

Clinical Commissioning

(Pencil Beam Scanning System)

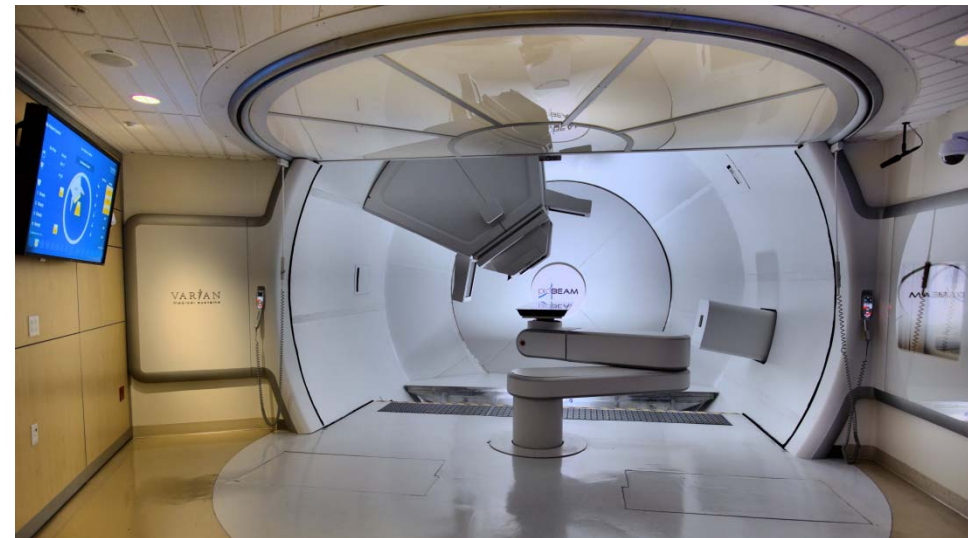
Lei Dong, Ph.D.

Scripps Proton Therapy Center

San Diego, CA



- Scripps has ~14,000 employees, five hospitals and over 2000 affiliated physicians in San Diego area
- Scripps collaborates with UCSD and Rady Children's hospitals for the proton therapy program
- The home of Varian's first ProBeam™ system in US
- Scripps treated first patient on Feb. 12, 2014



- **General definition of clinical commissioning**
 - Preparation to treat the first patient
 - Workflow
 - Immediately after the acceptance test and possession of beam time
- **General task categories**
 - Establish clinical protocols
 - immobilization, simulation, planning, evaluation, imaging, documentation etc.
 - **Beam calibration protocol**
 - ***TPS commissioning**
 - Risk assessment and machine QA

- **Commissioning is time sensitive and financially liable**
 - Save money on salaries and bank loans
- **Prepare for clinical operation**
 - HR
 - Regulation
 - Business contracts and licensing agreements
 - Marketing
 - IT
 - Equipment commissioning
 - Training

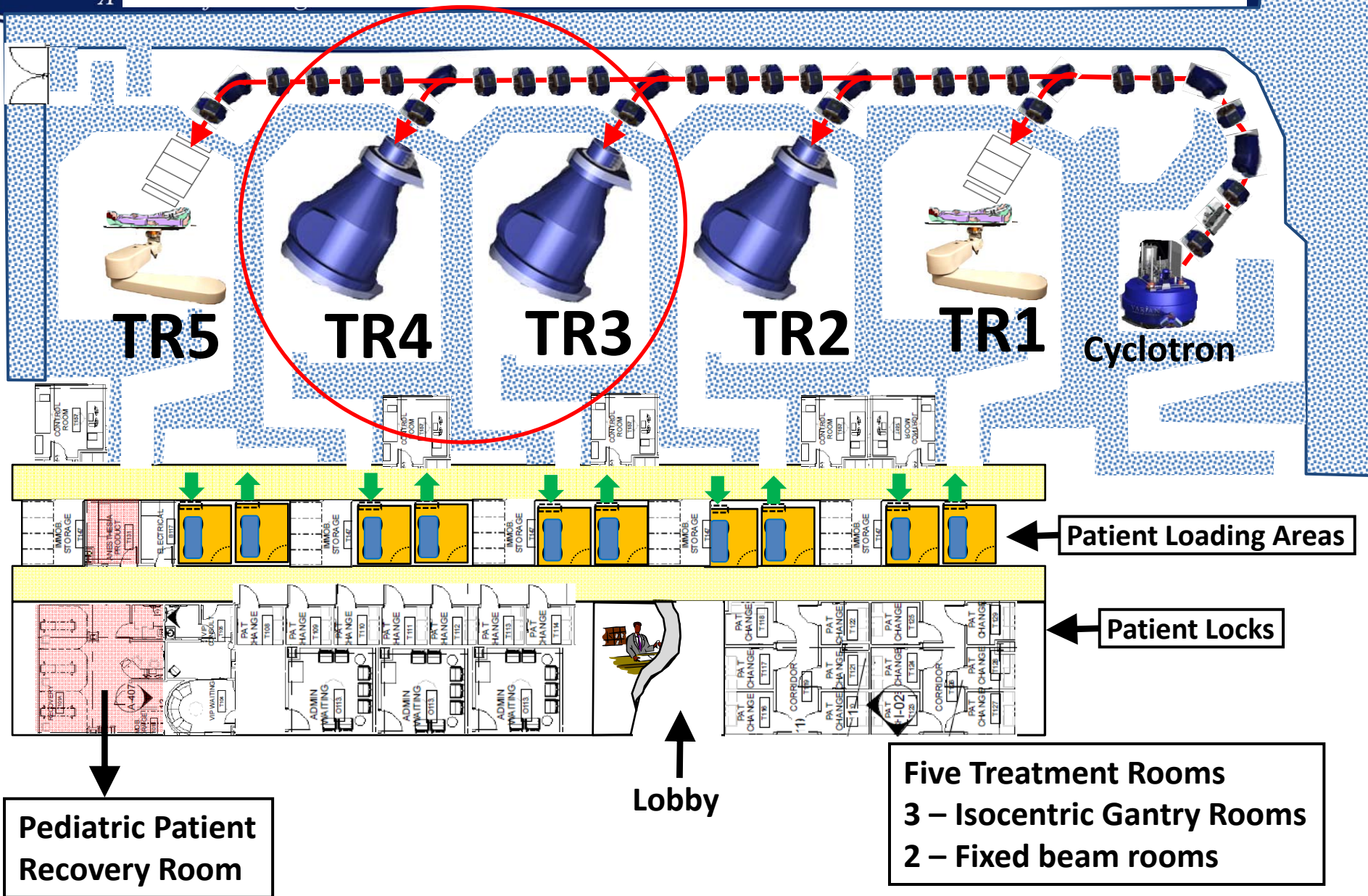
- **Prior to room handover**
 - Any preparation that does not need beam time
 - Negotiate beam time for commissioning
- **After room handover**
 - Beam calibration*
 - External peer review
 - Beam data acquisition
 - TPS validation measurements
 - End-to-end tests
 - User training

Learn about your machine and environment!

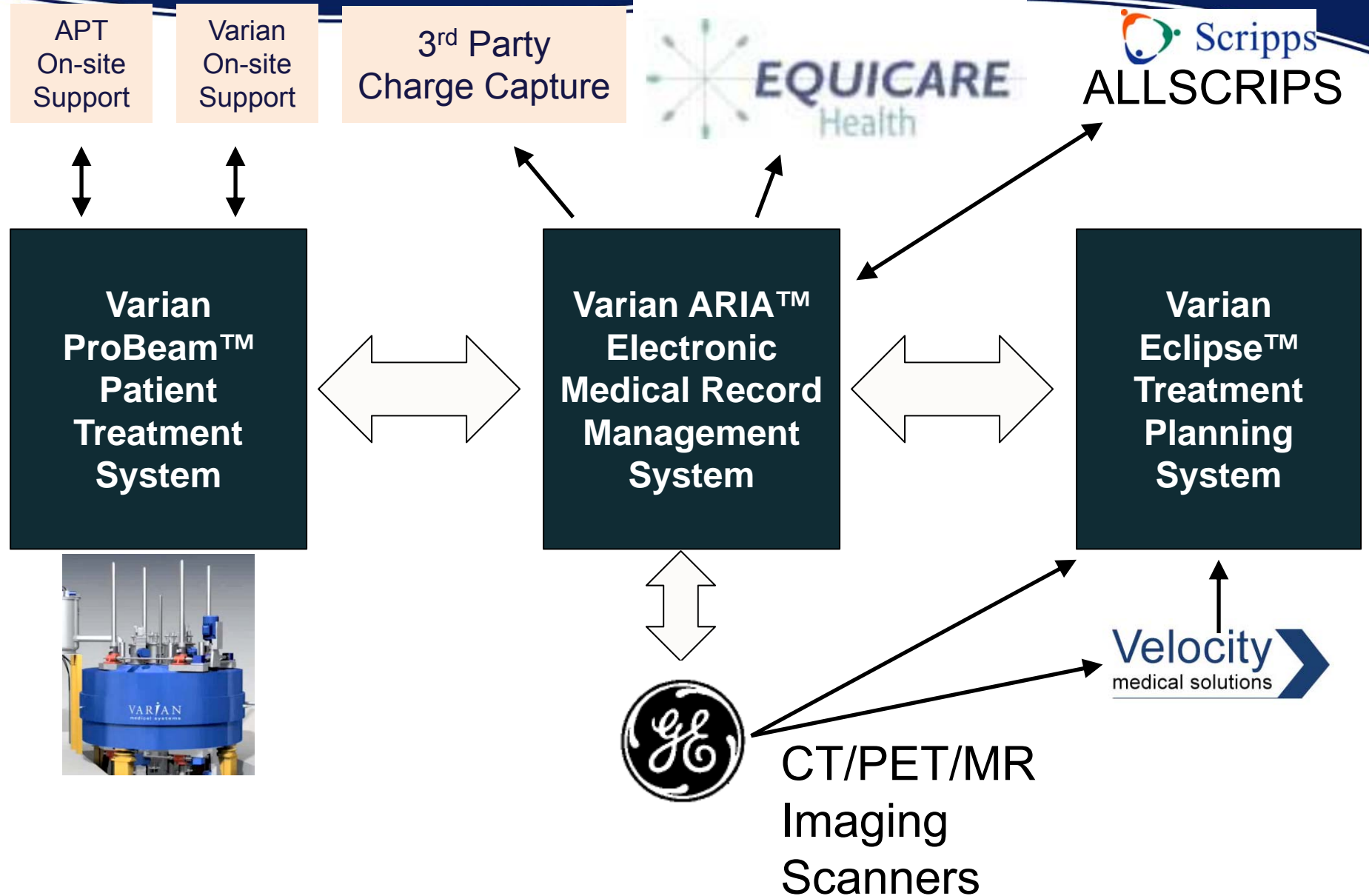
Vendor training required



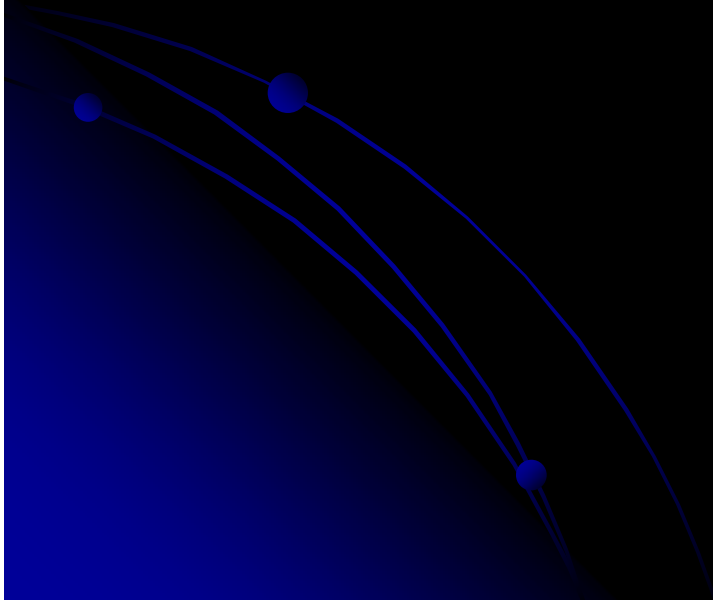
Scripps Proton Therapy Center Layout



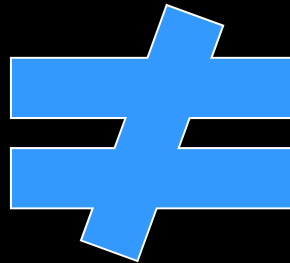
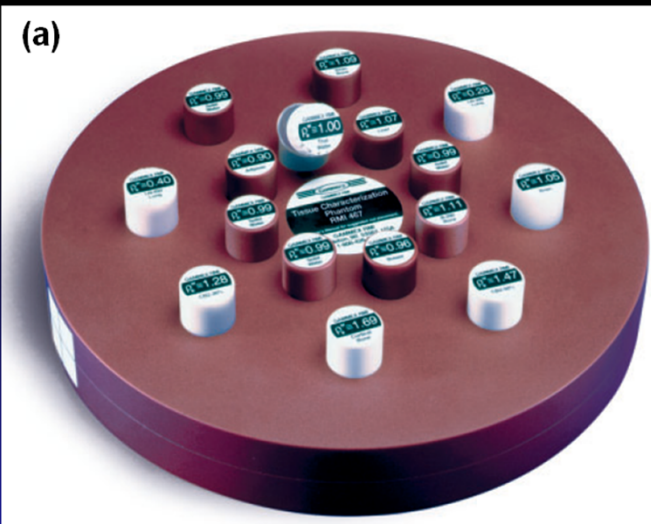
SPTC Site-Configuration



