

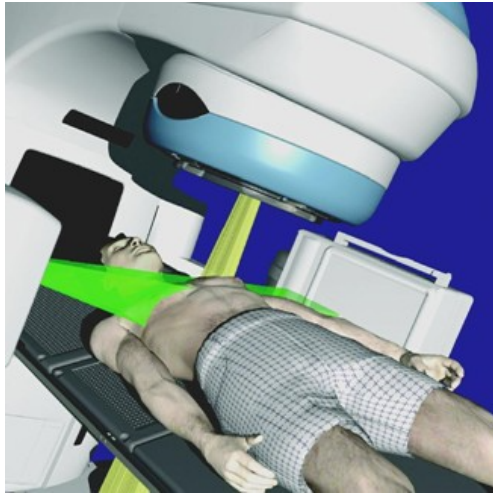
# Medical Physics challenges in modern radiotherapy

Jean-François Adam , PhD – Medical Physicist  
INSERM/UGA SynchroTron RadiatiOn for BiomedicinE (STROBE)  
Grenoble-Alpes University Hospital

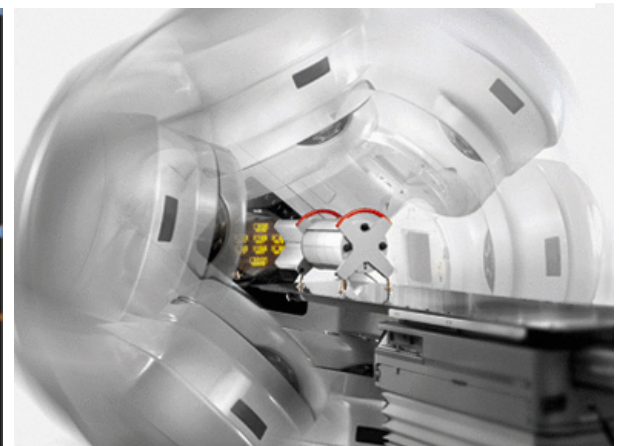
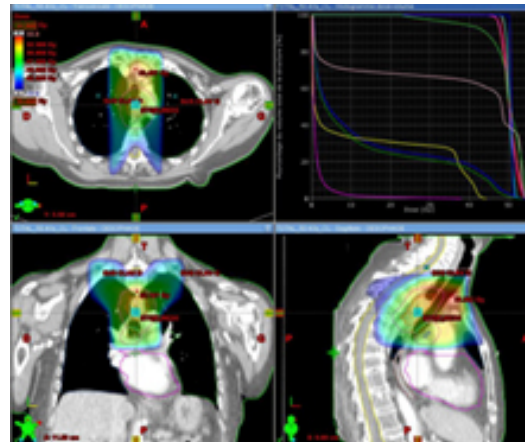
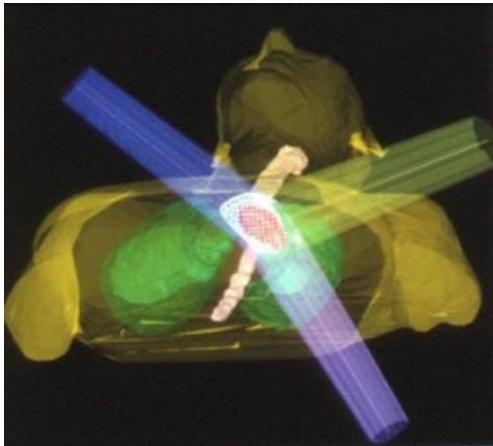


"Don't forget me in this godforsaken donut hole!"

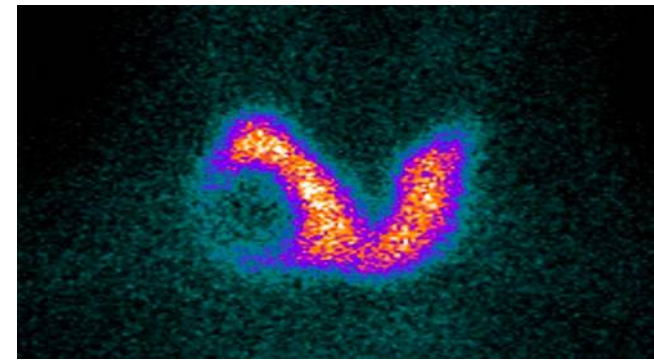
# Radiotherapy in the management of cancer



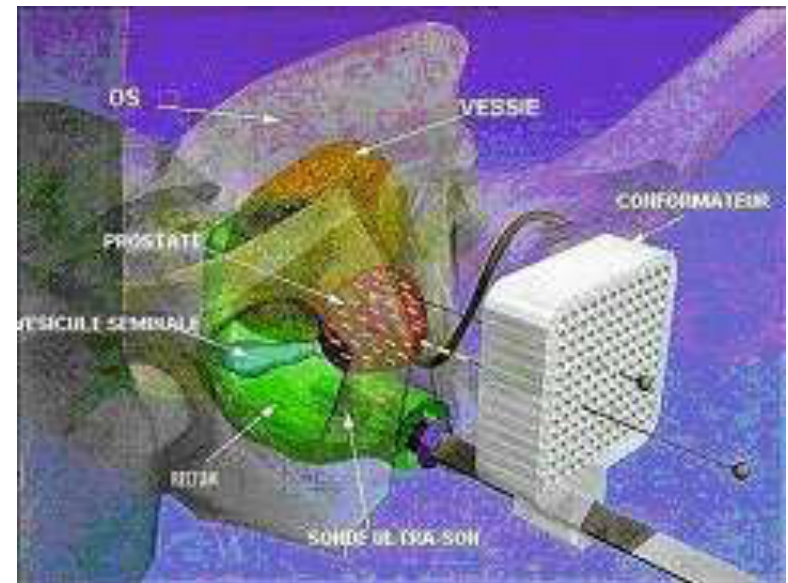
- Every second cancer is treated with radiotherapy.
- Radiotherapy: locoregional treatment of cancer
- Using ionising radiation to destroy cancer cells and blocking their ability in dividing.
- The aim : achieve a differential effect where all tumour cells are killed whilst the peripheral healthy tissues are preserved.
- The key parameter in radiotherapy: the dose  $dE/dm$  in Gy (J/kg)
- The key step is called treatment planning
- The dosimetry plays a key role and leads to complex modeling and experimental methods.



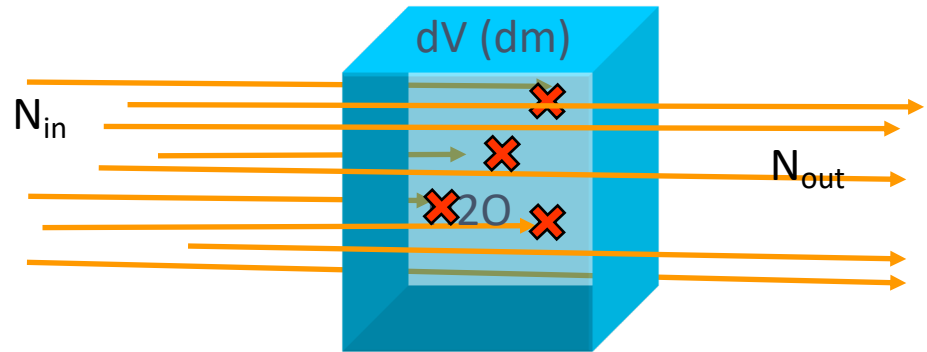
# Radiotherapy



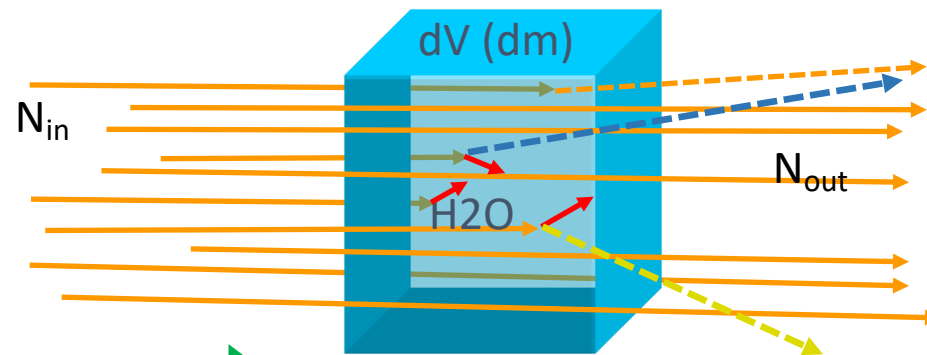
- Using ionizing radiation for treating cancer
  - Radiotherapy / Brachithery / Metabolic Radiotherapy



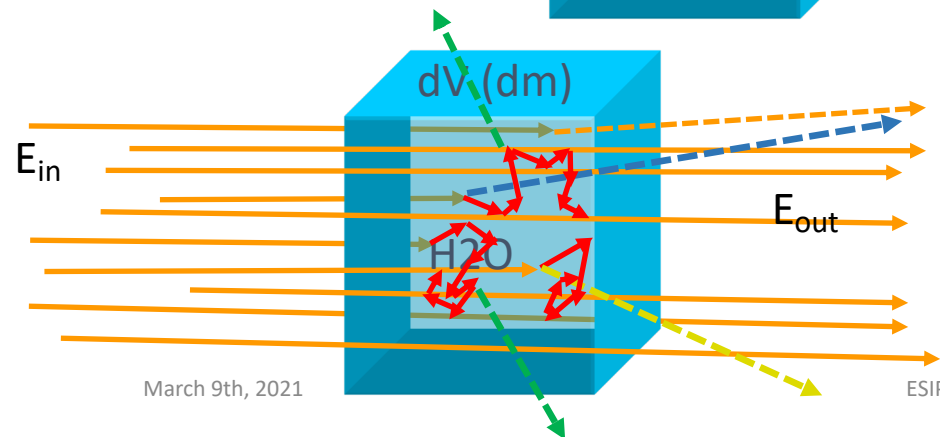
# Concept of Dose (3 step process for photons)



- Attenuation

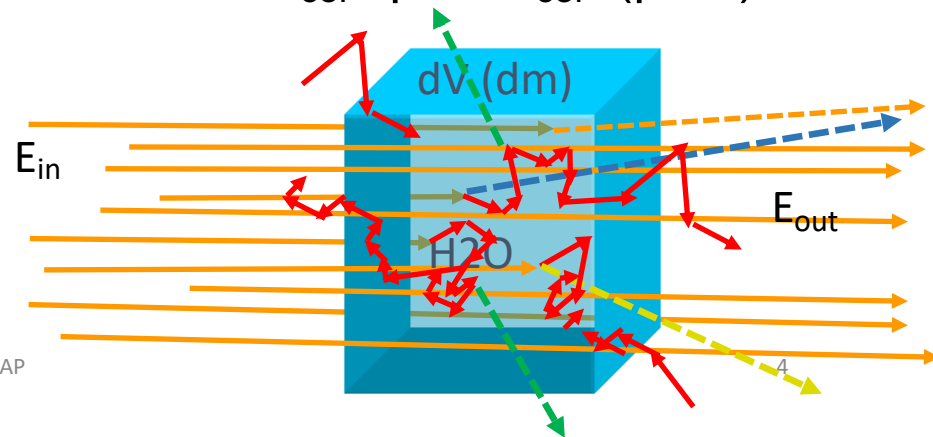
$$\mu / \rho = n \sigma / \rho \text{ en cm}^2/\text{g}$$


- Transfert

$$\mu_{tr} / \rho = (E_{tr} / E) \times (\mu / \rho)$$


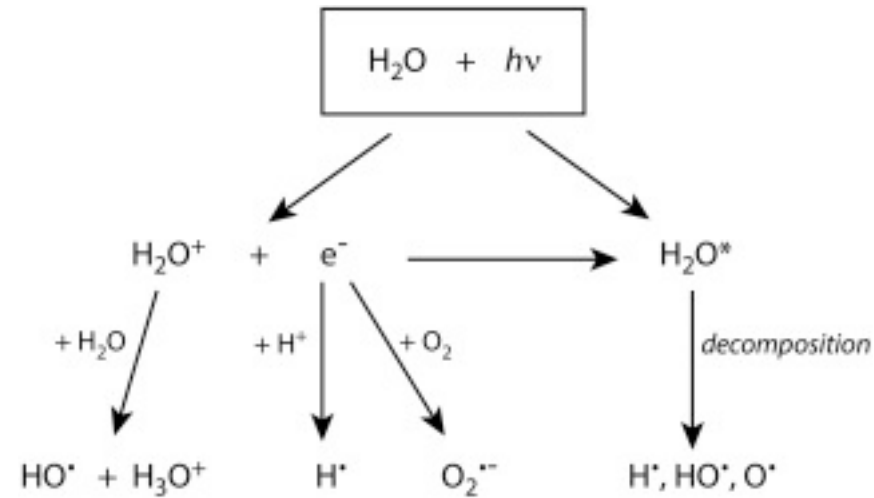
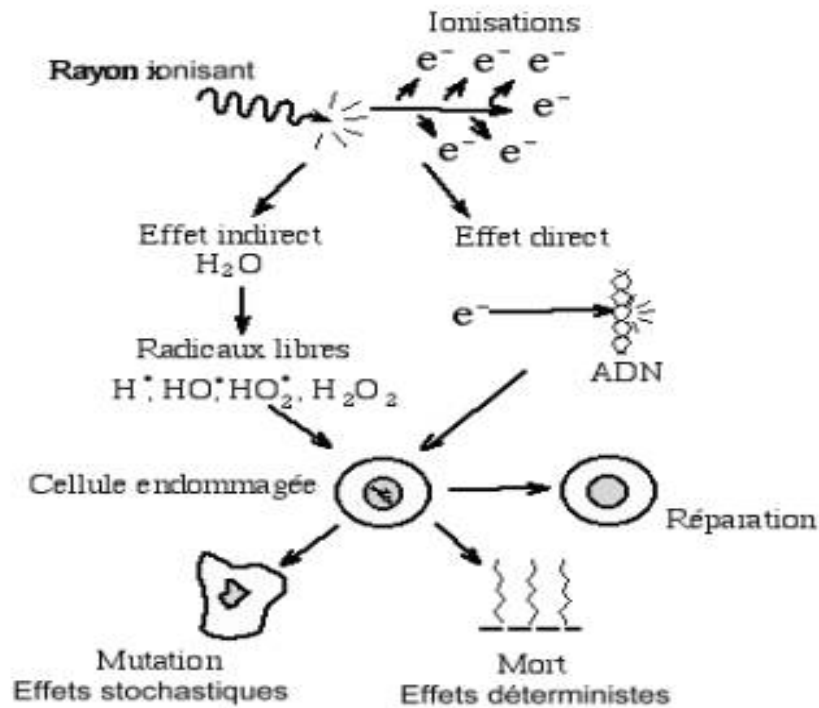
- Absorption (Dose)

$$\mu_{en} / \rho = (E_{ab} / E) \times (\mu / \rho)$$

$$S_{col} / \rho = dE_{col} / (\rho dx)$$


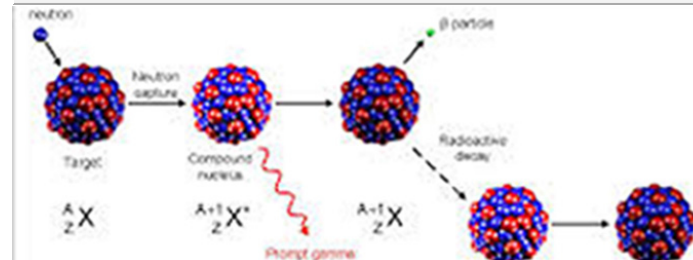
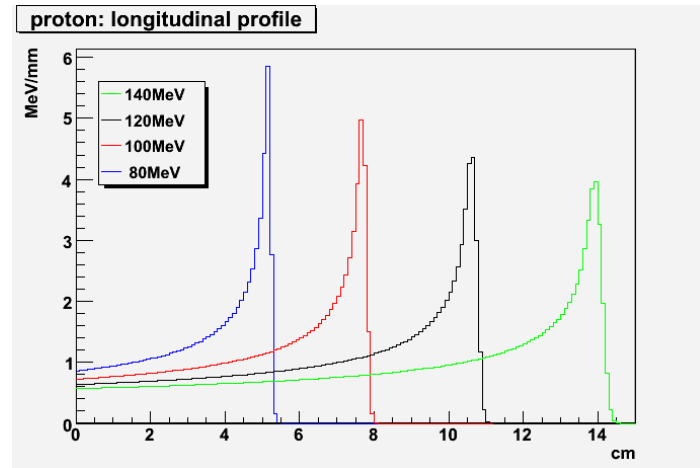
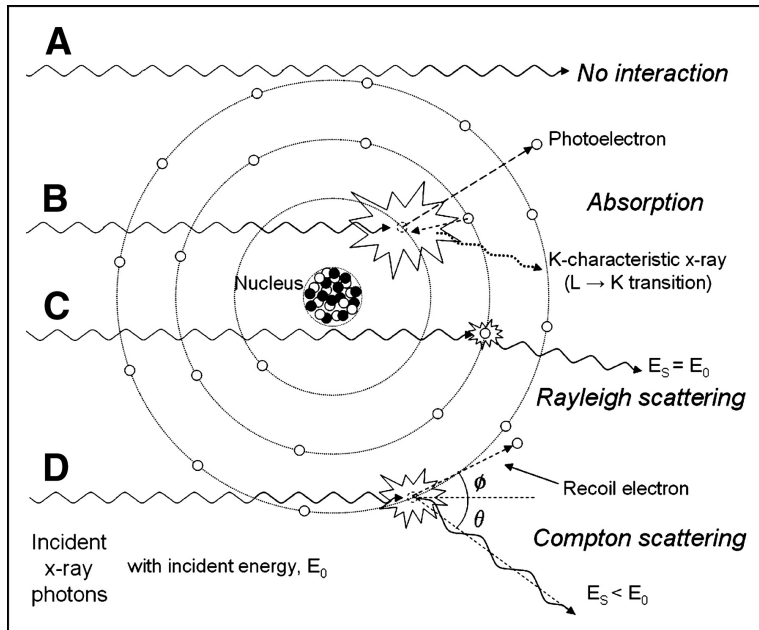
# Prerequisite

- Biological consequences



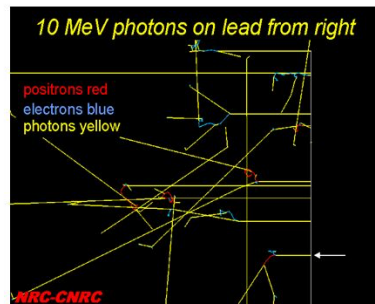
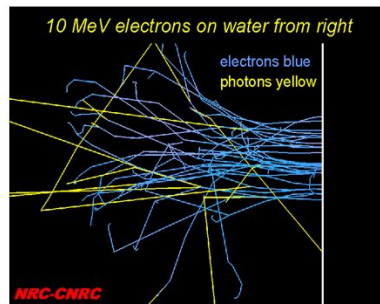
# Prerequisite

- Physics of radiation, detectors and statistics

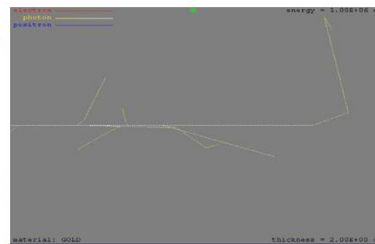
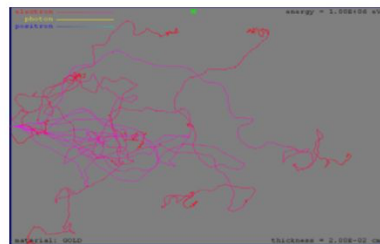


# Prerequisite

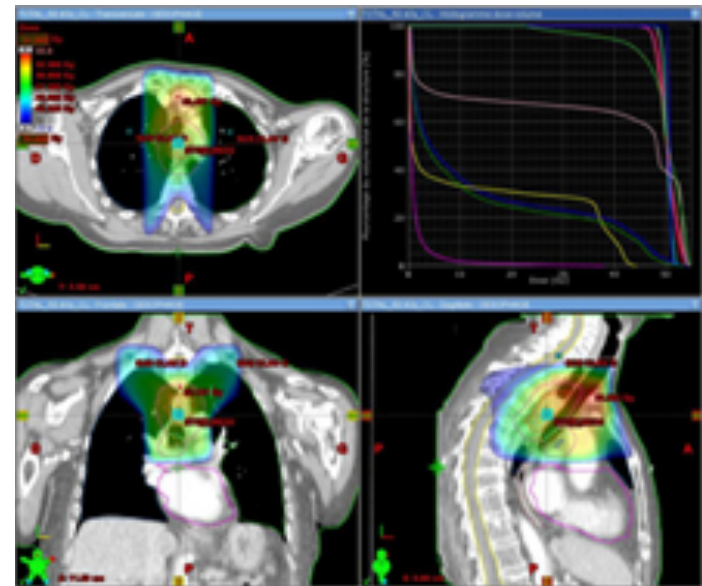
- Physics of ionising radiation: modeling, simulation :  
Theoretical dosimetry–Monte Carlo Methods



E  
G  
S  
n  
r  
c



P  
e  
n  
e  
l  
o  
p  
e



38

# Prerequisites

- Experimental medical Physics
- Radiotherapy dosimetry, radiobiology.





