

Dosimetry

Linking biological effects with physical quantities

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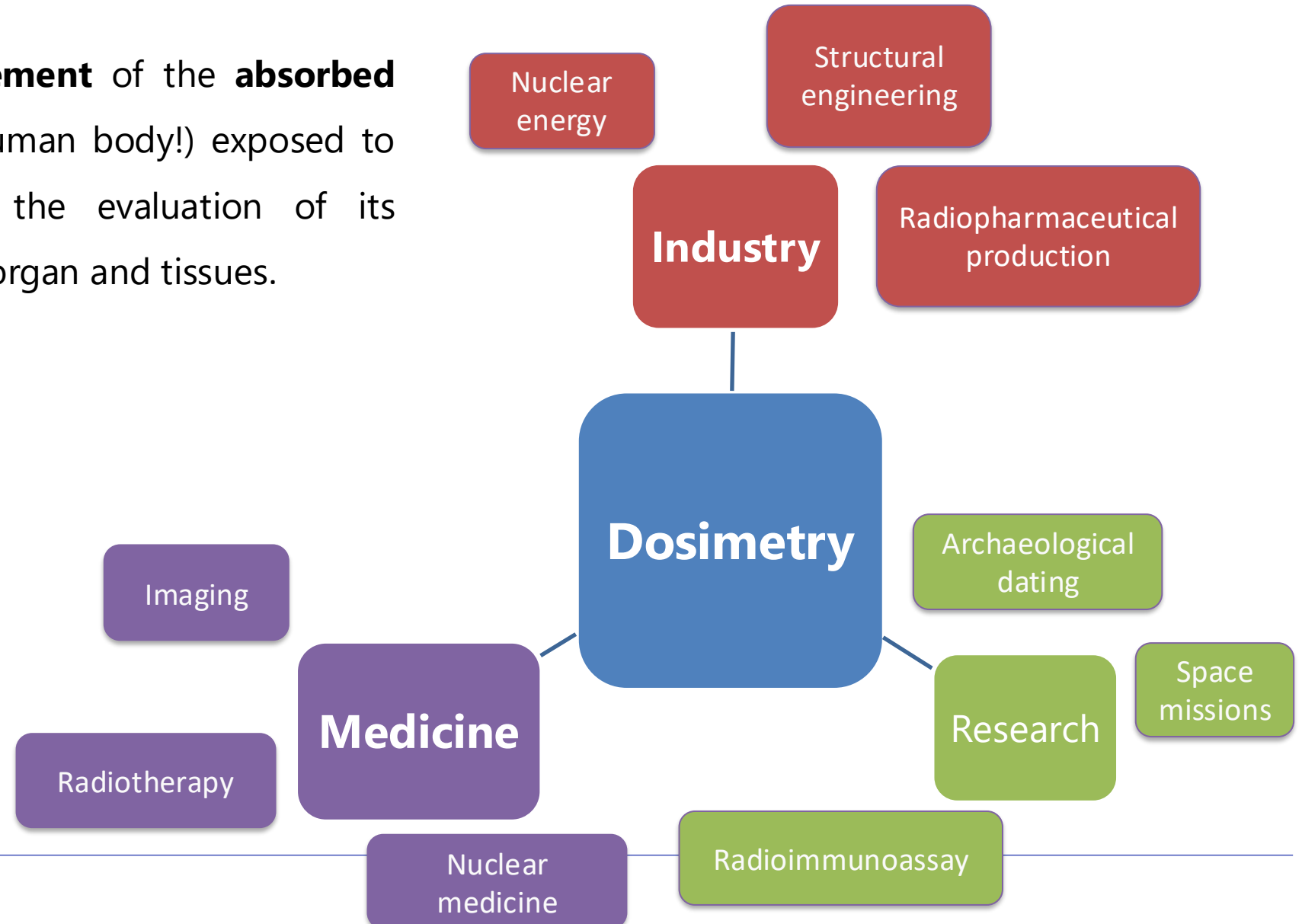
RADART group coordinator



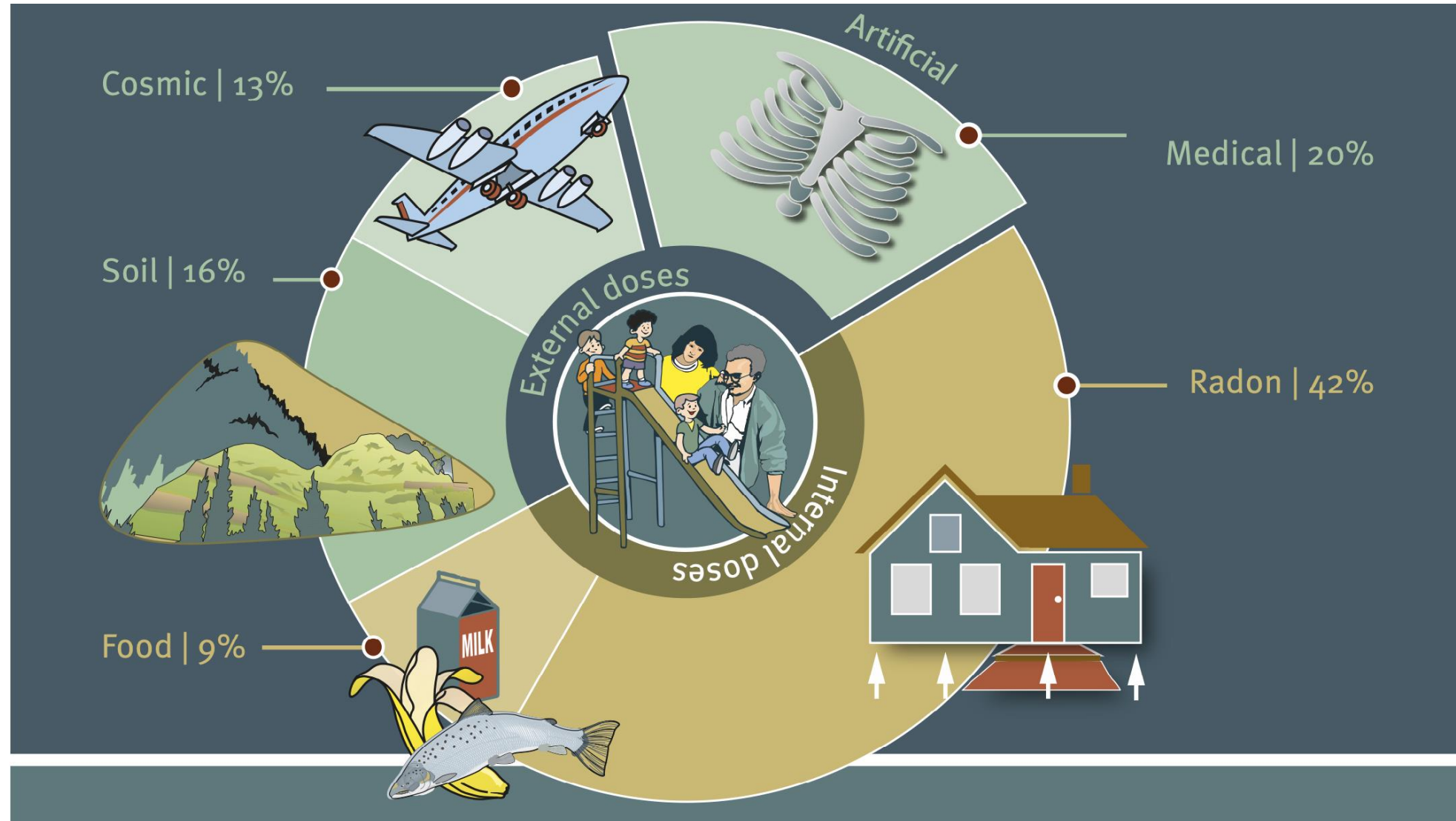
Ciências
ULisboa

What is Dosimetry?

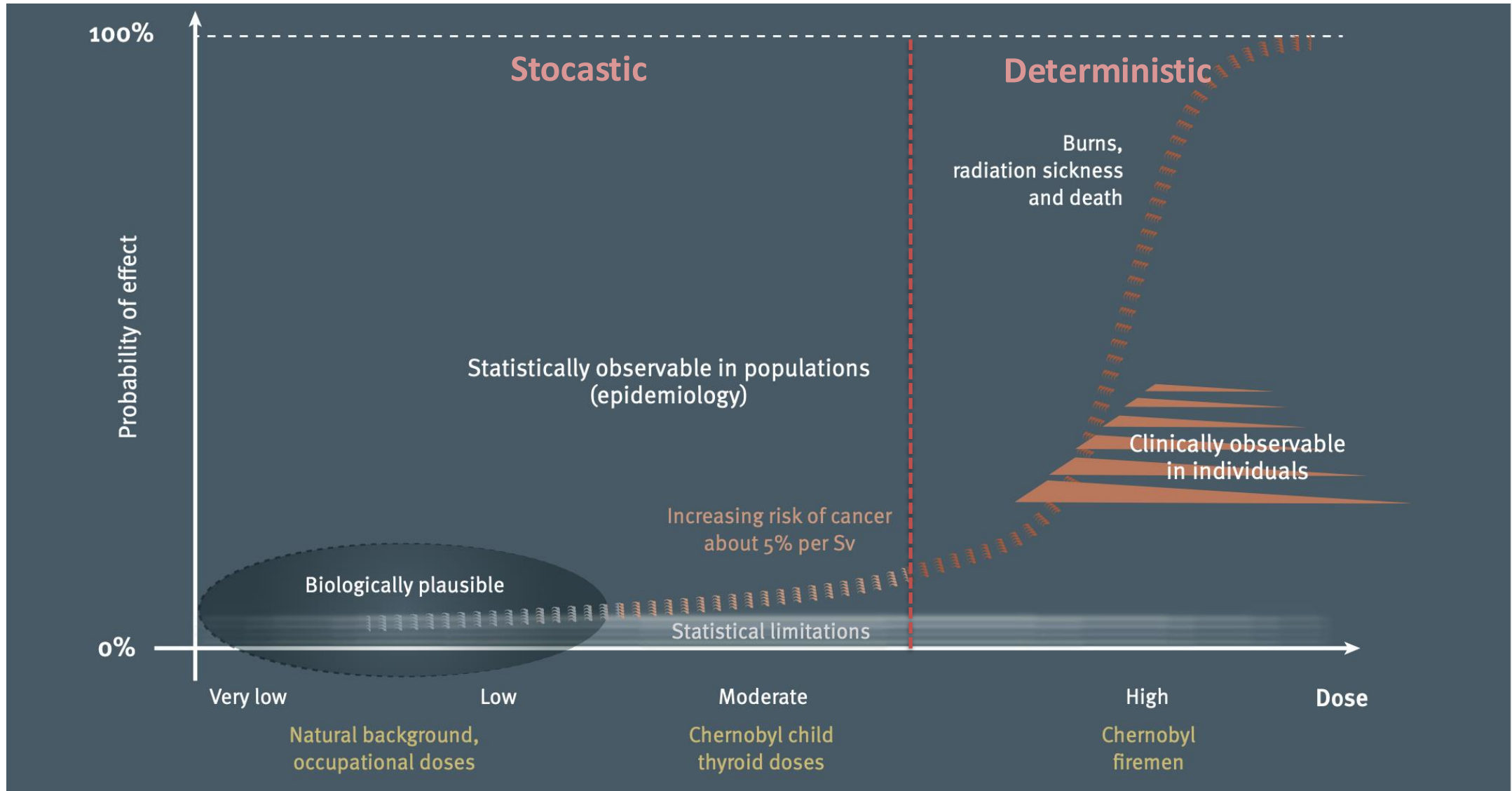
Calculation and **measurement** of the **absorbed dose** by an object (the human body!) exposed to **ionising radiation** and the evaluation of its **biological impact** on the organ and tissues.



