Developing a Modern, High-Quality Proton Therapy Medical Device with a Compact Superconducting Synchrocyclotron

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"Our Mission: Drive down the cost, size and complexity of proton therapy systems and make this therapy readily available to the pediatric and adult cancer patients who may benefit from this advanced form of radiation treatment."

Transformative Proton Therapy. Superior Performance. Proven Results.



Conventional Proton Therapy Challenges

Too Big

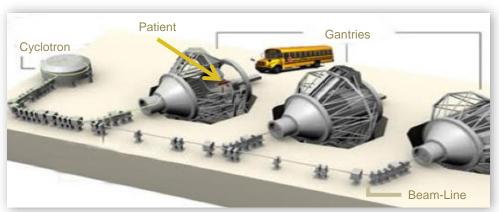
- Typically 3 or More Rooms
- Up to 100,000 Ft.2 for 5 Rooms

Too Costly

- > \$200 MM for Recent Facility
- > \$1 MM Annual Energy Costs
- > 100 Staff for 5 Rooms

Too Complex

- Multiple Rooms Depend on One Accelerator
- Complex Beam Transport Requiring Many Steering Magnets
 Power Supplies and Large Gantries
- Daily Maintenance Required
- Beam Switching & Queuing Complicate Patient Setup
- Historic Lack of Integrated Imaging & Oncology Info-System Connectivity



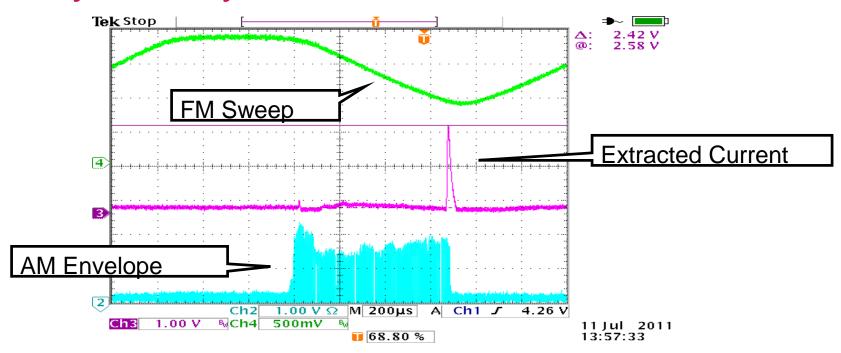
Enabling Technology – A Superconducting Synchrocyclotron



Founder Ken Gall with the MEVION S250 Cyclotron - 17 tons, 8.5 Tesla, 250 MeV



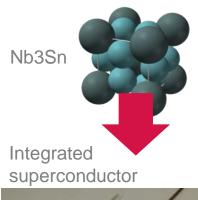
Synchrocyclotron Time Structure



Synchrocyclotron time structure similar to many x-ray therapy systems. Well matched to clinical needs



