

Particle Therapy using Proton and Ion Beams – From Basic Principles to Daily Operations and Future Concepts

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Academic Training Lectures

CERN, 11th – 13th September 2012

Outline – Part 3

- Daily operations of a particle therapy centre: Experiences from the first five years at HIT in Heidelberg, from commissioning to the treatment of the first 1000 patients so far
- Future enhancements for synchrotron-driven particle therapy facilities: Magnetic field control and feedback, dynamic spill shaping and multi-energy operation within one synchrotron cycle
- Outlook to new accelerator concepts proposed for particle therapy: FFAGs, laser plasma accelerators, dielectric wall accelerators and others

From Commissioning by GSI to Operation by HIT

Commissioning Steps:

2006 Ion Sources and Linac

Hand-over to HIT: 06/2007

2007/08 Synchrotron and HEBT Lines

Hand-over to HIT: 04/2008



1. Turn Synchrotron

1. Beam in Isocenter

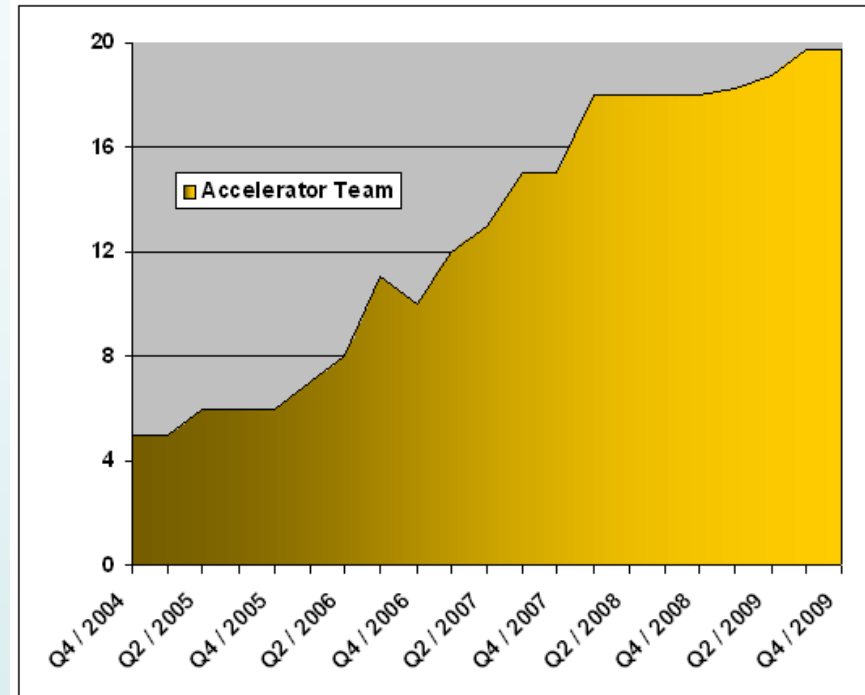
February 2007

March 2007



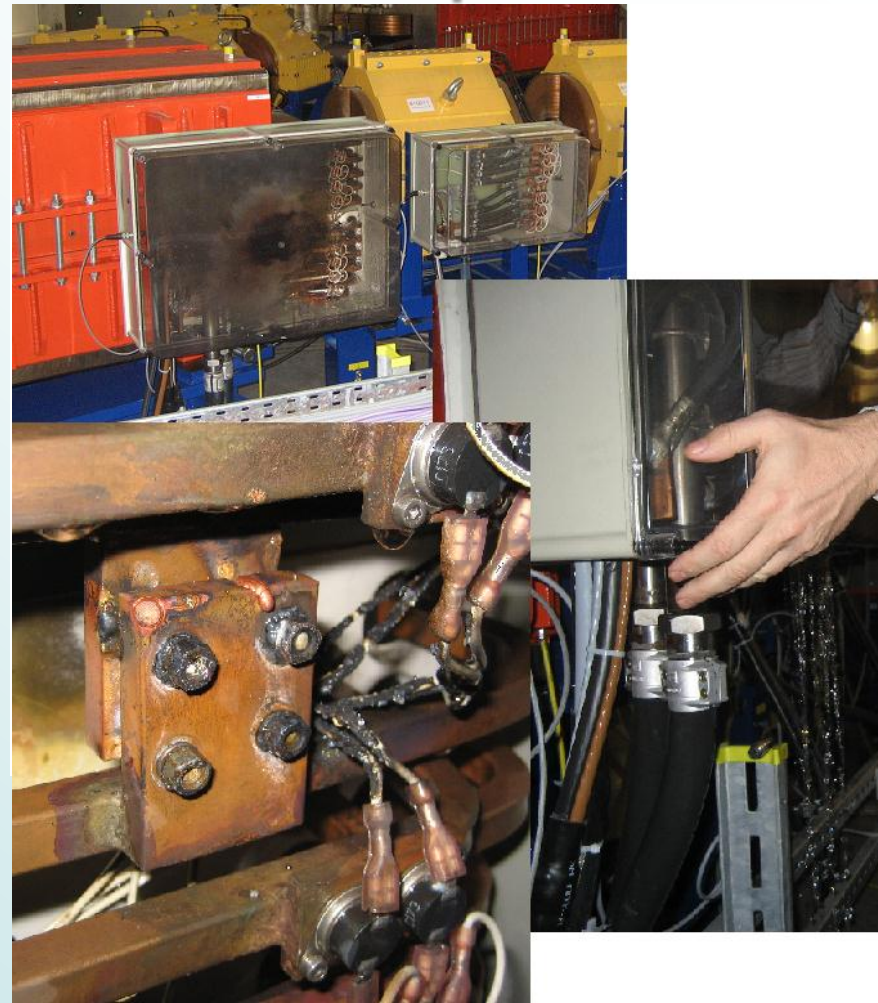
Five Years of HIT Accelerator Operation

- Building up of the team from a core to the full operating crew
- Training of the team done by GSI, companies and “in-house”
- Internal organization of three technical teams



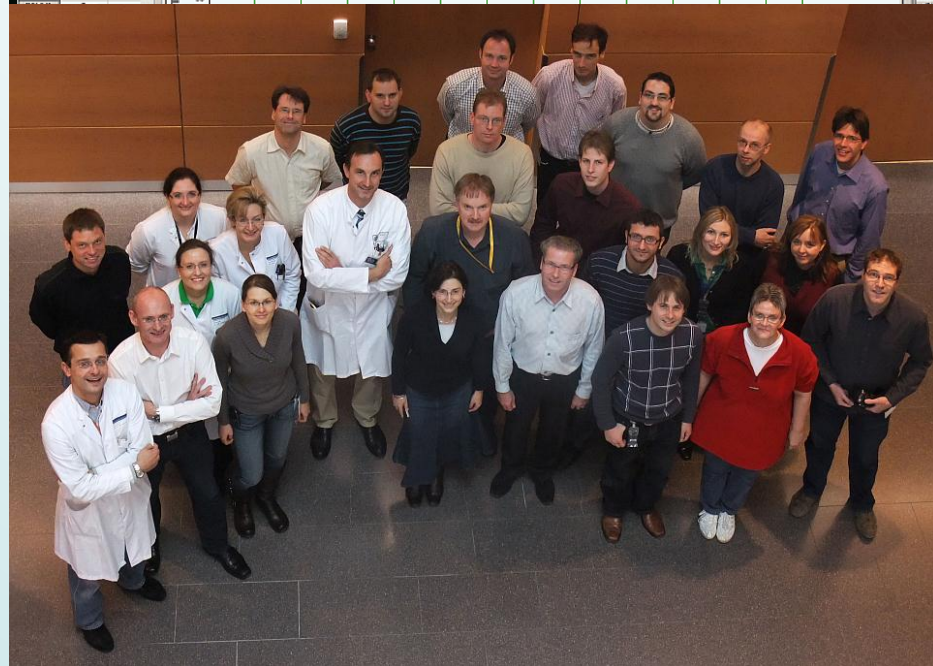
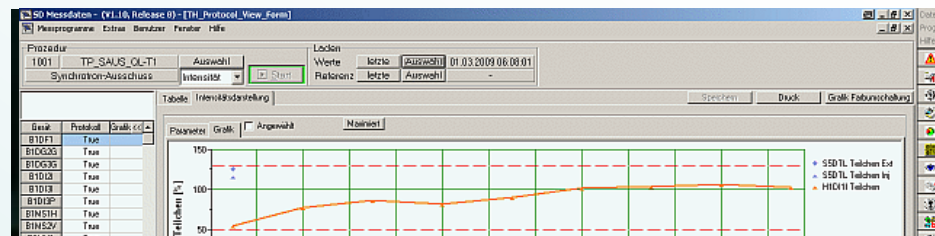
Five Years of HIT Accelerator Operation

- Building up of the team from a core to the full operating crew
- Training of the team done by GSI, companies and “in-house”
- Internal organization of three technical teams
- Establish regular shift operation from 16/5 to 24/7 for further commissioning steps including therapy control system evaluation
- Troubleshooting: e.g. a destroyed magnet connection box – repair within two days



Five Years of HIT Accelerator Operation

- Establish routine operation of the accelerator, especially consolidation of control system
- Achieved availability of about 98% in average – no longer break than 3 hours at daytime
- Daily Accelerator QA → retuning of linac, synchrotron and HEBT only every 3 – 4 months except intensity readjusting (daily – weekly)
- Patients treatment started on 15th November 2009 in one horizontal room, 1000 patients treated end of July 2012



(Position and promises)



Five Years of HIT Accelerator Operation

- Restart of beam optical scanner commissioning of the gantry after solving severe problems with the drag chain
- 37,000 settings per ion in the QS but only ~ 1-2% interpolation points are needed → adjustment sustained by an ion optical code (MIRKO by GSI)
- Accuracy achieved: Pencil beam within limits for scanning → possible treatment room

45° dipoles
magnets
90°
treatment room
MT Mechatronics

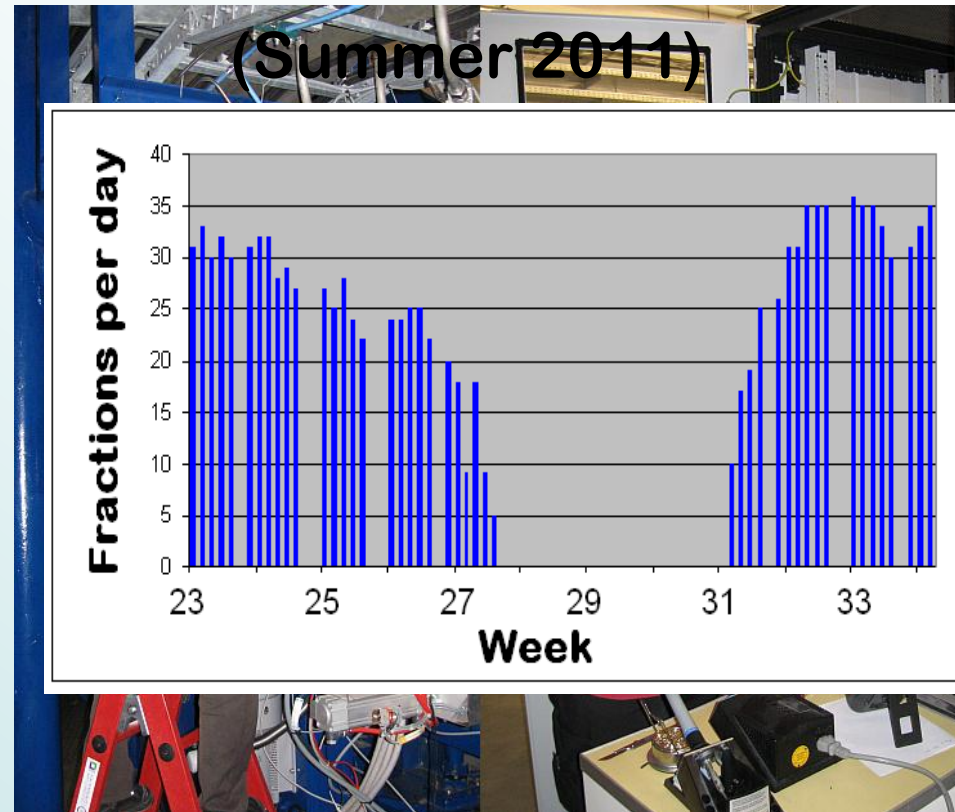


Courtesy by A.v.Knobloch, Siemens



Five Years of HIT Accelerator Operation

- “2012 – Year of the Gantry”: Patient treatment start scheduled for mid/end of October
- Major change in shutdown strategy – during longer maintenance breaks of 2-3 weeks patients have to be phased out → “Ramping down” and “ramping up” necessary
- Since 2012 instead of two long shutdowns now six short maintenance periods of four days each (effectively 2.5 days) → Feasibility was successfully demonstrated!



