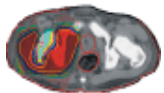


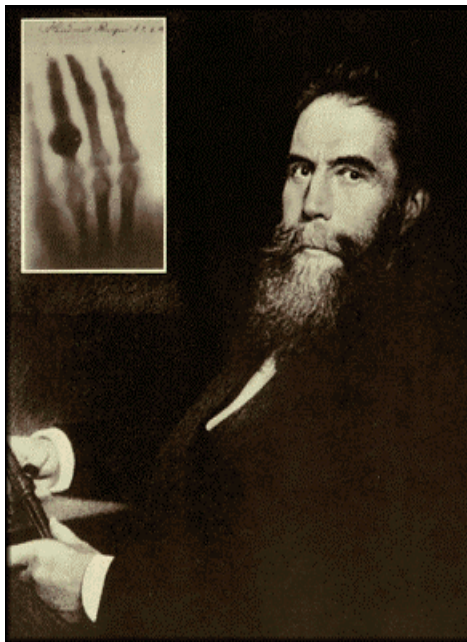


# Designing a treatment beam (Beam shaping)



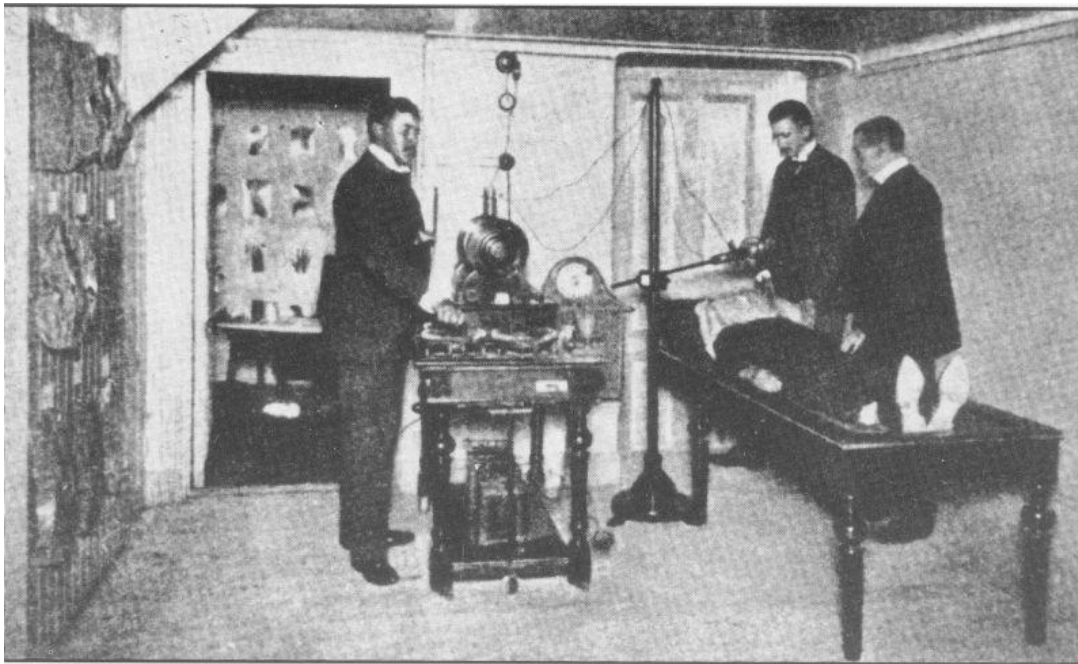
# DISCOVERY OF X-RAYS BY RÖNTGEN

8 November 1895: Röntgen noticed an extraordinary glow while investigating the behavior of light outside a cathode tube. To his astonishment, he saw the shadows of the bones of his hand when held between the tube and a fluorescent screen.



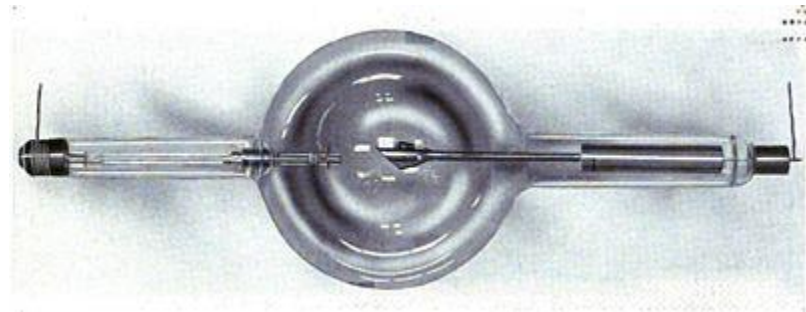
# FIRST CURATIVE RADIOTHERAPY WITH X-RAYS

In 1899, in Stockholm, Thor Stenbeck initiated the treatment of a 49-year-old woman's basal-cell carcinoma of the skin of the nose, delivering over 100 treatments in the course of 9 months. The patient was living and well 30 years later.



# THE COOLIDGE X-RAY TUBE

1913: William Coolidge developed the "hot" cathode tube. The tube provided a reliable beam with improved hardness and penetration, and eliminated the guesswork of "gas" tubes. The Coolidge tubes also made possible the development of orthovoltage kV X-ray therapy.



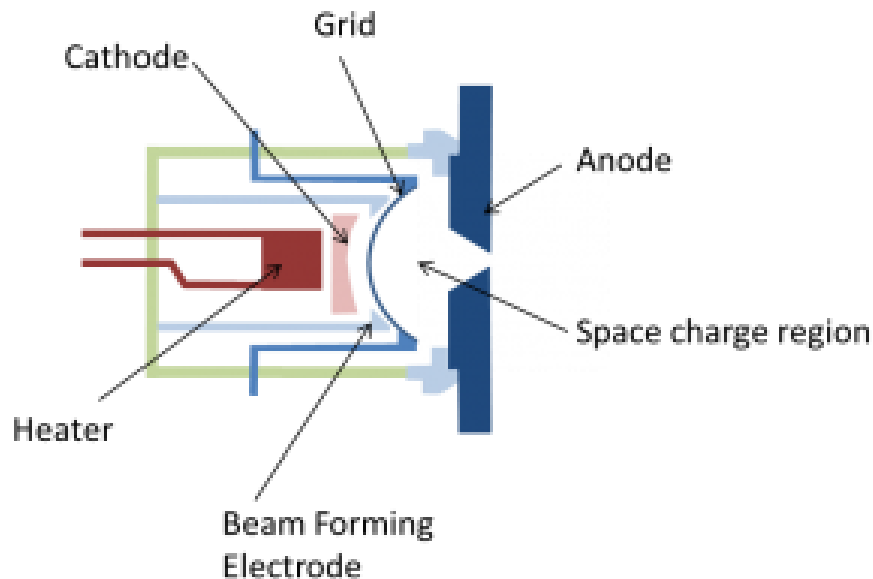
Coolidge X-ray tube, from early 1900s. The heated cathode is on the left, and the anode is right. The X-rays are emitted downwards.

# LINAC GUN IS VERY SIMILAR TO HOT CATHODE

**Cathode:** a piece of metal which, when heated, gives off electrons

**Anode:** electrons are then accelerated by a positively charged electrode

**Grid:** Controls the intensity of the electron beam entering the anode.





# INVENTION OF LINEAR ACCELERATORS

1928: Developed by Rolf Wideröe, a Norwegian physicist working for the Brown-Boveri Company of Switzerland

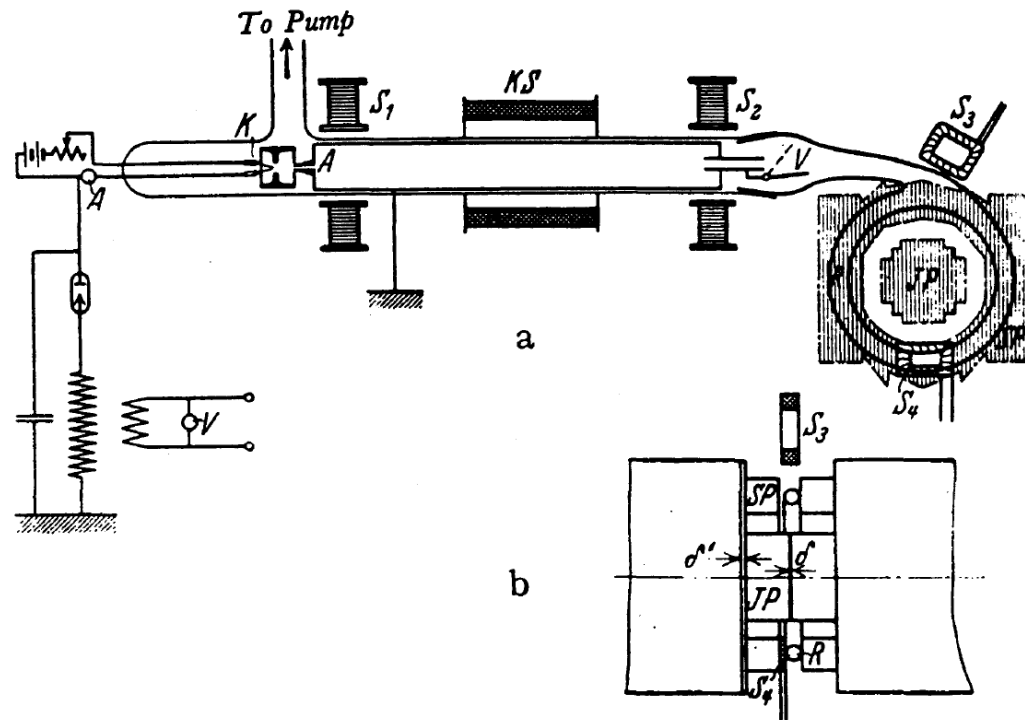
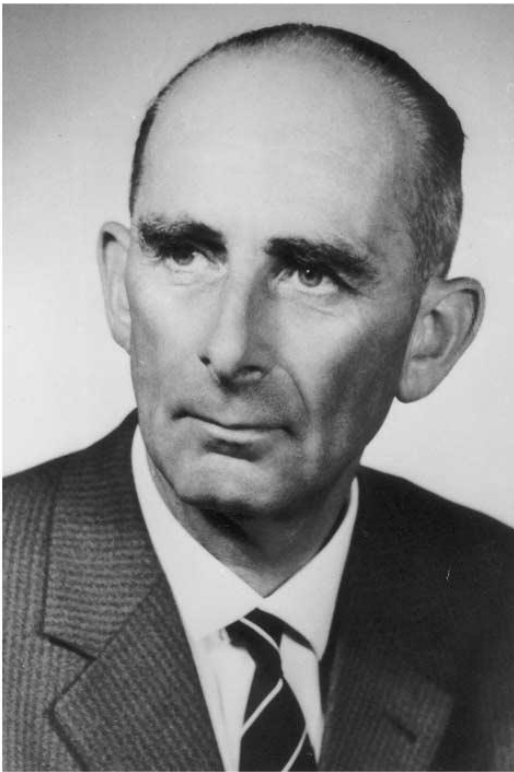


Figure 2. The Hot-cathode Electron Tube (a) and the Transformer Poles (b).

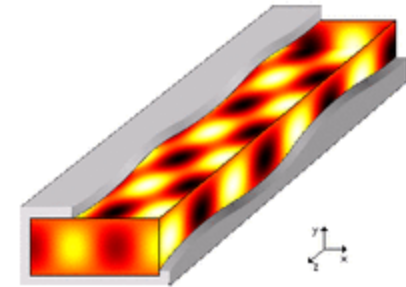
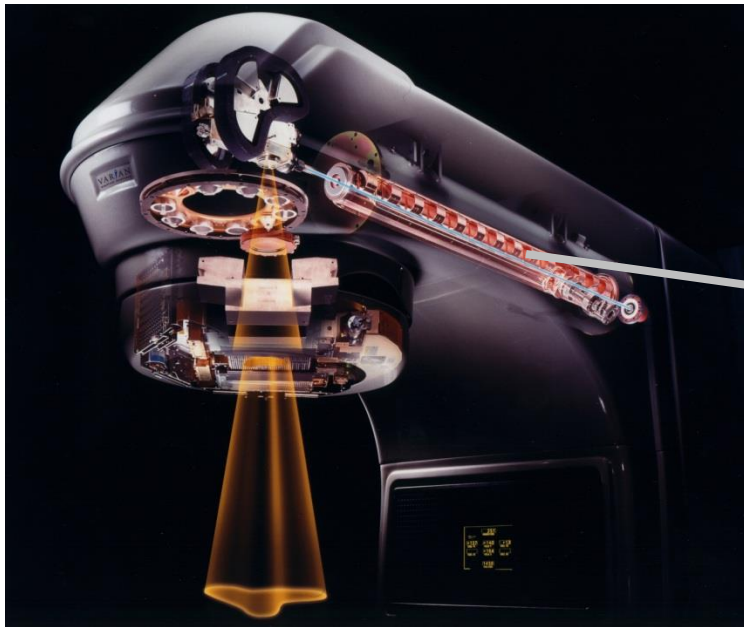
# INVENTION OF LINEAR ACCELERATORS

1956: This little boy was the first patient treated with the linear accelerator at Stanford Medical Center. The patient had lost one eye to retinoblastoma, but treatment saved the other



# WAVEGUIDE: ACCELERATION OF ELECTRONS

Waves propagate in all directions in open space as spherical waves. The power of the wave falls with the distance from the source as inverse square law. A waveguide confines the wave to propagate in one dimension, so that, under ideal conditions, the wave loses no power while propagating. Due to total reflection at the walls, waves are confined to the interior of a waveguide.



Electric field in a hollow metal waveguide.



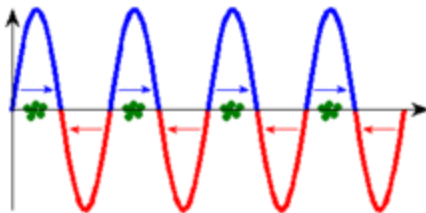
# WAVEGUIDE: ACCELERATION OF ELECTRONS

## Standing-Wave

Electrons “see” constant repelling electric field upstream and attracting electric field downstream.

Energy control:

RF Power per cavity

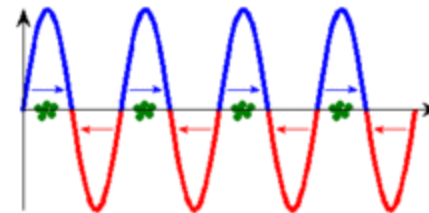


## Travelling-Wave

Electrons are captured and accelerated by the differential electric field components of RF and are travelling with wave.

