



Menu

Who are we....



What did UHDR dosimetry do to us....

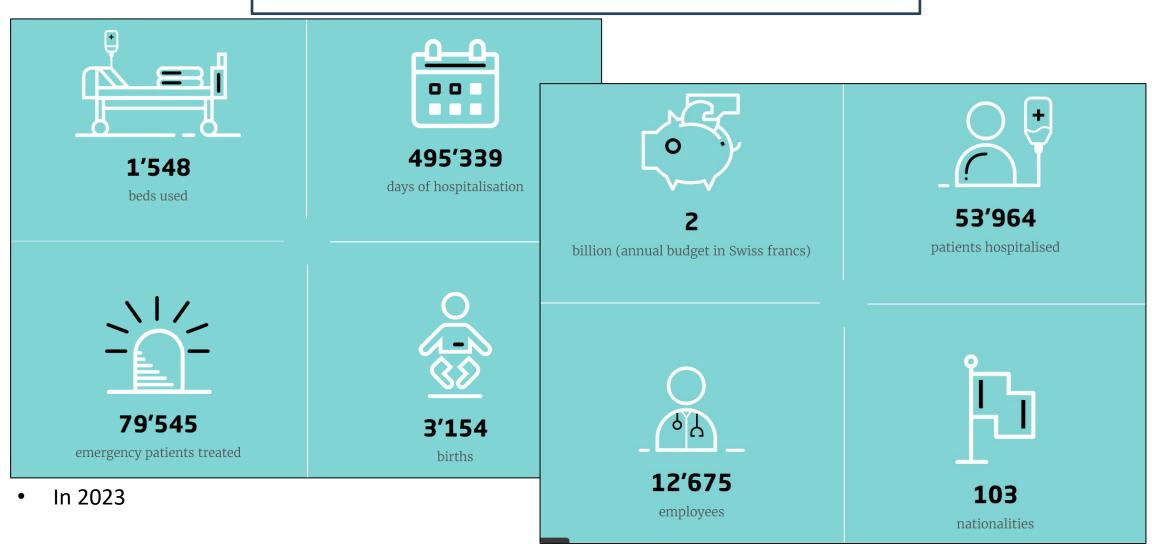
Where can we provide some input for this project....

What do you need that I forgot....



Lausanne University Hospital

in numbers





Institute of Radiation Physics (IRA)

in numbers



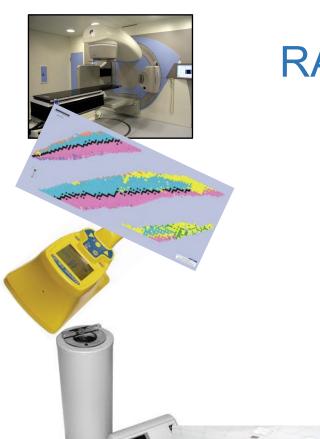
IRA: ~60 Collaborators

 Unluckily Nick Walter is not at IRA anymore, but he will remain involved from the sideline.

IRA provides expertise for CHUV and the galaxy in:

- Medical physics
- Radiation protection
- Radiochemistry
- Radiopharmacy
- Radiometrology





RADIOMETROLOGY $\leftarrow \rightarrow$ Gy, Sv, Bq

FLASH Radiotherapy



FLASH radiotherapy

What are we talking about?

in very short:

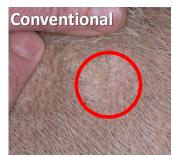
Irradiation at ultra high dose-rate (UHDR)

