

PAUL SCHERRER INSTITUT



Grischa Klimpki :: Center for Proton Therapy :: Paul Scherrer Institute

# Verification of highly dynamic dose delivery

EuCARD<sup>2</sup> Workshop on Innovative Delivery Systems in Particle Therapy

Molecular Biotechnology Center, Torino, February 24, 2017

# Why do we need a verification system?



<http://phandroid.s3.amazonaws.com/wp-content/uploads/2016/09/galaxy-note-7-2.jpg>

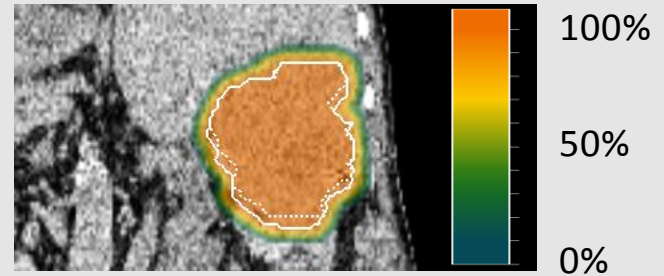


intro

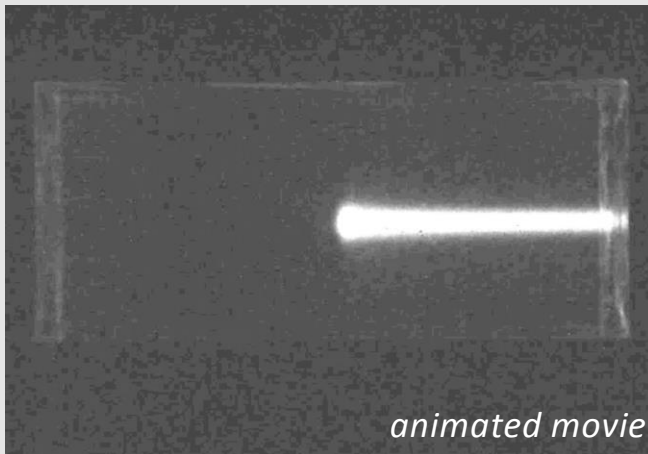
# What is highly dynamic dose delivery?

## Clinical example

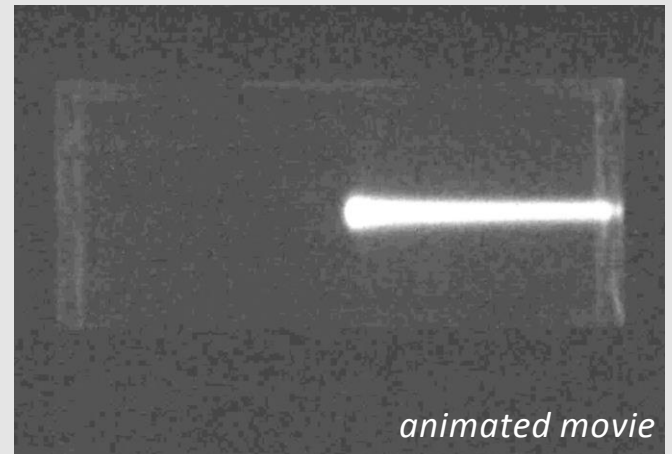
- liver tumor (460 ccm)
- single field (0.6 Gy)



**discrete scanning**  
52 sec.



**continuous scanning**  
26 sec.



## Fast and flexible form of patient irradiation

### F A S T

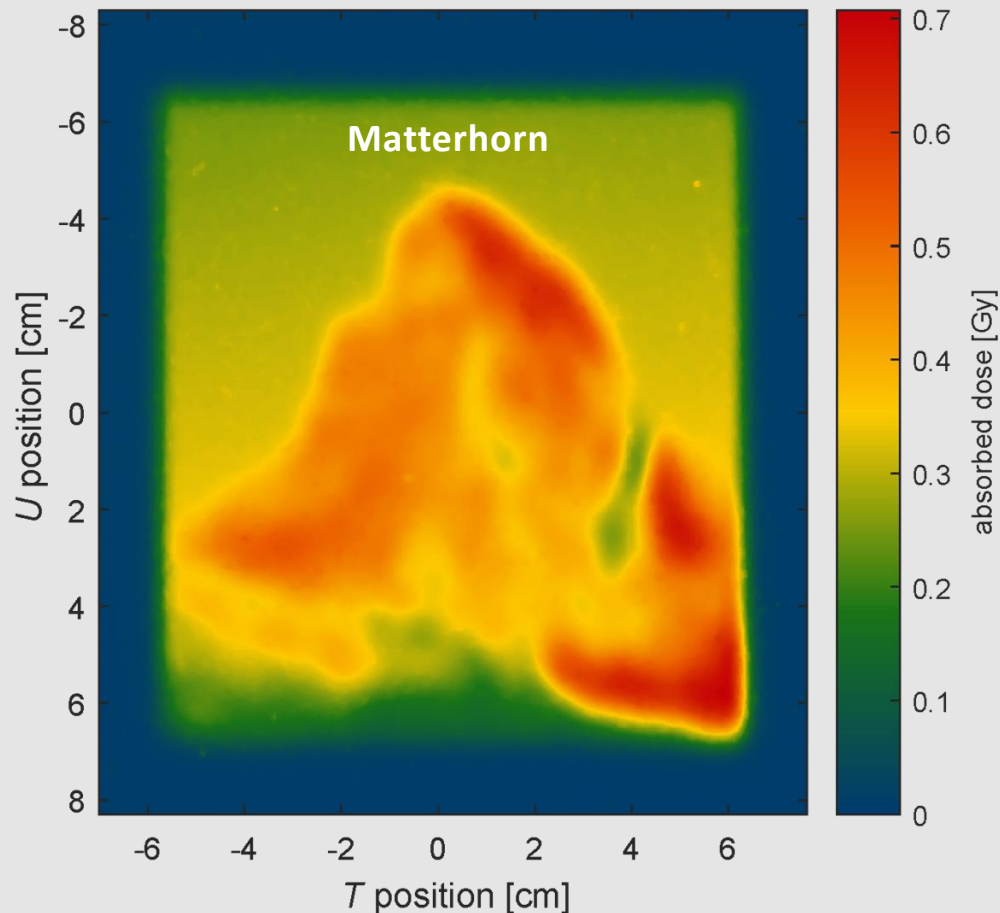
- (quasi) continuous beam of high current ( $\sim 5$  nA)
- high duty cycle ( $\Delta t_{\text{beam}}/\Delta t_{\text{total}} > 75\%$ ) due to:
  - (a) minimized energy switching time ( $\sim 100$  ms)
  - (b) continuous lateral scanning (speed  $\sim 2$  cm/ms)

