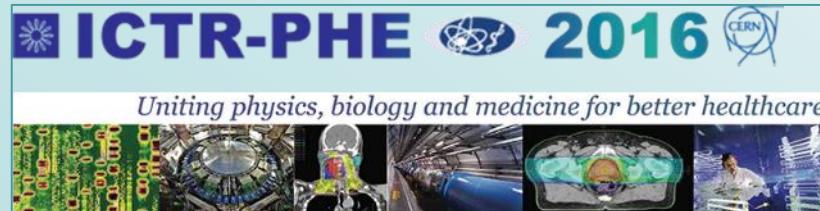


Variable RBE in proton therapy: Comparison of model predictions and their influence on clinical-like scenarios

G. Giovannini^{1,2,3}, T. T. Böhlen^{1,4}, G. Cabal¹, Julia Bauer^{3,5},
T. Tessonniere³, K. Frey¹, J. Debus^{3,5}, A. Mairani^{5,6}, K. Parodi^{1,3,5}

¹LMU Munich, ²University Pavia,
³University Hospital Heidelberg, ⁴CERN, ⁵HIT, ⁶CNAO



- Charged particles are densely ionizing
→ higher cell killing rate compared to photons
- RBE concept: $RBE = (D_x/D_{ion})|_{\text{end point}}$

$$RBE = f \left(\begin{array}{l} \text{Physical params (particle type, dose level, LET)} \\ \text{Biol. params (tissue type, end point, cell cycle phase, oxygen. level)} \end{array} \right)$$

RBE for proton therapy:

ICRU recommendation: constant RBE of 1.1

- approximation → supported by fact that available biological data is insufficient to justify clinical usage of other proposed approaches
- recent review of experimental data (Paganetti 2014): trend of increase in RBE for low $(\alpha/\beta)_x$ at low dose levels

Model Selection

- Purpose:** For three selected, different radiobiological models:
- Compare their parameter predictions
 - Compare their impact on clinical-like scenarios
- Criteria:** Both phenomenological and biophysical models:
- Different trends for β as $f(\text{LET})$
 - No plan dependencies

(1) Local Effect Model IV* (LEM) – Biophysical Model

- Link biological response to double strand breaks pattern
 - β decreases with LET
 - Concept of D_t (transition dose: $S(D_t)_x \exp \rightarrow \text{linear}$)
 - Coupled to FLUKA MC code in HIT MC framework**
- validated with p and He beams for different cell lines***

*Elsässer 2010 Int J Rad Onc 78, Friedrich 2012 Int J Rad Biol 88, Krämer Scholz 2006 PMB 51, *** Mairani 2010 PMB 55, **Mairani 2013 PMB 58

(2) Carabe-Fernandez* (CAR) - Phenomenological

β increases with LET → concept of $RBE_{min,max} = f(LET, \dots)$,
asymptotic values of RBE at $D \rightarrow \infty / 0$

→ Validated for V79 cells at $(\alpha/\beta)_x = 2.686$ Gy

(3) Wedenberg** (WED) - Phenomenological

α/α_x increases linearly with LET (*up to 30 keV/ μm*), slope inversely proportional to $(\alpha/\beta)_x$; β constant: $\beta = \beta_x$

→ model hypotheses tested on wide set of experimental data:

$$(\alpha/\beta)_x = (2.7 \dots 70) \text{ Gy};$$

$$\text{LET} = (6 \dots 30) \text{ keV}/\mu\text{m}$$

*Carabe-Fernandez 2007, Int J Rad Biol 83

**Wedenberg 2013, Acta Oncol 52

(a) Model predictions:

- α and β parameters as $f(\text{LET})$ (various $(\alpha/\beta)_x$, D_t)
- RBE as a $f(\text{LET})$ (various $(\alpha/\beta)_x$, D_t , D_x)
- RBE as a function of proton dose D (various $(\alpha/\beta)_x$, D_t , LET)

Parameter variation:

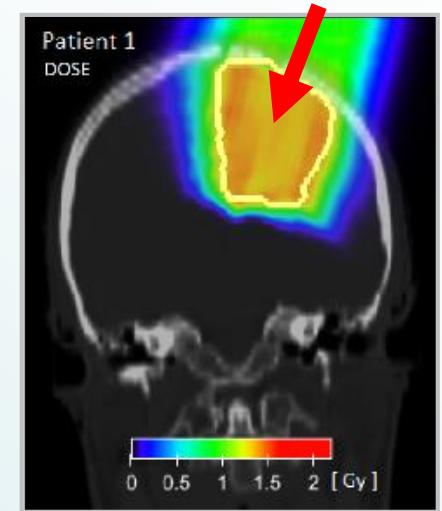
- $(\alpha/\beta)_x$ = 2 Gy / 10 Gy (late/early responding tissue)
- D_x = 2 Gy / 4 Gy (reference photon dose levels)
- D_t = 10 Gy, 40 Gy (transition dose values for LEM)
- **LET** = 1 keV/ μm , 6.5 keV/ μm (low/high)

(b) Monte Carlo calculation:

- FLUKA Monte-Carlo code
- Scoring: physical dose, LET_D (WED, CAR) or D_{RBE} (LEM)

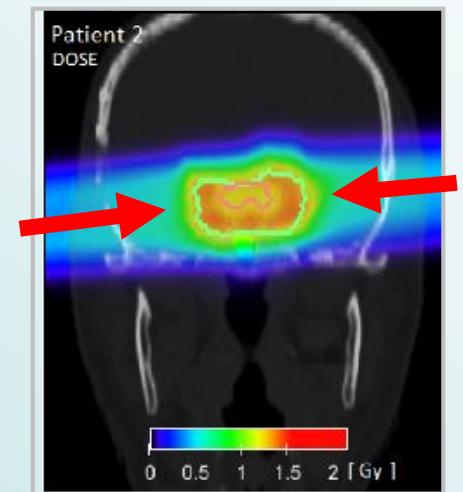
(c) SOBP in water:

- Single field, $D = 2 \text{ Gy(RBE)}$
- $150 \times 90 \times 40 \text{ mm}^3$ @ 76mm depth (center)
- depth dose profiles and lateral RBE profiles



(d) Two clinical cases:

- Cranial indications, $27 \times 2 \text{ Gy(RBE)}$
- Single field / homogeneous region
- Two opposite fields / complex region
- LET and D_{RBE} distributions, D_{RBE} VHs, LETVH
- Biological range shift (Δ) maps in BEV
($\Delta = R_x(RBE_{var}) - R_x(RBE=1.1)$, with $x = (90/80/50)\%$)



Model Comparison – RBE(LET)

$(\alpha/\beta)_x = 2 \text{ Gy}$

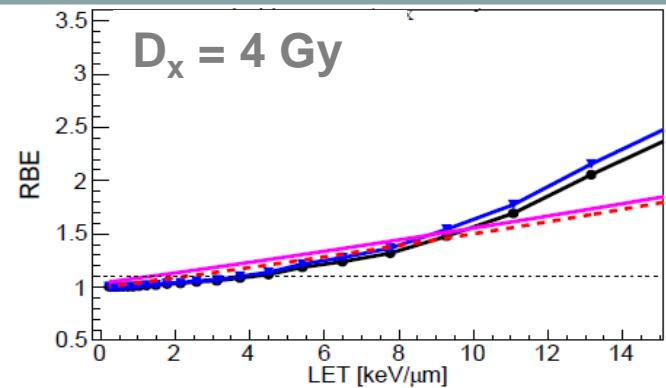
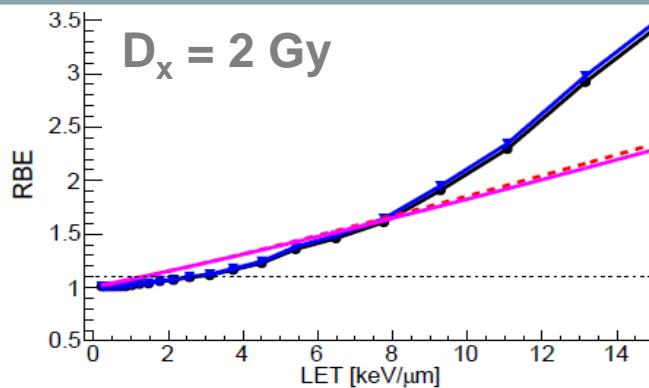
LEM-10

LEM-40

WED

CAR

RBE=1.1 ...



