

From (Particle) Physics to Healthcare

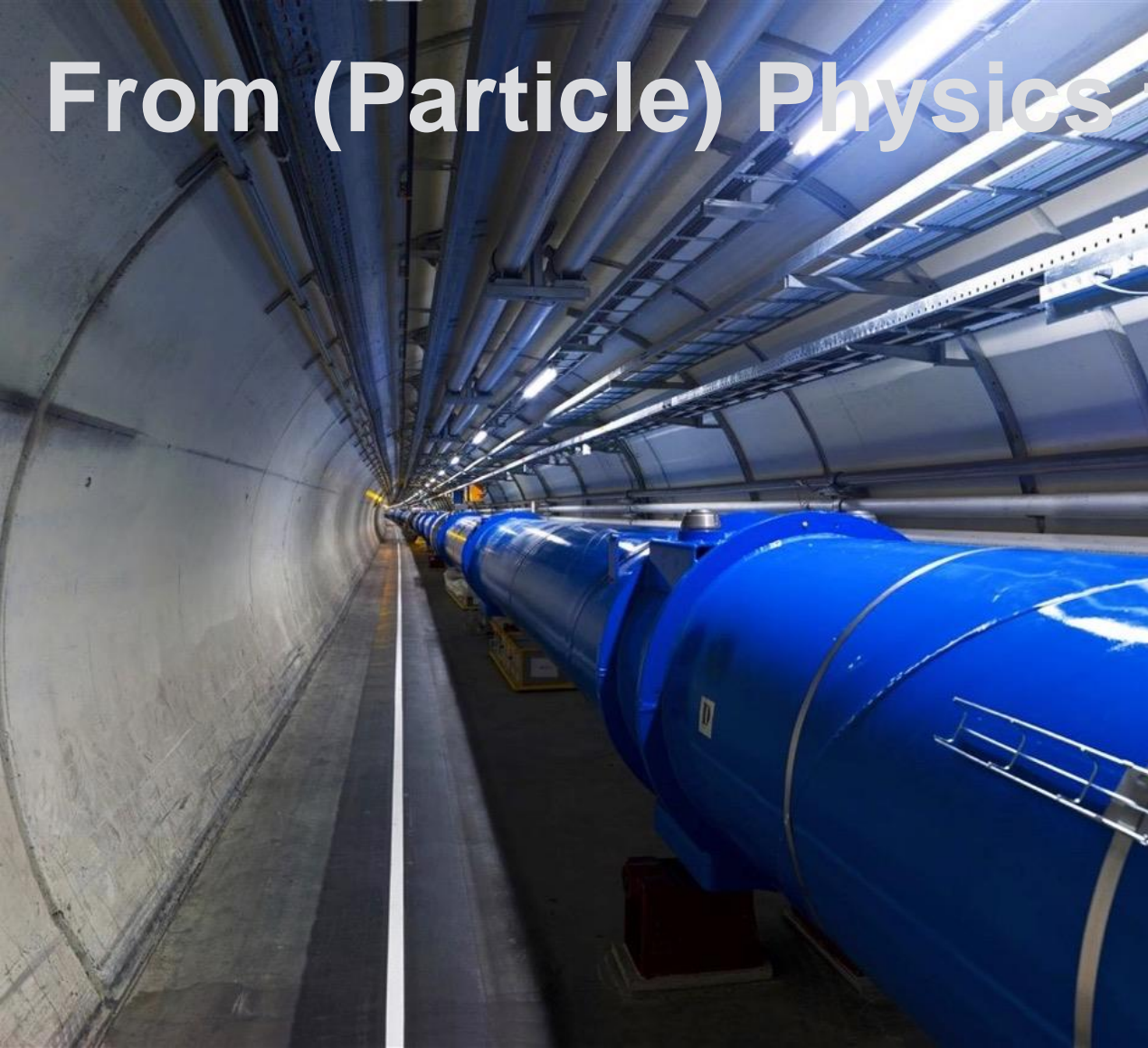


Photo: CNAO treatment room

Manuela Cirilli

Medical Applications Adviser
CERN Knowledge Transfer group



Knowledge Transfer
Accelerating Innovation

Disclaimer(s) & Acknowledgments

Of course, I had to select the material to be included.
And of course, Physics \neq HEP and HEP is not just CERN
(but a lot of HEP in this talk, and many CERN examples).

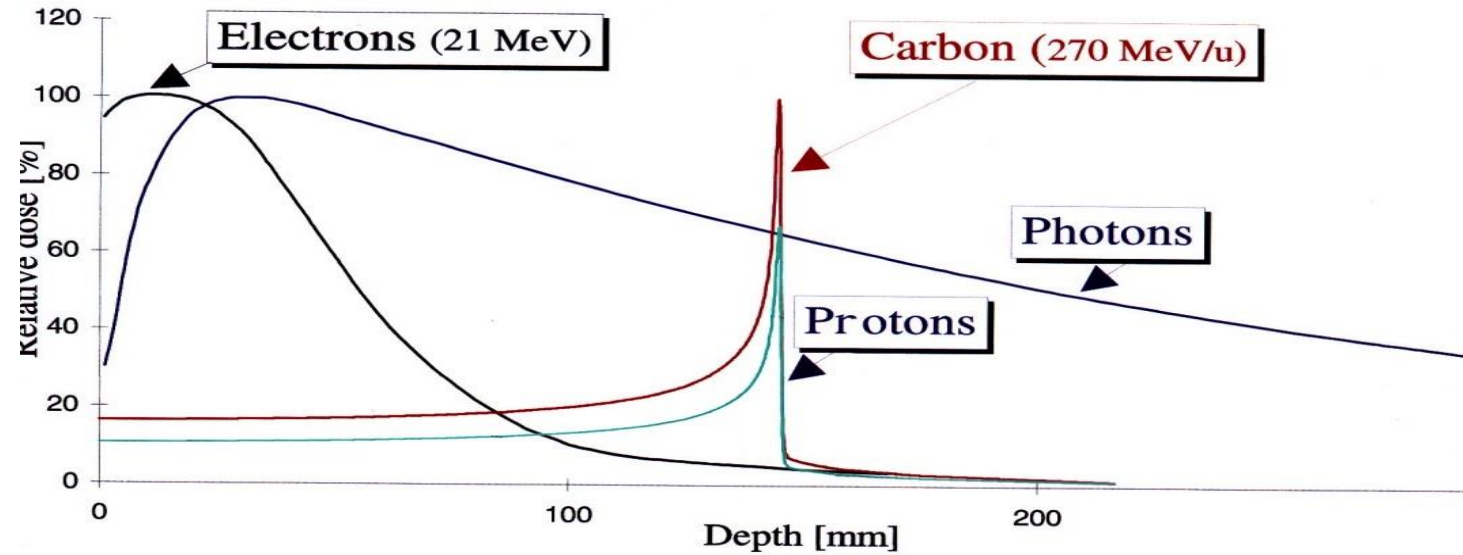
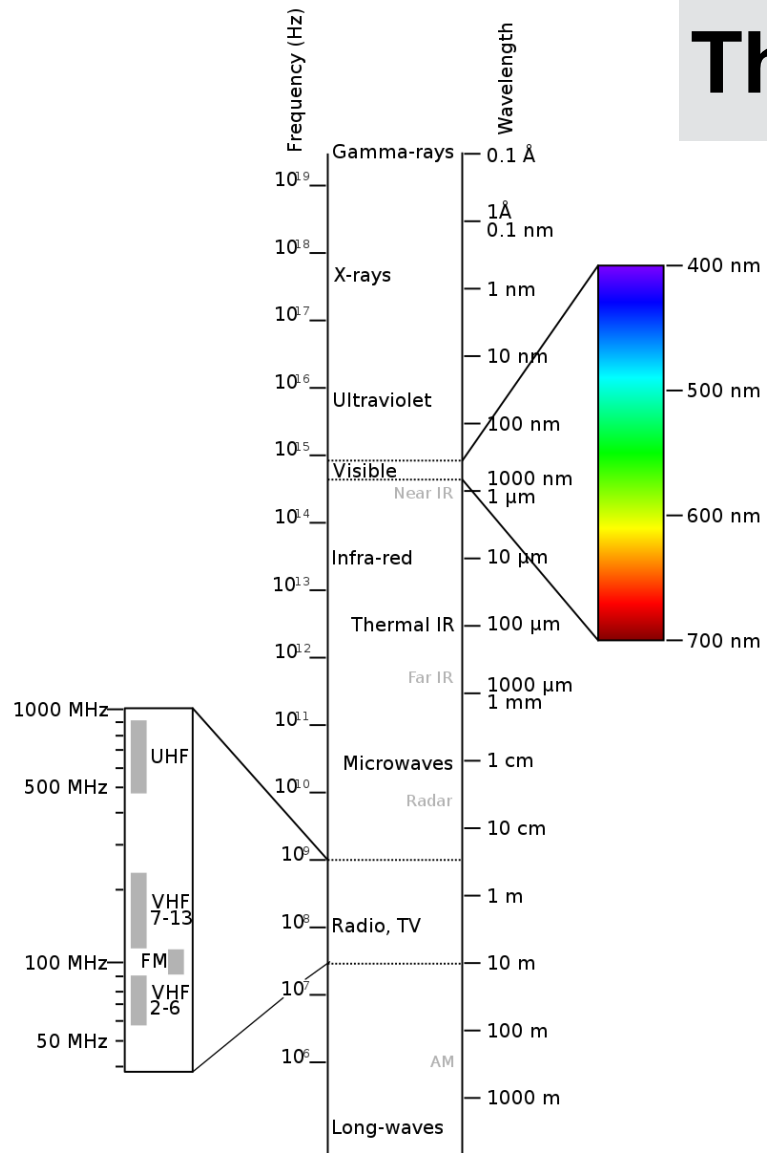
The CERN medical applications-related projects presented in this talk are realized by the CERN scientists and engineers: most names are acknowledged on the respective slides, but there are many more.

The KT group and myself are privileged to have the opportunity to support these projects in a tailored way, and to help bridge the gap between CERN technologies and society.

Many thanks to all the colleagues from CERN, CNAO, CHUV, GSI, MedAustron, INFN, TERA who have shared their material and wisdom with me; special thanks to Ugo Amaldi and Manjit Dosanjh.

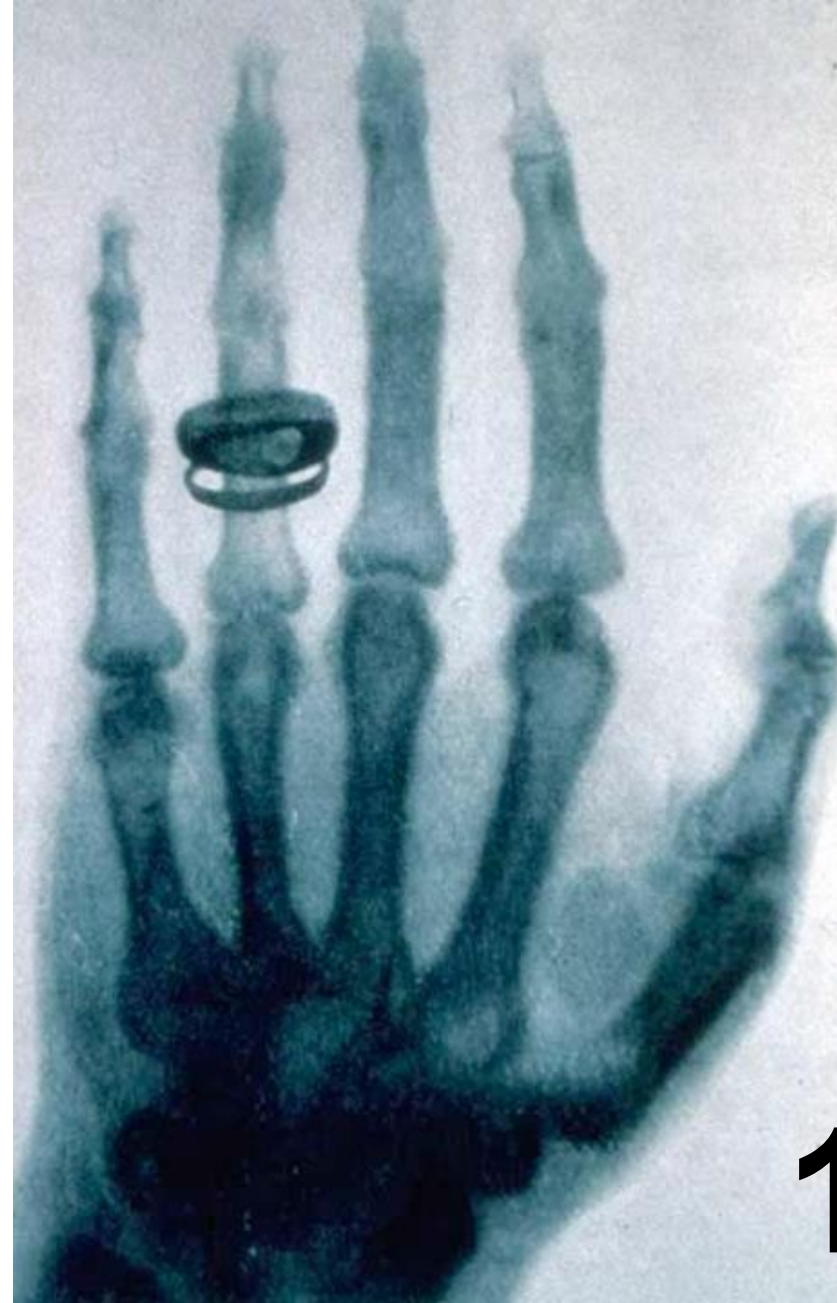
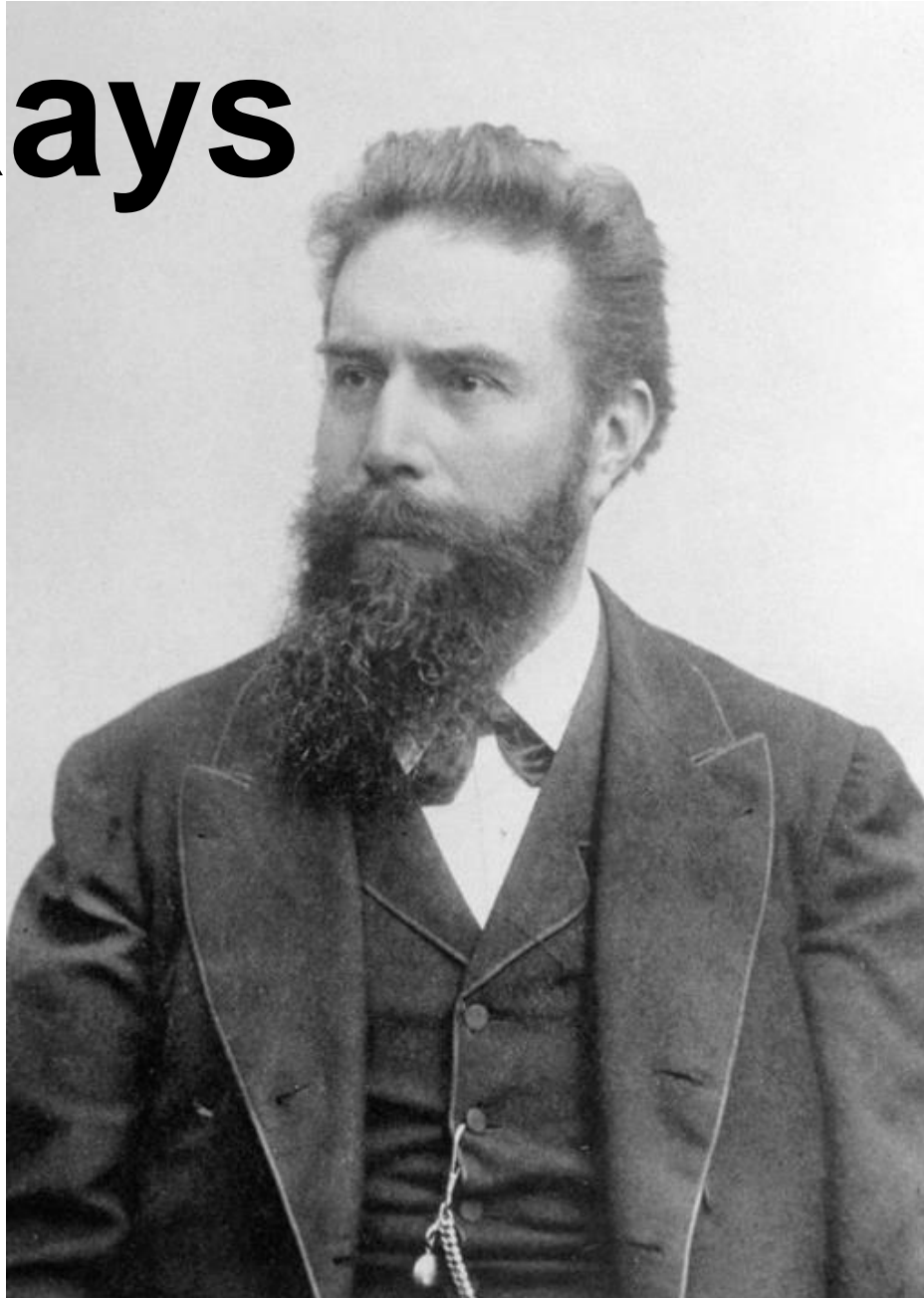
I am neither a doctor, nor a medical physicist, nor a technical expert in most of the technologies I present, so let's see how many of your questions I'm able to answer! 😊

The physics itself

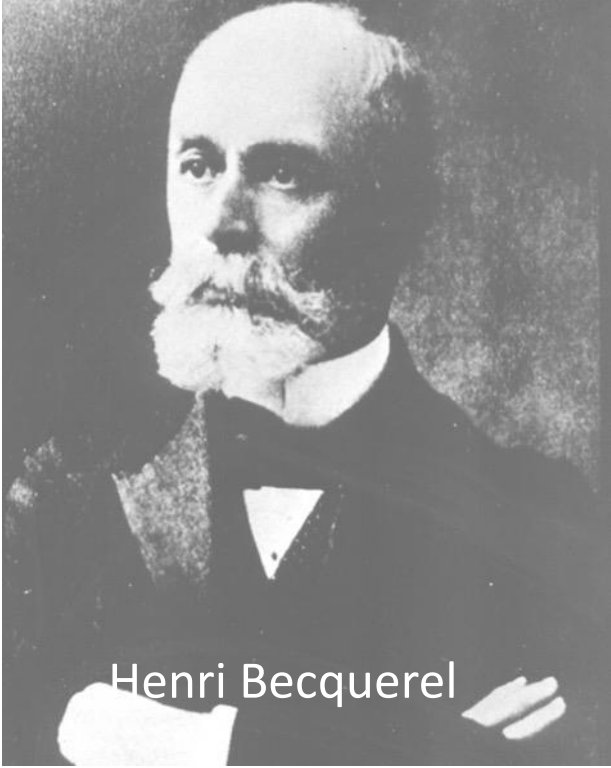


By Original: Penubag Vector: Victor Blacus - Own work based on: Electromagnetic-Spectrum.png, CC BY-SA 3.0, <https://commons.wikimedia.org/w/index.php?curid=22428451>

X-Rays



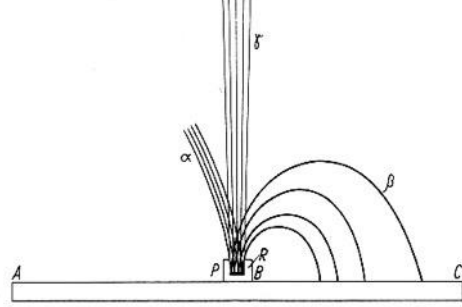
1895



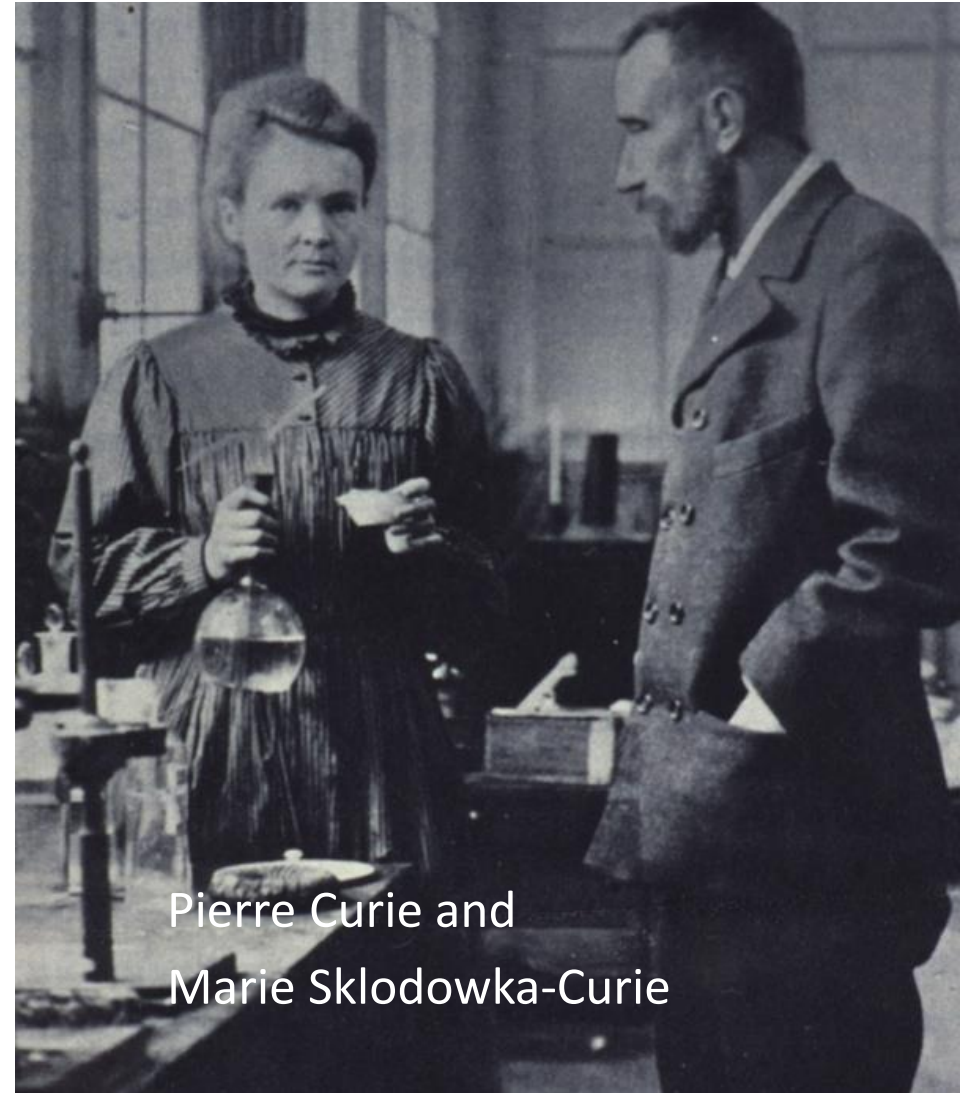
Henri Becquerel

1896: accidental discovery of natural radioactivity

Mme. Curie thesis – 1904
 α , β , γ in magnetic field



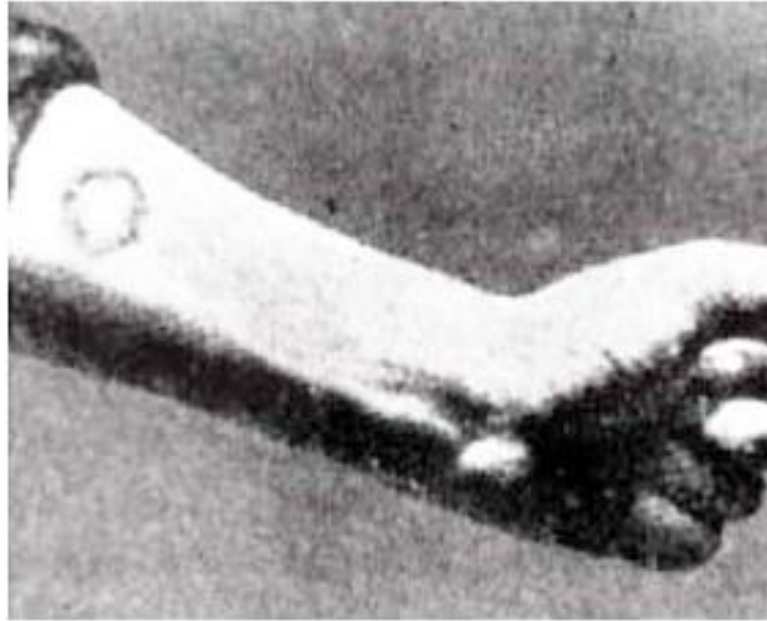
1898: by studying the strange uranium rays, they soon discovered polonium, thorium, radium



Pierre Curie and Marie Skłodowka-Curie



Friedrich Giesel
1852-1927



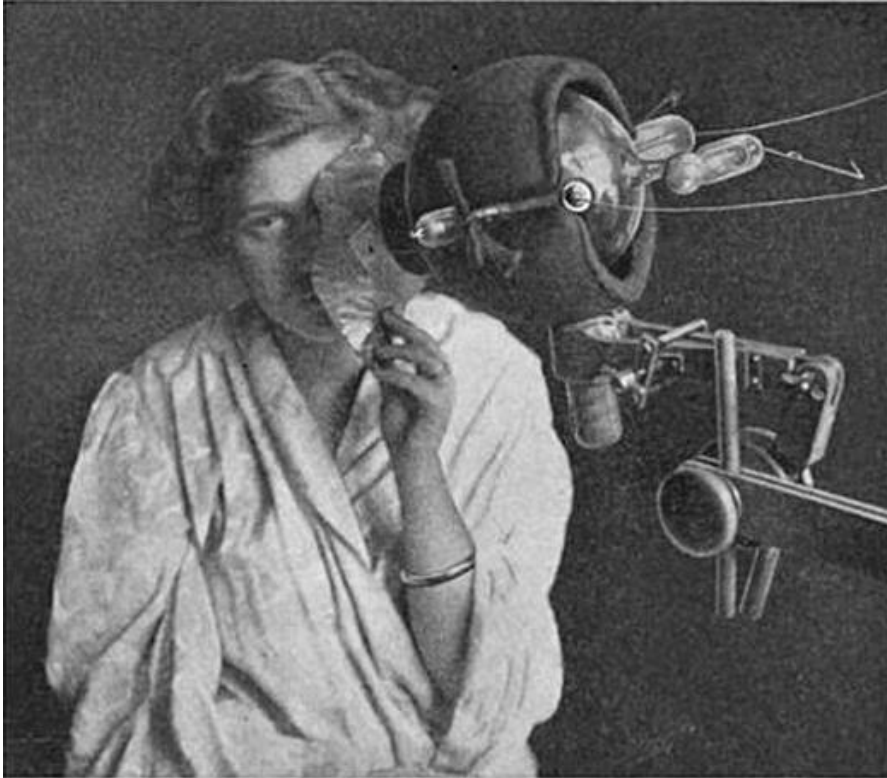
Burning of Pierre Curie's arm



Pierre Curie
1859-1906

Photo of Pierre Curie's arm, burned by radium salt applied for 10 hours. In 1900, the German dentist Walkhoff noted that radium rays act energetically on the skin in a manner analogous to that of X-rays. This observation was confirmed a few weeks later by the German chemist F. Giesel, with whom Pierre and Marie maintained regular correspondence.

© CNRS Audiovisuel ©



X-ray apparatus used for treatment of epithelioma of the face, 1915.



Small tubes containing radium salts are strapped to a woman's face to treat what was either lupus or rodent ulcer, 1905.

The Nobel Prize in Physics 1944



Photo from the Nobel Foundation archive.

Isidor Isaac Rabi

Prize share: 1/1

The Nobel Prize in Physics 1944 was awarded to Isidor Isaac Rabi "for his resonance method for recording the magnetic properties of atomic nuclei."

The Nobel Prize in Physics 1952



Photo from the Nobel Foundation archive.

Felix Bloch

Prize share: 1/2



Photo from the Nobel Foundation archive.

Edward Mills Purcell

Prize share: 1/2

The Nobel Prize in Physics 1952 was awarded jointly to Felix Bloch and Edward Mills Purcell "for their development of new methods for nuclear magnetic precision measurements and discoveries in connection therewith."

The Nobel Prize in Physiology or Medicine 2003



Photo from the Nobel Foundation archive.

Paul C. Lauterbur

Prize share: 1/2



Photo from the Nobel Foundation archive.

Sir Peter Mansfield

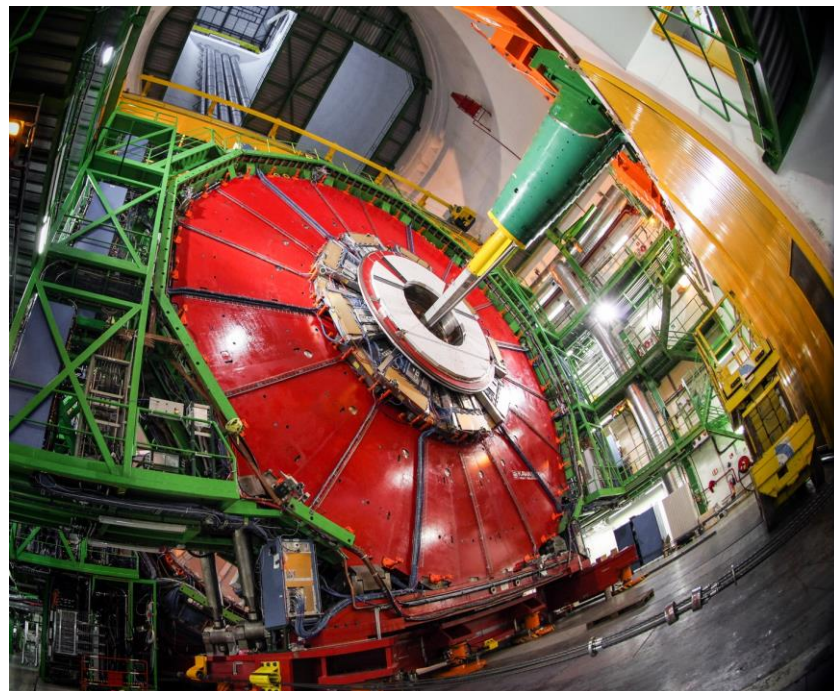
Prize share: 1/2

The Nobel Prize in Physiology or Medicine 2003 was awarded jointly to Paul C. Lauterbur and Sir Peter Mansfield "for their discoveries concerning magnetic resonance imaging."

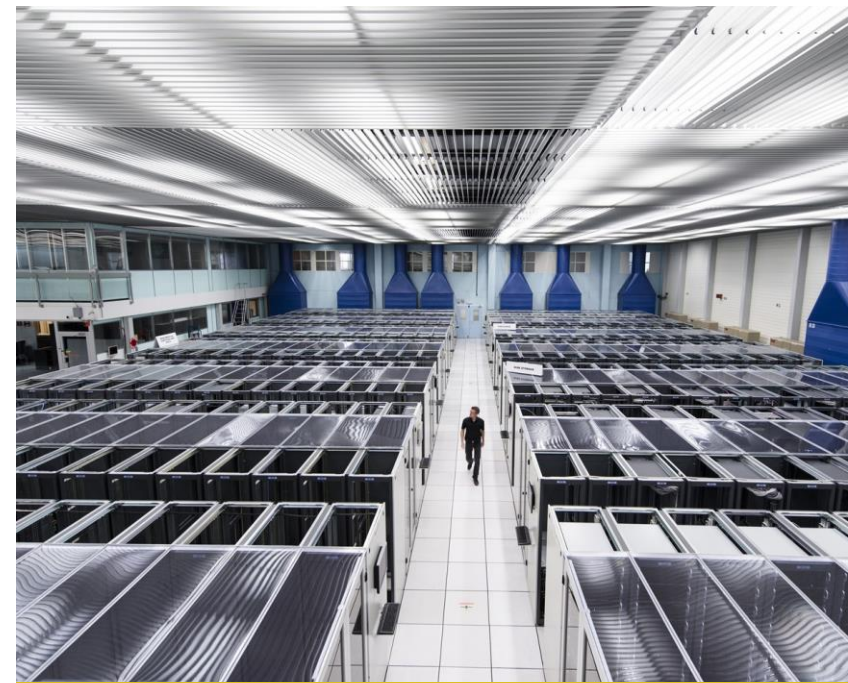
The technologies



ACCELERATORS

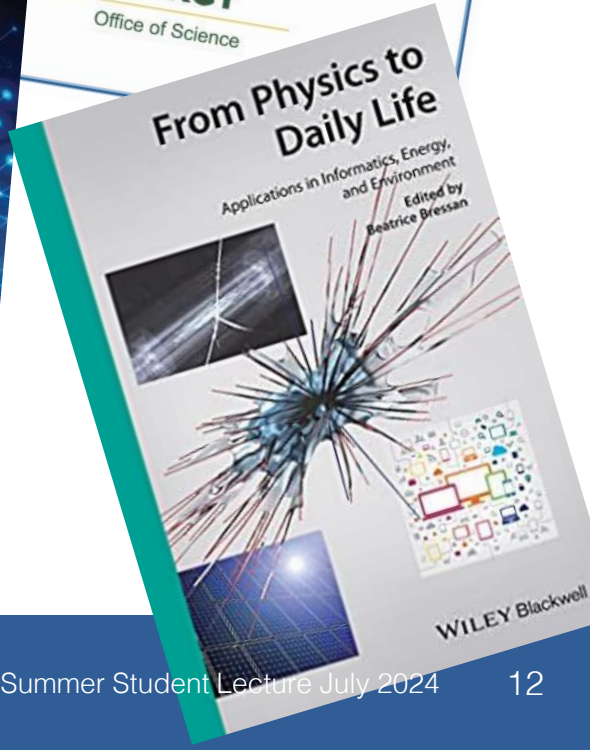
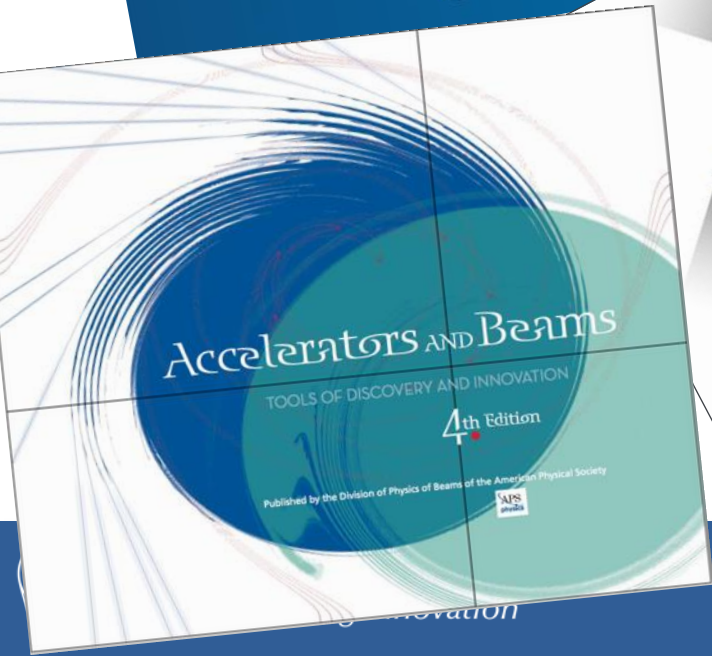
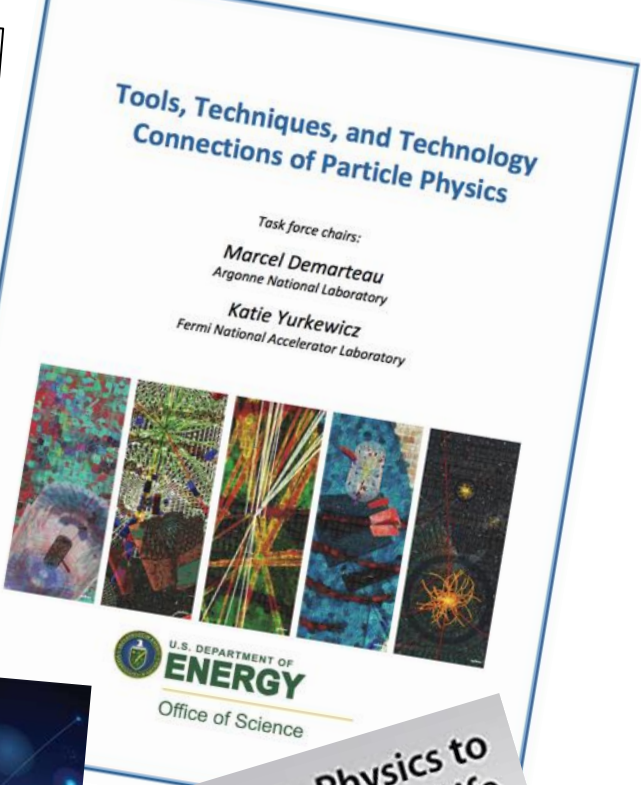


DETECTORS



COMPUTING

sound reproduction
data management
astronauts' radiation exposure
testing satellite components
understanding turbulence
medical implants
food sterilization
homeland security
finding oil, gas, water
scientific linux
spacecraft shielding
geological dating
curing of epoxies and plastics
x-ray diffractometry
radiology
medical equipment sterilization
medical radioisotopes
non-destructive testing
ion implantation
shrink wrap
radiotherapy
nuclear waste transmutation
rad-hard electronics
simulations
PET
terrestrial reproduction of space radiation
industry 4.0
digital data preservation
optimised irrigation systems
open hardware
WWW
treatment planning systems
drug development
powering complex biological simulations
analysis of satellite data
volcano tomography
space applications
sealing food packages
autonomous vehicles
isotope production
smoke detectors
hadron therapy
cultural heritage
MRI
cleaner air and water
ink curing
cargo screening
computer chips manufacturing
studying the retina
medical dosimetry
material science



Over 70 companies and institutes produce accelerators for industrial applications; these organizations sell more than **1,100 industrial systems per year** — almost twice the number produced for research or medical therapy — at a **market value of \$2.2B.**

Over **\$1B** of this amount is generated by the sales of accelerators for **ion implantation** into materials — primarily semiconductor devices — whose worldwide value of production is about \$300B.

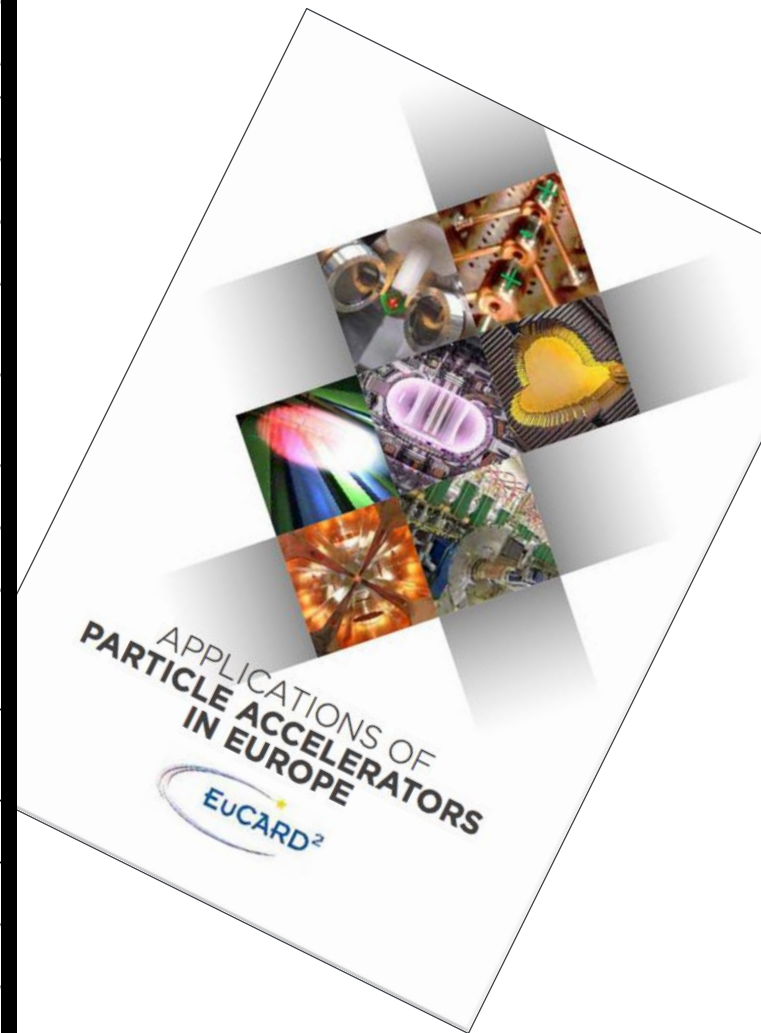
Hamm, R. and Hamm, M. (2012). Industrial accelerators and their applications. World Scientific Publishing Co.

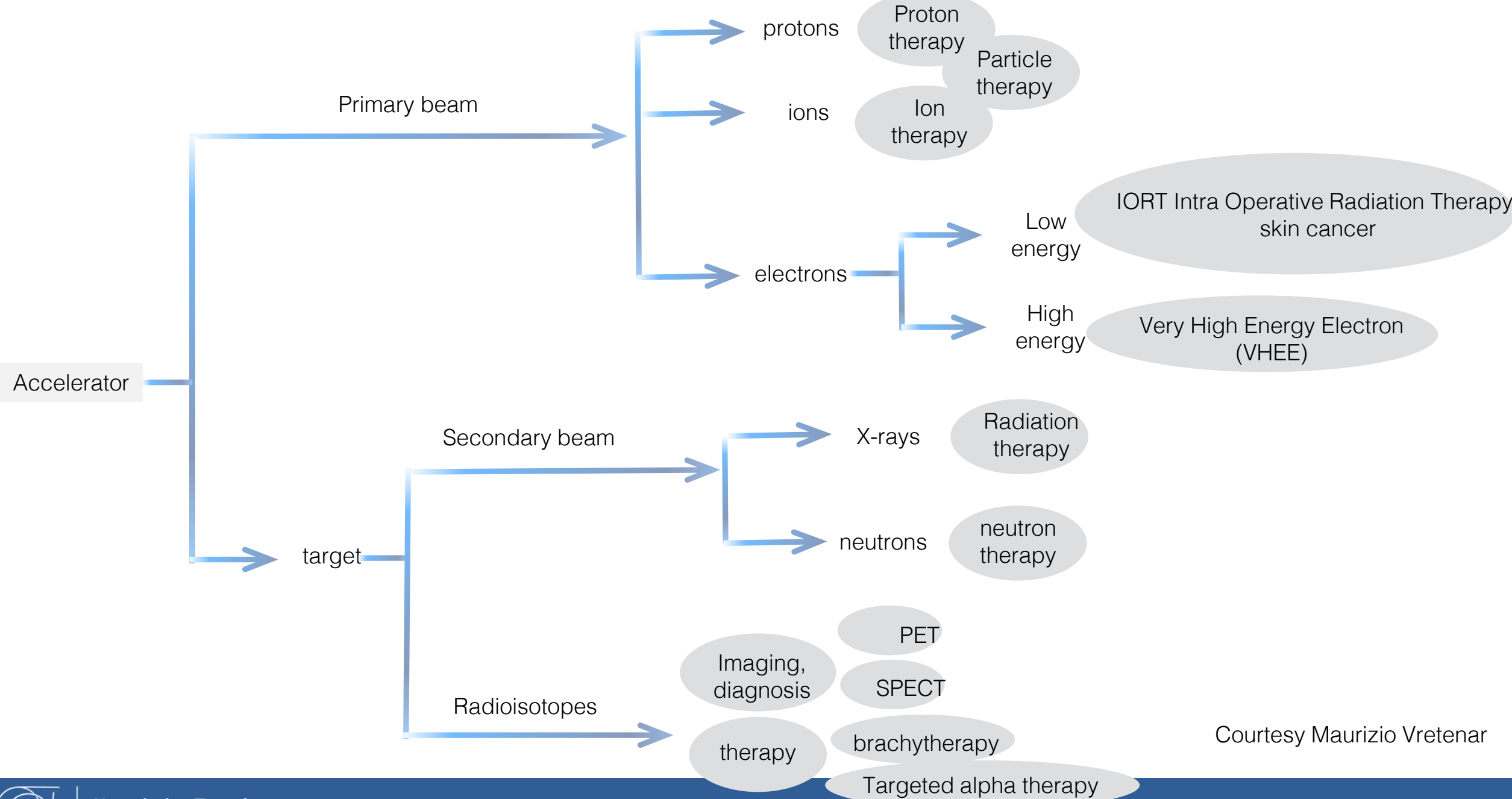
As of 2014 there were **42,200** accelerators worldwide:
27,000 (64%) in industry,
14,000 (33%) for medical purposes
1,200 (3%) for basic research.

These figures exclude electron microscopes and x-ray tubes, and the security and defense industries.

Chernyaev, A. P. and Varzar, S. M. (2014). Particle accelerators in modern world. *Physics of Atomic Nuclei*, 77(10):1203–1215.

Area	Application	Beam	Accelerator	Beam energy/MeV	Beam current/ mA	Number
Medical	Cancer therapy	e	linac	4-20	10^{-2}	>14000
		p	cyclotron, synchrotron	250	10^{-6}	60
		C	synchrotron	4800	10^{-7}	10
	Radioisotope production	p	cyclotron	8-100	1	1600
Industrial	Ion implantation	B, As, P	electrostatic	< 1	2	>11000
	Ion beam analysis	p, He	electrostatic	<5	10^{-4}	300
	Material processing	e	electrostatic, linac, Rhodatron	≤ 10	150	7500
	Sterilisation	e	electrostatic, linac, Rhodatron	≤ 10	10	3000
Security	X-ray screening of cargo	e	linac	4-10	?	100?
	Hydrodynamic testing	e	linear induction	10-20	1000	5
Synchrotron light sources	Biology, medicine, materials science	e	synchrotron, linac	500-10000		70
Neutron scattering	Materials science	p	cyclotron, synchrotron, linac	600-1000	2	4
Energy - fusion	Neutral ion beam heating	d	electrostatic	1	50	10
	Heavy ion inertial fusion	Pb, Cs	Induction linac	8	1000	Under development
	Materials studies	d	linac	40	125	Under development
Energy - fission	Waste burner	p	linac	600-1000	10	Under development
	Thorium fuel amplifier	p	linac	600-1000	10	Under development
Energy - bio-fuel	Bio-fuel production	e	electrostatic	5	10	Under development
Environmental	Water treatment	e	electrostatic	5	10	5
	Flue gas treatment	e	electrostatic	0.7	50	Under development





Courtesy Maurizio Vretenar

Radiotherapy



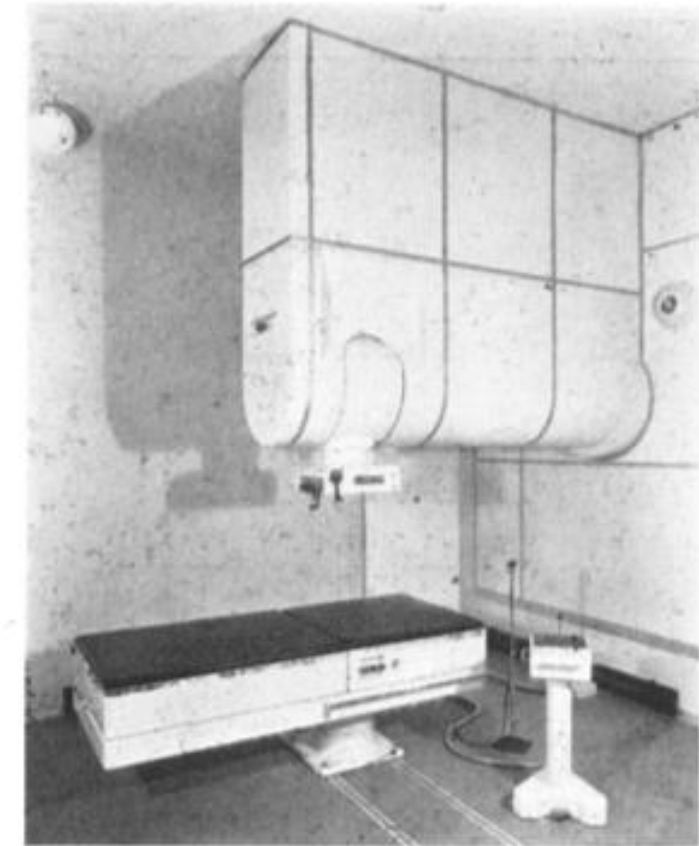
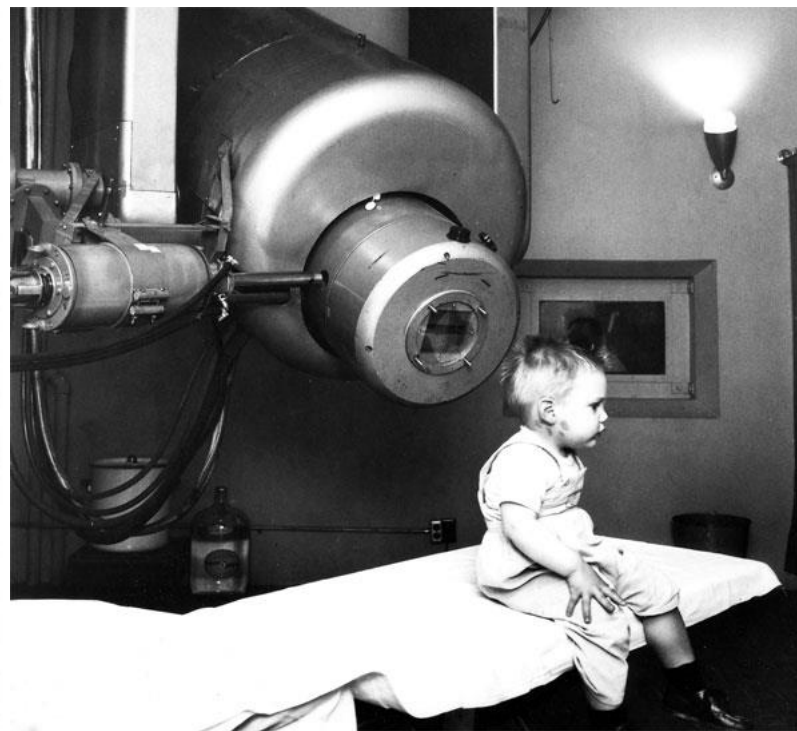


Fig. 1. The 8 MeV linear accelerator (Metropolitan-Vickers) at Hammersmith Hospital with the angle of the roentgen head adjusted to give a beam directed vertically downwards.

1953

P. Howard-Flanders (1954) The Development of the Linear Accelerator as a Clinical Instrument, *Acta Radiologica*, 41:sup116, 649-655, DOI: 10.3109/00016925409177244



1956: The first patient to receive radiation therapy from the medical linear accelerator at Stanford was a 2-year-old boy.

Approx. date of introduction	Model and location	Manufacturer	Beam energy and modality
1953	Hammersmith Hospital, London	Metropolitan-Vickers	8 MV X-rays
1954	St. Bartholomew's Hospital, London	Mullard	15 MeV X-rays and electrons
1954	Christie Hospital, Manchester	Metropolitan-Vickers AEI	4 MV X-rays
1954	Newcastle	Mullard	4 MV X-rays
1955	Stanford	Stanford	5 MV X-rays
1955	Argonne Cancer Hospital, Chicago	Stanford, HVE and Argonne	5-50 MeV electrons
1955	Michael Reese Hospital, Chicago	Stanford, M. Reese and Helene Curtis	45 MeV electrons
1962	Newcastle	Vickers Research	4 MV X-rays
1962	Clinac 6	Varian	6 MV X-rays
1965	Mevatron 8	Applied Radiation	6-8 MV X-rays 3-10 MeV electrons
1965	SL-75	Mullard	6-8 MV X-rays 8-10 MeV electrons

Table 1 (cont.)

