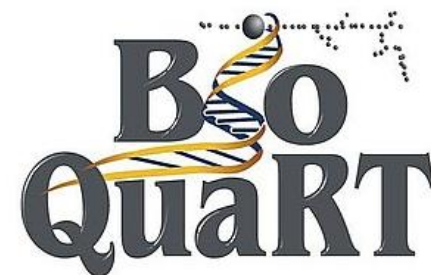




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Microdosimetry of Ion Beams

Paolo Colautti



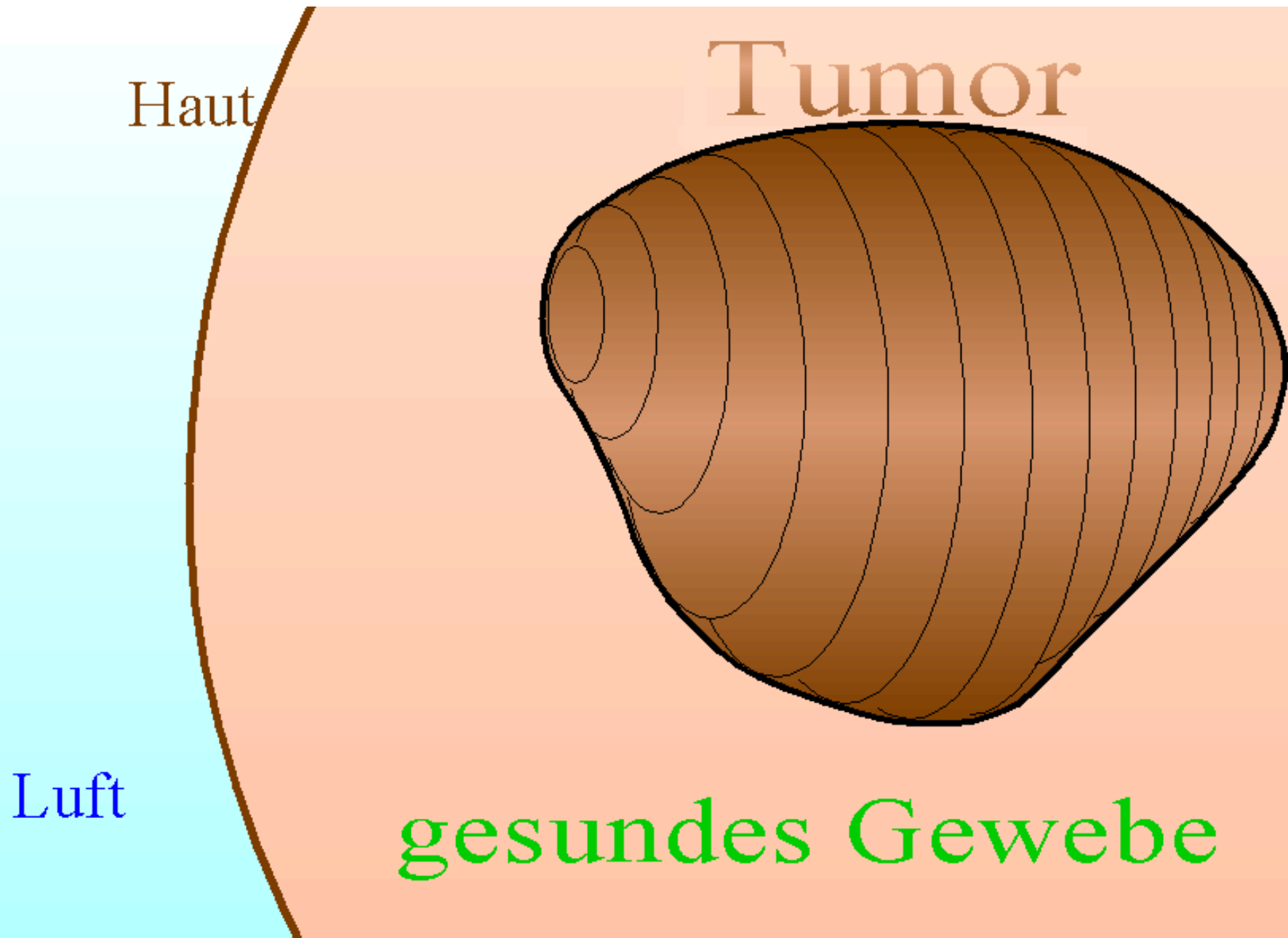
Challenges in micro-and nanodosimetry for ion beam cancer therapy
(MiND-IBCT)

Wiener Neustadt 07-09 May 2014

Outline of presentation

1. **Dosimetry does not measure physical occurrences at sub-cellular level where mainly single-ionization events occur.**
2. **The energy absorbed in a micrometric sub-cellular site is called *energy imparted* \mathcal{E} . It is an operative quantity.**
3. **In ion therapy, micrometric sites experience only single events, mainly.**
4. **First microdosimetric measurements at CNAO ^{12}C therapeutic beam.**

^{12}C hadrontherapy and the active beam scanning technique



The dose-delivering beam monitor measures the **average** particle fluence through $\sim 1\text{cm}^2$ area

$$D_{\text{exp}} = \text{const} \cdot J_{\text{gas}}$$

The ionization in the transmission chamber

Since, inside the ionization chamber, both **w-value** and **ionization cross-section** variation is small at high ^{12}C energies:

$$D_{\text{exp}} \propto \Phi_{^{12}\text{C}}$$

For 1 Gy, the carbon ion fluence is $\Phi_{^{12}\text{C}} \approx 10^7 \text{ cm}^{-2} = 0.1 \mu\text{m}^{-2}$

HOWEVER

**Initial radiobiological damage is
believed to take place in sub-cellular
structures**



**The sizes of which varies from 1 to
0.002 μm**

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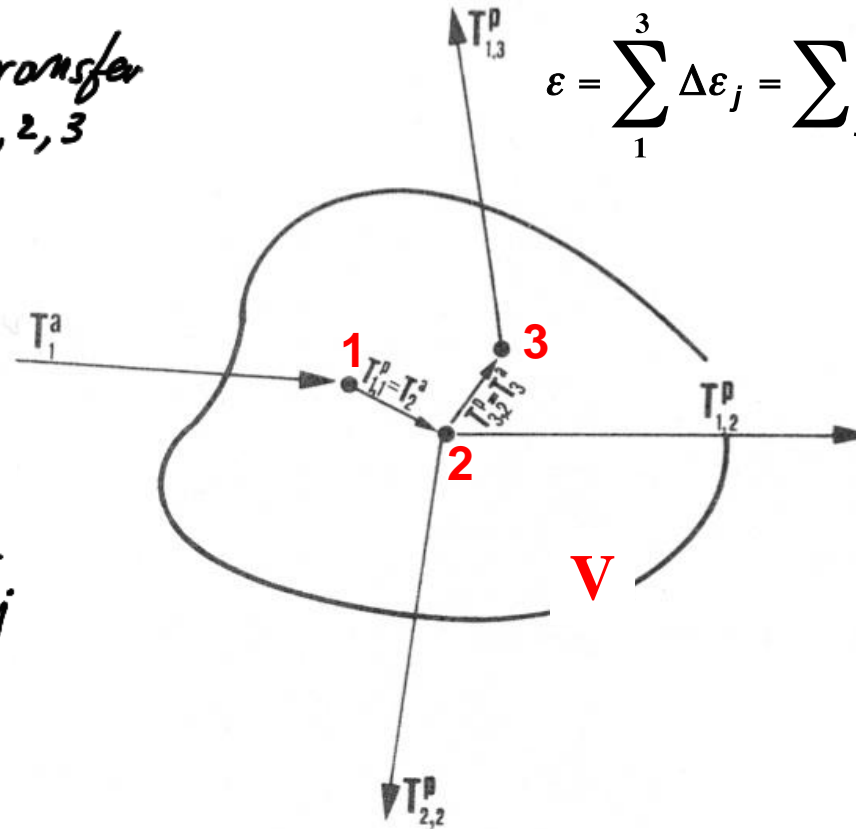
THEREFORE

1. Since **absorbed dose** measures only the **average** energy imparted to the irradiated macroscopic volume by a given particle fluence.
 2. Unlikely, dosimetry is able to monitor biological effects that arise from physical occurrences, which take place at micrometre or nanometre level.
-
1. How monitoring the physical occurrences in micrometric or sub-micrometric sites without abandoning absorbed dose, which is a well established and measurable quantity?

