

End-to-End Verification of an Open-Source Preclinical Electron FLASH Treatment Planning System

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INTRODUCTION

- FLASH delivers ultra-high dose rates (UHDR, ≥ 40 Gy/s), shown preclinically to spare normal tissue while maintaining tumor control.
- Clinical translation requires FLASH-specific treatment planning system (TPS). Vendor phase-space files do not apply to FLASH configurations, necessitating a custom beam model.
- We developed a forward-planning, Monte Carlo-based electron FLASH TPS with a custom beam model of a FLASH-configured clinical linac [1].
- We present its first end-to-end dosimetric verification using bilateral lung irradiation in a mouse phantom.

INNOVATION & IMPACT

- Modeled and verified on, to our knowledge, the **first FLASH-enabled Varian TrueBeam in clinical use**, via a reversible open-source FLASH configuration.
- Streamlines organ-specific collimator fabrication: auto-generates **3D-printing-ready CAD files** for Cerrobend molds and holders.
- Planned **open-source release** to make FLASH research accessible at institutions without dedicated FLASH platforms, enabling multi-institutional trials.
- Future: dynamic FLASH delivery with different *dose-rate* calculation methods for clinically relevant FLASH scenarios.

METHODS

- Beam model:** Varian TrueBeam linac configured for 12 MeV electron FLASH, modeled in the TOPAS Monte Carlo toolkit [2].
- TPS:** Python-based; CT/structure import, organ-conformed electron collimator CAD outputs, Monte Carlo dose calculation.
- Two plans** (anterior–posterior single field, 25 Gy to bilateral lungs):
 - Plan 1:** 20 × 40 mm² rectangular field; end-to-end verification in an anatomically realistic mouse phantom.
 - Plan 2:** lung-conformed field (contour + 1 mm margin) on a mouse CT.
- Measurement:** Plan 1 delivered; dose measured in lung at 9.5 mm depth with EBT-XD film; gamma analysis vs. TPS prediction. DVHs computed for both plans.

