

## Lecture 21

# Laser-hybrid Accelerator for Radiobiological Applications (LhARA)

## JAI Student Design Project 2023-2024

**Professor Emmanuel Tsesmelis**

**Principal Physicist, CERN**

**Department of Physics, University of Oxford**

**Accelerator Physics Graduate Course**

**John Adams Institute for Accelerator Science**

**22 November 2023**

Perspectives on laser-driven sources for particle beam therapy

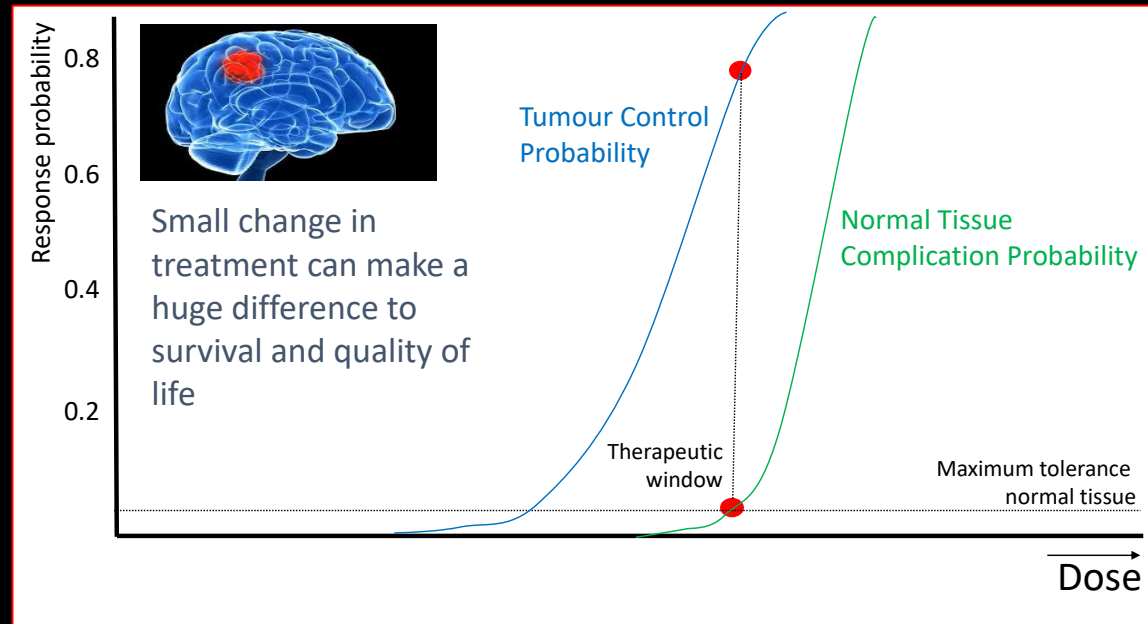
# **CHALLENGES AND OPPORTUNITIES**

# Radiotherapy; the challenge

- Cancer: second most common cause of death globally
  - Radiotherapy indicated in half of all cancer patients
- Significant growth in global demand anticipated:
  - 14.1 million new cases in 2012 → 24.6 million by 2030
  - 8.2 million cancer deaths in 2012 → 13.0 million by 2030
- Scale-up in provision essential:
  - Projections above based on reported cases (i.e. high-income countries)
  - Opportunity: save 26.9 million lives in low/middle income countries by 2035
- Provision on this scale requires:
  - Development of new and novel techniques ... integrated in a
  - Cost-effective *system* to allow a distributed network of RT facilities

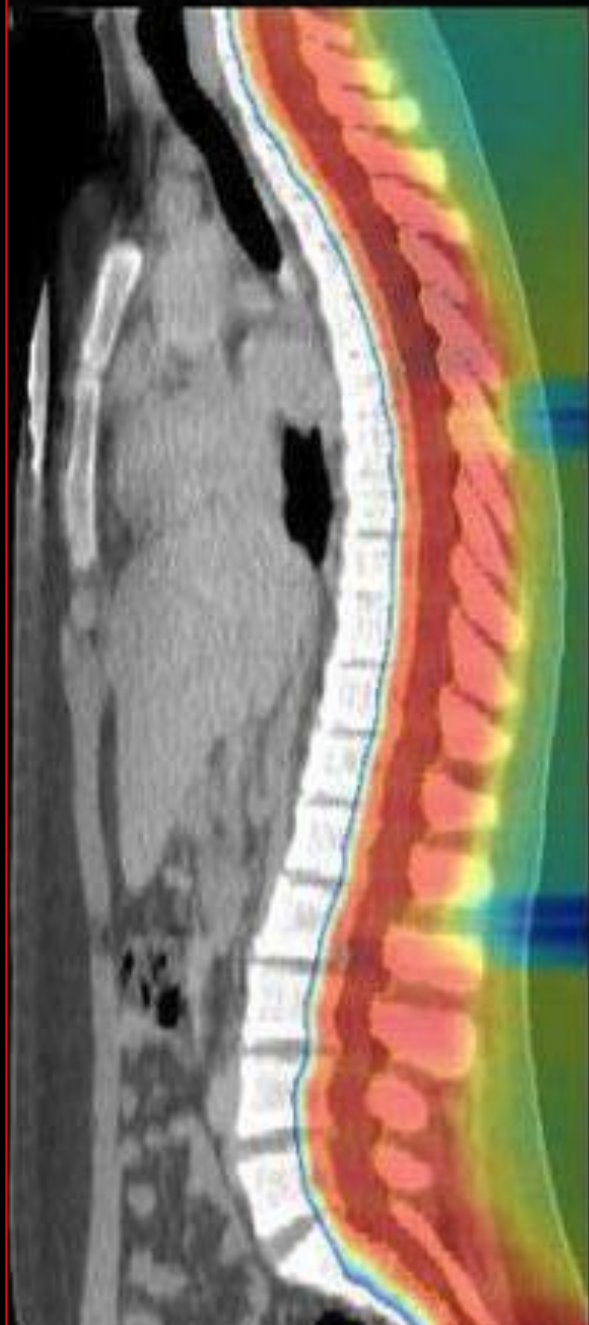
# The benefit of particles

- Maximise therapeutic benefit by:
  - Maximising damage to tumour
  - Minimising damage to healthy tissue



- X-ray therapy:
  - Modality used in most radiotherapy
  - Dose falls exponentially with depth
  - Proximity of sensitive organs limits dose to tumour

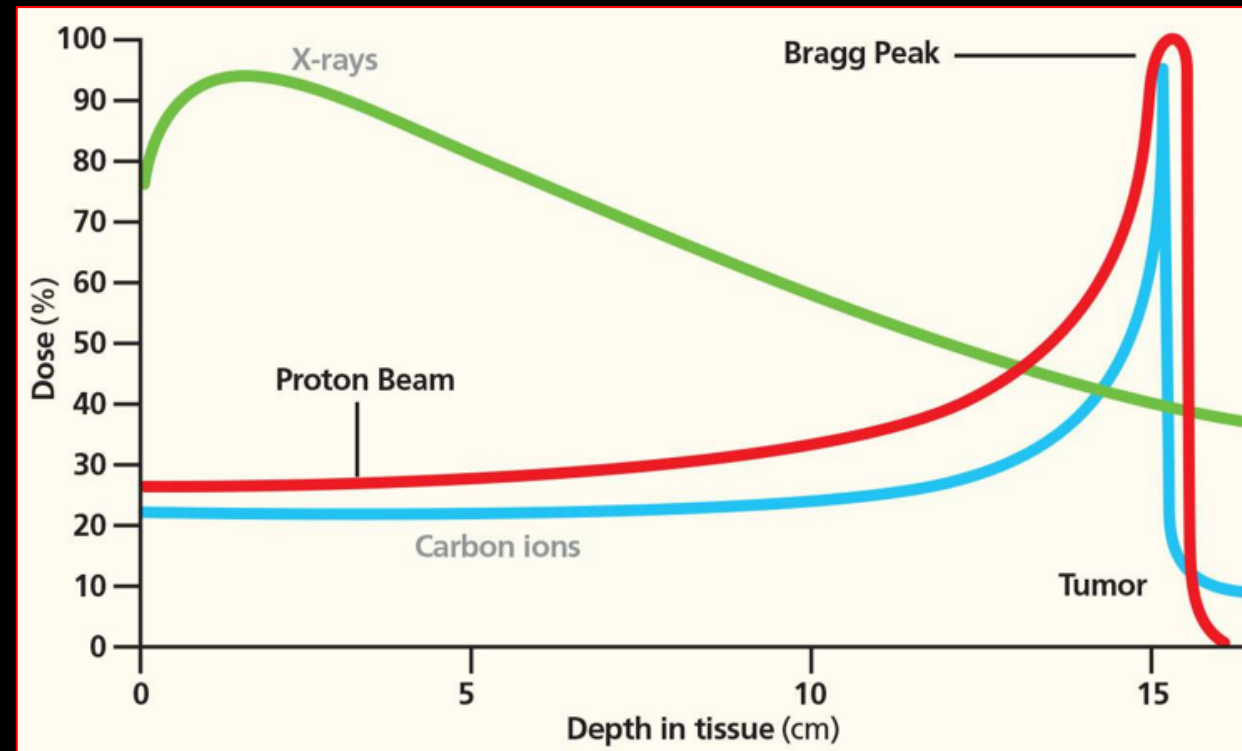
Protons



X-Rays



# Particle-beam therapy



## Proton and ion-beam therapy:

- Bulk of dose deposited in Bragg peak
- Significant normal-tissue sparing (entry)
- Almost no dose beyond the Bragg peak

# The need for a step-change in capability

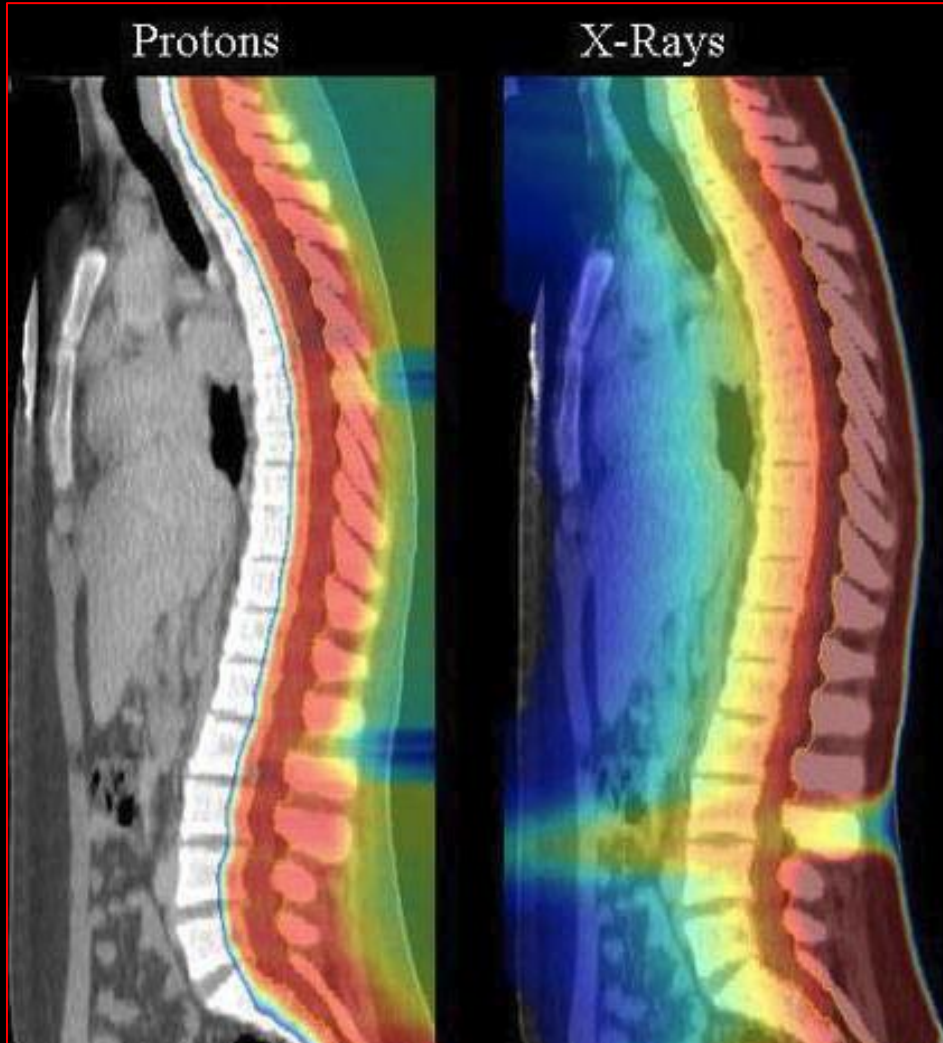
- Growing recognition of benefits of PBT worldwide:
  - 70 PBT centres in operation;  
40 under construction
- ‘Incremental’ development of technique
  - Existing suppliers
  - New initiatives



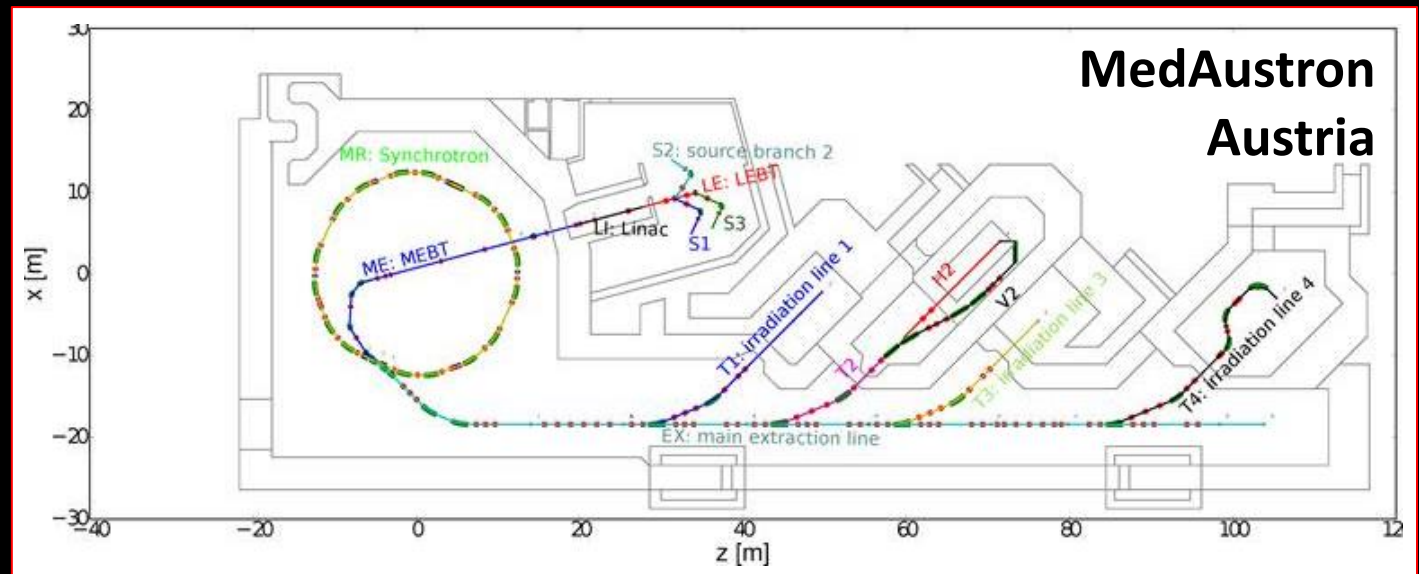
*Exciting indications of benefits of novel beams ...*

# Particle beam therapy today

- Cyclotron based



- Synchrotron based



# Beam delivery

## PSI gantry



Last bending dipole:  
bends beam into plane of  
rotation and iso-center

Dipoles:  
bending beam  
away from/to axis

Particle  
beam from  
accelerator

Coupling point:  
junction  
fixed/rotating  
beamline

Quadrupoles:  
provide focusing

Scanning  
magnets

Nozzle

Iso-center

- PSI gantry
- Engineering tour de force!
- 360-degree irradiation
- At a price:  
Size, complexity, maintenance



