

State of the Art Film Dosimetry

Micke A., Lewis D.

Ashland Inc. – Advanced Materials

Ashland proprietary technology, patents pending



Ashland Inc.

A. Micke, D. Lewis, Oregon, November 2012

www.FilmQAPro.com

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Film Dosimetry

- Radiochromic Film EBT2/EBT3
- One-Scan Protocol
- Multi-channel Film Dosimetry
- FilmQA Pro software



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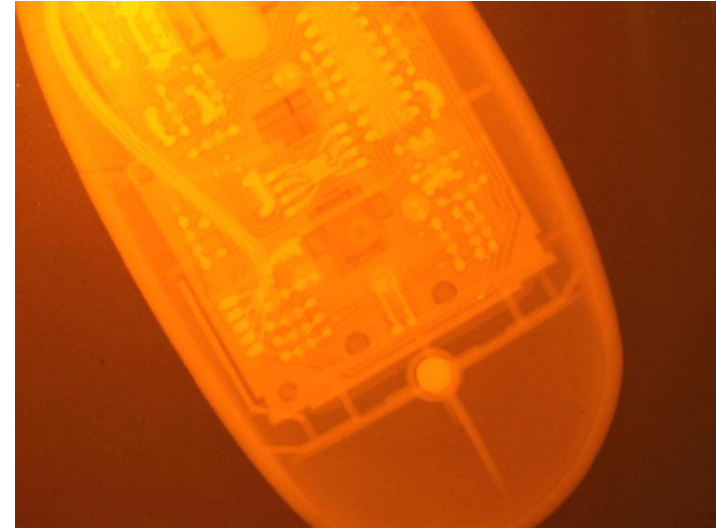
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Radiochromic Film

A film that

- changes color on exposure to ionizing radiation
- Color change instantly
- No chemical or physical processing



Films for Dose Measurement

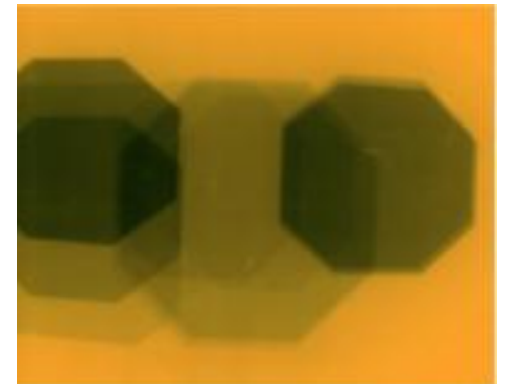
➤ Radiotherapy MV photons, electrons, protons

- EBT2/EBT3 - 1 cGy to >40 Gy
- MD-55-V2 - 2 Gy to 100 Gy
- HD-810 - 10 Gy to 400 Gy



➤ Radiology kV photons

- XR-RV3 - 5 cGy to 15 Gy
- XRQA2 - 1 mGy to 20 cGy



EBT2 and EBT3 - Configuration

Polyester Laminate , 50 μm
Adhesive Layer, 25 μm
Active Layer, ~28 μm

EBT2

Polyester, 175 μm

Matte Polyester, 120 μm

Active Layer, ~28 μm

EBT3

Matte Polyester, 120 μm



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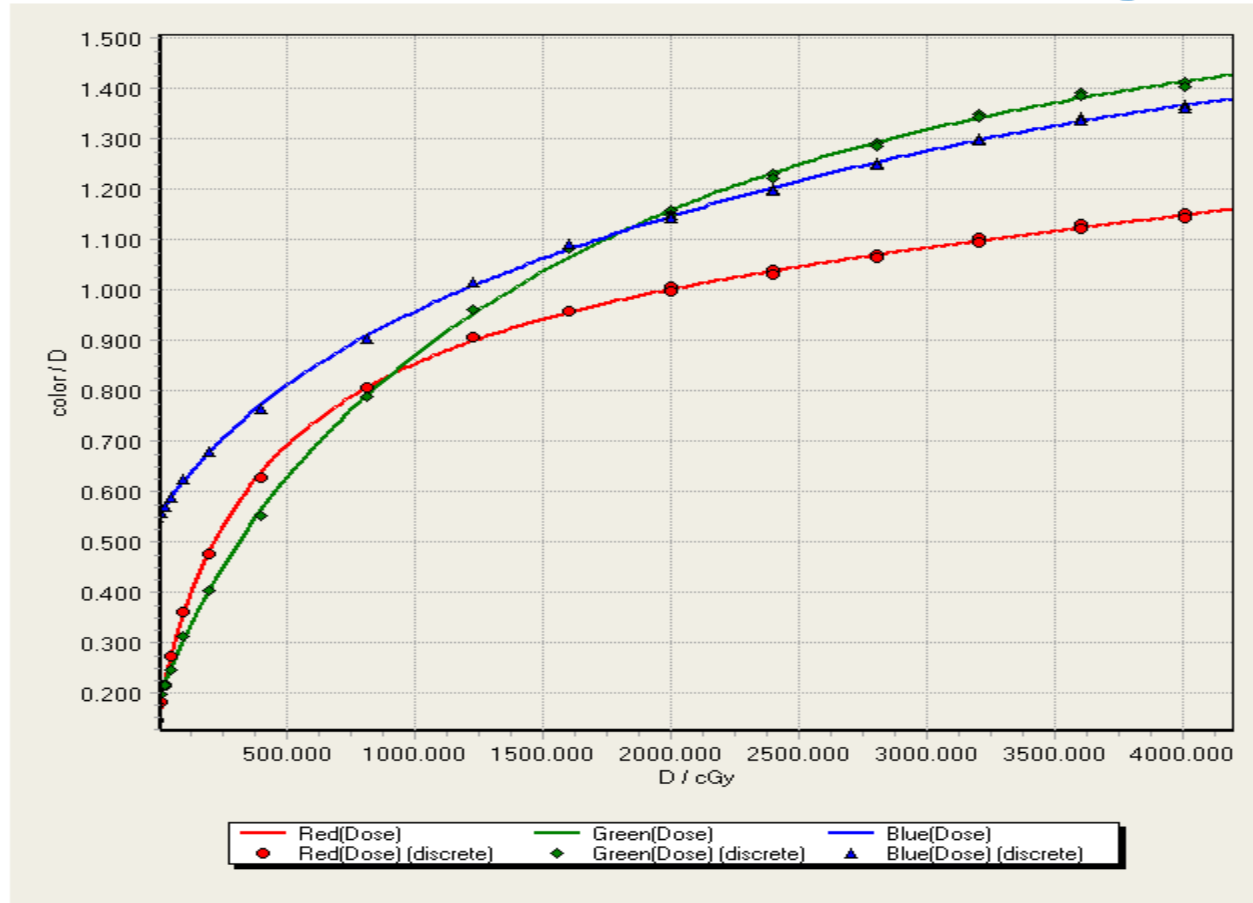
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Radiochromic Film Trends

- Trends in conformal therapy
 - Less fractions
 - Higher doses per fraction
 - Tighter conformity
 - Arc therapy
- Trends place high value on radiochromic film
 - High spatial resolution
 - Wide dynamic range
 - Angular independence

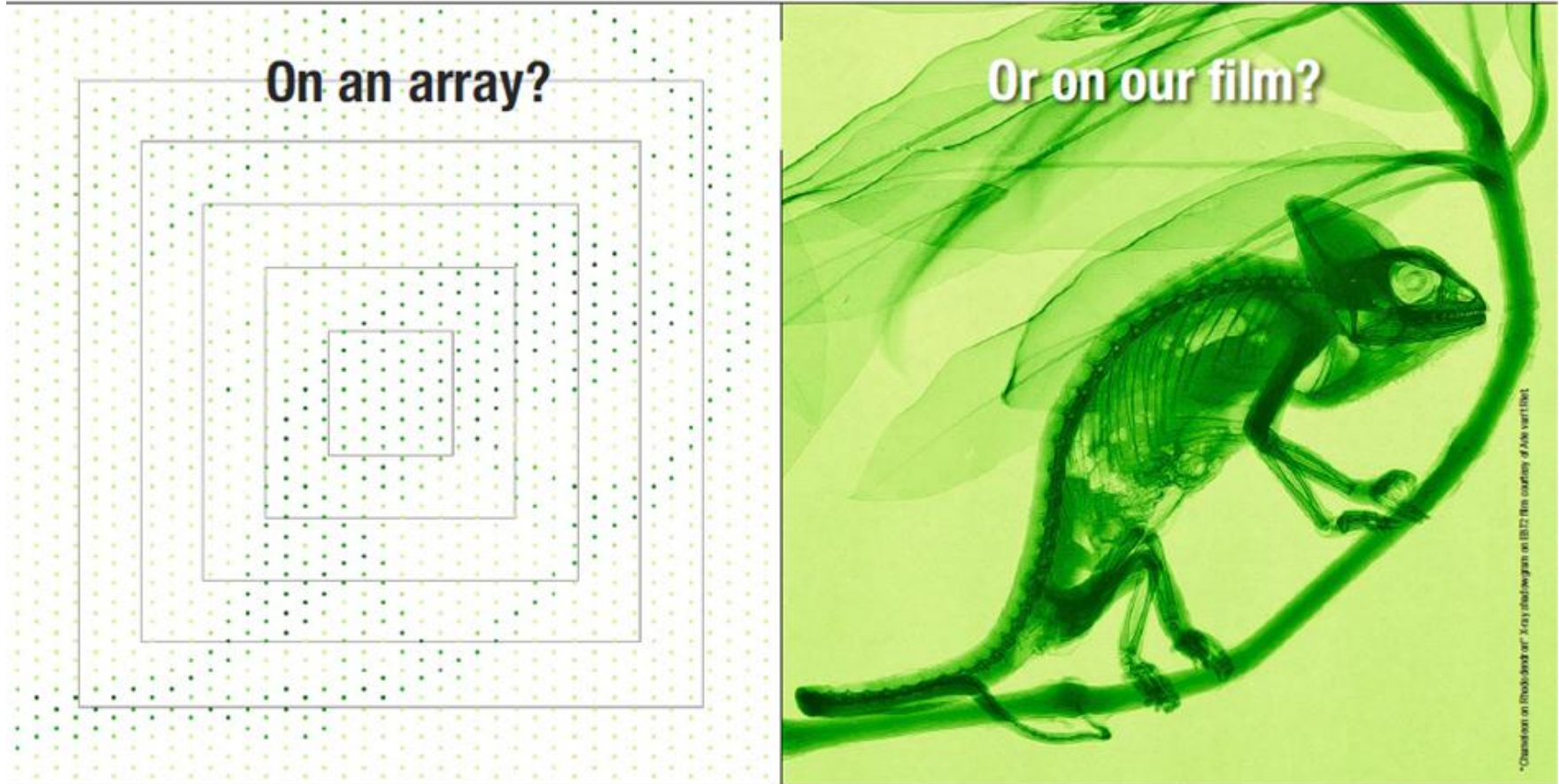
EBT2/3 - Dose Range



Dynamic range ~ 2 cGy to $>> 40$ Gy

EBT2/3 – Spatial Resolution

Measure, recognize reality – 5 dpi vs. 1000 dpi



EBT2/3 – Benefits at a Glance

- High spatial resolution
- Shoot from any angle
- Near water-equivalent
- Nearly energy independent
- Handle in light
- Cut to size, bend to shape
- Immerse in water
- Wide dynamic range

Highly valuable for new conformal therapies



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Measuring Gafchromic Film

- Color reference chart
- Densitometer
- Scanner
 - Flatbed
 - 16 bit/channel
 - Preferably RGB (enables multi-channel)
- Epson flatbed scanners
 - 10000XL + transparency adapter
area 12.2" x 17.2"
 - V700, V750, 1680 and 4990
area 8" x 10"



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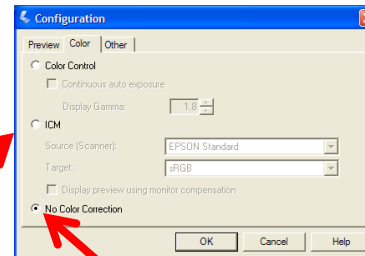
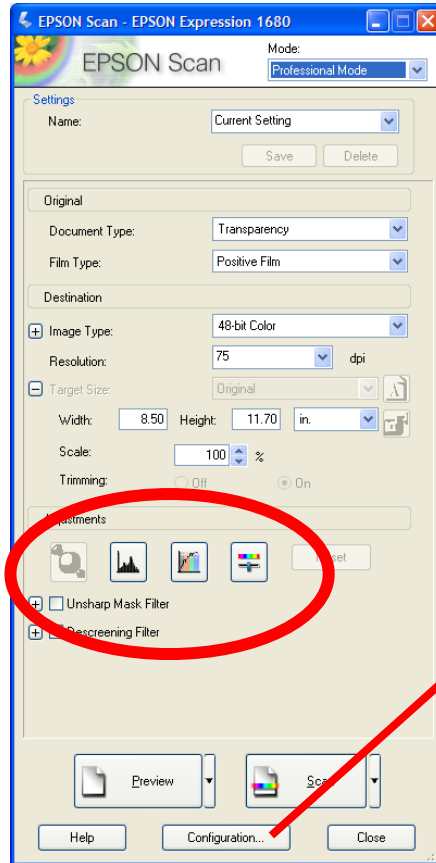
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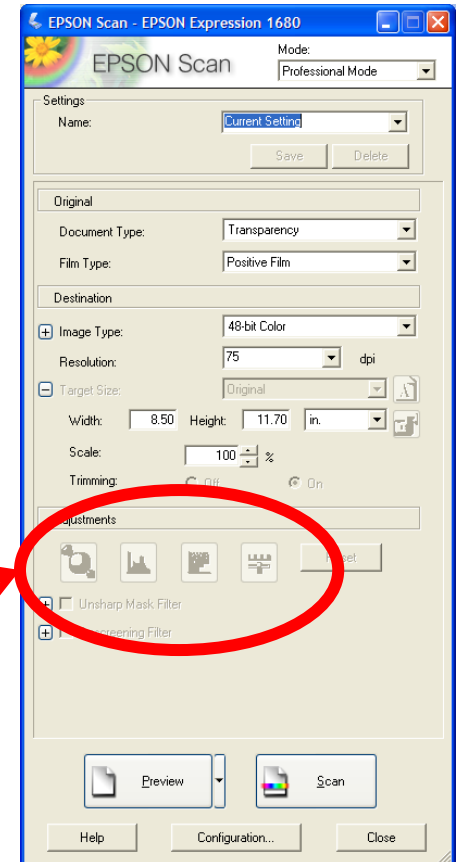
Measuring – Color Correction

➤ **Disable color correction options !**

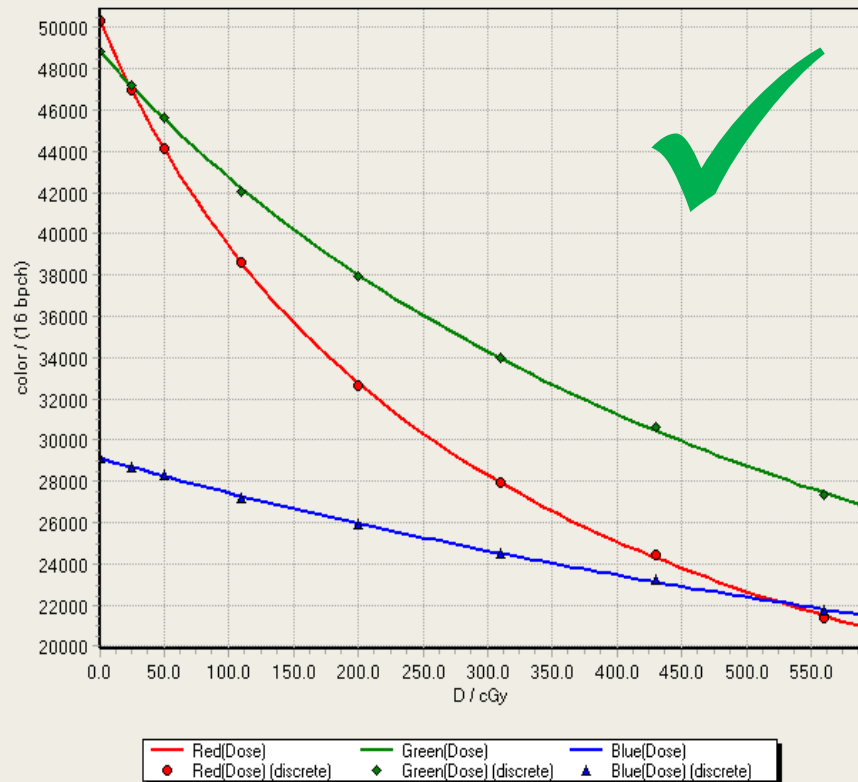
➤ Epson:



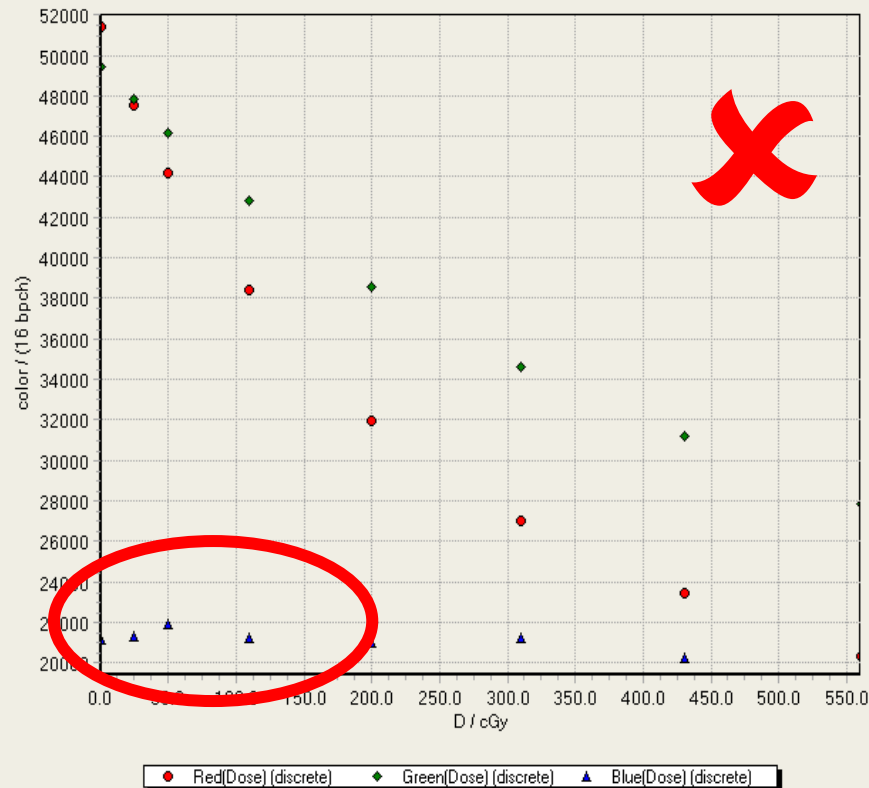
Check "No Color Correction"



