



On the way to the Clinics: Tackle the Challenges in Prompt Gamma-Ray Timing

Theresa Werner



OncoRay - Dresden



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*"In-vivo Dosimetry
for new Types of
Radiation"*



PhD student

Theresa Werner

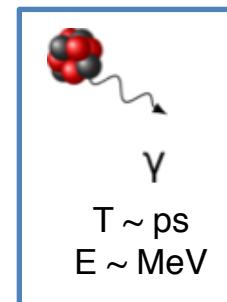


Range Verification in Proton Therapy

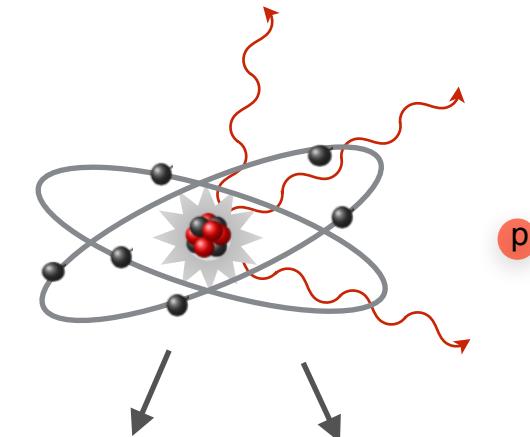
Signatures for Range Verification

- Production of secondary particles
- Excited nucleus remains

Prompt Gamma Emission

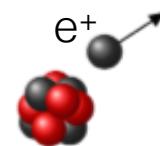


promptly emitted gammas



atom in the patient body

β^+ emitter



$T \sim sec/min$
 $E \sim keV$

Positron Emission Tomography

Taiga Yamaya
"OpenPET for ion therapy imaging"



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Concepts for Range Verification

Concepts

- Energy measurements
 - Prompt Gamma Spectroscopy (PGS)
- Spatial measurements
 - Compton Camera / Slit Camera

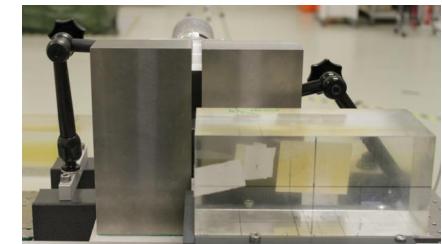
Gabriela Llosa

„MACACO II upgrade and first results“

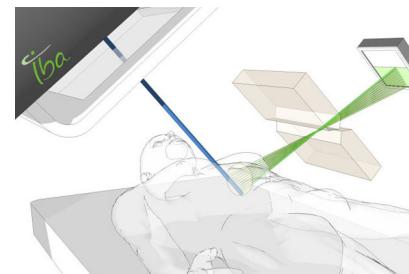
- Timing measurements
 - Prompt Gamma Timing (PGT)

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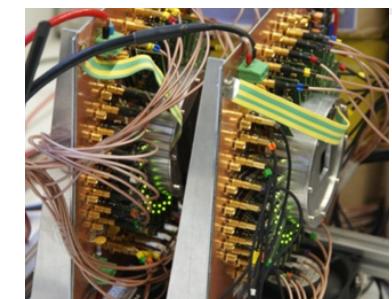
***„Prompt Gamma-Ray
Timing,“***