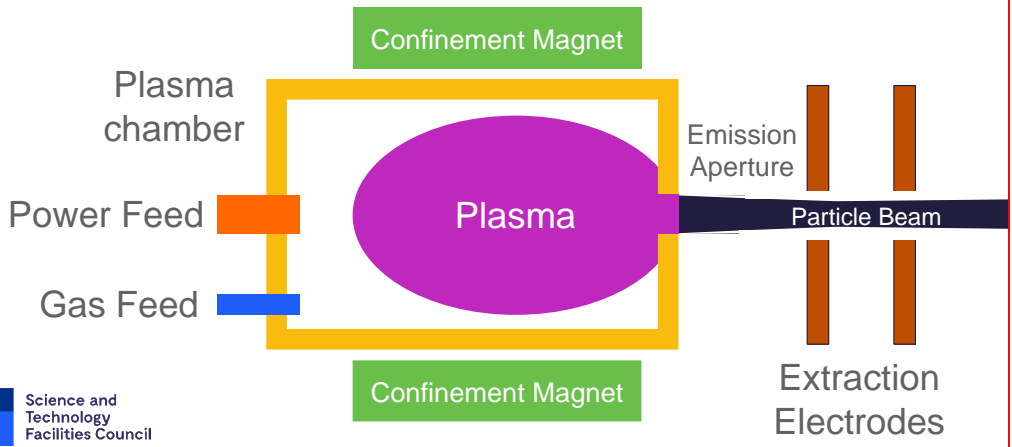
# Particle source

S. Laurie

## The Typical Ion Source

Every ion source basically consists of two parts:

1. **Ion production** inside a plasma
2. **Beam extraction** from the plasma

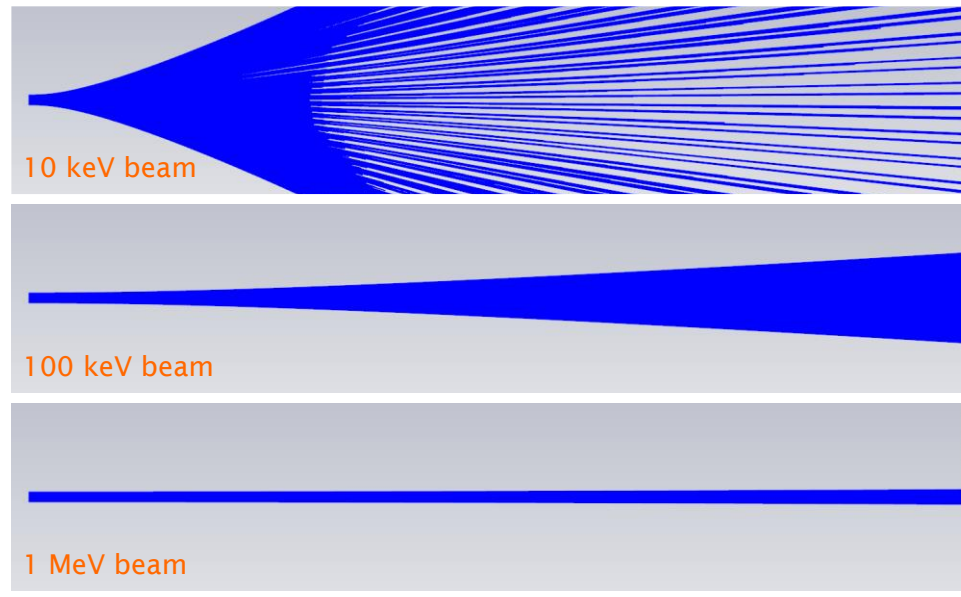


UKRI Science and Technology Facilities Council

## Space Charge

S. Laurie

- 50 mA proton beam
- 5 mm initial radius
- 1000 mm drift distance
- Expands due to its own 'space charge'
- Space charge forces velocity dependent



UKRI Science and Technology Facilities Council

- **Extraction energy:**

  - **30—80 keV**

  - **Limited by extraction voltage**

- **Instantaneous flux (current or dose):**

  - **Determined by acceptance of first accelerator structure**

  - **Limited by mutual repulsion of protons (ions) ... “space-charge effect”**

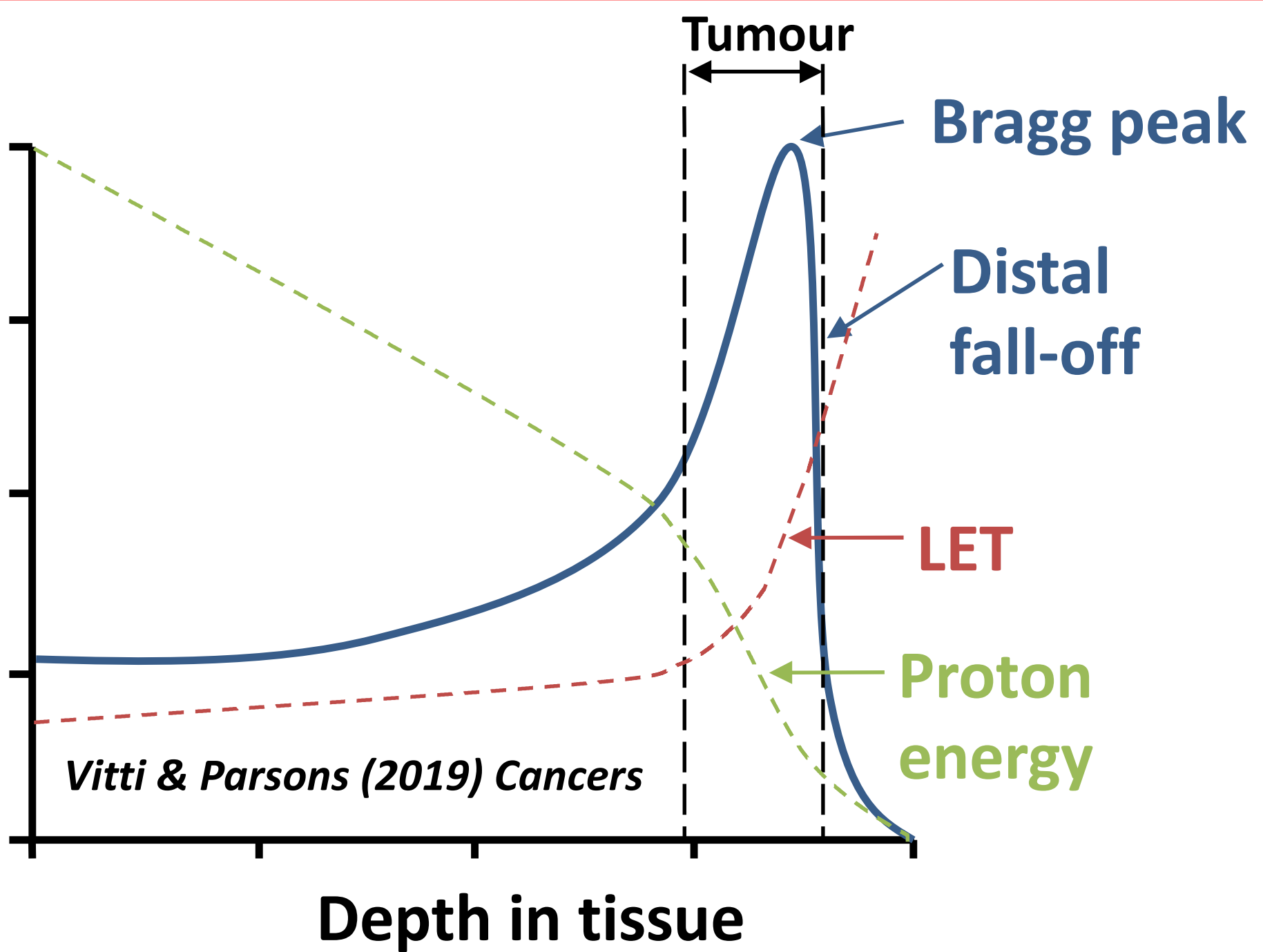
# The technological challenge

- Cancer is the second leading cause of death globally (WHO)
  - Radiotherapy indicated in half of all cancer patients
- Growing requirement for radiotherapy:
  - High-income countries: anticipate significant growth in demand
  - Low/middle income countries; enormous unmet need:
    - Opportunity to save ~30 million lives by 2035
- Scale-up in provision essential:
  - Requires:
    - Development of new and novel techniques ... integrated in a
    - Cost-effective *system* to allow a distributed network of RT facilities

The Laser-hybrid Accelerator for Radiobiological Applications (LhARA)

**RADIOBIOLOGY**

Relative dose



*Vitti & Parsons (2019) Cancers*

Depth in tissue

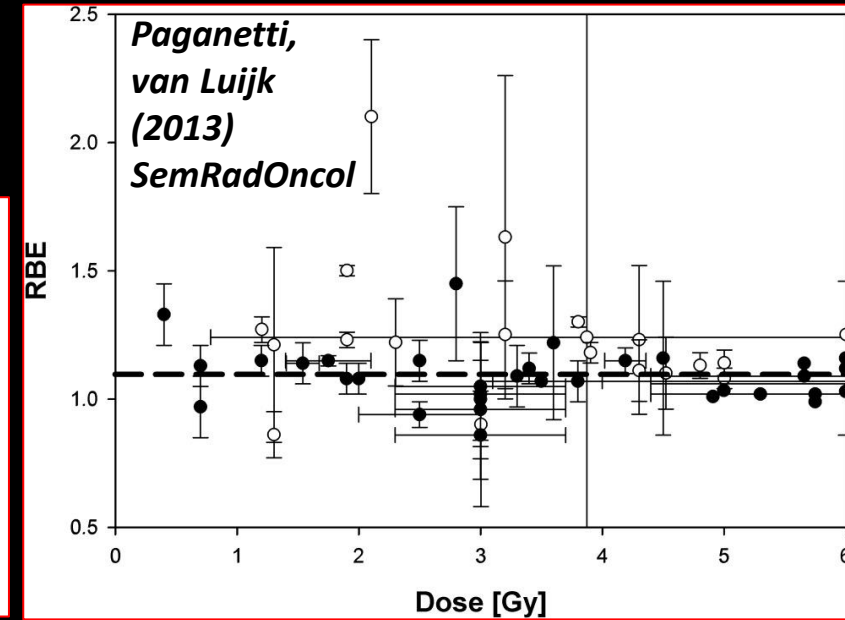
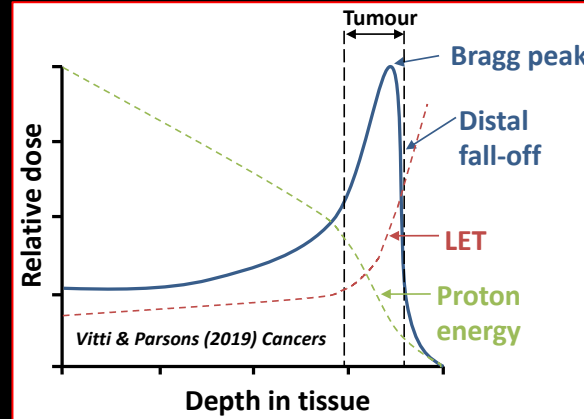
# The case for fundamental radiobiology

- **Relative biological effectiveness:**

- Defined relative to reference X-ray beam

- Known to depend on:

- Energy, ion species
- Dose & dose rate
- Tissue type
- Biological endpoint

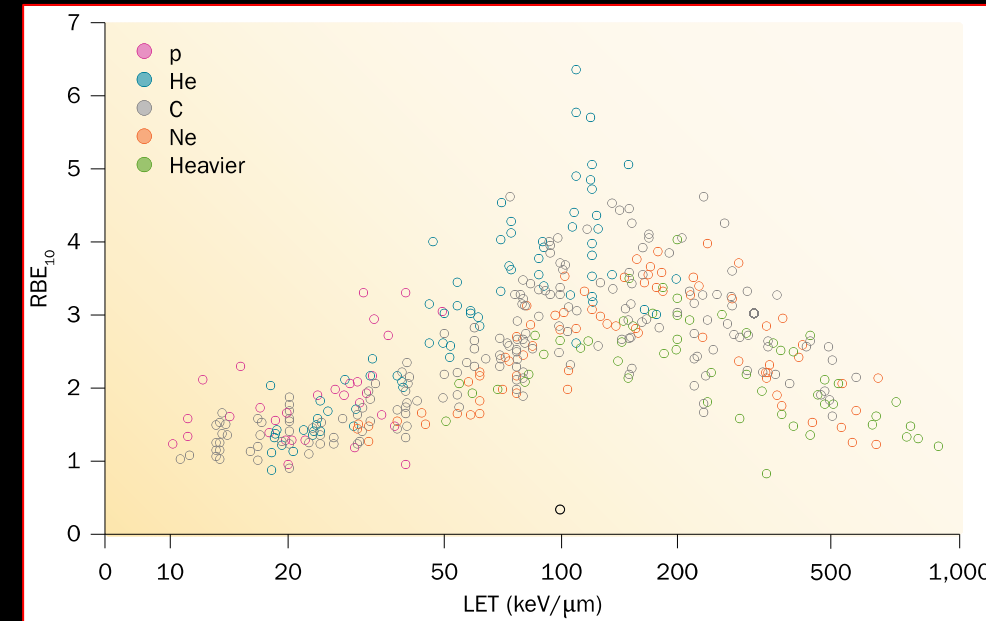


- **Yet:**

- *p*-treatment planning uses 1.1
- Effective values are used for C<sup>6+</sup>

- **Maximise the efficacy of PBT now & in the future:**

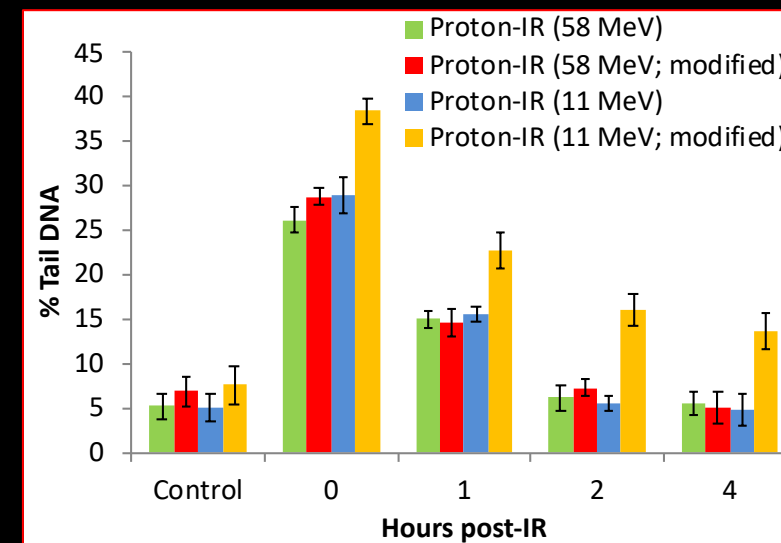
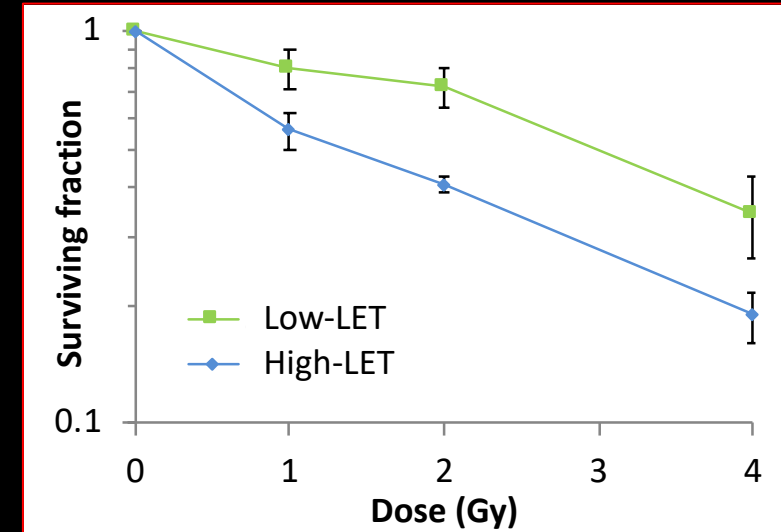
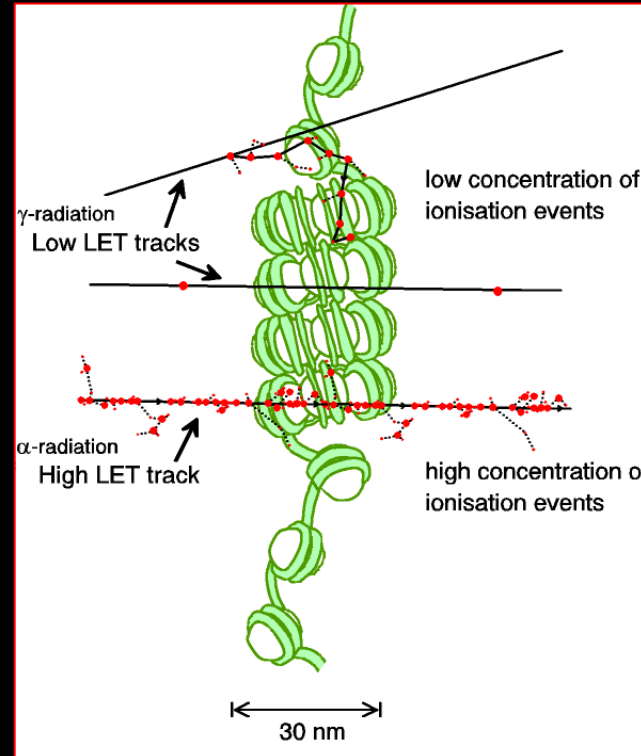
- Require systematic programme to develop full understanding of radiobiology