Measuring – Color Correction



Off



On



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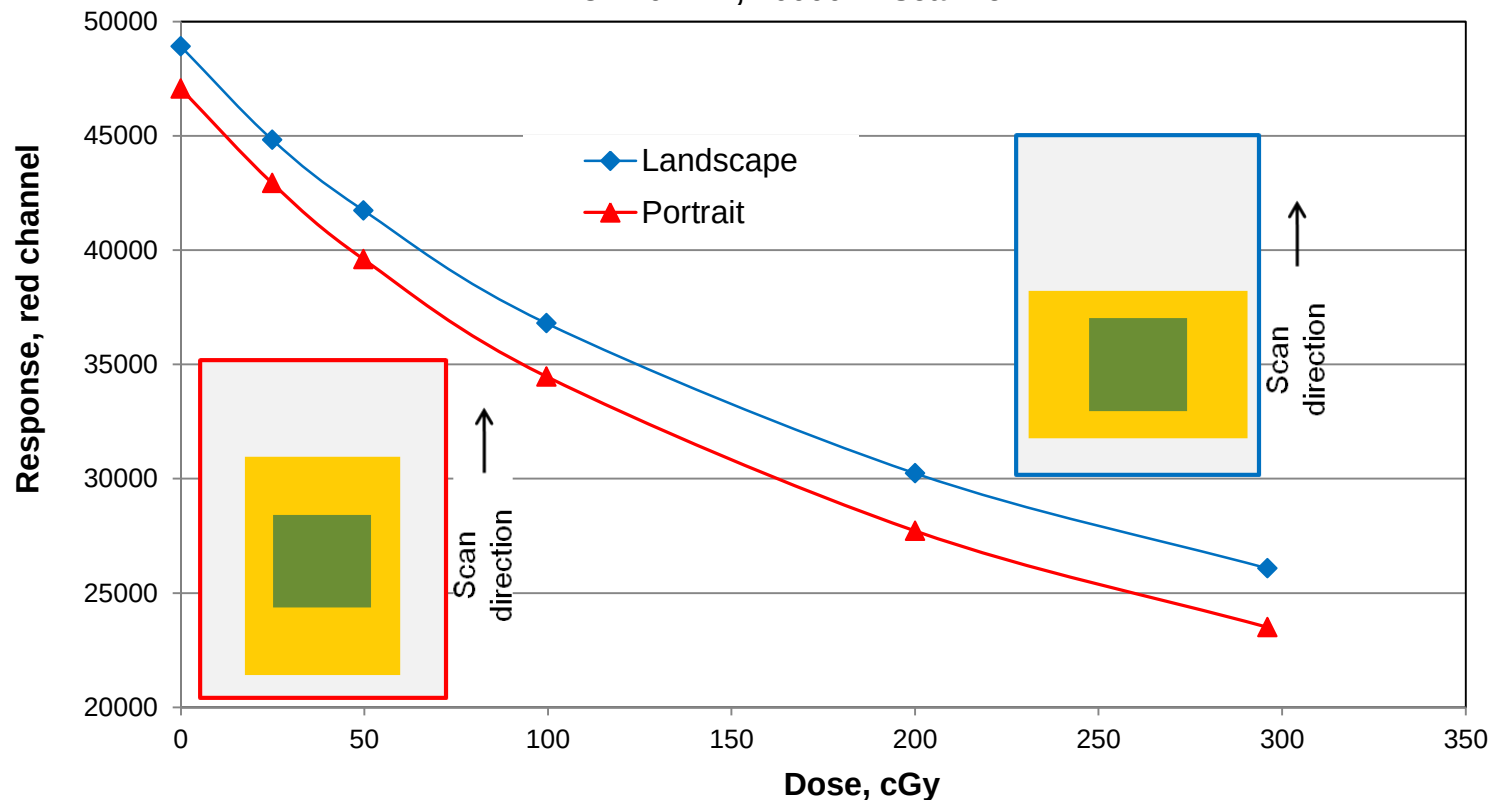
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Measuring – Scan Orientation

Orientation Dependence

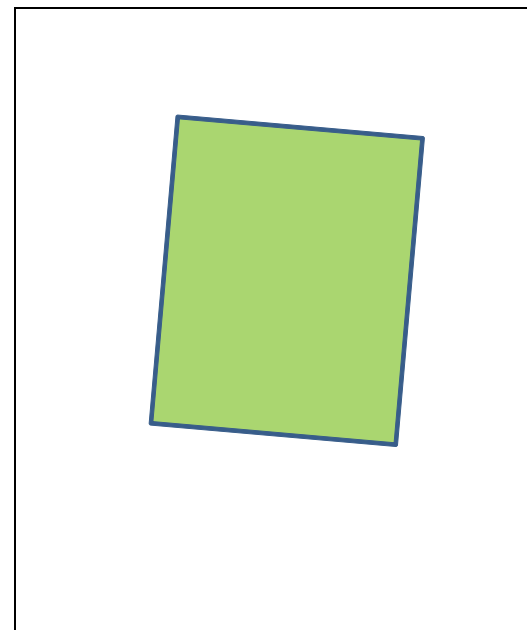
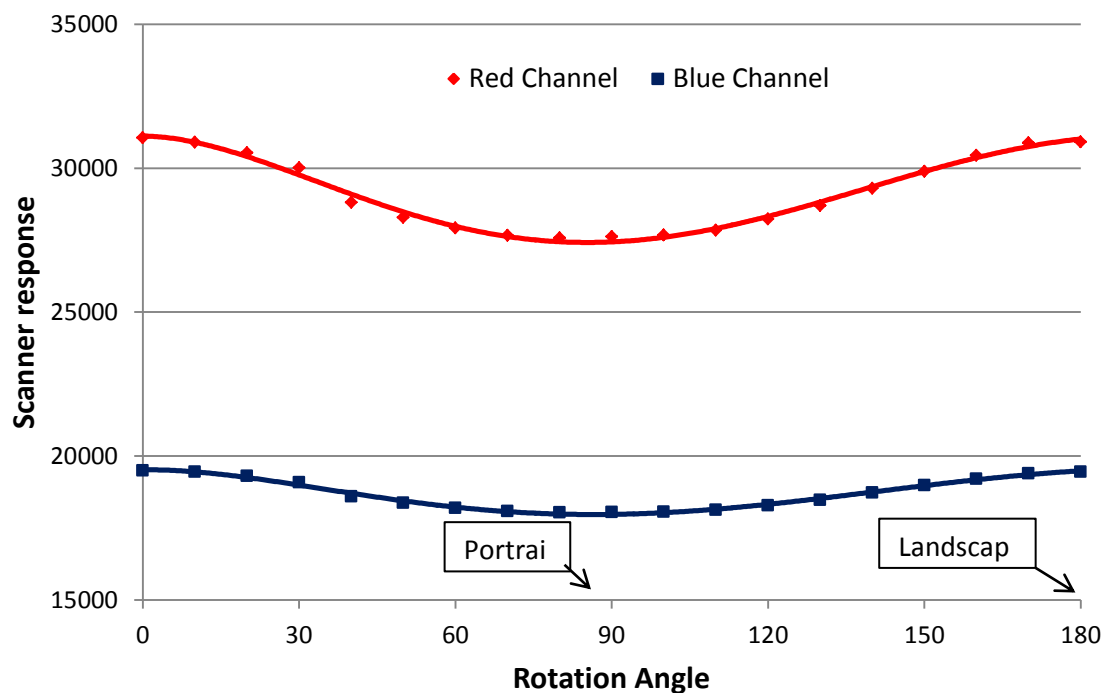
EBT3 A101711; 10000XL scanner



Both deliver similar results – choose and be consistent!

Measuring – Scan Orientation

Angular Dependence of EBT2

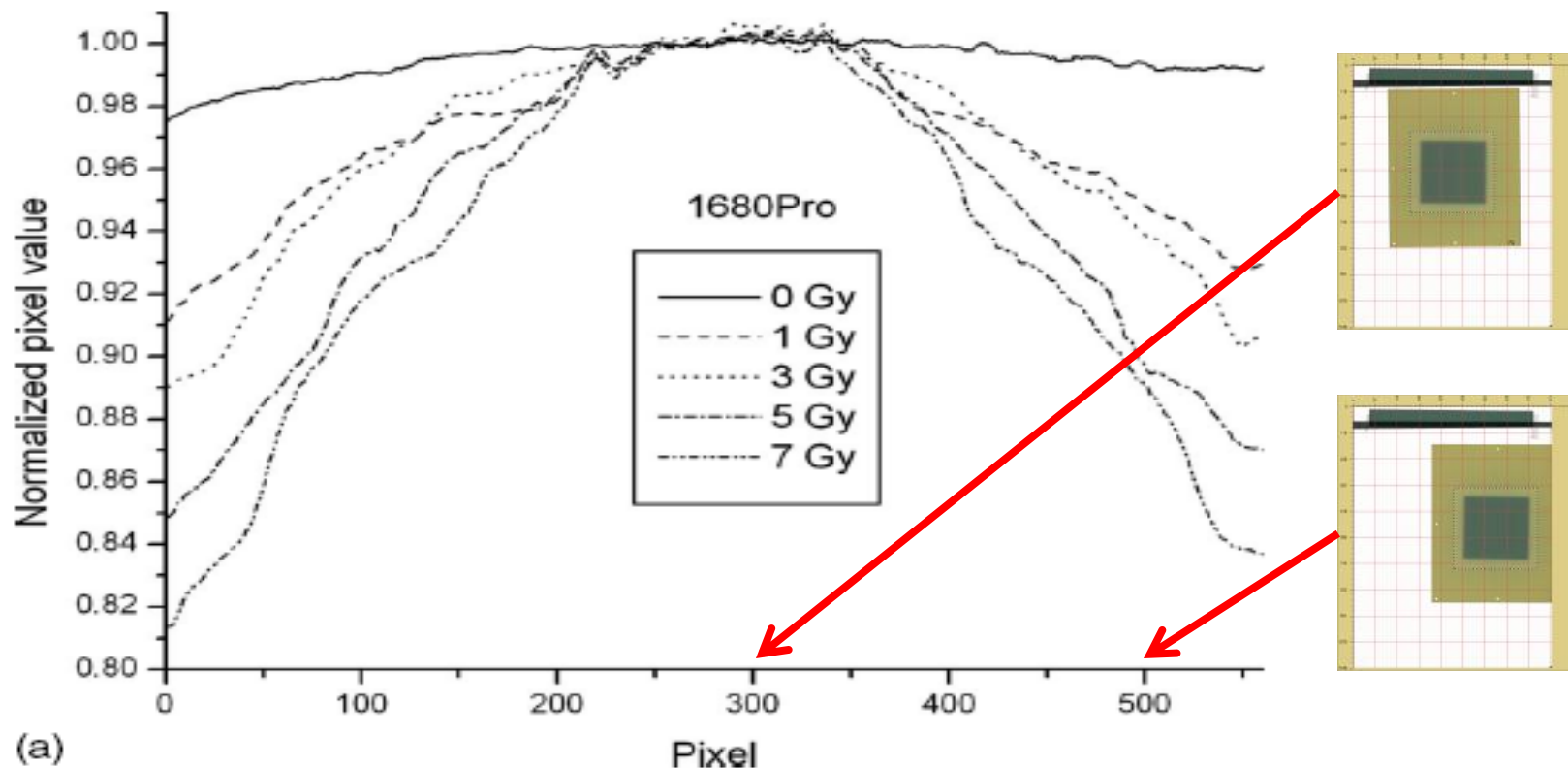


5° misalignment
on scanner

Response error is $\sim 0.05\%$ per degree
Dose error $\sim 0.05 - 0.2\%$ per degree (0-300 cGy)

Measuring – Lateral Effect

Menegotti et al. 2008 Med. Phys., 35, 3078 - 84, **Epson 1680, Red channel**

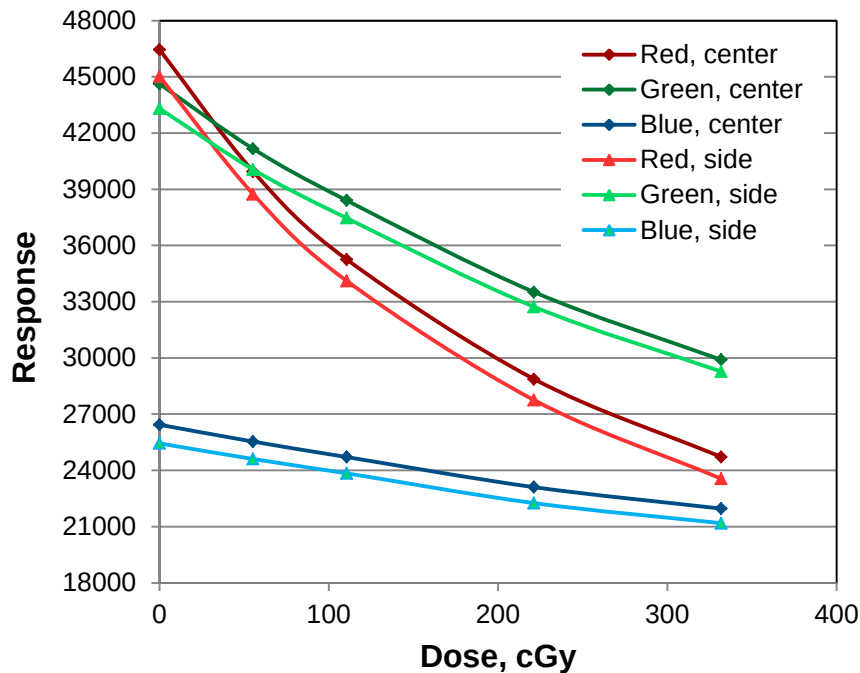


Color value depends on lateral scanner position

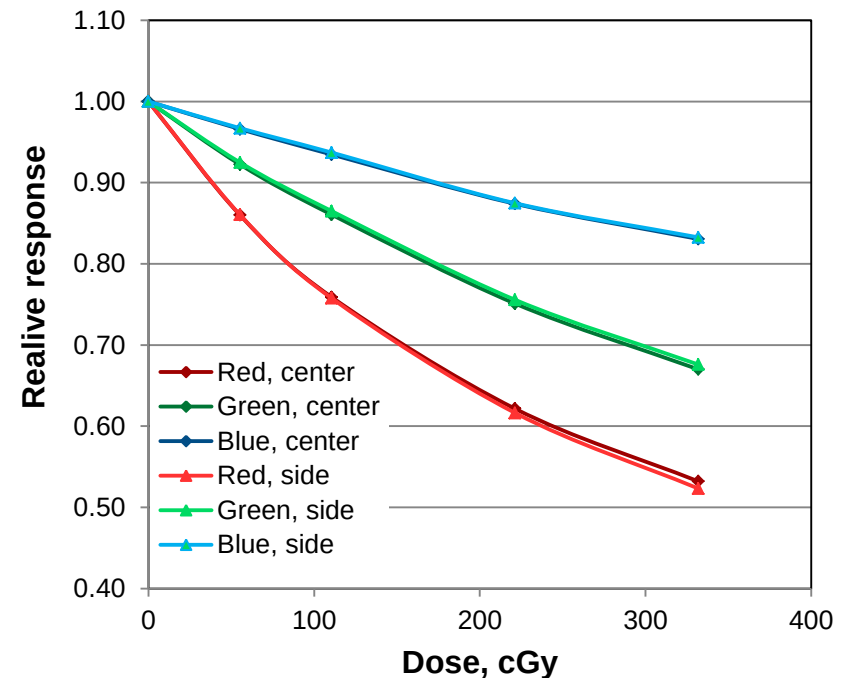
Scanner specific, strong in R, weaker in G + B

Measuring – Lateral Effect

Lateral Position Dependence



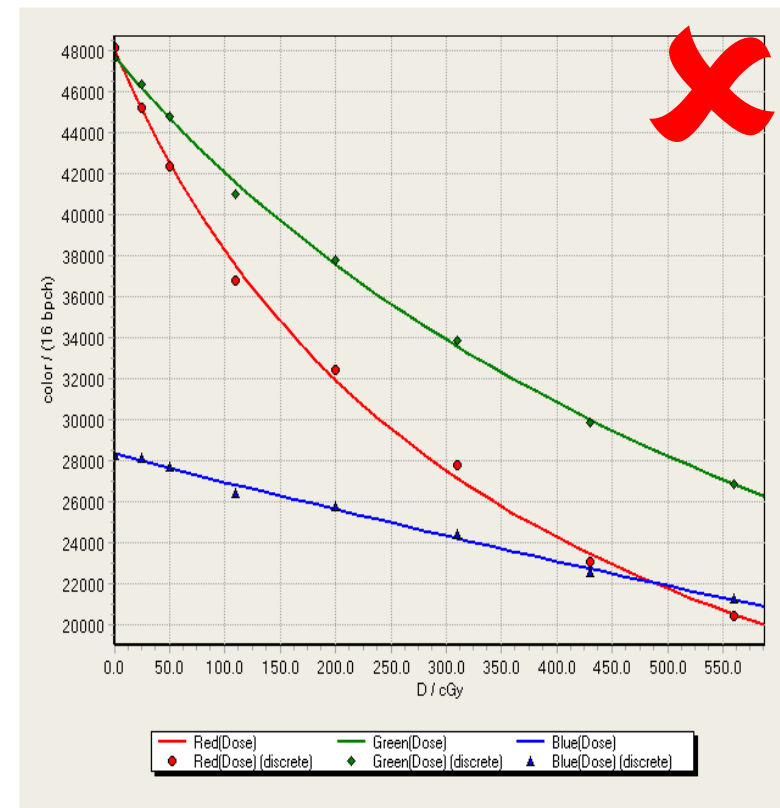
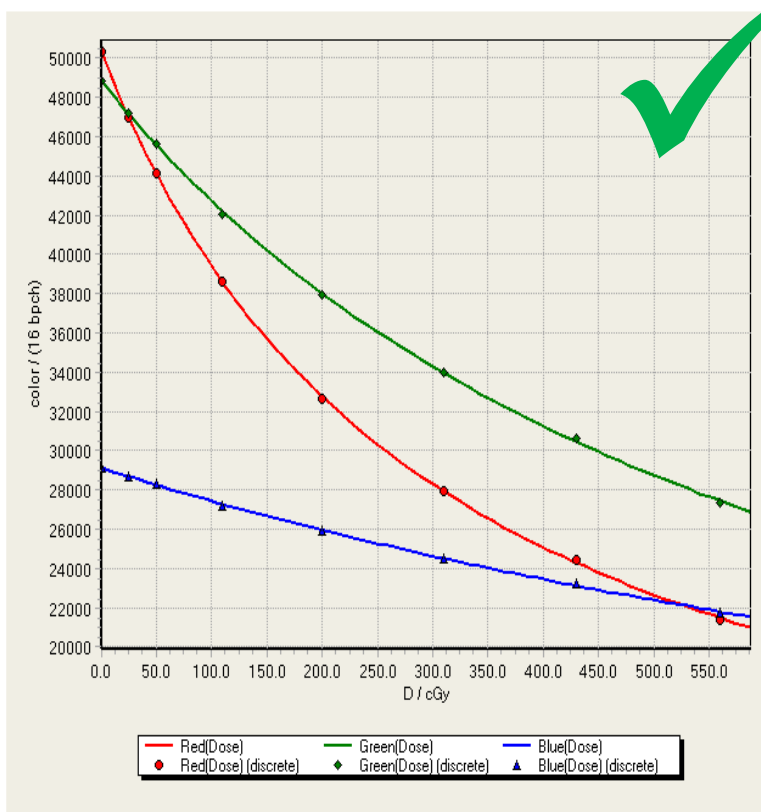
Lateral Position Dependence



