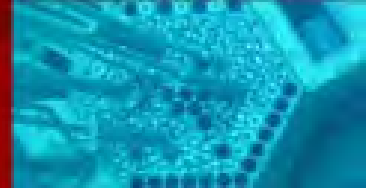


Absolute Dosimetry Model of the University of Washington Clinical Neutron Therapy System (CNTS)

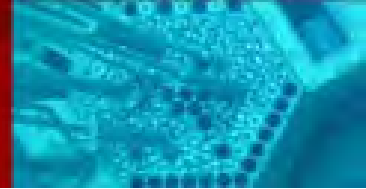
Greg Moffitt

6/13/17



Outline

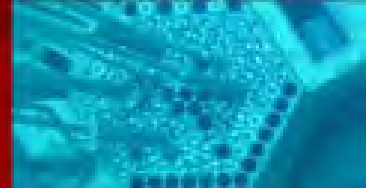
- Research background and motivation
- University of Washington (UW) cyclotron and clinical neutron therapy facility (CNTS)
- MCNP6 model of the CNTS treatment head
- Neutron dosimetry benchmarking of the MCNP6 CNTS model
 - IC-17 ion chamber absolute dose modeling
- Conclusions
- Future work



Fast Neutron Therapy Facilities

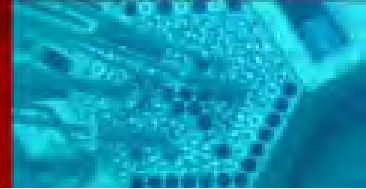
- Fast neutron therapy has shown improved clinical outcomes for:
 - Salivary gland tumors
 - Locally advanced prostate cancer
 - High-risk soft tissue sarcomas
- Other tumors show comparable outcomes as x-ray therapy
- The UW CNTS is only 1 of 2 fast neutron therapy facilities still treating patients left in the world
- Limited development of treatment planning software
 - Current treatment planning performed with a photon model fit with neutron data (Pinnacle³ software)
- Little development of advanced therapy methods like intensity modulated neutron therapy (IMNT)



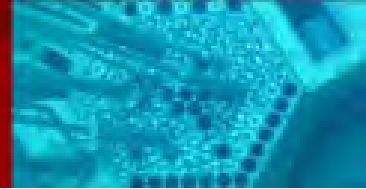


Research Objectives

- Develop a fully benchmarked MCNP6 dosimetry model of the UW CNTS
 - Second checks of patient plans
 - Aid in the development of advanced fast neutron therapy methods (i.e. IMNT)
- Absolute dosimetry of the MCNP6 CNTS model requires the modeling of an IC-17 tissue-equivalent ion chamber
 - IC-17 TE ion chamber used for absolute calibration of the beam
 - Ensure that the dose response of the ion chamber compares similarly to the dose response of water across all treatment configurations

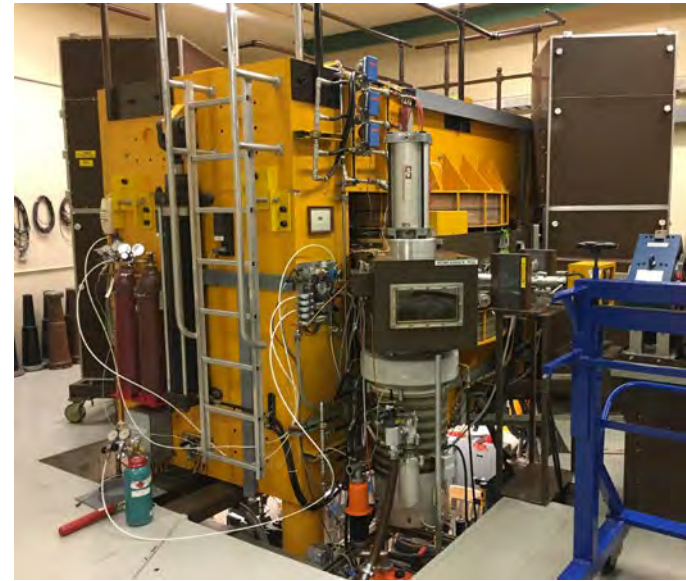


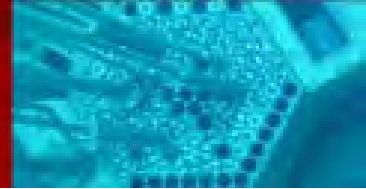
UW Cyclotron Facility



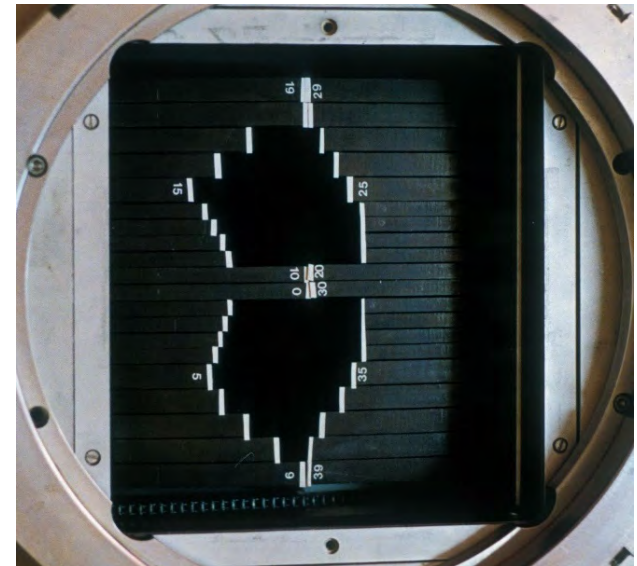
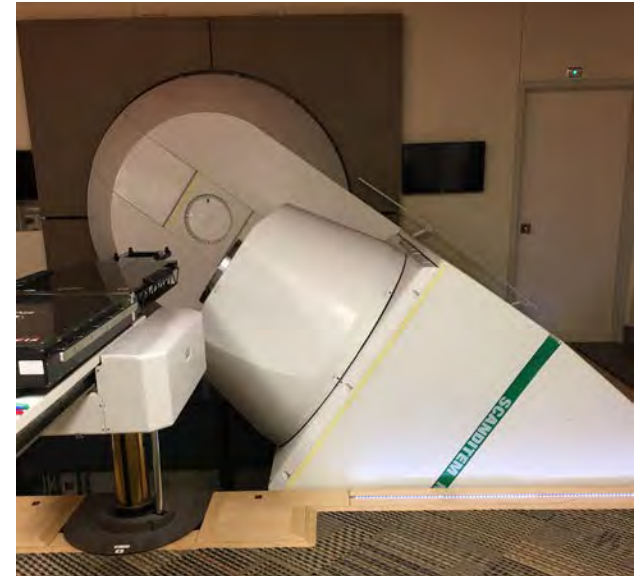
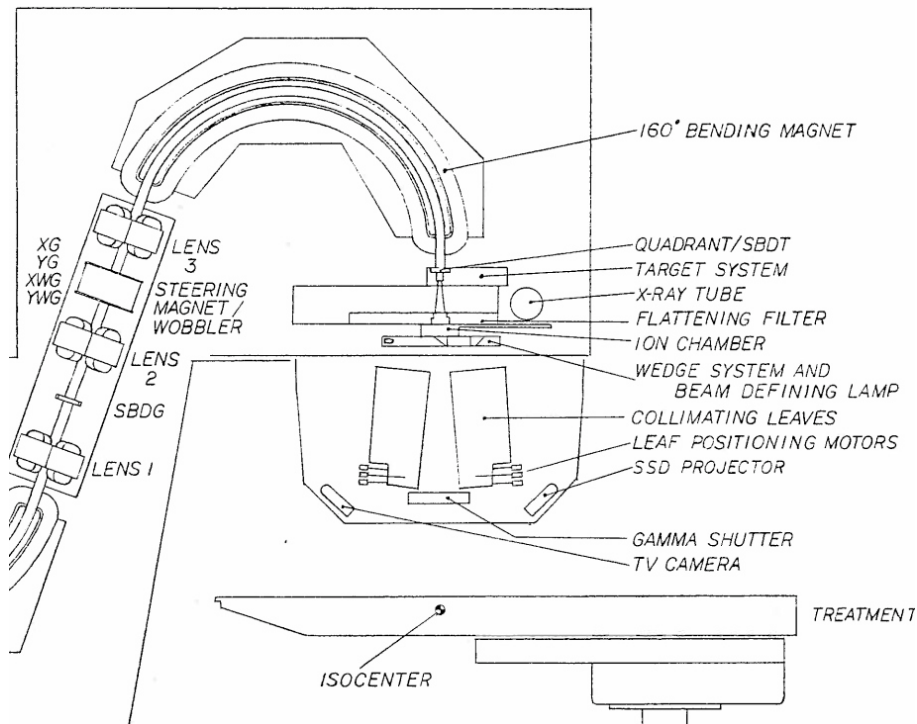
UW Clinical Cyclotron