PG Spectroscopy



Slit Camera



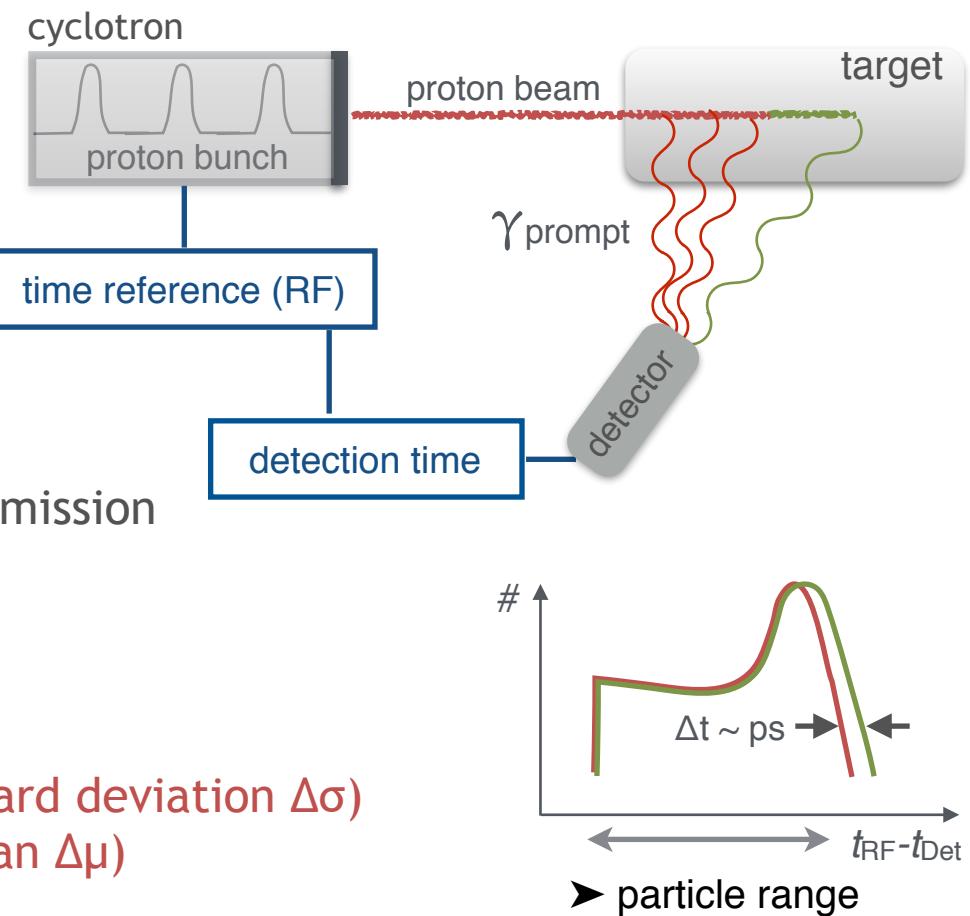
Compton Camera



Prompt Gamma Timing

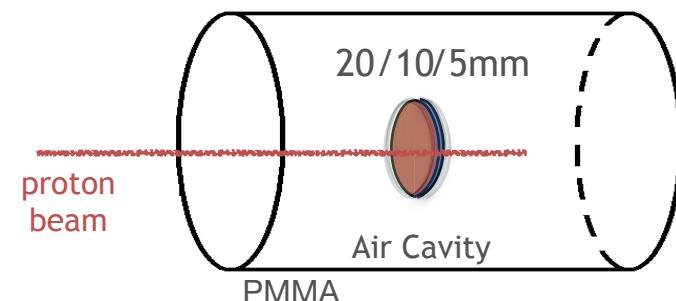
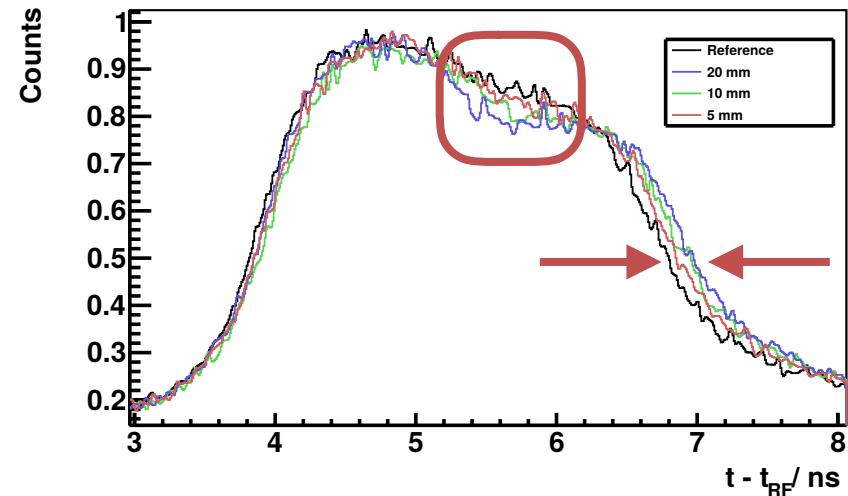
Principle of Prompt Gamma Timing

- Protons enter the tissue and excite nuclei
 - Production of prompt gammas along particle track
 - Record time resolved emission profile
 - Longer range is reflected in a longer period of prompt gamma emission
 - Time differences in ps scale
-
- Measure for range shifts
 - Δ width of PGT spectra (standard deviation $\Delta\sigma$)
 - Δ position of PGT spectra (mean $\Delta\mu$)



Proof of Prompt Gamma Timing

- PGT spectra measured in treatment Room (PBS Mode)
- Setup
 - 225 MeV Protons
 - One Layer 1000 MU
 - 1.43×10^{11} incoming protons
 - CeBr_3 (2" x 2") detector
- Lack of prompt gamma production due to air cavity
- Overshoot caused by longer range



Experiments at OncoRay - Dresden



Gantry: $d = 11 \text{ m}$
 $m = 120 \text{ t}$

Energy: 70 - 230 MeV



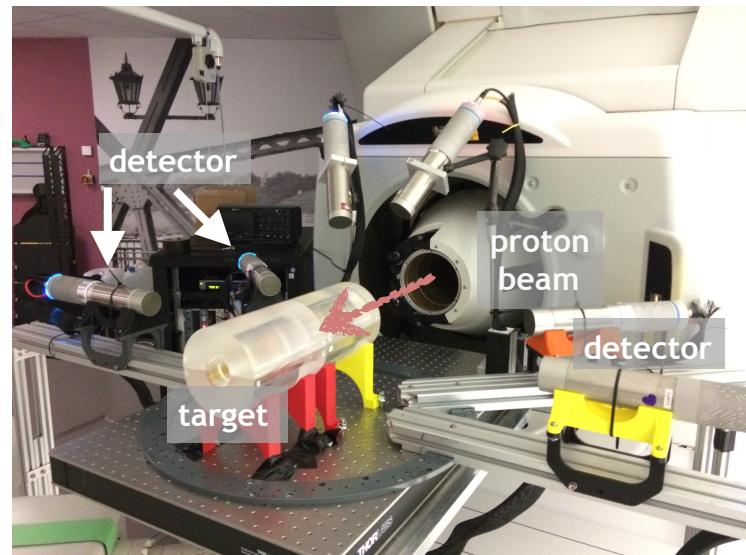
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Experiments at Treatment Room

