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# Hadrontherapy Treatment Planning

## with FLUKA Monte Carlo Code

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# Treatment Planning Systems for Hadrontherapy

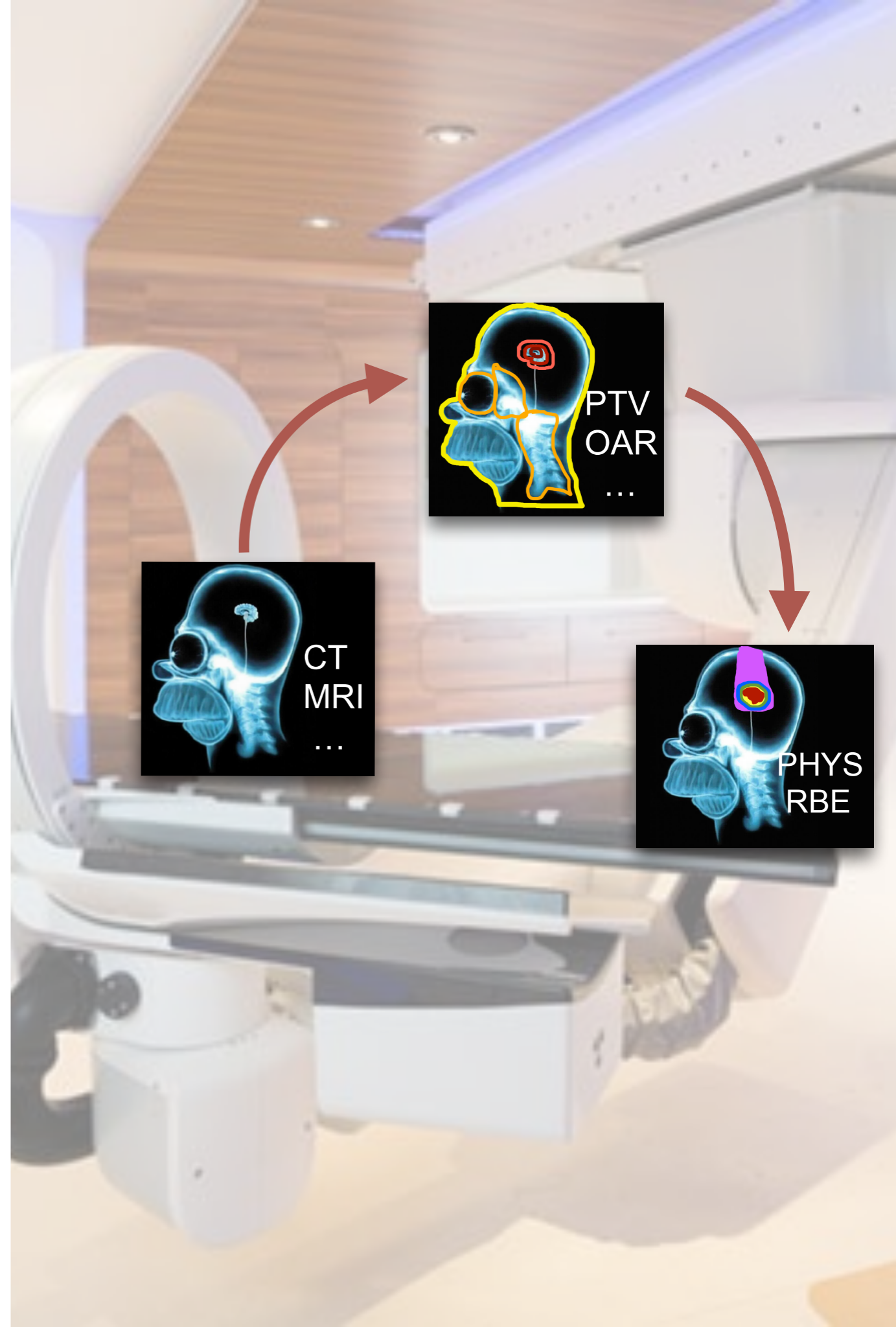
Commercial TPS typically use **pencil beam scanning algorithms**

Range of the proton/ion beam is mainly based on the **water equivalent depth**

Lateral beam shape is described by Gaussian or double-Gaussian **parametrization**

Analytical TPS enables **fast** dose calculations and **fast** optimization

## Why do we need Monte Carlo TPS?



# Monte Carlo for Treatment Planning

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- Provides faithful consideration of **radiation transport and interactions with matter** which is particularly important for precise ion therapy
- Gives possibility for **combined ion treatment planning**
- Uses **realistic atomic composition** of the patient tissue limited only by the HU (Hounsfield Unit) to tissue conversion method
- Able to score not only physical dose, but also **RBE (relative biological effective) weighted dose, LET (linear energy transfer)** and emerging secondaries for a real time dose delivery ...

**Monte Carlo Simulations are considered as a gold standard for treatment planning systems, although time is the main issue**

