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(TLD) 10 91.3 ± 7.8 , 98.3 ± 7.5 , 95.1 ± 6.3 , 98.3 ± 5.5 , $95.3 \pm 6.3\%$ 85.0 ± 4.0 , 86.6 ± 5.8 , 83.9 ± 4.9 , 94.8 ± 5.3 , $94.8 \pm 2.8\%$ 96.6 ± 2.2 , 95.3 ± 3.2 , 80.4 ± 1.9 , 100.0 ± 3.1 , $90.5 \pm 2.2\%$ 1.14 ± 0.06 , 1.10 ± 0.09 , 0.96 ± 0.05 , 1.06 ± 0.06 , 0.95 ± 0.02 $103.4 \pm 9.0, 107.8 \pm 10.5, 91.1 \pm 6.1, 93.8 \pm 4.5, 104.5 \pm 9.3\%$ 가 + 7.8% -8.9 가) 가 10 Gy), (1, 2)), (Fanconi 2 Gy 3 Gy 가 1998 6 1999 가 가 가 Tel: 02)760-2528, Fax: 02)742-2073

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E-mail: ihkim@medicine.snu.ac.kr

3 : 1) 가 MU/min) 0.1 Gy/min (0.095 ± 0.0057 Gy/min) 가 가 274 cm 40×40 cm² 가 109.6 x 109.6 cm . . 1 cm acryl 30 cm 가 ± 7% ± 10% Report 17 7) -10 + 5% $T_Pb \sim = {T_R \sim - T_M}$ over 2 $\sim rm \times 0.07$ (TPb; 가 (TR; 가 가 TM; Clinac 2100C 0.07; 가 (electrometer)가 10 MV X .12) 가 ±4% 3) 2. 가 (Humanoid phantom, Huestis, USA) 9 11) 가 가 가 1. 1996 9 1998 8 10 가 2 8 8 cm, 32 cm 가 5 , 15 30 가 3 $400\ MU/min$ 0.48 Gy/min 8 가 Clinac-2100C (Varian Associates, USA) 10 MV X 7 4 12 Gy , 1 3.5 Gy 3 Gy 3 , 10.5 Gy . Clinac 2100C (80

- 2 -

7.5% Li-6 92.5% Li-7

7 h 3.1 mm x 3.1 mm x 0.89 mm , LiF 28 mg , 7 h 195 TLD-100 (Harshaw Chemie

BV, The Netherlands)

3%

. (PTW-TLD

oven, PTW-Freiburg, Germany) 400 1
100 7 1

(Harshaw/QS TLD System 4000 reader, Solon Technologies, USA)

100 10 , 100 400 30 .

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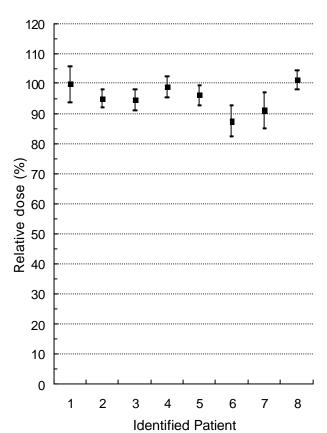


Fig. 1. Radiation doses measured with TLD chips on the surface of the patients relative to midline dose prescribed to umbilicus level in 3 measurements for case #7 or 4 measurements for all others per treatment (Mean ± S.D.).

SAS system for Windows version 6.12. SAS Institute Inc., 1989)

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1.

Fig. 1
95.7±7.2%
Fig. 2
(Mean±S.D.)
7 91.3±7.8%, 7 98.3±7.5%, 7 95.1±6.3%,

2.

1)

(Mean ± S.D.)

7\(^1 \) 85.0 ± 4.0\(^1 \),

7\(^1 \) 86.6 ± 5.8\(^1 \),

7\(^1 \) 83.9 ± 4.9\(^1 \),

7\(^1 \) 94.8 ± 53\(^1 \),

7\(^1 \) 94.8 ± 2.8\(^1 \) (Fig. 3).

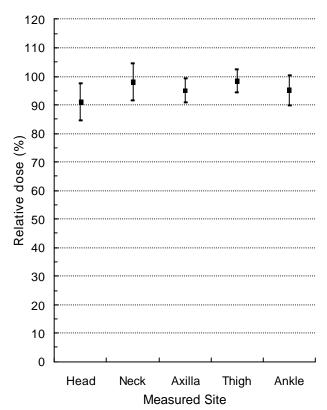


Fig. 2. Radiation doses measured with TLD chips for different levels on the surface of the patients relative to midline dose prescribed to umbilicus level in the 8 patients (Mean \pm S.D.).

