

Introduction to Radiotherapy Physics

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Introduction



- MPhys in Physics
- Started Scottish Medical Physics Training Scheme in September 2018
 - MSc in Medical Physics at University of Aberdeen
 - Foundation and Specialism Training in Inverness
 - Specialised in Radiotherapy Physics
- Currently at Edinburgh Cancer Centre

What is Radiotherapy?

- Technique to treat cancer
 - Contributes to 40% of cancer cures worldwide^[1]
- Uses ionising radiation to kill cancer cells
- Usually delivered over a number of daily treatments, called fractions
- External beam radiotherapy most common

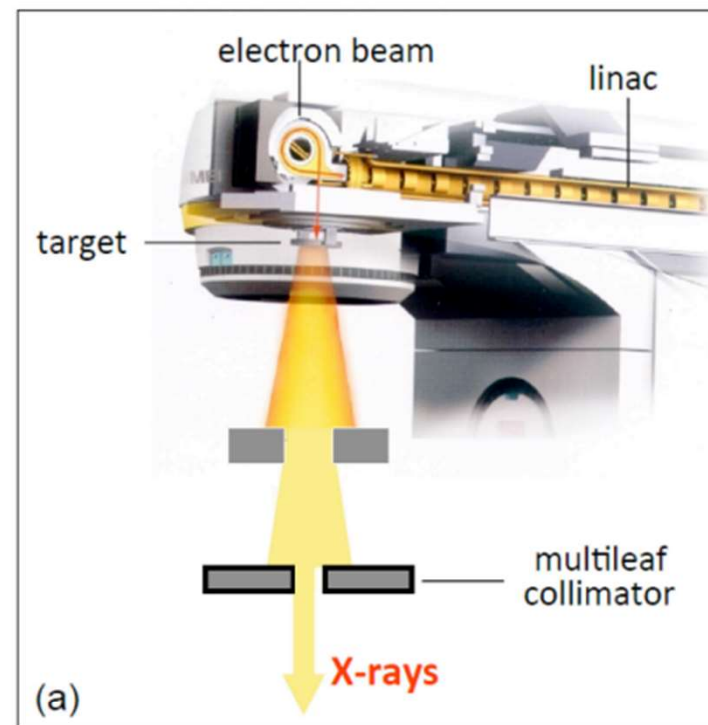


[1]: <https://www.targetingcancer.com.au/about-radiation-oncology/benefits-and-effectiveness>

