

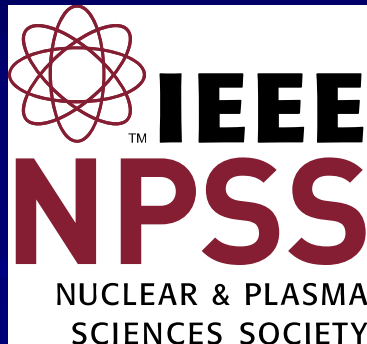
Medical Physics

Part # 1

Introduction

P. Le Dû

patrickledu@me.com



Who I am ? -



■ NA3 @ CERN (Di-Muon Drell Yan) : 1974-1980

- Large MWPC (4x4 m²)

- **Trigger & DAQ**

■ LEP - OPAL @ CERN (1980-1990)

- TOF system

- **Trigger & DAQ → First Z⁰**

■ SSC- SDC @ Dallas/LBL Berkeley (1990-1994)

- **Trigger L2**

- Shower Max Detector electronics (APD & SCA)

■ LHC- ATLAS @ CERN (1994-2000)

- **L2 trigger** & LARG calorimeter Read Out electronics (SCA)

■ D0 @ FNAL (1996-2005)

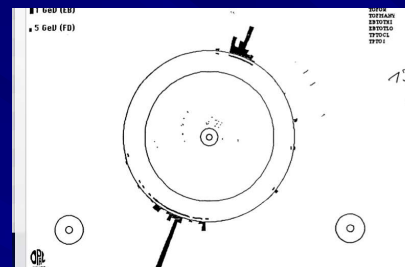
- **L1 Calormeter trigger and L2 trigger.**

■ ILC study group (1996-2008)

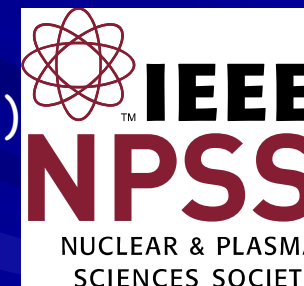
- **Trigger & DAQ convener → Software triiigeer**

■ 2000→Technology transfer advisor for medical application (PET & Particle therap

■ Ultra fast (picosecond) timing



Experimental Physicist
-CEA Saclay (1969-2008)
-IN2P3-IPN Lyon (2009 .



NPSS ADCOM
School Liaison

Goals of this presentation

- Using my own experience during the last 50 years of working on Radiation detectors → try to give a flavor of what could be the application of the recent evolution and developments in various fields



Goals of these lectures

- A very **simple basic introduction** of Medical Physics seen from a High Energy Physics experimental physicist. (50 years)
- I will present mainly the **radiation instrumentation aspect** around the nuclear medicine.
- Explain why this domain has **strong relationship with our field of interest (HEP)** and might interest your future



Outlines of this lecture

■ What is medical Physics ?

- A little bit of history
- Radiation effects units
- Basics of Radiology
- Fighting against cancer
- Radiotherapy basic
- Introduction to Nuclear medicine
 - tracers
 - Single Photon Computed Tomography (SPECT)

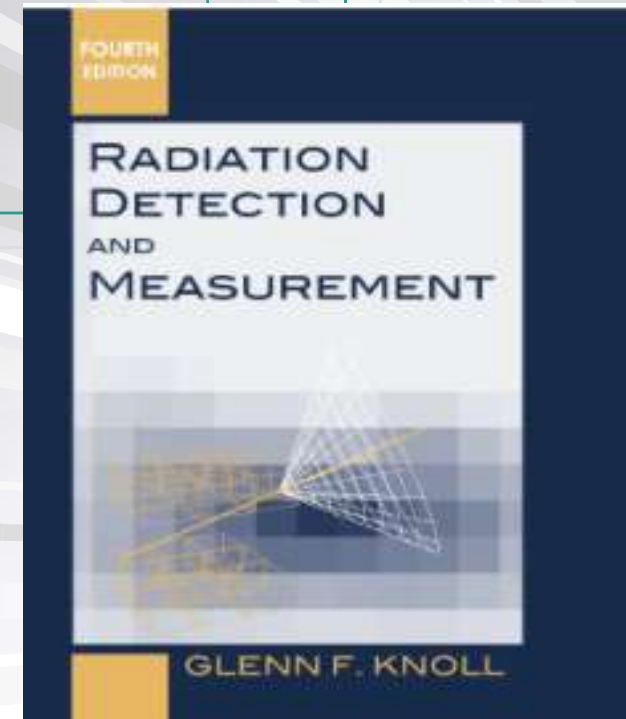
Few words about Radiation Detectors



**Radiation
Instrumentation
The Bible
Glenn Knoll**

4 April 2018

AMU presentation





**Radiation detectors
→ Imaging what you
cannot see**

.. or how the development of radiation instrumentation has been crucial for fundamental scientific discoveries and for the improvement of human life...



Introduction: Imaging radiation ..



Web cams

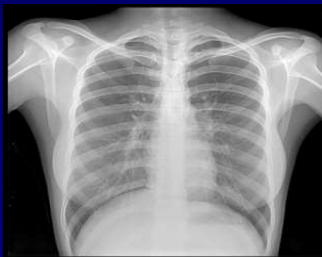


Smart phones

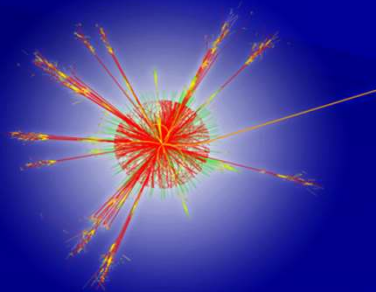


photo cameras

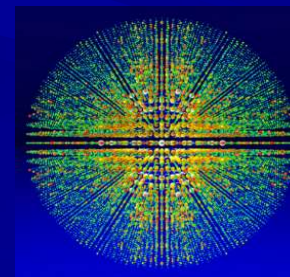
machine vision, automotive, security etc...



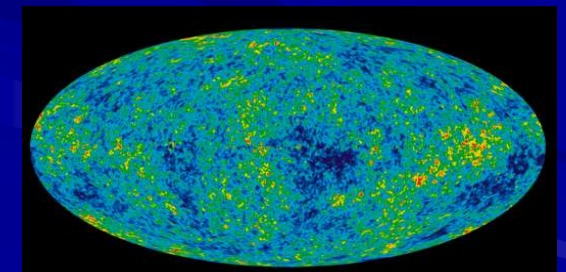
Medical imaging



HEP



x-ray crystallography



cosmology

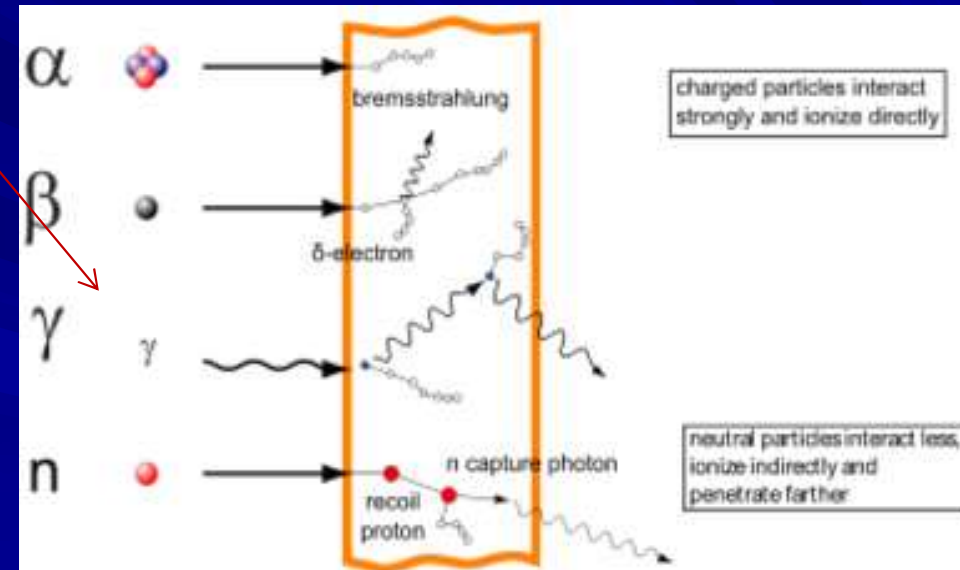
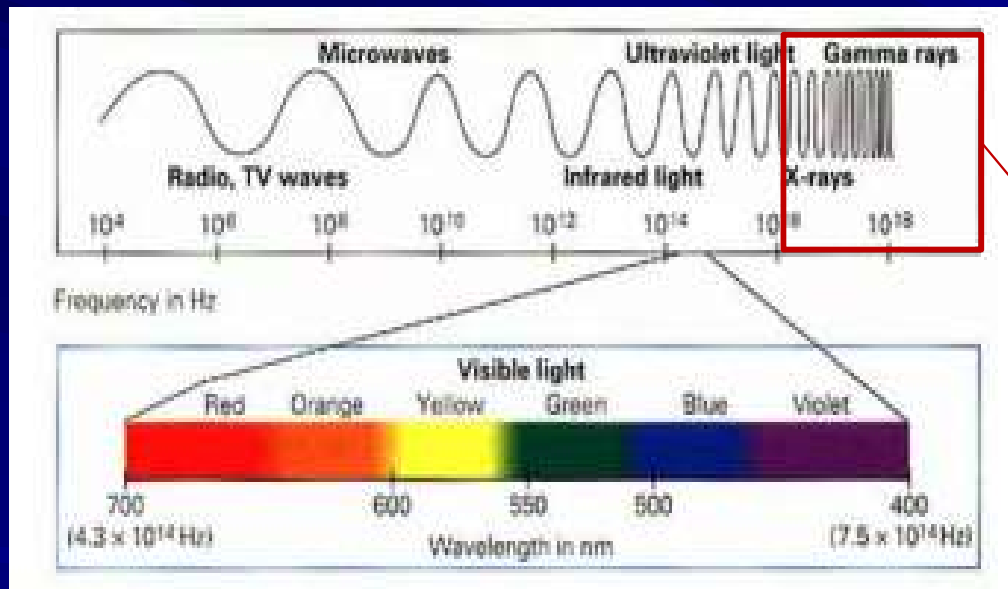
.....

mass spectroscopy, optical tweezers, neutrons, electrons, TOF, SEM/TEM etc...8

What is radiation ?

- Radiation can be defined as the propagation of energy through space or matter in the form of electromagnetic waves or energetic particles.

When radiation interacts with matter:



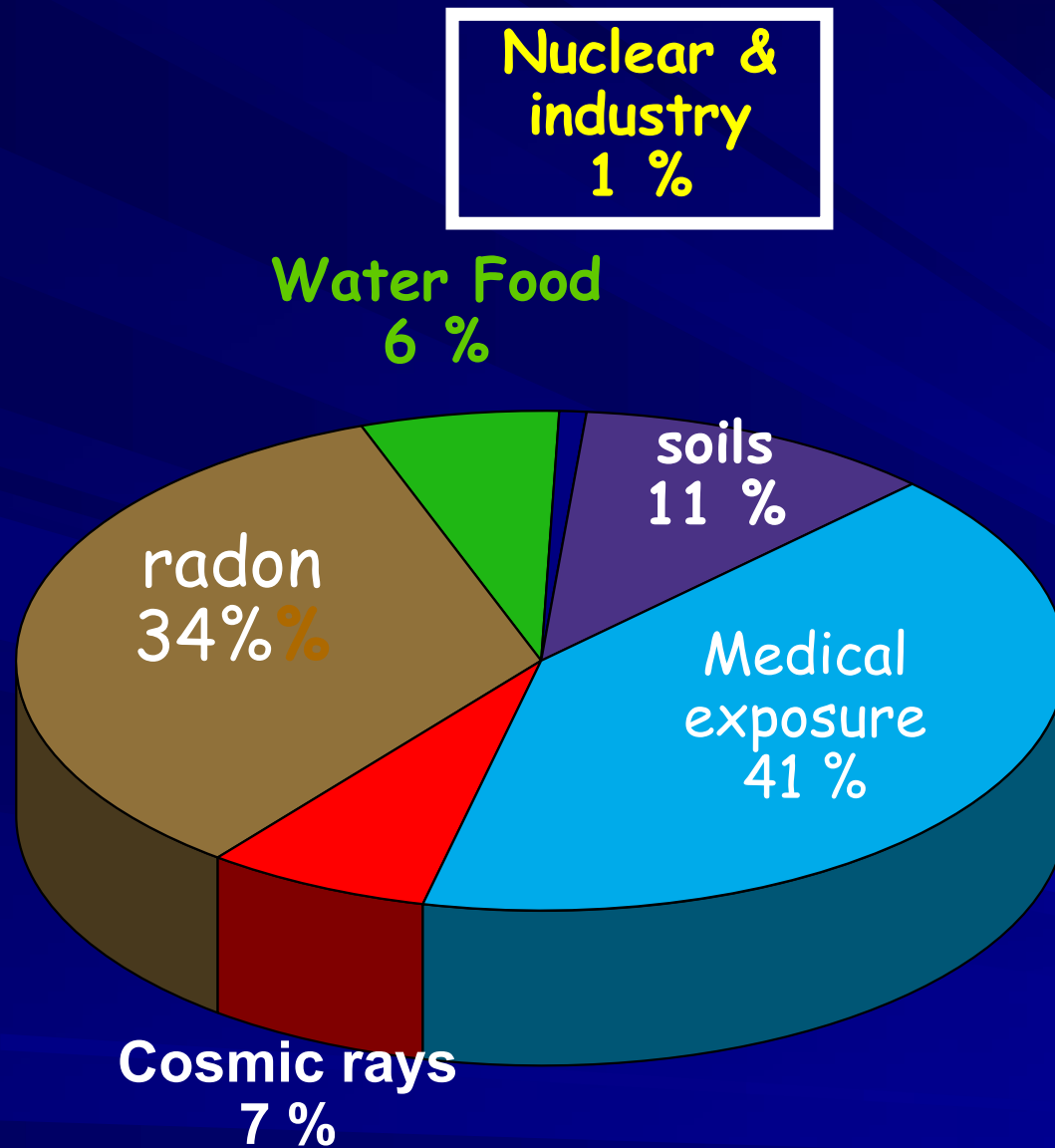
Non-ionizing

does not have enough energy to ionize atoms but in the material it interacts with. At high energy it becomes ionizing

Ionizing

has the ability to knock an electron from an atom, i.e. to ionize..

Main sources of ionizing radiation



■ Earth has been radioactive ever since its formation into a solid mass over $4\frac{1}{2}$ billion years ago. However, we have only known about radiation and radioactivity for just over one hundred years...

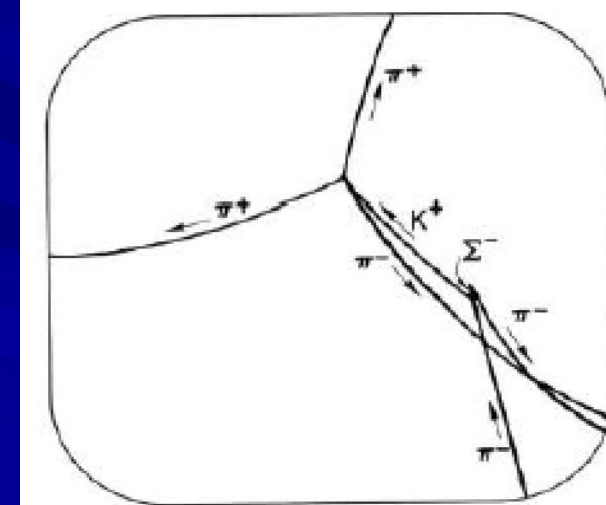
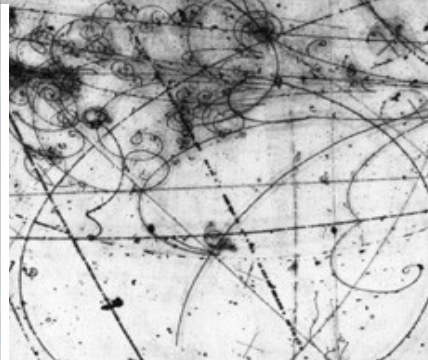
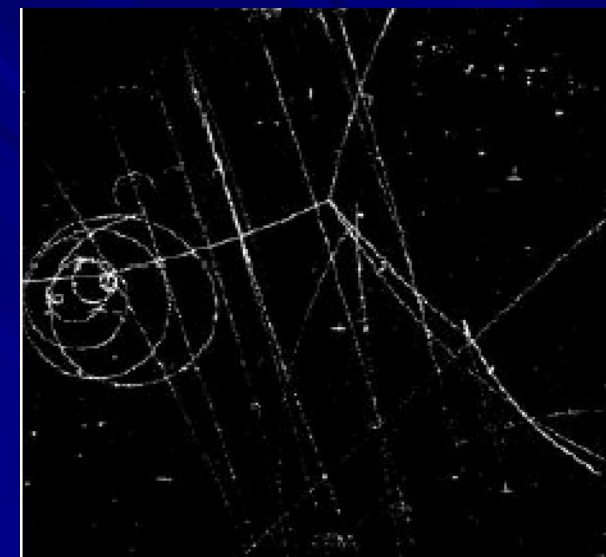
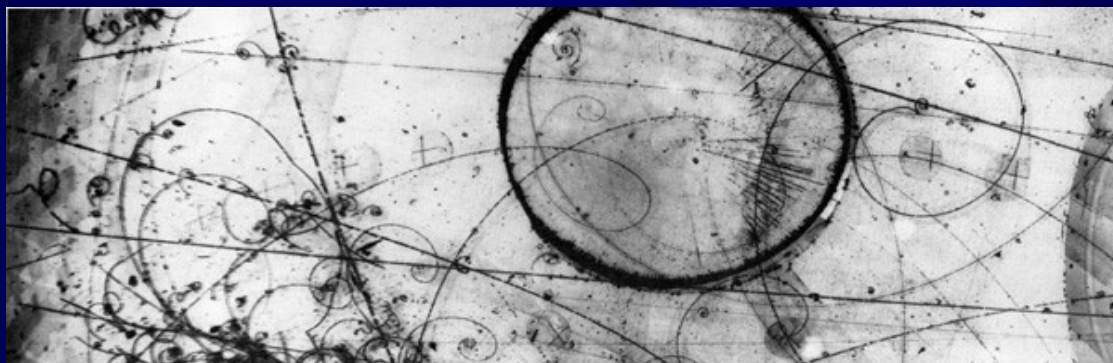
The detectors story



History and evolution of radiation detectors tools of discovery

- 1906: Geiger Counter, H. Geiger, E. Rutherford
- 1910: Cloud Chamber, C.T.R. Wilson
- 1928: Geiger-Müller Counter, W. Müller
- 1929: Coincidence Method, W. Bothe
- 1930: Emulsion, M. Blau
- 1940-1950: Scintillator, Photomultiplier
- 1952: Bubble Chamber, D. Glaser
- 1962: Spark Chamber
- 1968: Multi Wire Proportional Chamber, C. Charpak
- 1970: Silicon era
- Etc. etc. etc. → *In blue = Nobel Prize*

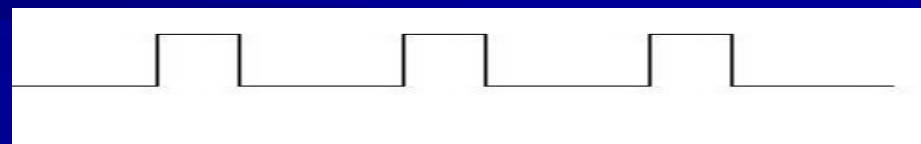
The prehistoric world the Bubble Chamber - 1955-1975



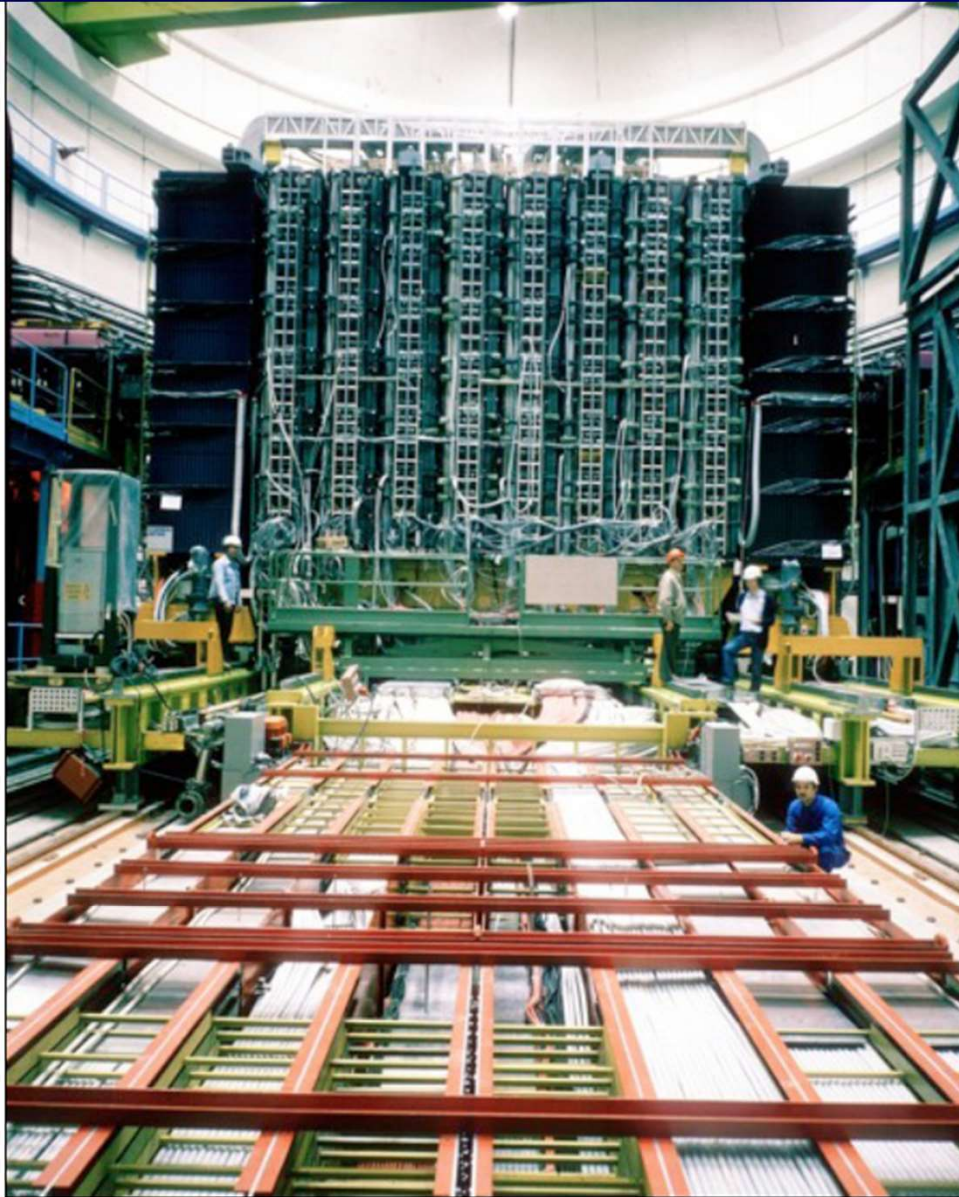
■ Our Roots back to
'triggerless DAQ'

4 April 2018

AMU presentation



the early Electronics image



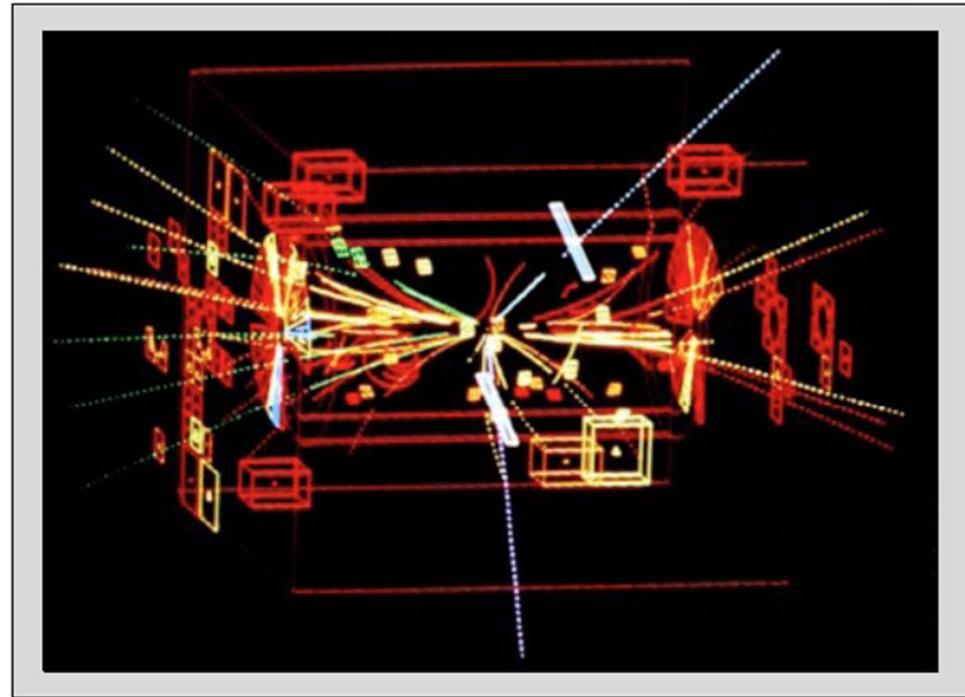
UA1
Detector

Discovery of the W/Z boson (1983)

Carlo Rubbia
Simon Van der Meer

[Nobel prize 1984]

First Z^0 particle seen by UA1

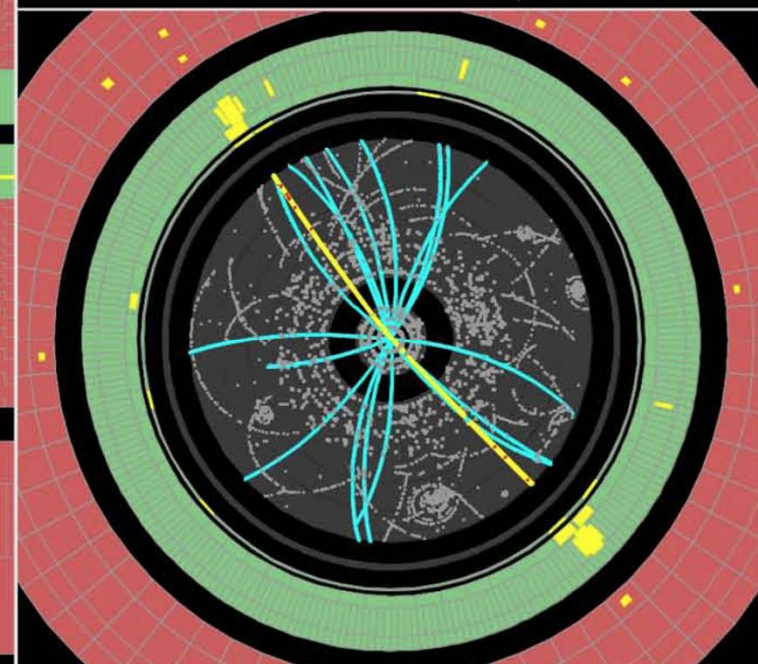
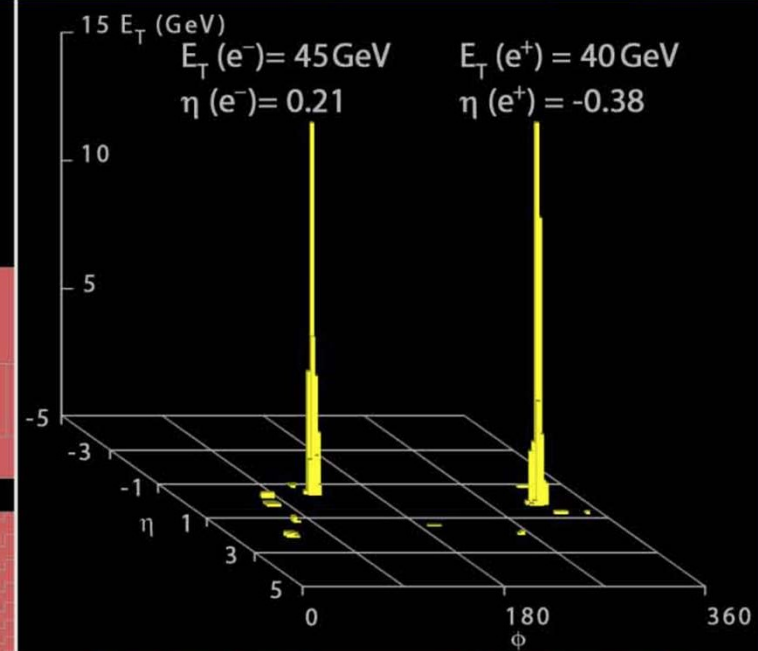
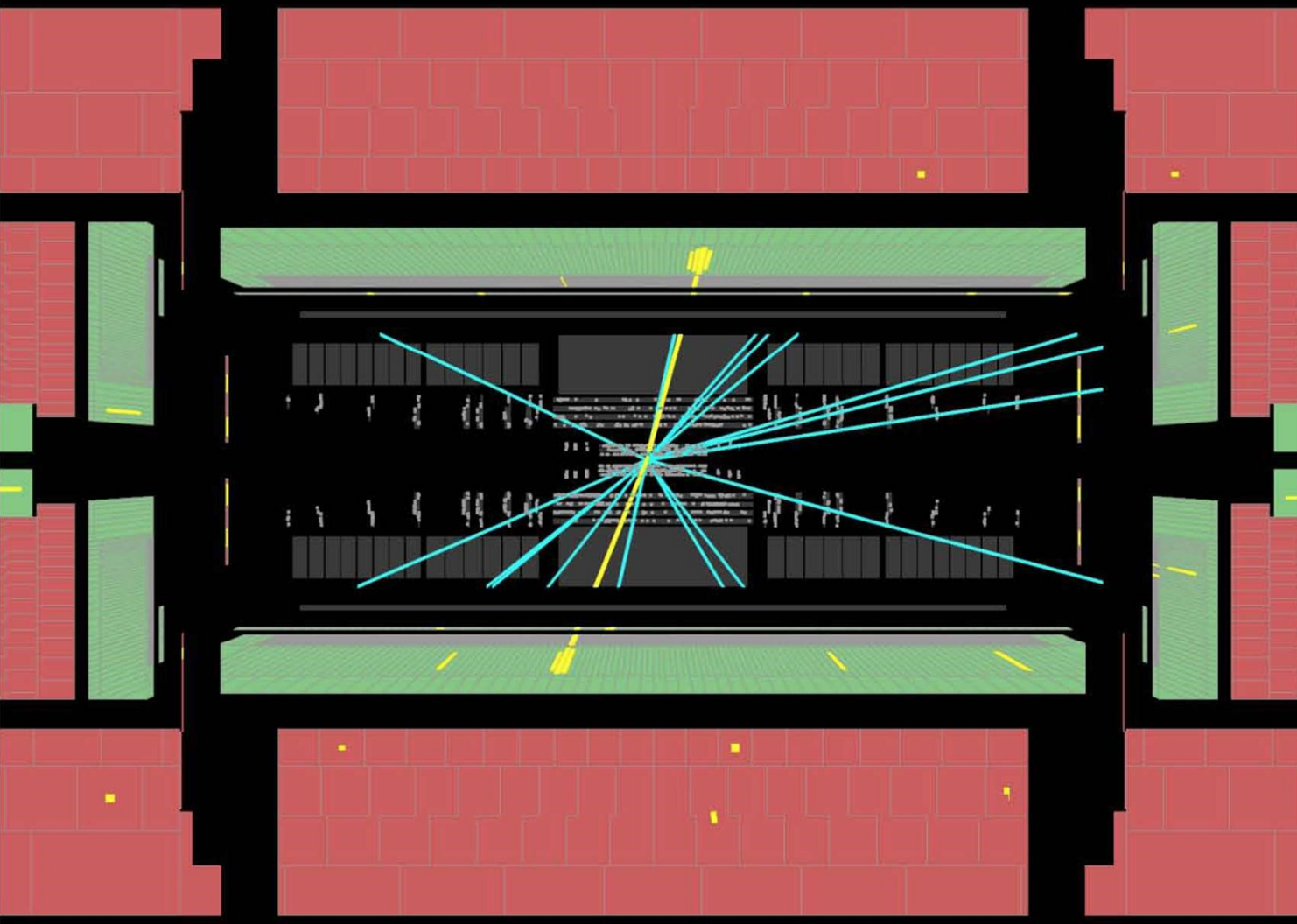


