

# Dosimetry

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# TOPICS OF THIS LESSON

## 1) Introduction

- Definition of "Radiation Dose"
- Requirements on accuracy in radiotherapy

## 2) Radiation Dosimeters

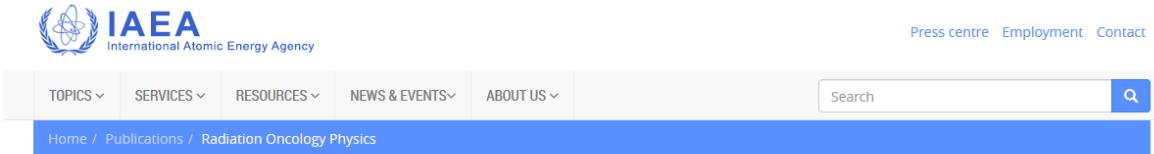
## 3) Relative and Absolute Dosimetry

## 4) Metrologic Traceability

- Calorimetry

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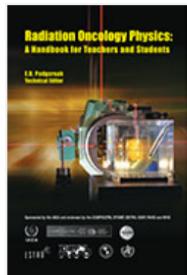


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## Radiation Oncology Physics

A Handbook for Teachers and Students



Non-serial Publications

English STI/PUB/1196 | 92-0-107304-6

657 pages | 137 figures | € 65.00 | Date published: 2005

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### Description

This publication is aimed at students and teachers involved in programmes that train professionals for work in radiation oncology. It provides a comprehensive overview of the basic medical physics knowledge required in the form of a syllabus for modern radiation oncology. It will be particularly useful to graduate students and residents in medical physics programmes, to residents in radiation oncology, as well as to students in dosimetry and radiotherapy technology programmes. It will assist those preparing for their professional certification examinations in radiation oncology, medical physics, dosimetry or radiotherapy technology. It has been endorsed by several international and national organizations, and the material presented has already been used to define the level of knowledge expected of medical physicists worldwide.

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### Keywords

Medical Physics, Dosimetry, Radiation, Dosimeters, Dosage, Radiotherapy, Photon Beams, Radioisotope Scanning, Biological Radiation Effects, Leading Abstracts, Neoplasms, Radiation Doses, Radiobiology, Radiological Personnel, Radiotherapy, Side Effects, Technology Transfer, Technology Utilization, Radiation Oncology, Radiation Therapy, Therapeutic Radiology, Technology Programmes, Electrons, Bohr Model, Kerma, Ionization, Dosimetry Systems, Luminescence, External Beam, Survey Meters, X Ray Beams, Monitoring, Teletherapy, Linac, Shielding, Central Axis Depth, Acceptance Tests, Commissioning, Quality Assurance, Equipment, Brachytherapy, Clinical, Dose Distributions, Radiation Damage, Safety Measures, Public Exposure

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# INTRODUCTION

## Definition of absorbed dose

# What do we mean with radiation dose?

- *Dose* is a sloppy formulation for radiation dose used if the opposite really knows what he is talking about.
- Radiation dose is correctly denoted **absorbed dose**,  $D$ .
- The most fundamental definition of radiation dose is given in ICRU Report 85



# INTRODUCTION

## Definition of absorbed dose

- According to ICRU 85 the absorbed dose is defined by:

### 5.2.5 Absorbed Dose

The *absorbed dose*,  $D$ , is the quotient of  $d\bar{\epsilon}$  by  $dm$ , where  $d\bar{\epsilon}$  is the mean energy imparted by ionizing radiation to matter of mass  $dm$ , thus

$$D = \frac{d\bar{\epsilon}}{dm}.$$

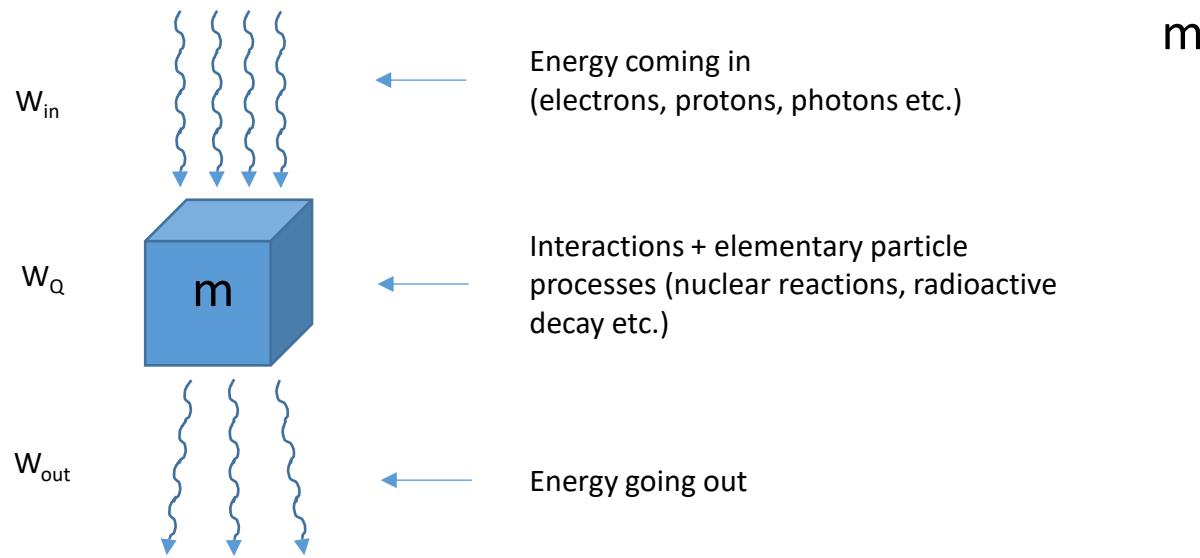
Unit:  $\text{J kg}^{-1}$

The special name for the unit of absorbed dose is gray (Gy).

# INTRODUCTION

## Definition of absorbed dose

The term “**energy imparted**” can be considered to be the radiation energy absorbed in a volume with a mass:

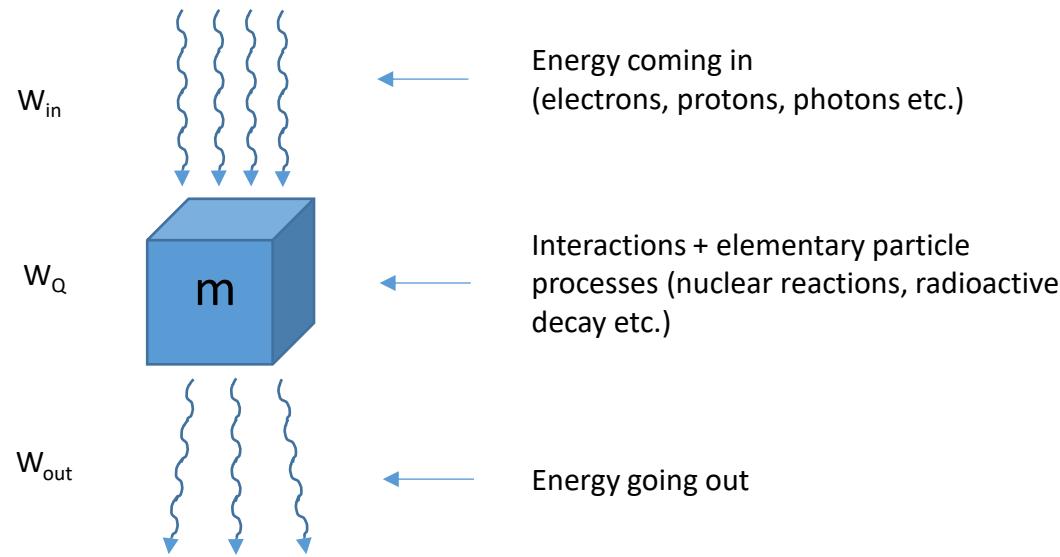


$$\text{Energy absorbed} = W_{in} - W_{out} + W_Q \quad (W_Q: <0, >0)$$

# INTRODUCTION

## Definition of absorbed dose

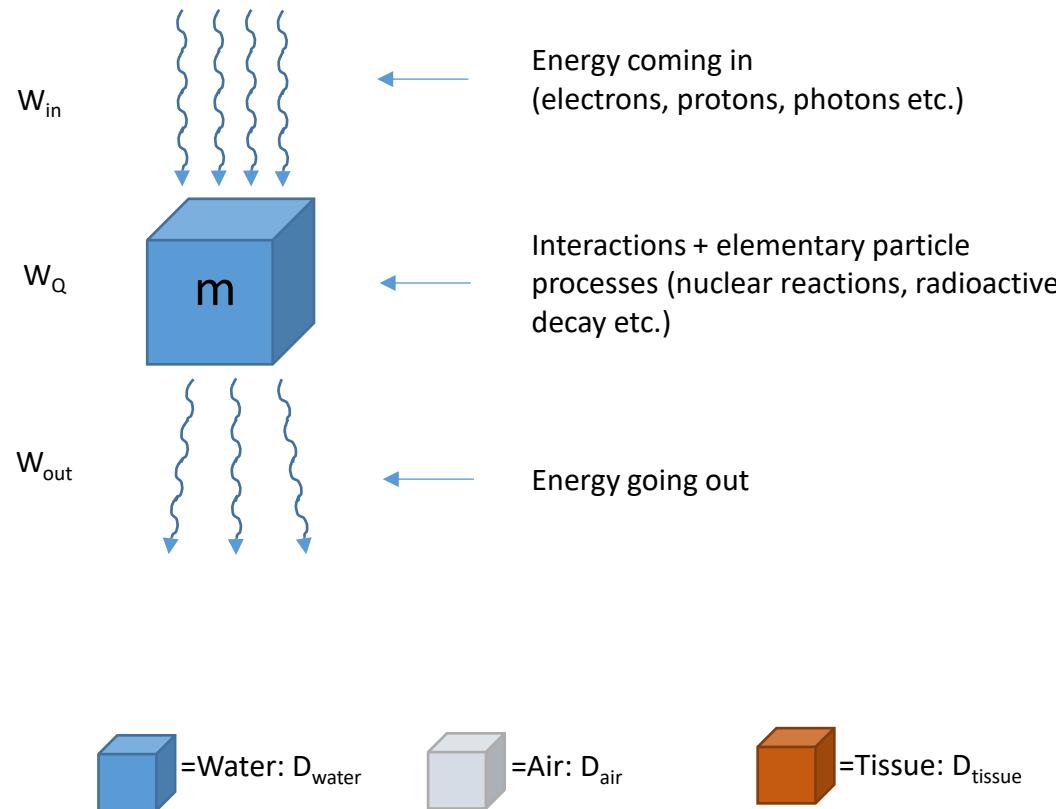
The term “absorbed dose” refers to an exactly defined volume:



# INTRODUCTION

## Definition of absorbed dose

The term “absorbed dose” refers to the Material of the volume:



# INTRODUCTION

## Definition of absorbed dose

Energy imparted: the ICRU 85 formulation

### 5.2.2 Energy Imparted

The *energy imparted*,  $\varepsilon$ , to the matter in a given volume is the sum of all energy deposits in the volume, thus



stochastic nature!

$$\varepsilon = \sum_i \varepsilon_i,$$

where the summation is performed over all energy deposits,  $\varepsilon_i$ , in that volume.

Unit: J

# INTRODUCTION

## Definition of absorbed dose

### The ‘energy deposit’: the ICRU 85 formulation

#### 5.2.1 Energy Deposit

The *energy deposit*,  $\varepsilon_i$ , is the energy deposited in a single interaction,  $i$  thus

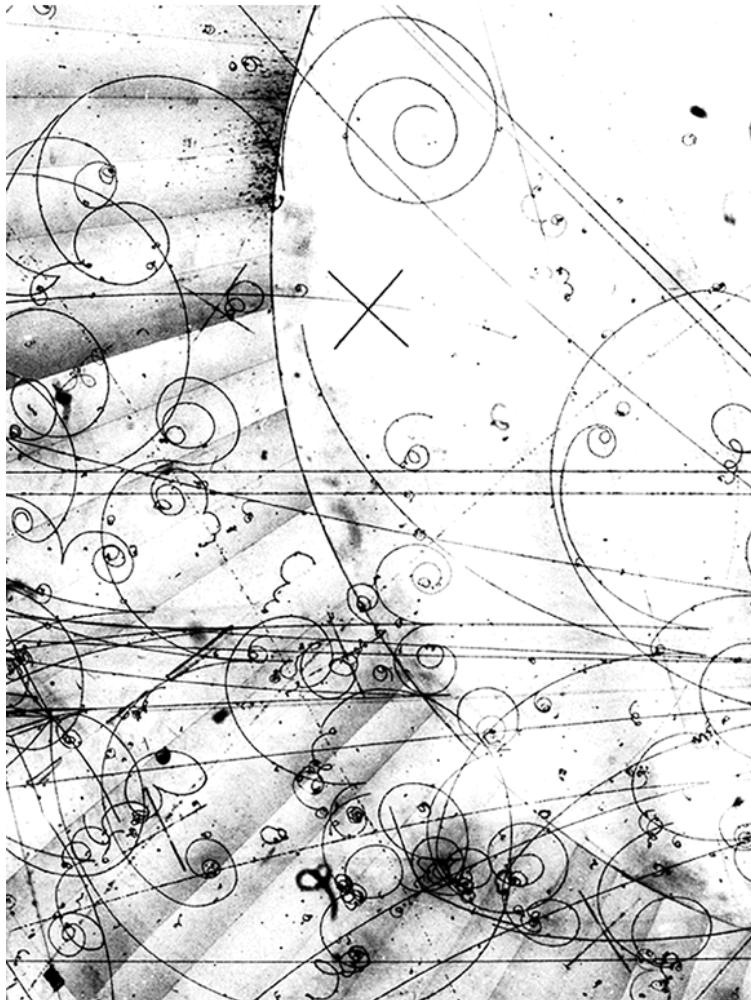
$$\varepsilon_i = \varepsilon_{\text{in}} - \varepsilon_{\text{out}} + Q,$$

where  $\varepsilon_{\text{in}}$  is the energy of the incident ionizing particle (excluding rest energy),  $\varepsilon_{\text{out}}$  is the sum of the energies of all charged and uncharged ionizing particles leaving the interaction (excluding rest energy),  $Q$  is the change in the rest energies of the nucleus and of all elementary particles involved in the interaction ( $Q > 0$ : decrease of rest energy;  $Q < 0$ : increase of rest energy).

