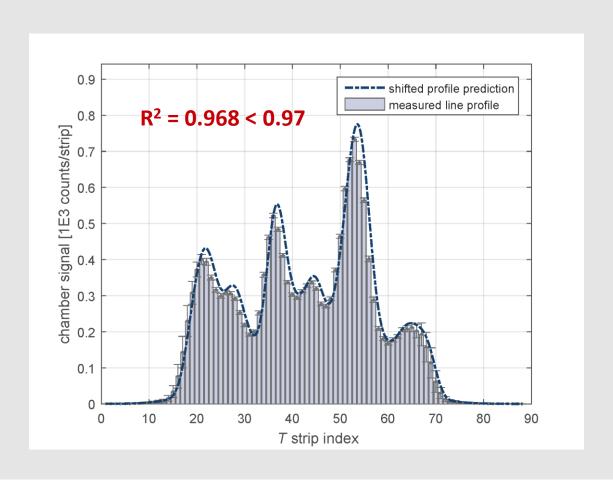
Gamma pass rate at 2%, 2mm

 \rightarrow minimum score: 0.70



Example of violated comparison

Comparison for $(\alpha, E, \Delta s, U) = (15^{\circ}, 115 \text{ MeV}, 25 \text{ cm}, 5 \text{ cm})$







Not a recipe for every system, but ...

- Two-level verification ensures safe irradiation on Gantry 2 under highly dynamic dose delivery
 - level 1: real-time monitoring of beam current and position
 - level 2: comparison of measured and predicted dose profiles
- Identical monitoring devices for discrete and continuous scanning mode
- Ongoing: testing of error scenarios and interlock resumption strategies



Wir schaffen Wissen – heute für morgen

Thank you for your attention!

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