

# Ion and proton radiography, from prototype to clinical application

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Department of Radiation Convergence Engineering, Yonsei University, Wonju, South-Korea

Heidelberg Ion Therapy Center, Germany

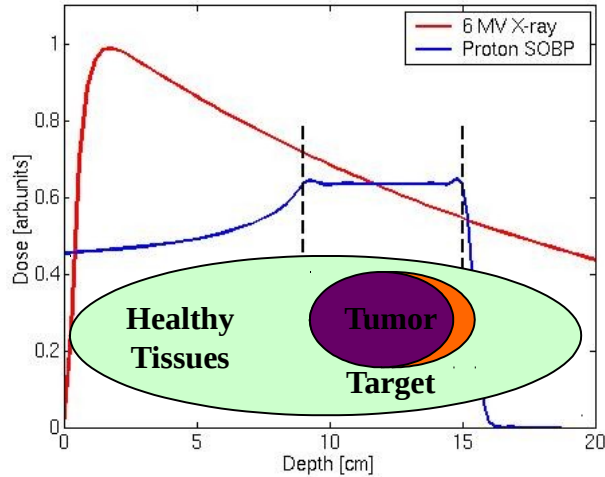
GSI Helmholtz Center for Heavy Ion Research, Darmstadt, Germany



# Rationale for ion therapy and range verification

## Present

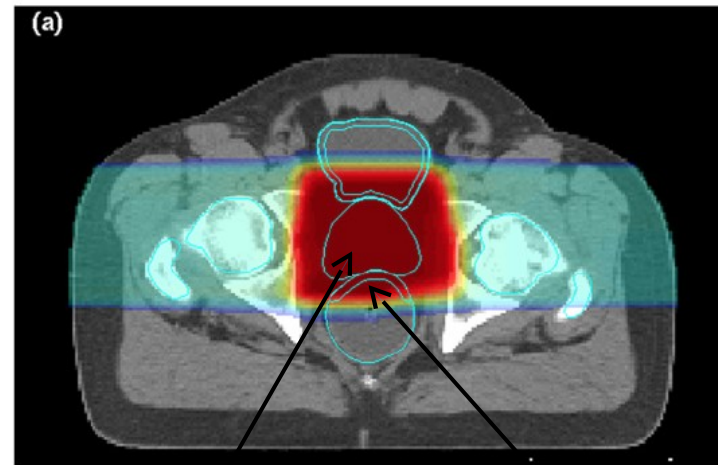
- Reduced integral dose (factor  $\sim 3$ )



*Paganetti AAPM 2012*

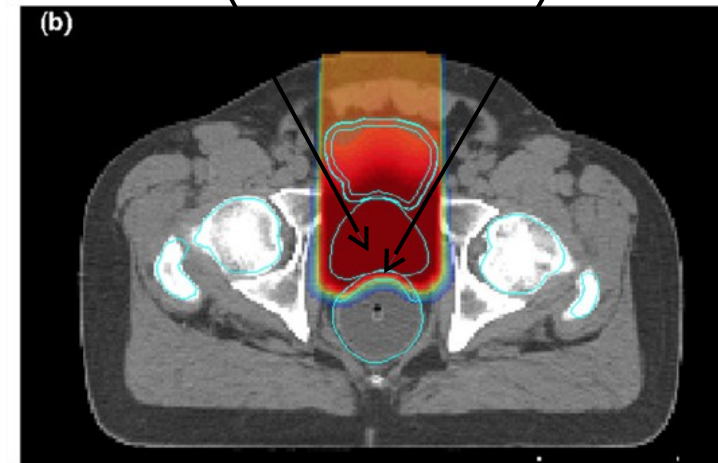
## Future

- Reduction of safety margins (dose escalations; higher cure rate)
- Use of new irradiation fields (use of sharp distal penumbra of Bragg-peaks)



Tumor volume

Organ at risk



*Tang et. al. Med.Phys. 2012*

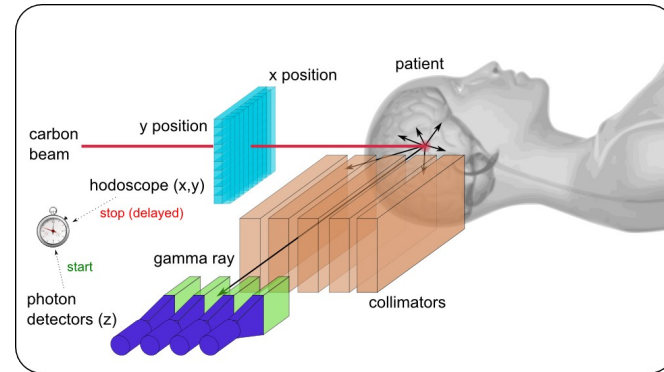
# How do we reduce range uncertainties?

- In-vivo range verification

**PET**

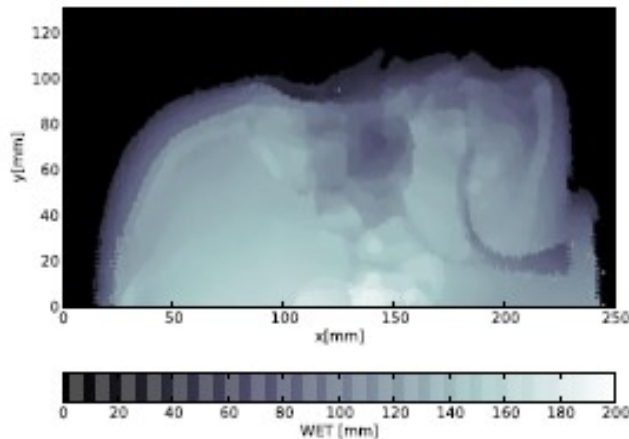


**Prompt gamma cameras**

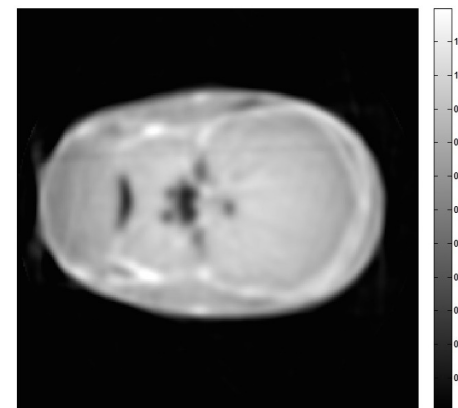


- Increasing accuracy in range prediction

**Ion radiography**



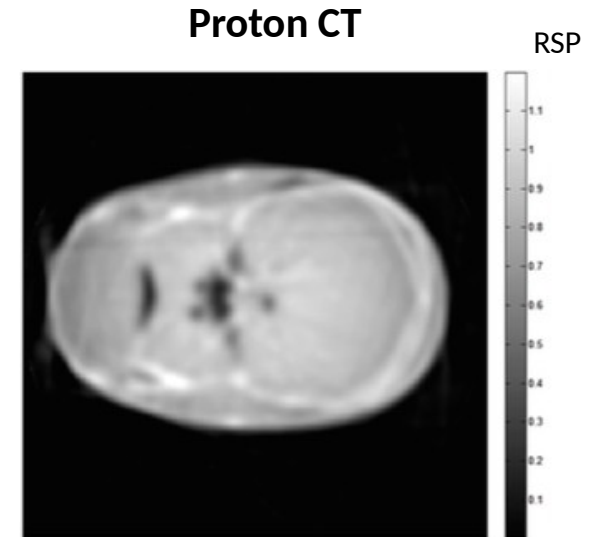
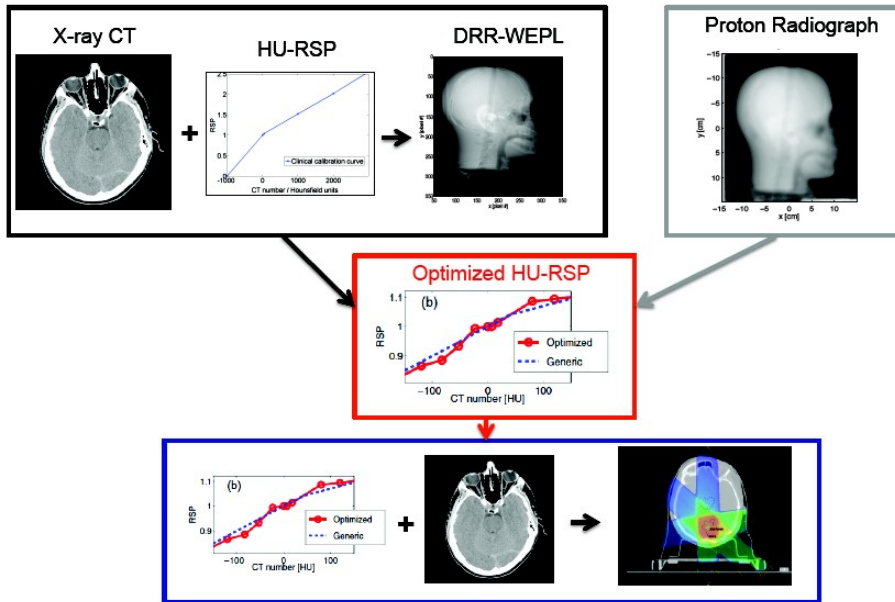
**Ion CT**



# Rationale of Proton Radiography

- Increasing the accuracy of range prediction in the patient by reducing the uncertainties in the conversion curve from HU to proton RSP ( $\sim 2\%$  range uncertainty in the patient).

Optimization of the HU-RSP based on the minimization of the difference between a proton radiograph and a DRR



Rinaldi PhD Thesis 2011

Doolan et.al. PMB 2015

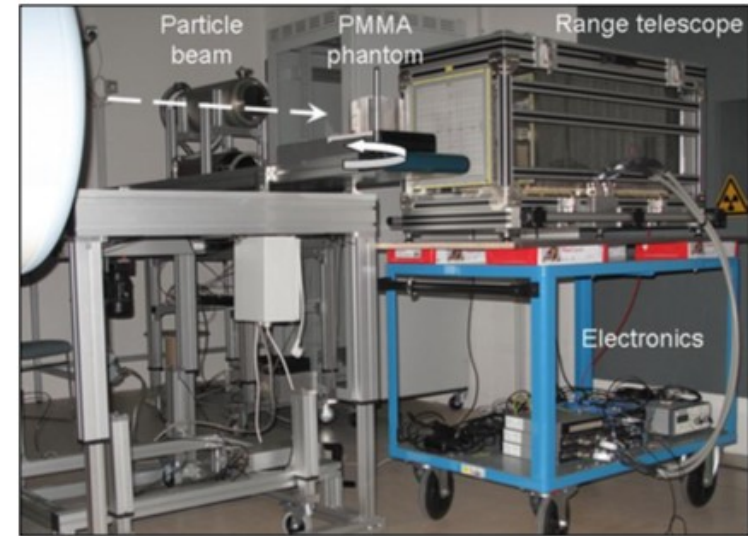
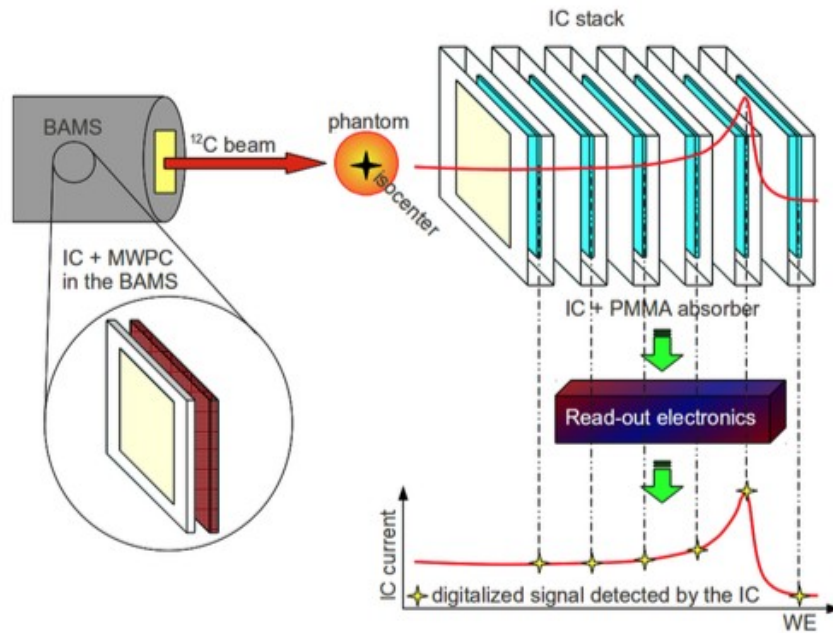
Rinaldi et.al. this AAPM

Main limitation of proton radiography: poor spatial resolution due proton scattering leading to inaccurate determination of water equivalent thickness (WET) values

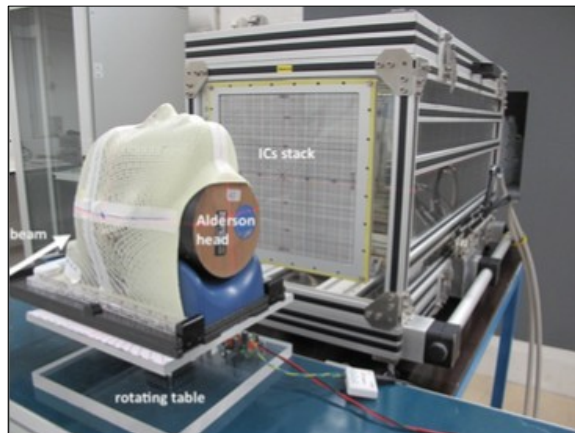
A potential solution: merging proton radiographs with x-ray radiographs (DRR)