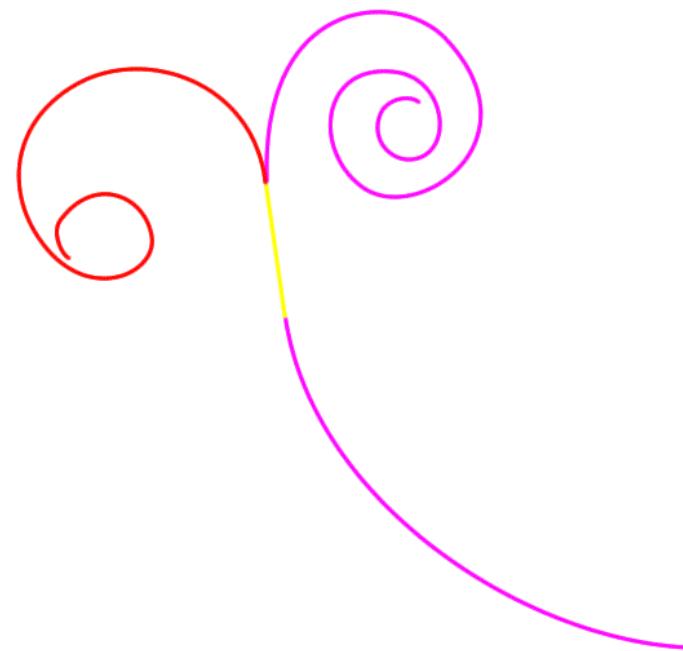
Unit: J

# INTRODUCTION

## Definition of absorbed dose



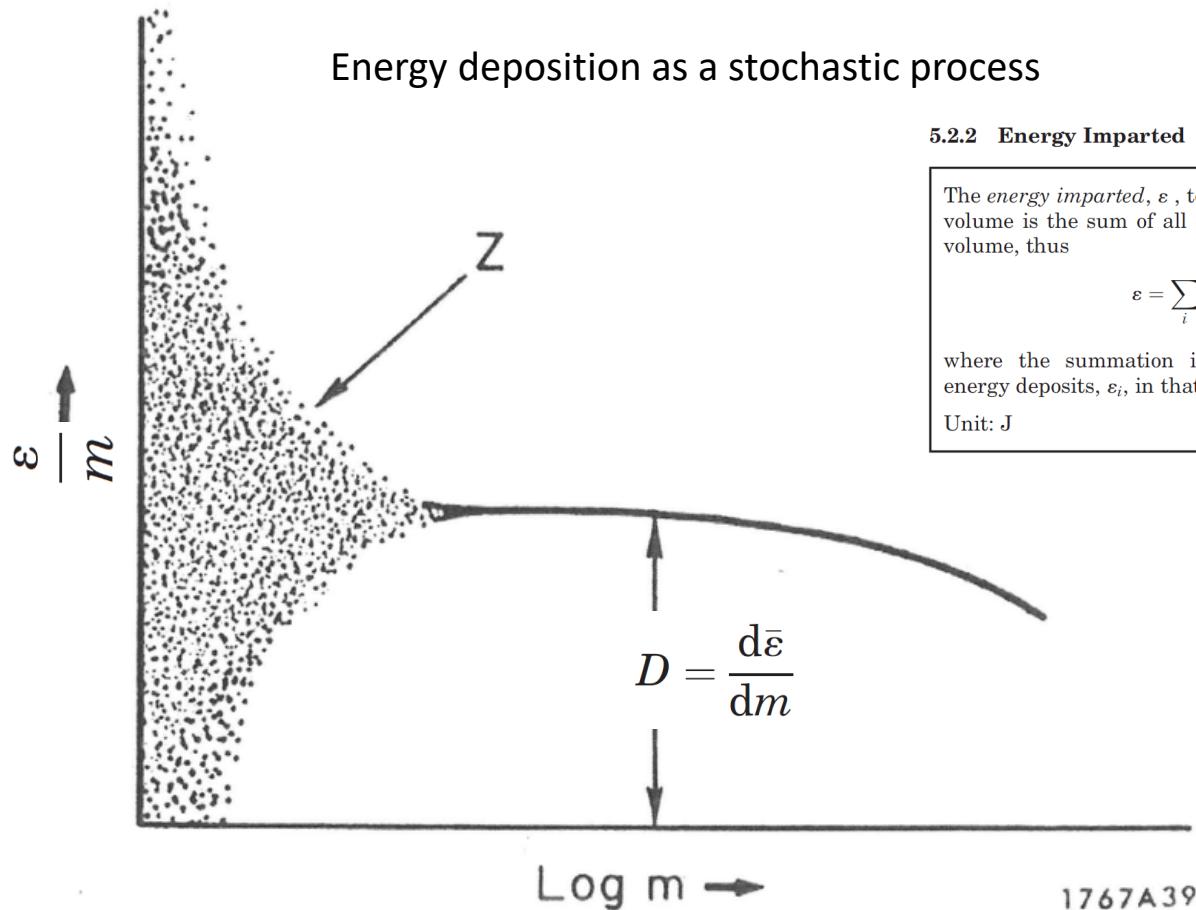
## Bubble chamber (2)



From the discontinued Cern website: "A step by step tutorial on how to read bubble chamber pictures."

# INTRODUCTION

## Definition of absorbed dose



Energy deposited per unit mass, plotted against the mass,  $m$ , of the scoring volume, as this volume is gradually changed in size for a given incident radiation fluence. The shaded portion represents the range where statistical fluctuations become important as the volume (i.e.  $m$ ) is getting smaller. (From Rossi, H. H., Radiation Dosimetry, Vol. 1, Academic Press, New York, 1968.)

# INTRODUCTION

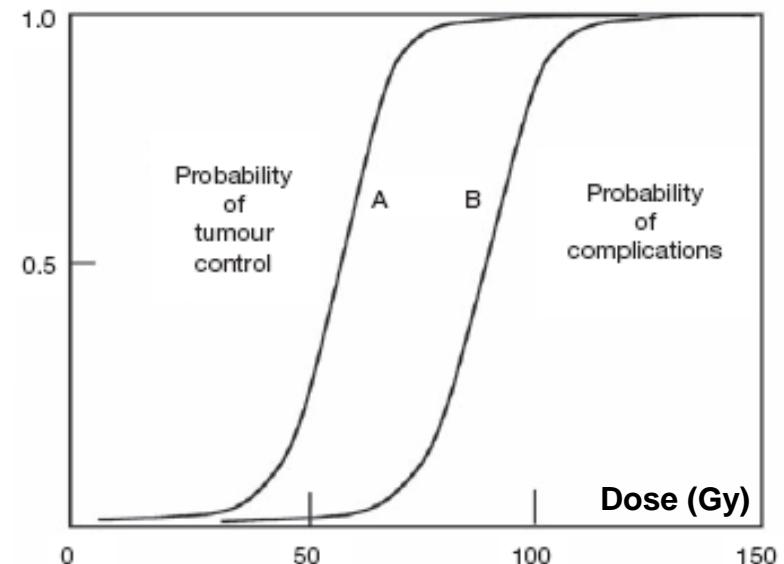
## Requirements on accuracy in radiotherapy

- What accuracy is required on the **absolute absorbed dose** ?
- What accuracy is required on **spatial distribution** of dose ?  
(geometric accuracy of treatment unit, Patient positioning etc.)

# INTRODUCTION

## Requirements on accuracy in radiotherapy

- Such requirements can be based on evidence from dose response curves (TCP and NTCP)
- Steepness of a given TCP or NTCP curve defines the change in response expected for a given change in delivered dose.
- Thus uncertainties in delivered dose translate into either reductions in the TCP - or increases in the NTCP, both of which worsen the clinical outcome.



# INTRODUCTION

## Requirements on accuracy in radiotherapy

- ICRU Report No. 24 (1976) concludes:

**An uncertainty of 5 % is tolerable in the delivery of absorbed dose to the target volume.**

- From the general aim of an accuracy approaching 5 % (95 % confidence level), a **definition for an accidental exposure** can be derived:

**A generally accepted limit is about twice the accuracy requirement**

**i.e., a 10 % difference should be taken as an accidental exposure**

- In addition, from clinical observations of outcome and of normal tissue reactions, there is good evidence that differences of 10% in dose are detectable in normal clinical practice.

Determination of  
Absorbed Dose in a  
Patient Irradiated by  
Beams of X or Gamma  
Rays in Radiotherapy  
Procedures



INTERNATIONAL COMMISSION  
ON RADIATION UNITS  
AND MEASUREMENTS

# INTRODUCTION

## Requirements on accuracy in radiotherapy

### Example of accidental exposure

Report\* on an incident from “Institute Gustave Roussy”, Villejuif, South Paris

- Patients with squamous cell carcinoma of the tonsil were randomized in an internal study.
- The study was intended to demonstrate that HE-Electrons and HE-Photons give the same effect on tumors.
- Nominally identical doses were given (18 x 2.5Gy in 40days).
- Tumor regression during the treatment was recorded.

\* Flamant, R., Malaise, E., Dutreix, J., Hayem, M., Pierquin, B., Tubiana, M. and Dutreix, A. Un essai thérapeutique clinique sur l'irradiation des cancers amygdaliens par faisceaux de photons ou d'électrons de 20 MeV. Eur. J. Cancer 3: 169–181, 1967.

# INTRODUCTION

## Requirements on accuracy in radiotherapy

### Report on an incident from “Institute Gustave Roussy” (2)

- A smaller efficiency for the electron treatment was observed.

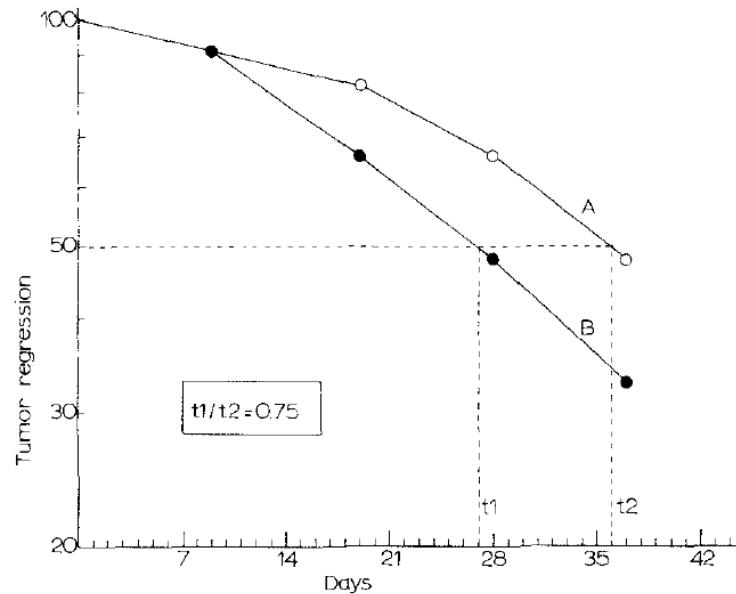


Fig. 1. Average regression of tonsil tumours for patients randomised into two groups A and B treated with dose fractions of 2.23 and 2.46 grays, respectively, 3 times a week as a function of the number of days. The difference is statistically significant although the number of patients treated is small (19 and 22 respectively).

# INTRODUCTION

## Requirements on accuracy in radiotherapy

Report on an incident from “Institute Gustave Roussy” [3]

- This observation lead to the immediate discontinuation of the trial.
- A new calibration for the dosimeters was achieved.
- The new calibration lead to a >7% difference between EL and PH
- The authors stated that this could explain the difference of tumor regression between two kinds of treatment.
- Complications?

Yes, 10% deviations in dose can be detected

# INTRODUCTION

## Requirements on accuracy in radiotherapy

Single uncertainties [E. Hassenstein, F. Nüsslin 1985]

- uncertainties in therapy planning: 5.3%
- uncertainties in dose delivery: 4%
- patient setup uncertainties: 2%
- calibration of Dosimeter: 2.1%
- actual dose rate of the Linac: 3%

Combined uncertainty: 3-4%

# RADIATION DOSIMETERS

# RADIATION DOSIMETERS

## TABLE OF CONTENTS

- 1) Introduction
- 2) Properties of dosimeters
- 3) Ionization chamber dosimetry systems
- 4) Film dosimetry
- 5) Luminescence dosimetry
- 6) Semiconductor dosimetry
- 7) Other dosimetry systems
- 8) Primary standards
- 9) Summary of commonly used dosimetry systems

# INTRODUCTION

## What is a dosimeter?

- A **dosimeter** is a device that measures directly or indirectly
    - absorbed dose
    - exposure
    - equivalent dose
    - or other related quantities.
  - The dosimeter along with its reader is referred to as a **dosimetry system**.
- > ICRU Report 85

# Introduction

## Properties of dosimeters

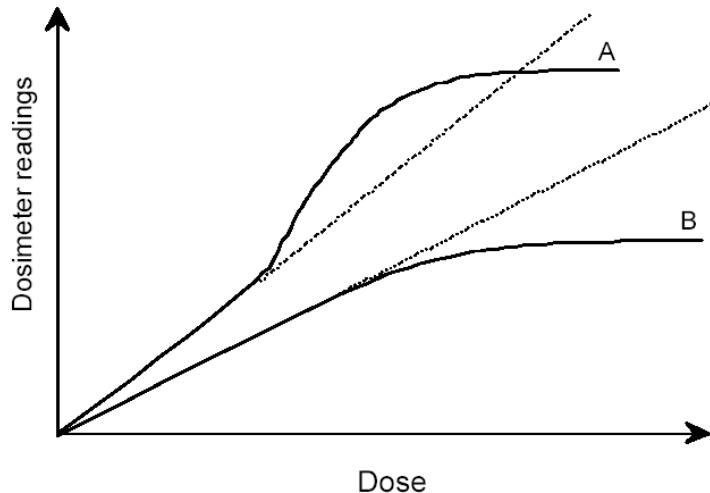
A **useful** dosimeter exhibits the following **properties**:

- High accuracy and precision
- Linearity of signal with dose over a wide range
- Small dose rate and dose dependence
- Flat Energy response
- Small directional dependence
- High spatial resolution
- Large dynamic range

# PROPERTIES OF DOSIMETERS

## Linearity

- The dosimeter reading should be linearly proportional to the dosimetric quantity.
- Beyond a certain range, usually a non-linearity sets in.
- This effect depends on the type of dosimeter.



Case A: TLD

- linearity
- supralinearity
- saturation

Case B: Radiographic Film

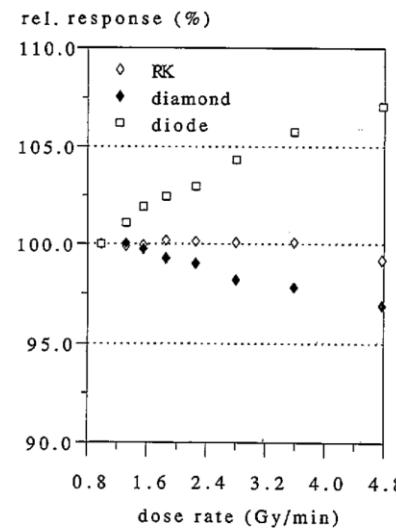
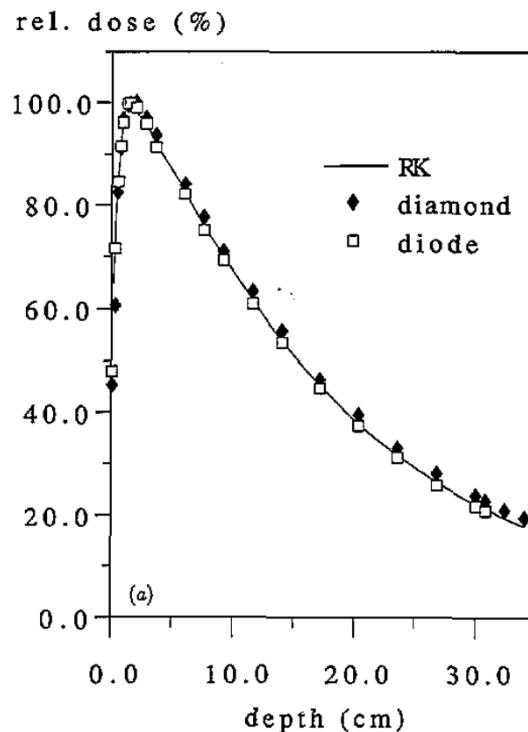
- linearity
- saturation

# PROPERTIES OF DOSIMETERS

## Dose rate dependence

Example: Diode detector and Diamond detector

The response of the detectors is dose rate dependent. This dependence can be taken into account by a correction factor that is a function of dose rate.



P W Hoban et al 1994 Phys. Med. Biol. 39 1219

This dependence can be taken into account by a correction factor that is a function of dose rate.

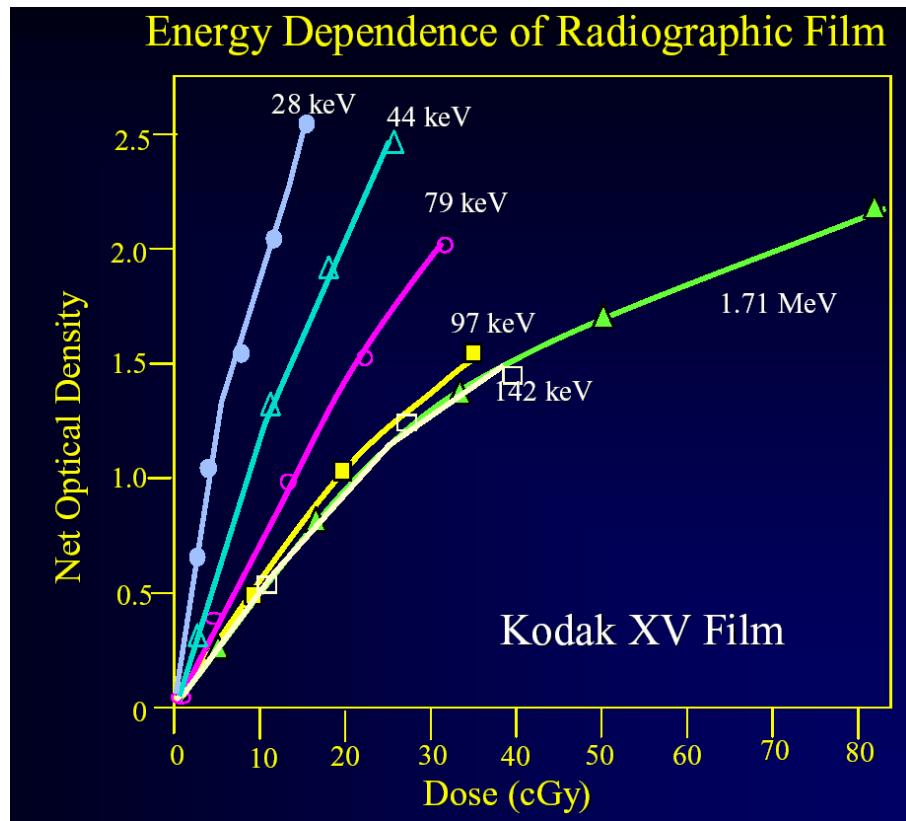
# PROPERTIES OF DOSIMETERS

## Energy dependence

The response of a dosimetric system is generally a function of the radiation energy.

