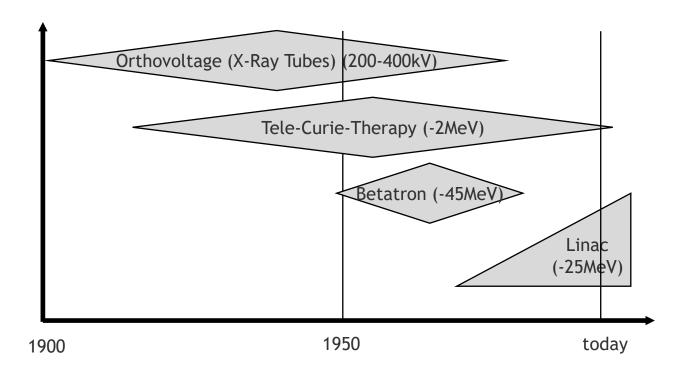
Sebastian Klüter Heidelberg University Hospital, Germany



Treatment machines for photon radiotherapy



Timeline: machines used for photon radiotherapy





X-Rays: used therapeutically very soon after discovery

Leopold Freund, Vienna 1896

Treatment of a hairy naevus of a five-year old girl with fractionated X-ray therapy over two weeks

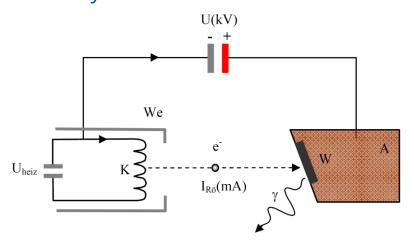




Before therapy

60 years later

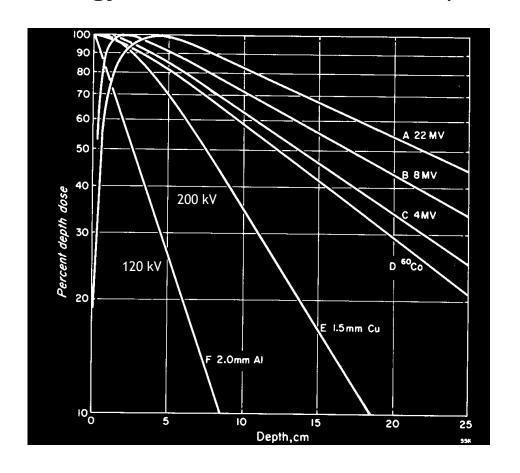
X-Ray tube:



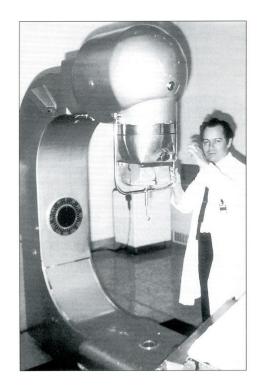


Source: Medizinische Universität Wien

But: High photon energy is needed for RT of deep tumors



External beam therapy with ⁶⁰Co



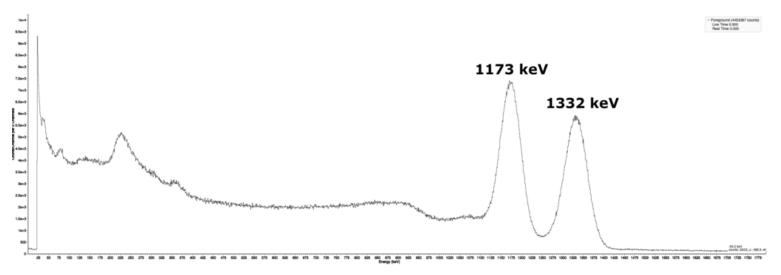
Cobalt-60 Teletherapy machine (around 1950)



www.medmuseum.siemens-healthineers.com



Energy spectrum of 60Cobalt



https://allradioactive.com/cobalt-60/

Also: radioactive material (storage, disposition, accidents)



Betatron: photon energies up to 45 MeV



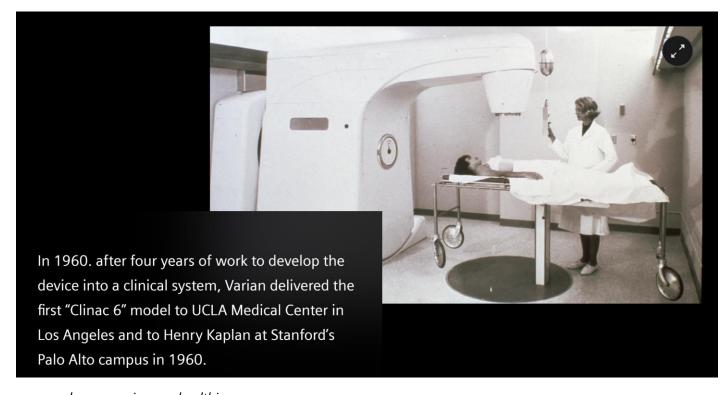
<u>https://www.siemens.com > history > medical-technology</u>