# My previous work

# Experimental set-up



Rinaldi et.al. PMB 2013, 2014a, 2014b



## Technical characteristics:

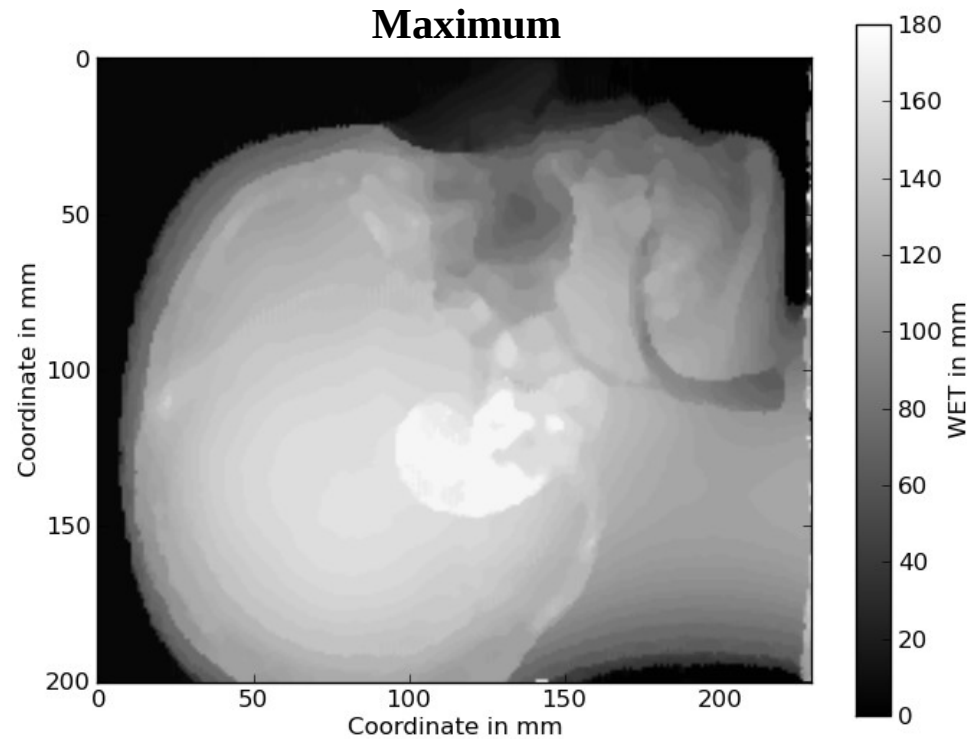
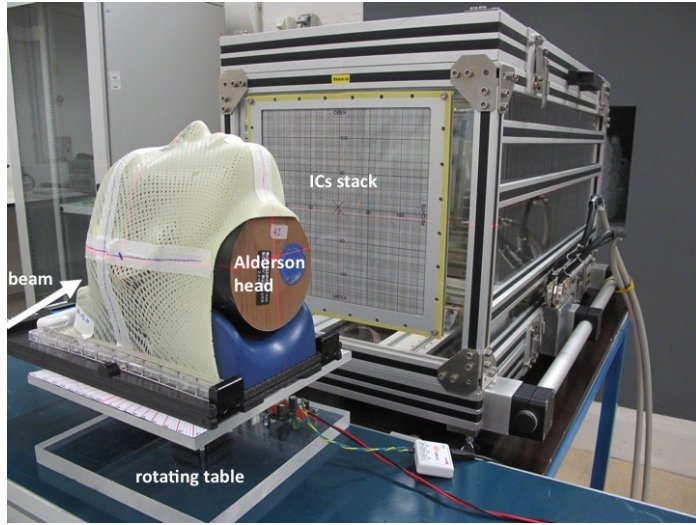
- 61 PPIC 30x30 cm<sup>2</sup>
- 3 mm PMMA absorber slabs (3 mm sampling of the BC)
- 2 modules of 32 channels + real time controller
- Active scanning beam delivery system providing transverse information for image reconstruction

# Results: Anthropomorphic Alderson head phantom

## Carbon ion

Energy 313.76 MeV/u

Spot size 3.8 mm FWHM



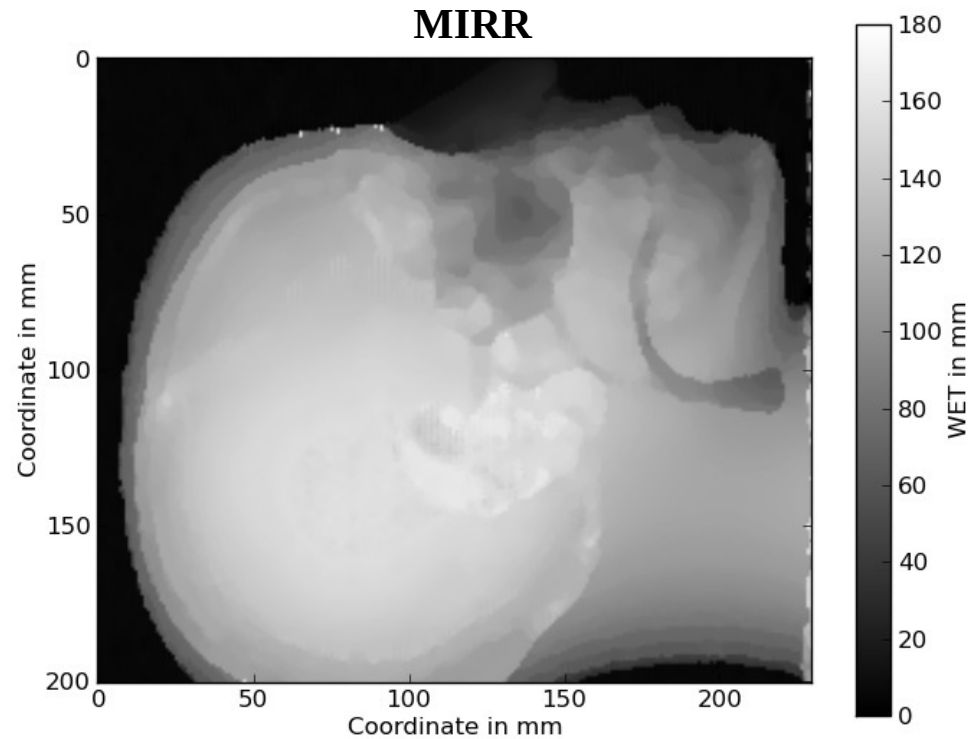
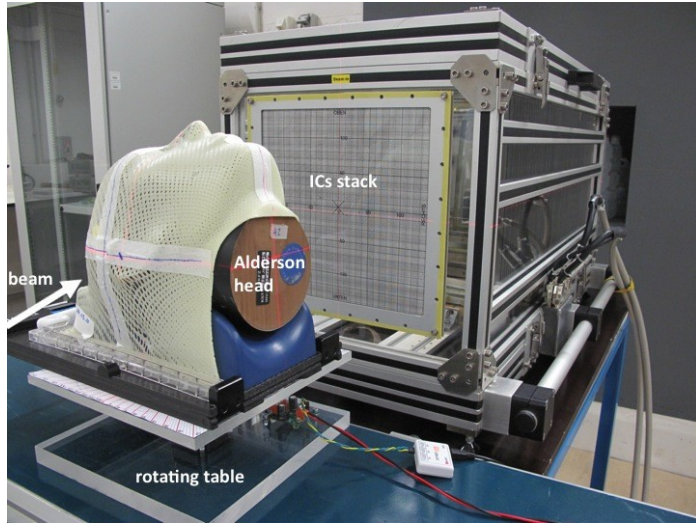
*Rinaldi et al., PMB 59 2014, 2015 in press*

# Results: Anthropomorphic Alderson head phantom

## Carbon ion

Energy 313.76 MeV/u

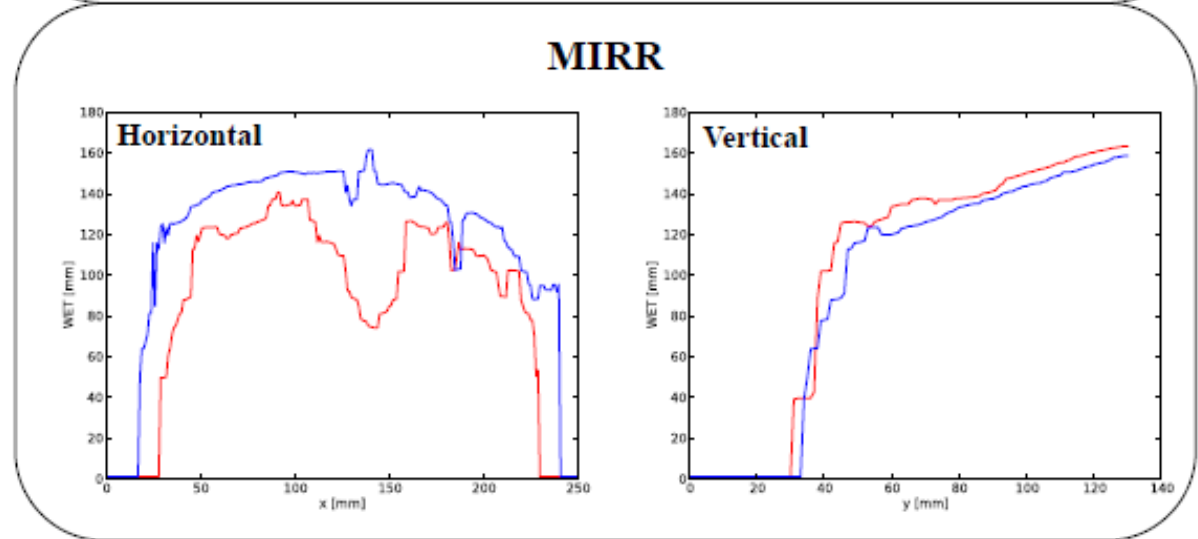
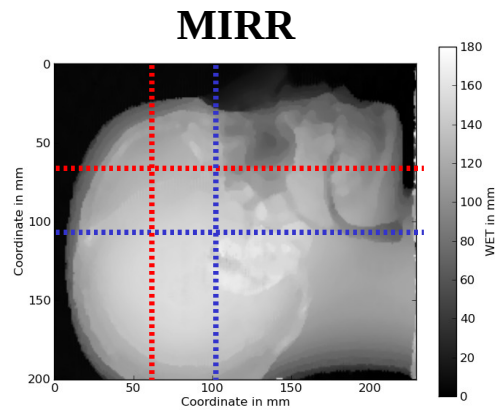
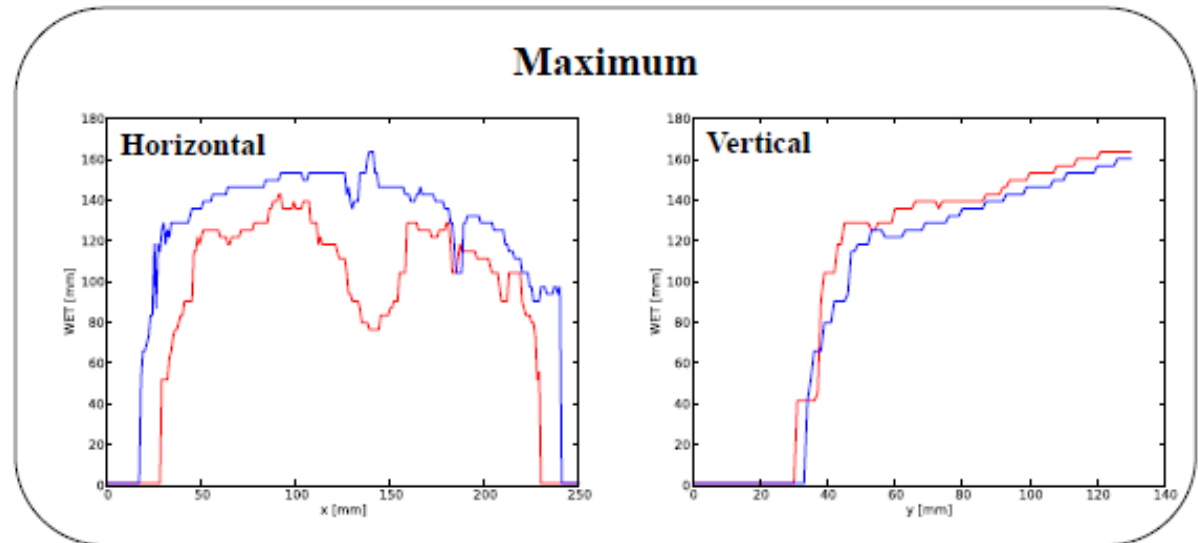
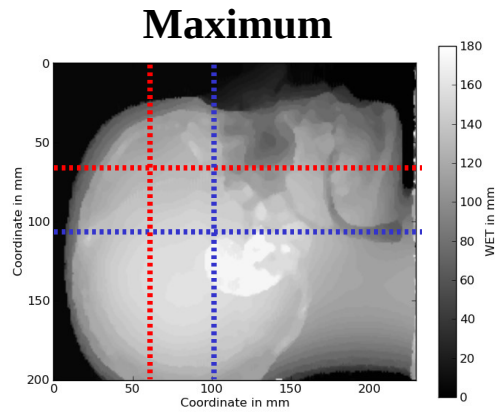
Spot size 3.8 mm FWHM



*Rinaldi et al., PMB 59 2014, 2015 in press*



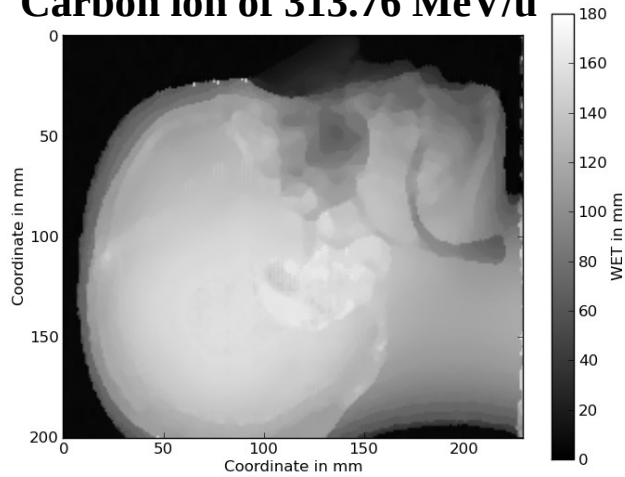
# Results: Anthropomorphic Alderson head phantom



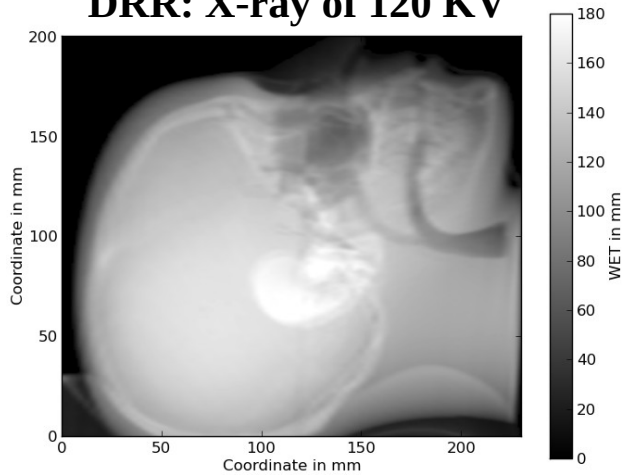
*Rinaldi et al., PMB 59 2014, 2015 in press*

