

# High flux Compact Compton X-ray Sources

## Biomedical and clinical applications



### 3<sup>rd</sup> Topical Workshop on Novel Acceleration Techniques

28-30 April 2014, HZRD, Dresden, Germany



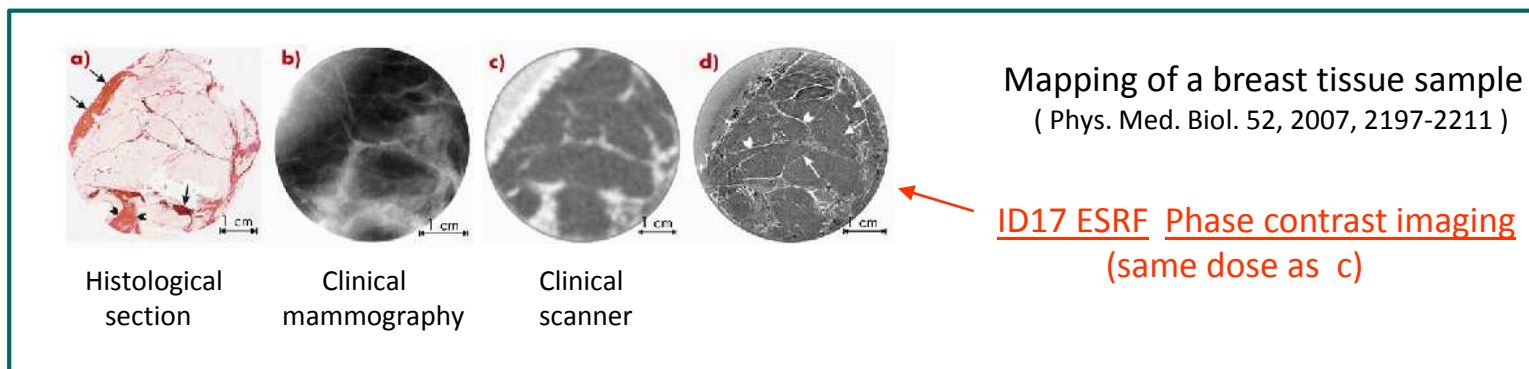
Marie Jacquet

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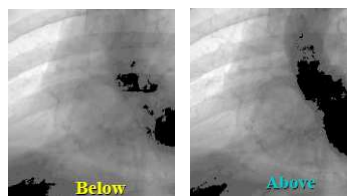
Laboratoire de l'Accélérateur Linéaire, Orsay, France

Why X-ray users need “compact” X-ray source ? ( “compact” = lab source )

- ▶ In many scientific domains **synchrotron sources** are currently the only machines in term of brightness to perform and carry out **the most ambitious analyses and searches** requiring **~ 10-100 KeV X-rays**.

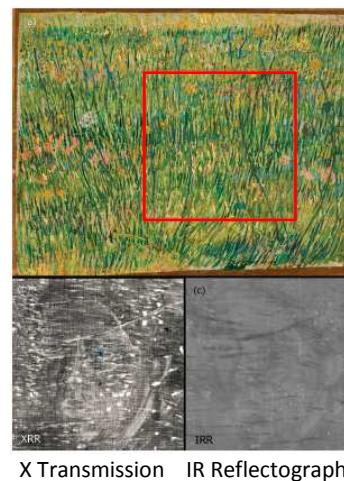


K-edge at ESRF (+contrast agent)



The difference increase the contrast

Vincent van Gogh  
“Un coin d’herbe”  
(1887)



DESY synchrotron - Fluorescence  
- XANES



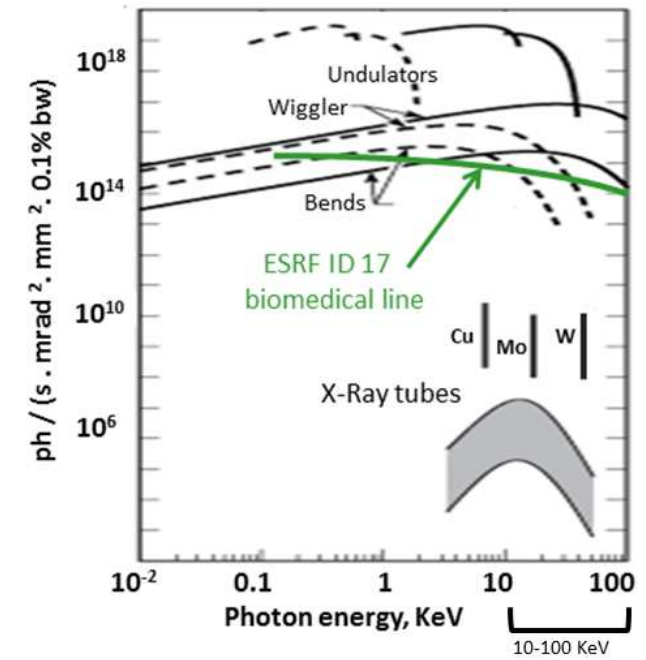
(Anal. Chem. 80, 2008, 6436-6442)

- ▶ Synchrotron sources are very powerful, but :
  - **not very “pratical”** for some applications,
  - **with a limited access time.**

→ **Developing intense lab sources** should avoid these limitations

## Why X-ray users need “compact” X-ray source ?

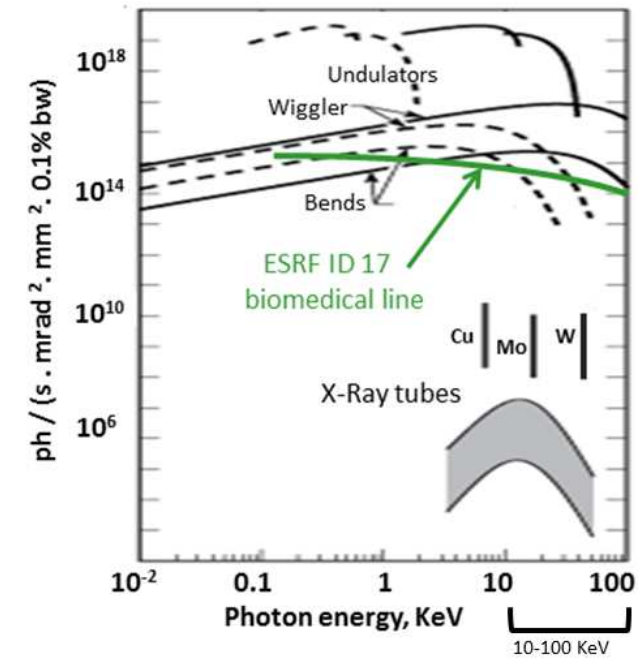
### Current panorama of X-ray source average brightnesses



