# REMOTE AFTERLOADER SYSTEMS

-from commissioning to treatment-

Yakov Pipman, D. Sc. Long Island Jewish Medical Center

### SCOPE

From receiving a remote afterloading system to the safe treatment of patients

## Objectives

- Key components to commission a remote afterloading system
- Guidance to facilitate establishing a program
- Estimate the effort/resources required

#### HDR AFTERLOADERS

GammaMed Plus MicroSelectron Classic

MicroSelectron HDR







#### Varian VariSource





## Gammamed Treatment Unit - Back



#### General Features of an HDR Remote Afterloader

- More control than manually loaded sources
- Potential for Conformance to the target volume
- Afterloading adds flexibility to the treatment
- Very high activity source → Shorter Tx times
- Staff protection affords better patient care
- Typically more fractions than LDR

## MORE FLEXIBILITY

MORE COMPLEXITY



REQUIRES AN ELABORATE

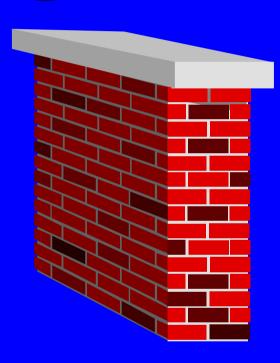
QA PROGRAM

## Planning, installation and survey

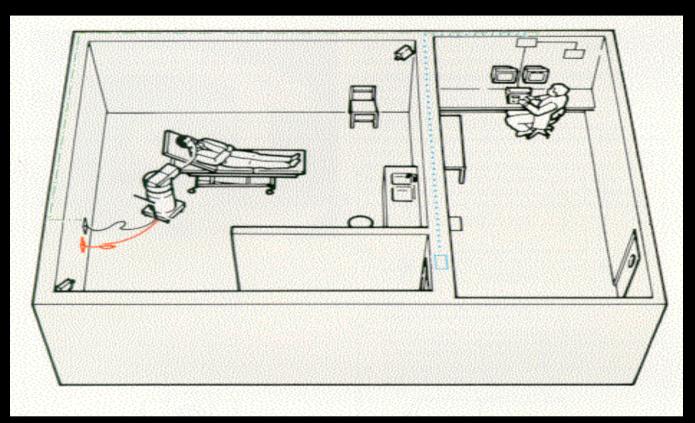
The vault
Safety elements
System interfaces

#### RADIATION PROTECTION

- Shielding plans
- Room survey
- Emergency OFF
- Emergency Procedure
- Independent Monitor
- Patient survey



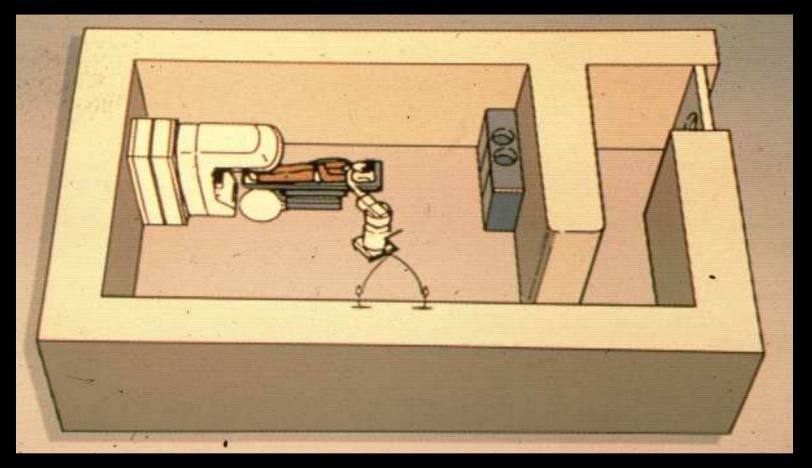
#### HDR in a dedicated vault



Better utilization of unit

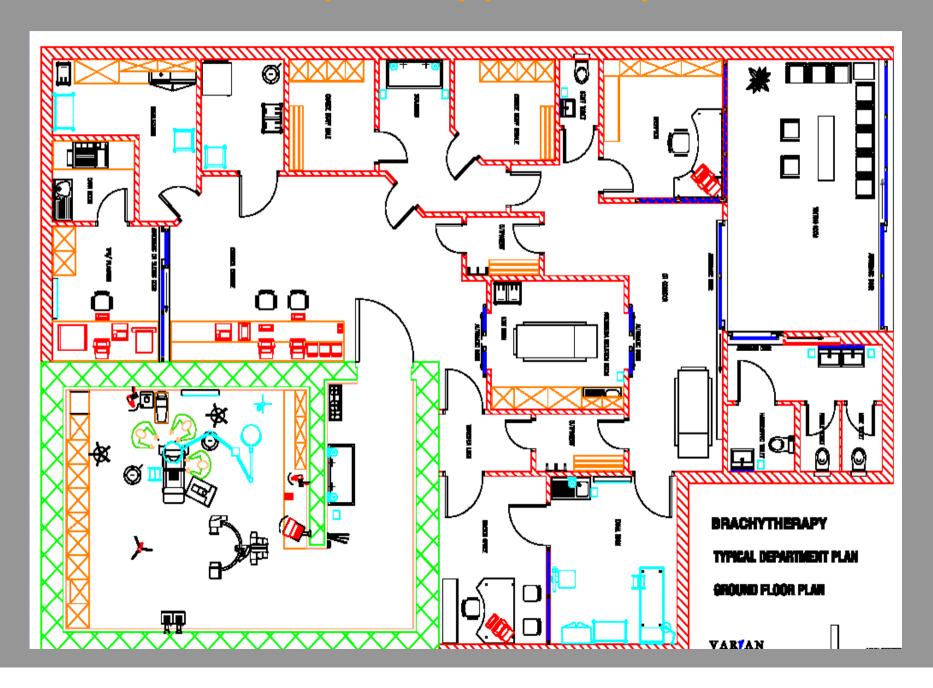
Moderate to high Shielding costs
Integrated controls and planning area
Potential for simulation and treatment with less patient movement
Dedicated storage of accessories