### F L E X I B L E

- 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

# Which requirements arise?

## S A F E T Y

- 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

## H A R D W A R E

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

# Which requirements arise?

**present our implementation  
for a *cyclotron-based* and  
*time-driven* delivery system**





Gantry 2

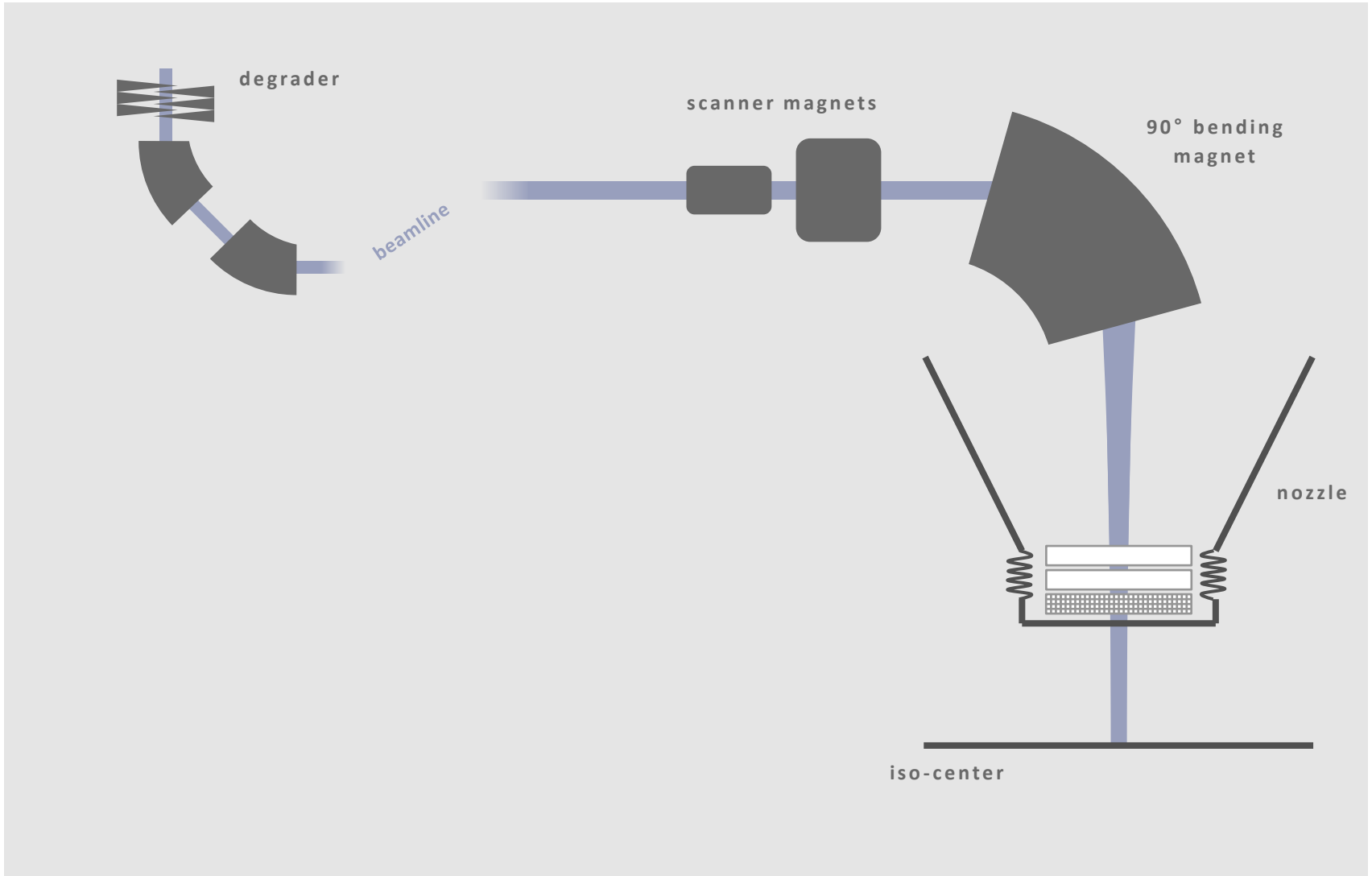
# PSI Gantry 2



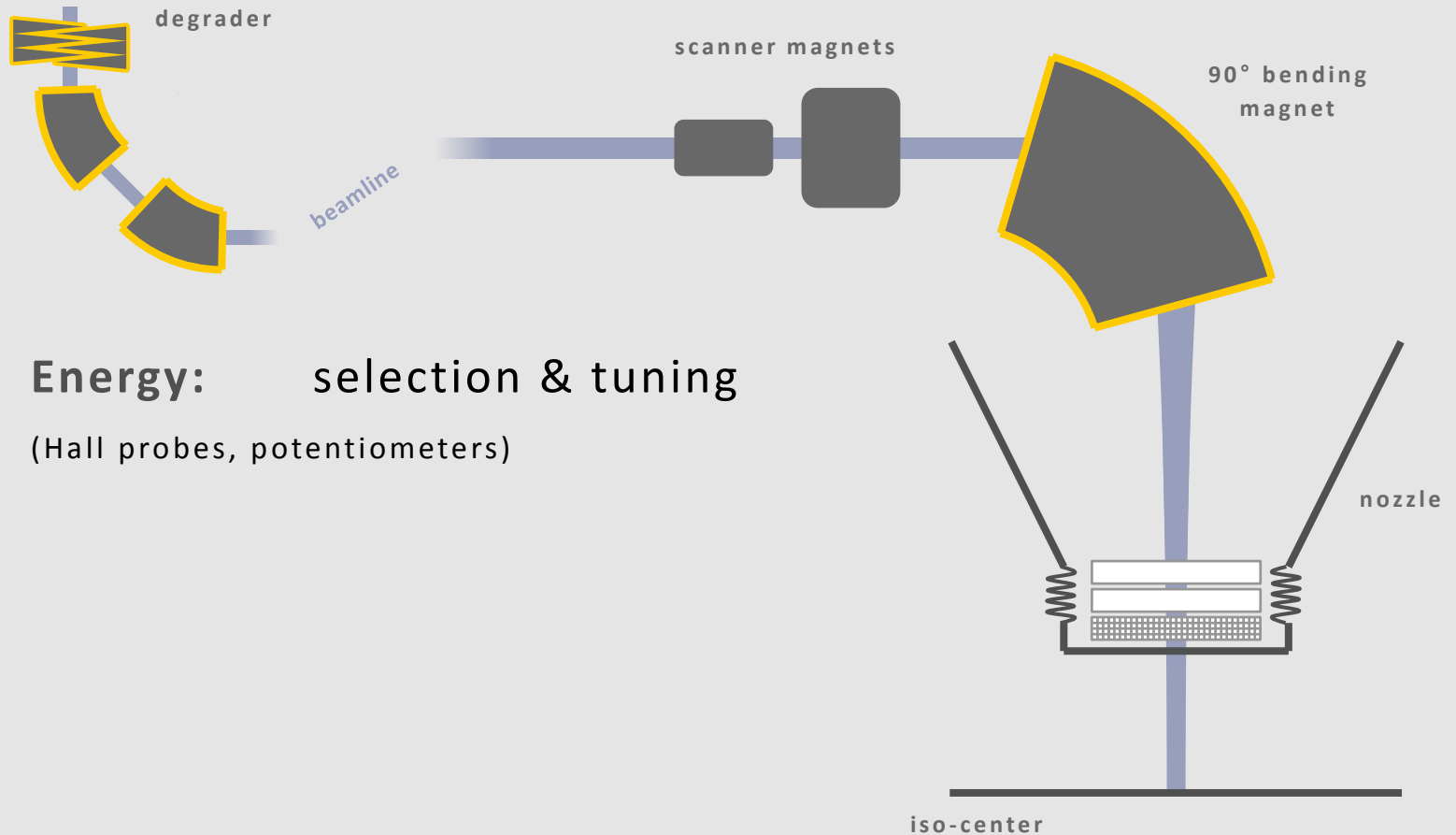
- Patient treatments since November 2013 using **pencil beam scanning**
- Current mode operation: **discrete scanning**
- Additionally offers **continuous scanning**, designed for fast dose delivery featuring:
  - (a) energy switching times  $\approx 100$  ms
  - (b) lateral scan speeds up to 2 cm/ms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



