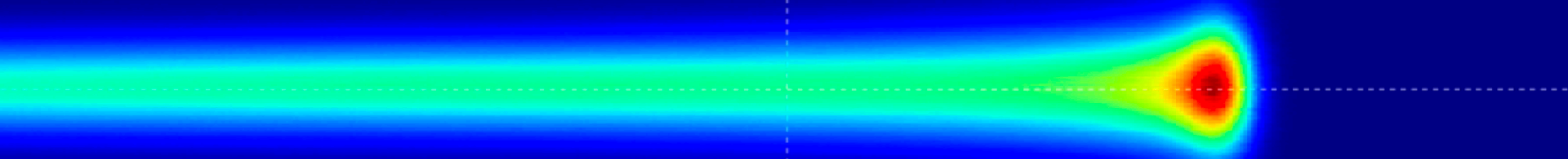
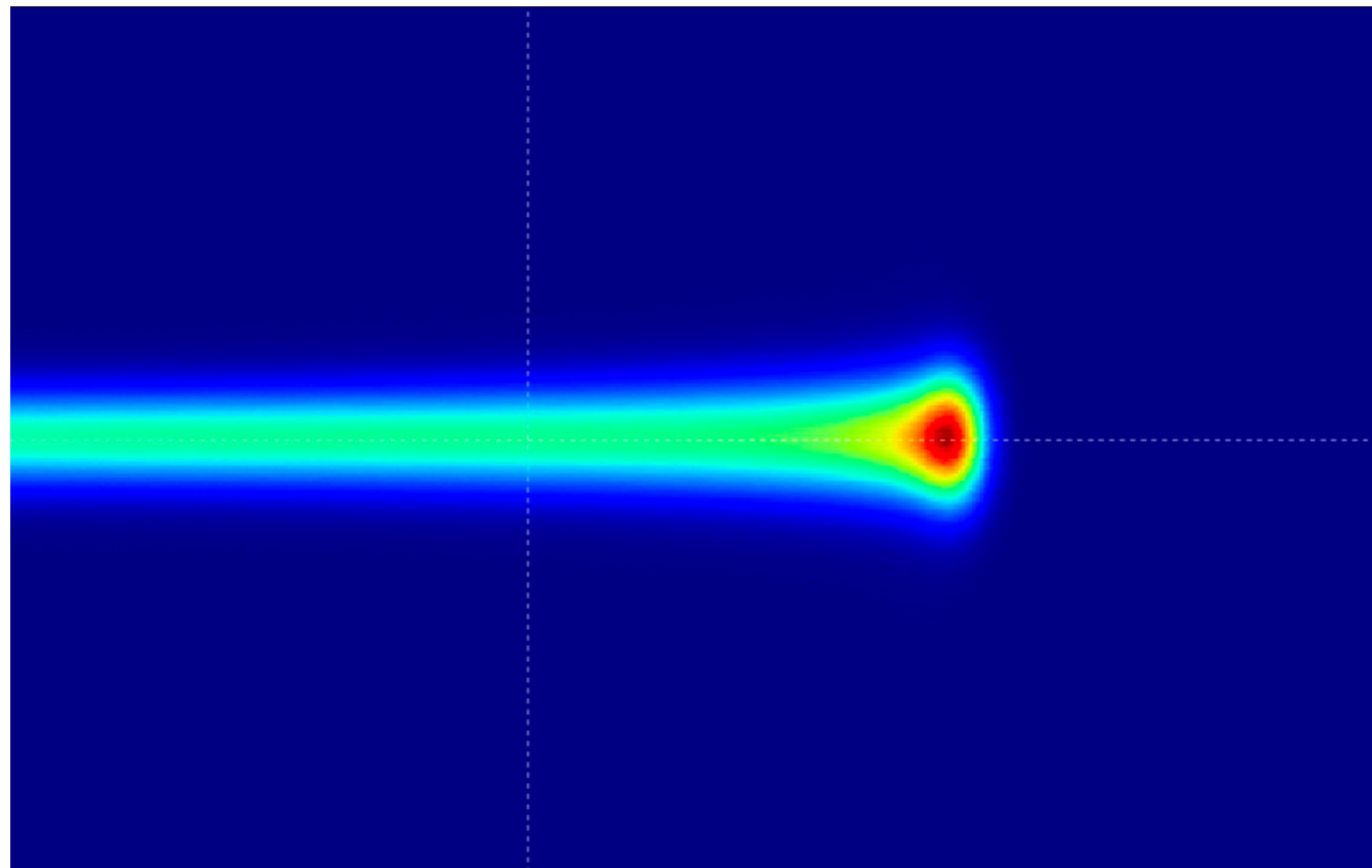


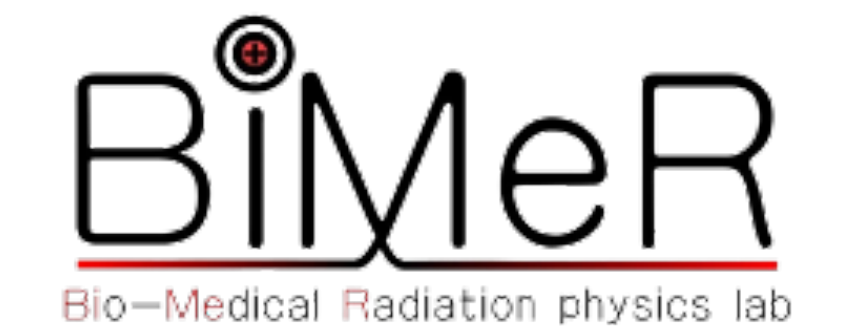
A Simple and Fast MC Tool for PT Applications



A Simple and Fast MC Tool for PT Applications



Alberto Taffelli PhD, March 16th, 2026



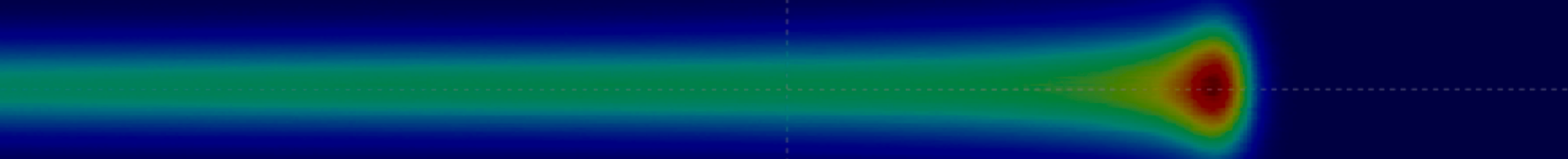
*Azienda Provinciale
per i Servizi Sanitari
Provincia Autonoma di Trento*



UNIVERSITÀ
DI TRENTO



INTRODUCTION

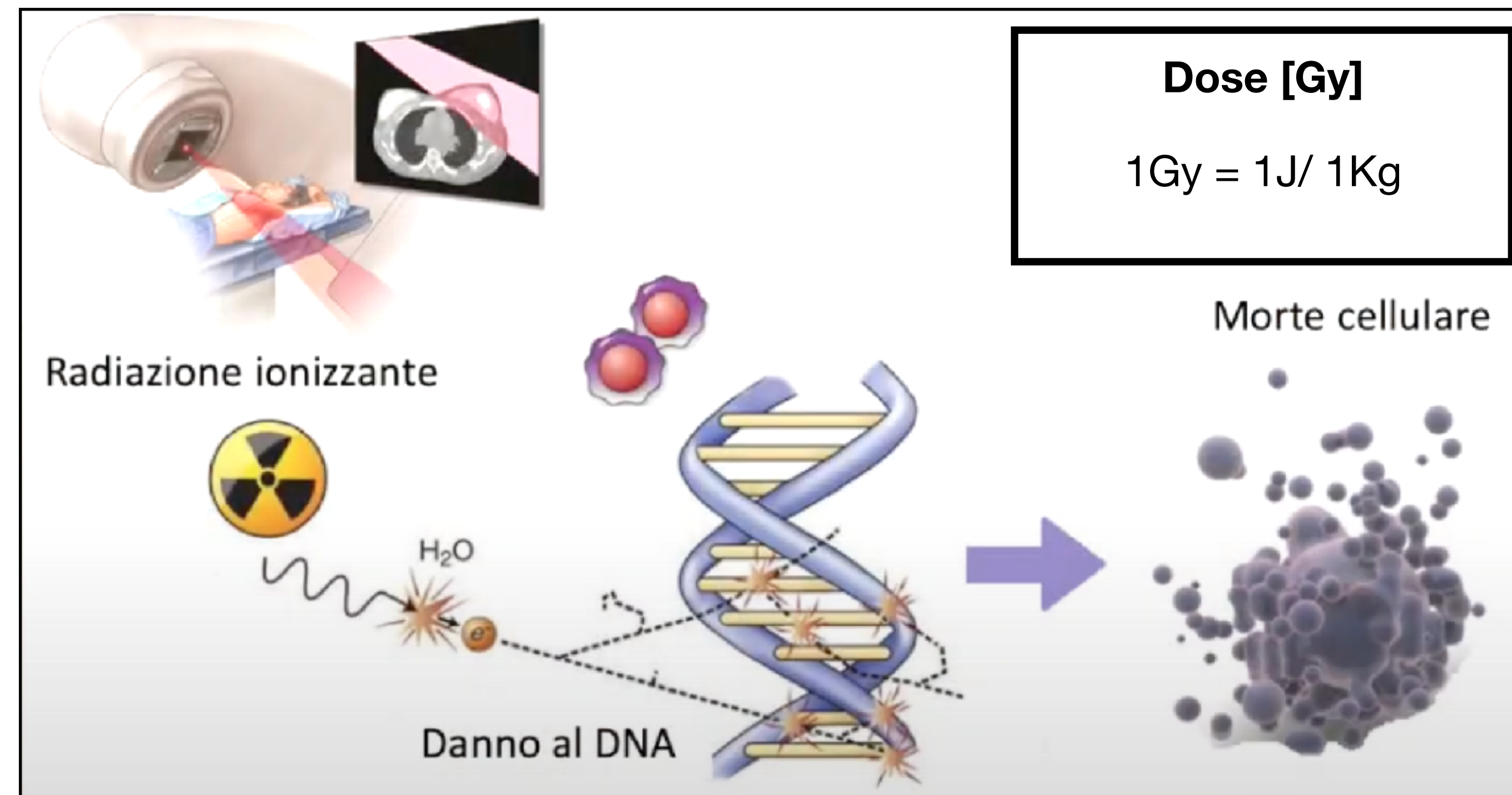


Radiotherapy

“In 2022, there were an estimated 20 million new cancer diagnoses, with approximately 10 million new patients needing radiotherapy ... In 2050, GLOBOCAN 2022 data indicated 33.1 million new cancer diagnoses, with 16.5 million new patients needing radiotherapy...”

Zhu et al. 2024, Lancet

Working principle



Ionizing radiations in RT

X-rays



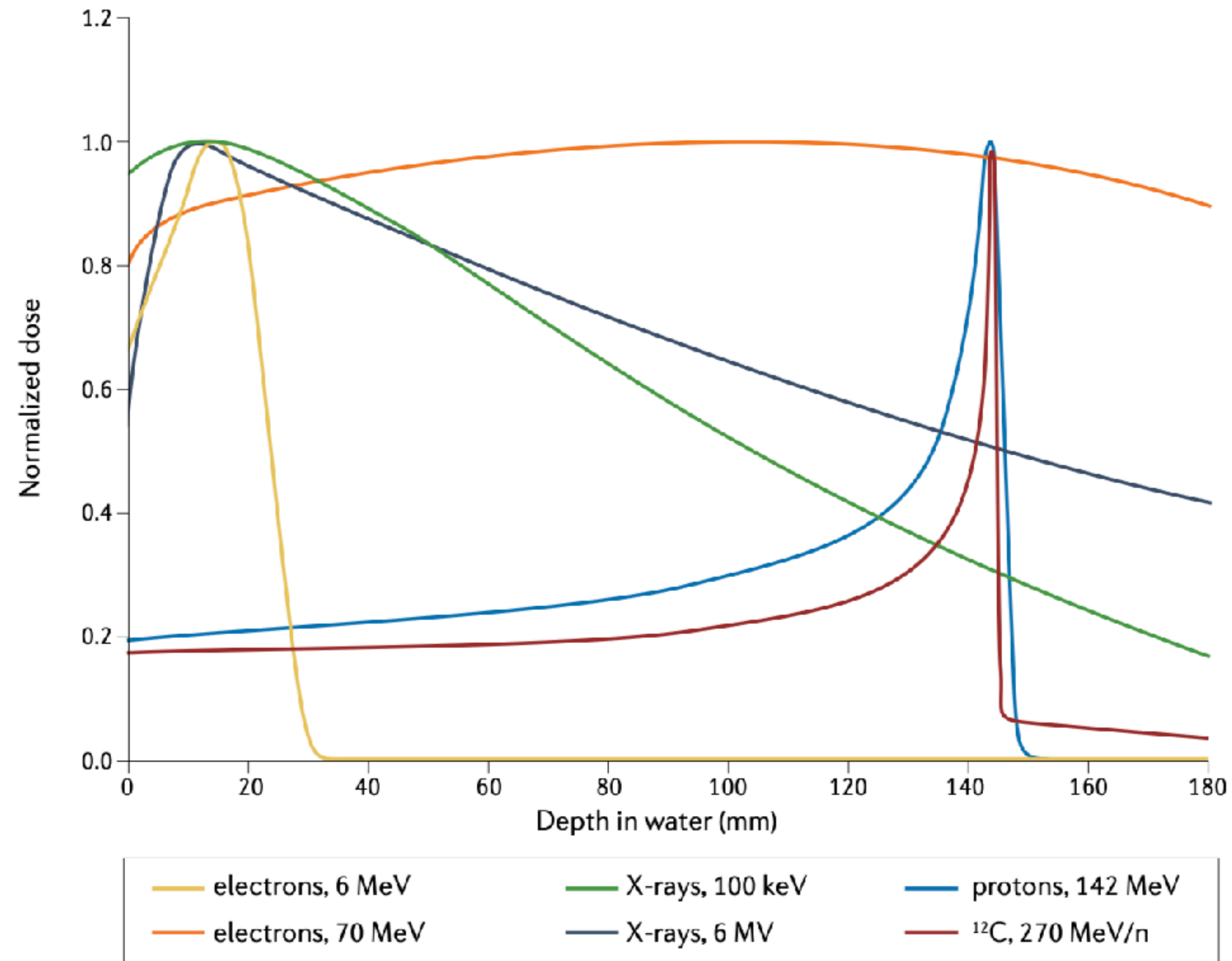
Protons



Electrons



Heavy ions

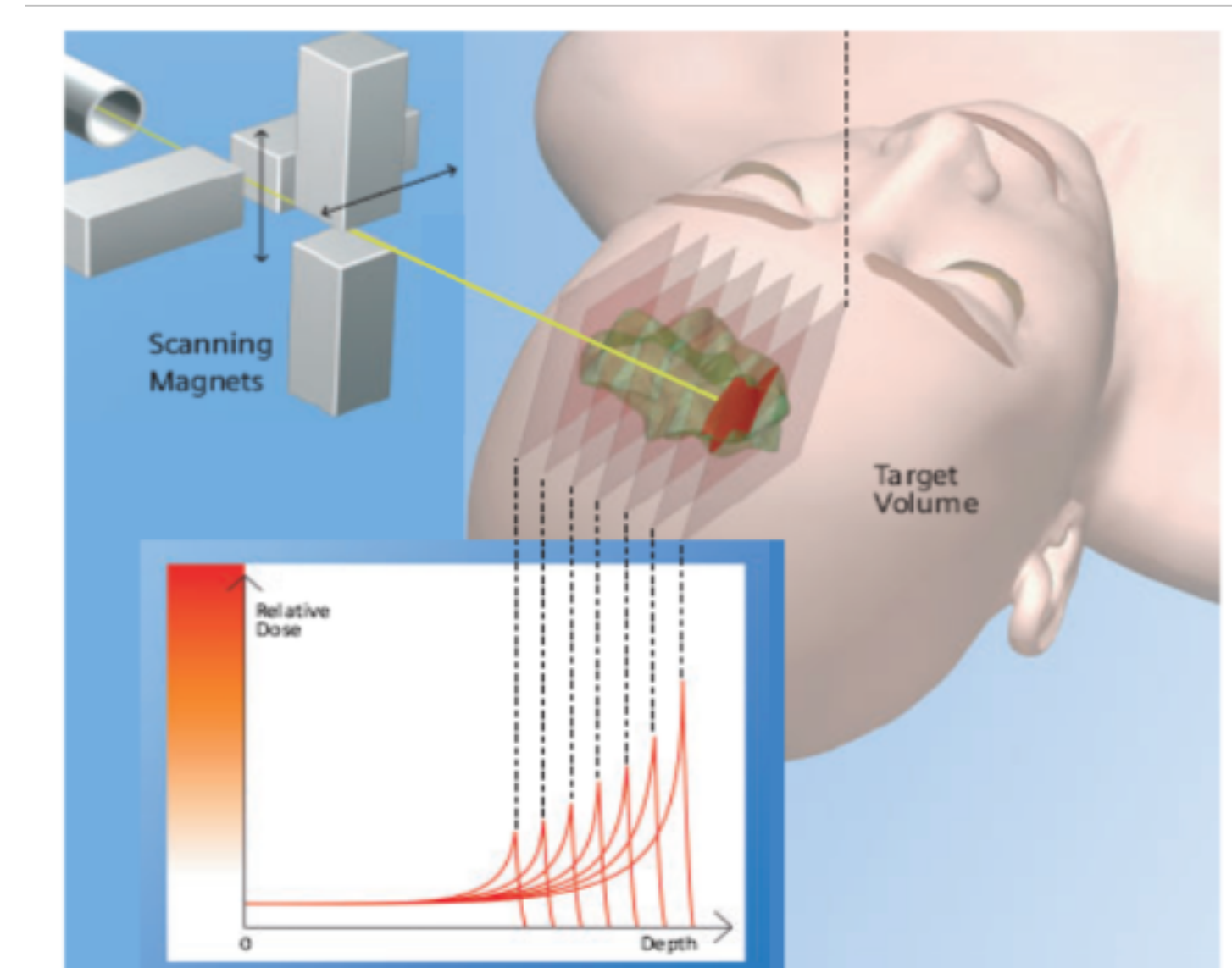
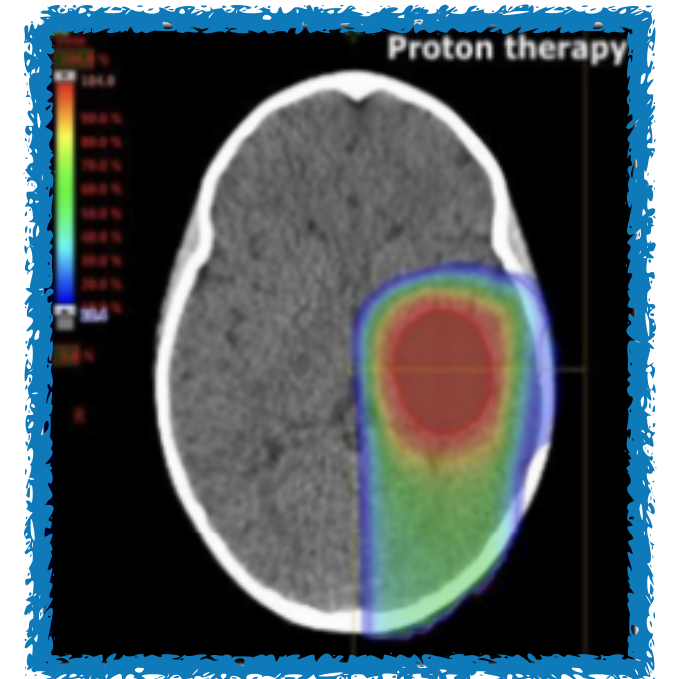
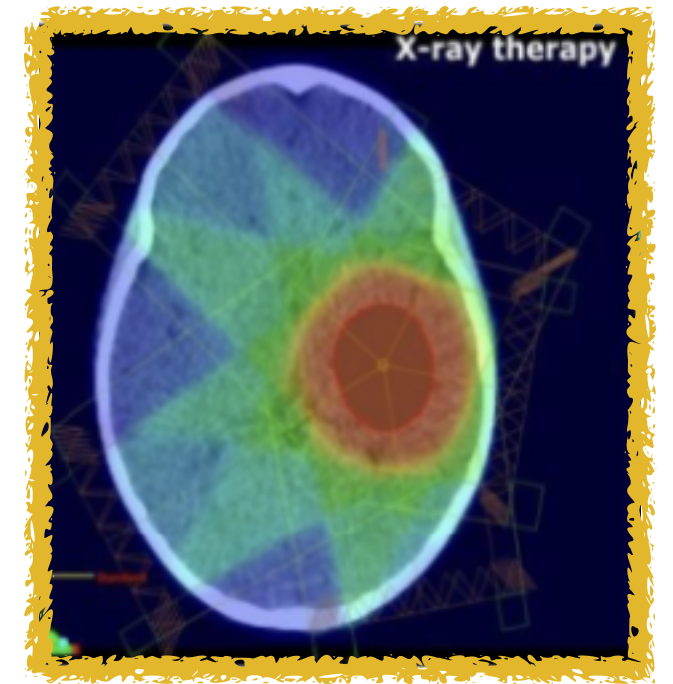
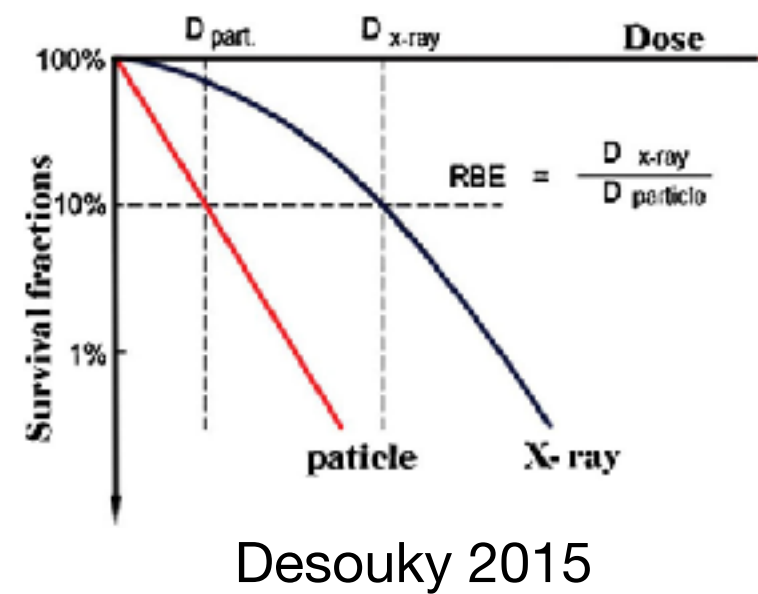
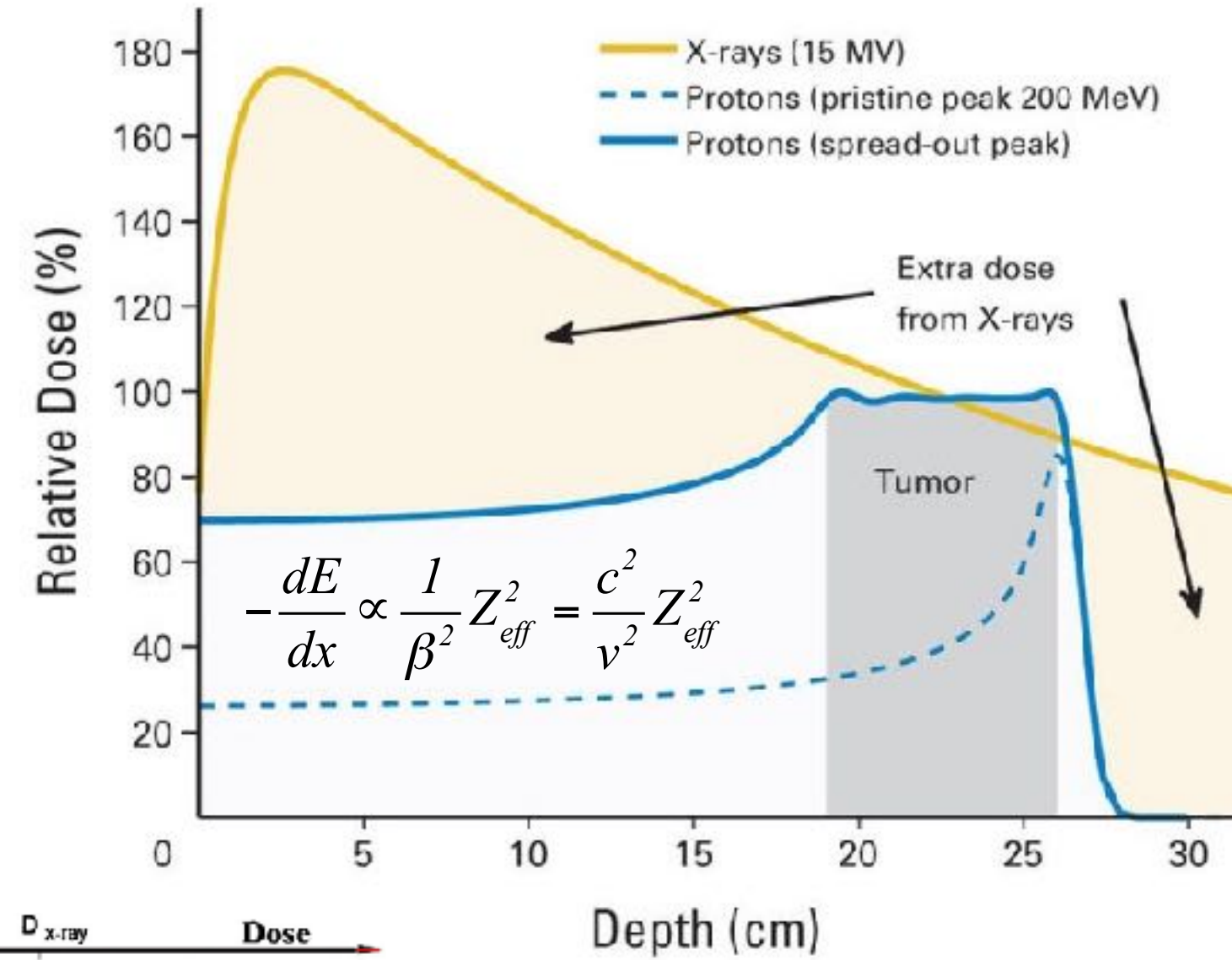