#### HDR in a Linac vault

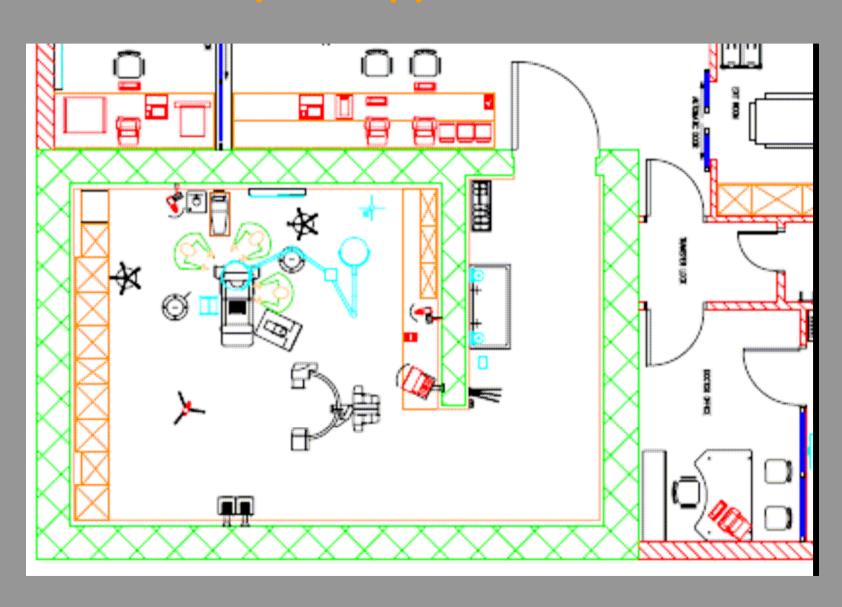


Reduced utilization of both units
Reduced Shielding costs
Separate controls and interlocks
Separate area for Planning and storage of accessories

#### Brachytherapy suite plan



#### Brachytherapy room detail



### Shielding

#### Shielding for High Dose Rate Remote Afterloader

#### Assumptions:

1 patient per hour

300 seconds (maximum) on time for a 10 Curie source per hour

250 treatments/year ⇒ 5 treatments/week. Assume maximum of 10 per week

Source: 10 Curies of Iridium 192

Distance from source to person outside room: 2 meters

Occupational exposure: 5000 mR/yr  $\Rightarrow$  100 mR/week  $\Rightarrow$  2.5 mR/hour. Use 2 mR/hour

 $\Gamma = 4.72 \text{ rads/mCi hr at 1 cm} = 0.472 \text{ rads/Ci hr at 1 meter}$ 

Use: NCRP Report 49, figure 12

Rate for 10 Curie source at 2 meters:

 $10 \times 0.472 / 4 = 1.18 \text{ rads / hour}$ 

For an instantaneous rate of < 2 mR/hour, need reduction of:

2/1180 = 0.0017

Corresponding to 42 cm concrete = 16.5 inches

For an average rate per hour (treatment) of < 2 mR/hour, need reduction of:

2/98.3 = 0.020

Corresponding to 26 cm concrete = 10.2 inches

This comes from 300 seconds (= 0.083 hours) effective "on" time per hour

Averaged over a day with a maximum of four patients per day:

2/49.2 = 0.041

Corresponding to 21 cm concrete = 8.3 inches

### Shielding

- Room Design
- Unit Location
- Shielding Verification
  - First Source
  - Each Source Change

#### Shielding Verification

#### GammaMed Fius Unit Surveys

	Date		10/13/05		1/11/06								
	Meter	Eberline			Inovision								
	Model	E-120			451P								
	Serial #	813			137								
	Background	0.02			0.02								
H o u s i n g	Тор	0.20			0.13								
	Bottom	0.30			0.18								
	Left	0.04			0.12								
	Right	0.04			0.12								
	Front	0.10			0.24								)
	Rear	0.20			0.20								
		Reading	Hourly	Yearly	Reading	Hourly	Yearly	Reading	Hourly	Yearly	Reading	Hourly	Yearly
	Α	0.02	0.003	1.7	0.02	0.003	1.7		0.000	0.0		0.000	0.0
A r e a	В	0.02	0.003	1.7	0.02	0.003	1.7		0.000	0.0		0.000	0.0
	С	0.03	0.005	2.5	0.04	0.007	3.3		0.000	0.0		0.000	0.0
	D	0.12	0.020	10.0	0.06	0.010	5.0		0.000	0.0		0.000	0.0
	Е	0.02	0.003	1.7	0.02	0.003	1.7		0.000	0.0		0.000	0.0
	F	0.02	0.003	1.7	0.02	0.003	1.7		0.000	0.0		0.000	0.0
	G	0.03	0.005	2.5	0.03	0.005	2.5		0.000	0.0		0.000	0.0
	Н	0.02	0.003	1.7	0.02	0.003	1.7		0.000	0.0		0.000	0.0
	Readings by:	RL			KD / INI								
	RSO Review:												
	Date:	10/13/05			1/11/06								

<sup>1</sup> Readings in mR/hour

(H): < 0.2 mR/hr and 100 mR/year

3/13/2006

<sup>2</sup> Housing Readings in the source "off" position. Readings at 10 cm from housing. Acceptable: < 1.0 mR/hr

<sup>3</sup> Area Readings with source "on."

Acceptable (A-G): < 2.0 mR/hr and 5000 mR/year

#### ENVIRONMENT

- Audio/Video Contact
- Indicator lights
- Interlocks
- Controlled access

#### Commissioning

The unit
The applicators
The planning system
Planning accessories
Image data: sources and transfer

## SOURCES

- High activity Iridium-192 10 Ci
- Source integrity
- Battery backup for source retraction in case of power loss

#### Source Size

- VariSource: 0.6 mm diam. x 5 mm long
- GammaMed: 0.9 mm diam. x 4.5 mm long
- Nucletron: 0.9 mm diam. x 3.5mm long

#### Source Travel Technique

- VariSource: Pull from most distal source dwell position
- GammaMed: Pull from end of travel
- Nucletron: Push to most distal treatment position

# COPPROSE DESCRIBATION SECURIAL STREET, STREET,

# 24-channel indexer

## Source and Cable



#### Source Positioning

- VariSource: 20 channels with 20 positions
- GammaMed: 24 channels / 60 positions
- Nucletron: 18 channels / 48 positions

Locked Storage



- Locked Storage
- Locked Room



- Locked Storage
- Locked Room
- Multiple Sources of Radiation

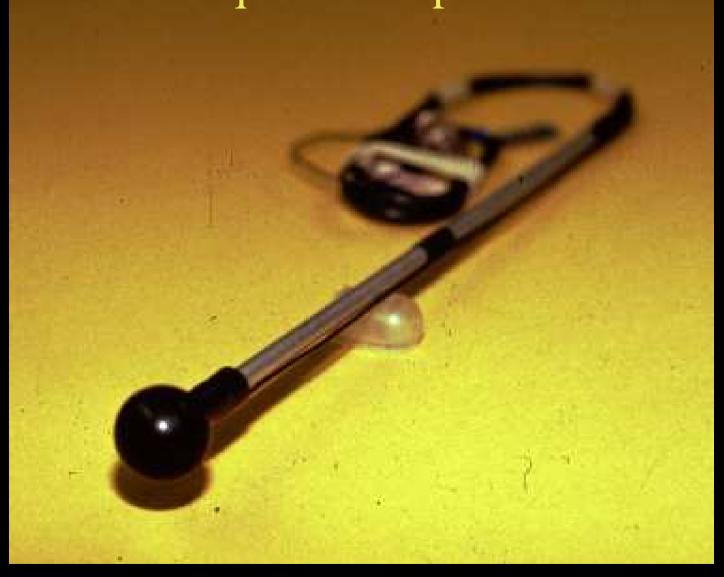


- Locked Storage
- Locked Room
- Multiple Sources of Radiation
- Key Storage

#### CALIBRATION -HDR

- Timer accuracy
- Transit Time Measurement
- Room scatter
- In-air calibration
- Specialized Well Chambers

