

ADAM and LIGHT

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... LIGHT and ADAM

Linac for Image Guided Hadron Therapy and Applications of Detectors and Accelerators to Medicine SA





Outlook:

- 1. The LiGHT accelerator "product"
- 2. The industrialization process



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1. The LiGHT accelerator "product"

2. The industrialization process

Clinical motivation – Photon vs proton therapy for cancer treatment

Source: American Society of Clinical Oncology & BCG

From clinical needs to beam and system requirements

The requirements of the beam spots of the LIGHT system include: variable charge, variable energy and variable spot position

Beam spots with:

- Variable charge: ~ 1-250 Million protons in a pulse
- Variable energy: 70-230 MeV (in depth scanning between 3 and 32 cm)
- Variable spot position: spot can be moved transversally up to a 30x30 cm² field

The high-frequency linac technology choice

1991: first "all-linac" approach to proton therapy

R. W. Hamm, K. R. Crandall and J. M. Potter, Preliminary design of a dedicated proton therapy linac, in *Proc. PAC90*, Vol. 4 (San Francisco, 1991), pp. 2583–2585.

1994: "cyclinac" approach to proton therapy

The LIGHT Beam Production System

Parameter	Value	Unit	
Length	~25	m	
Max. Energy	230	MeV	
Output Peak Current (at the end)	0.3 - 40	μA	
Pulse Length	0.5-2	μs	
Max. Repetition Rate	200	Hz	
RF Frequency	2997.92	MHz	

• Why 3 GHz ?

3 GHz electron linac for «conventional» radio-therapy

- Energy range of linacs: 4-25 MeV
- Electrons are accelerated by microwaves (10³-10⁴MHz)
- Philips SL-75/5: S-band 2856 MHz, MW cavities dimensions lenght
- 3 cm, radius 5 cm, electrons 5 MeV, tungsten target

Cooperate the Karley Divisionly

- Why 3 GHz ?
- →medical linacs used in conventional radiotherapy are based on 3 GHz structures
- \rightarrow RF power sources and network components are readily available

From 3 GHz electron linacs to 3GHz proton linacs

From electron linac to proton linacs \rightarrow speed and energy

- Why 3 GHz ?
- →medical linacs used in conventional radiotherapy are based on 3 GHz structures
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- From 3 GHz electron linacs to 3GHz proton linacs
 - Rest mass of protons is ~ 2000 bigger than the rest mass of electrons
 - Energy gain required is 10 times bigger: 20 MeV → up to 230 MeV

\rightarrow Multiple units with increasing speed of the beam

Cell Coupled Linac structures – unit

Accelerating modules

Cell Coupled Linac structures

Linear accelerating structure:

- Standing wave
- $-\pi/2$ phase advance
- biperiodic structure (with coupling cells on the side)

Synchronicity condition:

$$L = v \cdot \frac{T}{2} = \beta c \frac{\lambda}{2c} = \frac{\beta \lambda}{2}$$

Energy gain (per cell):

$$\Delta W = qE_0T \cdot L\cos\varphi$$

Example of synchronous particle motion (in a 5.7 GHz linac)

Permanent Magnet Quadrupoles for transverse focusing

From LIBO to the first unit of LIGHT

LIBO (Linac Booster) prototype by TERA-CERN-INFN

- Built in 1999-2000
- First proof of principle

- First Unit of LIGHT (ADAM)
 - first industrial 3 GHz linac unit for Proton Therapy
 - Optimized for industrial production
 - Produced following industry standards in 2009-2010

Amaldi et al., NIM A(521), 512-529, 2004

LIGHT – linac technology

- -> Pulsed beam at 200 Hz
- -> Active energy modulation (i.e no mechanical degrader)
- -> **Pencil beam scanning** or "spot scanning"
- -> Modularity & flexibility

Proton Injector

Pantechnik

(at Geneva)

Dreebit (at

Daresbury)

adapt and

optimize for

variable intensity

AVO-ADAM:

Integration:	Source	RFQ	SCDTL1	SCDTL 2	SCDTL3	SCDTL4	CCL1-2
B. energy:	40 keV	5 MeV	7.5 MeV	16 MeV	26.5 MeV	37.5 MeV	52 MeV

RFQ and its coaxial power lines

CCLs modules

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SCDTLs modules: accelerating tanks

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LIGHT Full-Scale Integration at 230 MeV

STFC Daresbury laboratory, Daresbury, Warrington

- Daresbury Integration Site (DIS): technical test site in UK
- End-to-end testing: Accelerator & Medical technical systems
- After the complete installation and integration → V&V tests
- Partnership with University Hospital Birmingham NHS Foundation Trust ("UHB"), aiming at treating patients in Daresbury in the context of our certification plan

https://www.youtube.com/watch?v=07TFUL5DzMU

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The technology application...

Medical Industry

The technology application...and what is behind it

User (patient) New Clients opportunities Technology application Production and Research commercialization Regulation Intellectual **Documentation** and Certification properties Quality process Testing development **Standards** V&V Product development Supply chain Funding

Medical Industry

Industry Standards for Medical Device

ISO-13485 Medical devices PROJECT INITIATION framework User Needs & Regulatory Requirements Validation It relies on Quality Management Design Planning System and on process **Design Input** Verification **Design Research & Activities** CHANGE MANAGEMENT Z. Design Change Management Customer Requirements OMS Change Management Supplier Quality Risk Review Identification / Traceability **Design Output** f¢f ٠ Reprezentative product **Design Transfer** 0 ORRECTIVE AND REVENTIVE ACTION QUALITY Risk Management Eliminate Noncomformities Inputs / Outputs QMS Improvement. - Verification / Validation MANAGEMENT Verify Effectiveness Medical Device SYSTEM Post-design control & PRODUCT Commercialization Post-market END OF LIFE surveilance Complaint Handling Management Review Risk Monitoring Inspection Readiness Vigilance Internal Audit Complaints **Regulatory Changes** New Hazards · Personnel Competency Deviations Infrastructure Work Environment

The Innovation Chain: converting science into wealth

Accelerators and Innovation

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The case of LIGHT

Thank you for your attention!

Questions ?

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