Approx. date of introduction	Model and location	Manufacturer	Beam energy and modality
1967	Sagittaire, Paris	CSF	16 MV X-rays 12-32 MeV electrons
1968	Clinac 4	Varian	4 MV X-rays
1969	Mevatron VI & XII	Applied Radiation	6 or 8 MV X-rays 3-11 MeV electrons
1969	LMR-13	Toshiba	8 and 10 MV X-rays 8-13 MeV electrons
1970	Therapi 4	SHM	4 MV X-rays
1970	Clinac 35 Hiroshima	Varian	8 and 25 MV X-rays 7-28 MeV

C J Kartzmark and N C Pering 1973 *Phys. Med. Biol.* **18** 321

Status of Radiation Therapy Equipment

156

Countries

7687

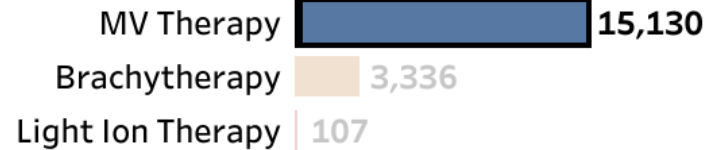
RT Centres

15130

MV Therapy

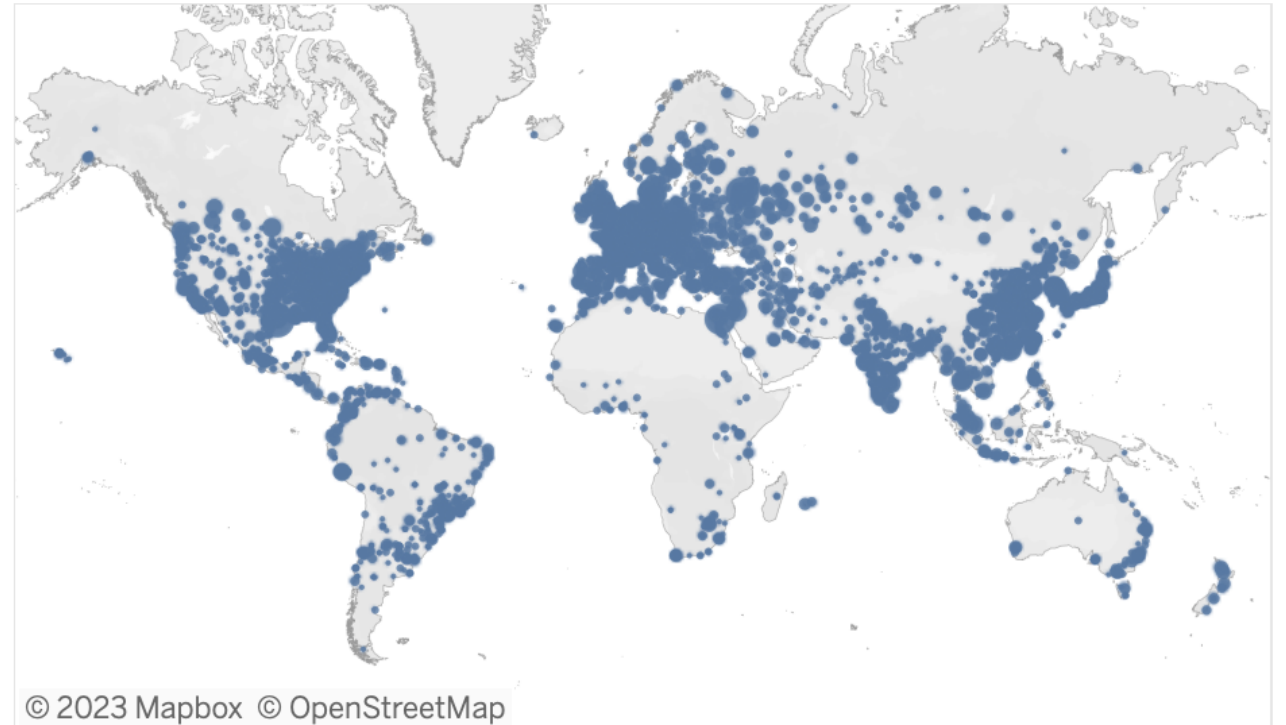
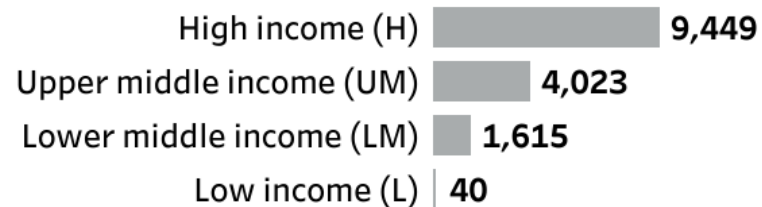
Equipment type

(Updated on : 09/03/2023 13:55:27)



Equipment per income groups

(Updated on : 09/03/2023 13:55:27)



IAEA

DIRAC

Directory of
RAdiotherapy Centres

Status of Radiation Therapy Equipment

156 **7687**

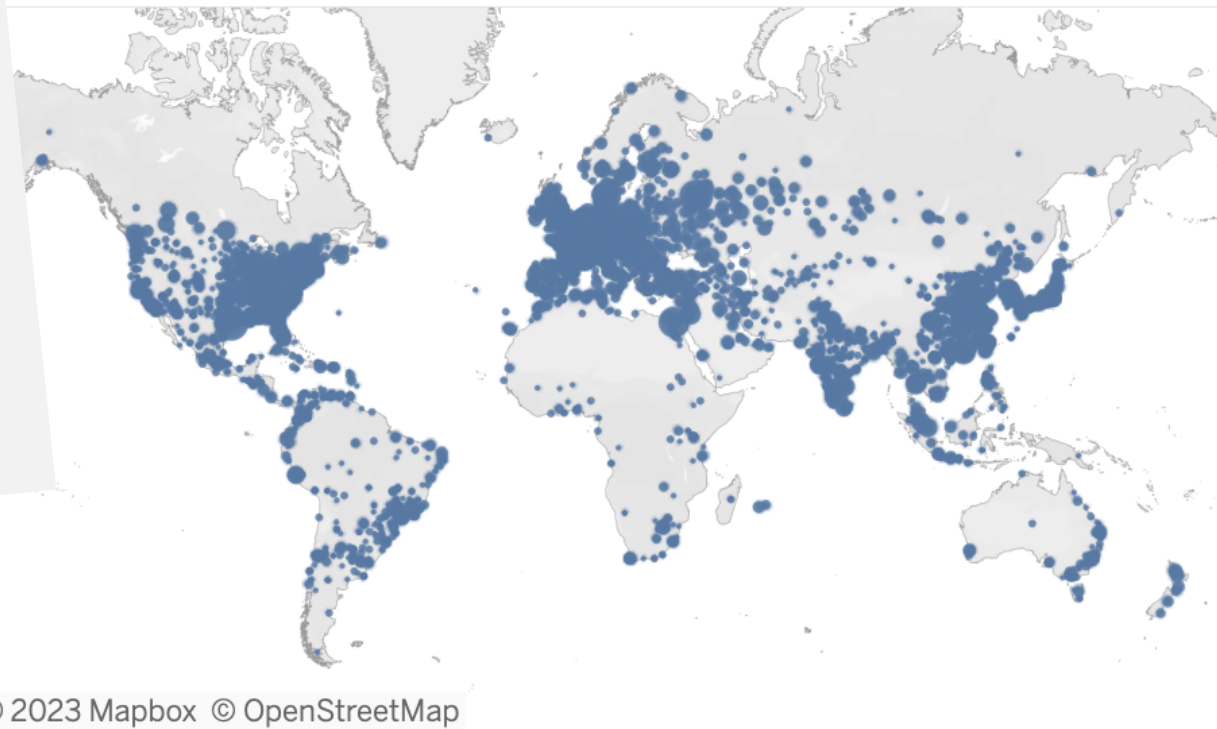
Countries

RT Centres

15130

MV Therapy

STELLA (Smart Technologies to Extend Lives with a Linear Accelerator) formed to address the lack of radiotherapy in challenging environments. Supported by ICEC, UK STFC, Lancaster, Oxford, Daresbury lab, CERN, users in LMICs



Equipment per income groups

(Updated on : 09/03/2023 13:55:27)

High income (H)	9,449
Upper middle income (UM)	4,023
Lower middle income (LM)	1,615
Low income (L)	40

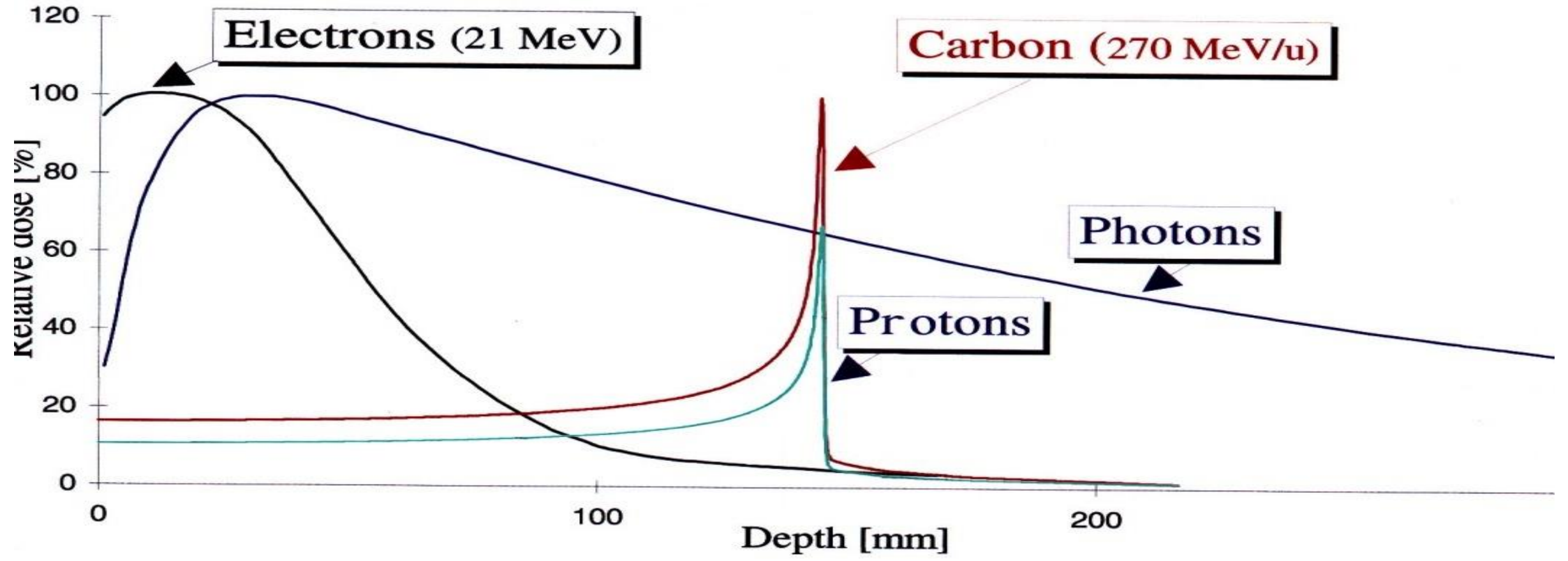


IAEA

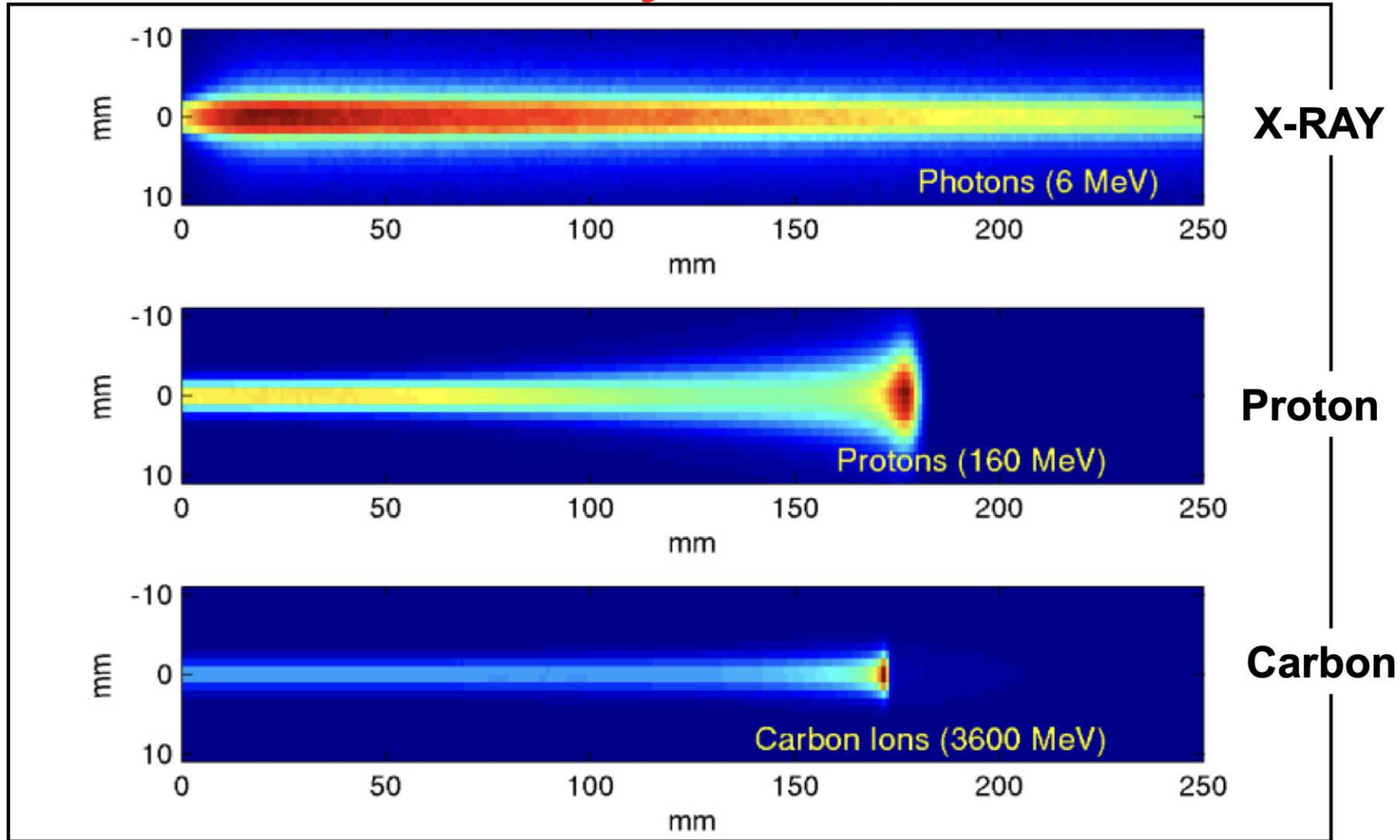
DIRAC

Directory of
RAdiotherapy Centres

Protons, ions: hadron therapy, particle therapy, (light, heavy) ion therapy

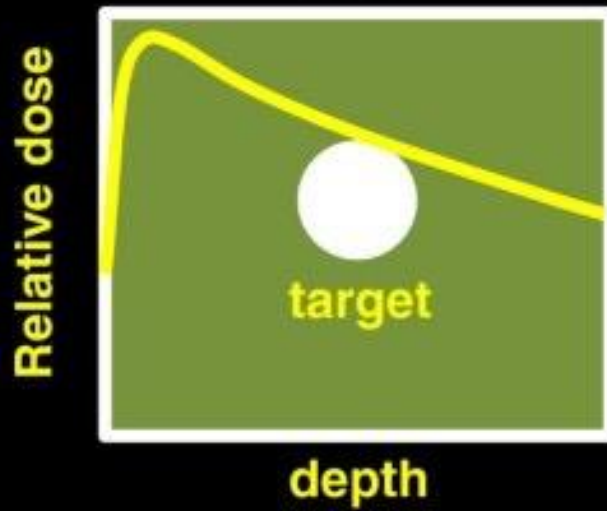
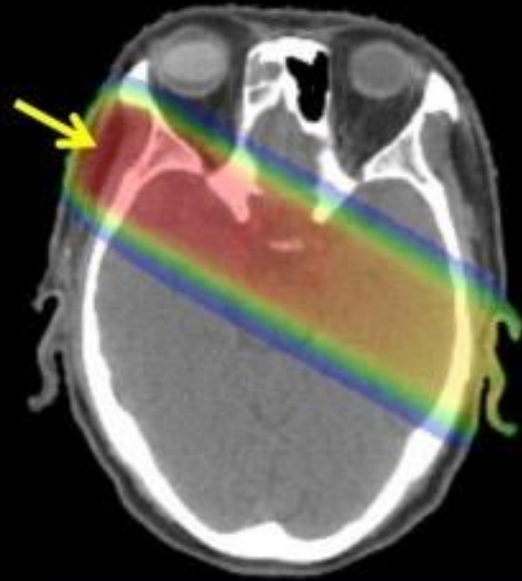


Beam profiles

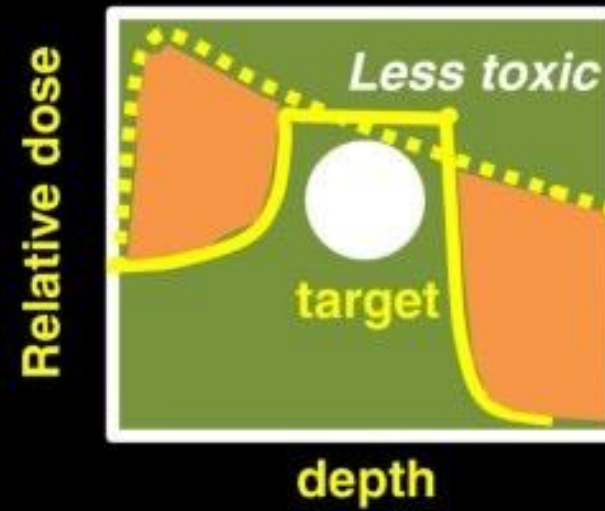
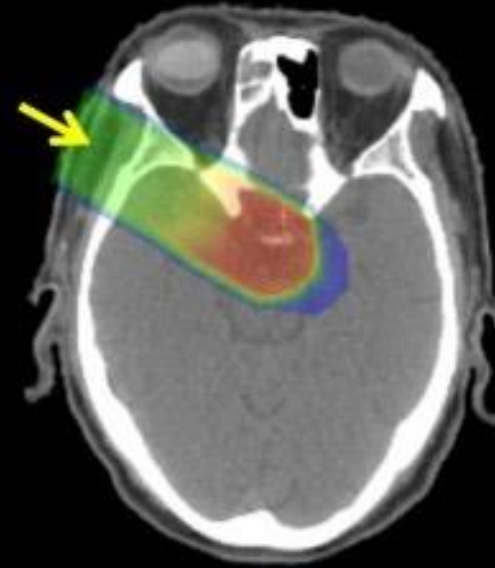


Kraft, G. History of heavy-ion therapy at GSI

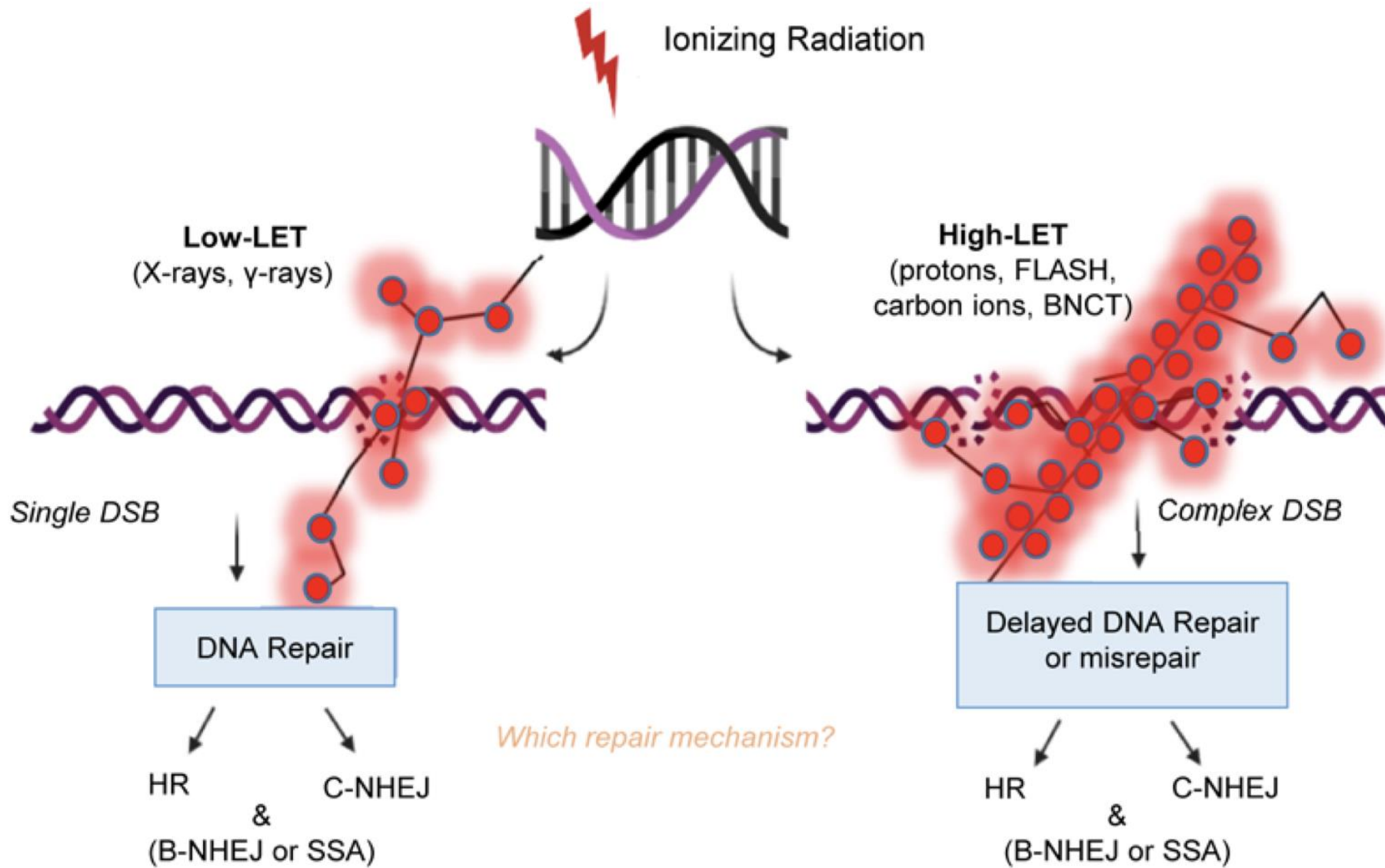
X-rays



Carbon ion beams

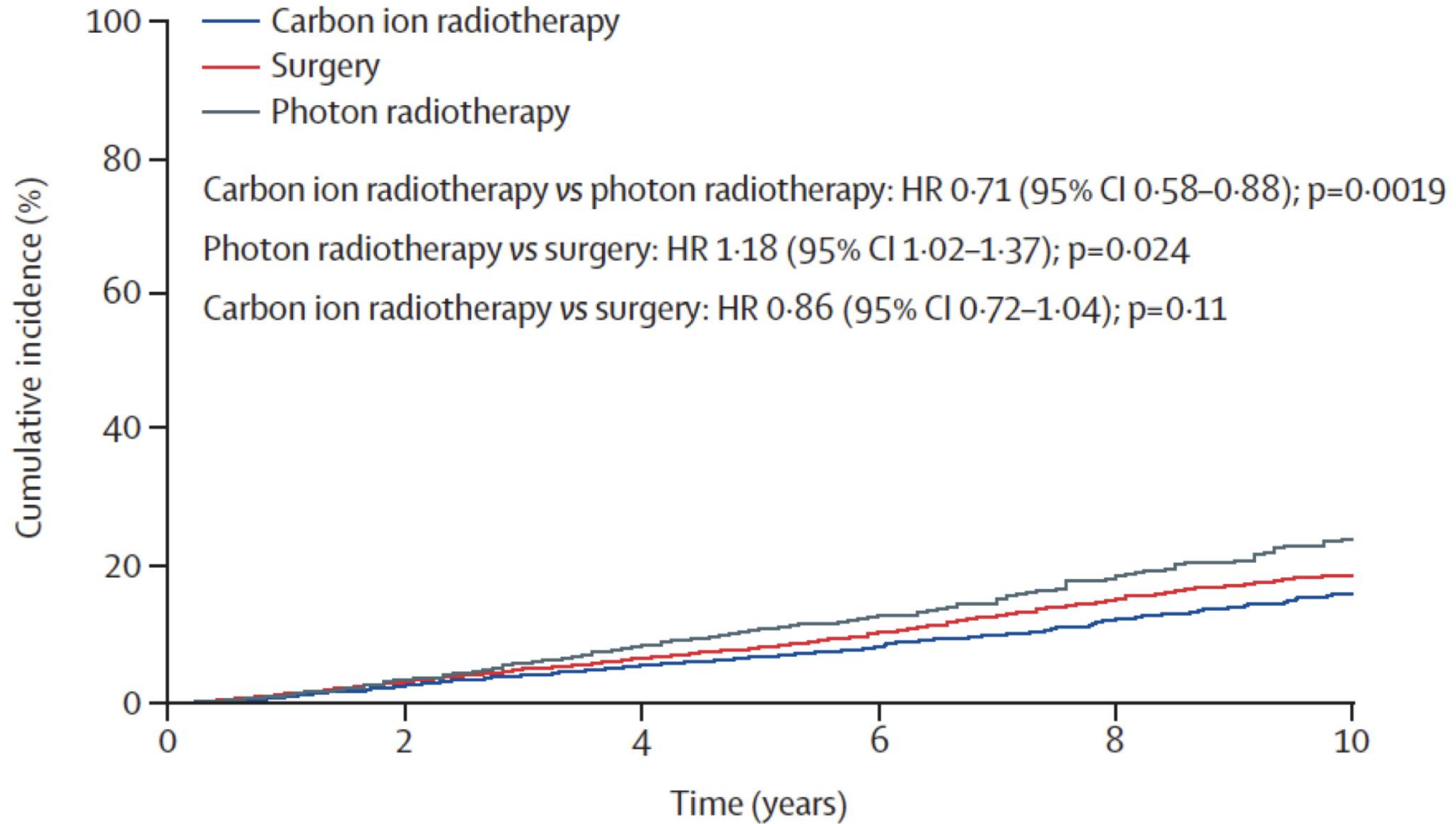


<https://link.springer.com/article/10.1186/1878-5085-4-9>



Risk of subsequent primary cancers after carbon ion radiotherapy, photon radiotherapy, or surgery for localised prostate cancer: a propensity score-weighted, retrospective, cohort study

Osama Mohamad, MD; Takahiro Tabuchi, MD; Yuki Nitta, MD; Akihiro Nomoto, MD; Akira Sato, MD; Goro Kasuya, MD et al. The Lancet Oncology, VOLUME 20, ISSUE 5, P674-685, MAY 2019



Status of Radiation Therapy Equipment

20 **104**

Countries RT Centres

107

Light Ion Therapy

Equipment type

(Updated on : 09/03/2023 13:55:27)

MV Therapy 15,130

Brachytherapy 3,336

Light Ion Therapy 107

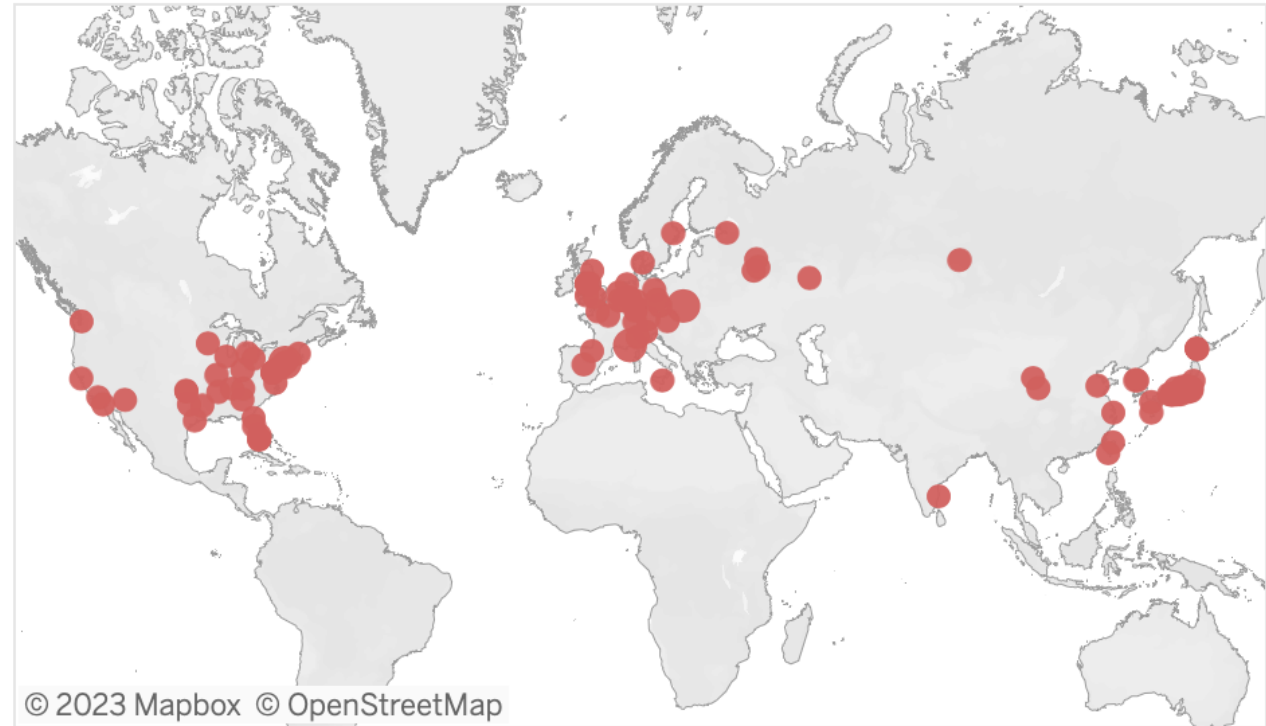
Equipment per income groups

(Updated on : 09/03/2023 13:55:27)

High income (H) 96

Upper middle income (UM) 10

Lower middle income (LM) 1



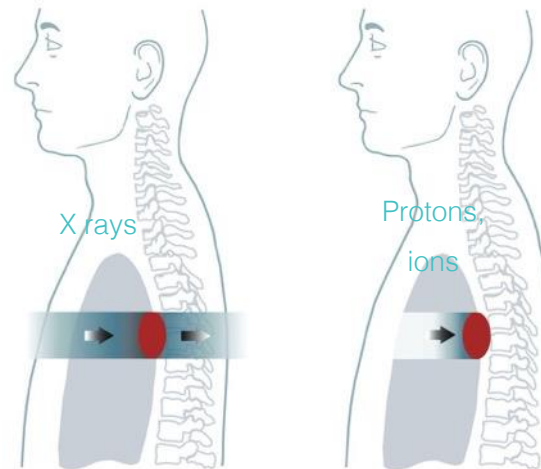
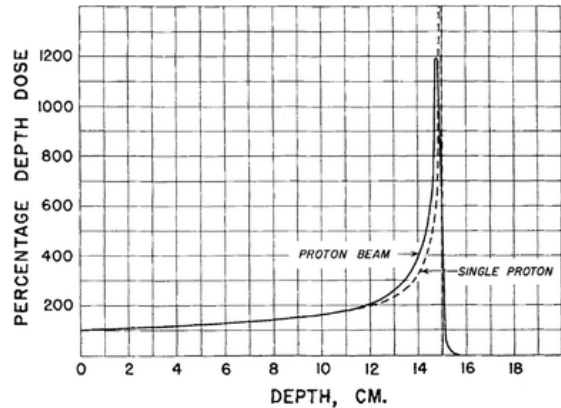
IAEA

DIRAC

Directory of
RAdiotherapy Centres

Berkeley

- 1931 Invention of cyclotron (Ernest Lawrence)
- 1946 RR Wilson published his seminal paper on particle therapy
- 1952 First biological investigation with accelerated nuclei (C Tobias and JH Lawrence)
- 1954 First therapeutic exposure of humans to protons and alphas (Tobias and JH Lawrence)
- 1975 Clinical trials with accelerated light ions at LBL (Castro)



Gustav Werner Institute and Theodor Svedberg Laboratory

- 1949 Synchrocyclotron at the Gustav Werner Institute (Uppsala)
- 1950s Pre-therapeutic physical experiments with high energy protons (B. Larsson)
- 1957 First patient treated with proton beam



π^- beam therapy

1935 Yukawa theory on pi meson

1947 Discovery of pions

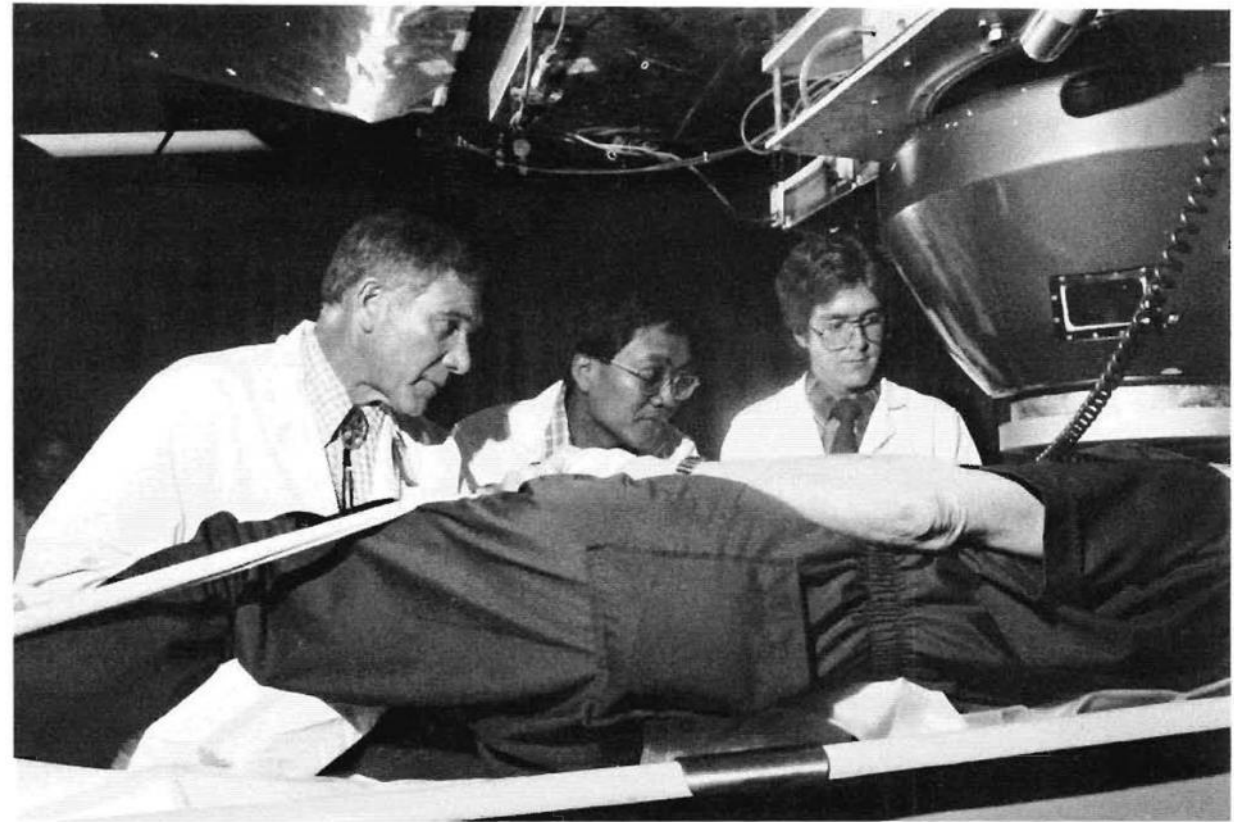
1951 Possibility of using negative pions for cancer therapy (Tobias and Richman)

1961 Clinical use of π^- advocated (Fowler and Perkins, Nature 1961)

'70-'80s Clinical trials of negative pions at LAMPF, TRIUMF, PSI and Stanford

William T. Chu

EO Lawrence Berkeley National Laboratory
PTCOG From 1985 to Present and Future



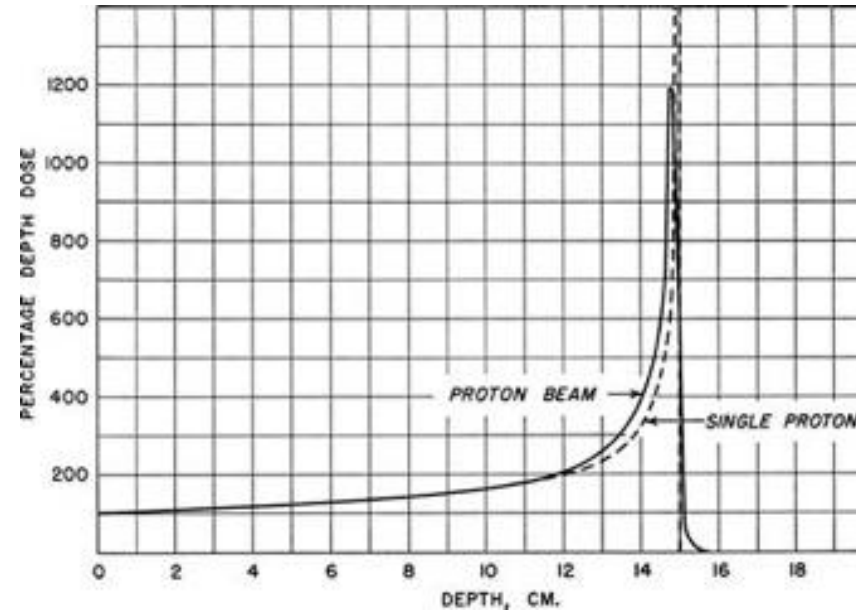
In a pilot experimental program at LAMPF's Biomedical Facility, about 250 patients were treated with negative pions for a variety of advanced deep-seated tumors. Compared to conventional x-ray therapy, pion therapy is expected to provide improved dose localization and biological effectiveness. Shown positioning a patient under the pion radiotherapy beam are (left to right) Dr. Morton Kligerman, former Director of the University of New Mexico's Cancer Research and Treatment Center, a visiting radiotherapist from Japan, and Dr. Steven Bush, formerly of the University of New Mexico. The hardware at the upper right includes a beam collimator, a dose monitor, and a device for changing the penetration depth of the pions.

LAMPF: a dream and a gamble

From physics labs...



1932 - E. Lawrence
First cyclotron



1946 – proton therapy
proposed by R. Wilson

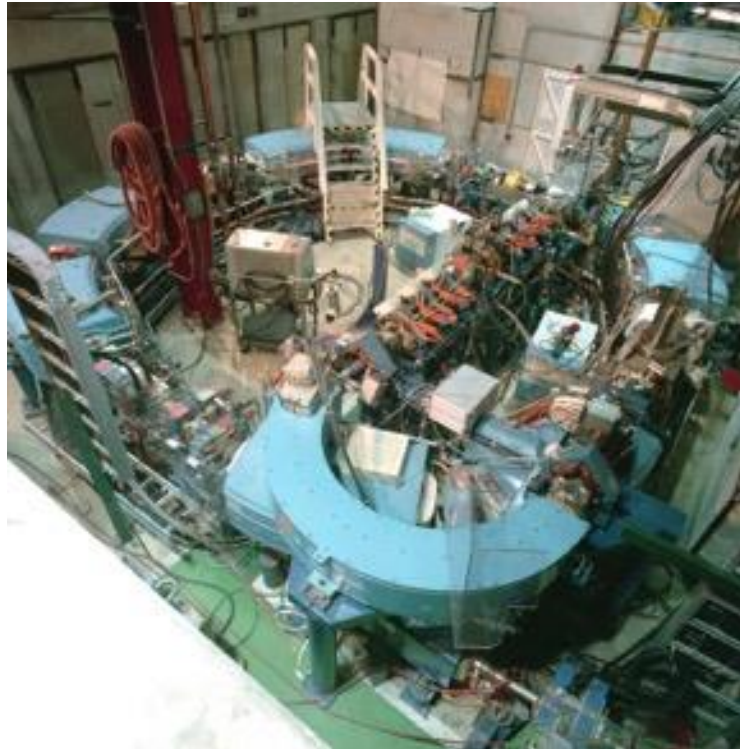


1954 – Berkeley treats
the first patient

...to clinics



1989
Clatterbridge UK

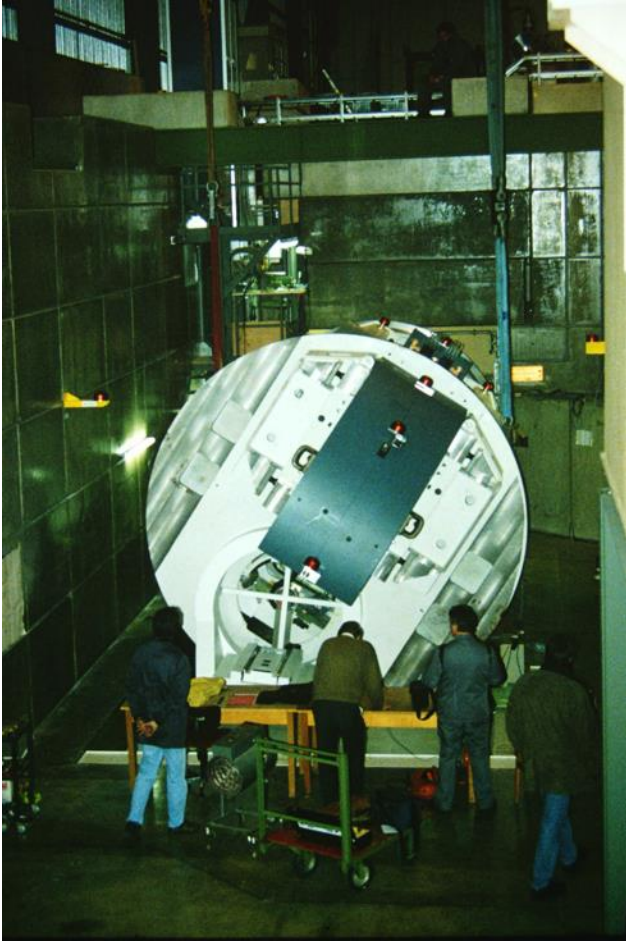


1990
Loma Linda USA



1994
HIMAC Japan

Pioneers in scanned beam delivery



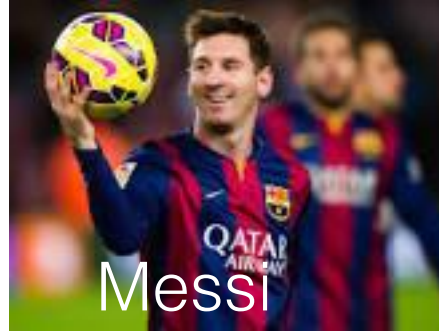
Building Gantry 1 back in the 1990s
(Photo: Paul Scherrer Institute)



1998
Pilot project at GSI
Germany and proposal for HIT facility



200



Messi



Higuain



Multi heavy ions
(protons +
carbon ions)



Mandžukić

proton multi-room

2



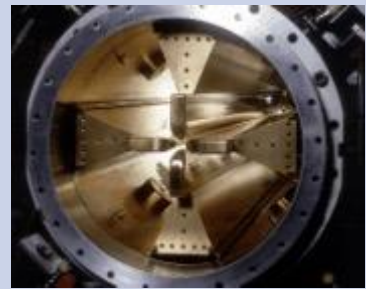
Karius

proton single-
room

Courtesy
(I'll never thank him enough!)
Marco Durante (GSI)
JENAS 2019

Protons: the LINAC way

<p>1990 RFQ2 200 MHz 0.5 MeV /m Weight :1200kg/m Ext. diametre : ~45 cm</p>	<p>2007 LINAC4 RFQ 352 MHz 1MeV/m Weight : 400kg/m Ext. diametre : 29 cm</p>	<p>2014 HF RFQ 750MHz 2.5MeV/m Weight : 100 kg/m Ext. diametre : 13 cm</p>
--	---	---



Compact High-Frequency Radio Frequency Quadrupole (RFQ)
 M. Vretenar, A. Dallochio, V. A. Dimov, M. Garlasché, A. Grudiev, A. M. Lombardi, S. Mathot, E. Montesinos, M. Timmins,
 "A Compact High-Frequency RFQ for Medical Applications", in Proc. LINAC2014, Geneva, Switzerland, September 2014

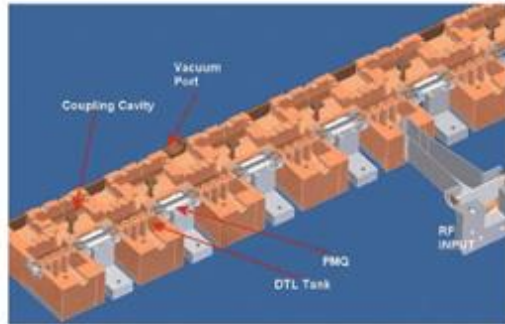
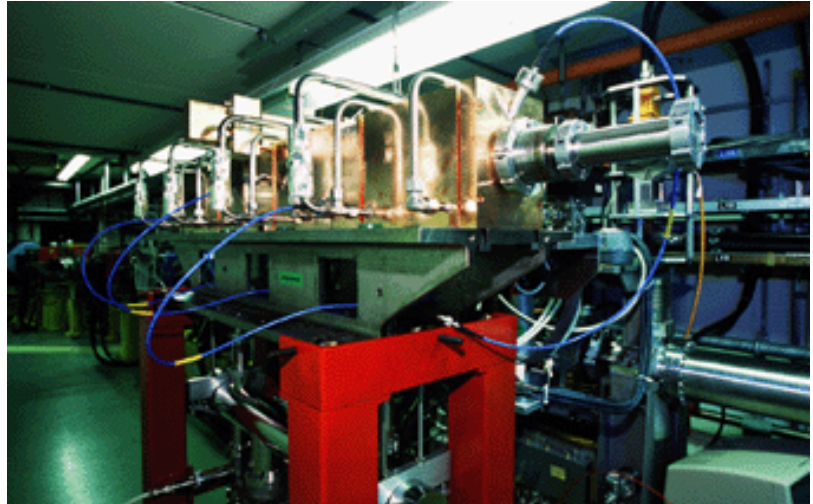
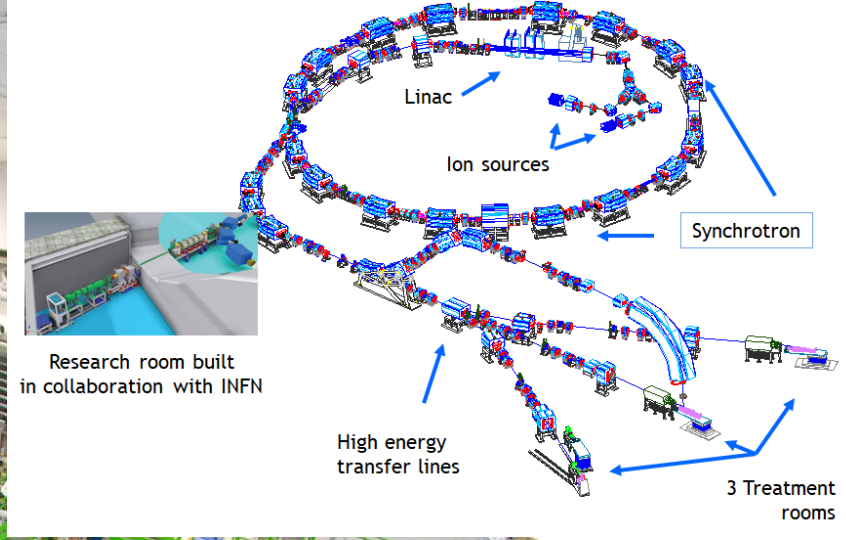


Fig. 4. TOP-IMPLART SCDTL structure: (left) schematic (right) 18-24 MeV booster built for the SPARKLE Company.

TOP IMPLART
 C. Ronsivalle, M. Carpanese, C. Marino, G. Messina, L. Picardi, S. Sandri, E. Basile, B. Caccia, D.M. Castelluccio, E. Cisbani, S. Frullani, F. Ghio, V. Macellari, M. Benassi, M. D'Andrea, L. Strigari, The TOP-IMPLART project, Eur. Phys. J. Plus 126: 68 (2011) 1-15,
<http://dx.doi.org/10.1140/epjp/i2011-11068-x>.



Linac BOoster (LIBO)
 U. Amaldi et al., "LIBO-a linac booster for protontherapy: construction and test of a prototype," Nucl. Instrum. Meth- ods Phys. Res. A, vol. 521, pp. 512-529, 2004.



Sources to generate

1 RF cavity to accelerate

16 Dipoles to bend

20 Correctors to steer

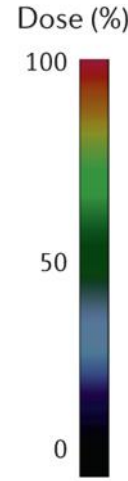
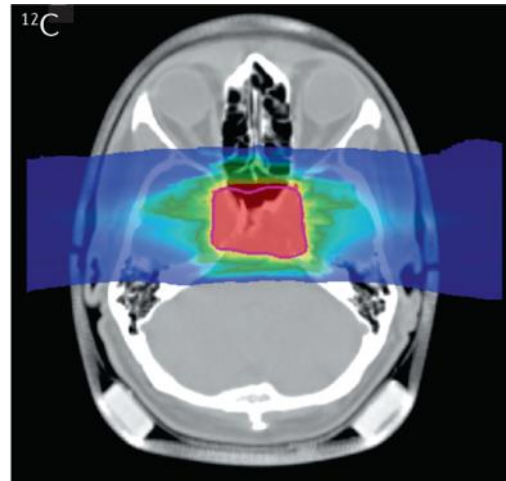
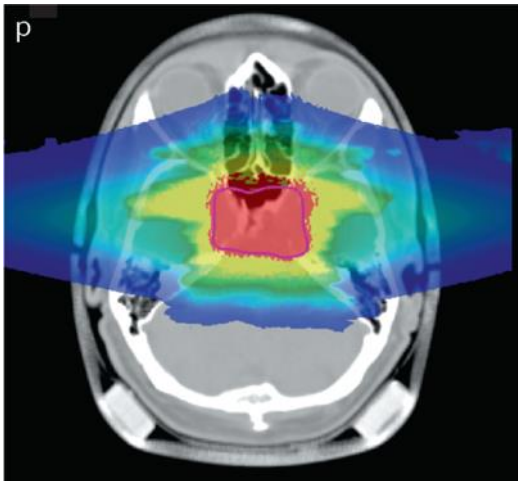
Linac to pre-accelerate

24 Quadrupoles to focus

From pioneering rasterscanning & carbon ion pilot project @



440 patients
1998-2008



The image shows an optimized plan with two opposite fields for a chordoma patient using protons (left) or 12C ions (right).



Since 2009*:
2841 patients with p
3793 patients with C-ion

* Until Dec 2020, source ptcog.ch

PROTON-ION MEDICAL MACHINE STUDY (PIMMS) PART II

Accelerator Complex Study Group*
supported by the Med-AUSTRON, Onkologic-2000 and the TERA Foundation
and hosted by CERN

ABSTRACT

The Proton-Ion Medical Machine Study (PIMMS) group was formed following an agreement between the Med-AUSTRON (Austria) and the TERA Foundation (Italy) to combine their efforts in the design of a cancer therapy synchrotron capable of accelerating either light ions or protons. CERN agreed to support and host this study in its PS Division. A close collaboration was also set up with GSI (Germany). The study group was later joined by Onkologic-2000 (Czech Republic). Effort was first focused on the theoretical understanding of slow extraction and the techniques required to produce a smooth beam spill for the conformal treatment of complex-shaped tumours with a sub-millimetre accuracy by active scanning with proton and carbon ion beams. Considerations for passive beam spreading were also included for protons. The study has been written in two parts. The more general and theoretical aspects are recorded in Part I and the specific technical design considerations are presented in the present volume, Part II. An accompanying CD-ROM contains supporting publications made by the team and data files for calculations. The PIMMS team started its work in January 1996 in the PS Division and continued for a period of four years.

*Full-time members: L. Badano¹⁾, M. Benedikt²⁾, P.J. Bryant²⁾ (Study Leader), M. Crescenti¹⁾, P. Holy³⁾, A. Maier²⁾⁴⁾, M. Pullia¹⁾, S. Reimoser²⁾⁴⁾, S. Rossi¹⁾,
Part-time members: G. Borri¹⁾, P. Knaus¹⁾²⁾
Contributors: F. Gramatica¹⁾, M. Pavlovic⁵⁾, L. Weisser⁵⁾

1) TERA Foundation, via Puccini, 11, I-28100 Novara.

2) CERN, CH 1211 Geneva-23.

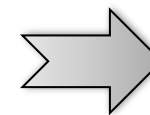
3) Oncology-2000 Foundation, Na Morani 4, CZ-12808 Prague 2.

4) Med-AUSTRON, c/o RIZ, Prof. Dr. Stephan Korenstr.10, A-2700 Wr. Neustadt.

5) Sommer & Partner Architects Berlin (SPB), Hardenbergplatz 2, D-10623 Berlin.

Geneva, Switzerland
May 2000

From PIMMS @



fondazione CNAO



Patient treatment at MedAustron



Since 2016:
1174 Patients
30600 Single Fractions

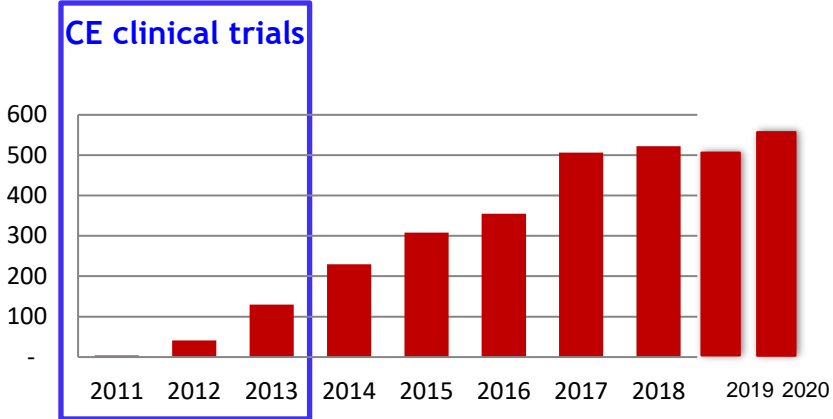
MedAustron 

CNS	28%
Head & Neck	20%
Pediatrics	15%
Re-Irradiation	15%
Sarcoma	9%
Skull Base	7%
Prostate	3%
Gastrointestinal (upper)	2%
Gastrointestinal (lower)	<1%
Gynecological Tumors	<1%
Urogenital Tumors	<1%
Breast/Mamma-Ca	<1%

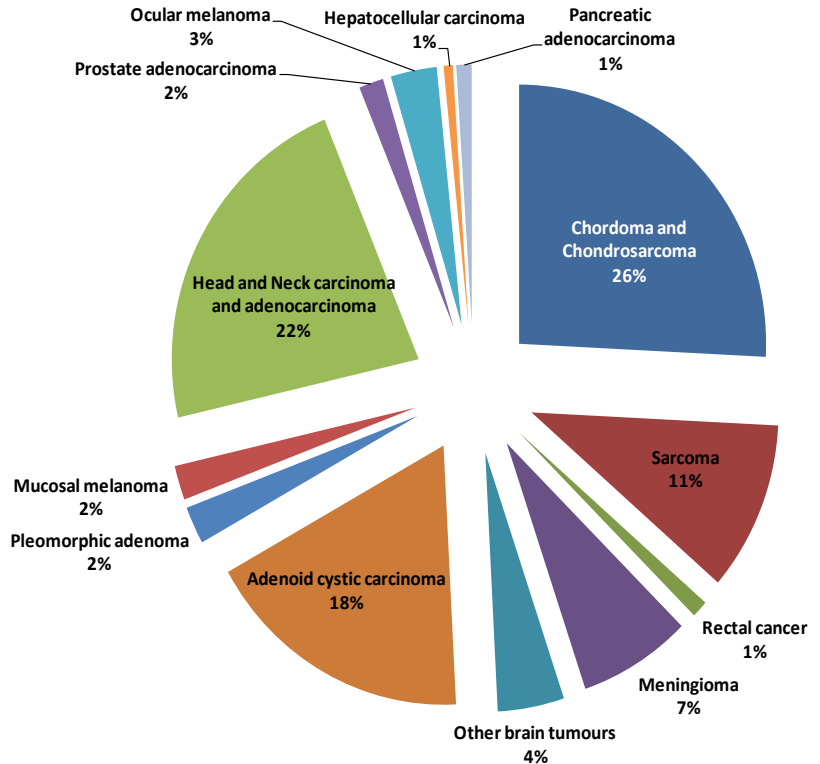
Values October 2021 • values rounded

Patient treatment at CNAO

Since 2011:
3700 Patients
55% C-ions
45% Protons



Patients per year



Non oncological application: ventricular arrhythmia
(Collaboration with San Matteo Hospital, Pavia)
Published: European Journal of Heart Failure

SCIENTIFIC REPORTS

OPEN

Feasibility Study on Cardiac Arrhythmia Ablation Using High-Energy Heavy Ion Beams

H. Immo Lehmann^{1,4}, Christian Graeff^{2,4}, Palma Simoniello², Anna Constantinescu², Mitsuru Takami¹, Patrick Lugenbiel³, Daniel Richter^{2,4}, Anna Eichhorn², Matthias Prall², Robert Kaderka², Fine Fiedler⁵, Stephan Helmbrecht⁵, Claudia Fournier², Nadine Erbedinger², Ann-Kathrin Rahm³, Rasmus Rivinius³, Dierk Thomas³, Hugo A. Katus³, Susan B. Johnson², Kay D. Parker², Jürgen Debus⁶, Samuel J. Asirvatham¹, Christoph Bert^{2,4}, Marco Durante^{2,7} & Douglas L. Packer¹

Received: 08 August 2016

Accepted: 09 November 2016

Published: 20 December 2016

> *Eur J Heart Fail.* 2020 Nov 12. doi: 10.1002/ejhf.2056. Online ahead of print.

