

“Implementazione di un programma IMRT in un centro di Radioterapia”

Considerazioni di natura fisica

S.O.S.D. Fisica Sanitaria

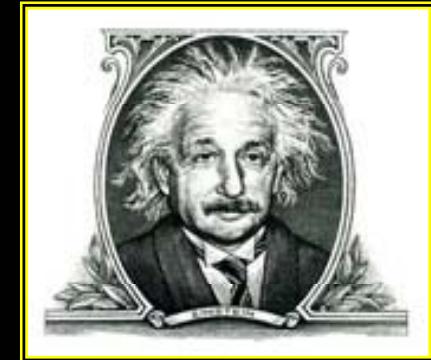
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TSRM O. Maggiora, TSRM V. Penna
Dott.sa S. Amerio*

Ospedale “Cardinal Massaia”



IMRT

Il ruolo del fisico

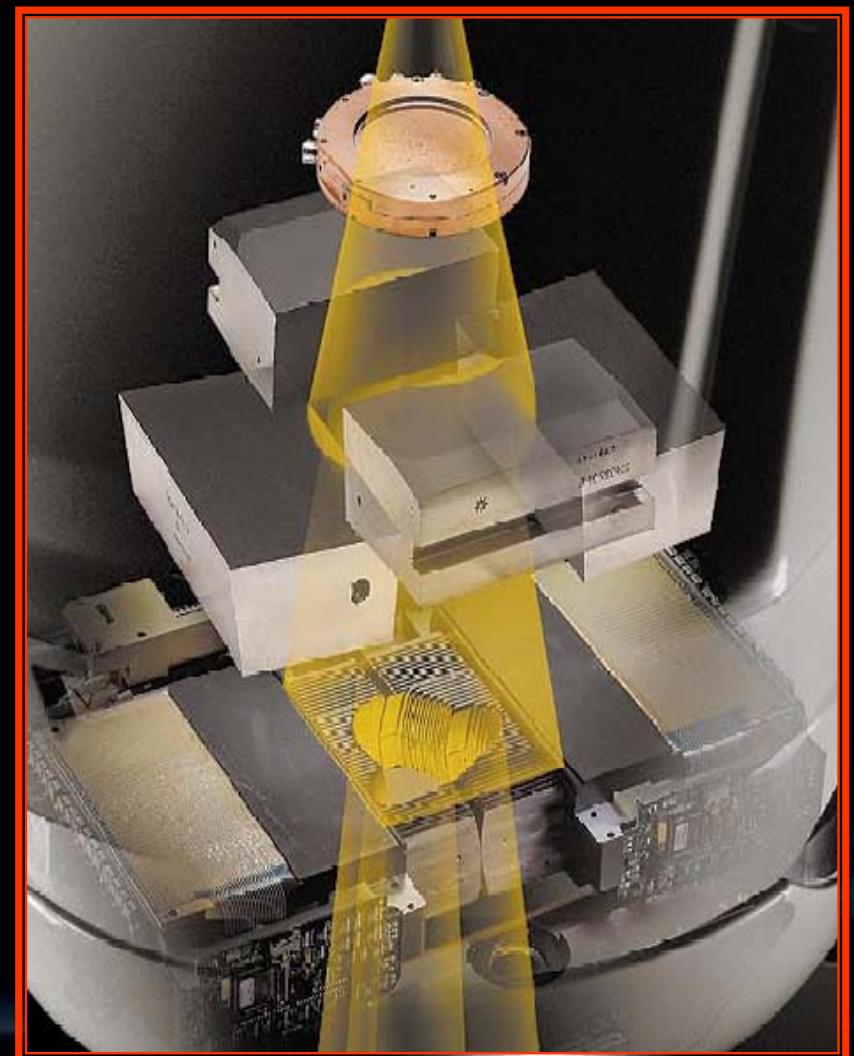


1. Commissioning LINAC
 - Dosimetria non convenzionale, MLC
2. Commissioning TPS
 - Distribuzioni modulate di dose
3. Esecuzione del piano di trattamento
 - Inverse planning
4. Verifica del piano di trattamento
 - Dosimetria 2D, 3D
5. Stesura protocolli per l'assicurazione di qualità
 - Introduzione nuovi CQ



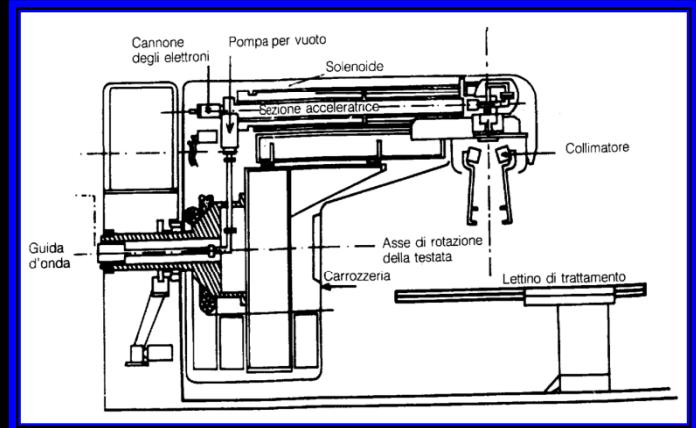
IMRT @ S.O.C. Radioterapia - ASTI

- Varian Clinac 600 DBX
(single 6MV photon energy)
- Varian Millennium 120M
 - 60 pairs of leaves
 - Leaf width of 5 mm @ IC for the inner 40 pairs
 - Leaf width of 10 mm @ IC for the outer 20 pairs
 - Maximum leaf speed of 2.5 cm/s
 - CMS XiO



LINAC IMRT: *commissioning*

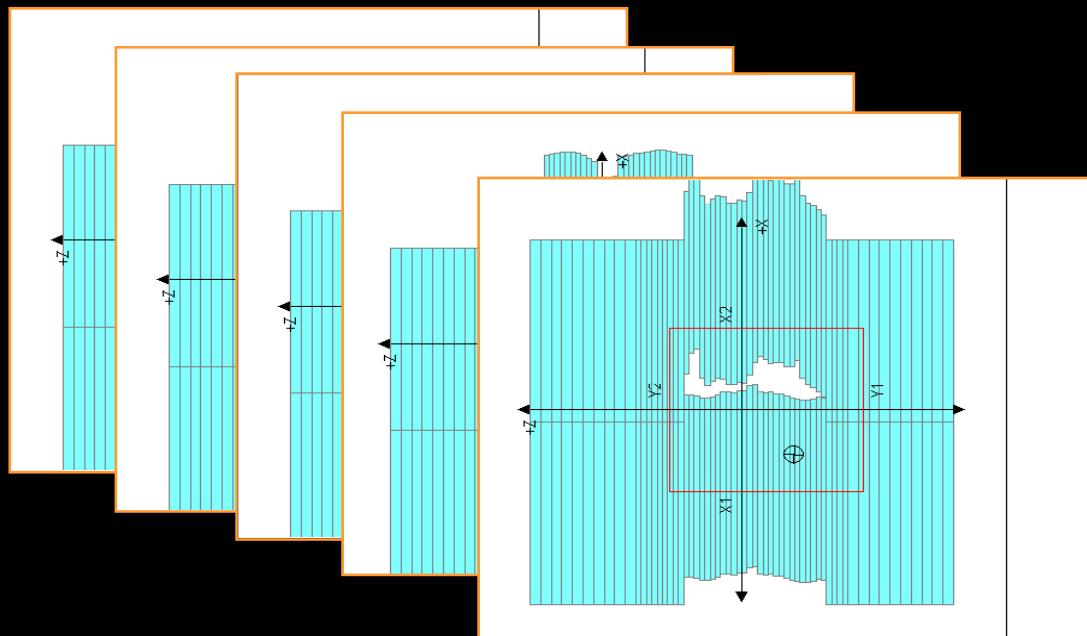
1. Small field dosimetry
2. Small MU delivery
3. MLC characterization
 - a) *Leaf positional accuracy*
 - b) *Leaves penumbra*
 - c) *Penumbra effect vs leaf position*
 - d) *Inter- and intra-leaf transmission factor*
 - e) *Tongue and groove effect*
 - f) *Leaf speed accuracy*
 - g) *Minimum leaf separation*



Small field dosimetry_I



Fluence modulation is the result of the superposition of very narrow fields (segments) both for static delivery (less segments) and for dynamic delivery (hundreds of segments)



N.B.: small field (less than $3 \times 3 \text{ cm}^2$) dosimetry is then required for the commissioning of IMRT treatment planning systems.

Small field dosimetry_II



Two cylindrical ionization chambers different in size were compared:

- IBA CC13
 - a) Active volume : 0.13 cm^3
 - b) inner diameter : 6 mm
- IBA CC04
 - a) Active volume : 0.04 cm^3
 - b) Inner diameter : 4 mm



Measurements in water:

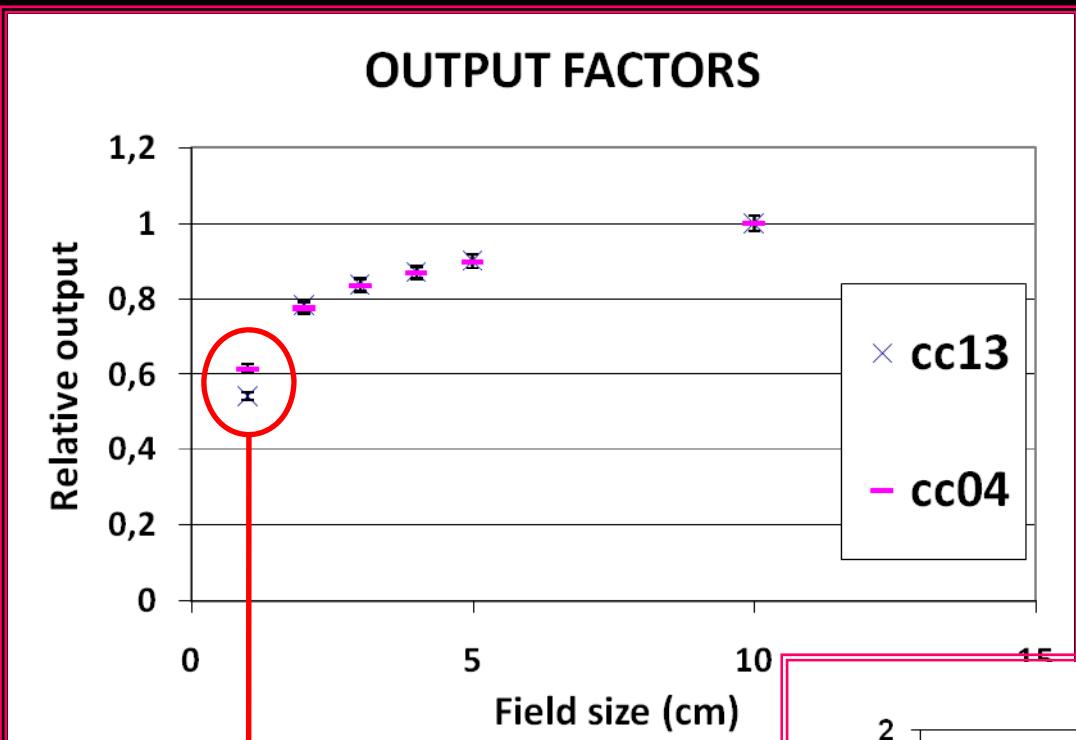
1. Output factors @ 10 cm depth for field sizes:

$5 \times 5 \text{ cm}^2$, $4 \times 4 \text{ cm}^2$, $3 \times 3 \text{ cm}^2$, $2 \times 2 \text{ cm}^2$, $1 \times 1 \text{ cm}^2$