### Current panorama of X-ray source average brightnesses

#### ► Compact Compton Sources (CCS)

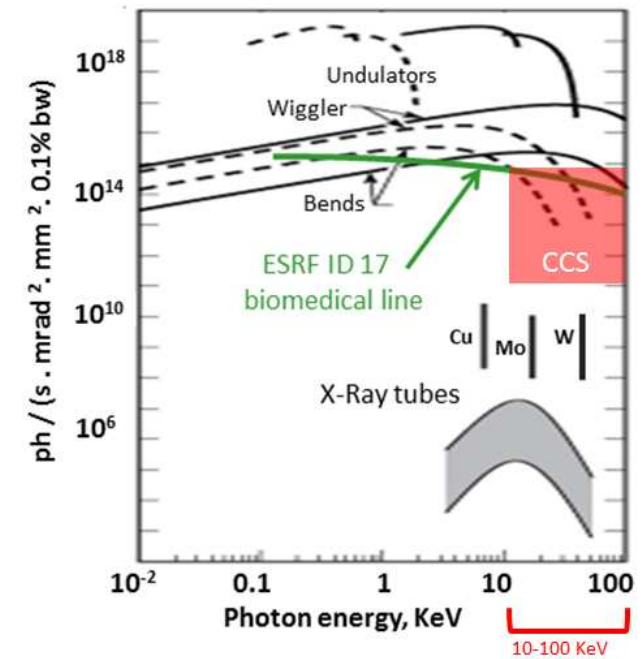
- **Compactness** ( surface  $\sim 100 \text{ m}^2$  )
- **High intensity** ( $10^{12} - 10^{14} \text{ ph/sec}$ )
- **Tunable beam**
- **High quality beam**  
( brightness  $10^{11} - 10^{15} \text{ ph/sec/mm}^2 / 0.1\% \text{ bw} / \text{mrad}^2$  )



### Current panorama of X-ray source average brightnesses

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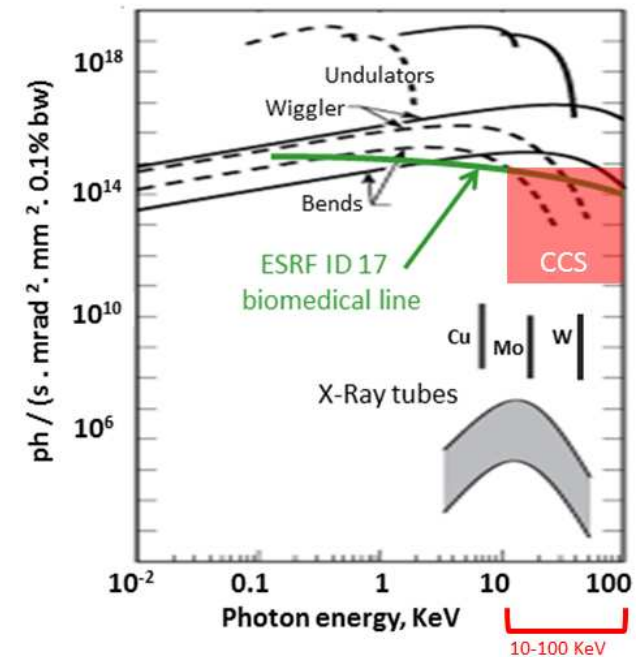


Current panorama of X-ray source average brightnesses

► **Compact Compton Sources (CCS)**

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- **High intensity** ( $10^{12} - 10^{14} \text{ ph/sec}$ )
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 ( brightness  $10^{11} - 10^{15} \text{ ph/sec/mm}^2 / 0.1\% \text{ bw} / \text{mrad}^2$  )

→ Methods currently used at synchrotrons and requiring a high brightness beam could be largely developed in **a lab size environment** (hospitals, labs, museums).



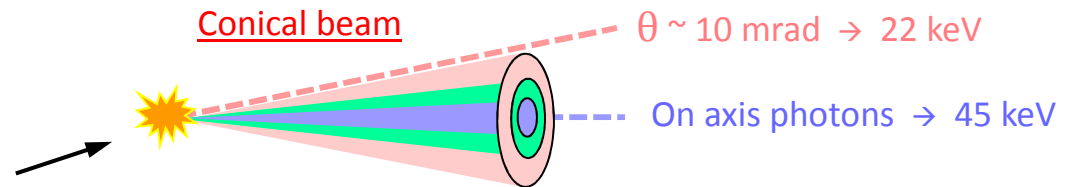
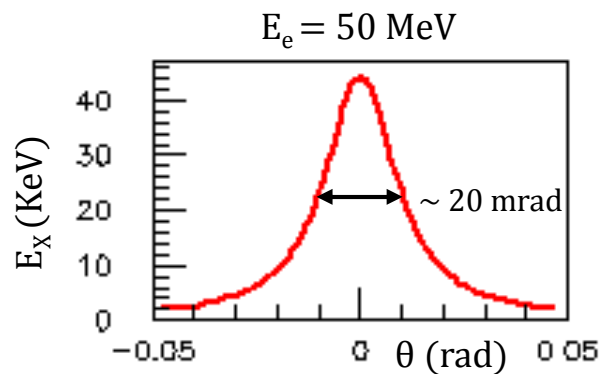
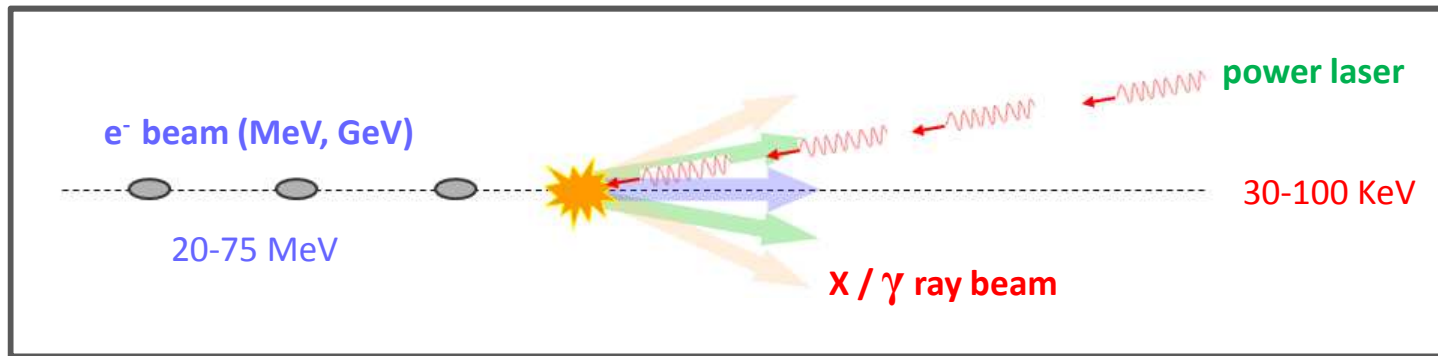
# Compton Sources : principle

Compton scattering where the electron is no longer at rest



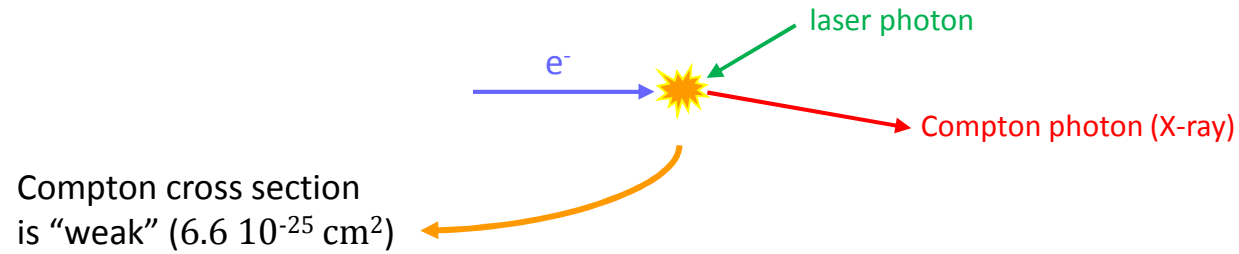
$$E_X \sim \frac{2 \gamma^2 E_{ph} [1 - \cos(\theta_{ph})]}{1 + (\gamma\theta)^2}$$