increases the differential response

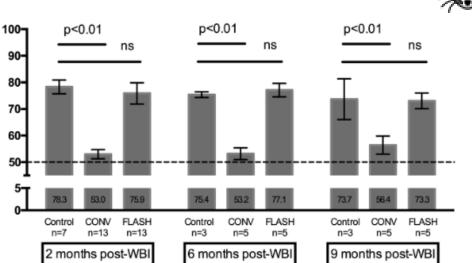
between normal and tumor tissue







Novel Object Recognition on 10Gy WBI mice





UHDR dosimetry - From point A to point B



Conventional radiotherapy

Well-crafted codes of practice for decades

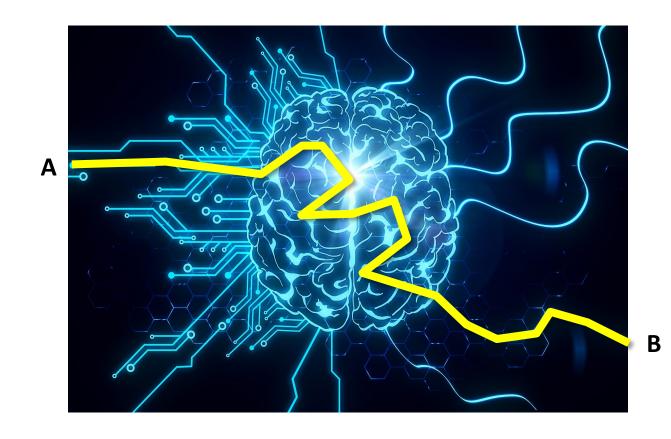
Based on well

standardized beam

qualities

and irradiation

geometries





FLASH radiotherapy

Ultra high dose rate (UHDR)

No code of practice

No standardized beam qualities



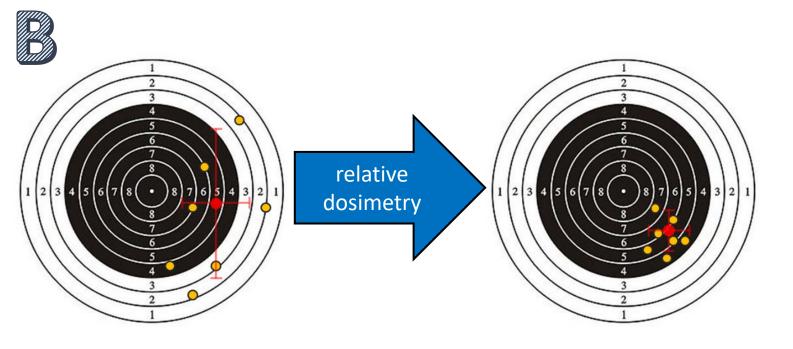


UHDR beam differs from reference beams

- Dose-rate
- Time structure (pulsed)
- Field size
- Energy spectrum
- Lateral beam profile
- \rightarrow instruments
- •



all that needs correction factors \rightarrow uncertainties!



No absolute dosimetry

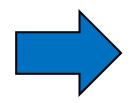
relative dosimetry+repeatability

→ diagnostic + reliable set-ups



Our strategy for accuracy

Take dosimeters with different detecting principles



Start with CONV beam parameters and extrapolate to FLASH

The dose rate dependency must be different



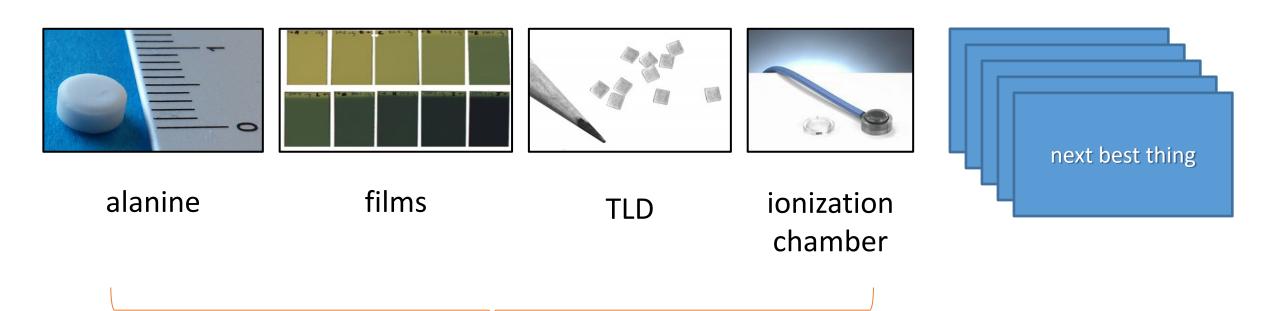
What we have to offer..... (somehow)