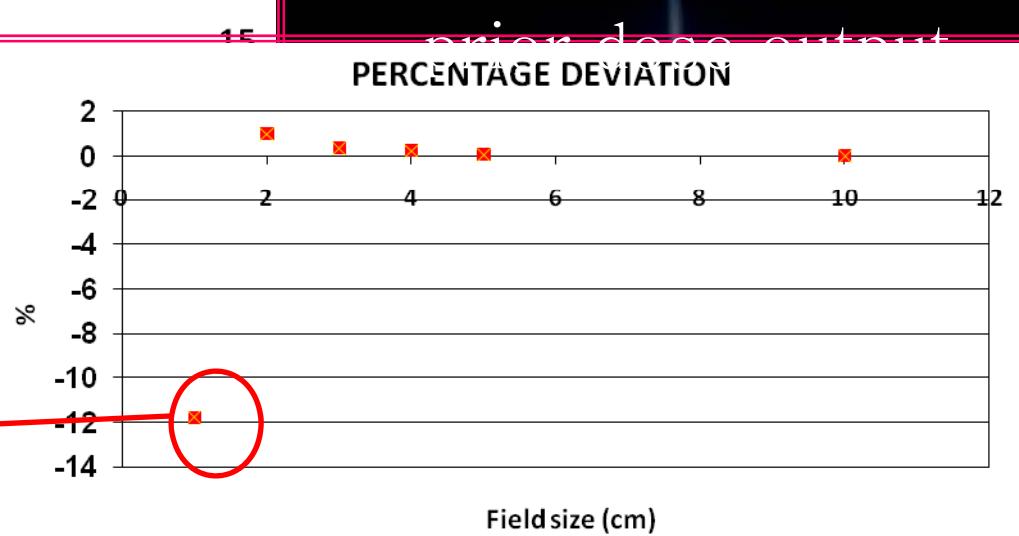
2. PDDs for field sizes:

$5 \times 5 \text{ cm}^2$, $4 \times 4 \text{ cm}^2$, $3 \times 3 \text{ cm}^2$, $2 \times 2 \text{ cm}^2$

Output factors



CC13 underestimates dose output for a $1 \times 1 \text{ cm}^2$ field size of about 12 %



- I. Output normalized to 1 at $10 \times 10 \text{ cm}^2$ field size
- II. Five repeated measurements for each field size
- III. Radiation field size measured

Small MU delivery



Static segments deliver few (and even fractional) MU depending on the treatment planning

Limits of the linear accelerator need to be checked for

Dose vs MU linearity and stability

(IC Farmer-type measurements)

Beam uniformity (F&S) for small MU delivery

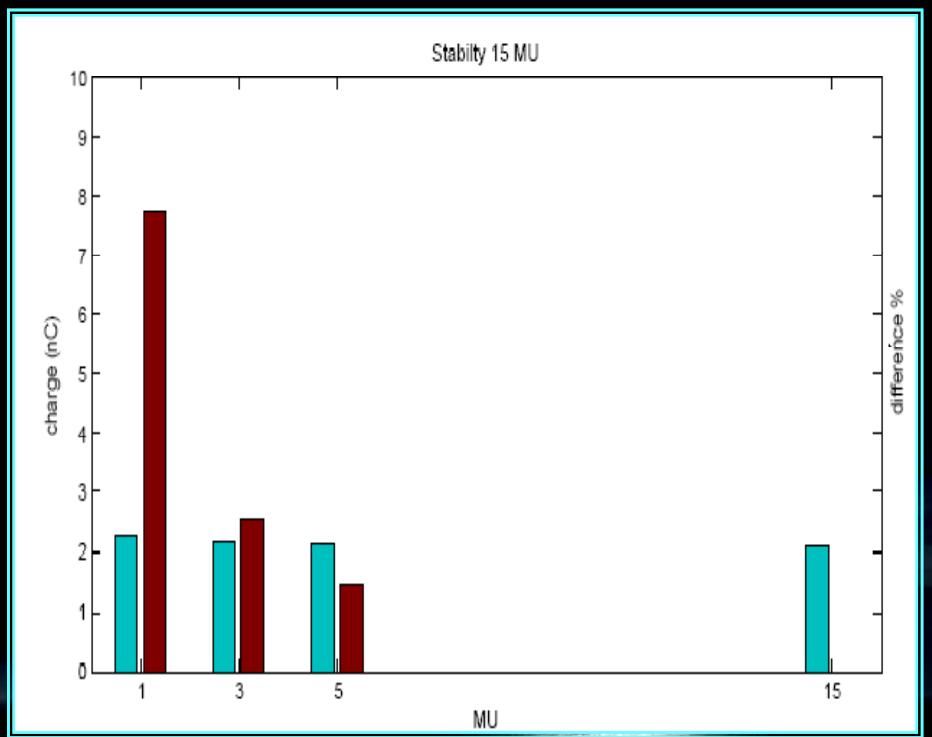
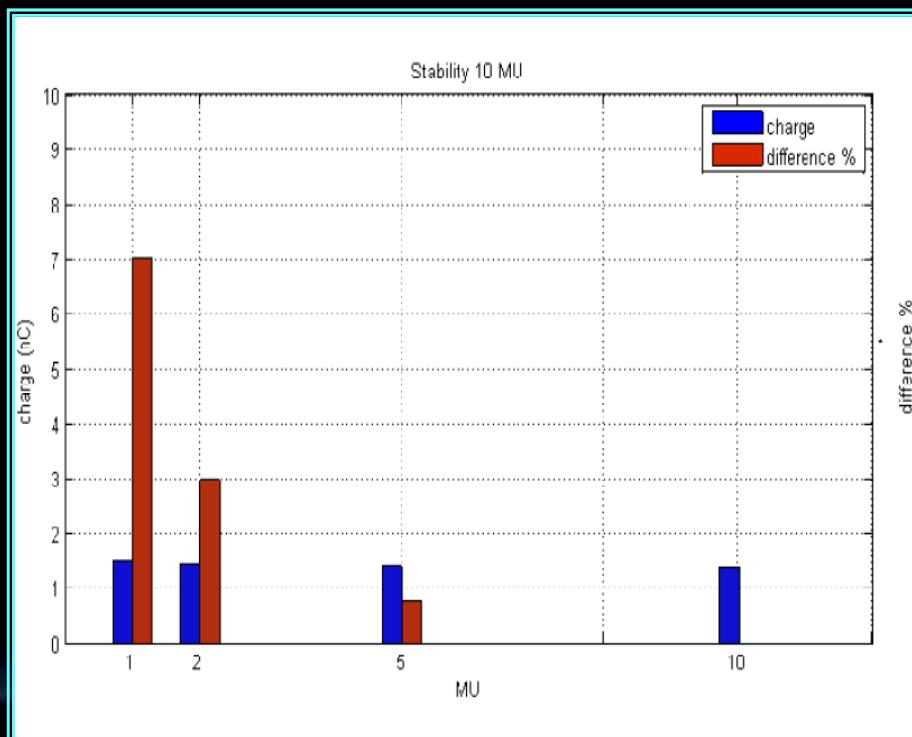
(Gafchromic EBT vs. Mapcheck SNC measurements)

Dose vs. MU stability

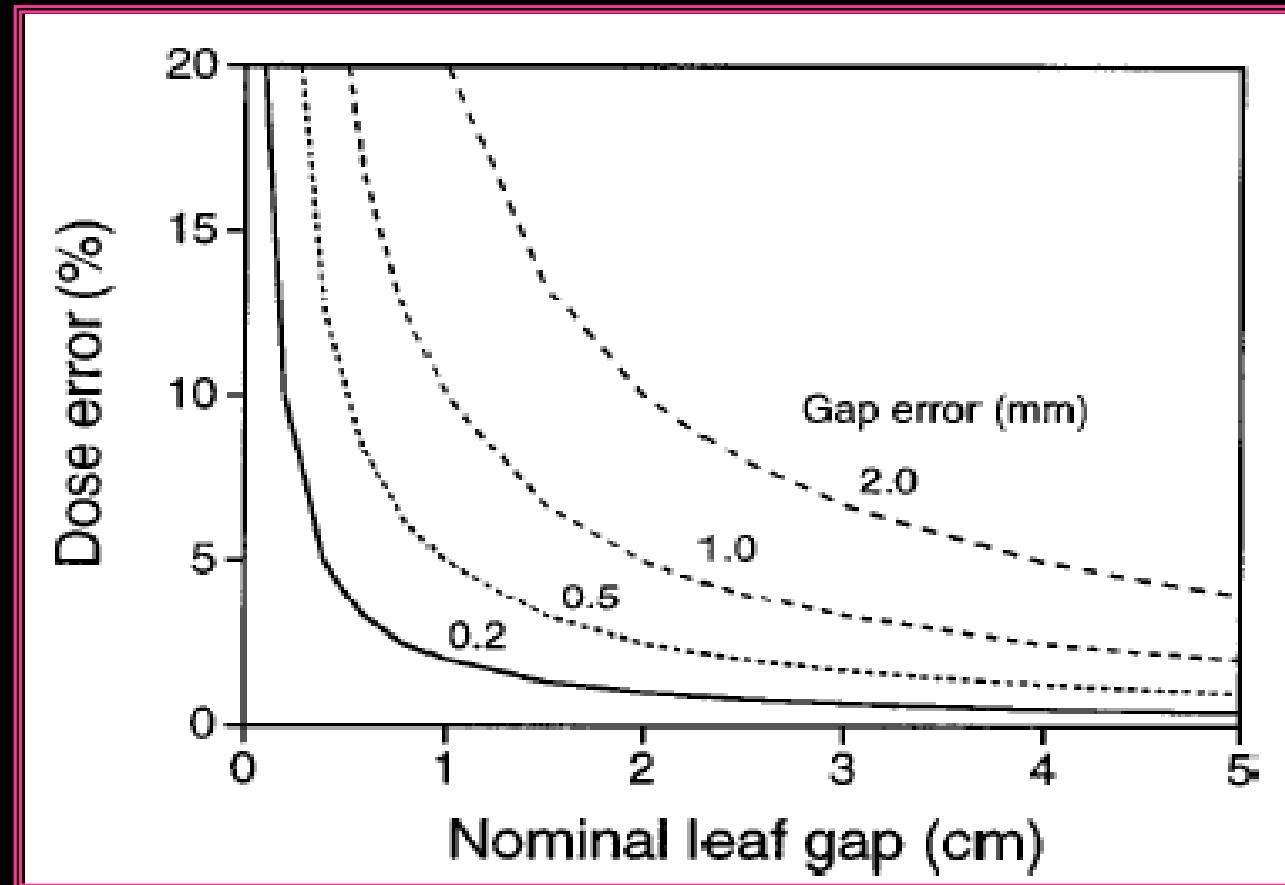
Single 10 MU delivery
vs. sum of

- {
- 1 MU delivered ten times
 - 2 MU delivered five times
 - 5 MU delivered two times
 - 1 MU delivered fifteen times
 - 3 MU delivered five times
 - 5 MU delivered three times