Color value depends on lateral scanner position

Dependence is Scanner specific, strong in R, weaker in G + B

Calibration – Lateral Effect

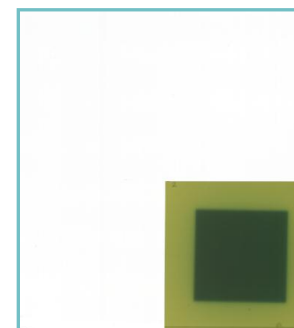
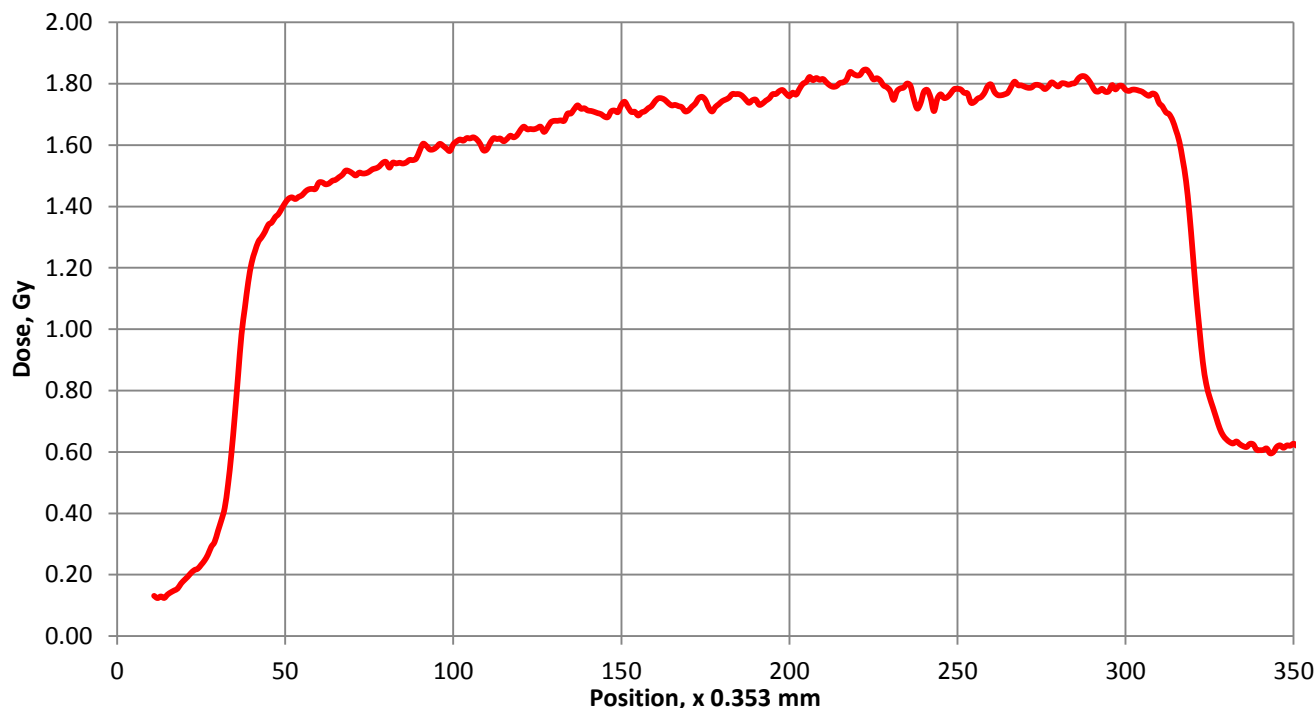


Lateral center position

Random lateral positions

**Calibration Regions - Not Films -
must be in lateral center!**

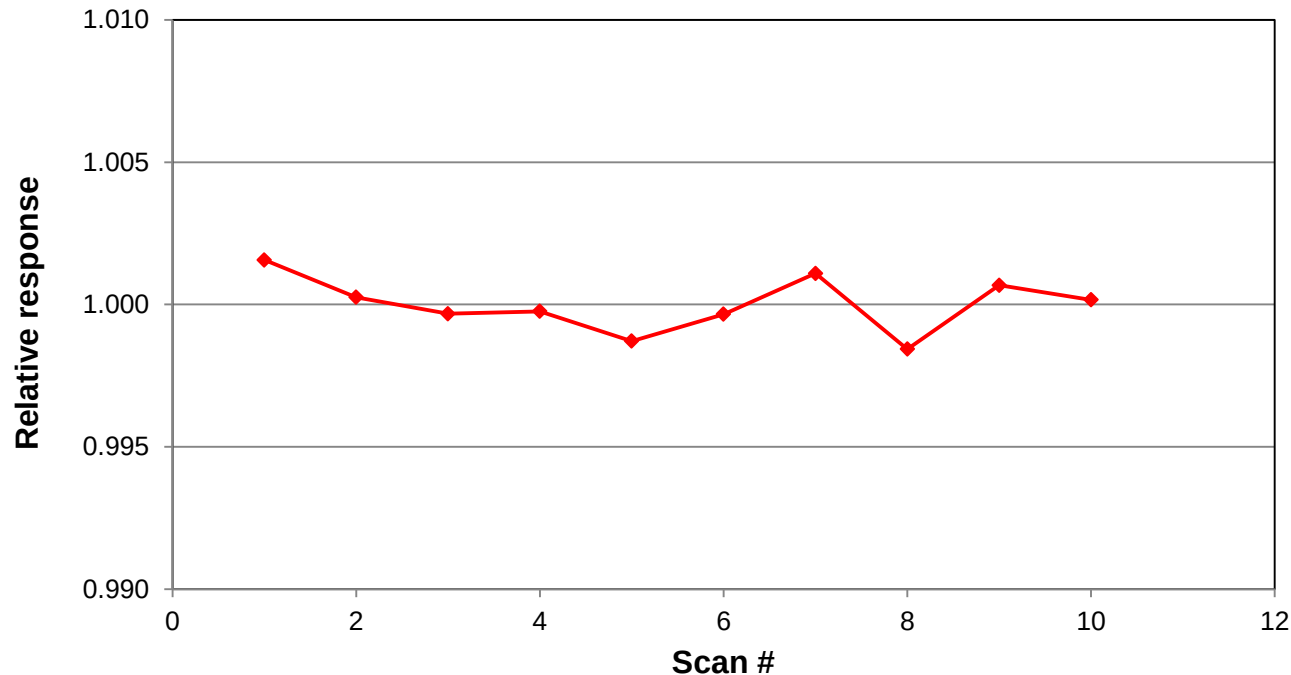
Single Channel – Lateral Effect



Dose map profile Red (single channel method)
Dose at lateral scanner edges overstated!

Measuring – Scanner Variation

Typical scan-to-scan variation



<0.2% color variation ➡ 0.2 – 1.0% dose variation
(dose range 0 - 500cGy)



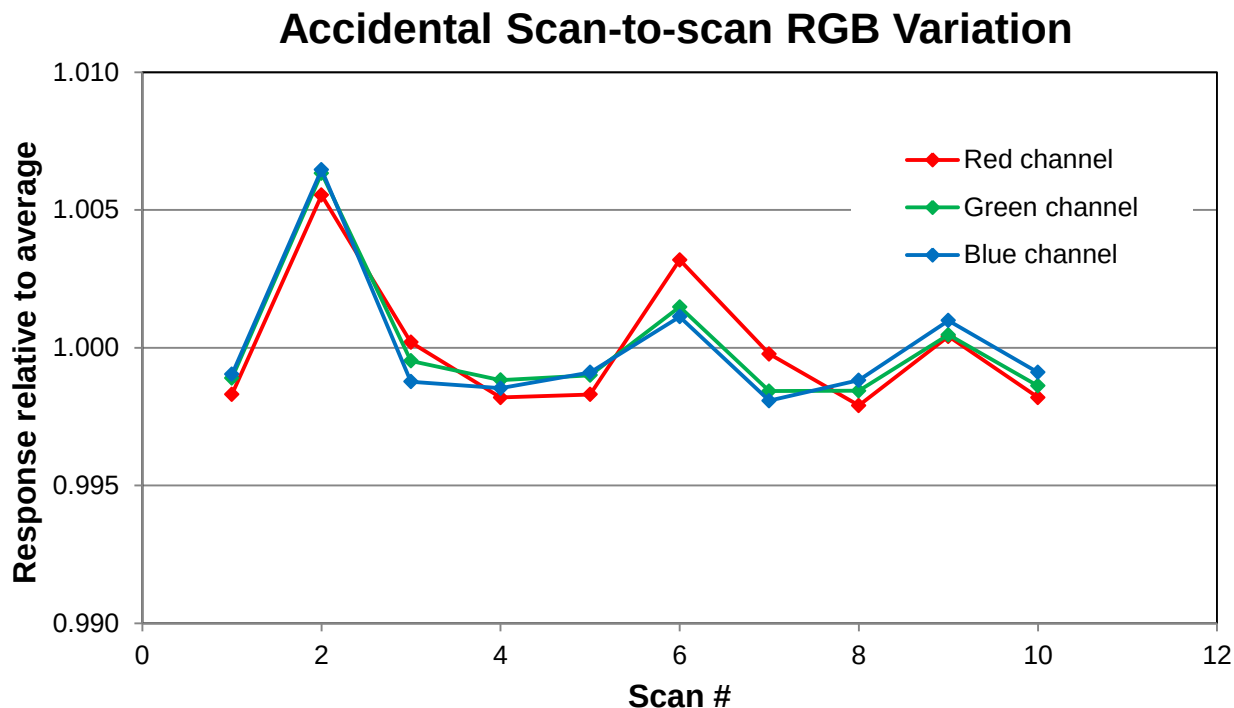
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Measuring – Scanner Variation



>0.5% color variation ➔ 0.5 – 2.5% dose variation
(dose range 0 - 500cGy)



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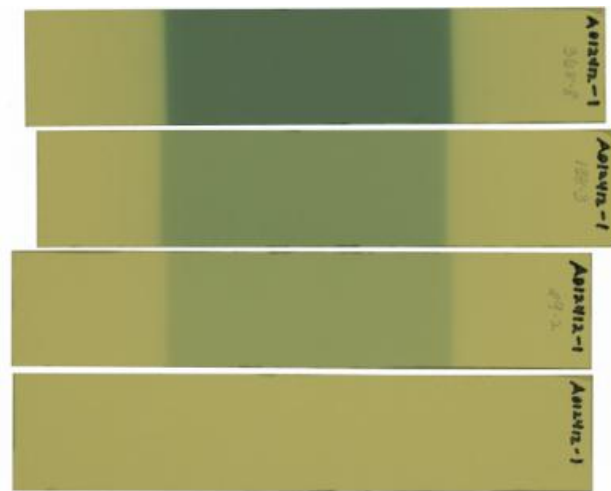
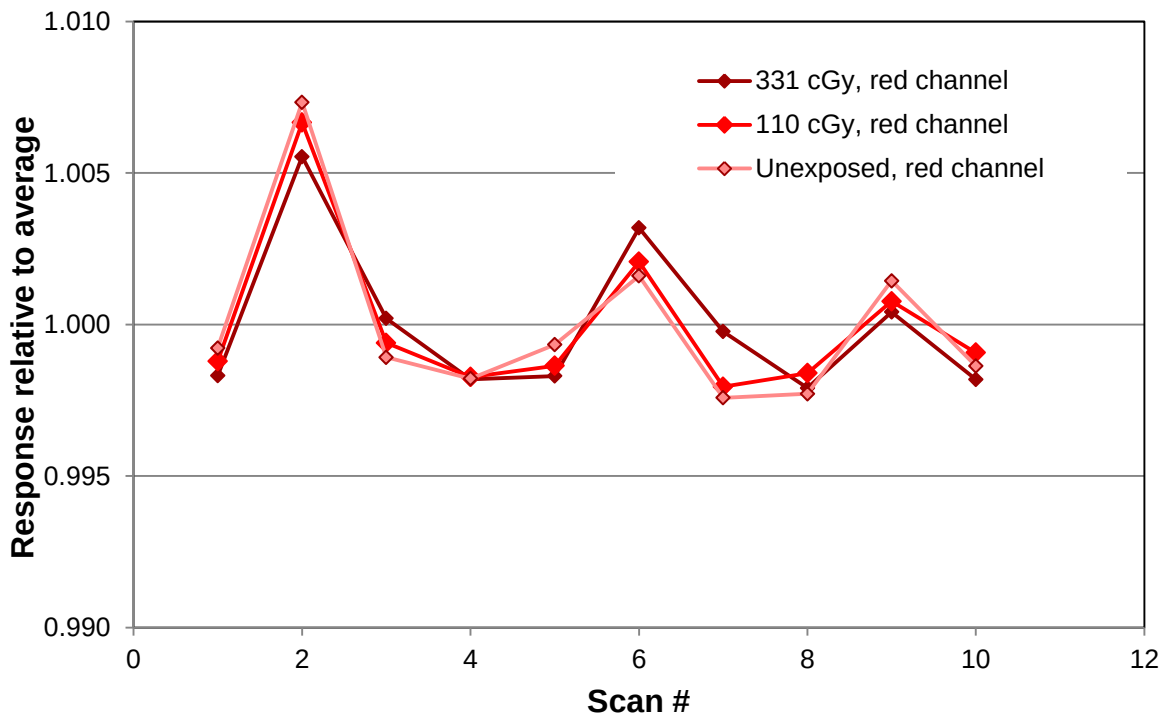
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Measuring – Scanner Variation

Accidental Scan-to-scan Variation vs Dose



Synchronic change with dose (Red channel)



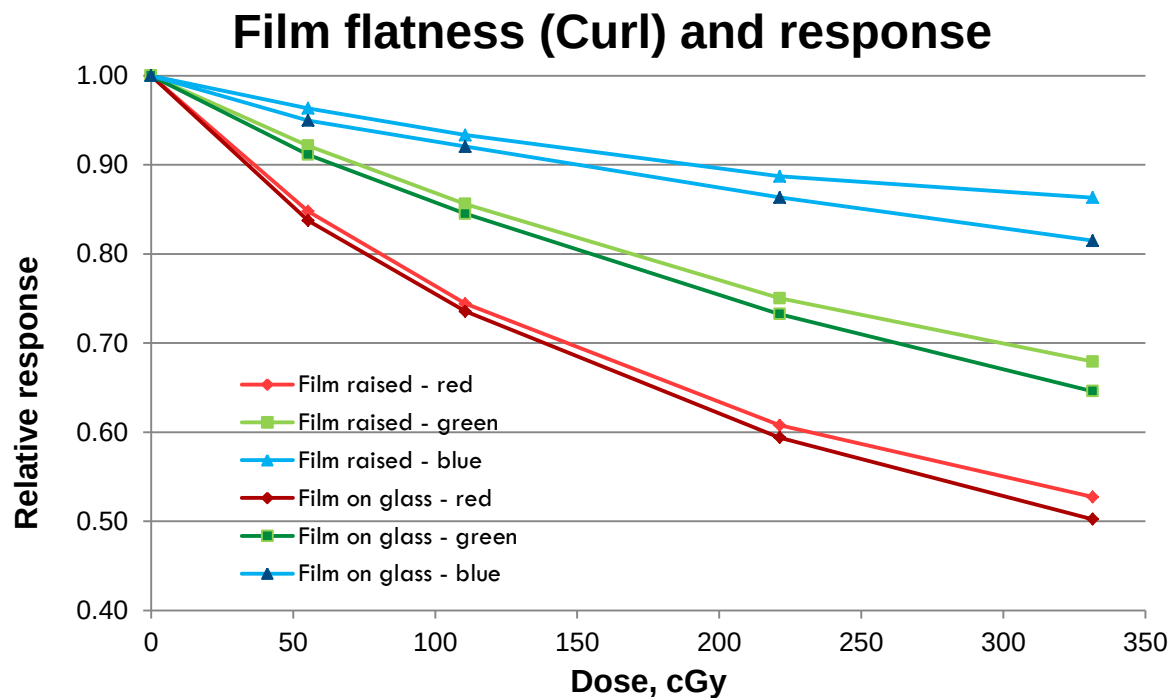
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Measuring – Film Flatness

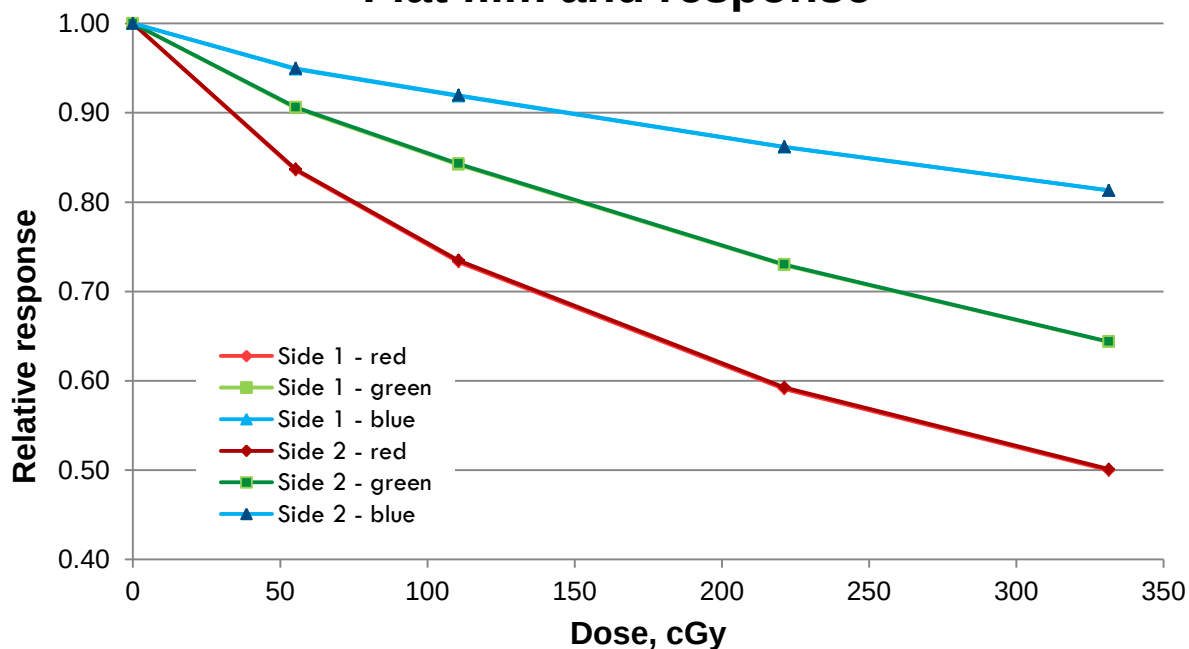


Callier effect - Light change from collimated to diffused
Avoidable !

Measuring – Film Flatness



Flat film and response



Rescan solves the problem

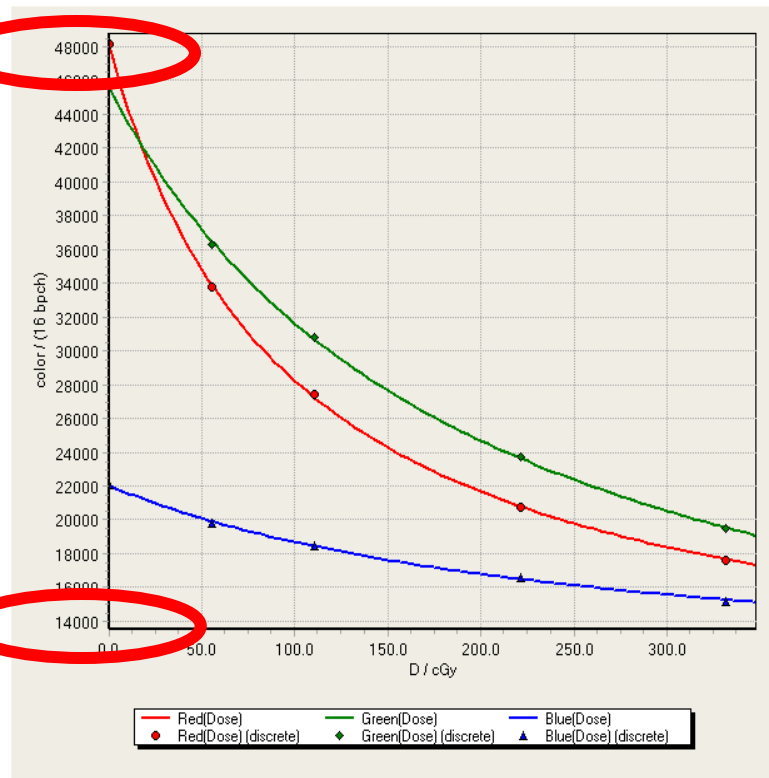
Multi-channel dosimetry recognizes such disturbances!