The First-in-Man Case of Non-invasive Proton Radiotherapy to Treat Refractory Ventricular Tachycardia in Advanced Heart Failure

Veronica Dusi^{1,2}, Viviana Vitolo³, Laura Frigerio^{1,4}, Rossana Totaro^{1,4}, Adele Valentini⁵, Amelia Barcellini³, Alfredo Mirandola³, Giovanni Battista Perego⁶, Michela Coccia², Alessandra Greco⁴, Stefano Ghio⁴, Francesca Valvo³, Gaetano Maria De Ferrari⁷, Massimiliano Gnechi^{1,2}, Luigi Oltrona Visconti⁴, Roberto Rordorf^{1,4}

Affiliations + expand

PMID: 33179329 DOI: 10.1002/ejhf.2056



Challenges for next-generation particle-therapy machines

Cost-effective technologies

Reduced footprint

New treatment regimes (e.g. FLASH, microbeams) and fractionation schedules

Multi-ions

Radiobiology research integrated in the facility

Many challenges in common with those for future particle physics facilities. Various initiatives starting/on-going.

KT Seminars

The CERN Next Ion Medical Machine Study: towards a new generation of accelerators for cancer therapy

by Maurizio Vretenar (CERN)

<https://indico.cern.ch/event/956260/>

Monday 19 Oct 2020, 14:00 → 16:30 Europe/Zurich

Workshop
Location Archamps, France
Venue: European Scientific Institute (ESI)
Dates: 19-21 June 2018

Ideas and technologies for a next-generation facility for medical research and therapy with ions

MAIN TOPICS:

- ▶ EXISTING FACILITIES
- ▶ CURRENT INITIATIVES
- ▶ NEW TECHNOLOGIES
- ▶ DESIGN PARAMETERS
- ▶ TECHNICAL OPTIONS

<https://indico.cern.ch/b/ims2018>

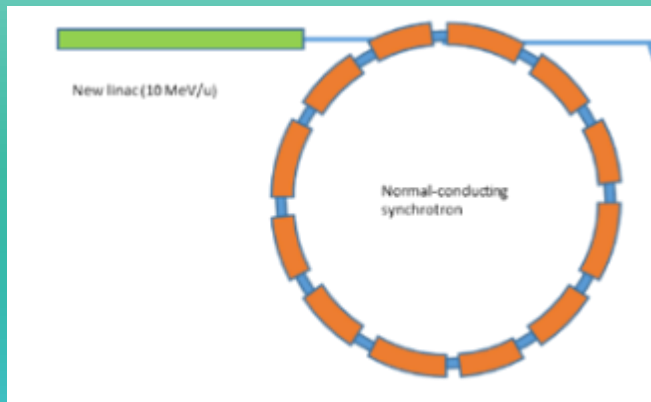
ORGANIZATION	International Advisory Committee U. Amaldi (ITEPA, Italy) F. Bordry (CERN, Switzerland) J. Debus (HTI, Germany) M. Durante (TEPPA, INFN, Italy) P. Giubellino (GSI & FAIR, Germany) R. Miralbell (HUG, Switzerland) S. Rossi (CNAO, Italy) H. Specht (Univ. of Heidelberg, Germany) E. Tessemels (CERN, Switzerland) U. Weinrich (GSI & FAIR, Germany) A. Zens (MedAustron, Austria)	Programme Committee M. Cirilli (CERN, Switzerland) M. Dossanj (CERN/ENLIGHT, Switzerland) Y. Foka (GSI & FAIR, Germany) C. Geetha (GSI & FAIR, Germany) M. Pullia (CNAO, Italy) L. Rinolfi (ESI, France) M. Vretenar (CERN, Switzerland)	Organizing Committee V. Brimmer (CERN, Switzerland) Y. Foka (GSI & FAIR, Germany) B. Holland (ESI, France) M. Jenik (MOT, Poland) A. Katanasev (J.B. Sossin & SPbSU, Russia) L. Rinolfi (ESI, France) M. Vretenar (CERN, Switzerland)
---------------------	--	--	---



Three alternative accelerator designs

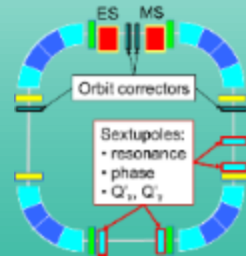
Improved synchrotron (warm)

Equipped with several innovative features: multi-turn injection for higher beam intensity, new injector at higher gradient and energy, multiple extraction schemes, multi-ion. Circumference ~ 75 m



Improved synchrotron (superconducting)

Equipped with the same innovative features as warm, but additionally 90° superconducting magnets. Circumference ~ 27 m

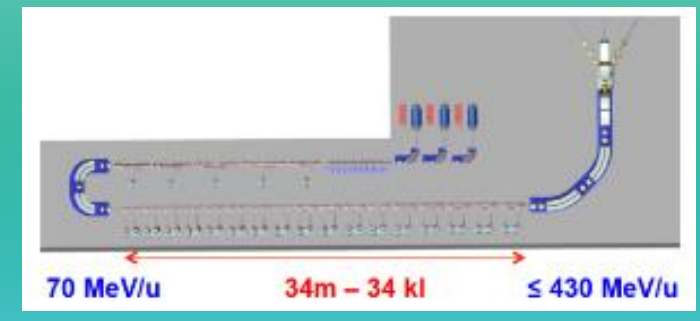
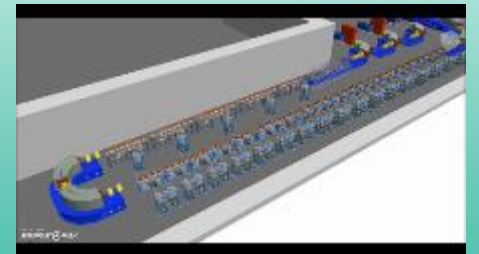


Courtesy: TERA



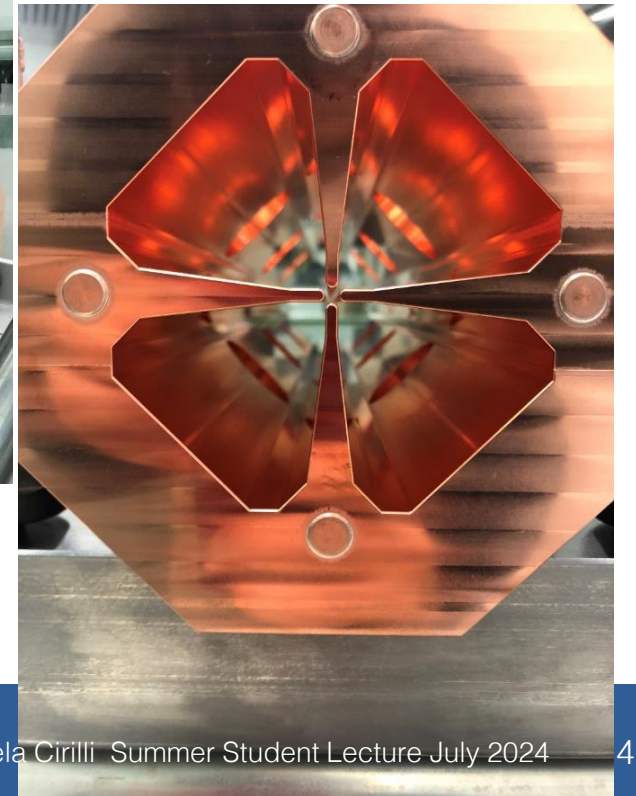
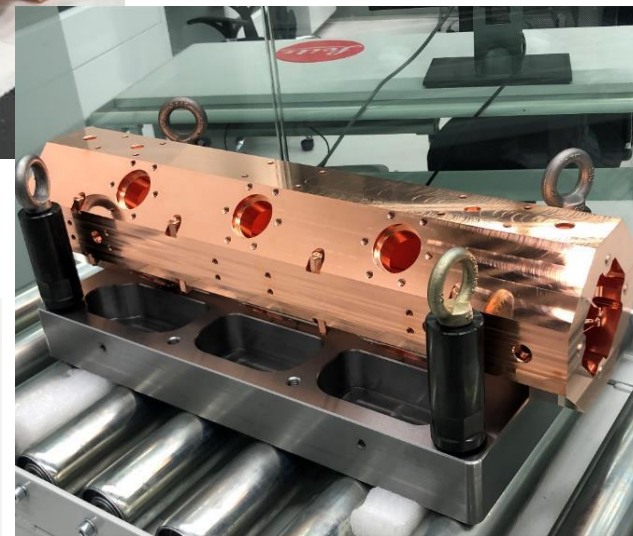
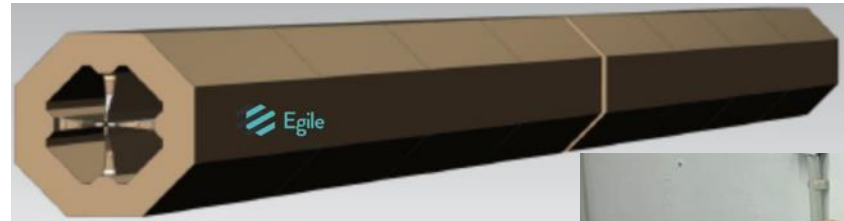
Linear accelerator

Linear sequence of accelerating cells, high pulse frequency. Length ~ 53 m



Other options considered as less interesting because of cost and/or required R&D: RC synchrotron, FFAG, SC cyclotron, PWFA

The RFQ for C⁶⁺ LINAC option



Collaboration CERN-CIEMAT-CDTI-Spanish industry
2.0 m long
750 MHz
Will deliver Carbon (or Helium) at 5 MeV (total energy)
Designed at CERN built in Spanish Industry

R&D on gantries

GaToroid: A Novel Concept for a Superconducting Compact and Lightweight Gantry for Hadron Therapy



Collaboration CNAO-
INFN-CERN-MedAustron

Developing enabling
technologies for a next-
generation compact and
lightweight rotating gantry



Protons stop...but where?



(Range uncertainty)

Courtesy Marco Durante

Range monitoring

Dosimetry

Moving organs

Clinical Trials


Combining Heavy-Ion Therapy with Immunotherapy: An Update on Recent Developments

Alexander Helm; Daniel K. Ebner; Walter Tinganelli; Palma Simoniello; Alessandra Bisio; Valentina Marchesano; Marco Durante; Shigeru Yamada; Takashi Shimokawa

Int J Part Ther (2018) 5 (1): 84–93.

<https://doi.org/10.14338/IJPT-18-00024.1>

Impact of proton therapy on antitumor immune response

[Céline Mirjolet](#) , [Anaïs Nicol](#), [Emeric Limagne](#), [Carole Mura](#), [Corentin Richard](#), [Véronique Morgand](#), [Marc Rousseau](#), [Romain Boidot](#), [François Ghiringhelli](#), [Georges Noel](#) & [Hélène Burckel](#)

Scientific Reports **11**, Article number: 13444 (2021) | [Cite this article](#)

FLASH therapy – a growing clinical interest

NATURE

May 23, 1959 VOL. 183

Modification of the Oxygen Effect when Bacteria are given Large Pulses of Radiation

D. L. DEWEY
J. W. BOAG

Research Unit in Radiobiology,
British Empire Cancer Campaign,
Mount Vernon Hospital,
Northwood.

> [Sci Transl Med.](#) 2014 Jul 16;6(245):245ra93. doi: 10.1126/scitranslmed.3008973.

Ultrahigh dose-rate FLASH irradiation increases the differential response between normal and tumor tissue in mice

Vincent Favaudon¹, Laura Caplier², Virginie Monceau³, Frédéric Pouzoulet⁴, Mano Sayarath⁴, Charles Fouillade⁴, Marie-France Poupon⁴, Isabel Brito⁵, Philippe Hupé⁶, Jean Bourhis⁷, Janet Hall⁴, Jean-Jacques Fontaine², Marie-Catherine Vozenin⁸

Affiliations + expand

PMID: 25031268 DOI: [10.1126/scitranslmed.3008973](#)

In vitro studies suggested that sub-millisecond pulses of radiation elicit less genomic instability than continuous, protracted irradiation at the same total dose. To determine the potential of ultrahigh dose-rate irradiation in radiotherapy, we investigated lung fibrogenesis in C57BL/6J mice exposed either to short pulses (≤ 500 ms) of radiation delivered at ultrahigh dose rate (≥ 40 Gy/s, FLASH) or to conventional dose-rate irradiation (≤ 0.03 Gy/s, CONV) in single doses. The growth of human HBCx-12A and HEP-2 tumor xenografts in nude mice and syngeneic TC-1 Luc(+) orthotopic lung tumors in C57BL/6J mice was monitored under similar radiation conditions. CONV (15 Gy) triggered lung fibrosis associated with activation of the TGF- β (transforming growth factor- β) cascade, whereas no complications developed after doses of FLASH below 20 Gy for more than 36 weeks after irradiation. FLASH irradiation also spared normal smooth muscle and epithelial cells from acute radiation-induced apoptosis, which could be reinduced by administration of systemic TNF- α (tumor necrosis factor- α) before irradiation. In contrast, FLASH was as efficient as CONV in the repression of tumor growth. Together, these results suggest that FLASH radiotherapy might allow complete eradication of lung tumors and reduce the occurrence and severity of early and late complications affecting normal tissue.

FLASH therapy – a growing clinical interest



Contents lists available at ScienceDirect

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com

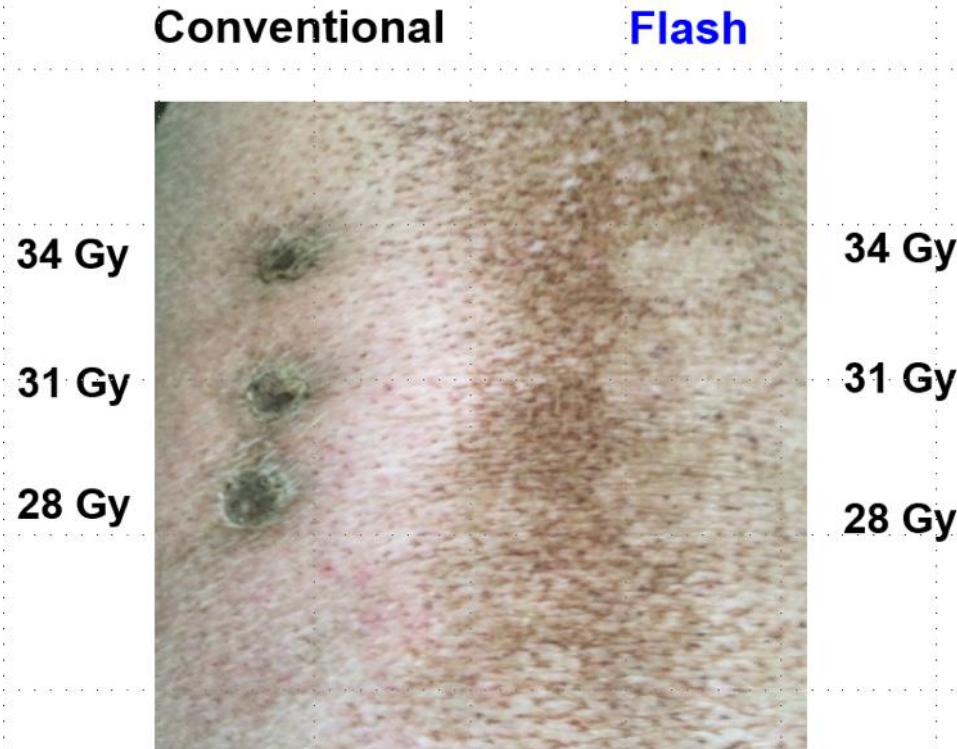


Original Article

Treatment of a first patient with FLASH-radiotherapy

Jean Bourhis^{a,b,*}, Wendy Jeanneret Sozzi^a, Patrik Gonçalves Jorge^{a,b,c}, Olivier Gaide^d, Claude Bailat^c, Frédéric Duclos^a, David Patin^a, Mahmut Ozsahin^a, François Bochud^c, Jean-François Germond^c, Raphaël Moeckli^{c,1}, Marie-Catherine Vozenin^{a,b,1}

^a Department of Radiation Oncology, Lausanne University Hospital and University of Lausanne; ^b Radiation Oncology Laboratory, Department of Radiation Oncology, Lausanne University Hospital and University of Lausanne; ^c Institute of Radiation Physics, Lausanne University Hospital and University of Lausanne; and ^d Department of Dermatology, Lausanne University Hospital and University of Lausanne, Switzerland

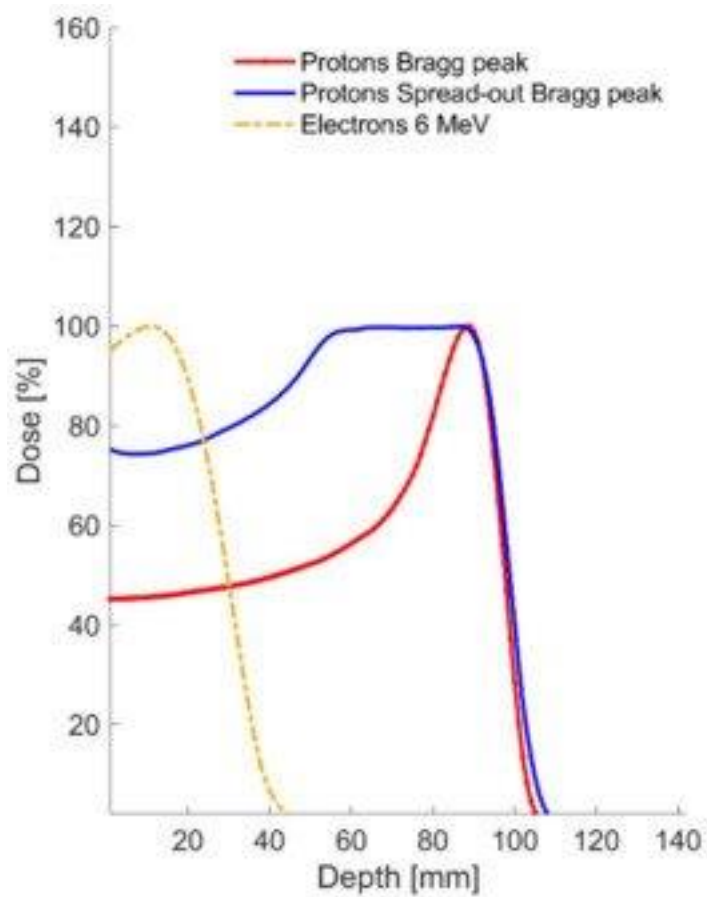


Vozenin et al
Clin Cancer Res
2018

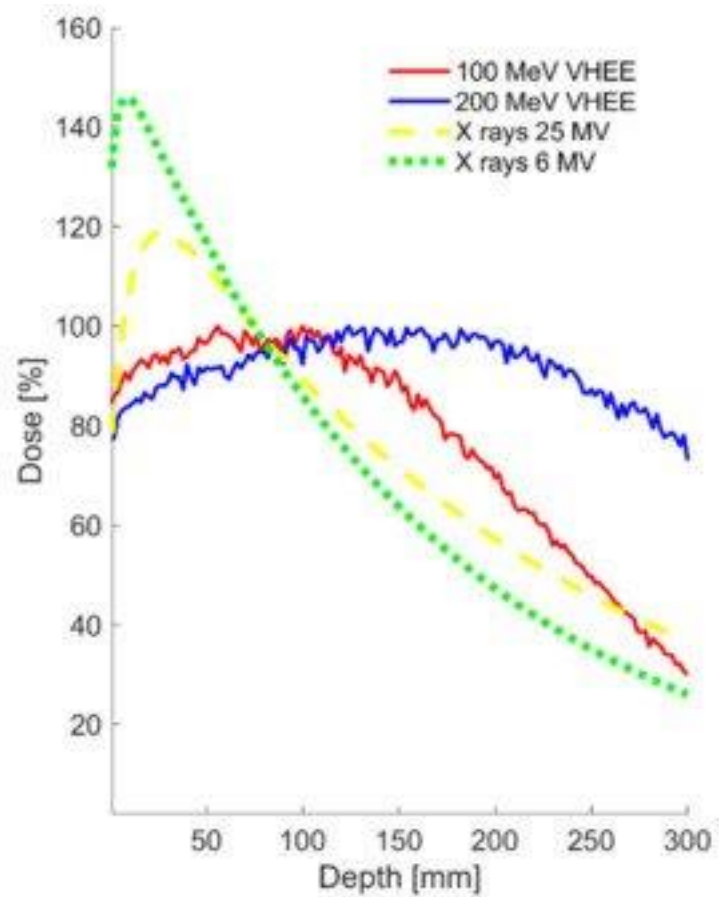


Fig. 1. Temporal evolution of the treated lesion: (a) before treatment; the limits of the PTV are delineated in black; (b) at 3 weeks, at the peak of skin reactions (grade 1 epithelitis NCI-CTCAE v 5.0); (c) at 5 months.

First human patient – skin cancer treated with 10 MeV-range electrons

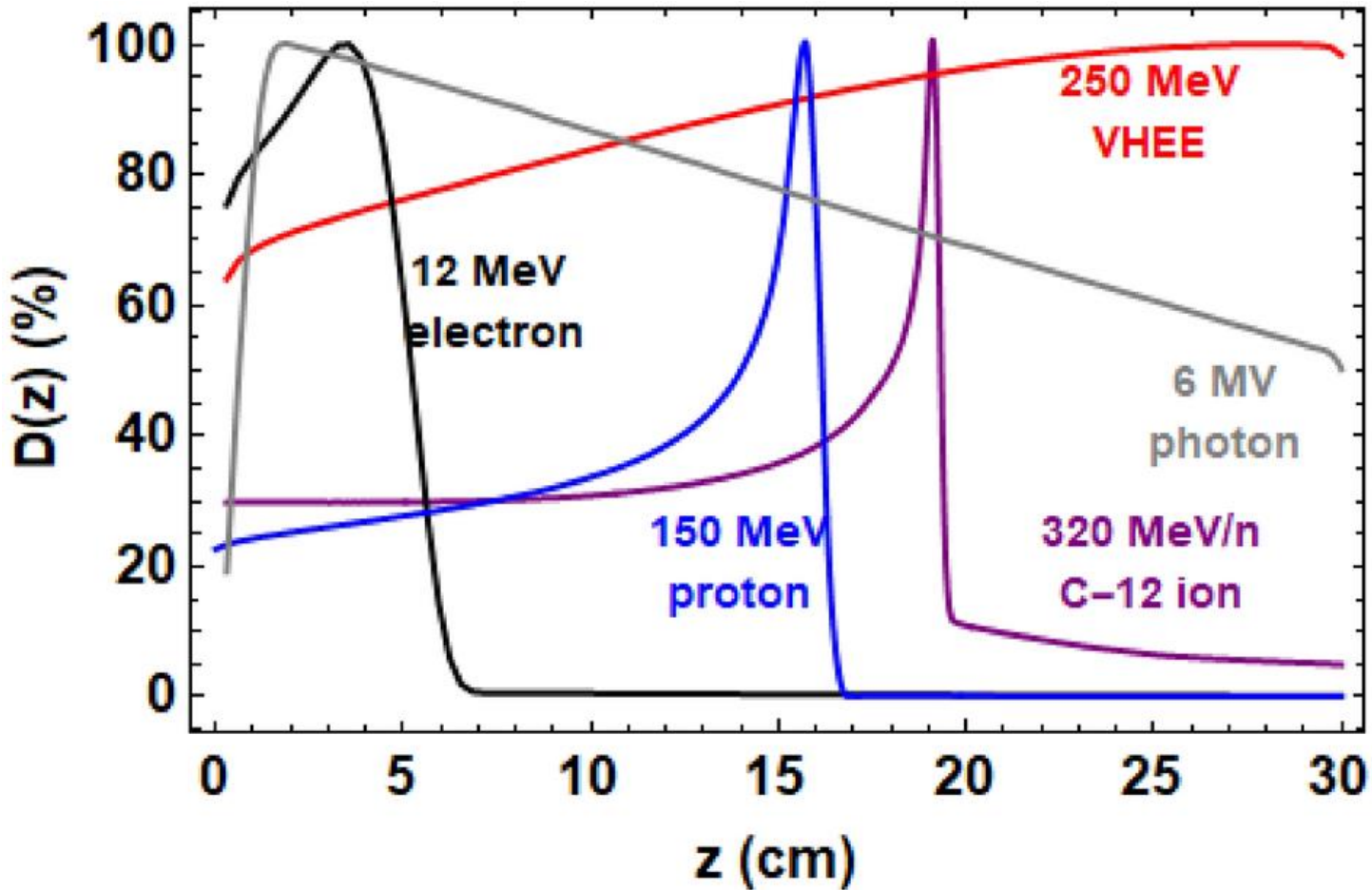


(a)



(b)

<https://www.mdpi.com/2072-6694/13/19/4942/htm>



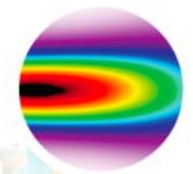
TOPAS-based Monte Carlo simulations of the integrated normalised dose deposited in the plane parallel to the direction of an incident Gaussian beam ($\sigma=4\text{mm}$). All beams are in the absence of focusing

<https://www.nature.com/articles/s41598-021-93276-8#Fig1>



VHEE'17

Very High Energy Electron
Radiotherapy: Medical &
Accelerator Physics Aspects
Towards Machine Realisation



JULY 24 – 26, 2017
COCKCROFT INSTITUTE

Scientific Programme Committee:

- | | |
|--------------------|--|
| Roger M. Jones | University of Manchester/Cockcroft Institute, UK – Chair |
| Colleen DesRosiers | Indiana University, USA |
| Angeles Faus-Golfe | IFIC, Spain, and CNRS/LAL, France |
| Dino Jaroszynski | University of Strathclyde, UK |
| Karen Kirkby | University of Manchester, UK |
| Ronald Mackay | The Christie, UK |
| Peter McIntosh | STFC Daresbury Laboratory, UK |
| Hywel Owen | University of Manchester/Cockcroft Institute, UK |
| Jiaru Shi | Tsinghua University, China |
| Sami Tantawi | SLAC National Accelerator Lab, USA |
| Marcel Van Herk | The Christie/Manchester University, UK |
| Alan Wheelhouse | STFC Daresbury Laboratory, UK |

Local Organizing Committee:

- | | |
|---------------------|--|
| Deepa Angal-Kalinin | STFC Daresbury Laboratory – Chair |
| Roger M. Jones | University of Manchester/Cockcroft Institute |
| Nirav Joshi | University of Manchester/Cockcroft Institute |
| Peter McIntosh | STFC Daresbury Laboratory |
| Hywel Owen | University of Manchester/Cockcroft Institute |
| Sue Waller | STFC Daresbury Laboratory |



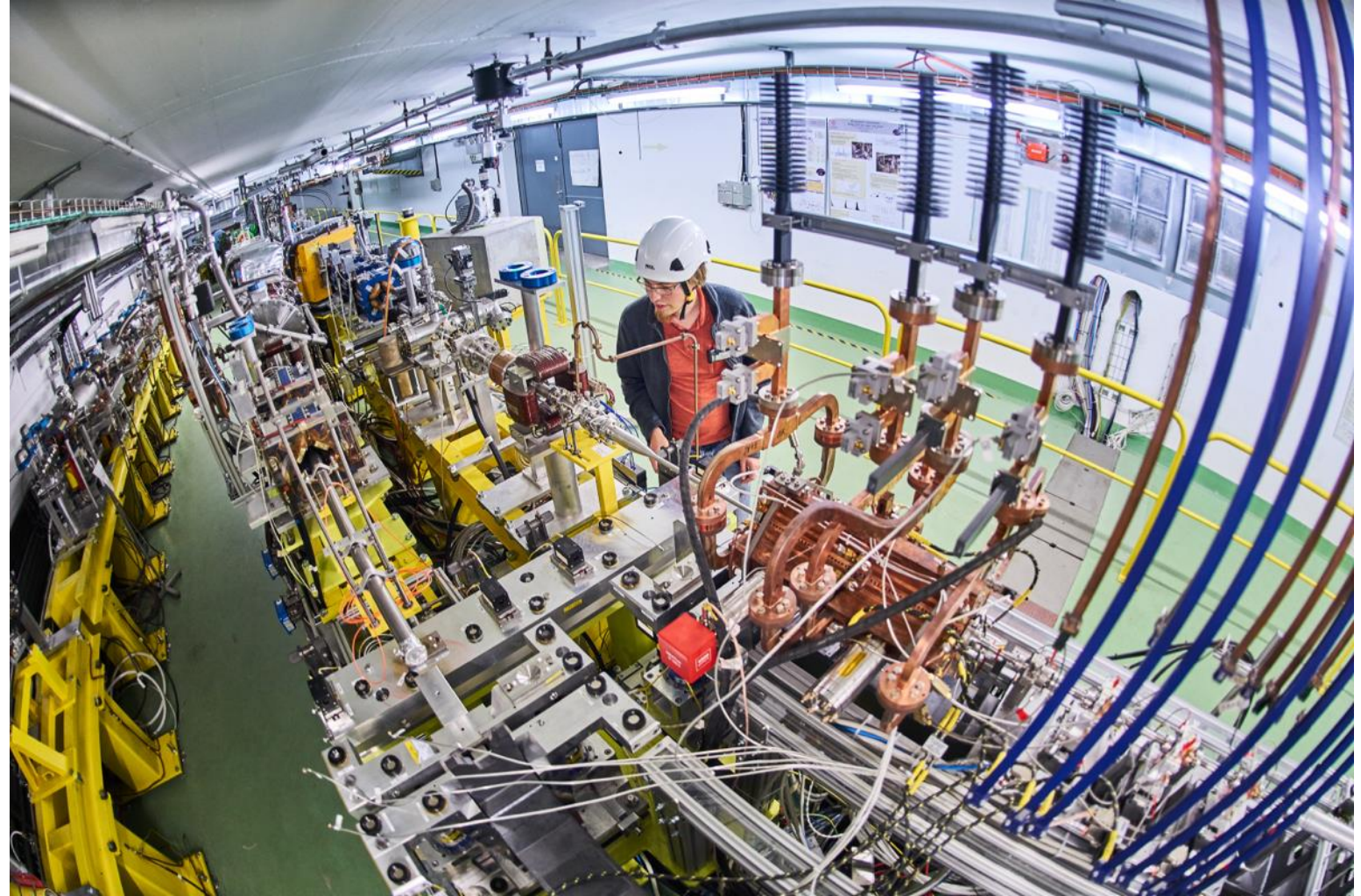
This workshop will explore fundamental issues associated with the development of a radiotherapy machine capable of delivering 250 MeV electrons at a high dose. We will explore both the dose delivery aspects, and the potential to realise a radiotherapy machine suitable for patient treatment.

www.cockcroft.ac.uk/events/VHEE17



The CERN Linear Electron Accelerator for Research (CLEAR)

CLEAR is a versatile 200 MeV electron linac + a 20m experimental beamline, operated at CERN as a multi-purpose user facility.



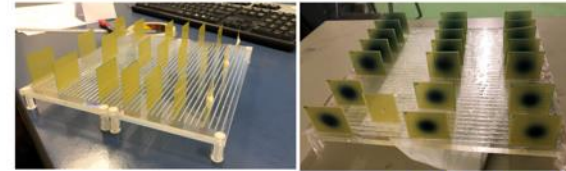
VHEE activities in CLEAR

Calibration of operational medical dosimeters
– nonlinear effects with high-dose short pulses

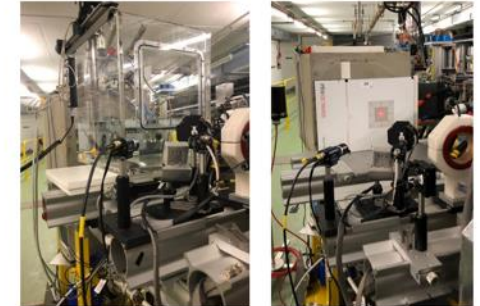
Verification of FLASH effect using biological dosimeters

Experimental verification of dose deposition profiles in water phantoms

Demonstration of “Bragg-like peak” deposition with focused beams



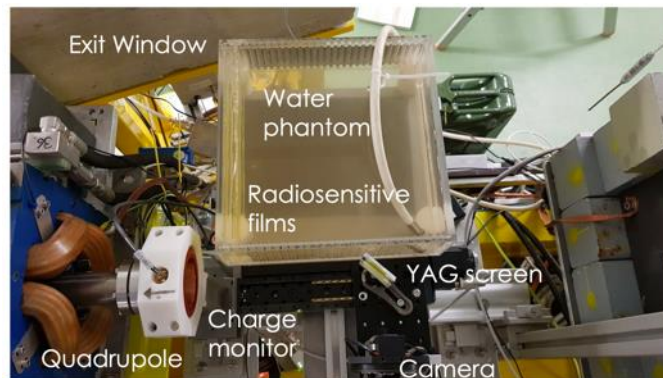
Films set-up for profile depth dose, CHUV Lausanne (M.C. Vozenin, C. Bailat, R. Moeckli et al.)



Advance Markus chambers and SRS Array, Oldenburg University and PTW (B. Poppe, D. Poppinga et al.)



Calorimeter and ROOS chamber, Nat. Phys. Lab. UK (A. Subiel et al.)



Strathclyde and Manchester

A. Lagdza, R. Jones et al., Influence of heterogeneous media on Very High Energy Electron (VHEE) dose penetration and a Monte Carlo-based comparison with existing radiotherapy modalities, Nuclear Inst. and Meth. in Physics Research, B, 482 (2020) 70-81.

M. McManus, A. Subiel et al., The challenge of ionisation chamber dosimetry in ultra-short pulsed high dose-rate Very High Energy Electron beams, Nature Scientific Reports (2020) 10-9089.

Small, K.L., Henthorn, et al., Evaluating very high energy electron RBE from nanodosimetric pBR322 plasmid DNA damage, Nature Sci. Rep. 11, 3341 (2021).

D. Poppinga et al., VHEE beam dosimetry at CERN Linear Electron Accelerator for Research under ultra-high dose rate conditions, 2021 Biomed. Phys. Eng. Express 7 015012.

Kokurewicz, K., Brunetti, E., Curcio, A. et al. An experimental study of focused very high energy electron beams for radiotherapy, Nature Commun. Phys. 4, 33 (2021).

Table 1. Main parameters for the VHEE sources cited in this document.

Beam Parameters	CLEAR	SPARC	NLCTA
Energy (MeV)	50–220	170	50–120
Bunch charge (pC/shot)	150	60	30
Bunch length rms (ps)	0.1–10	0.87	1
Repetition rate (Hz)	0.8–10	0.1–10	0.1–10
Beam size at water phantom surface (σ mm)	1.2	3.4	2

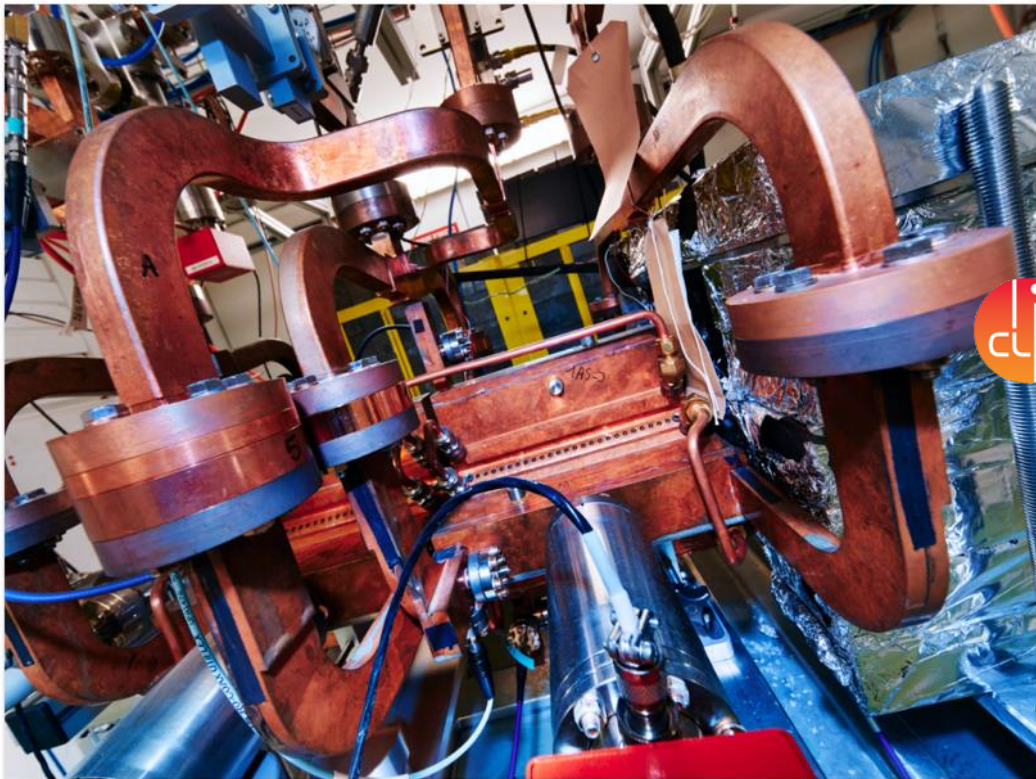
Table 2. List of facilities or accelerators under development for VHEE production.

Beam Parameters	PHASER	CLARA	PITZ	Argonne	Tsinghua University
Energy (MeV)	100–200	50 (–250)	20 (–250)	6–63	45 (–350)
Bunch charge (pC/shot)	-	20–100	0.1–5000	100–10 ⁵	200
Bunch length rms (ps)	3.10 ⁵	0.3–5	30	0.3	<2
Repetition rate (Hz)	10	10 (–100)	10	0.5–10	5–50

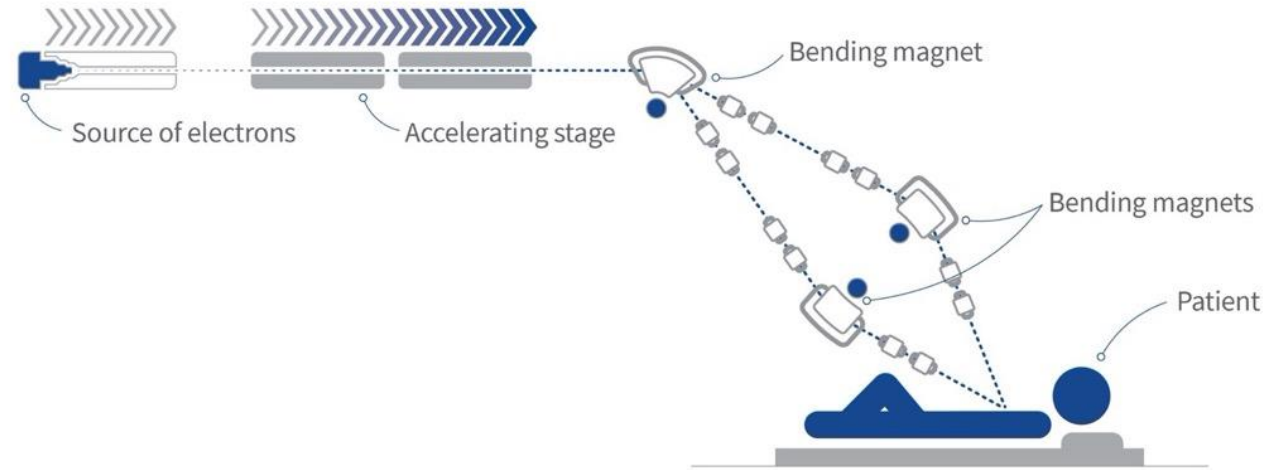
<https://www.mdpi.com/2072-6694/13/19/4942/htm>

FLASH VHEE therapy

CLIC technology for a FLASH VHEE facility designed by CERN in collaboration with CHUV that will be realized by THERYQ



Close-up of the Compact Linear Collider prototype, on which the electron FLASH design is based (Image: CERN)



An intense beam of electrons is produced in a photoinjector, accelerated to around 100 MeV and then is expanded, shaped and guided to the patient.

The design of this facility is the result of an intense dialogue between groups at CHUV and CERN.

Jean Bourhis from CHUV:
“The clinical need that we have really converges with the technological answer that CERN has.”

The remarkable connection between CLIC technology and FLASH electron therapy

Very intense electron beams

CLIC – to provide brightness needed for delicate physics experiments

FLASH – to provide dose fast for biological FLASH effect

Very precisely controlled electron beams

CLIC – to reduce the power consumption of the facility

FLASH – to provide reliable treatment in a clinical setting

High accelerating gradient (that is high beam energy gain per length)

CLIC – fit facility in Lac Lemman region and limit cost

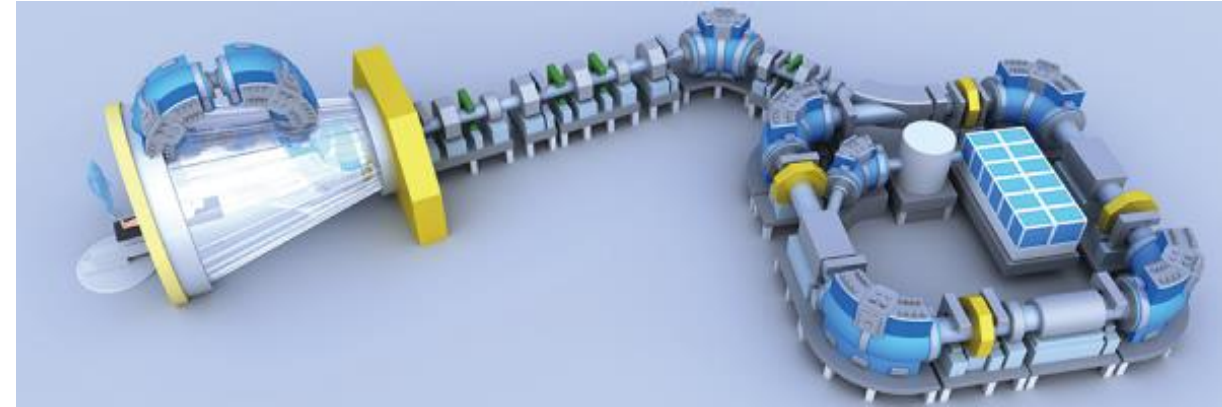
FLASH – fit facility on typical hospital campuses and limit cost of treatment



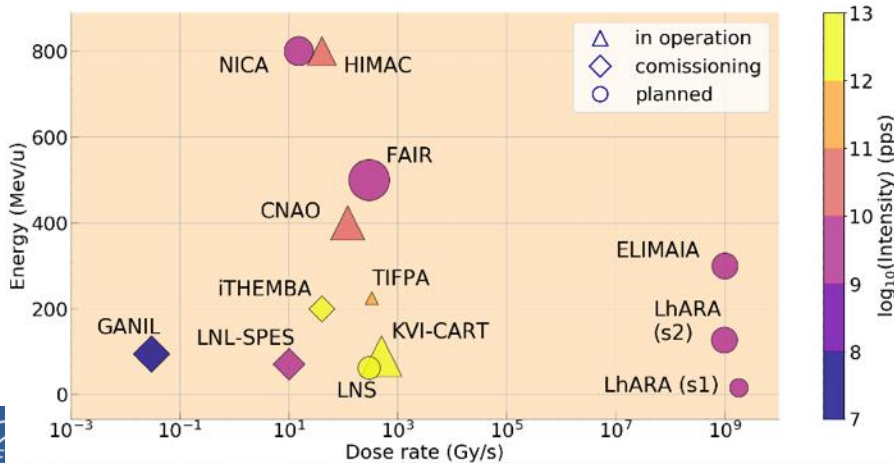
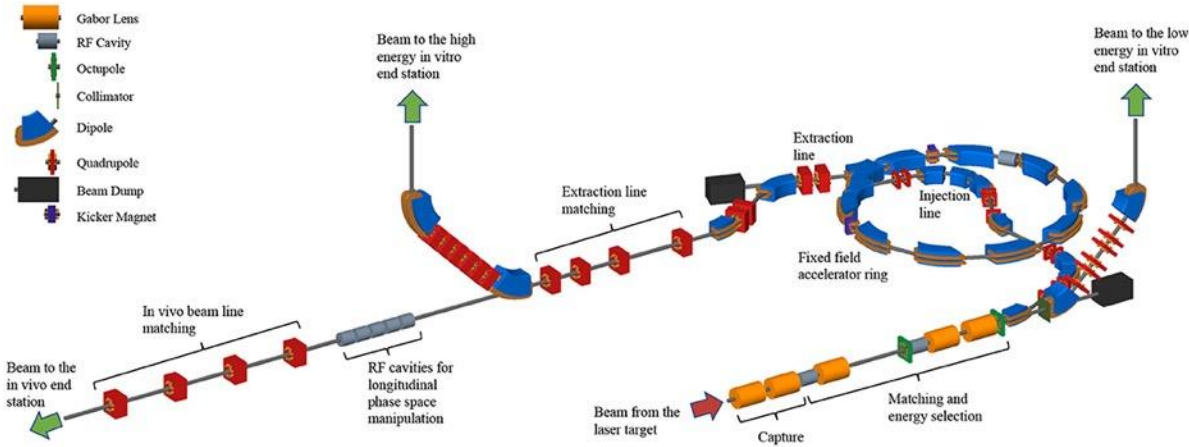
CERN KT Seminar on April 26th, 2021
<https://indico.cern.ch/event/975980/>

Look even further

Quantum Scalpel



Laser-hybrid Accelerator for Radiobiological Applications



Credit: LhARA Consortium

5th generation facility:

Superconducting synchrotron

Multi-ion irradiation system

Injector with laser acceleration technology

Rotating gantry with HTS magnets

Microsurgery system



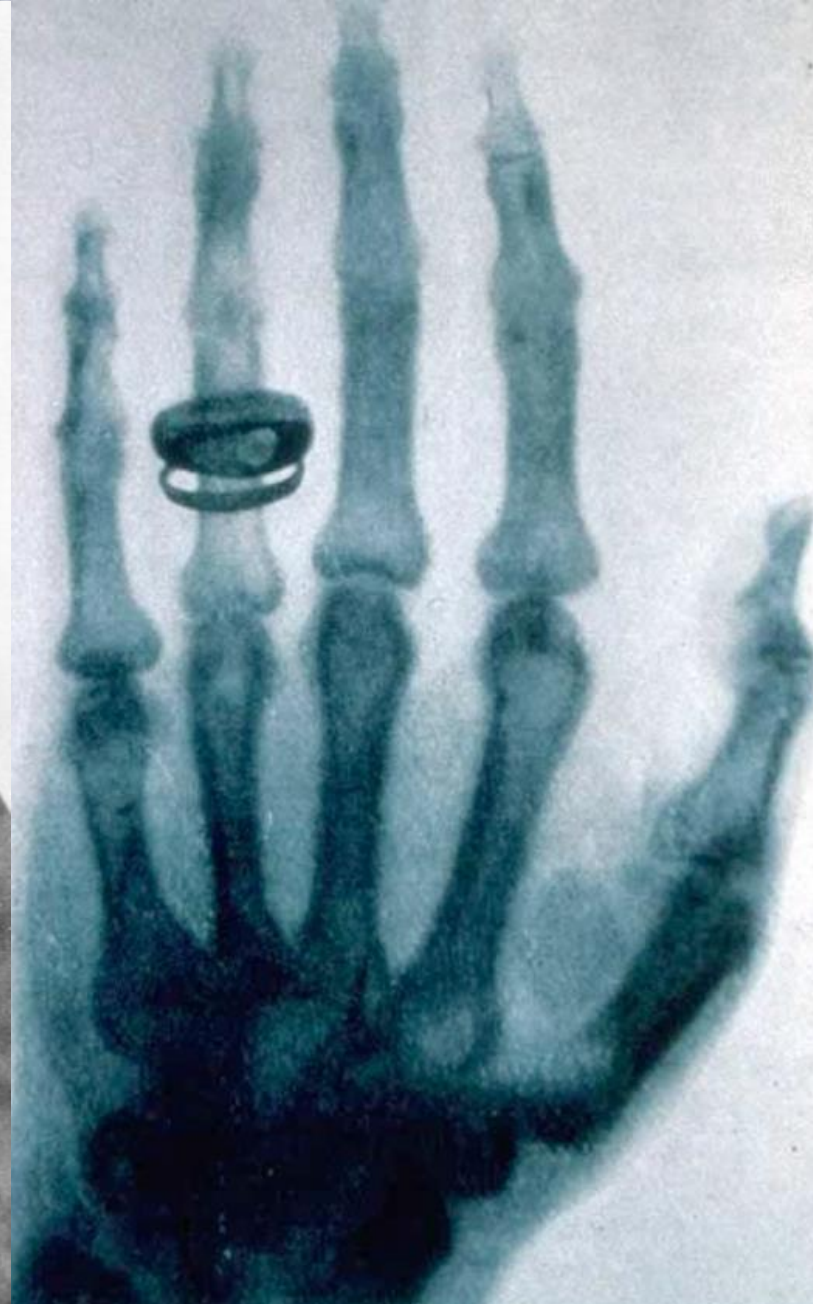
End part I



Photo: CNAO treatment room



X RAYS



Georges Charpak's MWPC

EUROPEAN ORGANIZATION FOR NUCLEAR RESEARCH

File: *Charpak chambers*

BN
Htu
EF-1

THE USE OF MULTIWIRE PROPORTIONAL COUNTERS
TO SELECT AND LOCALIZE CHARGED PARTICLES

G. Charpak, R. Bouclier, T. Bressani, J. Favier
and Č. Zupančič
CERN, Geneva, Switzerland.

ABSTRACT

Properties of chambers made of planes of independent wires placed between two plane electrodes have been investigated. A direct voltage is applied to the wires. It has been checked that each wire works as an independent proportional counter down to separation of 0.1 cm between wires.

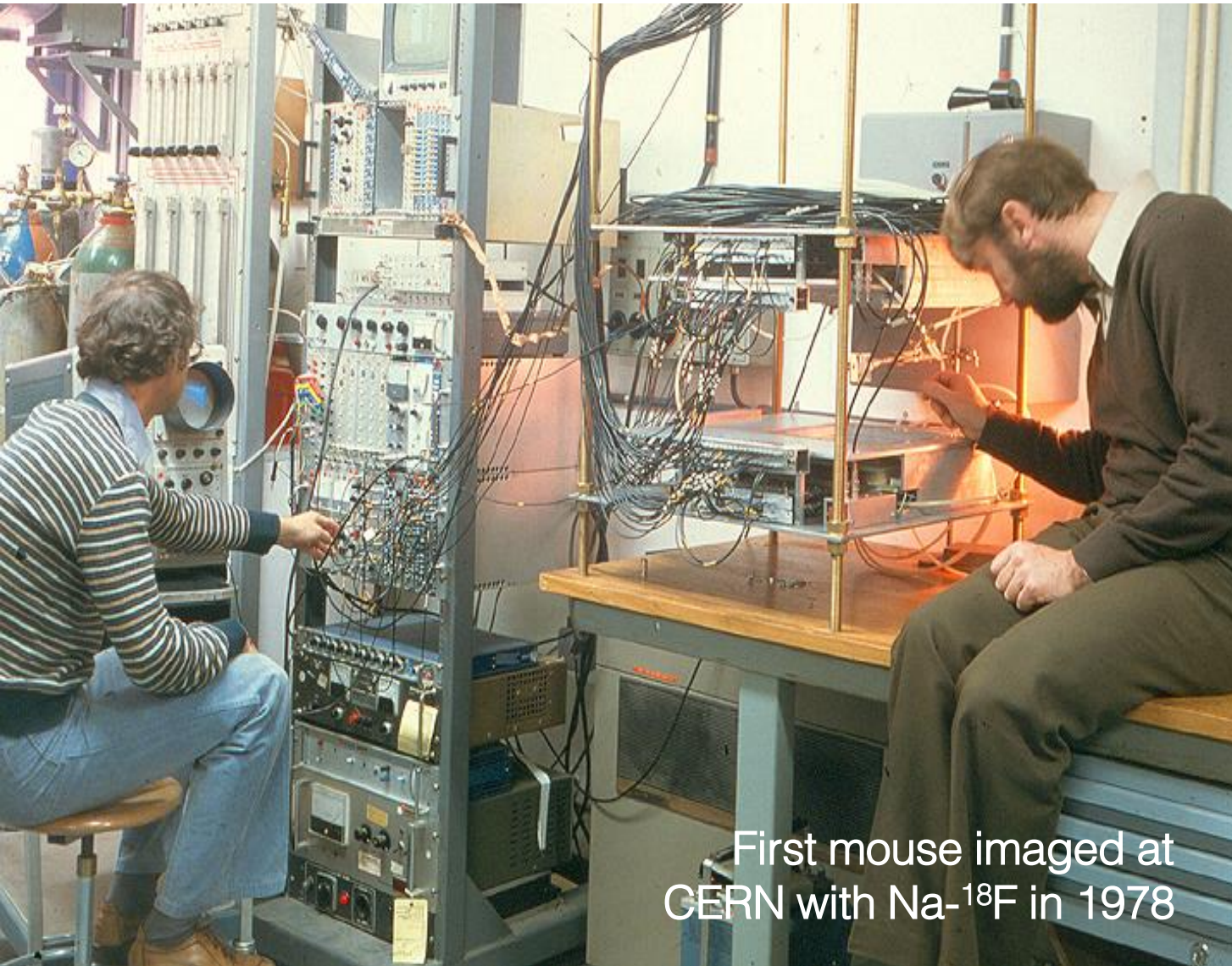
- Counting rates of 10^5 /wire are easily reached.
- Time resolutions of the order of 100 nsec have been obtained in some gases.
- It is possible to measure the position of the tracks between the wires using the time delay of the pulses.
- Energy resolution comparable to the one obtained with the best cylindrical chambers is observed.
- The chambers can be operated in strong magnetic fields.

Geneva - 23 February, 1968
(Submitted to Nucl. Instrum. and Methods)

SIS/kw/sb



David Townsend, Alan Jeavons



First mouse imaged at GERN with Na-¹⁸F in 1978

SCAN OF MOUSE SKELETON . 5.7 μ C, F¹⁸ (positron emission)
1 bin \equiv 1mm x 1mm. Plane spacing = 1 cm.

TOMOGRAM

RECONSTRUCTION



+ 8.0 cm.



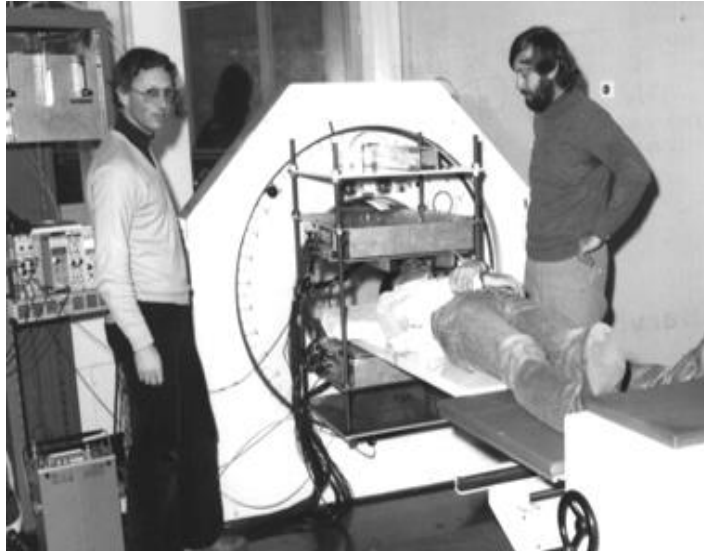
+ 9.0 cm.