Detectors

Testing facilities

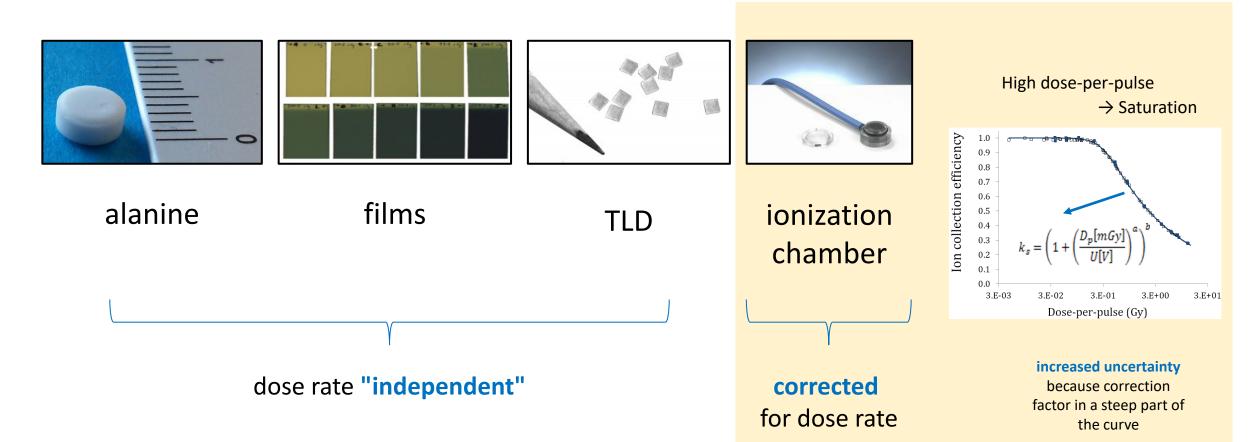


Established relative dosimetry for UHDR



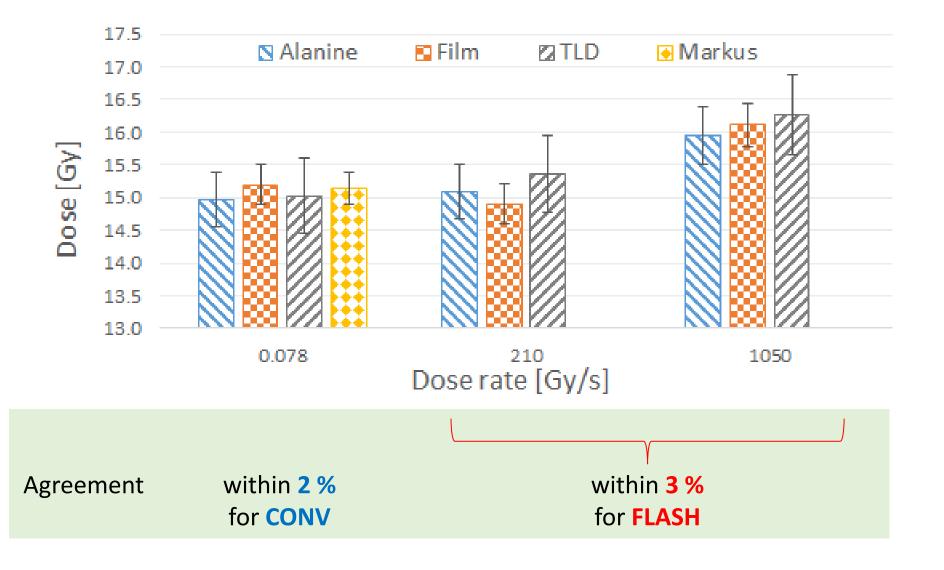
what we currently use in Lausanne

Established relative dosimetry for UHDR

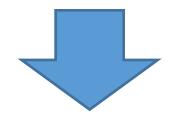




Work in progress.....



Redundancy of dosimetric measurements



≈ traceability
 (kind of)



Under investigation:

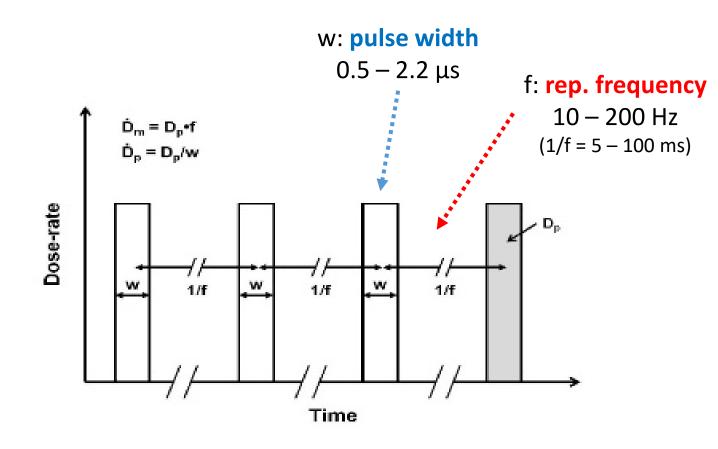
- Microdiamond chamber (PTW) is in the routine, but still stress-tested (1 year of stability, 1 year of redundant radiobiol dosimetry