( $\gamma = E_e / m_e \gg 1$  ;  $E_{ph} \ll m_e$ )

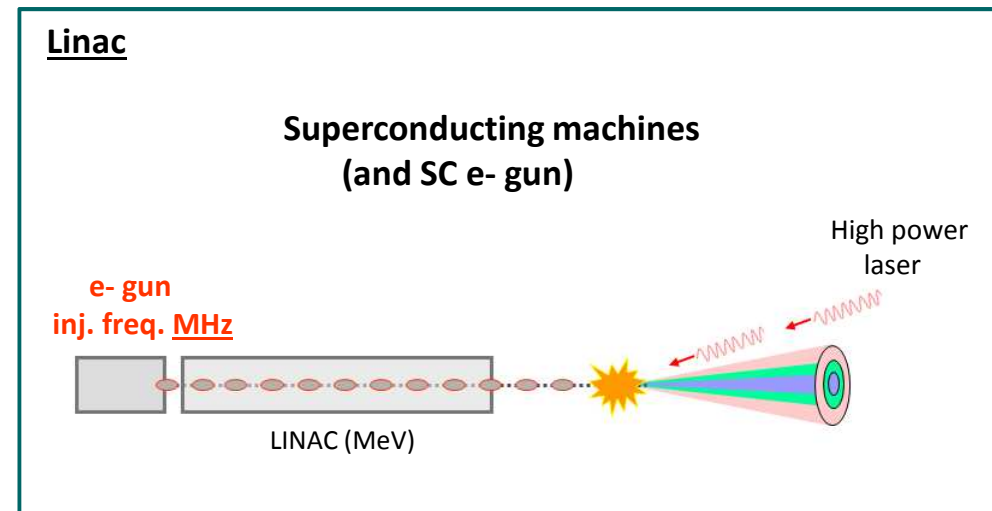
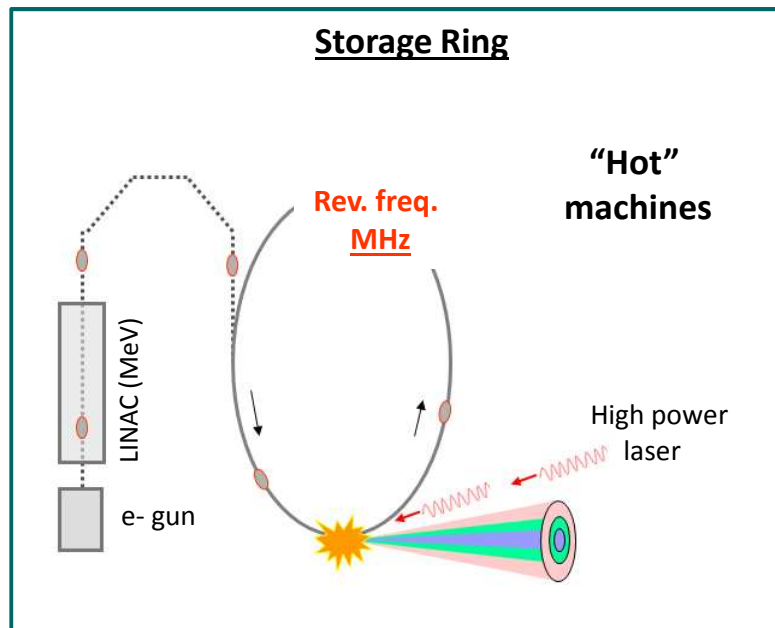


Univocal relation between energy  $E_X$  and diffusion angle  $\theta$

## Compton X-ray sources : 2 schemes



**High flux** ( $10^{12} - 10^{14} \text{ ph/sec}$ )  $\rightarrow$  Increase  $f_{\text{rep}}$   $e^-/\text{laser} \sim 10\text{-}100 \text{ MHz}$   $\rightarrow$  2 main schemes





1. Compactness

2. X-ray energy tunable

3. X-ray polarisation controlled

4. High flux

5. Pulse duration

6. High quality beam

= good level of **transverse coherence** and high **brightness**

1. Compactness

( ~ 100 m<sup>2</sup> )

2. X-ray energy tunable

$$E_X \sim E_e^2 E_{ph}$$

3. X-ray polarisation controlled

→ governed by the laser polarisation

4. High flux

$$\text{Flux} \sim \frac{\sigma_{\text{comp}} N_e N_\gamma f_{\text{rep}}}{2\pi (\sigma_e^2 + \sigma_\gamma^2)} \sim 10^{12} - 10^{14} \text{ ph/sec}$$

6. High quality beam

= good level of **transverse coherence** and high **brightness**

$$d_{tc} \sim \frac{L_{\text{source\_sample}}}{\sigma_S E_X \text{ (KeV)}} (10^{-9})$$

A large transverse coherence requires a small source size  $\sigma_S$   
 → a small e<sup>-</sup> beam size  $\sigma_e$

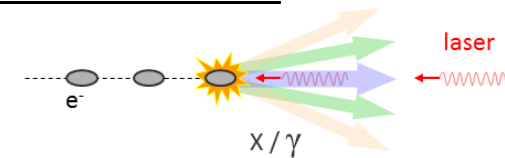
$$\text{Br} \sim \frac{\text{Flux}}{(\text{mm}^2 \text{ source}) (dE_x/E_x) (\text{mrad})^2} \sim 10^{11} - 10^{15}$$

X-ray spectral bandwidth

High brightness → narrow  $dE_x/E_x$

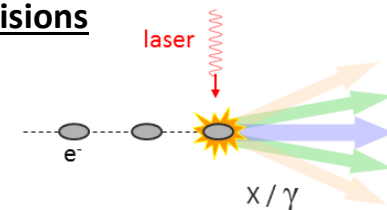
5. Pulse duration

Head-on collisions



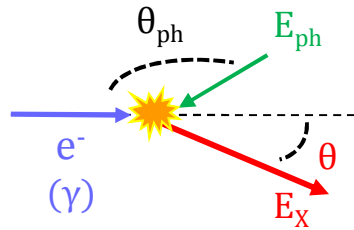
~ e- bunch duration  
 ~ 0.1 - 10 ps

90° Collisions

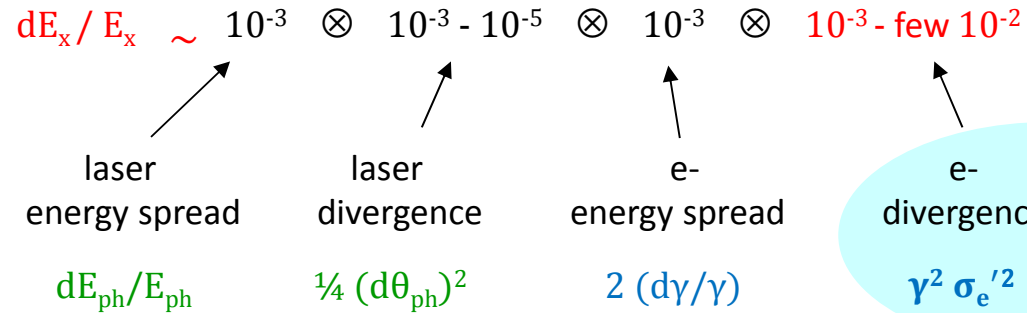


~ transit time of interaction  
 → Ultra-short pulses < 100 fs

$$Br \sim \frac{\text{Flux}}{(\text{mm}^2 \text{ source}) (dE_x/E_x) (\text{mrad})^2}$$



