

Electron Beam Therapy

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ASTRO's view on physics teaching

REPORT

ASTRO'S 2007 CORE PHYSICS CURRICULUM FOR RADIATION ONCOLOGY RESIDENTS

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The resident should learn:

- 1. the basic characteristics of electron beams for therapy, including components of a depth–dose curve as a function of energy, electron interactions, isodoses, oblique incidence, skin dose, and electron dose measurement techniques.*
- 2. the nature of treatment planning with electrons, including simple rules for selecting energy based on treatment depth and range, effect of field size, bolus, and field shaping (especially for small fields), about field matching with photons and other electron fields, internal shielding, backscatter, and the effects of inhomogeneities on electron isodoses.*

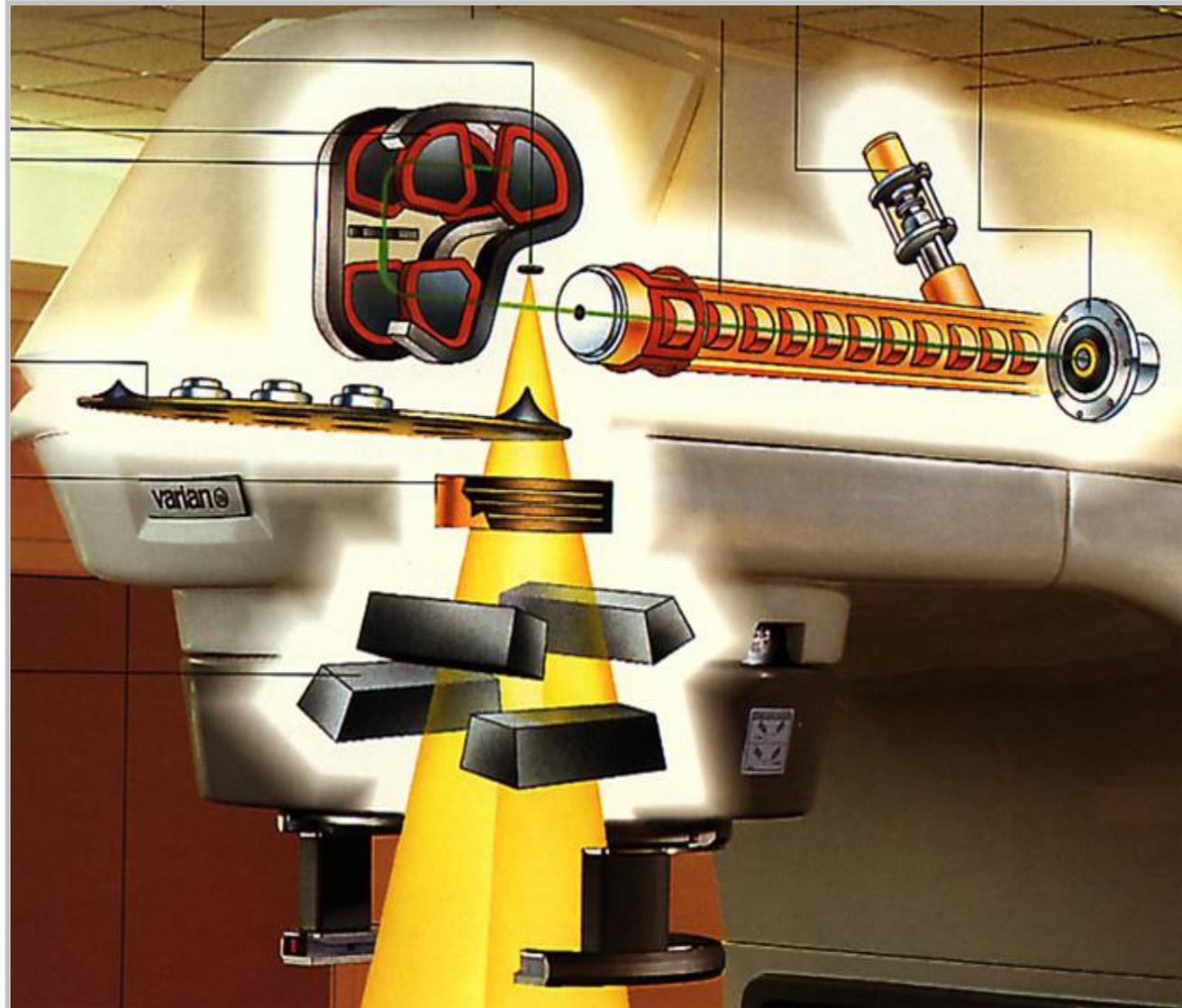
Select the correct answer:

- ❖ The percent depth dose at 5 cm for a 6 MeV beam is approximately: 100%, 90%, 80%, 50%, <5%?
- ❖ To treat a lesion extending to a depth of 5 cm you will use: 6 MeV, 10 MeV, 15 MeV, 20 MeV?
- ❖ What is the approximate range of a 6 MeV beam in lung overlaying 1 cm of tissue: 1-3 cm, 7-9 cm, > 12 cm?
- ❖ A 4x8 cut-out is placed in a 10x10 beam cone for 20 MeV treatment. What changes is: 90% depth, cGy/MU, d_{max} , skin dose, all of the preceding?

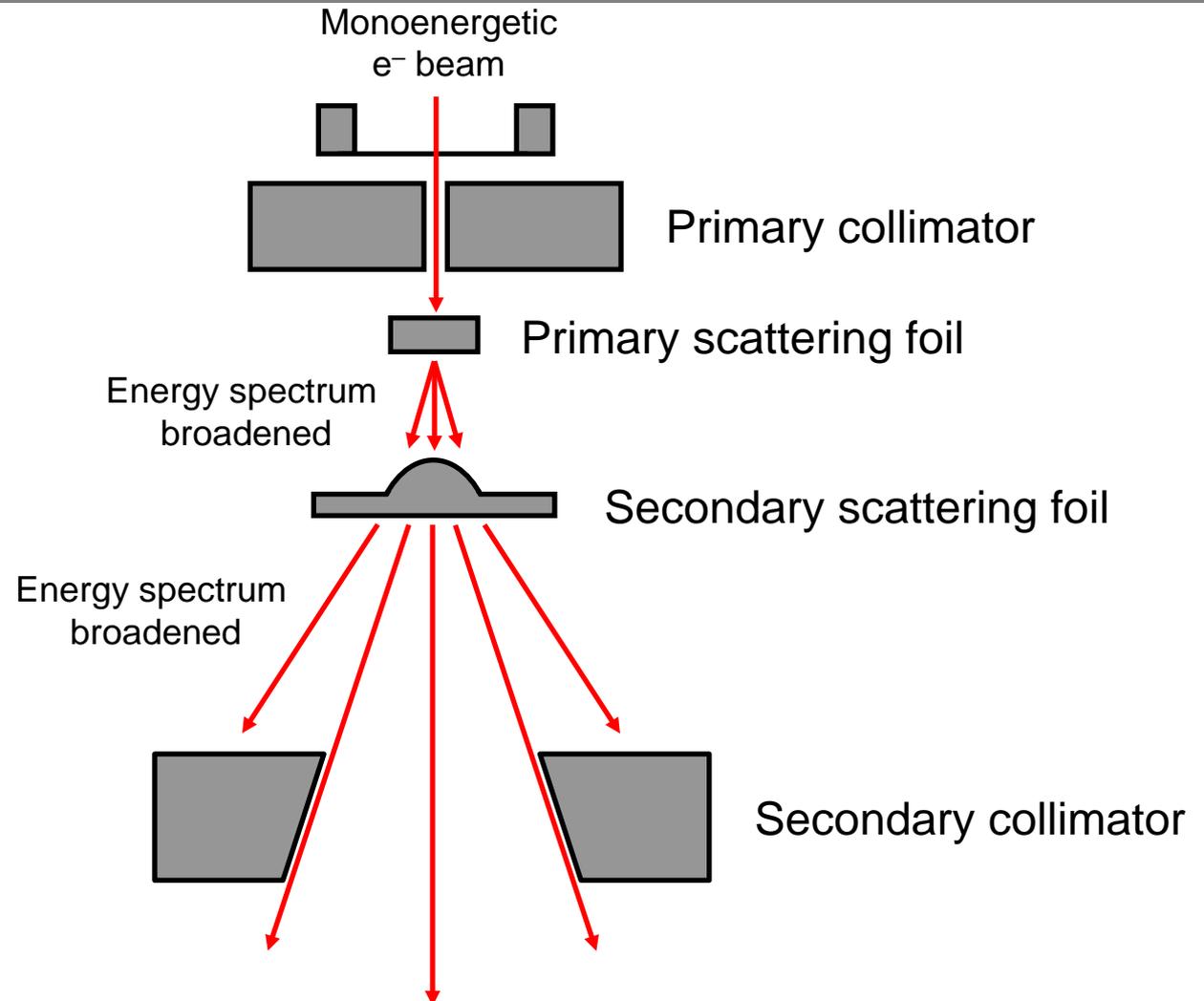
Outline

- Production of electron beams
- Interactions of electron beams with matter
- Electron beam characteristics
- Treatment planning

Electron Beam Production

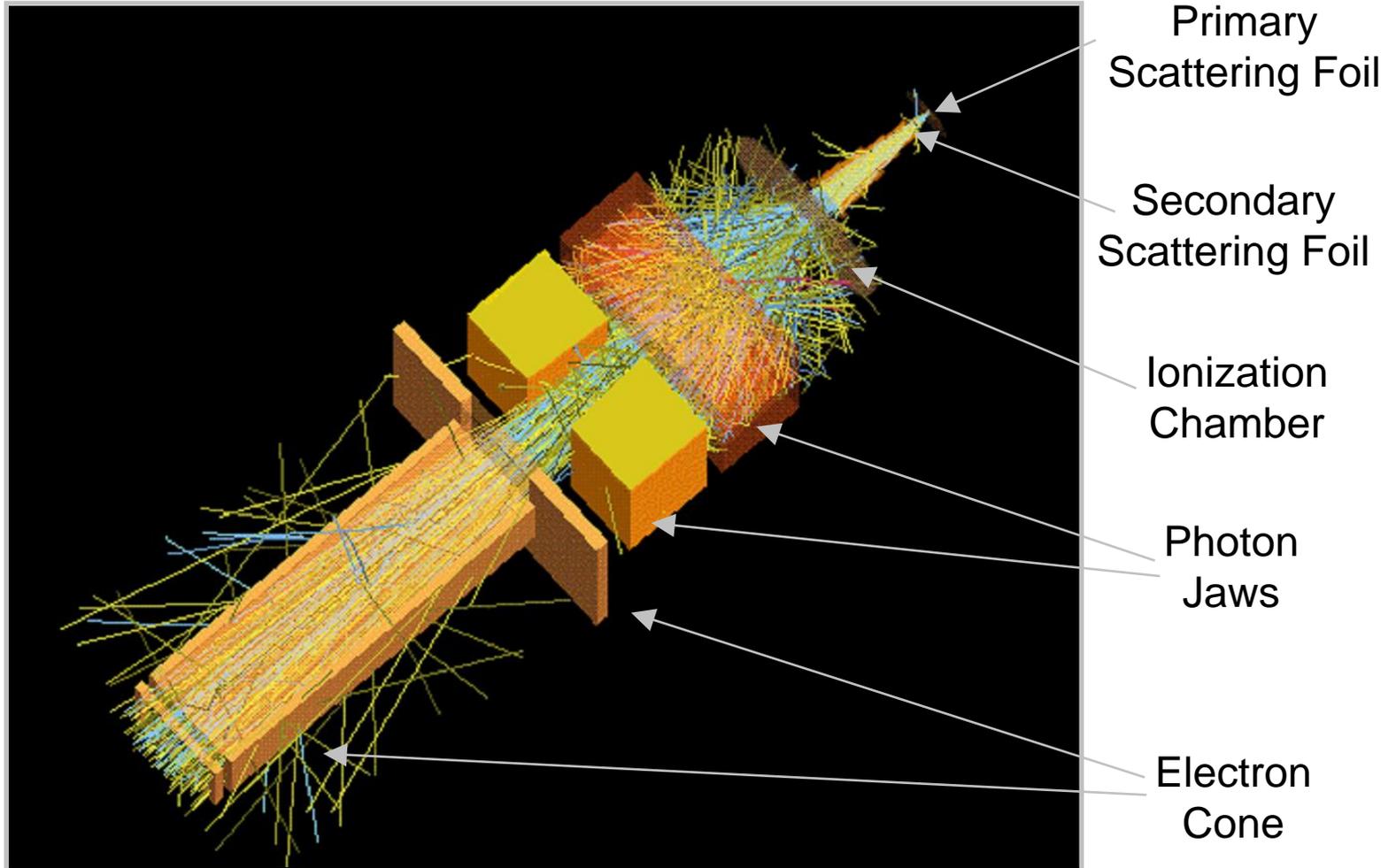


Field Flatness and Uniformity



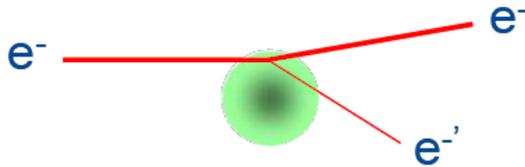
Dual foil system for producing a uniform electron beam

Electron Beam Production



Charged particle interactions

Collisional stopping power:

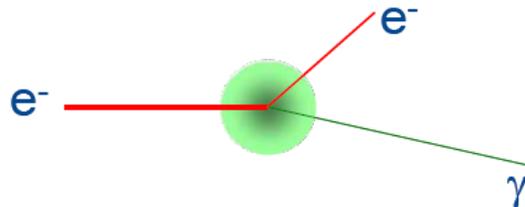


Energy loss by ionisation

Dominates for lower energies and low-Z material

Absorbed dose delivered to material via this process

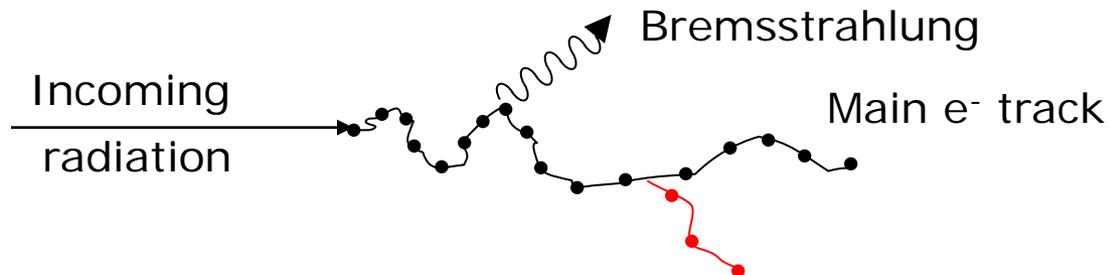
Radiative stopping power:



Scattering, mainly by nuclei

Energy loss by photon emission (bremsstrahlung)

Dominates for higher energies and high-Z material

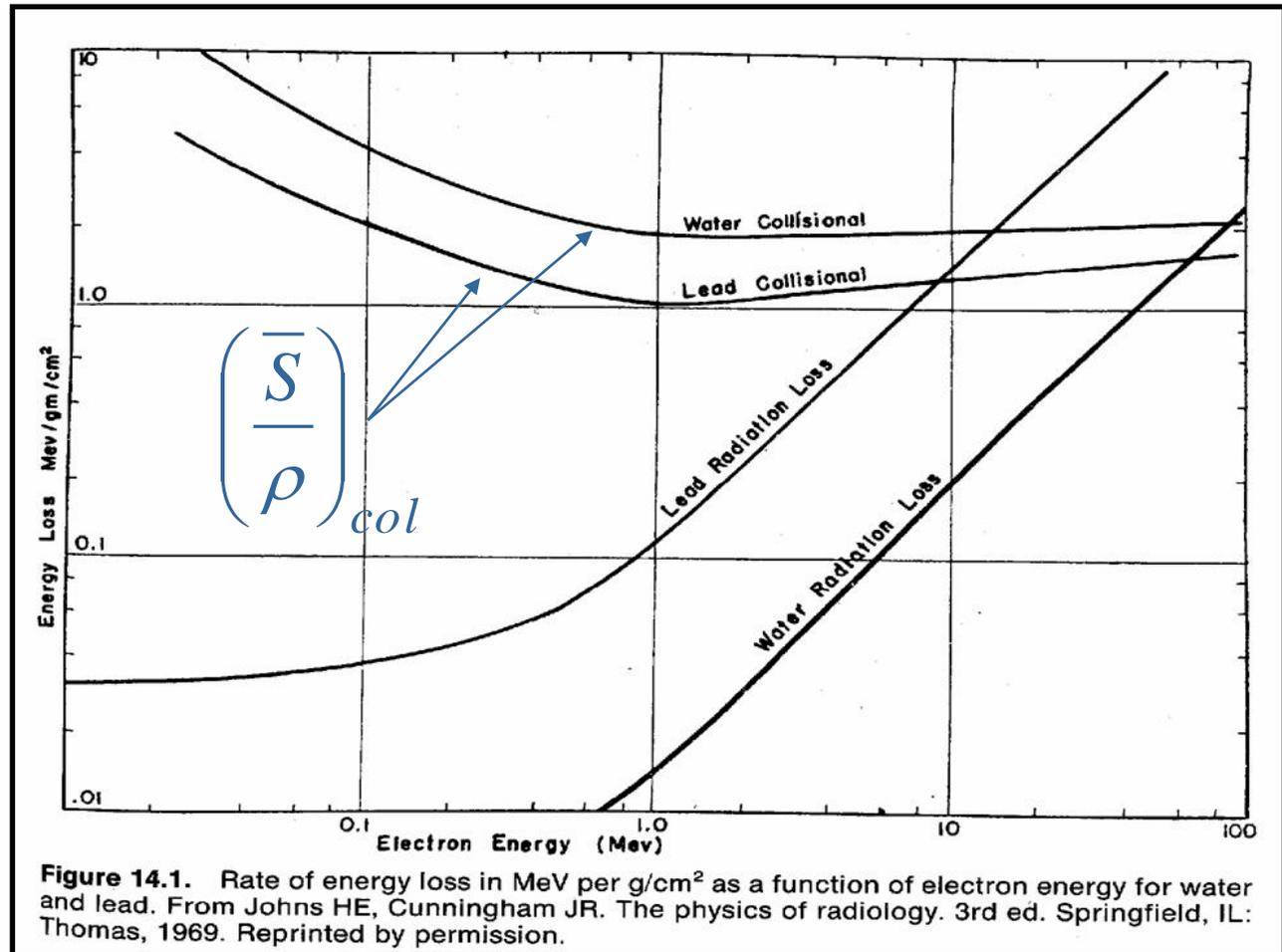


Electron-Matter Interactions

❖ Collisional losses

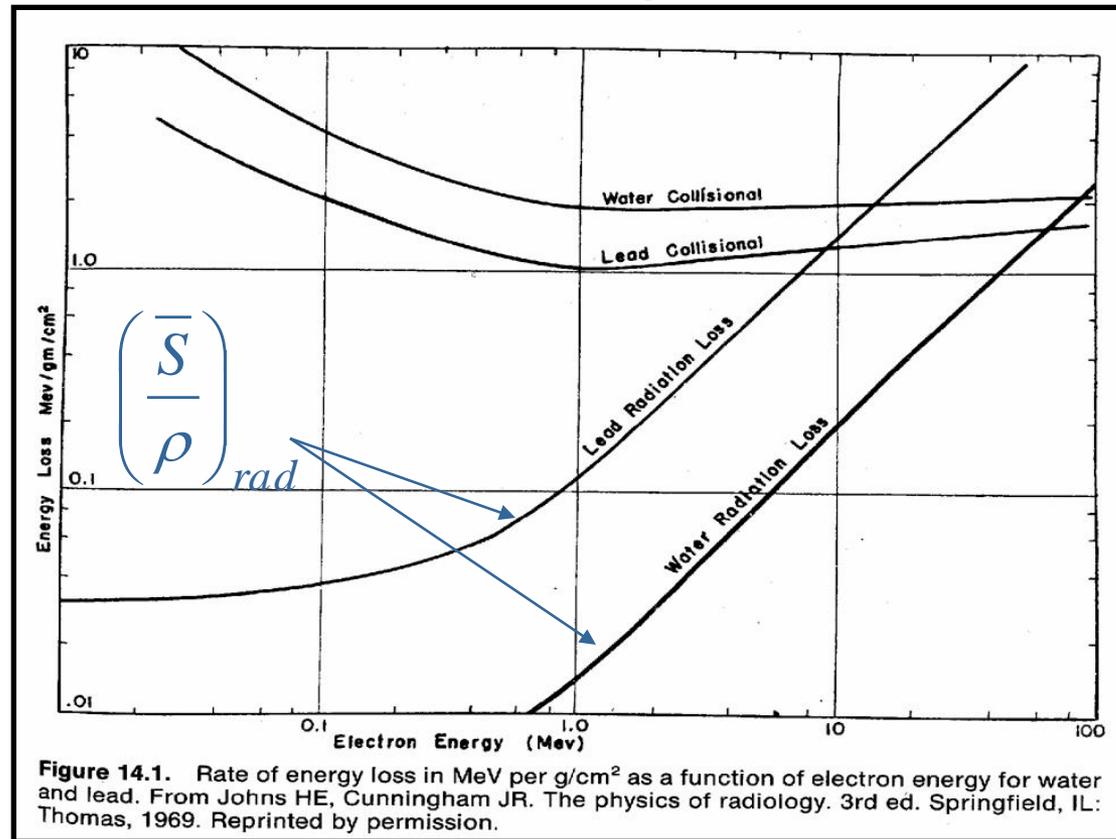
➤ Inelastic (excitation, ionization)

➤ Elastic



Electron-Matter Interactions

❖ Radiative losses :Bremsstrahlung



Total mass stopping power

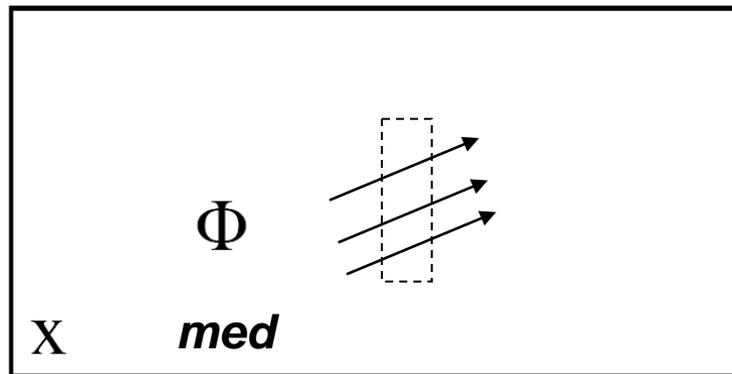
$$\left(\frac{\bar{S}}{\rho}\right)_{tot} = \left(\frac{\bar{S}}{\rho}\right)_{col} + \left(\frac{\bar{S}}{\rho}\right)_{rad}$$

Electron Scattering



Pencil electron beam tracks in a bubble chamber

Relation of Absorbed Dose to Fluence

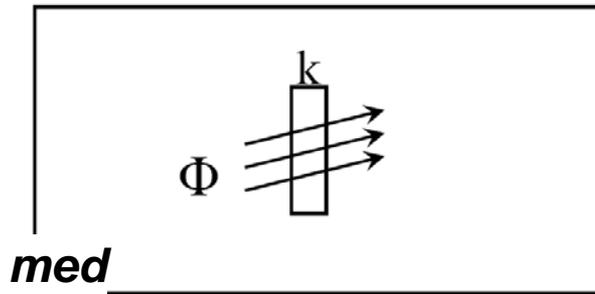


$$D = \int_{\Delta}^{E_{\max}} \Phi_E \left(\frac{L}{\rho}(E) \right)_{col,\Delta} dE$$

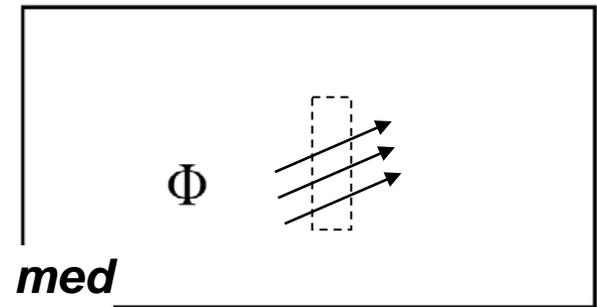
- Φ is the differential fluence in energy of identical **charged** particles
- L/ρ is the restricted *mass* collision stopping power with a cutoff energy

Electron Dose Measurement

Bragg-Gray Cavity Theory



$$D_k = \Phi \left(\frac{\bar{S}}{\rho} \right)_{k,col} = \left(\frac{1}{\rho} \frac{dT}{dx} \right)_{k,col}$$



$$D_{med} = \Phi \left(\frac{\bar{S}}{\rho} \right)_{med,col} = \left(\frac{1}{\rho} \frac{dT}{dx} \right)_{med,col}$$

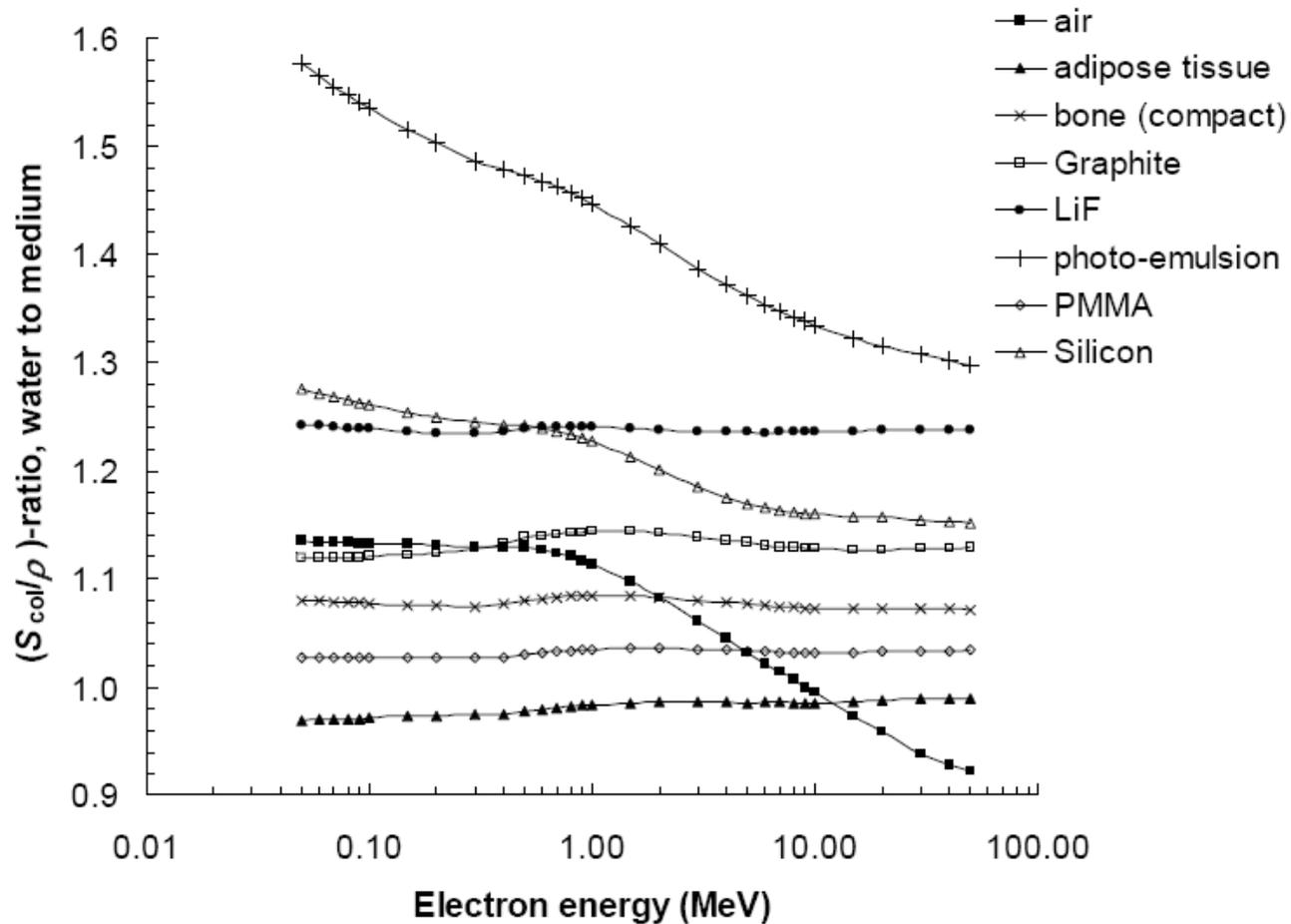
$$\frac{D_{med}}{D_k} = \left(\frac{\bar{S}}{\rho} \right)_{med,col} / \left(\frac{\bar{S}}{\rho} \right)_{k,col}$$

