

TRANSFORMING PROTON THERAPY

# Experimental Results from a Prototype Clinical Proton Imaging System

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# Proton Imaging can help reduce range uncertainties by directly measuring proton stopping power

We aim to:

Develop a proton imaging system based on well-established fast scintillator technology.

- 1.  $\rightarrow$  High-performance, low-cost measurements of proton range.
- 2. Achieve lower dose to the patient relative to equivalent x-ray images.
- 3. Produce spatially sharp images.
- 4. Images free of artifacts from high-Z implants.

Multidisciplinary team of detector physicists, medical physicists, computer scientists, and radiation oncologists:

- ProtonVDA: Fritz DeJongh, Ethan DeJongh, Victor Rykalin, Igor Polnyi
- Loyola Stritch School of Medicine: James Welsh
- Northwestern Medicine Chicago Proton Center: Mark Pankuch
- Northern Illinois University, Dept. of Computer Science: Nick Karonis, Cesar Ordonez, John Winans, Kirk Duffin. Dept. of Physics: George Coutrakon, Christina Sarosiek
- Loma Linda University: Reinhard Schulte



Fiber layout cross-section for one tracking plane:

3	30	3	31	0	)	1	L	2	2	3	3	
	3	31		Э	1	L	2	2	3	3	4	
$x = 0$ $x = 0.075$ $\Delta X = 0.1$												

- X-Y tracking planes upstream and downstream
- Multiplexed fiber readout
  - 32 digitized channels per tracking plane

- position ambiguities resolved using pencil beam targeting information

- reduces amount of electronics needed

- 40 x 40 x 13 cm block of scintillator for range detector
  - 4 x 4 array of PMTs
  - Output digitized into four channels: E, U, V,C
- Individual protons tracked at up 10 MHz
- > 99% tracking efficiency
- WEPL resolution ~ 3 mm per proton
- 40 x 40 cm image field size
- Fast (<1 min) image reconstruction for radiograph







WEPL (cm)

### Fast (~1 min) online image reconstruction

Water bottle plus solid water – 180 MeV







#### Tape dispenser plus solid water - 180 MeV





• Linear detector response vs. range gives very good range sensitivity



• Absolute WET Measurements



- George phantom
  - Blue bolus wax background, RSP = 0.98
  - 15 cm diameter
  - 4 cm thick
  - 8 CIRS tissue-equivalent materials, RSP = 0.22 - 1.755
  - 1.8 cm diameter inserts



Insert	True WET (cm)	Measured WET	Difference		
		(cm)	between True		
			and Measured		
			(cm)		
Sinus	0.80	0.80 ± 0.01	0.00		
Enamel	7.02	7.01 ± 0.01	-0.01		
Dentin	5.98	5.96 ± 0.01	-0.02		
Brain	4.16	4.15 ± 0.01	-0.01		
Spinal Cord	4.16	4.17 ± 0.01	0.01		
Spinal Disc	4.28	4.28 ± 0.01	0.00		
Trabecular Bone	4.40	4.41 ± 0.01	0.01		
Cortical Bone	6.22	6.21 ± 0.01	-0.01		

## Pediatric Head Phantom with CIRS Inserts





Measuring changes in WET using phantom with known materials inserted into cavity

 Averaging WEPL into pixels based on MLPdetermined position on isocenter plane (no iterative solver)

WEPL (cm)



WEPL (cm)



Measured difference: +0.58  $\pm$  0.01 mm



Change in insert thickness: +39.98 mm

Expected difference: +39.06 mm Measured difference: +38.57  $\pm$  0.07 mm



Change in insert thickness: -0.88 mm

Expected difference: -0.86 mm Measured difference: -0.82  $\pm$  0.03 mm

#### Imaging with Multiple Proton Energies – Pediatric Head Phantom



Y (cm)







### **Detector Alignment Procedure**

- Pencil beam targets an array of spots prior to imaging scans.
  - Beam is aimed at locations specified in isocenter coordinates.
- Software compares measured spot positions to expected positions
- Allows for automatic transformation of detector coordinates to isocenter coordinates, accounting for detector positioning.
  - Image is automatically presented in isocenter coordinates, with no need for QA on detector alignment.





#### Nominal



#### Detectors Shifted left, Phantom in Same Position



#### Detectors shifted right, phantom in same position





## 30 x 40 cm scan of torso phantom

- 4 energies: 120, 163, 200, 229 MeV

WEPL (cm)





WEPL (cm)

WEPL^3 (cm)



George Phantom pCT data (projections)

- Made with 3 energies: 195, 160, and 118 MeV
- Data taken every 4 degrees
- 1 mm^3 voxels
- ~20 million protons in final cut



1 mm pCT Slice

RSP

1.8

1.6

1.4

1.2

0.8

0.6

0.4

0.2

0



Insert	RSP	RSP from pCT image In ROI for each insert (Statistical uncertainty only)	Difference (pCT - Nominal)
Sinus	0.200	$0.192 \pm 0.002$	-0.008
Enamel	1.755	1.768 ± 0.002	0.013
Dentin	1.495	$1.504 \pm 0.002$	0.009
Brain	1.040	1.043 ± 0.002	0.003
Spinal Cord	1.040	1.046 ± 0.002	0.006
Spinal Disc	1.070	1.079 ± 0.002	0.009
Trabecular Bone	1.100	$1.106 \pm 0.002$	0.006
Cortical Bone	1.555	1.570 ± 0.002	0.015

#### Comparison to last year















Pork shoulder and ribs

- 4 energies, data taken in 4 degree intervals
- Vertical CT taken for comparison













RSP

















Simulated pCT dose for pediatric head phantom using three energies





Summary/Conclusions

- Our prototype proton radiography system produces accurate WET maps through an automatic, clinically practical process
- Images can be automatically reconstructed and displayed in isocenter coordinates
- Our system is capable of detecting very small variations and changes in WET
- Spatial resolution of <1 mm has been achieved, offering the potential for proton radiographs to be used for patient alignment in addition to range verification
- Initial pCT results show good RSP accuracy and ability to detect small features
- Work is being planned for automating pCT reconstruction
- We look forward to seeing this technology integrated into clinical use