Three Dimensional Dosimetry Analyses In Radionuclide Therapy Using IDL And MCNP-based Software Tools

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Stylized adult male Fisher-Snyder model showing (a) exterior view, and (b) the skeleton and internal organs.



Equation-based models of children and adults (Cristy/Eckerman, 1987)

Equation-based models of the pregnant woman (Stabin et al. 1995)





Sketches of the woman at various stages of gestation

Geometrical model for the 3 month pregnant woman

💐 Disintegrations Calculator null

6.38%

6.38

Activity(t)=A*exp(-at)+B*exp(-bt)+C*exp(-ct)

Liver Time (Hr) Obsvd %ID Model %ID Model/Obv Weight 8.30E-2 5.80E+0 9.91E-1 1.0 5.75E+0 7.50E-1 2.10E+0 1.15E+0 1.0 2.41E+0 1.50E+0 1.10E+0 9.11E-1 8.28E-1 1.0 1.0 1.0 1.0



Title :



File View

 OLINDA - Organ Level INternal Dose Assessment Code (copyright Vanderbilt University, 2003) NOTE: This code gives doses for stylized models of average individuals - results should be applied with caution to specific subjects. NOTE: Users should always carefully check input data (shown below) and critically review the reported results. Organ Doses (mSv/MBq), Nuclide: I-131 (8.02E00 day), Adult Male 								
Target Organ	Alpha	Beta	Photon	Total	EDE Cont.	ED Cont.		
Adrenals	0.00E000	3.15E-02	1.81E-01	2.13E-01	0.00E000	1.06E-03		
Brain	0.00E000	3.15E-02	2.43E-02	5.57E-02	0.00E000	2.79E-04		
Breasts	0.00E000	3.15E-02	5.83E-02	8.97E-02	1.35E-02	4.49E-03		
Gallbladder Wall	0.00E000	3.15E-02	2.84E-01	3.15E-01	0.00E000	0.00E000		
LLI Wall	0.00E000	5.86E-01	1.18E-01	7.03E-01	4.22E-02	8.44E-02		
Small Intestine	0.00E000	1.74E-01	1.18E-01	2.92E-01	0.00E000	1.46E-03		
Stomach Wall	0.00E000	3.15E-02	1.06E-01	1.37E-01	0.00E000	1.65E-02		
ULI Wall	0.00E000	3.49E-01	1.58E-01	5.07E-01	3.04E-02	2.53E-03		
Heart Wall	0.00E000	4.93E-01	2.15E-01	7.09E-01	4.25E-02	0.00E000		
Kidneys	0.00E000	2.08E-02	1.35E-01	1.55E-01	0.00E000	7.77E-04		
Liver	0.00E000	1.56E000	5.60E-01	2.12E000	1.27E-01	1.06E-01	-	
Modify Input Data Next Phantom		Previous Phantom						
See Source Organ Contributions Main Menu							Exit	

Reliable absorbed dose calculations in systemic radiation therapy are essential for assessing tumor response to absorbed doses, for evaluating normal tissue toxicity, and for treatment planning. Physicians treating cancer need to know the radiation absorbed dose to the tissues of interest.

> Darrell Fisher, 1995

Dosimetrists are parasites who hinder the progress of radioimmunotherapy. We should rather just look empirically which antibody has promising clinical results instead of wasting our time with useless dosimetric speculations.

Jeff Schlom, 1995



- Internal dose estimates:
 - Average organ dose (not dose distributions)
 - Doses to standard individuals
 - -Weak correlations of dose with effect
- Questions:
 - What models are good enough for use in therapy?
 - What models will produce clinically meaningful results?

- Patient-specific dose calculations are not always performed for nuclear medicine patients
 - "One dose fits all"
 - Patients have different tumor and normal organ uptake
 - Patients have different clearance half-times
 - Patients have different organ sizes and geometries

- This would be equivalent to using identical beam geometries and exposure times for all patients in external therapy!
- Optimization of therapy
 - Maximize dose to tumor
 - Minimize dose to normal tissues

- In thyroid cancer therapy, we are working with a very wide "therapeutic window"
- In many other cases (radiolabeled antibodies, bone agents against osseous metastases, etc.) the therapeutic window is more narrow, and principles of optimization are more important.