On-axis X-ray spectral bandwidth :



**Dominant effect**  
 $\gamma^2 \sigma_e'^2$

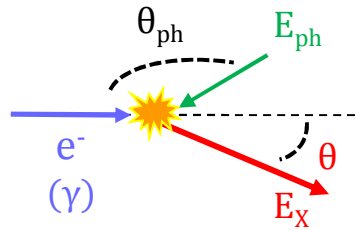
$\sigma_e' = 1 \text{ mrad}, \gamma = 100$   
 $\rightarrow dE_x/E_x \sim 1\%$

$$Br \sim \frac{\text{Flux} \cdot \gamma^2}{\epsilon_N^2}$$

High brightness requires small e- beam emittance

$$Br \sim \frac{\text{Flux}}{(\text{mm}^2 \text{ source}) (dE_x/E_x) (\text{mrad})^2}$$

On-axis X-ray spectral bandwidth :



$dE_x/E_x \sim 10^{-3}$   $\otimes$   $10^{-3} - 10^{-5}$   $\otimes$   $10^{-3}$   $\otimes$   $10^{-3} - \text{few } 10^{-2}$

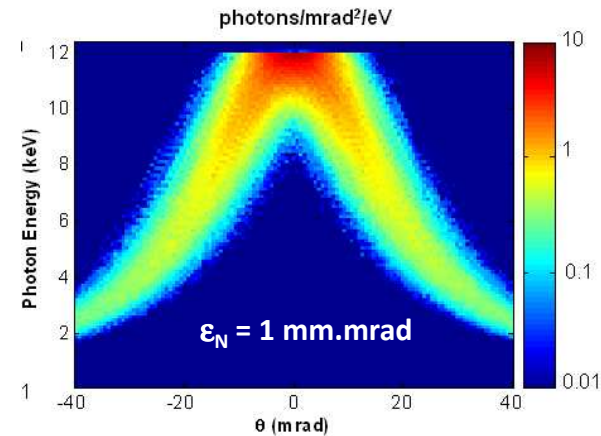
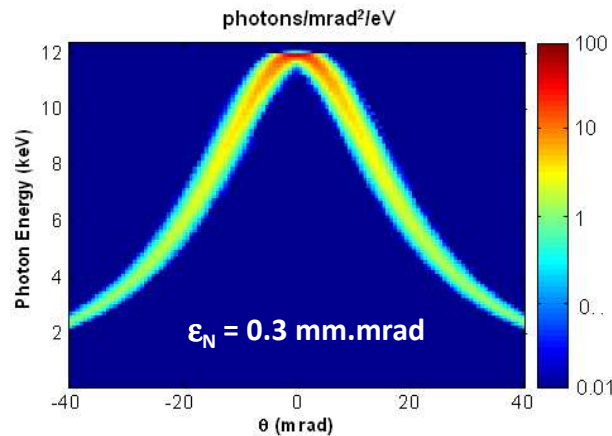
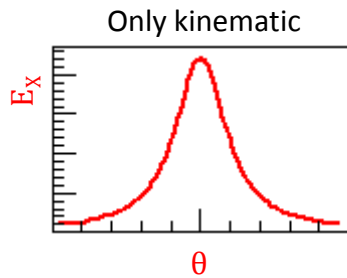
laser energy spread  $dE_{ph}/E_{ph}$       laser divergence  $\frac{1}{4} (d\theta_{ph})^2$       e- energy spread  $2 (d\gamma/\gamma)$       e- divergence  $\gamma^2 \sigma_e'^2$

**Dominant effect**

$\sigma_e' = 1 \text{ mrad}, \gamma = 100$   
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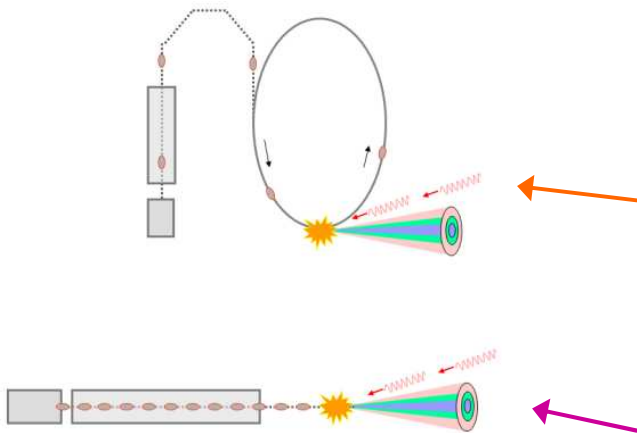
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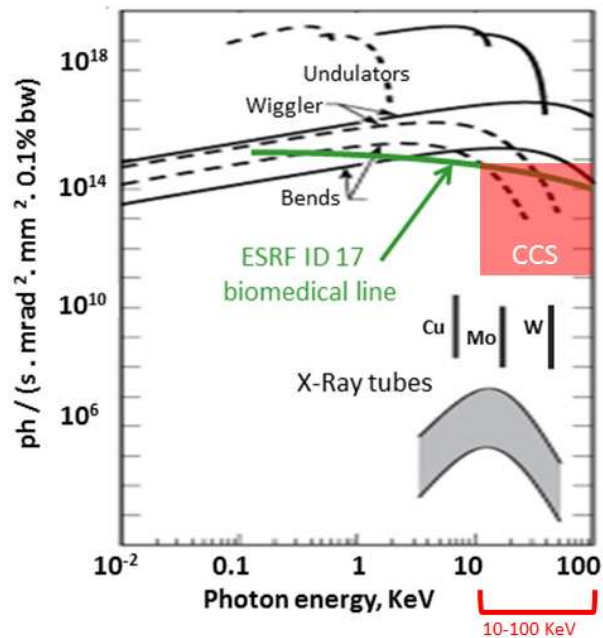
[ W.S. Graves, Alghero Workshop 2008 ]

# Compact Compton source projects (X-ray flux > 10<sup>12</sup> - 10<sup>13</sup> ph/sec)



Project	type	E <sub>x</sub> (KeV)	Flux	σ <sub>s</sub> (μm)	Br
* Lyncean	SR	10-20	10 <sup>11</sup>	50	
x TTX	SR	20-80	10 <sup>12</sup>	50	
x LEXG	SR	33	10 <sup>13</sup>	20	
• NESTOR	SR	30-500	10 <sup>13</sup>	70	
• 	SR	20-90	10 <sup>13</sup>	70	~10 <sup>11</sup>
• KEK QB	Linac	35	10 <sup>13</sup>	10	
• KEK ERL	Linac	67	10 <sup>13</sup>	30	
x MIT	Linac	3-30	10 <sup>14</sup>	2	~10 <sup>15</sup>