Pencil Beam Mode (PBS)

- Hollow PMMA target with inserts (e.g air, bone)
- Treatment conditions ➤ doses, dose rate, volume



Experimental setup in clinical treatment room

PGT detection unit

- $\varnothing 2\text{"} \times 1\text{"}$ CeBr₃
- $\Delta T = 225 \text{ ps}$ @ 4.5 MeV
- $\Delta E/E = 2.5 \%$ @ 2.5 MeV
- 1 Mcps (asymptotic) throughput

CeBr₃ PMT Digital spectrometer

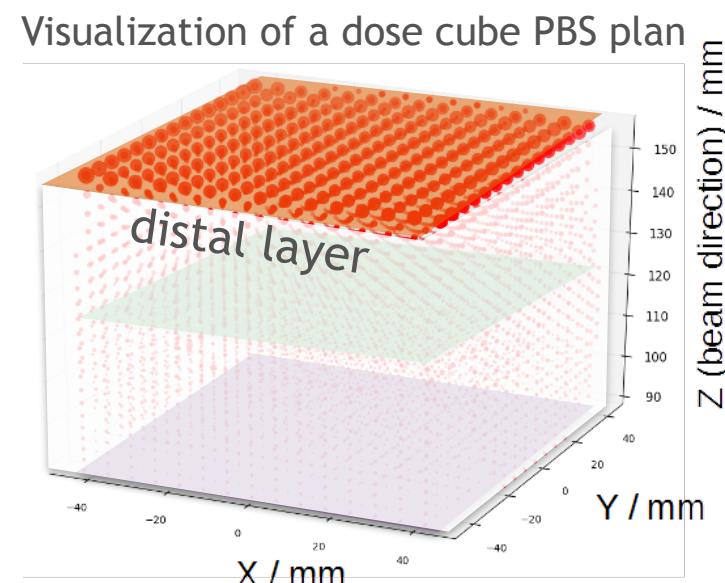
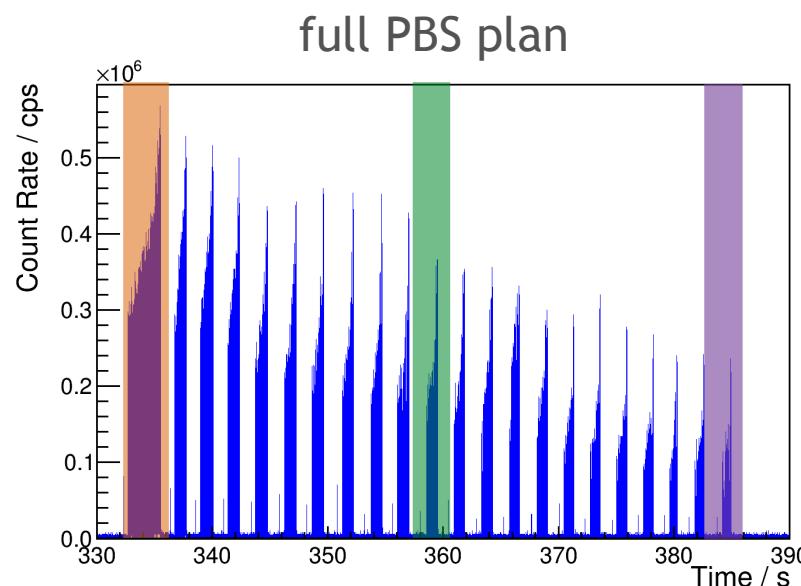
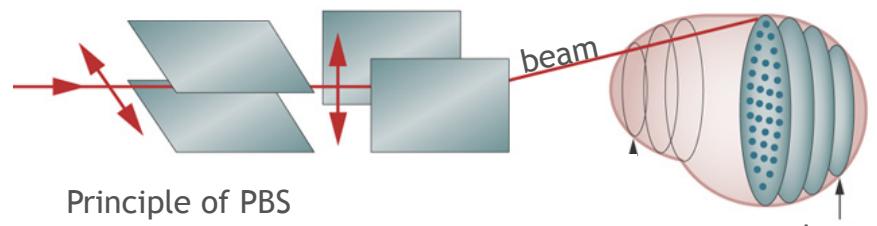


PGT detection unit

Experiments at Treatment Room

Pencil Beam Mode (PBS)

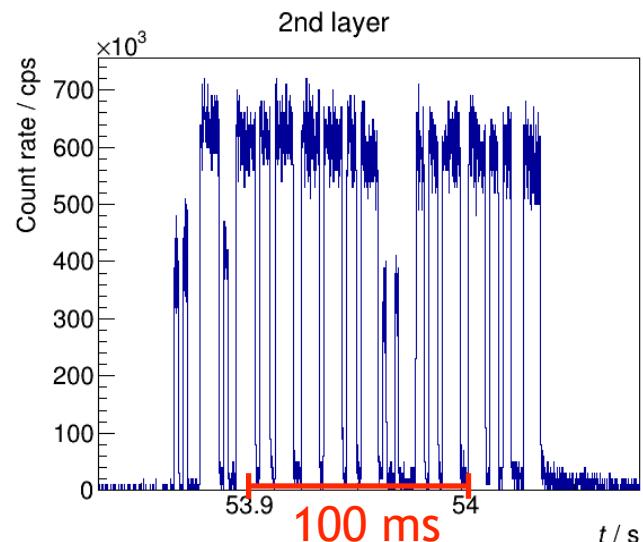
- Tumor-volume splitted in several iso-energy slices
- Spot-wise dose deposition in the target volume



