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CANCER CENTER™



QA for Scanned Beams

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Concepts in QA

- The set of processes, and their tests, that provide confidence that the “process” and “product” are within the desired parameter phase-space
- Tests should be orthogonal & complete, i.e. yield results that are sensitive to specific underlying process controls
 - Used recurrently against initial baseline & requirements (Validation / Commissioning)
- QA should be based on an operational model that forms the context for tests, analysis, and quality improvement (QI)



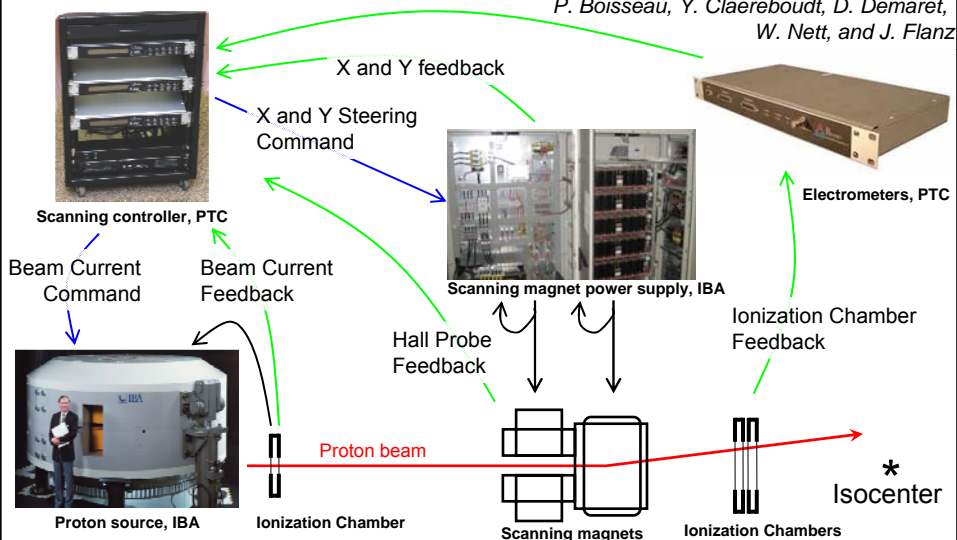
Scanned Beams

- PBS: dose (in patient) “maps” to control variables
 - $D(x,y,z) = F(x,y,Q,E,\sigma)$
- IMRT: dose maps to “leaf-positions”
 - $D(x,y,z) = F([x_a, x_b], [y_a, y_b], MU)$
- Thus in PBS:
 - Clinical variables \equiv Physical observables
 - Allows continuous monitoring of “dose”
 - Establish requirements through variance analysis
 - TPS has direct path to PTS
 - Workflow & QA considerations

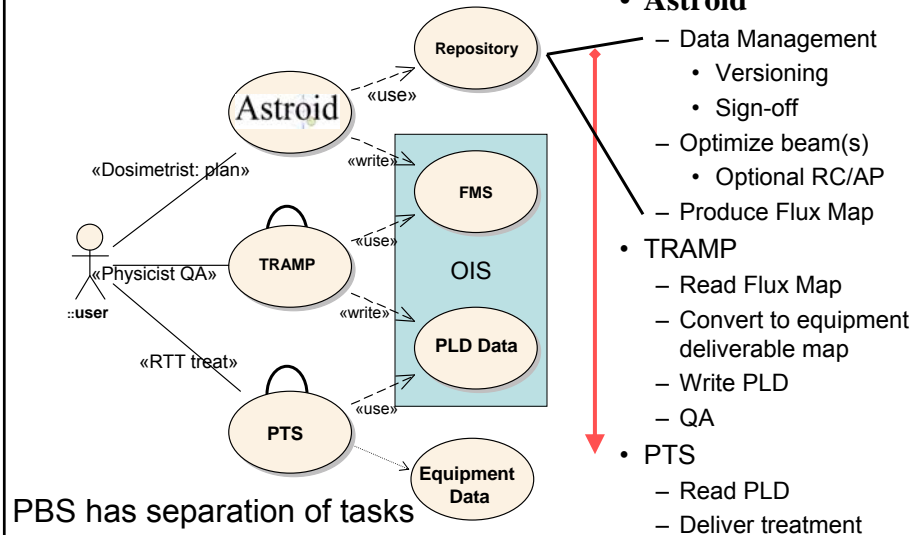
PBS Control Flow

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P. Boisseau, Y. Claereboudt, D. Demaret, W. Nett, and J. Flanz