MEVION S250 Series — Nb3Sn

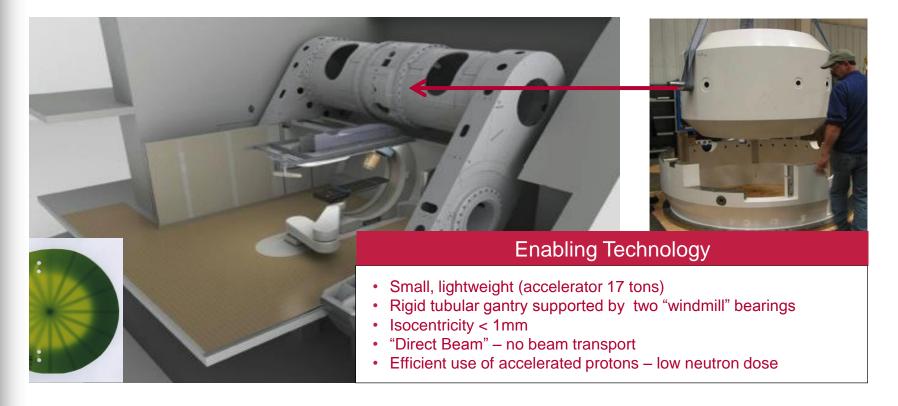








Gantry-Mounted Cyclotron





MEVION S250 Neutron Measurements

Fewer protons accelerated

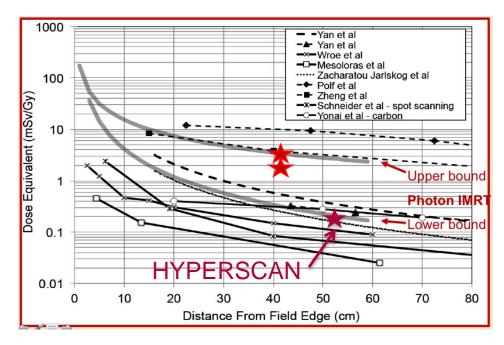
~ 2 nA beam current required for 2 Gy/L/min Less impact to patient

No EES

No beam transport

Scanning is more efficient

Loses fewer protons than scattering



Dr. Rebecca Howell - MD Anderson



Transformative Proton Therapy – The MEVION S250 Series



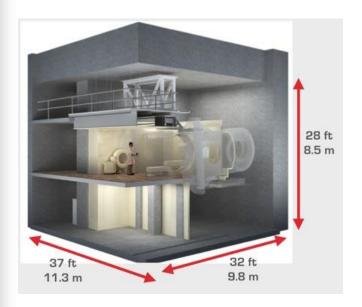
Core Technology:

- World's only gantry-mounted accelerator
- Direct beam technology

Results:

- Higher proton beam quality
- Lower complexity
- Higher reliability and throughput
- Lower capital and operating costs

Compact Proton Treatment Center





- Footprint of single room: 1,500 to 2,000 sq. ft.
 (140 180 m2) include shielding
- Standard RT electrical requirements



HYPERSCAN Technology

Technology designed to deliver simultaneously conformal <u>and</u> robust IMPT treatments by overcoming the limitations of current pencil beam scanning systems



Challenges of PBS

Complicated

- Remote ESS
- Dual Scanning magnets
- Gantry dependence of beam spot size and shape
- Beamline, many magnets for single spot delivery

Treatment uncertainties

- Poorly suited for moving tumors
- Slow energy/layer switching, slow volumetric delivery
- High QA time
- Poor lateral penumbra w/o apertures

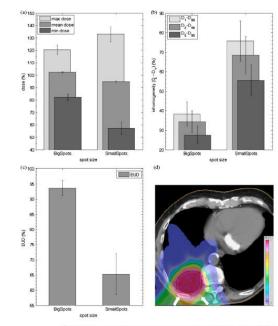


Figure 1. Average of the various interplay netrics for a single fraction for patient 1 for BigSpots and SmallSpots with a spot spacing of 0.7σ . The values are the averages of the results from the 36 combinations of τ_{eg} , τ_{eg} and phase. The error bars are ± 1 standard deviation, (a) shows the ansatinum (D1), mean and minimum (D8) does, (b) shows the does homogeneity. D1-D89, D2-D29, and D2-D5, (c) shows the EUD and (d) shows be planned does distribution for SmallSpots. The contours shown are the LCTV and the PTV, with the white arrows indicating the field directions and the scoler bare unit is a Get-BBOS.

S Dowdell, CGrassberger, G C Sharp and H Paganetti 2013 *Phys Med Biol.* **58** 4137-4156.



The MEVION S250i with HYPERSCAN



Fast

- <6 sec to scan 1 liter volume
- <50 msec energy switching time

Sharp

- Collimator always available
- Sharp penumbra at all depths

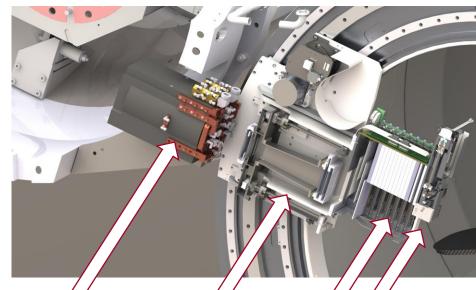
Robust

- Optimal spot size, collimated where necessary
- 10+ volumetric scans to 2Gy/1L
- Spot size and Bragg Peak invariant with gantry angle