RESULTS

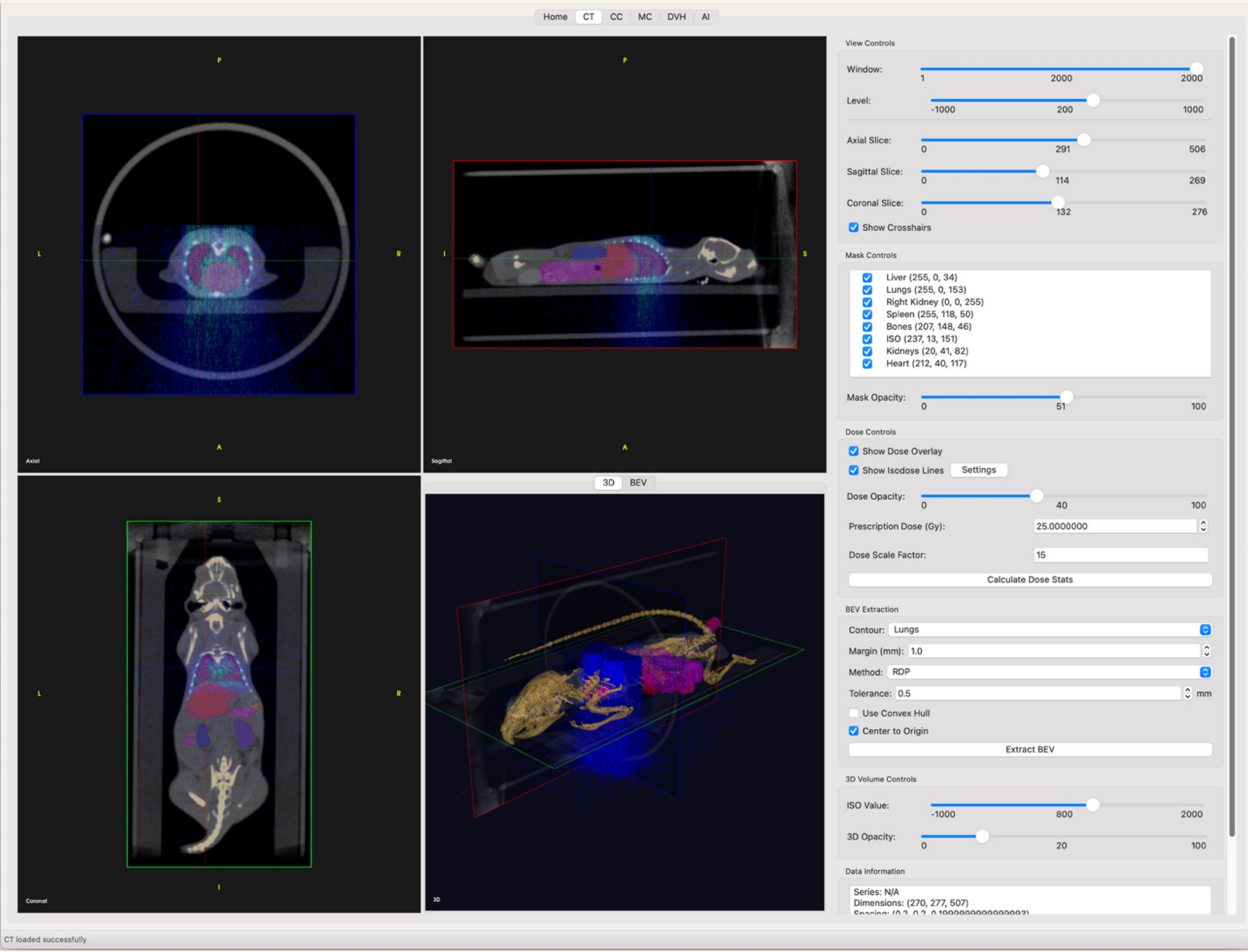


Figure 1. The CT tab of the FLASH TPS: synchronized axial, sagittal, coronal, 3D, and beam's-eye views of a mouse CT with