

BACKGROUND

❖ Mayo Clinic Florida is commissioning the **first multi-ion center in the Americas** (protons and carbon ions)

❖ Clinical proton dose prescription uses a **fixed** relative biological effectiveness (RBE) factor of 1.1

❖ There is **clinical evidence** that **RBE varies** with dose, radiation quality and tissue radiosensitivity, **particularly near the distal edge of treatments**

❖ Numerous empirical **proton-specific** RBE models **were proposed** to account for these possible RBE variations.

❖ These empirical models were shown to possess **limitations** in their **predictive capabilities and theoretical framework**

- their applicability limited to protons only
- reliance on purely phenomenological correlations
- the use of the dose-averaged LET as a descriptor of radiation quality

❖ The results of these empirical models were found to be **substantially different** when compared under controlled conditions, **thus limiting the confidence in choosing a specific model for clinical implementation**

AIM OF THIS WORK

Develop a clinical dose-prescription system for proton radiotherapy that

- ❖ is **consistent** with the **clinical RBE = 1.1 for target dose definition**
- ❖ accounts for RBE variations in a framework **compatible with clinical practice in carbon ion radiotherapy**

MAYO CLINIC FLORIDA MICRODOSIMETRIC KINETIC MODEL

- ❖ Predicts the RBE knowing the **microdosimetric distributions** and **four cell-specific model parameters derived from**
 - the photon dose-response
 - and measurable cell characteristics (karyotype, DNA content, nuclear morphometry, cell cycle distribution)
- ❖ **Extensively validated** *in vitro* (25+ cell lines exposed to ions from ^1H to ^{238}U) and *in vivo* (myelopathy in rats, ^1H to ^{16}O) → see my other poster in this session

CLINICAL DOSE PRESCRIPTION SYSTEM

$$D_{clin} = D_{abs} RBE_{bio} F_{clin} = 1.1 D_{abs} RBE_{bio}$$

- ❖ Mathematical formalism derived from the Japanese clinical prescription system for carbon ions (Inaniwa et al., 2015)
- ❖ RBE_{bio} is calculated with MCF MKM for HSG cell line
- ❖ Reference radiation: mid of reference SOBP (below)

$$\alpha = \int \left(\alpha_0 + \beta_0 \frac{y}{\rho \pi r_d^2} \right) \left\{ \frac{1 - \exp \left[- \left(\alpha_0 + \beta_0 \frac{y}{\rho \pi r_d^2} \right) \frac{y}{\rho \pi R_n^2} - \beta_0 \left(\frac{y}{\rho \pi R_n^2} \right)^2 \right]}{\left(\alpha_0 + \beta_0 \frac{y}{\rho \pi r_d^2} \right) \frac{y}{\rho \pi R_n^2} + \beta_0 \left(\frac{y}{\rho \pi R_n^2} \right)^2} \right\} d(y) dy$$

$$\beta = \beta_0 \left[\int \left\{ \frac{1 - \exp \left[- \left(\alpha_0 + \beta_0 \frac{y}{\rho \pi r_d^2} \right) \frac{y}{\rho \pi R_n^2} - \beta_0 \left(\frac{y}{\rho \pi R_n^2} \right)^2 \right]}{\left(\alpha_0 + \beta_0 \frac{y}{\rho \pi r_d^2} \right) \frac{y}{\rho \pi R_n^2} + \beta_0 \left(\frac{y}{\rho \pi R_n^2} \right)^2} \right\} d(y) dy \right]^2$$

METHODOLOGY

- ❖ OpenTOPAS simulations were performed for water-phantom SOBPs spanning different prescribed doses, depths, and widths
- ❖ Lineal-energy distributions were computed including primary and secondary ions for spherical water targets (0.3 μm radius)
- ❖ Results were compared with calculations based on fixed RBE = 1.1 and two LET-based proton RBE models (Beltran and McNamara)