\* In operation • Funded x Not funded



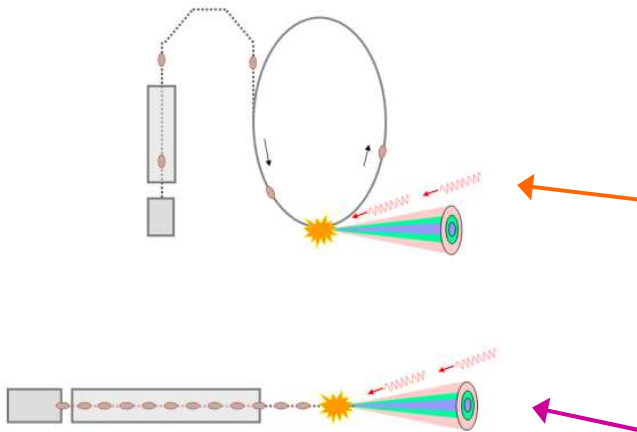
Next future  
(SC machines)

Near future  
("hot" machines)

## Remaining strong challenges:

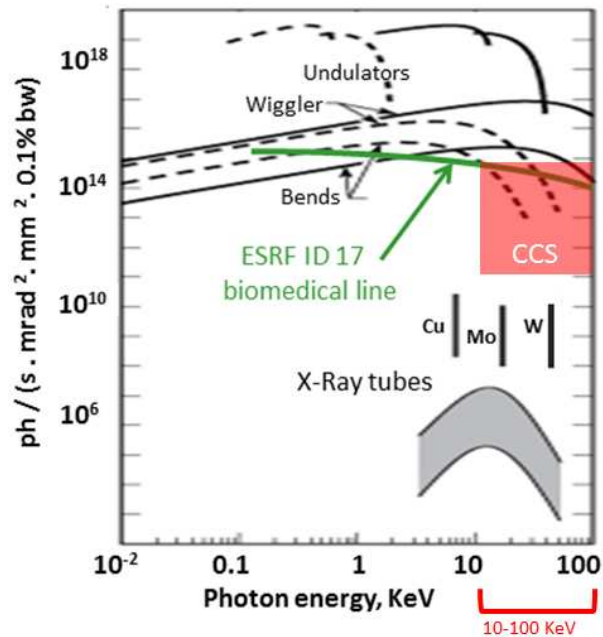
- SC e-gun : 100 MHz of inj. freq.  
~ 1 mA average current  
ε<sub>N</sub> ~ 0.1 mm.mrad
- Radioprotection
  - MIT : 0.01 nC/bunch , 100 MHz , 40 MeV  
→ 40 KW to be absorbed
  - ThomX : 1 nC/bunch , 50 Hz , 50 MeV  
→ 2.5 W

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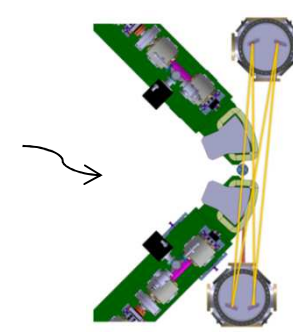
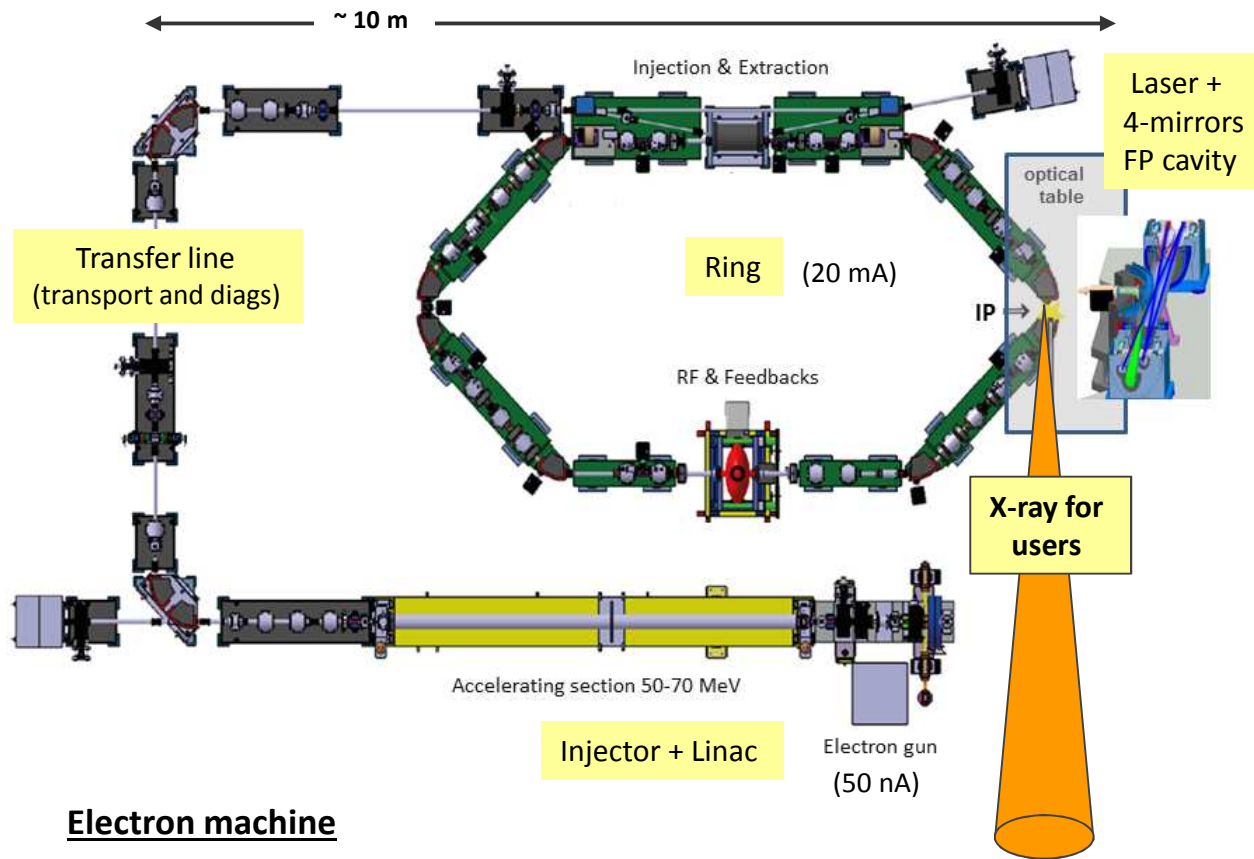


**Next future**  
(SC machines)

**Near future**  
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### Remaining strong challenges:

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  - MIT : 0.01 nC/bunch , 100 MHz , 40 MeV  
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**Laser /Cavity system**

- Pulsed laser : ps , ~ 1W average
- Optical fiber amplification  
→ (100 W) 2-3 μJ/pulse
- Optical FP cavity amplification  
→ (gain 10000)
- **1 MW stored inside the cavity**  
→ (20-30 mJ/pulse)