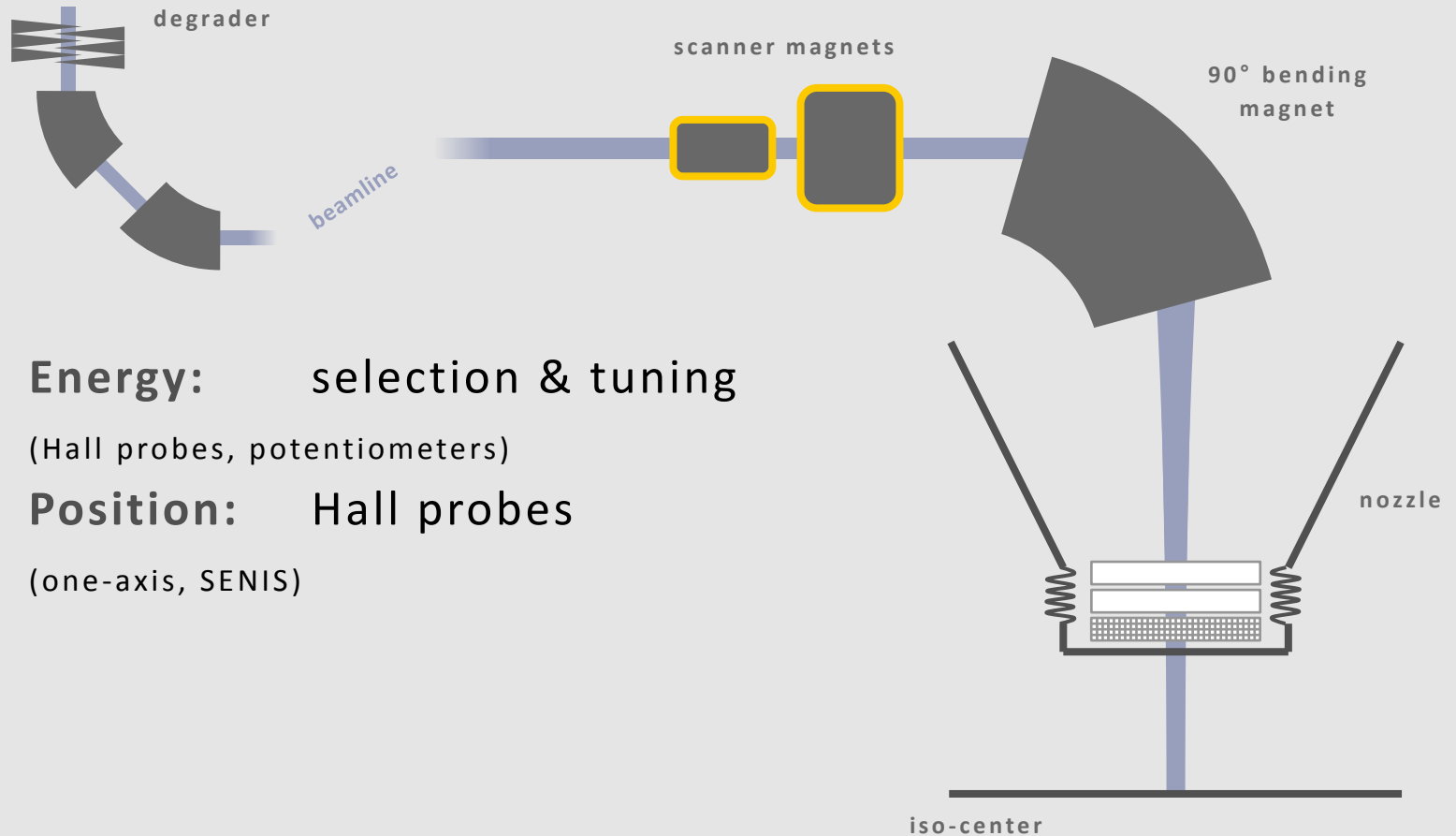
# Beam monitors for continuous scanning



# Beam monitors for continuous scanning

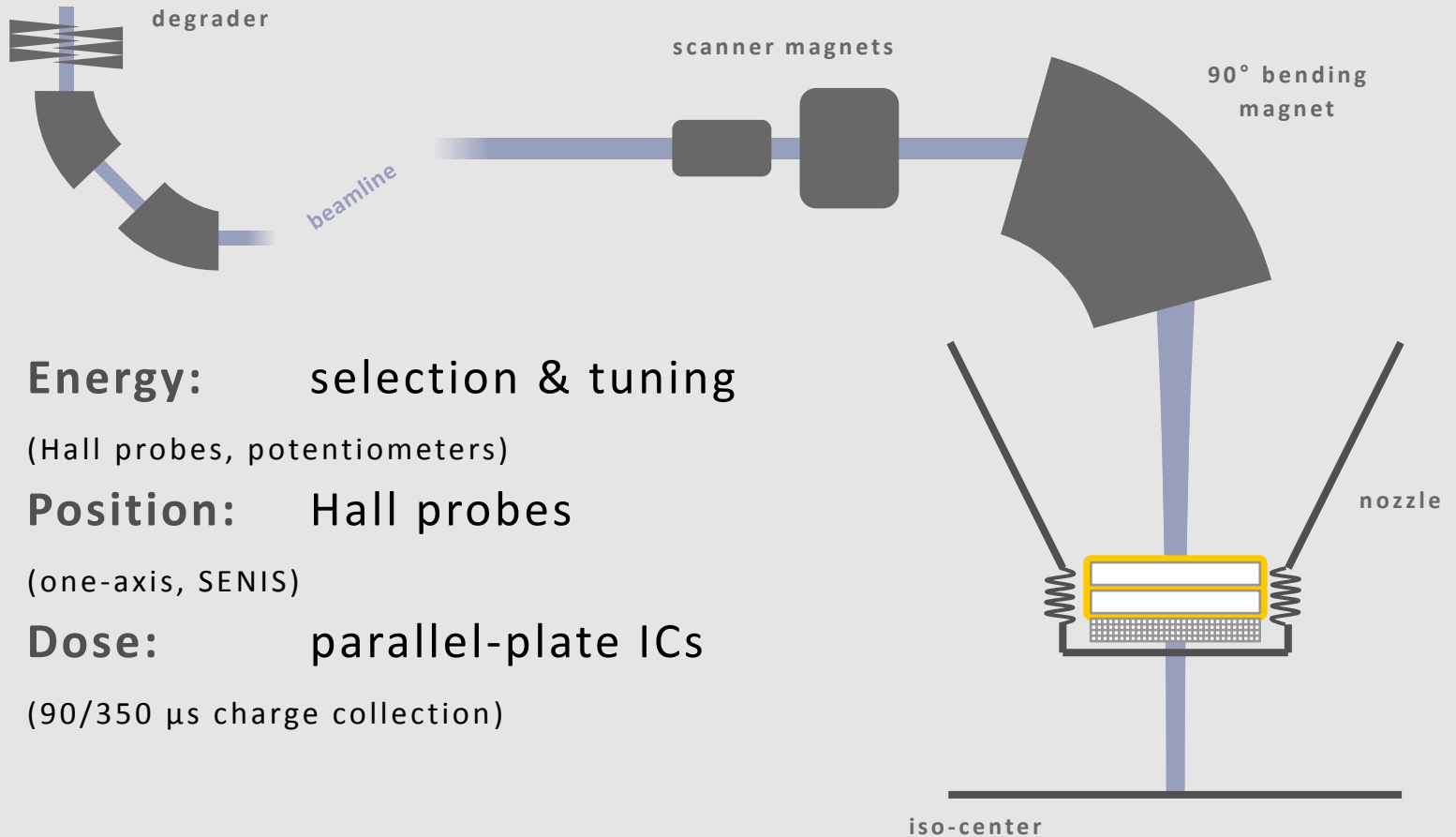


# Beam monitors for continuous scanning



- **Energy:** selection & tuning  
(Hall probes, potentiometers)
- **Position:** Hall probes  
(one-axis, SENIS)

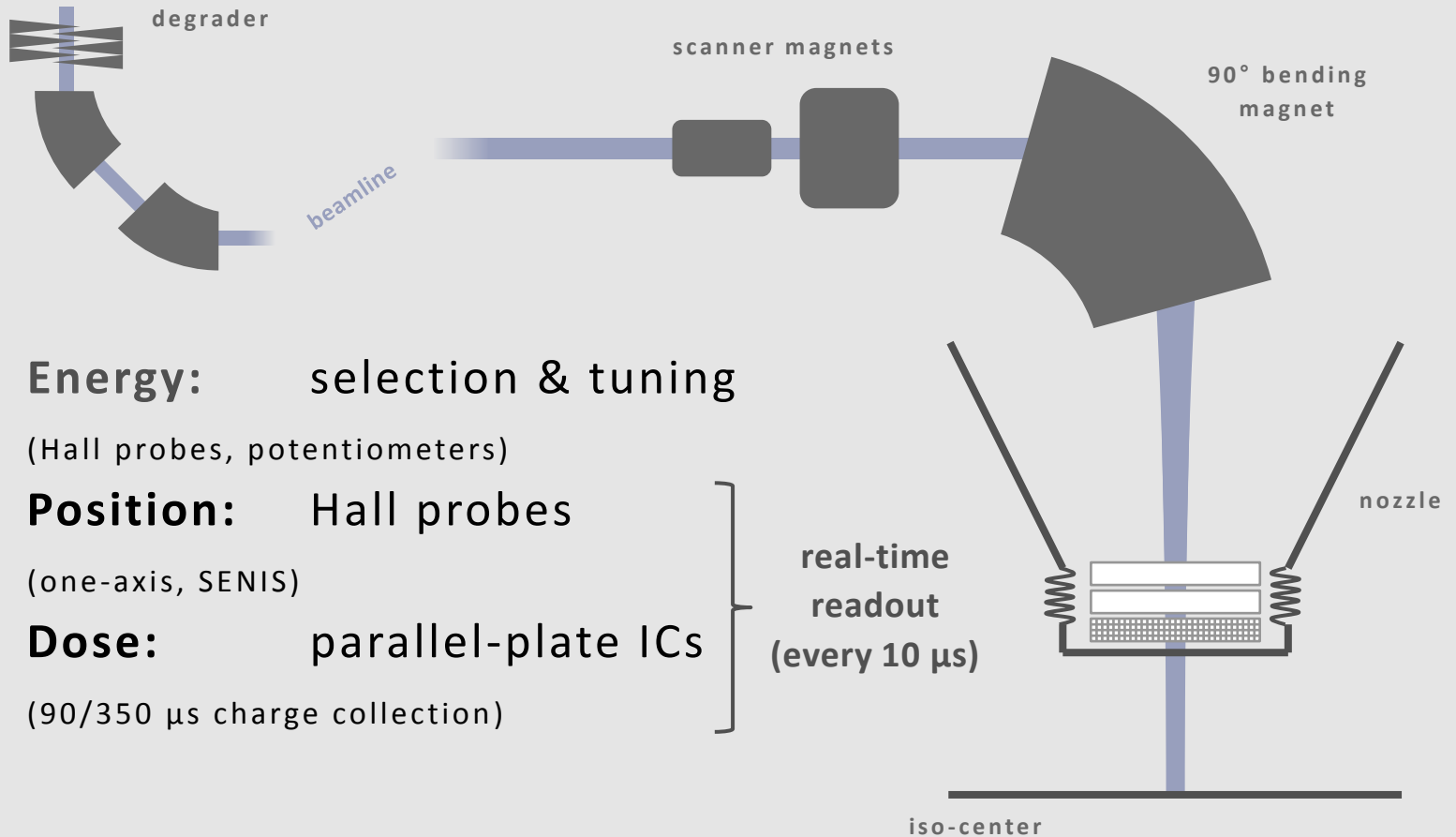
# Beam monitors for continuous scanning



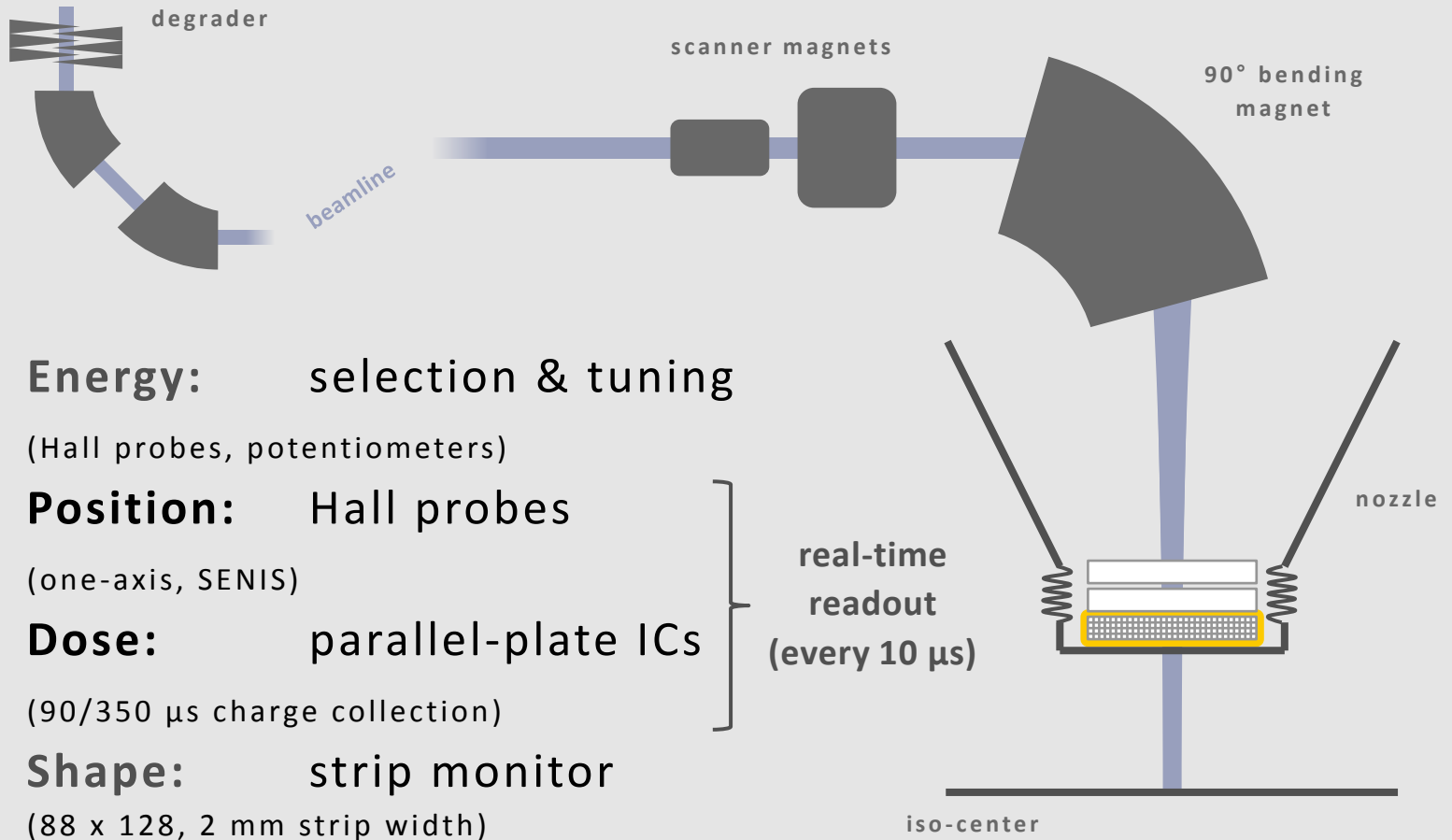
- **Energy:** selection & tuning  
(Hall probes, potentiometers)
- **Position:** Hall probes  
(one-axis, SENIS)
- **Dose:** parallel-plate ICs  
(90/350  $\mu$ s charge collection)



