

Test beam results of a fluorescence-based monitor for ultra-high dose rates

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FLASH Radiotherapy with hlgh Dose-rate particle beAms

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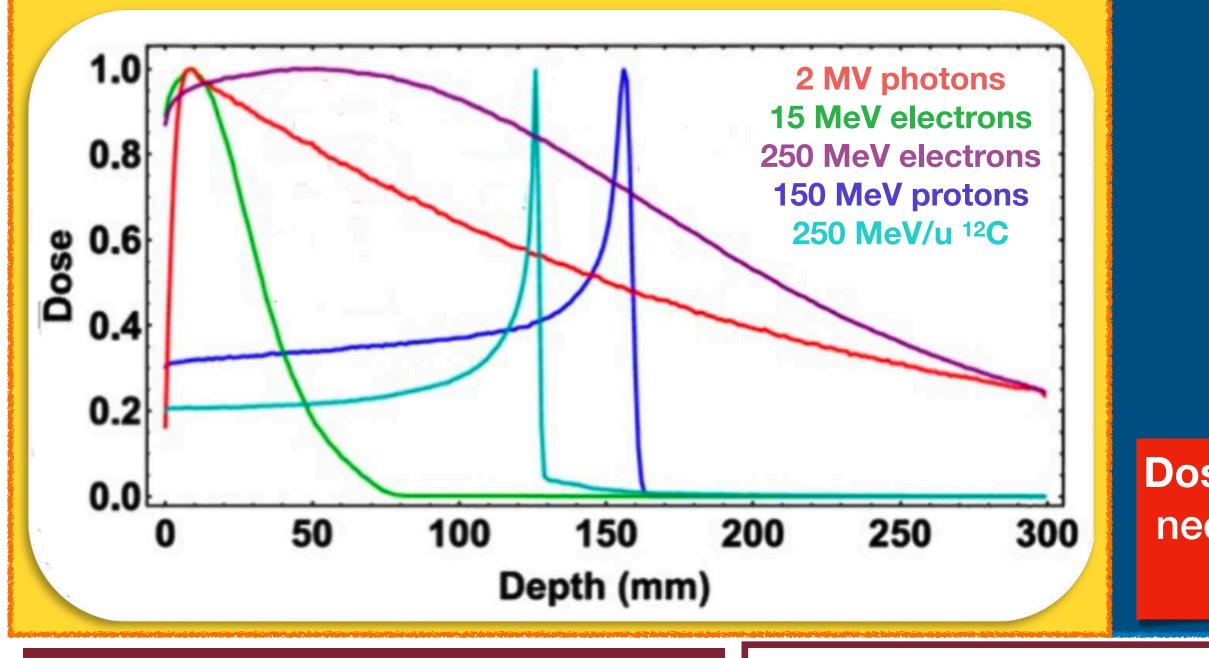


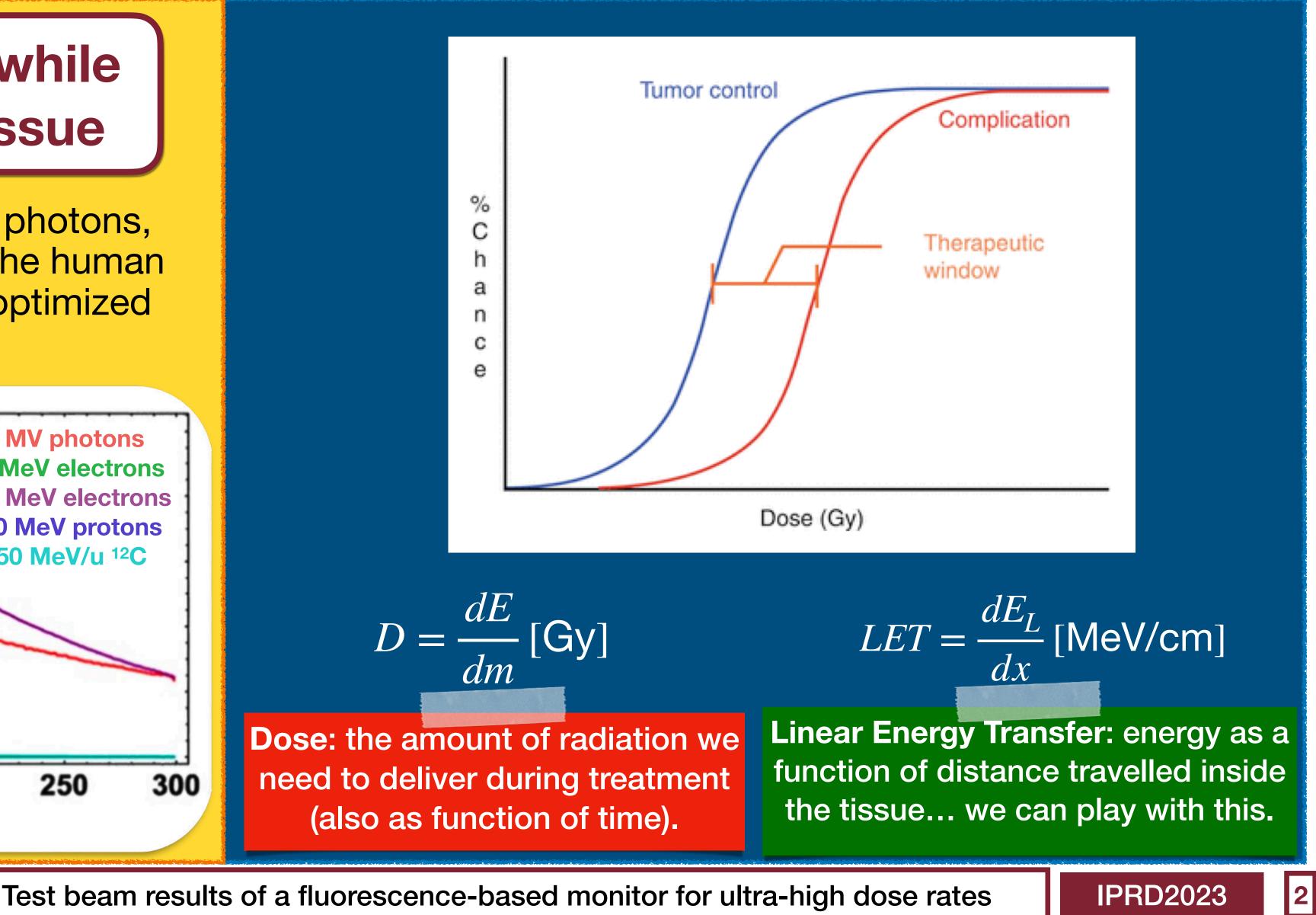


Radiotherapy

Goal: destroy tumors while saving the healthy tissue

• Therapeutical beam (electrons, photons, light ions) release energy inside the human tissues — dose — following an optimized treatment plan.

