PAUL SCHERRER INSTITUT

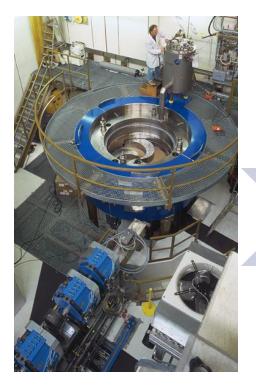


Oxana Actis :: Beam Technology Development :: Centre for Proton therapy :: PSI

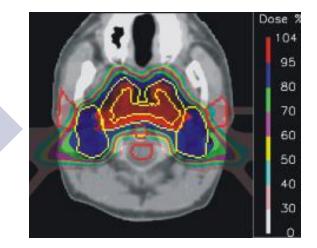
Beam Delivery System

OMA School on Medical Accelerator 5-9 June 2017, Fondazione CNAO





Beam Delivery System





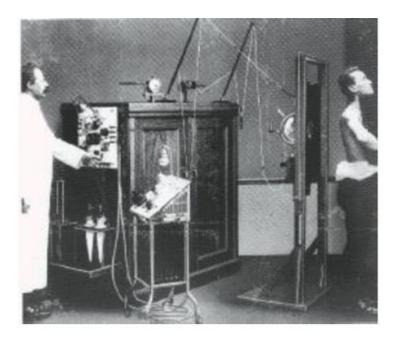
Where it started ...





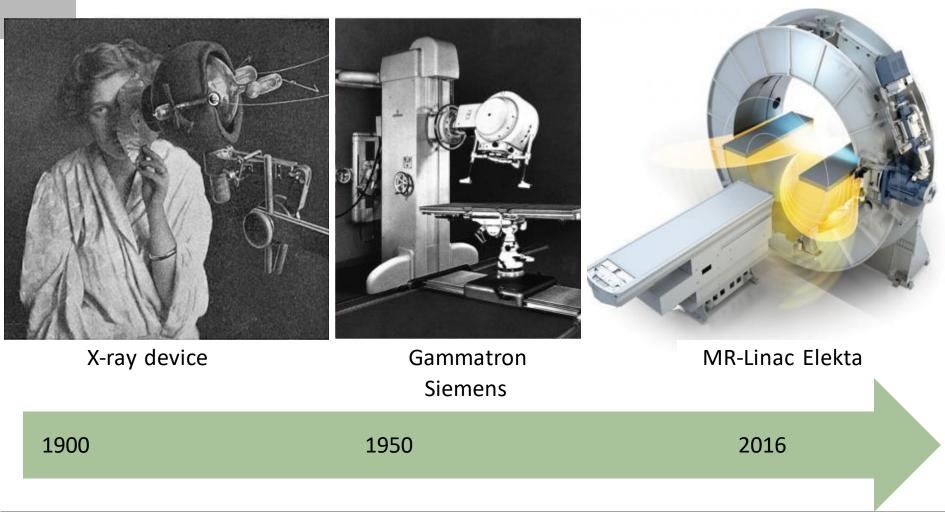
Very quickly after Roentgen's discovery of X-rays (1895) and Marie Curie's discovery of radioactivity they were both used to treat disease including cancer

Freund/Schiff 1896 – skin treatments Emil Grubbe 1897 – cancer treatment Herbert Jackson 1896 – use of electron focusing











Particle therapy

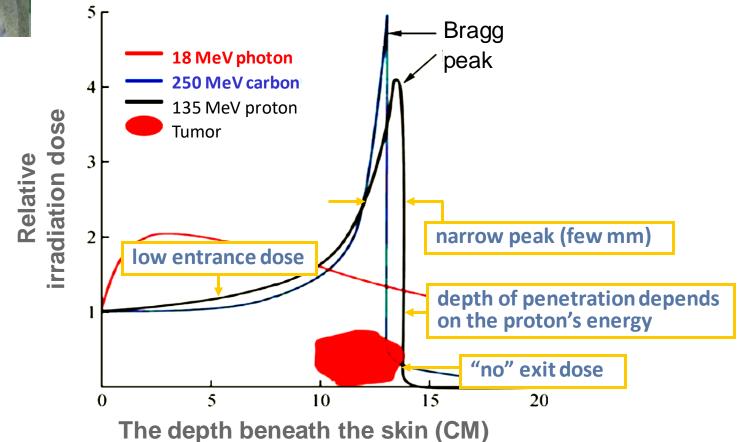




Robert R Wilson:

Radiological Use of Fast Protons

Radiology, 47:487-491 (1946)





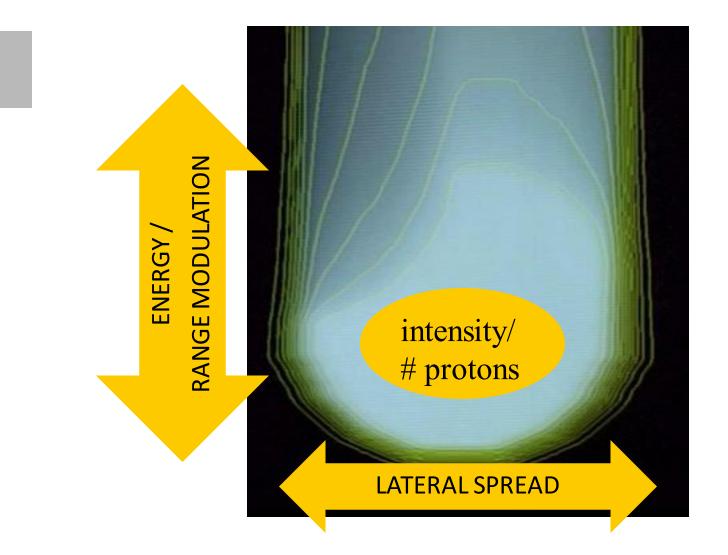
Goal- conformal 3D dose distribution













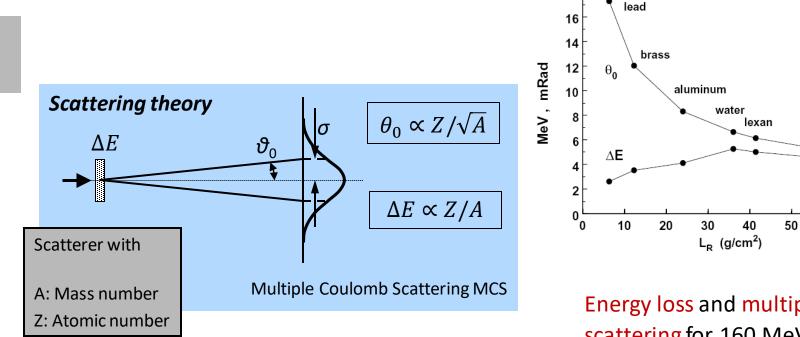
Lateral spread: scattering system



beryllium

60

70



For scattering with minimum energy loss \rightarrow Lead

To reduce energy with minimum scattering \rightarrow Beryllium.