Vozenin, 2022

Proton therapy

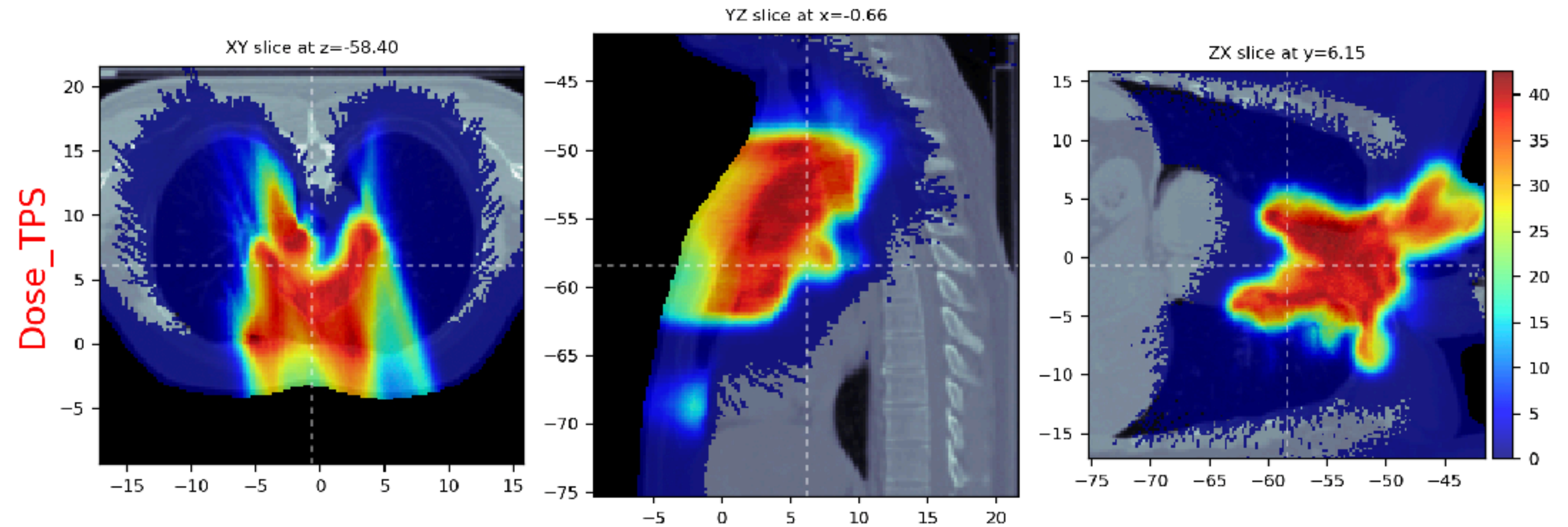


- Protons can deliver dose precisely in deep seated tumours thanks to their peaked dose distribution in depth (Bragg peak), thus **sparing normal tissues**
- Combining different energies it is possible to cover the tumour extension (SOPB)
- (Slightly) enhanced biological effectiveness
RBE 1.1
- The standard approach is the **intensity modulated proton therapy (IMPT)**. Active Pencil beam scanning (PBS) systems make use of **different energy layers** to optimize the dose uniformity in the target and spare the normal tissues



Dose engines

- An algorithm within the Treatment Planning System (TPS)
- Allows to calculate the dose distribution of the pencil beams inside a medium (patient's body)



Analytic pb

- Fast
- Based on analytical functions describing the pb
- Accurate for homogeneous media
- Still present in some commercial solutions

Monte Carlo

- Models the primary interaction at every step
- Very accurate also for heterogeneous media
- Generally slow
 - **Fast MC**
 - **GPU-accelerated**

Deep Learning

- Emerging method
- Based on AI
- Very Fast
- Requires a huge amount of data
- Accuracy depends on the level of training

Monte Carlo

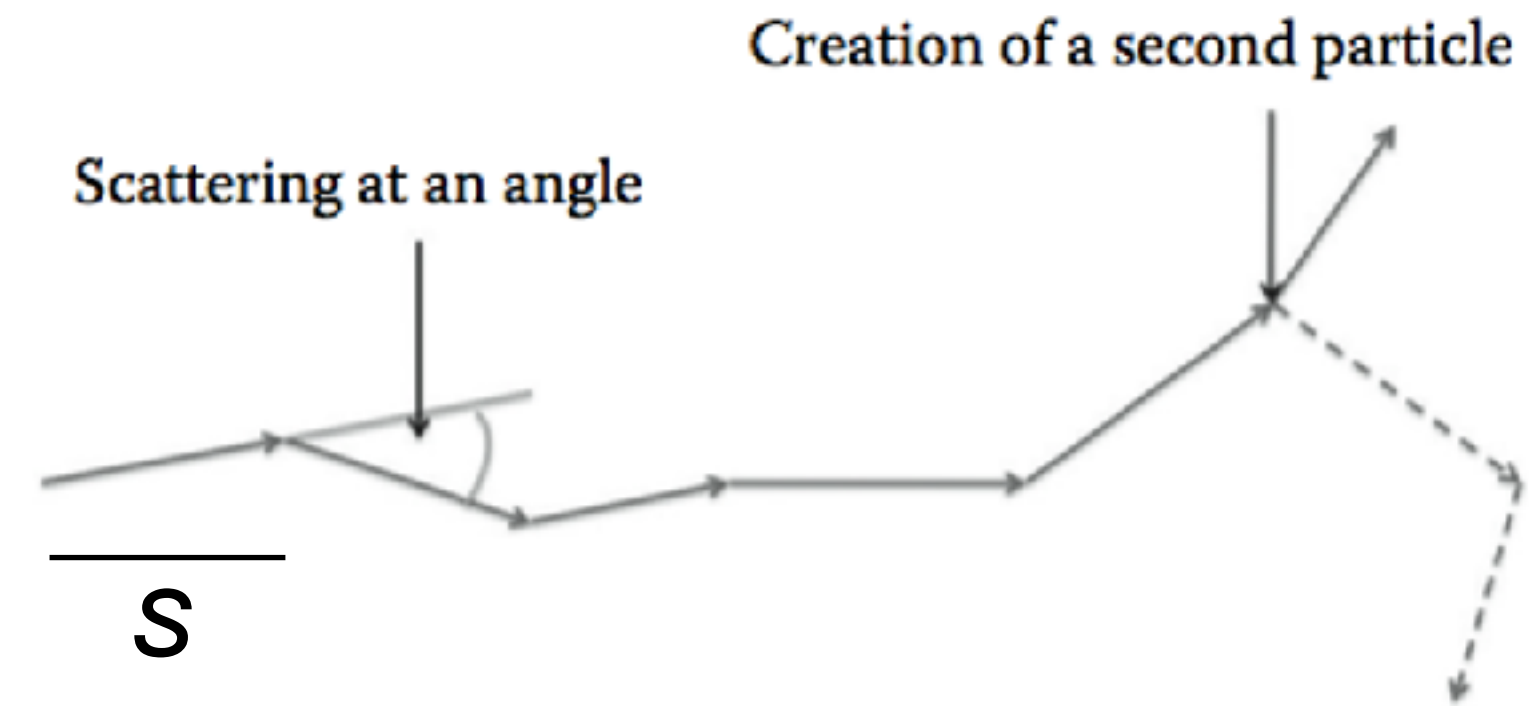
In pills

MC codes are used to simulate particle transport on a step-by-step basis.

- Particle transport is based on **cross sections** (i.e., interaction probabilities) per unit distance
- MC algorithms thus sample from **stochastic distributions** and the mathematical basis is governed by the central limit theorem.
- **Random numbers** are sampled from a probability density function. At each step s of the particle through the geometry, the probability density function is representing the probability of physics interactions and their outcome.

Why Monte Carlo (MC)?

- To save time for experiments
- To investigate configurations difficult to realise with experiments
- Because the patient cannot be used for experiments



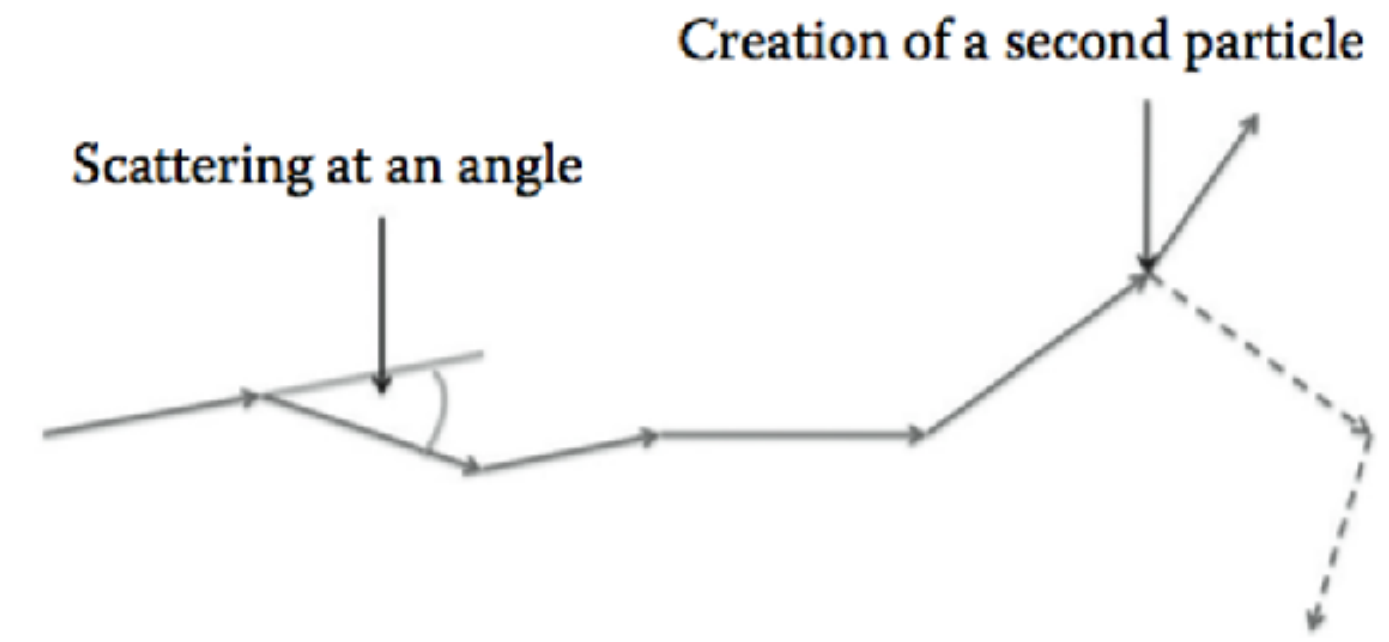
Monte Carlo In pills

- **Particle history:** is defined as the knowledge of the trajectory of one particle including potential secondary particles.
- Simulation of particle histories begins by sampling a number of events from a starting source distribution. Then, the passage of particles through a well-defined geometry is simulated. This is known as **tracking**
- **Many particles** need to be simulated in order to achieve a given accuracy. The uncertainty of MC is proportional to $1/\sqrt{N}$.
- **Materials** are characterized by their **physical properties**, such as: elemental composition, electron density, mass density, or mean excitation energy.

Material: Water

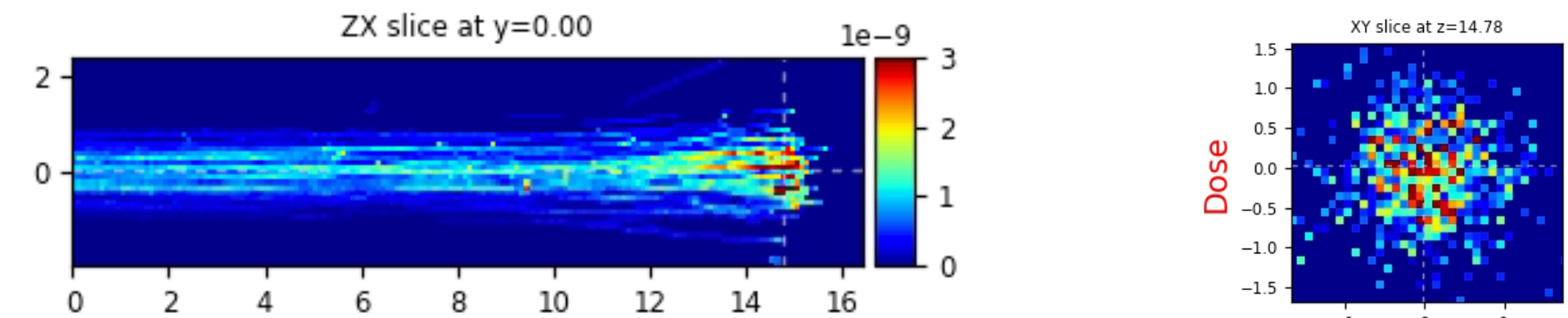
"Liquid water"
 type: compound (single pure substance)
 empirical formula: H2O
 mean Z: 3.33333 mean A: 6.0051 => $\langle Z/A \rangle = 0.555084$
 mass density: 1 g/cm³
 mean ionization potential: 75 eV
 radiation length: 36.08 g/cm²

Element	Z	A	m	x	w	rho
			g/mol	g/cm ³		
H	1	1	1.00794	0.666667	0.111898	0.111898
O	8	16	15.9994	0.333333	0.888102	0.888102