Single 15 MU delivery
vs. sum of



MLC Leaf positional accuracy



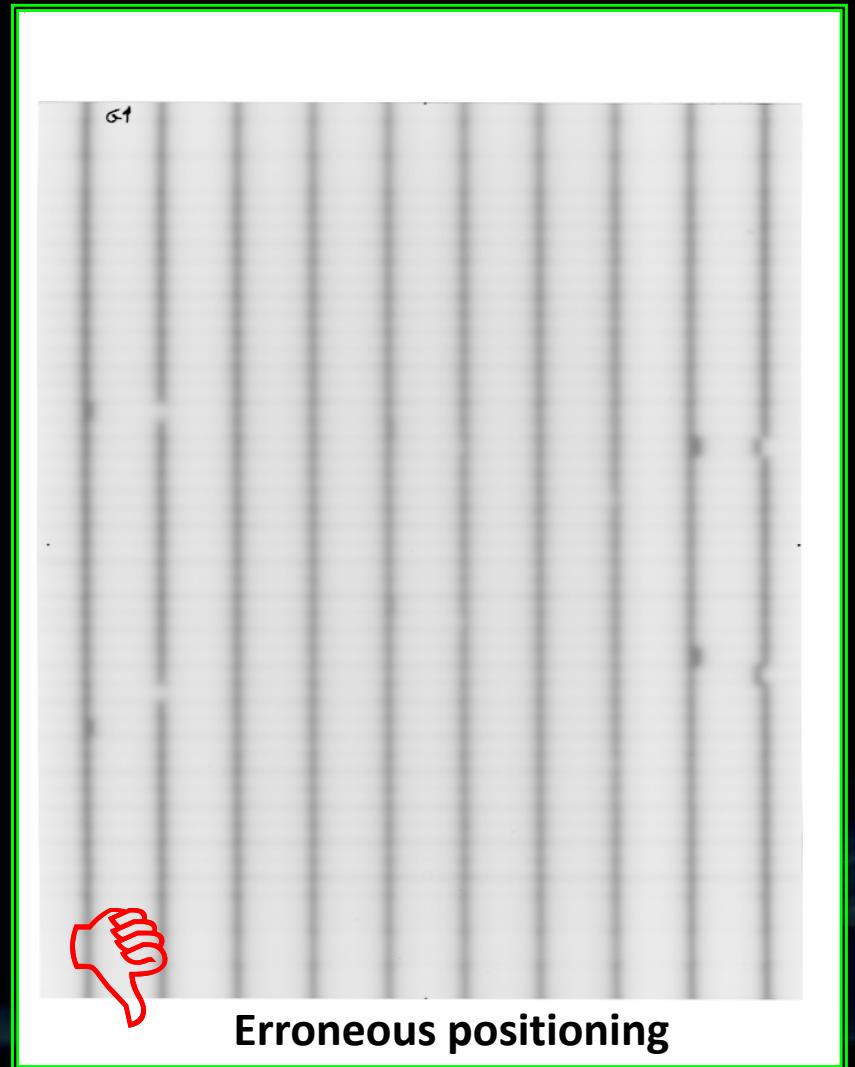
T. LoSasso et al, Med Phys (28), 2001

Leaf positional accuracy

Qualitative analysis



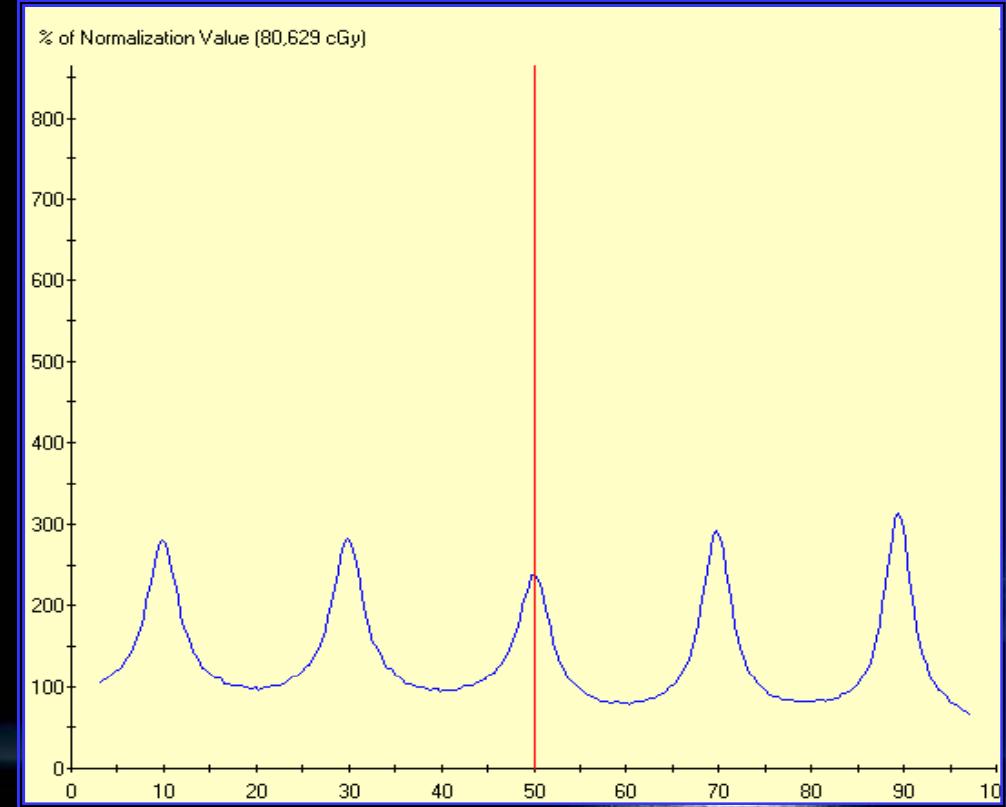
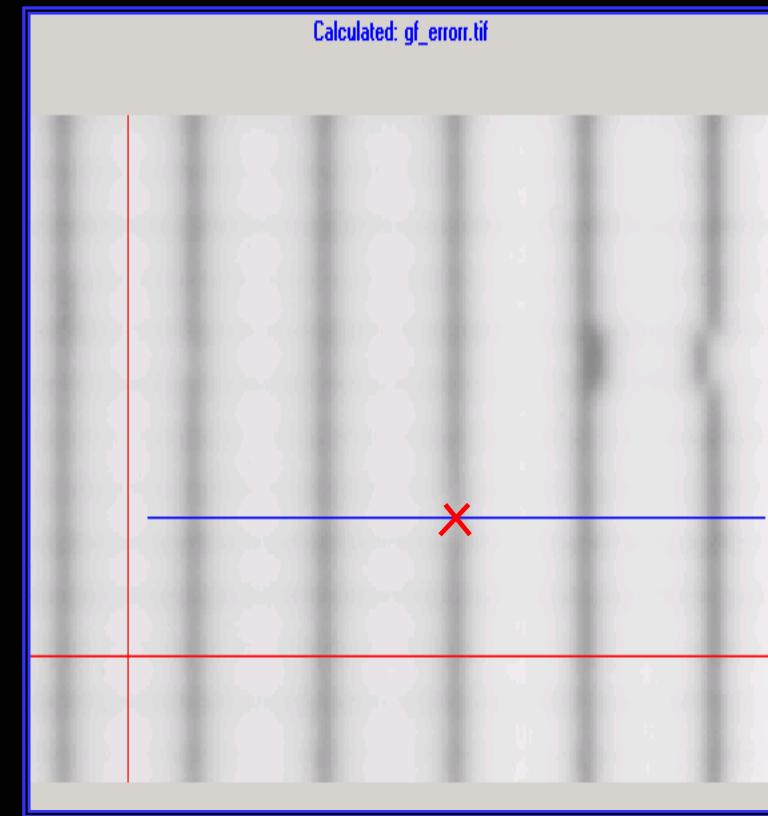
Correct positioning



