

Linear or Lineal?

HOW LINEAL ENERGY IS RELATED TO LINEAR ENERGY TRANSFER AND HOW IT IS NOT

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Agenda

Motivation

First part

Definitions and playing with the concepts

Discussion and Q&A

Second part

Clinical use

Outlook and comments

Discussion and Q&A



Motivation and goals

Ion beams are commonly used in therapy

The dose is not sufficient to describe the radiation fields

To describe the biological effectiveness, it is necessary to classify the radiation in terms of **radiation quality** considering how its energy is deposited in micrometric or nanometric volumes.

- Q. Can we know **PRECISELY** the mechanisms that link radiation quality to clinical outcomes?
- A. No. But still it is essential.

Our goal is to find an **univocal** way to describe radiation quality and, from this, to find correlations **to the outcomes** on patients.

First Part



Radiation Quality

Let us start from the general concept of **radiation quality** which, in its more general forms, can be stated as:

“...the nature and velocity of the charged particles that deliver the dose”

OR, equivalently:

“the type and energy of the particles crossing the site”

Those are very simple definitions which emphasize how different particles and same particles at different energies may lead to rather different effects on cells.

It is unfeasible to provide this RQ experimentally

Radiation quality specifiers

Linear Energy Transfer, LET

Used in clinical applications

Lineal energy, y

Several experimental studies in clinical beams but never directly used in clinics

Linear Energy Transfer as defined by ICRU (85)

The *linear energy transfer* or *restricted linear electronic stopping power*, L_{Δ} , of a material, for charged particles of a given type and energy, is the quotient of dE_{Δ} by dl , where dE_{Δ} is the mean energy lost by the charged particles due to electronic interactions in traversing a distance dl , minus the mean sum of the kinetic energies in excess of Δ of all the electrons released by the charged particles, thus

$$L_{\Delta} = dE_{\Delta} / dl$$

Unit: keV· μm^{-1} .

[ICRU report 85: Fundamental quantities and units for ionizing radiation Get access, International Commission on Radiation Units and Measurements, JICRU 11-1 (2011) <https://doi.org/10.1093/rpd/ncs077>]

Lineal Energy as defined by ICRU (85)

The *lineal energy*, y , is the quotient of ε_s , by \bar{l} , where ε_s is the **energy imparted** to the matter in a given volume by a single **energy-deposition** event and \bar{l} is the mean chord length of that volume, thus

$$y = \varepsilon_s / \bar{l}$$

Unit: keV· μm^{-1}

- the energy imparted ε_s is the sum of all energy deposits ε_i : $\varepsilon_s = \sum_i \varepsilon_i$,
- the energy deposit in a single interaction is $\varepsilon_i = \varepsilon_{in} - \varepsilon_{out} + Q$;
 - where ε_{in} is the energy of the incident ionizing particle (excluding rest energy); ε_{out} is the sum of the energies of all charged and uncharged ionizing particles leaving the interaction; Q is the change in the rest energies of the nucleus and of all elementary particles involved in the interaction ($Q > 0$: decrease of rest energy)
- and \bar{l} is mean length of randomly oriented chords (uniform isotropic randomness) through that volume (this definition is under discussion and could be revised).

[ICRU 85 <https://doi.org/10.1093/rpd/ncs077>]

Radiation quality specifiers

Linear energy Transfer, LET

Lineal energy, y

Both are describing the energy exchanged from the primary ionizing particles crossing the medium of very small sizes

Different 'energies' of LET and y

LET

is a *non-stochastic* quantity

LET is (generally) *computed*

considers energy *transferred* in the collision

only *electronic* collisions are examined

the cuts on delta rays are in *energy*

y

is a *stochastic* quantity

y is (generally) *experimental*

considers the energy *imparted* to the site

both, *electronic* and *nuclear* interactions are examined

the cuts on delta rays are in *range*

Different 'energies' of LET and γ

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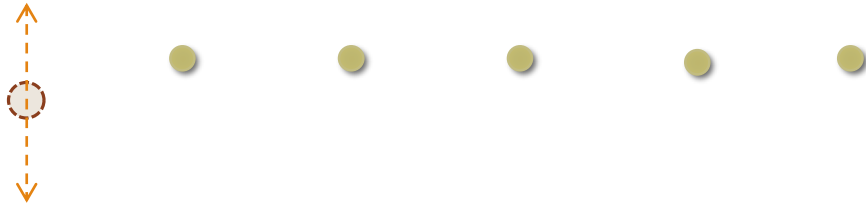
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Stochasticity

LET is non stochastic:

A particle, defined in type and energy has a unique value of LET. **LET here is not \bar{L}_D or \bar{L}_T**



y is stochastic

The same particles with the same energy

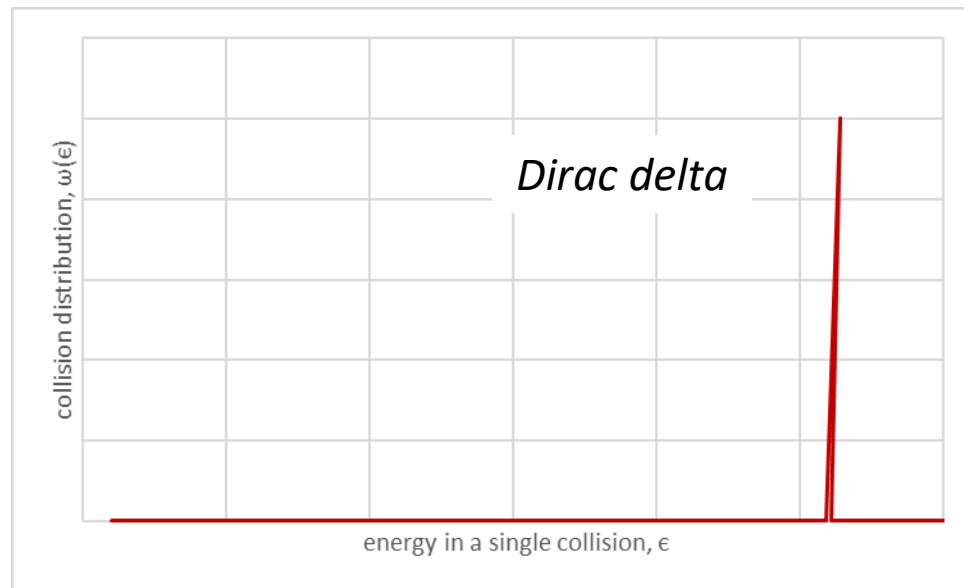


(very simplified illustration)

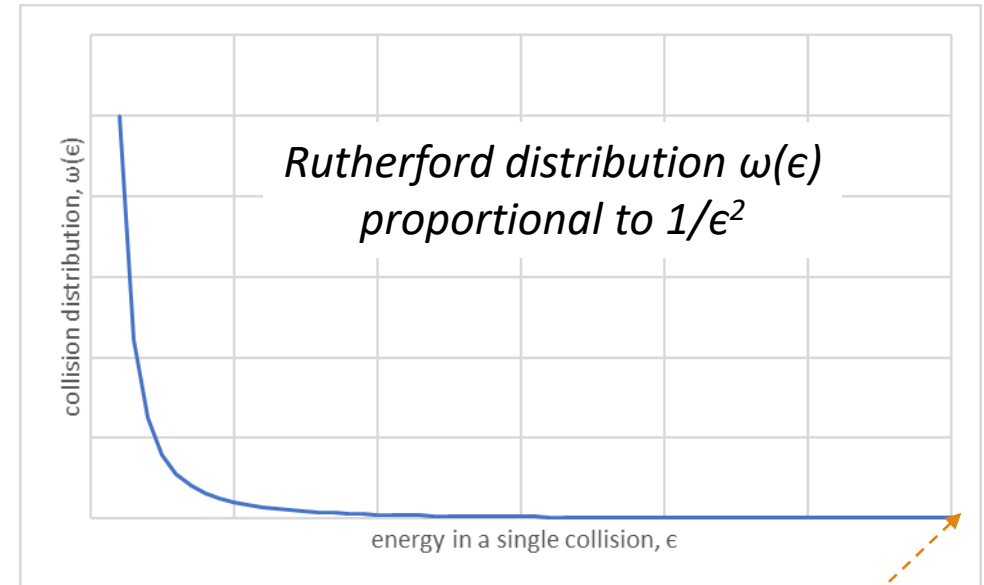
Stochasticity

distribution of energy exchanged in a **single electronic collision**:

LET



y



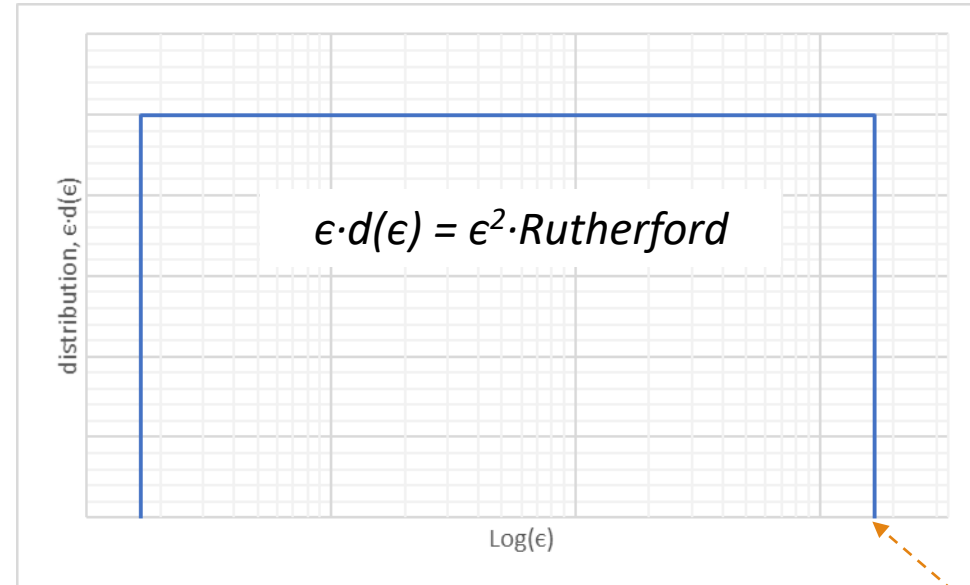
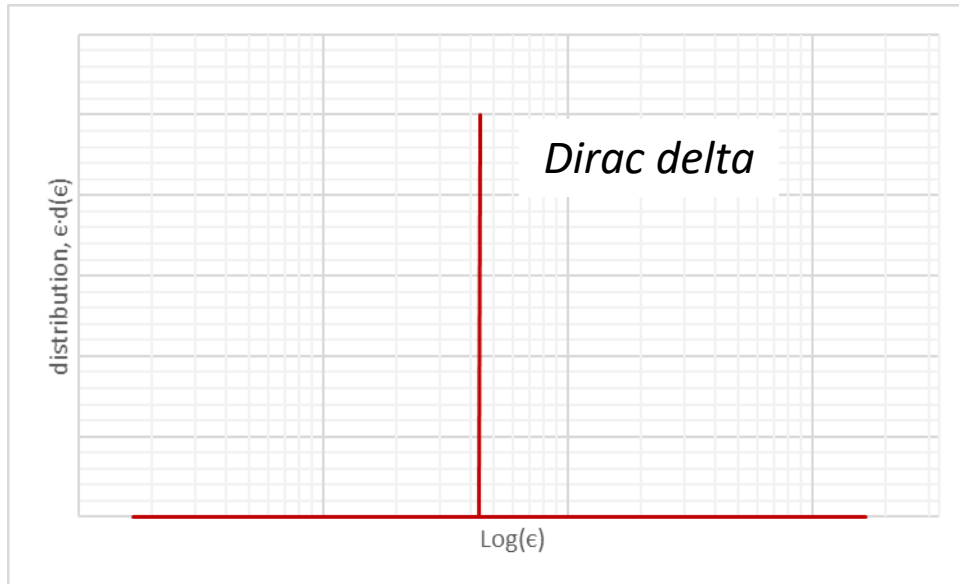
The distribution continues above zero for values of ϵ hundreds or thousands times larger.

Stochasticity

distribution of energy exchanged in a single electronic collision:

LET

y



Different representations

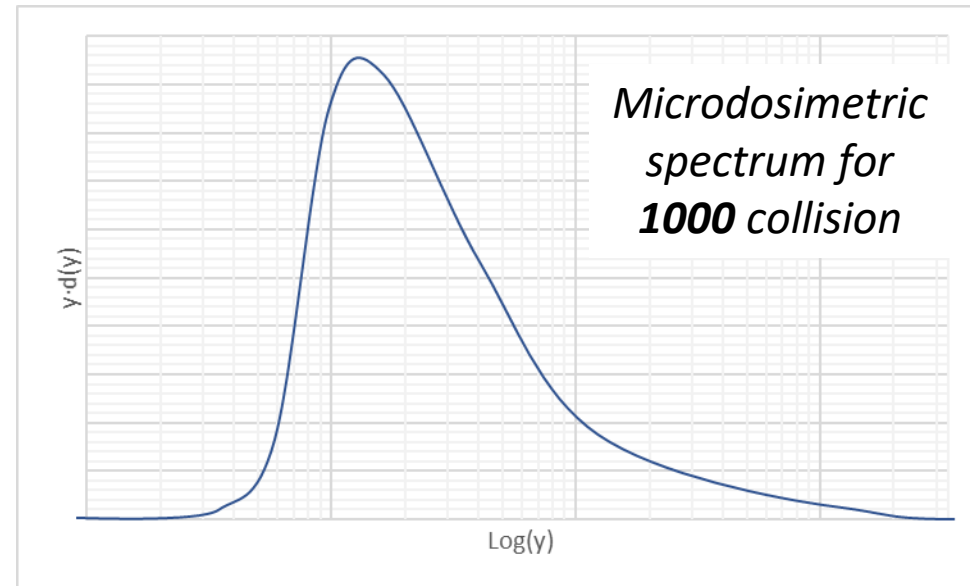
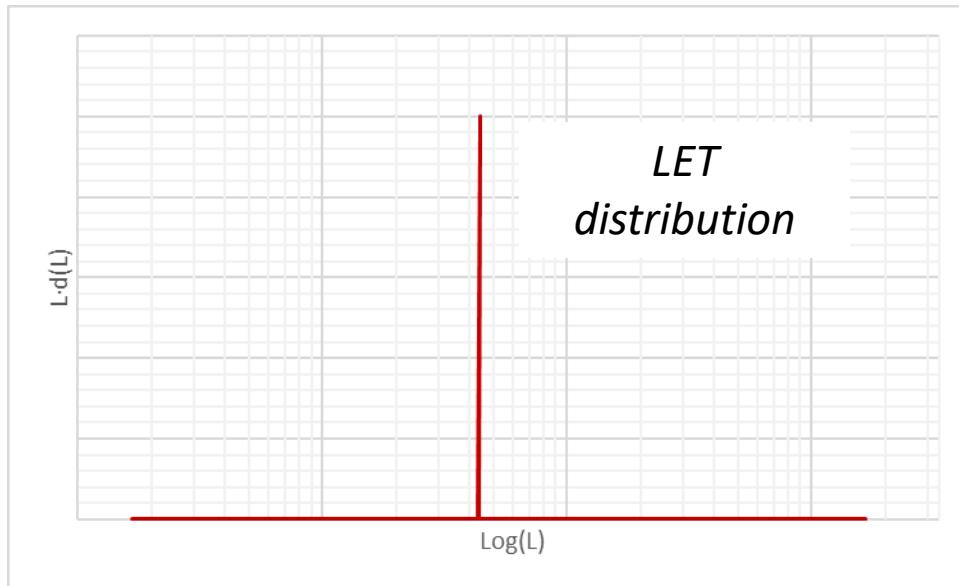
The maximum value of ϵ is proportional to the energy of the ion

Stochasticity

distribution of energy in **multiple** electronic collisions:

LET

y



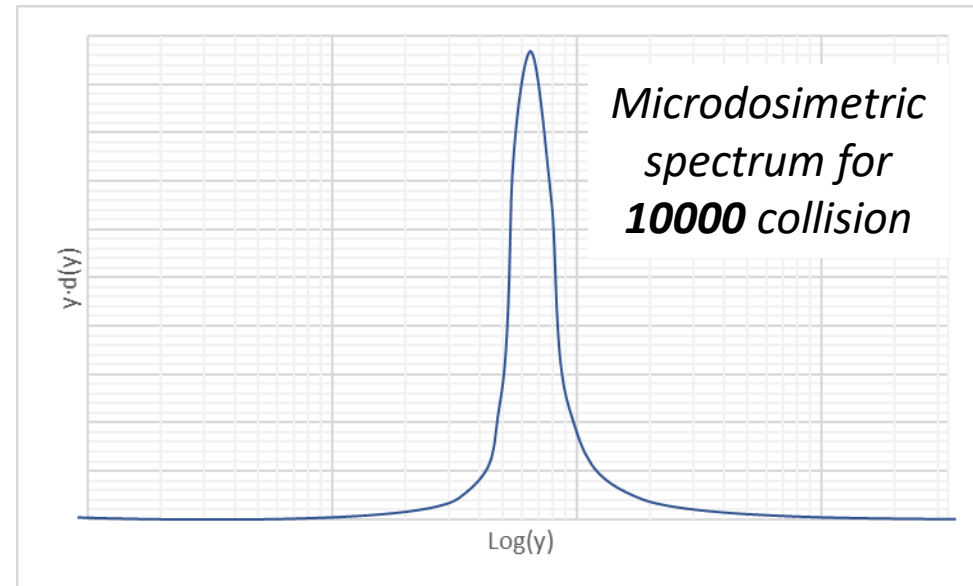
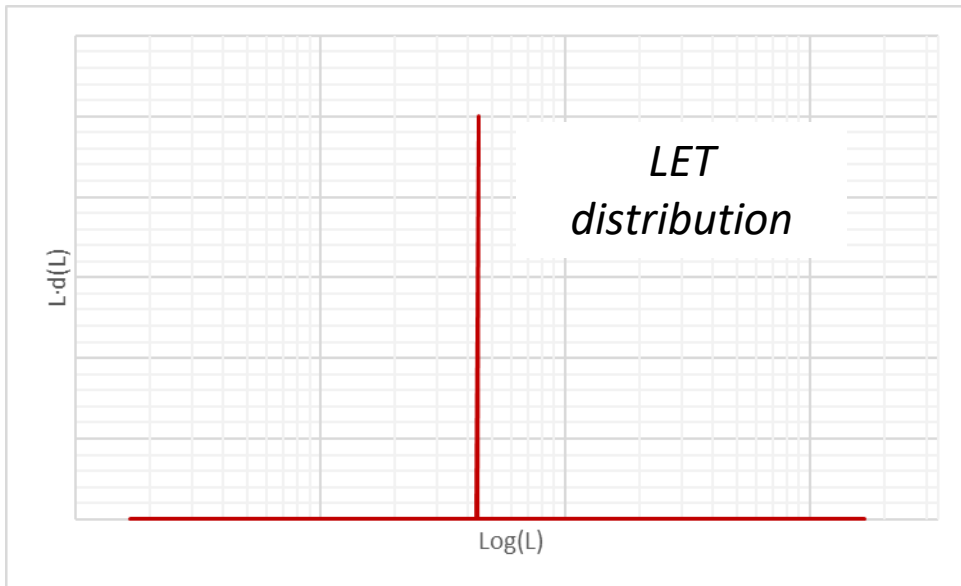
The theorem of central limit assures that the distribution, which represent multiple electronic collisions of the primary particle, progressively approximates the Gaussian distribution with the increasing of the number of collisions

Stochasticity

multiple electronic collision:

LET

y



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More on the 'energies' of LET and y

LET

energy *transferred* in *electronic* collisions

= electronic stopping power

$$-\left. \frac{dE}{dx} \right|_{elec.} = LET$$

same quantity, different users

y

energy *imparted* in *electronic* + *nuclear* interactions

For the energies used in ion-beam therapy, the electronic component is the most important; and the nuclear interactions assumed to be negligible.

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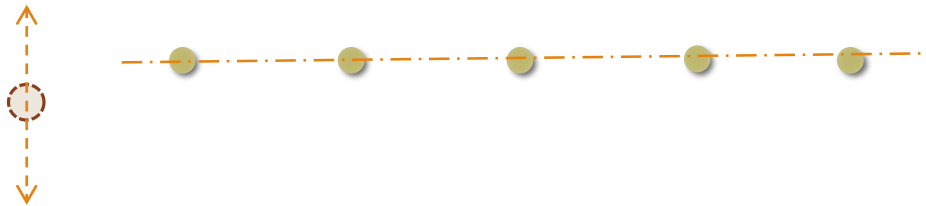
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Delta-ray cutoff

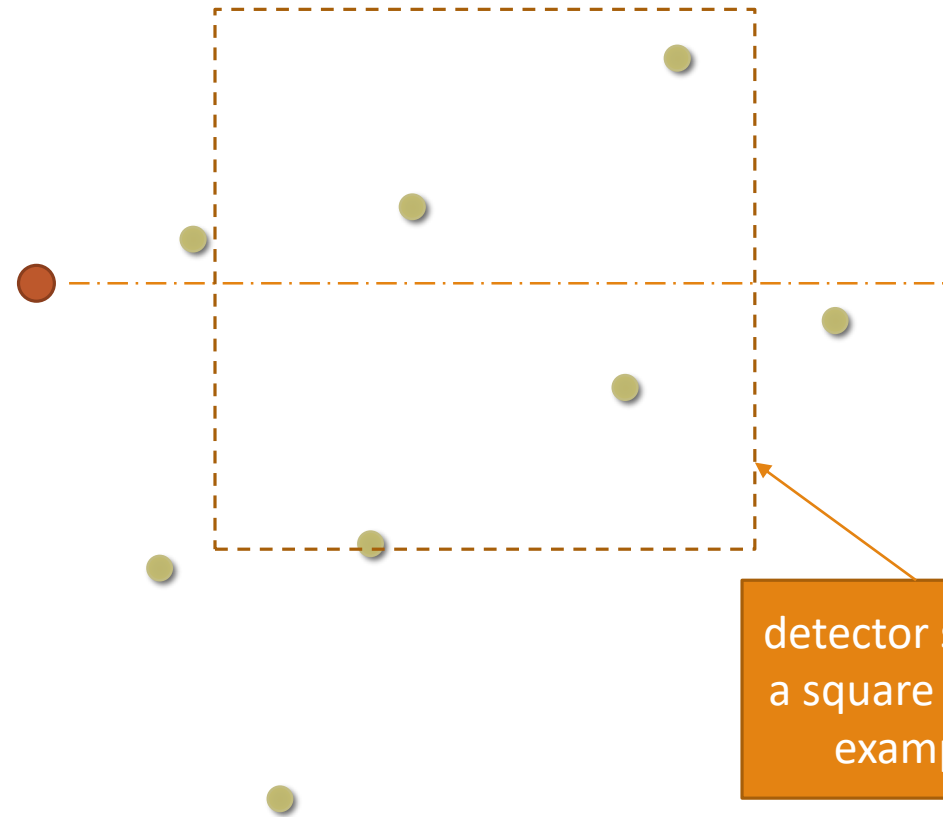
restricted LET: energy cutoff



(very simplified illustration)

energy threshold for instance 100 eV in "LET₁₀₀"

