

UltraFast & Precise External Beam Monitor for FLASH and Other Advanced Forms of Radiation Therapy

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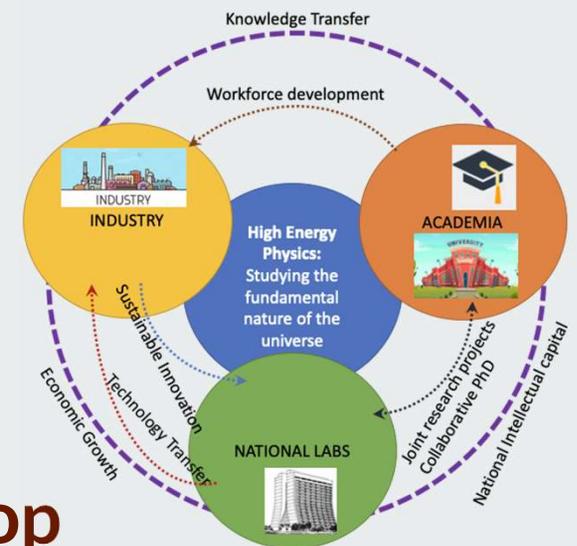
FLASH Radiation Therapy Workshop

Breakout Session 4, Application Area 3:

Development of improved large-area, ultrafast radiation detectors for real-time FLASH-dose monitoring & FLASH imaging

Application and Industry (A&I) working group

Snowmass 2021: Community Engagement Frontier (CEF)



Collaboration: DOE, NIH, academia & industry

- Integrated Sensors, LLC, *Peter Friedman (NIH-NCI and DOE-NP SBIR funding)*
- University of Michigan, *Physics Dept & Medical School, Radiation Oncology*
Daniel Levin, Nicholas Ristow, Claudio Ferretti (Physics) and Dale Litzenberg (Radiation Oncology)
- Loma Linda University, *Biomedical Engineering & Medical School*
Reinhard Schulte and Vladimir Bashkirov
- Michigan State Univ. & DOE Facility for Rare Isotope Beams (FRIB)
Thomas Ginter and Marco Cortesi
- Subcontractors in U.S. and Europe

FLASH vs. Conventional radiotherapy (RT)

- Conventional external beam radiotherapy (RT): patient typically irradiated for 1-2 minutes, for 5 days/week, for 1-2 months.
- FLASH-RT: patient irradiated for **<0.1 second**, for **1-4 days**, resulting in:
 - Greatly reduced side-effects
 - Less tissue toxicity
 - Lower cost
 - Better patient satisfaction due to shortened treatment, etc.

Ultimate Problem – *Radiation induced toxicity*

- Conventional External Beam Radiotherapy (EBRT) is severely limited due to *radiation induced toxicities*.
- Radiation induced toxicities can be reduced by ultrafast delivery of radiation at dose rates orders-of-magnitude greater than used in conventional EBRT.
- This allows much higher radiation dose treatments and *increases the therapeutic index* over conventional radiation delivery.
- This is known as the “**FLASH effect**”.

Major Problem – *Monitoring FLASH delivery*

- FLASH is ~1000 times faster with *order-of-magnitude* higher dose (e.g., ≥ 40 Gy) than conventional-RT
- FLASH dose is delivered in **< 100 ms**. For *proton-FLASH* the corresponding beam luminosity for this dose is $\sim 10^{12}$ *protons/cm² s*
- *Standard dosimetry methods* do not work at the radiation intensity of FLASH delivery