Energy control:

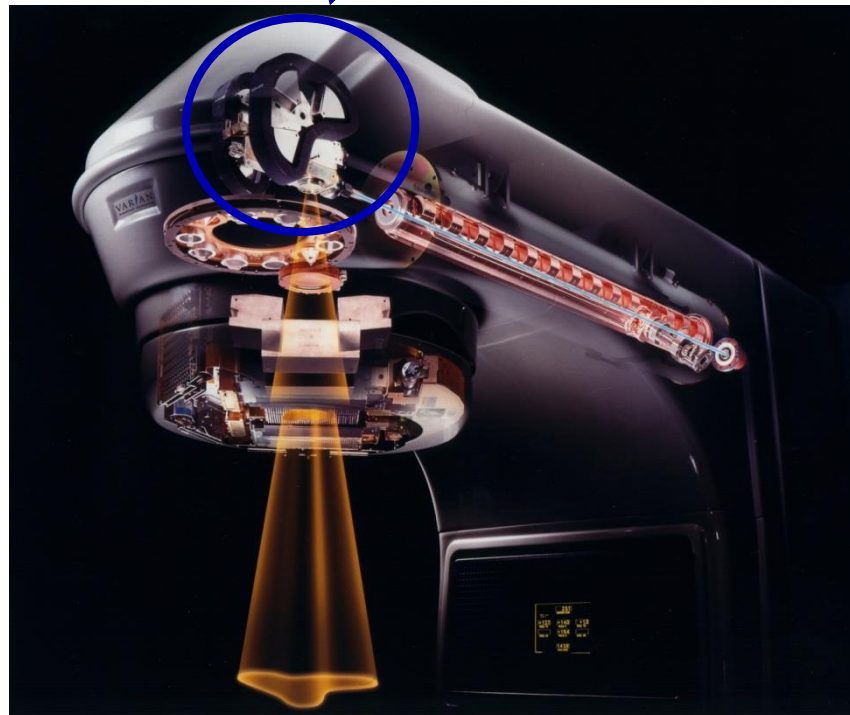
RF Frequency



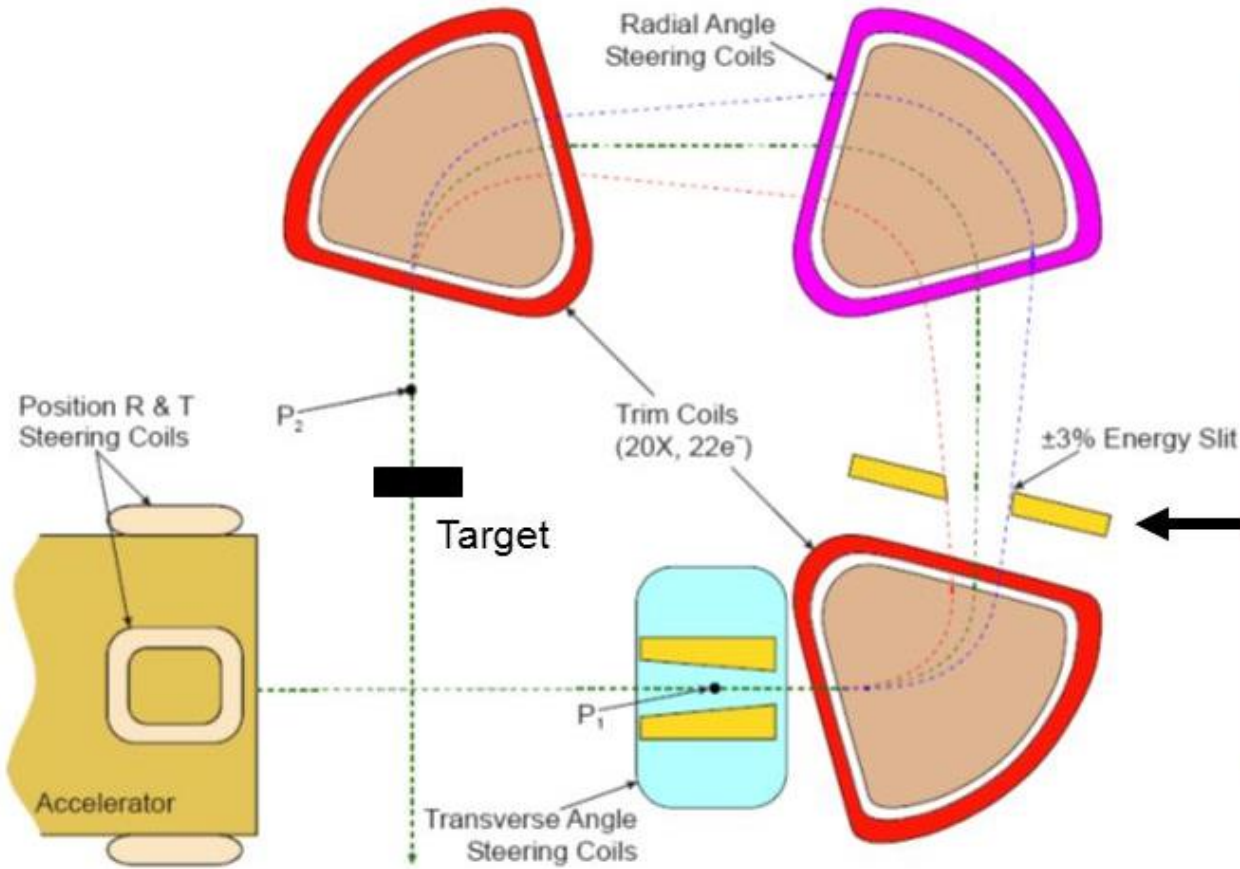
# BENDING MAGNET

Two features:

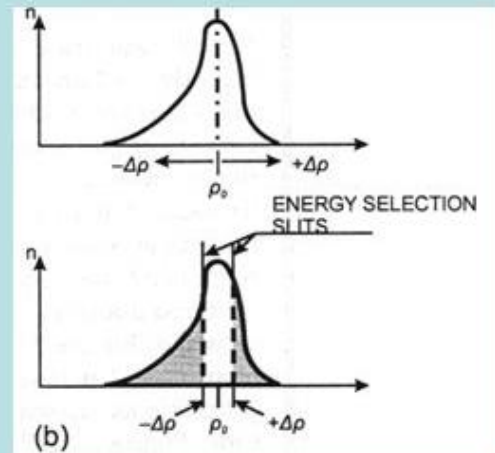
- Bends electrons in the direction of the patient
- Energy selection



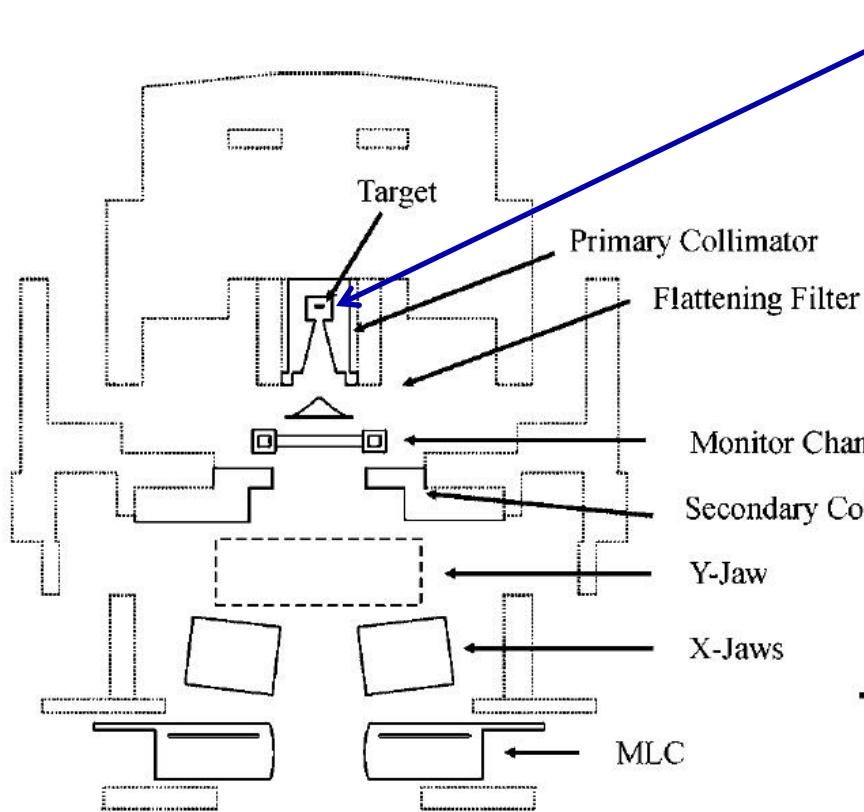
# BENDING MAGNET



**Energy slit:**  
Slit at position with non-zero dispersion



# BREMSSTRAHLUNGS-TARGET



Target

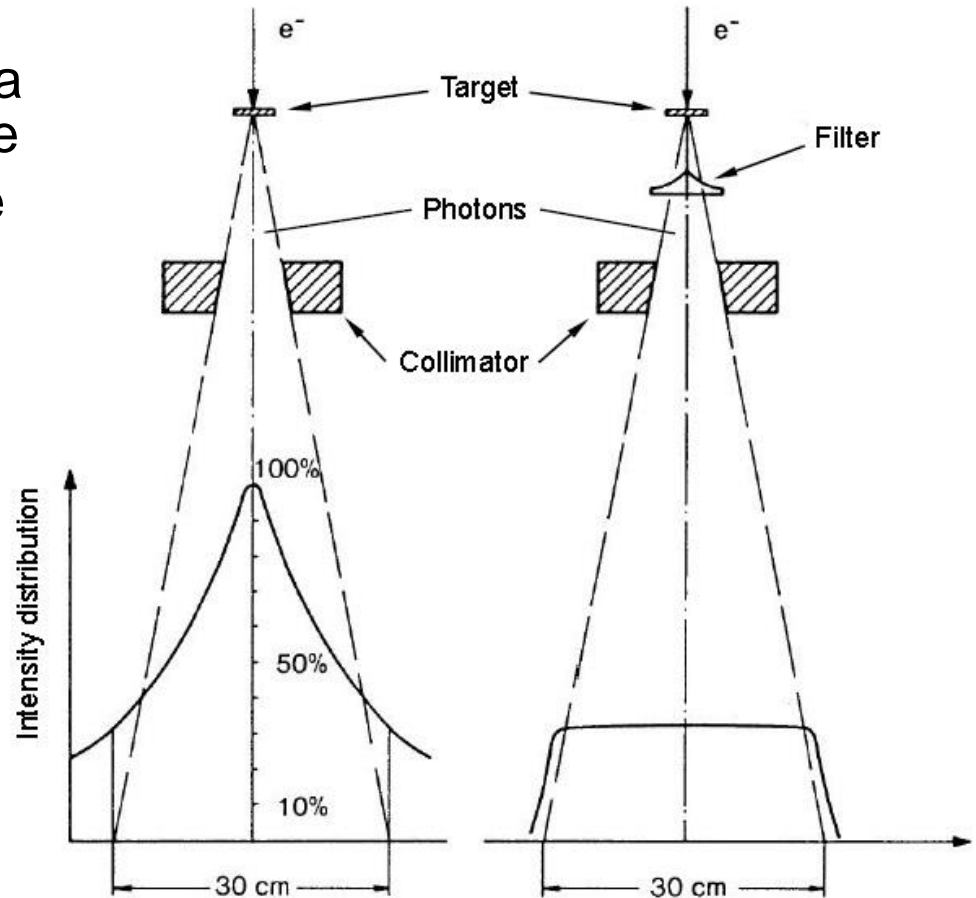
Conversion of electron beam to Bremsstrahlung (target)



Z

# FLATTENING FILTER

- Treatment with photons requires wide beams with a flat transverse beam profile
- Filter: used to homogenise transverse beam profile
- Reduction of total beam intensity
- Production of neutrons