y: geometric cutoff



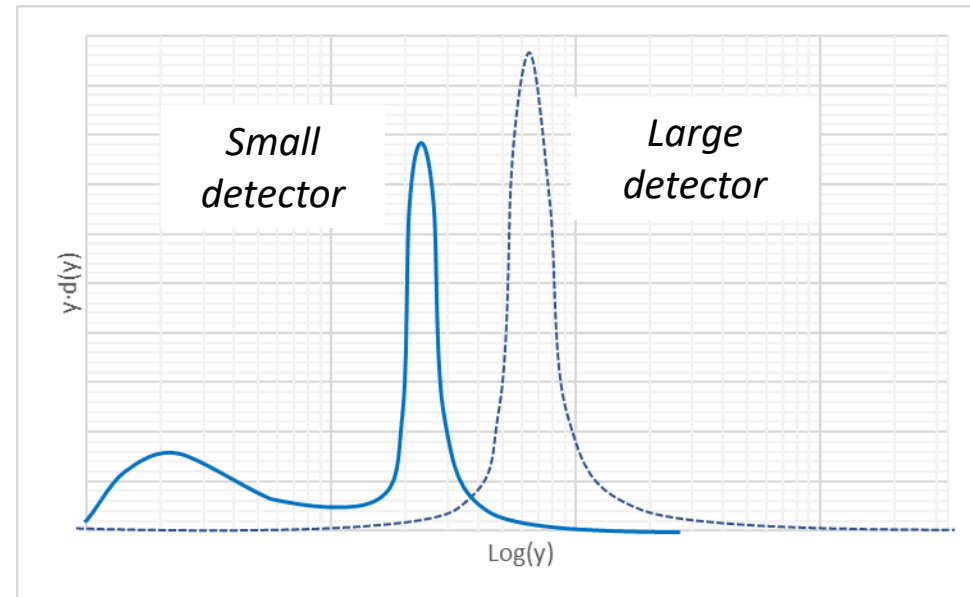
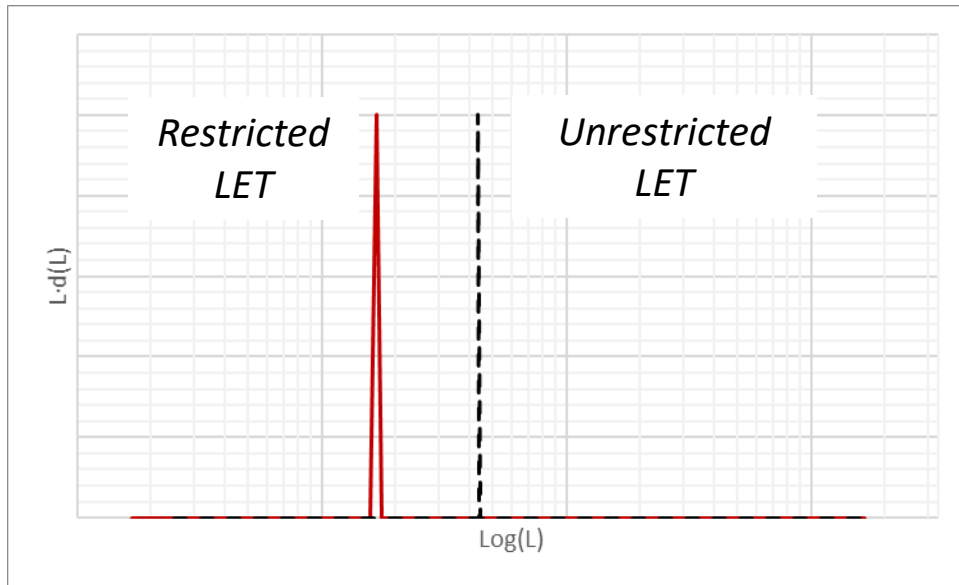
detector shape: a square in this example

Delta-ray escape

for **multiple** electronic collisions:

Restricted LET

y



In ion beam therapy, always unrestricted LET is used

In smaller detector higher escape.

The partial tracks of externa delta rays maintain the energy equilibrium

Second Part



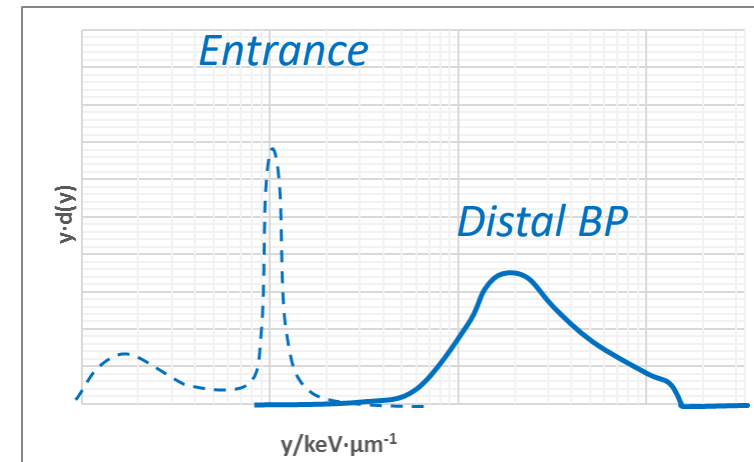
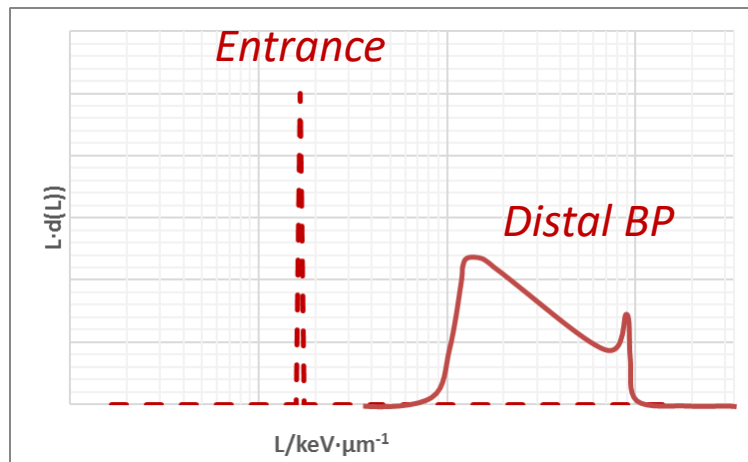
Ion beams

At the entrance for high-energy beams, the beam is monoenergetic: LET and y change slowly with the depth and they can be represented as a Dirac delta and a quasi-Gaussian

Penetrating the target, the particle energies are more heterogeneous, the nature of the radiation quality is expressed by distributions in large intervals of $\text{keV}\cdot\mu\text{m}^{-1}$.

Unrestricted LET

• y

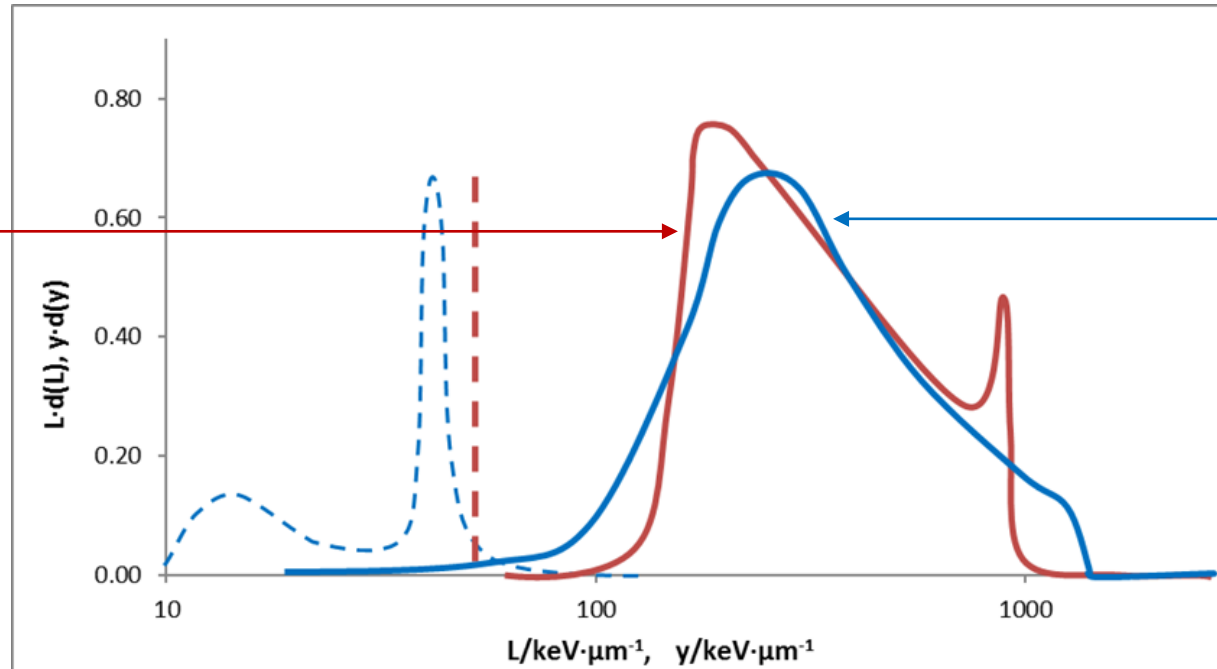


At high energy, the LET density distribution is the overlap of Dirac delta distributions

The microdosimetric spectrum is also affected by the shape of the detector.