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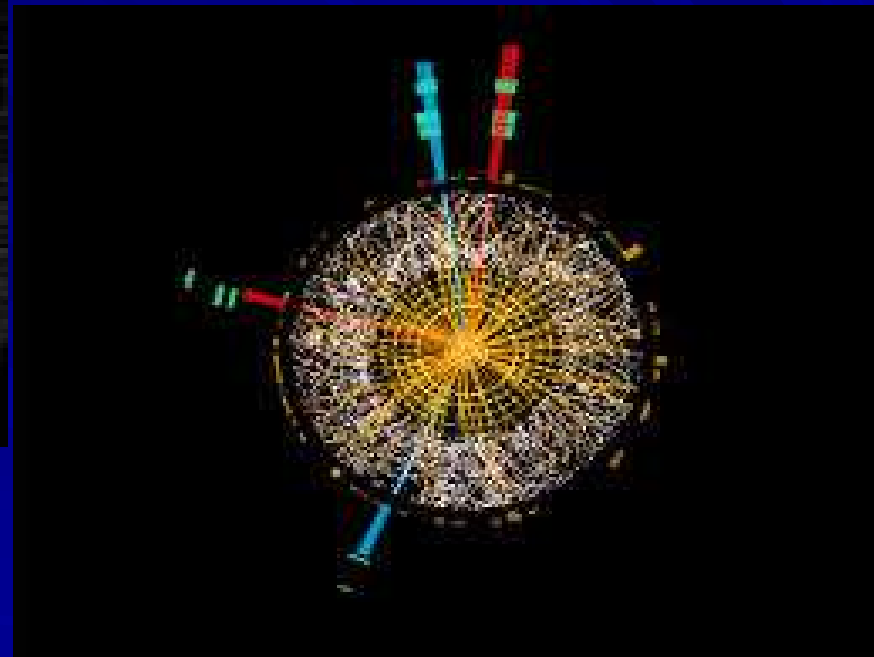
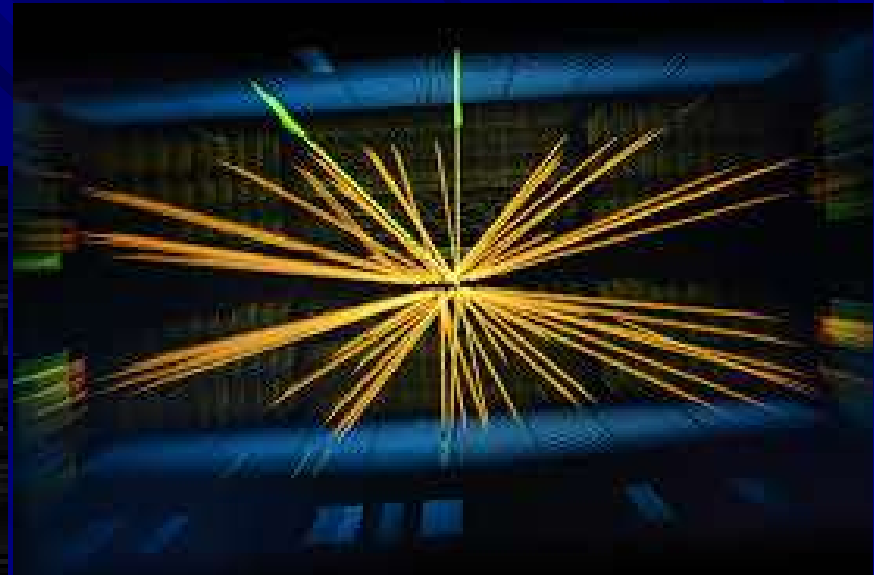
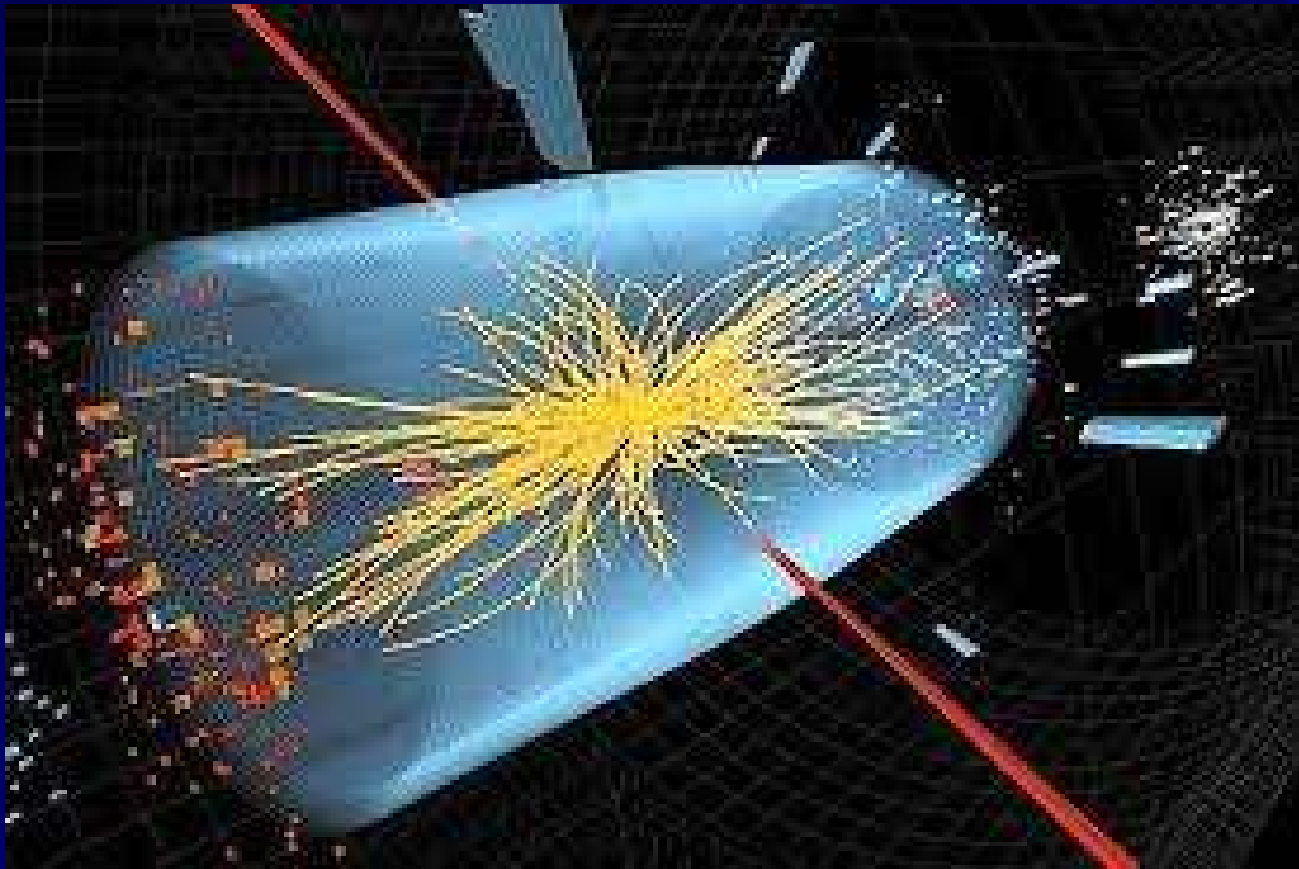
Date: 2010-05-09 09:41:40 CEST

$M_{ee} = 89 \text{ GeV}$

$Z \rightarrow ee$ candidate in 7 TeV collisions



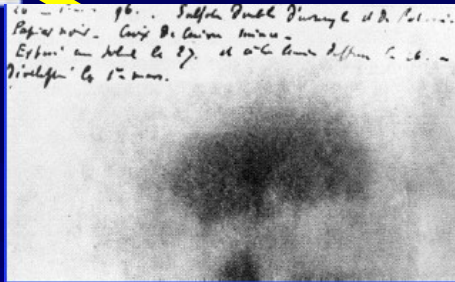
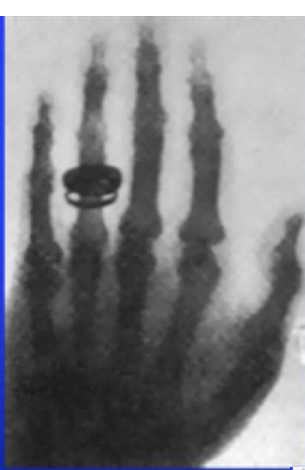
A Higgs image



Some history

How physics discoveries have impacted our life (1)

1895
W.C. Rontgen
Discovery of X Ray



1896 - Discovery of the natural radioactivity by Henri Becquerel

First image of potassium uranyl disulfide



RADIOACTIVITY

- 1898 Polonium Radium
- 1903 Nobel Prize together with Pierre
- 1911 Nobel Prize alone



Marie Curie

1898
Pierre and Marie Curie
the Radioactivity
Polonium, Radium



1910

X Ray
Radiography

1923 - The Tracer principle
G.V.Hevesy- the father of nuclear medicine



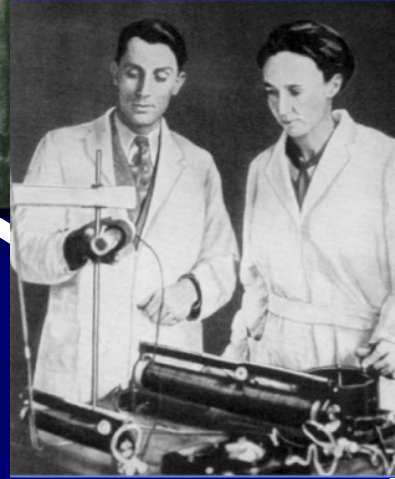
G.V.HEVESY

Tracer



Ernest O. Lawrence and his First cyclotron 1932

1932 - The Invention of the cyclotron
Production of radioisotopes



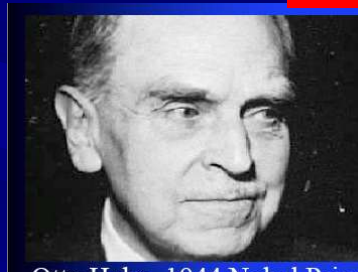
1934 - Artificial radioactivity
Irene and Frédéric Joliot Curie

How physics discoveries impact our life (2)

The discovery of artificial radioactivity in combination with the cyclotron open the door to the production of useful radio indicators. Practically any element could be bombarded in the cyclotron to generate radioactive isotopes.

1938-1942 Fission of Uranium

From discovery to first graphite miler in Chicago
To the Production of long lived radio-isotopes



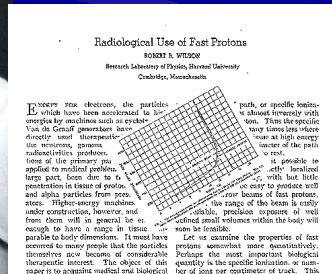
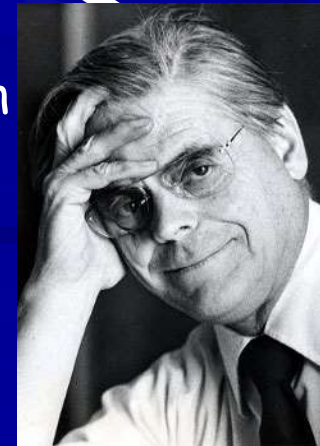
Otto Hahn, 1944 Nobel Prize



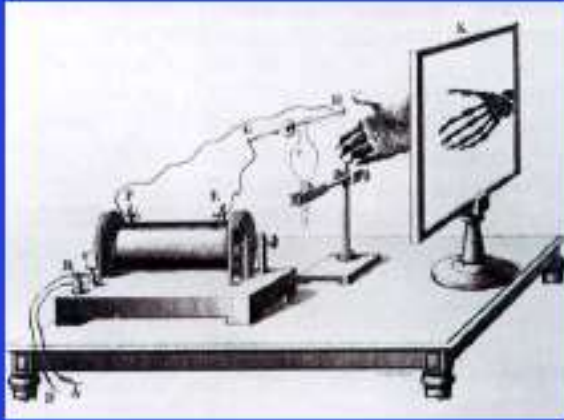
Enrico Fermi

O. Hahn
E. Fermi

1946 - R.R. Wilson
The origin of particle therapy
Using the Bragg peak discovery
AMU presentation (1903)



18 Nov, 1895 W.C. Röntgen discovers Xrays



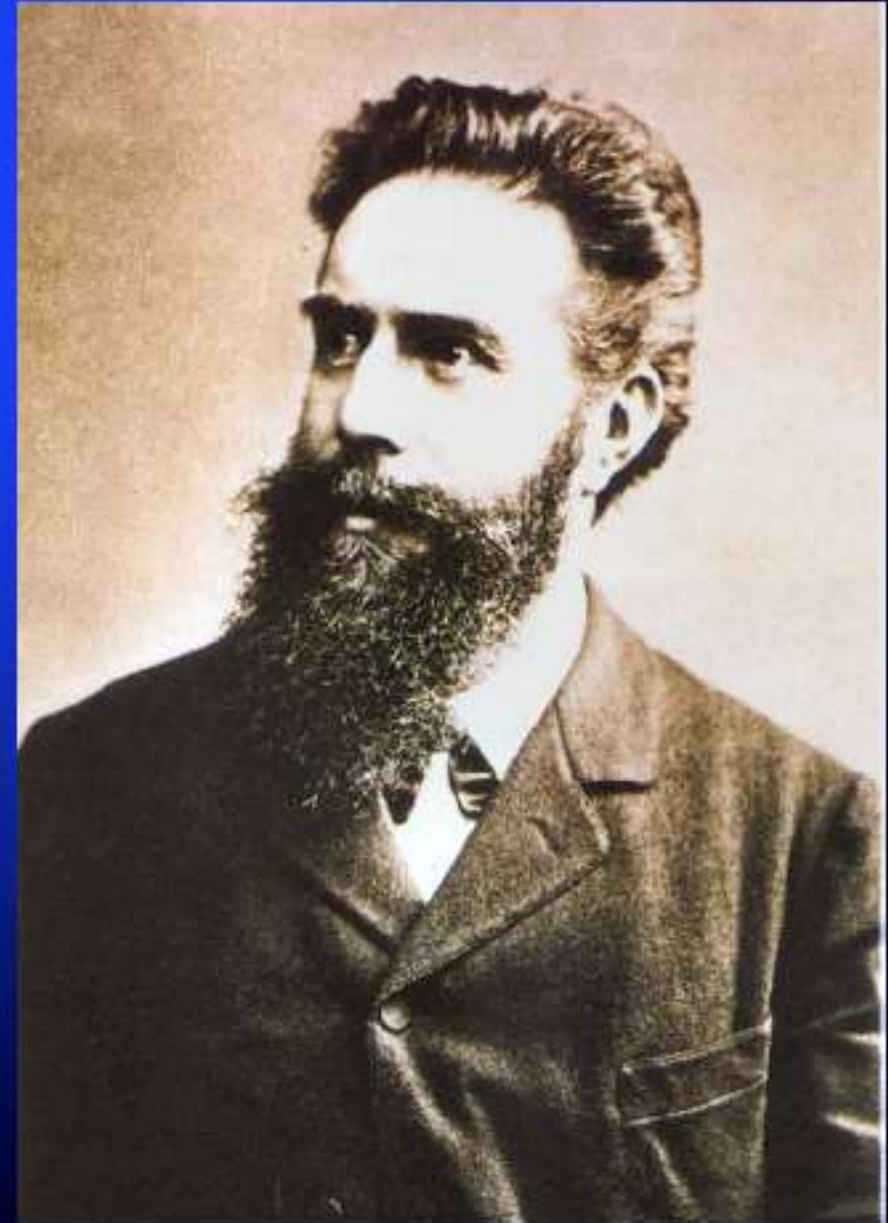
W.C.Röntgens experiment
in Würzburg



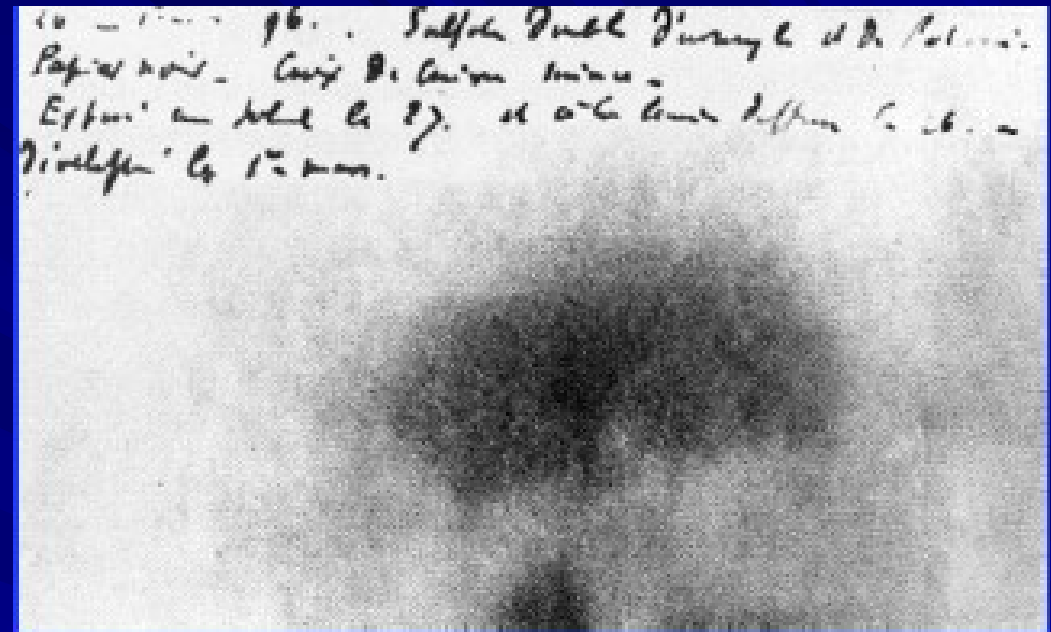
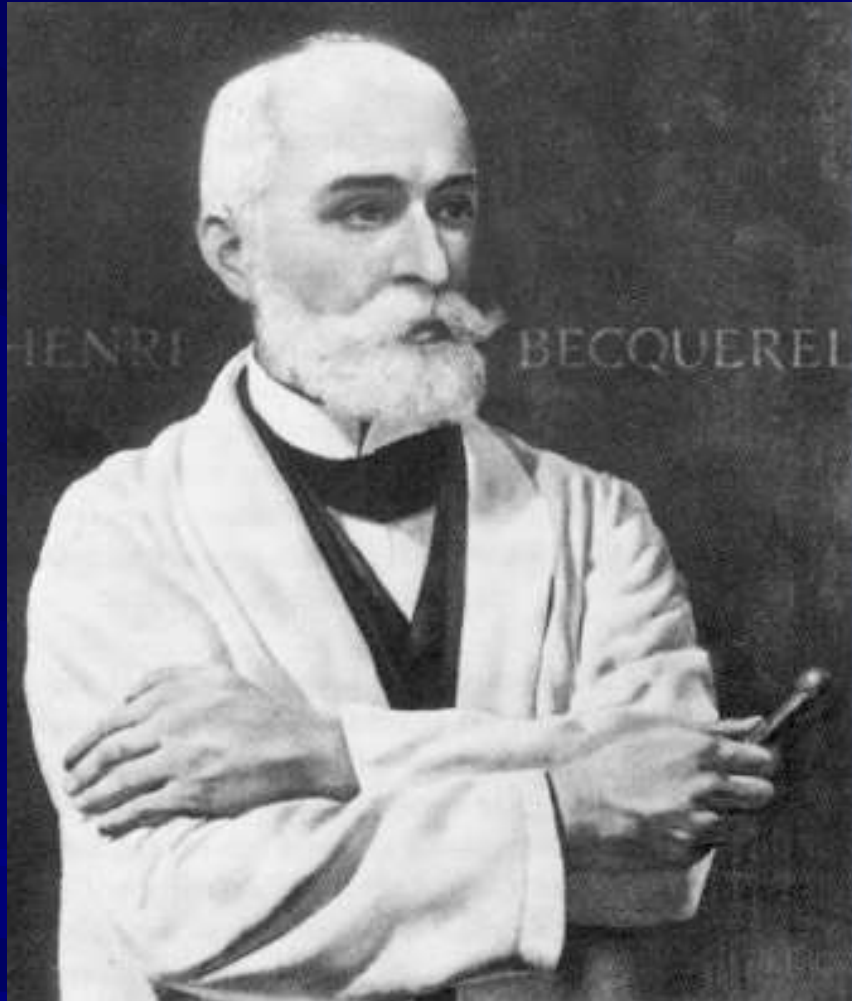
Radiograph of
Mrs.Röntgens hand,
the first x-ray image
ever taken,
22.Dec.1895, published in
The New York Times
January 16, 1896



An early XXth century
X-ray tube



1996 - Discovery of the natural radioactivity by Henri Becquerel



- First image of potassium uranyl disulfide

1898 the Radioactivity



with their daughter Irene

RADIOACTIVITY

1898 Polonium
Radium

1903 Nobel Prize
together with Pierre

1911 Nobel Prize
alone



Marie Curie

1897 Becquerel's friend, Pierre Curie, also Prof. of physics in Paris suggested to his young bride, Marie, that she study the phenomena discovered by H. Becquerel for her thesis. She found soon that some components of Uranium minerals were much more radioactive than Uranium itself. "**We shall call the mysterious rays 'radioactivity'**," she told to her husband Pierre, and the substances that produce the rays "**radioelements**".

1898 Pierre started to join Marie in the study of the mysterious rays. In **July** that year they reported the discovery of **Polonium** (^{210}Po) and in **December** they announced the discovery of the **Radium** (^{226}Ra)

1923 - The Tracer principle

G.V.Hevesy:

The Absorption and Translocation of Lead (ThB) by Plants [ThB = ^{212}Pb]
Biochem.J. 17, 439 (1923)

Measurements of the tracer's Radioactivity provided thousand fold increases in sensitivity and accuracy over existing chemical assays. The foundation and basic rationale of much of Hevesy visualized that **a radioactive atom might be used as a "representative" tracer of stable atoms of the same element** whenever and wherever it accompanied them in biological systems.

1943 Nobel Prize Chemistry



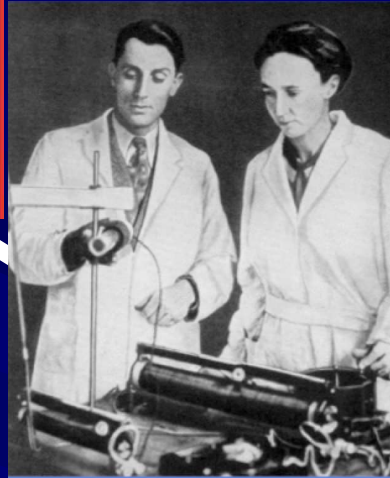
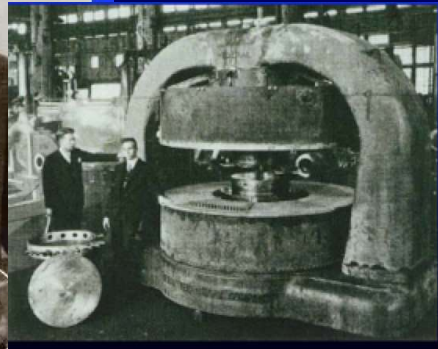
G.V.HEVESY

the father of Nuclear Medicine



Ernest O. Lawrence and his First cyclotron 1932

1932 - The Invention of the cyclotron
Production of radioisotopes

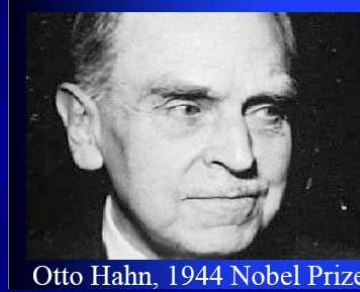


1934 - Artificial radioactivity
Irène and Frédéric Joliot Curie

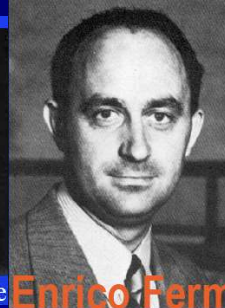
How physics discoveries impact our life (2)

1938-1942 Fission of Uranium

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Otto Hahn, 1944 Nobel Prize

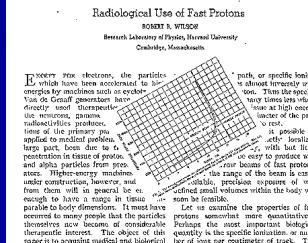
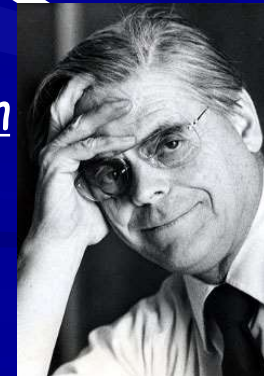


Enrico Fermi



O. Hahn
E. Fermi

1946 - R.R. Wilson
The origin of particle therapy
Using the Bragg peak discovery (1903)



1932 - The Invention of the cyclotron



Ernest O. Lawrence and his
First cyclotron 1932

E.O. Lawrence and M.S. Livingston
“The production of high speed Light
ions without the use of high voltages”,
A milestone in the production of
usable quantities of radionuclides.

E.O Lawrence
and
M.S. Livingston
with the 27-inch
cyclotron at
Berkeley 1933,
the first cyclotron
that produced
radioisotopes



1934 - Artificial radioactivity

Irène & Frederic Joliot-Curie

1934 Nature, February 10

1935 Nobel Prize

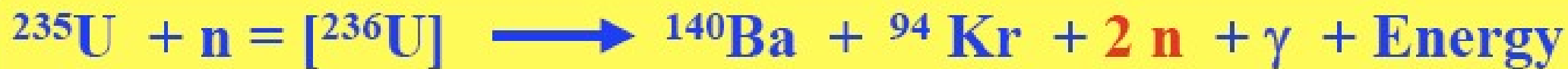
“Our latest experiments have shown a very striking fact: when aluminum foil is irradiated on a polonium preparation, the emission of positrons does not cease immediately when the active preparation is removed. The foil remains radioactive and the emission of radiation decays exponentially as for an ordinary radioelement. We observed the same phenomena with boron and magnesium.”



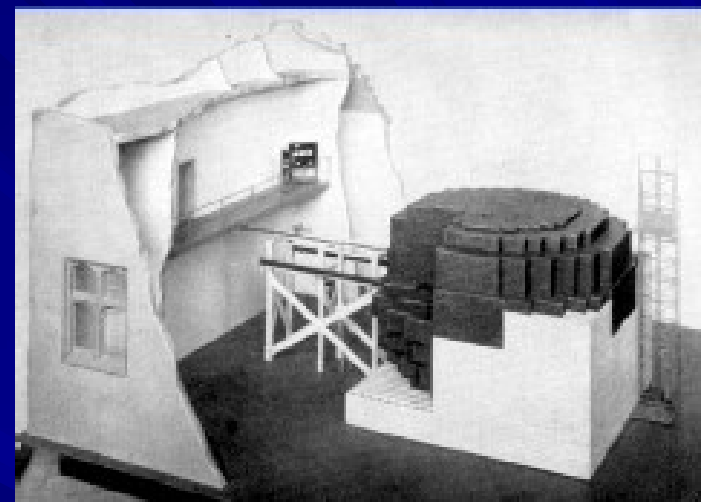
- The combination with the cyclotron open the door to the production of useful radio indicators. Practically any element could be bombarded in the cyclotron to generate radioactive isotopes.

