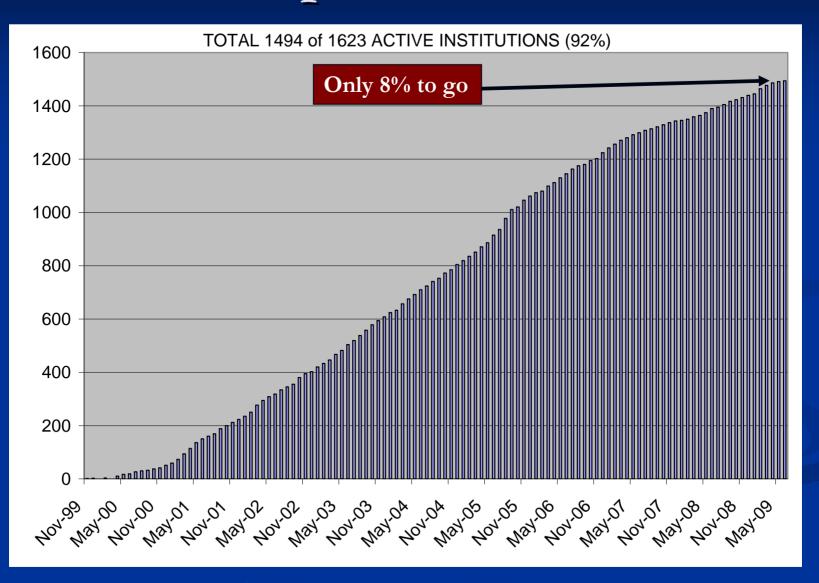
Clinical Implementation of the TG-51 Protocol

David Followill Radiological Physics Center Houston Texas



THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER Making Cancer History™

Current Implementation Status



What's the Holdup?

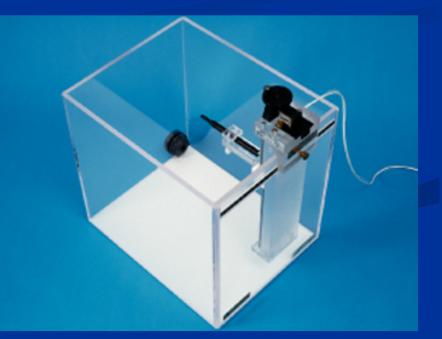
New Air Kerma standard
 TG-51 ≈ TG-21 depending on the chamber

Time and effort required (everyone is very busy)

 New equipment requirements (chambers and phantoms)

Equipment Needs

- Properly sized "liquid" water phantom (30x30x30 cm³)
 - Don't use the scanning tank
 - Adequate scatter conditions
 - Easy reproducible setup



Chamber Holder and Positioner

Holder

- Versatile to hold different chambers
- Rigid (sensitive volume perpendicular to water surface)
- No lateral displacement with depth
- Accurate sub-millimeter placement at any depth
- Verify accuracy prior to initial use
- Remote electronic control is nice



Ion Chambers

TG-51 ion chambers vs NEW ion chambers

- Most are similar in design but now waterproof
 - 1. Wall material
 - 2. Radius of air cavity
 - 3. Presence of Al electrode
 - 4. Wall thickness
- AAPM working group to determine the k_Q, k_{R50}, k_{ecal} for new chambers

Ion Chambers - Photons

■ ADCL calibrated 0.6 cm³

- Smaller volume chambers (> 0.1cm³) okay if traceable to another 0.6 cm³
- NO parallel plate chambers
- Waterproof (Go ahead and get one)
 - Most common: Exradin A12, PTW 30013
- Non waterproof needs a 1mm PMMA sleeve that does not leak!