HIT Beam Time Schedule 2012

(July – December)

Legend:

patient treatment	maintenance	beam other than patients	shutdown
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Juli		August		September		Oktober		November		Dezember	
So	1	Mi	1	Sa	1	Mo	1	Do	1	Sa	1
Mo	2	Do	2	So	2	Di	2	Fr	2	So	2
Di	3	Fr	3	Mo	3	Mi	3	Sa	3	Mo	3
Mi	4	Sa	4	Di	4	Do	4	So	4	Di	4
Do	5	So	5	Mi	5	Fr	5	Mo	5	Mi	5
Fr	6	Mo	6	Do	6	Sa	6	Di	6	Do	6
Sa	7	Di	7	Fr	7	So	7	Mi	7	Fr	7
So	8	Mi	8	Sa	8	Mo	8	Do	8	Sa	8
Mo	9	Do	9	So	9	Di	9	Fr	9	So	9
Di	10	Fr	10	Mo	10	Mi	10	Sa	10	Mo	10
Mi	11	Sa	11	Di	11	Do	11	So	11	Di	11
Do	12	So	12	Mi	12	Fr	12	Mo	12	Mi	12
Fr	13	Mo	13	Do	13	Sa	13	Di	13	Do	13
Sa	14	Di	14	Fr	14	So	14	Mi	14	Fr	14
So	15	Mi	15	Sa	15	Mo	15	Do	15	Sa	15
Mo	16	Do	16	So	16	Di	16	Fr	16	So	16
Di	17	Fr	17	Mo	17	Mi	17	Sa	17	Mo	17
Mi	18	Sa	18	Di	18	Do	18	So	18	Di	18
Do	19	So	19	Mi	19	Fr	19	Mo	19	Mi	19
Fr	20	Mo	20	Do	20	Sa	20	Di	20	Do	20
Sa	21	Di	21	Fr	21	So	21	Mi	21	Fr	21
So	22	Mi	22	Sa	22	Mo	22	Do	22	Sa	22
Mo	23	Do	23	So	23	Di	23	Fr	23	So	23
Di	24	Fr	24	Mo	24	Mi	24	Sa	24	Mo	24
Mi	25	Sa	25	Di	25	Do	25	So	25	Di	25
Do	26	So	26	Mi	26	Fr	26	Mo	26	Mi	26
Fr	27	Mo	27	Do	27	Sa	27	Di	27	Do	27
Sa	28	Di	28	Fr	28	So	28	Mi	28	Fr	28
So	29	Mi	29	Sa	29	Mo	29	Do	29	Sa	29
Mo	30	Do	30	So	30	Di	30	Fr	30	So	30
Di	31	Fr	31			Mi	31			Mo	31

Typical Day at HIT

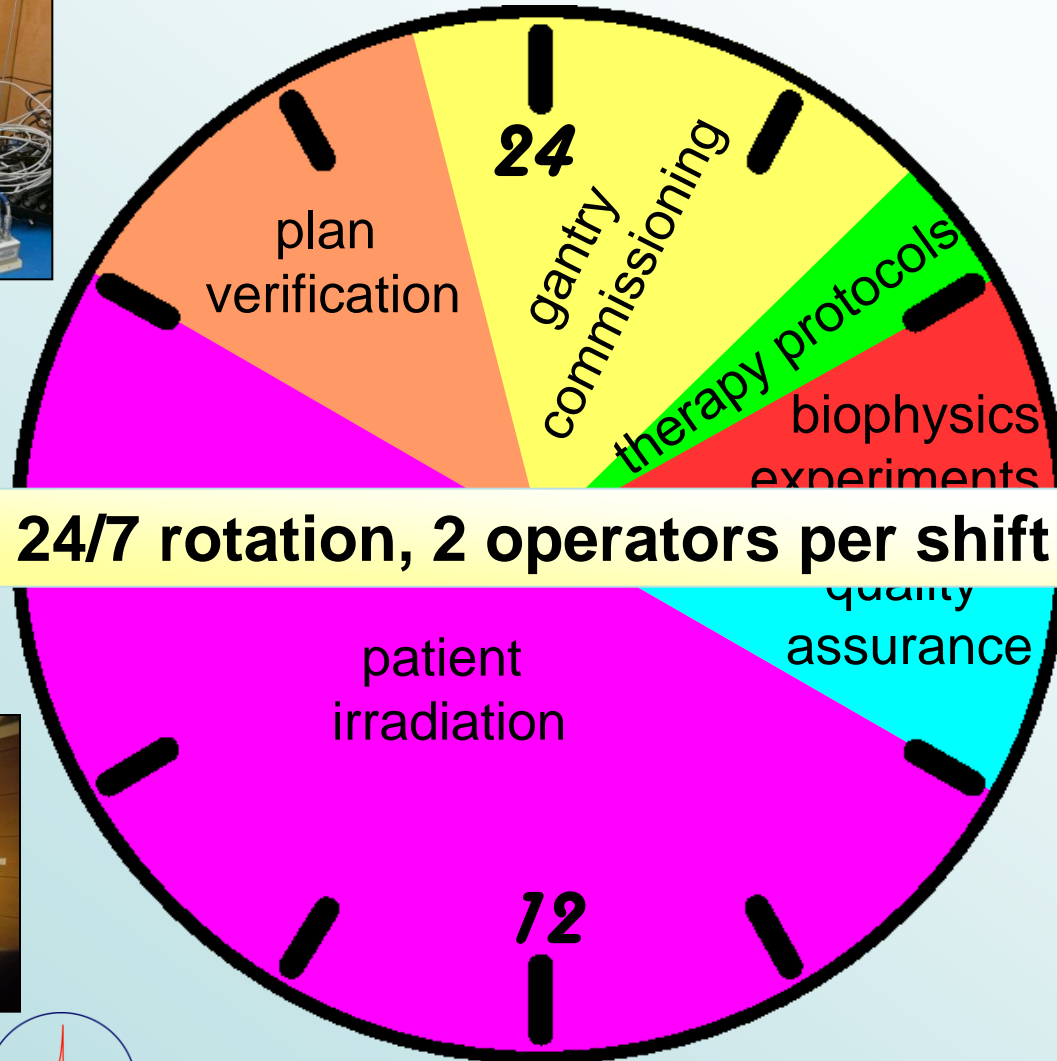
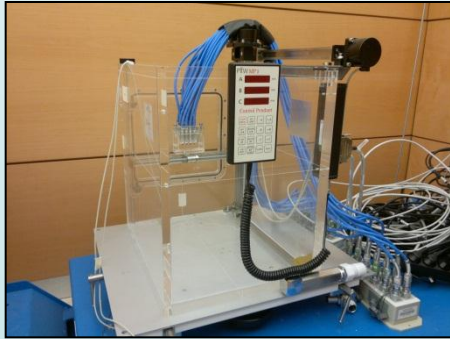
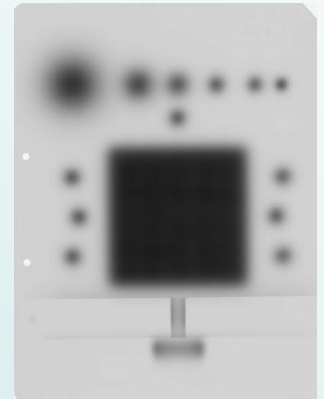
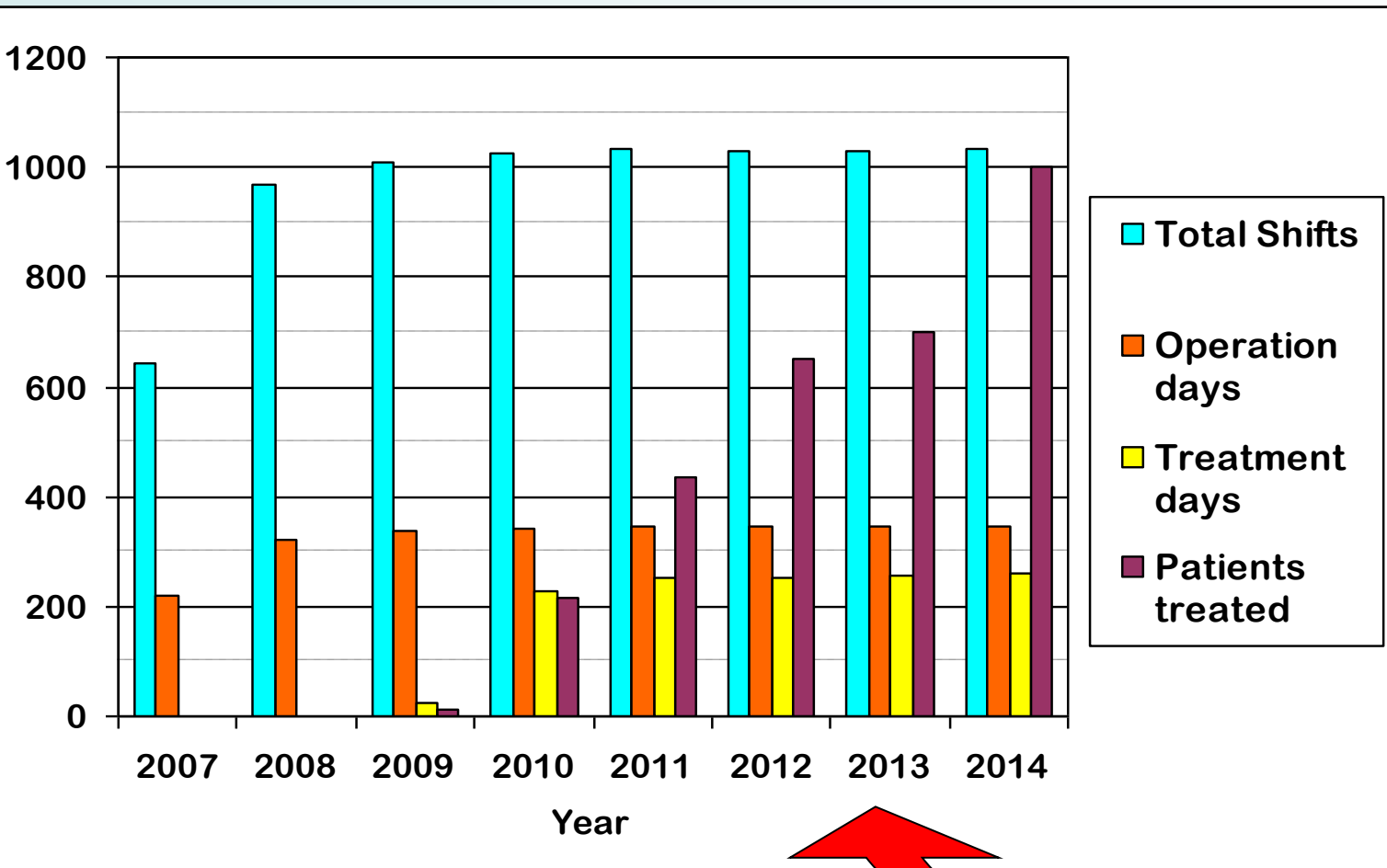


photo by R. Cee



film by P. Heeg

HIT Operation - Statistics



(Numbers for 2012-2014 estimated)