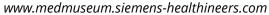


https://en.wikipedia.org/wiki/Betatron Photograph by Suzie Sheehy, CC BY-SA 4.0



Fist medical linacs







Modern Linear Accelerators

"C-Arm" Linac
Can operate in <u>electron</u> and <u>photon</u> mode
Energy: around 6-21 MeV

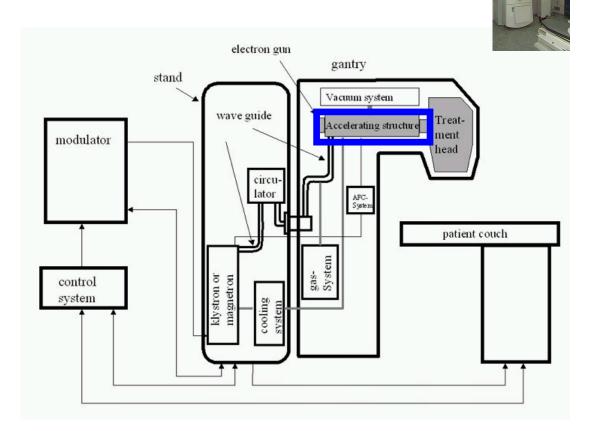




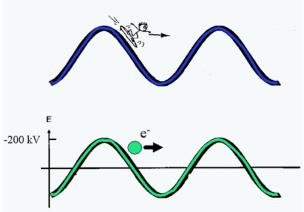




Modern Linear Accelerators



Electrons are accelerated by an electromagnetic wave



Medical photon Linacs usually operate in the S-Band

$$f = 3 GHz \leftrightarrow \lambda = 10 cm$$

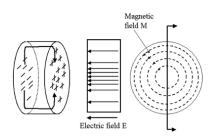


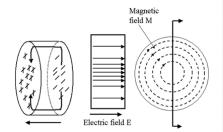
Acceleration tube

Electrons are accelerated in cavity resonators

Acceleration tube = connection of a lot of those cavities

In resonance, the charge distribution in the tube changes with the frequency of the RF wave

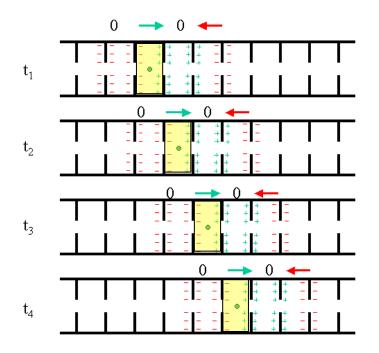


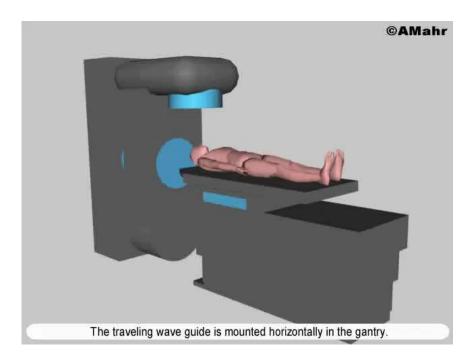






Travelling wave linear accelerator







Travelling wave linear accelerator

Electrons must always be in phase with the accelerating wave

→ Design of the tube needs to be adjusted to the speed of the electrons





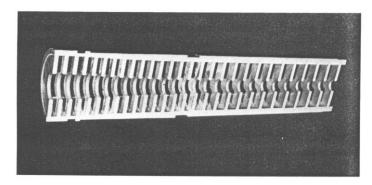
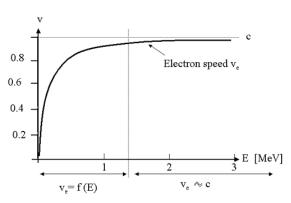


FIG. 2. Cutaway traveling wave accelerator structure; the buncher section is on the left and the uniform section is on the right.