Ion Chambers - Electrons

Parallel-plate or cylindrical chambers okay

- Cylindrical for energies > 6 MeV per protocol ($R_{50} \ge 2.6$ cm)
- Cylindrical = parallel plate if care in placement

	P11	PTW Roos	Welhoffer Roos	Marcus
5	1.008 (n=1)			
6	1.002 ± 0.1% (n=3)	1.000 (n=1)	0.996 ± 0.3% (n=2)	1.002 (n=1)
7	1.009 (n=1)			
8	1.006 (n=1)			
9	1.003 ± 0.1%(n=2)	0.998 (n=1)	0.996 (n=1)	1.000 (n=1)
12	1.000 ± 0.1%(n=3)	0.997 ± 0.2% (n=2)	0.996 (n=1)	1.004 ± 0.1% (n=3)
16	1.003 ± 0.2%(n=3)	0.998 ± 0.2 % (n=2)	1.001 ± 0.0% (n=2)	1.001 ± 0.2% (n=2)
20	1.000 ± 0.1%(n=4)	1.000 (n=1)	1.000 ± 0.1% (n=2)	1.000 (n=1)

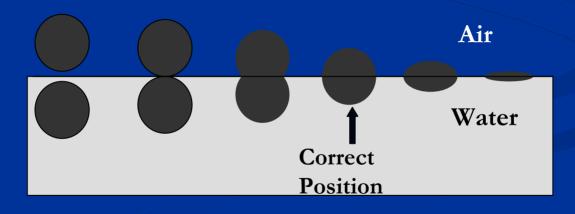
Always use a parallel plate chamber for 4 MeV beams
 Caution as to where the inside surface of the front window is located

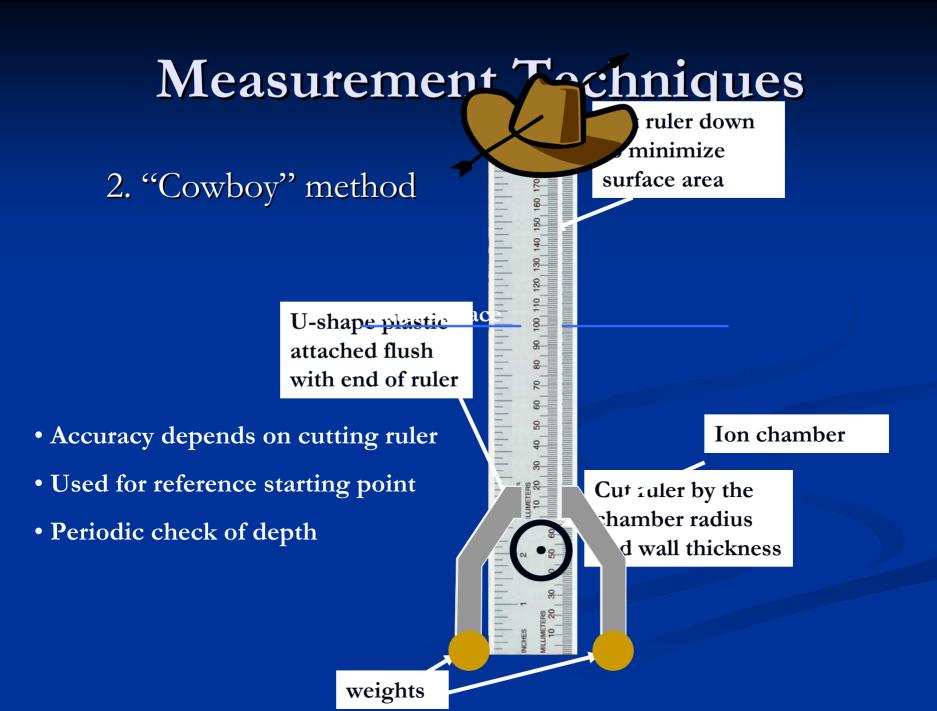
Ion Chambers - Electrons

- All chambers must have an ADCL calibration coefficient EXCEPT PARALLEL PLATE CHAMBERS
 - AAPM recommendation is to cross calibrate parallel plate chamber with cylindrical chamber in a high energy electron beam (worksheet C *a la* TG-39)
 - ADCL N_{D,w} good TG-51 k_{ecal} bad
 Use of (N_{D,w}•k_{ecal}) results in an error of 1-2%
 ONE EXCEPTION Exradin P11 seems to be okay
 AAPM working group determining new k_{ecal} values