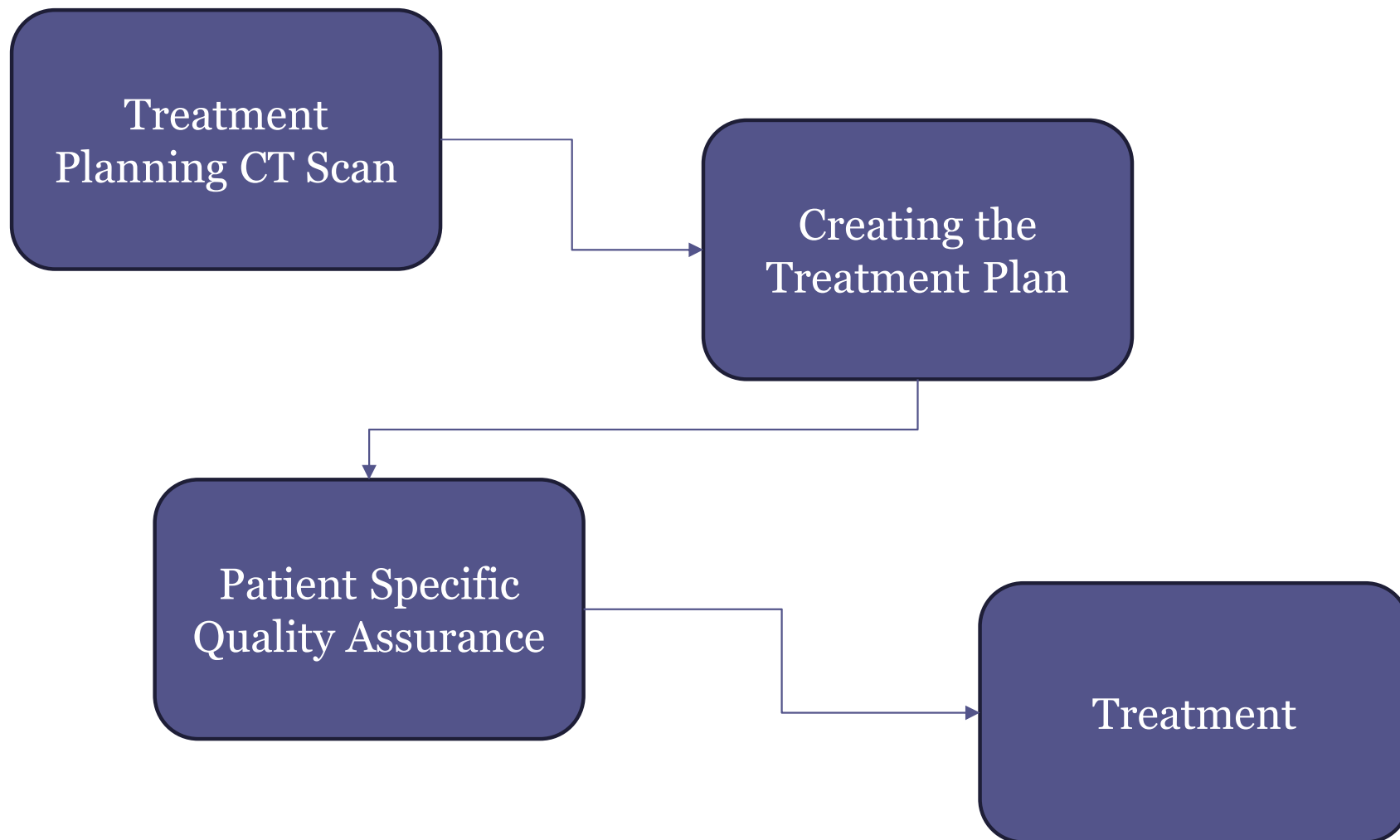
Image: www.varian.com

External Beam Radiotherapy

- Delivered by a linear accelerator
 - Linac
- Electrons accelerated along a wave guide
- Hit high density target
- Produce high energy x-ray beam
- Beam is shaped to conform to the target within the patient

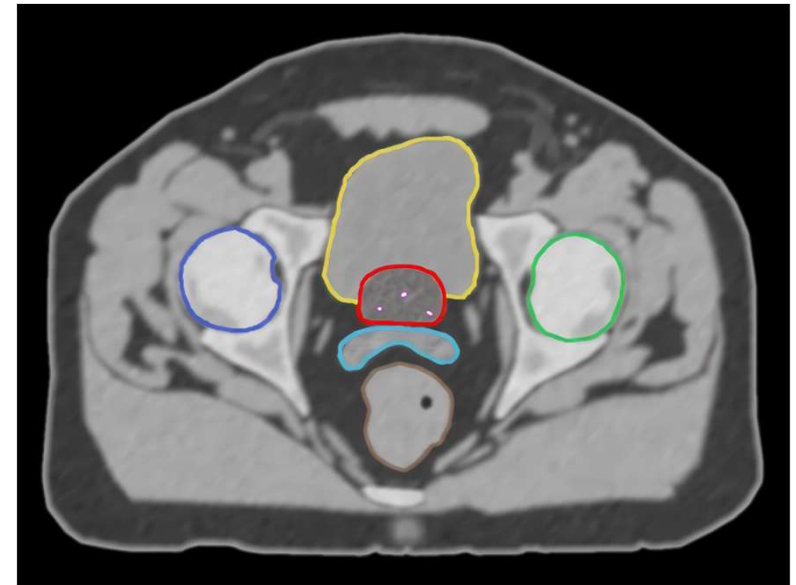


Patient Pathway



Treatment Planning Scan

- CT scan
- Exact same setup as they will have for treatment
- Target and organs at risk are outlined
- Provides electron density information
 - Allows software to calculate how radiation interacts with the different tissues
 - Patient specific



