

Proton CT

A novel imaging tool in cancer therapy

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MTA Wigner RCP

on behalf of the Bergen pCT Collaboration

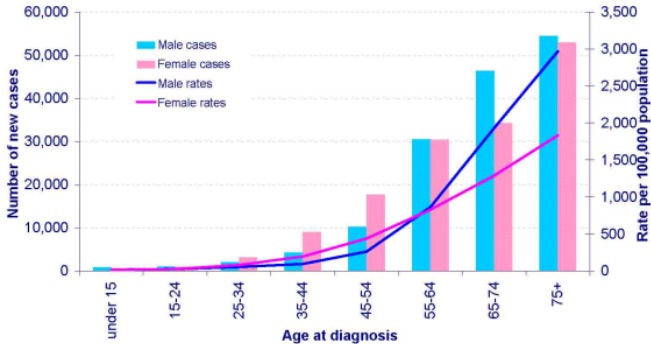
13th June 2019

International Conference on Precision Physics and Fundamental Physical
Constants (FFK-2019)

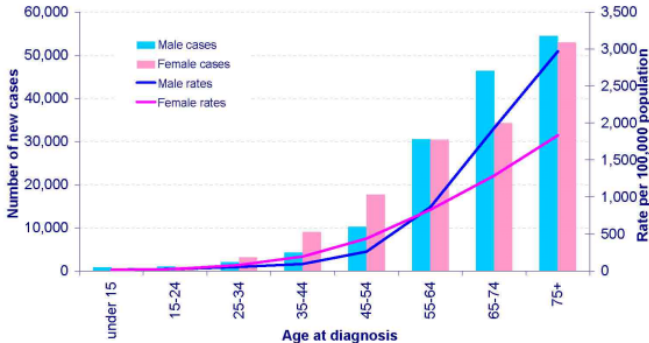


This work has been supported by the Hungarian NKFIH/OTKA K 120660 grant.

Cancer statistics and therapies



Cancer statistics and therapies



- Contributions to successful treatment of cancer
 - 45-50% surgery
 - 40-50% radiotherapy
 - 10-15% chemotherapy
- Radiotherapy is an important weapon in the battle against cancer

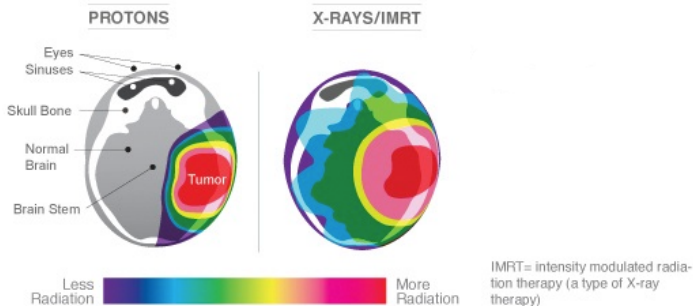
K. Peach, Heavy Ions in Science and Health workshop, Bergen, 2012

Radiotherapy and its problems

- Goal: damage the DNA of cancer cells
- Direct or indirect ionization
- Treatment with photons or charged particles (e.g. protons)
- Photons: mostly indirect ionization through forming free radicals
- Protons: mostly direct ionization

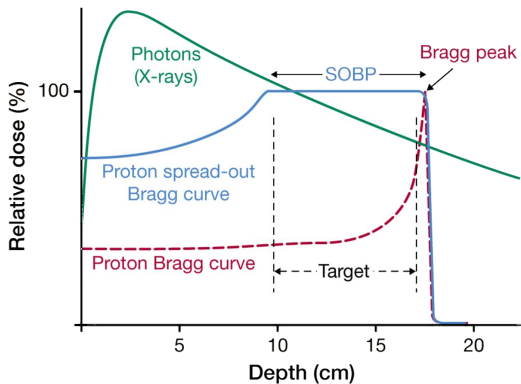
Radiotherapy and its problems

- Goal: damage the DNA of cancer cells
- Direct or indirect ionization
- Treatment with photons or charged particles (e.g. protons)
- Photons: mostly indirect ionization through forming free radicals
- Protons: mostly direct ionization
- Need to minimize the damage to healthy tissue



