



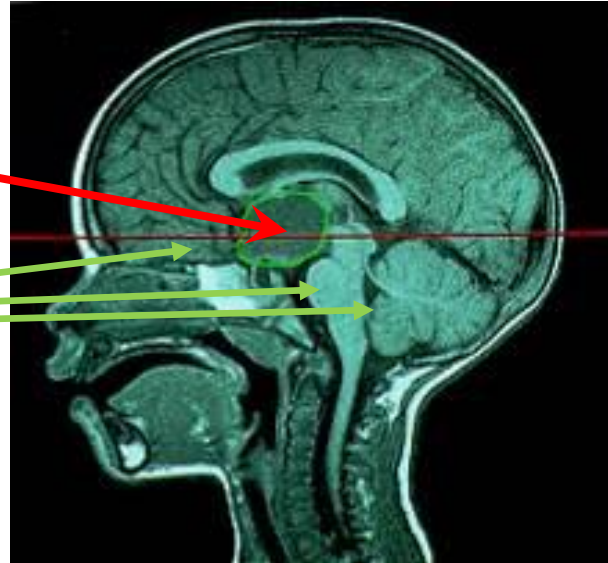
PART III:

Particle therapy of cancer

The HOLY GRAIL of Radiation Therapy

Ideal Situation

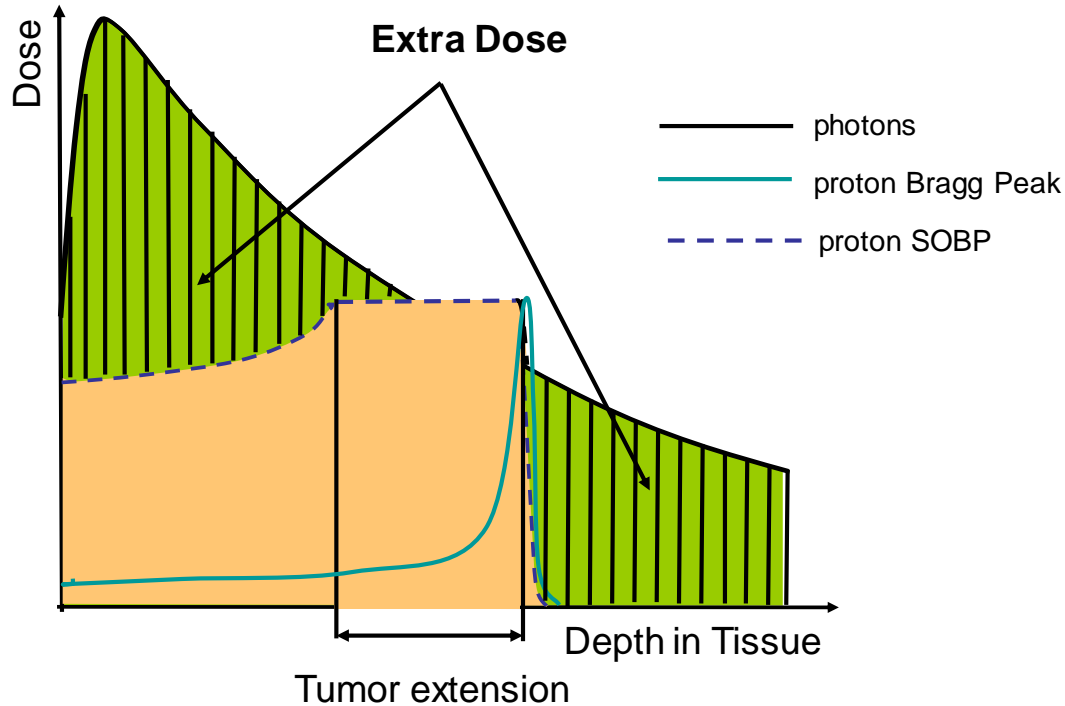
Provide a lethal dose to
the tumor
and
Spare perfectly the
surrounding healthy
tissue



In Practice

Deposit the radiation dose more precisely in the target volume
with less dose in the surrounding healthy tissues.