Measurement Techniques

- Accurate placement of cylindrical ion chamber at depth
 - Whether manual or electronic motor driven there must be a starting reference point
 Two techniques
 - 1. Surface method

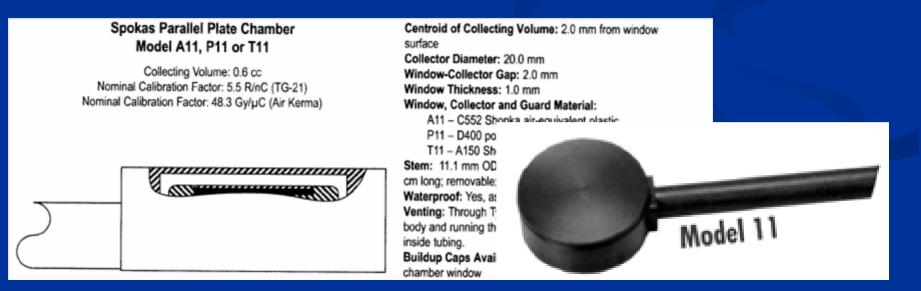




Measurement Techniques

Parallel plate ion chambers

- 1. Flat surface makes it easy to measure depth
- 2. Accurate ruler needed
- 3. Must know where the inside surface of the front window is located



Effective Point of Measurement and Beam Quality

<u>Photons</u>

10 cm

<u>Electrons</u>

drof

calibration depth

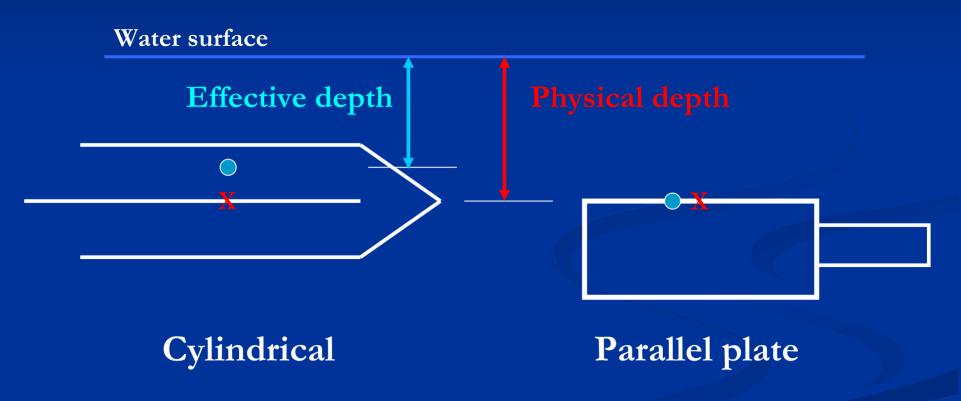
"point of measurement" is the center electrode of a cylindrical chamber and the front window of a parallel plate chamber

%dd(10)_x beam quality R_{50}

Beam quality should always be measured using the "effective point of measurement"

$0.6r_{cav}$	shift to effective poin	$1t 0.5r_{\rm cav}$
100 cm	beam quality SSD	100 cm
$10 \ge 10 \text{ cm}^2$	field size	$\geq 10 \ge 10 \text{ cm}^2$

