

RUSH UNIVERSITY MEDICAL CENTER
www.rush.edu

Calibration, dosimetry, and radiation safety for a directional brachytherapy source

AAPM Spring Clinical Meeting
Kissimmee, FL
3/31/2019

IT'S HOW MEDICINE SHOULD BE™

© RUSH Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

RUSH UNIVERSITY MEDICAL CENTER

Disclosures


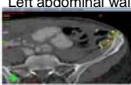
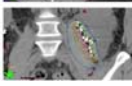
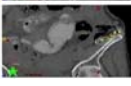
- Rush University is participating in a pancreatic cancer study sponsored by CivaTech and funded by the NIH.

2

RUSH UNIVERSITY MEDICAL CENTER


Who needs a directional IORT brachytherapy source?

- Treat positive margins without treating adjacent tissue
- Our experience
 - 9 patients planned in previous three years
 - 3 patients cancelled at time of surgery
- Clinical trial NCT02843945

First two patients treated with CivaSheet at RUMC, treating resection margins in left psoas and left abdominal wall (Zhen et al 2018)


3



Outline

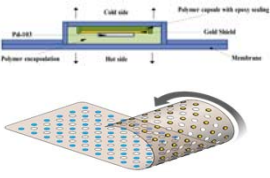
- Description of the CivaDot
- Review of CivaDot and CivaSheet dosimetry
- CivaDot calibration procedure
- Radiation safety concerns

4




Description of CivaDot/CivaSheet

- CivaDot
 - ^{103}Pd source
 - Gold shield
- CivaSheet
 - Bioabsorbable polymer sheet
 - Source spacing 8 mm
 - Can order
 - 5x10 cm (6x12 sources)
 - 5x15 cm (6x18 sources)



5

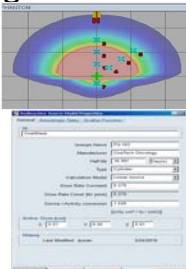


Review of CivaDot and CivaSheet Dosimetry

- Source modeling
- Verification of source model
- Source strength nomogram
- Pre-and-post implant dosimetry of a directional source

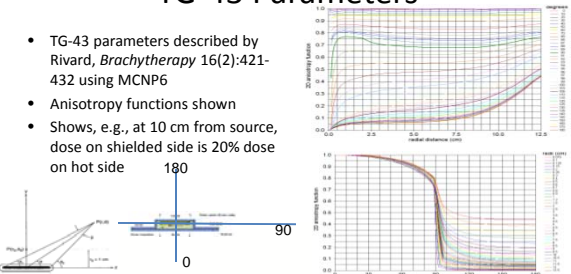
Source Modeling

- Source specified for dose calculation according to modified version of TG-43 protocol
- Source parameters provided by vendor
- Modeled, E.g., in Brachyvision



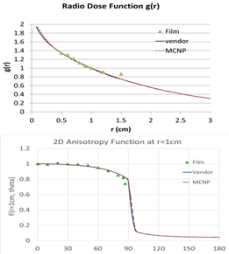
TG-43 Parameters

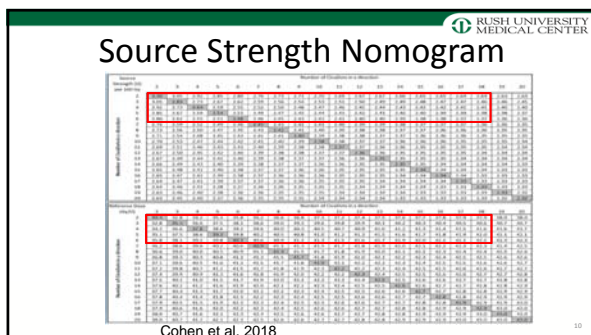
- TG-43 parameters described by Rivard, *Brachytherapy* 16(2):421-432 using MCNP6
- Anisotropy functions shown
- Shows, e.g., at 10 cm from source, dose on shielded side is 20% dose on hot side



Verification of Source Model

- We independently compared TG-43 model to both MC simulation and film
- Λ within 1.7%
- $g(r)$ within 0.5% for MC, 2.7% for film
- $F(r,\theta)$ within 0.9% (0-85° 100-180°)





RUSH UNIVERSITY
MEDICAL CENTER

Pre-and-post implant dosimetry of a directional source

- Difficulty of performing treatment planning in commercially available TPS (e.g., Brachyvision)
 - Determining source orientation
 - Specifying source orientation within the TPS

11

RUSH UNIVERSITY
MEDICAL CENTER

Pre-and-post implant dosimetry of a directional source


- In Brachyvision, the source is modeled with finite size
- Relative location of two coordinates gives source position
- Manual method: orient viewing plane orthogonal to intended source direction, and click-and-drag source

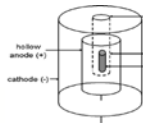
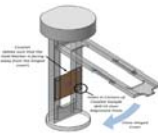
	X	Y	Z
1	-10.00	13.00	-12.00
2	-14.00	13.00	-12.00
3	-10.00	13.01	-12.00
4	-10.00	13.00	-12.00
5	-9.99	13.00	-12.00