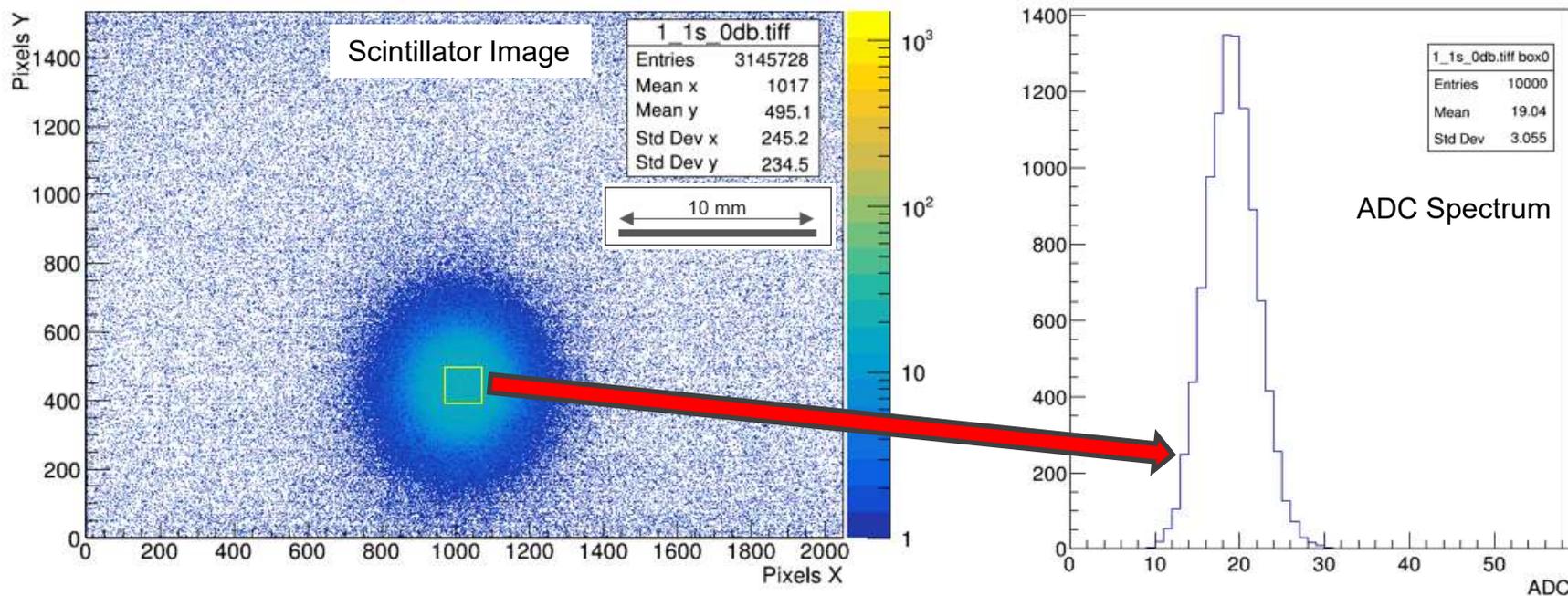
Solution – ***UFT™ beam monitor for FLASH-RT***

- Ultra-Fast & Transmissive (**UFT™**) beam monitor:
Integrated Sensors (**I-S**) patented materials & designs *continuously* analyzes FLASH beam every **0.1 ms** as patient is irradiated.
- Total *water-equivalent thickness* of **UFT™** beam monitor for FLASH beam with 100-200 MeV protons is **0.5 mm**, possibly less.
- **UFT™** beam monitor spatial resolution is **~ 0.01- 0.1 mm**, depending upon beam intensity, integration time, and energy.