Erroneous positioning

Leaf positional accuracy

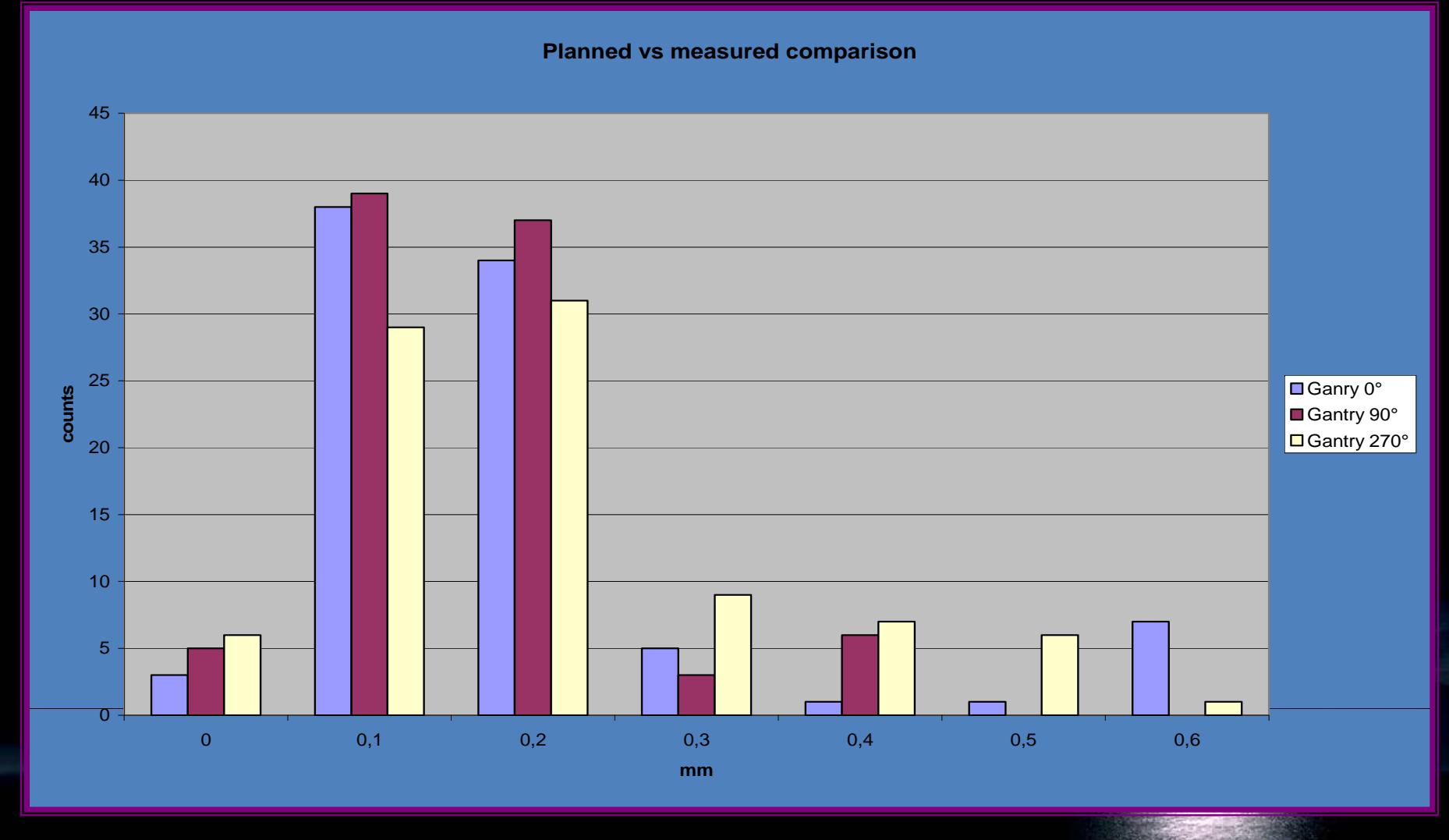
Quantitative analysis



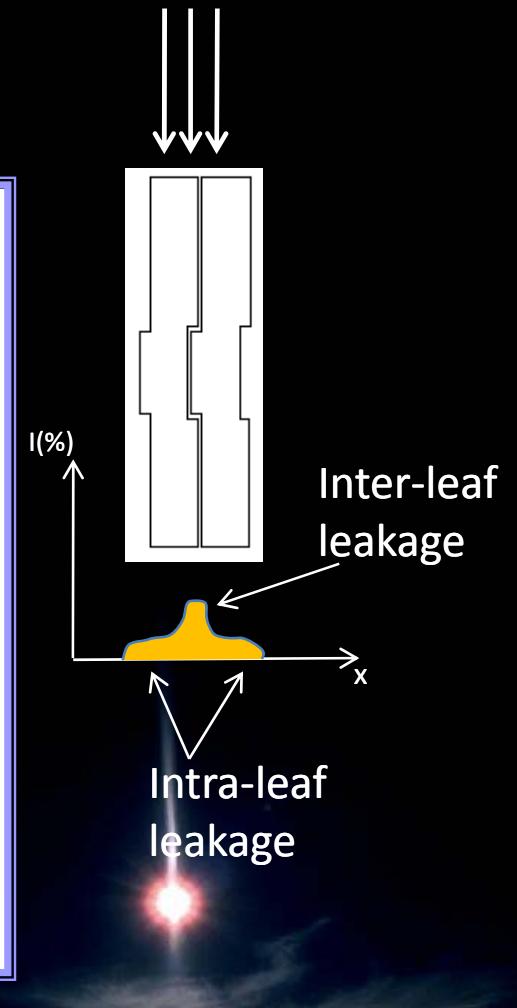
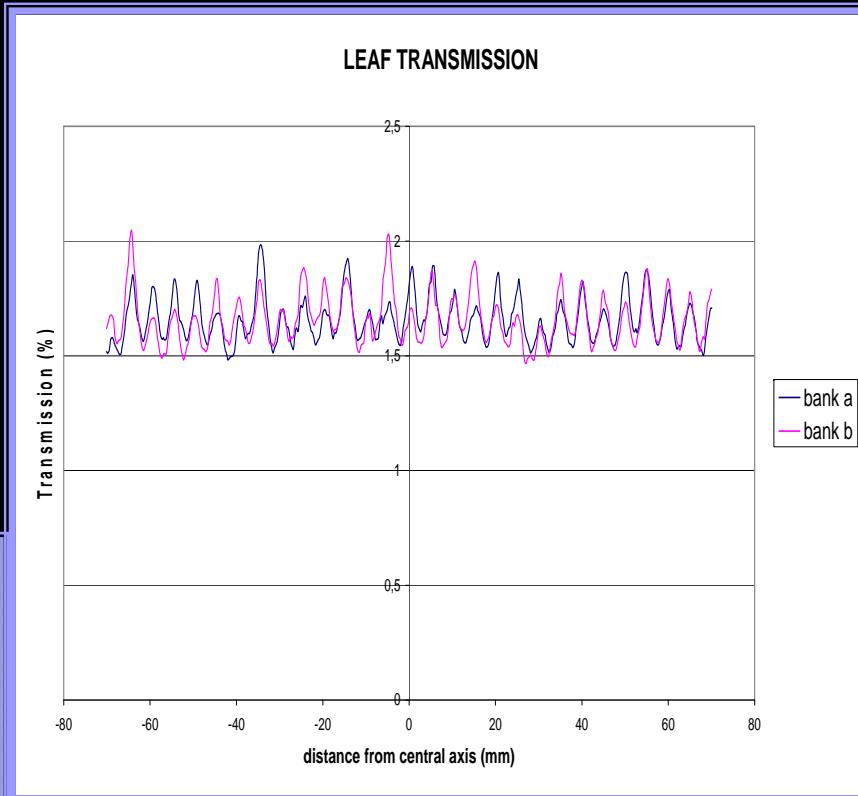
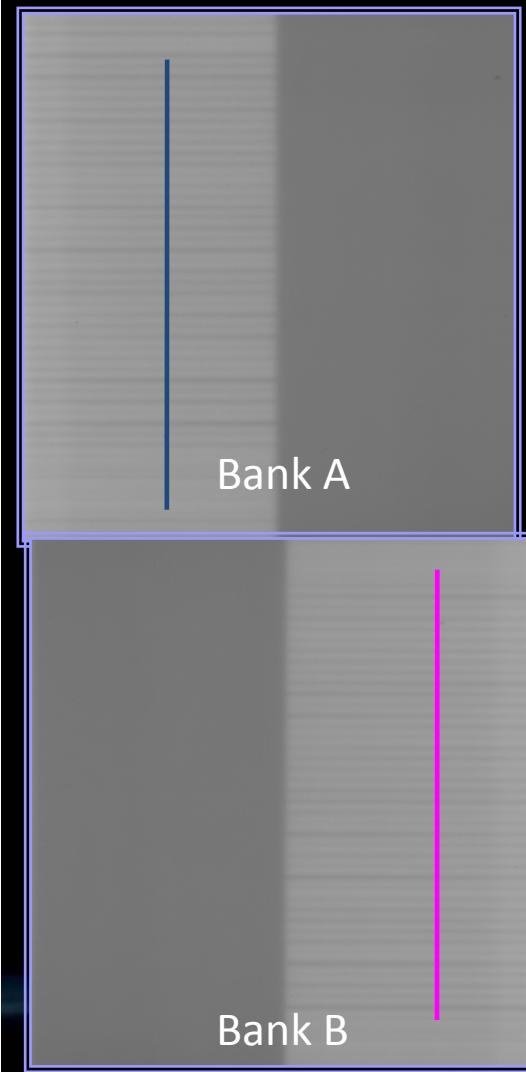
Leaf positional accuracy

Quantitative analysis :

Gravity effect

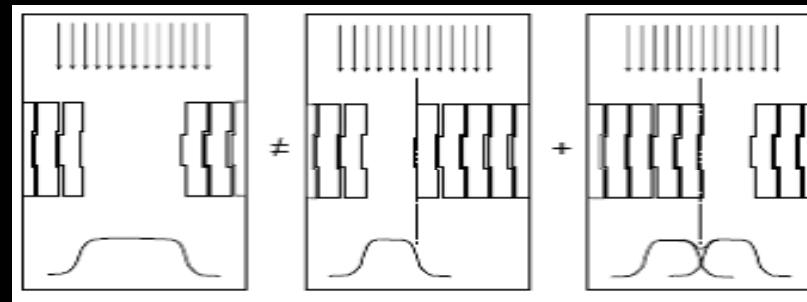


LEAF TF – film dosimetry

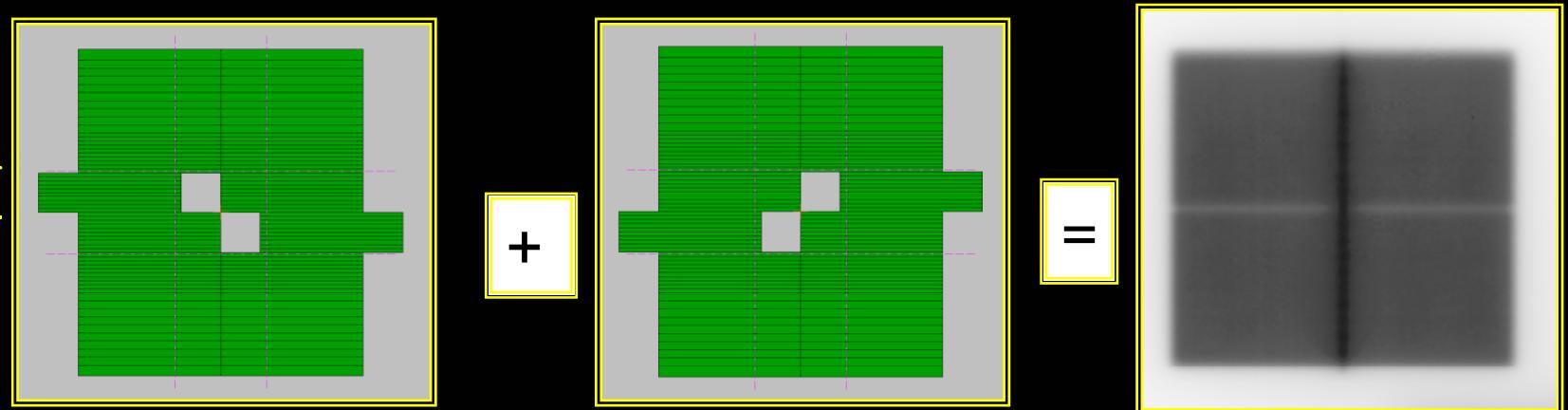


**Range LEAF TF: from 1.45 % to 2.05 %
Inter-leaf ca. 0,6 % greater
than intra-leaf TF**

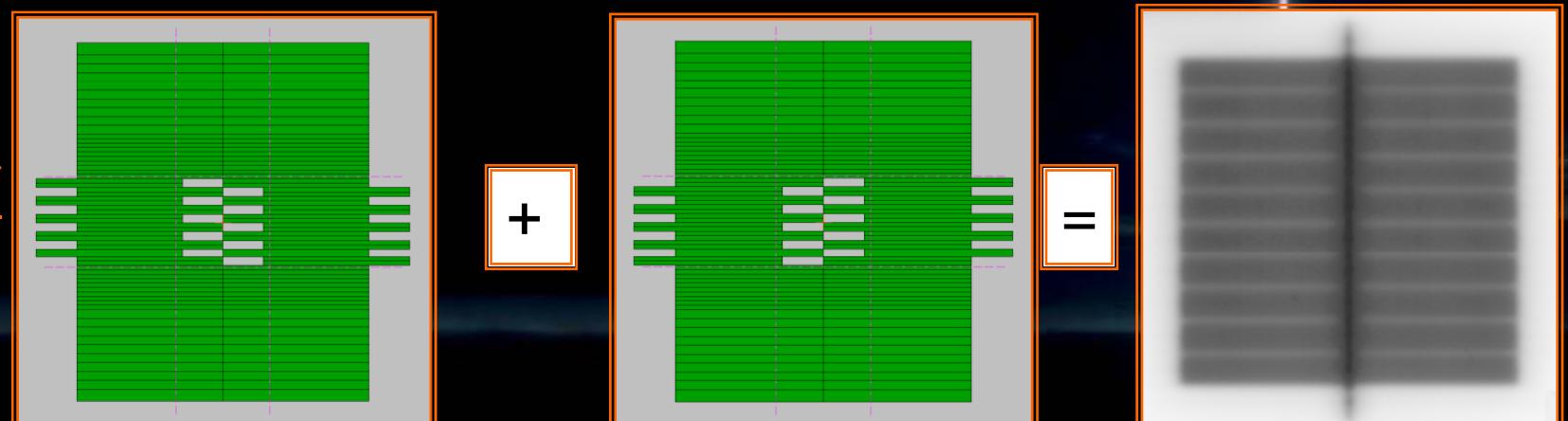
Tongue and groove effect



TEST
A

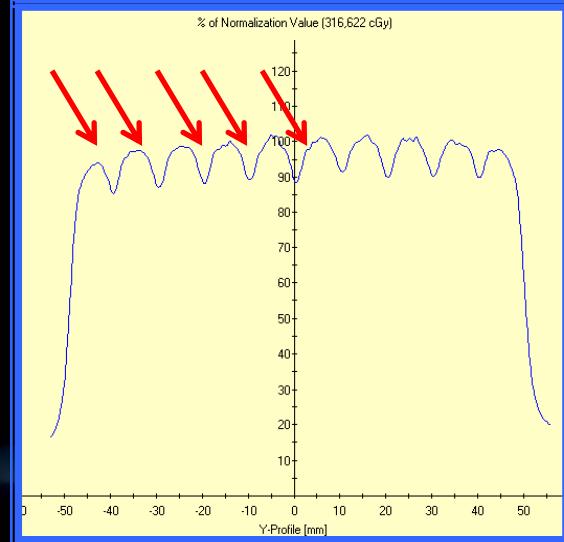
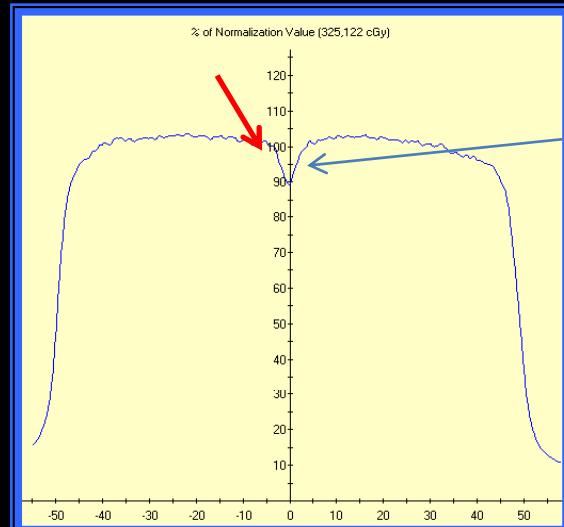
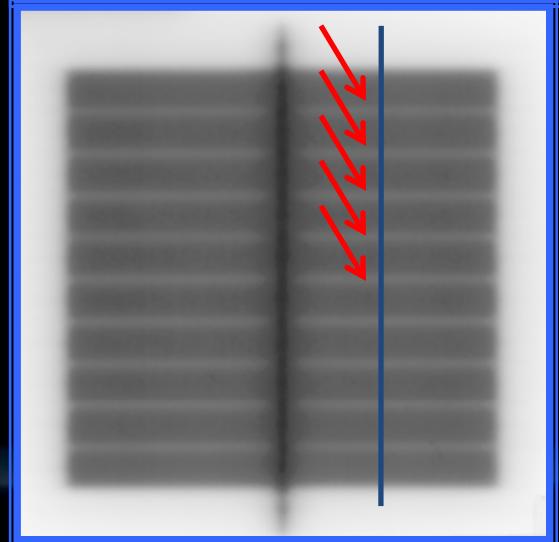
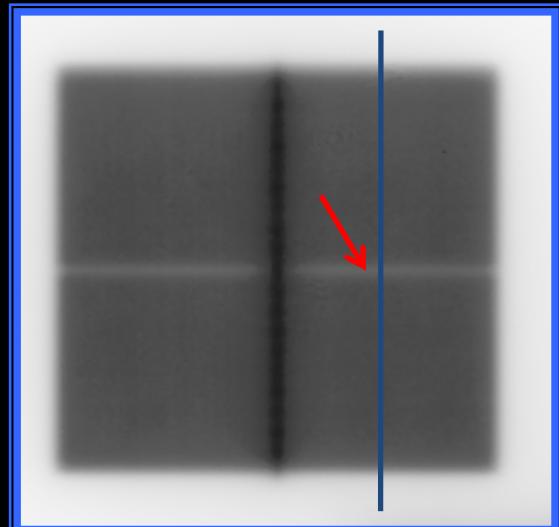