Photon-Proton dose distribution comparison



The spread out Bragg peak (SOBP)

- Position of the Bragg peak depends on beam energy
- Incomming energy modulation \Rightarrow SOBP
- No dose downstream and low dose upstream of tumor
- Up to 50% reduced risk of radiation induced secondary cancer
- Drastically lower risk of adverse effects (treatment toxicity, side effects, growth abnormality) – better quality of life

Main requirements for a proton therapy system

1. Ability to reach the tumor

- Range in patient: up to 32 g/cm²
- Range modulation: up to full range, with steps of 0.5 g/cm²
- Field size: up to 30 x 40 cm

2. Ability to reach the from any selected direction

- Isocentric Gantry
- Precise, robotic patient positioner

3. Ability to verify and control the dose deposition using IC's

4. Ability to reach the tumor accurately

- Penumbra: maximum 2 mm at skin
- Distal dose falloff: maximum 1 mm above physical limit
- Patient positioner accuracy and reproducibility: 0.5 mm for small displacements
- Gantry accuracy and reproducibility: 1 mm radius circle of confusion
- Patient alignment methods: lasers, light fields, X-rays

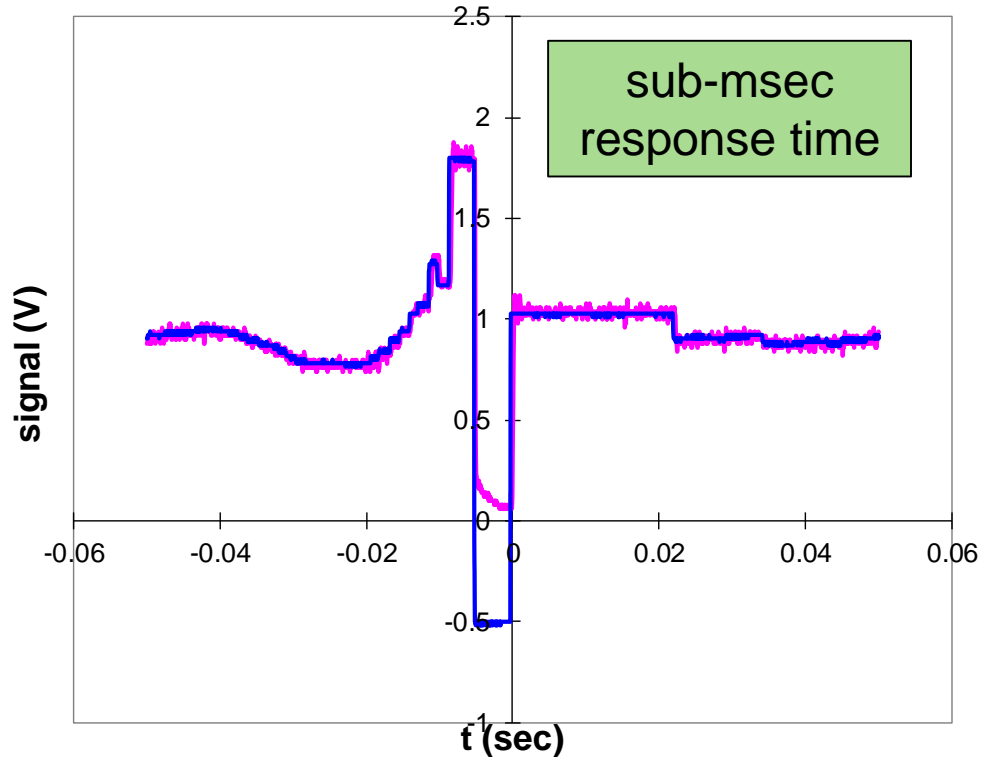
Accelerator parameters driving technology choice

- Energy: defines the range in the patient (230 MeV enough)
- Energy definition: defines the range accuracy and the distal falloff
- Beam current: defines the dose rate (10^{11} p/sec enough (10 nA))
- Beam current stability and noise: defines ability to use wobbling and scanning
- Accurate and fast beam intensity control: needed for conformal therapy

Cyclotrons for Proton & Carbon therapy?

- In 1991, when IBA entered in PT, the consensus was that the best accelerator for PT was a synchrotron
- IBA introduced a very effective cyclotron design, and today the majority of PT centers use the cyclotron technology (Not only IBA but also Varian, Mevion, SHI)
- Over the last 25 years, users came to appreciate the advantages of cyclotrons:
 - Simplicity & reliability
 - Intense, continuous (non pulsed) beam current
 - Lowest cost and size
 - But, most importantly, the ability to modulate rapidly and accurately the proton beam current

Real oscilloscope measured signals



Modulation signal

Beam current

Why is fast current modulation important?

- A big issue with scanned beam is the motion of the target during irradiation
- If you cannot control accurately and rapidly the current ,or if the beam is slowly pulsed, your only choice is step-and-shoot (spot scanning)
- Assuming a 10 mm (FWHM) beam spot size, a 50% overlap and a 20 Hz pulse rate, the maximum scanning speed will be 0.2 m/sec
- With this speed, for a large size tumor, repainting many time each layer is not really an option
- In contrast, with a cyclotron you can scan at 20 m/sec and rescan many times each layer

Change of energy?