Energy loss and multiple scattering for 160 MeV protons incident on 1 g/cm² of various materials

L_R: radiation length

18

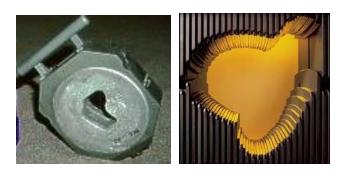


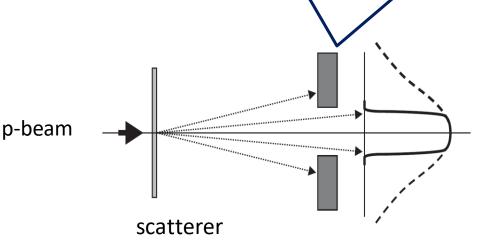


High Z - material (lead, tantalum)

- Largest amount of scattering
- Lowest energy (range) loss
- Needs large scattering angle to have enough flat profile inside useful radius, typ. ±2.5%
- Constant particle fluence (homogeneous dose field)
- Field size and depth dependent solutions

collimator / multi-leaf collimator (MLC) is needed to conform dose to target





H. Paganetti, Proton Therapy Physics

Single scattering

- Good penumbra
- Low efficiency \rightarrow small field

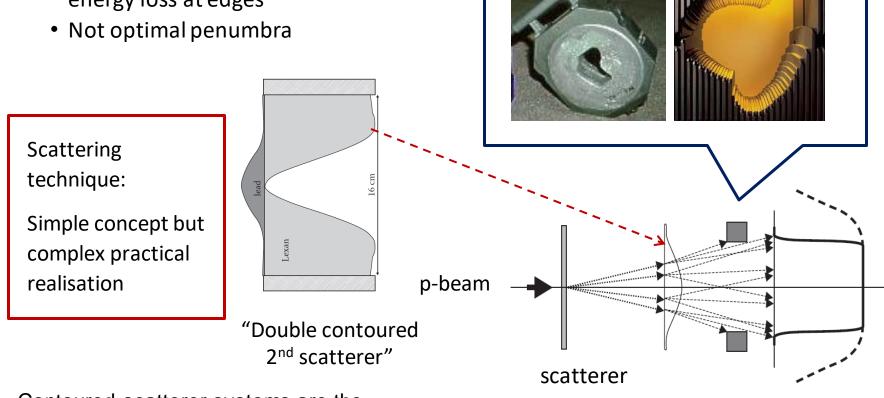
Typically used for shallow small tumors like eye



Lateral spread – double contoured scattering

- Increase efficiency by 2nd scatterer that flattens out profile at given distance
- Add low-Z material to compensate energy loss at edges

collimator / multi-leaf collimator (MLC) is needed to conform dose to target



Contoured scatterer systems are the predominant technique for passive scattering

H. Paganetti, Proton Therapy Physics

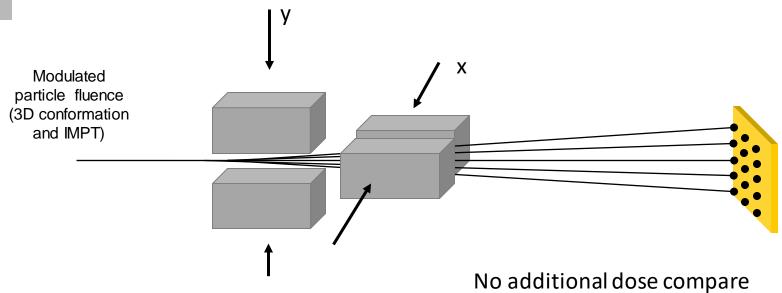


Lateral spread – active scanning



Main concept:

Protons are charged particles \rightarrow can be deflected in magnetic fields



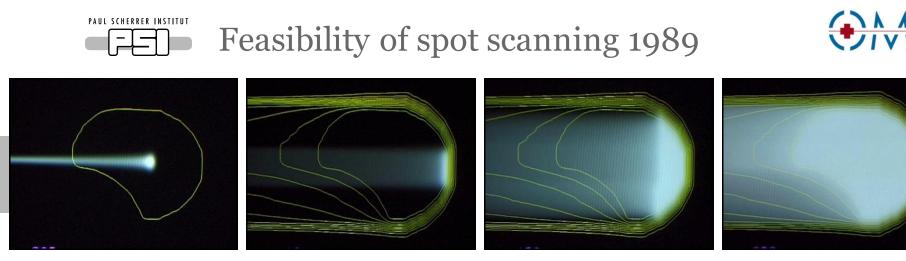
Scanning:

- Magnetic beam motion
- Scanning magnet combined with patient table motion (e.g. Gantry 1, PSI)

No additional dose compare to scattering + collimation

Performance issues:

- Precision of the dose shaping
- Scanning speed



Experimental set-up to demonstrate technical feasibility of spot scanning with protons (1989)

- Horizontal beam line with
- Beam scanning in only one direction (wobbler magnet)
- Range shifter for energy modulation

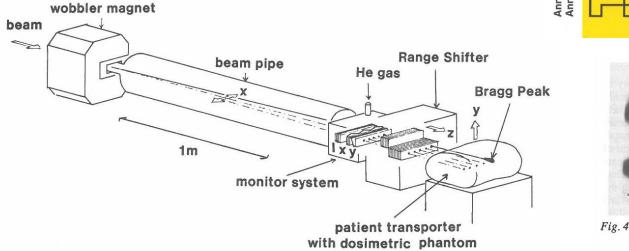




Fig. 4: X ray film irradiated with the 200 MeV proton beam using the spot scanning method.