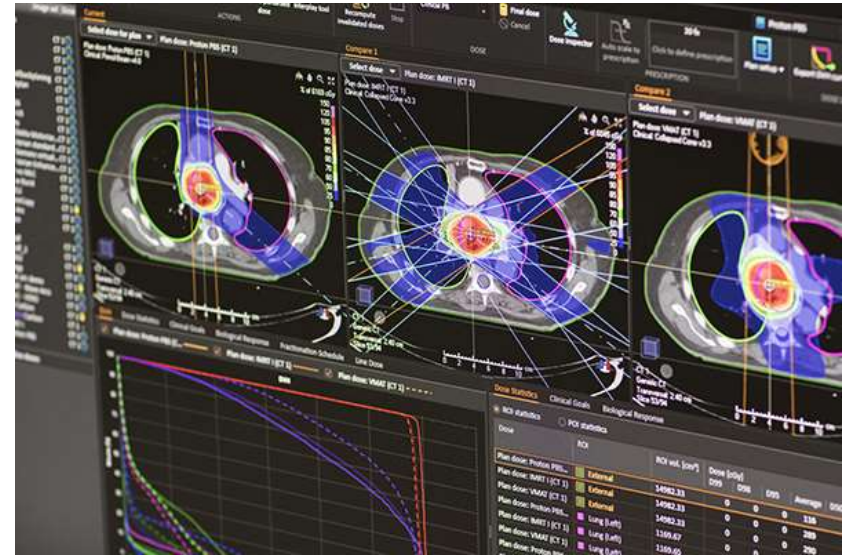
Prostate outlined in red

Organs such as bladder, rectum and femoral heads also outlined

Planning

Fundamental principles:

- Deliver prescription dose to the target
- Reduce dose normal tissue
- Reduce dose to particular organs at risk