Benefits: *NIH-NCI (Cancer) & DOE-NP (Physics)*

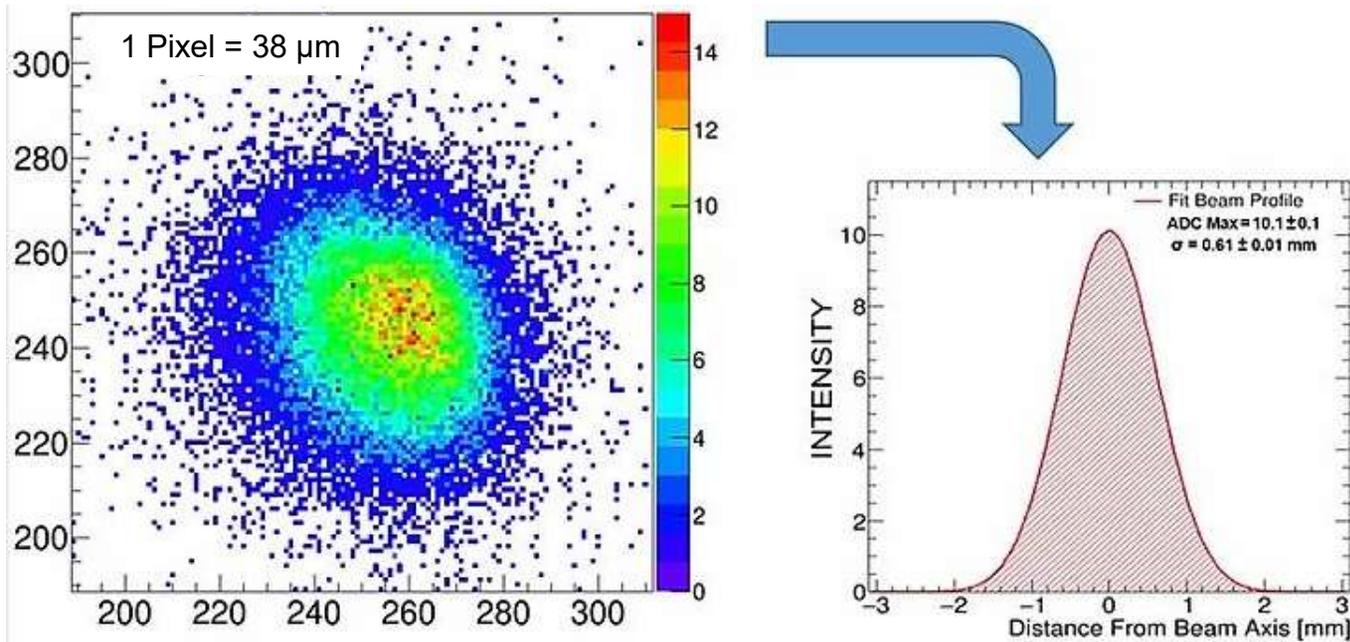
- NIH-NCI funded beam monitor program demonstrated FLASH-RT capability for **electrons, protons, photons/X-rays** and **carbon-ions**. Can also measure **transient particle spikes** of **1-100 μ s** from synchrotrons.
- Funded NIH-NCI and DOE-NP programs led to I-S patented **UFT™** beam monitoring technology including *novel scintillator* materials for FLASH-RT and beamline tuning at the DOE Facility for Rare Isotope Beams (FRIB).
- **UFT™** *high-vacuum* beamline monitor to be demonstrated at FRIB in 2021. System to monitor beam position, shape and luminosity for all nuclei up to U-238, over range from **$\sim 1 \times 10^0$ to 10^{11} pps.**

Results* with *electron-beam*: ^{90}Sr (~1 MeV beta's)*



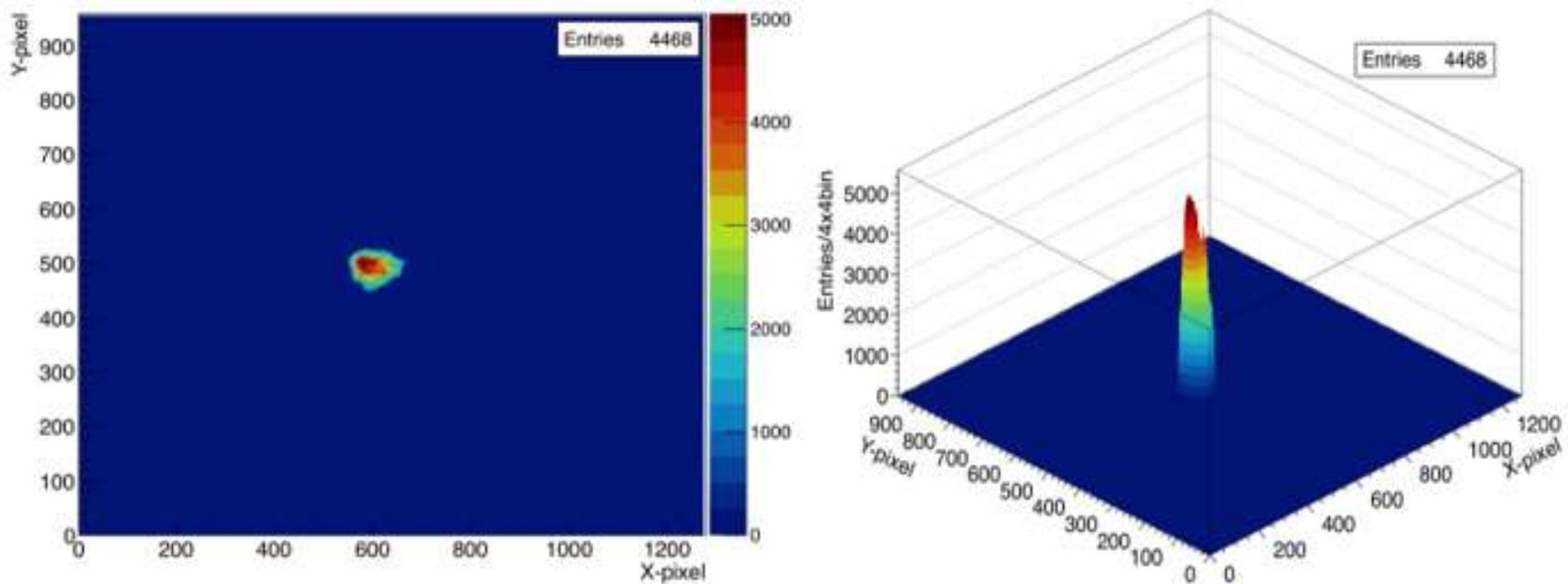
* (Left) - Image exposure = 1 sec. Source luminosity at scintillator surface = 6.9×10^5 electrons/cm²-sec.
(Right) - ADC spectrum for 100 x 100 pixel fiducial box (1.9 x 1.9-mm)

