Lessons Learned from IROC Houston Audits

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David Followill
2016 AAPM Summer Meeting
August 4, 2016

Mission

1. Assure NCI and cooperative groups that institutions participating in clinical trials deliver prescribed doses that are comparable and consistent. (Minimize dose uncertainty)
2. Help institutions to make any corrections that might be needed.
3. Report findings to the community.

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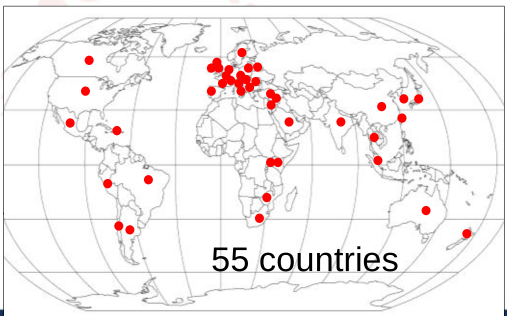
IROC QA Program (2015)



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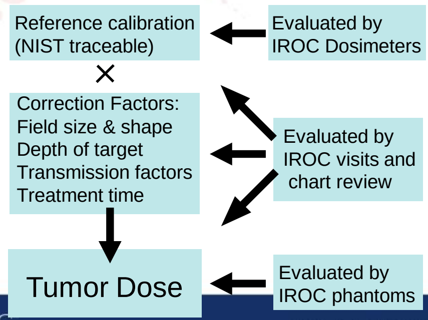
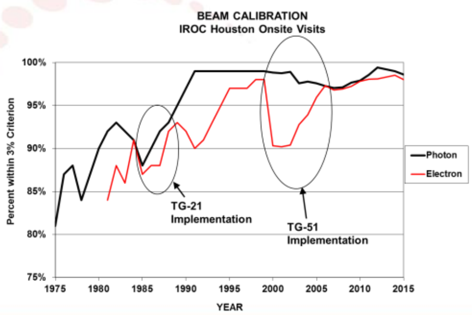
IROC-H Verification of Delivery of Tumor Dose



On-Site Dosimetry Review Audit



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TG-51 Addendum

Addendum to the AAPM's TG-51 protocol for clinical reference dosimetry of high-energy photon beams

Malcolm McEwen[a)]
National Research Council, 1200 Montreal Road, Ottawa, Ontario, Canada

- Defines reference class chambers (V≥0.05cm^3) performance (Table III)
- Includes new chamber models
- New radial beam profile correction (FFF beams)
- Provides clarity but also reaffirms the recommendations of TG-51

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Ion Chambers - Photons

- ADCL calibrated 0.6 cm^3
  - Smaller volume chambers (> 0.05 cm^3) okay if traceable to another 0.6 cm^3 and meets requirements of Table III in addendum
  - **NO parallel plate chambers**
  - Waterproof (Go ahead and get one)
    - Most common: Exradin A12, PTW 30013
  - Non waterproof needs a 1mm PMMA sleeve that does not leak!

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Ion Chambers - Electrons

- Parallel-plate or cylindrical chambers okay
  - Cylindrical for energies > 6 MeV per protocol ($R_{50} \geq 2.6$ cm)
  - Cylindrical = parallel plate if care in placement

	P11	PTW Roos	Welhoffer Roos	Marcus
5	1.008 (n=1)			
6	1.002 ± 0.1% (n=3)	1.000 (n=1)	0.996 ± 0.3% (n=2)	1.002 (n=1)
7	1.009 (n=1)			
8	1.006 (n=1)			
9	1.003 ± 0.1%(n=2)	0.998 (n=1)	0.996 (n=1)	1.000 (n=1)
12	1.000 ± 0.1%(n=3)	0.997 ± 0.2% (n=2)	0.996 (n=1)	1.004 ± 0.1% (n=3)
16	1.003 ± 0.2%(n=3)	0.998 ± 0.2 % (n=2)	1.001 ± 0.0% (n=2)	1.001 ± 0.2% (n=2)
20	1.000 ± 0.1%(n=4)	1.000 (n=1)	1.000 ± 0.1% (n=2)	1.000 (n=1)

- Always use a parallel plate chamber for 4 MeV beams

Caution as to where the inside surface of the front window is located

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Ion Chambers - Electrons

- All chambers must have an ADCL calibration coefficient EXCEPT PARALLEL PLATE CHAMBERS
  - AAPM recommendation is to cross calibrate parallel plate chamber with cylindrical chamber in a high energy electron beam (worksheet C *a la* TG-39)
  - ADCL $N_{D,w}$ – **good** TG-51 k_{ecal} – **bad**
  - Use of ($N_{D,w} \cdot k_{ecal}$) results in an error of 1-2%