**Electron machine**

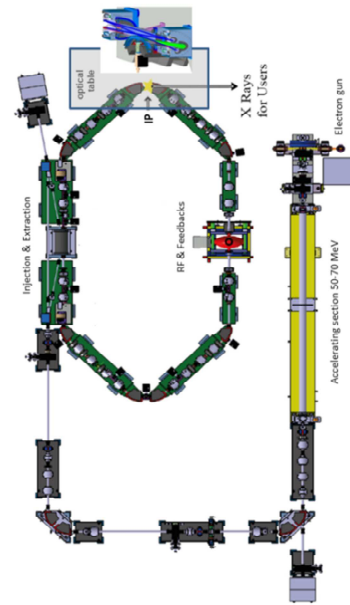
- 1 nC / bunch , 50 Hz inj. freq.
- 50-70 MeV
- Ring, 20 MHz freq.
- $\sigma_e \sim 70 \mu\text{m}$
- $\epsilon_N \sim 4 \text{ mm.mrad}$
- $\tau_e \sim 10\text{-}20 \text{ ps}$

**X-ray beam**

Flux	$10^{13}$
Brightness	$10^{11}$
Transv. size	70 μm
$E_x$	20-90 KeV

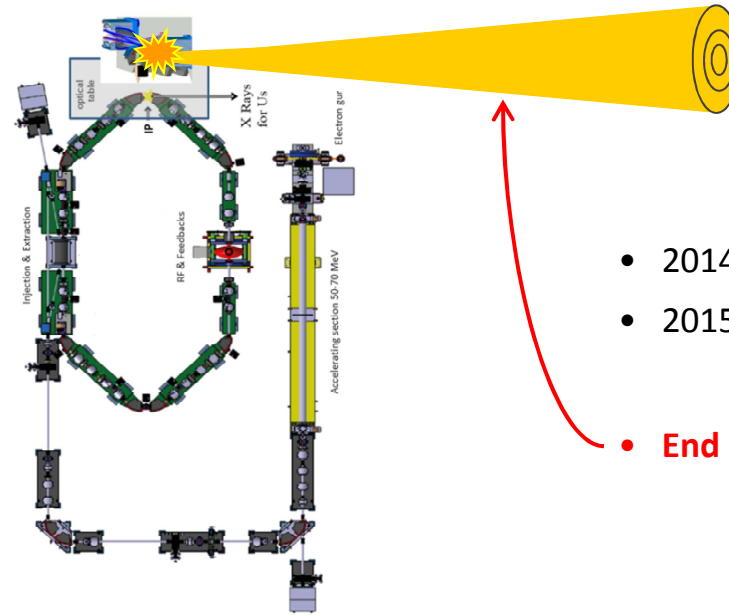


**Machine funded  
In construction**



- 2014 - 2015 → Building infrastructure
- 2015 - 2016 → ThomX installation and commissioning





- 2014 - 2015 → Building infrastructure
- 2015 - 2016 → ThomX installation and commissioning
- **End of 2015**

→ With the first ThomX beam

1. Characterization of the Compton beam (spectral flux, source size, energy, degree of coherence)
2. Realization of simple demonstration experiments

Biomedical  
 Cultural heritage studies  
 Material Science



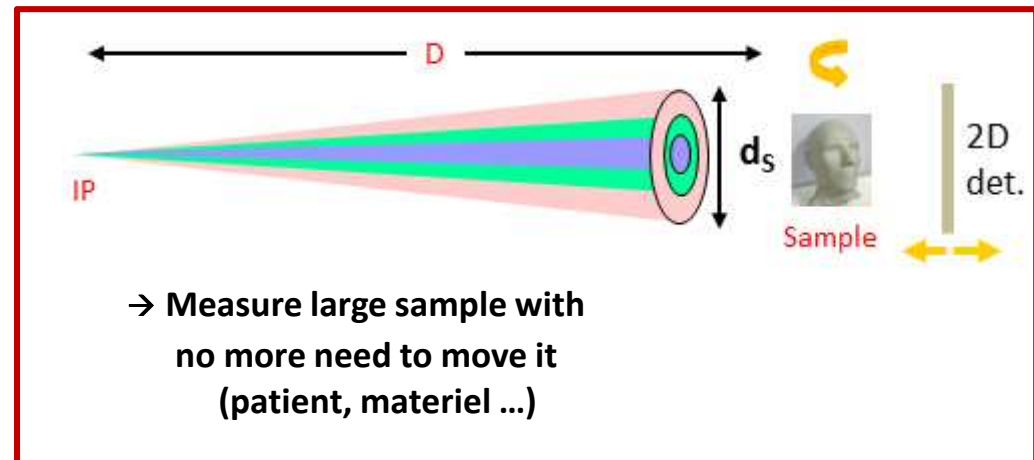
Using techniques where the synchrotron community has already a lot of knowledge and experience.

1. Using the 2D divergent beam

- Conventional radiography
- K-edge subtraction imaging
- Phase contrast imaging
- Radiotherapy

IMAGING

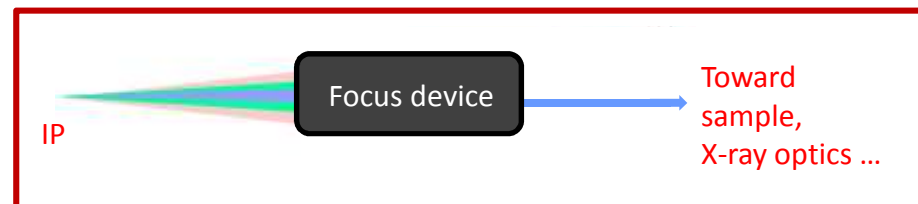
THERAPY



Pink beam (3-30% bw)

2. Using the central part of the beam

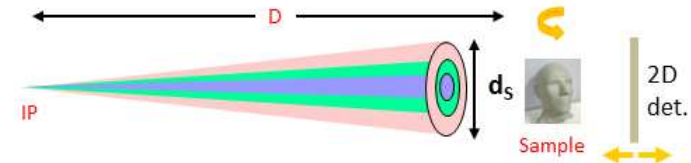
- **Diffraction**
  - Structural analyses
  - Pump-probe experiments using ultra-short pulses
- **Spectroscopy** ( fluorescence, XANES )
- **Radiotherapy ?** MRT THERAPY ? (micro beam radiation)



Quasi-monochromatic beam (~ 1% - 0.1 % bw)

1. Using the 2D divergent beam

- **Conventional radiography**
- K-edge subtraction imaging
- Phase contrast imaging
- Radiotherapy



- **High energy** (~ 80KeV) to test high-Z element drug
- No need of monochromaticity (pink beam, bw ~ 30%)



Ex. : Human head phantom

- **$d_s = 12 \text{ cm}$**  at  $D \sim 15 \text{ m}$
- **$6.10^{12} \text{ ph/s}$**
- bw **60-90 KeV**

**CCS and Synchrotron (ID17/ESRF) → doses comparable**

(with hospital sources : broad spectrum, low flux)

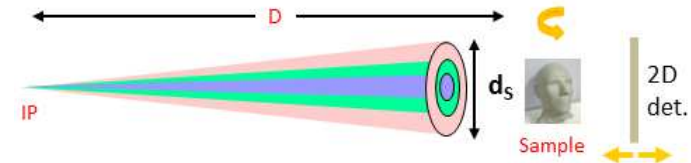
- reduction of the absorbed dose
- with a better image quality