HYPERSCAN Topology





High Speed Scanning magnet

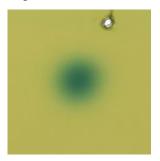
High Resolution Gated Dosimetry

Fast Energy modulation Automated Patient collimation

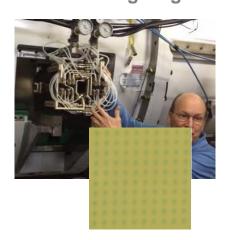


HYPERSCAN Elements

Cyclotron



X/Y scanning magnet



- 3.1 mm x 3.7 mm spot size at isocenter
- 19 nA beam current
- Invariant with gantry angle
- Single focus dual direction
- Iron free design for high linearity and fast scan rates
- No run time limit

Dosimetry



- Commercial Dosimetry
 Units
- Two planes x,y strip detectors. Pitch 2 mm

Energy modulation



Automated collimation



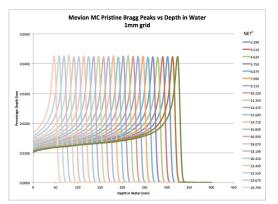
- Low neutrons
- Short layer switching time
- No patientspecific hardware
- Always available



Energy Modulation

- Range shifting plates 2 mm resolution
- Single Bragg peak
- Low Z: low neutrons, low scatter
- Low profile design to minimize air gap
- Rotary-linear actuator simple & robust
- Scan-synchronous layer switching effectively <u>eliminates</u> layer switching time



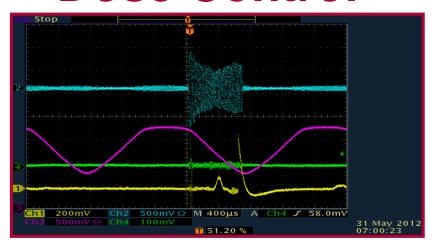




PSI - Energy Selector



Dose Control

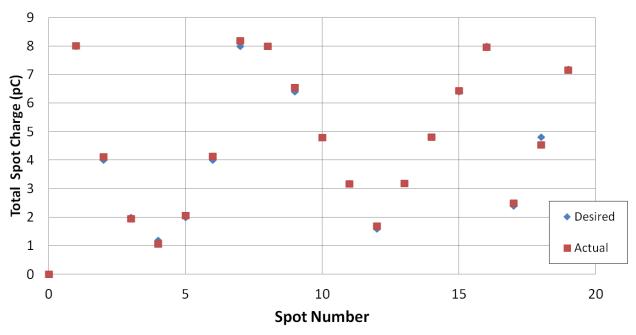


- Synchrocyclotron time structure is like that of a LINAC and well matched to spot scanning
- High frequency Accelerator: 30,000 pulses/min: Short packets (<20 us)
- Any individual pulse can be turned on or off with perfect contrast

