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# Prompt Gamma Energy Integration : a new method for online-range verification in proton therapy with pulsed-beams

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### 2 ABSTRACT

3 We propose a method for prompt-gamma verification of proton range during particle therapy. This method, called Prompt-Gamma Energy Integration (PGEI), is based on the measurement 4 of the total energy deposited in a set of detectors located around a patient. It is particularly 5 suited in the case of high-instantaneous beam intensities, like for pulsed beams extracted from 6 7 a synchro-cyclotron. GATE simulations show that millimetric range shifts can be measured at 8 a beam-spot scale. The sensitivity is slightly degraded as compared to the Prompt-Gamma Peak Integration Method, for which Time-of-Flight can be employed to reduce the background 9 10 in single-photon detection conditions at cyclotron accelerators. Experimentally, lead tungstate 11 scintillators have shown to cope with the high instantaneous gamma count rates for PGEI at 12 synchro-cyclotrons.

13 Keywords: Prompt-gamma, particle therapy, range verification, Monte Carlo simulations

### **1 INTRODUCTION**

In the field of cancer treatment using particle therapy, a crucial asset consists in the ballistic precision, associated to the energy concentration deposited by light ions at the end of their path (Bragg peak), with small lateral and longitudinal dispersions. This feature offers the advantage of fine-tuning treatment precision to the tumor while limiting the impact on surrounding healthy tissues. This can minimize the number of radiation fields needed, a particularly important factor when dealing with tumors close to vital organs [1]. However, various factors have an impact on the location of the Bragg peak, leading to potential sources of errors that might result in under-dosing the tumor or, conversely, overdosing

the healthy neighboring tissues. Therefore, additional safety margins are usually applied to account for 21 22 range uncertainties, and treatment plannings are performed with multi-field plans without organ-at-risk downstream the Bragg peak [2, 3]. As a consequence, the online monitoring of ion ranges inside the patient 23 is highly desirable in order to fully benefit from the ballistic properties of ions. Indeed, better confidence in 24 25 ion ranges could allow the medical physicists to improve the treatment plans, with less irradiation fields, and possibly organs-at-risk downstream the tumor volume, hence reducing the volume of irradiated healthy 26 27 tissue [2]. Currently, no method has been widespread in clinical routine, since it would require online imaging, that has to comply with the patient workflow, and be adapted to the accelerator and beam-delivery 28 system. 29

30 Positron Emission Tomography (PET) is based on the detection of nuclear collision-induced positron annihilation. It has been widely investigated and tested in clinics [4, 5, 6, 7, 8]. However, this technique is 31 limited by the lifetime of radioisotopes, the biological washout, and the available statistics. Therefore, it 32 33 requires either dedicated online imaging systems, or long data acquisitions offline. In any case, real-time information on a spot-by-spot basis is not feasible. Since the early 2000s, other approaches have been 34 investigated, with a focus on the detection of prompt-secondary particles, particularly the prompt gamma 35 rays (PG), to set up real-time control [9]. The high correlation between the emission points of PG and 36 the trajectories of primary ions has been demonstrated [10, 11]. Furthermore, the vast majority of PG are 37 emitted within a few picoseconds after the interaction, with a roughly isotropic angular distribution, and 38 PG energy spectra strongly depend on the target chemical composition [12, 13]. Various techniques for PG 39 detection have been considered. These encompass imaging systems that use mechanical [14, 15, 16] or 40 electronic collimation (such as Compton cameras [17, 18, 19, 20, 21, 22], or high-resolution Time-of-Flight 41 collimation, as seen in Prompt-Gamma Time Imaging [23, 24]). Non-imaging setups (Prompt-Gamma 42 Timing [25], Prompt-Gamma Spectroscopy [12], Prompt-Gamma Peak Integration (PGPI) [26] and Coaxial 43 44 Prompt Gamma-ray Monitoring (CPGM) [27]) have been also investigated. These techniques need to be 45 compliant with the beam intensities in order to provide photon-per-photon detection and proton range information. In particular, high-resolution Time-of-Flight (ToF) measurements (projectile-per-projectile) 46 47 requires reduced intensities with respect to clinical ones [28]. The challenge of adapting the PG detection 48 system with clinical beam delivery has become very complex with the rise of synchrocyclotron accelerators 49 (e.g., IBA-S2C2), with low duty cycle and high instantaneous intensities (from 100 nA to 1 µA) compared to 50 cyclotrons which usually operate in the nanoampere range, although their average intensities are somewhat 51 similar [29]. Moreover, recent developments in the FLASH therapy field underscore the shift toward 52 higher-intensity treatments doled out over shorter time spans to amplify therapeutic advantages [30, 31].