# Survival curves

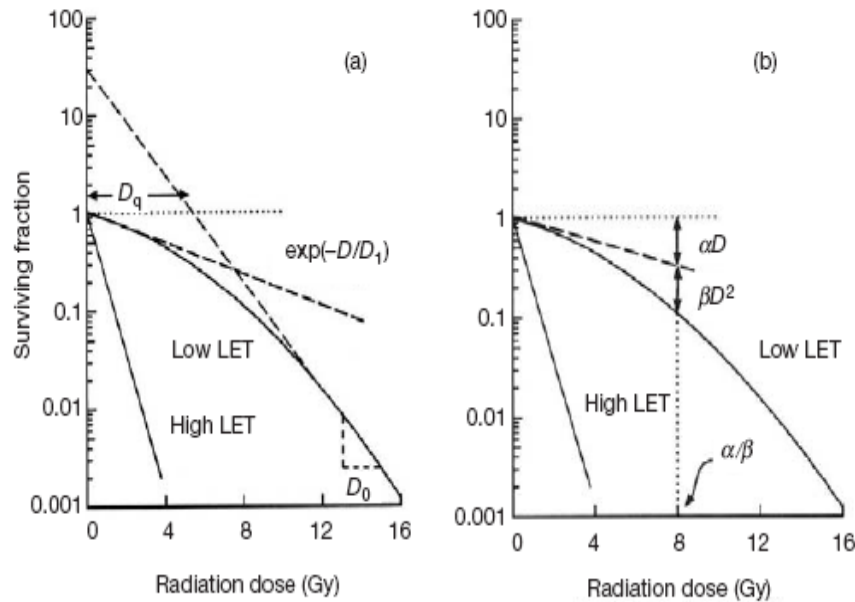
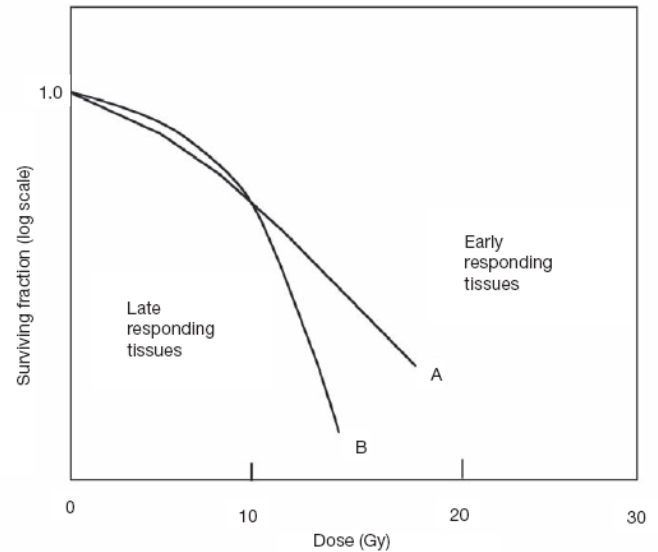


FIG. 14.1. Typical cell survival curves for high LET (densely ionizing) radiation and low LET (sparsely ionizing) radiation. (a) The earlier multitarget single hit model; (b) the current linear quadratic model.

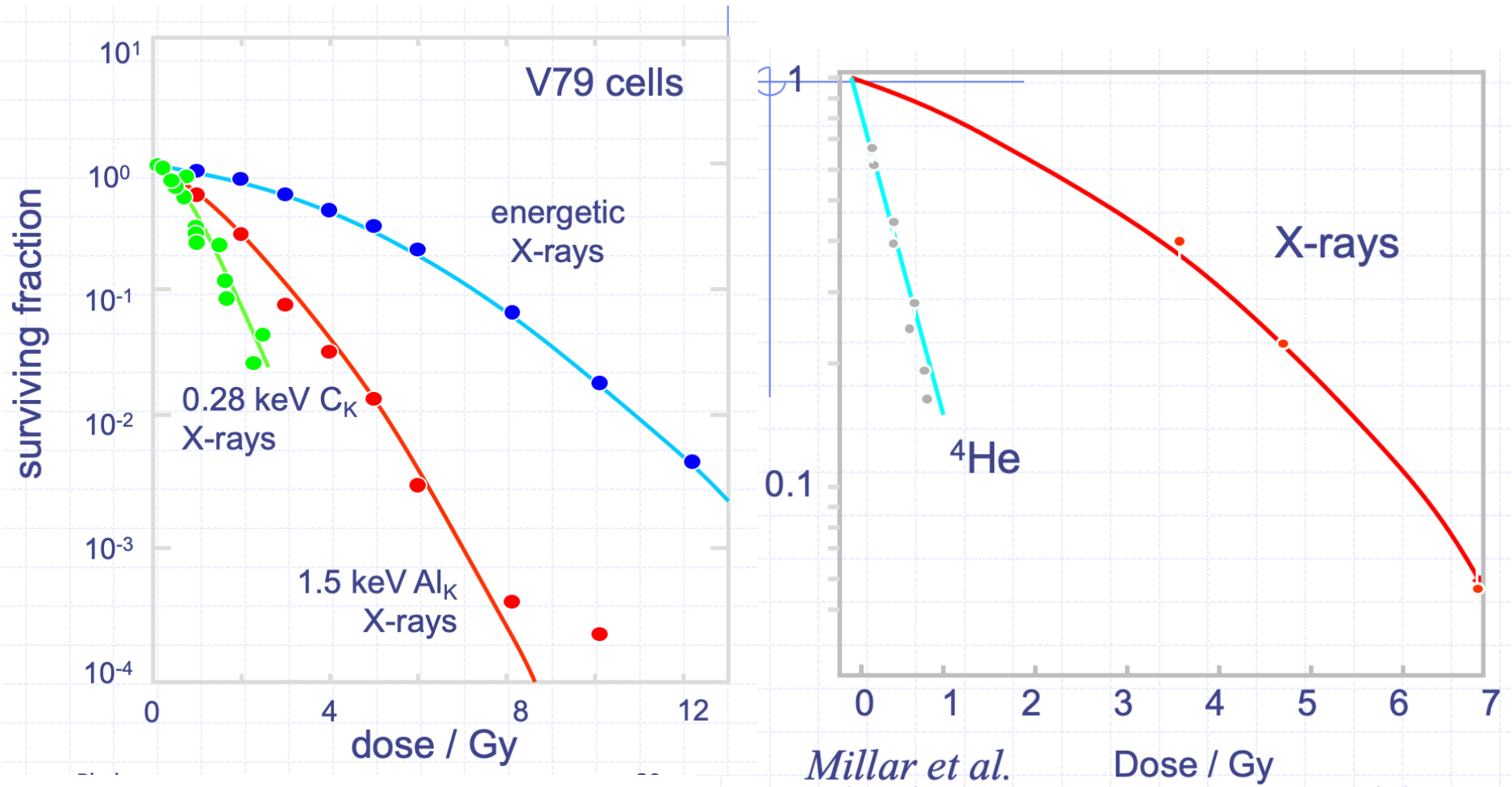
$$S(D) = e^{-\alpha D - \beta D^2}$$



$\alpha/\beta$  ratio

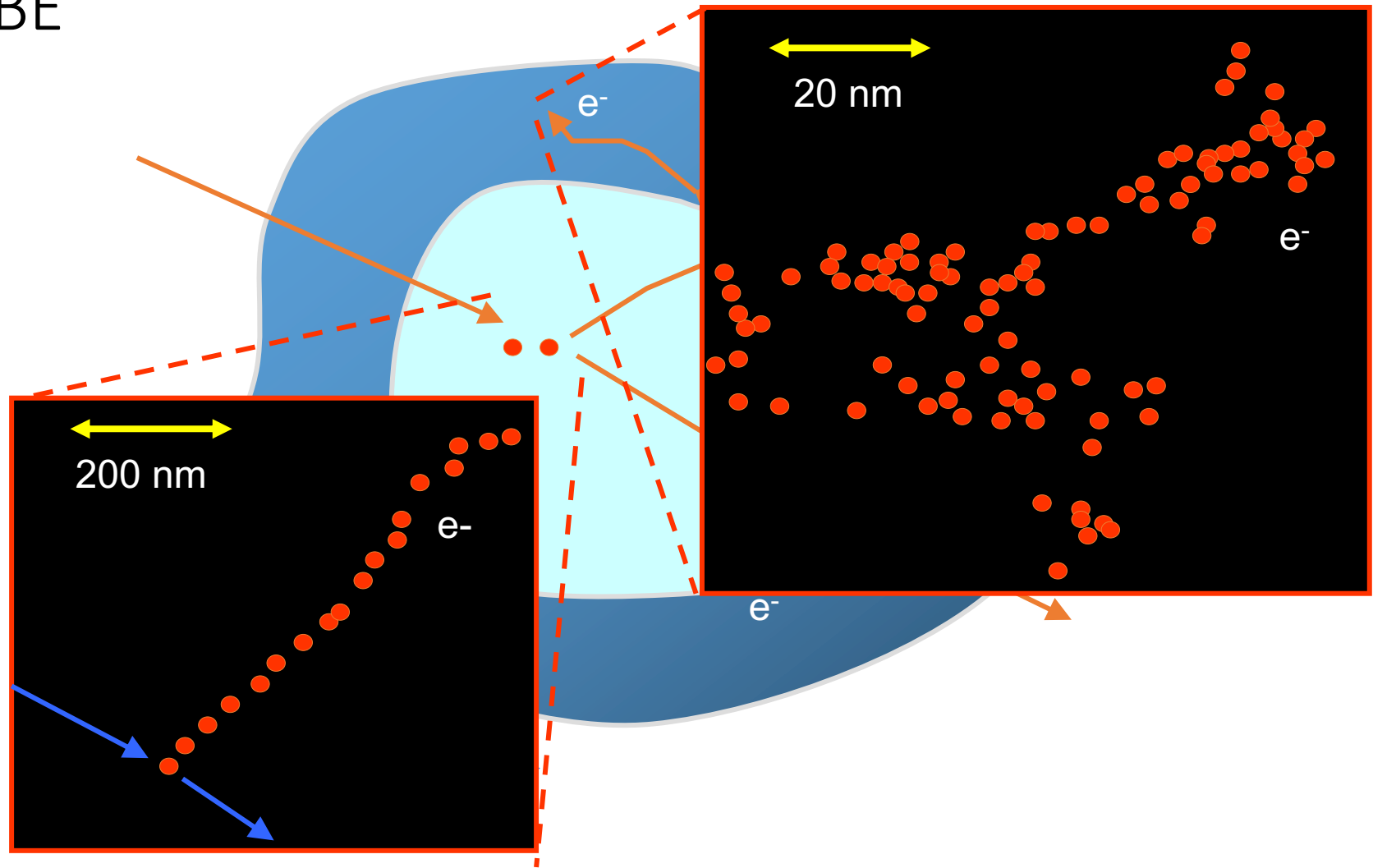
- 10 for tumours
- 3 for healthy tissues

# RBE



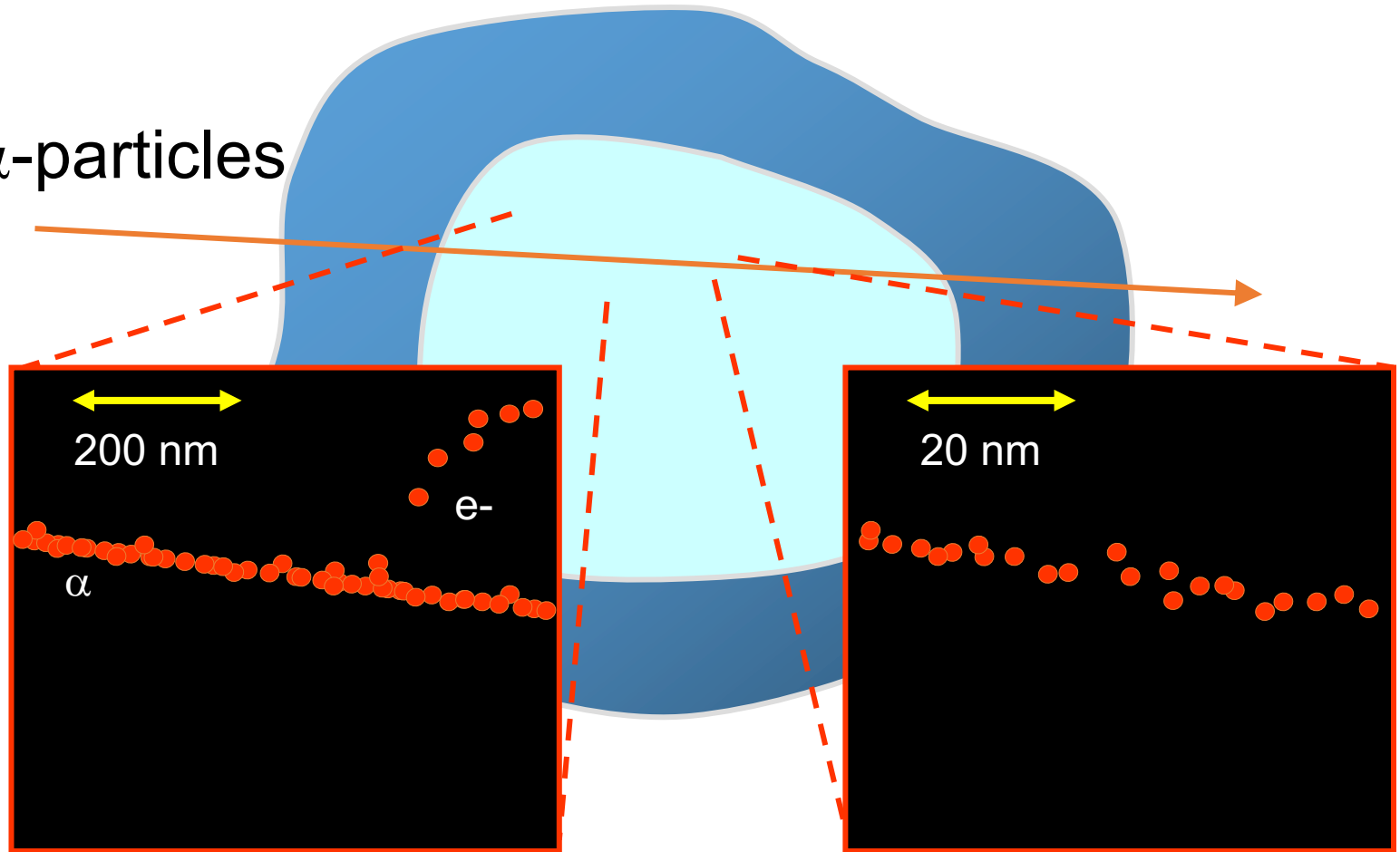
RBE

electrons, photons

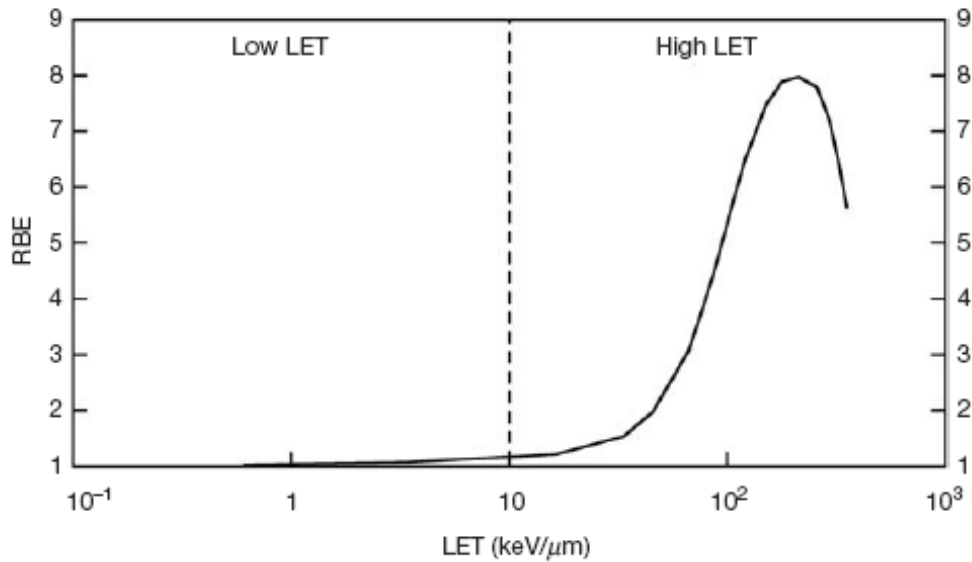


# RBE

$\alpha$ -particles

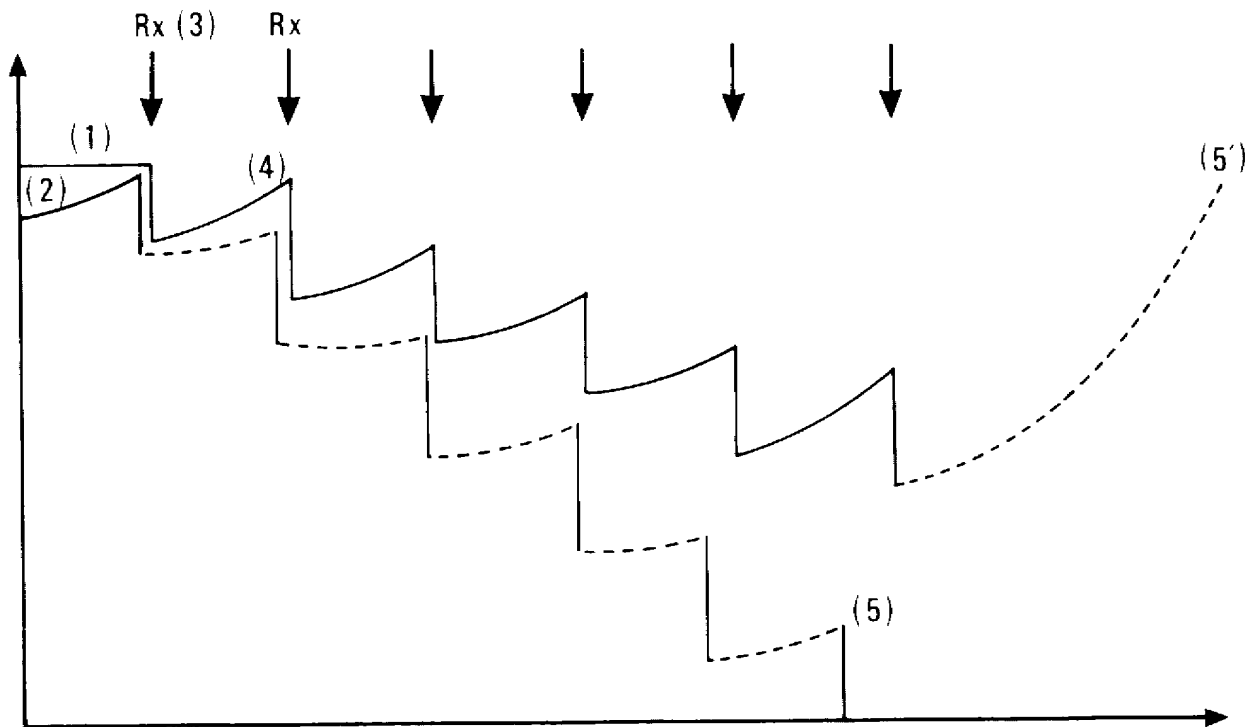


# RBE

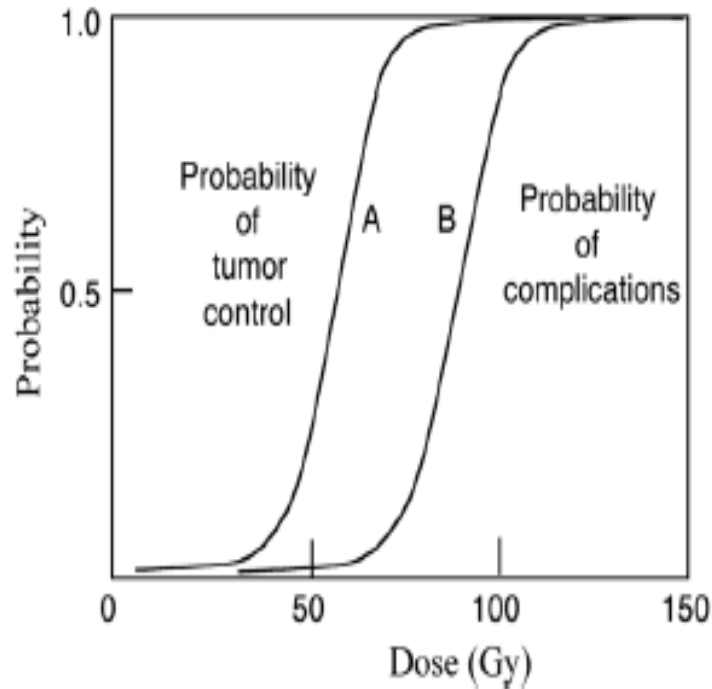


- Reference Beam (250 kVp, <sup>60</sup>Co)
- Other beam or conditions ?