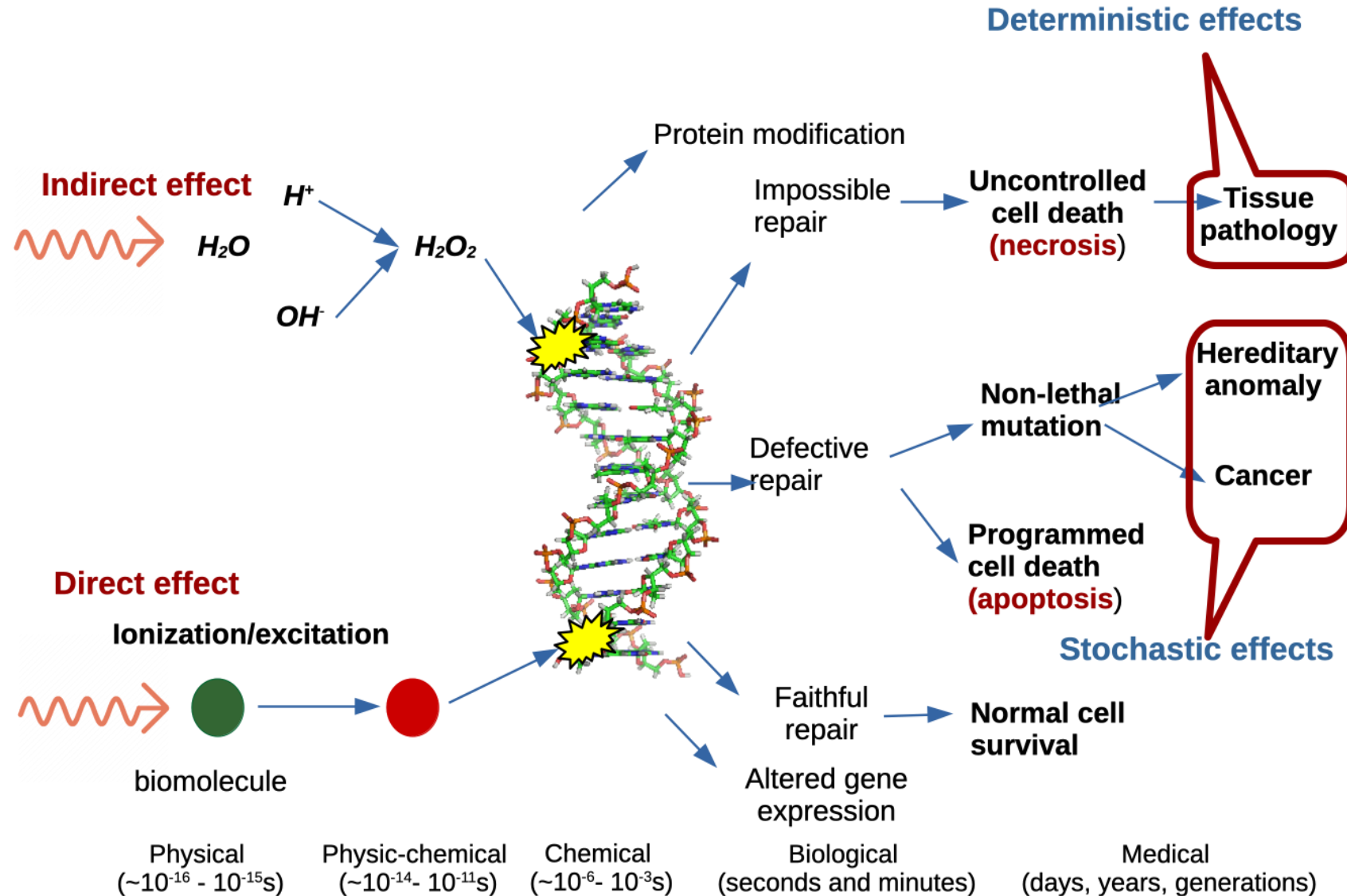
Radiation Sources



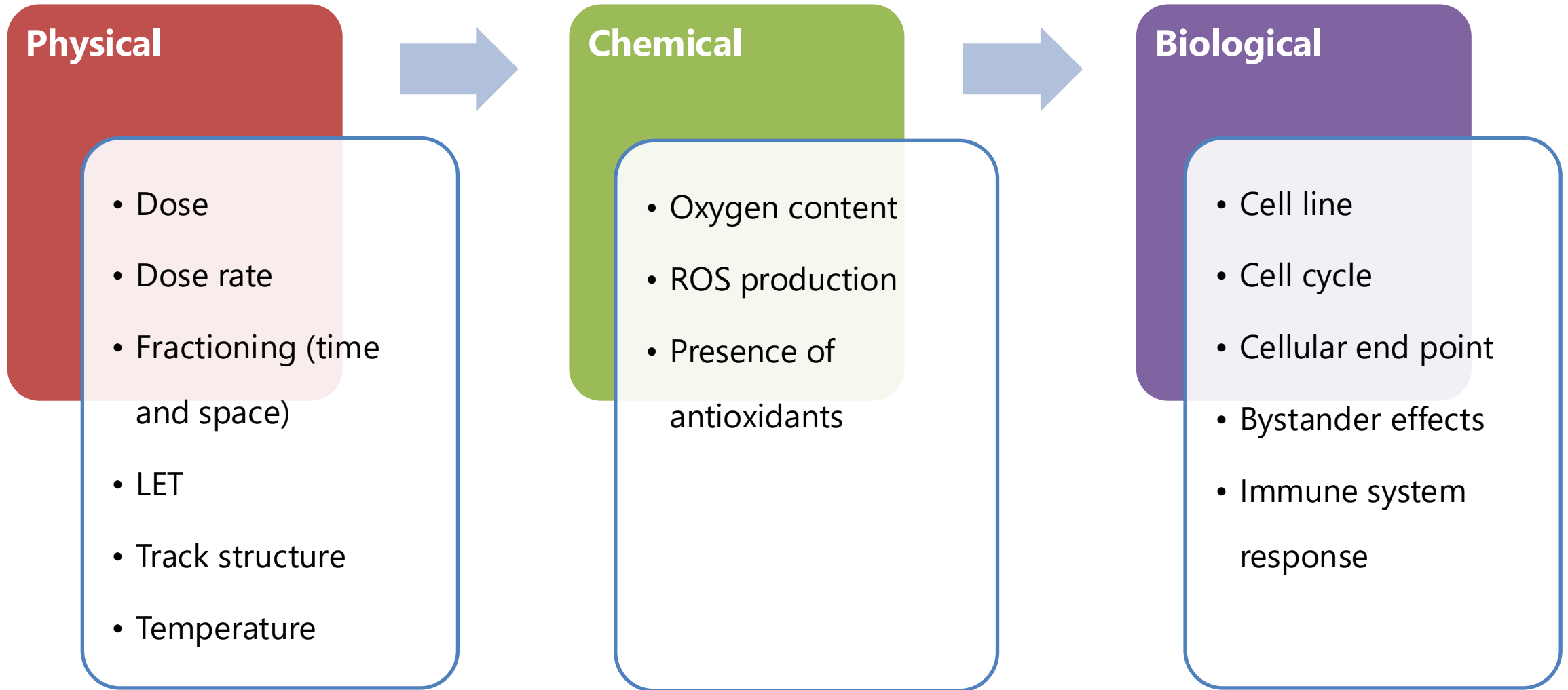
Radiation effects on us



Cellular damage mechanisms

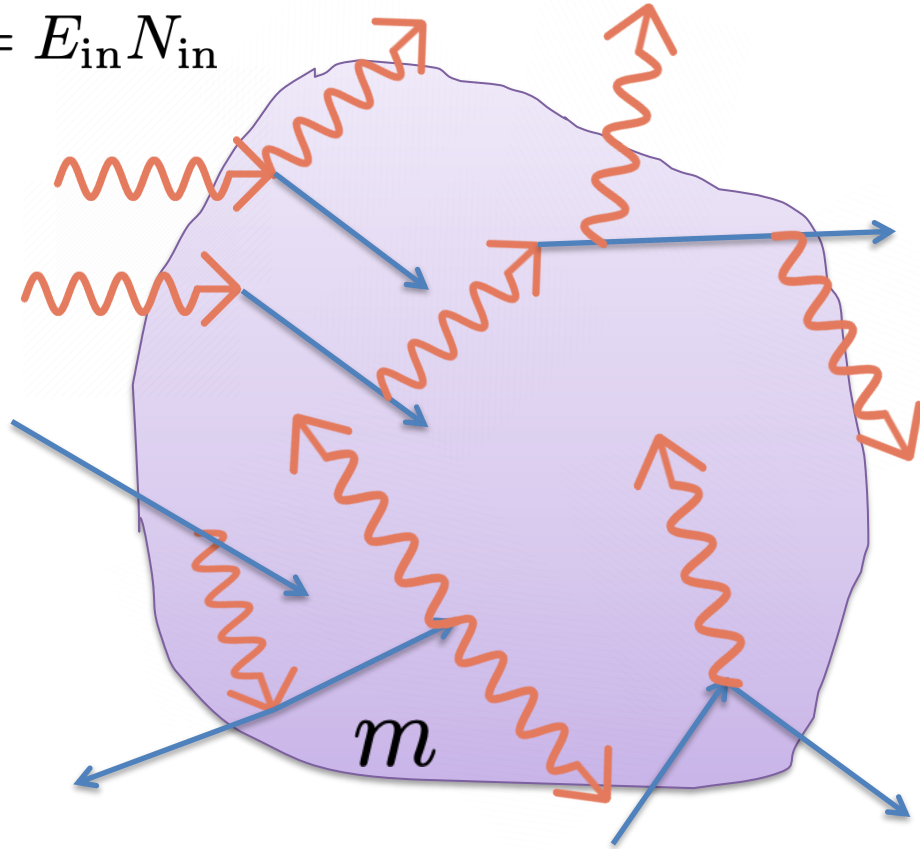


Factors that influence cellular radiosensitivity



Absorbed dose

$$R_{\text{in}} = E_{\text{in}} N_{\text{in}}$$



$$R_{\text{ou}} = E_{\text{ou}} N_{\text{ou}}$$

Energy imparted

Related to the fraction of energy kinetic energy that is **imparted** in the volume