53 Some techniques of ion-range verification based on the measurements of electric and magnetic fields 54 induced by the beam particles [32, 33] and the secondary particles [34] could benefit from these high intensity beams. This is also the case for the detection of ionoacoustic waves generated when the ion 55 bunches interact with the medium [35, 36]. To alleviate the instrumentation constraints of the event-by-56 event detection in the context of high-intensity pulsed-beams, the present paper proposes a new method, 57 named Prompt-Gamma Energy Integration (PGEI), derived from the PGPI. It consists in detecting all 58 secondary radiation (mainly PG) with a set of a few detectors in "integration mode" (to cope with high 59 particle fluxes). The information collected is the energy deposition of secondary particles during a beam 60 pulse (integration mode obviously prevents ToF and PG energy measurements). This work consists of 61 two independent and complementary simulation and experimental studies. In a first step, Monte Carlo 62 simulations based on the open-source GATE software [37] are used to evaluate the potential of the method 63 at spot scale. In a second step, we present preliminary measurements showing the feasibility to use fast-64

### 2 MATERIALS AND METHODS

### 66 2.1 Simulations

### 67 2.1.1 Mean number of PG detected per HF period from a cyclotron and a synchrocyclotron

The PGPI method, proposed in [26], aims at providing ion-range verification from the PG count rates 68 measured by a set of detectors placed around the patient. The count rates of each detector and their ratios, 69 70 provide information on the beam range, that can be compared quantitatively to simulations. The number of 71 secondary particles induced by nuclear collisions in the patient material is directly related to the intensity of the incident beam. Thus, when several PG interact in a single detector during the same incident particle 72 73 bunch, there is a risk of information loss. Therefore, the PGPI method is effective when detection units 74 present a compromise between detection efficiency (solid angle) and the probability to avoid pile-up. This compromise is optimum for a maximum duty cycle of the accelerator, e.g with cyclotron-type accelerators 75 76 that deliver a continuous beam with a current of the order of a few nA (example: IBA C230, average 77 current 3 nA, HF period 10 ns [29]). However, in the context of using synchrocyclotron accelerators and their pulsed mode, a strong issue arises due to the peak intensity during beam delivery. For example, the 78 79 IBA-S2C2 accelerator emits pulses with a duration of approximately 10  $\mu$ s, spaced by about 1 ms, i.e 80 with a duty-cycle of 1%. These pulses themselves consist of a substructure with a period of 16 ns at the extraction, including 8 ns "on" periods delivering particle bunches and 8 ns "off" periods. Therefore, peak 81 intensities may vary between 100 nA and 1 µA for averaged intensities of a few nA [29]. 82

83 In order to determine the number of PG events detected per accelerator period (i.e. particle bunch), Monte Carlo simulations were performed with GATE (version 9.0) [37], a open-source software which is based 84 on the Geant4 toolkit [38]. We used the QGSP\_BIC\_HP\_EMZ physics list recognized as a reference in this 85 86 field [39], since it includes both electro-magnetic physics (EMZ is a combination of the most accurate EM models) and hadronic physics. The simulation setup consisted in the 160 MeV proton irradiation 87 of a spherical PMMA phantom target (density 1.2 g/cm<sup>3</sup>) with a radius of 10 cm. Figure 1 shows the 88 the number of PG events detected per accelerator period as a function of the geometric efficiency of the 89 90 detector. The values for both the IBA-S2C2 synchro-cyclotron and the IBA-C230 cyclotron, with similar 91 average beam current (3 nA) are depicted on this graph. It is observed that the continuous beam of the C230 has the advantage of generating a low number of PG events per particle bunch. Therefore, it is 92 possible to keep the geometric efficiency of the detector at the level of  $10^{-3}$  while maintaining acceptable 93 counting rates (around 1 MHz). In contrast, the low duty cycle, and thus the high intensities achieved by the 94 S2C2, generate a much higher number of PG events per particle bunch, requiring a significantly reduced 95 geometric detection efficiency (at the level of  $10^{-5}$ ) for a single-photon detection regime. This limitation 96 would result in a reduction of the size of the detection units, and then to a large increase of the number of 97 detectors in order to preserve the statistical precision of the measurement. 98

### 99 2.1.2 Simulations of the PGPI and PGEI techniques

In order to address this issue and preserve the concept of a low-cost, simple arrangement of a few detection units, the proposed PGEI method relies on integral measurement of the energy deposited by secondary particles during the beam pulse in each detector placed around the patient. To determine the precision of this method and compare it with the PGPI method, GATE simulations were performed. A sketch of the simulations is shown in Figure 2. A spherical PMMA target with a 10-cm radius was placed at the center of the geometry, surrounded by 8 or 16 LaBr<sub>3</sub> crystals with their entrance face at 20 cm from the target center. The choice of the LaBr<sub>3</sub> scintillation material has minor importance at this stage, since it



**Figure 1.** Mean number of PG detected per HF period (i.e. particle bunch) as a function of detector geometric efficiency during beam extraction of two accelerators: 1  $\mu$ A peak current of a the IBA-S2C2 synchro-cyclotron with 16 ns period, and 3 nA average current of a the IBA-C230 cyclotron, with 10 ns period.

107 is considered only as a calorimeter. Each of these crystals is a cylinder with a radius of 5 cm and a depth of

108 2.5 cm, corresponding to a geometric efficiency of approximately 1.5 % relative to the simulation center.

109 For each primary particle, the number of particles and the deposited energy in each detector ("sensitive

110 detectors" in GATE) are recorded. The target was irradiated by a beam of  $10^9$  protons with an energy of

111 160 MeV. The beam-time structure was modeled in post-processing. Statistical fluctuations on the number

112 of protons per bunch were applied following the Poisson distribution.



**Figure 2.** Geometries simulated in GATE: a spherical PMMA target (10-cm radius) placed at the center of the geometry surrounded by 8 (left) or 16 (right) LaBr<sub>3</sub> crystals with their entrance face at 20 cm from the target center.