The Bragg-Gray Cavity Theory

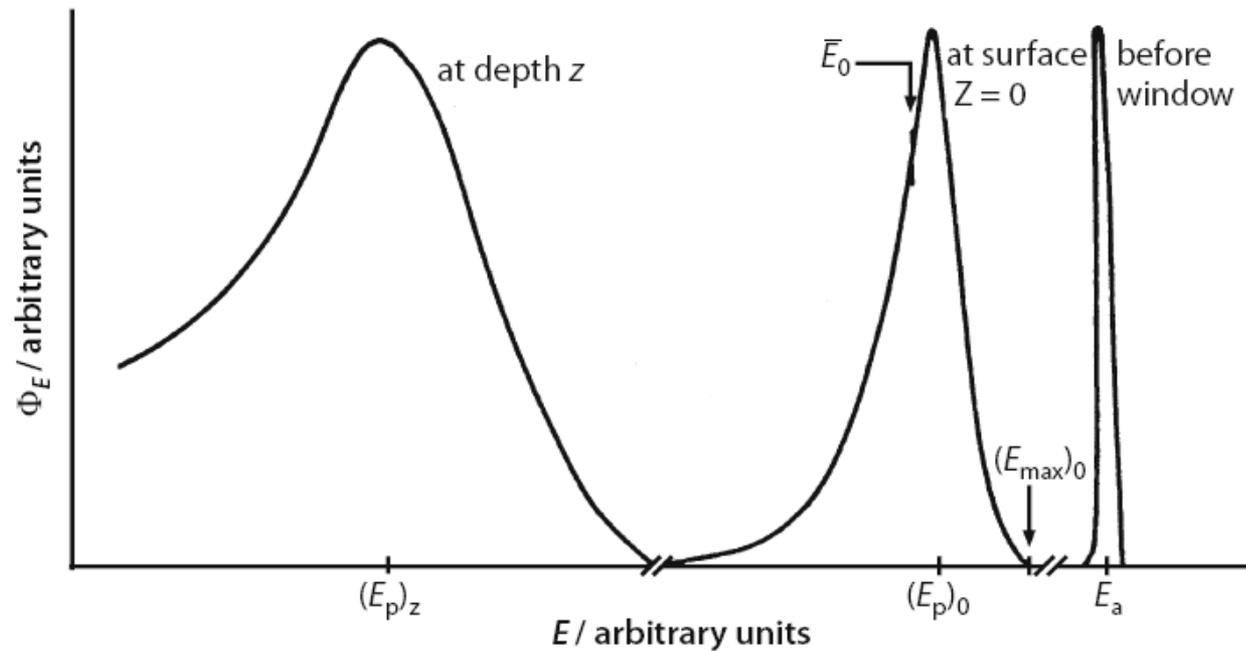
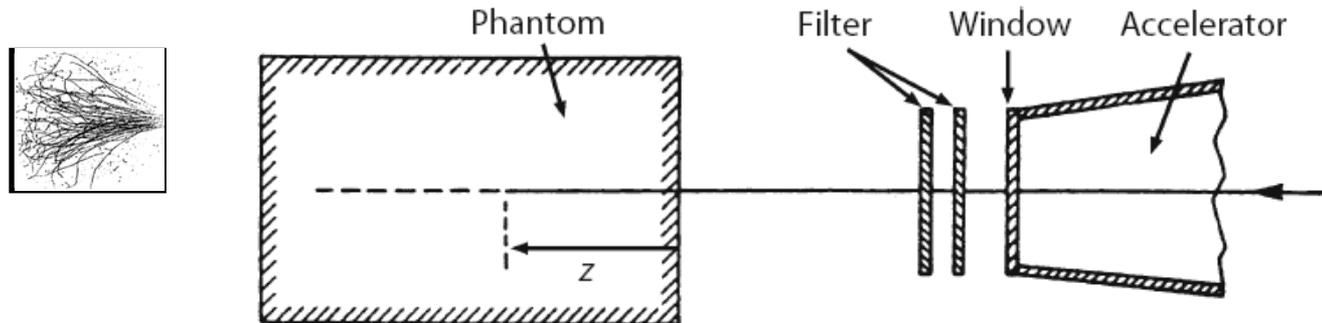
- ❖ The ionization produced in a gas-filled cavity placed in a medium is related to the energy absorbed in the surrounding medium.
- ❖ When the cavity is **sufficiently small**, electron fluence does **not** change.

$$\frac{D_{med}}{D_k} = \left(\frac{\bar{S}}{\rho} \right)_{med,col} / \left(\frac{\bar{S}}{\rho} \right)_{k,col}$$

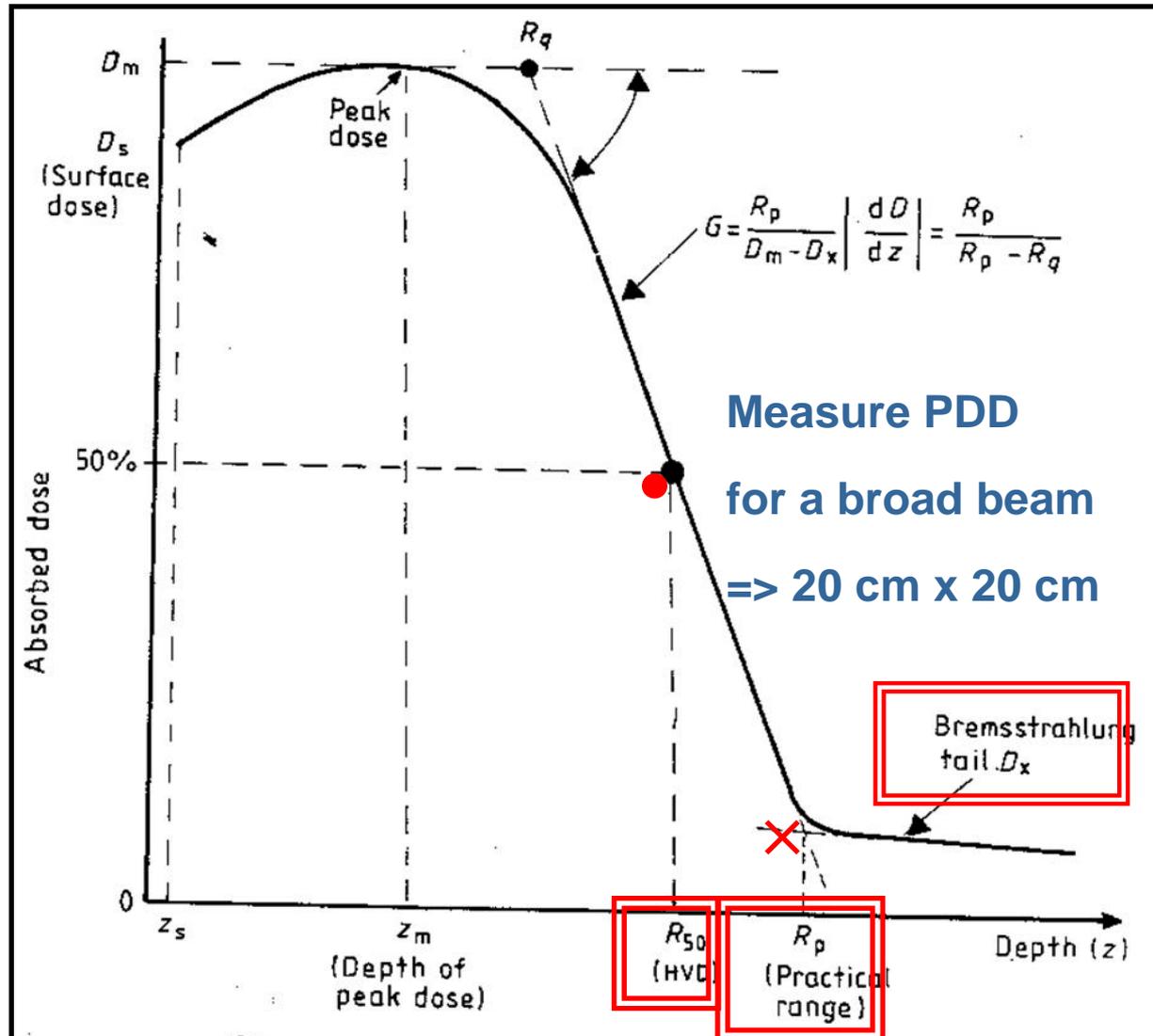
The Bragg-Gray Cavity: stopping power ratios



Energy specification and measurement



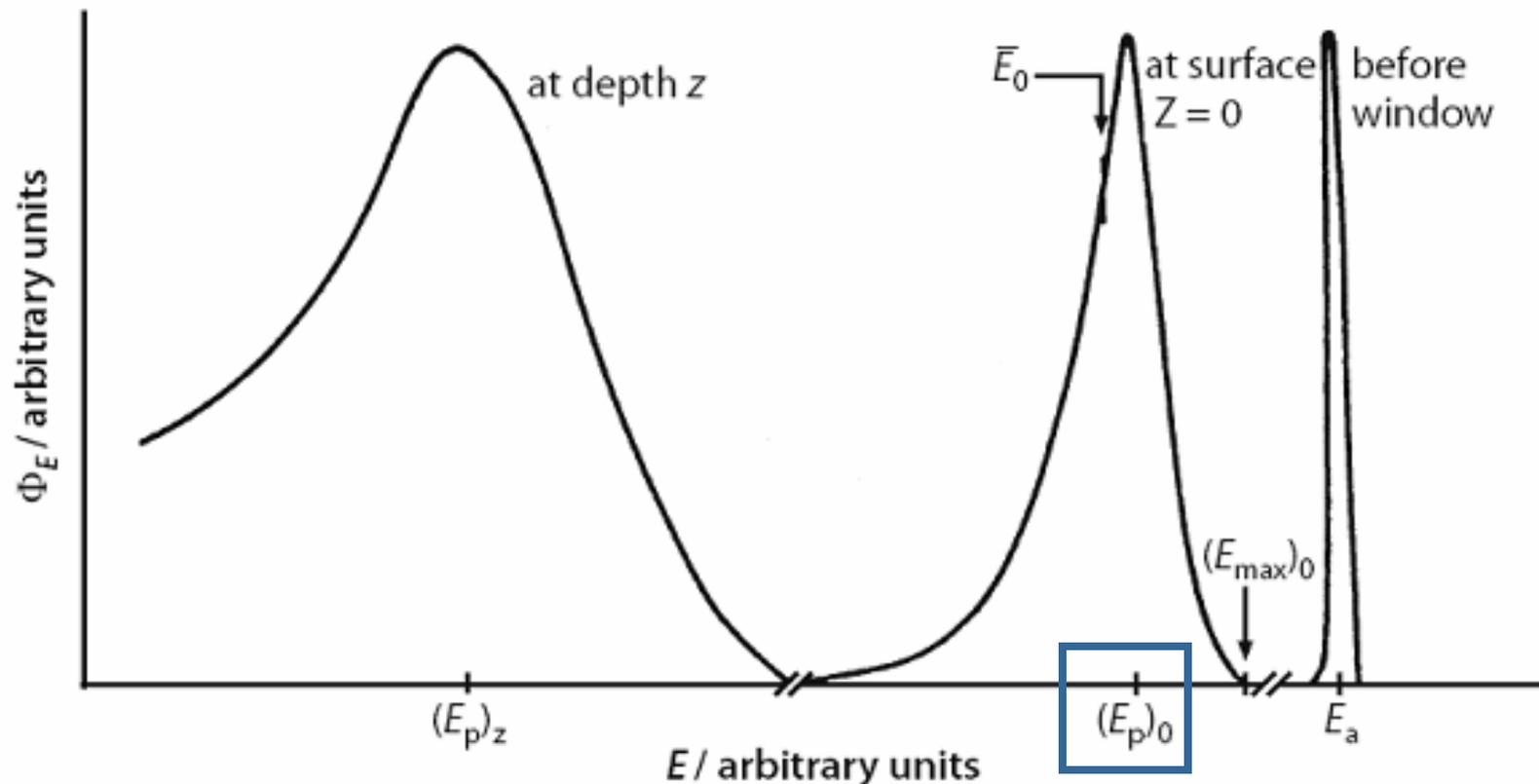
Energy specification and measurement



Energy specification and measurement

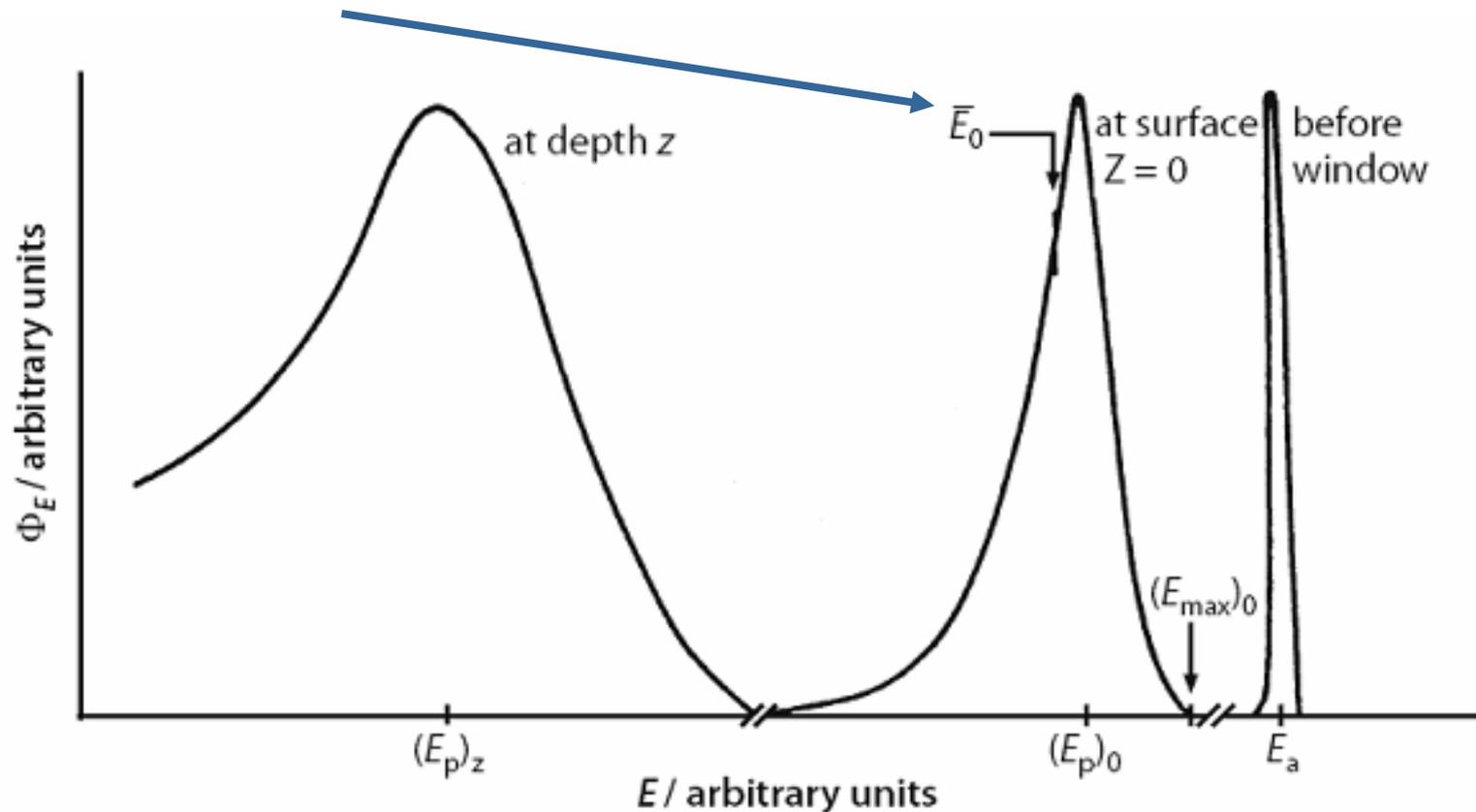
$$(E_p)_0 = C_1 + C_2 \times R_p + C_3 \times R_p^2,$$

$$C_1 = 0.22 \text{ MeV}; C_2 = 1.98 \text{ MeVcm}^{-1}; C_3 = 0.0025 \text{ MeVcm}^{-2}$$