CT HU Calibration

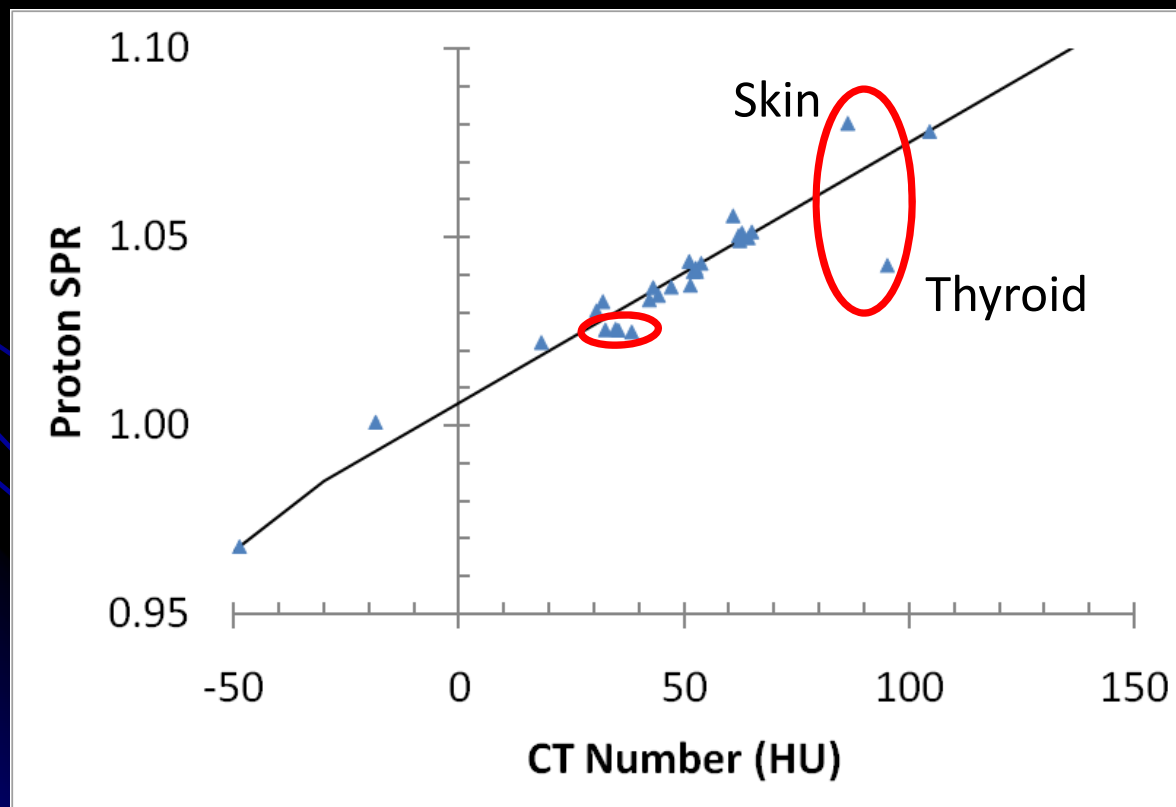


Phantom Composition is Different from Human Tissue!



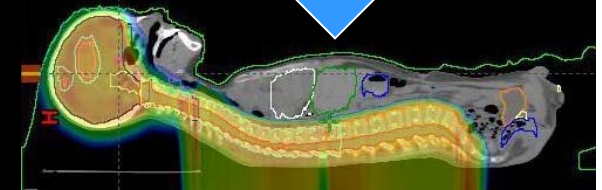
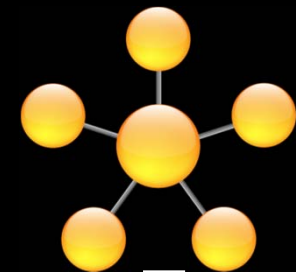
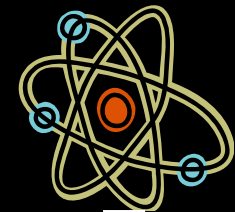
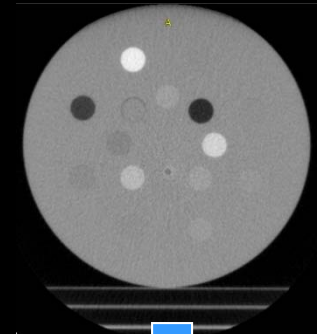
CT number to Proton Stopping Power

- Degeneracy problem
 - $HU(\rho_1, Z_1) = HU(\rho_2, Z_2)$
 - $SPR(\rho_1, Z_1) \neq SPR(\rho_2, Z_2)$



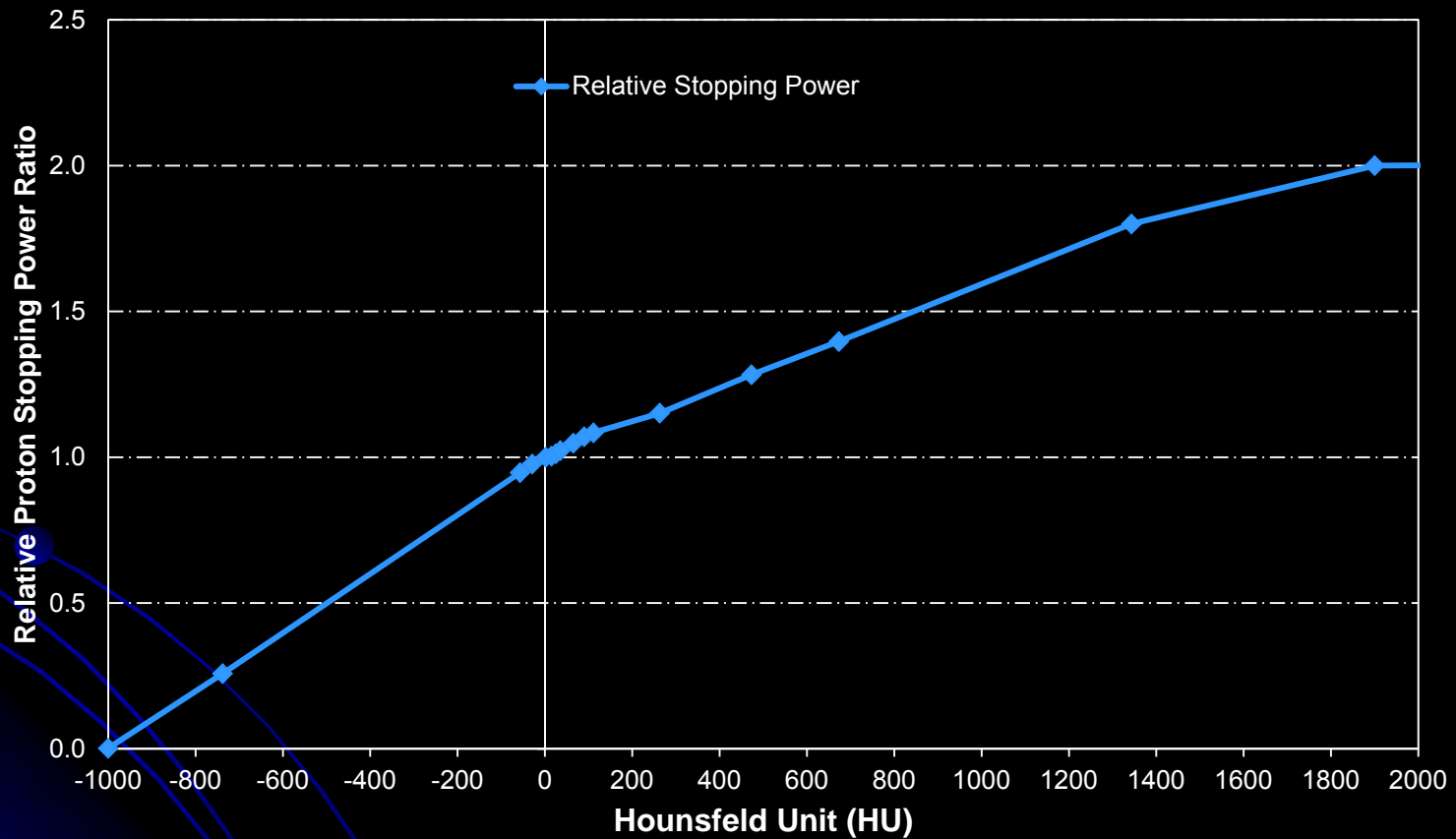
Stoichiometric Tissue Model

- The calibration curve is determined based on **calculated CT# and SPR** of **human body tissues**
 - **CT#**: CT scanner specific parameters determined after scanning a few tissue substitutes
 - **SPR**: calculated based on the Bethe-Bloch equation
 - Both calculations need human tissue compositions information
 - Based on the population average values from ICRP 23, ICRU 44, etc.



HU to Stopping Power Ratio

Proton Relative Stopping Power



- **Extended CT range**
 - Allow visualization of high density materials
 - Allow density override
 - Allow importing of other CT studies from different institutions
- **Special material table**
 - Known materials and their SPRs
 - Dealing with metal artifacts
- Documentation of CT recon parameters

VARIAN PT SC Cyclotron Key Data

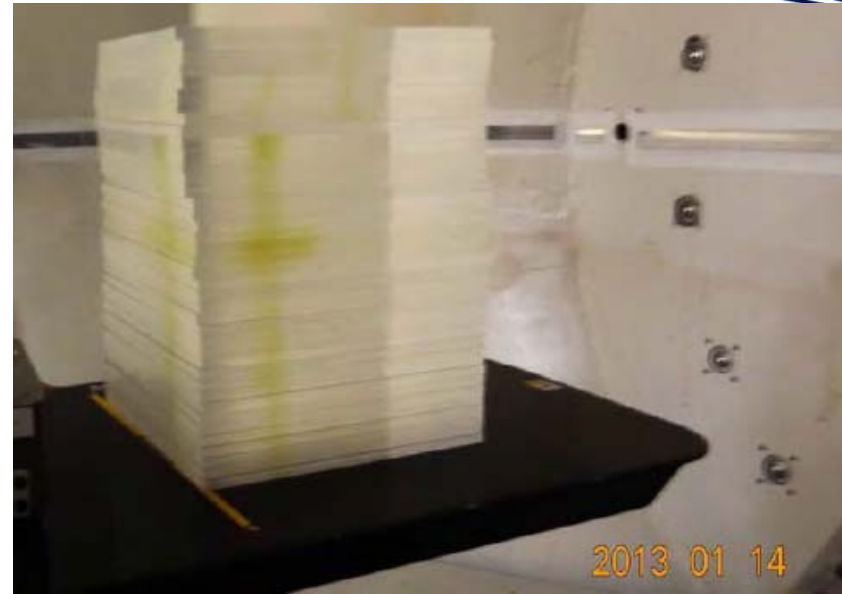
(Engineering Goals)