TEST
B



Tongue and groove effect

Results



Dose deficit:
12.5 %

| Position | Dose % | FWHM (mm) |
|----------|--------|-----------|
| 1 | 87,8 | 3,9 |
| 2 | 88,3 | 3,3 |
| 3 | 88,6 | 3 |
| 4 | 88,7 | 3 |
| 5 | 89,5 | 2,8 |
| 6 | 90,4 | 3 |
| 7 | 90,6 | 3,3 |
| 8 | 90,5 | 3,3 |
| 9 | 90,5 | 3,8 |

Leaf speed accuracy

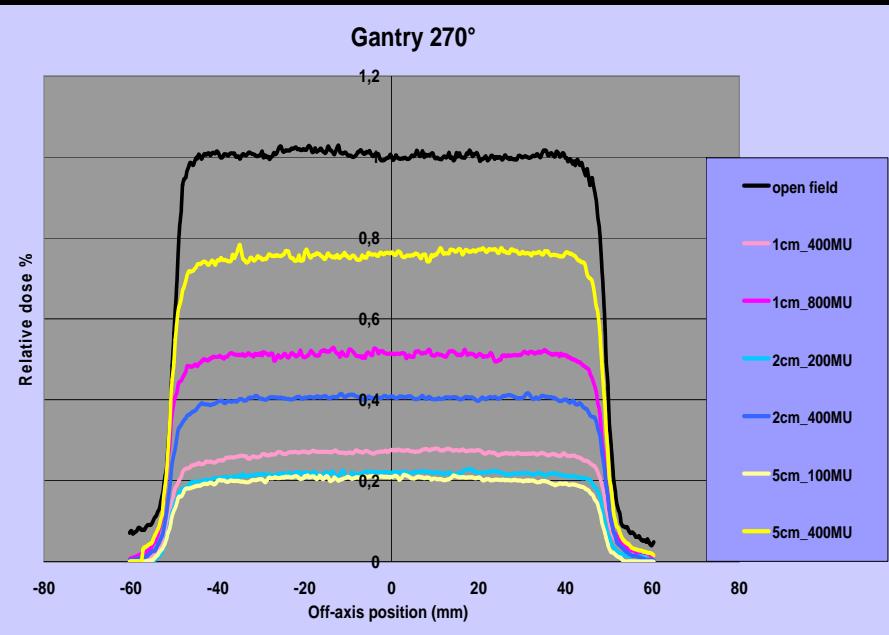
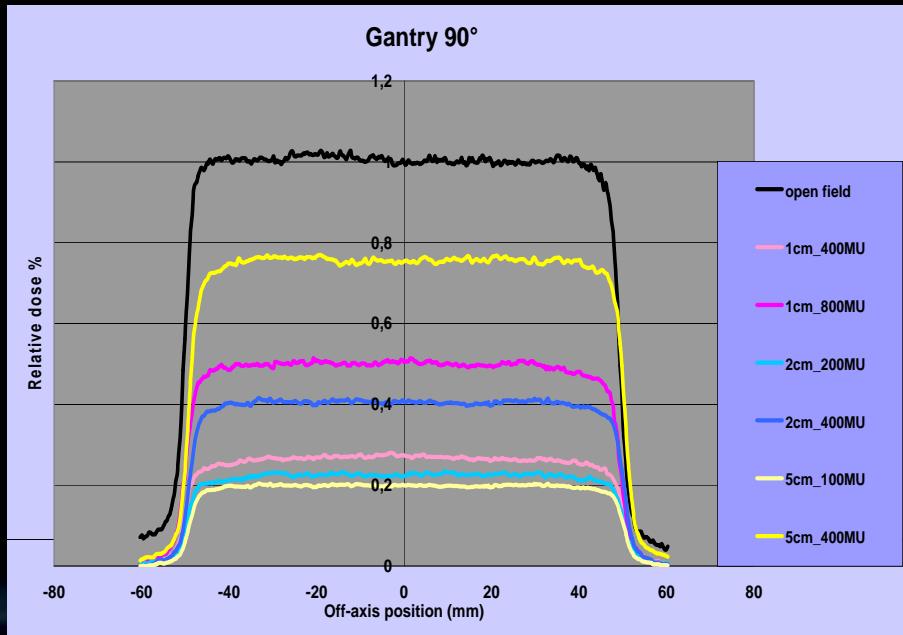
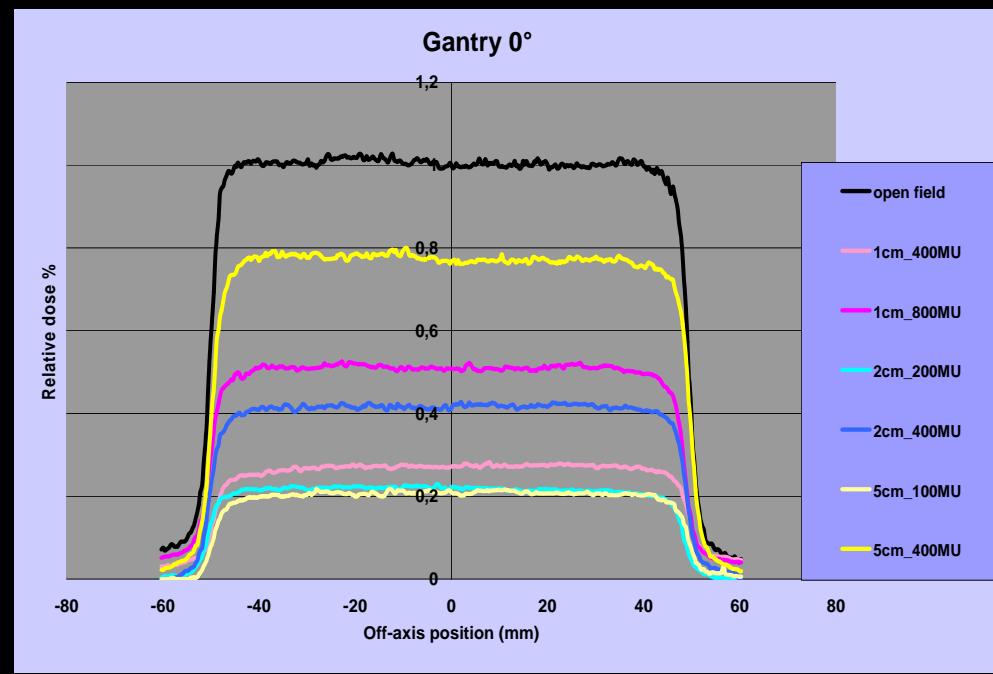
$$\text{Leaf speed (cm/s)} = \frac{\text{Segment leaf travel (cm)} \cdot \text{Dose rate (MU/s)}}{\text{Segment MU fraction} \cdot \text{Total MU}}$$

Three sweeping MLC fields across the field ($10 \times 10 \text{ cm}^2$) with constant gap but different in size were examined:

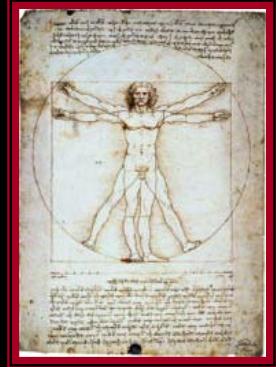
| Gap width (cm) | MU fraction | Total MU | Leaf speed |
|-------------------|-------------|----------|------------|
| | | | (cm/s) |
| 1 | 0,0909 | 400 | 0,14 |
| | | 800 | 0,07 |
| 2 | 0,1666 | 200 | 0,30 |
| | | 400 | 0,15 |
| 5 | 0,3333 | 100 | 0,75 |
| | | 400 | 0,19 |

Sweeping gaps with constant speed should produce uniform fluence pattern (assumed that leaves are moving properly)



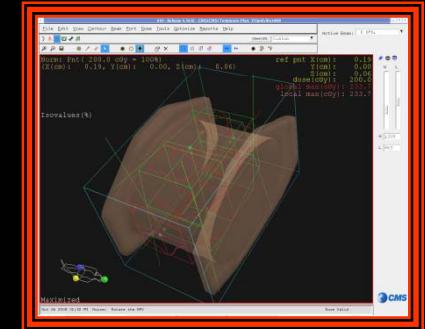


First clinical patient



- 74 anni
- Adenoca. T2c, Gleason 8 (4+4), PSA 28.2 ng/ml
- Iter terapeutico: irradiazione linfonodi pelvici + (prostata e vescichette) + prostata
- 45 Gy pelvi, 57 Gy p+v, 75 Gy prostata
- 6 ultime sedute IMRT su pelvi (10,8 Gy totali, 180 cGy/die)

Piano di trattamento



- Sette fasci coplanari
 - Angoli gantry

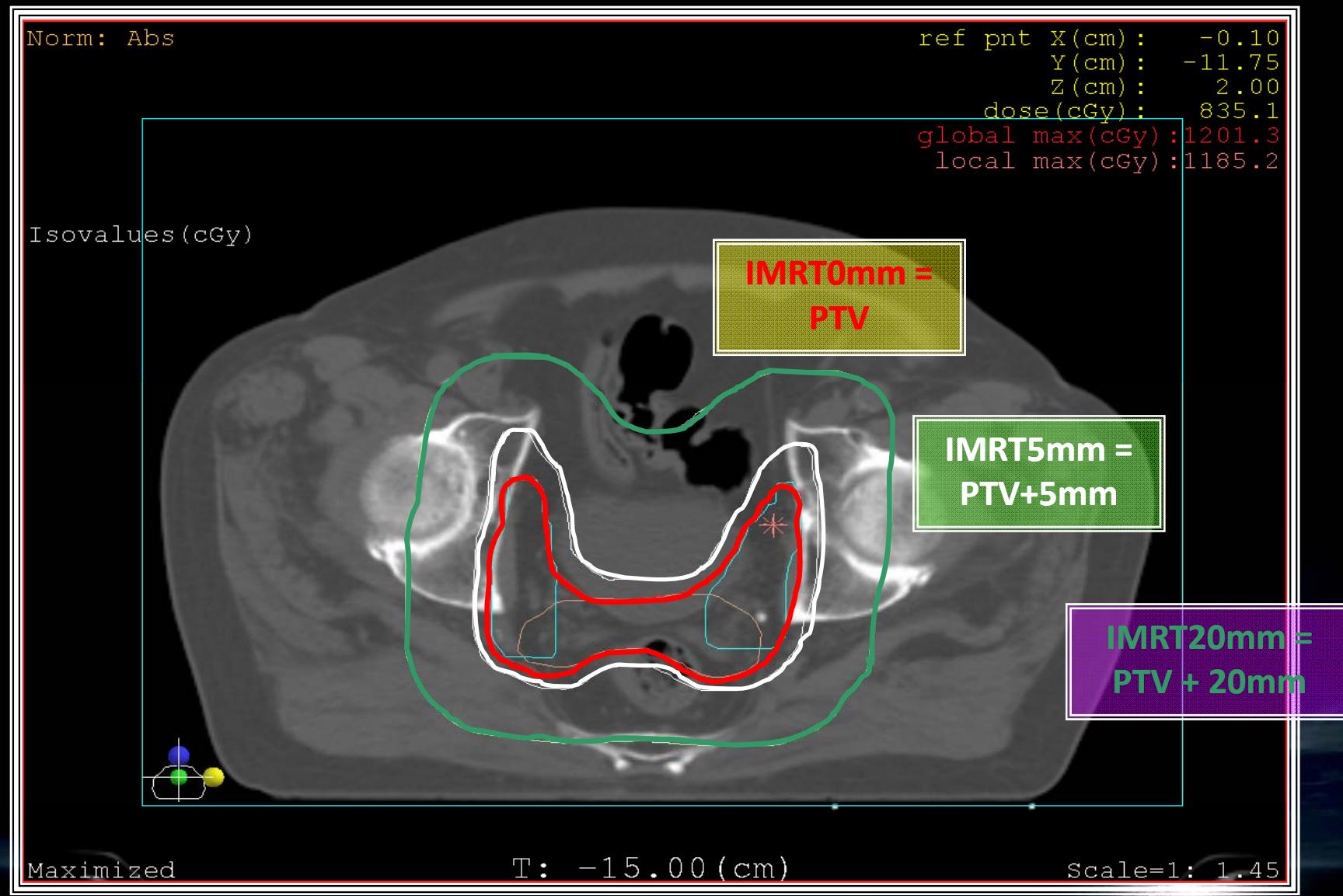
0° , 45° , 100° , 150° , 210° , 260° , 315°