#### Shonka air-equivalent spherical chamber



#### In-air calibration - chamber and source holder



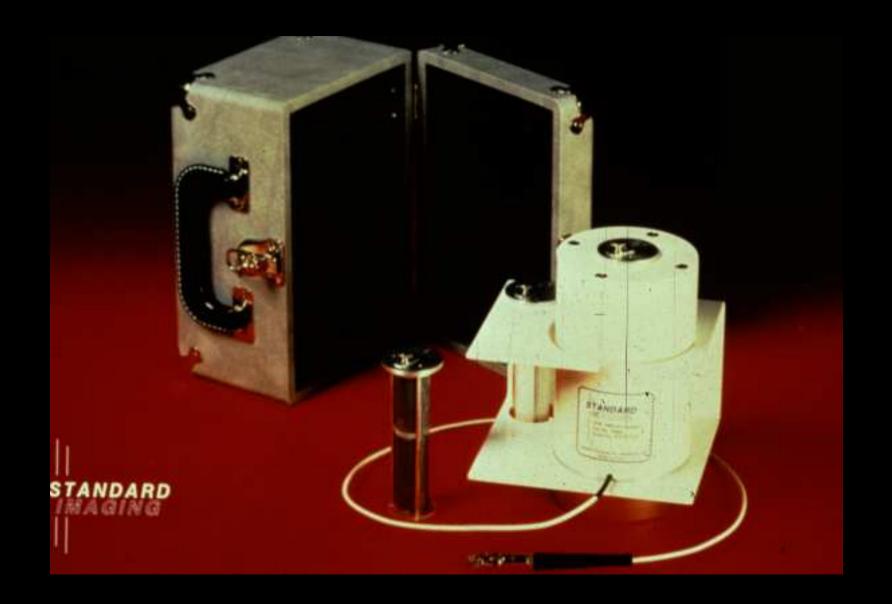
## SOURCE CALIBRATION GUIDELINES -I

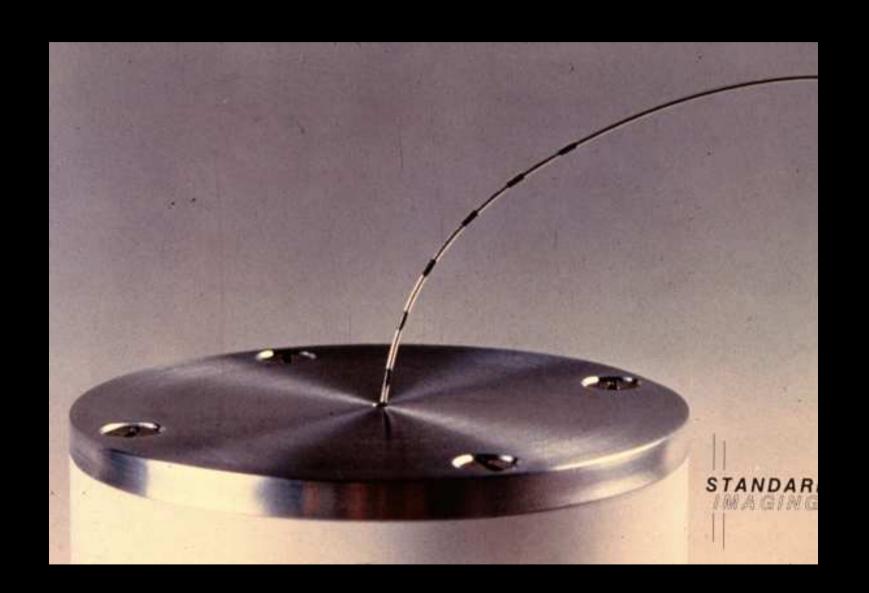
- Chamber to source distance:
  - accurate to 0.5%
  - small enough so Ion current > 100 x leakage
- Scatter correction small:
  - Corrected by measurements at various distances
  - Shadow shield measurements

## SOURCE CALIBRATION GUIDELINES - II

- Chamber calibration by ADCL :
- Factor interpolated between orthovoltage and Cs-137.
- Wall thickness > mg/cm<sup>2</sup> and wall attenuation accounted for.
- Static source technique measuring time between two voltages.









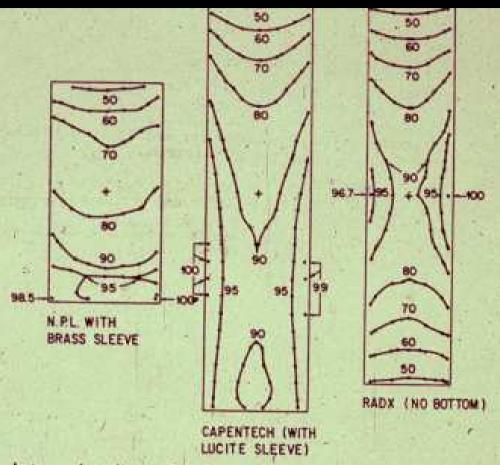


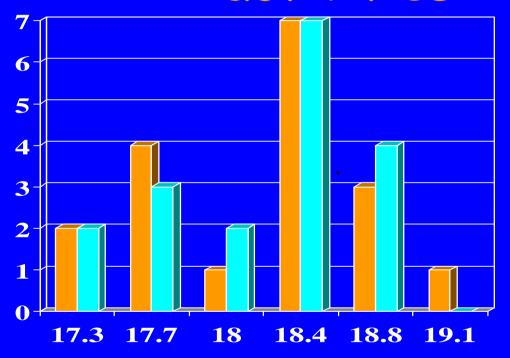
Figure 4. Internal well sensitivity. The lines represent isosensitivity curves within three commercially available well chambers to an Ir source. A 0.125 inch thick brass sleeve was presented in the NPL chamber. An 0.125 inch thick lucite sleeve was present in the Capintec chamber. The Radx chamber had no additional well wall sleeve.