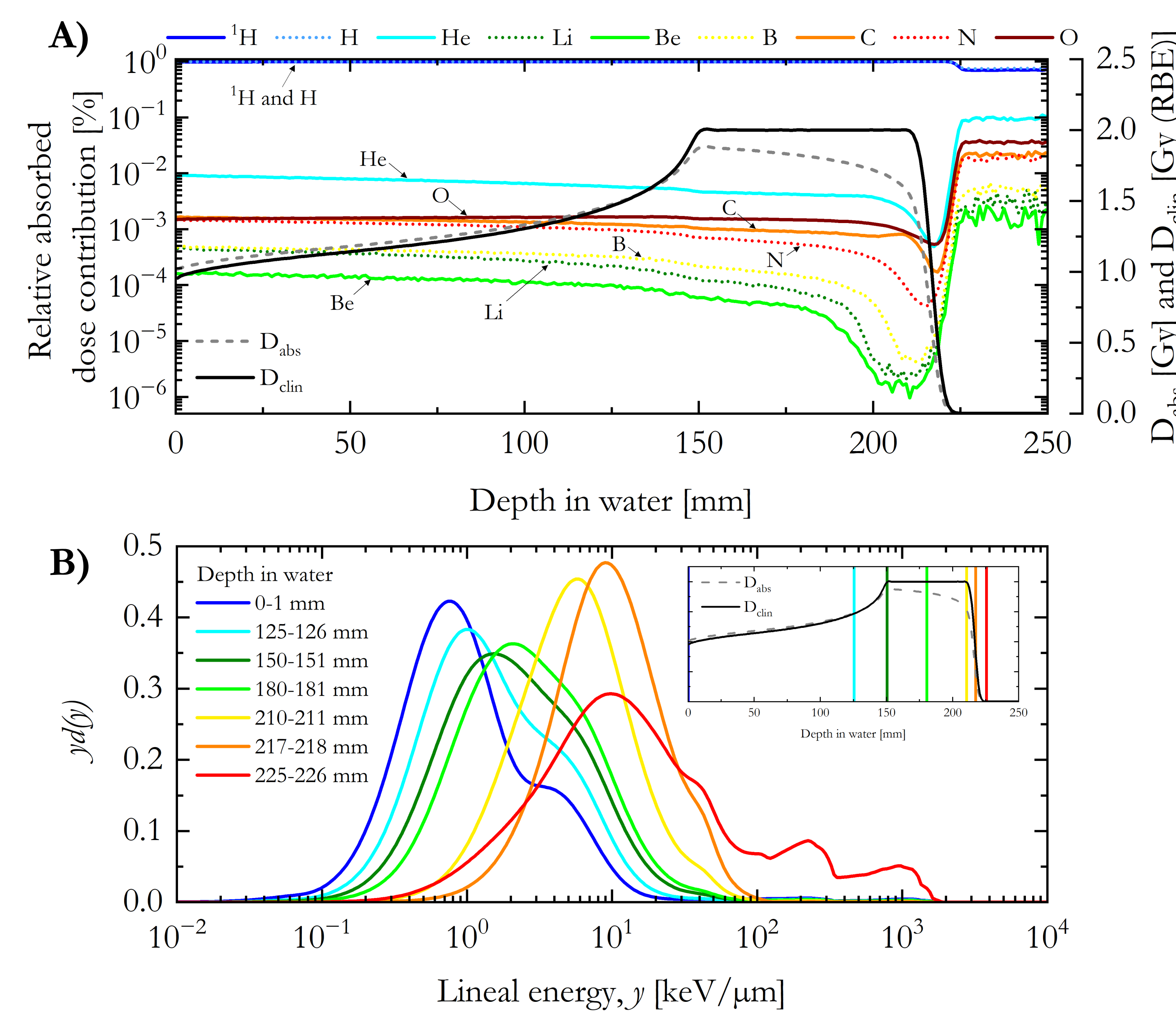


Figure 1. A): The relative contribution of different ions to the absorbed dose at the center of a 60×60 mm² field along a SOBP with a flat clinical dose profile of 2 Gy (RBE) between depths of 150 and 210 mm (reference SOBP). **B):** Lineal energy probability density distributions at seven depths in water along the reference SOBP.