Measuring – Scanner effect Transmission vs. Reflection



Transmission

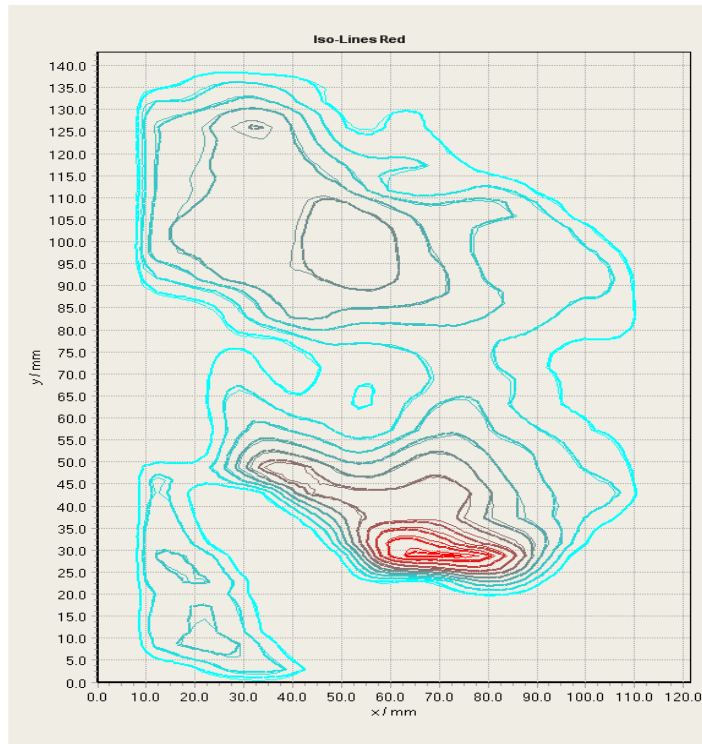
Flatter calibration curves
wider dose range



Reflection

Steeper calibration curves
smaller dose range

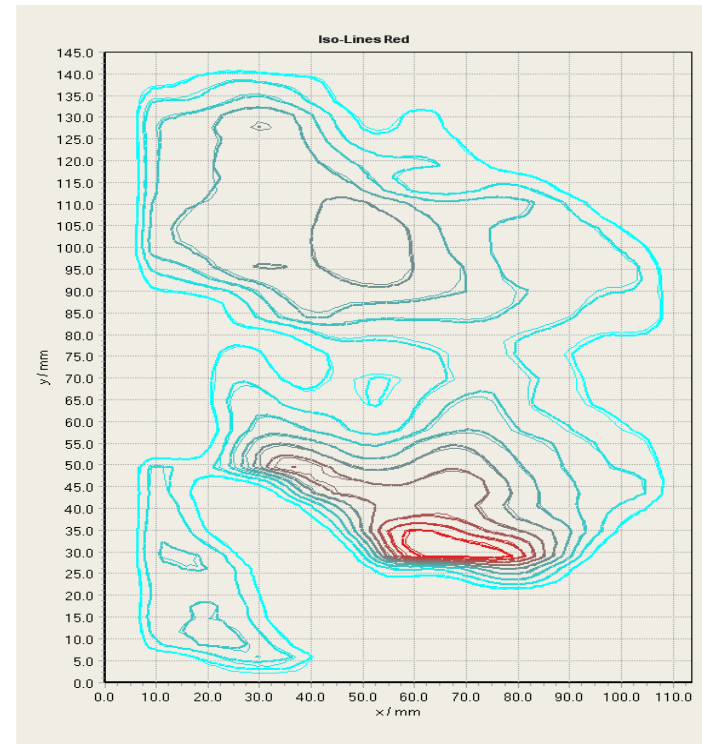
Measuring – Scanner effect Transmission vs. Reflection



Transmission

Gamma function 2%/2mm:

R: 98.3%; G: 97.8%; B: 98.1%



Reflection

Gamma function 2%/2mm:

R: 98.3%; G: 98.9%; B: 98.7%

Both deliver similar results – choose and be consistent!

Measuring – Scanner effect Transmission vs. Reflection

Property	Transmission	Reflection
Low dose response		++
Dynamic range	++	
Lateral response artifact	+	
Scan-to-scan consistency	=	=
Film flatness		+
Humidity dependence		+



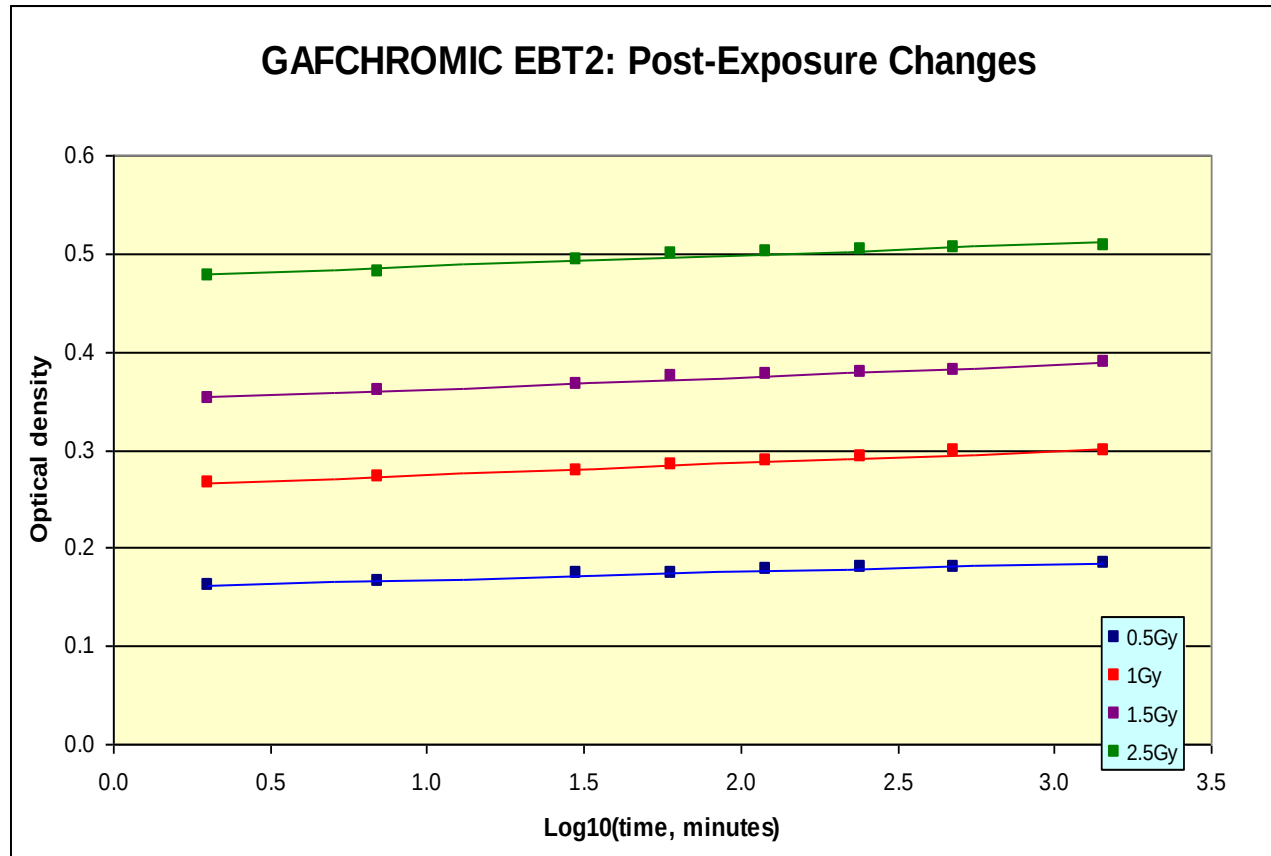
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Measuring – Post Exposure Time



Logarithmic growth approaching asymptotic value



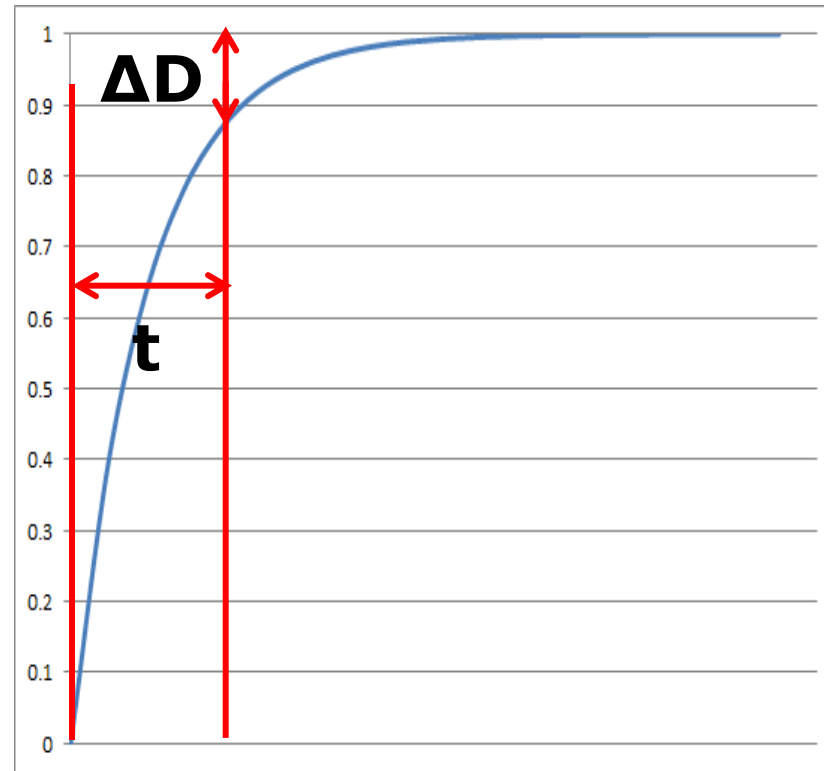
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Measuring – Post Exposure Time



Absolute aging
Compensate by waiting $t = 24$ h
 $\Delta D(t) < 0.5\%$

Measuring - Other Factors

- Limit exposure to light
don't expose to UV
- Results temperature dependent
reversible
- Don't expose to high temperature $>60^{\circ}\text{C}$
non-reversible
- Results humidity dependent
reversible, watch gradients!

Conclusion ?

**Film is
a hassle!**

Advantages, but

- **Post-exposure waiting**
- **Film artifacts**
- **Scanner artifacts**
- **Many 'constant' conditions**

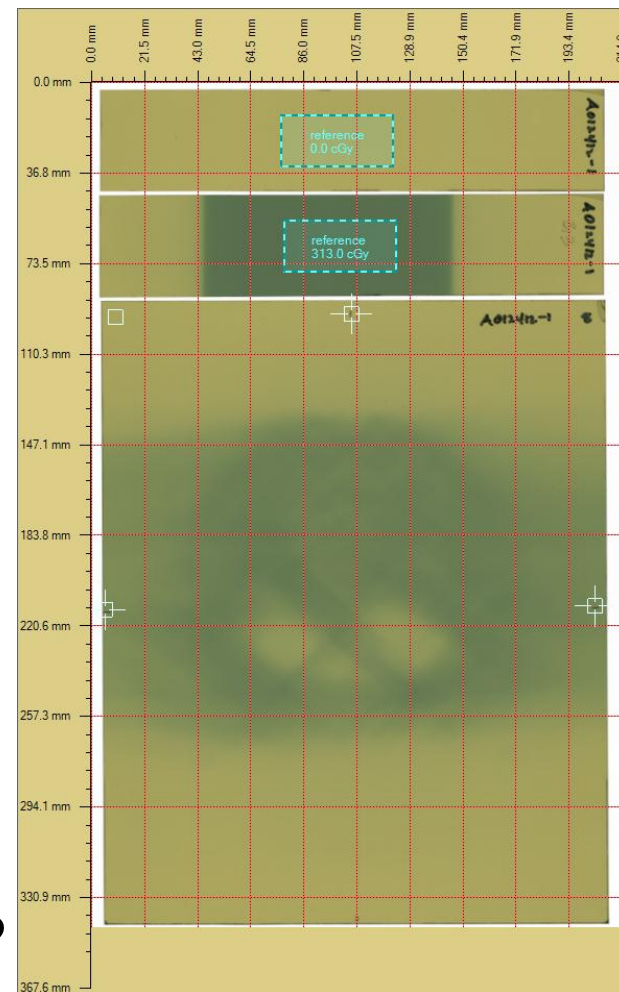
One-scan Protocol

Basic Idea

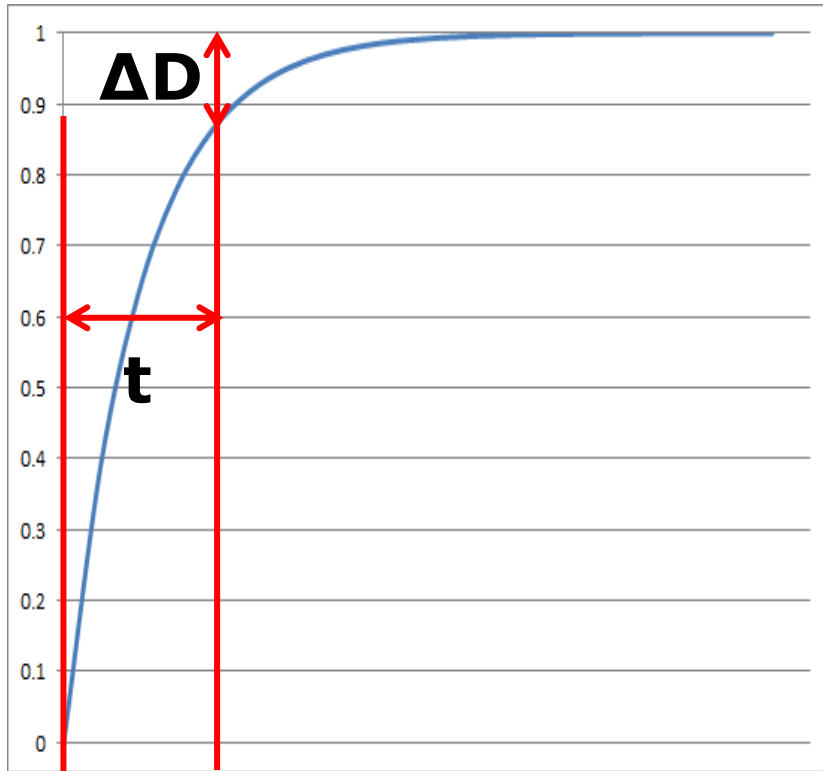
- All data measured in a single scan
- Do calibration + evaluation with same scan = same conditions
- Using reference strips with same post exposure age

Problem

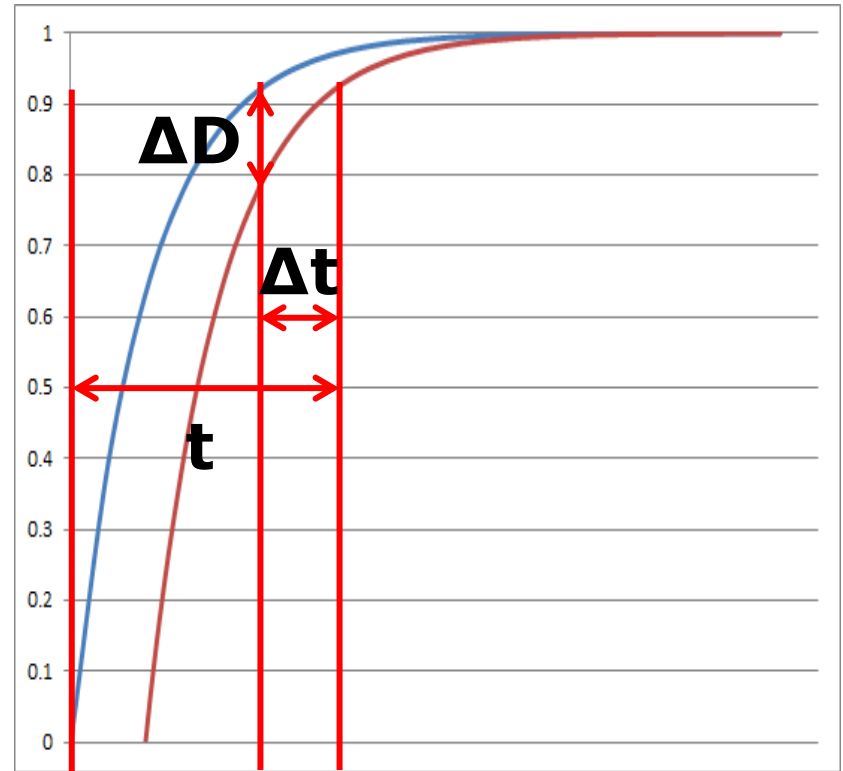
- How to fit everything into One Scan (many calibration points)?
- How to calibrate (single exposure)?