structure contours and dose distribution of a bilateral lung irradiation plan (Plan 2).

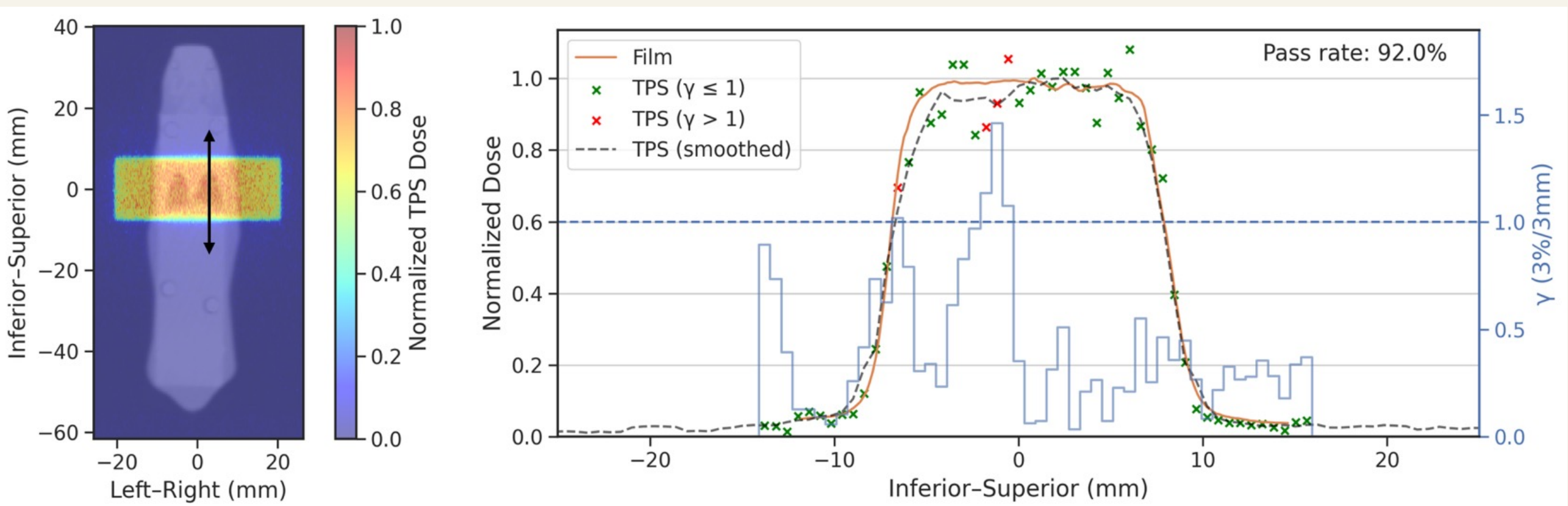
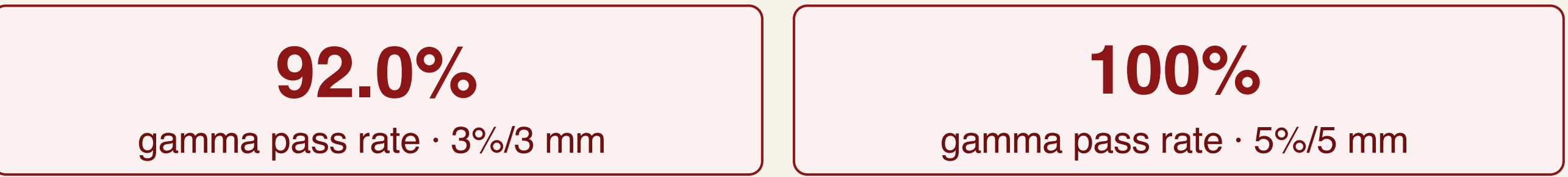