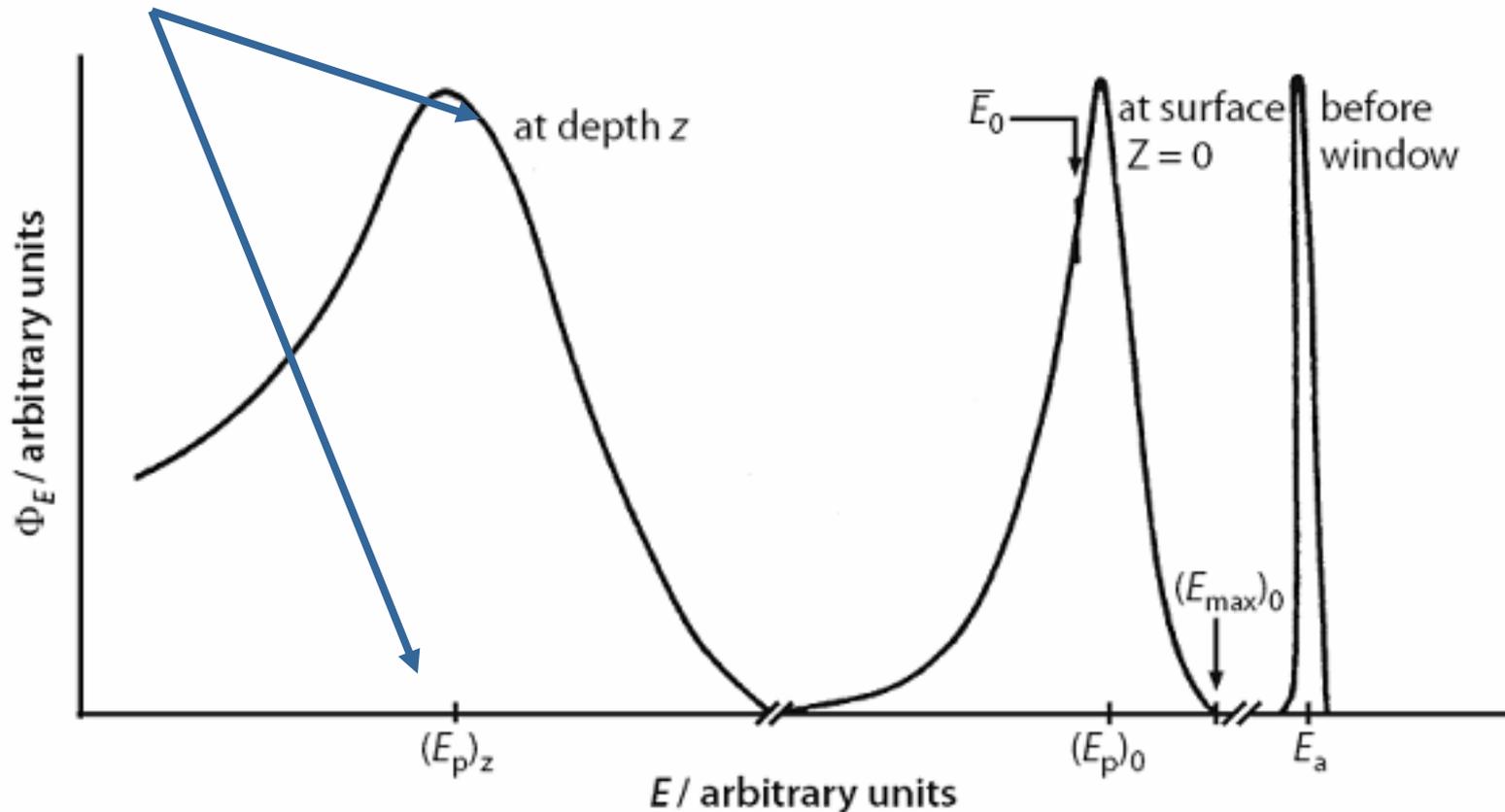
Energy specification and measurement

$$\overline{E}_0 = (2.33 \text{ MeV} / \text{cm}) \times R_{50}$$



Energy specification and measurement

$$\left(E_p\right)_z = \left(E_p\right)_0 \left(1 - z / R_p\right)$$



Electron and Photon Beams

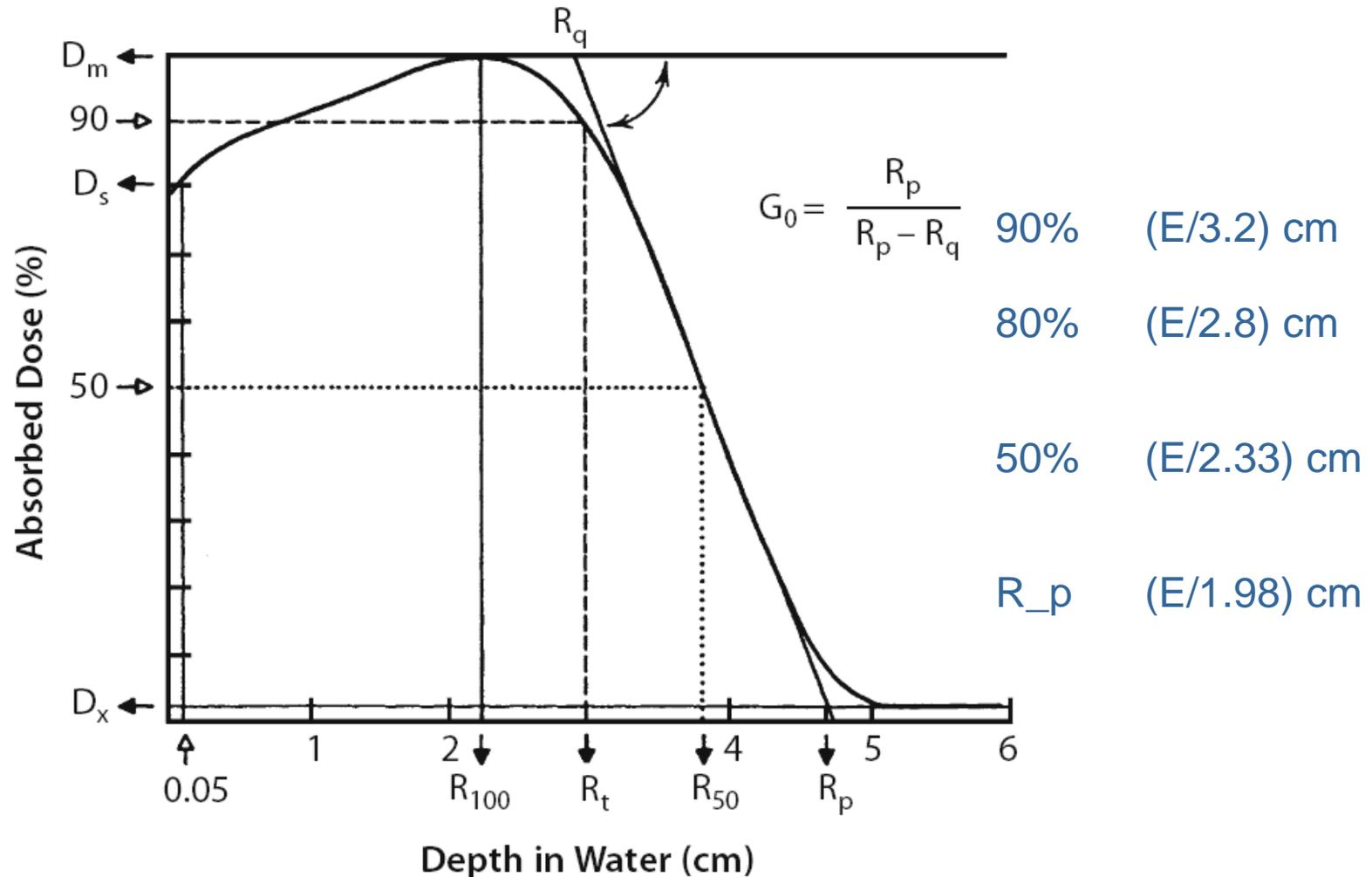
❖ Photon beams

- indirectly ionizing
- exponential attenuation

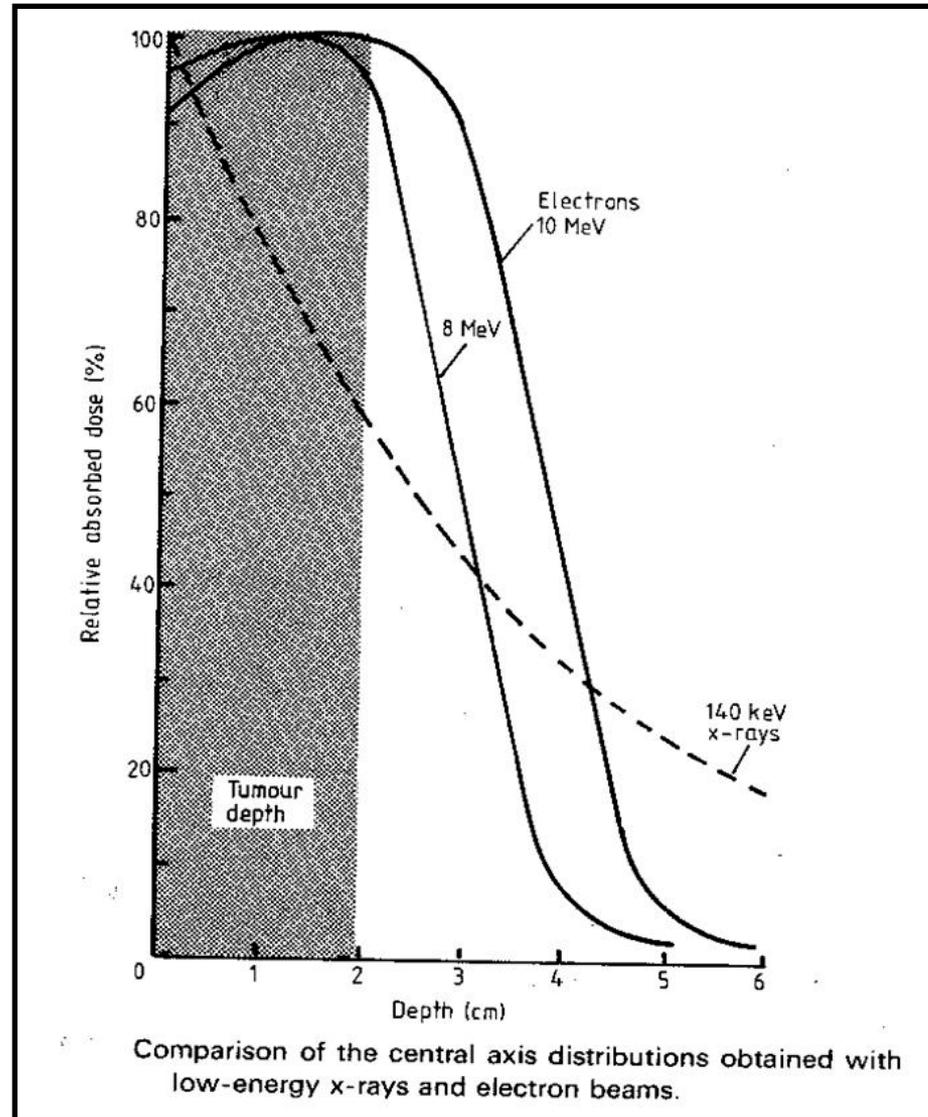
❖ Electron beams

- directly ionizing
- definite range

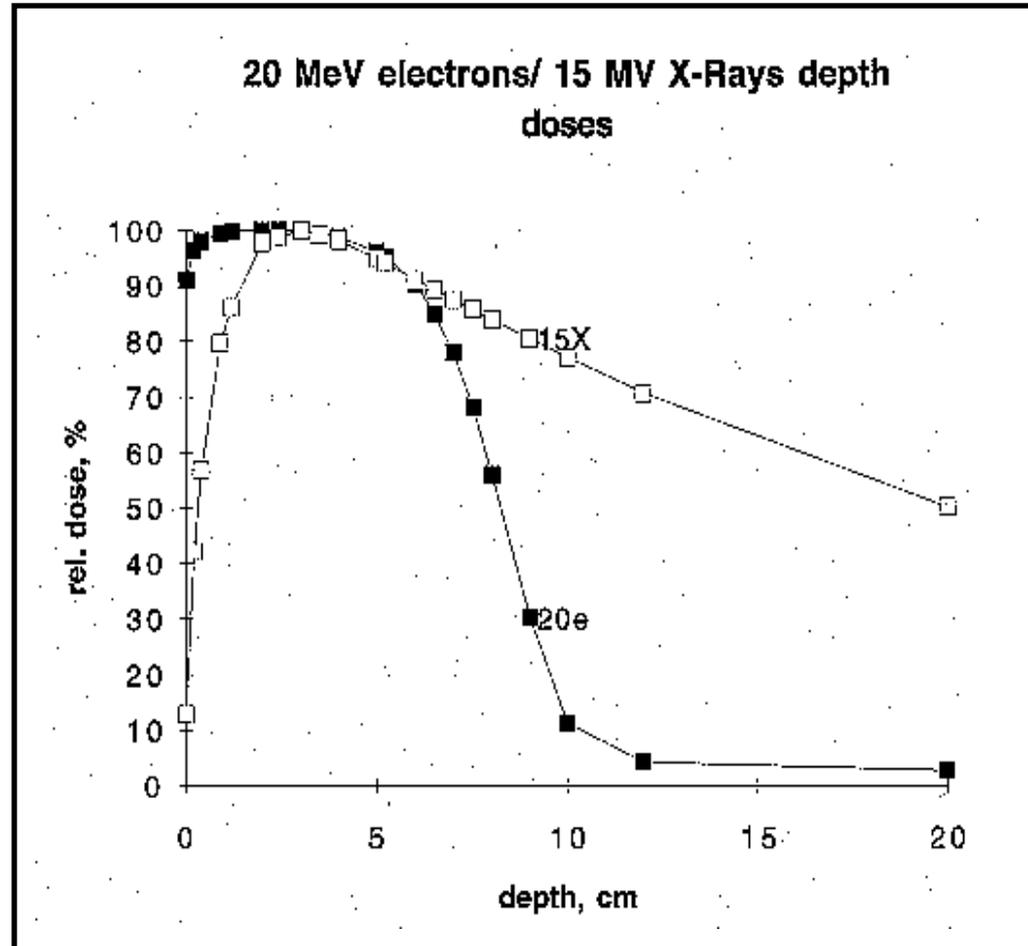
Electron Depth Dose: Rules of thumb



Electron and Photon Depth Dose

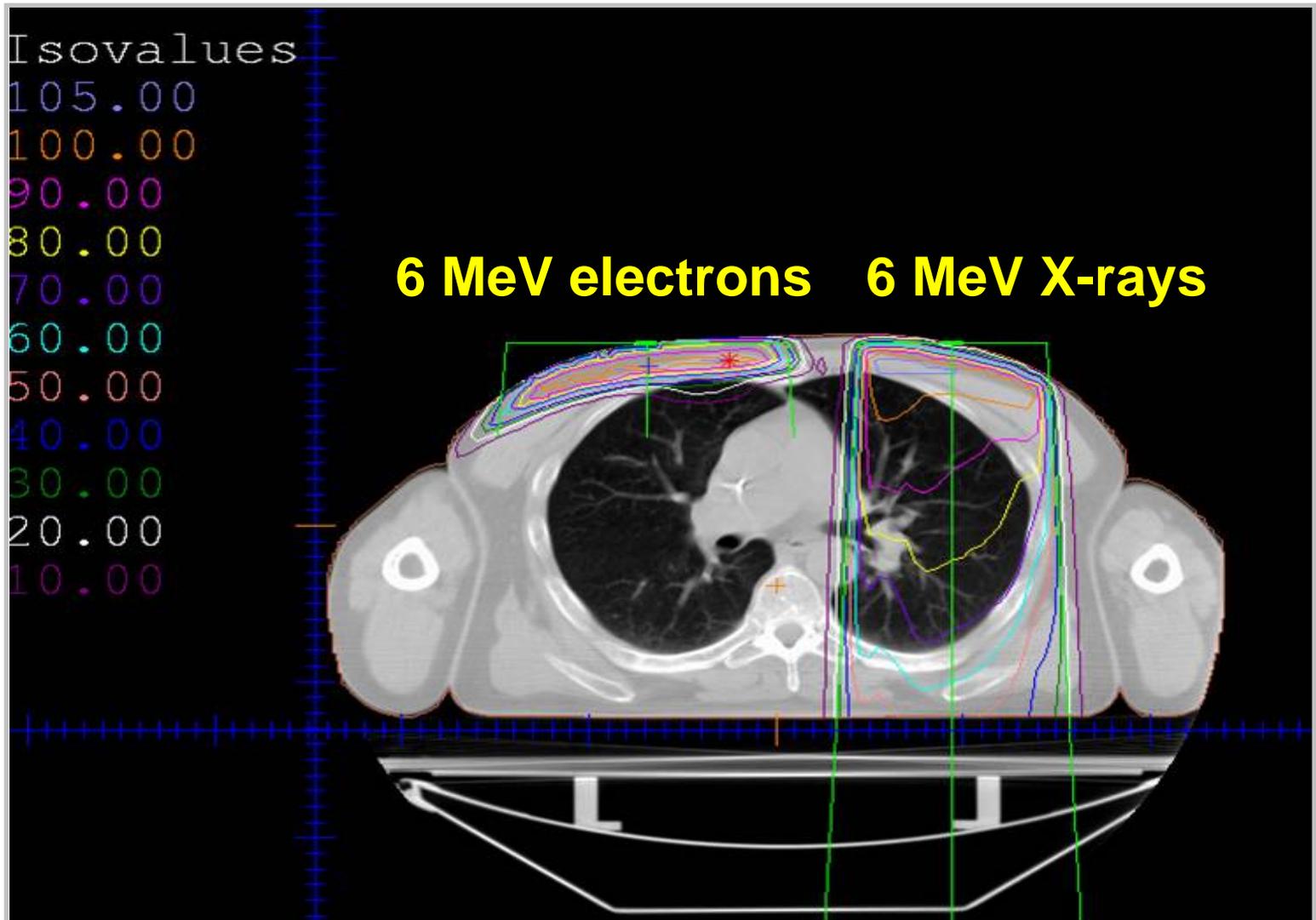


Electron and Photon Depth Dose