## CALIBRATION -LDR

- In-air calibration
- Well chamber
- Activity distribution (LDR)



# Distribution of Cs pellet activities



MeasuredManufacturer

**Activities in mCi** 

#### **EXAMPLES OF BRACHY CALCULATION ERRORS**

(Williamson, in QA in RT Phys, Med Phys Pub '91)

		The same of		
		tv	_	_
	 			/ T .
_			 	

#### dose in water/ water kerma in free space

- exposure rate const
- attenuation coeff
- L, line source approx of seeds in ribbon

#### Error

wrong units for polynom fitting coefficients: cm instead of mm

filtered vs unfiltered

platinum instead of steel

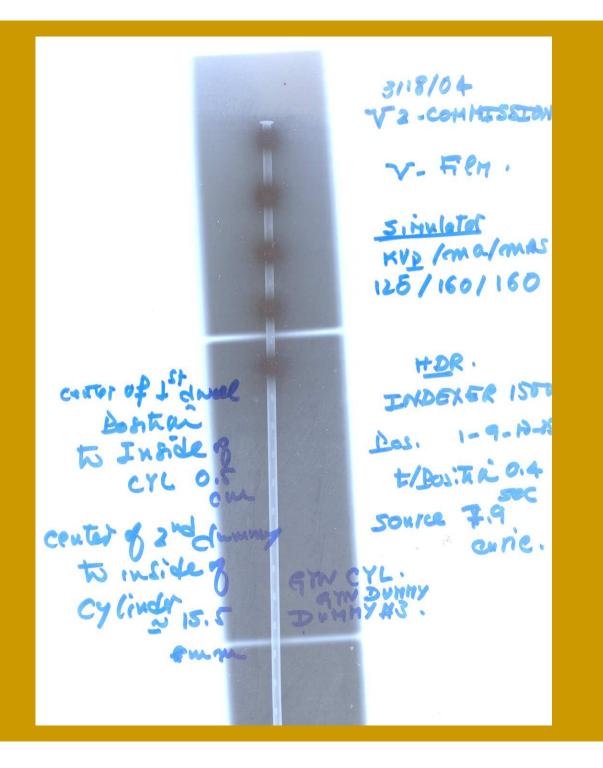
anything other than number times spacing

# CATHETERS

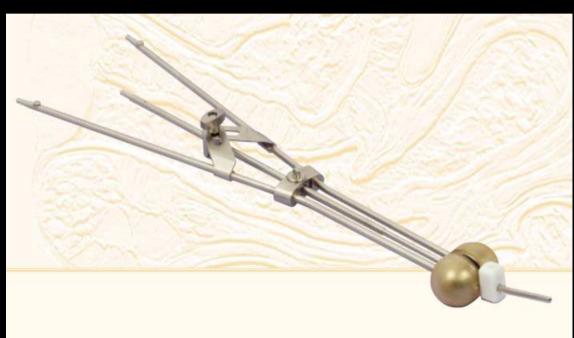
- Reference length with / without fittings
- Catheter coordinates
- Transfer tubes
- Coincidence between sources and markers
- Reproducibility, accuracy
- Curvature limitations

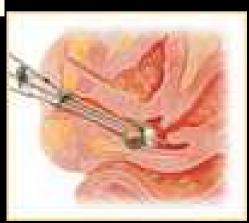
## RIGID APPLICATORS

- Condition
- Shields vs. source locations
- Source positions in special applicators
- Comparison with prior systems
- Transfer tubes

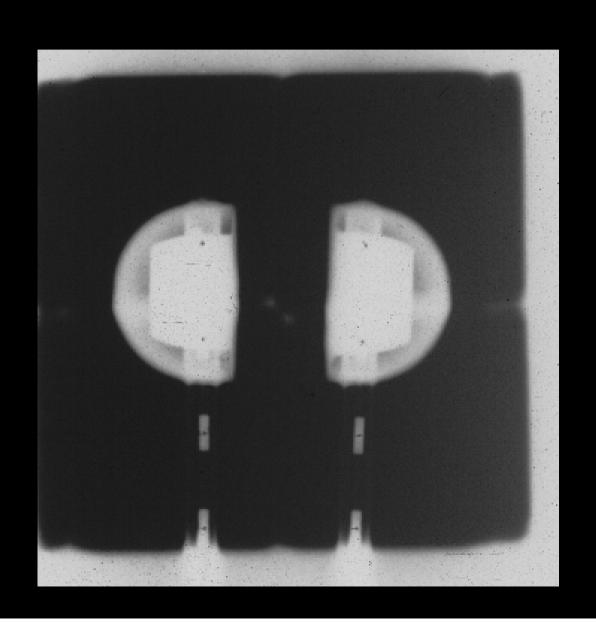


## Henschke HDR Applicator



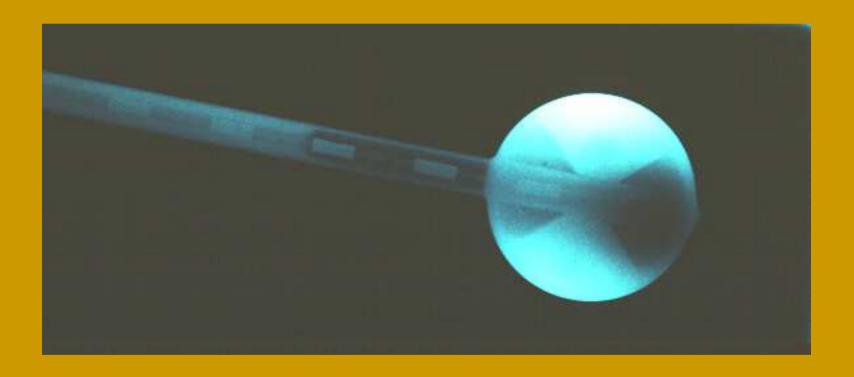


#### **HDR** Shields and source locations



#### Source autoradiograph and marker registration

(90 kVp, 140 mAs, 80 cm TFD, 0.2 sec, position 1)