2nd Workshop on
Hadron Beam Therapy
of Cancer
Erice, Sicily, May 2011

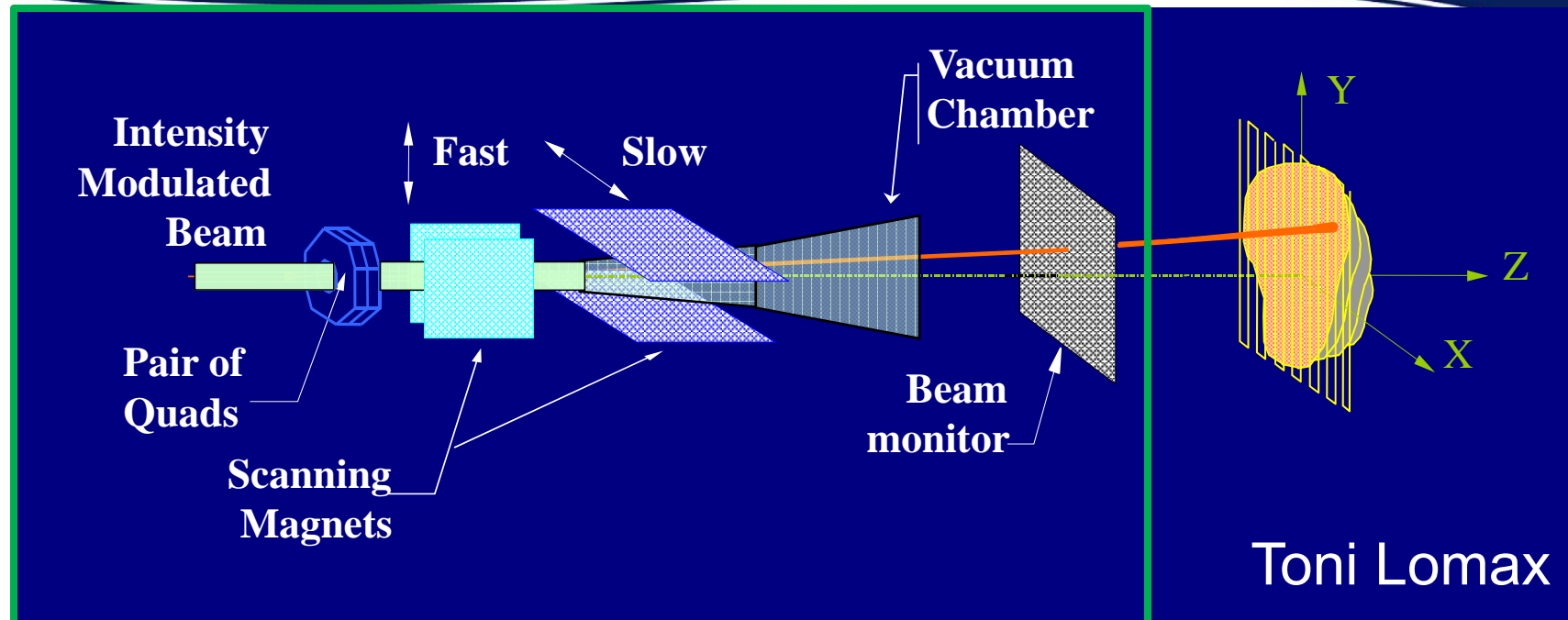
➤ Beam	- Energy	250 MeV
	- Extracted current (max)	800 nA
	- Emittance of extracted beam	$< 3 / 5 \pi$ mm mrad (2σ)
	- Momentum spread $\Delta p/p$	$\pm 0.04\%$ (i.e. 200keV @ 250MeV)
	- Number of turns	650
	- Extraction efficiency (multi-turn extraction mode)	~80%
	- Dynamic range for intensity modulation	1:800
	- Fast intensity modulation	via electrostatic deflector, >10% in 100 μ s
➤ Iron Yoke	- Outer diameter	3.1 m
	- Height	1.6 m
	- Weight	<90 t
➤ SC Magnet	- Stored energy	2.5 MJ
	- Central field	2.4 T
	- Max. field at the coil	<4 T
	- Operating current	160 A
	- Rated power of cryocoolers	40 kW
➤ RF System	- Frequency	72.8 MHz (2 nd harmonic)
	- Voltage source to puller / @ extraction radius	80 kV / 130 kV
	- RF power	≤ 115 kW

Facility Room Shielding Survey

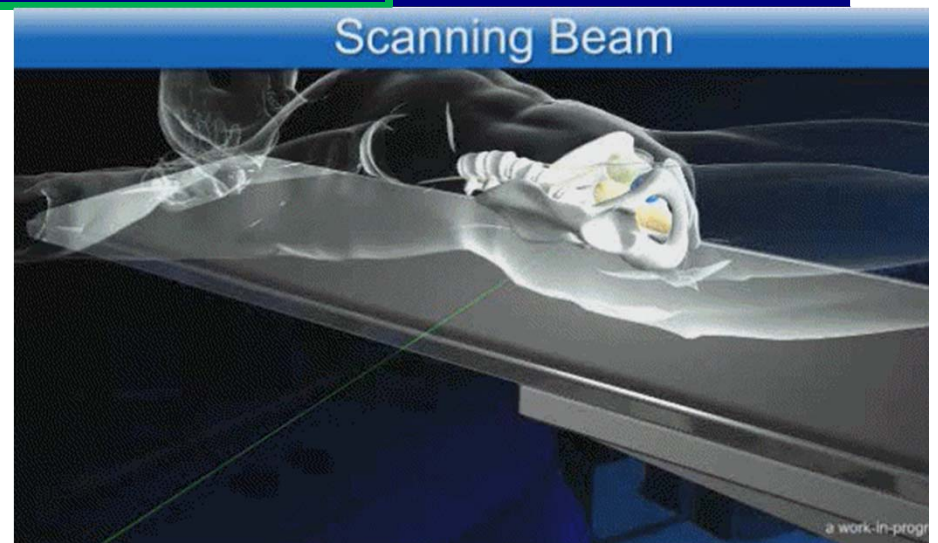
- Very high dose rate!



Pencil beam scanning nozzle



- No patient specific hardware
- Variable intensity and energy for each ray line
- Large treatment field (40x30) cm²
- Inverse planning





- Measurements
 - Single pencil beam IDD in water (all energies)
 - Single pencil beam in-air fluence profiles at a few distances (at least three)
 - Normalization factor (output) at a fixed depth (all energies)
 - Single pencil beam in-air fluence for each range shifter

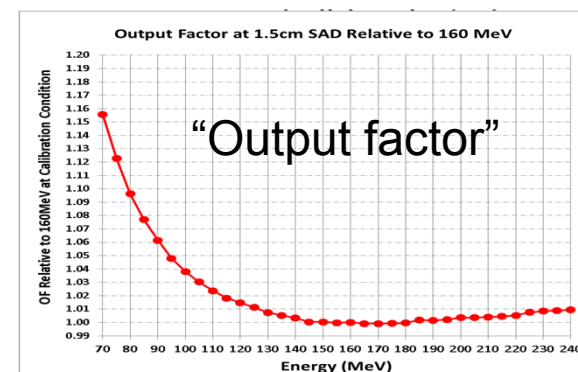
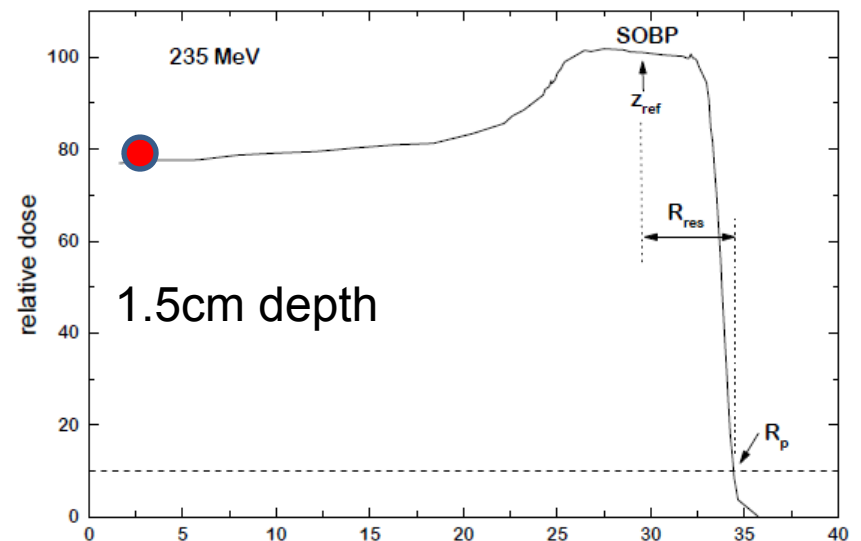


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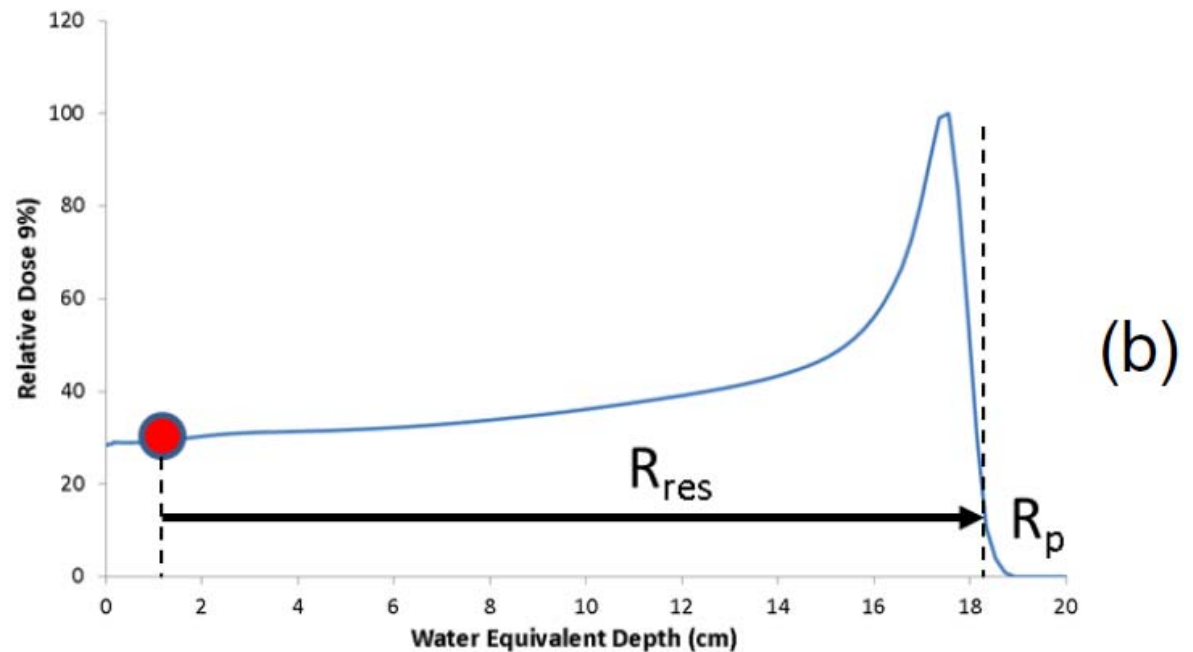
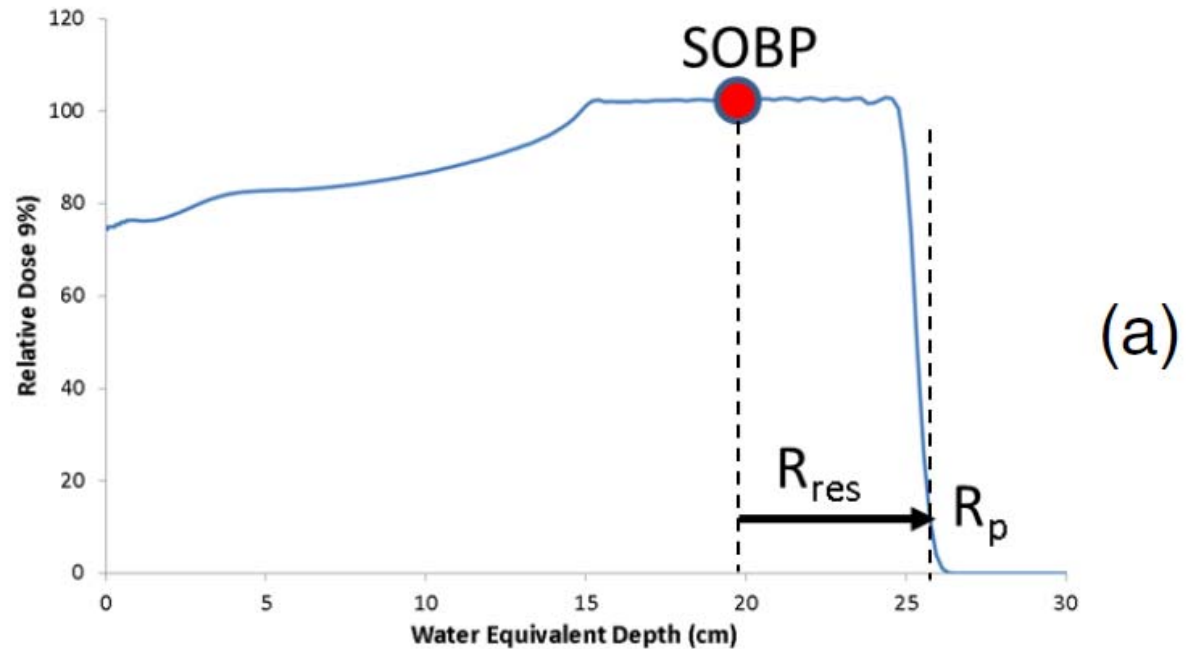
Dose Calibration for PBS

- Goal: establish the dose-MU relationship
 - IAEA TRS 398 protocol
 - Plateau region
 - Less uncertainties Dwq
 - 160 MeV
 - Uniform spot pattern
 - Energy Output Factors
 - Normalized IDD Curves
- Cross-verify at SOBP