Ion beams

Distribution of unrestricted LET in water



microdosimetric spectrum in a sphere of propane

- Despite the different profiles, there is a common trend of the LET distributions and the lineal energy spectra: at the higher depths higher energy densities.
- The transformations from LET distribution to γ spectra can be done analytically considering the shape and the material of the microdosimeter. [Magrin, Phys. Med. Biol. 63 (2018) 215021]

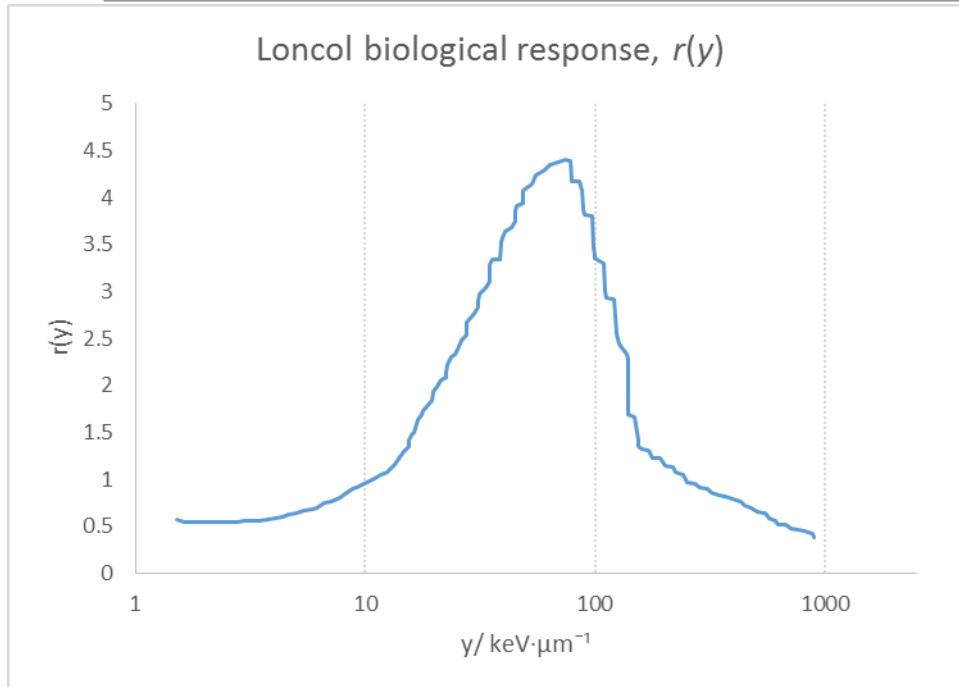
Radiation Quality and Ion-Beam therapy

The microdosimetric Relative Biological Effectiveness: $RBE_{\mu D}$

L(ocal) **E**(ffect) **M**(odel)

M(icrodosimetric) **K**(inetic) **M**(odel)

Microdosimetric Relative Biological Effectiveness, RBE_{μ}



function, $r(y)$

$r(y)$ computed **unfolding radiobiological data** collected in photon, neutron, and proton radiation.

Proposed by Pihet in 1990 [1],

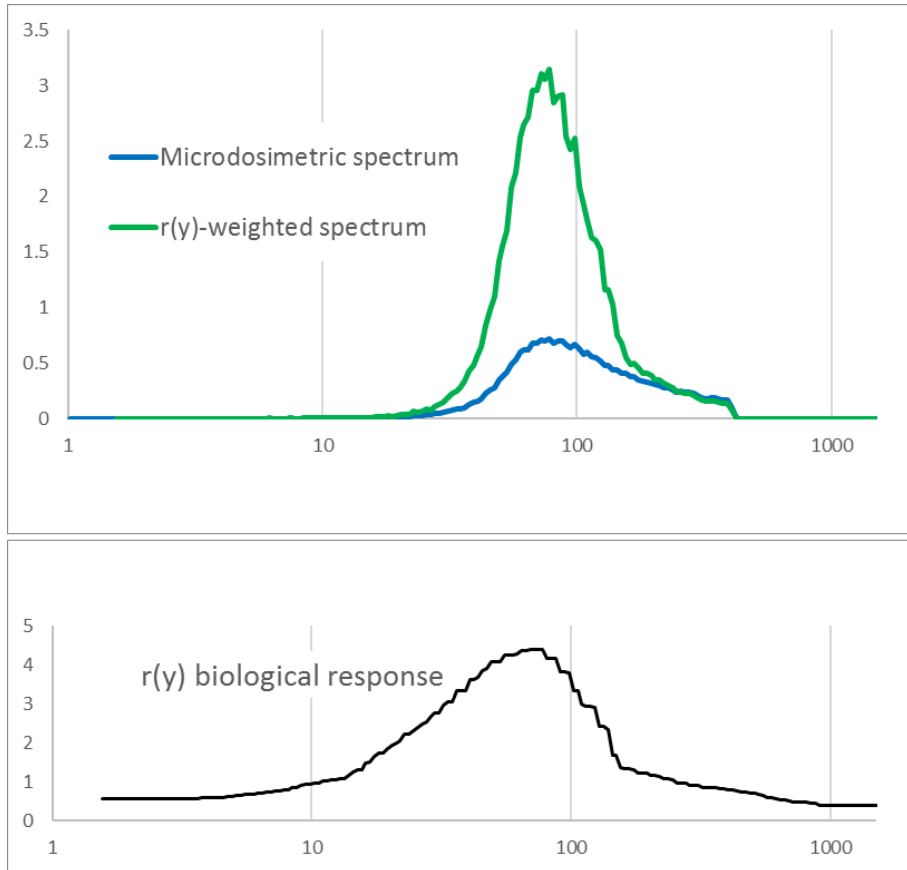
Used by Loncol in 1994 [2]

Revisited by Parisi in 2020 [3]

- [1] P Pihet et al., Radiat Prot Dosimetry, 31-1/4 (1990) 437-42
- [2] T Loncol et al., Radiat Prot Dosimetry, 52-1/4 (1994) 347-352
- [3] A Parisi et al. Phys Med Biol, 65-23 (2020) 235010

$$RBE_{\mu D} = \int_0^{\infty} r(y) \cdot d(y) dy$$

Microdosimetric Relative Biological Effectiveness, RBE_{μ}



$$RBE_{\mu D} = \int_0^{\infty} r(y) \cdot d(y) dy$$

The integral ($RBE_{\mu D}$) is larger for microdosimetric spectra which have large contributions in the interval between $30 \text{ keV} \cdot \mu\text{m}^{-1}$ and $200 \text{ keV} \cdot \mu\text{m}^{-1}$

Radiation Quality and Treatment Planning

- Radiation quality in clinics is **only present in** the (black box) of the **Treatment Planning Systems**
- Radiation quality computations through models, the Local Effect Model and Microdosimetric Kinetic Model

LEM:

- **Amorphous track structure**

MKM:

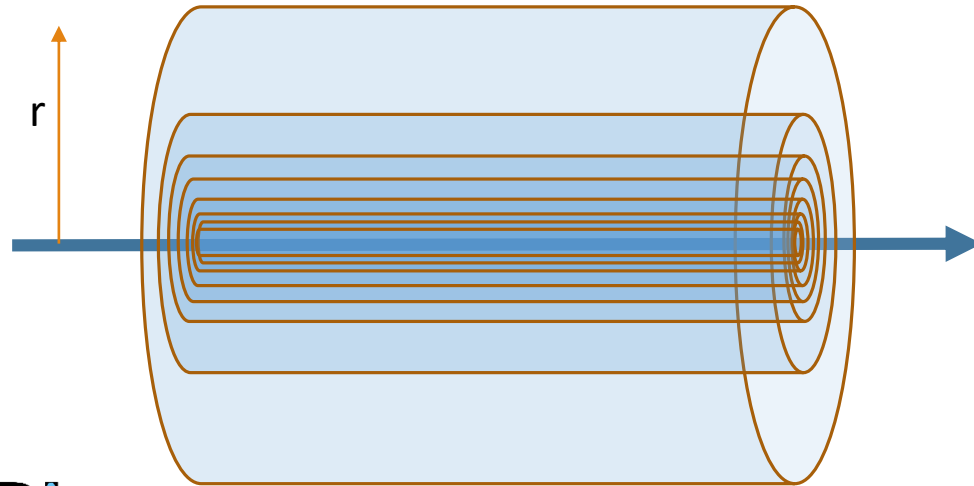
- Input from **saturated dose-mean lineal energy, y^***