+ 10.0 cm.



David Townsend, Alan Jeavons



Phys. Med. Biol., 1983, Vol. 28, No. 9, 1009–1019. Printed in Great Britain
A general method for three-dimensional filter computation

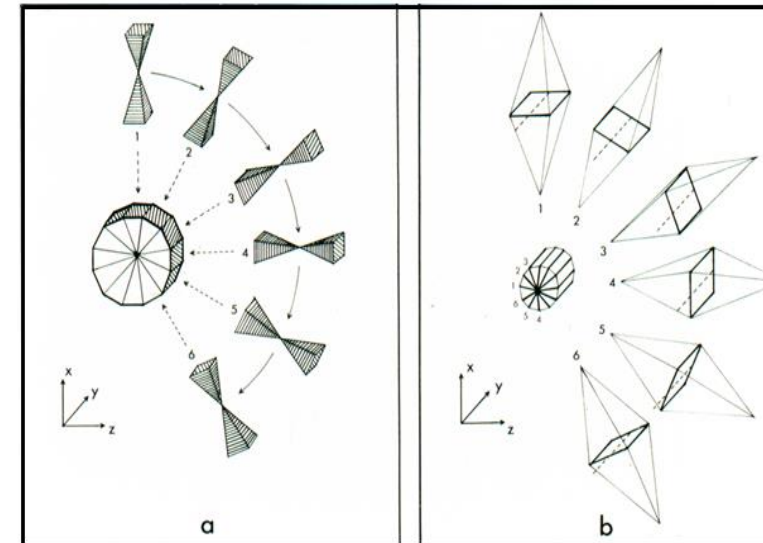
B Schorr†, D Townsend‡ and R Clack‡

† DD Division, CERN, Geneva, Switzerland

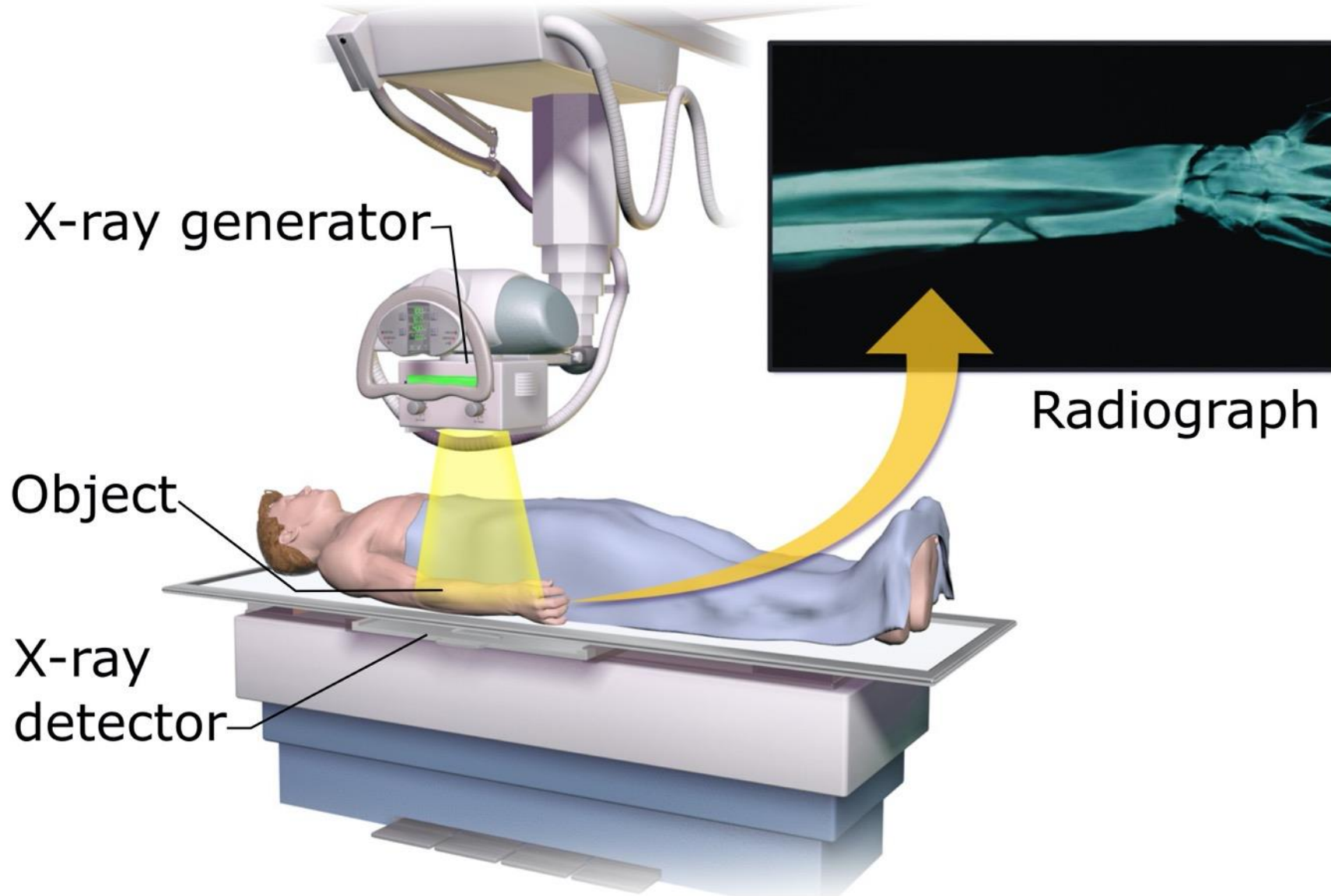
‡ Department of Nuclear Medicine, Cantonal Hospital, Geneva, Switzerland

Received 24 September 1982, in final form 7 February 1983

Abstract. Application of the Fourier space deconvolution algorithm to three-dimensional (3D) reconstruction problems necessitates the computation of a frequency space filter; which requires taking the 3D Fourier transform of the system response function. In this paper, it is shown that for system response functions of the specific form $d(\theta, \varphi)/r^2$, with $d(\theta, \varphi)$ an angular function describing the imaging system, the filter computation can always be reduced to a single integration which, in many cases, may be performed analytically. Complete expressions are derived for the general 3D filter, and two examples are given to illustrate the use of such expressions.

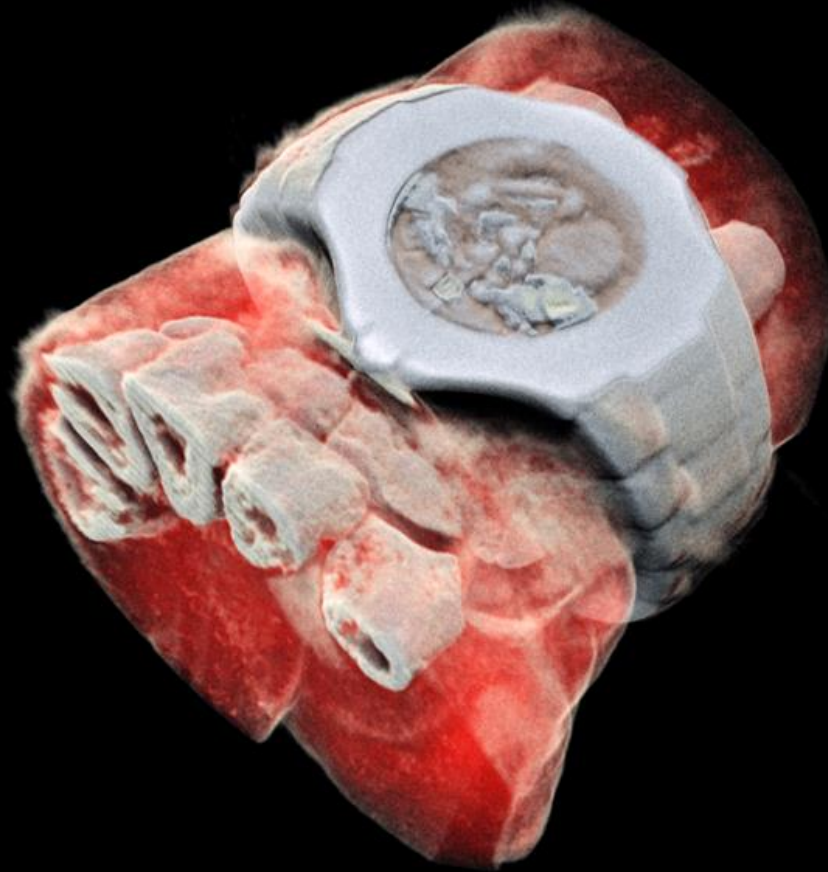


Projectional radiography



https://en.wikipedia.org/wiki/X-ray_detector#/media/File:Projectional_radiography_components.jpg
Blausen Medical Annotations by Mikael Haggström - By Blaussen Medical.
<https://creativecommons.org/licenses/by-sa/4.0/>

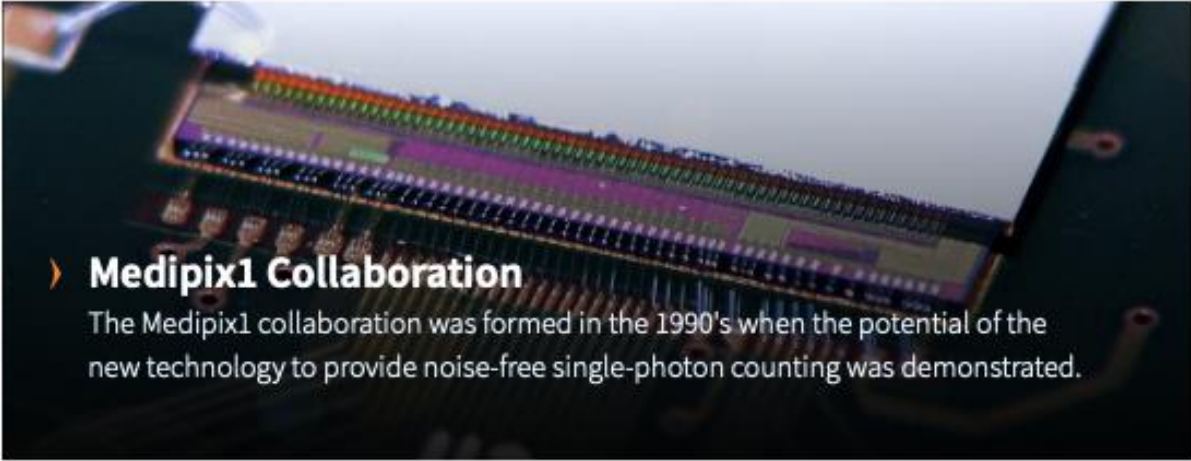
Fast forward to 2018



First 3D colour X-ray of human extremities using the Medipix3 technology developed at CERN

Medipix

A family of pixel detector read-out chips for particle imaging and detection developed by the Medipix Collaborations



A photograph of a Medipix1 chip, showing a long, narrow array of colorful pixels (red, green, blue, purple) on a dark substrate, with a gold-colored edge connector.

Medipix1 Collaboration

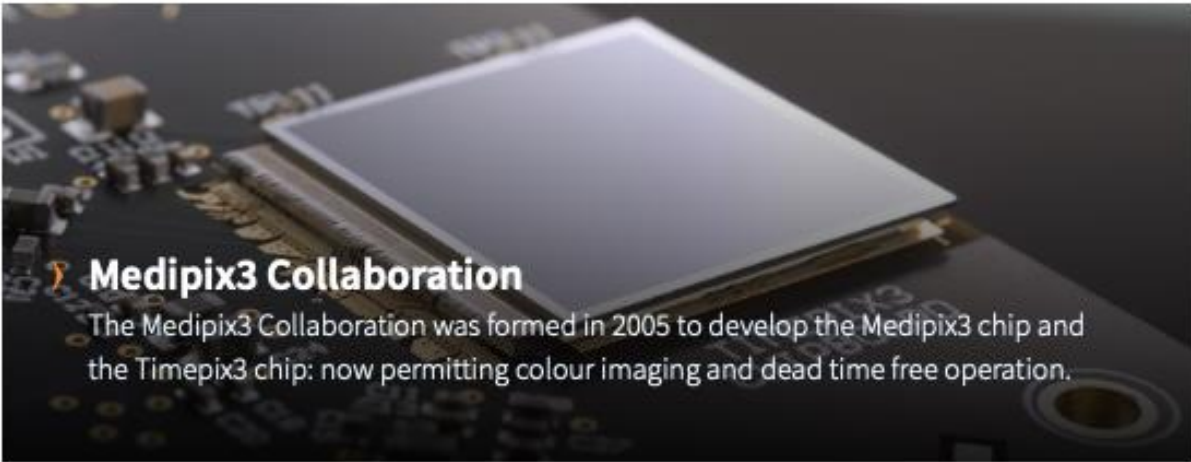
The Medipix1 collaboration was formed in the 1990's when the potential of the new technology to provide noise-free single-photon counting was demonstrated.



A photograph of a Medipix2 probe card, showing a square chip mounted on a green PCB with various components and labels like 'IC1', 'C10', 'C15', 'C16', 'C11', 'C12', 'C13', 'C14', 'IC2', 'IC3', 'IC4', 'IC5', 'IC6', 'IC7', 'IC8', 'IC9', 'IC10', 'IC11', 'IC12', 'IC13', 'IC14', 'IC15', 'IC16', 'IC17', 'IC18', 'IC19', 'IC20', 'IC21', 'IC22', 'IC23', 'IC24', 'IC25', 'IC26', 'IC27', 'IC28', 'IC29', 'IC30', 'IC31', 'IC32', 'IC33', 'IC34', 'IC35', 'IC36', 'IC37', 'IC38', 'IC39', 'IC40', 'IC41', 'IC42', 'IC43', 'IC44', 'IC45', 'IC46', 'IC47', 'IC48', 'IC49', 'IC50', 'IC51', 'IC52', 'IC53', 'IC54', 'IC55', 'IC56', 'IC57', 'IC58', 'IC59', 'IC60', 'IC61', 'IC62', 'IC63', 'IC64', 'IC65', 'IC66', 'IC67', 'IC68', 'IC69', 'IC70', 'IC71', 'IC72', 'IC73', 'IC74', 'IC75', 'IC76', 'IC77', 'IC78', 'IC79', 'IC80', 'IC81', 'IC82', 'IC83', 'IC84', 'IC85', 'IC86', 'IC87', 'IC88', 'IC89', 'IC90', 'IC91', 'IC92', 'IC93', 'IC94', 'IC95', 'IC96', 'IC97', 'IC98', 'IC99', 'IC100'. The text 'MEDIPIX PROBE CARD' is visible on the PCB.

Medipix2 Collaboration


The Medipix2 Collaboration was formed in 1999 with the aim of developing a single photon counting pixel detector readout chip using a 0.25 μm CMOS process.



A photograph of a Medipix3 chip, showing a square, white, square-shaped chip mounted on a dark PCB with gold-colored edge connectors.

Medipix3 Collaboration

The Medipix3 Collaboration was formed in 2005 to develop the Medipix3 chip and the Timepix3 chip: now permitting colour imaging and dead time free operation.

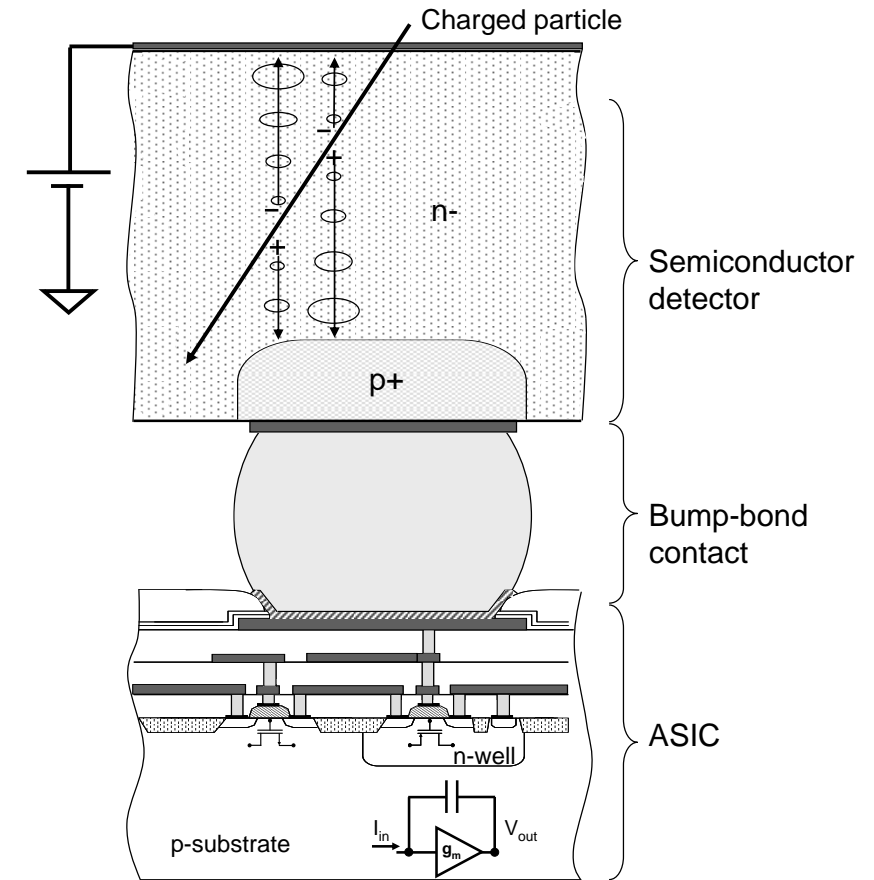
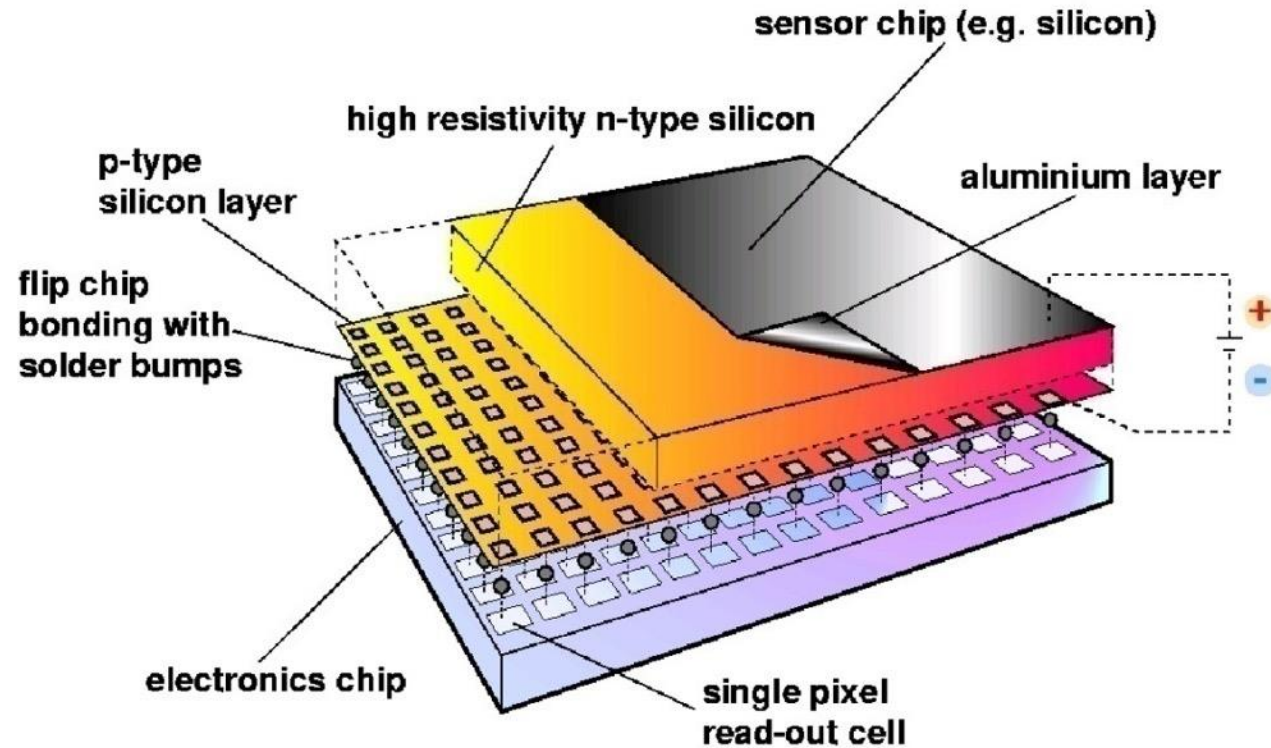
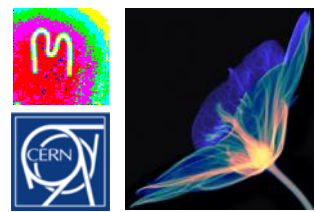


A photograph of two Medipix4 chips, one purple and one red, mounted on a dark PCB with gold-colored edge connectors.

Medipix4 Collaboration

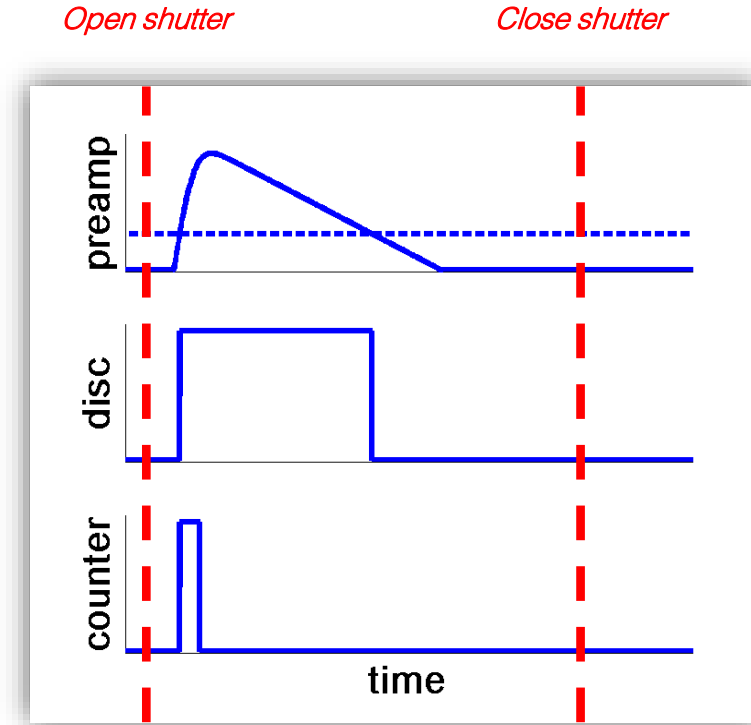
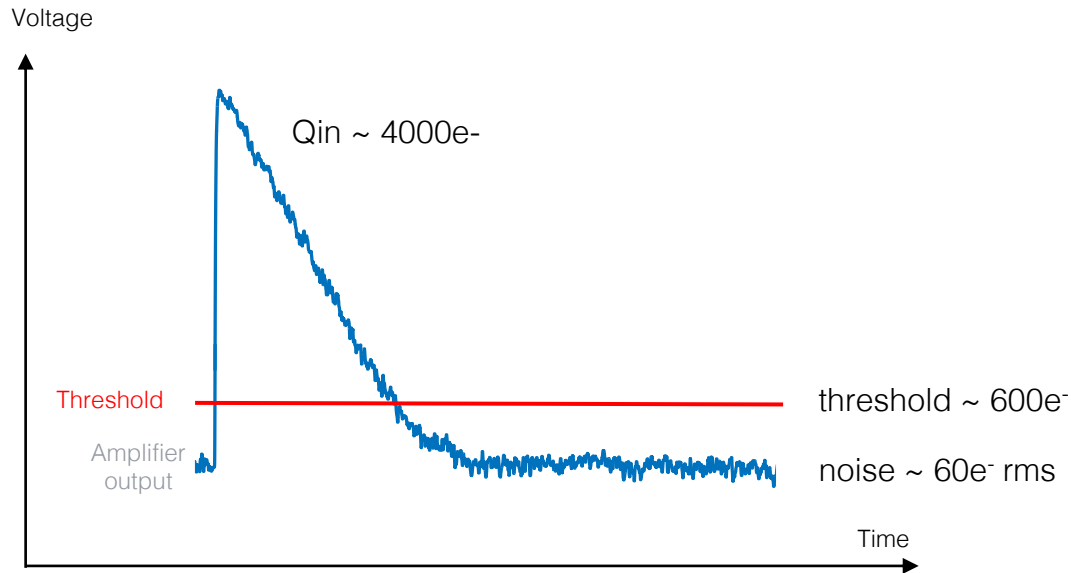
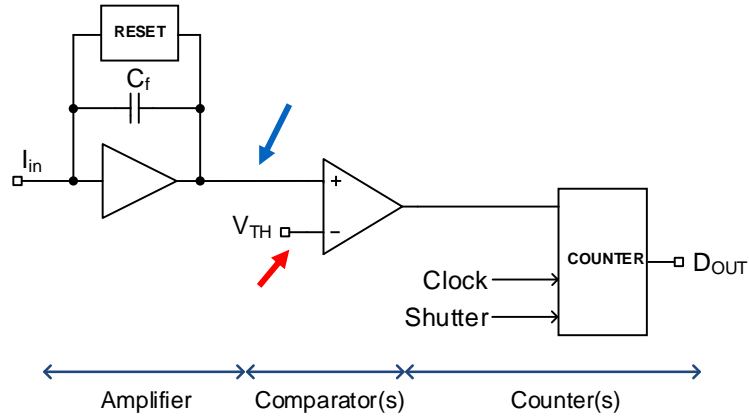
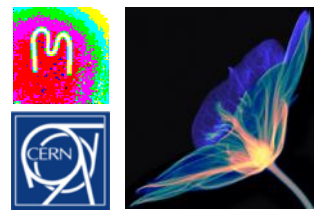
The Medipix4 Collaboration was launched in 2017. The aim is designing pixel read-out chips fully prepared for TSV processing that may be tiled on all four sides.

Hybrid Silicon Pixel Detectors



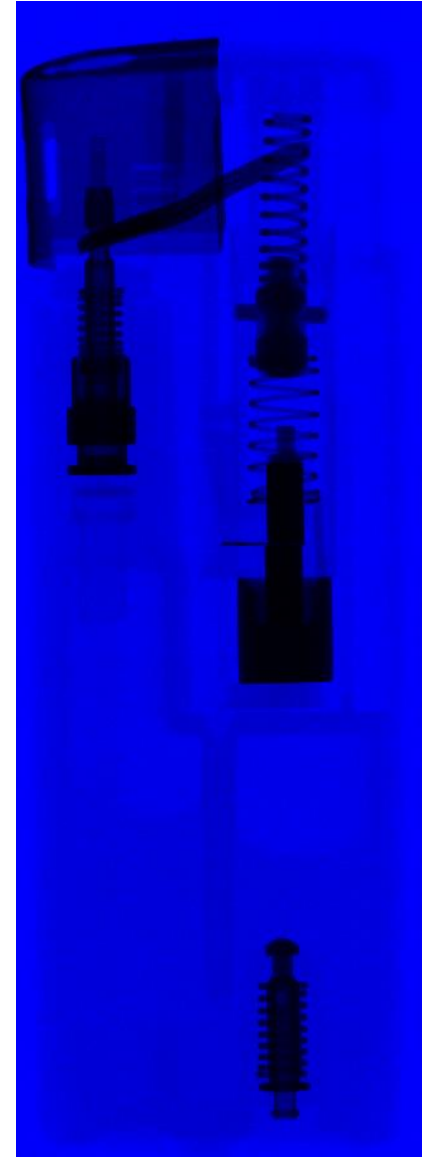
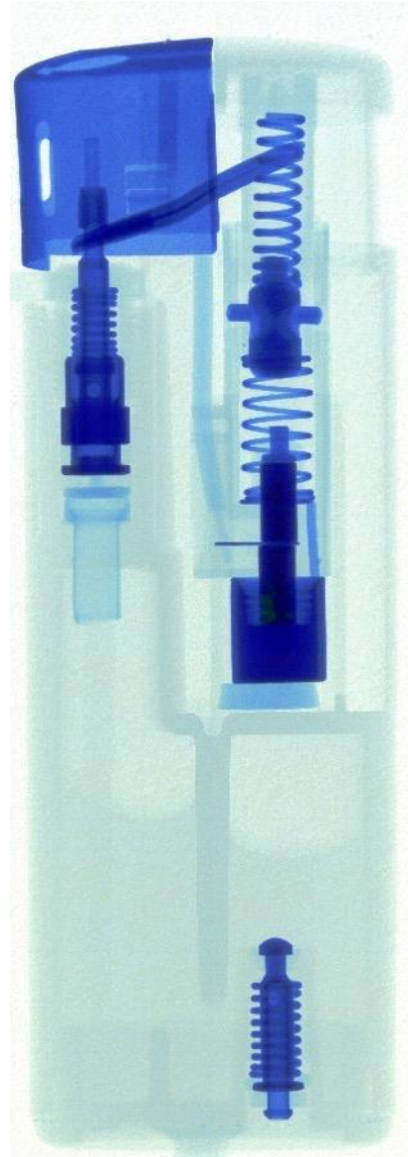
Noise-hit free particle detection
Standard CMOS can be used allowing on-pixel signal processing
Sensor material can be changed (Si, GaAs, CdTe..)

Hybrid Silicon Pixel Detectors: counting electronics



→ Noise hit free imaging

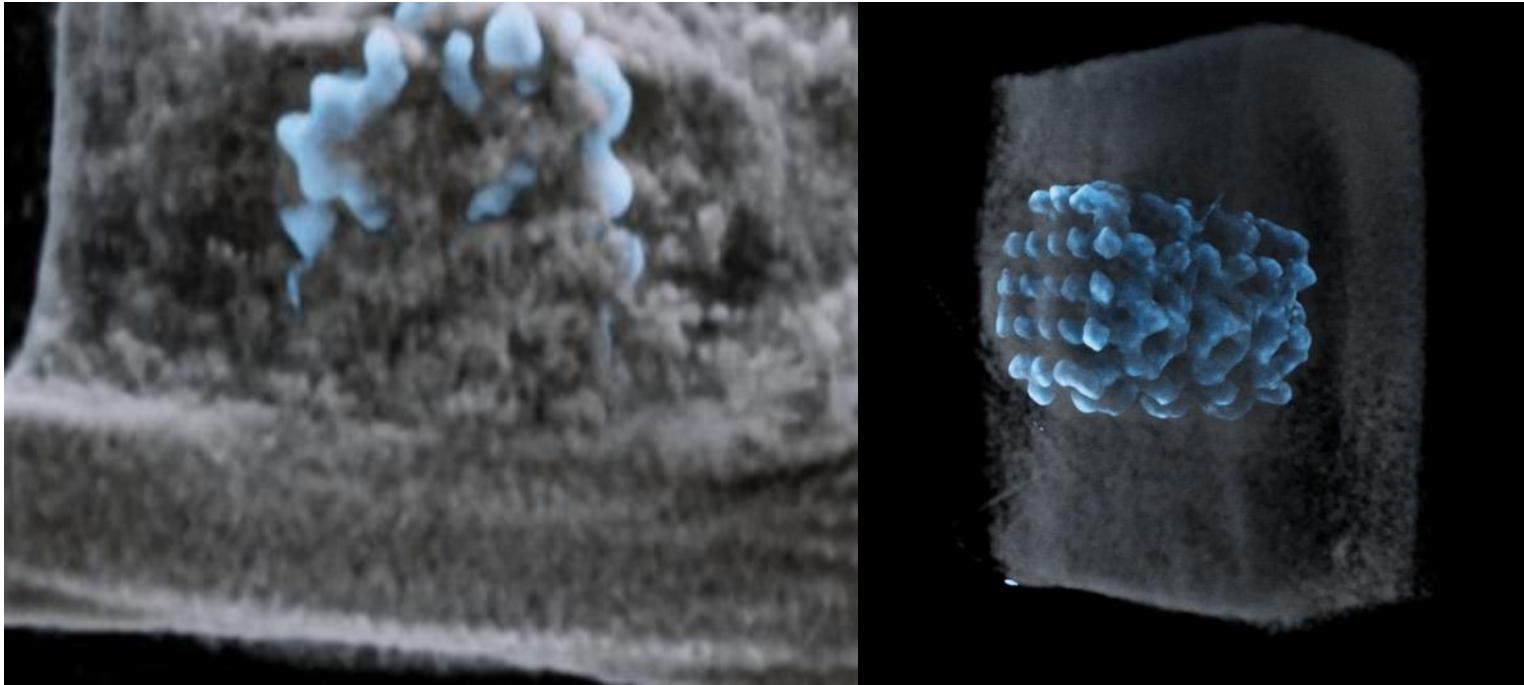
Colour x-ray of a lighter



S. Procz et al.

Spectral imaging of Joints

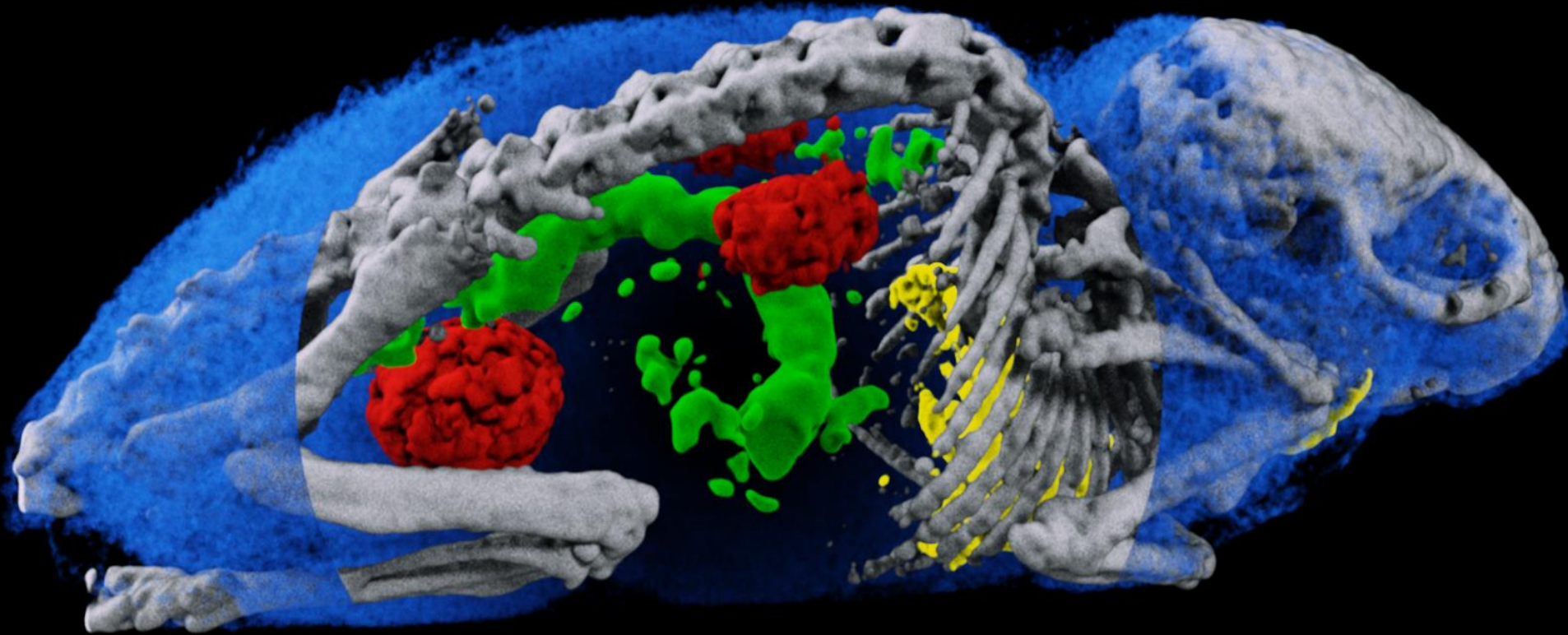
Titanium implant in sheep bone



Enables better understanding of

- process of bone ingrowth
- bone / implant interface

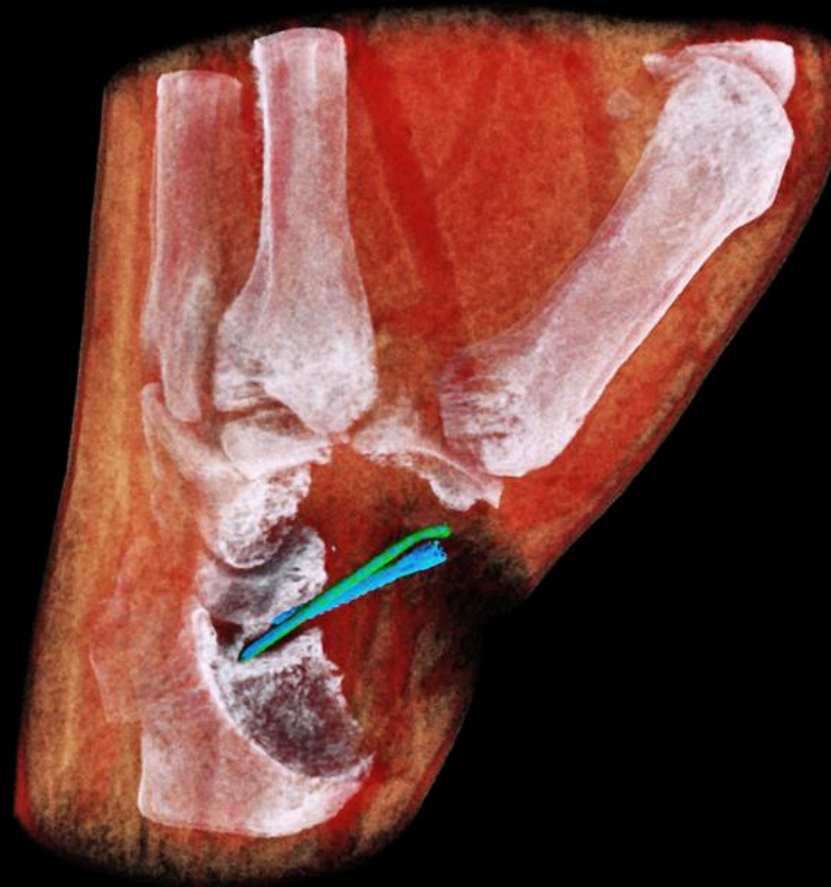
Spectroscopic information permits material separation



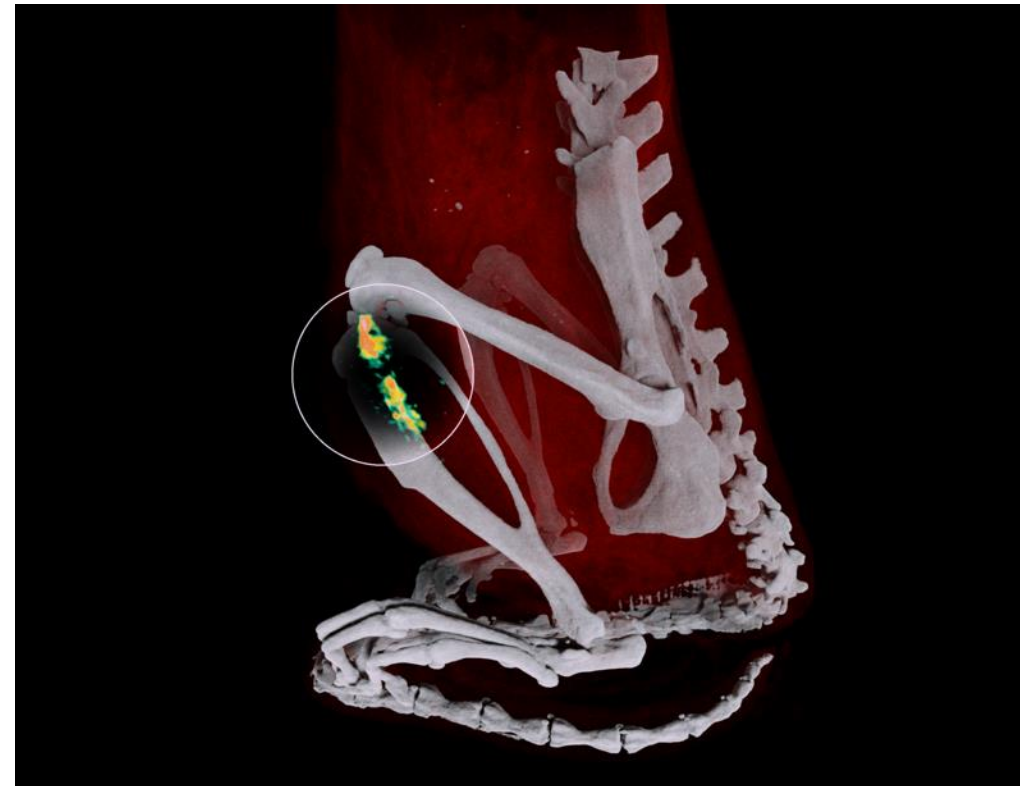
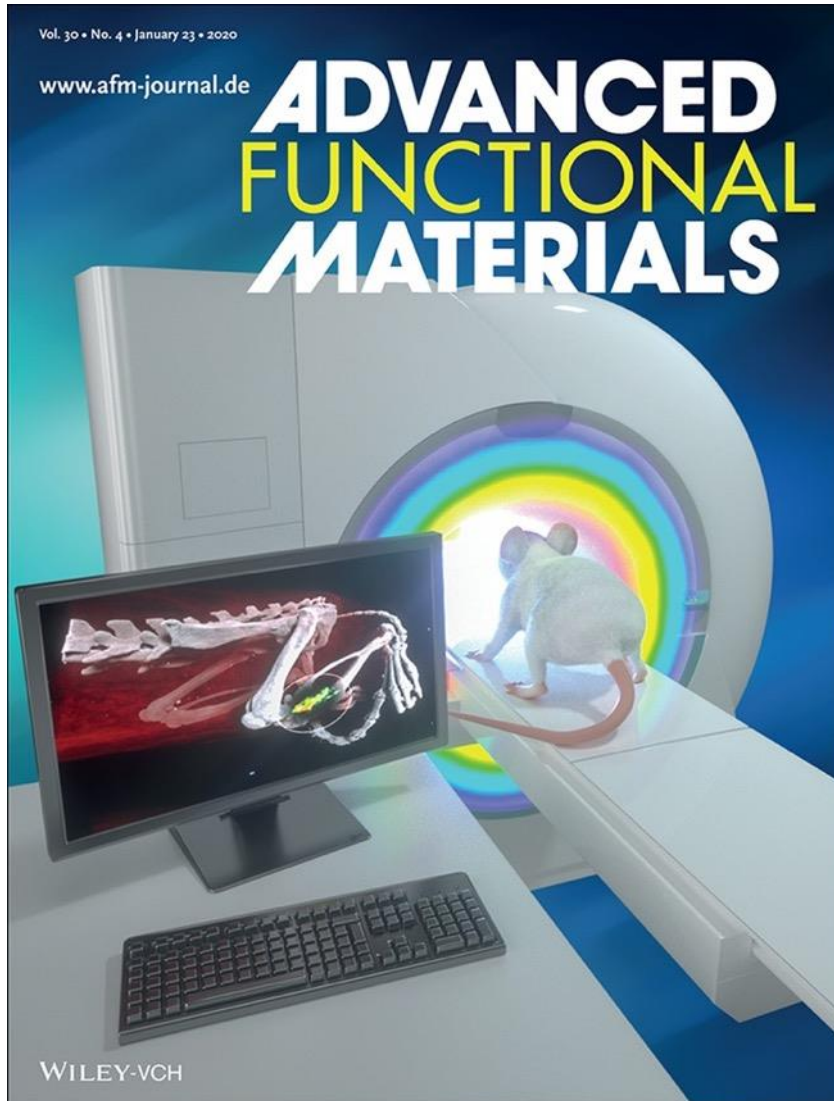
The water has been partly cut away to reveal the bone, gold, gadolinium and iodine

Images presented and the European Congress of Radiology, Vienna, March 2017.

Spectral CT image showing wrist implant



Hafnia accumulation at bone microcracks



Molecular imaging using metal nanoparticles - spectral CT

Colour 3D X-ray
image of a fatty
deposit on an artery
(carotid plaque)
taken using a
Medipix3 detector

Image by Mars Bio-Imaging
Feature article link:
<https://rdcu.be/bOFuR>

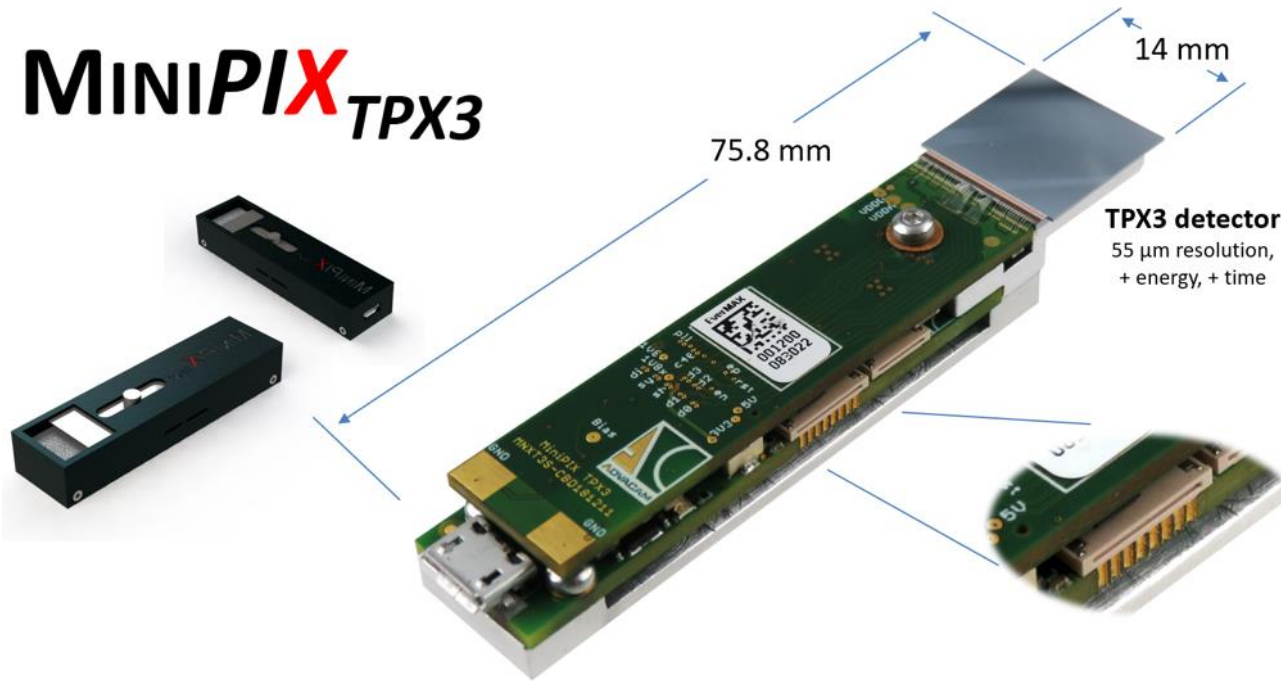




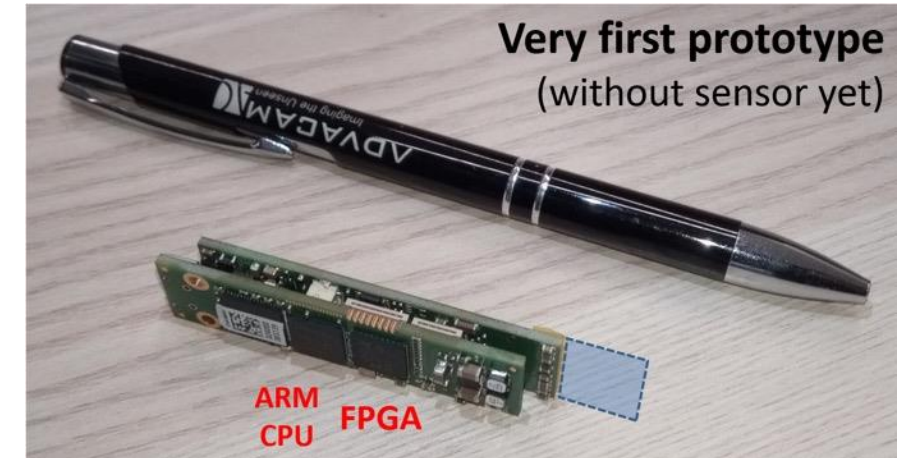
Ethanol-preserved mouse heart scanned using the WidePIX_{10x5} detector
60 kVp tungsten spectrum
720 projections, 5 seconds per projection (one hours total)
Spatial resolution ca. 7 μ m
Reconstructed using Voxel, visualized using CTVox and Amide software

MiniPIX TPX3

Miniaturized spectral camera supporting Si and CdTe sensors

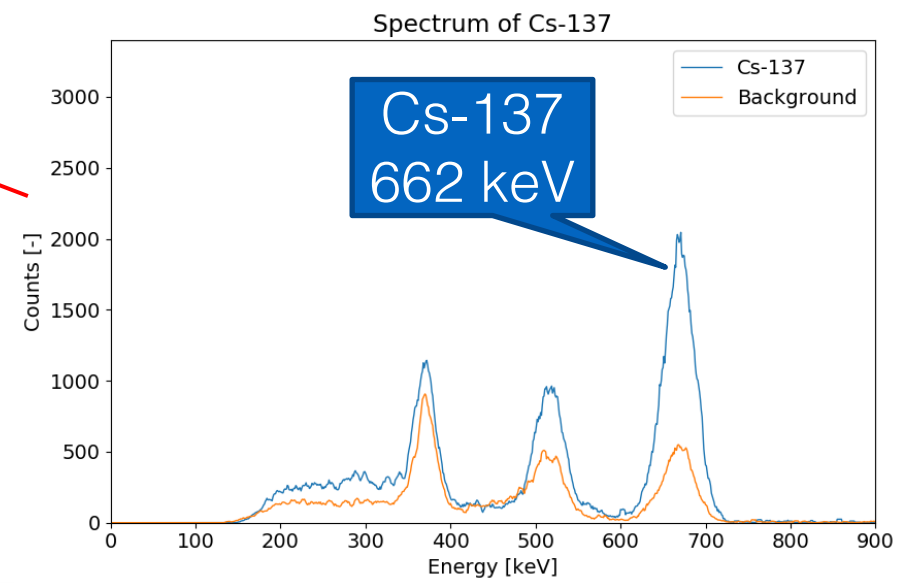
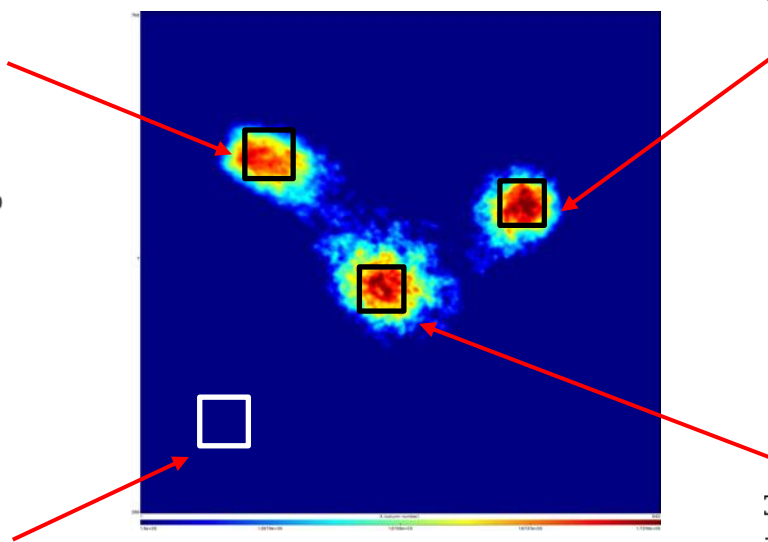
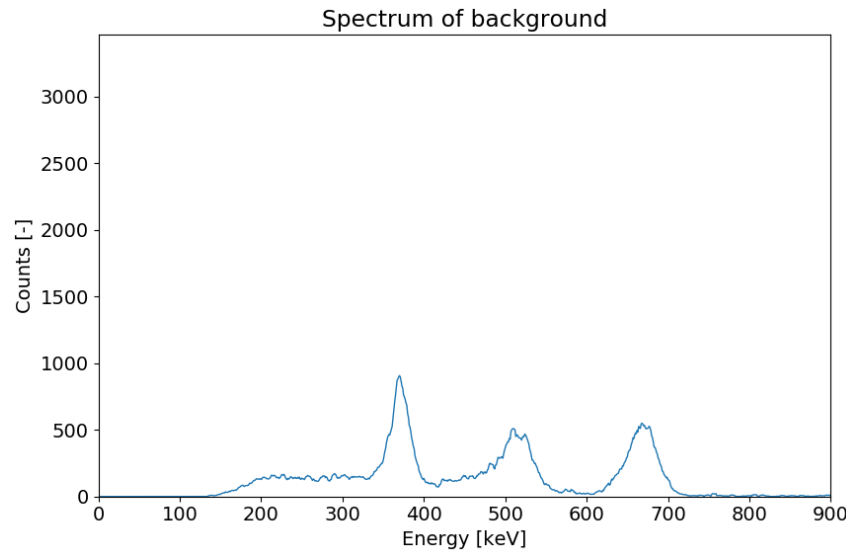
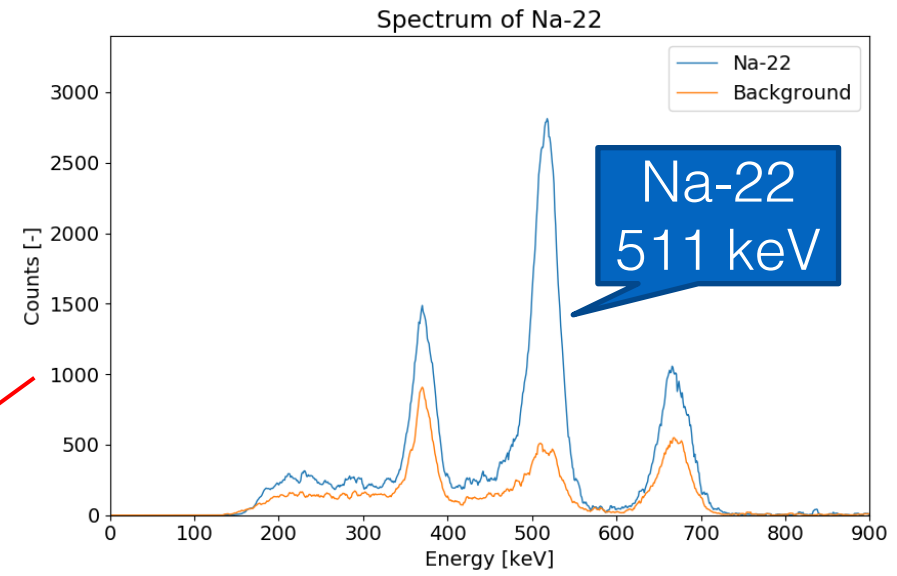
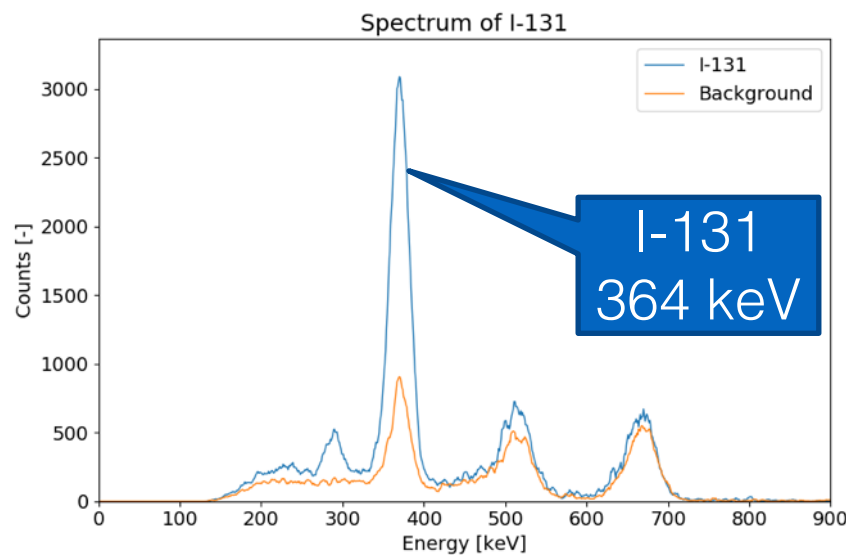


It's really small...