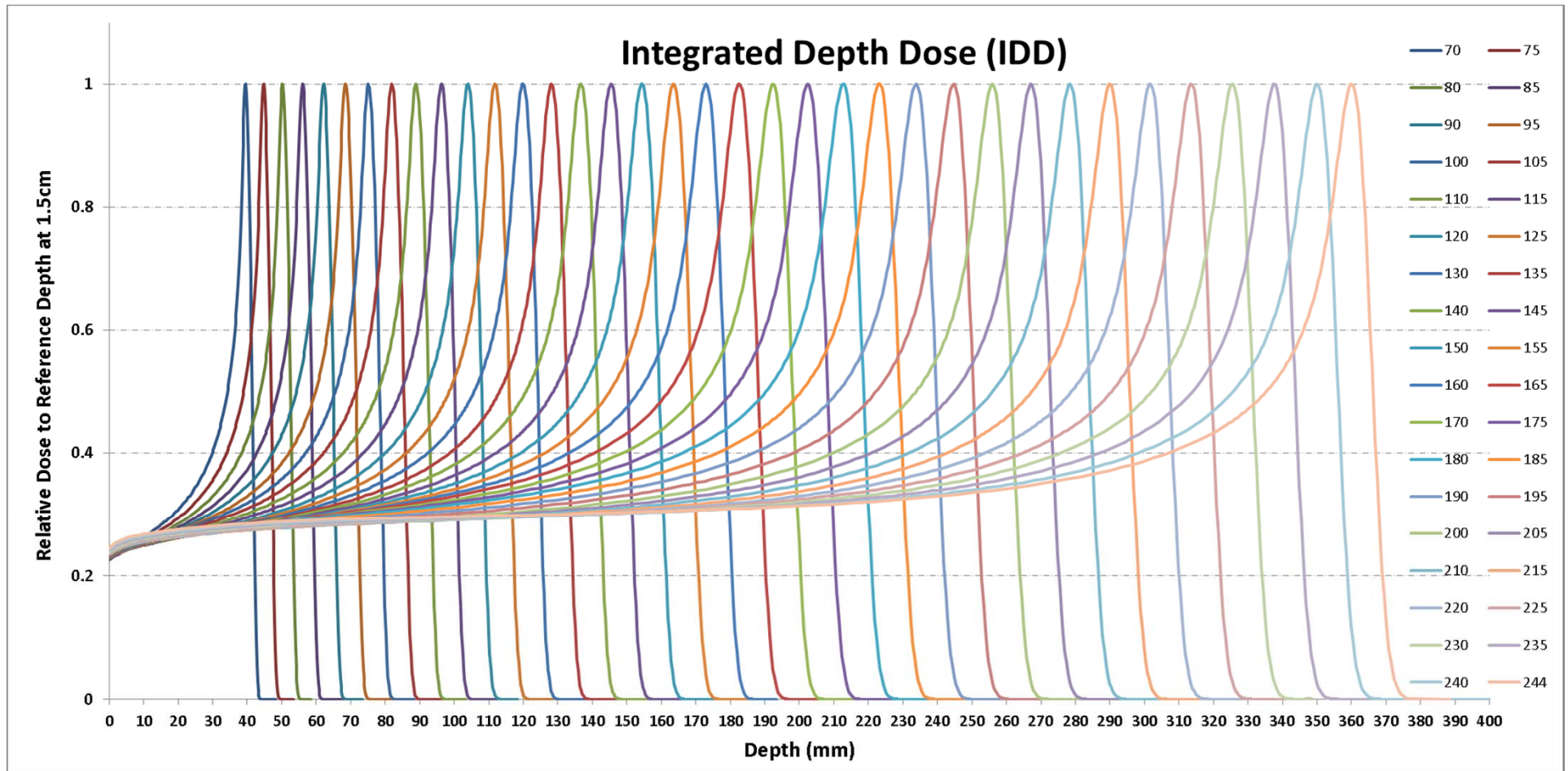


(a) Calibration at Mid SOBP (good for machines with built-in SOBP capabilities)

(b) Calibration at entrance region
For single energy planar irradiation (PBS)



What is the depth to calibrate?



Single Energy: 160 MeV

Depth: 1.5cm SAD



Correction for recombination:
Pulsed scanned?
Pulsed?
Continuous?

“Avg Dose Rate”
60k MU/min

Instantaneous DR
~ 10Gy/s

- External review by a physicist
 - Bring independent chamber and electrometer
- IROC TLD measurements (at center of SOBP)
 - TR4: 1.00
 - TR3: 0.99
 - TR2: 1.00

Institution:

RTF Number:

Person irradiating dosimeters:

Radiation Machine:

Distance from source to reference point:

Scripps Proton Therapy Center, S
4813

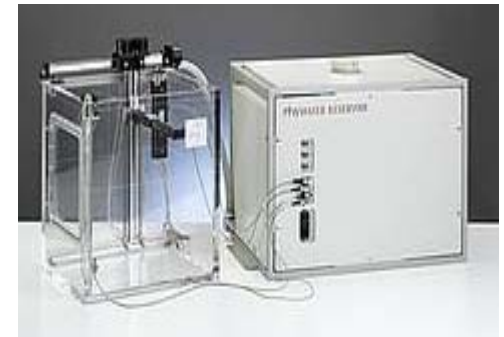
Anthony E. Mascia

IBA Cyclotron - Scattered (TR4)

227.0 cm



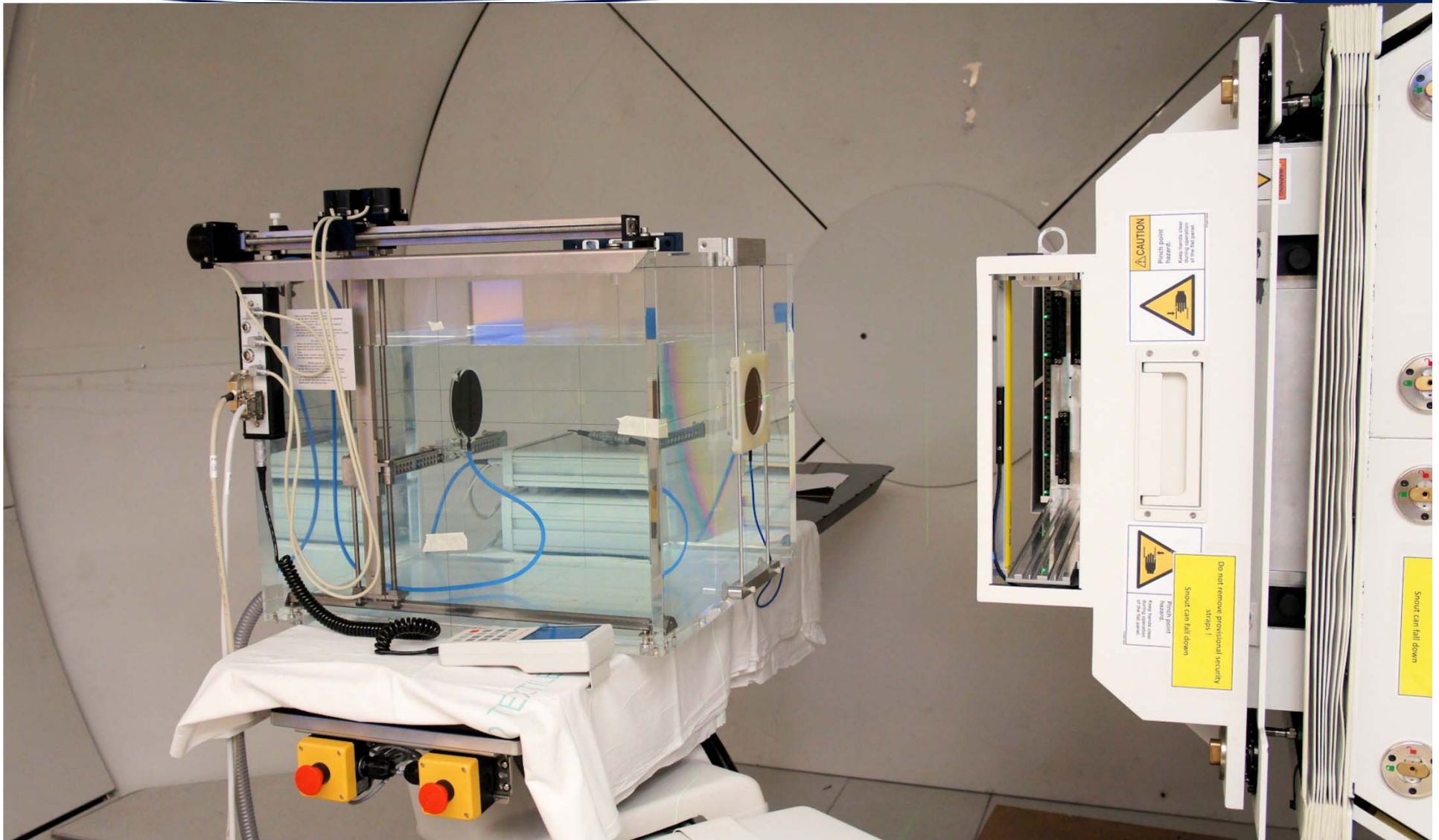
- 3D Water Phantom - thin window (PTW)
 - Commissioning
- 2D imaging system
 - Commissioning & Monthly QA
 - (spot profile and position)





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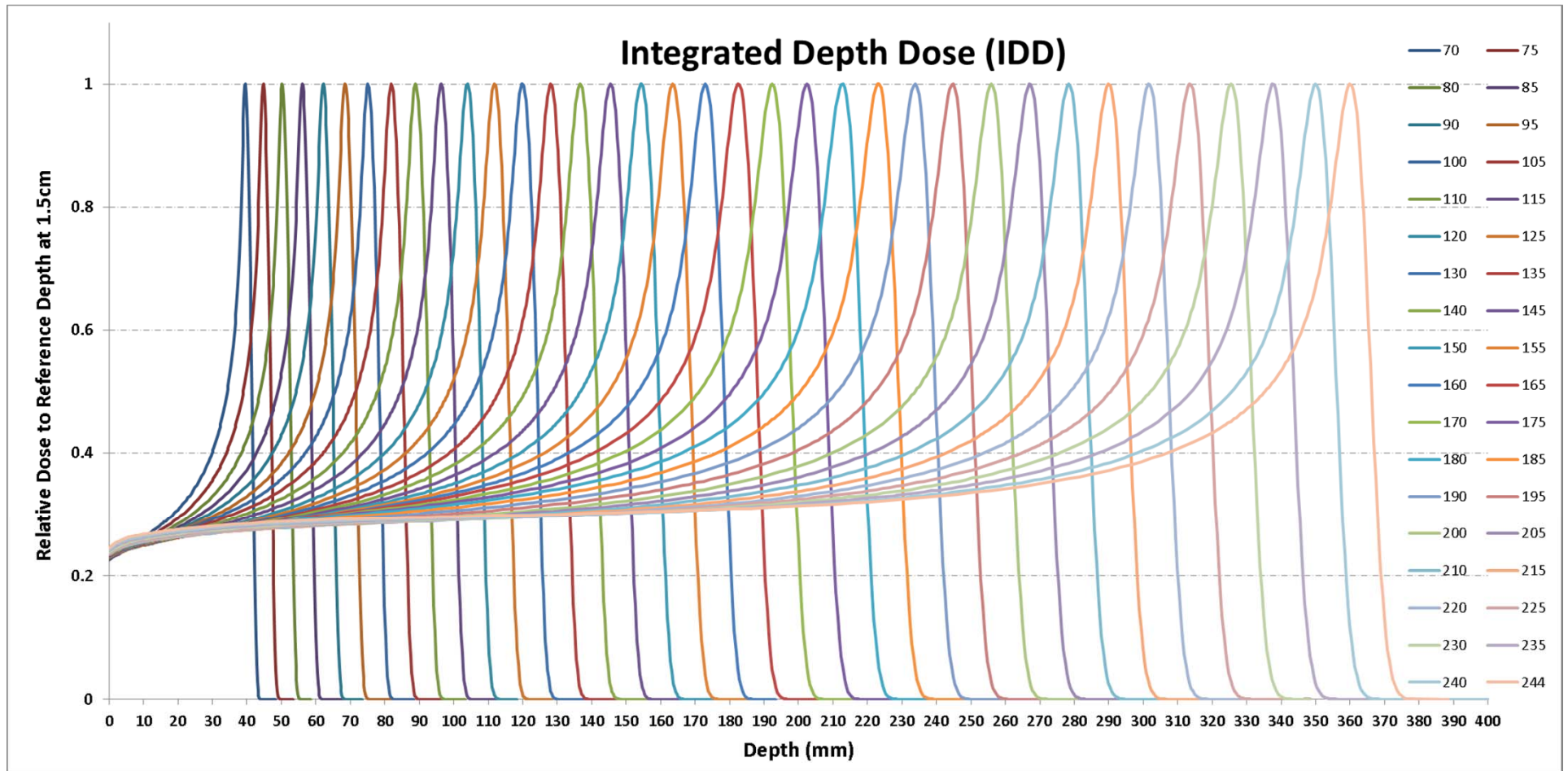
Integrated Depth Dose Measurement using BraggPeak Chamber





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Integrated Depth Dose Curves



- 8-cm Effective Size for the Bragg Peak Chamber (PTW)
 - No tailed outside the measurement area
 - Single profile measurement with small chamber
 - Profile measurement with the Bragg peak chamber

A procedure to determine the planar integral spot dose values of proton pencil beam spots^{b)}

Aman Anand,^{a)} Narayan Sahoo, X. Ronald Zhu, Gabriel O. Sawakuchi,^{c)}
Falk Poenisch, Richard A. Amos, George Ciangaru, Uwe Titt, Kazumichi Suzuki,
Radhe Mohan, and Michael T. Gillin
*Department of Radiation Physics, University of Texas M. D. Anderson Cancer Center,
1515 Holcombe Boulevard, Box 1150, Houston, Texas 77030*