- 1935 Nature 136, 754 O.Chievitz and G.V.Hevesy
Radioactive indicators in the study of phosphorus metabolism in rats (^{32}P)
- 1937 Radiology 28, 178 J.G.Hamilton, R.S.Stone:
The administration of radio-sodium (^{24}Na)
- 1938 Proc.Soc.Exp.Biol.Med. 38, 510 S.Hertz, A.Roberts, R.D.Evans
Radioactive iodine (^{128}I) – Study of thyroid physiology
- 1939 Proc.Soc.Exp.Biol.Med. 40, 694, J.H.Lawrence, K.G.Scott:
Metabolism of phosphorus (^{32}P) in normal and lymphomatous animals
- 1940 Am.J.Physiol. 131, 135 J.G.Hamilton, M.H.Soley:
Studies of **iodine** metabolism by thyroid in situ
- 1940 J.Biol.Chem. 134, 543 J.F.Volker, H.C.Hodge, H.J.Wilson
The adsorption of fluoride (^{18}F) by enamel, dentine, bone and hydroxyapatite
- 1945 Am.J.Physiol. 145, 253 C.A.Tobias, J.H.Lawrence, F.Roughton
The elimination of **11-C**-Carbon monoxide from the human body

1938-1942 Fission of Uranium

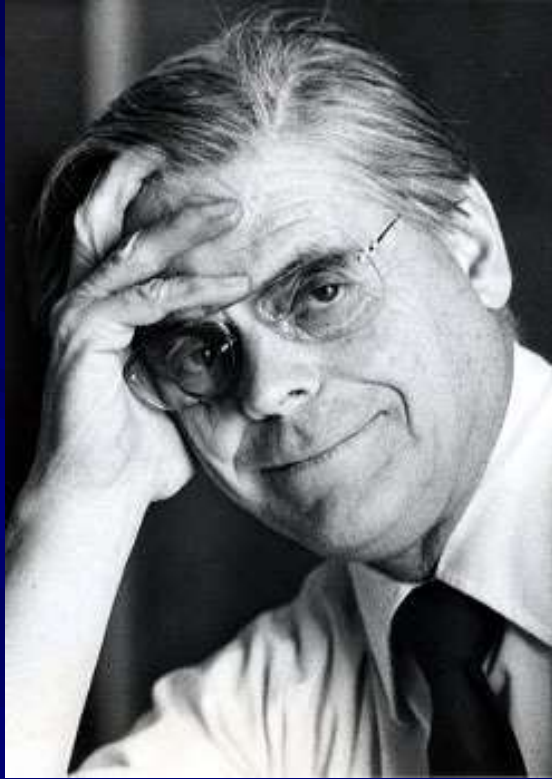


Otto Hahn, 1944 Nobel Prize



- From discovery to first graphite miler in Chicago
- Production of long lived radio-isotopes

1946 - The origin of particle therapy

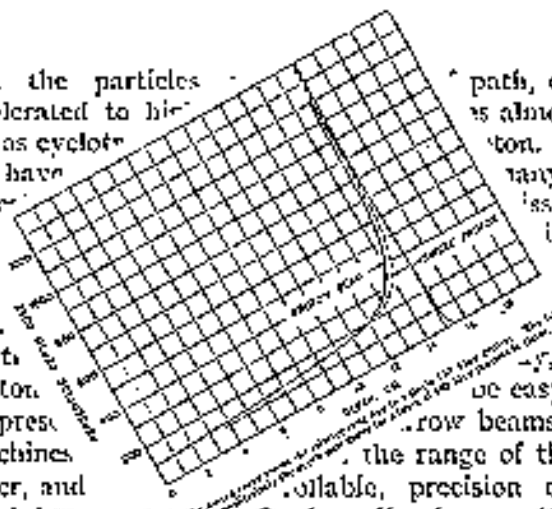


Radiological Use of Fast Protons

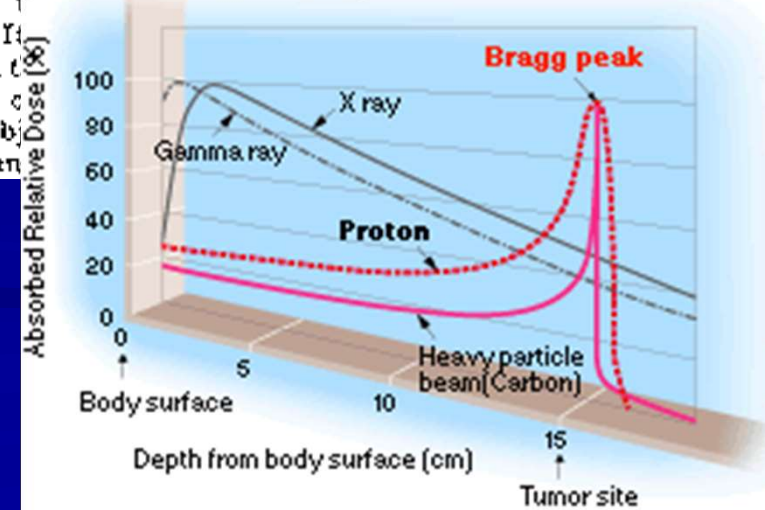
ROBERT R. WILSON

Research Laboratory of Physics, Harvard University
Cambridge, Massachusetts

EXCEPT FOR electrons, the particles which have been accelerated to high energies by machines such as cyclotrons and Van de Graaff generators have not been directly used therapeutically. The neutrons, gamma rays, and radioactivities produced by the fission of the primary particles have been applied to medical problems. The large part, however, has been due to the penetration in tissue of protons and alpha particles from prescintillators. Higher-energy machines are under construction, however, and from them will in general be possible enough to have a range in tissue comparable to body dimensions. It has occurred to many people that the use of these particles now becomes of scientific interest. The object of this paper is to acquaint medical and



[Dose Distribution Curve]



R.R. Wilson, Radiology 47(1946), 487-491

■ The origin of particle therapy using the Bragg peak discovery (1903)

Isotopes in medicine

DIAGNOSIS		THERAPY		
in vitro	in vivo	internal		external
		systemic	sources	tele radio
^{14}C ^3H ^{125}I others	<div style="border: 1px solid red; padding: 2px; display: inline-block;">$^{99}\text{Mo}-^{99\text{m}}\text{Tc}$</div> ^{201}Tl ^{123}I ^{111}In ^{67}Ga $^{81}\text{Rb}-^{81\text{m}}\text{Kr}$ others β^+ emitters for PET ^{18}F , ^{11}C , ^{13}N , ^{15}O ^{86}Y , ^{124}I $^{68}\text{Ge}-^{68}\text{Ga}$ $^{82}\text{Sr}-^{82}\text{Rb}$	^{131}I , ^{90}Y ^{153}Sm , ^{186}Re $^{188}\text{W}-^{188}\text{Re}$ ^{166}Ho , ^{177}Lu , others α -emitters: $^{225}\text{Ac}-^{213}\text{Bi}$ ^{211}At , ^{223}Ra ^{149}Tb e^- -emitters: ^{125}I	sealed sources ^{192}Ir , ^{182}Ta , ^{137}Cs many others needles for brachytherapy: ^{103}Pd , ^{125}I many others stands ^{32}P and others seeds ^{90}Sr or ^{90}Y , others applicators ^{137}Cs , others	^{60}Co gamma knife ^{137}Cs blood cell irradi- ation

Effects of radiation on human body

*What is a Curie, Bequerel,
Seivert?*

From Prof. Aurengo - Hopital de la Salpetriere - Paris

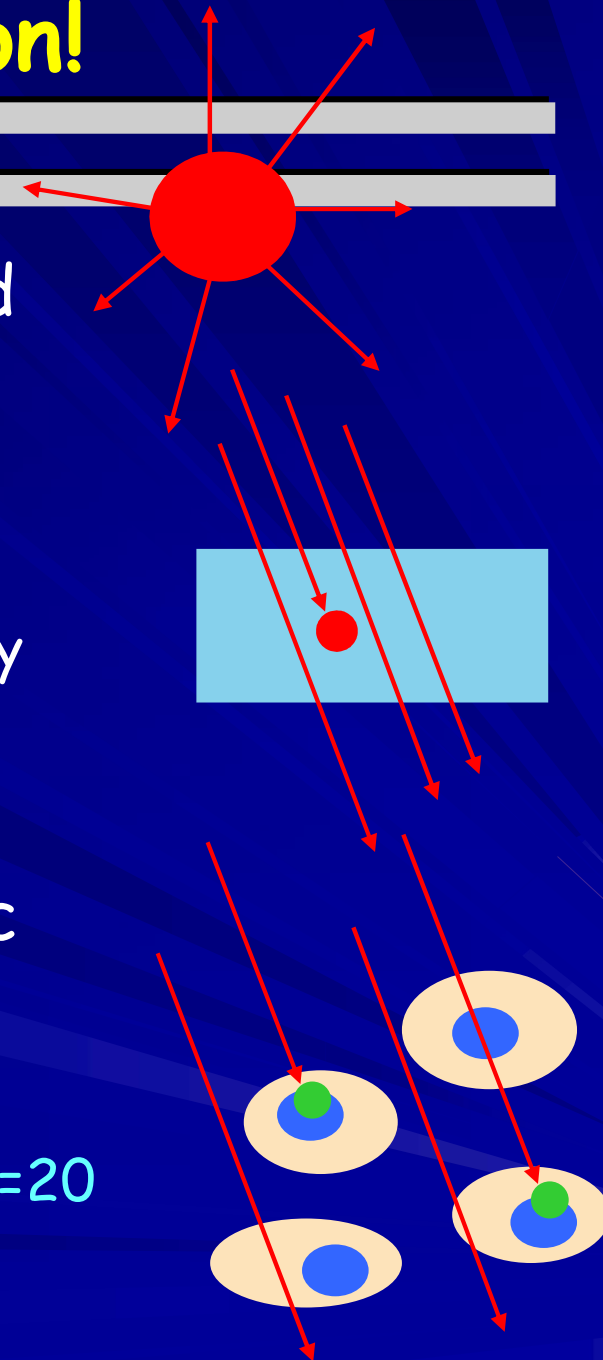
July 2019

ICISE_School



The Units - a bit of definition!

- Activity = Number of decays per second
 - Becquerel Bq : 1 decay / second
 - Curie Ci : 37×10^9 Bq (37 GBq)
- Dose : specificity of radiation effects
 - ionisation, modification of biological activity
 - absorbed energy / mass unit
 - Gray Gy : 1 joule / kilogram
- Effective dose : indication of global risk
 - = absorbed dose \times WR* \times WT**
 - Sievert Sv
 - WR* = 1 pour RX, beta and gamma, p=5, $\alpha=20$
 - WT** = 0.05 for thyroid, 0.01 for skin



Effective dose values

- 10.000 mSv : high irradiation / rapid death
- 1.000 mSv : moderate irradiation / clinical visible signs (burn...)
- 5 mSv : annual irradiation in Clermont-Ferrand (volcanic soil)
- 2,5mSv : annual irradiation in Paris
- 1 mSv : legal limit irradiation in France
- 1 mSv : average annual medical irradiation in France

A simple exemple

a 'standard' Scintigraphy exam

	W_R	W_T	%
RX : 100 mGy / 50 cm ² skin	1	0,01	30 %
¹³¹ I : 10 mGy / thyroïde	1	0,05	100 %

$$\text{Effect dose} = (100 \times 1 \times 0,01 \times 0,30) + (10 \times 1 \times 0,05 \times 1) \\ = 0,8 \text{ mSv}$$

- Sv= Unit well adapted to radioprotection
- However : why this official' limit of 1 mSV/ year is so low ?
 - No sanitary argument : industrial irradiation :10 -15 μ Sv
 - Interpretation of the 'low' absolute value might be controversial!
- Do not take into account debit and age ..an personal sensitivity

Variation of natural radioactivity

■ Cosmic rays

- sea level 0,25 mSv / year
- Mexico (2240 m) 0,80 mSv / year
- La Paz (3900 m) 2,00 mSv / year

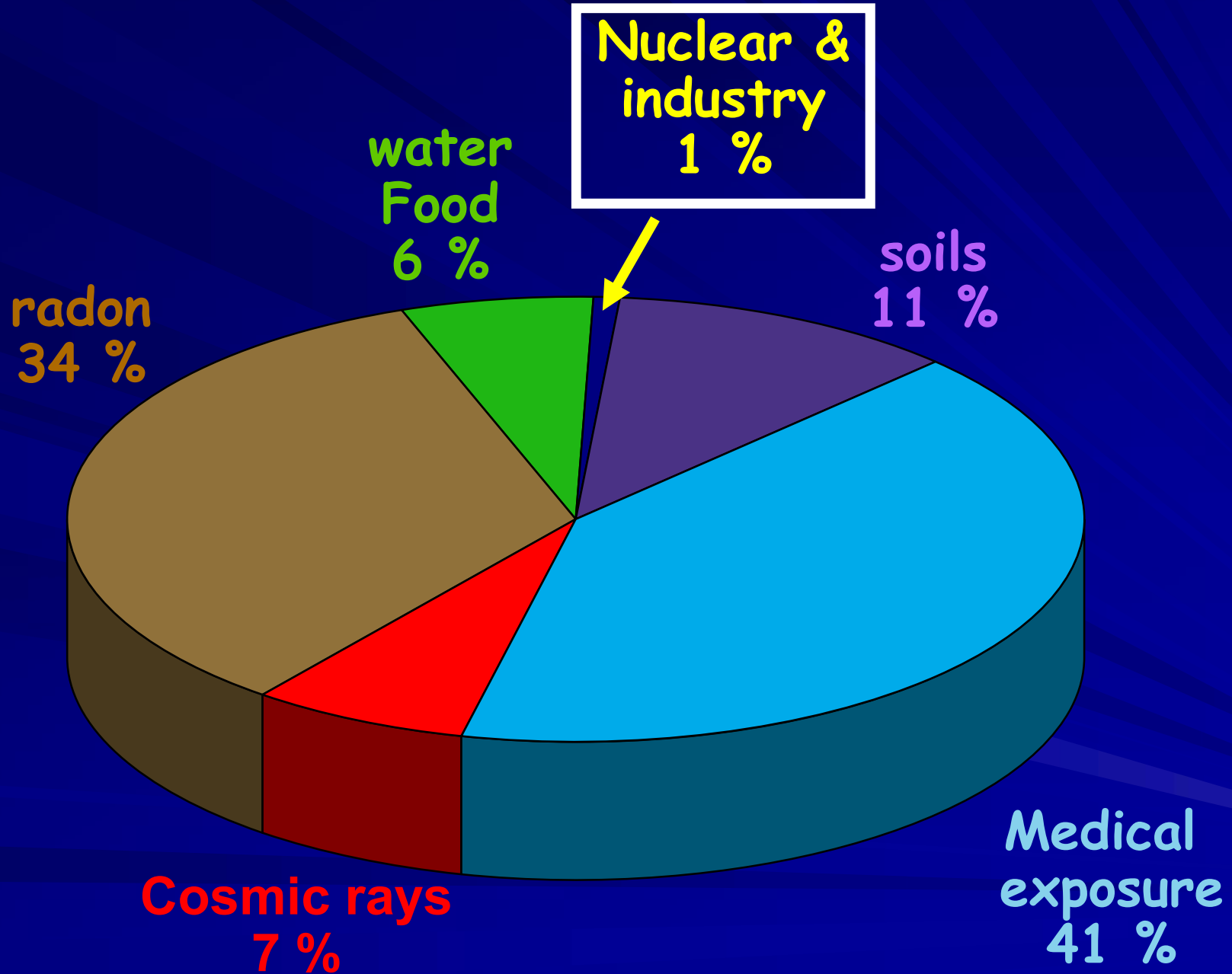
■ External exposure due to earth exposure

- average 0,9 mSv / year
- Espirito Santo (Bresil) 35 mSv / year
- Maximum (Iran) 250 mSv / year
- Marseille (France) 0,20 mSv / year
- Limousin (France) 1,20 mSv / year

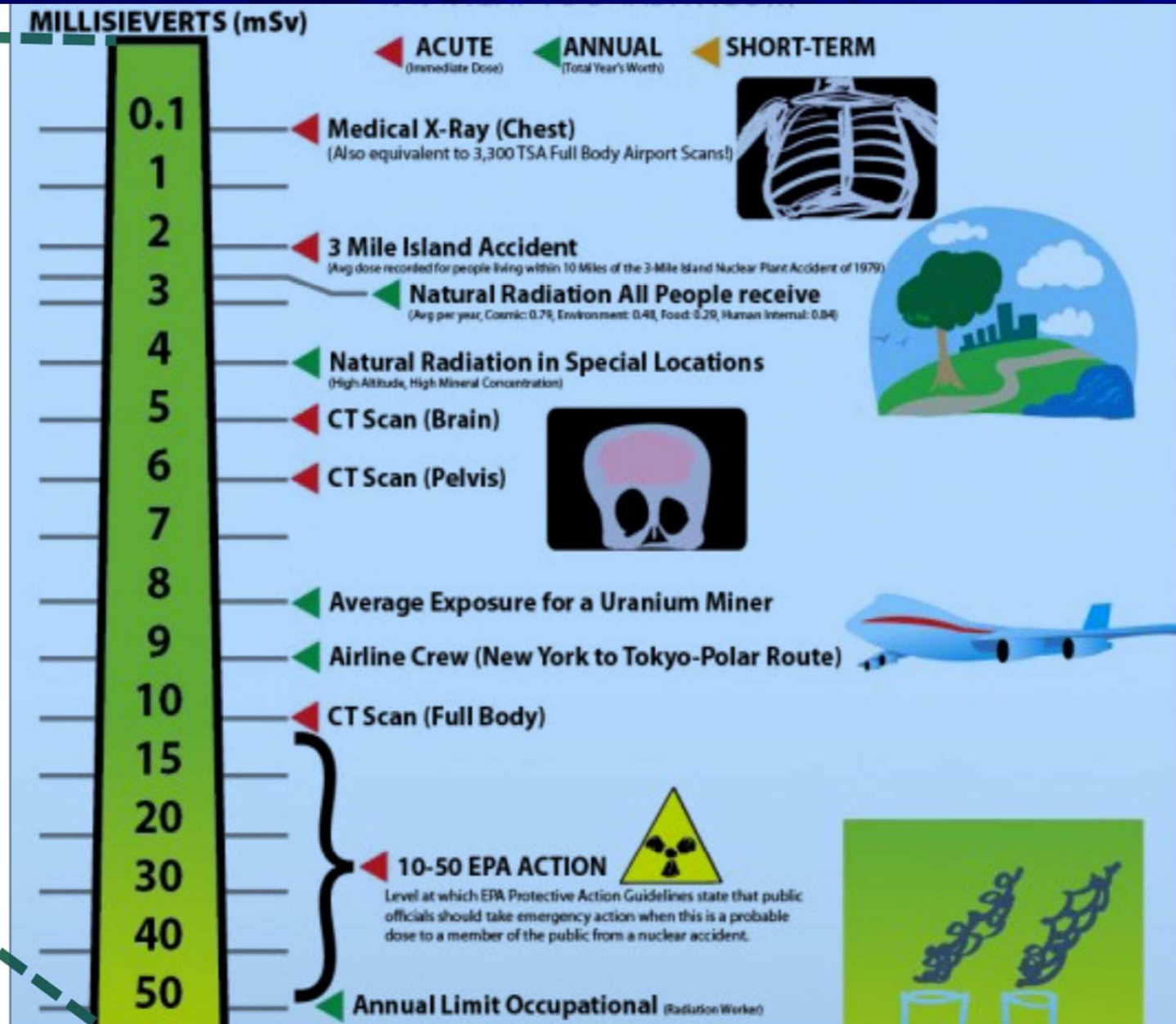
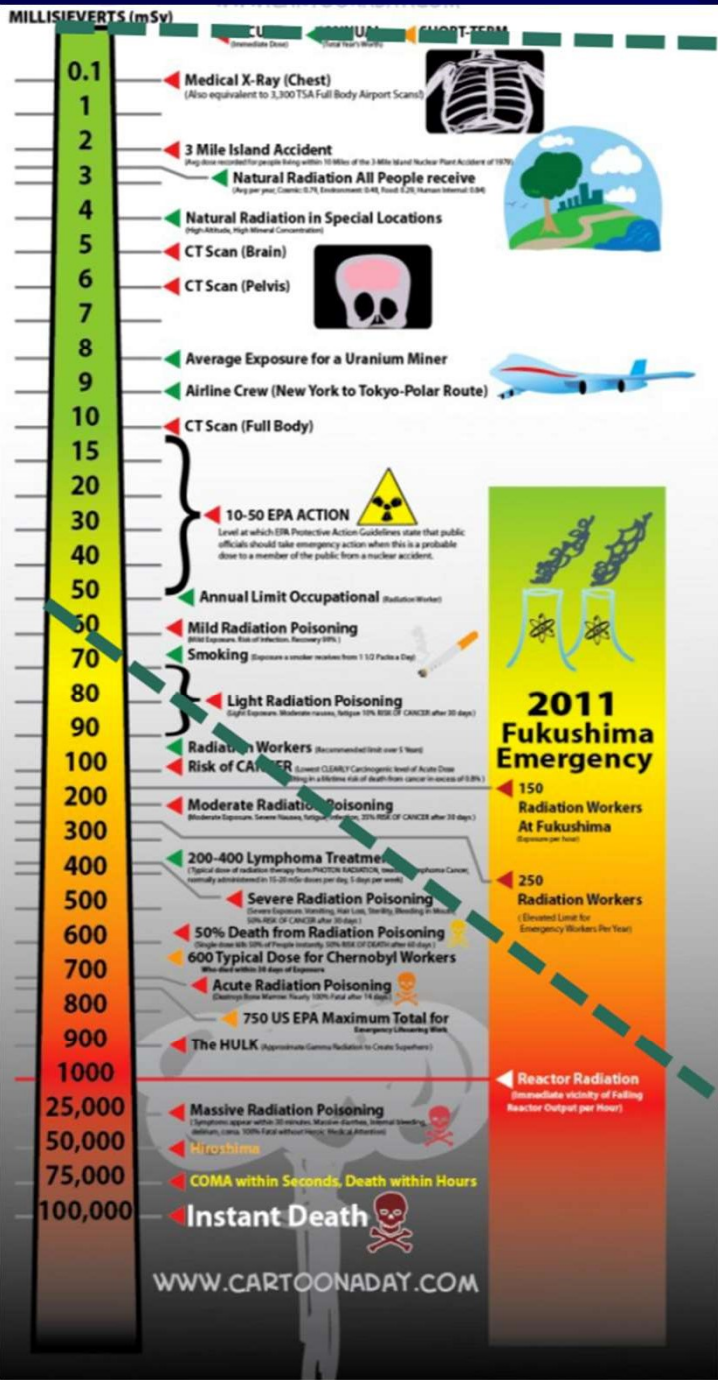
■ Internal exposure due to water

- Evian water 0,03 mSv / year
- St Alban water 1,25 mSv / year

Natural versus medical irradiation



Typical radiation doses





1910

2010



Radiology

Common tools & techniques

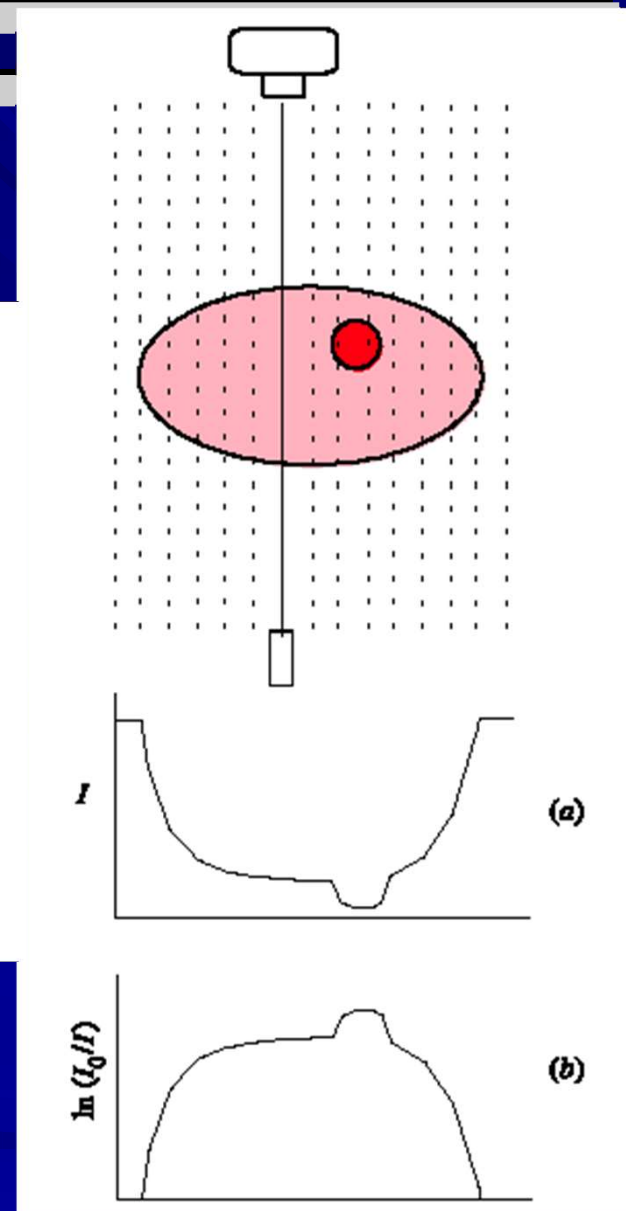
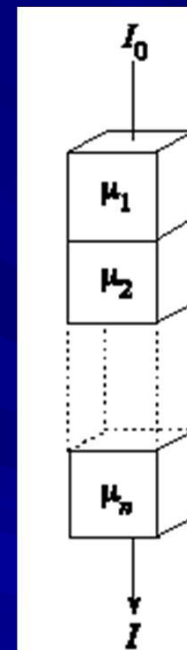


Radiology principle

- The most common exam
- Transmission of X rays through tissue

$$I = I_0 \exp\left(-x \sum_{i=1}^n \mu_i\right)$$

$$\ln \frac{I_0}{I} = x \sum_{i=1}^n \mu_i$$

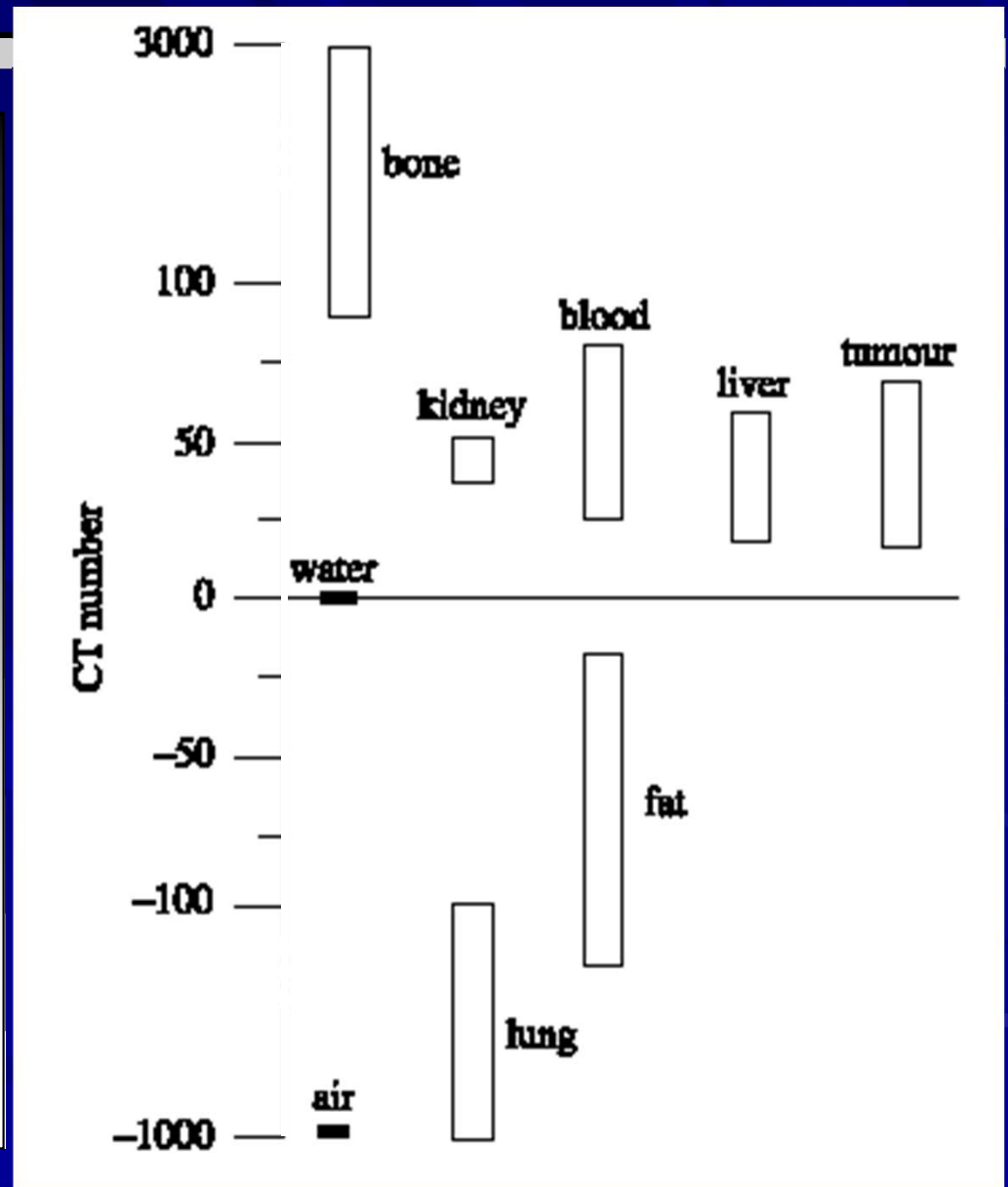


Radiology problem = contrast

■ How to get the best contrast?

black

white



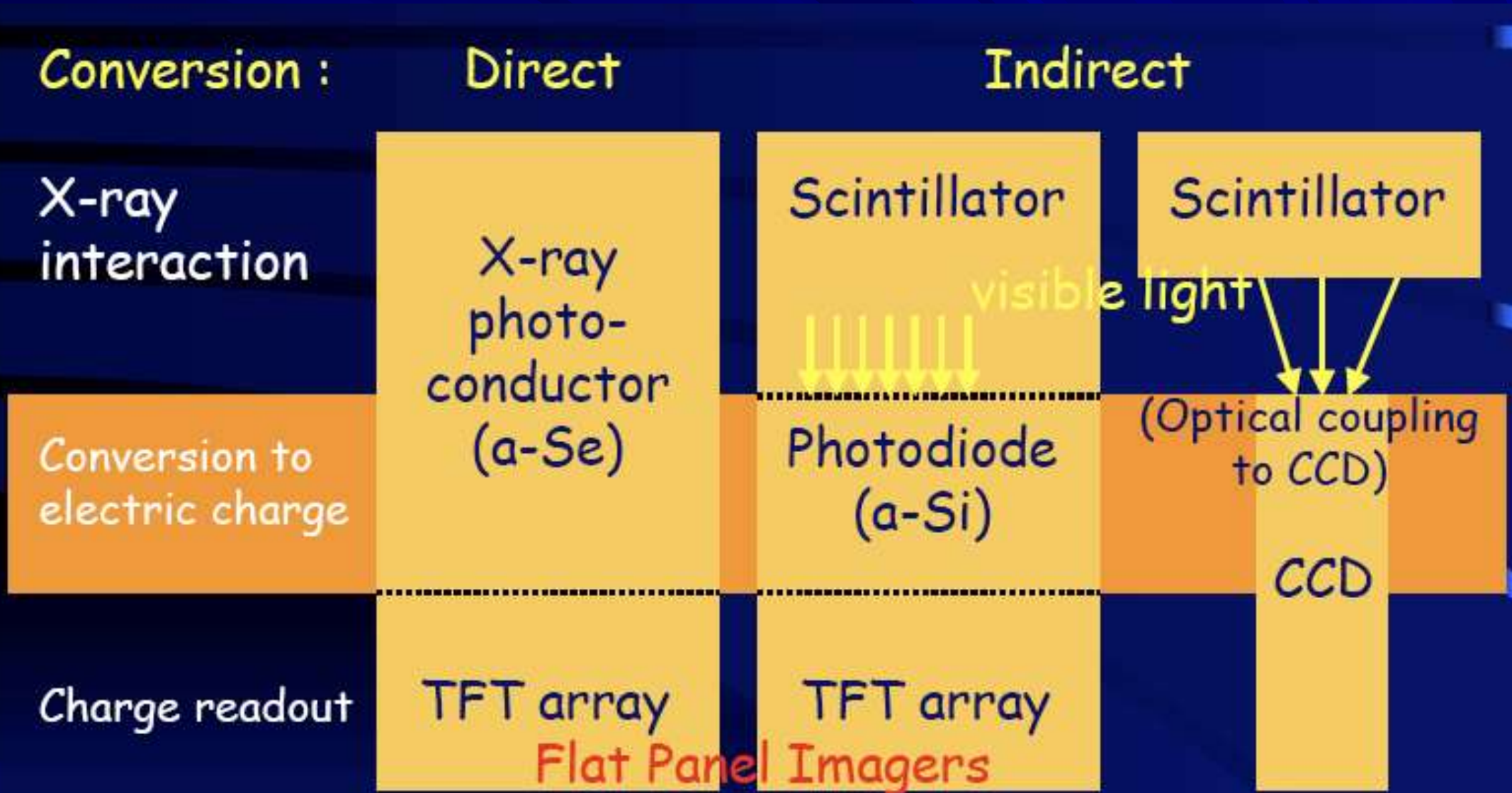
Detection techniques

- The standard : film screen system
- How to replace the film
 - More sensitive --> better contrast
 - Less dose
 - Affordable ?