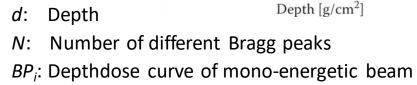


Range modulation and SOBP construction

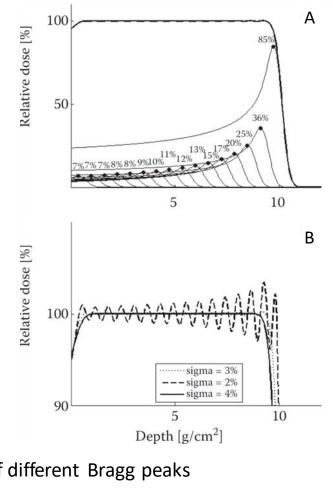
Mono-energetic Bragg peak covers only part of the target

- Modulate range (energy) of protons
- Spread-out Bragg peak SOBP
- Parameters affecting uniform dose:
- Weight of each Bragg peak (A)
- Range spacing between different energies
- Momentum spread in pristine peak (B)
- Weights (*w_i*) of pristine Bragg peaks determined by numerical optimization Algorithm

$$SOBP(d) = \sum_{i=1}^{N} w_i \cdot BP_i(d)$$



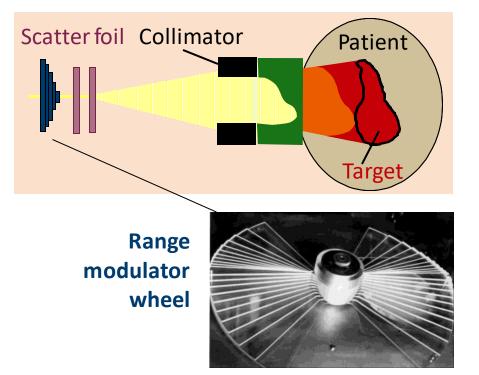
Usually there are ambiguous solutions for weights (w_i) :





Energy modulation: 'traditional'



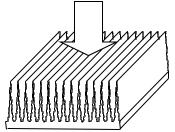


- Fast (~ 100 ms / cycle)
- SOBP mixing (quasi-static)
- Size and rotation speed depend on position
- Must be designed for each SOBP extent
- Not of interest for scanning

Ridge filter

- Miniature structure blurred by angular confusion
- Generate static SOBP energy mix
 - Must be designed for each:
 energy SOBP extent field size
 - Concern: Angular confusion of the beam → worse penumbra
 - Optional in scanning (carbon ion): broadening Bragg peak

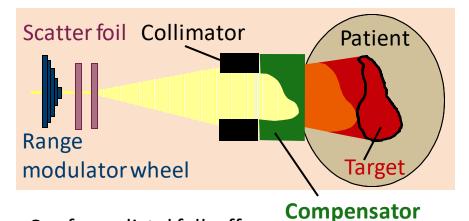






Energy modulation: 'traditional'



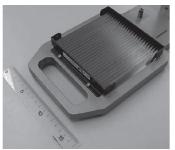


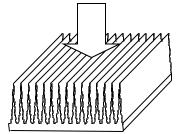
- Conform distal fall-off to target
- Smearing process to compensate for position errors
- Overshoot healthy tissue is necessary to ensure target coverage



Ridge filter

- Miniature structure blurred by angular confusion
- Generate static SOBP energy mix
 - Must be designed for each:
 energy SOBP extent field size
 - Concern: Angular confusion of the beam → worse penumbra
 - Optional in scanning (carbon ion): broadening Bragg peak





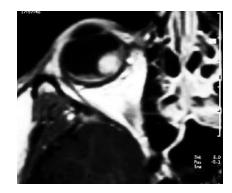
Individual production for each field



Example of of a scattering system: PSI OPTIS2



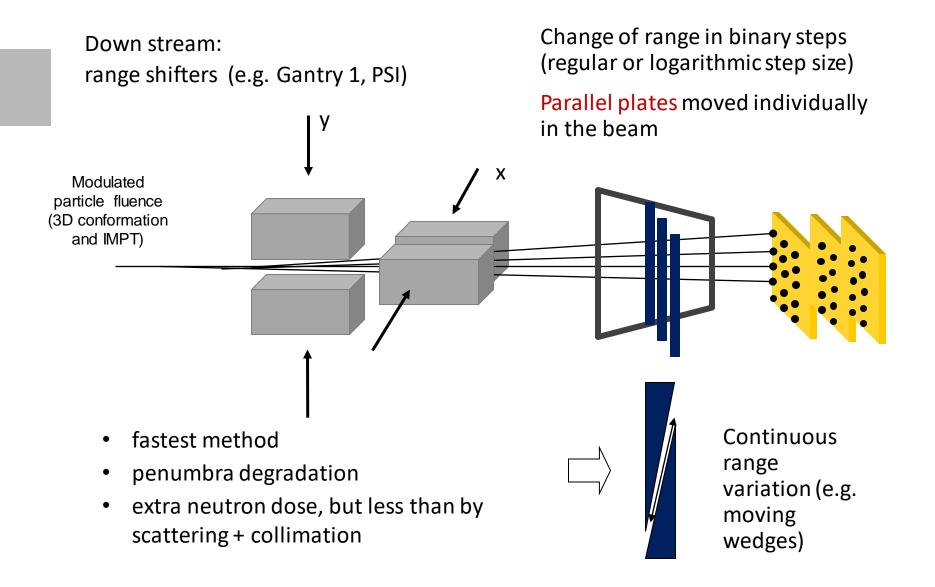
- Eye melanomas
- More than 6000 patients treated since 1984
- 4 fractions (all in one week)
- Local control 99%
- Survival 90%
- Upgrade from OPTIS to OPTIS2 in 2010





Down stream energy modulation

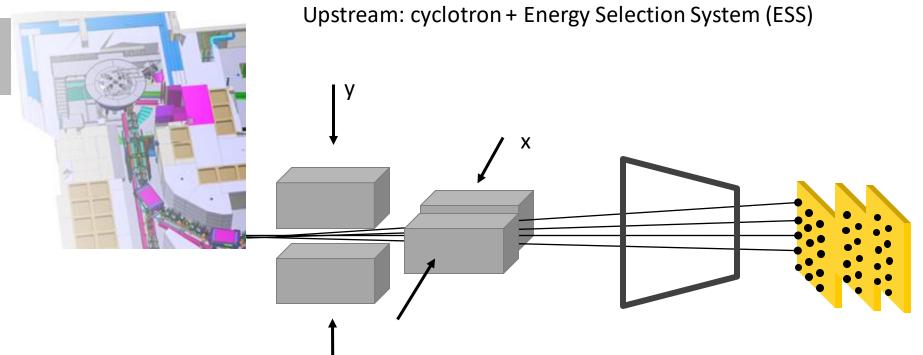






Energy modulation: upstream





- degrader system is required
- beam at ISO as selected at ESS
- Can be used in a combination with upstream energy changes (e.g. Gantry 1)

Performance depend on system magnets/power supply design

Can such a system be fast enouth ?