- 3 -

2)

(Mean ± S.D.)
7\ 96.6 ± 2.2\%, 7\ 95.3 ± 3.2\%, 7\ 80.4 ± 1.9\%, 7\ 100.0 ± 3.1\%, 7\ 90.5 ± 2.2\% (Fig. 4).
3)

7 1.14±0.06, 7 1.10±0.09, 7 0.96±0.05, 7 1.06±0.06, 7 0.95±0.02 .

3.

 \pm 9.0%, 107.8 \pm 10.5%, 91.1 \pm 6.1% , 93.8 \pm 4.5% , 104.5 \pm 9.3% (Fig. 5).

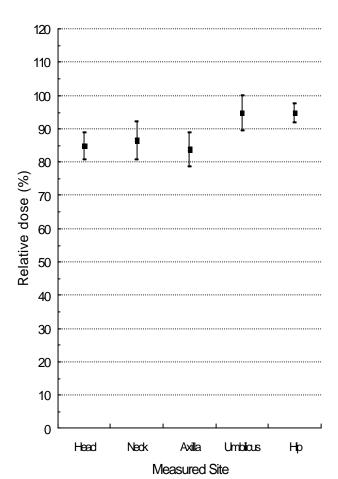


Fig. 3. Radiation doses measured with TLD chips for different levels on the surface of the Humanoid phantom relative to midline dose prescribed to umbilicus level of 8 different measurements (Mean ± S.D.).



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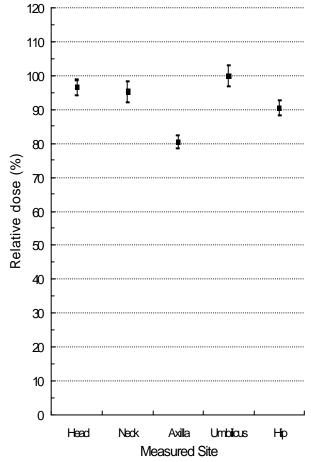


Fig. 4. Radiation doses measured with TLD chips for different levels in the midline of the Humanoid phantom relative to midline dose prescribed to umbilicus level of 8 different measurements (Mean \pm S.D.).

- 4 -

103.4

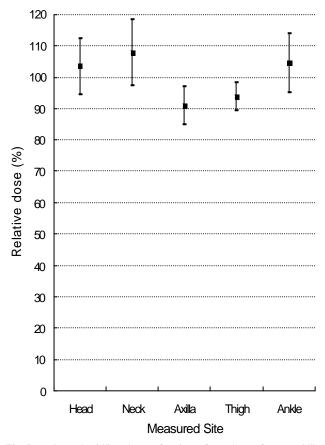
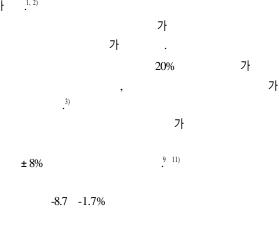


Fig. 5. Estimated midline doses of patients from the surface-to-midline ratios obtained with the Humanoid phantom.. $7 \frac{1}{2} \cdot \frac{1}{2}$



-8.9 + 7.8% -1.2 + 3.0% . , 7h Table 1. Compaison of Thickness for the Patents and the Humanoid Phantom

Site	Patient		Humanoid phantom	
	Thickness(cm) (Mean ± S.D.)	Ratio* (Mean ± S.D.)	Thickness (cm)	Ratio
Head Neck Shoulder Axilla Umbilicus Hip	16.1 ± 0.6 10.6 ± 1.7 43.0 ± 5.0 28.9 ± 2.7 27.3 ± 5.0 34.1 ± 2.6	0.61 ± 0.10 0.39 ± 0.04 1.59 ± 0.19 1.12 ± 0.09 1.00 1.28 ± 0.20	16.0 13.0 50.5 34.5 26.5 32.0	0.60 0.49 1.91 1.30 1.00 1.21

* ratio of the thickness relative to the reference level (umbilicus)

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20%

(Fig. 6) 20% 20%

10%

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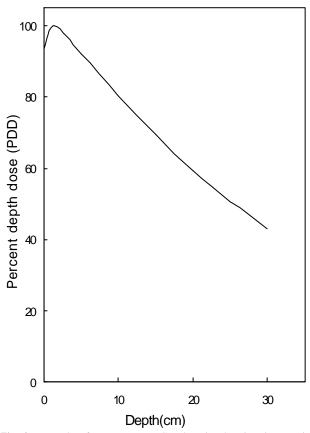


Fig. 6. Beam data for TBI setup at Seoul National University Hospital using 10 MV x-ray from Clinac 2100C (Varian Associates, USA) with phantom size $25\times25\times30$ cm², SSD 274 cm, and field size $104.9\times104.9\,\mathrm{cm²}$, measured with Farmer type chamber 10%