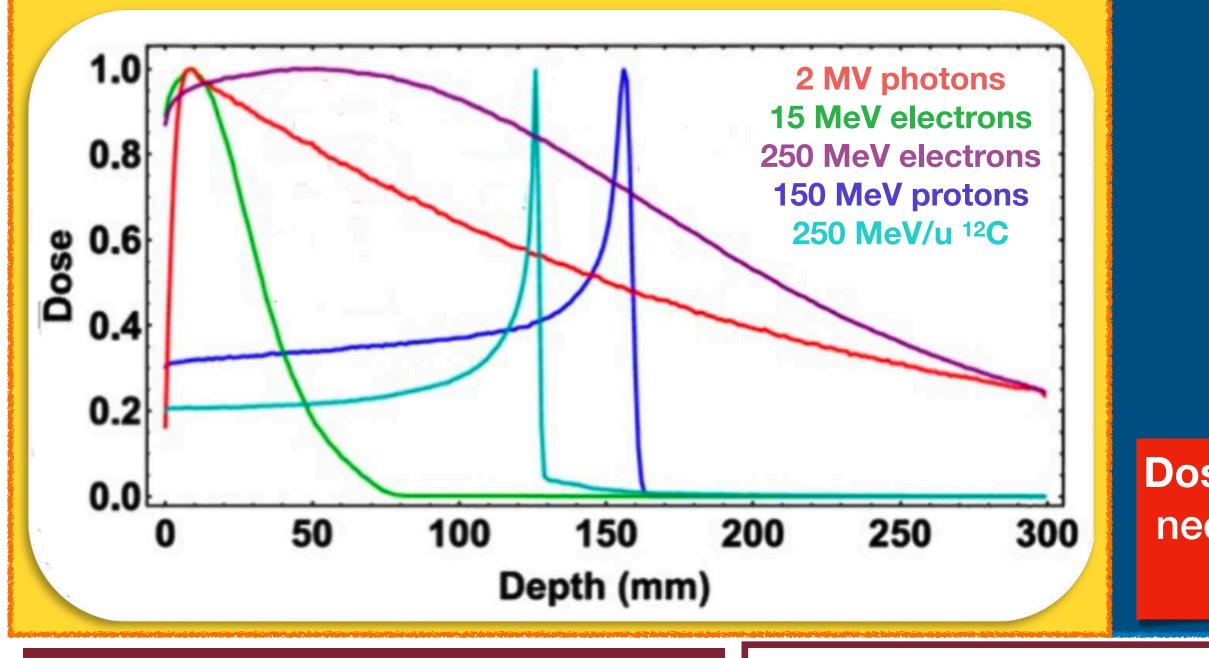


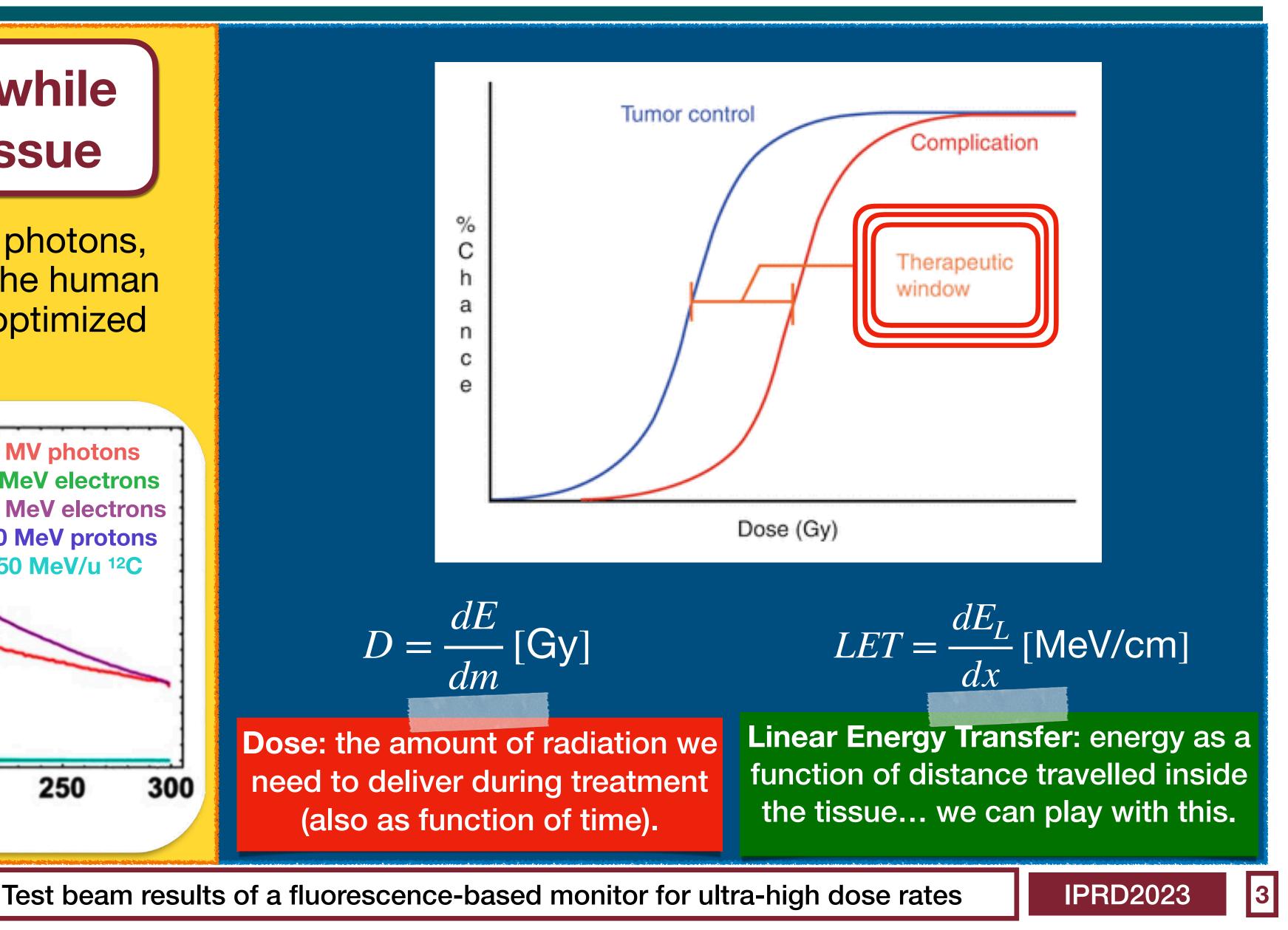


Radiotherapy

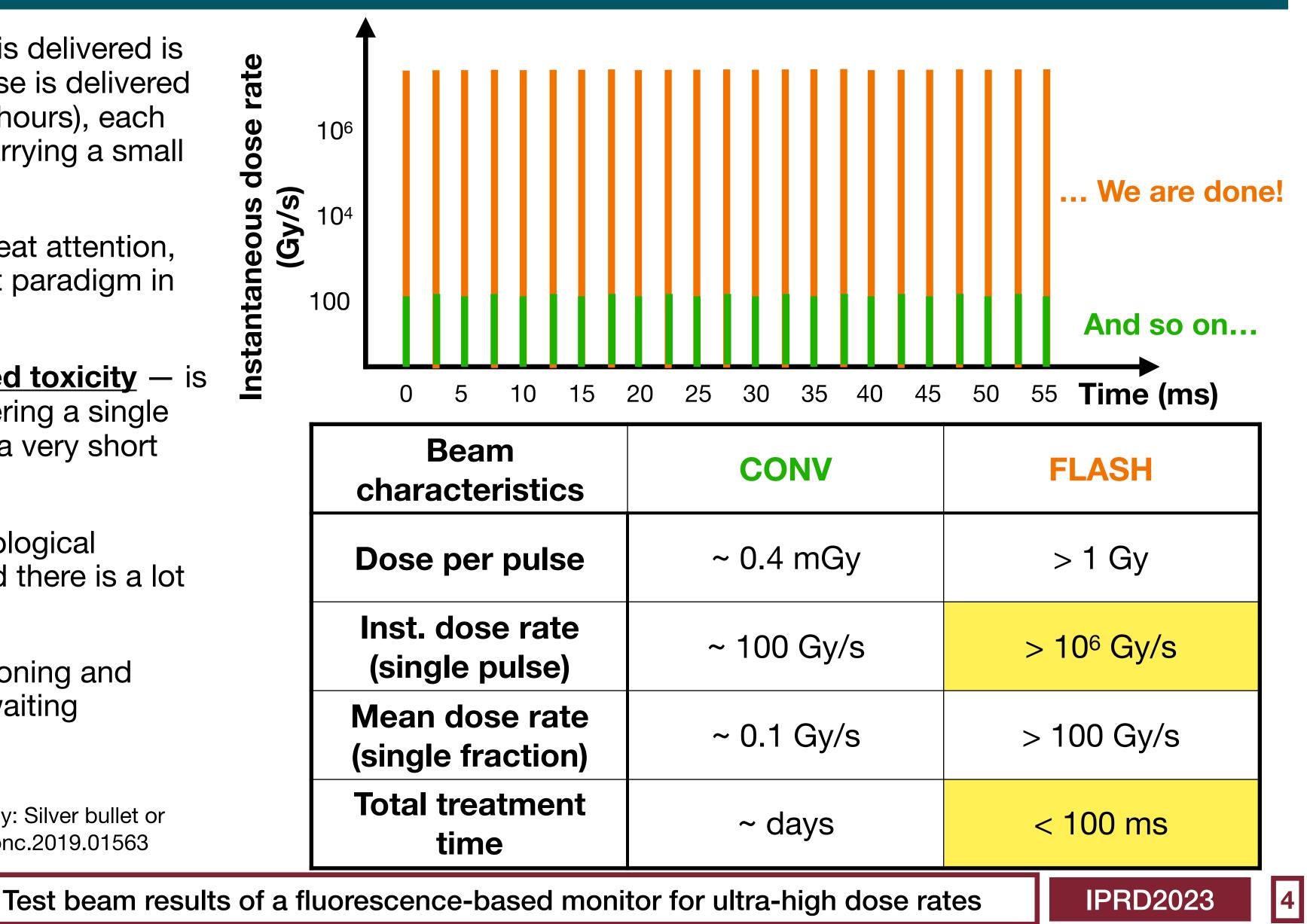
Goal: destroy tumors while saving the healthy tissue

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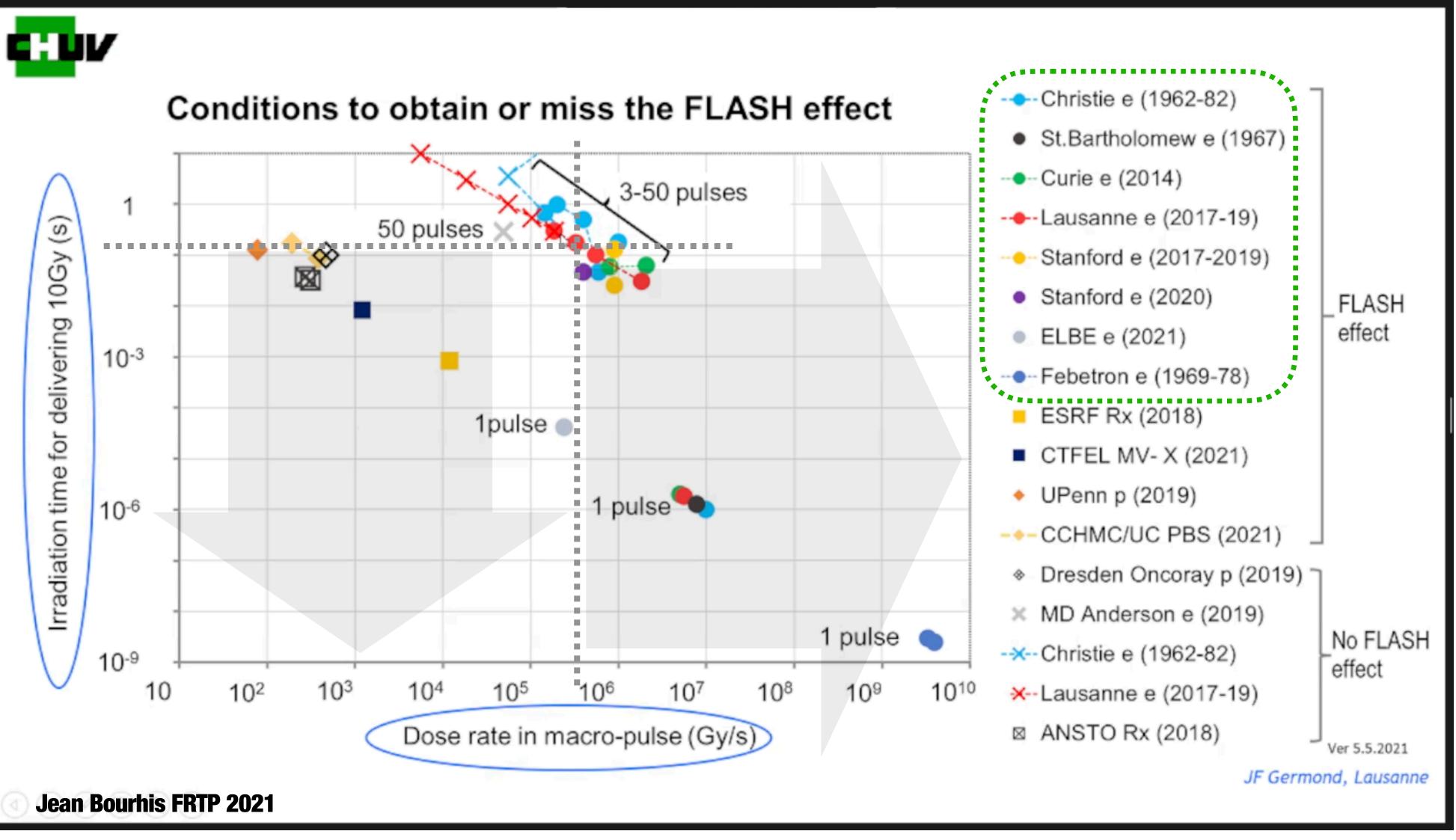
- The usual way a radiotherapy treatment is delivered is through a **pulsed** structure. The total dose is delivered in tens of **fractions** (~2 Gy, ~minutes or hours), each made of a sequence of pulses (~1 μ s) carrying a small amount of dose.
- Recently, a new approach has gained great attention, to the point of being considered the next paradigm in the future of RT.
- An increased radio-resistance <u>reduced toxicity</u> is observed in normal tissues when delivering a single irradiation at ULTRAHIGH dose rates in a very short time (keeping anti-tumor efficacy).
- This has been named **FLASH** effect. Its biological mechanisms are not yet understood, and there is a lot of investigation going on.
- New accelerators are entering commissioning and operation, new theories are emerging awaiting validation...
 - J. Wilson, et al., Ultra-high dose rate (FLASH) radiotherapy: Silver bullet or fool's gold?, Front. Oncol. 9:1563 (2020). doi:10.3389/fonc.2019.01563



- Currently the experimental evidence points to the description of FLASH as a threshold effect. However, its characterization is complicated by many uncertainties:
 - In measurement strategies: it is difficult to evaluate quantitatively the sparing effect during *in vivo* evaluations;

• In dose

measurements: it is difficult to deconvolute the role played by the **dose** within each pulse and the time of irradiation.

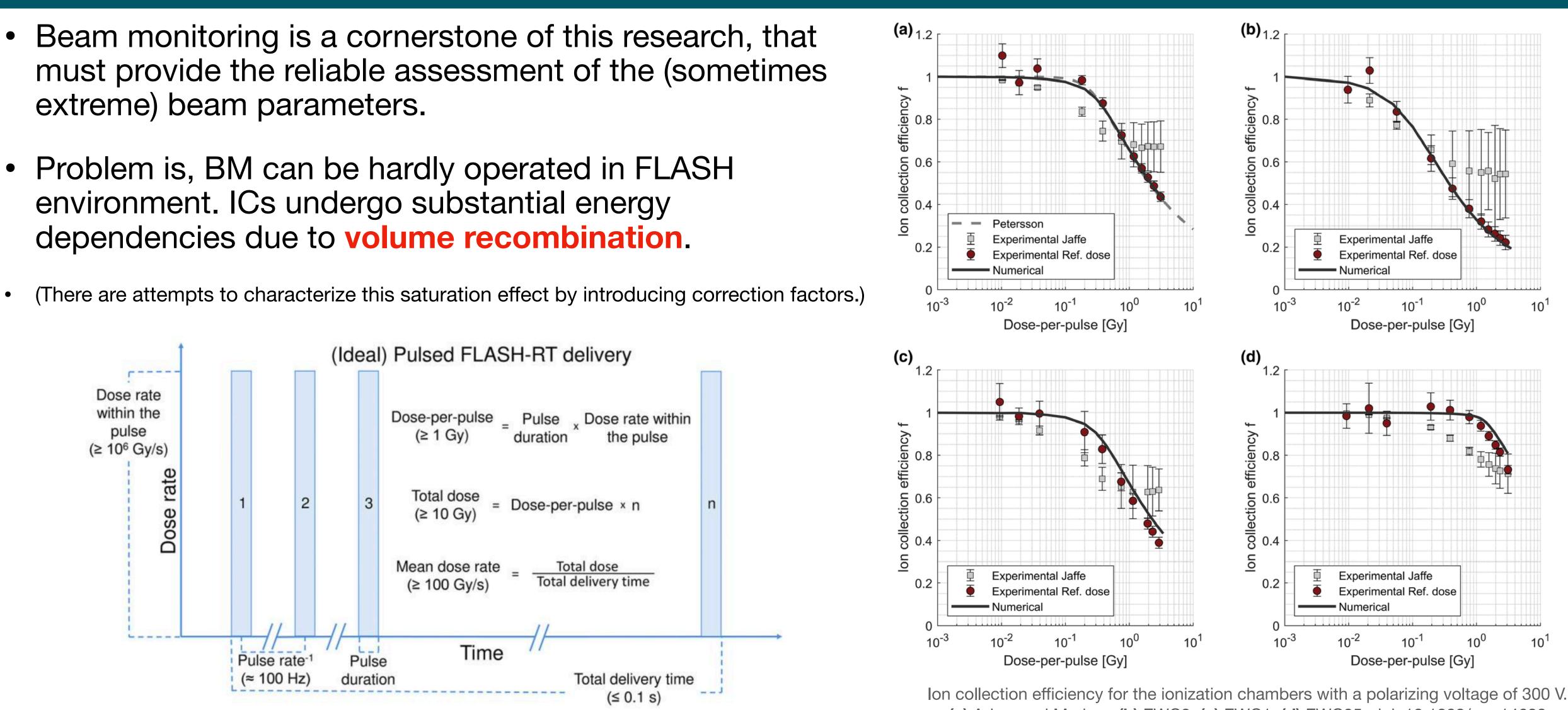


Test beam results of a fluorescence-based monitor for ultra-high dose rates





- extreme) beam parameters.
- Problem is, BM can be hardly operated in FLASH environment. ICs undergo substantial energy dependencies due to volume recombination.