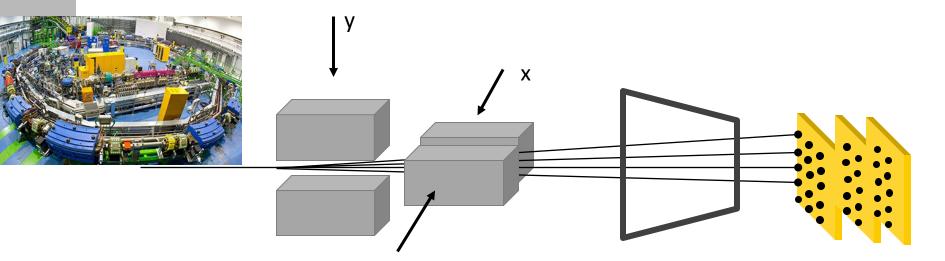
Typical energy switching time ~1 s The fastest system – 100 ms

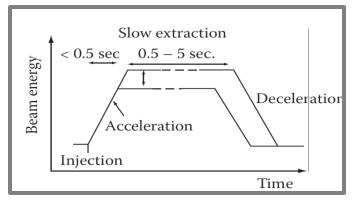


Energy modulation



Upstream: synchrotron





• Beam at ISO as selected at ESS

- Limited accelerator performance
- Limited number particles/spill

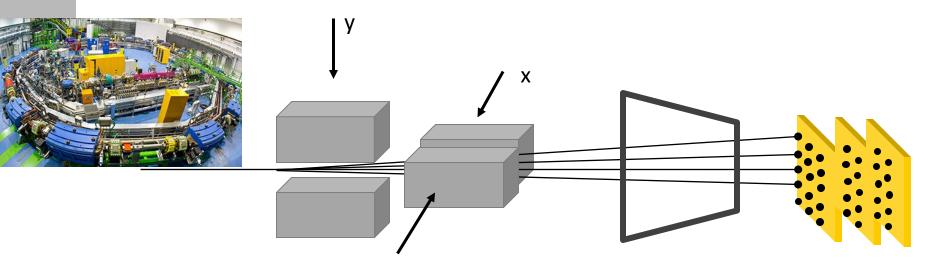
Paganetti, H. (2011), Proton Therapy Physics

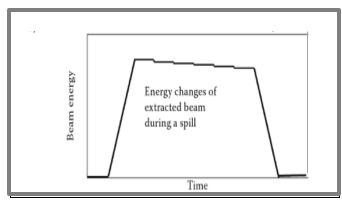


Energy modulation



Upstream: synchrotron





Beam at ISO as selected at ESS

- Limited accelerator performance
- Limited number particles/spill
- Multiple energy extraction / spill

Paganetti, H. (2011), Proton Therapy Physics



Energy modulation: Impact on depth dose distribution

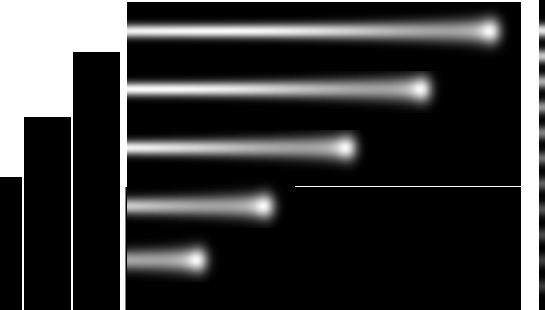


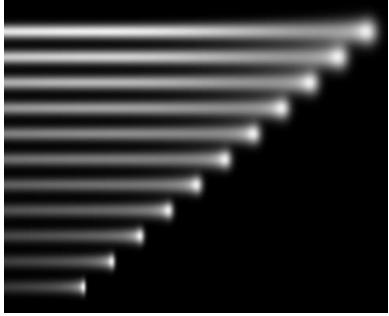
Range shifter

- Variable amount of material in the beam with zero air gap
- Pencil beam size invariant with range

Variable energy of the beam

- Degrader and beam line select different phase space
- Spot size not invariant for different energies







Driving the scan sequence



- Delivery of one dose elements after the other
- Needs trigger, when dose element is finished
- Next dose element is delivered

Two trigger mechanism:

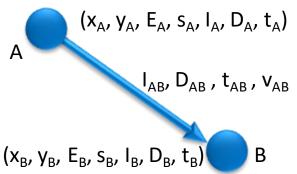
• **Time driven scanning**, element terminated by *t*_{*A*}.

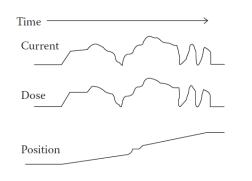
Beam motion is determined by the time the beam spends at location. Relies on accurate intensity control

• **Dose driven scanning**, element terminated by *D*_{*A*}.

Beam motion is controlled by whether the desired dose has been reached at each location.

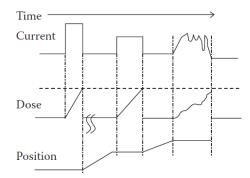
Relies on accurate dose measurements





Time driven

Continuous scanning



Dose driven

Discrete spot scanning



Scanning beam verification system

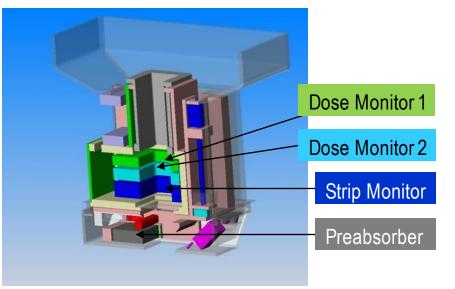


Dose Monitors:

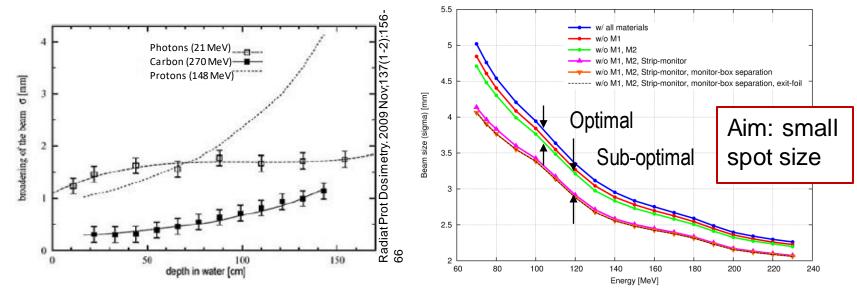
Ionization Chambers (0.5,1 cm, air gap) Position Monitor

- Choice is based on Gantry 1 experience
- No aging effect (~ 20y experience Gantry 1)
- Stability and flexibility in operation
- (Sub-)optimal material budget (technical limitations)

Beam broadening due to multiple scattering



Spot Size at patient location





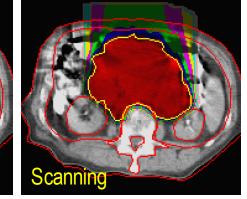
Benefit of beam scanning



Scattering with collimator / compensator has a fixed range (SOBP) per field

- Scanning avoids unnecessary 100% dose on the healthy tissues
- Especially relevant for large and irregular shaped tumors

Scattering



Homogeneous energy layer	
Non-homogeneous energy lay	/e

- Scanning can easily deliver non-homogenous energy layers
- This is must or can be used for:
 - Conformal scanning

(Homogeneous energy layers only in trivial case)

- Biological targeting

Option of shaping the dose (level) within the target

Intensity modulated proton therapy IMPT

Competition with IMRT in conventional therapy



3D active scanning allows ...