Challenges towards Clinical Translation

Dose delivery constraints

- A) Strong detector load variations due to layer structure
- B) Ensure statistic in short irradiation time (Spot \sim ms)



Accelerator

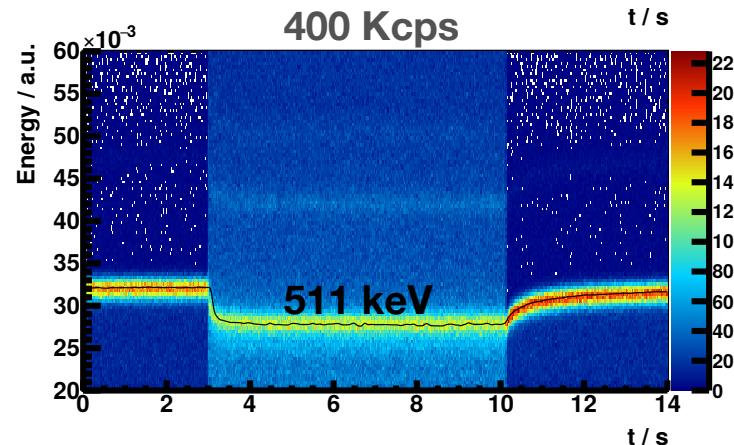
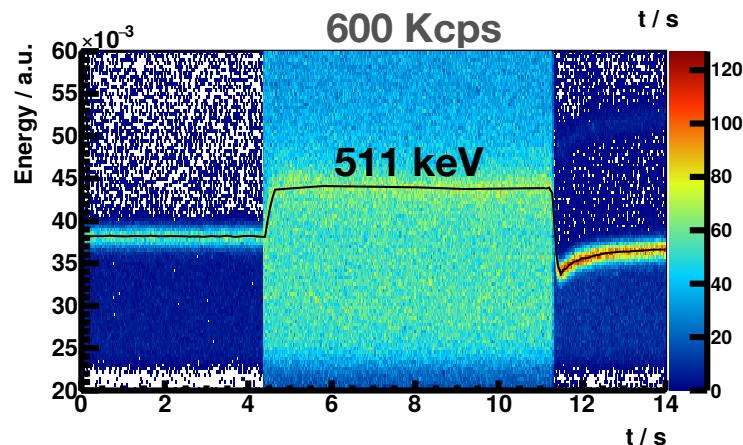
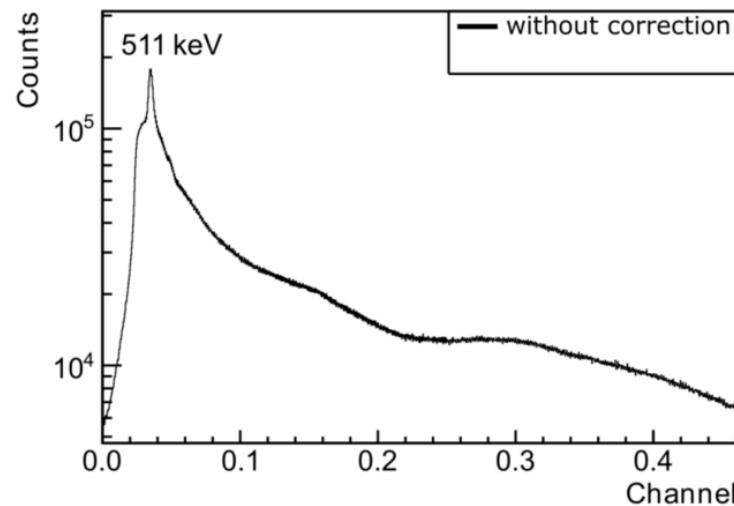
- C) Unstable time correlation between cyclotron RF and proton bunches
- D) Oscillation of the phase between bunch and RF



Dose Delivery Constraints

A) Load variations

- Gain depends on detector load
- Effects on gain and timing
- Corrections applied in the data analysis



