Monte Carlo methods in proton beam radiation therapy







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Introduction



Monte Carlo Probability Density Function expresses the relative likelihood that a variable will have a certain value







Electromagnetic energy loss of protons



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Nuclear interactions of protons





Elastic nuclear collision (large θ) Inelastic int.







All interaction events are simulated in chronological succession:



• The method is nominally exact (for energies higher than ~ 1 keV)

• Feasible only for photons and low-energy electrons and positrons

High-energy electrons and positrons are more difficult...

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• etc



Condensed history algorithms group many charged particles track segments into one

single 'condensed' step

grouped collisions

- elastic scattering on nucleus multiple Coulomb scattering
 soft inelastic collisions
 - collision stopping power

discrete collisions

- 'hard' δ-ray production energy > cut
- 'hard' bremstrahlung emission
 - energy > cut
- etc



Monte Carlo applications to proton radiation therapy

Detector simulation
Treatment head design
Shielding
Quality assurance
Patient dose calculations









Treatment head simulation Patient (CT) simulations Clinical implementation



Treatment head essentials (Example: Francis H Burr Proton Therapy Center) **Range Modulator Wheels** 1st Scatterers 2nd Scatterers **Aperture, Compensator Scanning Magnets**



reatment Head Simulation

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Treatment head details (Example: Francis H Burr Proton Therapy Center)



Monte Carlo model of the nozzle (~1000 objects)









Freatment Head Simulation

Range Modulator Wheel Issues

1. Beam Gating



2. Beam Current Modulation



VE RI ES







150

200

reatment Head Simulation



Aperture and Compensator Monte Carlo simulation based on milling machine files







Scanning Magnet simulation (can be modeled "geometrically")







Parameters to characterize the beam at treatment head entrance

Beam size and spread
 Beam angular spread
 Beam energy (range!)
 Beam energy spread

(IC measurement) (manufacturer info) (control system) (manufacturer info, measured)







Are these parameters correlated ?

"Commissioning" of the Monte Carlo







reatment Head Simulatior





Example: Quality Assurance / Tolerance Studies Alignment of second scatterer







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Absolute dosimetry (output factor prediction) by simulating the ionization chamber output charge