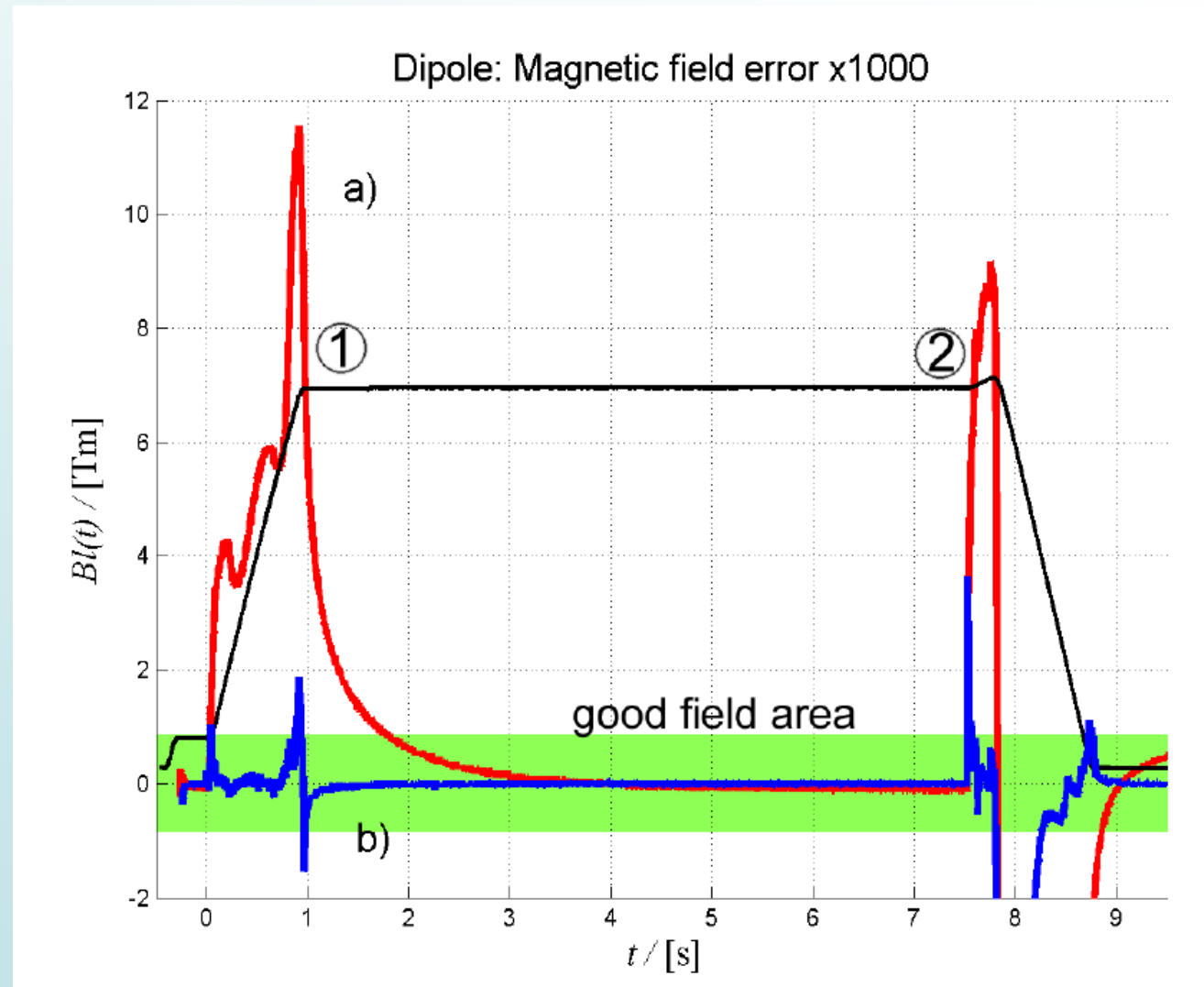
2013: Major Upgrade of IONTRIS Treatment Software

Enhancements of the HIT Accelerator facility

Magnetic Field Control in the Synchrotron

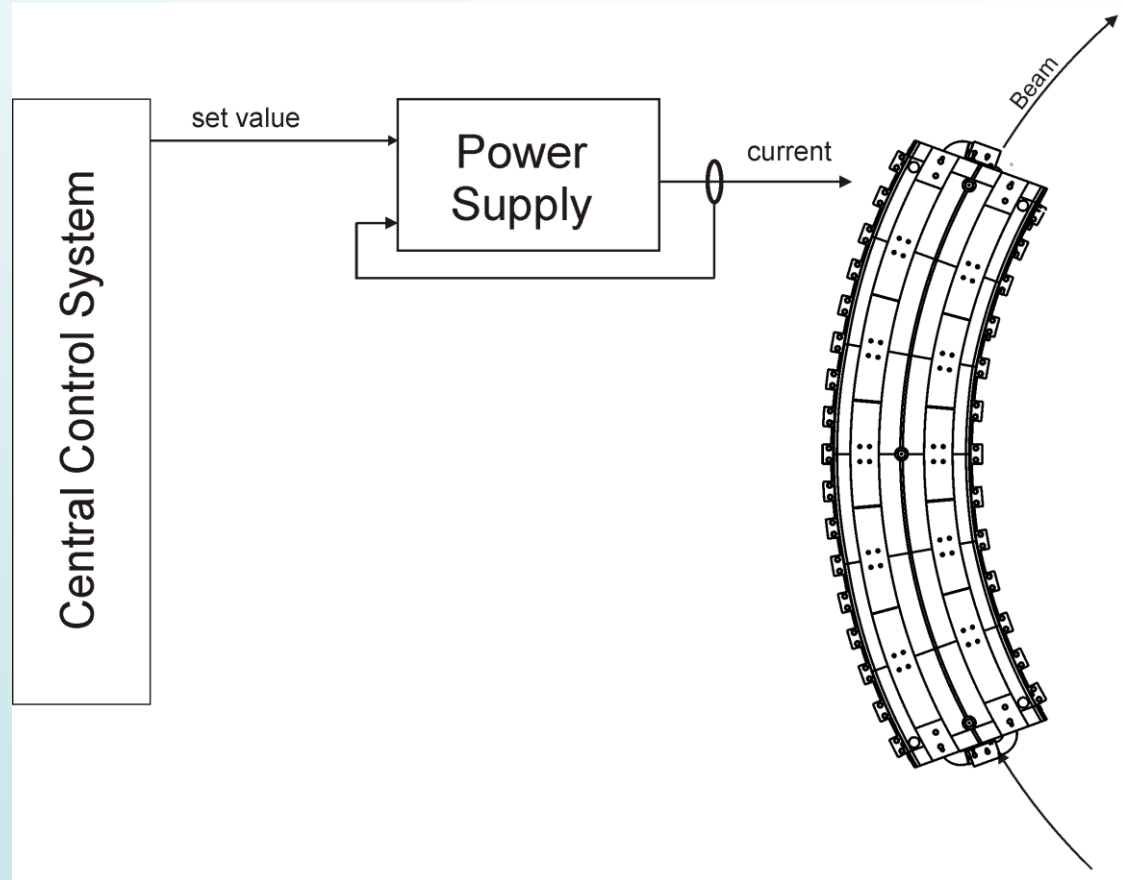
Goal: Reducing dead times in synchrotron cycle

Magnetic effects cause dead times:
Dipoles → Eddy currents have to die out (a/1) before extraction process
→ Development of high sensitive measuring and feedback system



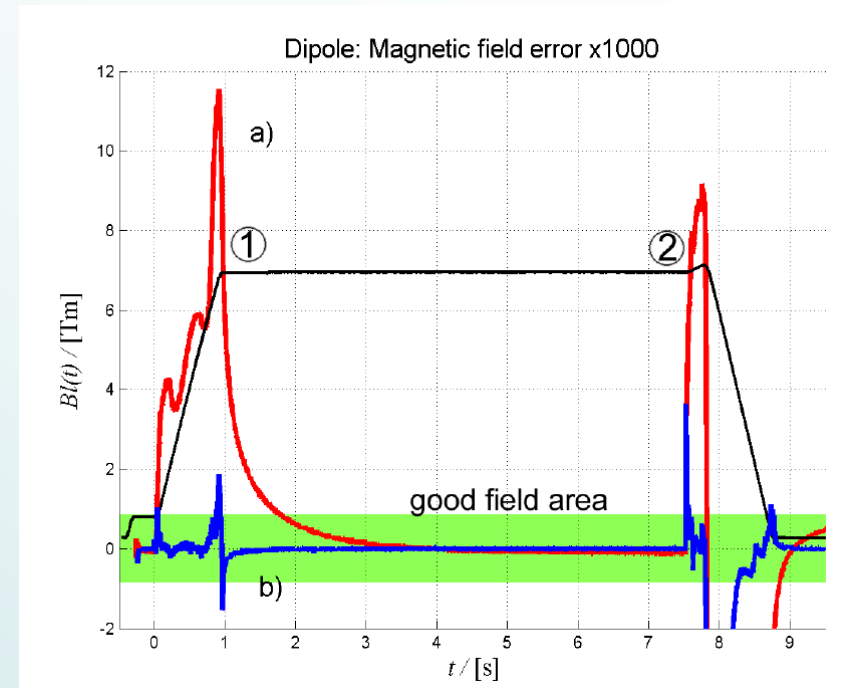
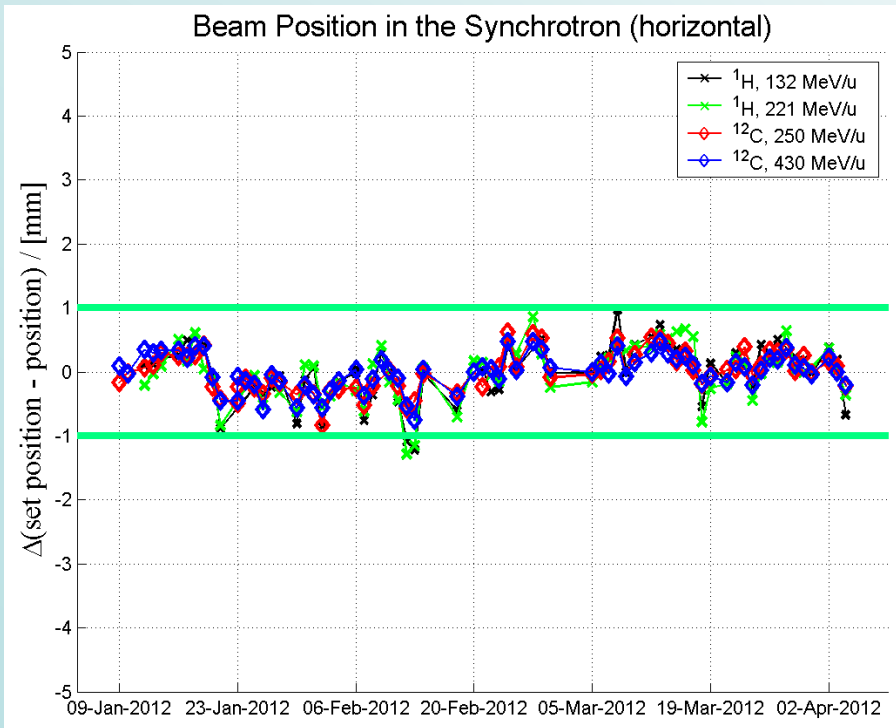
Magnetic Field Control in the Synchrotron

Development of high sensitive measuring and feedback system:
Normal feed forward system retrofit with pick-up coil, hall sensor and HIT integrator