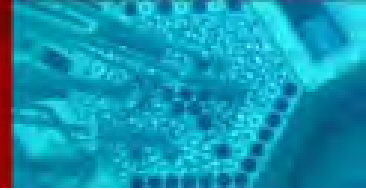
- Construction complete in 1984
- Built by Scanditronix
- Particles accelerated
 - 28.0-50.5 MeV $^1\text{H}^+$
 - 13.6-23.8 MeV $^2\text{H}^+$
 - 6.8-12.0 MeV H_2^+
 - 9.5-15.5 MeV $^3\text{He}^+$
 - 20.3-35.7 MeV $^3\text{He}^{++}$
 - 27.0-47.3 MeV $^4\text{He}^{++}$
- 4 beamlines
 - Neutron therapy line
 - 2 isotope production lines
 - Proton research line



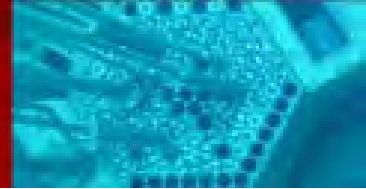


CNTS Treatment Head

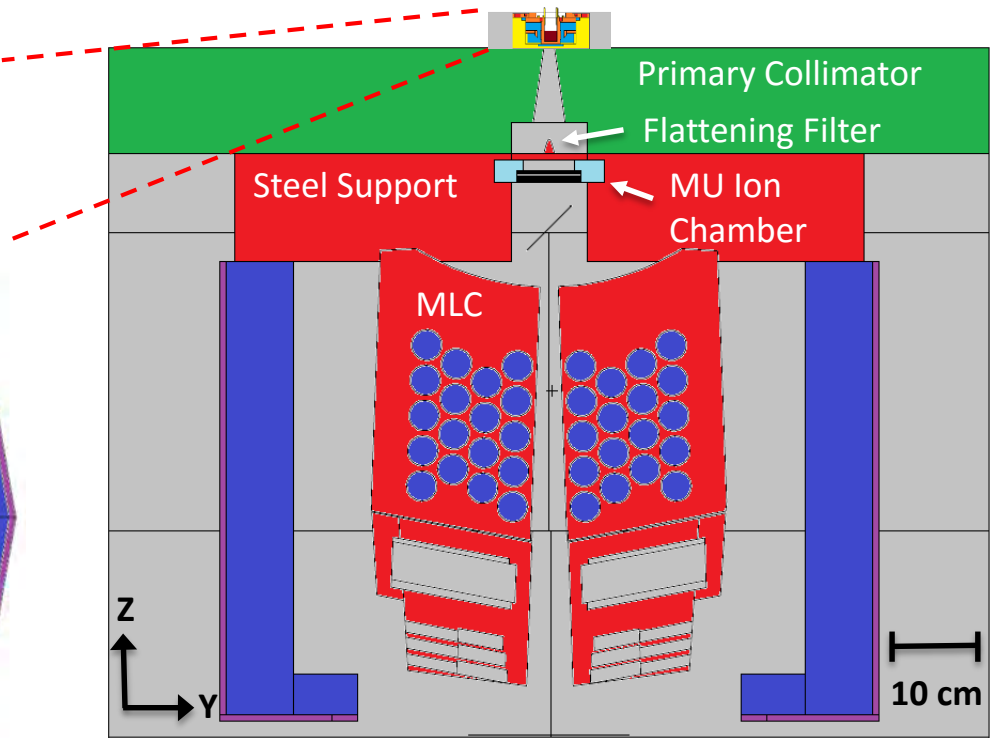
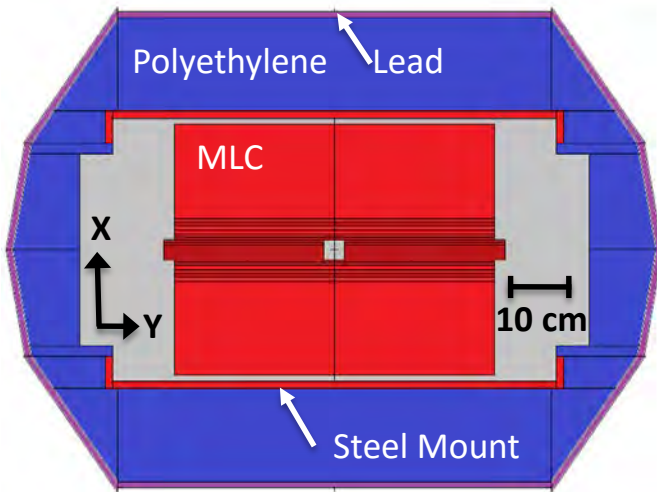
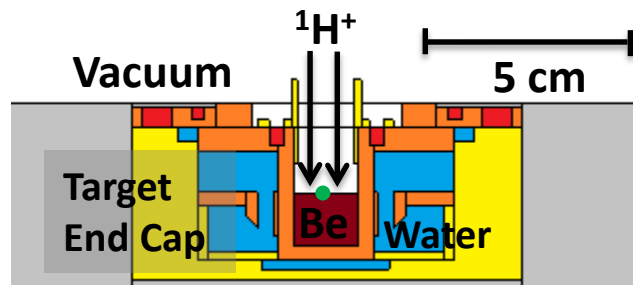