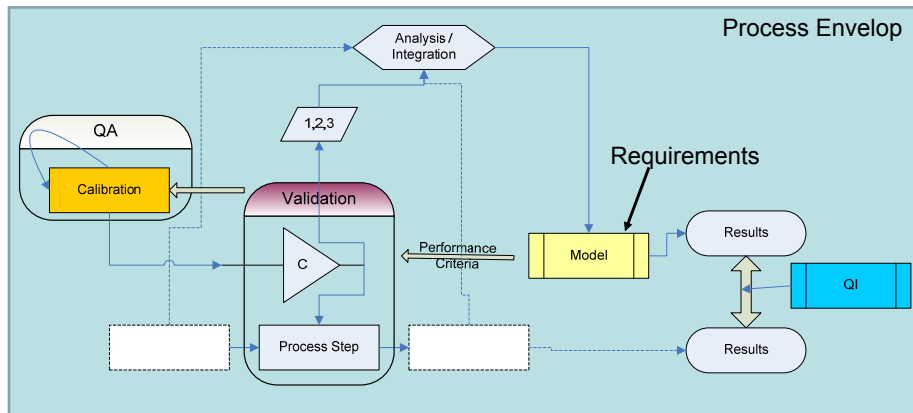
Treatment Workflow



- **Astroid**
 - Data Management
 - Versioning
 - Sign-off
 - Optimize beam(s)
 - Optional RC/AP
 - Produce Flux Map
- **TRAMP**
 - Read Flux Map
 - Convert to equipment deliverable map
 - Write PLD
 - QA
- **PTS**
 - Read PLD
 - Deliver treatment

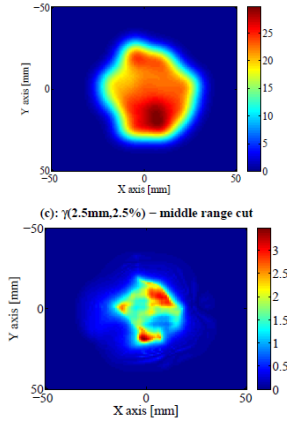
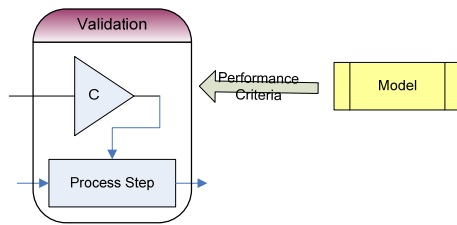
PBS has separation of tasks

QA Contexts & Semantics



Performance – Analysis

- Desired performance dictates required operation of process component
 - ... worse, process can limit achievable & desired result!
- Per treatment site, simulate and vary the control variables and compare to reference
 - PBS: Δ of R, σ , [X,Y], Q
 - Use γ -index for comparison



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Performance – Requirements

Base of skull ependymoma - 220 deg

γ	Range Random		Range Systematic		Sigma Random		Sigma Systematic	
	min	max	min	max	min	max	min	max
parameters	mm	mm	mm	mm	%	%	%	%
1.0mm,2.5%	-0.907	0.856	-0.355	0.363	-10.394	10.982	-7.764	9.258
1.5mm,2.5%	-0.983	0.938	-0.422	0.436	-12.329	13.565	-9.267	12.727
2.0mm,2.5%	-1.026	1.001	-0.495	0.505	-14.602	15.985	-10.458	16.730
2.5mm,2.5%	-1.062	1.045	-0.564	0.577	-16.486	17.758	-11.474	> 20.000

Table 4: 5mm σ fields results - requirements summary table (part II)

- Desired accuracies for γ (2.5 mm, 2.5%)
 - Range ± 0.5 mm
 - σ $\pm 15\%$ (of nominal σ)
 - [X,Y] ± 0.7 mm
 - Q $\pm 3-5\%$
- Systematic errors are of biggest concern

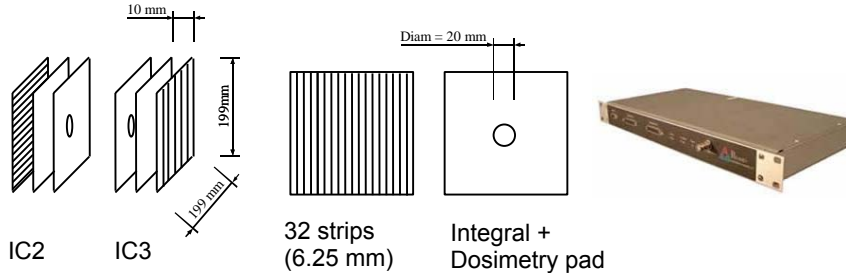
J. Hubeau et al IBA/MGH

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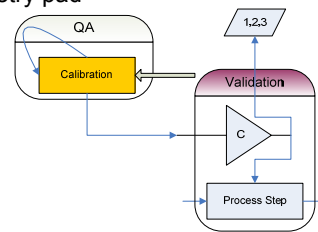
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Performance – A Control