Depth doses for 20 MeV electrons compared to 15 MeV X-Rays

Electron and Photon Depth Dose



Central Axis PDDs: field size dependence

6 MeV electrons

2x2

4x4 → ← **25x25**

Little changes
beyond field radius
exceeding

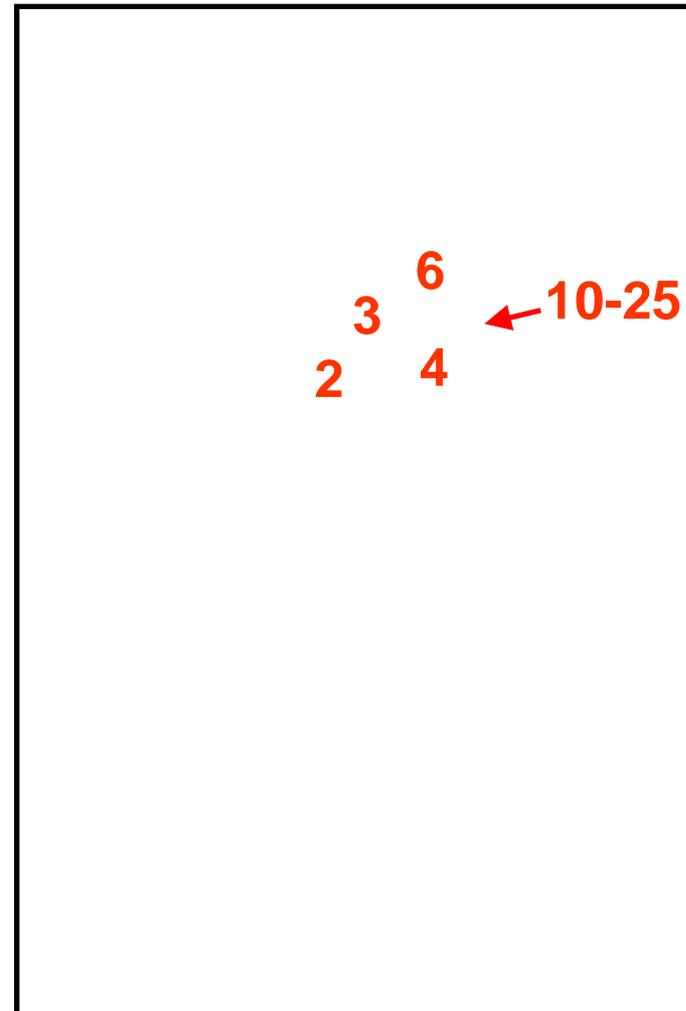
$$R_p \cong 0.88 \sqrt{E_{p,0}}$$

Central Axis PDDs: field size dependence

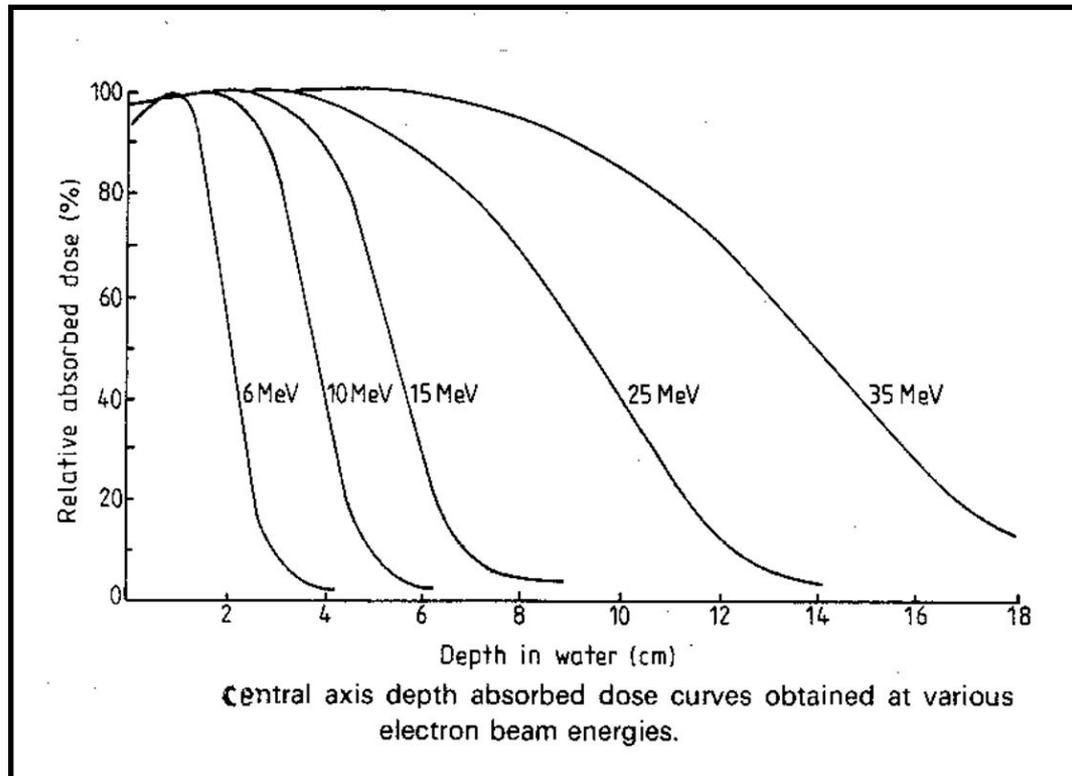
16 MeV electrons

Little changes
beyond field radius
exceeding

$$R_p \cong 0.88\sqrt{E_{p,0}}$$



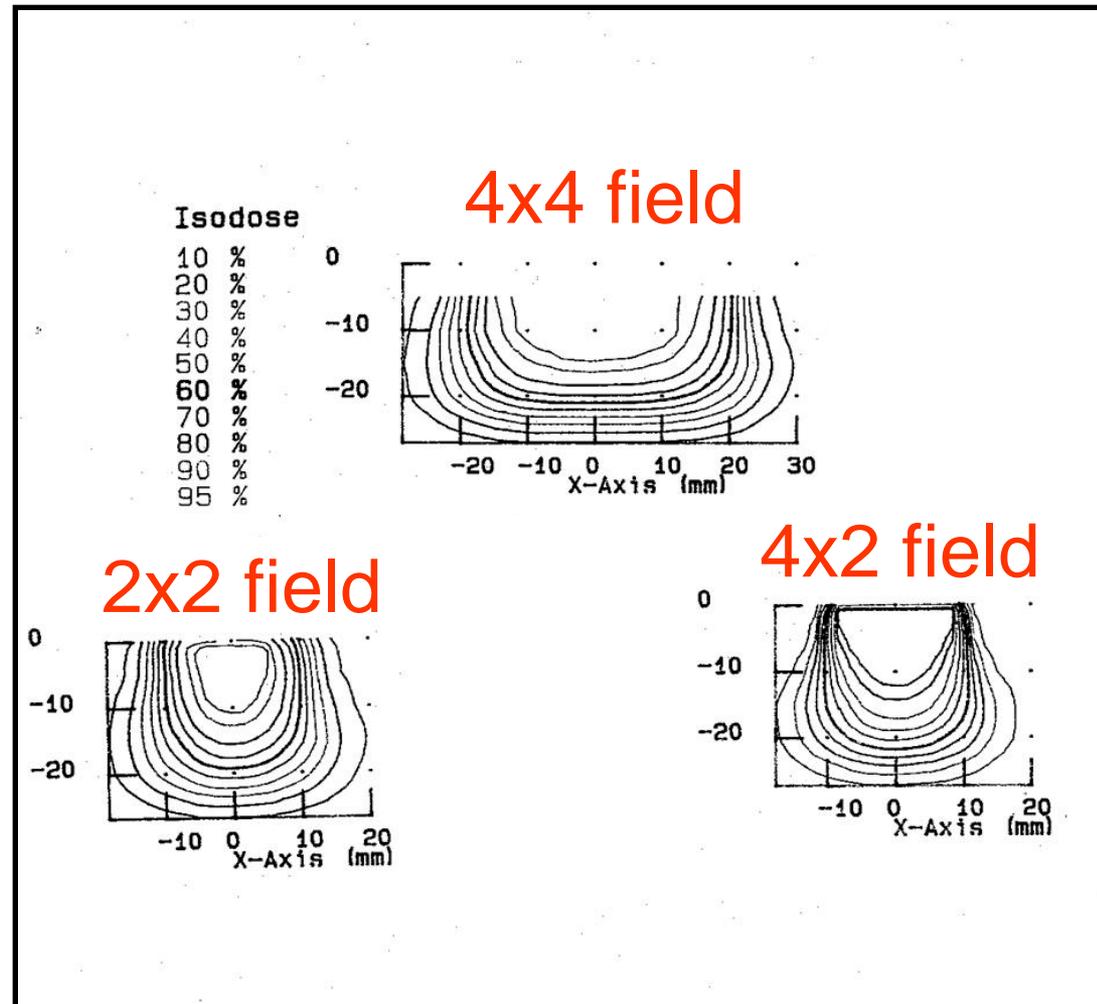
Central Axis PDDs: energy dependence



Energy (MeV)	4	6	9	12	16	20
Surface Dose (% of maximum)	73.8	74.3	80.0	84.9	90.5	90.8