2. Using the central part of the beam

- Diffraction
  - Structural analyses
  - Pump-probe experiments using ultra-short pulses
- Spectroscopy ( fluorescence, XANES )
- Radiotherapy ? MRT THERAPY ? (micro beam radiation)

1. Using the 2D divergent beam

- Conventional radiography
- K-edge subtraction imaging
- **Phase contrast imaging**
- Radiotherapy



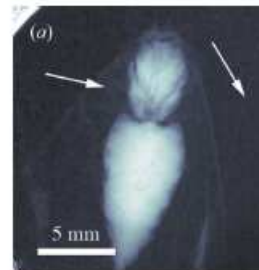
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- **bw 2-3%**
- **Small source size** (to have transverse coherence)

[ Synch. Rad. 16, 2009, 43-47 ]

CS Lyncean Tech. (only CCS in operation in the world)



standard absorption



phase-contrast

**13.5 KeV , 3% bw**  
**10<sup>9</sup> ph/sec**  
 $\sigma = 165 \mu\text{m}$

Proof of principle

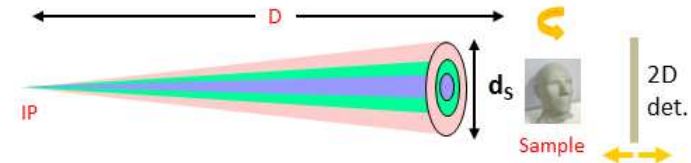


- **70 KeV, 2-3% bw,  $\sigma \sim 70 \mu\text{m}$**
- **$d_s = 4 \text{ cm}$  at  $D \sim 15 \text{ m}$**
- **10<sup>12</sup> ph/s**

Hospital sources :  
 large focal spot size, broad spectrum, low flux)

1. Using the 2D divergent beam

- Conventional radiography
- K-edge subtraction imaging
- Phase contrast imaging
- **Radiotherapy**



2. Using the central part of the beam

- Diffraction
  - Structural analyses
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- Spectroscopy ( fluorescence, XANES )
- Radiotherapy ? MRT THERAPY ? (micro beam radiation)

- **High energy** (~ 80KeV)
- bw ~ 10%

- **80 KeV ± 10 KeV**
- **d<sub>s</sub> = 5 cm** at D ~ 10 m
- **3.10<sup>12</sup> ph/s**

Ex. : Human head tumor  
(tumor deliver dose ~ 10-20 Gy)

- **ThomX** → 9 mGy/sec → **20-30 min of irradiation**
- **ESRF/ID17** ( ~ 6 mGy/sec)

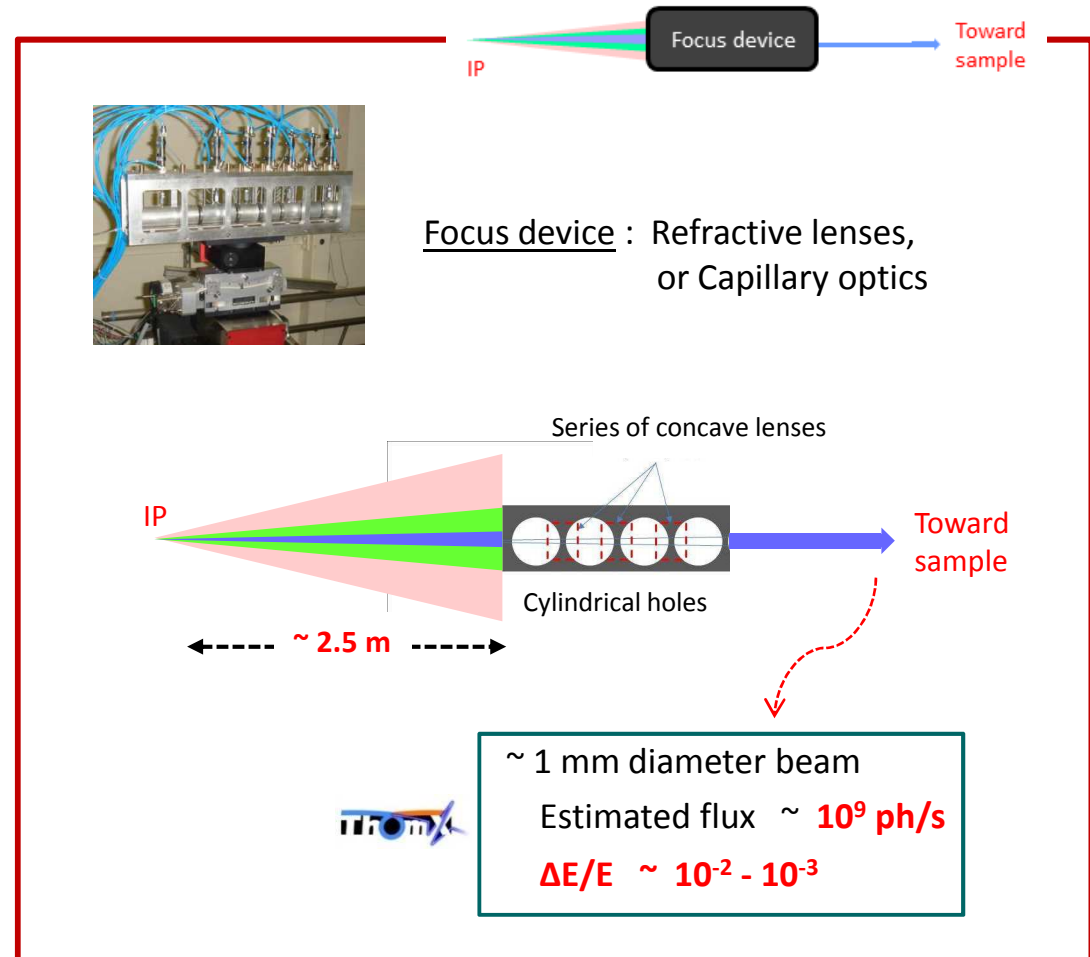


## 1. Using the 2D divergent beam

- Conventional radiography
- K-edge subtraction imaging
- Phase contrast imaging
- Radiotherapy

## 2. Using the central part of the beam

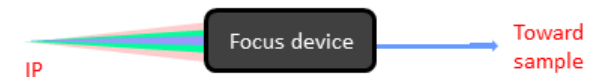
- Diffraction
  - Structural analyses
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- Radiotherapy ? MRT THERAPY ? (micro beam radiation)



### 1. Using the 2D divergent beam

- Conventional radiography
- K-edge subtraction imaging
- Phase contrast imaging
- Radiotherapy

### 2. Using the central part of the beam



#### - Diffraction

- Structural analyses

-----> 3D structure determination of proteins

- Pump-probe experiments  
using ultra-short pulses

-----> Visualisation and studies of dynamic movies of molecules/atoms in motion

- Spectroscopy ( fluorescence, XANES )

-----> Analyses of cultural heritage works of art

- Radiotherapy ? MRT THERAPY ?

