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Toward effective applications of laser-driven VHEE in radiotherapy: Dosimetry, multiple-field irradiation and intensity-modulated fields

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# The ILIL (Intense Laser Irradiation Laboratory) group

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Laser-plasma interactions in ICF and Shock ignition\* Laser-driven instabilities and plasma characterization Diagnostics of ICF-relevant plasmas Laser-driven particle accelerators Electron acceleration and X-rays radiation sources Light lon acceleration



Control room

TW Target Area

Front end

Power Amplifier

Shielded T.A.



\*Also through LASERLAB access to Laser facilities (RAL-CLF(UK), PALS (CZ) and within EURATOM Collaboration)

# The ILIL lasers: 200TW upgrade

Parameter	10TW (2016)	Current (mid 2019)	Final
Final amplifier pump energy	- (final amp: 2J)	15J	20J
Pulse duration	~40 fs	25 fs	25 fs
Energy before compression	0.6 J	6J	7.5J
Energy after compression	0.45 J	>4 J	>5J
Rep rate	10 Hz	1 Hz (up to 2Hz)	1 Hz (up to 2Hz)
Max intensity on target	$2x10^{19} \text{ W/cm}^2$	$> 10^{20} \text{ W/cm2}$	$>4x10^{20} \text{ W/cm}^2$
Contrast (ns)	>109	10 <sup>9</sup>	10 <sup>9</sup>



#### The lab: the 250TW Target Area

#### Target Area with radiation shielding inaugurated on March 2018









#### The lab: the laser system

#### Front-end and 10TW compressor



#### ILIL 250TW final amplifier (8J)









GINNING

#### Past research on LWFA applications to medicine at the ILIL lab: "low-energy" e- bunches for Intra-Operatory RT

#### Comparison with "conventional" sources in medicine





Comparable figures as for electron energy, bunch charge, rep rate, average current

Bunch duration ( $\rightarrow$  peak current) of laser-driven accelerators much shorter  $\rightarrow$  Much higher instantaneous dose rate

Parameter	LIAC (Sordina SpA)	Laser-LINAC
Max e <sup>-</sup> kinetic energy	12 MeV	Up to 100s MeV
Total charge/bunch(shot)	1.8 nC	1 nC
Repetition rate	5-20 Hz	10 Hz
Average current	18 pA (@10Hz)	10 pA
Bunch duration	1.2 microseconds	~1 ps
Dose/pulse	0.5 – 5 cGy	Up to cGy?
Instantaneous dose rate	$\sim 10^7 \text{ Gy/s}$	$>\sim 10^{12}$ -10 <sup>13</sup> Gy/s

High-current e<sup>-</sup> bunches (with respect to those from RF LINACS): different radiobiological effects? Novel applications/protocols in perspectives?



#### Past radiobiology experiments at ILIL with "low-energy" e- bunches: Comparative study of cell damage: radiation-induced telomere shortening



- Telomeres play a vitally important part in preserving the integrity and stability of chromosomes
- <sup>1</sup> Telomere length was studied after irradiation with LWFA electron bunches and X-rays from an X-ray tube (standard in radiation biology)

Irradiations at different dose levels was carried out



Telomeres shorter than baseline from 0.1 Gy (p < 0.001)

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#### Radicbiological Effectiveness of Ultrashort Laser-Driven Electron Bunches Micronucleus Frequency, Telomere Shortening and Cell Viability

Mara Grueia Andreasoig I Andrea Berghin g Silvia Pulignani.? Exderica Buffigi, Mareneo Fulgenini,? Petra Kaesten,? Menica Grose,? Cevilia Vecelia Debora Larita? Giorgio Russo: Dariele Panetta,? Maris Tripod.? Leosida Z. Gizzi? and Luva Inbat?

