

## Current state-of-the-art and coming developments on dosimetry for FLASH radiotherapy

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Workshop "FLASH radiation therapy in Brandenburg, Berlin and Northern Germany" 25.-26.8.21, DESY Zeuthen and virtual



## Current state-of-the-art and coming developments on dosimetry for FLASH radiotherapy

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Primary standard of the unit Gy for absorbed dose to water

$$D_{\rm w} = {\rm d}\epsilon/{\rm d}m$$

$$Gy = 1 J/Kg$$

ε: energy deposit in medium, m: mass of medium (water)

 $D_{\rm w} = c_{\rm p} \cdot \Delta T \cdot \Pi k_{\rm i}$ 

 $\Delta T = 0.24 \text{ mK/Gy}$ 

 $c_p$ : Heat capacity of water,  $\Delta T$ : Radiation-induced temperature rise  $\Pi k_i$ : corrections for perturbations (heat transport, etc.)





PTB water calorimeter at a medical LINAC

Clinical beams: 4 – 22 MeV, 100 – 400 Hz, 1 - 4 μs macropulse, mean dose rate < 5 Gy/min

Ionization chambers: the standard for reference dosimetry in conventional radiotherapy





ionizing radiation creates ion pairs

high voltage current

Codes of Practice: Formalism for clinical reference dosimetry of high-energy electron beams (3 - 50 MeV) $\rightarrow$  IAEA's TRS 398, AAPM's TG-51, DIN 6800-2



Plane-parallel ionization chamber in a water phantom (recommended for electron beams)

#### Percentage depth dose curve (PDD)



#### Absolute dose

- $D = (M M_0) N k_{\rm p} k_{\rm h} k_{\rm s} k_{\rm p} k_{\rm E}$
- D absorbed dose (at  $\mathbf{z}_{ref}$ )
- M reading
- $M_0$  zero reading
- *N* calibration coefficient (Co-60)

# $egin{aligned} &k_{ ho}\ &k_{ ho}\$

correction due to air density humidity ion recombination polarity radiation quality (electrons vs. Co-60 photons)



<sup>60</sup>Co Source of PTB's calibration service (dose rate determined by means of water calorimeter)

#### **RADIATION TOXICITY**

#### Ultrahigh dose-rate FLASH irradiation increases the differential response between normal and tumor tissue in mice

Vincent Favaudon,<sup>1,2</sup>\* Laura Caplier,<sup>3†</sup> Virginie Monceau,<sup>4,5‡</sup> Frédéric Pouzoulet,<sup>1,2§</sup> Mano Sayarath,<sup>1,2¶</sup> Charles Fouillade,<sup>1,2</sup> Marie-France Poupon,<sup>1,2∥</sup> Isabel Brito,<sup>6,7</sup> Philippe Hupé,<sup>6,7,8,9</sup> Jean Bourhis,<sup>4,5,10</sup> Janet Hall,<sup>1,2</sup> Jean-Jacques Fontaine,<sup>3</sup> Marie-Catherine Vozenin<sup>4,5,10,11</sup>

In vitro studies suggested that sub-millisecond pulses of radiation elicit less genomic instability than continuous, protracted irradiation at the same total dose. To determine the potential of ultrahigh dose-rate irradiation in radio-therapy, we investigated lung fibrogenesis in C57BL/6J mice exposed either to short pulses ( $\leq$ 500 ms) of radiation delivered at ultrahigh dose rate ( $\geq$ 40 Gy/s, FLASH) or to conventional dose-rate irradiation ( $\leq$ 0.03 Gy/s, CONV) in single doses. The growth of human HBCx-12A and HEp-2 tumor xenografts in nude mice and syngeneic TC-1 Luc<sup>+</sup> orthotopic lung tumors in C57BL/6J mice was monitored under similar radiation conditions. CONV (15 Gy) triggered lung fibrosis associated with activation of the TGF- $\beta$  (transforming growth factor- $\beta$ ) cascade, whereas no complications developed after doses of FLASH below 20 Gy for more than 36 weeks after irradiation. FLASH irradiation also spared normal mooth muscle and enithelial cells from acute radiation induced apoptosis which could be reinduced by admin-

treatment time

#### average dose rate (dose/treatment time)

#### delivered total dose

Science Translational Medicine 6 (2014) 245, pp. 245ra93 http://dx.doi.org/10.1126/scitranslmed.3008973