Multiple simulations are conducted with lateral (16-detector setup) or longitudinal (8-detector setup) displacements of the target relative to the proton beam direction, allowing the observation of the evolution

of each variable (energy deposited or number of particles) as a function of the target position. A data 115 analysis is employed to determine the number of particles detected within the detectors as well as their 116 energy deposition. In the case of PGPI, we did not perform Time-of-Flight discrimination, in order to 117 118 have the closest comparison with the PGEI method. However, a threshold of 1 MeV energy deposited was applied in order to discriminate PG from other secondary particles in the sensitive detectors. This 119 threshold is the optimal value to reject most of electrons, low energy X-rays and a large fraction of 120 121 Compton-scattered gamma, for which the correlation with emission vertex is poor. In practice, to increase 122 the perceived statistics for an observable and improve the precision of the methods, it is possible to gather detectors into several groups for longitudinal displacement, thanks to their symmetrical positions relative 123 to the emission points of secondary particles and the simple geometry used here. The results can then 124 be compared on a reduced and more clinically relevant sample for  $10^6$ ,  $10^7$ , and  $10^8$  incident protons to 125 determine the sensitivity of the method in real conditions. Moreover, this simulation makes it possible to 126 estimate the flux of secondary particles and energy deposited in the detectors, providing insights for the 127 128 design of a detection system.

### 129 2.2 Experiments

130 The method we used to characterize the detectors under a proton or alpha beam of  $\sim$ 70 MeV (total energy)

131 is presented in Figure 3. These experiments took place at CAL-Nice and at ARRONAX-Saint-Herblain.

132 Both accelerators are cyclotrons, and ARRONAX is equipped with a pulsation at injection, allowing the

133 generation of a pulsed beam similar to that of a synchrocyclotron, with adjustable pulse and inter-pulse

134 durations.



Figure 3. Experimental setup diagram.

135 The detectors used in these experiments are scintillators coupled to photomultiplier tubes. Various 136 scintillation crystals were employed to determine optimal characteristics based on their luminosity and 137 scintillation constants.

A PMMA target serves as a phantom to stop the proton beam and generate secondary radiation. In 138 the following, we will focus mainly on the results obtained at ARRONAX with pulsed beams, whereas 139 experiments at CAL were used to study the behaviour of various detectors with continuous beams. The target 140 was irradiated with a beam whose intensity could be adjusted up to 20 µA during pulses at ARRONAX. 141 The measurement of the beam intensity was carried out by an ionization chamber located upstream from 142 143 the exit window of the accelerator beamline in vacuum. Detectors are positioned around the target to detect the secondary radiation or particles produced during irradiation. The signals from the detectors are 144 recorded using a LeCroy DSO oscilloscope, allowing automatic recording of approximately 100 waveforms 145 of the characterized detector signals with 20 GHz sampling period. Recording is triggered by the beam 146 pulse signal. Figure 4 provides an example of waveforms obtained on a PbWO<sub>4</sub> detector at ARRONAX, 147 illustrating the correlation between the signal of the incident alpha beam pulse from a fast beam monitor 148 (single diamond used as a solid-state ionization chamber) and the generated secondary particles. 149



**Figure 4.** Waveforms recorded on the PbWO<sub>4</sub> detector and on the fast beam monitor (whose maximum has been normalized to 1 V) for an intensity of 2  $\mu$ A of the 70 MeV (total energy) alpha particle beam in ARRONAX and a bias voltage of 2500 V. The figure on the right is an enlarged local view.

The recorded waveforms are then analyzed by a Python script, which initially corrects slight fluctuations 150 151 in the detectors' baseline (average value subtraction, calculated from the start of the waveform that corresponds to 50 ns without signal). Subsequently, the script performs the integration of the detector 152 signal over the duration of the beam pulse. Various parameters will be explored, such as the evolution of 153 the integral with respect to the incident beam intensity, PMT bias (detector gain), and the distance from the 154 impact point on the target (15 or 25 cm). Moreover, this Python script is able to detect each individual signal 155 within the pulse (Figure 5) to enable correlation between the amplitudes of these signals and their integrals. 156 The detection of individual signals occurs with the following conditions: a threshold value corresponding 157 to 6 times the standard deviation of the points used for determining the baseline value, a time duration of 158 2.5 ns above this threshold, and a minimal time separation of 2.5 ns between two consecutive signals. The 159 integral of an individual signal is calculated over a duration of 32.5 ns, 7.5 ns before the local maximum, 160 and the subsequent 25 ns. 161

162 The first experiments at CAL and ARRONAX demonstrated a rapid saturation of detectors with high 163 luminosity (NaI and BaF<sub>2</sub>), when count rates are no longer small compared to the accelerator frequency, as 164 illustrated in Figure 6. In order to avoid detector saturation, a reduction of the PMT bias is necessary to 1.4 1.2 1.0

Signal (V)

0.4 0.2 0.0

28.0

28.2



**Figure 5.** Waveforms recorded on the PbWO<sub>4</sub> detector for an intensity of 1600 nA of the 70 MeV (total energy) alpha particle beam in ARRONAX and a bias voltage of 1800 V, displaying the markers provided by the analysis program for identifying individual signals. The waveform has been reversed for the analysis.

Time (µs)

28.6

28.8

29.0

reduce signal amplitudes so that a lower number of PG is expected – with a loss of information – after data
analysis based on individual signal detection.

28.4



**Figure 6.** Results obtained with NaI(Tl) and BaF<sub>2</sub> scintillators placed at 45 cm from the target irradiated with the 68 MeV proton beam in ARRONAX. The pulse duration in 100  $\mu$ s. Left: waveforms of the beam monitor in blue and the scintillator BaF<sub>2</sub> in orange at 3 nA beam intensity; right: evolution of the integral of the waveform during the pulse (expressed in equivalent energy following the detector calibration) on NaI(Tl) versus the intensity of the beam for different biases.