Local Effect Model

LEM predicts the effects of high-LET radiation based on the known effects of low-LET radiation:

The amorphous track structure approach with local dose
 $D(r) \sim 1/r^2$

Toward nanodosimetry specification
(microdosimetry deals with the whole particle track, nanodosimetry with the sub-structure of the track)



Microdosimetric Kinetic Model

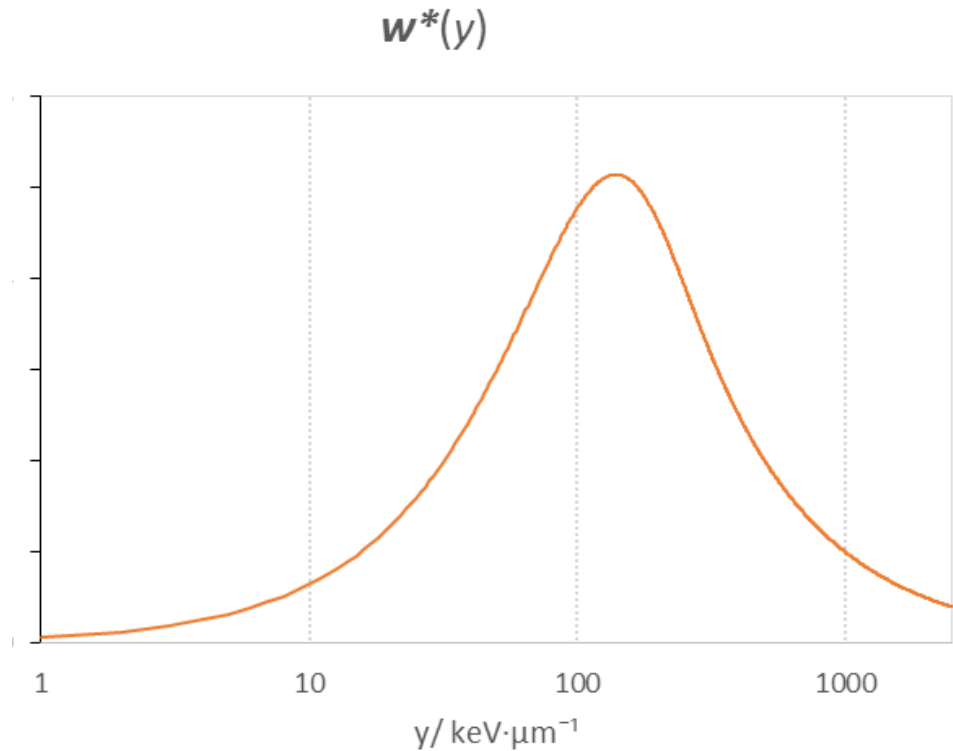
The RBE_{10}
(10% survival dose of HSG cells):

$$RBE_{10} = \frac{D_{10,R}}{D_{10}} = \frac{2\beta D_{10,R}}{\sqrt{\alpha^2 + 9.21\beta} - \alpha}$$

The “microdosimetric” **saturation-corrected dose-mean lineal energy**, y^* , is used in the survival fractions, $S = e^{-(\alpha D + \beta D^2)}$:

$$\alpha = \alpha_o + \frac{\beta}{\rho\pi r_d^2} y^*$$

Microdosimetric Kinetic Model



$$y^* = \frac{y_0^2 \int_0^\infty (1 - e^{-y^2/y_0^2}) f(y) dy}{\int_0^\infty y f(y) dy}$$

— $w^*(y)$, Saturation correction weighting function, for $y_0 = 124 \text{ keV} \cdot \mu\text{m}^{-1}$

$$y^* \propto \int_0^\infty w^*(y) \cdot d(y) dy$$

Outlook and comments

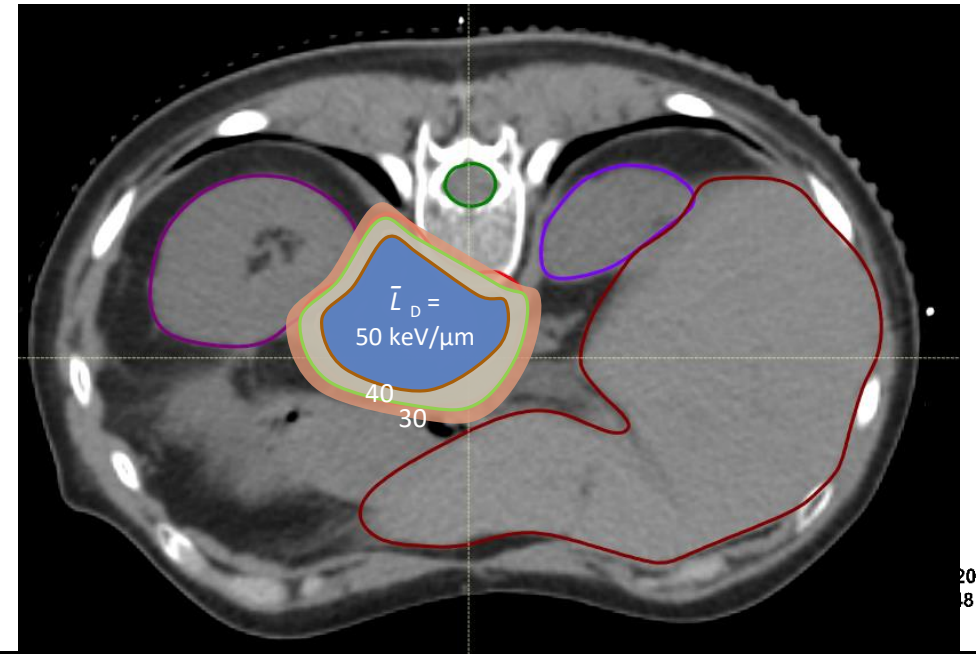


Insights from retrospective clinical studies

The quantity in use as radiation quality specifier is Linear Energy Transfer (or LET) expressed as mean values in dose \bar{L}_D and track \bar{L}_T , or probability density distributions $f(L)$ and $d(L)$

Retrospective studies which identify the regions of lack of tumor control after the irradiation:

- Correlation of local \bar{L}_D values
 - in pancreatic tumor
[Hagiwara Y et al., Clinical and Translational Radiation Oncology 21 (2020) 19–24. Doi: 10.1016/j.ctro.2019.11.002.]
 - in chondrosarcomas
[Matsumoto S, et al. ,Anticancer Res. 2020; 40(11):6429-6435. Doi: 10.21873/anticanres.14664.]
 - in sacral chordoma
[Molinelli S, et al. Radiother Oncol. 2021;163:209-214. Doi: 10.1016/j.radonc.2021.08.024.]



