

MONTE CARLO MODELING OF THE SCANNING BEAM DIGITAL X-RAY SOURCE (SBDX)

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INTRODUCTION

Planar x-ray imaging is widely used for diagnosing problems of the digestive tract, kidneys and gallbladder and for radiological interventions. Due to possible long imaging times, the dose to the patient from a single frame should be minimal. The scanning beam x-ray source (SBDX, Triple Ring Technologies, Fremont, CA) system uses the so-called inverse beam geometry, which employs a large-area x-ray source and a small detector position at a distance from the isocenter (Figure 1). The patient imaging dose of such a system is lower than that of a conventional geometry system^{1,2}. The goal of this work was to develop a Monte Carlo (MC) model of the SBDX source and to evaluate the imaging dose to the patient. The MC method was used for dose calculations as it is the most accurate technique for estimating dose from kilovoltage x-ray beams.

METHODS AND MATERIALS

The SBDX source (Figure 2) was modeled for 80, 100, and 120 kV energies in the EGSnrc BEAMnrc MC code. The source consisted of 71×71 electron beams impinging on a tungsten transmission target and a tungsten/brass collimator with 100×100 circular collimator holes (Figure 2). All 5041 electron beams were simulated in separate runs, and the transmission target was modeled using the SLABS component module (CM). The collimator holes were approximated by octagonal openings and their divergence was modeled using the SLABS component module (CM). The collimator holes were approximated by octagonal openings and their divergence was modeled using the SLABS component module (CM). The collimator holes were approximated by octagonal openings and their divergence was modeled using the SLABS component module (CM). The model was validated against EBT Gafchromic film measurements. Three films were placed in between blocks of solutare at 1, 6, and 11 cm depths and measurements taken at 80, 100, and 120 kV. The irradiation times were adjusted in order to deliver approximately 1 Gy in the 1 cm-deep film for each tube voltage. A patient Monte Carlo employment model in the GFS of (DOC WT certor).





Figure 1: A schematic drawing of the SBDX source as used for fluoroscopic imaging.





 Figure 3: Full collimator geometry with 100×100 collimator holes (a) and with only 121 holes for more efficient simulations (b). The beam is incident on the central collimator hole in (b). The final distribution of the 120 kV photons in the phase-space file (c).

RESULTS

Simulated and measured dose distributions are presented in Figure 4. Dose profiles and depth dose curves are compared in Figure 5 and Figure 6. The modeled spectra are shown in Figure 7. Table 1 summarizes simulated and measured beam output values and half-value-layers (HVL). MC imaging dose in a patient is shown in Figure 8.





Figure 5: in-plane (a,b,c) and cross-plane (a,e,f) beam profiles for 120 kV (a,d), 100 kV (b,e) and 80 kV (c,f) at 1 cm, 6 cm and 11 cm depth for film measurements (solid line) and MC simulations (dashed line).



time with 200 mA as measured by films (markers) and as calculated by MC (lines) for 120, 100 and 80 kV. Figure 7: MC modeled energy spectra behind the polyetherminde window for 120, 100, and 80 KV beams. Note

polyetherimide window for 120, 100, and 80 kV beams. Note the K-lines of Nb at 16 and 18 keV.

Table 1: Simulated and measured HVL values. Measurements are for a previous version of the system with 14 μm target, simulations are for a 17 μm target.

| | HVL (mm Al) | | exposure rate (mR/min/mAp) | |
|-------|--------------|----------|----------------------------|----------|
| | MC simulated | measured | MC simulated | measured |
| 0 kV | 3.29 | 3.03 | 24.5 | 23.0 |
| 00 kV | 3.98 | 3.58 | 38.2 | 37.5 |
| 20 kV | 4.56 | 4.06 | 53.0 | 56.5 |



Figure 8: Fluoroscopy imaging dose distribution from a single frame image acquired with 120 kV, 23 kWp, and 15 frames/s.

CONCLUSIONS

The SBDX source has been modeled with the Monte Carlo method and validated against film measurement. The dose delivered to a patient with this low-dose imaging system has been evaluated. The skin dose for a single frame acquired with 120 kV was found to be 100 µGy, which is 3-6 times lower than a typical cineradiography.

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