



Progress Report from
the HDR
Brachytherapy Working
Party



Margaret Bidmead

- HDR Ir-192 calibration service provided by NPL since May 2004
- Primary standard irradiated with a Nucletron "classic" HDR IR-192 source
- Farmer thimble chambers and associated jigs
- Well chambers





- Working Party set up with representation from NPL/RT SIG/IPEM/BIR
- To provide a consistent implementation method to radiotherapy departments using a
- Code of Practice



- Edwin AIRD (Mount Vernon)
- Margaret BIDMEAD (Royal Marsden) Chair
- Chris LEE (Clatterbridge)
- Steve LOCKS (Newcastle General)
- Rebecca NUTBROWN (NPL)
- Thorsten SANDER (NPL)

- (Tony FLYNN (Cookridge))

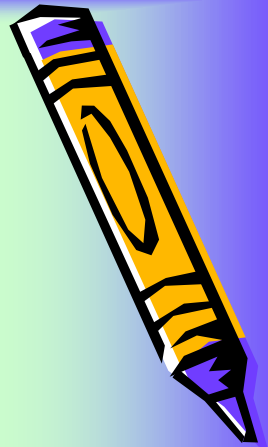
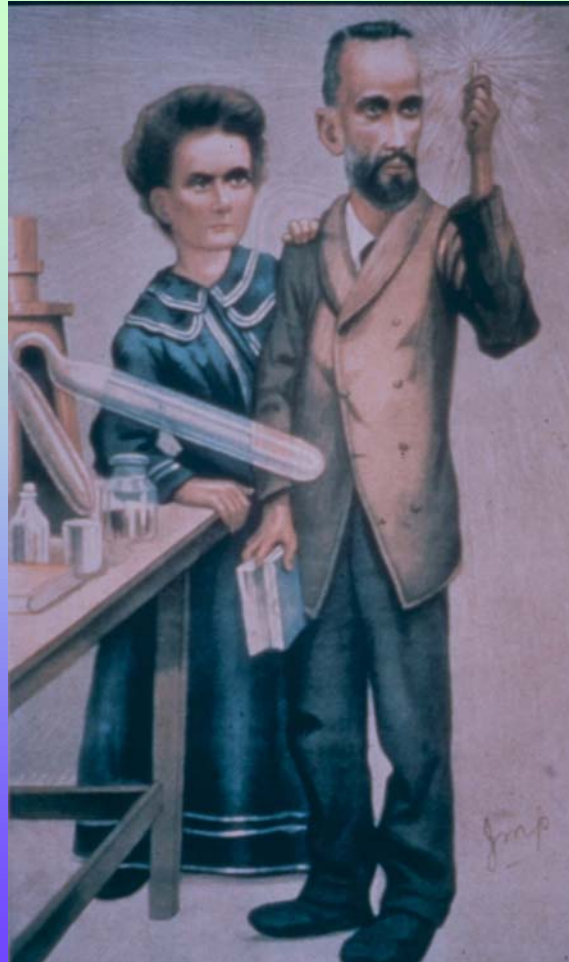


REMIT

- Produce a Code of Practice for the dosimetry of an HDR Ir-192 source using an Ir-192 NPL-calibrated ionisation chamber
- Ensure the NPL standard can be disseminated in a consistent way to UK RT departments
- Consideration given to instrumentation and geometry to be used



How do we do it now?

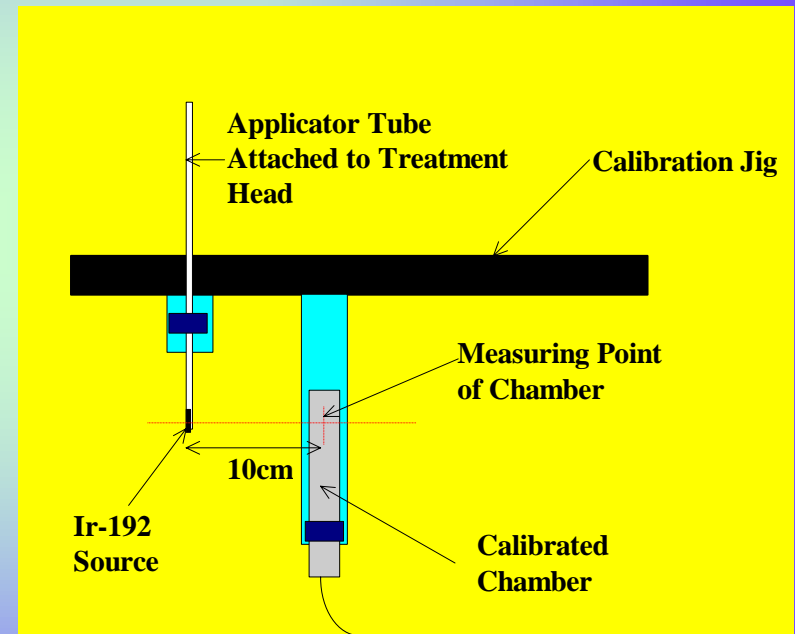
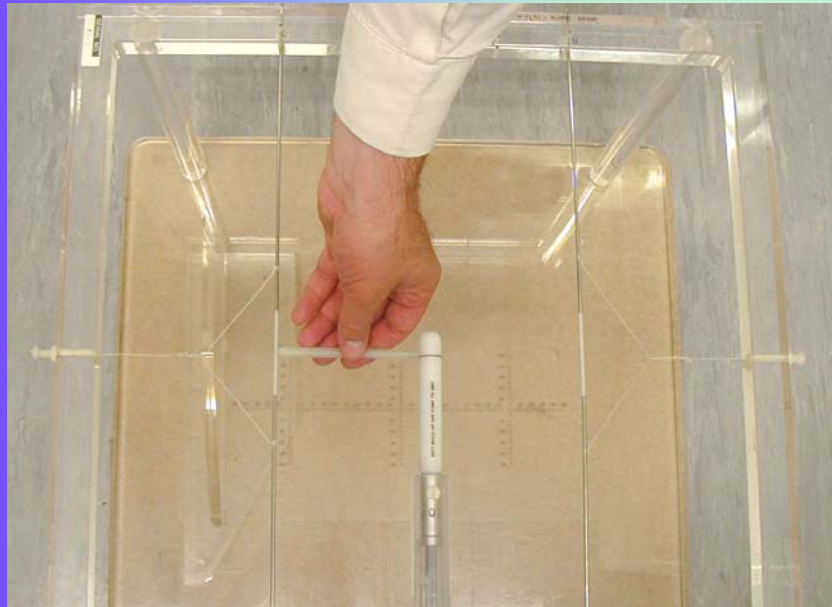
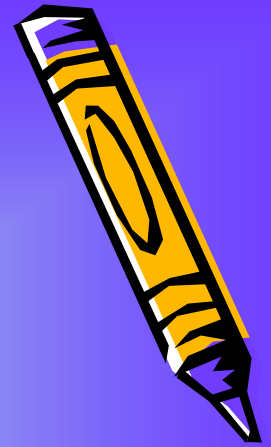