Type of detector	Dynamic range
film-screen system	30:1
image intensifier	100:1
CCD detector	1000:1
flat panel detector	10,000:1
computed radiography	40,000:1



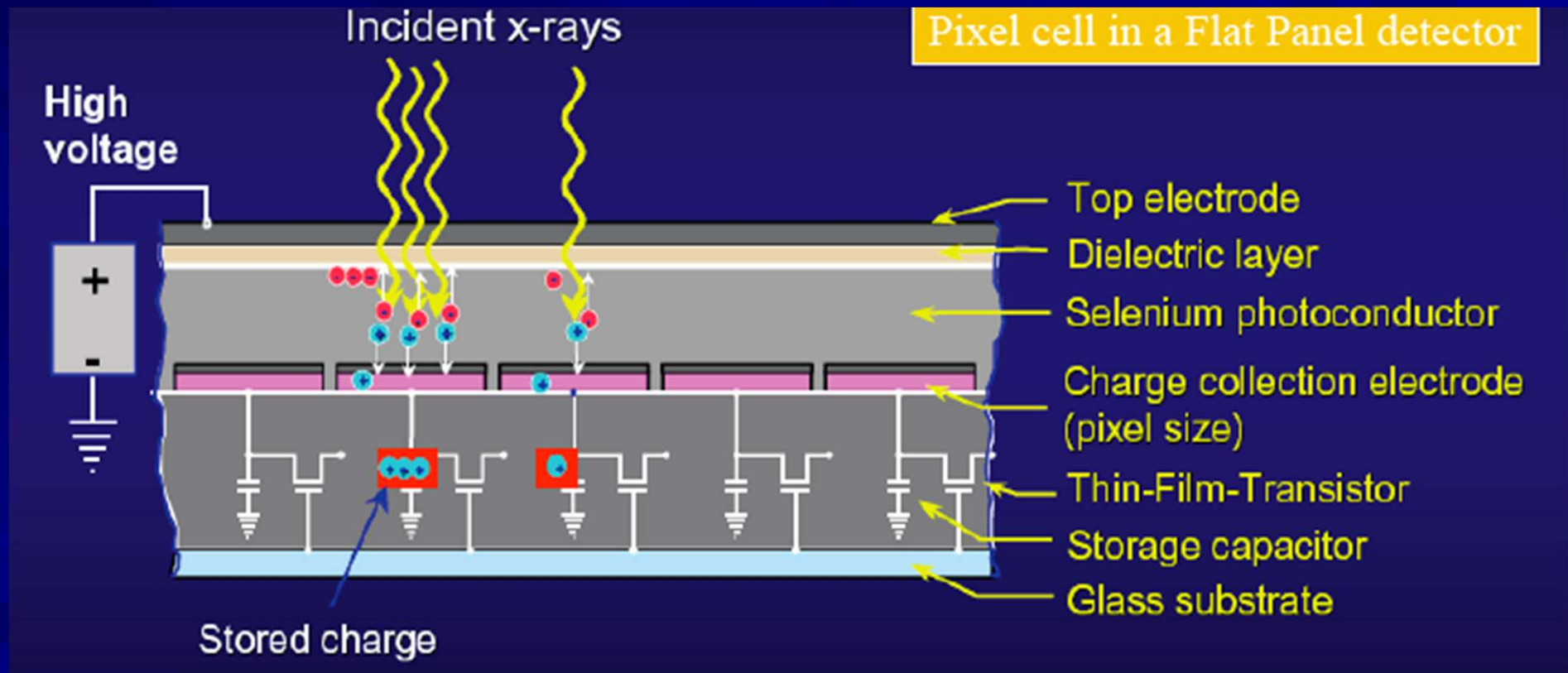
Radiology survey of electronically readable detectors



Radiology: Flat panel direct detection

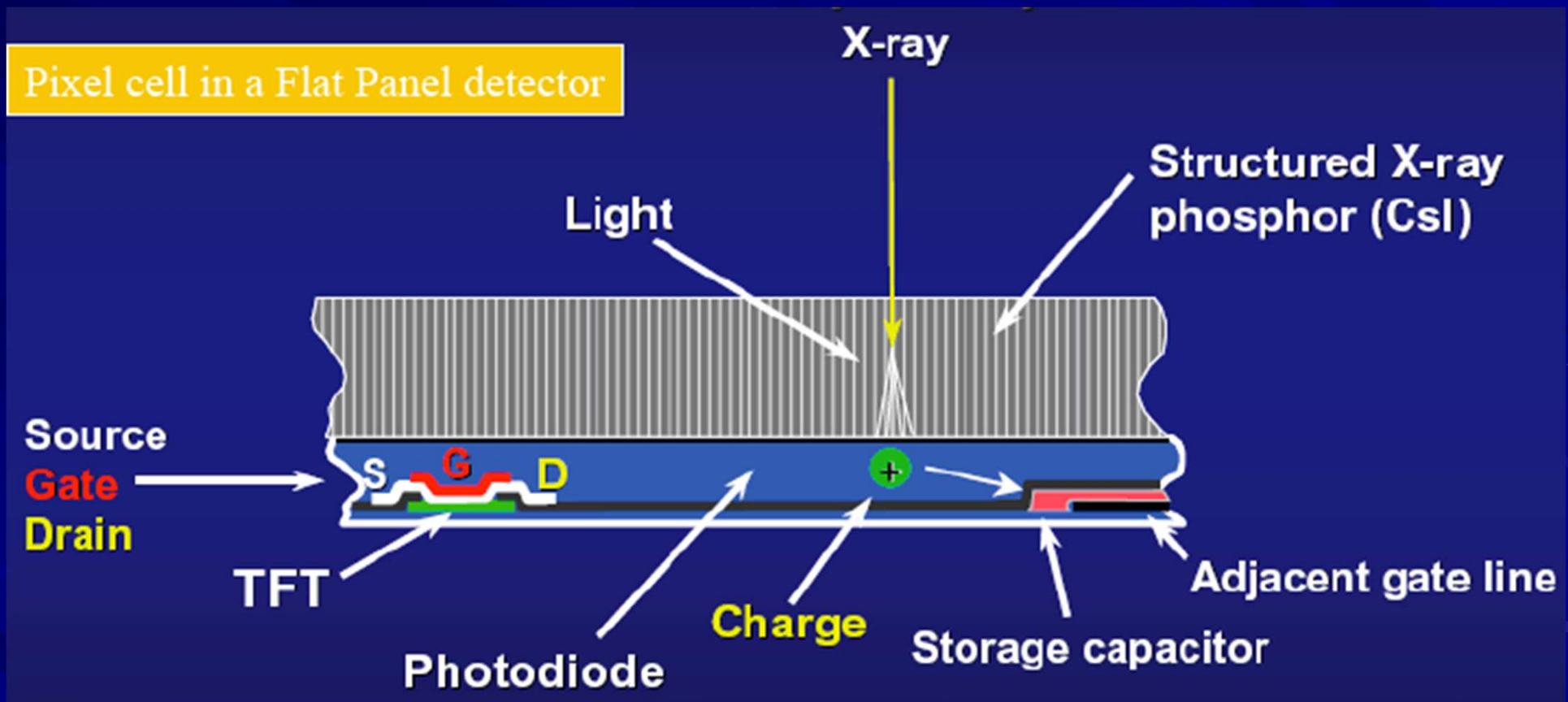
■ Xray ----> electron --> electric signal

Selenium



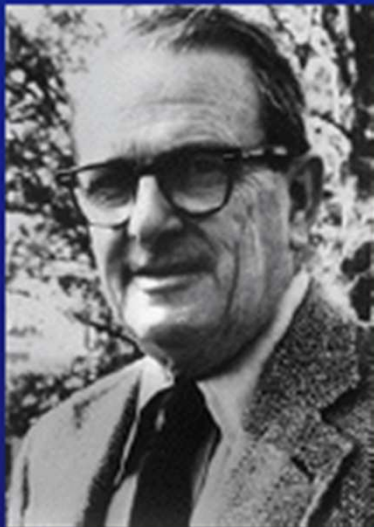
Radiology : Flat panel indirect detection

- Xray --> Light --> electron ---> electronic signal

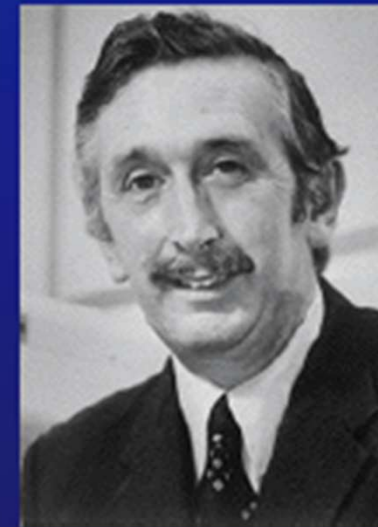
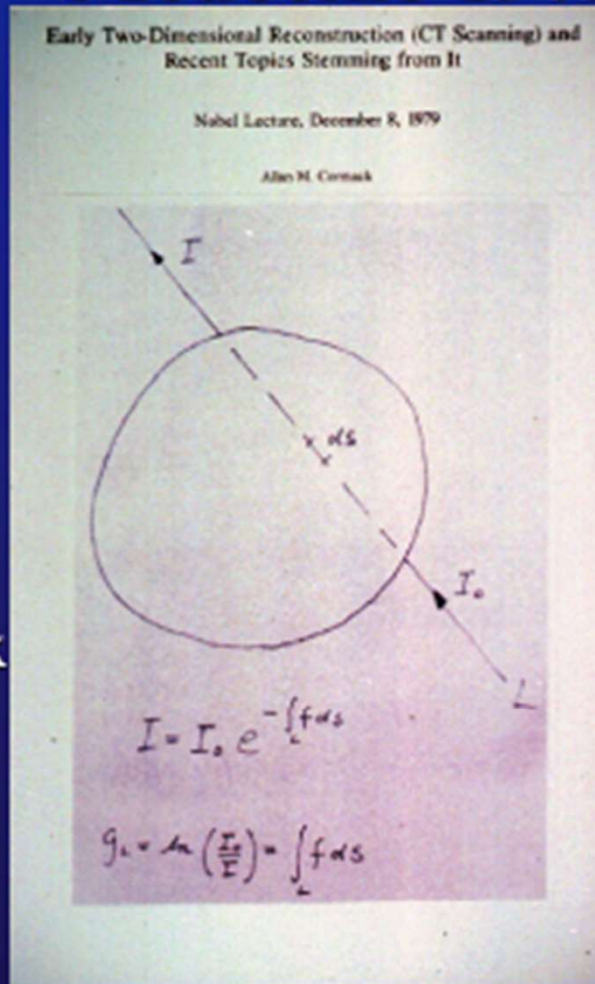


State of the art :Computed Tomography (CT)

Nobel Price Physiologi and Medecine 1979

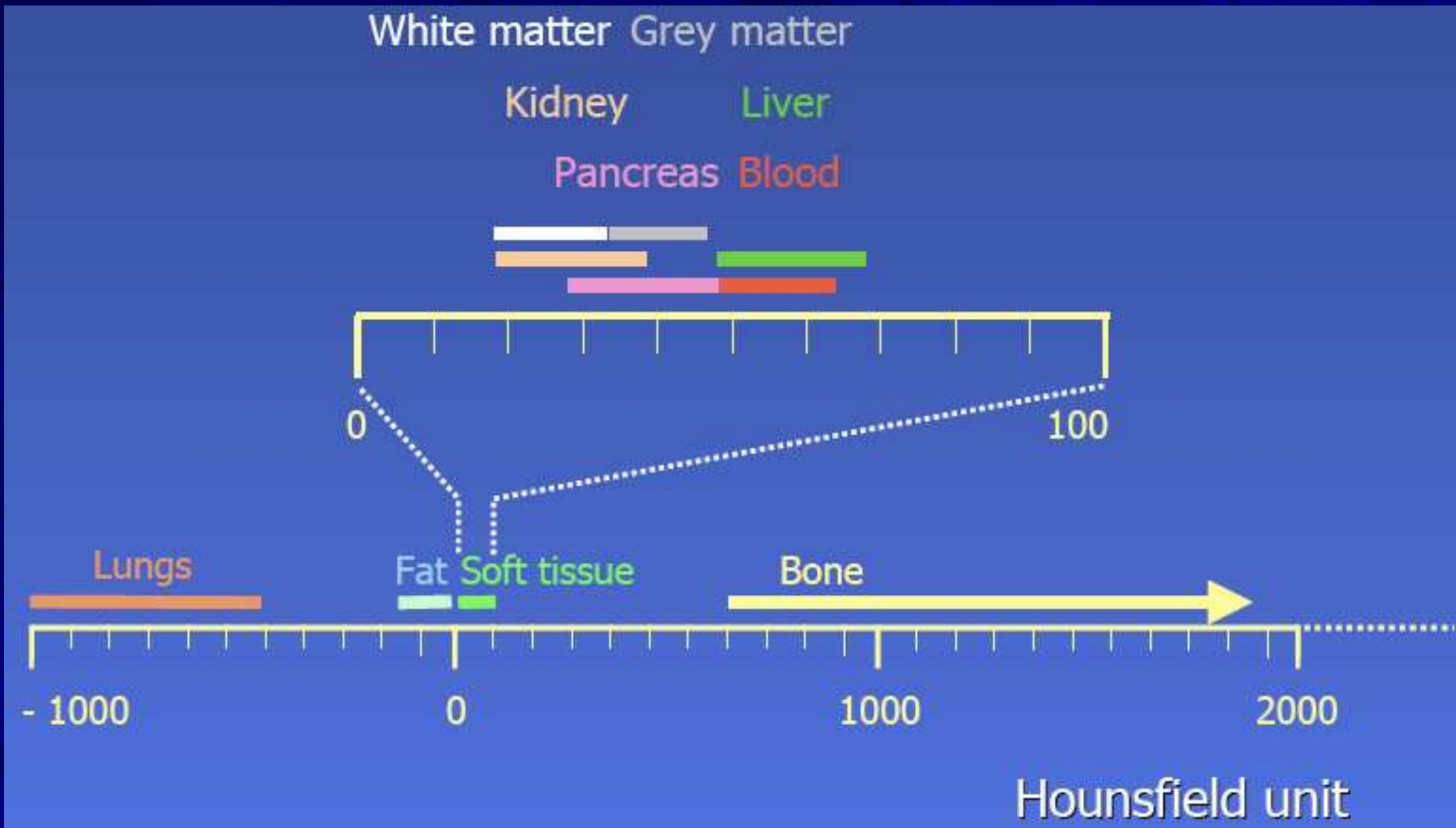


Allan MacLeod Cormack
Physicien Nucléaire
Cape Town
Harvard University
Tufts University

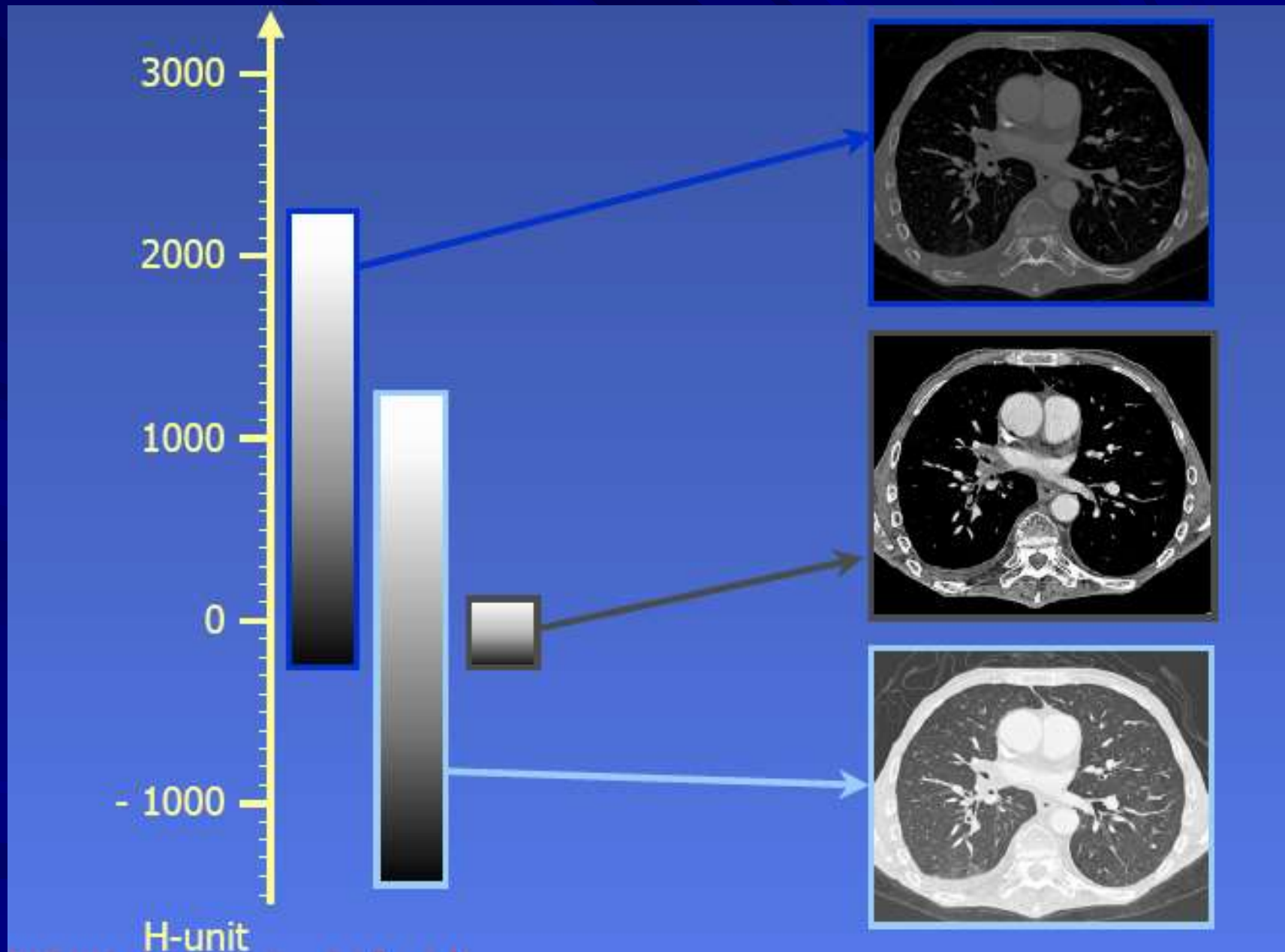


Sir Godfrey N. Hounsfield
Electrical engineer
EMI Research

Contrast (Hounsfield) units



From Hounfield units to image

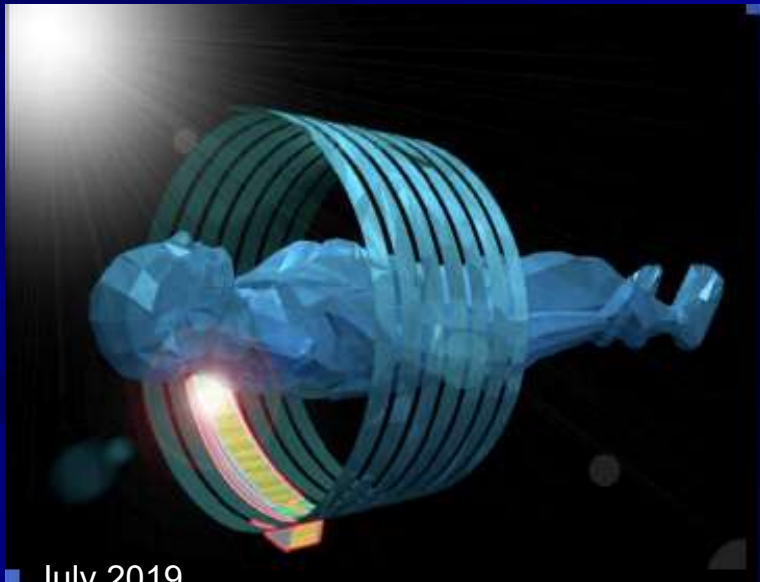


CT Scanner principle



Spatial resolution and speed

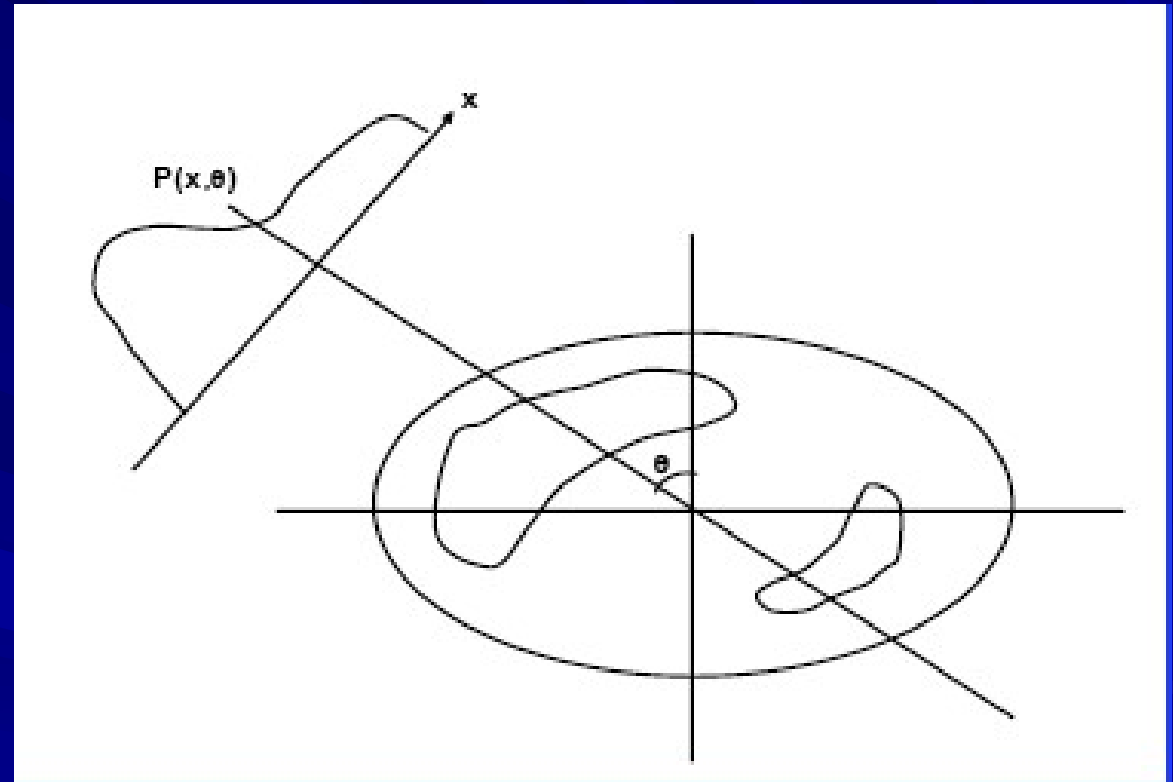
- 64 ... 320 detector rows
- Slice thickness 0.33 ... 0.6 mm
- Tube rotation time 0.3 s
 - Organ in a sec
 - Whole body < 10 sec
- dual source (180° → 90°)
- Volume coverage with one rotation: 4 ... 16 cm



Computed Tomography

Basic method of Image reconstruction

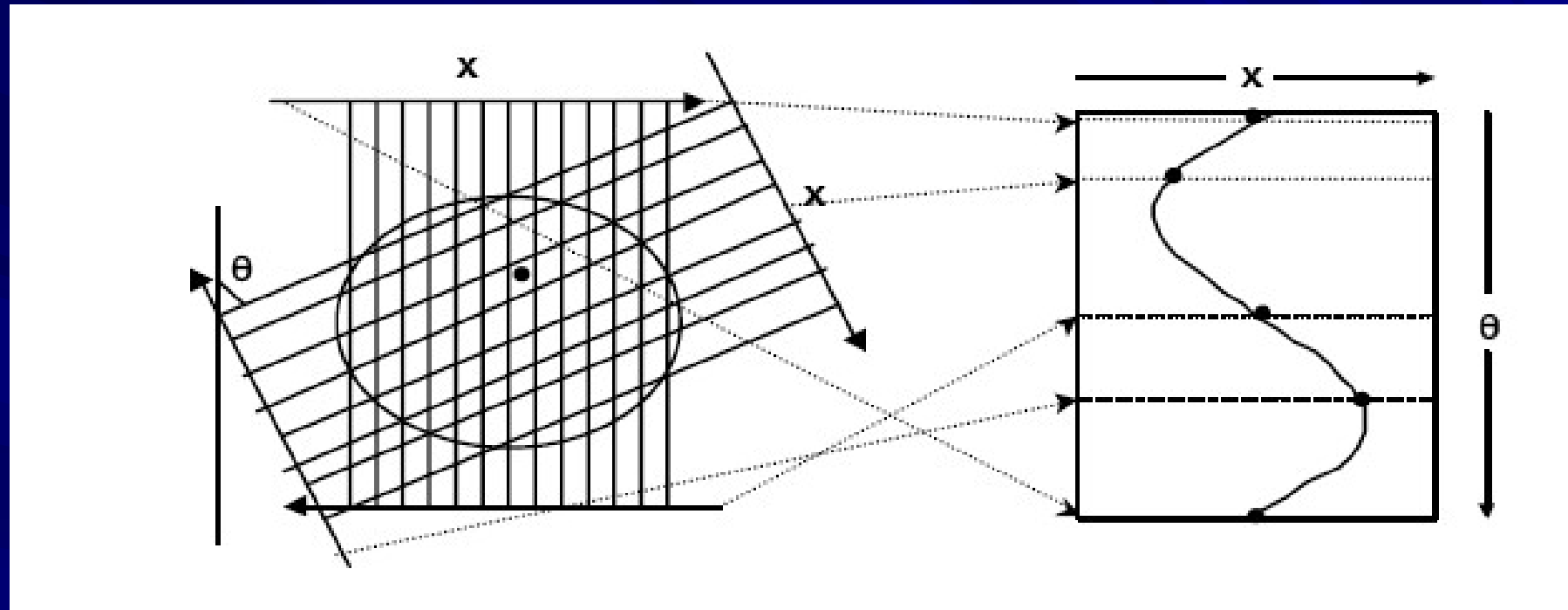
- Take 1D profiles or 2D projection at discrete angle around the object
- Assume that each measured point = sum of activity elements along the Line of Response (LOR)



Raw data can be displayed as a 'sinogram'

Computed Tomography

Basic method of Image reconstruction



Projection

Sinogram

Raw data can be displayed as a 'sinogram'
Then a lot of corrections

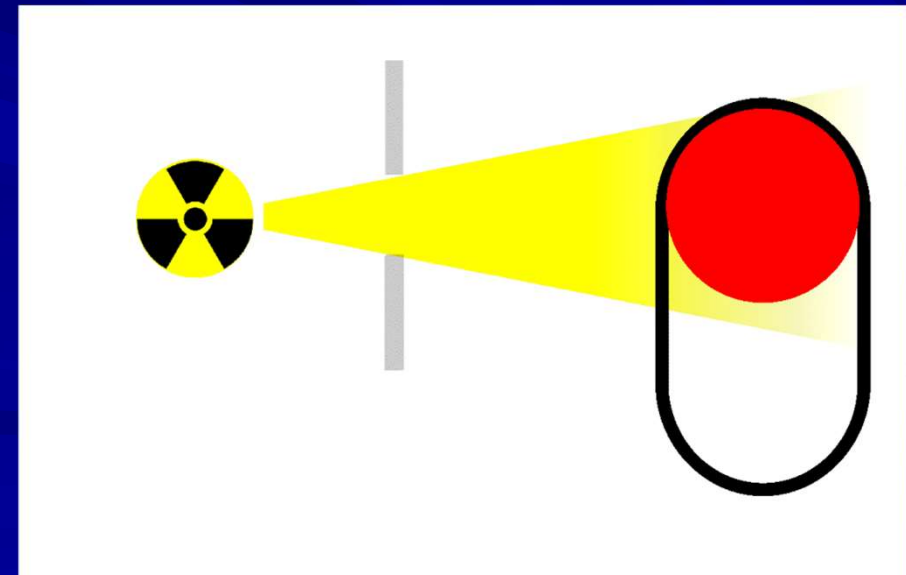
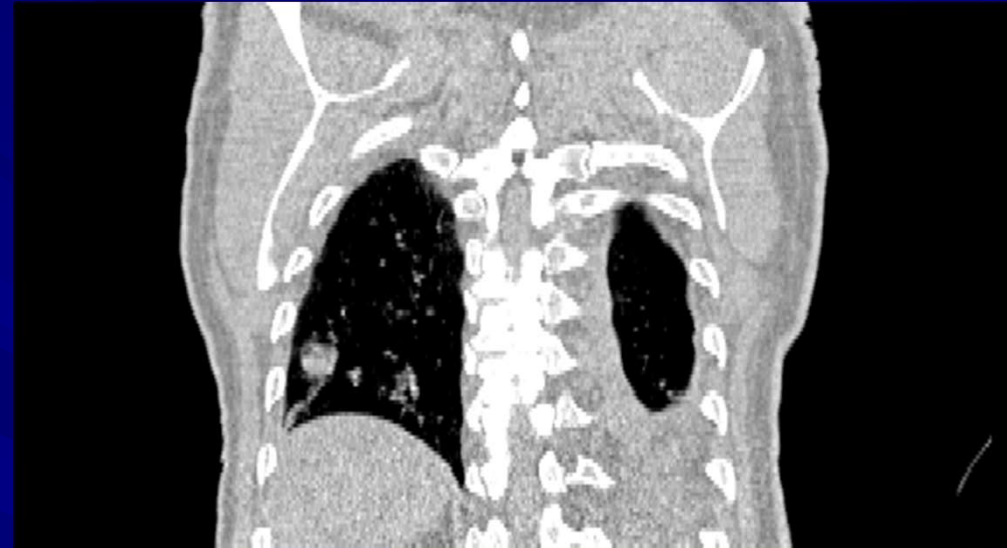
Computed Tomography scanner (CT)

- The best device widely used for precise exam
 - Whole body
 - Cardiology
- Still a lot of radiation = **20-50 mSv**
 - Standard radiography = 0.1 m Sv



State o the art : 4D CT

- Position influenced by the breathing motion



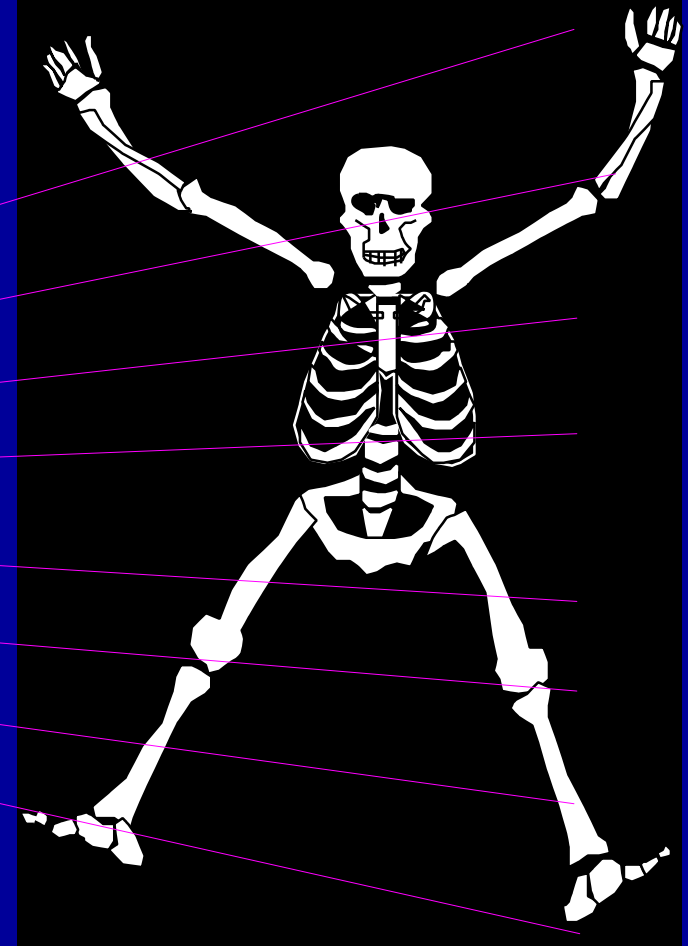
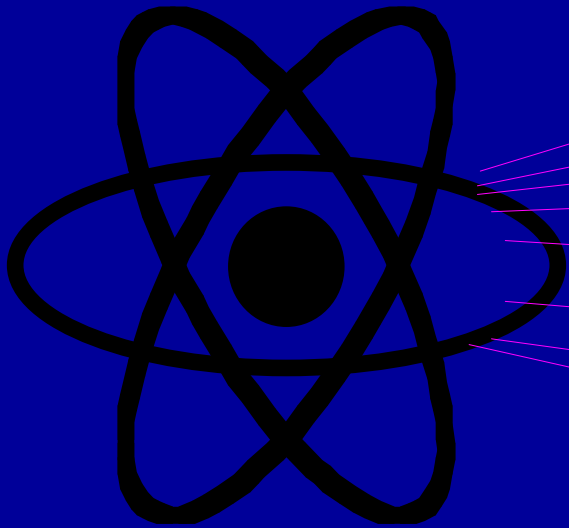
Exposure for radiological exams

■ Some examples

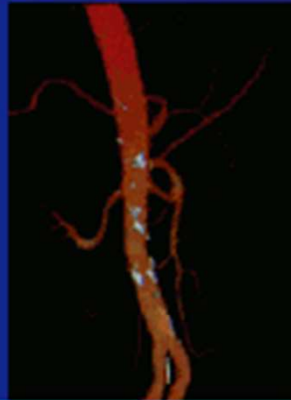
organ	dose skin mGy	effective dose mSv
Thorax, face	0,2 - 0,5	0,015 - 0,15
Lumbar region	4 - 28	1,5
Urography	40 - 60	3
Brain scan	7 - 78	1
Whole Body scan	30 - 60	4 - 10
Mammography	7 - 25	0,5 - 1



Patient Radiation Dose is Limited!