$$\bar{\epsilon} = R_{\text{in}} - R_{\text{ou}}$$

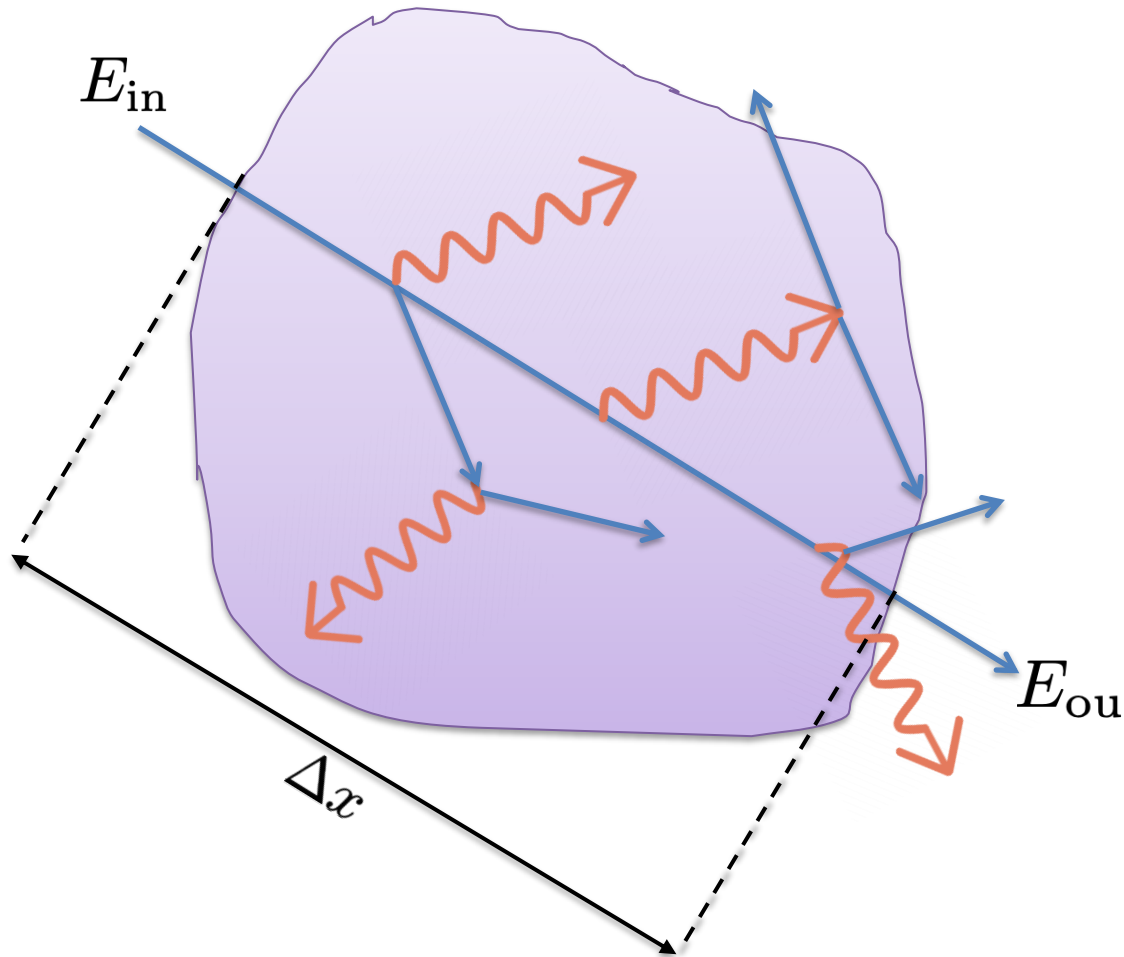
Absorbed dose

$$D = \lim_{m \rightarrow 0} \left(\frac{\bar{\epsilon}}{m} \right) = \frac{d\bar{\epsilon}}{dm}$$

SI unit: Gy (gray)

Dose is defined in a **point** as an average value of **stochastic** processes in a (small) volume

Stopping power



Energy lost

Accounts for all kinetic energy **lost** by a single particle crossing the volume

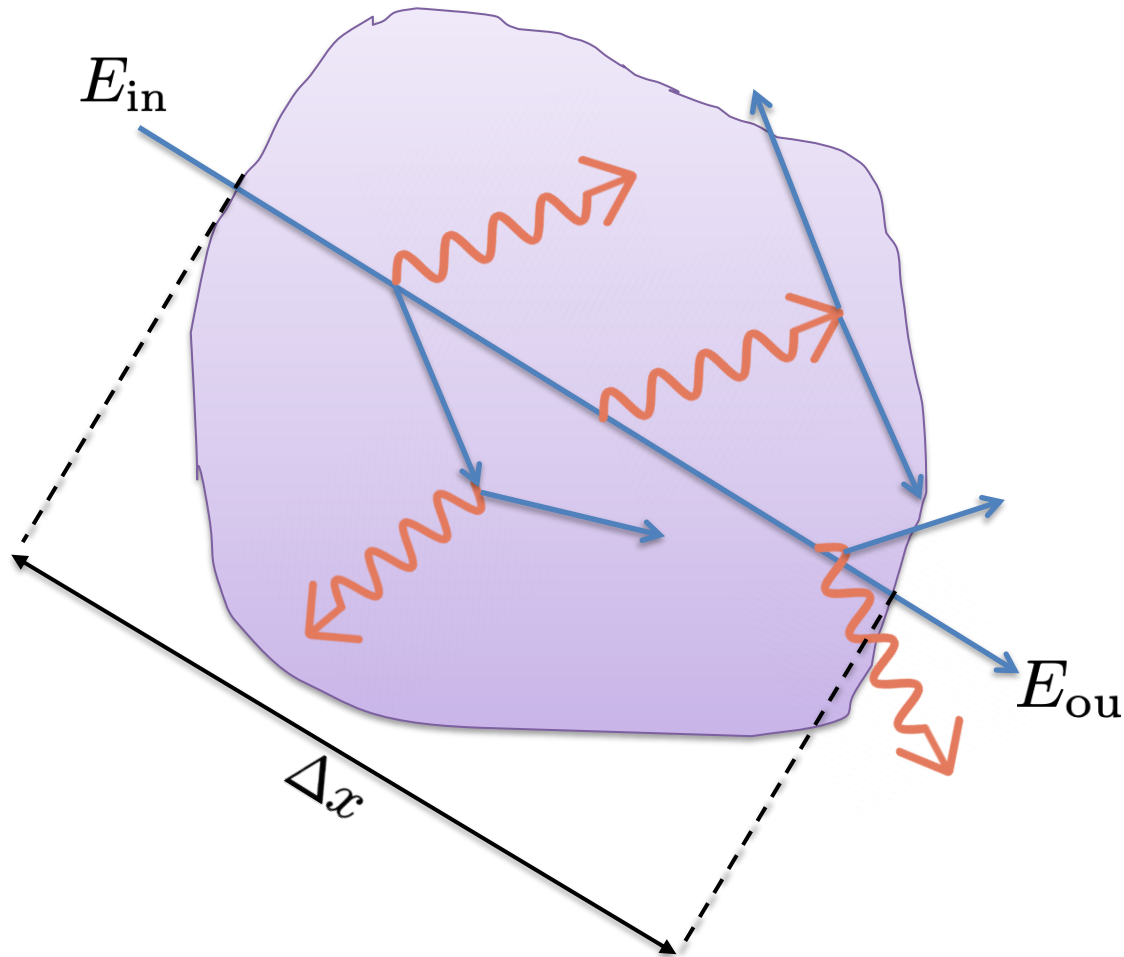
$$\Delta E = E_{\text{ou}} - E_{\text{in}}$$

Stopping power

$$S = \lim_{\Delta x \rightarrow 0} - \left(\frac{\Delta E}{\Delta x} \right) = - \frac{dE}{dx}$$

Unit: keV/ μm or MeV/cm

Linear energy transfer



Energy transferred

Accounts for all energy **transferred** by a single particle inside the volume

$$\Delta E_{tr} = (E_{ou} - \Delta) - E_{in}$$

Energy transferred inside the volume, but deposited outside.

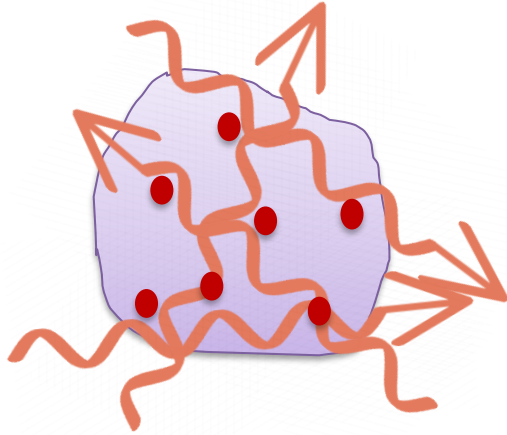
LET

$$L = \lim_{\Delta x \rightarrow 0} - \left(\frac{\Delta E_{tr}}{\Delta x} \right) = - \frac{dE_{tr}}{dx}$$

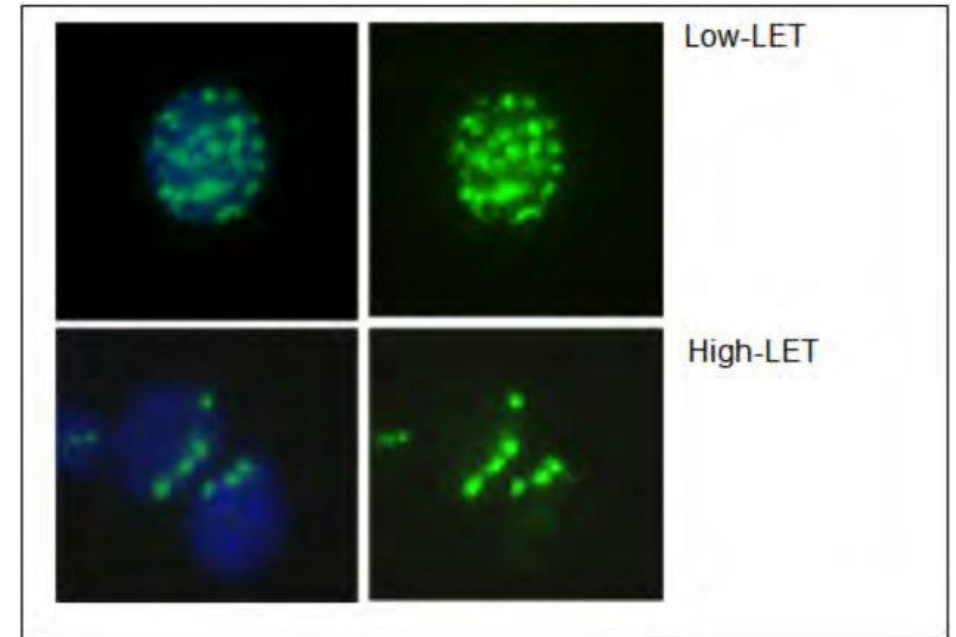
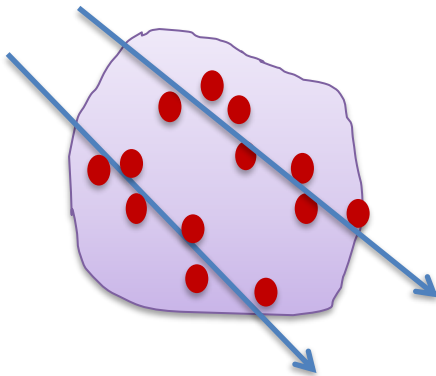
Unit: keV/μm or MeV/cm