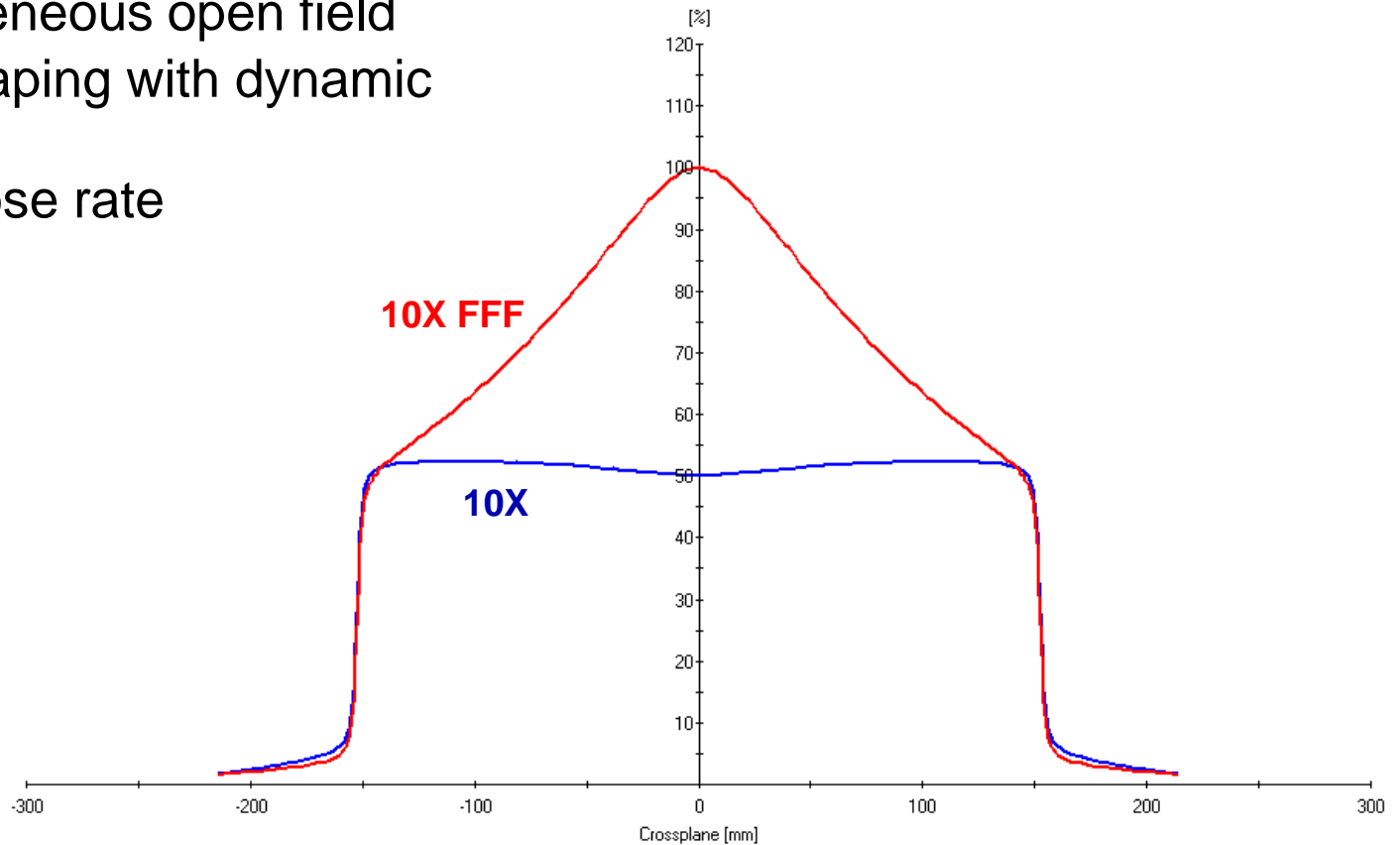




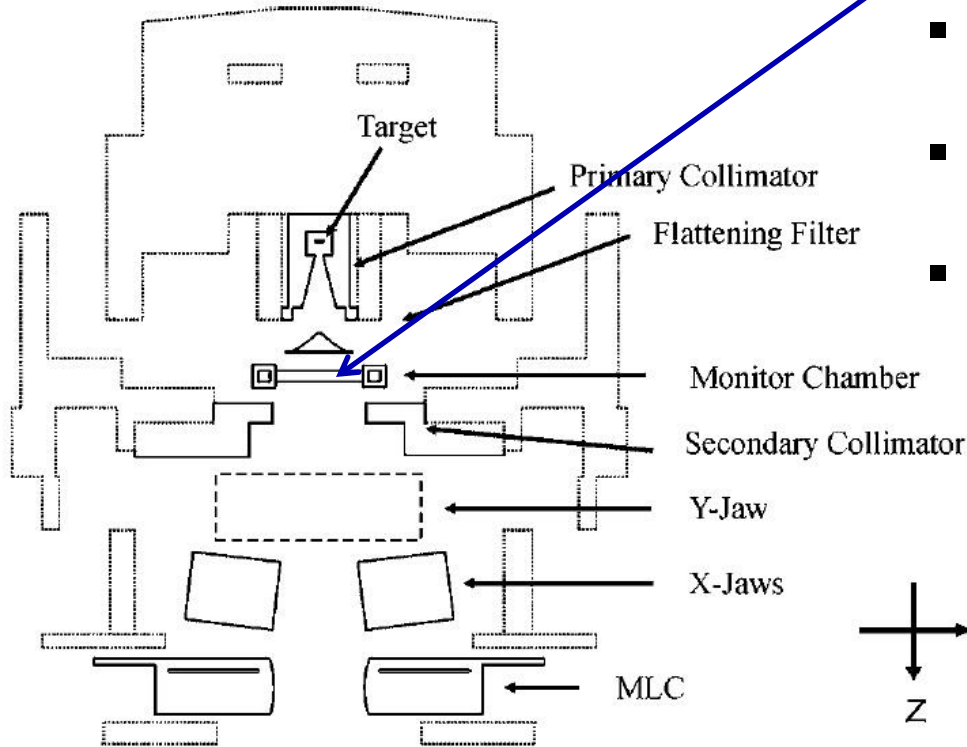
# FLATTENING FILTER FREE RT

## Omit flattening filter

- Inhomogeneous open field
- Beam shaping with dynamic MLC
- Higher dose rate



# MONITOR CHAMBER



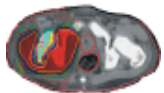
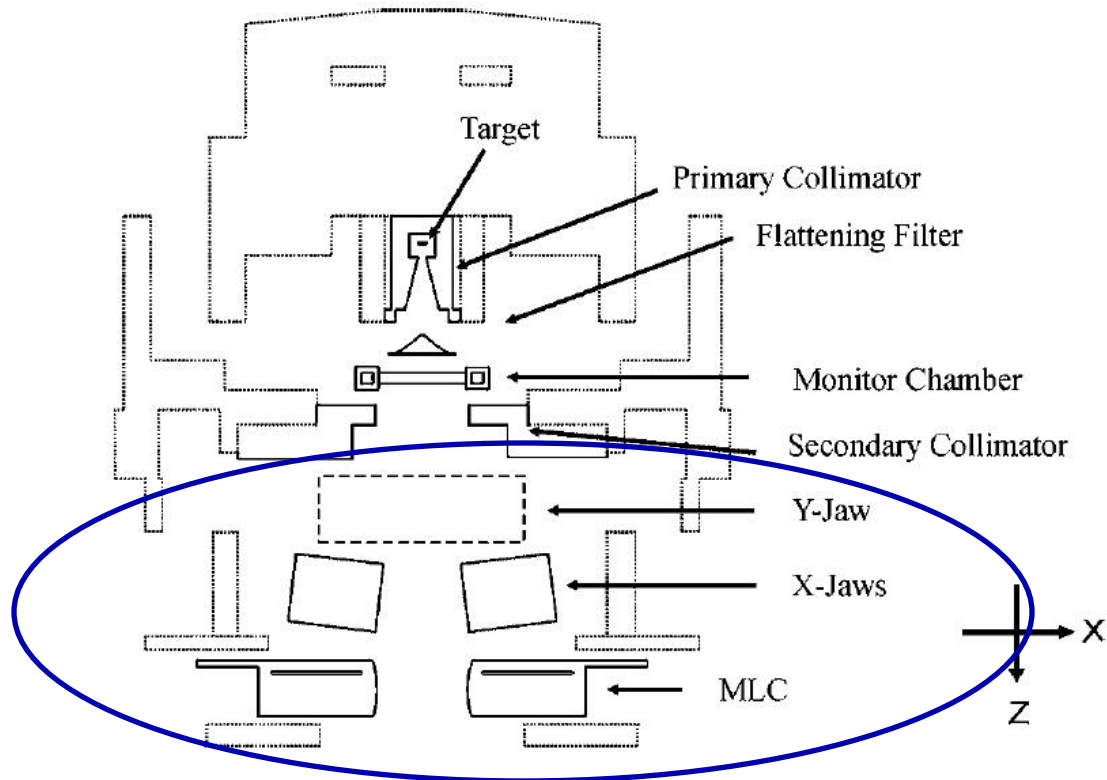
## Measurement of photon fluence

- Beam output in monitor units (MU)
- Measurement of beam symmetry
- Calibrated so that 1 MU = 1cGy under defined conditions





# BEAM SHAPING AND INTENSITY MODULATION





# INTRODUCTION: DESIGNING A TREATMENT BEAM

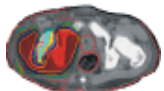
**The radiation oncologist must know his/her radiations:**

**Interactions of individual particles with single atoms**

- photons and electrons
- Protons (later)

**Interactions of a photon beam in bulk matter**

- in a water bucket
- in simple inhomogeneities





# INTRODUCTION: DESIGNING A TREATMENT BEAM

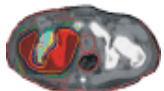
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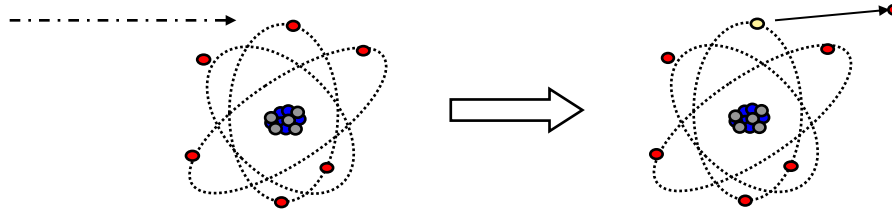
- in a water bucket
- in simple inhomogeneities



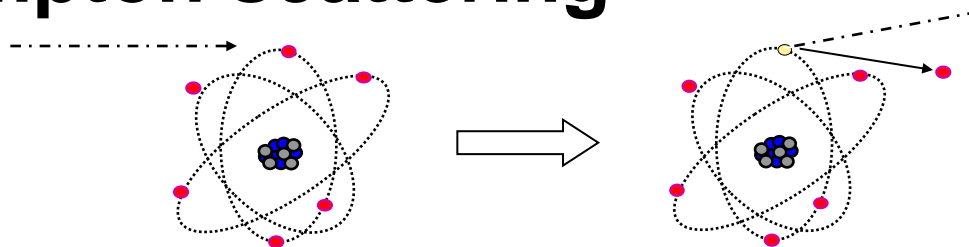


# INTERACTION OF PHOTONS WITH INDIVIDUAL ATOMS

## Photoelectric effect

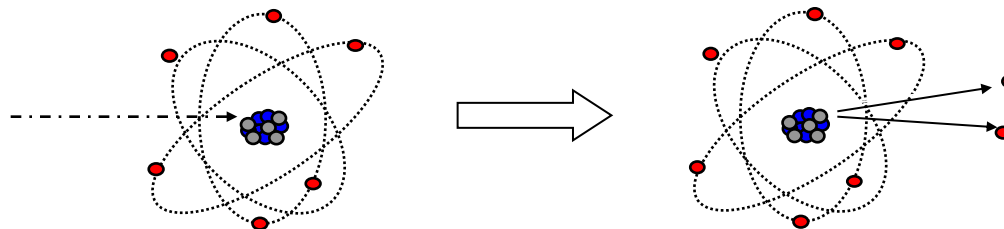


## Compton scattering



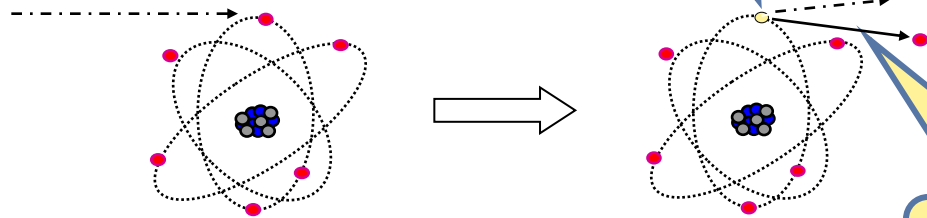
**dominates in the energy range of interest**

## Pair production



# INTERACTION OF PHOTONS WITH INDIVIDUAL ATOMS

## Compton scattering



the atom is ionized, potentially leading to biological damage

the photon is scattered and may suffer a further interaction – if so, almost certainly a Compton scattering interaction

dominates in the energy range of interest

what about the electron?

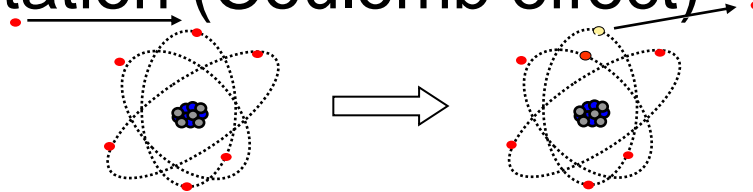
*In the energy range of interest:*

both the scattered photon and the ejected electron tend to go off in the near-forward direction (within  $\sim 10^\circ$ )

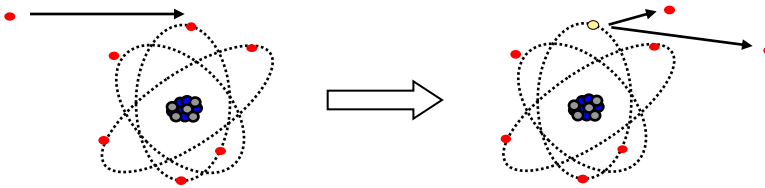
the scattered photon and the ejected electron partition the incident photon's energy near-arbitrarily

# ELECTRON INTERACTIONS

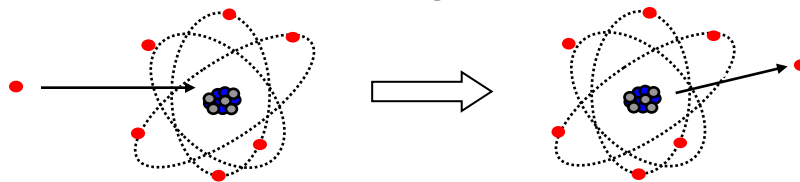
Excitation (Coulomb effect)



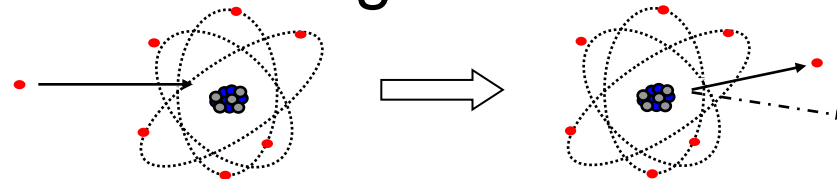
Ionization (Coulomb effect)



Coulomb scattering by the atomic nucleus



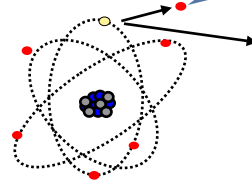
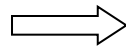
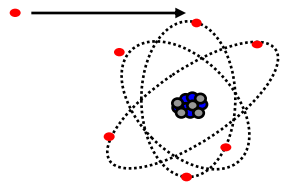
Bremsstrahlung



**dominate  
(in the  
energy range  
of interest)**

# ELECTRON INTERACTIONS

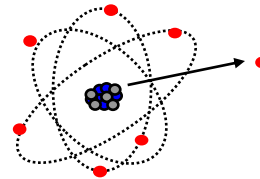
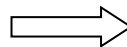
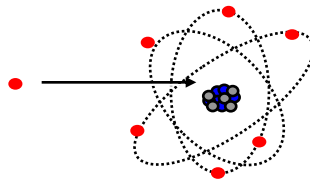
## Ionization (Coulomb effect)



an atomic electron is knocked out of the atom, thereby ionizing it – **potentially leading to biological damage**

meanwhile, the incident electron will go off and almost certainly induce further ionizations

## Coulomb scattering by the atomic nucleus



the incident electron may be scattered by the positively charged nucleus – the main effect of which is to alter its direction



# RELATIVE LIKELIHOODS OF INTERACTIONS

(in the energy ranges of interest)

## ■ Photons

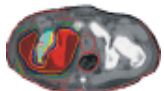
Being neutral, photons interact with atoms only weakly – via the interactions of their electrical/magnetic fields with atomic constituents

the mean free path of a photon in the energy range of interest is very approximately 20 cm (i.e. a few percent chance of a single interaction per centimeter of travel)

## ■ Electrons

Being charged, electrons interact with the charged constituents of atoms (orbiting electrons and the nucleus) very readily