# Biological impact from the physics of ionisation

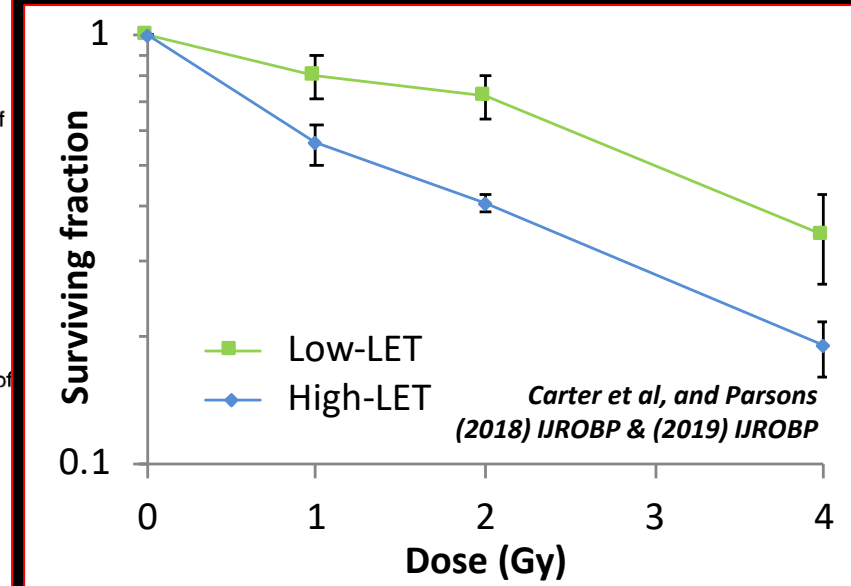
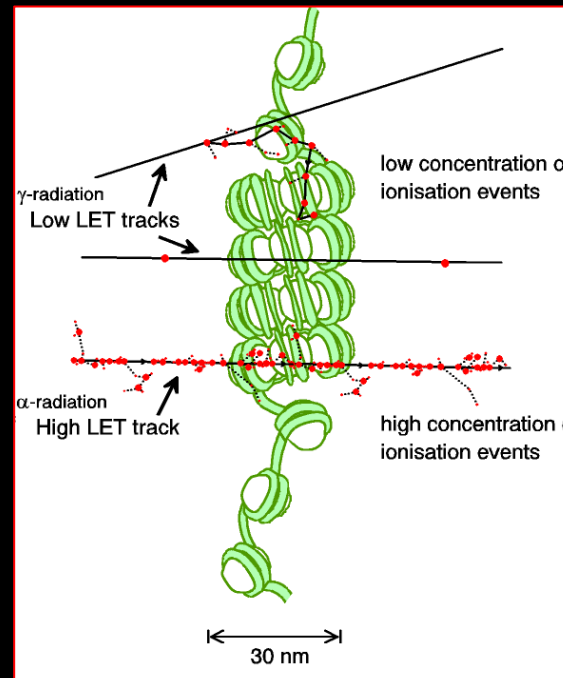
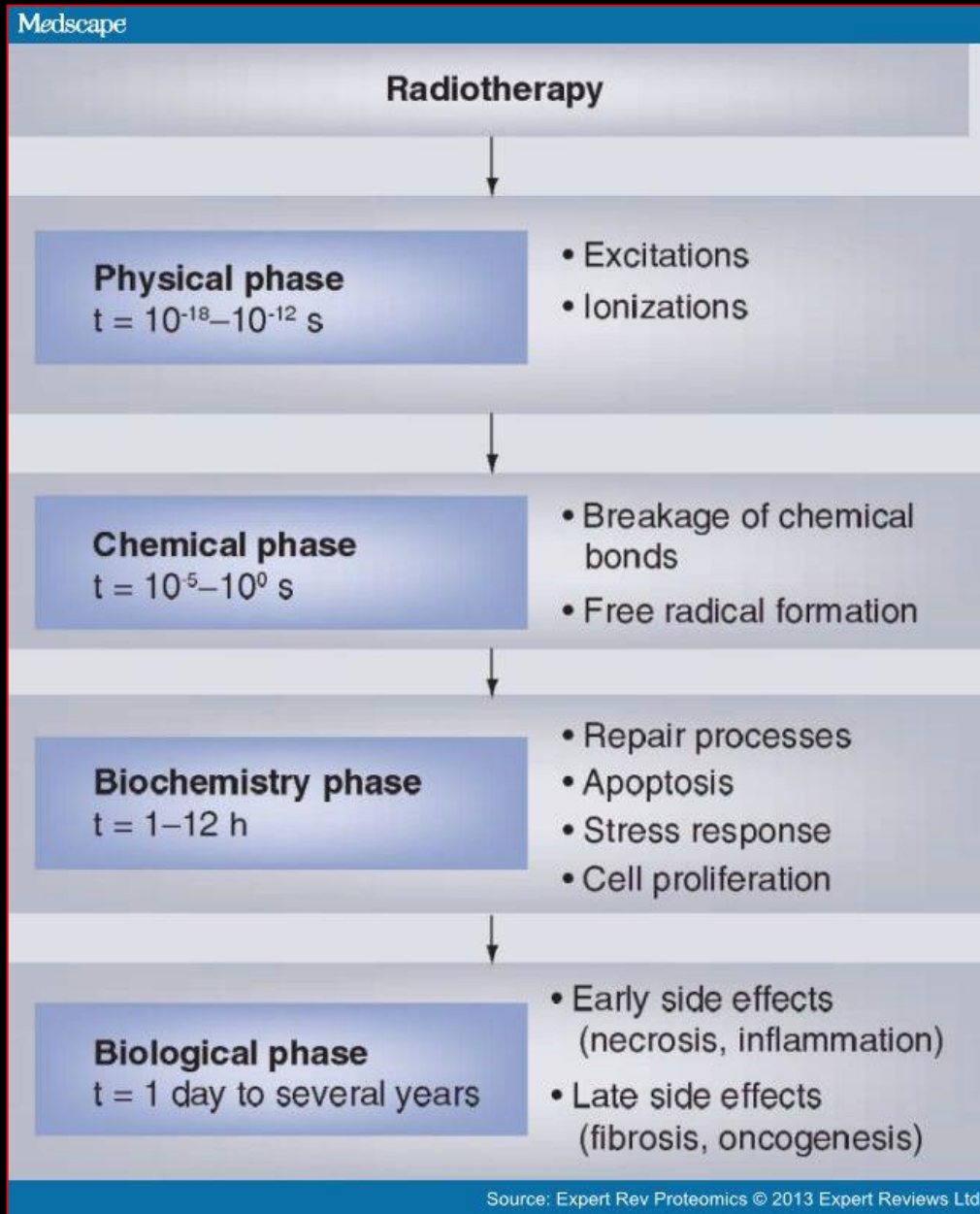
- **Low-LET radiation:**
  - *Repairable single/double strand breaks*

- **High-LET radiation:**
  - *Complex DNA lesions*
    - **Multiple DNA pathways**
    - **More difficult to repair**
    - **Enhances cell death**



- **Programmatic approach:**
  - *Dynamic studies of impact of radiation*
  - *Interpret with advanced computer models (e.g. G4DNA)*

# A complex, multi-faceted problem



# Radiobiology in new regimens

## Worked example: FLASH

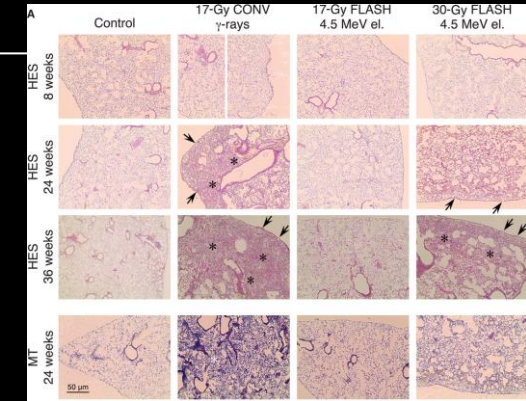
Conventional regime: ~2 Gy/min

FLASH regime : >40 Gy/s

Evidence of normal-tissue sparing while tumour-kill probability is maintained:  
i.e. enhanced therapeutic window

### Time line:

- Initial reports: 2014 (e.g. Flauvadon et al, STM Jul 2014)
- Confirmation in mini-pig & cat: 2018 (Clin. Cancer Research 2018)
- First treatment 2019 (Bourhis et al, Rad.Onc. Oct 2019)



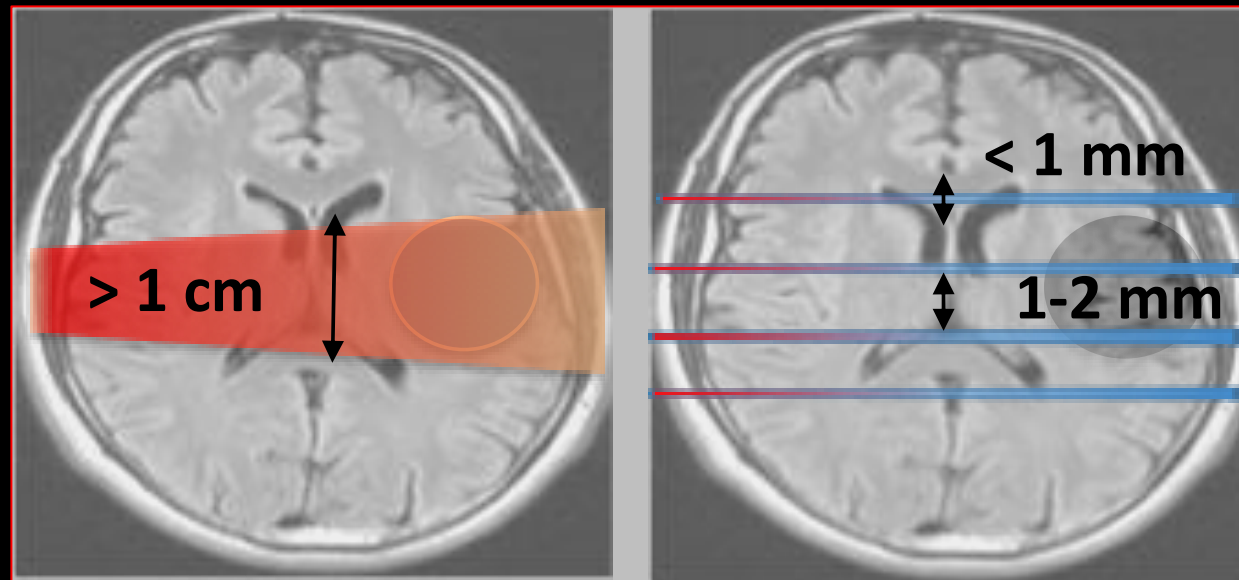


# Radiobiology in new regimens

## Worked example: micro beams

Conventional regime: > 1 cm diameter; homogenous

Microbeam regime : < 1 mm diameter; no dose between 'doselets'



Remarkable increase of normal rat brain resistance.

[Dilmanian et al. 2006, Prezado et al., Rad. Research 2015]

***Dose escalation in the tumour possible – larger tumor control prob.***

# Laser-driven sources are disruptive

*I will argue that laser-driven sources have the potential to:*

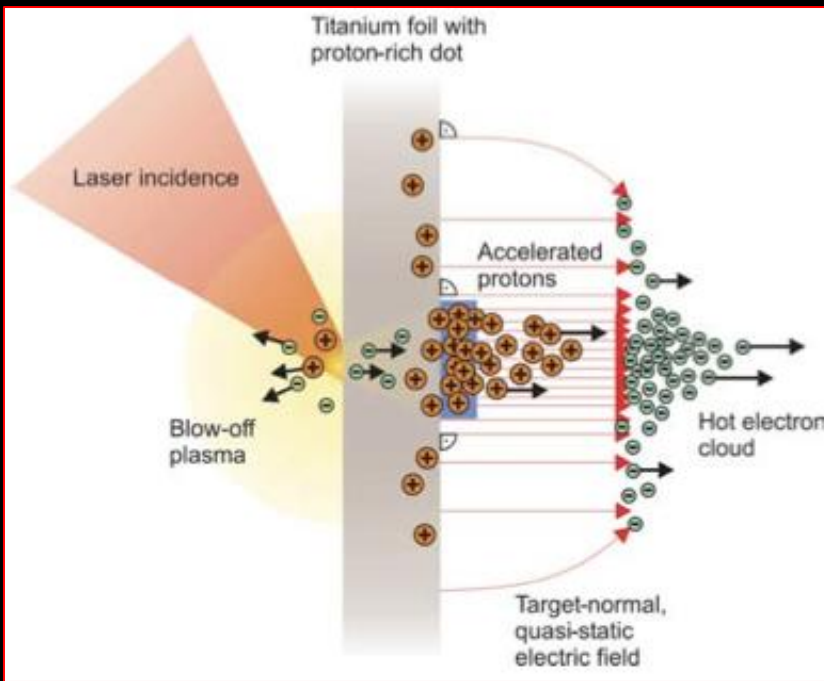
- Create the capability to deliver particle-beam therapy in completely new regimens
  - **Flexibility!**
    - Combine a variety of ion species in a single treatment fraction, exploiting ultra-high dose rates in novel spatial- and spectral-fractionation schemes
- Make "best in class" treatments available to the many
  - **Automated, triggerable system → remove requirement for large gantry:**
    - System incorporating dose-deposition imaging in fast feedback-and-control system; track movement, deliver dose at optimum tissue alignment

