





### Proton : an imaging tool

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# **Proton imaging ?**



### **Protontherapy margins :**

- Sharp distal dose falloff ⇔ Bragg peak position
- Uncertainty sources :
  - physical parameters (I<sub>mean</sub>)
  - patient positionning
  - X-ray CT calibration (HU to stopping power)
- Margins ≈ 1-3mm ± 3%

### Proton imaging :

• Direct reconstruction of tissues relative stopping power (RSP) from proton energy loss :

$$\int_{L} \frac{dE / dx_{medium}}{dE / dx_{water}} dl = \int_{L} \frac{S_{medium}}{S_{water}} dl = WEPL$$

- Two main limits : **spatial resolution** (complex proton path), **reconstruction time**
- Fast reconstruction algorithm (FBP) developed at CREATIS (S. Rit *et al., Filtered backprojection proton CT...,* 2013)

# **Proton therapy TPS**

**GATE Monte Carlo Software** 

### **Monte Carlo Protontherapy TPS**



# **Calibration phantom (Gammex 467)**



### <u>X-ray CT :</u>

- Fit with 2 or 3 curves (to get a mean deviation between values and fit close to 0)
- Deviation between reconstructed values and fit around **0.1±2.5%**

#### Proton CT :

- Fit with 1 curve is sufficient (fit function compatible with y = x  $\Leftrightarrow$  **no calibration needed**)
- Deviation between reconstructed values and fit around 0.02±0.4%

# Stopping power maps (RSP)

- Reconstructed RSP maps for ICRP reference, X-ray CT and proton CT
- X-ray and proton CT images are produced with an equal imaging dose (about 2 mGy)







## **RSP** maps deviation

- Compute **voxel by voxel relative deviation** between xCT/pCT and reference map
- Apply analysis on **10** uncorre



### **Proton beam dosimetry**

- Convert voxel RSP values into Monte-Carlo materials with right stopping power
- Compare Bragg peak position with reference (ICRP) one



Bragg peak position for proton beams with E = 140 MeV (2mm size each) :

- proton CT : **Δref = 0.2 ± 1.0%**
- x-ray CT : Δref = 2.8 ± 1.1%

# **Proton CT scanner**

**Experimental developments** 

### **Specifications**

#### Image reconstruction constraints :

- Proton direction / position before and after the patient (proton path)
- Proton energy before and after the patient (stopping power)
- Acquisition proton by proton

#### **Clinical constraints :**

- Maximum proton beam energy (about 250 MeV)
- Gantry features (available space, rotation, ...)
- Acquisition time (high rate ⇔ short time)

-> build a first prototype to study specifications constraints



Schematic view of a proton CT scanner

### Prototype



- CMOS silicon trackers to measure proton position / direction

   ✓ excellent spatial resolution (≈µm)
   ✓ Slow readout time (≈100 µs) ⇔ limited acquisition rate
- Scintillating fibers **hodoscope** to tag protons in time apply geometrical tracking to associate tracks from CMOS to Hodoscope
- LaBr<sub>3</sub> calorimeter to measure proton energy

### **Beam test**



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#### Test prototype under beam conditions :

- Detectors responses
- Electronic behaviour
- Coupling CMOS / Hodoscope / Calorimeter
- → tests with carbon and secondary proton beam
- → actual acquisition rate ≈ 15 kHz



Protons tracks (Hodoscope)

Protons tracks (CMOS)

Protons energy (calorimeter)

# Summary / Outlook

### **Proton Scanner Prototype :**

- Define a first prototype to improve experimental specifications
- Succesful beam tests...data acquisition proton by proton at 15 kHz
- Higher rate expected soon...to gain between one and two order of magnitude

### **Proton therapy TPS :**

- Monte Carlo is a useful tool to quantify clinical interest of new imaging technics
- One can reproduce a full protontherapy TPS from imaging to dose distribution
- Other clinical tests in progress (ex : dental titanium implant to test metal artefacts)