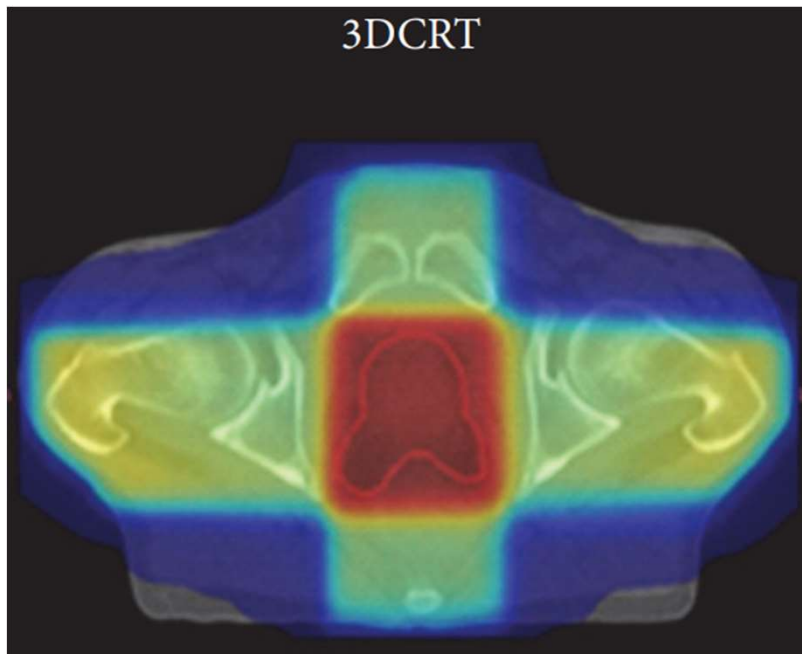


Planning - Role of Physicist

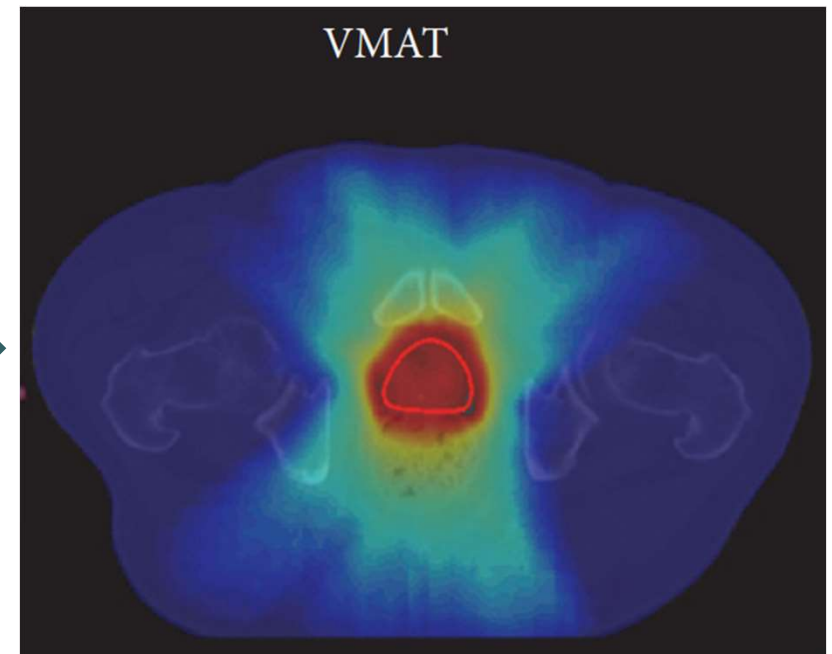
- Creating/checking plans
- Working with medics to determine best type of treatment for a patient
- Discussing potential compromises for plans
- Understanding the software and its limitations
- Implementing new techniques

Planning - Comparing Two Techniques

Implementing a new technique in a department involves physicists



*4 static fields
Beam shaping does not change
during delivery*



*Gantry continually moving
around patient
Beam shaped during delivery*

Patient Specific QA

- VMAT plans can be complicated
- How do we ensure they can be delivered by the machine?
 - Deliver the plan to a phantom and measure the dose

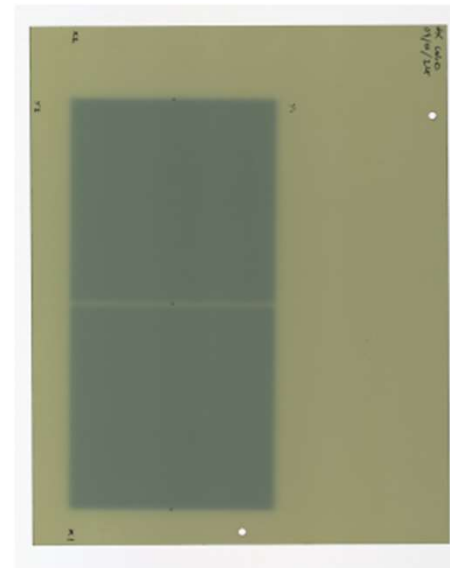
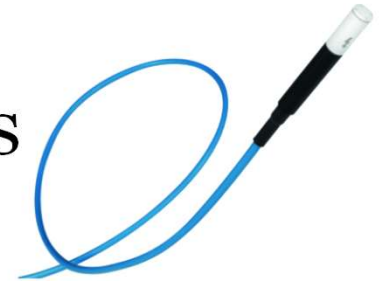


Treatment - Role of Physicist

- Review changes to anatomy – impact of dose distribution?
 - Example: weight loss for a head and neck patient
 - Less tissue to attenuate beam could mean dose to spinal cord has increased
 - Is it still safe to deliver radiation to the patient?
- Review gaps in treatment
 - If patient has missed some fractions, what effect does this have?

Dosimetry

- Behind the scenes but crucial!
- Measurement of dose
- Characteristics of the beam
- Different types of measurement detectors
 - Ionisation chambers
 - Diodes
 - Film
 - Arrays
 - Phantoms