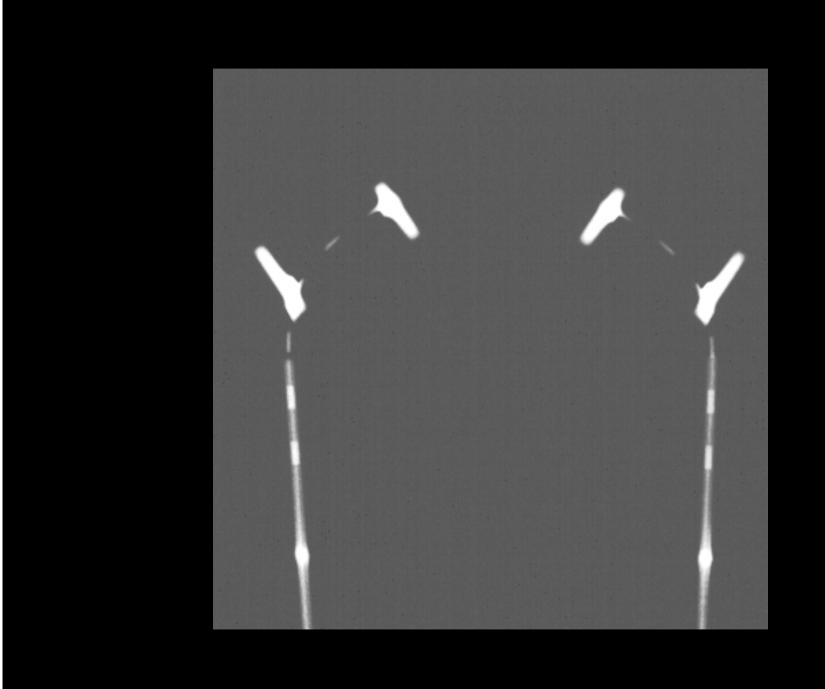


3/22/04

V 2 - CONNESSION V- FRM

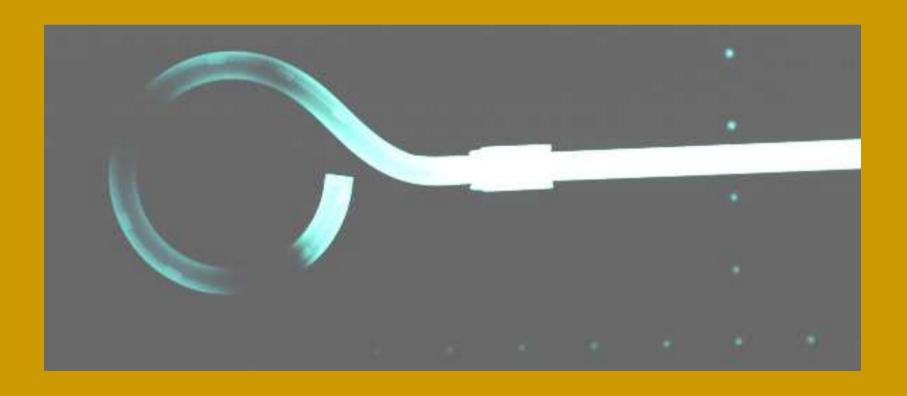
Househle NDR KYP 1HA MAS 140 1160 120

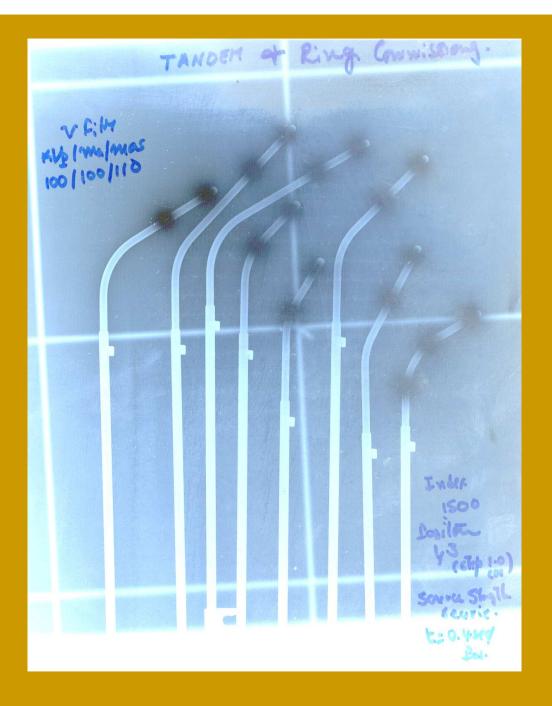
HOR Indexer 150
T/Desiter 0.6,0.6,0

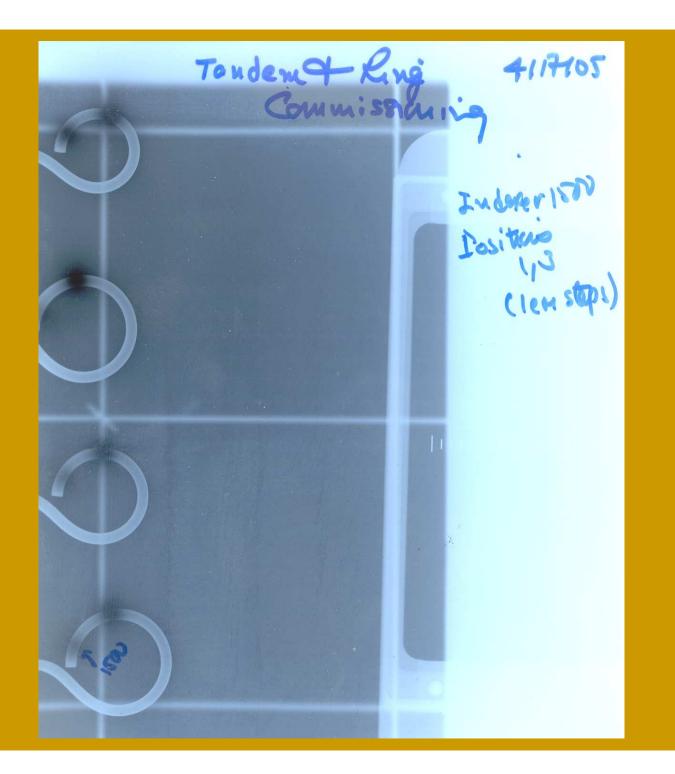


# Source autoradiograph and bronchial marker registration

(70 kVp, 250 mAs, 80 cm TFD, 0.2 sec, positions 5 & 21)

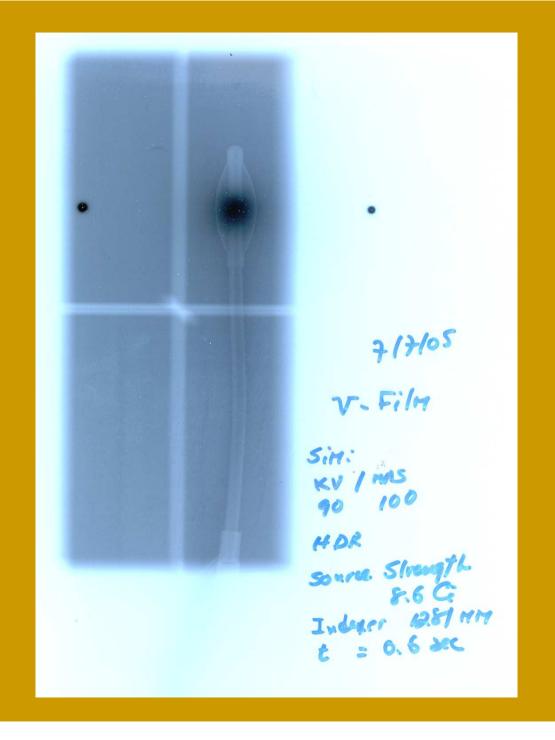




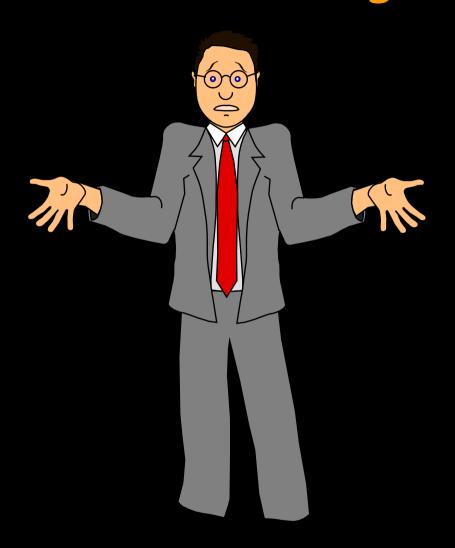




MammoSite
balloon
catheter for
Partial Breast
irradiation



### Do we know how things work?



### AFTERLOADER FUNCTION

- Design
- Interlocks
- Significance of Potential Malfunctions
- Warning Signs and Indicators
- Error Messages
- Recovery modes



