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Physics of Radiation Therapy (1)

Tanton de Vaud



Outline

- Present epidemiological data about cancer
- Describe the general workflow of radiotherapy treatments
- Describe beam production and beam characterization





Switzerland

- 1 person on 3 to 4 will suffer from cancer
- 50 60 % of cancer patients will have radiation therapy
- 1 person on 6 will have radiation therapy in his/her life
- ~ 50 % will be cured with radiation therapy
- 2015 (estimate)
 - ~ 41'000 new cancers
- 35 radiation therapy centers (5 Uni)
- 71 linear acelerators or 1 / 116'000 hab.



New cases

Nombre moyen par an



Le cancer en Suisse, rapport 2015, OFS





Evolution

Le cancer en Suisse, rapport 2015, OFS



Evolution





Le cancer en Suisse, rapport 2015, OFS





C: UV



Risk factors

- External
 - Physics: UV, RX
 - Chemical: asbestos, benzene, tobacco, etc...
 - Biology: virus, bacteria, parasites
- Hereditary (5-10 %)
- 30 % of cancers could be avoided
 - Tobacco (world)
 - 20% of cancer mortality
 - 70% of lung cancer mortality







Absorbed dose and biological effects

 Absorbed dose is not directly linked to biological risk (or effect)



Absorbed dose and biological effects

 Absorbed dose is not directly linked to biological risk (or effect)











Cancer induction

- Epidemiological basis
 - Hiroshima & Nagazaki survivors
 - Dose level :
 - 1 Sv

- Latency
 - Leukemia : 10 years
 - Solid tumor: 20 years

Risk factor: 5% Sv⁻¹



Objectives of radiation therapy

- Treatment of cancer cells
- All cells are sensitive to radiation
 - Tumoral cells (slightly) more sensitive, and
 - Weaker repair capacities
- Curative treatments
 - Permanent local control
- Palliative treatments
 - Reduction of symptoms (pain)
- Benign diseases



Fractionation

- The dose delivery is generally fractionated
 - − 1 X 50 Gy → death
 - 25 x 2 Gy → treatment
- Healthy cell can repair (better than tumors)
- Amplification of the effect between healthy and cancer cells





Limits of radiation therapy

- Secondary effects
- Compromise between cure and adverse effects









Patient workflow



Acquisition des images CT



Patient workflow









Patient workflow



- Absorded dose
- Representative point of the volume to be treated
- Definition of target volume







Volumes definition

- Target volume
- Organs at risk













Gross tumoral volume

- GTV
- GTV is the localization and the demonstrable gross extension of the malignant growth
- Contains
 - Primary tumor
 - Metastatic lymph nodes
 - Metastases
- May vary according to the imaging type used



Volume tumoral brut





- CTV
- The CTV is a tissue volume containing a GTV and / or infra-clinical malignant lesions that must be destroyed to achieve the objective of radical radiation therapy
- Note that except the GTV, the CTV is mainly composed of healthy tissues



- Prescription is based on the hypothesis that there may be tumoral cells with a given probability beyond the GTV
- The estimattion of that probability is based on clinical experience and patient follow-up









Planning target volume

- PTV
- The PTV is a geometrical concept. It is defined so that it guarantees that the CTV is adequately covered, taking all possible variations during irradiation into account
- Note that except the CTV, the PTV contains only healthy tissues



Planning target volume

• The dose distribution into the PTV is considered as representative of the dose distribution into the CTV


Planning target volume



Courtesy Dirk Verellen



Target volume synthesis









Treatment planning

- Geometrical data
- Dose distribution











Treatment planning principles

- Definition of irradiation parameters made by physicist (or technician)
- Iterative process
- Validation by physician and physicist











Treatment plan verification

- Prescription
 - Target coverage
 - Organs at risk tolerance
- Irradiation technique
 - Number of beams, energy, etc...
- Independent calculation or measurement of the dose / irradiation time
- Green light for treatment (medical physicist according to law)







Dose delivery



Beam production

- Introduction
- « Conventional » devices
- Cobalt 60
- Linear accelerators



Beams used in radiation therapy

- Superficial X-rays
- Conventional X-rays
- Cobalt 60
- High energy X-rays
- High energy electrons
- High energy protons
- Heavy nuclei
- Neutrons