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(a) Advanced Markus, (b) EWC2, (c) EWC1, (d) EWC05. doi: 10.1002/mp.14620



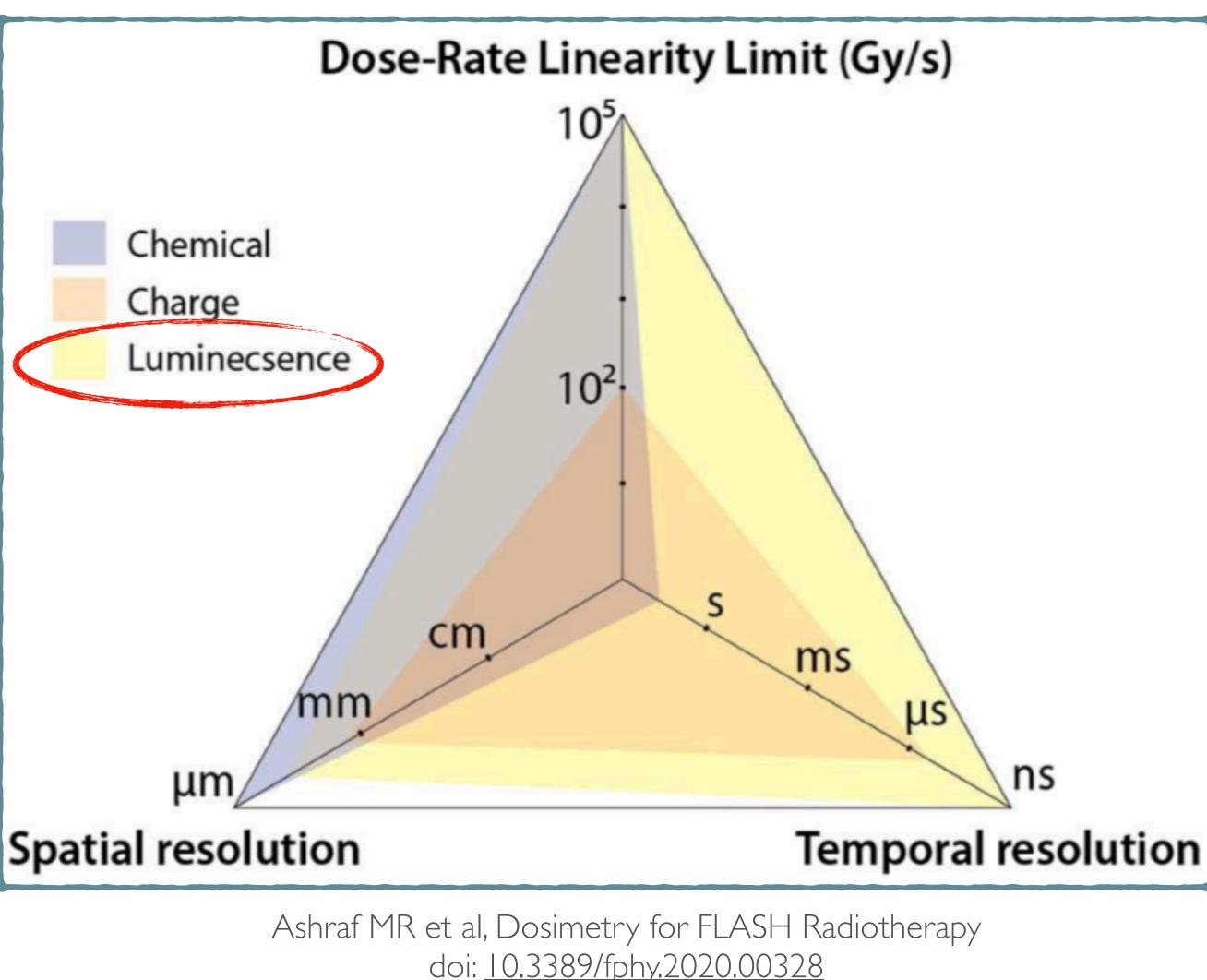






- It is clear that we need *new monitoring* devices, essential to reach the degree of precision necessary to fully characterize the FLASH effect and determine its beneficial impact (both for pre-clinical studies and in the perspective of clinical implementation).
- Most importantly, monitor the rate of impinging particles per pulse (real-time, position by position), with:
 - ☆ Dose Rate Linearity (<u>up to 10⁶ Gy/s</u>)
 - ☆ Spatial Resolution (~ mm)
 - \approx Temporal Resolution (< 1µs)
 - High beam transparency
 - **Large response dynamic range**
 - **Reduced footprint**
 - Large coverage area
 - **Radiation hardness**





Development of a fluorescence-based beam monitor for FLASH radiotherapy

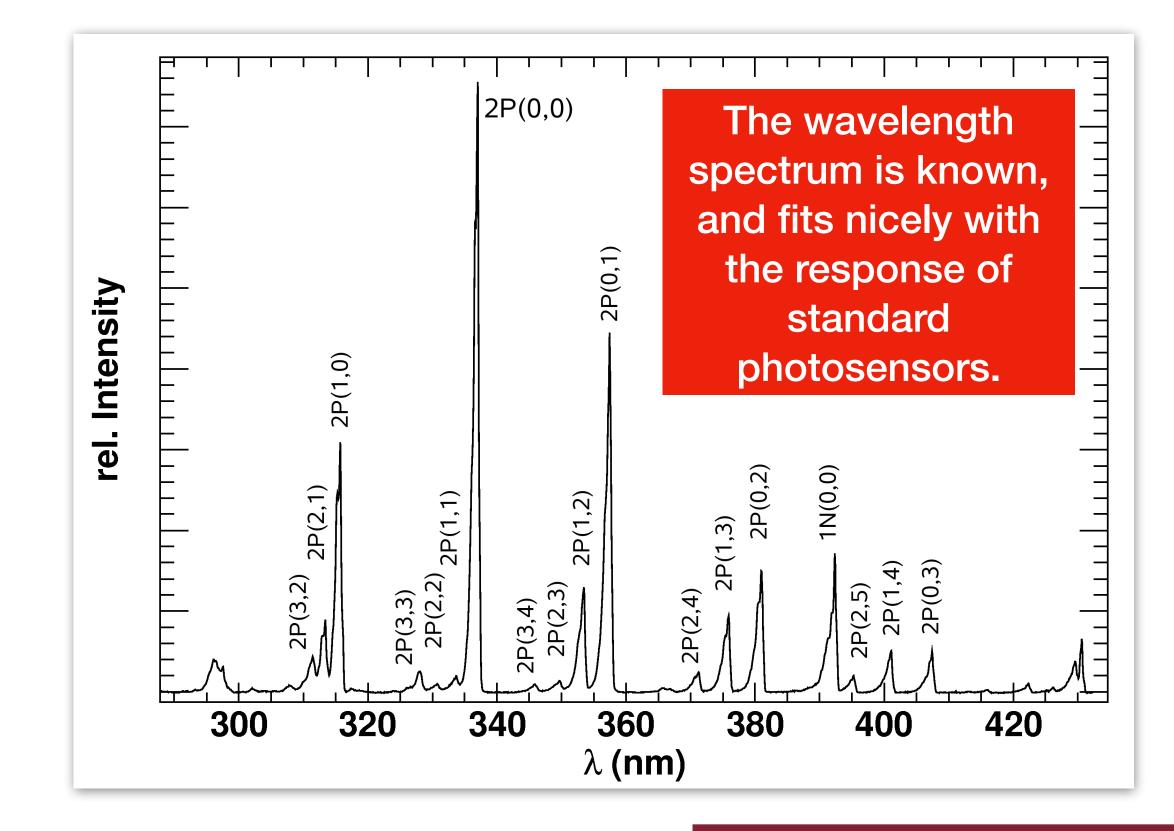




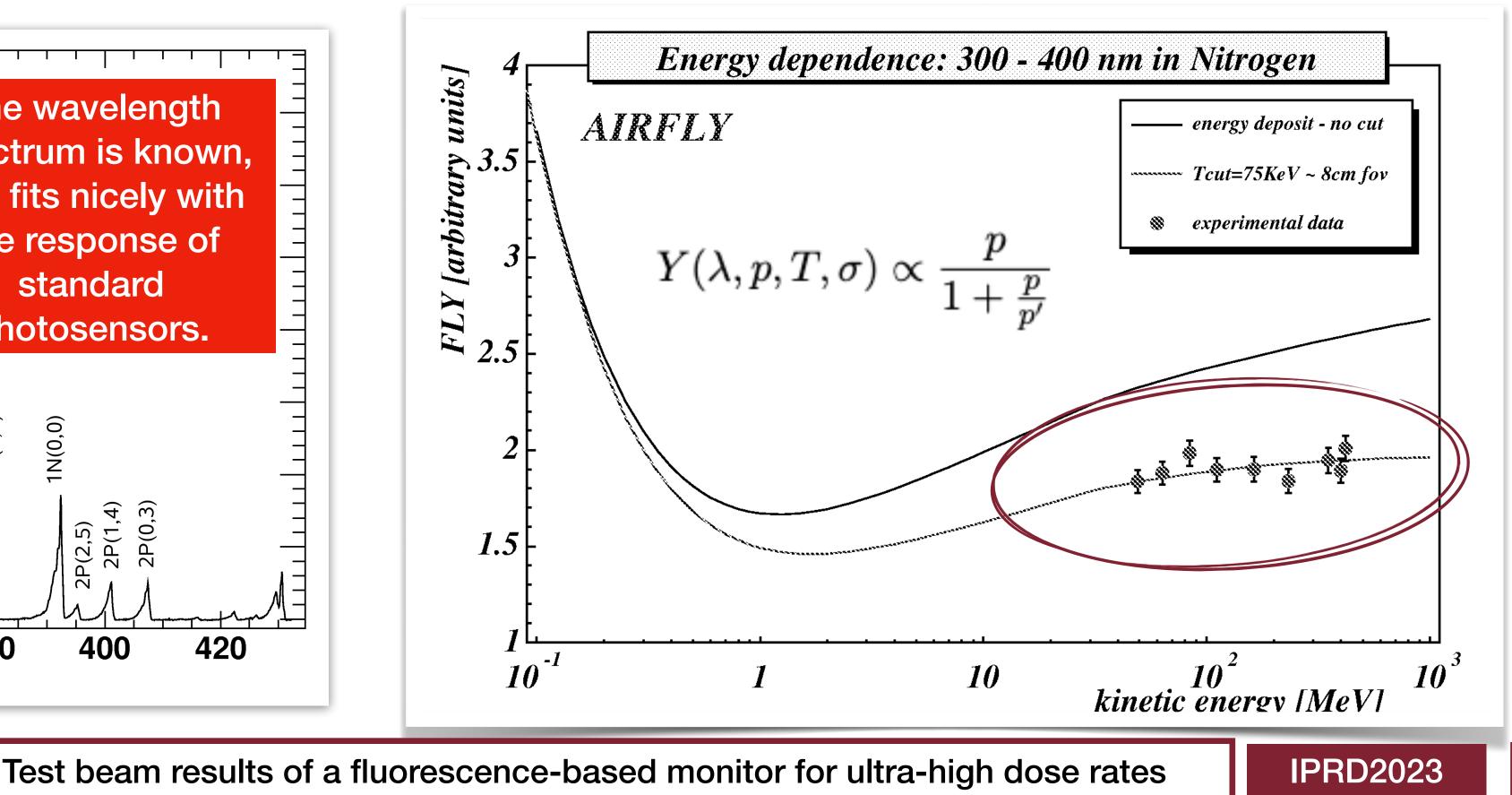


Fluorescence for FLASH BM

- According to data in literature, air fluorescence can do the job for us.
- with a lifetime of the excited state around 10⁻⁸ s.
- In air, fluorescence occurs on the nitrogen molecule and it is excited via electron impact. lacksquare

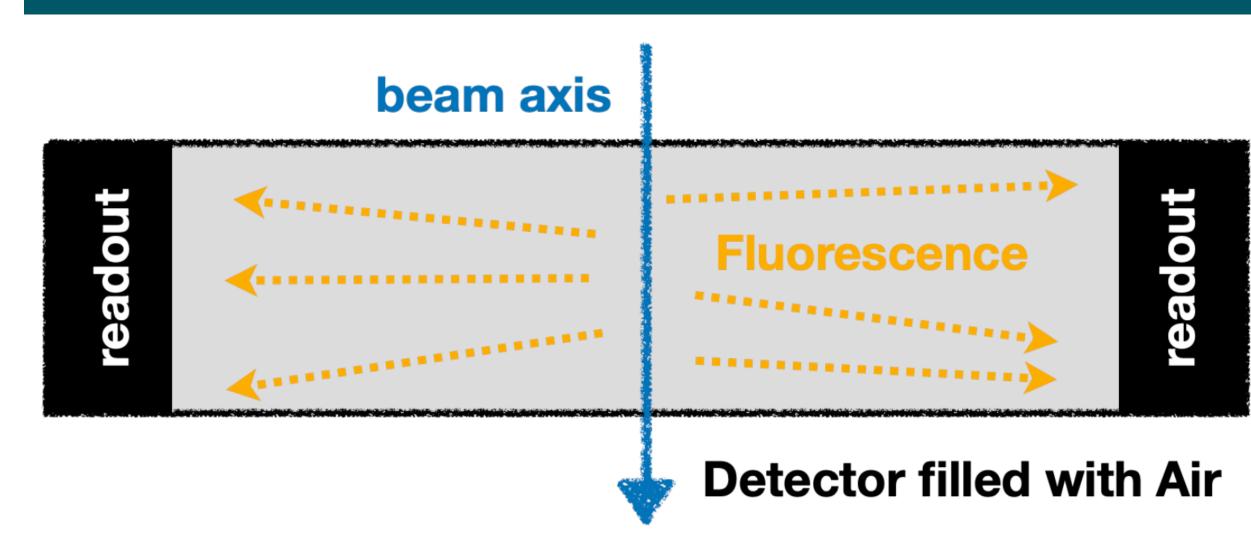


• In general, fluorescence is a form of luminescence. It is the emission of light from an excited atom or molecule,





Fluorescence for FLASH BM

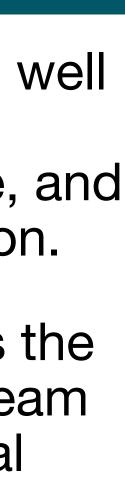


- Conceptually, it would fit nicely with the ultrahigh dose rate regime of FLASH-RT.
- Fluorescence is already used to detect extensive air showers in atmosphere. However, it has been rarely, if ever, exploited for medical BM purposes; it is thus a rather open field for research.