### **HDR Source Driving system**



### HDR Daily QA tests

- 1. Remote After Loader Interlocks checks
  - -Interrupt Button on the HDR computer console
  - -Emergency Button on the HDR computer console.
- 2. Remote After loader source positioning and source stepping accuracy test
- 3 Remote After Loader Primary Radiation Monitor test
- 4. Remote After loader Computer Ir-192 source decay factor
- 5. HDR Treatment Room Backup Radiation Monitor performance test
- 6 Patient's Video Monitoring Device test
- 7. Patient's Audio Communication Device test
- 8. Backup Survey Meter performance checks
- 9. Emergency Procedure availability
- 10. Emergency Container availability

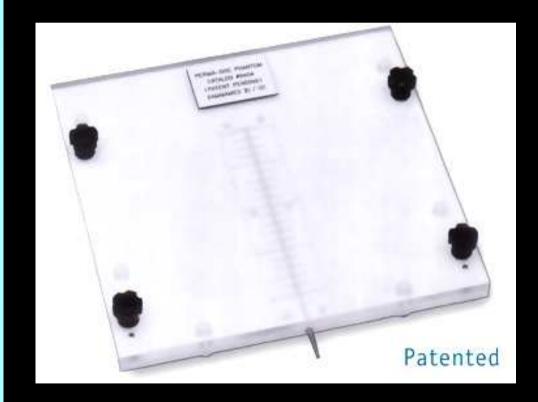
Name: QA4 In tials: HG

Pl in Session: 37 of 49

**St p size**: 10.0 mm

		Chan	nel 1	-
R	f.	1,500		
P		Plan(s)	Act(s)	
	1	1.3	1.3	
	2			
	3	1.3	1.3	
	4			
	5	1.3	1.3	
	6			
	7	1.3	1.3	
	8			
	9	1.3	1.3	
	10			
	11	1.3	1.3	
	12			
	13	1.3	1.3	
	14		1.2	
	15	1.3	1.3	
	16	1.2	1.2	
	17 18	1.3	1.3	
	19			
	20	1.3	1.3	
	21	1.3	1.3	
	22			
	23			
	24			
	25			
	26			
	27			
	28			
10	29			
	30	26.8	26.8	
	31			
	32			
	33			

#### Source position QA tool

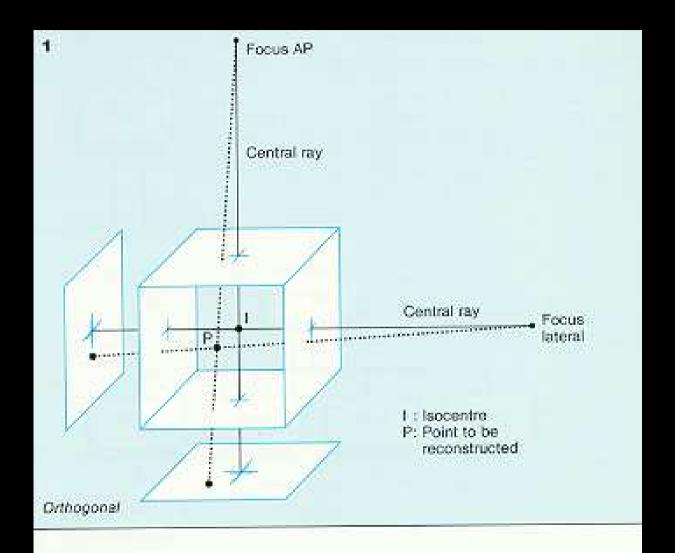


### LONG ISLAND JEWISH MEDICAL CENTER DEPARTMENT OF RADIATION ONCOLOGY HDR DAILY QA CHECKLIST

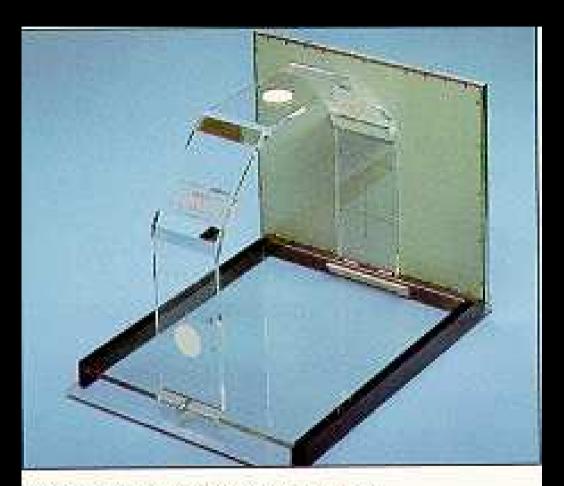
Date	HDR			Primary	Tx Room	Survey	Audio	Video	Emergency	Physicist	
	Accuracy of Timing Device	System Interlocks	Source Stepping Accuracy	Source Decay vs. Planning System	Rad. Mtr	Rad. Mtr	Mtr.	Device	Device	Container	Signature

# Treatment Planning can be based on planar films or on 3D image sets

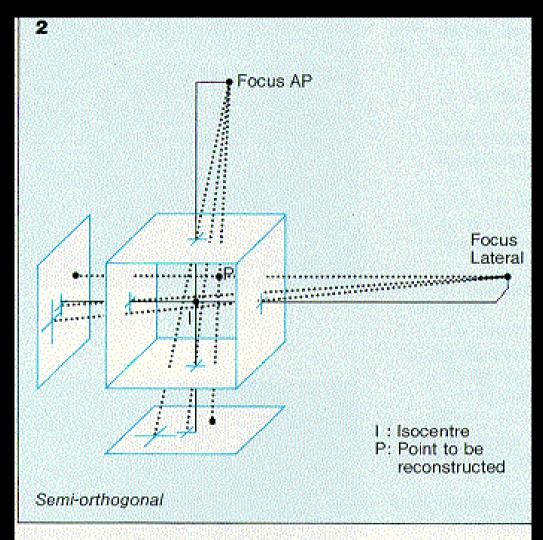




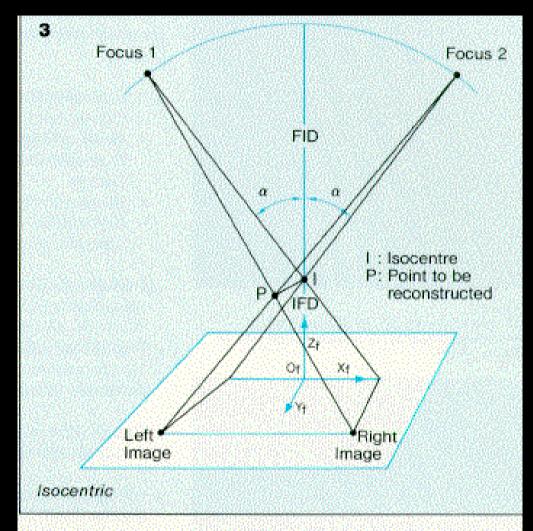
- Focus to film distance of AP and lateral radiographs
  Focus to isocentre distance of AP and lateral radiographs