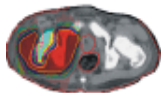
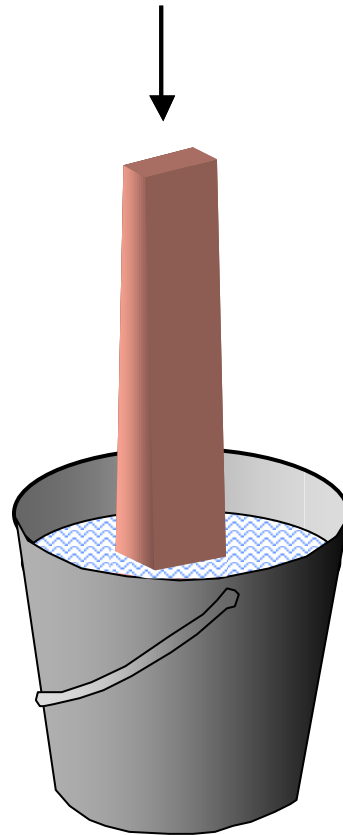
a few-MeV electron will, together with secondary electrons that it sets loose, ionize some tens to hundreds of thousands of atoms per centimeter of travel





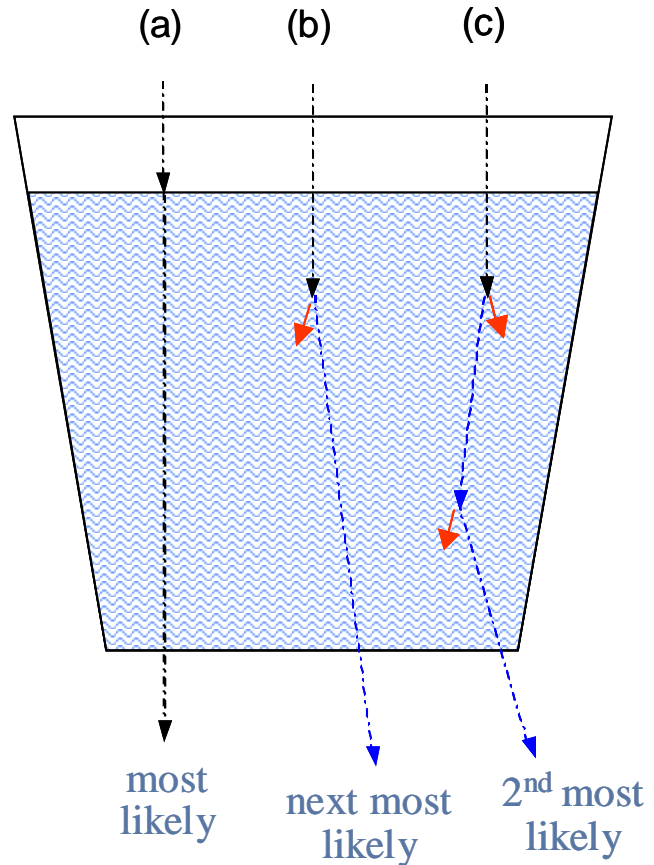


# DOSE DISTRIBUTION IN A WATER BUCKET

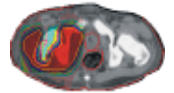


# PHOTONS in bulk matter

**Q: What is the most likely thing to happen?**

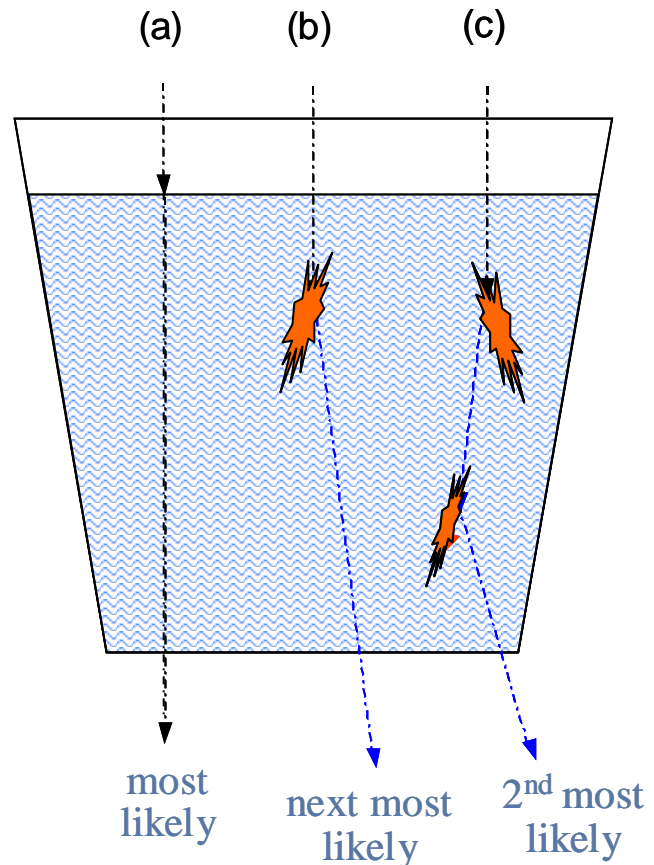


**A: Absolutely nothing!**



# PHOTONS in bulk matter

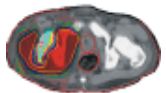
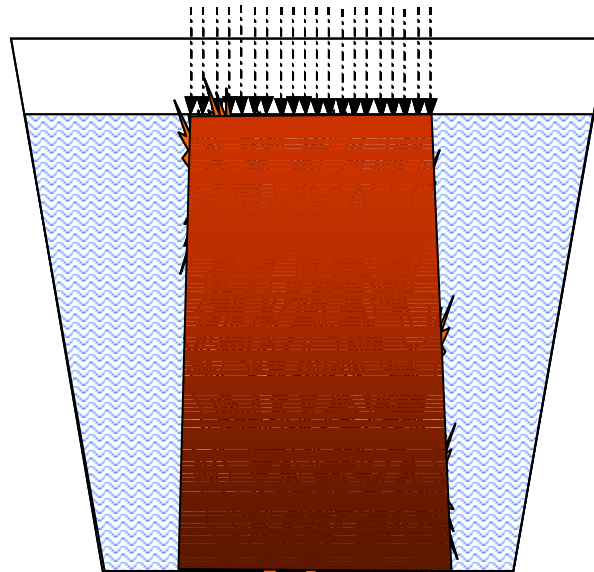
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**A: Absolutely nothing!**



# PHOTONS in bulk matter



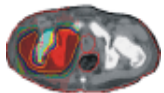


# DOSE

- The interactions of radiations with atoms result in the transfer of energy from the particles to the medium
- The energy loss per unit mass is called the dose  
1 Joule / kilogram = 1 Gray (Gy)
- The energy loss has two consequences:
  - it can heat up the medium (via vibration and rotation of molecules)
  - it can damage the molecules of the medium

**> 96% of energy appears as heat**

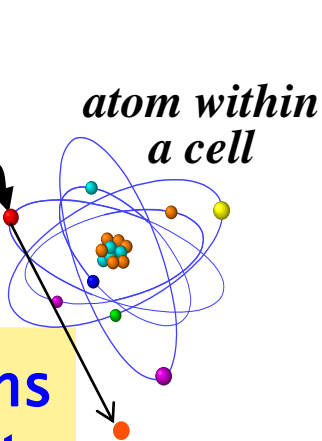
**Dose is merely a surrogate for what we care about – namely, biological effects**





# HOW DOES BIOLOGICAL DAMAGE OCCUR? A cascade of effects

**physics**

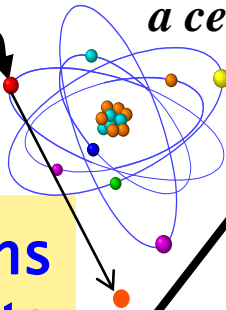


- 1) ionize atoms
- 2) vibrate/rotate  
→ heat

# HOW DOES BIOLOGICAL DAMAGE OCCUR? A cascade of effects

physics

*atom within a cell*



chemistry

- 1) ionize atoms
  - 2) vibrate/rotate
- heat

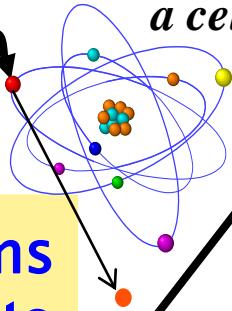


**i.e. formation  
of highly  
reactive free  
radicals**

# HOW DOES BIOLOGICAL DAMAGE OCCUR? A cascade of effects

## physics

*atom within a cell*



## chemistry

## biology

DNA

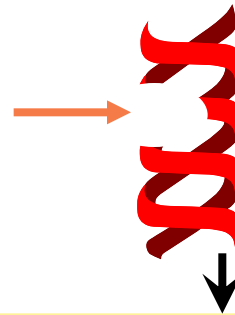


- 1) ionize atoms
  - 2) vibrate/rotate
- heat



i.e. formation of highly reactive free radicals

free radical + (or direct ionization which breaks a molecular bond)

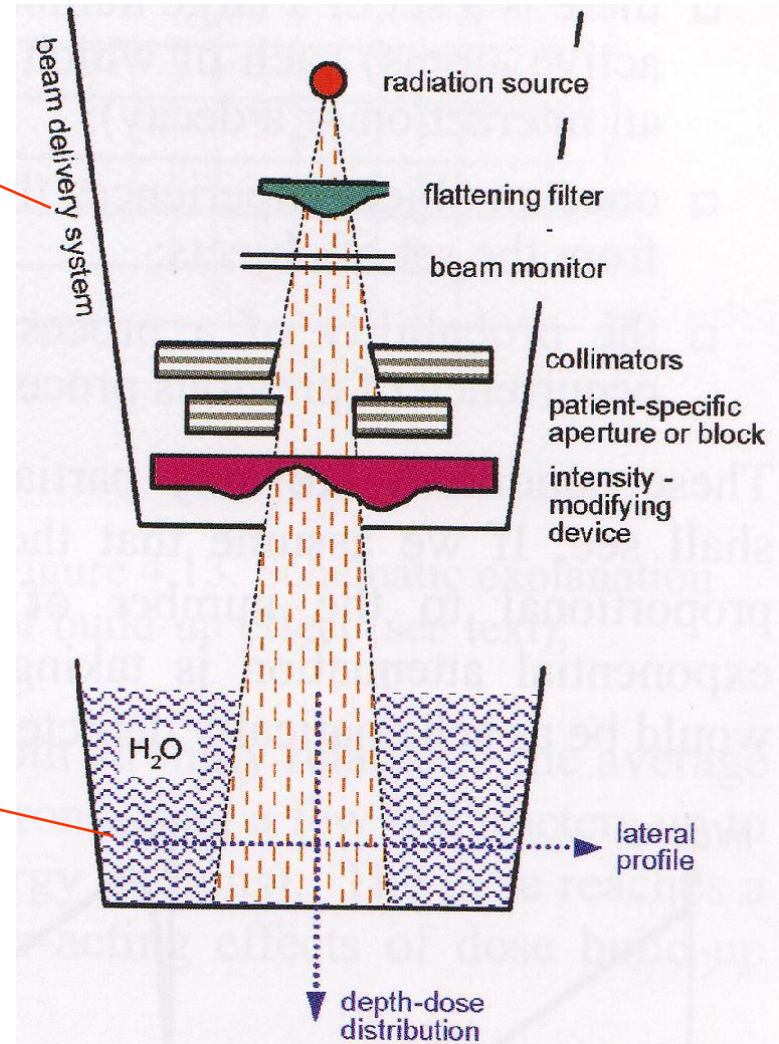


e.g. single- or double-strand DNA break → lethally damaged cell

tumor / whole organ response

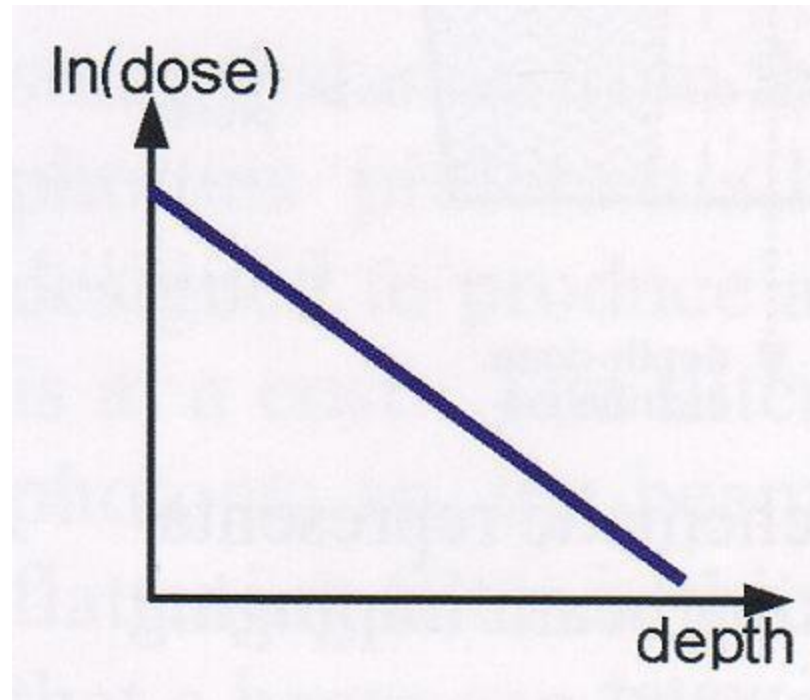
# DESIGN OF A UNIFORM RECTANGULAR TREATMENT BEAM

- **Beam delivery system – usually mounted on the gantry**
- **Dose distribution in the water phantom?**