- Pressure and temperature dependencies, as well as the impact of different percentages of quenching elements, are present in literature, and can be accounted for with detector calibration.
- Above all else, the philosophy of using air as the active volume is to be as "invisible" to the beam as possible. The system should have minimal impact (the empty box approach).

Photon emission	Isotropic (3D)		
Excited state lifetime	10 ns		
Fluorescence yield	∝ <i>dE/dx</i> (~ 4 ph./m)		
Signal-to-#e- relation	LINEAR		
Transparency wrt ref. cond.	100%		
Shielding required	Minimal		

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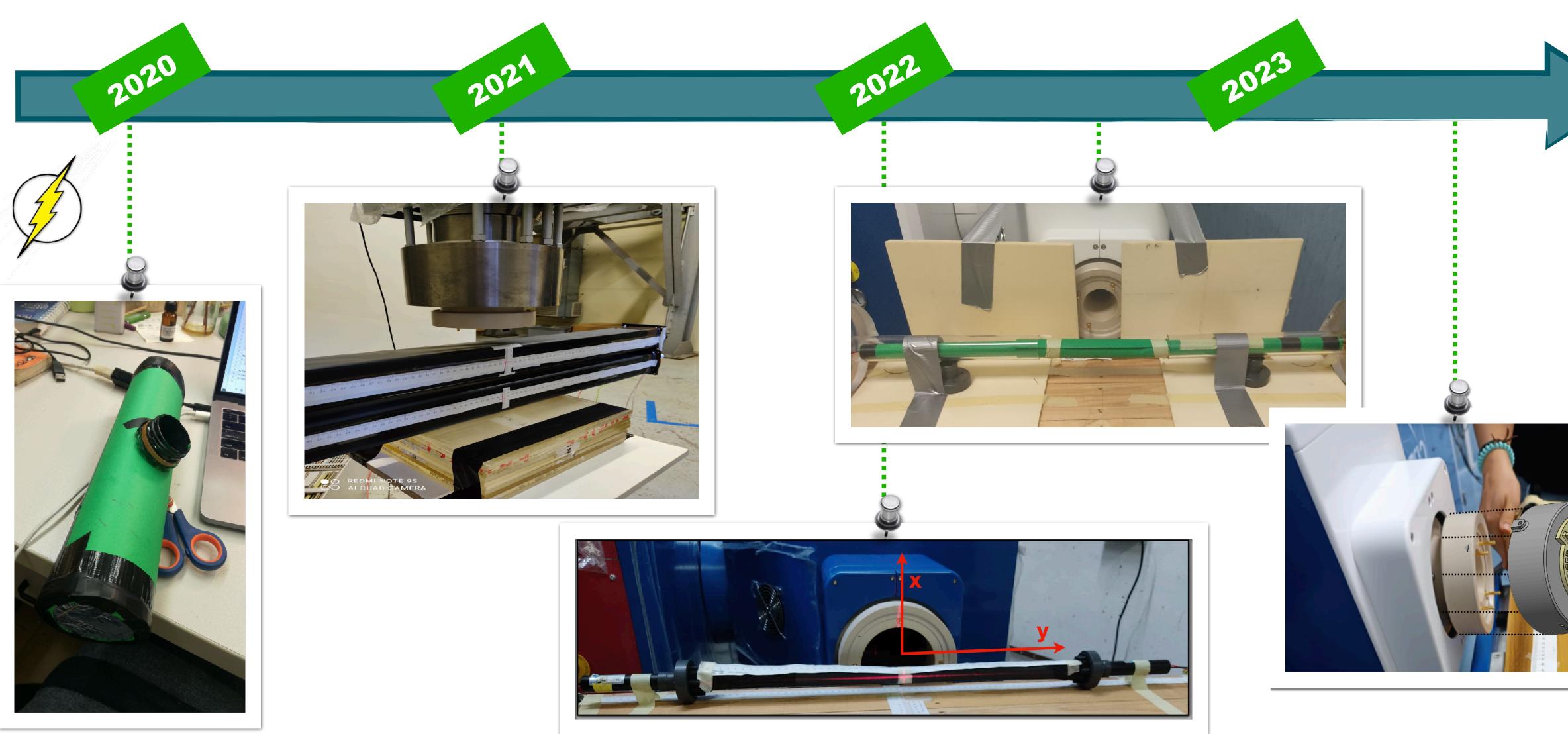






FlashDC

The first mandatory step is the validation of detection technique (linearity with the dose rate per pulse) with dedicated test beam at FLASH facilities.



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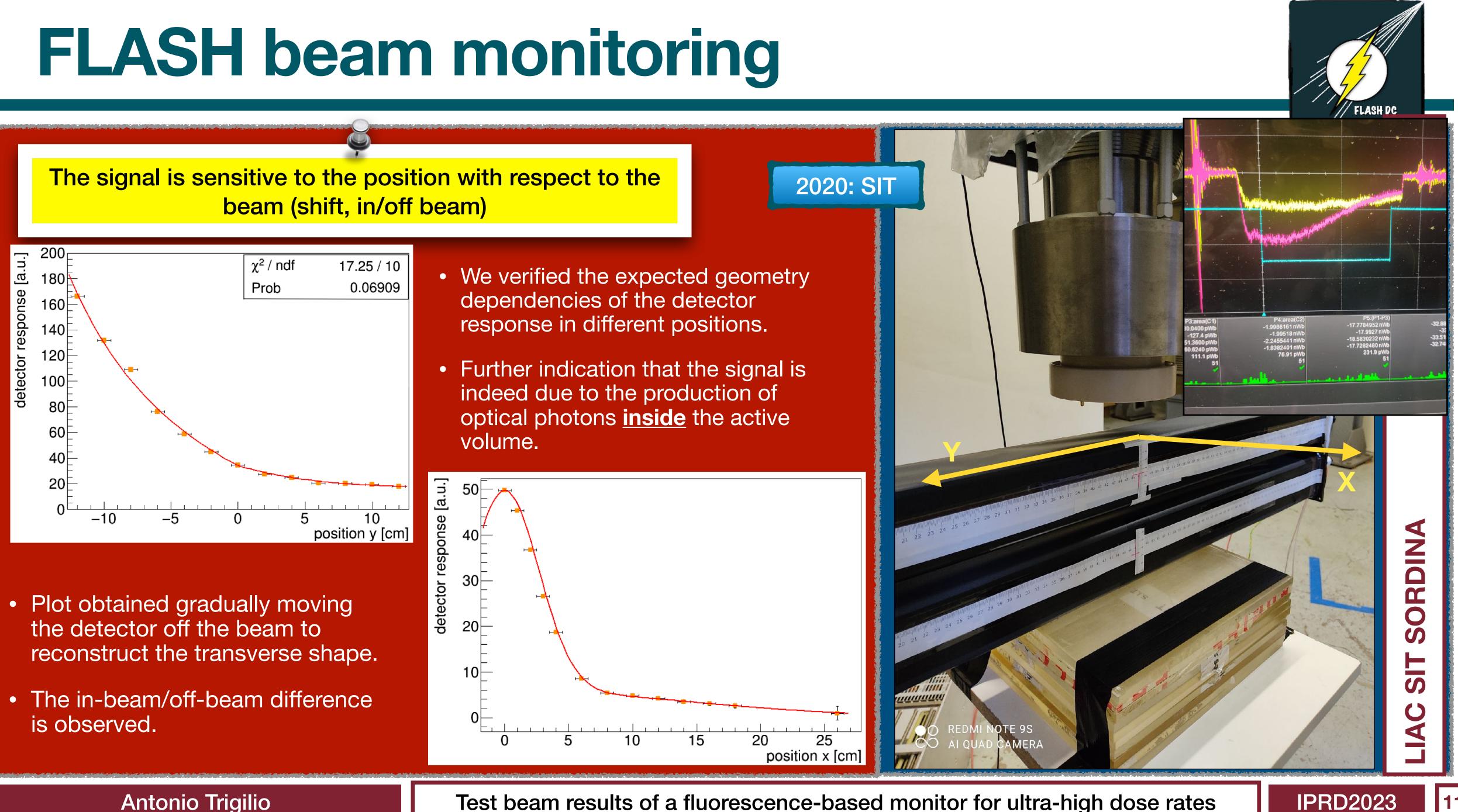