- Cyclotrons are simpler at fixed energy
- Energy change by graphite degrader at waist after cyclotron exit, followed by divergence slits and energy analyzer
- This very effectively decouples the accelerator from the patient
- Fragmentation products are effectively eliminated in slits and ESS
- Yes, neutrons are produced, but ESS is well shielded and the average beam currents are very low > little activation
- How fast? 5 mm step in energy in 100 msec. Respiration cycle is 2...4 seconds => 100 msec is fine

Accelerators for proton therapy: two alternatives

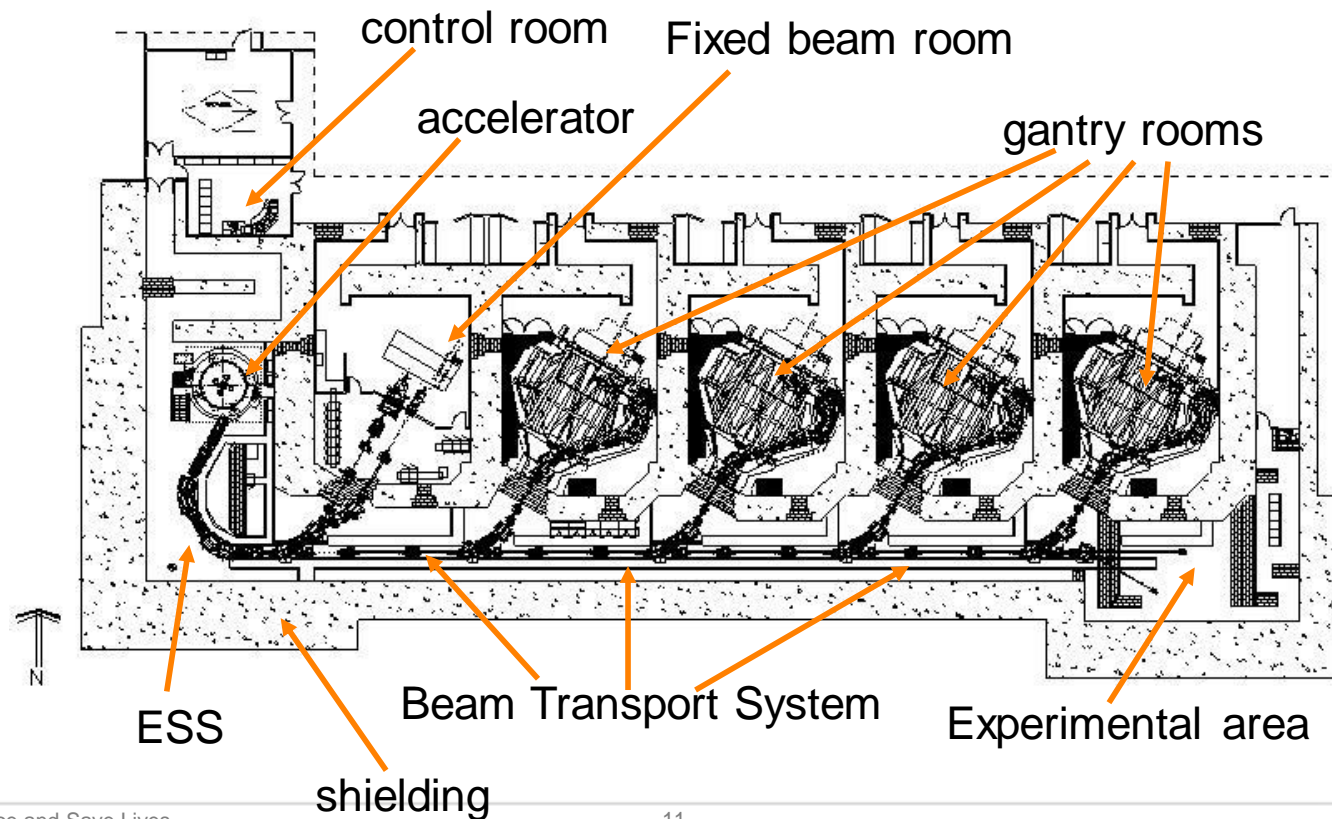
Small synchrotron

- + *Advantages*
 - + Naturally variable energy
- *Disadvantages*
 - Current limited if low energy injection
 - Beam current stability & low noise is difficult on small synchrotrons
 - Fast and accurate beam current control difficult to achieve
 - More complex with negative impact on availability