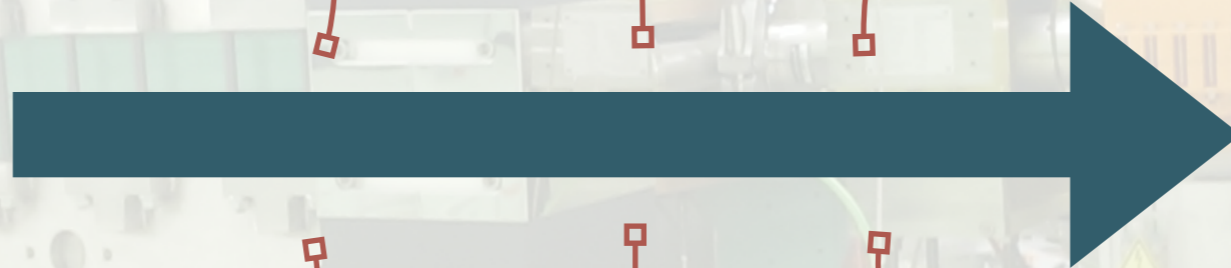


More precise and fast  
verification tools

Fully independent  
recalculation of  
Treatment Plan

Complex patient  
geometries,  
heterogeneous tissues

**Research**



**Clinical  
technologies**

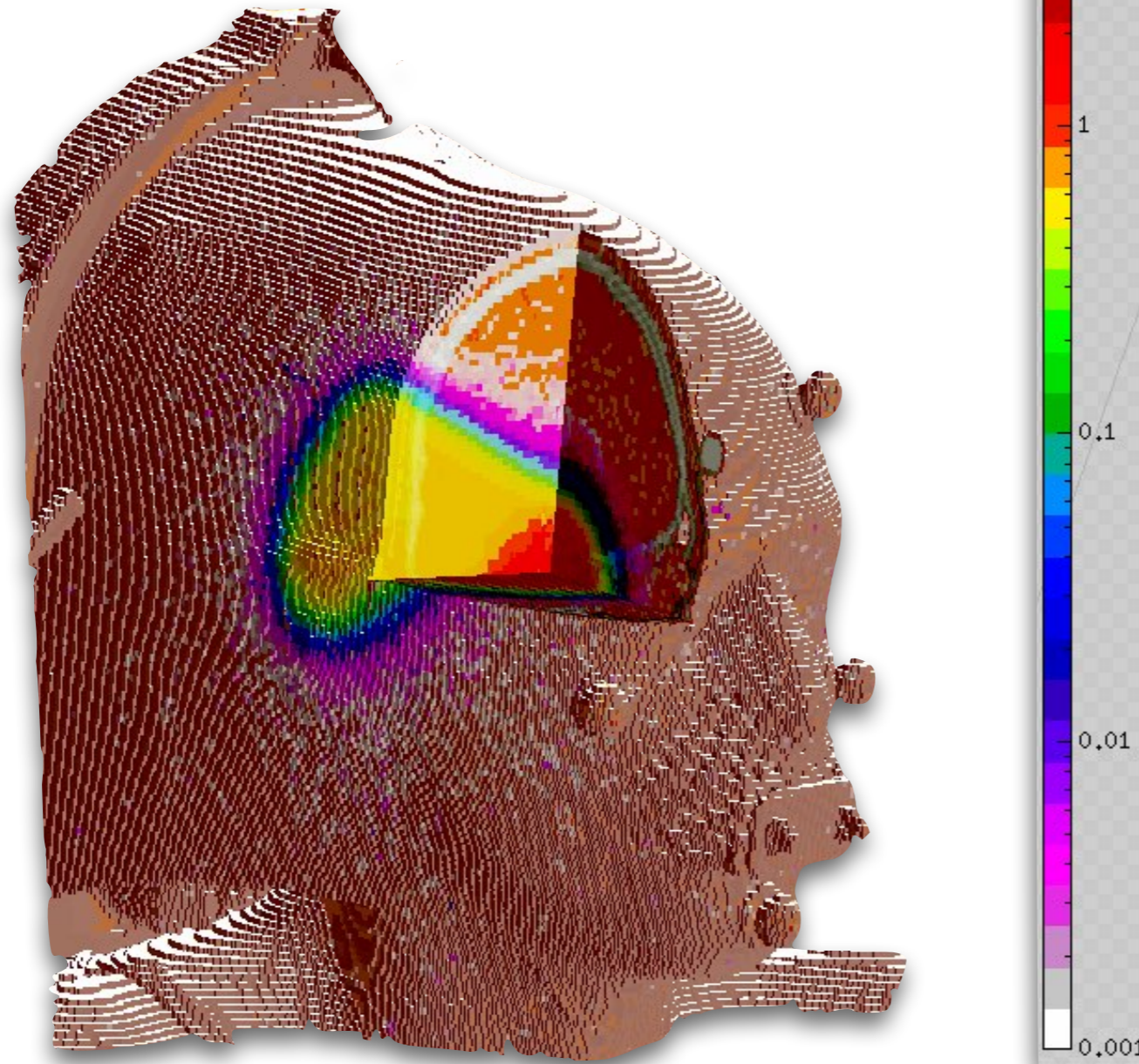
Real-time dose delivery  
verification using emitted  
 $\beta+$  or prompt- $\gamma$

Treatment optimization  
for RBE, LET ...

Additional treatment  
information - different  
RBE models, LET..

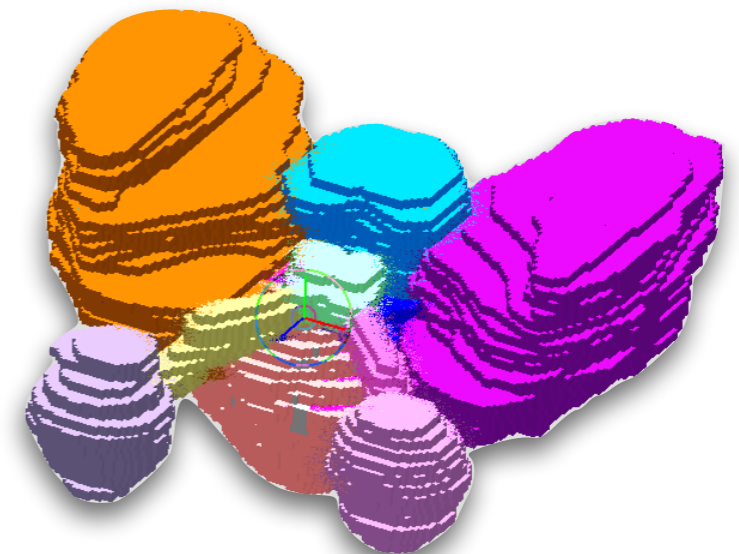


Dose deposition in patient



One of the **major contribution factor to the accidents** in the radiation therapy related to the TPS derives from **lack of independent calculations** for beam intensities [4]

Regions of interest (ROI)