Background

- Original/current recommendations published in a joint BIR/IPSM report in Dec 1992
- Used to enable the measurement of RAKR of an HDR Ir-192 source
- RAKR traceable to NPL via the heavily filtered 280kV x-ray quality factor
- Measurements carried out using a 0.6cc Farmer type chamber in a relatively scatter free jig
- BU cap used to exclude Auger electrons produced in source



- 3-4 readings 5 minutes each with source in 2 catheters either side of the chamber



- Check for correct source positioning prior to measurement

Primary calibration (Method A):

RAKR initially calculated from the following

$$\text{RAKR (cGyh}^{-1}\text{)} = \text{Rdg} \times F_c \times F_{ic} \times F_{tp} \times F_s \times F_g \times F_e \times F_{is} \times 3600/t$$

- Allow at least 20mins for temperature equilibration

2nd check (Method B)

Calculate a time to deliver a dose of 0.3Gy using measured RAKR

Time set in treatment console

Different experienced physicist and different equipment



2. Calculation Of Equivalent Activity

$$A_e = \frac{RAKR}{\Gamma}$$

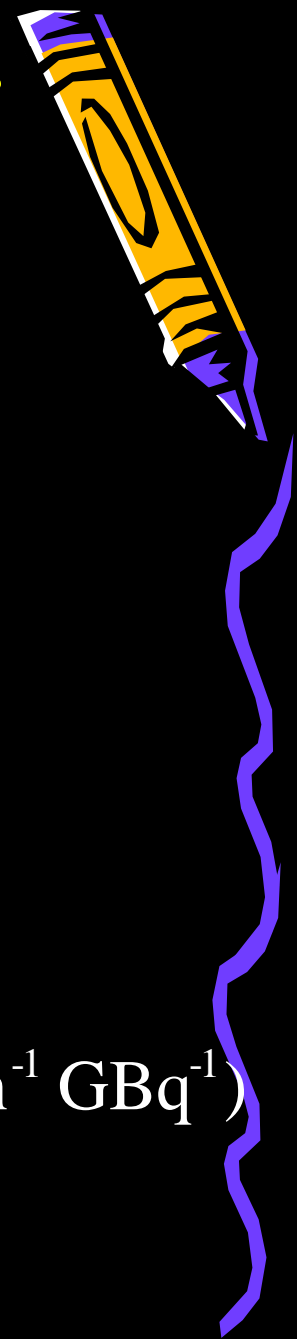
where: -

A_e is the equivalent activity (GBq)

RAKR is the reference air kerma rate (Gy h^{-1} @ 1m)

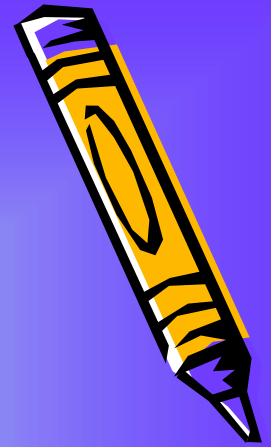
Γ is the specific air kerma rate constant ($110 \mu\text{Gy m}^2 \text{h}^{-1} \text{GBq}^{-1}$)

(equivalent exposure rate constant $0.466 \text{ R m}^2 \text{h}^{-1} \text{Ci}^{-1}$)



Problems/Dislikes with existing system

- Time consuming measurement method
- Introduction of uncertainties
- Calculation of activity is prone to error



Problems/Dislikes with existing system

- 2° std calibration factor not specific to radiation source
- Chamber dose gradient effect
- Auger electron exclusion method



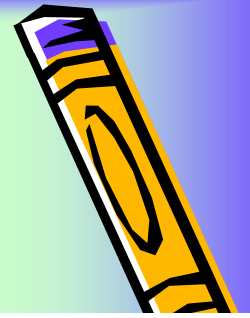


TABLE XVII. TYPE AND FREQUENCY FOR ACCIDENTS REPORTED IN BRACHYTHERAPY TREATMENTS

Accident caused by	Number of cases
Dose calculation error	6
Error in quantities and units	2
<u>Incorrect source strength</u>	7
Equipment failure	4
Other	13
Total	32



Survey results from NPL/Working party

Compiled by Steve Locks



Number and type of treatment unit:

Hospitals with HDR in UK and Ireland 30

Nucletron Classic 14

Nucletron V2 11

Gammamed plus 2

Varisource 2

Beibig ?