# Introduction: Fractionation

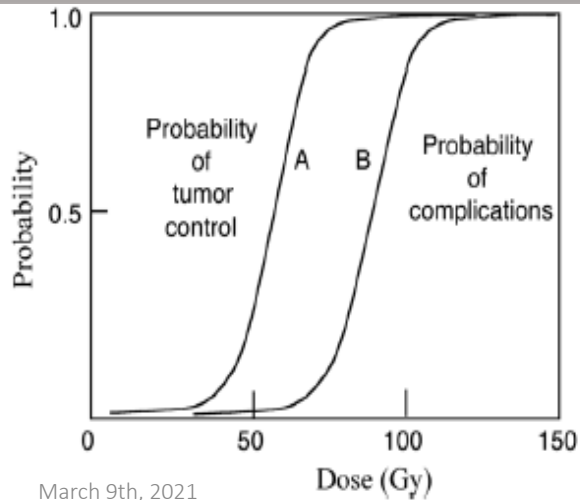
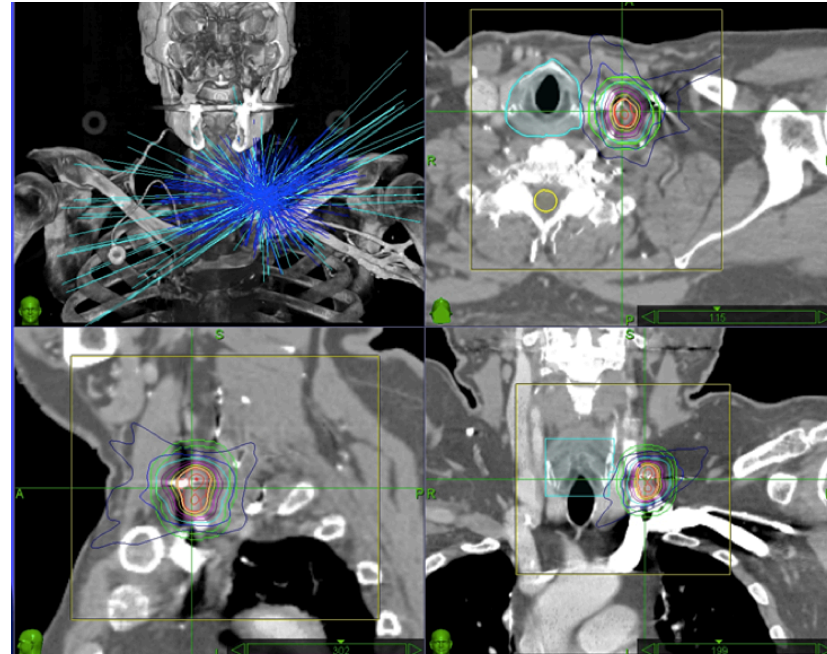


# Introduction: Therapeutic Ratio



*FIG. 14.4. The principle of therapeutic ratio. Curve (A) represents the tumour control probability, curve (B) the probability of complications. The total dose is delivered in 2 Gy fractions.*

# Dose volume effect in radiotherapy



- Optimizing the ballistic allows to increase the differential effect up to a certain point.
- The dose is conformed to the target volume



# Treatment types: Photons

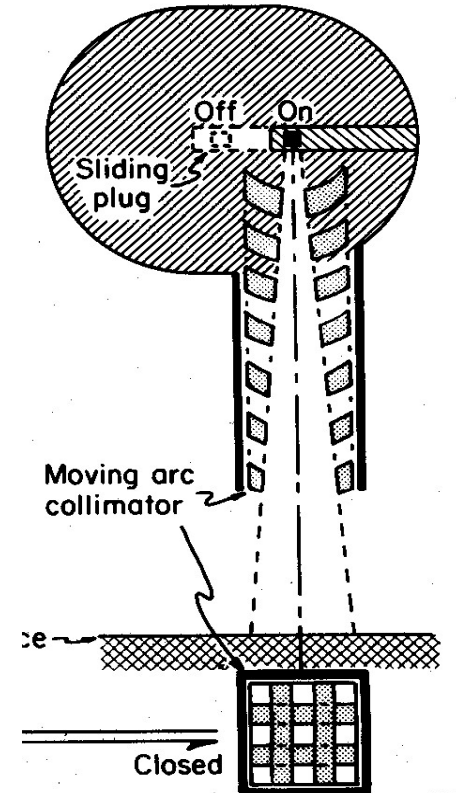


50-250 kVp

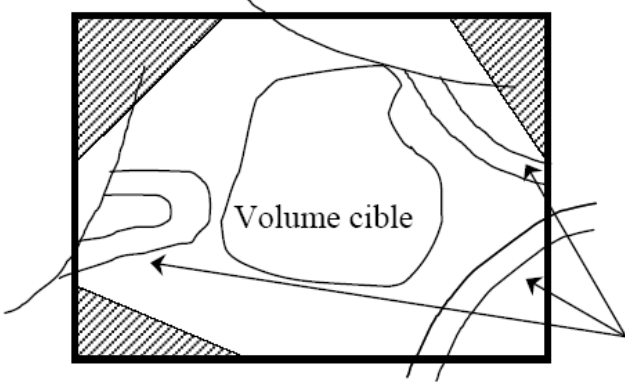


$^{60}\text{Co}$  (1.25 MeV)

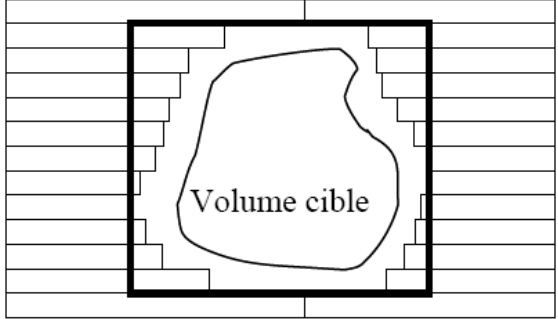
Fig.6



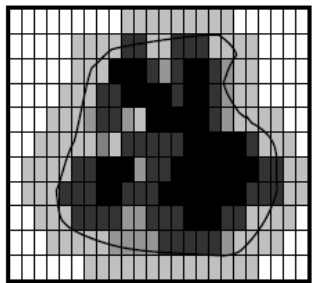
# Treatment types: photons



RT Conventionnelle

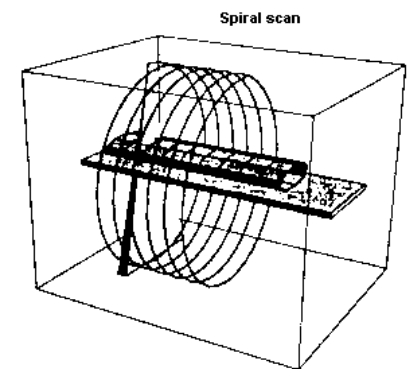
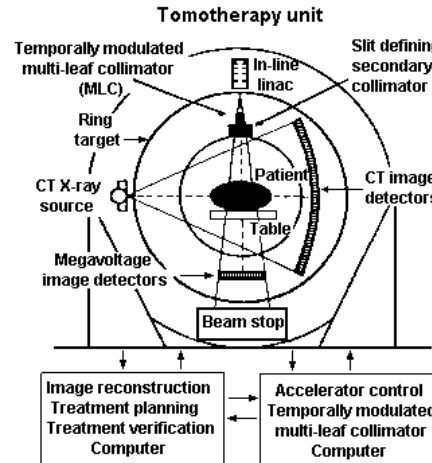
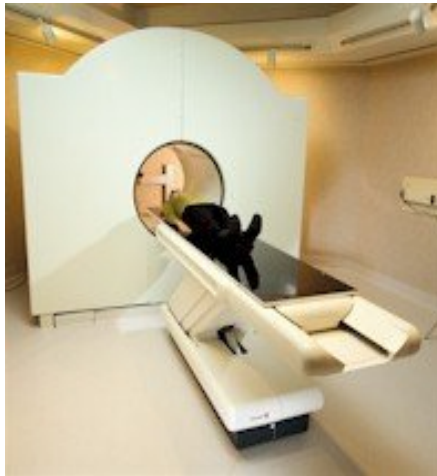
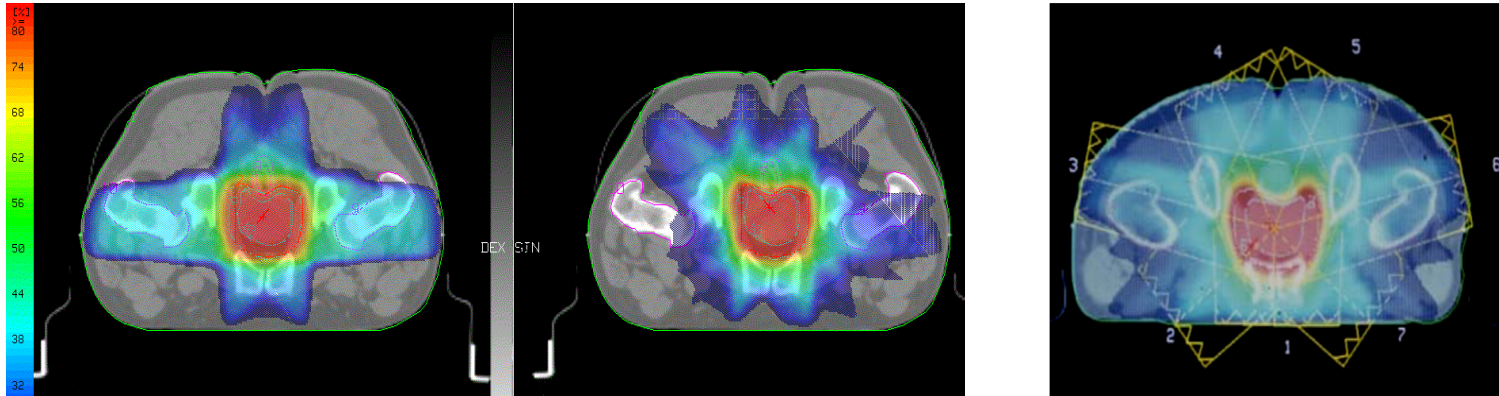


RT Conformationnelle

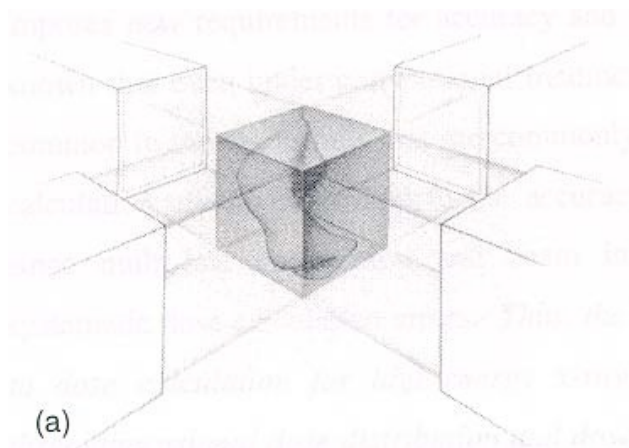


RT avec modulation d'intensité

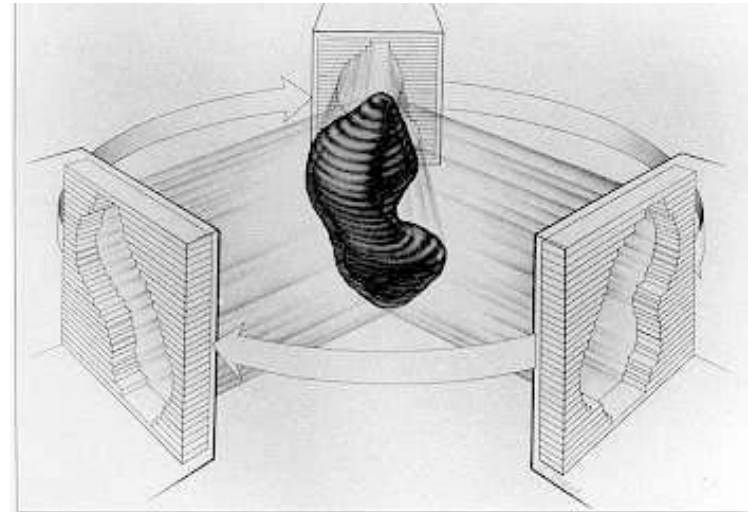
# Treatment types : intensity modulated radiotherapy



# Conformation



1950's

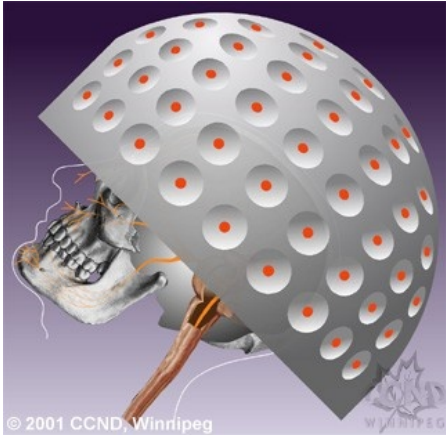


2000's

# Stereotactic Radiotherapy / Radiosurgery

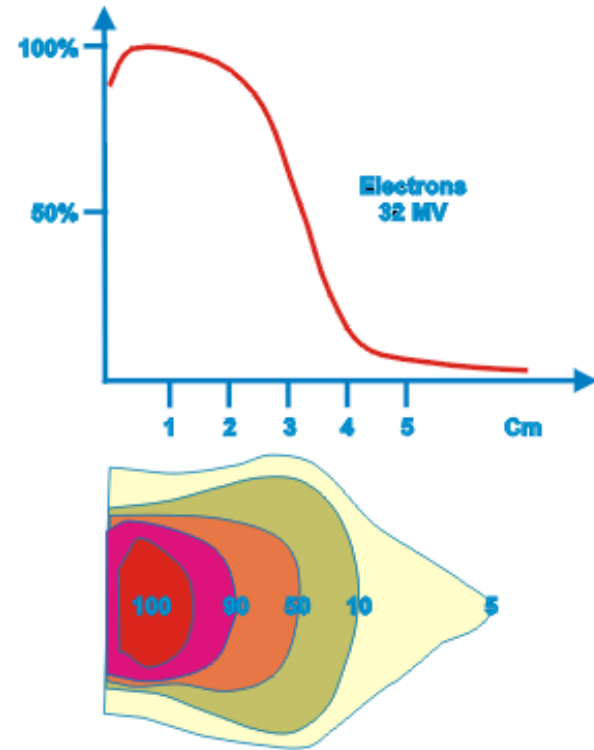


The GTC is positioned on a patient for treatment.

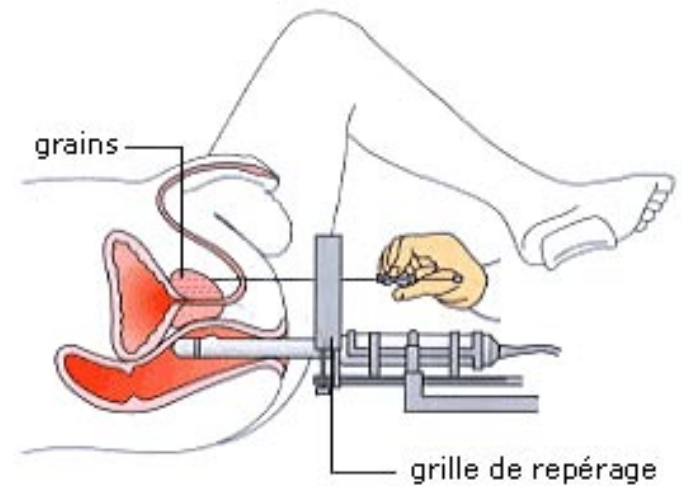
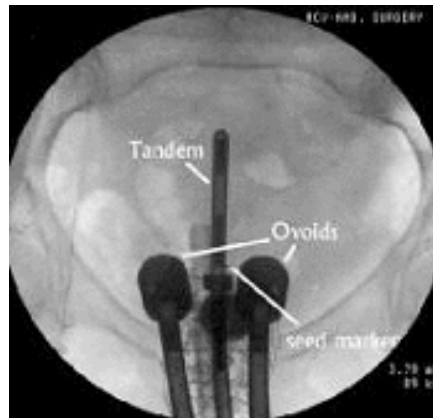
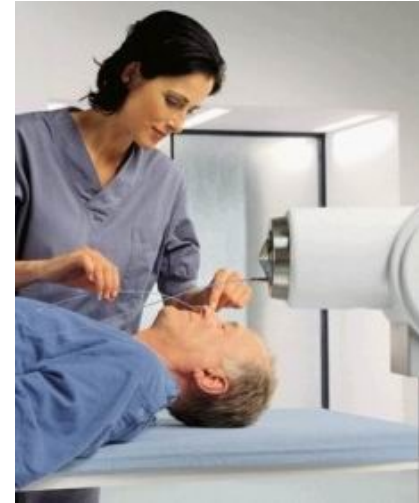
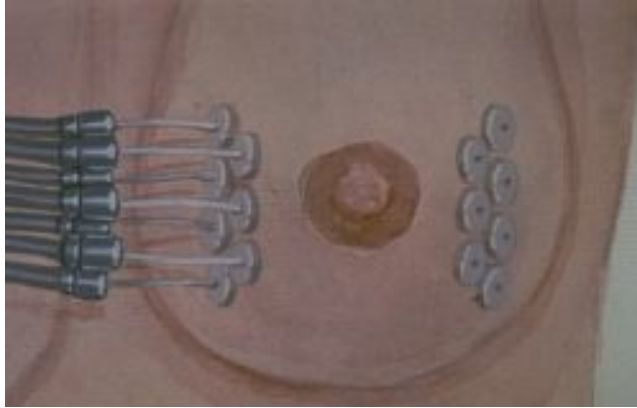


# Electrons beams

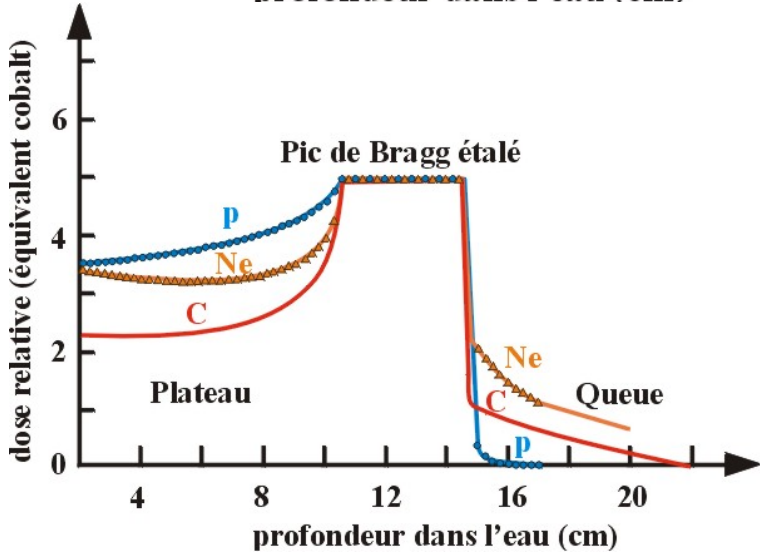
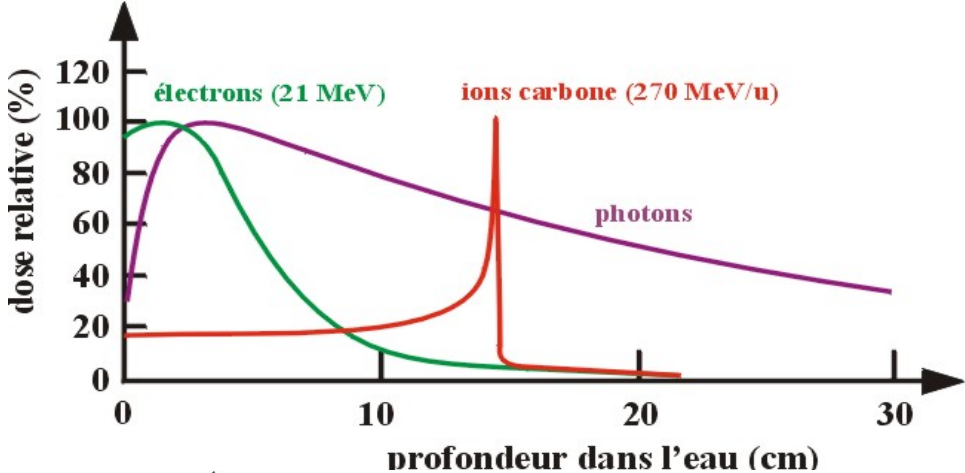
5 MeV - 35 MeV



# Brachytherapy

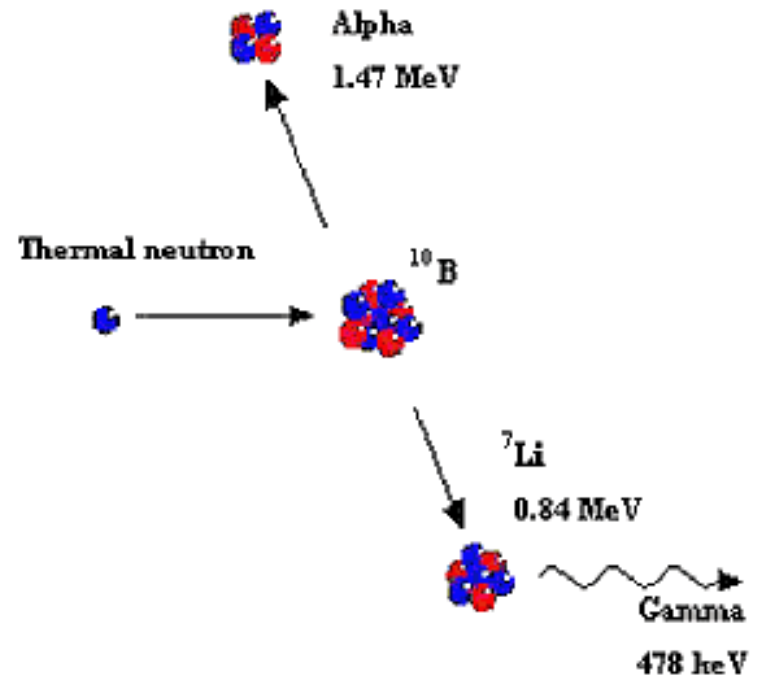
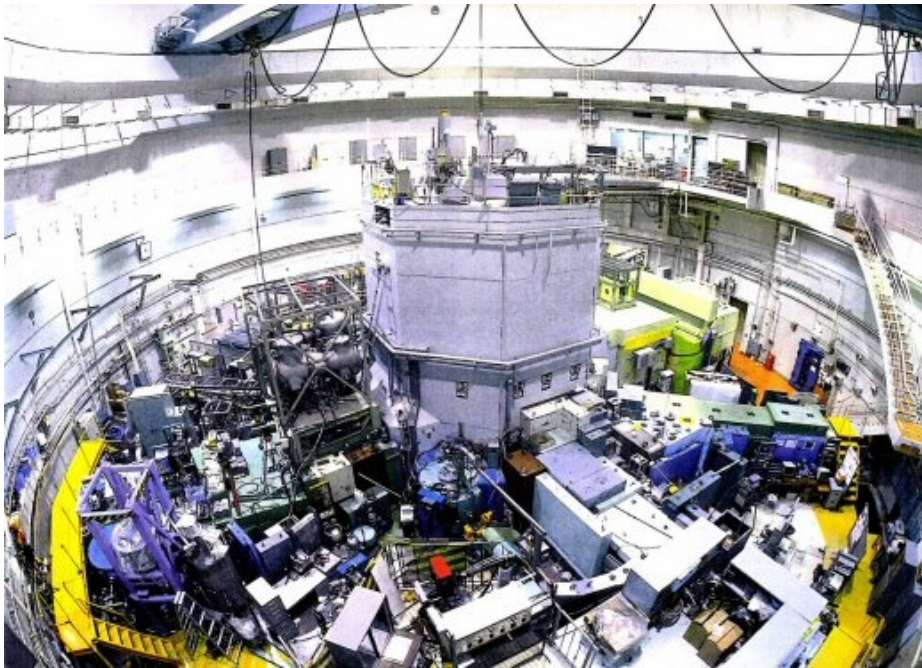


# Treatment types: protons /ions





# Treatment types: neutrons



# Treatment planning

- IAEA TRS 430
- Irradiation technique.
  - Biology and localisation.
  - Patient data
  - Adverse effects
  - Availability, expertise and costs
- **Treatment planing**
- Treatment delivery and report
- Quality assurance