The answer is in ICRU 36, where the energy ε imparted to the volume V by a single particle is defined

Example of inchoate distribution with 3 transfer points P_j with $j=1,2,3$

$$\varepsilon = \sum_1^3 \Delta\varepsilon_j = \sum_j T_j^a - \sum_j \sum_i T_{ij}^p + \sum_j Q_j$$



$j \equiv$ transfer point
 $i \equiv$ emerging particle at the transfer point j

Since the particle $j+1$ arriving at P_{j+1} is one of the particles leaving P_j :

$$\varepsilon = T_1^a - \sum_{ij} T_{ij}^p + \sum_j Q_j$$

Where T_{ji}^p is the kinetic energy of all the particles leaving the volume V

The energy imparted by a single event is called **microdosimetric event**

*“It is the energy imparted to the volume **V** by an ionizing particle entering into the volume **V** or by a radioactive decay inside it.”*

The **event size** is the energy-imparted value $\varepsilon = T_1^a - \sum_{ij} T_{ij}^p + \sum_j Q_j$

The event size 0 occurs when $T_1^a = \sum_{ij} \dot{a}_{ij} T_{ij}^p - \sum_j \dot{a}_j Q_j$

Since the event size fluctuates, according to all the possible interaction probabilities, ***ε is a stochastic variable.*** This quantity opens the door to the nuclear physics, which holds technology to measure stochastic variables.

The absorbed dose is then defined on the **mean imparted energy to V**

The mean imparted energy $\bar{\epsilon}$ to the volume **V** is a deterministic quantity

Zero included

$$\bar{\epsilon} = \frac{\sum_0^N \epsilon_j \cdot n_j}{\sum_0^N n_j}$$

N number of single events in V

ϵ_j energy imparted to V by the *j*th event

Since the main contribution to the imparted energy is due to electromagnetic interactions, $\bar{\epsilon}$ can be approximated with the energy released by a charged particle in continuous slowing down approximation (CSDA), when **V is larger then secondary electron ranges**.

$$\epsilon \approx T_1^a - T_1^p$$

$$\bar{\epsilon} \approx (S/\rho)_V \cdot \rho_V \cdot \bar{d}_V$$

mass stopping power in the volume V

density of the volume V

size of volume V

The lineal energy, y and the specific energy, z

ICRU 36 defines two new stochastic quantities, which resemble ordinary dosimetric quantities

y is “the quotient of the energy imparted to the volume V , by a **single particle**, and the volume mean chord length”.

$$y = \frac{\varepsilon}{d}$$

The y physical dimension is **keV/ μ m**, similarly to **LET**. The weighted distribution of y is called **$d(y)$** , similarly to the **LET** absorbed-dose distribution, **$d(L)$** of complex radiation fields.

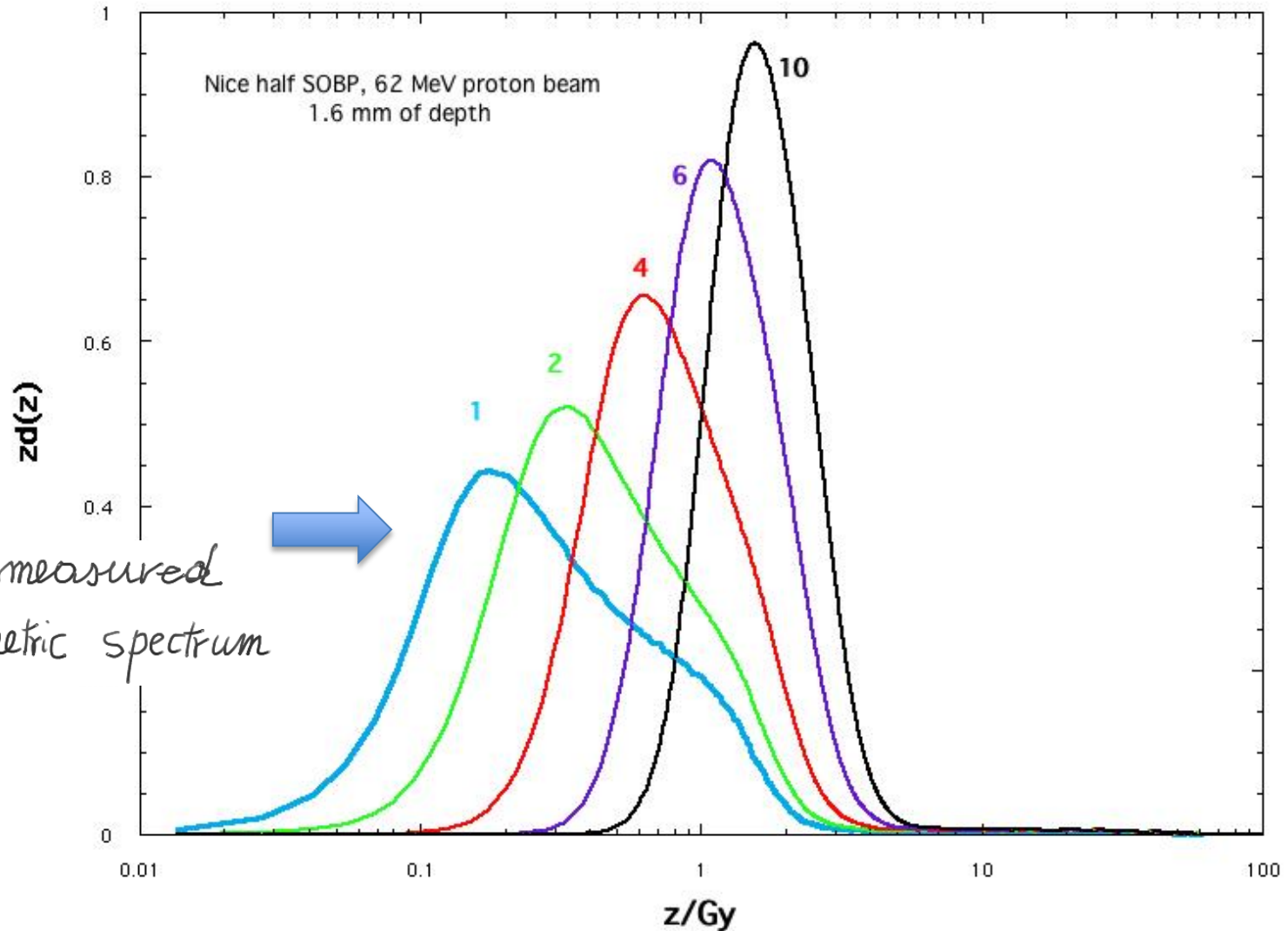
z is the “quotient of the energy imparted to the volume V , by **one or more particles**, and the volume mass”

$$z = \frac{\varepsilon}{m}$$

The z physical dimension is **Gray**, similarly to absorbed dose **D** . The weighted distribution of z is called **$d(z)$** , similarly to **dose** absorbed-dose distribution (dose components) of complex radiation fields.