- RBE: increases with LET (in analyzed range), decreases with increasing D_x , increases for decreasing $(\alpha/\beta)_x$
- similar RBE values up to $\sim 8 \text{ keV}/\mu\text{m}$

$(\alpha/\beta)_x = 10 \text{ Gy}$

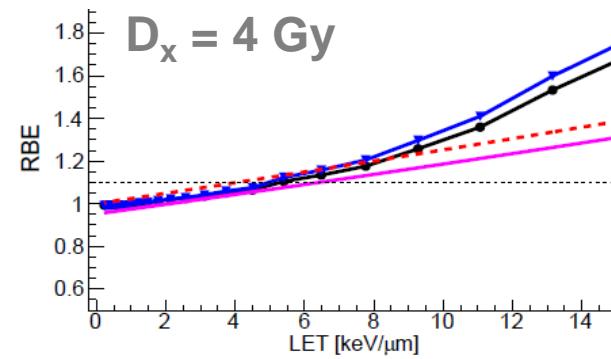
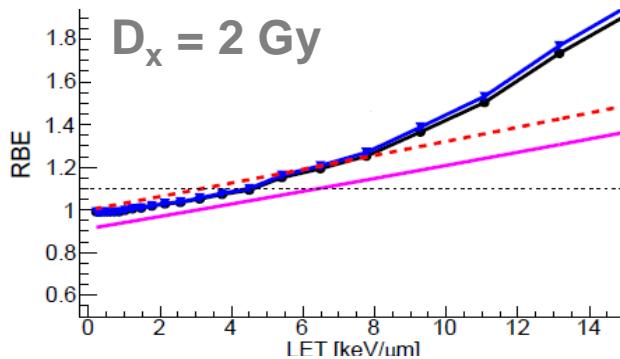
LEM-10

LEM-40

WED

CAR

RBE=1.1 ...



- similar RBE values up to $\sim 8 \text{ keV}/\mu\text{m}$ for LEM and WED
- CAR RBE < 1 for low LET

Model Comparison – RBE(D)

$(\alpha/\beta)_x = 2 \text{ Gy}$

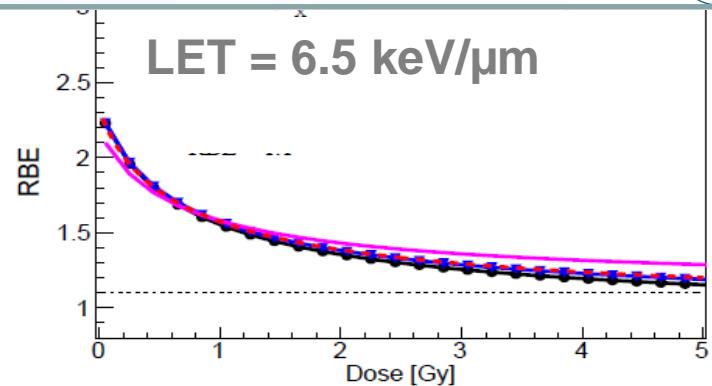
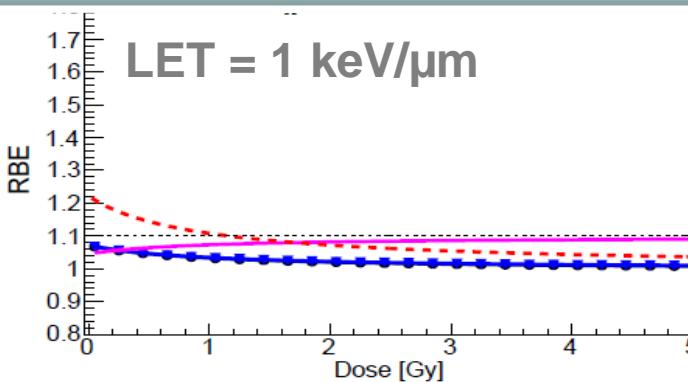
LEM-10

LEM-40

WED

CAR

RBE=1.1 ...



