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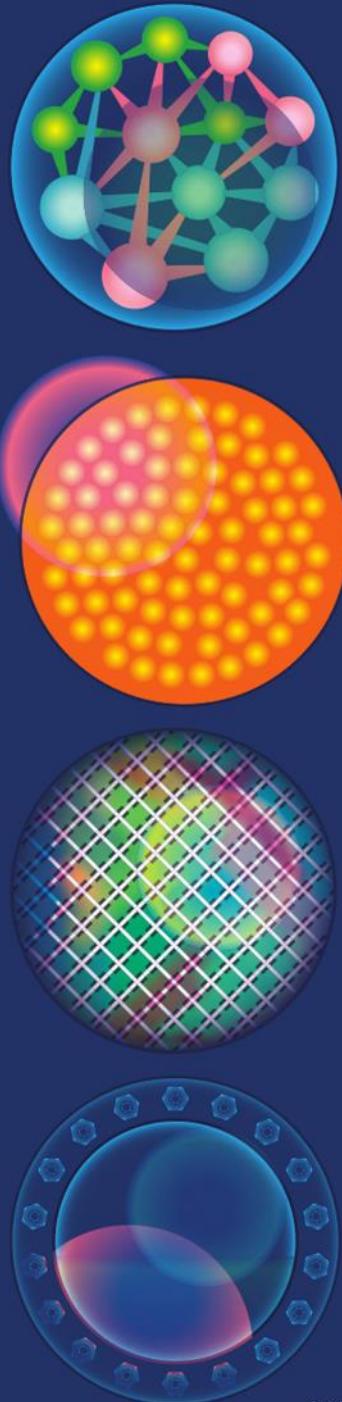


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Tomographic dosimetry for small field QA based on the LHCb SciFi detector: principle, implementation and results

Florian Thevenet,

On the behalf of QASys project consortium (INL, HCL, TIMC, CREATIS, EPFL)
Journées thématiques du Réseau Semi-conducteurs June 2-3 2022



ÉCOLE
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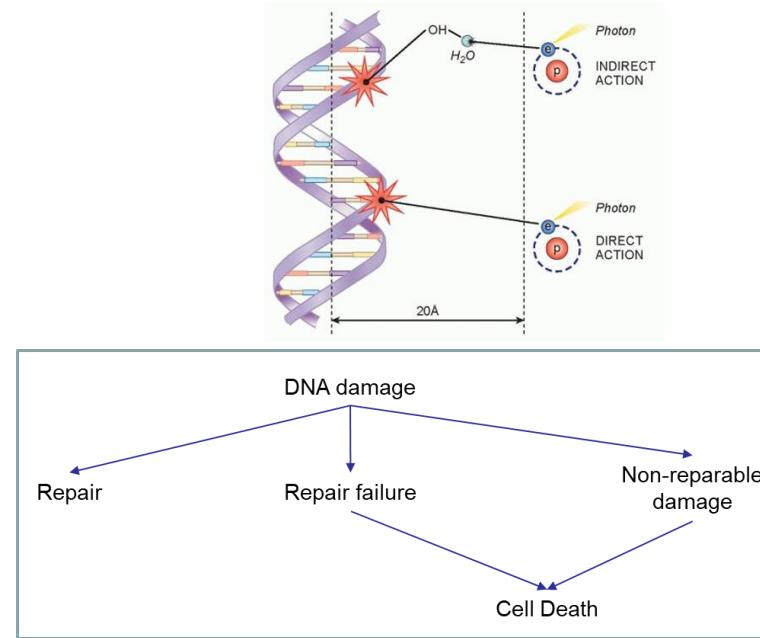
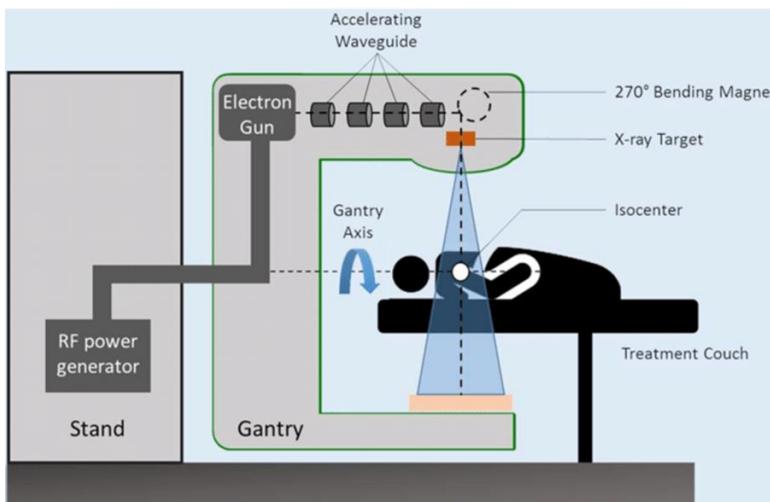
INSA



nm

External Beam Radiotherapy:

- ✓ one of the main types of cancer treatment.
- ✓ ionizing radiation used to destroy cancer cells and limit their growth.



Treatment: Absorbed dose - DNA damage (direct/indirect) without repair or with repair failure

Efficiency: RBE – PTV

Safety: Acceptable dose on healthy tissues (OAR)

External Beam Radiotherapy QA:



Motorized 3D water phantom equipped with IC or diodes system for dose distribution measurement



Delta4 phantom instrumented with 4040 diodes (5mm resolution at isocenter)

External Beam Radiotherapy QA:



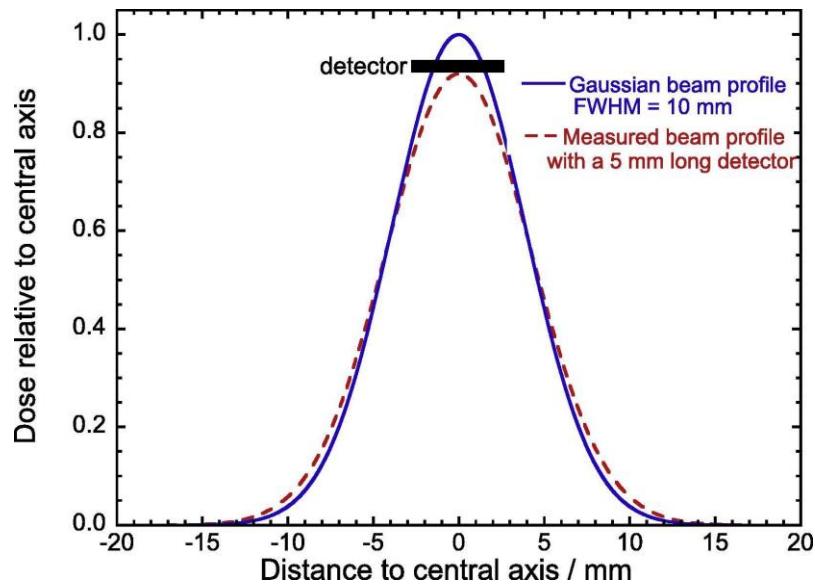
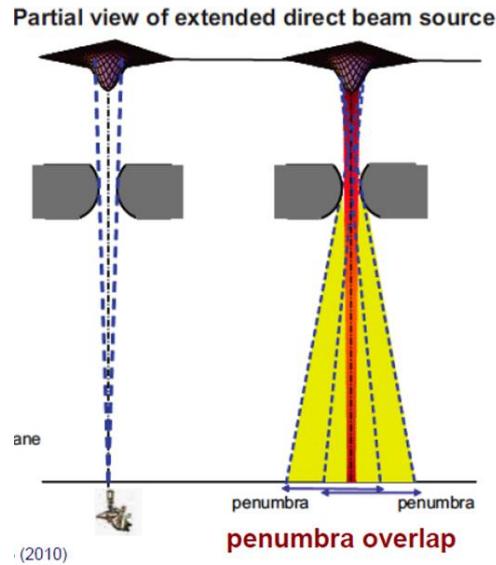
Motorized 3D water phantom equipped with IC or diodes system for dose distribution measurement



Delta4 phantom instrumented with 4040 diodes (5mm resolution at isocenter)

But small field QA remains challenging

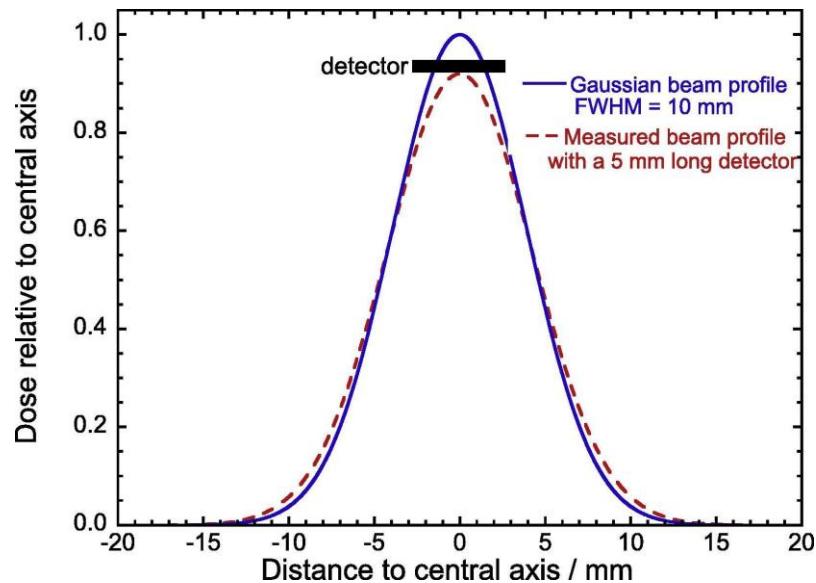
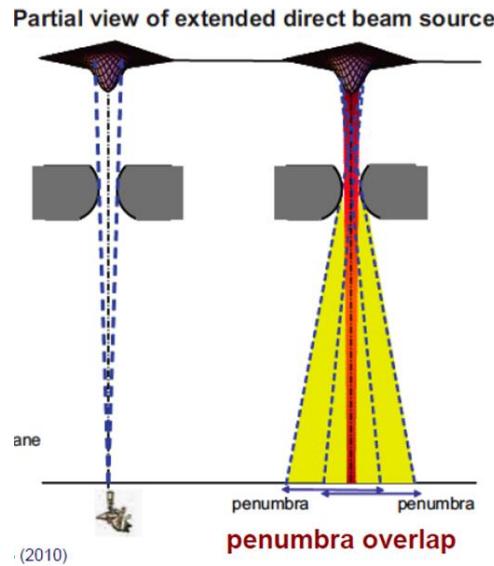
Small field QA issues:



Palmans et al. "Dosimetry of small static fields used in external photon beam radiotherapy: Summary of TRS-483, the IAEA-AAPM international Code of Practice for reference and relative dose determination." Medical physics vol. 45, 11 (2018)

1. **Energy spectrum variations** between penumbra and in-field regions
2. **Steep dose gradients** (placement errors of point detectors, volume average effect)

Small field QA issues:

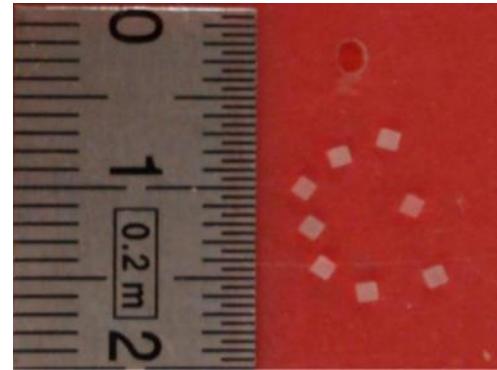
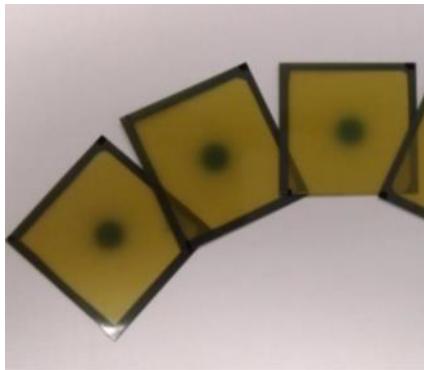