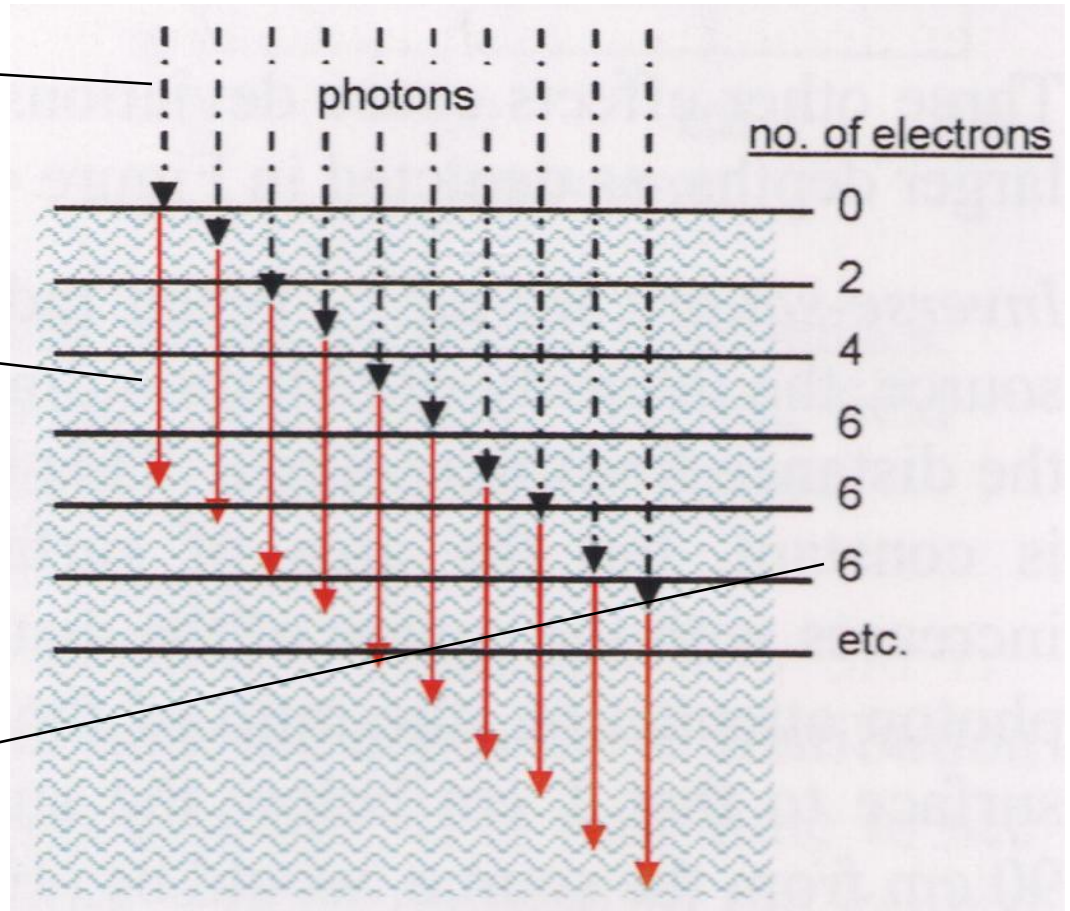
# DISTRIBUTION OF THE DOSE IN DEPTH

- Photons are lost upstream (Compton)
- Dose decreases proportional to photon number?
- Attenuation is exponential in depth:  
 $n = n_0 \exp(-\mu d)$



# DISTRIBUTION OF THE DOSE IN DEPTH

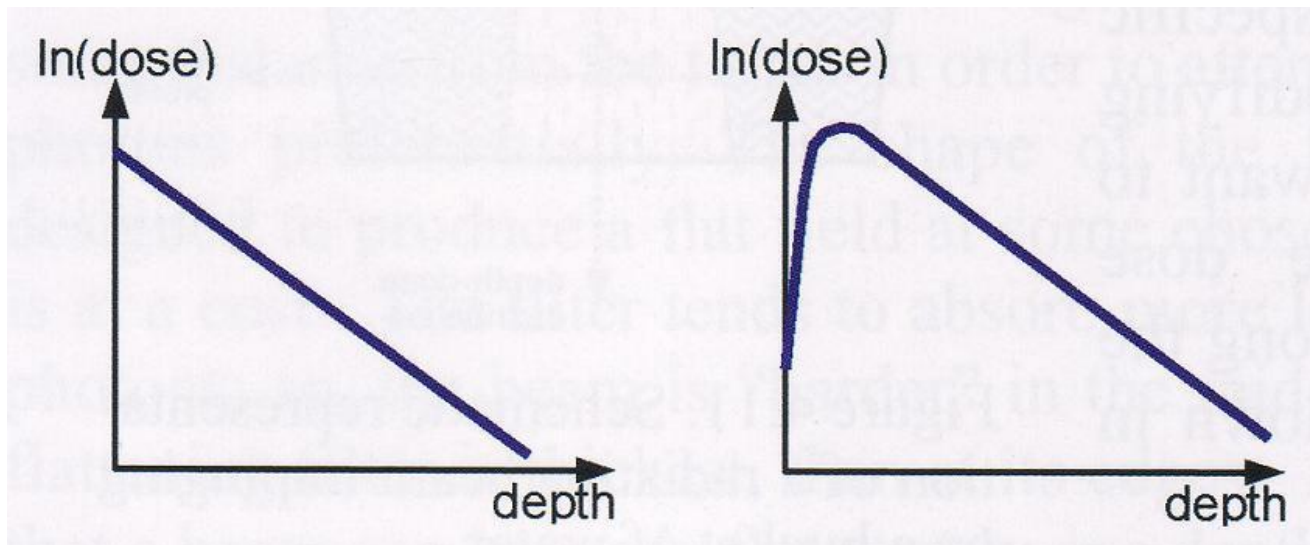
- Photons impinge on a block of material; they have their first interaction at different depth
- Photons loose electrons which move forward for a fixed distance
- The number of electrons increases with depth until reaching an “equilibrium”





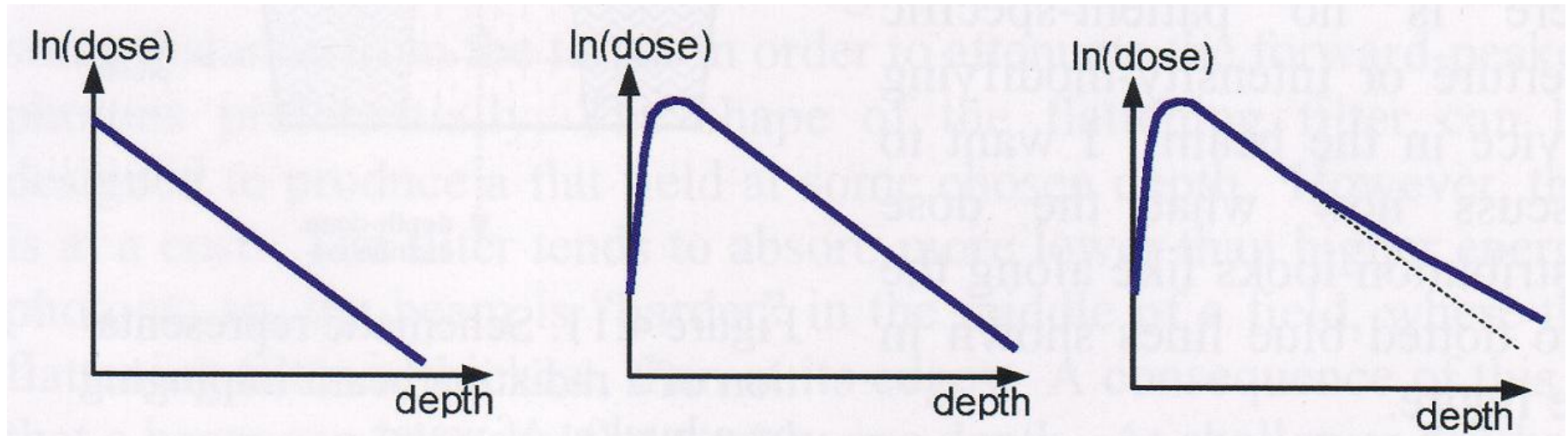
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- *Dose build-up*
- *Skin-sparing-effect*



# DISTRIBUTION OF THE DOSE IN DEPTH

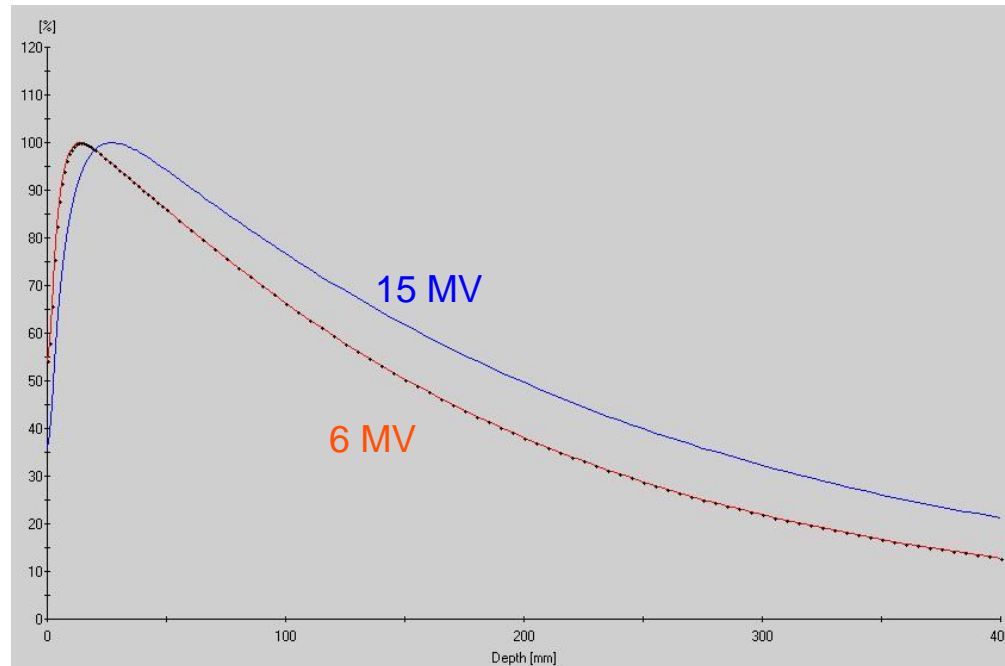
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- Attenuation is exponential in depth:  
 $n = n_0 \exp(-\mu d)$
- Dose is proportional to the energy deposited by secondary electrons
- *Dose build-up*
- *Skin-sparing-effect*
- Photon beam has a spectrum of energies
- Compton effect energy dependent
- At larger depth more high energy photons (beam hardening)



# DISTRIBUTION OF THE DOSE IN DEPTH

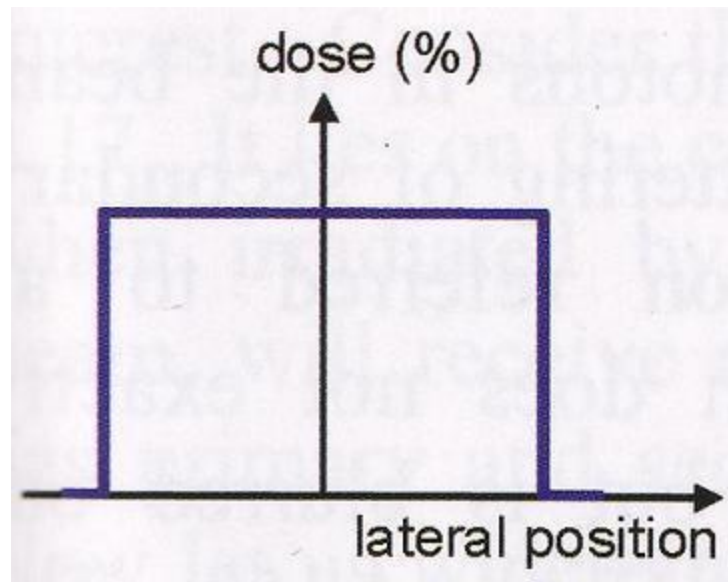
Other effects causing deviation of exponential fall-off:

- ***Inverse-square-law***: Intensity diminishes with the inverse square of the distance from the source
- ***Scattered photons***: Compton interactions produce sea of softer photons which would lead to more-than- exponential fall-off (beam-size-dependent)



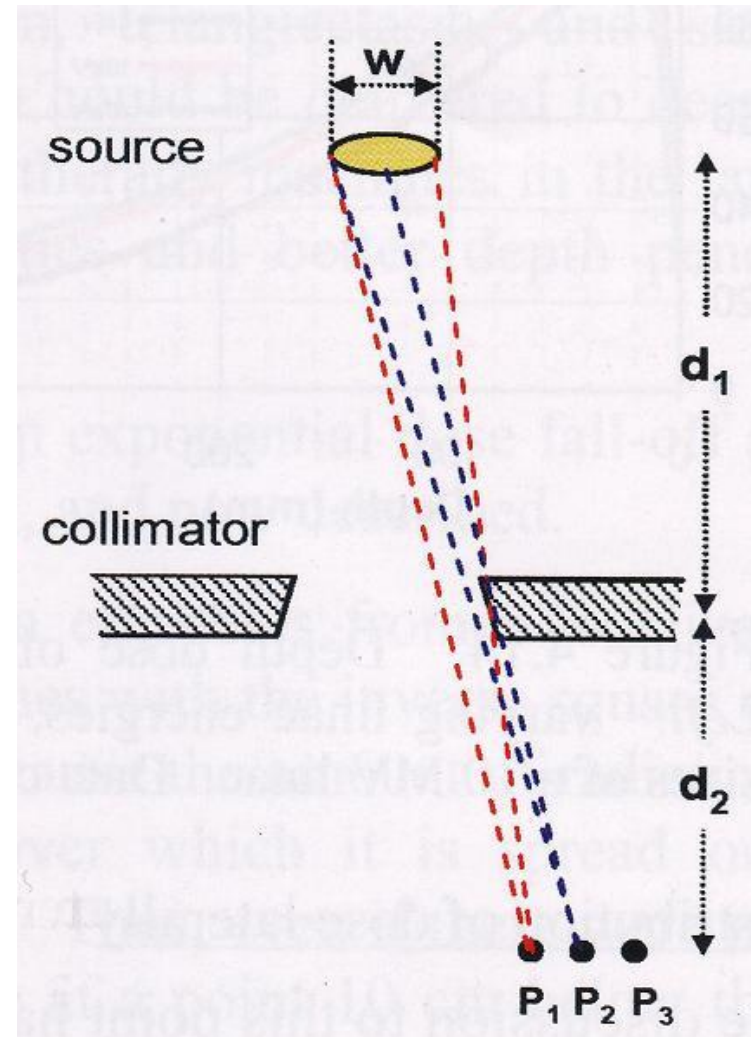
# DISTRIBUTION OF DOSE Laterally

- ***Ideal beam:*** with point source, perfect collimation and energy deposition at the side of interaction
- **Step-function-like dose distribution**



# DISTRIBUTION OF DOSE Laterally

- Radiation source is of finite size
- Point  $P_2$  “sees” only half of the beam
- Purely geometrical effect
- Penumbra is smaller as closer the collimator is to the patient (width  $\sim d_2/d_1$ )