One-Scan - Post Exposure Age



Absolute aging
wait $t = 24 \text{ h}$
 $\Delta D(t) < 0.5\%$



Relative aging
wait $t = 4 \Delta t$
 $\Delta D(t) < 0.5\%$

One-Scan – Post Exposure Age

Expose application and reference films
in a narrow time window

Wait before scanning, min.	Exposure window, min.	Dose error
10	5	<1%
20	5	<0.5%
40	5	<0.25%



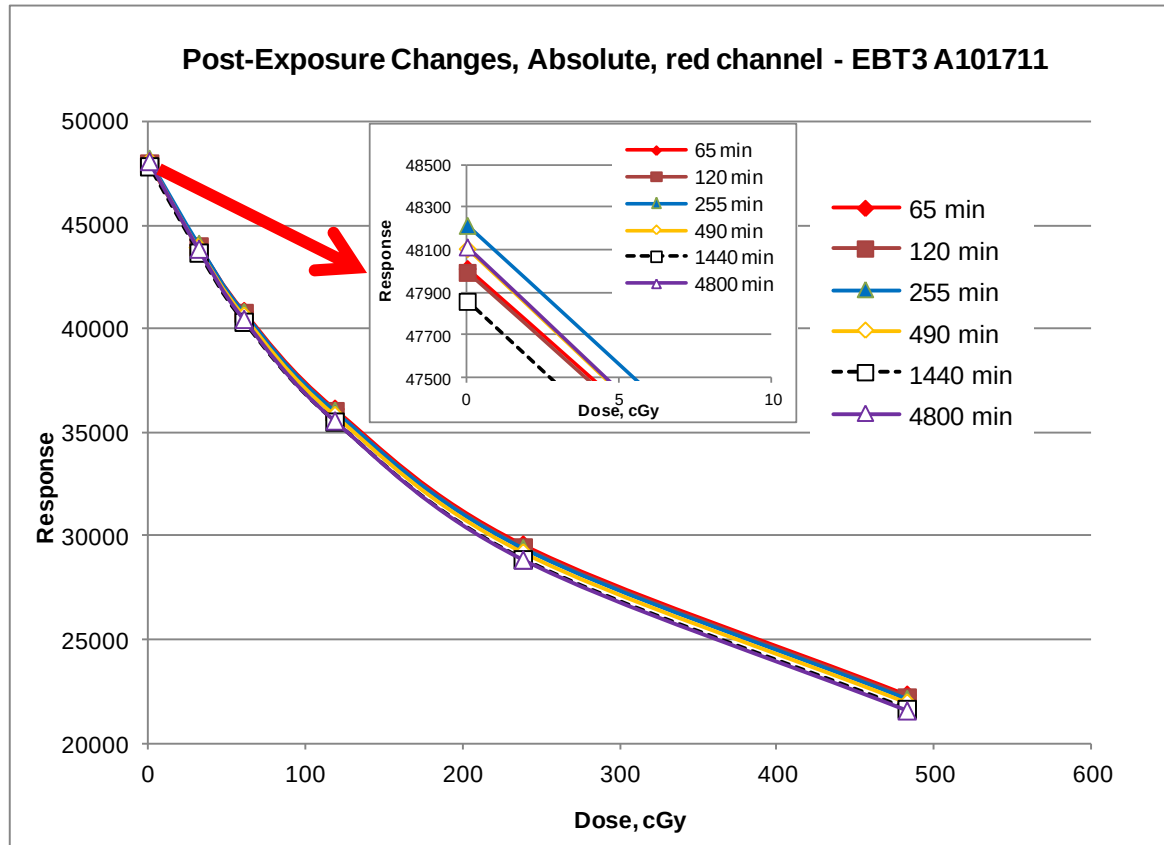
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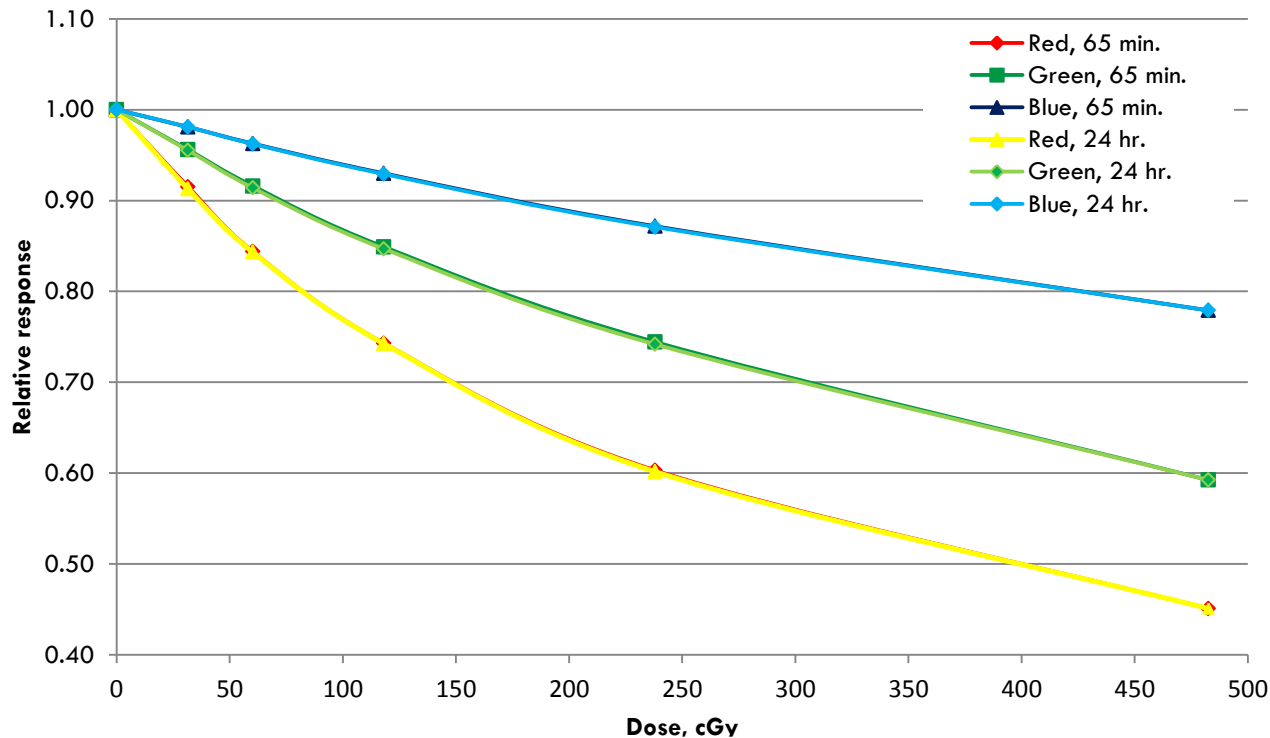
Calibration – Post Exposure Age



Curves look similar – convertible?

Calibration – Post Exposure Age

Scaled relative responses



Color scaling

Color(0) = const

Color($D_{\max}$) = const

**All calibration curves have same Shape !
Can be converted by shifting + stretching**

Calibration – Curve Shape

Experimental comparisons:

- ➔ Different scanners
Epson 10000XL, V700, 1680
- ➔ Different scan temperatures
- ➔ Different humidity levels
- ➔ Different photon energies
- ➔ Different orientations
landscape and portrait

Calibration curves are Shape invariant!

Curves can be converted by 2 point rescaling



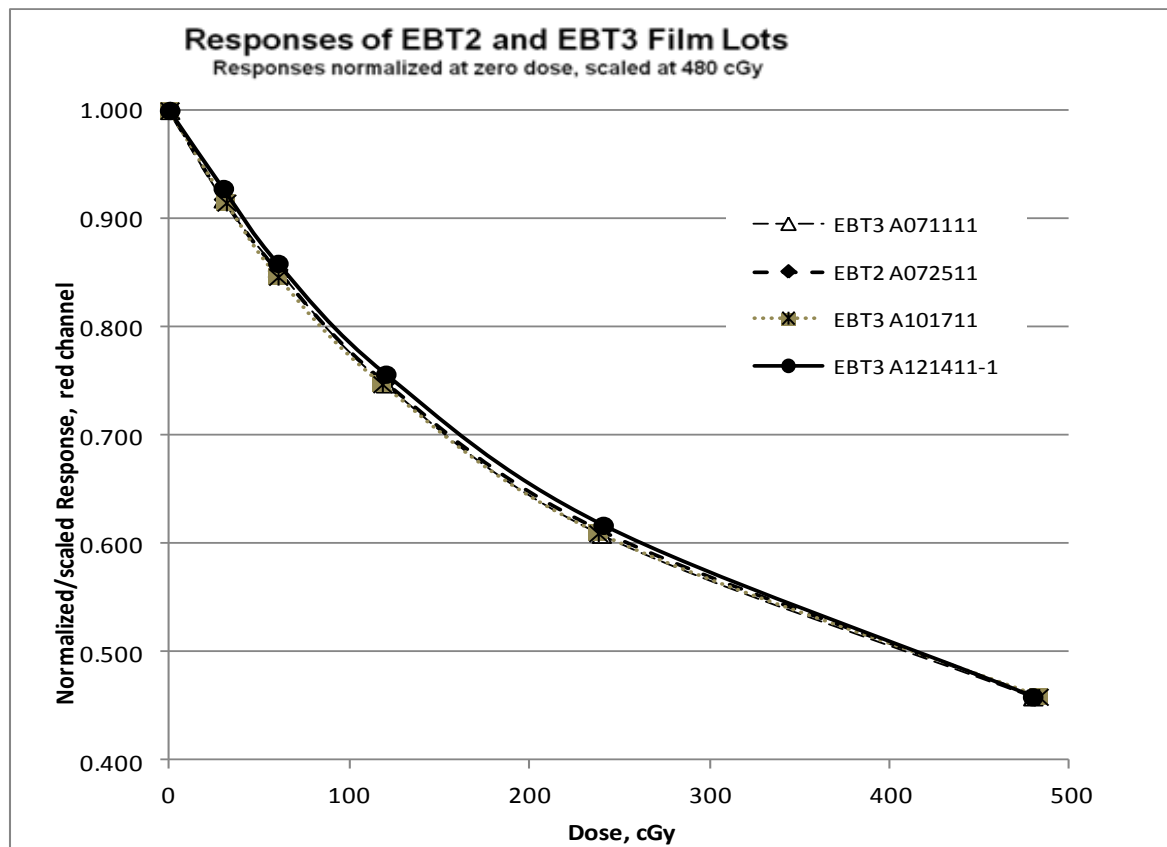
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Calibration – Curve Shape



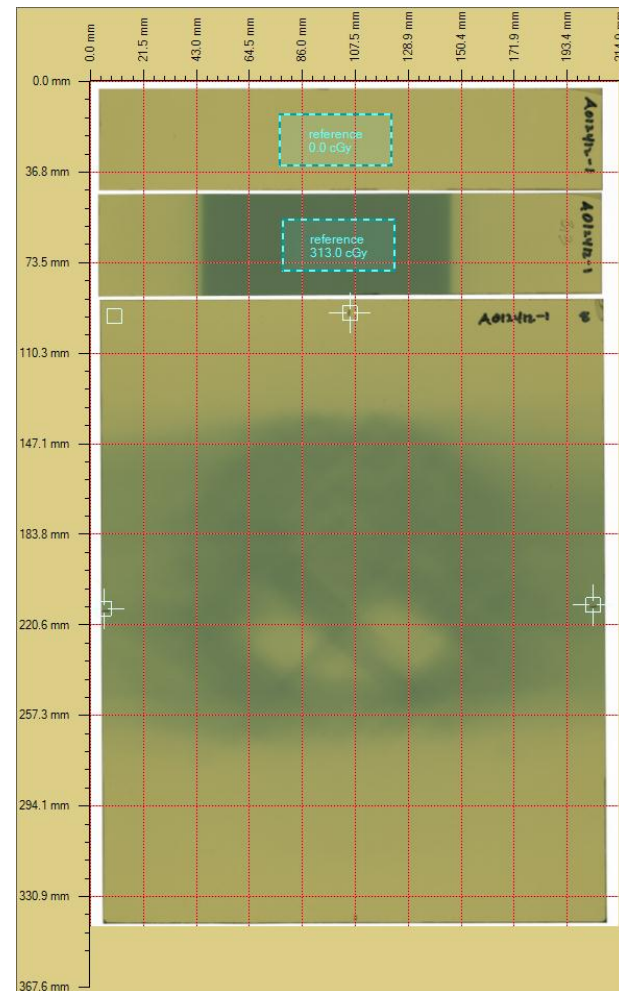
**Calibration curves of different EBT lots
are NOT Shape invariant!**

One-scan Protocol

Procedure

- Set up and expose treatment plan
- Expose reference film (same lot) with flat field $\sim 80 - 100\%$ $D_{\max}$
- Single scan of patient film, reference and unexposed strip
- Use reference films to re-scale calibration

Lewis, Micke, Yu, Chan
Med. Physics, 39 (2012) 10, pp. 6339.



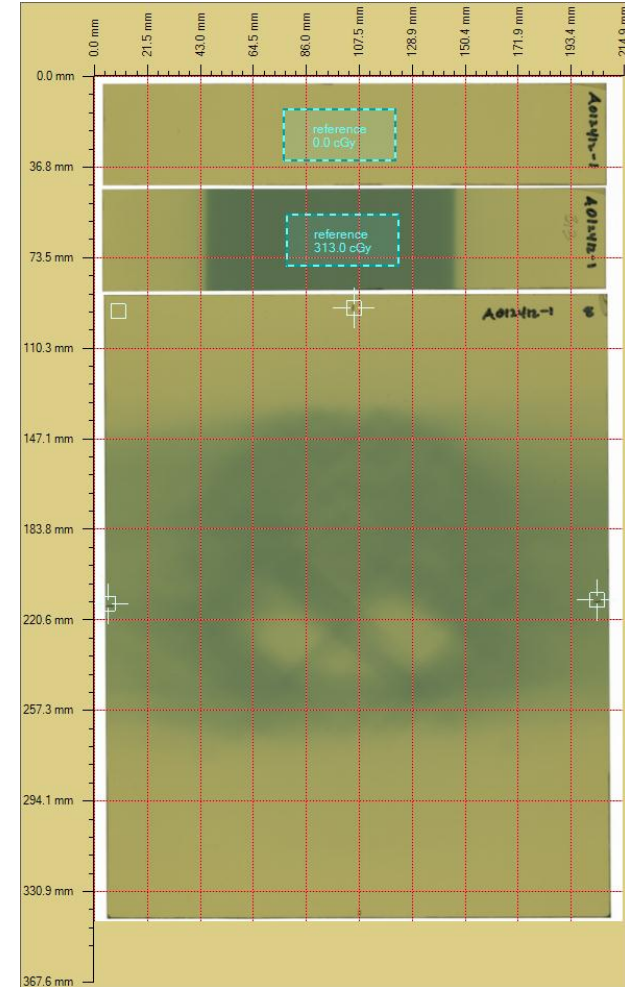
One-scan Protocol

Compensates

- Any scan to scan variation
- Ambient conditions temperature, humidity
- Mitigates Energy dependence

Does Not compensate

- Local disturbances
Film non-uniformities, curl,
Newton ring pattern, noise
- Lateral scanner effect
- Calibration errors (curve shape)



One-Scan Protocol - EBT3 Plus

- Configuration same as EBT3
- Attached reference strip
 - Strip properties same as patient film as close as possible
- Perforated Sheet
easy to detach reference strip
 - Saves film cutting
 - Standardized strip size
- EBT3+ available November 2012



Conclusion ...

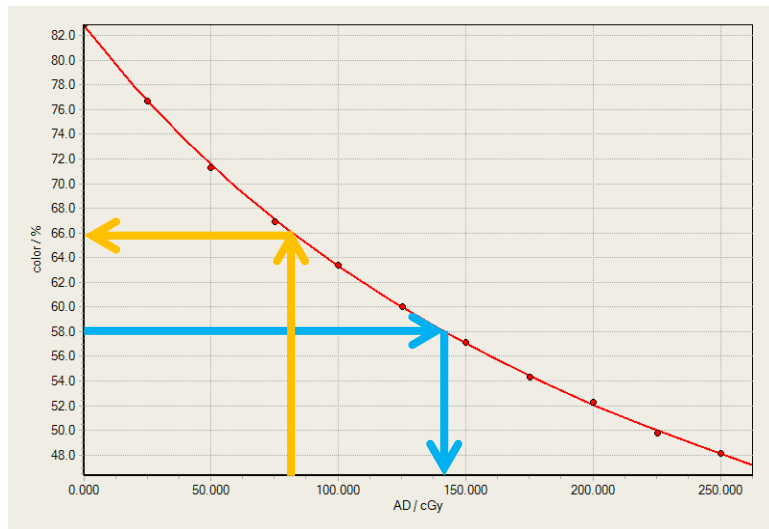
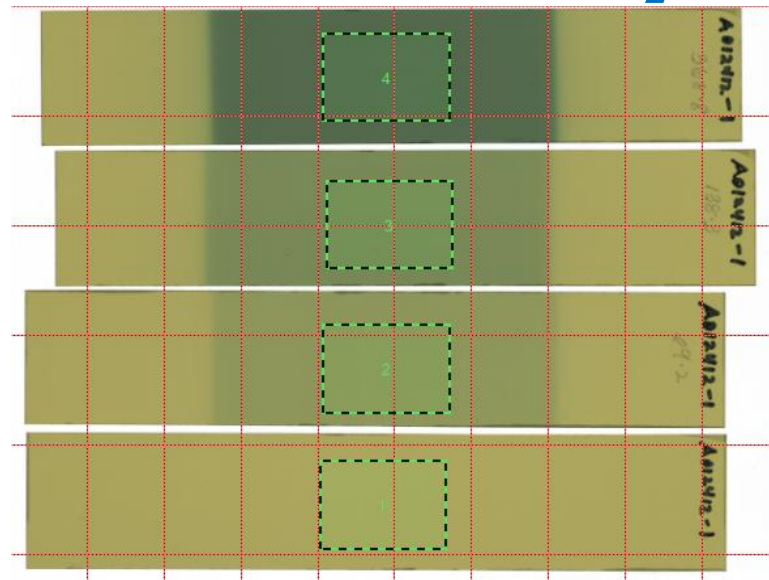
**Film is
a hassle!**

Advantages, but

- ~~Post-exposure waiting~~
- **Film artifacts**
- ~~Scanner artifacts~~
- ~~Many 'constant' conditions~~

Single Channel Film Dosimetry

- Calibration Curve $X=R$
 $R_{ave} = R_{ave}(D) \leftrightarrow D_R = D_R(R_{ave})$
- Color channels $X=RGB$
 $D_X = D(X_{ave})$
correlates (measures)
average system response
linac+film+scanner+protocol
- Unique mapping between
 X value and dose $D_X(X)$



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Single Channel Film Dosimetry

- *Rational function*

$$X(D) = A + B / (D - C)$$

use to fit calibration data

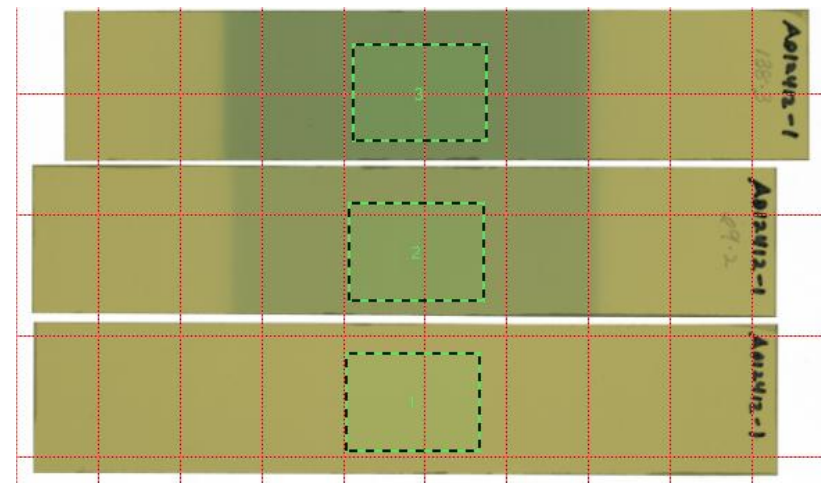
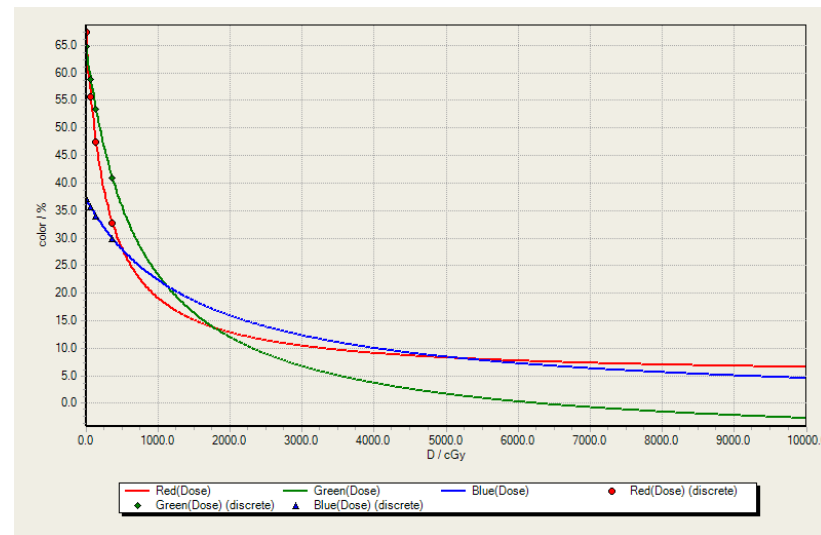
- Correct asymptotic

$$\lim_{D \rightarrow \infty} X(D) = A$$

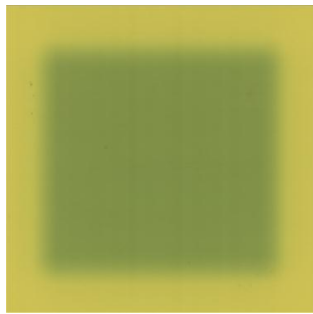
- Easily invertible

$$D(X) = C + B / (X - A)$$

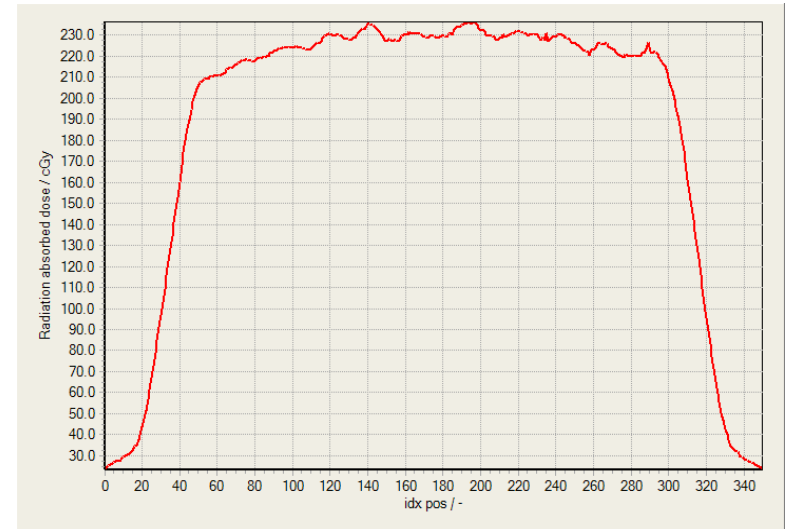
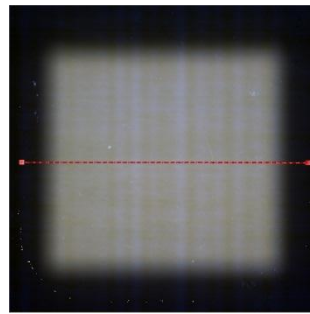
- Only 3 parameters
reduces calibration to
2 exposures + blank film



