Dose Build-Up effect in Proton Therapy

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What it is

- Protons loose energy by ionisation i.e. liberation of electrons •
- Propagating electrons do electromagnetic showering •
- Those showers peak in beam direction •
- This causes a build-up of the dose in the tissue •
- Well known from conventional radiotherapy: •
- Also expected in proton therapy • but much smaller because produced electrons have lower energy
- Additional contribution from secondary • protons expected (nuclear reactions)
- Benjamin Tham (UCL, Medical Physics) • investigated this in his Master project in MC simulation





Ben's Master project

- I think I can reproduce Benjamin's results
- Plots show the same features



Quantization and Clinical Relevance

- My first try of quantization of the <u>electron</u> build-up effect:
 It happens on a scale of <u>1mm</u> and is of the order of <u>BU=10%</u>
- Contribution from secondary protons happens at bigger scale (next slide)
- Is that clinically relevant? Is it worth to prove irrelevance?



200MeV proton beam

BU = (a-b)/a

Quantization and Clinical Relevance

- Quantization of the <u>secondary hadrons</u> (mostly protons?) build-up effect: It happens on a scale of <u>20mm</u> and is of the order of <u>5%</u>
- Is that clinically relevant? Is it worth to prove irrelevance?
- How reliable is Geant4 in simulation of nuclear reactions?





Range cut issue

- Particles unable to travel at least the range cut value are not "produced" in Geant4
- Every energy loss by those (virtual) particles is attributed to the mother particle
- When you choose the range cut to be too large, you cut out all low energetic (low range) electrons generated by the ionizing proton
- This yields a very low simulated dose contribution from electrons (what happened in Ben's thesis)



60 MeV Dose Contributions