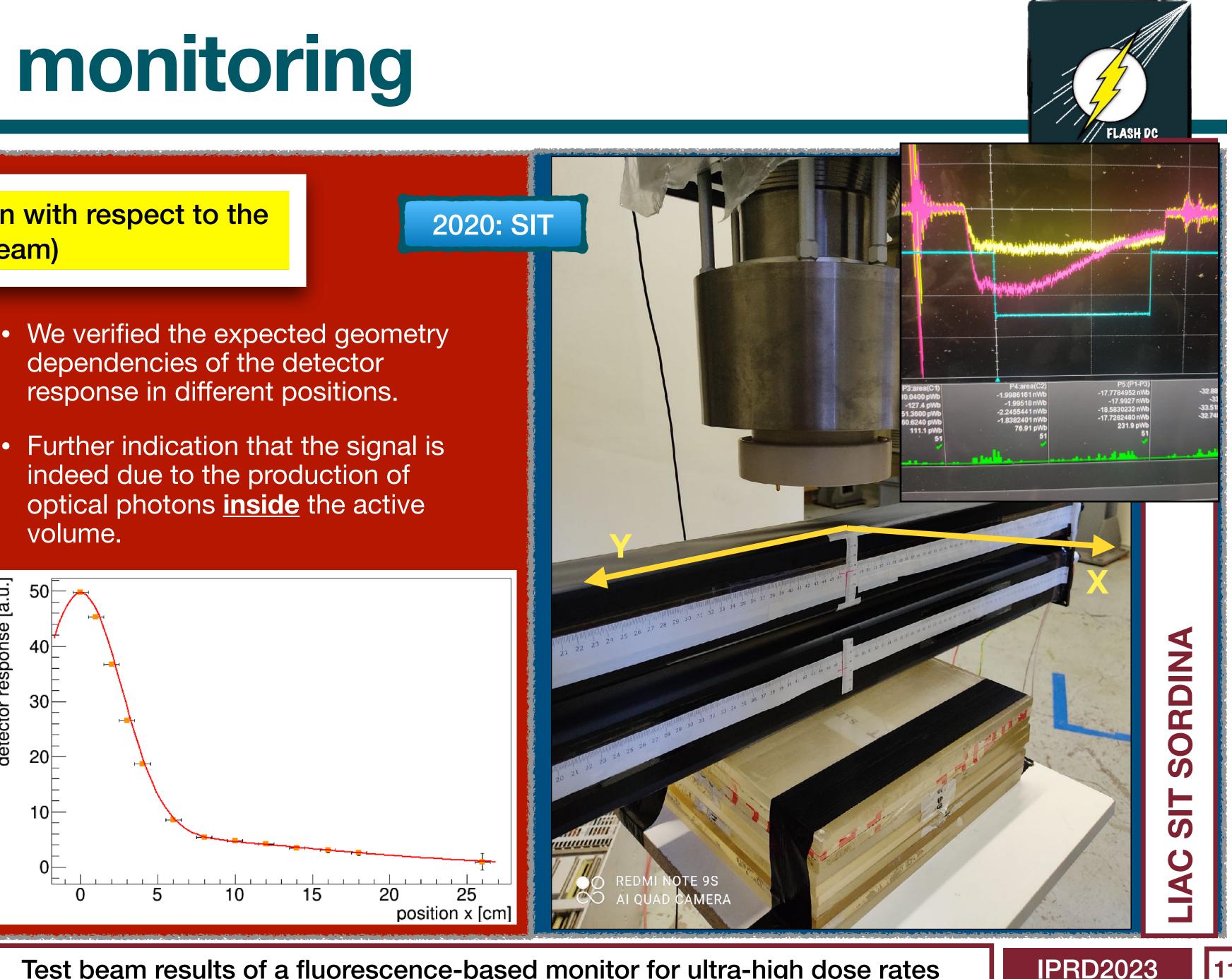








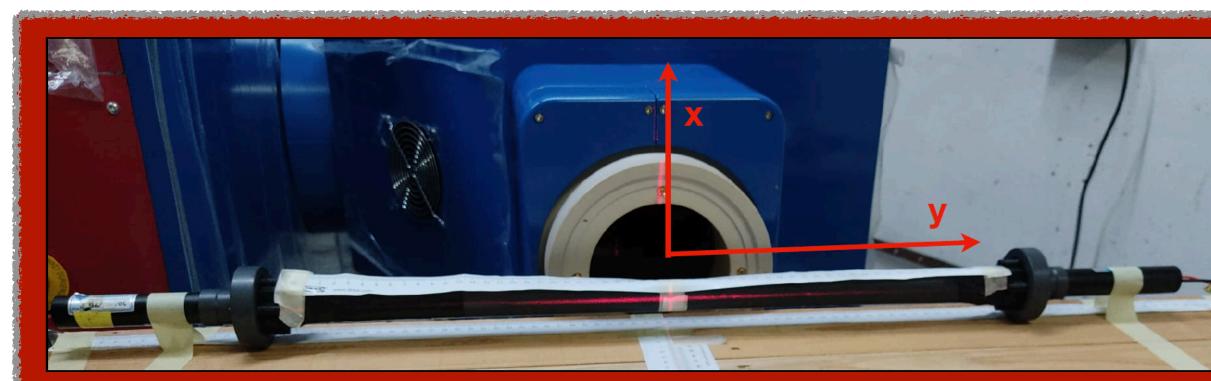












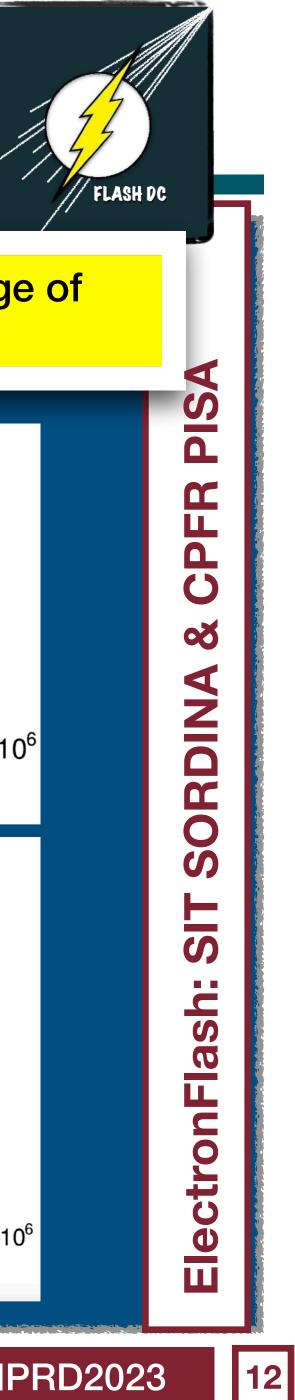
- The machine available at Pisa is the first electron beam accelerator that can provide different beam currents => it is the best place to verify the detector linearity!
- However the background induced by the PVC box forced us to remove the material from the beam line.



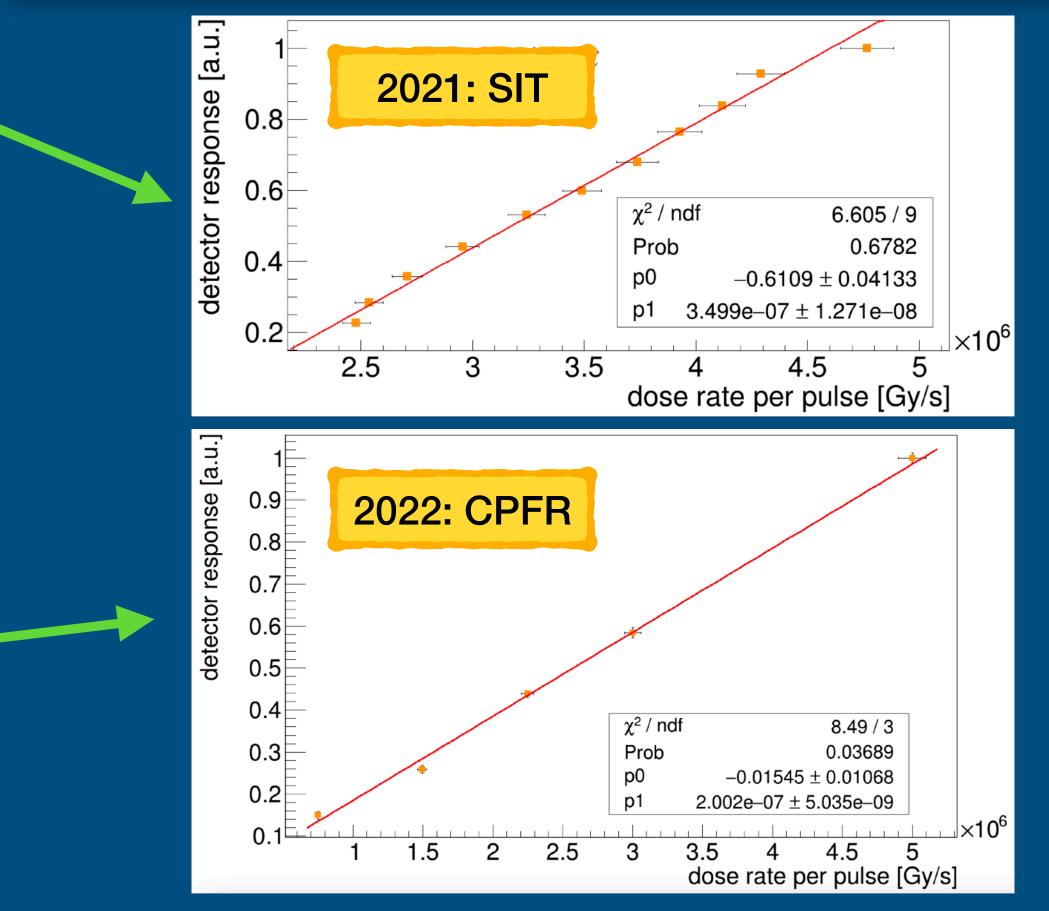


Test beam results of a fluorescence-based monitor for ultra-high dose rates





A linear response is observed over the full range of intensities explored.



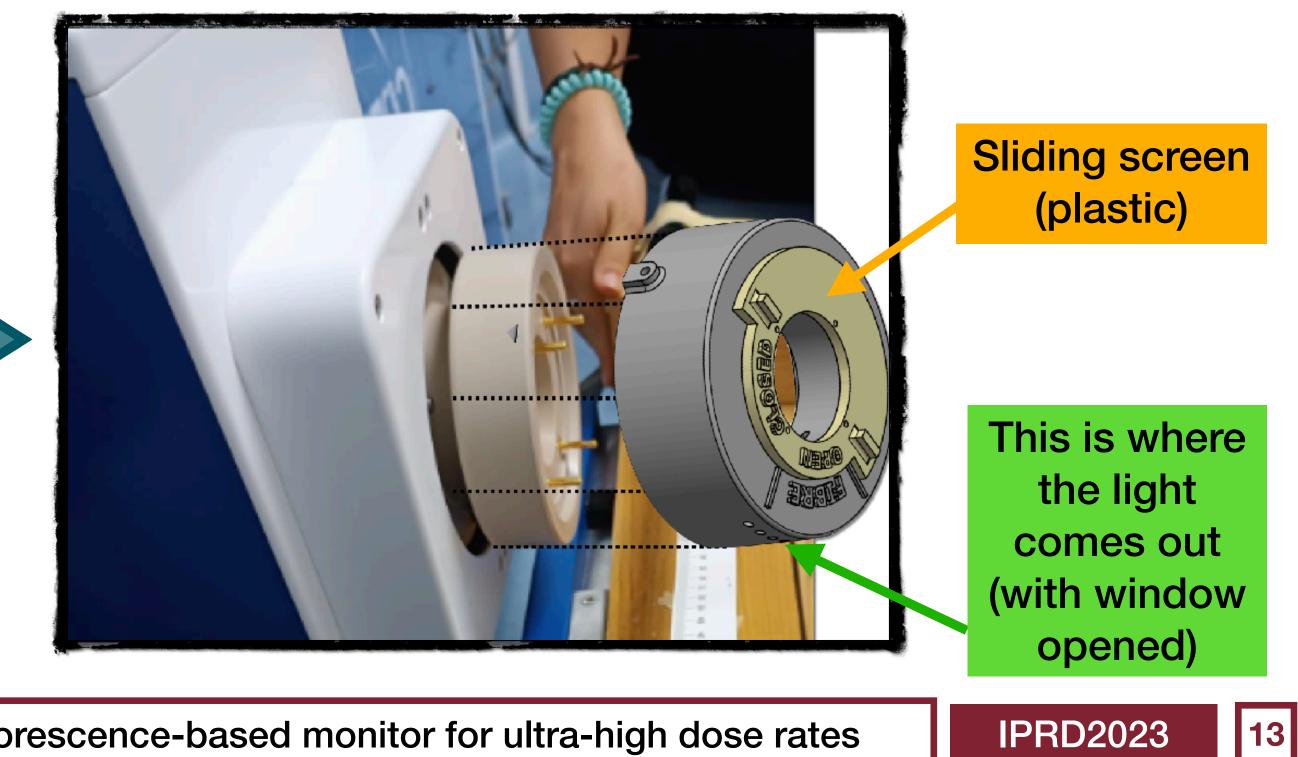
- Next step is to prove that the signal we see is actually fluorescence.
- We go from a tube to... a porthole.
- The active volume is the air immediately after the beam exit window, enclosed in this cylindrical case.
- A window on the external face can be closed and opened for background measurement.



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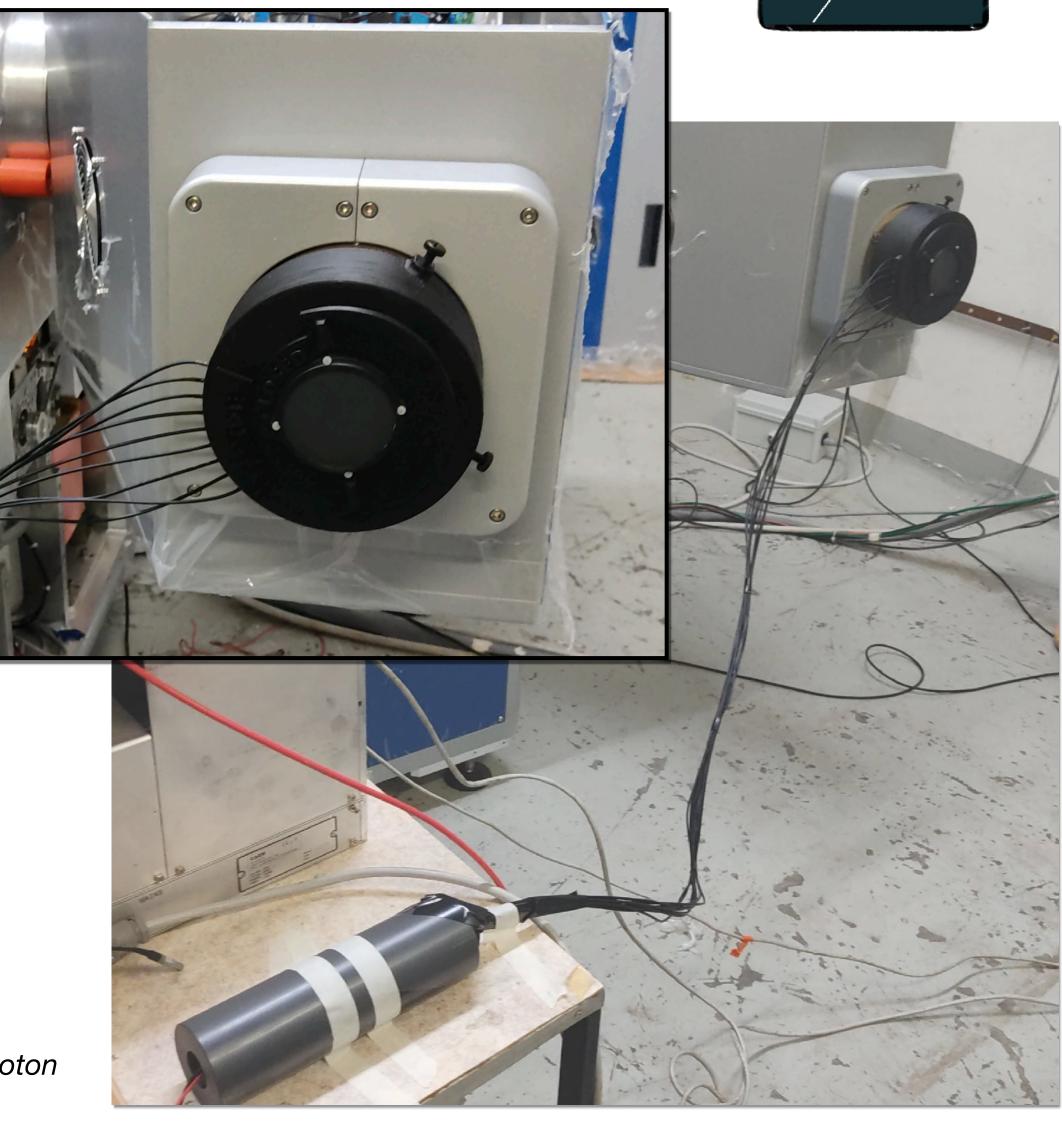
- In this configuration we the active volume is too ightarrowclose to the beam: we need to carry the signal away towards the PMTs.
- A new detector based on optical fibers could allow • to drive and collect the fluorescence light far from the beam line.
- A preliminary measurement at SIT demonstrated that, even if we distance the light collection system from the beam, we are still not able to "switch off" the signal.
- Cherenkov light is produced inside the fibers [1]. The background is still too important.
- We need to further distance the system from the beam, carrying the light outside the room.