LET and the cell damage

Low-LET: Low density of ionisations and scattered



High-LET: High ionisation density and very localised

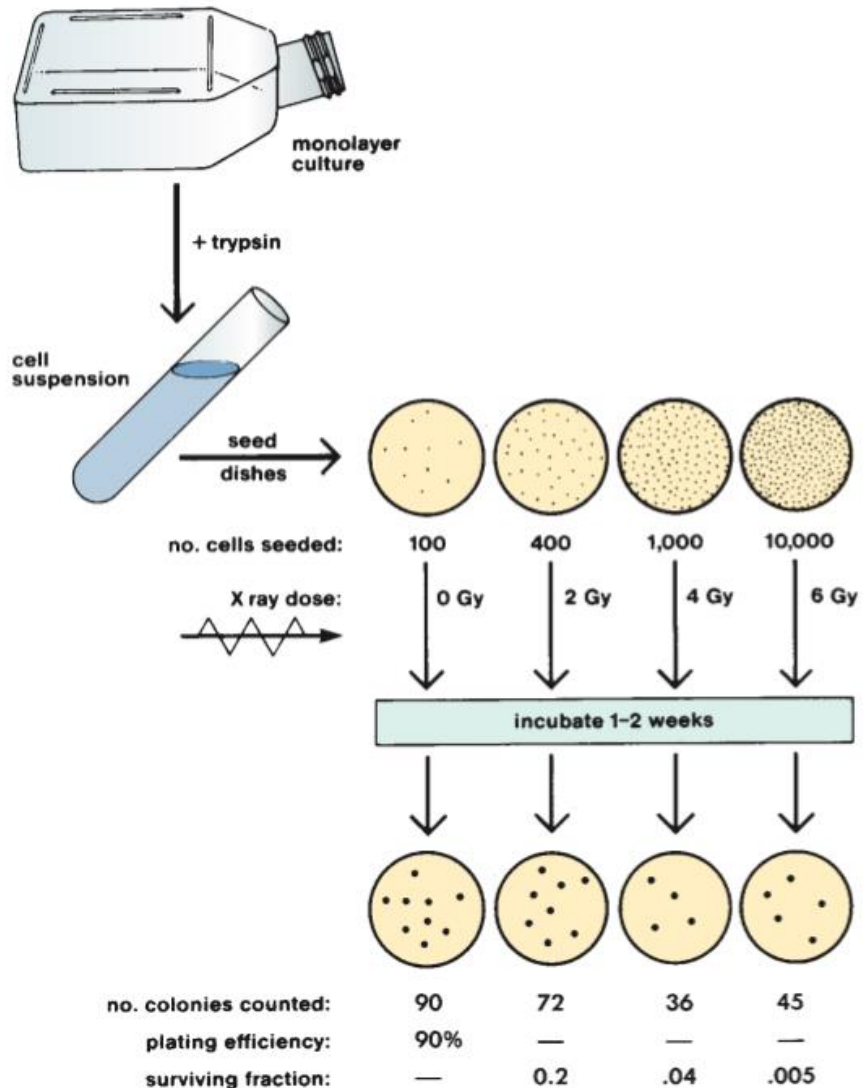


Immunofluorescence image of γ -H2AX foci on human lymphocytes cell nucleus

Low-LET: γ -rays

High-LET: 0.88 MeV protons (28 keV/ μ m)

Clonogenic assay: the gold standard of radiobiology



Plating efficiency

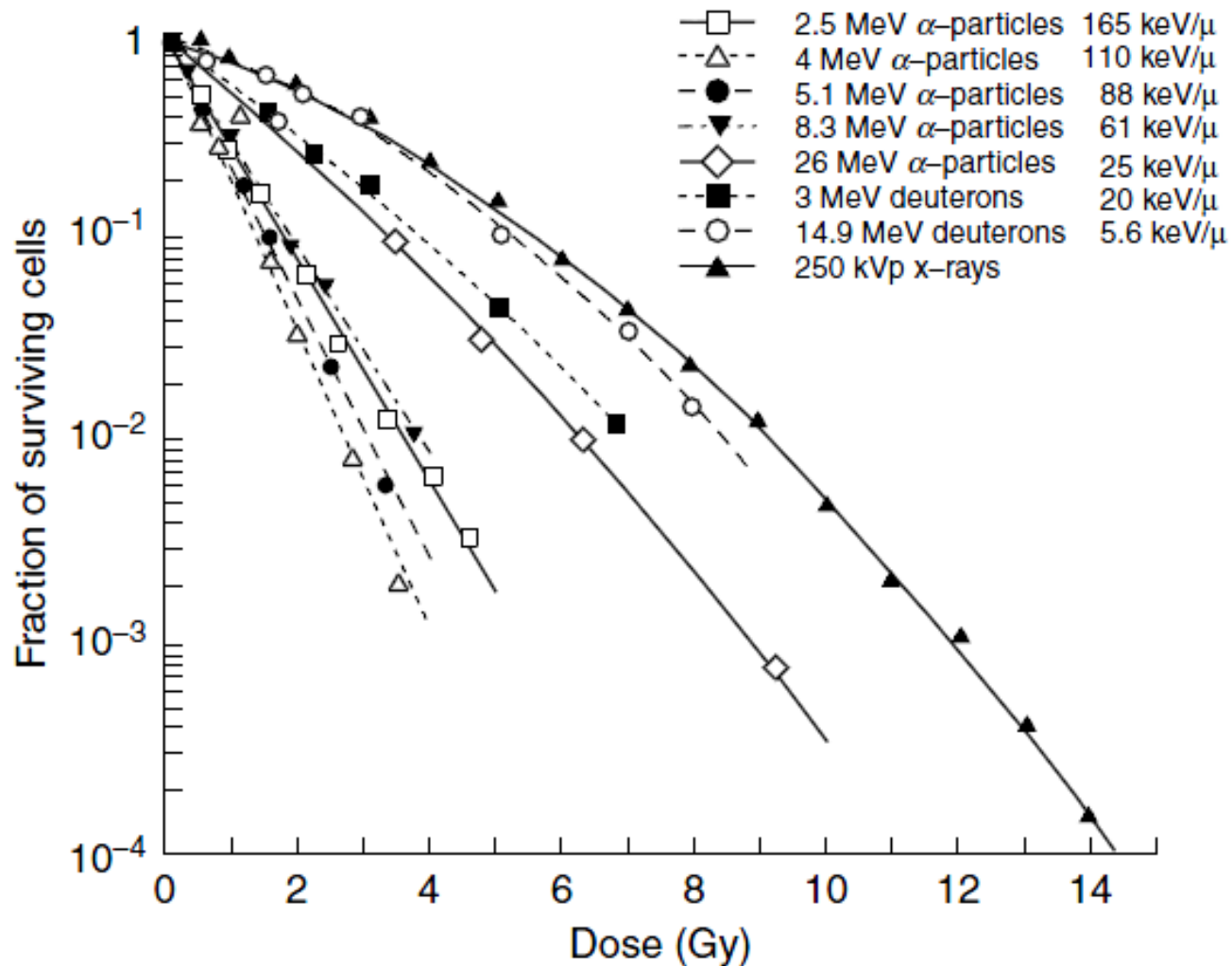
$$PE = \frac{\# \text{ of colonies formed @ } D = 0}{\# \text{ of cells plated}}$$

Survival fraction

$$SF = \frac{\# \text{ of colonies formed @ } D \neq 0}{\# \text{ of colonies formed @ } D = 0}$$

$$= \frac{\# \text{ of colonies formed @ } D \neq 0}{\# \text{ of cells plated} \times PE}$$

SF dose response: LET dependence



Low-LET: Linear Quadratic Model (LQM)

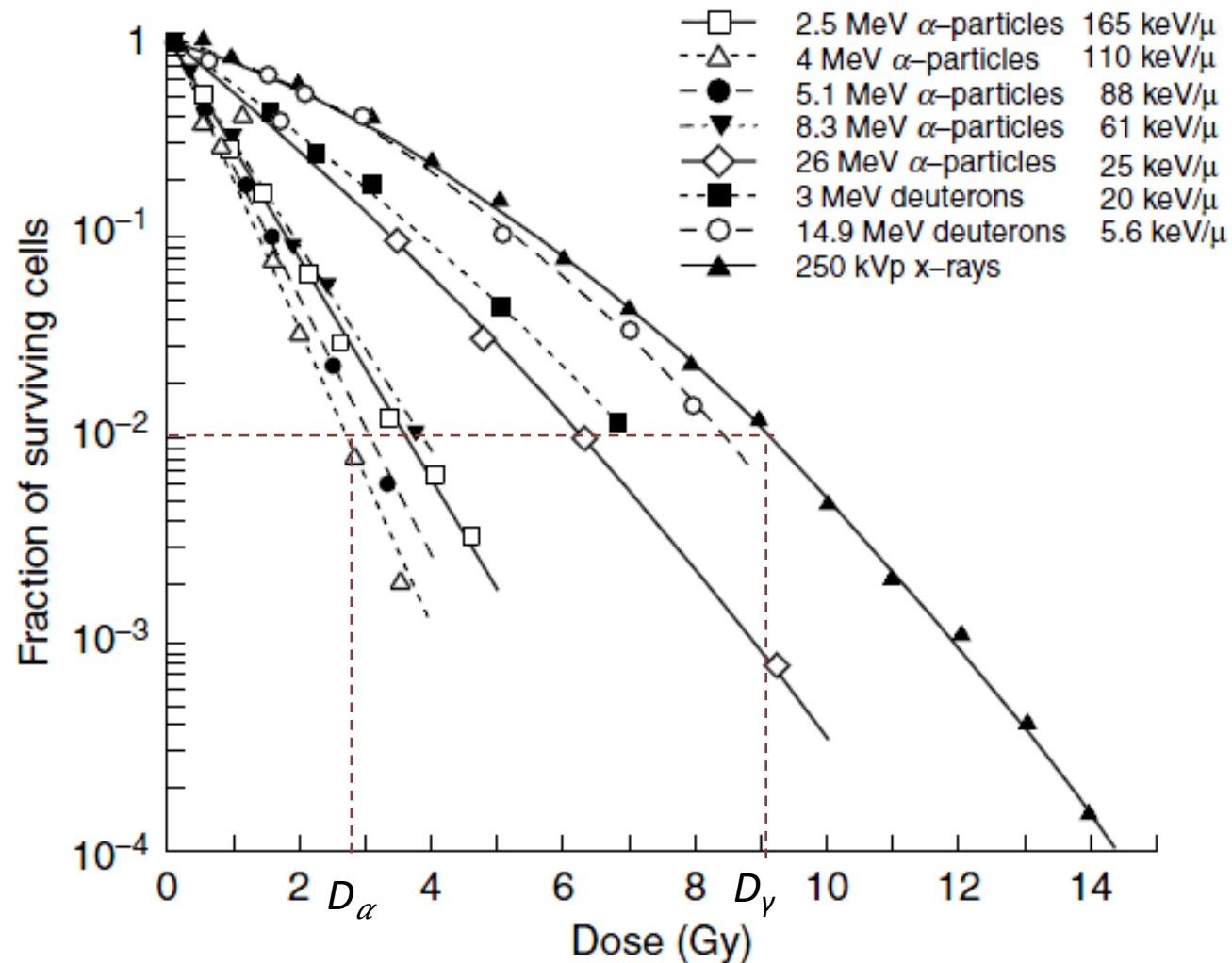
$$SF_{LQM} = e^{-\alpha D - \beta D^2}$$

High-LET: Linear Model (LM)