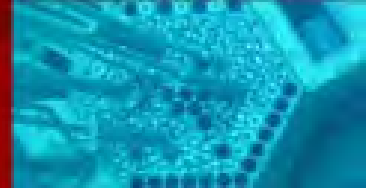


MCNP6 Model of the CNTS Treatment Head

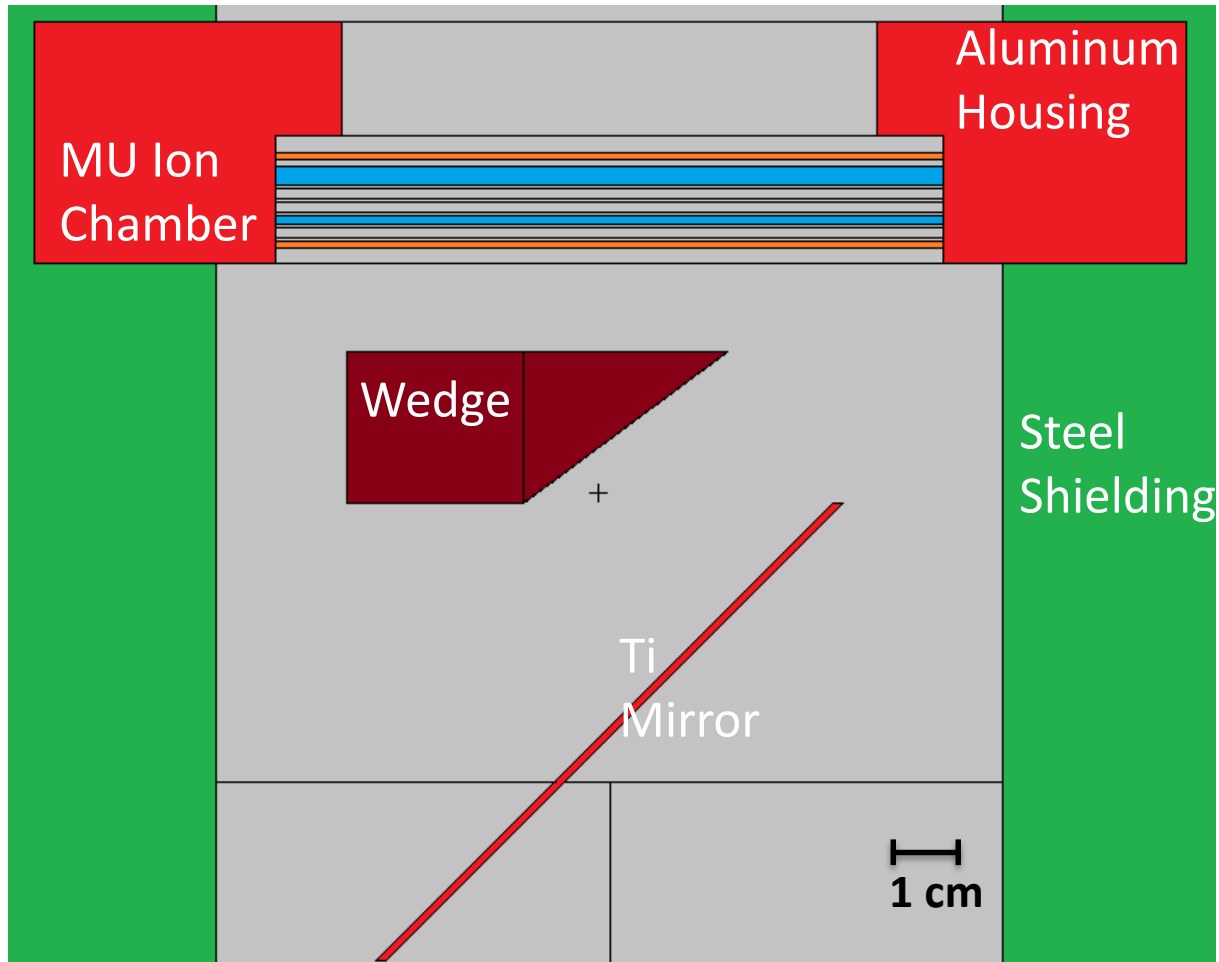


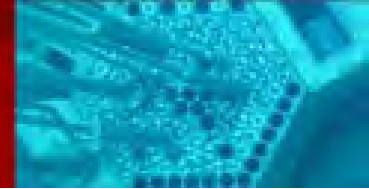
Treatment Head



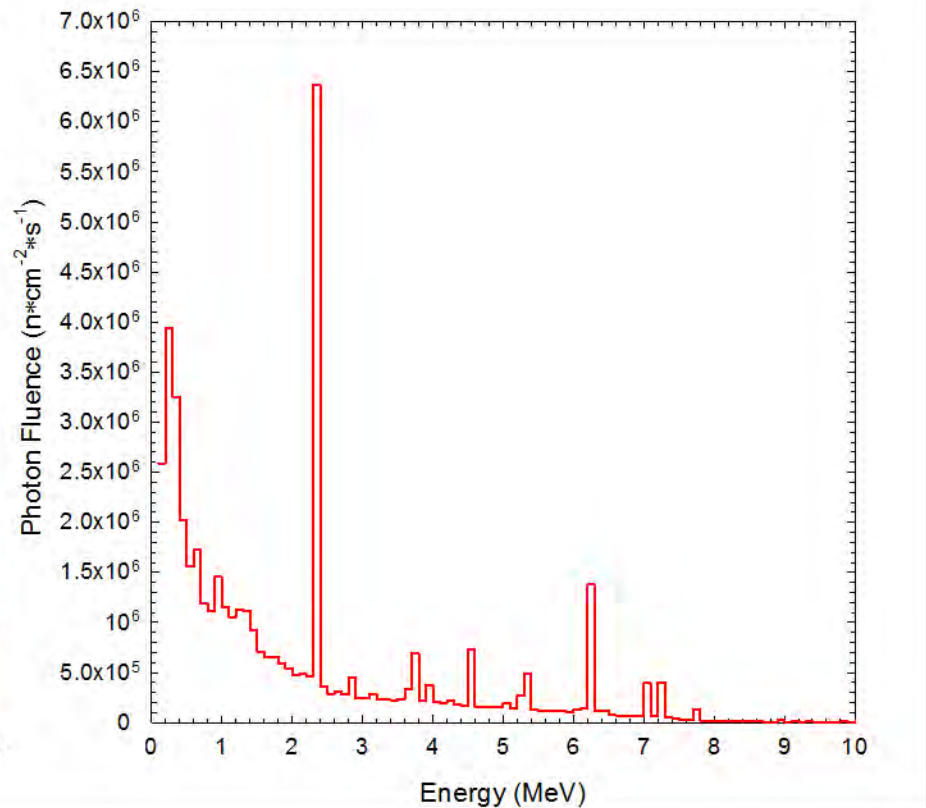
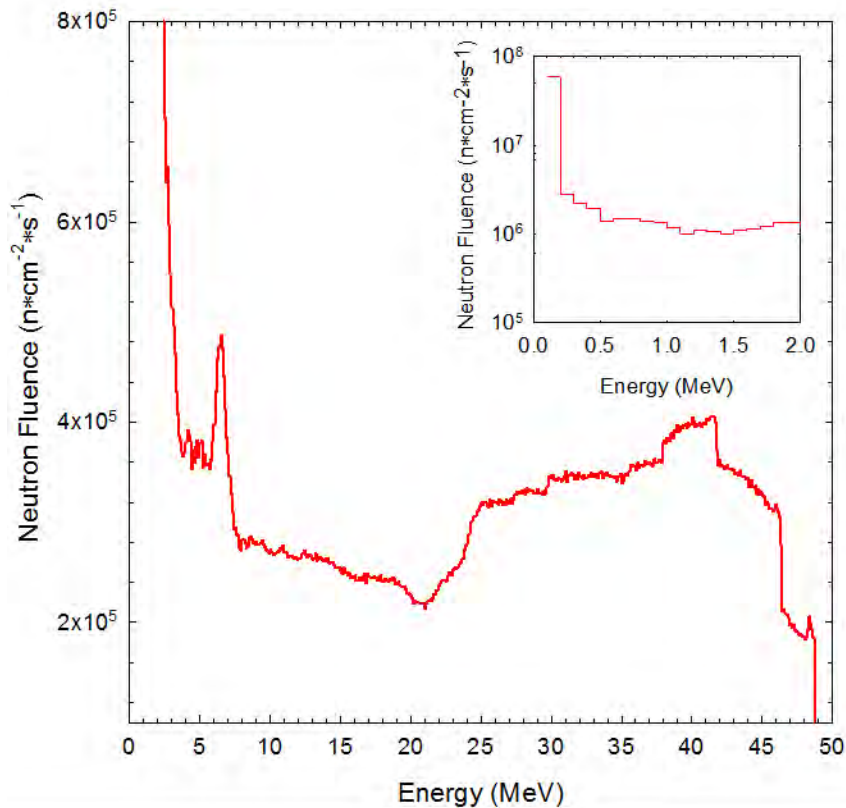


MU Ion Chamber and Wedge Assembly

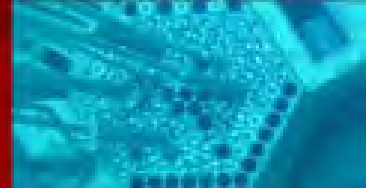




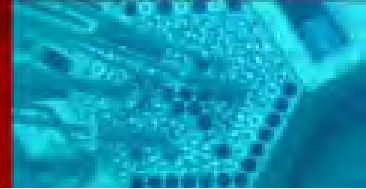
CNTS Neutron and Photon Energy Spectrum in Water