[1] Journal of Biomedical Optics, Vol. 18, Issue 2, 027001 (2013). Kyoung Won Jang et al. Application of Cerenkov radiation generated in plastic optical fibers for therapeutic photon beam dosimetry. https://doi.org/10.1117/1.JBO.18.2.027001

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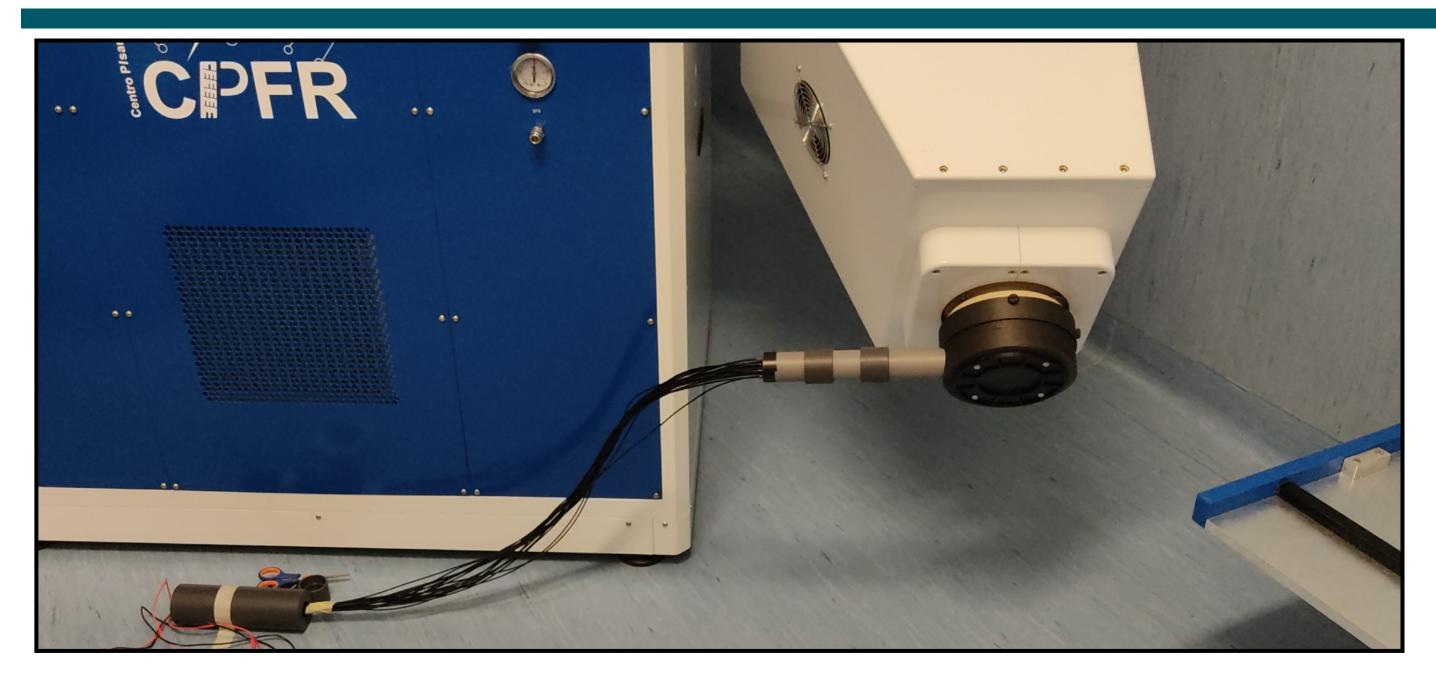








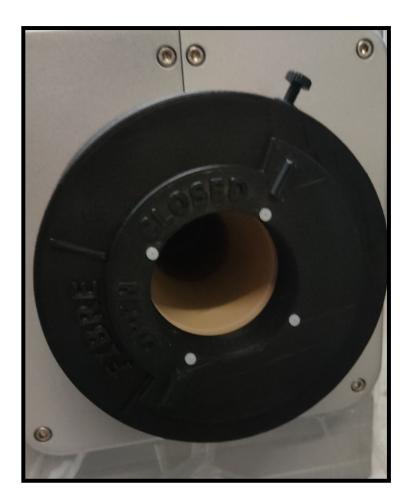






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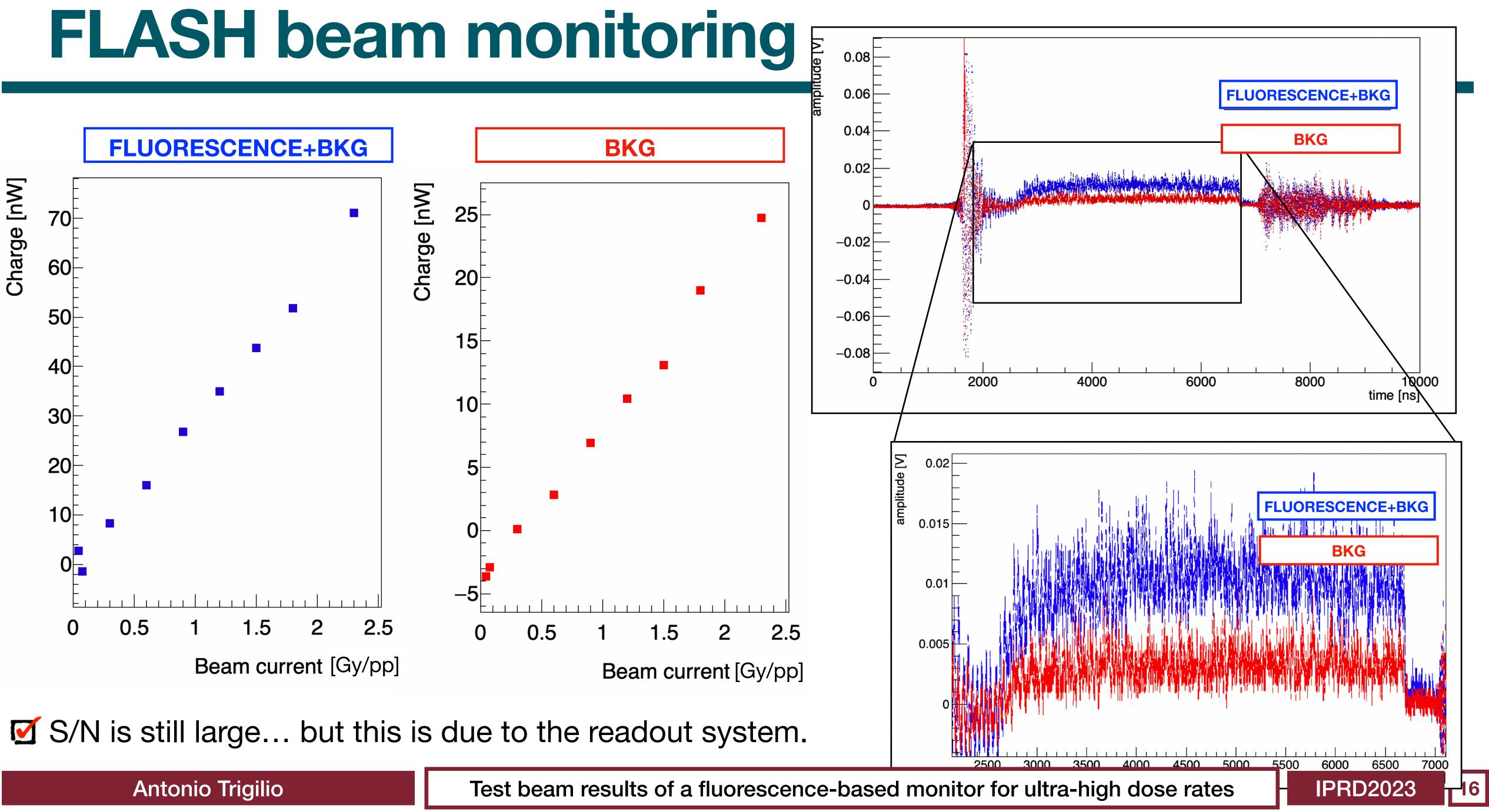
- For our second round of testing at Pisa, we verified that, even at 2 m away from the machine, the fibers still produce background, so we remove them and put the PMT at 2 m from the beam exit window.
- The setup is, as usual, equipped with the possibility to measure also the background for each configuration and perform a background subtraction to evaluate the fluorescence contribution.

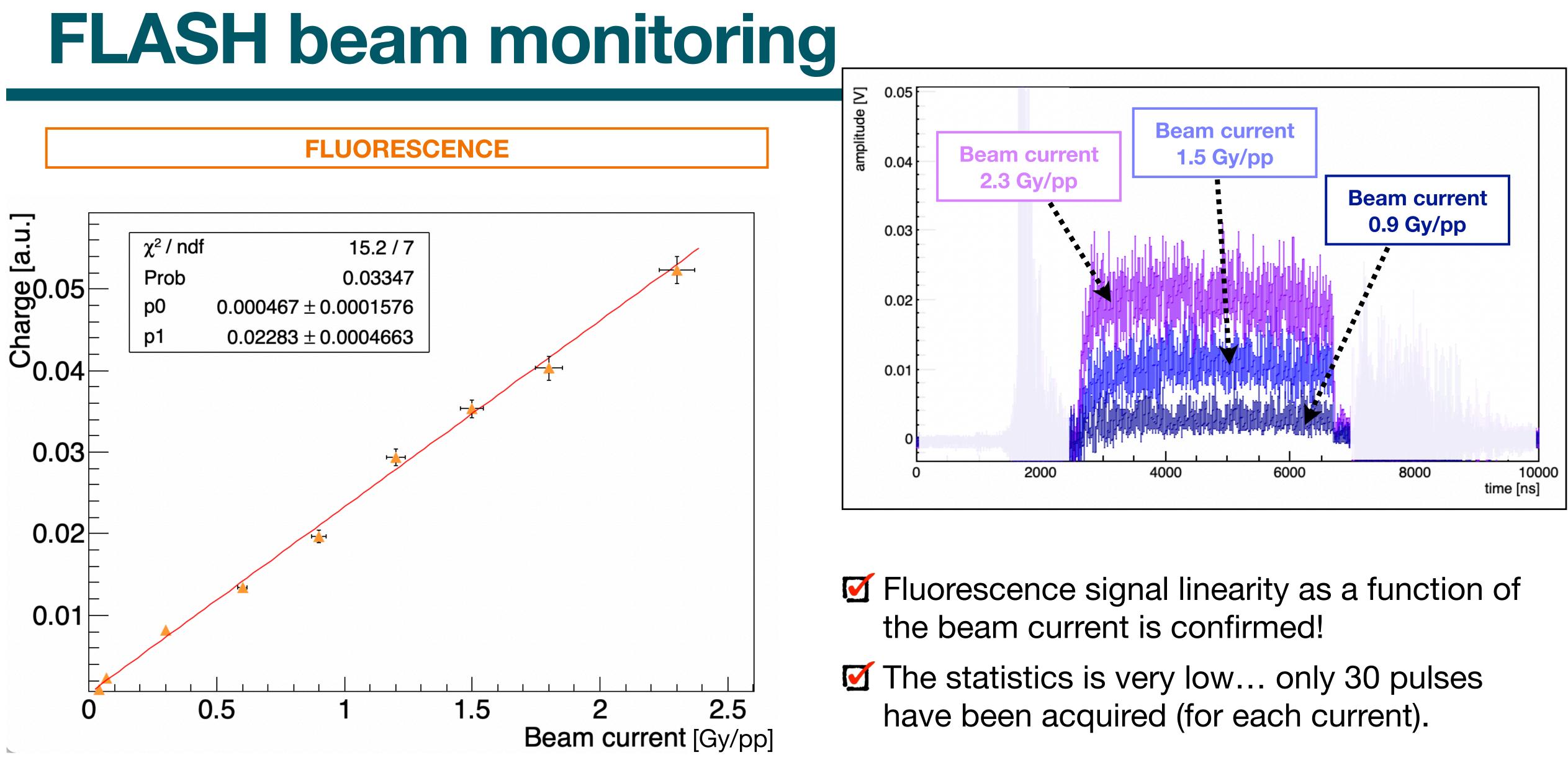












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Conclusions

- Definitely strong evidence that fluorescence signal has the expected linearity as a function of the beam current.
- The background in the readout system (PMT) is not negligible also at very large distances (only behind the wall of the room is zero).
- With this setup we have background of about 30%.
- Fluorescence is huge (we saturate easily at high currents).
- We had to reduce the acceptance with a diaphragm... this feature is necessary to avoid saturation of the PMT at high currents.
- We have a detector that has no material at all on the beam line...