Single Channel Film Dosimetry



$D = D_x$



- Robust explicit (simple) calculation method
any X value delivers dose $D_x(X)$
- Calibration data easy to correlate
- But, receptive to disturbances

Single Channel Film Dosimetry

Problem:

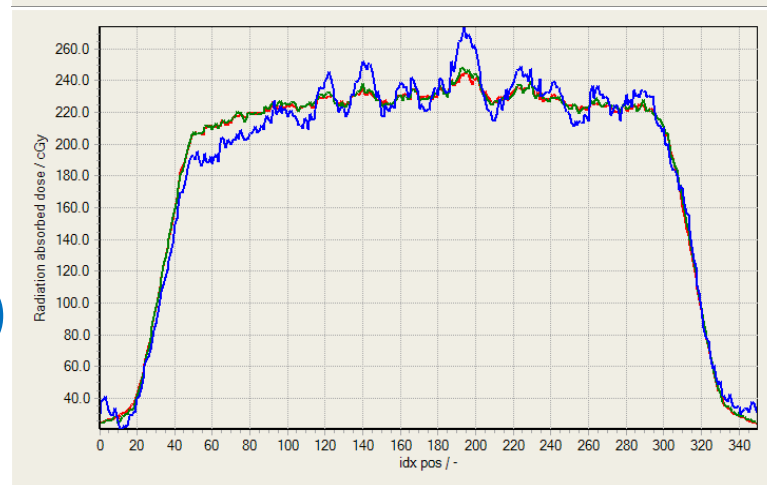
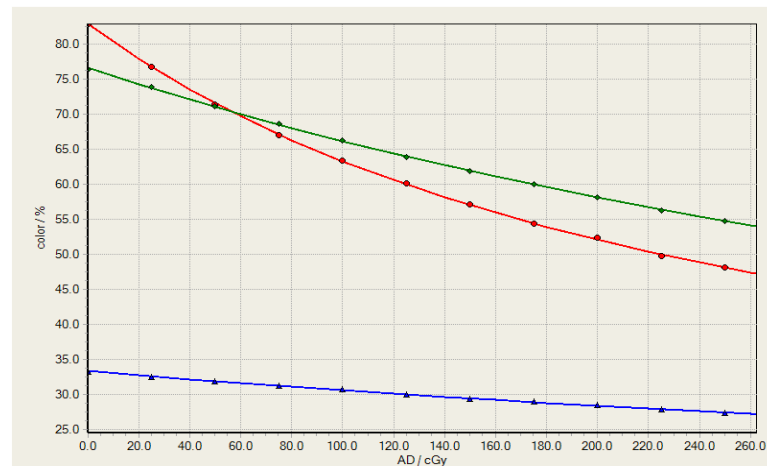
Specific pixel does not behave like average

➔ Disturbance ΔX generates ΔD_X
 $X + \Delta X \leftrightarrow D(X) + \Delta D_X$

- Film uniformity variations
- Scanner non-linearities
- Newton rings, noise, finger prints curling, ...

➔ Any X value delivers dose $D_X(X)$

- Each channel specific ΔD_X
- No indication of 'big' ΔD_X
- What dose D_X is best?



Multi-Channel Film Dosimetry

➤ RGB Calibration Curves

- Dose induced color C
 $C(D) = \{R(D), G(D), B(D)\}$

➤ Dose exposure generates only 'certain' colors C

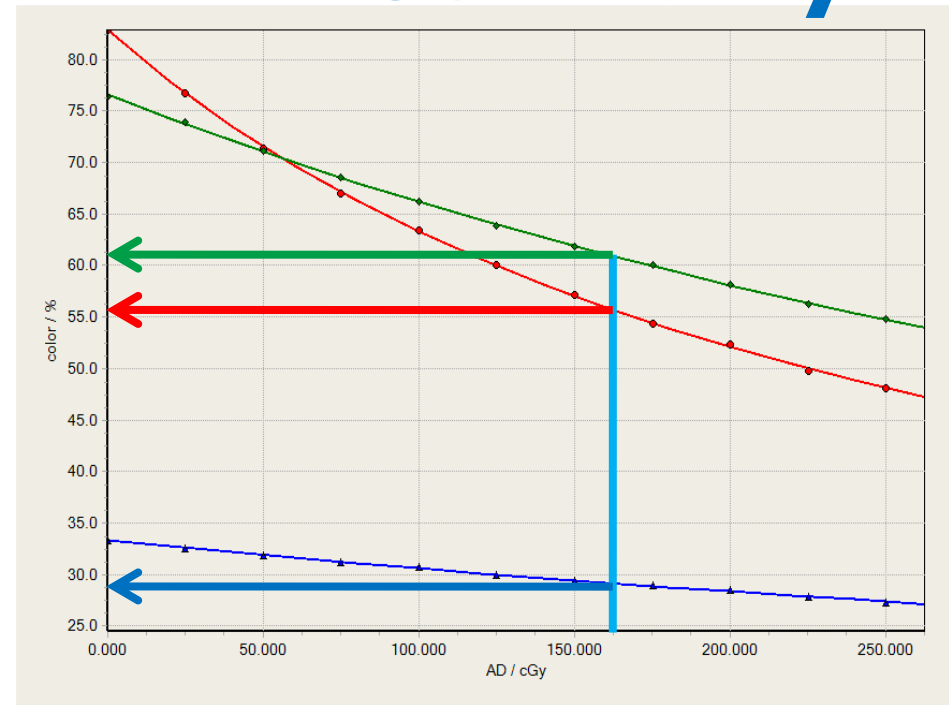
- Not all C deliver dose value

➤ Observed color C_{scan} is superposed with disturbance ΔC

- $C_{\text{scan}} = C(D) + \Delta C$

➤ Solution: Optimize dose D value, *i.e.* minimize ΔC

- $|C_{\text{scan}} - C(D)| \rightarrow \min_D$



Triple Channel Film Dosimetry

➤ Model:

Scanned optical density $d_{X,scan}$

- $d_{X,scan}(D) = d_{X,D}(D) * \Delta d$

$$d_X = -\log(X) \text{ for } X = RGB$$

- $d_{X,D}$ is calibration function (average behavior)

- ! disturbance Δd independent of dose + X (wave length) !

but $\Delta d = \Delta d(\text{thickness, scanner, noise, artifacts})$

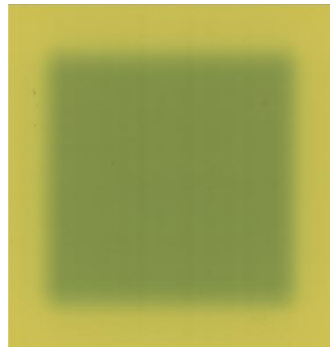
➤ Solution:

- Minimized function ϕ vs. disturbance Δd :

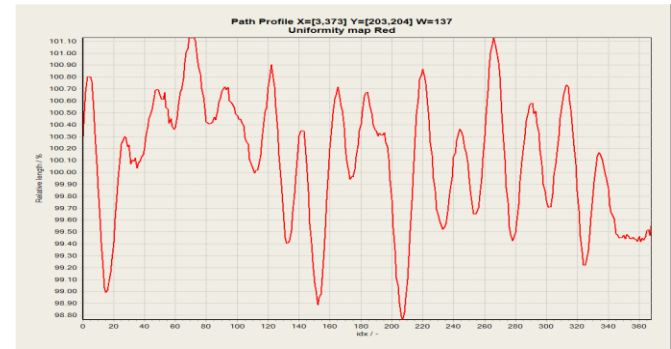
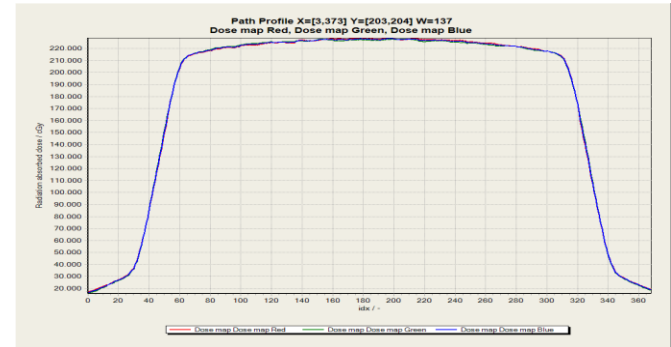
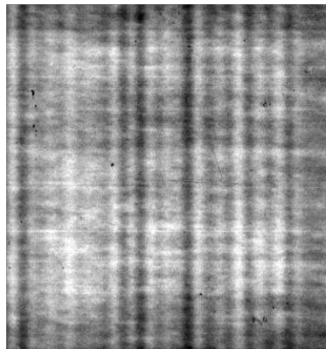
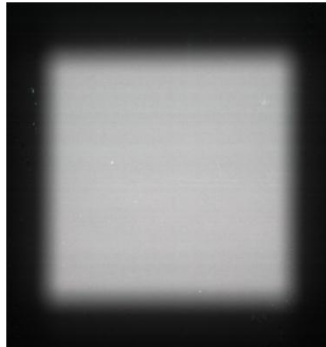
$$\phi(\Delta d) = (D_R - D_B)^2 + (D_B - D_G)^2 + (D_G - D_R)^2 \rightarrow \min_{\Delta d}$$

Triple Channel Film Dosimetry Example

- Signal split into *dose dependent* and *dose independent* part



$$D_{\text{RGB}} + \Delta d$$

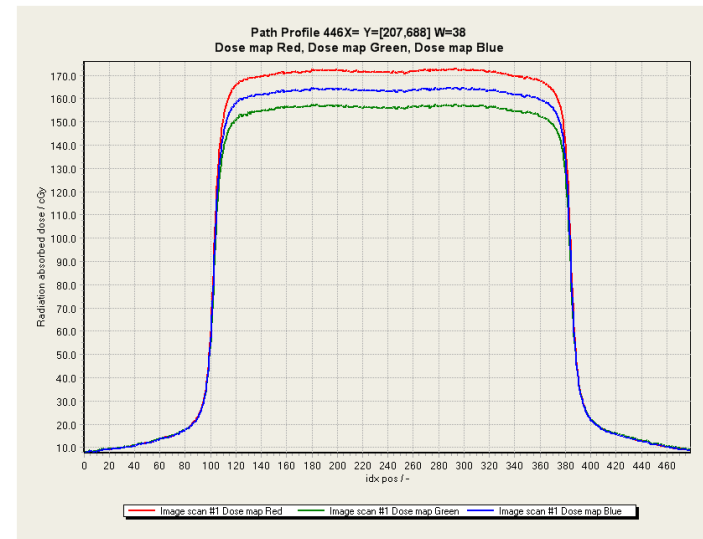
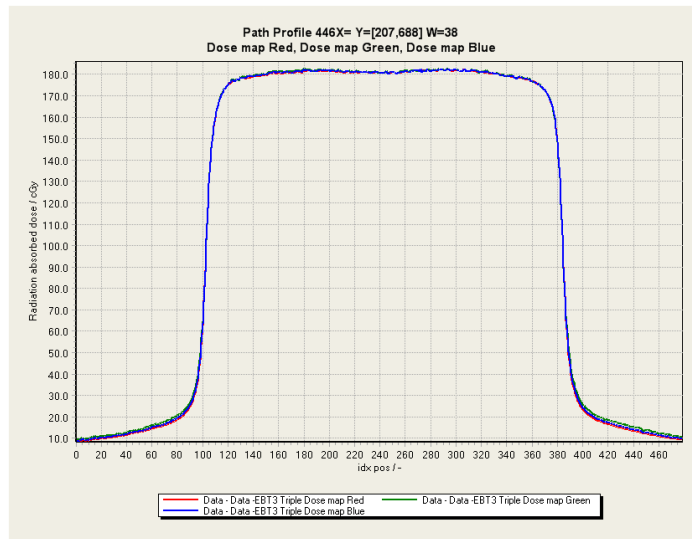


- Dose map (*dose dependent* part)
- Disturbance Δd map (*dose independent* part) includes film uniformity variations, noise etc.

Triple Channel Dosimetry Film Consistency

Film consistent with Calibration Patches

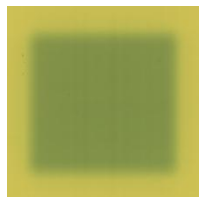
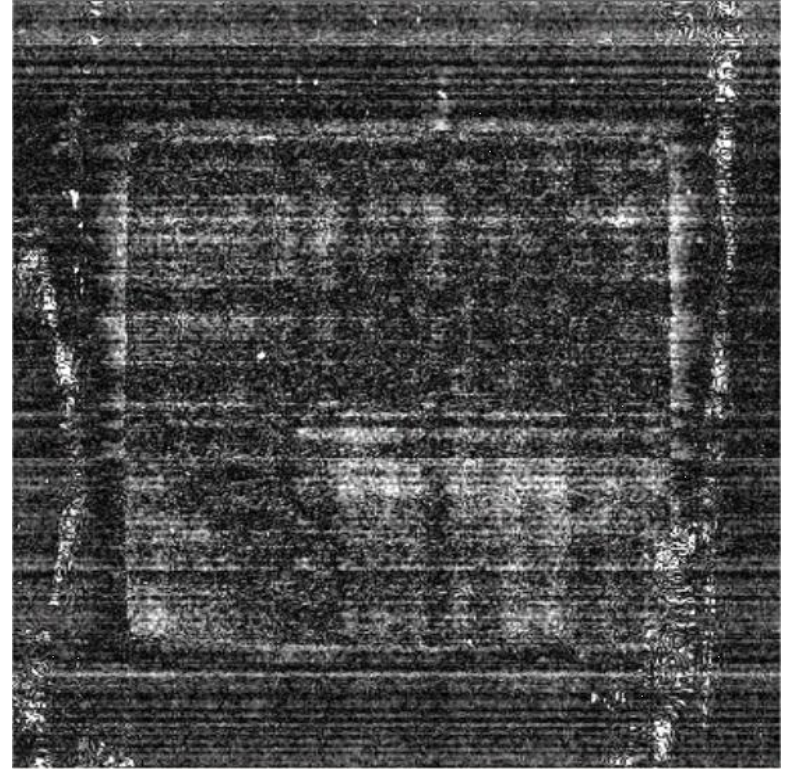
- Film has same dose response for X=RGB
i.e. same dose values D_x are calculable
- Offset between D_x measures calibration consistency



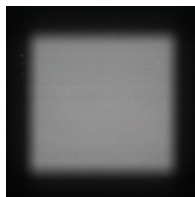
Example: Profiles original calibration patch and 90° rotated scan

Triple Channel Dosimetry Consistency Map

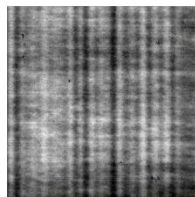
- Dose map
 - measurement result
 - Disturbance map
 - removed error
 - Consistency map
 - remaining dose error
- ideal case: noise only



Film



Dose Map



Disturbance
Map

Consistency Map

(dark = +, light = -, contrast maximized)
Example: dominated by scanner cogging

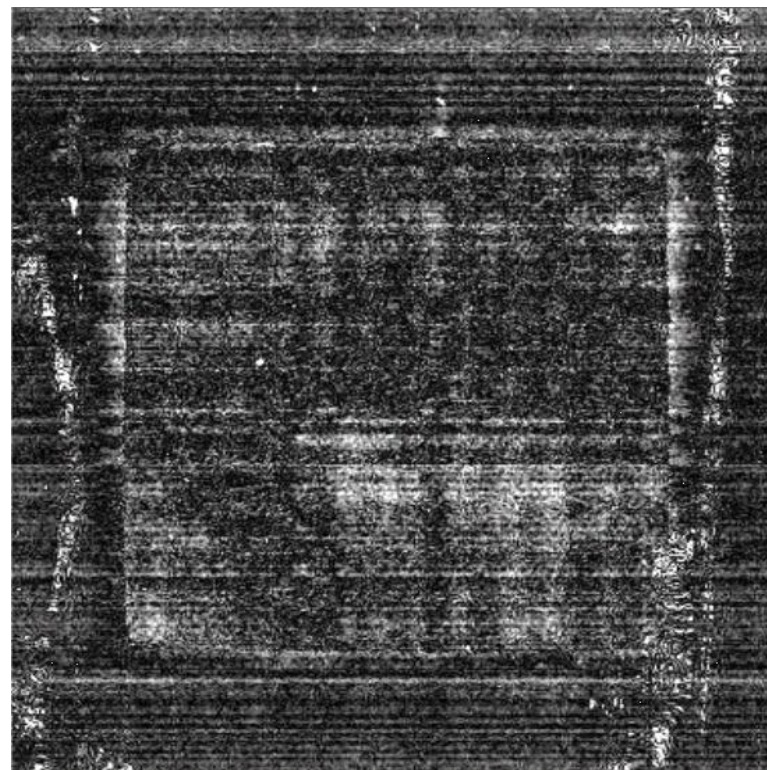
Multi Channel Calibration

➤ Optimize Calibration

- Lower consistency = better calibration
- Offset in calibration points is **not** a quality criterion

➤ Calibration goal

- Correlate calibration parameter for best (perfect) consistency
- Calibration function
 $C(D) = \{ R(D), G(D), B(D) \}$
matches film dose spectrum