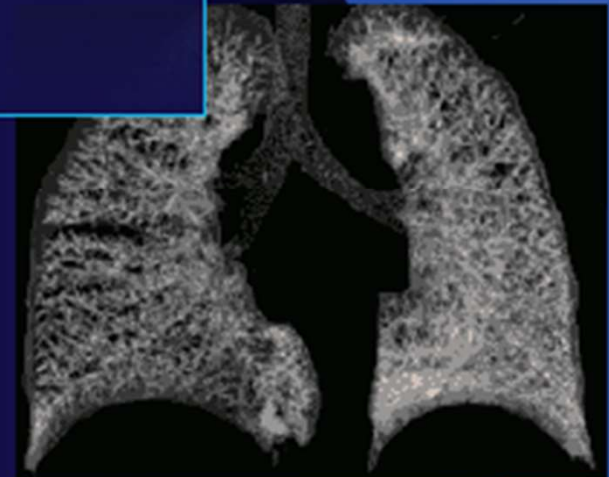


- Image Noise Is Limited by Counting Statistics
- Cannot Increase too much Source Strength



< 0,4 sec/ rotation
Organ in a sec (17 cm/sec)
Whole body < 10 sec

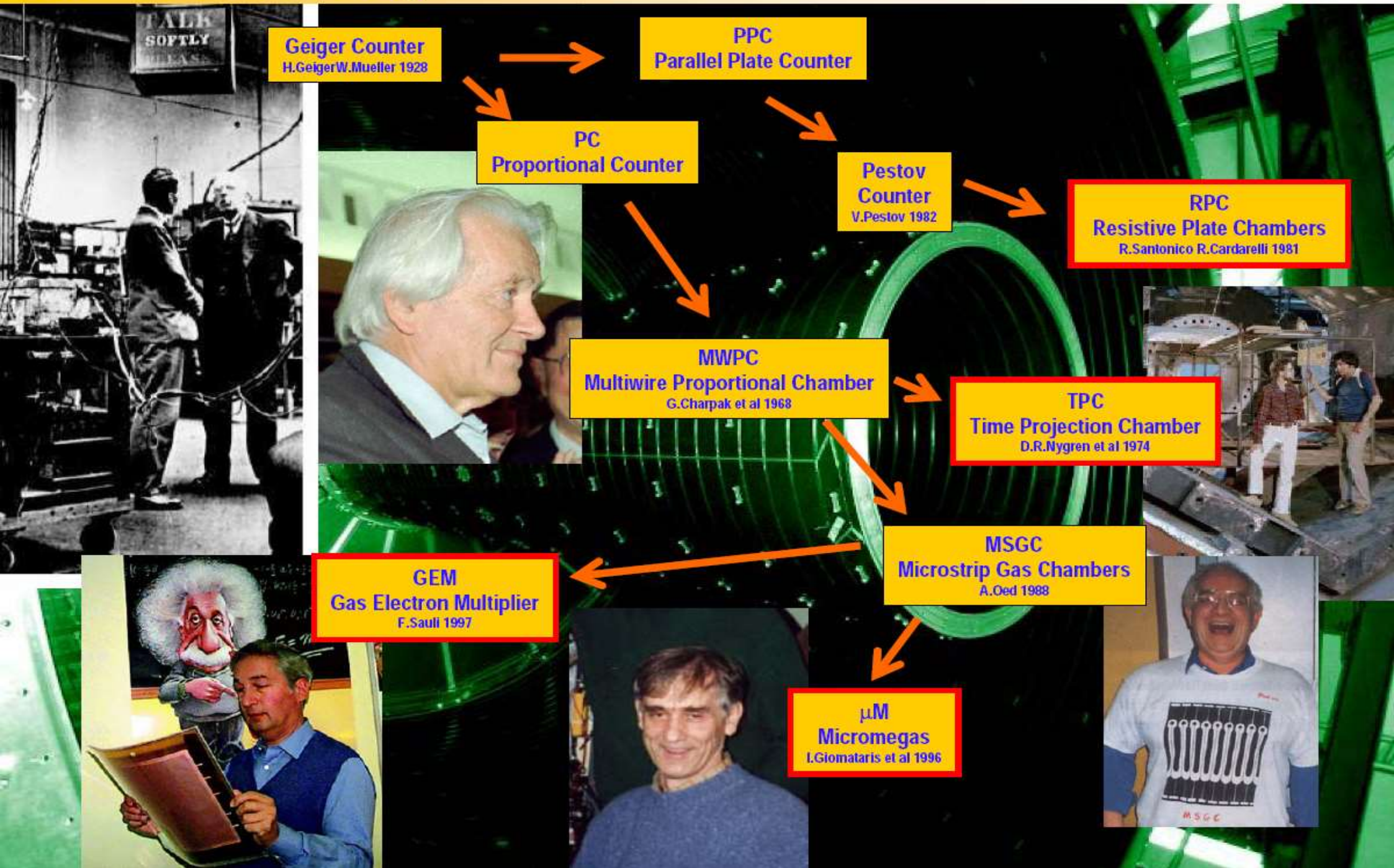
20 to 50 mSv
Standard radiography
0.1 mSv



Decreasing the dose with HEP Gaseous detector

The Future?

Gas Detector History



Geiger Counter
H.Geiger W.Mueller 1928

PPC
Parallel Plate Counter

PC
Proportional Counter

Pestov Counter
V.Pestov 1982

RPC
Resistive Plate Chambers
R.Santonico R.Cardarelli 1981

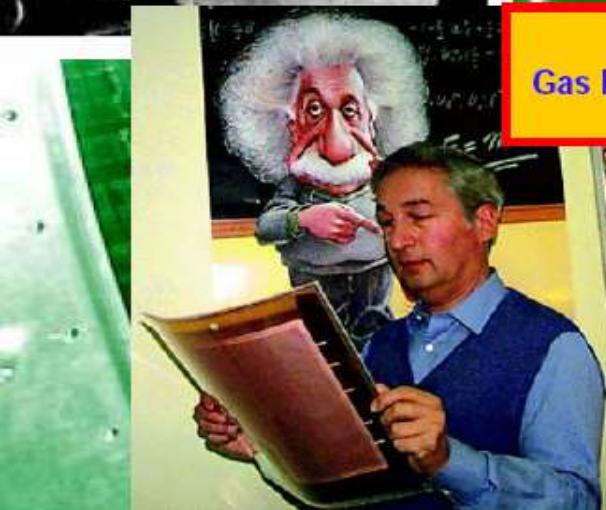
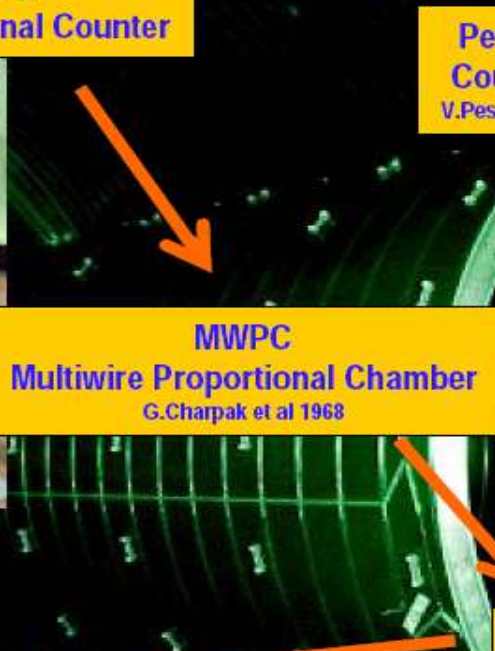
MWPC
Multiwire Proportional Chamber
G.Charpak et al 1968

TPC
Time Projection Chamber
D.R.Nygren et al 1974

GEM
Gas Electron Multiplier
F.Sauli 1997

MSGC
Microstrip Gas Chambers
A.Oed 1988

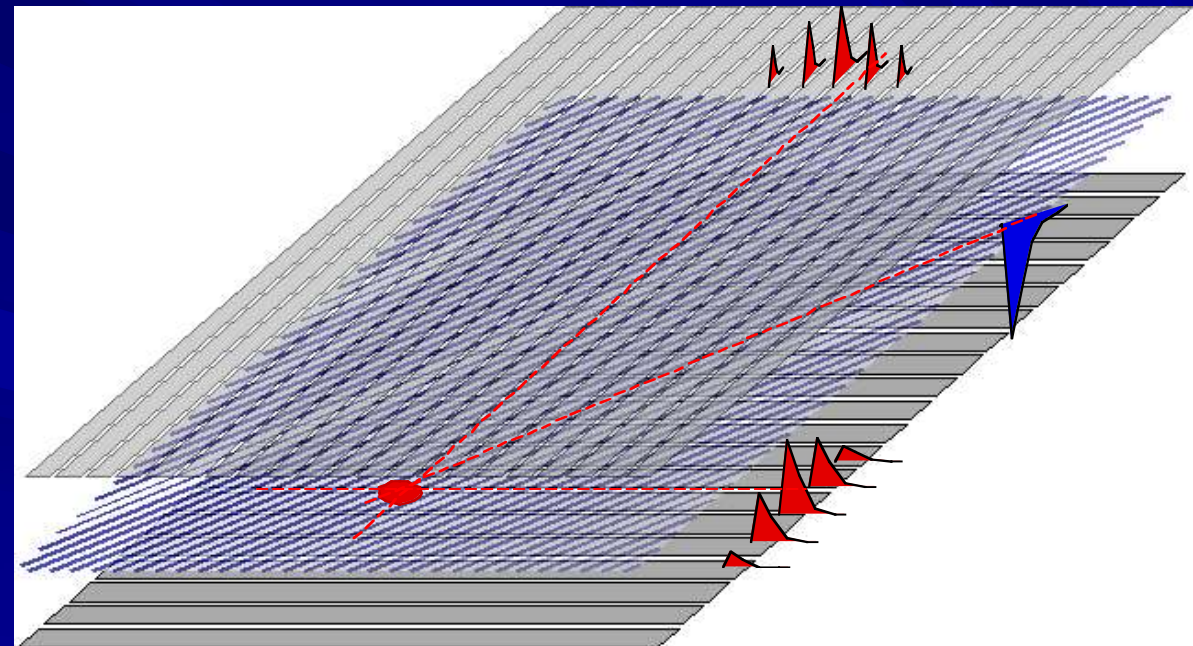
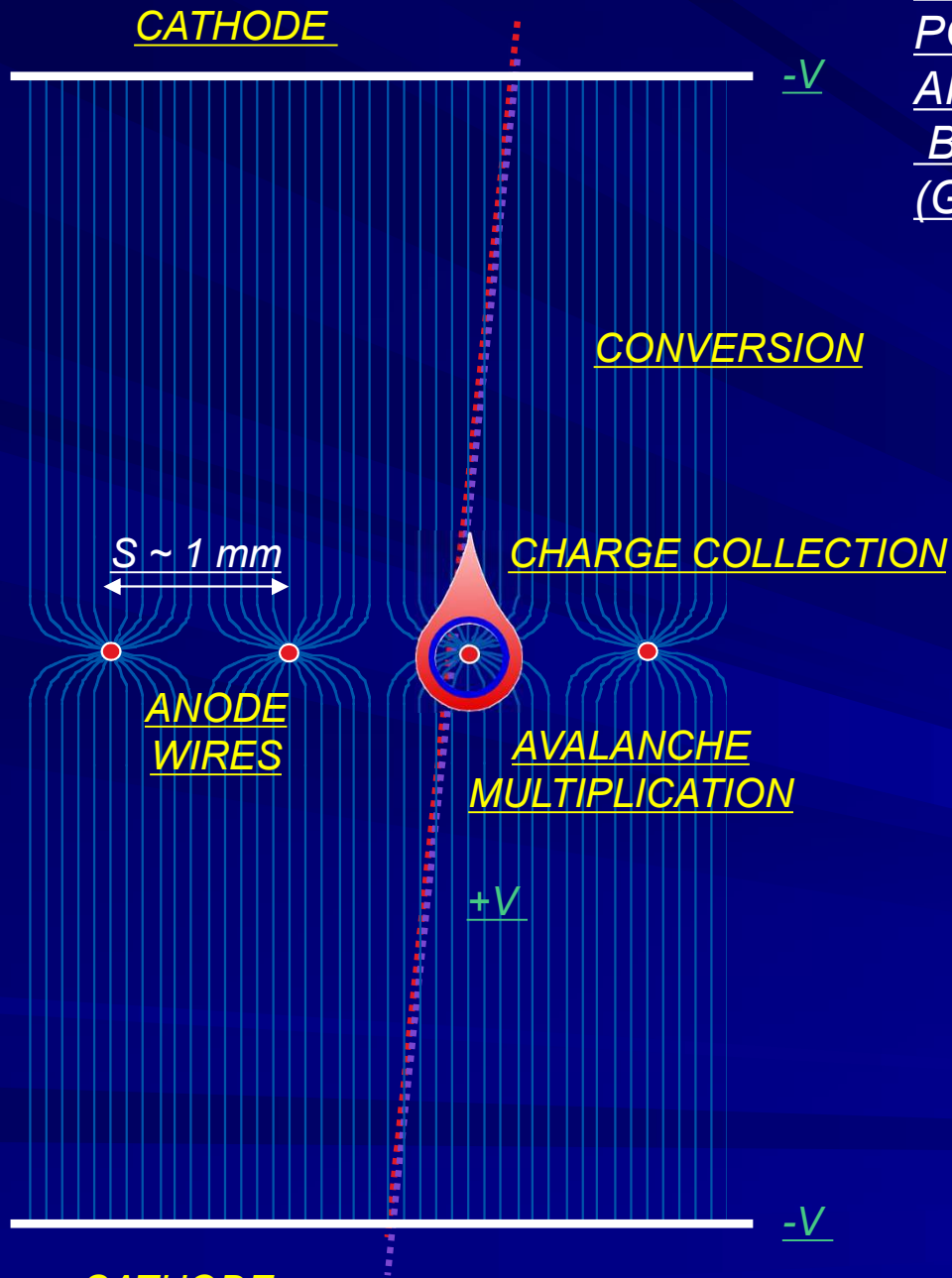
μM
Micromegas
I.Giomataris et al 1996



Multi Wires Proportional chambers MWPC

MODERN GASEOUS DETECTORS:
POWERFUL TOOLS FOR RADIATION DETECTION
AND LOCALIZATION IN PARTICLE PHYSICS,
BASED ON THE MULTIWIRE PROPORTIONAL CHAMBER
(Georges Charpak, 1967)

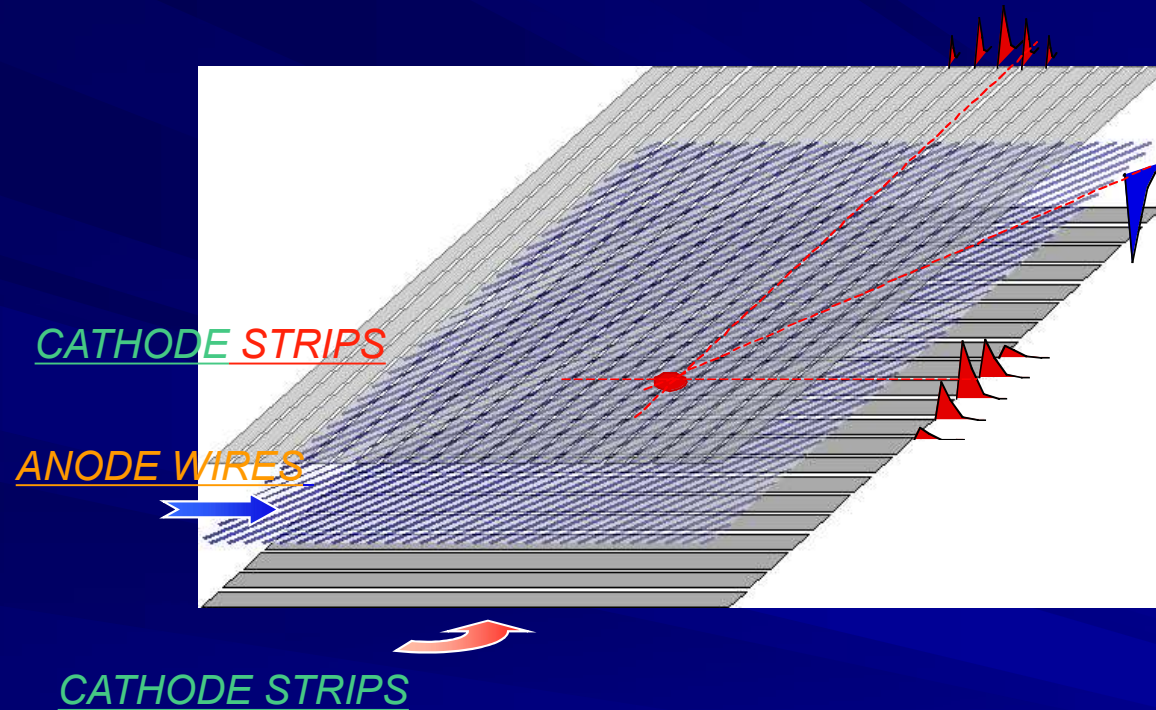
TWO-DIMENSIONAL MWPC READOUT CATHODE
INDUCED CHARGE (Charpak and Sauli, 1973)



Spatial resolution determined by: Signal / Noise Ratio
Typical (i.e. 'very good') values: $S \sim 20000 \text{ e}$; noise $\sim 1000\text{e}$
Space resolution $< 100 \mu\text{m}$

TWO-DIMENSIONAL LOCALIZATION

TWO-DIMENSIONAL LOCALIZATION FROM SIGNALS INDUCED ON CATHODE PLANES (Charpak & Fabio Sauli, ~1973)



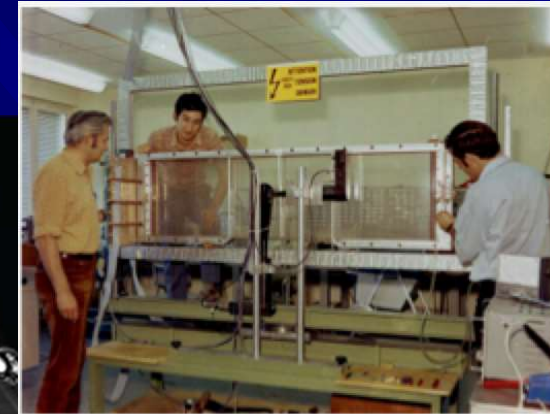
LOW-DOSE DIGITAL RADIOGRAPHY
WITH MWPC:
CHARPAK'S HAND (2002):



The 1970's dream : Digital radiography with MWPC

A tribute to George Charpak

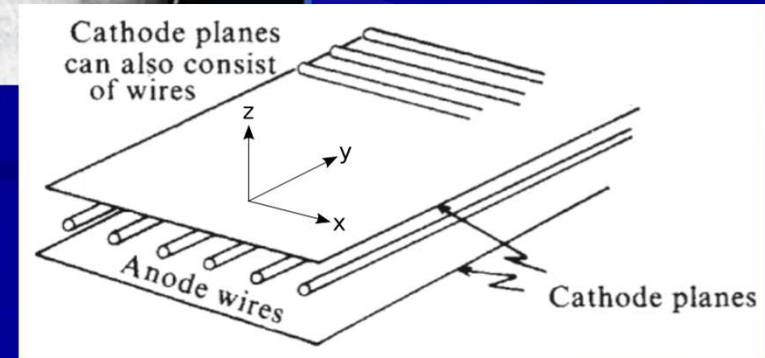
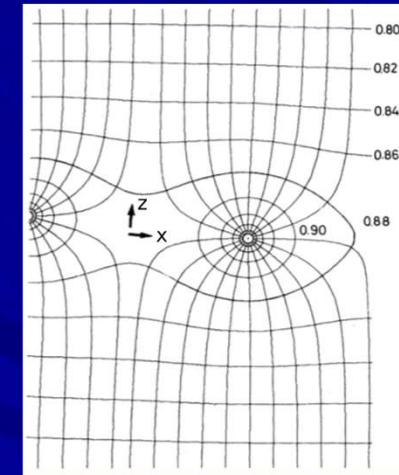
- With 10 time less dose



G. Charpak, F. Sauli and J.C. Santiard



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X Ray imaging

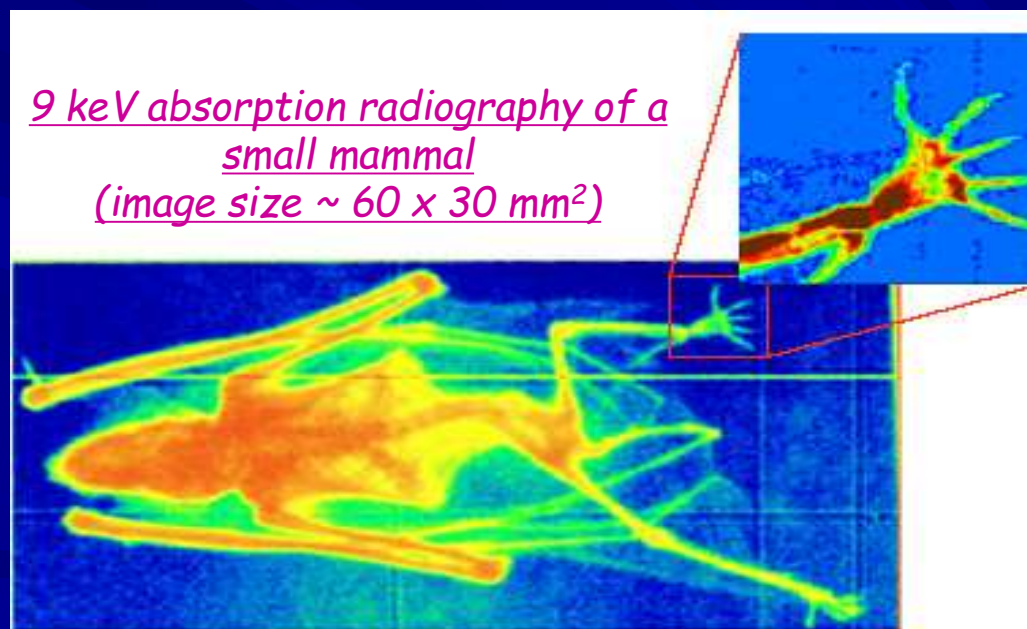
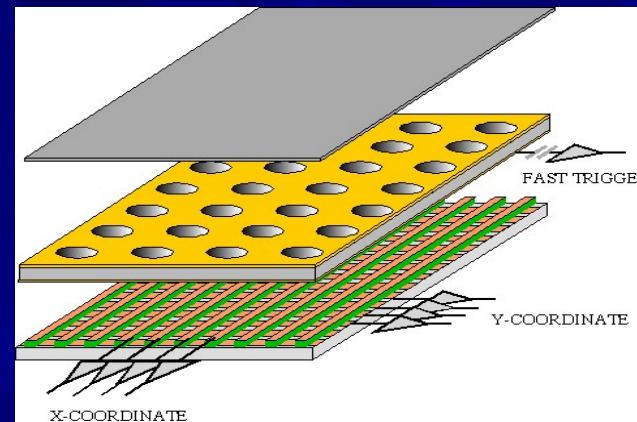
Wire Chamber Radiography:



Position resolution ~ 250 μm

GEM for 2D Imaging:

Using the lower GEM signal, the readout can be self-triggered with energy discrimination:



9 keV absorption radiography of a small mammal (image size ~ 60 x 30 mm²)

Position resolution ~ 100 μm

(limited by photoelectron range in the gas)

A. Bressan et al, Nucl. Instr. and Meth. A 425(1999)254

F. Sauli, Nucl. Instr. and Meth. A 461(2001)47

G. Charpak, Eur. Phys. J. C 34, 77-83 (2004)

F. Sauli, <http://www.cern.ch/GDD>

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From MWPC's to MGPD's

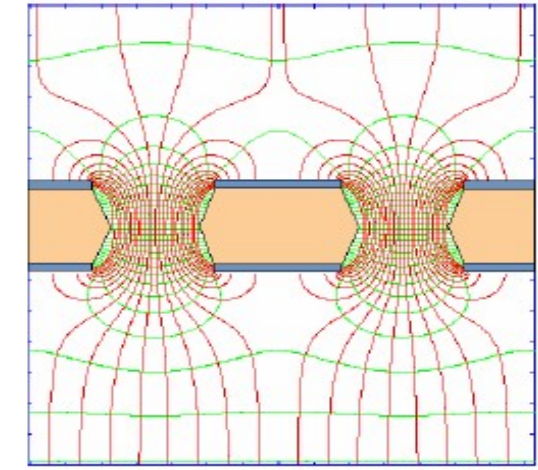
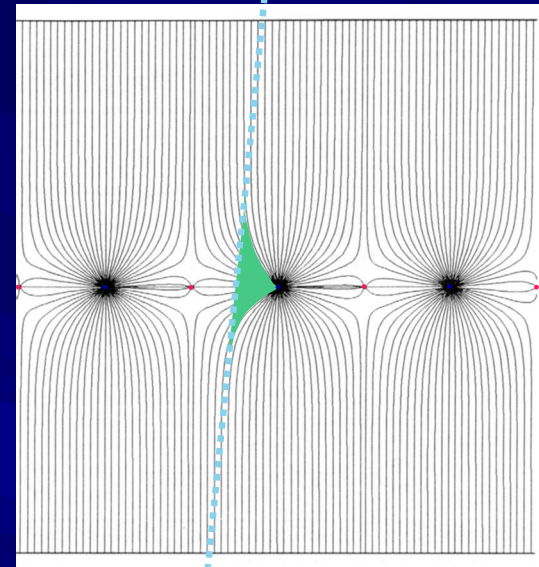
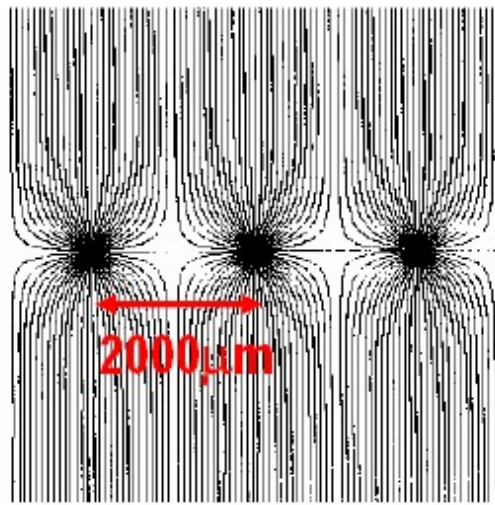
MGPD

MWPC

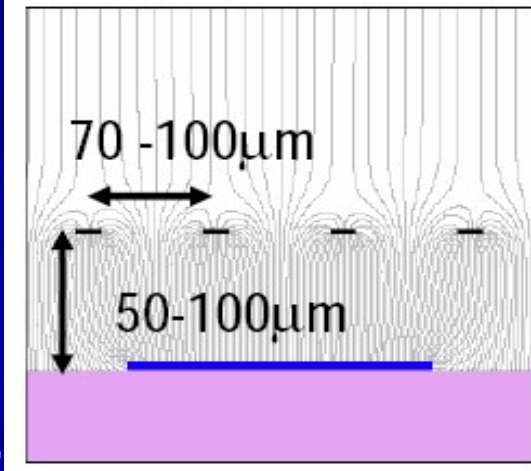
Drift Chamber

GEMs

MWPC



Micromegas



1975 - 1995

UA2-LEP

1990 -

GEM F.Sauli)

Micromegas Y. Giomataris

Multiwire Proportional Chamber

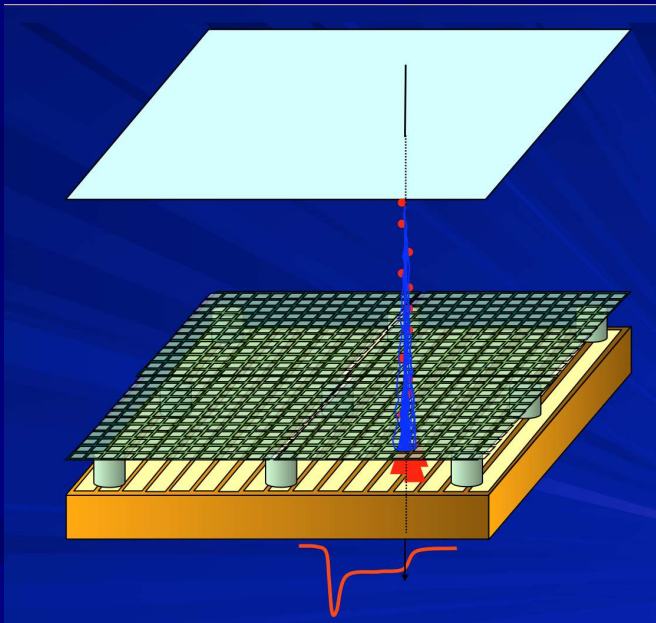
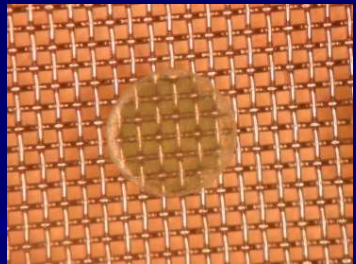
Georges Charpak 1968

MPGD

From 1988-1998 Micro-technologies and etching techniques allowed development of **Micro Patter Gaseous Detectors**

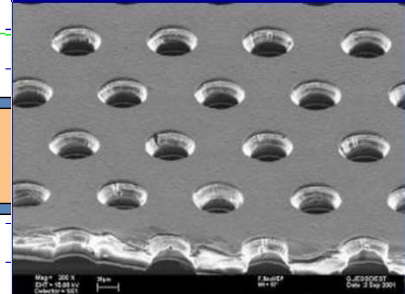
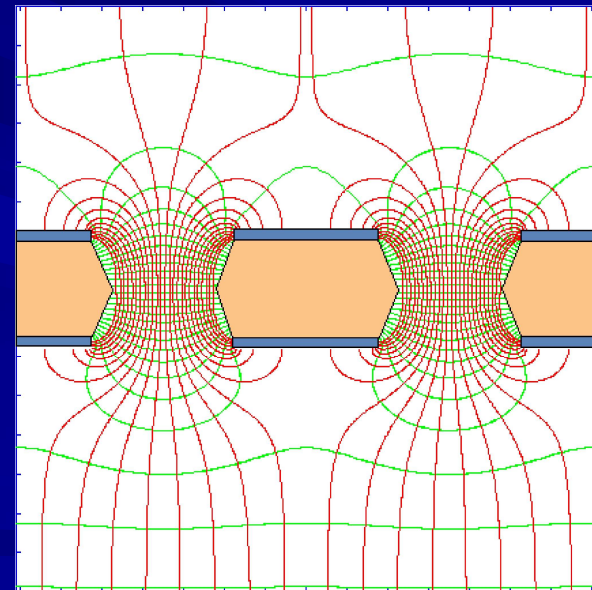
MICROMesh Gaseous Structure

- Thin gap Parallel Plate Chamber: micromesh stretched over readout electrode.