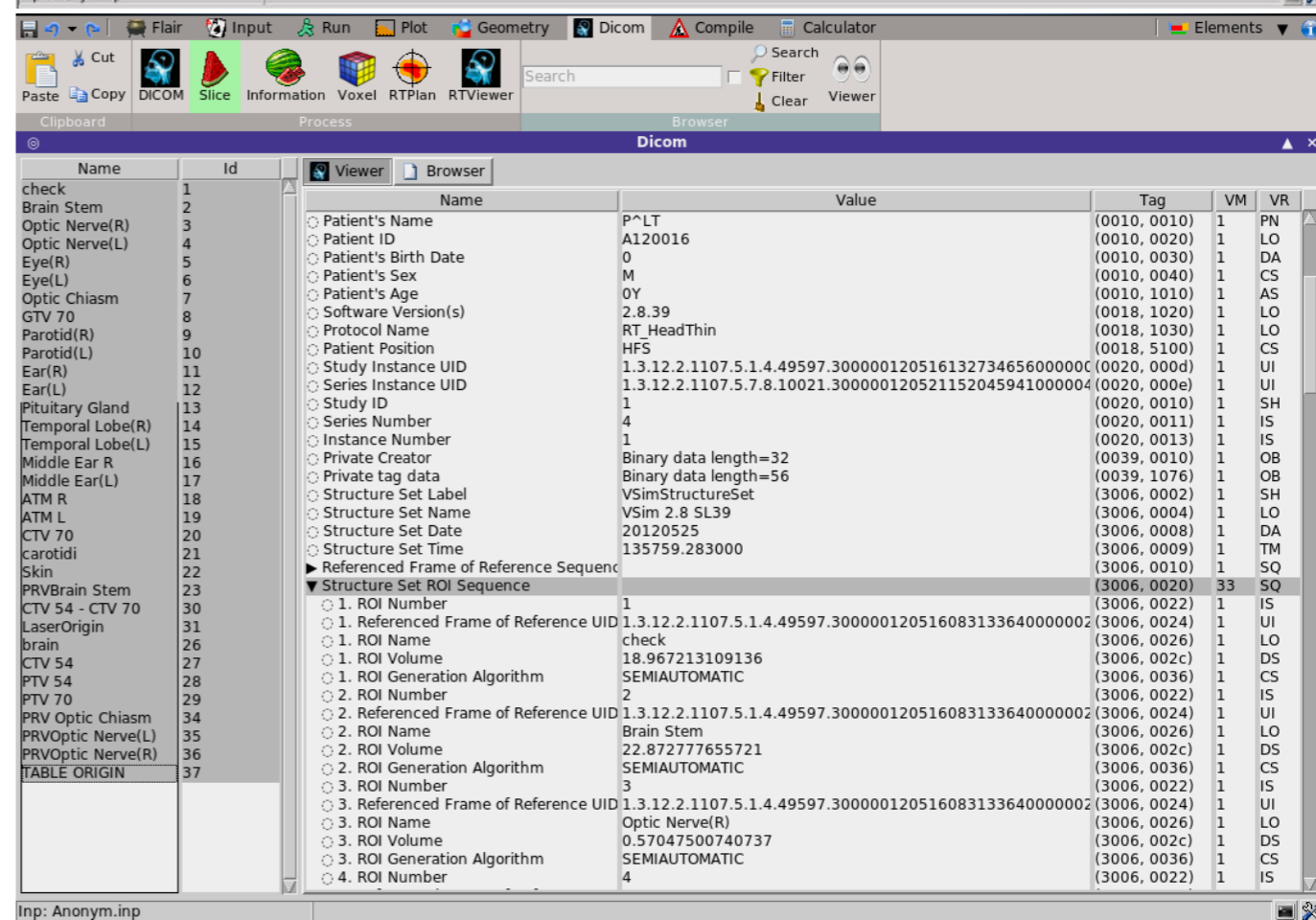
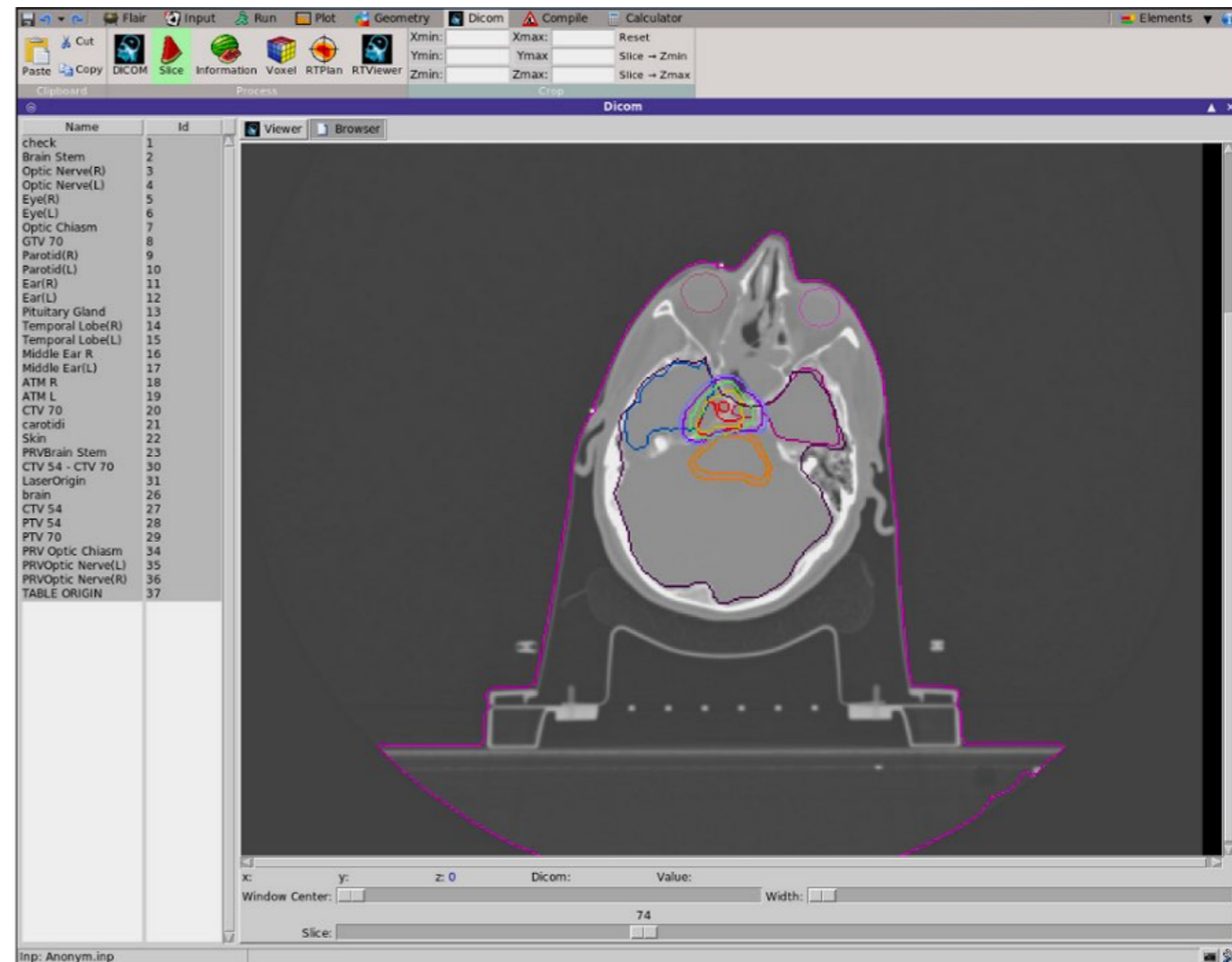