# DISTRIBUTION OF DOSE Laterally

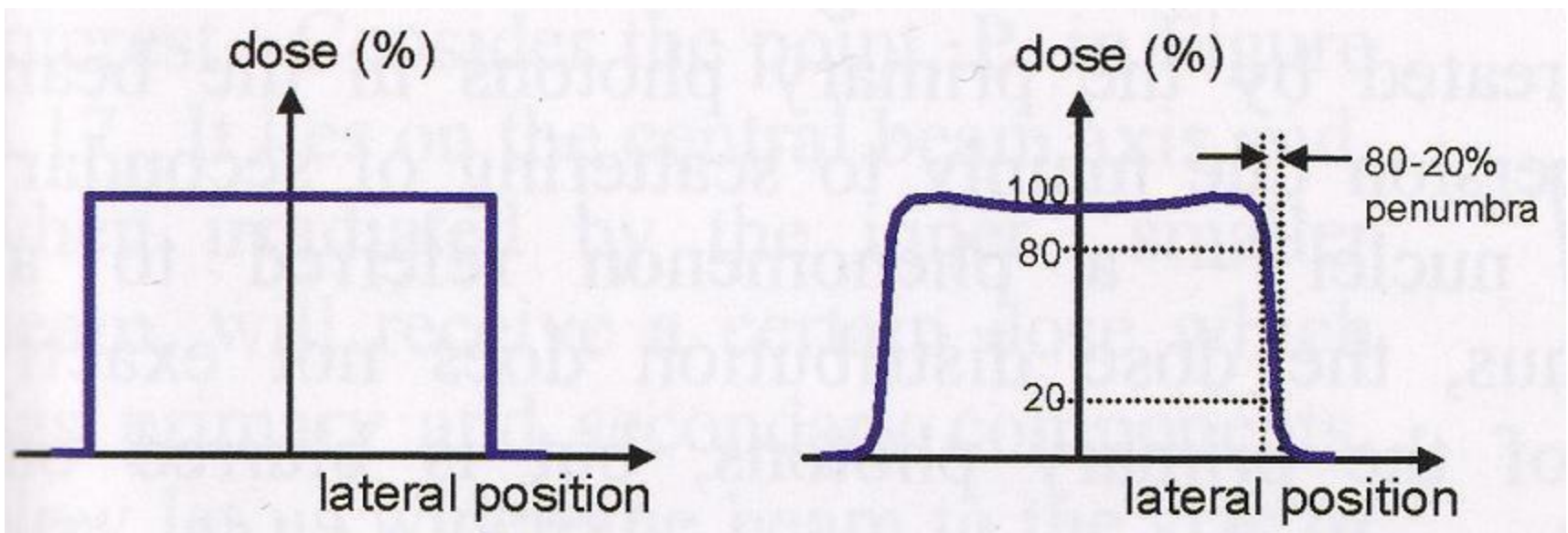
- **Ideal beam**

### **Creation of penumbra:**

- **Finite size of the radiation source**
- **Secondary electrons move laterally**

### **Cupping:**

- **Beam hardening (flattening filter)**

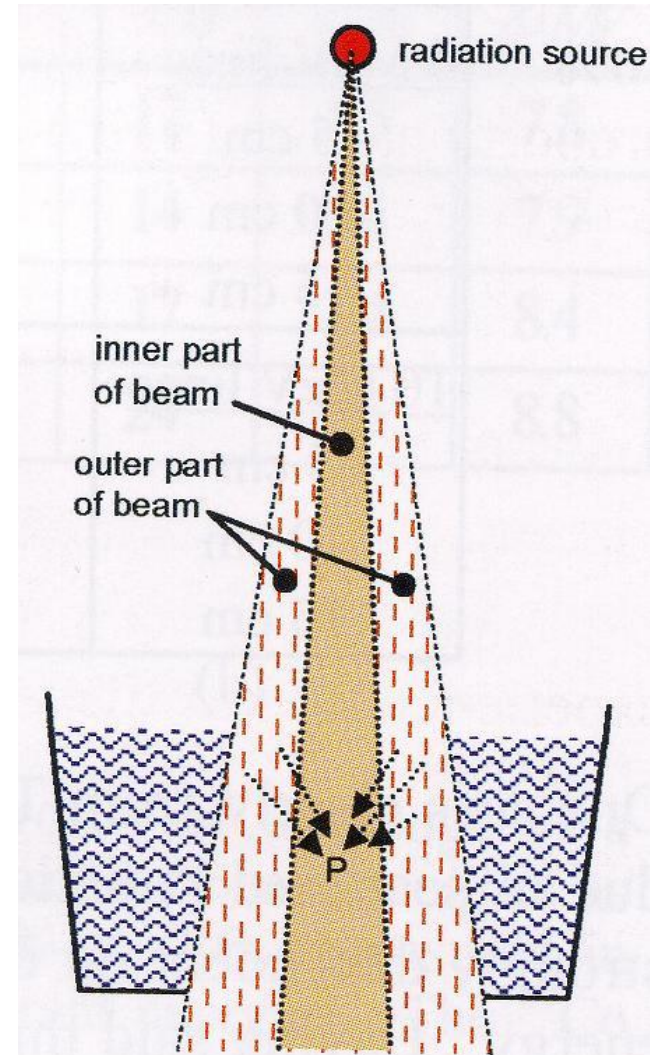




# DISTRIBUTION OF DOSE Laterally

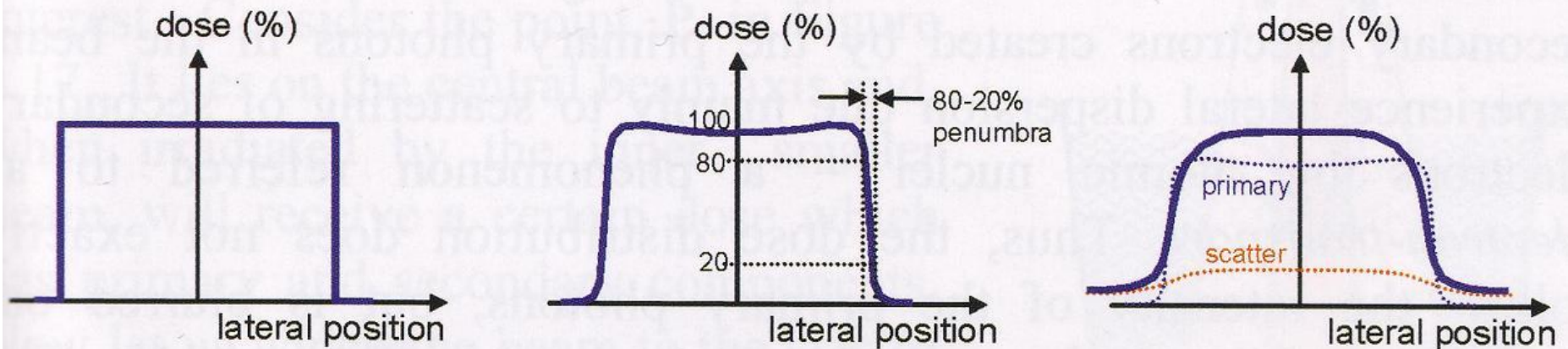
## Dose due to scattered radiation

- **Energy:** Compton scatter higher for lower energy
- **Depth:** increasingly fraction of scattered photons with depth
- **Field size:** Point P receives independent of field size the same primary radiation, however, scattered radiation increases with field size



# DISTRIBUTION OF DOSE Laterally

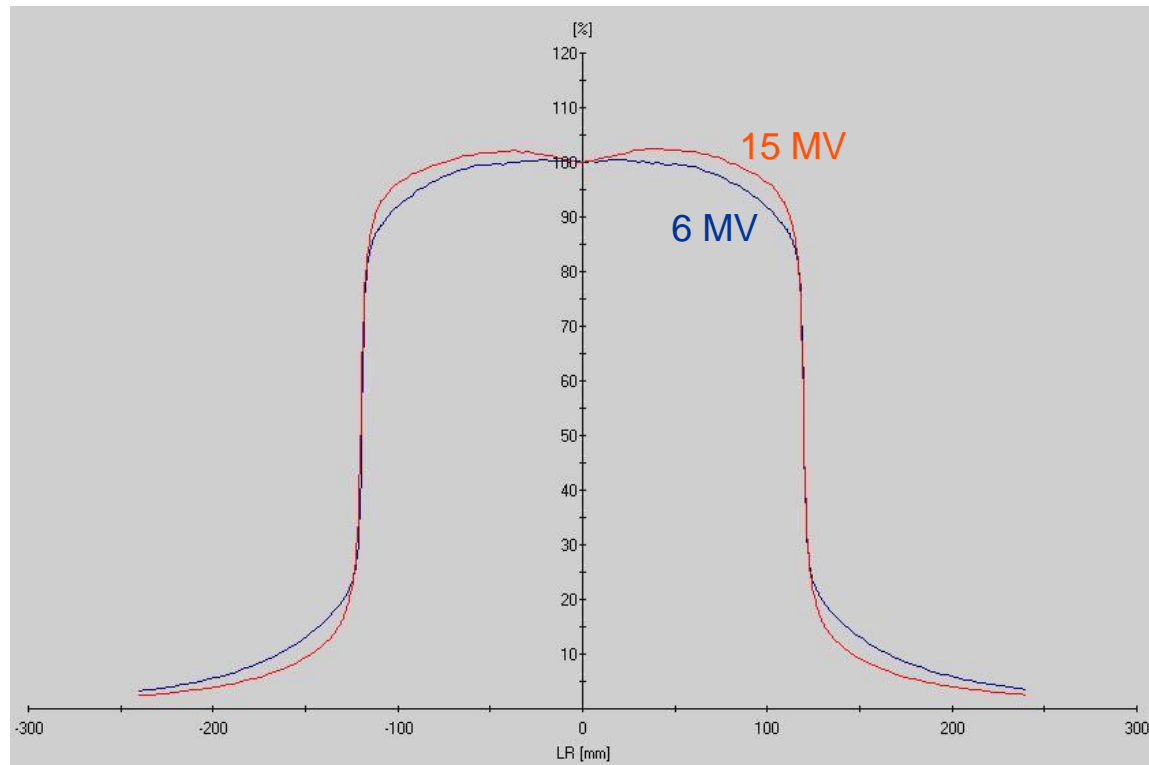
- **Ideal beam**
  - **Creation of penumbra**
  - **Cupping**
- Effect of scattered radiation:**
- **Lateral distribution of scattered radiation is broad**
  - **Blurring the penumbra**