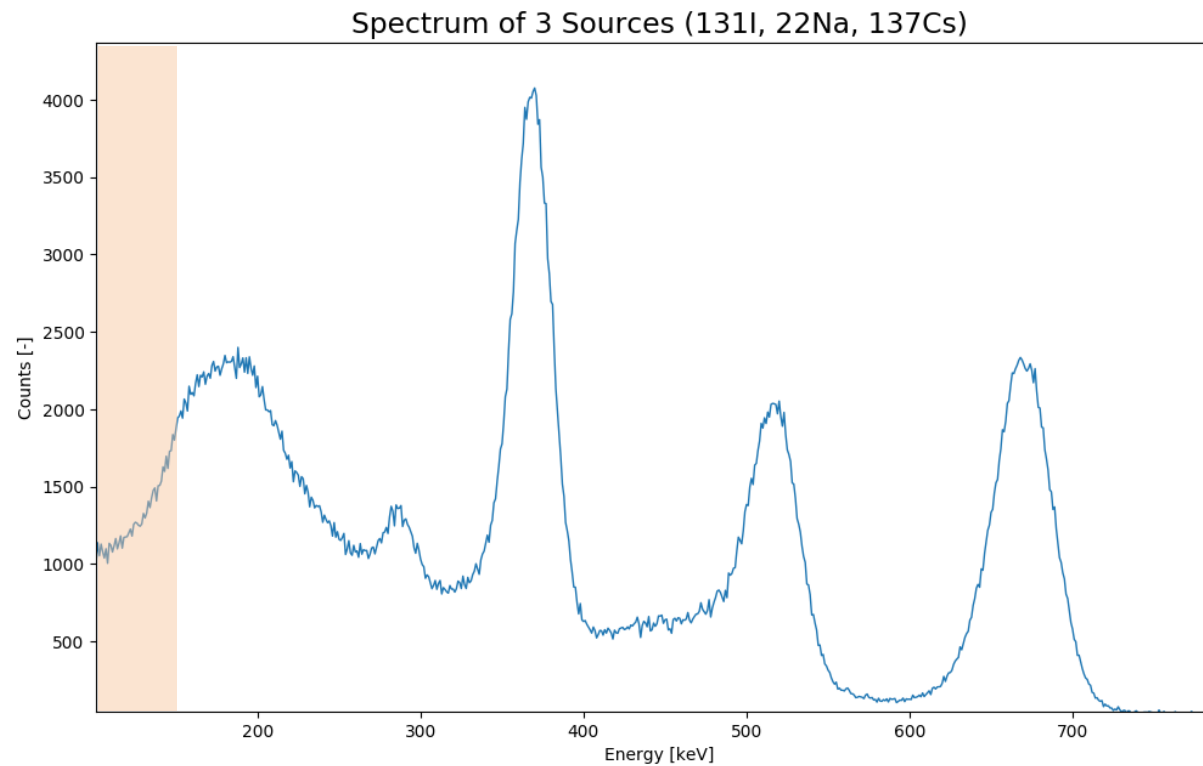
ADVACAM
Imaging the Unseen

Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources



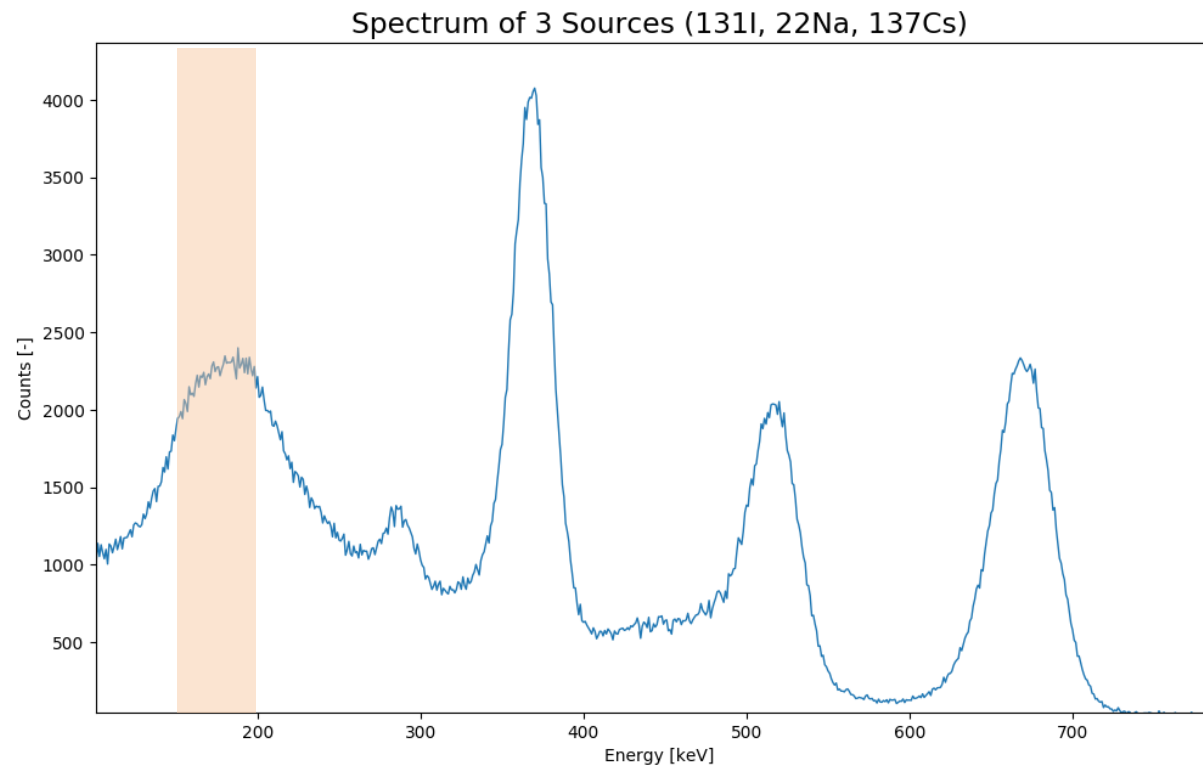
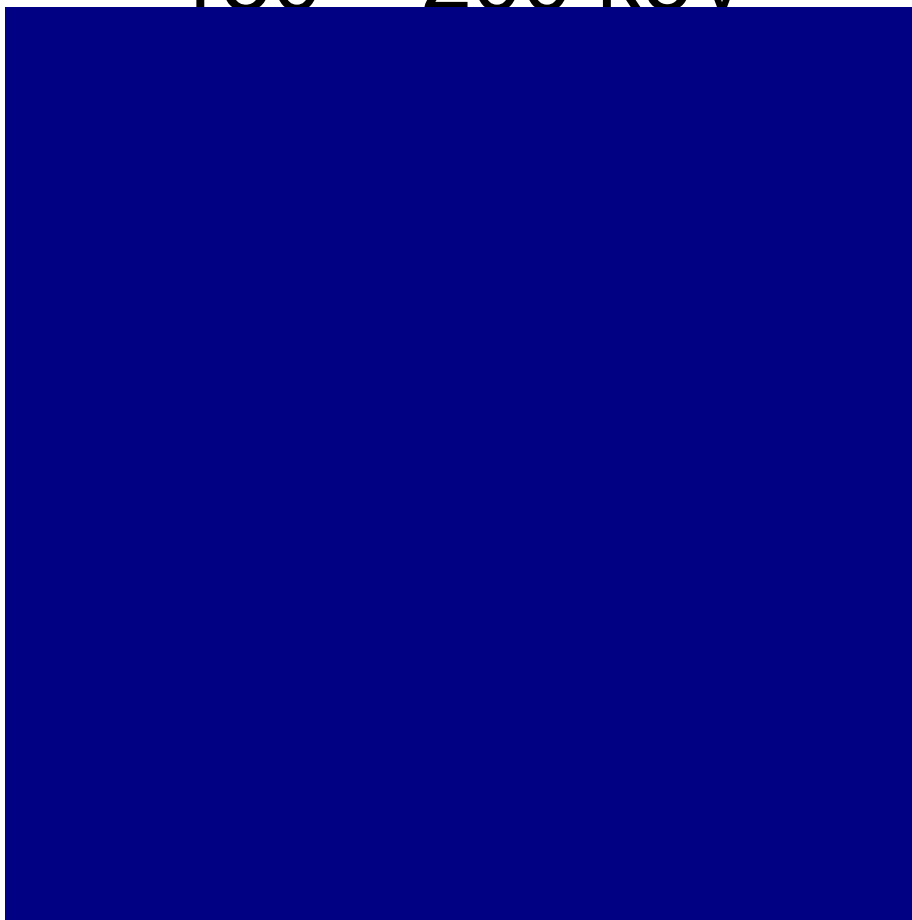
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

100 – 150 keV



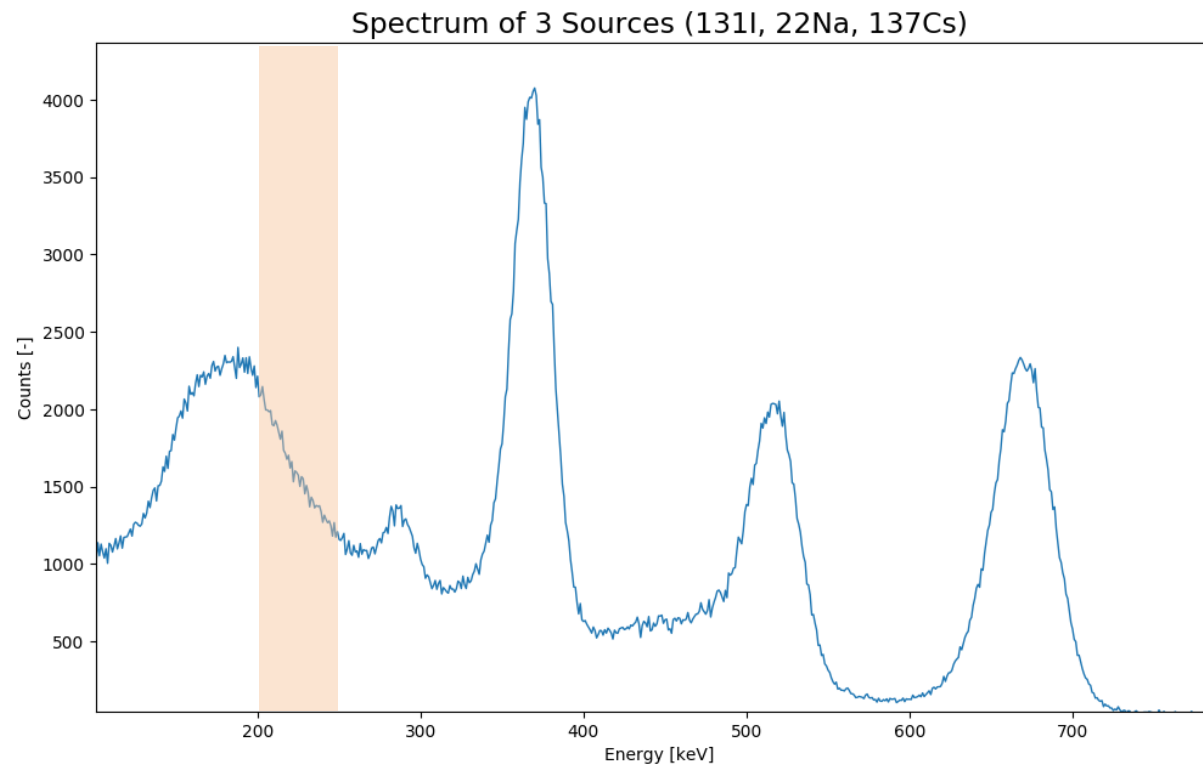
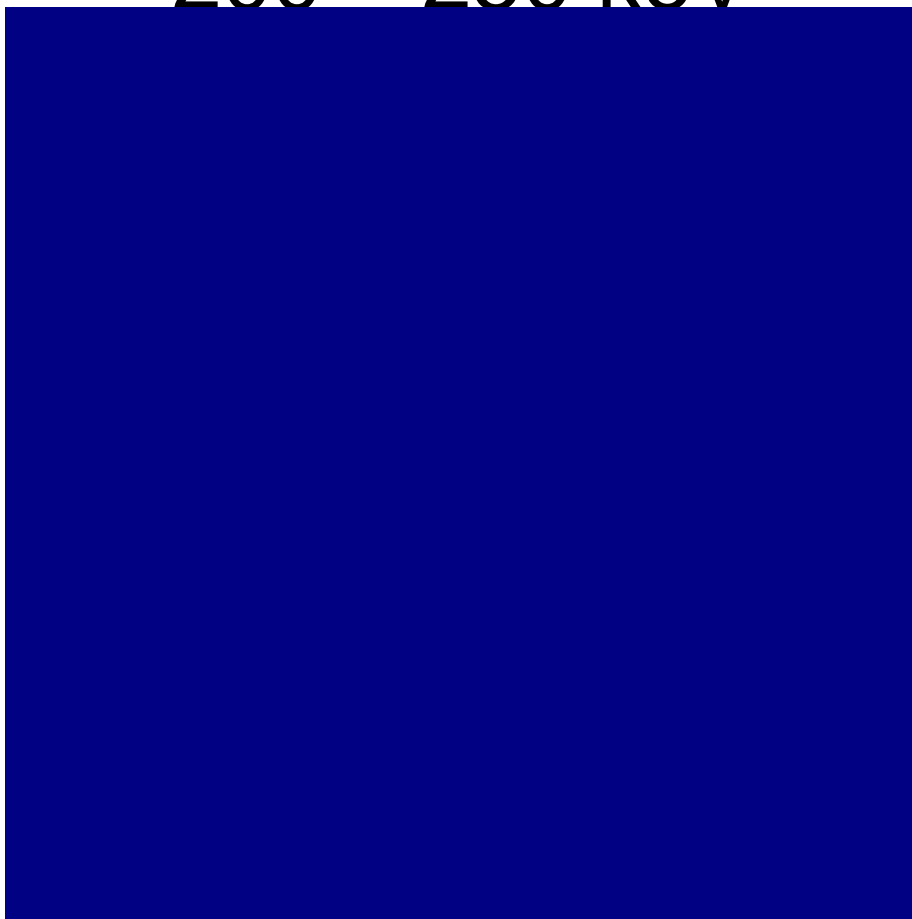
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

150 – 200 keV



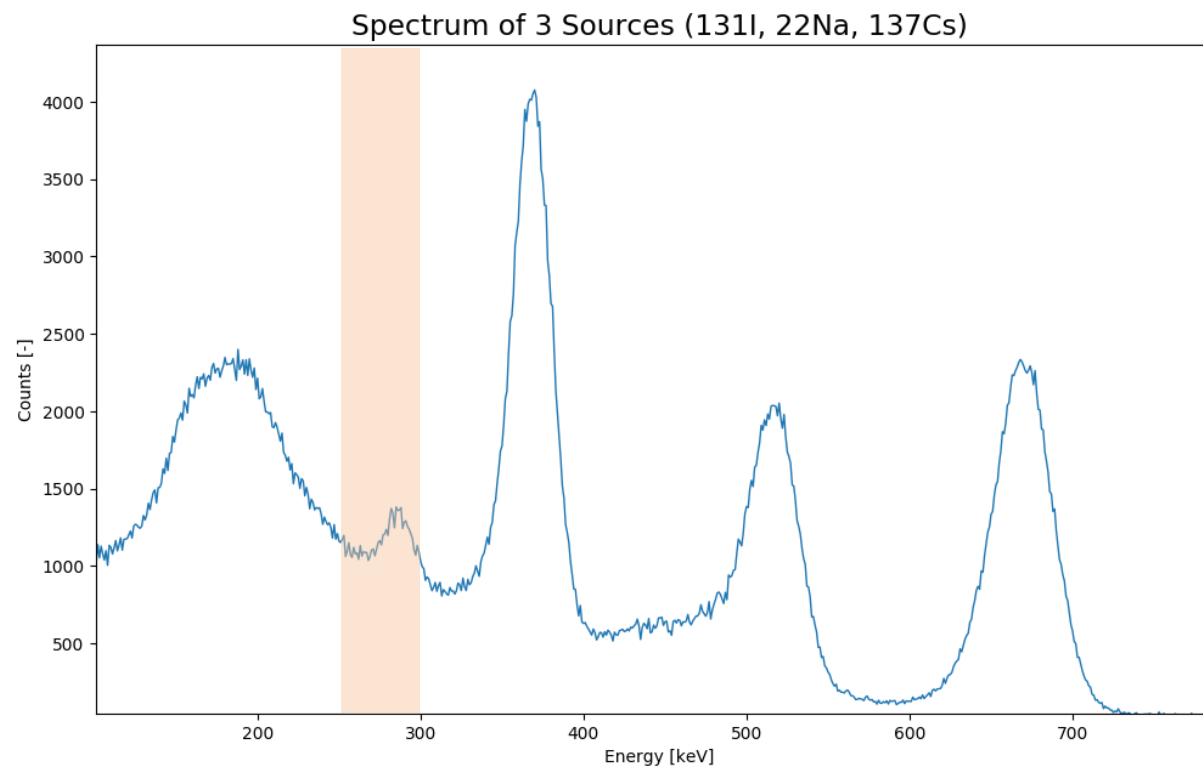
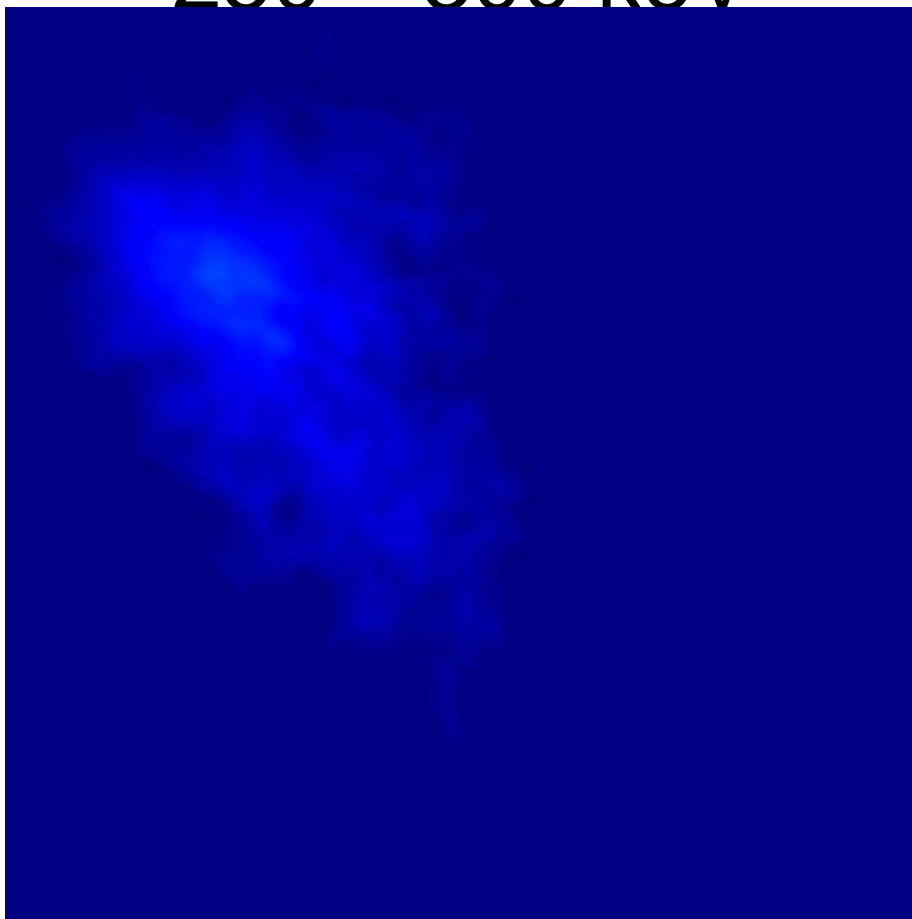
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

200 – 250 keV



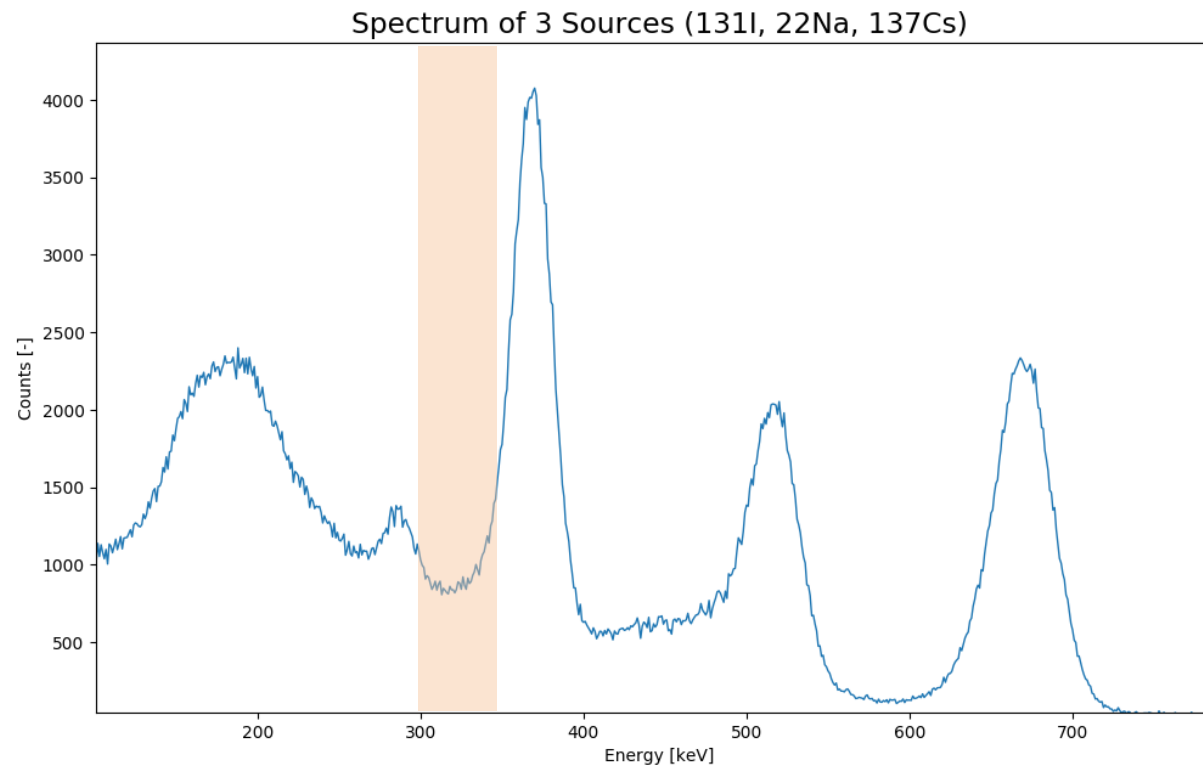
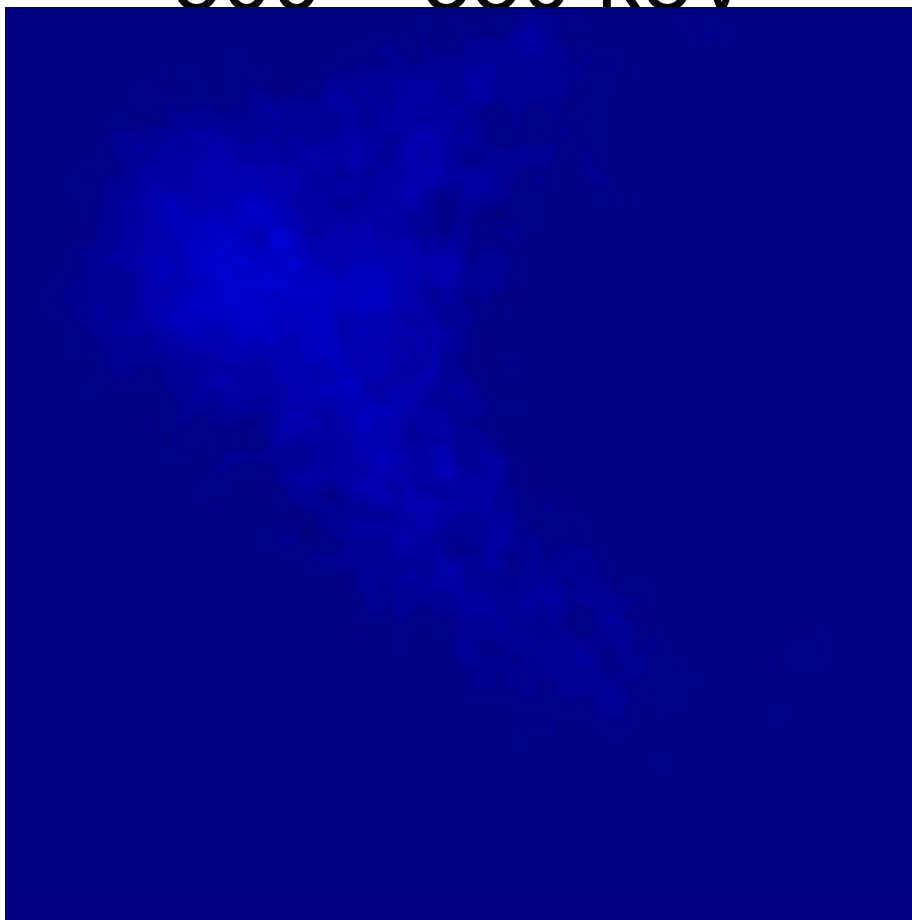
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

250 – 300 keV



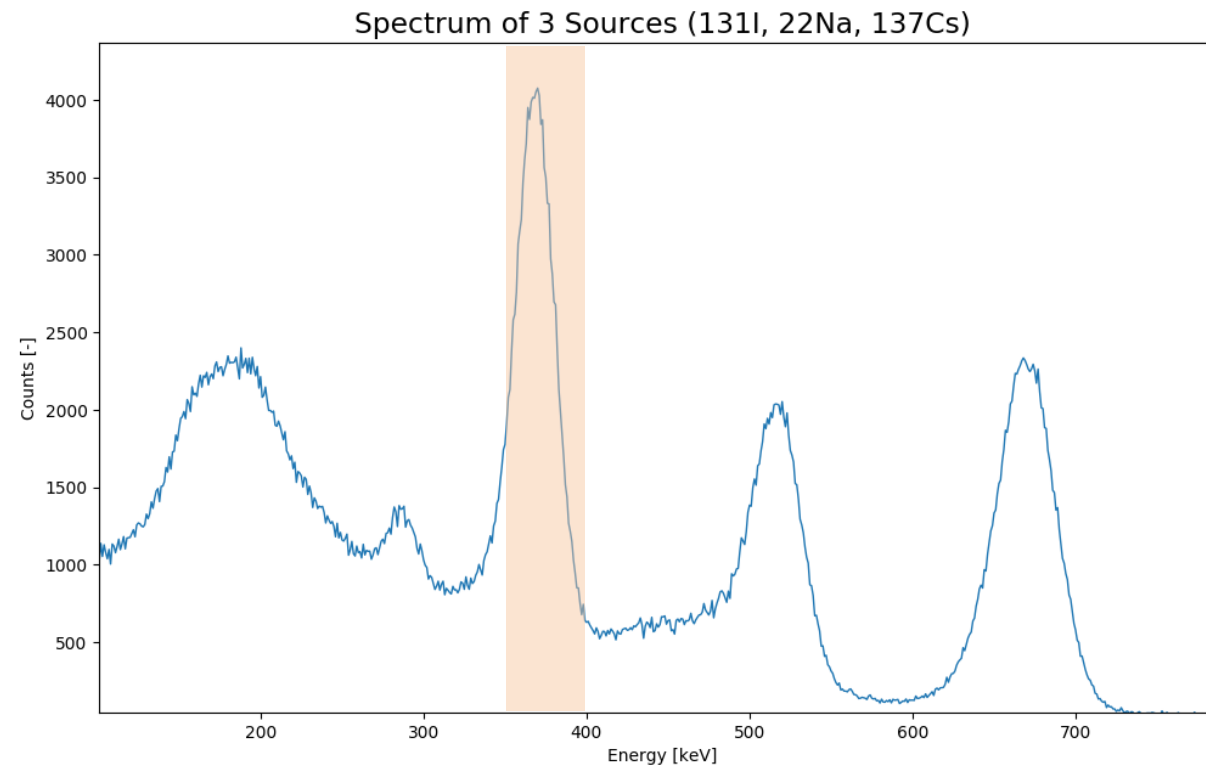
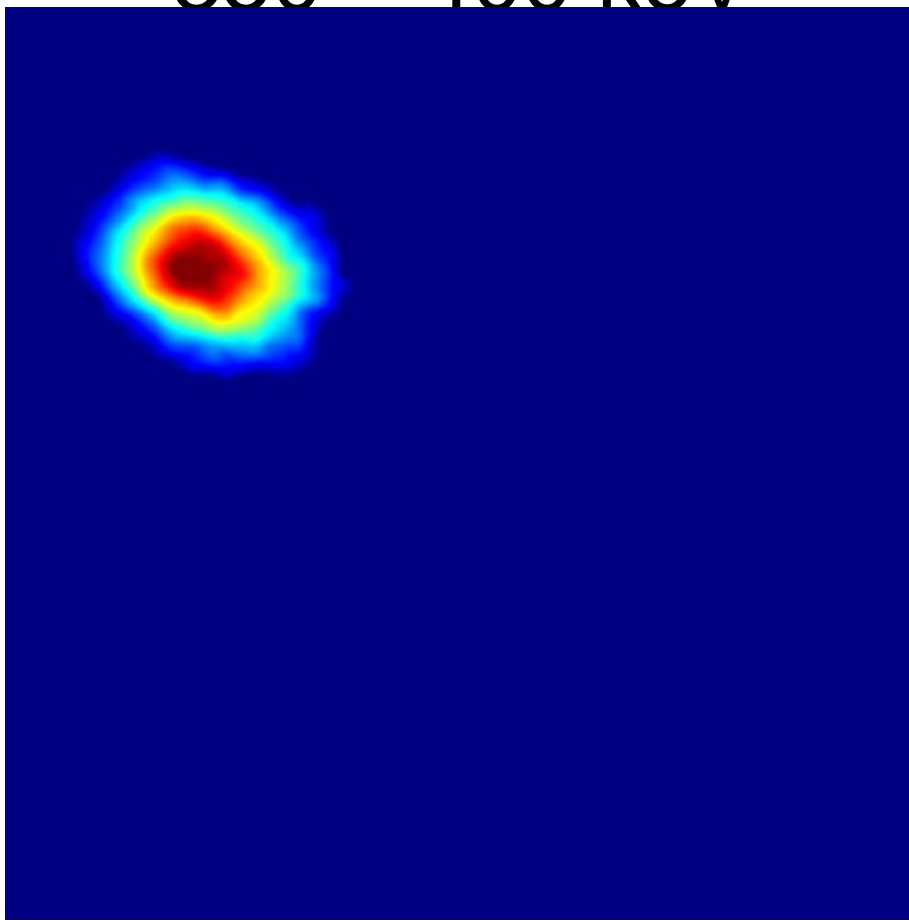
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

300 – 350 keV



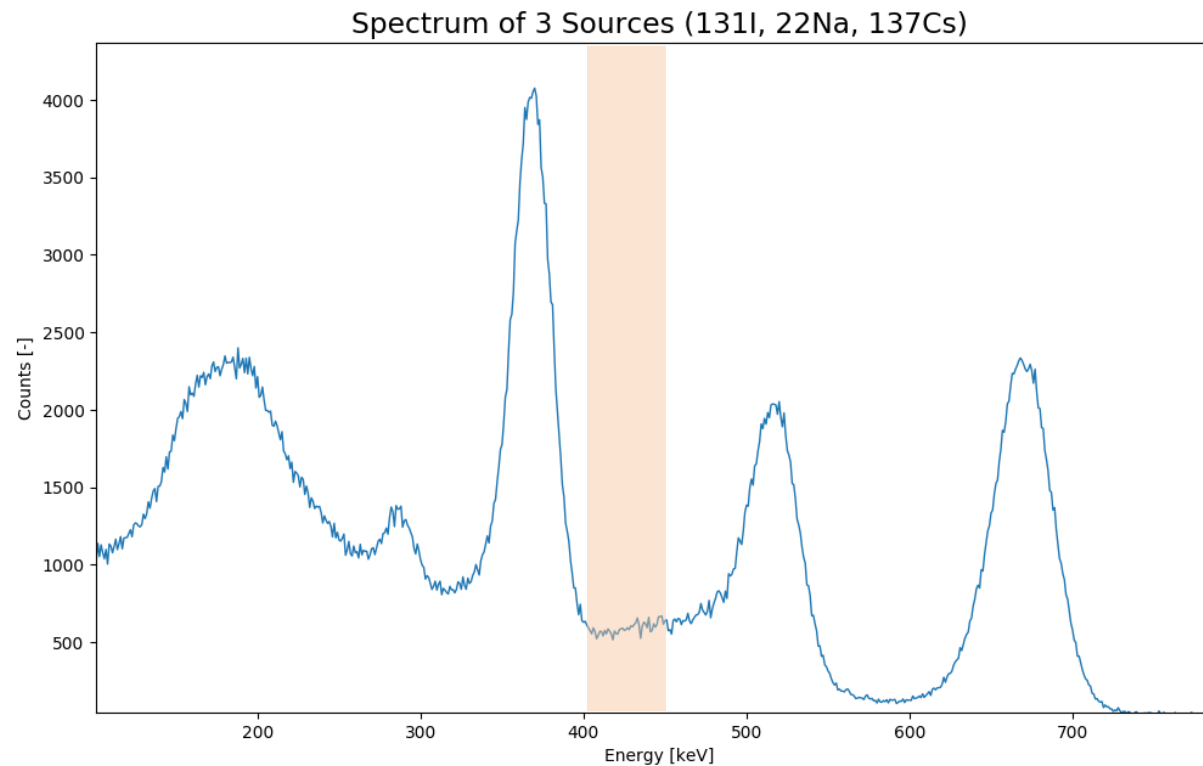
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

350 – 400 keV



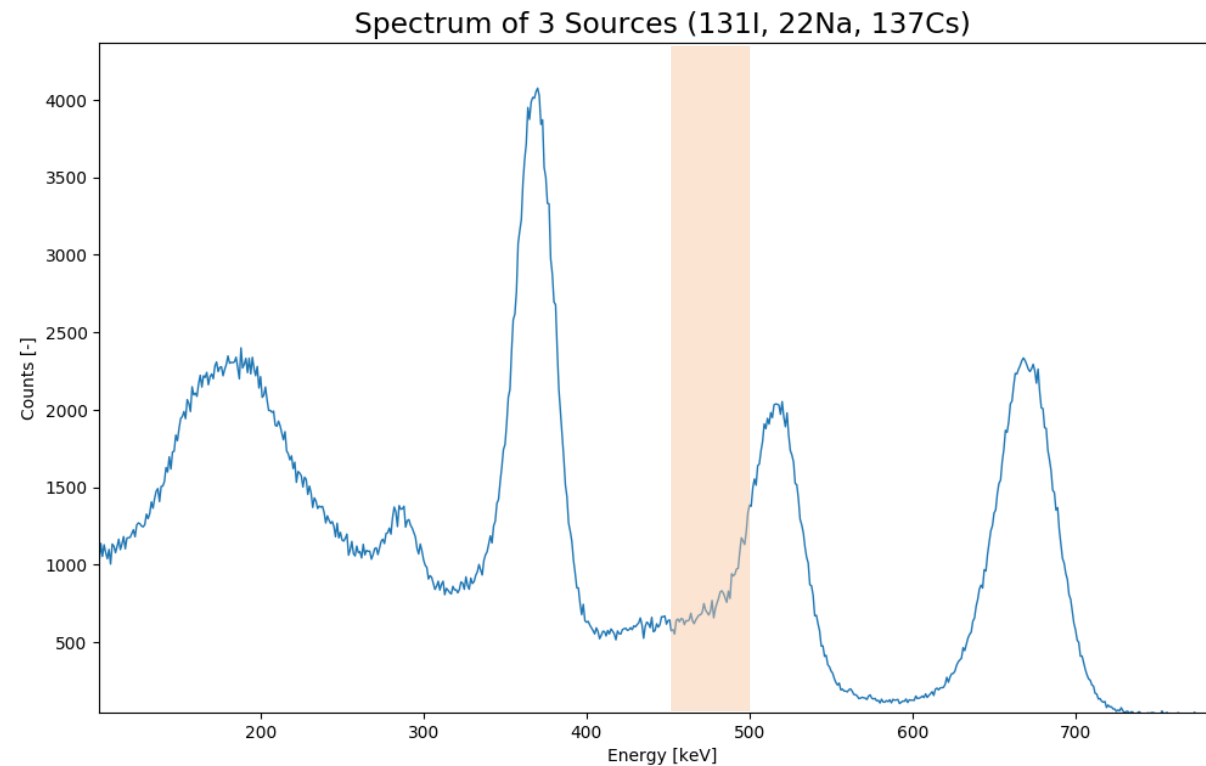
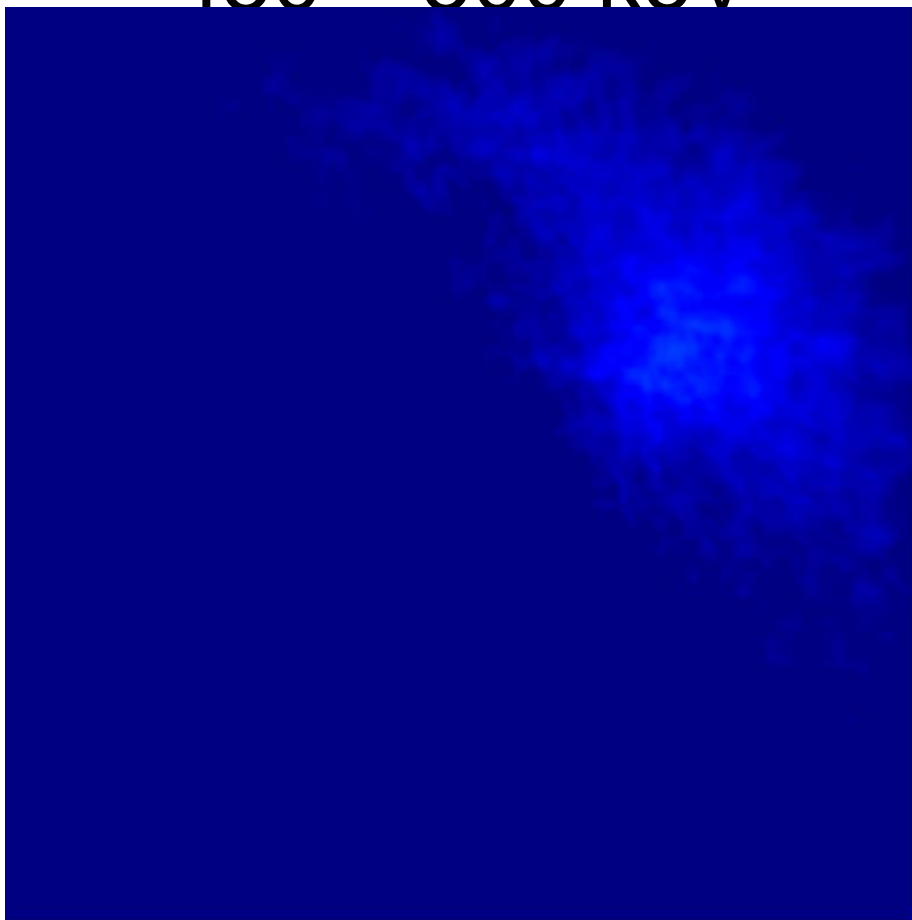
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

400 – 450 keV



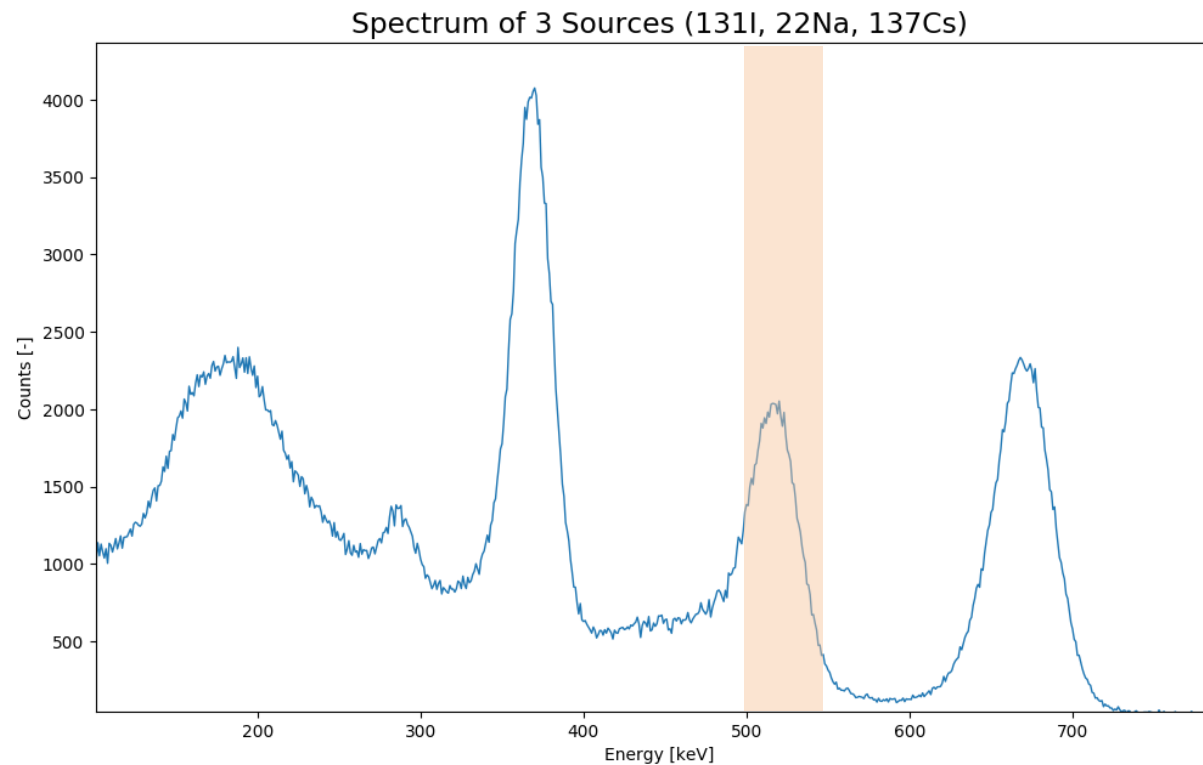
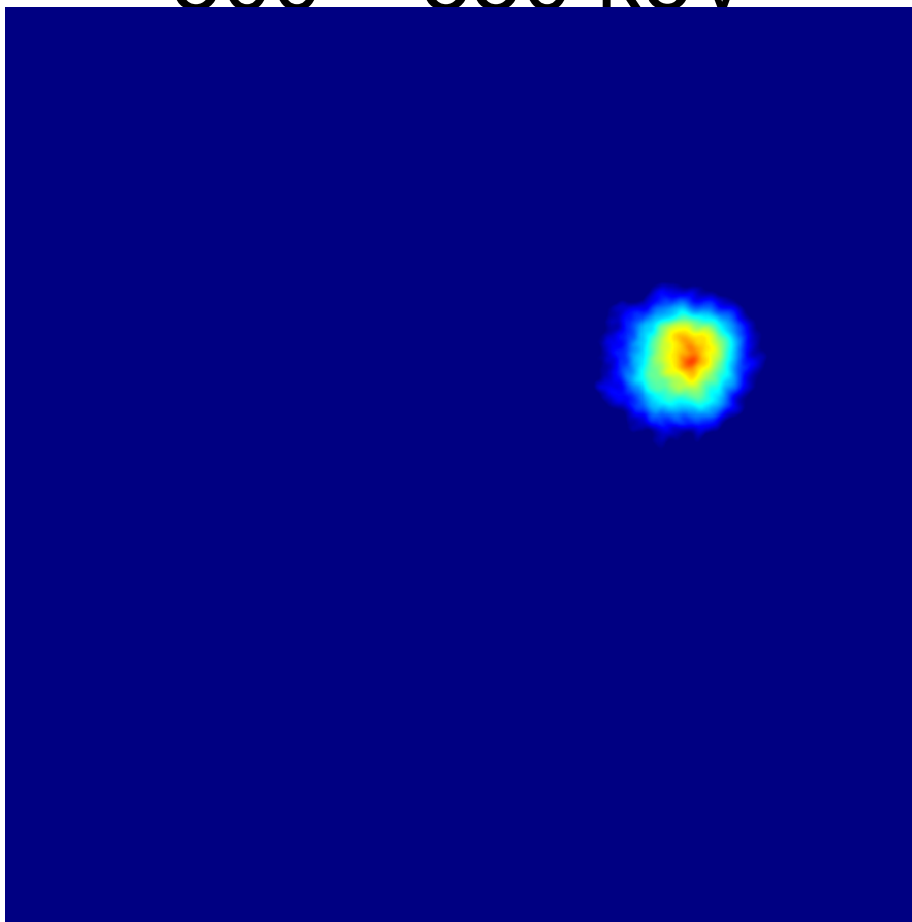
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

450 – 500 keV



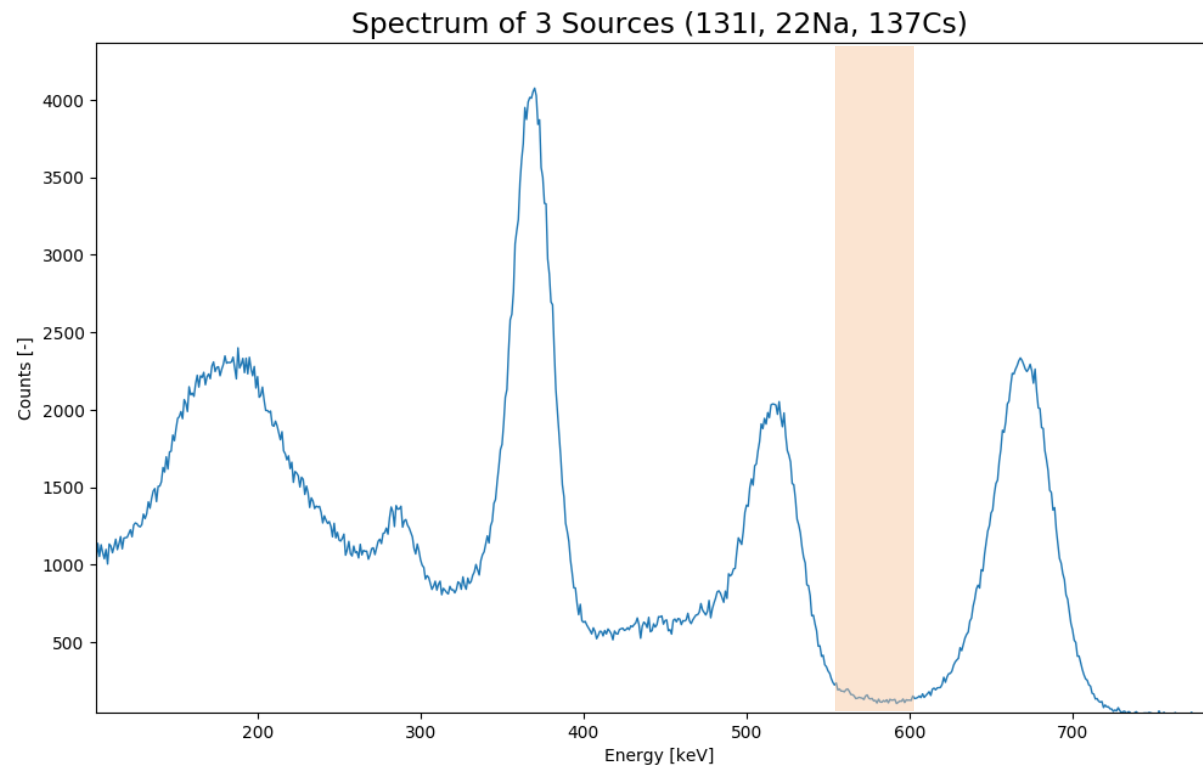
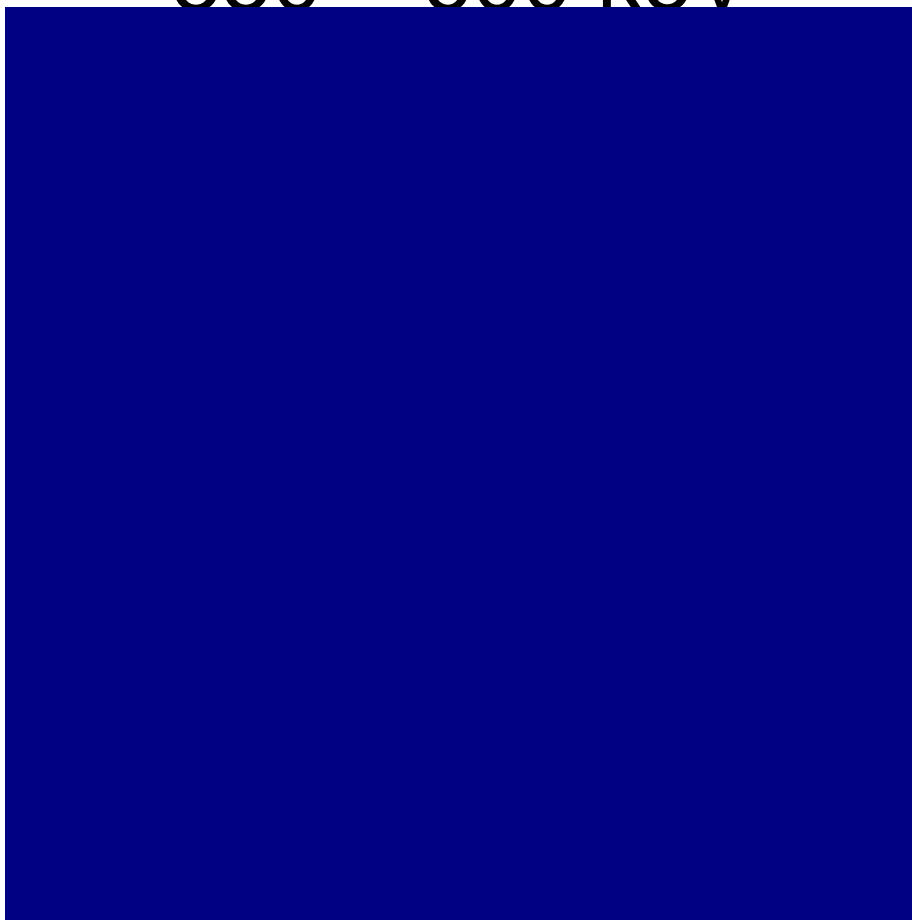
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

500 – 550 keV



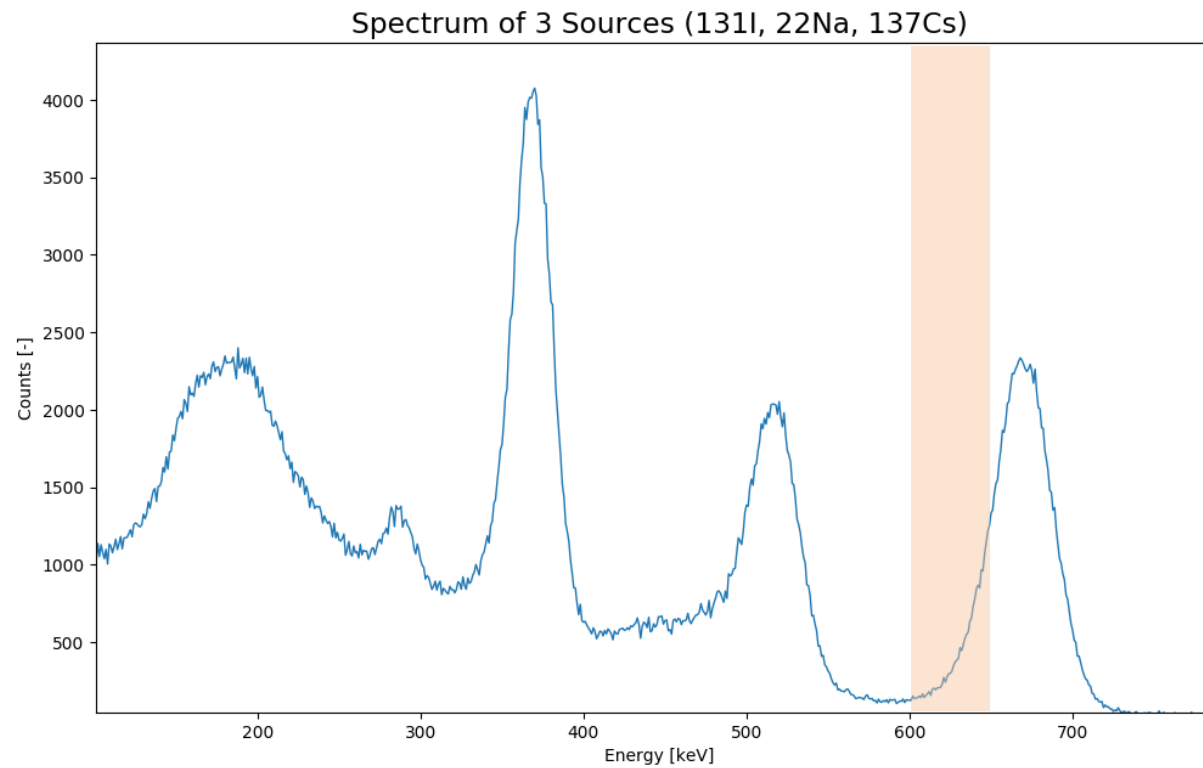
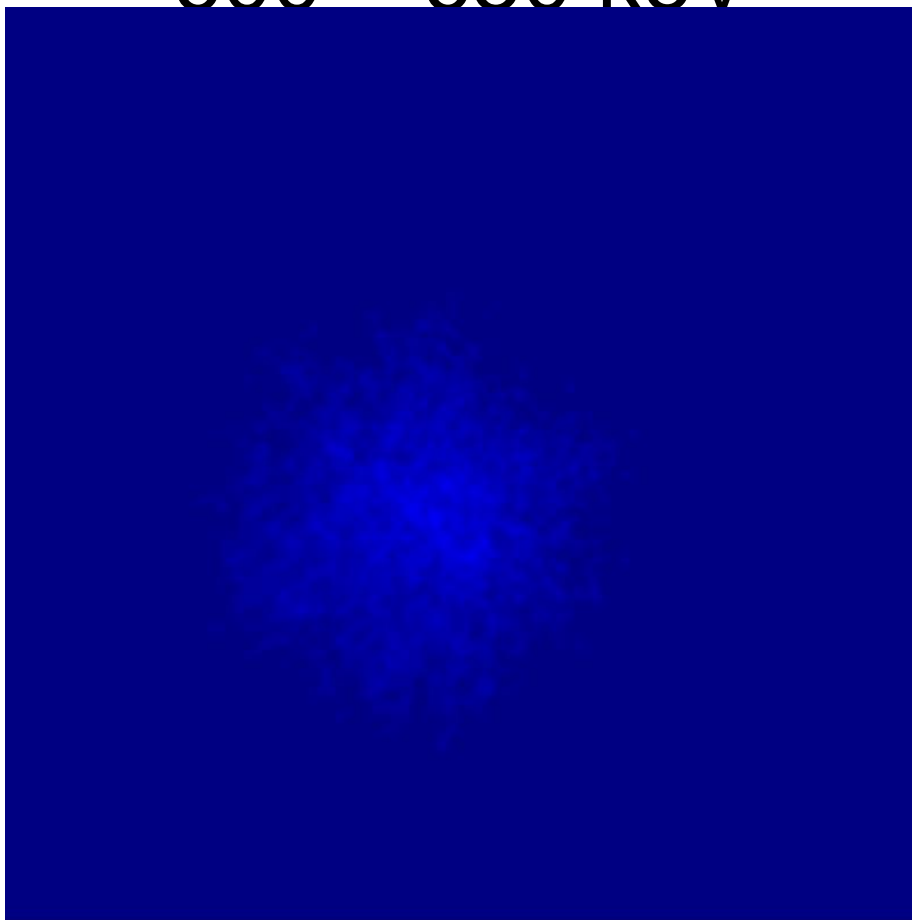
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