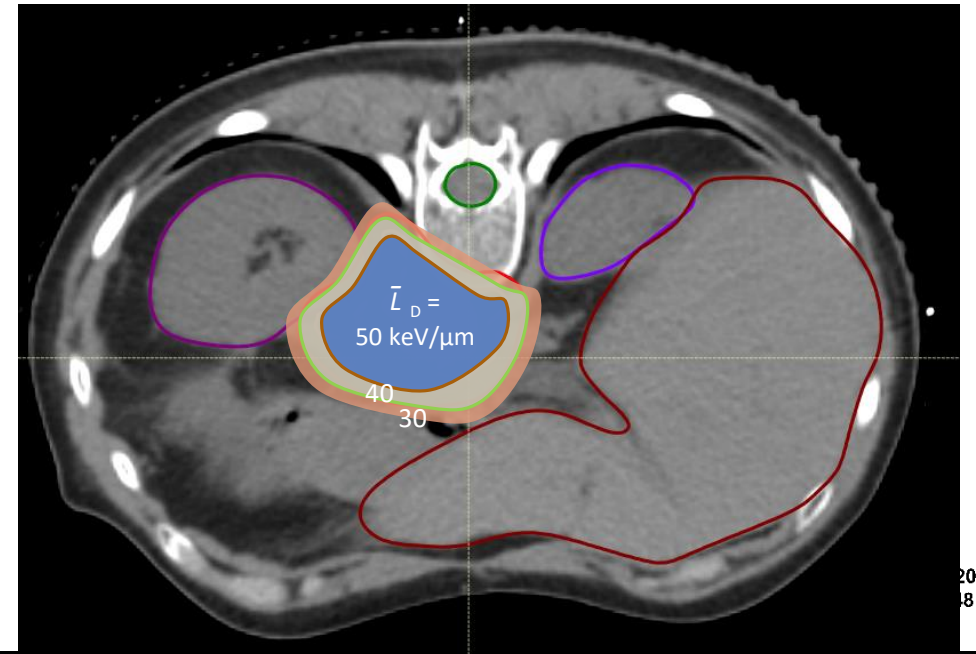
Insights from retrospective clinical studies

Hagiwara: Retrospective studies in patients with pancreatic tumor

Minimum value of dose-averaged LET above $50 \text{ keV}\cdot\mu\text{m}^{-1}$ within the GTV has a significant association with local control of primary pancreatic cancers

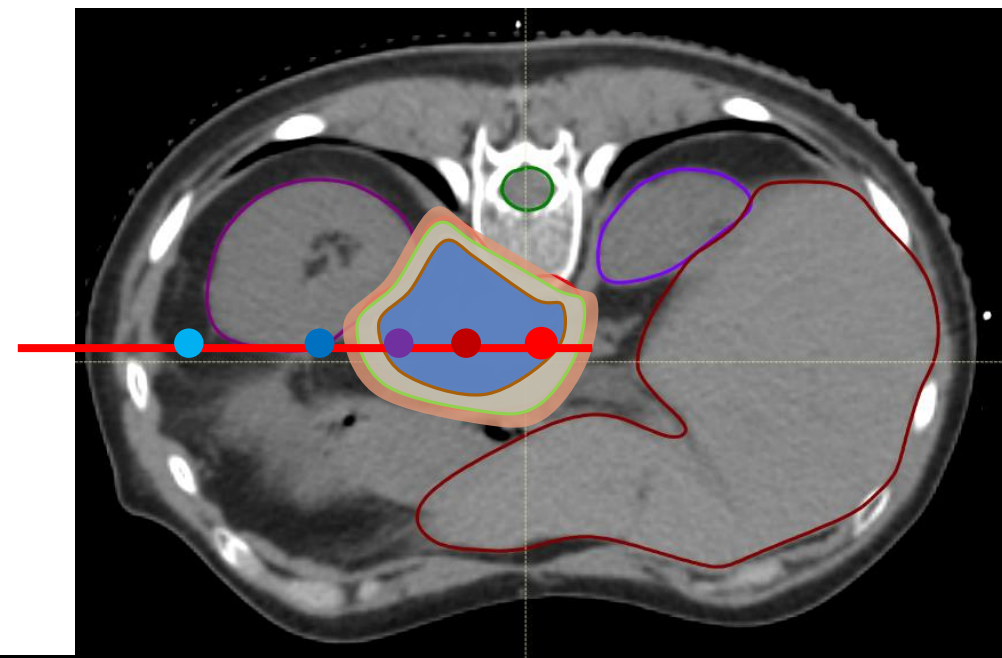
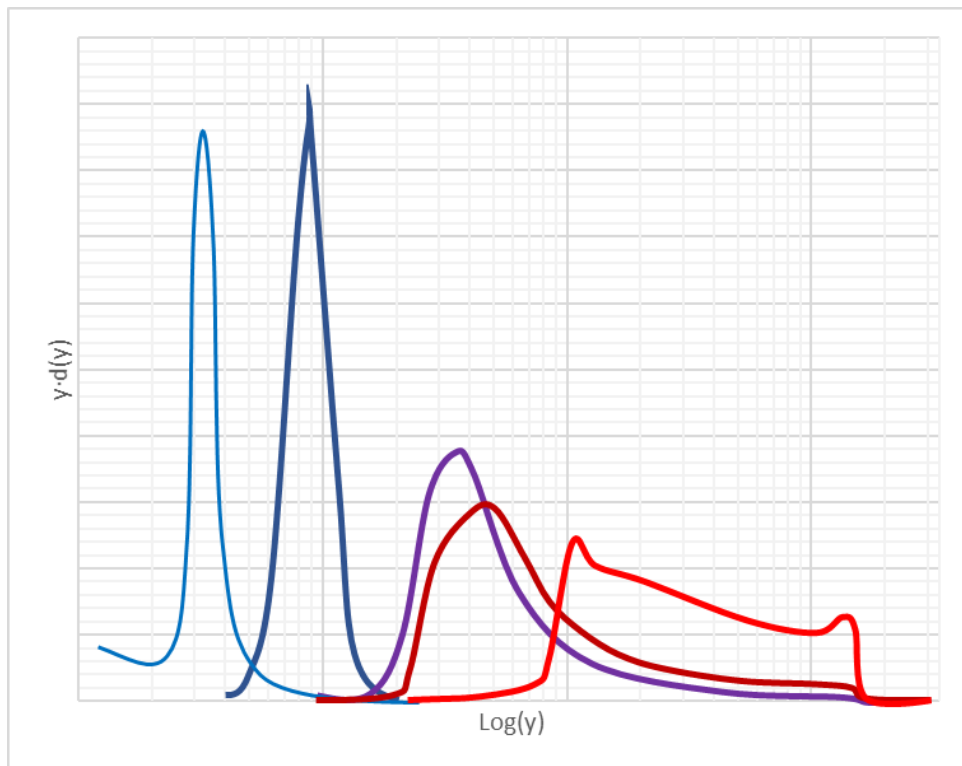
Some radiation quality observations:

- **This clinical outcome cannot be described through RBE**
- **High-LET values play a fundamental role**
- **Radiation quality is assessed with mean LET values. What advantage would be to use entire distributions?**