*Example:*

Energy dependence of radiographic film.



# PROPERTIES OF DOSIMETERS

## Energy dependence

- The term "radiation quality" is frequently used to express a specific distribution of the energy and type of radiation.
- Therefore, dependence on energy can also be called **dependence on radiation quality**
- Since calibration is done at a specified beam quality (e.g.  $^{60}\text{Co}$ ), a reading should generally be corrected if the user's beam quality is not identical to the calibration beam quality.

# PROPERTIES OF DOSIMETERS

## Energy dependence

- *Example:*

A well known example of energy dependence is the determination of absorbed dose by an ionization chamber calibrated in terms of absorbed dose to water in a calibration radiation quality (usually  $^{60}\text{Co}$  beam)

- The determination of absorbed dose in a user beam - different from a  $^{60}\text{Co}$  beam – requires a quality correction factor

$$D_{W,Q} = M_Q \cdot N_{Dw(60\text{Co})} \cdot k_Q$$

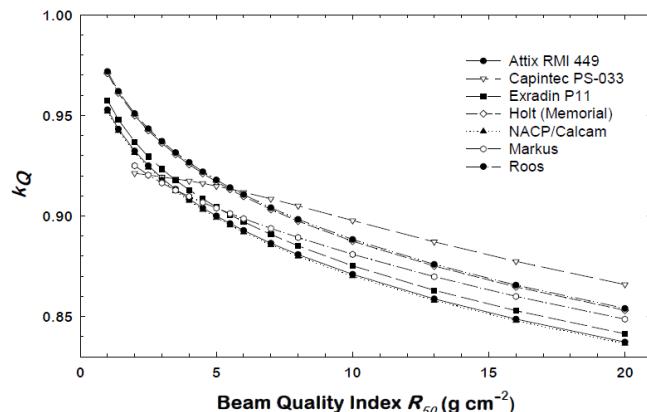


Figure 7.1. Calculated  $k_Q$  values for electron beams, for various plane-parallel chamber types calibrated in  $^{60}\text{Co}$  gamma radiation.

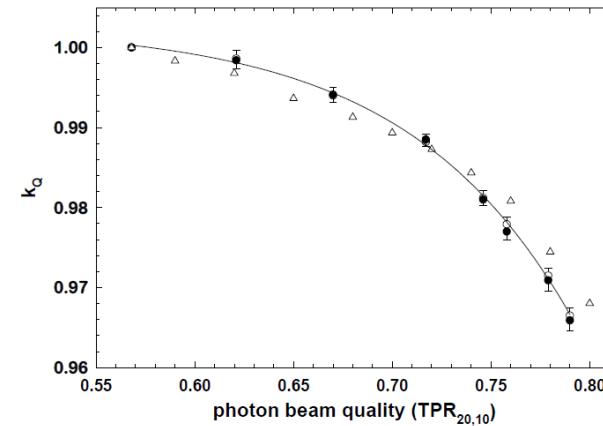


Fig. 4.1. Mean values of  $k_Q$  at various photon beam qualities measured at the NPL for Secondary Standard ionization chambers of the type NE 2561 (open circles) and NE 2611 (filled circles) [60]. The solid line is a sigmoidal fit to the experimental data. The uncertainty bars represent chamber to chamber variations, determined as the standard deviations of samples of 13 NE 2561 (upper half) and 11 NE 2611 (lower half) chambers. The values of  $k_Q$  are normalized to a  $TPR_{20,10}$  of 0.568 ( $^{60}\text{Co}$  beam at the NPL). Calculated values of  $k_Q$  for these chambers given in Table 6.III are included for comparison (triangles); note that the calculated values do not distinguish between the two types of chamber.

ABSORBED DOSE DETERMINATION IN EXTERNAL BEAM RADIOTHERAPY:  
AN INTERNATIONAL CODE OF PRACTICE FOR DOSIMETRY  
BASED ON STANDARDS OF ABSORBED DOSE TO WATER  
IAEA, VIENNA, 2000

# PROPERTIES OF DOSIMETERS

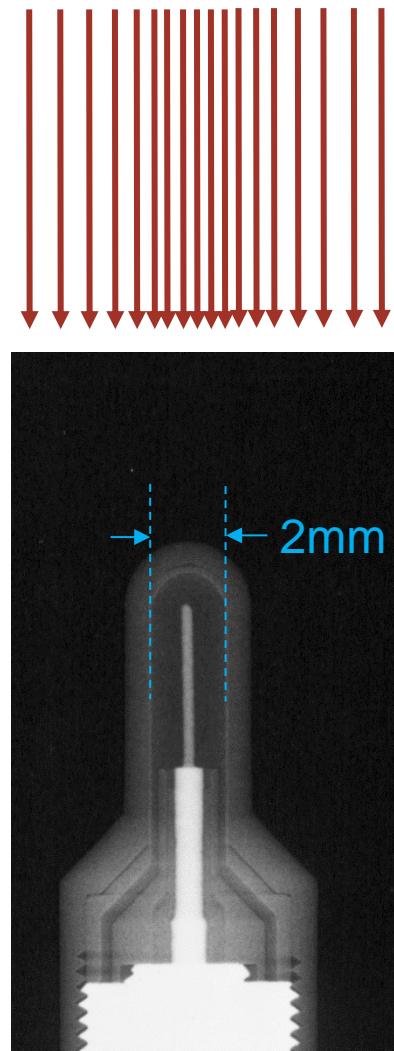
## Directional dependence

- The variation in response as a function of the angle of the incidence of the radiation is called the **directional dependence** of a dosimeter.
- Due to construction details and physical size, dosimeters usually exhibit a certain directional dependence.

# PROPERTIES OF DOSIMETERS

## Spatial resolution and physical size (1)

- The quantity absorbed dose is a “point-like” quantity.
- Ideal measurement requires a point-like detector
- Examples that approximate a ‘point’ measurement are:
  - pin-point micro-chamber
  - Diodes, Diamond detectors
  - TLDs



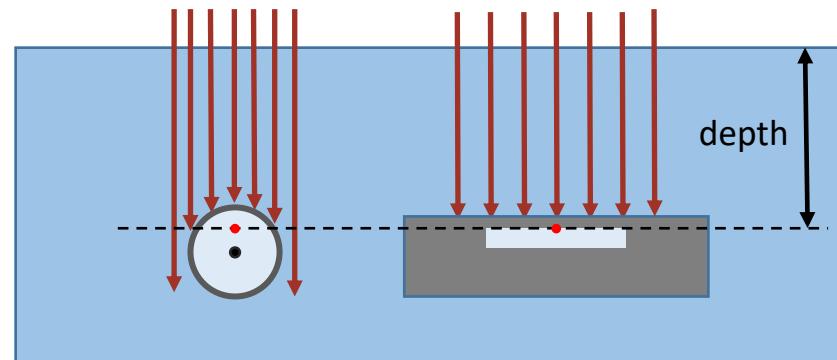
- Radiographic film, where the ‘point’ is defined by the resolution of the film scanner

# PROPERTIES OF DOSIMETERS

## Spatial resolution and physical size (2)

- Ionisation chamber-type dosimeters normally have a larger finite size.
  - Therefore the measurement results correspond to the integral over the sensitive volume.
  - But the measurement results can be attributed to a point within the volume referred to as  
**effective point of measurement.**
- Correct positioning of the ionisation chamber is important

effective point of measurement •



# PROPERTIES OF DOSIMETERS

## Convenience of use (1)

- Ionization chambers are **re-usable** with no or little change in sensitivity.
- Semiconductor dosimeters are re-usable but with a gradual loss of sensitivity.
- Some dosimeters are **not re-usable** at all:
  - film
- Some dosimeters measure a dose distribution in a single exposure:
  - films
  - TLD / OSLD

# PROPERTIES OF DOSIMETERS

## Convenience of use (2)

- Re-usable dosimeters that are rugged and handling does not influence their sensitivity are:
  - ionization chambers
  - Diodes, diamonds
- Re-usable dosimeters that are sensitive to handling are:
  - TLDs

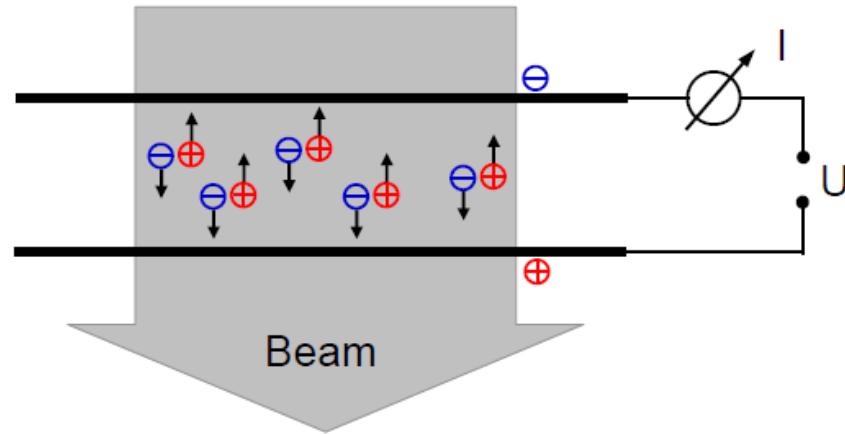
# IONIZATION CHAMBER DOSIMETRY

# IONIZATION CHAMBER DOSIMETRY

## Chambers and electrometers

What is an ionisation chamber and how does it work?

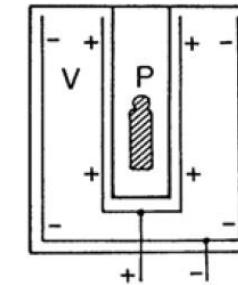
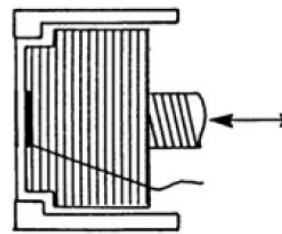
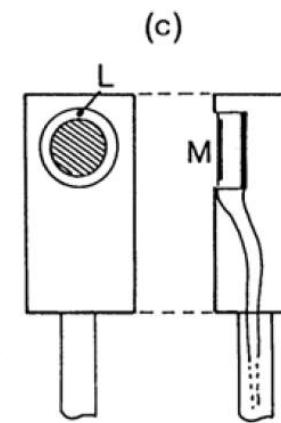
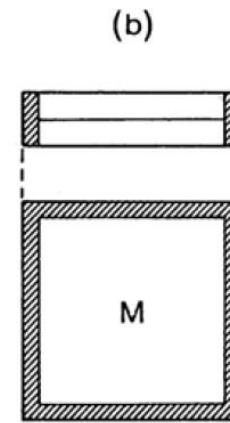
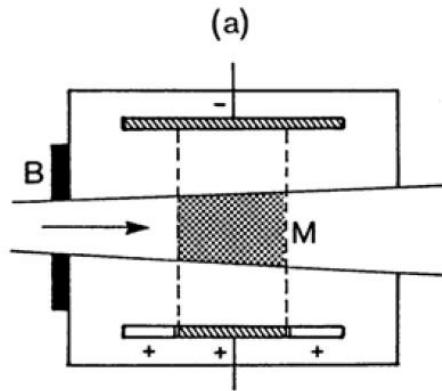
- Cavity filled with gas (usually air)
- Two electrodes on HV ( $U$ )
- Beam ionises air molecules
- Charge separation in electric field
  - Current ( $I$ )  $\sim$  Dose rate
  - Charge ( $Q = \int I dt$ )  $\sim$  Dose
- Usually open to ambient air  
( $p$  vary  $\rightarrow$  correction)



# IONIZATION CHAMBER DOSIMETRY

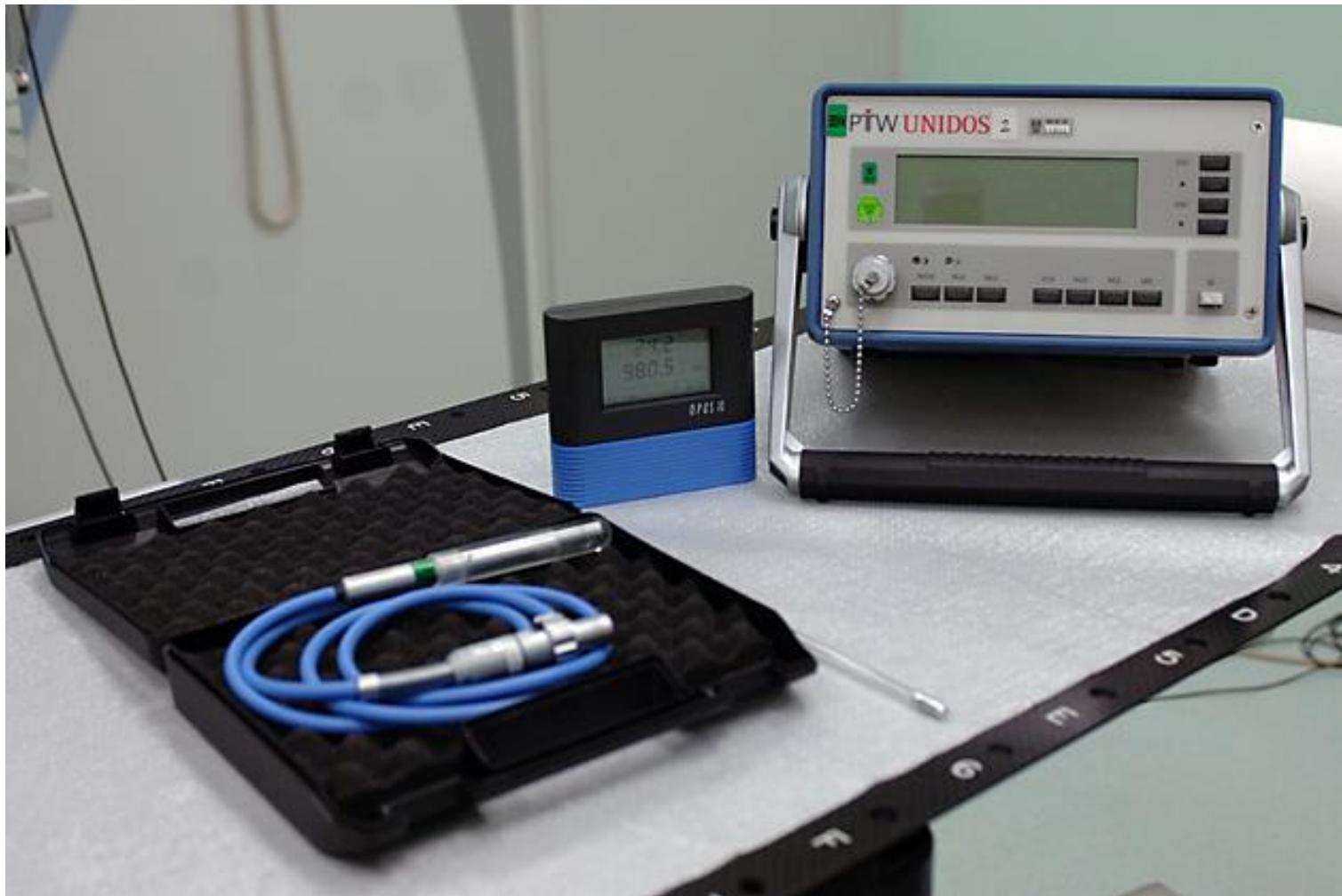
## Chambers and electrometers

Variety off different shapes and constructions



# IONIZATION CHAMBER DOSIMETRY

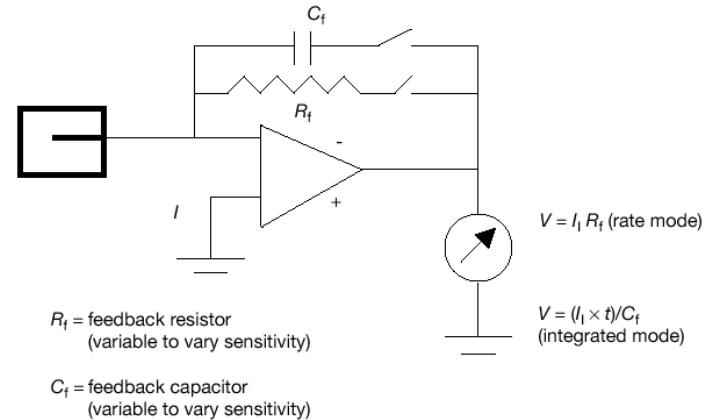
## Chambers and electrometers



# IONIZATION CHAMBER DOSIMETRY

## Chambers and electrometers

An electrometer is a high gain, negative feedback, operational amplifier with a standard resistor or a standard capacitor in the feedback path to measure the **chamber current** and **charge**, respectively, collected over a fixed time interval.