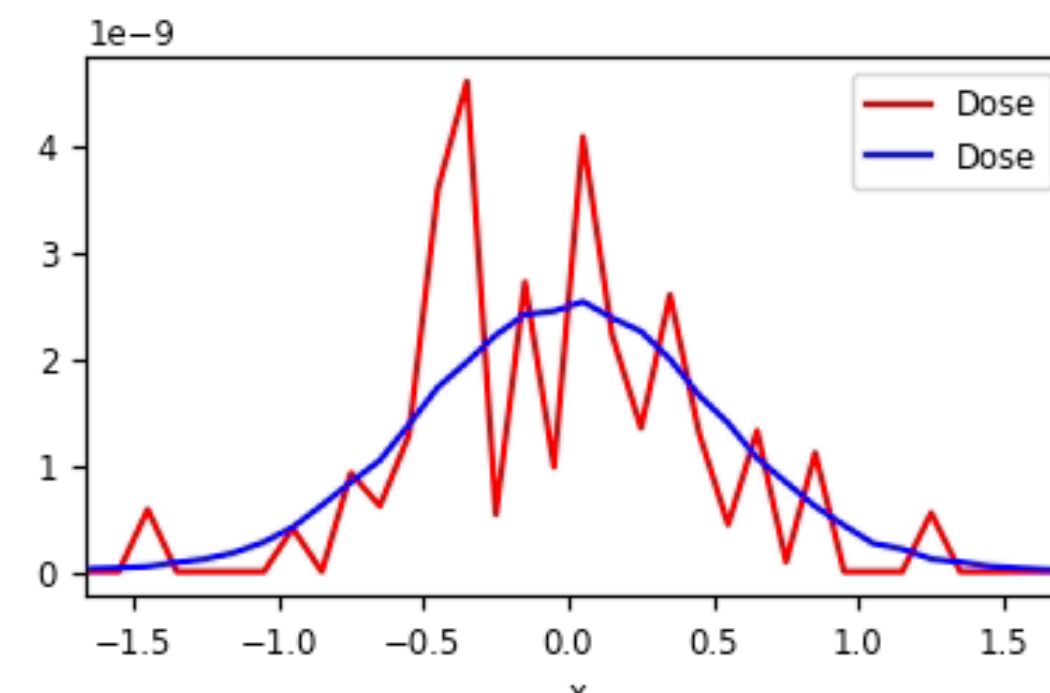
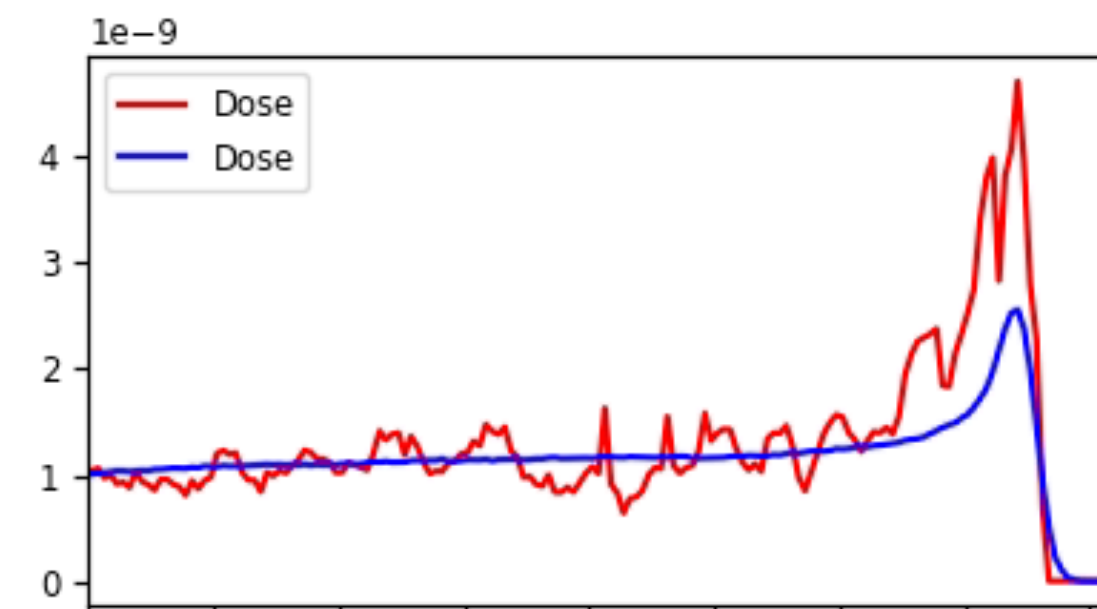
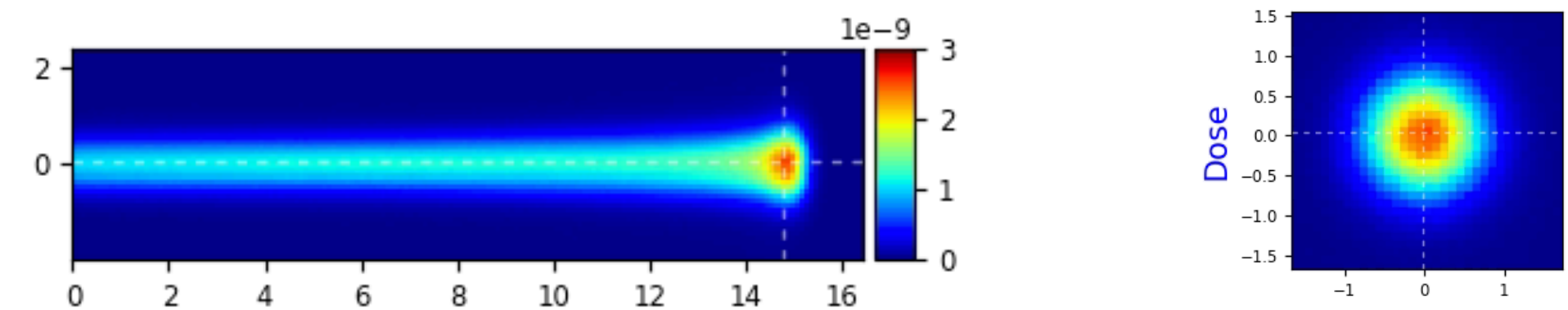


Proton beam in water

Nprim 1e3



Nprim 1e6



Monte Carlo codes for radiotherapy

Commercial TPS

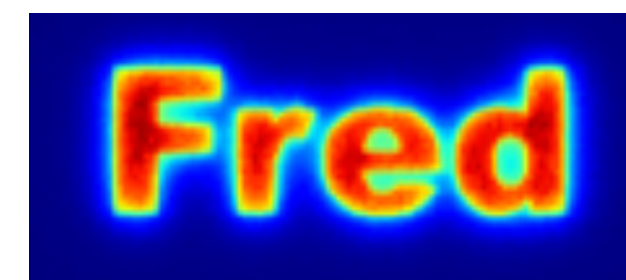
- Closed environments
- They have their own MC codes
 - e.g. VMC++, McVee, MCNP



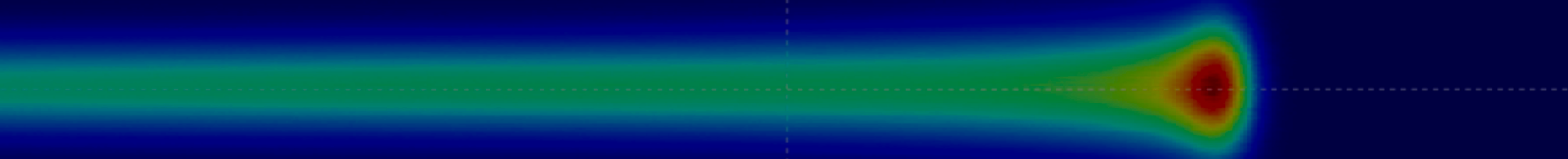
Research

Much more flexibility:

- TOPAS/GEANT4
- FLUKA
- PHITS
- FROG
- FRED



FRED COMMISSIONING AT THE PTC



FRED

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<https://www.fred-mc.org>

[Welcome to FRED's documentation!](#) [View page source](#)

Welcome to FRED's documentation!

➡ **new version 3.76 available now!!!**

Getting Started with FRED:

- [Introduction](#)
- [FRED Collaboration and Contributors](#)
- [Applications](#)
- [Hardware Requirements and Performance Summary](#)
- [Citation and References](#)
- [Stable Channel Changelog](#)
- [FRED Tools](#)

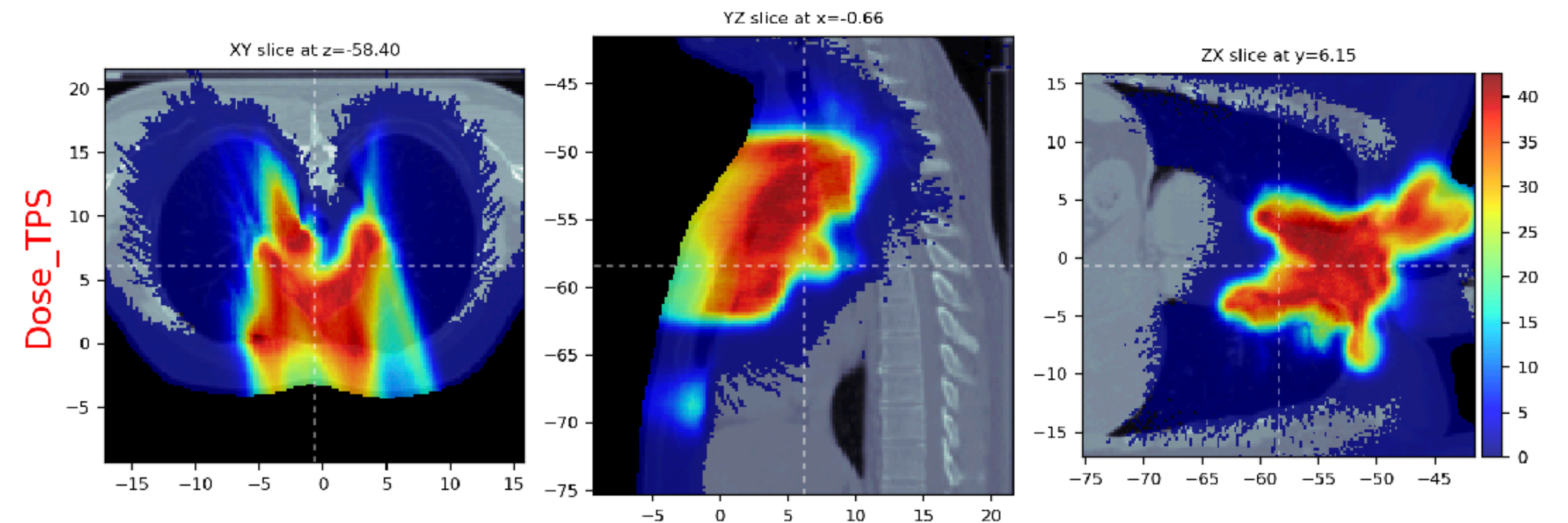
Download:

- [FRED licence agreements](#)
 - [FRED Single User Licence Agreement \(academic or educational use\)](#)
 - [FRED Commercial Licence Agreement \(commercial use\)](#)
- [Registration](#)
- [Latest release](#)
 - [Linux and MacOSX version](#)
 - [Windows 10 version](#)

Setting up FRED:

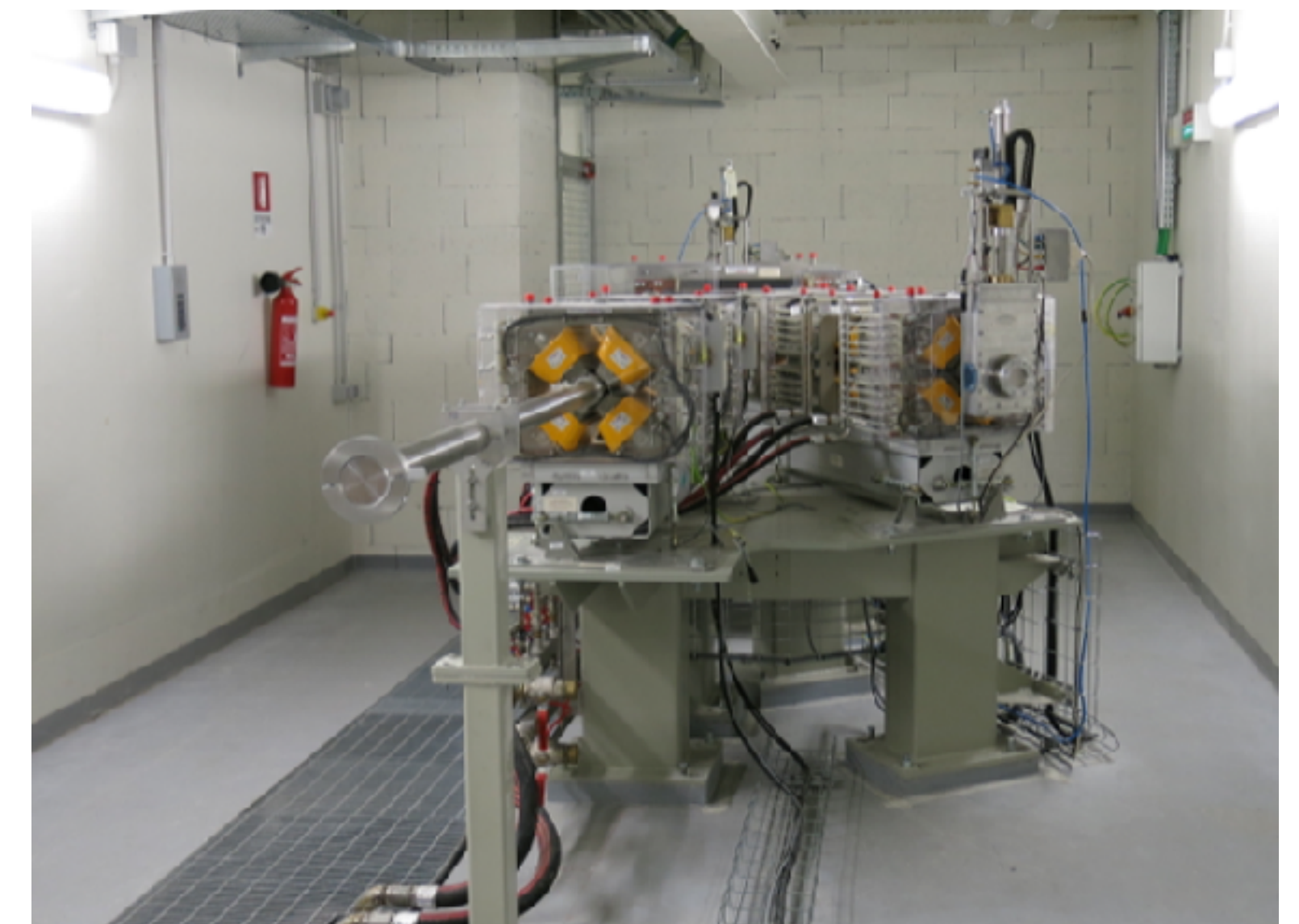
- [Installation](#)
 - [Python environment](#)
 - [Environment variables](#)
- [Verification](#)

Fred	Hardware	primary/s	Patient plan recalculation*
FLUKA/GEANT4	single CPU card	750	16 days
FRED	single CPU card	15000	19 hours
FRED	single GPU card	10 min	2.3 min
FRED	cluster of 144 GPU cards	300 min	3 s



- Fast GPU-based MC simulation tool
- Free to download
- Already used in several centers (Krackow)

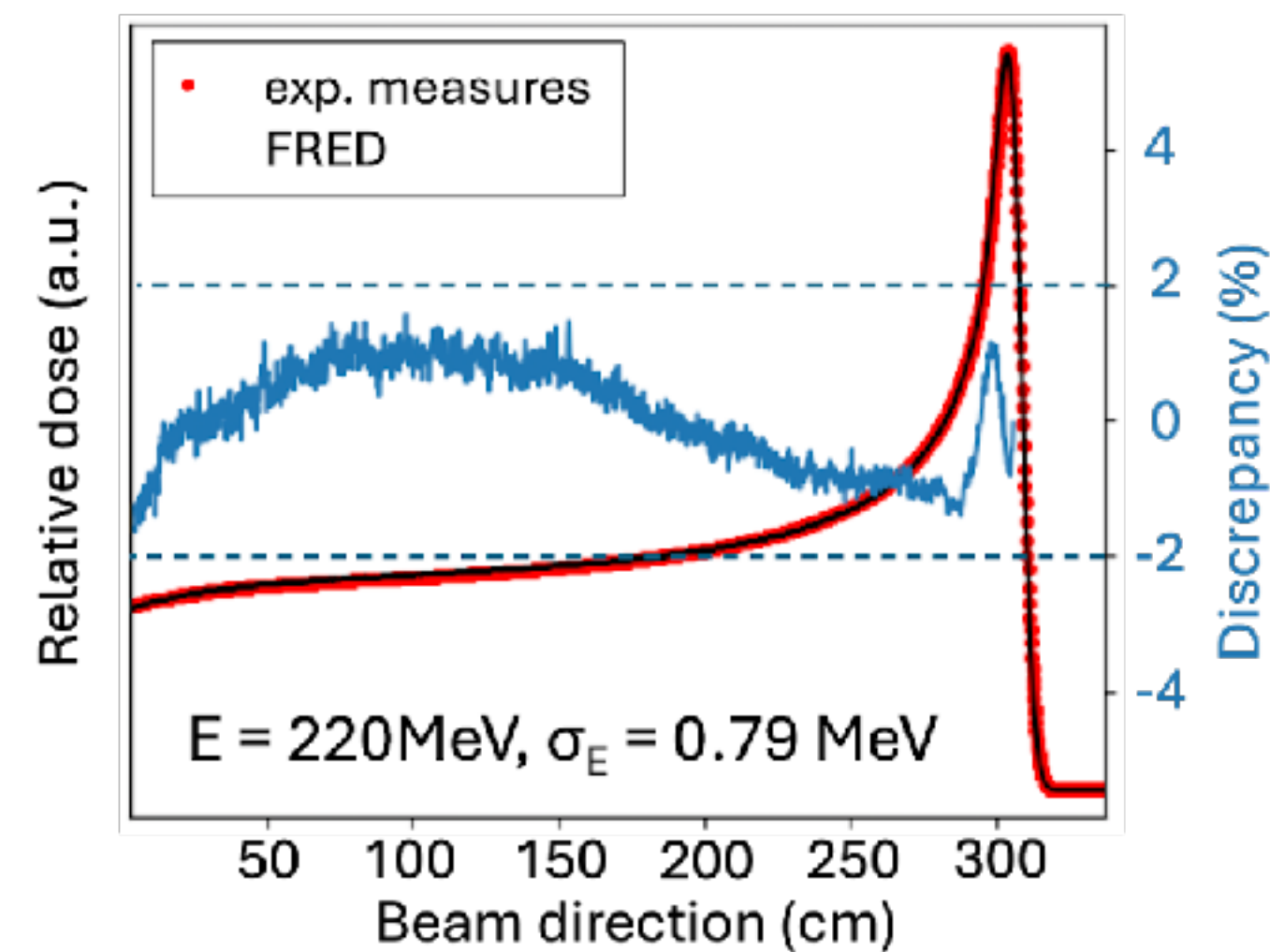
Proton Therapy Center



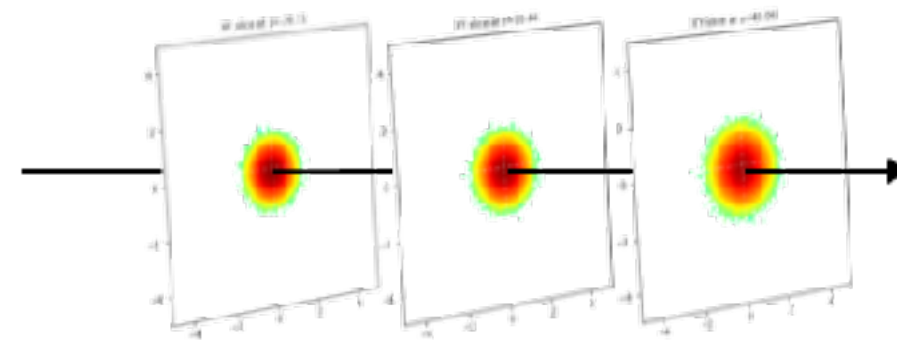
Commissioning of FRED at the Trento PTC:

Implementation of a beam model in FRED that reproduces the experimental measurements:

IDD curves in water

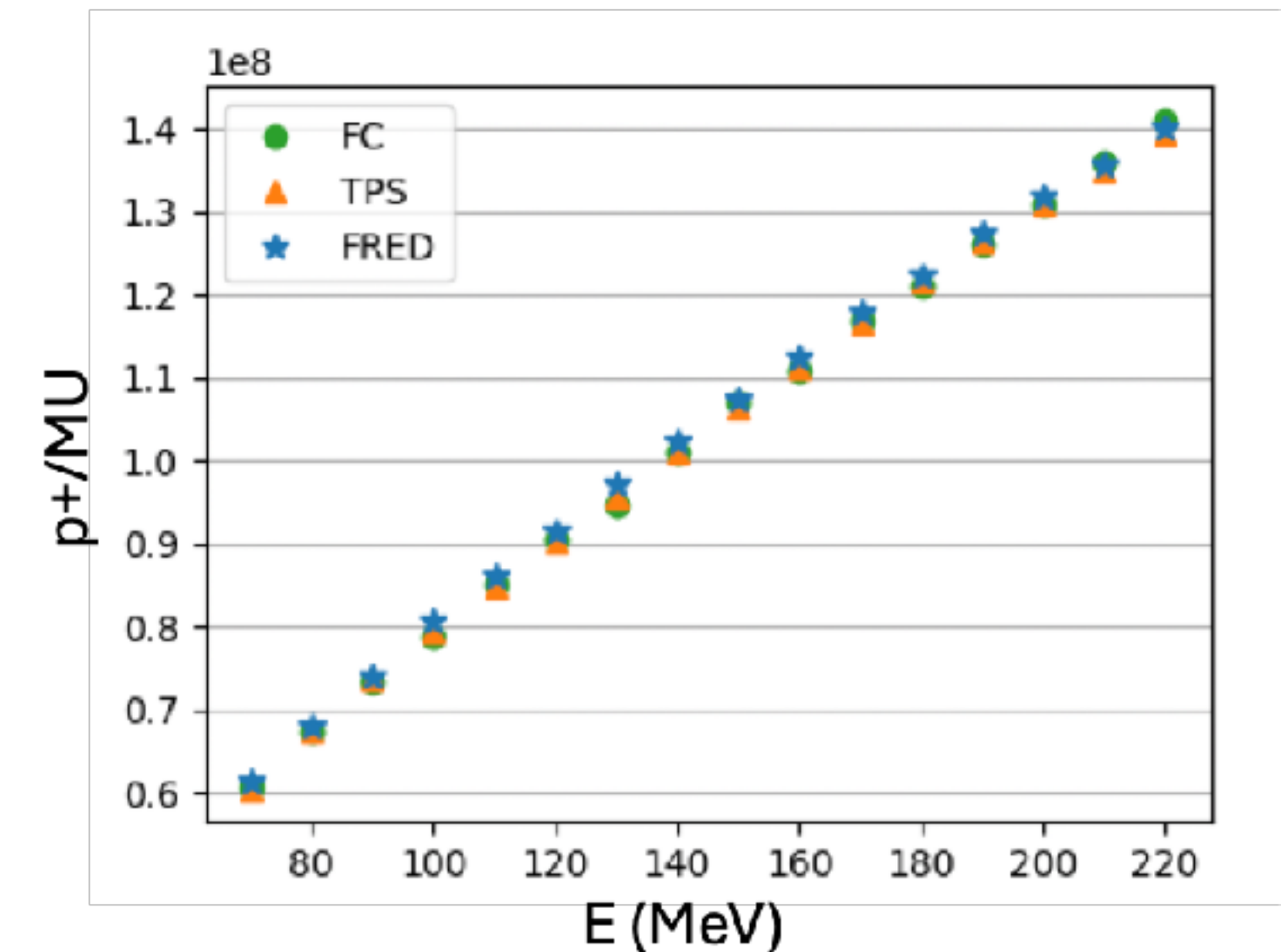
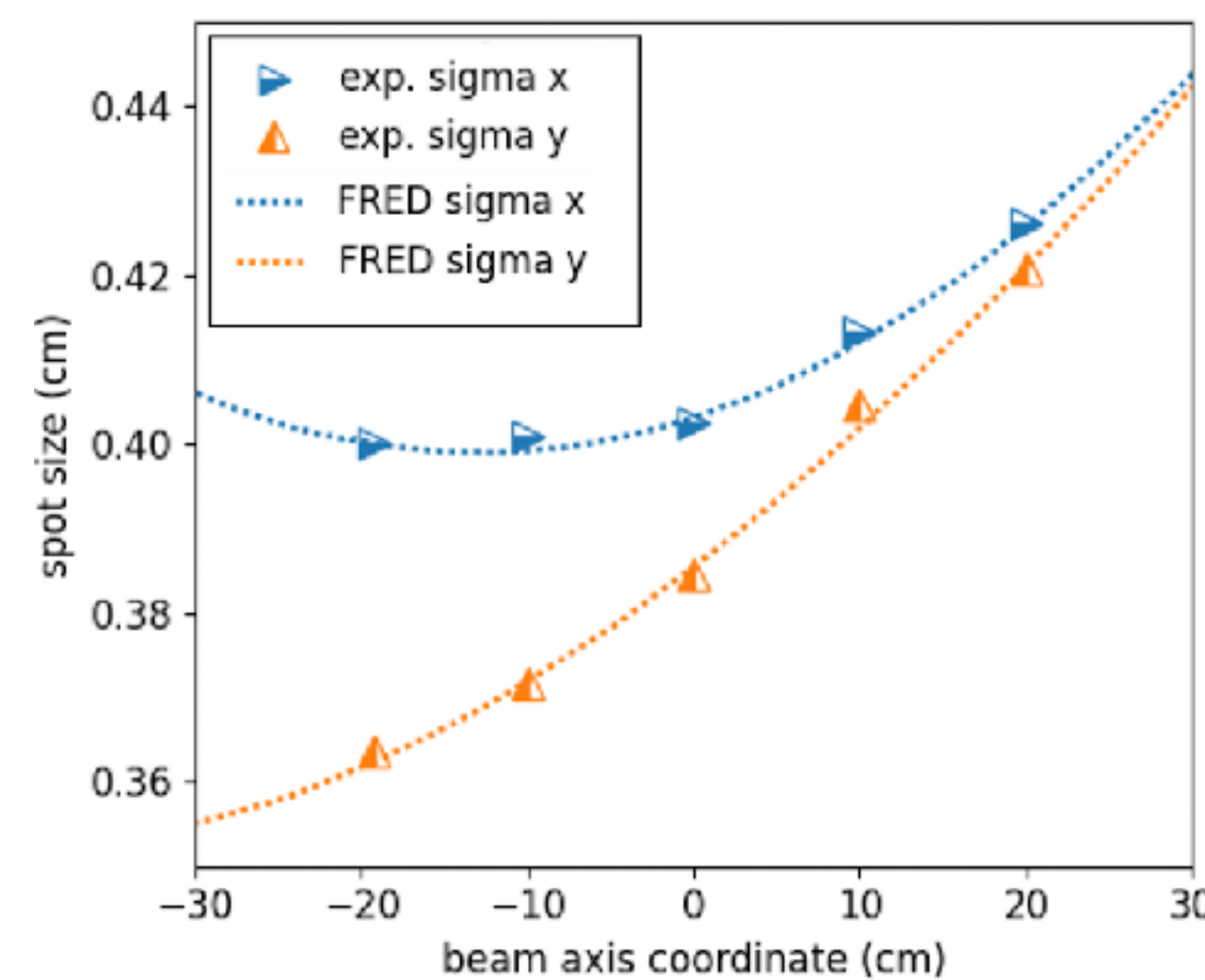


Beam envelope



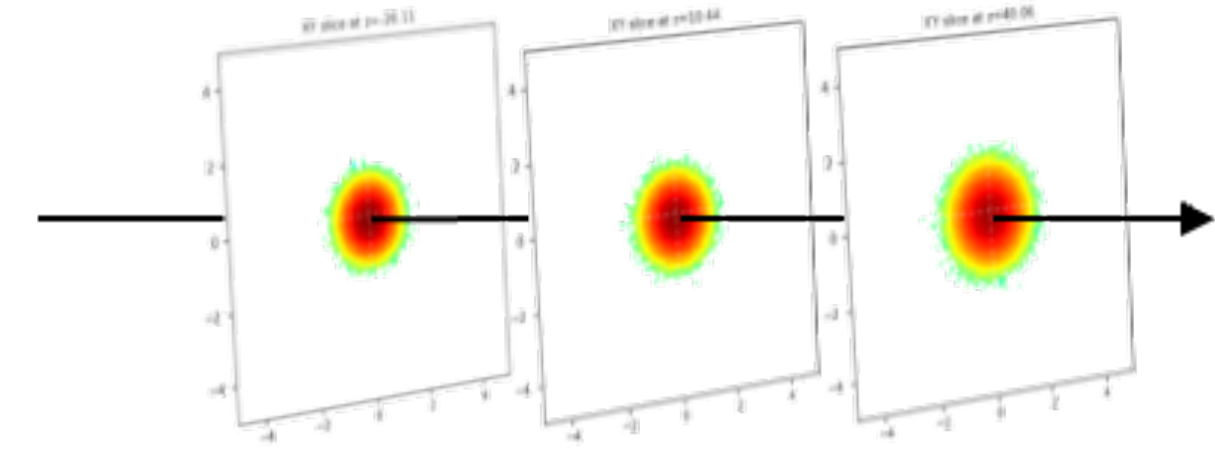
Absolute dose

$p+$ per MU



Commissioning of FRED at the Trento PTC:

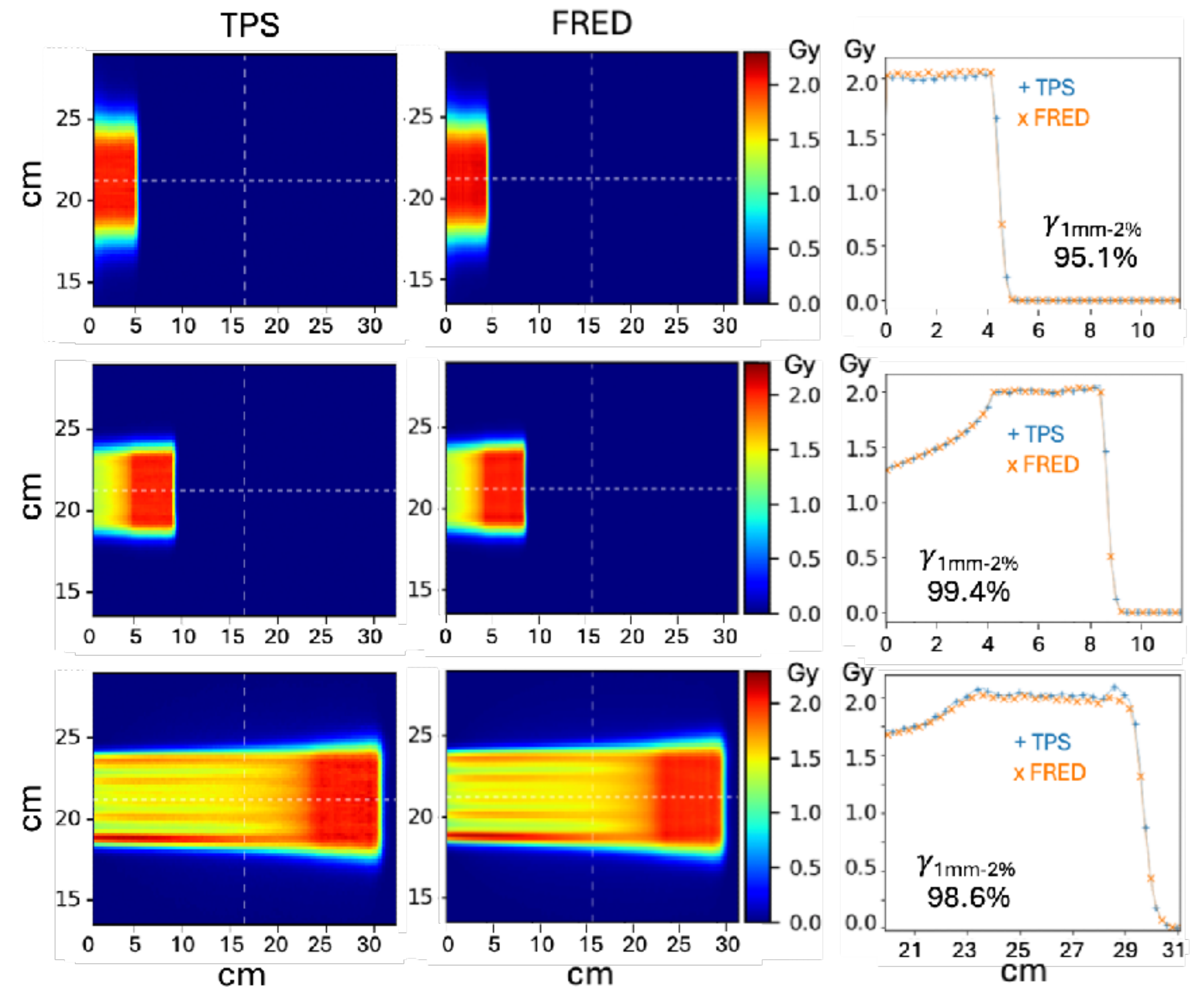
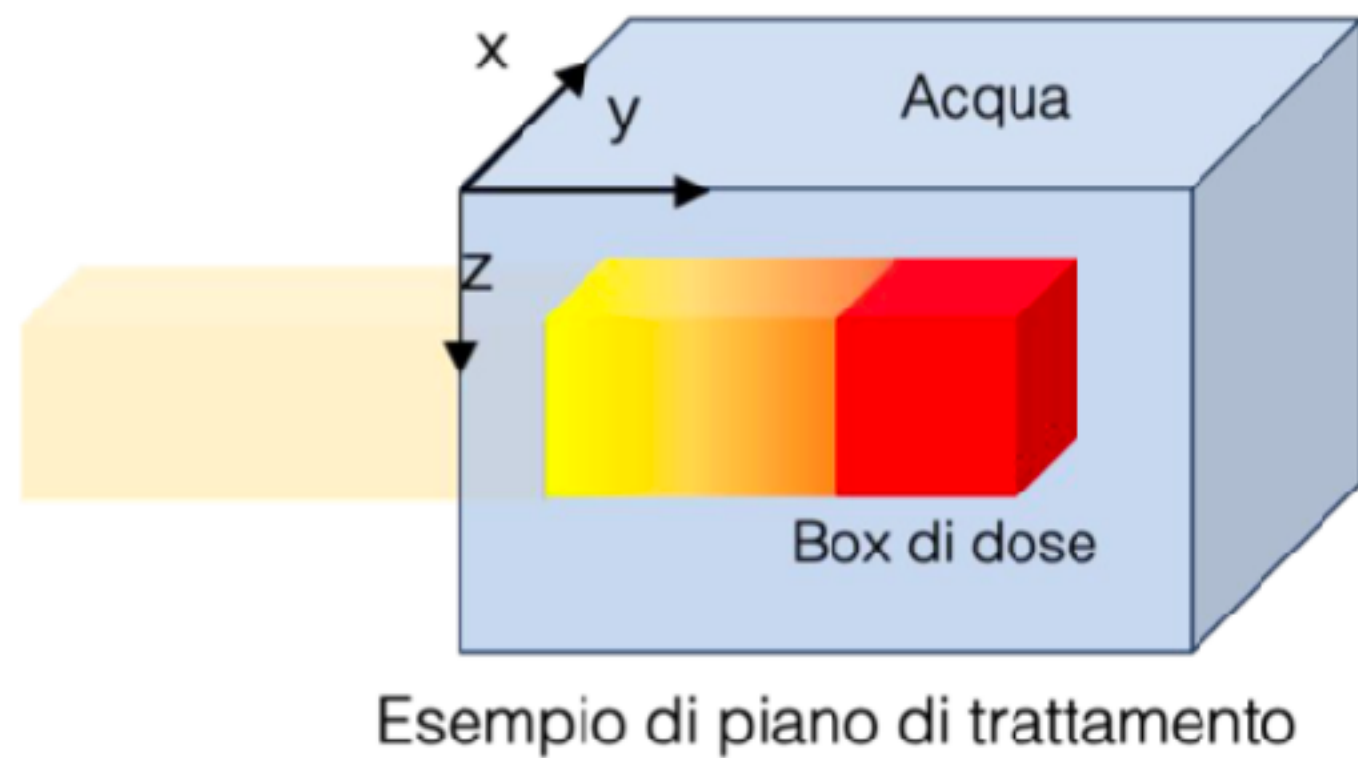
FRED beam model of the Trento PTC gantry:



Energy	E_FRED	Estdv	scalingFactor	a	b	c
70	70	0.537	61763796	0.45942997	0.00507897173	0.0000466983828
80	79.5	0.601	68057733	0.379112328	0.00401386678	0.0000439473706
90	89.5	0.665	74516367	0.3119864565	0.002741264225	0.000031538124
100	100	0.725	80889750	0.251406487	0.00215583417	0.0000321582368
110	110	0.738	86143765	0.215123026	0.0019394009245	0.00002360597665
120	120	0.798	91770089	0.198061716	0.001930697131	0.00003234590525
130	130	0.866	96945631	0.1682579565	0.001058369548	0.00002173380445
140	140	0.914	102407639	0.155987675	0.000845052968	0.0000170596508
150	150	0.971	107486207	0.1384399995	0.000851585233	0.0000172967244
160	160	1.026	112368148	0.1237049995	0.0006565873705	0.00001452123535
170	170	1.080	117656017	0.1120199995	0.000578855607	0.00001048901939
180	180	1.132	122499841	0.09584710505	0.000576236009	0.000010670525415
190	190	1.180	127195521	0.0887478485	0.000525056504	0.0000123867057
200	200	1.028	131652819	0.08538307215	0.0005117450605	0.000009917546775
210	210.2	0.953	135451081	0.07801664675	0.000464558035	0.000008006540575
220	220	0.814	139696134	0.06997294125	0.0004193365505	0.00000737237942
226	226	0.754	142696134	0.06997294125	0.0004193365505	0.00000737237942

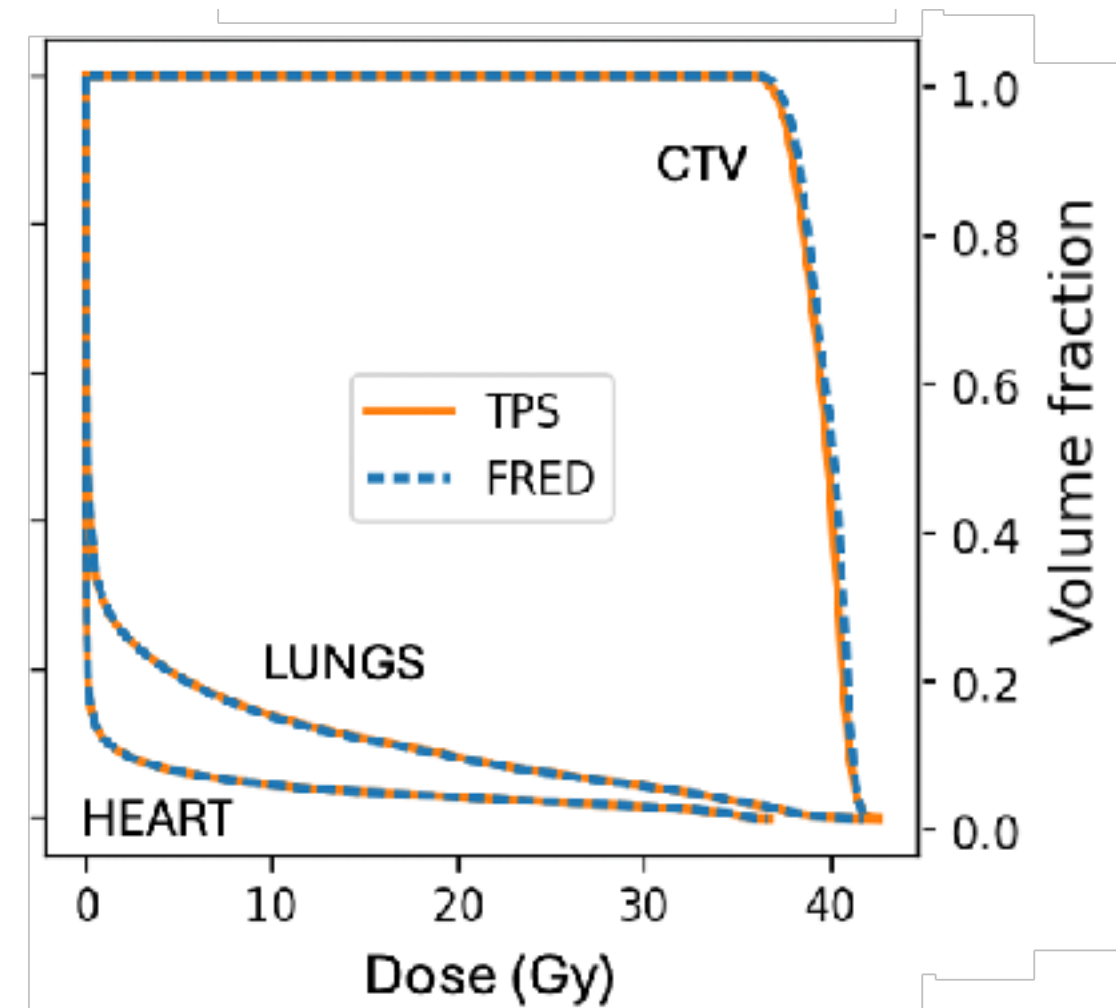
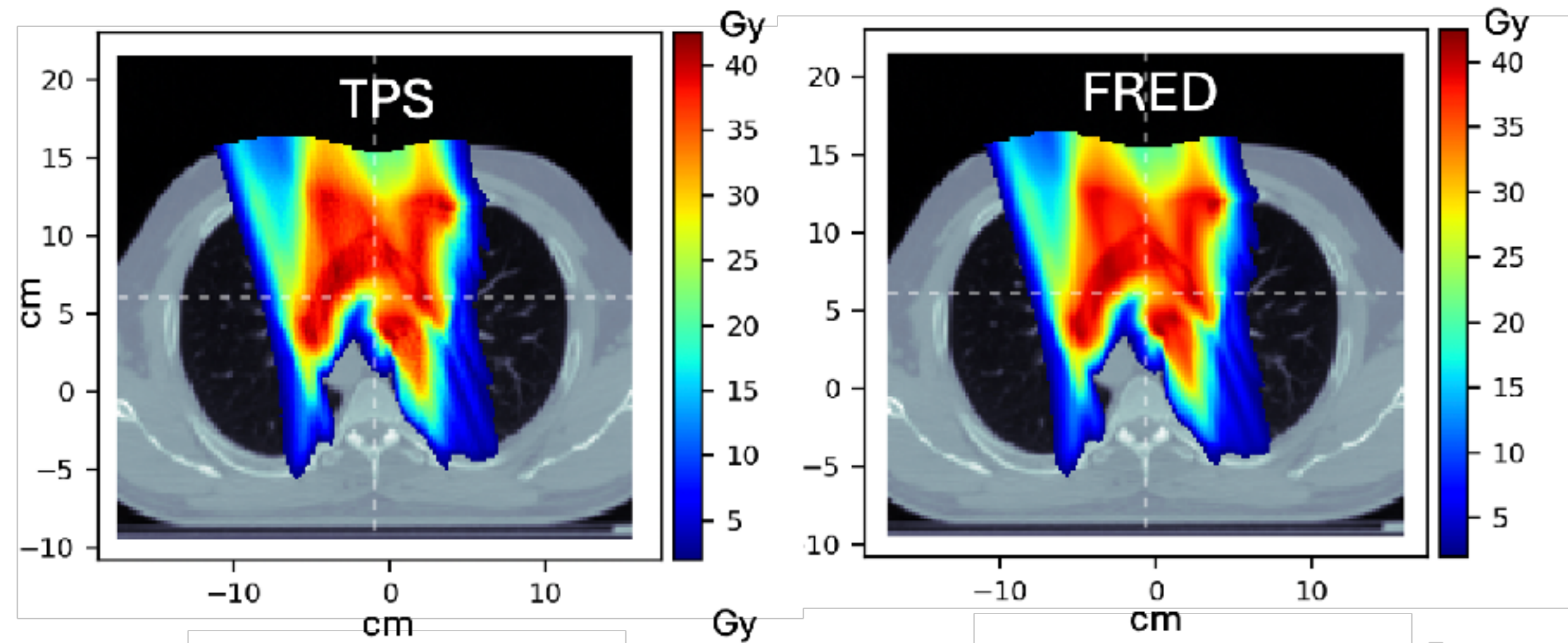
Commissioning of FRED at the Trento PTC:

Reproduction of Boxes of dose in water



Commissioning of FRED at the Trento PTC:

Validation of the model against a series of clinical cases

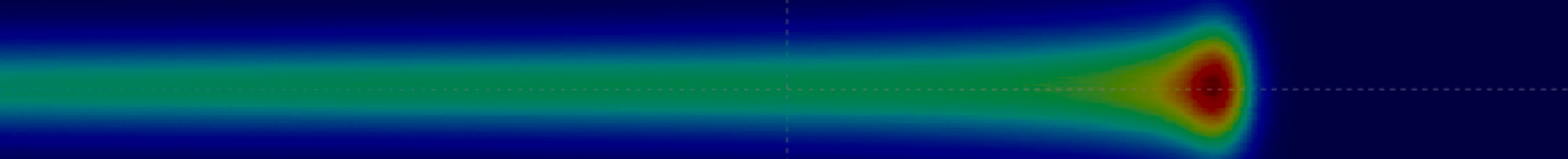


Patient pool:	γ pass rate 3%,3mm:
Lymphoma	99.9 %
Brain tumor	100%
Lung	99.8%
Paranasal sinuses	100%
CSI	98.5%
SRS	100%
Extremity	99.8%

Now we have a Tool

What can we do with it?