Ekin		v/c	m/m _o
15	keV	0,24	1,03
100	keV	0,6	1,25
1	MeV	0,941	2,96
10	MeV	0,999	22,4
100	MeV	0,999987	196,7



Standing Wave Linac



Modern linacs for radiotherapy

Varian True Beam



Standing wave Linac, electron and photon mode, Different energies

Elekta VersaHD / Evo



Travelling wave Linac, electron and photon mode, Different energies

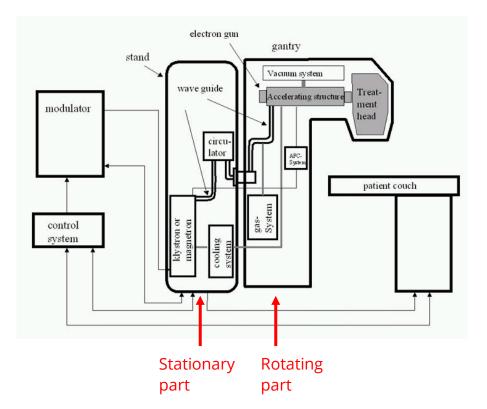


Modern linacs for radiotherapy

Varian True Beam



Standing wave Linac, electron and photon mode, Different energies



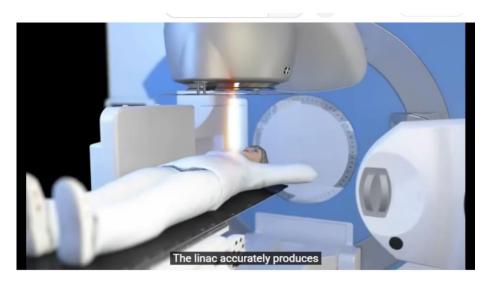


Modern linacs for radiotherapy

Elekta VersaHD / Evo



Travelling wave Linac, electron and photon mode, Different energies



https://www.youtube.com/watch?v=jSgnWfbEx1A



Modern linacs for photon radiotherapy

Accuray Cyberknife

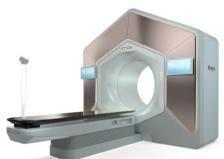
Accuray Radixact Tomotherapy

Varian Halcyon / ETHOS

MR-Linacs (Elekta / Viewray)