## FLUKA and its GUI Flair for Hadrontherapy TPS



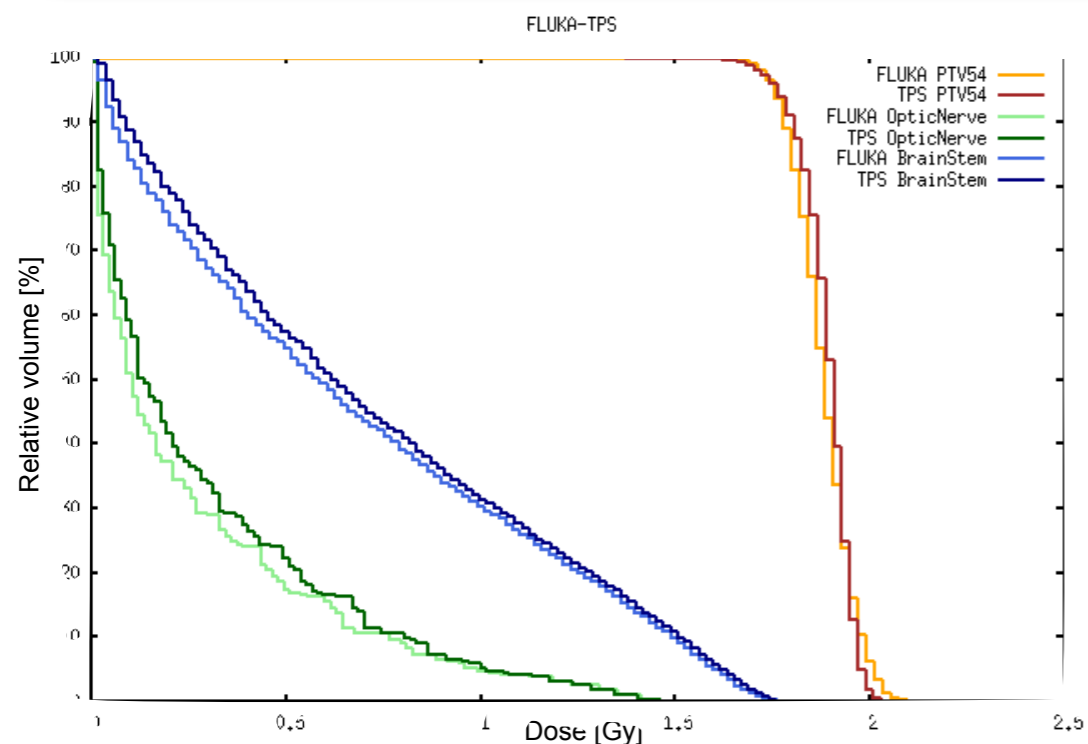
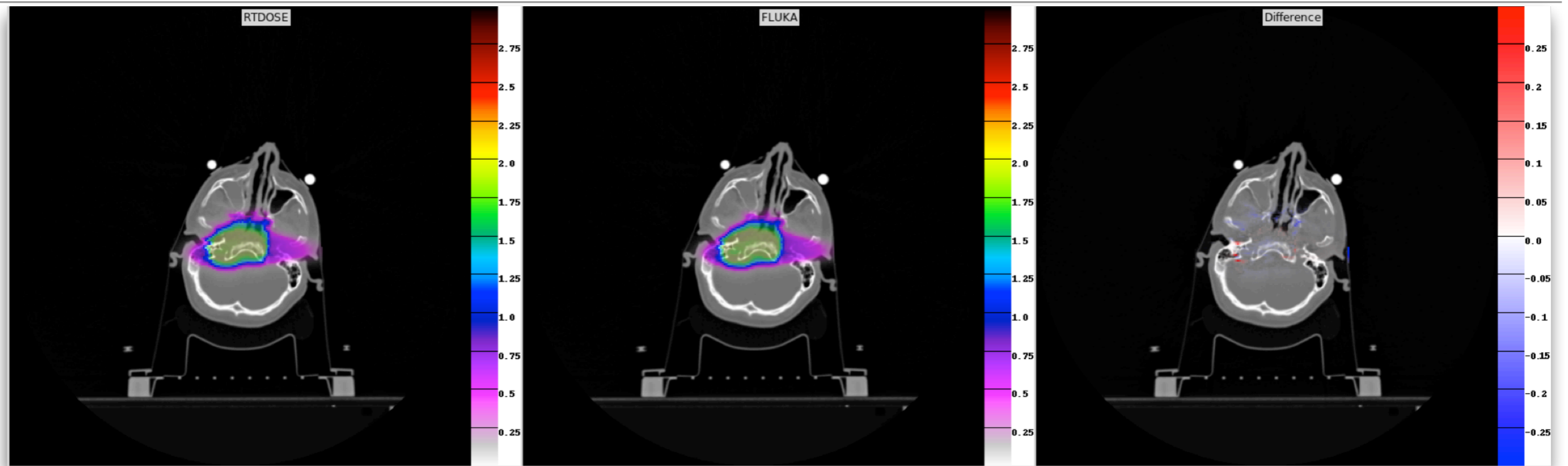
# FLUKA and its GUI Flair for Hadrontherapy TPS

- **Flair** provides an IDE for all stages of **FLUKA simulations** (input, debugging, visualization)
- Process **DICOM standard files** for radiotherapy purposes
- Provides easy-to use tool for **treatment plan re-simulation** and quantitative comparison
- Enables precise description of patient model and beam delivery system





# Monte Carlo Treatment Plan recalculations



*Proton chordoma patient case (CNAO)*

Highly conformal dose distribution gives advantage for **refining treatment margins** by decreasing uncertainties in TP calculations  
 Proton calculation typical uncertainty margins -3,5% of the range +1 mm [5]

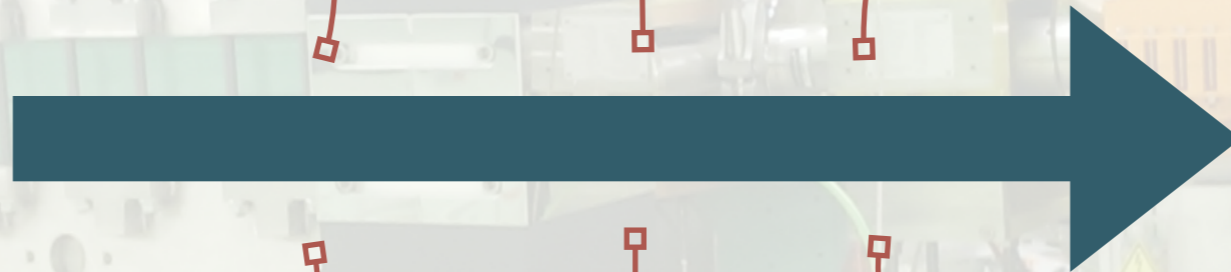


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Fully independent recalculation of Treatment Plan