# Results: Anthropomorphic Alderson head phantom

**Carbon ion of 313.76 MeV/u**



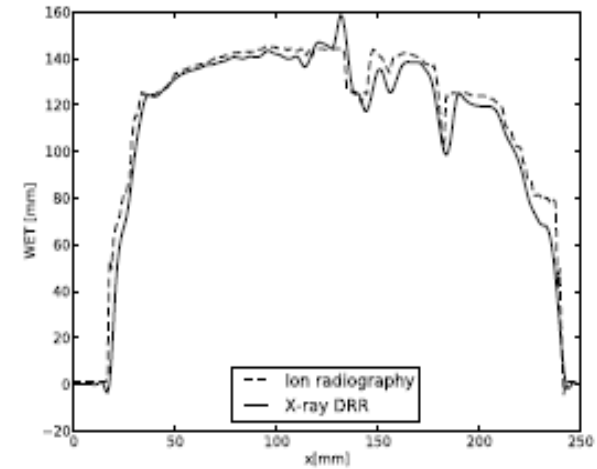
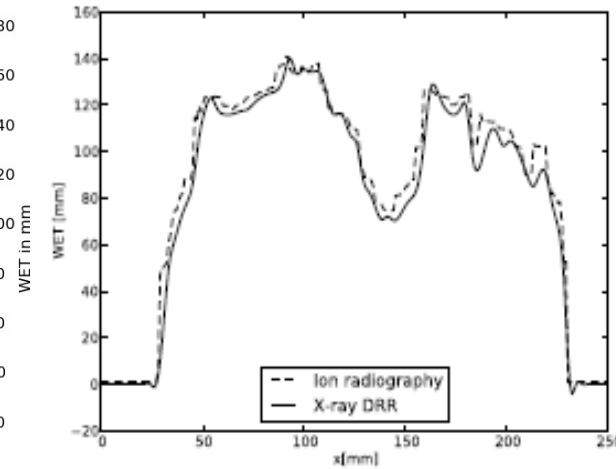
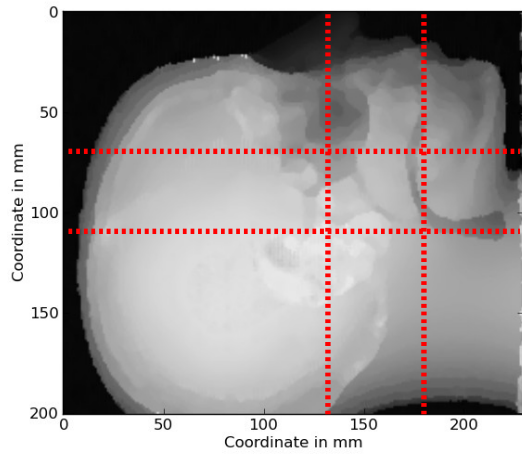
**DRR: X-ray of 120 KV**



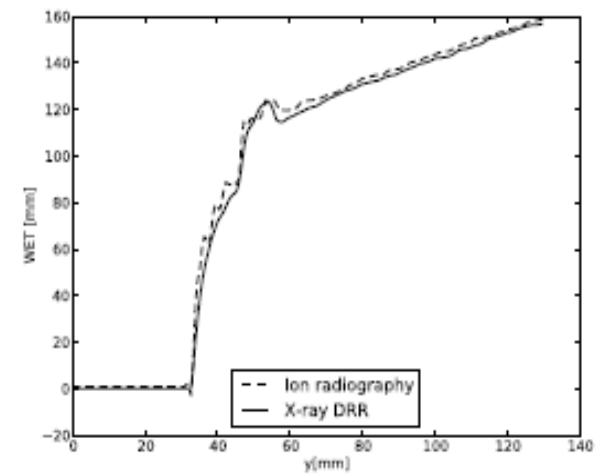
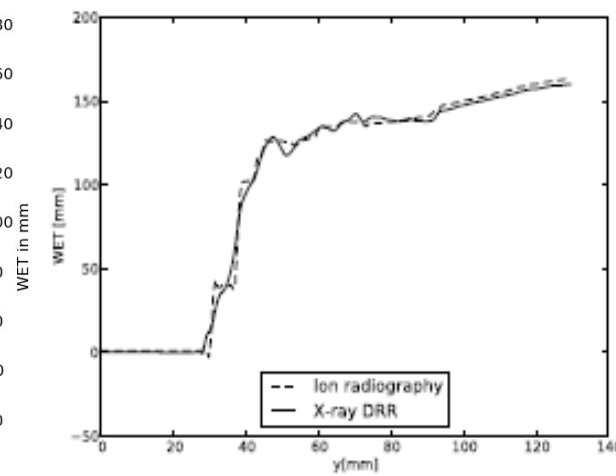
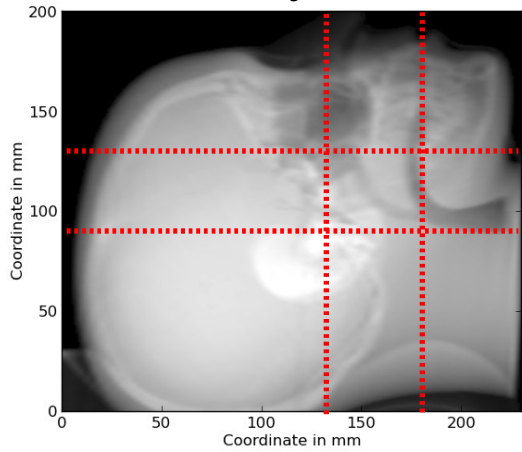
*Rinaldi et al., PMB 59 2014, 2015 in press*

# Results: Anthropomorphic Alderson head phantom

## Carbon ion of 313.76 MeV/u



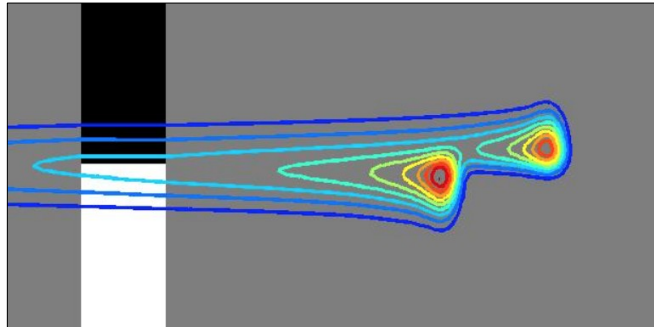
## DRR: X-ray of 120 KV



*Rinaldi et al., PMB 59 2014, 2015 in press*

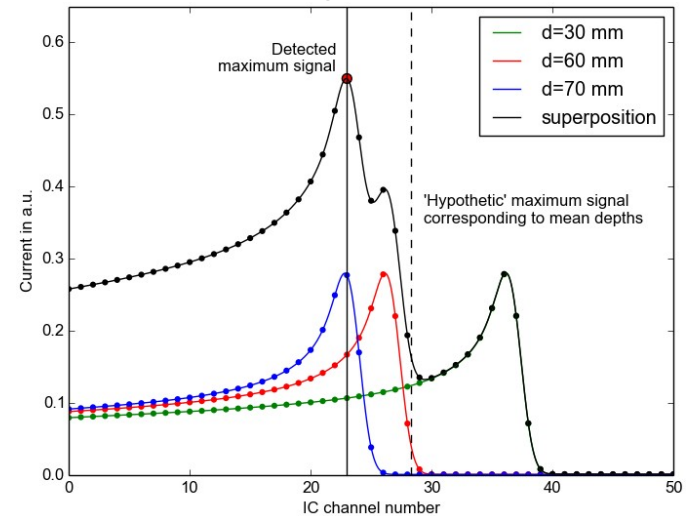
# Distortion and bias of proton radiographies

Proton beam with extended size  
passing through lateral inhomogeneity

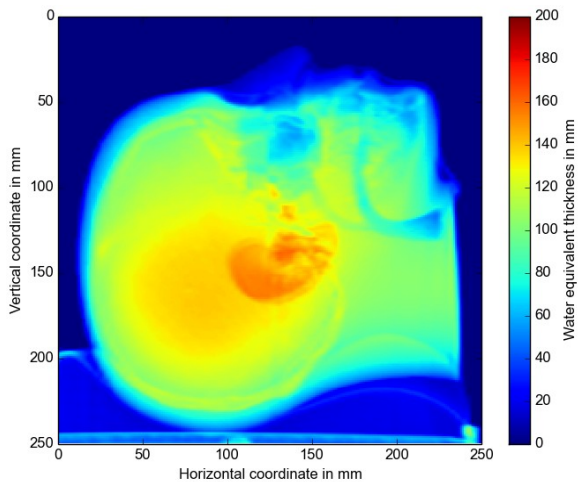


J. Unkelbach MGH

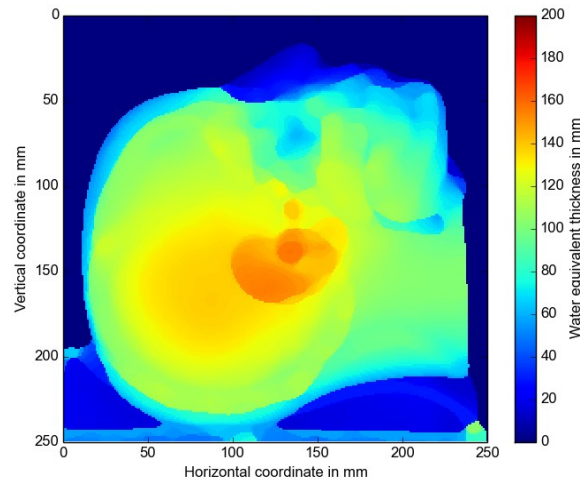
Measured signal in the IC-stack



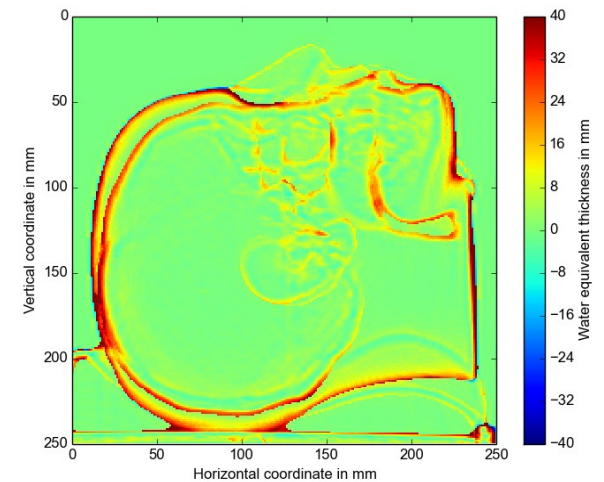
X-ray radiography (DRR)



Proton radiography

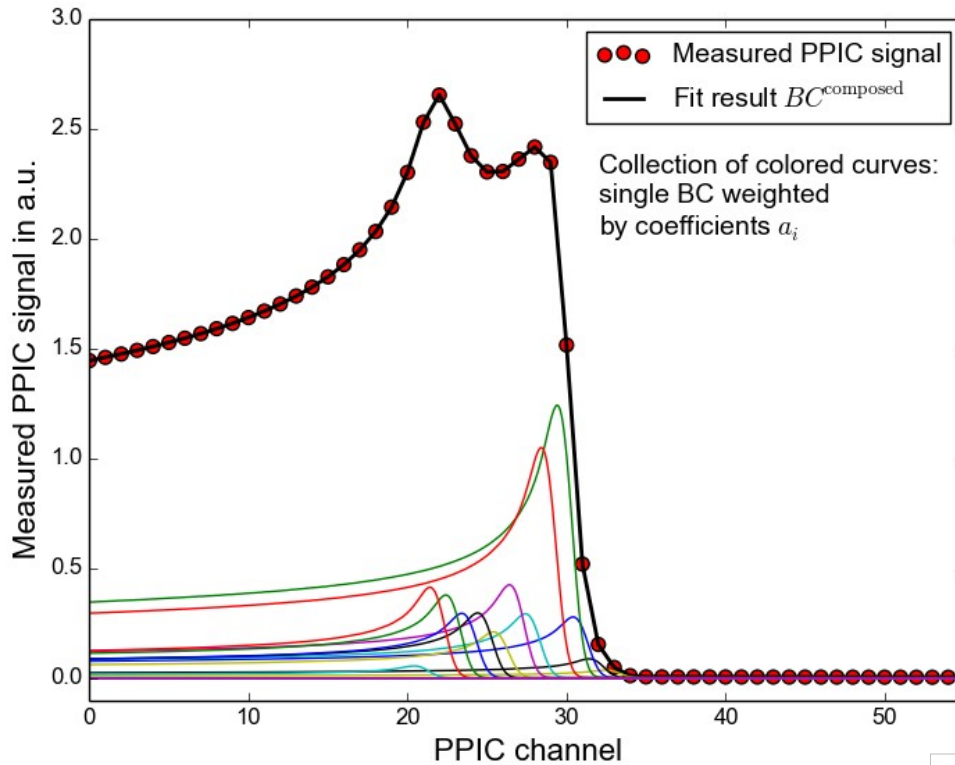


Difference: X-ray - Proton Radiography



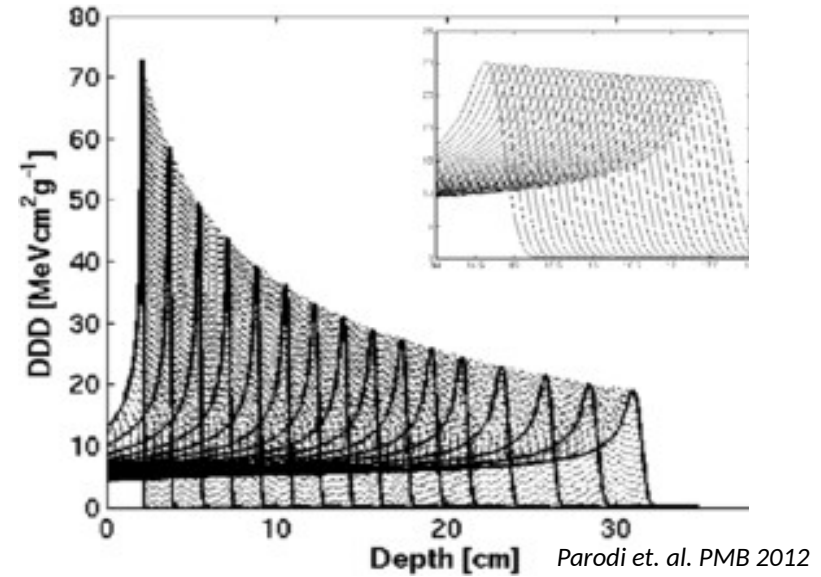
- Thicker regions extend into adjacent thinner regions
- The edges of the object are larger than real