Electron Dose Distributions

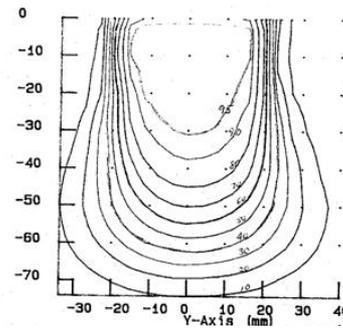
6 MeV electrons



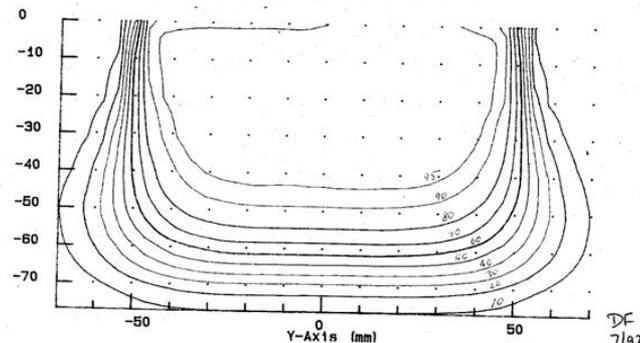
Electron Dose Distributions

16 MeV electrons

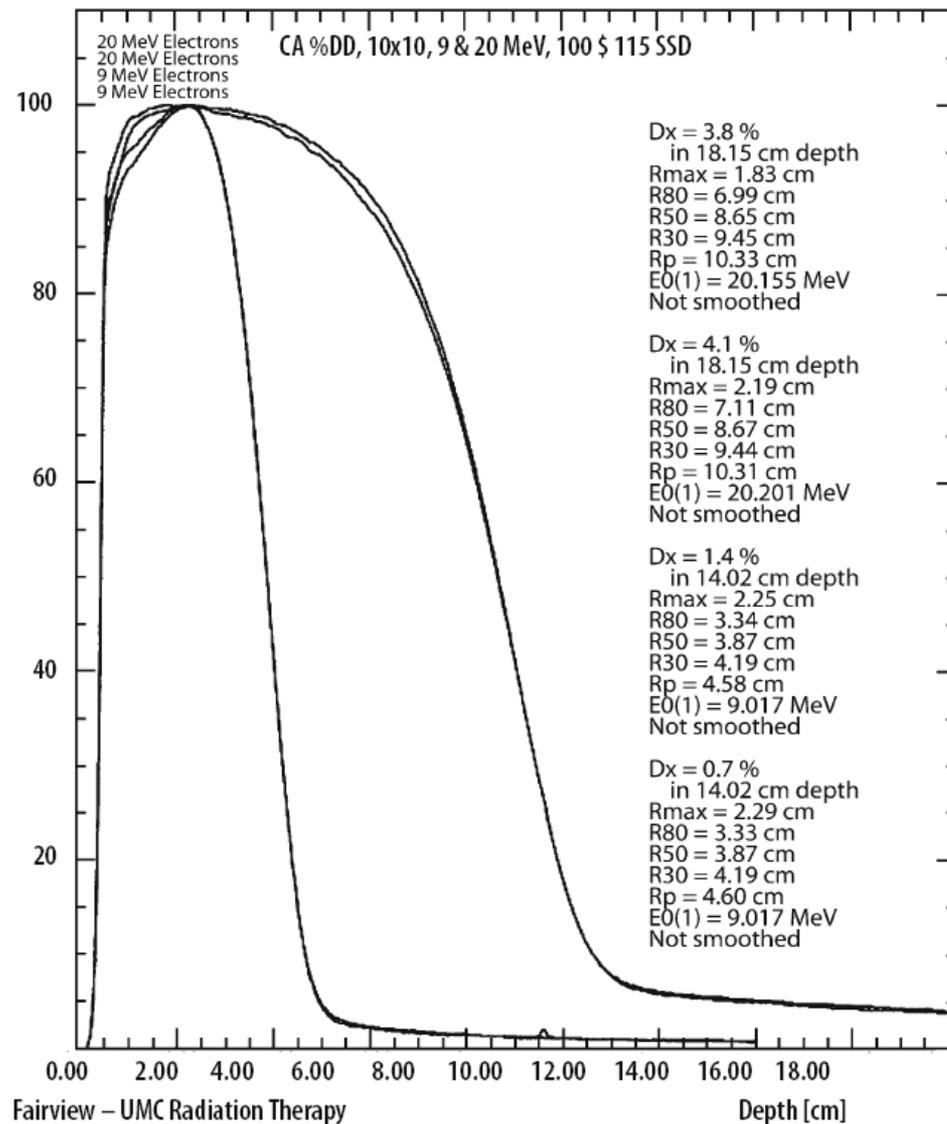
4x4 field



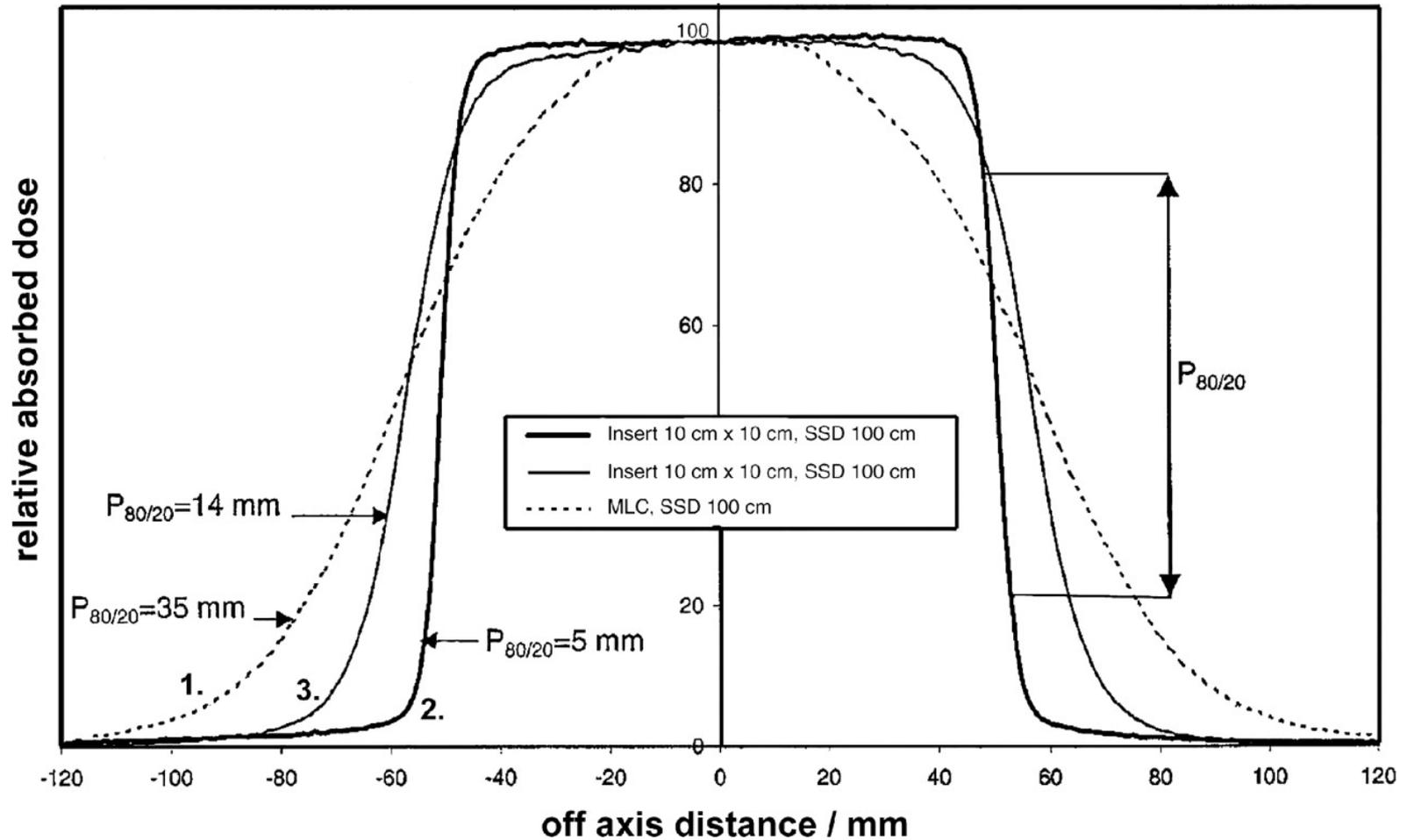
10x10 field



Central Axis PDD: SSD dependence

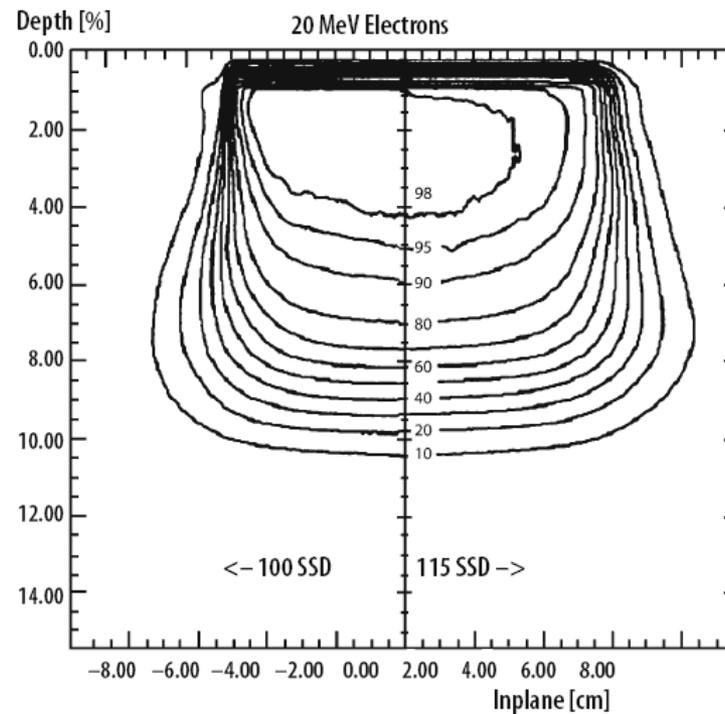
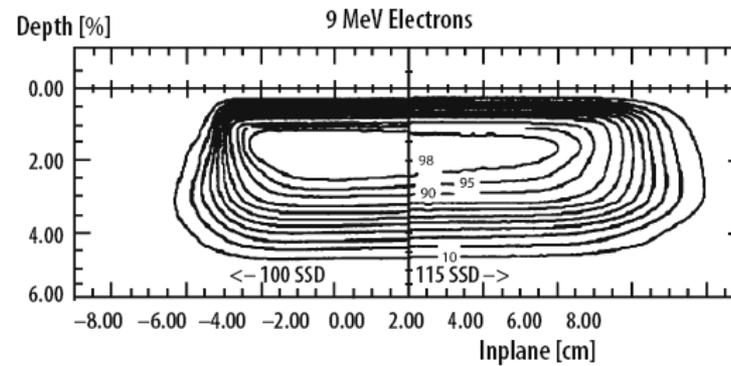


Profiles: SSD dependence



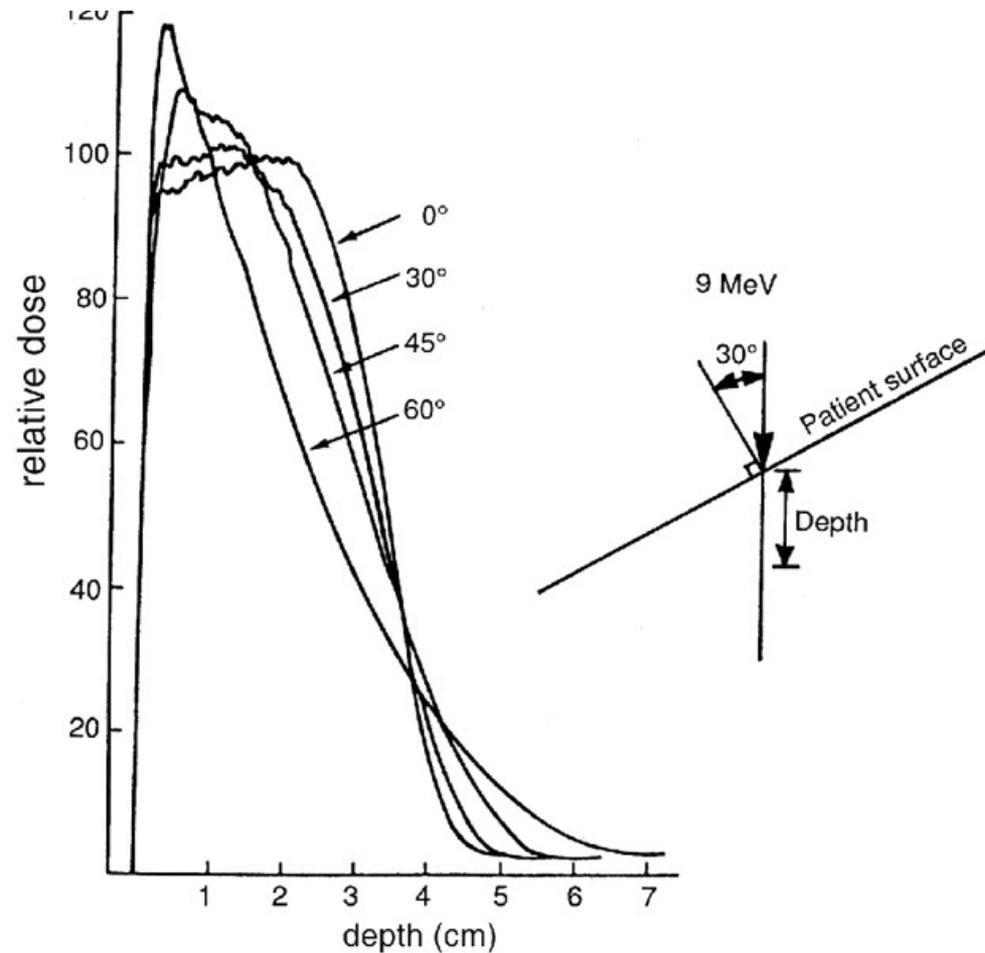
Dose profiles, at 15 mm depth at $E_{p,0} = 9$ MeV