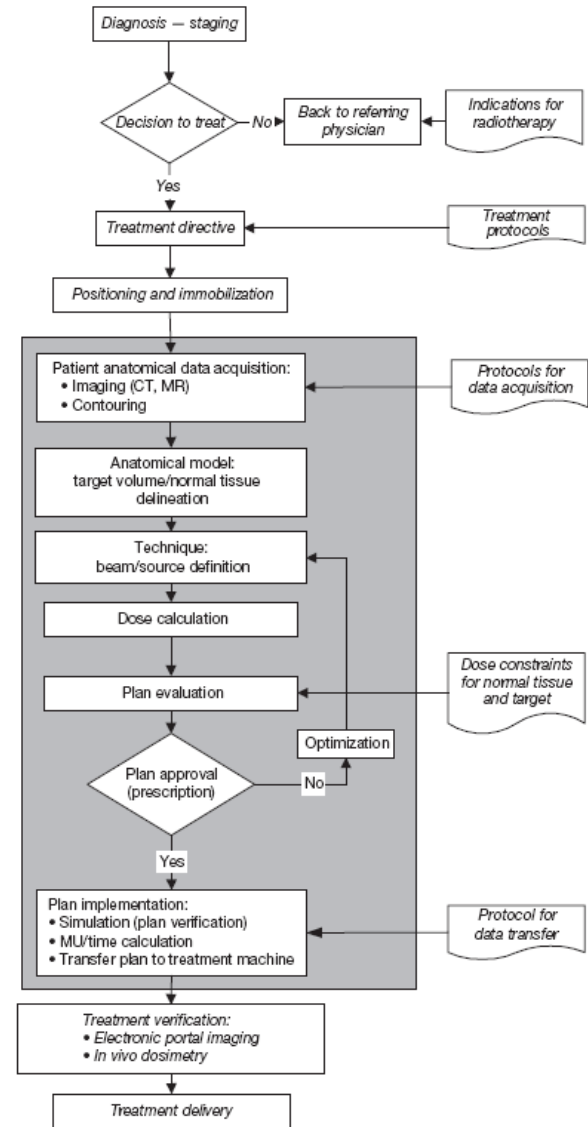
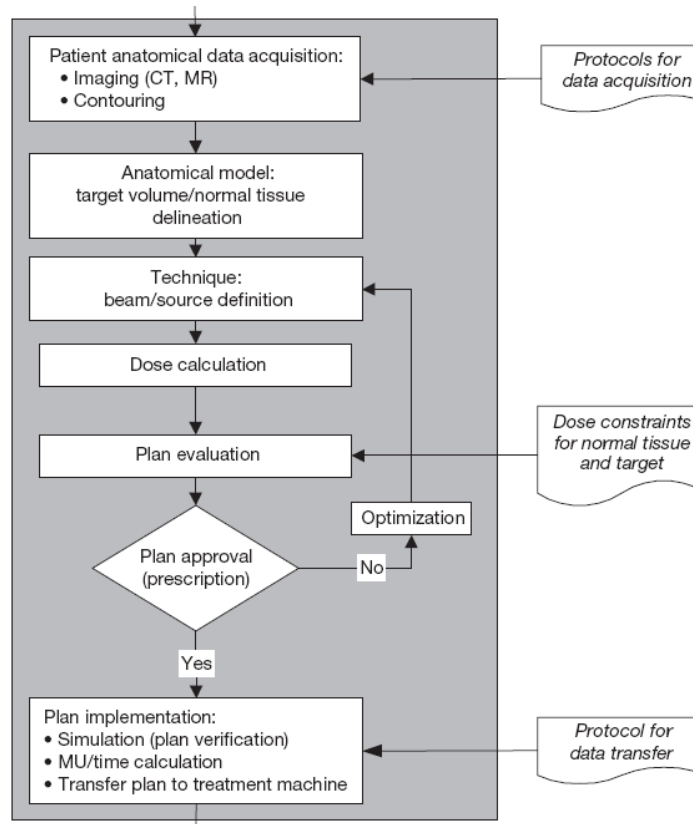


FIG. 1. Steps in the radiation therapy planning process. Note: Process parts in italics are not included in this report.

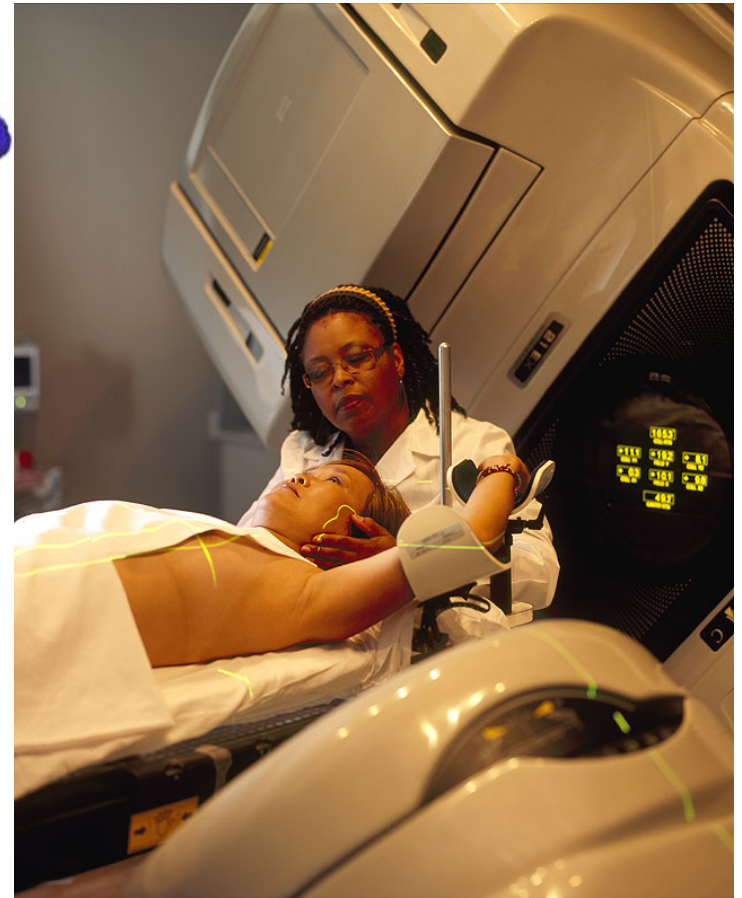
# Treatment planning

- IAEA TRS 430

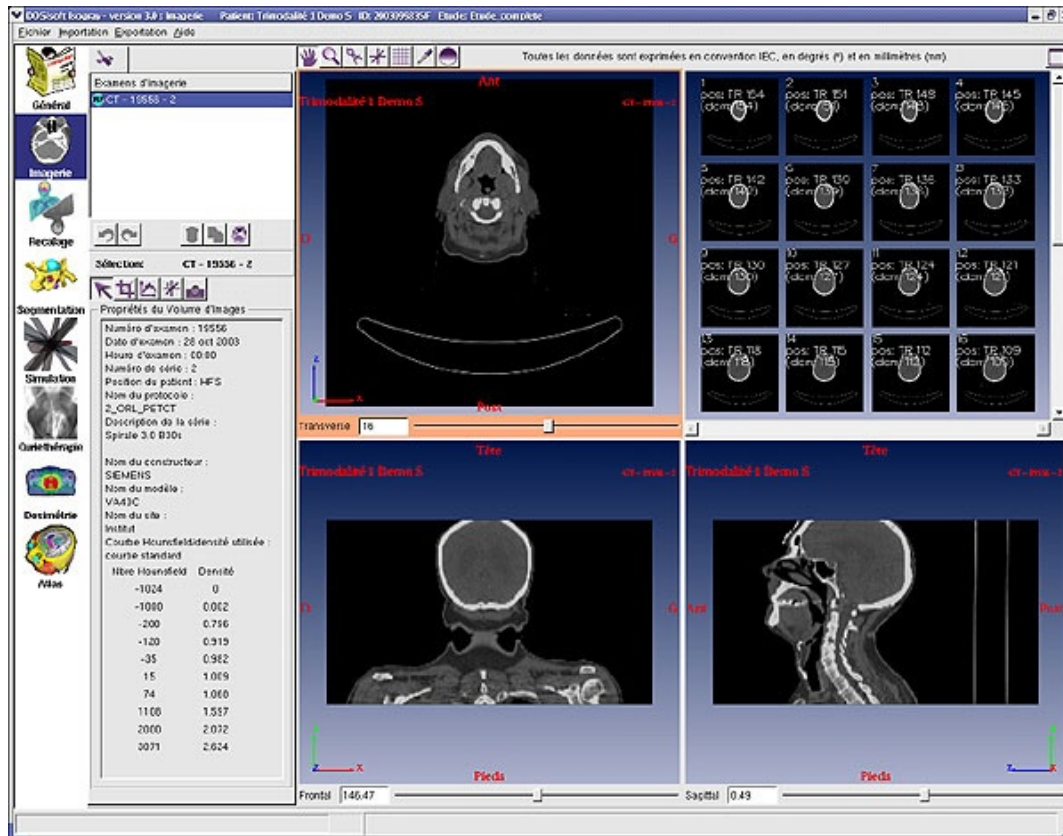


▼

*Positioning and immobilization*

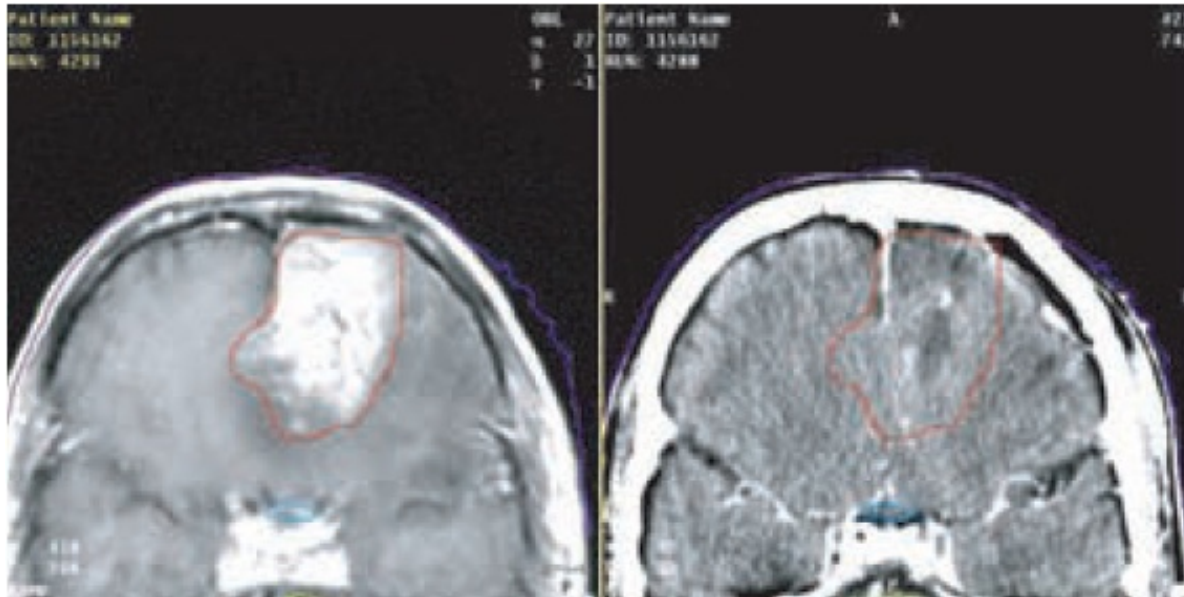


# Anatomical data



*Dimensions  
Dosimetry data  
Protocoles (KV, mAs, dim.)  
DICOM Format*

# Multimodal imaging

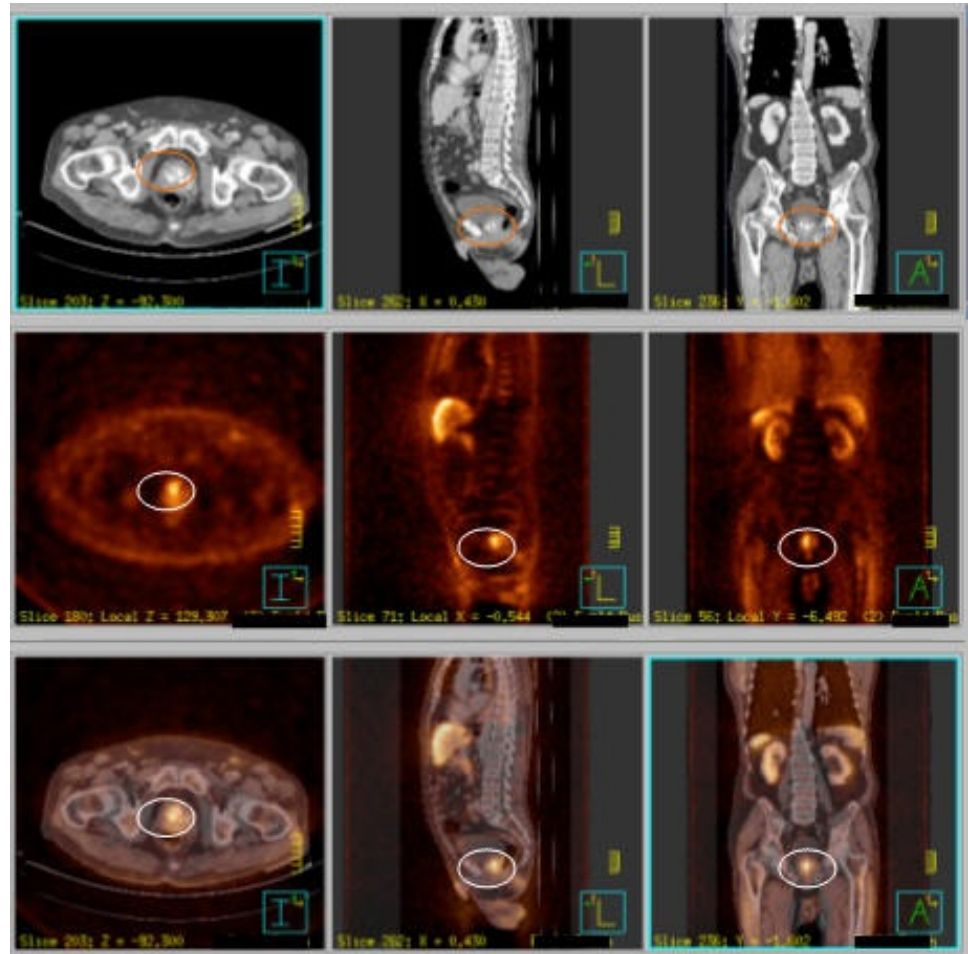


Deformations- Artefacts

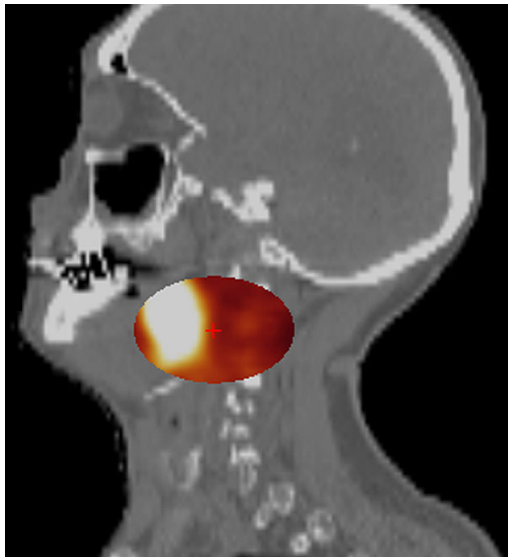
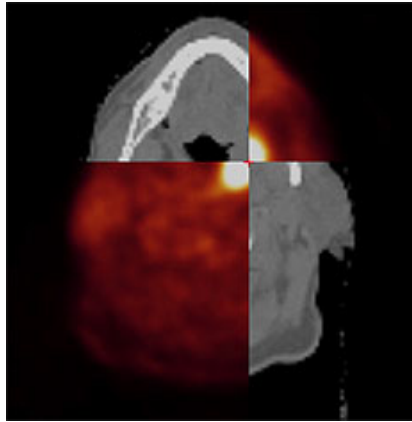
# Multimodal imaging : PET

Image Registration?

- Rigid
- Non Rigid

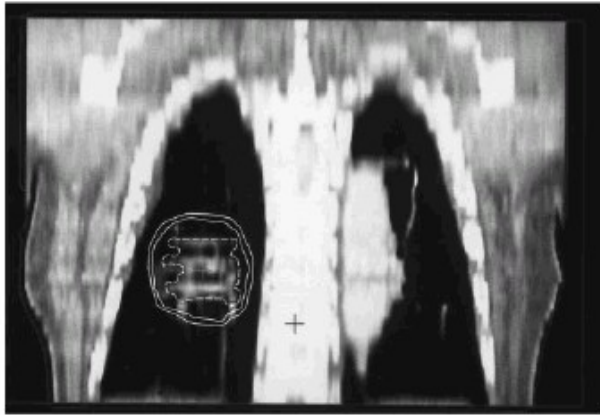


# Multimodal imaging : registration

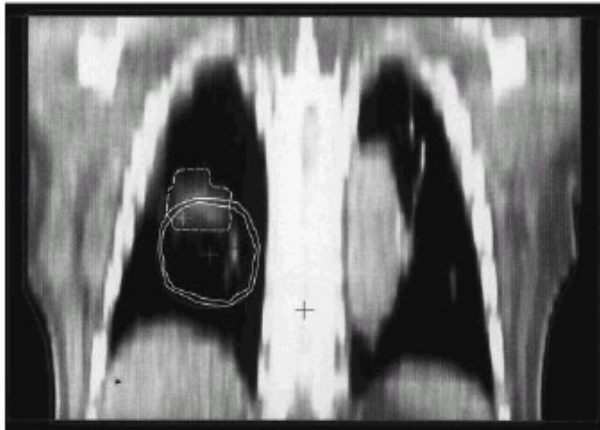
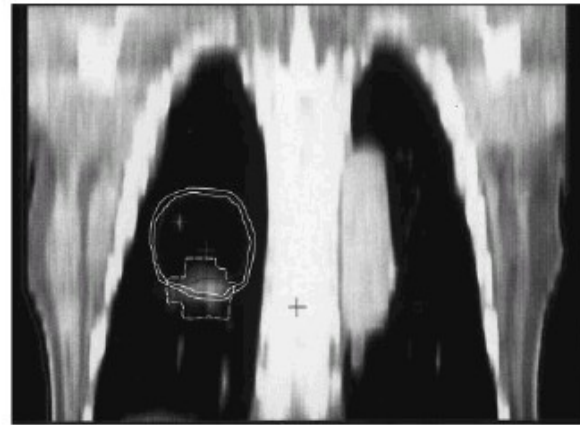




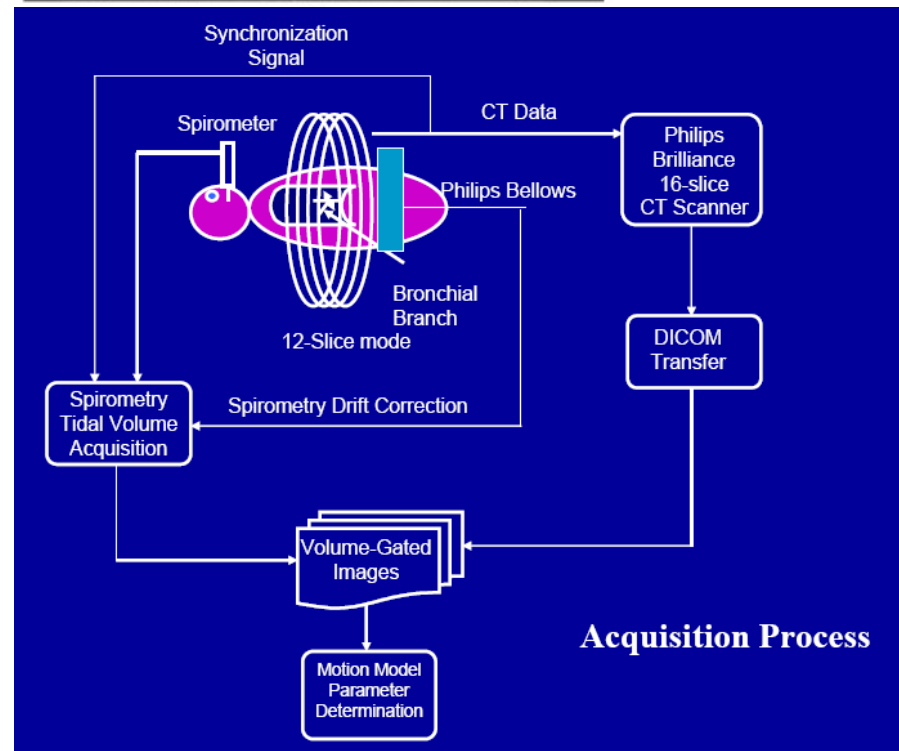
# 4D-CT



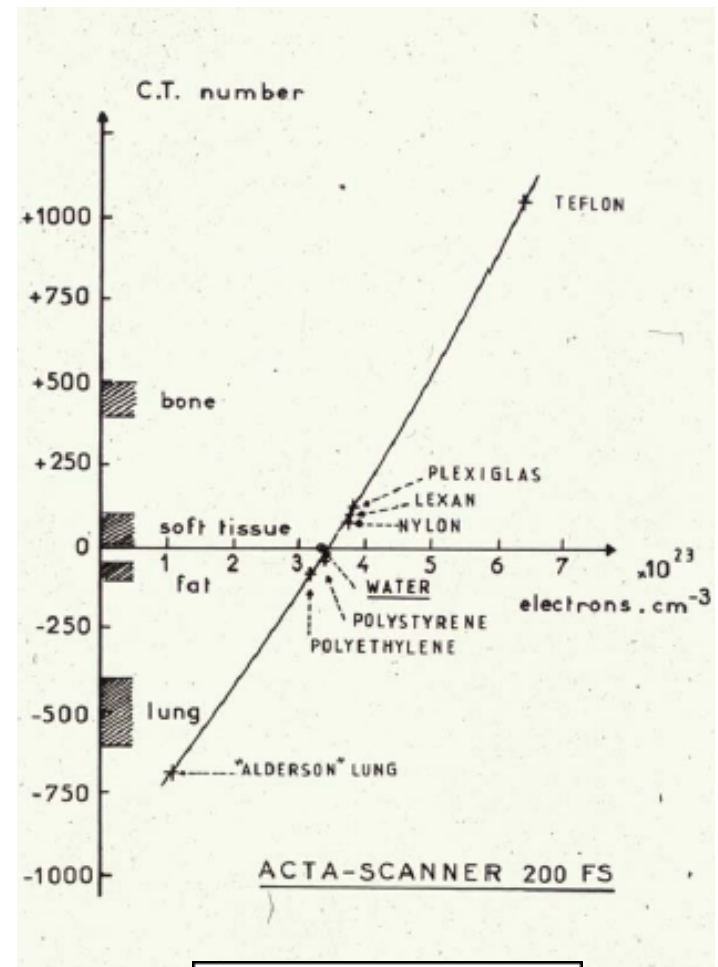
(a)