- Collimatore 0°

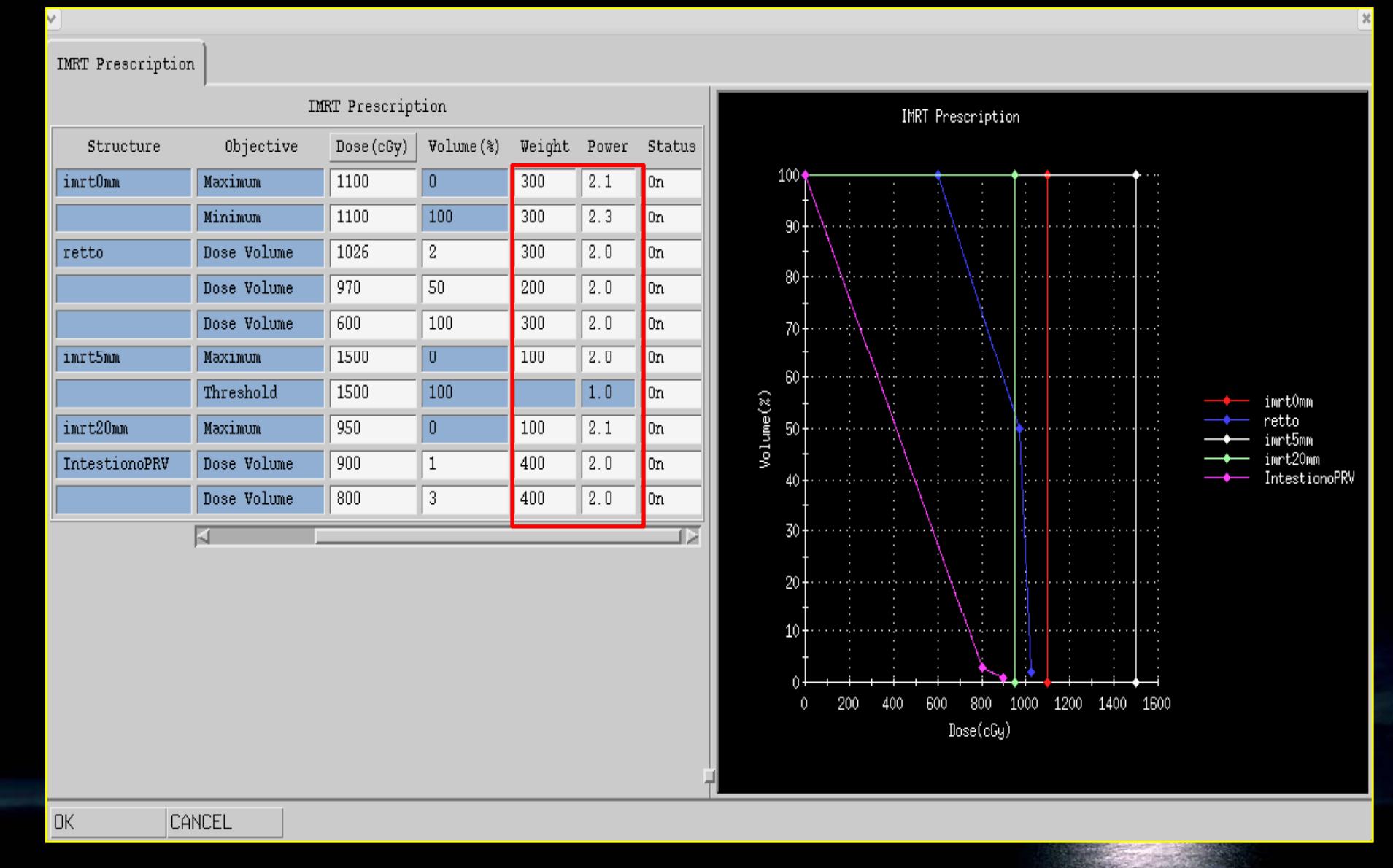
direzione di movimento lamelle parallelo piano
rotazione gantry

- Step and shoot modality
- Dimensione minima lato equivalente
segmento 2 cm
- 12 livelli di intensità

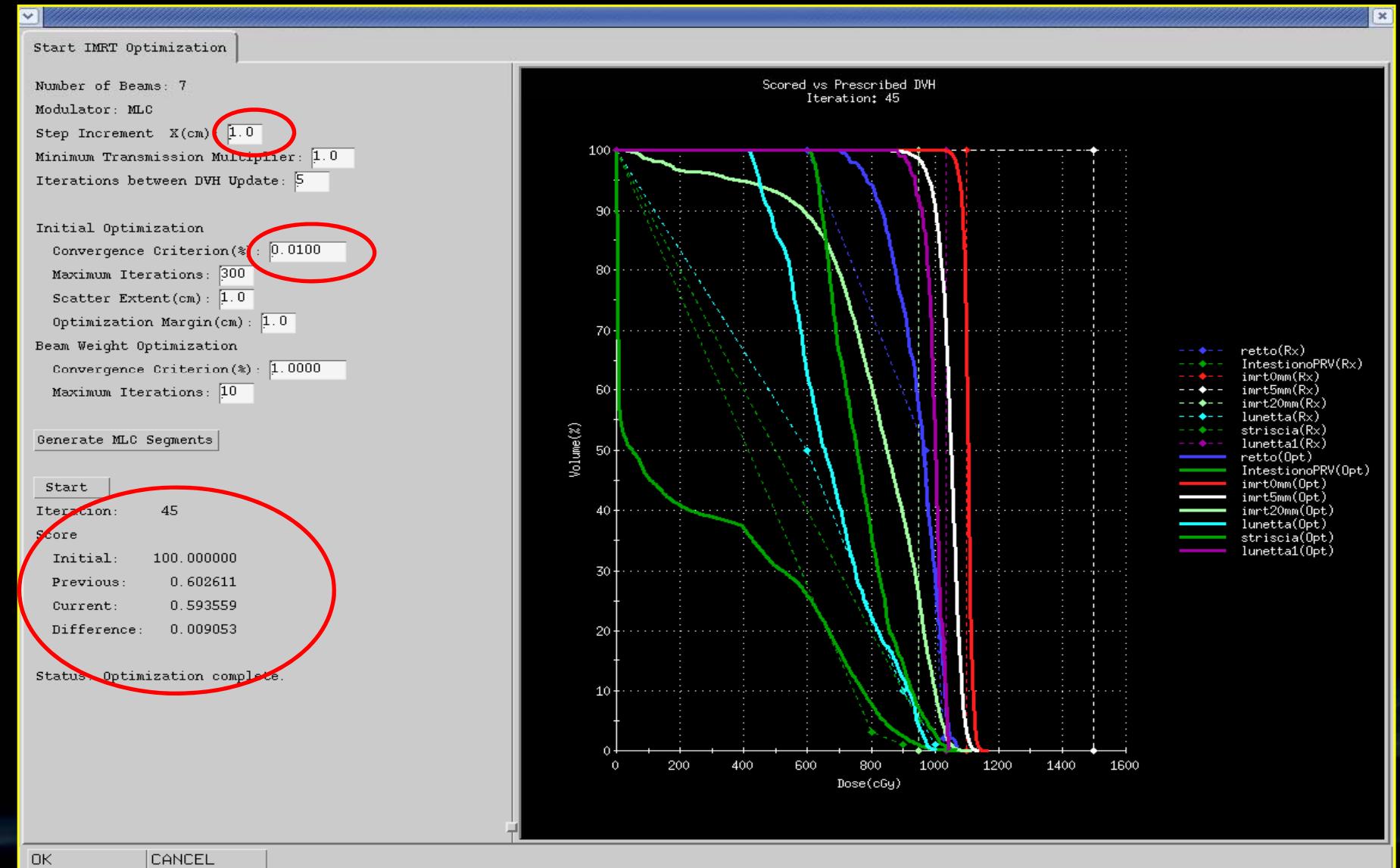
IMRT contouring



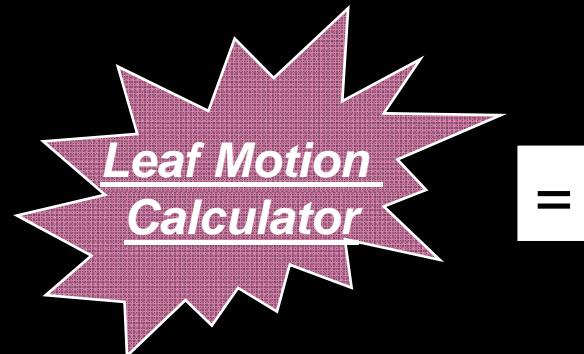
IMRT prescription



IMRT optimization



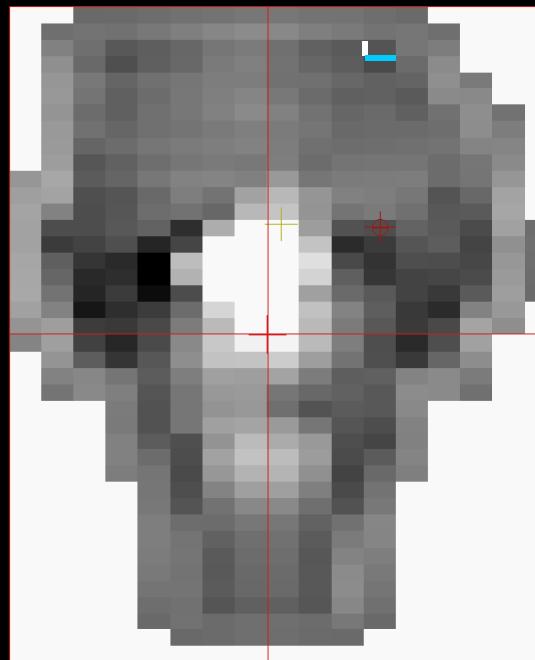
From optimal fluence to actual fluence



=

Calcolo delle traiettorie delle lamelle in funzione dei limiti fisici e meccanici

Optimal Fluence

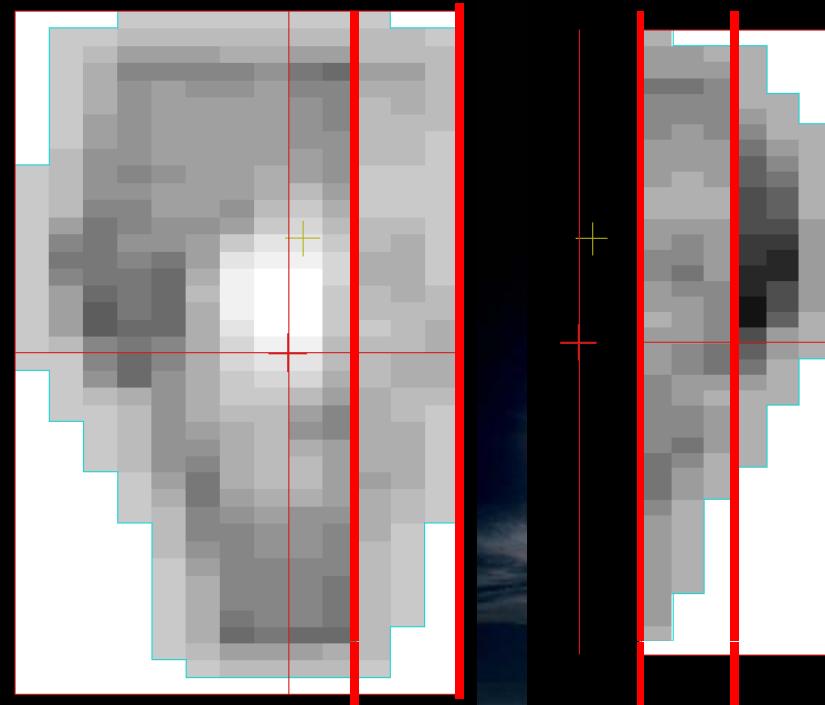


| Leaf width
— Step incr.