Complex patient geometries, heterogeneous tissues

**Research**



**Clinical technologies**

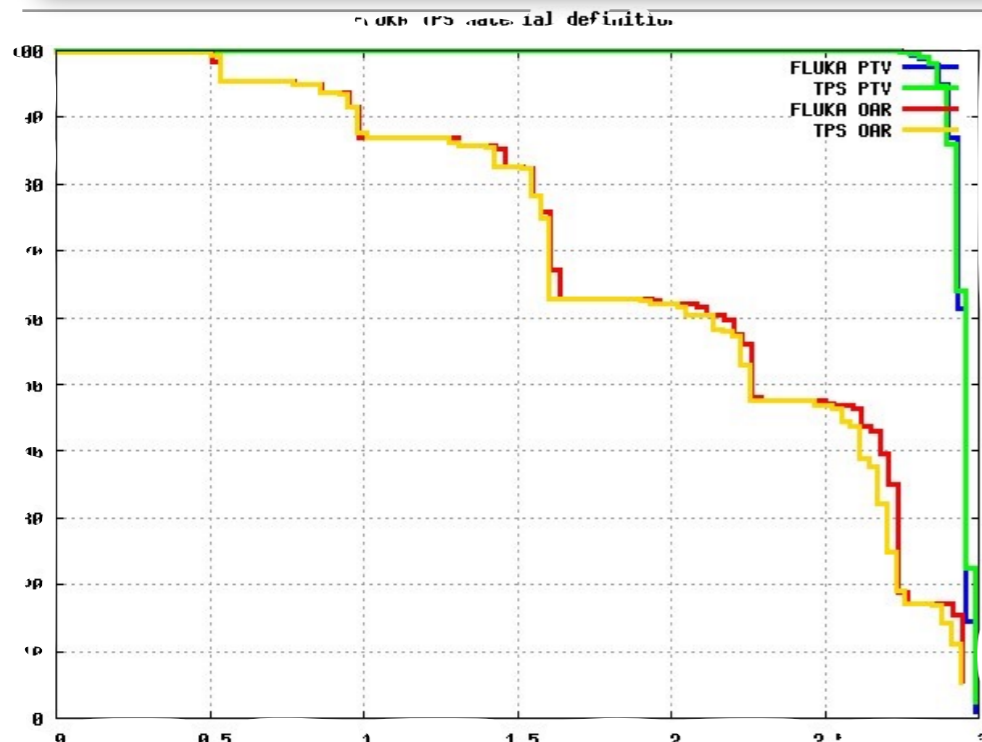
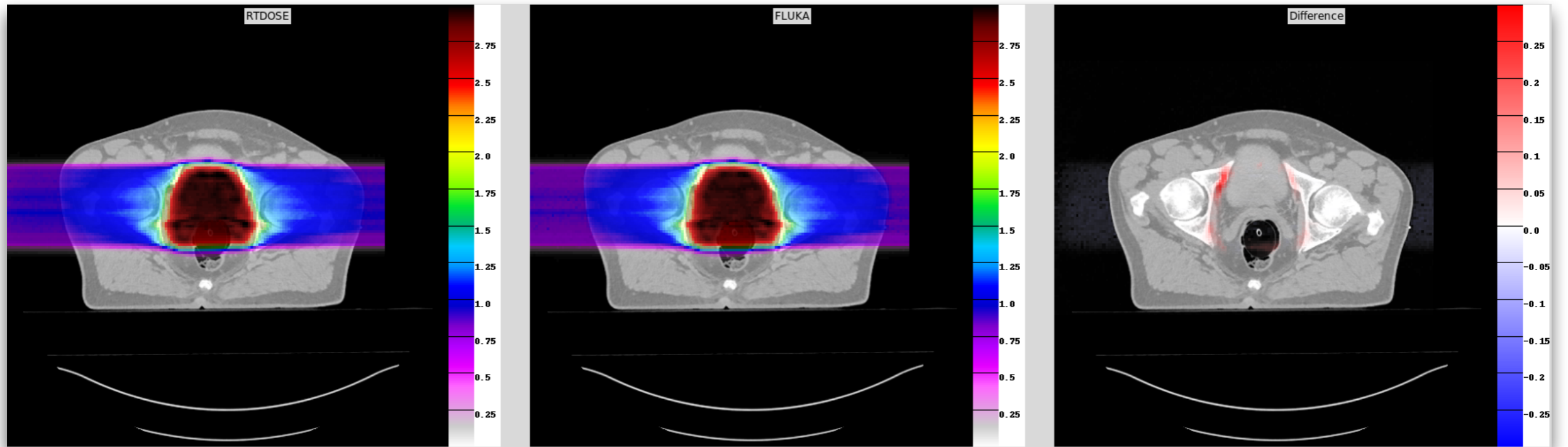
Real-time dose delivery verification using emitted  $\beta+$  or prompt- $\gamma$

Treatment optimization for RBE, LET ...

Additional treatment information - different RBE models, LET..