167 Subsequently, the results will pertain to a scintillator crystal, PbWO<sub>4</sub>, with a surface area of  $4 \text{ cm}^2$  and a

- 168 thickness of 3 cm, coupled with a PMT Photonis-XP2020. PbWO<sub>4</sub> was chosen due to its low luminosity
- 169 (100 to 300 photons/MeV compared to approximately 38,000 for NaI(Tl)) and rapid scintillation decay
- 170 constant (6 ns compared to 250 ns for NaI(Tl)), making it an ideal candidate for such applications. Indeed
- 171 its fast decay time allows it, in principle, to return to its baseline between two consecutive proton pulses
- 172 separated by 30 ns. However, this low luminosity induces a degraded energy resolution.

### **3 RESULTS**

### 173 3.1 Simulations

The simulations allowed for the determination of the evolution of deposited energy based on longitudinal 174 displacements (with 8 detectors in operation) and lateral displacements (with 16 detectors) of the PMMA 175 target. Figure 7 illustrates the obtained results. In each case, a correlation between the target displacement 176 and the energy deposited per incident particle can be observed. In the longitudinal case, two groups of 177 detectors are noticeable — those located upstream from the target (backward) and those located downstream 178 (forward). Within one group, each detector exhibits the same behavior as the others, due to the geometry 179 and symmetry of the setup. Forward detectors (numbered from 0 to 3) experience an increase in deposited 180 energy as the target approaches them, due to the increase of their solid angle relative to the PG emission 181 points. The situation is reversed for backward detectors. 182

Similarly, the observed variation during lateral displacement is attributed to the variation in the solid angle of the detectors relative to the emission points. However, other effects contribute to this variation, including the thickness in materials that secondary particles must traverse to reach the detectors. Additionally, the target displacement leads to a modification of the beam entry point and thus the depth of the Bragg peak, resulting in a parabolic evolution of the detected energy in forward detectors for large target displacements. Similar to the longitudinal displacement, symmetries are also clearly seen, explaining the similar evolution of detector pairs, for example, [0,4], [1,3], and [5,7] for forward detectors.

The relatively large number of simulated incident ions  $(10^9)$  allows for the modeling of a certain number of beam pulses containing a specific quantity of protons. One may add the responses of backward detectors on one hand, and those located forward on the other hand, to detect longitudinal displacement. This increases the perceived statistics as well as precision by a factor  $\sqrt{N}$ , with N being the number of detectors in the group. Figure 8 illustrates the evolution of the total number of detected particles (left) and the total energy deposition (right) in all detectors of each group for one given pulse of  $1.5 \times 10^7$  incident protons.

196 A quasi-linear behaviour is observed (mainly due to the observation angle). The sensitivity of each 197 method is obtained by the ratio between the standard deviation of the simulated statistics and the slope of 198 the linear adjustment function. In this way, the sensitivity to displacement along the beam axis using the 199 PGPI method was calculated to be 1.3 mm at  $1\sigma$ , while that of the PGEI is 3 mm at  $1\sigma$ .

### 200 3.2 Experiments

The experiments carried out at ARRONAX allowed us to obtain the evolution of the response of a PbWO<sub>4</sub> 201 scintillator coupled with a PMT XP2020 (from Photonis) as a function of the incident beam intensity 202 and the PMT bias, for two distances between the entry point of the target and the detector: 15 and 25 cm 203 (Figure 9). First, these experiments show that for each bias value, the integral evolves linearly with the 204 beam intensity until reaching a saturation value (close to  $5 \times 10^7$  pV·s), at which loss of linearity is 205 seen; the loading charge of the PMT becomes too high. Lowering the bias voltage, and thus reducing the 206 PMT gain, helps to overcome this saturation. Second, as expected, increasing the distance between the 207 detector and the source reduces the detector counting rate, and thus increases the usable range of beam 208 intensity. This is due to the decrease of the detector solid angle: we could check that the count rate ratios 209 are approximately equal to  $(15/25)^2$  (the square of the ratio of "target center-detectors" distances) for a 210 given bias in the linear response regime. 211



**Figure 7.** Deposited energy (keV) per incident particle (for  $10^9$  simulated protons) as a function of target displacement in mm. The first figure shows the evolution for longitudinal displacements, the second and the third ones for lateral displacements, with backward and forward detectors, respectively.

These results can also be compared to the documentation from the manufacturer of the PMT XP2020, which provides the characteristic evolution of gain as a function of the bias voltage. By plotting the evolution of the integral of signals against the applied bias, as shown in Figure 10, lines with the same slopes as those in the literature are obtained. The saturation configurations of the detector also appear in these figures; indeed, there is a noticeable inflection in all curves beyond an integral value of approximately  $2 \times 10^7$  pV·s.