TO REDUCE ALL ASPECTS RELATED TO COLIMATORS AND COMPENSATORS

- Storage of radioactive material
- Calculation, optimization (air gap,...)
- Workshop or outsourcing
- Daily setup
- Neutrons
- Cost

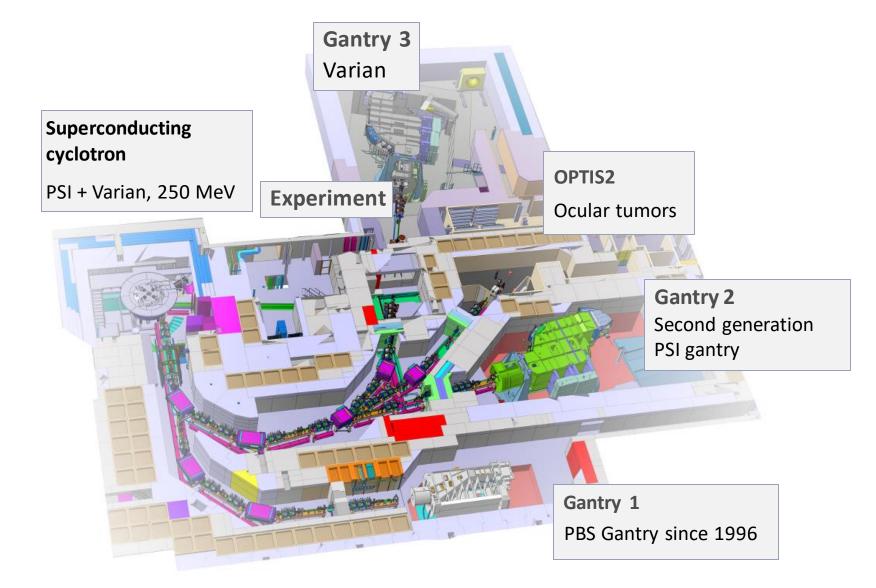






PROSCAN at PSI



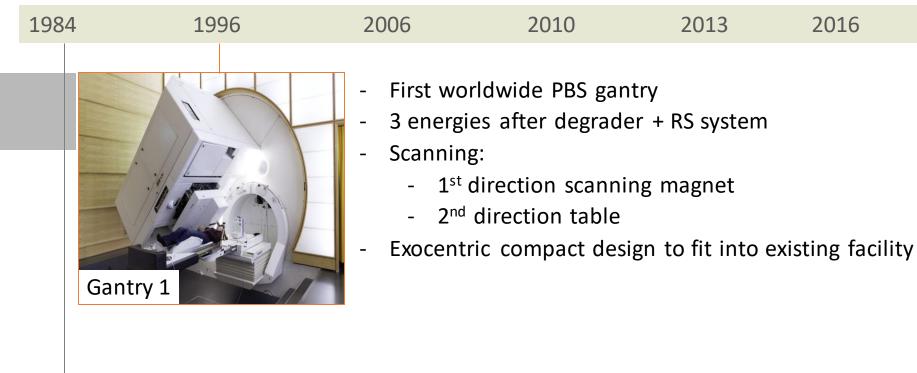




PROSCAN timeline



2016



OPTIS 1: Eye Treatment

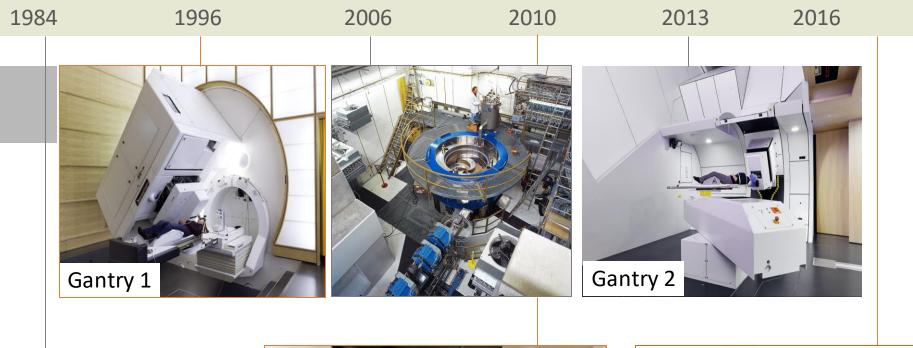
- Fixed beam line
- Mono-energetic beam + RM wheel
- Collimator (produced at PSI)





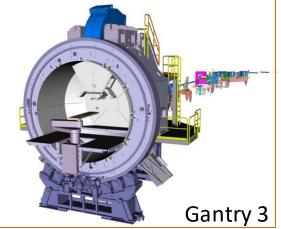
PROSCAN timeline





OPTIS 1: Eye Treatment

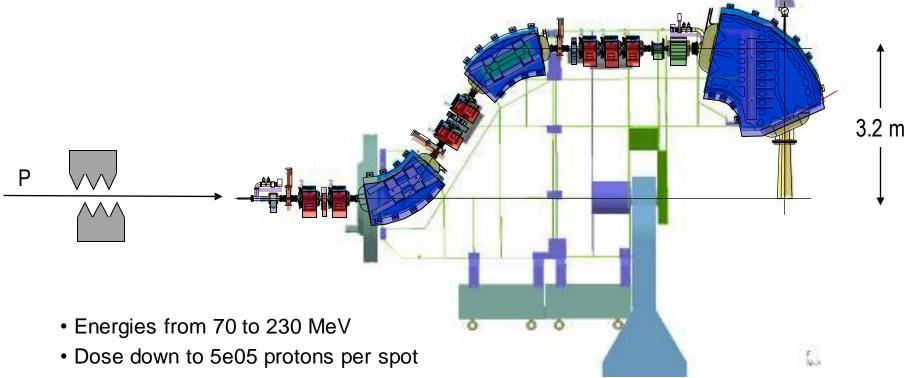






Fast Energy Change

- Degrader based energy change within < 100 ms
- Optimized magnet power supply & controller
- Delivered energy precision is < 1%