Perspectives on laser-driven sources for particle beam therapy

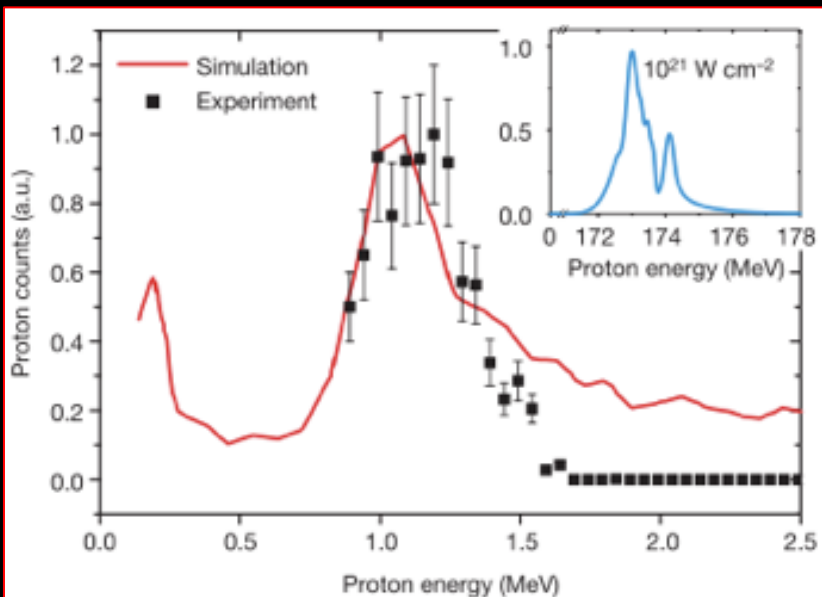
**THE IN-PRINCIPLE ADVANTAGE  
OF THE LASER-DRIVEN SOURCE**

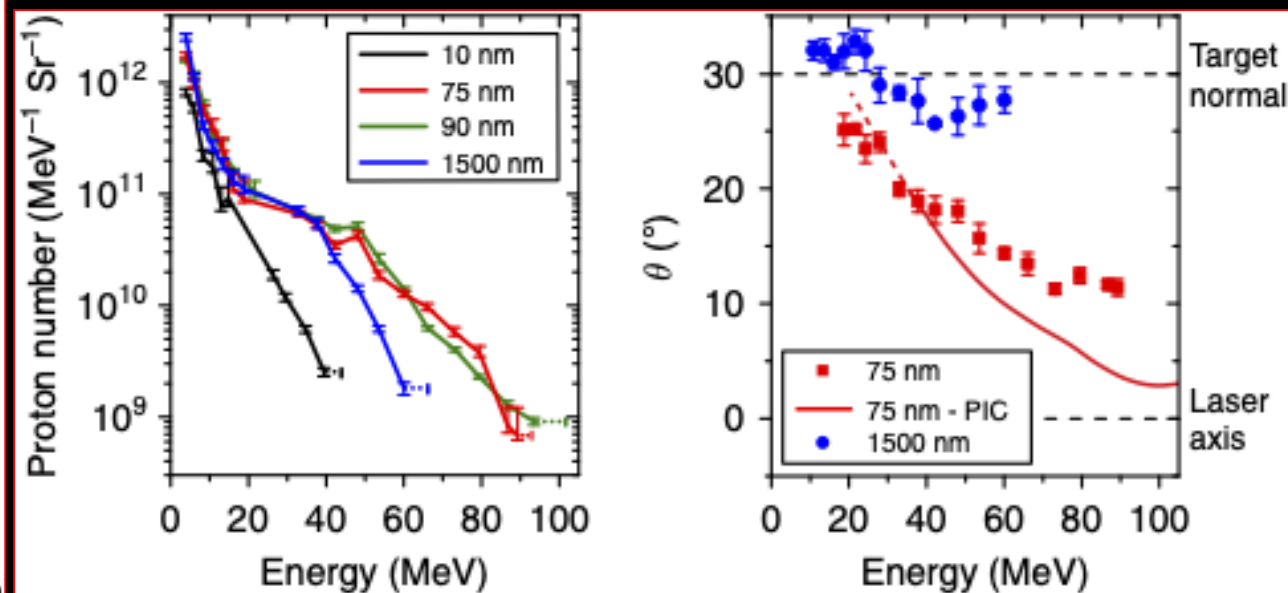
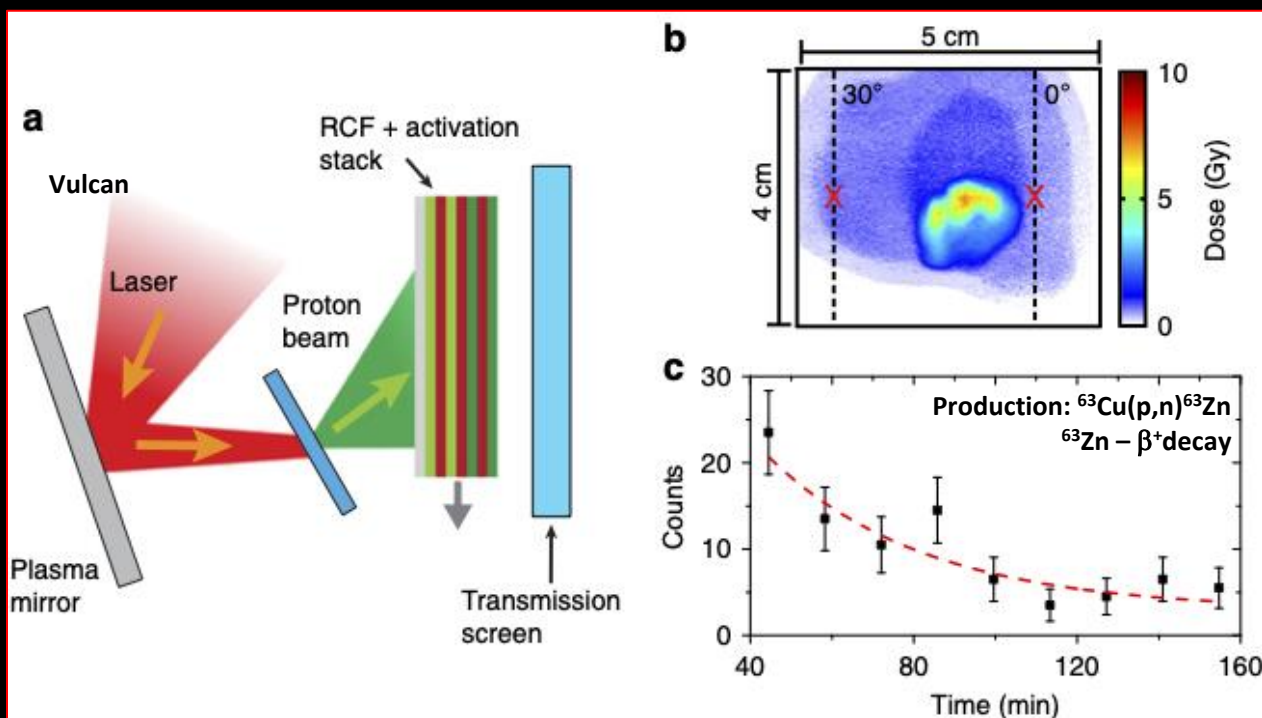
# Sheath acceleration

- Laser incident on foil target:
  - Drives electrons from material
  - Creates enormous electric field
- Field accelerates protons/ions
  - Dependent on nature of target
- Active development:
  - Laser: power and rep. rate
  - Target material, transport



Schwoerer, H. et al., 2006; Nature, 439(7075).



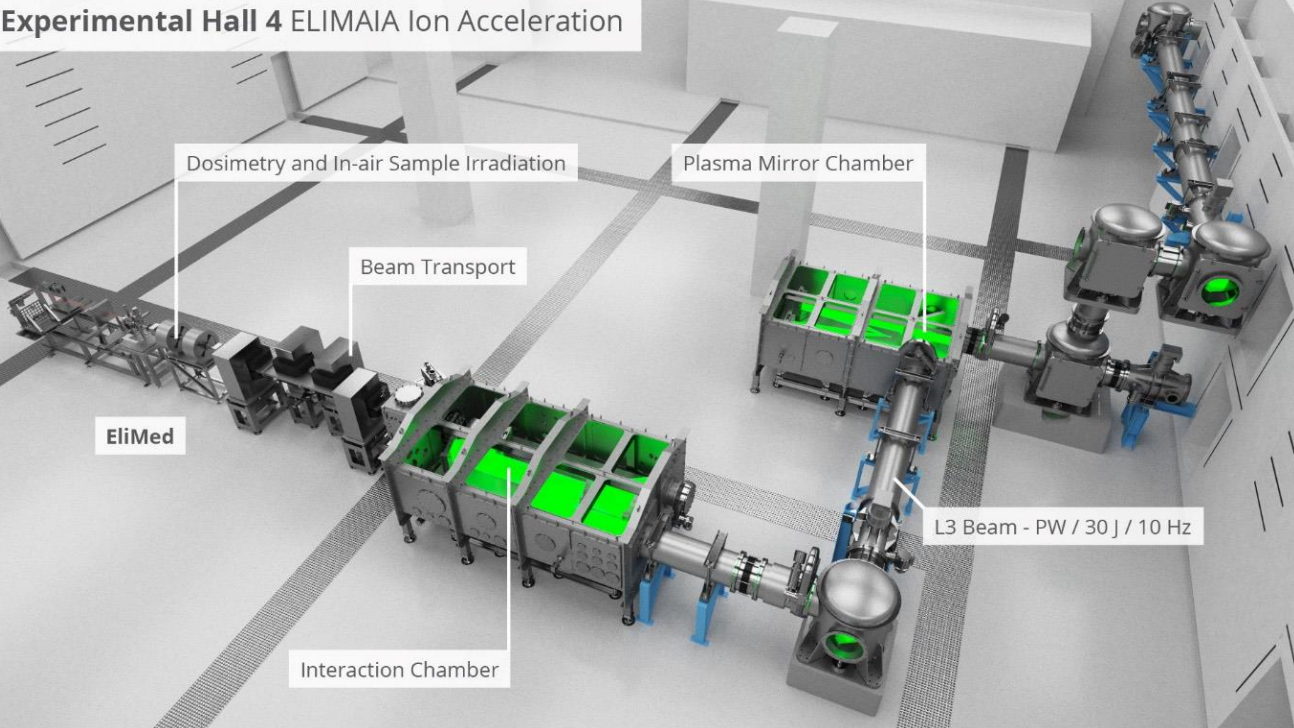


- Ultrathin foil irradiated by "long", linearly-polarised laser pulse
- Mechanism:
  - Radiation-pressure/target-normal sheath acceleration
  - High-energies confined to narrow angular range by radiation-induced transparency

# Advantages

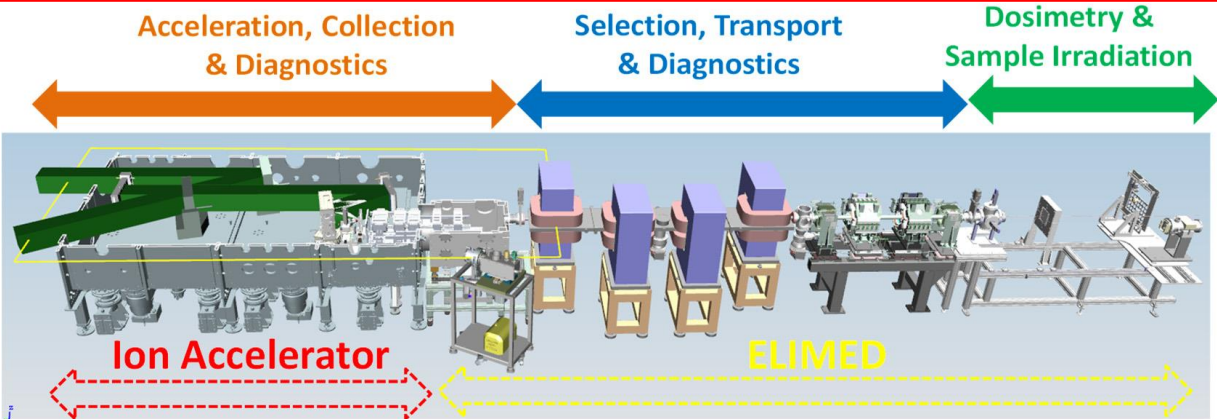
- **Protons (and ions) produced at “high energy”:**
  - **e.g. 15 MeV → 250 times energy of conventional proton source**
    - **High energy substantially reduced impact of space charge**
      - **Allows evasion of instantaneous dose-rate limitation of today’s sources**
- **Pulsed operation “natural”:**
  - **Discharge sources are DC; accelerator imposes time structure**
  - **Pulsed operation determined by laser:**
    - **A triggerable, “on demand”, source**
- **Critical issues:**
  - **Efficient capture of divergent, high-energy ion flux**
  - **Transformation of captured flux into useful beam**

Experimental Hall 4 ELIMAIA Ion Acceleration



# ELIMAIA-ELIMED

Quantum Beam Sci. 2018, 2, 8; doi:10.3390/qubs2020008  
 Frontiers in Phys. Med. Phys. & Imag. – doi: 10.3389/fphy.2020.564907



## Extreme Light Infrastructure, Prague, Czech Republic:

- **ELI Multidisciplinary Applications of laser-Ion Acceleration (ELIMAIA)**
  - **ELI MEDical and multidisciplinary applications (ELIMED)**
    - **ELIMAIA section dedicated to ion focusing, selection, characterization, and irradiation**
  - **Proton energies from 5 to 250 MeV transported to in-air section**



# Many initiatives in Americas, Europe, Asia

Applications in biological research, ambition to push toward clinical application ...

Phys Lett A. (2002) 299:240–7. doi: 10.1016/S0375-9601(02)00521-2  
Med Phys. (2003) 30:1660–70. doi: 10.1118/1.1586268  
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Phys Rev Accel Beams. (2017) 20:1–10. doi: 10.1103/PhysRevAccelBeams.20.032801  
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Vol. 8779. Prague: International Society for Optics and Photonics. SPIE (2013). p. 216–25.  
Vol. 11036. International Society for Optics and Photonics. SPIE (2019). p. 93–103.  
Nuovo Cim C. (2020) 43:15. doi: 10.1393/ncc/i2020-20015-6  
10th International Particle Accelerator Conference. Melbourne, VIC (2019). p. TUPTS005.

A selection ...

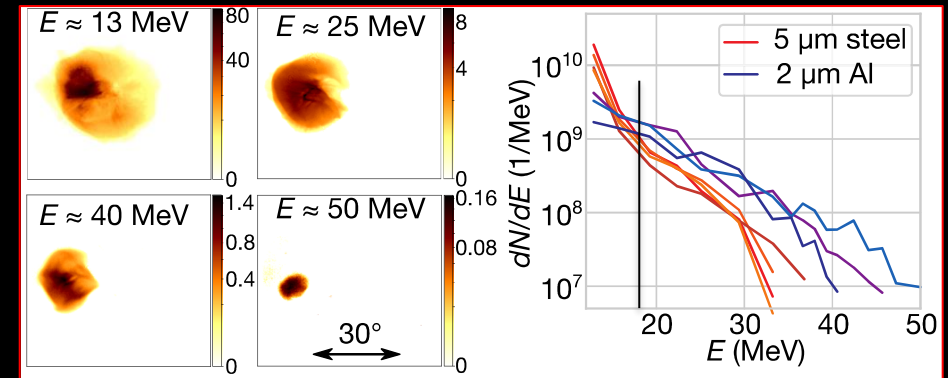
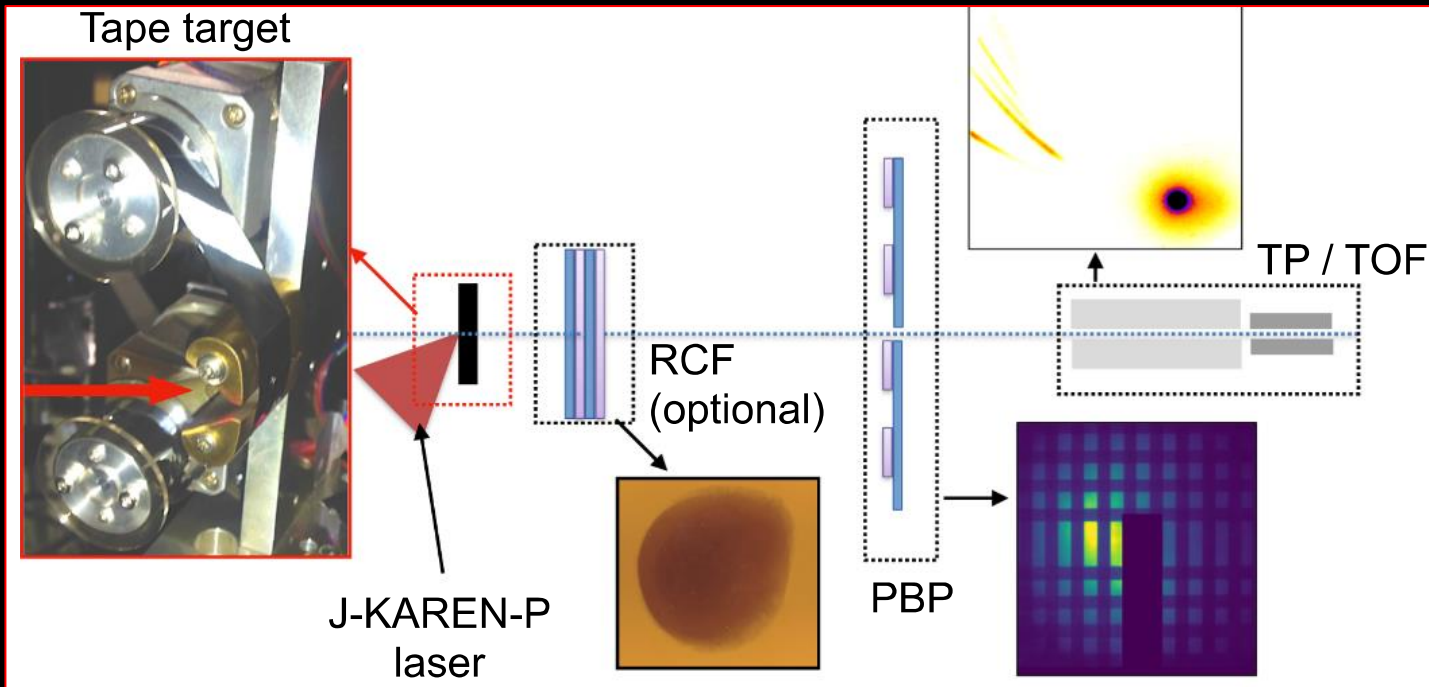
I will not attempt a review, choosing instead to focus on opportunity ...