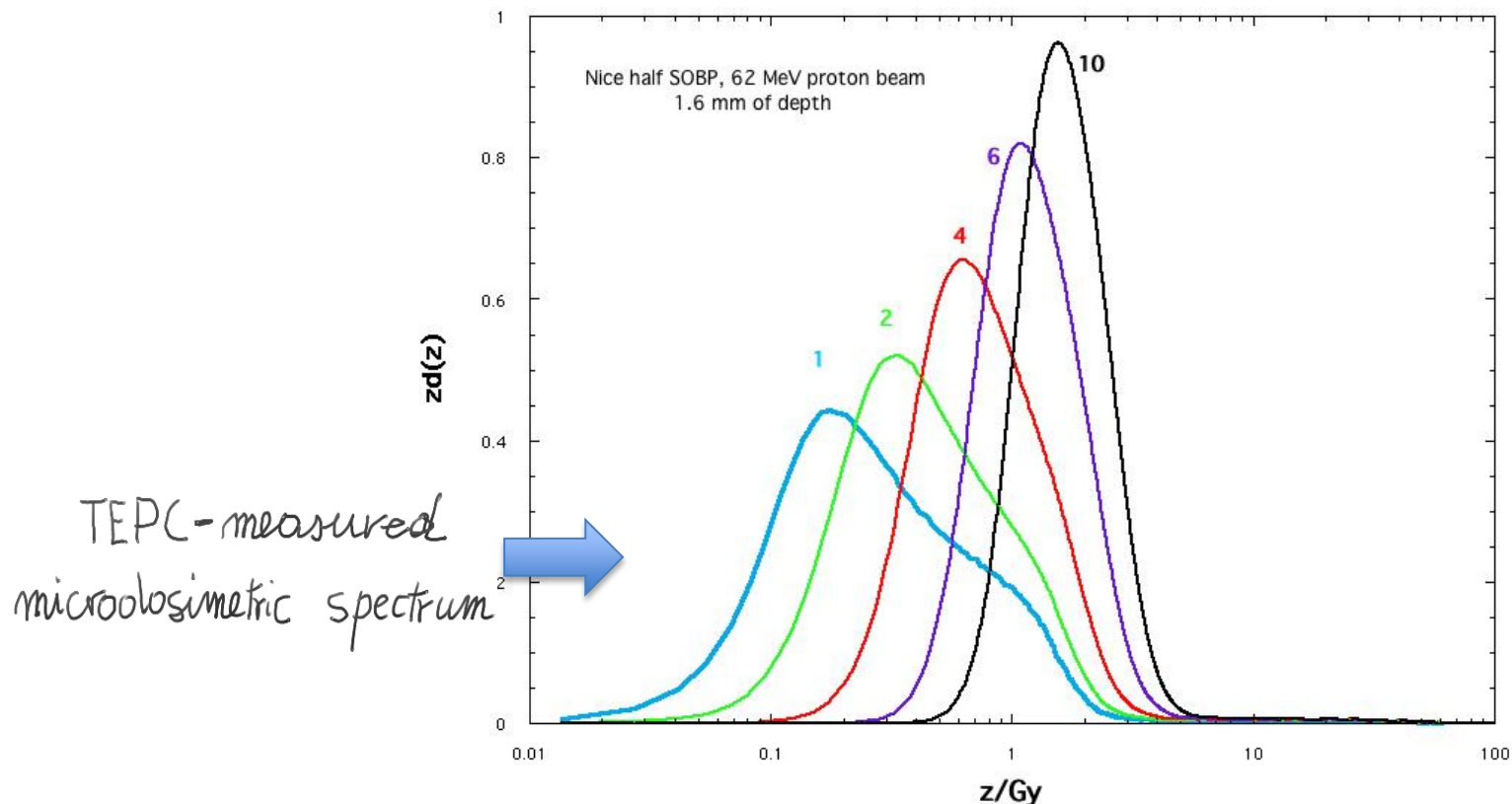
How the z distribution changes with event number increase

1 μm volume



How many events occur in the volume V at the dose D ?

Is the single-event microdosimetric spectrum meaningful to monitor physical occurrences at micrometre level?



When is the mean specific energy in the site different from D ?

The **critical site** is the site that one has experienced at least 1 event $\neq 0$
Shall we call the specific energy in a critical site \bar{z}^* .

The mean specific energy \bar{z}^* in critical sites is the mean specific energy \bar{z} without the 0-event contribution

Re-normalization:
the average is calculated
only on the >0 events

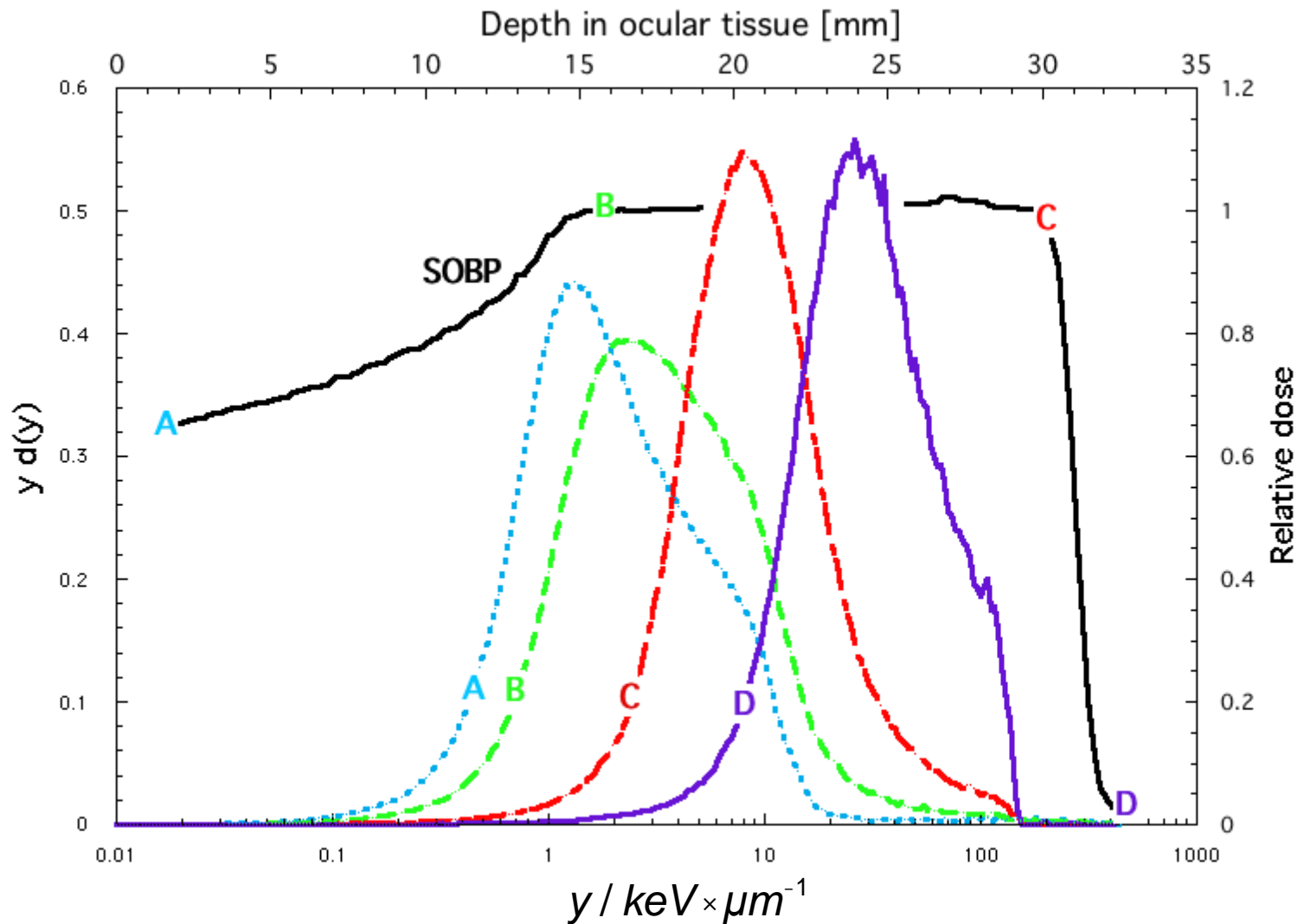
$$\bar{z}^* = \frac{\int_0^{\infty} z \cdot f(z; D) \cdot dz}{1 - P(0)}$$

Probability to have an
event >0 in the volume V

$D \equiv$ absorbed dose

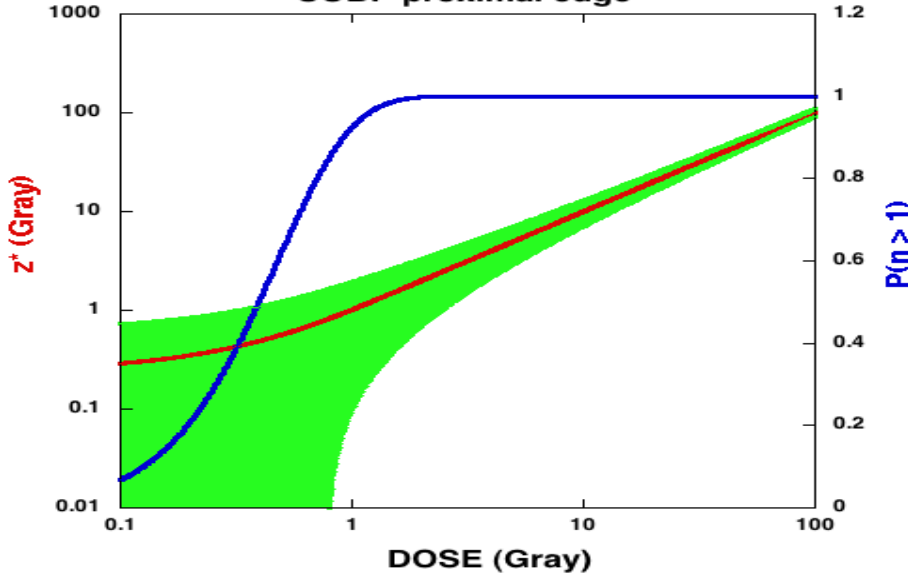
$$\bar{z}^* = \frac{D}{1 - e^{-D/\bar{z}_{1F}}}$$