Flexitron /Isodose control 1

Several Nucletron V3's around now



Brachytherapy equipment used in the UK 2004

Site	Number of Centres	HDR	Remote afterloading LDR	Iridium m	Iodine Seeds
Gynaecological	40	19	25	3	
Bronchus	10	10			
Head and Neck	10	2	1	7	
Prostate	16	2			15
Breast	5	3		2	



Calibration equipment (details from 20 centres):

Number of centres with Well chambers	10
Standard Imaging 1000+	5
Nucletron SDS	3
PTW Freiburg 077091	1
PTW 33004	1

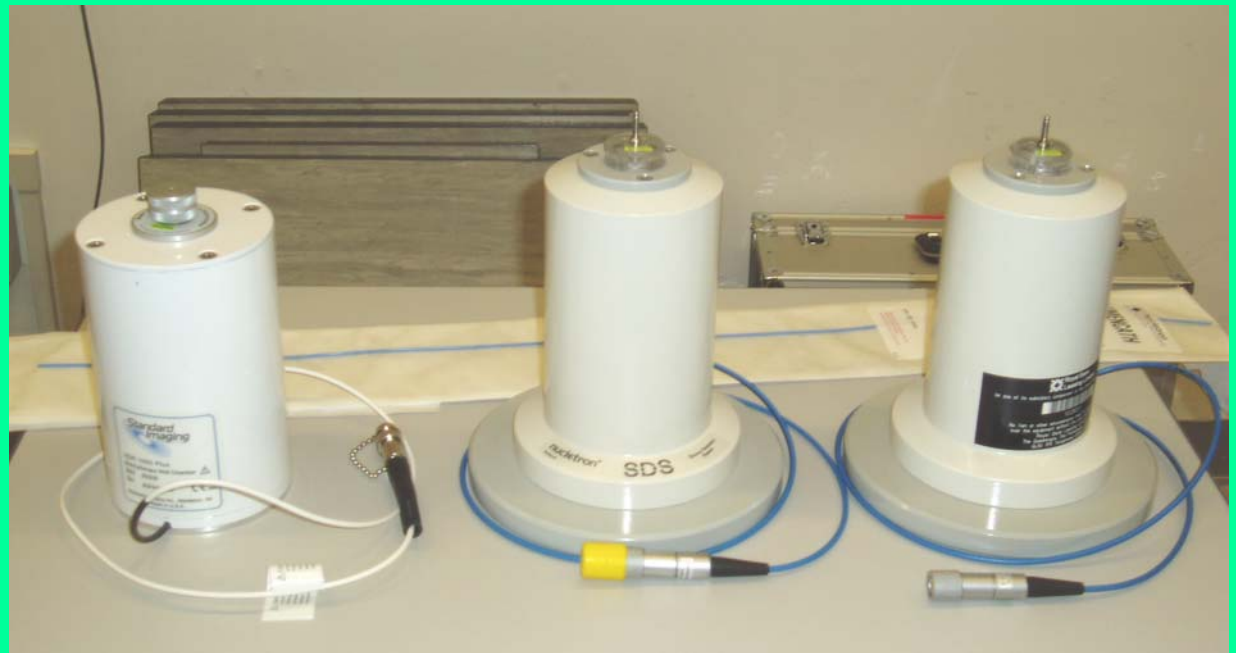
Other chamber possibilities:

PTW Sourcecheck

IVB1000



**Types of Well
Chamber:
Standard Imaging
HDR 1000+,
Nucletron, PTW**



Calibration equipment contd..

Jigs for Farmer measurement:

Nucletron jig 12

In House jig 5

Gammamed original 1

Varian in-air jig 1

Varian track stand 1

} Same?



All centres use Farmer as 1° calibration


Some use well chamber for stability checks



Calibrations at NPL


Farmer Chamber

- More time consuming
 ➔ More expensive!
- Jigs to be transported
- More correction factors required, more error possibility
- Low ionisation current
- Greater positional uncertainty



•Uncertainties 1.8%

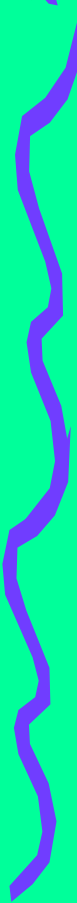
Well Chamber

- 
- Quicker and simpler
 - Easy to transport
 - High ionisation current
 - However most centres only have one



•Uncertainties 1.3%

Recommend Well Chamber calibration



Issues with well chambers



- Effect of source type used for standard calibration
- Method of constancy check
- Saturation effects of well chambers at high currents
- Sweet spot of chamber
- Second, independent check of source calibration