218 An example of correlating the amplitudes of individual signals with their integrals is illustrated with density maps shown in Figure 11. These results correspond to a PMT bias of 2000 V for a distance of 219 25 cm between the target and the detector and a beam intensity of 380 nA (left) and 3200 nA (right). These 220 results reveal a clear correlation between the signal amplitudes and their integrals. At 380 nA (left figure), 221 222 saturation is observed for signals above 1.6 V, which is due to the oscilloscope's acquisition window and pertains to only a small number of signals. Moreover, although the two acquisitions presented in Figure 11 223 correspond to beam intensities different by almost one order of magnitude, there is no indication for detector 224 225 saturation, as the correlation is maintained. Furthermore, it can be observed that the increase in intensity leads to both an increase in the amplitude of each signal and its integral. In this experimental configuration, 226



**Figure 8.** Expected number of particle detection (PGPI, left) or deposited energy in MeV (PGEI, right) within a group of detectors (forward or backward) for a beam pulse of  $1.5 \times 10^7$  protons as a function of the target displacement along the incident beam direction. A 1 MeV threshold is applied on particle detection in order discriminate PG that did not interact in the target from background (Compton-scattered PG, electrons, neutrons...). The coloured zones correspond to the 1-sigma statistical uncertainty for one measurement.



**Figure 9.** Integrals per beam pulse of the ARRONAX accelerator obtained with the PbWO<sub>4</sub> detector as a function of 70 MeV proton beam intensity (from 12 nA to almost 21  $\mu$ A), for the various PMT bias values and 2 distances between the target entrance and the detectors: 15 cm (left) and 25 cm (right).

the duration of pulses are about 3-4 ns, and they are separated by 33 ns (HF period). Therefore, photonsdetected from the same pulse do lead to both added amplitudes and added signal integrals.

These results are confirmed by the histograms of the integrals of each of these individual signals, which are presented in Figure 12. The spread of the spectrum of integrals at high intensity can be seen in comparison with the lowest intensity.



**Figure 10.** Integrals of the recorded waveforms at ARRONAX, with a proton beam of 68 MeV, as a function of the biases applied to the detector and 2 distances between the target entrance and the detectors: 15 cm (left) and 25 cm (right). The different curves correspond to different chosen intensities.



**Figure 11.** Density map of the amplitudes of the individual signals as a function of their integrals for a bias of 2000 V, with the detector placed at a distance of 25 cm from the target entrance and 68 MeV proton beam intensities of 380 nA (left) and 3200 nA (right).

### 4 DISCUSSION

#### 232 4.1 Simulations

The conducted simulations demonstrated that each of the PGPI and PGEI methods is sensitive to the displacement of a target along either the incident beam direction or a transverse axis. Furthermore, it has been shown that the sensitivity obtained from both methods is of the order of a few millimeters with  $1.5 \times 10^7$  incident protons, positioning these techniques competitively compared to other PG detection methods in the context of online monitoring in hadron therapy [9]. The degradation observed between these two methods arises from two factors. First, the absence of any filter for the PGEI method leads to the necessity of accounting for the contribution induced by neutrons and all other secondaries during



**Figure 12.** Histograms of individual signal integrals for intensities of 380 nA and 3200 nA with the detector placed at a distance of 25 cm from the target entrance.

irradiation, which carries less precise information about the ion path. Second, even if one considers only prompt-gamma rays, the PGEI method undergoes degradation compared to the PGPI method due to the wide energy spectrum of prompt-gamma rays, ranging from 1 to 10 MeV with an average located at 2 MeV. This leads to a broad dispersion of the averaged sums when multiple photons are detected during a beam pulse (total energies are of the order of  $10^5$  MeV in figure 8). Additionally, the sensitivity of each of these two methods increases with the expansion of the detection zones or the number of detectors around the target.

#### 247 4.2 Experiments

This experiment demonstrated that the PbWO<sub>4</sub> crystal used, with a surface area of 4 cm<sup>2</sup> and a thickness 248 of 3 cm, coupled with an XP2020 PMT, is capable, in certain configurations, to withstand a significant 249 deposited energy flux without saturating the readout system. Thanks to the system performance, we 250 were able to use the same peak intensities as those employed in clinical settings with pulsed beams from 251 clinical synchro-cyclotron accelerators, or even much higher intensities, making the use of the PGEI 252 method feasible for online monitoring in hadron therapy. The crystal used in these characterizations has 253 an equivalent depth but a much smaller surface area than those used in the simulations. In the best case, 254 this detector represents a solid angle about 10 times smaller than that of a detector used in simulations. 255 However, this detector keeps a linear response at high beam intensities, well above the maximum intensity 256 of the considered synchro-cyclotron. It may therefore be possible to increase its solid angle, with a limit 257 of detector saturation at 1  $\mu$ A. This increase could be accompanied by an expansion of the solid angle by 258 increasing the detection surface. Nevertheless, it is worth noting that a technological constraint on the size 259 of PbWO<sub>4</sub> crystals may arise, requiring an increase in the number of detectors in the device to enhance its 260 solid angle. 261

Furthermore, the development of this method will make use of a dedicated electronic system capable of integrating the signal from each detector. In practice, these signals will be compared to predictions by simulations associated to treatment plans to deduce any potential discrepancies.