Source: ProCure Training and Development Center

Hadron therapy – advantages



R. Mohan, A. Mahajan and B. D. Minsky,
Clin Cancer Res December 1 2013 (19) (23)
6338-6343
DOI: 10.1158/1078-0432.CCR-13-0614

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- **Photons** are absorbed mostly at the entrance
- **Charged particles**
 - lose most of their energy in the Bragg peak
 - Relatively low dose in front of the tumor
 - Sharp fall-off of dose deposition (<mm)

Particle therapy centres in Europe - 2015

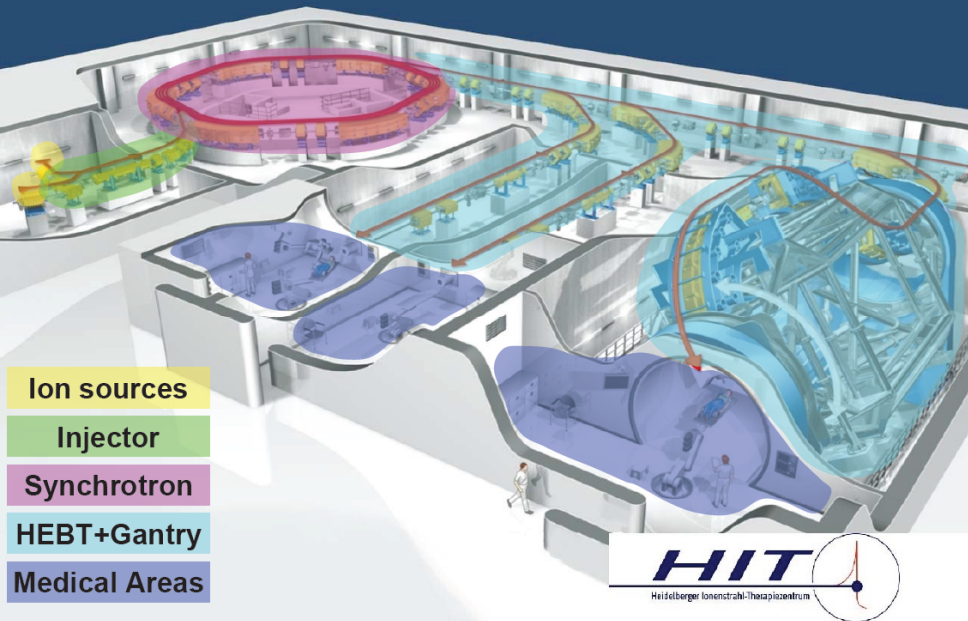


Source: PTCOG, October 2015

- 27 proton centers
- Three C-ion centers

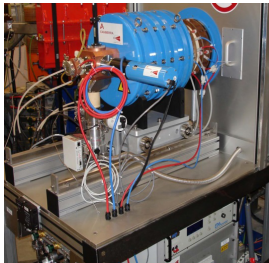
M. Dosanjh, M. Cirilli, S. Myers, S. Navin (2016). Medical applications at CERN and the ENLIGHT network. *Frontiers in Oncology*. 6. 10.3389/fonc.2016.00009.