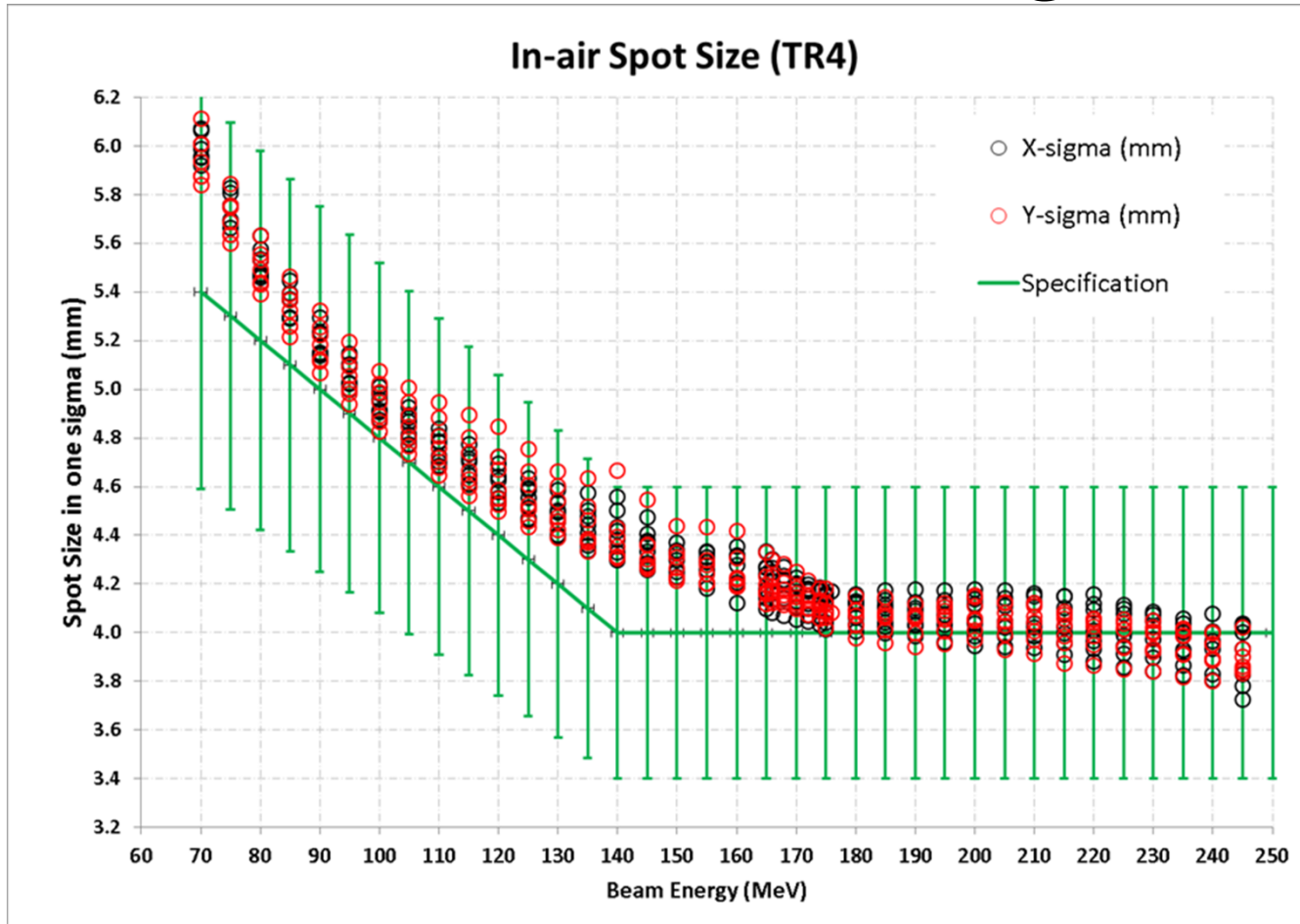


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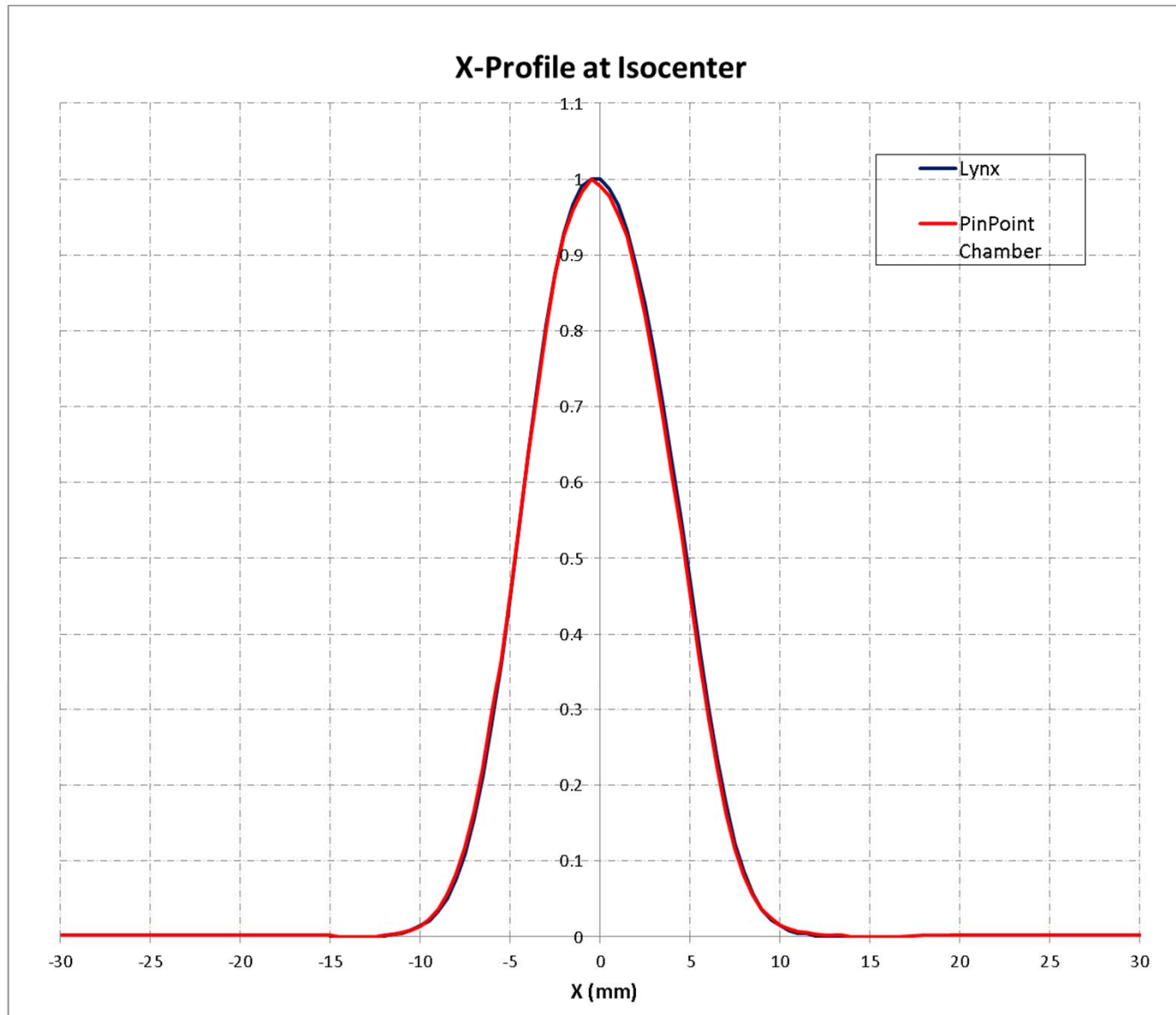
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In-Air Spot Size Specification for Beam Matching



CCD vs. PinPoint Ion Chamber

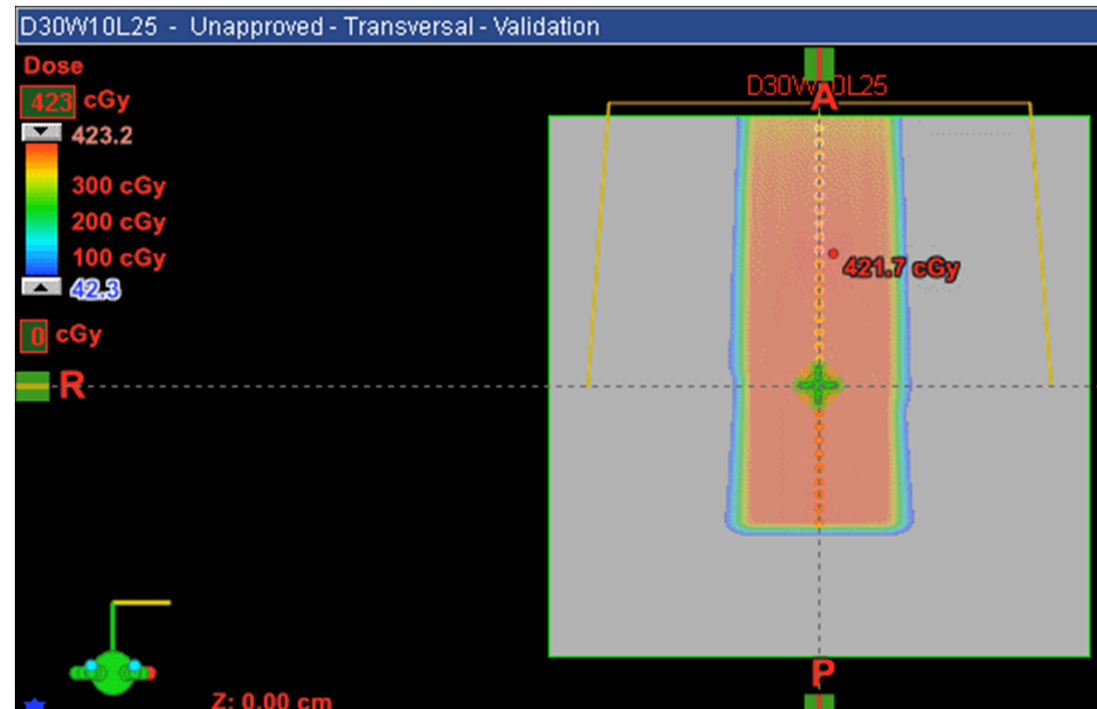


The First Week!

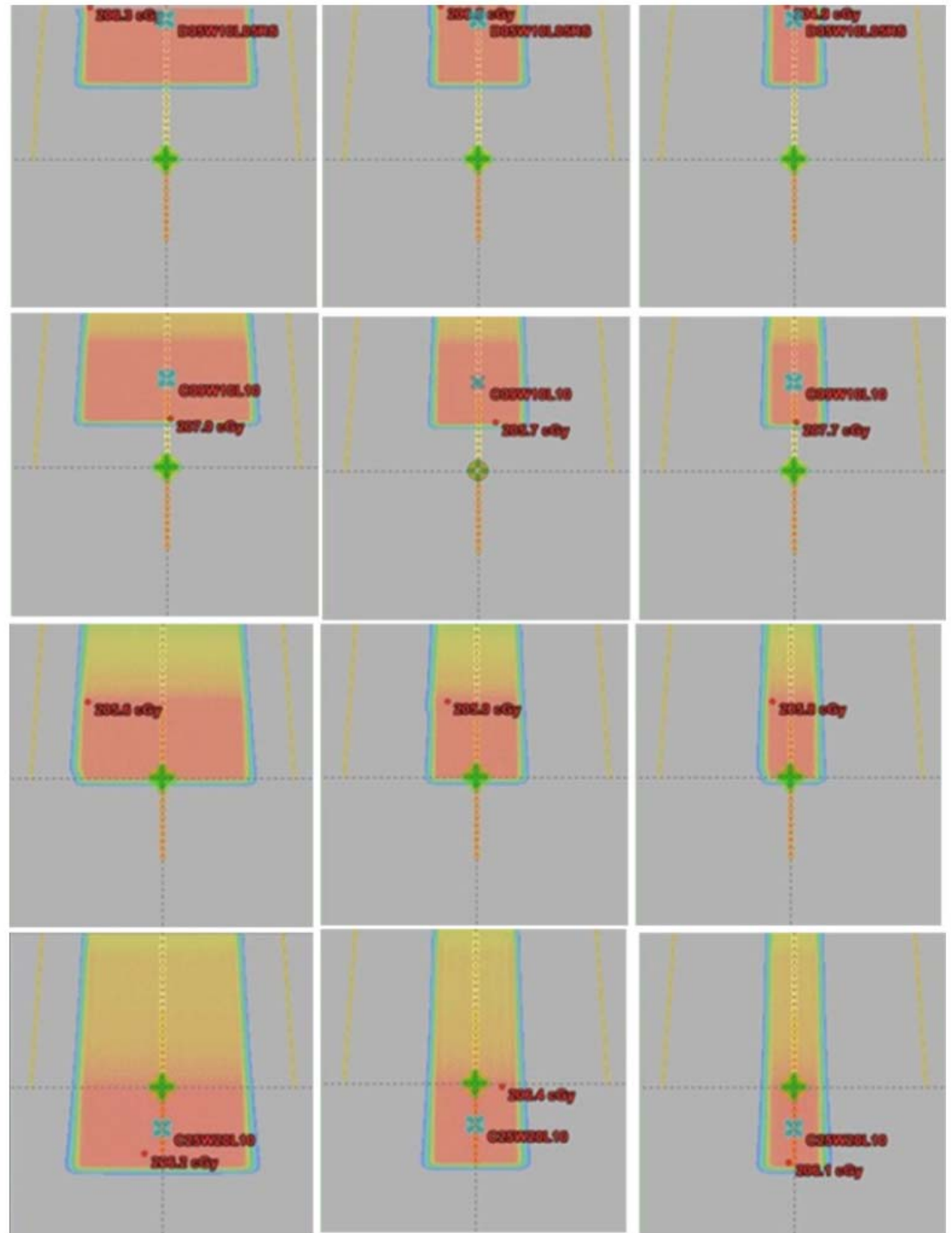
- Make sure you test your equipment and perform some important measurements
 - To avoid finding measurement errors too late in the commissioning process
 - Examples
 - Electrometer and ion chamber evaluation (leakage; linearity; end-effect; ion collection efficiency etc.)
 - Dose calibration
 - Water tank and scanning hardware and software tests
 - Detector tests for measuring beam profiles
 - Gantry angle dependence
 - Testing the accessory holders (range shifter, QA holder etc.)