### 265 4.3 Towards clinical implementation

266 The simulations were performed with large-sized detectors (cylindrical with a radius of 5 cm). These surface areas are exaggerated but can partly be compensated by increasing the depth of the crystals, which 267 has been set here at 2.5 cm. Indeed, this depth corresponds to a 35% probability of absorption of a 4 MeV 268 photon for LaBr<sub>3</sub>. Increasing this depth could be a way to compensate for the reduction in surface area. 269 Finally, the application context of these techniques, particularly the PGEI, with pulsed and high-intensity 270 beams offered by synchro-cyclotrons, leads to large loading charge to each detection channel. Therefore, 271 272 the choice of the scintillation crystal is of crucial importance. The sensitivity of the technique must be studied with realistic simulation of patient treatments. Since MC simulations are not able to thoroughly 273 model all background sources, an additional background level based on experimental measurements can 274 275 be a posteriori added as proposed in [40, 41]. These realistic simulations will allow us to estimate false 276 negatives due to a compensation of different variations (eg combined variation in tissue composition and in beam energy) and false positives due to wrong or outdated calibrations (geometry, radiation damage). 277

The proposed PGEI method has some pros and cons with respect to other range verification methods 278 279 envisaged for pulsed-particle beam therapy. The detection setup should be compact, like for ionoacoustic [35, 36], electric-field [32] and magnetic field [33, 34] detection. The short-lived beta+ emission 280 detection [6] is less compact, but corresponds to a more mature technology. Iono-acoustic detection is an 281 282 integral method, restricted to soft tissues (without bone barrier). Electric field measurement is an integral method that faces the issue of very low signal, and its feasibility has not been demonstrated yet. Magnetic 283 field measurements are also an integral method, the expected signals are very low and may be perturbed by 284 285 the environment (beam HF, magnets). The short-lived beta+ annihilation detection faces the issue of low 286 statistics at the spot scale for real time verification, and, relative to in-beam PET, the long positron range of beta+ emitters like <sup>12</sup>N blurs the signal. 287

Last, the present feasibility study has been intentionally performed using a phantom target with simple geometry, and homogeneous chemical composition. The next step will consist of more realistic studies using several real-size detectors and more complex (anthropomorphic) phantoms irradiated under clinical conditions, in order to compare PGEI measurements with corresponding Monte Carlo simulations. Ideally, a clinical-routine system should be compliant with the (possibly rotating) nozzle and the patient positioning couch. Therefore, a flexible design should be envisaged, depending on the treatment type.

### 5 CONCLUSION

This simulation and experimental work brings together the preliminary bricks showing the feasibility of 294 a new prompt-gamma detection technique for particle therapy, adapted to the particular beam delivery 295 296 conditions of synchro-cyclotrons. The Prompt Gamma Energy Integration (PGEI) is designed to withstand 297 the high counting rates of secondary particles from such accelerators, due to their low duty cycle, and therefore very high peak intensity. Simulations have demonstrated the feasibility of this technique by 298 showing millimetric sensitivity to the displacement of a target along a longitudinal axis for  $10^7$  protons, 299 300 corresponding to a single spot of a pencil-beam scanning treatment. Although the background source from 301 scattered particles like neutrons cannot be filtered, unlike PGPI when ToF is measured, the integral energy information makes it possible to reach this performance also with a reduced number of detectors located 302 303 around the patient. To withstand these high counting rates, it is crucial to choose an appropriate detection 304 system. Characterizations performed on a PbWO<sub>4</sub> scintillator have shown a large dynamic range of linear 305 response. This dynamic range extends from the lowest beam intensities to intensities higher than those

currently used in clinical practice. This confirms the choice of this detection system and opens up thepossibility of monitoring for FLASH-type particle therapy.

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### REFERENCES

- [1] Durante M, Paganetti H. Nuclear physics in particle therapy: a review. *Reports on progress in physics*.
   *Physical Society (Great Britain)* **79** (2016) 096702. doi:10.1088/0034-4885/79/9/096702.
- [2] Knopf AC, Lomax A. In vivo proton range verification: A review. *Physics in Medicine & Biology* 58 (2013) 131–160. doi:10.1088/0031-9155/58/15/R131.
- [3] Paganetti H. Range uncertainties in proton therapy and the role of Monte Carlo simulations. *Physics in Medicine & Biology* 57 (2012) R99—-117. doi:10.1088/0031-9155/57/11/R99.
- [4] Parodi K, Bortfeld T, Enghardt W, Fiedler F, Knopf A, Paganetti H, et al. PET imaging for treatment
   verification of ion therapy: Implementation and experience at GSI Darmstadt and MGH Boston.
   *Nuclear Instruments and Methods in Physics Research Section A: Accelerators, Spectrometers, Detectors and Associated Equipment* 591 (2008) 282–286. doi:10.1016/j.nima.2008.03.075.
- [5] Bisogni MG, Attili A, Battistoni G, Belcari N, Camarlinghi N, Cerello P, et al. INSIDE in-beam
   positron emission tomography system for particle range monitoring in hadrontherapy. *Journal of Medical Imaging* 4 (2016) 011005–011005. doi:10.1117/1.JMI.4.1.011005.
- [6] Dendooven P, Buitenhuis HJT, Diblen F, Heeres PN, Biegun AK, Fiedler F, et al. Short-lived positron
   emitters in beam-on PET imaging during proton therapy. *Physics in Medicine and Biology* 60 (2015)
   8923. doi:10.1088/0031-9155/60/23/8923. 00004.
- [7] Tashima H, Yoshida E, Inadama N, Nishikido F, Nakajima Y, Hidekatsu Wakizaka, et al. Development
   of a small single-ring OpenPET prototype with a novel transformable architecture. *Physics in Medicine and Biology* 61 (2016) 1795. doi:10.1088/0031-9155/61/4/1795. 00003.
- [8] Paganetti H, El Fakhri G. Monitoring proton therapy with pet. *The British Journal of Radiology* 88 (2015) 20150173. doi:10.1259/bjr.20150173.
- [9] Krimmer J, Dauvergne D, Létang JM, Testa E. Prompt-gamma monitoring in hadrontherapy: A review.
   *Nuclear Instruments and Methods in Physics Research, Section A: Accelerators, Spectrometers, Detectors and Associated Equipment* 878 (2018) 58–73. doi:10.1016/j.nima.2017.07.063.
- [10] Min CH, Kim CH, Youn MY, Kim JW. Prompt gamma measurements for locating the dose falloff
   region in the proton therapy. *Applied Physics Letters* 89 (2006). doi:10.1063/1.2378561.
- [11] Testa E, Bajard M, Chevallier M, Dauvergne D, Le Foulher F, Freud N, et al. Monitoring the Bragg
   peak location of 73 MeVu carbon ions by means of prompt *γ* -ray measurements. *Applied Physics Letters* 93 (2008). doi:10.1063/1.2975841.
- [12] Verburg JM, Seco J. Proton range verification through prompt gamma-ray spectroscopy. *Physics in Medicine & Biology* 59 (2014) 7089. doi:10.1088/0031-9155/59/23/7089. Publisher: IOP Publishing.
- 344 [13] Polf JC, Panthi R, Mackin DS, McCleskey M, Saastamoinen A, Roeder BT, et al. Measurement
- of characteristic prompt gamma rays emitted from oxygen and carbon in tissue-equivalent samples