Dose Distributions: SSD dependence



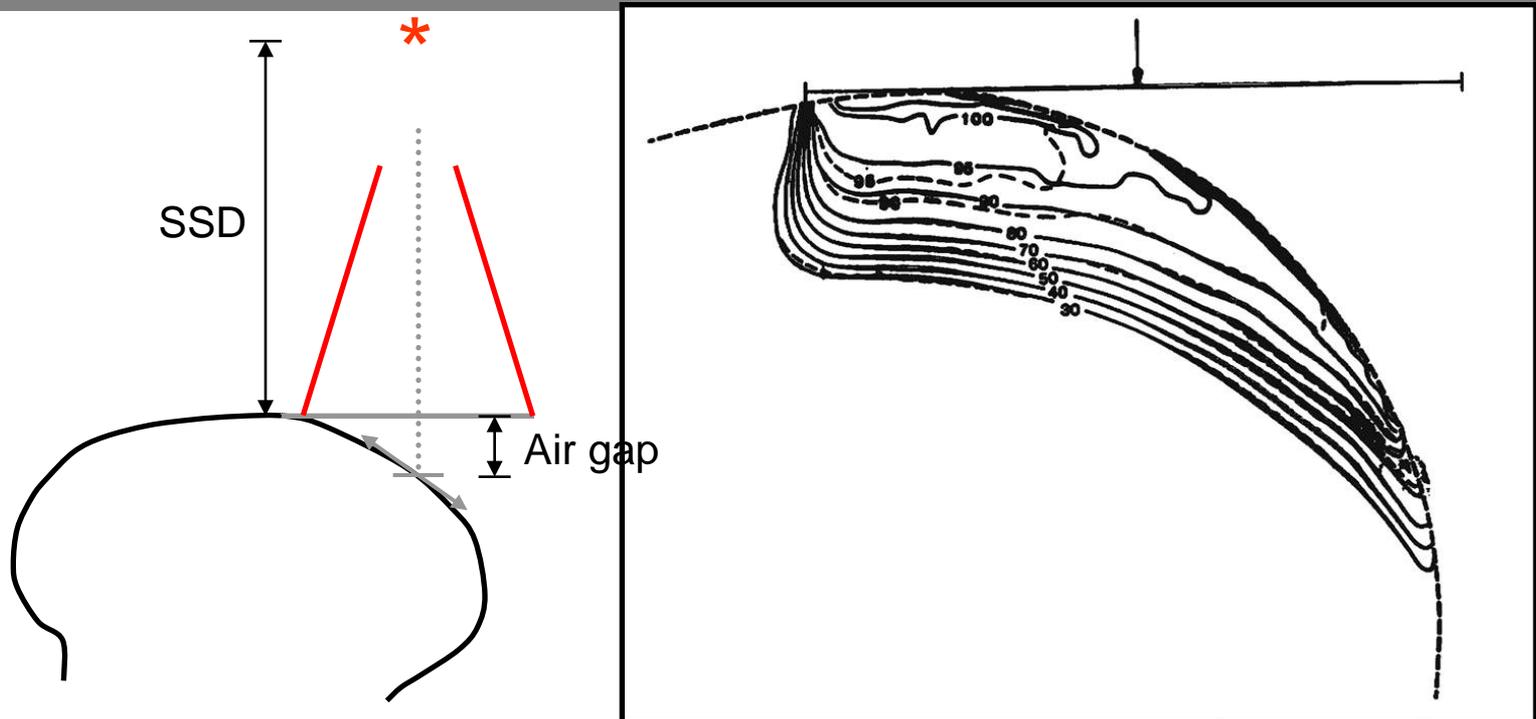
Increased penumbra

Angular dependence



Central axis depth dose curves plotted as a function of the angle of incidence of the beam

Curved Surface Dose Distributions

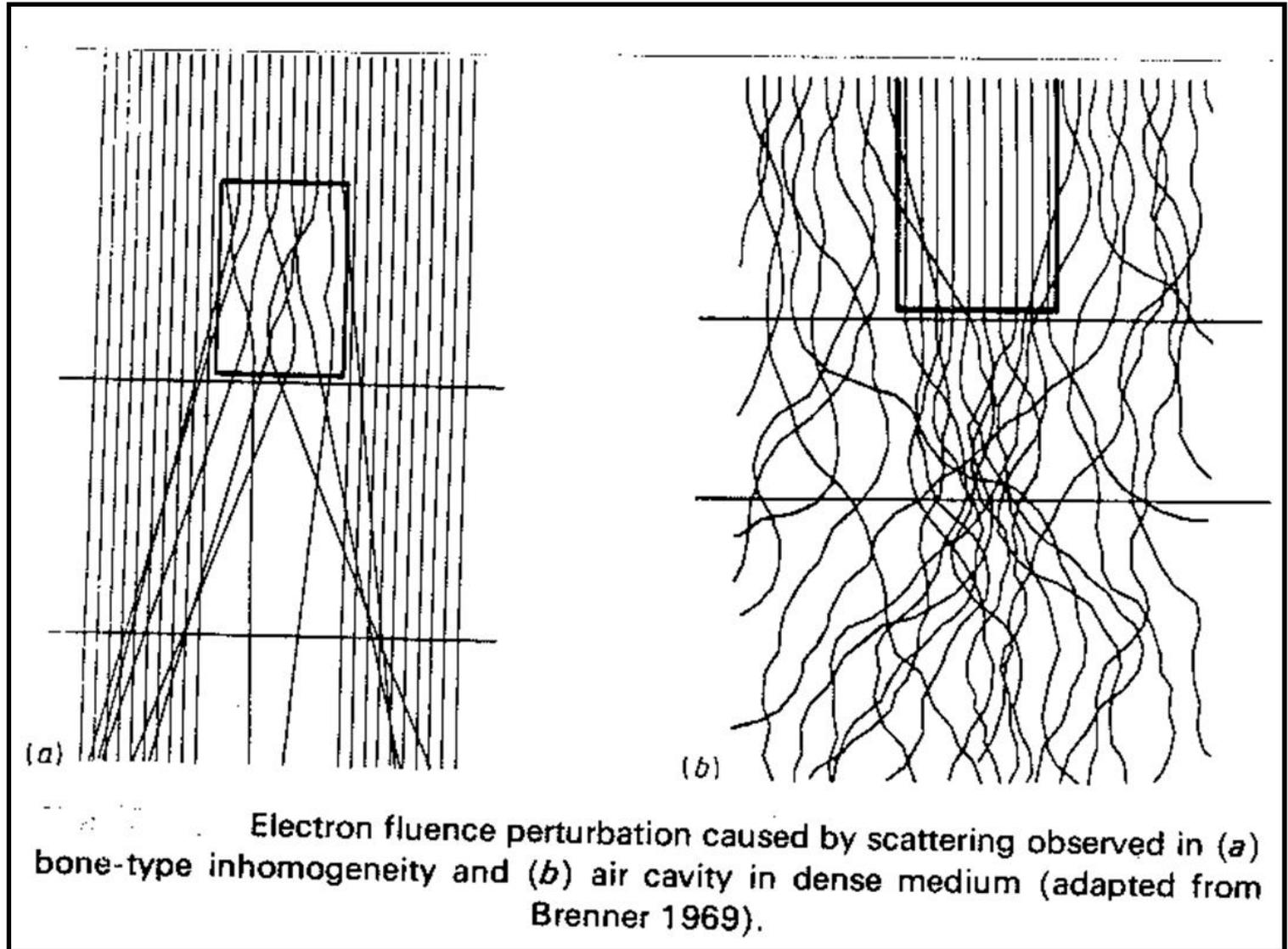


Must correct predicted dose distributions for:

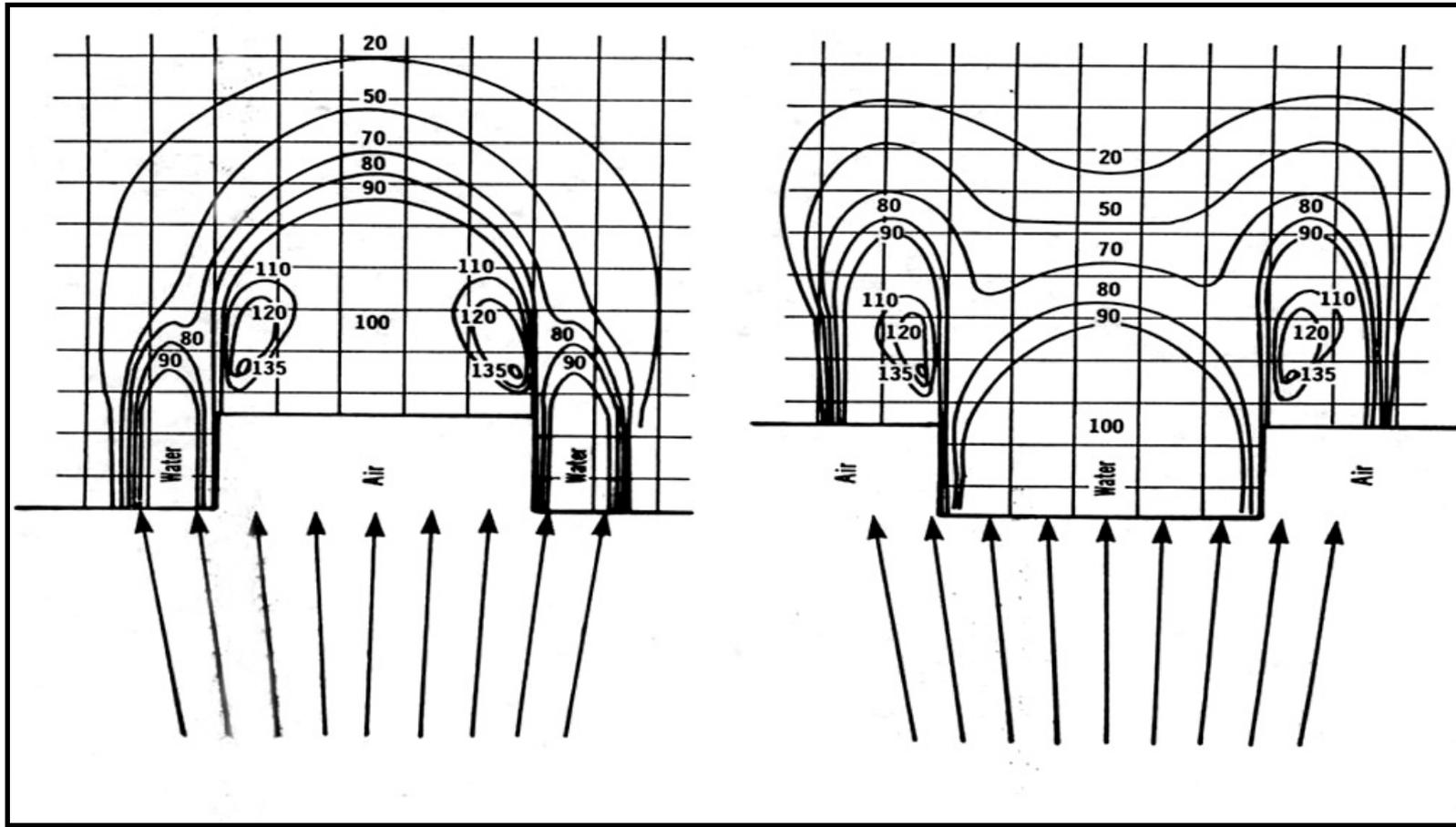
- Scatter of electron beam in tissue (angular dependence)
- Air gap (inverse square falloff in exposure)

Water-equivalent materials can be used as “bolus” to smooth out uneven target surfaces

Tissue Inhomogeneity

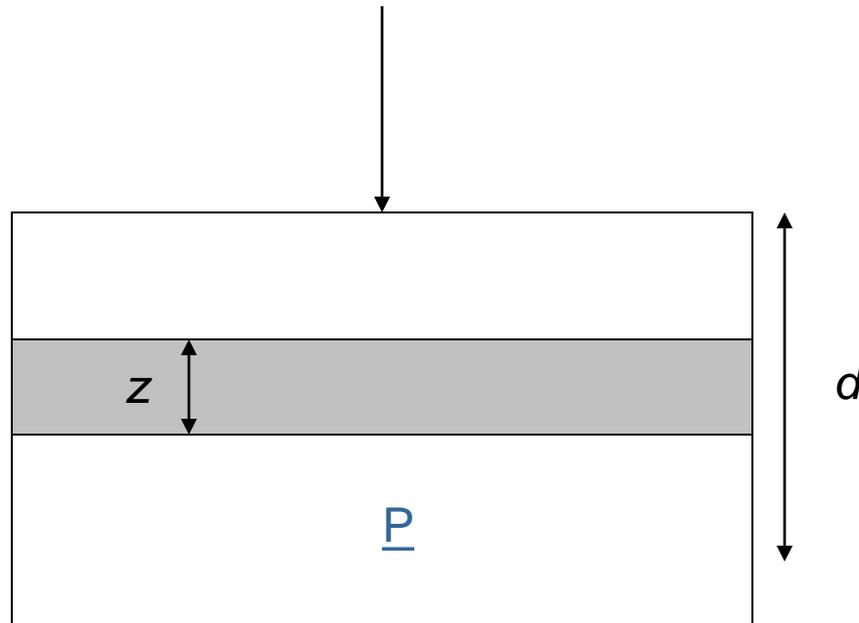


Irregular Surface Dose Distributions



Tissue Inhomogeneity

$$D_{eff} = d - z(1 - CET)$$



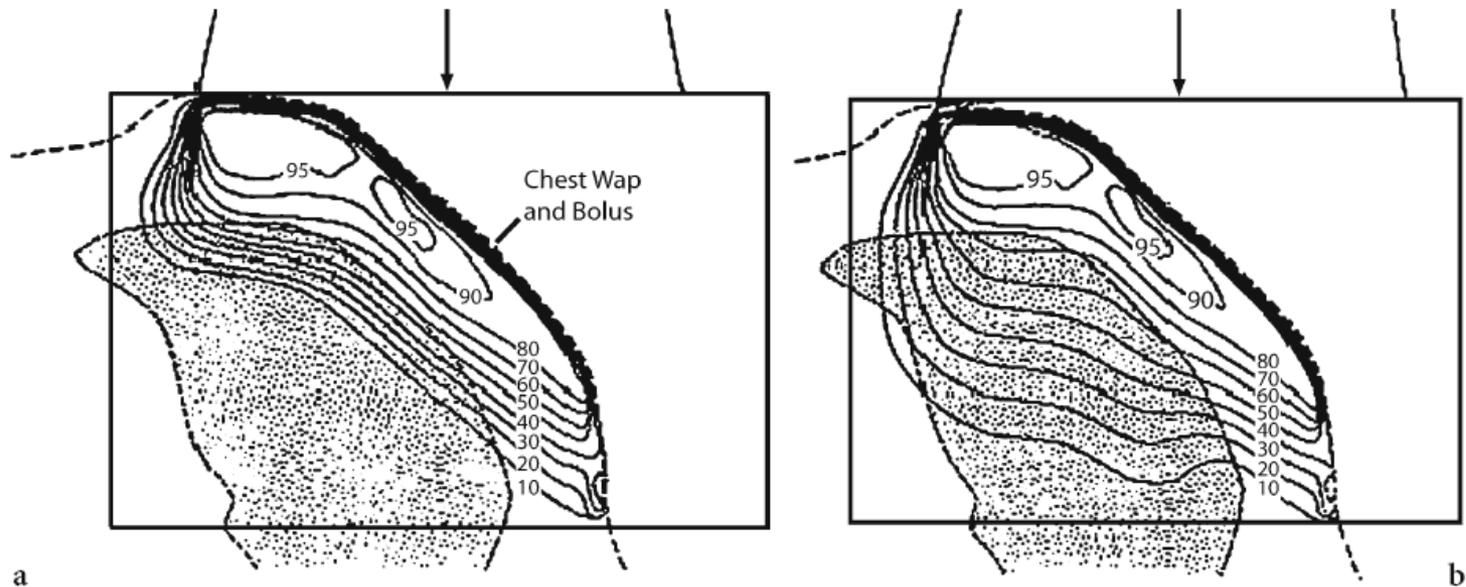
CET: Coefficient of Equivalent Thickness