- IC2 and IC3 each have 3 planes



- The electrometer (Pyramid, MA)
 - Q sensitivity is 0.1 pC
 - Read-out rate is 10 kHz
- Analysis T for σ and [X,Y] is 4 kHz



Performance – Control Calibration

- Screen-detector (BIS*) on nozzle
 - Compare [X,Y] at isocenter 0.5 mm precision
 - Compare σ at isocenter ~1.0 mm precision
 - Depends on σ/W
- Absolute [X,Y] calibration
 - BB at isocenter (verified w X-Ray + Beam)
 - Calibrate [0,0] on chamber readout
- Linearity in Q
 - Faraday Cup
 - MU(E) vs Q in cup

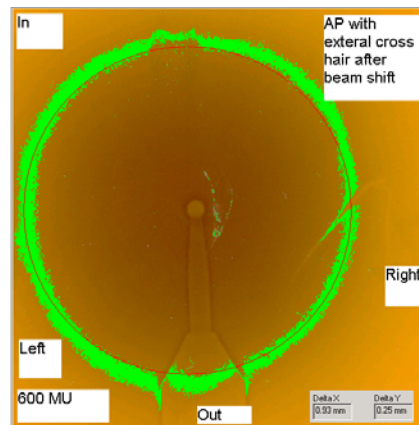
Range		Sigma		Position		Weight	
stability	accuracy	stability	accuracy	stability	accuracy	stability	accuracy
[mm]		[%]		[mm]		[%]	
±1.5	±1.5	±25	±25	±2	±2	±10	±5

* Wellhofer

$\sigma \sim 10$ mm (2 mm, 3%) for current PBS configuration

Performance – Control Calibration

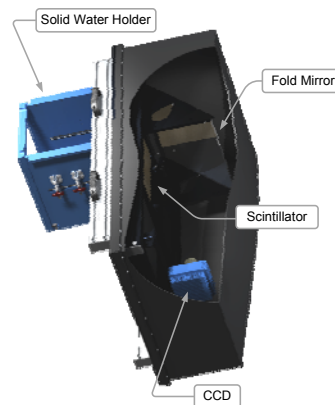
- IC [X,Y] Calibration
 - Center BB @ isocenter
 - Steer beam at BB using IC until centered



Hsiao-Ming Lu

QA Detector

- Mounts to scanning nozzle
- Fast scintillator with high resolution & sensitivity
- Remote focus/aperture, exposure control
- Autocalibration
- Resolution > 1 lp/mm
- No active components simplifies instrumentation
- Minimal scatter of beam



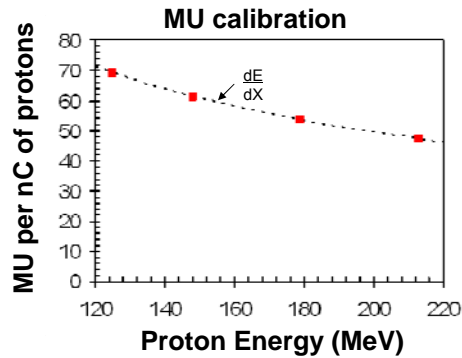
Ebstein et al High-Resolution Scintillation Screen Detectors

Calibration – MU vs Q

Faraday cup



B. Gottschalk

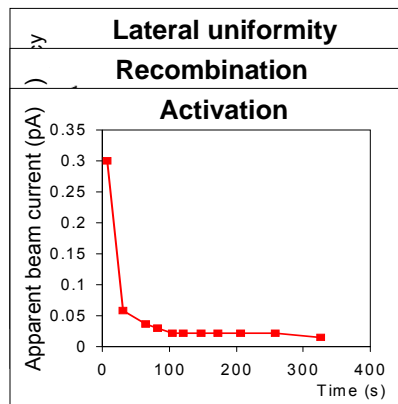


H. Bentefour and B. Clasio

Contributions to Q Uncertainties

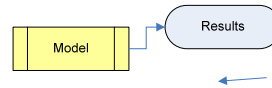
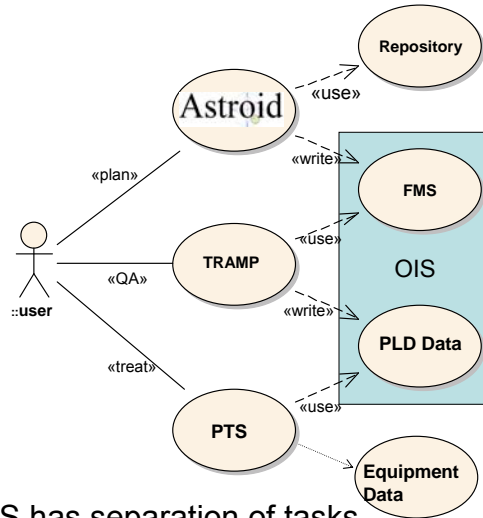
Spot Weight (Q/MU) Accuracy