- during proton beam irradiation. *Physics in Medicine & Biology* 58 (2013) 5821–5831. doi:10.1088/
   0031-9155/58/17/5821.
- [14] Krimmer J, Ley JL, Abellan C, Cachemiche JP, Caponetto L, Chen X, et al. Development of a
  Compton camera for medical applications based on silicon strip and scintillation detectors. *Nuclear Instruments and Methods in Physics Research Section A: Accelerators, Spectrometers, Detectors and*Associated Equipment **787** (2015) 98–101. doi:10.1016/j.nima.2014.11.042.
- [15] Perali I, Celani A, Bombelli L, Fiorini C, Camera F, Clementel E, et al. Prompt gamma imaging
  of proton pencil beams at clinical dose rate. *Physics in Medicine & Biology* 59 (2014) 5849–5871.
  doi:10.1088/0031-9155/59/19/5849.
- Xie Y, Bentefour EH, Janssens G, Smeets J, Vander Stappen F, Hotoiu L, et al. Prompt gamma
   imaging for in-vivo range verification of pencil beam scanning proton therapy. *International Journal of Radiation Oncology, Biology, Physics* 99 (2017) 210–218. doi:10.1016/j.ijrobp.2017.04.027.
- [17] Krimmer J, Balleyguier L, Baudot J, Brons S, Caponetto L, Chabot M, et al. Real-Time Online
   Monitoring of the Ion Range by Means of Prompt Secondary Radiations. *3rd International Conference On Advancements In Nuclear Instrumentation Measurement Methods And Their Applications* (ANIMMA 2013) (Marseille, France) (2013), 1–8. doi:10.1109/ANIMMA.2013.6728046.
- [18] Kasper J, Rusiecka K, Hetzel R, Kozani MK, Lalik R, Magiera A, et al. The sifi-cc project feasibility
   study of a scintillation-fiber-based compton camera for proton therapy monitoring. *Physica Medica* **76** (2020) 317–325. doi:10.1016/J.EJMP.2020.07.013.
- [19] Liprandi S, Takyu S, Aldawood S, Binder T, Dedes G, Kamada K, et al. Characterization of a compton
   camera setup with monolithic labr 3 (ce) absorber and segmented gagg scatter detectors. 2017
   *IEEE Nuclear Science Symposium and Medical Imaging Conference, NSS/MIC 2017 Conference Proceedings* (2018). doi:10.1109/NSSMIC.2017.8533134.
- [20] Taya T, Kataoka J, Kishimoto A, Iwamoto Y, Koide A, Nishio T, et al. First demonstration of real-time
   gamma imaging by using a handheld compton camera for particle therapy. *Nuclear Instruments and Methods in Physics Research Section A: Accelerators, Spectrometers, Detectors and Associated Equipment* 831 (2016) 355–361. doi:10.1016/J.NIMA.2016.04.028.
- 373 [21] Jiang Z, Polf JC, Barajas CA, Gobbert MK, Ren L. A feasibility study of enhanced prompt gamma
  374 imaging for range verification in proton therapy using deep learning. *Physics in medicine and biology*375 **68** (2023). doi:10.1088/1361-6560/ACBF9A.
- [22] Viegas R, Roser J, Barrientos L, Borja-Lloret M, Casaña JV, López JG, et al. Characterization of
  a compton camera based on the tofpet2 asic. *Radiation Physics and Chemistry* 202 (2023) 110507.
  doi:10.1016/J.RADPHYSCHEM.2022.110507.
- [23] Marcatili S, Collot J, Curtoni S, Dauvergne D, Hostachy JY, Koumeir C, et al. Ultra-fast prompt
   gamma detection in single proton counting regime for range monitoring in particle therapy. *Physics in Medicine & Biology* 65 (2020) 245033. doi:10.1088/1361-6560/ab7a6c.
- [24] Jacquet M, Ansari S, Gallin-Martel ML, André A, Boursier Y, Dupont M, et al. A high sensitivity
   cherenkov detector for prompt gamma timing and time imaging. *Scientific Reports* 13 (2023) 3609.
   doi:10.1038/s41598-023-30712-x.
- [25] Golnik C, Hueso-González F, Müller A, Dendooven P, Enghardt W, Fiedler F, et al. Range assessment
   in particle therapy based on prompt γ-ray timing measurements. *Physics in Medicine & Biology* 59
   (2014) 5399–5422. doi:10.1088/0031-9155/59/18/5399.
- [26] Krimmer J, Angellier G, Balleyguier L, Dauvergne D, Freud N, Hérault J, et al. A cost-effective
   monitoring technique in particle therapy via uncollimated prompt gamma peak integration. *Applied Physics Letters* 110 (2017). doi:10.1063/1.4980103.