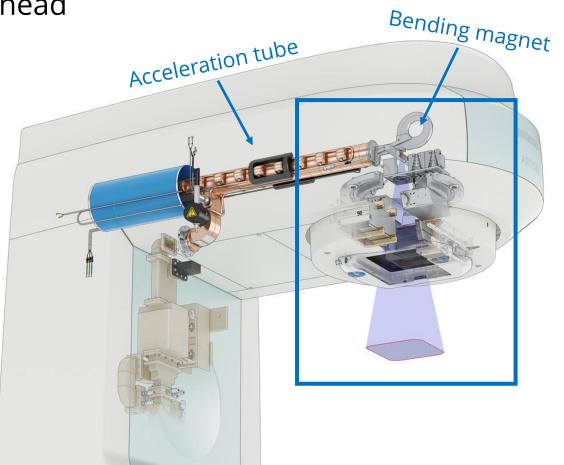




All have in common: Standing Wave Linac, 6 MV FFF beam only

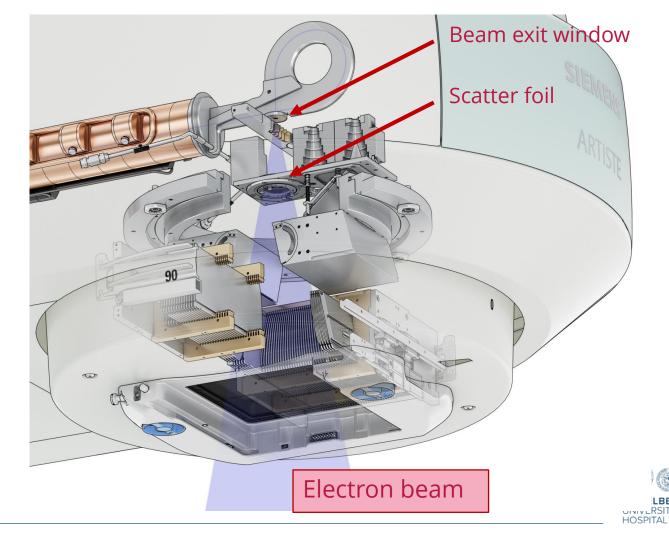


Treatment head

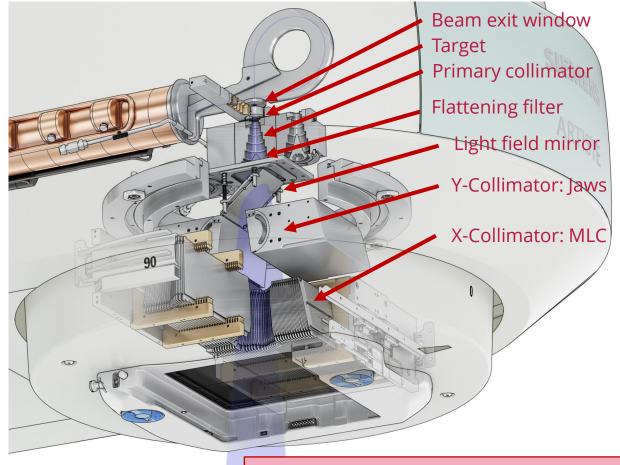




Treatment head



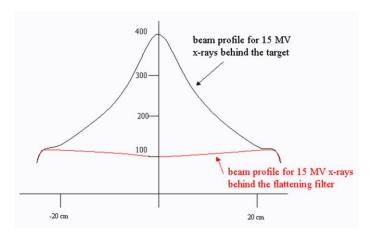
Treatment head



Individually collimated photon beam

Treatment head Electron beam Target Primary collimator Flattening filter Filter Free Secondary Collimators -(Jaws, MLC) Flattened beam

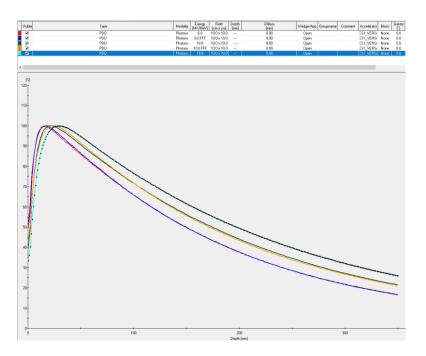
Unflattened beam

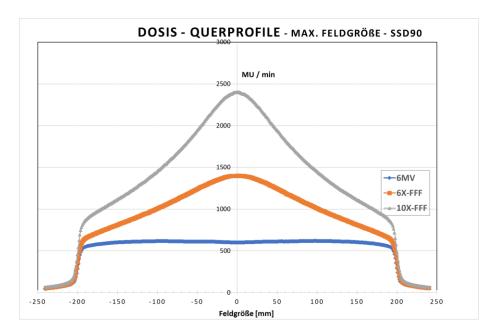




Flat and un-flat beams for different photon energies

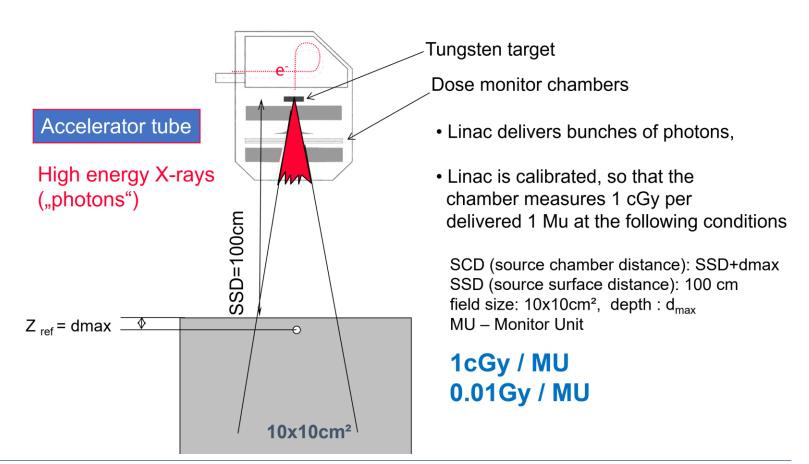
6X, 6XFFF, 10X, 10XFFF, 18X FG: 10x10cm² SSD:100cm