Dose Delivery Constraints

B) Treatment time

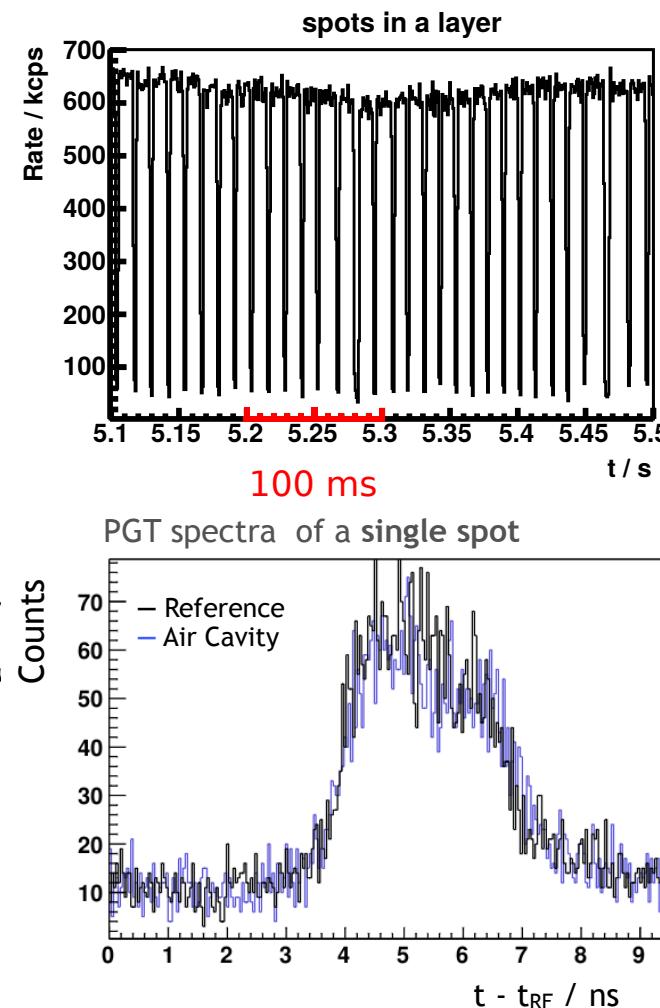
- Acquisition time few ms per spot
- Limiting factor is electronic / DACQ
- High detection rate $> 10^6$ cps

Global shifts:

Layer: \sim sec

Local shifts:

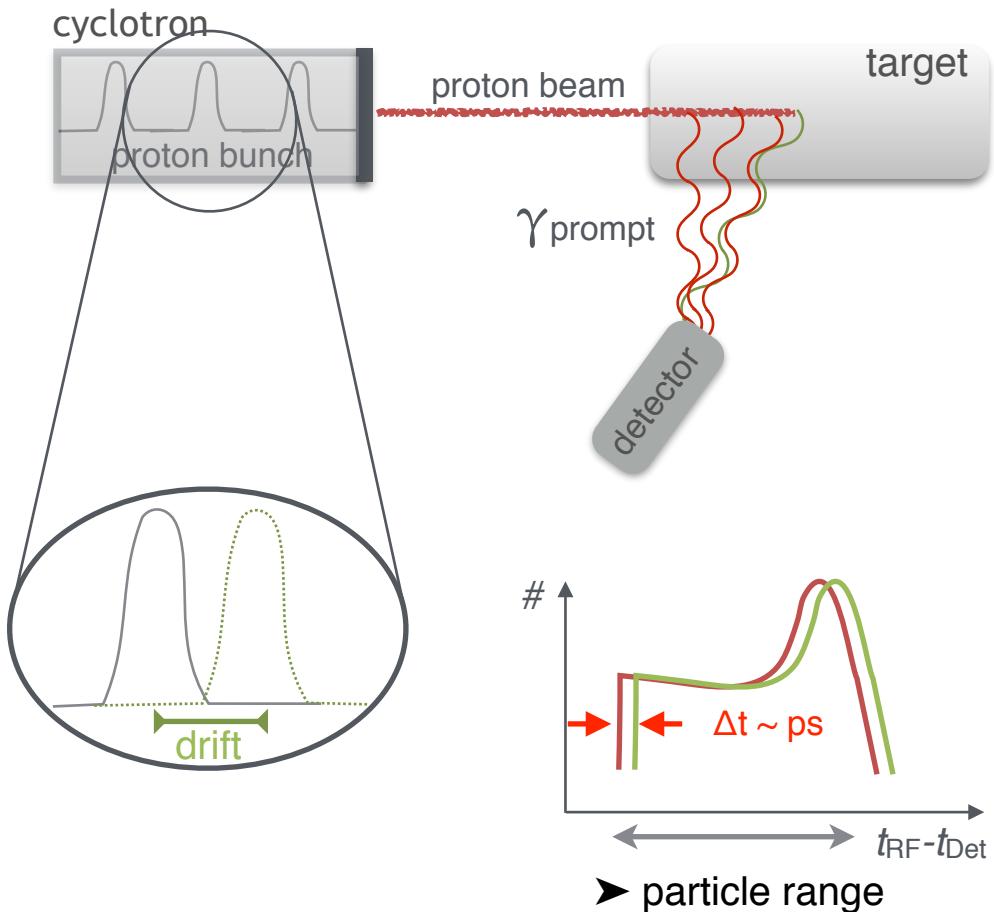
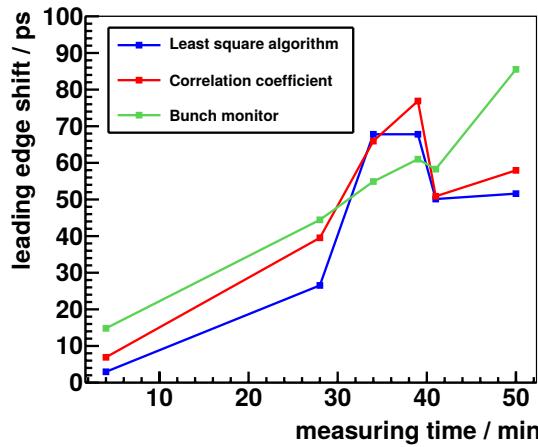
Spot: \sim ms