Conventional radiation therapy





Conventional radiation therapy

- « Traditional » X-ray tubes
- Accelerating voltage: 120 300 kV
- Depth of 50% : 5 7 cm
- Beams no more used in clinical treatments
 - But used for radiobiology

Superficial radiation therapy

- « Traditional » X-ray tubes
- Accelerating voltage: 10 50 kV
- Depth of 50% : 0.03 2 cm
- Beams used in dermatology





- Energy
 - Ε γ = 1.25 MeV
- T = 5.27 years
- 1 % per month
- Activity
 - ◆ 100 300 Tbq

Cobalt 60 source

• Production

 ${}^{59}_{27}\text{Co} + {}^{1}_{0}\text{n} \rightarrow {}^{60}_{27}\text{Co} + \gamma$

- Radiative capture
- Size
 - 2 cm diameter
 - 2 cm heigth





Cobalt 60 source

- Build-up zone: 5 mm
- Depth of 50% : 10 cm
- Treatment of average deep tumors
 - Head and Neck, breast, etc...
- Almost no more used
 - But in non industrialized countries





GammaKnife

- Elekta
 - Leksell Gamma Knife® Perfexion[™]
- 192 Co-60 sources
 - Activity: 200 TBq
- Treatment type
 - Intracranial
 - Neurosurgery









ViewRay - MRIdian





Particles accelerators

- Many types
 - Nuclear physics
 - Particle physics
- Modified for medical use
- Two basic conditions to accelerate particles
 - Charged particles
 - Electric field in the direction of the particle to be accelerated path



Particles accelerators

- Medical linacs are cyclic accelerators
- Energy: 4 to 25 MeV
- Microwave radiofrequency field
- Electrons linearly accelerated in a specific waveguide



Linacs – Components

- To produce a beam we need
 - Injection system
 - Radiofrequency generator
 - Accelerating section
 - Auxiliary systems
 - Beam transport system
 - Collimation and beam control system





















C:V/

Linacs – Components



C:V/







C:V/

Linac – Waveguide

 Particles travel in an electric field E and in an induction magnetic field B

- Lorentz
$$\overline{F} = q\overline{E} + q(\overline{v} \times \overline{B})$$

- Work $\overline{F} \cdot \overline{v} = q\overline{E} \cdot \overline{v} + q(\overline{v} \times \overline{B}) \cdot \overline{v}$
 $(\overline{v} \times \overline{B}) \cdot \overline{v} = 0$

 The acceleration of charged particles is excusively due to electric field


- In vacuum, Electromagnetic filed propagates in the TEM mode
 - Transverse ElectroMagnetic field





- For continuously accelerate electrons we need
 - 1. E // electron propagation
 - 2. Wave speed < c
 - 3. If v_{e} increases, so is v_{E}
 - 4. Electron injection synchronized
- Solution: Waveguide





Waveguide is particular
 There is no support for wave transport

- Linacs: circular waveguides
- Perfect conductor

$\overline{n} \cdot \overline{B} = 0$; $\overline{n} \times \overline{E} = 0$

- So propagation mode is
 - TM (transverse magnetic)
 - TE (transverse electric)
 - (at least one longitudinal component)



- For continuously accelerate electrons we need
 - 1. E // electron propagation 🗸
 - 2. Wave speed < c
 - 3. If v_{e} increases, so is v_{E}
 - 4. Electron injection synchronized

• The propagation of an « oblique » wave



In a waveguide, border condition must be satisfied for both walls

$$\overline{n} \cdot \overline{B} = 0$$
 ; $\overline{n} \times \overline{E} = 0$

α cannot be any



• EM wave

$$E_{z}(x, y, z, t) = X(x)Y(y)Z(z)T(t)$$
$$T(t) \propto e^{i\omega t}$$
$$Z(z) \propto e^{-ikz}$$
$$\Rightarrow E_{z} = F(x, y)e^{i(\omega t - kz)}$$