Validation Plans for TPS Commissioning and Parameter Tuning

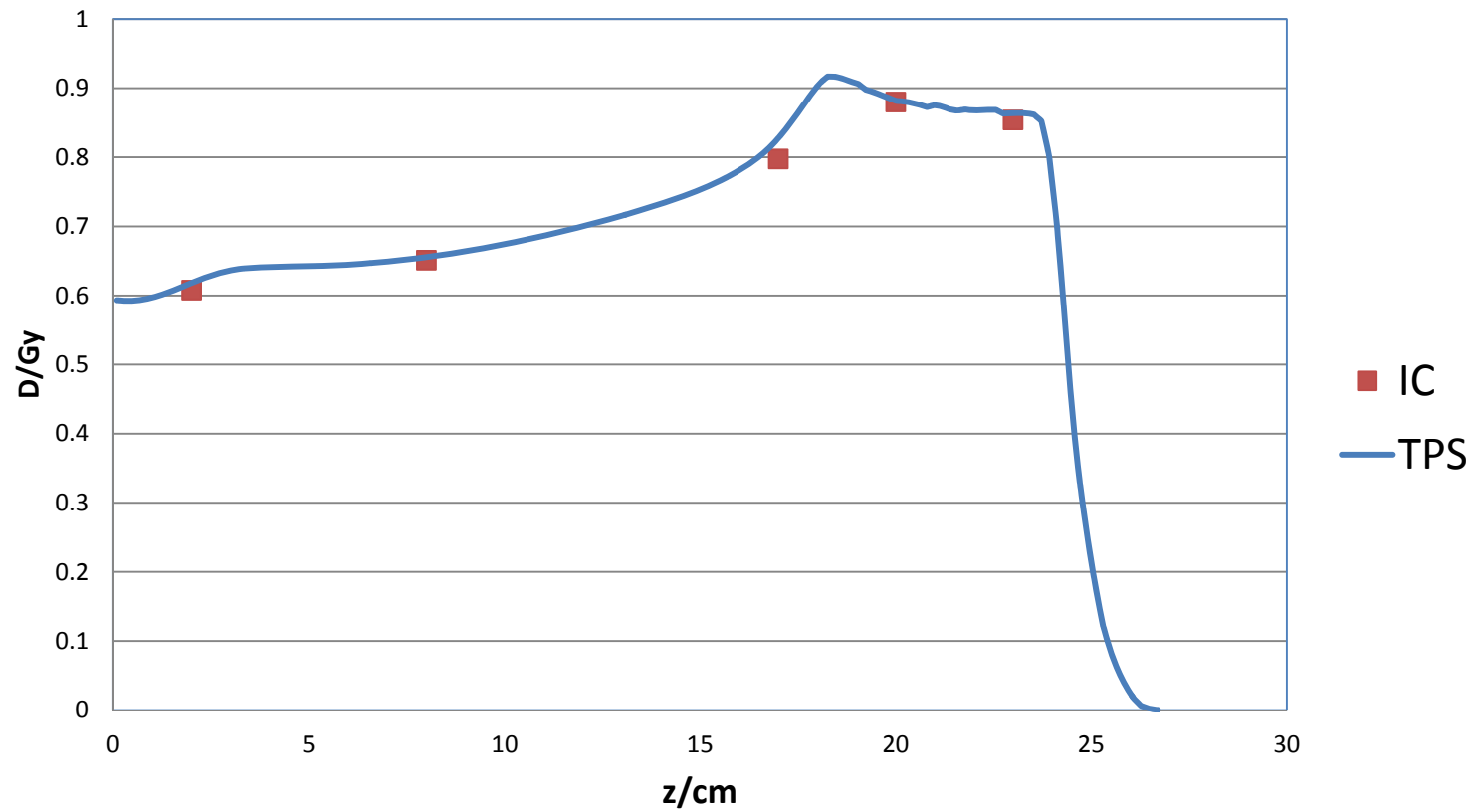
- Systematic Plan Validation Approach
 - Width of SOBP
 - Length of SOBP
 - Depth of SOBP
 - With and without Range Shifter



- Systematic Plan Validation Approach
 - Width of SOBP
 - Length of SOBP
 - Depth of SOBP
 - With and without Range Shifter



L Lat Prostate Plan Validation Points



Room Matching (TR4 vs. TR3 and TR2)

- In 91 ion chamber measurement of 21 SOBPs
- Average difference: 0.1% +/- 1.1%

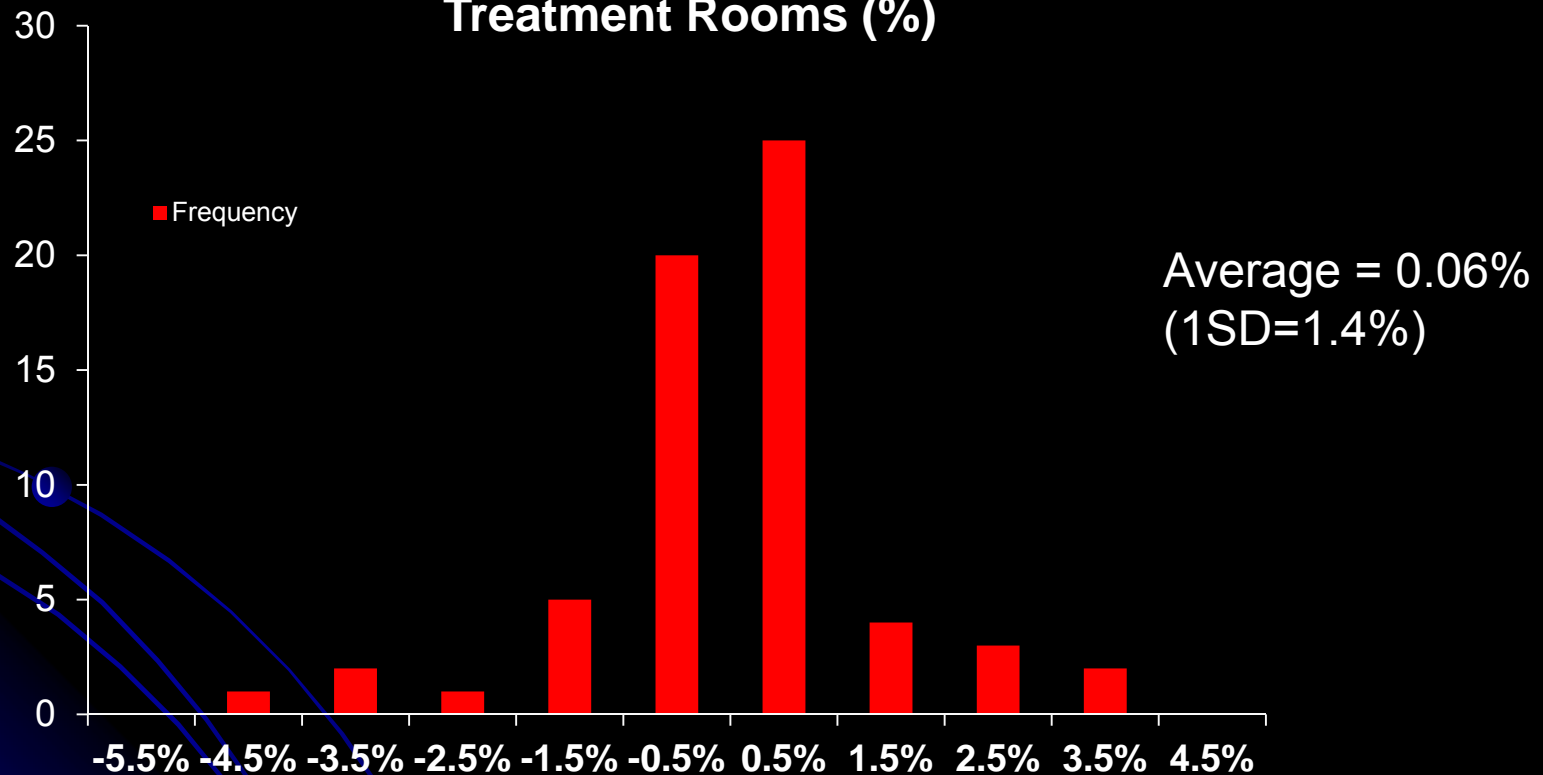
locations	Count	AVERAGE	STD	locations	Count	AVERAGE	STD
entrance	13	1.36%	1.14%	entrance	13	1.70%	0.84%
flat	2	1.89%	0.45%	flat	2	1.35%	0.33%
gradient	9	0.38%	0.51%	gradient	9	0.10%	1.02%
proximal	14	-0.13%	1.56%	proximal	14	-0.73%	1.62%
SOBP	55	-0.15%	0.40%	SOBP	53	-0.27%	0.53%
Overall	93	0.16%	0.99%	Overall	91	0.01%	1.15%

TR4 vs. TR3

TR4 vs. TR2

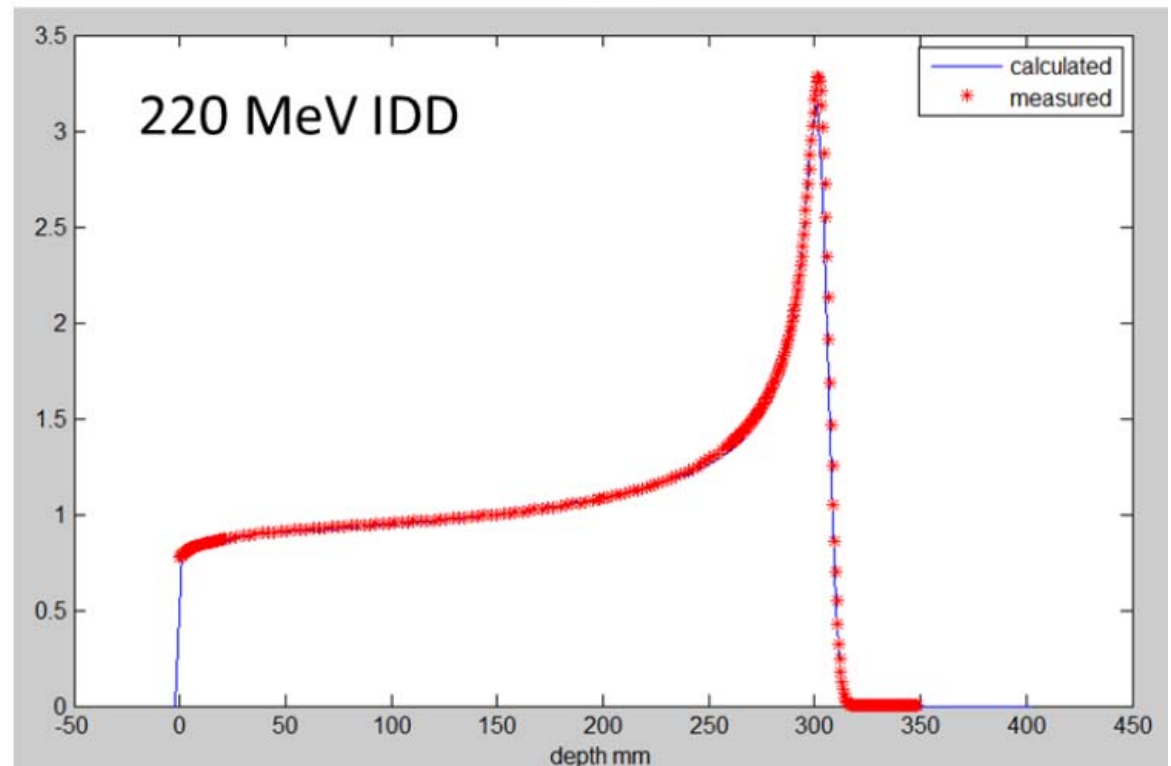
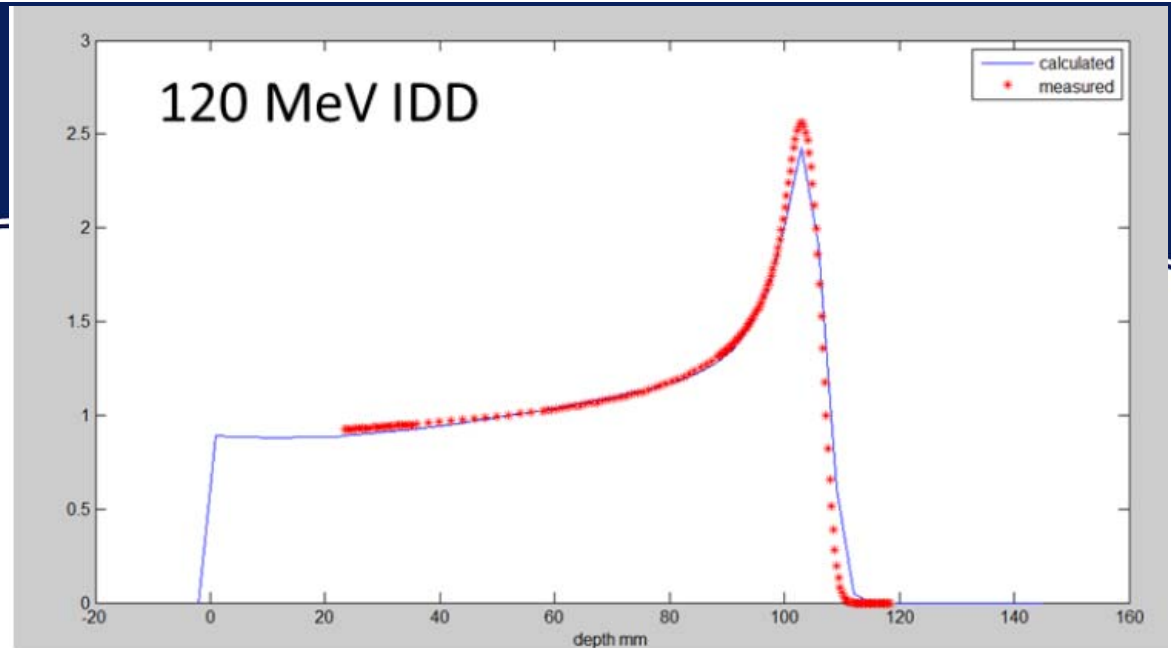
Room Matching (TR2/TR3/TR4)