Accelerator

C) Bunch drifts

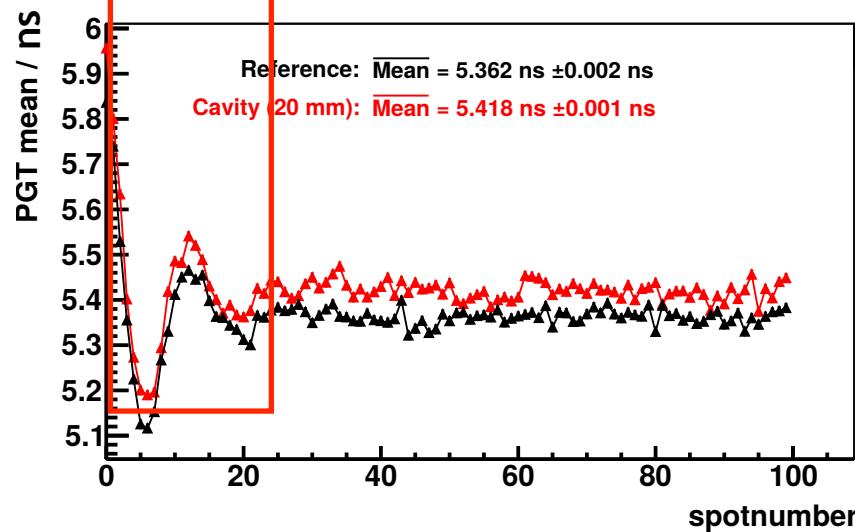
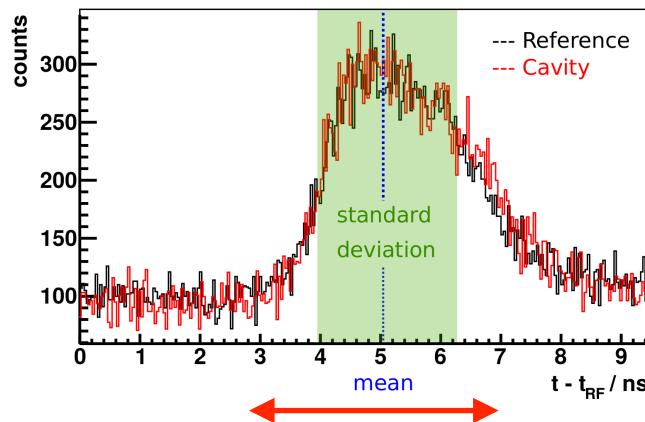
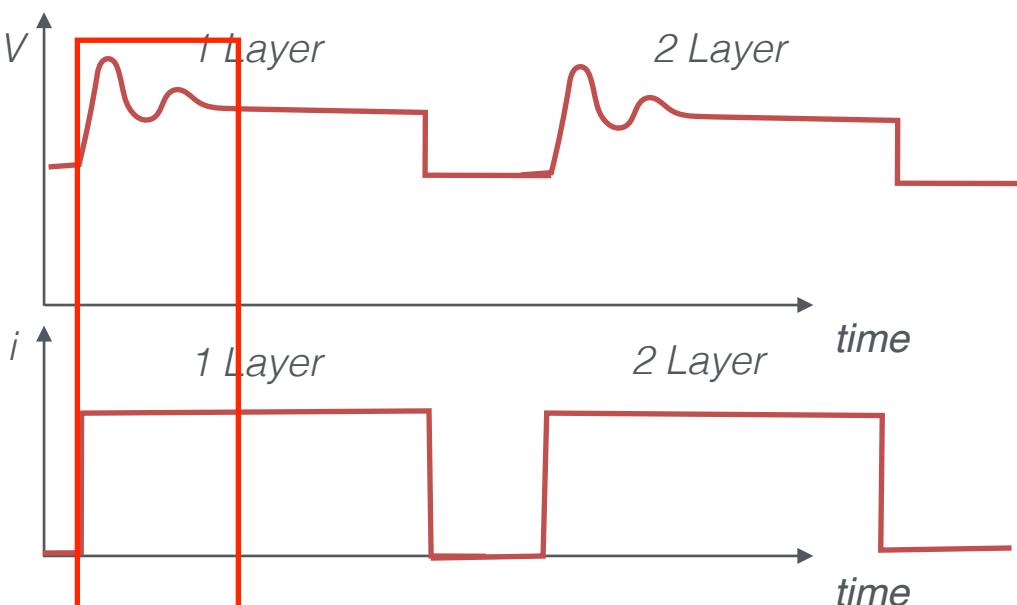
- Unstable time correlation between cyclotron RF and proton bunches
- Shift of leading edge of the PGT spectra



Accelerator

D) RF Oscillation

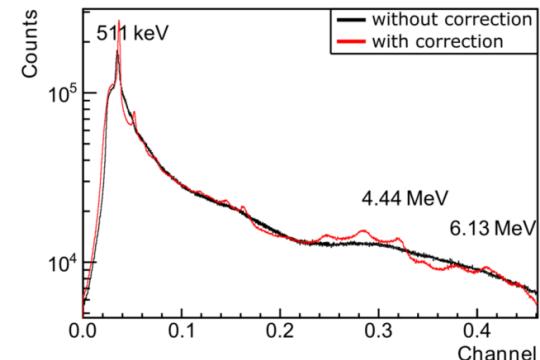
- Up/down regulation of high voltage between layers
- leads to oscillating bunch phase