*Depth of 1.7 cm, $10.3 \times 10.3 \text{ cm}^2$ field

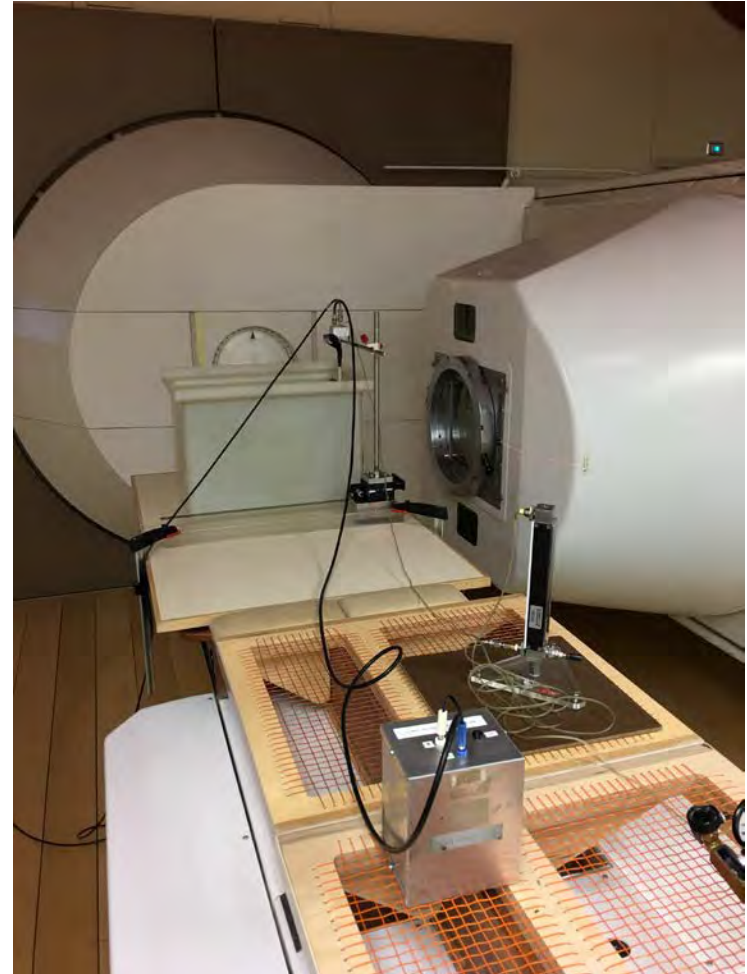


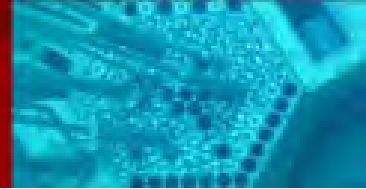
IC-17 Ion Chamber Modeling



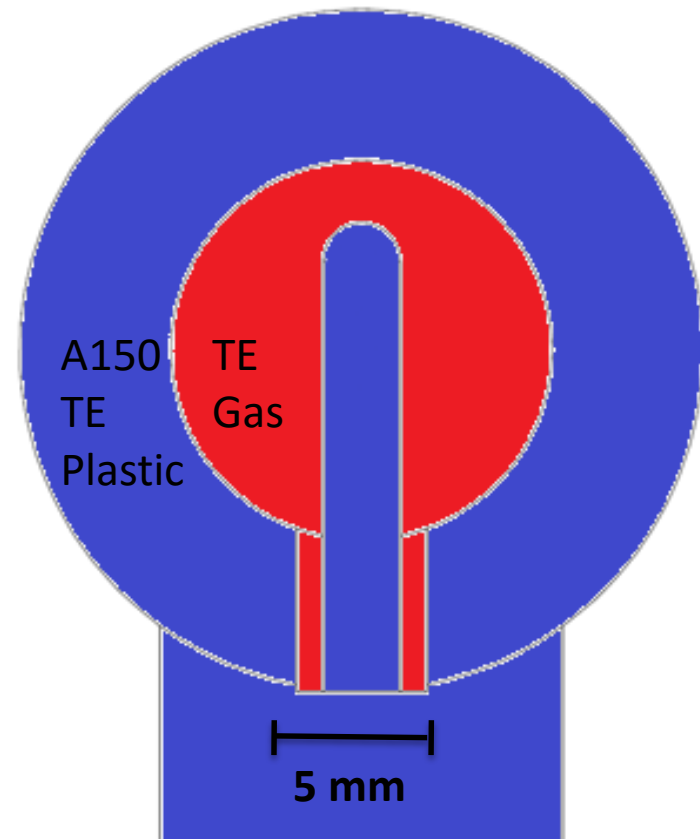
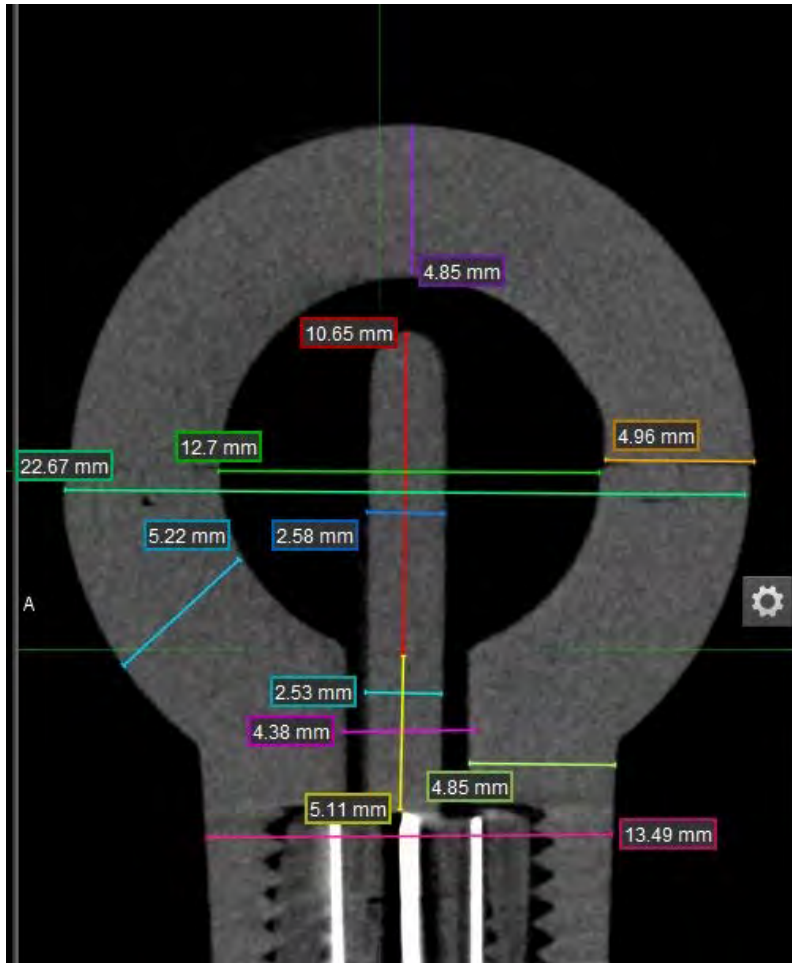
Absolute Dose Calibration

- Performed with an IC-17 tissue-equivalent (TE) ion chamber
 - Flowing 5 cc/min of methane-based TE gas
- Calibration field:
 $10.3 \times 10.3 \text{ cm}^2$, open,
small flattening filter
- $40 \times 40 \times 40 \text{ cm}^3$ water tank



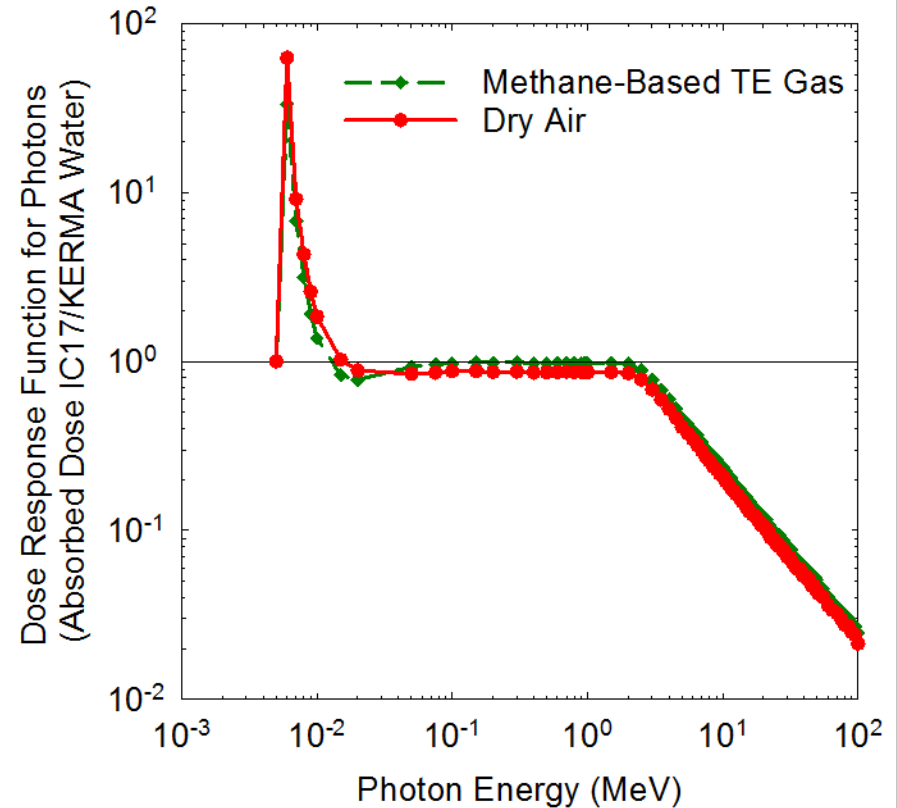
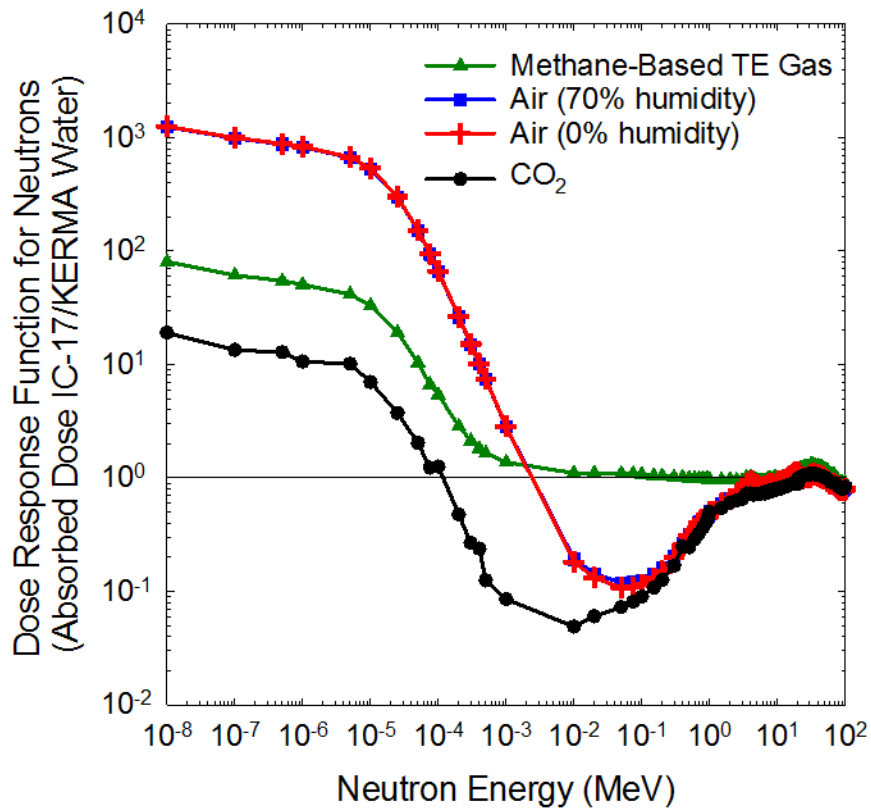