$(\alpha/\beta)_x = 10 \text{ Gy}$

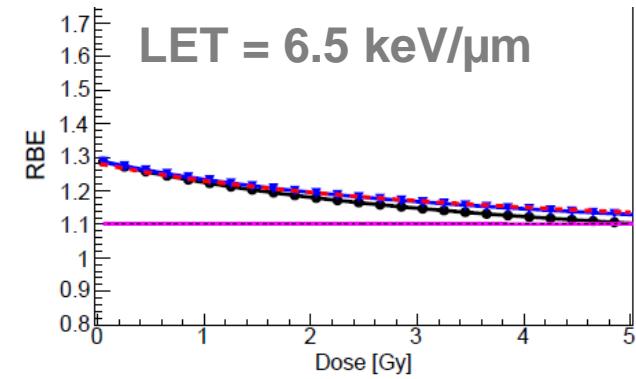
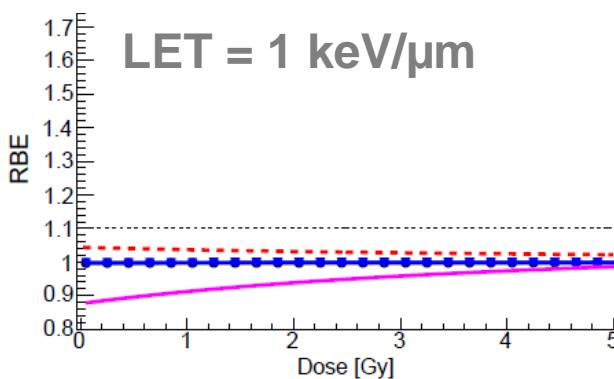
LEM-10

LEM-40

WED

CAR

RBE=1.1 ...



• **Low LET:**

WED: RBE ↑ for dose ↓, LEM: RBE ~ const

• **High LET:**

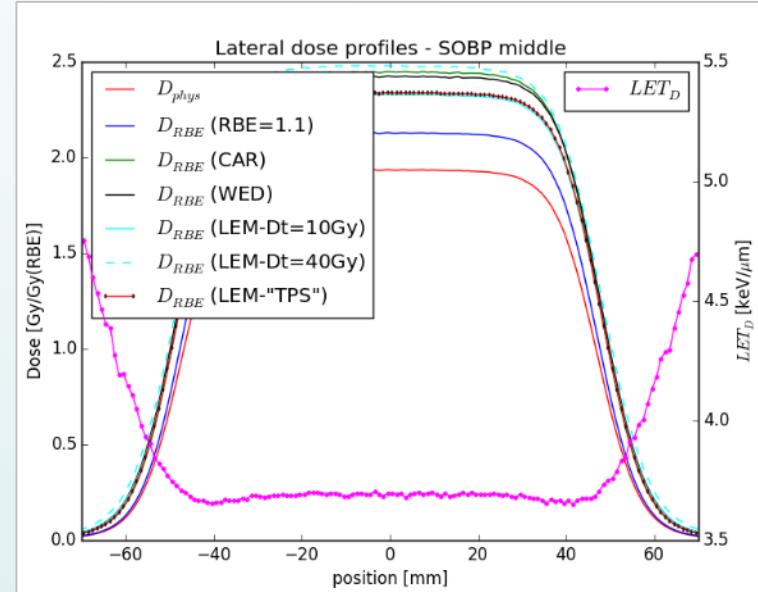
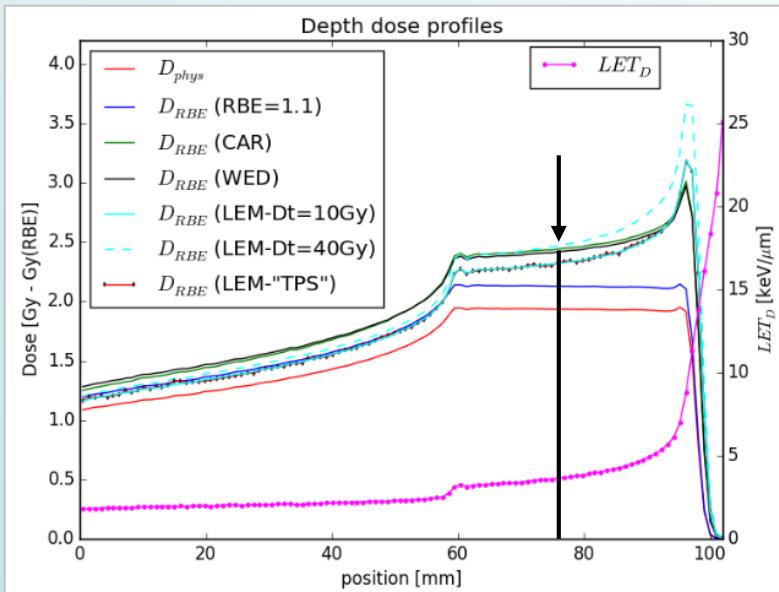
RBE ↑ for dose ↓ (WED/ LEM); RBE > 1.1 (≤ 1.3 @ very low doses)