The therapeutic 62 MeV-proton beam of Lacassagne (Nice) medical centre

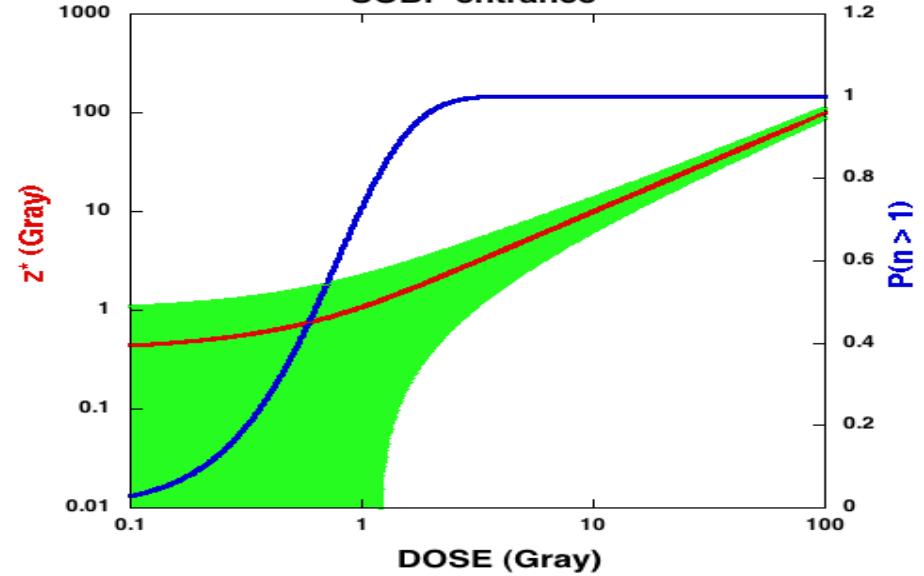


Microscopic and macroscopic dose in therapeutic 62 MeV-proton beam

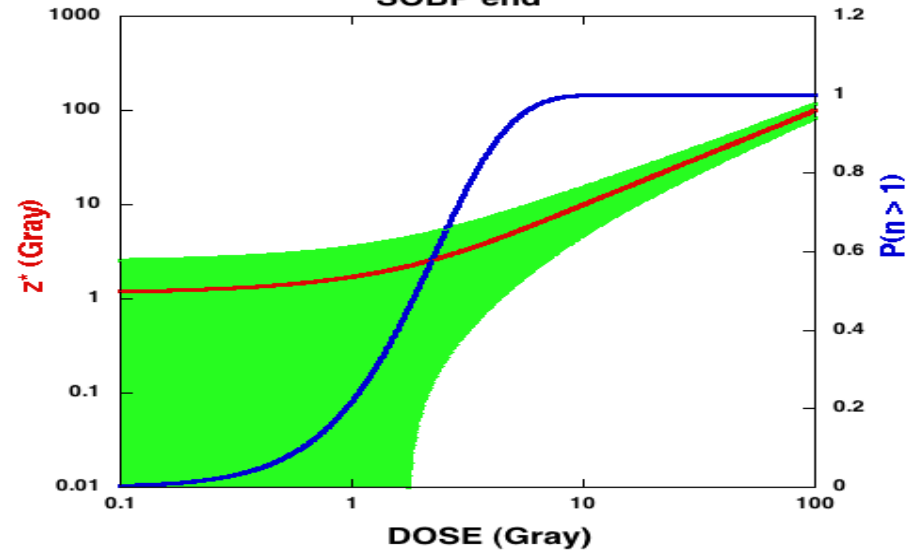
SOBP proximal edge



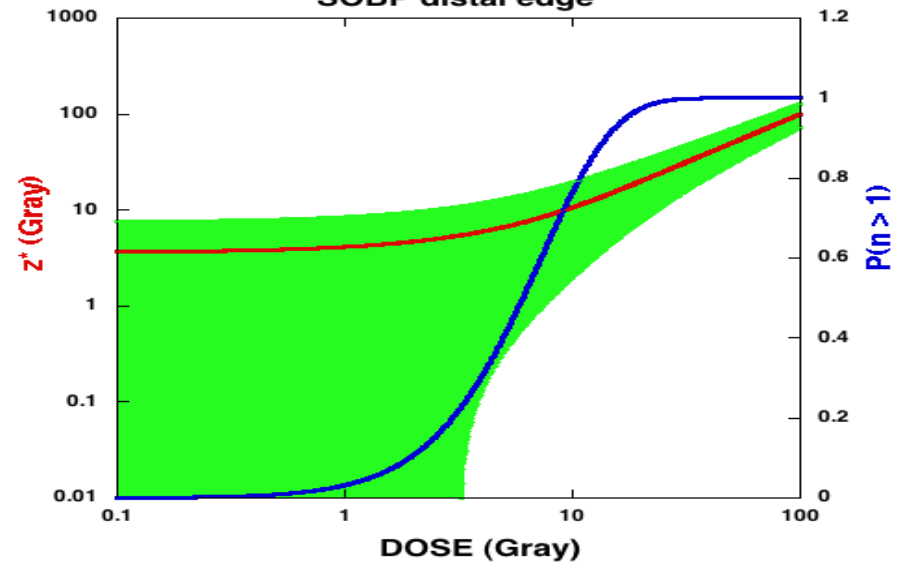
SOBP entrance



SOBP end

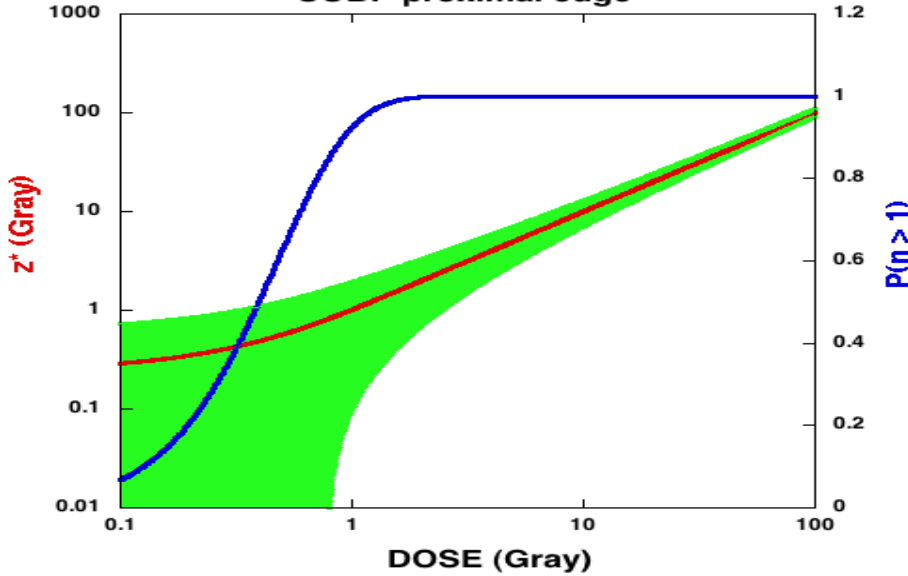


SOBP distal edge

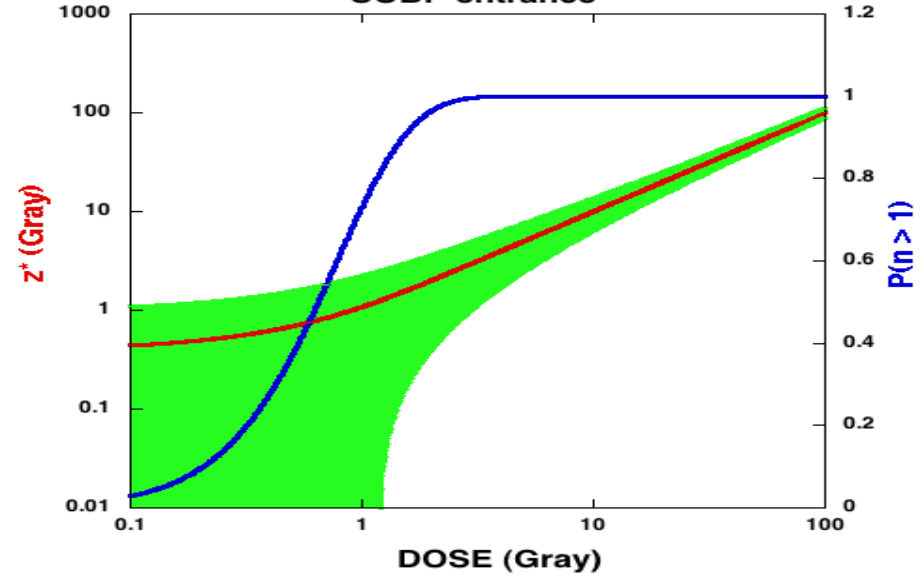


Microscopic and macroscopic dose in therapeutic 62 MeV-proton beam

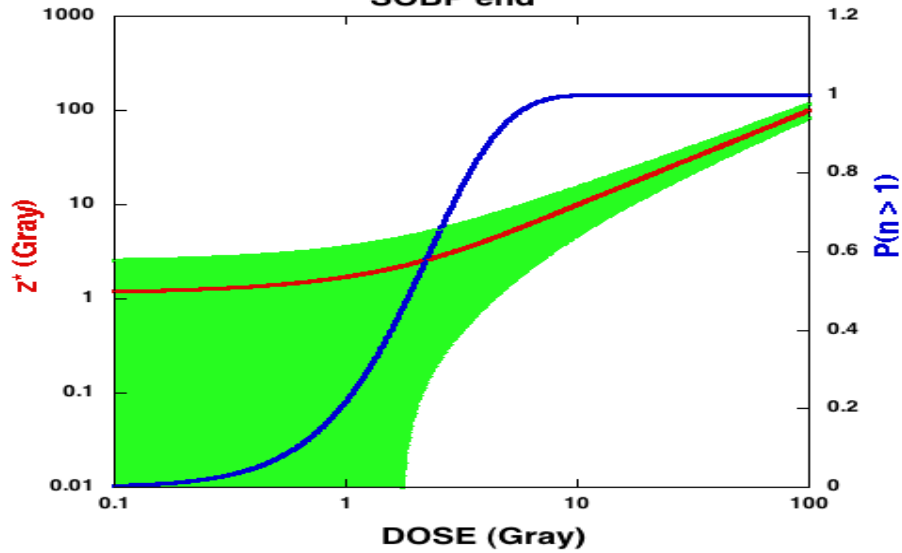
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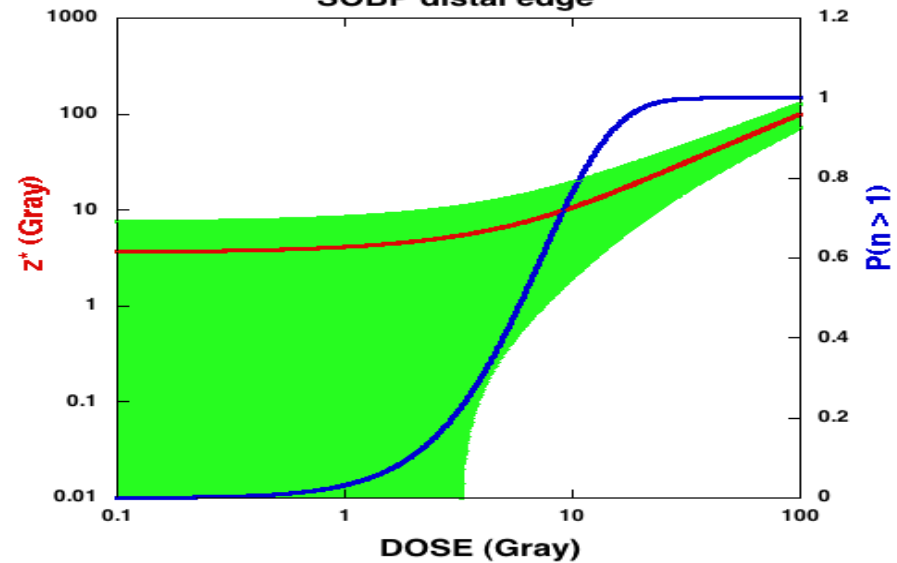
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SOBP end

