A Clinical Review of the Dosimetric and Temporal Impact of Unflattened X-ray Beams

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Learning Objectives

- Understand technique for matching beam quality of unflattened and flattened beams.
- Understand definition of field size and beam characteristics during initial 200 msecs.
- Review improved dosimetric accuracy and temporal advantages of unflattened beams in clinical use.

*Research sponsored by Siemens Medical Solutions Corporation



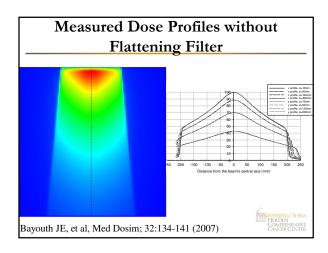
Removal of flattening filter increases dose rate from 300 to 2000 MU/min

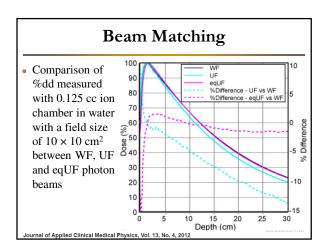


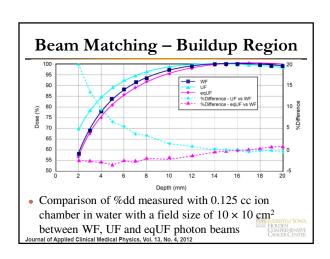
- 2-3X \uparrow in dose rate
- ↓ apparent focal spot size
- ↓ head scatter
- ↓ head leakage (>50%)
- ↓ electron contamination
- Superior beam symmetry

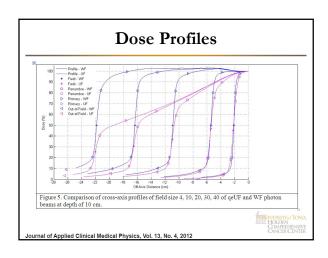
Bayouth JE, et al, Med Dosim; 32:134-141 (2007)

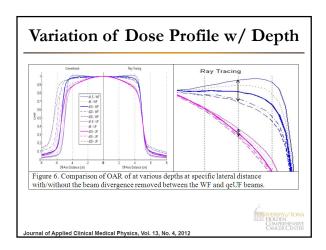


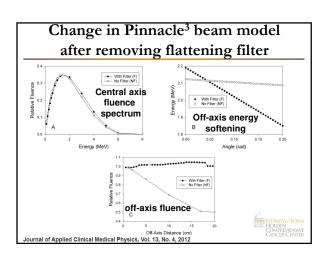


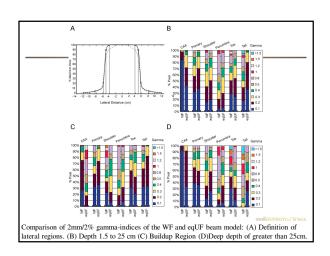


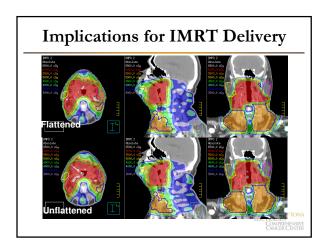


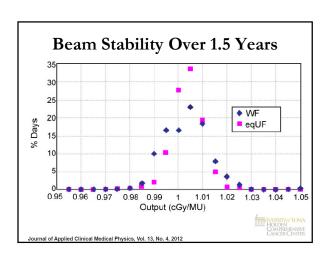


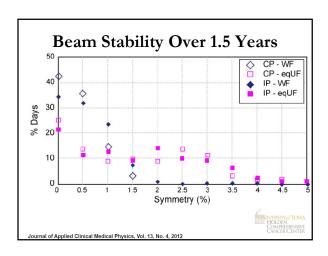


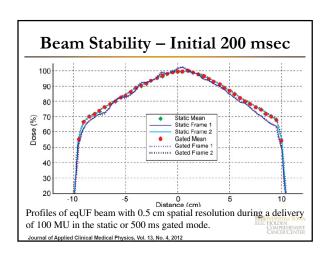


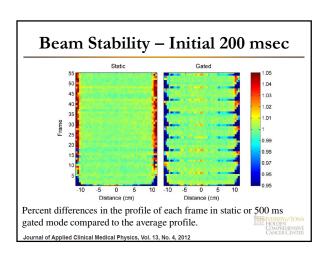


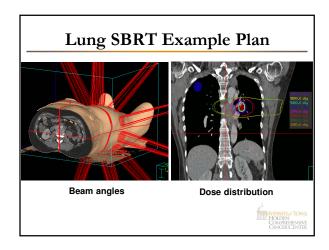


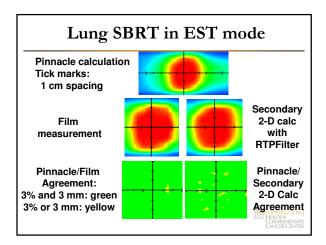


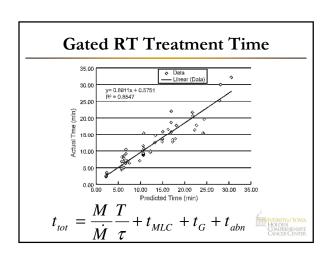


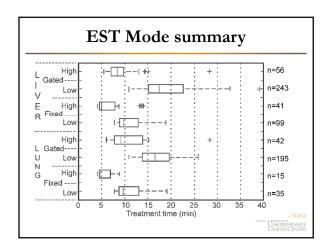








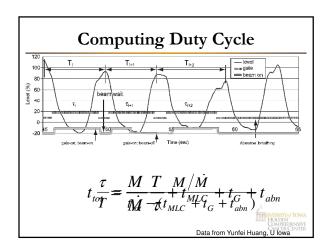


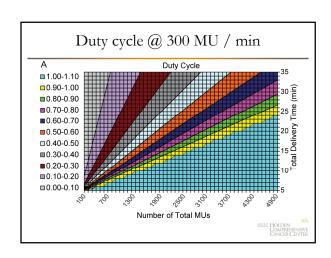


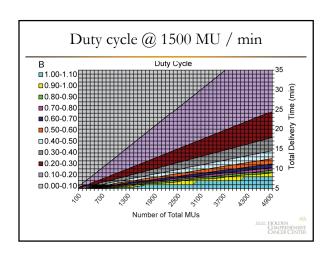
RT Planning Process Unique to 4D

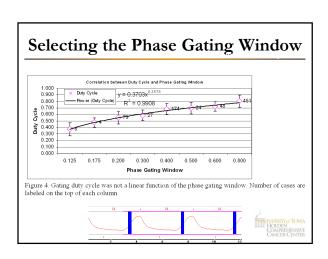
- Quantify Amount & Direction of Motion
- Consider Duty Cycle
- Find Spatially Similar Phases
- Determine Uncertainty in Position
- Establish Gates & Margin
- Proceed to Planning











Summary

- Increase in dose rate (x5) was implemented by removing flattening filter from 6 MV beam and increasing beam energy to around 7 MV.
- Unflattened beam can be modeled in the Pinnacle³ treatment planning system.
- Main clinical use is for SRS / gated RT / SBRT where treatment times are reduced substantially.
- •Unflattened beam should be characterized for behavior during first 200 msec.

HOLDEN COMPREHENSIVE

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