Gas Electron Multiplier

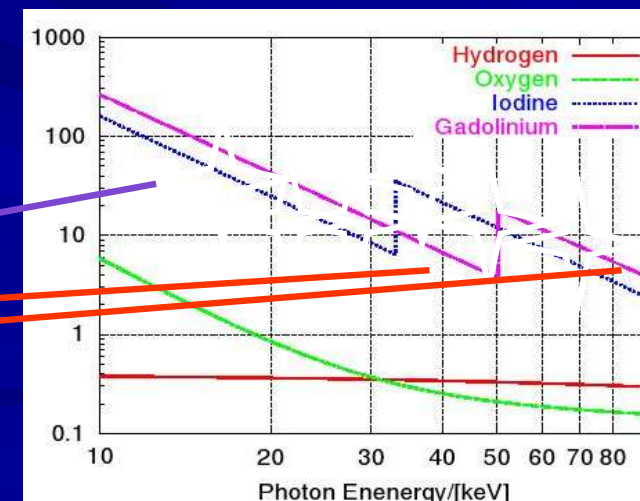
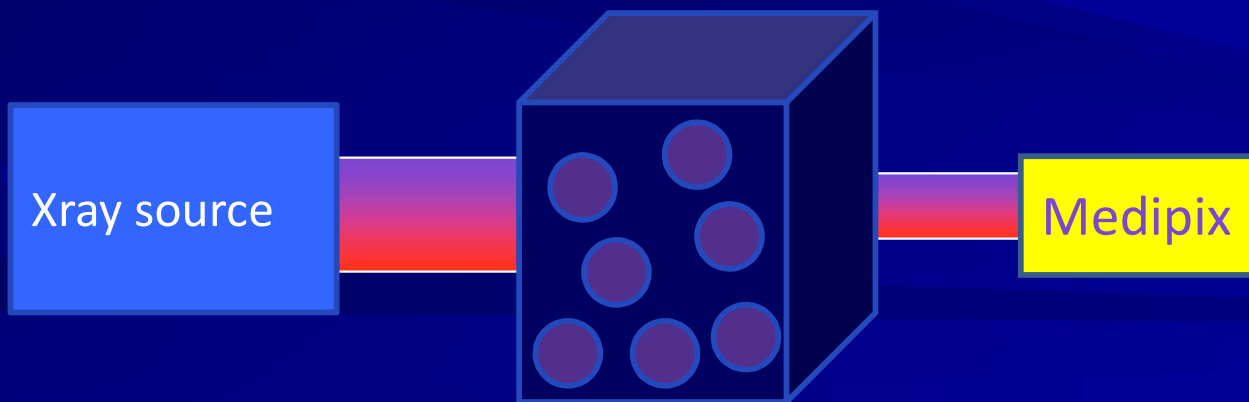
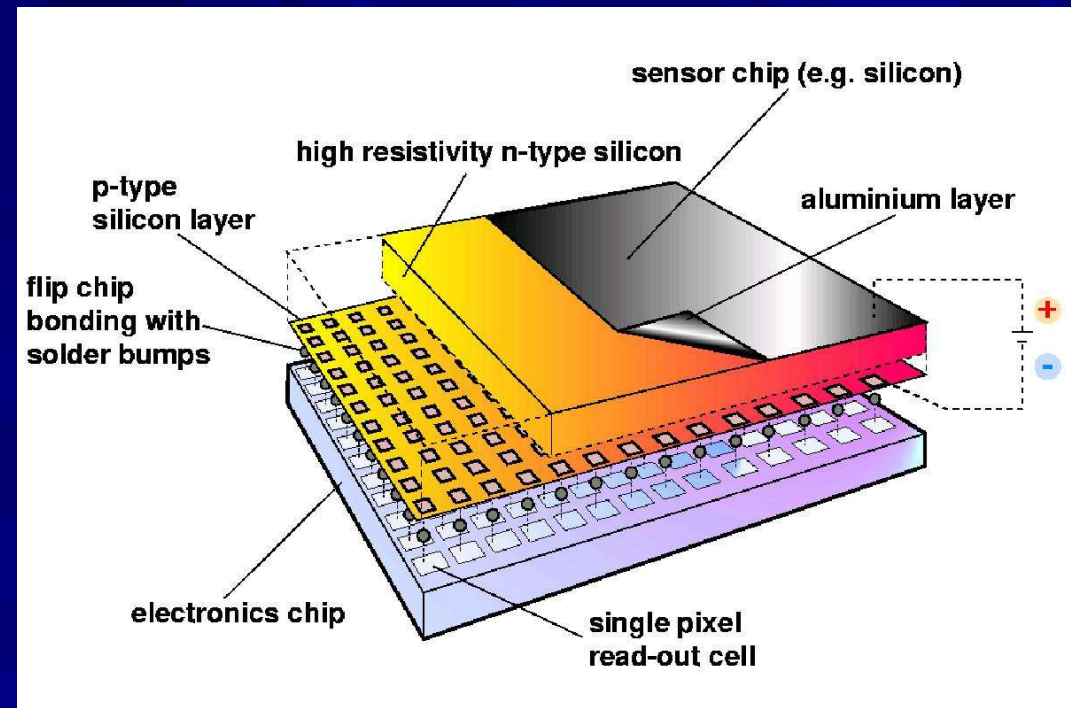
- Thin, metal-coated polymer foil with high density of holes, each hole acting as an individual proportional counter.



The Future : New Si detector and signal processing On the way to photon counting?

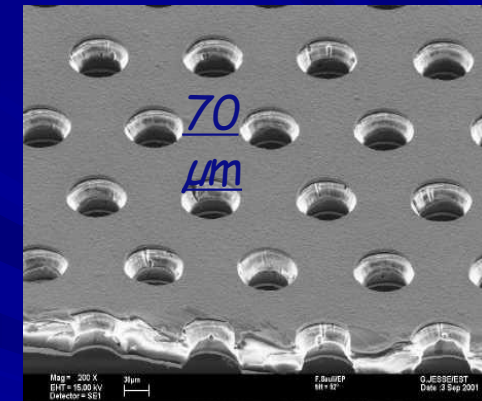
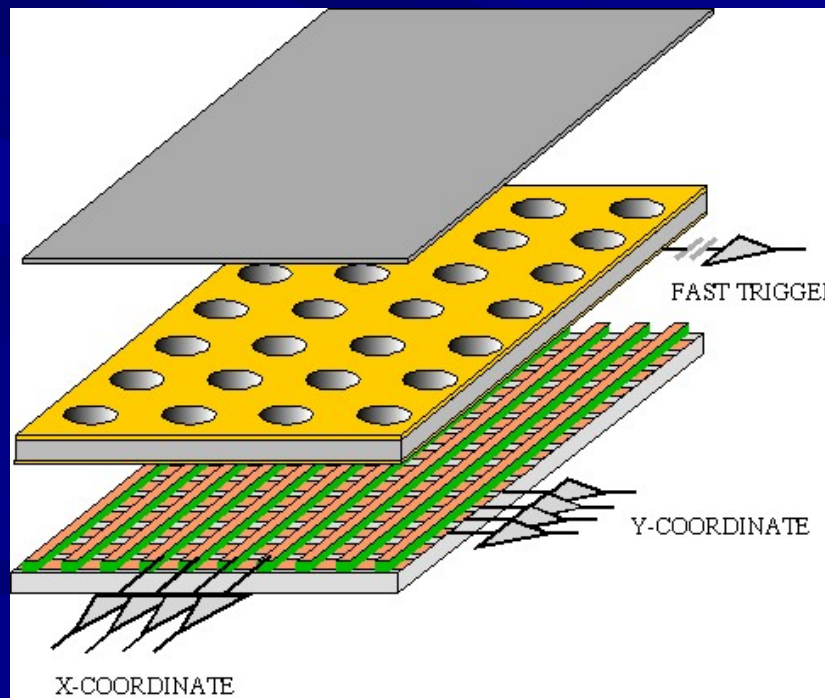
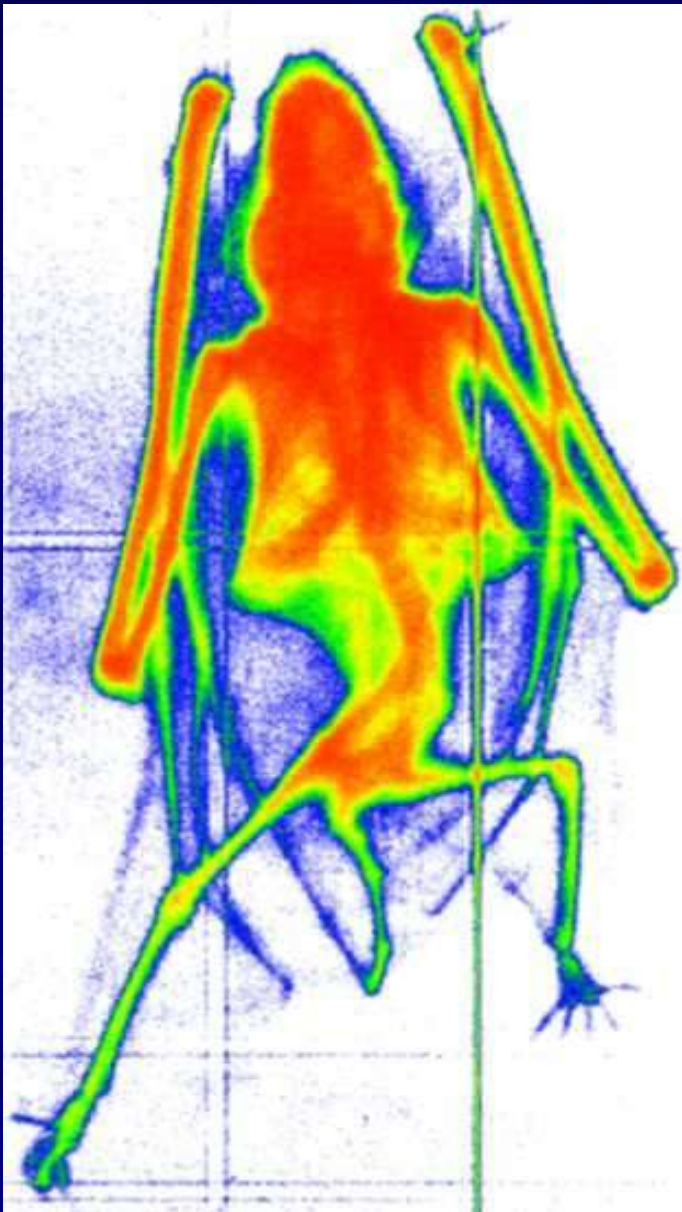
Medipix3

- 8 simultaneous energies
- 55 μm isometric resolution
- Excellent energy resolution
- 10^8 photons per second per mm^2



Exemple with GEM Detector

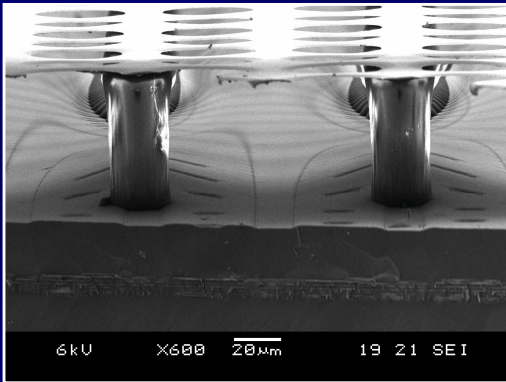
- Thin, metal-clad polymer foil, chemically pierced by a high density of holes (70-80 μm diameter).
- On application of a difference of potential between the two electrodes, electrons released by radiation in the gas on one side of the structure drift into the holes, multiply and transfer to a collection region.
- Cascading several foils results in high multiplication factors.



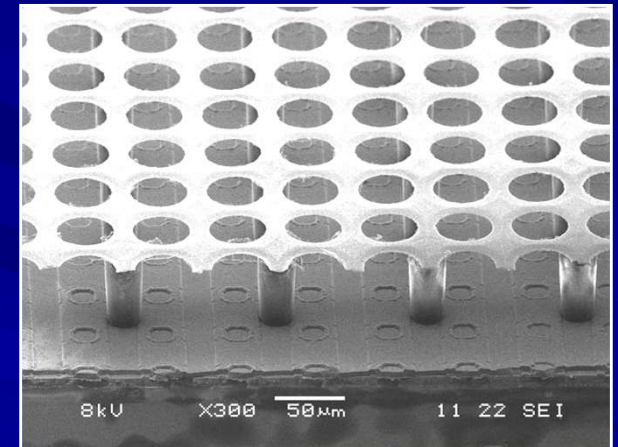
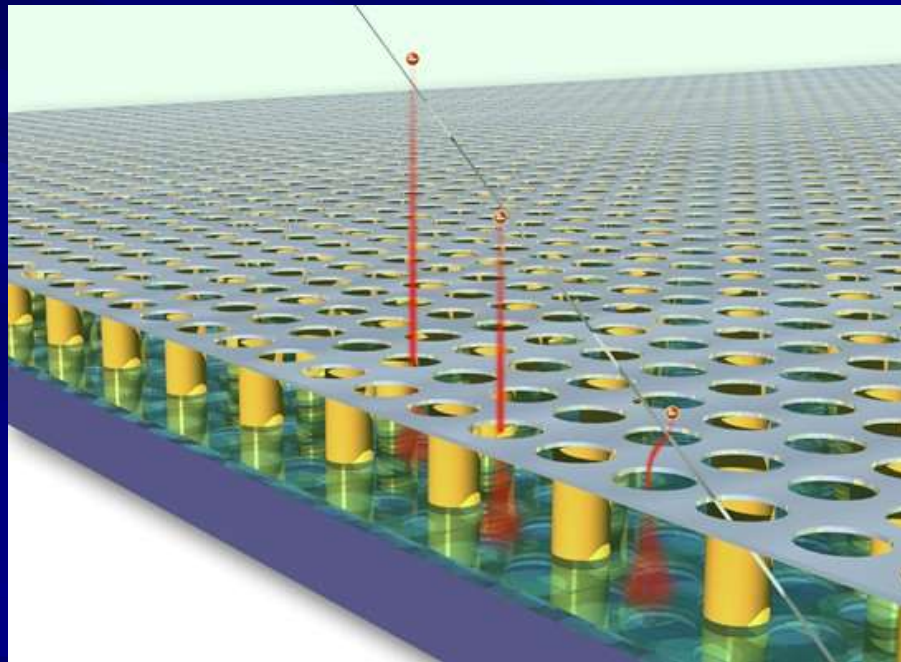
F.Sauli & al.

Next → INGRID

- **InGrid** : integrate the Micromegas/GEM concept on top of a Medipix pixel CMOS chip (Timepix)
 - pixel size: $55 \times 55 \mu\text{m}^2$
 - per pixel: preamp - shaper - 2 discr. -
 - Thresh. DAQ - 14 bit counter



metalized foil
 $\sim 100 \mu\text{m} \sim 1\text{mm}$

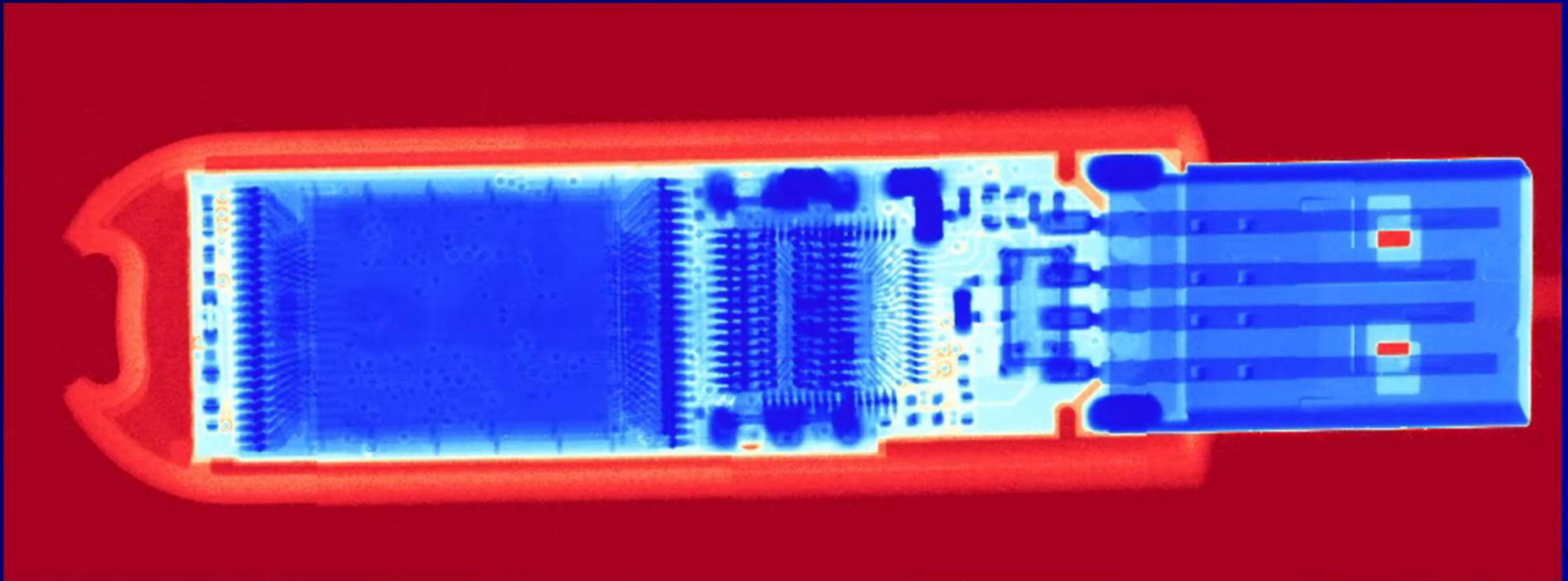


66Cmos Medipix chip

- Use → Large Trackers & Calorimeters

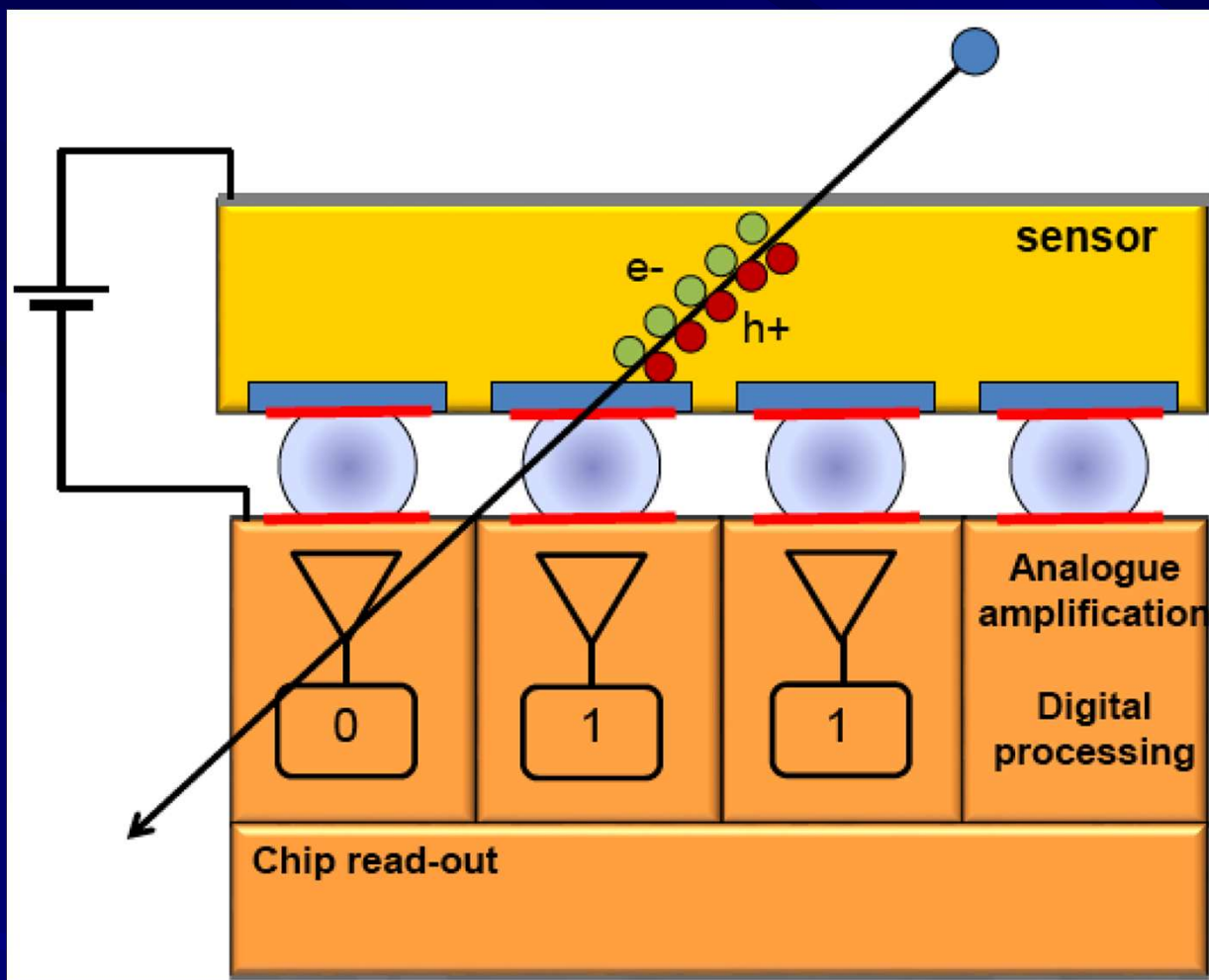
Medipix-CT setup for detector investigations & material analysis

Example → USB flash drive



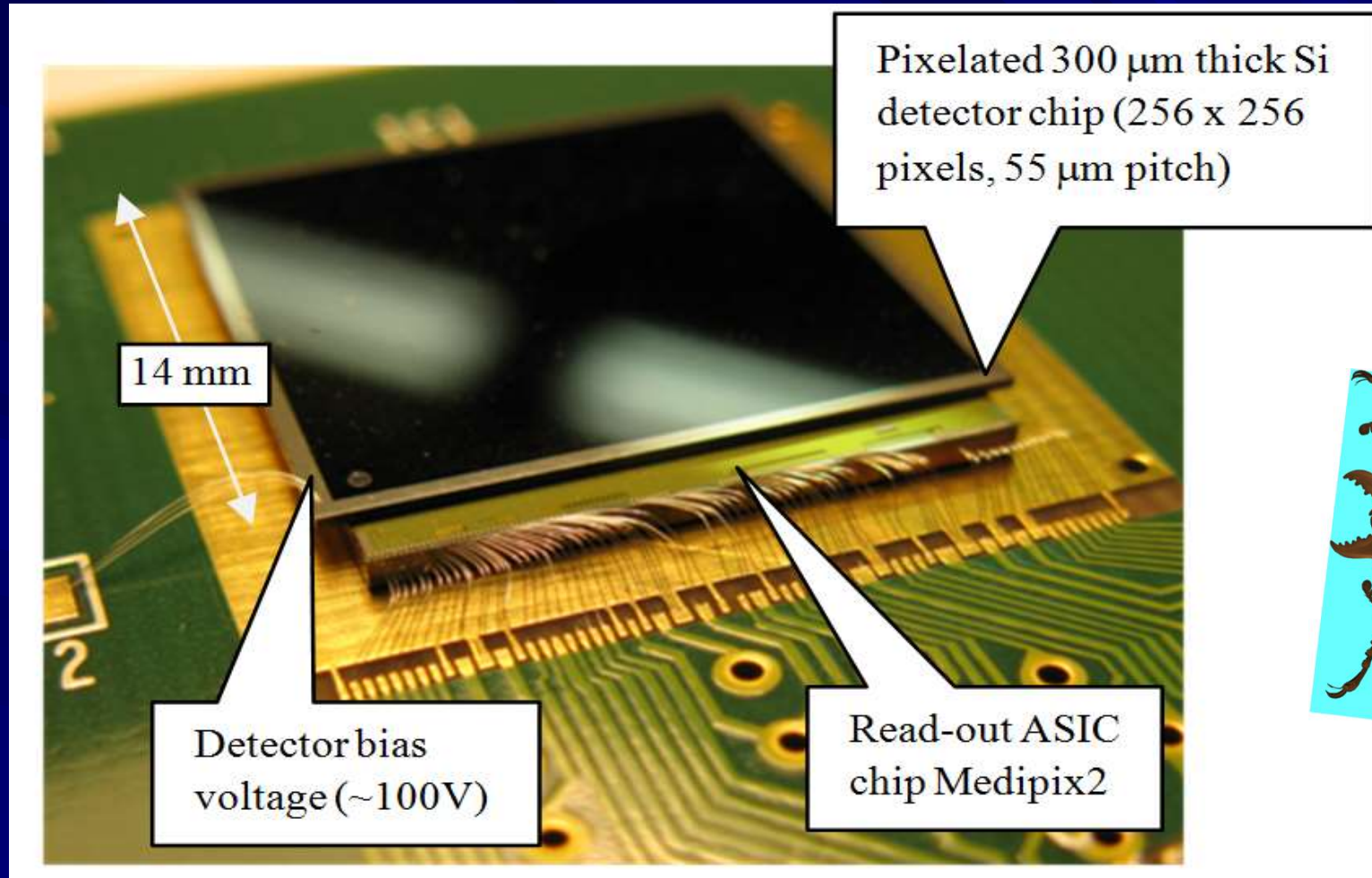
TPX 110 μ m + CdTe 2mm
8x2 tiles / mag. 1.5x
65kV / 200 μ A

Hybrid Pixel detector principle



- An ionising particle deposits charge in the silicon sensor
- The reverse biasing of the sensor diode structure drives the charge to the readout chip
- The charge is shaped and a threshold applied
- Digital processing occurs
- The data is read out off the chip

Medipix-Timepix family



PORTAL IMAGING

PORTAL IMAGING: VERY HIGH RATE GAMMA RAYS DETECTION
ROYAL INSTITUTE OF TECHNOLOGY AND KAROLINSKA HOAPITAL (STOKHOLM)

IACOBAEUS *et al.*: PORTAL IMAGING DEVICE FOR ADVANCED RADIATION THERAPY

1497

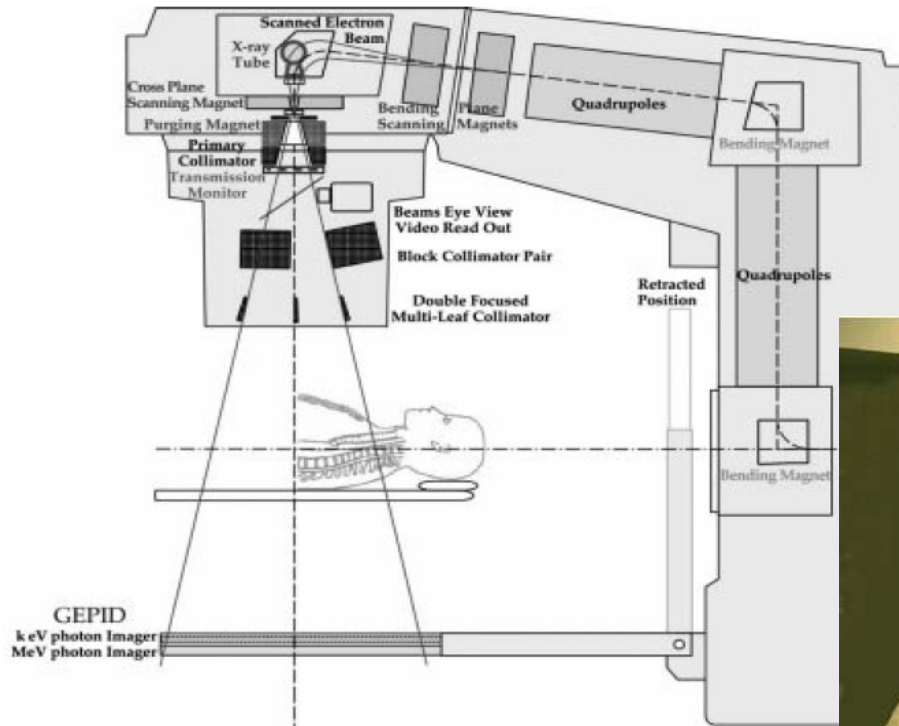


Fig. 1. Radiation treatment setup. A portal imaging device is placed under the patient.