# Step 1. Decomposition of measured Bragg-Curves



*Krah, Rinaldi et al., PMB 2015 in press*

## Monte Carlo database of Bragg-Curves



- Measured BC decomposed into a combination of BC from the database
- The sum of constituent BCs best approximate the measured BC
- The weight of each BC determines its relative contribution to the measured BC
- Calculation of the WET as weighted average of the decomposed BC

$$BC^{\text{composed}}(z_k) = \sum_{i=1}^M a_i BC_0(z_k + d_i),$$

$$\frac{1}{N} \sum_{k=1}^N \{ BC_p^{\text{meas}}(z_k) - BC^{\text{composed}}(z_k) - \Psi \}^2 \rightarrow \min,$$

$$D_p = \sum_{i=1}^M \tilde{a}_{pi} \cdot d_{pi}.$$

## Step 2. Sub-images

*Krah, Rinaldi et al., PMB 2015 in press*

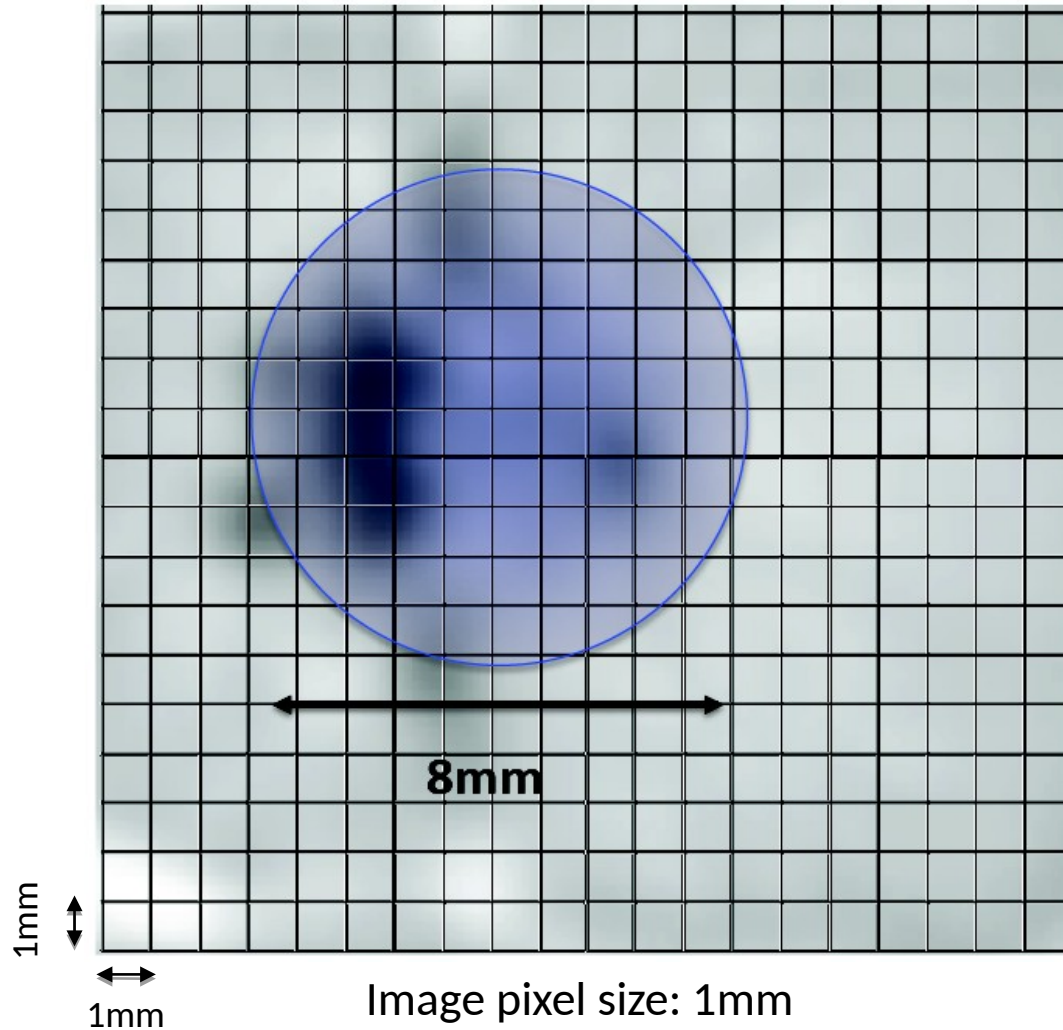


Image pixel size: 1mm

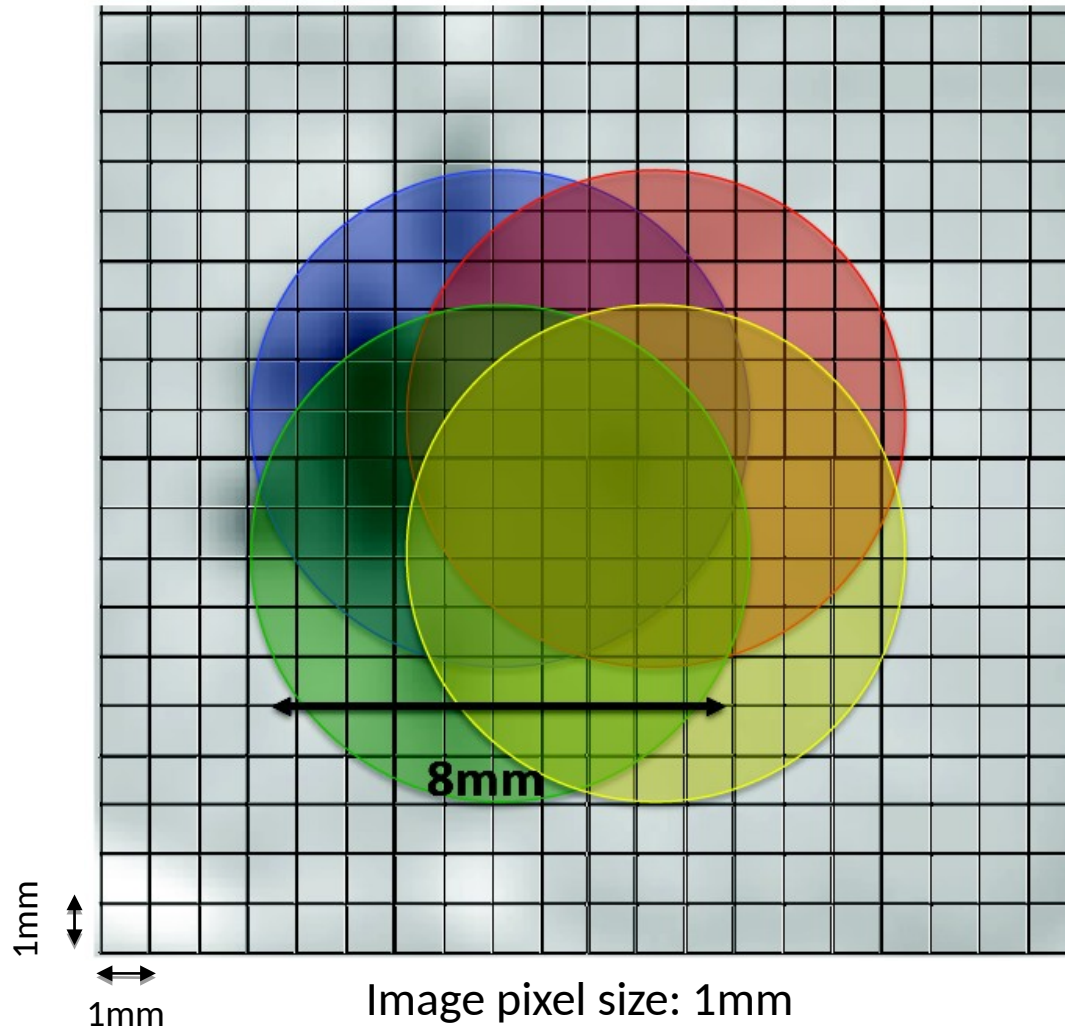
FWHM beam: 8mm

Step-size raster scanning: 1mm

The beam covers multiple pixels

## Step 2. Sub-images

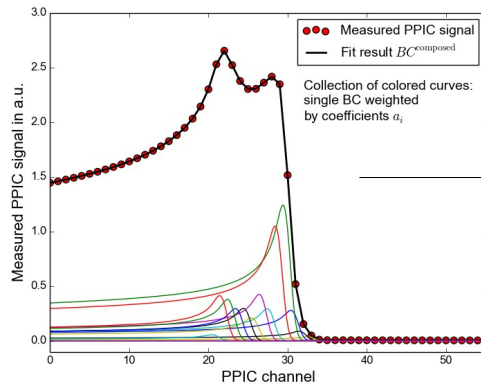
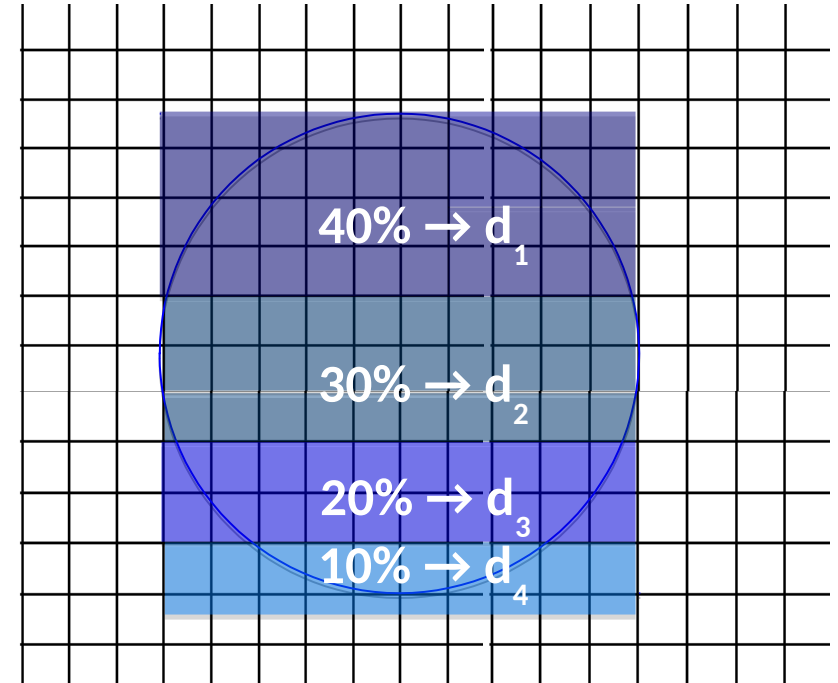
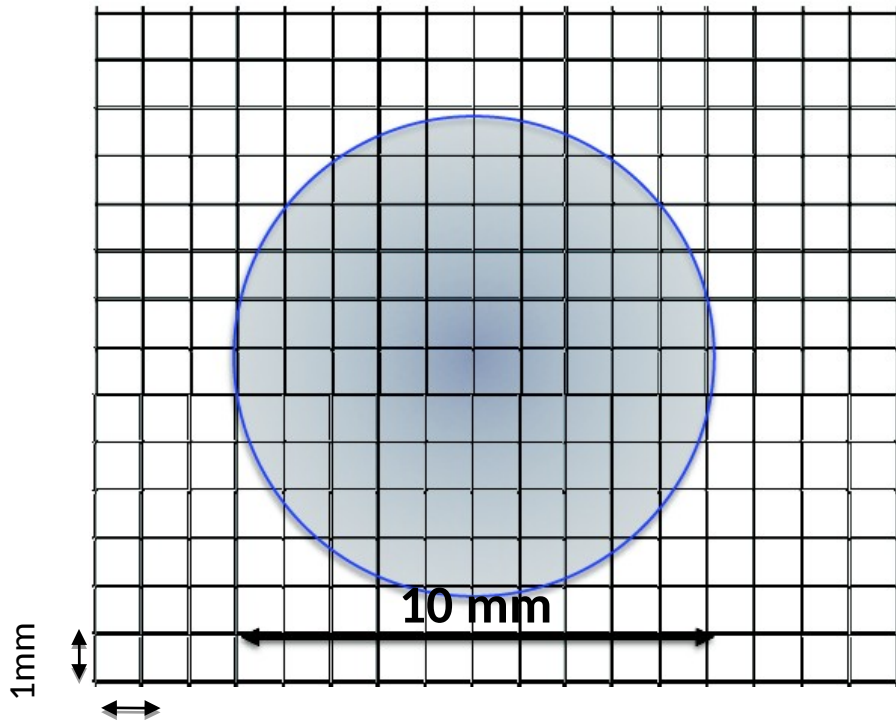
*Krah, Rinaldi et al., PMB 2015 in press*