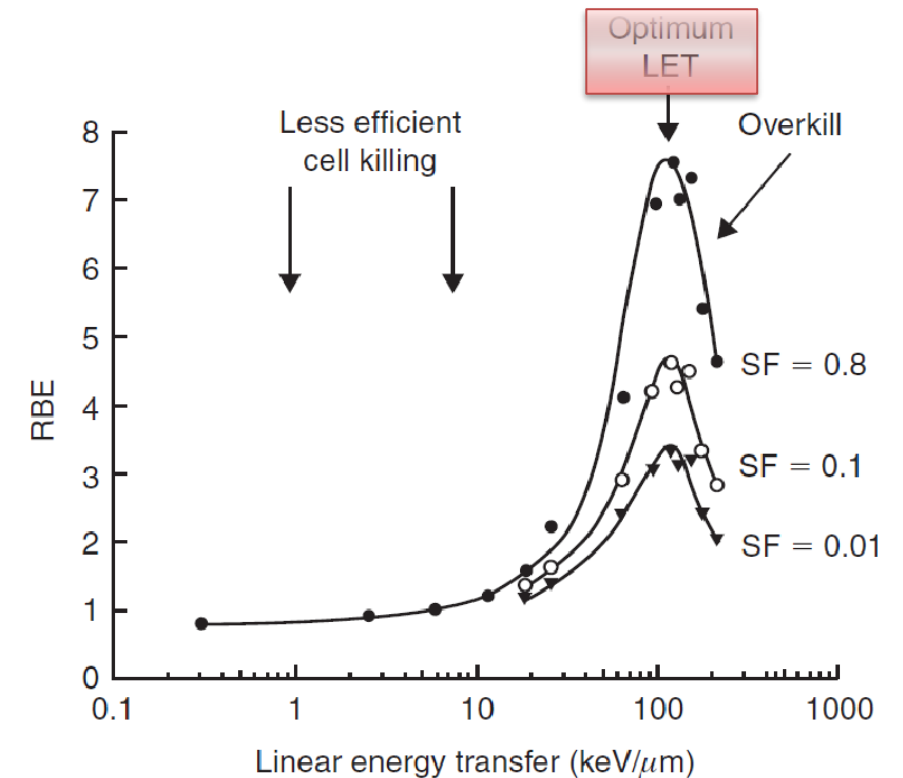
$$SF_{LM} = e^{-\alpha D}$$

Radiosensitivity increases with LET

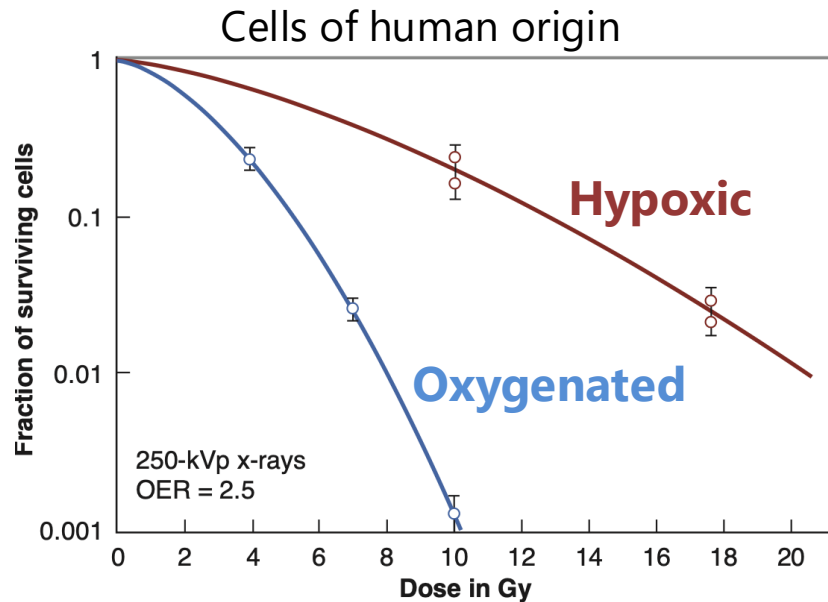
Relative Biological Effectiveness (RBE)



$$RBE = \left(\frac{D_\gamma}{D_\alpha} \right)_{\text{same effect}}$$



SF dose response: Oxygen enhancement effect

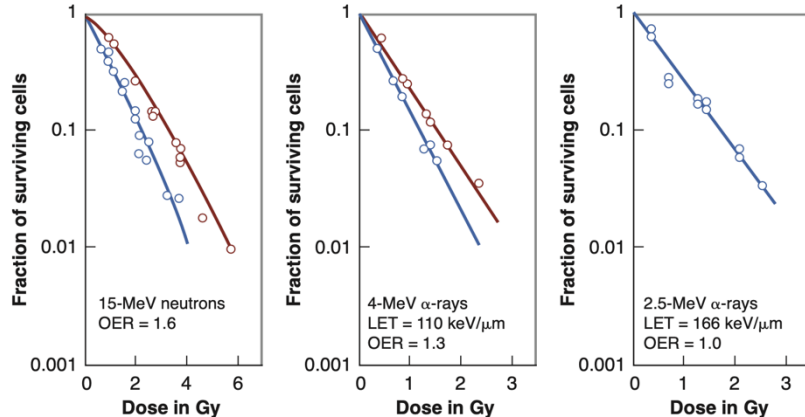


Lower LET:

Hypoxic: lower biological effectiveness (tumour cells)

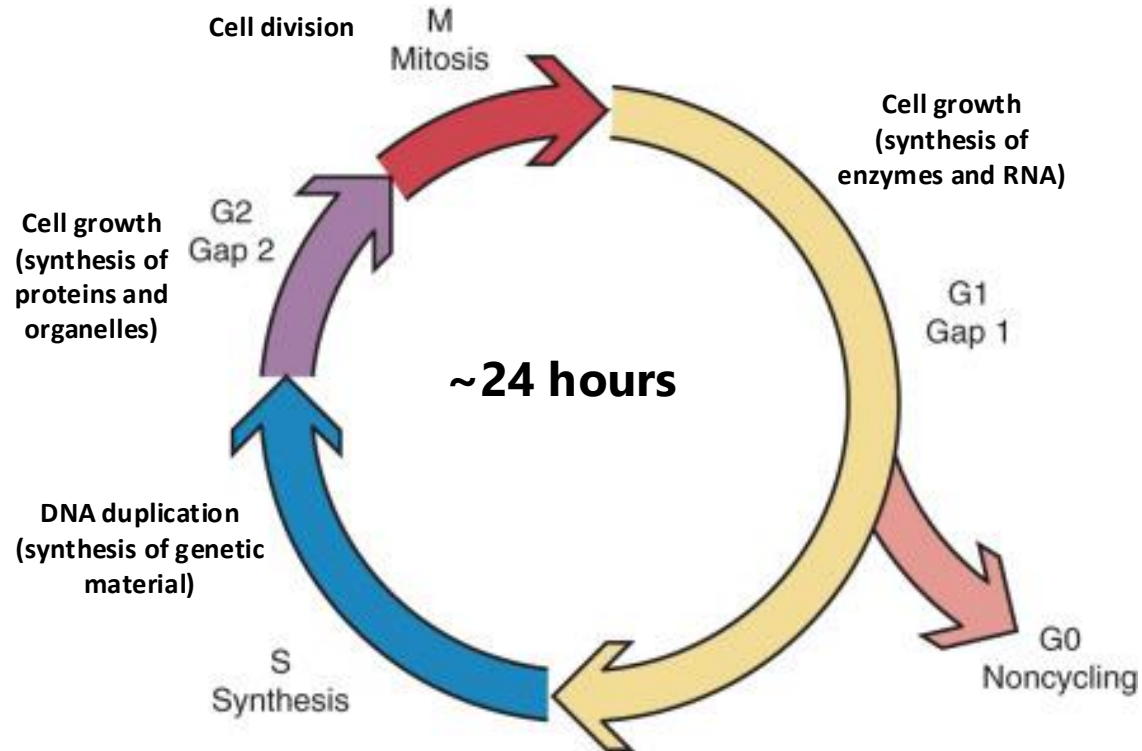
Oxygenated: higher biological effectiveness (normal cells)