Effective Point of Measurement



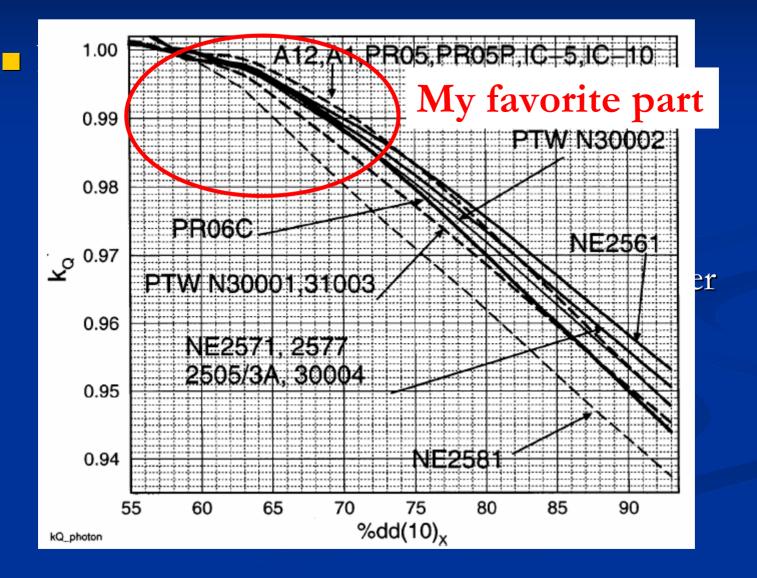
"Get the lead out"

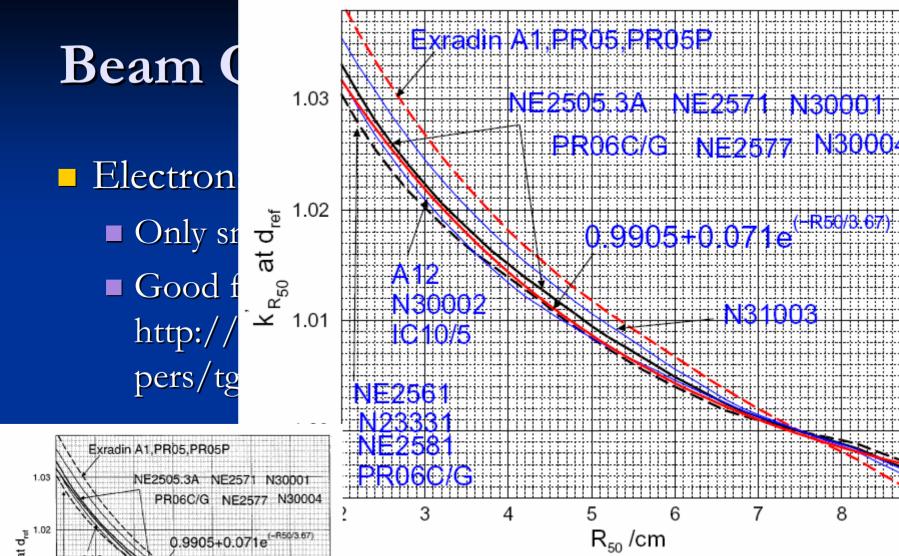
- Photon beams ($\geq 10 \text{ MV}$)
 - Lead sheet 1 mm \pm 0.2 mm
 - 30 or 50 cm from phantom surface
 - Determine %dd(10)_{Pb} (percent values not fractional) \blacksquare %dd(10)_x should be within 2.5% of %dd(10)_{ph}
 - Interim alternative (No Lead Sheet)

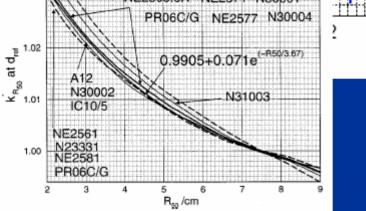


- Measure %dd(10) without lead and use TG-51 eq 15
- Introduces only 0.1-0.2% error in k_O
- Saves time and minimizes chance of damage to chamber

Beam Quality Conversion Factors

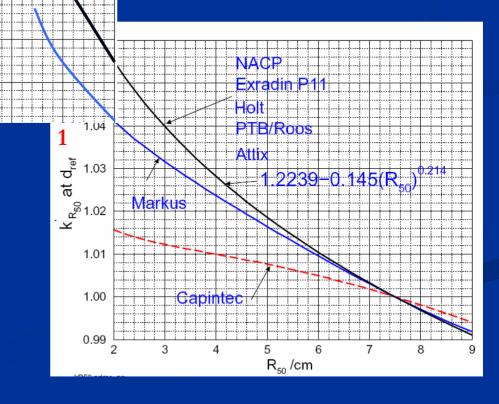






Beam Quality Conversion Factors
Electrons – 4 MeV beams (R₅₀ < 2.0 cm)
Only use parallel plate chamber
Need to extrapolate curve