Perfect consistency $\equiv 0$

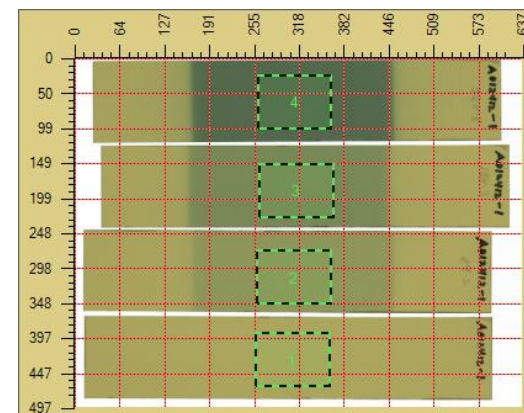
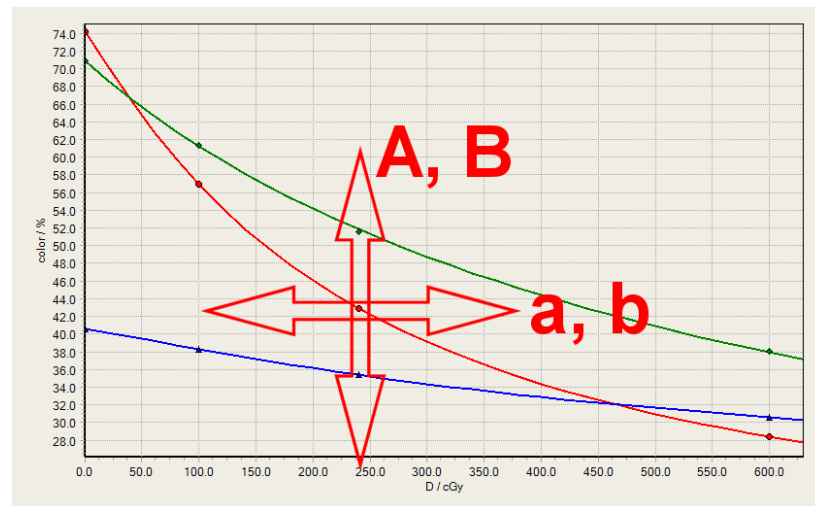
Multi Channel Calibration

Single channel calibration average system response

- $x = x(D)$
x = RGB
each channel fitted separately

Multi-channel calibration

- $X(D) = A + B x(a + b D)$
X = RGB
rescales calibration x
a, b dose scaling, A, B color scaling
- Correlation $D_R(R_{ref}) = D_G(G_{ref}) = D_B(B_{ref})$
optimize consistency at reference points
- Compensates calibration patch distortions
if multi channel dose is used to rescale dose



Multi Channel Calibration

➤ Two point recalibration

- 1 unexposed + 1 exposed film
Minim cost possible
- Dose scaling ($A=0, B=1$)
 $X(D) = x(a + bD), X = \text{RGB}$
- Color scaling ($a=0, b=1$)
 $X(D) = A + Bx(D), X = \text{RGB}$

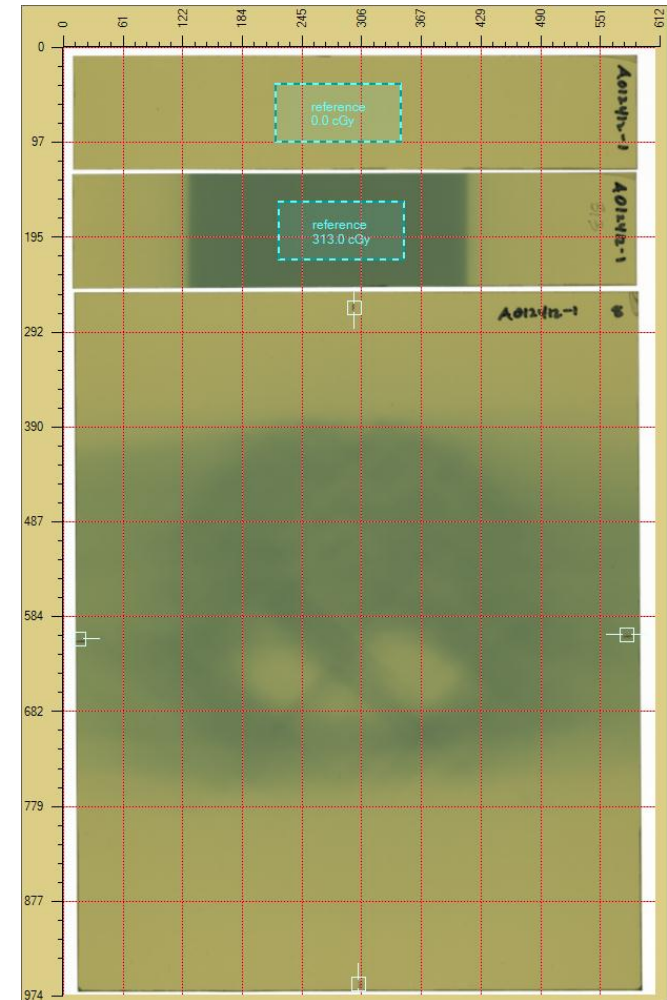
➤ Assumption

- Calibration functions keep shape
 $\text{Shape}(x) = \text{Shape}(X), x, X = \text{RGB}$

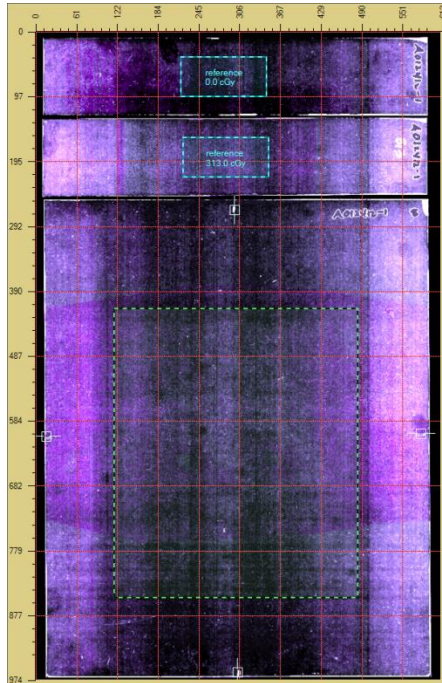
➤ Single scan Evaluation

compensates for

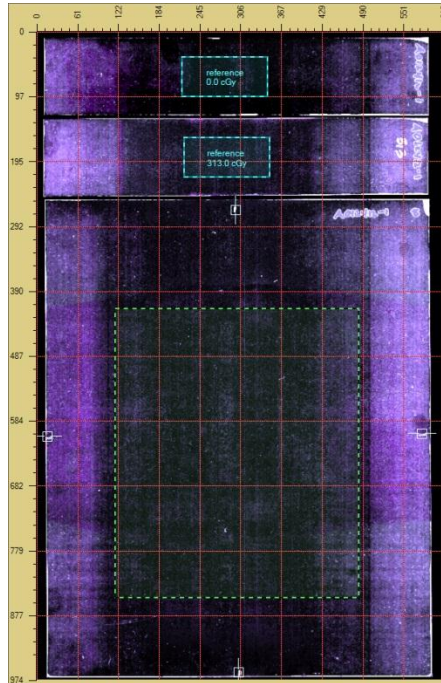
- Ambient conditions: temperature, humidity
- Inter-scan scanner variations,
- Post exposure time, film aging



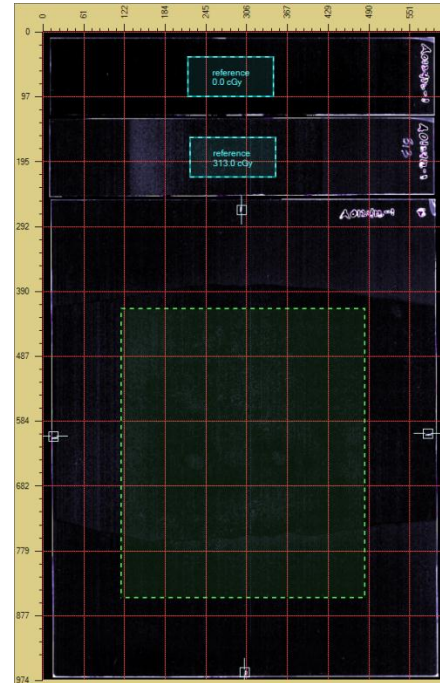
Consistency Comparison



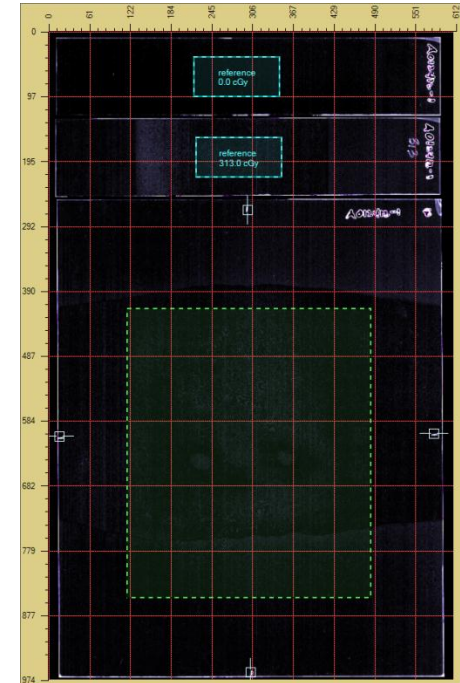
Single Channel
10.2 cGy



**Single Channel
Recalibrated**
3.6 cGy



Multi Channel
1.3 cGy



**Multi Channel
Recalibrated**
1.2 cGy

Consistency measured across frame $D_{\max} = 243 \text{ cGy}$, $D_{\text{ave}} = 139 \text{ cGy}$



Ashland Inc.

A. Micke, D. Lewis, Oregon, November 2012

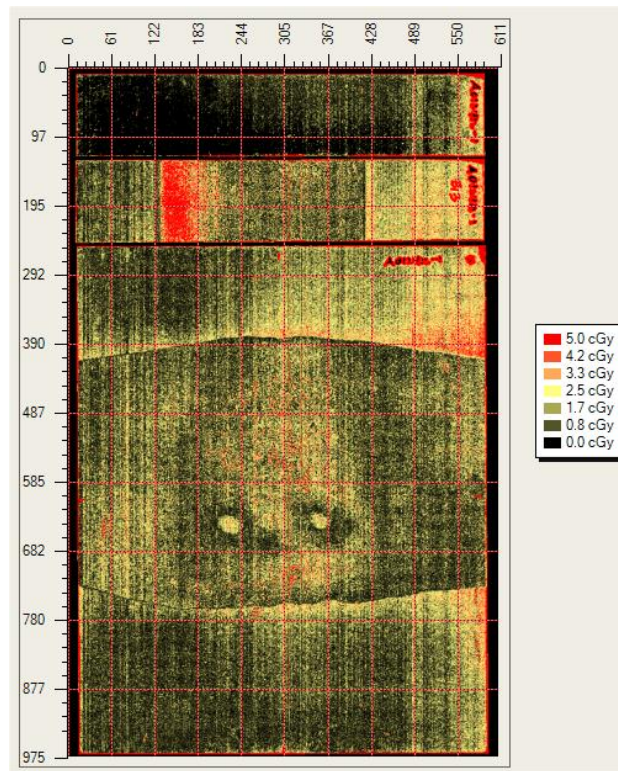
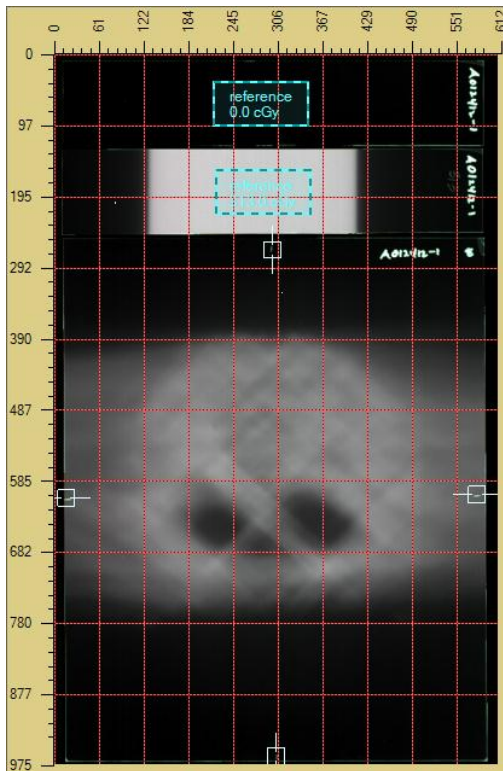
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Triple Channel Dosimetry

Dose Map Consistency

- Dose map error estimation known before comparison
- Detect 'abnormal' scans
 - 90° rotation, curling, Newton rings, 'top sheets' anomaly



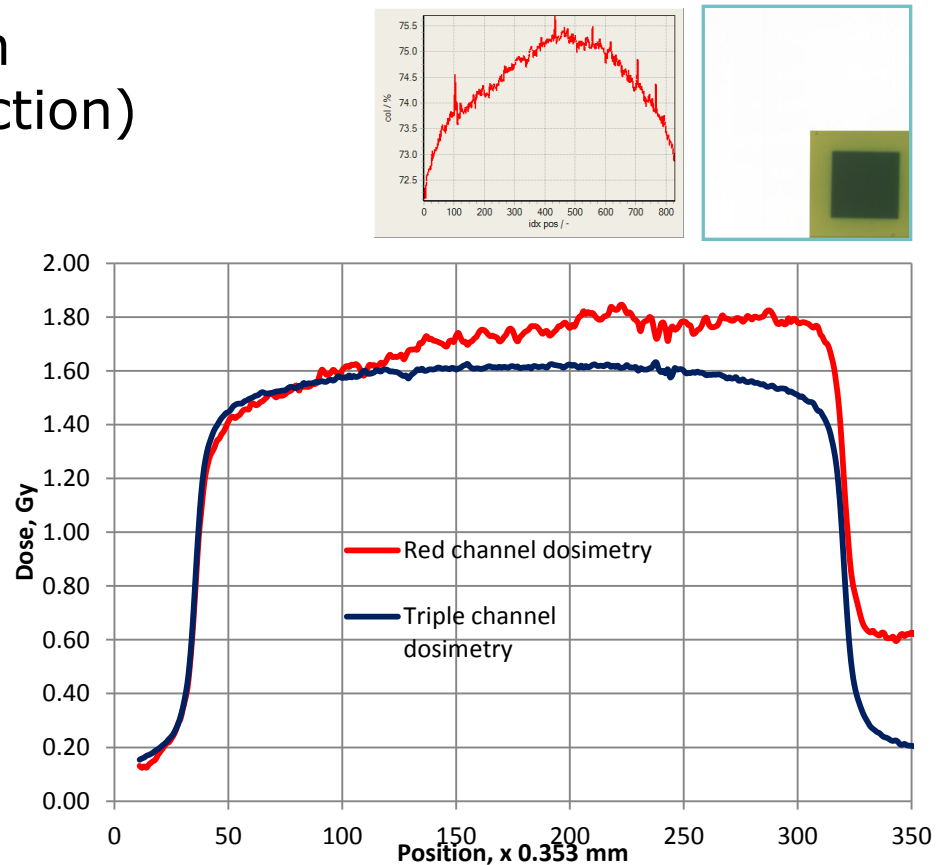
Example dose
consistency
map (iso-map)
peak error ~2%

Triple Channel Dosimetry

Lateral Scanner Non-Linearity

Scanner signal changes with lateral position (sensor direction)

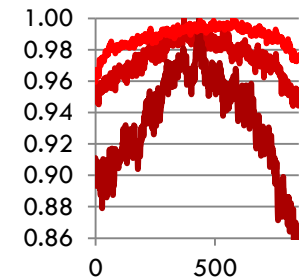
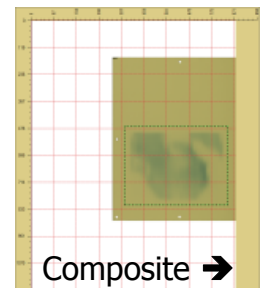
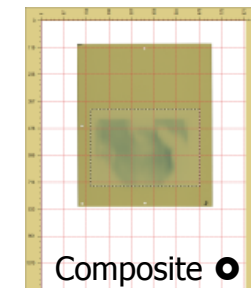
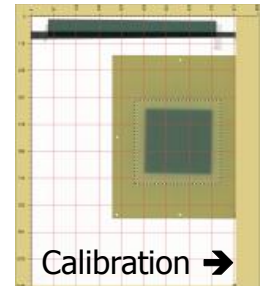
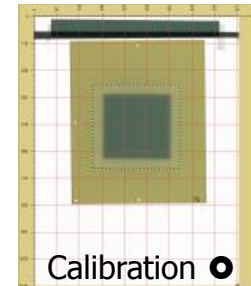
- EBT film polarization causes lateral effect
- Non-dose-dependent part of lateral effect is compensated
- Mitigation only (partial compensation)



Lateral Scanner Non-Linearity

Single vs. Triple Channel

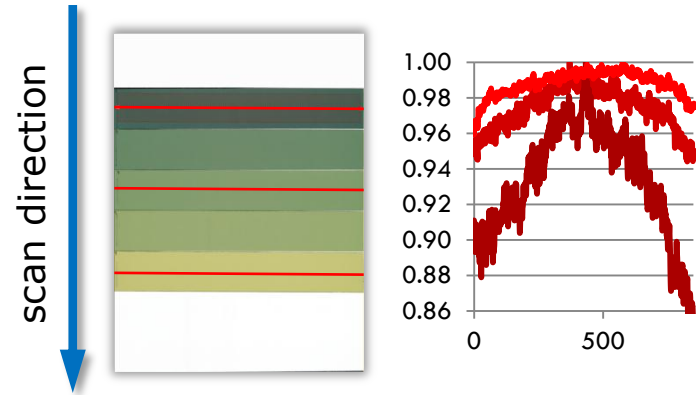
Gamma map Criterion	Calibration	Composite	Passing rate	
			Single Channel	Triple Channel
2% / 2mm	○	○	90%	96%
	→	→	87%	96%
	○	→	98%	98%
	→	○	94%	97%
1% / 1mm	○	○	58%	71%
	→	→	64%	69%
	○	→	81%	85%
	→	○	73%	78%
○ = centered → = right edge			absolute dosimetry (no dose re-scaling), <5% (<12cG) lowest dose ignored,	



Lateral Scanner Non-Linearity Normalized Blank Scan

Lateral effect increases with dose

- Compensates only weakest occurrence of lateral effect
- Adding disturbances
 - Non-uniformity of blank film
 - Noise of blank scan
- Worsens consistency for exposed areas



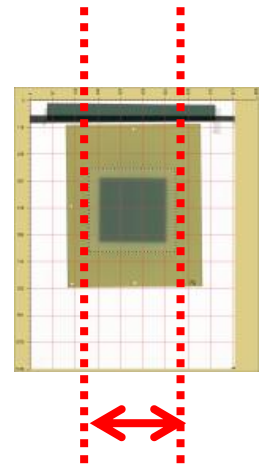
Calibration patch consistency comparison

dose <cGy>	Consistency <cGy>		Consistency <%>	
	None	Blank scan	None	Blank scan
202.0	8.8	11.1	4.3	5.5
151.5	6.8	8.9	4.5	5.9
101.0	5.9	8.4	5.9	8.3
50.5	5.9	7.9	11.6	15.6
0.0	4.8	0.4	Infinity	Infinity

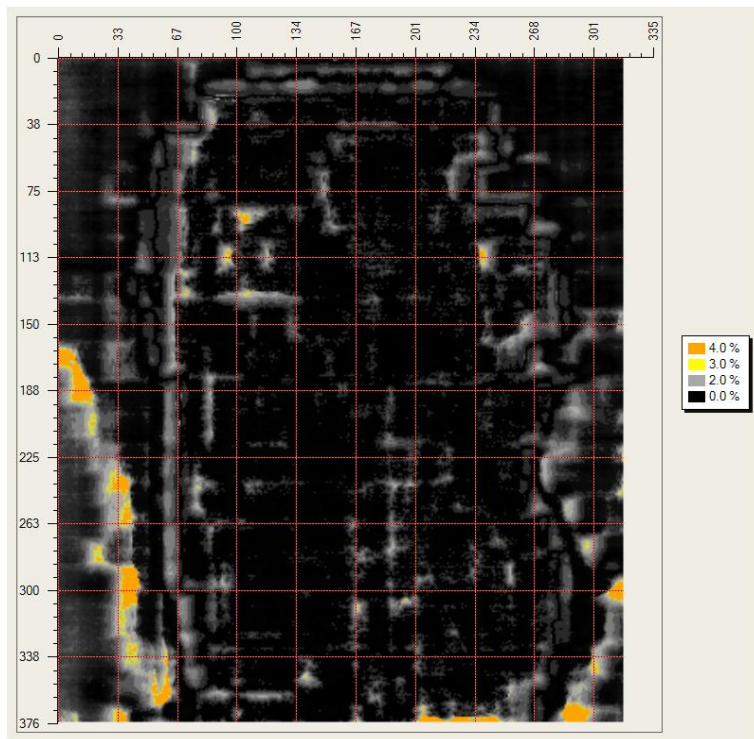
! DO NOT USE !