• **CAR:**

if $\text{RBE}_{\max} < \text{RBE}_{\min} \rightarrow \text{RBE} \uparrow \text{for dose } \uparrow$

Results – SOBP

$(\alpha/\beta)_x = 2 \text{ Gy}$

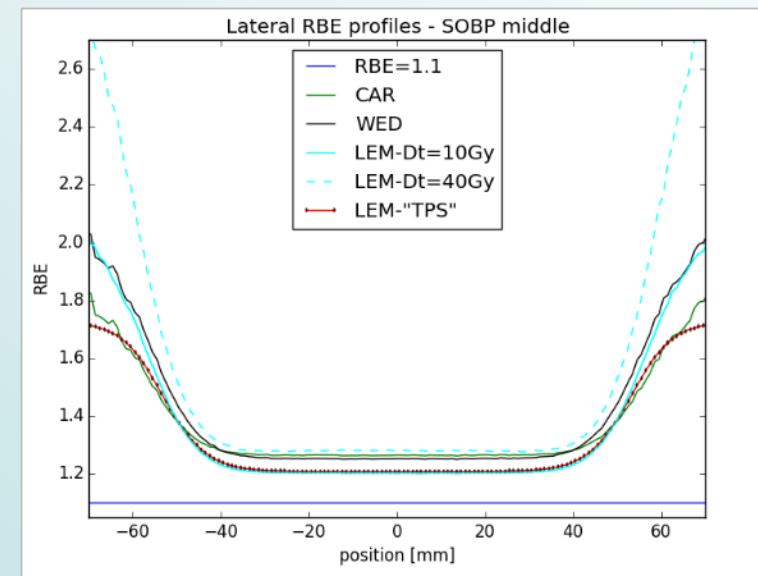


DDD: RBE @ entrance / middle of SOBP:

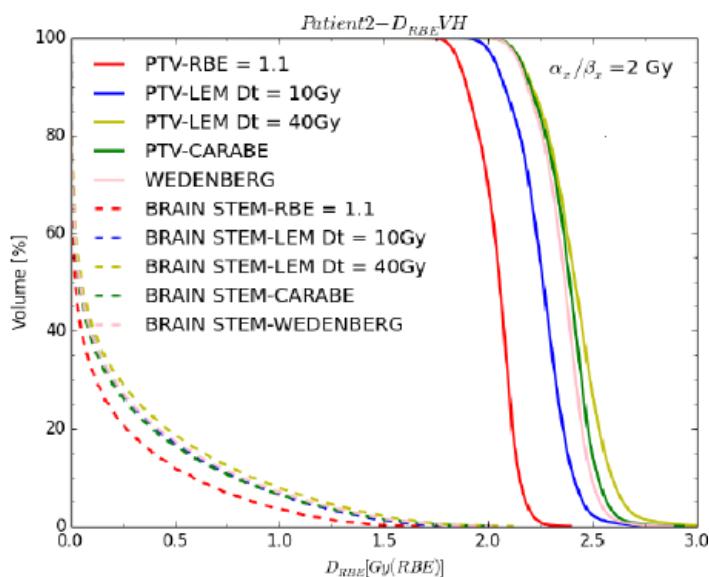
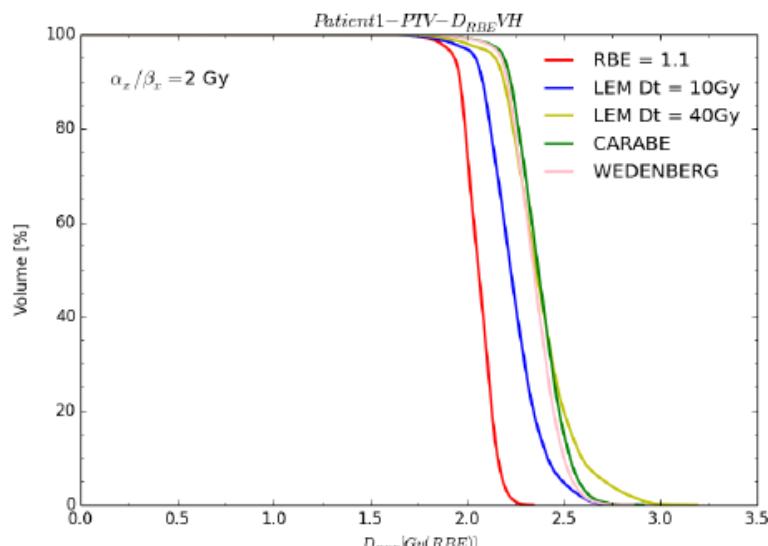
- WED: 1.20 / 1.31
- CAR: 1.17 / 1.31
- LEM10: ~1.1 / >WED/CAR @ last mm

