OPTIMIZATION OF QA PROCEDURES FOR SCANNED PROTON BEAMS

Including simulation tools for independent dose calculation

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DISCLAIMER

- No conflict of interest
- Collaboration with IBA-Dosimetry company



GENERAL INFORMATION

• MedAustron is a dual particle therapy facility, delivering proton and carbon ion beams.

• This talk focuses on protons.

7 "beamlines" to QA:

- 4 protons
- 3 carbon ions





MOTIVATION

Beam delivery QA workload

Average beam time / year



Courtesy of Michele Togno, PSI
Based on an ESTRO study from 2019, considering 17 centers

• Dosimetric Patient specific QA workload

○ Resource consuming

- Every treatment beam must be measured
- Medical physicists working outside treatment hours

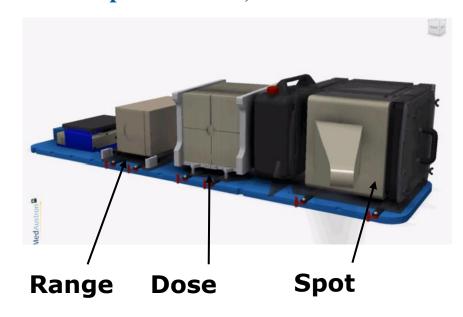
Limited sensitivity

- IMRT:
 - IDC was 12 times more sensitive at detecting treatment failures for IMRT than measurement-based PSQA. **Kry et al, Med Phys 2019**
- Protons:
 - "The implementation of a Monte Carlo (MC) algorithm in an IDC system was shown to illuminate dose computation issues from analytical algorithms implemented in TPS, which would not otherwise be detected using traditional measurement-based PSQA." **Jhonson et al, PloSOne 2019**



DAILY QA

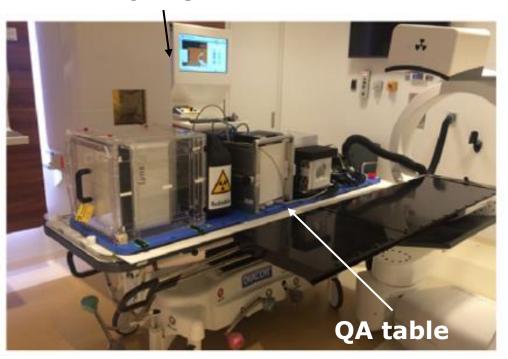
• First implementation, 2016

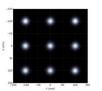


Performed for 5 key energies

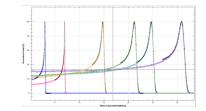
- Spot maps
- Homogeneity
- Ranges
- Dose in RW3

Nozzle









- **⇒ Each test is specific**
- ⇒ Limited to beam delivery



DAILY QA

• Current implementation, since 2018

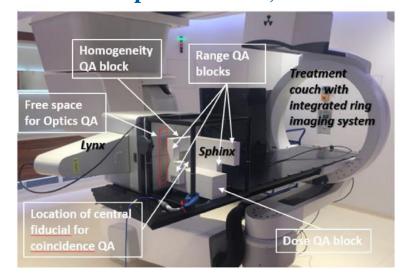


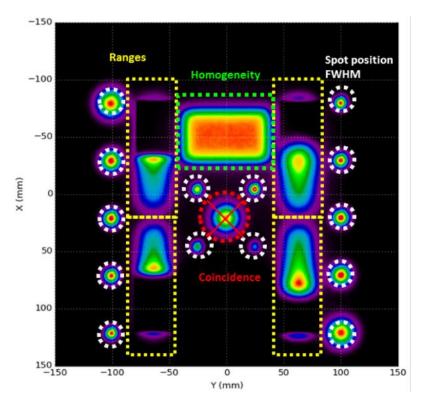
FIGURE 1 Setup of the equipment (Lynx, Sphinx, ionization chamber) for the measurements in a horizontal beam line.

Performed for 5 key energies

- Spot maps
- Homogeneity
- Ranges
- Dose in RW3

- Imaging
- Registration
- Coincidence
- Lasers





- ⇒ Integrated tests
- ⇒ Clinical workflow (including registration)



DAILY QA

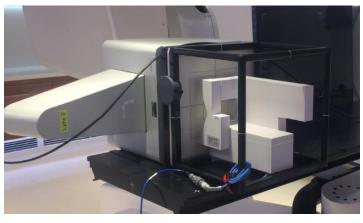
2016:

- 1 beam line
- 1 particle type
- Daily QA = 2hrs



2023:

- 7 "beamlines"
- 3 rooms
- 2 particle types
- Daily QA < 1.4hrs



Daily QA efficiency increased by a factor 10!

