## AAPM

Practical Medical Physics Course Radiochromic Film Dosimetry Update

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> > Session: TU-F-201 2:45 pm – 3:45 pm Tuesday, July 14, 2015

## Radiochromic Film Dosimetry Update Outline

- General Aspects of RCF Dosimetry
- Applications of RCF in SRS, SBRT, IMRT, VMAT, and kV Imaging
- Applications of RCF in Brachytherapy
- Applications of RCF in Small Fields and Proton Beams



## Charges of TG-235 (An Update to TG-55)

- To review the literature on recent radiochromic films and dosimetry of RCFs since TG-55,
- To assess the densitometers/scanners used for digitizing RCF since TG-55,
- To outline the procedures for accurate dosimetry and to evaluate measurement uncertainties, and
- To provide guidelines on recent RCF dosimetry for clinical radiotherapy applications.
- Ref: Radiochromic Film Dosimetry (IG-55), The AAPM Report No. 63 Medical Physics, Vol. 25, Issue 11, 2093-2115, 1998

## Radiochromic Film Dosimetry Update General Aspects of Radiochromic Film Dosimetry

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> Session: TU-F-201-1 AAPM Practical Medical Physics Course July 14, 2015

#### Film Dosimetry

- · Permanent Record of 2D Dose Distribution
- Dynamic Dose Range
- Darker Color (Grey) with Higher Dose
- Fine Spatial Resolution (5 μm)
- Steep Dose Gradient Region
- Cut to Size, Bend to Shape
- Irradiate at any Angle of Incidence
- Two Categories of Films for Radiation Dosimetry
  - Radiographic Film (19<sup>th</sup> Century)
    AAPM TG69 (2007)
  - Radiochromic Film (Mid 20<sup>th</sup> Century)
     AAPM TG55 (1998), TG235 (In Progress)

#### **Radiochromic Film**

- Polymer-based (Z~7)
- Nearly Tissue Equivalent
- NOT Sensitive to Light
- Handle in Room Light - But Store in Dark
- Self Developing
- Instant Color Change
- Water Resistant
- Weak Energy Response (Model Dependent)

#### **Radiographic Film**

- AgBr-based (Z >>7)
- NOT Tissue Equivalent
- Very Sensitive to Light
- Require Dark Room - Always
- Easy to Position Accurately
   Not Easy to Position Accurately
  - Require Processing Grey Shades Develop with
  - Processing
  - Strong Energy Response

#### **Radiochromic Films for Dosimetry** and QA for Radiotherapy and Radiology

## Radiotherapy (MV and kV photons, electrons, protons,

- HDR and LDR brachytherapy)
- EBT2, EBT3, EBT-XD 0.01 Gy to >40 Gy • MD-V3-2 Gy to 100 Gy
- HD-V2-10 Gy to 400 Gy • RTQA2-0.02 Gy to 8 Gy

#### Radiology (kV photons)

XR-RV3-

XRM2-

- XROA2-
- XRCT2-
- 5 cGy to 1500 cGy 0.1 cGy to 20 cGy 0.1 cGy to 20 cGy 0.1 cGy to 20 cGy



## Information Analysis from Irradiated RCFs

- The signal information is obtained from a light transmission measurement when compared with the incident light intensity: Transmission (T) =  $I_t / I_o$
- Transmission and delivered dose is inversely proportional and non-linear Absorbance / Optical Density (OD) is defined as inverse log of T
- $OD = log_{10} (1/T) = log_{10} (I_o / I_t)$ • OD is expressed in Absorption Units (AU) such as: OD = 110% transmission OD = 2 1% transmission
- OD is a function of the wavelength at which T is measured.
- → Measured OD and delivered dose can be considered unique for the film and delivered dose only if sampled by spectrometer of a known wavelength, or by an optical densitometer with monochromic light source.







# **Radiochromic Film Dosimetry Update** Applications of RCF in SRS, SBRT, IMRT, VMAT, and kV Imaging

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Session: TU-F-201-2 AAPM Practical Medical Physics Course July 14, 2015

## Outline

- Commissioning
- Beam Data Acquisition
- Machine QA
  - Picket Fence Test
- Winston-Lutz Test
- Patient-Specific QA
- Skin Dose Evaluation
- kV Imaging Dose Measurement

## **Radiochromic Film dosimetry** SRS/SRT/SBRT/IMRT/VMAT

#### Major Advantages

- High Spatial Resolution (Sub-millimeter)
- No Angular Dependence of Film Response
- Dynamic Dose Range
- Steep Dose Gradient

#### SRS/SRT/SBRT

- Single or Hypo Fraction
- EBT2, EBT3, MD-V3, EBT-XD EBT2, EBT3
- IMRT/VMAT Conventional Fraction





Wiant, J. Appl. Clin. Med. Phys. 2013; 14: 293-306.

# Linac Commissioning Validation

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## **Skin Dose Elevation**

- Skin Reaction is a Major Concern in RT
- Single or Hypofractionated Treatment
- Beams Delivered Through the Support/Immobilization
   Devices
- Bolus Effect Lack of Skin Sparing
- Treatment Plan Comparison
  - Correction of the Bolus Effect
  - (with Approx. Effective Bolus Thickness)
  - Without Correction