Lateral RBE profiles:

- Plateau: RBE(CAR/WED) > RBE(LEM)
- (80-20)% fall-off: ~1mm widening (all)



Patient Cases



(for $(\alpha/\beta)_x = 10 \text{ Gy}$: dose values close to RBE = 1.1 values)

LET_D:

- P1:
 $\text{LET}_{95\%(<5\%)} \sim 5.0 \text{ (8.1) keV}/\mu\text{m}$
hot area distal to PTV
- P2:
 $\text{LET}_{95\%(<5\%)} \sim 4.5 \text{ (6.5) keV}/\mu\text{m}$
hot distal edges smeared out

$$(\alpha/\beta)_x = 2 \text{ Gy}$$

D_{RBE} (D_{presc} = 2 Gy(RBE)):

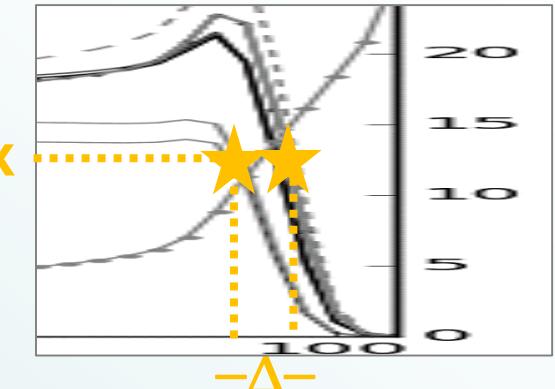
- P1:
 $D_{\text{mean, varRBE}} = (2.23 - 2.38) \text{ Gy(RBE)}$
 - P2:
 $D_{\text{mean, varRBE}} = (2.26 - 2.41) \text{ Gy(RBE)}$
- CAR/WED/LEM40 similar values

Biological Range Shift

Biological range shift in BEV:

$$\Delta = R_x(RBE_{var}) - R_x(RBE=1.1)$$

with $x = (90/80/50)\%$ of D_{presc}



$\Delta (80\% D_{presc}) [\text{mm}] - (\alpha/\beta)_x = 2 \text{ Gy}$		
Model	Patient 1	Patient 2
LEM ($D_t = 10 \text{ Gy}$)	4.3	3.0
LEM ($D_t = 40 \text{ Gy}$)	5.4	4.4
WED	3.6	3.6
CAR	3.5	3.4

- Values found between (3.0-5.4) mm
- Increasing D_t for LEM → larger range shifts

(for $(\alpha/\beta)_x = 10 \text{ Gy}$: range shifts (0.6-2.4)mm)

Model comparison:

- Models predict similar dependencies for RBE up to ~8 keV/ μ m
- Identified restrictions for validity of CAR model