# Opportunity; a hybrid approach

- Create protons (ions) at “modest” energy:
  - Consider 10—15 MeV; high flux, “plateau” region
- Capture and manipulate proton (ion) flux:
  - Inject into post accelerator for biomedical application

High Energy Density Physics 37 (2020) 100847



	> 12 MeV	15 MeV, $\Delta E = 1\%E$ , 1 msr
$N_p$	$\sim 2 \times 10^{10}$	$\sim 3 \times 10^6$
$Q_p$	$\sim 3$ nC	$\sim 0.5$ pC
$E_{\text{beam}}$	$\sim 50$ mJ	$\sim 7 \mu\text{J}$
$I_{\text{peak}}$	$\sim 30$ kA	$\sim 5$ A
$I_{\text{avg}}$ (0.1 Hz)	$\sim 0.3$ nA	$\sim 50$ fA
$I_{\text{avg}}$ (10 Hz)	$\sim 30$ nA	$\sim 5$ pA

# Laser-hybrid Accelerator for Radiobiological Applications



- **Vision:**

*LhARA will be a uniquely-flexible, novel system that will:*

- *Deliver a systematic and definitive radiobiology programme*
- *Prove the feasibility of the laser-driven hybrid-accelerator approach*
- *Lay the technological foundations for the transformation of PBT*
  - automated, patient-specific: implies online imaging & fast feedback and control

- **Ambition:**

- **Develop:**  
necessary techniques, technologies, and systems
- **Exploit:**  
system approach to novel bring techniques into clinical practice as they mature
- **Integrate:**  
production prototypes in a production system for radiobiological research
- **Engage:**  
industry and clinical PBT centres  
during development of techniques, technologies, and systems

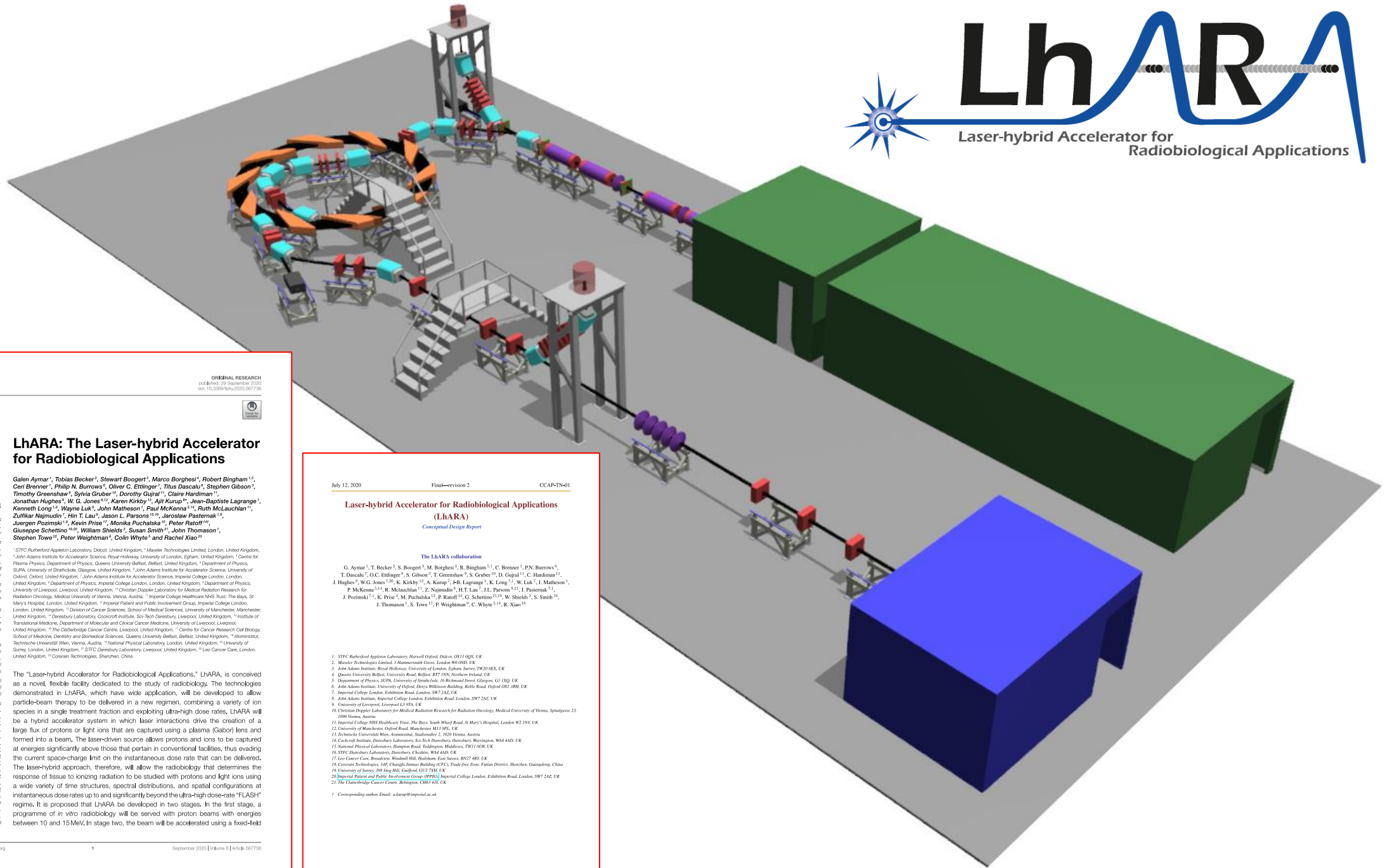
Perspectives on laser-driven sources for particle beam therapy

**LHARA**

# Laser-hybrid Accelerator for Radiobiological Applications

A novel, hybrid, approach:

- Laser-driven, high-flux proton/ion source
  - Overcome instantaneous dose-rate limitation
    - Capture at  $>10$  MeV
  - Delivers protons or ions in very short pulses
    - Bunches as short as 10–40 ns
  - Triggerable; arbitrary pulse structure
- Novel “electron-plasma-lens” capture & focusing
  - Strong focusing (short focal length) without the use of high-field solenoid
- Fast, flexible, fixed-field post acceleration
  - Variable energy
    - Protons: 15–127 MeV
    - Ions: 5–34 MeV/u



## LhARA: The Laser-hybrid Accelerator for Radiobiological Applications

Galen Aymar<sup>1</sup>, Tobias Becker<sup>1</sup>, Stewart Boegert<sup>1</sup>, Marco Borghesi<sup>1</sup>, Robert Bingham<sup>1,5</sup>, Carl Brenner<sup>1</sup>, Philip N. Burrows<sup>6</sup>, Oliver G. Entlinger<sup>1</sup>, Titus Dascalu<sup>1</sup>, Stephen Gibson<sup>1</sup>, Timothy Greenshaw<sup>1</sup>, Sylvia Gruber<sup>1</sup>, Dorothy Gujral<sup>1</sup>, Claire Hardiman<sup>1</sup>, Jonathan Hughes<sup>9</sup>, W. G. Jones<sup>1,7</sup>, Karen Kirby<sup>12</sup>, Ajit Kurup<sup>1</sup>, Jean-Baptiste Lagrange<sup>1</sup>, Kenneth Long<sup>11</sup>, Wayne Luk<sup>1</sup>, John Matheson<sup>1</sup>, Paul McKenna<sup>1,14</sup>, Ruth McLauchlan<sup>11</sup>, Zulfikar Najmudin<sup>1</sup>, Hin T. Lau<sup>1</sup>, Jason L. Parsons<sup>1,15</sup>, Jaroslav Pasternak<sup>16</sup>, Juergen Potzinski<sup>11</sup>, Kevin Prise<sup>10</sup>, Monika Puchalska<sup>16</sup>, Peter Ratoff<sup>11</sup>, Giuseppe Schettino<sup>16,17</sup>, William Shields<sup>1</sup>, Susan Smith<sup>11</sup>, John Thomson<sup>1</sup>, Stephen Towe<sup>11</sup>, Peter Weightman<sup>1</sup>, Colin Whyte<sup>11</sup> and Rachel Xiao<sup>18</sup>

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### Laser-hybrid Accelerator for Radiobiological Applications (LhARA) Conceptual Design Report

#### The LhARA collaboration

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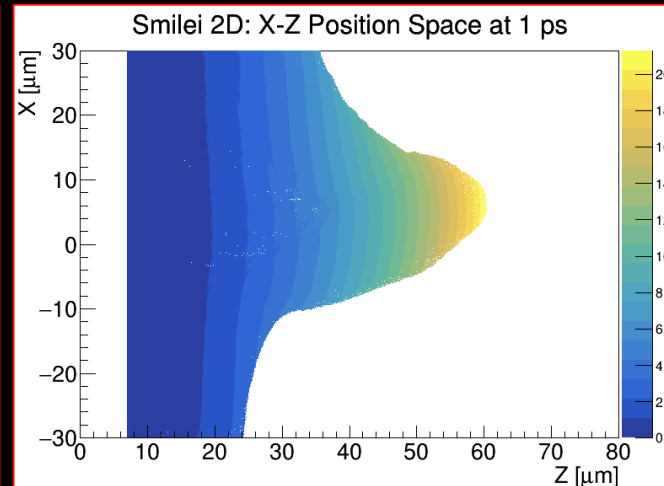
1. STFC Rutherford Appleton Laboratory, Didcot, United Kingdom; <sup>2</sup>Maxter Technologies Limited, London, United Kingdom;
3. John Adams Institute for Accelerator Science, Royal Holloway, University of London, Egham, United Kingdom; <sup>4</sup>Centre for Plasma Physics, Department of Physics, Queen's University Belfast, Belfast, United Kingdom; <sup>5</sup>Department of Physics, SUPA, University of Strathclyde, Glasgow, United Kingdom; <sup>6</sup>John Adams Institute for Accelerator Science, University of Oxford, Oxford, United Kingdom; <sup>7</sup>John Adams Institute for Accelerator Science, Imperial College London, London, United Kingdom; <sup>8</sup>Department of Physics, Imperial College London, London, United Kingdom; <sup>9</sup>Department of Physics, University of Liverpool, Liverpool, United Kingdom; <sup>10</sup>Christian Doppler Laboratory for Medical Radiation Research for Radiation Oncology, Medical University of Vienna, Vienna, Austria; <sup>11</sup>Imperial College Healthcare NHS Trust, The Bays, St Mary's Hospital, London, United Kingdom; <sup>12</sup>Imperial Patient and Public Involvement Group, Imperial College London, London, United Kingdom; <sup>13</sup>Division of Cancer Sciences, School of Medical Sciences, University of Manchester, Manchester, United Kingdom; <sup>14</sup>Chemistry Laboratory, Clarendon Institute, 50a North Daresbury, Liverpool, United Kingdom; <sup>15</sup>Institute of Translational Medicine, Department of Molecular and Clinical Cancer Medicine, University of Liverpool, Liverpool, United Kingdom; <sup>16</sup>The Cambridge Cancer Centre, Liverpool, United Kingdom; <sup>17</sup>Centre for Cancer Research Cell Biology, School of Medicine, Dentistry and Biomedical Sciences, Queen's University Belfast, Belfast, United Kingdom; <sup>18</sup>Kernforschungszentrum, Technische Universität Wien, Vienna, Austria; <sup>19</sup>National Physical Laboratory, London, United Kingdom; <sup>20</sup>University of Surrey, Surrey, United Kingdom; <sup>21</sup>STFC Daresbury Laboratory, Liverpool, United Kingdom; <sup>22</sup>Leo Cancer Care, London, United Kingdom; <sup>23</sup>Coventry Technologies, Shenzhen, China

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# Laser-driven proton/ion source

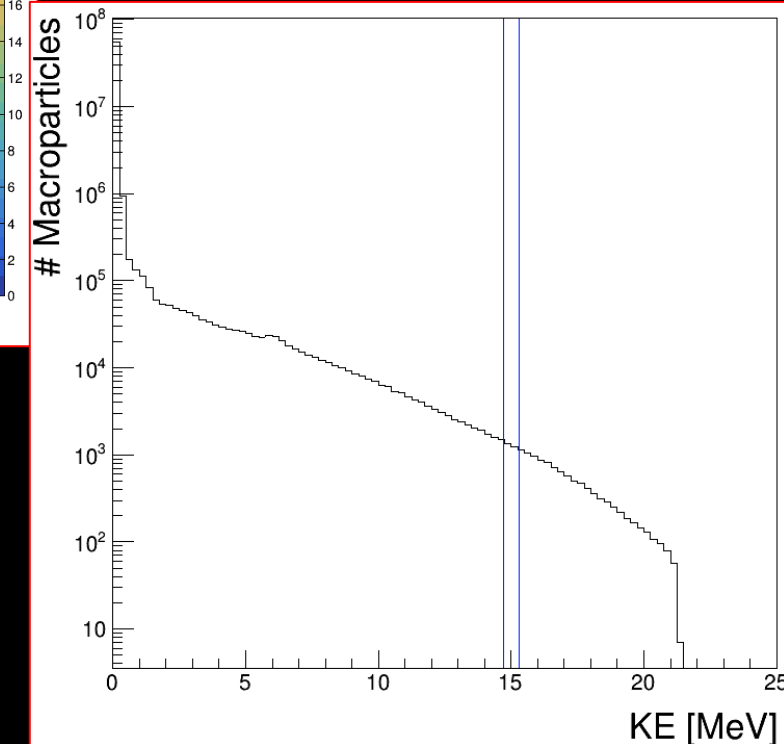
- **Advantage:**

- **Enormous proton/ion flux at 10–15MeV in tiny (30 fs) pulse at 10 Hz**



HT Lau

Smilei)



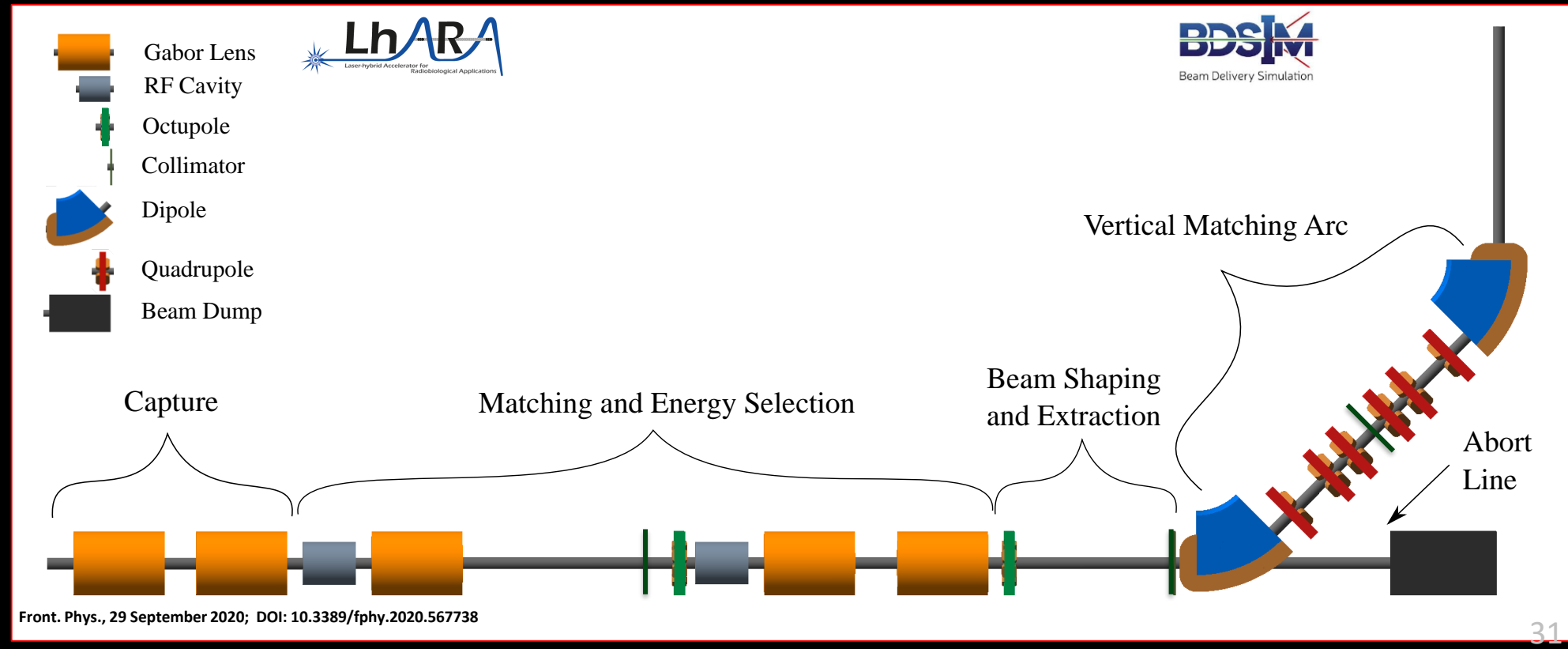
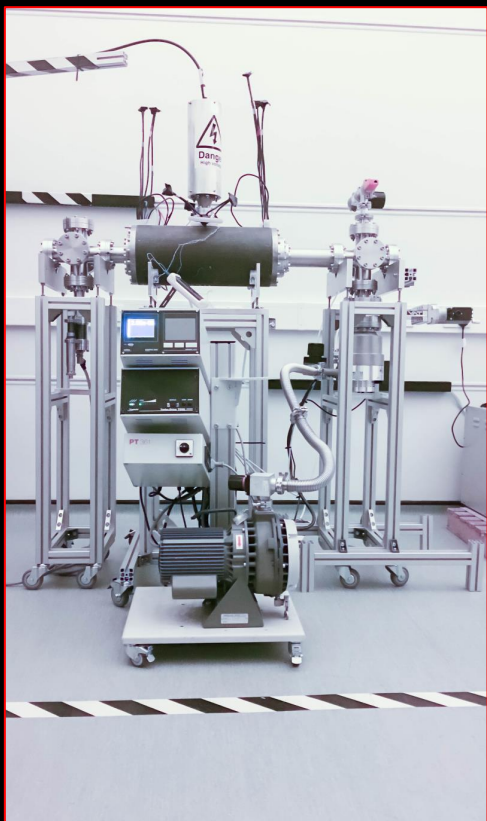
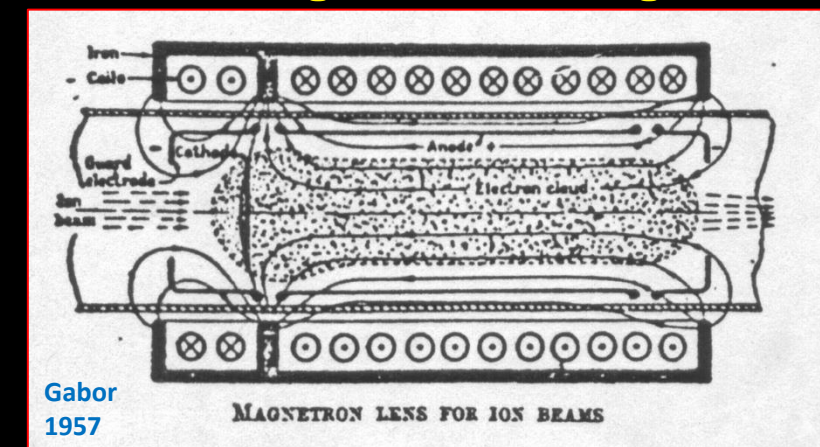
Ti:Sapphire commercial system >15TW  
Pulse ~35fs at rep-rate of at least 10Hz  
At least 500mJ laser energy -  $I_L \sim 1020 \text{ Wcm}^{-2}$