Compact cyclotron

- + *Advantages*
 - + No physical current limitation
 - + Beam current stability & noise specifications currently achieved on small cyclotrons
 - + Fast and accurate beam current control over 1000/1 range easy to achieve
 - + Low complexity, resulting in highest availability
- *Disadvantages*
 - Variable energy requires external Energy Selection System

Typical Proton Therapy Facility Layout



Main Sub-systems of a cyclotron based PT facility

- 230 MeV isochronous cyclotron
- Energy Selection System (ESS)
- Beam Transport and Switching System
- Isocentric Gantries (typically 3) and one Fixed Beam Line
- Nozzles for matching the beam wrt the required treatment (scattering, wobbling or scanning, diagnostics)
- Robotic Patient Positioners
- Software Control and Safety System

The 230 Mev Cyclotron at MGH/NPTC in Boston



Protons only

Fixed energy

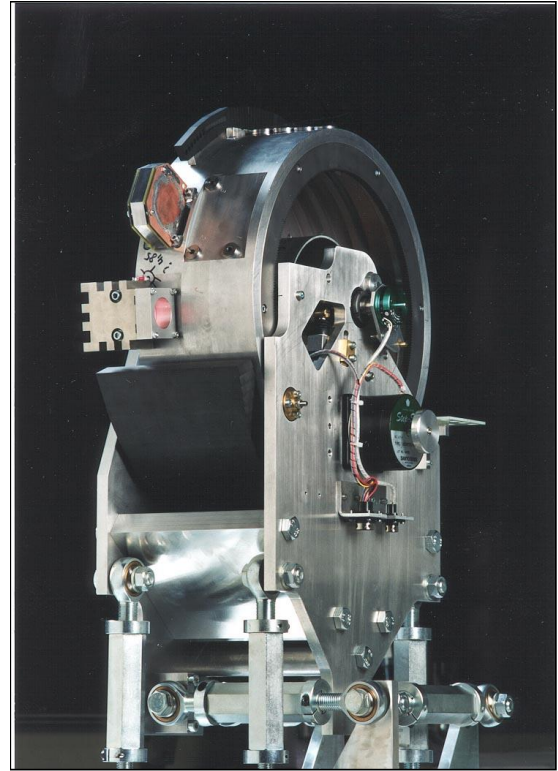
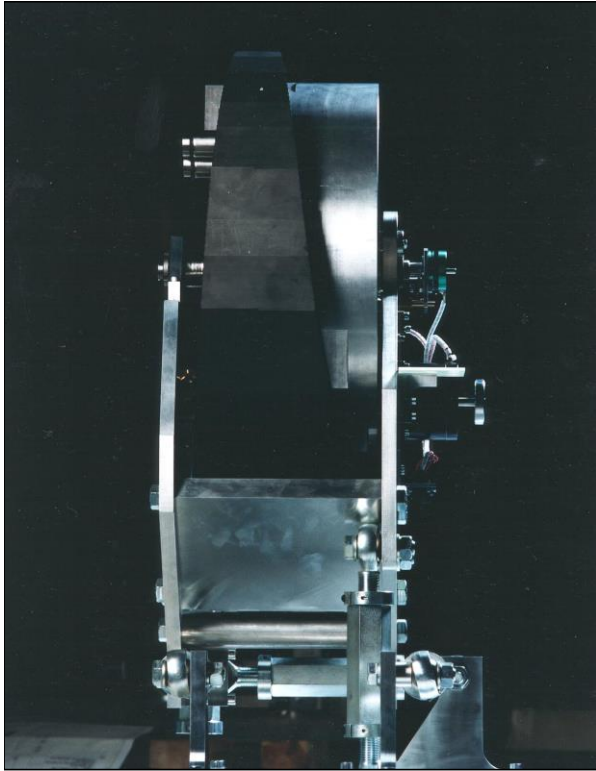
200 tons

$\varnothing = 4.7 \text{ m}$

The Energy Selection System

- Graphite or Beryllium wedge is used for coarse energy definition
- Emittance slits are used to define the emittance of the transmitted beam
- Analyzing magnet system defines accurately the range at nozzle entrance
- Laminated magnets and quads allow 10% energy change in 2 seconds

The carbon wedge degrader



IBA PT subsystems : the beam transport lines.

The energy selection system. WPE, Essen, 2010.



