

# Radiation therapy

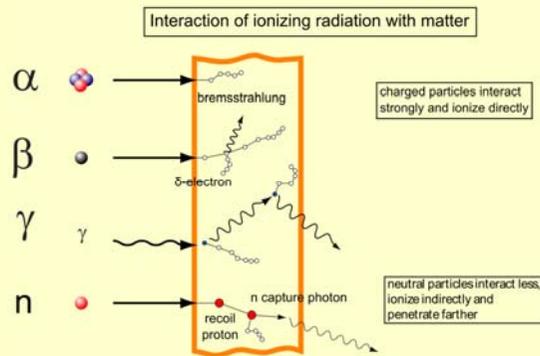


**Radiation therapy** is a clinical modality dealing with the use of ionizing radiations in the treatment of patients with malignant neoplasias (and occasionally benign diseases).

The **aim of radiation therapy** is to deliver a **curative** dose of irradiation to a defined tumor volume with as minimal damage as possible to surrounding healthy tissue.

## Consequences of the absorption of ionizing radiation.

1. Physical events      Direct or indirect ionization



The amount of secondary ionization depends on the material; it can be up to 10 times the amount of primary ionization.

The gamma photon emitted by the nucleus of the cesium isotope with 137 mass number is absorbed with photoeffect. The absorbing medium is air, assume the work function to be 34 eV. What will be the kinetic energy of the photoelectron in eV?

$$E_{137\text{Cs}} = 0,661\text{MeV}$$

$$hf = A + 1/2mv^2$$

$$1/2mv^2 \approx 661\,000\text{ eV}$$

What is the maximum number of ion pairs that the ejected photoelectron is able to produce during the secondary ionization process?

$$n_{\text{max}} = 661\,000\text{ eV} / 34\text{eV}$$

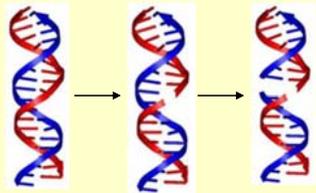
$$n_{\text{max}} = 19440$$

## 2. Chemical reactions

### Direct effect

Direct ionization of the macromolecules.

**DNA damage is the most important!**



single  
strand breaks

double



chromosome aberrations

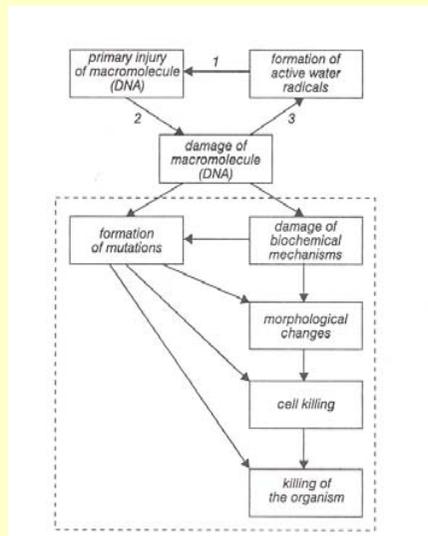
### Indirect effect

Reactive ions (e.g. OH<sup>-</sup>) and/or radicals (e.g. \*OH) are generated mainly from water molecules.  
(65-70% of the human body is water)



Reactive species induce damages in macromolecules and membrane structures.

## 3. Biological consequences



## Timescale of events

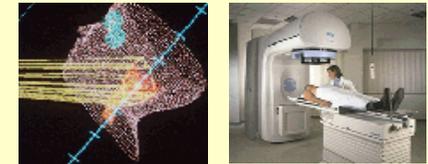
Physical	$10^{-20} - 10^{-8}$ s	Ionization, excitation
Chemical	$10^{-18} - 10^{-9}$ s	Direct/indirect chemical reactions
	$10^{-3} - \text{few hours}$	Repair of damages
Early biological	hours – weeks	Cell death, death of living system
Delayed biological	years	Carcinogenesis, genetic transformation

**Radiotherapy** : ionizing radiation induces damages at molecular and cellular level. This can be beneficial against tumour tissues

1. Which radiation is the best?
2. What is the optimal dose of radiation?
3. What is the best technique for generation radiation?
4. Irradiation selectivity – protection of healthy structures?