The algorithm exploits the redundant information of overlapping subimages

# Step 2. Sub-images

*Krah, Rinaldi et al., PMB 2015 in press*



$$D_p = \sum_{i=1}^M \tilde{a}_{pi} \cdot d_{pi}$$

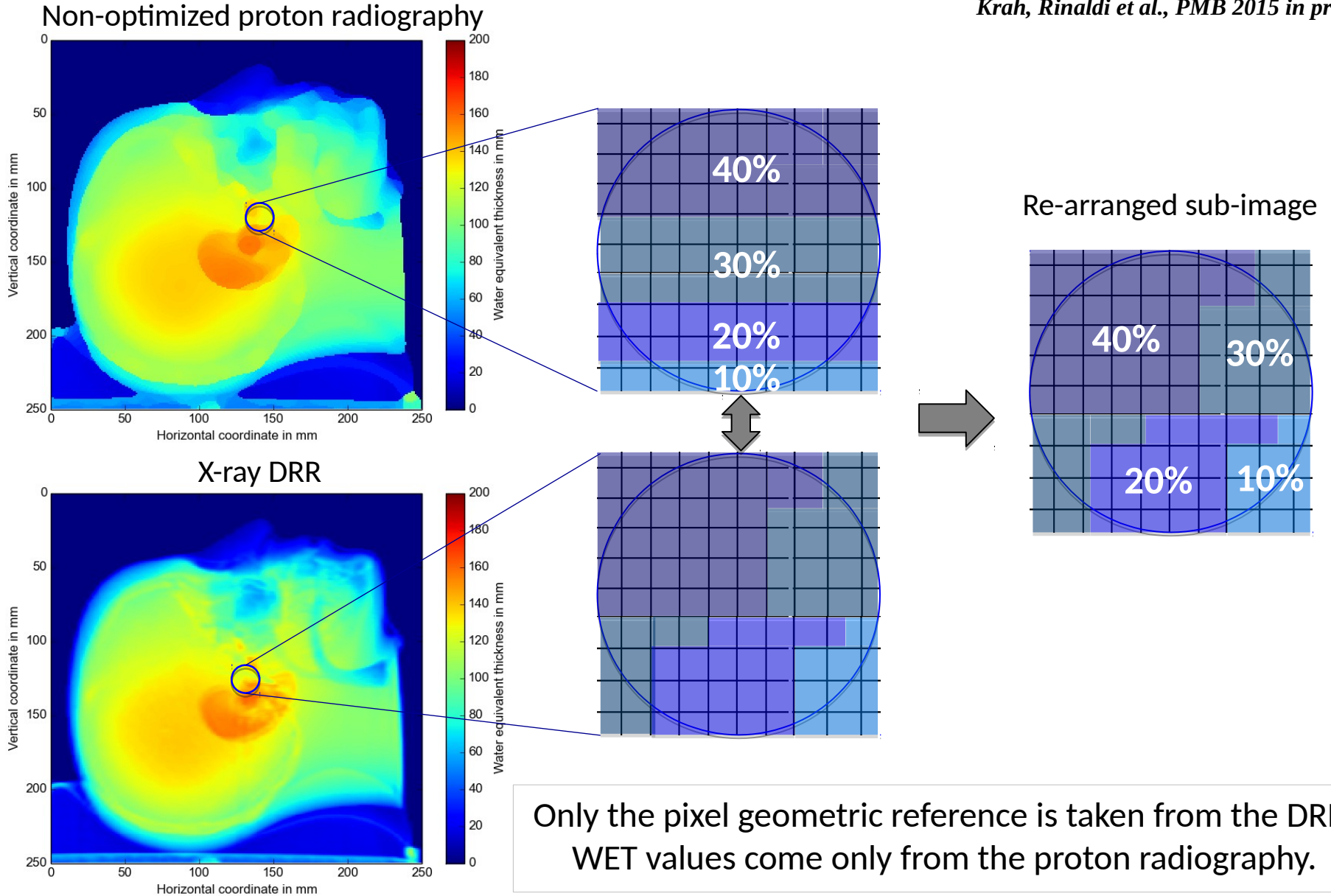
$$D_p = 0.4 \times d_1 + 0.3 \times d_2 + 0.2 \times d_3 + 0.1 \times d_4$$

Measured BC decomposed into 4 constituent Bcs with **thicknesses**  $d_1, d_2, d_3, d_4$  and weights 40%, 30%, 20%, 10%



# Step 3. Demosaicing of sub-images

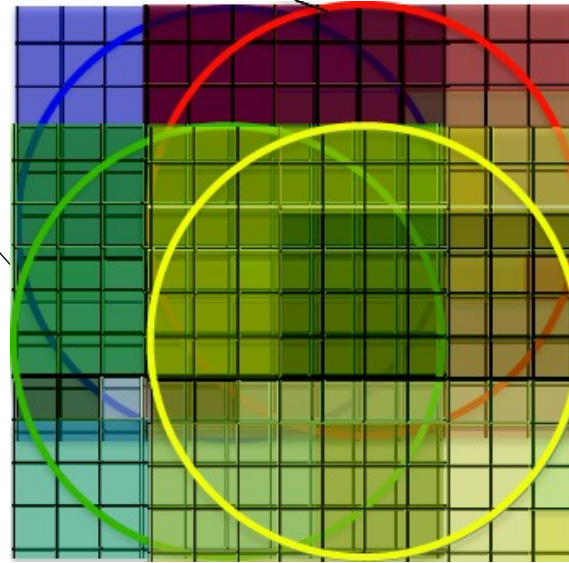
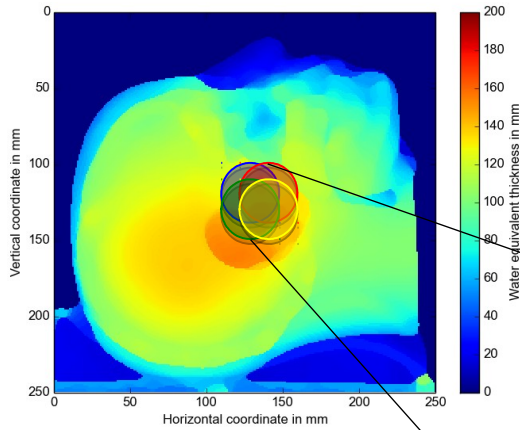
*Krah, Rinaldi et al., PMB 2015 in press*



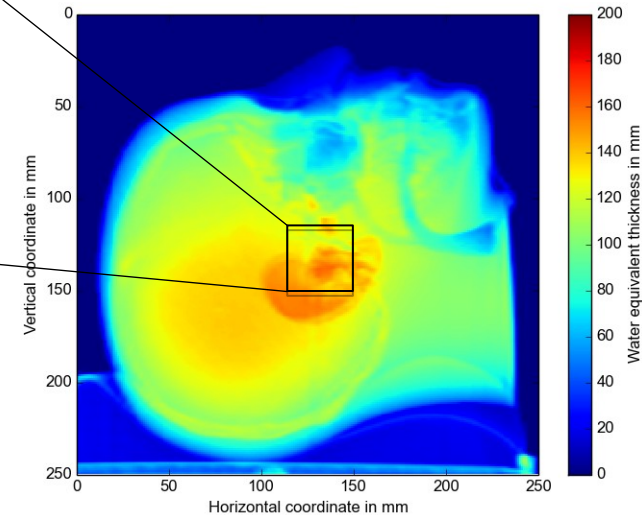
# Step 4. Averaging over overlapping sub-images

*Krah, Rinaldi et al., PMB 2015 in press*

Non-optimized radiography



Optimized radiography



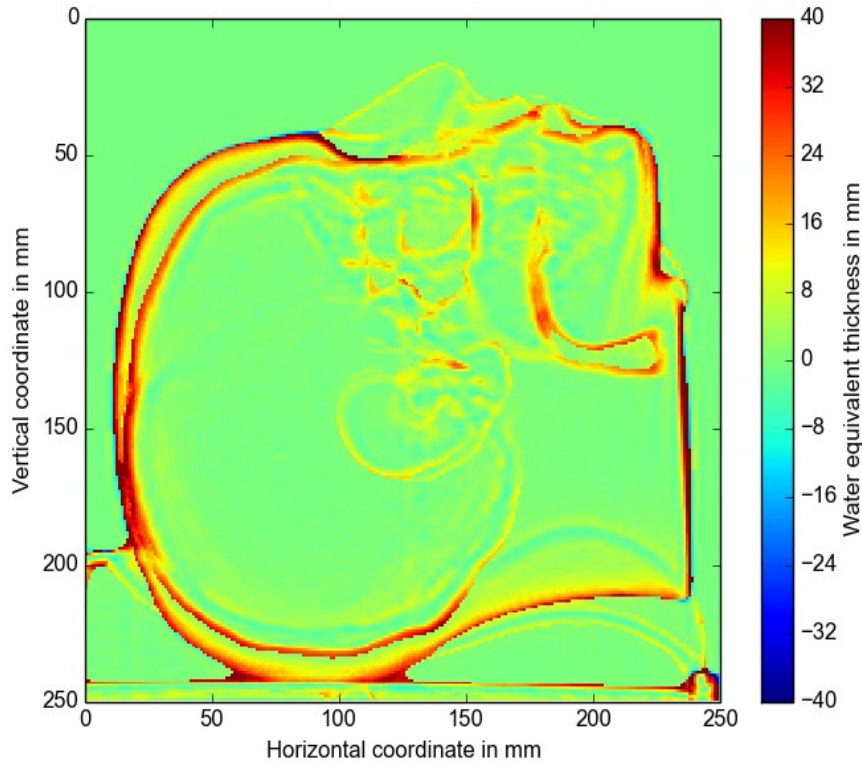
For each pixel we average the thicknesses  
for all the overlapping sub-images

# Results: Monte Carlo simulated proton radiographies

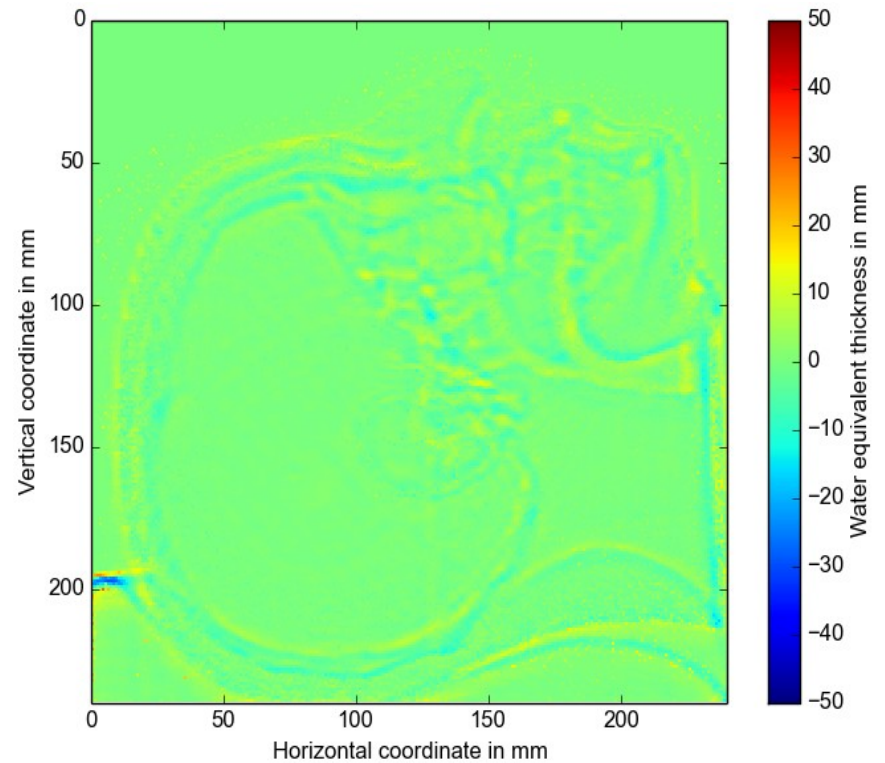
*Krah, Rinaldi et al., PMB 2015 in press*

## Difference between x-ray DRR and Proton Radiography

Non- Optimized



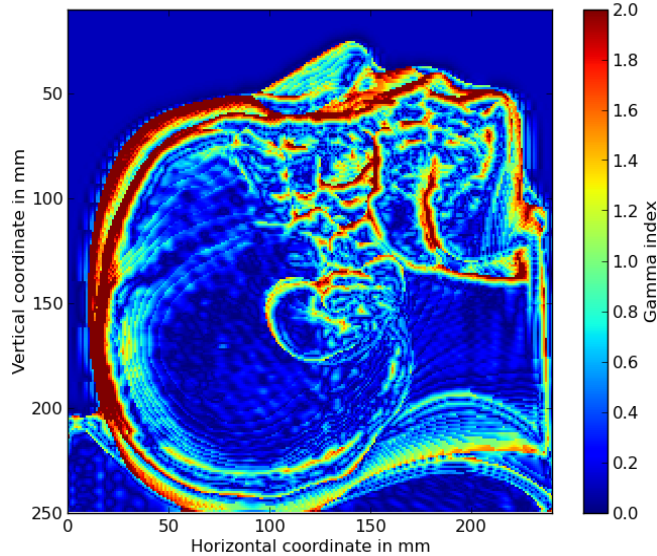
Optimized with DRR



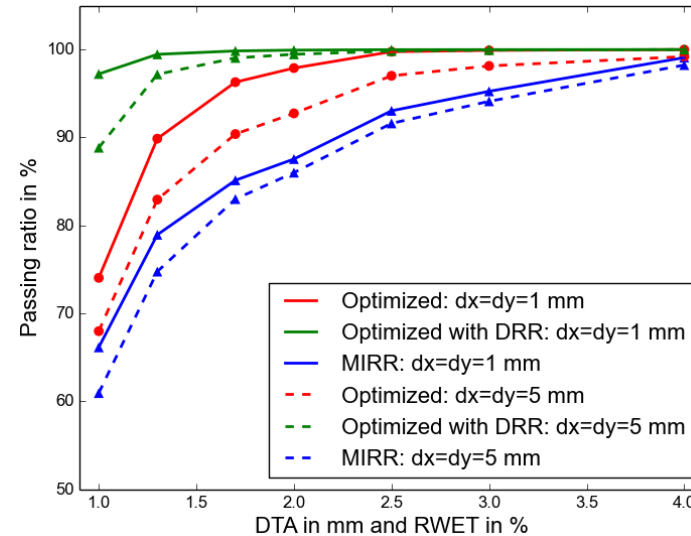
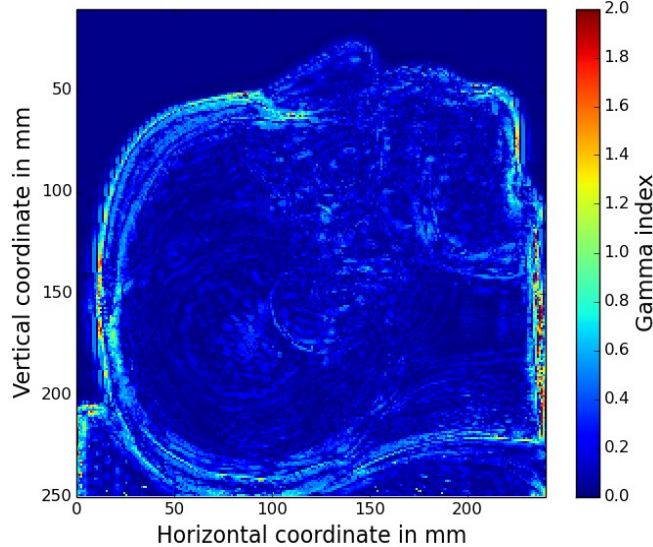
# Results: Monte Carlo simulated proton radiographies