- **Requirement:**

- **Efficient capture, focusing, selection and manipulation of divergent ion beam**

# Beam capture/production principle

- “Electron-plasma” (Gabor) lens:
  - Strong focusing exploiting electron gas in “Penning/Malmberg” trap



Front. Phys., 29 September 2020; DOI: 10.3389/fphy.2020.567738

# Anomalous Beam Transport through Gabor (Plasma) Lens Prototype

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- <sup>4</sup> John Adams Institute for Accelerator Science, Imperial College London, London SW7 2AZ, UK
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**Abstract:** An electron plasma lens is a cost-effective, compact, strong-focusing element that can ensure efficient capture of low-energy proton and ion beams from laser-driven sources. A Gabor lens prototype was built for high electron density operation at Imperial College London. The parameters of the stable operation regime of the lens and its performance during a beam test with 1.4 MeV protons are reported here. Narrow pencil beams were imaged on a scintillator screen 67 cm downstream of the lens. The lens converted the pencil beams into rings that show position-dependent shape and intensity modulation that are dependent on the settings of the lens. Characterisation of the focusing effect suggests that the plasma column exhibited an off-axis rotation similar to the  $m = 1$  diocotron instability. The association of the instability with the cause of the rings was investigated using particle tracking simulations.

**Keywords:** plasma trap; space-charge lens; beam transport; instability; proton therapy

## 1. Introduction

One of the principal challenges that must be addressed to deliver high-flux pulsed proton or positive-ion beams for many applications is the efficient capture of the ions ejected from the source. A typical source produces protons with kinetic energies of approximately 60 keV [1–3] and ions with kinetic energies typically below 120 keV [4,5]. At this low energy the mutual repulsion of the ions causes the beam to diverge rapidly. Capturing a large fraction of this divergent flux therefore requires a focusing element of short focal length. Proton- and ion-capture systems in use today employ magnetic, electrostatic, or radio frequency quadrupoles, or solenoid magnets to capture and focus the beam [2,6–8].

Laser-driven proton and ion sources are disruptive technologies that offer enormous potential to serve future high-flux, pulsed beam facilities [9–16]. Possible applications include proton- and ion-beam production for research, particle-beam therapy, radio-nuclide production, and ion implantation. Recent measurements have demonstrated the laser-driven production of large ion fluxes at kinetic energies in excess of 10 MeV [17–20]. The further development of present technologies and the introduction of novel techniques [21,22] makes it conceivable that significantly higher ion energies will be produced in the future [13,23,24]. By capturing the laser-driven ions at energies two orders of magnitude greater than those pertaining to conventional sources, it will be possible to evade the current space-charge limit on the instantaneous proton and ion flux that can be delivered. While in some situations the high divergence of laser-driven ion beams can be reduced [25,26], for the tape-drive targets proposed for medical beams [16,20] it is necessary to capture the beam using a strong-focusing element as close to the ion-production point as possible.



**Citation:** Nonnenmacher, T.; Dascalu, T.S.; Bingham, R.; Cheung, C.L.; Lau, H.T.; Long, K.; Pozimski, J.; Whyte, C. Anomalous Beam Transport through Gabor (Plasma) Lens Prototype. *Appl. Sci.* **2021**, *11*, 4357. <https://doi.org/10.3390/app11104357>

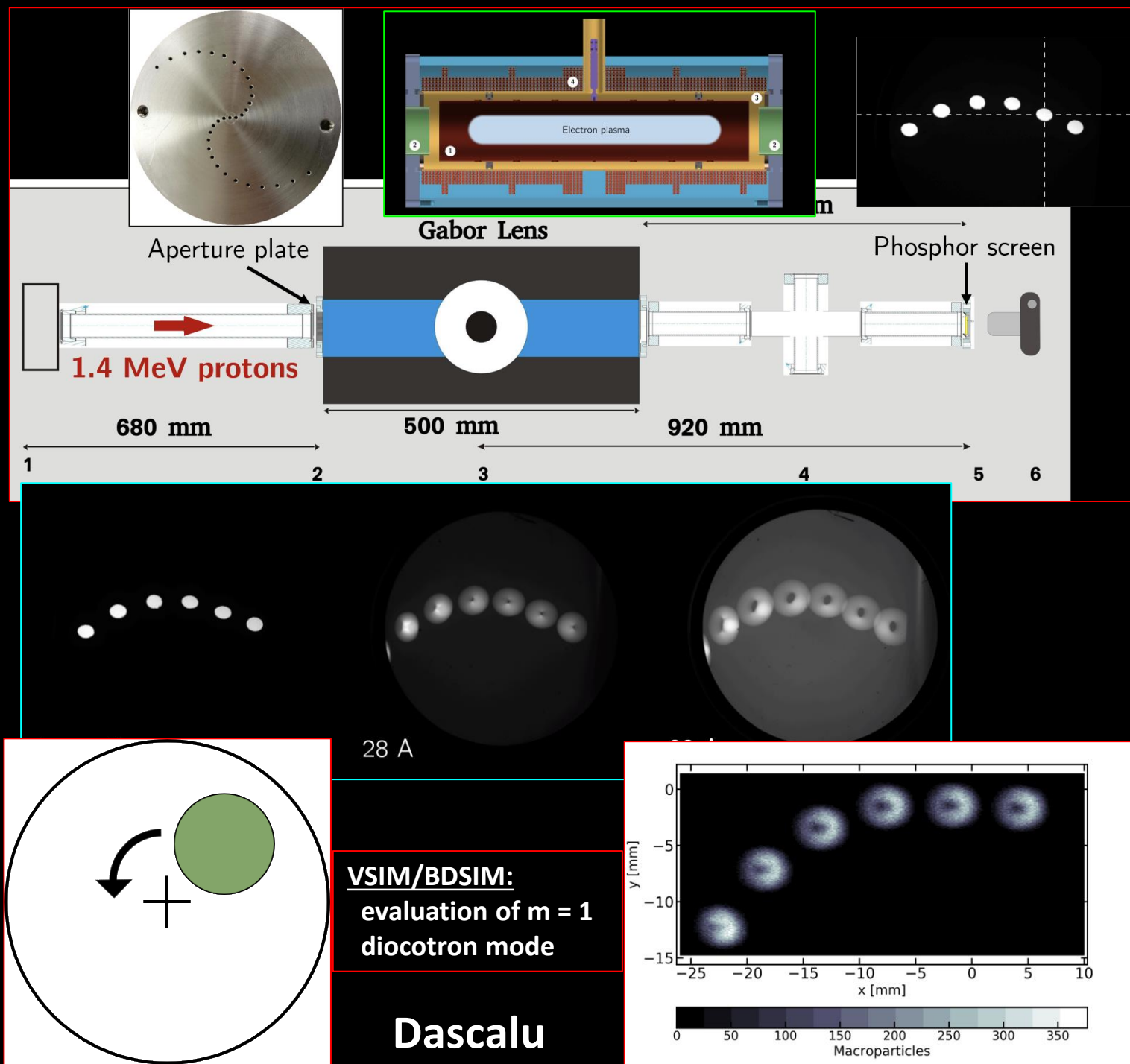
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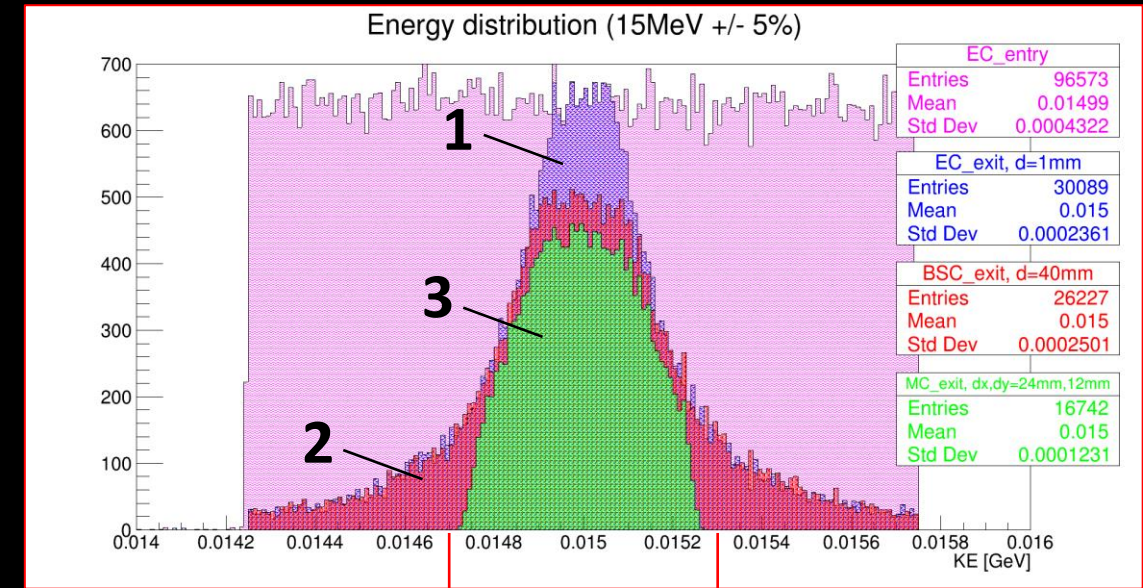
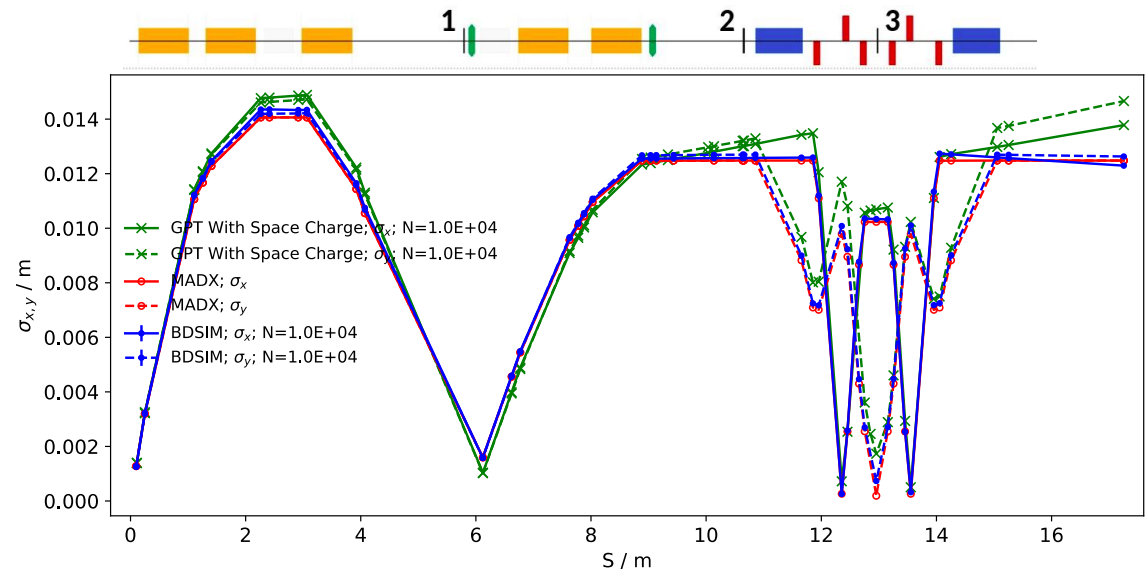
**VSIM/BDSIM:**  
evaluation of  $m = 1$   
diocotron mode