Solutions

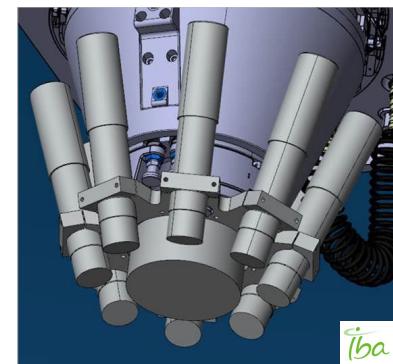
A) Load variations

- Track 511 keV line for event-wise correction function



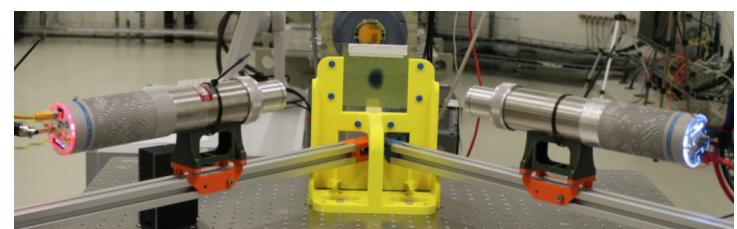
B) Statistics

- Use multiple detectors for treatment monitoring



C,D) Bunch drift and accelerator RF oscillation

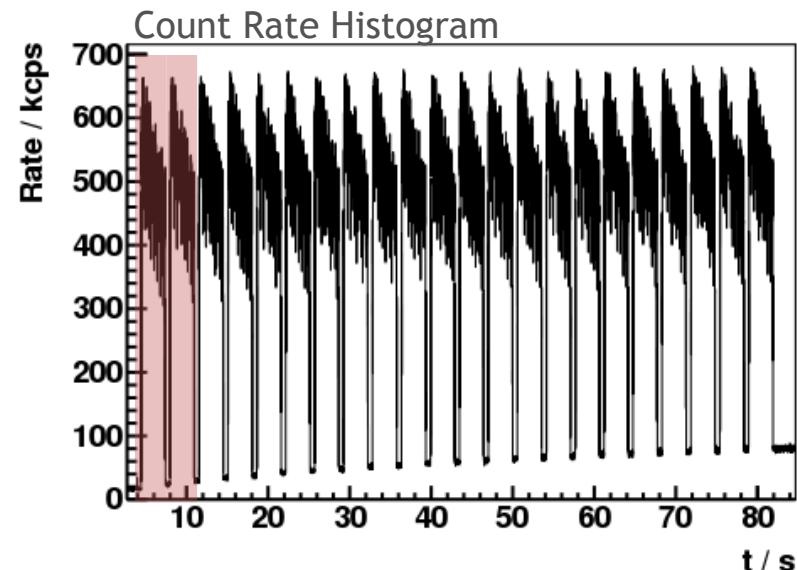
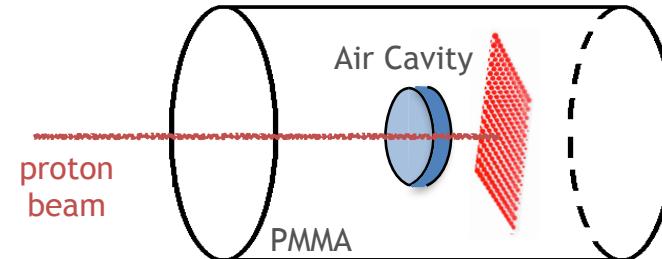
- Use proton bunch monitor to detect the bunch phase



Experimental Results

Pencil Beam Scanning

- 22 x distal layer of so called "Dose Cube Plan"
- 1 Gy per Plan
- 500 kcps detector throughput