(c)



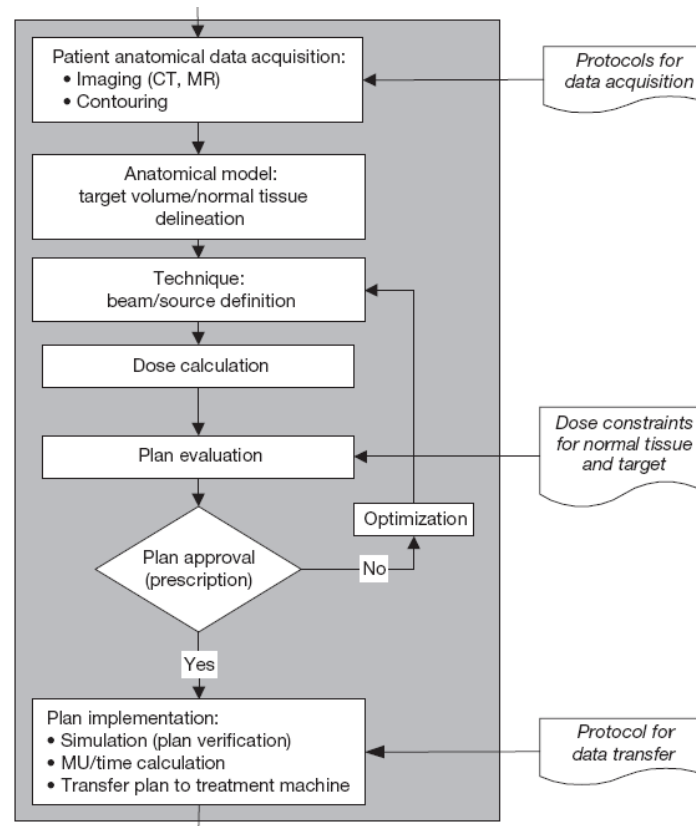
# CT scanner calibration



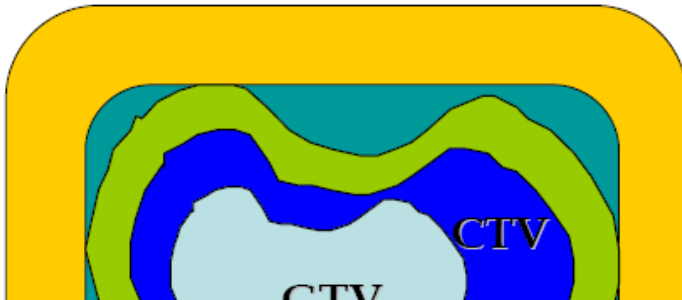
$$I_H = \frac{\mu - \mu_{eau}}{\mu_{eau}} \times 1000$$

# Treatment Planing

- IAEA TRS 430



# Contouring (volume definition)



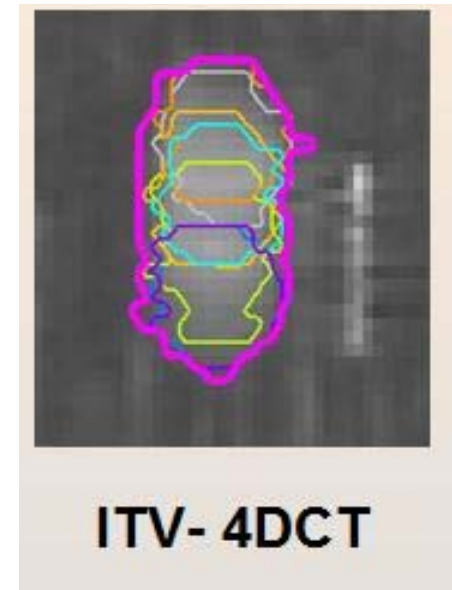
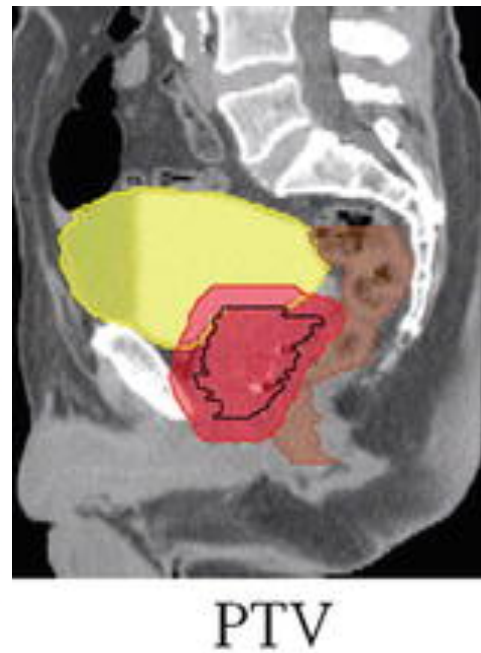
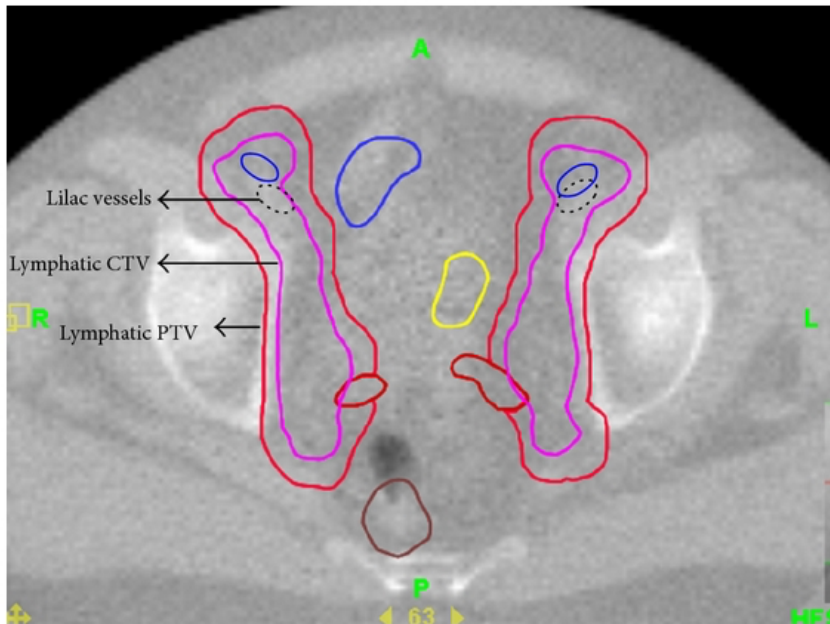
Ir  
V

A reasonable way of thinking would be: “Choose the margins so that the target is in the treated field at least 95% of the time.”

- Growth Tumor Volume (GTV)
- Clinical Target Volume (CTV)
- Planning target volume (PTV)

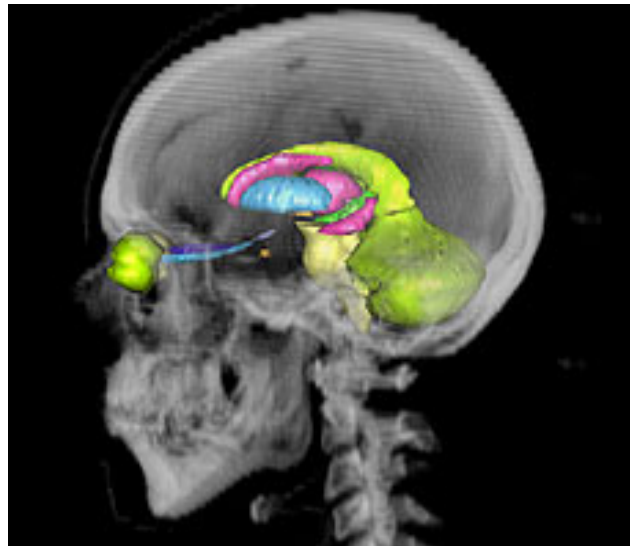
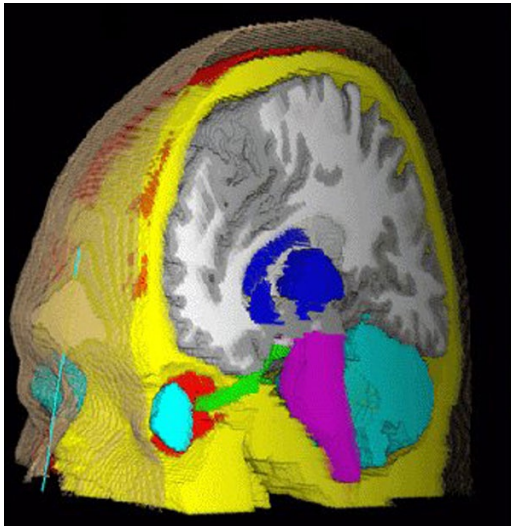
- • Internal target Volume (ITV)
- ↘ • Set-Up Margins

# Clinical Practice



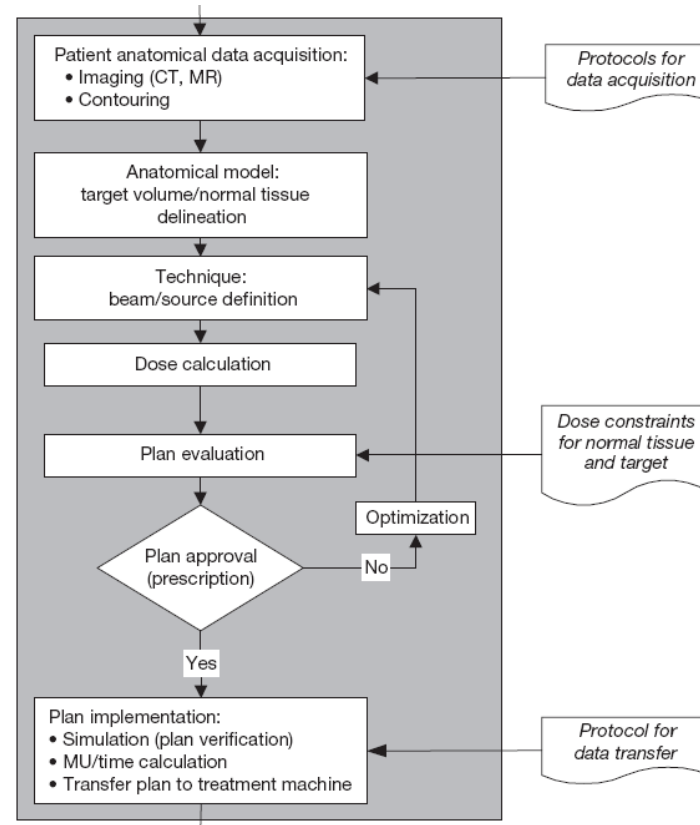
# Volumes

- Organ at risks (OAR): tolerance doses
- treatment plan depends on the dose to OARs



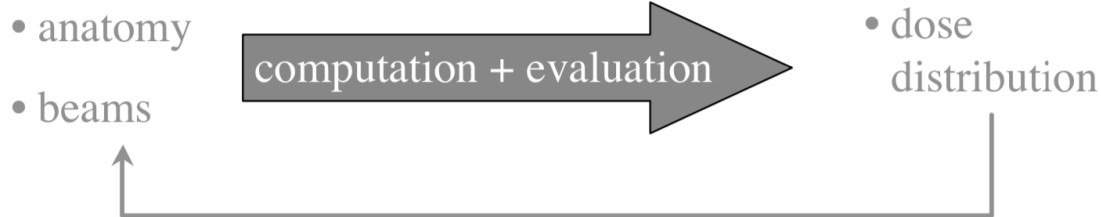
# Treatment Planning

- IAEA TRS 430

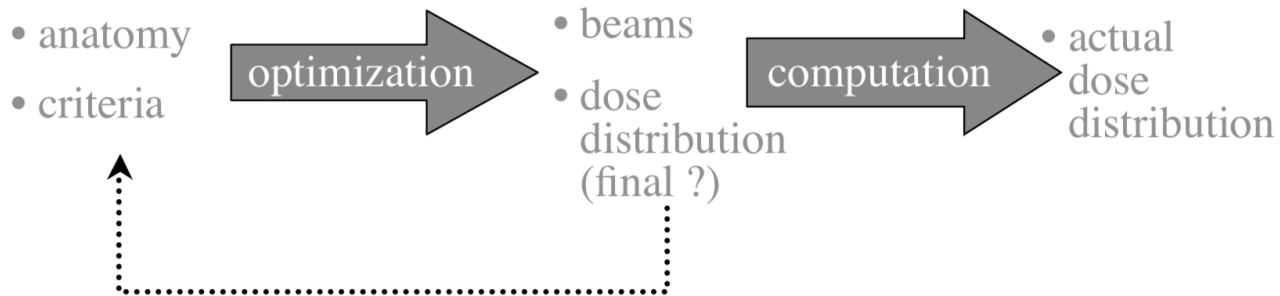


# Direct Planning – Invert Planning

- **Direct planning**



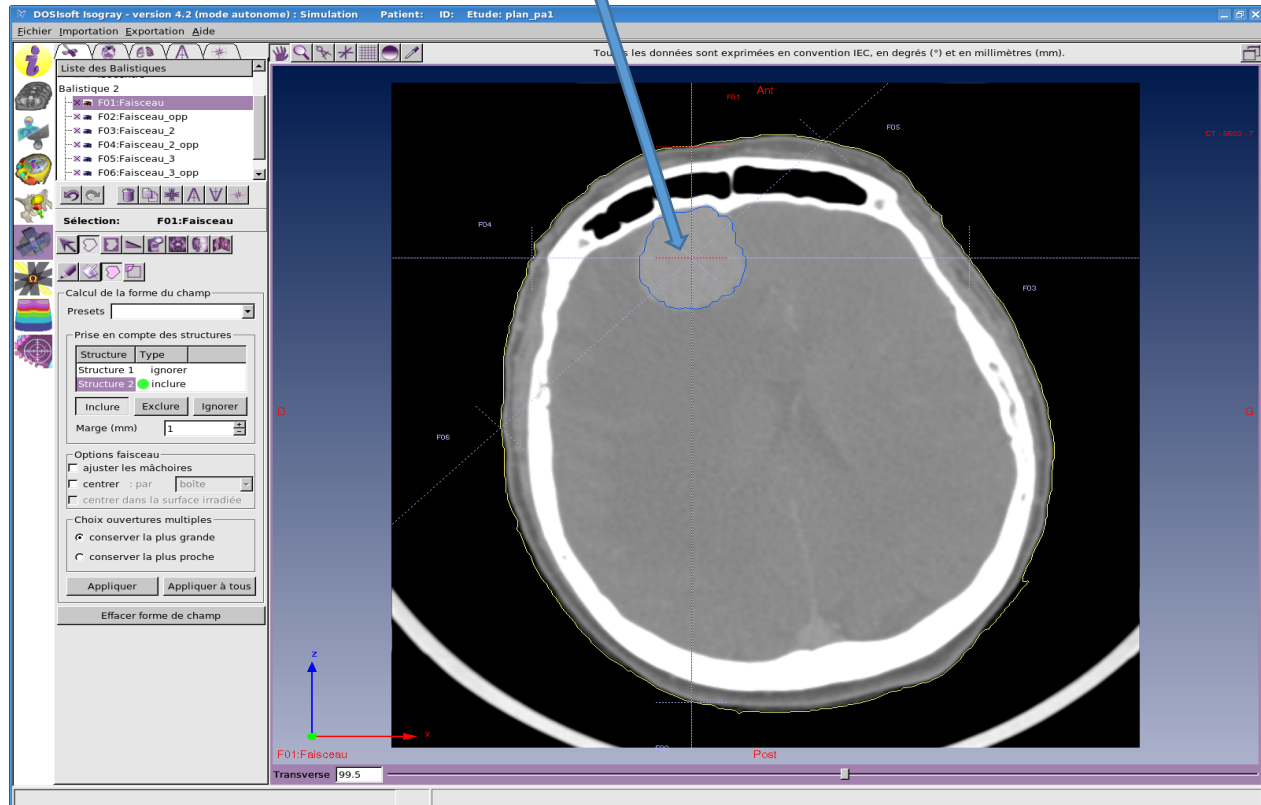
- **Inverse planning**



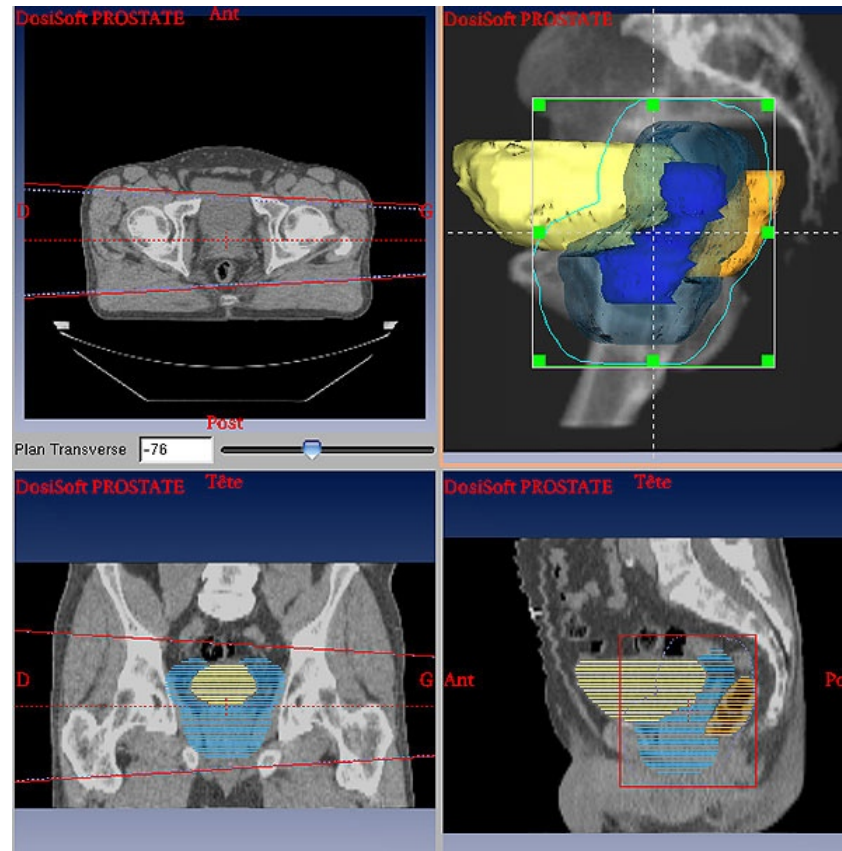


# Isocenter

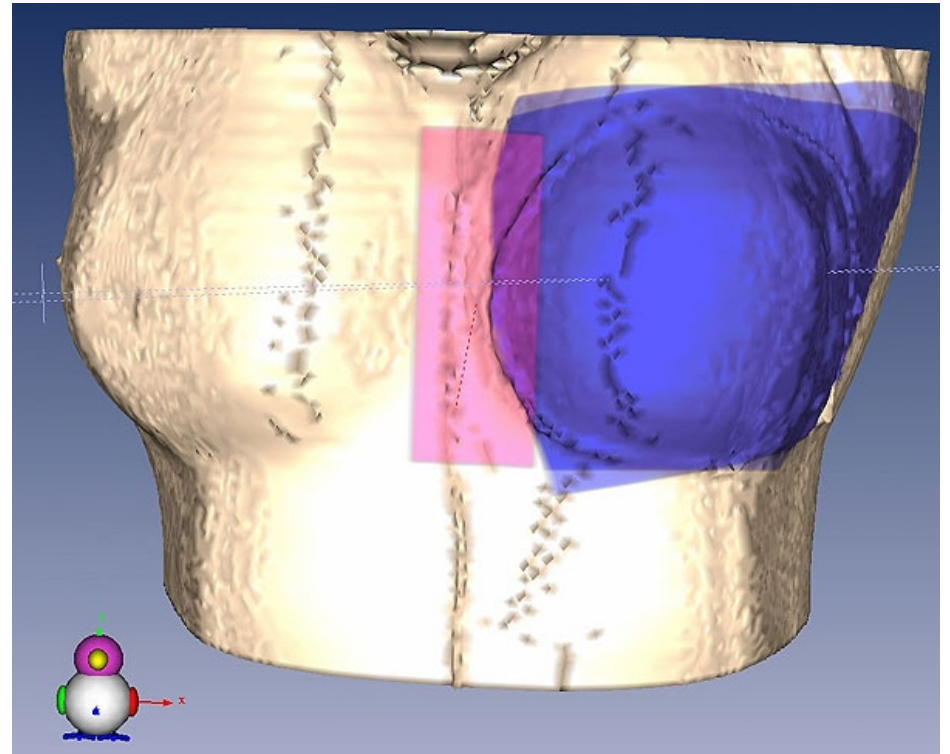
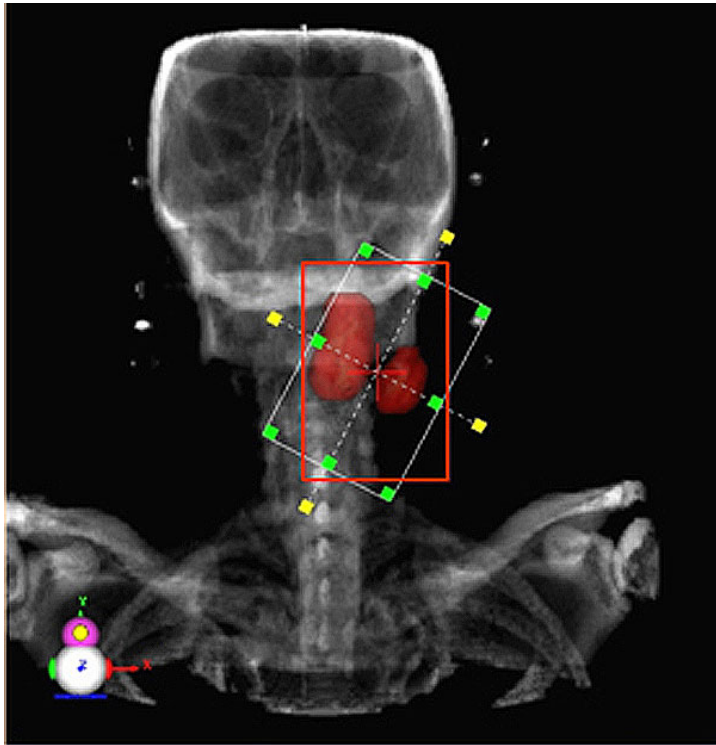
# Center of target volume