## Approaches

- **Palliative radiotherapy** to reduce pain and address acute symptoms – e.g. bone metastasis, spinal cord compression etc.,
- **Radical radiotherapy** as primary modality for cure – e.g. head and neck tumours
- **Adjuvant treatment** in conjunction with surgery – e.g. breast cancer



## Ionizing radiation in radiotherapy

### Electromagnetic

- X-ray – Bremsstrahlung and characteristic
- gamma
  - $^{60}\text{Co}$  (1,25 MeV) – teletherapy
  - $^{192}\text{Ir}$ ,  $^{125}\text{I}$  (35 keV),  $^{137}\text{Cs}$ ,  $^{60}\text{Co}$  - brachytherapy

**Electron/ $\beta$**  – energy range 6 – 21 MeV

**Proton** – increasing use

**Heavy ions** – limited use

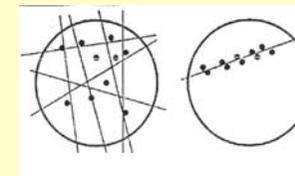
**Neutron** – limited use

„Efficacy” of various modalities are different

*Linear ion density:*

the amount of ion pairs in a line generated in a unit distance ( $n/l$ )

*LET (Linear Energy Transfer)* : the energy transferred to the material surrounding the particle track, by means of secondary electrons. ( $nE_{ionpair}/l$ )



Low LET  
e.g.,  $\gamma$ , rtg

High LET  
e.g.,  $\alpha$ , proton

## Typical LET values

LET	Radiation	Energy(MeV):	LET(keV/μm):
high	α – particles	5.0	90
	fast neutrons	6.2	21
	protons	2.0	17
low	X-rays	0.2	2.5
	60-Co γ–radiation	1.25	0.3
	β – particles	2.0	0.3
	accelerated electrons	10.0	

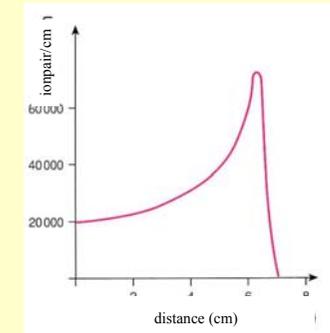
**α**



Internally deposited radioactivity

Brachytherapy

In the air:  $E_{ionpair} = 34 \text{ eV}$



**β<sup>-</sup>:**

Internally seeded radioactivity

Particle energy is not optimal  
continuous energy spectrum  
typical energy: few MeV



**e<sup>-</sup>:**

accelerated electron - 10-20 MeV

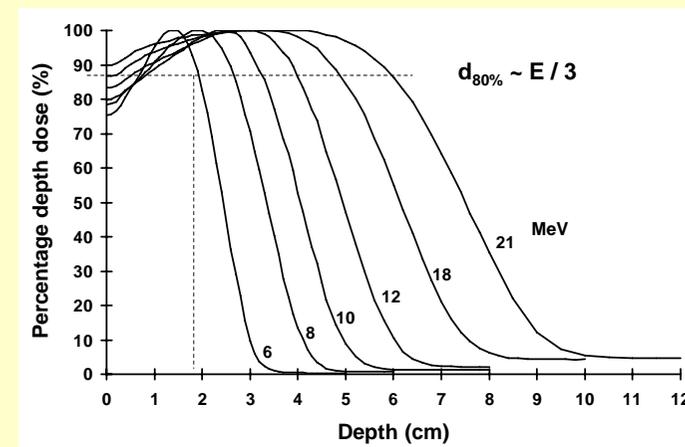
production: linear accelerator

Efficient distance!  $\approx 1 \text{ cm}/3 \text{ MeV}$

In the practice 6-21 MeV  $\Rightarrow$  2-7 cm  
treatment of superficial tumours

## Electron PDD curves with different energies

Reduced skin-sparing effect

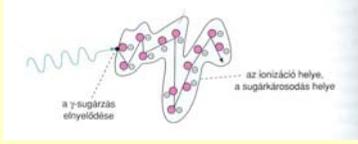


**Conclusion:** only superficial tumors can be treated with electron beams

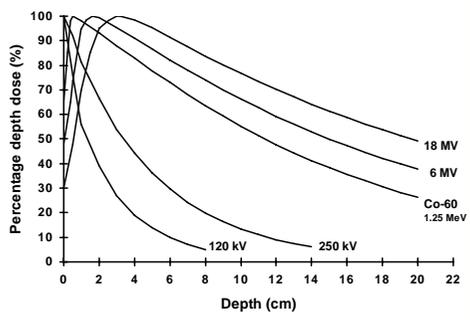
$\gamma$  :

Site of absorption  $\neq$  sites of ionization = site of radiation damages

Penetration distance is energy dependent



PDD curves at voltages (see X-ray) and various photon energies



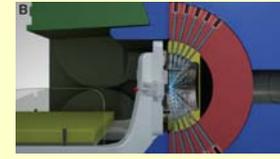
$\gamma$  :

