



Optimisation and setup for quantitative in vitro/vivo experiments with low energy UHDP electrons in FLASH RT

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- FLASH effect what we know
- Clinical transition of FLASH what is needed
- UHDP dosimetric challenges and possible solutions
- In vitro experiments
- In vivo experiments







Presentation outline





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Experimental evidences

Dose	> 5 - 10 Gy	
Dose Rate	> 100 Gy/s	
Dose-per-pulse	> 1 Gy	Konradsson et al. (202
Instantaneous Dose Rate	> 10 ⁶ Gy/s	
Irradiation time	< 100 - 200 ms	Feline Vozenin et al. (2019a)









Most of the experiments have been conducted using low energy electron beams

FLASH effect - what we know





Clinical Transition of FLASH RT

Study of different beam parameters



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Clinical transition of FLASH radiotherapy



Comprehension of the radiobiological mechanisms



More complex situation (dosimetry + setup) respect to in vitro experiments







Post-Transition Metal

Dosimetric challenges...

The challenge of ionisation chamber dosimetry in ultra-short pulsed high dose-rate Very High **Energy Electron beams**

M. McManus^{1,2}, F. Romano^{5,1}, N. D. Lee¹, W. Farabolini^{4,6}, A. Gilardi⁴, G. Royle², H. Palmans^{3,1} & A. Subiel¹⊠



Alanine

Gafchromic films



mm

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Passive dosimeters







ELSEVIER

Ionization chambers



SCIENTIFIC REPORTS

natureresearch

Check for updates

Available online at www.sciencedirect.com

ScienceDirect

Radiation Measurements 41 (2007) S124-S133

www.elsevier.com/locate/radmea

Plastic scintillation dosimetry and its application to radiotherapy

A.S. Beddar³

Department of Radiation Physics, Division of Radiation Oncology, University of Texas M.D. Anderson Cancer Center, Houston, TX, USA

Diodes



Dosimetric challenges









... and possible solutions





Dosimetric solutions

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In vitro experiments

<u>Aim</u>: to explore and quantify the biological effects of different beam parameters one by one

Dosimetric (standardized) setup

- Irradiations at the build-up region (13 mm solid water, EF in vertical position)
- Flat dose distribution + corrective factors from GAF and simulations
- Dosimetric check (before, simultaneous, after irradiation) using FD and MU
- First FLASH, later CONV (same dose requested)











In vitro experiments

	FLA	SH	CONV		
Nominal dose [Gy]	Delivered Dose [Gy]	DR [Gy/s]	Delivered Dose [Gy]	DR [Gy/min]	Difference
3	3.09	241	3.09	5	0.09%
6	6.15	241	6.14	5	0.11%
9	9.31	241	9.31	5	0.08%
12	12.32	241	12.30	5	0.16%

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In vitro experiments



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In vivo experiments

Additional variables respect to the in vitro counterpart

- Dose distribution no longer flat (target with different densities)
- Not interested in punctual dose
- Need of an accurate and reproducible positioning system (+ imaging system)
- Need of a Treatment Planning System (planning + dose quantification)



essential for preclinical translation

CLINICAL CANCER RESEARCH | TRANSLATIONAL CANCER MECHANISMS AND THERAPY

Dose- and Volume-Limiting Late Toxicity of FLASH Radiotherapy in Cats with Squamous Cell Carcinoma of the Nasal Planum and in Mini Pigs



Carla Rohrer Bley¹, Friederike Wolf¹, Patrik Gonçalves Jorge^{2,3,4}, Veljko Grilj^{2,3,4}, Ioannis Petridis^{2,3}, Benoit Petit^{2,3}, Till T. Böhlen⁴, Raphael Moeckli⁴, Charles Limoli⁵, Jean Bourhis², Valeria Meier¹, and Marie-Catherine Vozenin^{2,3}

In conclusion, our study is the first to shed light on certain caveats in the path toward clinical translation of FLASH-radiotherapy and shows that implementation of single-high-dose and large field irradiations will present challenges for minimizing long-term toxicities even with FLASH dose rates. We believe that clinical trials with domestic animal patients (cats and dogs) are safe and quick way to investigate FLASH-radiotherapy benefit and avoid possible failure in human clinical trial. At the technological level, implementation of state-ofthe art ballistics, imaging and treatment plan should be coupled with FLASH capabilities and systematic characterization of the beam parameters will be required to unravel the full potential of FLASH-radiotherapy, which remains a significant hurdle with existing technology.











In vivo experiments - first experiments @ CPFR

- Patient: mouse (3x7x2 cm³)
- Handmade polystyrene housing
- GAF positioned above and under the mouse for dose quantification
- 100 mm diameter applicator + Tecapeek shaper for emifields
- <u>Results</u>: it was not possible to determine the delivered dose to the targeted organs and perform a proper positioning of the mouse















In vivo experiments - ongoing experiments @ CPFR

- Aim: optimize spatial distribution of the beam
- Applicator of 40 and 50 mm diameter (suits well for mouse irradiations)
- Solution: beam shaper
- 2+2 coupled leafs
- Made of W (3 mm thick)

$$Z = 74$$

W
 $\rho = 19.3 \text{ g/cm}^3$



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In vivo experiments - ongoing experiments @ CPFR

Positioning system

- First version: very simple and easy to fabricate (all 3D printed)
- Designed for EF irradiation position (oblique)
- Modular (6 pieces)
- 4 degrees of freedom
- Low Z materials (minimise backscatter)
- GAF placements for dose verification









200
100
300
300
200
200
800
800
800
200
300
200
200





In vivo experiments - ongoing experiments @ CPFR

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In vivo experiments - ongoing experiments @ CPFR

Movements used in simulation

PISA 18-20 Ottobre 2023





Transparent slab for positioning + laser

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DVH - Shaper







Conclusions

In vitro experiments

quantitative evaluation on the optimization of the beam parameters

In vivo experiments

quantitative radiobiological evaluations taking into account metabolic aspects

PAST / PRESENT







LIAC FLASH

First clinical application of FLASH RT

FUTURE

Very High Energy Electrons **VHEE**

Implementation of FLASH RT in the radiotherapy routine

DREAM



Conclusions