Figure 2. Left: Beam's-eye view of normalized TPS-predicted dose for Plan 1 overlaid on a coronal CT slice of the mouse phantom at 9.5 mm depth; the arrow marks the extracted inferior–superior profile. Right: EBT-XD film measurement (orange) vs. TPS prediction along that line; green/red crosses pass/fail 3%/3 mm gamma, with gamma values on the secondary axis.



TPS-predicted dose showed **good agreement with film measurement** in the anatomically realistic mouse phantom, establishing end-to-end dosimetric accuracy of the beam model and dose engine.

RESULTS (continued)

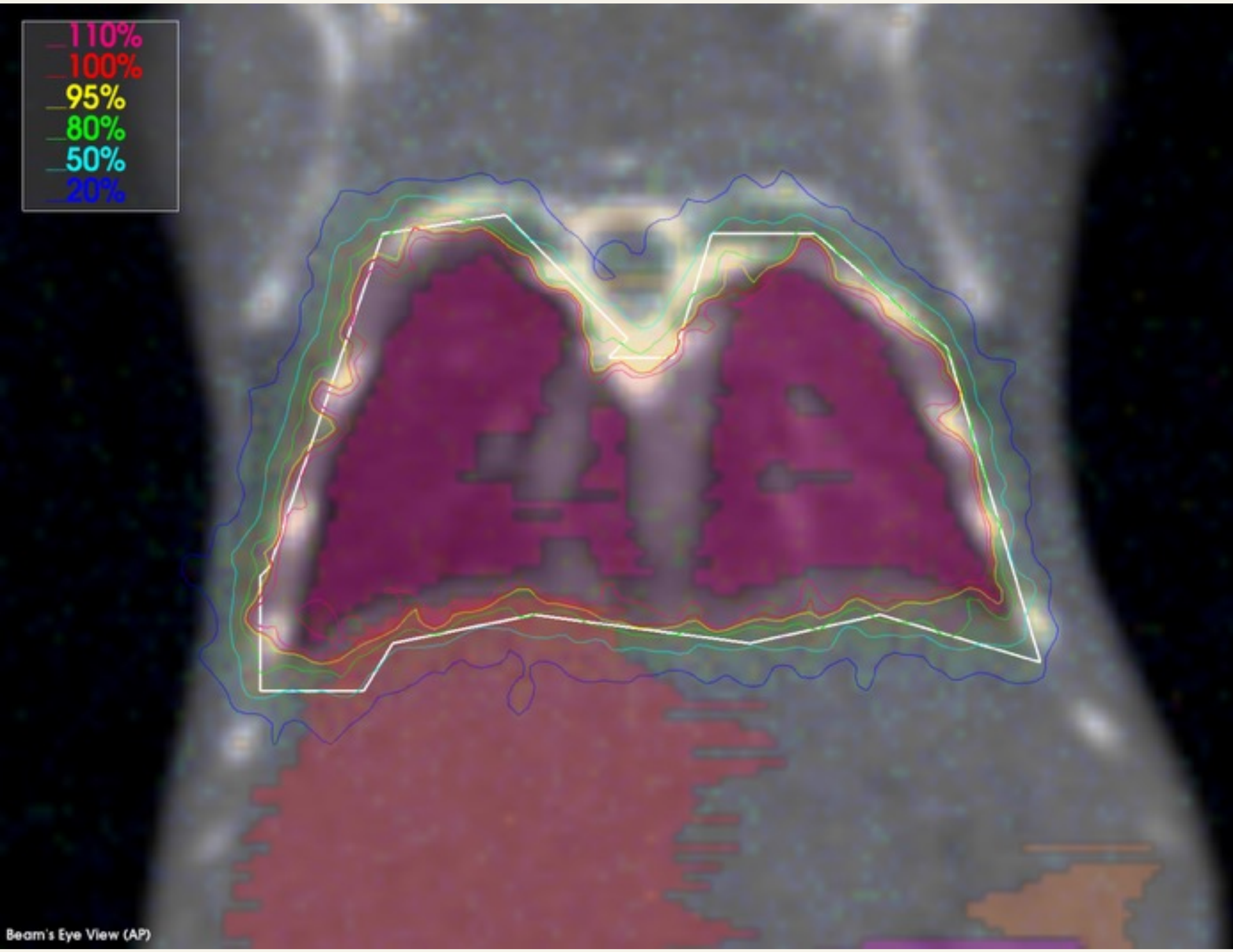


Figure 3. Anterior-posterior beam's-eye view of Plan 2 with isodose lines (20–110% of prescription). The white contour is the lung target + 1 mm margin — also the shape of the upstream Cerrobend collimator. Mean lung dose: 27.4 Gy.