FRED APPLICATIONS



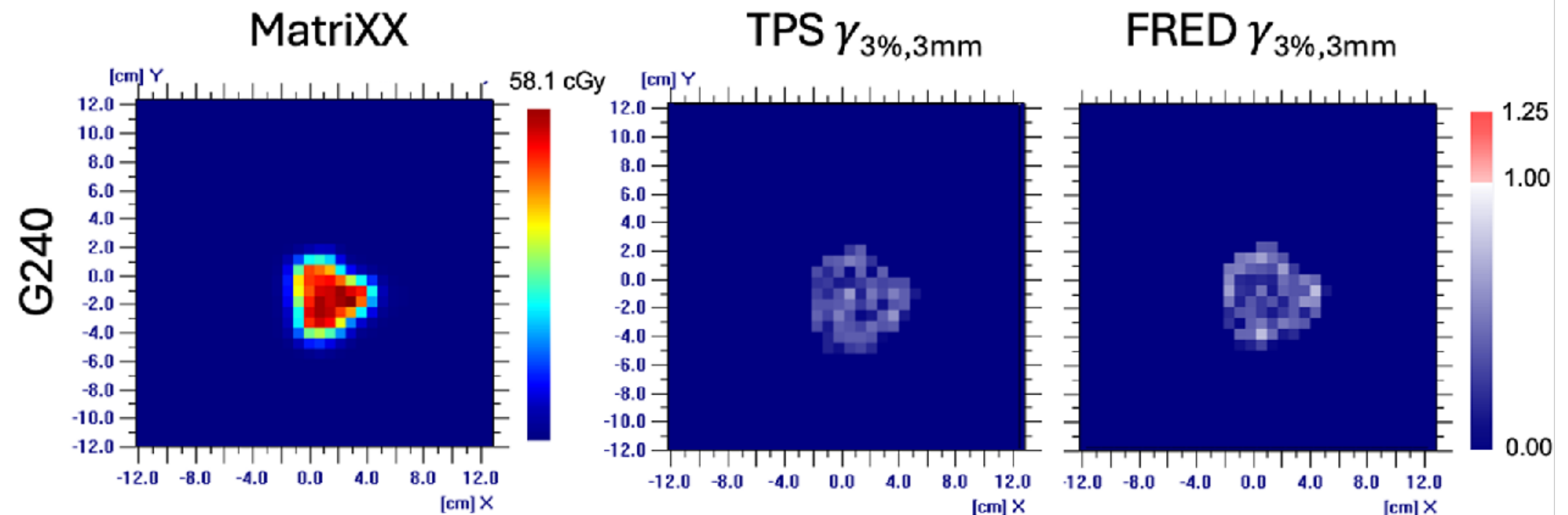
Applications: Patient-Specific Quality Assurance

- Quality assurance of the patient plan
- Procedure needed before irradiation
- Requires time and resources



↓

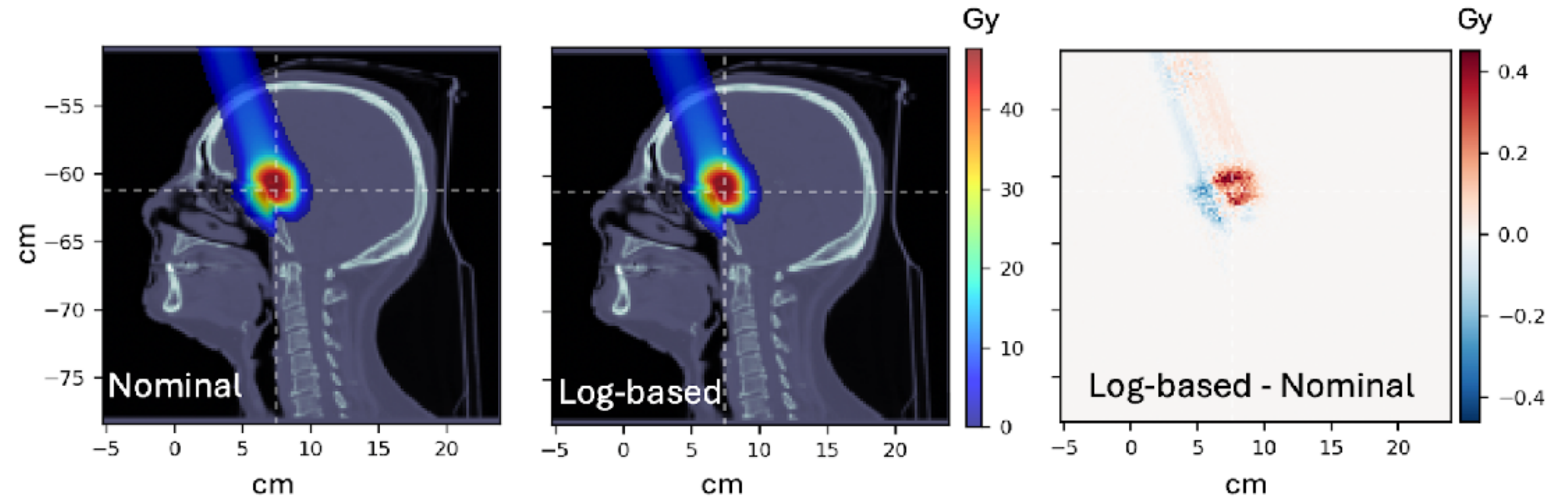
With an independent MC
could be possible in
seconds



Applications: Assessment of delivered plans

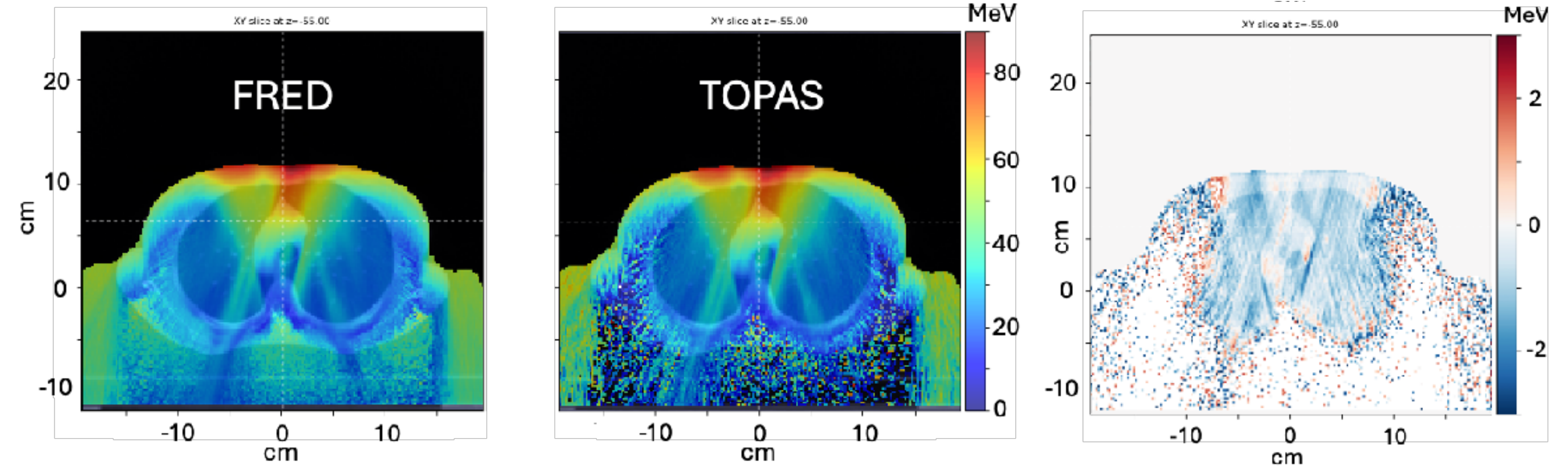
From the log-based irradiation files (information on the delivered plan), we can:

- Simulate the **delivered plan**
- Acquire information on the time-dose delivery structure
- Study possible correlation between **dose rate maps** and potential clinical outcomes

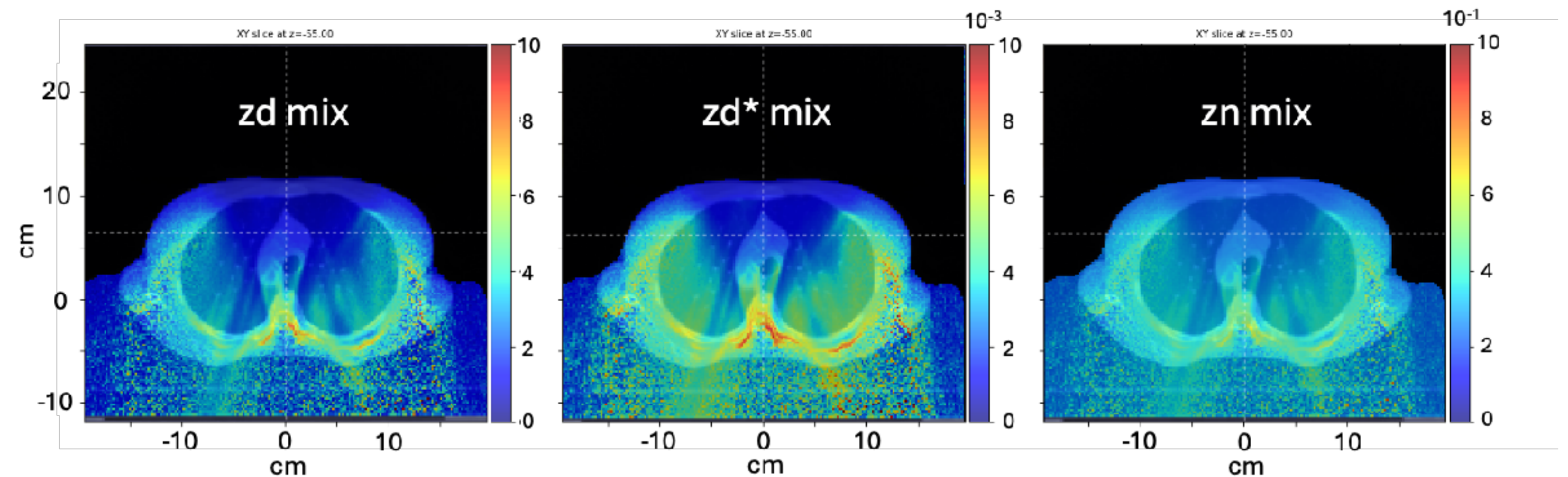


Applications: Assessment of radiobiological features

- With FRED we can also score fluence spectra of protons at the voxel level



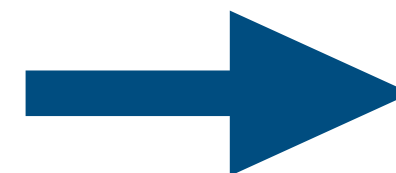
- Assess important microdosimetric quantities for further radiobiological evaluations



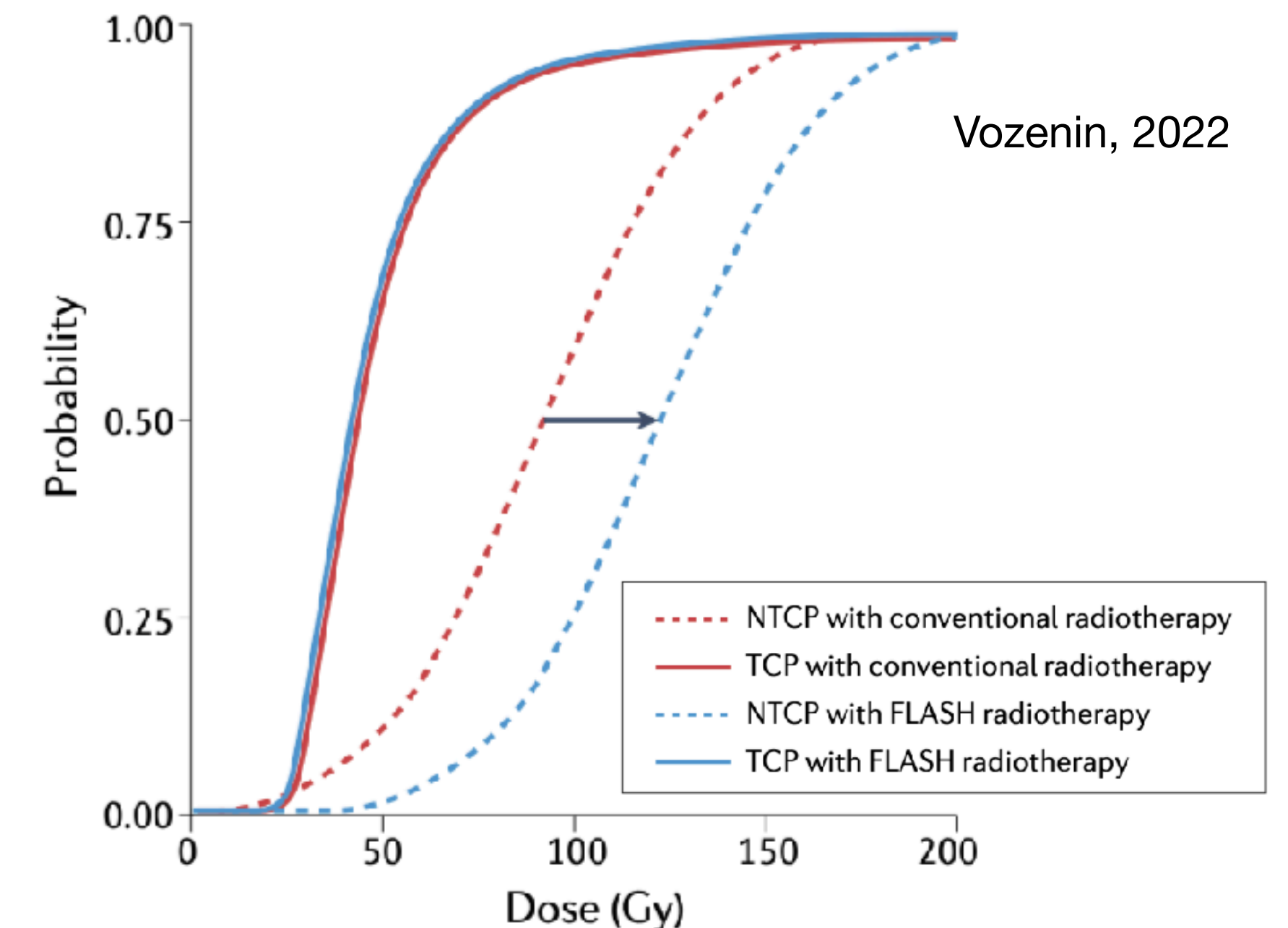
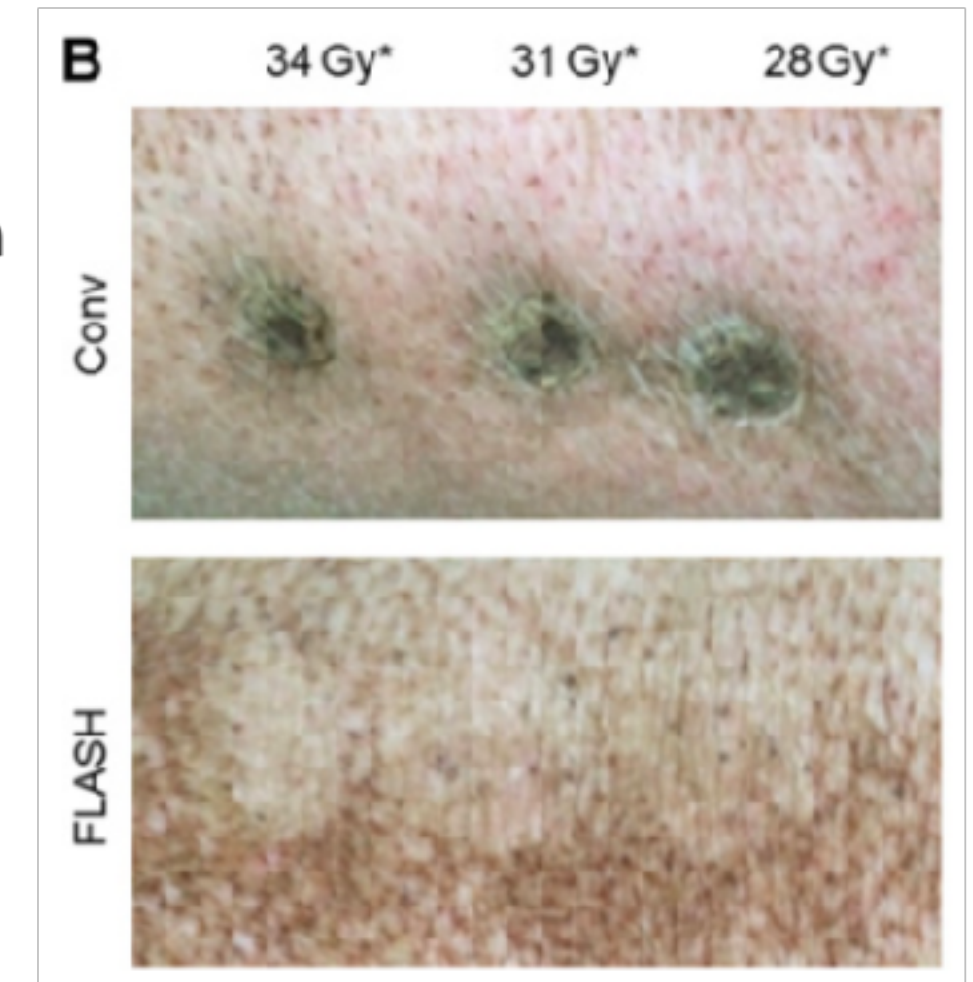
Applications: UHDR irradiation and FLASH proton therapy

What's FLASH? ⚡

- An effect that occurs when irradiating at ultra-high dose rates (**UHDR > 40Gy/s**)
- Conventional irradiation is 0.01 Gy/s
- There is a **protective effect on normal tissues**, while maintaining the same efficacy against tumours
- The mechanism is still **unclear**
Hypotheses:
 - ◆ Transient hypoxia
 - ◆ Radical recombination
 - ◆ Inter-track effects
 - ◆ Immune system
- In RT = increase the **therapeutic window**



Favaudon 2014
Sci Transl Med;
Vozenin 2019 Clin
Cancer Res
6 MeV e- beam



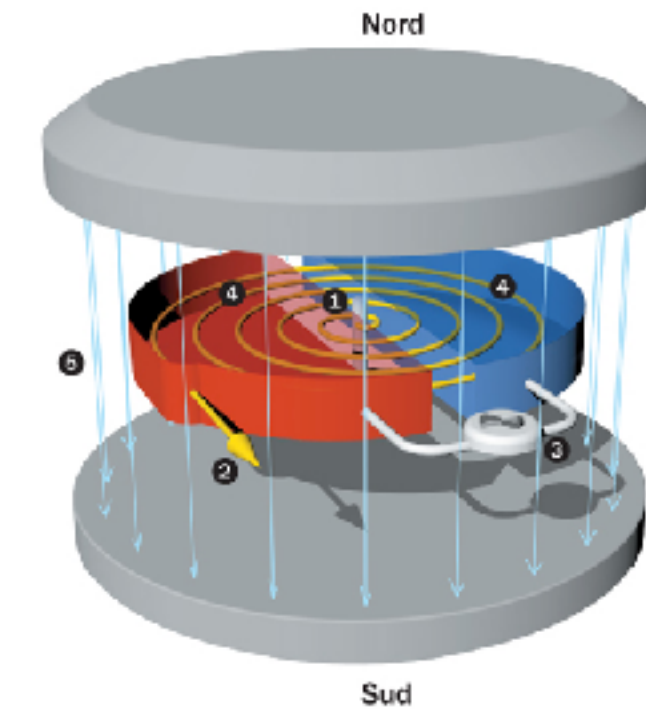
Applications: UHDR irradiation and FLASH proton therapy