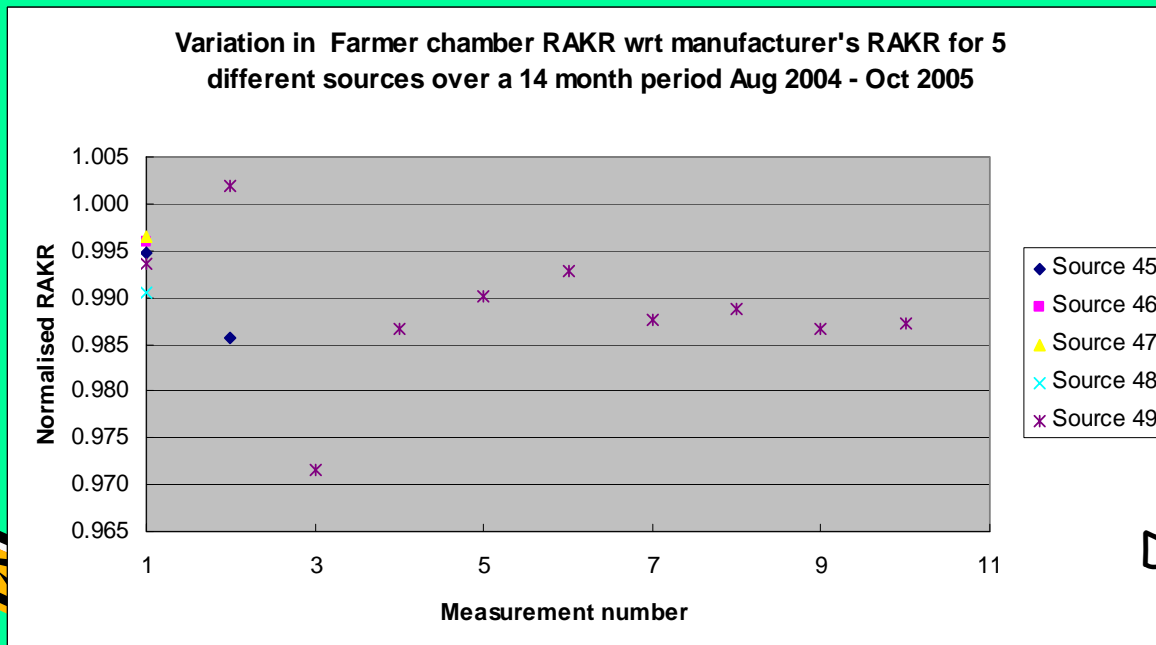
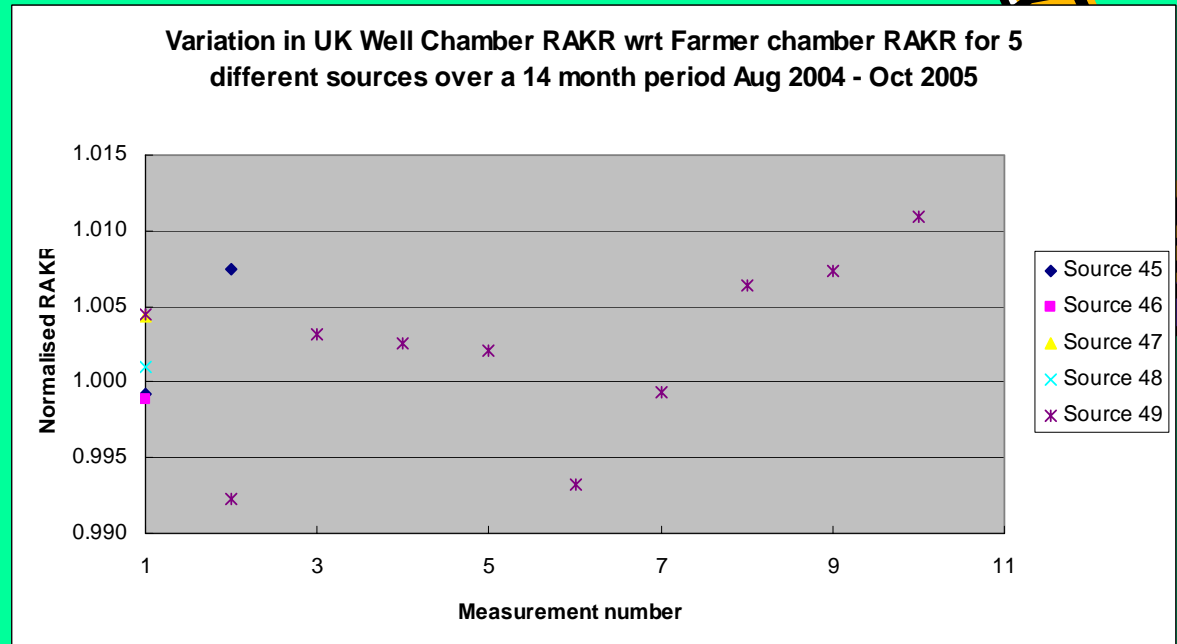


Stability measurements

- Measured 5 sources
- Calibration using new factor as well as existing Farmer method
- Measurement corrected back to a reference date and time
- Repeatability measurements carried out on some sources
- Comparisons made between RAKRs