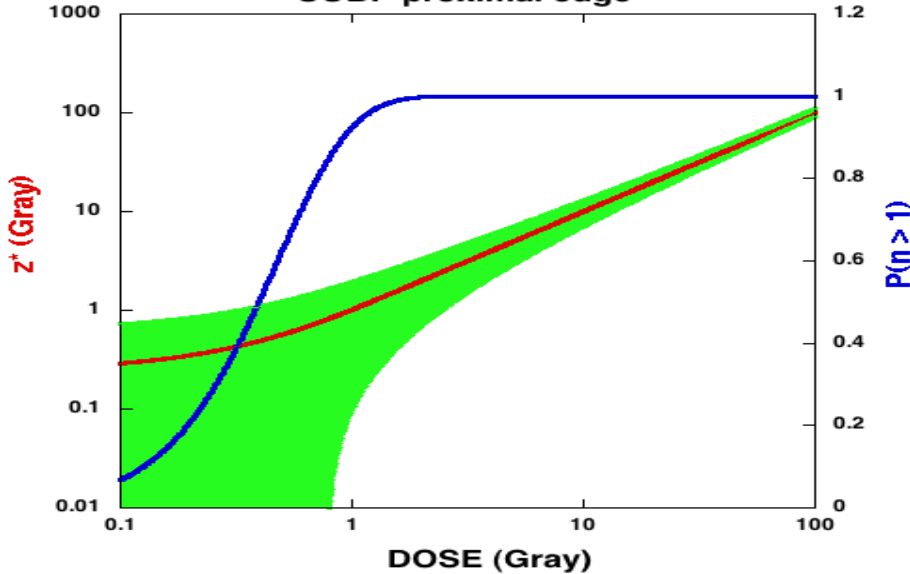


SOBP distal edge

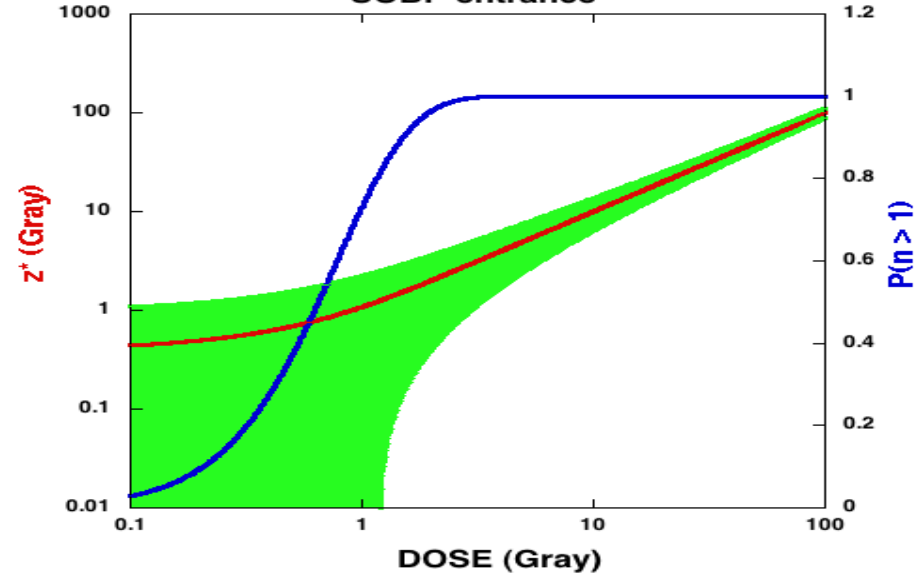


Microscopic and macroscopic dose in therapeutic 62 MeV-proton beam

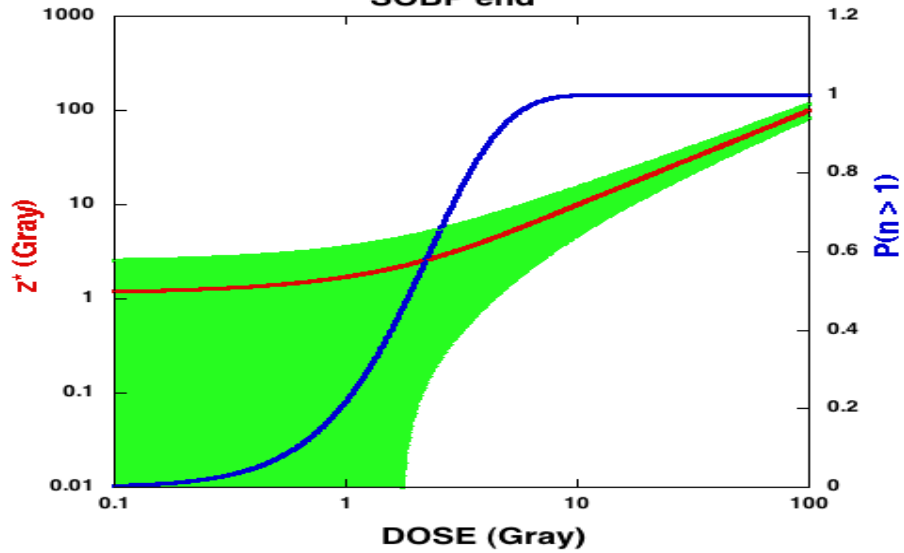
SOBP proximal edge



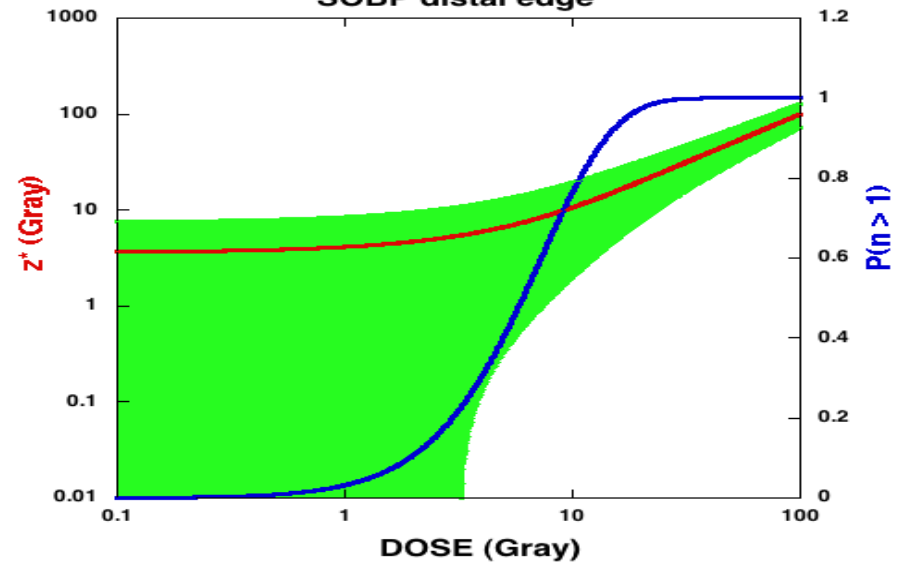
SOBP entrance



SOBP end

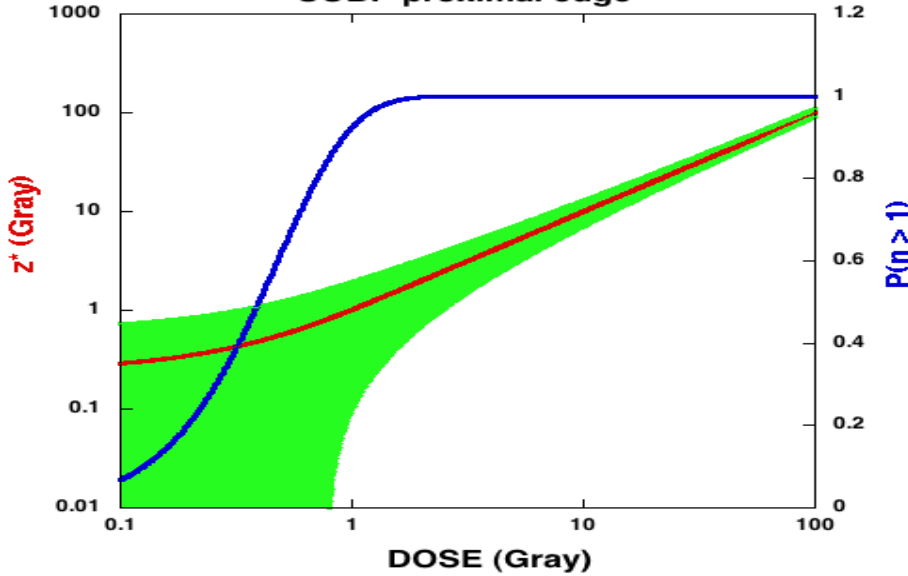


SOBP distal edge

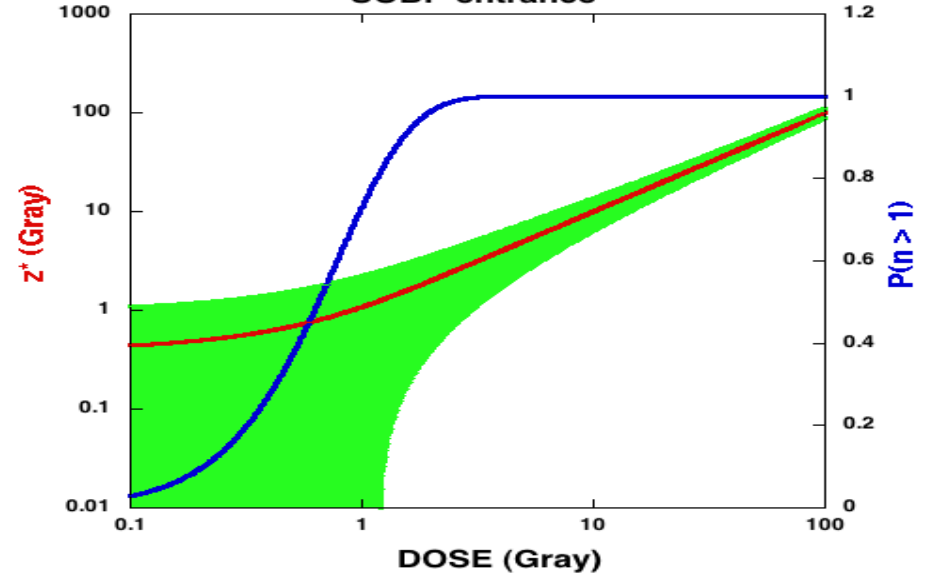


Microscopic and macroscopic dose in therapeutic 62 MeV-proton beam