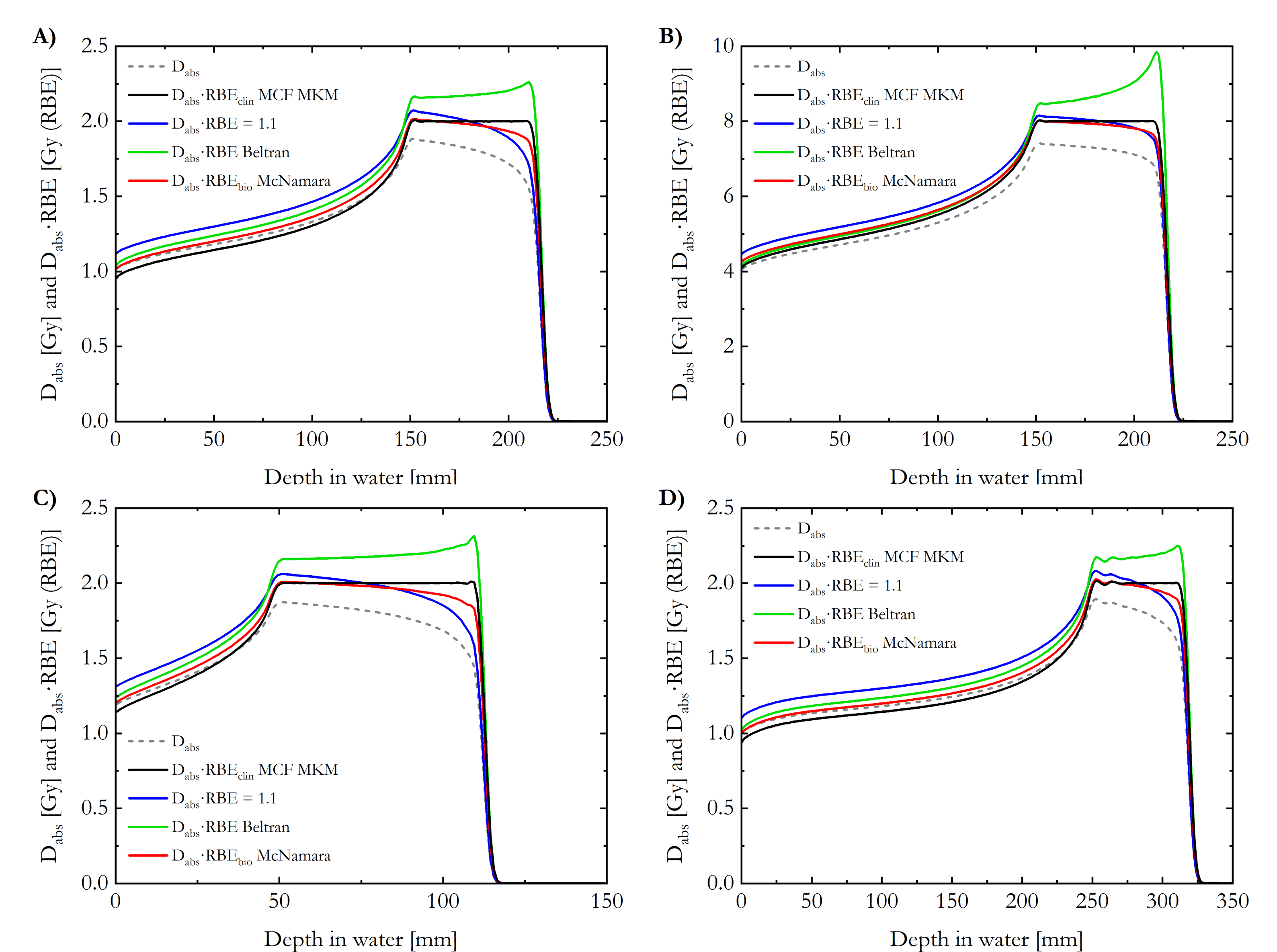


Figure 2. Comparison of the clinical dose profiles calculated using the proposed MCF MKM-based system, the fixed RBE = 1.1, the McNamara model, and the Beltran model along SOBPs with a MCF MKM-based flat clinical dose profile of 2 Gy (RBE) and 8 Gy (RBE) between depths of 150-210 mm (panels A and B), and 2 Gy (RBE) between depths of 50-110 mm (panel C) and 250-310 mm (panel D).

CONCLUSIONS

The proposed clinical dose system accounts for the variable proton RBE while remaining consistent with the current clinical standard of RBE = 1.1 in the target region and ensuring compatibility with the corresponding system for carbon ions.