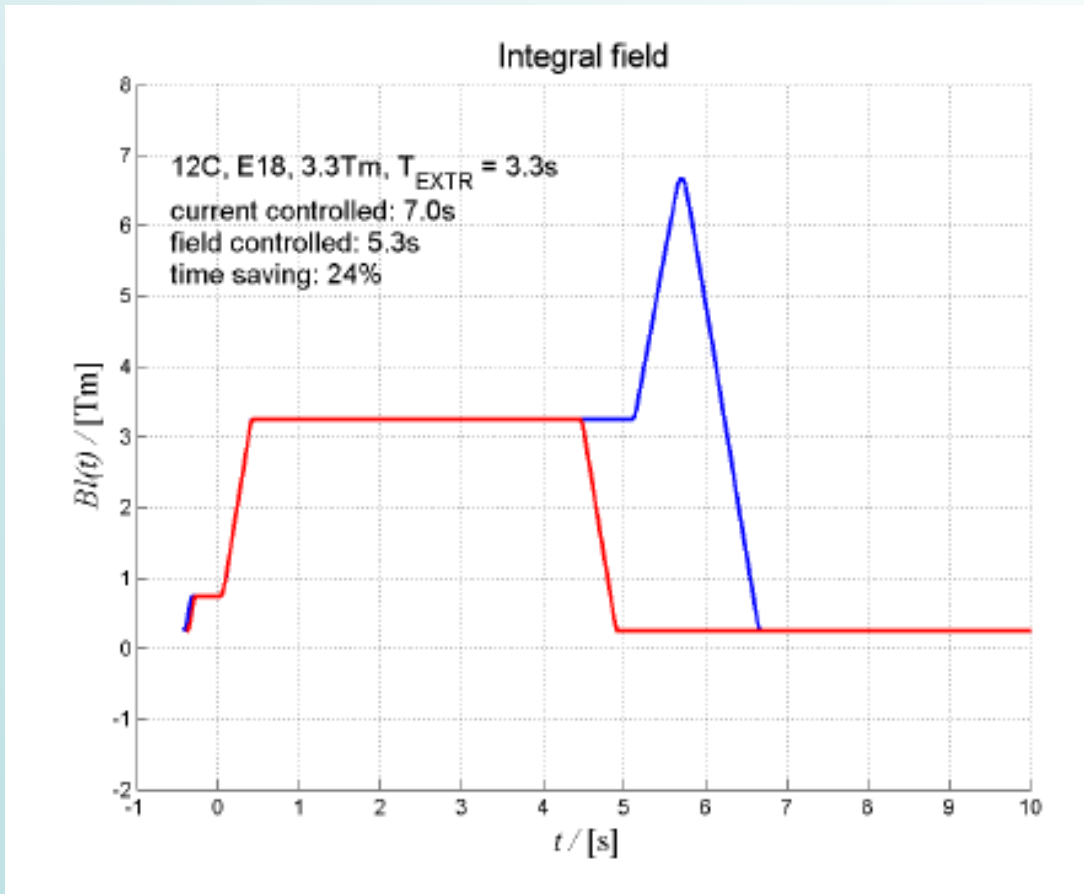
Magnetic Field Control in the Synchrotron

Magnetic field compensation at work (b) → good field region reached within a few ms.



System in use since end of 2011:
Long-term stability (± 1 mm)
successfully demonstrated;
**Time saving per synchrotron
cycle: 700 ms**

Magnetic Field Control in the Synchrotron

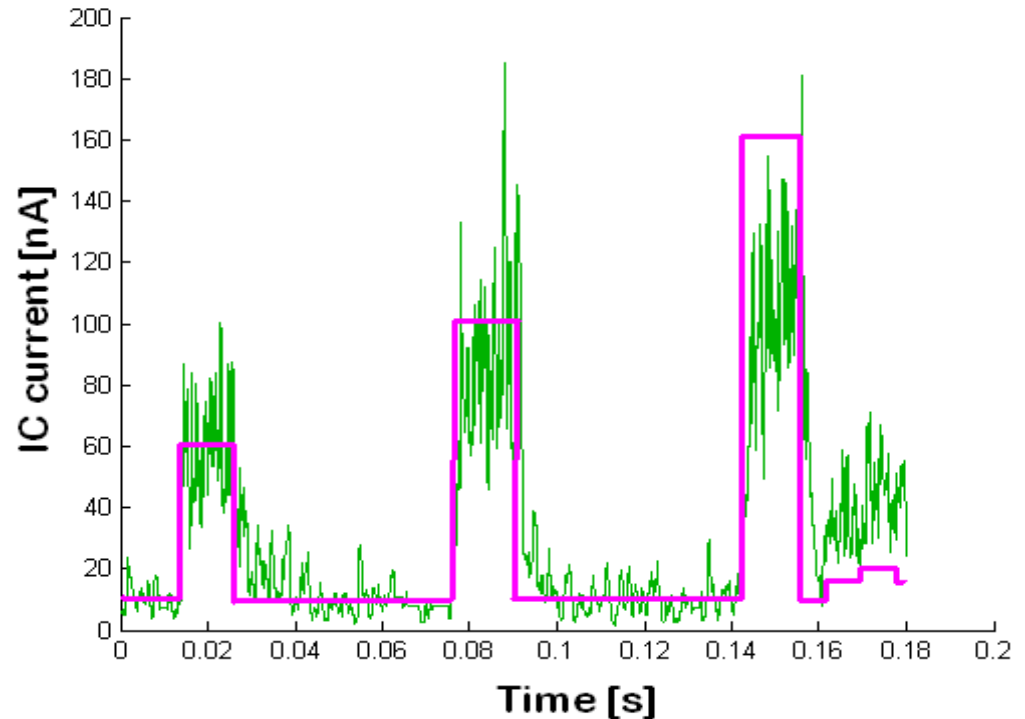
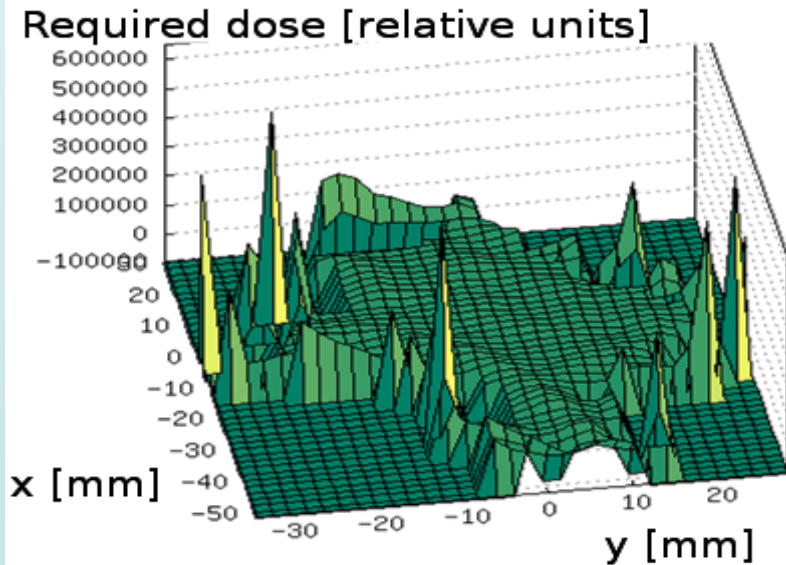


A similar system will be used for the four groups of quadrupoles to avoid “washing procedures” (see [blue curve portion](#)) needed because of hysteresis effects (including dipoles)

Possible time saving per synchrotron cycle: 950 ms (average)

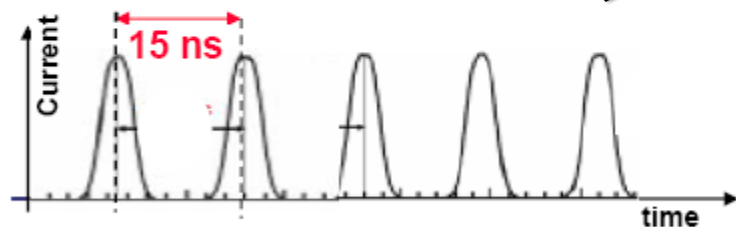
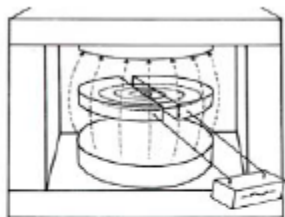
[available: end of 2012]

Dynamic Intensity Control



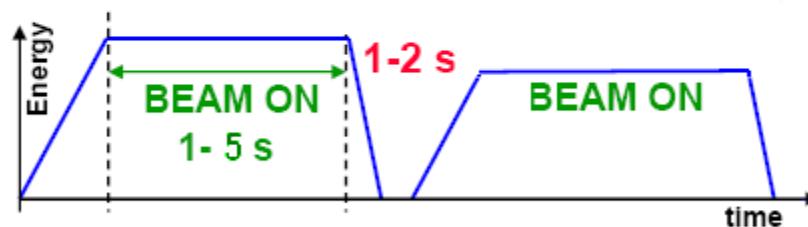
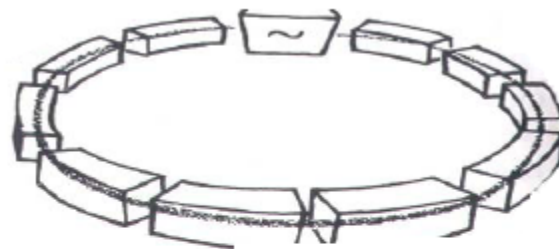
Comparison: Cyclotrons vs. Synchrotrons

CYCLOTRONS (Normal or SC)



The pulsed beam of fixed energy is always present – it needs absorbers

SYNCHROTRONS



A cycling beam of variable energy has 1-2 second gaps

Remember

Persisting cw beam

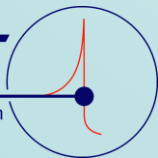
Fixed A/Q

Passive energy variation

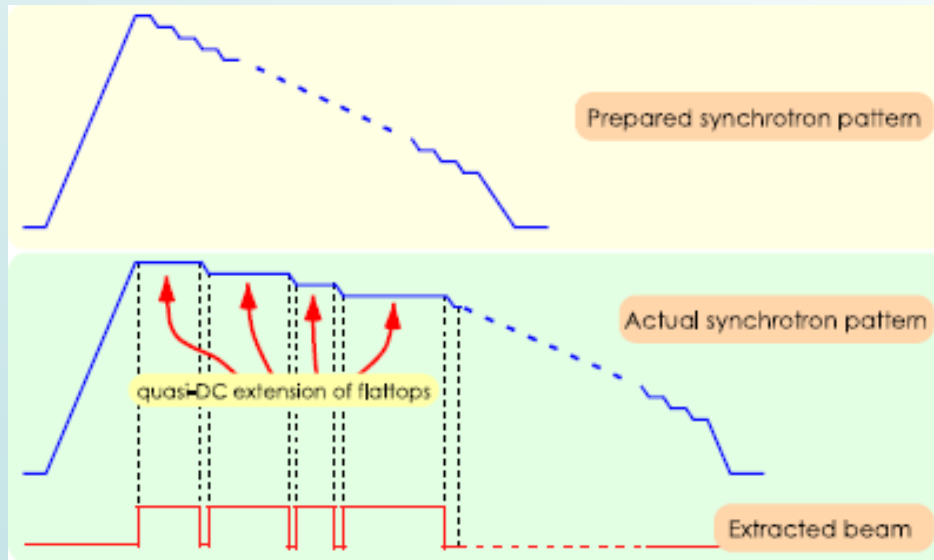
Discontinuous “dc beam”

Variable A/Q

Active energy variation



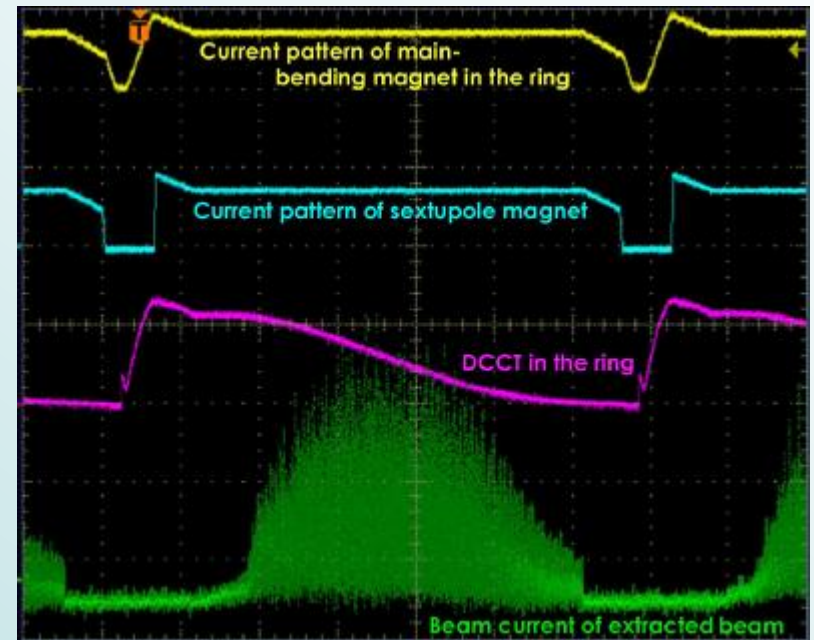
Multiple Energy Operation within one Cycle



Developments at HIMAC/NIRS; fixed pattern of energies, stepwise deaccelerating of the beam → Goal: Minimize refilling of the synchrotron to save time

Current experiments under way to demonstrate the feasibility

→ Substantial extension of the control system necessary to achieve the needed flexibility!