Equation good down to 1 cm



 $M = P_{ion} \bullet P_{TP} \bullet P_{elec} \bullet P_{pol} \bullet M_{raw}$

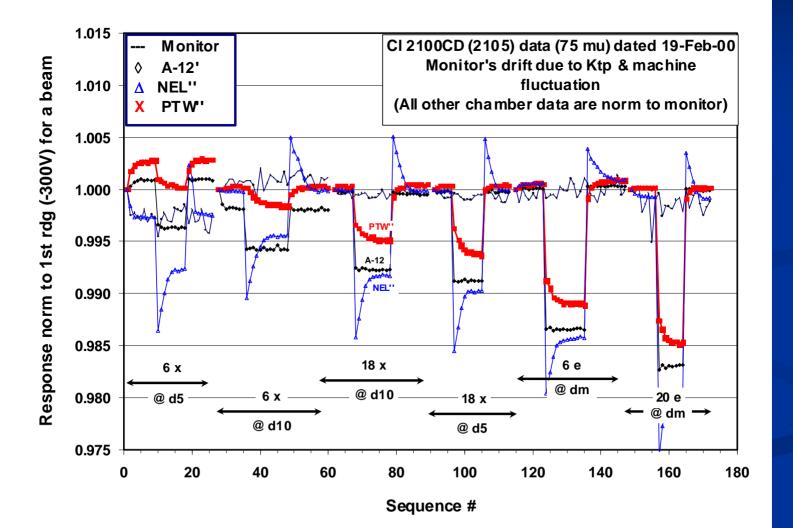
P_{TP} correction factor

- Mercury thermometers and barometers most accurate (but they are no longer kosher)
- Hg barometers T&G corrections needed
- Quality aneroid or digital can be used
 - Check annually against a standard
 - Digital purchased with a calibration does not mean accurate but rather what it read at certain pressures or temperatures

- P_{elec} correction factor
 - ADCL calibration for each scale needed
- \square P_{pol} correction factor
 - Change polarity requires irradiation (600 to 800 cGy) to re-equilibrate chamber
 - Use of eq 9 in TG-51 requires that you preserve the sign of the reading or

$$P_{pol} = \frac{|M_{raw}^{+}| + |M_{raw}^{-}|}{2|M_{raw}|}$$

P_{pol} should be near unity for cylindrical chambers and slightly larger correction for parallel plate chambers



P_{ion} correction factor
 Use eqs. 11 and 12 to calculate P_{ion}
 As a check if using V_H/V_L = 2 (within 0.1%)

Pulsed beam : P_{ion} = M_H/M_L if M_H/M_L < 1.02
Continuous beam : P_{ion} = {(M_H/M_L - 1)/3}+1

 P_{ion} depends on chamber, beam energy, linac and beam modality

■ Tends to increase with energy

Electron beam gradient (P_{gr}) correction factor

- No correction for photon beams since correction included in k_0
- Only for cylindrical ion chambers