Treatment facilities

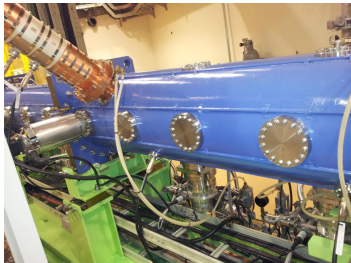


Treatment facilities

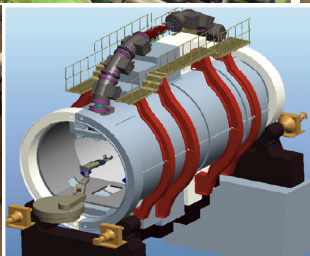
Ion source



LINAC



Synchrotron



Treatment room

Superconducting gantry

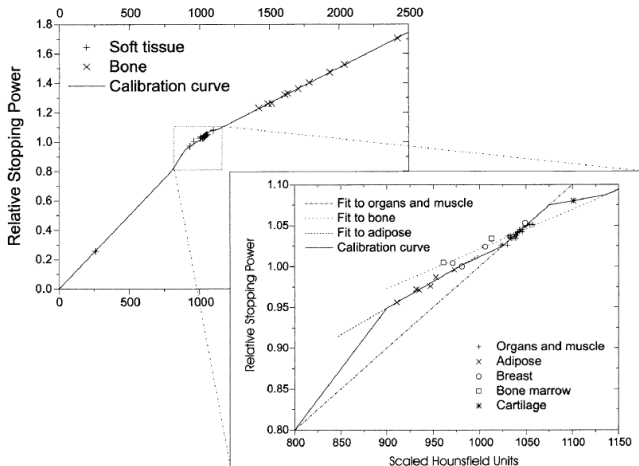
Extraction and
beam transport

- Stopping power in front of the tumor to be known precisely
- Stopping power is described by Bethe-Bloch formula:

$$dE/dx \sim \text{electron density} \times \ln \frac{\text{max. energy transfer in single collision}}{\text{effective ionization potential}^2}$$

- Derive stopping power from X-ray CT
- X-ray attenuation in tissue depends also strongly on Z (Z^5 for photoelectric effect)

Proton therapy – missing information



- Scaled Hounsfield Units (scanner specific) \sim attenuation coefficient
- Not a clear relation with the stopping power

Schaffner, B. and E. Pedroni, Phys Med Biol, 1998. 43(6): p. 1579-92.

Range uncertainties and scattering

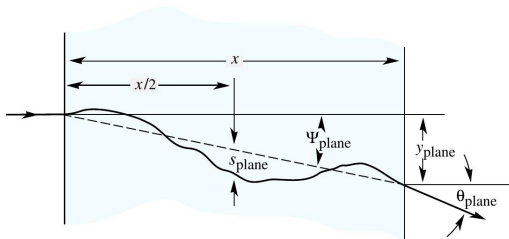
- Single energy CT: up to 3–4% uncertainty
- Target volume is increased by up to 1 cm in beam direction
- Avoid beam directions with a critical organ behind the tumor
- Proton CT: up to 0.3% uncertainty

Paganetti, H. Range uncertainties in proton therapy and the role of Monte Carlo simulations. *Phys. Med. Biol.* 2012, 57, R99–R117.

Range uncertainties and scattering

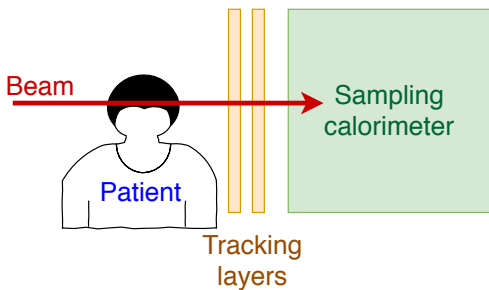
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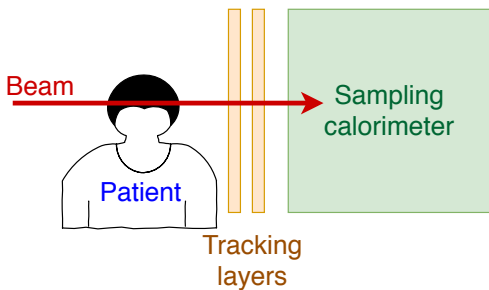


M. Tanabashi et al. (Particle Data Group), *Phys. Rev. D* 98, 030001 (2018)

- Multiple Coulomb scattering in the material



- Reconstruction of trajectories in 3D → place of irradiation
- Measurement of range in external absorber → lost energy



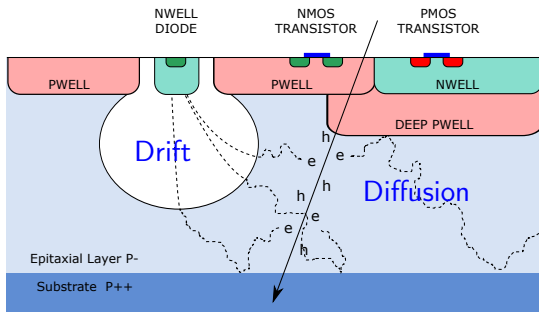
- Reconstruction of trajectories in 3D → place of irradiation
- Measurement of range in external absorber → lost energy
- Before the treatment → 3D map of electron density in target
- Quasi-simultaneously with therapeutic beam
 - Patient alignment
 - Online verification of dose
 - Dose optimization