Outlook to latest developments and new accelerator and s.c. gantry concepts

Latest Development: High-field s.c. Cyclotron



Main magnet material: Nb₃Sn

B-Field: 8 – 10 T

Type: Synchrocyclotron

$E_{\max} = 250 \text{ MeV}$

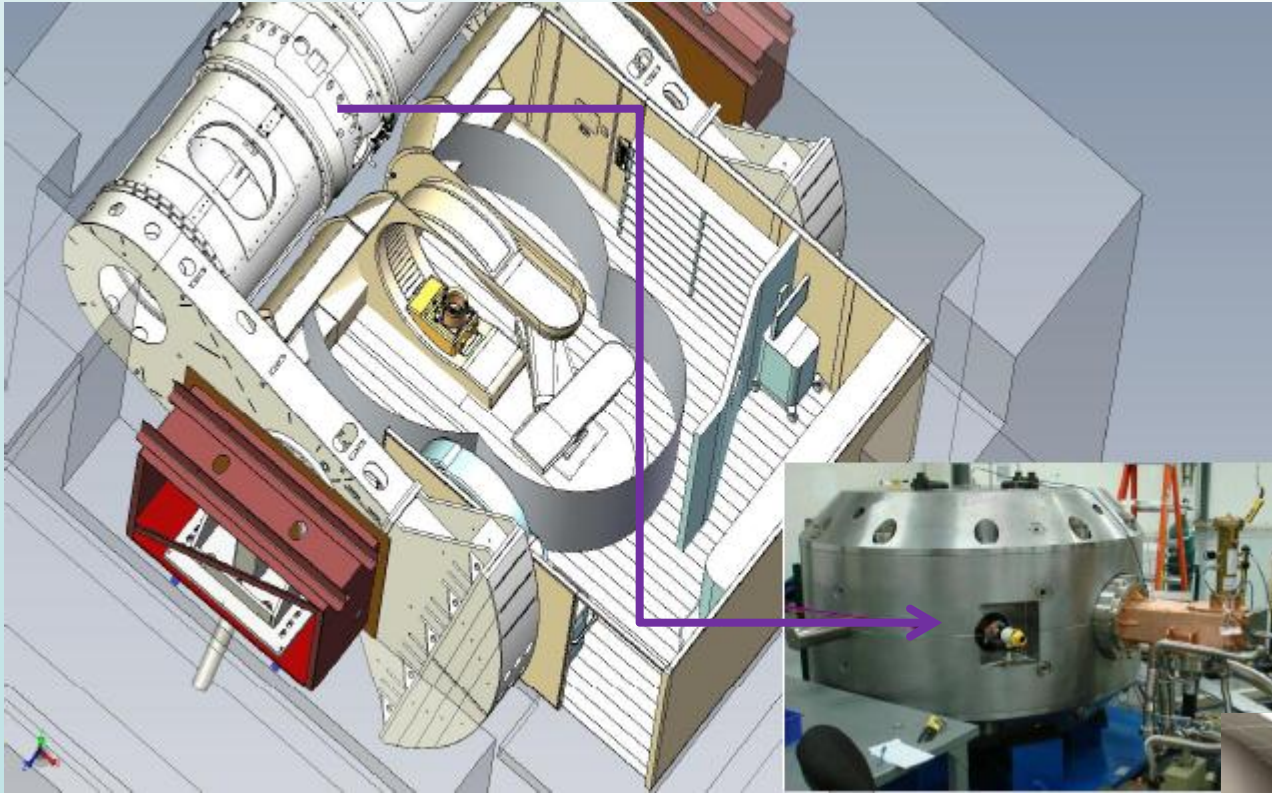
Energy selection in the near of patient → neutron background?

Only scattering technique used

With gantry structure → Single room solution possible!

*Cost for such a facility:
US \$ 30 Million*

Latest Development: High-field s.c. Cyclotron

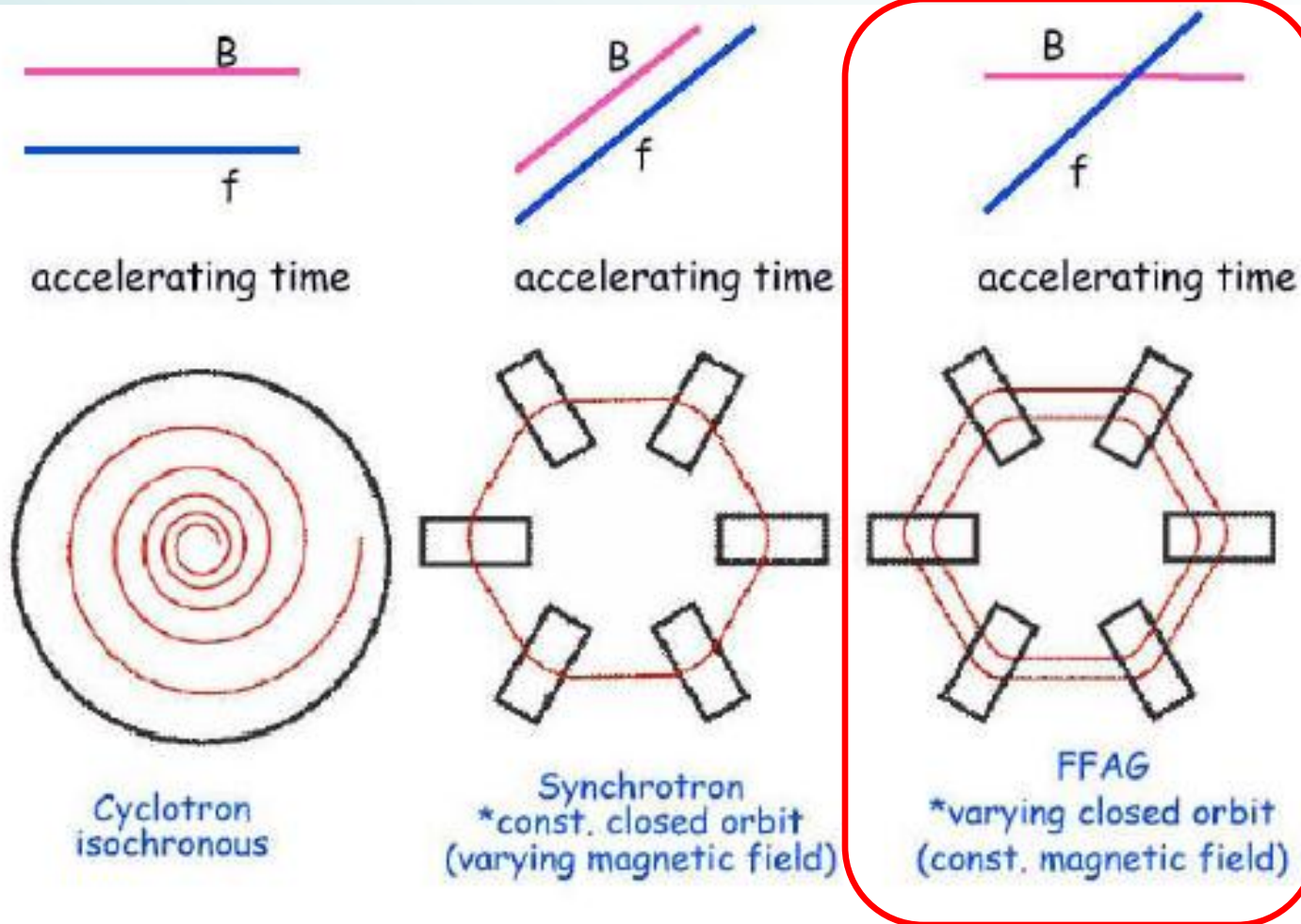


The MEVION S250 Proton Therapy System is USFDA 510(k) cleared and complies with MDD/CE requirements.

Installation at Washington University School of Medicine in St. Louis (2012)



New Accelerator Concepts - FFAGs



Idea:
Simplify control and operation, no synchronization necessary between B-field and RF
...but no savings in space!

New Accelerator Concepts - FFAGs

Fast acceleration

Compact footprint

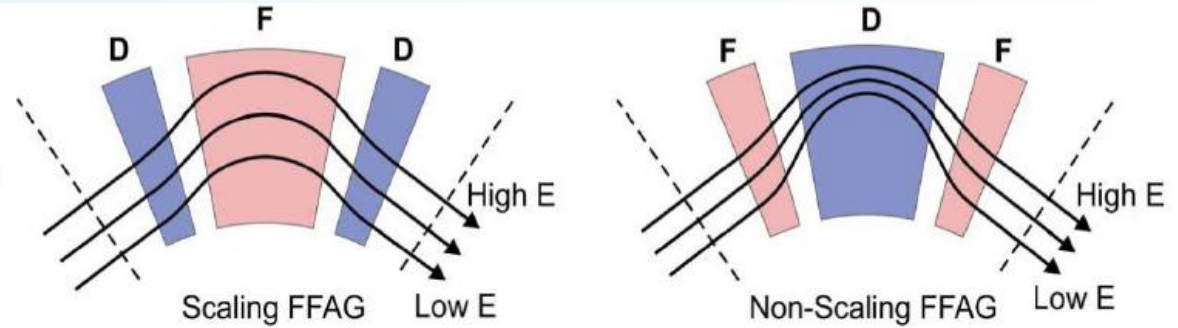
Magnet aperture must accept large momentum range

Variable energy extraction?

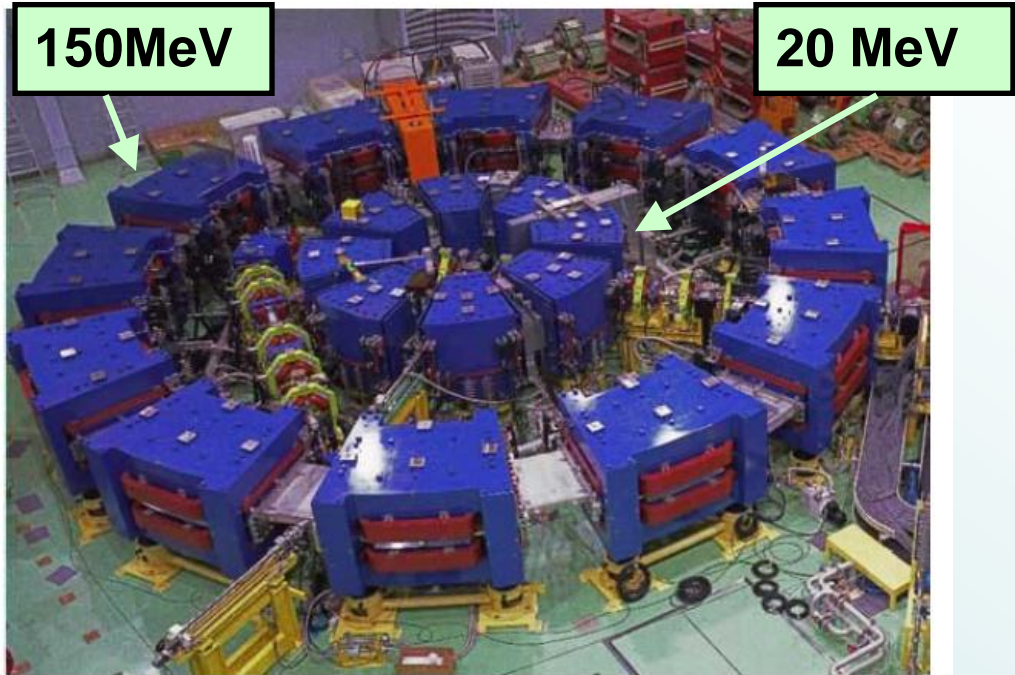
Possible very high rep rate

Much world wide interest.