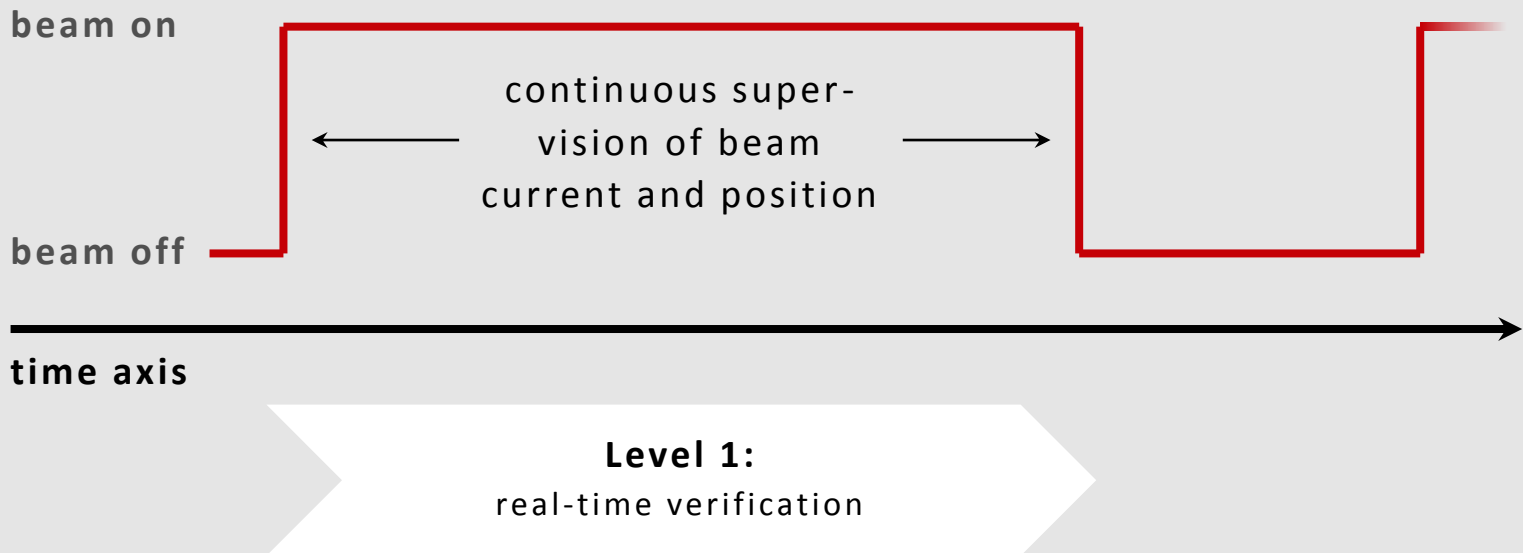
# Beam monitors for continuous scanning



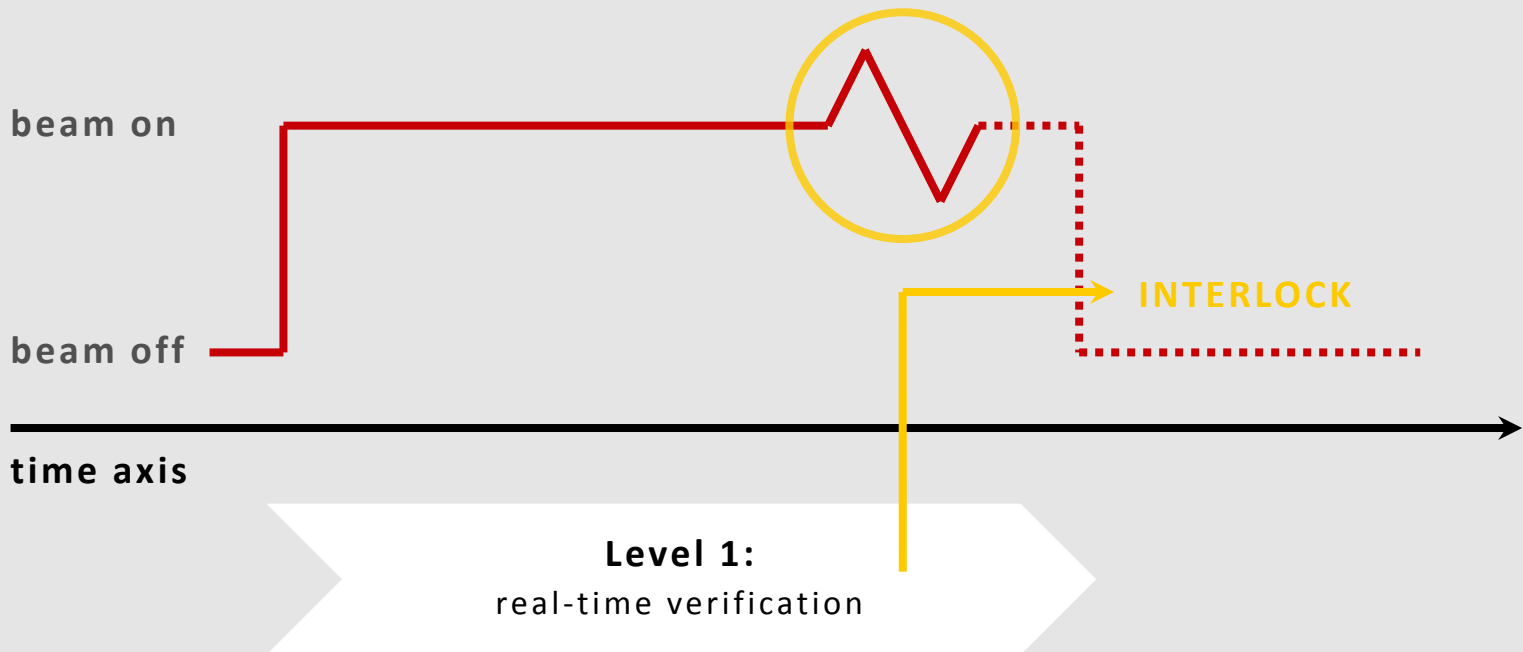
# Beam monitors for continuous scanning



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

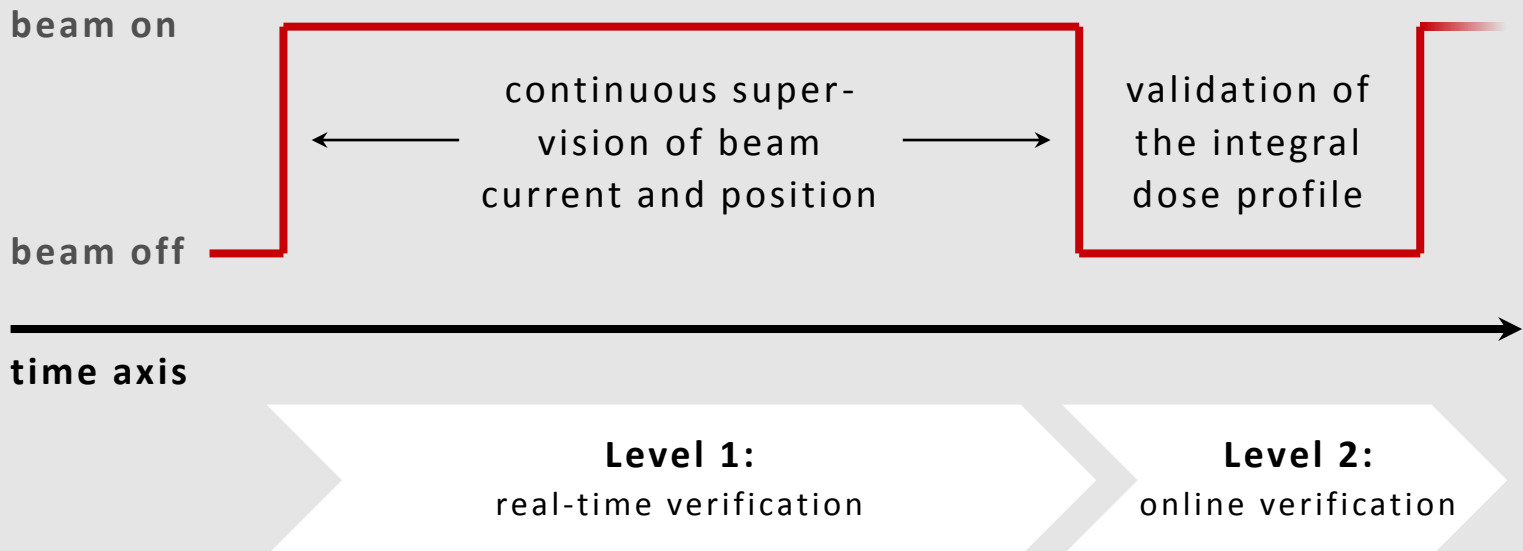


- **Level 1:** Real-time verification *during* the application of a line to prevent *radiation incidents*



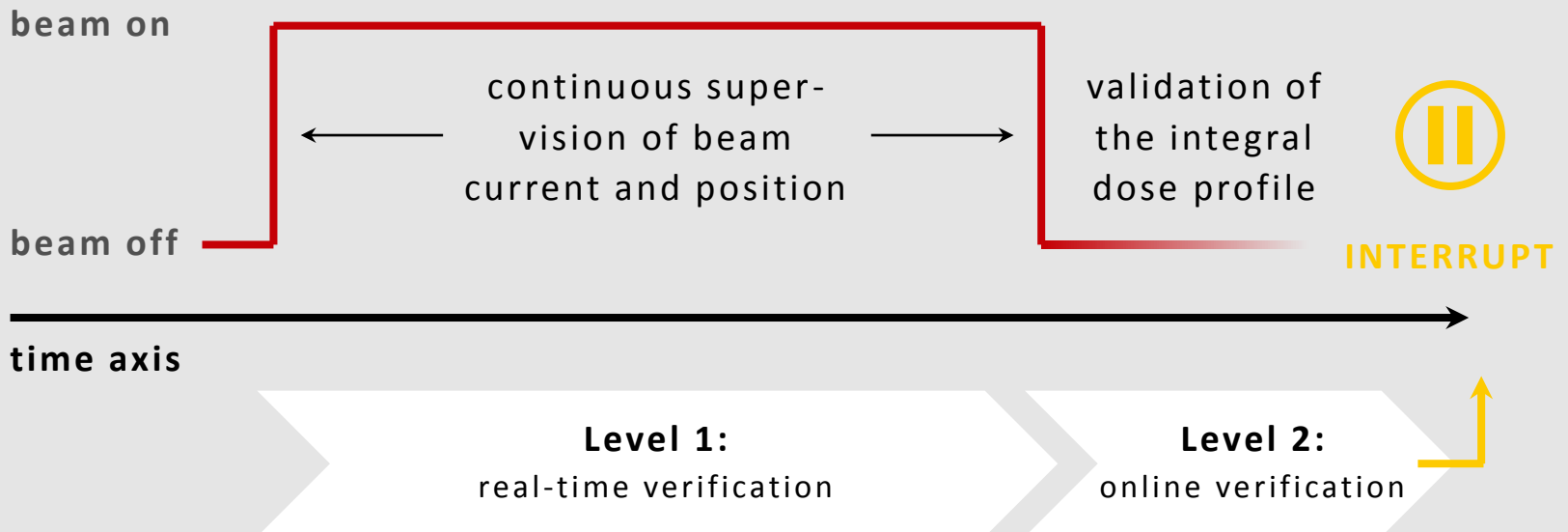
# Verification concept

- **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*



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- **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*