7†
7†
PDD TMR
OCR
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7\\. Shank¹³⁾ 6 18 MV xray
10 cm

cm . 가 가

5% 가 가 가 가 가 가 AAPM Report No. 17 +5% -10% .7) -8.7 -1.7% ± 10% -8.9 + 7.8% 가 가

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- 1. Lin H, Drzymala RE. Total body and hemibody irradiation. In Perez CA, Brady LW, eds. Principles and practices of radiation oncology. 3rd ed. Lippincott-Raven Publishers, Philadelphia, 1997: 333-342
- Shank B. Total body irradiation. In Leibel SA, Phillips TL, eds. Textbook of radiation oncology. WB Saunders Company, Philadelphia, 1998: 253-275
- Kirby TH, Hanson WF, Cates DA. Verification of total body photon irradiation dosimetry techniques. Med Phys 1988; 15: 364-369

가 2

- 4. Greig JR, Miller RW, Okunieff P. An approach to dose measurement for total body irradiation. Int J Radiat Oncol Biol Phys 1996; 36:463-468
- 5. Lee PC, Sawicka JM, Glasgow GP. Patient dosimetry quality assurance program with a commercial diode system. Int J Radiat Oncol Biol Phys 1994; 29:1175-1182
- Podgorsak EB, Pla C, Evans M, Pla M. The influence of phantom size on output factor, peak scatter factor, and percentage depth dose in large-field photon irradiation. Med Phys 1985; 12:639-645
- 7. Van Dyk J, Galvin JM, Glasgow GP, et al. The physical aspect of total and half body photon irradiation. A report of Task Group 29 Radiation Therapy Committee, American Association of Physicists in Medicine. AAPM Report No. 17, June 1986.
- Kang WS. Dose distribution of total body irradiation with Co-60. Korean J Med Phys 1991; 2:109-120
- Choi DR, Choi IB, Kang KM, Shinn KS, Kim CC. Total body irradiation technique: basic data measurements and *In Vivo* dosimetry. J Korean Soc Ther Radiol 1994; 12:219-223.
- 10. Ahn SJ, Kang WS, Park SJ, Nam TK, Chung WK, Nah BS. The dosimetric data of 10MV linear accelerator photon beam for total body irradiation. J Korean Soc Ther Radiol 1994; 12:225-232
- Park SJ, Chung WK, Ahn SJ, Nam TK, Nah BS. Utilization of tissue compensator for uniform dose distribution in total body irradiation. J Korean Soc Ther Radiol 1994; 12: 233-241
- Dept. of Therapeutic Radiology. Seoul National University Hospital. Dosimetric Databook for TBI, SRS, and FRST. (unpublished)

Abstract

In vivo and *in vitro* Confirmation of Dose Homogeneity in Total Body Irradiation with Thermoluminescent Dosimeter

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<u>Purpose</u>: Total body irradiation (TBI) or whole body irradiation is used to acquire immune suppression, to treat malignant lymphoma and leukemia, and as an conditioning regimen for bone marrow transplantation. For these purposes, many methods were developed to obtain homogenous dose distribution. The objective of this study was to analyze and confirm the accuracy and the homogeneity of the treatment setup, the parallel opposed lateral technique, currently used in Seoul National University Hospital.

Materials and Methods: Surface dose data, measured with a thermoluminescent dosimeter, of 8 patients among 10 patients, who were given total body irradiation with the parallel opposed lateral technique between September 1996 to August 1998, at Seoul National University Hospital were analyzed. Surface doses were measured at the head, neck, axilla, thigh, and ankle level. Surface and midline doses were measured with similar set -up and technique in the Humanoid phantom.

Results: Measured surface doses relative to prescribed dose for the head, neck, axilla, thigh, and ankle level were 91.3 ± 7.8 , 98.3 ± 7.5 , 95.1 ± 6.3 , 98.3 ± 5.5 , and $95.3\pm6.3\%$, respectively. The midline doses of the head, neck, axilla, thigh, and ankle level estimated from the surface-to-midline ratios in the Humanoid phantom were 103.4 ± 9.0 , 107.8 ± 10.5 , 91.1 ± 6.1 , 93.8 ± 4.5 , and $104.5\pm9.3\%$, respectively. Measured surface doses and estimated midline doses ranged from -8.9% to +7.8%. Midline doses at the neck and the axilla level deviated more than 5% from the prescribed doses. The difference of the estimated midline doses at the neck and the axilla level and the actual doses were attributed to the thickness differences between the Humanoid phantom and the patients.

Conclusion: Distribution of the midline doses as well as the surface doses were measured to be within -8.7 + 7.8% range. Actual dose distribution in the patient is expected to be better than the measured dose range mainly attributed to thickness difference between the patient and the Humanoid phantom.

Key Words: Total body irradiation, Thermoluminescent dosimeter, Dose distribution