Fast Lateral Scanning

- T sweeper magnet 2 cm/ms
- U sweeper magnet 0.5 cm/ms

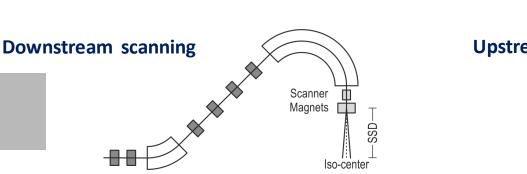
Challenge - scan through the last bend

- Large aperture to accommodate deflected beam
 - Scan area 20 x 12 cm
 - Field patching for larger fields
- Special lamination to suppress eddy currents effect for fast energy changes but no entirely
- Residual drifts have to be corrected online

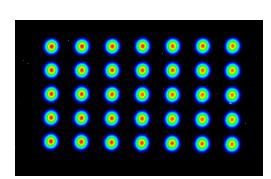
Required spot precision at ISO < 0.5 mm + no deformation!



Gantry design for PBS



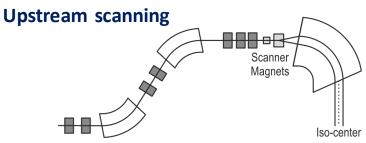
- Sweeper magnets are last active beam elements
- In first order linear correlation between
 - Spot position at isocenter
 - Sweeper current
- Spot shape unaffected for different scan position
- Divergent scanned beam; calibration relies on exact longitudinal alignment at isocenter
- Situation similar to horizontal beam line



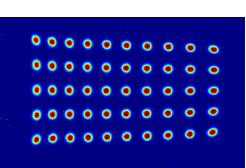
Example:

Horizontal beam line, PSI test area, 170 MeV

Spot position with linear current steps



- Sweeper magnets placed in-front of last dipole
- Large gap of last dipole
- Field inhomogeneity can affect spot shape
- Beam focus depends on lateral position
- Beam with little / no divergence (= parallel beam)
- Higher order corrections for position-tocurrent conversion needed



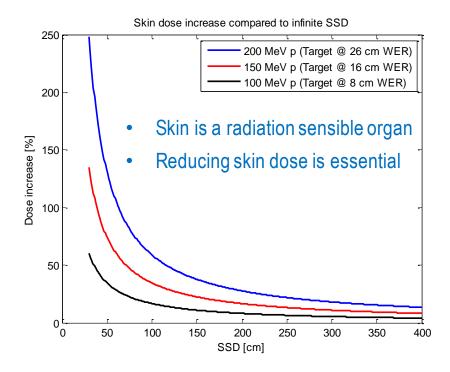
Example: Gantry 2, 100 MeV Spot position with linear current steps



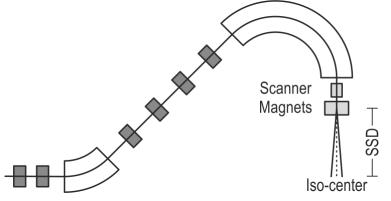




- No source to target ~1/d² dosimetry effects
- Simplified QA
- Easy field patching for large fields
- Almost infinite SSD possible



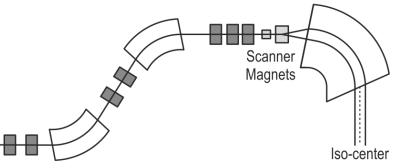
Downstream scanning



Typical SSD (source skin distance) ~ 2m

Upstream scanning

 PSI Gantry 2: SSD > 17 m



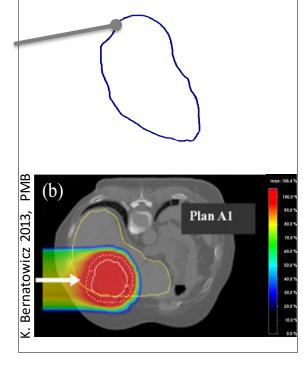


PBS for static and moving targets



Static tumor

PBS has been proven to be one of the most effective methods for static tumor treatment





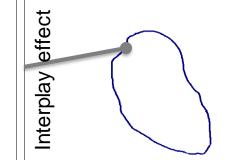


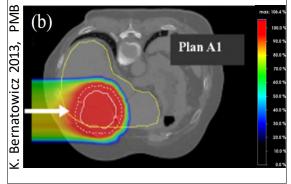
Static tumor

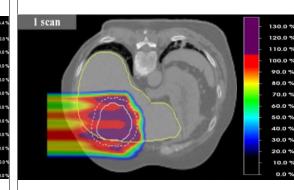
PBS has been proven to be one of the most effective methods for static tumor treatment

Moving target: single scan

- Irradiated volume blurring
- inhomogeneity within the target
- Cold and hot spots









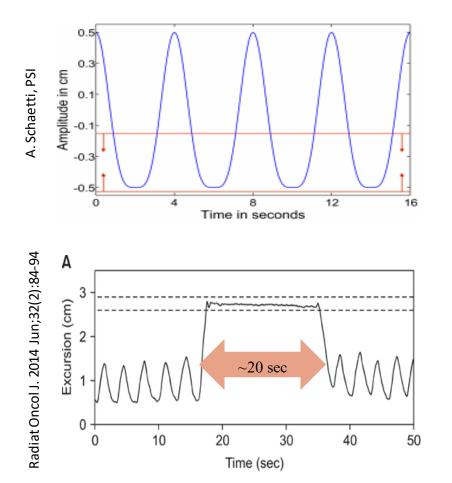


Static tumor Moving target: single scan Moving target: options Irradiated volume blurring **Rescanning** – most studied PBS has been proven to be ٠ inhomogeneity within the solution for motion mitigation one of the most effective ٠ target methods for static tumor Cold and hot spots ٠ treatment Interplay effect PMB 1 scan 130.0 9 (b) 130.0 % 7 rescans 120.0 % 120.0 9 110.0 % 110.0 9 Plan A1 2013, 100.0 9 100.0 80.0 90.0 90.0 80.0 Bernatowicz 60.0 % 70.0 70.0 60.0 50.0 40.0 30.0 % 30.0 20.0 % 20.0 (b) 10.0 % 10.0 1 0.0 % 0.0

06.06.2017 6/6/2017







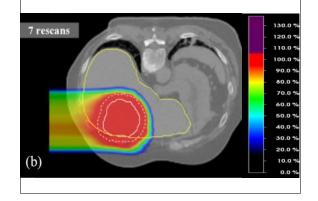
For all options/combinations scanning must be fast in all 3 dimensions