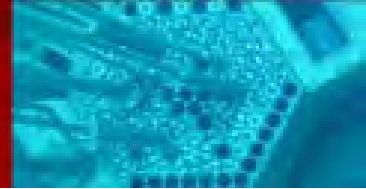
IC-17 Ion Chamber



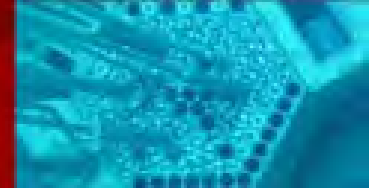


Monoenergetic Neutron and Photon Simulations



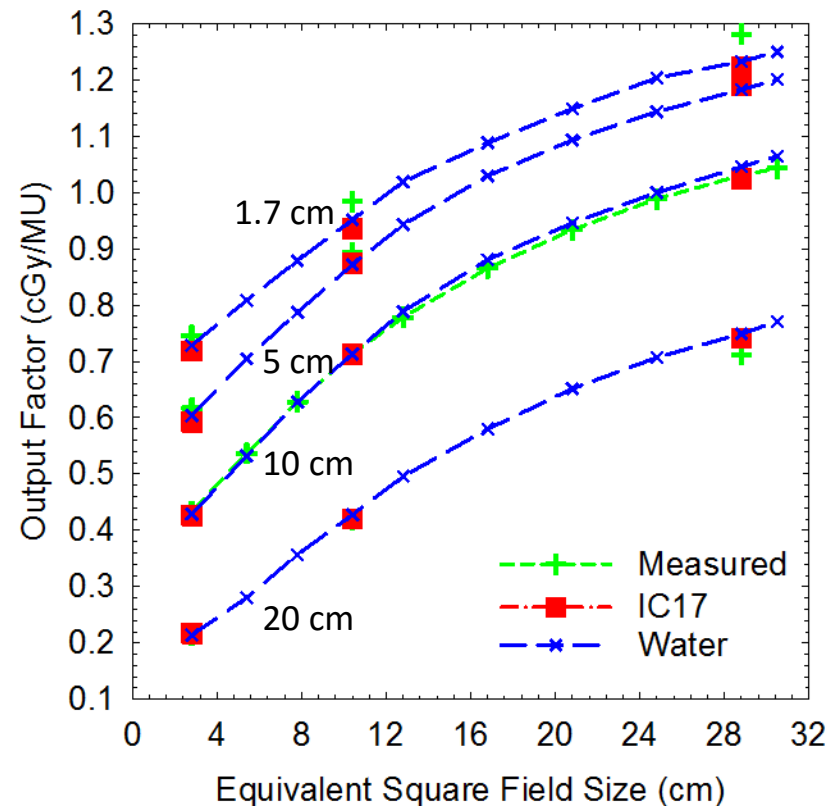


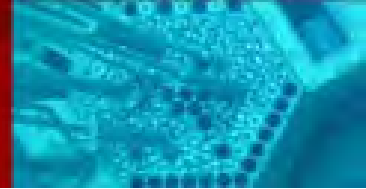
CNTS Model Benchmarking



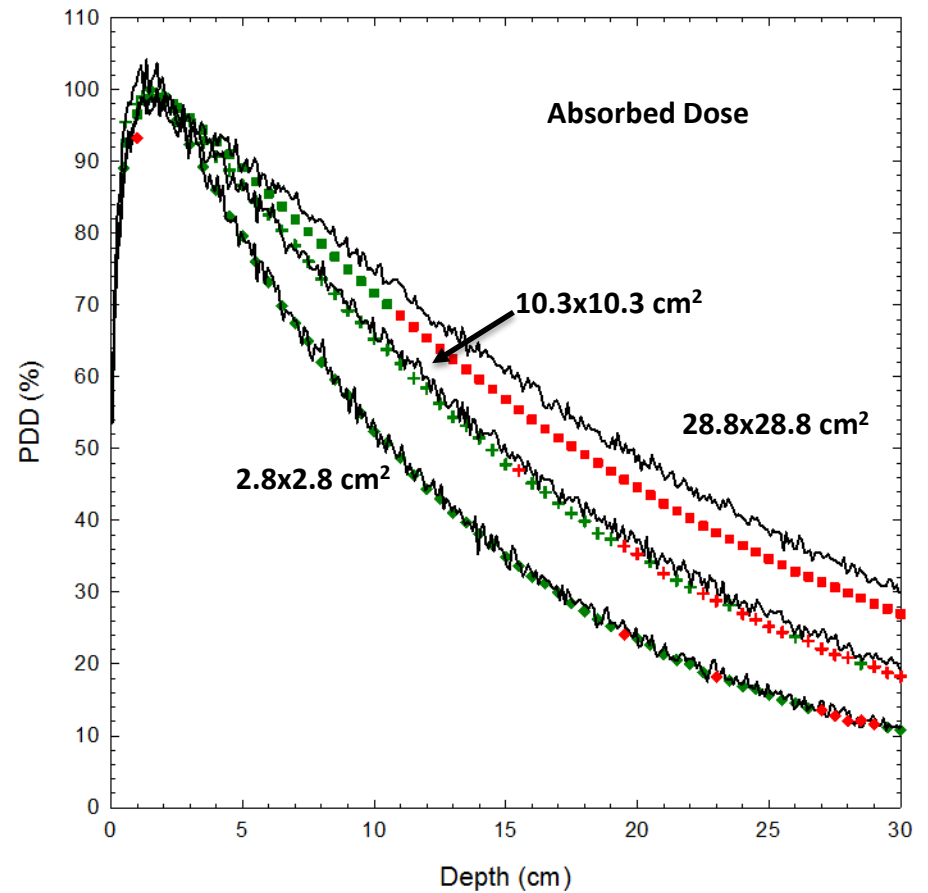
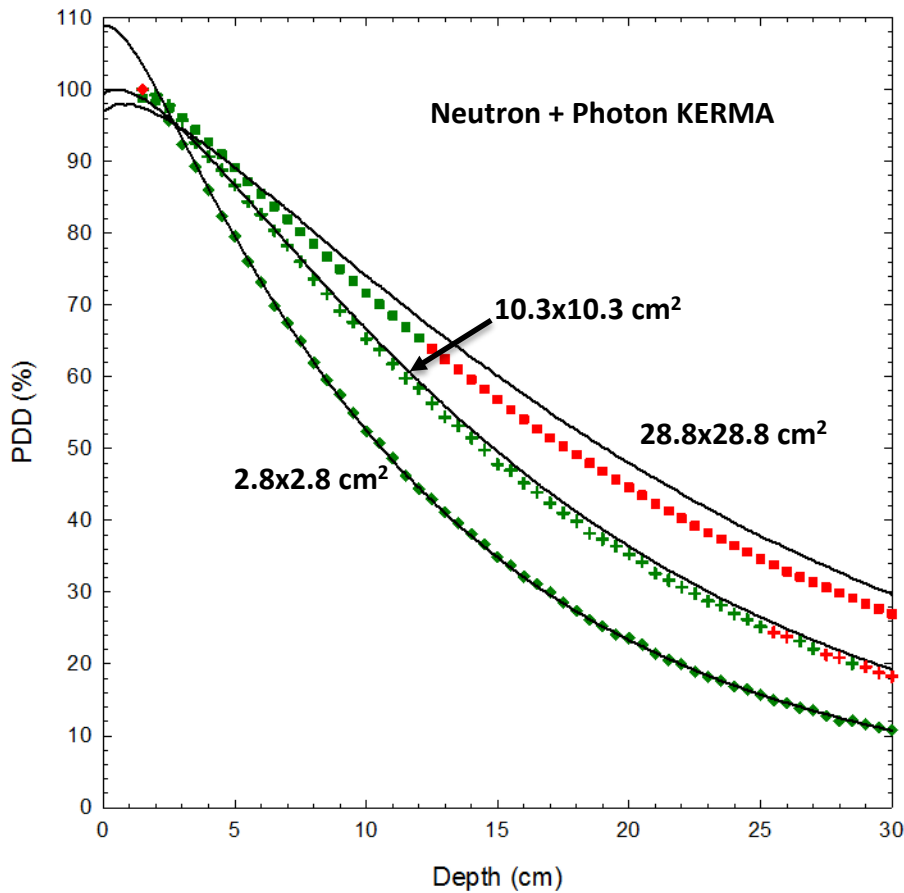
Output Factors by Field Size