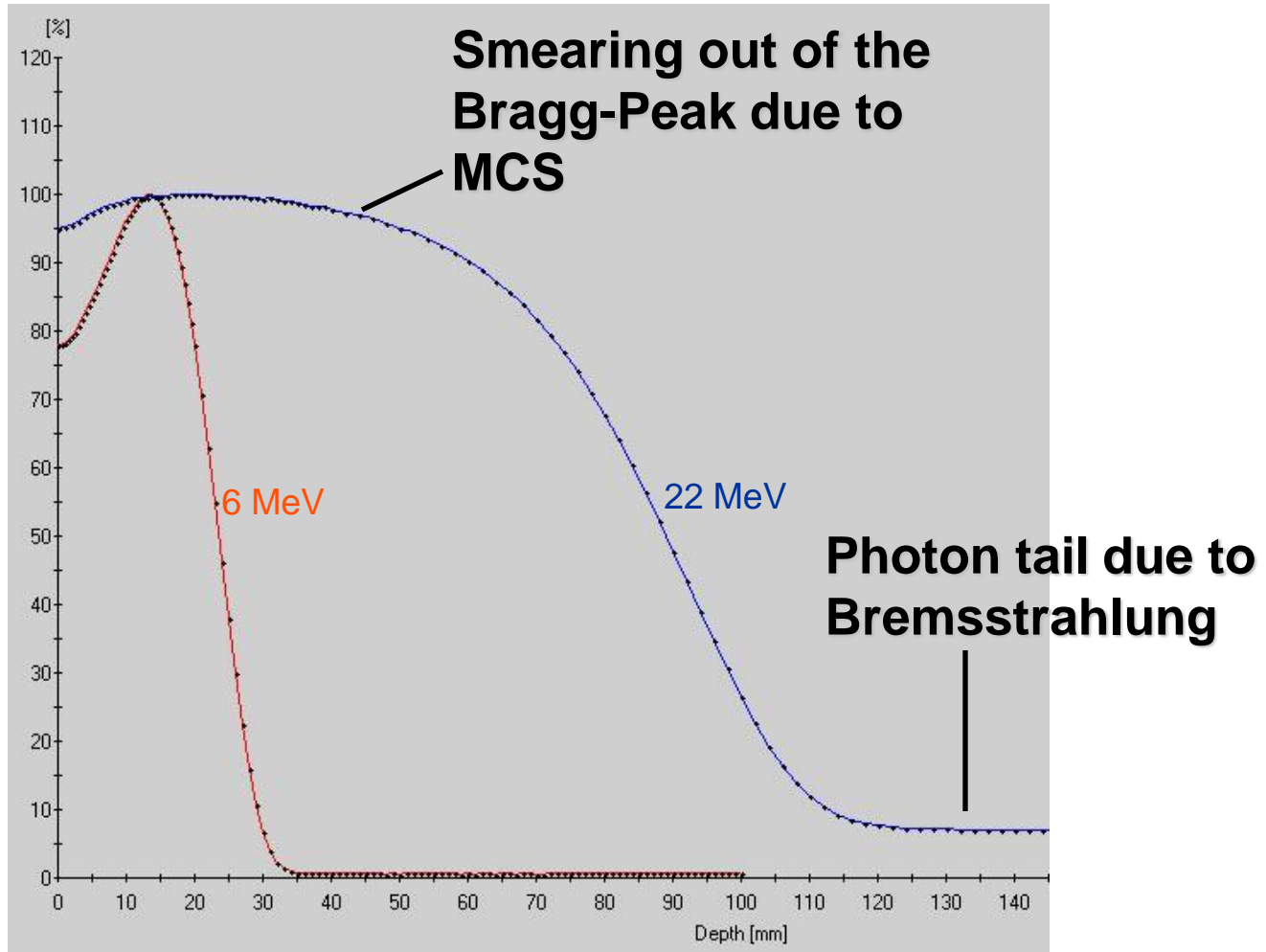


## SUMMARY: Design of a treatment beam

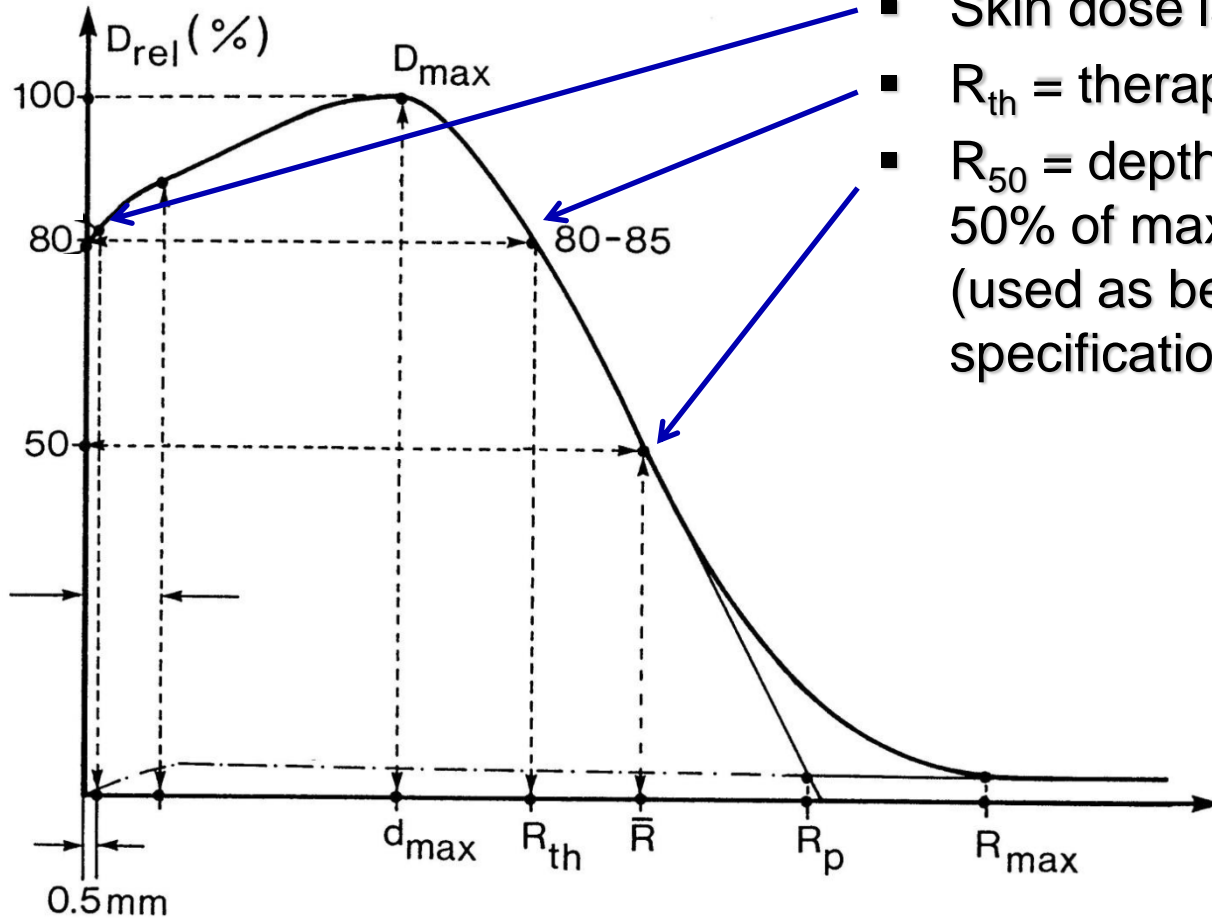
- Interaction of individual photons and electrons
- Photons in a bulk of matter
- Generation and properties of a practical simple therapeutic photon beam



# ELECTRON DOSE DISTRIBUTIONS



# CHARACTERISATION OF ELECTRON DOSE DISTRIBUTIONS

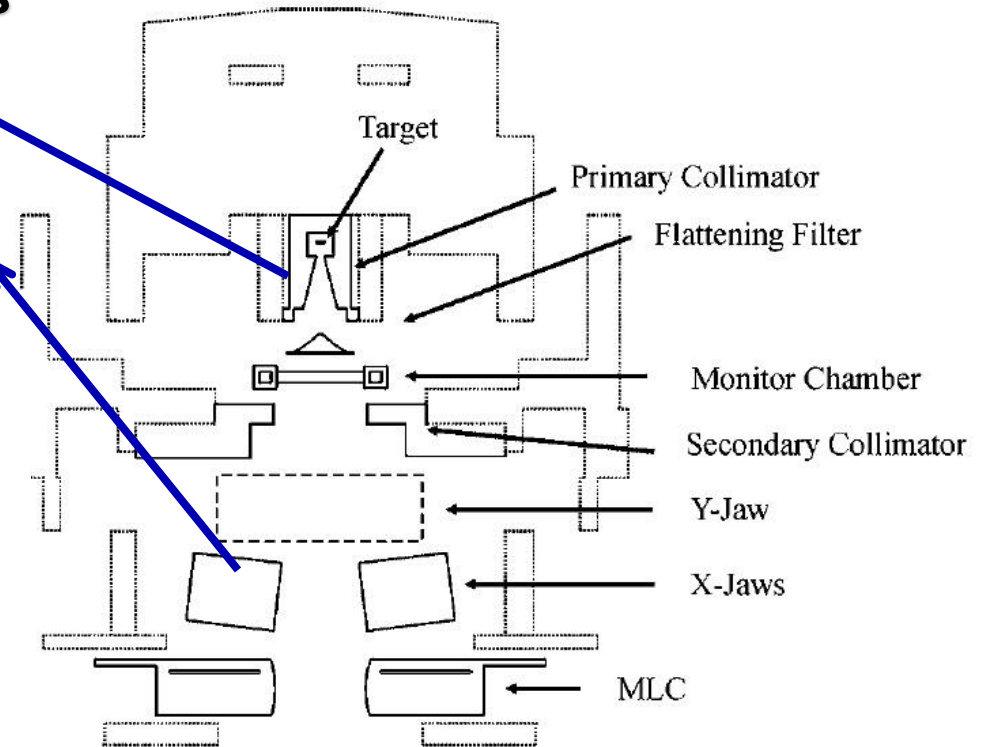
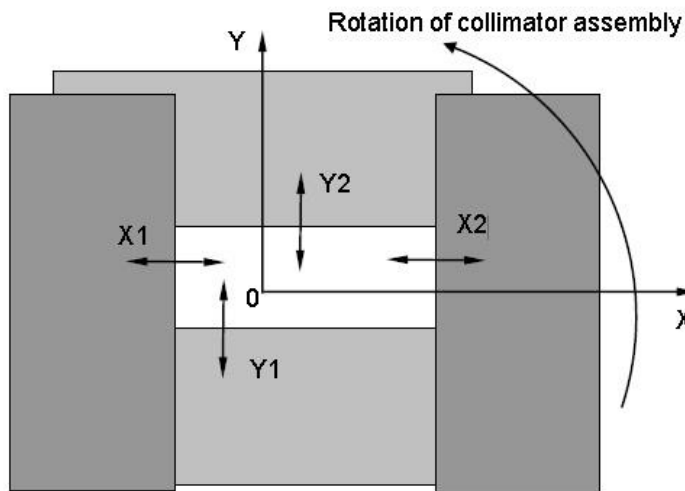


- Skin dose large
- $R_{th}$  = therapeutic range
- $R_{50}$  = depth where dose is 50% of maximum dose (used as beam quality specification for electrons)

# SCULPTING A TREATMENT BEAM: STANDARD COLLIMATION

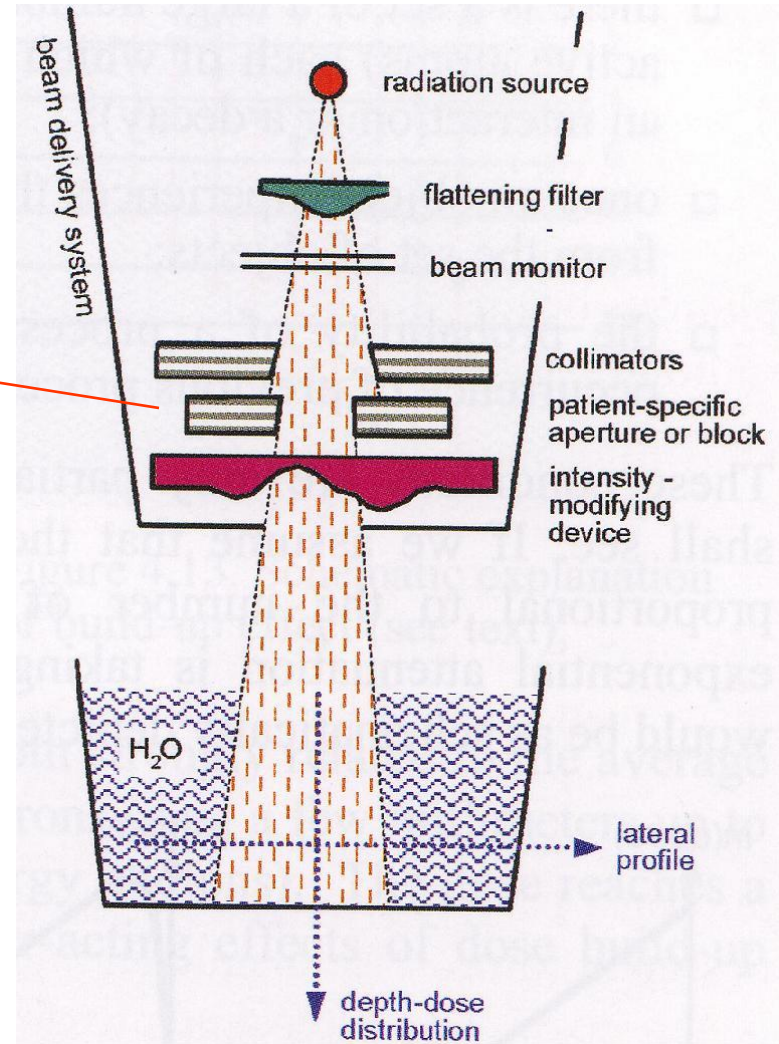
## Collimation

- **Primary collimators defines maximum field size**
- **Secondary collimators define actual field size in two transverse directions**



# SCULPTING A TREATMENT BEAM: PATIENT SPECIFIC BEAM SHAPING

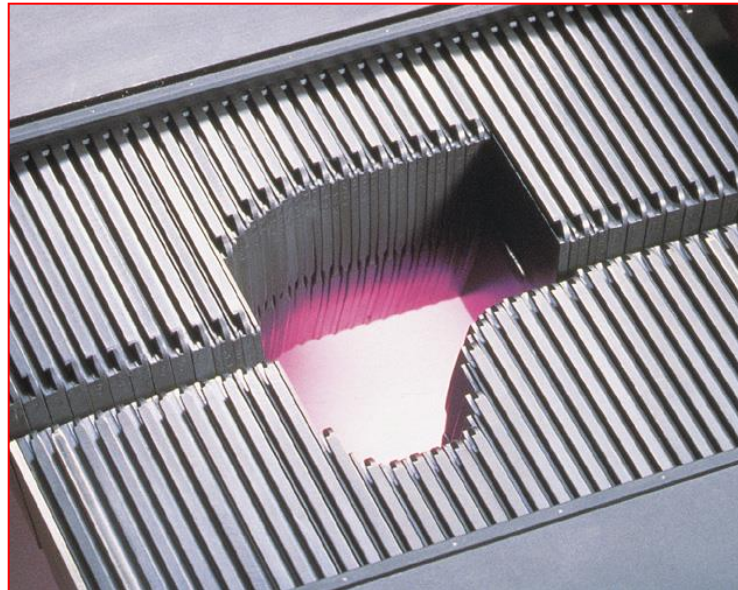
- **Patient specific aperture in addition to rectangular collimation**



# SCULPTING A TREATMENT BEAM: BEAM SHAPING using MLC

Patient specific irregular blocking using multi-leaf collimator:

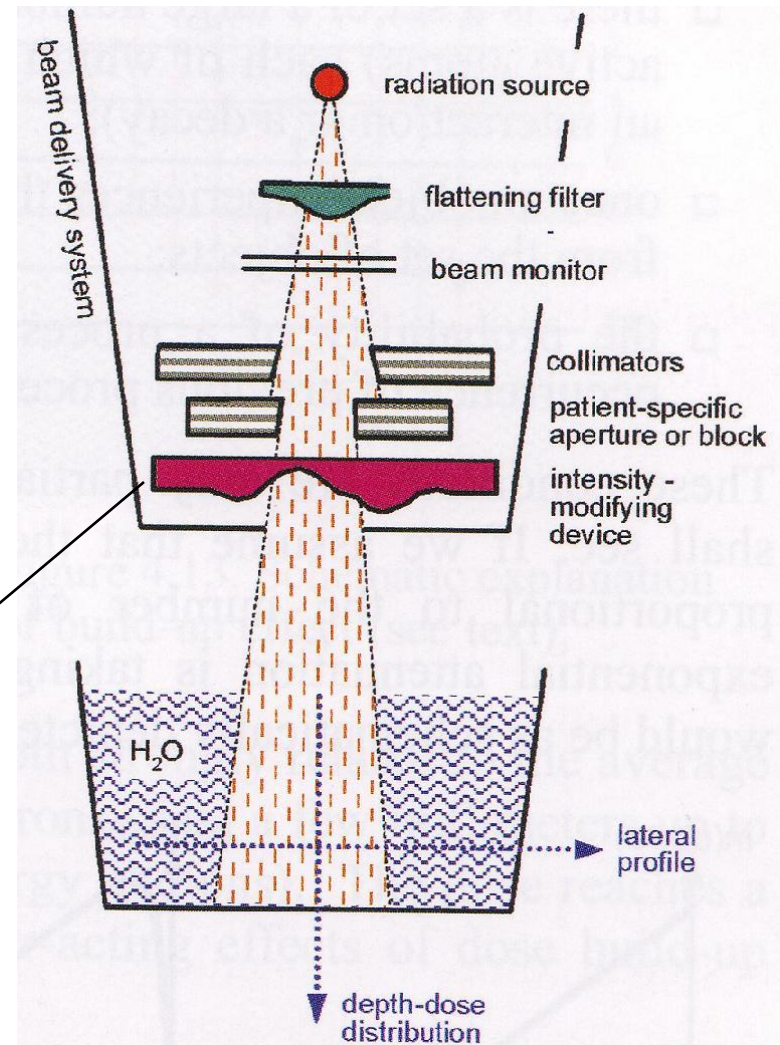
- Set of some hundred pair-wise opposing metal leaves
- Can be individually moved in and out by motors
- Each leaf has width of a few millimetres (at isocenter)
- No patient specific fabrication necessary
- Modification of beam shapes without entering the treatment room





