Purpose: Targets located superficially in the body often require a range shifter (RS) when treated with protons to bring the energies in the necessary energy range. The addition of this beamline element increases the neutron production during irradiation which may be a concern in some cases. The aim of the present work is to estimate the increase of neutron dose equivalent in the patient when using the RS. Clinically-relevant positions of the RS

Material and Methods: A simple geometry was used for Monte Carlo simulations using the MCNP 6.2 code. A SOBP was created to cover a target volume of $15 \times 10 \times 4 \text{ cm}^3$ at a depth of 4 cm inside a water phantom. This field was considered to mimic a typical field for Hodgkin's lymphoma patients. The RS (Lexan, 3.1 cm physical thickness) was placed between two positions representing the maximum and a typical airgap to the patient surface: 17.4 cm (RS1) and 29.9 cm (RS2). The configuration with no RS was also considered for reference. Neutron spectrum and dose equivalent were evaluated in selected points around the target, in lines at 0°, 45° and 90° from beam direction (figure 1), at distances up to 59 cm from isocenter.

Neutron dose equivalent increase due to

range shifter in active proton therapy

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were considered.





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(not in scale). Lines (at 0°, 45° and 90° from beam direction) inside tank represents directions where neutron spectrum and dose equivalent were evaluated.



RS1

RS2

no RS

35

40

Fig. 4. Contribution of neutrons with an energy higher than 0.1 MeV in each position for the configuration with (RS1) and without RS at 0° and 90°.





Fig. 7. Neutron dose equivalent per Gy at isocenter at 90° for the three configurations.



Higher neutron dose equivalent with RS.

Contact:

This increase is higher at higher angle with beam direction. In general, the closer the RS to tank, the higher dose water equivalent. However, laterally to target, opposite effect is shown at distances over 25 cm from field edge.

represents a second neutron source that contributes an increase in dose equivalent, especially in positions lateral to the

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