# IONIZATION CHAMBER DOSIMETRY

## Cylindrical ionization chamber

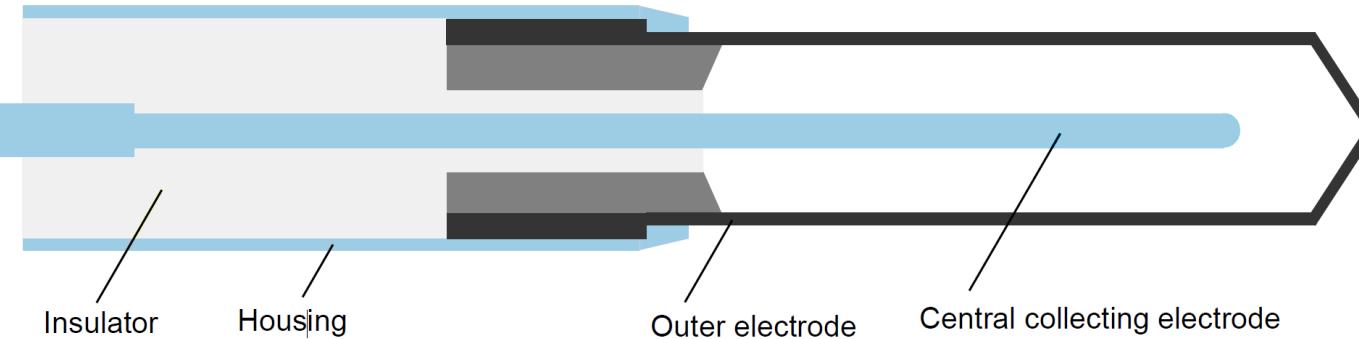
- Most popular design
- Independent of radial beam direction
- Typical volume between 0.05 – 1.00 cm<sup>3</sup>
- Typical diameter ~ 3 - 7 mm
- Length ~4 - 25 mm
- Thin walls: ~0.1 g/cm<sup>2</sup>
- Used for:
  - electron, photon, proton, or ion beams.



# IONIZATION CHAMBER DOSIMETRY

## Cylindrical Chamber

Basic design of a cylindrical ionization chamber.

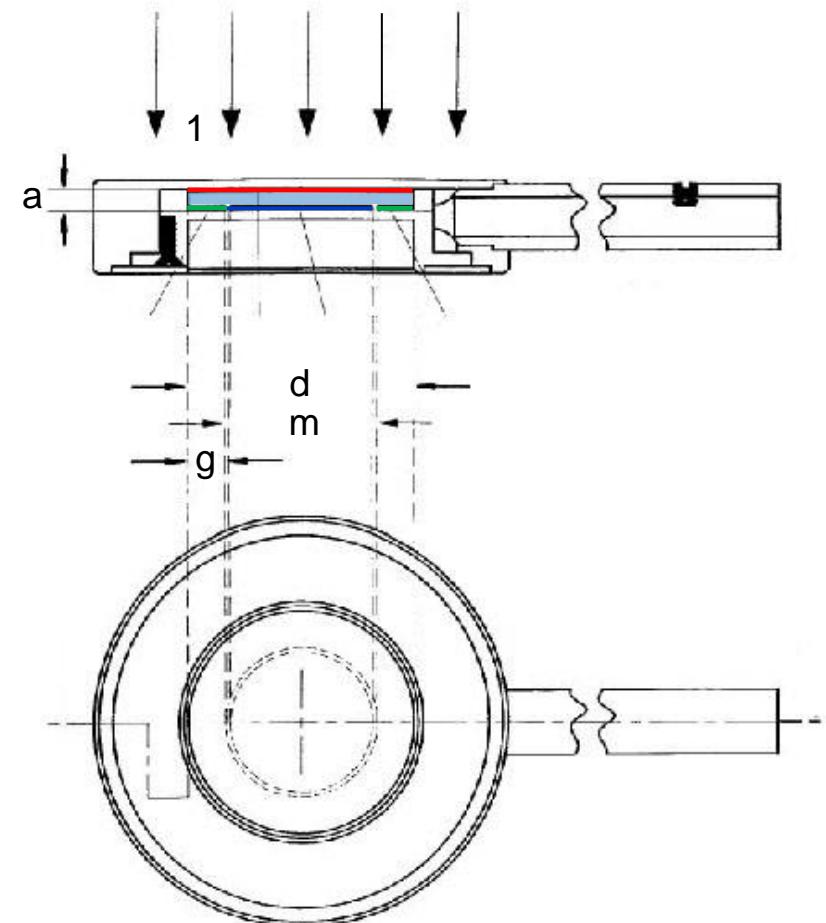
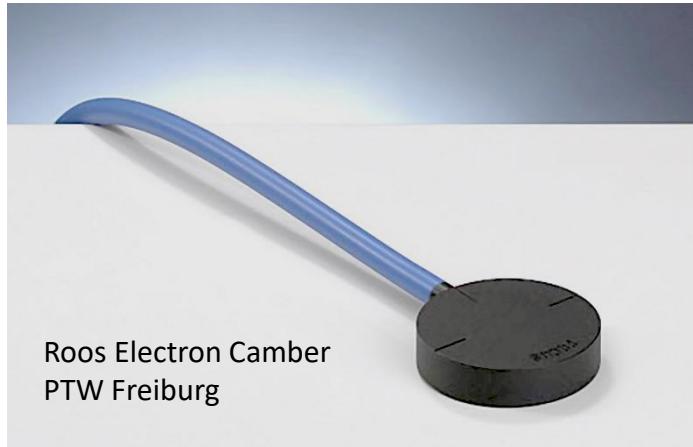


- A cylindrical ionization chamber is basically a **gas filled cavity** surrounded by a conductive **outer wall** and having a **central collecting electrode**.
- The outer electrode is either made of conducting plastics, graphite or Perspex with a thin layer of graphite on the inner surface.

# IONIZATION CHAMBER DOSIMETRY

Parallel-plate (plane-parallel) ionization chamber

- 1 Polarizing electrode
- 2 Measuring electrode
- 3 Guard ring



# IONIZATION CHAMBER DOSIMETRY

## Parallel-plate (plane-parallel) ionization chamber

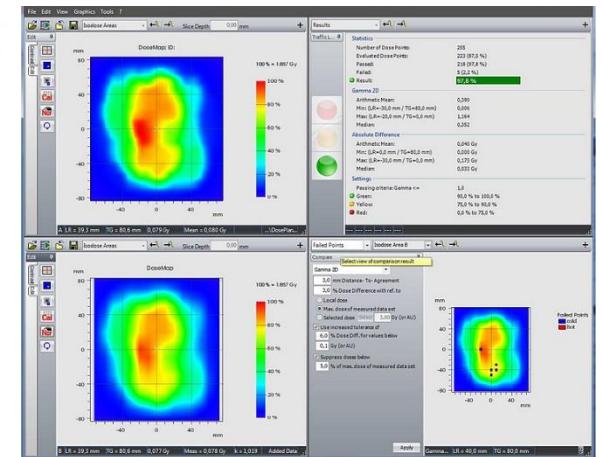
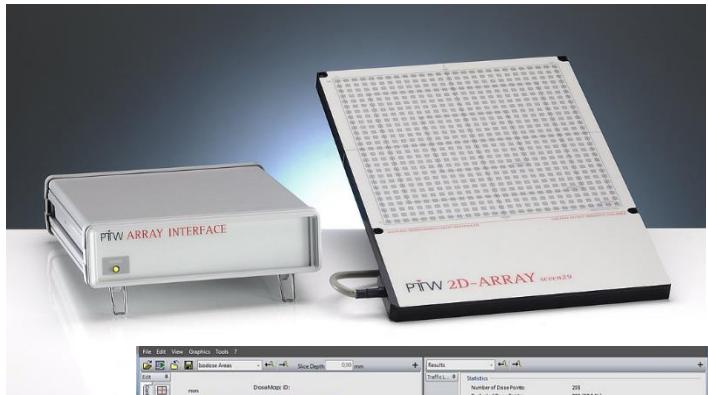
- The parallel-plate chamber is recommended for dosimetry of electron beams with energies below 10 MeV.
- For low energy X-rays, special designs are recommended
- It is useful for depth dose measurements.
- It is also used for surface dose and depth dose measurements in the build-up region of megavoltage photon beams.

# IONIZATION CHAMBER DOSIMETRY

## Chamber arrays

### Examples of a chamber arrays

- 729 ionization chambers
- Volume of each: 5 mm x 5 mm x 4 mm
- Calibrated in terms of absorbed dose
- Commercialized software available



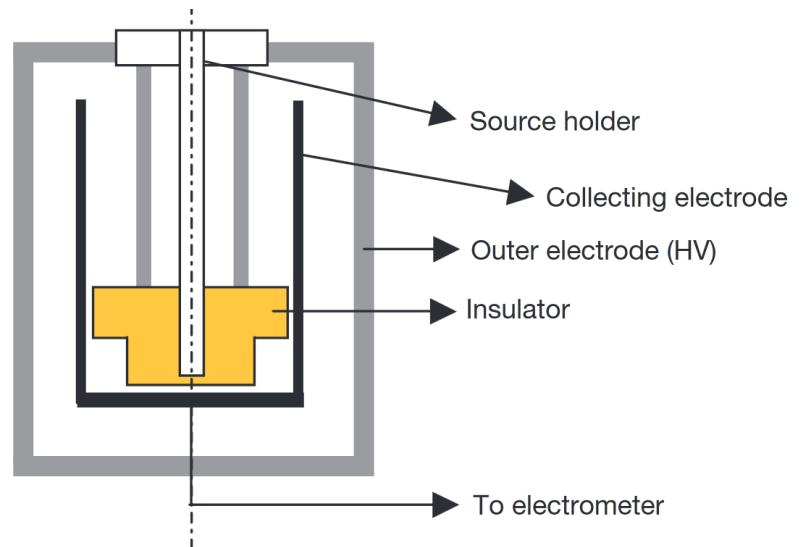
# IONIZATION CHAMBER DOSIMETRY

## Brachytherapy chamber

### Well type chamber



- High sensitivity (useful for low rate sources as used in brachytherapy)
- Large volumes (about 250 cm<sup>3</sup>)
- Can be designed to accommodate various source sizes

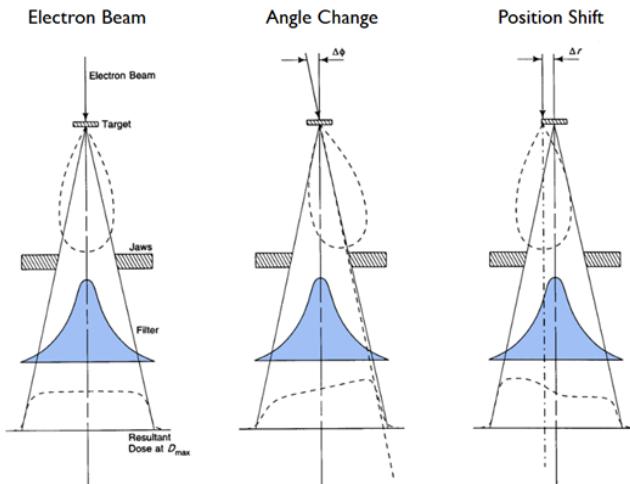


# IONIZATION CHAMBER DOSIMETRY

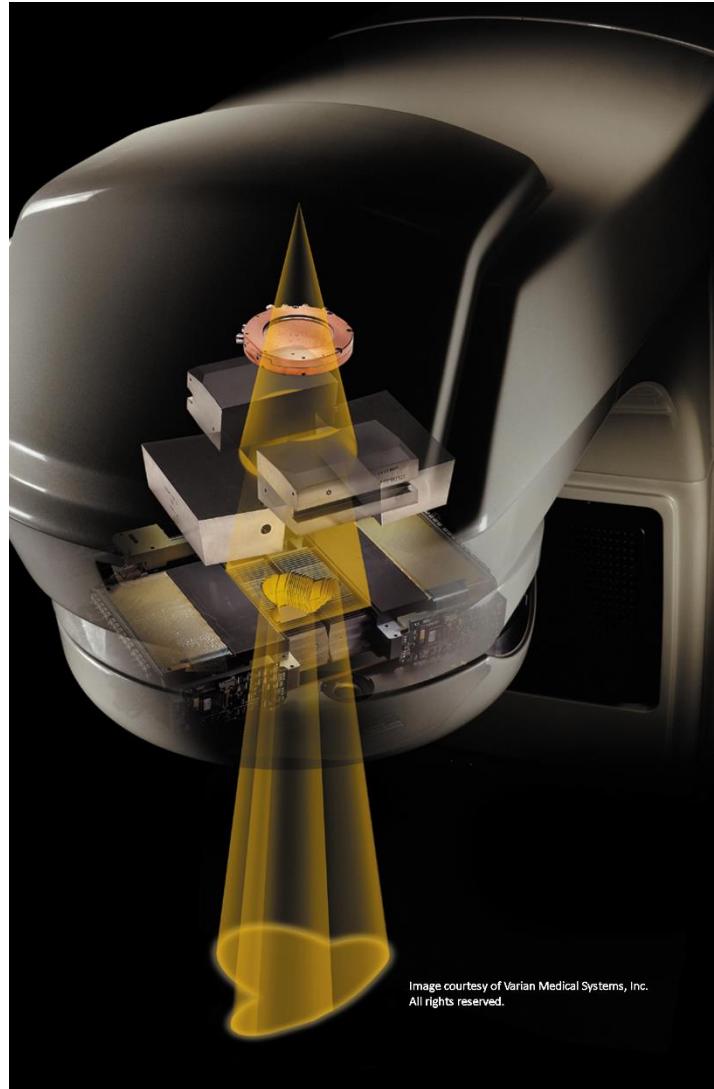
## Monitor Chamber

### Monitor chamber of a Linac

- Terminates the exposure (reaching MU setting)
- Two integrated chamber systems (backup monitor)
- segmented chamber



- Usually air-filled, sealed
- used also for beam steering in a feedback loop



# IONIZATION CHAMBER DOSIMETRY

## Monitor Chamber (3)

- The monitor chamber must be calibrated under reference conditions with a reference chamber (traceable to a primary standard dosimetry laboratory).

absolute dosimetry

- Open monitor chambers must be continuously monitored for pressure and temperature. The reading must be corrected accordingly.