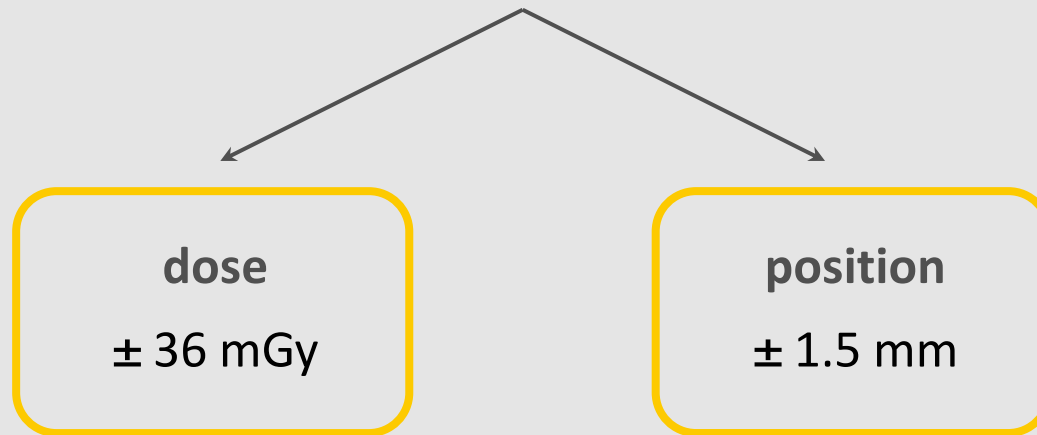


level 1



# Definition of delivery error

- Errors occur rarely and randomly.
- Restrict magnitude of delivery errors to  
→ hot/cold spots of  $\pm 2\%$  of fraction dose<sup>1,2</sup>

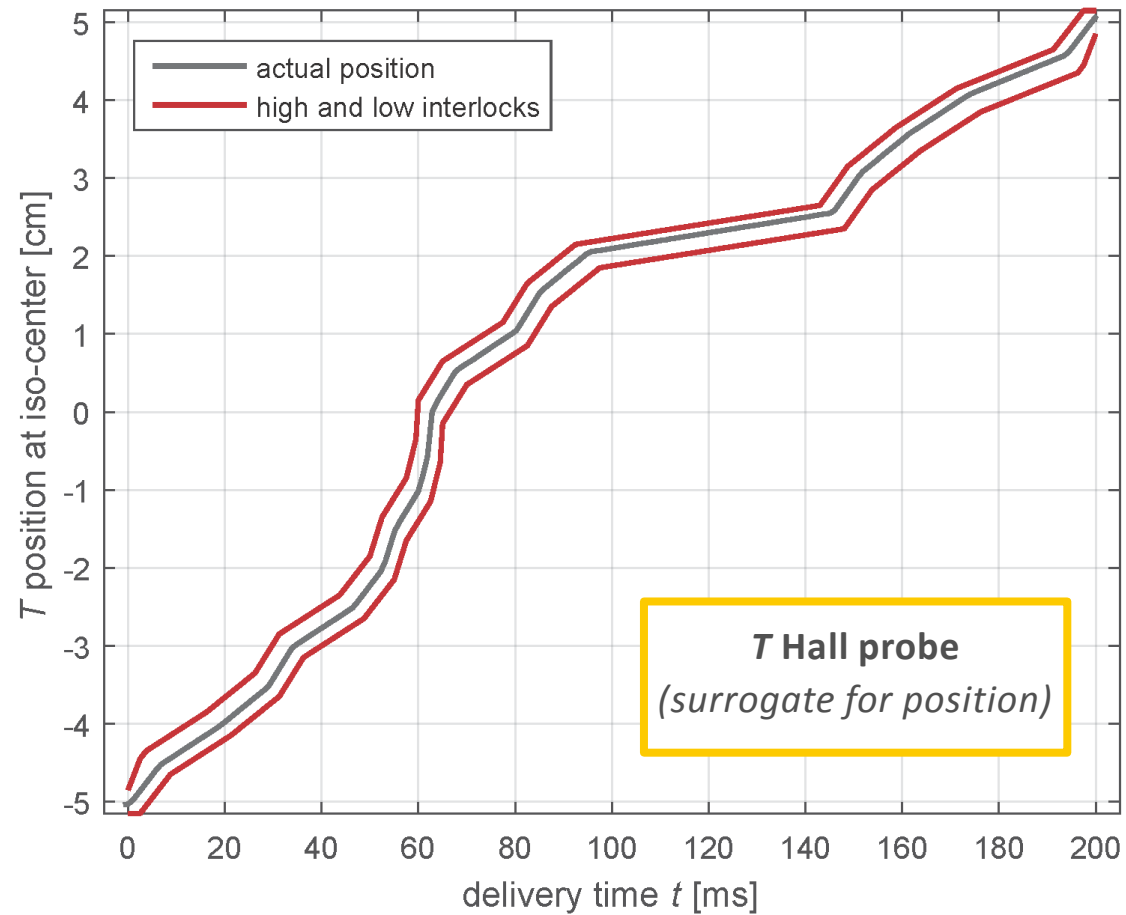


- Still no effect on clinical outcome

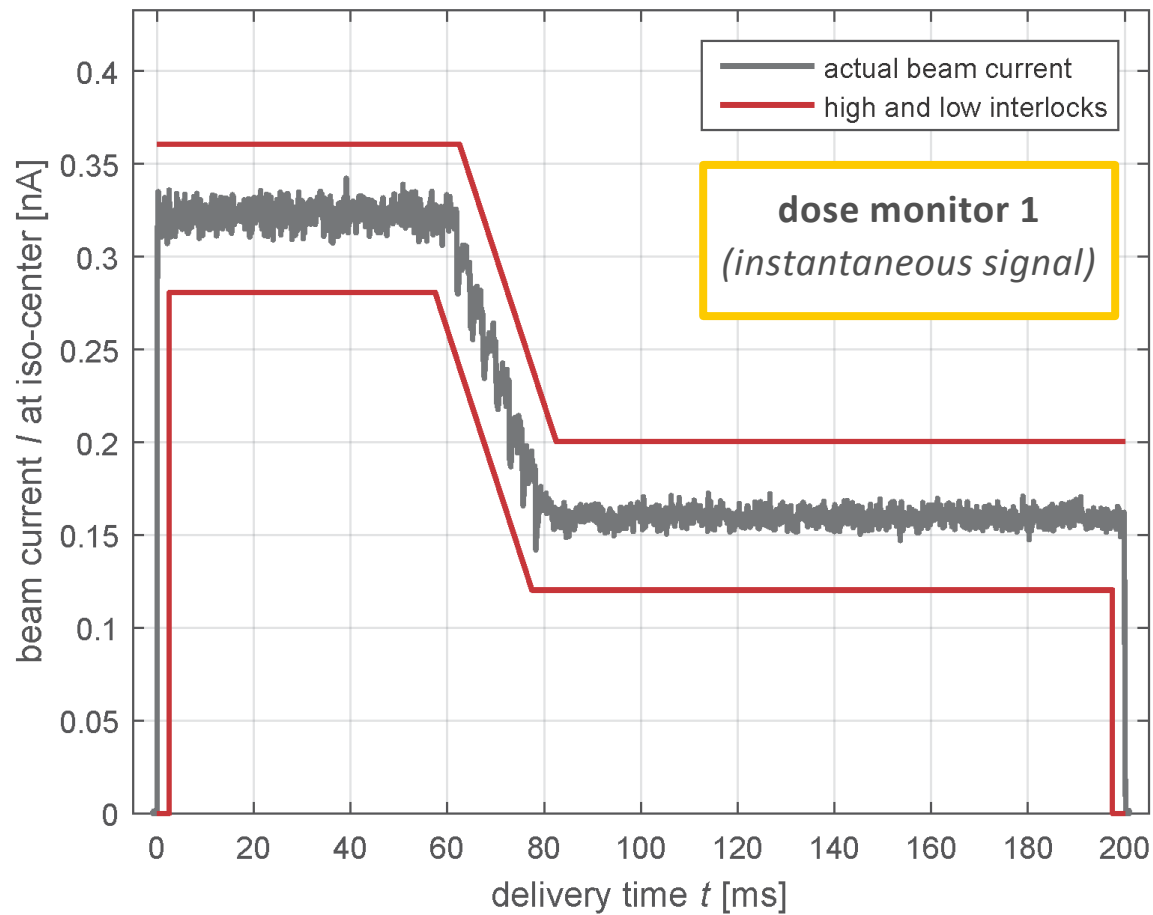
<sup>1</sup> ICRU. *Journal of the ICRU* 7(2), 29-48 (2007).

<sup>2</sup> IEC. Medical electrical equipment. 60601-2-64 (2014).