  ONE EXCEPTION – Exradin P11 seems to be okay
  - FUTURE: TG-51electron addendum new k_{ecal} values

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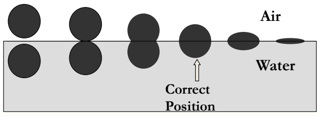
Measurement Techniques

- Accurate placement of cylindrical ion chamber at depth (<0.1 mm)
  - Whether manual or electronic motor driven there must be a **starting reference point**

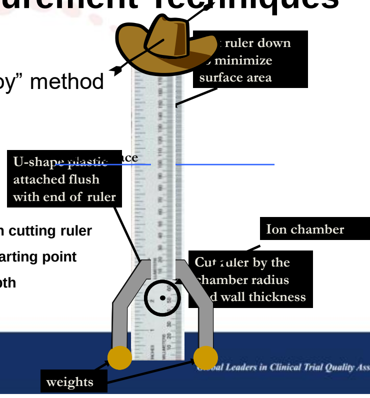
Two techniques

1. Surface method



Measurement Techniques

2. "Cowboy" method



- **Accuracy depends on cutting ruler**
- **Used for reference starting point**
- **Periodic check of depth**

Measurement Techniques

- Parallel plate ion chambers
  1. Flat surface makes it easy to measure depth
  2. Accurate ruler needed
  3. Must know where the inside surface of the front window is located

Effective Point of Measurement and Beam Quality

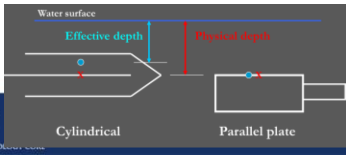
Photons		Electrons
10 cm	calibration depth	d_{ref}

"point of measurement" is the center electrode of a cylindrical chamber and the front window of a parallel plate chamber

Photons		Electrons
$\%dd(10)_x$	beam quality	R_{50}

Beam quality should always be measured using the "effective point of measurement"

Photons		Electrons
$0.6r_{cav}$	shift to effective point	$0.5r_{cav}$
100 cm	beam quality SSD	100 cm
10 x 10 cm^2	field size	≥ 10 x 10 cm^2



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Beam Quality Conversion Factors

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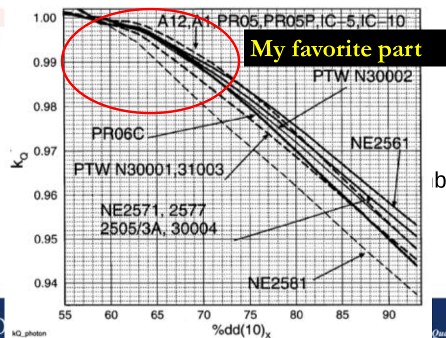

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Quality Assurance

Beam

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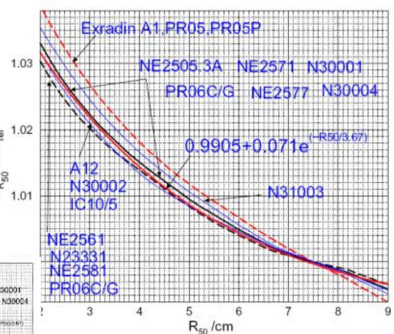

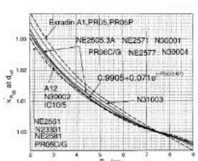

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Charge Measurements

$$M = P_{ion} \bullet P_{TP} \bullet P_{elec} \bullet P_{pol} \bullet M_{raw}$$

- P_{TP} correction factor
  - Mercury thermometers and barometers most accurate (but they are no longer kosher)
  - Hg barometers T&G corrections needed
  - Quality aneroid or digital can be used
    - Check annually against a standard
    - Digital purchased with a calibration does not mean accurate but rather what it read at certain pressures or temperatures

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Charge Measurements

- P_{elec} correction factor
  - ADCL calibration for each scale needed
- P_{pol} correction factor
  - Change polarity requires irradiation (600 to 800 cGy) to re-equilibrate chamber
  - Use of eq 9 in TG-51 requires that you preserve the sign of the reading or

$$P_{pol} = \frac{|M^{+}_{raw}| + |M^{-}_{raw}|}{2|M_{raw}|}$$

  - P_{pol} should be near unity for cylindrical chambers and slightly larger correction for parallel plate chambers