Palmans et al. "Dosimetry of small static fields used in external photon beam radiotherapy: Summary of TRS-483, the IAEA-AAPM international Code of Practice for reference and relative dose determination." Medical physics vol. 45, 11 (2018)

- Energy spectrum variations** between penumbra and in-field regions
- Steep dose gradients** (placement errors of point detectors, volume average effect)

Small field QA requires small size (sub-millimeter) and tissue equivalent detector

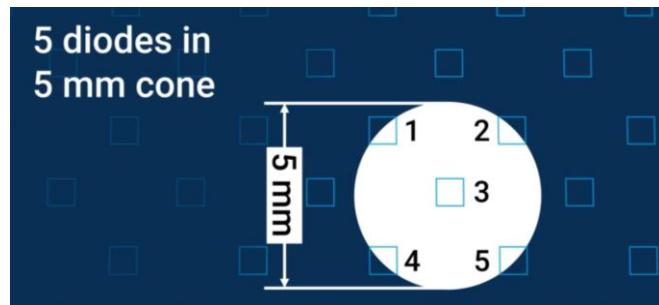
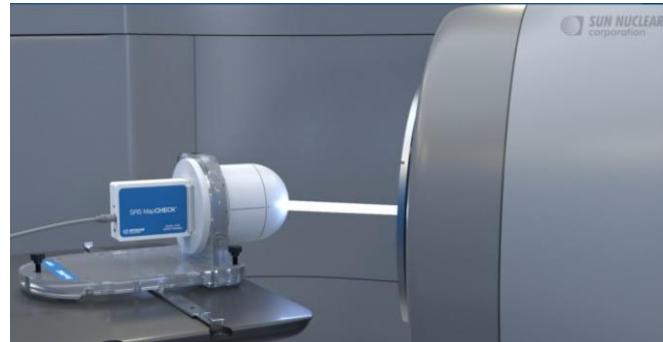
Film-based and TLD-based methods [Bassinet et al. *Med. Phys.*, 2013]



IRSN protocol (standard in France) : EBT3 radiochromic film + 1mm² Thermoluminescent Dosimeters
Institute for Radiological Protection and Nuclear Safety (IRSN) – Rapport N° PSE-SANTE/SDOS/2018-00035 -

Suitable for commissioning but not for daily QA procedures (time consuming and not real time).

Filmless patient QA based on diodes array



Filmless patient QA based on diodes array

Streamline Your Workflow

SRS MapCHECK Filmless QA: ~10 minutes

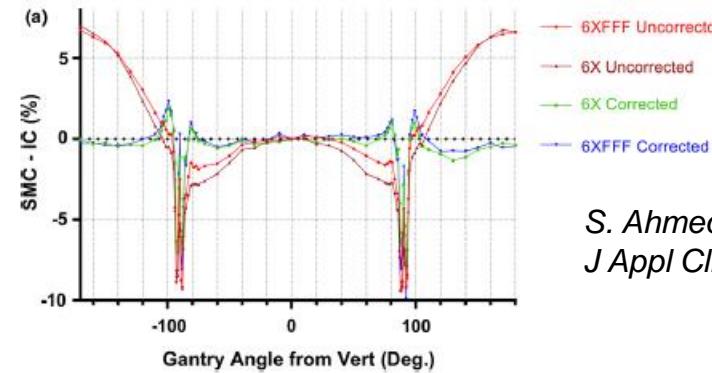
Conventional Film Method: >2 hours*

SUN NUCLEAR corporation

5 diodes in 5 mm cone

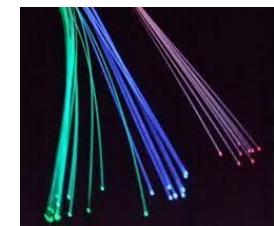
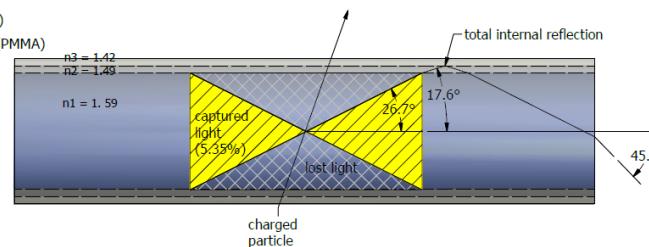
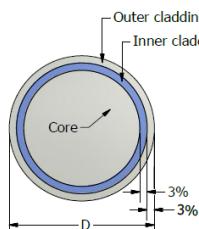
Diodes are not tissue equivalent ($Z_{si}=14$):

- ⌚ Compensation factor
- ⌚ Limited resolution (spacing of 2.47mm)
- ⌚ Angular dependence