(micro beam radiation)

-----> A working group has started to study the feasibility

### 1. Using the 2D divergent beam

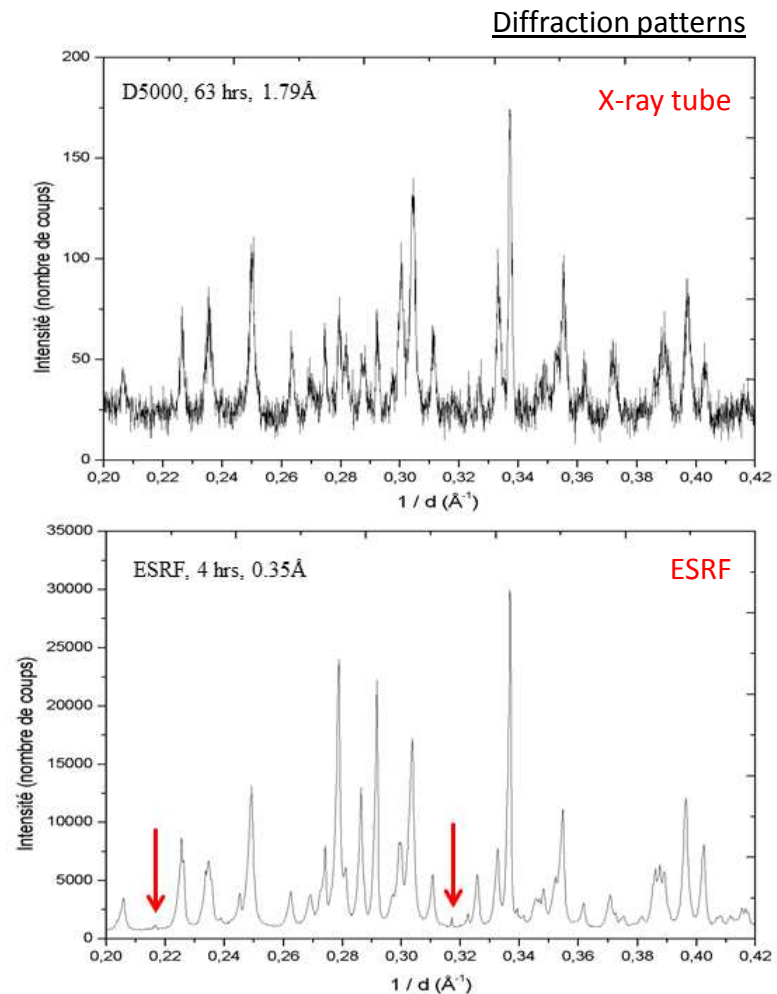
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### 2. Using the central part of the beam

#### - Diffraction

- Structural analyses
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- Spectroscopy ( fluorescence, XANES )
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(micro beam radiation)

### Quasi-monochromatic beam



→ ESRF : minor phases present in the powder are visible



- **CCS combine**

- Compactness
- High flux/brightness
- Tunable energy
- Transverse coherence

- **The machines of today**

- Hot machines
- Flux  $\sim 10^{13}$
- Brightness  $\sim 10^{11}$

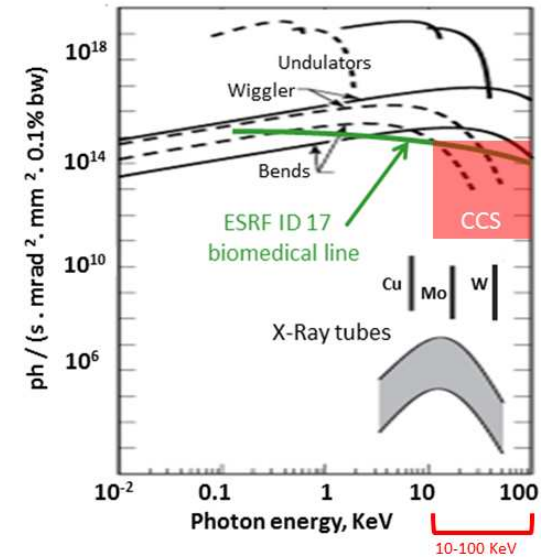


- **... and tomorrow**

- SC machines (e-gun)
- Flux  $\sim 10^{13}-10^{14}$
- Brightness  $\sim 10^{13}-10^{15}$

Two strong challenges remain

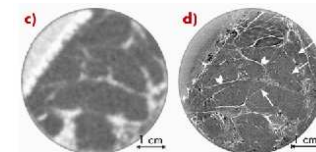
- Superconducting injector (100 MHz, 1mA, very small emittance)
- Radioprotection shielding for integration



- **The goal** Fill the great lack of **intense and bright lab sources**

→ Develop in lab size environments  
**powerful analysis techniques**  
 currently used only at synchrotrons :

- imaging
- therapy
- diffraction
- spectroscopy
- tomography ...



- In the particular biomedical / clinical field

→ Very promising, and soon. **With storage ring scheme machines :**

→ Using the large 2D Compton beam :  **$\sim 10^{12} - 10^{13}$  ph/s , 3 - 30% bw , few centimeters beams**

The use of CCS beams in the near future for conventional **imaging and radiotherapy**

- should provide results comparable to the ones of the current ESRF/ID17 biomedical line,
- with the great advantage of **no need to move samples in the beam.**

→ Using the focus central part of the beam :  **$\sim 10^9$  ph/s , 0.1 - 1% bw , < mm beam**

- **Micro beam radiation therapy ?**
- Realize rapid and precise **protein 3D structure determination.**

- In the particular biomedical / clinical field

→ Very promising, and soon. **With storage ring scheme machines :**

→ Using the large 2D Compton beam :  $\sim 10^{12} - 10^{13}$  ph/s , 3 - 30% bw , few centimeters beams

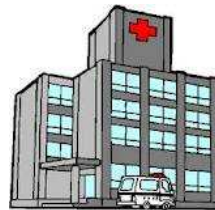
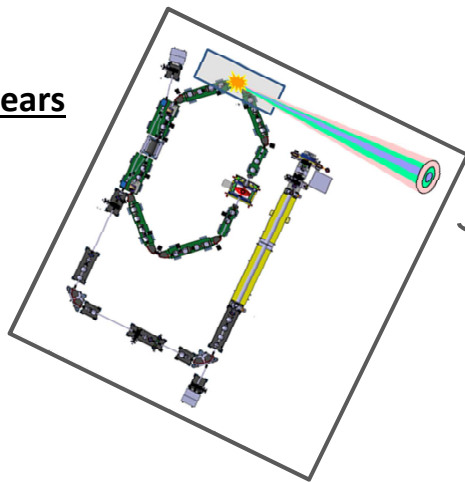
The use of CCS beams in the near future for conventional **imaging and radiotherapy**

- should provide results comparable to the ones of the current ESRF/ID17 biomedical line,
- with the great advantage of **no need to move samples in the beam.**

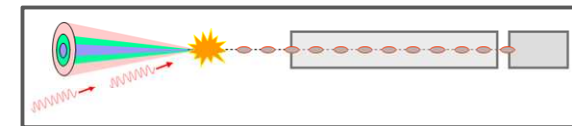
→ Using the focus central part of the beam :  $\sim 10^9$  ph/s , 0.1 - 1% bw , < mm beam

- **Micro beam radiation therapy** ?
- Realize rapid and precise **protein 3D structure determination.**

- Next years



- Next future



**Thank you for  
your attention**