# FILM DOSIMETRY

# FILM DOSIMETRY

## Radiographic film

Typical applications of a radiographic film in radiotherapy are:

- Qualitative and quantitative dose measurements (including electron beam dosimetry)
- Quality control of radiotherapy machines
  - congruence of light and radiation fields
  - determination of the position of a collimator axis
  - dose profile at depth in phantom
  - the so called star-test
- Verification of treatment techniques in various phantoms
- Portal imaging

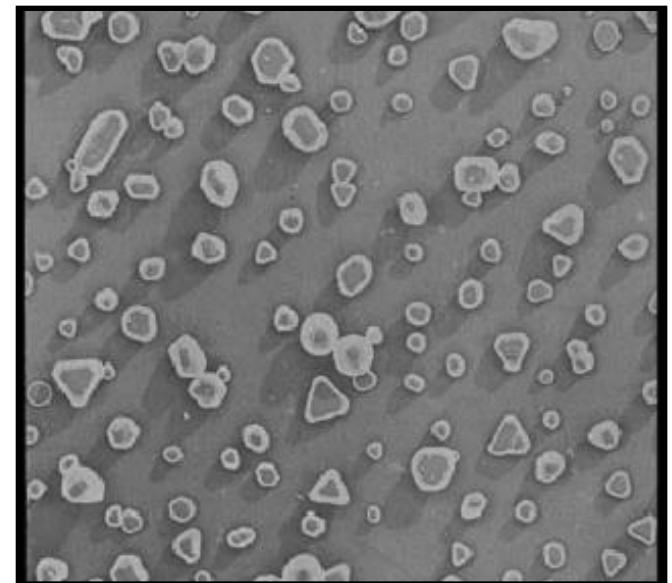
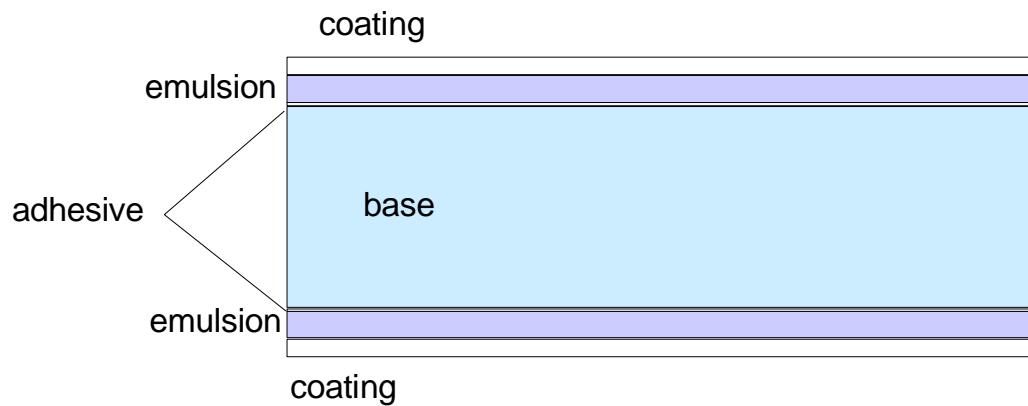
Important aspect:  
Film has also an archival property

# FILM DOSIMETRY

Radiographic film

Principle(1):

- A thin plastic base layer ( $200\text{ }\mu\text{m}$ ) is covered with a radiation sensitive emulsion of Ag Br-crystals in gelatine ( $10 - 20\text{ }\mu\text{m}$ ).



Electron micrograph of Ag Br grains  
in gelatine with size of  $0.1 - 3\text{ }\mu\text{m}$

## 3.4 FILM DOSIMETRY

### 3.4.1 Radiographic film

- Principle (2):
- Light transmission is a function of the film opacity and can be measured in terms of optical density (OD) with devices called densitometers.
- The *OD* is defined as

$$OD = \log_{10} \left( \frac{I_0}{I} \right)$$

$I_0$  = Initial light intensity

$I$  = Intensity transmitted through the film

and is a function of dose.

- Film gives excellent 2-D spatial resolution and, in a single exposure, provides information about the spatial distribution of radiation in the area of interest.

# FILM DOSIMETRY

## Radiographic film

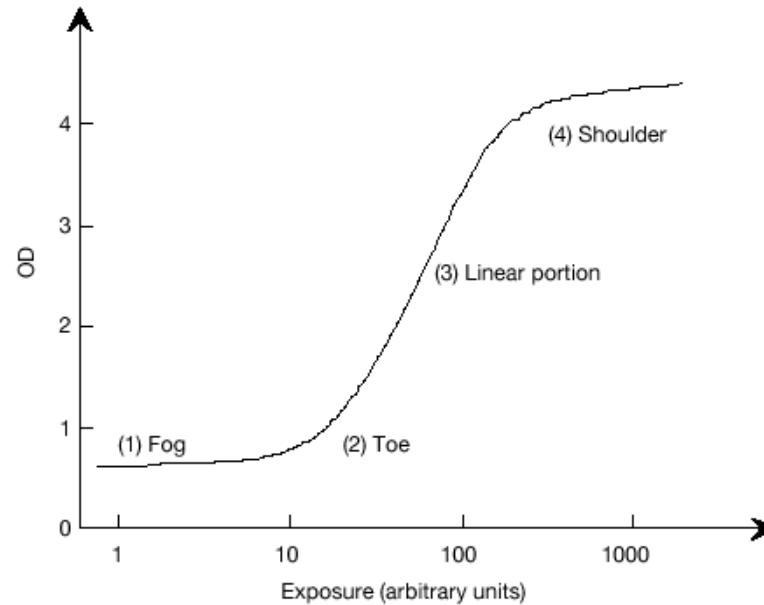
- The response of the film depends on several parameters, which are difficult to control.
- Consistent processing of the film is a particular challenge.
- The useful dose range of film is limited and the energy dependence is pronounced for lower energy photons.
- Typically, film is used for qualitative dosimetry, but with proper calibration, careful use and analysis film can also be used for dose evaluation.

# FILM DOSIMETRY

Radiographic film

## Important: The dose – *OD* relationship

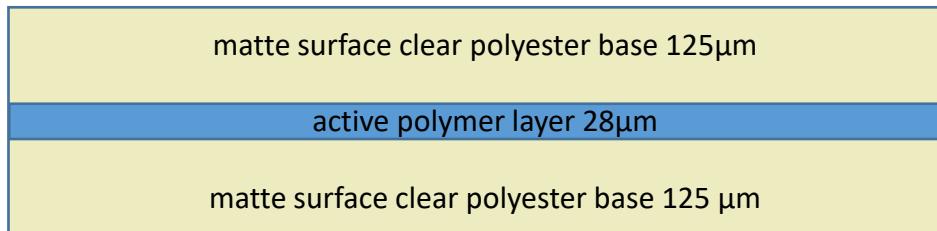
- Ideally, the relationship between the dose and *OD* should be linear.
- Some emulsions are linear, some are linear over a limited dose range, and others are non-linear.
- For each film batch, the dose versus *OD curve* must be established before using it for dosimetry work.



# FILM DOSIMETRY

## Radiochromic film

- Radiochromic film is a new type of film well suited for radiotherapy dosimetry.
- This film type is self-developing, requiring neither developer nor fixer.
- Principle: Radiochromic film contains a special dye that is polymerized and develops a blue color upon exposure to radiation.
- Similarly to the radiographic film, the **radiochromic** film dose response is determined with a suitable densitometer (flat bed scanner in transmission mode).

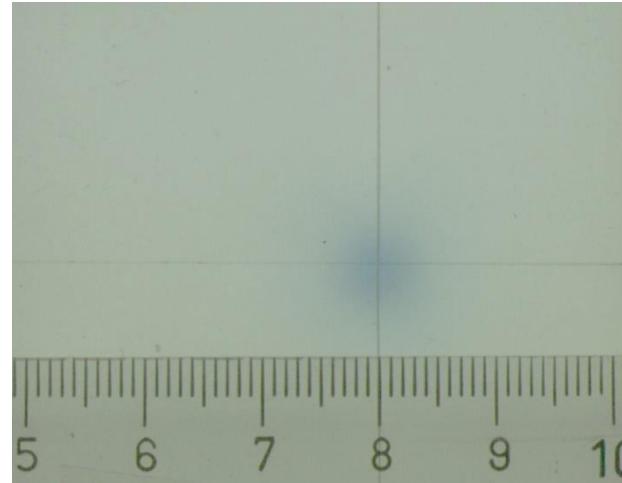


# FILM DOSIMETRY

## Radiochromic film

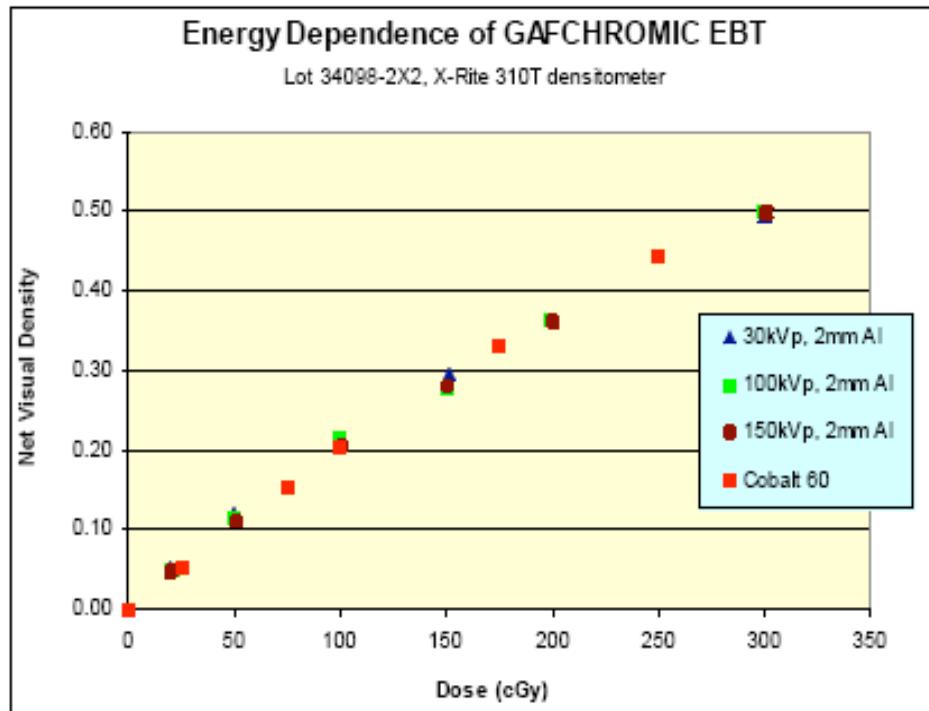
*Example:* (QA Test of target positioning at a Gamma Knife):

Blue color produced by the focused radiation  
in a Gamma Knife



# FILM DOSIMETRY

## Radiochromic film



# FILM DOSIMETRY

## Radiochromic film

### Advantages

- No quality control on film processing needed
- Radiochromic film is grainless **very high resolution**
- Useful in high dose gradient regions for dosimetry, such as in:
  - stereotactic fields
  - the vicinity of brachytherapy sources
- Dose rate independence.
- Can be immersed in water
- cheap scanners

### Disadvantage

- GafChromic films are generally less sensitive than radiographic films

# LUMINESCENCE DOSIMETRY

# LUMINESCENCE DOSIMETRY

## definition of terms

- Upon absorption of radiation, some materials retain part of the absorbed energy in metastable states.
- When this energy is subsequently released in the form of ultraviolet, visible or infrared light, this phenomenon is called

**luminescence**

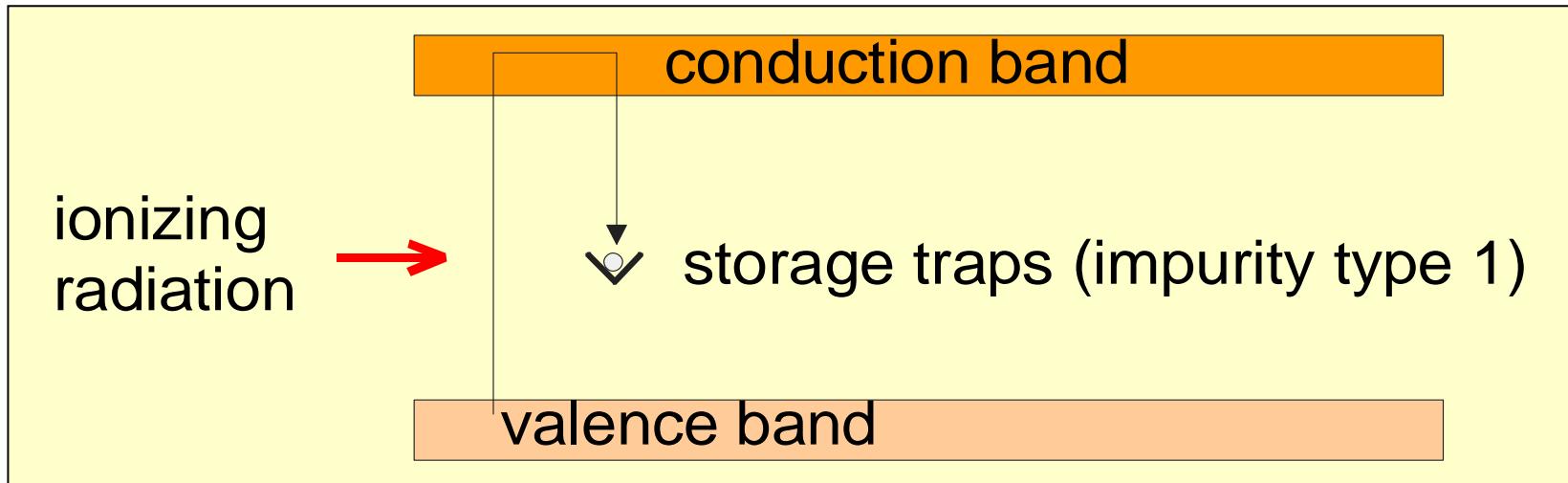
# LUMINESCENCE DOSIMETRY

## Definition of terms

- There are two types of luminescence:
  - fluorescence
  - phosphorescence
- The difference depends on the **time delay** between the stimulation and the emission of light:
  - Fluorescence has a time delay between  $10^{-10}$  to  $10^{-8}$  s
  - Phosphorescence has a time delay exceeding  $10^{-8}$  s

# LUMINESCENCE DOSIMETRY

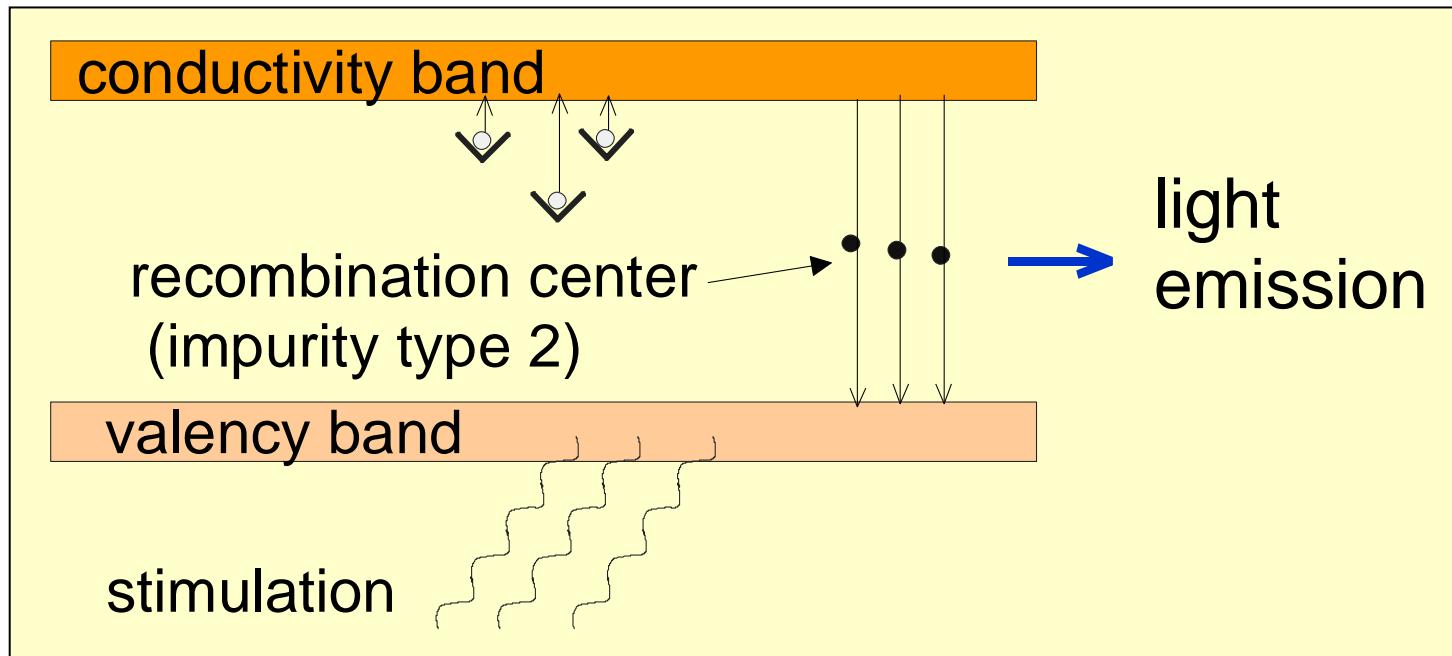
## The principle



- Upon radiation, free electrons and holes are produced.
- Luminescence material contains so-called *storage traps*.
- Free electrons and holes will either recombine immediately or become trapped (at any energy between valence and conduction band) in storage traps.