Comparison FLASH vs. conventional irradiation

	FLASH (linac beam)	conventional
average dose rate	> 40 Gy/s	5 Gy/min
treatment time	< 500 ms	4 min
macro pulse width	2 µs	4 µs
pulse repetition frequency	10 Hz	300 Hz
pulse dose rate (within macro-pulse)	~ MGy/s	< 100 Gy/s
dose per pulse (DPP)	0.6 – 10 Gy	0.3 mGy
		ultra-high dose p

Mice brain irradiation with 10 Gy



Montay-Gruel *et al.*, Radiotherapy and Oncology 124 (2017) 365 http://dx.doi.org/10.1016/j.radonc.2017.05.003

#### FLASH irradiation of the skin of a pig



*Conventional and FLASH Irradiation (with same total dose)* 

Conventional (5 Gy/min)



necrotic lesions

FLASH (300 Gy/s) 3 Gy/pulse



normal appearance of skin

Vozenin *et al.*, Clin Cancer Res 25 (2019) 35 http://dx.doi.org/10.1158/1078-0432.CCR-17-3375

## Treatment of a human Patient (lymphoma on skin)

delivered total dose: 15 Gy 10 pulses (of 1 µs duration) treatment time: 90 ms dose per pulse: 1.5 Gy



Bourhis et al., Radiother. Oncol. (2019) http://dx.doi.org/10.1016/j.radonc.2019.06.019



Levy et al. Scientific Reports (2020) "Abdominal FLASH irradiation ..." https://doi.org/10.1038/s41598-020-78017-7

#### Treatment of cancer at dogs

delivered total dose: 15 – 35 Gy 7-16 pulses Average dose rates: 400-500 Gy/s pulse dose rates: ~0.7 MGy/s treatment time: 30 ms to 75 ms **dose per pulse: 2 Gy** 



treatment of the leg with in vivo dose measurements by radiochromic film

Konradsson et al., Front. Oncol. (2021) 11:658004 https://doi.org/10.3389/fonc.2021.658004



high ion density: ion pairs recombine before

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reaching the electrodes

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Petersson *et al.*, Med Phys 44 (2017) 1157 https://doi.org/10.1002/mp.12111

#### Passive detectors:

OSLD (Optically Stimulated Luminescence detectors), TLD (Thermoluminescent dosimeter), alanine pellets, radiochromic film

Advantage:

 independent of dose rate, suitable for FLASH

Disadvantage:

- not real-time measurement, takes hours or days to get a dose value
- relatively large measurement uncertainty (> 5 %)



Stack of equispaced EBT3 films after exposure to 50 MeV electron beam

Kokurewicz et al., Front. Phys. (2020) 8:568302 https://doi.org/10.3389/fphy.2020.568302

#### Passive detectors: radiochromic film





Stack of equispaced EBT3 films after exposure to 50 MeV electron beam

Kokurewicz et al., Front. Phys. (2020) 8:568302 https://doi.org/10.3389/fphy.2020.568302

## **FLASH radiotherapy**

- number of institutes interested in FLASH RT and the number of FLASH papers published per year is increasing.
- currently: 3 paper/month
- urgent need for tools for traceable dose measurements for FLASH RT and real-time dosimeter for ultra-high dose per pulse



# **EMPIR project UHDpulse**

Type: Joint Research Project

Sep/2019-Feb/2023 Duration:

Start:

Funding:

1. Sept. 2019 2.1 M €



- Coordinator: Andreas Schüller (PTB)
- tools for traceable dose Topic: measurements for:
- **FLASH** radiotherapy
- VHEE radiotherapy
- laser driven medical accelerators

http://uhdpulse-empir.eu/



The EMPIR initiative is co-funded by the European Union's Horizon 2020 research and innovation programme and the EMPIR Participating States

