Superconducting gantry for proton therapy and imaging

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Main components:

- Magnets (bending/focusing)
- Beam scanning system (downstream/upstream/combined)
- Beam instrumentation devices
- Vacuum and cooling systems
- Mechanical support system
- Drive mechanism

Typical proton gantry:

- Max. 250 MeV kinetic energy
- Isocentric (centre of min. sphere crossed by beam axis)
- Delivering beam to a supine patient on a rotating table
- 180/360 deg rotation capability
- Normal-conducting
- Occupies volume of 8m x 8m x 8m

Imaging prior to the treatment:

- MRI
- X-ray CT



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Conversion from HU to effective electron density: proton range uncertainty of up to 3.5%









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Proton CT:

- Proposed in 1963, not available in clinics yet
- Proton-tracking (detecting energy deposition and trajectories of individual particles)
- Proton-integrating (measuring integrated energy deposition)

Proton CT scan of head:

- 10⁸ protons (~0.2 pA) compared to 10¹¹ protons for a single treatment fraction
- 1.4 mGy radiological dose compared to 50 mGy for an X-ray CT









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Protons ranges in A-150 tissue equivalent plastic:

250 MeV: ~33.5 cm 330 MeV: ~53.1 cm





Cyclinac at the Christie Hospital





Proton Therapy Centre at the Christie Hospital in Manchester:

- Opened in 2018
- 80 patients treated
- 3 treatment rooms, 1 research room
- 254 MeV SC Varian cyclotron





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ProBE: Proton Boosting Extension for Imaging and Therapy:

- 250 MeV to 350 MeV
- Two 54 V/m S-band structures
- Less than 3 m long
- Before the research room
- Frequency mismatch between cyclotron/linac RF systems large beam losses (more than 90%)
- Beam losses not problematic for pCT (low beam currents)





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pCT gantry requirements:

- 2.84 Tm beam rigidity for 330 MeV (2.43 Tm for 250 MeV)
- Source-to-axis distance: min. 2 m
- Downstream pencil beam scanning system
- Occupying the space of a conventional treatment gantry







Advantages:

- Weight reduction (300t at NIRS vs 600t at HIT for carbon ions, 25t ProNova vs 200t PSI Gantry 2)
- **Size reduction** for carbon ion therapy / pCT (for protons mostly dictated by beam optics and SAD)
- Footprint and cost reduction
- **Lower power consumption** (in SC dipoles comes mainly from AC losses, but refrigeration power needed)
- Combined function magnets





Critical surface of NbTi (P. Ferracin, JUAS 2017) L Bottura, A practical fit for the critical surface of NbTi, 1999.







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Challenges:

- Strong magnetic fields (stray fields, max. 0.5 mT at isocentre)
- **Slower ramping** (high energy acceptance gantries such fixed field during treatment/imaging)
- Cryogenics in a rotating system (cryogen-free cryocoolers)
- **Quenches** (proton therapy facilities require high machine availability, typically more than 95%)



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Example in proton therapy: ProNova Solutions SC360

- 250 MeV protons
- Radius: more than 4 m, length: less than 5 m
- No considerable size reduction (235 m³ compared to 250 m³ Gantry 2 at PSI)
- Max. magnetic field 4 T in superconducting dipoles



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	Basic	gantry	, param	neters
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Length of dipole Type A	0.6 m
Integrated field over physical length (A)	3.0 T
Length of dipole Type B	0.66 m
Integrated field over physical length (B)	3.3 T
Maximum quadrupole coefficient	27 T/m
Gantry length	8 m
Gantry radius	4.5 m









pCT gantry:

- Double achromat design
- Local and global achromaticity
- Beam degrader and collimation system integration











Energy degrader



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Energy degrader









Energy degrader















Conductor layers are wound such that:

- Transverse field components sum
- Solenoidal field components cancel



Canted cosine theta magnet



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CCT cross section:

- Each conductor sits in its own channel;
- Channels separated by the ribs (transferring Lorentz forces to the spar)





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S. Caspi, A 16T Canted-Cosine-Theta (CCT) An option for the FCC, 2015

Advantages of a CCT magnet:

- No or little pre-stress required (no coil movement)
- Any harmonics or superposition of harmonics (combined-function)
- Lower number of components compared to i.e. sector magnet
- Lower cost



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Canted cosine theta magnet



Design parameters:

- Bore radius
- Physical length
- Magnetic field
- Rib thickness in the midplane
- Wire: material, dimensions, number of wires in the channel
- Number of layers
- Current density
- Skew angle















Dipole parameters

Tilt angle of the coil	31.8 deg
Length of the magnet	0.52 m
Midplane rib thickness	0.3 mm
Wire material	NbTi
Wire non-Cu/Cu ratio	0.51
Wire diameter	0.825 mm







ACTIVE SHIELDING

PASSIVE SHIELDING







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PASSIVE SHIELDING



ACTIVE SHIELDING











ACTIVE SHIELDING

Surface contours: B 4.210714E+0 3.500000E+0 2.500000E+0 1.500000E+0 1.00000E+0 5.00000E+1 3.690254E-3

PASSIVE SHIELDING

Passive shielding dipole parameters

Eng. current [A]	268 A
Peak field in the conductor	4.2 T
Number of wires	8x2
Yoke inner radius	74 mm
Yoke weight	270 kg
Total length of SC strand	1.14 km







ACTIVE SHIELDING



Active shielding dipole parameters

Eng. current [A]	283 A
Peak field in the conductor	5.0 T
Number of wires	11x2
Inner radius of the sh. coil	220 mm
Tilt angle of sh. coil	62.2 deg
Total length of SC strand	2.74 km

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Worse stray fields cancellation



More efficient stray fields shielding





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Summary

Conclusions:

- Compact gantry capable of transporting protons for therapy and imaging
- Superconducting NbTi CCT dipoles with passive shielding (iron yoke)
- Single block boron carbide energy degrader for higher particle transmission

Next steps:

- Energy degrader integration into the gantry
- Collimation system
- Lower dispersion larger energy acceptance of the system
- Quadrupole gradient incorporation to the final bending section dipoles



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This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 675265, OMA - Optimization of Medical Accelerators.

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Thank you!



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