Compact bone CET: 1.65

Lung CET: 0.2-0.25

Tissue inhomogeneity

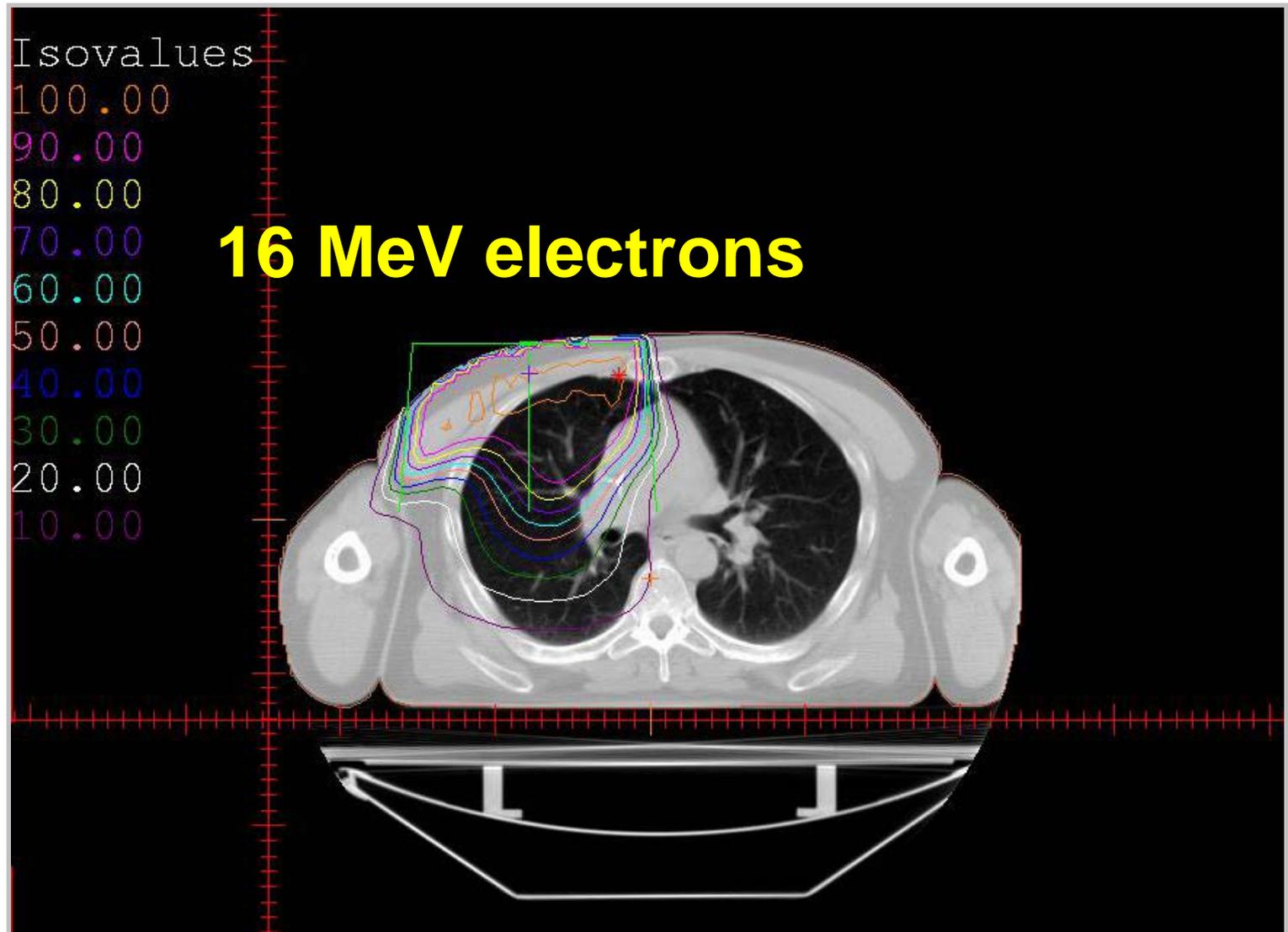
$$Z_{\text{lung}} = Z_{\text{water}} / \rho_{\text{lung}}$$



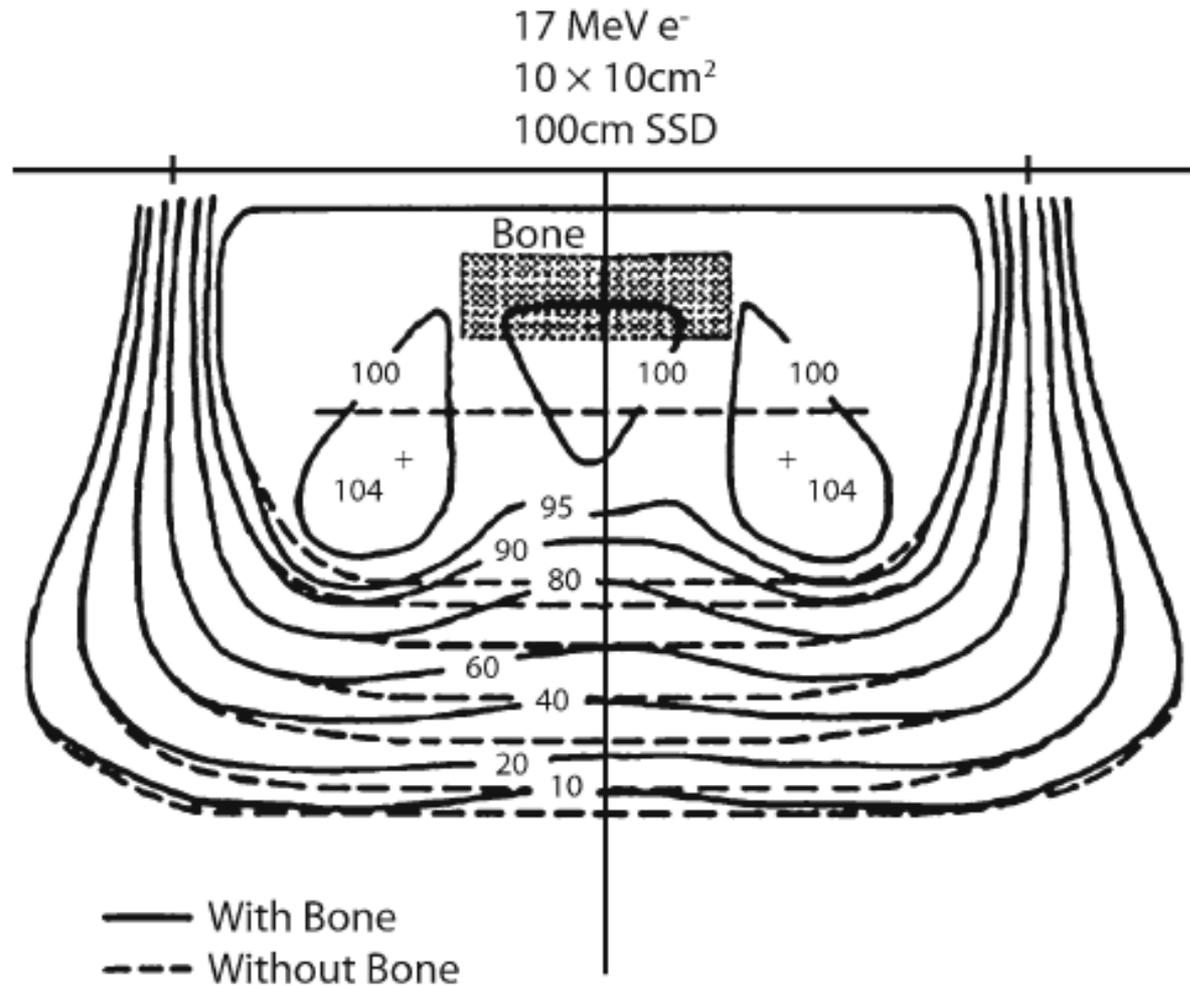
uncorrected calculation

corrected calculation

Tissue Inhomogeneity



Tissue Inhomogeneity



Lead shielding for electrons

$$\text{Thickness (mm)} = E \text{ (MeV)}/2 + 1$$

Electron Backscatter

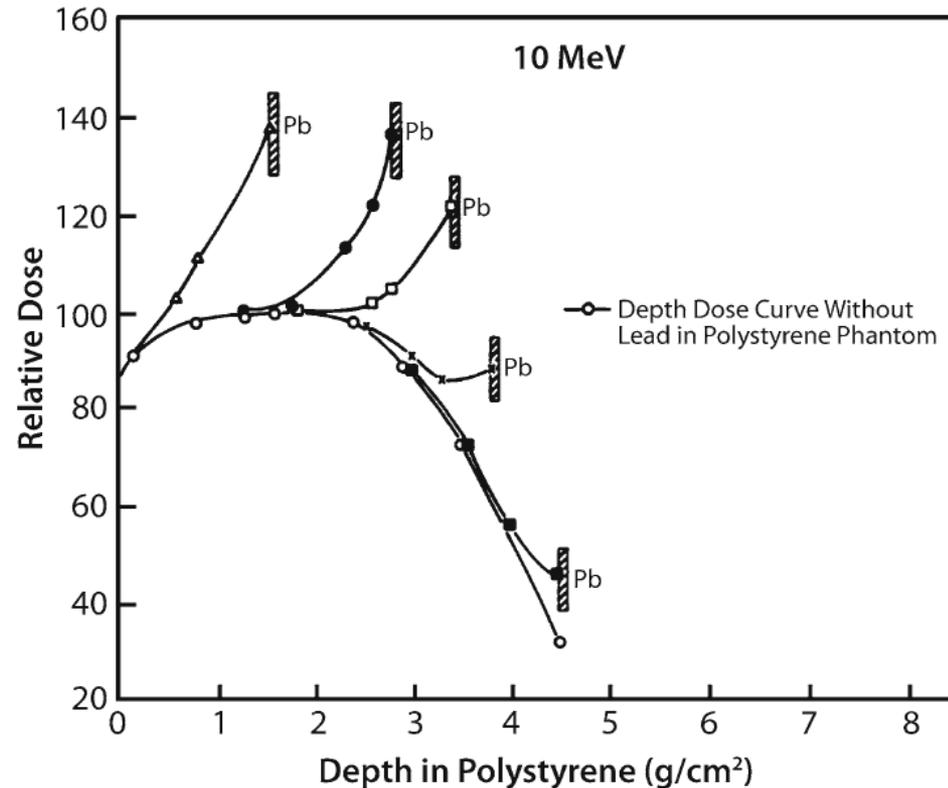
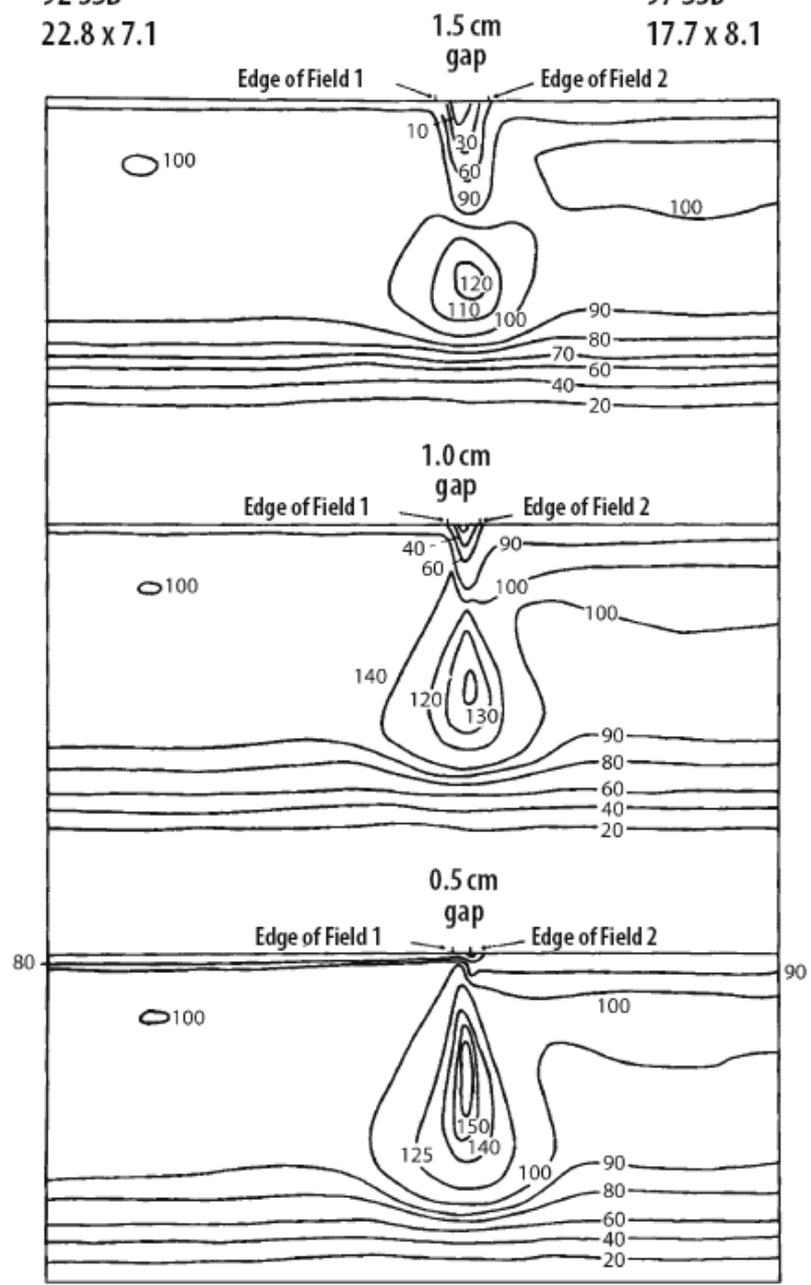


Fig. 7.18. Increase in the dose upstream from a lead shield thickness = 1.7 mm) at various depths in polystyrene. [Reprinted with permission from KHAN et al. (1976)]

Solution: place a low atomic number absorber (bolus) on the surface of the shield to absorb the dose due to backscatter

19 MeV^{e-}
92 SSD
22.8 x 7.1

19 MeV^{e-}
97 SSD
17.7 x 8.1



Summary

- ❖ Electron beam depth dose characteristics offer advantages for treating superficial lesions
- ❖ Tissue inhomogeneities, and surface irregularities alter dose distributions significantly.
- ❖ Modern treatment planning systems and dose-calculation algorithms open the possibility of wider use of electron beams as a treatment modality.

Select the correct answer:

- ❖ The percent depth dose at 5 cm for a 6 MeV beam is approximately: 100%, 90%, 80%, 50%, <5%?
- ❖ To treat a lesion extending to a depth of 5 cm you will use: 6 MeV, 10 MeV, 15 MeV, 20 MeV?
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