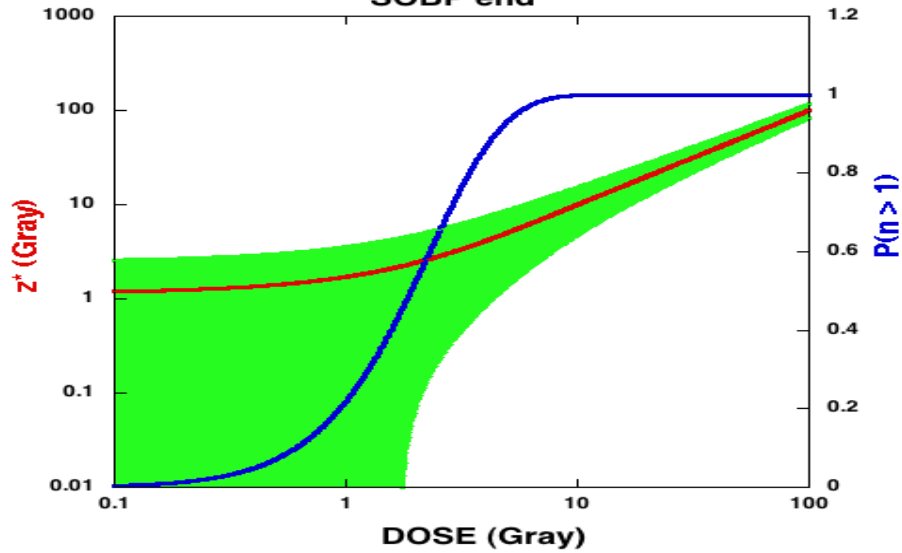
SOBP proximal edge



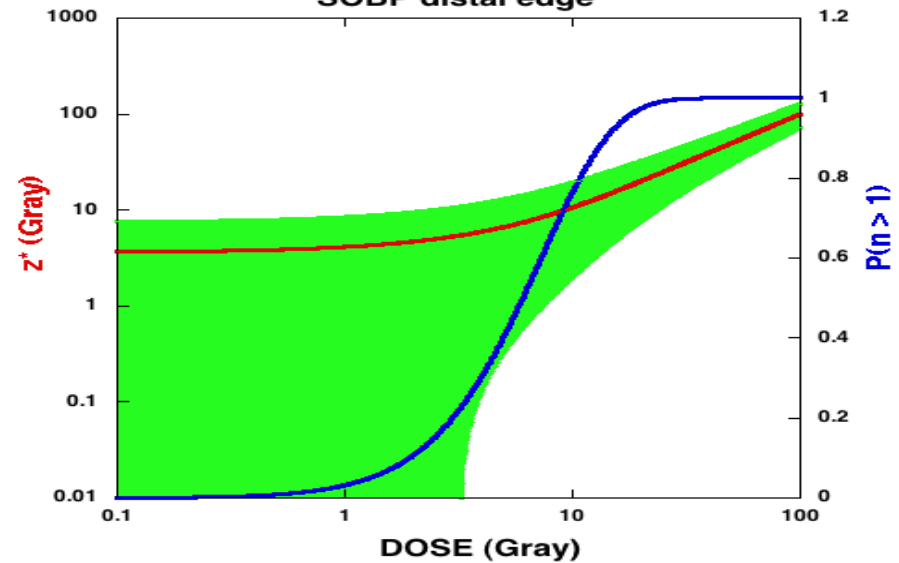
SOBP entrance



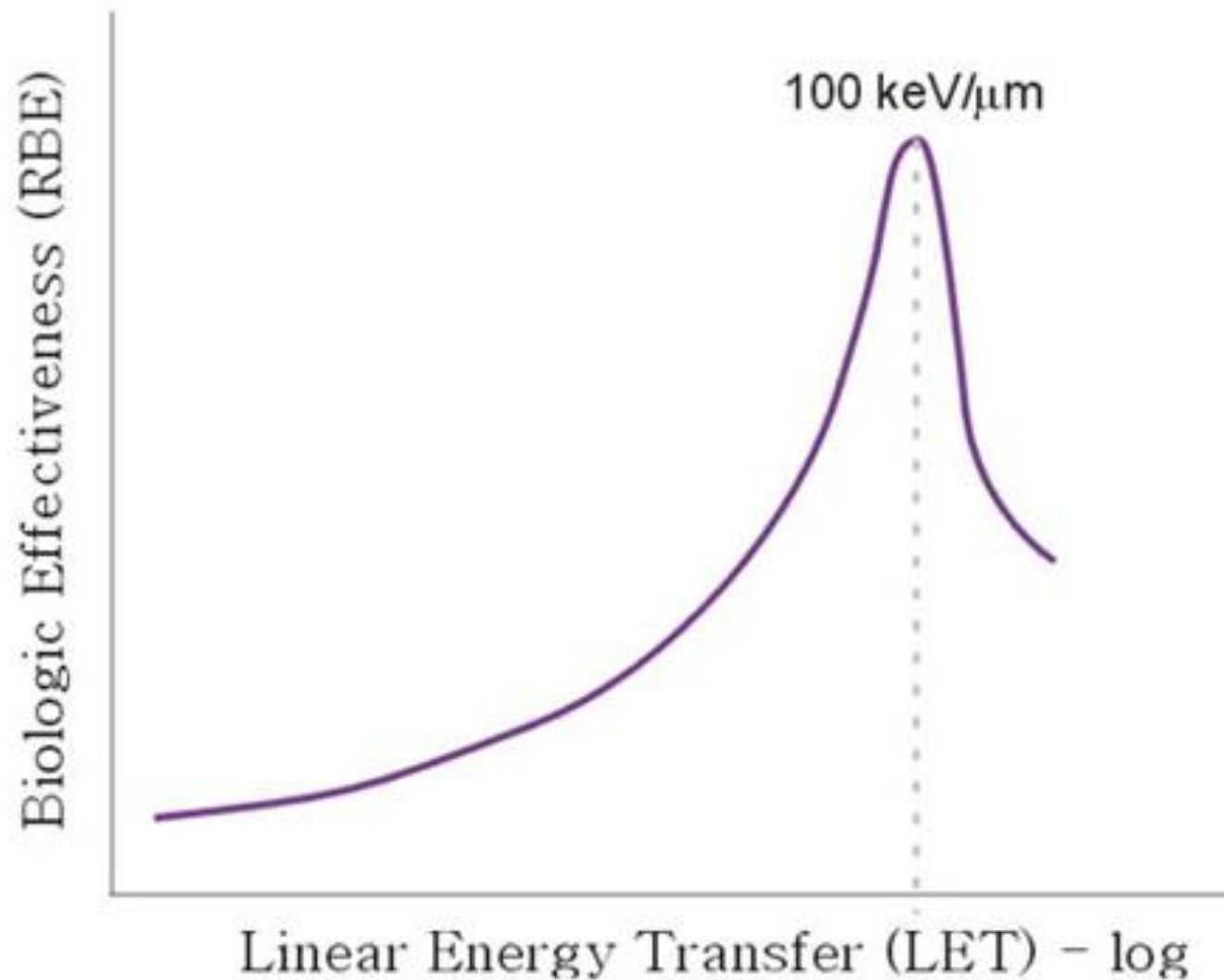
SOBP end



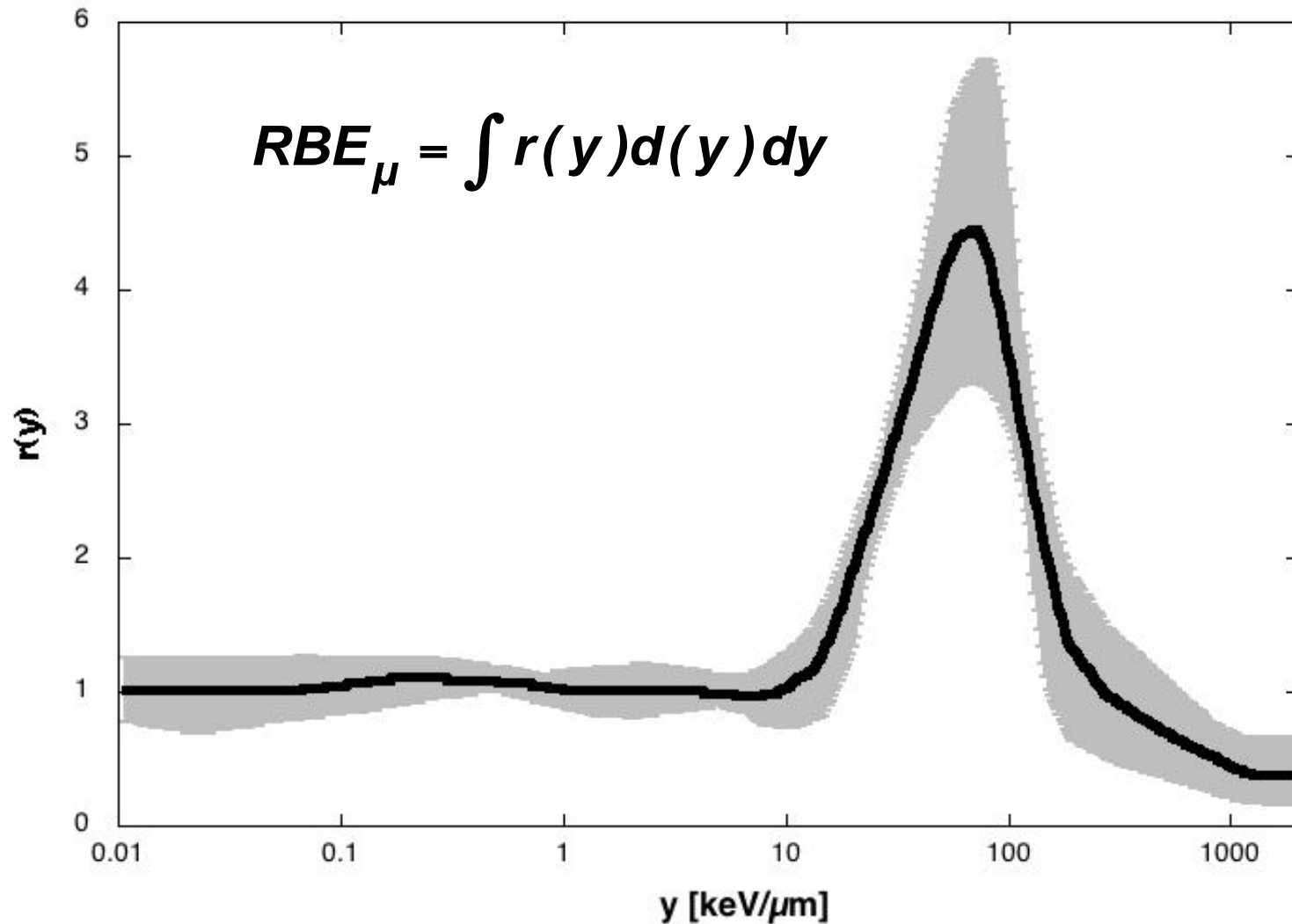
SOBP distal edge



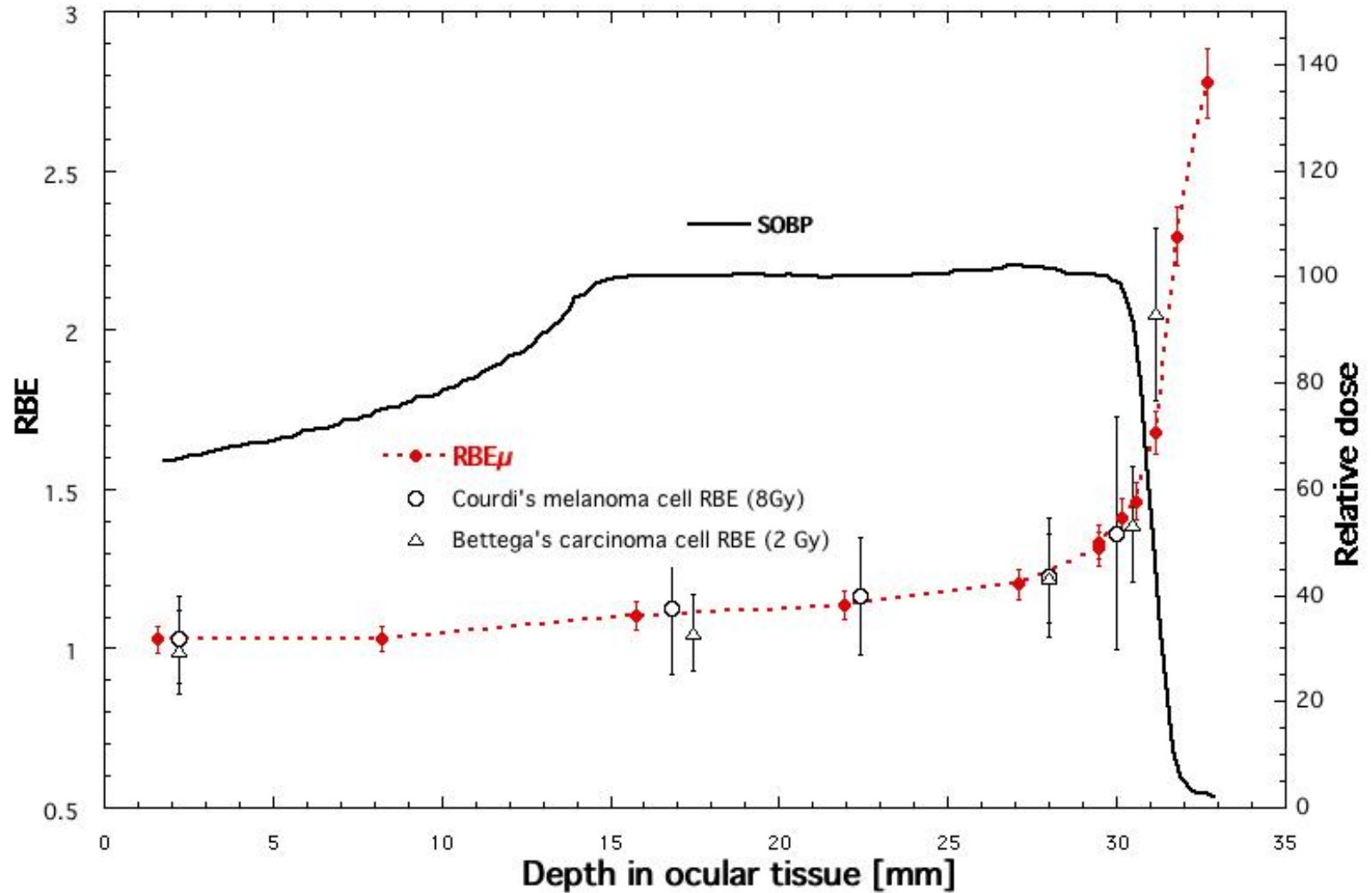
The relative biological effect saturates, the imparted energy ϵ does not.



Therefore, the weighted distribution $d(y)$ has to be further weighted with a saturation function $r(y)$