550 – 600 keV



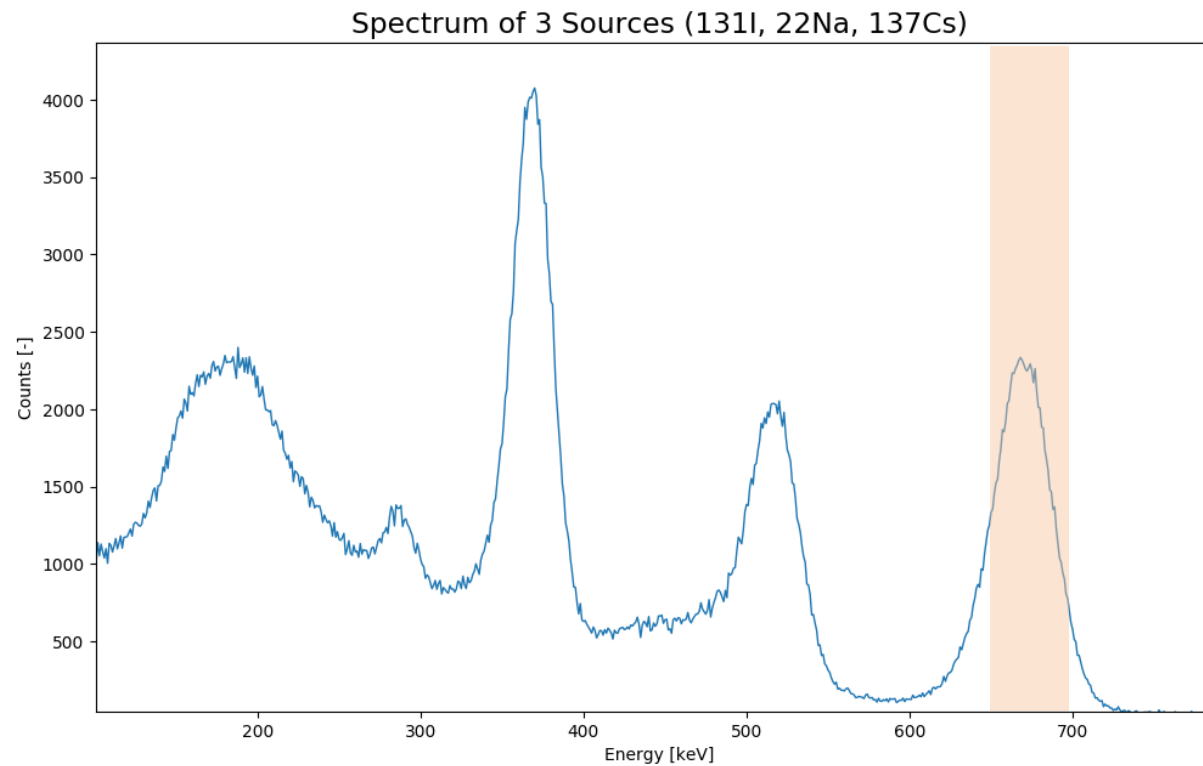
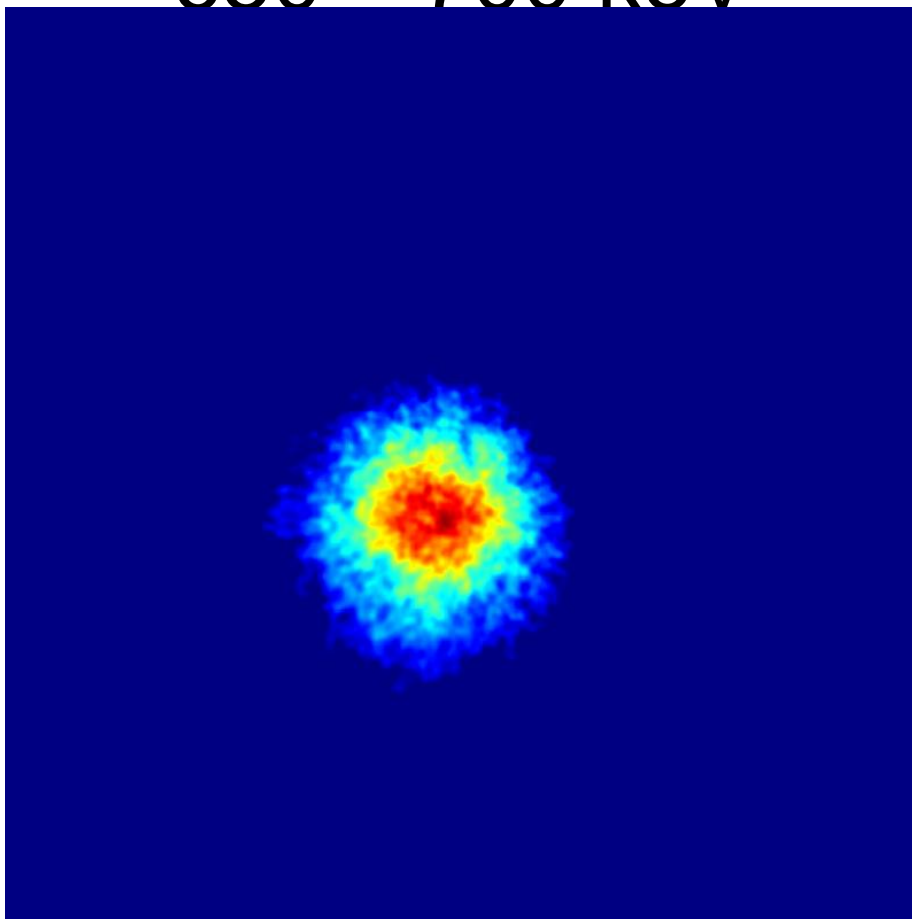
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

600 – 650 keV



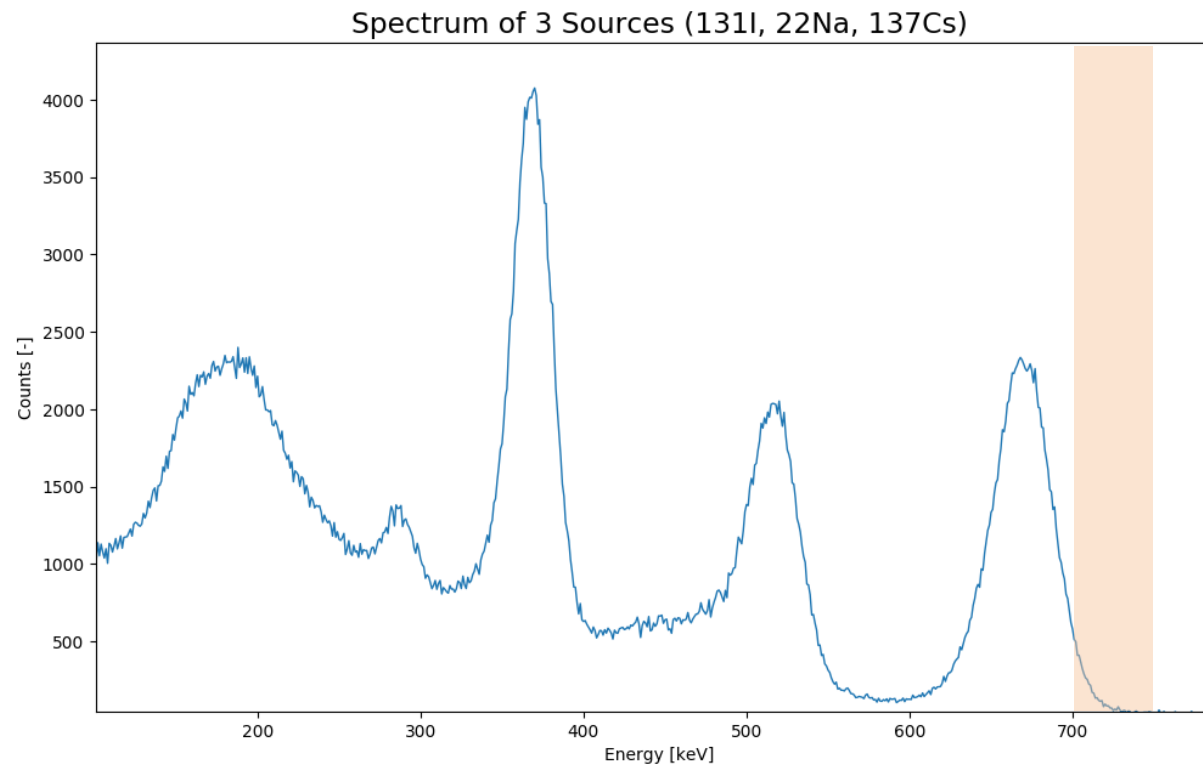
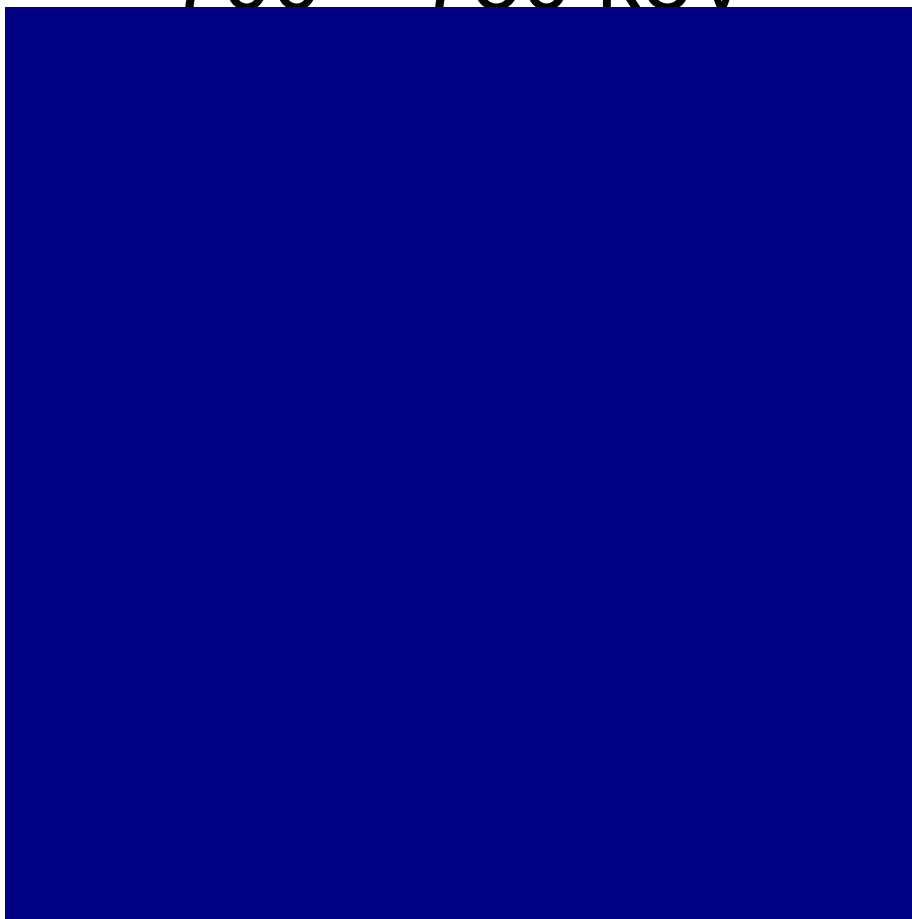
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

650 – 700 keV



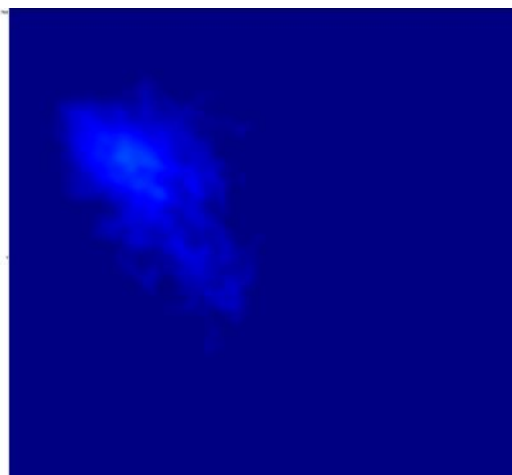
Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

700 – 750 keV

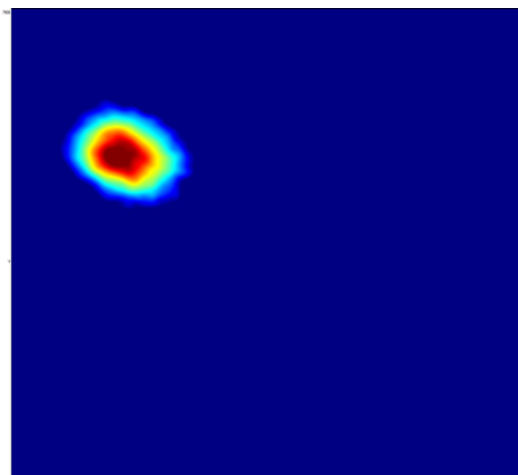


Single Layer Compton Camera with MiniPIX TPX3 – Multiple Gamma Sources

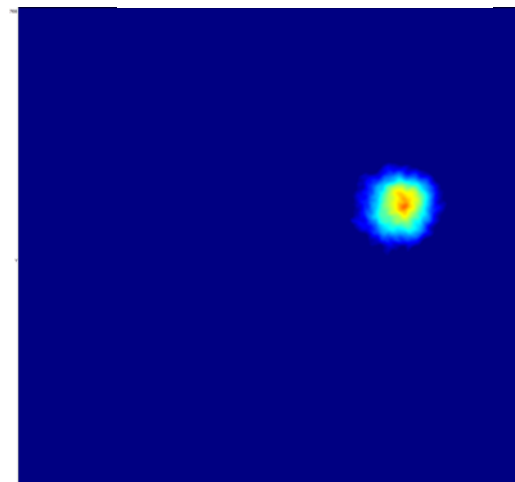
250 – 300 keV



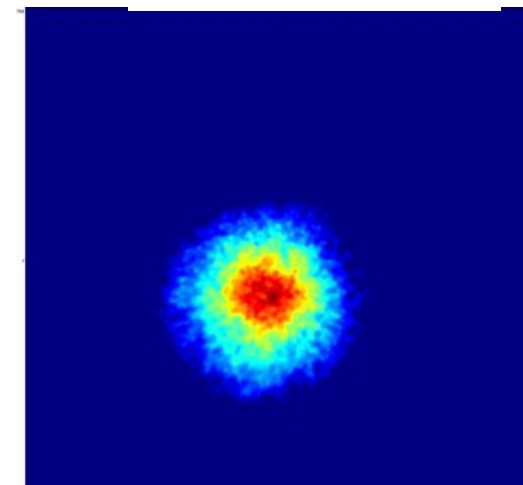
350 – 400 keV



500 – 550 keV



650 – 700 keV

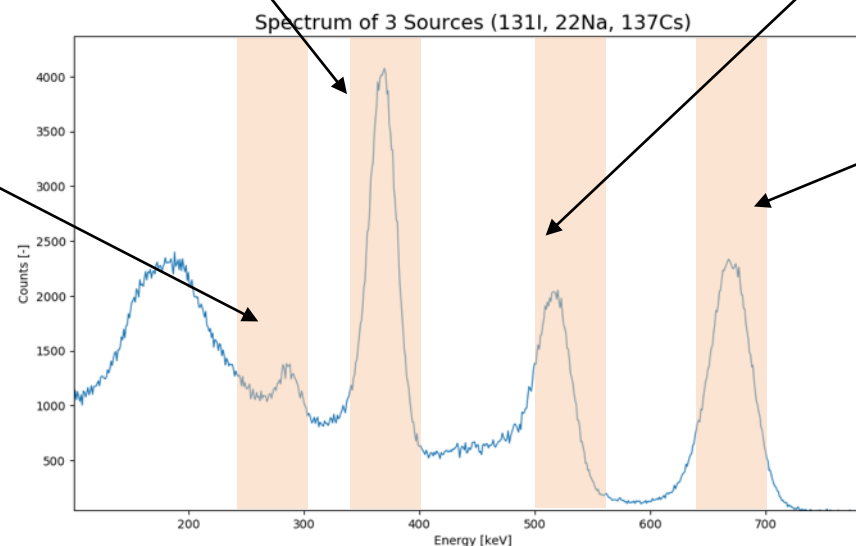


^{131}I 284 keV (7%)

^{131}I 364 keV

^{22}Na 511 keV

^{137}Cs 662 keV



Gamma camera applications: Thyroid diagnostic

Thyroid cancer diagnostics and treatment monitoring:

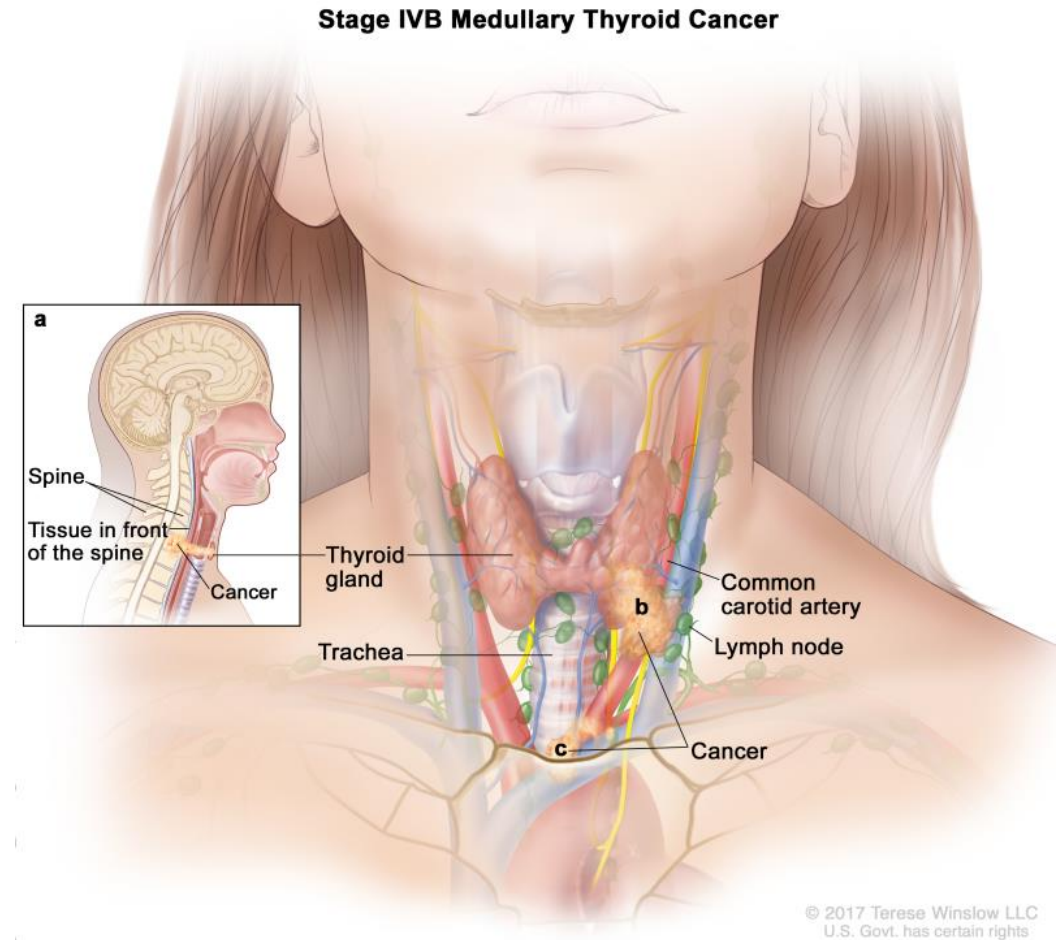
The second most frequent cancer for women (after breast cancer)

Current imaging methods offer resolution of about 12 mm in 2D

This technology allows

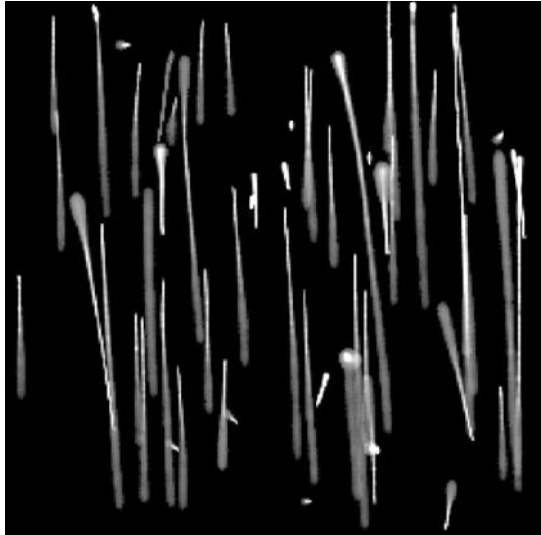
5 times better resolution and 3D (2.5 mm)

4 times lower dose



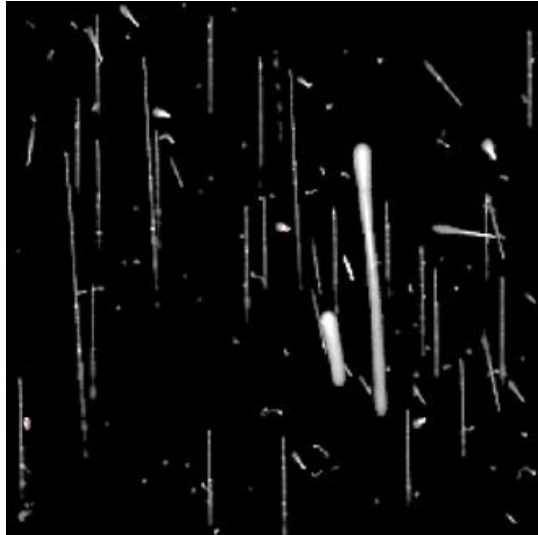
In-line images of a hadron therapy beam

Protons 48 MeV



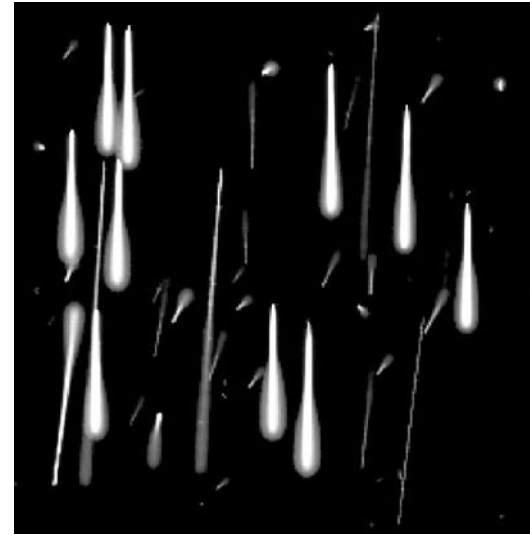
Only protons and their scattering, no secondaries.

Protons 221 MeV



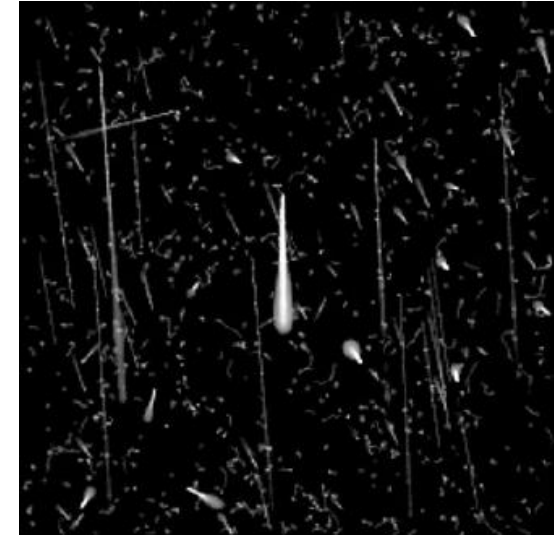
Many secondaries, (delta electrons fragments).

Carbons 89 MeV/u



Carbons and protons and their scattering, no secondaries.

Carbons 430 MeV/u



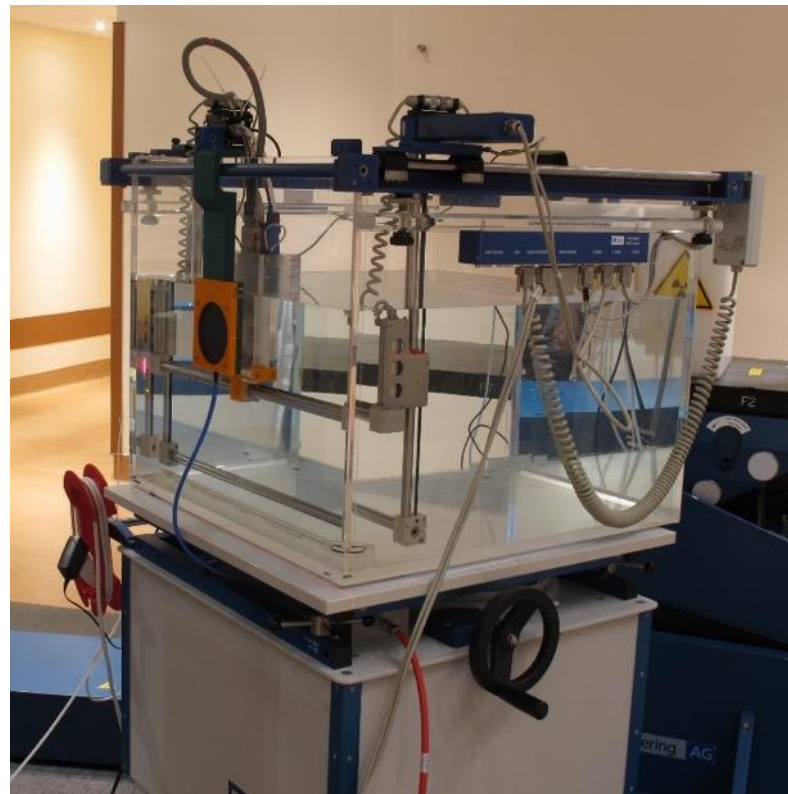
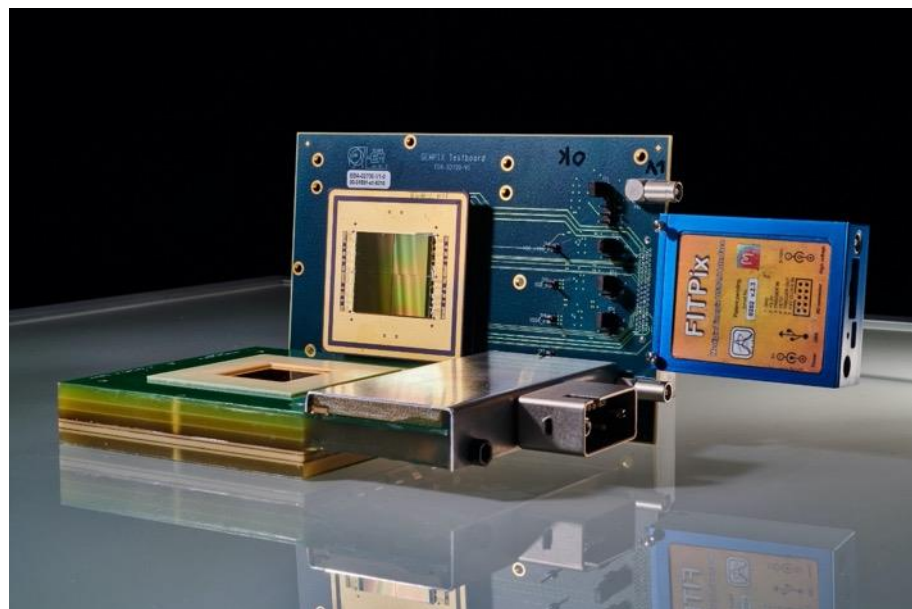
Carbons and many secondaries.

Timepix chip combined with Si detector

Timepix on the ISS



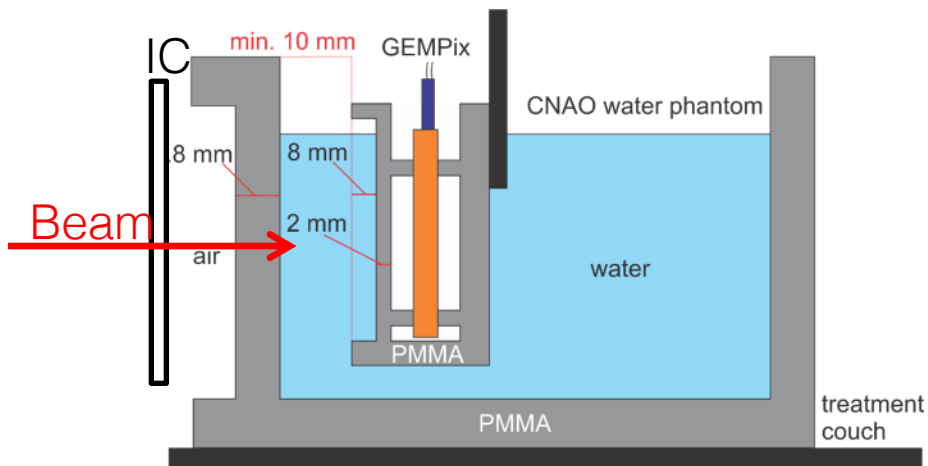
GEMPix for QA in Hadron Therapy



Water phantom donated from Luzern hospital equipped with GEMPix, reference PTW ion chamber + readout

Ion chamber, GEMPix and movement in water phantom integrated in one system (HW/SW)

Measurements at CNAO – Italian National Centre for Oncological Hadron therapy

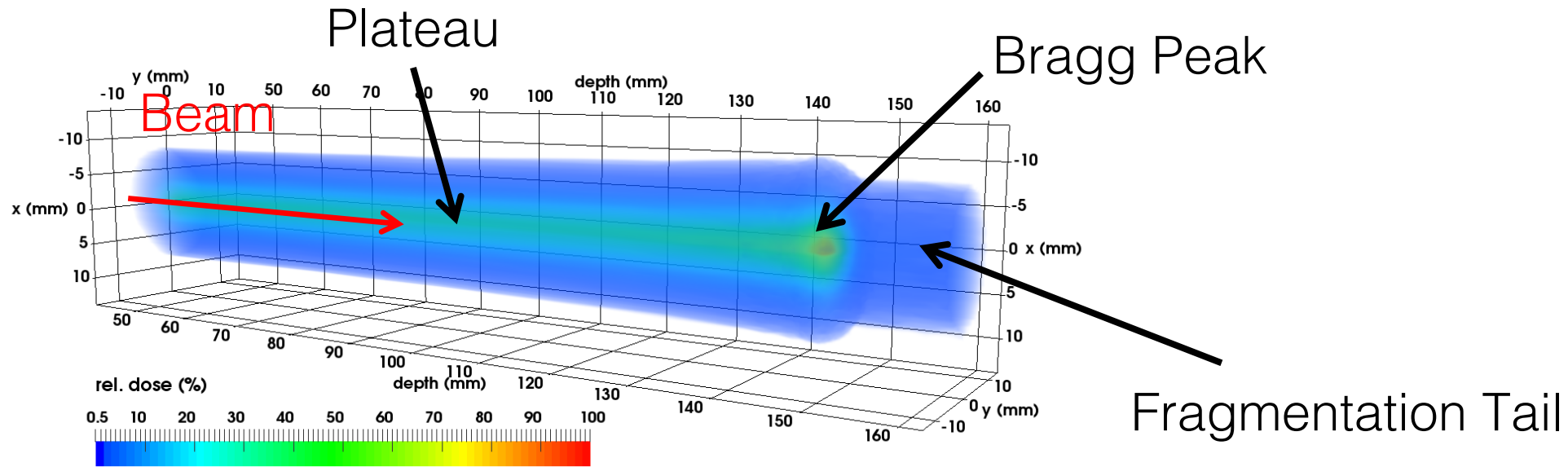
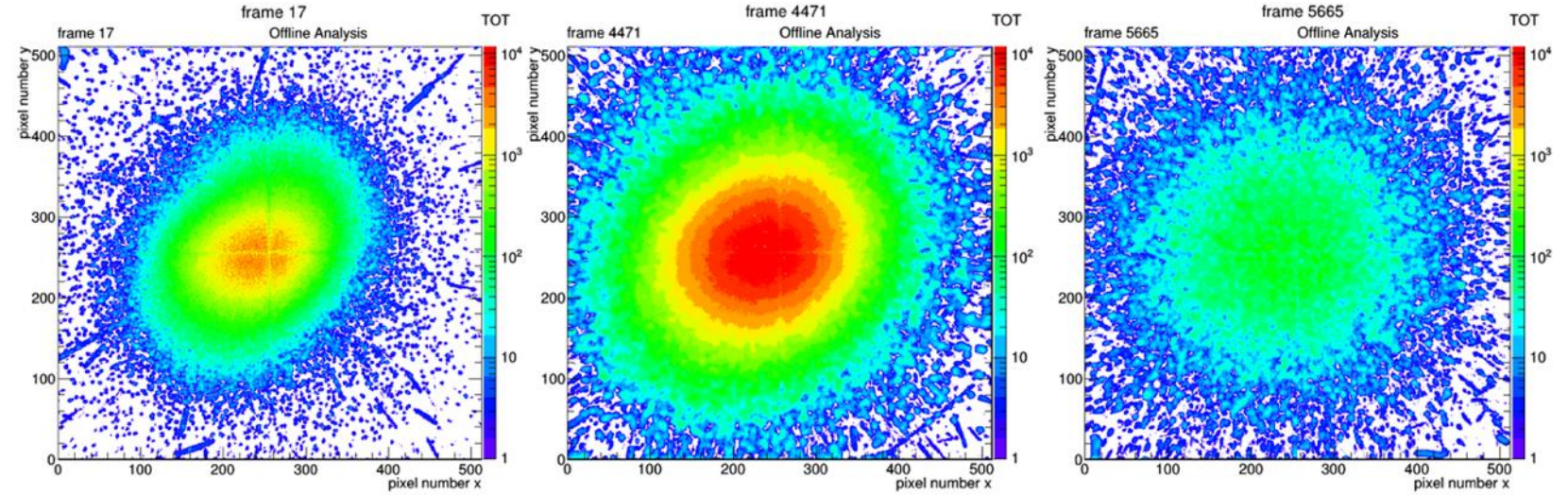


J. Leidner, M. Ciocca, S. P. George, A. Mirandola, F. Murtas, A. Rimoldi, M. Silari and A. Tamborini. 3D Energy deposition measurements with the GEMPix detector in a water phantom for hadron therapy. *Journal of Instrumentation* 13, P08009 (2018)

J. Leidner, M. Ciocca, A. Mairani, F. Murtas and M. Silari. A GEMPix-based integrated system for measurements of 3D dose distributions in water for carbon ion scanning beam radiotherapy. *Medical Physics* 47, 2516-2525 (2020)

GEMPix: measurements with a ^{12}C beam at CNAO

2D images with much better spatial resolution than with an ion chamber



TimePIX 3 photon fluence measurement in hospital theatres



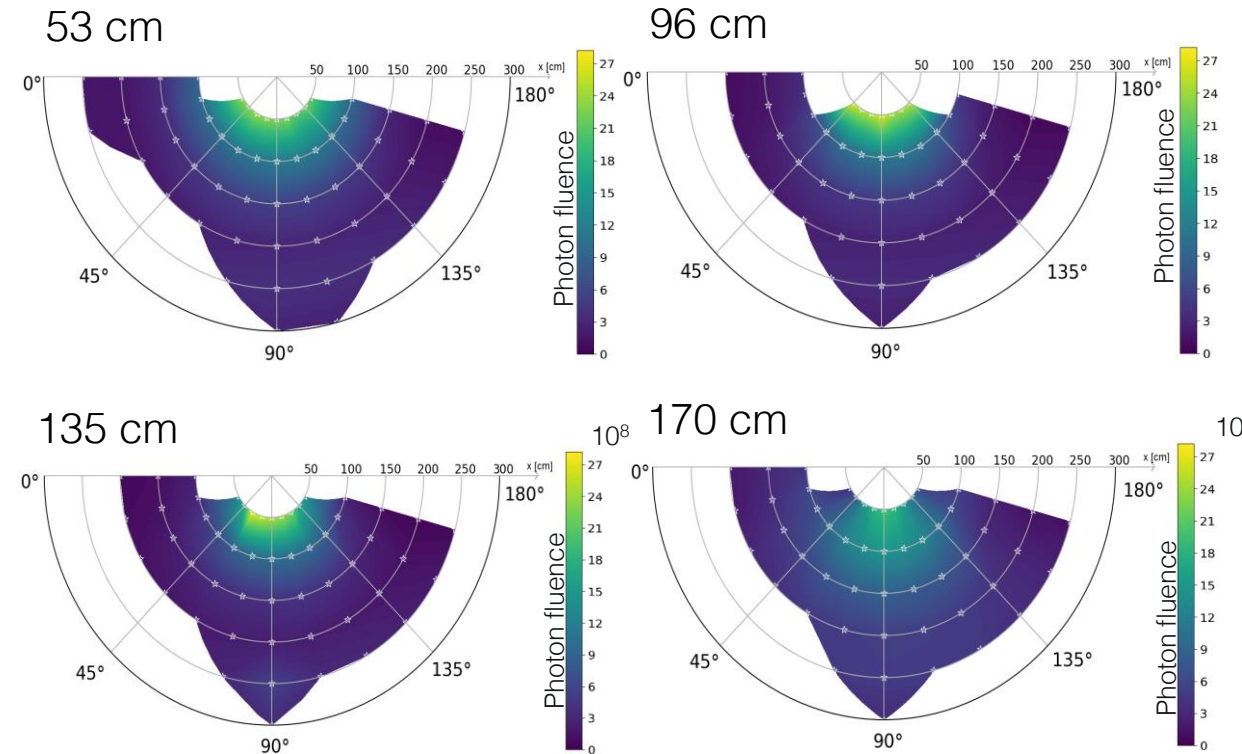
Reference person: 1.76 m

Eye lens - 170 cm

Chest - 135 cm

Belt - 96 cm

Knee - 53 cm

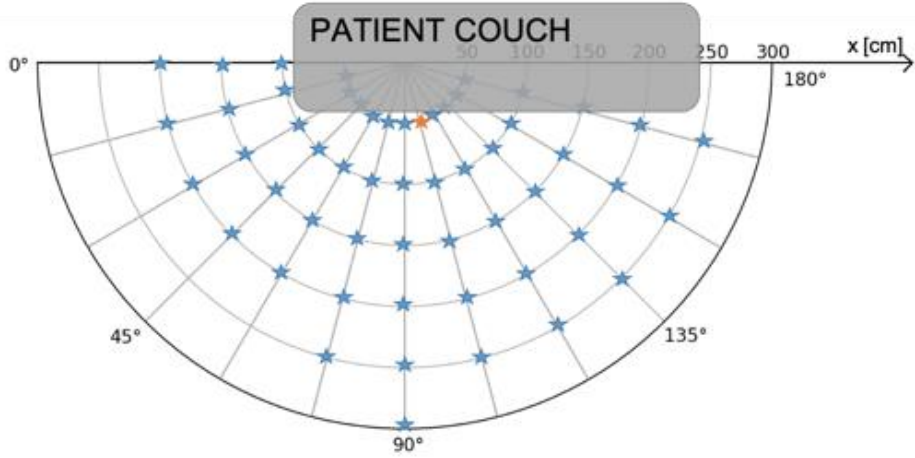
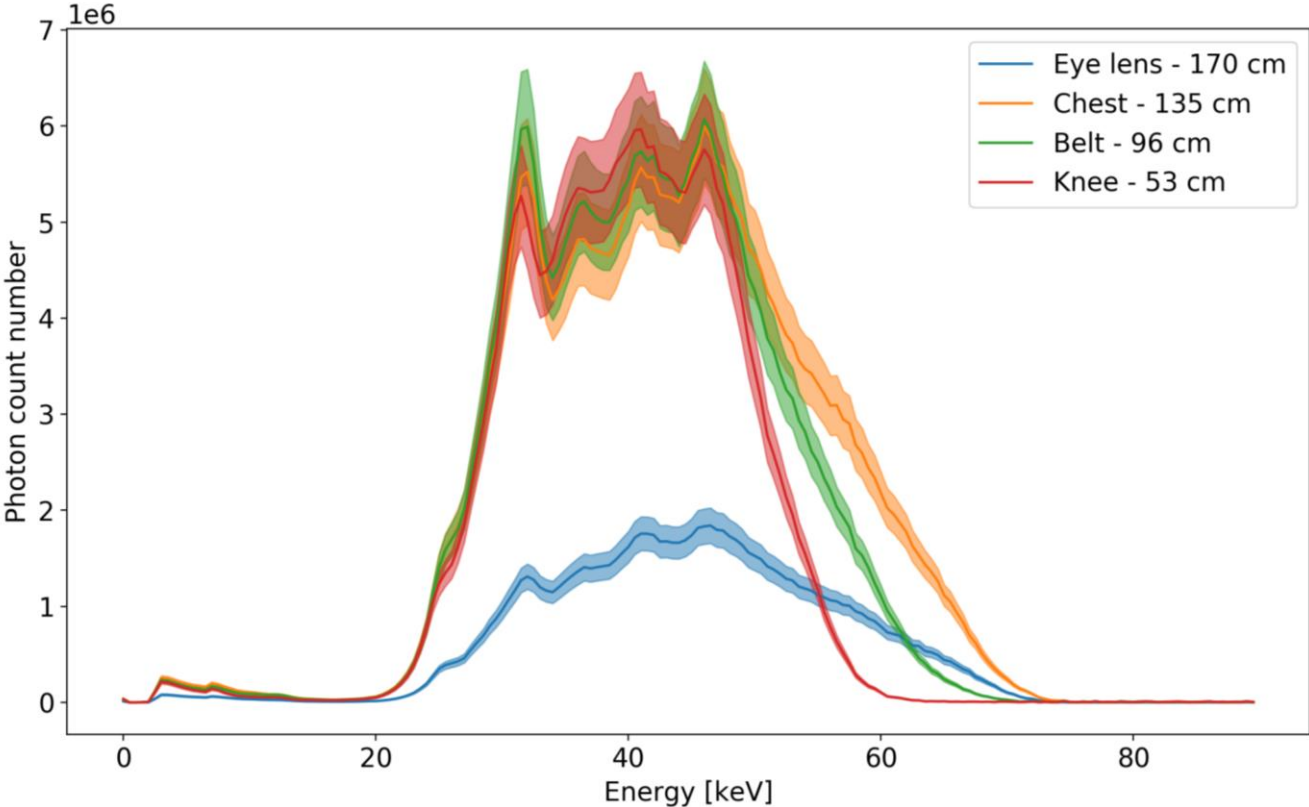


Colour maps of the photon fluence measured with a Timepix III in an hospital theatre at four horizontal eights.

Courtesy of M. Nowak

TimePIX 3 photon fluence measurement in hospital theatres

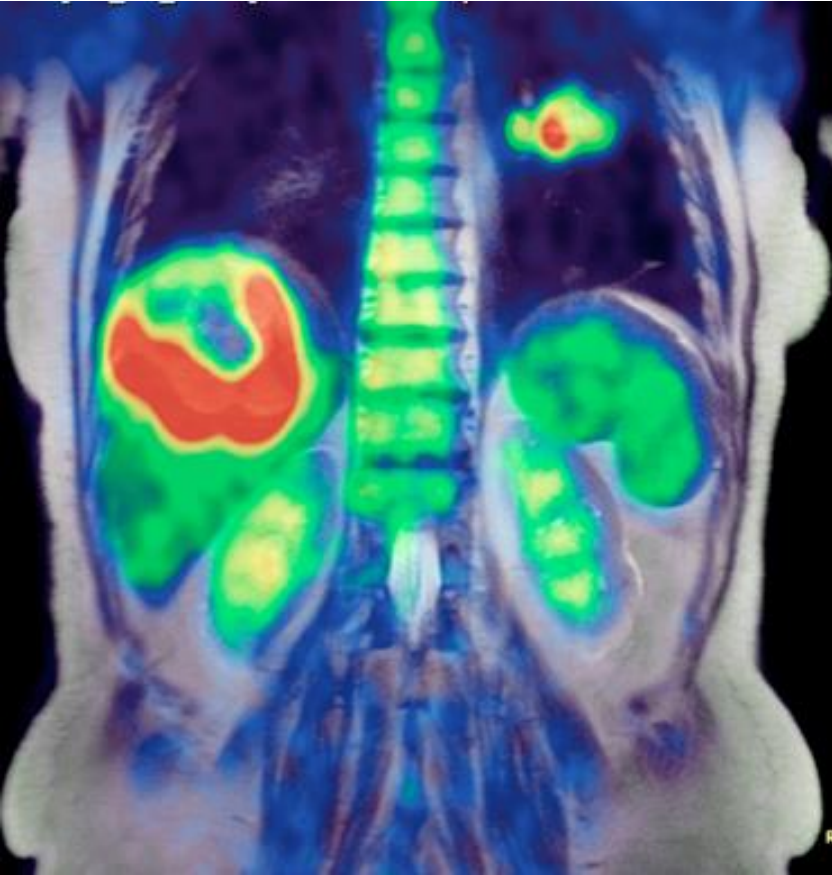
Energy spectra for each height for a given person



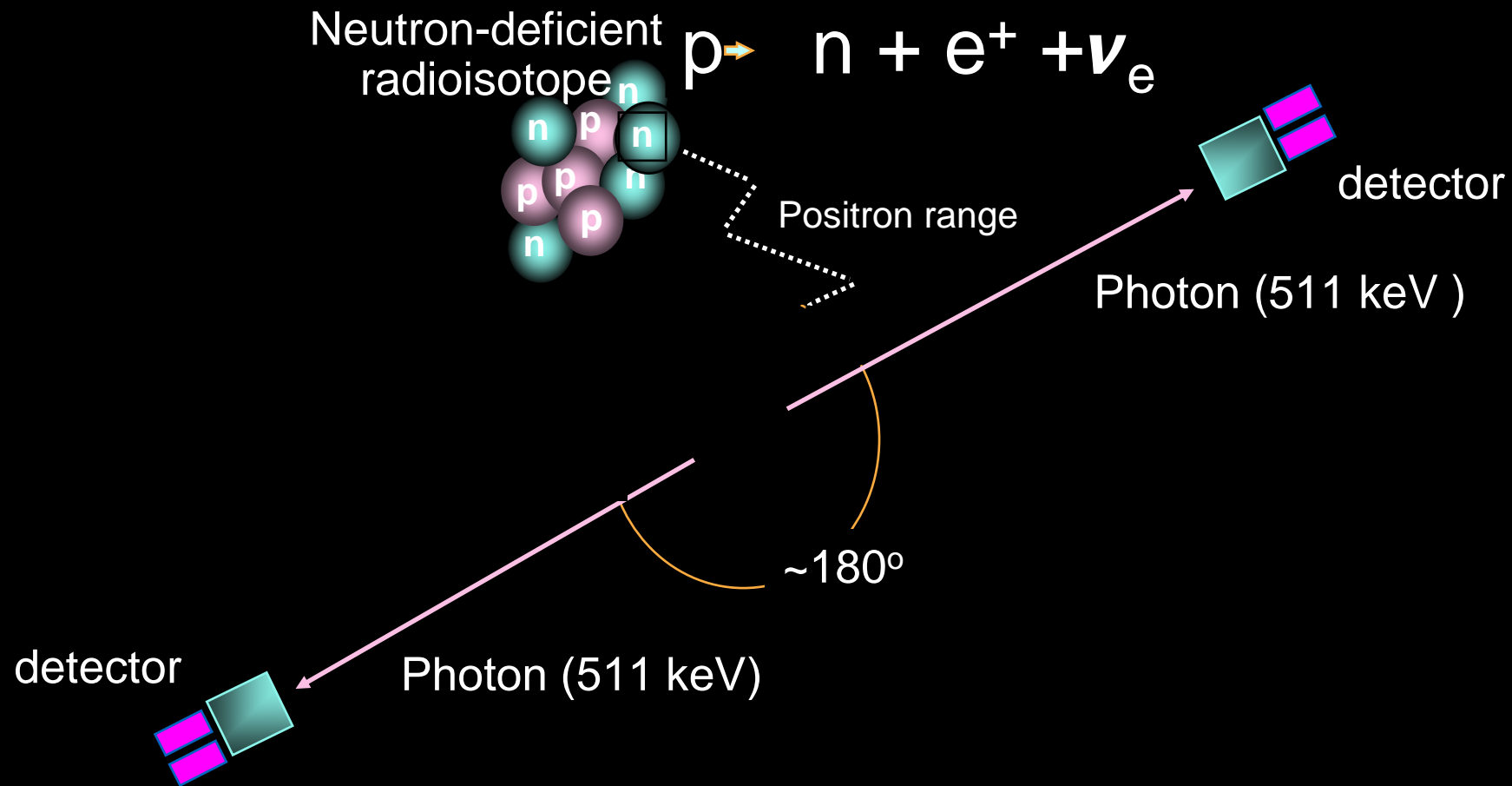
Courtesy of M. Nowak

➡ Shift in energy from head to toes = non homogenous exposure

PET



Positron Emission Tomography

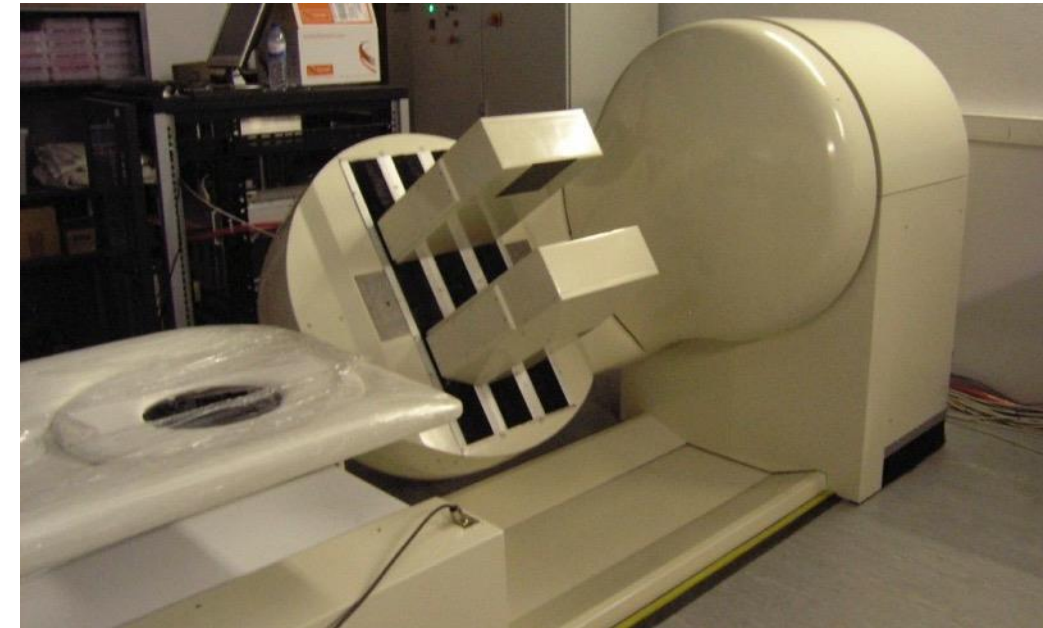
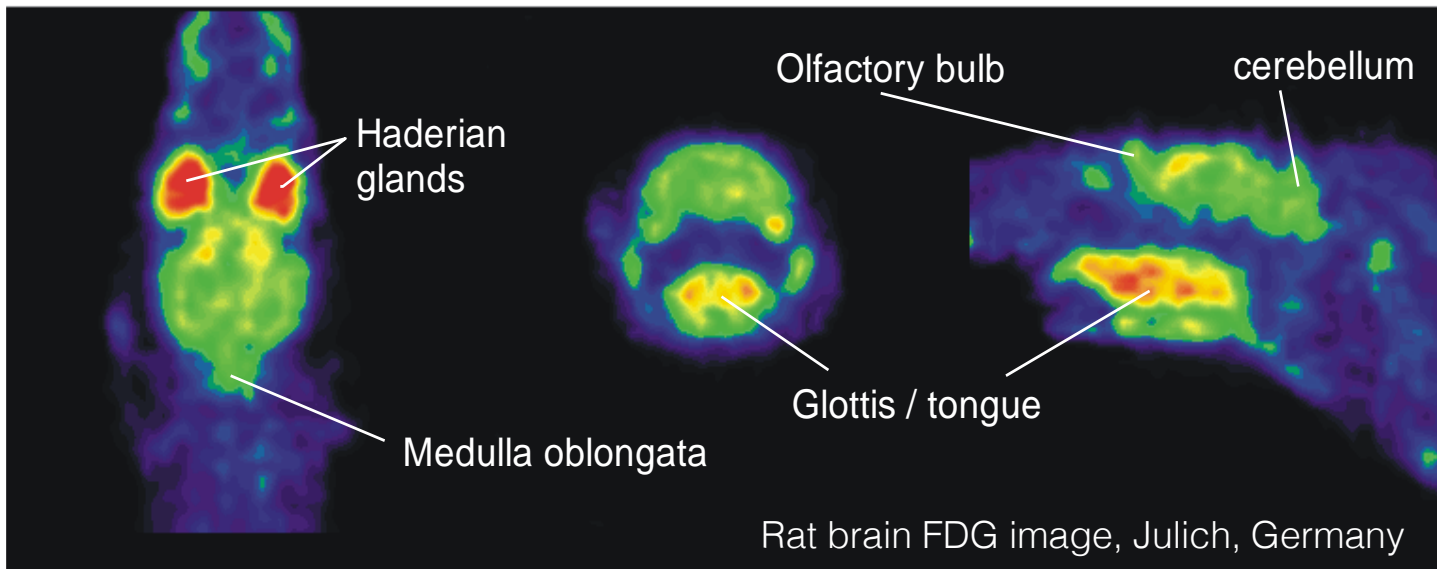