Requirements of the detector

- High position resolution (tens of μm)
 - Simultaneous tracking of large particle multiplicities ($10^7 - 10^9$ protons/s)
 - Fast readout
 - Radiation hardness
 - Calorimeter: good range resolution
- ⇓
- High granularity digital sampling calorimeter
 - Monolithic Active Pixel Sensors (MAPS) as active layers

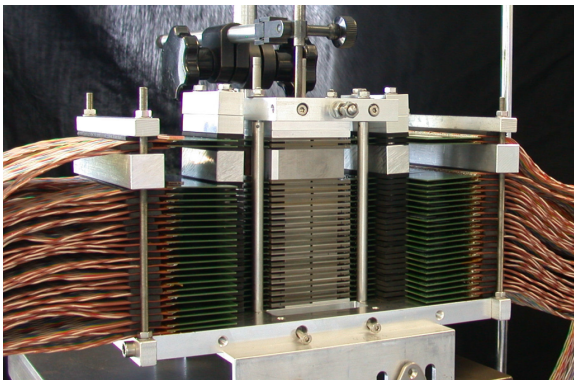
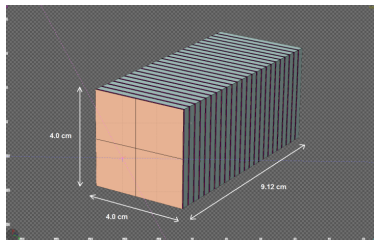
Monolithic Active Pixel Sensors (MAPS)

- Silicon sensors
- Using TowerJazz 0.18 μm CMOS imaging process
- High-resistivity ($> 1\text{k}\Omega\text{ cm}$) epitaxial layer on p-type substrate
- Deep PWELL shields NWELL of PMOS transistors
 - Allows full CMOS circuitry in active area
- Moderate reverse substrate biasing possible
 - Enlarges the depletion volume



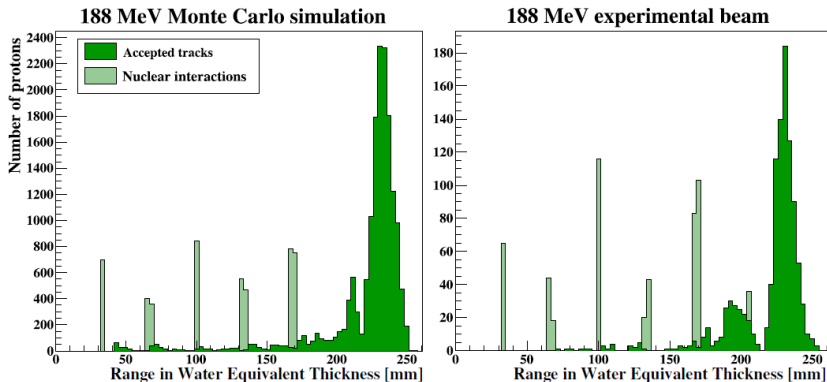
Digital calorimeter prototypes

- Silicon-tungsten sampling calorimeter (constructed at Utrecht University)
- Optimized for electromagnetic showers
- Active layers: MAPS (MIMOSA 23 – IPHC Strasbourg)
- Compact design $4 \times 4 \times 11.6 \text{ cm}^3$
- 24 layers
- Absorbers: 3.5 mm of W



NIMA 860, 51-61, 2017,
<https://arxiv.org/abs/1611.02031>
Jinst 13, P01014, 2018,
<https://arxiv.org/abs/1708.05164>