- Dark beam current 2.0%
Can be removed by detuning cyclotron when I=0
- IC lateral uniformity 1.0%
- Electrometer
 - linearity (FC) 0.7%
 - resolution (spec) 0.01%
- Time response (beam off) 0.5%
- Gantry angle dependence 0.5%
- Recombination 0.2%
- Chamber activation 0.05%
- Total $\pm 2.5\%$



P. Boisseau, Y. Claereboudt, H. Bentefour, B. Clasio and J. Flanz

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PBS has separation of tasks

Treatment Workflow

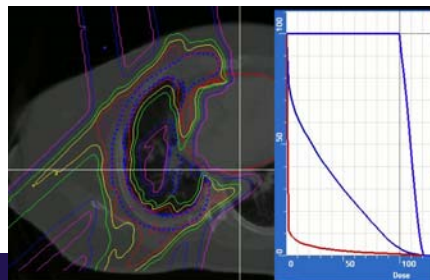
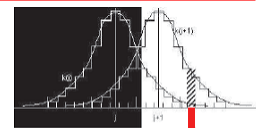


- **TPS – Engines**
 - Dose Model
 - Spatial accuracy
 - **Physical (1b)**
 - **Computational (1c)**
 - MC vs Algorithmic
 - Apertures & Compensators
- Optimizer
 - MCO
- Requirements based validation

$$D(\vec{x}) = \sum_s G_s \quad (1a)$$

$$\times \sum_k \left(\int \frac{1}{2\pi\sigma_o^2(R_s, z)} \exp\left(-\frac{\Delta_{s,k}^2}{2\sigma_o^2(R_s, z)}\right) dA_k \right) \quad (1b)$$

$$\times \frac{D_{R_s}(\rho)}{2\pi\sigma_p^2(R_s, \rho)} \exp\left(-\frac{\Delta_k^2(\vec{x})}{2\sigma_p^2(R_s, \rho)}\right) \quad (1c)$$



Treatment Workflow



- TPS – Data & Commissioning
 - DD – Gy cm² Gp⁻¹
 - LUT – Calibrate ESS
 - $\sigma(E)$ – Optics

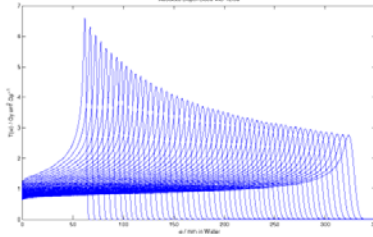
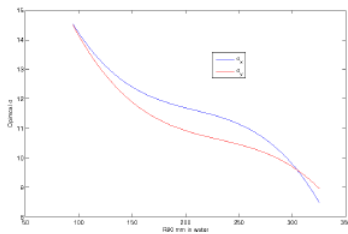


Figure 1: The pencil-beam Bragg peaks generated in GEANT and verified by measurement with the Bragg chamber (Nicolas Depauw).

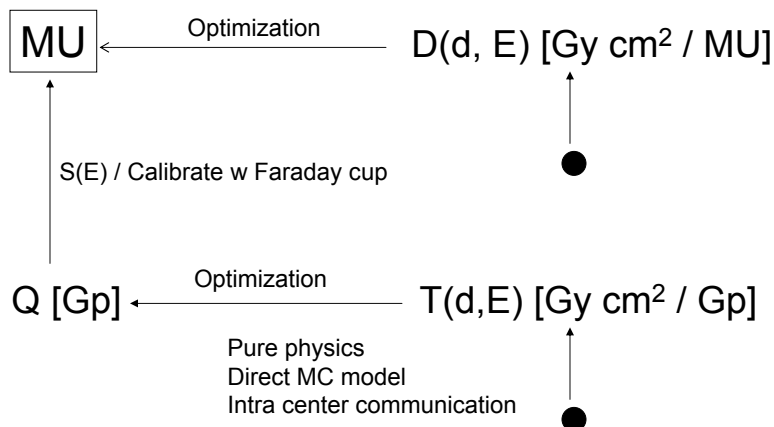


MASS

Figure 4: Optical spreads as a function of energy (in R_{90}).