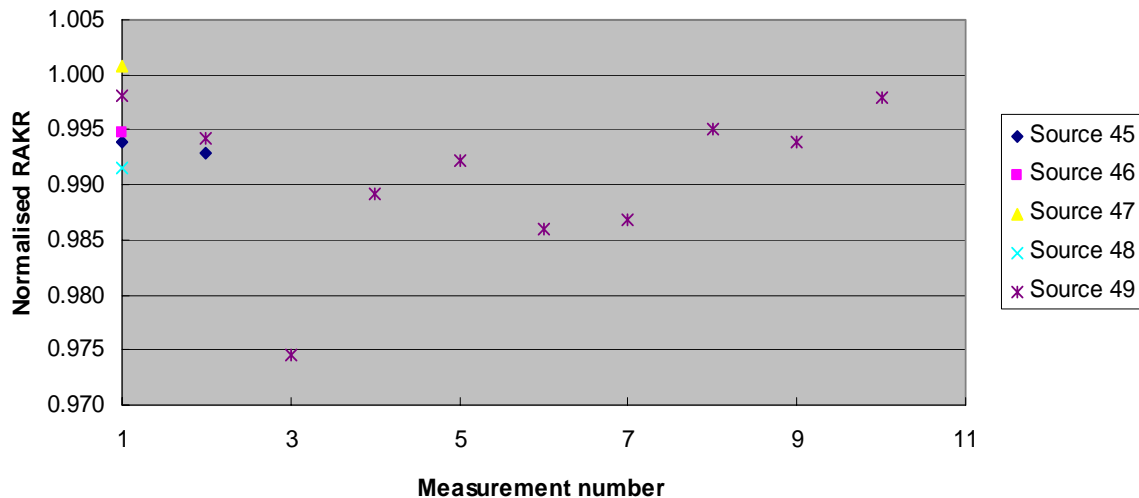


RAKR Stability analysis

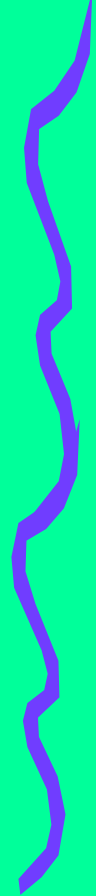
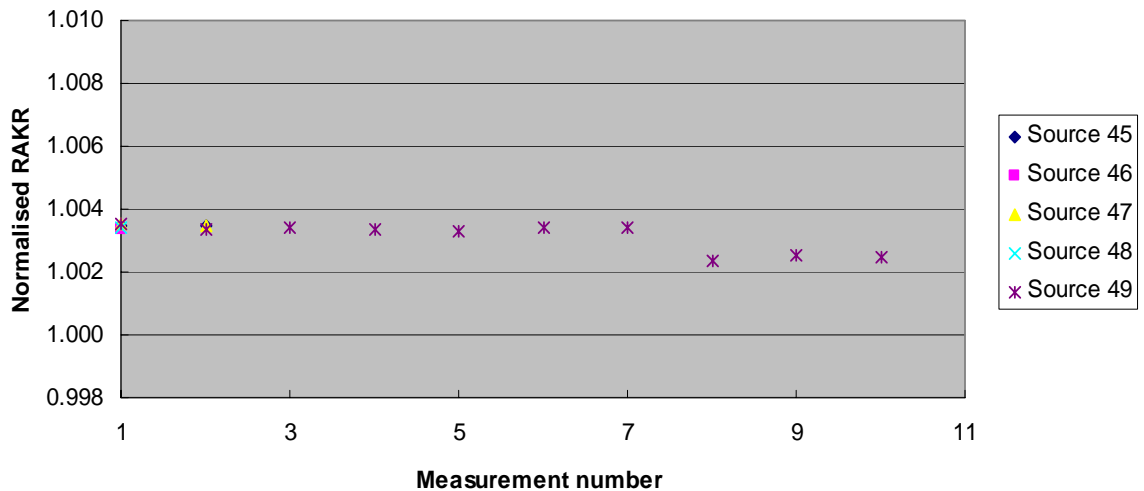