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Charge Measurements

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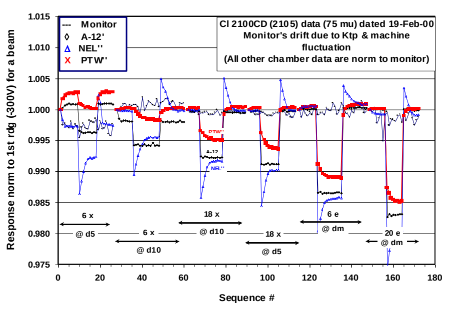

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Charge Measurements

- Electron beam gradient (P_{gr}) correction factor
  - No correction for photon beams since correction included in k_Q
  - Only for cylindrical ion chambers
  - Ratio of readings at two depths

$$P_{gr} = \frac{M(d_{ref} + 0.5r_{cav})}{M_{raw}(d_{ref})}$$

  - The reading at d_{ref}+0.5r_{cav} should have the same precision as the reading at d_{ref} since:

$$\text{Dose} = \text{M}(d_{ref}) \bullet (\text{many factors}) \bullet \frac{\text{M}(d_{ref}+0.5r_{cav})}{\text{M}(d_{ref})}$$

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Charge Measurements

- Electron beam gradient (P_{gr}) correction factor
  - E < 12 MeV; typically P_{gr} >1.000
  - E ≥ 12 MeV; typically P_{gr} ≤ 1.000
  - Why? Because for low electron energies d_{ref} = d_{max} and this places the eff. pt. of measurement in the buildup region thus a ratio of readings greater than 1.000.
  - At higher electron energies d_{ref} is greater than d_{max} and as such the eff. Pt. of measurement is on the descending portion of the depth dose curve thus a ratio of readings less than 1.000.

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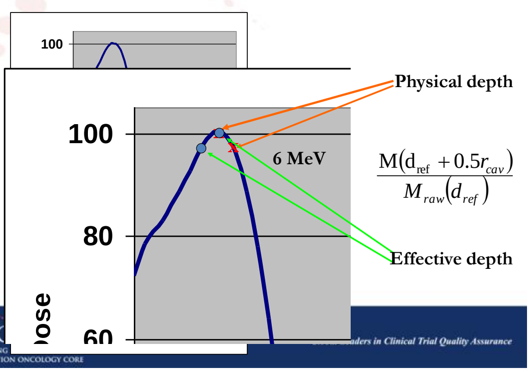
Charge Measurements



$$\frac{M(d_{ref} + 0.5r_{cav})}{M_{raw}(d_{ref})}$$

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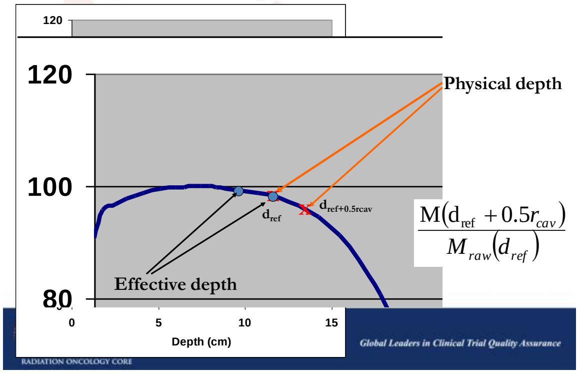
Charge Measurements



$$\frac{M(d_{ref} + 0.5 r_{cav})}{M_{raw}(d_{ref})}$$

Clinical Depth Dose

- Always measure using the effective point of measurement
  - Re-measurement not suggested for existing Linacs, **but TG-51 came out in 1999.** New Linacs should incorporate shift
- Always use the clinical depth dose (value TPS calculates) to make the correction from the calibration depth (10 cm) to the reference depth (d_{max})
  - Calibration now consistent with TPS dose calculation

Clinical Depth Dose

- For photons – do not use the beam quality value $\%dd(10)_x$ to take dose from 10 cm to d_{max}
- For electrons – depth dose correction for ≥15/16 MeV is significant **(~98.5% - 16 MeV and ~95.5% - 20 MeV)**
  - **Caution!!!** Super big problem if you use % depth ionization data (3-5% error for high energy electron beams)

MLC QA a la TG-142

TABLE V. Multileaf collimation (with differentiation of IMRT vs non-IMRT machines).