Results comparable for laser-driven electron bunches and X-rays



M.G. Andreassi et al., Rad. Res. 186, 245 (2016)

#### Contents



Motivations: (laser-driven) VHEE to possibly open up new frontiers in radiotherapy protocols



Recent experimental studies of real RT modalities with VHEE at the ILIL laboratory



Overview of the LWFA regime and e- bunch dosimetric properties



Preliminary steps toward "real" biomedical applications: Demonstration of Intensity Modulation and Multiple-Field irradiation



Summary and conclusions (current state and perspectives for FLASH-RT)



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Most common radiotherapy nowadays use *Bremsstrahlung* X-ray photon beams from MV clinical LINACs

This is historically due to the lack of availability of clinical VHEE LINAC sources current limit of clinical LINACs: 22 MeV

 $\rightarrow$  unsuitable to treat deep-seated tumors, due to the steep attenuation profile in human tissues

Notable exception: Intra-Operatory Radiation Therapy (IORT) – 6-12 MeV

Bremsstrahlung photon beams: rather poor directionality, broad spectrum, long attenuation lengths in human tissues

2-INO

→ "Advanced" X-ray modalities: Intensity-Modulated RadioTherapy (IMRT) coupled to Multi-Field irradiation



# Motivations: laser-driven VHEE as a possible new tool for radiotherapy (2)

Laser-driven acceleration of electrons to >100 MeV (up to  $\sim 250$  MeV) energy (so-called VHEE) have the potential to modify this scenario  $\rightarrow$  revived interest for electron radiotherapy

Possible usage has been investigated over the past 10 years by means of Monte Carlo simulations, showing a potential for good dose conformation, comparable (or exceeding) that of current photon beam modalities

Quality of a prostate treatment plan evaluated for a 6MV IMRT and a VHFF treatment Better target coverage achieved Extent of the sparing of organs at risk found to be dependent on depth (due to e- exhibiting larger scattering)

T. Fuchs et al., Phys. Med. Biol. 54, 3315 (2009) Des Rosiers et al., Int. J. Radiat. Oncol. Biol. Phys. 72, S612 (2008)

# 6MV X-rays

#### 150MeV e-





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#### A quick look at the experiment setup/parameters

Laser beam figures

- 150TW beamline (>4J on target)
- beam energy in the central spot:  $<\sim$  3J (Strehl ratio  $\sim$ 0.7)
- focused with an f/~20 OAP
- w  $\sim 31 micron$
- $a_{_0} \sim 1.7$

e- bunch collimator:

- multi-layer PVC/Pb/PVC
- total thickness: 7cm

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- teflon tube at the center,

with a 2mm aperture

- placed 35cm downstream the gas-jet



#### A quick look at the experiment setup/parameters: the gas-jet nozzle



#### Electron spectra: main features

A LWFA condition delivering e- bunches with energy  $\sim 100$  MeV was seeked for (mainly by (de)tuning laser focus position, backing pressure and density profile)



interval 80-150 MeV



16322 12481

3640

4799 257



## A closer look at the LWFA conditions: Preliminary PIC study

PIC simulations carried out with the FBPIC (Fourier-Bessel PIC) code:

- quasi-cylindrical (arbitrary number of angular modes m)
- spectral solver for field advance
- particles are moved in real space
- runs most efficiently on GPU



#### A closer look at the LWFA conditions: Preliminary PIC study (2)



#### Beam dosimetry

G

Preliminary to applications relevant for effective RT protocols

"Intrinsic" (charge, divergence,...) beam properties studied w/o the collimator

e- bunch

 
 Image: Window Wi Window Wind Both liquid and solid (A150 tissue equivalent) water phantoms used

EBT3 Gafchromic films used as detector (showed\* to exhibit energy independent response in the energy range of interest)

e- signal observed on Gaf films up to a depth of ~25cm (integrated over 100 laser shot)

Precise calibration of each EBT3 batch carried out using 6MeV electron bunches from a conventional medical LINAC

#### Beam dosimetry: comparison with Monte Carlo simulations

# Monte Carlo simulations carried out using the GEANT4 toolkit



GEANT4 simulation tracking of few primary events

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Size of the beam at the entrance  $\sim$ 3.5mm