Demo machines in early operation, construction & design

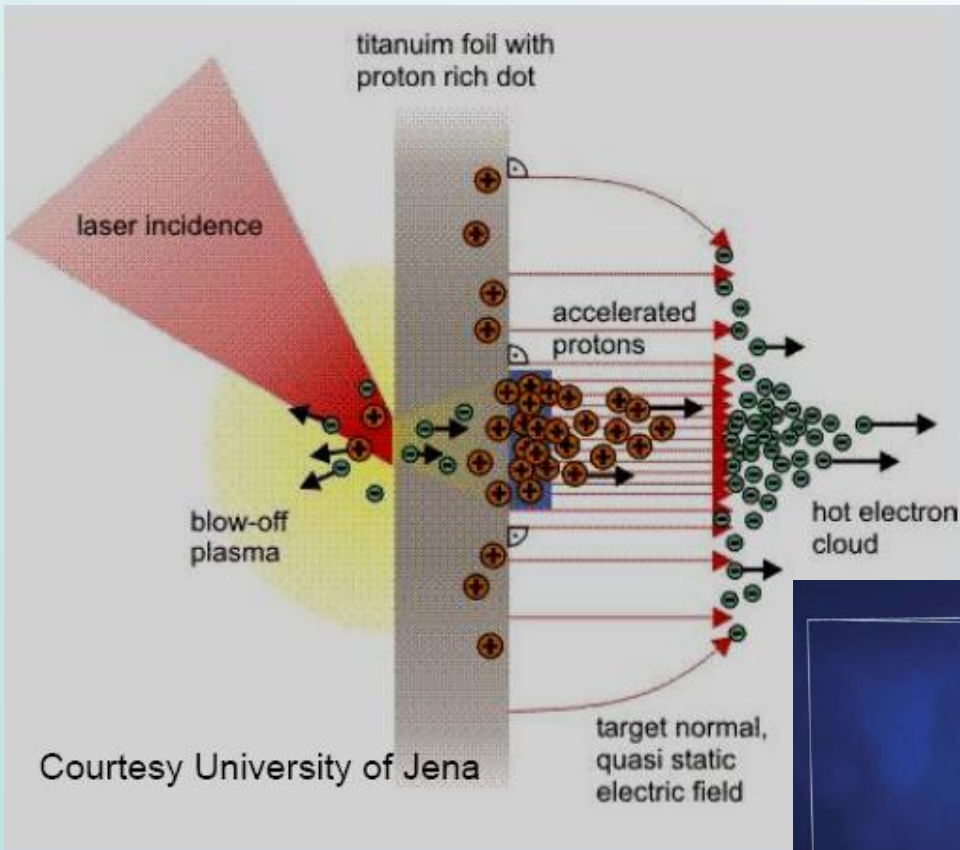


KEK

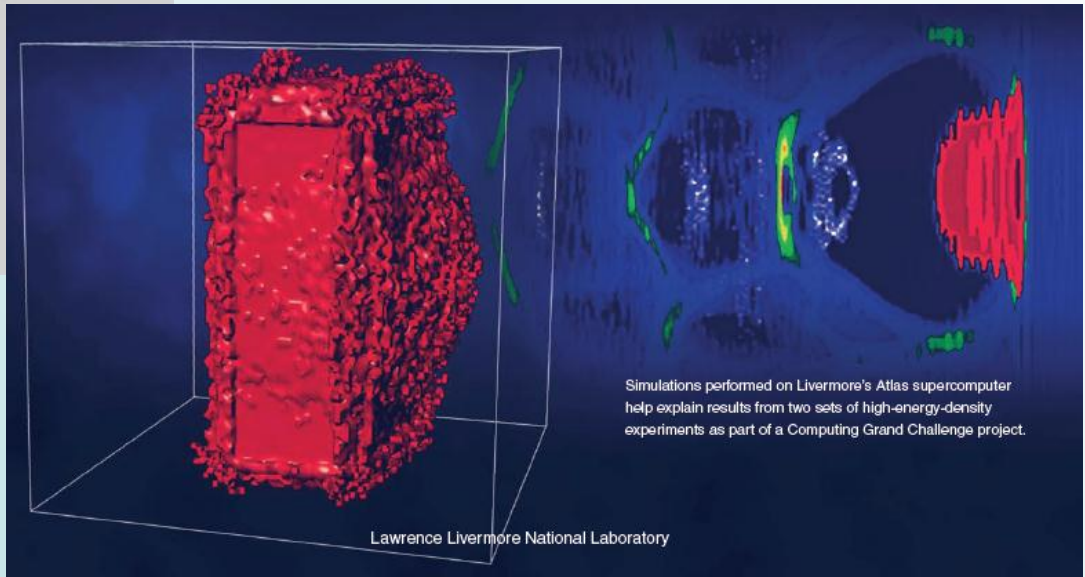


Further projects: EMMA (GB), RACCAM (F) and others

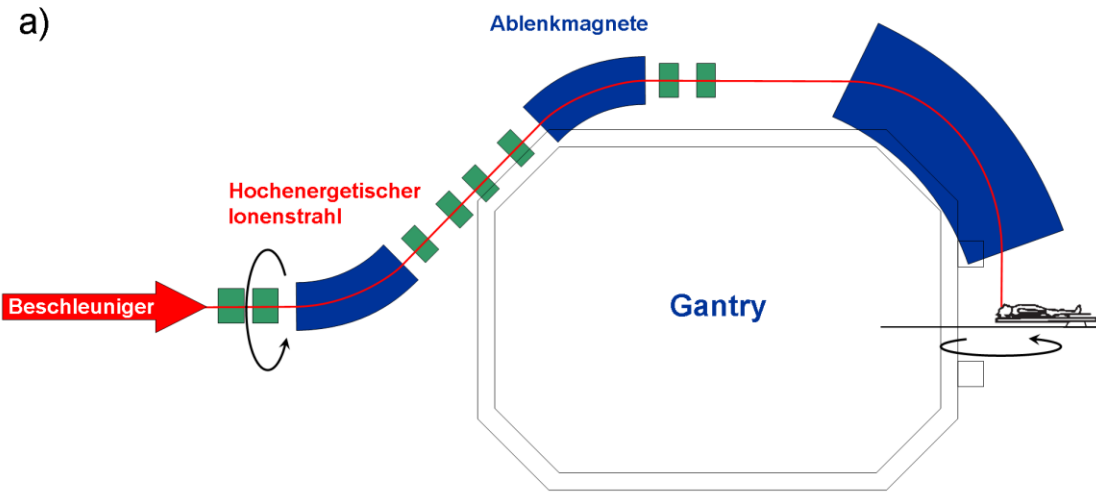
New Concepts – Laser Plasma Accelerators



- Laser: 50 fs, 50 J (Petawatt!)
- $I = 10^{21}$ W/cm²
- 10^{11} protons up to 300 MeV should be possible (67 MeV reached end of 2009)
- Repetition rate?
- Intensity control?



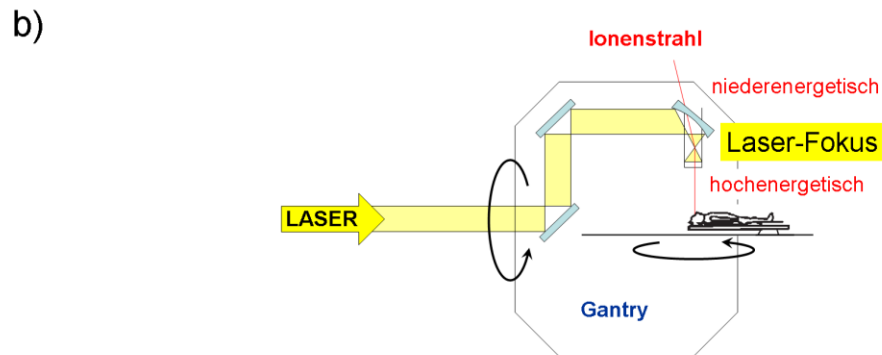
New Concepts – Laser Plasma Accelerators



Serious proposal?

Mono-energetic beams possible in such a configuration?

Radiation background?

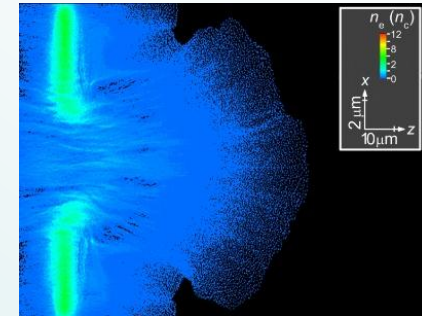
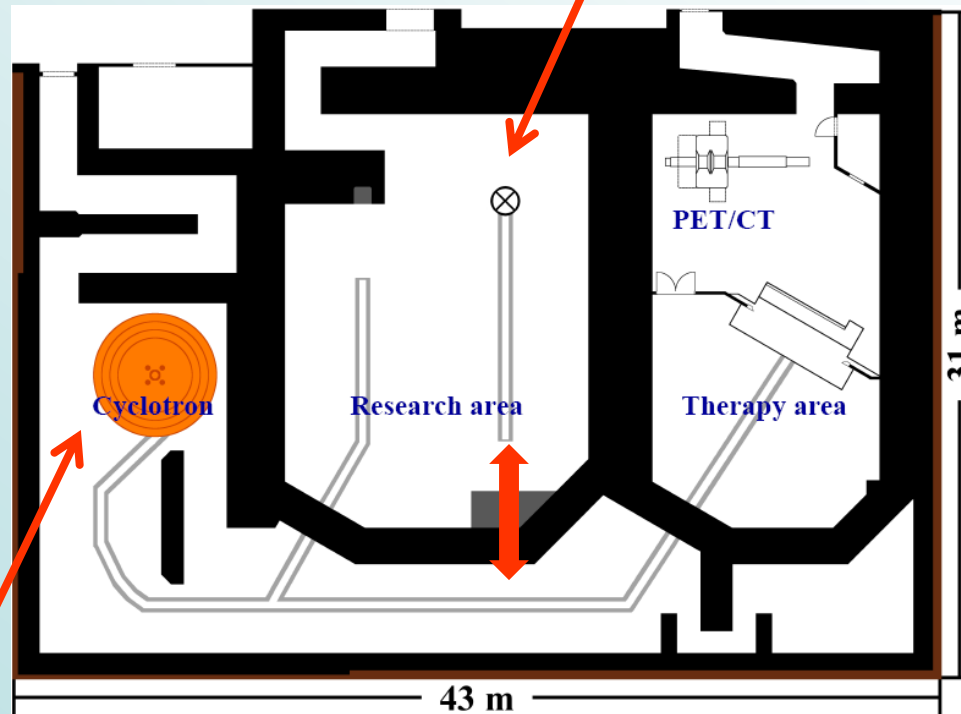


Oncoray Activities in Dresden

150 TW Ti:Saphir Laser Draco
(Dresden laser acceleration source)
– extension to 500 TW under way,
Petawatt regime in planning



New building under construction



Later connection foreseen

Courtesy of Stephan Helmbrecht, Oncoray, Dresden

New Concepts – Dielectric Wall Accelerators

G. Caporaso et al, LLNL

250 MeV protons in 2.5 m?

Pulse-to-pulse energy & intensity variation

“Hoping to build a full-scale prototype soon”