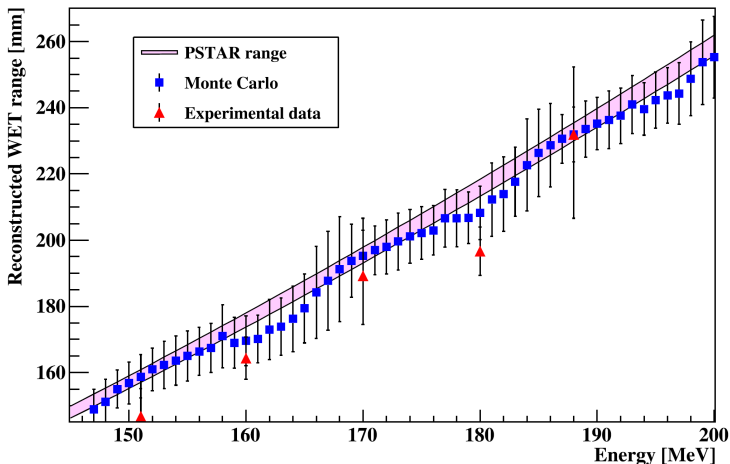
Results from the prototype



H. Pettersen, PhD thesis, UiB, 2018

- Data was taken at KVI in Groningen with 188 MeV protons
- Good agreement between data and simulations

Results from the prototype

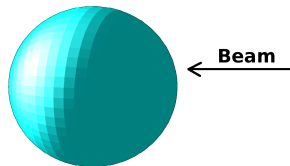
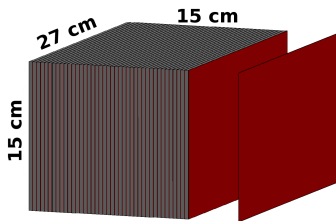


H. Pettersen, PhD thesis, UiB, 2018

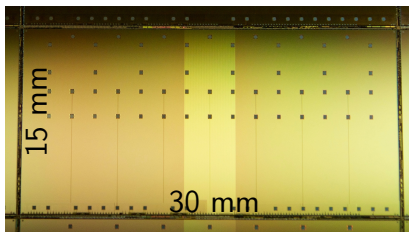
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Optimization of the design

- Absorber
 - Energy degrader, mechanical carrier, cooling medium
 - Material choice: Al
 - Thickness: 3.5 mm
- Longitudinal segmentation
 - Number of sensitive and absorber layers: 41
- Geometry
 - Front area: 27 cm x 15 cm

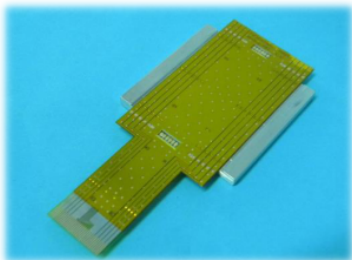


- ALPIDE – **ALICE** **PI**xel **DE**tector
- Developed for the upgrade of the ALICE Inner Tacker System
- Large silicon sensor (15 mm × 30 mm)
- 512 × 1024 pixels
- Pixels are 27 μm × 29 μm
- Digital readout with priority encoder
- Thin sensor (50 μm or 100 μm)
- Efficiency > 99%
- Resolution ~ 5 μm



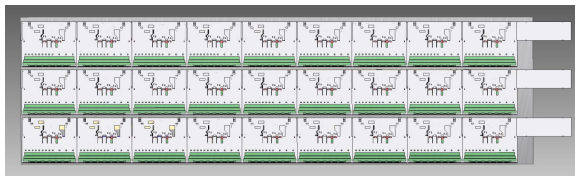
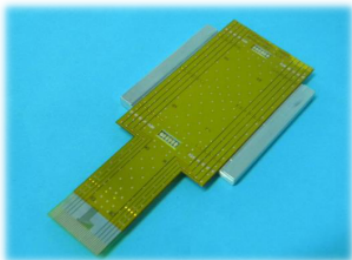
Mounting

- ALPIDE mounted on thin flex cables
 - Aluminum-polyamide dielectrics: 30 μm Al, 20 μm plastic
 - Design and production:
Utrecht University, Netherlands and LTU, Kharkiv, Ukraine
- Intermediate prototype
 - Chip cable with two ALPIDE sensors



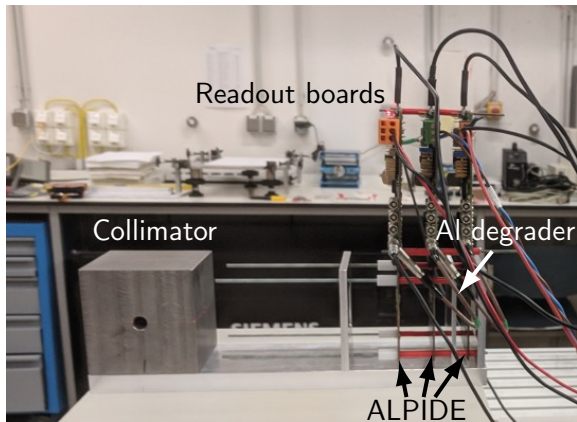
Picture from LTU

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 - Aluminum-polyamide dielectrics: 30 μm Al, 20 μm plastic
 - Design and production:
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- Intermediate prototype
 - Chip cable with two ALPIDE sensors
- Final system
 - Flexible carrier board modules with 2×3 strings with 9 chips