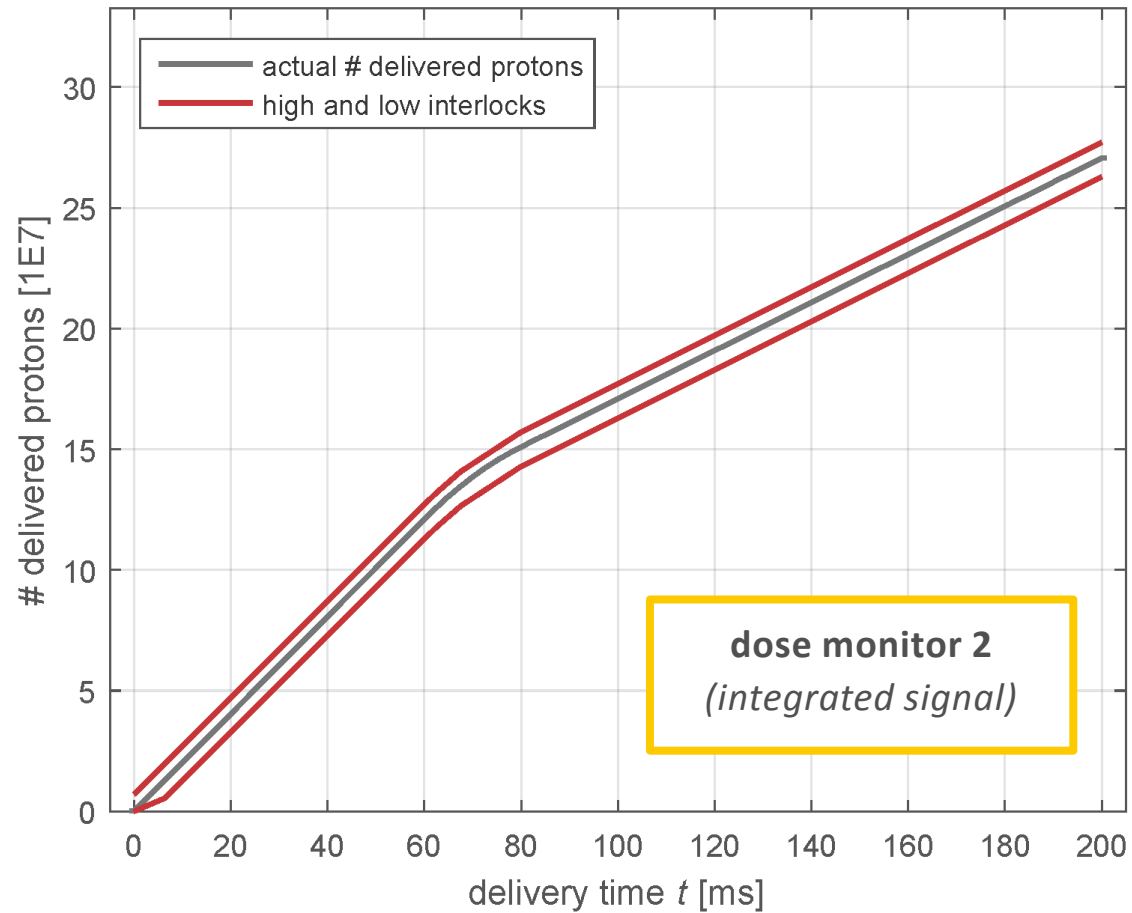
# Tolerance band for beam position



# Tolerance band for beam current

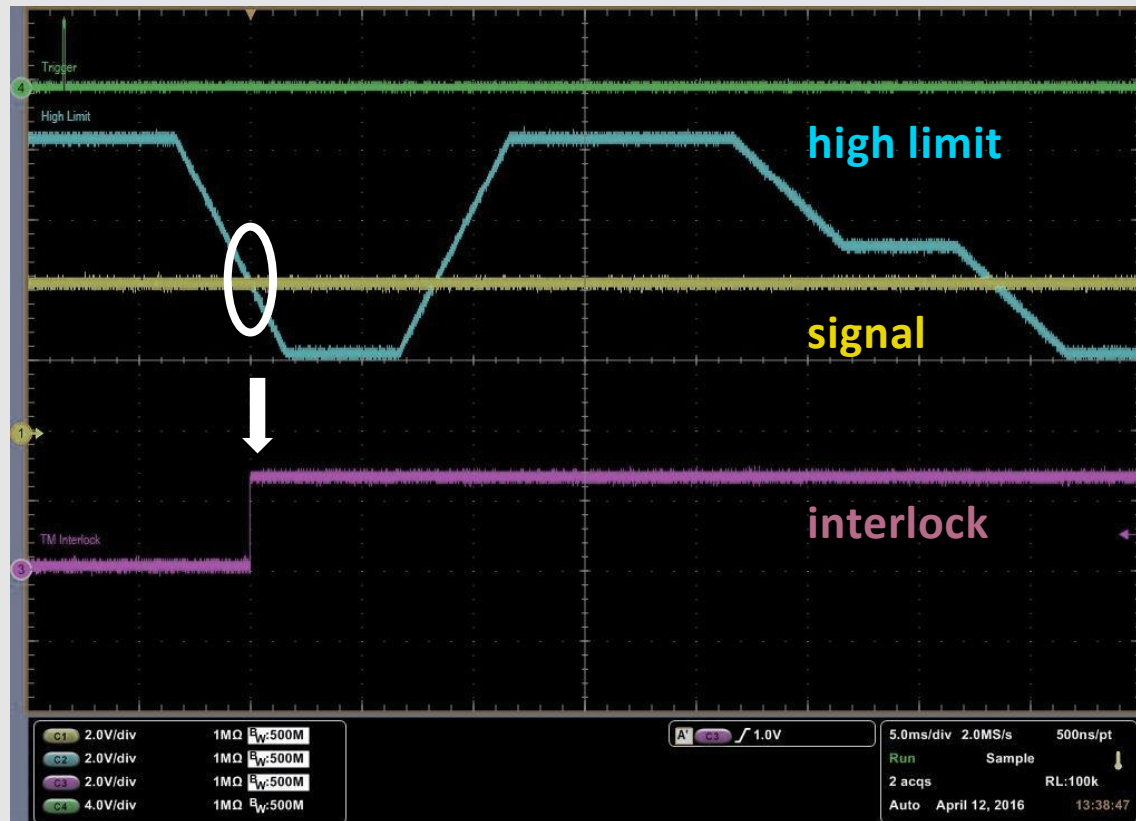


# Tolerance band for deposited dose



# Testing interlock functionality

Response of our test system to tolerance violations





level 2

# What about smaller inaccuracies?

## EXAMPLES

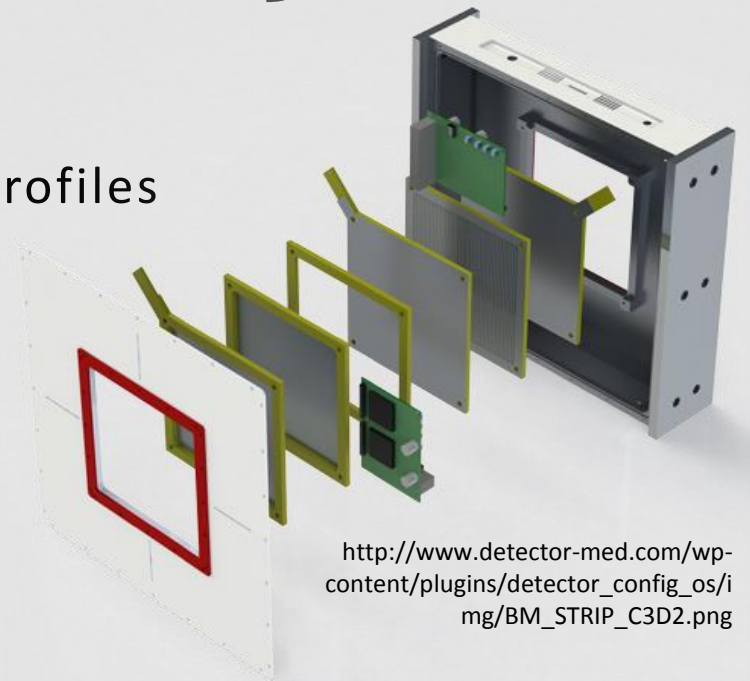
- rather noisy beam current
- slight offset in beam position
- unexpected instability in regulation

remain undetected  
by safety level 1

## SOLUTION

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

(DE.TEC.TOR, Torino)

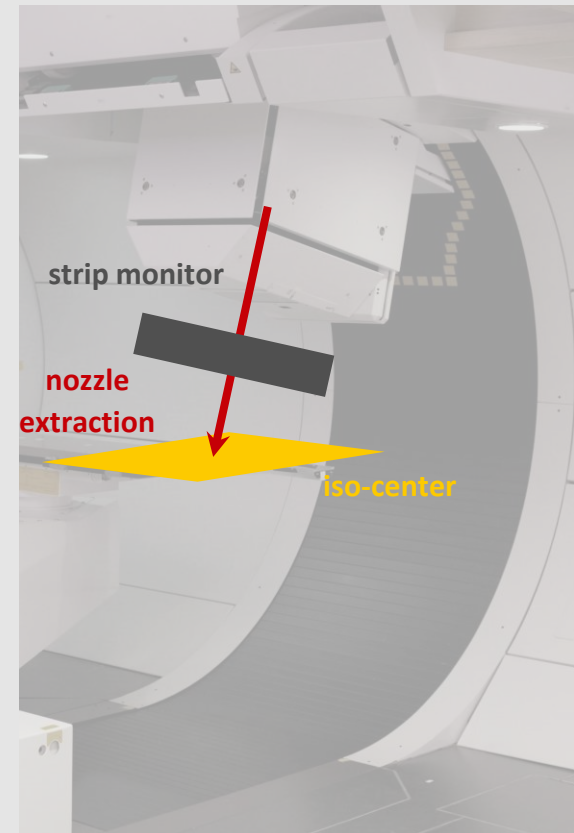
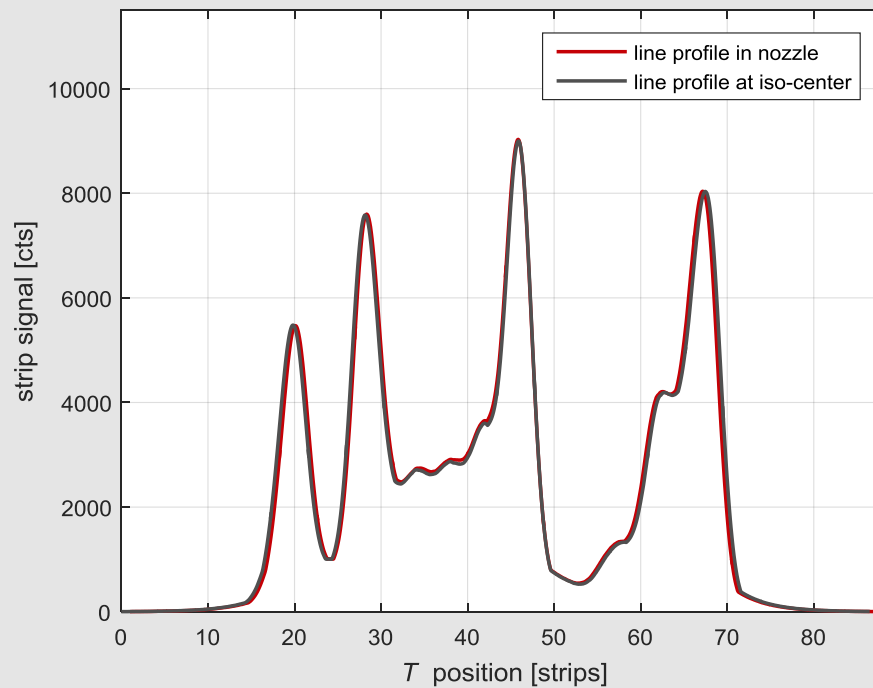