Results for static *proton*-beam at low acceptance



(Left) - Proton beam irradiating a 191 μm thick scintillator with 1 ms shutter exposure.
(Right) - Figure is the Gaussian fitted plot of the Left beam image with a measured beam FWHM is 1.44 mm.

Results for 80 mm/ms scanning proton-beam



(Left) – Background suppressed image of ~ 2.5 mm diameter proton beam moving at 80 mm/ms, captured in $10 \mu\text{s}$ (i.e. shutter speed). Beam intensity corresponds to FLASH dose rate of 200 Gy/s. Beam movement in $10 \mu\text{s}$ was 0.8 mm. (Right) – Same image as Left, but as a 3D plot with beam intensity profile data added.

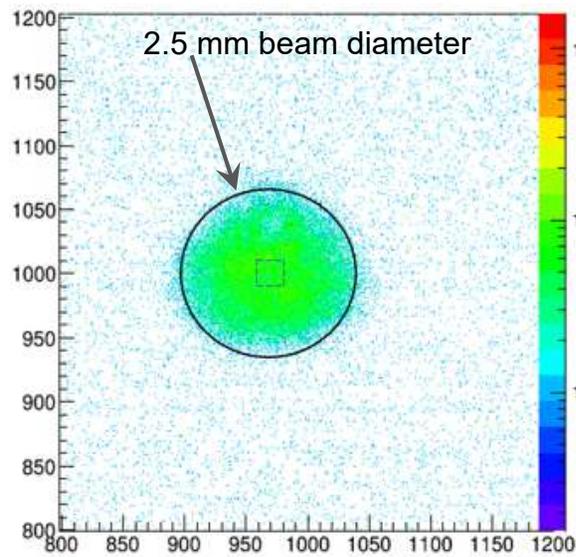
Radiation damage test results with *proton*-beam

Summary of MIBL Proton Beam Accelerated Test Results for 191 μm thick Scintillator

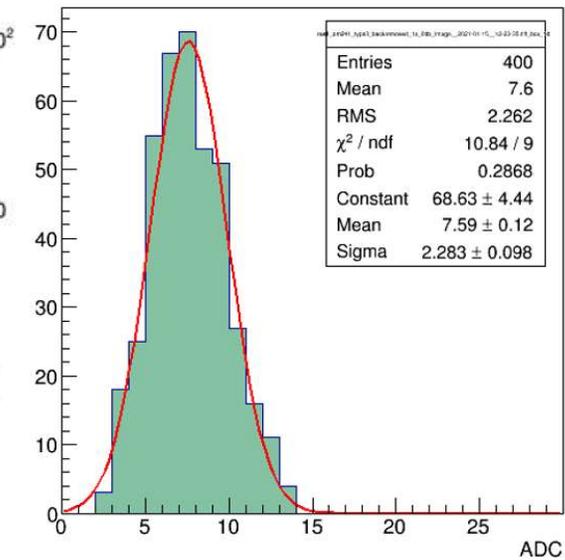
Dose Rate (kGy/s)	Beam Energy (MeV)	Total Dose (kGy)	Scintillator Rad-Damage Observations
0.11	5.4	33	No discoloration. Minimal rad-damage, 50% recovery in 4 hours
0.20*	5.4	59	No discoloration. Minimal rad-damage, largely reversible*
3.3*	5.4	390	Manageable rad-damage. Very slight darkening that eventually disappeared*
9.2	3.0	490	Unacceptable rad-damage. No ablation but rapid fluorescence decrease
92	3.0	6,100	Slow surface ablation and immediate fluorescence decrease
460	3.0	15,000	<i>Immediate fast surface ablation, burning hole through 60-70% of scintillator</i>
<i>*Rates of 200 & 3,300 Gy/s with minimal rad-damage are well above that required for FLASH-RT</i>			