12

CivaDot calibration procedure

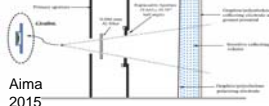
- NIST → UW ADCL → RUMC
- An HDR 1000 plus Well-typed Ion Chamber with a CivaDot-specific insert was sent to Wisconsin ADCL
- An AKS calibration factor was obtained (7.912×10^{11} U/A)



Reference Air Kerma Strength

- Measurement performed at UWM using VAFAC (Aima 2015)
- Tested for repeatability, compared to NIST WAFAC, and further investigated (Aima 2018)

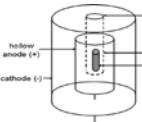


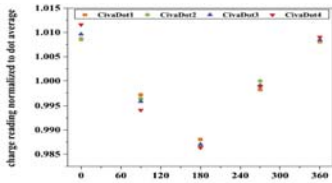
Aima 2015

NIST Source ID	UW VAFAC	μ	NIST WAFAC	μ	Difference
#	S_{K_0} (r)	(%)	S_{K_0} (r)	(%)	(%)
005 A	5.27	1.82	5.27	1.74	-0.1%
005 B	5.30	1.80	5.28	1.78	-0.4%
005 C	5.17	1.82	5.16	1.79	-0.2%
CSH-010-1	4.22	1.80	4.20	1.69	-0.4%
CSH-010-5	4.21	1.82	4.16	1.76	-1.1%
CSH-010-7	4.21	1.79	4.20	1.80	0.3%
CSH-010-13	4.13	1.80	4.13	1.75	-0.6%
CSH-010-14	4.16	1.80	4.15	1.86	0.2%

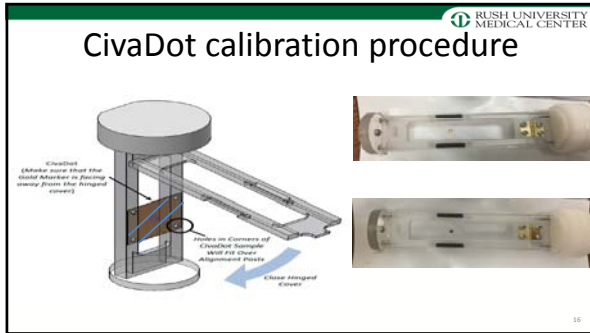
Aima 2018

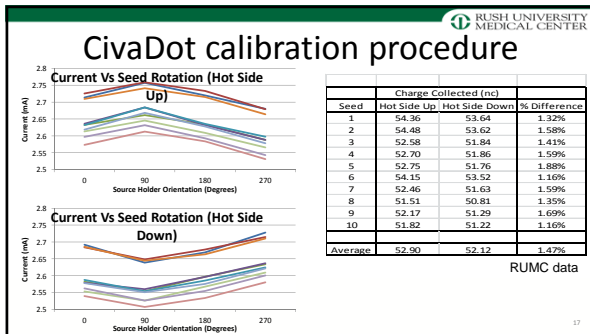
CivaDot calibration procedure

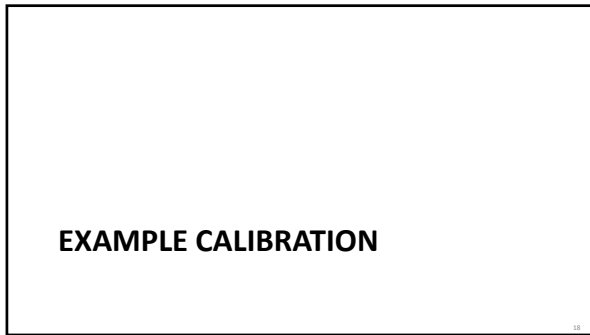




Aima 2015







RUSH UNIVERSITY MEDICAL CENTER

Radiation Safety Concerns

- Establish a policy and procedure

Contents

I. Background/Introduction	2
II. Personnel Involved	3
III. Source/Device Description	3
IV. Radiation Protection Considerations	5
V. Treatment Planning/Considerations	6
VI. Patient Selection, Simulation, and Treatment Planning	6
VII. Radiation Control	7
VIII. Procedure Description	7
IX. Training	8
X. Emergency Procedures	8
XI. Radiation Protection Instructions	9
XII. Appendix	9
XIII. Forms	10

RUSH UNIVERSITY MEDICAL CENTER

Radiation Safety Concerns

- Policy and procedure should include training/instructions for all required parties
- Training includes safe practices

XI. Radiation Protection Instructions

• Training instructions
The operators should be provided with instructions regarding the device. The instructions are not different from those provided for any interstitial implants and should conform to our institutional radiation safety policies and procedures.