[http://www.detector-med.com/wp-content/plugins/detector\\_config\\_os/img/BM\\_STRIP\\_C3D2.png](http://www.detector-med.com/wp-content/plugins/detector_config_os/img/BM_STRIP_C3D2.png)



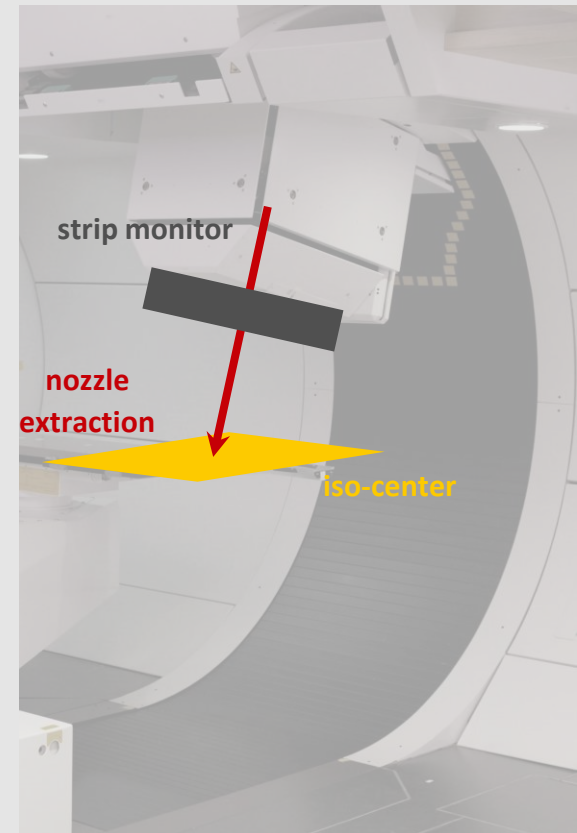
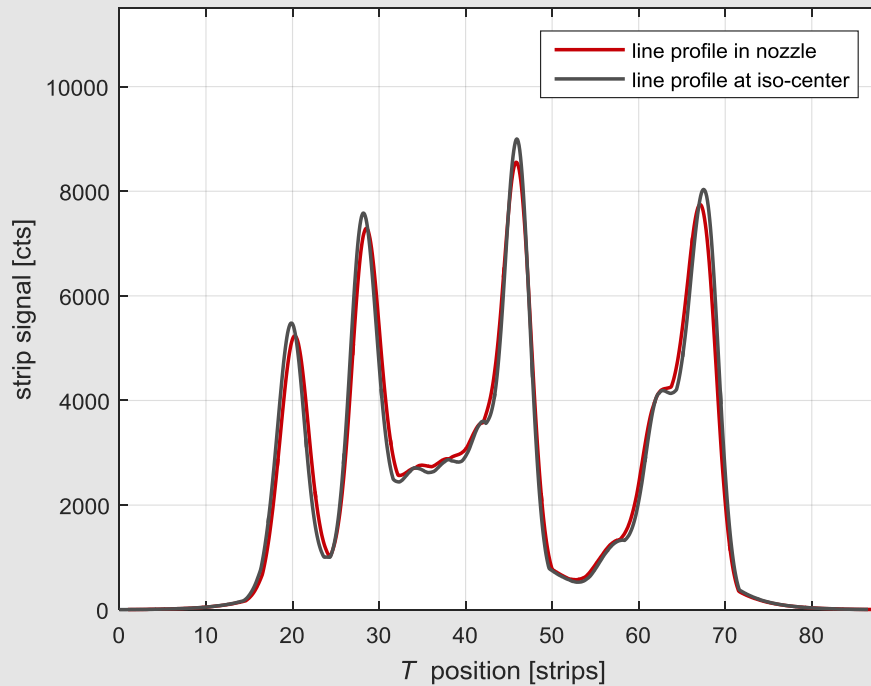
## Retracting nozzle and strip monitor

$\Delta s = 27 \text{ cm}$



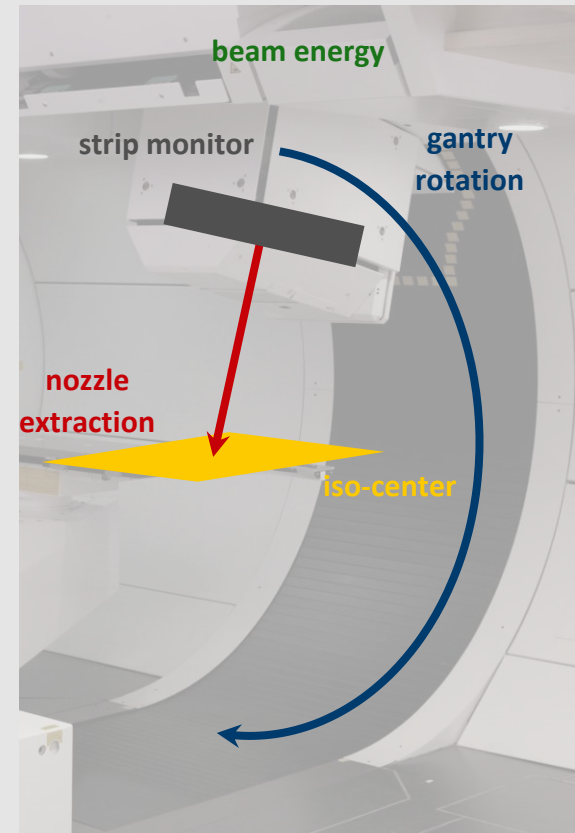
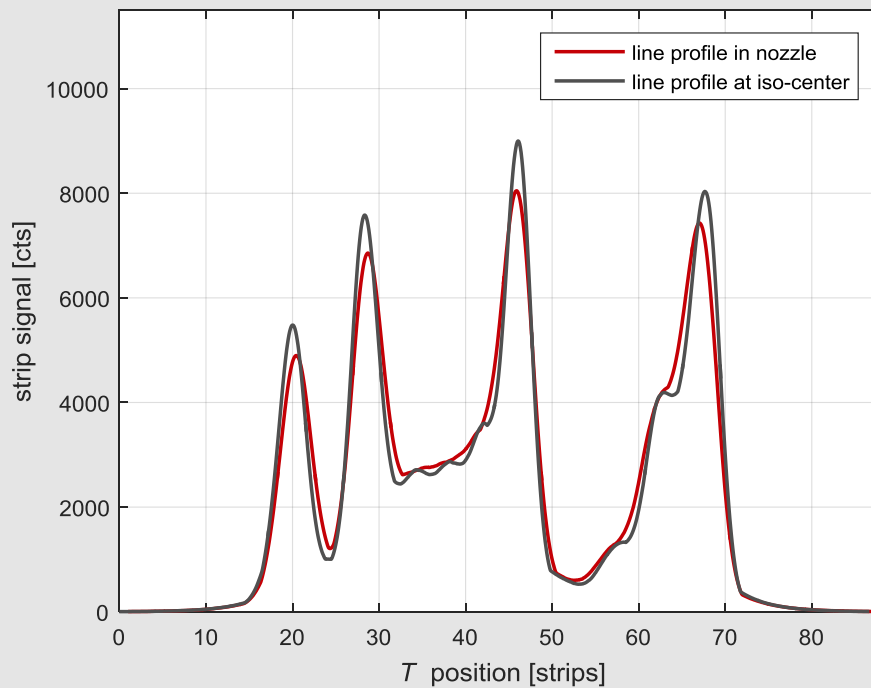
## Retracting nozzle and strip monitor

$\Delta s = 14 \text{ cm}$



## Retracting nozzle and strip monitor

$\Delta s = 1 \text{ cm}$



# Beam profile parameterization

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

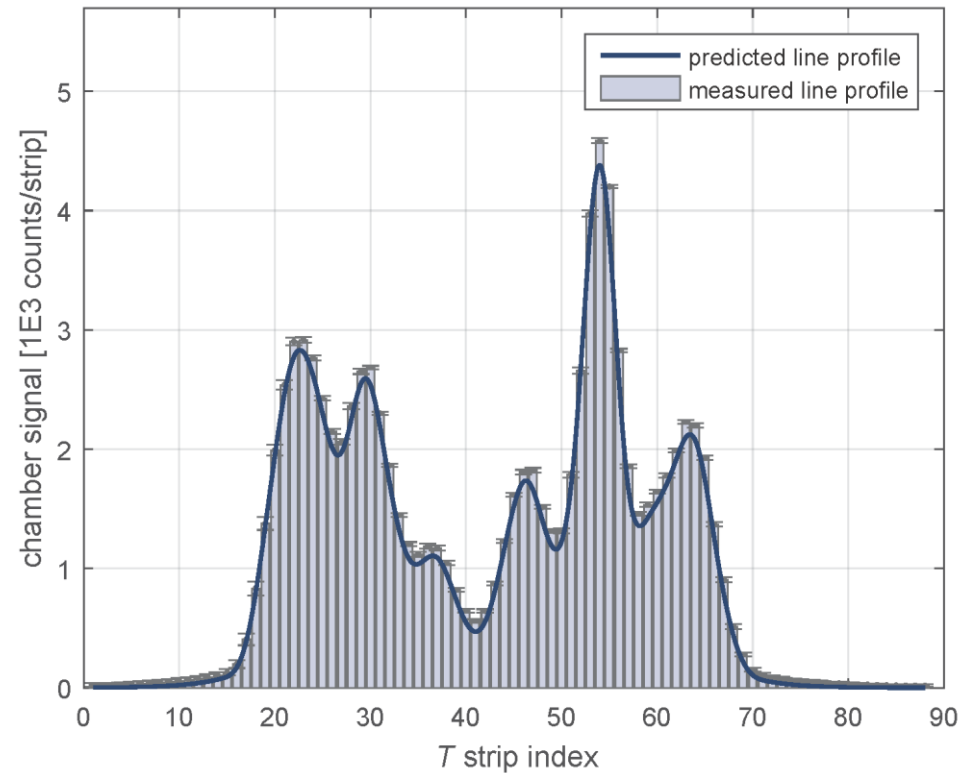
- beam energy  $E$
- nozzle extraction  $\Delta s$
- gantry angle  $\alpha$
- lateral  $T$  position
- lateral  $U$  position