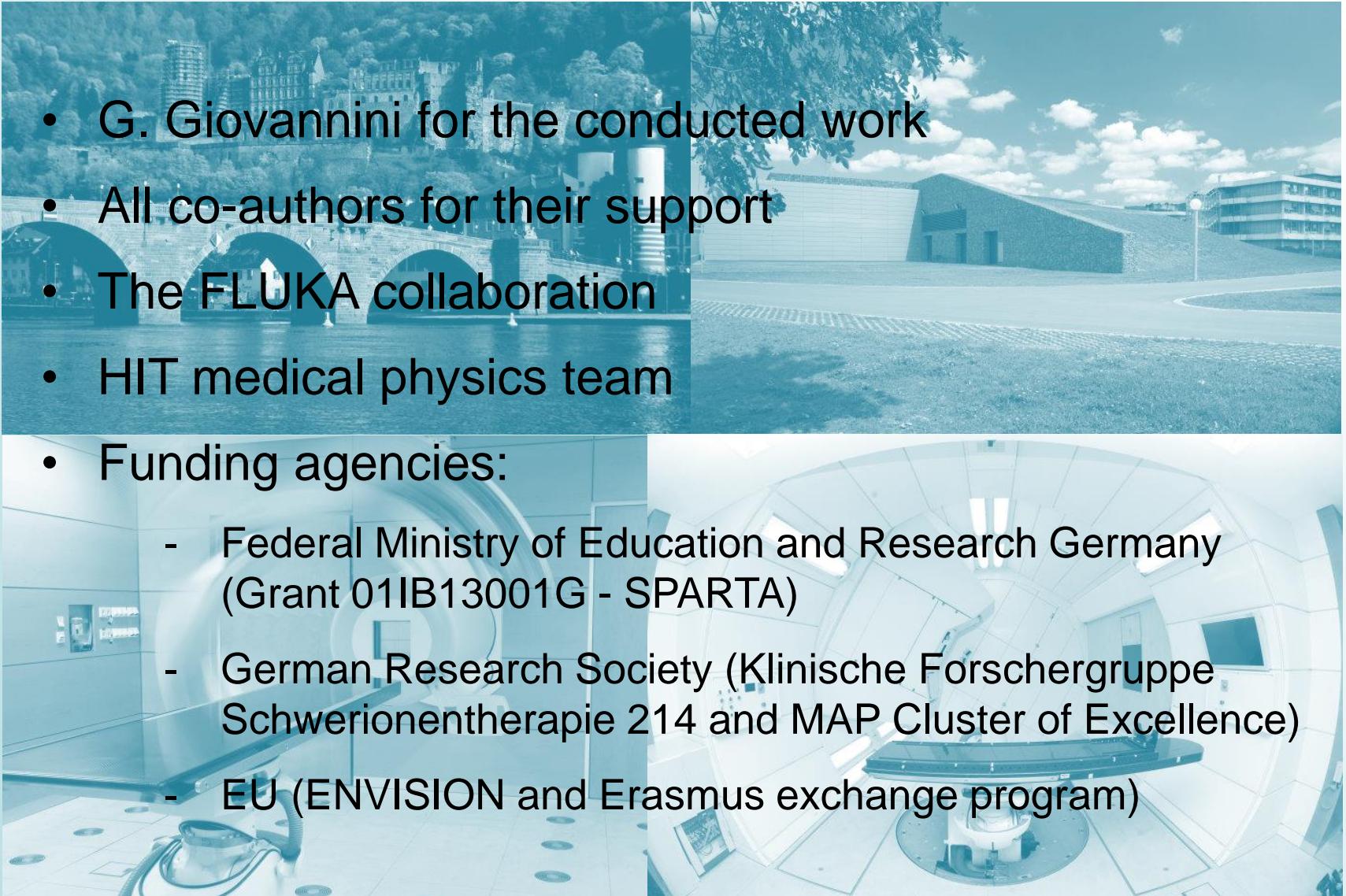
Clinical application:

- LET distribution strongly dependent on field configuration
- Mean $D_{RBE}(PTV)$ enhanced by $\geq 10\%$ for all models at low $(\alpha/\beta)_x$
- Range shifts of up to 5mm; models show similar behaviour
- Lateral widening could be an issue as well

→ potential dose enhancement and range shift for variable RBE
→ strong suggestion to consider variable RBE in proton therapy TP
→ simple models sufficient for initial guess

Acknowledgements

- G. Giovannini for the conducted work
- All co-authors for their support
- The FLUKA collaboration
- HIT medical physics team
- Funding agencies:
 - Federal Ministry of Education and Research Germany (Grant 01IB13001G - SPARTA)
 - German Research Society (Klinische Forschergruppe Schwerionentherapie 214 and MAP Cluster of Excellence)
 - EU (ENVISION and Erasmus exchange program)