Measurement Differences Between Two Treatment Rooms (%)

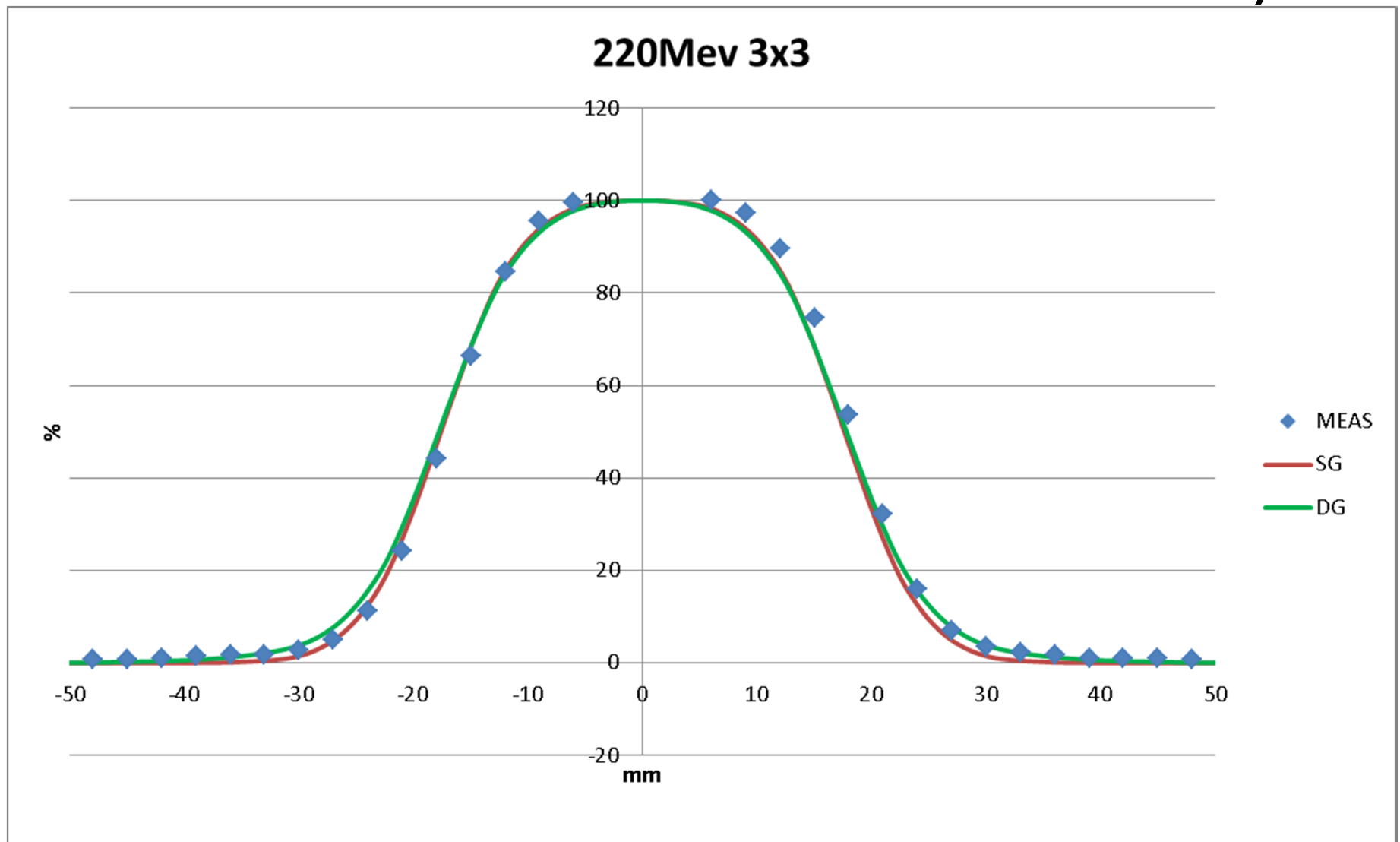


30 actual patient QA plans measured by Ion Chamber

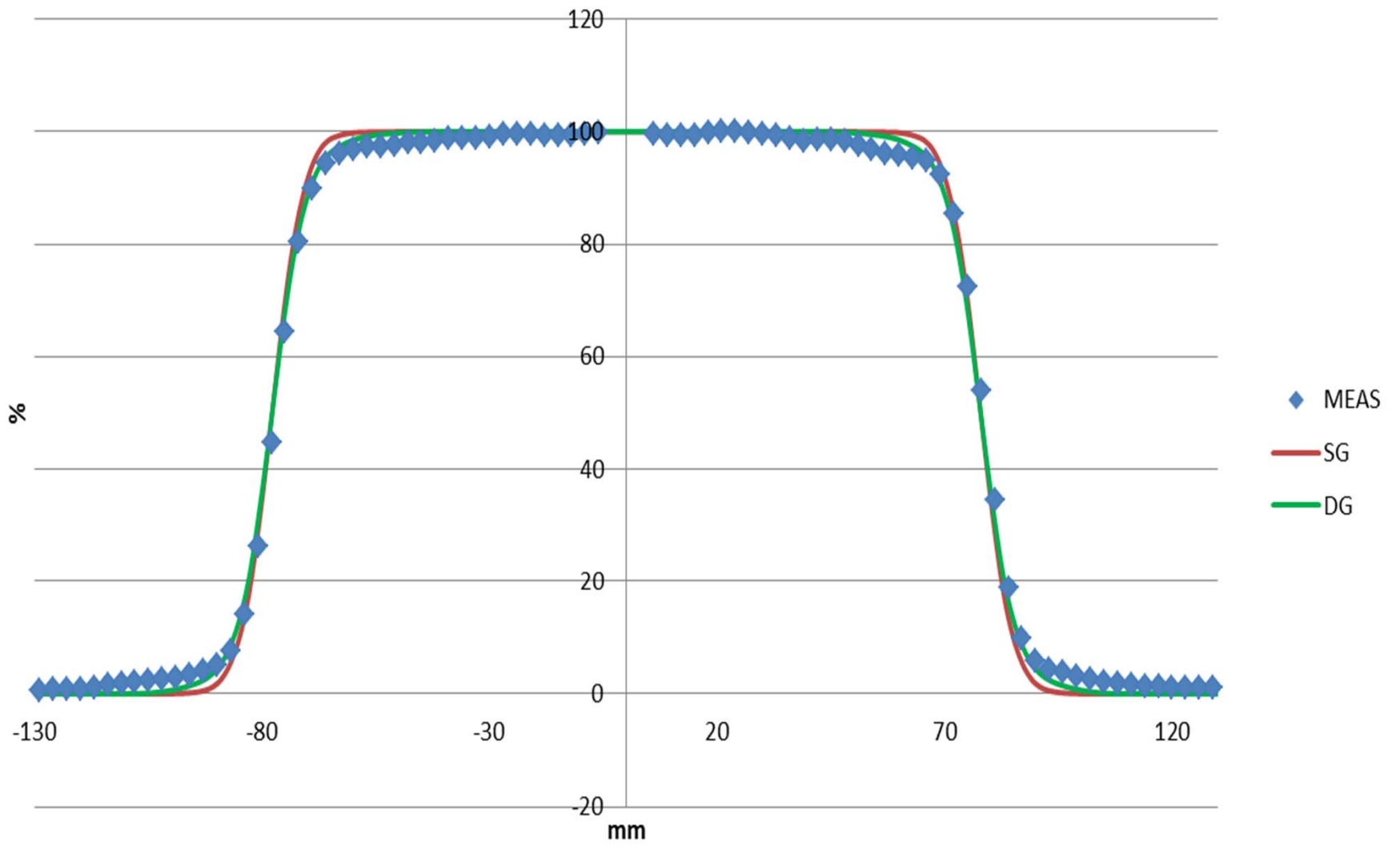
Validation of IDD calculation with raw measured data

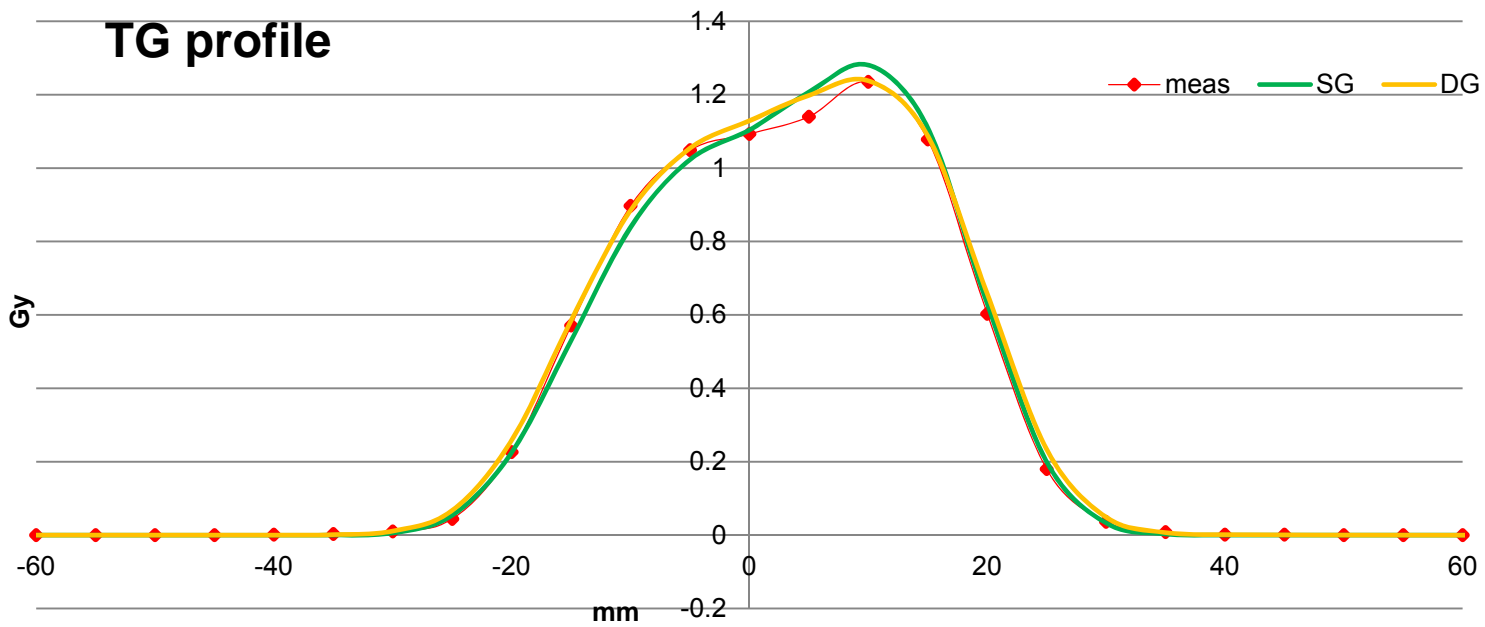
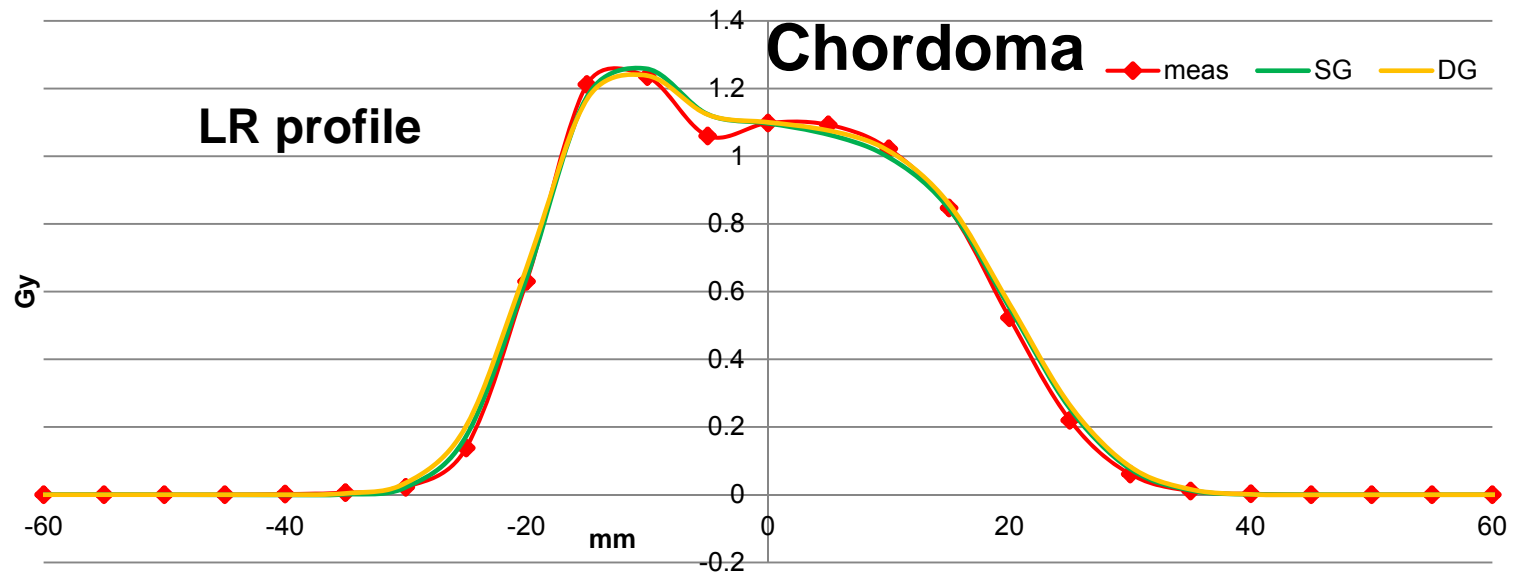