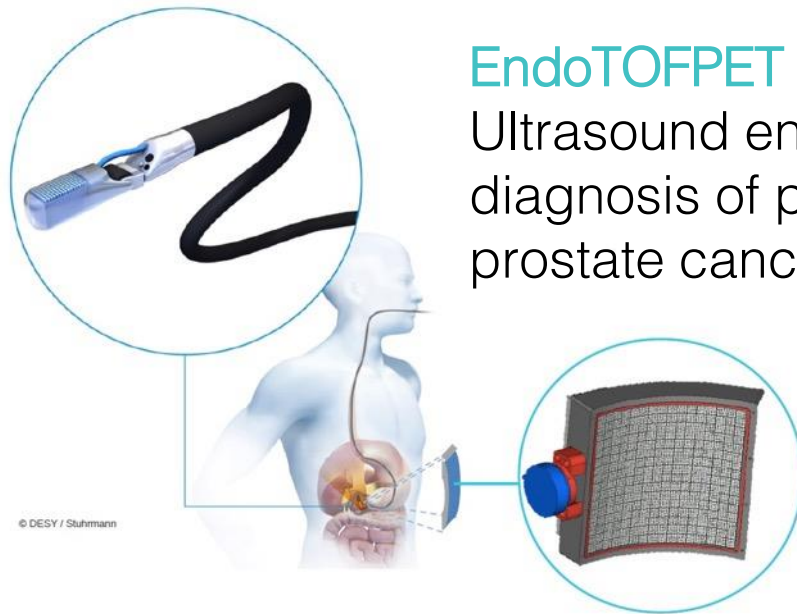
ClearPET

PET for small animals



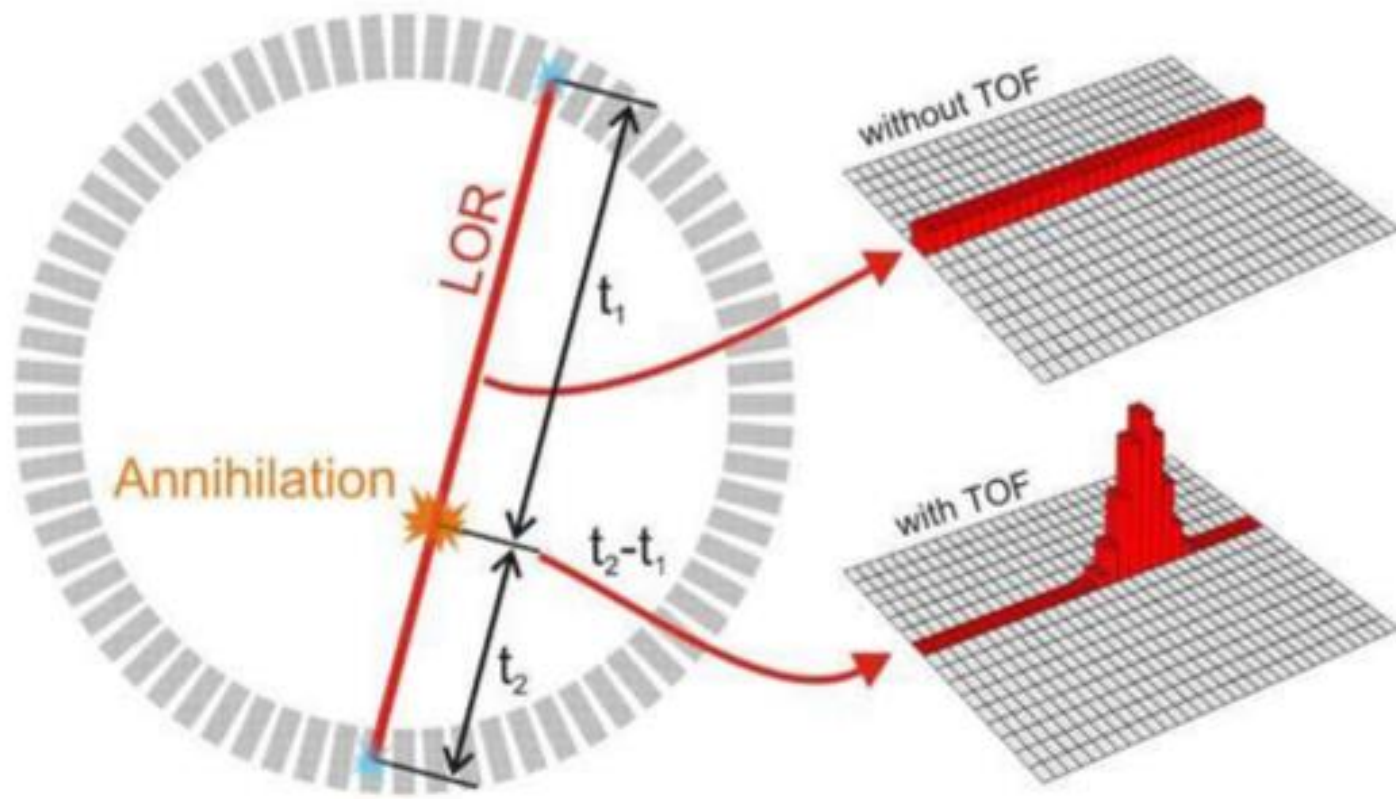
ClearPEM

Dedicated scanner for breast imaging



EndoTOFPET

Ultrasound endoscopic PET for diagnosis of pancreas & prostate cancer



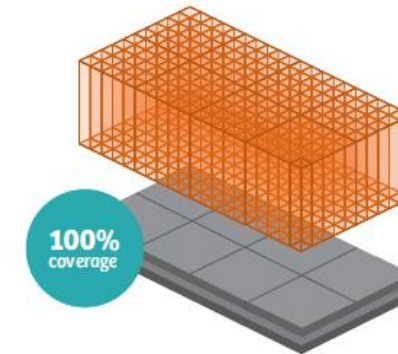
Current status commercial TOF-PET



TOF PET SIEMENS: BIOGRAPH VISION



3.2mm section crystals
CTR 215ps

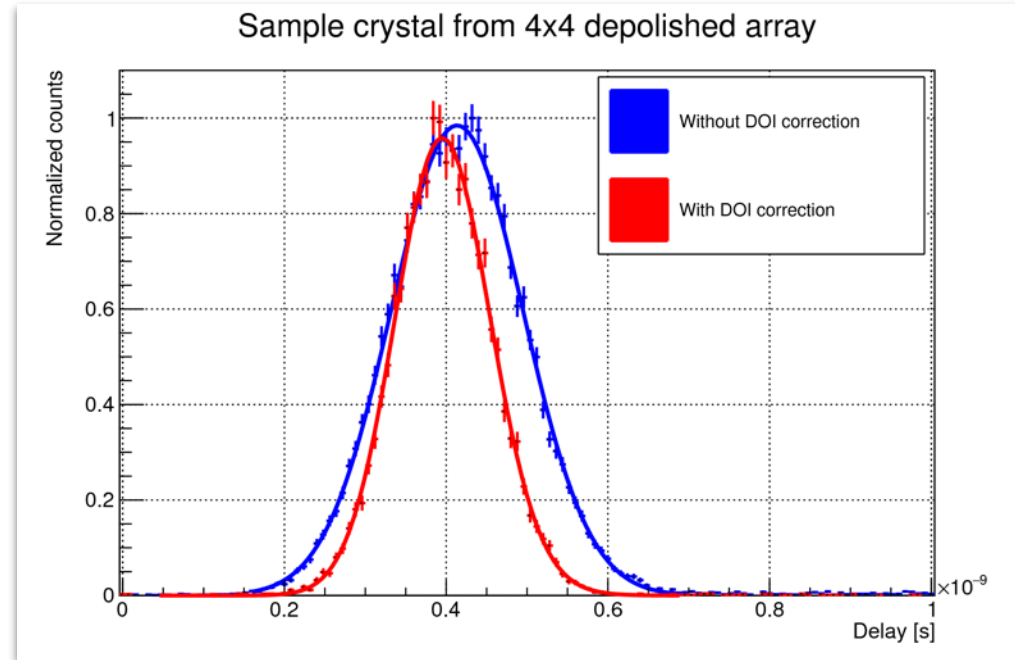
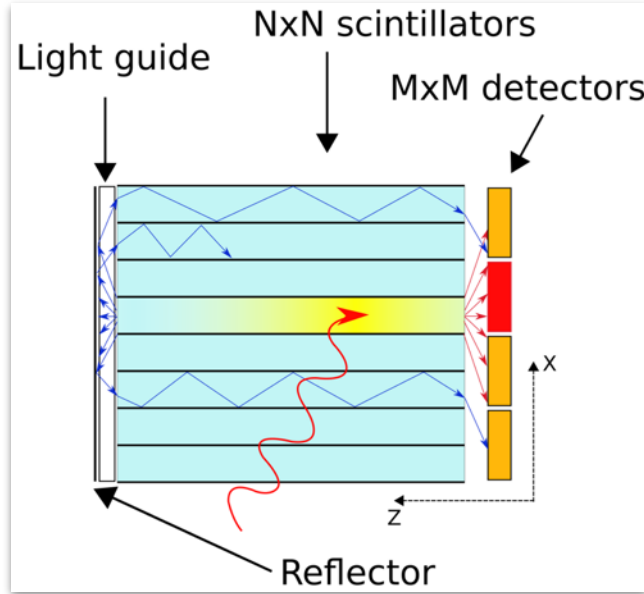


Webpage SIEMENS:

https://static.healthcare.siemens.com/siemens_hwem-hwem_sxxa_websites-context-root/wcm/idc/groups/public/@global/@imaging/@molecular/documents/download/mda4/mzmy/~edisp/biograph_vision_technical_flyer-05440720.pdf

[See presentation KT/EP seminar 6 September 2021 from Maurizio Conti](#)

In the CERN Crystal Clear group: <160 ps with DOI



Type of array	Crystals dim. [mm ³]	DOI resolution FWHM [mm]	En. Res. FWHM @ 511 keV [%]	CTR FWHM [ps], central pixels	
				<i>No correction</i>	<i>With DOI correction</i>
DOI	3.1 x 3.1 x 15	3.0 ± 0.1	8.9 ± 0.2	234 ± 2	157 ± 2

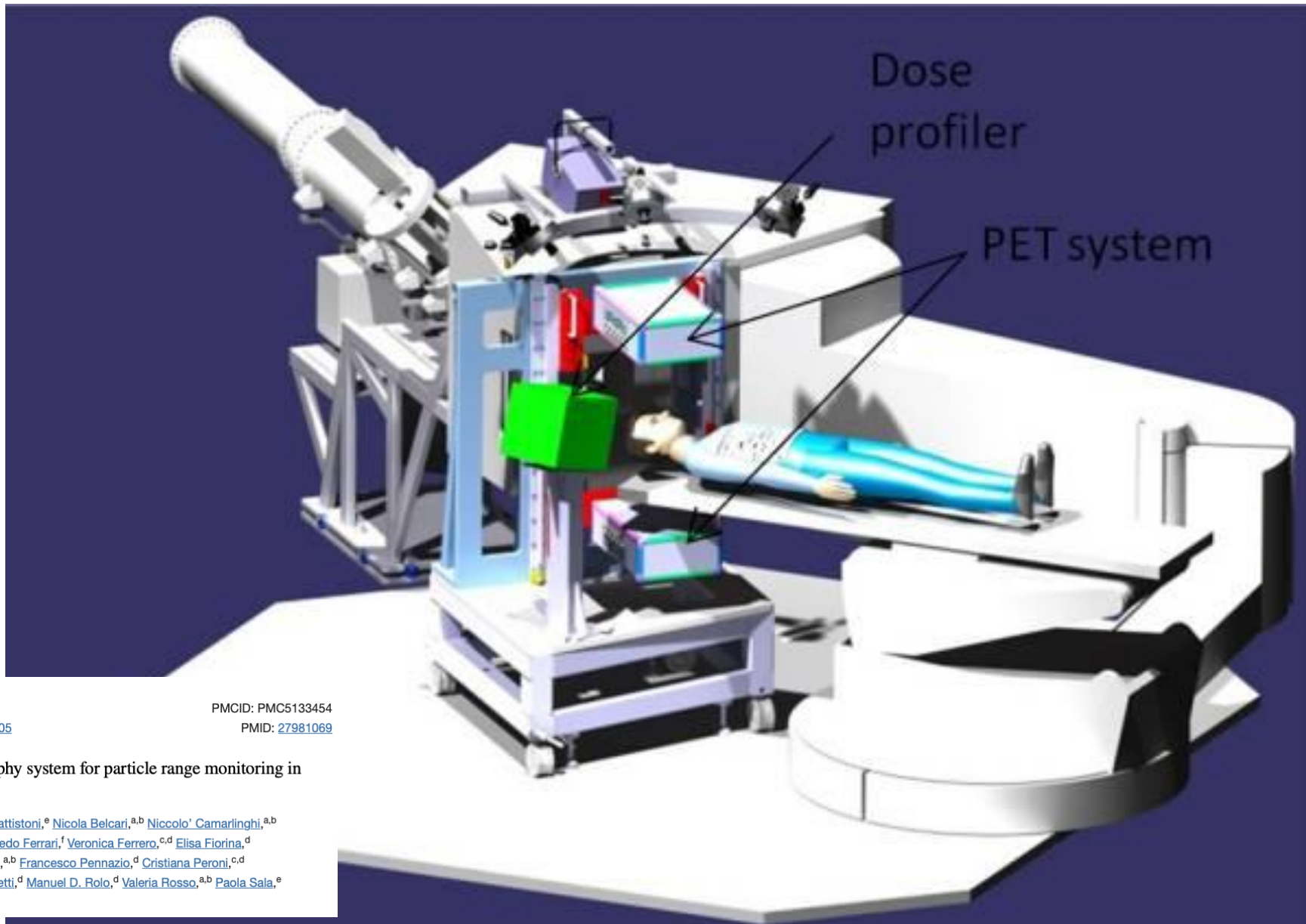
DOI information extracted without degradation of timing properties

M. Pizzichemi et al, Phys. Med. Biol. 61 (2016) 4679

■ PET DETECTOR




ENVISION



[J Med Imaging \(Bellingham\)](#), 2017 Jan; 4(1): 011005.
Published online 2016 Dec 2. doi: [10.1117/1.JMI.4.1.011005](https://doi.org/10.1117/1.JMI.4.1.011005)

PMCID: PMC5133454
PMID: [27981069](https://pubmed.ncbi.nlm.nih.gov/27981069/)

INSIDE in-beam positron emission tomography system for particle range monitoring in hadrontherapy

[Maria Giuseppina Bisogni](#),^{a,b,*} [Andrea Attili](#),^{c,d} [Giuseppe Battistoni](#),^e [Nicola Belcarì](#),^{a,b} [Niccolo' Camarlinghi](#),^{a,b} [Piergiorgio Cerello](#),^d [Silvia Coli](#),^d [Alberto Del Guerra](#),^{a,b} [Alfredo Ferrarj](#),^f [Veronica Ferrero](#),^{c,d} [Elisa Fiorina](#),^d [Giuseppe Giraudò](#),^d [Eleftheria Kostara](#),^b [Matteo Morrocchi](#),^{a,b} [Francesco Pennazio](#),^d [Cristiana Peroni](#),^{c,d} [Maria Antonietta Piliero](#),^{a,b} [Giovanni Pirrone](#),^{a,b} [Angelo Rivetti](#),^d [Manuel D. Rolo](#),^d [Valeria Rosso](#),^{a,b} [Paola Sala](#),^e [Giancarlo Sportelli](#),^{a,b} and [Richard Wheadon](#)^d

Radioisotopes



Radioisotopes: The medical testing crisis

With a serious shortage of medical isotopes looming, innovative companies are exploring ways to make them without nuclear reactors.

Richard Van Noorden

11 December 2013

PDF Rights & Permissions



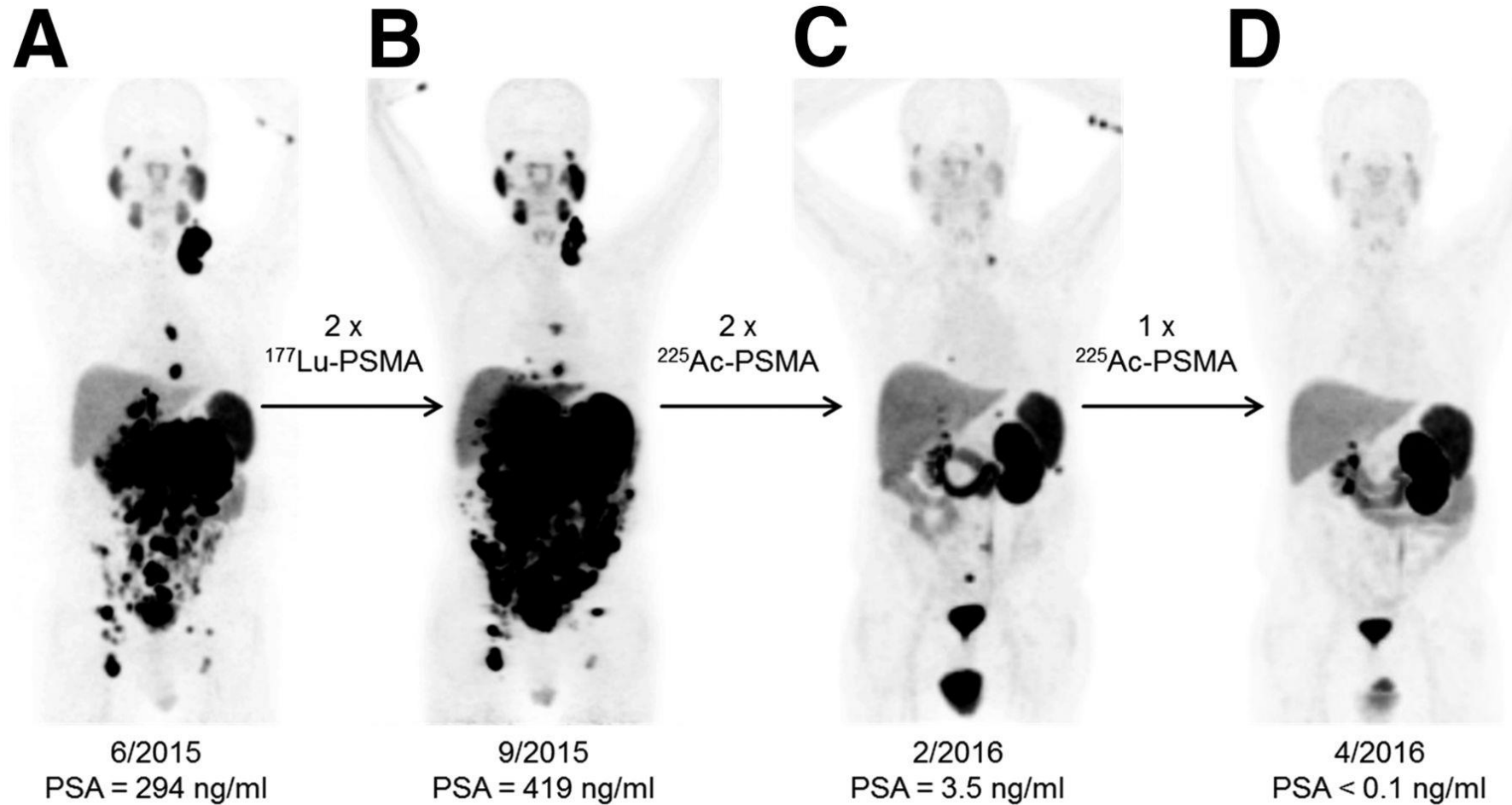
Radioisotopes & Nuclear Medicine

Classification of isotopes for Medicine:

1. Established isotopes → Industrial suppliers
 ^{99m}Tc , ^{18}F , $^{123,125,131}\text{I}$, ^{111}In , ^{90}Y
2. Emerging isotopes → Small innovative suppliers
 ^{68}Ga , ^{82}Rb , ^{89}Zr , ^{177}Lu , ^{188}Re
3. R&D isotopes → Research labs
 $^{44,47}\text{Sc}$, $^{64,67}\text{Cu}$, ^{134}Ce , ^{140}Nd , $^{149, 152, 155, 161}\text{Tb}$, ^{166}Ho , ^{195m}Pt , ^{211}At , 212 , ^{213}Bi , ^{223}Ra , ^{225}Ac , ...



Courtesy U. Koester



68Ga-PSMA-11 PET/CT scans of patient B. In comparison to initial tumor spread (A), restaging after 2 cycles of β -emitting $^{177}\text{Lu-PSMA}$ presented progression (B).
Clemens Kratochwil et al. J Nucl Med 2016;57:1941-1944

Theranostics

<p>Tb 149</p> <p>4.2 m 4.1 h</p> <p>ε β⁺ α 3.99 γ 796; 165...</p> <p>ε α 3.97 β⁺ 1.8 γ 352; 165...</p>	<p>Tb 152</p> <p>4.2 m 17.5 h</p> <p>ly 283; 160... ε; β⁺... γ 344; 411...</p> <p>ε β⁺ 2.8... γ 344; 586; 271...</p>
<p>Tb 155</p> <p>5.32 d</p> <p>ε γ 87; 105;... 180, 262</p>	<p>Tb 161</p> <p>6.90 d</p> <p>β⁻ 0.5; 0.6... γ 26; 49; 75... e⁻</p>

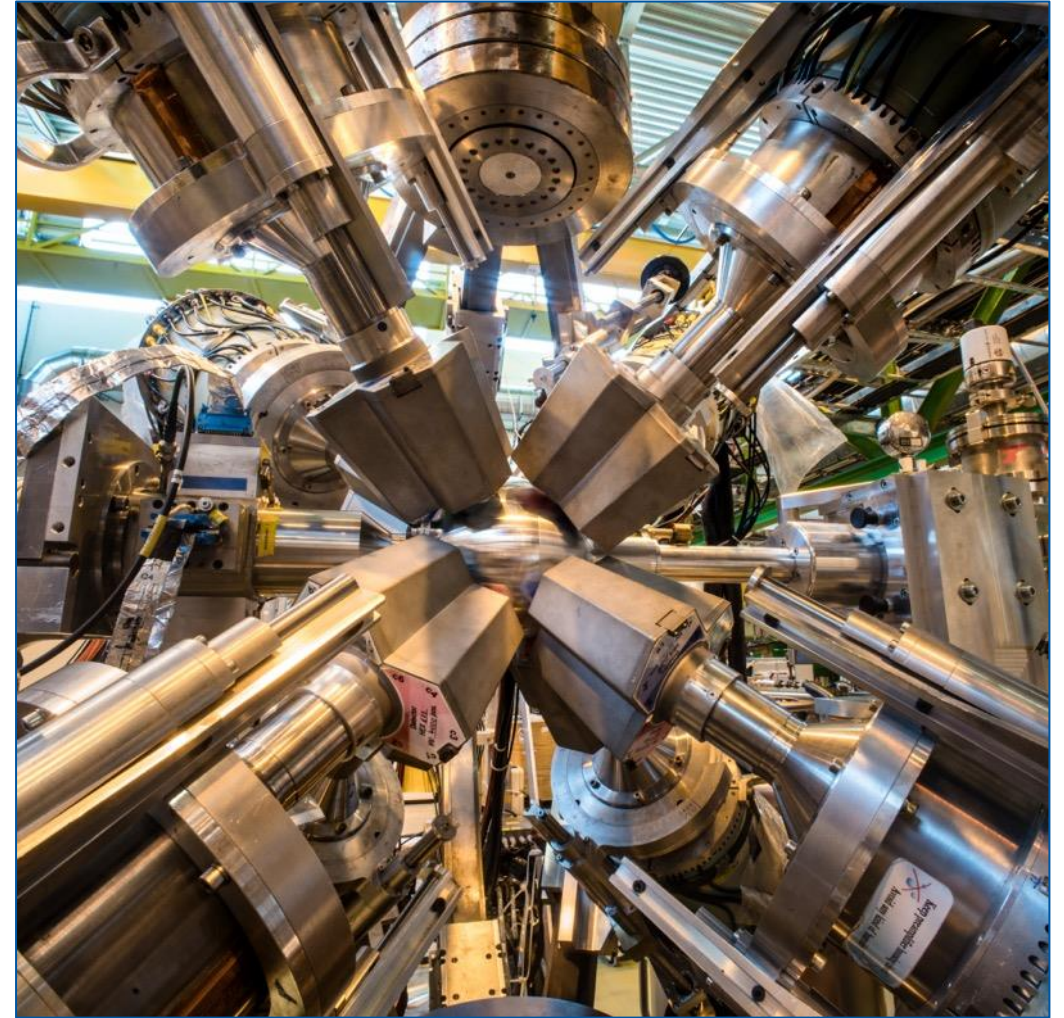
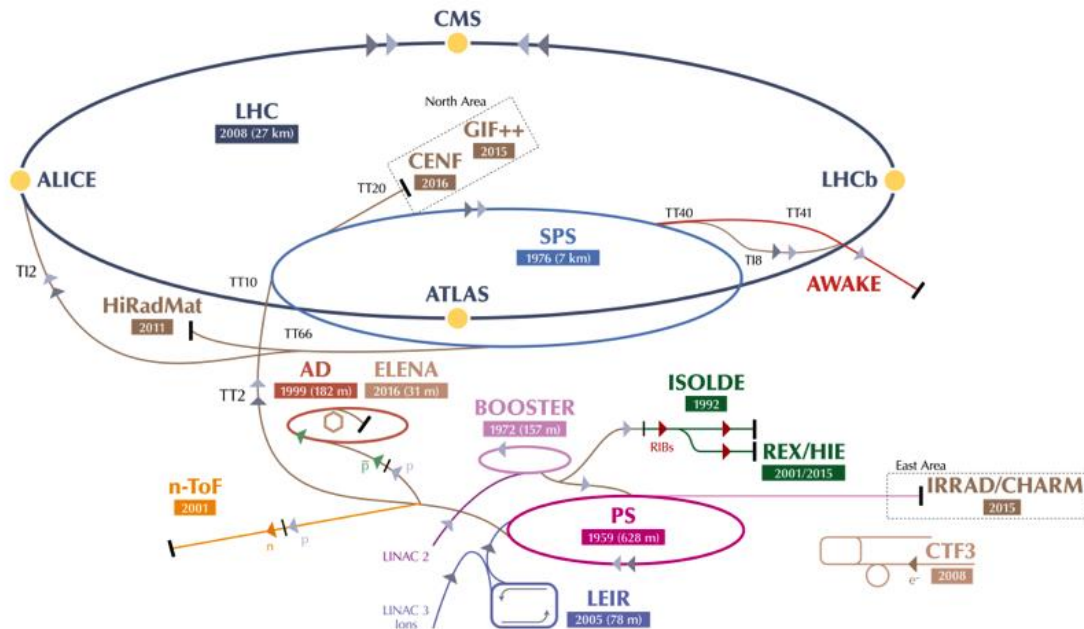


A Unique Matched Quadruplet of Terbium Radioisotopes for PET and SPECT and for α- and β-Radionuclide Therapy: An In Vivo Proof-of-Concept Study with a New Receptor-Targeted Folate Derivative

Cristina Müller, Konstantin Zhernosekov, Ulli Köster, Karl Johnston, Holger Dorrer, Alexander Hohn, Nico T. van der Walt, Andreas Türler and Roger Schibli

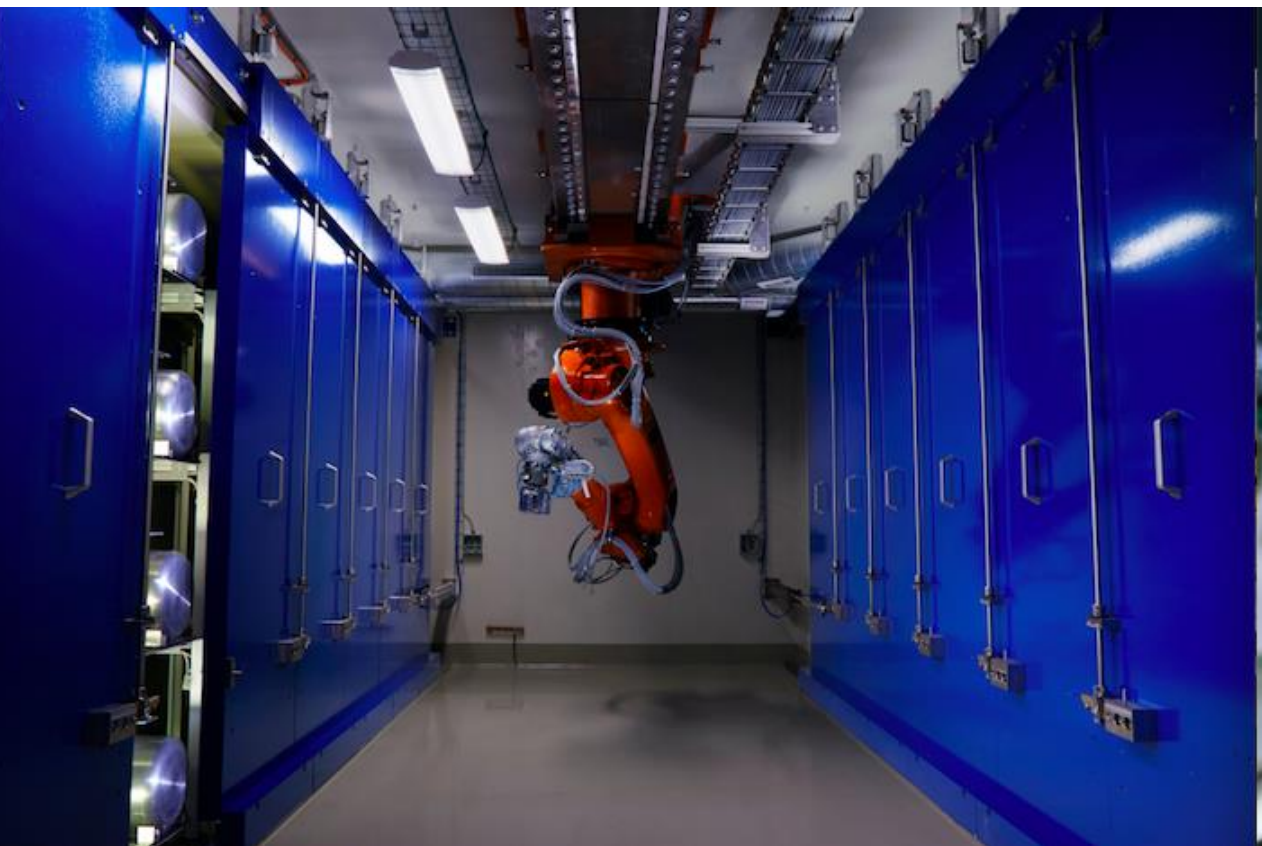
Journal of Nuclear Medicine December 2012, 53 (12) 1951-1959; DOI: <https://doi.org/10.2967/jnumed.112.107540>

ISOLDE has been running @CERN for > 50 years

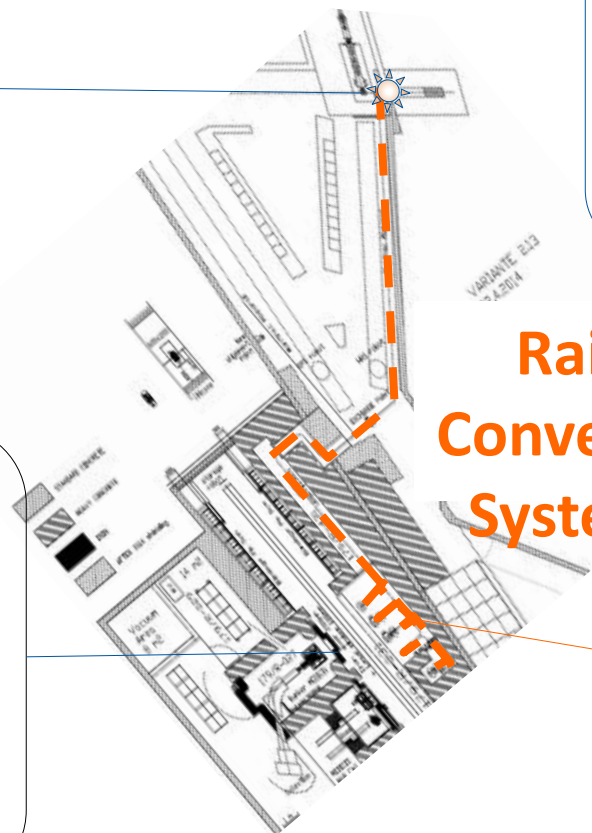
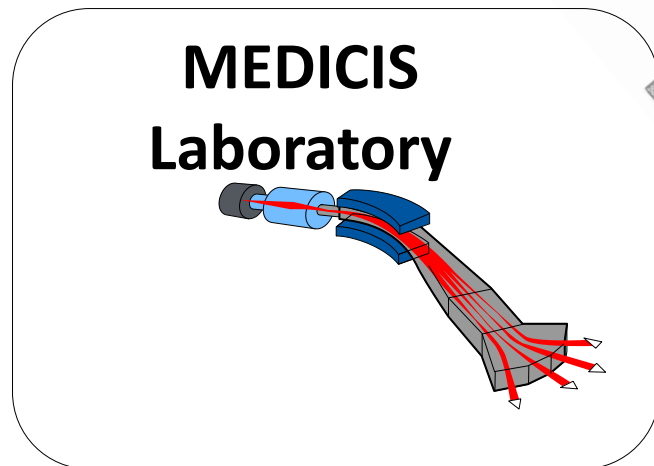
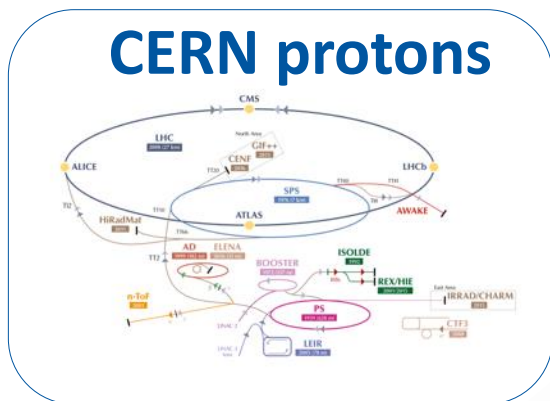


CERN-MEDICIS

Non-conventional isotopes collected by mass separation for new medical applications



Principle of isotope production



Rail
Conveyor
System

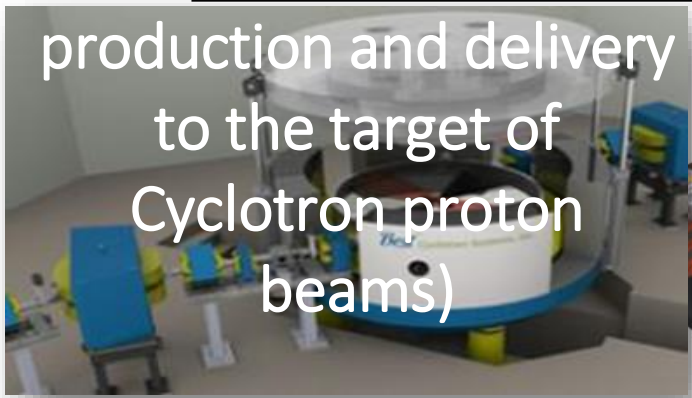
MEDICIS Target Irradiation



SPES - Selective Production of Exotic (nuclear) Species @ LNL

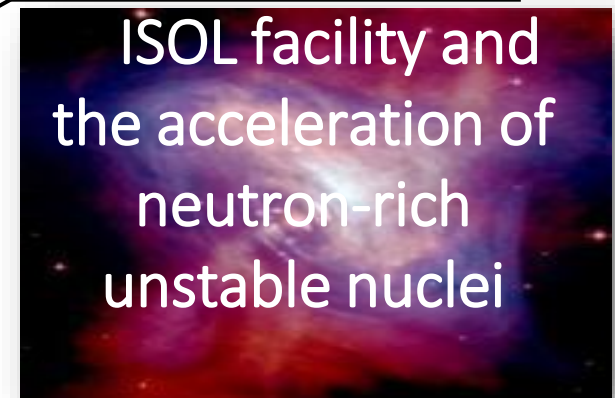


SPES- α



production and delivery to the target of Cyclotron proton beams)

SPES- β



ISOL facility and the acceleration of neutron-rich unstable nuclei

SPES- γ

Radioisotopes for medical applications

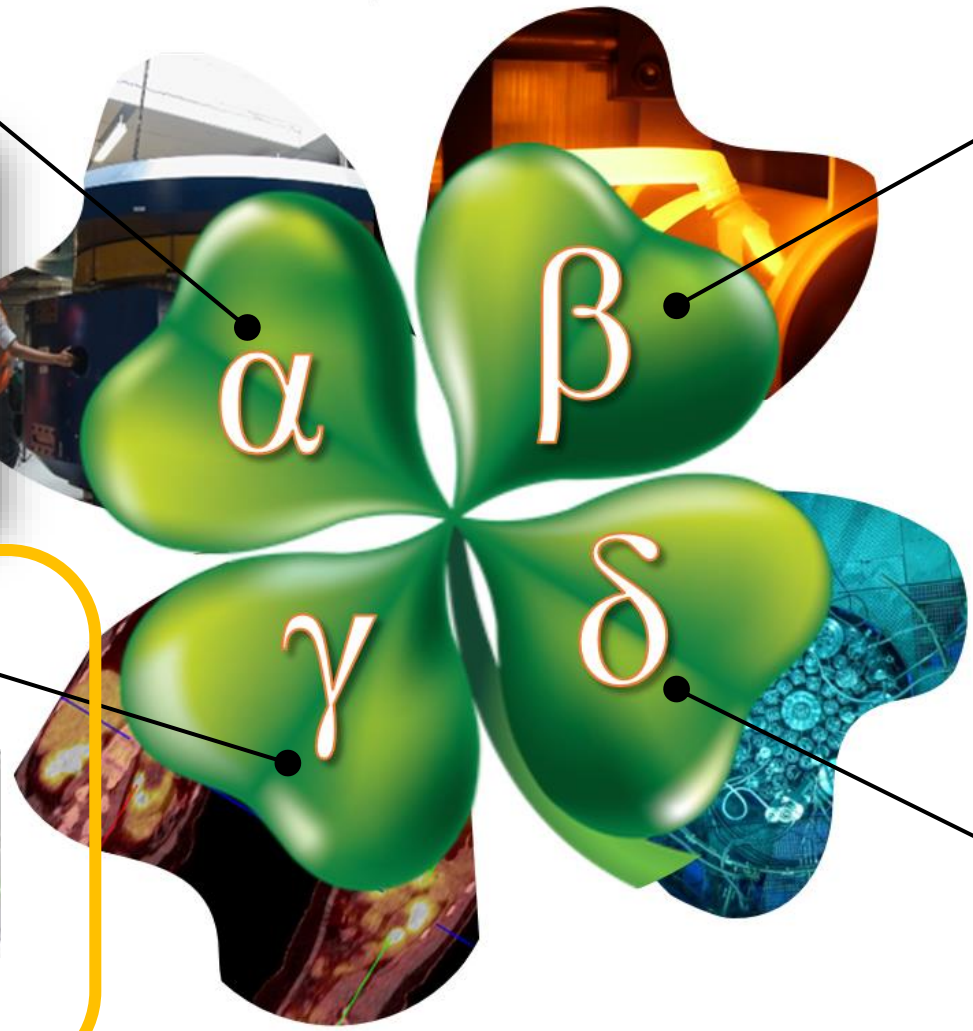


SPES- δ



Neutron source for applied physics and industry

Manuela Cirilli - INFN Student Lecture July 2024



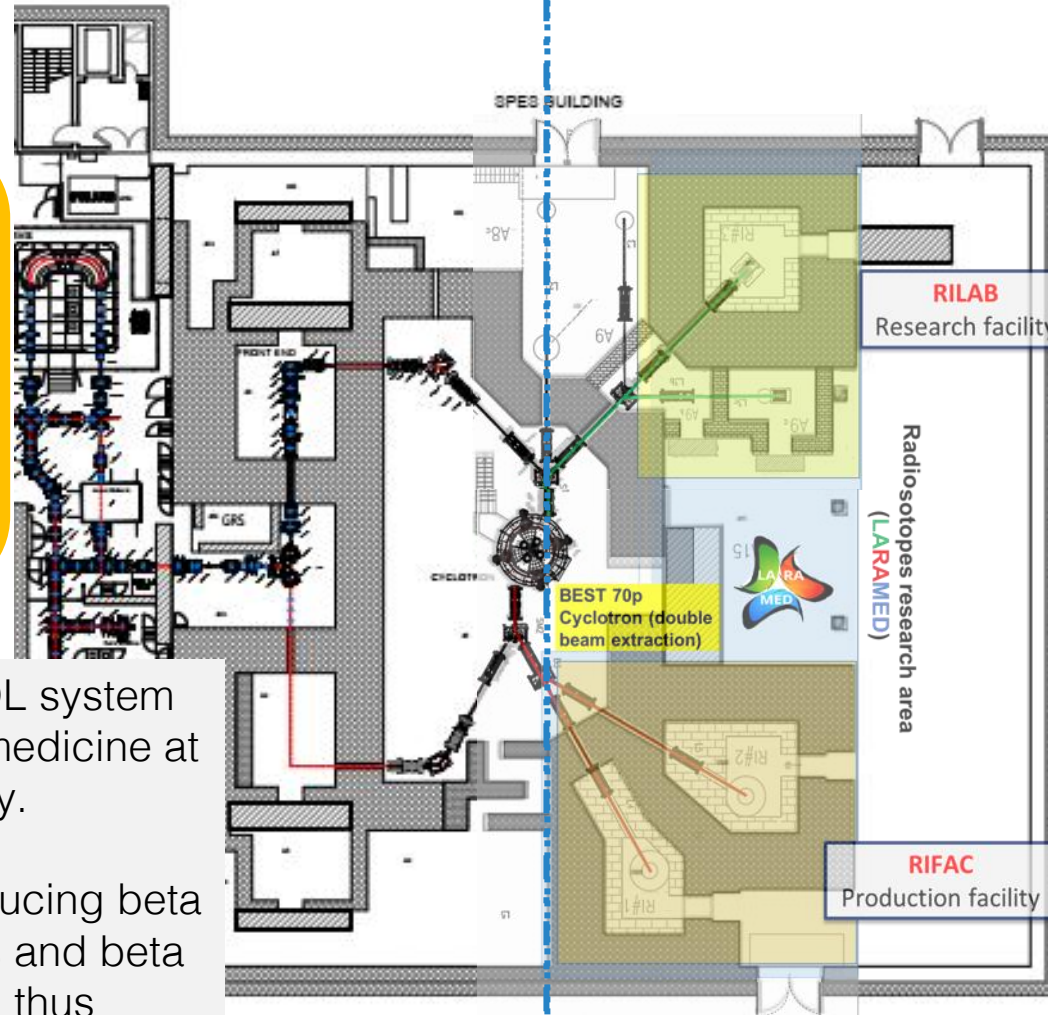
SPES- γ : innovative radioisotopes for medical applications

Production of radioisotopes for medical applications via ISOL technique



Focused on the use of the ISOL system to produce radioisotopes for medicine at high specific activity and purity.

INFN patent «Method for producing beta emitting radiopharmaceuticals and beta emitting radiopharmaceuticals thus obtained»



Production of radioisotopes for medical applications via direct



Laboratory of Radionuclides for MEDicine

molecules



Letter

LARAMED: A Laboratory for Radioisotopes of Medical Interest

Juan Esposito ¹, Diego Bettoni ^{1,2}, Alessandra Boschi ³, Michele Calderolla ¹, Sara Cistermino ¹, Giovanni Fiorentini ², Giorgio Keppel ¹, Petra Martini ^{1,3,*}, Mario Maggiore ¹, Liliana Mou ¹, Micòl Pasquali ¹, Lorenzo Pranovi ¹, Gaia Pupillo ¹, Carlos Rossi Alvarez ¹, Lucia Sarchiapone ¹, Gabriele Sciacca ¹, Hanna Skliarova ¹, Paolo Favaron ¹, Augusto Lombardi ¹, Piergiorgio Antonini ¹ and Adriano Duatti ^{1,4}

Gamma-MRI project

Development of a new medical diagnostic modality

Combine high spatial resolution (MRI) and high sensitivity (radiotracer)

Proof-of-principle by U Virginia: Y. Zheng, et al., Nature 537, 652 (2016)

Polarised gamma-emitting tracer => anisotropic decay

	Detection efficiency	Spatial resolution
PET and SPECT	high	Low (e.g. >5mm for 82Rb)
MRI	low	High

Digital Technologies

```
elif operation == "MIRROR_Y":
    mirror_mod.use_x = False
    mirror_mod.use_y = True
    mirror_mod.use_z = False
elif operation == "MIRROR_Z":
    mirror_mod.use_x = False
    mirror_mod.use_y = False
    mirror_mod.use_z = True

#selection at the end -add back the deselected mirror modifier object
mirror_ob.select= 1
modifier_ob.select=1
bpy.context.scene.objects.active = modifier_ob
print("Selected" + str(modifier_ob)) # modifier ob is the active ob
#mirror_ob.select = 0
#me = bpy.context.selected_objects[0]
#bpy.data.objects[me.name].select = 1
```

Geant4 – a simulation toolkit

Open source

CERN strongly contributes to its core development

Other Geant4 collaboration members developed specific capabilities and applied them in G4 medical applications

Medical Applications

- [G4DNA](#)
Geant4–DNA project
- [G4MED](#) (in Japanese)
Geant4 Medical Physics in Japan
- [G4NAMU](#)
Geant4 North American Medical User Organization
- [GAMOS](#)
Geant4–based Architecture for Medicine–Oriented Simulations
- [GATE](#)
Geant4 Application for Tomographic Emission
- [GHOST](#)
Geant4 Human Oncology Simulation Tool
- [TOPAS](#)
Geant4 Monte Carlo Platform for Medical Applications

GEANT4 collaboration
A SIMULATION TOOLKIT

<http://geant4.cern.ch/>

Geant4: a simulation toolkit
S. Agostinelli *et al.*
NIM A, vol. 506, no. 3, pp. 250-303, 2003

Geant4 Developments and Applications
J. Allison *et al.*
IEEE Trans. Nucl. Sci., vol. 53, no. 1, pp. 270-278, 2006

Recent Developments in Geant4
J. Allison *et al.*
NIM A, vol. 835, pp. 186-225, 2016

Geant4 ASSOCIATES
Experts in Radiation Simulation

Human phantoms

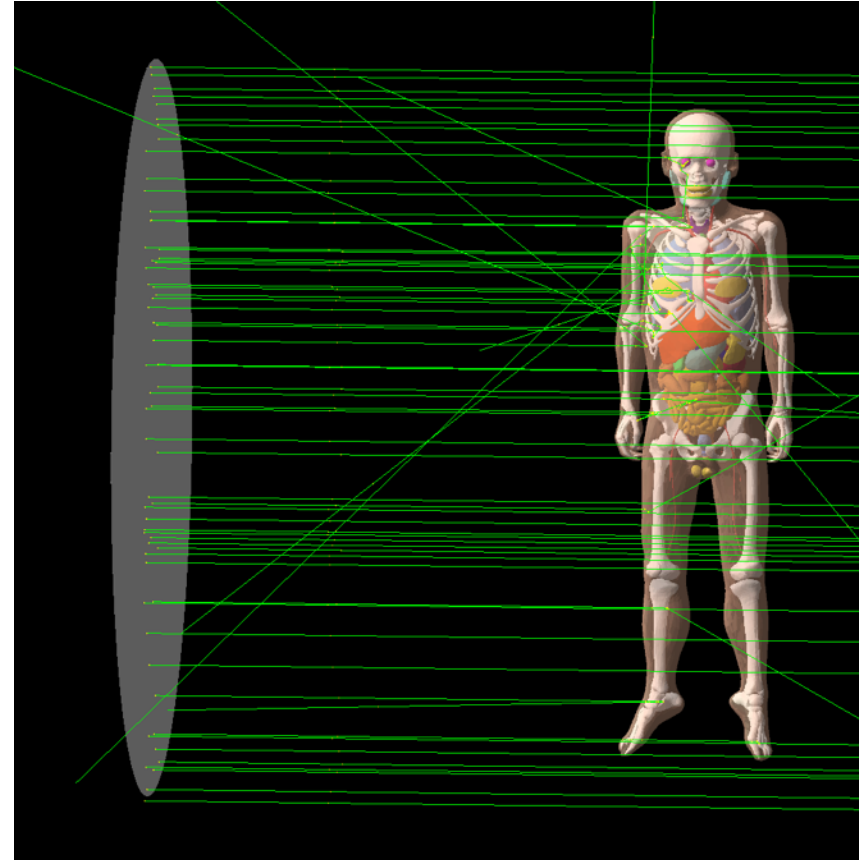
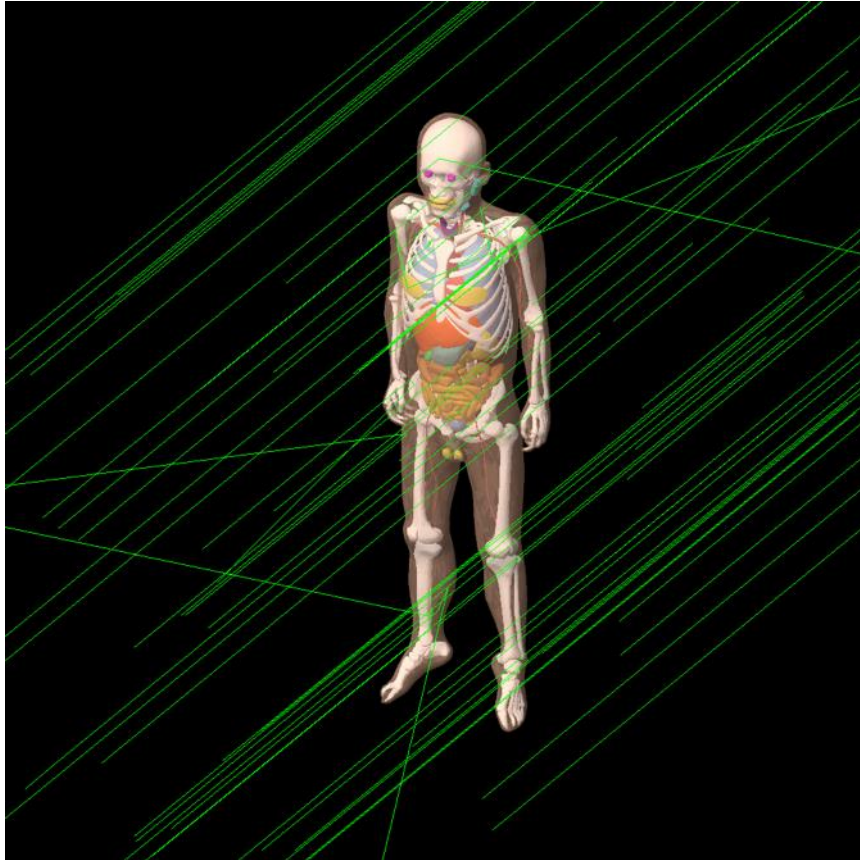
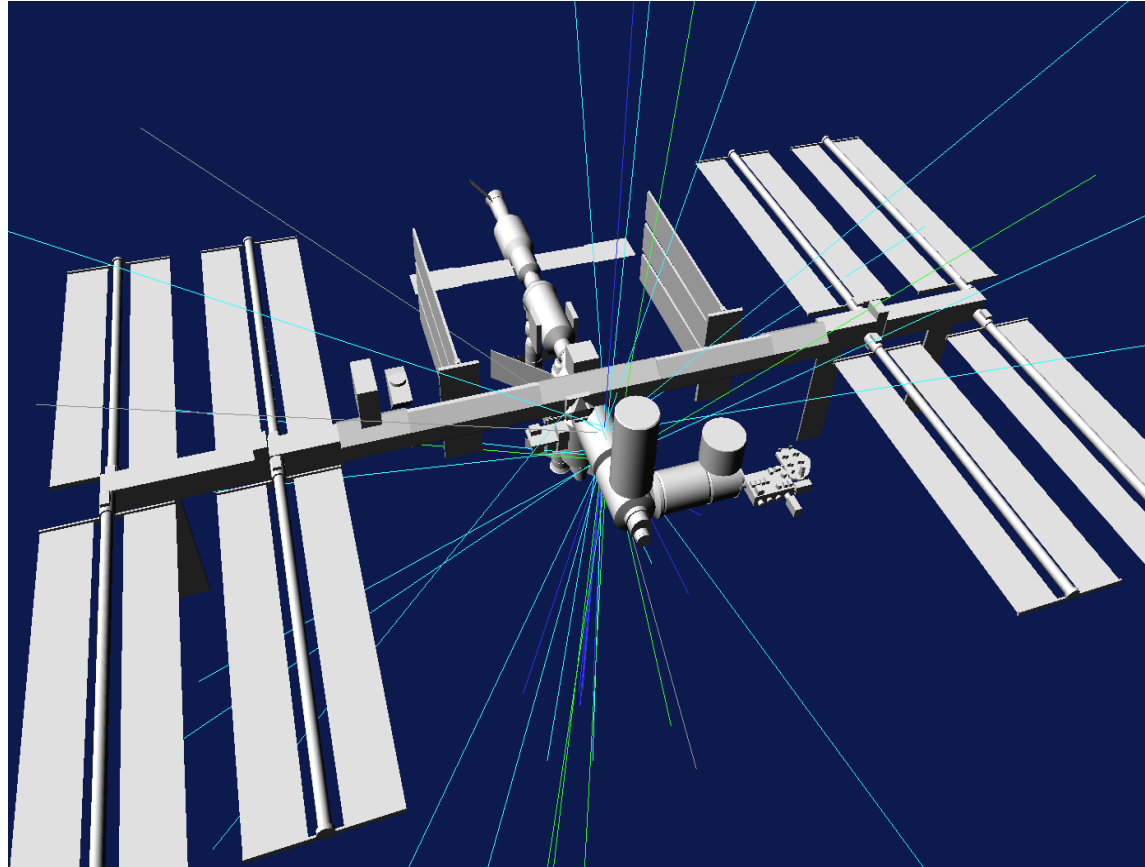


Image of Polygon-Surface Reference Korean Male Phantom (PSRK-Man), implemented in Geant4. Courtesy of C.-H. Kim & C. Choi, Hanyang Univ.