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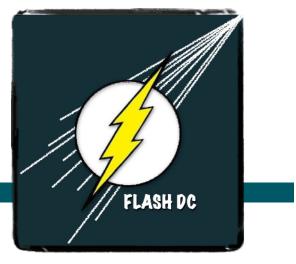




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Thanks to:

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• If you come to Siena to see the Palio, you will enjoy 4 days with the big Medieval parade, musicians, flags, the entrance of the horses, the legendary "mossa", the rivalries, alliances...













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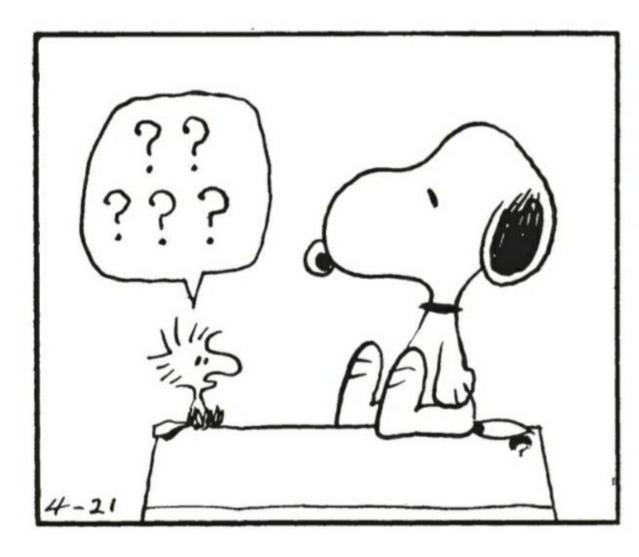
- If you come to Siena to see the Palio, you will enjoy 4 days with the big Medieval parade, musicians, flags, the entrance of the horses, the legendary "mossa", the rivalries, alliances...
- And then the actual race... lasts for 1:30 minutes.
- The FLASH-est event in the world!

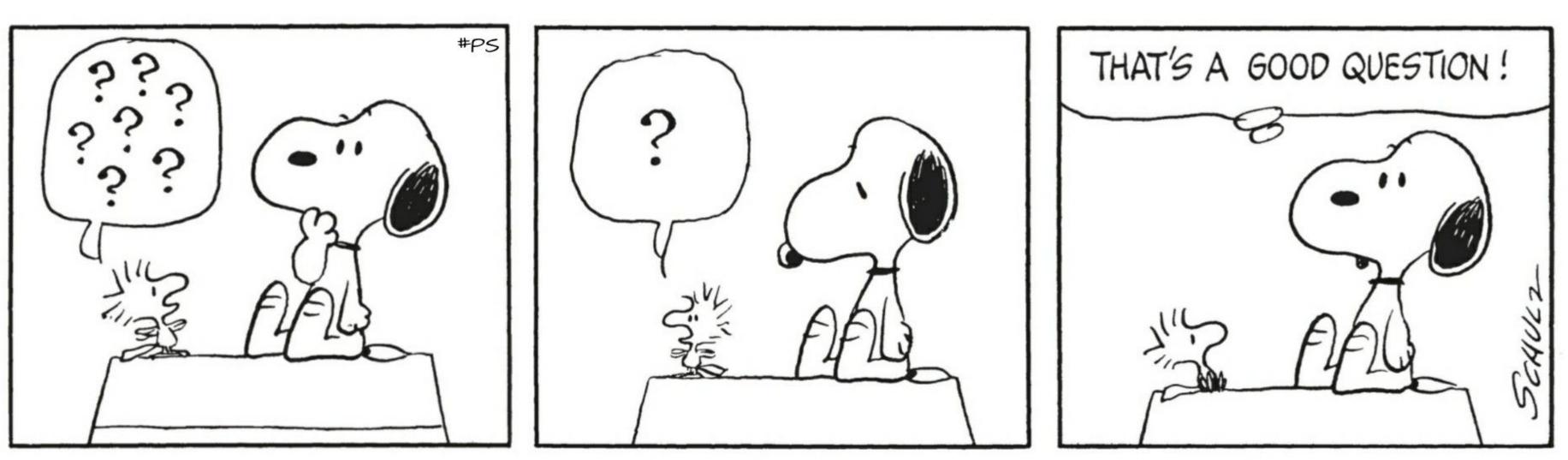






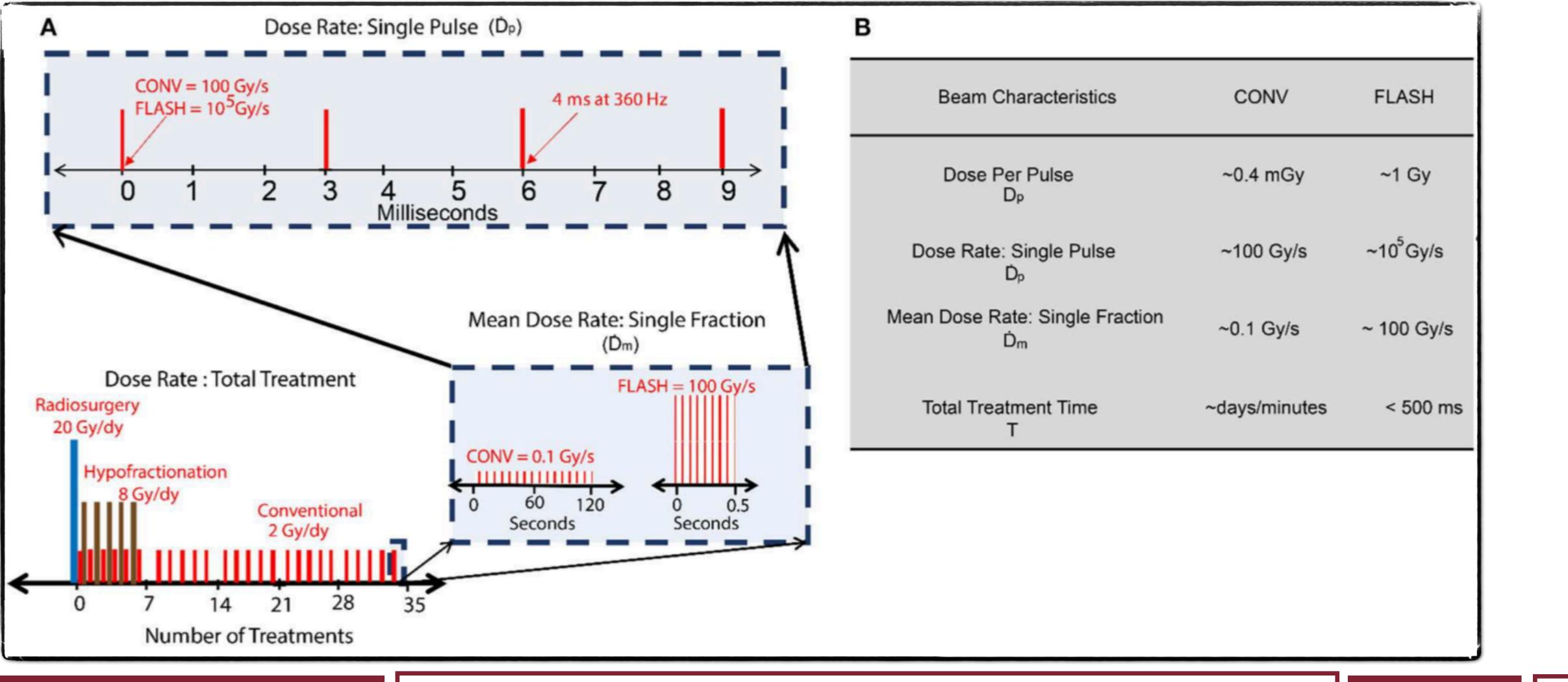
Thank you for your attention!





Backup

Ashraf MR, Rahman M, Zhang R, Williams BB, Gladstone DJ, Pogue BW and Bruza P (2020) Dosimetry for FLASH Radiotherapy: A Review of Tools and the Role of Radioluminescence and Cherenkov Emission. Front. Phys. 8:328. doi: 10.3389/fphy.2020.00328



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The FlashDC project: development of a beam monitor for FLASH radiotherapy

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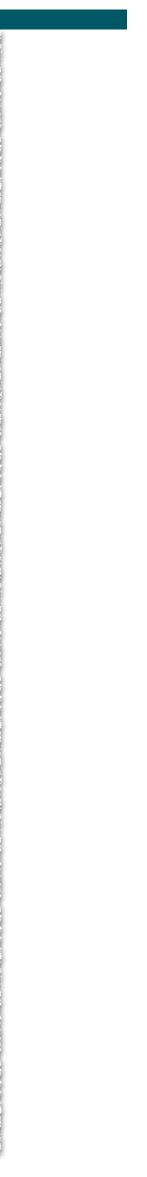
Backup

Response	Detectors	Measurement type	FLASH study	Instantaneous dose-rate/dose per pulse (D _p) dependence	Spatial resolution	Time-resolution	Energy dependence
Luminescence	TLD/OSLD	1D, 2D	e [15, 37, 71]	Independent (~10 ⁹ Gy/s) [80, 137]	\sim 1 mm	Passive	Tissue-equivalent
	Scintillators	1D, 2D , 3D	p [13, 18]	Independent (~10 ⁶ Gy/s) [29]	\sim 1 mm	~ns	Tissue-equivalent
	Cherenkov	1D , 2D, 3D	e [29]	Independent (~10 ⁶ Gy/s) [29]	\sim 1 mm	~ps	Energy dependent
	FNTD	2D	NA	Independent (~10 ⁸ Gy/s) [85]	\sim 1 μ m	Passive	Energy dependent
Charge	lonization chambers	1D, 2D	p [13, 18, 19] e [15, 37, 71] ph [16, 17]	Dependent on D _p [48, 52] (>1 Gy/pulse),	~3–5 mm	~ms	Energy dependence shows up > 2 MeV
	Diamonds	1D	p [18]	Dependent on D _p (>1 mGy/pulse) [49]	\sim 1 mm	~µs	Tissue-equivalent
	Si diode	1D , 2D	NA	Dependent on D _p [54] (Independent ~0.2 Gy/s) [138]	\sim 1 mm	~ms	Energy dependent
Chemical	Alanine pellets	1D	e [12, 15, 37, 139]	Independent (10 ⁸ Gy/s) [69]	\sim 5 mm	Passive	Tissue-equivalent
	Methyl viologen/fricke	1D	e [29, 48]	Depends on the decay rate and diffusion of radiation induced species	\sim 2 mm	~ns	Tissue-equivalent
	Radiochromic film	2D	p [18, 19] e [10–12, 15, 30, 37, 71, 140] ph [16]	Independent (10 ⁹ Gy/s) [70, 71]	~1 µm	Passive	Tissue-equivalent
	Gel dosimeters	3D	NA	Strong dependence below 0.001 Gy/s [141] and above 0.10 Gy/s [142]	~1 mm	Passive	Tissue-equivalent

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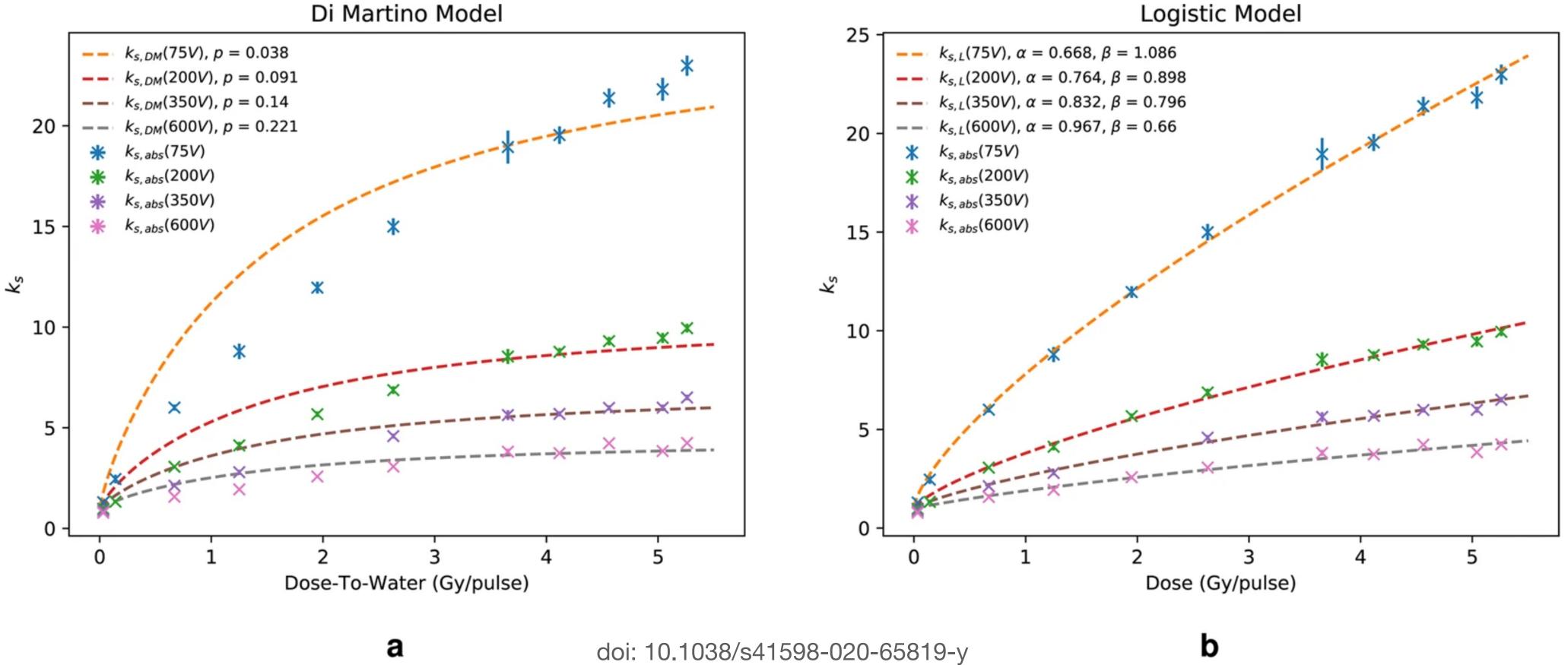
The FlashDC project: development of a beam monitor for FLASH radiotherapy