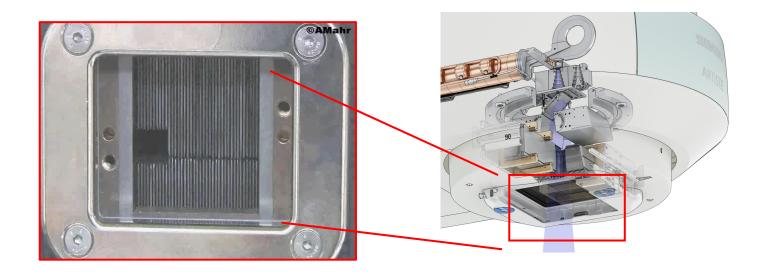


Linac dose calibration





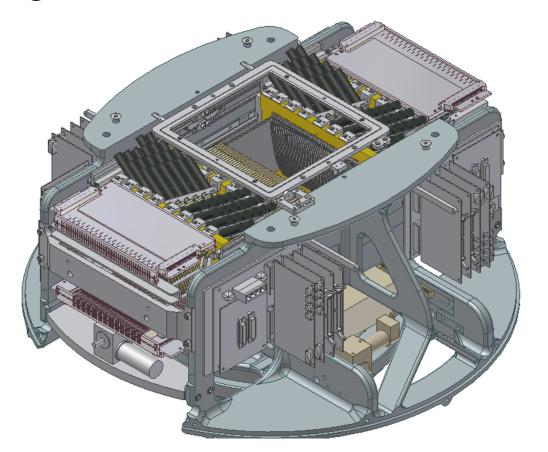
Beam shaping: Multi-Leaf Collimator (MLC)



Tungsten leaves, motorized, each individually positioned Height: high enough to attenuate the beam to < 0.5 %



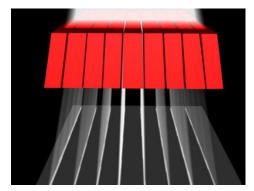
Beam shaping: Multi-Leaf Collimator (MLC)





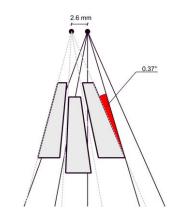
MLC transmission and leakage

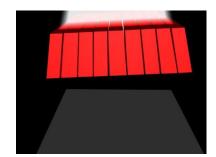
Dependent on the leaf design:



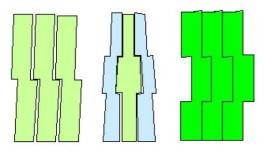
Here: single focus,
Leaf sides aligned with the source, in order to get sharp penumbra

Interleaf leakage





Leaf tilt can reduce interleaf leakae

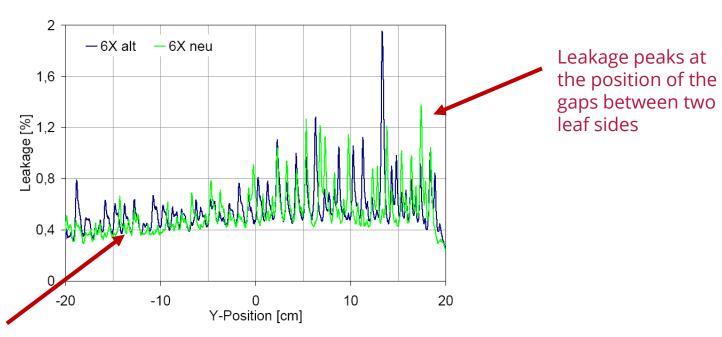


Alternative: Tongue-and-Groove Design



MLC transmission and leakage

Measurement in a water tank:

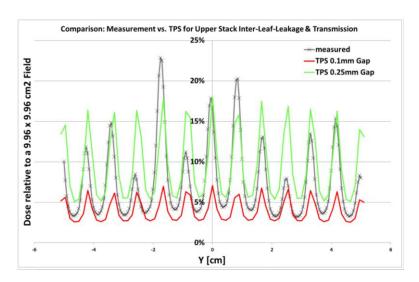


Underground: Transmission through the leaves



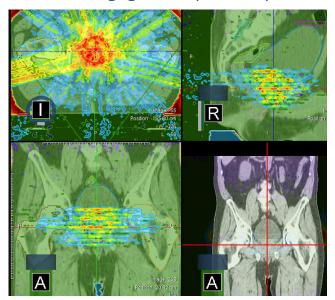
MLC leakage: not only a design question

Example: commissioning of our MR-Linac



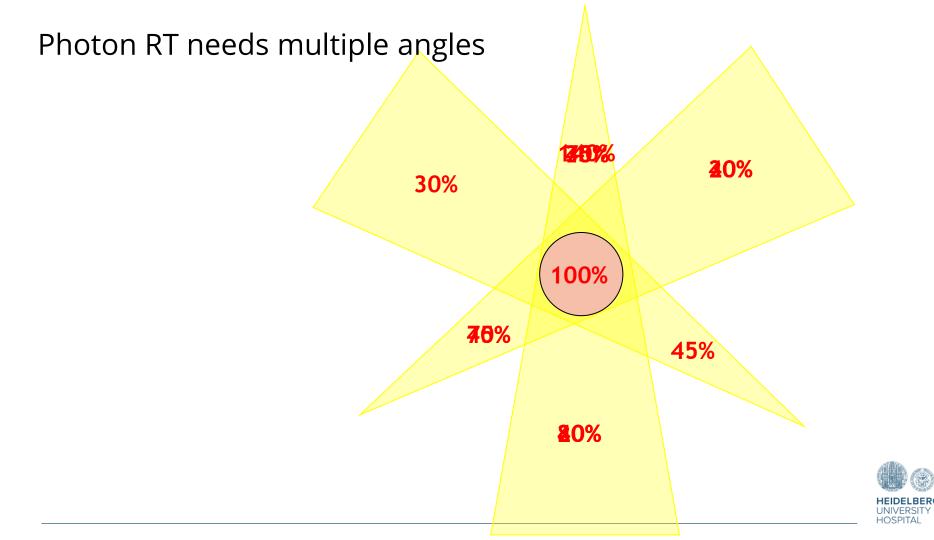
- → Gap width is a parameter of the Monte Carlo Simulation and can be adjusted
- → Gap Width of 0.25mm yielded best agreement, but vendor hat set 0.1mm

Has non-negligible impact on patient dose

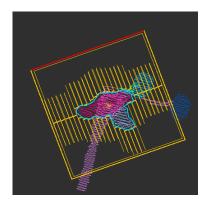


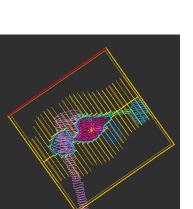
2% dose difference for a Prostate IMRT Plan

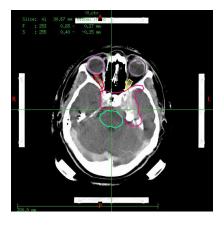


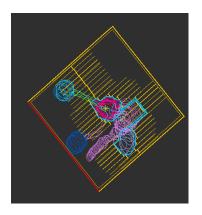


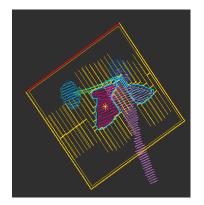
3D conformal radiation therapy





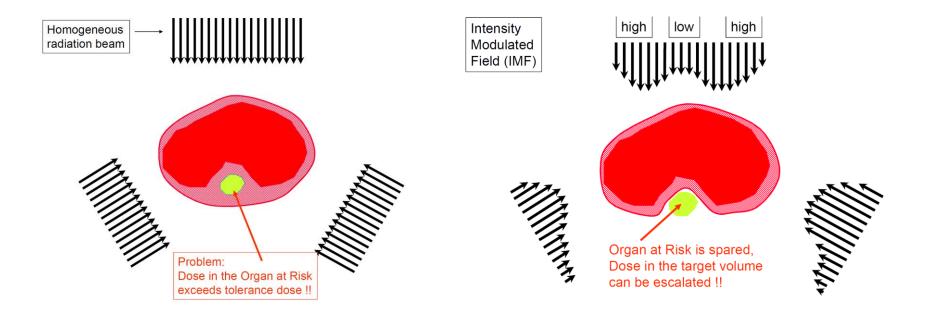








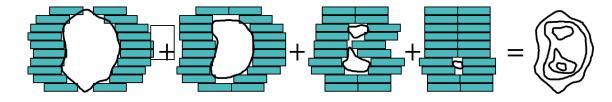
Intensity Modulated Radiation Therapy: IMRT





Leaf Sequencing for IMRT

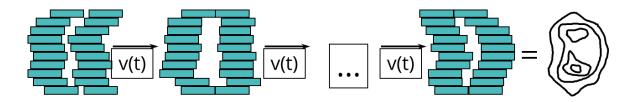
Static MLC



Number of discrete levels:

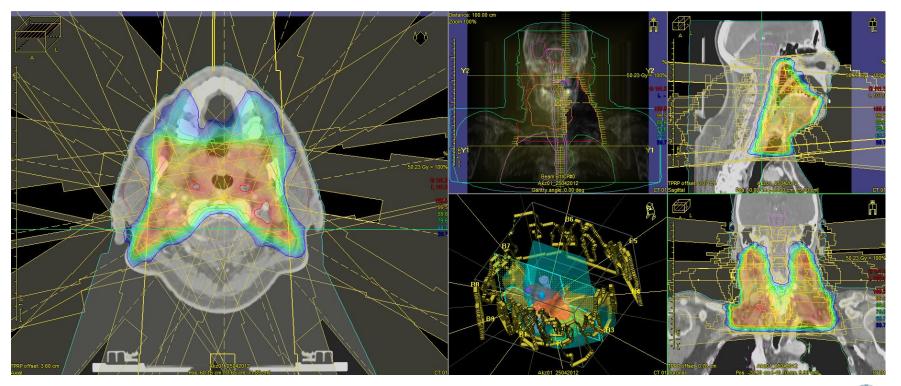


Dynamic MLC





Step and shoot IMRT

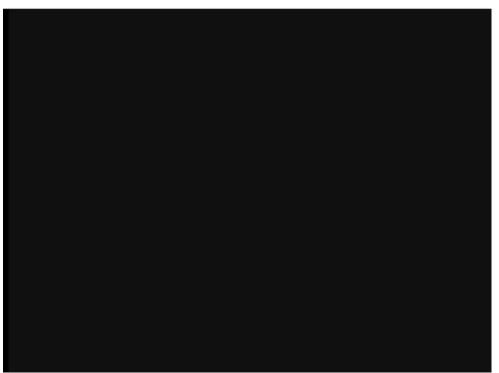


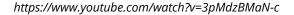


Volumetric Modulated Arc Therapy (VMAT)

Characteristics:

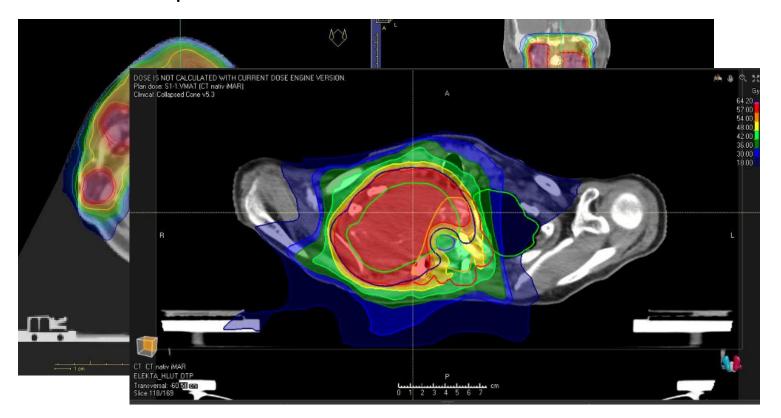
- Not as many degrees of freedom for modulation, but usually enough
- Low dose is spread around full arc
- In some cases, more than one arc is necessary





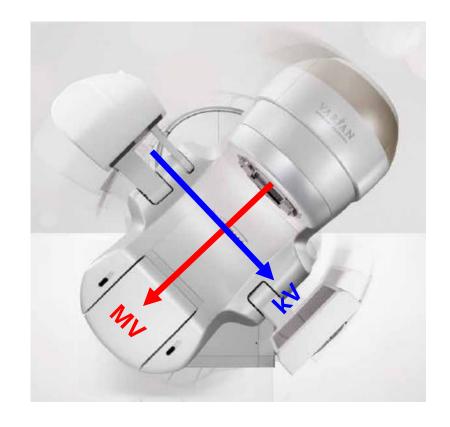


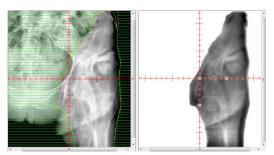
VMAT examples

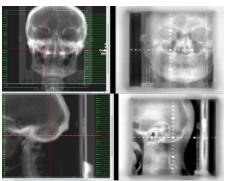




Integrated imaging



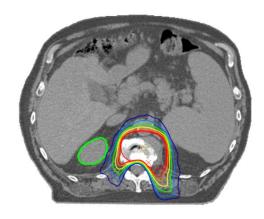




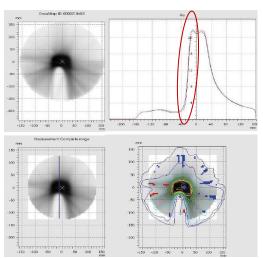
- 2D kV imaging
- 2D MV imaging
- 3D CBCT
- 4D CBCT