# LUMINESCENCE DOSIMETRY

## The principle



- Upon stimulation, the probability increases for the electrons to be raised to the conduction band ....
- and to release energy (light) when they combine with a positive hole

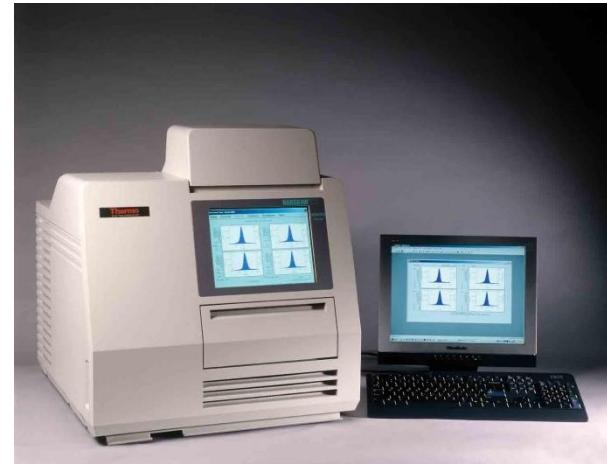
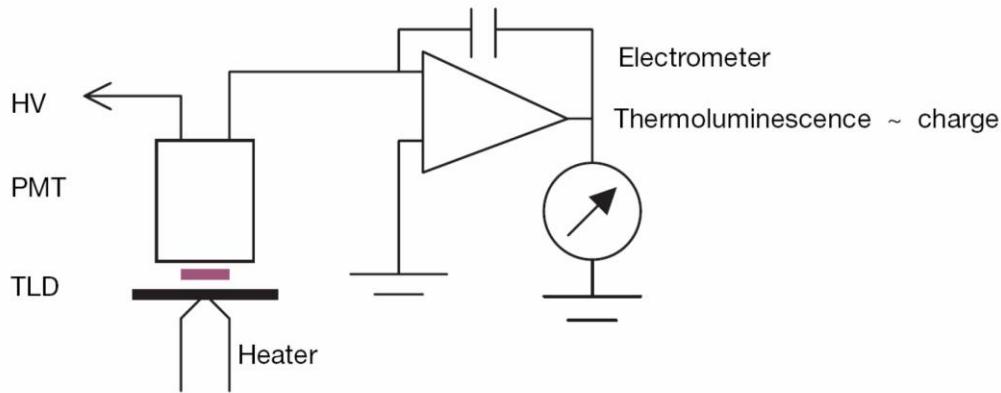
# LUMINESCENCE DOSIMETRY

## The principle

- For the Stimulation heat or light is used
- If the stimulating agent is **heat**, the phenomenon is known as **thermoluminescence (TL)**
- If the stimulating agent is **light**, the phenomenon is referred to as **optically stimulated luminescence (OSL)**

# LUMINESCENCE DOSIMETRY

## Thermoluminescence detector systems



A basic TLD reader system consists of:

- Planchet for positioning and heating the TLD dosimeter;
- Photomultiplier tube (PMT) to detect the TL light emission, convert it into electrical signal, and amplify it.
- Electrometer for recording the PMT signal as charge or current.
- Computer for evaluation

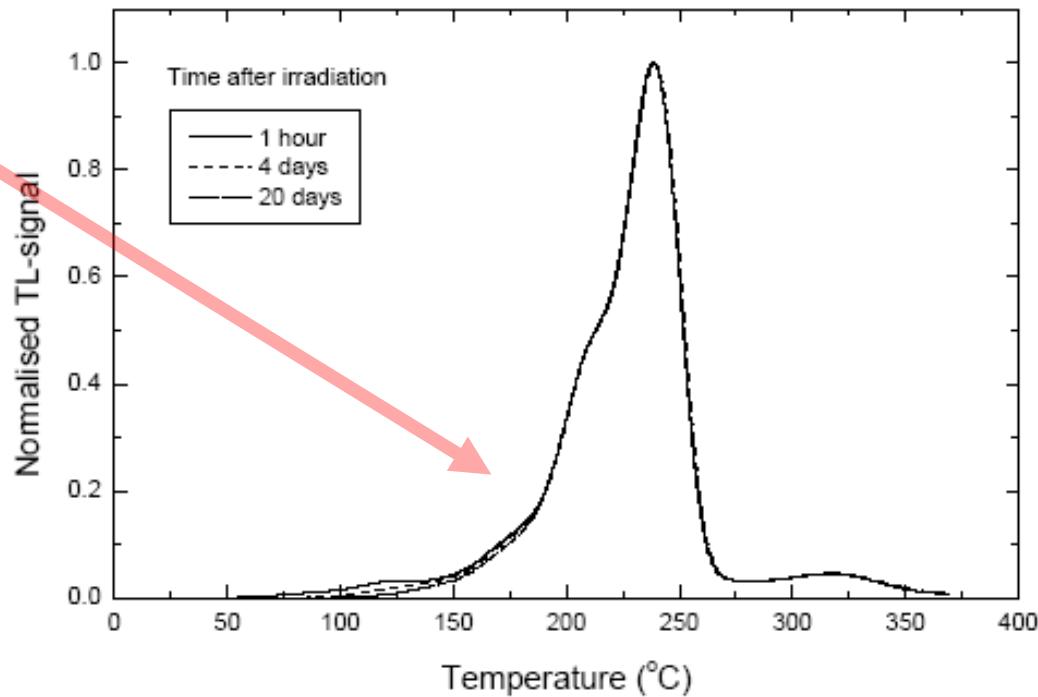
# LUMINESCENCE DOSIMETRY

## Thermoluminescence detector systems

The TL intensity emission is a function of the TLD temperature  $T$

TLD glow curve or thermogram:

Relevant quantity is the area  
under the curve



- TLDs are available in various forms (e.g., powder, chip, rod, ribbon).
- Before use, TLDs have to be annealed to erase any residual signal.

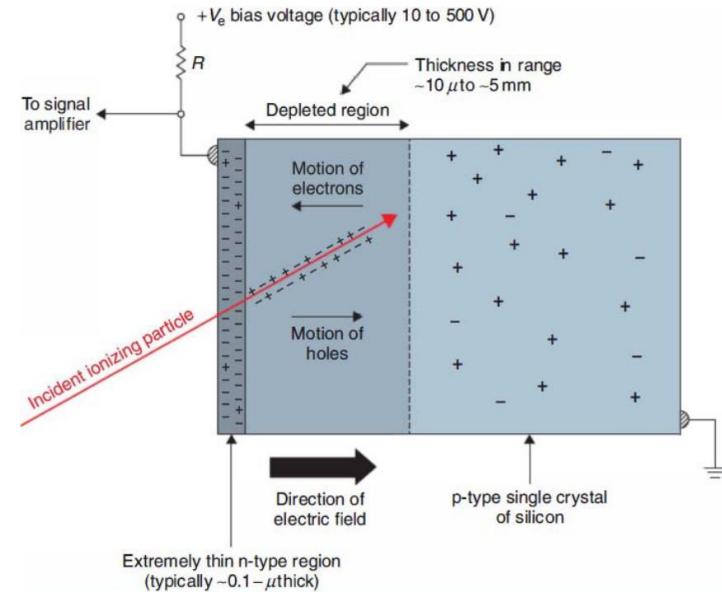
## OTHER DOSIMETRY SYSTEMS

(list by far not complete)

# OTHER DOSIMETRY SYSTEMS

## Semiconductor Dosimetry Systems

- A silicon diode dosimeter is working like a ...



# OTHER DOSIMETRY SYSTEMS

## Semiconductor Dosimetry Systems



### Some Properties

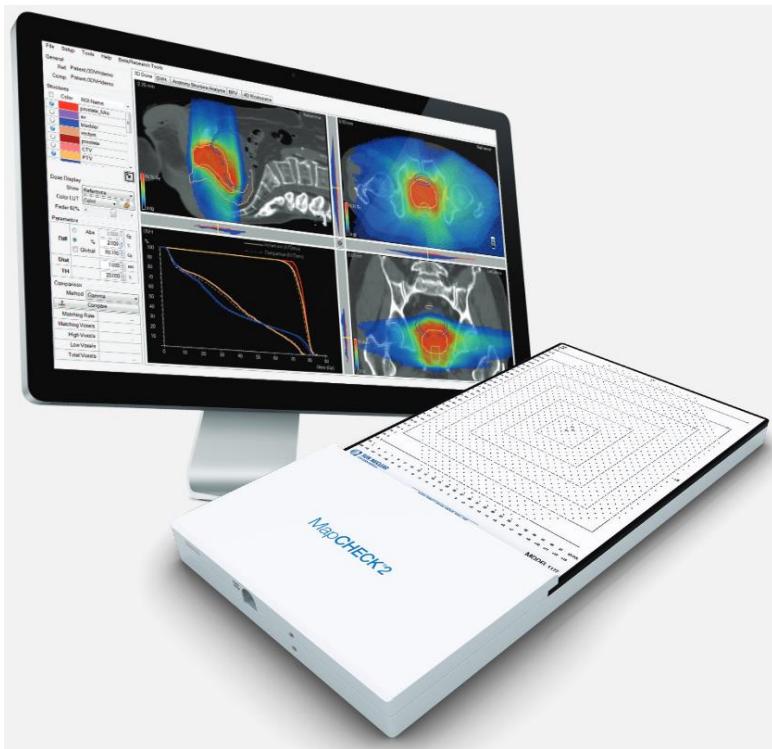
- Diodes are more sensitive and smaller in size than typical ionization chambers.
- Diodes require no external bias voltage -> invivo dosimetry
- Diodes are particularly useful for measurement in phantoms, for example of small fields used in stereotactic radiosurgery or high dose gradient areas such as the penumbra region.
- Diodes show a variation in dose response with temperature.  
-> invivo dosimetry
- Diodes show a dose rate dependence of the signal.
- They are relative dosimeters and should not be used for beam calibration, since their sensitivity changes with repeated use due to radiation damage.

# OTHER DOSIMETRY SYSTEMS

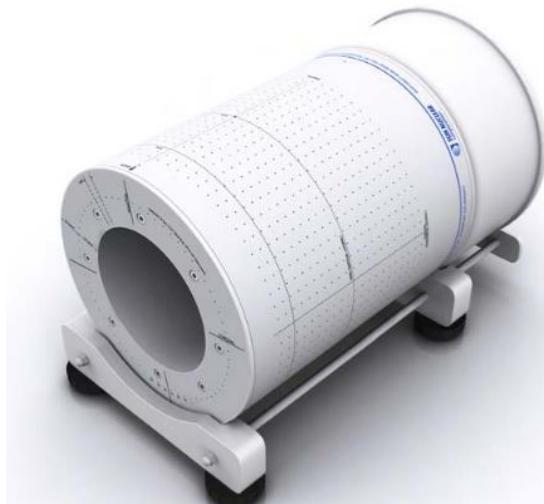
## Semiconductor Dosimetry Systems



Set of diodes for in-vivo dosimetry



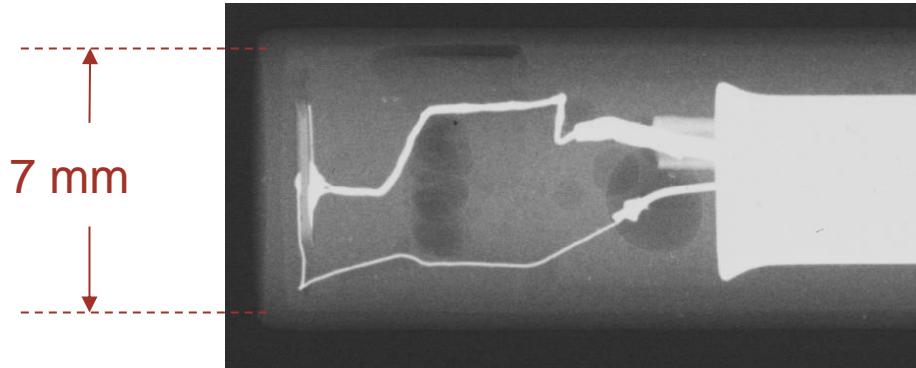
Diode for relative dose measurements in a water phantom



# OTHER DOSIMETRY SYSTEMS

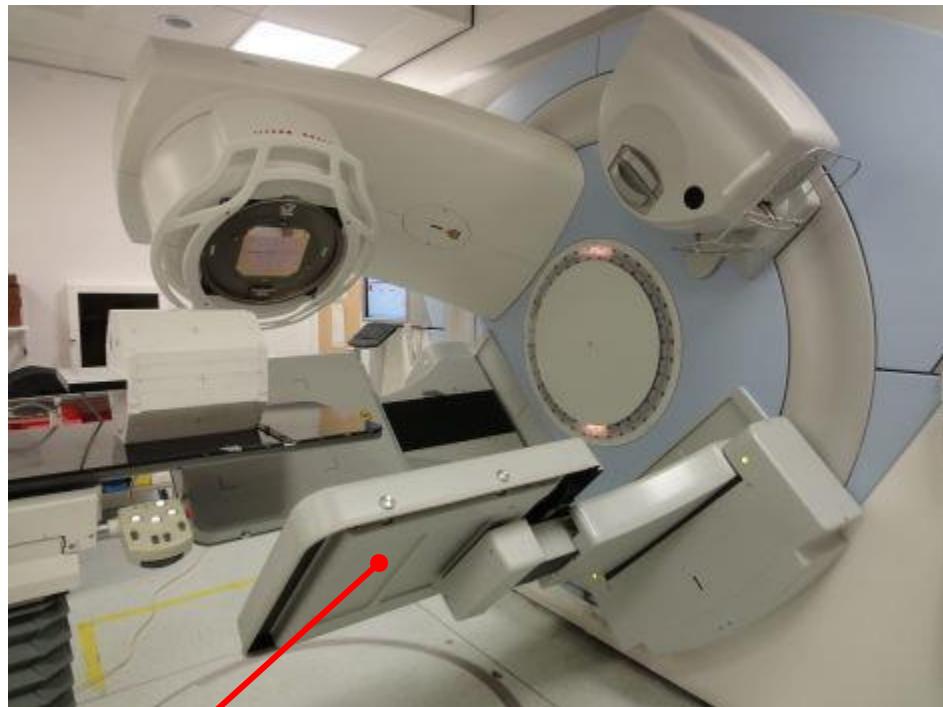
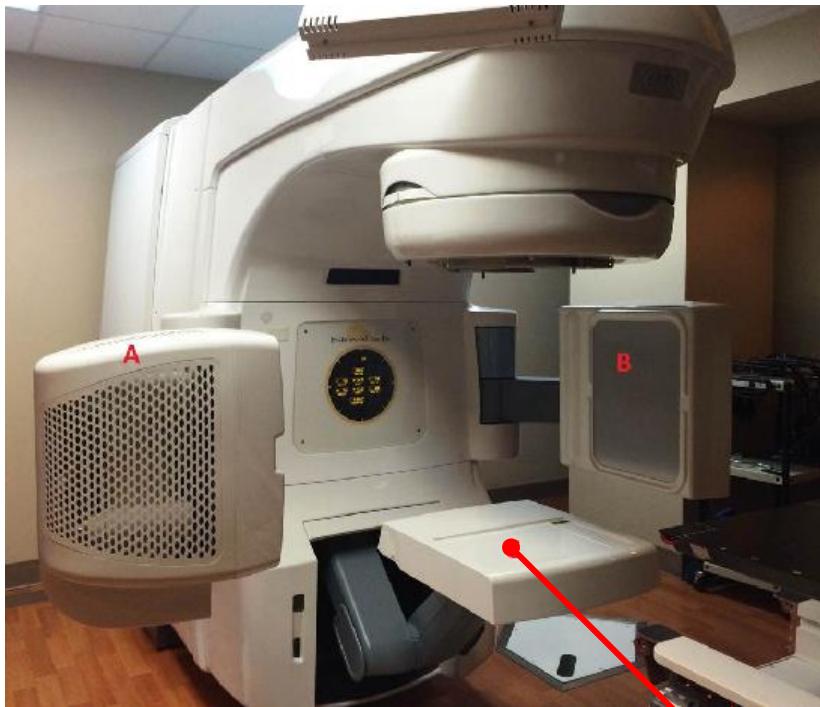
## Diamond Detector Systems

- The diamond detector is based on a natural diamond crystal sealed in polystyrene housing with a bias applied through thin golden contacts.
- Diamonds change their resistance upon radiation exposure. Under a biasing potential (100V), the resulting current is proportional to radiation dose rate.