CT conversion





Photon Analyt. Planning System HU versus rel. electron density → Dose-to-water

Proton Analyt. Planning System HU versus rel. stopping power → Dose-to-water

Monte Carlo HU versus mass density HU versus material → Dose-to-medium (tissue



– HU conversion –

Grou	p HU range	Density	y Density Material													
		[g/cm3]	correction	composition weights [%]												
		(center o	of HU bin)	Н	С	Ν	0	Na	Mg	P	S	Cl	Ar	Κ	Ca	Ti
1	[;-951]	0.0270	1.051			75.5	5 23.2						1.3			
2	[-950 ; -121]	0.4800	0.977	10.3	10.5	3.1	74.9	0.2		0.2	0.3	0.3		0.2		
3	[-120;-83]	0.9264	0.948	11.6	68.1	0.2	19.8	0.1			0.1	0.1				
4	[-82;-53]	0.9577	0.958	11.3	56.7	0.9	30.8	0.1			0.1	0.1				
5	[-52;-23]	0.9845	0.968	11.0	45.8	1.5	41.1	0.1		0.1	0.2	0.2				
6	[-22;7]	1.0113	0.976	10.8	35.6	2.2	50.9			0.1	0.2	0.2				
7	[8;18]	1.0296	0.983	10.6	28.4	2.6	57.8			0.1	0.2	0.2		0.1		
8	[19 ; 79]	1.0609	0.993	10.3	13.4	3.0	72.3	0.2		0.2	0.2	0.2		0.2		
9	[80 ; 119]	1.1199	0.971	9.4	20.7	6.2	62.2	0.6			0.6	0.3				
10	[120 ; 199]	1.1117	1.002	9.5	45.5	2.5	35.5	0.1		2.1	0.1	0.1		0.1	4.5	
11	[200 ; 299]	1.1650	1.005	8.9	42.3	2.7	36.3	0.1		3.0	0.1	0.1		0.1	6.4	
12	[300 ; 399]	1.2244	1.010	8.2	39.1	2.9	37.2	0.1		3.9	0.1	0.1		0.1	8.3	
13	[400 ; 499]	1.2834	1.014	7.6	36.1	3.0	38.0	0.1	0.1	4.7	0.2	0.1			0.1	
14	[500 ; 599]	1.3426	1.018	7.1	33.5	3.2	38.7	0.1	0.1	5.4	0.2				11.7	
15	[600 ; 699]	1.4018	1.021	6.6	31.0	3.3	39.4	0.1	0.1	6.1	0.2				13.2	
16	[700 ; 799]	1.4610	1.025	6.1	28.7	3.5	40.0	0.1	0.1	6.7	0.2				14.6	
17	[800 ; 899]	1.5202	1.030	5.6	26.5	3.6	40.5	0.1	0.2	7.3	0.3				15.9	
18	[900 ; 999]	1.5794	1.033	5.2	24.6	3.7	41.1	0.1	0.2	7.8	0.3				17.0	
19	[1000 ;1099]	1.6386	1.035	4.9	22.7	3.8	41.6	0.1	0.2	8.3	0.3				18.1	
20	[1100 ; 1199]	1.6978	1.038	4.5	21.0	3.9	42.0	0.1	0.2	8.8	0.3				19.2	
21	[1200 ; 1299]	1.7570	1.041	4.2	19.4	4.0	42.5	0.1	0.2	9.2	0.3				20.1	
22	[1300 ; 1399]	1.8162	1.043	3.9	17.9	4.1	42.9	0.1	0.2	9.6	0.3				21.0	
23	[1400 ; 1499]	1.8754	1.046	3.6	16.5	4.2	43.2	0.1	0.2	10.0	0.3				21.9	
24	[1500 ; 1599]	1.9346	1.048	3.4	15.5	4.2	43.5	0.1	0.2	10.3	0.3				22.5	
25	[1600 ; 1999]	2.0826	1.042	3.4	15.5	4.2	43.5	0.1	0.2	10.3	0.3				22.5	
26	[2000 ; 3060]	2.4655	1.049	3.4	15.5	4.2	43.5	0.1	0.2	10.3	0.3				22.5	
27	[3061 ;]	4.5400	1.000													100.0





Patient information

Example: CT scan: 134 CT slices, 512 × 512 voxels/slice 0.488 mm × 0.488 mm × 1.25/2.5 mm

Challenge 1: - Memory Consumption Challenge 2: - Speed (many boundary crossings)







GUI program

Clinical Implementation



VERITA



Example 1

Case 1: Para-spinal tumor 176 x 147 x 126 slices voxels: 0.932 x 0.932 x 2.5-3.75 mm³











Example 2

Case 2: Maxillary sinus 121x121x101 slices voxels: 0.656 x 0.656 x 1.25-3.75 mm³

50% lateral penumbra matched to — 50% distal fall-off









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Patient Dose Calculations

10 Gy(RBE)
20 Gy(RBE)
30 Gy(RBE)
40 Gy(RBE)
50 Gy(RBE)
60 Gy(RBE)
65 Gy(RBE)
70 Gy(RBE)
75 Gy(RBE)

-8 Gy(RBE) -6 Gy(RBE) -4 Gy(RBE) -2 Gy(RBE) +2 Gy(RBE) +4 Gy(RBE) +6 Gy(RBE) +8 Gy(RBE)





Clinical Example:



VERITAS



Conclusion

Monte Carlo simulations of the treatment head are useful for Treatment head design Quality assurance Absolute dosimetry Monte Carlo dose calculation can benchmark analytical methods Monte Carlo is already fast enough for dose re-calculation Monte Carlo is not (yet) fast enough for treatment planning

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