**Dascalu**



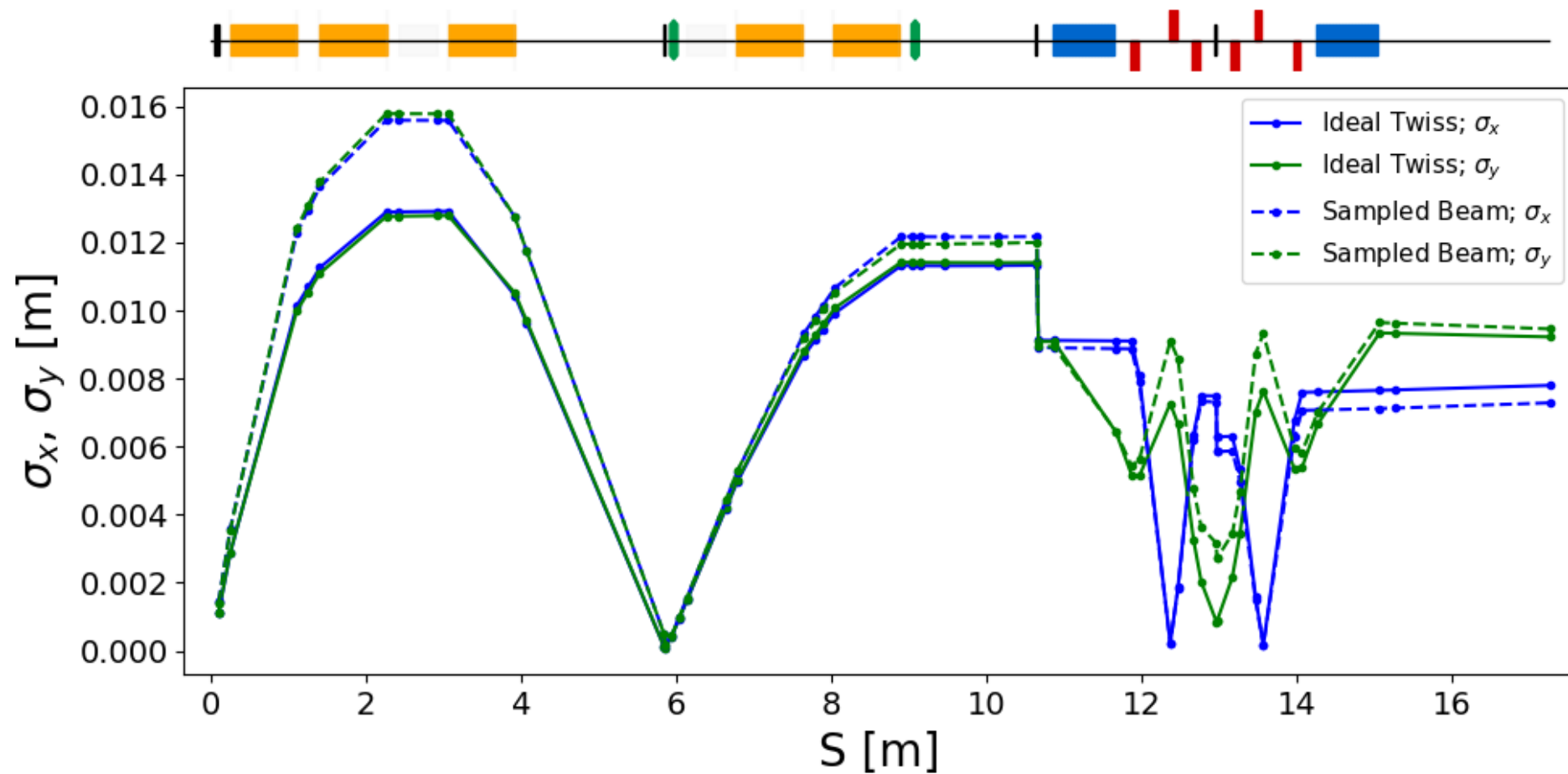
# Energy collimation

## LhARA Stage 1 beamline



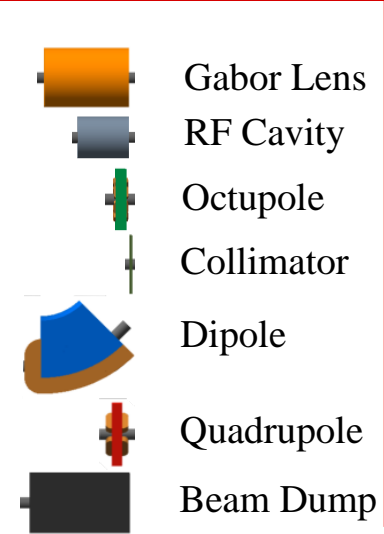
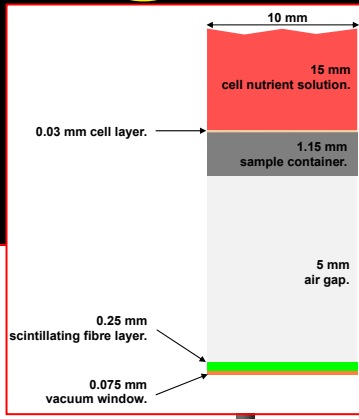
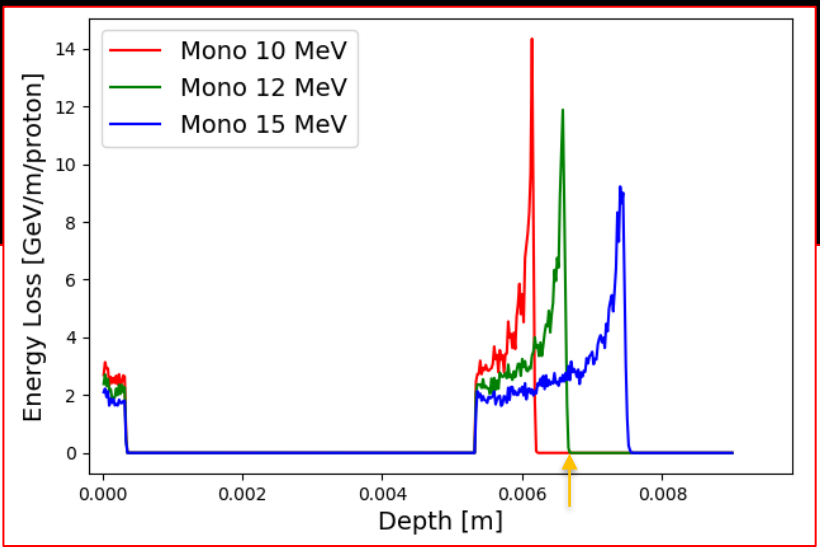
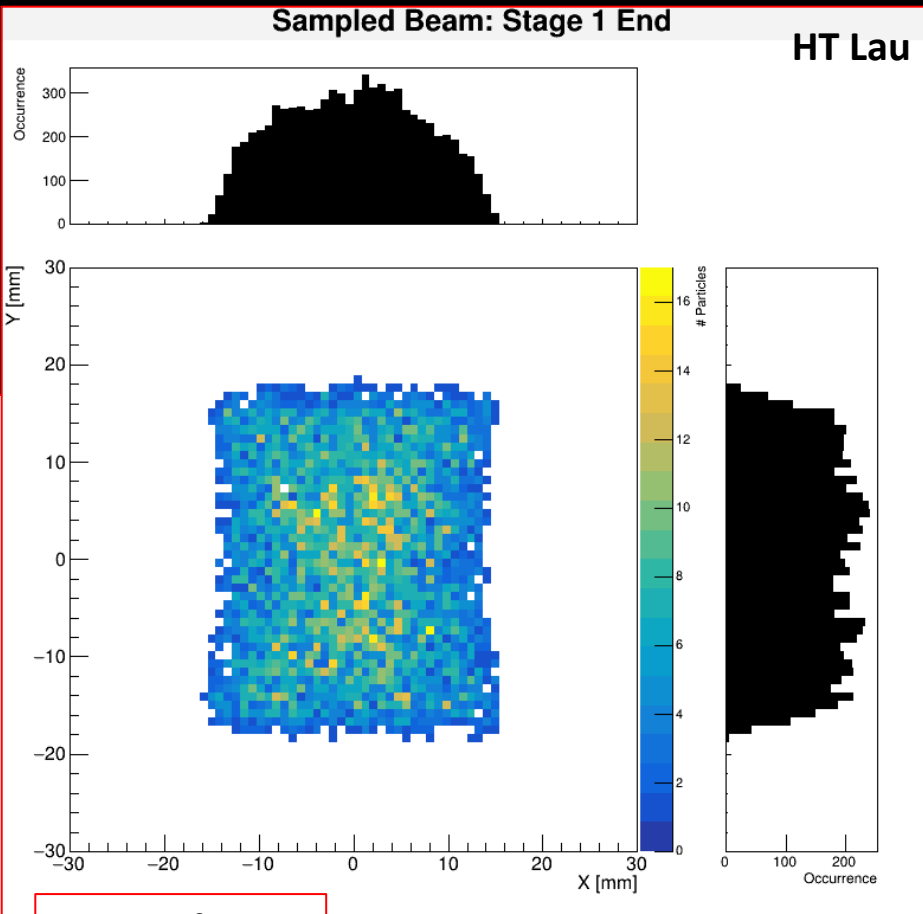
- Flat initial energy profile 15 MeV  $\pm 15\%$
- 3 collimators
  1. Energy collimation (at beam focus, controls energy spread)
  2. Beam shaping
  3. Momentum cleaning (removes energy tails)

# Beam Size Evolution Comparison

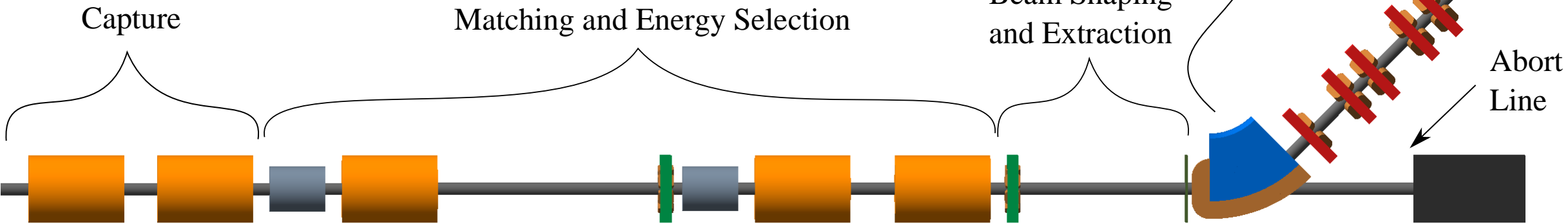


- Ideal beam simulation repeated but included nozzle and other collimators.
- Space charge effects included for both beams.
- For energies  $14.7 < KE < 15.3$  MeV

# LhARA; stage 1

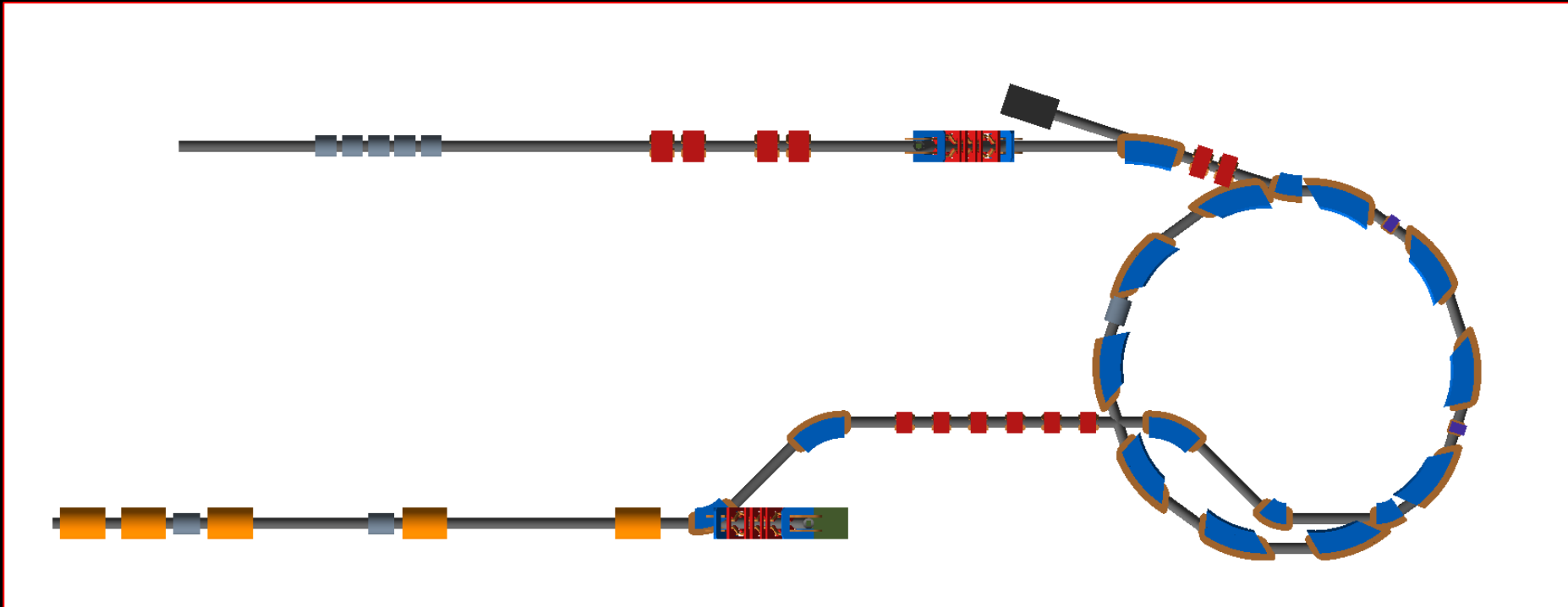


Dose uniformity at end station



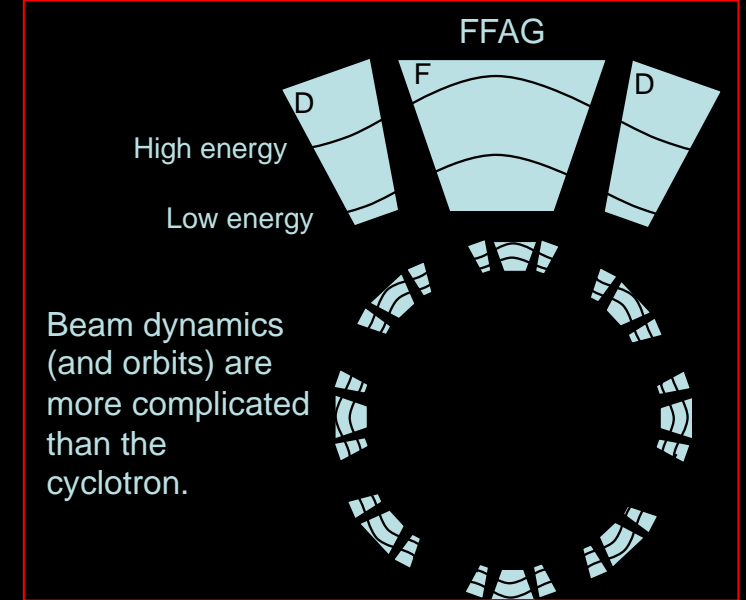
# LhARA – Stage 2

- In-vitro radiobiology using animal models:
  - Post-acceleration required
- Baseline:fixed field accelerator:
  - x3 increase in momentum
    - 15 MeV protons accelerated to 127 MeV
    - 3.8 MeV/u carbon 6+ ions accelerated to 33 MeV/u



# Fixed Field Accelerator

- **Bending magnetic fields do not vary in time.**
  - Rapid acceleration.
- **Alternating gradient gives strong focussing.**
- **Very large acceptance.**
  - Useful, e.g. to accelerate muon beams.



- **Advantages over conventional medical cyclotron**
  - **Variable energy operation without energy degraders**
  - **Operation with different ions**
  - **Multiple extraction ports**

# FFA potted history

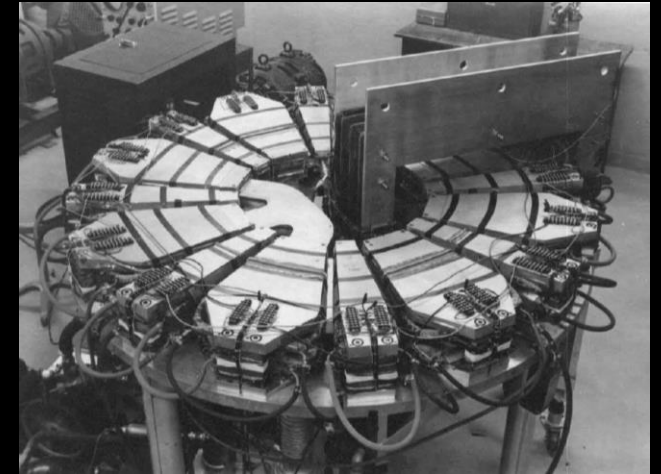
- Early 1950s, FFAG developed independently:

- Japan by Tihiro Ohkawa
- US by Keith Symon
- Russia by Andrei Kolomensky.

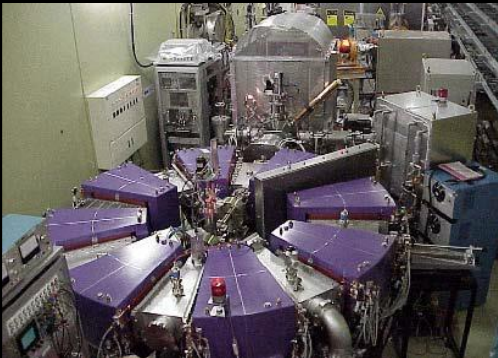
- The first prototype was operated in 1956

- Jones, Terwilliger, Technical Report MURA-LWJ/KMT-5 (MURA-104), April 3, 1956.

- Not much activity until first proton accelerator in 2000 the first operational FFA.



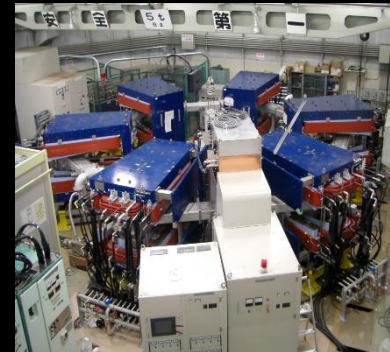
The Michigan Mark I FFA  
400KeV electron accelerator  
the first operational FFA.



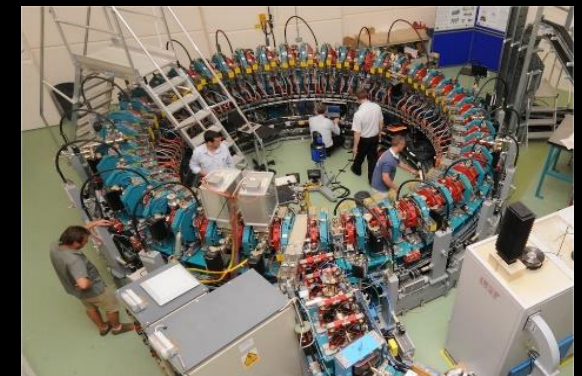
500 keV Proton proof-  
of-principle FFA at KEK.



Kyoto University FFA for  
ADSR



PRISM muon beam  
phase rotation  
demonstration ring  
at Osaka.