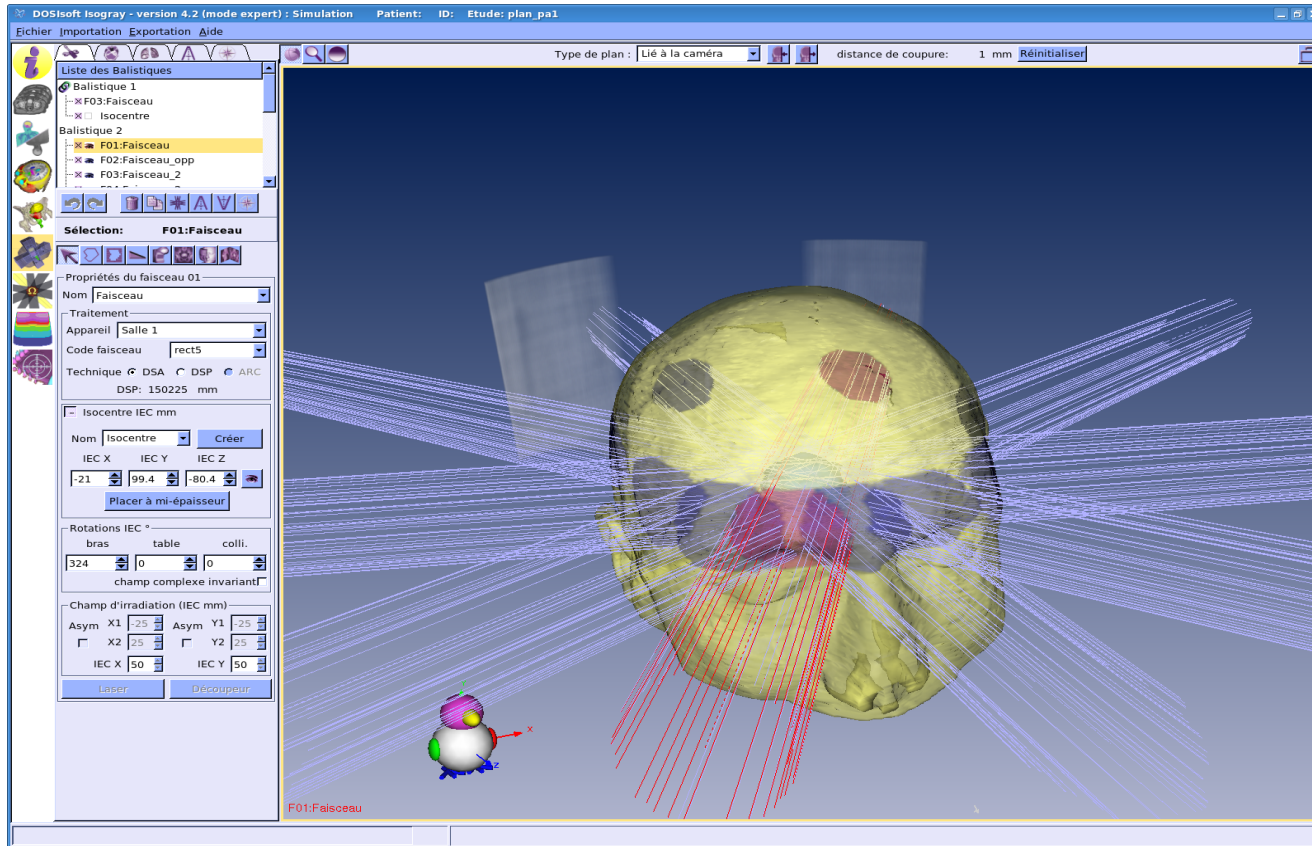
# Beam positioning



# Beam positioning



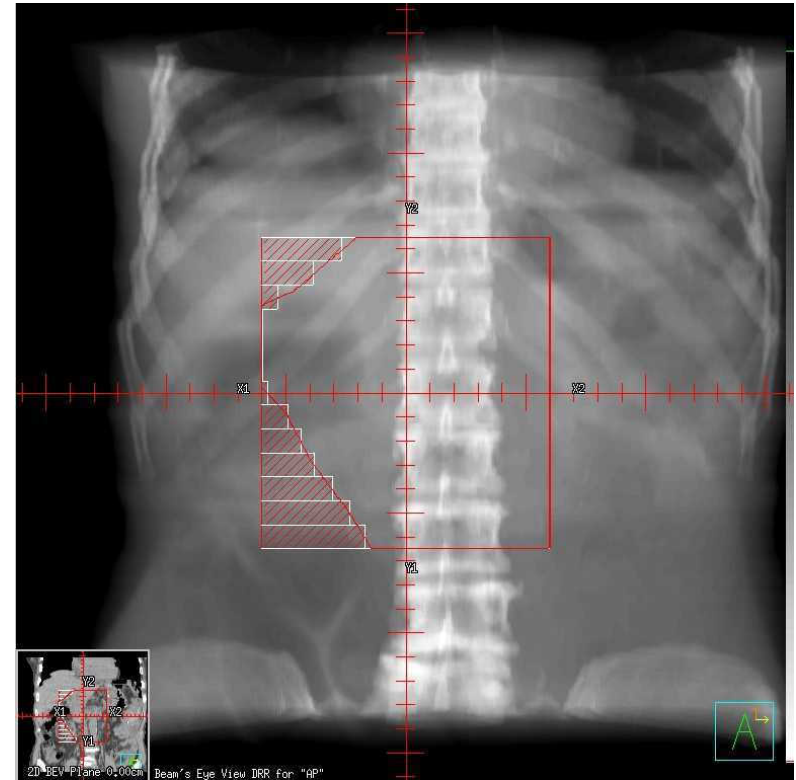
# Beam positioning



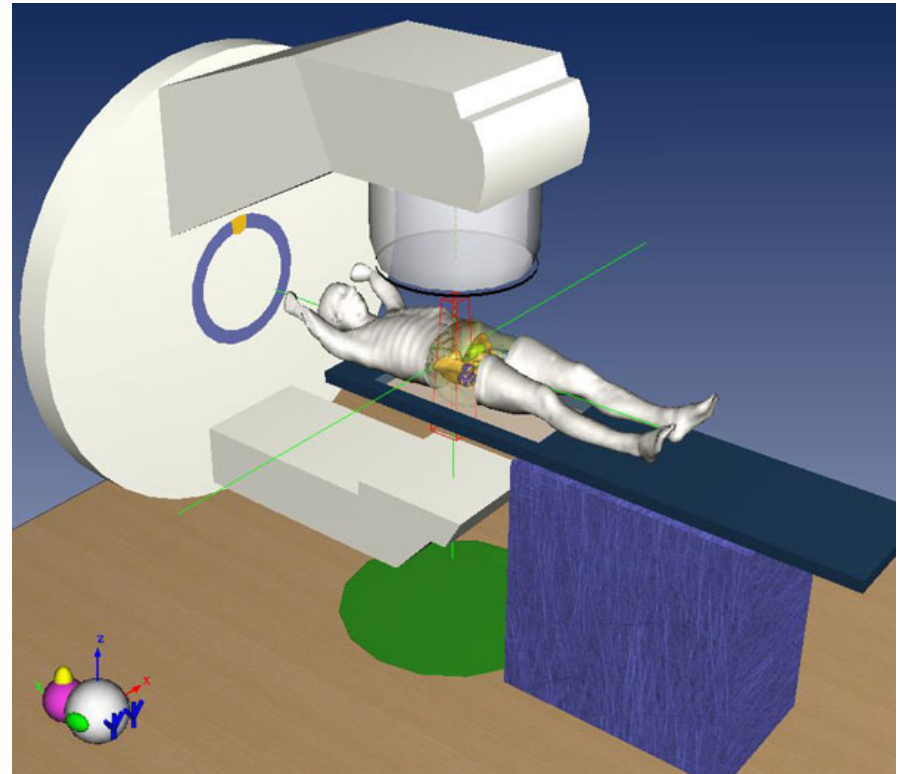
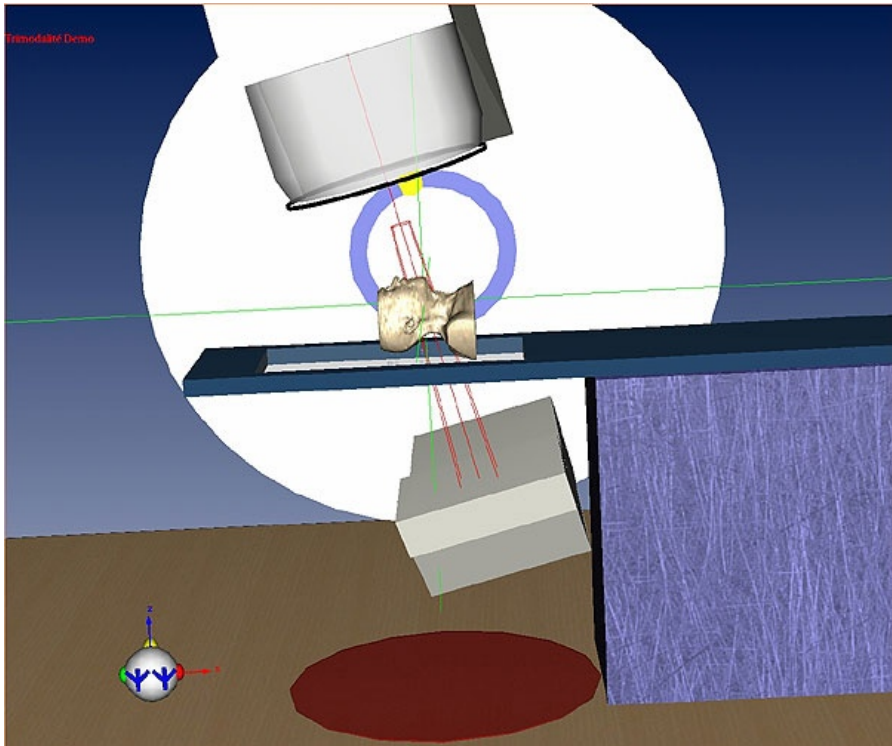
# Image guidance

## ◆ Specific imaging

- Beam 's eye view
- Room 's eye view
- DRR: Digitally Reconstructed Radiographs

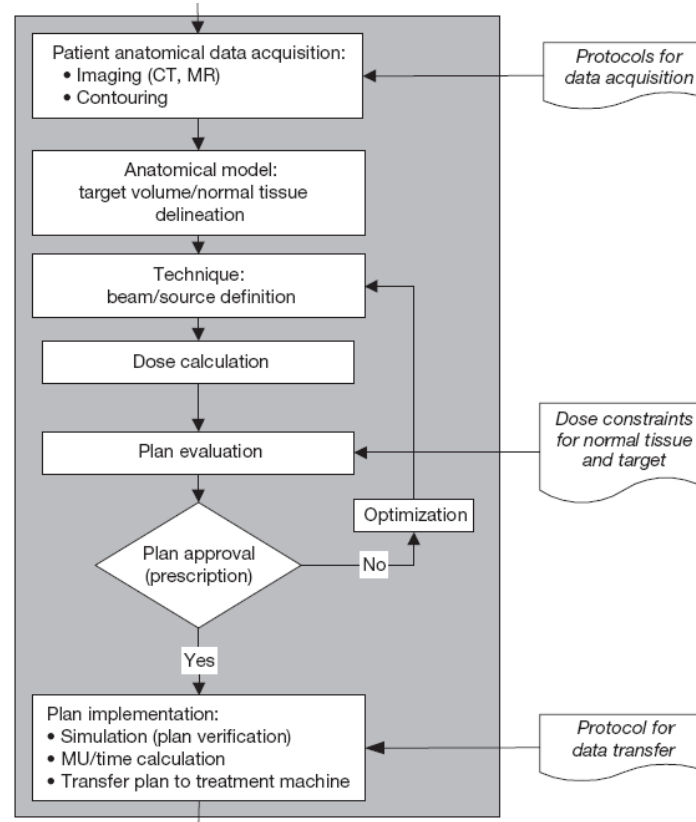


# Simulated imaging



# Treatment Planing

- IAEA TRS 430



# Dose calculation: prerequisite

- Describing properly the interactions of radiation with matter; especially for beam generation.
- True 3D calculation
- Dose calculation with heterogeneities
- Fast calculation



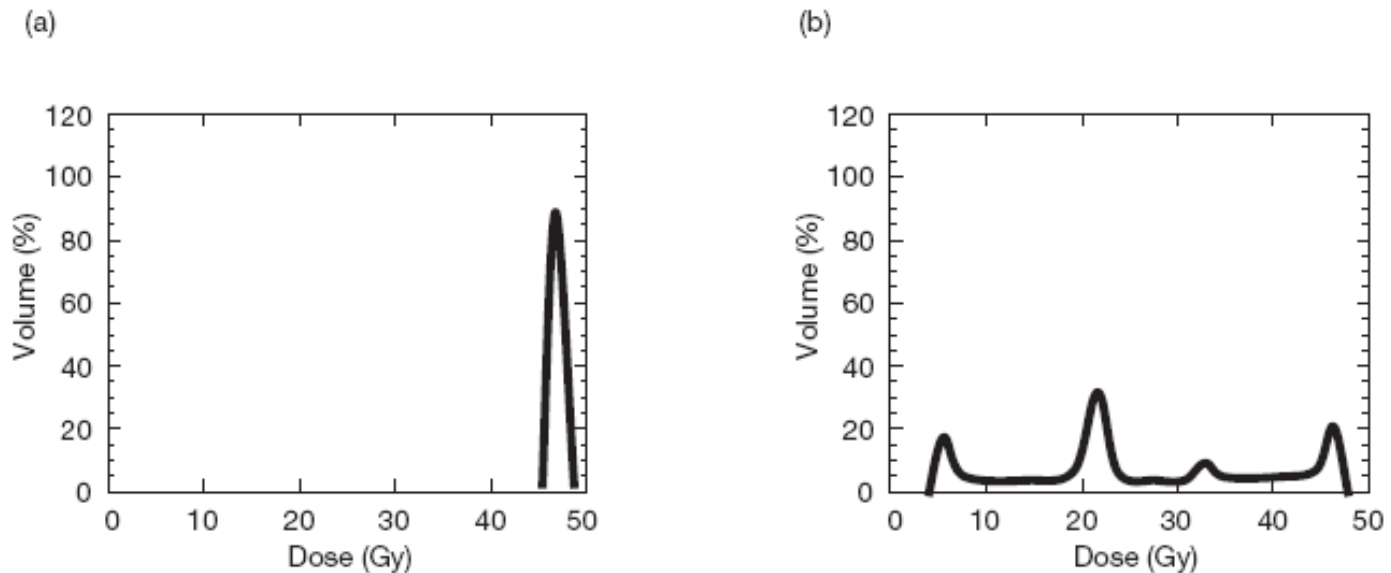
# Dose constraints: AAPM TG53

- On the beam Axis (5 mm spatial resolution)
  - $< 0.5\%$  for  $d_{\max} < d < 20\text{cm}$
  - $< 1\%$  for  $d > 20\text{ cm}$
  - $< 5\%$  for  $d < d_{\max}$
- Outside the beam axis
  - $< 2\%$ , low dose gradient areas,  $d < 30\text{ cm}$
  - $< 5\%$ , low dose gradient areas,  $d > 30\text{cm}$
  - Distance to agreement of 2 mm in high dose gradient area

# Dose constraints

- Isodose 95 % covers the whole PTV.
- Avoid hot spots (uniform dose on the PTV), -5% → + 7% , (110% max)
- More than 99% of the prescribed dose should be given to more than 93% of the PTV
- Dose Volume Histograms

# Dose volume histograms



*FIG. 7.26. Differential DVHs for a four field prostate treatment plan for (a) the target volume and (b) the rectum. The ideal target differential DVHs would be infinitely narrow peaks at the target dose for the PTV and at 0 Gy for the critical structure.*

# Photons dose calculation algorithm: AAPM TG85 categories

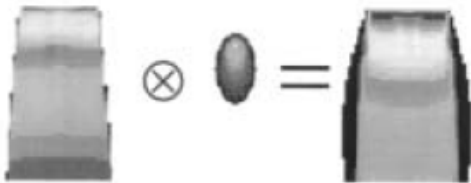
**Table 7.** Categorization of different inhomogeneity correction algorithms according to the level of anatomy sampled (1D or 3D) and the inclusion or exclusion of electron transport.

	<b>TERMA</b>	<b>DOSE</b>
<b>1D</b>	<p><i>Local energy deposition (No electron transport)</i></p> <p><b>Category 1</b></p> <p>1.1 Linear attenuation 1.2 Ratio of TAR (RTAR) (Equivalent path length, effective SSD, isodose shift) 1.3 Power law (Batho)</p>	<p><i>Non-local energy deposition (Electron transport)</i></p> <p><b>Category 3</b></p> <p>3.1 Convolution (pencil beam) 3.2 FFT techniques</p>
<b>3D</b>	<p><b>Category 2</b></p> <p>2.1 Equivalent TAR (ETAR) 2.2 Differential SAR (DSAR) 2.3 Delta volume (DVOL) 2.5 3D Beam Subtraction Method</p>	<p><b>Category 4</b></p> <p>4.1 Superposition/Convolution 4.2 Monte Carlo 2.4 Differential TAR (dTAR)</p>

# Dose calculation

$$\Phi \otimes K = D$$

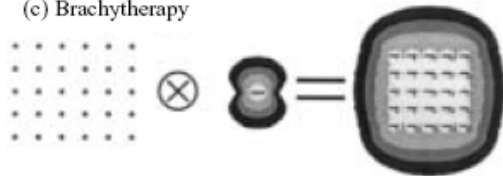
(a) Photon Beam



(b) Electron Beam

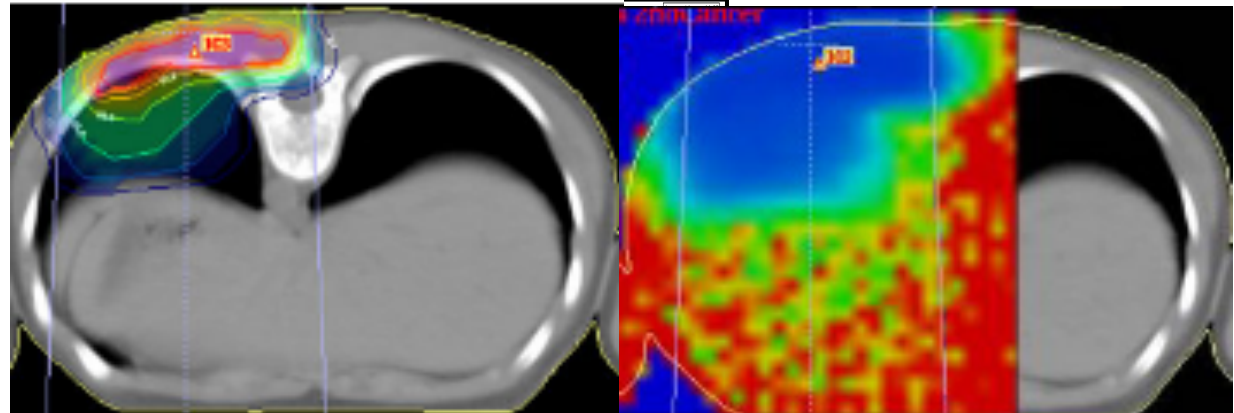
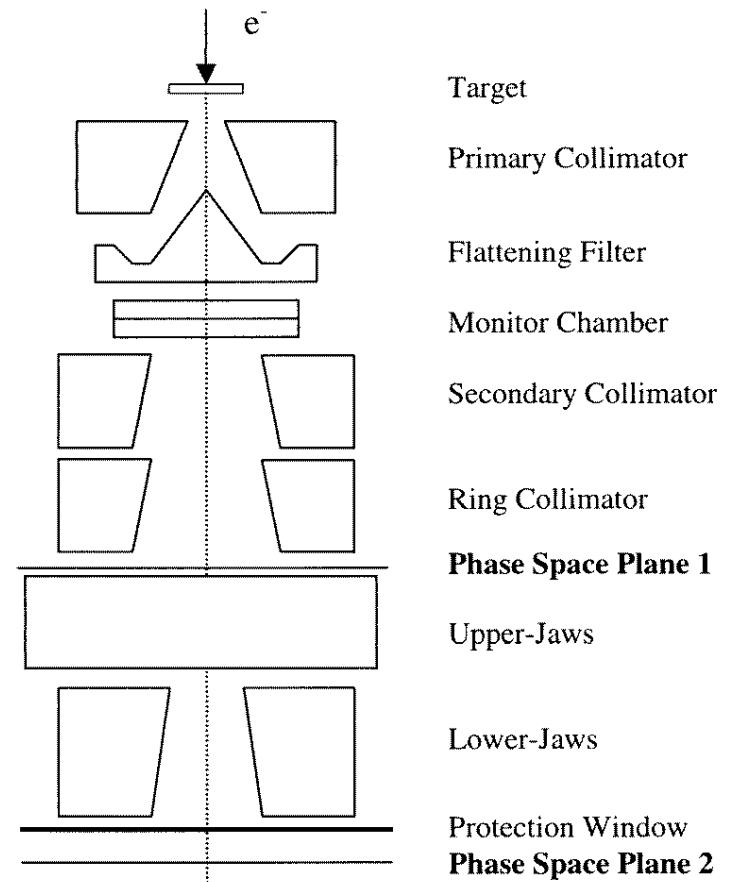