- 391 [27] Hueso-Gonzalez F, Bortfeld T. Compact method for proton range verification based on coaxial prompt
   392 gamma-ray monitoring: a theoretical study. *IEEE transactions on radiation and plasma medical* 393 *sciences* 4 (2020) 170. doi:10.1109/TRPMS.2019.2930362.
- [28] Dauvergne D, Allegrini O, Caplan C, Chen X, Curtoni S, Etxebeste A, et al. On the role of single
   particle irradiation and fast timing for efficient online-control in particle therapy. *Frontiers in Physics* 8 (2020) 434. doi:10.3389/fphy.2020.567215.
- 397 [29] Jolly S, Owen H, Schippers M, Welsch C. Technical challenges for flash proton therapy. *Physica* 398 *Medica* 78 (2020) 71–82. doi:https://doi.org/10.1016/j.ejmp.2020.08.005.
- [30] Favaudon V, Caplier L, Monceau V, Pouzoulet F, Sayarath M, Fouillade C, et al. Ultrahigh dose-rate
   flash irradiation increases the differential response between normal and tumor tissue in mice. *Science Translational Medicine* 6 (2014) 245ra93–245ra93. doi:10.1126/scitranslmed.3008973.
- 402 [31] Montay-Gruel P, Corde S, Laissue JA, Bazalova-Carter M. FLASH radiotherapy with photon beams.
   403 *Medical Physics* 49 (2022) 2055–2067. doi:10.1002/mp.15222.
- [32] Albert J, Labarbe R, Sterpin E. Electric field from a proton beam in biological tissues for proton
   radiotherapy. *Physical Review Applied* 10 (2018) 044054. doi:10.1103/PhysRevApplied.10.044054.
- [33] Rädler M, Gianoli C, Palaniappan P, Parodi K, Riboldi M. Electromagnetic signal of a proton beam
   in biological tissues for a potential range-verification approach in proton therapy. *Physical Review Applied* 15 (2021) 024066. doi:10.1103/PhysRevApplied.15.024066.
- 409 [34] Rädler M, Buizza G, Kawula M, Palaniappan P, Gianoli C, Baroni G, et al. Impact of secondary
  410 particles on the magnetic field generated by a proton pencil beam: a finite-element analysis based on
  411 Count A DNA simulations. Madiaal Physics 50 (2023) 1000, 1018, doi:https://doi.org/10.1002/mp
- 411
   Geant4-DNA simulations. Medical Physics 50 (2023) 1000–1018. doi:https://doi.org/10.1002/mp.

   412
   16062.
- [35] Hickling S, Xiang L, Jones KC, Parodi K, Assmann W, Avery S, et al. Ionizing radiation-induced
  acoustics for radiotherapy and diagnostic radiology applications. *Medical Physics* 45 (2018) e707–
  e721. doi:https://doi.org/10.1002/mp.12929.
- 416 [36] Lascaud J, Dash P, Wieser HP, Kalunga R, Würl M, Assmann W, et al. Investigating the accuracy
  417 of co-registered ionoacoustic and ultrasound images in pulsed proton beams. *Physics in Medicine &*418 *Biology* 66 (2021) 185007. doi:10.1088/1361-6560/ac215e.
- [37] Sarrut D, Arbor N, Baudier T, Borys D, Etxebeste A, Fuchs H, et al. The OpenGATE ecosystem
  for Monte Carlo simulation in medical physics. *Physics in Medicine & Biology* 67 (2022) 184001.
  doi:10.1088/1361-6560/ac8c83.
- [38] Allison J, Amako K, Apostolakis J, Arce P, Asai M, Aso T, et al. Recent developments in Geant4.
   *Nuclear Instruments and Methods in Physics Research Section A: Accelerators, Spectrometers, Detectors and Associated Equipment* 835 (2016) 186–225. doi:10.1016/j.nima.2016.06.125.
- [39] Wrońska A, Kasper J, Ahmed AA, Andres A, Bednarczyk P, Gazdowicz G, et al. Prompt-gamma
  emission in GEANT4 revisited and confronted with experiment. *Physica Medica* 88 (2021) 250–261.
  doi:10.1016/j.ejmp.2021.07.018.
- [40] Pinto M, Dauvergne D, Freud N, Krimmer J, Letang JM, Ray C, et al. Design optimisation of a
  TOF-based collimated camera prototype for online hadrontherapy monitoring. *Physics in Medicine & Biology* 59 (2014) 7653–7674. doi:10.1088/0031-9155/59/24/7653.
- 431 [41] Huisman BFB, Muñoz E, Dauvergne D, Létang JM, Sarrut D, Testa E. Analytical modeling and
  432 Monte Carlo simulations of multi-parallel slit and knife-edge slit prompt gamma cameras. *Physics in*
- 433 *Medicine & Biology* **68** (2023) 115009. doi:10.1088/1361-6560/acd237.