 to be published)
- Plastic scintillator (MedScint)
- H*(10) detectors from ELSE (Nausicaa)
- Neutrons..... Tested LB6411, issues with pulsed beams, but hard to know!!!!
- Using various H*(10) and K in pulsed beams (fluoroscopy is pulsed as well)



eRT6 UHDR linac – beam characteristics



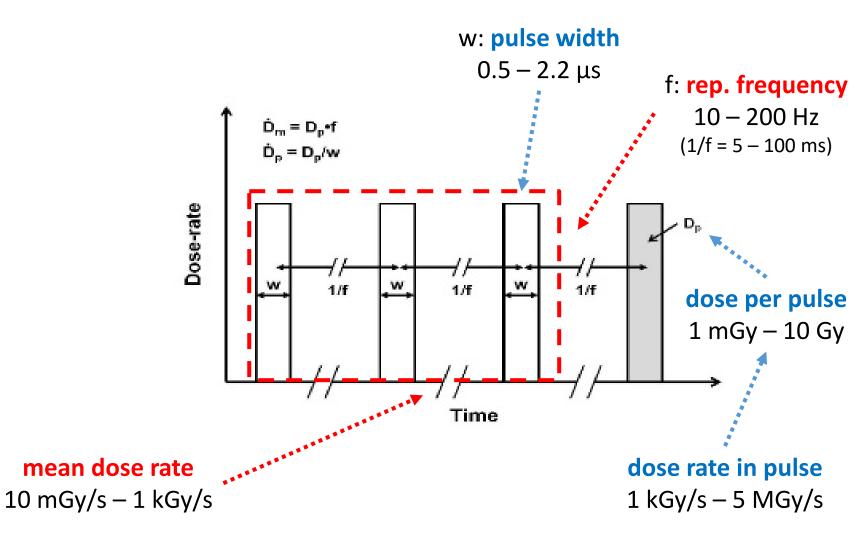


microseconds pulses in a millisecond cadence

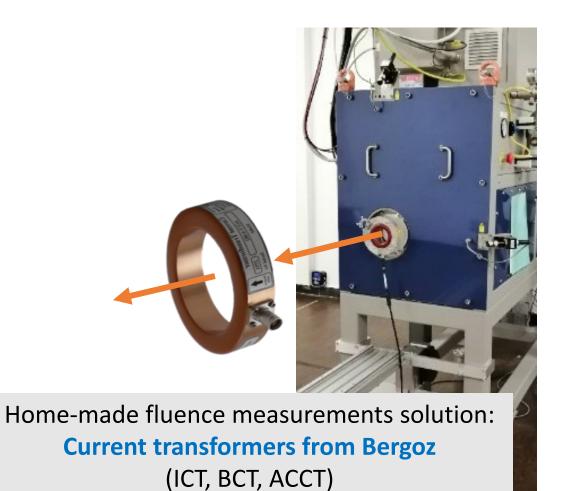


eRT6 UHDR linac – beam characteristics





Other measurements



• We are in charge of RP around all these facilities.....

Doserate meters + Monte Carlo

Others irradiators as well....





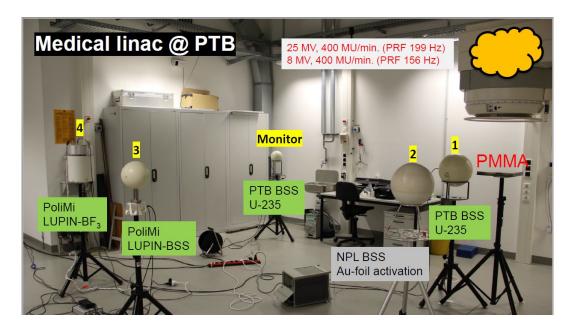


- 6-15 MeV, Beam similar to eRT6, a bit less flexibility,
- FK coming and going
- Others within a VHEE project



Others irradiators as well....

- Calibration lab (gamma, XR, electrons)
- Clinical linacs
 - 4-20 MeV
 - Photons, electrons
 - Large beam
 - Highly controlled
 - Neutrons..... (UHDpulse → ...)



• We have always mixed fields, electrons, bremsstrahlung, MeV photons, neutrons.



Neutrons at IRA

 Bonner Sphere Spectrometer maintained within the Nuclear Inspectorate agreement.

Doserate meters for RP (standard)

VHEE project will bring more neutrons in our life (!)

(We can provide radionuclides for energy calibration for example)



Acknowledgements

Thanks to my colleagues at IRA

And all my colleagues at CHUV and elsewhere Nick Walter

What do you need that I forgot....