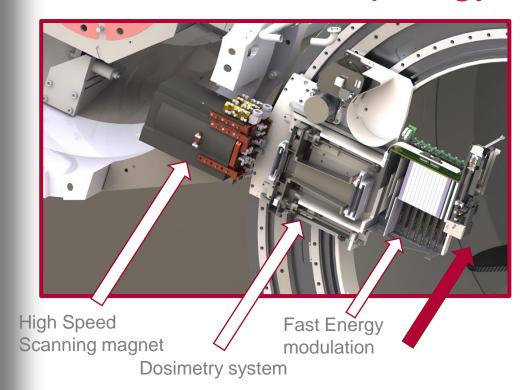


Dose Control Performance

Spot to Spot Dose Control



HYPERSCAN Topology



Adaptive Aperture Micro-MLC for PBS

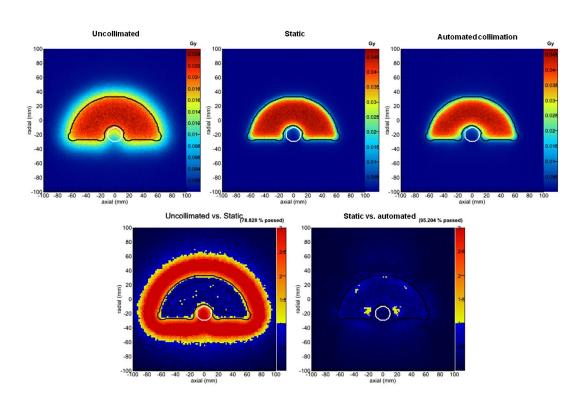






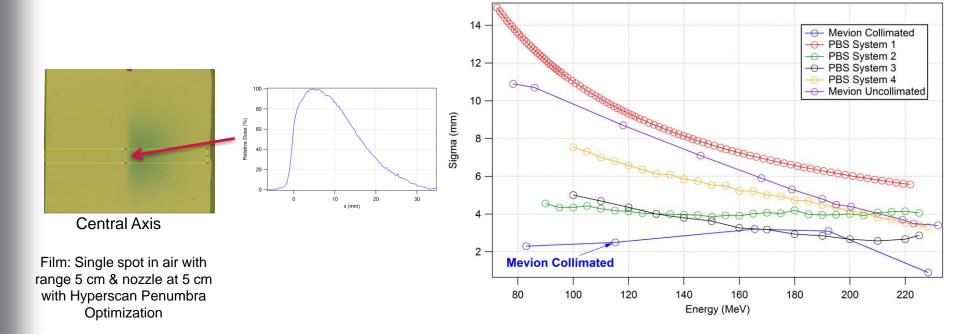
Automated Collimation

- No patient-specific hardware
- Close to patient w/o interference
- Compatible with TPS that supports static apertures
- Minimal impact on treatment time





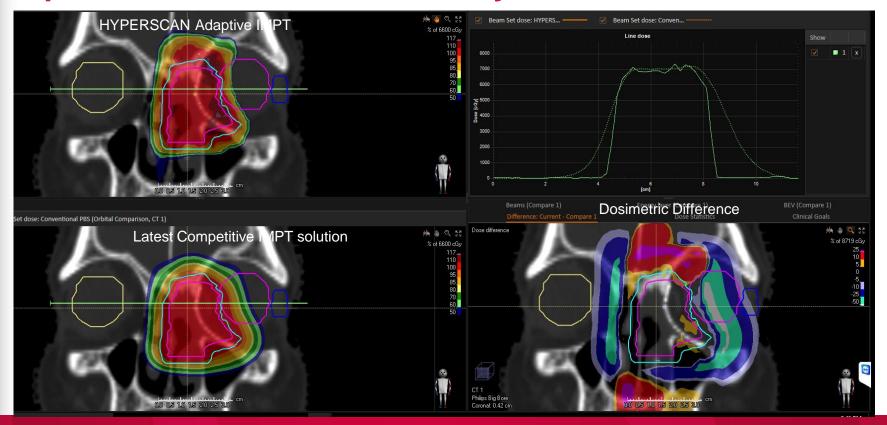
PBS with Sharp Penumbra





HYPERSCAN Treatment: Orbital

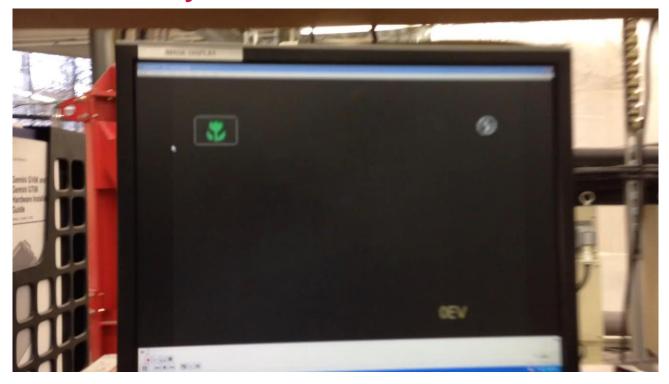
Superior Gradient towards the Eyes and Lacrimal Gland





Fast volumetric delivery

- 1 liter cube
- Untrimmed
- ~6 sec once through



Conclusions

- The compact superconducting synchrocyclotron is well matched to needs of clinical proton therapy systems
- The gantry mounted "Direct Beam" provides essential and high quality performance
- Hyperscan with Adaptive Aperture adds essential and high quality IMPT to Mevion platform
- Therapeutic use of state of the art accelerator technology is professionally rewarding



Thank you!