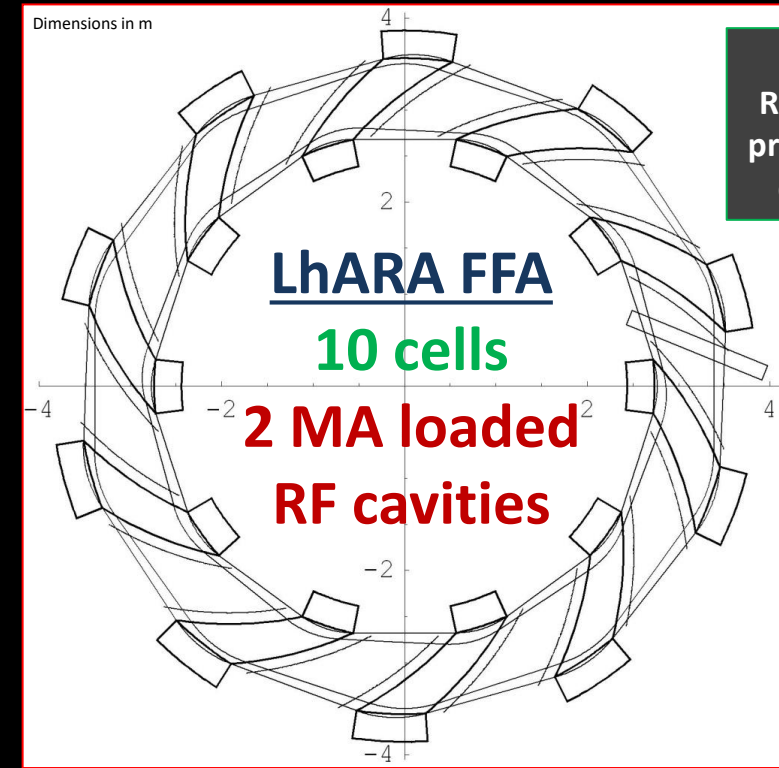


EMMA at Daresbury

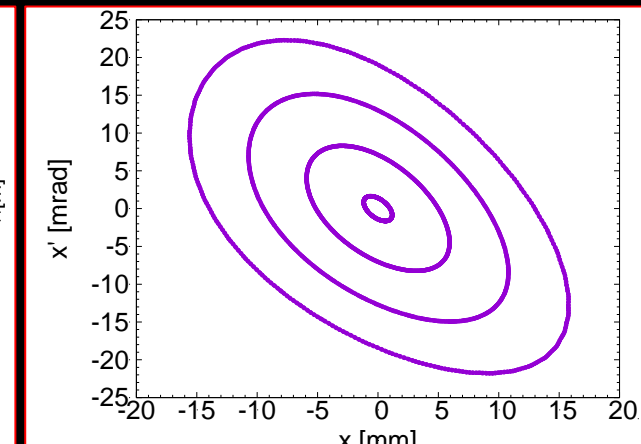
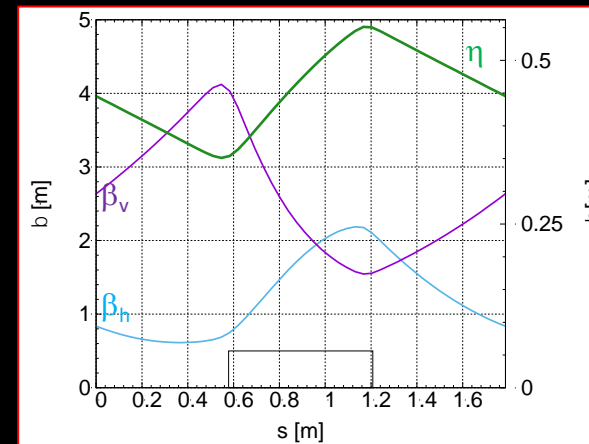
# Rapid, flexible acceleration for stage 2

- **Fixed-field alternating-gradient accelerator (FFA):**

- **Invented in 1950s**
  - Kolomensky, Okhawa, Symon
- **Compact, flexible solution:**
  - Multiple ion species
  - Variable energy extraction
  - High repetition rate (rapid acceleration)
  - Large acceptance
- **Successfully demonstrated:**
  - Proof of principle at KEK
  - Machines at KURNS
  - Non-scaling pop, EMMA, at DL

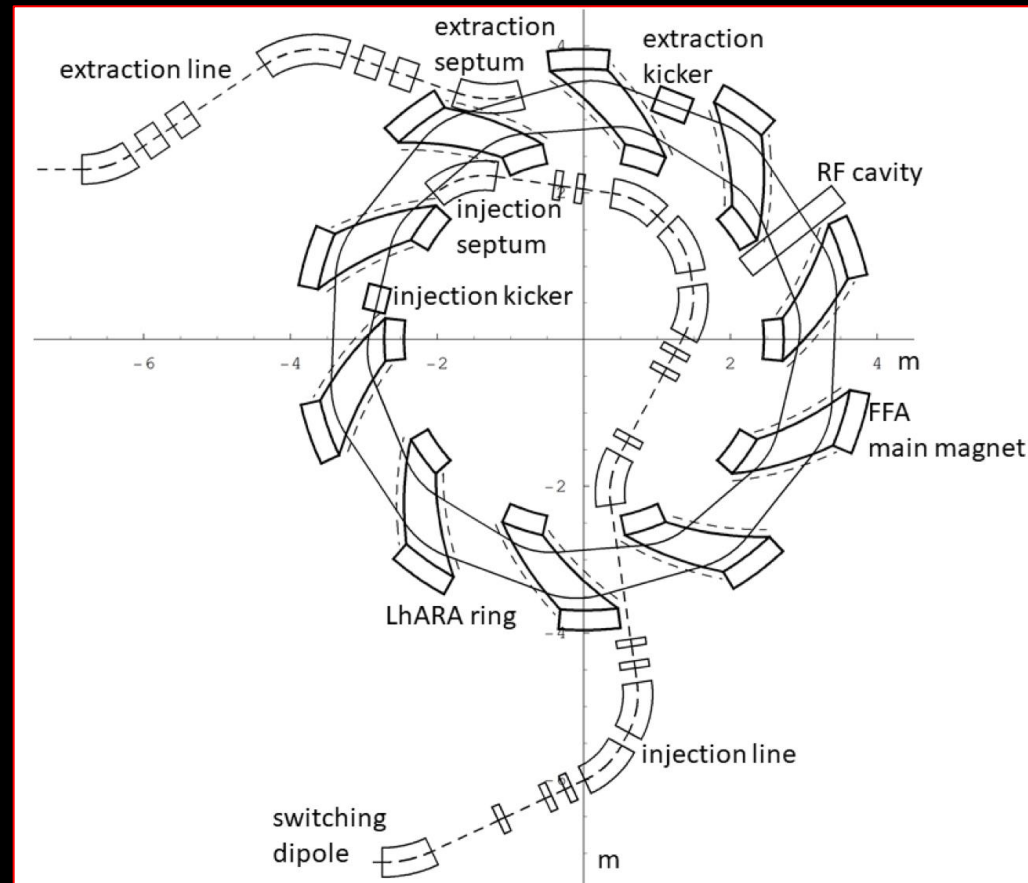


Evolution of RACCAM design; prototype magnet demonstrated



# FFA for acceleration in LhARA – Stage 2

- **Baseline: x3 increase in momentum**
  - 15 MeV protons accelerated to 127 MeV
  - 3.8 MeV/u carbon 6+ ions accelerated to 34 MeV/u





# LhARA performance: doses and dose rates

<b>LhARA performance summary</b>				<a href="https://arxiv.org/abs/2006.00493">arXiv:2006.00493</a>
	12 MeV Protons	15 MeV Protons	127 MeV Protons	33.4 MeV/u Carbon
Dose per pulse	7.1 Gy	12.8 Gy	15.6 Gy	73.0 Gy
Instantaneous dose rate	$1.0 \times 10^9$ Gy/s	$1.8 \times 10^9$ Gy/s	$3.8 \times 10^8$ Gy/s	$9.7 \times 10^8$ Gy/s
Average dose rate	71 Gy/s	128 Gy/s	156 Gy/s	730 Gy/s

Perspectives on laser-driven sources for particle beam therapy

**CONCLUSIONS**

# Conclusions

- Laser-driven sources are disruptive technologies ...
  - With the potential to drive a step-change in clinical capability
- Laser-hybrid approach has potential to:
  - Overcome dose-rate limitations of present PBT sources
  - Deliver uniquely flexible facility:
    - Range of: ion species; energy; dose; dose-rate; time; and spatial distribution
  - Be used in automated, triggerable *system* → reduce requirement for large gantry
    - Disruptive/transformational approach to “distributed PBT for 2050”
- The LhARA collaboration now seeks to:
  - Prove the novel laser-hybrid systems in operation
  - Contribute to the study of the biophysics of charged-particle beams
    - Enhance treatment planning
  - Create novel capabilities to ‘spin back in’ to science and innovation

# Acknowledgements

Imperial College  
London

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Faculty of Medicine

ICR The Institute of  
Cancer Research

Imperial College  
Academic Health  
Science Centre

Medical  
Research  
Council  
UKRI  
Oxford Institute for  
Radiation Oncology

UNIVERSITY OF  
OXFORD

JAI  
John Adams Institute  
for Accelerator Science

CCAP  
Centre for the Clinical  
Application of Particles

CANCER  
RESEARCH  
UK  
IMPERIAL  
CENTRE

NHS  
Imperial College Healthcare  
NHS Trust

MANCHESTER  
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UNIVERSITY  
BELFAST



Lancaster  
University



NHS  
University Hospitals  
Birmingham  
NHS Foundation Trust

NHS  
The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

institut  
Curie

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Strathclyde  
Glasgow

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MEDICAL PHYSICS  
& BIOMEDICAL  
ENGINEERING

ROYAL  
HOLLOWAY  
UNIVERSITY  
OF LONDON

UKRI

Science and  
Technology  
Facilities Council

INFN  
CATANIA

ASTeC

Particle Physics Department  
ISIS Neutron and Muon Source

CLF central laser facility

Swansea  
University  
Prifysgol  
Abertawe

UNIVERSITY OF  
BIRMINGHAM

POSITRON  
IMAGING CENTRE

Corerain  
鯤云科技



The Rosalind  
Franklin Institute

NPL  
National Physical Laboratory



The Cockcroft Institute  
of Accelerator Science and Technology

UNIVERSITY OF  
BIRMINGHAM

CYCLOTRON  
FACILITY

LEO  
Cancer Care

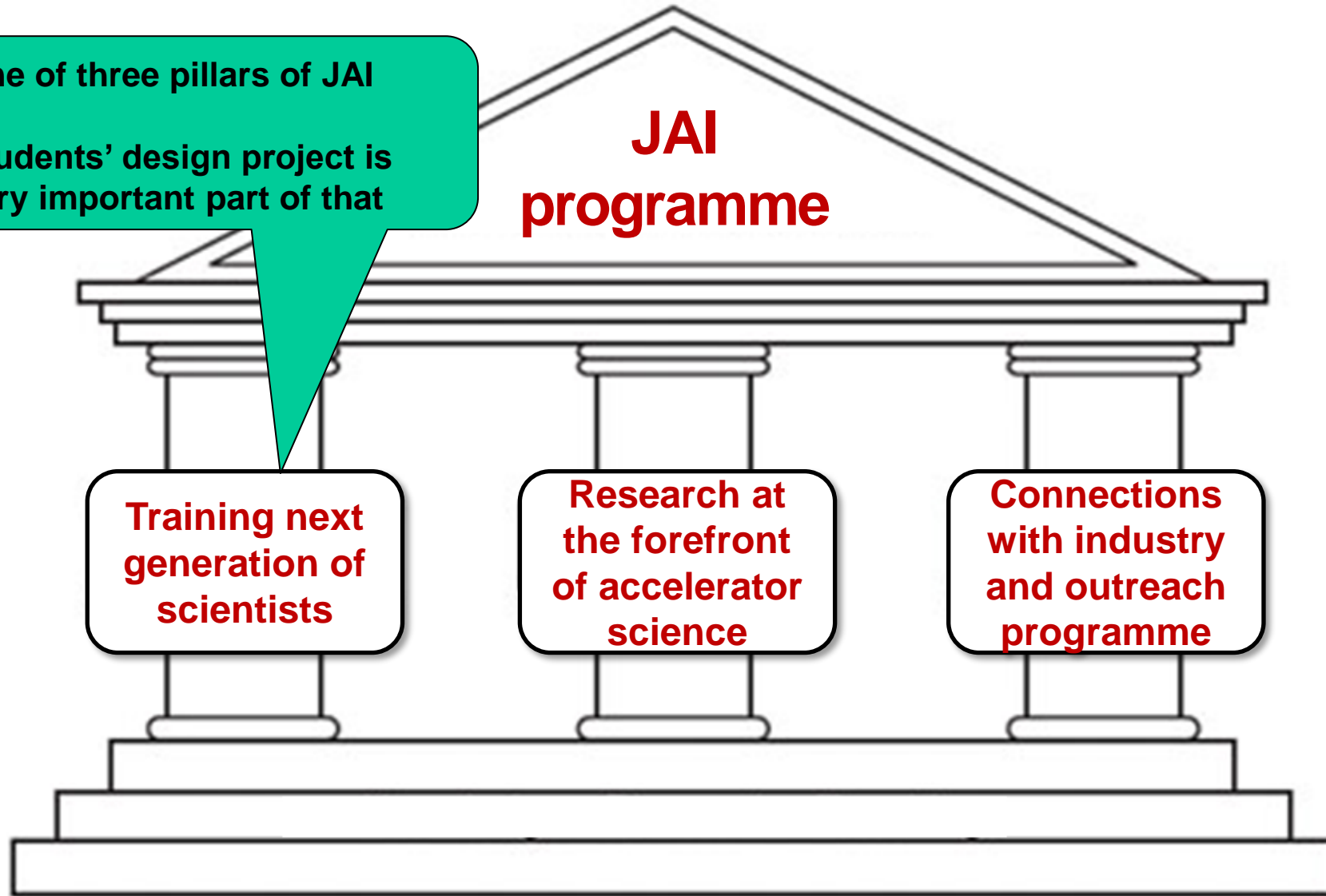
MAXELLER  
Technologies  
Maximum Performance Computing

LhARA  
Laser-hybrid Accelerator for  
Radiobiological Applications

# JAI Training

# Foundation of the JAI Programme

One of three pillars of JAI  
Students' design project is very important part of that



- **Accelerator Design Study for**
  - **Electron SPS: 2020-2021**
  - **FCC-ee Booster Ring: 2021-2022**
  - **FCC-ee Positron Damping Ring: 2022-2023**
  - **Design work consisted of study of the lattice, magnet systems and RF cavities.**

*“The design project significantly contributes to the value of a PhD at the JAI and is a very effective learning tool ... it played an essential role in helping me to find a postdoc.”*

*“To me, the design project was by far the best part of the course. It puts the material taught into context and bridges the gap between lectures ... and a DPhil project ... .”*



Accelerator Design Studies for the FCCee Positron Damping Ring and Transfer Line

John Adams Institute Student Design Project 2023

Darren Chan, Sasha Horney, Emily Howling,  
Sebastian Kaloš, Vlad Muşat, John Salvesen  
*University of Oxford*  
Max Bosman, Alex Keyken  
*Royal Holloway, University of London*  
Genevra Casati, Rohan Kamath, Enzo Kuo,  
Runfeng Luo, Rehanah Razak  
*Imperial College London*



**For 2022-2023:**

FCC-ee Positron Damping Ring Design Report published on CDS (10.17181/CERN.E06E.3CHI)

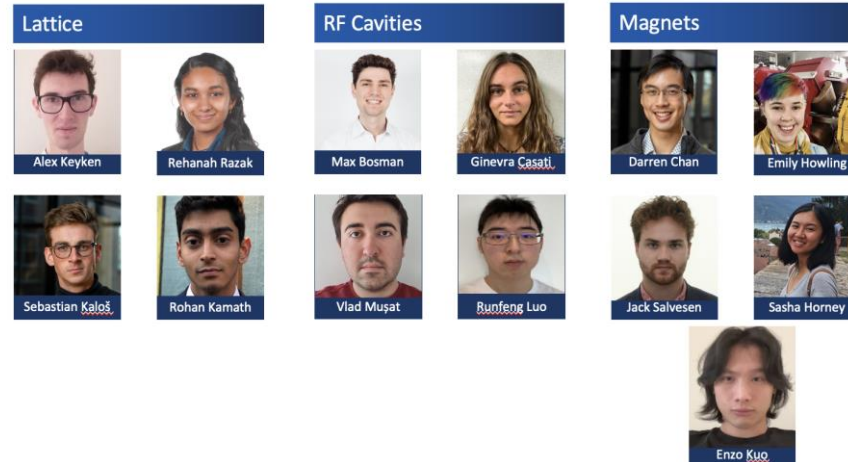
Students delivered JAI Seminar on 9 March 2023.

Student Poster at FCC Week, London June 2023

JAI Student Design Project 2023

Accelerator Design Studies for the FCC-ee Positron Damping Ring

## Meet the Team



## Studies for Stage 1

- **Gabor Lens**
  - **Study particle production/focusing from source**
- **Optics Studies**
  - **Optimisation of lattice (phase space, final focusing for beam spot)**
- **Magnet Design**
  - **Optimise dipole and quadrupole magnets (sustainable designs).**
- **RF System**
  - **Design of RF system.**

Many thanks to Prof. Ken Long / Imperial College London for the slides on LhARA.