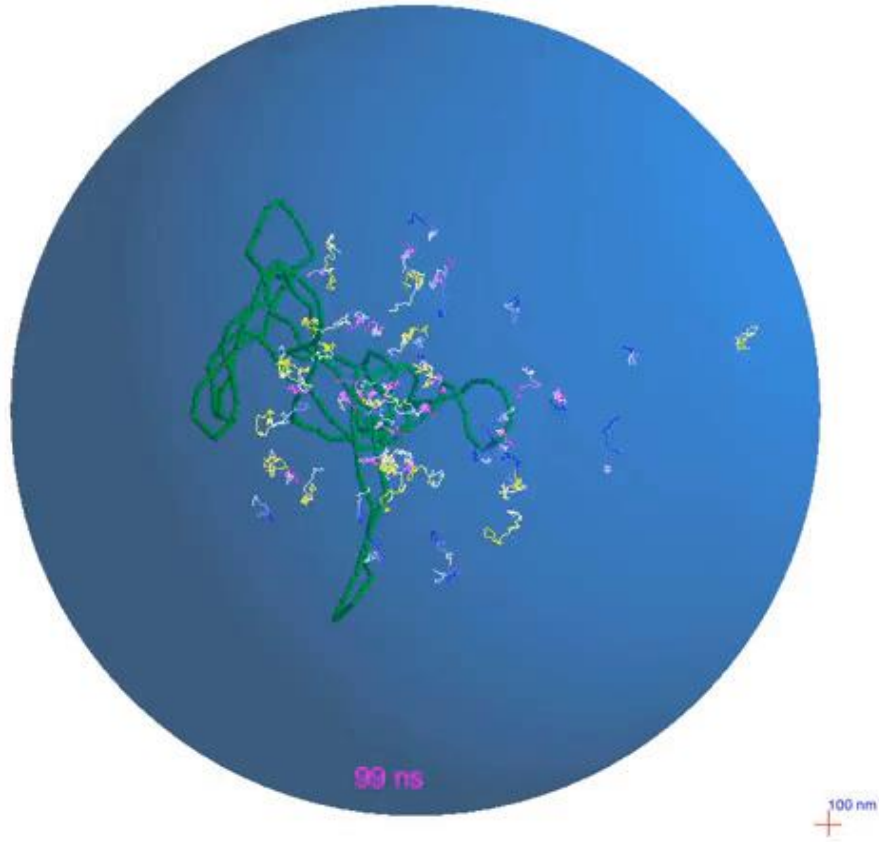
Radiation Environment – model of space station



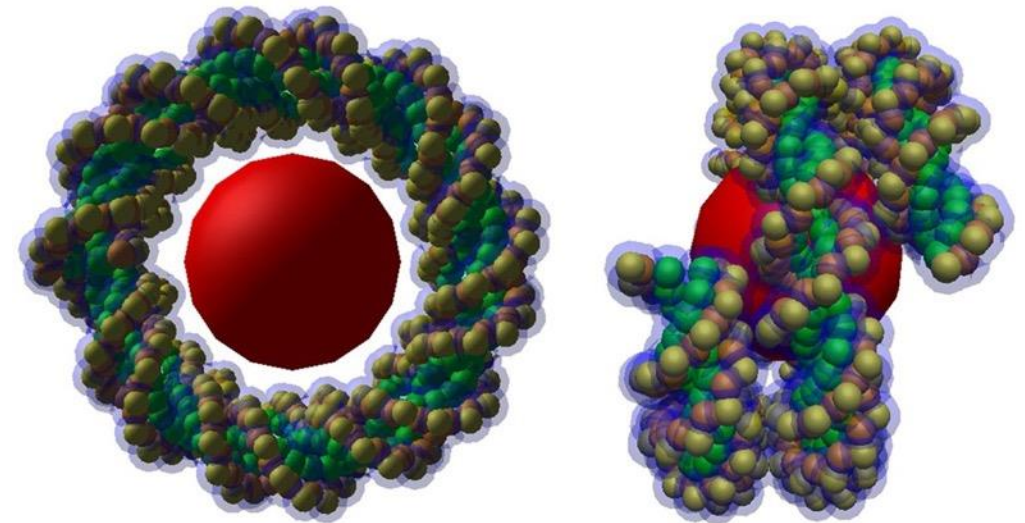
Courtesy T. Ersmark, KTH Stockholm

Geant4-DNA applications

Simulation using Geant4-DNA of irradiation of a pBR322 plasmid, including radiolysis



- movie courtesy of V. Stepan (NPI-ASCR/CENBG/CNRS/IN2P3/ESA)



Model of nucleosome created using DnaFabric*, imported into Geant4 to model irradiation, repair mechanisms.

* S. Meylan et al, Comp. Phys. Comm. 204 (2016) p159

Tools for specific applications

based on Geant4

Tools provide specific capabilities for creating setups, measuring

create setup, steer simulation via 'text commands'

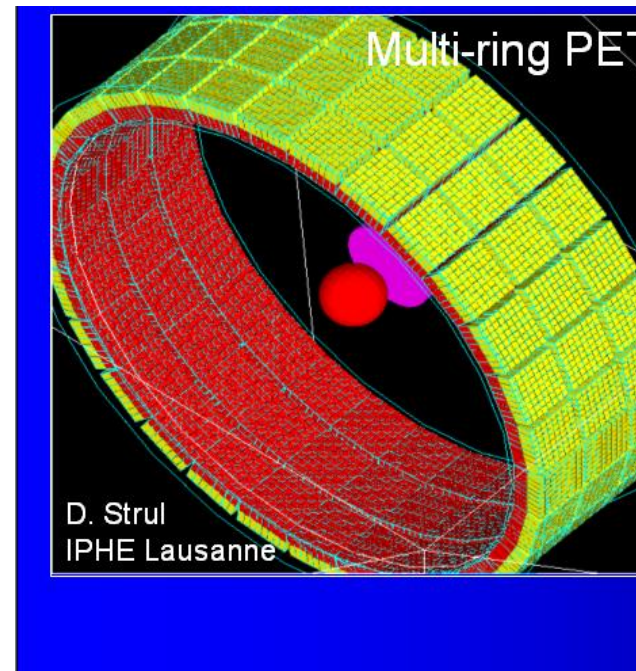
output adapted for application-area

[GATE](#) (FR, DE, GR, PL, AT) - PET/SPECT,

[TOPAS](#) (US) - protontherapy

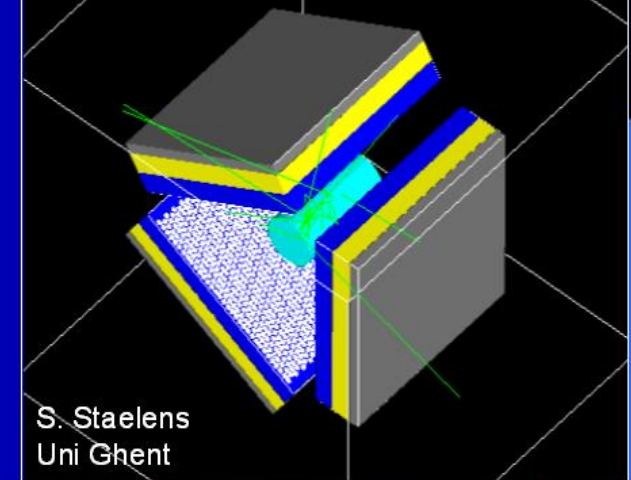
[GAMOS](#) (ES) - for nuclear medicine applications

Developed by external parties - using capabilities of G4 toolkit



Example GATE geometries

Triple-head gamma camera



TOPAS Tool for Particle Simulation

To use Monte Carlo transport for radiation therapy research in the past, one had to be both an expert in Monte Carlo and an expert in medical physics. With TOPAS, it is sufficient to be an expert in medical physics or biology

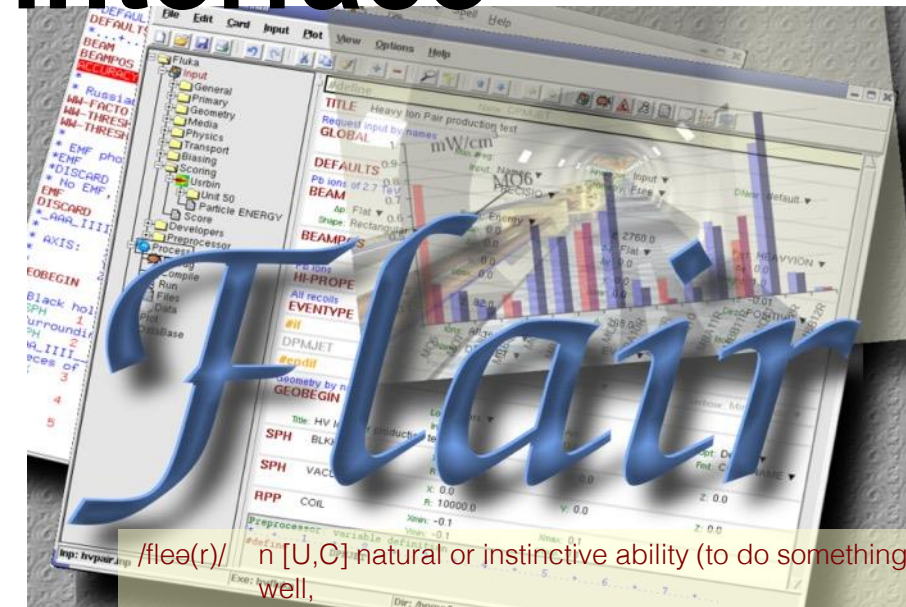
TOPAS has been developed by:
David Hall
Bruce Faddegon
Aimee McNamara
Harald Paganetti
Joseph Perl
Jan Schümann
Jungwook Shin
José Ramos

Thank You NIH !!!!

TOPAS supported by the U.S National Institutes of Health under contracts 2R01CA140735-05 and 1 R01 CA187003-01A1 and by TOPAS MC Inc

A 3D visualization of a proton therapy setup. The detector is shown as a series of stacked layers, colored in blue, yellow, and grey. A central region is shown in black, representing the patient area. The text 'TOPAS' is at the top left, and 'Tool for Particle Simulation' is at the top right. The text 'TOPAS supported by the U.S National Institutes of Health under contracts 2R01CA140735-05 and 1 R01 CA187003-01A1 and by TOPAS MC Inc' is at the bottom.

Flair – fluka advanced interface



Improvements for medical simulations

Process DICOM standard files for radiotherapy purposes

Provides easy-to use tool for **treatment plan re-simulation** and quantitative comparison

Enables precise description of patient model and beam delivery system

/flɛə(r)/ n [U,C] natural or instinctive ability (to do something well,
to select or recognize what is best, more useful, etc.
[Oxford Advanced Dictionary of Current English]

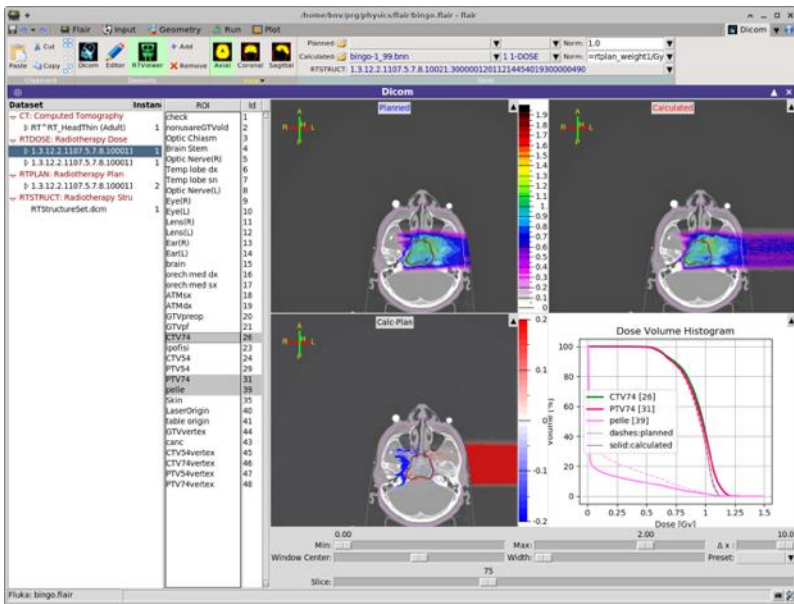
is more than a graphical Interface

→ is a complete integrated working environment for FLUKA

Greatly enhanced productivity

→ users focus on their problem rather than on technicalities

In this presentation: a selection of results obtained by the CERN group



3D spatial dose distribution simulated with FLUKA

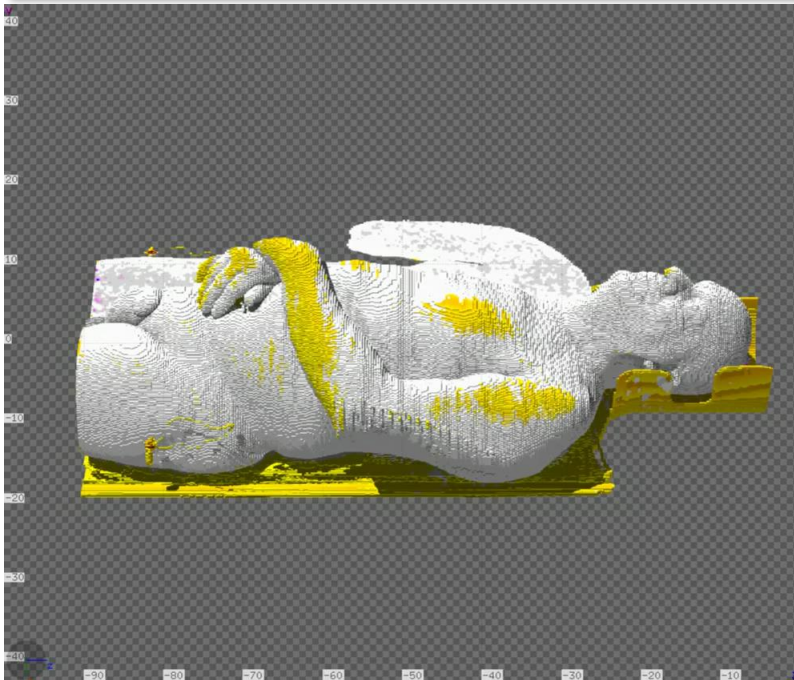
Importing the RT DOSE with the activity mapping of ^{68}Ga

Simulation of the ^{68}Ga decays

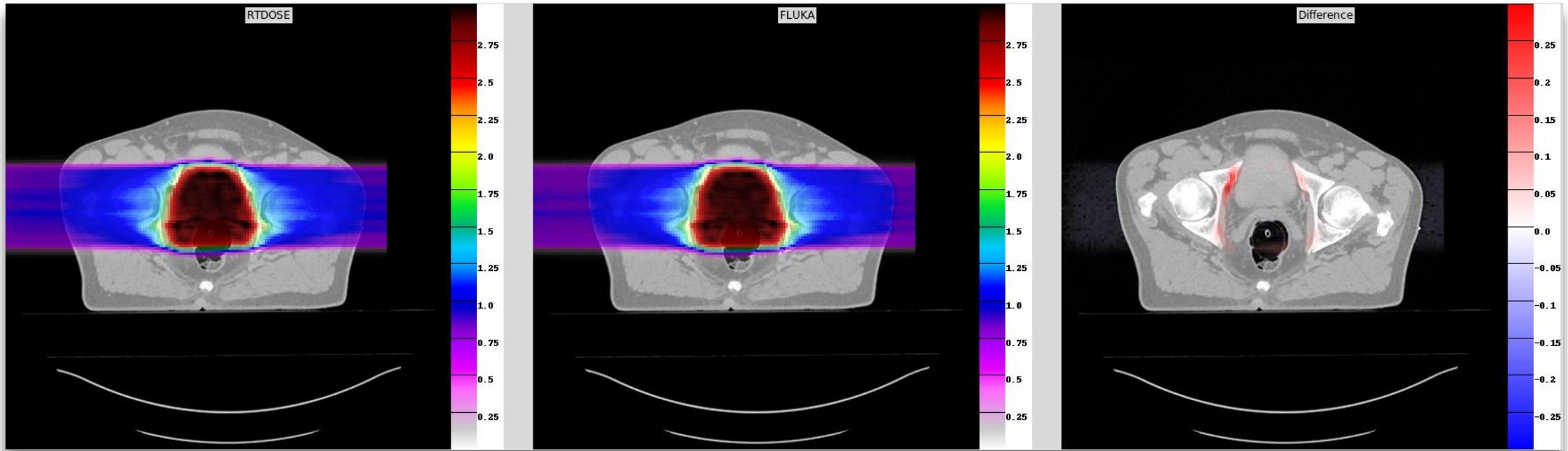
Very fast setup time

less than a few minutes with a few clicks from the user

Run FLUKA simulations with no programming skills or file editing requirements!



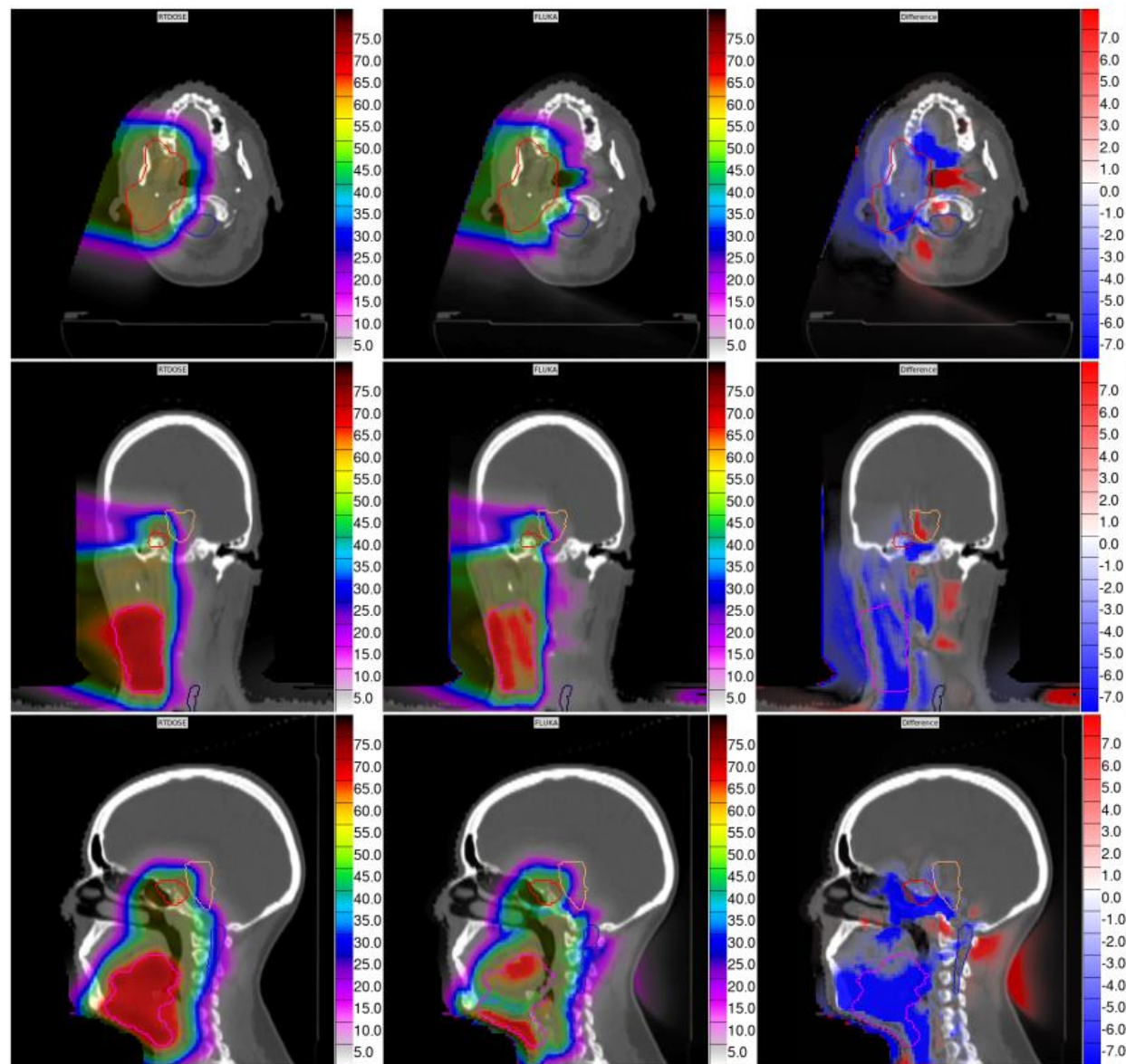
Sensitivity studies of Monte Carlo TP recalculations



*Proton prostate patient case
(MedAustron)
W.Kozłowska PhD*

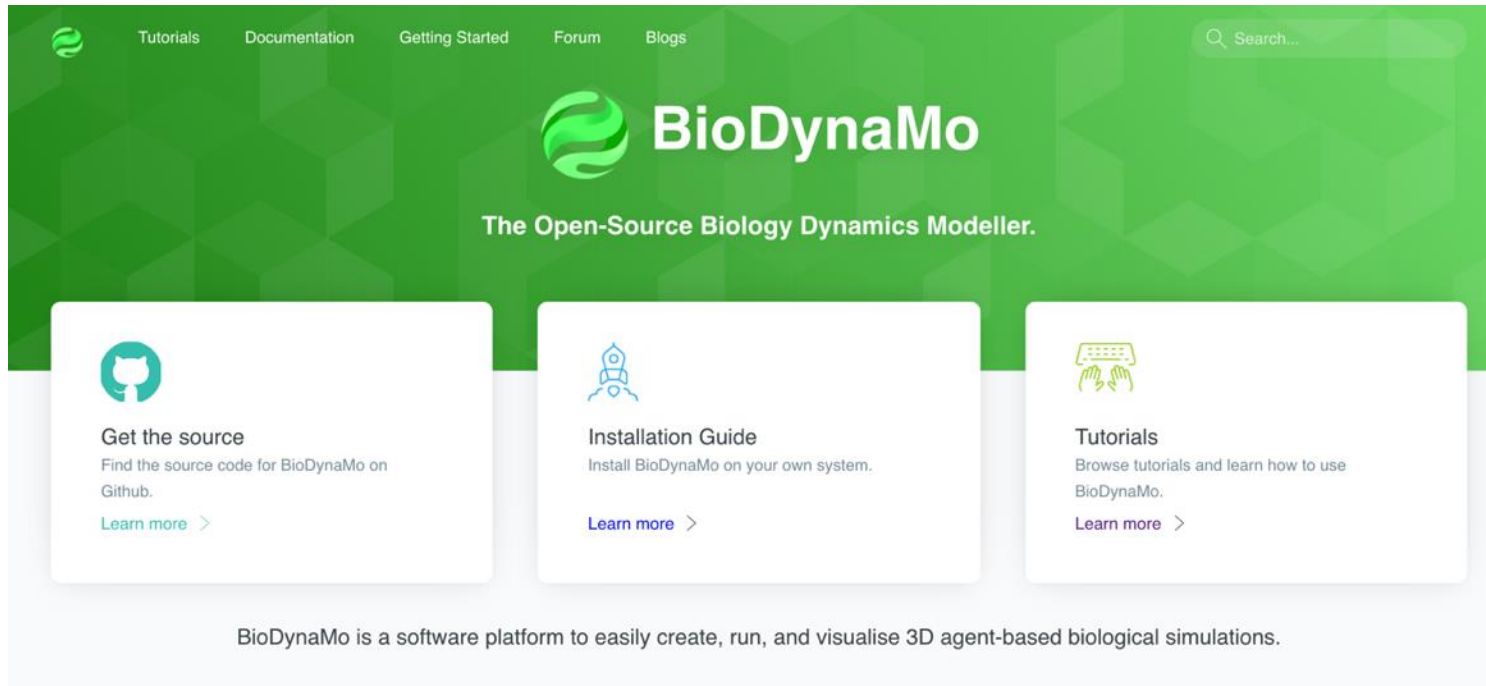


Head and Neck case



*Head and Neck case (CNAO)
W.Kozłowska PhD*

BioDynaMo: An open-source software framework



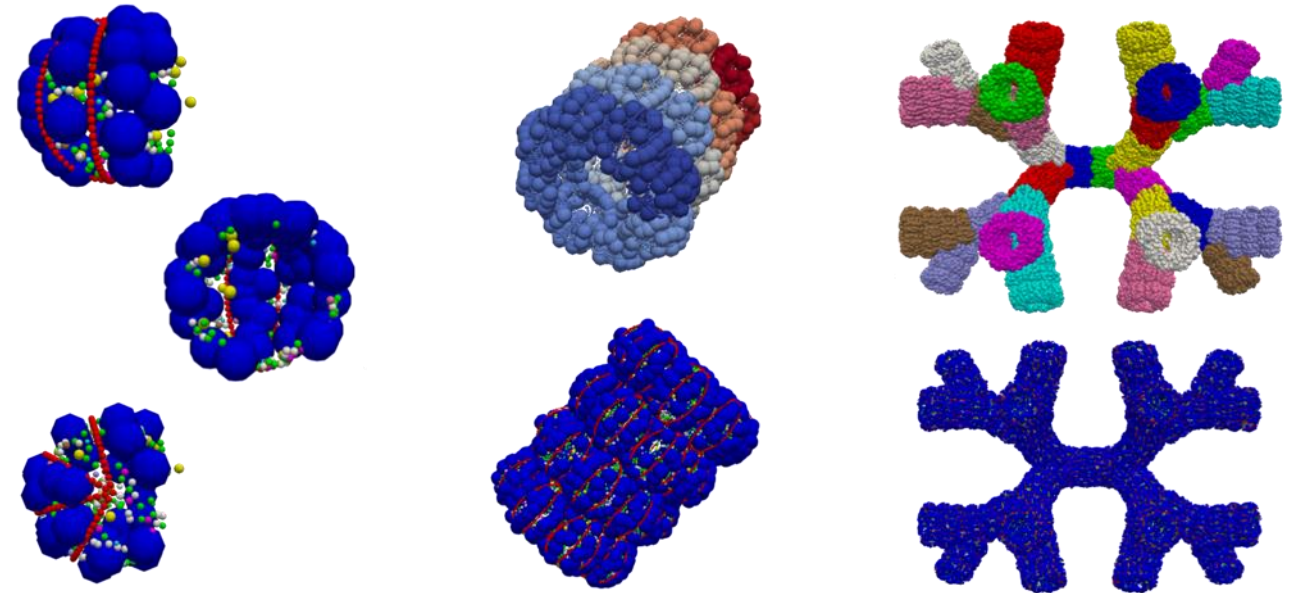
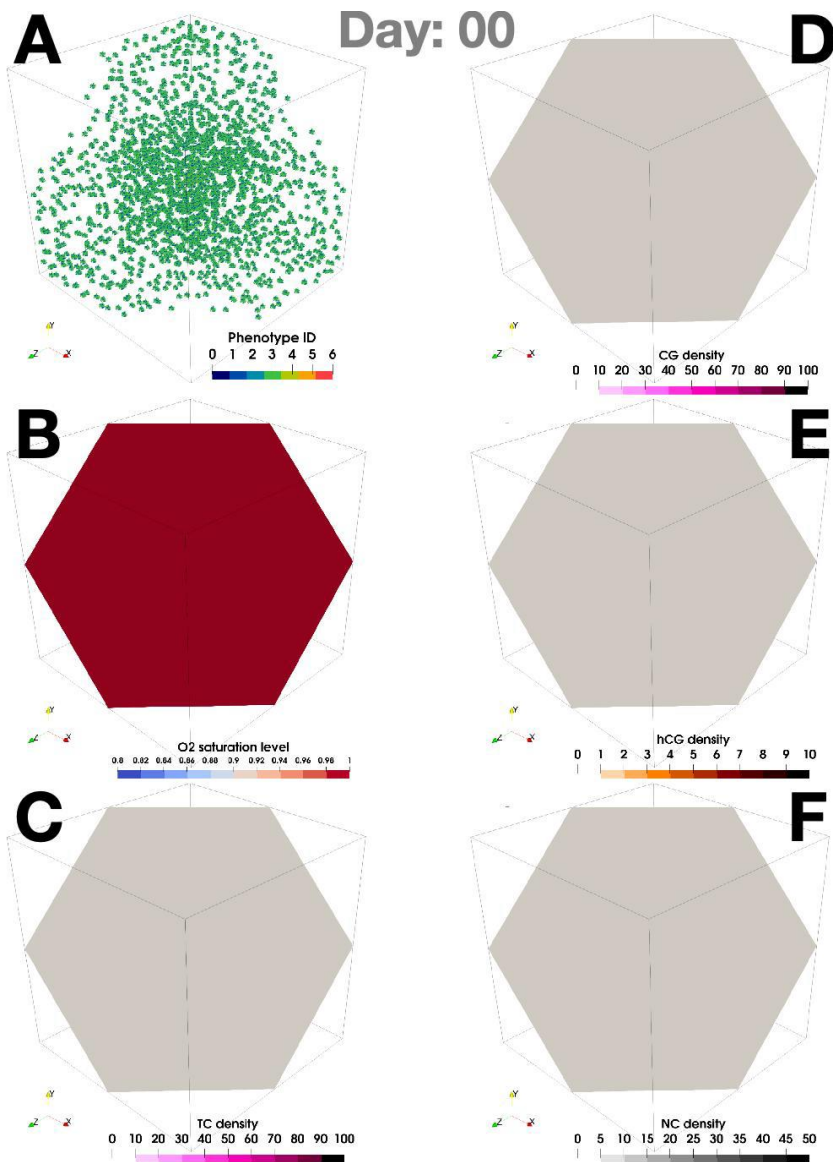
An open-source software platform to easily create, run, and visualise 3D agent-based simulations, built up around CERN-developed technologies

www.biodynomo.org



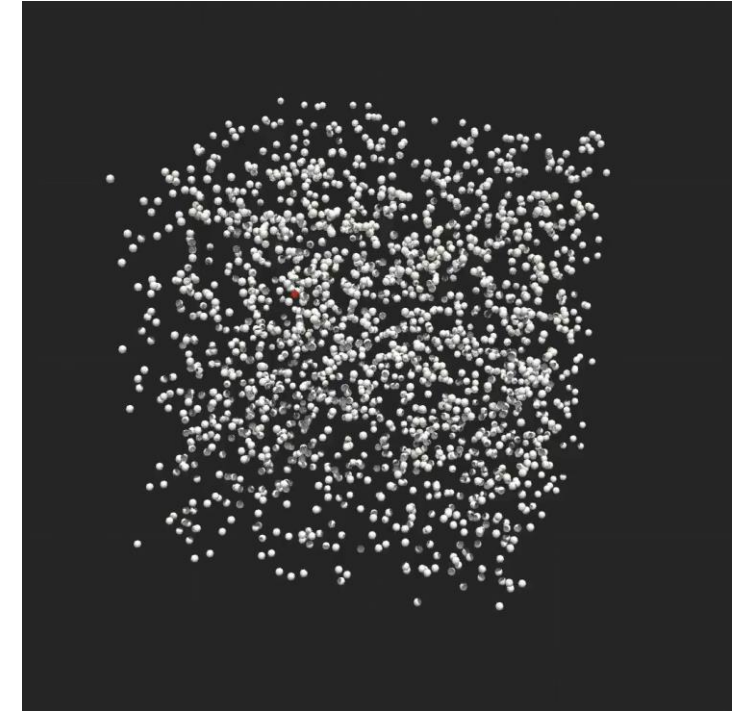
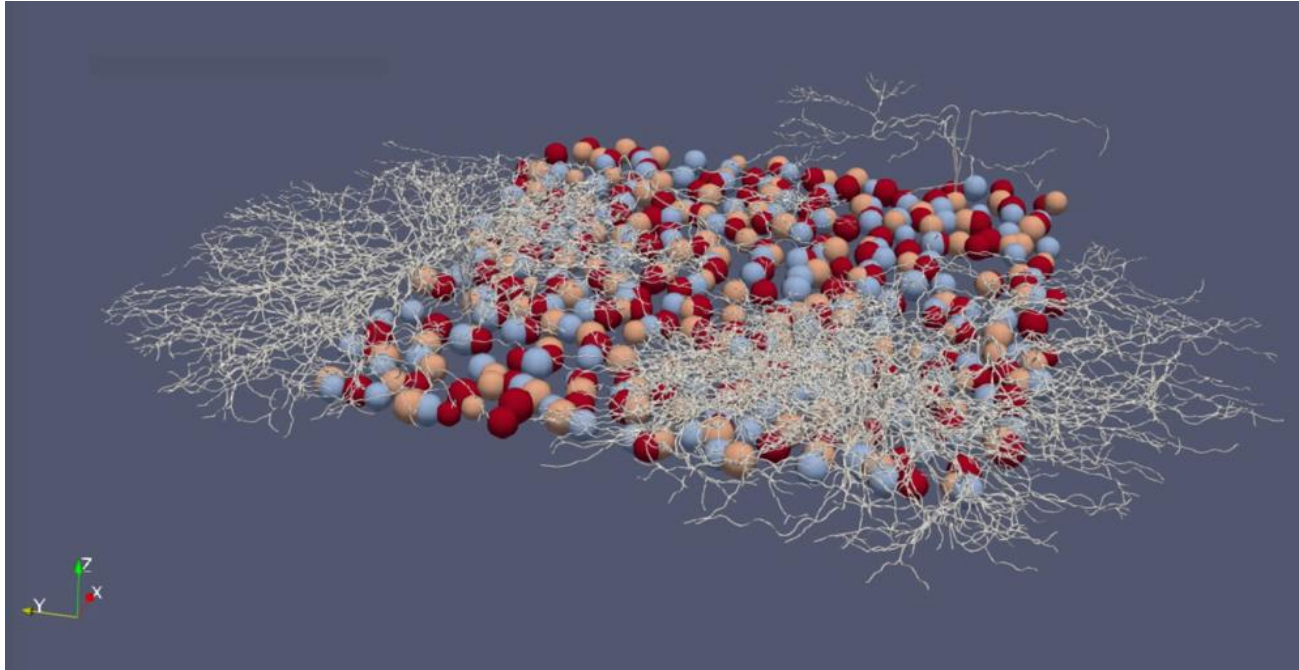
UNIVERSITÉ DE GENÈVE



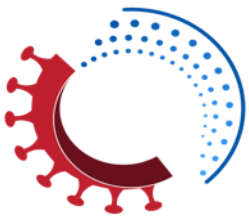


Courtesy Nicolo Cugno, TU Darmstadt (Germany)

From De Montigny et al., Methods, 2020



Courtesy Jean de Montigny and Roman Bauer



CARA - COVID Airborne Risk Assessment calculator

Simulation name: Office
 Room number: 572-002

Virus data: SARS-CoV-2 (Delta VOC)

Room data: Room volume: 100.0
 Floor area: Room floor area (m²)
 Ceiling height: Room ceiling height (m)

Central heating system in use: No Yes
 Location: Melbourne, Victoria, AUS

Ventilation data: No ventilation Mechanical Natural
 Number of windows: 1
 Height of window: 1.5
 Window type: Sliding / Side-Hung Top- or Bottom-Hung
 Width of window: meters
 Opening distance: 1.0
 Windows open: Permanently
 Periodically: 120.0 120.0
 HEPA filtration: No Yes (m³ / hour)

Face masks: Are masks worn when occupants are at workstations? Yes No
 Type of masks used: Type 1 FFP2

Event data: Total number of occupants: 3
 Number of infected people: 1

Activity type: Office
 Exposed person(s) presence: Start: 08:30 Finish: 17:30
 Infected person(s) presence: Start: 08:30 Finish: 17:30

Which month is the event? December

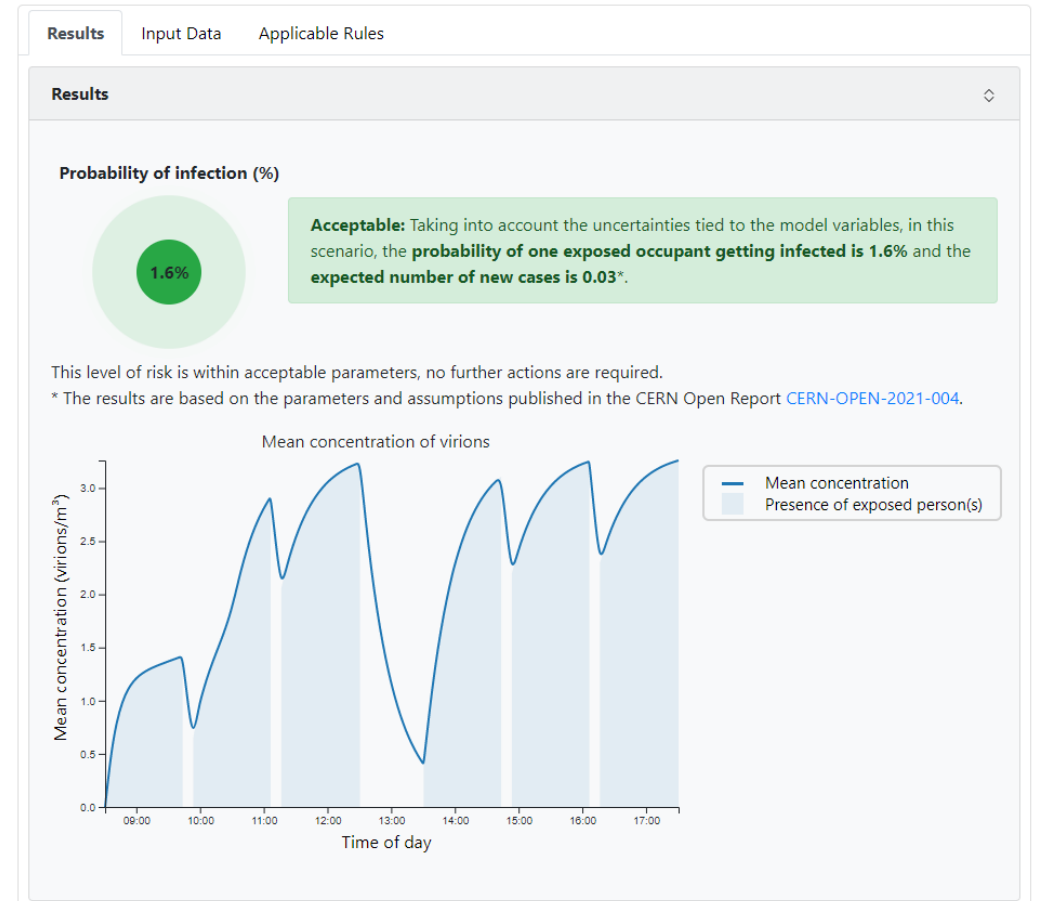
Activity breaks: Input separate breaks for infected and exposed person(s)
 Lunch break: No Yes
 Start: 12:30 Finish: 13:30
 Coffee breaks: No breaks 2 4
 Duration (minutes): 10
 Coffee breaks are spread evenly throughout the day.

[Generate report](#)

Developed by CERN personnel to assess the COVID airborne risk in indoor spaces with a risk-based approach.

Includes hourly fluctuations in outdoor temp (GVA data) and detail window modelling for natural ventilation, complex occupancy and ventilation profiles.

Andre Henriquez (CERN)





CS4OD
CERN Science for Open Data

Data size

overcome barriers related to data governance and storage
defining **common principles**

Data heterogeneity

overcome barriers of data access defining a **global**
coordination of open data from multi-domain fields

Data analysis

overcome barriers of analysis diversity defining **common pipelines**
and approaches

Data overload

overcome barriers of excess of information by complying with **results**
reproducibility and multi-disciplinary expertise's exchange



Briefing n° **12** —

Large particle accelerators

February 2019



Ring segment of a particle accelerator
© fotonat67 / Adobe Stock

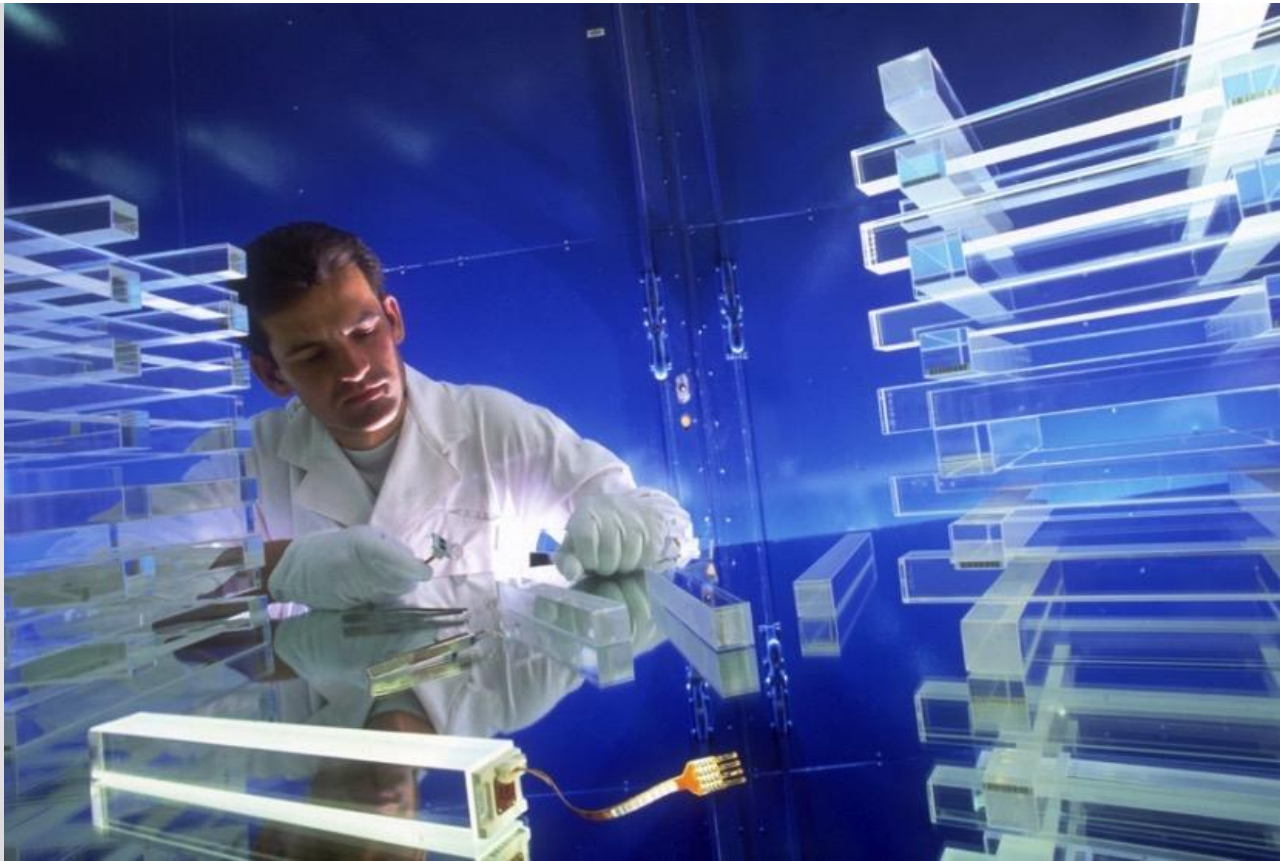
Summary

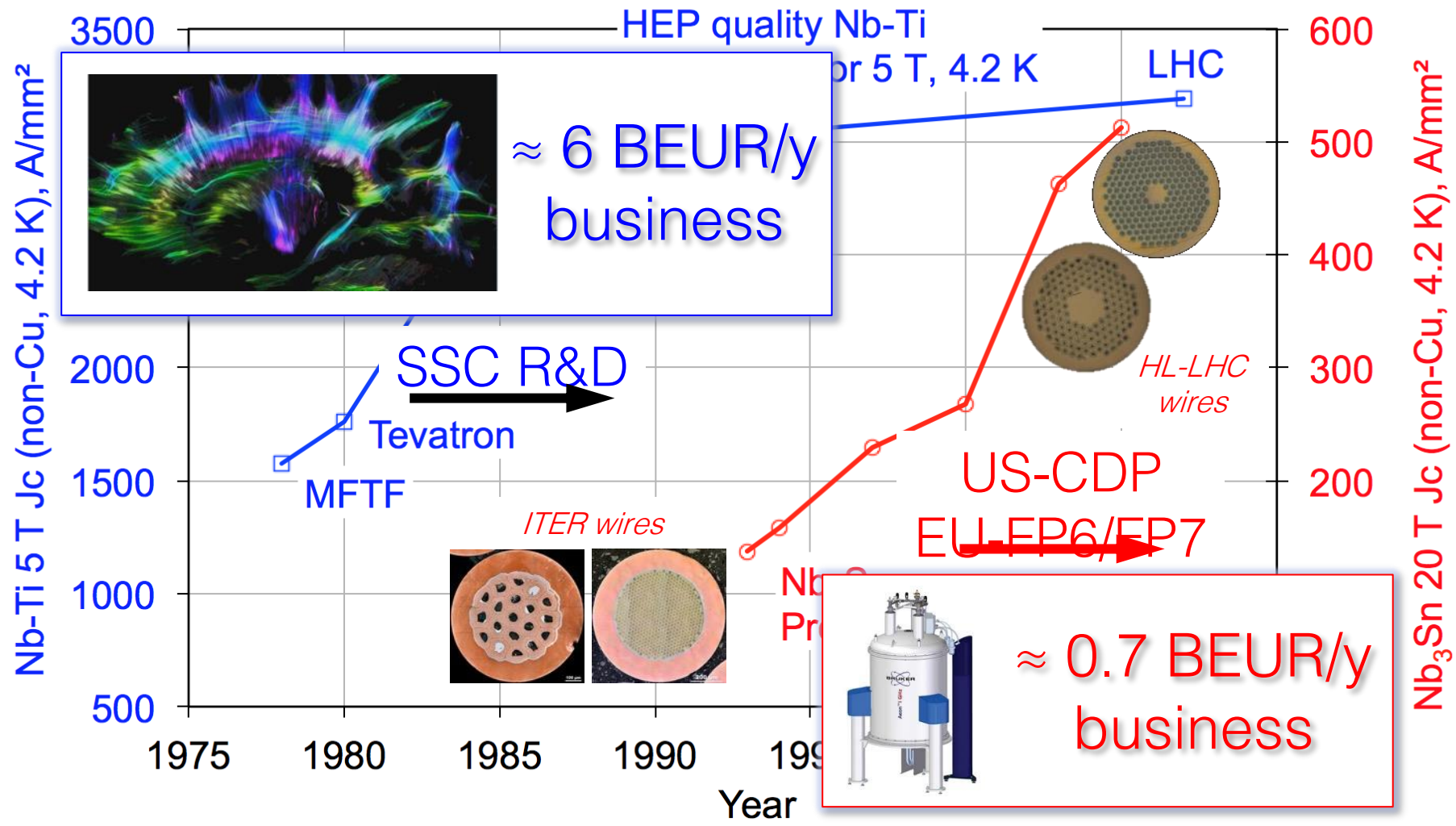
- Particle accelerators, like other kinds of “very large research infrastructure” (VLRI), make it possible to manage cutting-edge projects and respond to strategic issues: acquiring knowledge, enhancing scientific attractiveness, preparing for technological breakthroughs, scientific diplomacy, etc.
- CERN, the European particle physics laboratory, currently operates the biggest circular particle accelerator in the world, the LHC, which achieves the highest energies produced to date.
- A decision by the Japanese government is expected regarding an international linear accelerator project, the ILC, proposed since 2007 by the international scientific community.
- Thinking on the future European strategy for particle physics, the European Strategy for Particle Physics (ESPP) 2018 and should be presented in spring 2020. It confirms its interest in ILC, this European strategy also takes into account this fact: a possible contribution from Europe to the ILC must be assessed in terms of scientific return, cost, and societal impact.

CERN has also had a very strong societal impact via **the creation of the World Wide Web (WWW)** in 1989⁽²¹⁾ under the leadership of Tim Berners-Lee and his collaborator Roger Cailliau. It was originally a response to researchers’ need to exchange a high volume of data simply and instantaneously for international collaborations. CERN published software

Mr. Cédric Villani, MP (National Assembly), First Vice-Chairman

From HEP to society: a long and winding road...





Courtesy Luca Bottura (CERN)

On the unreasonable request of high J_c

NEUROSPIN: a unique concept
in neuroscience research

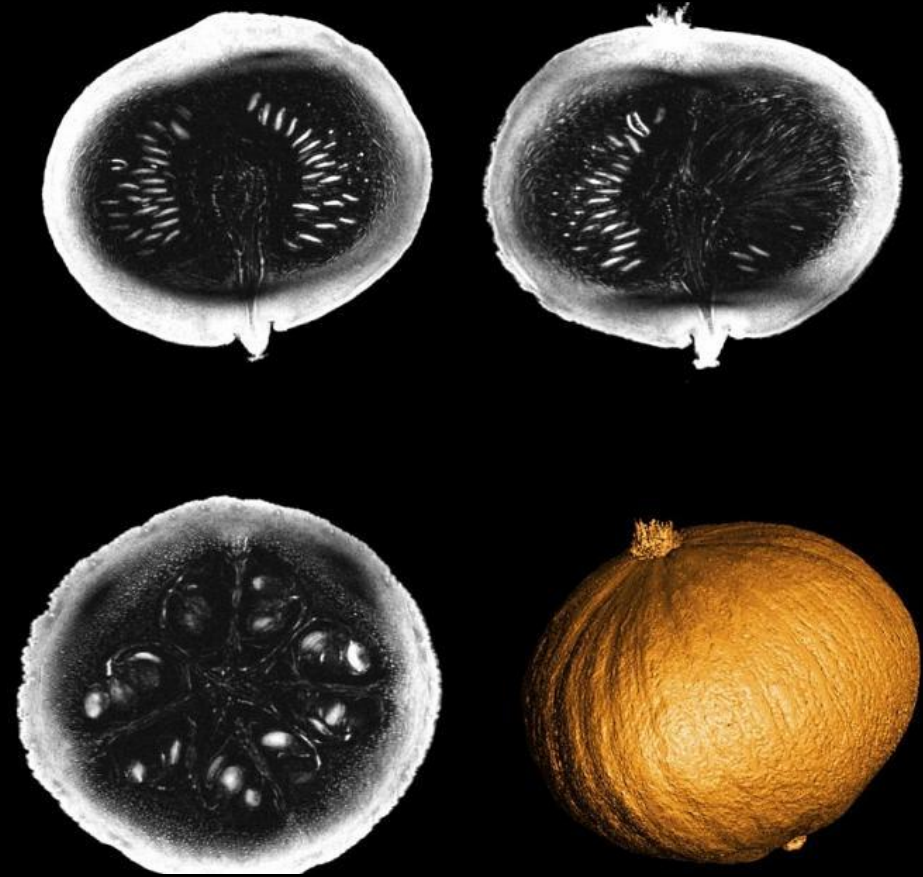


The ISEULT whole body 11.7 T MRI magnet



The ISEULT magnet - a French-German initiative

Full field of 11.72 teslas achieved on July 18, 2019



First images released
Oct. 7, 2021

<https://www.cea.fr/presse/Pages/actualites-communiques/sante-sciences-du-vivant/premieres-images-irm-iseult-2021.aspx>

The Usefulness of Useless Knowledge

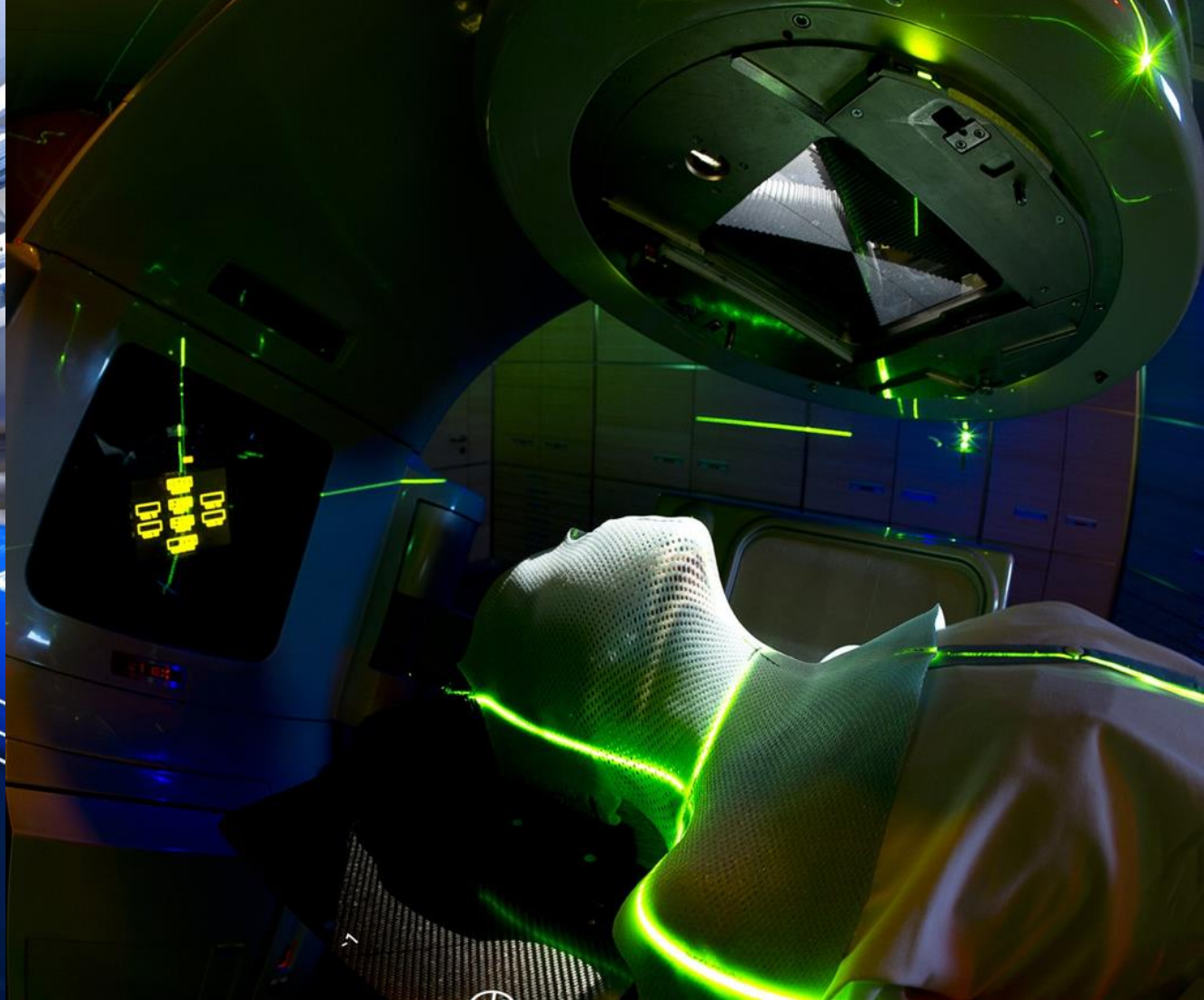
ABRAHAM FLEXNER

With a companion essay by
ROBBERT DIJKGRAAF

1939!

In the end, utility resulted, but it was never a criterion to which his (*Faraday's, ndr*) ceaseless experimentation could be subjected.

I am not for a moment suggesting that everything that goes on in laboratories will ultimately turn to some unexpected practical use or that an ultimate practical use is its actual justification.



Knowledge Transfer
Accelerating Innovation

Visit kt.cern