# Sensitivity studies of Monte Carlo TP recalculations

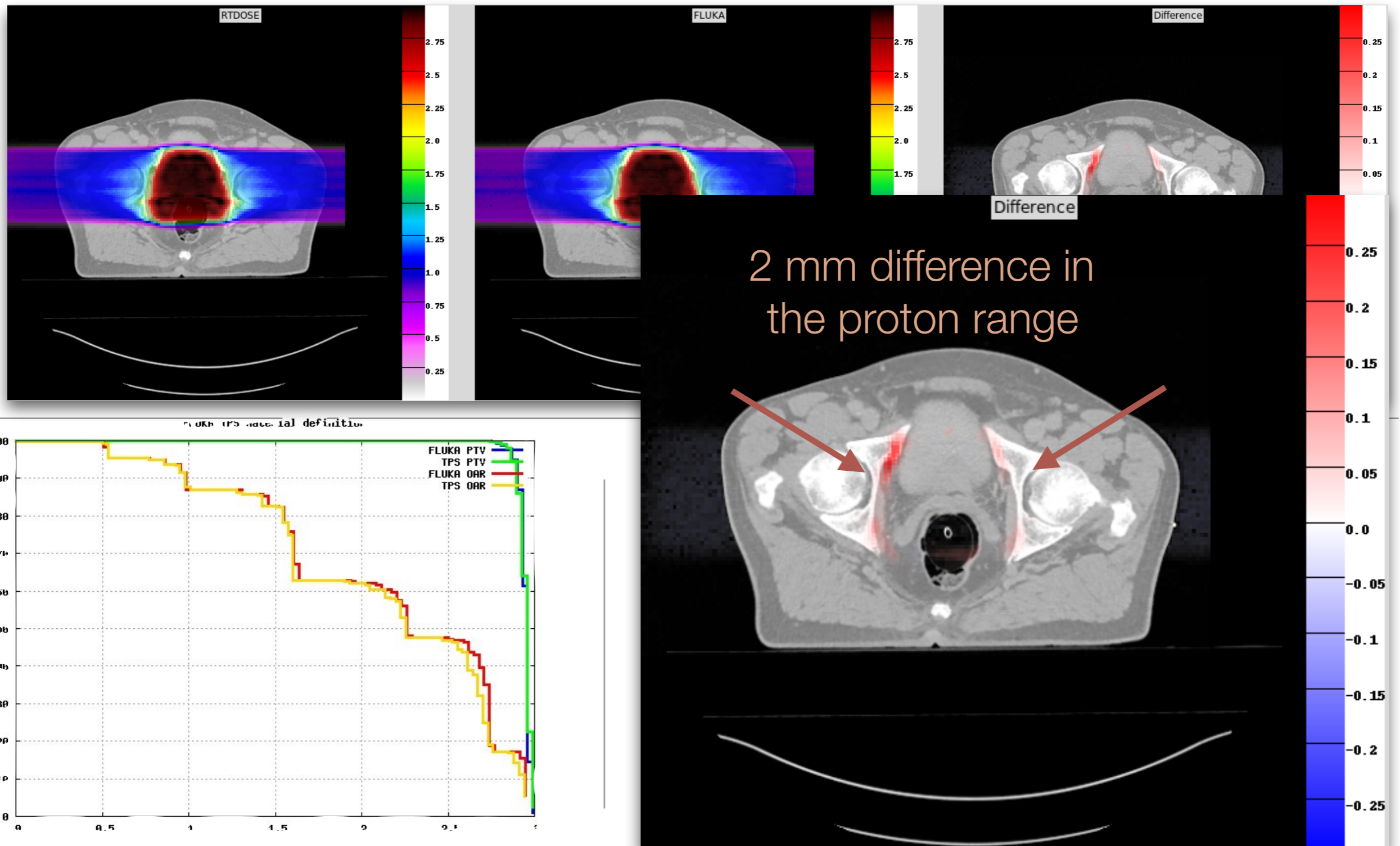


*Proton prostate patient case*

- Calibration of CT HU to density values
- HU to tissue conversion methods
- Size of the scoring grid
- Ionization potentials of tissue materials
- Accuracy of primary beam description
- ...



# Sensitivity studies of Monte Carlo TP recalculations



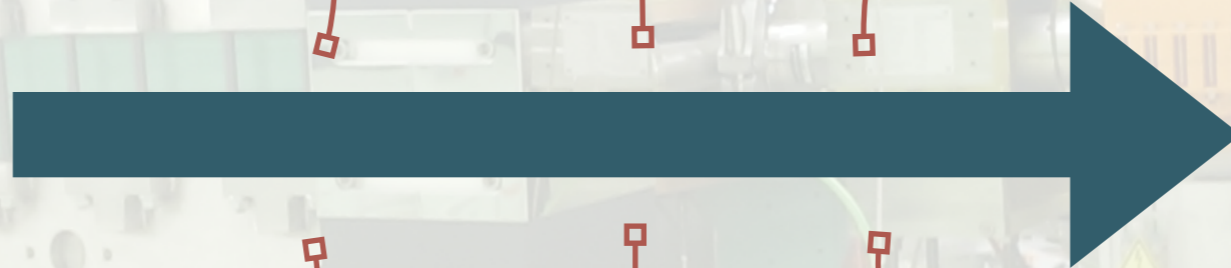


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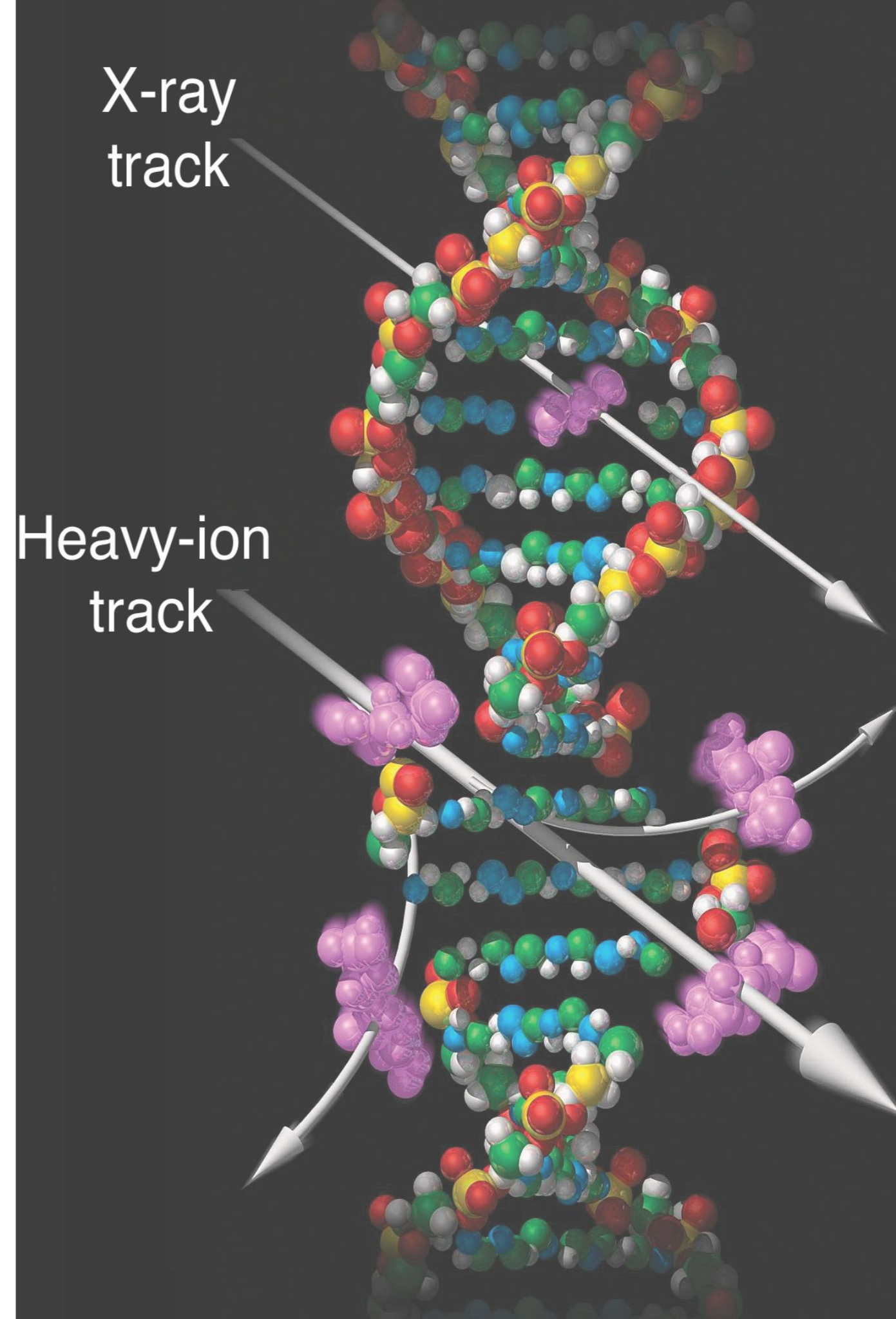
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# Relative Biological Effectiveness (RBE)