Procedure	Tolerance
Weekly (IMRT machines)	
Qualitative test (i.e., matched segments, aka "picket fence")	Visual inspection for discernable deviations such as an increase in interleaf transmission
Monthly	
Setting vs radiation field for two patterns (non-IMRT)	2 mm
Backup diaphragm settings (Elekta only)	2 mm
Travel speed (IMRT)	Loss of leaf speed >0.5 cm/s
Leaf position accuracy (IMRT)	1 mm for leaf positions of an IMRT field for four cardinal gantry angles. (*Picket fence* test may be used, test depends on clinical planning-segment size)
Annually	
MLC transmission (average of leaf and interleaf transmission), all energies	±0.5% from baseline
Leaf position repeatability	±1.0 mm
MLC spoke shot	≤1.0 mm radius
Coincidence of light field and x-ray field (all energies)	±2.0 mm
Segmental IMRT (step and shoot) test	<0.35 cm max. error RMS, 95% of error counts <0.35 cm
Moving window IMRT (four cardinal gantry angles)	<0.35 cm max. error RMS, 95% of error counts <0.35 cm

It's all about leaf position accuracy!

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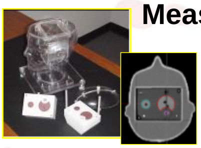
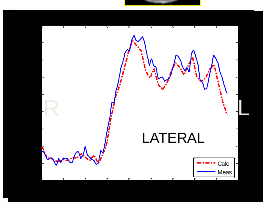
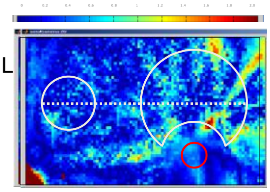
Measurement vs. Monte Carlo



Criteria
3%/2 mm





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Varian 6 MV IMRT H&N

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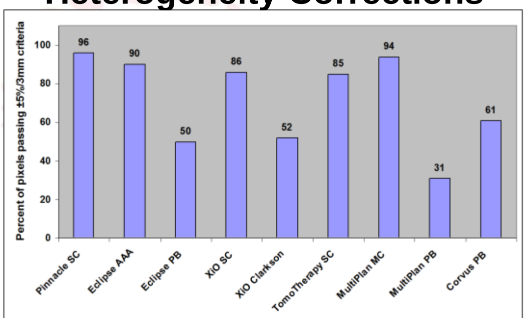
Heterogeneity Corrections



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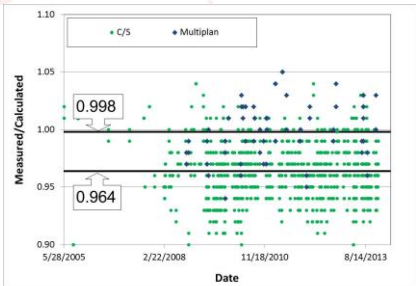
Lung: TLD dose vs TPS calc



C/S and MC (Multiplan) show a difference

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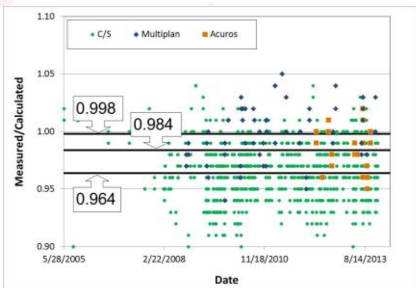
Lung: TLD dose vs TPS calc



Acuros shows good results, but not identical

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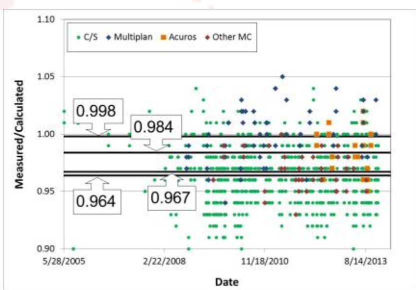
Lung: TLD dose vs TPS calc



Monte Carlo results are not consistent……

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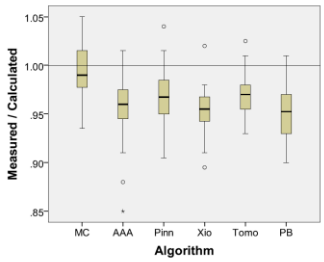
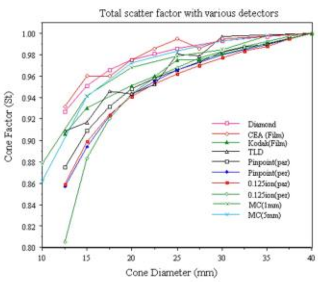
TLD Dose Findings

- Measured doses systematically lower than calculated doses for C/S AAA algorithms (p<0.0001)
- No significant difference between C/S AAA algorithms



Small Field Dosimetry What is the truth?