Use of MCNP 4B to Calculate Dose Distributions in a Voxel Based Phantom

- Current needs in radioimmunotherapy (RIT) are increasing the trend towards more patientspecific, as opposed to model-based, dosimetry.
- Accurate absorbed dose estimates for subjects are needed; an automated calculational system that performs in a reasonable time would be desirable.

New Phantoms for Dose Assessment

- We investigated whether dose distributions could be determined performing the radiation transport with the code MCNP-4B.
- Two applications for this technology are envisioned:
 - Dose distributions for therapy patients receiving radiopharmaceuticals (using specific voxel images of each patient), and
 - Calculation of dose conversion factors (DCFs) for a new generation of more realistic phantoms.



Tumor Response with Zevalin





Slide courtesy of Dr. Greg Wiseman, Mayo Clinic, Rochester, MN

Applications

- Existing codes:
 - 3D-ID (MSKCC)
 - RTDS (COHMS)
 - SIMIND (Univ of Lund)
 - RMDP (Royal Marsden Hospital, UK)
 - "Mr. Voxel" (St. George Hospital, Sydney, Australia)
 - Vanderbilt voxel images + MCNP radiation transport





FIG. B-7. Sketch of the gastrointestinal tract model.







Region identification and organ number assignment (coregistered images)





Dose distribution in the liver, uniform source distribution, 1.0 MeV photons. Dose units are (mGy/MBq.s). Regional dose distribution in the lesion region and surrounding tissues due to a hypothetical non-uniform activity distribution. Dose units are mGy/MBq.s.





3D representation of dose to a section of liver for a patient receiving In-111 Zevalin.

CPU Time Versus Number of Tallies (100,000 photon histories)

Number of Tallies CPU Time (*) **Relative Units** 1 1 1.11 27 4.63 125 1000 22.46

(*) DEC-ALPHA 3000

Individual target voxel tally errors Source Organ - Kidneys, Target Organ - Liver

Number of	MCNP	CPU time
Photon	Individual target voxel	(hours)
Histories	relative errors	
1,000,000	0.51	25
2,000,000	0.32	46
3,000,000	0.29	66

Dose Distribution Tallying individual voxels

- CPU time is strongly dependent on the number of tallies
- It is nearly impossible to tally each voxel cell in the phantom (4 million cells)
- The relative errors tend to be large in individual voxels because of poor statistics

Input Interface Software for Regional Dose Distribution in the Organ

- Each organ is divided in a certain number of regions, with each region consisting of a certain number of voxels (definable by the user).
- Average dose can be determined for each region instead of in individual voxels.
- Each organ may have different number of regions, so that some organs may have more detailed dose distribution than others.
- As a result, regional dose distributions can be determined within a reasonable time.

Histogram representation



Dr. G. Sgouros, Memorial Sloan-Kettering Cancer Center, 2001



New Phantoms for Dose Assessment

- We have also generated a fairly complete set of DCFs for the Zubal et al. (Yale) voxel phantom.
- We have calculated DCFs for whole organs as sources and targets using this technique, for the 12 standard discrete energy values employed by others (Snyder et al. 1975, Cristy and Eckerman 1987).

Selected Results - Source = Liver, Photons





Exterior view of the VIP-Man phantom showing internal organs.



Figure 1: Saggital, coronal, and transverse slice through the voxel-based phantom of Zubal et al.



Using NORMAN to define the effects of high frequency electromagnetic radiation (including microwaves)



Discussion - Phantom SAFs

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Conclusions

- MCNP can be used to determine photon and electron dose distributions in voxelized phantoms.
- With patient data, it may not be possible to determine the dose for each individual voxel in a reasonable CPU time in this application, however, organs can be divided into a number of regions containing different numbers of voxels, with the average dose in those regions obtained in a reasonable CPU time (24-48 hr).

Conclusions

- The present input interface program is written to read specific CT-scan data provided for this phantom, but will be modified to read more general data formats.
- Organ/region identification must be done in each case until an automated method is developed. Ultimately, the goal is to develop an automated code for distribution.
- The use of more realistic phantoms for standardized dosimetry should replace the older, stylized models, as new voxel phantoms are added to the existing library.