Delivered *continuous* dose of 59,000–**390,000 Gy**, at 200–**3,300 Gy/sec** (i.e. high-end of FLASH-RT) within 2-5 minutes in a single spot, with minimal to manageable scintillator degradation. Note that **59,000 Gy is equivalent to the full course of treatment for ~1,000 patients.**

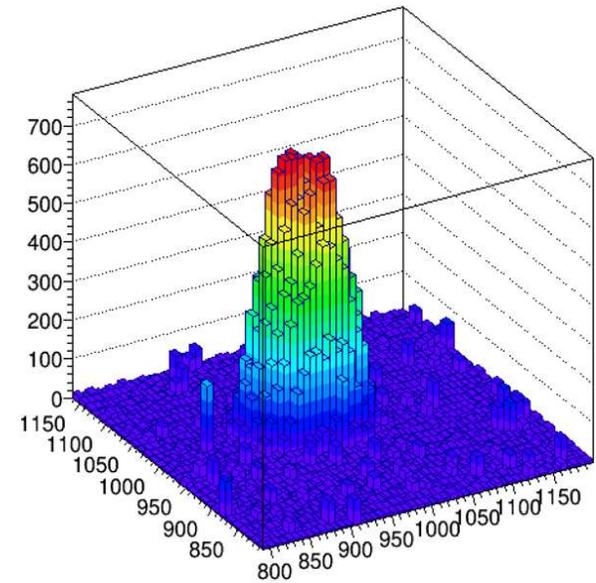
Results for low-luminosity static *alpha*-source



Alpha source beam image (^{241}Am)
(1 sec exposure, 7,000 pps rate)

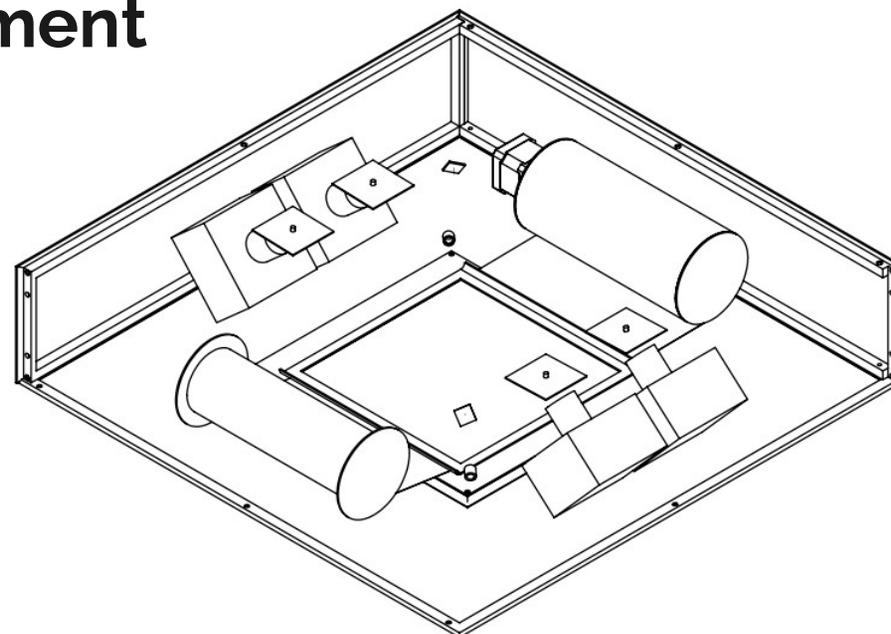
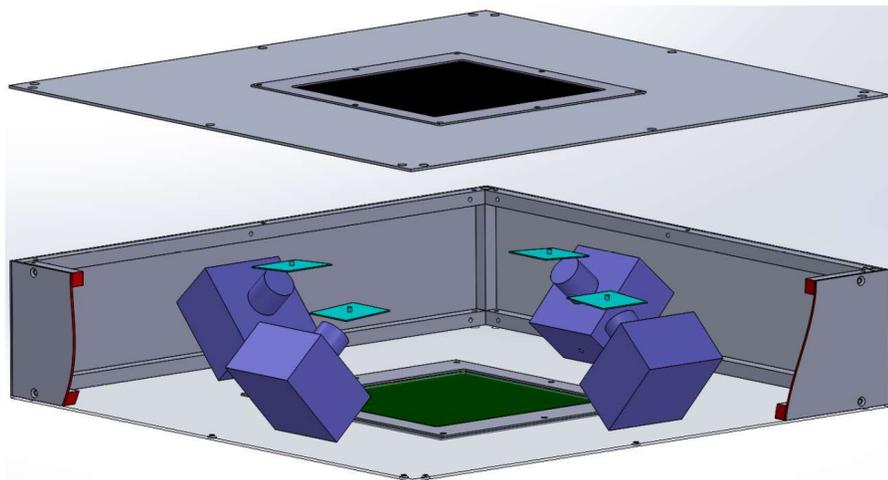