Higher LET: independent of oxygen conditions

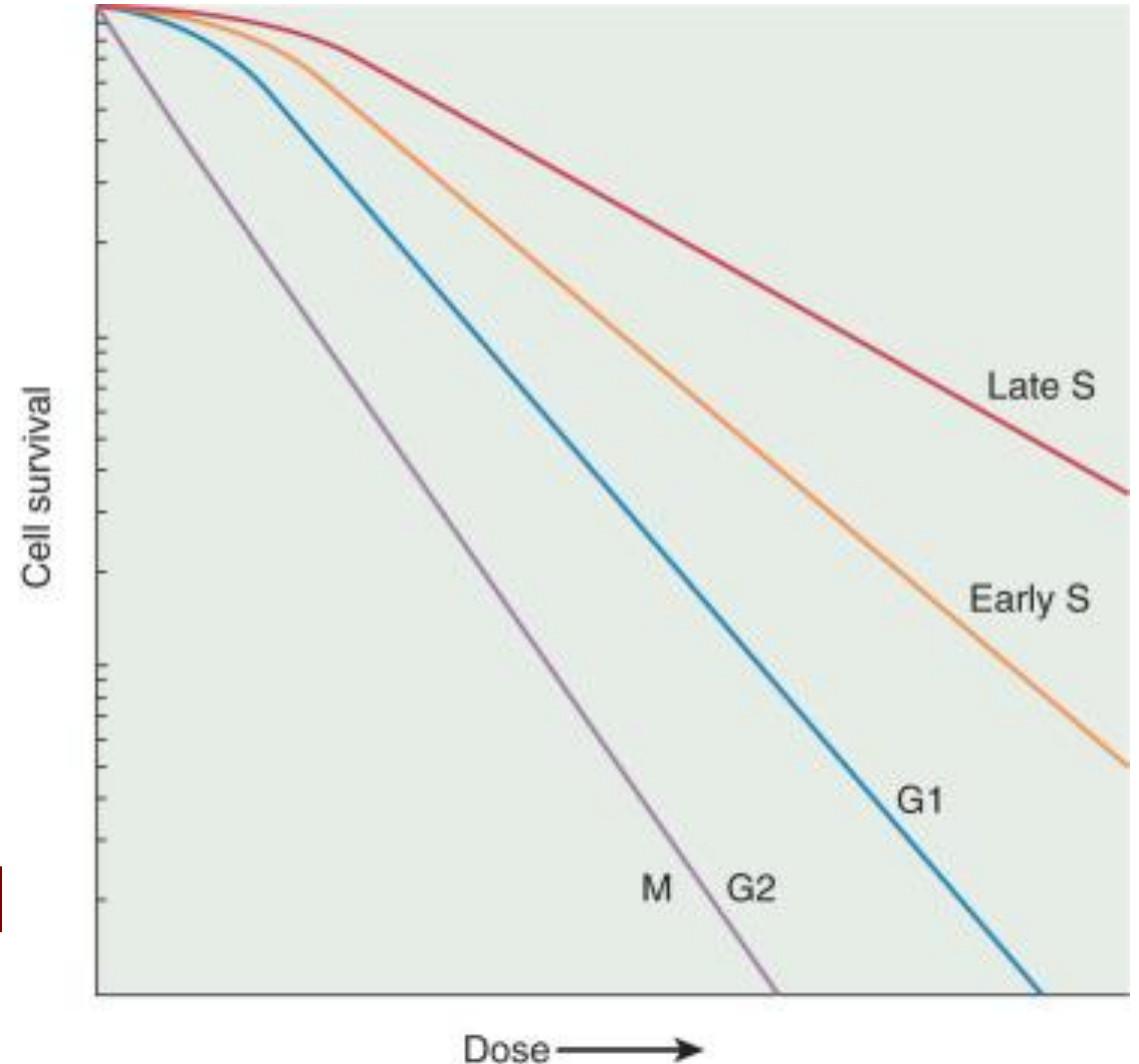


Radiosensitivity increases with oxygen concentration

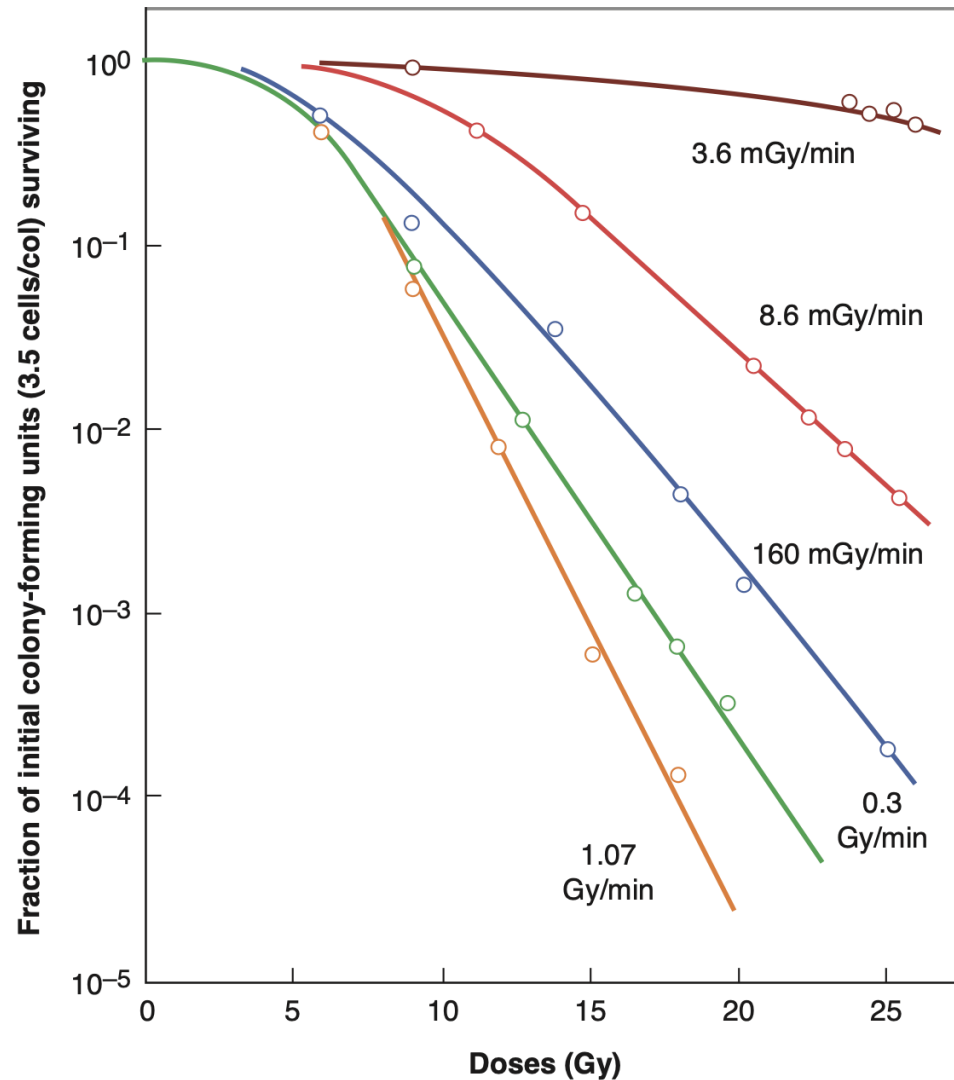
SF dose response: Cell cycle



Radiosensitivity increases during the mitotic phase (G2-M-G1).

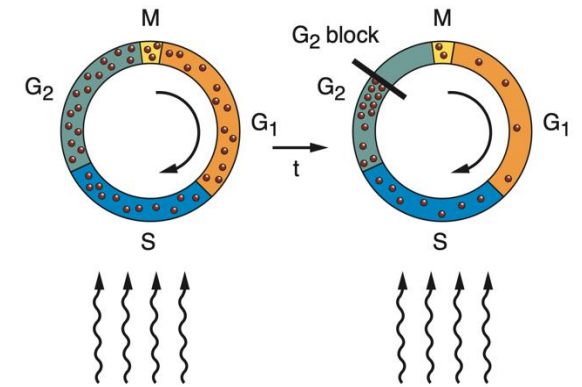
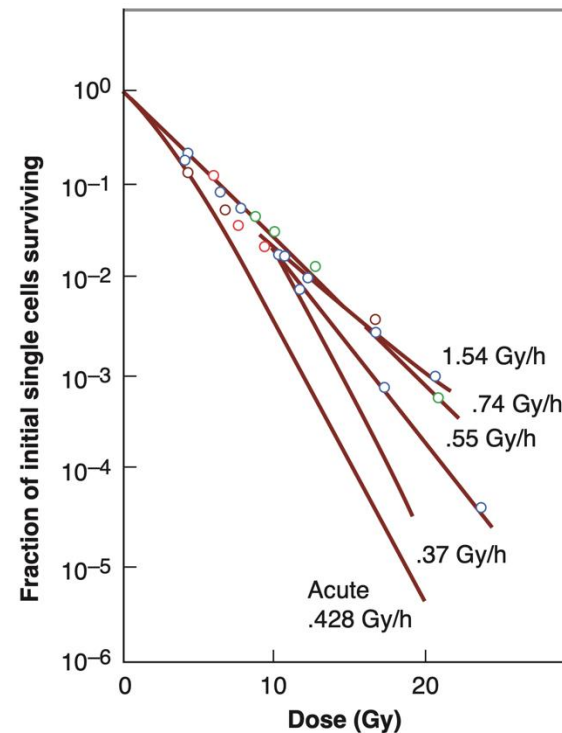


SF dose response: Dose rate effect



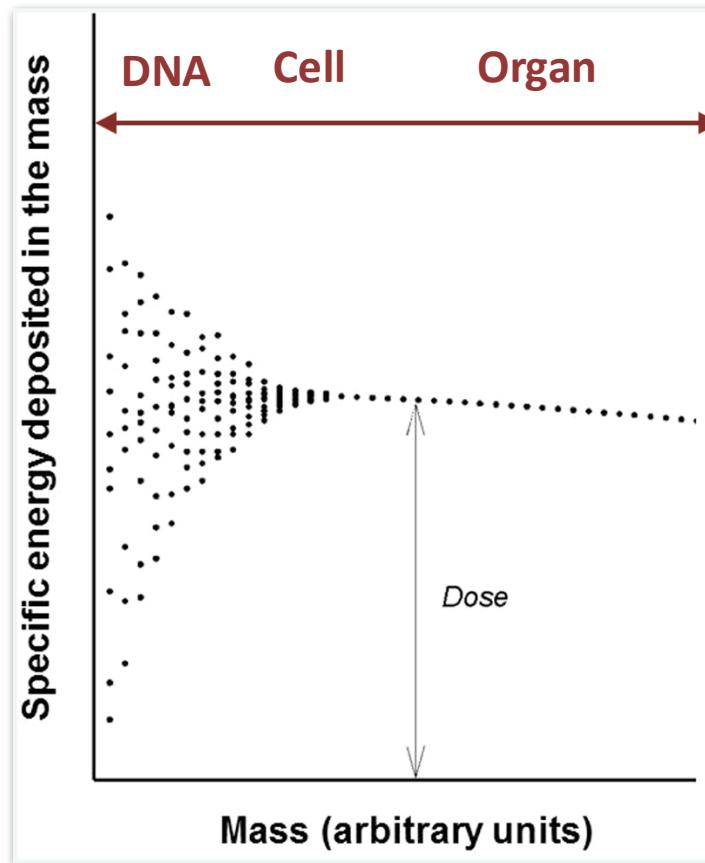
In general, radiosensitivity increases with dose rate, but...

Inverse dose rate effect



Some cells (HeLa) become blocked in the G2 phase at low dose rates → **Higher radiosensitivity**

The need for micro- and nanodosimetry



Stochastic quantities

Specific energy

$$z = \frac{\epsilon}{m}$$

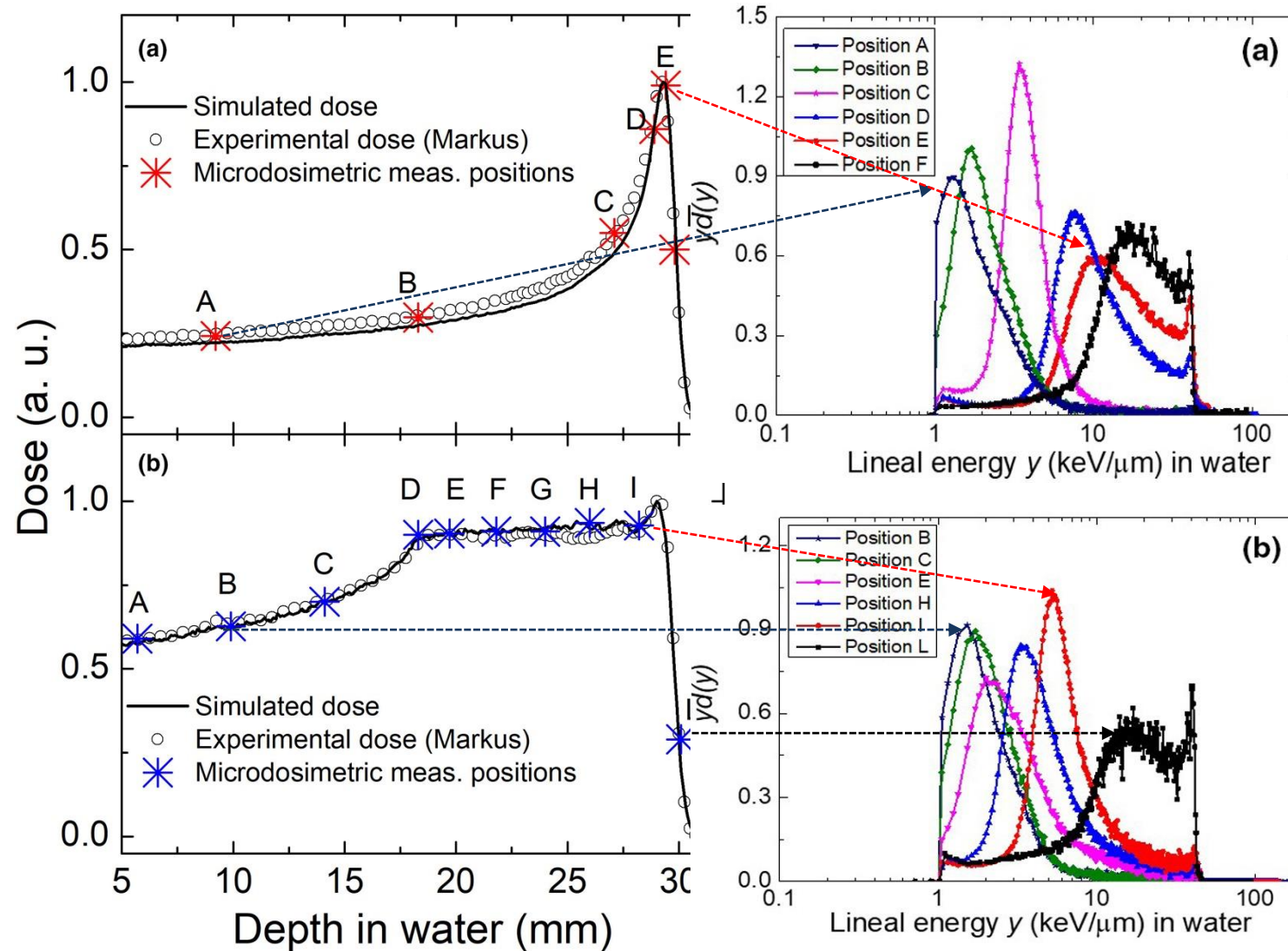
$$\bar{z} = \int z f_z(z) dz \sim D$$

Lineal energy

$$y = \frac{\epsilon}{l}$$

$$\bar{y} = \int y f_y(y) dy \sim L$$

Example: 62 MeV proton beam measurements



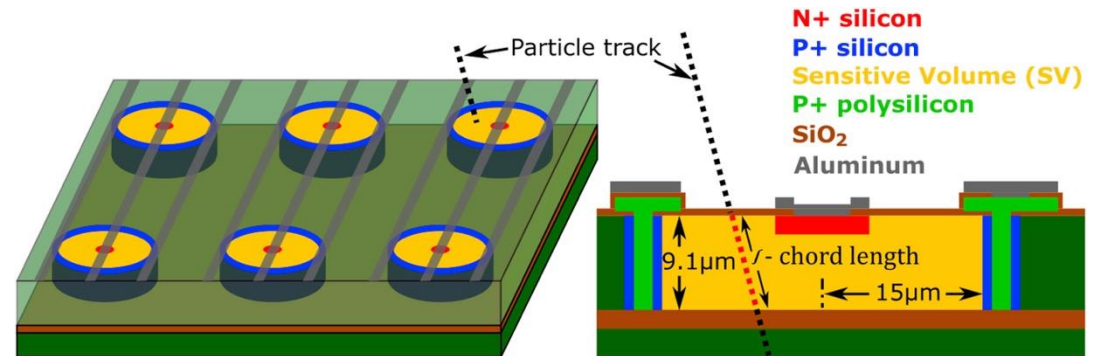
At each depth there is no well-defined LET, but rather a distribution around a mean value.