Proton delivery systems:

The proton beam is accelerated by a cyclotron up to energies of 230 MeV

Dose rate:
$$\dot{D} = \frac{i_p S}{A \rho} \frac{\text{Gy}}{\text{s}}$$

i_p = beam current in nA
 A = transversal area in cm²
 S/ρ = Mass Stopping Power in MeV*cm²/g
 With values representative for current practice, e.g. $i_p=2\text{nA}$, $A=25\text{ cm}^2$ and $S/\rho=5\text{ MeV*cm}^2/\text{g}$

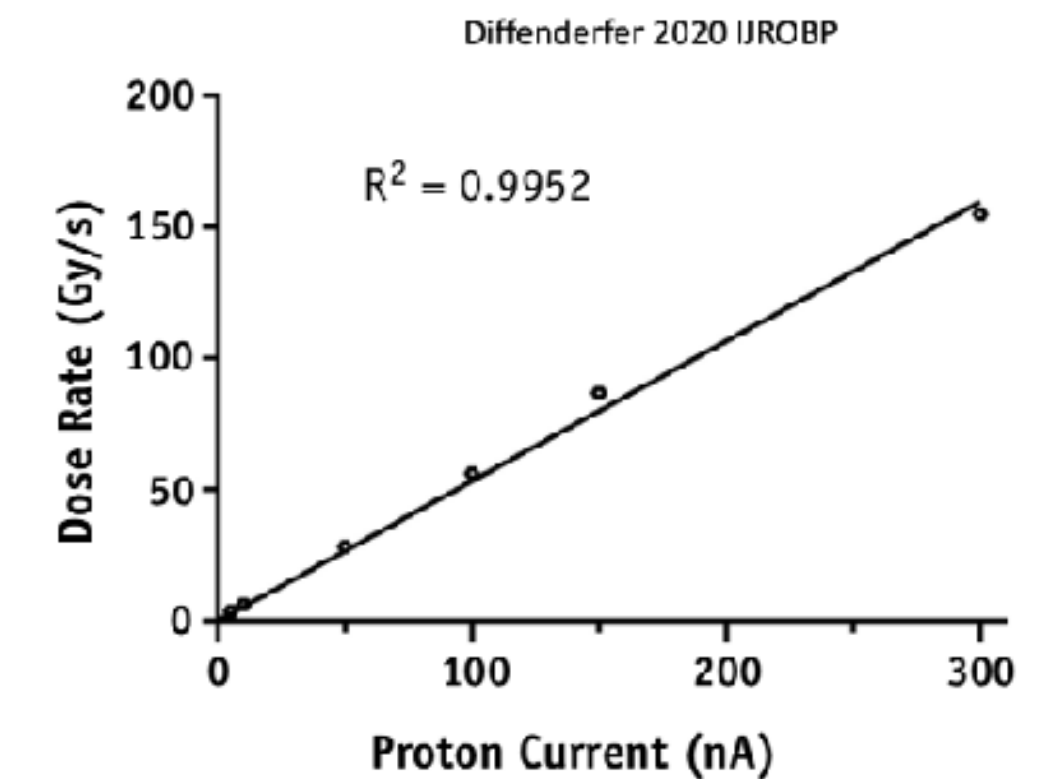
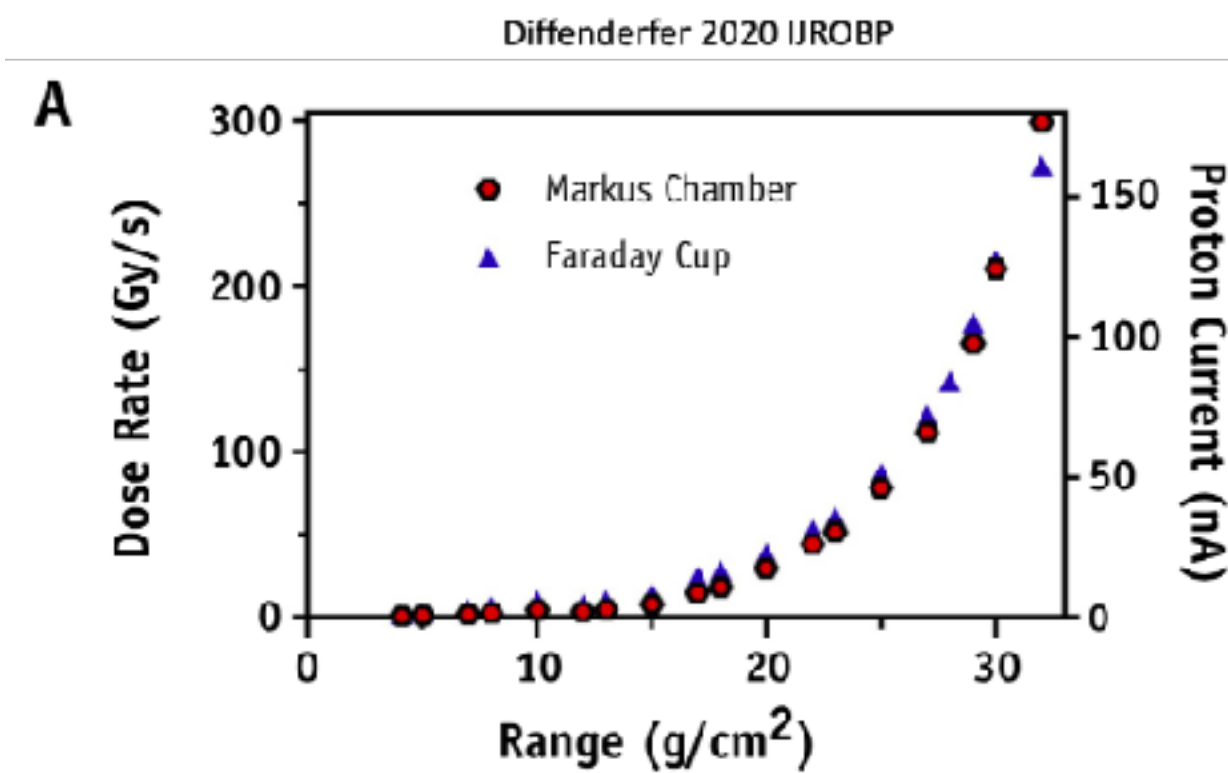


Dose rate = 0.4 Gy/s

increasing the i_p up to 200nA?

Dose rate > 40 Gy/s

Perfect for studies in the experimental room, but..



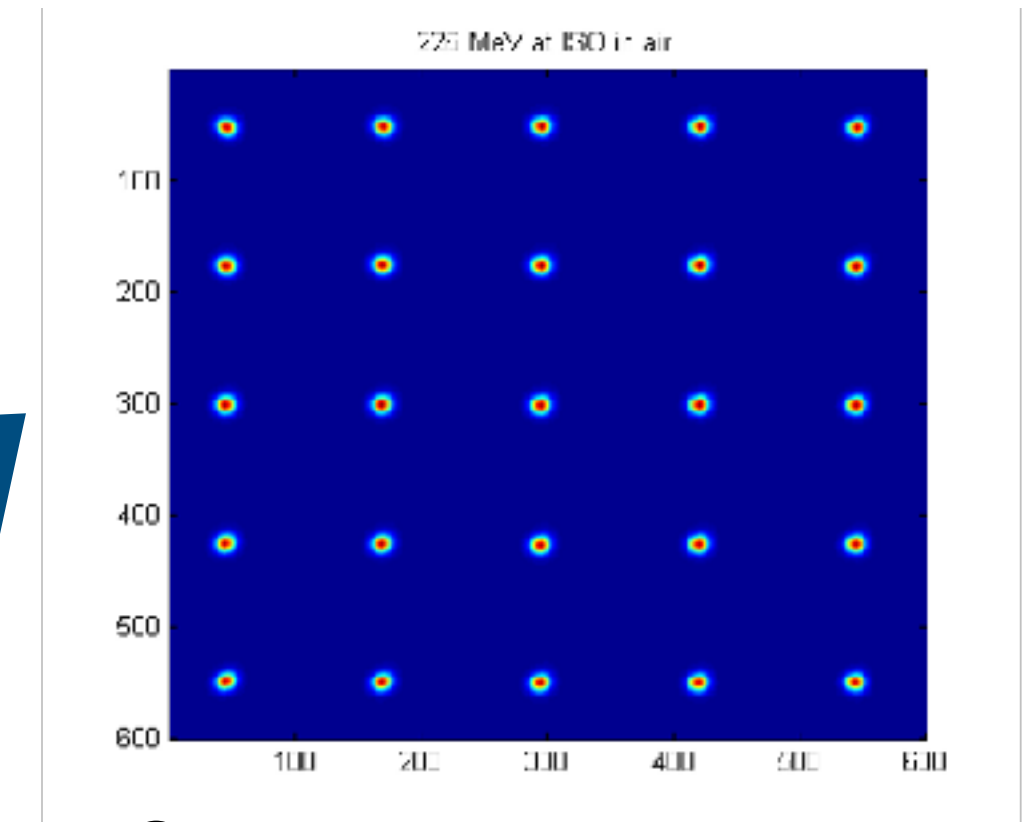
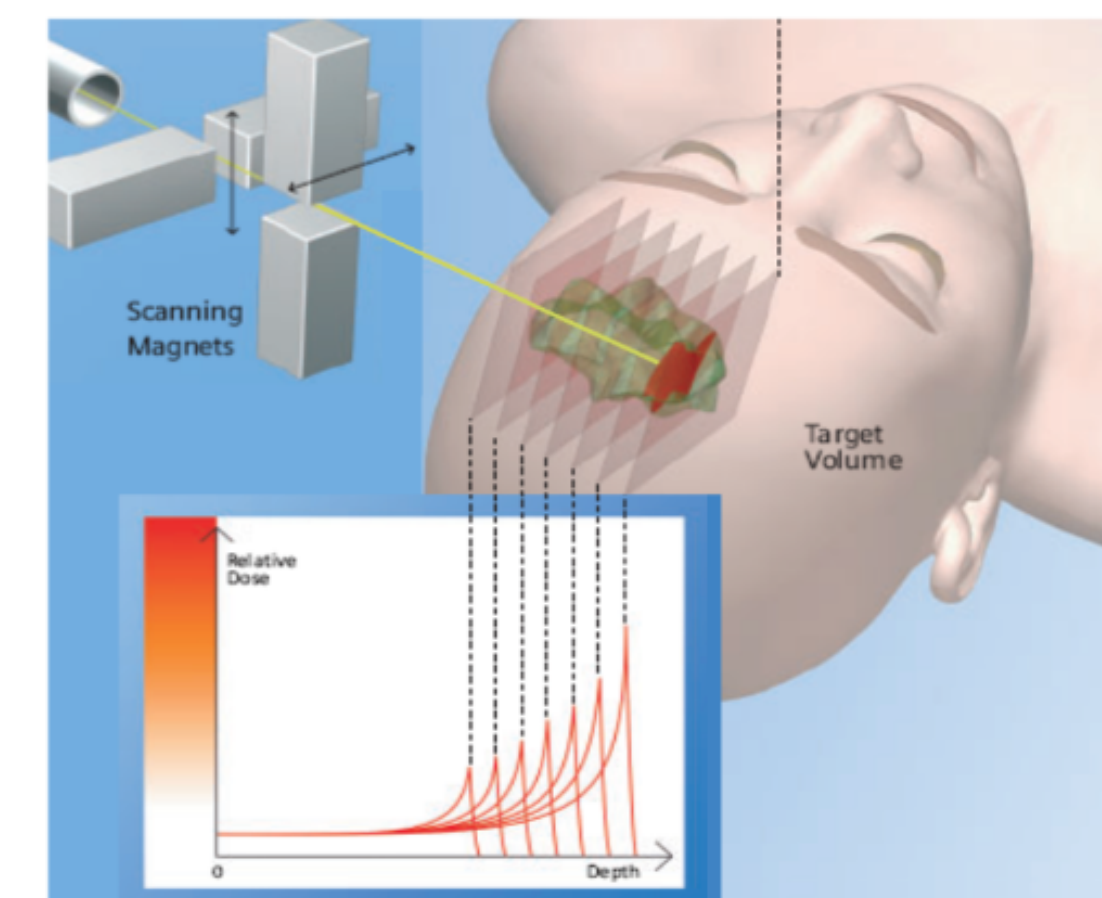
Applications: UHDR irradiation and FLASH proton therapy

Proton delivery systems:

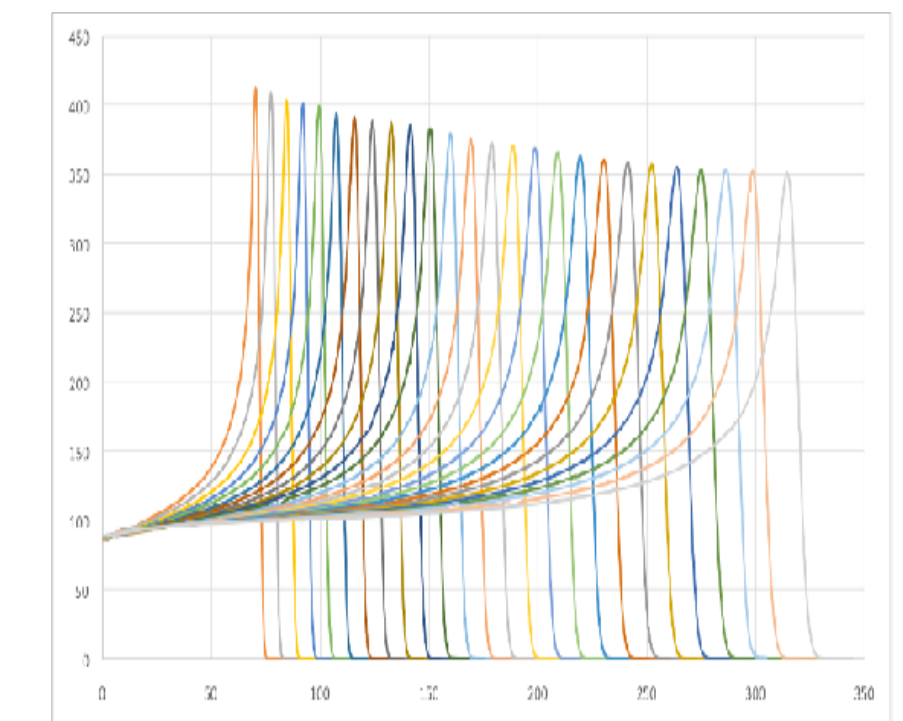
The proton beam is actively scanned to deliver dose to the target

$$\dot{D}(x, y, z) = D(x, y, z)/T$$
$$T = \sum_n \left[T_0(x_n, y_n) \frac{MU_n}{MU_{n0}} \frac{I_0}{I_n} + T_{slew} \right] + \sum_m T_{energy\ switch, m}$$

FLASH is incompatible with what we are doing in proton therapy



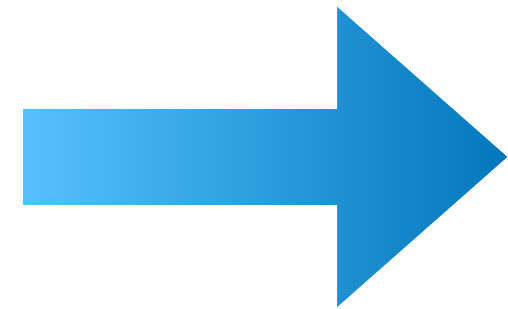
Spot scanning $t \sim \text{ms}$



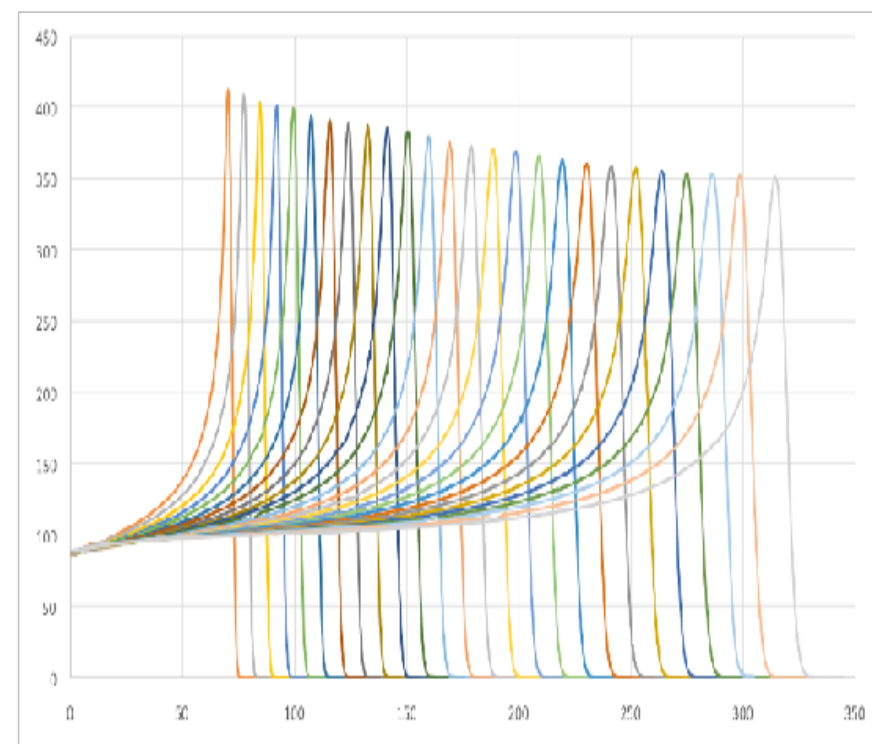
Energy switching $t \sim 0.5\text{-}2\text{s}$