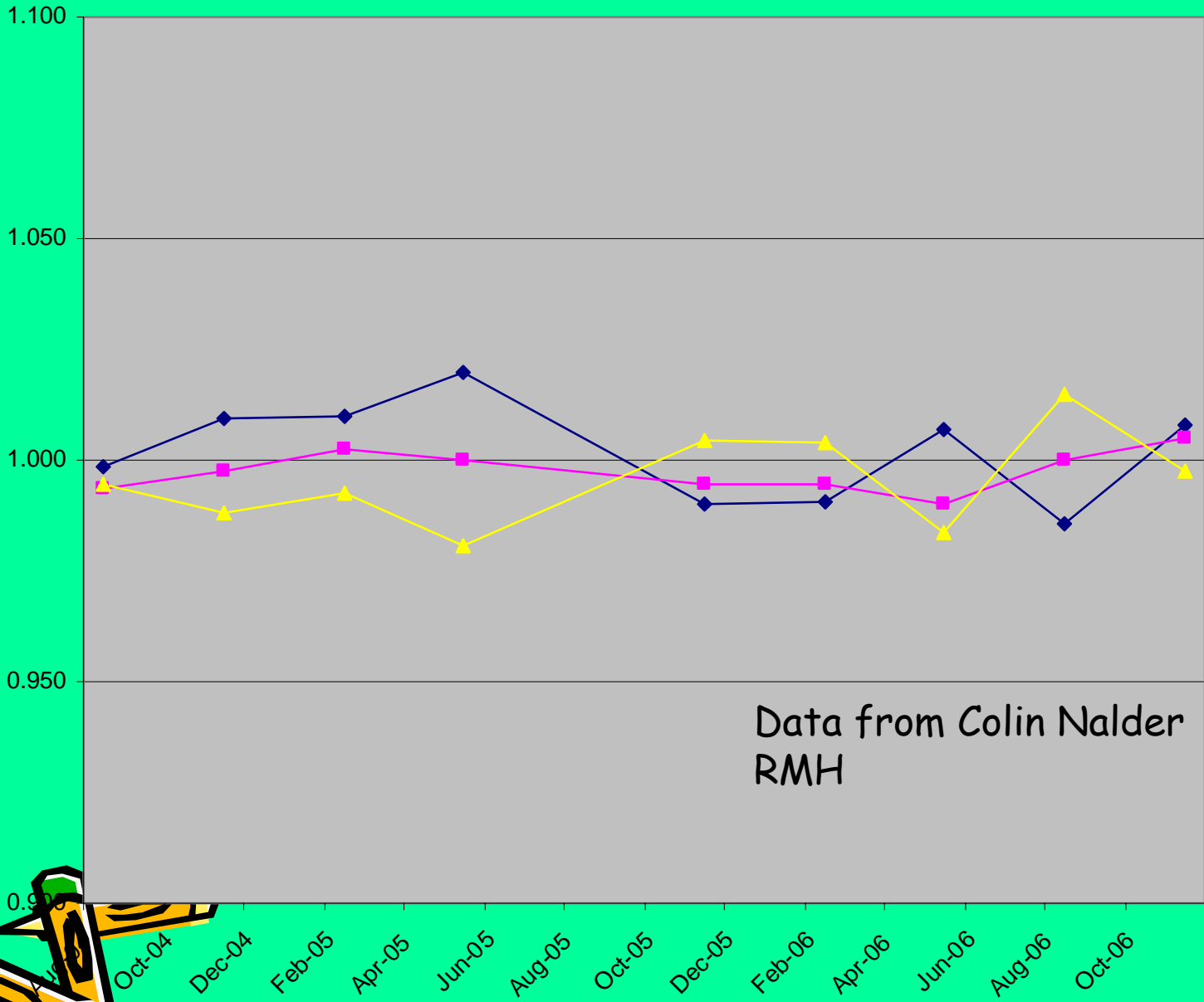
Data collected by Chris Lee

Variation in UK Well Chamber RAKR wrt manufacturer's RAKR for 5 different sources over a 14 month period Aug 2004 - Oct 2005



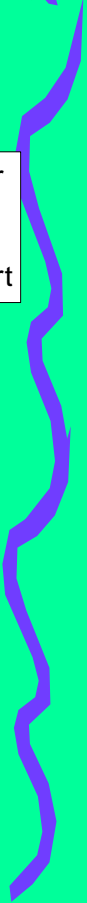
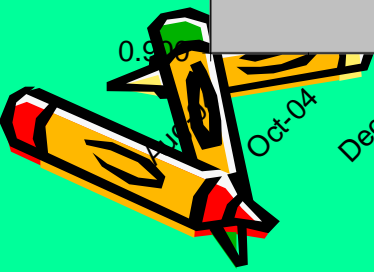
Variation in US Well Chamber RAKR wrt UK Well Chamber RAKR for 5 different sources over a 14 month period Aug 2004 - Oct 2005





Data from Colin Nalder
RMH

- WC/Farmer
- WC/Cert
- Farmer/Cert



Work in progress

Correction factor for different source construction

Simpler to do for a Farmer calibration than well chamber

Use MC simulation for both source types

Calculate, from MC, calibration coefficients for NPL source and hospital source:

$$N_{K,2(Farmer)} , N_{K,1(Farmer)}$$

Correction to NPL calibration coefficient will be ratio:

$$N_{K,1(Farmer)} \cdot \frac{N_{K,2(Farmer)}}{N_{K,1(Farmer)}}$$



Correction factors contd...

Could use similar MC simulation for well chambers

BUT

Need accurate information from manufacturers perhaps at first look at the Classic and the most different source:

Rebecca Nutbrown working on this



Correction factors contd...

Alternatively carry out a series of measurements at hospitals to determine the well chamber correction factor for the different source i.e

- Obtain RAKR for the different source using Farmer set up and method described on previous slide
- use RAKR to calculate a correction factor to correct the NPL well chamber calibration coefficient


$$I_{2, \text{Farmer}} \cdot N_{K, 2(\text{Farmer})} = \text{RAKR}_2$$


$$\text{correction} = \frac{\text{RAKR}_2}{I_{2, \text{well}} \cdot N_{K, 1(\text{well})}} = \frac{N_{K, 2(\text{well})}}{N_{K, 1(\text{well})}}$$