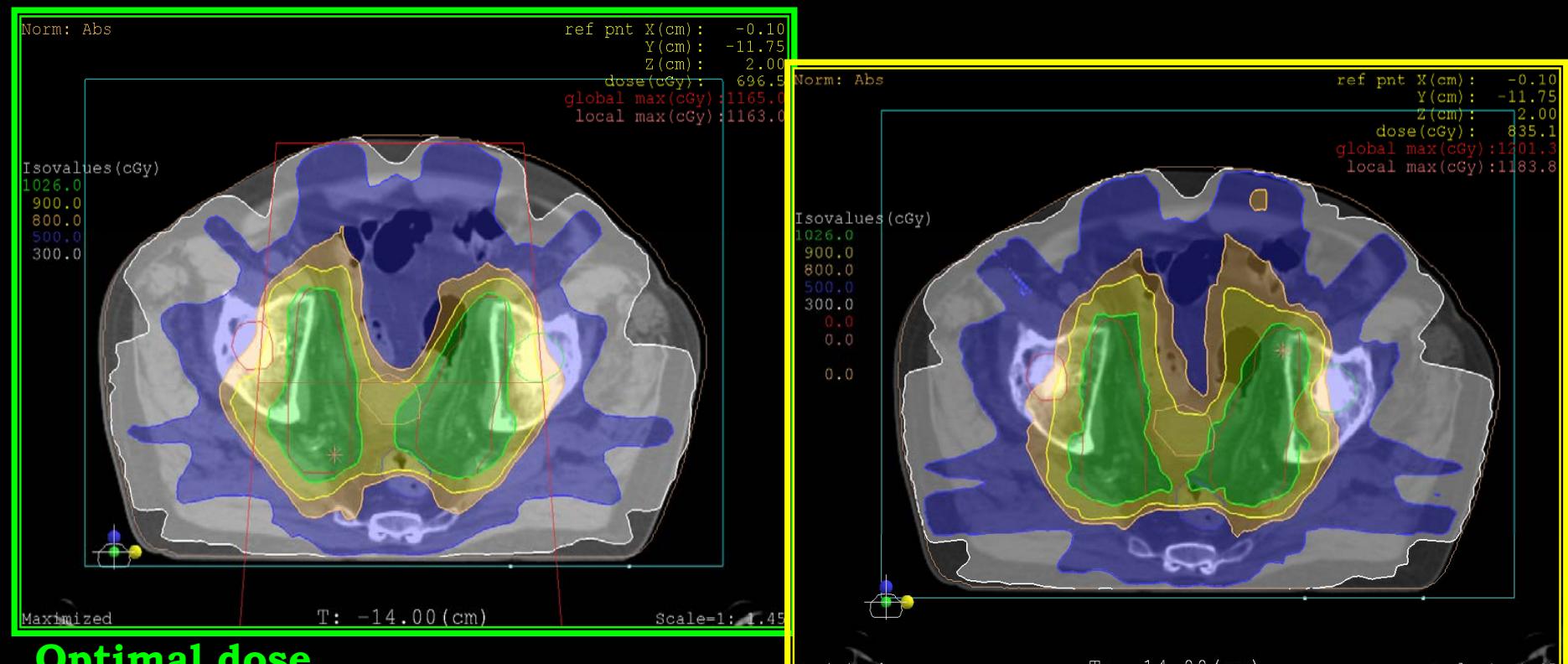
> 14,5 cm

Actual Fluence

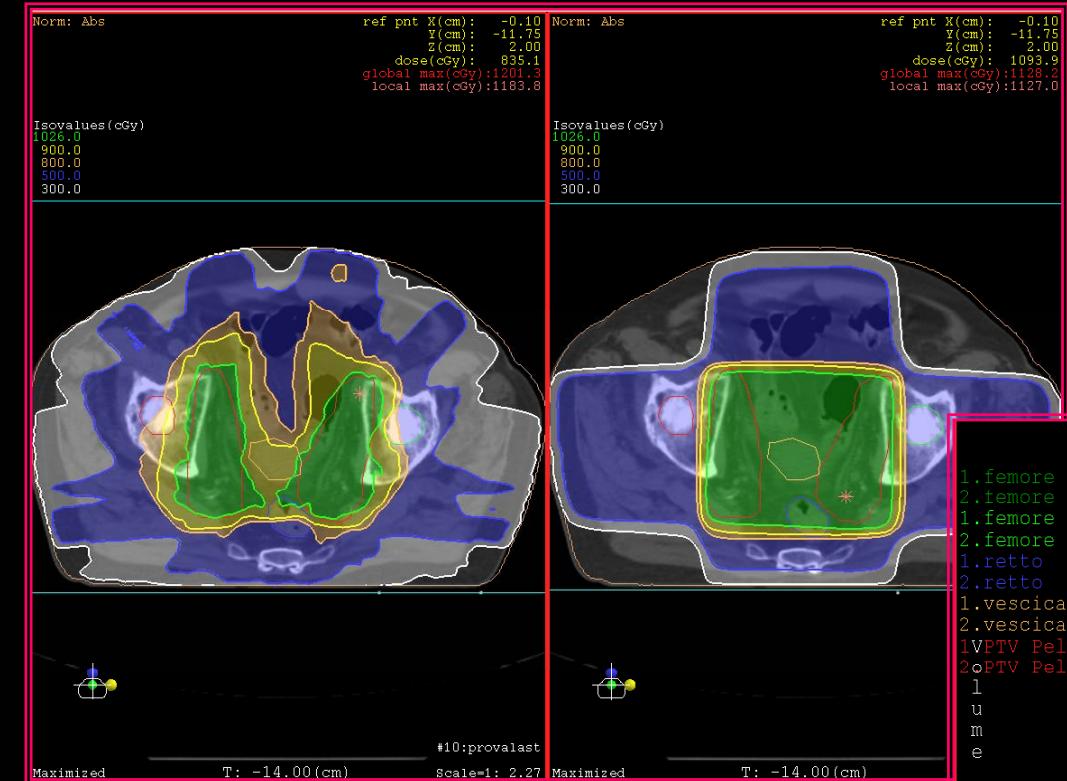


Overlapping area

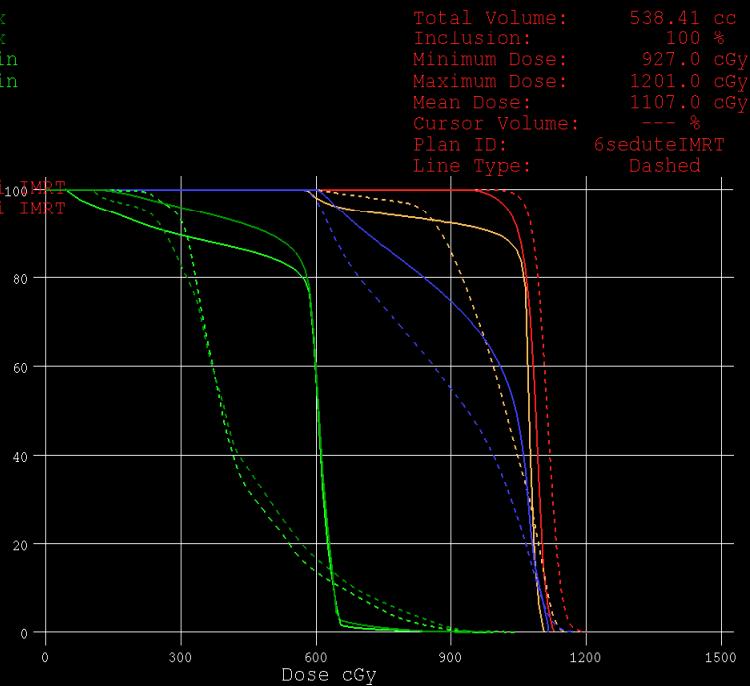
From optimal dose to delivered dose



IMRT vs 3D-CRT

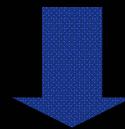


DVH: bigatti89887, ALESSANDR

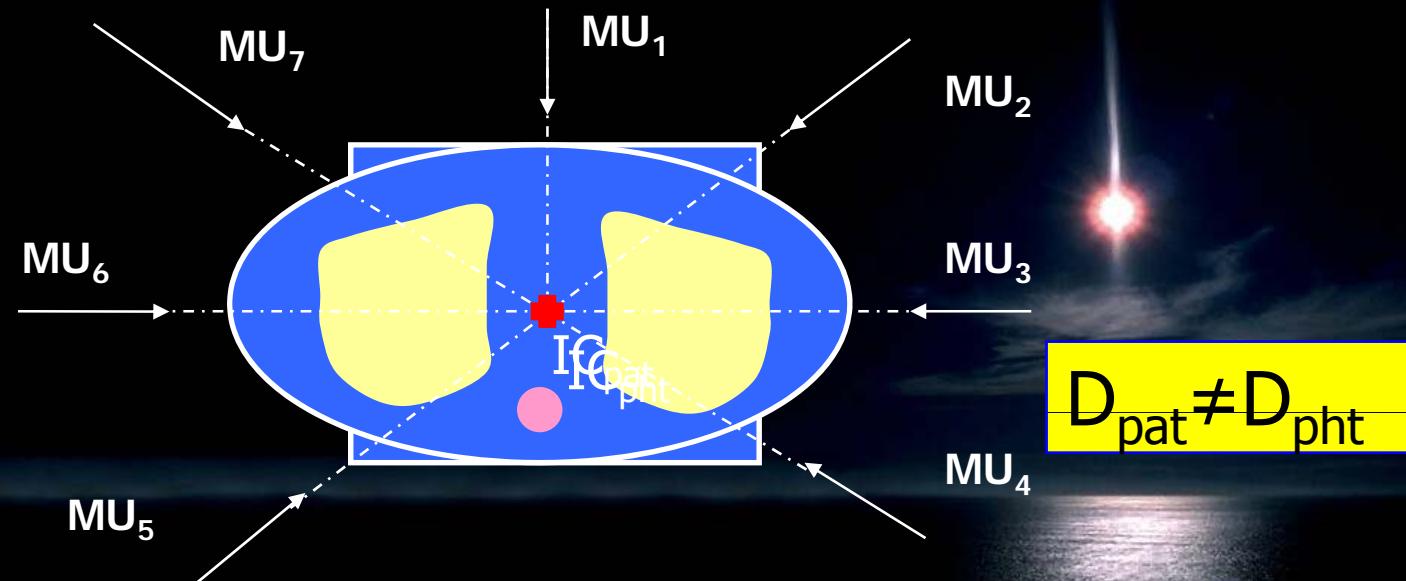


IMRT verification

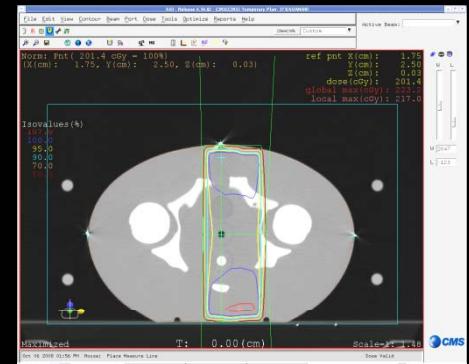
Due to high complex dose distribution delivered mostly delivered by treatment fields IMRT requires 2D dose map verification rather than canonical point dose check.



Concept of **verification plan**: treatment plan with its own geometric and dosimetric characteristics is moved to “an easy to verify” patient, a cubic phantom.