ADC histogram of peak
(distribution of 20x20-pixel peak fiducial box)

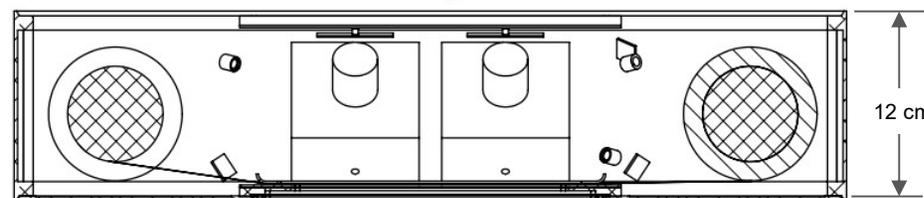


3D histogram of beam image
(rebinned pixel plot of full beam)

UFT™ beam monitor for FLASH-RT in ambient air environment



- Two *patented* I-S system designs with replaceable large-area scintillators (26 x 30 cm) and UV-LEDs & UV-photodiodes for internal calibration.
- Real-time beam analysis and dosimetry updated at 10,000 fps (i.e., 100 μ s/image).



UFT beam monitor performance

Real-Time UFT™ Monitor Streaming Readout/Analysis: **0.1 ms**, continuous tracking of downstream **beam position, intensity profile, movement, fluence/external dosimetry & angular divergence.**

Downstream UFT™ Monitor External Enclosure Depth (in beam direction): ~ **5 inches**

“True” 2D-Position & Ultra-High Beam Profile Resolution: ~ **1 μm** (depending on readout/update time)

Proton Beam Energy Loss through UFT™ Monitor:

< **0.30 MeV** (downstream) at 70 MeV*, and ≤ **0.03 MeV** (upstream, in vacuum) at 70 MeV
< **0.18 MeV** (downstream) at 140 MeV*, and ≤ **0.02 MeV** (upstream, in vacuum) at 140 MeV
< **0.14 MeV** (downstream) at 210 MeV*, and ≤ **0.01 MeV** (upstream, in vacuum) at 210 MeV

Proton Beam Gaussian profile, $\sigma = 3.500$ mm. Lateral Spread (σ) 70-cm downstream from nozzle due to monitor materials (1st column); due to air (2nd column); and due to monitor + air (3rd column):

at 70 MeV*:	≤ 0.024 mm (monitor);	3.875 mm (70-cm air);	3.899 mm (monitor + 70-cm air)
at 140 MeV*:	≤ 0.006 mm (monitor);	3.612 mm (70-cm air);	3.618 mm (monitor + 70-cm air)
at 210 MeV*:	≤ 0.003 mm (monitor);	3.550 mm (70-cm air);	3.553 mm (monitor + 70-cm air)

*Calculated beam energy loss & lateral spread via TOPAS/Geant4 (<http://www.topasmc.org/>) simulations.

UFT™ beam monitor applications

- FLASH-RT (electrons, protons, photons/x-rays and ions)
- Real-time dosimetry resolution/accuracy should be $\leq 2\%$
- FLASH Intraoperative radiation therapy (Electron IORT)
- Synchrotron based Proton and Carbon-ion EBRT
- Spatially Fractional EBRT (Grid, Lattice, Minibeam, Microbeam)
- Boron Neutron Capture Therapy (BNCT – EBRT)
- Noninvasive FLASH Cardiac Ablation (for cardiac arrhythmia)
- Beamline Monitoring – high vacuum & ambient air environments

UFT™ beam monitor FLASH-RT partners/test-sites



- **Looking for collaboration partners and development funding to demonstrate UFT™ beam monitor under actual FLASH-RT conditions (e.g., with electron, proton and/or photon sources).**
- **First prototype time-line is ~ 1 year**