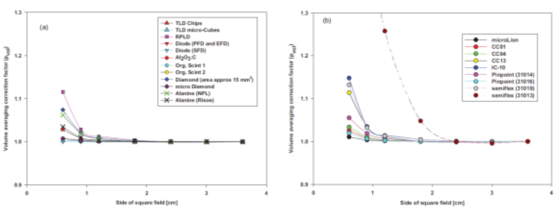


Help is on the way!

Joint AAPM/IAEA Small Field Dosimetry CoP will be published soon.

Das et al
TG-155

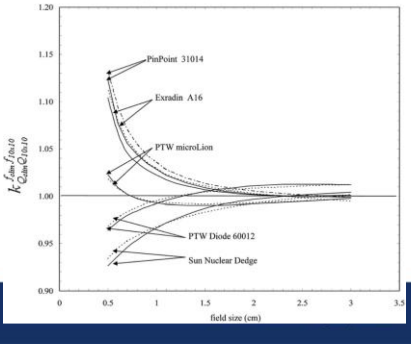
Small Field Dosimetry Volume Averaging Correction



G. Azangwe, Med Phys. 41 (7) 2014

Small Field Dosimetry Fluence Corrections

Situation is even worse if you consider using field sizes less then 0.5 x 0.5 cm²



Francescon et al 2011 data

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Proton Therapy

Human tissue: equal in the eyes of both photons and protons

Tissue Substitutes: There's discrimination, as they are not equal in the eyes of photons and protons

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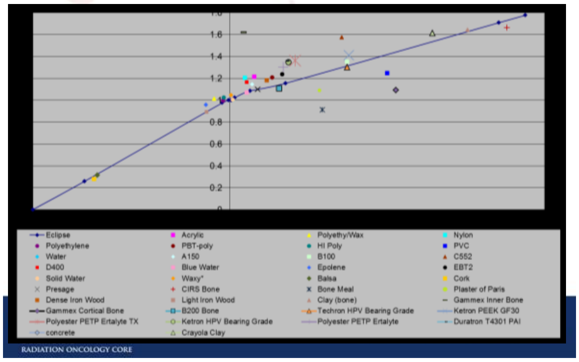
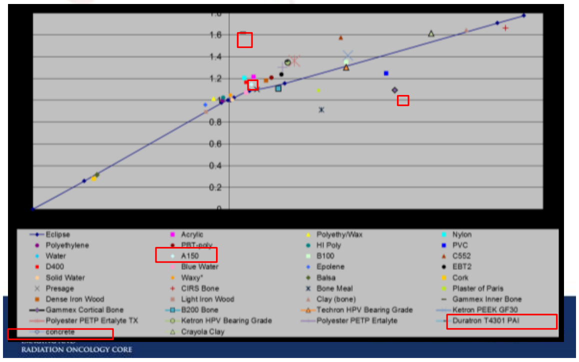
Stopping Power vs. HU Curve

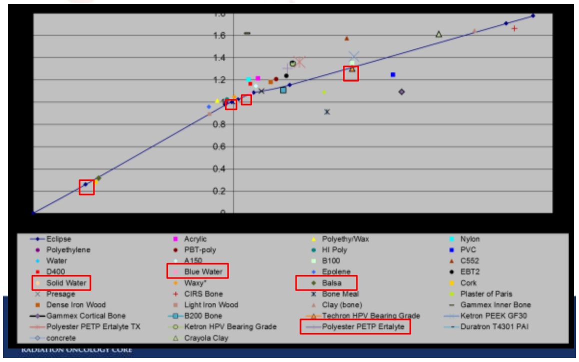


RADIATION ONCOLOGY CORE

Not so good…..



Stopping Power vs. HU Curve



Summary

- TG-51 Implementation is straightforward
  - Must read the protocol and follow the prescriptive steps
  - Many suggestions to clarify confusion have been made
- MLC QA is critical
- Heterogeneity correction algorithms are not all the same
- Small field dosimetry requires extra attention
- Proton tissue substitutes are unique
- IROC Houston QA Center is always available for assistance. Give us a call if you have questions.

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