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The FlashDC project: development of a beam monitor for FLASH radiotherapy





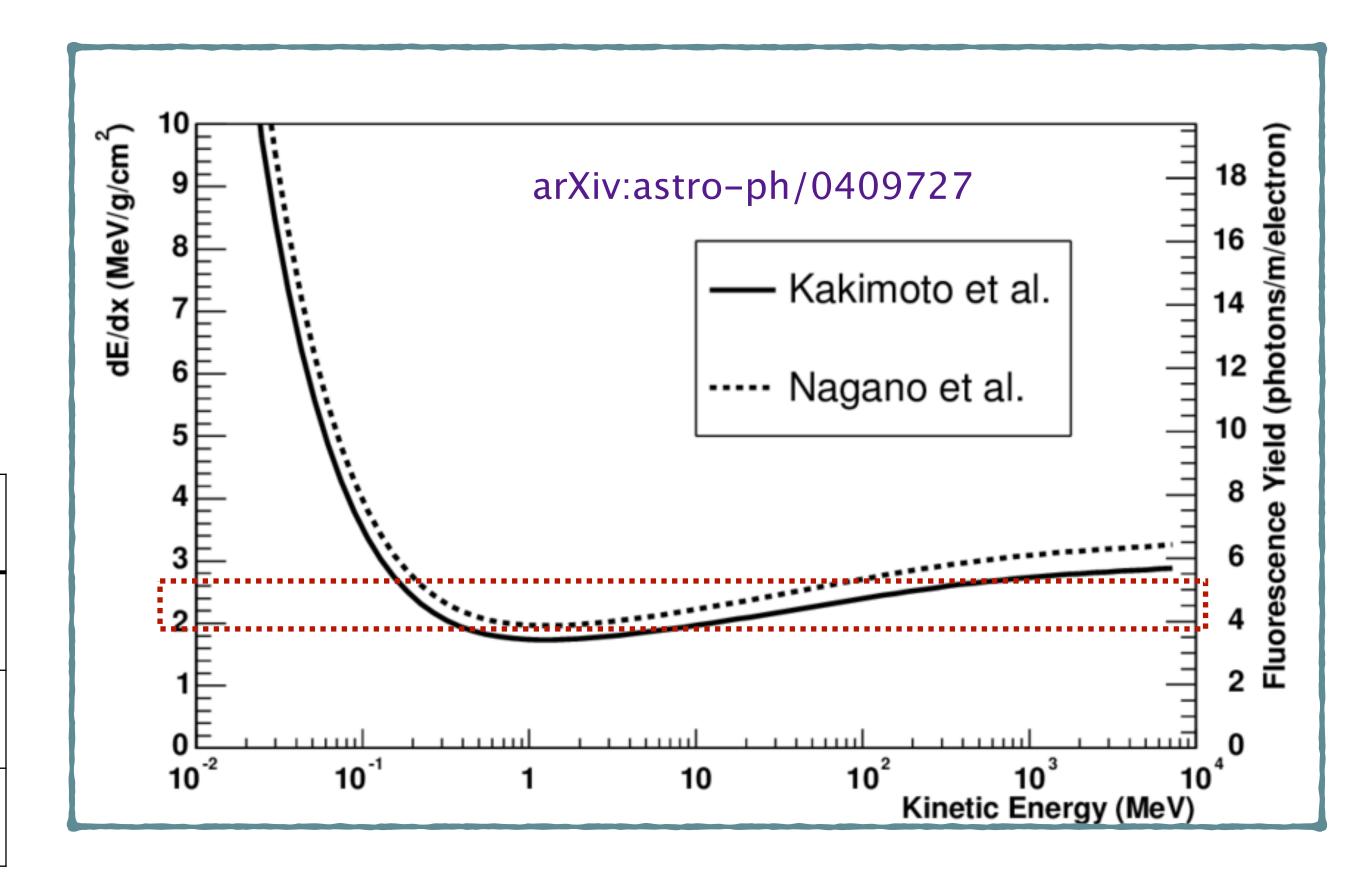


 How many photons we expect at typical IOeRT and VHEE energies?

Εκ	ph./m (Fluor.)	ph./m (Ch.)
10 MeV	4 (@4π)	Under thr.
20 MeV	4 (@4π)	6 (@0.1°)
130 MeV	5 (@4π)	70 (@1.4°)

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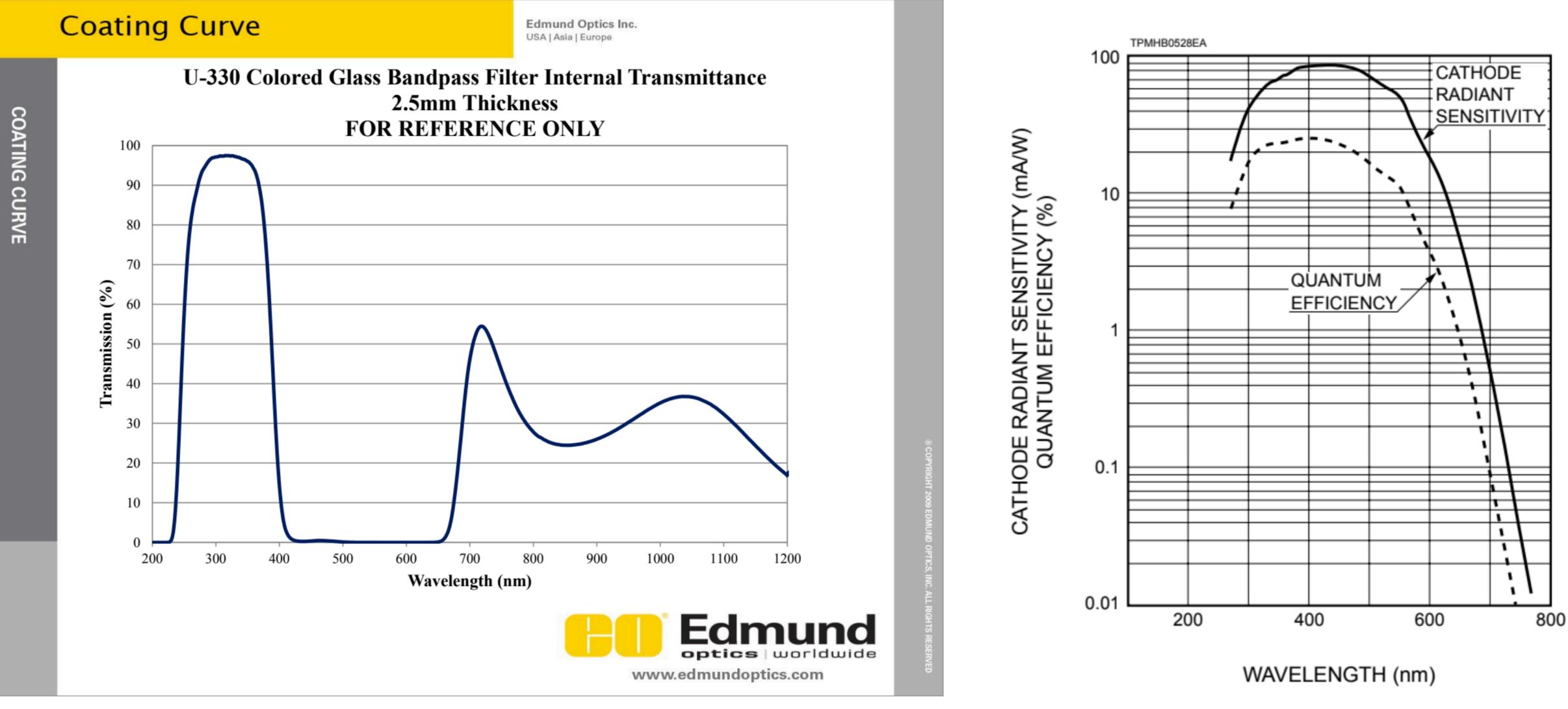
The FlashDC project: development of a beam monitor for FLASH radiotherapy











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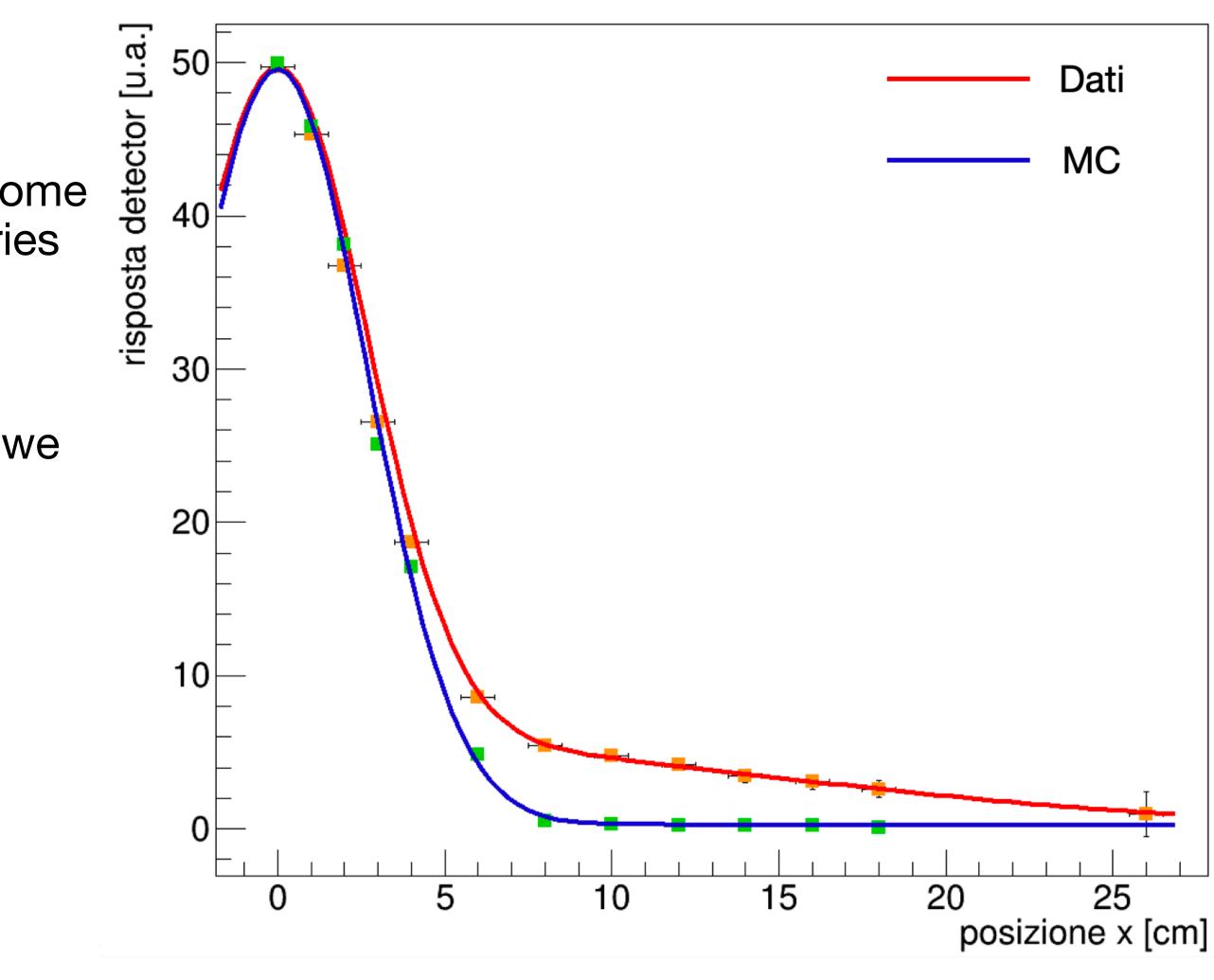
iWoRiD2022





Backup

- A MC simulation has been developed to perform a model of the detection technique.
- It works well with the expected beam parameters (some of which are not present in the simulation, secondaries and uncertainties in the energy and angular divergence...)
- Introducing the measured parameters in this model we will continue with the optimization of the geometry.



The FlashDC project: development of a beam monitor for FLASH radiotherapy