Estimated bunch charge: ~200pC



*Gafchromic (scan) samples at different depths* 





Rendering of the dose deposition pattern as provided by GEANT4 simulations

#### Beam dosimetry: absolute dose and dose depth properties



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#### Intensity-Modulated Radiation Therapy

Intensity-modulated radiation therapy is a method of radiation delivery allowing a fine shaped distribution of dose to avoid unsustainable damage to the tumor surrounding structures It employs (photon) beamlets with 3-4mm size using a *Multi-Leaf Collimator* (a specialized, computercontrolled device made up by many tungsten *leaves* after the accelerator tube and converted)



Routinely delivered coupled to multi-field irradiation



#### Intensity-modulated RT with laser-driven e-

Our situation: "pencil (electron) beam"

IMRT can be obtained by changing the beam entrance point (2D pattern, at the moment) and varying the number of shots





PMMA phantom with Gafchromic films placed with surface parallel to the e- beam direction ("continuous" sampling along the longitudinal direction and one of the transverse direction, discrete sampling in the other transverse direction)



#### IMRT with laser-driven e- beams

Samples of 35 25 20 15 10 5 irradiated Gafchromic films D 3 mm 0 0 0 -0 0 



# Mimicking a (single-field) IMRT: 2D modulation pattern

#### Irradiation pattern: (no. of shots on each position)



Experimental dose deposition transverse profile at  $z_{max}$ 



Dose transverse profile tailoring with mm resolution

Comparison with expected pattern (as predicted by Monte Carlo simulations) still ongoing



#### IMRT with laser-driven e- beams: depth dose delivery



#### Transverse dose maps at different depths

450

360 270

180

90

U

10 mm

Transverse dose deposition pattern retains its (given) pattern within <1mm along the whole depth – good direction stability

PMMA cylindrical phantom, made up by thin cylinders interleaved with round Gaf films

Example of irradiated Gaf after a 7 field (7 angles) irradiation



#### Multifield irradiation: 5-fields results

First irradiation scheme: 5 fields (at 40degree to each other), each irradiated with 40 laser shots

Up to ~2.5Gy reached on a small volume (~5mm size) at the (rotation) center



<20cGy distributed over a volume with ~15-20mm typical size surrounding this volume

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#### Multifield irradiation: 5-fields results

#### Isodose curves on a longitudinal plane



Close to 1Gy delivered at the beam entrance on each field (angle)





#### Multifield irradiation: 7-fields results

Improved irradiation scheme: 7 fields (at 25degree to each other), each irradiated with 30 laser shots





#### Multifield irradiation: 7-fields results



Improved dose deposition localization



Not negligible (accumulated) dose fluctuations (~20%) between different fields (i.e., shot series)

#### Isodose curves on a longitudinal plane



20 cGv ----40 cGv ----60 cGv --- 100 cGv ---180 cGy ----140 cGy ----

#### Summary and conclusions

- 🕨 First demonstration experiment of advanced RT modalities with laser-driven e- bunches
- Accurate dosimetry first performed: PDD z<sub>max</sub>~35mm, z<sub>50%</sub>>100mm, D at z<sub>max</sub>~3-5cGy/shot (relevance for pediatric or head/neck tumors)
- Advanced RT modalities with LWFA "pencil" beams: Intensity Modulated RT and multi-field irradiation
- ➡ Dose up to ~2.5Gy (using ~200 laser shots) delivered to a 5mm size volume at ~50mm depth Dose goes to ~0.1 of the maximum a few mm away from the target volume
- Demonstration of transverse dose tailoring with mm resolution
- Issues: improve e- spectral features (get rid of low-energy components) to enhance ratio of doses to the target volume to dose to the entrance volumes, stability issues, ...

Relevance for so-called FLASH-RT "FLASH regime": >40Gy/s Demonstrated (so far) with e- bunches

(need for 1kHz rep rate)

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#### COMMENTARY

#### Faster and safer? FLASH ultra-high dose rate in radiotherapy

MARCO DURANTE, PhD, "ELKE BRÄUER-KRISCH, PhD and "MARK HILL, PhD