Proton treatment for shallow brain targets: the influence of the range shifter in terms of in-field and out-of-field doses.

Planned by Eclipse<sup>TM</sup>.

MeV (NRS).

MeV (RS).

Energy layers:

Prescription: 60 Gy (RBE).

**21** between 60 and 97

**14** between 93 and 124



Abstract 272



# Background

Superficial targets may require the use of a range shifter (RS) at nozzle exit in pencil-beam scanning technique.
However, it becomes an additional source of neutrons that could irradiate organs situated far from the target.

**Purpose** To **compare** treatment plans made **with (RS) and without (NRS)** a RS, for a shallow brain target, considering not only the **in-field doses** but also the **out-of-field doses** 

<u>Maite Romero-Expósito</u><sup>1,2</sup>, Malgorzata Liszka<sup>1</sup>, Athanasia Christou<sup>1</sup>, Iuliana Toma-Dasu<sup>2,3</sup>, Alexandru Dasu<sup>1,4</sup> <sup>1</sup>The Skandion Clinic, Uppsala, Sweden. <sup>2</sup>Oncology Pathology Department, Karolinska Institutet, Stockholm, Sweden. <sup>3</sup>Medical Radiation Physics, Stockholm University, Stockholm, Sweden. <sup>4</sup>Medical Radiation Sciences, Department of Immunology, Genetics and Pathology, Uppsala University, Uppsala, Sweden.

# Conclusions

NRS plan led to slightly better results in terms of target coverage and lower in-field OAR and out-of-field doses.
However, RS plan was clinically acceptable while reducing the number of energy layers by one third, and therefore, reducing the delivery time.
Neutron exposure with the RS increased 10 mSv in the left eye but less than 2 mSv in the rest of peripheral organs.

not routinely assessed in the clinical evaluation of the plans.

# Material and Methods

# BRAIN CASE



- Fig. 1. Shallow target in brain.
- PLAN EVALUATION
- In-field doses: DVHs from TPS.
- Out-of-field doses: Equivalent dose



in organ from full Monte Carlo simulation (using MCNP 6.2 code).

- Actual spot distribution.
- Secondary neutrons and photons.



**Fig. 2.** MC voxel phantom created from CT images using the method described by Schneider *et al* (PMB 2000 45 459–478).



#### Fig. 4. Equivalent doses in organs around the target in the NRS and RS cases.



Fig. 5. Equivalent doses in organs in the out-of-field area in the NRS and RS cases.



Fig. 6. Distribution of photon absorbed dose in the NRS (left) and RS (right).

Fig. 7. Distribution of neutron equivalent dose in the NRS (left) and RS (right).

Neutron equivalent doses are between 5 up to 37 times higher than photon doses.

Acknowledgments:

This project has received funding from Euratom's research and innovation programme 2019-20 under grant agreement no. 945196.







**UNIVERSITET** 

maite.romero@skandion.se