Backup



LEM in FLUKA

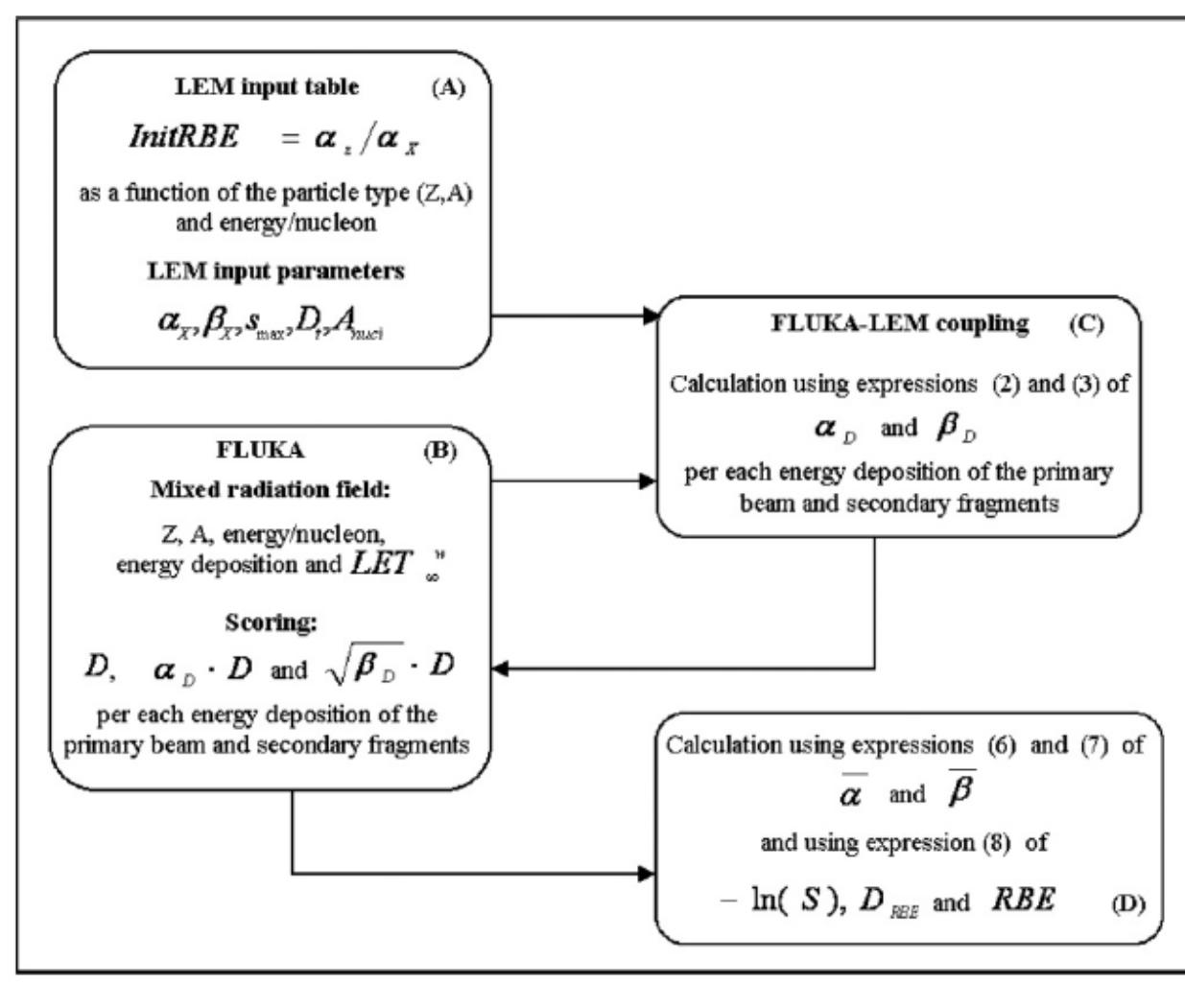


Figure 1. Schematic representation of the coupling of the FLUKA MC code with the LEM.

Parameters

Table 1. Photon parameters used for the two representative tissues for low and high $(\alpha/\beta)_x$.

α_x [Gy $^{-1}$]	β_x [Gy $^{-2}$]	$(\alpha/\beta)_x$ [Gy]	D_t [Gy]
0.123	0.0616	2	10, 40
0.616	0.0616	10	10, 40

Wedenberg:

$$RBE = -(\alpha/\beta)_x/2/D + 1/D * \sqrt{0.25 * (\alpha/\beta)_x^2 + (0.434 * LET + (\alpha/\beta)_x) * D + D^2}$$

Carabe:

$$\begin{aligned} RBE = & -(\alpha/\beta)_x/2/D + 1/D * \\ & * \sqrt{0.25 * (\alpha/\beta)_x^2 + (\alpha/\beta)_x * D * (0.834 + 0.154 * 2.686 / (\alpha/\beta)_x * LET) + } \\ & D^2 * (1.09 + 0.006 * 2.686 / (\alpha/\beta)_x * LET)^2 \end{aligned}$$

Results – Patient Cases - D_{RBE}