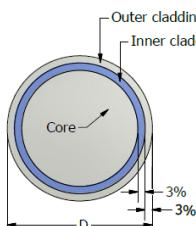


S. Ahmed et al.
J Appl Clin Med Phys 2019

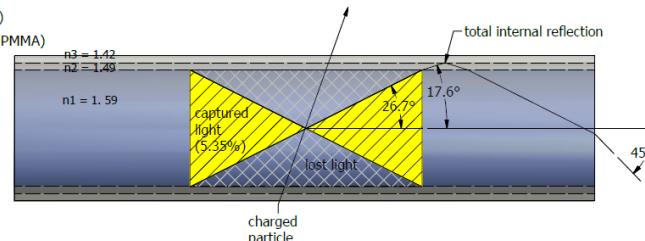
Plastic scintillating fiber



Plastic scintillating fiber



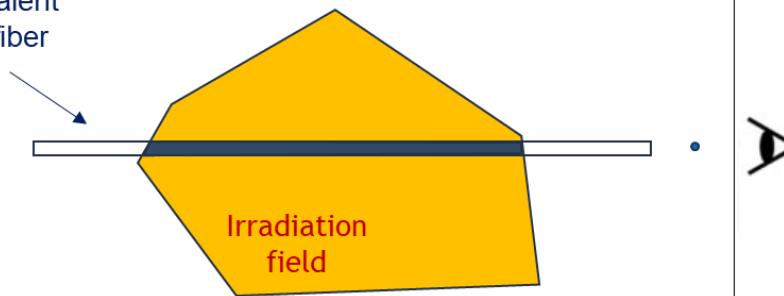
(a) end view



(b) side view



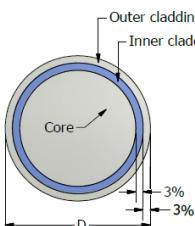
tissue-equivalent
scintillating fiber



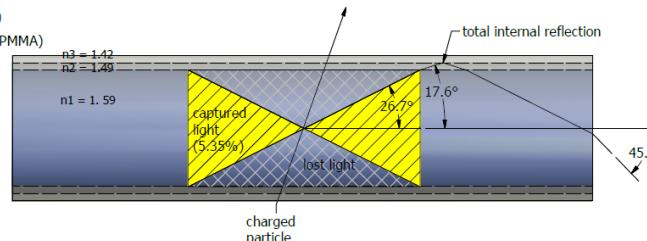
Signal is proportional to the dose integrated over the irradiated segment of fiber

Goulet M et al., "High resolution 2D dose measurement device based on a few long scintillating fibers and tomographic reconstruction", Med Phys. 2012

Plastic scintillating fiber



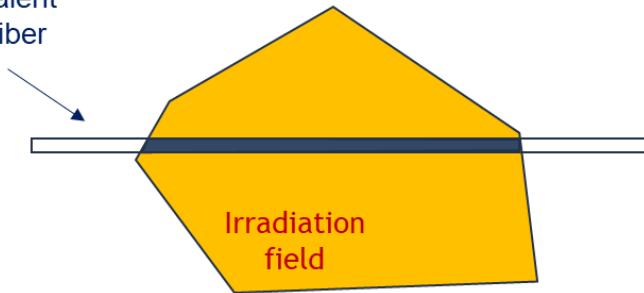
(a) end view



(b) side view



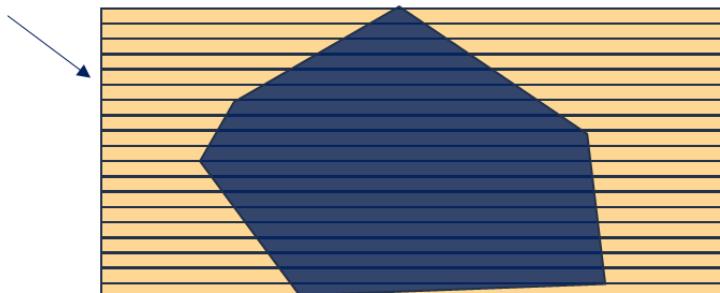
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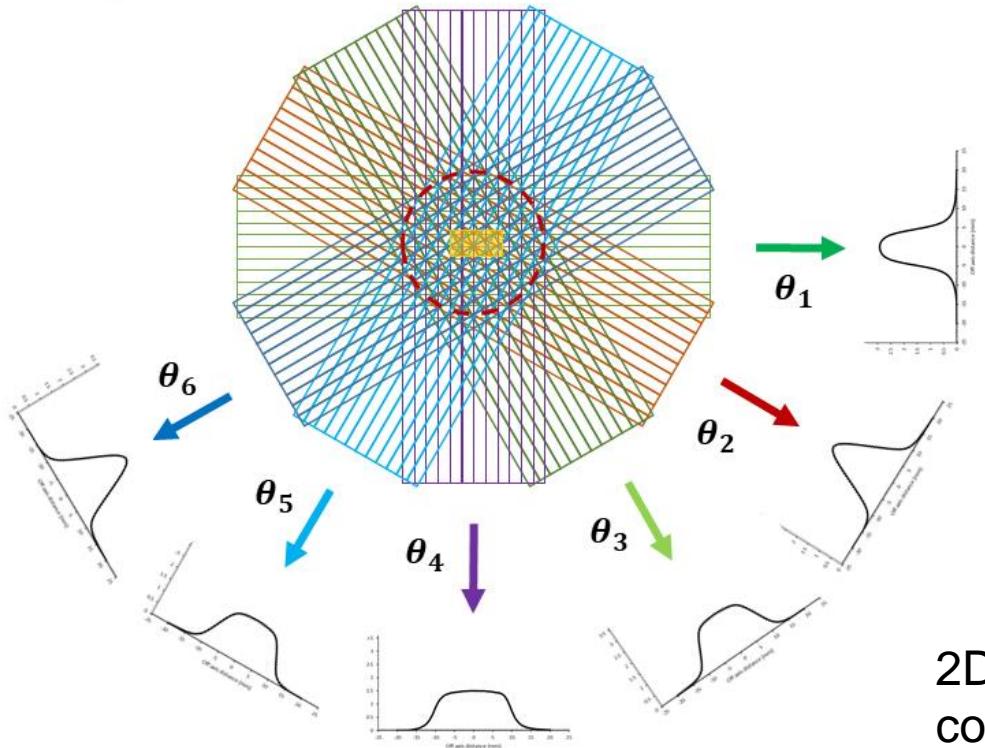
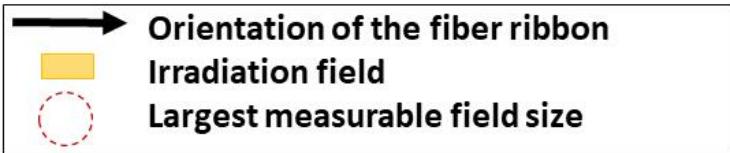
Signal is proportional to the dose integrated over the irradiated segment of fiber