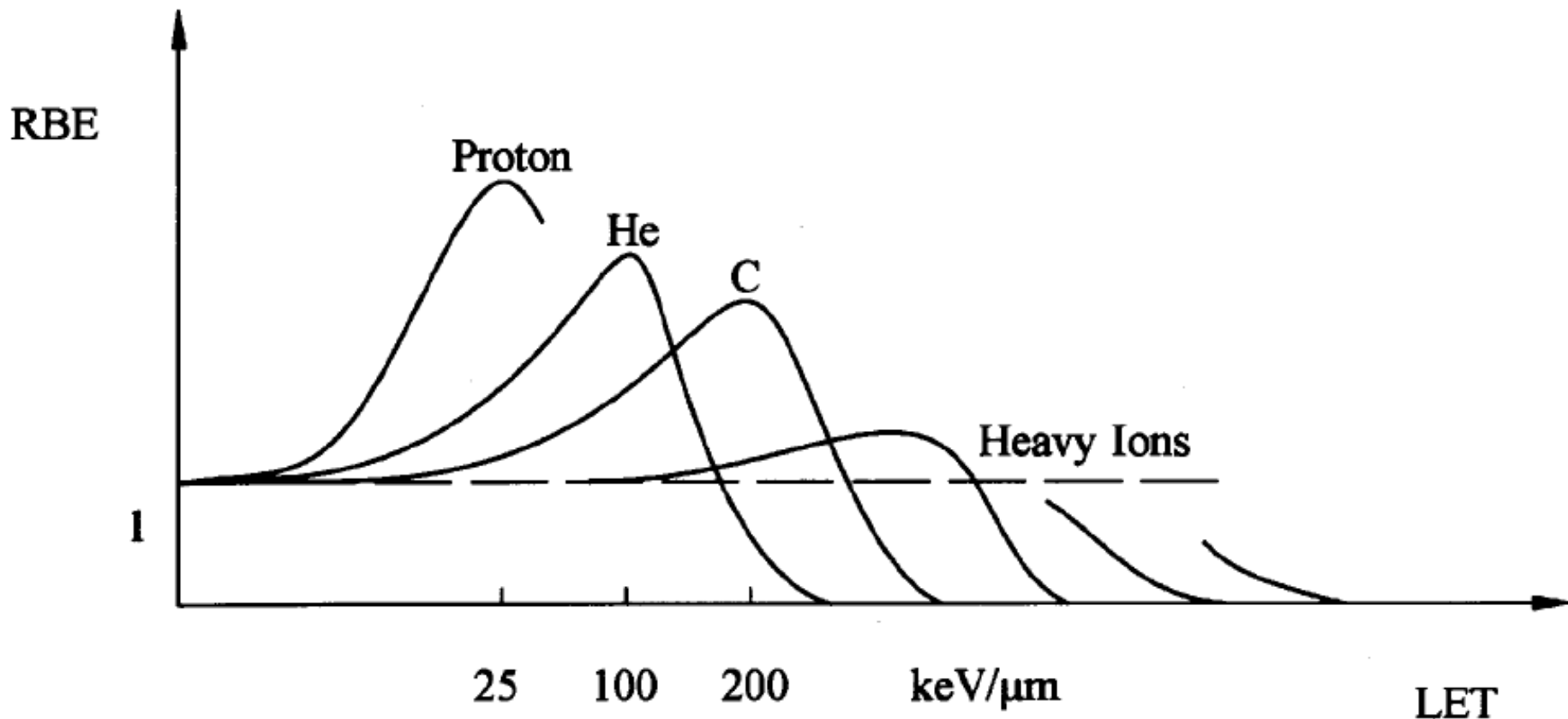
RBE and RBE_{μ} values of the therapeutic proton beam of Nice



L.De Nardo et al., Physica Medica XX, 71-77, 2004

Schematic comparison of RBE values of different ions

The saturation effect appears at higher LET values as the ion charge increases



From G.Kraft. Prog.Part.Nucl.Phys. 45, 473-544, 2000

CONCLUSIONS

- 1. Microdosimetric measurements in ion beams confirm that the absorbed energy in 1 μm site is poorly correlated with the absorbed dose at 2 Gy. In nanometric sites the physical phenomena are expected to be not correlated at all with the absorbed dose.**
- 2. Microdosimetric measurements at 1 μm are able to mimic the biological-effective dose of therapeutic ion beams by using suitable saturation functions.**
- 1. The accuracy of the saturation function has to be evaluated by comparison with radiobiological data.**