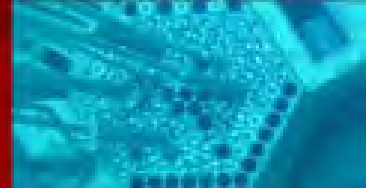
- All normalized to 10.3×10.3 cm² field at depth of 10 cm
- Less than 5.2% difference from measurements at all points (within 2.3% for all fields smaller than 28.8×28.8 cm²)
 - Largest differences for the largest field
 - The largest field is typically not used for patient treatment



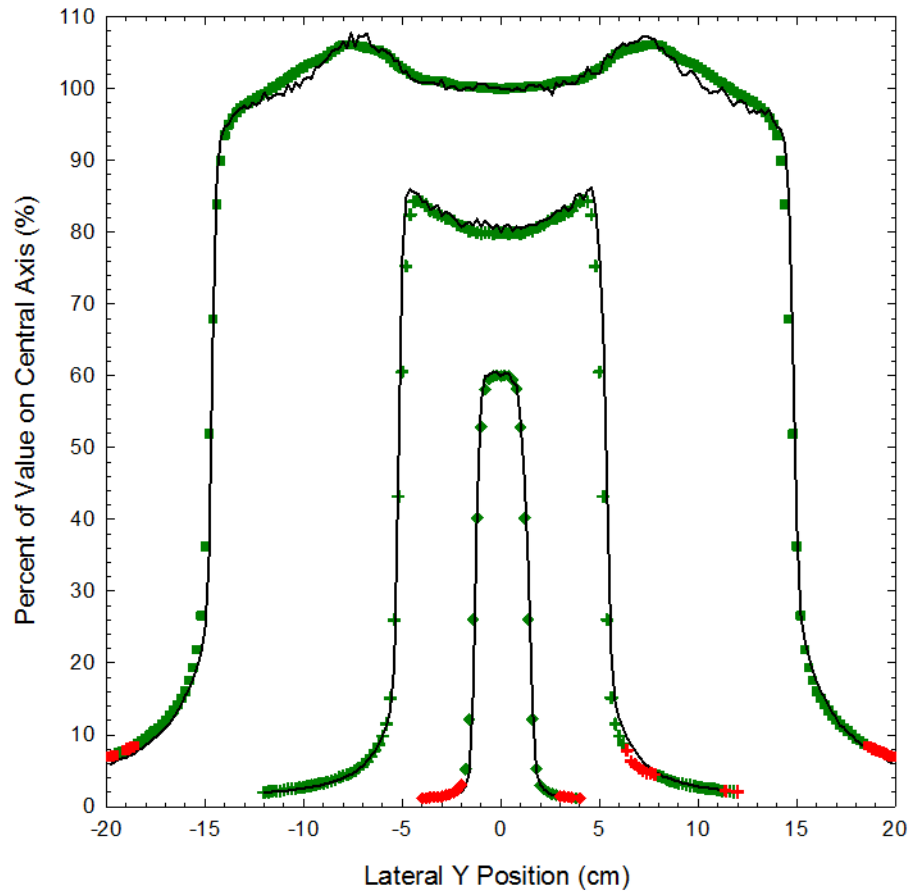


Percent Depth Dose (PDD) Profiles

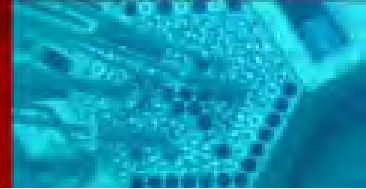




Lateral Dose Profiles at a Depth of 1.7 cm

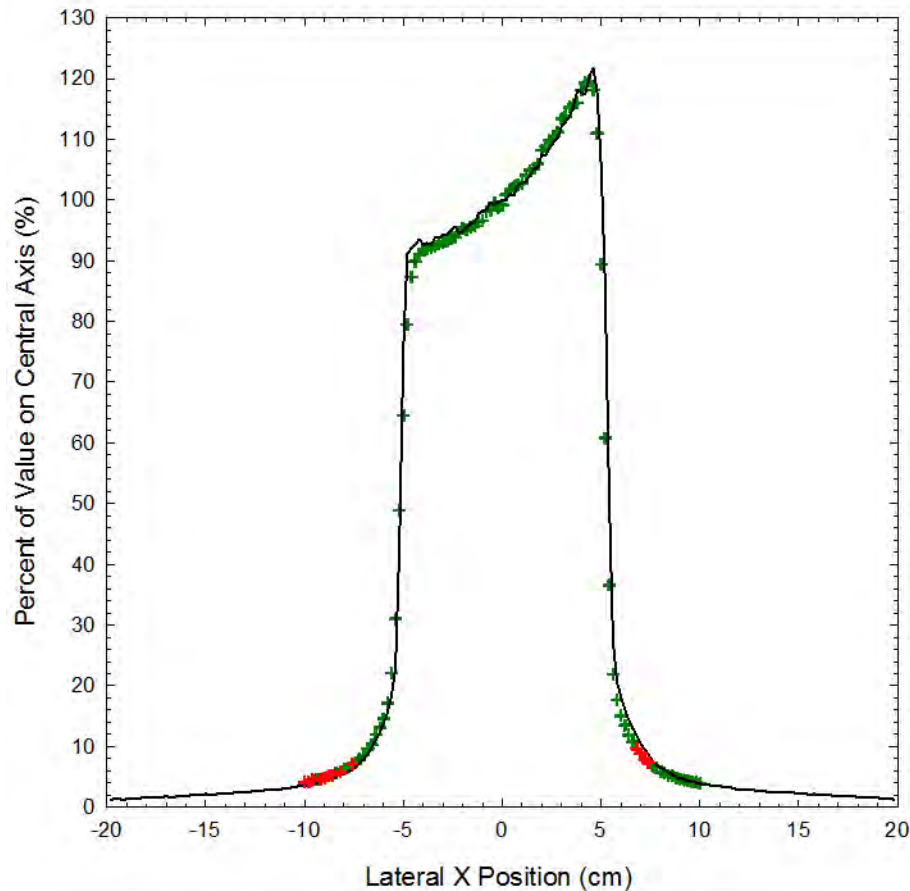


***Depth of 1.7 cm**

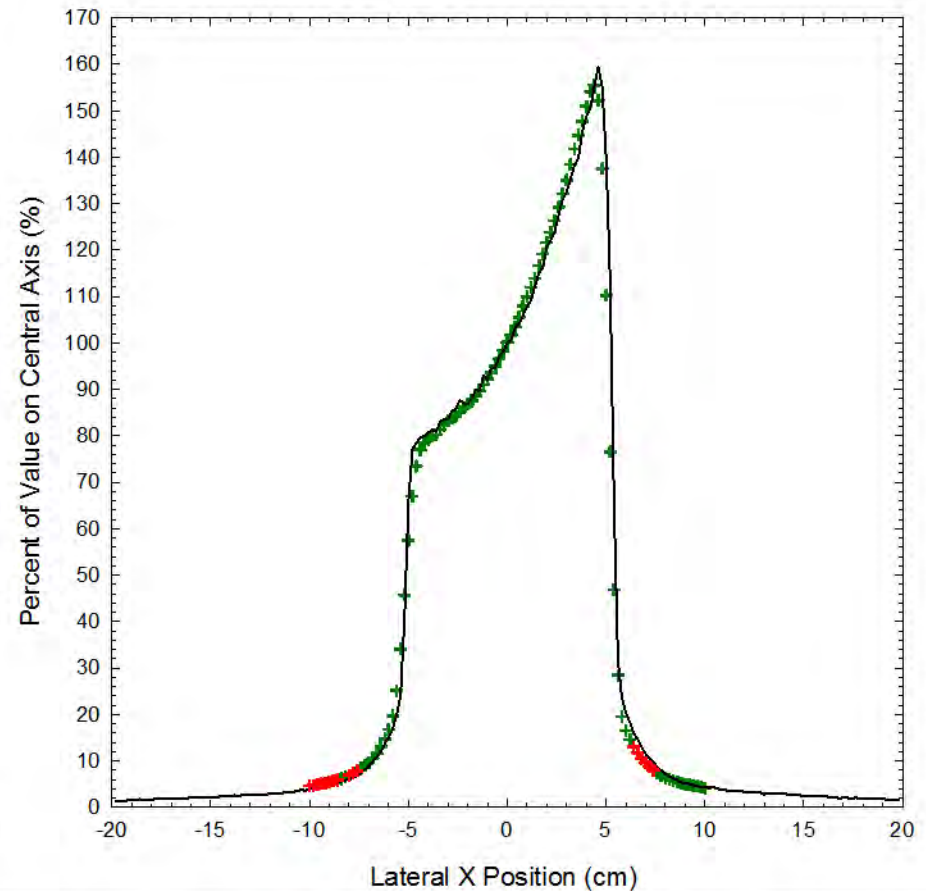


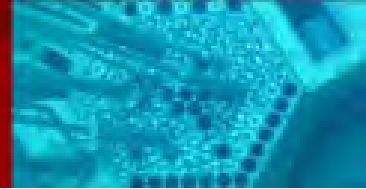
Wedge Profiles

30° Wedge



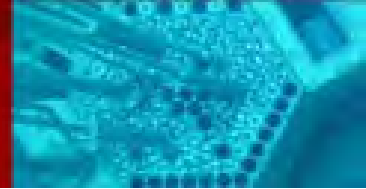
60° Wedge





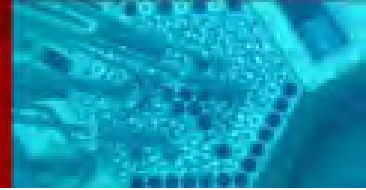
Conclusions and Future Work

- Water is a good surrogate for the IG-17 ion chamber for neutron and photon dosimetry of the CNTS fast neutron beam
- MCNP6 model accurately reproduces beam profiles laterally, with depth, and with changing field size
- Neutron dosimetry for the CNTS matches measurements within:
 - 2.3% for all calibration field points
 - 5.2% for all square open fields
 - 1.6% for all wedge factors simulated
 - 6.8% for all irregular fields tested
- Neutron dosimetry shows improved agreement over Pinnacle
- Model applications
 - Second checks of treatment plans
 - Analysis of non-homogeneous tissue types and geometries (with patient CT scans)
 - Aid in the development of advanced therapy methods like IMNT and boron-neutron capture enhanced fast neutron therapy

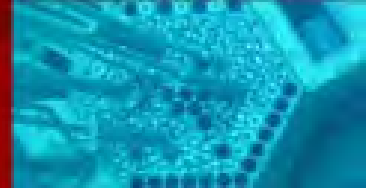


Acknowledgements

- Prof. Tatjana Jevremovic
- Prof. Robert Stewart
- Prof. George Sandison
- Dr. George Laramore
- Dr. David Argento
- Robert Emery
- Eric Dorman
- Dr. Tim Goorley
- DOE Nuclear Engineering Universities Program for my fellowship
- NRC Fellowship from UNEP NRC Fellowship Grant under Prof. Jevremovic

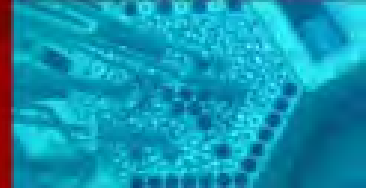


THANK YOU!

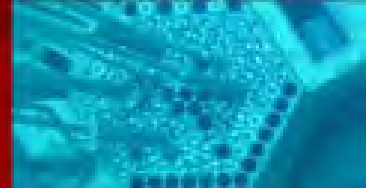


References

- Andreo P, Palmans H, Marteinsdóttir M, Benmakhlouf H, Carlsson-Tedgren Å 2015 On the Monte Carlo simulation of small-field micro-diamond detectors for megavoltage photon dosimetry *Phys.Med. Biol.* **61**(1) L1-L10.
- Batterman J J, Breur K, Hare G A, van Peperzeel H A 1981 Observations on pulmonary metastases in patients after single doses and multiple fractions of fast neutrons and cobalt-60 gamma rays *Eur. J. Cancer* **17**(5) 539-48.
- Barendsen G W, Koot, C J, Van Kersen G R, Bewley D K, Field S B, Parnell C J 1966 The effect of oxygen on impairment of the proliferative capacity of human cells in culture by ionizing radiations of different LET *Int. J. Radiat. Biol. Relat. Stud. Phys. Chem. Med.* **10**(4) 317-27.