Daily QA Efficiency increase:

- Integrated daily QA equipment
- Improved machine performance (intensity)
- Improved in-room workflow (robot speed, registration, control from outside, etc.)
- Multi-room optimization
- User training & experience

JOURNAL OF APPLIED CLINICAL MEDICAL PHYSICS

ORIGINAL ARTICLE 🗈 Open Access 💿 📵

Implementation of Sphinx/Lynx as daily QA equipment for scanned proton and carbon ion beams

Loïc Grevillot

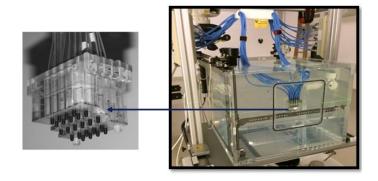
I, Jhonnatan Osorio Moreno, Hermann Fuchs, Ralf Dreindl, Alessio Elia, Marta Bolsa-Ferruz, Markus Stock, Hugo Palmans

First published: 27 January 2023 | https://doi.org/10.1002/acm2.13896



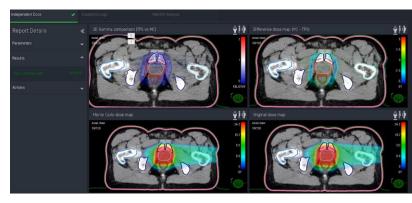
PATIENT SPECIFIC QA

• From dosimetric PSQA to Independent Dose Calculation (IDC)



Measurement set-up using 3D-block

- 24 pin-point measurements "only"
- Limited to low gradient dose regions
- Includes file transfer check
- Includes beam delivery check
- **⇒ Each beam individually**
- ⇒ Limited to dosimetric check in water with low dose-gradient



IDC using myQAiON (IBA-dosimetry)

- Full 3D patient geometry
- Account for high gradient dose regions
- Does not include file transfer check
- Does not include beam delivery check
 - ⇒ Full treatment plan
 - ⇒ Independent dosimetric check in patient geometry



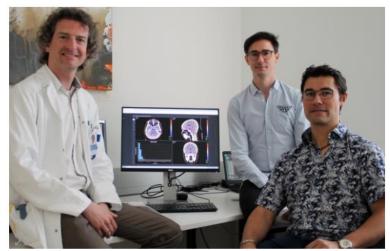
PATIENT SPECIFIC QA

• From dosimetric PSQA to Independent Dose Calculation (IDC)

Reimagining patient-specific QA in proton and ion therapy facilities

26 May 2021 Sponsored by IBA Dosimetry

Medical physicists from the Austrian particle therapy centre MedAustron explain how – and why – they've put an independent QA solution at the heart of their patient treatment programme



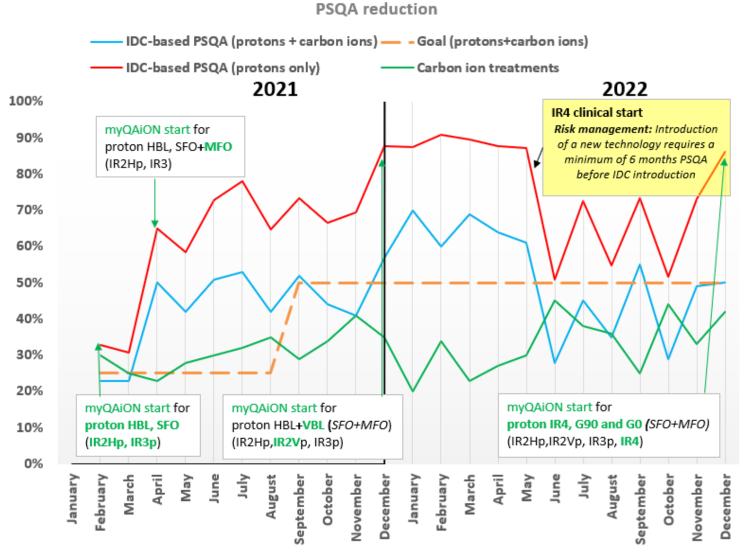
- Full 3D patient geometry
- Account for high gradient dose regions
- Does not include file transfer check –
- Does not include beam delivery check



- File transfer check at the first fraction.
- Additional beam delivery QA:
 - To compensate for the lack of PSQA
 - 3D beam delivery monthly QA tests were added:
 - 1 reference box
 - 2 SFO fields
 - 2 MFO fields
 - Incl. head and pelvic regions
 - Beam time ~ 30 min/month/beamline



PATIENT SPECIFIC QA

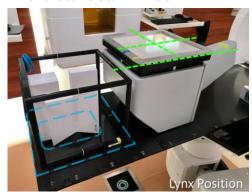


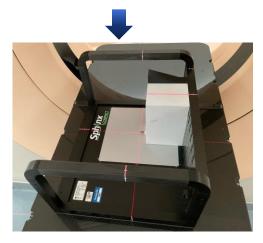


PERSPECTIVES

Beam delivery QA workload

 Further optimization of daily QA set-up for vertical beamlines





Patient specific QA workload

o IDC for carbon ion beam treatments



ORIGINAL RESEARCH published: 11 August 2021



The GATE-RTion/IDEAL Independent Dose Calculation System for Light Ion Beam Therapy

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SUMMARY

• Daily QA

- O Daily QA reduction from 2hrs/beamline (2016) to 12 min (2023)
- O Multifactor optimization required!
 - Integrated QA device, in-room workflow optimization, multi-room workflow and task optimization (incl. setup for multiple beam-lines and rooms in parallel for 2 particle species)

• Independent dose calculation

- Additional **monthly** beam delivery QA only cost ~ **30min/beamline**
- 2021: 397 patients treated (~65% protons) 245 hrs of beam time saved
- 2022: 423 patients treated (~65% protons) 324 hrs of beam time saved
 - ~ 90% of the proton patients are simulated
- Same goal for carbon ions!

Optimization of QA procedures is a continuous process!



THANK YOU FOR YOUR ATTENTION!!



Beam delivery & Monte Carlo simulation group 2023!