• In cylindrical coordinates

$$E_{z} = Z(z)R(r)T(t)$$

$$\frac{\partial^{2}E_{z}}{\partial z^{2}} + \frac{1}{r}\frac{\partial}{\partial r}\left(r\frac{\partial E_{z}}{\partial z}\right) - \frac{1}{c^{2}}\frac{\partial^{2}E_{z}}{\partial t^{2}} = 0$$

$$\frac{\partial^{2}R}{\partial r^{2}} + \frac{1}{r}\frac{\partial R}{\partial r} + \left(\frac{\omega^{2}}{c^{2}} - k^{2}\right)R = 0$$

$$K_{R}^{2}$$



• The solution is a Bessel function at order 0

$$R(r) = AJ_0(K_rr)$$



• At the surface (cylinder radius a) $J_{0}(K_{r}a) = 0$

$$\Rightarrow K_r = \frac{2.405}{a}$$



Dispersion diagramme





- To accelerate a particle we need $V_{ph} = V_{p}$
- Impossible because

$$V_{ph} > C$$

We slow the wave with iris











- To solve it
 - Floquet theorem
 - « In a periodical structure, for a given oscillation mode and a given frequency, the wave fuction is multiplied by a constant from one period to the other »
 - A type of fuction like: $e^{-ik_0 z}$
 - Border conditions are too complex to satisfy only one propagation mode
 - Spectrum called harmonics space



One gets

$$E_{z}(\mathbf{r},z,t) = F(\mathbf{r},z)e^{i(\omega t - k_{0}z)}$$
$$F(\mathbf{r},z+L) = F(\mathbf{r},z)$$
$$F(\mathbf{r},z) = \sum_{n} a_{n}(\mathbf{r})e^{i(2\pi n/L)z}$$

- To be put into wave equation
- We can then find a solution where



 $V_{ph} < C$

- For continuously accelerate electrons we need
 - 1. E // electron propagation 🗸
 - 2. Wave speed < c \checkmark
 - 3. If v_{e} increases, so is v_{E}
 - 4. Electron injection synchronized

- Electron speed
 - -40 keV : ~ 0.4 c
 - -1 MeV: 0.941 c
 - 10 MeV: 0.999 c
- First cavities are a bit smaller
- Then, speed is « constant » and the electron only gain energy



- For continuously accelerate electrons we need
 - 1. E // electron propagation 🗸
 - 2. Wave speed < c \checkmark
 - 3. If v_{e} increases, so is v_{E}
 - 4. Electron injection synchronized

- Electrons are injected at the wave propagation speed
 - -~0.4 c (40 keV)
- Electrons cannot be injected in a pulsed manner at 3 GHz
 - Continuous injection
 - E different -> creation of bunches

- For continuously accelerate electrons we need
 - 1. E // electron propagation 🗸
 - 2. Wave speed < c \checkmark
 - 3. If v_{e} increases, so is v_{E}
 - 4. Electron injection synchronized \checkmark

Linac – Types

- Travelling wave accelerator
- Stationary wave accelerator

 Creation of « knots and bellies » in the cavities
- No specific rule for the choice













Stationary wave accelerator















Linacs – Modulator

- Produces high-voltage for microwave generator
 - PFN (pulse forming network)
 - Produces pulsed high-voltage
 - Capacities in series
 - PRF (pulse repetition frequency)
 - Controls the repetition frequency
 - Thyratron
 - Ultra-fast switch
 - Elekta Synergy, 1200 A during 3.2 μs









Linacs – Microwave generator





Linacs – Microwave generator

- Electrons produce EM field in resonant cavities
 - 3 GHz micrwaves
- In "S" band (3 GHz)
 - Some MW impulsions in some μs
 - 5 MW for Elekta Synergy during 3.2 μs

Magnetron










Linacs – Injector

- System of triode
 - Cathod: electron production
 - Anode: electron acceleration
 - Grid: switch





Auxiliary systems

- Cooling
 - Air, water, oil
 - Modulator and magnetron: oil
 - Waveguide and head: water
 - Other: air
 - Multiple exchanges
 - Strict control of the temperature
- Vacuum
 - Ionic pumps (24h/24h)
 - 10⁻⁶ mbar



Linac – Beam transport



C: UV

Linac – Beam transport

- Used to transport the electron beam from the accelerating structure to
 - The target for X-ray production
 - The output window for e^{-} production
- Composed of
 - Bending magnet(s)
 - Directional coils
 - Focusing coils



Bending magnet

- Lorentz : $\vec{F} = q\vec{E} + q(\vec{v} \times \vec{B})$
- Gives the correct trajectory to electrons
- Electron energy selection