Microdosimeters

Rossi TEPC (1960)

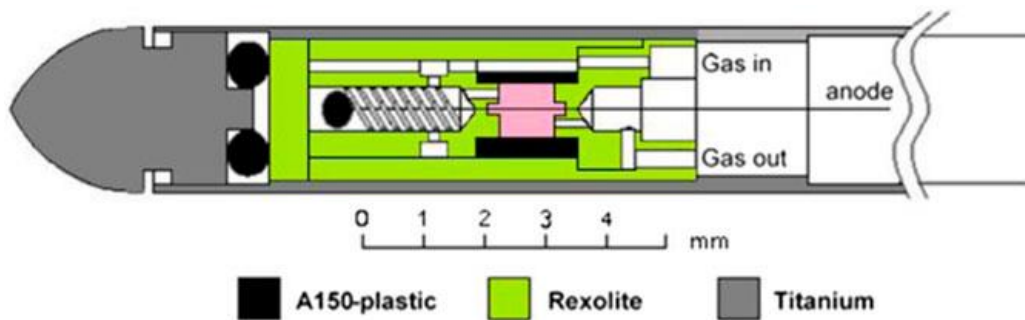


3D SOI μ D



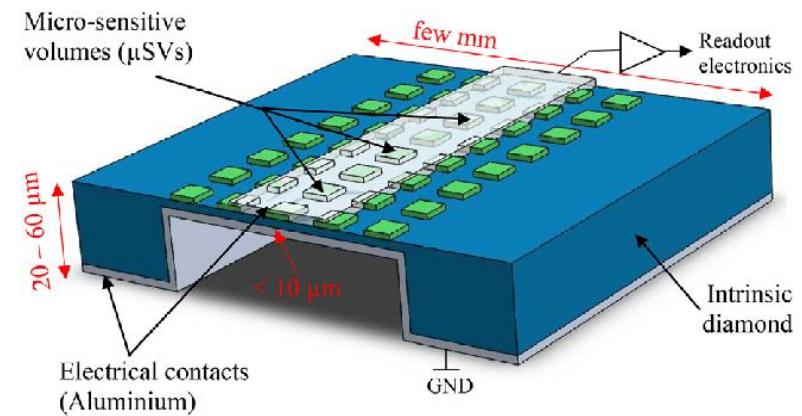
A. T. Samnøy et al. Rad. Phys. Chem. 176 (2020)

Mini-TEPC



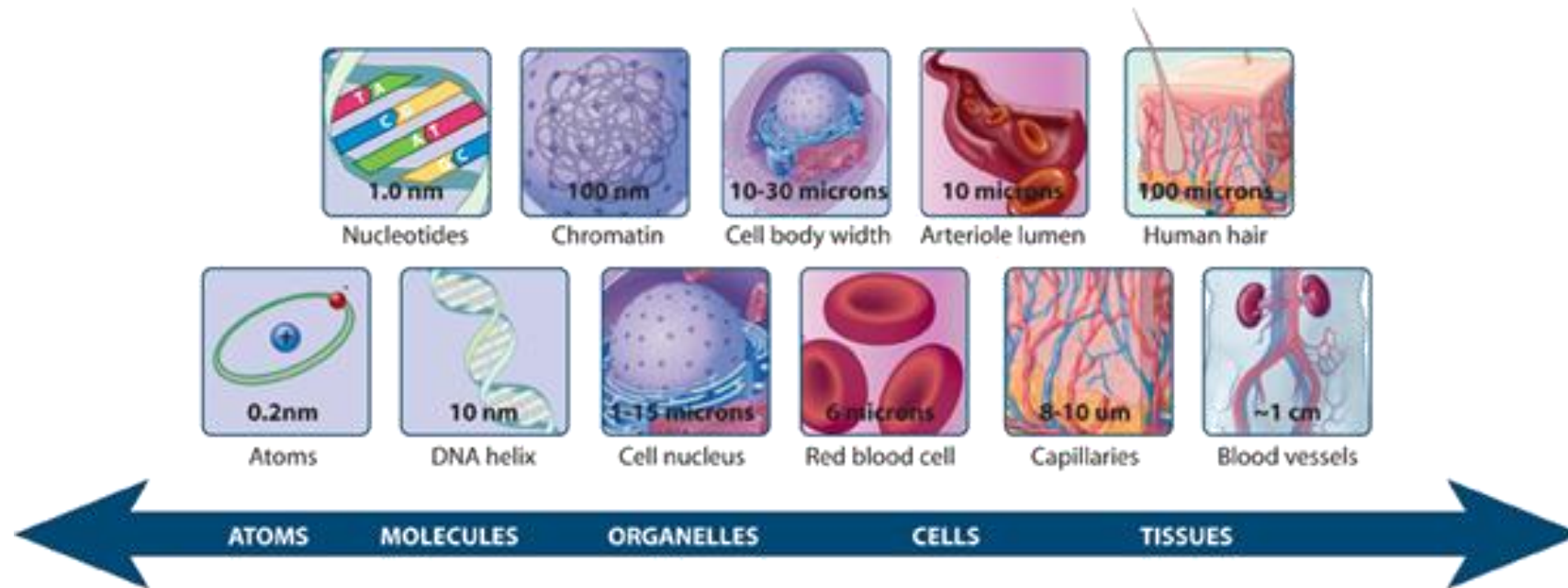
A. Bianchi et al. Rad. Phys. Chem. 202 (2023)

scCVD Diamond μ D



I. A. Zahradnik et al. Phys. Status Solidi A, 215 (2018)

Radiation Dosimetry to Advance RadioTherapy (RADART)



Group thematic lines

- Detectors and materials for high-res. dosimetry
- New modalities and applications in RT

Projects and collaborations

Detectors and materials for dosimetry

- Scintillating optical fibre array for high-res. dosimetry
- Development of materials for micro and nanodosimetry



New modalities and applications in RT

- Modelling radiobiological effects of NPs
- Effects of PT in NDDs

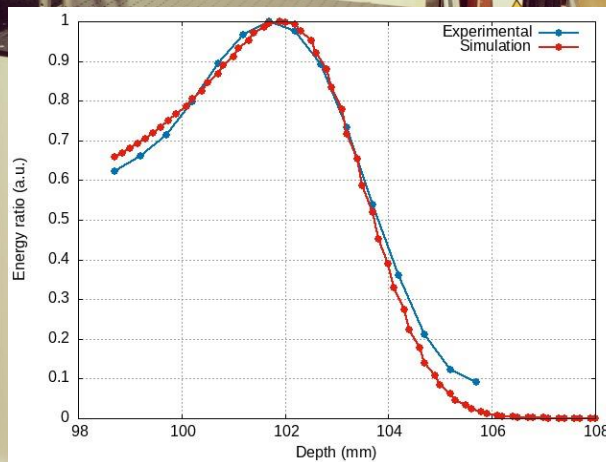
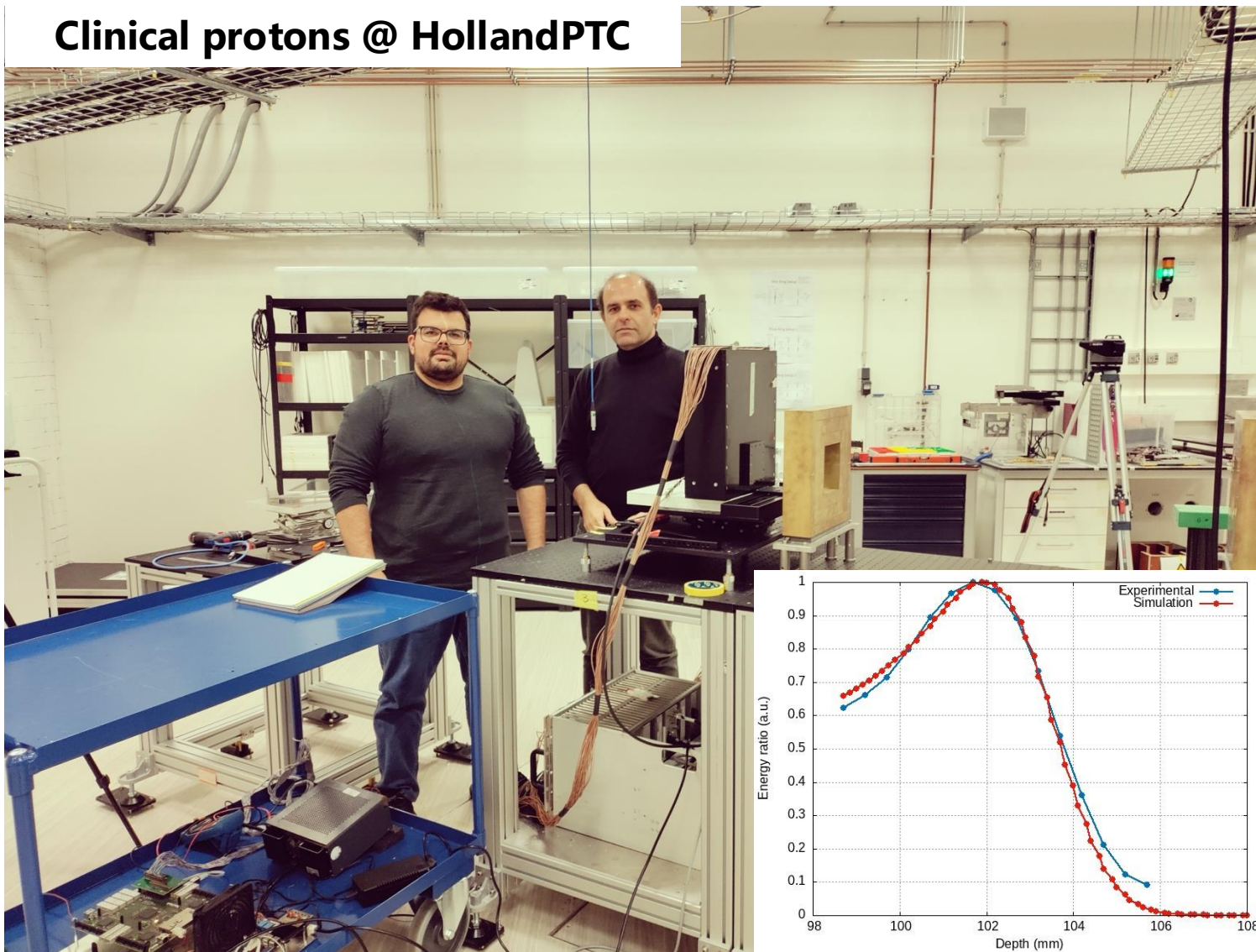