- Goorley J T *et al* 2012 Initial MCNP6 release overview LA-UR-11-07082, Los Alamos National Laboratory, also *Nucl. Technol.* **180** 298-315.
- Gunderson L L, Tepper J E 2012 *Clinical Radiation Oncology* ed. 3 (Philadelphia: Elsevier).
- Hall E J *Radiobiology for the Radiobiologist*, ed. 4 (Philadelphia: Lippincott)
- Halperin E C, Perez C A, Brady L W 2008 *Principles and Practice of Radiation Oncology* ed. 5 (Philadelphia: Lippincott).
- ICRU-26 1976 Neutron dosimetry for biology and medicine *International Commission on Radiation Units and Measurements* Bethesda, Maryland ISBN: 0-0913394-20-3.
- ICRU-45 1989 Clinical neutron dosimetry part 1: determination of absorbed dose in a patient treated by external beams of fast neutrons *International Commission on Radiation Units and Measurements* Bethesda, Maryland ISBN: 0-0913394-39-4.
- ICRU-63 2000 Nuclear data for neutron and proton radiotherapy and for radiation protection *International Commission on Radiation Units and Measurements* Bethesda, Maryland. Laramore G E, Austin-Seymour M M 1992 Fast neutron radiotherapy in relation to the radiation sensitivity of human organ systems *Adv. Radiat. Biol.* **15** 153-193.
- Laramore G, Griffin T 1995 Fast neutron radiotherapy: where have we been and where are we going? The jury is still out – regarding Maor *et al.*, *IJROBP*, 32:599-604:1995, *International Journal of Radiation Oncology, Biology, Physics* **32**(3) 879-882.
- Masunaga S, Ono K, Akuta K, *et al* 1994 The radiosensitivity of quiescent cell populations in murine solid tumors in irradiation with fast neutrons, *International Journal of Radiation Oncology, Biology, Physics*, **29**(2) 239-242.
- Moffitt G B, Stewart R D, Sandison G A, Goorley G T, Argento D C, Jevremovic T 2016 MCNP6 model of the University of Washington clinical neutron therapy system *Phys.Med. Biol.* **60**(21) 8249-74.
- Russell K J, Caplan R J, Laramore G E, Burnison C M, Maor M H, Taylor M E, Zink S, Davis L W, Griffin T W, 1994 Photon versus fast neutron external beam radiotherapy in the treatment of locally advanced prostate cancer: results of a randomized prospective trial *International Journal of Radiation Oncology, Biology, Physics* **28**(1) 47-54.
- Schwartz D, Elinck J, Bellon J, Laramore G 2001 Fast neutron radiotherapy for soft tissue and cartilaginous sarcomas at high risk for local recurrence *International Journal of Radiation Oncology, Biology, Physics* **50**(20) 449-456.
- Stewart R D, Streitmatter S W, Argento D C, Kirkby C, Goorley J T, and Moffitt G 2015 Rapid MCNP Simulation of the DNA Double Strand Break (DSB) Relative Biological Effectiveness (RBE) of Photons, Neutrons, Electrons, and Light Ions. *Physics in medicine and biology* **60** 8249-74.