Moving target: options

Rescanning – most studied solution for motion mitigation

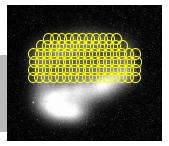
Depending on system & motion parameters - combination with:

- Gating: scan target during part of the breathing cycle
- Breath hold: irradiate while patient is holding the breath





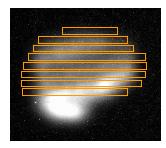
Another way to optimize scanning performance



Discrete spot scanning

20412 spots, 28 energies Beam-on time: 17s Dead time: 80s Total time: 97s → 5 re-scans: ~7min

Cubical target, V = 1L Spot grid 4 mm Dose: 0.6 Gy (typical 3 field fraction dose) Standard dose rate (<6 Gy/s)

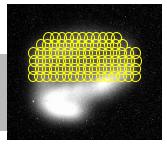


Continuous line scanning

27 lines/energy, 28 energies Beam-on time: 17s Dead time: 3s Total time: 20s → 5 re-scans: ~30s

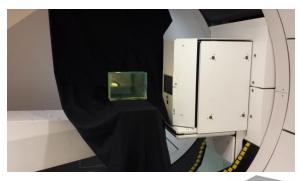


Another way to optimize scanning performance

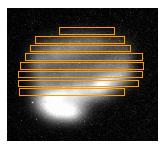


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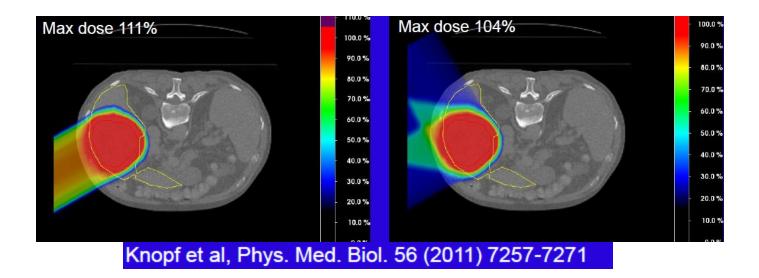


Flexible beam delivery– Gantry



Why do we need gantries for proton therapy?

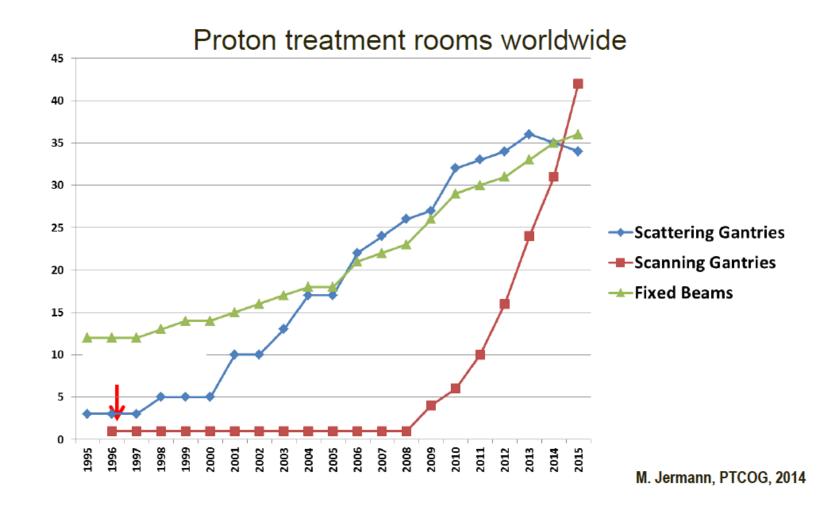
- To be flexible
- To deliver multiple, angularly spaced fields
- For dose homogeneity and conformity
- For plan robustness
- For improved delivery accuracy





World-wide trend

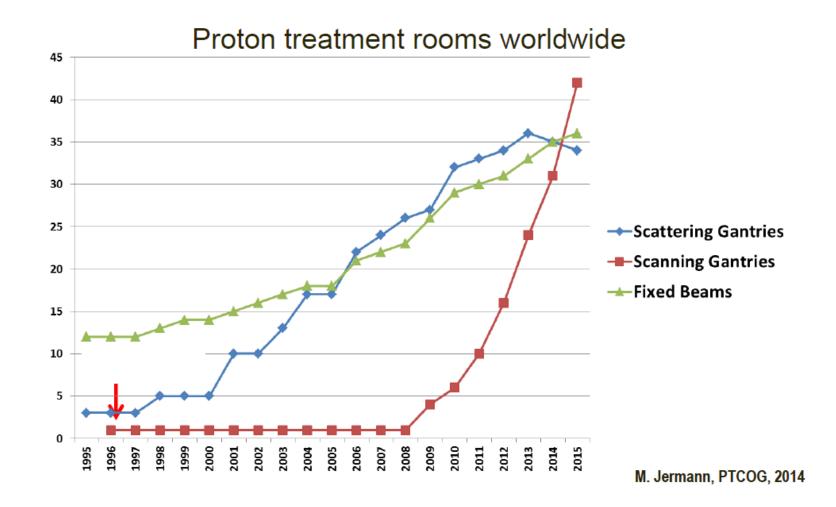




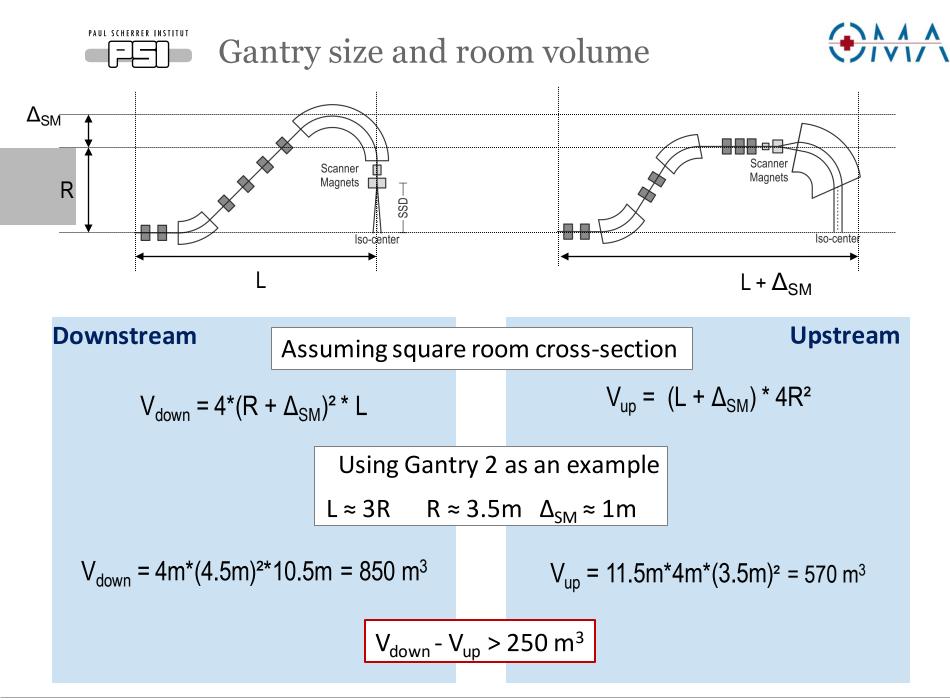


World-wide trend





PBS gantries are preferred, but what about costs?