# OTHER DOSIMETRY SYSTEMS

## Electronic Portal Imaging Devices

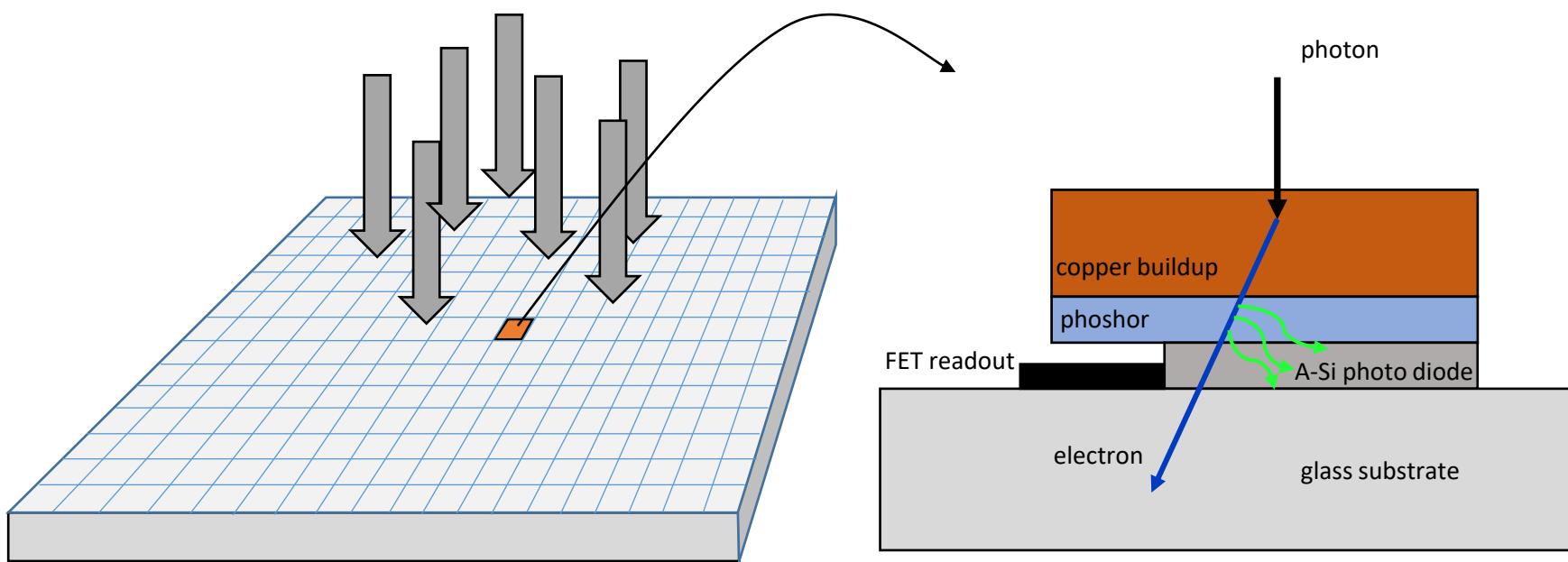


EPID = Electronic portal imaging device

# OTHER DOSIMETRY SYSTEMS

## Electronic Portal Imaging Devices

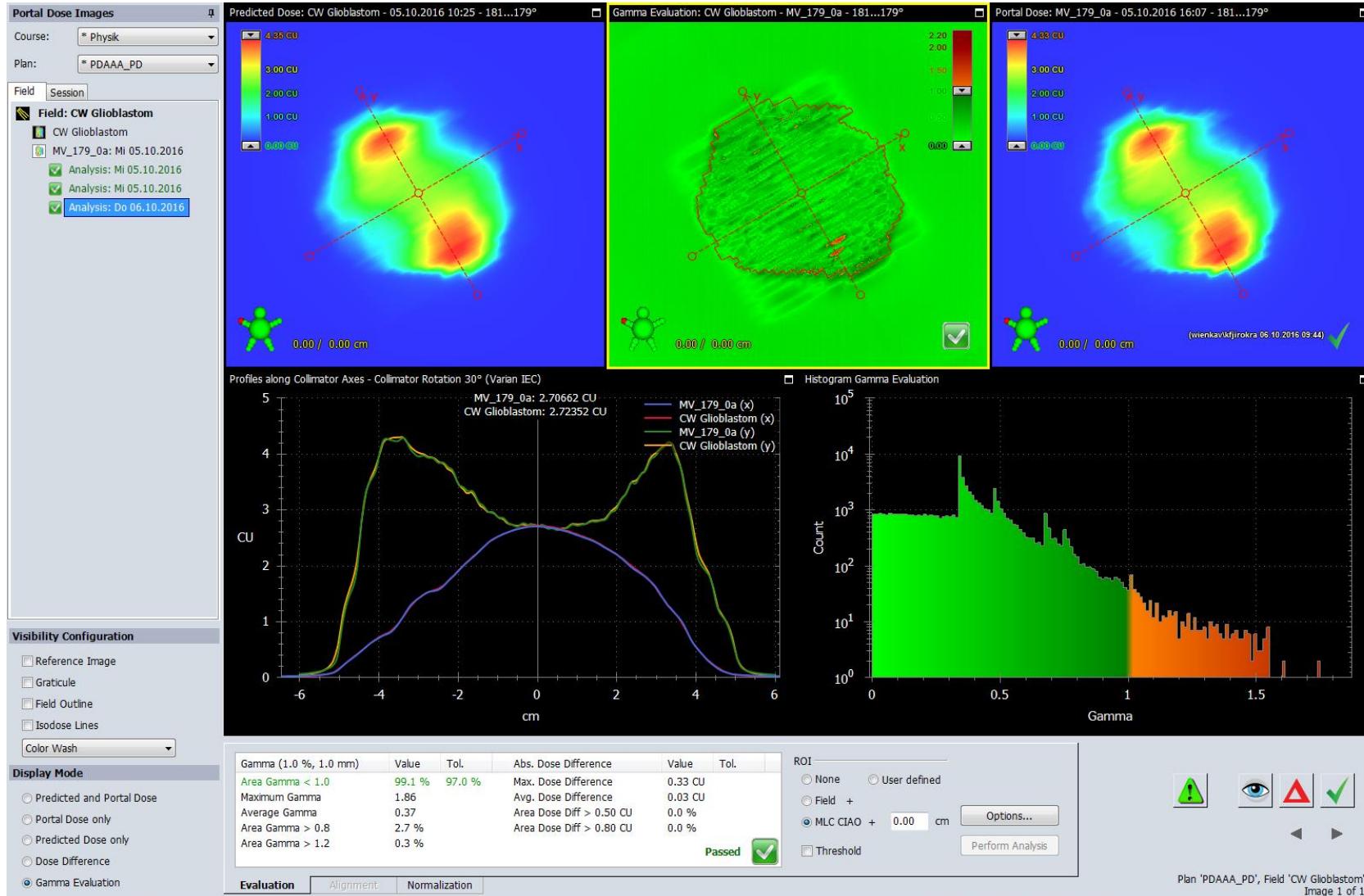
- Amorphous Silicon Detector
- Array of typically 200 000 ... 1000000 pixels
- Pixel pitch: 0.4 ... 0.8 mm



Matrix of 1024 x 1024 detectors

# OTHER DOSIMETRY SYSTEMS

## Electronic Portal Imaging Devices



# RELATIVE AND ABSOLUTE DOSIMETRY

# RELATIVE AND ABSOLUTE DOSIMETRY

## Absolute Dosimetry

### Absolute dosimetry

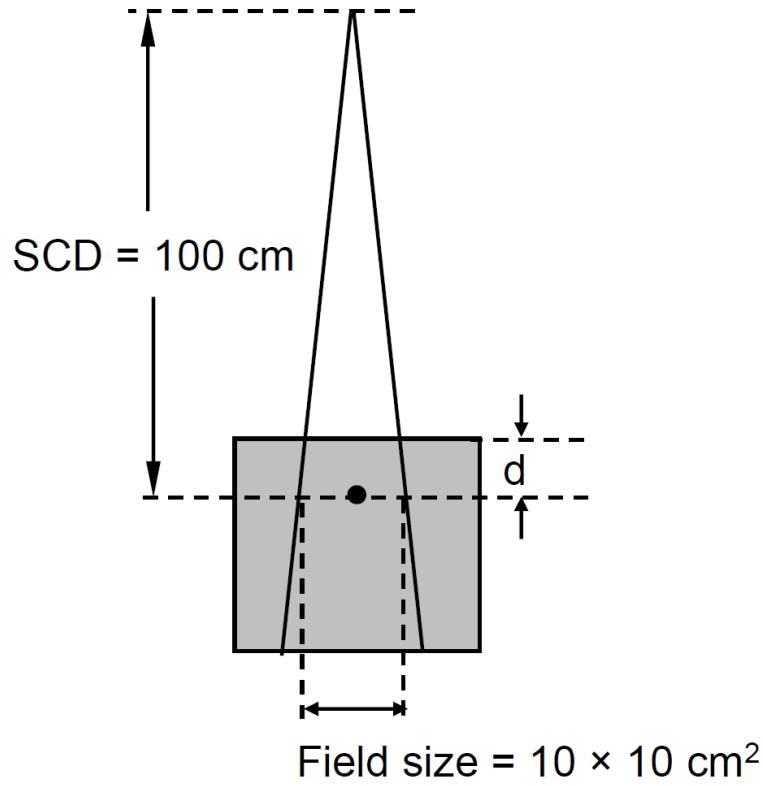
- Is the measurement of the absolute absorbed dose at a reference point on the central ray of a beam
- In the hospital it is accomplished by using *local reference standards*.
- Local reference standards are: **(large) ionisation chambers**
- Additional equipment beside the ionization chamber:
  - water phantom
  - electrometer
  - thermometer
  - barometer

# RELATIVE AND ABSOLUTE DOSIMETRY

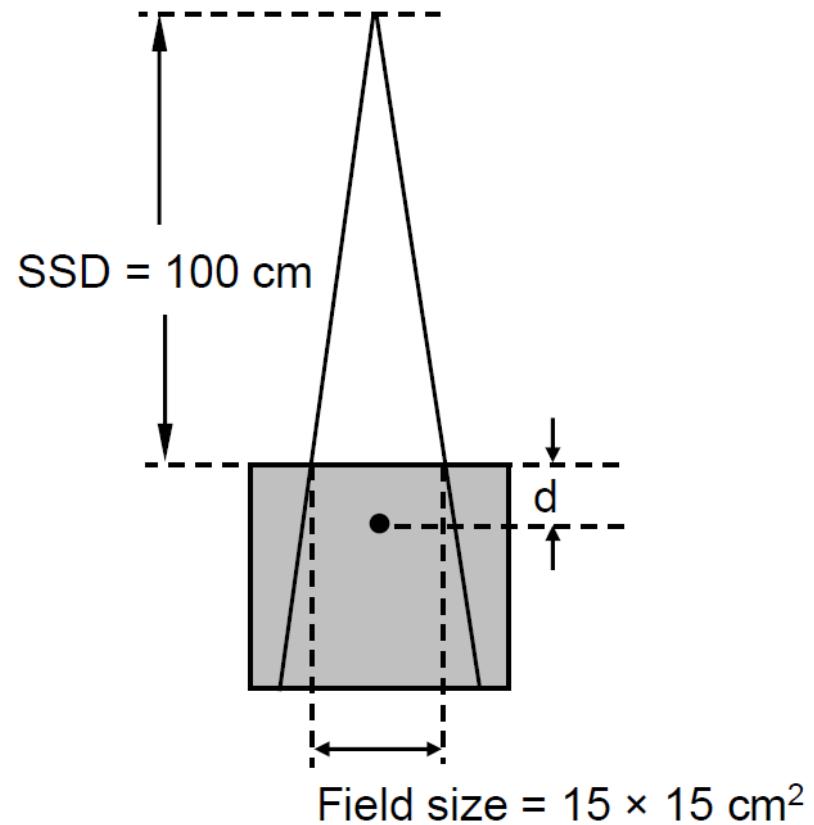
## Absolute Dosimetry

### Setup and reference conditions

Photons



Elektrons



# RELATIVE AND ABSOLUTE DOSIMETRY

## Relative Dosimetry

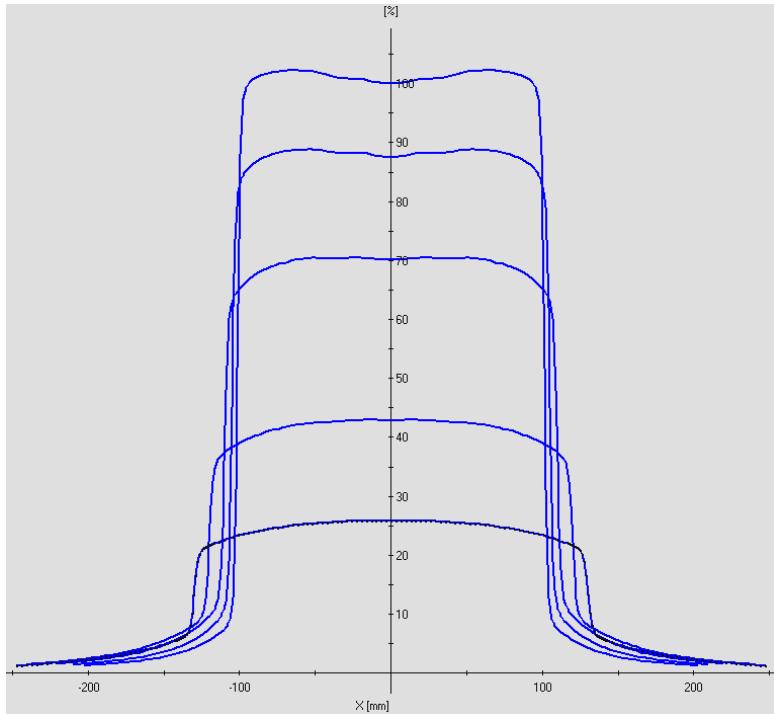
### Relative dosimetry

- Is the measurement of dose relative to the reference point
  - Depth dose curve on central ray of the beam
  - Transverse dose distributions in different depths