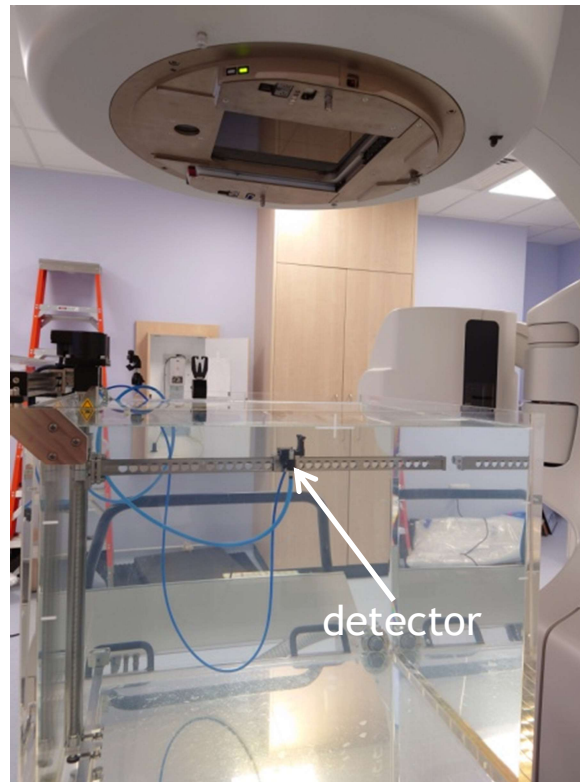
Dosimetry - Role of Physicist

- Plan, take and analyse the measurements required to ensure radiation can be delivered to patients safely
- Examples:
 - Determining attenuation of patient immobilisation devices
 - Implementing and reviewing QA programmes
 - Commissioning linacs before they go into clinical use



Dosimetry - Commissioning Data

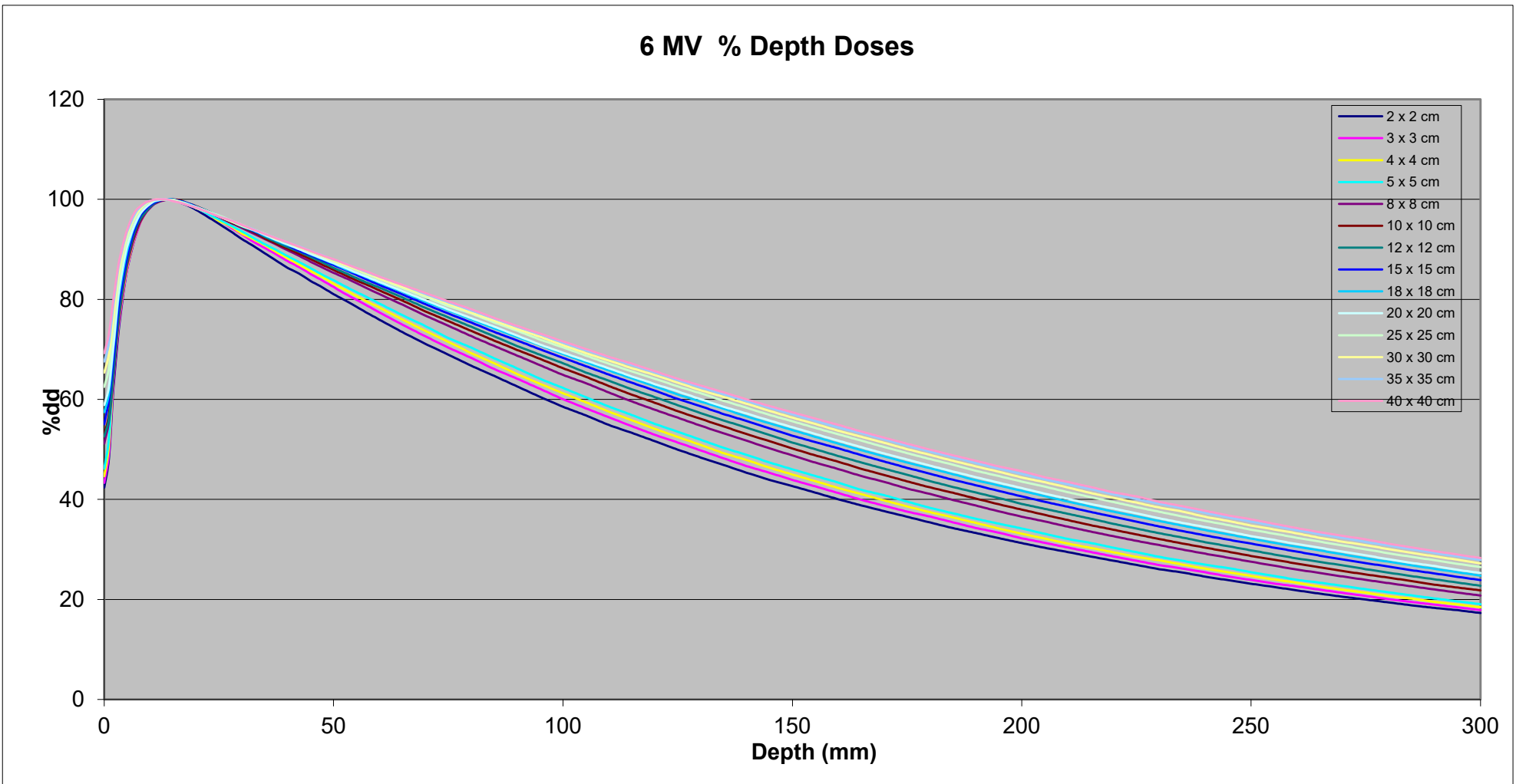
Treatment planning software needs to know beam characteristics for calculations