IMRT verification



- a) Misura di dose puntuale in fantoccio antropomorfo
- b) Misura mappe di dose con matrice di diodi (SunNuclear Mapcheck)
- c) Misura mappe di dose con pellicole radiocromiche (EBT)

Misura di dose puntuale

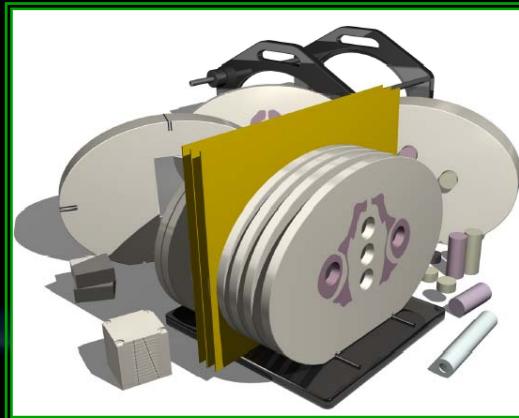
- Esecuzione dell'intero trattamento su fantoccio antropomorfo
 - Confronto dose misurata / dose calcolata

A) Microcamera a ionizzazione
(Scanditronix Wellhofer CC01)

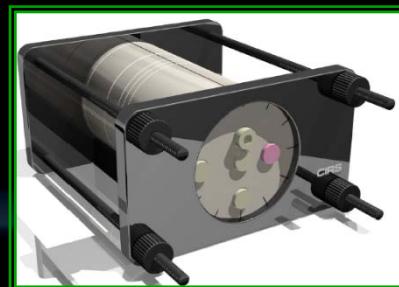
Dose_{diff} < 1,4%



B) Camera a ionizzazione Farmer



Dose_{diff} ~ 10 %

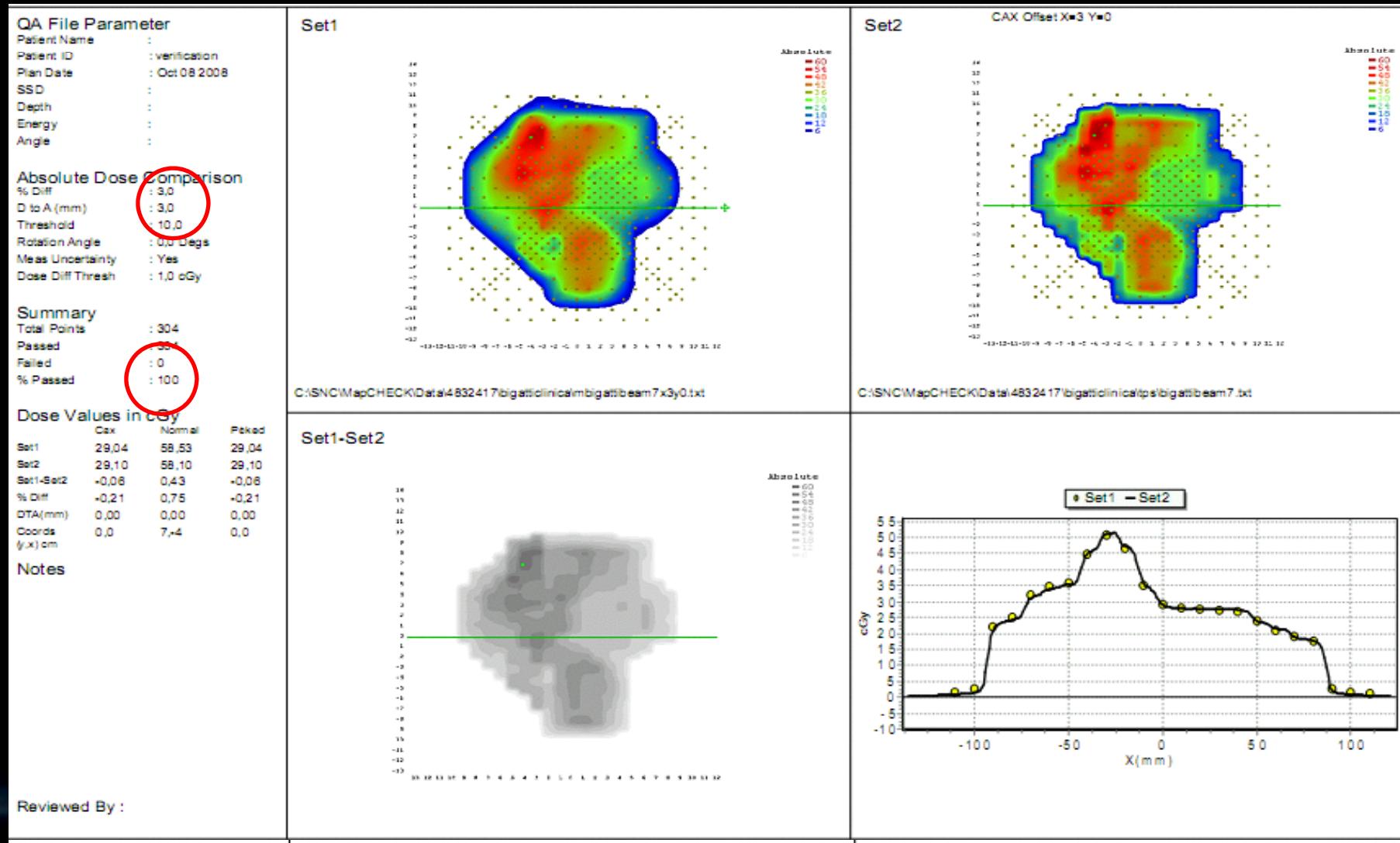


Misura mappe di dose - procedura

1. Posizionamento fasci di trattamento ad angolo
0° di gantry
2. Esecuzione piano di verifica su TPS
3. Esportazione mappe di dose a profondità di 5
cm per singolo fascio di trattamento
4. Misura della mappa di dose alla medesima
profondità
5. Confronto delle mappe (indice γ e profili)

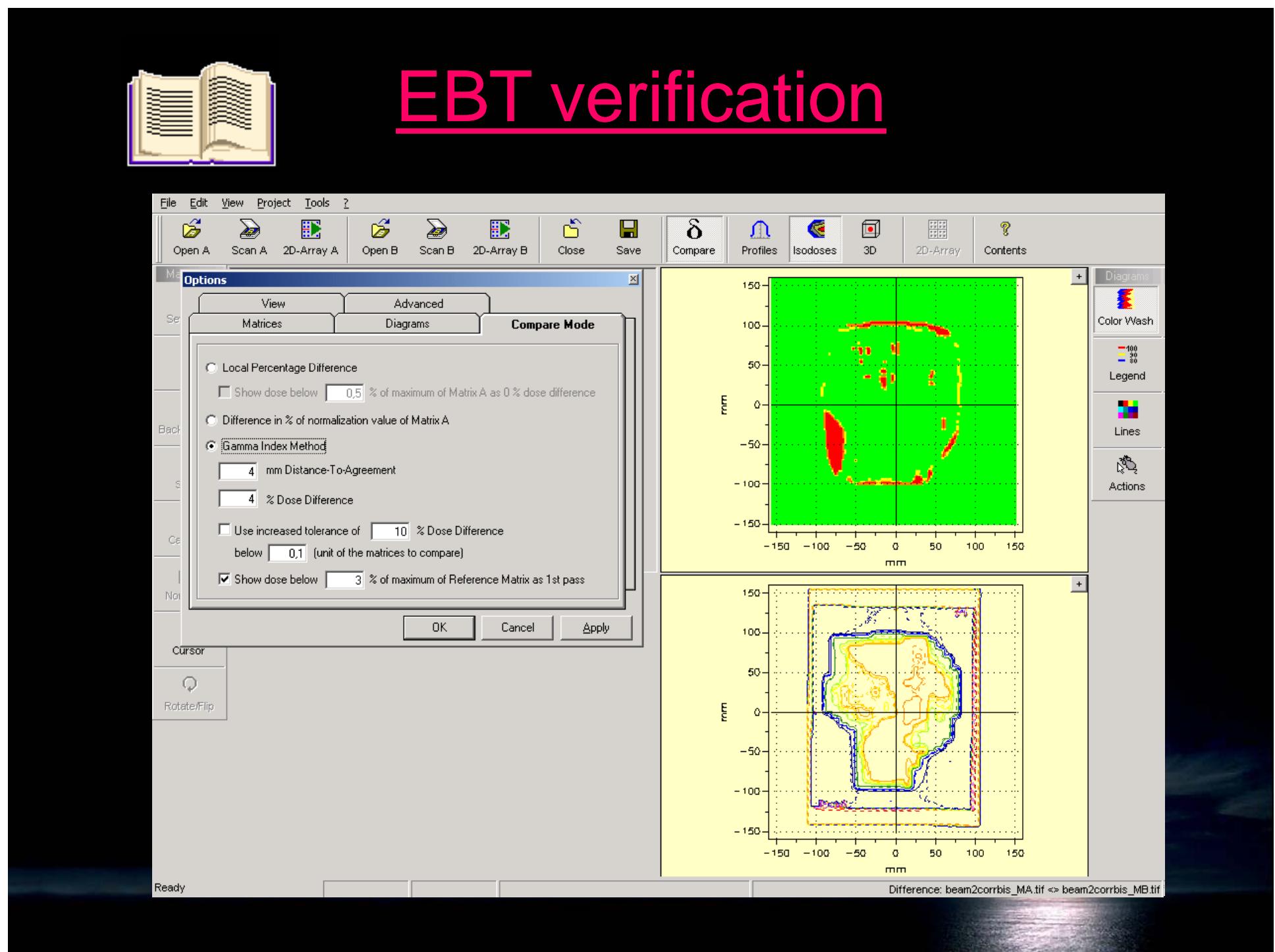


Mapcheck datasheet





EBT verification



Conclusioni



Lavoro complesso:
molto time-consuming per la Fisica Sanitaria!

Si ritengono indispensabili controlli ripetuti in tutte le fasi dell'implementazione e del commissioning.

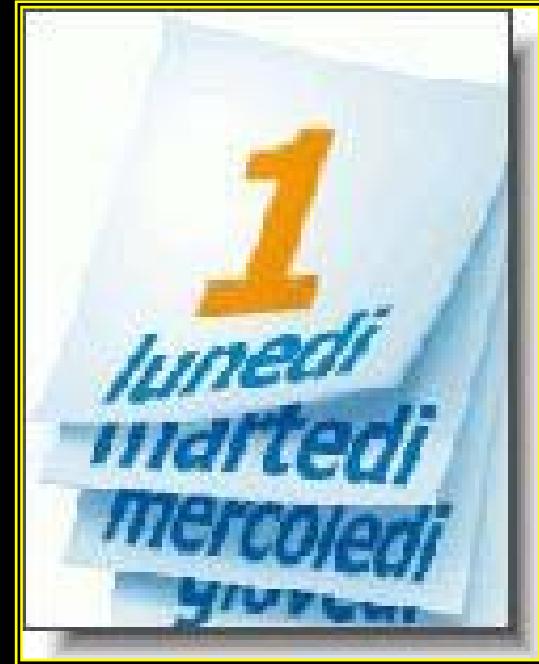
Necessaria la collaborazione e la partecipazione dell'équipe medica di Radioterapia sia nella stesura dei protocolli ("definizione accurata dei constraints") sia nella valutazione conclusiva del piano di trattamento.

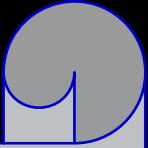


Futuro

IMRT della pelvi
e della prostata
per l'intero corso
del trattamento;

IMRT della
testa-collo.





😊 GRAZIE 😊

- Dott. **Nicola Poggi** e Ing. **Gabriele Rinaldi**
di TEMASinergie per il supporto e la disponibilità in questi mesi di lavoro
- Dott. **Emanuele Pignoli** dell'Istituto Nazionale Tumori di Milano per
l'amicizia mostrata e per gli innumerevoli preziosi consigli
- Dott. **Ugo Nastasi** del San Giovanni Antica Sede di Torino
per la strumentazione prestata.



E A VOI TUTTI.....



GRAZIE PER
L'ATTENZIONE!