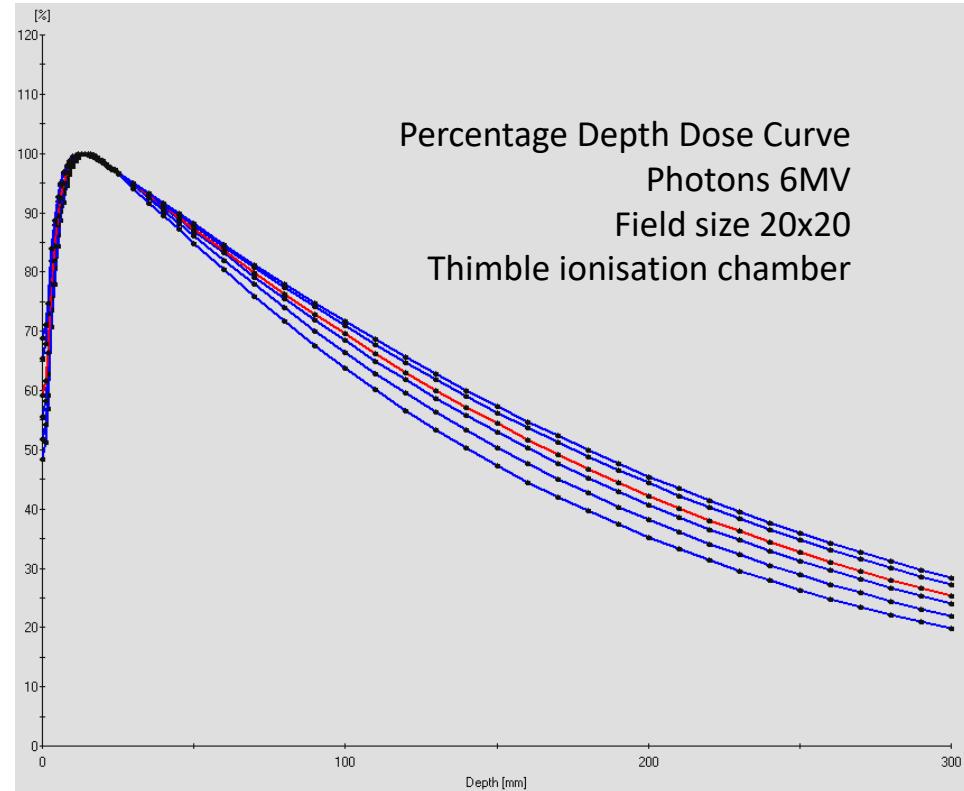


# RELATIVE AND ABSOLUTE DOSIMETRY

Relative dosimetry, profiles and depthdose curves

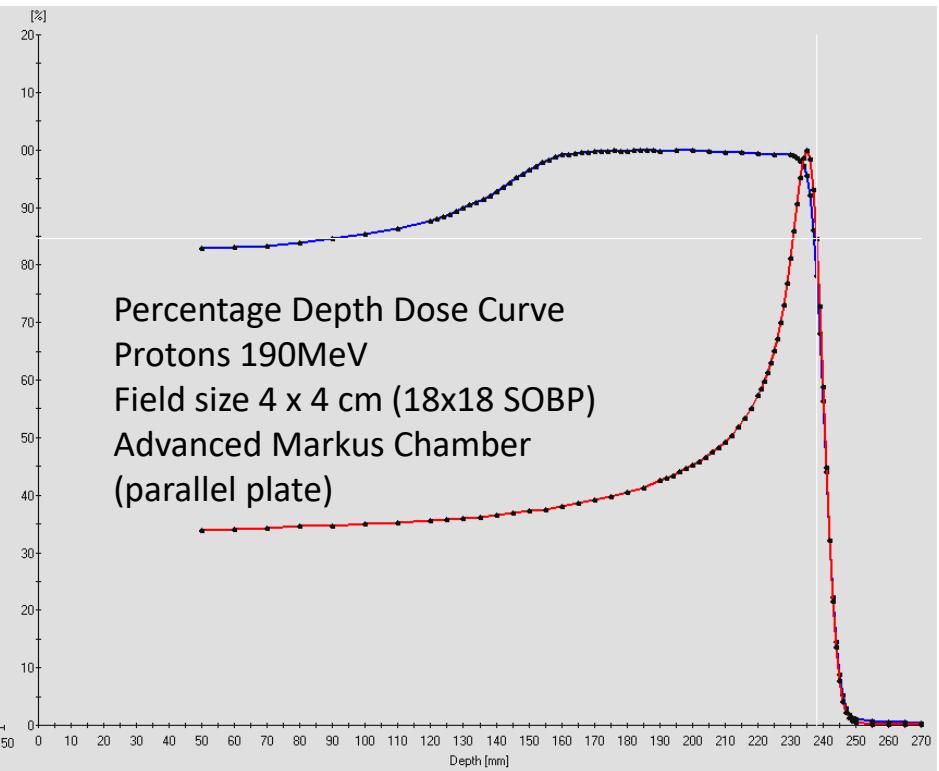
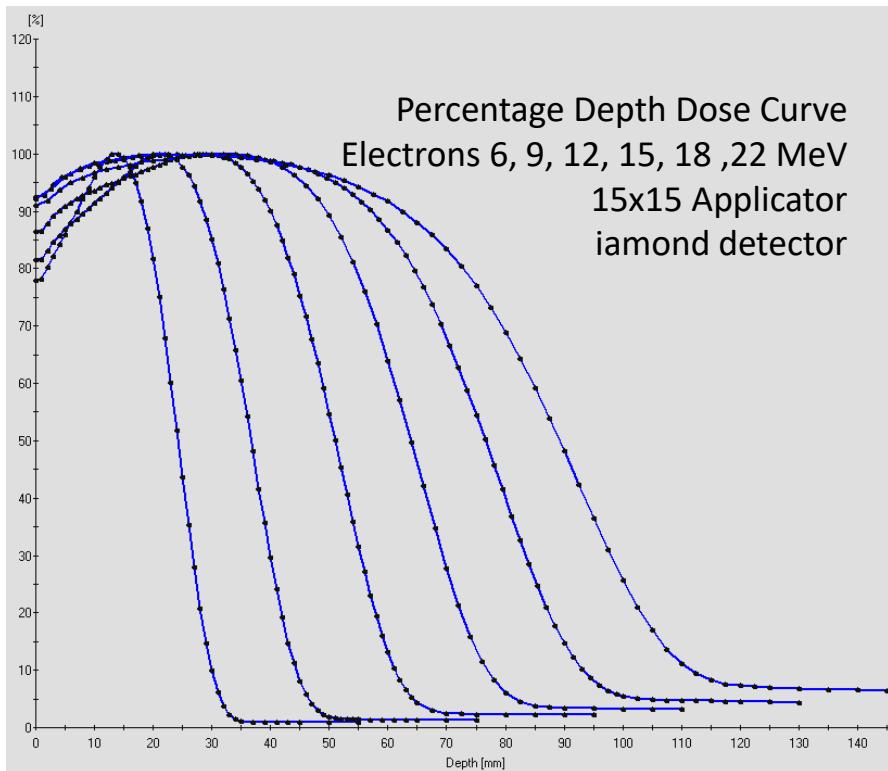


Beam profiles X-Direction  
Photons 6MV  
Field size 20x20  
Diode Detector



# RELATIVE AND ABSOLUTE DOSIMETRY

## Relative dosimetry, depth dose curves



# METROLOGICAL TRACEABILITY

# METROLOGICAL TRACEABILITY

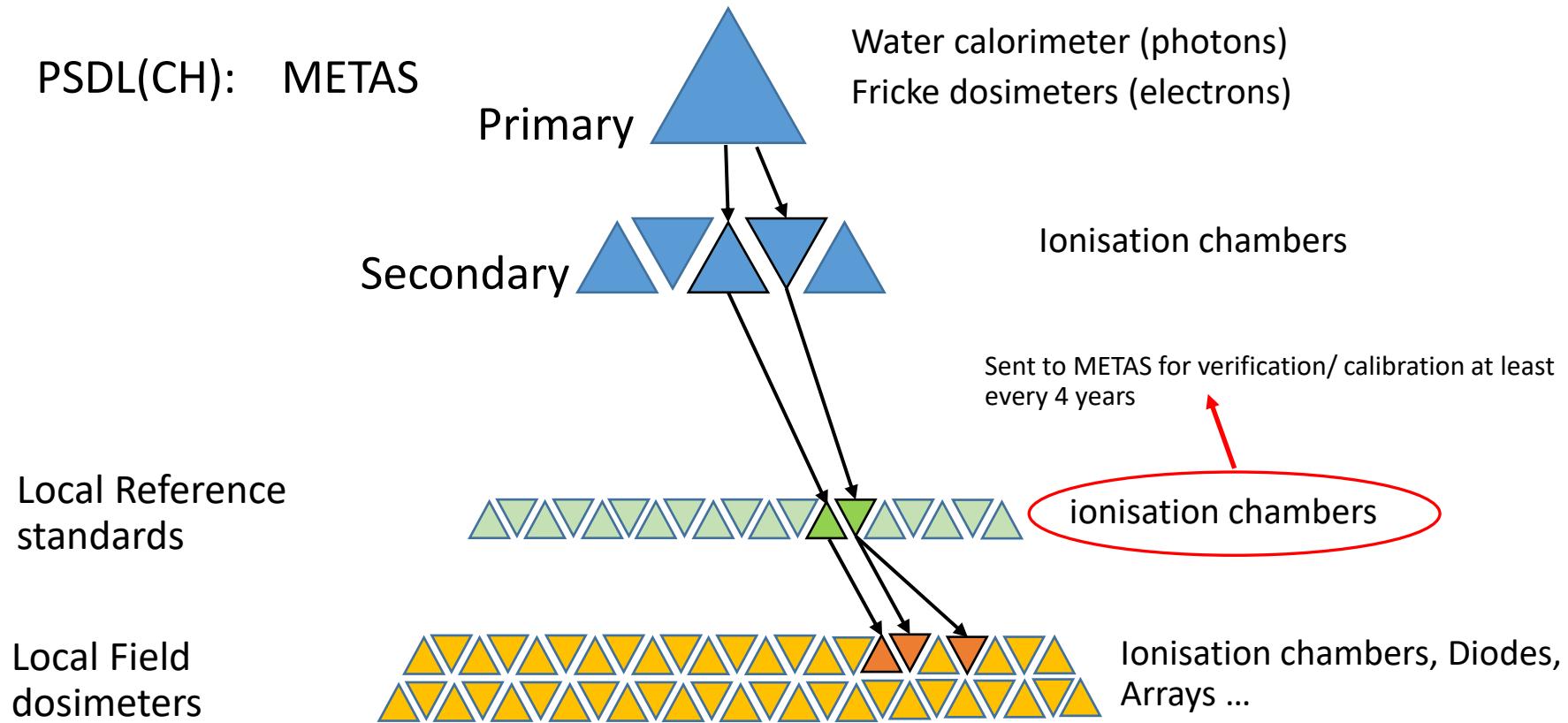
## Primary Standards

- Primary standards are instruments of the highest metrological quality that permit determination of the unit of a quantity from its definition, here absorbed dose
- Primary standards are realized by the primary standards dosimetry laboratories (PSDLs) in about 20 countries worldwide.
- Regular international comparisons between the PSDLs, and with the Bureau International des Poids et Mesures (BIPM), ensure international consistency of the dosimetry standards.

# METROLOGICAL TRACEABILITY

## Metrological pyramid

PSDL(CH): METAS



\*Metrological traceability is defined as “the property of a measurement result whereby the result can be related to a reference through a documented unbroken chain of calibrations, each contributing to the measurement uncertainty”.

In simple terms, metrological traceability is a direct link between a result of a measurement made in the field and a result of the best possible measurement made in a calibration laboratory.

# Water Calorimetry

# METROLOGICAL TRACEABILITY

## Water Calorimetry

- Calorimetry is the measurement of heat quantities that are linked to biological, chemical or physical processes.
- Most direct measurement of absorbed dose  $D_w \sim \Delta T$
- Calorimetry is the primary standard for MV-Photon beams at most PSDLs

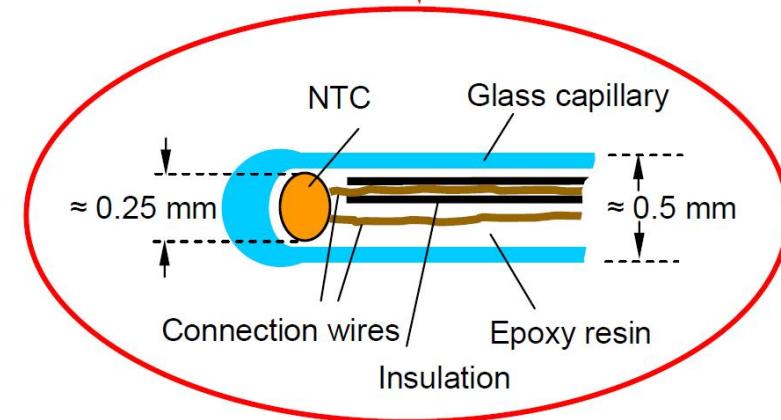
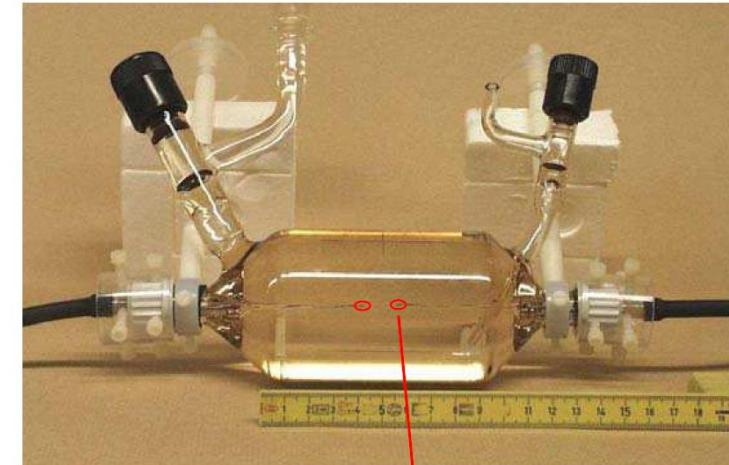
$$D_w = c_w \cdot \Delta T \cdot hd$$

$D_w$ : Absorbed dose to water

$c_w$ : specific heat capacity of Water  
4183 J/(kg·K)

$\Delta T$ : Temperature increase

hd: Heat defect (practically 1)

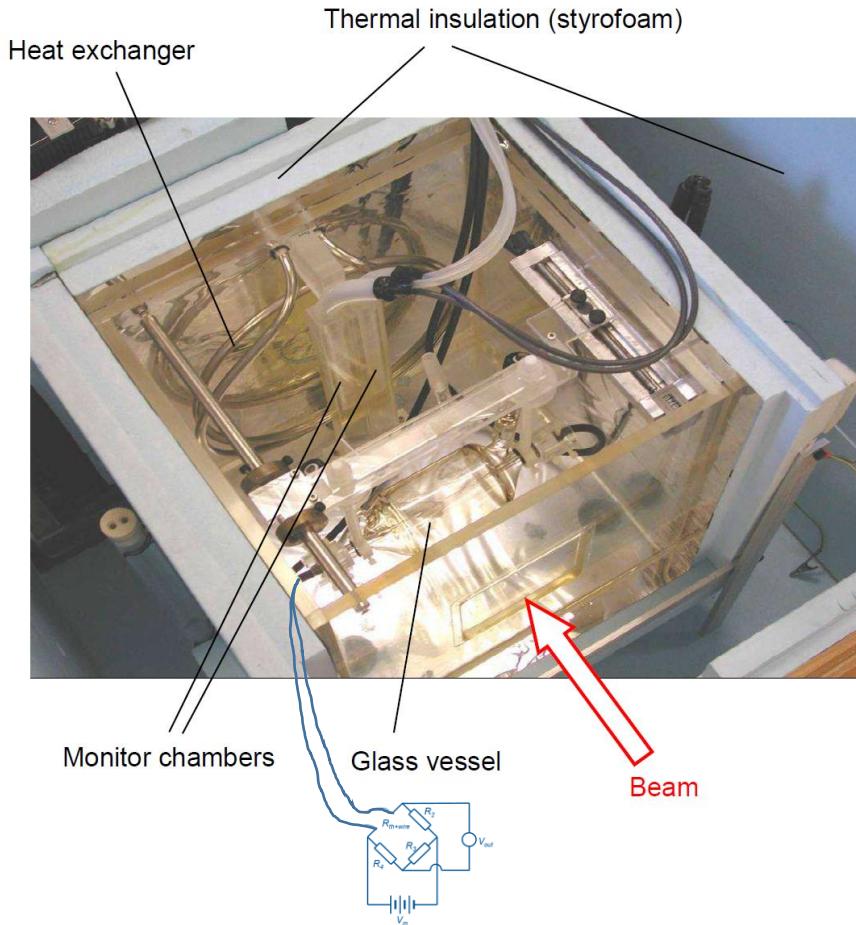


- Glass vessel filled with ultra pure Water + two miniature temperature probes
- NTC: Thermistor

# METROLOGICAL TRACEABILITY

## Water Calorimetry

- Glass vessel embedded in a waterphantom
- T=4°C stabilized
- Glass vessel filled with ultra pure Water + two miniature temperature probes
- NTC: Thermistor



# METROLOGICAL TRACEABILITY

## Water Calorimetry

### Advantages of Water calorimetry

- Most direct method to measure absorbed dose
- Independent of type and energy of radiation

### Disadvantages

- Not applicable in the clinic
- Very small temperature variation even for high doses in RT
- frequent checking and calibration of components

### Graphite as an alternative to Water

Thank You