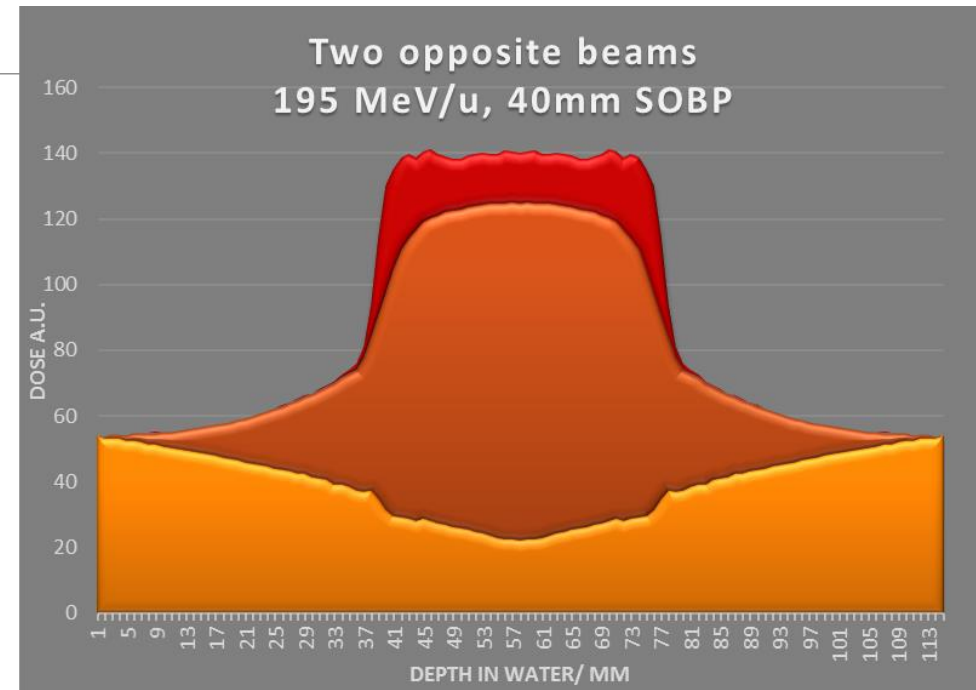
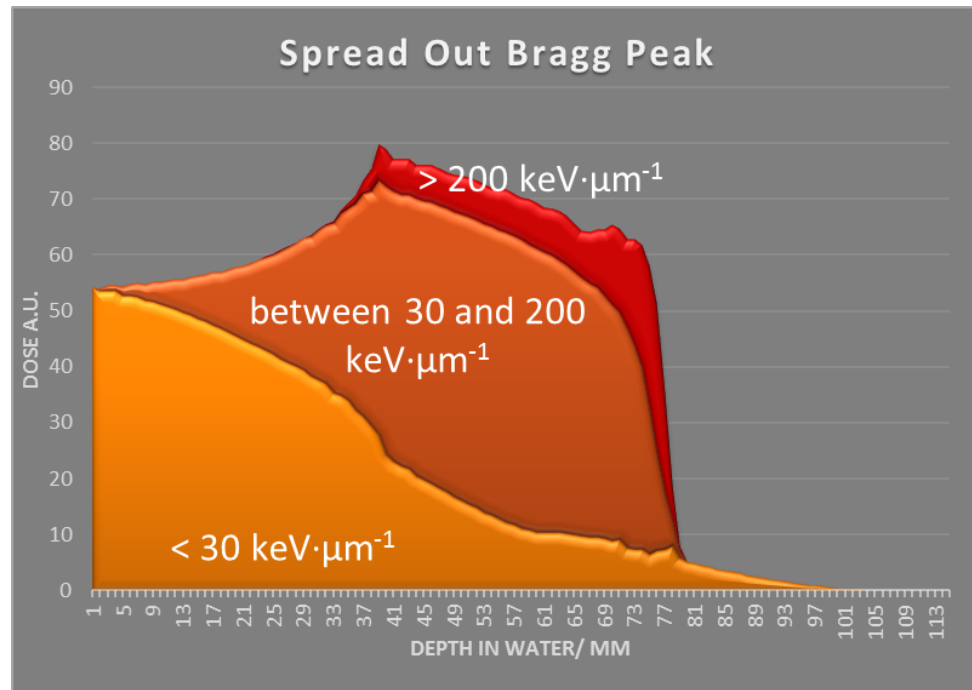


The figure is only illustrative, not from the research

Microdosimetric contribution



Microdosimetric spectra and SOPB



- The spread out Bragg peak can be redesigned indicating the partial contribution to the dose from radiation from different radiation quality (lineal energy or LET) intervals.
- The probability density spectra are recombined according to the irradiation from multi-portal plans

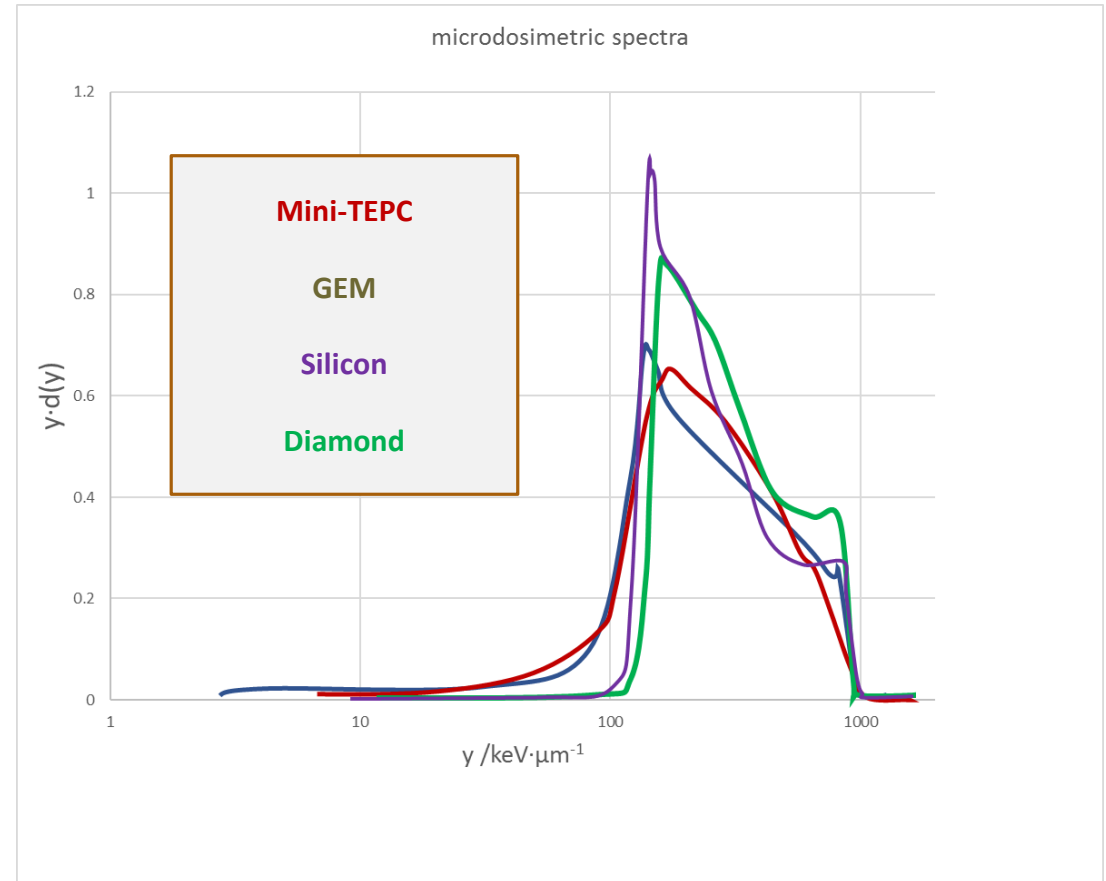
Different microdosimeters

Microdosimetric spectra at the distal edge of the 62 MeV/u 12C

Laboratori del Sud, INFN Catania, Italy

Relative uncertainty of \bar{y}_D : $\pm 13\%$

- The differences depend on the characteristics of the detectors: shape, size, and material
- Need of a unique reference
- Common work of the research groups to converge



Intrinsic limit of radiation quality

We cannot think at a simple function linking radiation quality to clinical outcomes

Factors not related to radiation quality:

- integral dose
- dose fractionation and repair mechanisms
- patient-specific effects
- dose-rate effects
- bystander effects

Thanks

"This material was prepared and presented within the HITRIplus **Specialised Course on Heavy Ion Therapy Research**, and it is intended for personal educational purposes to help students; people interested in using any of the material for any other purposes (such as other lectures, courses etc.) are requested to please contact the author (giulio.magrin@medaustrotron.at).

EXTRA SLIDES

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L : LET;

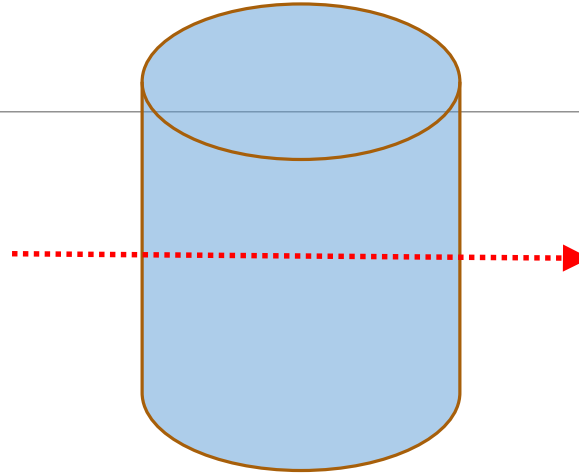
ℓ : chord length;

S : the energy loss straggling;

F : Fano factor;

det : detector dependent factors
as gas multiplication in TEPC
or non-uniform response in
solid-state;

$elec$: read-out electronics



Uncertainties not represented by
variances:

- δ : delta-ray escape
- R : variation of LET in small ranges
- $s.p.$: stopping power tables

V_y , variance of the lineal energy and correlations (in relative terms)

$$V_y = V_L + V_\ell + V_\ell \cdot V_L + V_S + V_F + V_{det} + V_{elec}$$

$$C_\delta, C_R, C_{s.p.}$$