R90	R90	E
182.81	183.23	182.98
185.54	186.27	184.52
187.86	188.59	185.69
190.27	191.02	186.91
192.55	193.33	188.07
194.79	195.54	189.15
197.09	197.85	190.33
199.38	200.16	191.48
201.57	202.36	192.57
203.76	204.55	193.66
205.94	206.74	194.74
208.12	208.92	195.82
210.19	211.09	196.84
212.26	213.07	197.84
214.32	215.14	198.88
216.47	217.31	199.94
218.53	219.37	201.05
220.45	221.32	202.11
222.43	223.28	203.16
224.37	225.23	204.21
226.29	227.15	205.25
228.17	229.09	206.29

Absolute Dose



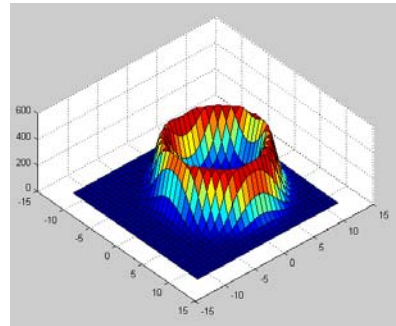
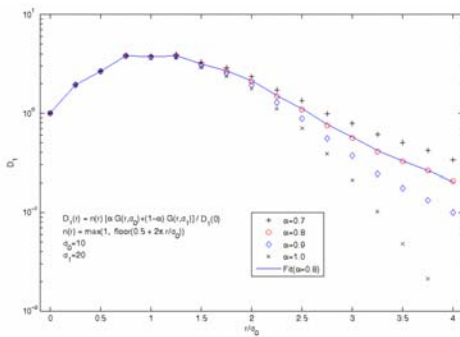
Choice impacts our ability to communicate and share treatment plans

Absolute Dose: For a spot S with Gigaprotons Gs: $MU = C \, dE/dX \, Gs$
 Need QA for $C = C(x,y)$
 Repeatability < 1% in output at center

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Dose – Perturbations

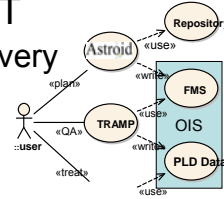


$$D_j = \frac{n_j (\alpha G(r_j, \sigma_M) + (1 - \alpha) G(r_j, \sigma_H))}{\alpha / 2\pi \sigma_M^2 + (1 - \alpha) / 2\pi \sigma_H^2}$$

Poster 99: B Clasié et al. Dose deposited in the beam halo by a scanned proton pencil beam

Treatment Workflow

- The Patient: Interfacing with MD & RTT
 - Validation of treatment approach and delivery
 - Robust planning & delivery
 - (Use passive scattered field approaches?)
 - Interfaces to Treatment Planning
 - In: CT / MR / Structures / Prescription
 - Out: Flux Maps
 - In between: TP data management was & is a “black hole”
 - DPLAN (JCRT / Kijewski) Axiom (Siemens)
 - Astroid Repository
 - Documentation & Sign-off at transitions between phases



Treatment Workflow

- Versioning
- Multi-user
- Sign-Off & Publishing

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The screenshot shows the PROTONS software interface. On the left, a sidebar displays patient information (Patient: budm4003916, Date: 01/24/2016, Center: (0.24, 0.06, 7.506), Size: 17.6 x 23 x 17 cm, Spacing: 0.2 x 0.2 x 0.25 cm) and optimization settings (new, newer, newest, Version: 15). The main window shows a 3D visualization of a patient's head with various colored contours representing target volumes and organs at risk. A legend on the right lists levels: 101 (yellow), 102 (red), 103 (green), 104 (blue), 105 (cyan), 110 (white).

T Madden
D Craft / W Chen

Treatment Workflow

- QA

TRAMP

- Trajectory Manipulation
 - FMS is only a shorthand for dose to be delivered
 - Thus, any FMS that delivers that dose is OK
 - Generate optimized trajectories independent of TPS
- Dose QA
 - Validate FMS for deliverability
 - Verify Q to Dose
 - Include measurements if desired

Summary

- QA is the “tip” of the iceberg – Typically assumed simply the set of recurrent tests.
- These tests must be embedded and interpreted in the “total” system, i.e. complete coverage of system operation, and its intended operation and product.
- “Product” (i.e. “Treat H&N”) performance sets requirements for process, its “-lets,” and its controls
- Control & Workflow requirements define validation / commissioning / calibration procedures
- Models, and their evolution, provide QI benchmarks
- Not just the technology component