Testing Dose Models (Single-Gaussian vs. Double-Gaussian)



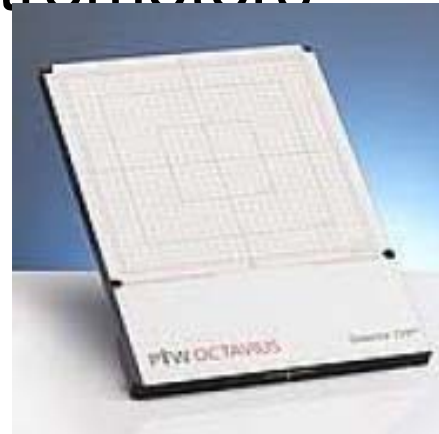
220Mev 15x15





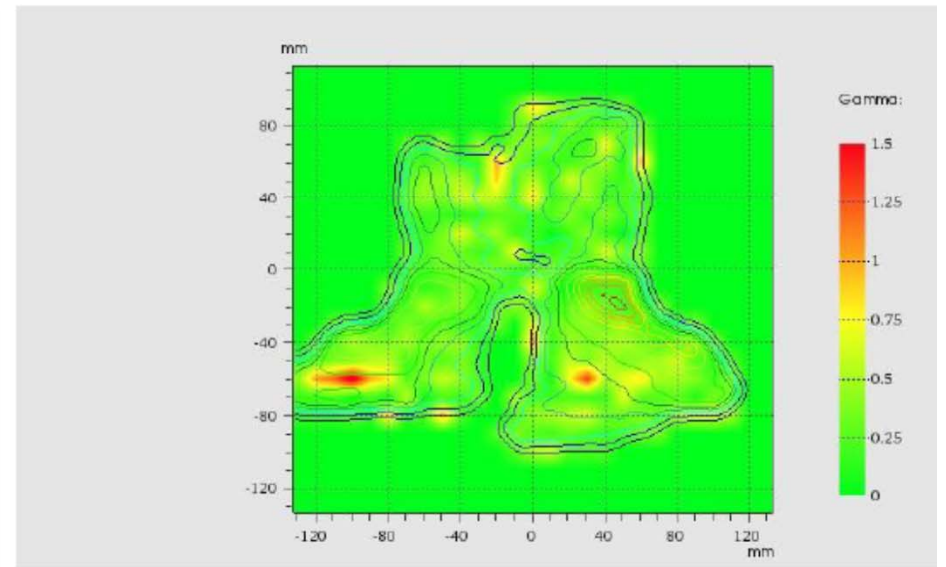
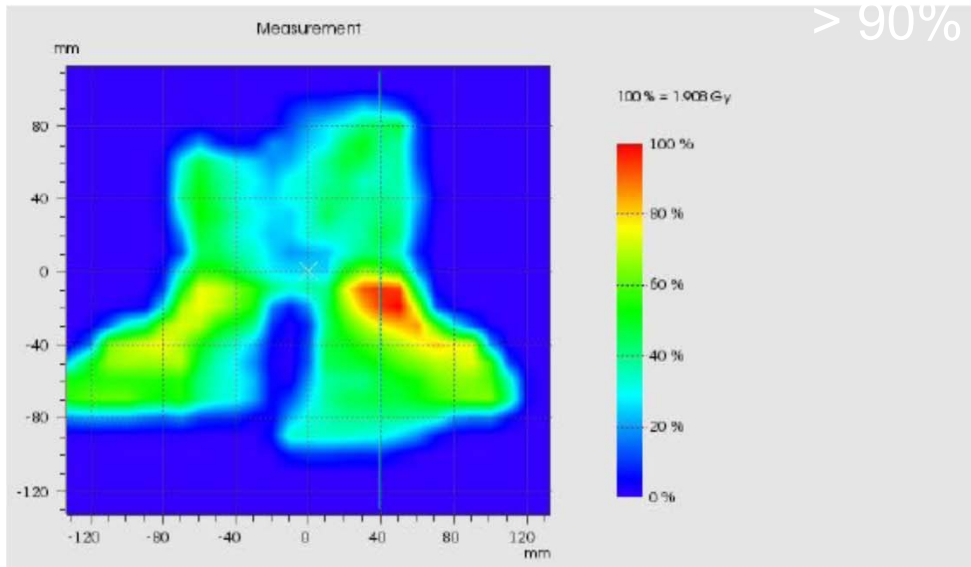
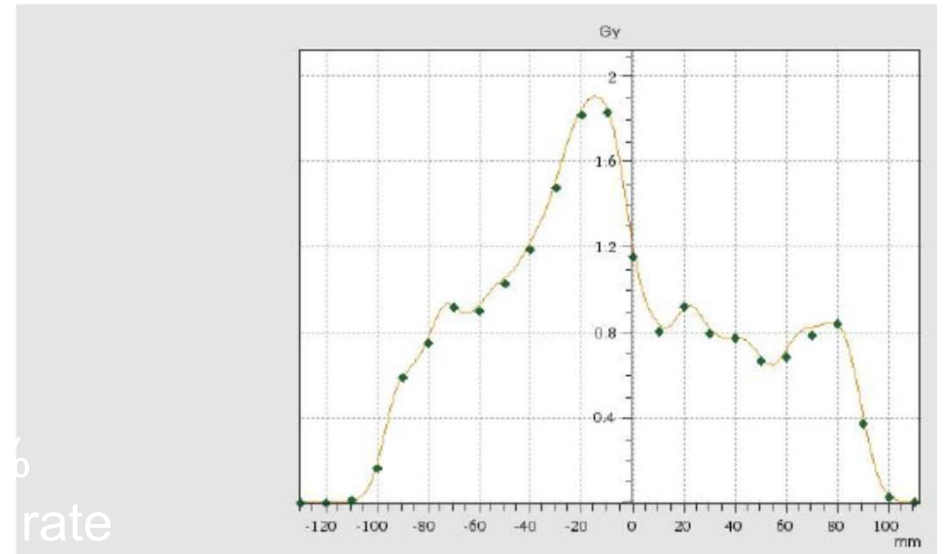
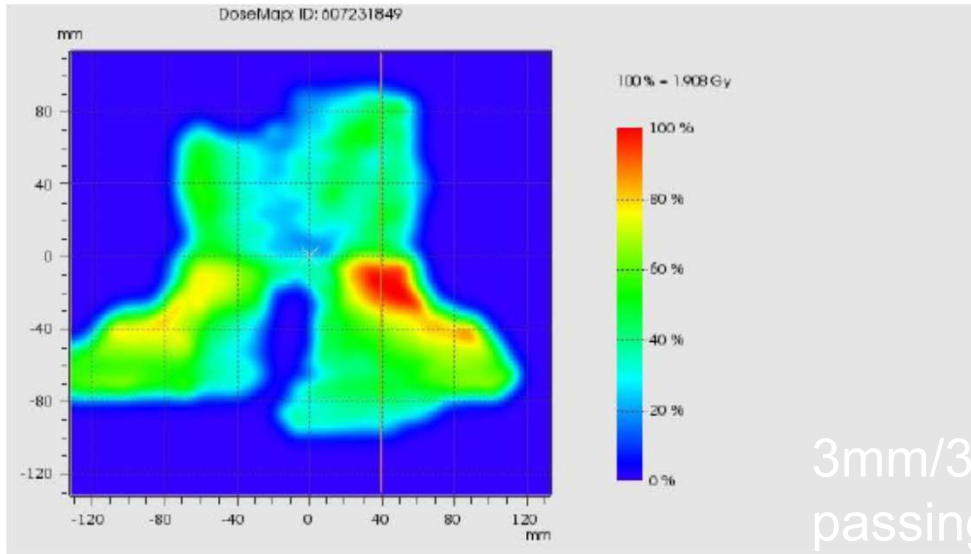
Major Measurement Equipment

- TPS commissioning requirements
 - IDD (integrated depth dose curves)
 - Chambers and electrometers
 - Spot profiles in air
- QA needs
 - Daily QA
 - Monthly QA
 - Patient QA

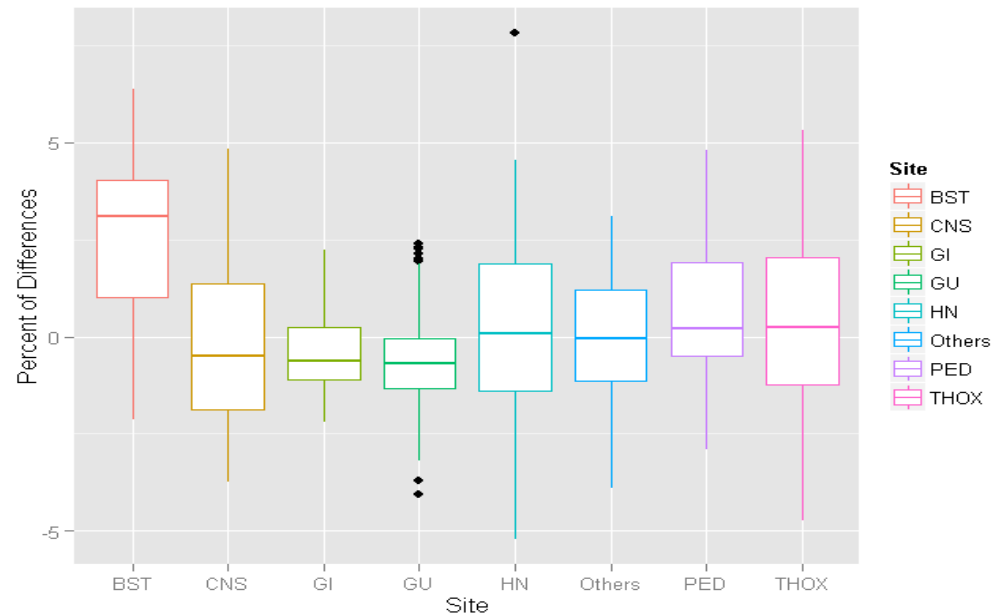


*Conditions

2D Array Measurement



- 824 treatment fields were analyzed from 250 patients treated during first year's ramp-up
 - 72.8% used the single-field optimization (SFO) technique
 - 27.2%) used the multi-field optimization (MFO) technique
- The average of all QA results: -0.2% (1.8% 1SD)





- Much simplified data acquisition
 - ~Two weeks for beam data measurement
 - ~Four weeks for validation measurements
 - Oct. 8th, 2013: beam measurements
 - Nov. 2013 and Jan. 2014 for validation
 - Feb. 12: treated the first patient
- Important considerations
 - High dose rate: a measurement challenge, including finding appropriate commercial products
 - Beam spot QA requires new design
 - Intensity; position; energy; and shape
 - Gantry dependence
 - Room matching

Thank you!