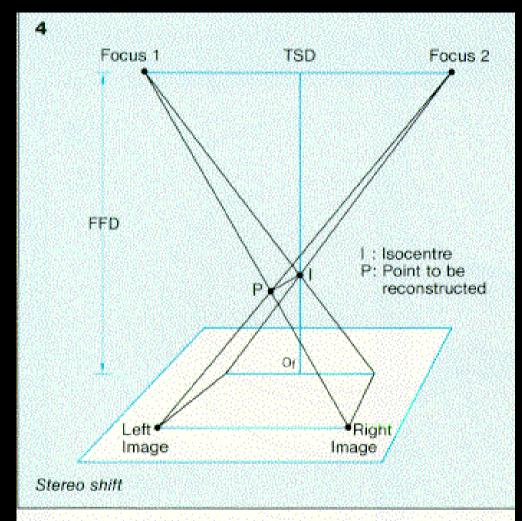
Nucletron reconstruction device\*



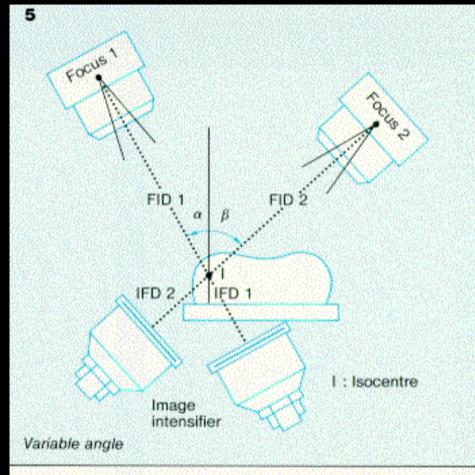
- Dimensions of the Nucletron Reconstruction Device
- Cross wires on the faces of the reconstruction device



- α = reconstruction angle
   FID = focus to isocentre distance
- IFD = isocentre to film distance



- TSD = tube shift distance
- FFD = focus-to-film distance
- Distance from radiograph to corresponding face of the reconstruction device
- Central ray direction for each radiograph relative to patient



- α = gantry angle beam 1
- β = gantry angle beam 2
- FID 1 = focus to isocentre distance beam 1
- FID 2 = focus to isocentre distance beam 2
- IFD 1 = isocentre to film distance beam 1
- IFD 2 = isocentre to film distance beam 2

### PLANNING SYSTEM - I/O

- Digitization vs. keyboard entry
- Treatment Templates
- CT Image transfer
- Film digitizer
- Data transfer to Tx control unit

# PLANNING SYSTEM DOSE CALCULATION

- Point source: calculation vs. measurement.
- Multiple point sources multiple points.
- Isodose plot vs. points.
- Accounting of Applicator shields.
- Optimization options
- Handling of Anisotropy

## Clinical Procedures

- Quality Assurance Program
- Site specific clinical "How-to" scripts
- Develop forms and documentation
- Record billing charges



#### **Treatment Record**

Patient ID:

X00003

N; me: QA4 In tials: HG

System Overview -

	Ci	Ci	Date	∆Time		
Ir itial Source Strength	9.491	9.491	2005/08/25 13:26:00			
C rrent Source Strength	4.398	4.398	2005/11/15 10:48:33	81d;21h		
A sociated Source Strength	5.902	5.902		(73.83 / 0.4658 )		

#### Treatment Overview -

Pl in Version: 8

Applicator: (none)

Pl in Session: 37 of 49

Standard: (none)

Diagnosis:

Notes:

Pl in Origin: Pl inned By: hgaballa, hg

MANUAL

△ Dose:

	Planned	Received
T )tal Reference Air Kerma Strength (cGy·m²)	0.01985	0.01985
Total Radiation Time	0 h 0 m 39.8 s	0 h 0 m 39.8 s

Position Description	Planned Session Dose	Unit
		сGy

### DEPARTMENT OF RADIATION ONCOLOGY LONG ISLAND JEWISH MEDICAL CENTER

### Ir-192 HIGH DOSE RATE Nucletron micro-Selectron Remote Afterloading

#### HDR Syed Implant

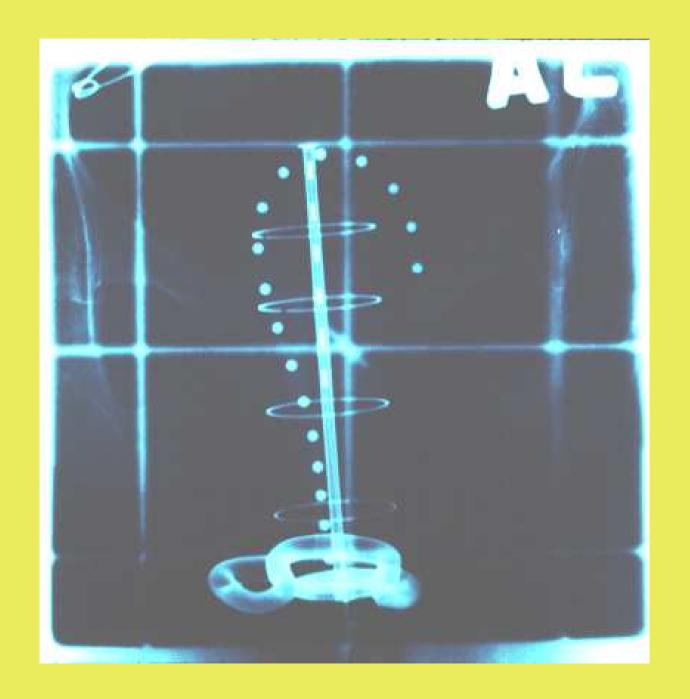
			<b>.</b>				
Patient Name:			Chart #				
Physician:			Diagnosis:				
		PRESCRIPT	ION				
Total Dose (cGy)	Dose/Fraction	# of Fractions	ł	Elapsed Time/Fraction Scheme			
Signature:		Date:					
Special Physics consu	lt requested by:						
Remarks:							

## GYN Cervix Treatment

### TREATMENT RECORD

Fx	Tumor Dose (cGy)		Rectal Dose (cGy)		MD		Physicist			
#	Daily	Cumulative	Daily	Cumulative	Date	Signature	Date	Signature	Survey	Remarks
1										
2										
3										
4										
5										