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tissue-equivalent
scintillating fiber ribbon

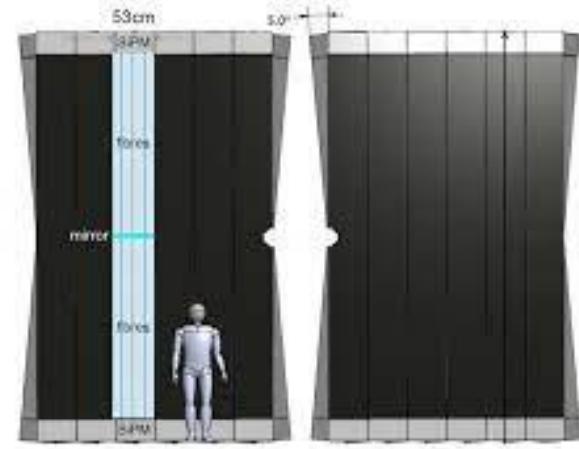
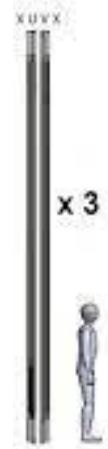
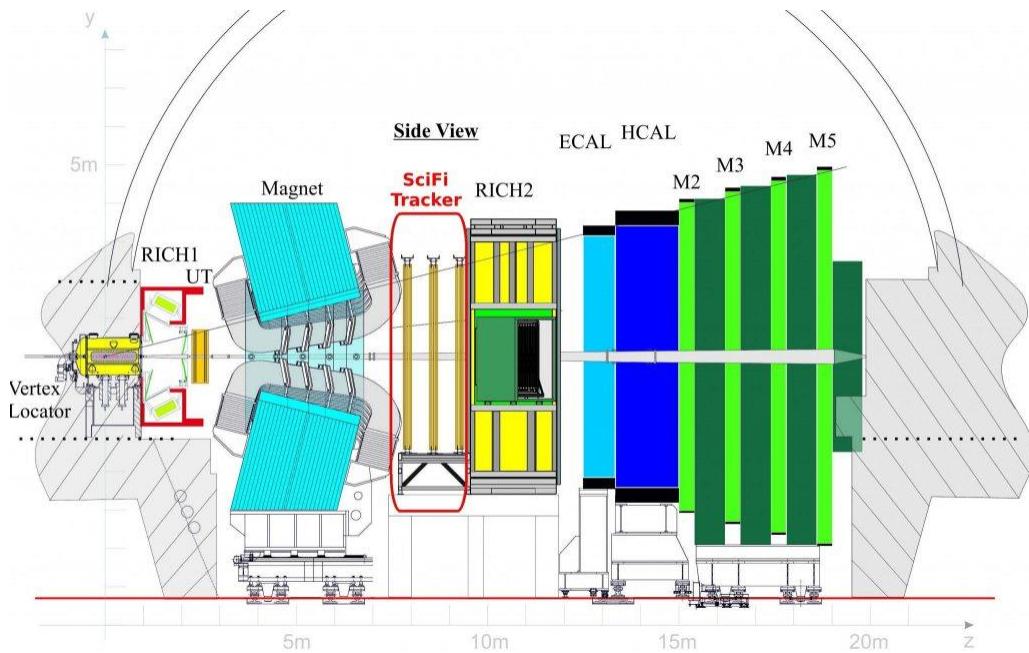


Signal at ribbon output gives the projected profile of the irradiation field

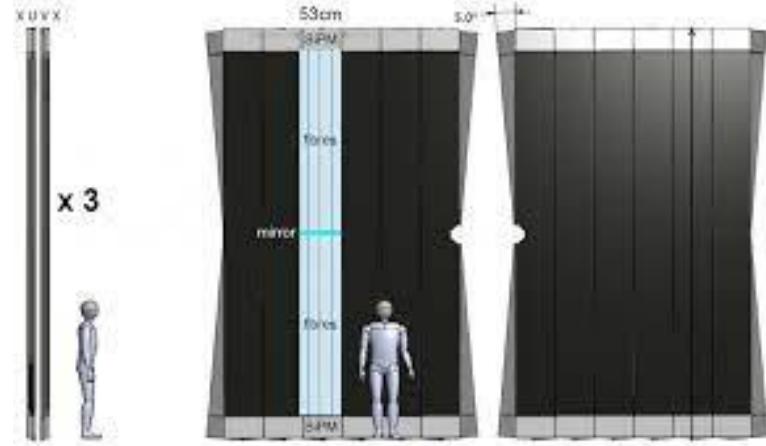
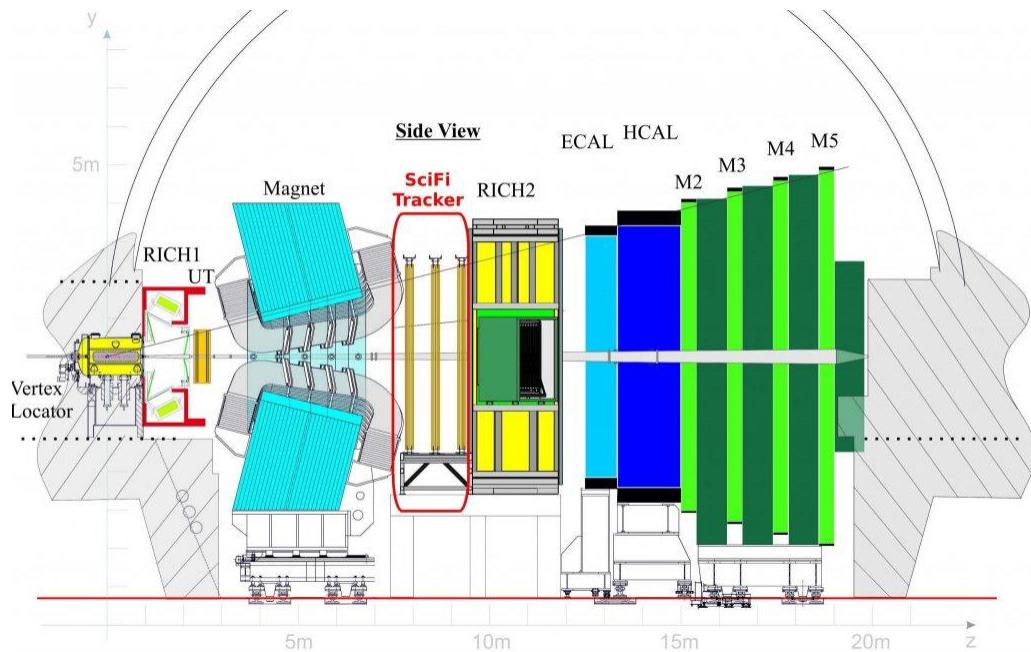