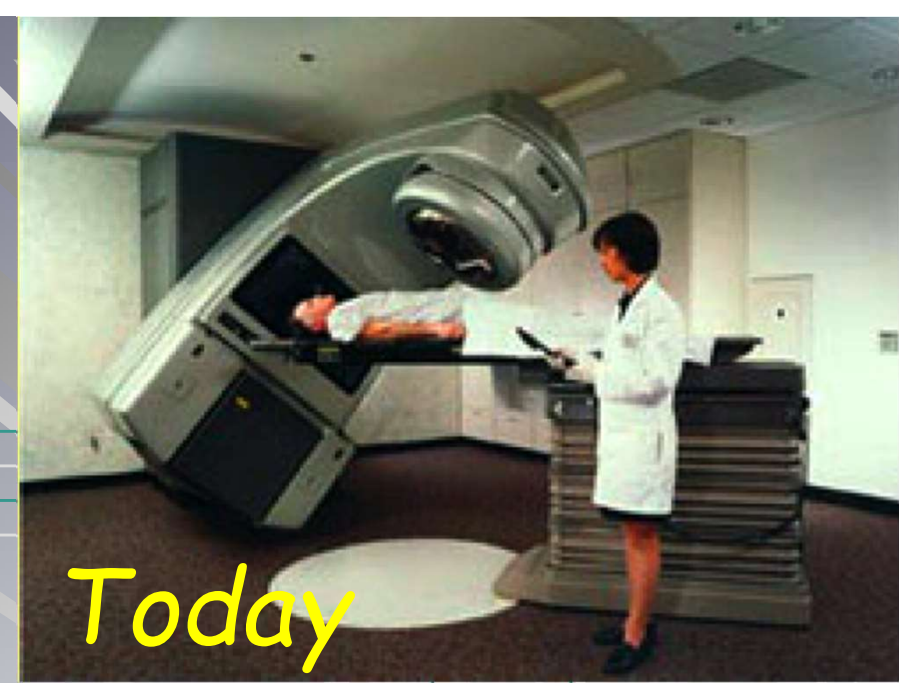
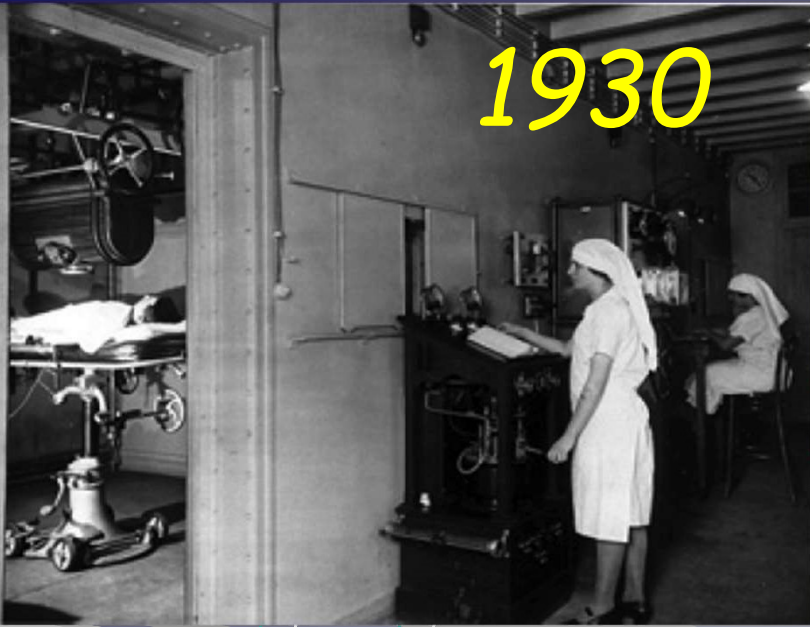
Real Time Imaging
and Dosimetry



GEM-BASED PIXEL DETECTOR

C. Iacobaeus et al, IEEE Trans. Nucl. Sci. NS-48 (2001)1496

1930



Today

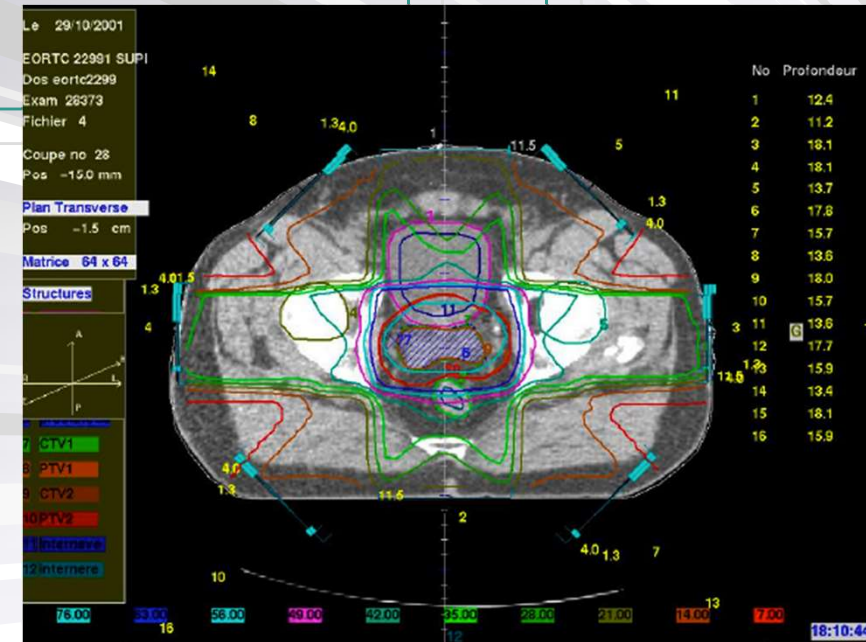
Radiotherapy

Common tools & techniques



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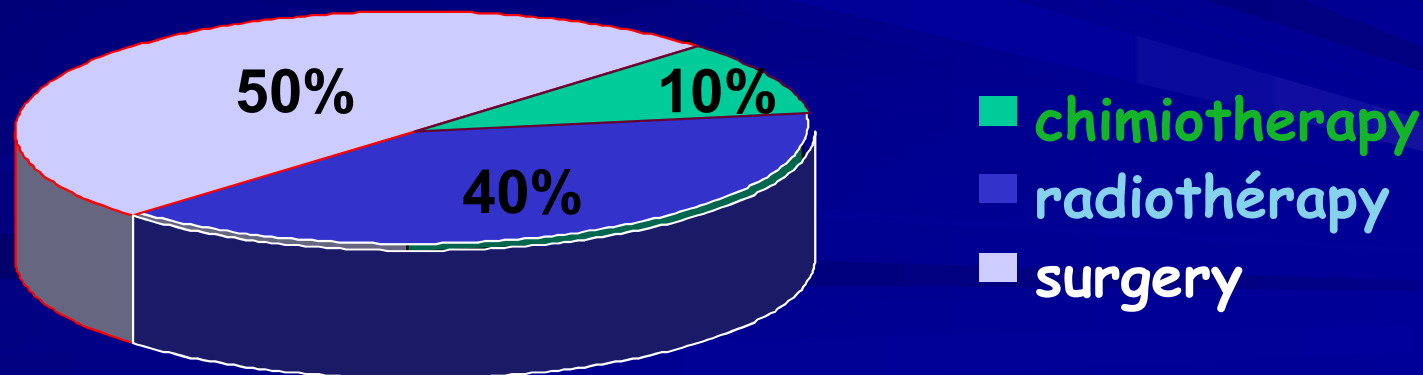


Cancer in Europe - a growing challenge

- 3.4 millions of new cases in Europe per year
- About 50% will develop cancer at some point of their life
- Main cause of death between the age of 45-65
- Second most common cause of death

Fight again cancer - Radiotherapy

- Local irradiation to kill tumour → 100 Gy = 90 % of sterilization
- Frequent treatment (2/3 of cases).
- Efficient treatment: cure → 40 to 50% of recovery
- Allow good quality of life and tolerance
- non invasive, itinerant and without important physical effects.
- Cheap (< 10%) of the cancer budget (France)
- Essentially X rays
 - (Linear accelerators) & photons (curietherapy)



About Cancer

- France → around 230 000 new cases per year
- → Cure (35-40 %)
Health budget = 130 Billions Euros
CANCER = 10 Billions Euros
- Targeting 2030 → Cure > 50 %

First step →
Improve diagnostics tools (imaging)
Future → screening possibility ?

CANCER DEATHS BY SITE

SITE	DEATHS
Lung	163,700
Colorectal	57,100
Breast	40,200
Prostate	28,900
Pancreatic	30,000
Female Reproductive	26,800
Lymphoma	24,700
Malignant Melanoma	9,800
Hodgkin's	1,300

Radiation X

- No substitute for RT in the near future
- Number of patient increasing
- Present limitation of RT → 30 % of patients recurs
- Why Radiotherapy X is NOT 100 % efficient?
 - Complication < 5 %
 - Tolerance of saine tissue is the limiting factor
 - Close to Organ at Risk
 - Failures due to radioresistant tumors!
 - Second cancer 30 years after Radio Therapy (from recent statistics)
 - Adult : 1.1
 - **Chidren : 6**

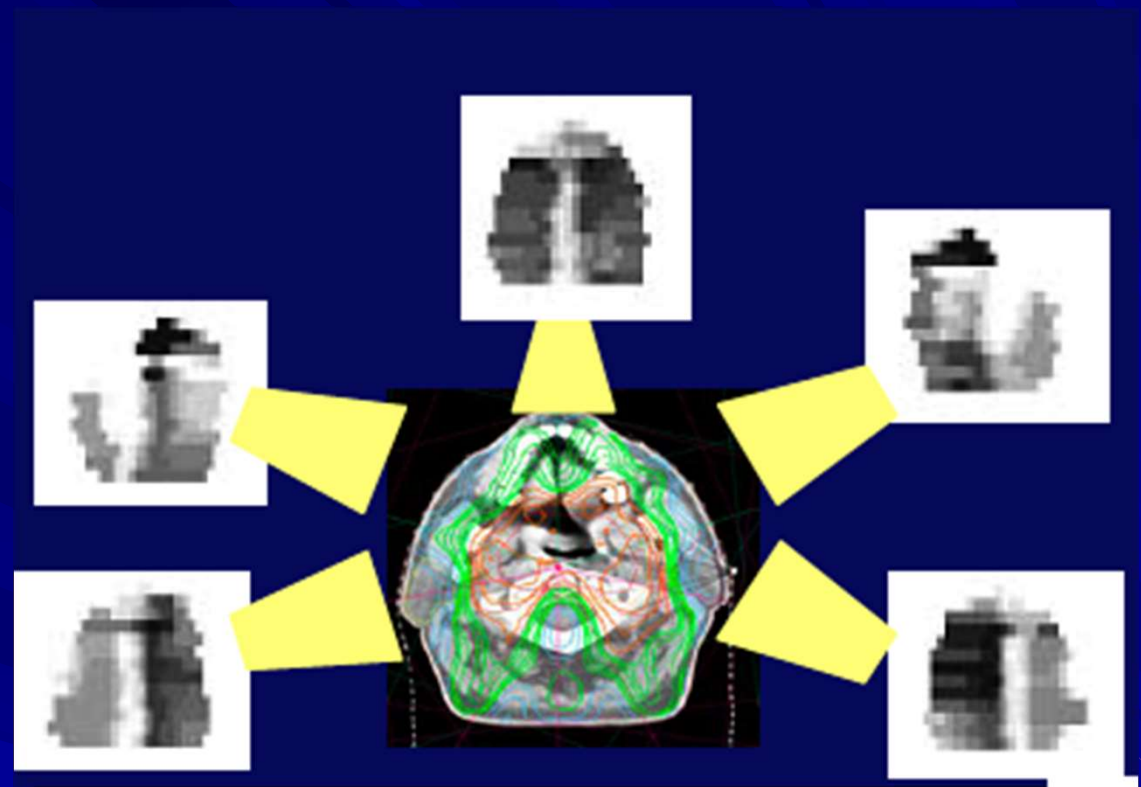
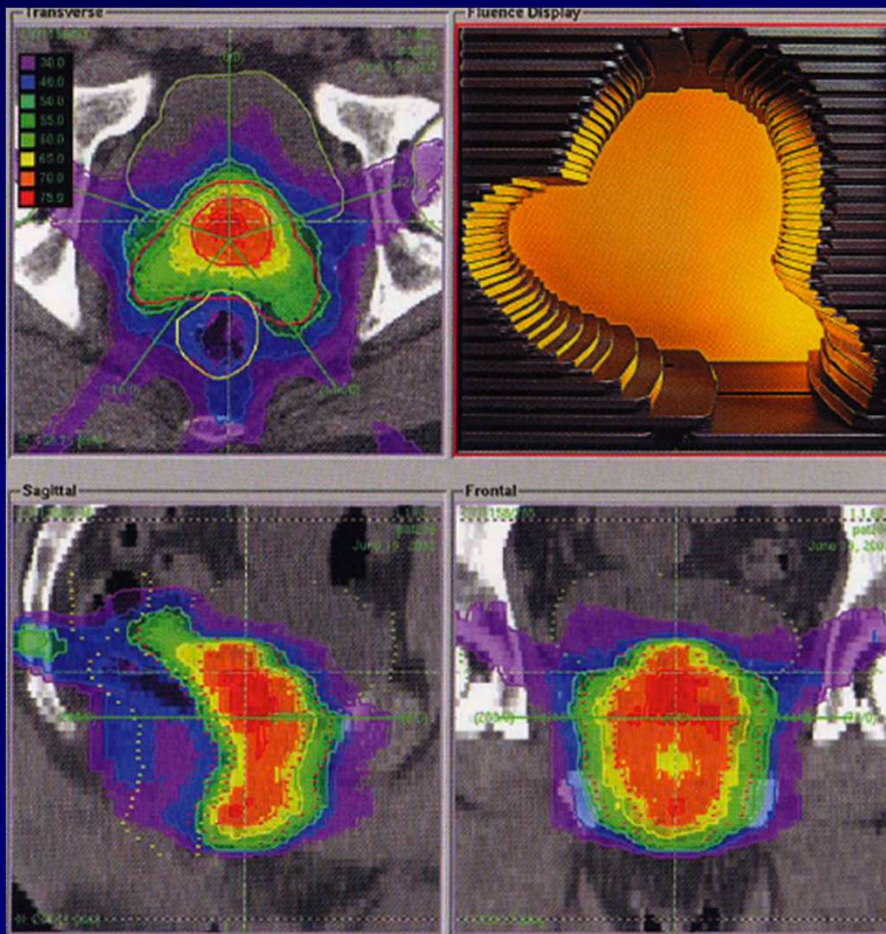
→ Particle therapy
→ Around 25% of the case
My last lecture!

RT modern techniques

- Conformal RT
- Intensity Modulated (IMRT)
- Image guided (IGRT)
- Robotic Stereotactic



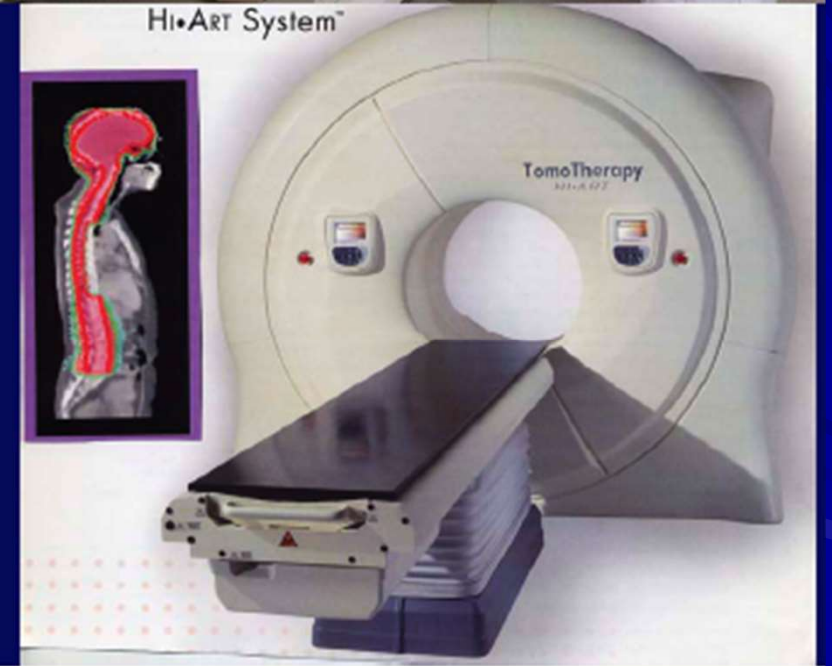
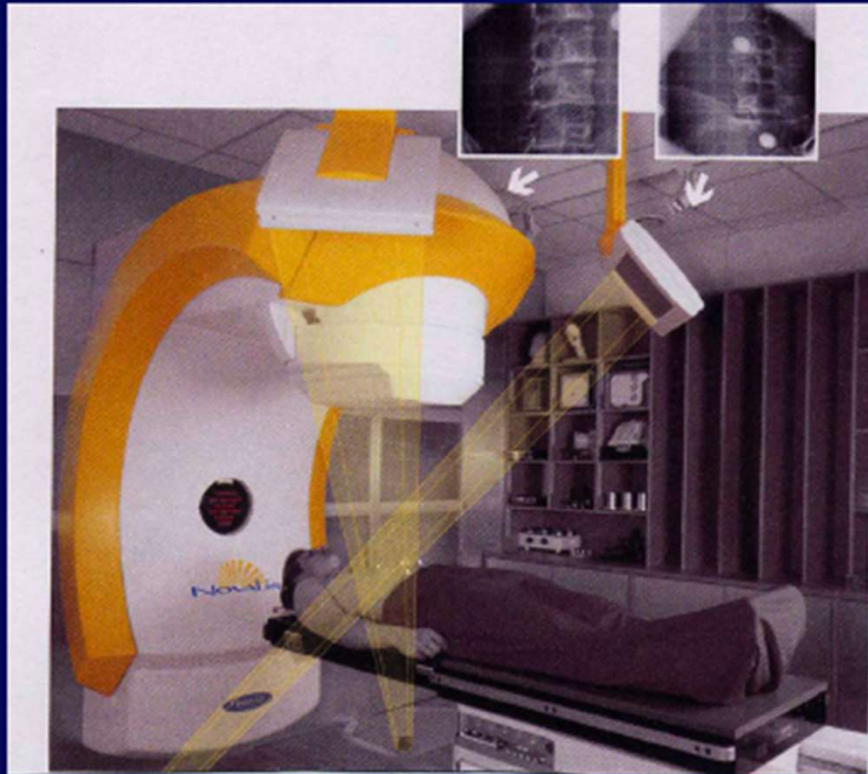
'standard' RT devices



Intensity Modulated
(IMRT)

Conformal 3D radiotherapy

IGRT : Image guided

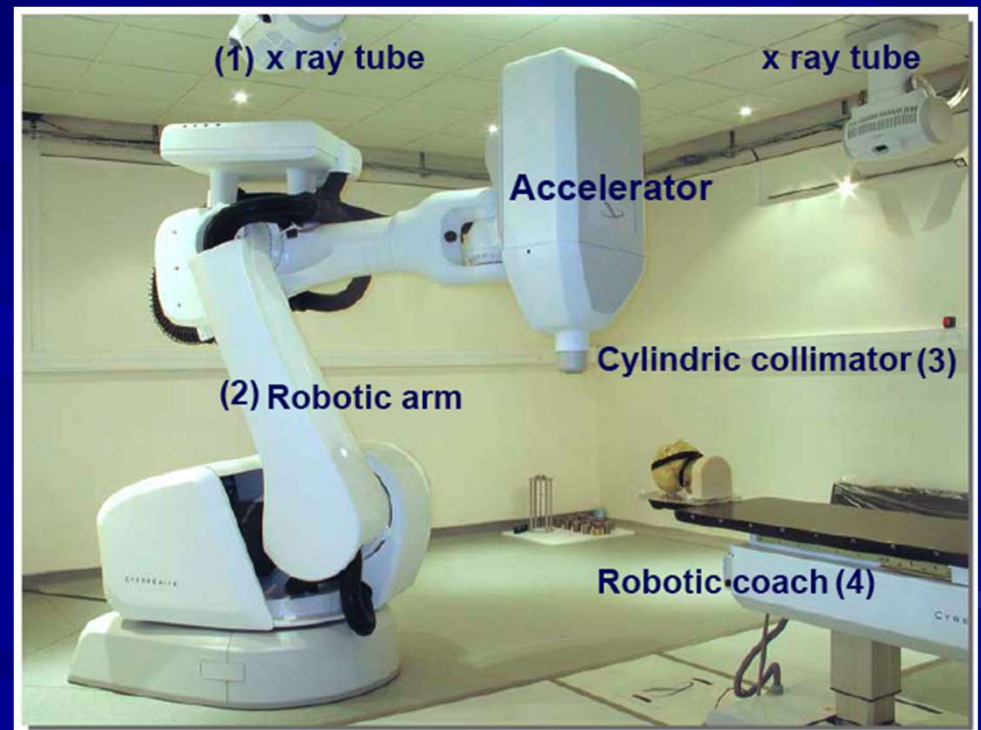


Sate of the art: Robotic Stereostatic RT

- Multiple beams
- High Precision 1 mm
- Dedicated & invasive (radiochirurgy)



VERO



Cyberknife™

Some words about dosimetry

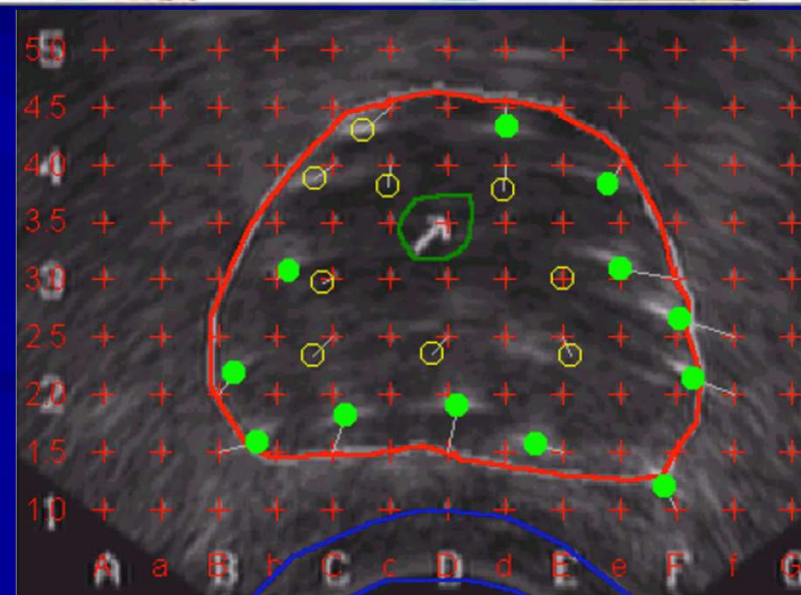
Curietherapy/Brachytherapy

1910

Today



- Local (contact) deposit of the dose by needles or implants



First cancer cure by brachy (ulcus rodens, basal cell carcinoma): Goldberg and London in Moscow, 1903

Originalarbeiten.

XXIV.

(Aus der Abteilung für allgemeine Pathologie des Kaiserlichen Instituts für experimentelle Medizin und aus dem Maximilian-Krankenhaus in St. Petersburg.)

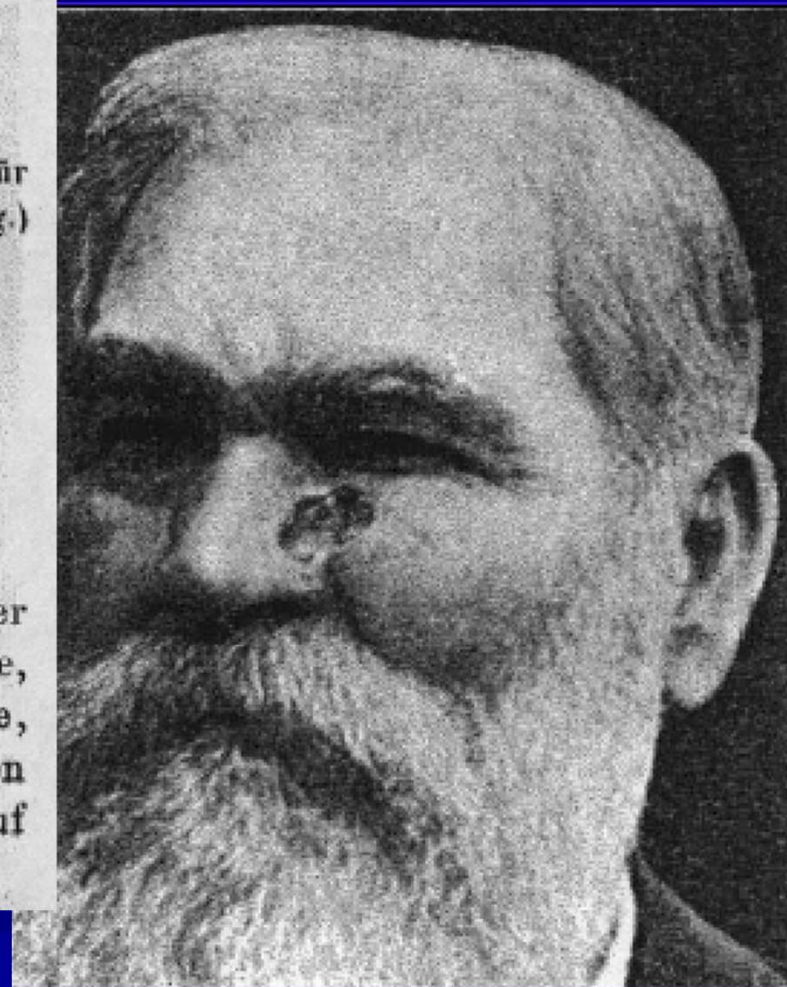
Zur Frage der Beziehungen zwischen Bequerelstrahlen und Hautaffectionen¹⁾.

Von

S. W. GOLDBERG und E. S. LONDON

in St. Petersburg.

Die neueren Errungenschaften der Verwendung verschiedener Formen der strahlenden Energie in der dermatologischen Therapie, sowie die experimentellen Arbeiten von Giesel, P. Curie, Bequerel, Aschkinass, Freund, Doulos u. a. veranlassten uns, die Wirkung der Bequerelstrahlen bei Ulcus rodens auf die Probe zu stellen.



First brachy treatment, any disease, generally credited to Henri Danlos

- Henri Alexandre Danlos,
- Parisian dermatologist,
- exhibiting a woman who he
- successfully treated for
- *lupus vulgaris* of the
- face. Pierre Curie loaned
- him the source and he



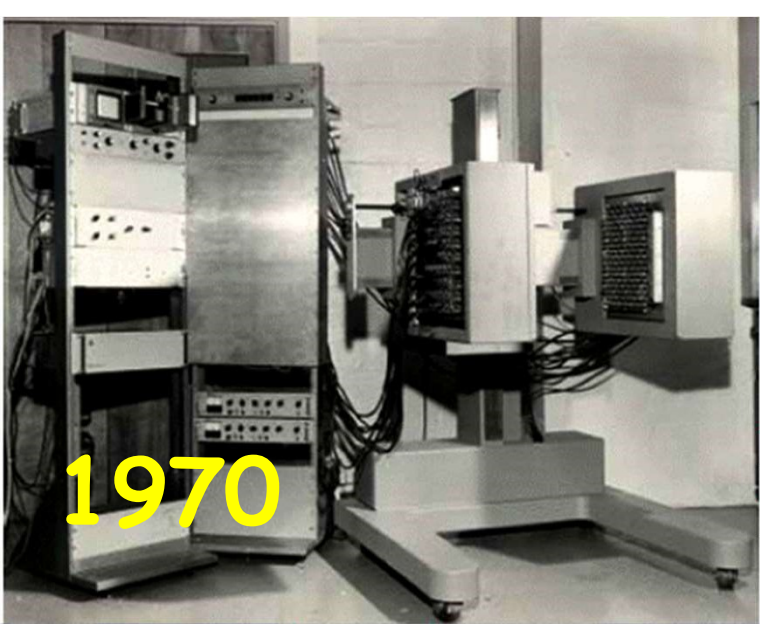
Note sur le traitement du lupus érythémateux par des applications de radium.

PAR MM. DANLOS et P. BLOCH.

Le 2 mars 1896, M. H. Becquerel, dans une communication à l'Institut, indiquait que tous les sels d'uranium et l'uranium métallique émettent, sans cause excitatrice et d'une manière incessante, un rayonnement qui traverse les corps opaques pour la lumière et impressionne les plaques photographiques. L'étude de ces rayons, dits aussi rayons uraniques ou rayons de Becquerel, a été l'origine

BRT (typically 10-20% of patients)

- 1) Radiation sources placed in the tumor, ergo less toxicity
- 2) Dose homogeneity in the target not an issue
- 3) Conformal treatment without complicated technological tools
- 4) Generally invasive (except intracavitary)
- 5) In BRT timing is critical
- 6) Overall risk of a second cancer is claimed to be lower for brachy
- *A. The actual dose delivered can be precisely known (a double-edged sword...)*
- *B. Full QC (operator-independent treatment)*
- *C. Ideal for focal therapy (radiobiology not needed)*



1970



Today

Nuclear medicine



What is Nuclear medicine ? Definition

- Use in vivo of radioactive elements (tracers) injected to the patient orally or by blood injection to image the **function** of the body
- Functional and metabolic (**scintigraphy**)
- In vivo biochemistry
- Study of a radioactive molecule in a living organism
 - Images are Static 2D/3D (x,y,z)
 - Or 4D (+time) --> dynamic
 - Or 5D (+ Energy) --> Multisotopes /multitracers

Medical Imaging Modalities

Emission tomography

Single Photon Emission Computerized Tomography (SPECT)

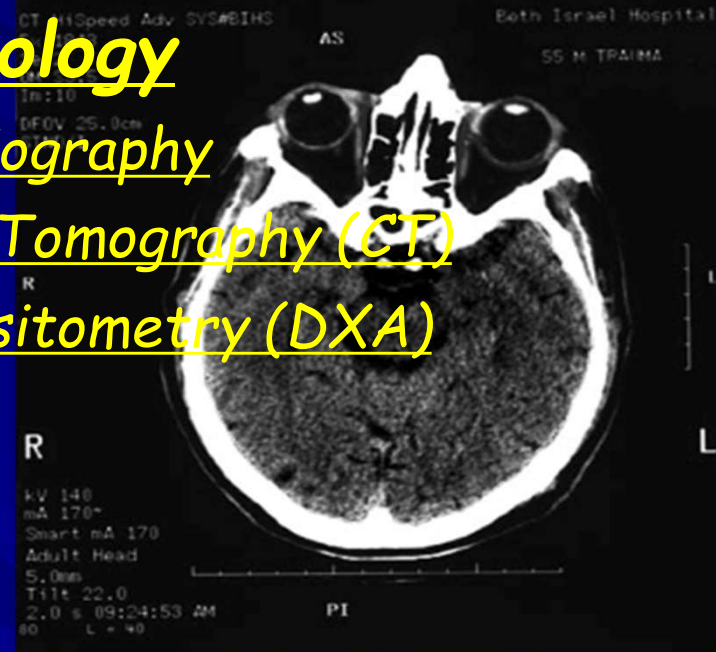
Positron Emission Tomography (PET)

X-ray radiology

X-ray Radiography

Computed Tomography (CT)

Tomo-Densitometry (DXA)

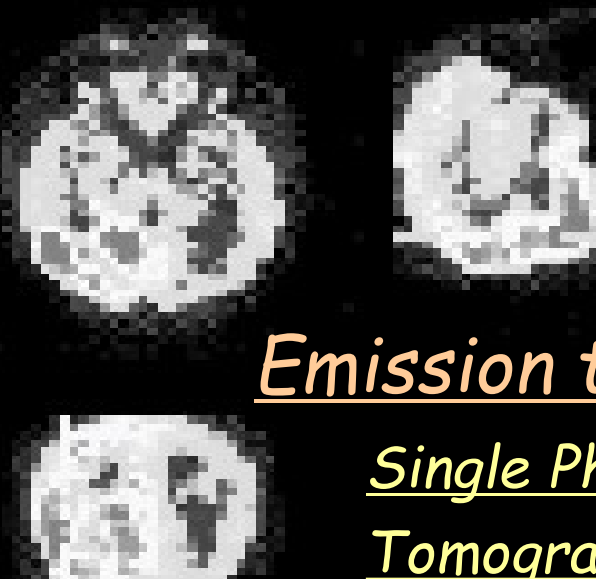
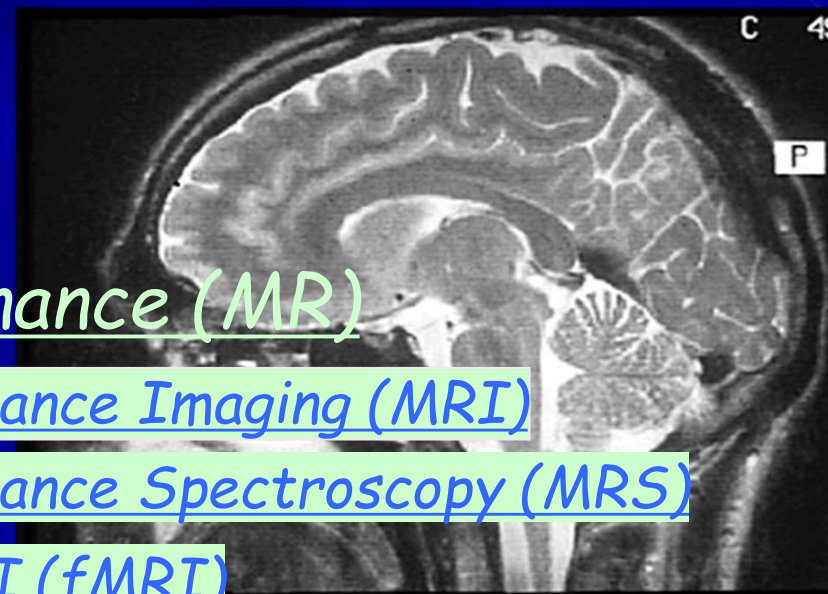