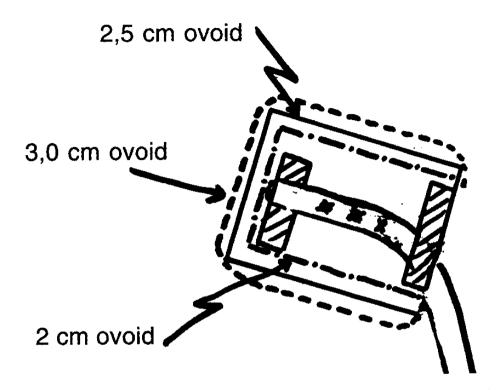
Notes:



### HDR Vaginal Cylinder Template QA Check Total Time (sec) to Deliver 500 cGy to 0.5 cm from Cylinder Well Source Strength 10.0 Ci

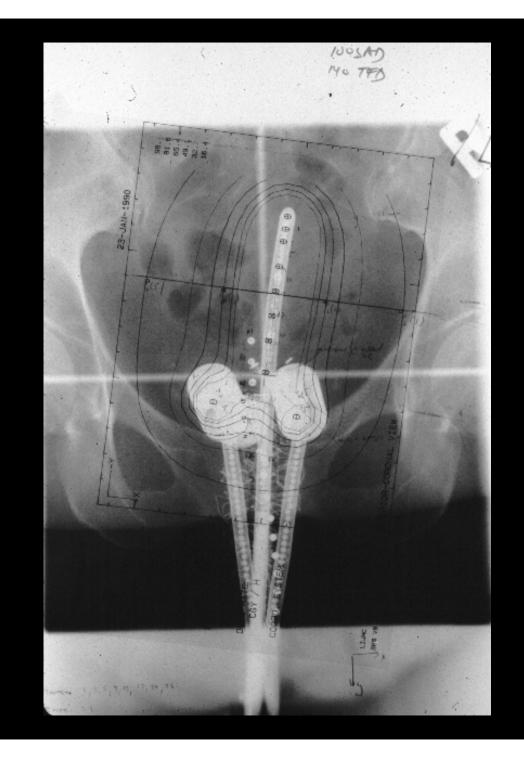
Cyl. Length cm.	Cyl. Diameter 2.0 cm.	Cyl. Diameter 2.5 cm.	Cyl. Diameter 3.0 cm.	Cyl. Diameter 3.5 cm.	
6.0	197.8	236.8	281.4	329.2	
6.5	208.2	251.1	294.5	347.8	
7.0	218.8	262.3	309.6	370.0	
7.5	230.3	276.1	324.7	386.8	
8.0	241.6	287.9	339.6	404.0	
8.5	252.2	302.0	354.3	420.3	
9.0	263.3	313.9	370.3	437.9	
9.5	274.0	326.9	383.8	453.9	
10.0	285.2	340.6	400.1	471.4	

Planned by:	Date:
Checked by:	Date:



**Figure 6.** A template derived a lateral radiograph of a Fletcher-Suit colpostat showing the applicator boundaries and active dwell positions as defined by a radiographic marker. This template, when appropriately magnified, can be superimposed on the image of each colpostat as seen on the lateral radiograph of the patient, localising the active dwell positions for treatment planning.

**Projecting** isodose curves on a radiograph may be somewhat useful, but they are only correct and appropriate to only one plane!





### Treatment Record

Patient ID:

X00003

N; me: QA4 In tials: HG

Session Log -

E) ent	Date / Time	Code	Description	Notes/Info
1	2005/11/15 10:48:33	2011	The treatment is started.	
2	2005/11/15 10:49:04	2041	Treatment is interrupted, interrupt button has been pressed.	
3	2005/11/15 10:49:11	2011	The treatment is started.	
4	2005/11/15 10:49:37	2040	Emergency stop has been pressed.	
5	2005/11/15 10:49:46	2011	The treatment is started.	
6	2005/11/15 10:50:09	2015	Door has been opened.	
7	2005/11/15 10:50:14	2038	Treatment is interrupted, door has been opened.	
8	2005/11/15 10:50:52	2023	Door is closed.	
9	2005/11/15 10:50:59	2011	The treatment is started.	
0	2005/11/15 10:51:52	2014	Treatment is completed.	

# PROCEDURES

- 2nd Physics check before 50% administered
  - Same Physicist different method
  - Other trained person by specified method
- Approximation by discrete point sources on straight line or by a straight and continuous linear source

# Chart documentation records

#### LIJ – DEPARTMENT OF RADIATION ONCOLOGY

HDR PHYSICS CHART REVIEW										
Patient Name: ID#:				Treatment Start Date:						
Appl. 1 Appl. 2 Appl. 3 Appl. 4						Appl.6	Appl.7	Appl.8	Appl.9	Appl.10
Prescription										
# of fractions										
Elapsed Time (Days)										
Computer Plan 2 <sup>nd</sup> Chk										
Computer Plan Transfer to HDR Tx Console										
HDR Tx Console Source Decay Verification										
HDR Plan Parameters Verification (Step Size, Indexer Positions, Dwell Time) at the Tx Console										
HDR Operational QA										
HDR Connectors Integrity Chk Prior to Tx										
HDR Tx Complete										
Patient Survey Post Tx										
HDR Computer Console Dose Sum Chk (Post Tx)										
HDR Treatment Records (Physician &Physicist signature)										
Critical Organs Dose Summary										
R&V Pt. QA Check List Complete (Pt. next Tx verified)										
Physics Initials										
Date										

# TRAINING AND INSTRUCTION

- Initiation of program
- Periodic refresher sessions
- New personnel qualification of specific skills
- Hardware and software upgrades



# REGULATIONS

- NRC
- State Laws / Regulatory Guides
- JCAHO

## STANDARDS

- AAPM TG43: Dosimetry of Interstitial Brachytherapy Sources [MP 22(2) 1995]
- AAPM TG56 : Code of Practice for Brachytherapy Physics [MP 24(10) 1997]
- AAPM TG 59 Report: "High Dose-rate Brachytherapy Treatment Delivery"
- ACR Radiation Oncology [1995]
- ACR Performance of HDR Brachytherapy [1996]

## REFERENCES

- Interstitial Brachytherapy -ICWG- Raven Press 1990. ISBN 0-88167-581-4
- Brachytherapy Physics AAPM Summer School 1994.
   Med.Phys Publishing. ISBN: 0-944838-50-2
- Brachytherapy Physics 2005 AAPM Summer School-2<sup>nd</sup> Edition. AAPM Monograph31.
- Comprehensive QA for Radiation Oncology (1994) AAPM-TG40
- Remote Afterloading Technology (1993) AAPM-TG41
- NRC NUREG/CR-6125 Human Factors Evaluation of Remote Afterloading Technology (1995)

## SUMMARY

- You learned about the components of remote afterloading commissioning
- Factors that impact on the effectiveness of this equipment
- Received information helpful in implementing this technology
- Learned about the material and manpower resources you may need