Applications: UHDR irradiation and FLASH proton therapy

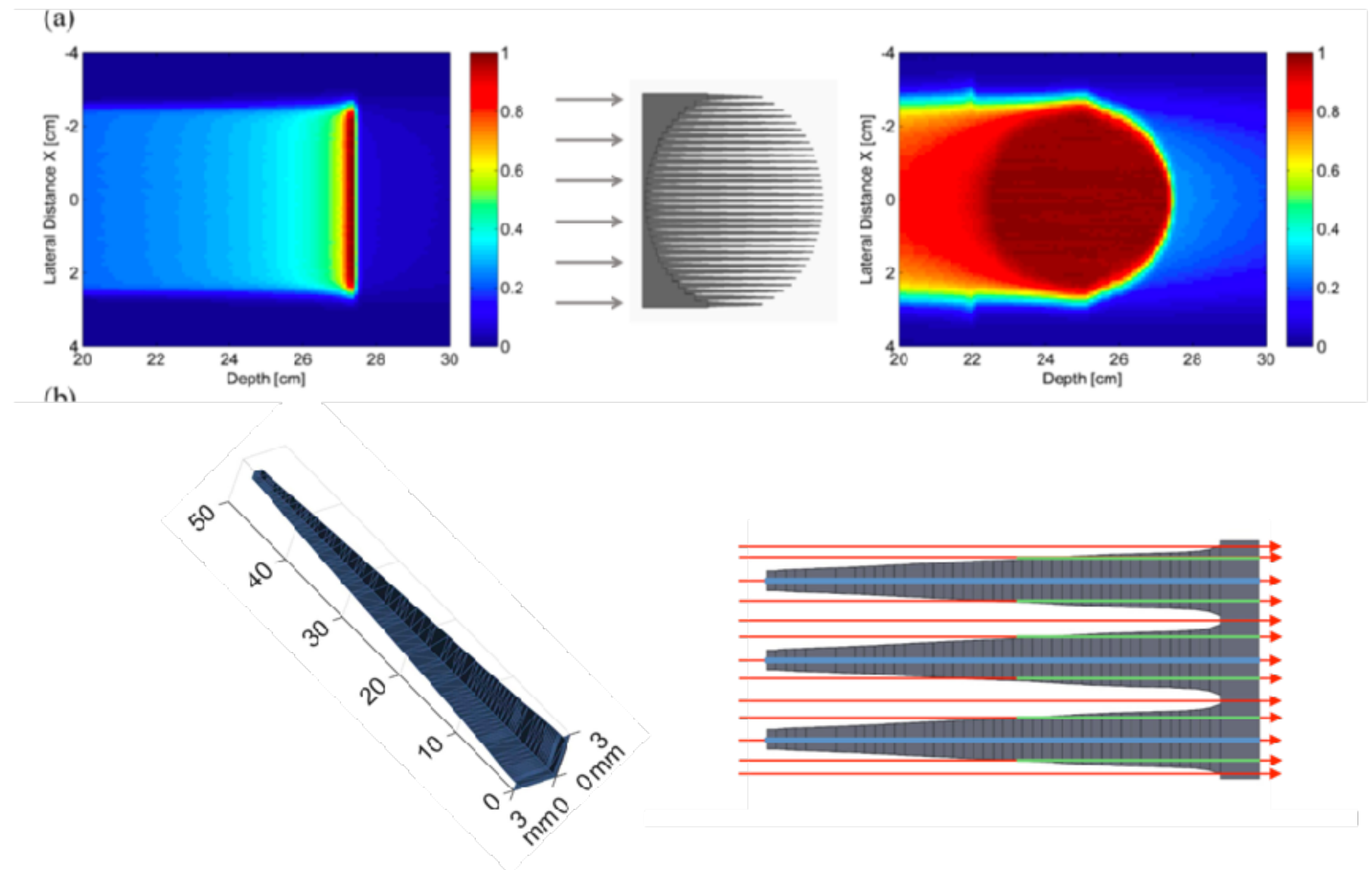
Active scanning



Passive scanning with 3D Range Modulators



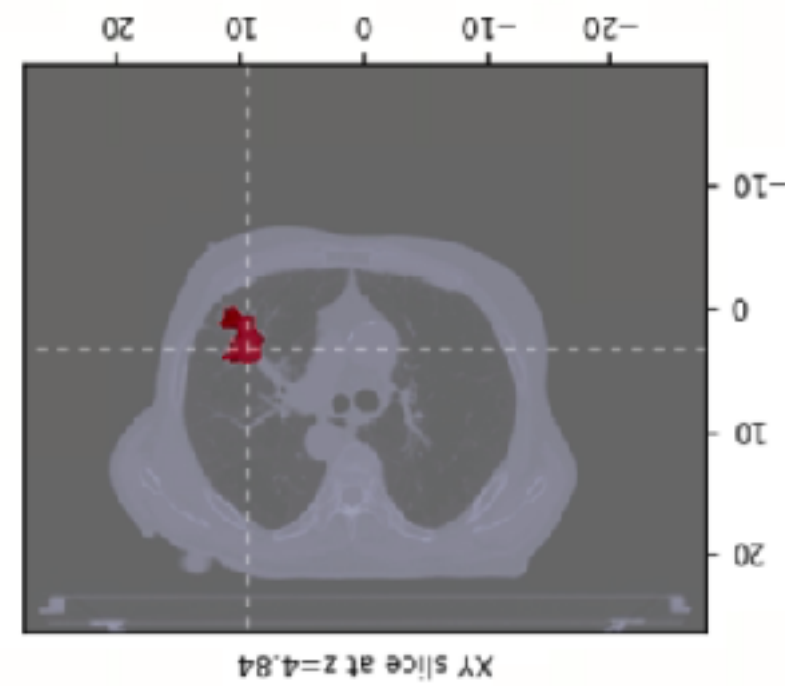
Energy switching $t \sim 0.5-2s$



- 3D printed objects
- Attenuate the protons passively
- No switching, only maximum energy

Applications: UHDR irradiation and FLASH proton therapy

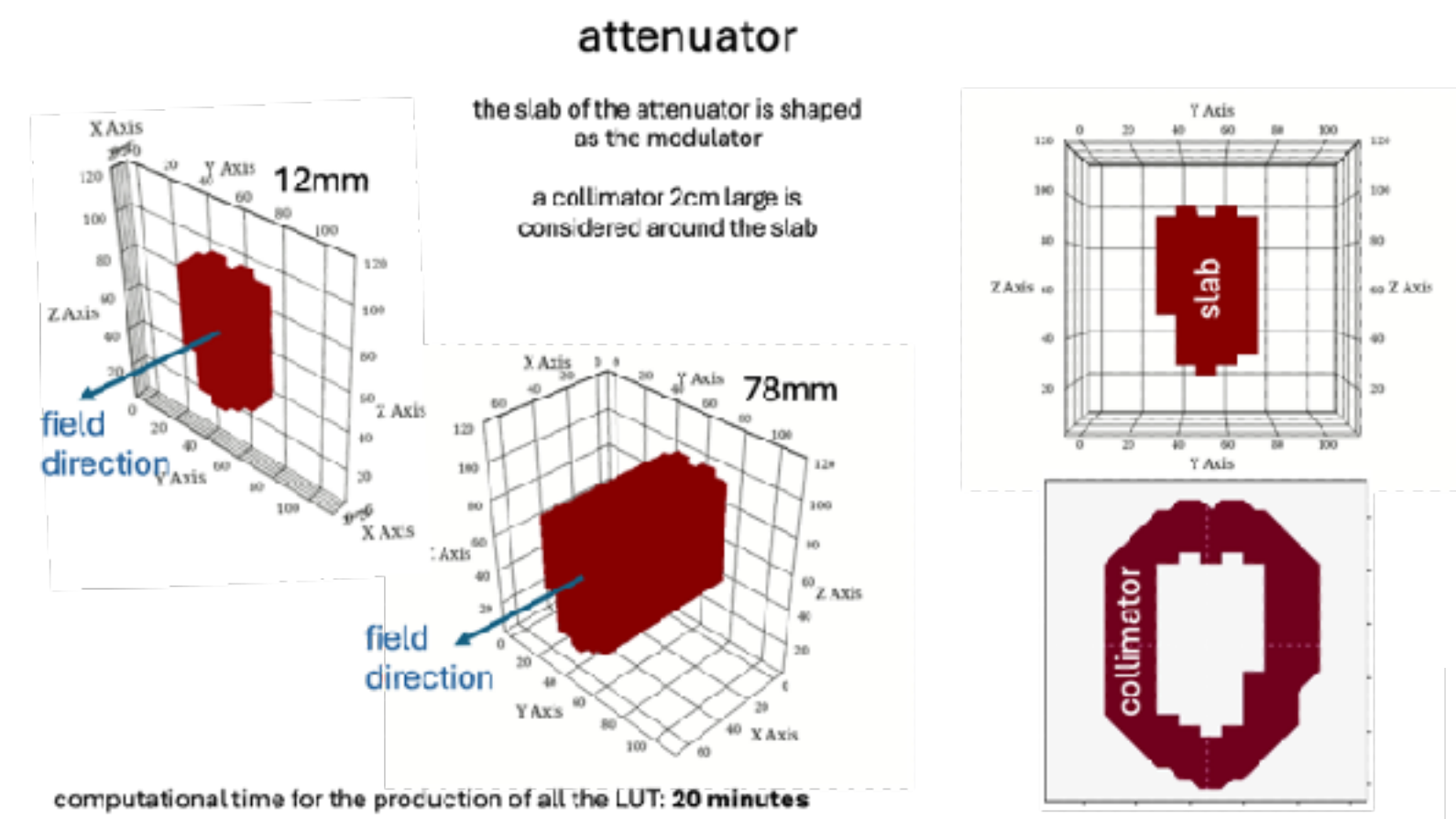
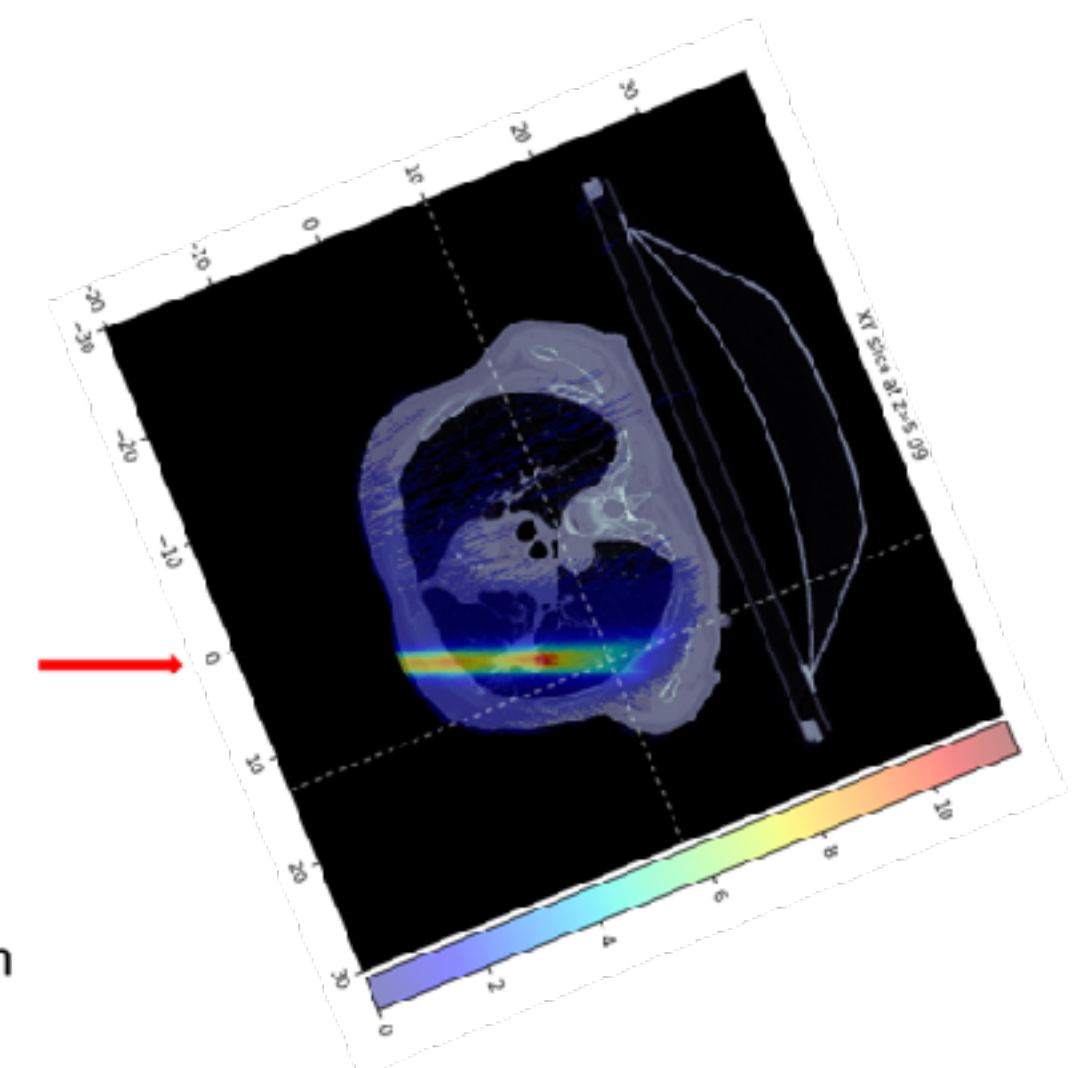
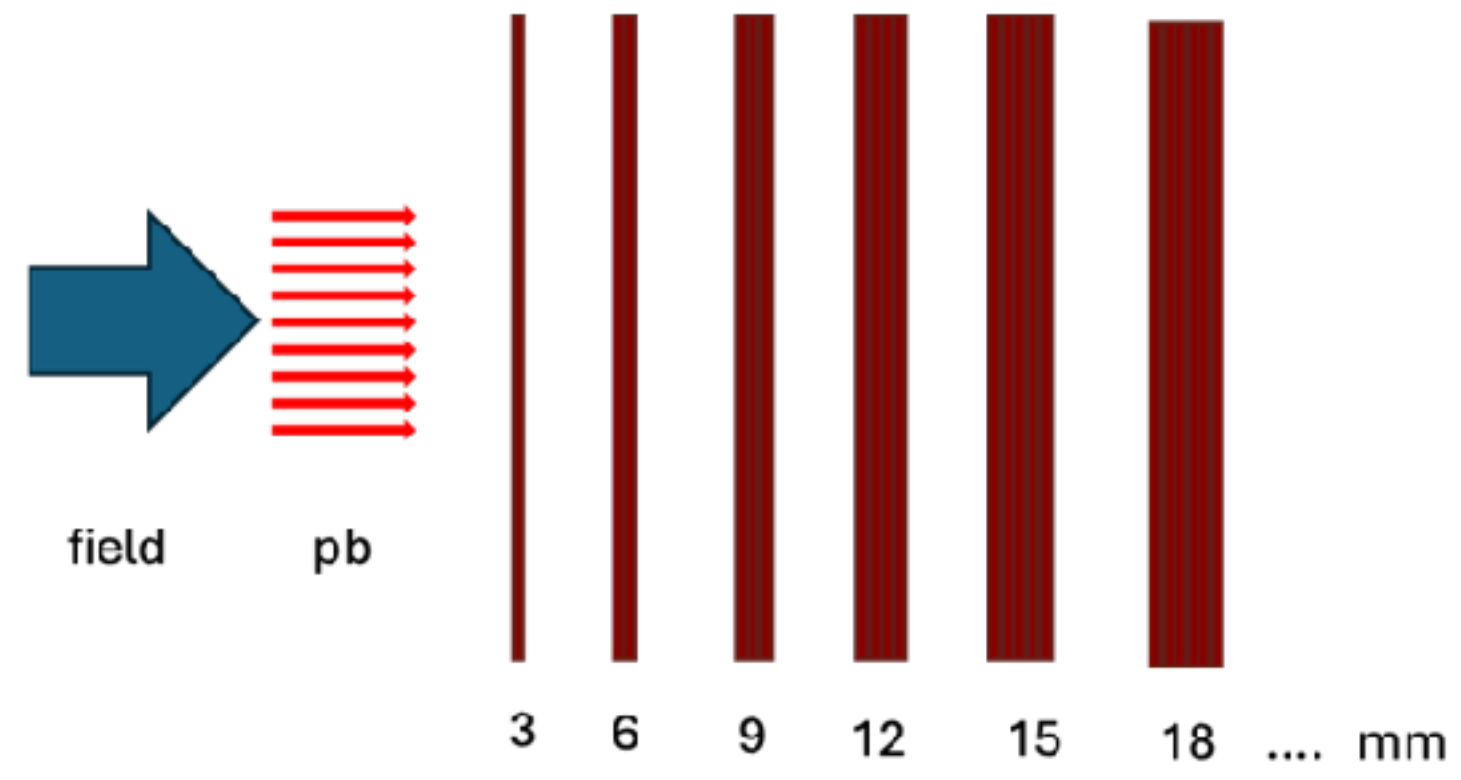
Use of FRED to model the 3DRM



Case: Lung Cancer

- Creation of Look Up Tables (LUTs) of dose distributions with **Fred**
- Opposed to standard analytical methods

for each pb we simulate with FRED a dose map for increasing thickness of the attenuator



computational time for the production of all the LUT: 20 minutes

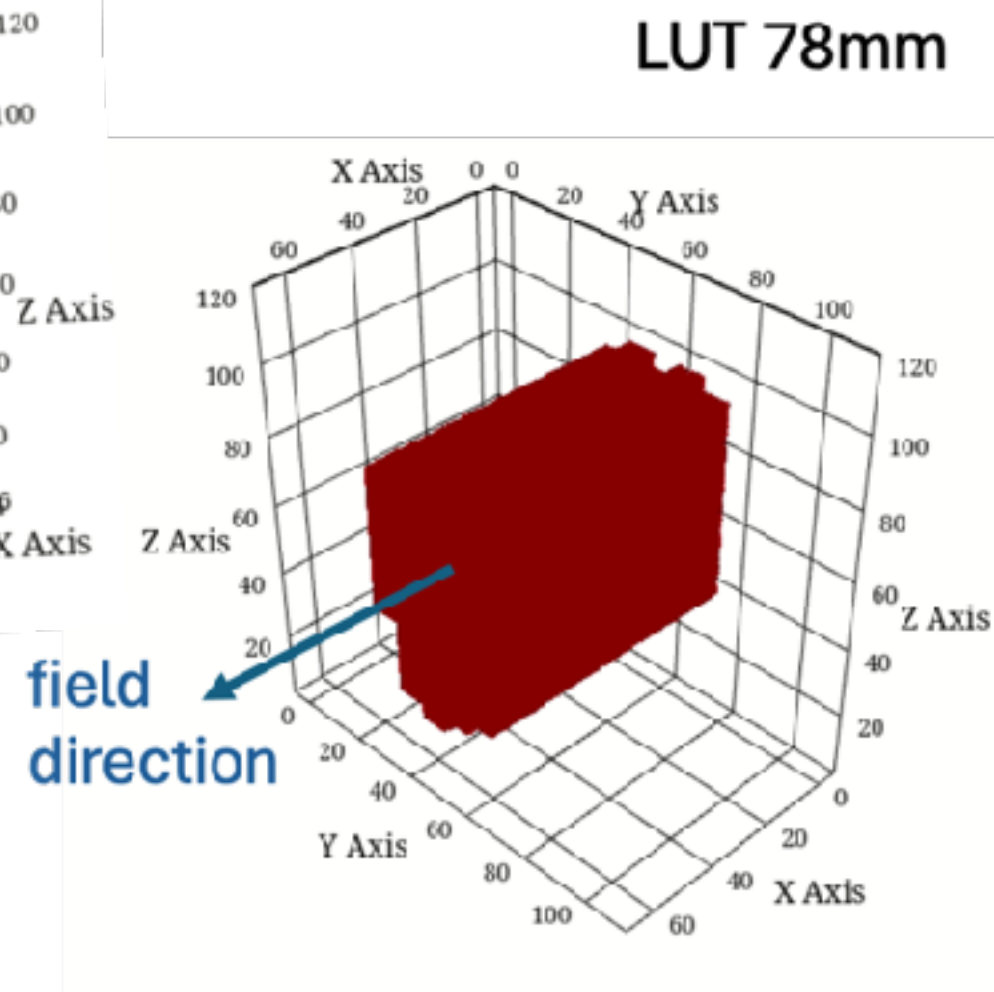
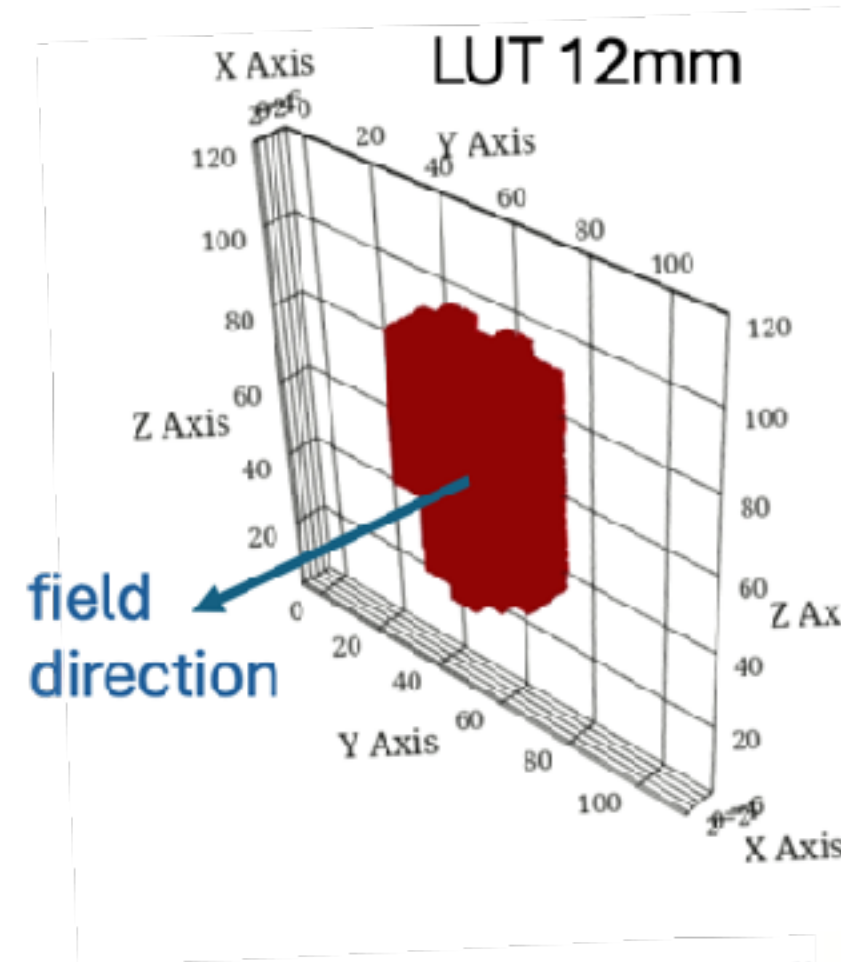


Fast Optimization of Range Modulators 3D

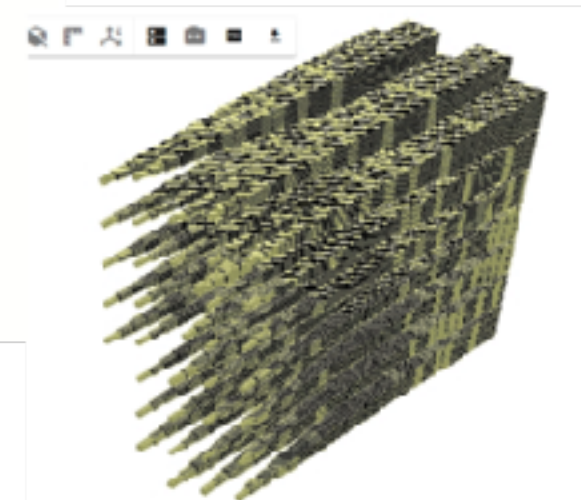
Applications: UHDR irradiation and FLASH proton therapy