2D dose cartography can be computed from the projected view of the radiation field by tomography

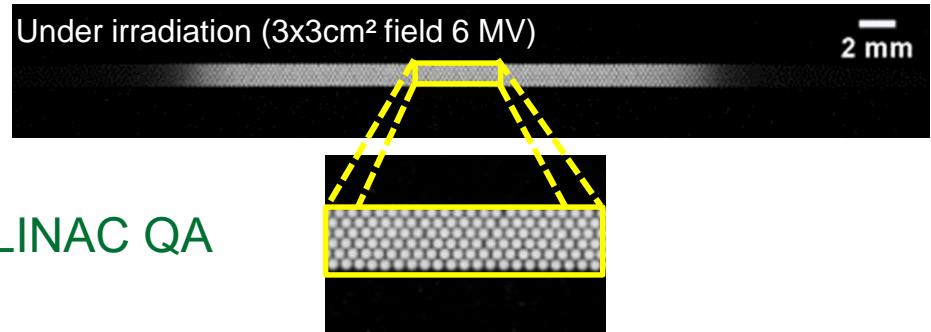
SciFi tracker for LHCb experiment implements
250 μ m fiber ribbons...



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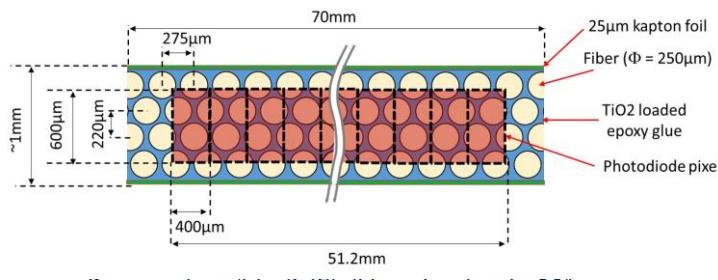
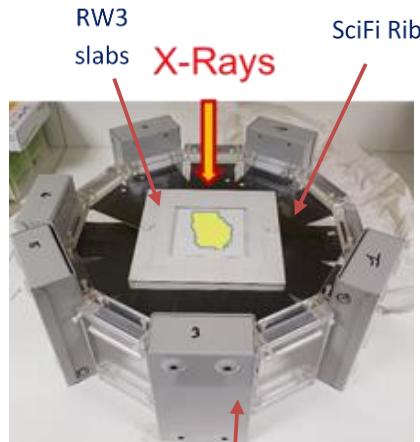
Under irradiation (3x3cm² field 6 MV)



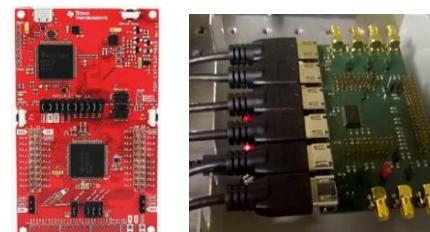
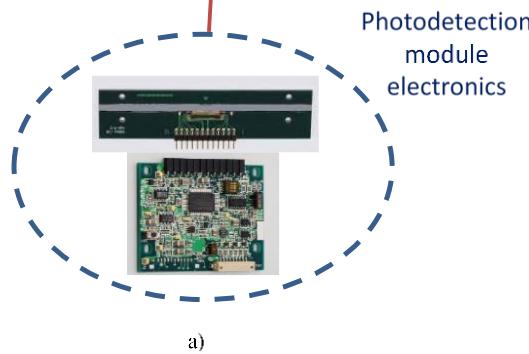
...which can also be used as detector for LINAC QA

Results

Perspectives



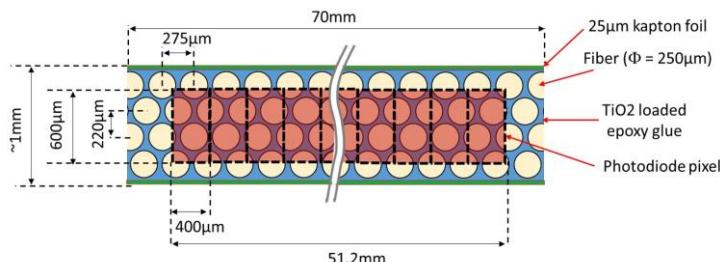
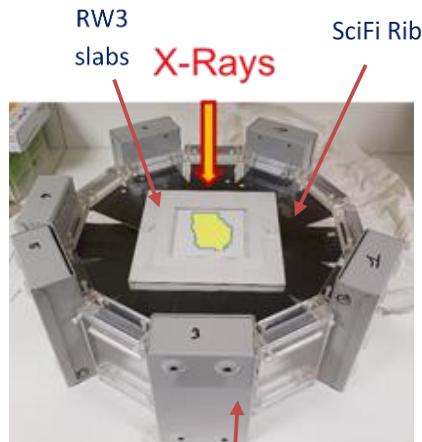
Cross-section of the SciFi ribbon showing the 250 μm scintillating fibers arrangement and the coupling with the photodiode array
b)



