## Characterization, Commissioning and Evaluation of Delta<sup>4</sup> IMRT QA System

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#### Introduction



- IMRT dose distribution is complex and requires QA
- Current IMRT QA provides limited points and planes and the Gamma analysis is only 2D
- Labor intensive
- Leaves voids in the evaluation of plan and its delivery
- Field by Field and Segment by Segment analysis is typically not possible
- Does not readily extend to 4D

<u>Question</u>: Does the DELTA<sup>4</sup> system potentially address these drawbacks?



## **Delta<sup>4</sup> Device Fully Assembled**



**Currently commercially available** 



#### **2D Detector Arrays Units**

- Main Unit —
- Detection Area 20x20 cm<sup>2</sup>
- Sensitivity 5nC/Gy
- Wing Unit



 p-diodes in absolute dose mode

**Detector Arrays** 

- High spatial resolution
- 5 mm spacing at center
- 10 mm spacing at periphery
- 1069 diodes



Area: 0.78 mm<sup>2</sup> Height: 0.05 mm





#### G. Rikner and E. Grussell



## General specifications for silicon semiconductors for use in radiation dosimetry

Phys. Med. Biol., 1987, Vol. 32, No 9, 1109-1117.



Figure 4. Ratio between signals from a semiconductor detector and an ionisation chamber, measured in 8 MV x-rays, as a function of dose per pulse. Data for p-type detectors pre-irradiated to 25 kGy (+) and n-type detectors pre-irradiated to 10 kGy with 20 MeV electrons ( $\bigcirc$ ) are shown (from Grusell and Rikner 1984).



#### **Power Distribution System**

- Provides each detector unit with power \_\_\_\_\_
- Provides (external) synchronization signals to detector units





#### **Pulse by Pulse Measurements**

• All diodes readings are recorded with time stamp and reset after each pulse



- Segment by Segment and 4D measurements possible
- Approximate pulse separation is 3ms and width is 3ms
- No measurement between pulses, results in a high signal to noise ratio



#### **Characterization Measurements**

- Precision
- Stability
- Linearity
- Dose rate (pulse rate) dependence
- Dose per pulse rate dependence
- Beam directional dependence
- Energy dependence
- Interpolation at non detector location
- Sensitivity change about 1% kGy



#### Results

- Precision
  - 1σ = 0.1%, Range from 0 to 1% measured exposing single field 10 times in a 6 MV beam
- Stability

-  $1\sigma = 0.6\%$ , Range from 0 to 0.5% (Five measurements of 4 Field box distribution over a 3 month period)

No ion chamber measurements are necessary

#### Linearity





#### Dose response of the central detector from 50 to 1000 MU

#### **Dose Rate Dependence**





#### **Dose per Pulse Dependence**





## **Directional dependence 6 MV beam**



Beam angle with respect to main detector plane (degrees)



#### Response to Scatter and Leakage Radiation

MLC FS	JAW FS	DIST. FieldEdge	DELTA <sup>4</sup> 6 MV	IC CC04 6 MV	DELTA <sup>4</sup> 18 MV	IC CC04 18 MV
2 X 2	3 X 3	1	0.030	0.020	0.040	0.040
2 X 2	3 X 3	2	0.009	Lo Signal	0.009	Lo Signal
4 X 4	5 X 5	1	0.050	0.040	0.060	0.060
4 X 4	5 X 5	2	0.020	0.020	0.018	0.019
10 X 10	11x11	1	0.080	0.080	0.090	0.100
10 X 10	11x11	2	0.045	0.041	0.036	0.038
MLC Leakage	10x10	-	0.016	0.013	0.017	0.013

17



#### Commissioning

- Absolute dose calibration against calibrated Farmer Type ion chamber in plastic-slab phantom
- Relative dose calibration in a stable beam
- Network, PC and interface with R&V system configuration (if needed)
- Configuring <u>export</u> (from TPS) and <u>import</u> (into Delta<sup>4</sup>) of DICOM RT and RTOG formatted files

#### **Evaluation**



- IMRT QA on Thirteen patient plans (HN, CNS, Thoracic, Gyn, GU and GI)
- Plans with Non coplanar beams were also measured
- All plans passed the criteria of Gamma (5% or 5mm) ≤ 1 for more than 97% of points
- Representative analysis presented



#### **Delta<sup>4</sup> Software 3D View**



#### Software provides information on IMRT QA Statistics





#### Dose comparison in 2D and Interactive Statistics





# Software allows for Profile Comparison – Composite Dose



24

#### Conclusions



- Accurate and Precise.
- It is an integrated 3D system with analysis software
- Timeliness: QA prior to treatment
- Powerful: Field by Field and Segment by Segment analysis, display of anatomical contours over the measured distribution
- Efficiency and convenience of central database
- Extension to 4D

Delta<sup>4</sup> system does address the drawbacks in the current QA system



## **Future Work**

- Research possibilities RPC Head and Neck phantom
- Future work Breast phantom, 4D lung phantom, Independent algorithm to verify the interpolation method used here, etc.