*Krah, Rinaldi et al., PMB 2015 in press*

Non- Optimized



Optimized with DRR

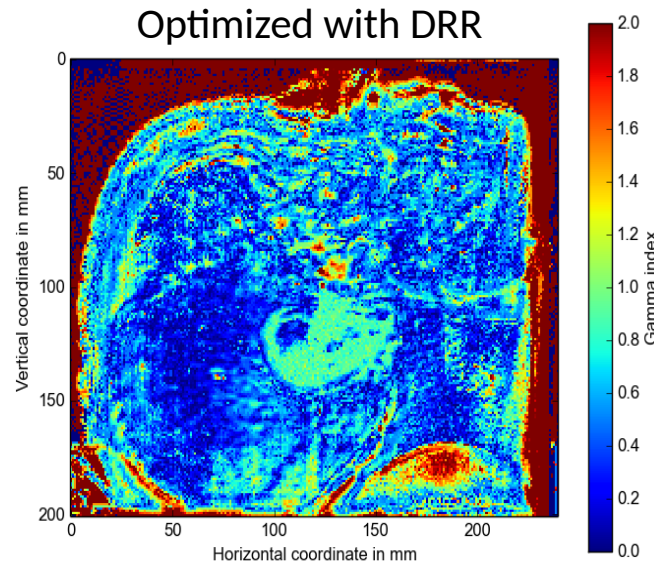
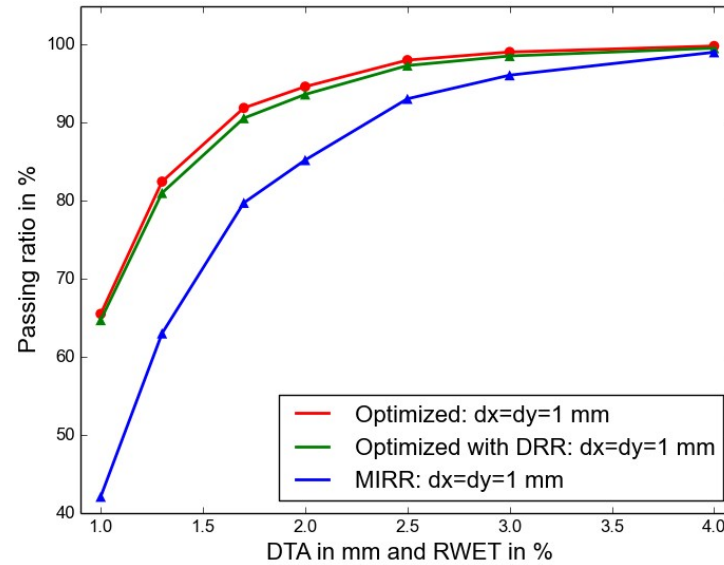
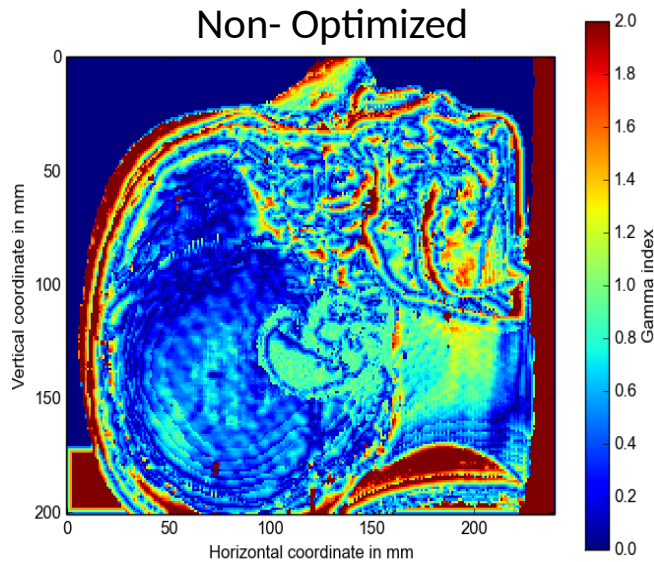


Non optimized  
100% passing ratio for 4%-4 mm

Optimized  
100% passing ratio for 1.5%-1.5 mm

# Results: Experimental proton radiographies

*Krah, Rinaldi et al., PMB 2015 in press*



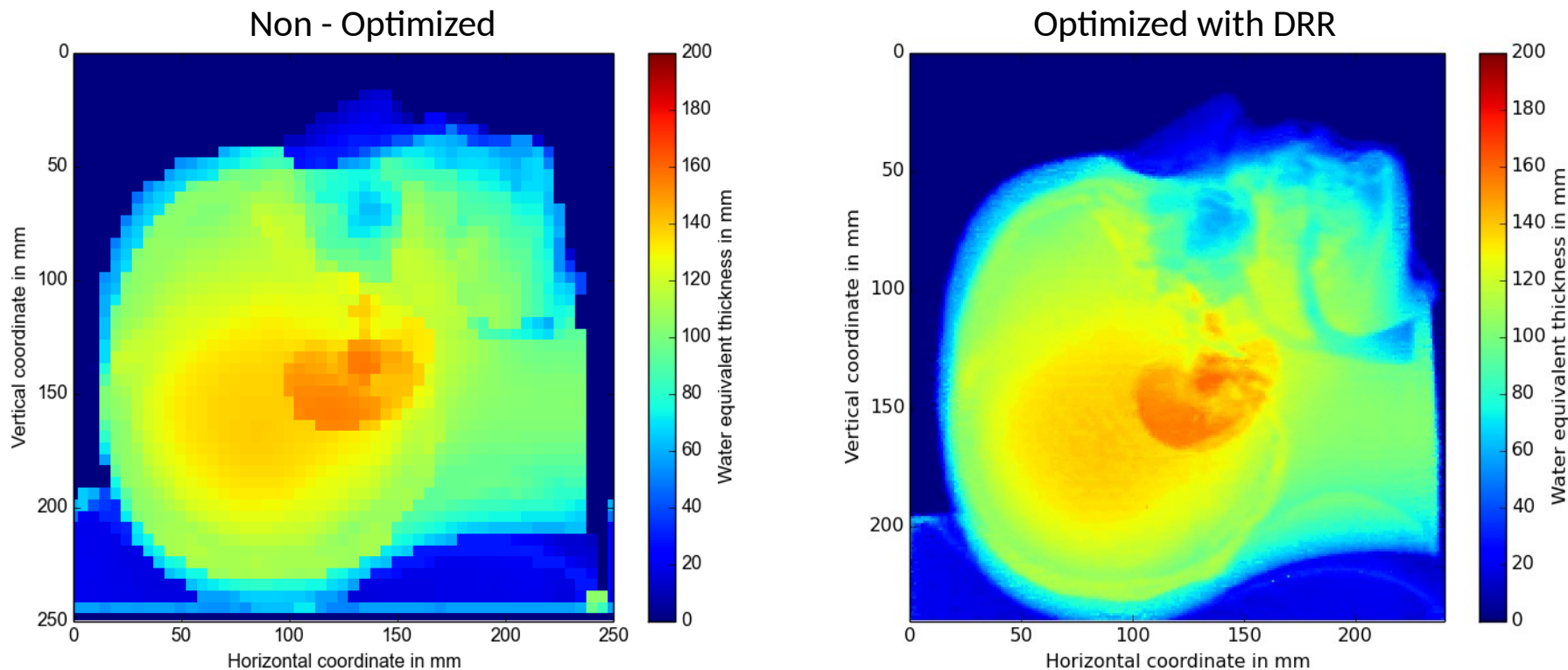
Non optimized  
100% passing ratio for 4%-4 mm

Optimized: Co-registered by hand with DRR  
100% passing ratio for 2.5%-2.5 mm

No X-ray positioning system in the experimental room at HIT

# Results: Reducing the dose by increasing raster scanning steps

*Krah, Rinaldi et al., PMB 2015 in press*



Raster scanning step 5mm → Dose reduction 25 times  
0.4 mGy → 0.016 mGy

# Conclusions & Perspectives

- We developed an image process algorithm that allows to greatly increase the spatial resolution of proton radiographies
- When precise co-registration with an x-Ray image is available the spatial resolution of the proton radiography becomes comparable to the the one of the x-Ray image
- The algorithm allows to reduce the dose per radiography by increasing the raster scanning steps. A reduction of 25 times the nominal dose (from 0.4mGy to 0.016mGy) still produce images with a fair rendering of anatomical structures
- The algorithm can potential be applied to merge proton-CT and X-ray CT by performing the optimization on each projection
- The algorithm can be adapted to other radiography systems using beams with extended size

*Krah, Rinaldi et al., PMB 2015 in press*

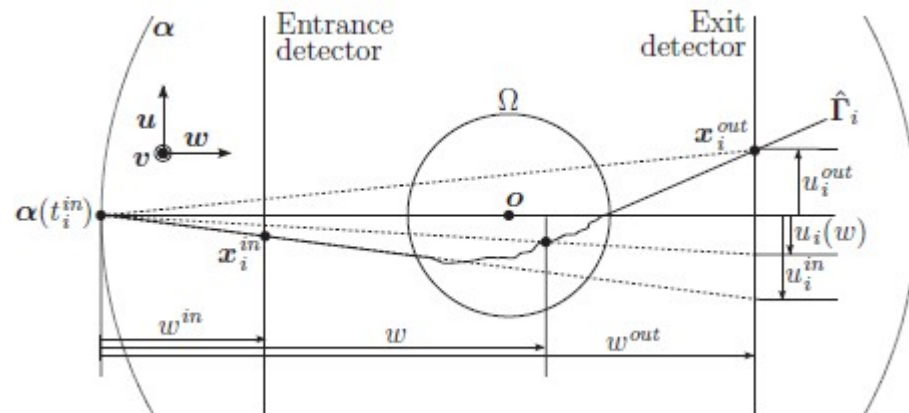
# Work previously done in Lyon



# Filtered backprojection proton CT reconstruction along most likely paths

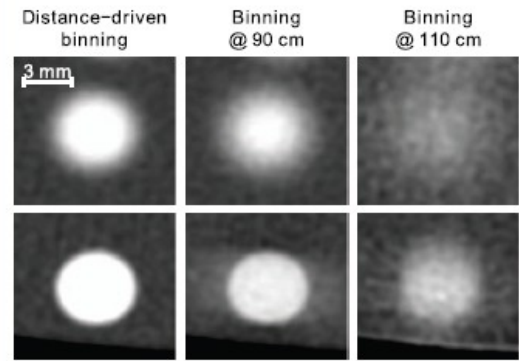
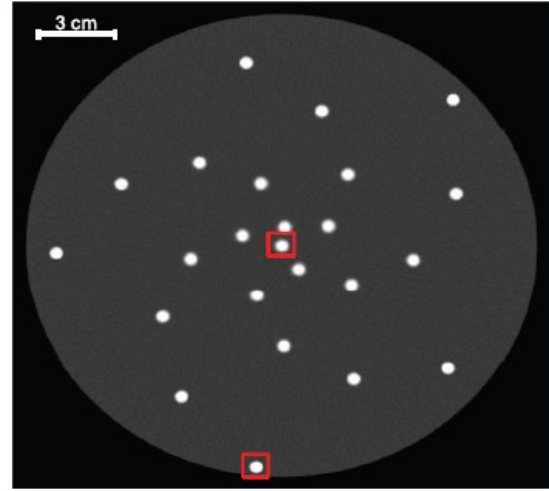
Rit et al., Med Phys 2013

- filtered backprojection (FBP) algorithm
- curved most likely path estimation
- use distance driven binning in order to improve the spatial resolution in proton radiographs. During backprojection, the spatial position of each voxel is translated to a distance to the source and the corresponding radiograph in the binned radiographs is used so that the sharpest binning is selected for objects at the voxel location.
- MC simulated data



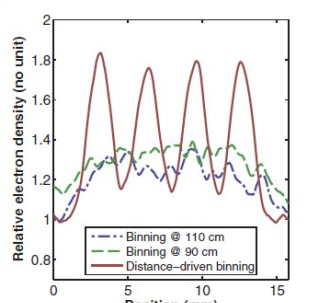
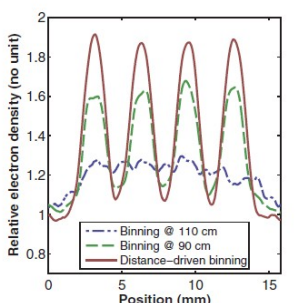
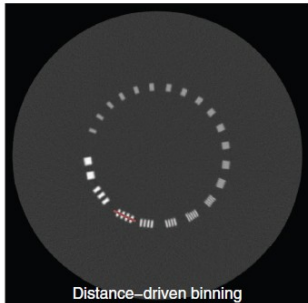
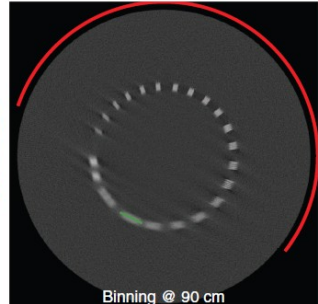
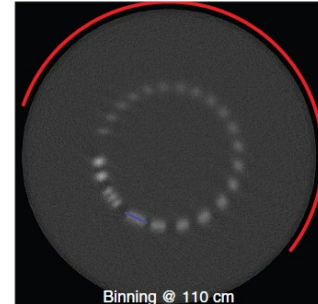
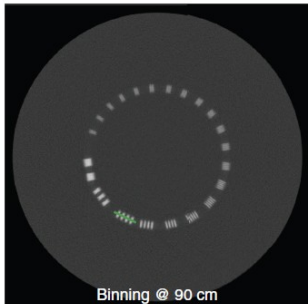
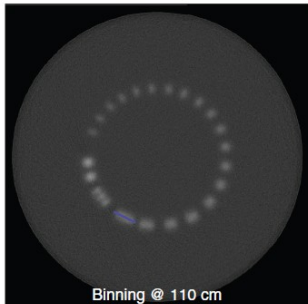
# Filtered backprojection proton CT reconstruction along most likely paths

Rit et al., Med Phys 2013



## Conclusion

We have developed a filtered-backprojection pCT reconstruction algorithm that takes advantage of the estimation of the most likely path of protons. Improvement in the spatial resolution has been observed on Monte Carlo simulations compared to existing straight-line approximations. The improvement in spatial resolution combined with the practicality of FBP algorithms compared to iterative reconstruction algorithms makes this new algorithm a candidate of choice for clinical pCT.