Magnetic Resonance (MR)

Magnetic Resonance Imaging (MRI)

Magnetic Resonance Spectroscopy (MRS)

Functionnal MRI (fMRI)

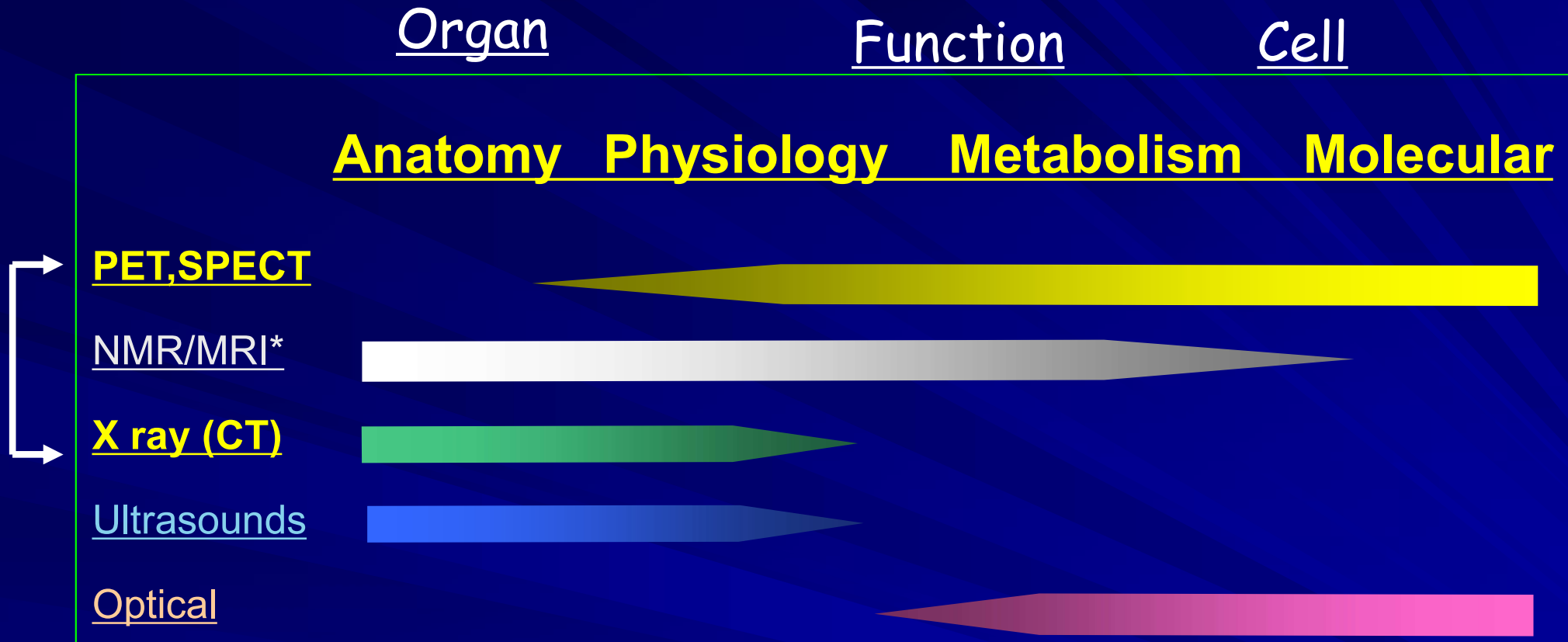


Ultrasonic imaging

27-juil.-19

UseParticle
by
Gerson

The various types (modalities) of imaging



- Complementary !
- Depends on what you want to see

MRI/MMR* = Magnetic resonance

Common Tracers

Application

Requirement

Isotope

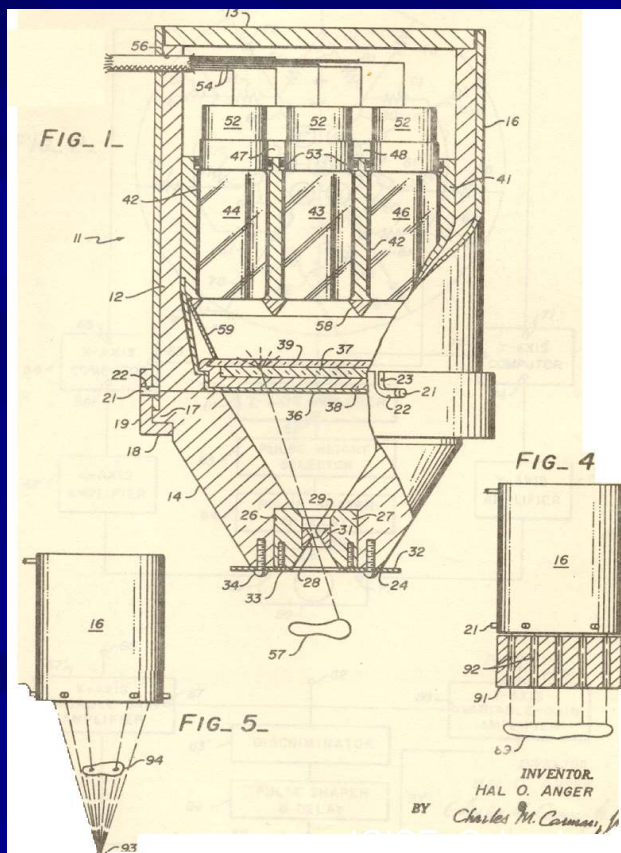
DIAGNOSIS In vivo SPECT	single photons no particles biogenic behavior $T_{1/2}$ = moderate	^{99m}Tc, ^{123}I, ^{111}In, ^{201}Tl,
DIAGNOSIS in vivo PET	β^+ -decay mode biogenic elements $T_{1/2}$ = short	^{11}C, ^{13}N, ^{15}O, ^{18}F

Anger Camera



Anger camera
invented in 1957

First camera had
7 PMTs



First commercial Anger
camera was delivered by
Nuclear Chicago to W.
Myers, Ohio State 1962



Clinical Images mid-1960' s

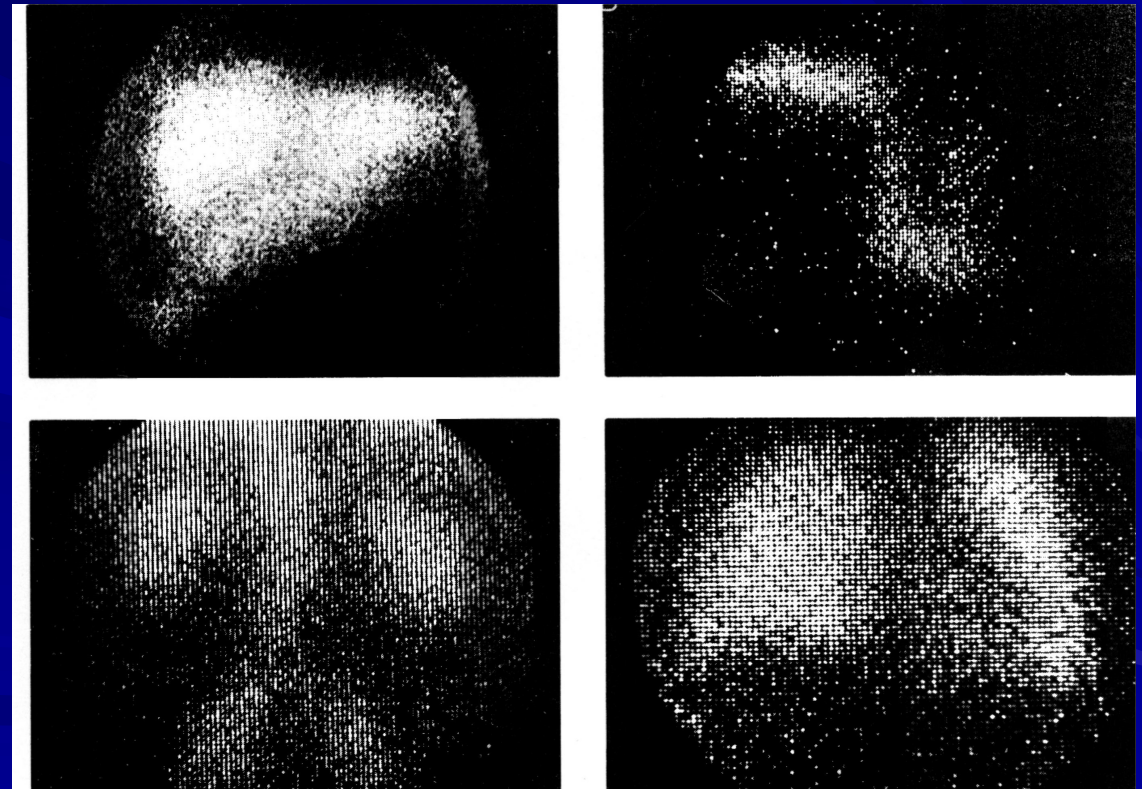
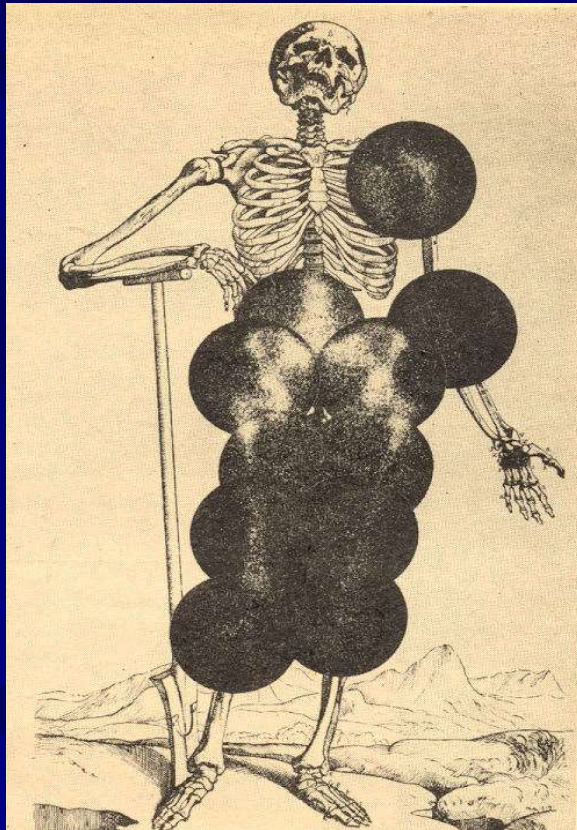
Image quality comparable
to rectilinear scanner

Limitations include:

Small field-of-view

Poor spatial resolution

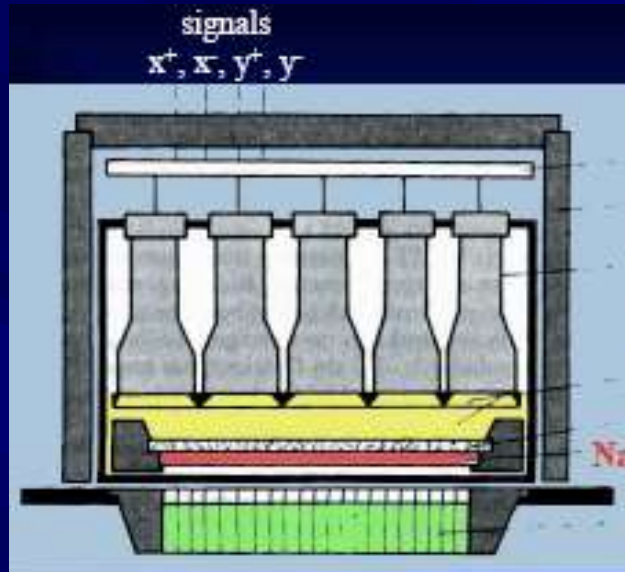
In 1960' s the primary application was not
clear: Tc-99m generators developed mid 60' s,
first kits available in 1970



July 1965

ICISE 1968

The first gamma camera (Hanger, 1956)



Planar scintigram

GAMMA CAMERA H.O. ANGER

- electronics
- Pb shielding
- PM tubes
- light guide window
- NaI-Detector
- collimator



SPECT Gamma camera components

■ Collimator

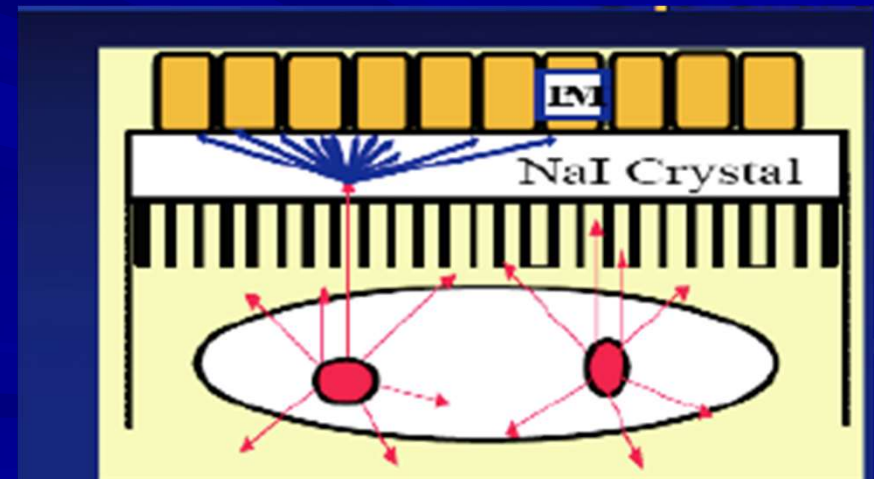
- Ability to localize the photon source in the patient (6-12 mm)

■ Detection system

- Ability of the **large NaI scintillator** and photomultiplier to localize the photon interaction in the crystal

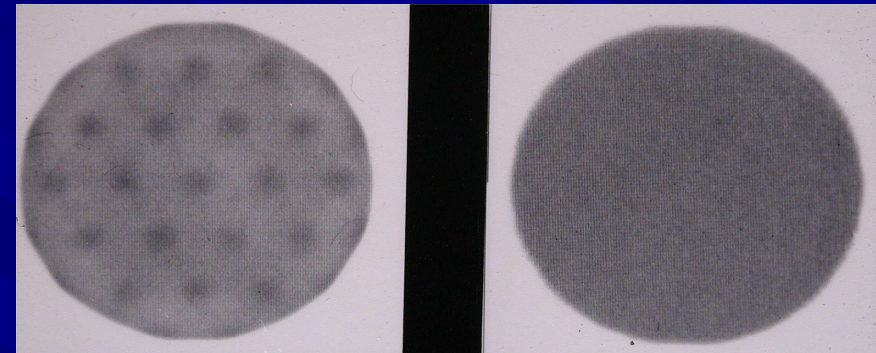
■ Problem :

- only few useful photons
- 1:100 000

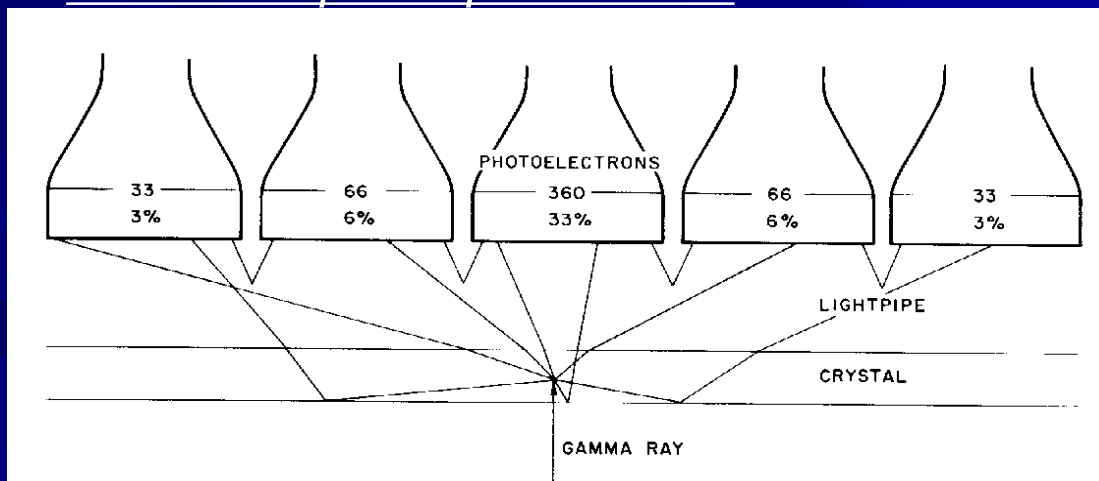


Improvements to Anger Camera

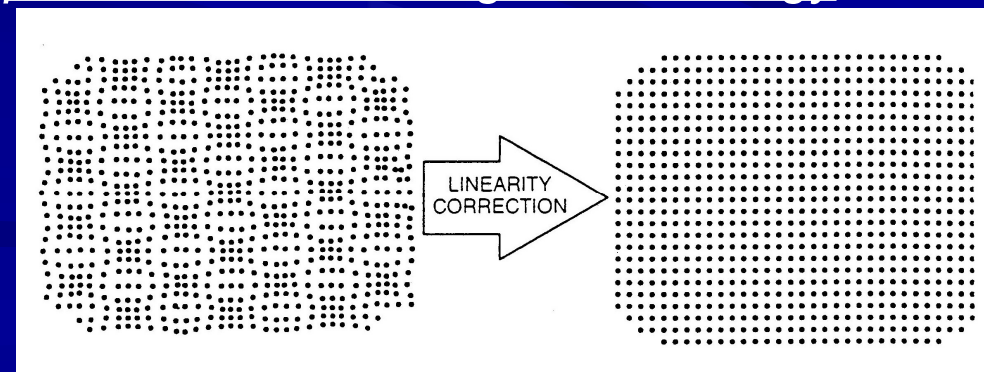
- Intrinsic spatial resolution in 1970's: (13 mm to < 4 mm)
increased to 37 PMTs, improved QE (bialkali photocathodes)
improved collimator technology (4000 holes to >80,000 holes)
- Field of view (to 15 inch) 1979
- Rectangular detectors 1985
- Uniformity, linearity and energy correction improvements through digital processing



Non-linear preamplifier: 1971



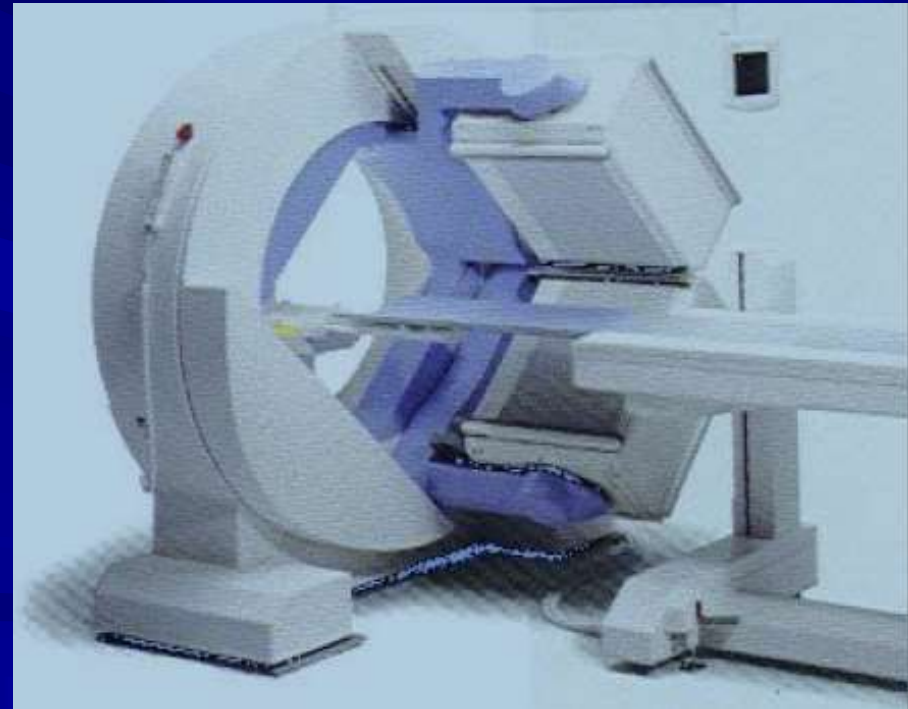
Distortion removal: invented 1970, in practice 1980 with digital technology



Single Photon Emission Computed Tomography (SPECT)

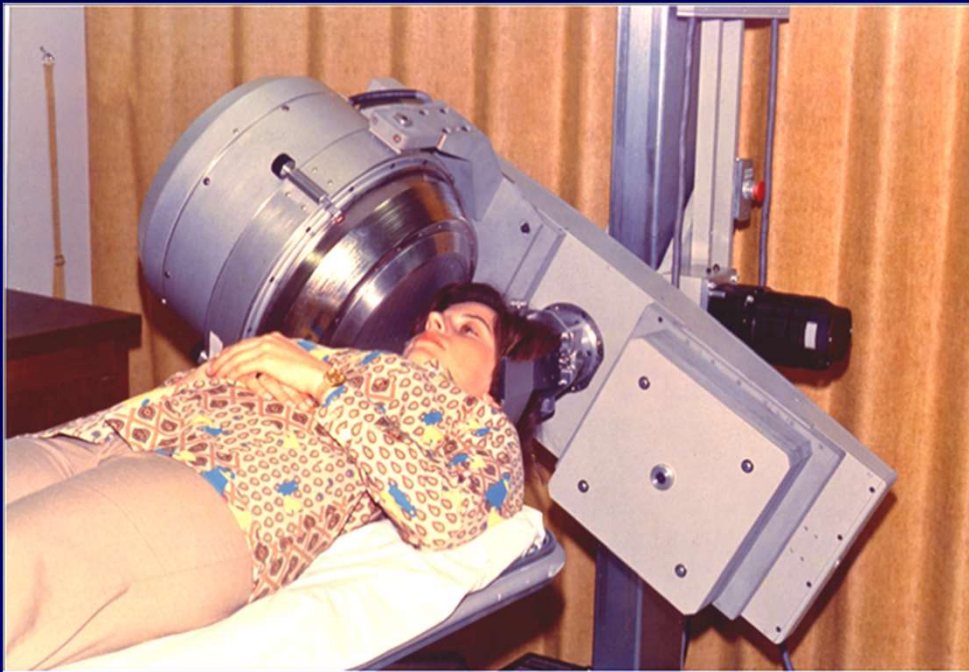
■ Two ways

- Tc ⁹⁹ tracer and a gamma camera
- Positron emitting tracers with positron camera



SPECT with Anger cameras

Single head



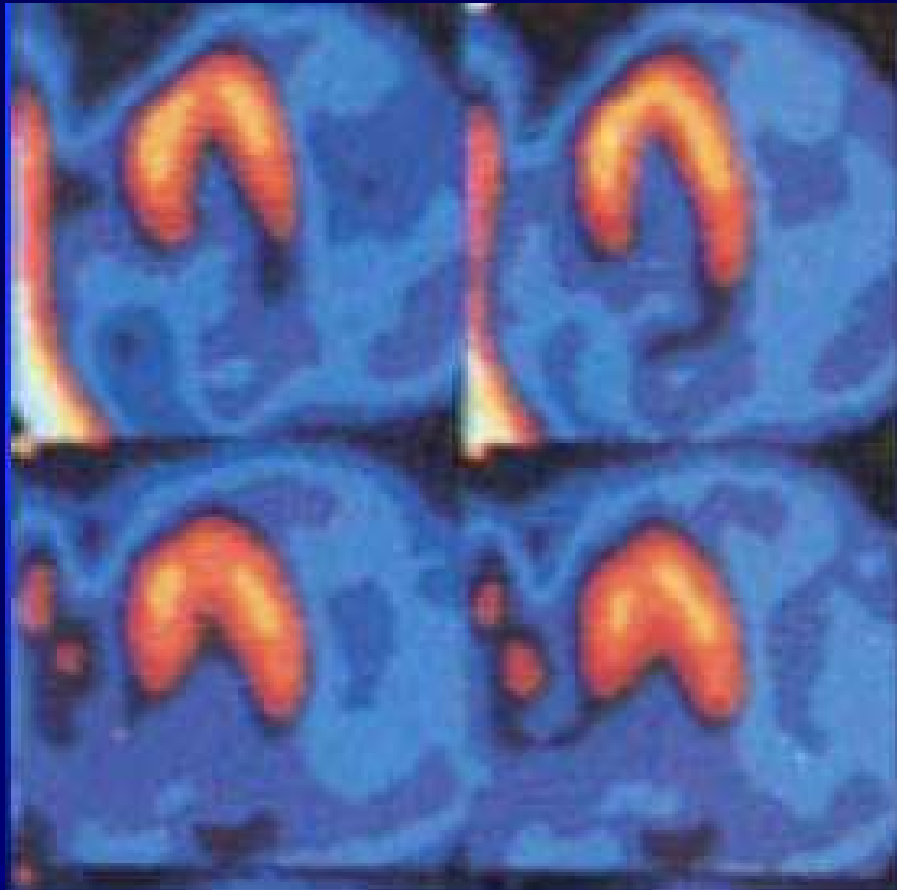
Searle: 1974 - 1976

Dual head



Searle: 1977 - 1979

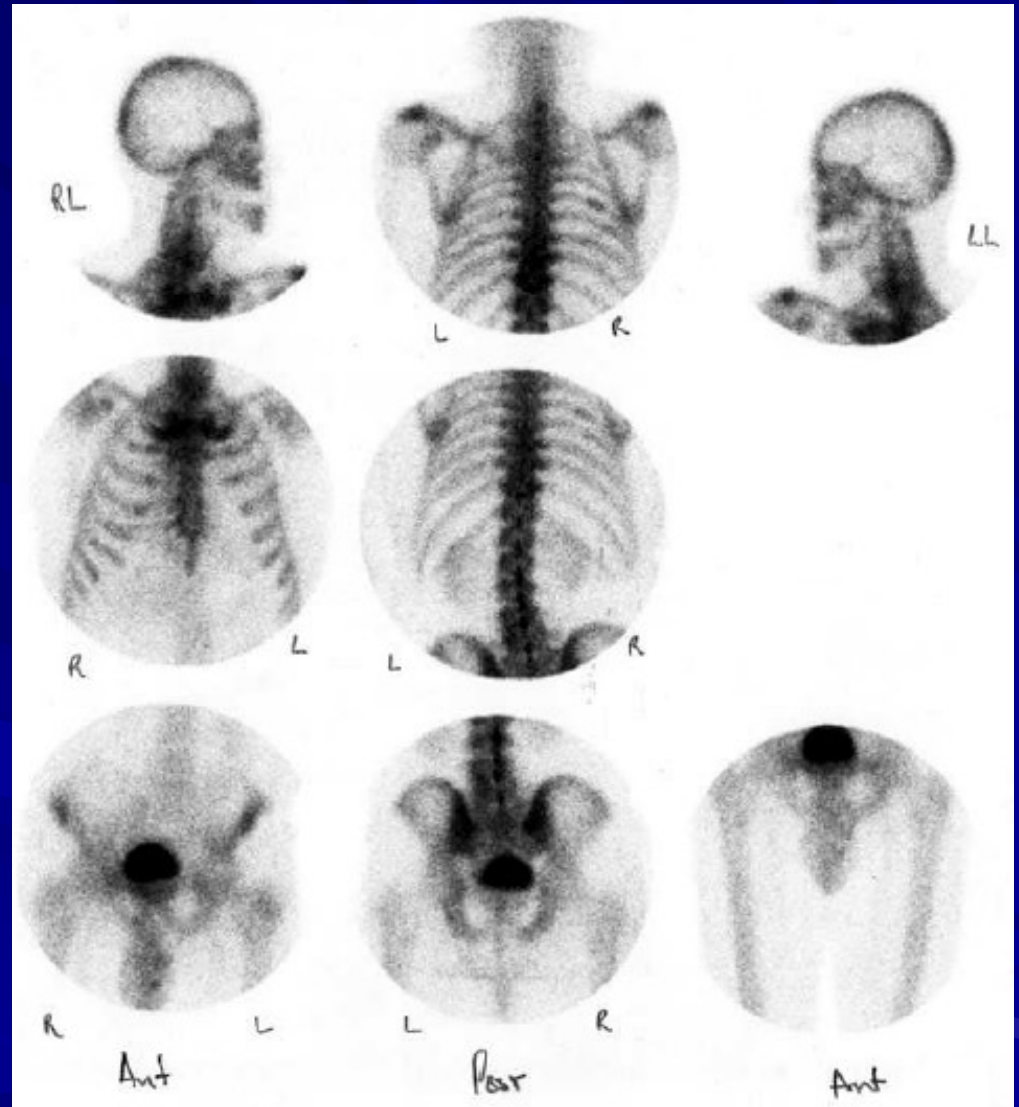
SPETCT images



1984

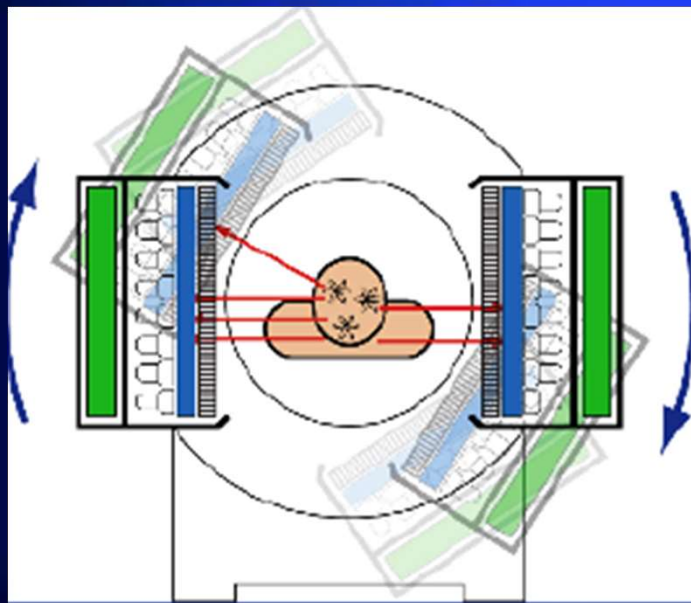
^{99m}Tc DMPE

Heart



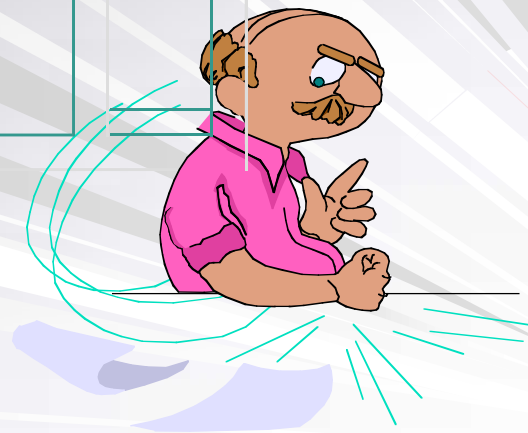
Multiview skeleton with Tc^{99}

Modern SPECT camera



Next lecture
this afternoon

End of this lecture



Questions?