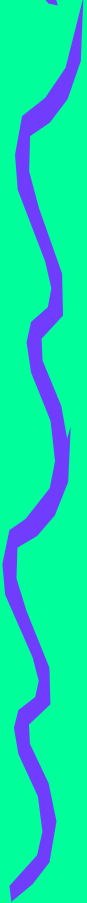
Different sources

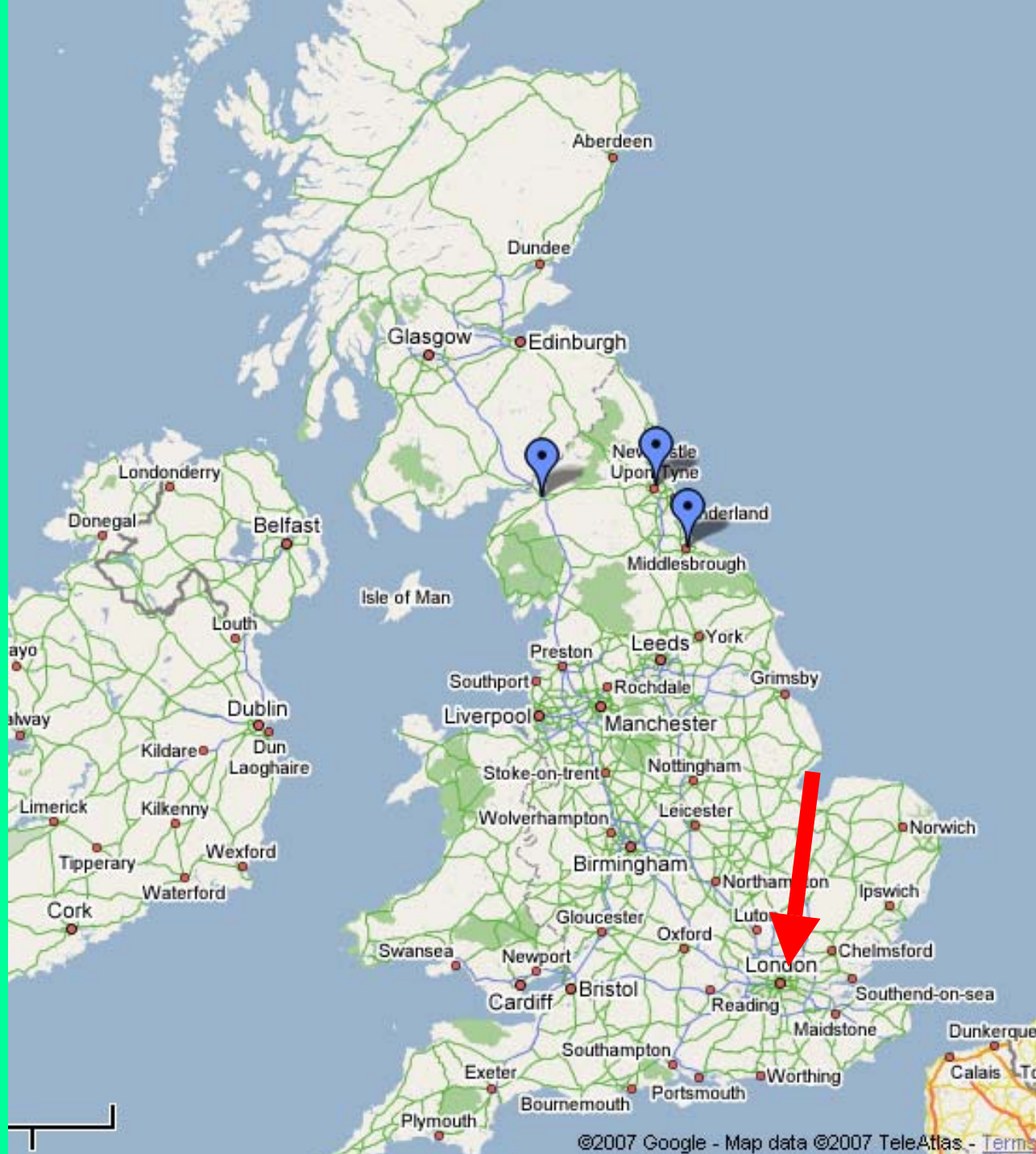
- Steve Locks and Thorsten Sander to tour the North East!

Newcastle: Nucletron V2

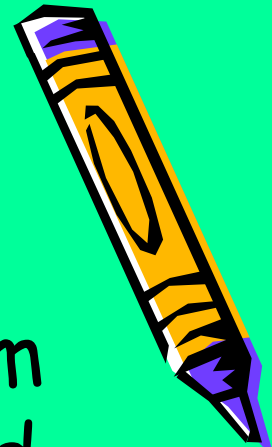
Middlesbrough: Varisource 2000

Carlisle: Gammamed 12i



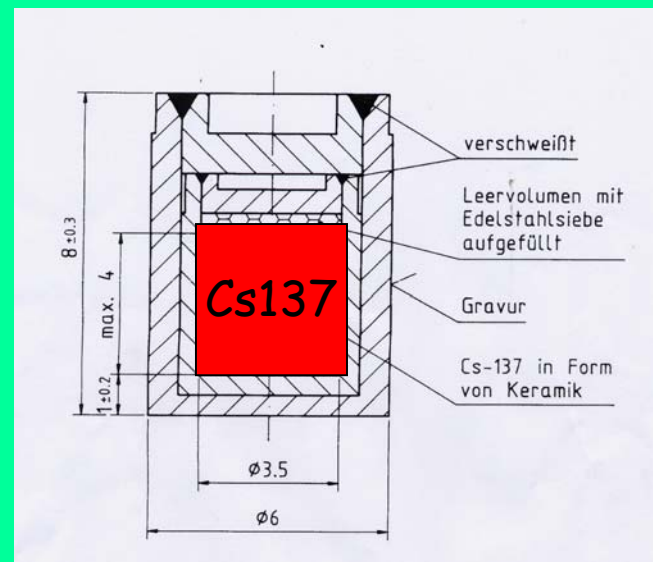


Constancy checks of well-chambers



- Cs 137 source, available but custom made jig for well chamber required.
- Investigations ongoing at RMH and CCO
- Activity and associated current to be selected