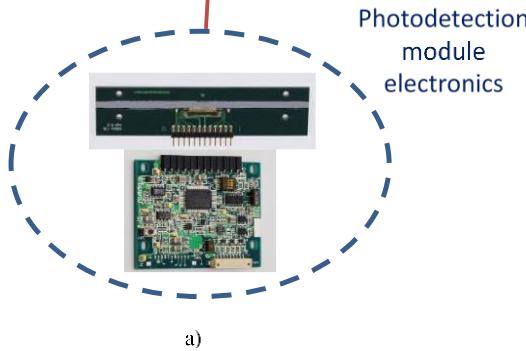
Acquisition module electronics
MSP432P401R board with its daughter board for photodetection module interfacing

Results

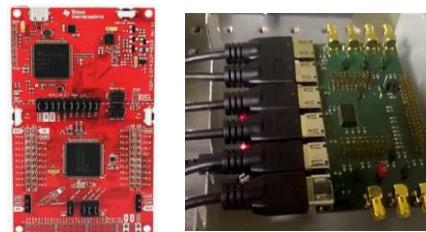
Perspectives



Cross-section of the SciFi ribbon showing the 250 μm scintillating fibers arrangement and the coupling with the photodiode array
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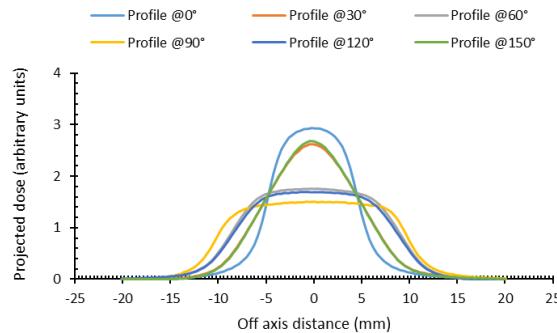
a)



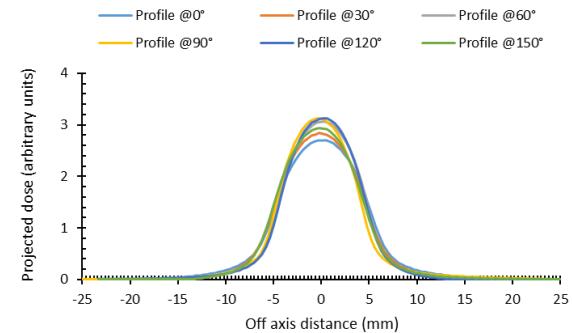
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c)

Number of tissue-equivalent scintillating ribbons	6 (rotated increment of 30°)
Number of scintillating fibers	~6000 (6x1000)
Lateral resolution (pixel pitch of the photodiode arrays)	400 μm
Number of photodetection channels	768 (6x128)
Maximum field size	42 mm in diameter
Detector depth in RW3	1.4 cm



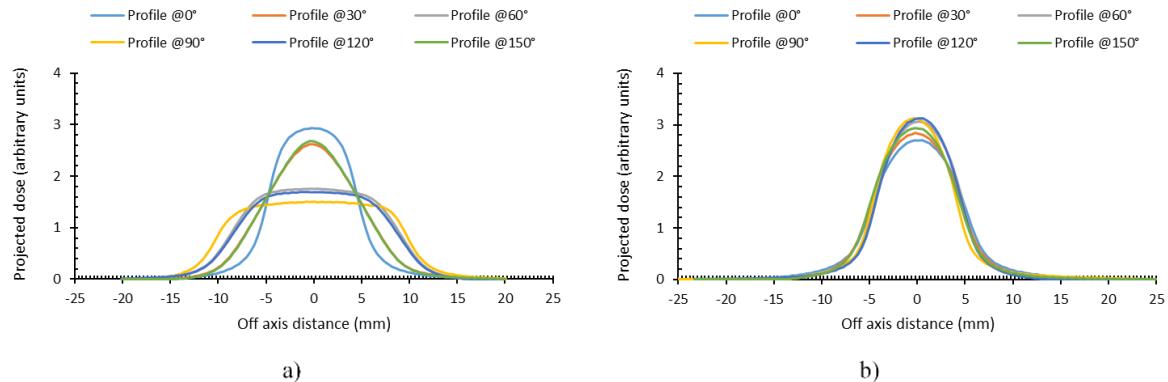
a)



b)

FIG. 7: Measured profiles for a) the $20 \times 10 \text{ mm}^2$ rectangular and b) the elliptic fields, respectively.

Measurements were carried out at high SNR (in the range [44dB-66dB]) within 2s



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Field profiles are reconstructed with submillimeter resolution

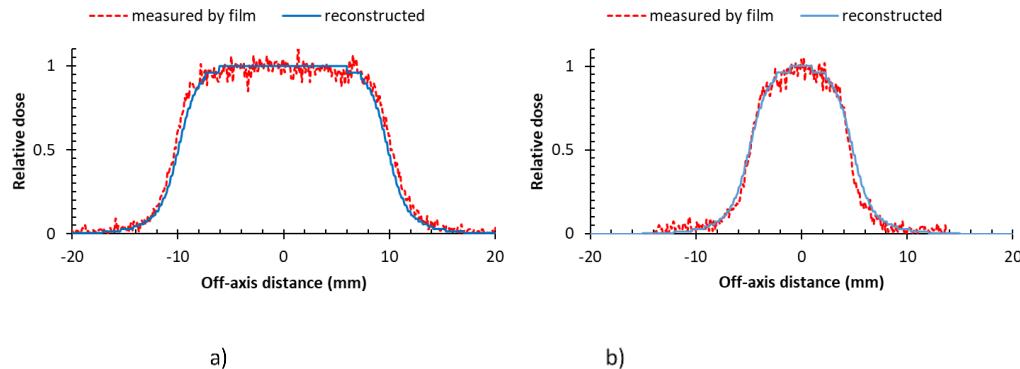


FIG. 10: Dose profile of the $20 \times 10 \text{ mm}^2$ field obtained by 2-step method reconstruction and EBT3-film measurements: a) X-axis dose profile and b) Y-axis one .