(c) Brachytherapy

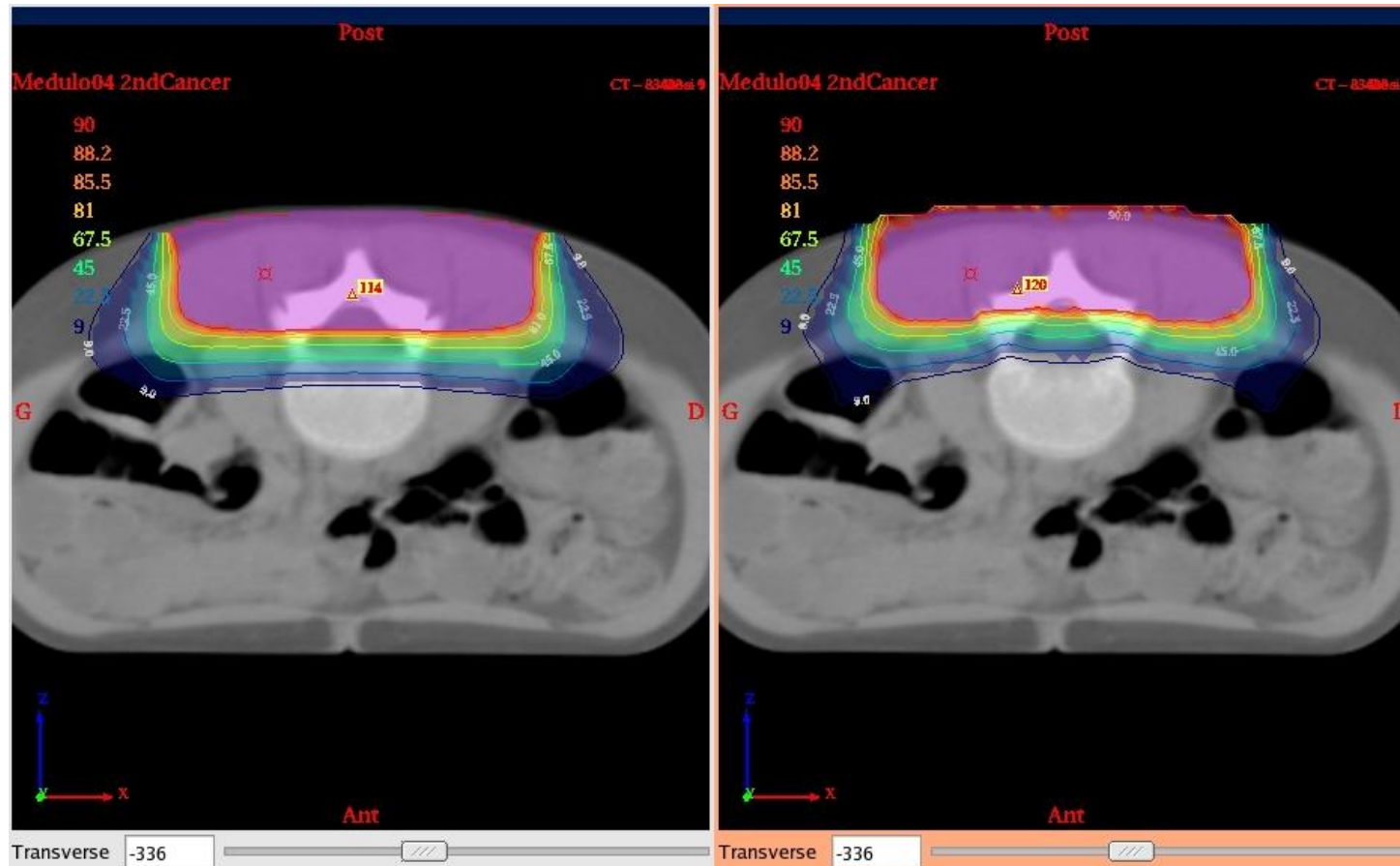


**Figure 8.7**

Universality of the superposition principle. (a) photon beams, (b) electron beams, and (c) brachytherapy sources. Each uses a fluence distribution ( $\Phi$ ) and a kernel ( $K$ ) specific to the clinical application.

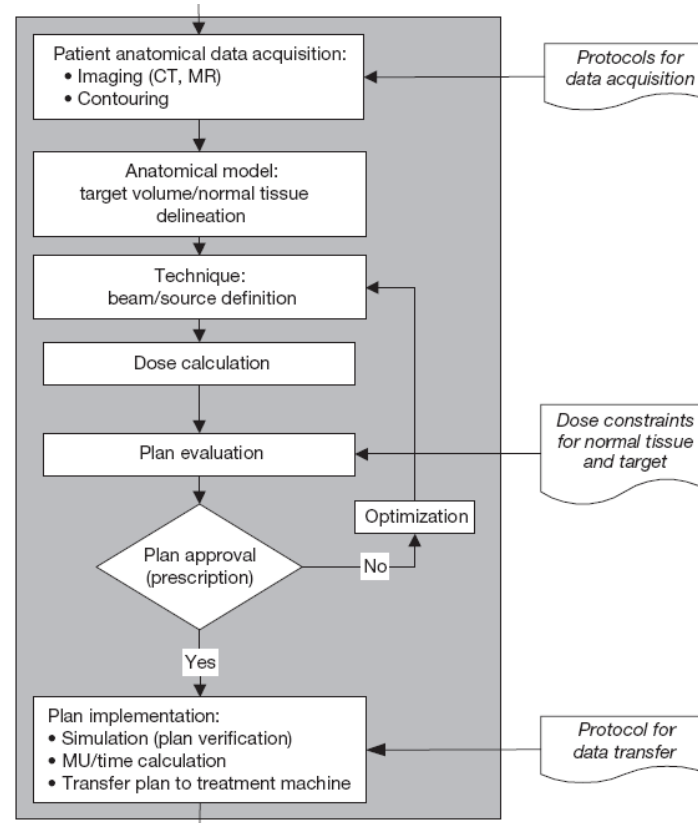


# Dose Calculation

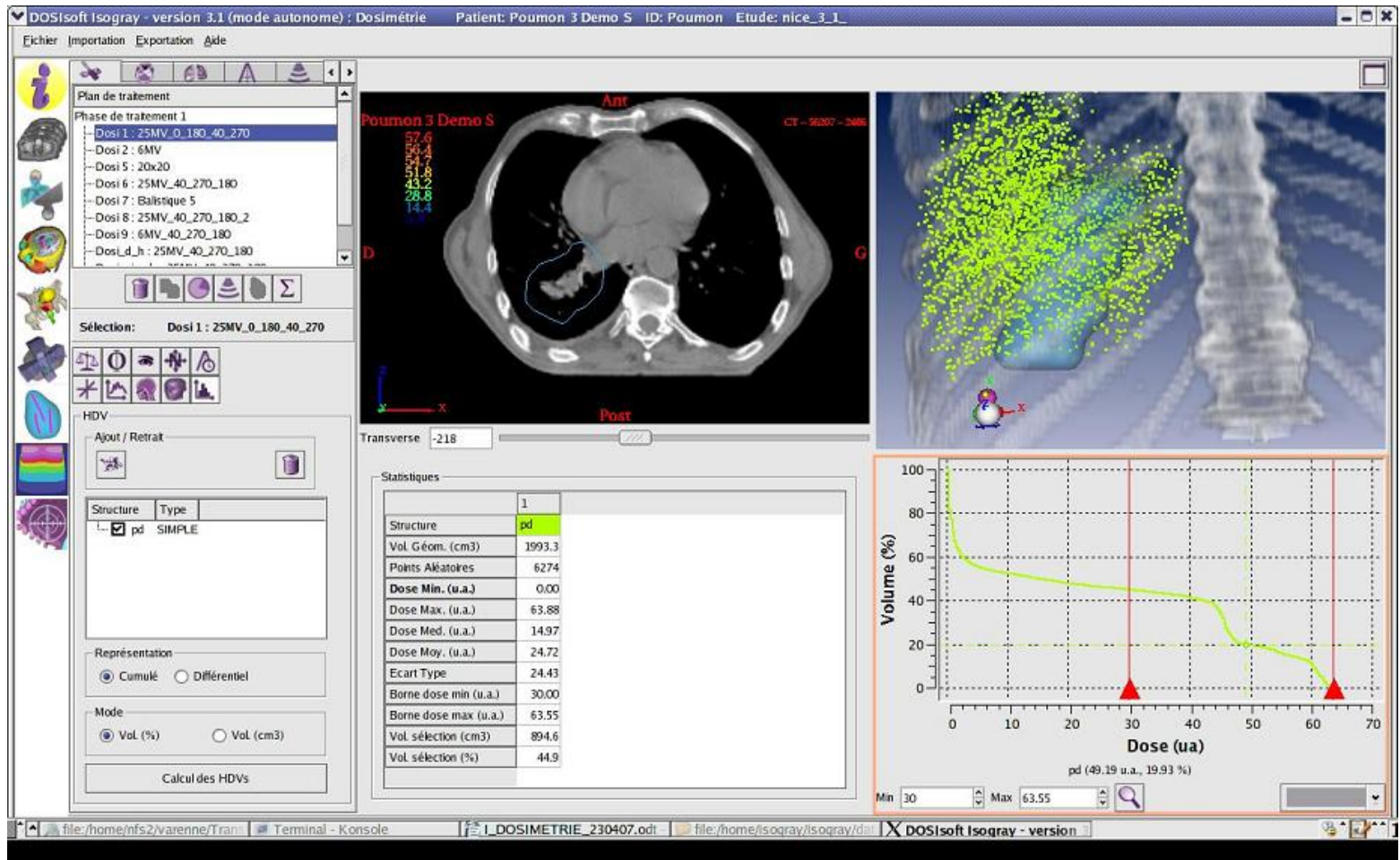


# Treatment Planning

- IAEA TRS 430

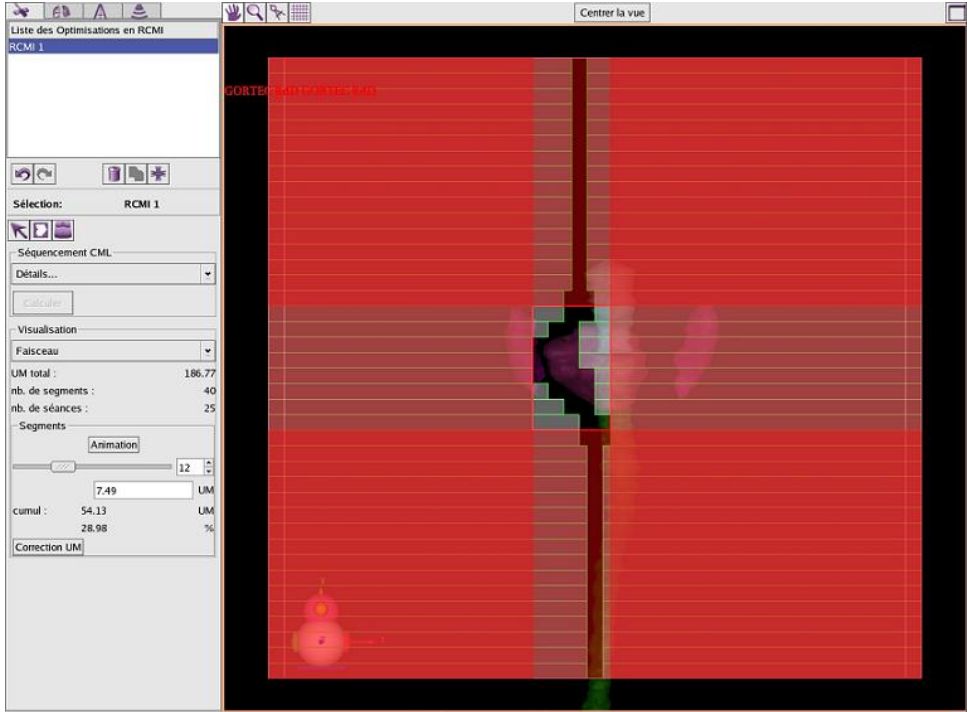
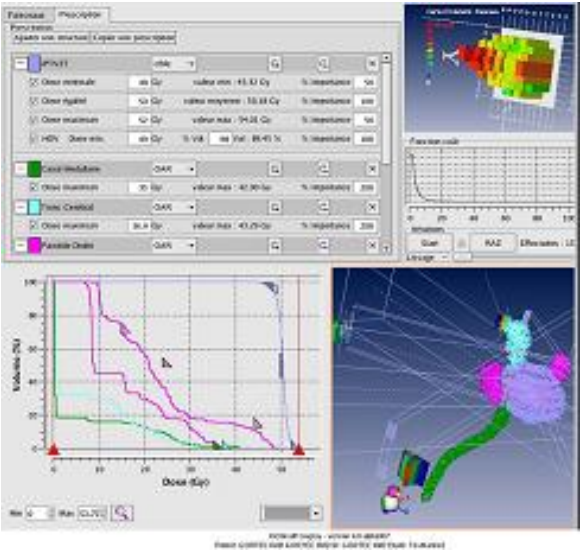


# Constraints

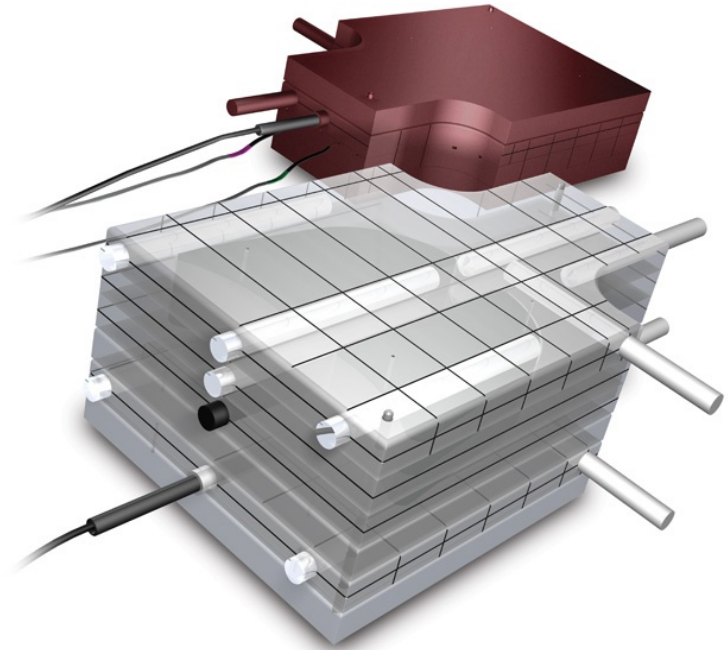
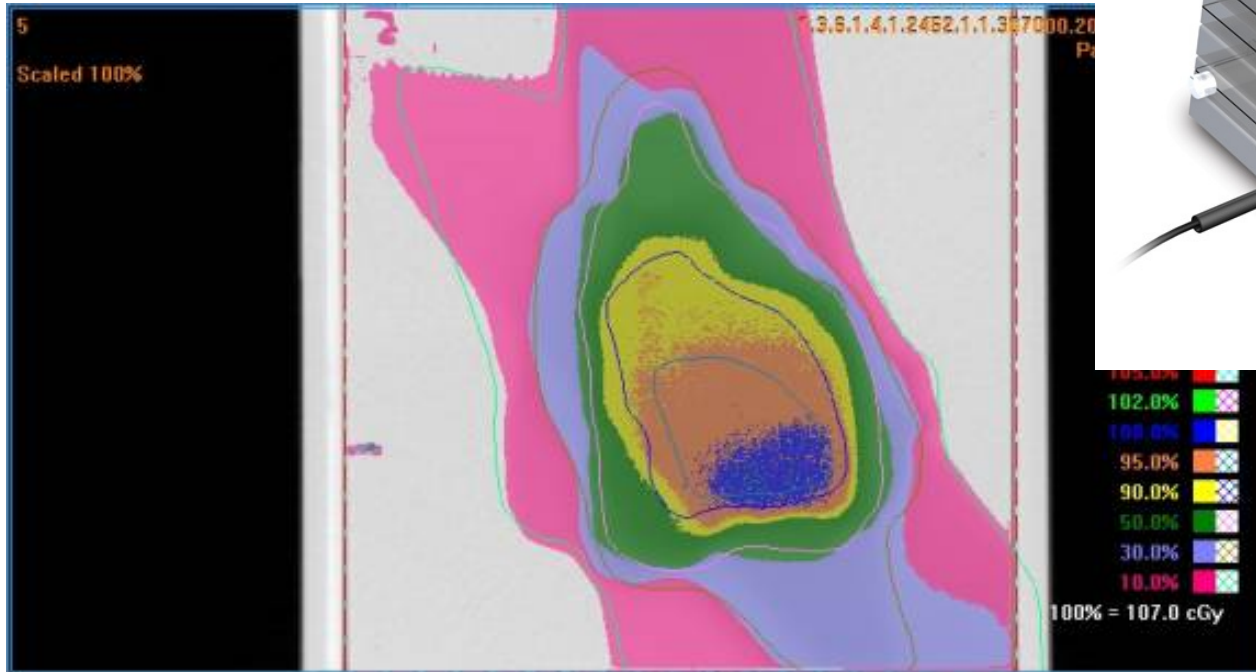




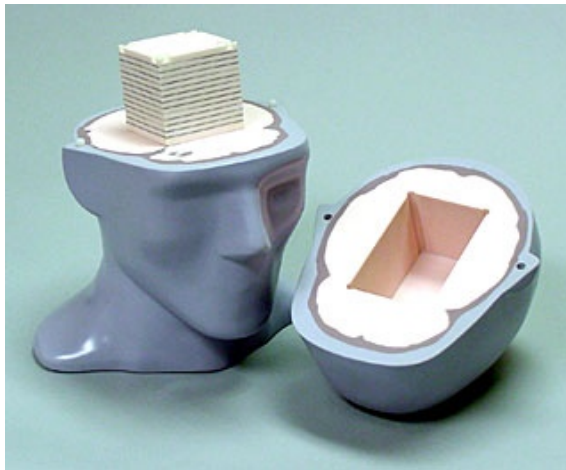
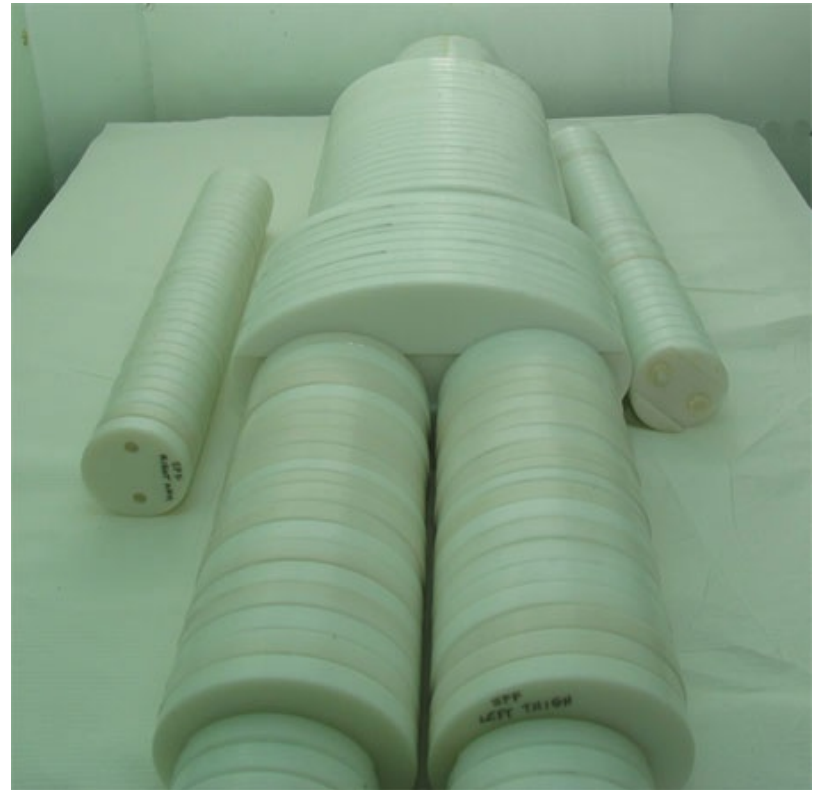
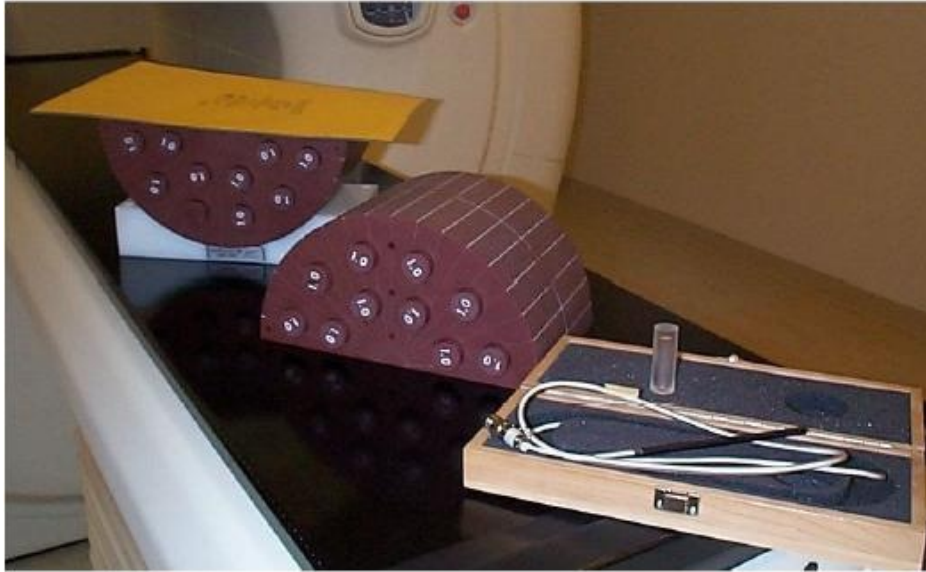
# MLC Sequencing