$\gamma$ -knife: focused dose of radiation

about 200 portals in a specifically designed helmet

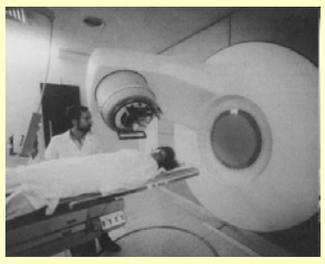
e.g.,  $^{60}\text{Co}$   $E_\gamma \approx \text{MeV}$ , about TBq activity

The radiation isocenter is the point in space where radiation beams intersect



Treat tumours and lesions in the brain

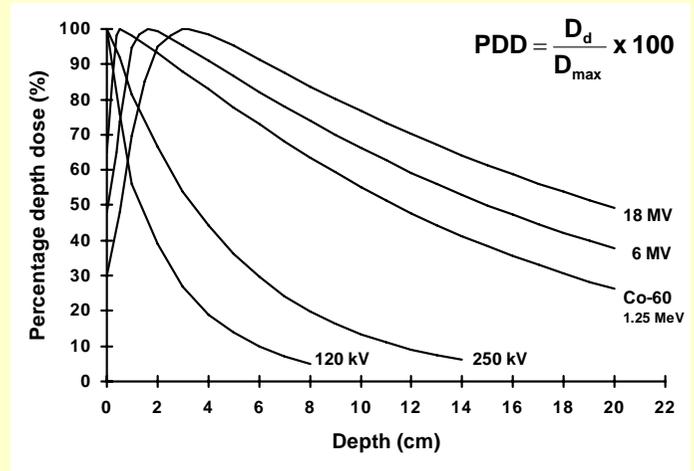
**X-ray:**



The X-rays are generated by a linear accelerator .

Few MeV photon energy.

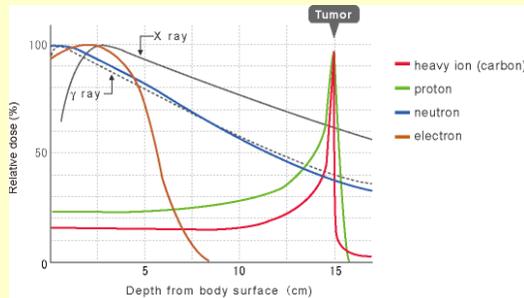
Photon PDD (percentage depth dose ) curves with different energies



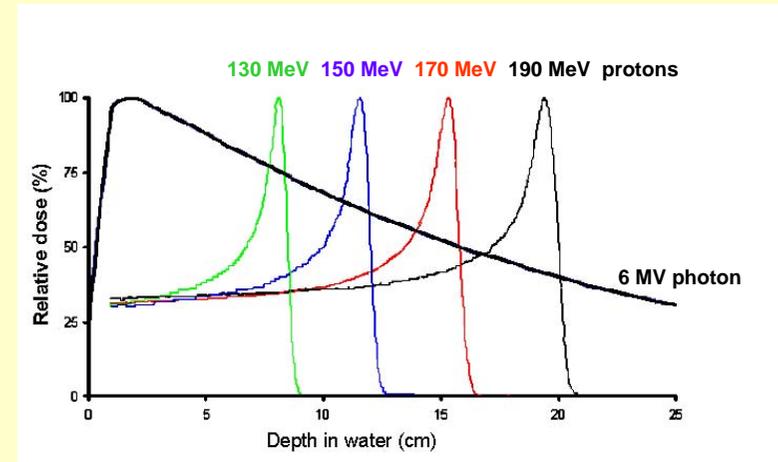


Would be ideal, but very expensive!

p :

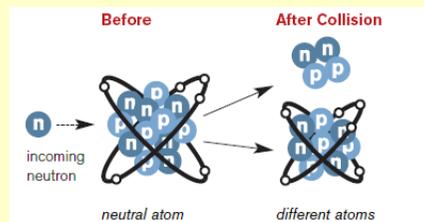


## Comparison of photon and proton depth doses



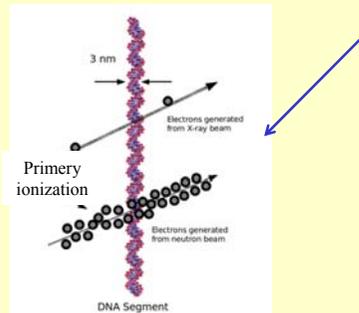
Neutron radiation: collision of high energy protons (66 MeV) into berillium target (  $p(66) + Be$  )

Neutrons induce nuclear reactions.



n :

High LET



Question of the week

Alpha- or gamma-gamma radiation should be recommended in brachytherapy? Why?

*Damjanovich, Fidy, Szöllősi: Medical biophysics*

**IX.3**