• Surgeon instructions
The surgeon and the radiation oncologist will perform the implanting of the device to conform to the intended design. The surgeon and the physicist will be instructed to follow the manufacturer provided guidelines as discussed during the training and outlined in the document entitled "Guidelines for the Clinician Surgeon". The following paragraphs present some "best practices" working with the Clinician, it is recommended to have the guidelines available at the device facility for your facility. Additionally, use common sense handling of the Clinician for implanting the device to your facility and observe the distance of the source from the body. The implant dose can also be reduced by wearing shielded radiation gloves. Employing these simple steps will minimize the number of implantations per case. For more details the actual radiation dose recommended by the AEC.*

The surgeon shall wear a dosimetry badge during the procedure. The badge will be provided by the RSO Office as a temporary badge. Following the procedure it will be returned to the RSO for processing. The identity of the surgeon will be provided to the RSO by the Medical Physicist prior to the procedure.

• Patient instructions
At the completion of the procedure the patient will be surveyed to ensure that the level of exposure does not exceed 20 mSv for the adult male, which will be provided to the patient including further regarding dosimetry arrangements and time spent around children and spouse.

RUSH UNIVERSITY MEDICAL CENTER

Radiation Safety Concerns

- Policy and procedure should include training/instructions for all required parties
- Training includes safe practices

Table 1. Measurements of dose rates to the hands for the radionuclide and shielded sides of the CivaTech. Note that the gold shielded sides on the dose rates by 20x. The annual limit dose limit for a radiation worker is 50000mSv per year.

Side of the CivaTech	Touching device (rem/yr per MCI)	Living tissues (10cm) (rem/yr per MCI)	Shielding device (20cm) (rem/yr per MCI)
Radionuclide	4000	14	1.0
Shielded	400	5.2*	0.20

* Calculated and based on TLD measurements.

Table 2. Measurements of dose rates to the body for the radionuclide and shielded sides of the CivaTech. Note that the gold shielded sides on the dose rates by 20x. The annual limit dose limit for a radiation worker is 50000mSv per year.

Side of the CivaTech	Touching device (rem/yr per MCI)	Shielding from living tissues (20cm) (rem/yr per MCI)	Shielding to spine (rem/yr per MCI)
Radionuclide	1.80	0.19	0.42
Shielded	450	MCL**	MCL**

** MCL = below minimum detectable limit.

RUSH UNIVERSITY MEDICAL CENTER

Radiation Safety Concerns

- PHYSICIST performs calibration on 10 seeds
 - 3 mCi/dot maximum activity -> 30 mCi
 - 420 mrem/hour at 10 cm, it would take 120 hours to reach hand dose maximum
 - Can easily spend less than one minute per seed -> 720 calibrations
- Compare to surgeon dose
- Remember: Time / distance / shielding!
- NB: Use the tweezers, not your fingers!

Table 1. Measurements of dose rates to the hands for the radioactive and shielded sides of the shield. Note that the gold shield reduces the dose rate by 50x. The annual hand dose limit for a calibration source is 50,000 mrem per year.

Side of the shield	Shielding device (rem/hr per mCi)	Living tissue (20cm) (rem/hr per mCi)	Shielded tissue (20cm) (rem/hr per mCi)
Radioactive	4800	14	1.48
Shielded	4.80	5.2*	0.50

* Calculated value based on TLD measurements.

Table 2. Measurements of dose rates to the body for the radioactive and shielded sides of the shield. Note that the gold shield reduces the dose rate by 50x. The annual body dose limit for a calibration source is 5,000 mrem per year.

Side of the shield	Shielding device (rem/hr per mCi)	Shielding factor (rem/hr per mCi)	Shielding to eyes (rem/hr per mCi)
Radioactive	1300	0.99	0.62
Shielded	480	NELC**	NELC**

** NELC = below minimum detectable limit.

25

RUSH UNIVERSITY MEDICAL CENTER

Radiation Safety Concerns

- Be prepared for the OR
- Communicate with surgery team to minimize exposure time to staff
- Take pictures to document everything






26

RUSH UNIVERSITY MEDICAL CENTER

References

- M.J. Rivard, A directional ¹⁰³Pd brachytherapy device: Dosimetric characterization and practical aspects for clinical use, *Brachytherapy* 16(2):421-432
- M. Aima et al, Air-kerma strength determination of a new directional ¹⁰³Pd source. *Med. Phys.* 42(12):7144-7152
- Aima et al, Dosimetric characterization of a new directional low-dose rate brachytherapy source. *Med. Phys.* 45(8):3848-3860
- G.N. Cohen et al, Intraoperative implantation of a mesh of directional palladium sources (CivaSheet™): Dosimetry verification, clinical commissioning, dose specification, and preliminary experience. *Brachytherapy* 16(6): 1257-1264
- H. Zhen et al, Initial clinical experience using a novel Pd-103 surface applicator for the treatment of retroperitoneal and abdominal wall malignancies. *Adv. Rad. Oncol.* 3(2): 216-220

27

Thanks to RUMC Physics group (J. Turian, D. Bernard, Y. Liao, A. Templeton, J. Van Schelt, K. Jones, J. Paul, J. McCorkingdale), RUMC physicians (D. Wang), CivaTech assistance (R. Babcock, K. Perez)

**THANK YOU FOR YOUR
ATTENDANCE**

20