Universidade do Minho



Detectors and materials for dosimetry

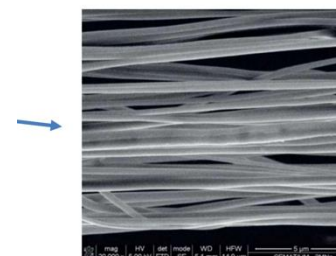
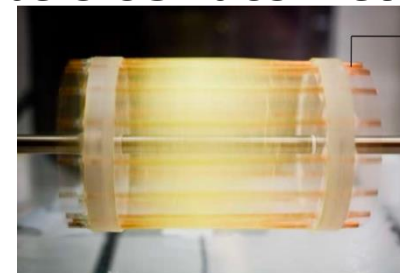
Clinical protons @ HollandPTC



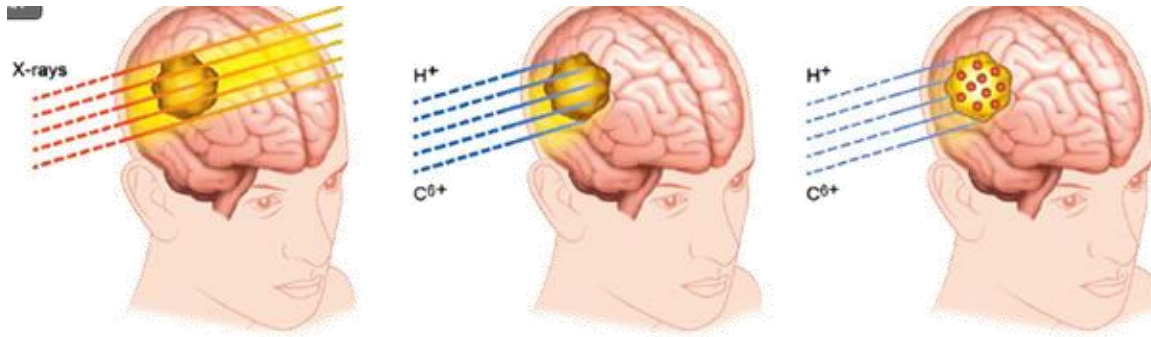
OSL-FNTD crystals



Nanofibers OSL dosimetry



New modalities and applications in RT



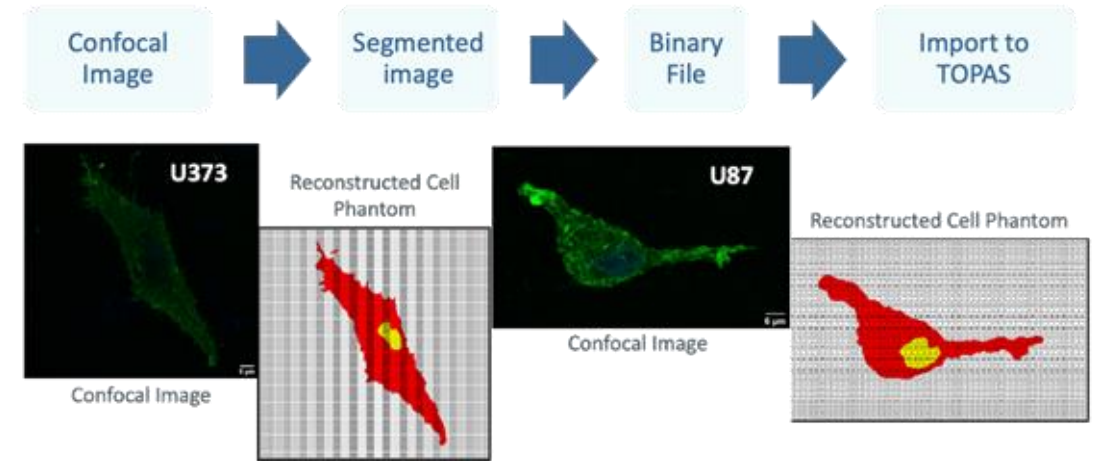
S. Lacombe et al. Cancer Nanotechnol. 8(1) (2017)

- Increase production of secondary particles
- Increase production of ROS



Enhancement of the therapeutic effect

Modelling radiobiological effects of NPs

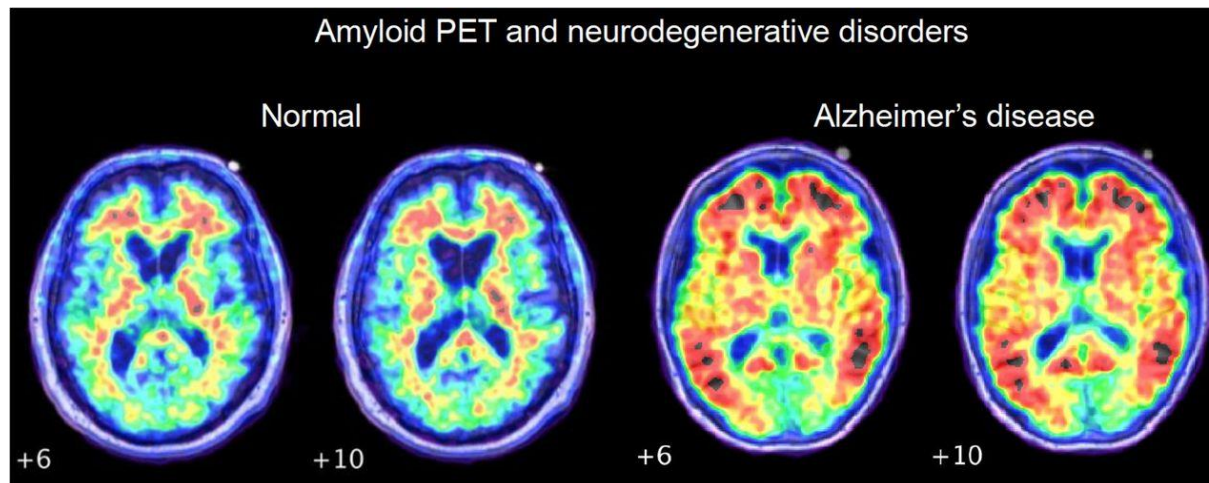
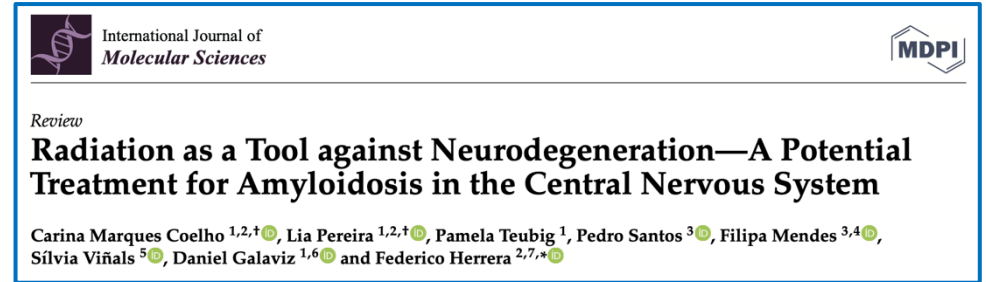


- Monte Carlo simulations (TOPAS nBio)
- Radiobiological models
- Compare with experimental data

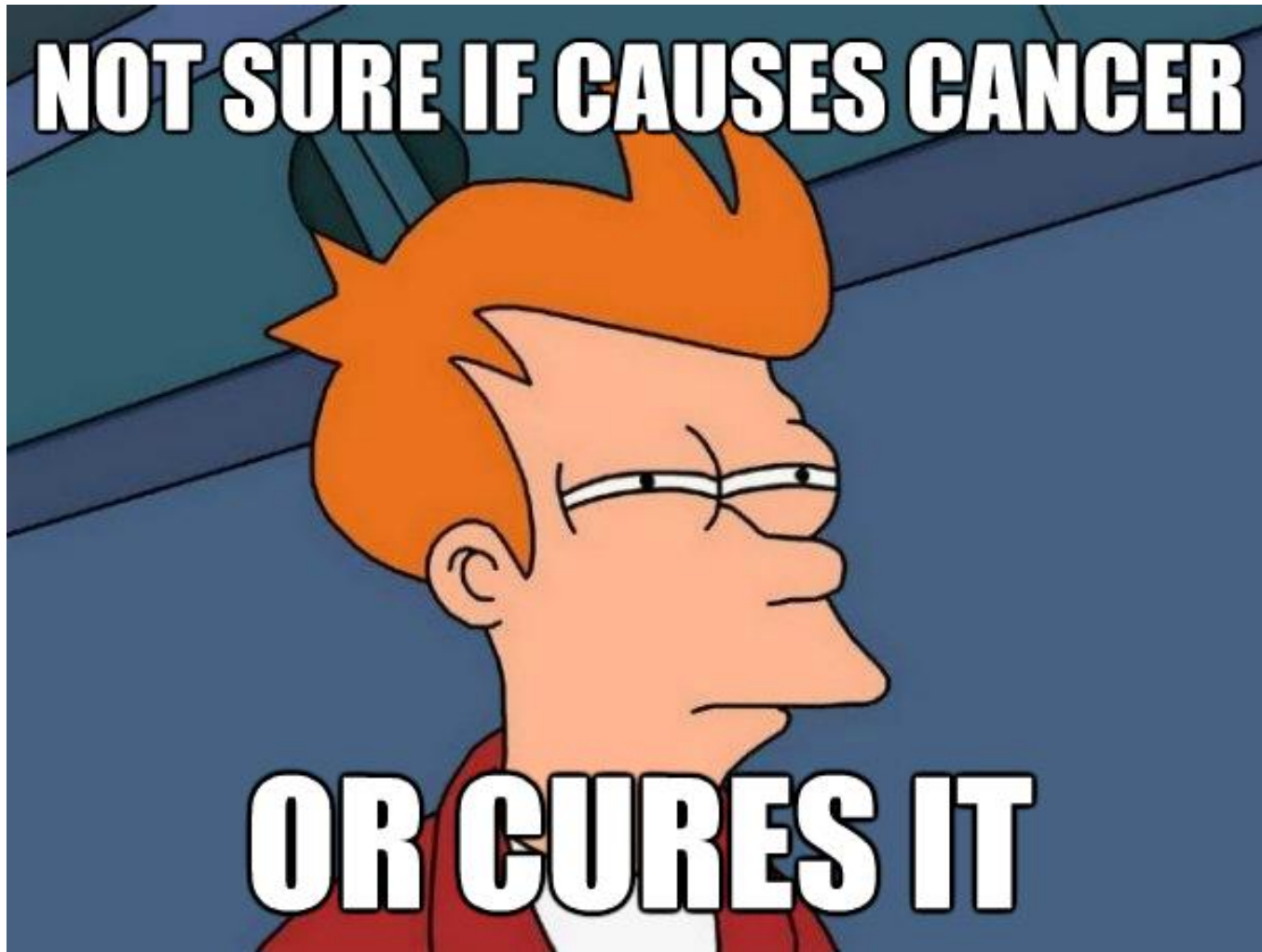
New modalities and applications in RT

Effects of low-dose (< 0.1 Gy) in neurodegenerative disorders (NDDs)

- Irradiation of brain cells with different types of radiation
- Assess the production of ROS
- Effects on the destruction of protein aggregates (amyloidosis)
- Model based on Monte Carlo simulations (TOPAS nBio)



NDD are associated with increased protein aggregations (amyloidosis)



Thanks for
your
attention!