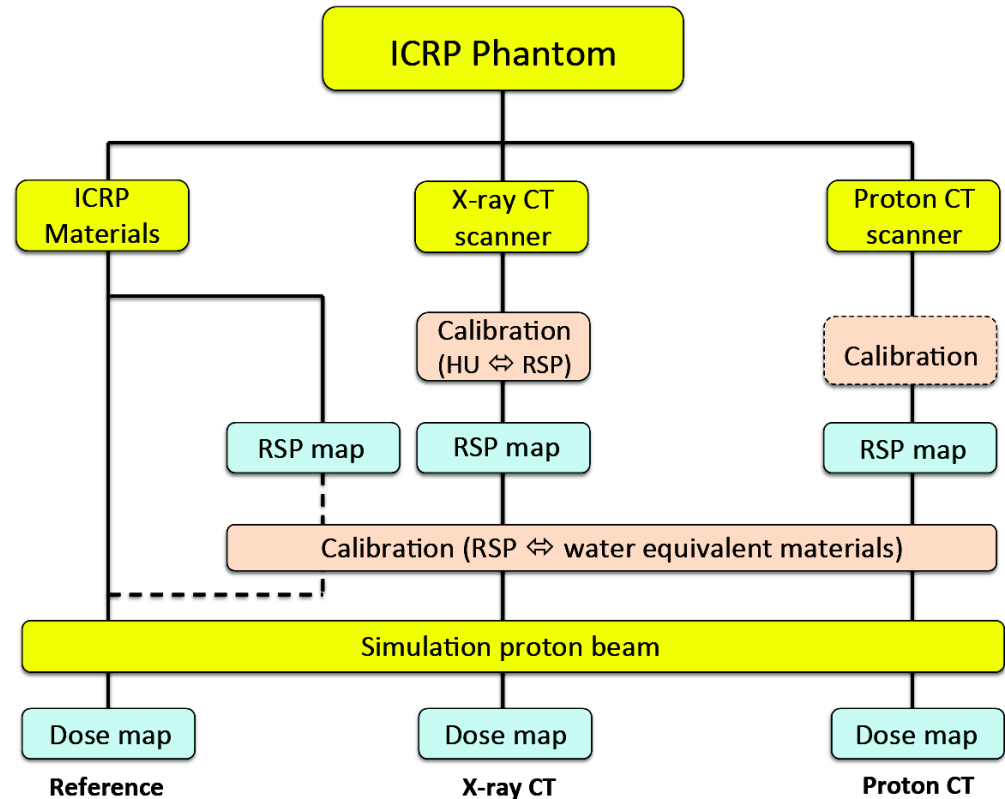


# Monte Carlo Comparison of X-ray and Proton CT for Range Calculations of Proton Therapy Beams

Arbor et al., PMB 2015 in press

- developed a Monte Carlo framework to assess proton CT performances for the main steps of a proton therapy treatment planning, i.e., proton or X-ray CT imaging, conversion to relative stopping power maps based on the calibration of a tissue phantom, and proton dose simulations.

- to quantify the accuracy of patient relative stopping power reconstruction with proton CT and the impact on the prediction of proton ranges for proton therapy.

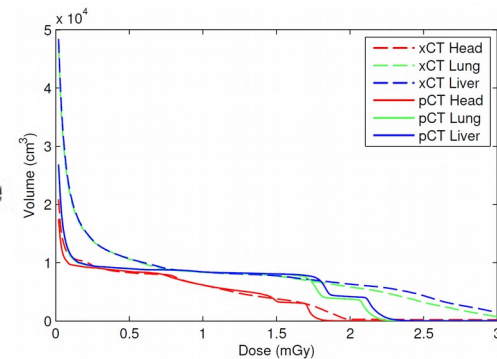


# Monte Carlo Comparison of X-ray and Proton CT for Range Calculations of Proton Therapy Beams

Arbor et al., PMB 2015 in press

## Imaging Dose

- Proton and X-ray CT images produced using a similar dose criterion based on patient volume that received 1 mGy or more (Dose-Volume Histogram)



Dose-Volume Histogram for X-ray and proton CT

→ Uniformity of proton dose distribution

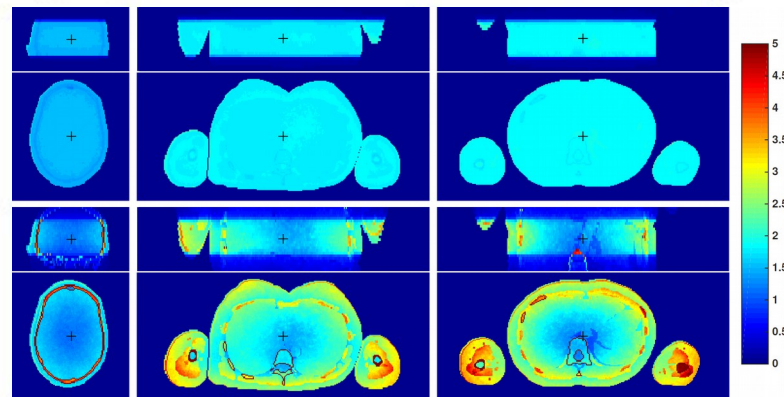


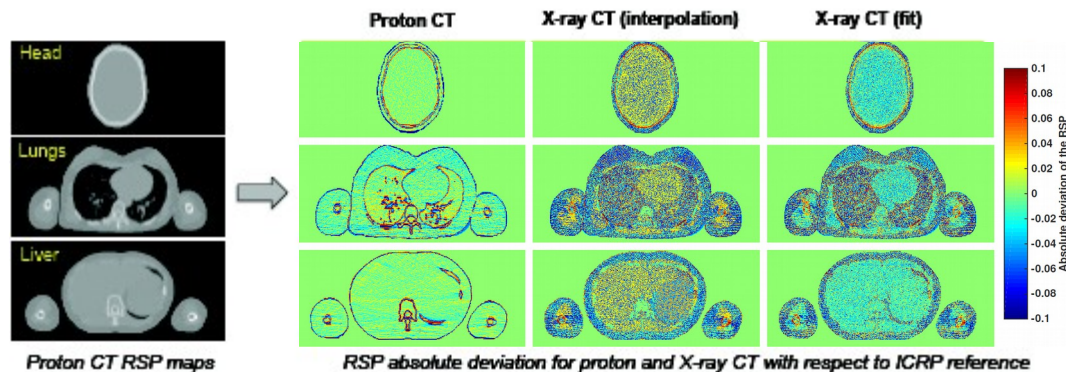
Image dose distribution for proton CT (top) and X-ray CT (bottom) [2]

# Monte Carlo Comparison of X-ray and Proton CT for Range Calculations of Proton Therapy Beams

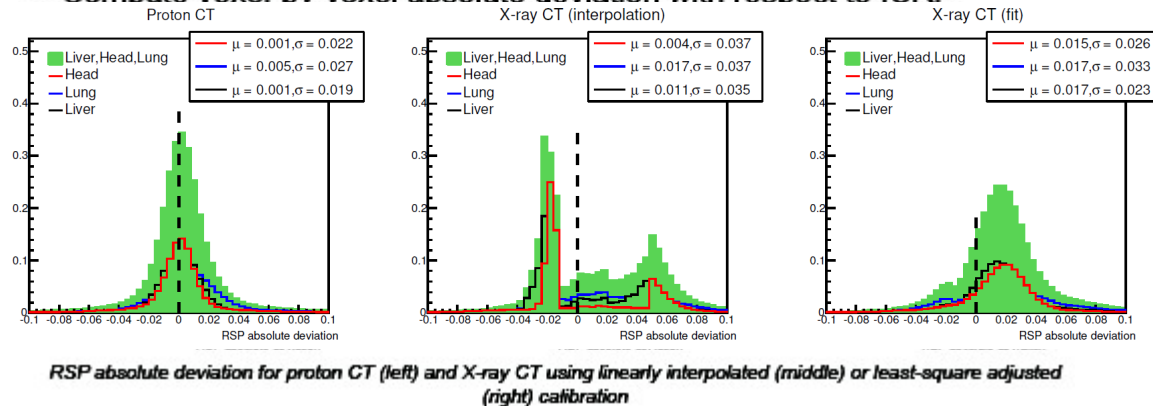
Arbor et al., PMB 2015 in press

## RSP maps

- Apply X-ray and proton CT reconstruction to head, lungs and liver sites



- Compute voxel-by-voxel absolute deviation with respect to ICRP

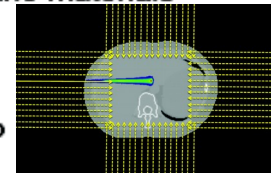


# Monte Carlo Comparison of X-ray and Proton CT for Range Calculations of Proton Therapy Beams

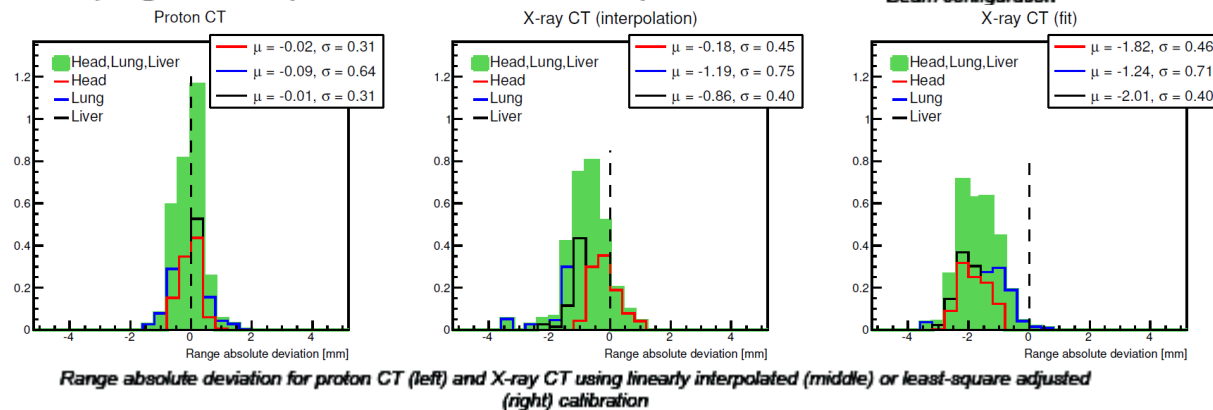
Arbor et al., PMB 2015 in press

## Range calculations

- Transform RSP maps into water equivalent Monte Carlo materials
- Simulate proton beams (5 mm width) around patient (beam energy 100-140 MeV, mean proton range  $\approx$  120mm)
- Compute proton range deviation with respect to ICRP (Range defined as position with 80% dose maximum)



Beam configuration



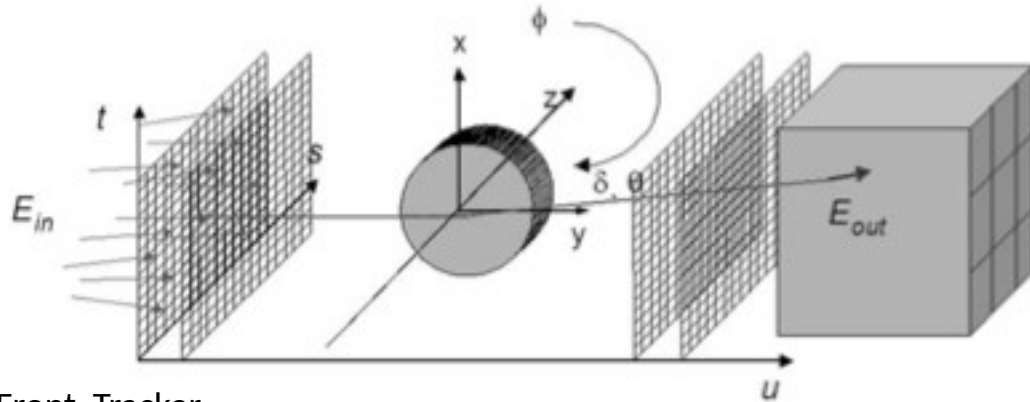
## Conclusion

- Using proton CT in proton therapy enables :
- a more uniform and conformal imaging dose distribution
  - a more precise and more uniform accuracy of the tissues RSP
  - a more precise calculation of the proton range

# Present & Future

# Technologies

- Proton Radiography with single energy proton beam



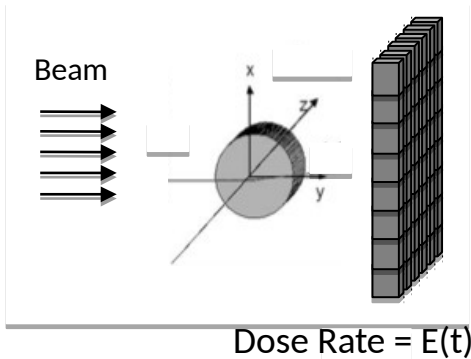
Front Tracker -  
Hodoscope

Rear Tracker -  
Hodoscope

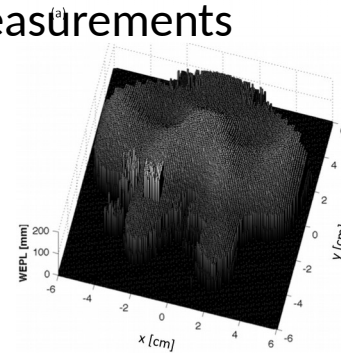
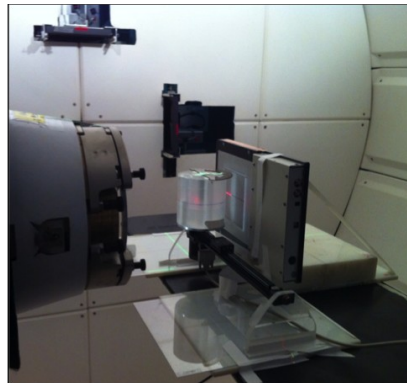
Calorimeter [LLUMC]  
Range  
Telescope [PSI]

PSI: Schneider et. al. (2004)  
LLUMC: Schulte et. al (2005)

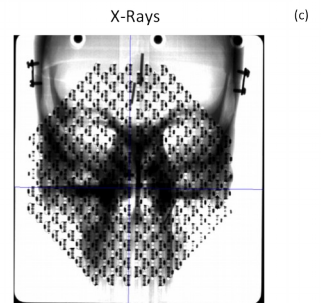
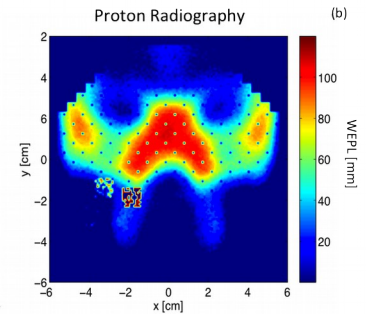
- Proton Radiography based on time-resolved dose measurements