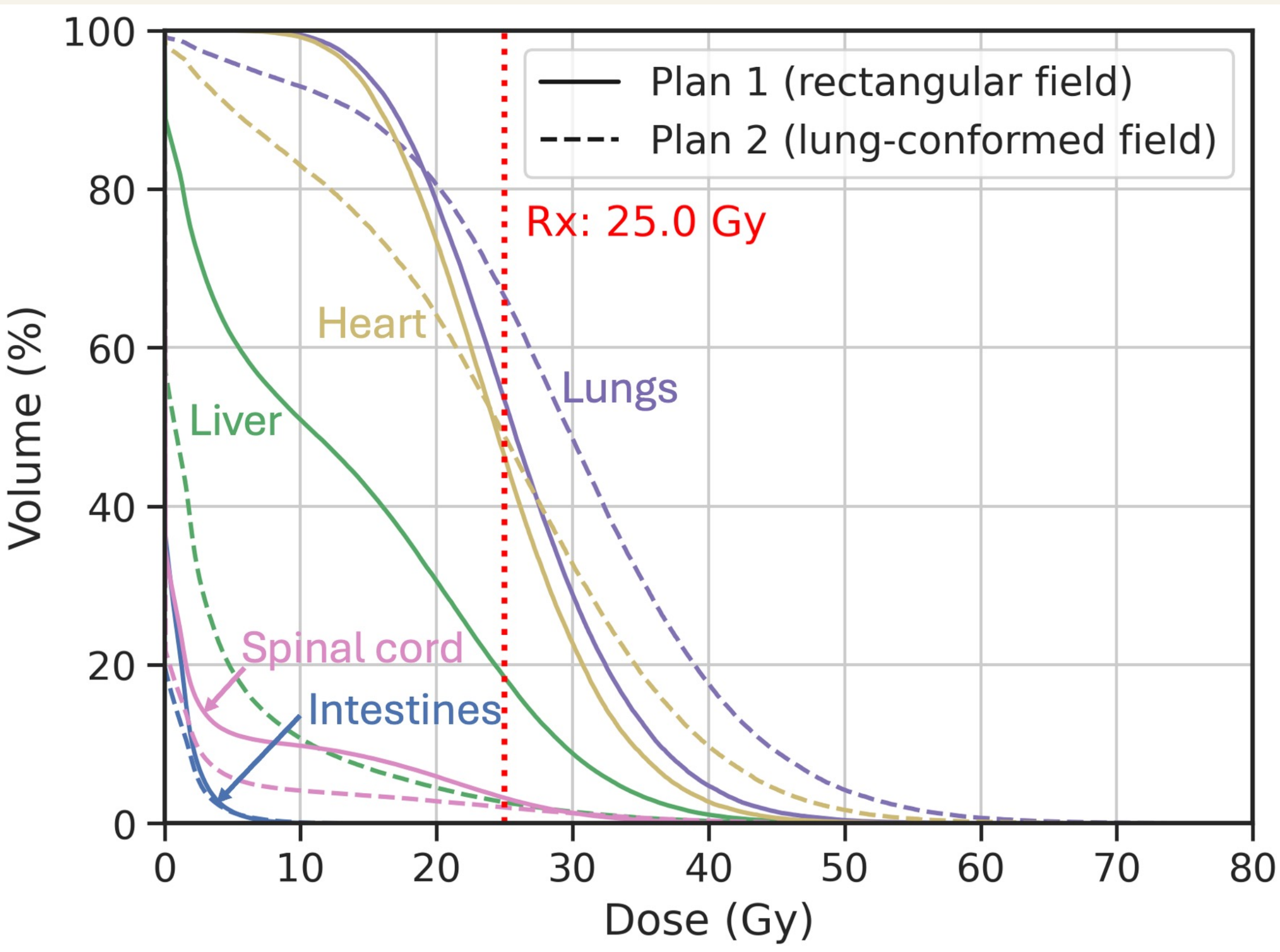
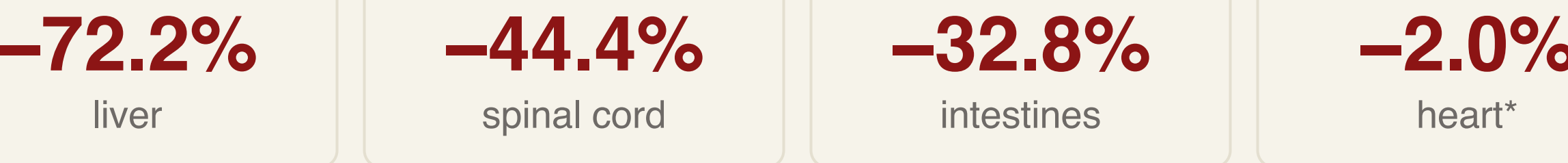


Figure 4. DVHs of the lungs and surrounding organs for Plan 1 (solid) and Plan 2 (dashed); prescription 25 Gy dotted.

Mean-dose reduction with the lung-conformed field (Plan 2 vs. Plan 1):



*Heart reduction is modest due to its geometric proximity to the lungs (mean 24.5 → 24.0 Gy).

CONCLUSION

- First end-to-end dosimetric verification of the electron FLASH TPS, using a bilateral lung plan in an anatomically realistic mouse phantom.
- The TPS accurately predicts FLASH-delivered dose, and the conformal workflow substantially spares organs at risk.
- These results enable a future open-source release to make FLASH research accessible and support its clinical translation.

REFERENCES

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- Faddegon B, Ramos-Méndez J, Schuermann J, McNamara A, Shin J, Perl J, et al. The TOPAS tool for particle simulation, a Monte Carlo simulation tool for physics, biology and clinical research. Physica Medica. 2020 Apr;72:114–21. doi:10.1016/j.ejmp.2020.03.019

TPS WORKFLOW