Ratio of readings at two depths

$$P_{gr} = \frac{M(d_{ref} + 0.5r_{cav})}{M_{raw}(d_{ref})}$$

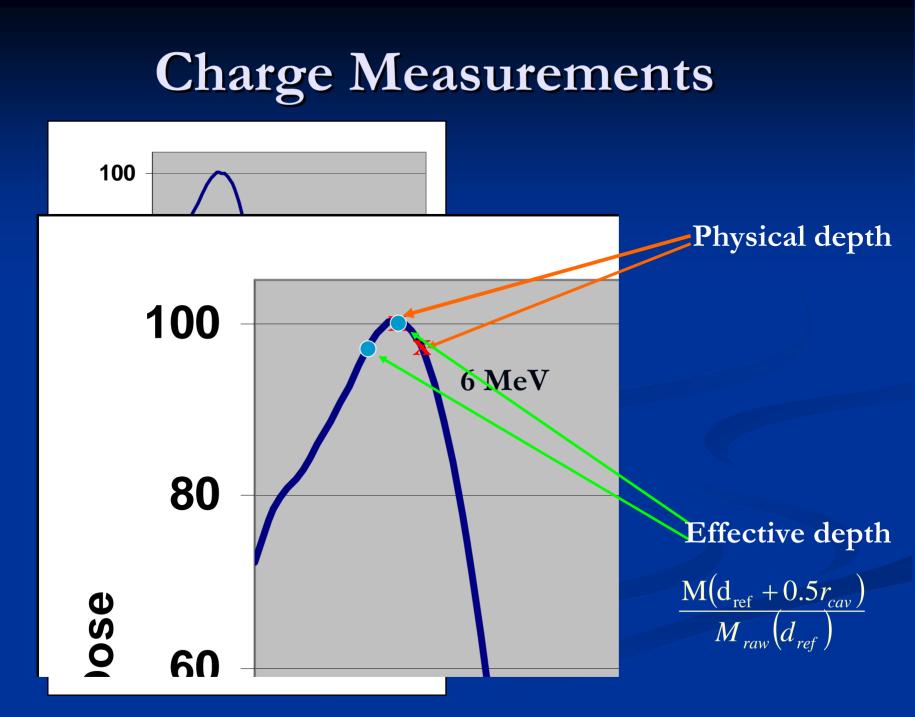
The reading at d_{ref}+0.5r_{cav} should have the same precision as the reading at d_{ref} since:

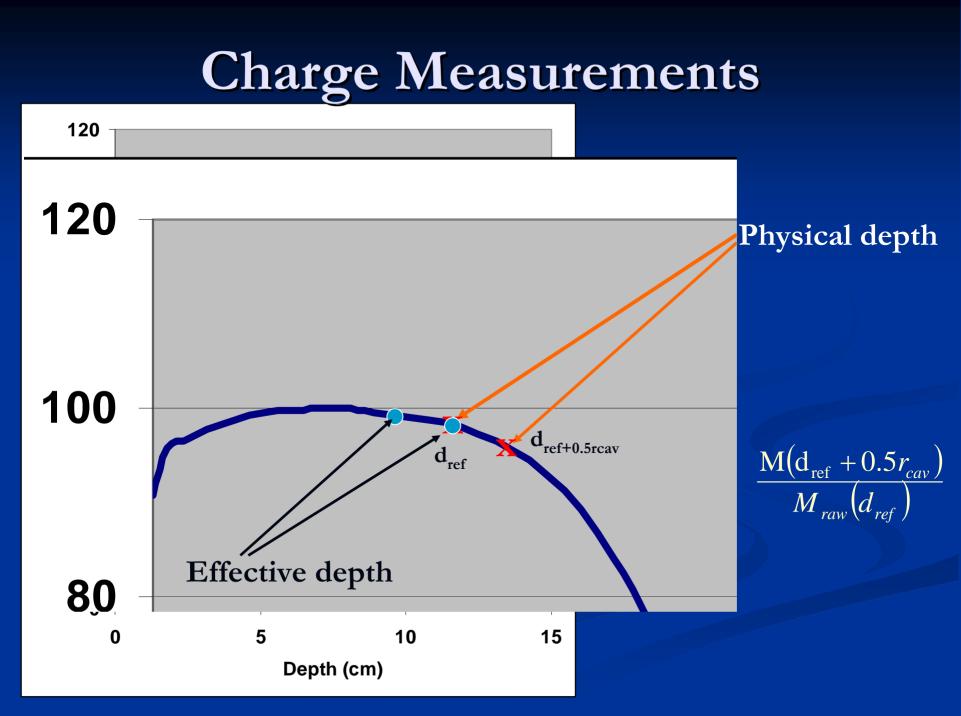
Dose = $M(d_{ref}) \cdot (many factors) \cdot M(d_{ref} + 0.5r_{cav})$