Benefits from limitation





Gantry 2, PSI

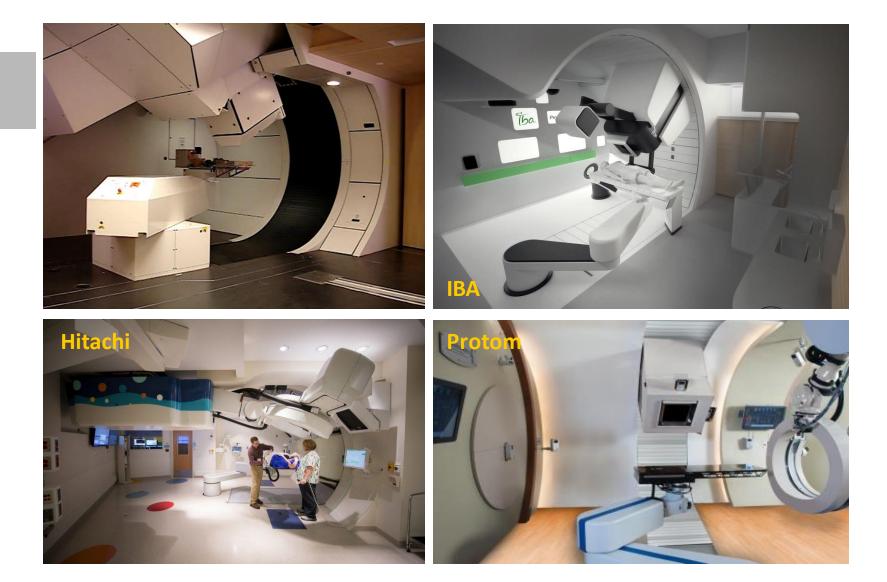
- Gantry rotation limited from
 -30° to + 180° (instead of 360°)
- Flexibility of beam delivery by rotating the table in the horizontal plane
- Important:
 Stable structure & beam line support

Advantages:

- Open treatment room
- Fixed walls for mounting imaging equipment
- Permanent fixed floor for a better access to the patient table



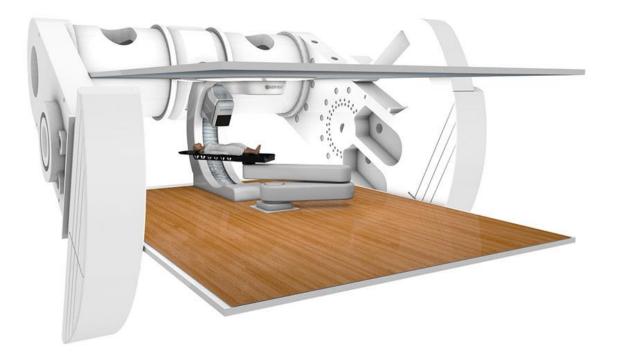
Idea of 180° gantry is taken-up by industry





Mevion Hyperscan system





- Compact synchro-cyclotron (17t) rotating around the patient
- No beam transport -> no additional beam loss
- Down stream range modulation
- Adaptive aperture
- Neutron dose is comparable to passive scattering



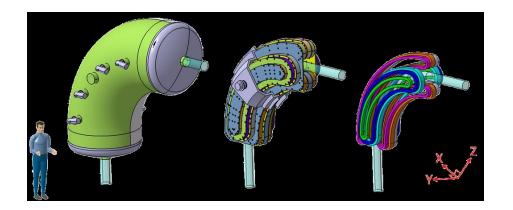


Advantages

- Higher magnetic fields
 - Smaller bending radius
- Weight reduction (less iron)
- Possible increase of $\Delta p/p$ acceptance

Problems

- Field homogeneity is difficult -> complex optics
- Cryogenic engineering
- Slow changes of the beam energy



- More studies are required for scanning speed optimization
- Size/weight reduction is prominent carbon ion system



Carbon therapy systems



 $B*\rho \sim 3$ larger for carbon beam

Conventional carbon gantry, HIT

Superconducting gantry at NIRS, Japan



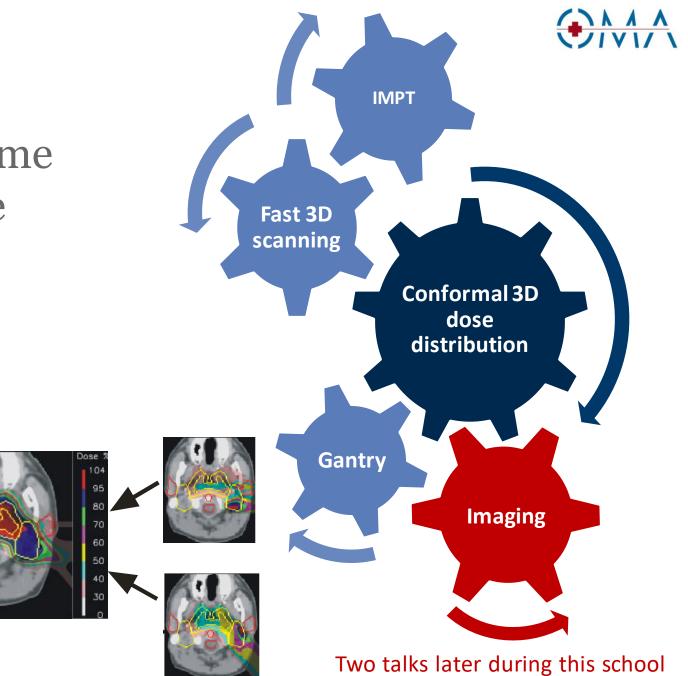
- Only operating carbon gantry (2009)
- 360° gantry
- Size: 25 x 6.5 m
- 600 t total rotating mass
- Magnets: 145 t



- Beam orbit radius: 5.45 m
- Length: 13 m
- 10 superconducting magnets
 Combined function (dipole + quad)
- He-free cooling (cryocoolers)
- ~300 t total weight



Take home message



A. Lomax

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