Dose Rate =  $E(t)$

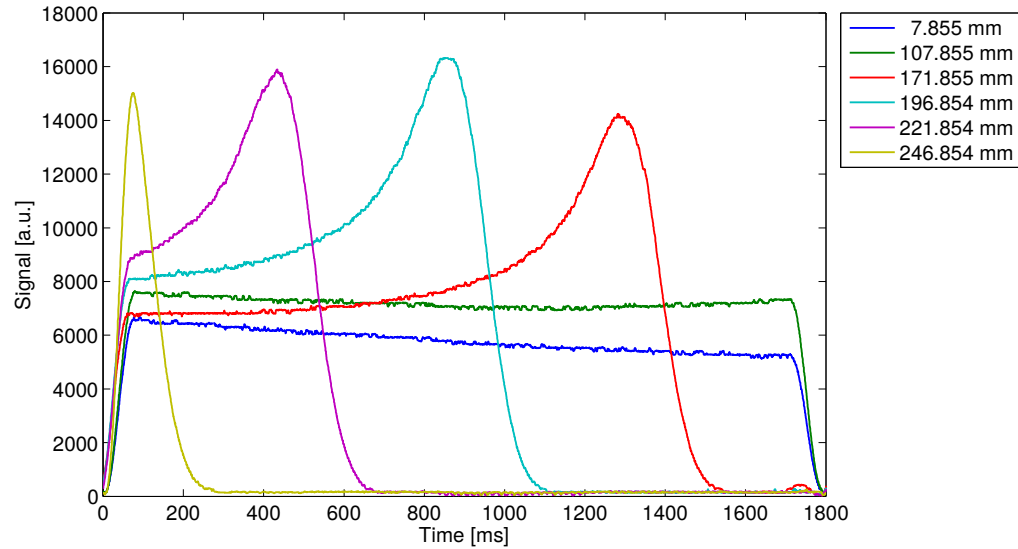


Testa et. al. PMB 2013



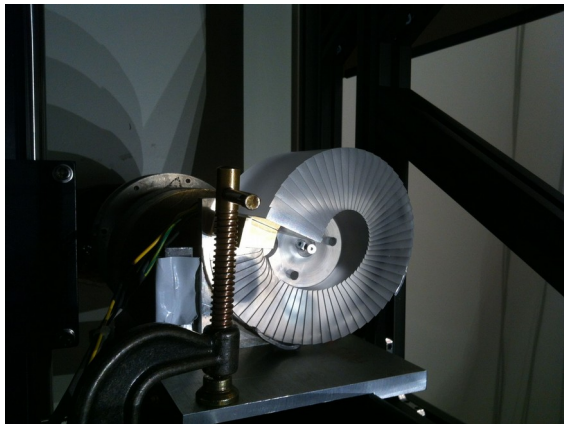


# Experimental set-up



Scintillating Screen + CCD Camera

Range Modulator Wheel



## Technical Characteristics

Pixel size:  $0.37 \text{ mm}^2$   
Sampling Time: 120 ms  
FOV:  $30 \times 30 \text{ cm}^2$

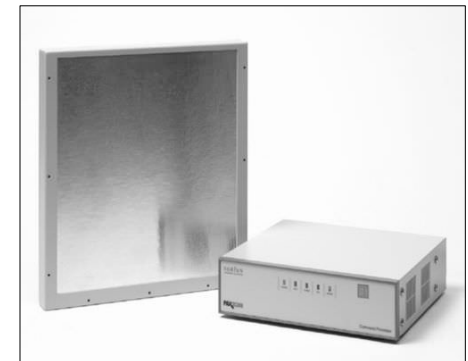
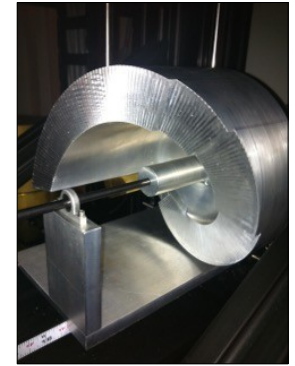
Wheel period: 20 s  
Single Scattering  
Modulation Width: 25cm

# Conclusions of MGH Boston

- Time-resolved proton radiography is a promising technique:
  - No need of bulky detection system (trackers – single proton counting – Range telescopes (IC-stacks) or Calorimeters (very complex to calibrate))
  - Single plane detector only (compact)
  - Image formed simultaneously over the whole FOV (0.1 s – 1.8s – 20s)
- Compact system potentially applicable to scanning beam-lines with external dedicated RMW
- Detector:
  - Trade-off between space resolution and detection efficiency (diode vs. scintillating screens 0.7 - 3 cGy)
  - Trade-off between RMW period and detector sampling time
- Still (a lot) of work to do on new reconstruction algorithms

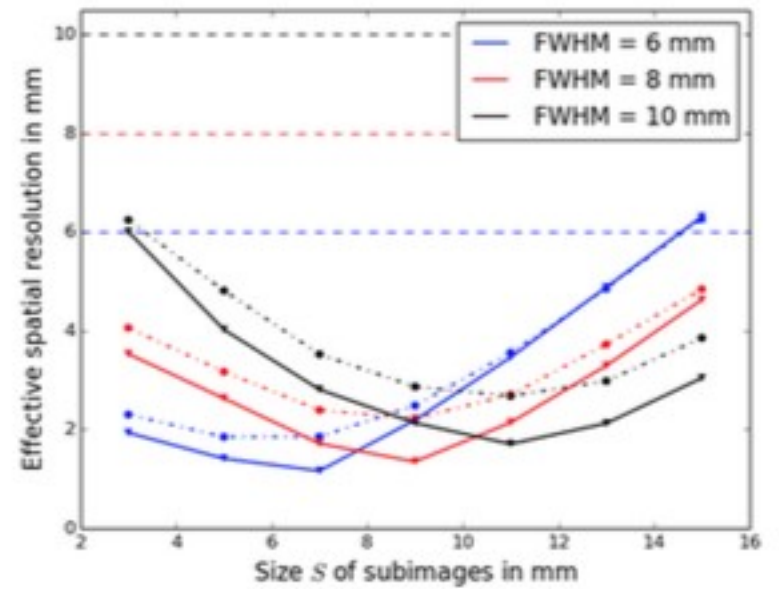
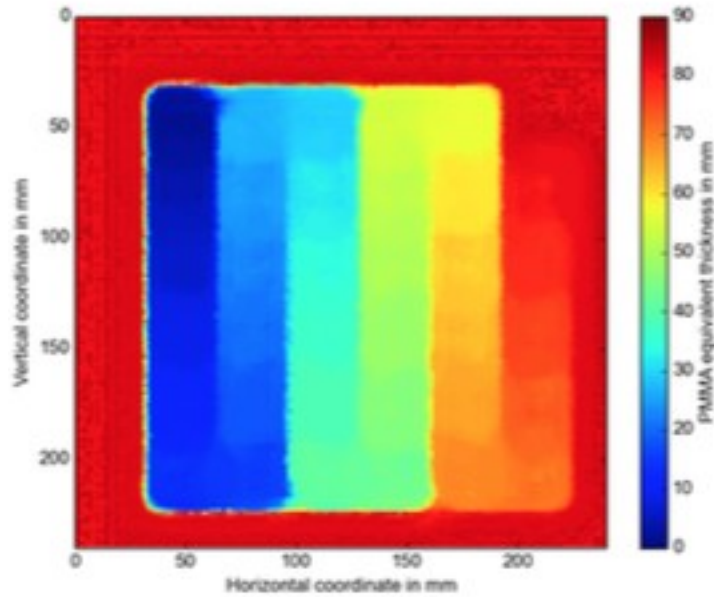
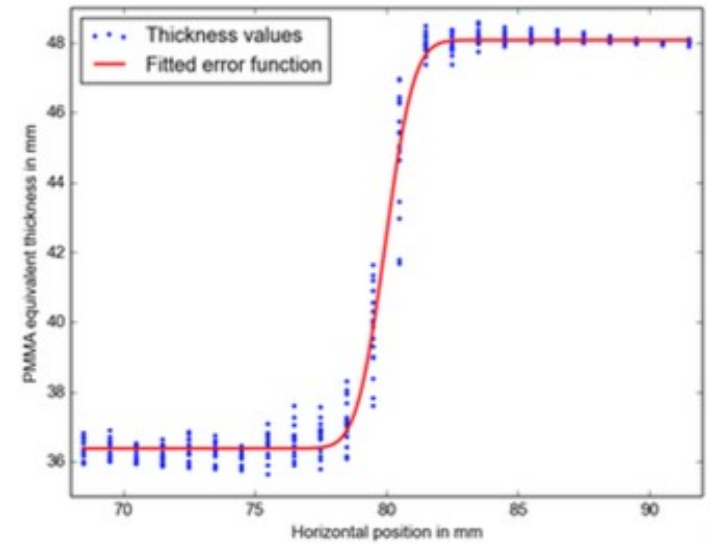
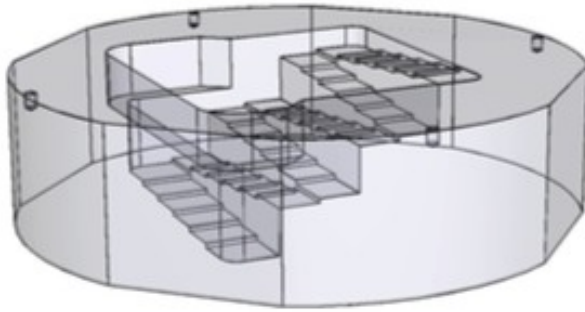
# What we need to make experiments

- Range Modulator Wheel (Scatterer + Modulation)
- Step-Motor
- Detector
  - BIS – Lynx IBA (high dose per radiography)
  - Fluoroscopy x-ray panel (low dose per radiography)
- Ion Chamber in water phantom to measure SOBP capable of measuring DRF
- Phantoms and access to CT to produce DRR



Thank you

# Results: Step-Phantom



## Step 2. Sub-images

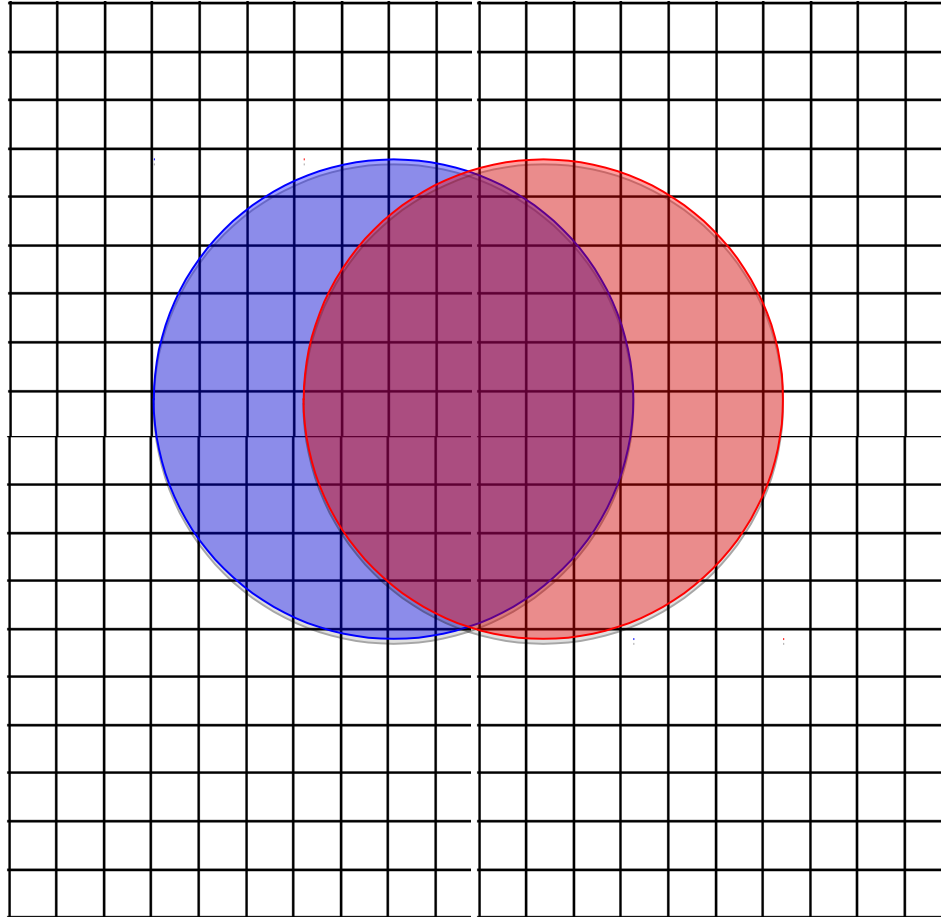


Image pixel size: 1mm  
FWHM beam: 8mm  
Step-size raster scanning: 1mm

## Step 2. Sub-images

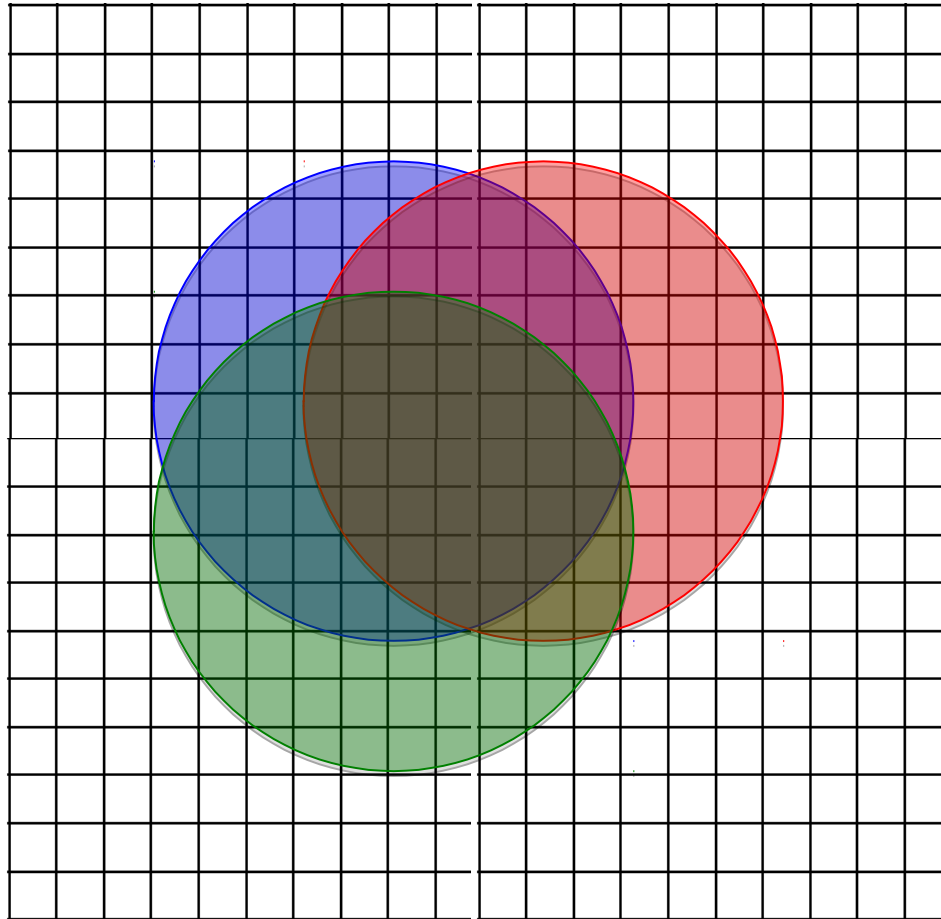


Image pixel size: 1mm  
FWHM beam: 8mm  
Step-size raster scanning: 1mm