# Dose verification



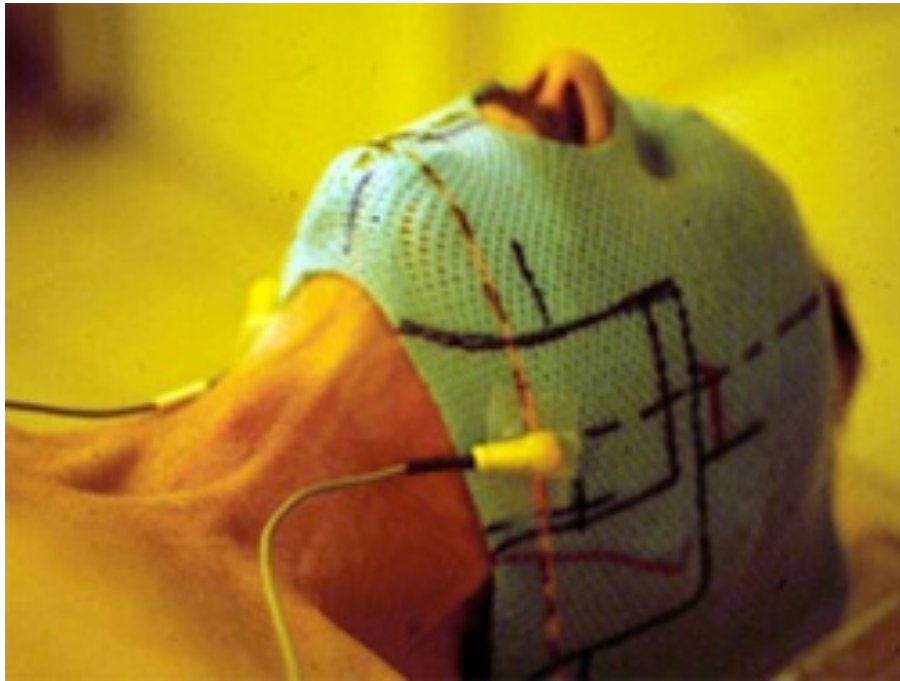
# Dose verification



# Dose verification and positioning

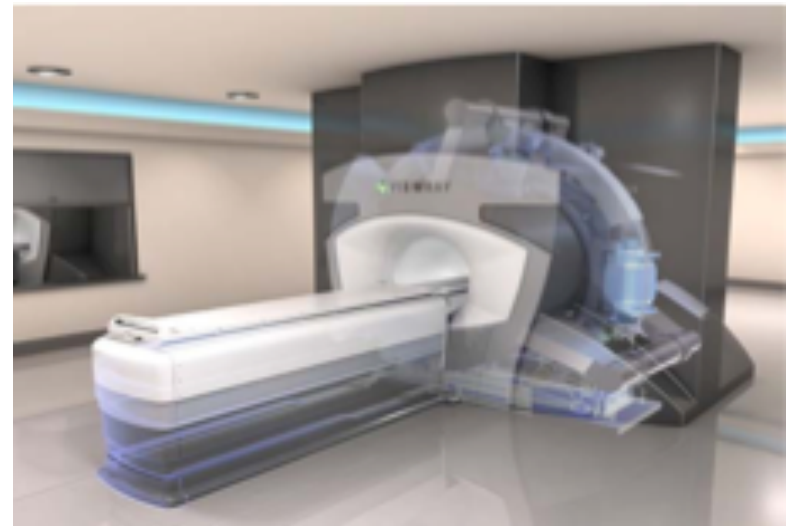
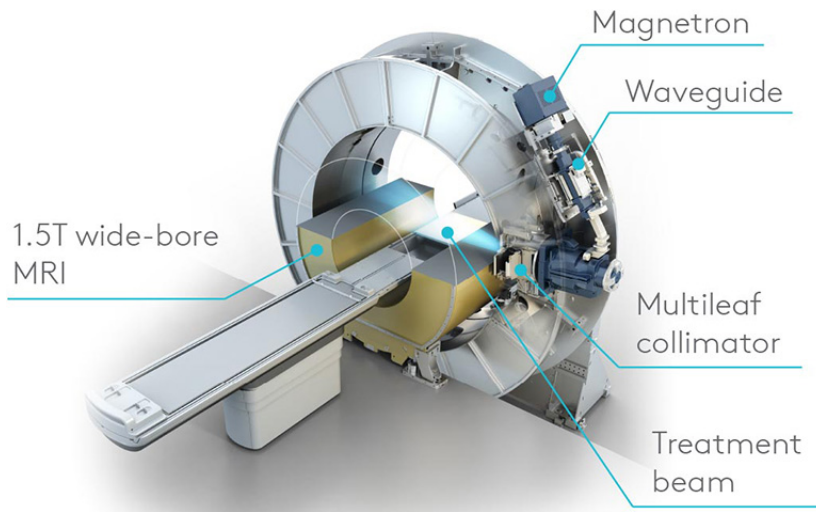


# *In vivo Dosimetry*



# Innovation in clinical medical imaging for treatment planning and delivery in precision oncology: MRI-Linac

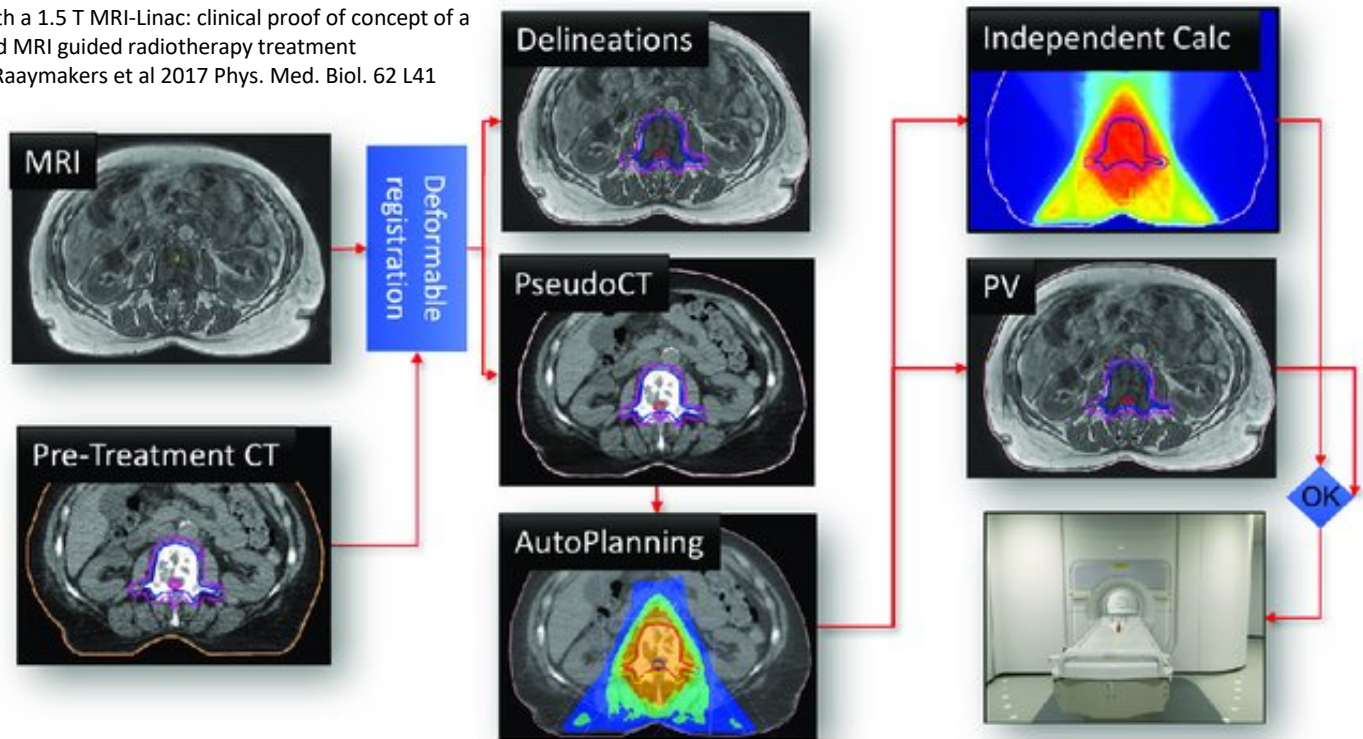
## Purpose:



# Innovation in clinical medical imaging for treatment planning and delivery in precision oncology: MRI-Linac

## MRI Planning:

First patients treated with a 1.5 T MRI-Linac: clinical proof of concept of a high-precision, high- field MRI guided radiotherapy treatment  
To cite this article: B W Raaymakers et al 2017 Phys. Med. Biol. 62 L41



# Innovation in clinical medical imaging for treatment planning and delivery in precision oncology: MRI-Linac

Physical Challenges:  
Electrons beams in magnetic fields  
Measurement tools  
Dose calculation

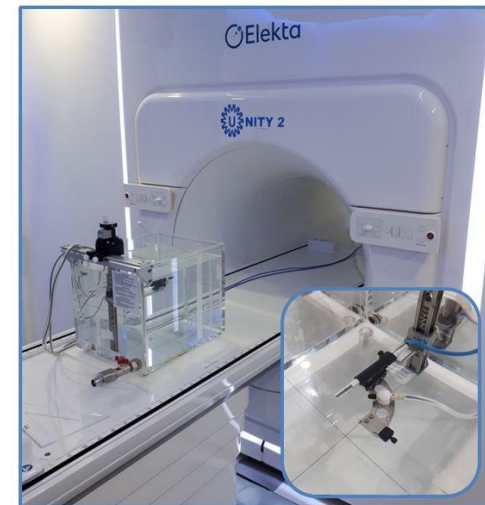
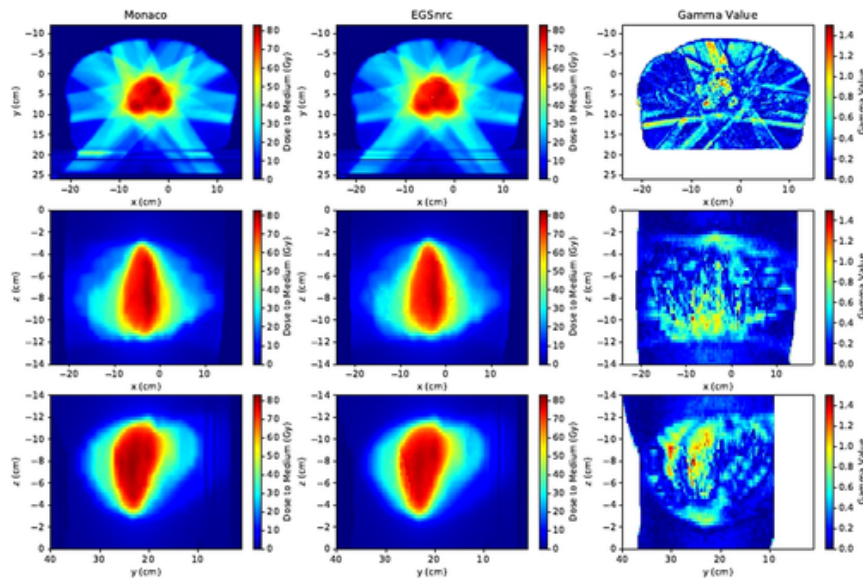
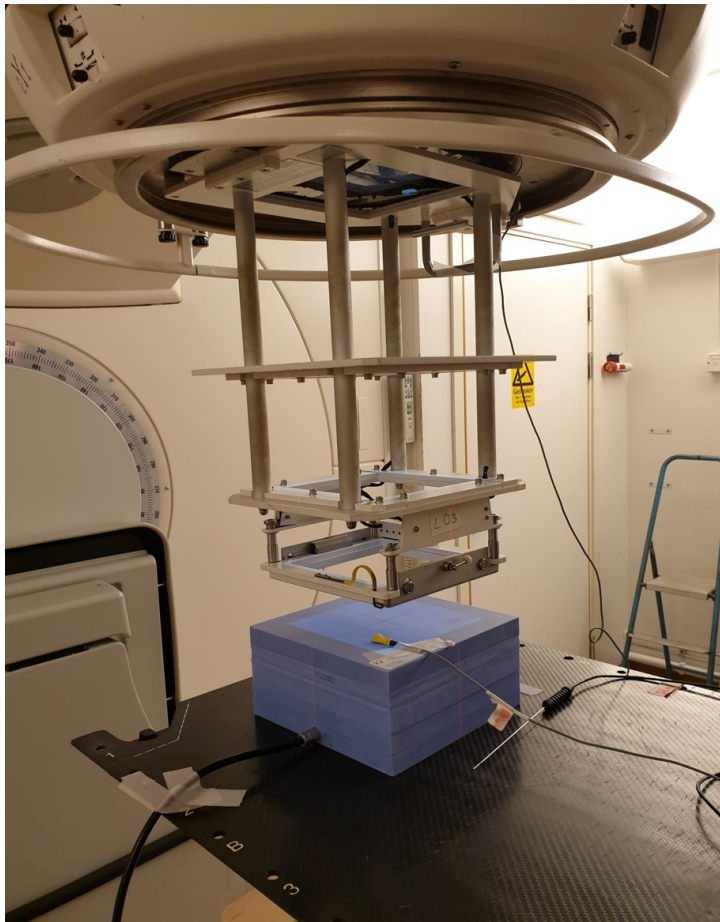


Figure 1: PTW prototype MR-compatible MP1 waterphantom at the MRI-Linac with (picture insert) PTW prototype holder, with PTW30013 chamber and CC13 monitor chamber.

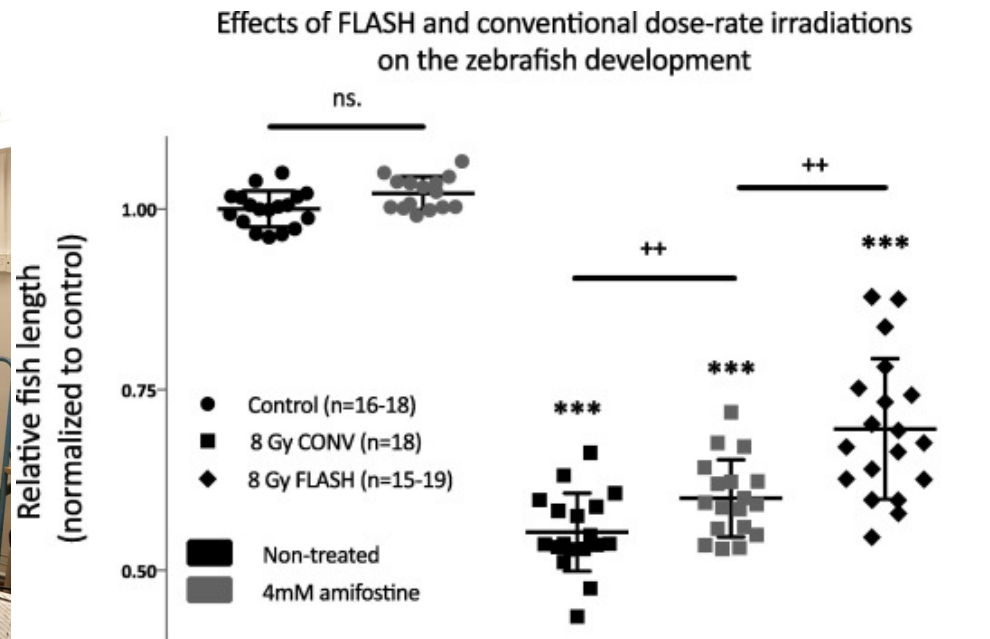


# Innovation in Radiotherapy: Flash radiotherapy



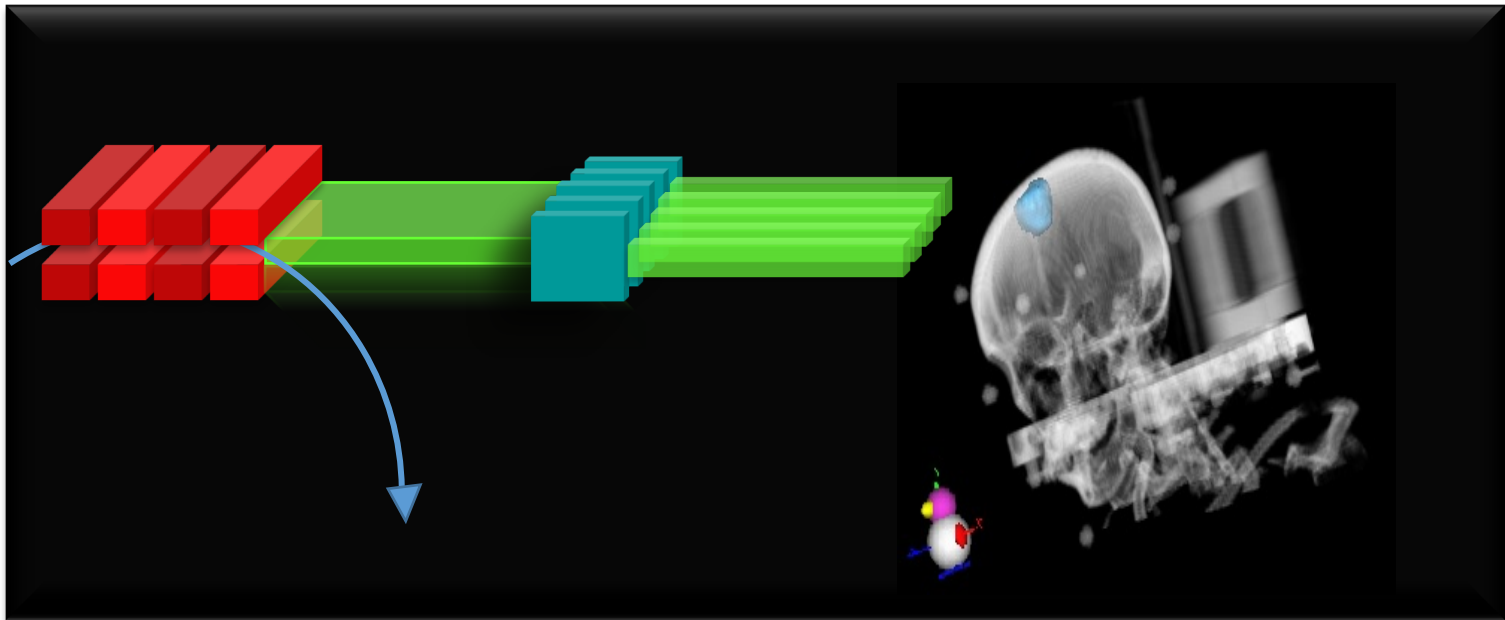
March 9th, 2021

ESIPAP

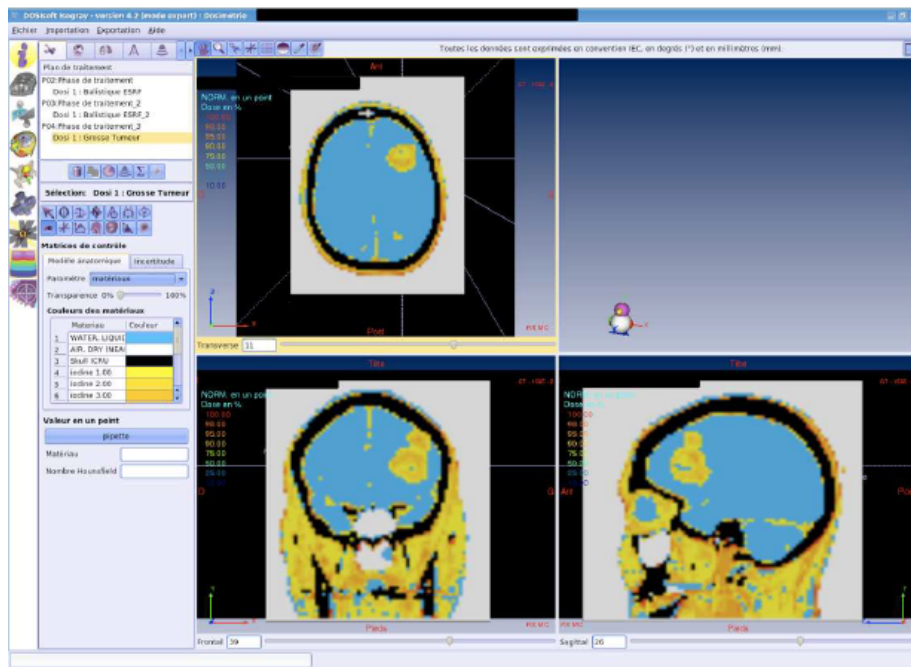


<https://physicsworld.com/a/clinical-linear-accelerator-delivers-flash-radiotherapy/>

# Innovation in Radiotherapy: microbeam radiotherapy

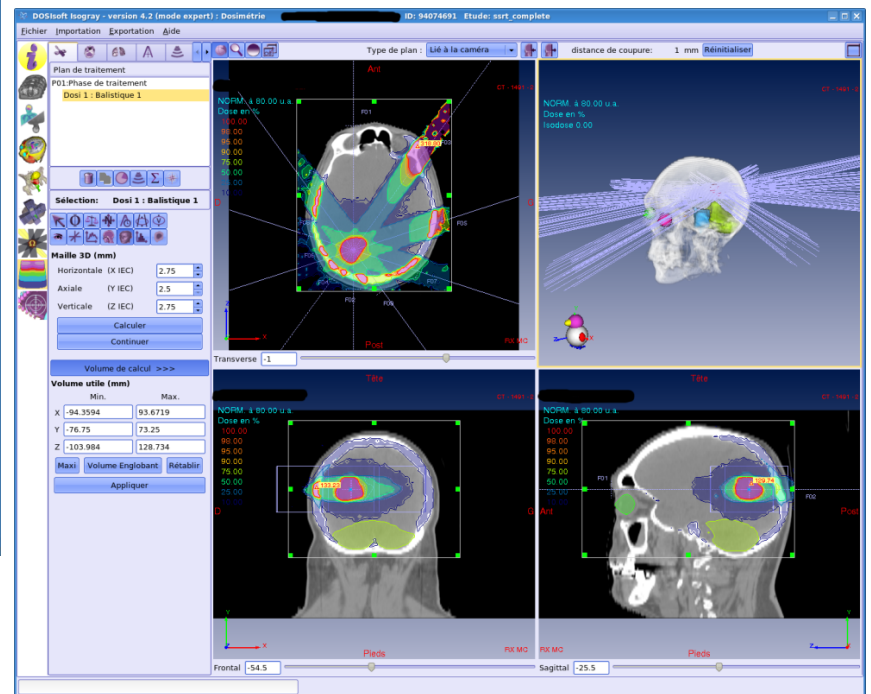


# Innovation in Radiotherapy: combined radiotherapy



March 9th, 2021

ESIPAP



67

# Conclusion

## Innovation in radiation therapy

Strong needs from diagnostic Imaging for treatment accuracy

Innovation in radiotherapy : Flash Radiotherapy ; micro and minibeam ; combined therapies

Opens new possibilities for personalised disease management.

Innovations in instrumentation (source and detectors)

Artificial intelligence can help but needs to be carefully checked as bias can be easily introduced

Beam Monitoring for Flash RT (Y Arnoud)

Challenges in in vivo dosimetry and modern RT QA (P Pittet)

Combined RT (E Porcel)

Thanks a lot for your attention