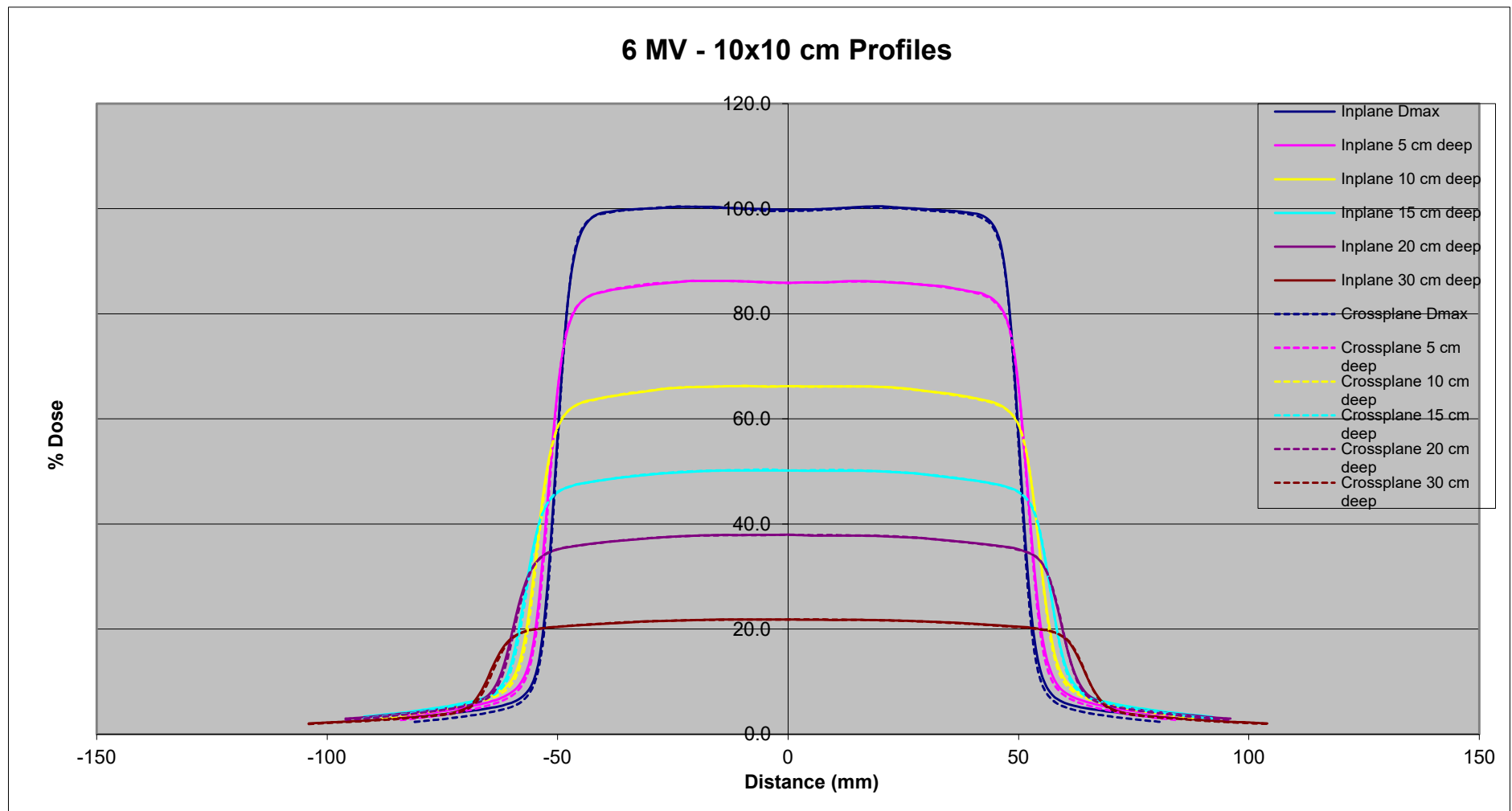
Commissioning data is measured using a detector in a large water tank.