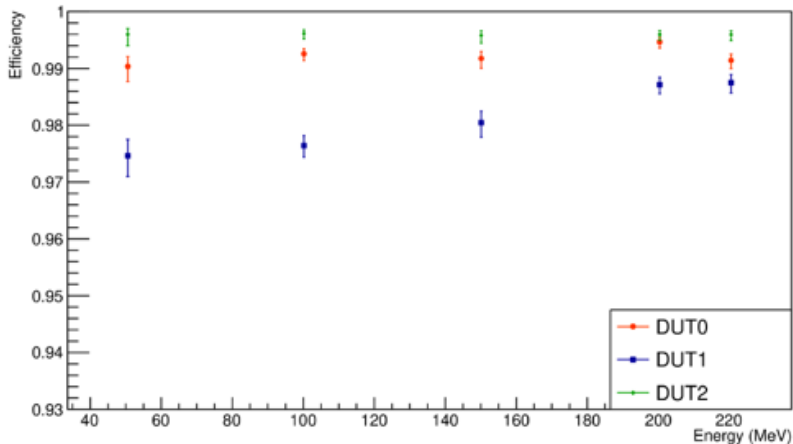
Picture from Utrecht University

Test of the ALPIDE at low energy



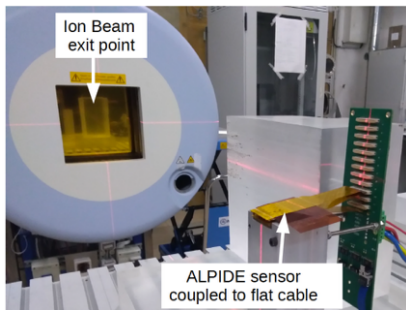
- Three ALPIDE chips with or without Al degrader
- Protons and He ions
- Energy 50 MeV/u – 220 MeV/u
- At the Heidelberger Ionenstrahl-Therapiezentrum (HIT)

Results of the test at low energy



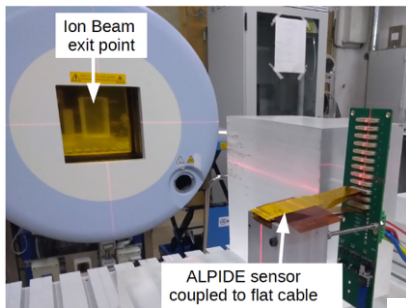
- Tracking efficiency measured in all three layers
- Above 97% for all energies and layers

Test of a rotated ALPIDE

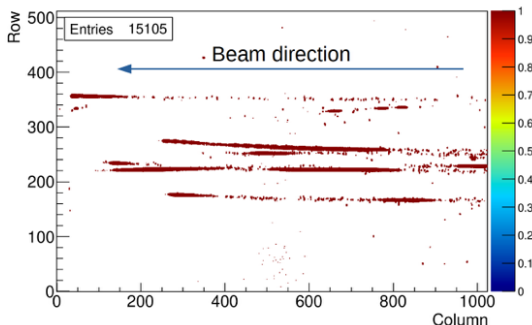


- ALPIDE irradiated from the side along its longer dimension

Test of a rotated ALPIDE



- ALPIDE irradiated from the side along its longer dimension
- Single tracks can be measured in one ALPIDE



- Hadron therapy → lower unnecessary dose for the patient
- Uncertainty in energy loss from extrapolation from CT
- pCT: powerful imaging tool to reduce the uncertainty
- Digital sampling calorimeter made of ALPIDE sensors
- First tests of the prototypes look promising

Thank you for your attention!

Collaboration:

- University of Bergen
- Helse Bergen
- Utrecht University
- DKFZ Heidelberg
- Wigner Budapest
- Western Norway University of Applied Sciences

BACKUP