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

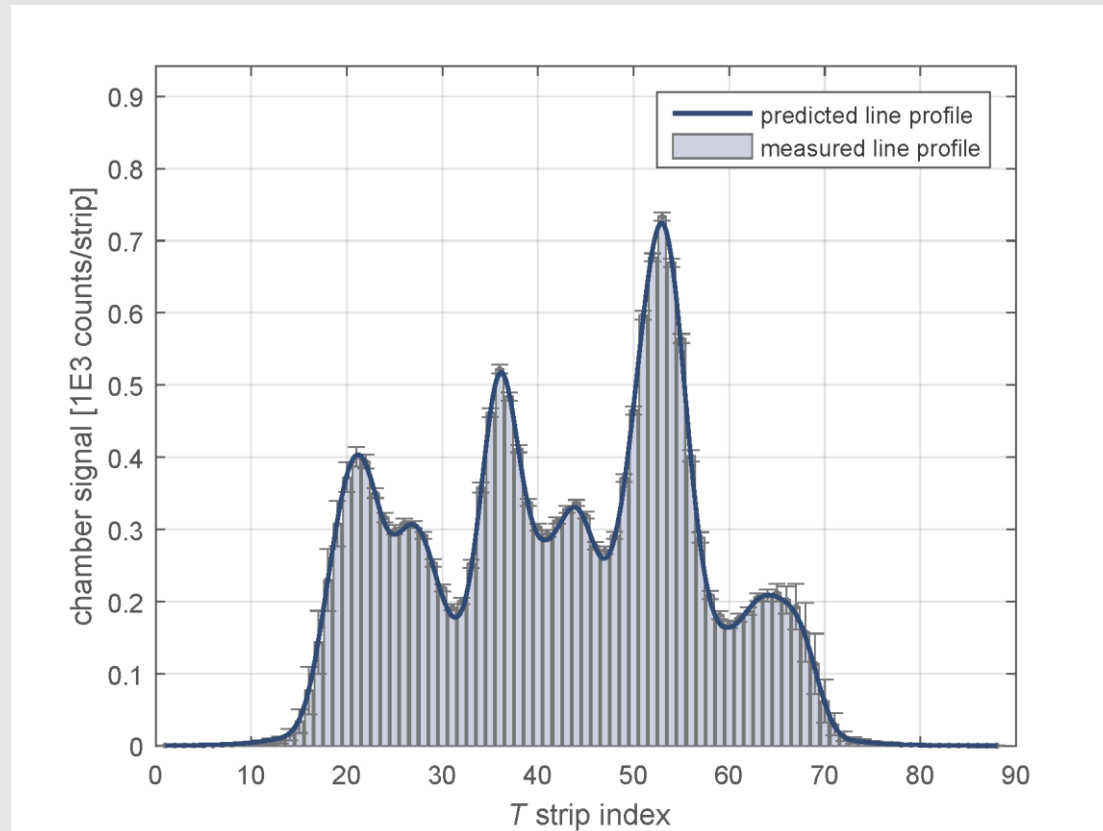
# Predicted vs. measured dose profiles

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

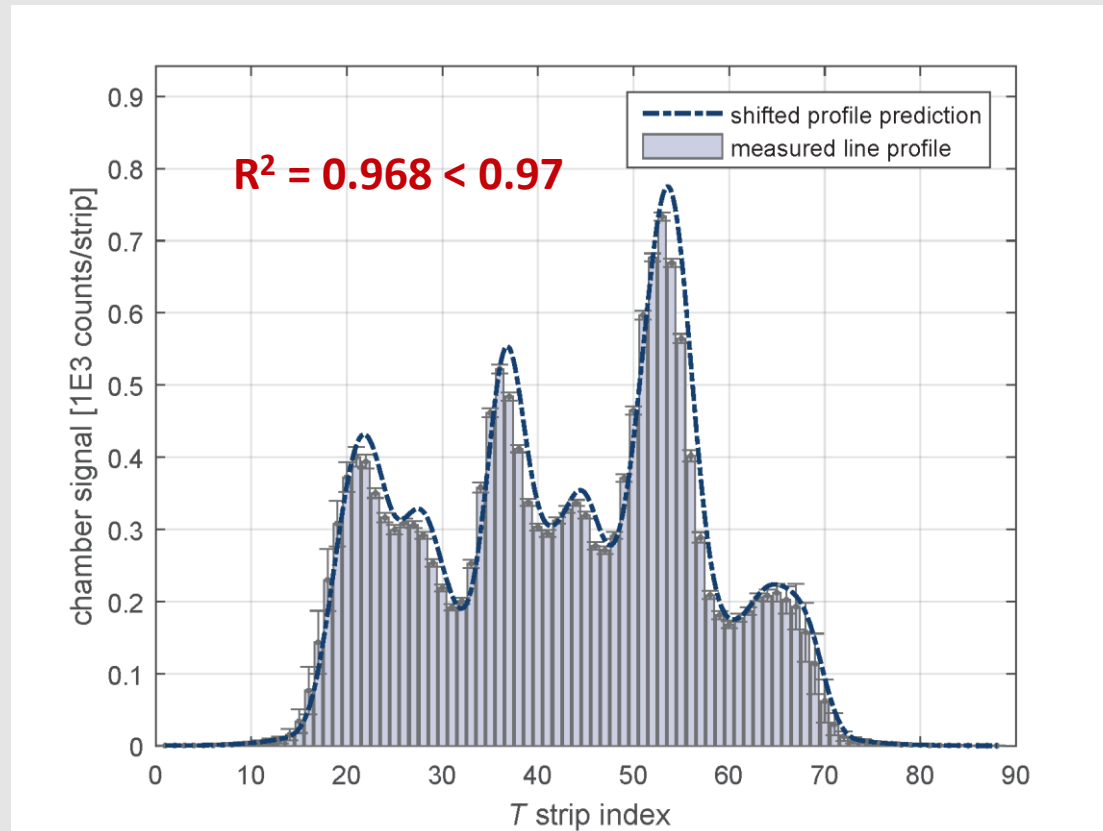


## Limits derived from successfully delivery patient plans:

- **Integrated strip signal**  
→ maximum deviations:  $\pm 10\%$
- **Profile center of gravity**  
→ maximum differences:  $\pm 1.5 \text{ mm}$
- **Profile symmetry**  
→ maximum deviations:  $\pm 10\%$
- **R<sup>2</sup> value**  
→ minimum score: 0.97
- **Gamma pass rate at 2%, 2mm**  
→ minimum score: 0.70

# Example of violated comparison

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



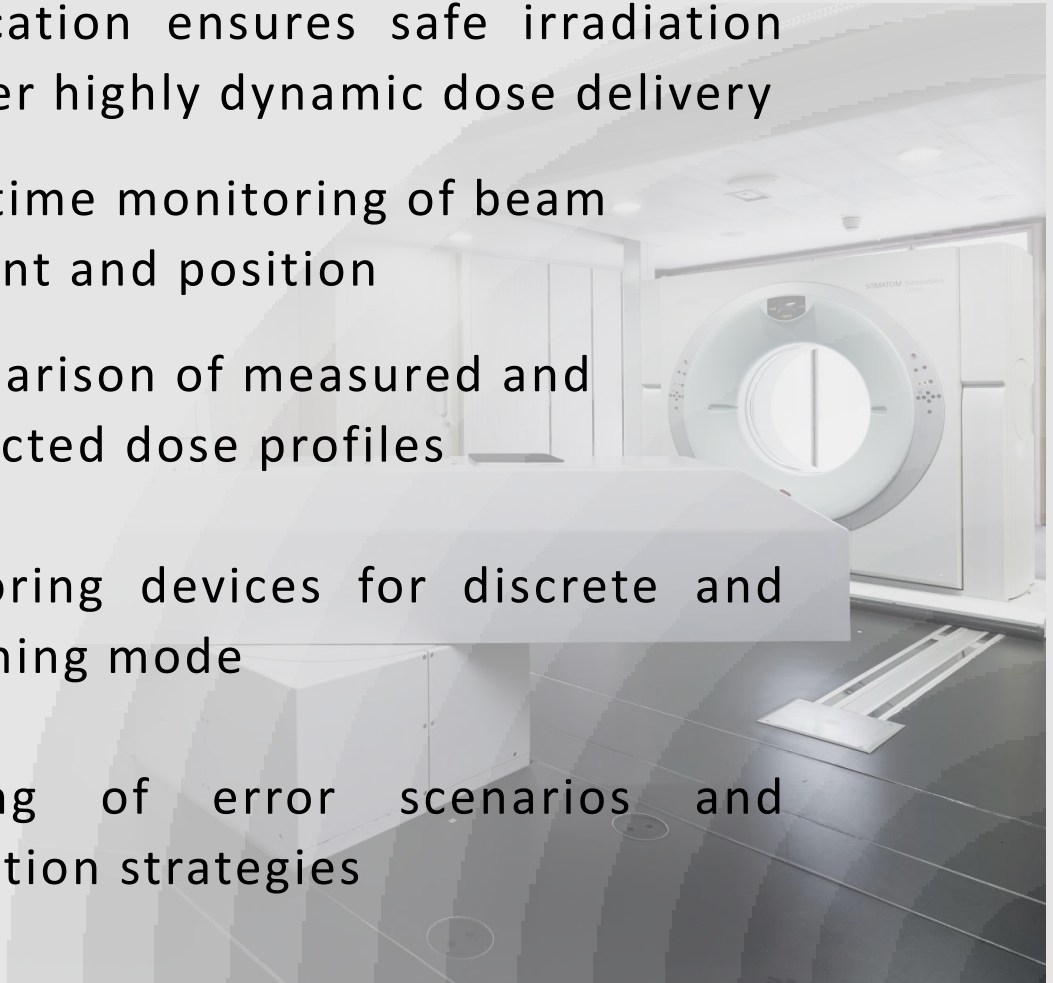




conclusion

# 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



**Thank you for  
your attention!**

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the support of  
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