The detector can move in 3 directions and measures scans of the beam.

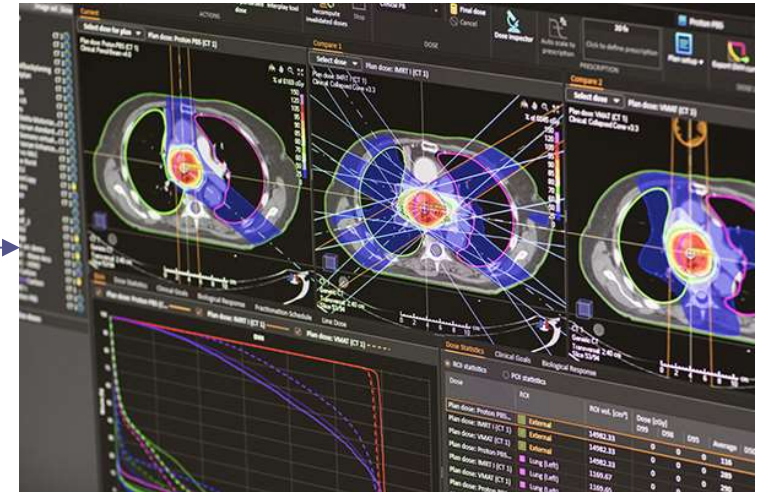
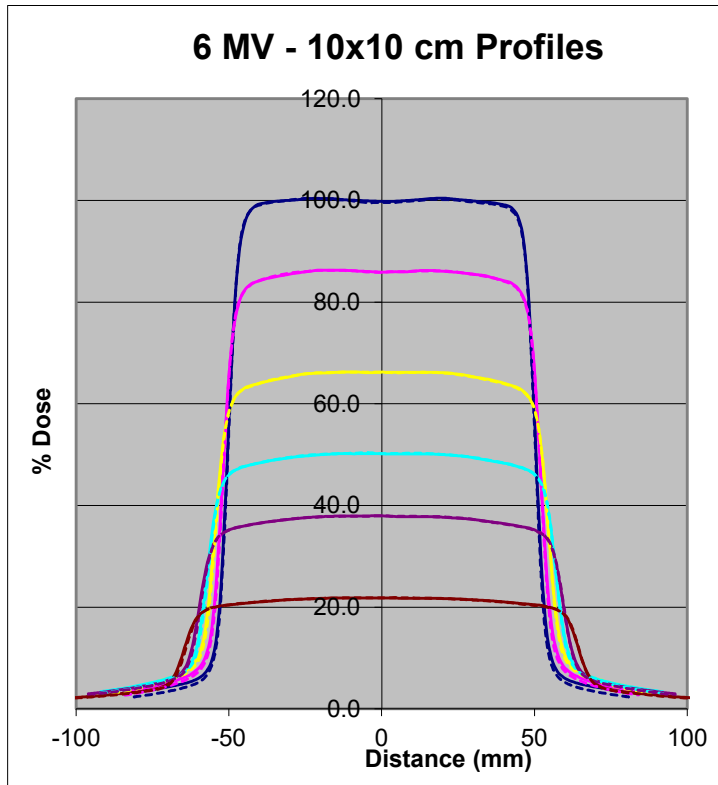
Dosimetry - Commissioning Data



Dosimetry - Commissioning Data



Dosimetry → Planning → Treatment



Thank you for listening!