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- Ratio of a dose of photons to a dose of any other particle to produce the same **biological effect** [6]
- Experimental measurement by means of the cell survival fraction
- RBE for protons is fixed to 1.1 [7], RBE for ions is parameterized in radiobiological databases
- FLUKA enables combining **biophysical models (such as LEM)** for the mixed radiation fields and calculate RBE-weighted dose distributions [9]

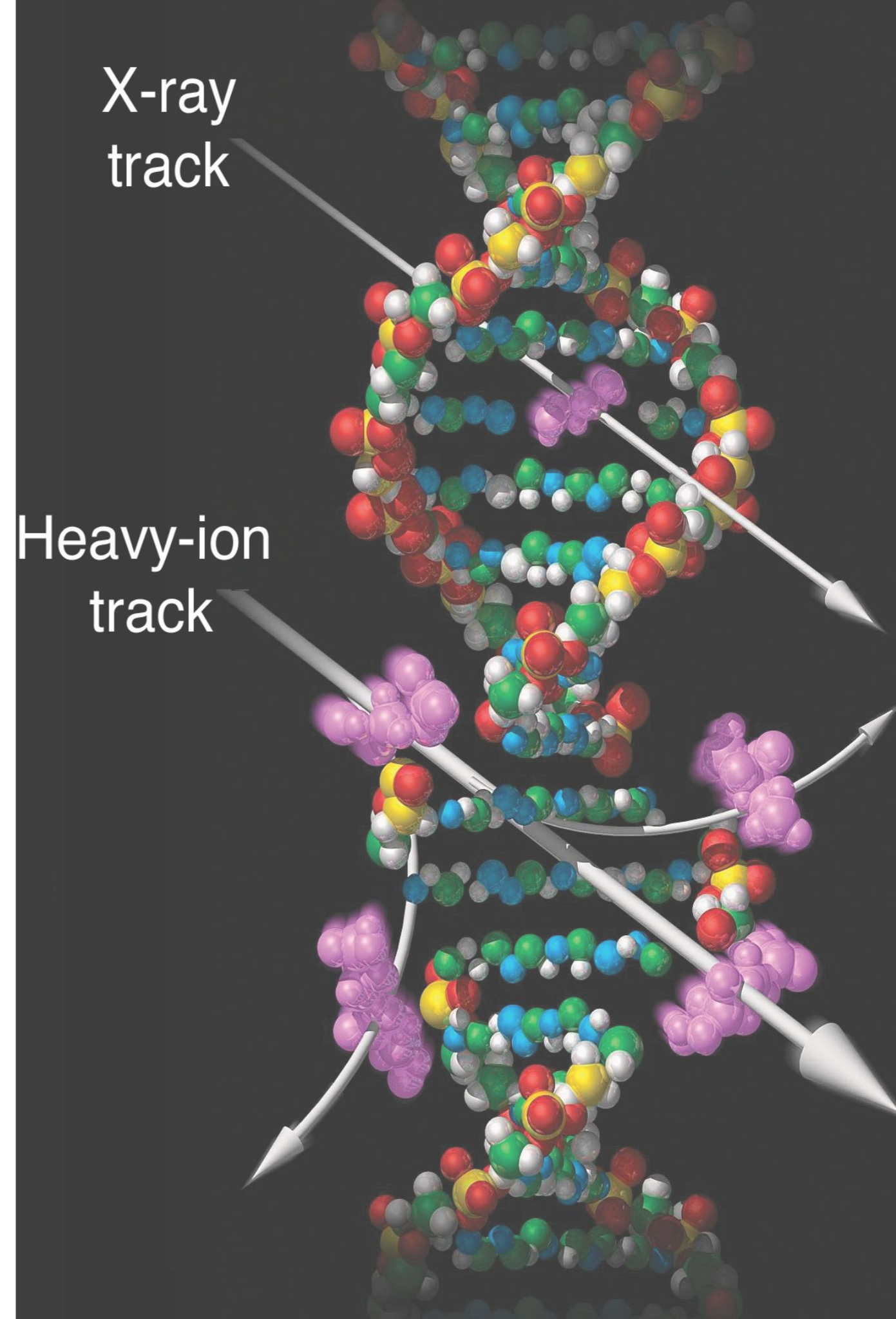




# Linear Energy Transfer (LET)

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- LET is average amount of energy a particular radiation imparts to the local medium per unit length
- Can be estimated by Monte Carlo simulations
- Significant correlation between the dose-averaged LET and RBE
- High-LET particles can **reduce the response factor OAR** (oxygen enhancement ratio) leading improvement of the treatment outcome for hypoxic - radioresistive tumors