Accuracy and resolution of 2D dose cartography are evaluated in terms of gamma index which quantifies the difference between measured and reference dose distributions on a point-by-point basis in terms of both dose and distance to agreement (**DTA**) differences. For any measured position P_i , it is defined as:

$$\gamma(P_i) = \min_k \left(\sqrt{\frac{|D_i - D_{ref,k}|^2}{\Delta D^2} + \frac{|P_i - P_{ref,k}|^2}{DTA^2}} \right)$$

where ΔD is the accuracy uncertainty (Dose difference) and DTA , the resolution (Distance to Agreement). The min value is searched over all the points available in the reference dose distribution.

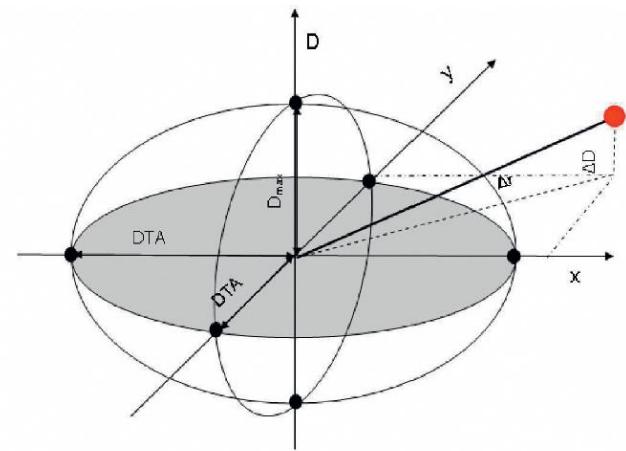


Fig. 3. The concept of gamma verification [5]: x, y, D – spatial and dose dimensions; DTA – distance-to-agreement; D_{max} – max dose deviation; Δr , ΔD – local spatial and dose divergence of the analyzed point

Results

Perspectives

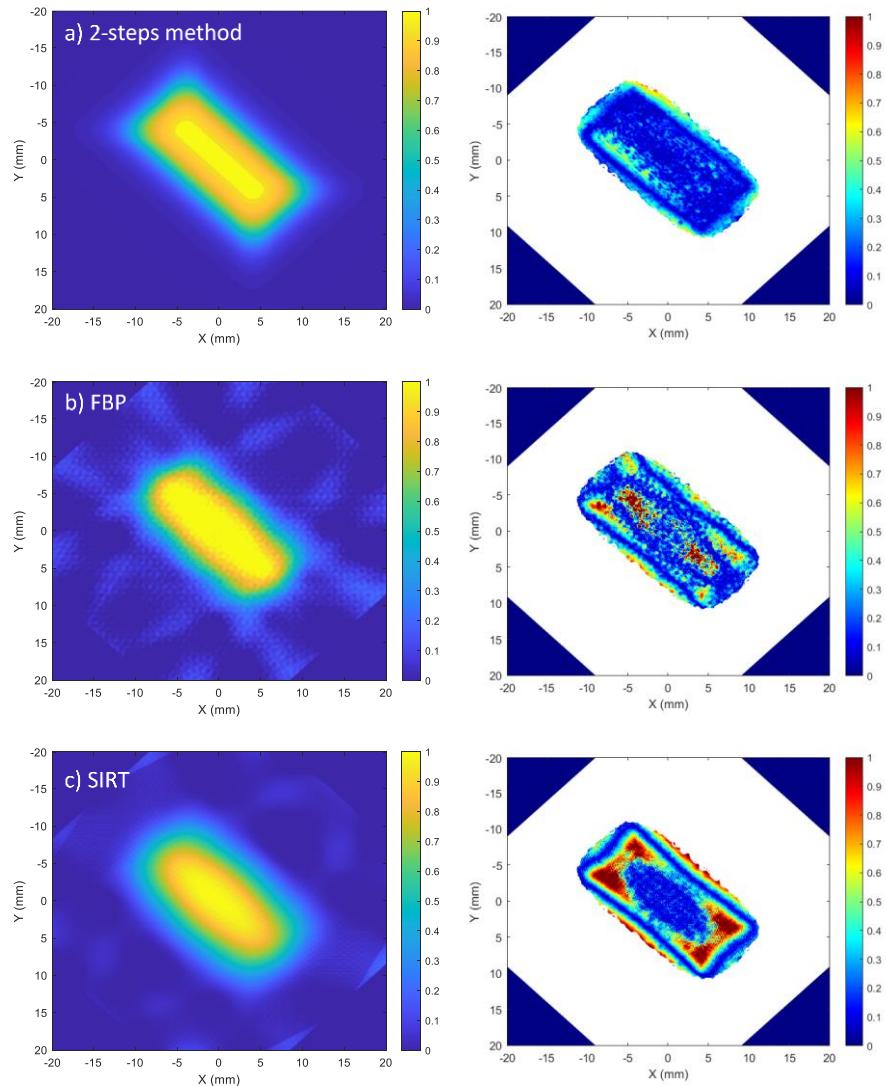


FIG. 9: Dose distributions and 1% DD/1 mm DTA gamma index cartographies obtained with the a) 2-step, b) FBP and c) SIRT reconstruction methods for the $20 \times 10 \text{ mm}^2$ field.

Esteves et al., Med. Phys. (submitted)

Gamma index analysis for 1% dose-difference of and 1mm distance to agreement

Field	Collimator orientation	2-Step Method	FBP	SIRT
$20 \times 10 \text{ mm}^2$	0°	99.9	98.2	95.9
	45°	99.8	97.5	92.5
$10 \times 10 \text{ mm}^2$	0°	99.9	99.4	97.0
	45°	99.6	99.8	97.4
10mm Elliptical field	0°	99.9	96.9	84.9
	45°	99.9	99.0	86.5
Cone 5 mm	0°	99.8	93.4	65.6

- ✓ The system can be used for stereotactic cone radiosurgery (SRS) QA as well as for machine QA.
- ✓ We are currently working on IMRT segment reconstruction to use our system for patient-specific QA.

Thank you for your attention



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