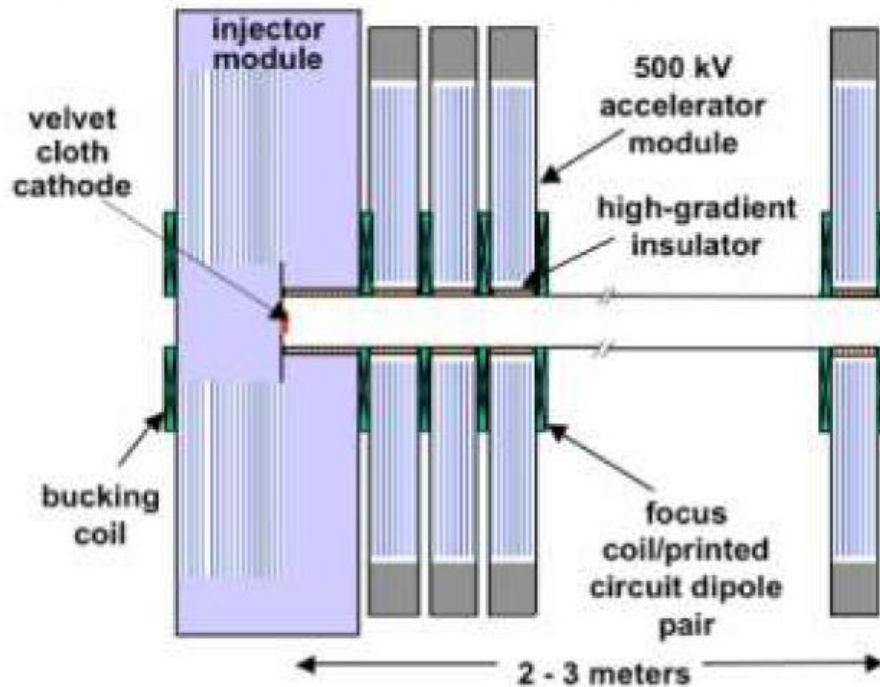
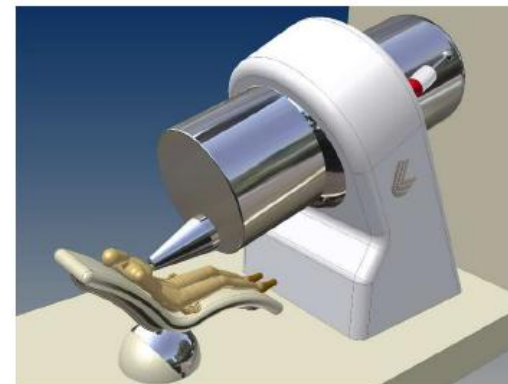
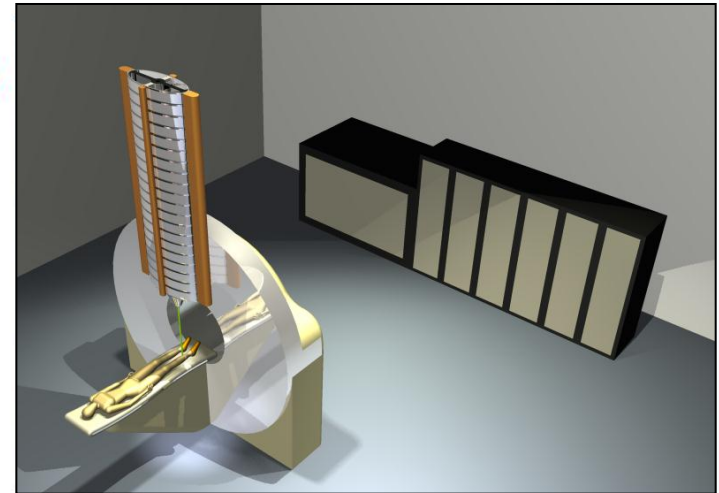
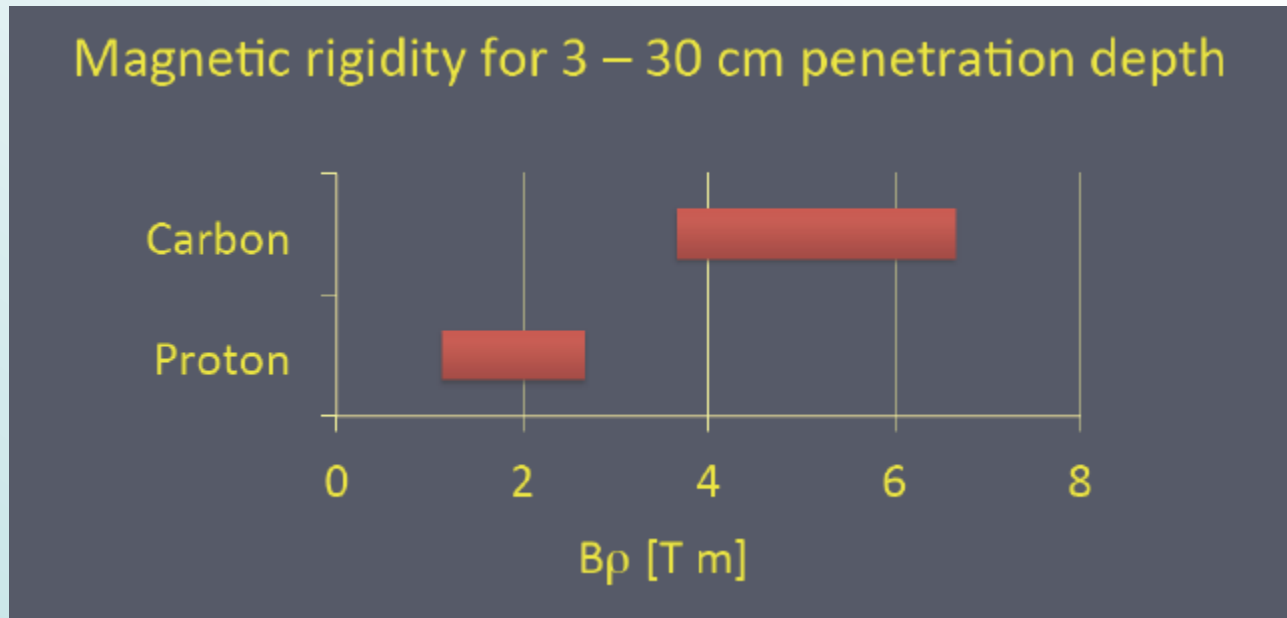


Figure 1: Dielectric wall induction accelerator configuration.



Design of Superconducting Gantries



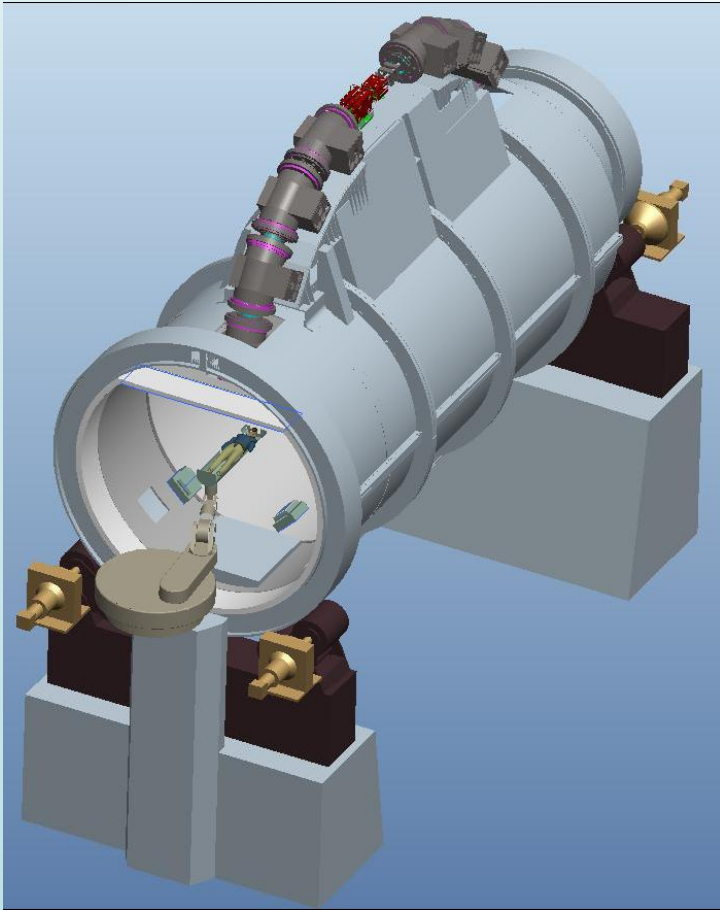
Carbon, 430 MeV/u (30 cm penetration depth)

Magnetic rigidity $B^*\rho = 6.6 \text{ T}^*\text{m}$

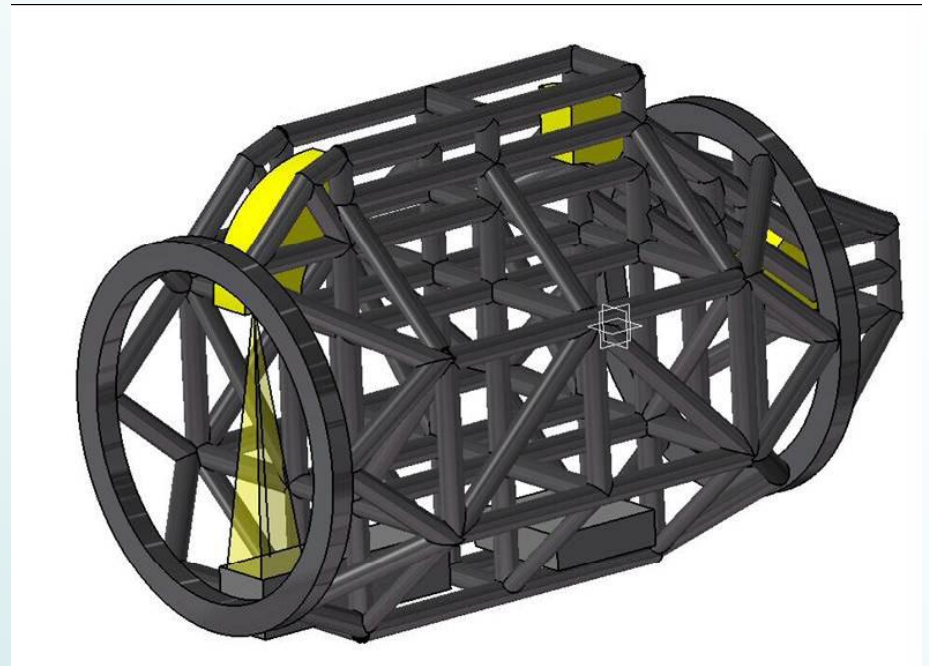
Present (normal) dipole: $B = 1.8 \text{ T}$, $\rho = 3.67 \text{ m}$