Use of FRED to model the 3DRM

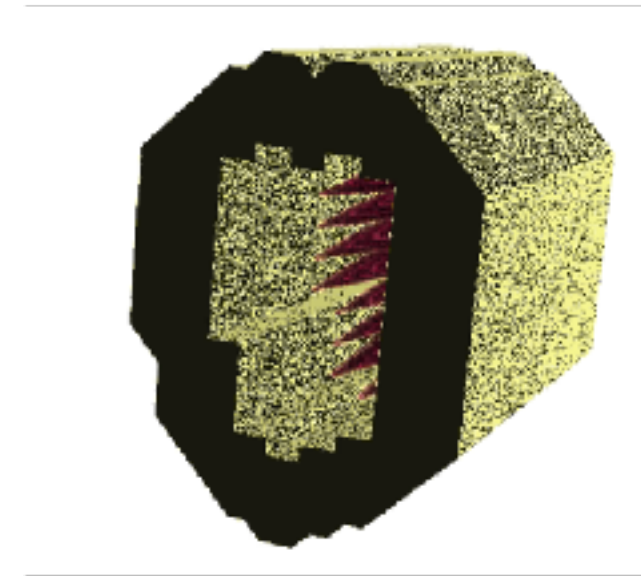
New LUTs



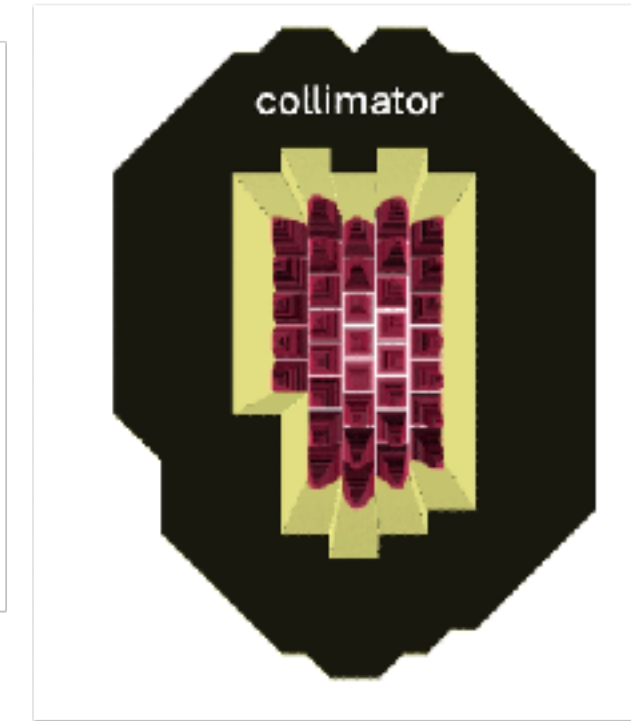
Optimized 3DRM shape



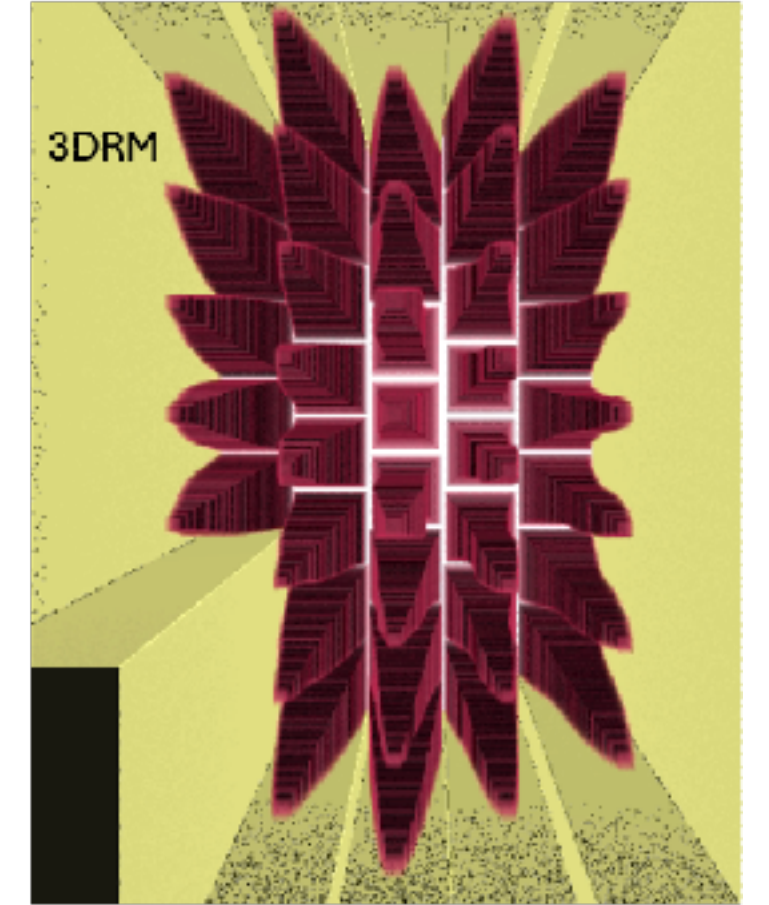
collimator + 3DRM



collimator



3DRM



pb	mm	weight	pin length (res 0.1mm)
1	0.0	2.369	0.80 cm
1	3.0	2.318	0.79 cm
1	6.0	2.430	0.77 cm
1	9.0	2.390	0.75 cm
1	12.0	2.448	0.74 cm
1	15.0	2.560	0.72 cm
...
2	0.0
...

Applications: UHDR irradiation and FLASH proton therapy

Comparison with the active case:

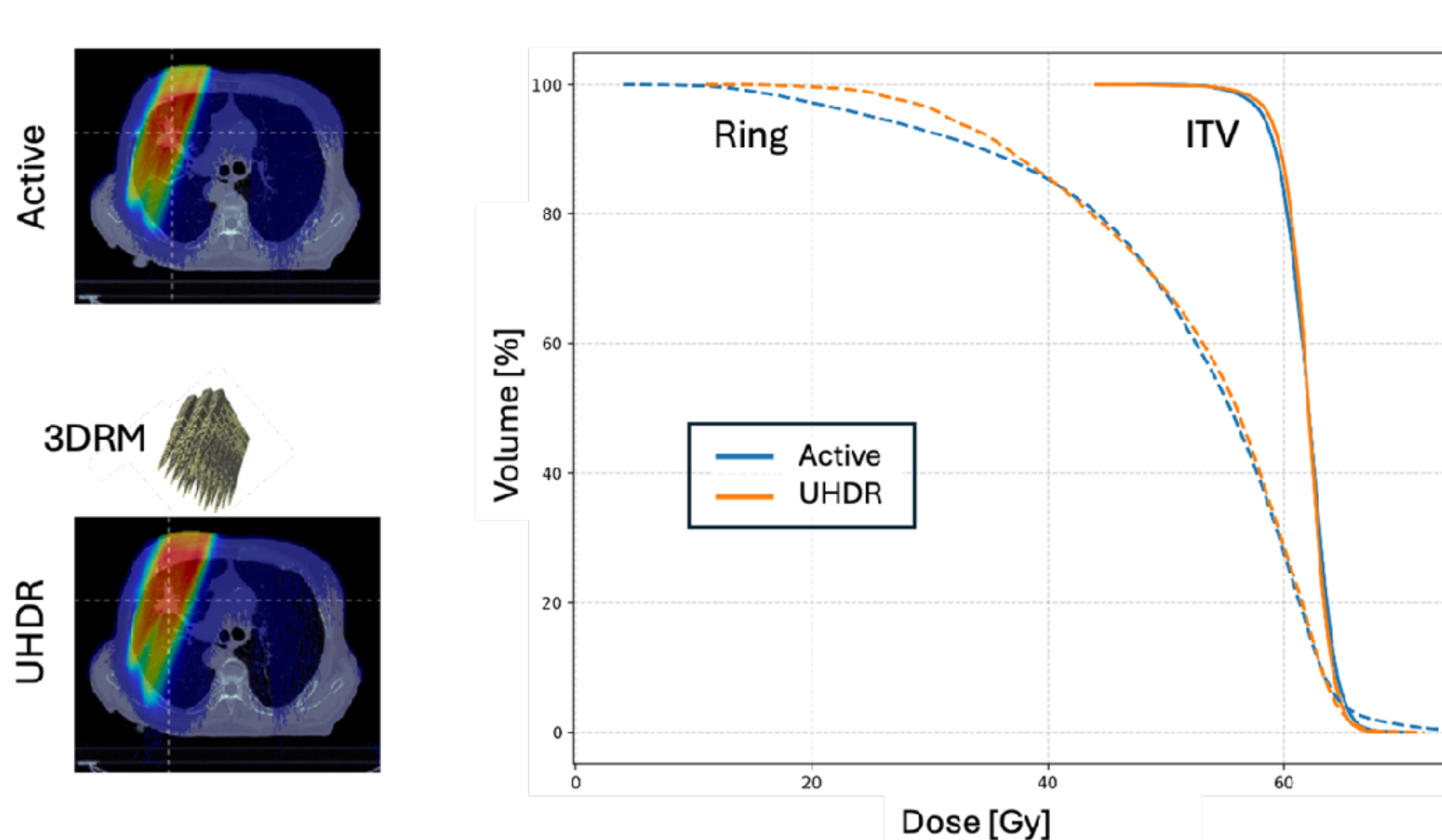
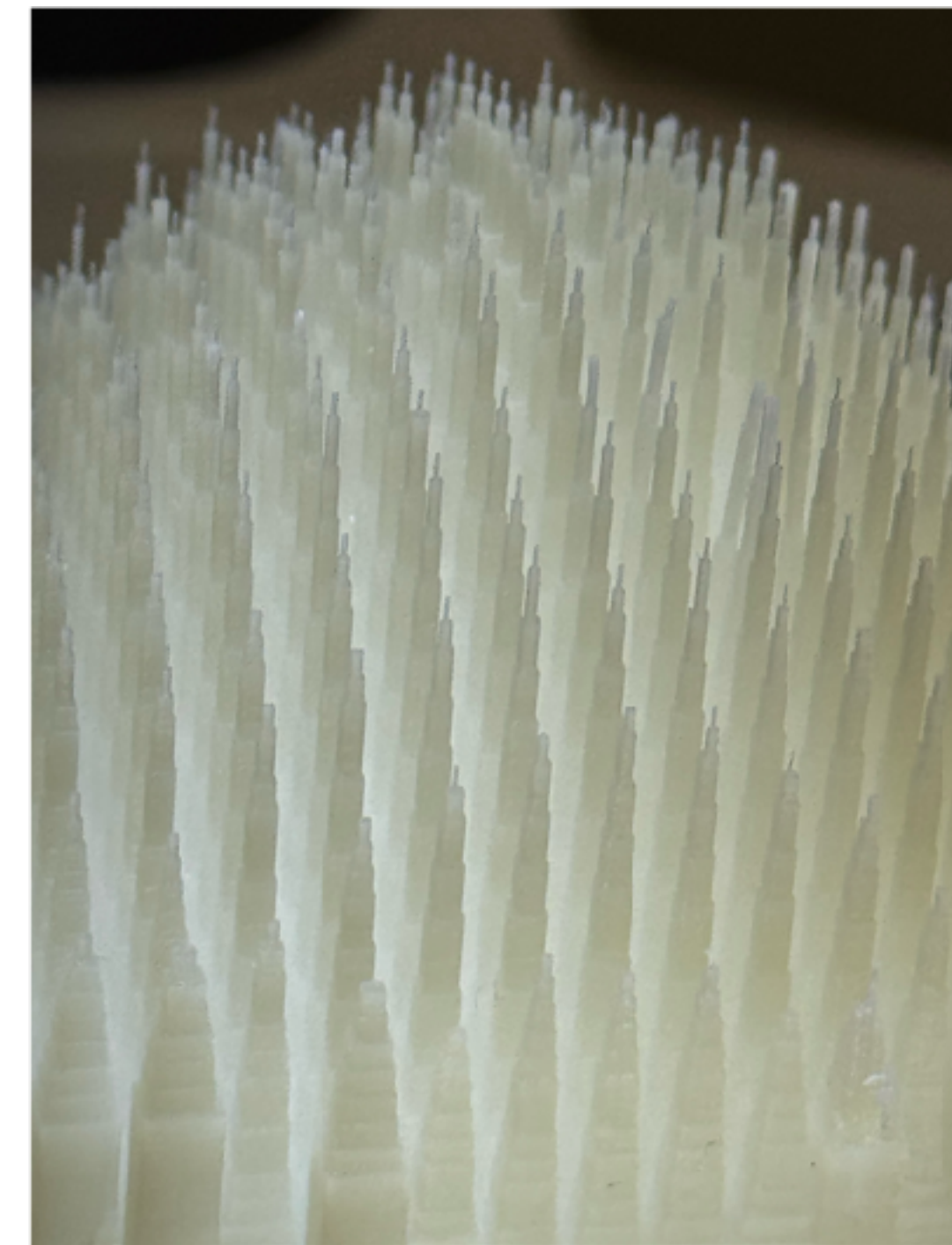
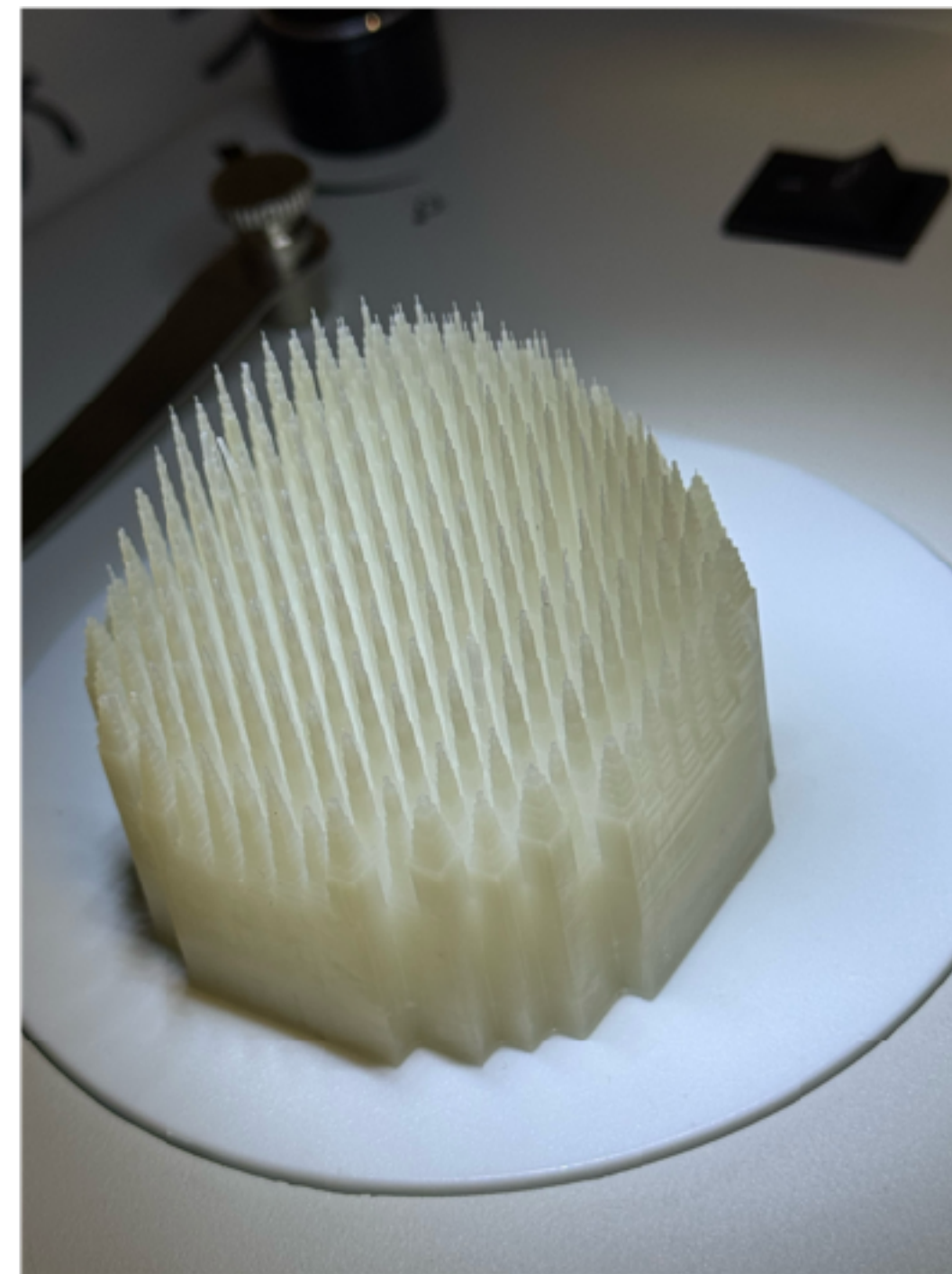
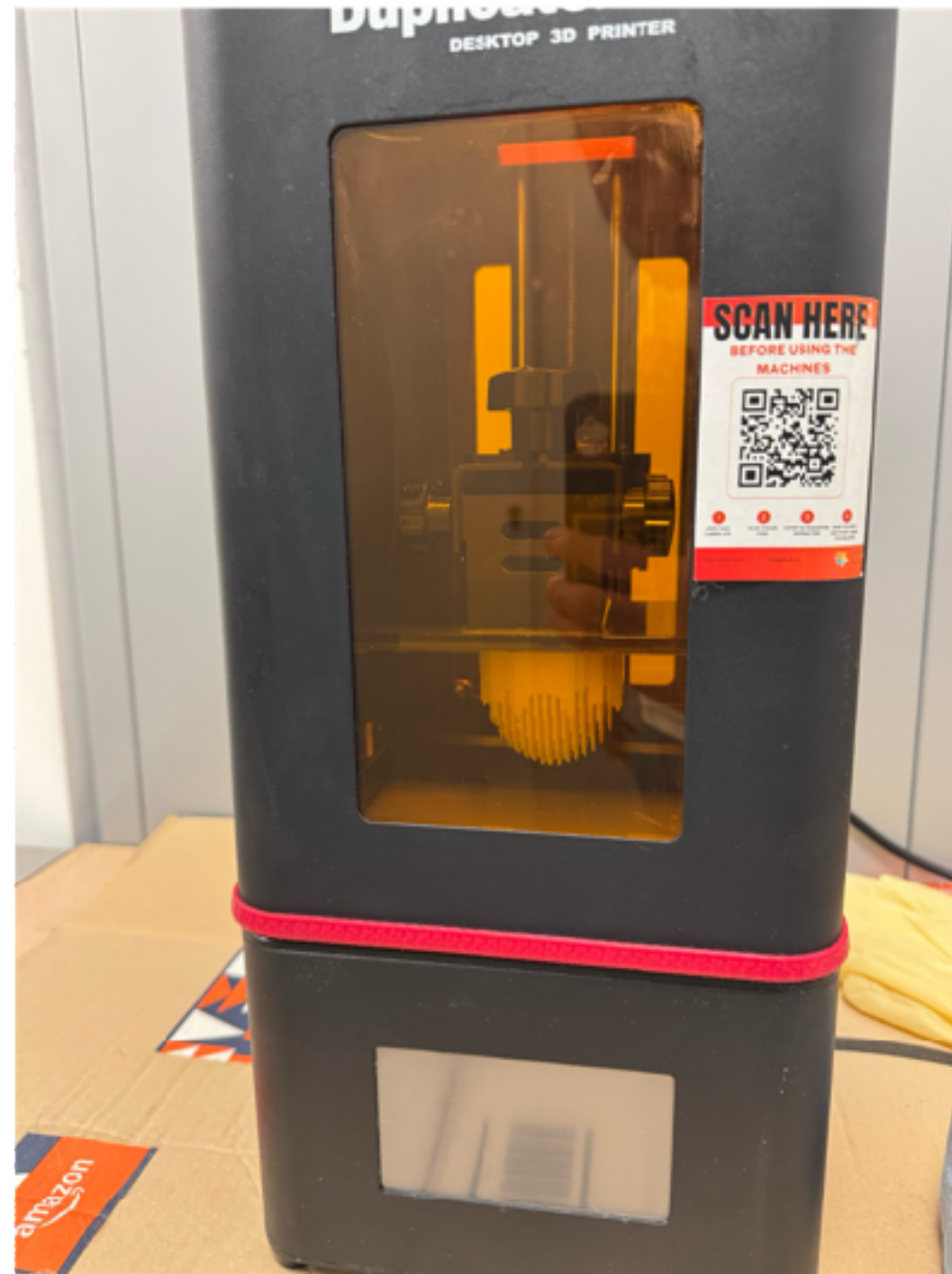


Fig.1: Dose distribution for the active plan and passive (UHDR) plan (left), and corresponding DVHs for the ITV and Ring structures (right).

Applications: UHDR irradiation and FLASH proton therapy

Printing of the modulator:



Incoming event on FLASH radiotherapy:



Submit your abstract before 31st of March!!!

<https://4thflashworkshop.unitn.it/>