Additional Slides



Material Composition Effects

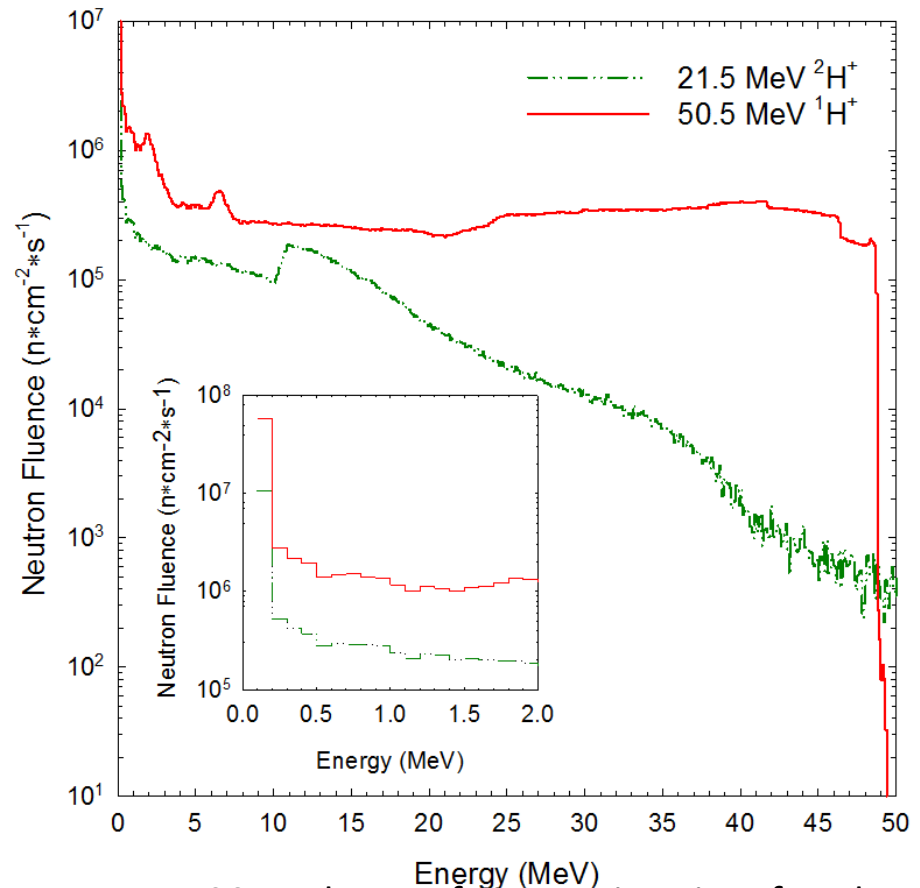
- Sphere of given material at a depth of 1.7 cm in water ($r=1.0$ cm)
 - Absorbed dose tallied in sphere
- Water simulated at different densities to demonstrate that differences are due to material not density

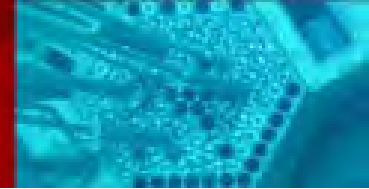
Material	Density (g cm^{-3})	Simulated Output Factor (cGy/MU)	Percent Difference from Water
Water	1.00	0.984	0.0%
Adipose Tissue	0.92	1.000	1.6%
Muscle	1.04	0.870	-11.6%
Bone	1.85	0.596	-39.5%
Air	0.001225	0.873	-11.3%
Water	0.001225	0.977	-0.7%
Water	0.92	0.983	-0.1%
Water	1.04	0.989	0.5%
Water	1.85	0.987	0.3%



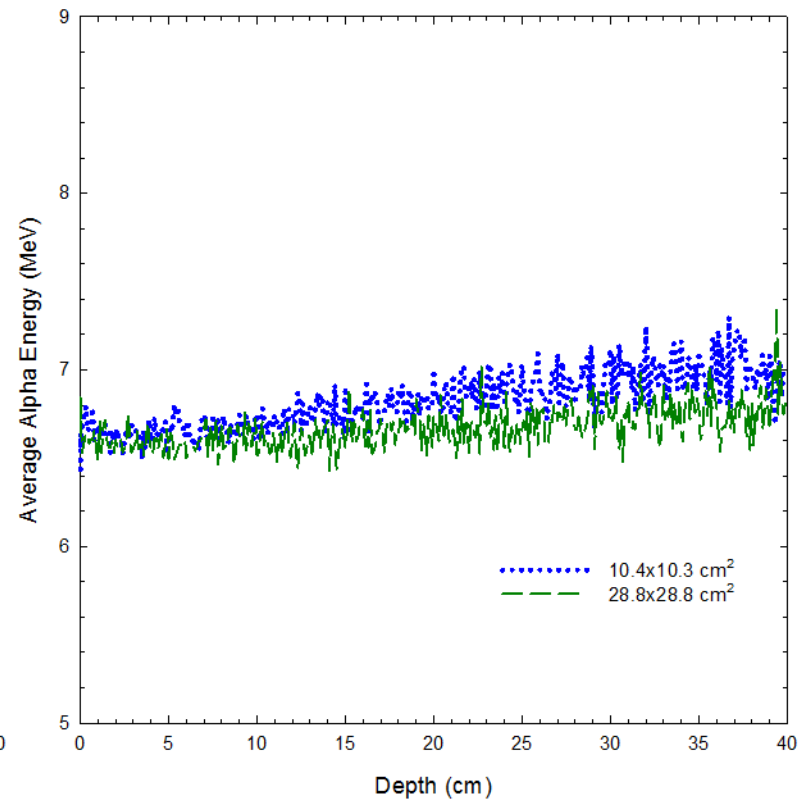
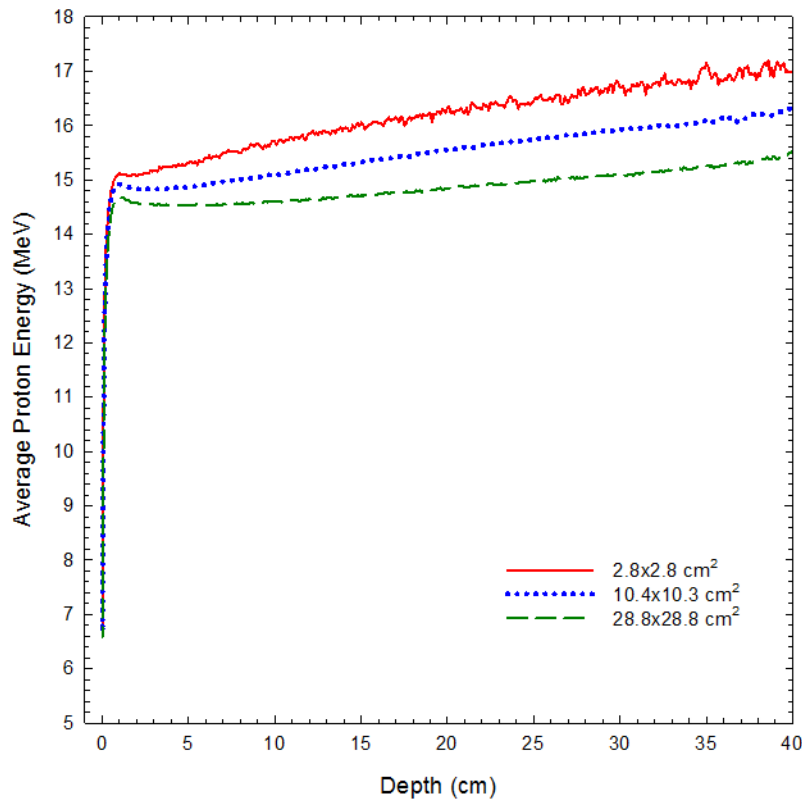
Historical 21.5 MeV $^2\text{H}^+$ Generated Neutron Beam

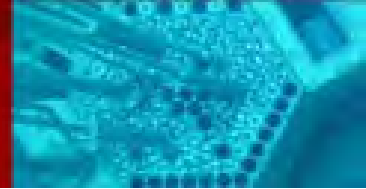
- Early clinical trials at the UW were with a fast neutron beam generated by 21.5 MeV deuterons (over 600 patients)
- Beam was switched to 50.5 MeV protons for higher dose rate (reduce treatment times)
- Deuteron generated neutron beam simulated in MCNP6 for RBE comparison to proton generated neutron beam





Average Proton and Alpha Particle Energy





Average Neutron Energy