Bending magnet





Bending magnet









Head component - Target









Transmission ion chamber Déviation 270° Cible Chambre d'ionisation photons 4.27.07-4 Machoires X et Y



Transmission ion chamber

Key element for safety

Dose rate control

- Controlled by two independent chambers placed after the exit window
 - -Both chambers must measure the same signal
 - Check the adequate beam stop

Transmission ion chamber

- Retro-control system to control the dose rate
 - -Tuning of
 - PFN
 - Injection current
 - Field frequency





C:UV

Multileaf collimator (MLC)









Head components - Electrons









High-energy X-rays

- Linear accelerator
- Energy : 4 25 MeV
- Build-up zone: somecm
- Depth of 50 % : 10 15 cm
- Important exit dose
- Treament of most tumor sites





High-energy electrons

- Linear accelerators
- Energy : 3 25 MeV
- Important dose decrease into matter
- Extrapolated path: R(cm) ~ E(MeV)/2
- Treatment of superficial tumors
- When an organ at risk is behind the target volume



High-energy protons

- Cyclotron or synchro-cyclotron
- Energy : 50 500 MeV
- Bragg peak





Heavy nuclei

- Hélium, Carbon, Oxygen, etc... beams
- Interesting because of high LET



Heavy nuclei





Beam characterisation

- Introduction
- Dosimetric parameters of X-ray beams
- Measurement means
- Examples



Inverse square law

- External radiaiton therapy
 - Punctual source
 - Divergent beam
- N total constant
 - No interaction in air $\frac{a}{b} = \frac{h_a}{h_b}$ $N_{tot} = \phi_A \cdot A = \phi_B \cdot B$ $\frac{\phi_A}{\phi_B} = \frac{B}{A} = \frac{b^2}{a^2} = \frac{h_b^2}{h_a^2}$



Photon penetration into matter

- In vacuum
 - Inverse square law
- In matter
 - Absorption
 - Diffusion
- These three effects make the dose deposition into matter a complex process



Patient dose

- The quality of a patient treatment depends on the precise determination of the dose
 - In the target volume
 - In healthy tissues
- A point dose in a patient is determined
 - From a point dose called reference point
 - With dosimetric parameters that « propagate the dose from the reference point



Patient dose

- Dosimetric parameters are determined
 - By measurements with detectors
 - In water equivalent phantoms
- Reference dose is determined in water and is metrologically traceable





Build-up zone

- Before a certain depth near the surface
 - Missing secondary electrons due to absence of interacting material before surface dose
- After a certain depth near the surface
 - The number of electrons entering a small volume is the same as the one exiting that volume
 - Electronic equilibrium

Depth of maximum dose

- Mainly depend on the beam energy
- Z_{max} increases with beam energy
 - Co-60: ~ 0.5 cm
 - 6 MV: ~ 1.5 cm
 - 18 MV: ~ 3 cm
- Clinical advantage
 - Sparing skin



Dosimetric parameters

- Reference conditions
 - Isocentric
 - Fixed source-skin distance
- Parameters
 - Measure depth z
 - Field size
 - Source-skin distance
 - Source-axis distance
 - Photon energy

A DSP (SSD) DSA (SAD) F





Reference conditions

- Isocentric condition
 - The measurement point for basic quantities is isocenter (f_R)
 - Depth of reference point is $z_R = 10$ cm
 - Field size at isocenter is $c_R = 10x10 \text{ cm}^2$







C : UV












Off-axis ratio or profiles

- A beam profile is composed of
 - Central region: flat region from the axis to 1-1.5 cm of the beam border
 - Penumbra: border of the beam region with a strong dose gradient
 - Umbra (off beam): off beam region where there is still dose due to transmission through collimator and to scatter



Off-axis ratio or profiles





Measurement means

- Water tank
 - Large volume
 - Three-axis motorization
 - Computer controlled movements correlated with dose measurements



Measurement means

• Water tank



Measurement means

- Ionization chamber
- Diodes
- Films
- 2D and 3D detectors

• Solid water



Dosimetric means













Hand dose calculation - Principle

- Precise measurement of reference dose
 - Metrology with a secondary standard
 - Once a year
 - Calibration of beam monitoring (trnasmission chambers)
- Calculation of dose at any point with dosimetric parameters
 - PPD
 - Output factor
 - Profiles