If superconducting dipole: $B = 3.3 \text{ T}$, $\rho = 2 \text{ m}$

Design of Superconducting Gantries

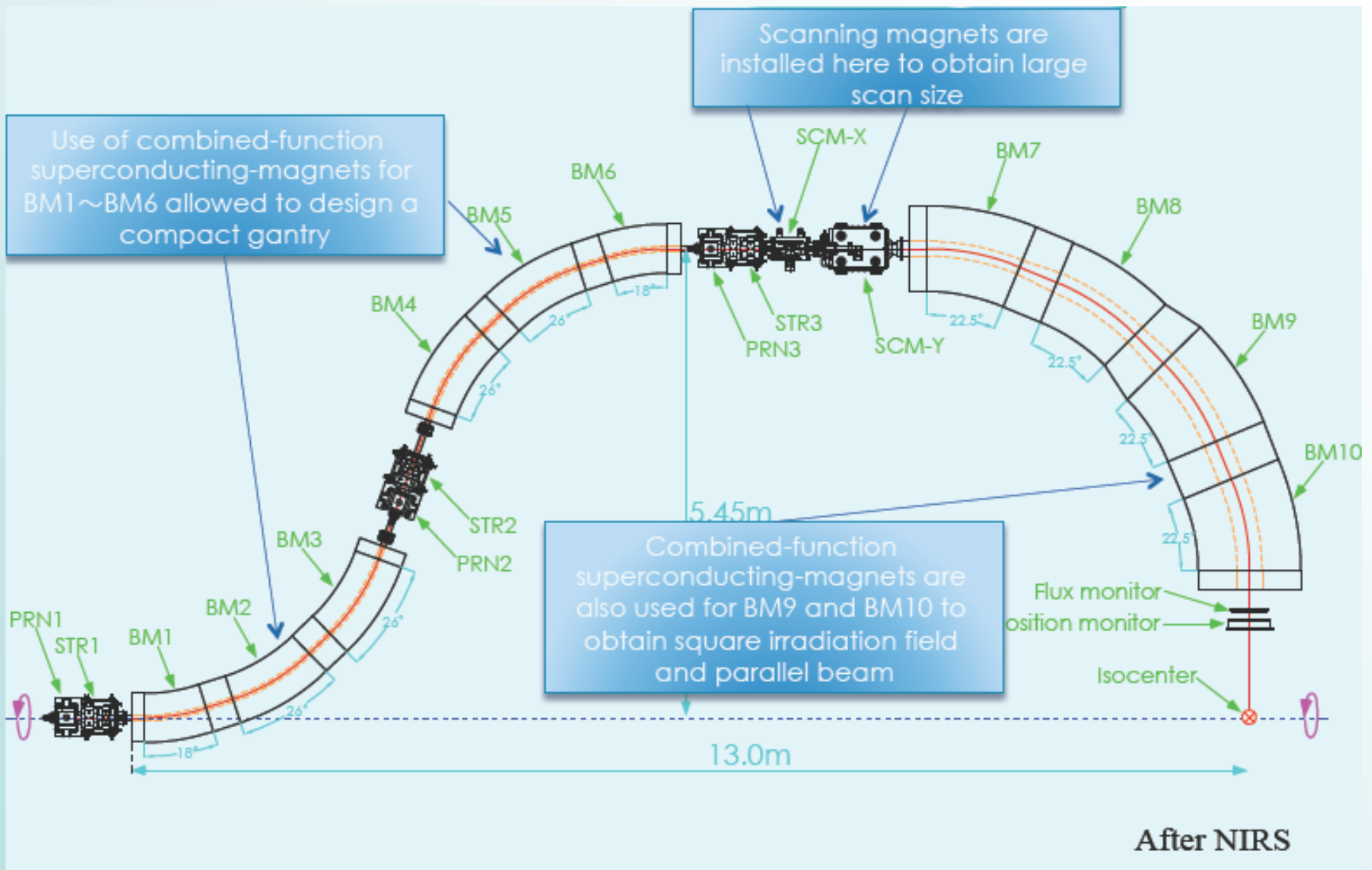


NIRS / HIMAC (J): 200 to,
Radius: 5.5 m, L: 13m, 3 T

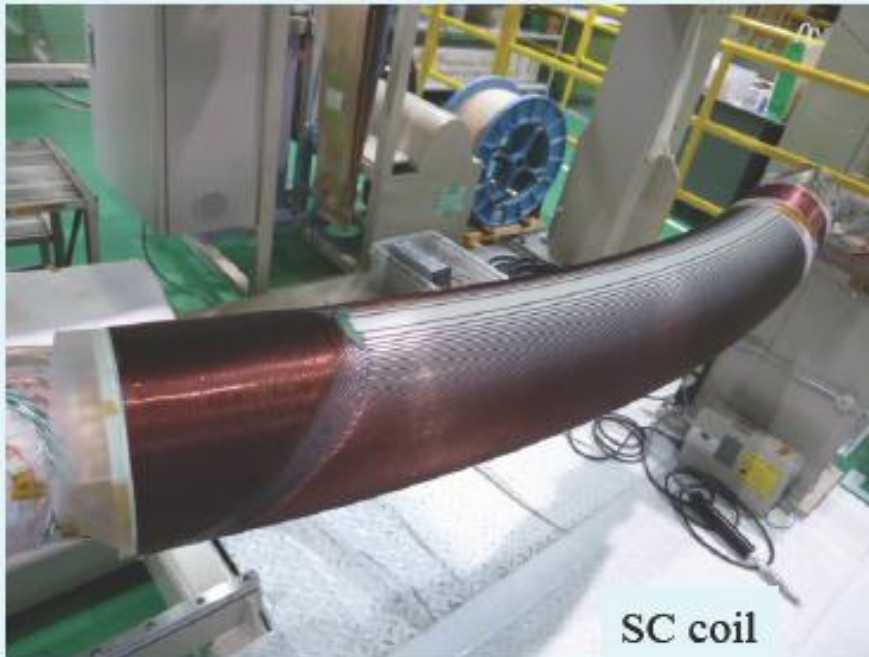


CEA (F) and IBA (B)): 210 to,
Radius: 4m, Length: 13m,
 B_{\max} (90°-Dipole): 5.39 T (NbTi)
Use of cryocoolers foreseen
→ Long recovery time in case
of quenches!

NIRS Version of a s.c. Gantry



LTS based Magnet Development at NIRS



SC coil

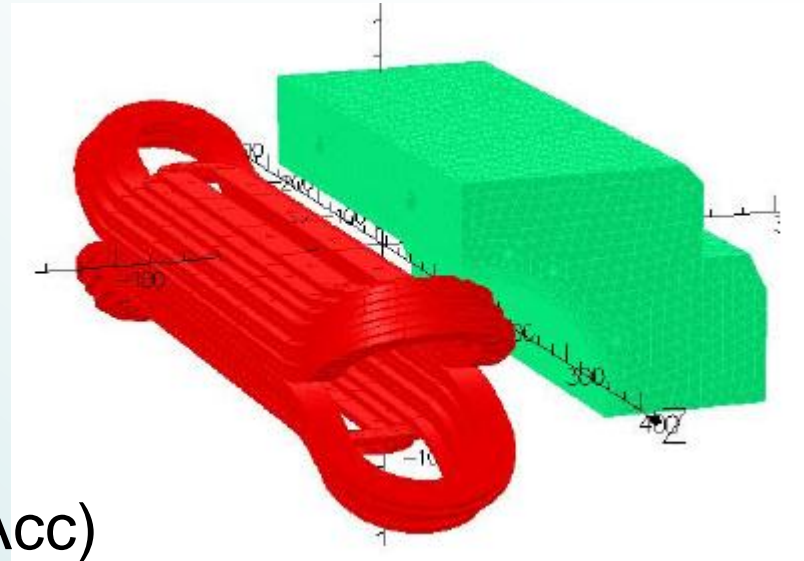
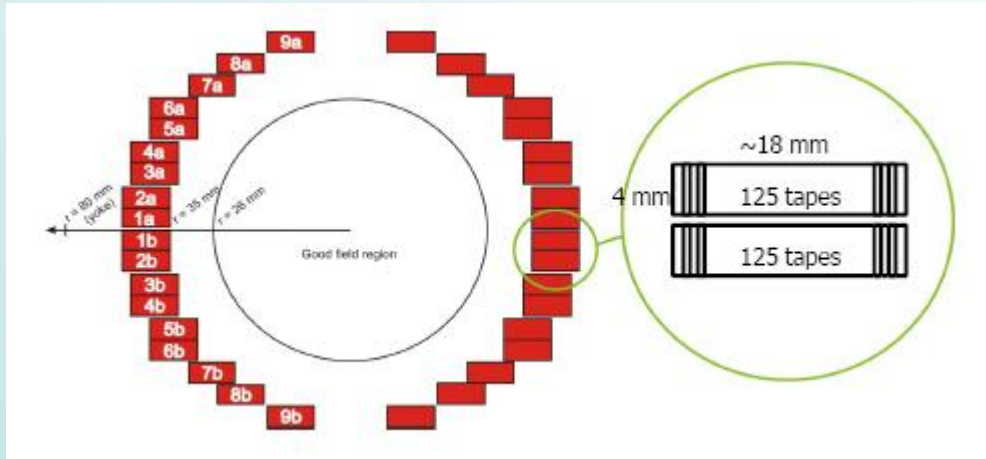


Cold yoke

Two superconducting magnets are under construction, and will be completed by the end of March 2012

After NIRS

HTS based Magnets for s.c. Gantries

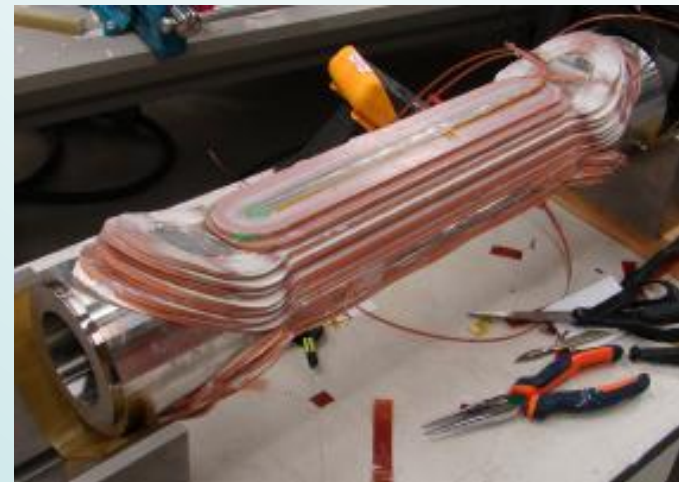


Small prototype by Danfysik (InnovAcc)
Straight magnet with HTS wires (YBCO)

$B = 3.6 \text{ T}$ at 15 – 18 K

Homogeneity $\text{dB}/B < 10^{-3}$ ($r = 25 \text{ mm}$)

*Use of cryocoolers, very smooth
behaviour in case of quenches in
contrast to LTS magnets*



Acknowledgement

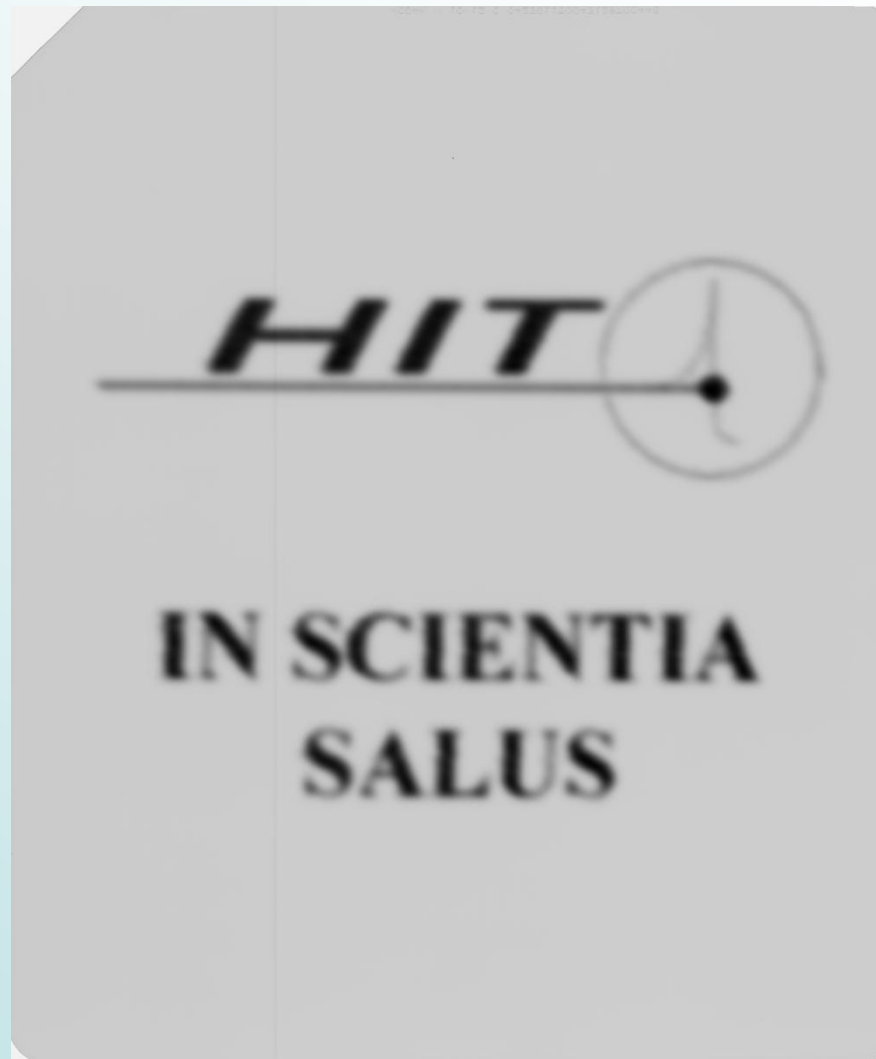
Thanks to all people providing me their material: HIT (T. Haberer, R. Cee, M. Galonska, S. Scheloske, E. Feldmeier, J. Naumann, C. Schömers, K. Höppner et al.), GSI (U. Weinrich, H. Eickhoff, B. Schlitt, P. Forck, M. Schwickert, B. Voss et al.), CNAO (S. Rossi, E. Bressi, M. Pullia et al.), PSI (M. Schippers, E. Pedroni et al.), MGH (J. Flanz et al.), NIRS/HIMAC (K. Noda, Y. Iwata et al.), MedAustron (A. Koschik et al.), CEA (F. Kircher et al.), ...

... and also the companies: Siemens PT, VARIAN Medical, IBA, Mitsubishi, Hitachi, Danfysik, SigmaPhi and some more not listed here.

Sources of Information

- <http://ptcog.web.psi.ch/> (PTCOG home page)
- <http://www.jacow.org/> (JACoW home page)
- <https://indico.cern.ch/conferenceDisplay.py?confId=174714>
(PARTNER workshop, CERN, March 2012)
- <http://www.klinikum.uni-heidelberg.de/index.php?id=113005&L=1> (HIT home page)

***Thank
you for
your
attention
!***



(Intensity modulated raster scan, ^{12}C at 430 MeV/u), recorded on a film