The European Metrology Programme for Innovation and Research (EMPIR):

- metrology-focused programme of coordinated R&D
- enables European metrology institutes, industrial and medical organisations, and academia to collaborate





Braunschweig und Berlin



#### Radiation detector developers

POLITECNICO

ERLANGEN CENTRE FOR ASTROPARTICLE

Dosimetry

**MILANO 1863** 



PTB's Research electron accelerator

Beam line with water phantom

E = 0.5 - 50 MeV

up to 7 Gy/pulse (SSD 0.7 m, 20 MeV)





Alanine pellets at reference depth in water phantom

Dose traceable to PTB's primary standard



Beam line with water phantom





ICT: Non-destructive absolute beam pulse charge measurement (uncertainty < 0.1 % @70 nC/pulse)



Detector under test at reference depth in water phantom



Video: Flashes of Cherenkov light in water phantom during ultra-high dose per pulse irradiation (PRF = 5 Hz)



Charge per pulse in nC

A Bourgouin et al., Front. Phys. (2020) 8:567340 https://doi.org/10.3389/fphy.2020.567340

Detector under test at reference depth in water phantom

Corrections k<sub>s</sub> at ultra-high DPP for available chambers



F. Gomez et al., The Challenge of Dosimetry in Flash Radiotherapy https://indico.ific.uv.es/event/5983/contributions/13896/

<u>Corrections k<sub>s</sub> at ultra-high DPP for available chambers:</u> **Experiment for PITZ?** 



F. Gomez et al., The Challenge of Dosimetry in Flash Radiotherapy https://indico.ific.uv.es/event/5983/contributions/13896/

Corrections k<sub>s</sub> at ultra-high DPP for available chambers



Alexandra Bourgouin et al.

http://uhdpulse-empir.eu/wp-content/uploads/2021-04 CIRMS2021 ABourgouin Abstract.pdf

Prototype ionization chambers for ultra-high DPP



Faustino Gomez et al., to be published

Prototype ionization chambers for ultra-high DPP



Rafael Kranzer et al., Med. Phys., (2021) 48: 819-830 https://doi.org/10.1002/mp.14620

#### Prototype calorimeter



Aerrow (and Exradin A12 ionization chamber for size reference). The internal structure of Aerrow is shown as a blended rendering.



Detector response vs. dose reference from alanine/monitor.

#### Alexandra Bourgouin et al., to be published

#### Prototype solid state detectors



Rafael Kranzer et al., to be published



UHDpulse co-organizes the conference "FLASH Radiotherapy & Particle Therapy" (FRPT2021).

The conference will include the 3rd FLASH Workshop, the workshops of UHDpulse and INSPIRE (integrating activity for European research in proton therapy).

There will be FRPT2021 special issues in "Radiotherapy & Oncology" and in "Physica Medica".



https://frpt-conference.org/



All abstracts accepted to FRPT 2021 will be published in a supplement of the *"Physica Medica"* Journal.

Moreover, **the full papers of the best abstracts** presented at the Conference will be published in a special issue of:



- The "Physica Medica" Journal for technology/dosimetry related work
- The "Radiotherapy and Oncology" Journal for clinical application and biology related research

Submit your abstract and gain maximum exposure for your work.

#### **LATE-BREAKING ABSTRACT SUBMISSION IS OPEN UNTIL 22 SEPTEMBER 2021**



#### FRPT 2021 will be held at the Austria Center Vienna and Online





"A wealth of future studies are waiting to be done at all levels of physical, chemical, molecular, biological, and clinical endeavors."

Jolyon Hendry, Taking Care with FLASH Radiation Therapy <u>https://doi.org/10.1016/j.ijrobp.2020.01.029</u>



However, if there is an error in dosimetry, then the difference in tissue response between conventional and ultrahigh-dose rate irradiation at seemingly equal total dose may be due to this error and not due to the FLASH effect.

> This project (18HLT04) has received funding from the EMPIR programme co-financed by the Participating States and from the European Union's Horizon 2020 research and innovation programme.

#### http://uhdpulse-empir.eu/