Local Range Shifts

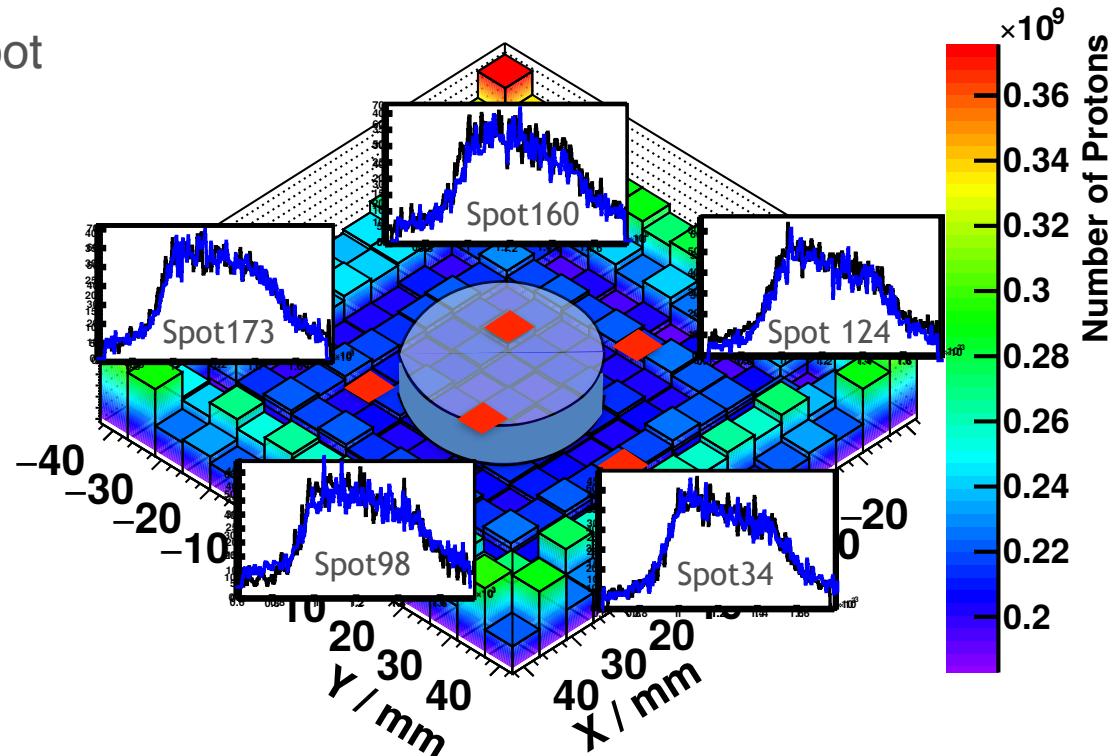
Spot-wise analysis of distal layer

- 1 Gy PBS plan
- about 2.2×10^8 protons per spot
- PGT spectra per Spot
 - Mean μ and standard deviation σ

- Measure for range shift

$$\Delta\mu_{\text{Spot}} = (\mu_{\text{Ref}} - \mu_{\text{Cav}})$$

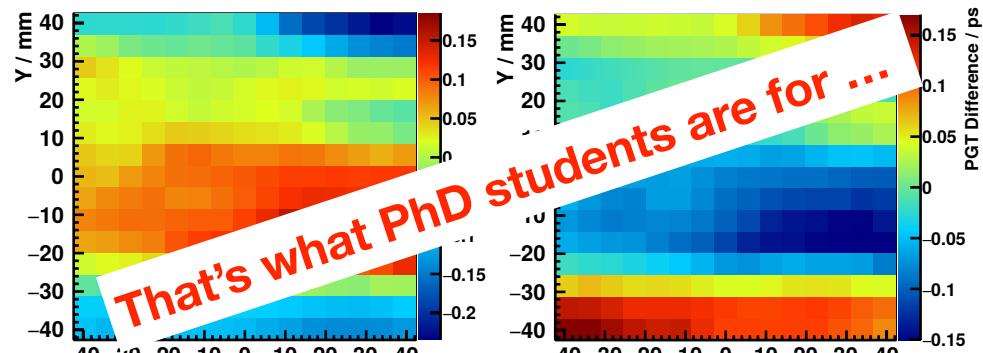
$$\Delta\sigma_{\text{Spot}} = (\sigma_{\text{Ref}} - \sigma_{\text{Cav}})$$



Imaging of Local Range Shifts

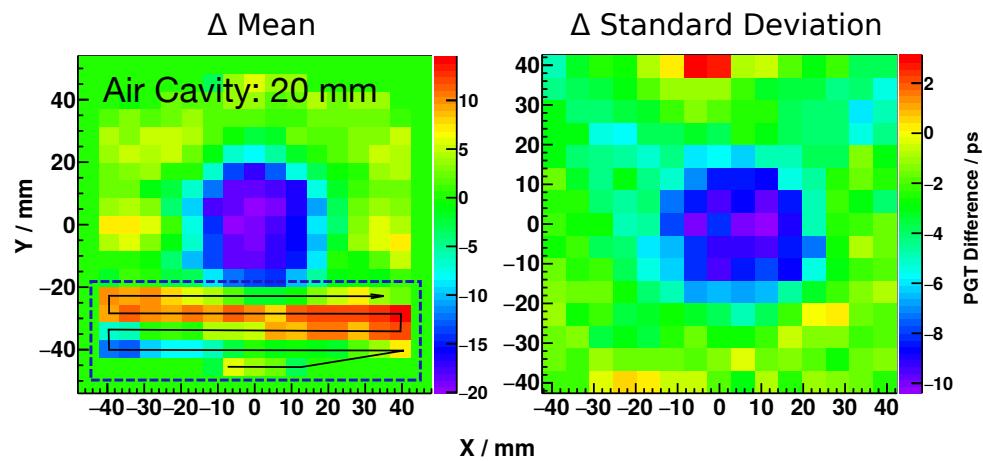
Data without corrections

- Raw data



Data with corrections

- Gain correction
- Energy cut (3-5MeV)
- PGT cut
- Statistic of 2 detectors (22 Layer)
- Without bunch monitor



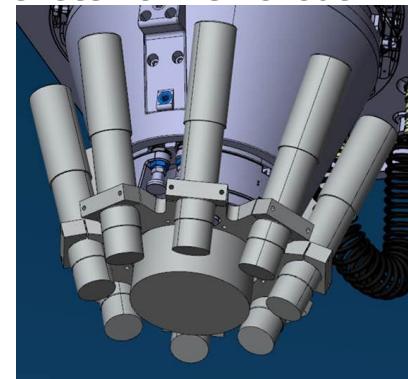
Conclusion

- PGT tested under treatment conditions
- PBS treatment plan structure retrievable
- Global and local range shifts detectable
- 20 mm to 5 mm shifts detectable for a 1 Gy plan with 6 detectors

Next Steps

- PGT snout for defined detector reproducibility
- Clinical trials of PGT

Sketch of PGT snout



L. Koffel

Thank you



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