HTSL



Currents from HDR sources



The BS EN 60731:1997 standard sets a "maximum input current" for a secondary standard dosimeter at 5 nanoamp

currents of 10-30nA per Ci therefore possibly 500nA from a very hot HDR source

Electrometer manufacturer: PTW allow currents upto 1 micro-amp





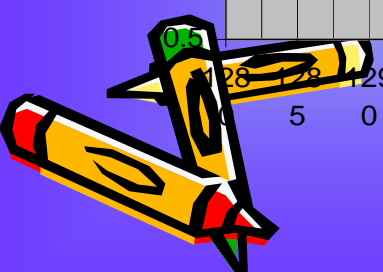
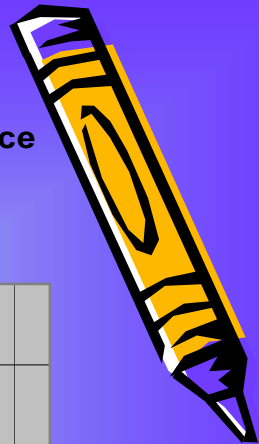
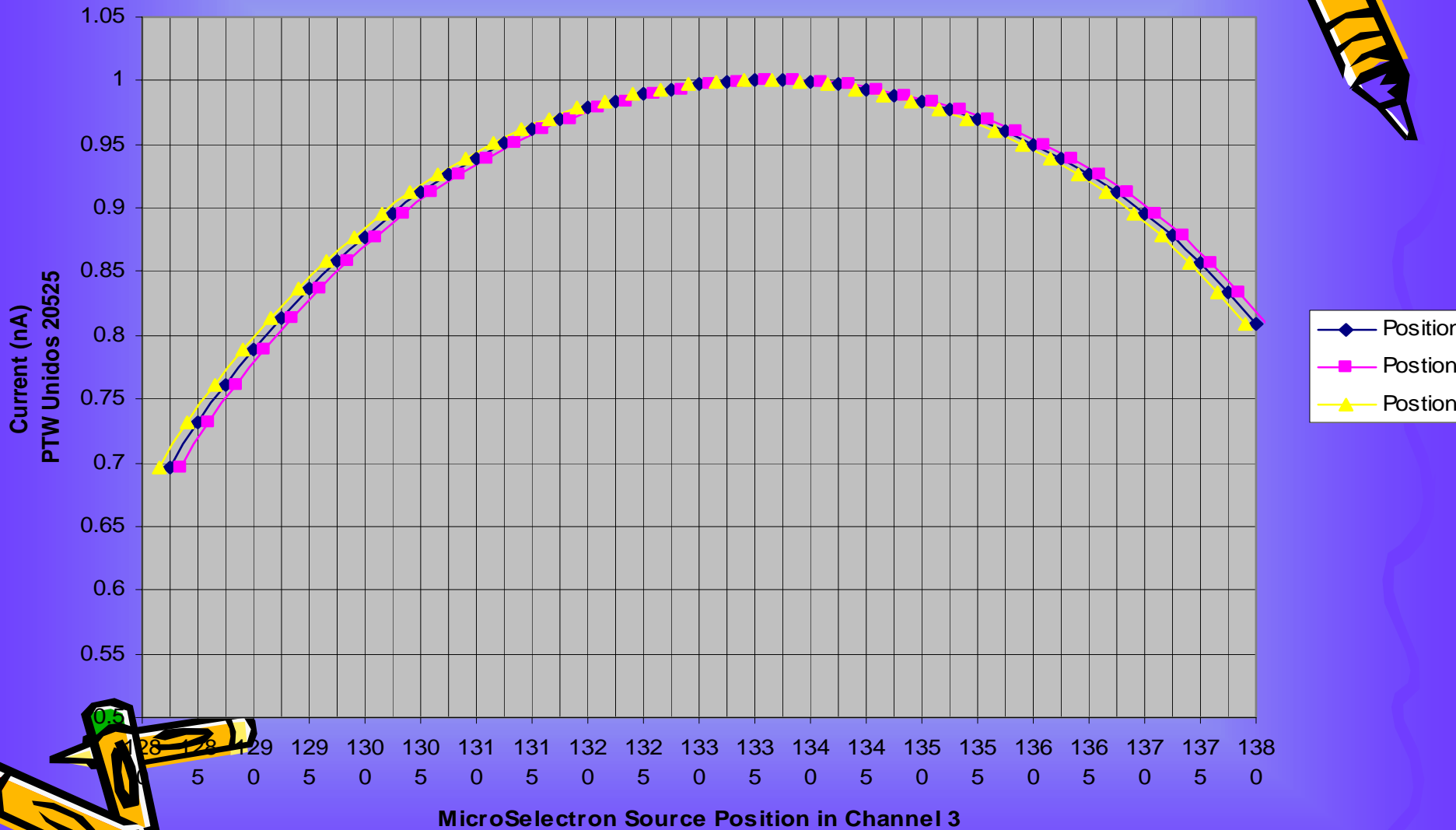
Sweet Spot of chamber



- Each centre must find its own sweet spot for a particular transfer tube
- NPL will also test for sweet spot location
- "Peak" is broad (15-20mm) so any positional error ($\pm 1\text{mm}$) in source is OK



Positional Response of Nucletron SDS Well Chamber 25039 with HDR V2 Source
Source Number D36B 1458 7/2/2007



Ion Recombination



- Recommend Attix two voltage method for determination of recombination factor within the COP for users to determine their own factor, using the two-voltage method

F H Attix, AAPM radiotherapy dosimetry protocol, Med. Phys. 11, 714 (1984)).



Second "independent" check



- Is the AKR from the source certificate a second check?
- Yes in Austria, the Netherlands and Norway! (unless the measurement is >5% different from the certificate)



- Recommended monthly calibration check
- 3 yearly calibration at NPL of chamber and electrometer
- Final code of practice to be published in PMB by end 2008

Is it worth it????



New areas of Brachytherapy 2004 (RCR report):

25 LDR centres have to decide PDR or HDR

8 new centres hope to implement HDR prostate brachytherapy. (3 centres already doing it)

9 centres are interested in commencing lung/oesophageal HDR brachytherapy (4 centres already doing significant numbers)

5 centres are considering HDR breast brachytherapy. (3 centres already doing it)