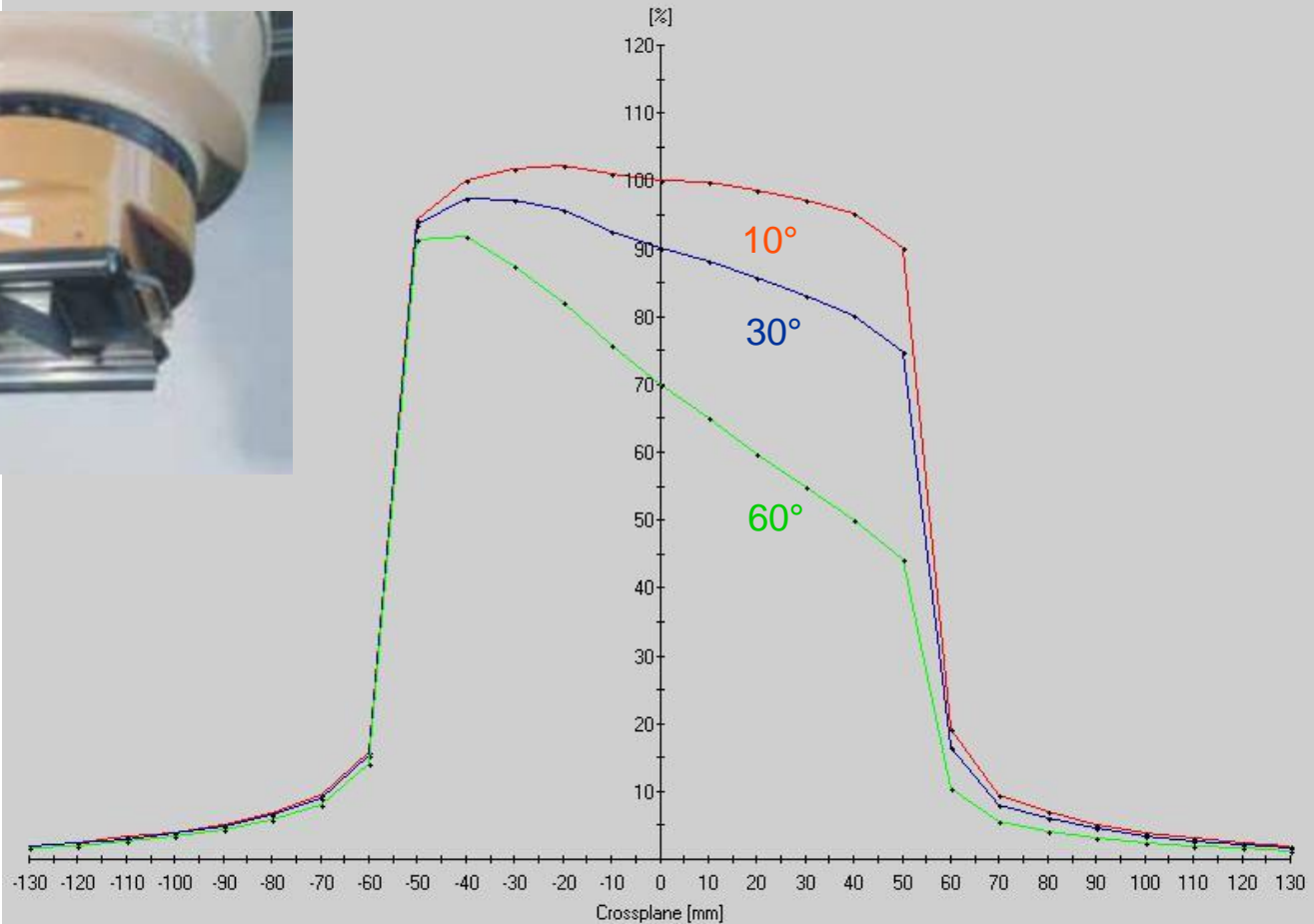
# SCULPTING A TREATMENT BEAM: STANDARDIZED INTENSITY MODULATION

- So far only we looked at “open fields”
- Photon intensity is uniform throughout the field
- varying intensity distribution
- Interposing angle wedge-shaped hunks of metal
- Dynamic movement of the jaws



# SCULPTING A TREATMENT BEAM: DOSE DISTRIBUTION USING WEDGES

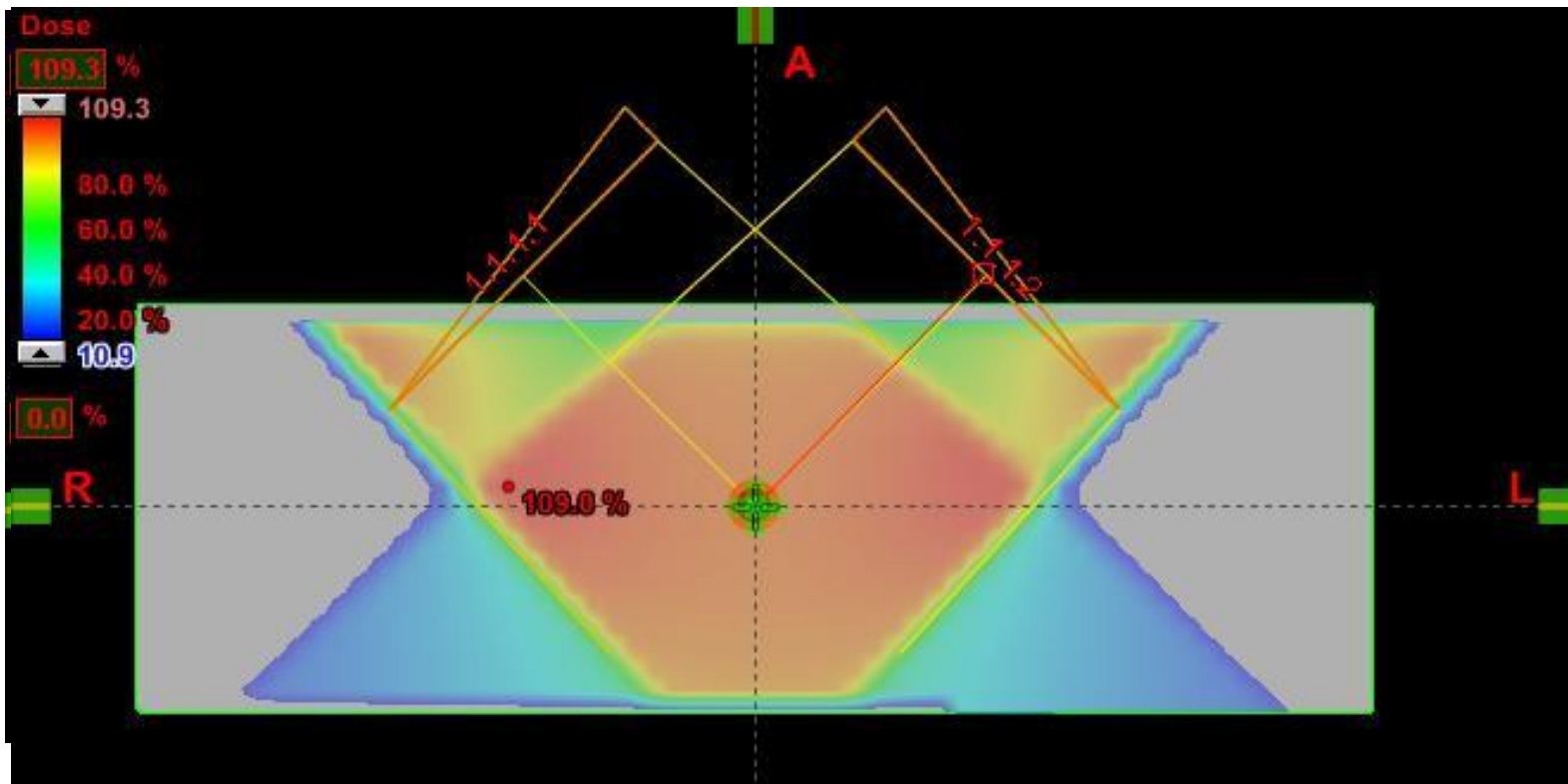
- Standardized linearly varying intensity distribution





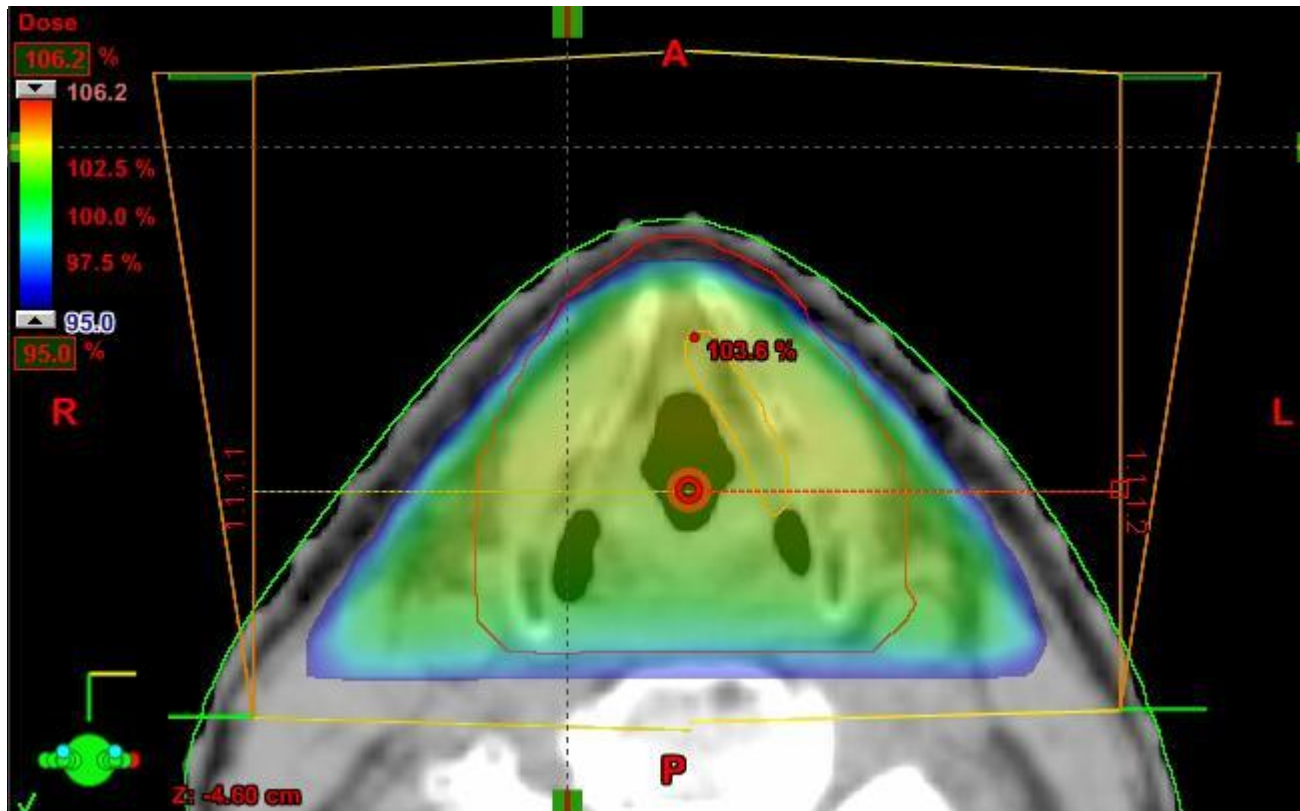
# SCULPTING A TREATMENT BEAM: USE OF WEDGES

- used for combining treatment beams:  
e.g. pair of beams at  $90^\circ$  to one another



# SCULPTING A TREATMENT BEAM: USE OF WEDGES

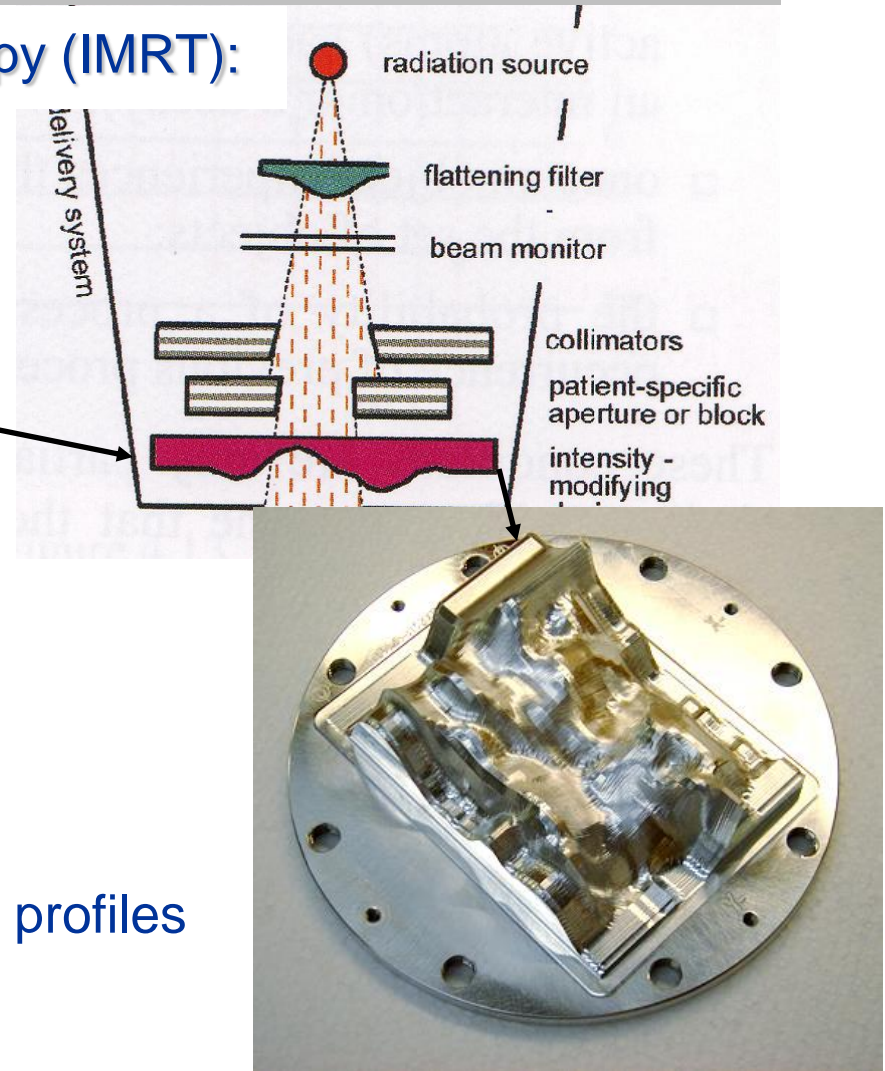
- used for compensating a sloping patient surface



# SCULPTING A TREATMENT BEAM: PATIENT-SPECIFIC INTENSITY MODULATION

## Intensity-modulated radiation therapy (IMRT):

- Sculpting the dose distribution
- Metallic irregularly formed attenuators
- More common: dynamically modifying the position of each leaf of a MLC and thereby the size and shape of the field during the course of delivery of a beam



How should the shape and intensity profiles of beams be designed?  
How do we calculate dose?