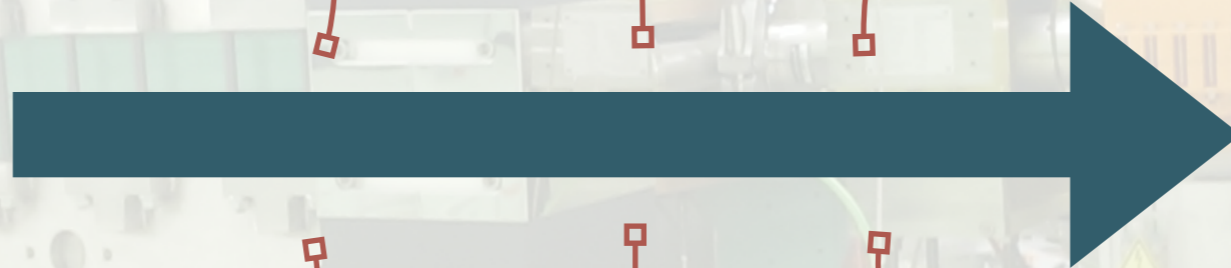


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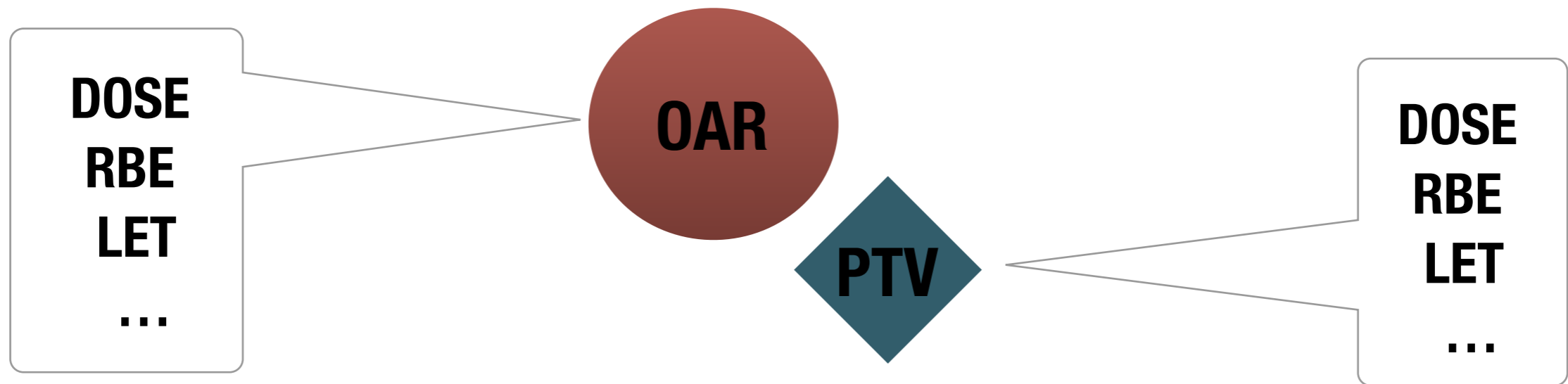
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# Aim of the MC Treatment Plan Optimization

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- Based on the **preliminary optimization** from analytical TPS
- **Re-simulation** and validation of the Treatment Plan



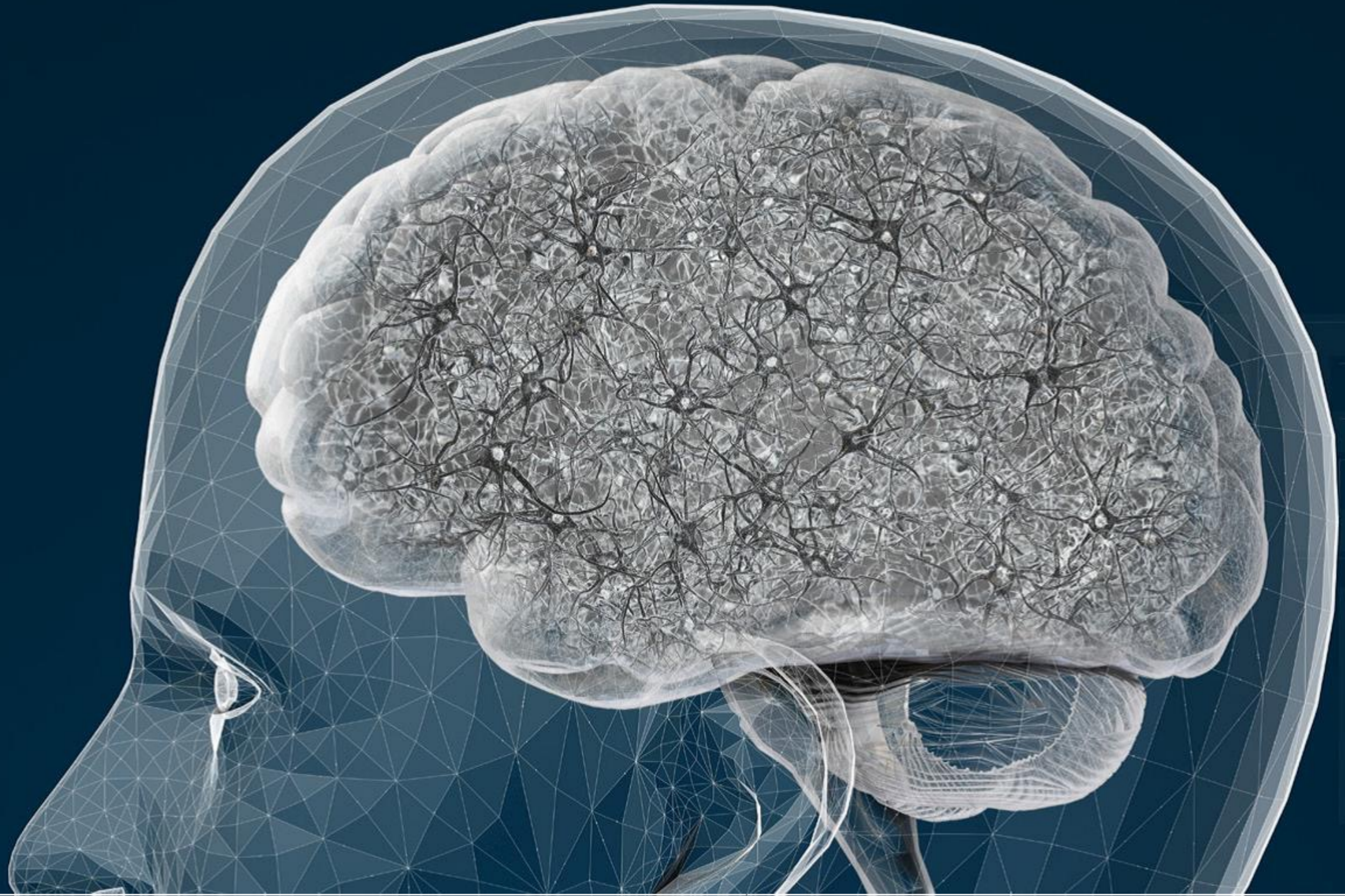
- Development of **algorithms for optimization** based on MC output
- Ability for using different **radiobiological datasets**

# My current work and further plans

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- Development and constant improvement of the FLUKA and Flair for **fully independent Treatment Planning recalculations**
- Examining **uncertainties on the proton and ion** (currently carbon-12) treatment planning for **Quality Assurance purposes**
- Full integration of the **MC optimizer with the FLUKA** interface, and further work on the different optimization algorithms for **dose / RBE / LET ‘painting’** ideas
- Examining sensitivity of the treatment plan to the different biophysical datasets applied to the different ROI, providing **robust optimized plan**





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- [6] INTERNATIONAL ATOMIC ENERGY, *Relative Biological Effectiveness in Ion Beam Therapy*, IAEA Technical Report Series No.461, Vienna (2008)
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