Lateral Scanner Non-Linearity Normalized Blank Scan

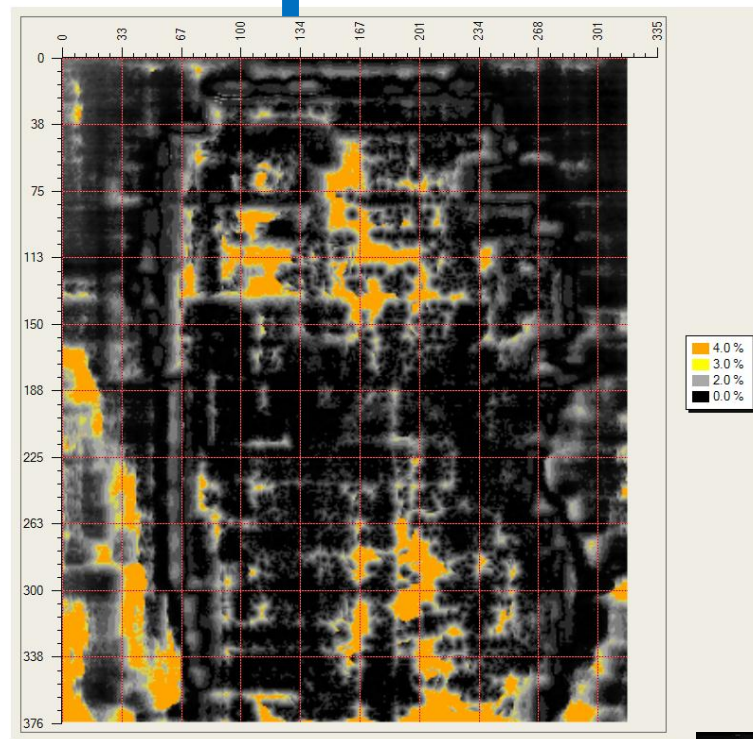
Dose cGy	Usable Scanner Width Triple Channel Dosimetry	Usable Scanner Width Green + Blue Channel Dosimetry
250	full (26 cm)	
500	24 cm	
1000	18 cm	
2000	14 cm	full (26 cm)
3000	6 cm	20 cm
4000	5 cm	20 cm
Dose error < 1%		



Triple Channel Film Dosimetry Dose to Plan Comparison



Triple Channel
Passing rate R – **97.15 %**



Single Channel
Passing rate R - **87.48 %**

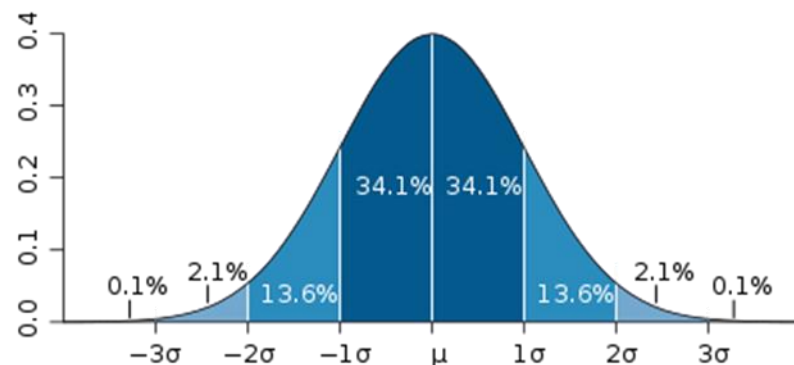
Gamma Map **2%/2mm** - IMRT example (part of FilmQA Pro installation)



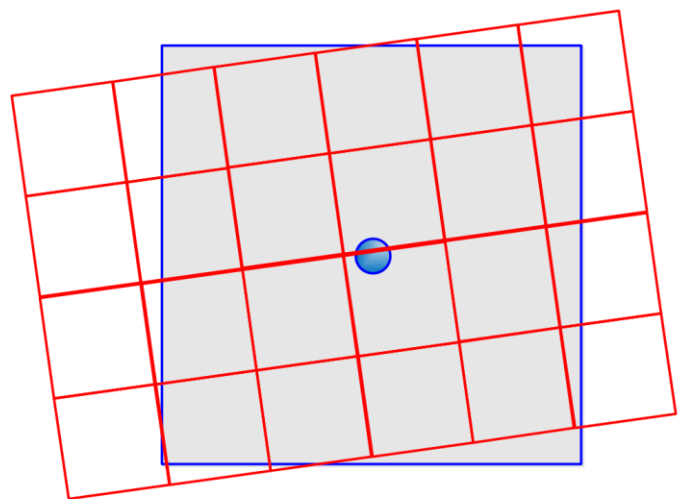
Triple Channel Film Dosimetry

Dose to Plan Comparison

- Dose map error can dominate comparison
 - 1% achievable (vs. 3% with single channel method)
- Comparison Criteria 3%/3mm, 2%/2mm
 - Triple channel: 1% $\ll$ 3%/2%, *i.e.* majority $<$ tolerance
 - Single channel: 3% $\sim$ 3% test, *i.e.* 50% $>$ tolerance
- Passing rates improves more than dose accuracy

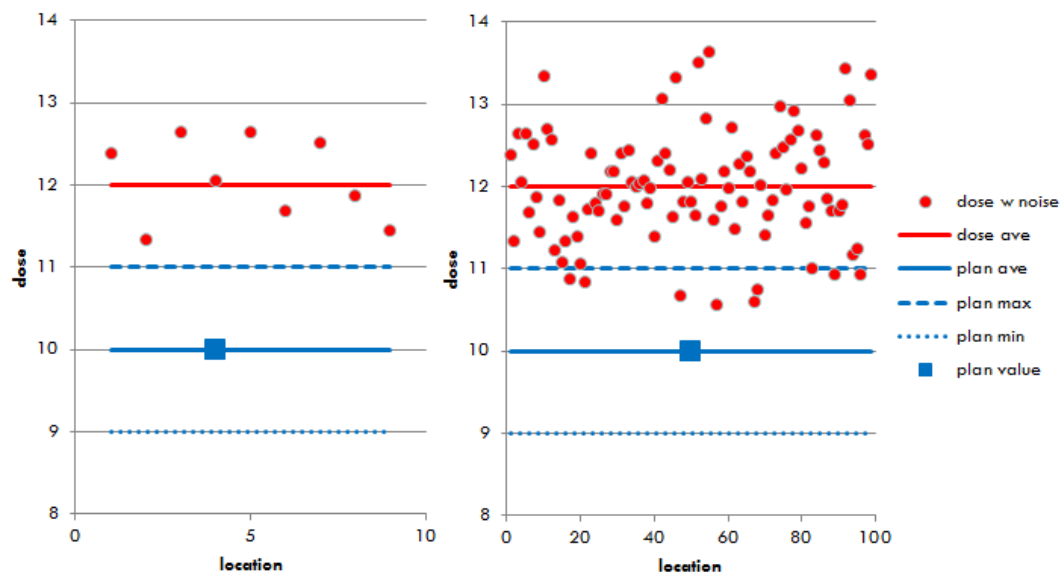


Gamma Map Comparison



 Dose Map Pixel  Treatment Plan Pixel

plan pixel and
overlaid pixels of
registered dose map



same standard deviation
low sample number **fails**,
high sample number **passes**

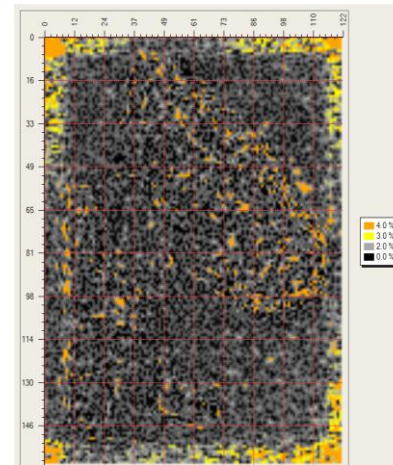
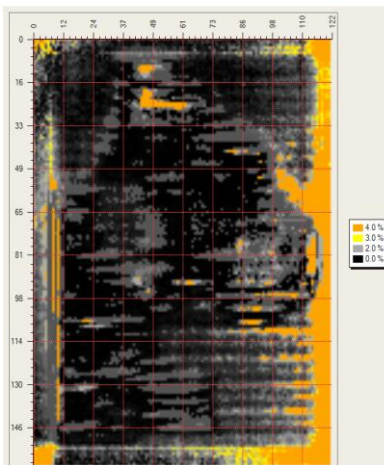
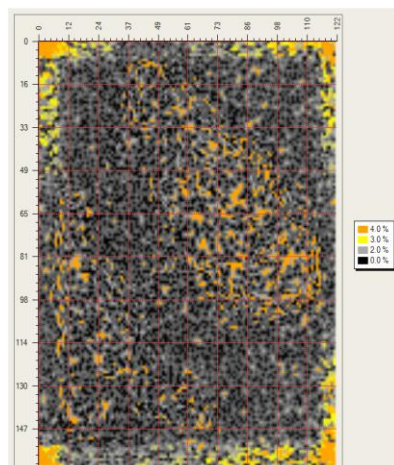
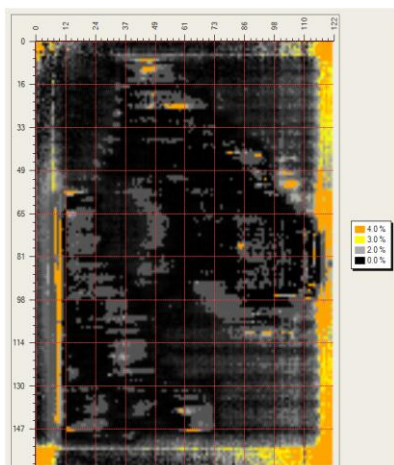
↪ Use dose average across plan pixel
e.g. Projection of dose map to plan coordinate system
Filtering cannot fix this problem!

Single vs. Triple Channel Noise Dependence



Triple Channel	Passing rate			
Criterion	0% noise	0.5% noise	1% noise	2% noise
3% / 3mm	97%	96%	95%	95%
2% / 2mm	94%	96%	94%	87%
1% / 1mm	68%	70%	58%	41%

Single Channel	Passing rate			
Criterion	0% noise	0.5% noise	1% noise	2% noise
3% / 3mm	94%	95%	95%	94%
2% / 2mm	89%	92%	94%	91%
1% / 1mm	57%	65%	61%	48%



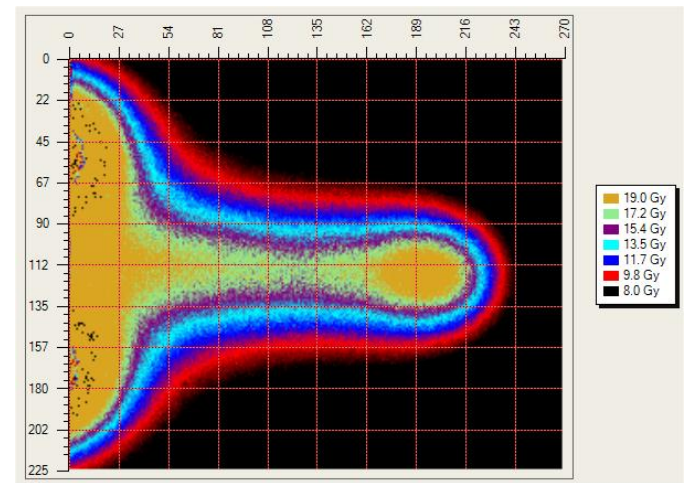
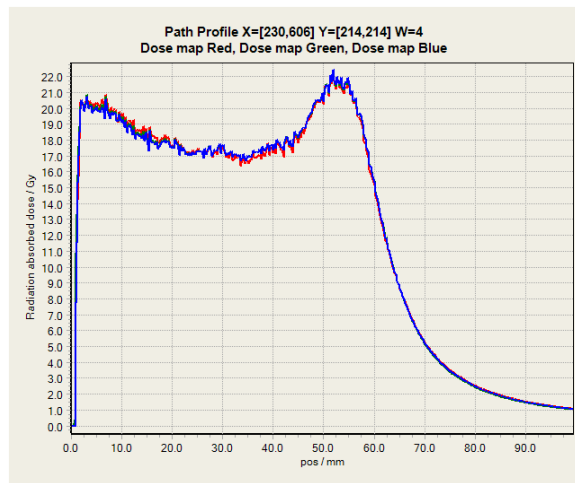
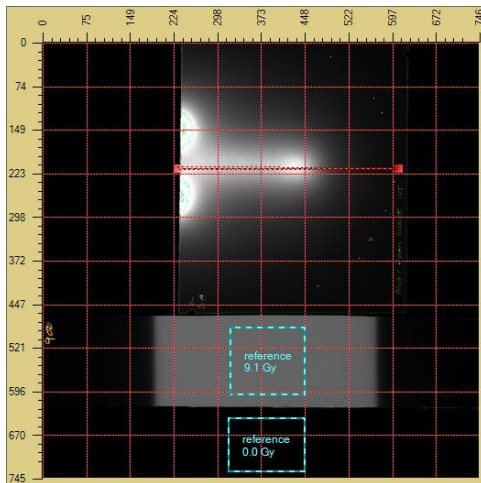
2% / 2 mm Gamma map comparison at 0%, 2% noise

White noise with various standard deviation added to EBT3 film scan, Gamma map with projection

Triple Channel Film Dosimetry

Dynamic Dose Range

- Same dose mapping method for all channels
- Range adaptation as needed
- Enables EBT's full dynamic range - Factor >1000
- ✗ Lateral effect increases substantially!



Example - Brachytherapy:

Calibration range 0 – 40 Gy, Dose map 22 Gy peak, Reference 9 Gy

Triple Channel, Single Scan Film Dosimetry

- Separate Dose and Dose-independent effects
 - Compensates for film thickness variation
 - Noise reduction without dose change
 - Mitigates scanner distortions
 - Background compensation, double exposure unnecessary
- Enables entire film dose range
 - Ebt2 dynamic range ratio >1000 (1 cGy - >40 Gy)
- Significant improvement of dose map accuracy
 - <1% achievable (vs. 3% with single channel method)
 - Optimized calibration per specific scan
- Indication of inconsistency between film and calibration, calibration inconsistencies



Ashland Inc.

A. Micke, D. Lewis, Oregon, November 2012

www.FilmQAPro.com

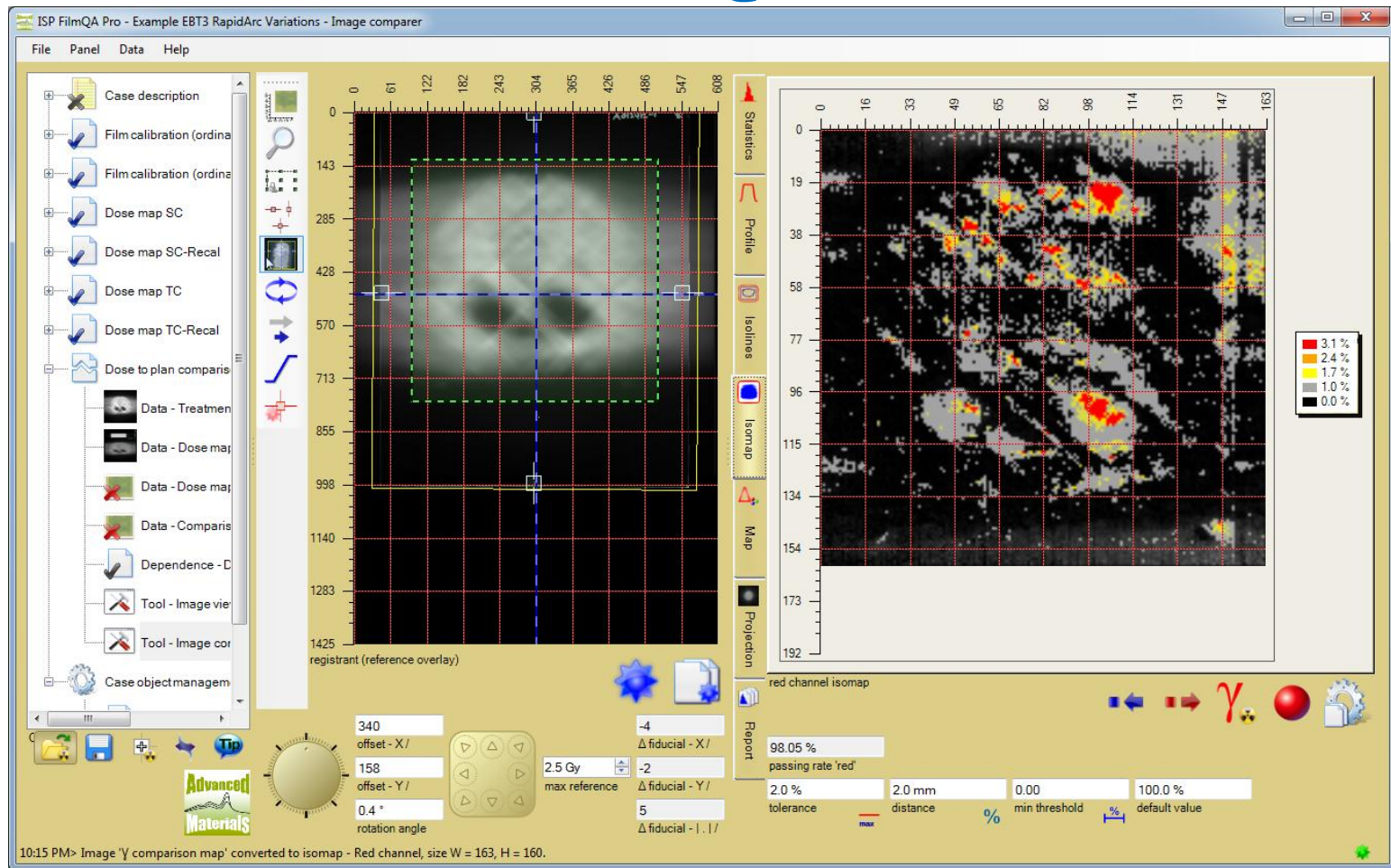
ASHLAND

Conclusion !

**Film is
a ~~hassle!~~**

SWAP

- **Fast results after minutes**
- **Accurate results <1%**
- **Simple operation**



Micke, Lewis, Yu - Multi-channel Film Dosimetry with Non-Uniformity Correction, Medical Physics, 38 (2011) 5, pp. 2523.

Lewis, Micke, Yu, Chan - An Efficient Protocol for Radiochromic Film Dosimetry combining Calibration and Measurement in a Single Scan, Medical Physics, 39 (2012) 10, pp. 6339.