$$M(d_{ref})$$

- Electron beam gradient (P_{gr}) correction factor
 E < 12 MeV; P_{gr} >1.000
 E ≥ 12 MeV; P_{gr} ≤ 1.000
 - Why? Because for low electron energies d_{ref} = d_{max} and this places the eff. pt. of measurement in the buildup region thus a ratio of readings greater than 1.000.

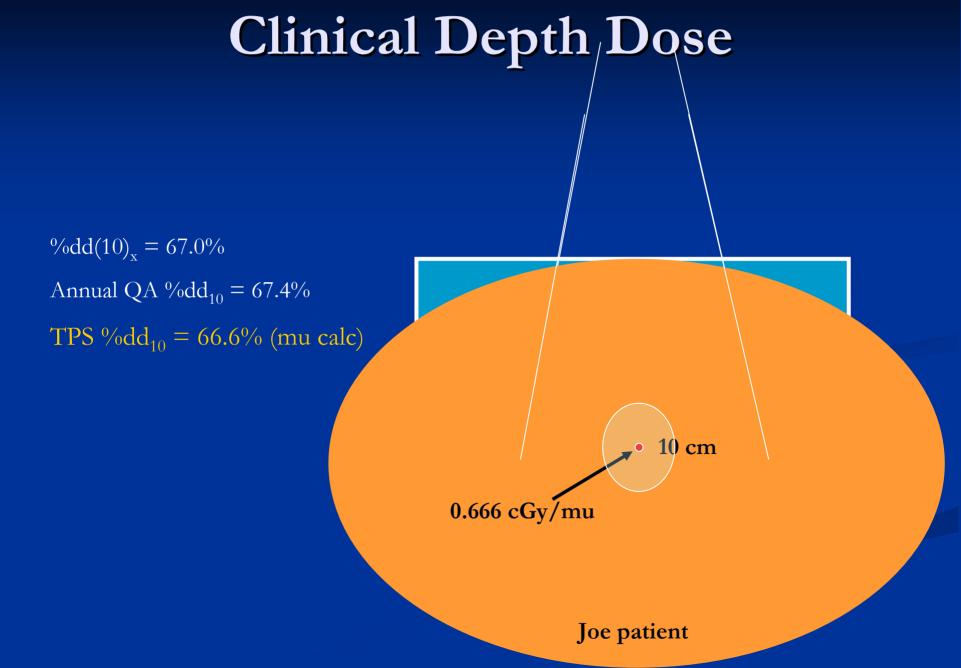
At higher electron energies d_{ref} is greater than d_{max} and as such the eff. Pt. of measurement is on the descending portion of the depth dose curve thus a ratio of readings less than 1.000.





Clinical Depth Dose

- Always measured using the effective point of measurement
 - Re-measurement not suggested for existing Linacs
 New Linacs or beams should incorporate shift
- Always use the clinical depth dose to make the correction from the calibration depth to the reference depth
 - Measurement at depth will always equal calculation at the same depth (use same data to go to d_{max} as is used to go back down to reference depth)



Clinical Depth Dose

- For photons do not use the beam quality value %dd(10)_x to take dose from 10 cm to d_{max}
 For electrons depth dose correction for ≥ 16 MeV is significant (~98.5% 16 MeV and ~95.5% 20 MeV)
 - Caution!!! Super big problem if you use % depth ionization data (3-5% error for high energy electron beams)

Summary

- Implementation is straightforward
 - Must read the protocol and follow the prescriptive steps
 - Many suggestions to clarify confusion have been made
 - RPC will assist you and answer questions
- Differences between TG-51 and other protocols such as TG-21 and TRS 398 are minimal.