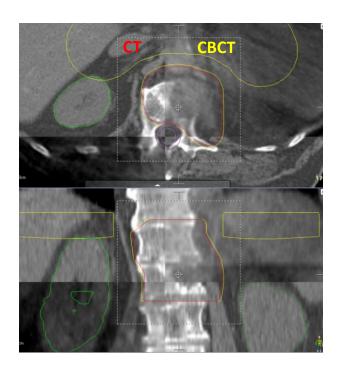


Clinical use of integrated imaging



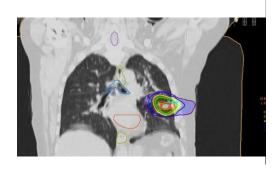


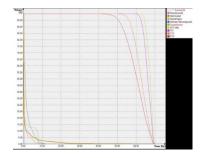






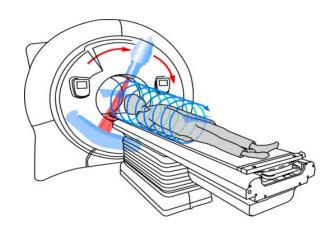
Clinical use of integrated imaging: 4D-CBCT







Tomotherapy





Rock Mackie with his first clinical prototype in 2000



Hi-Art II UHD: 2006



Tomo HDA UHD: 2011



Radixact UHD: Nov. 2025





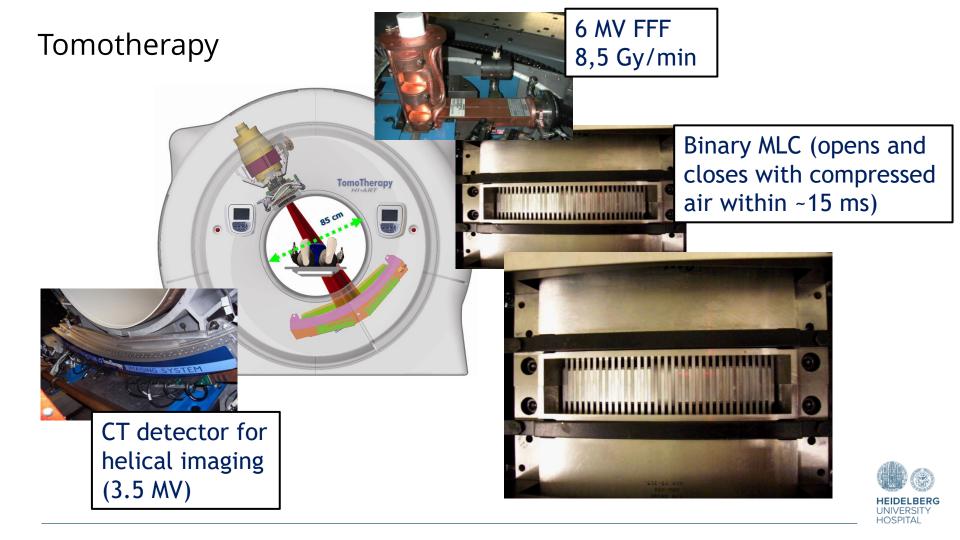


Binary MLC (opens and closes with compressed air within ~15 ms)

CT detector for helical imaging (3.5 MV)

TomoTherapy



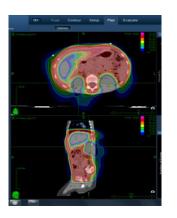


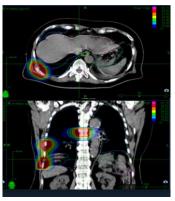
Advantages of tomotherapy

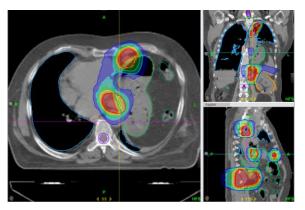
Very easy treatment of long volumes,

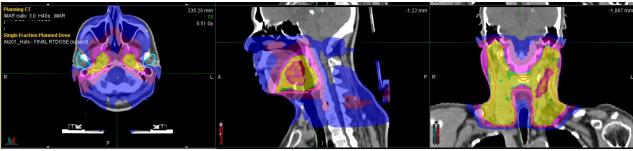
Very high modulation possible (complex cases)

"dose painting"

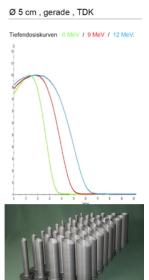


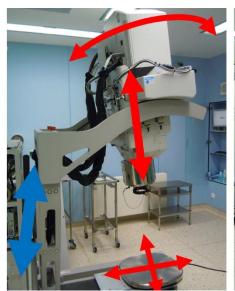






Mobile electron linac for intraoperative RT









The End