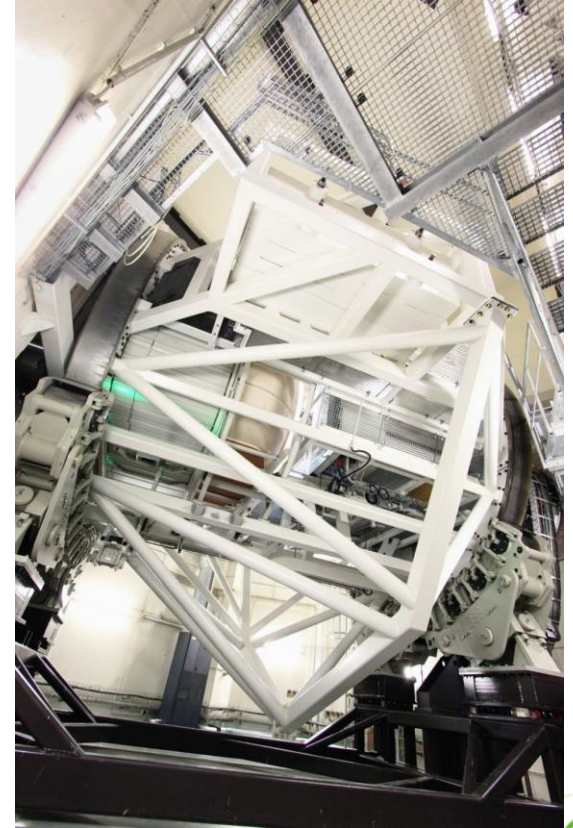
The Beam Transport and Switching System



The isocentric gantry => about 10 m high



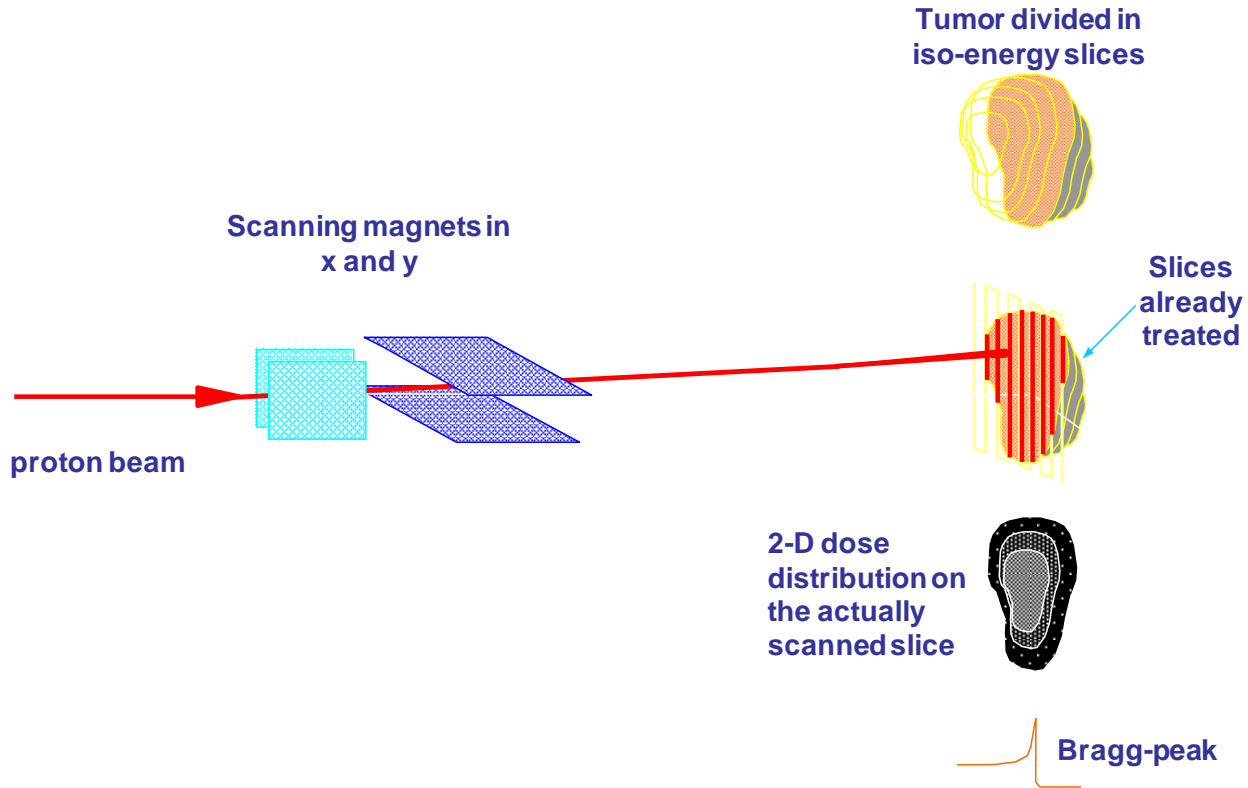
Good alignment is of crucial importance



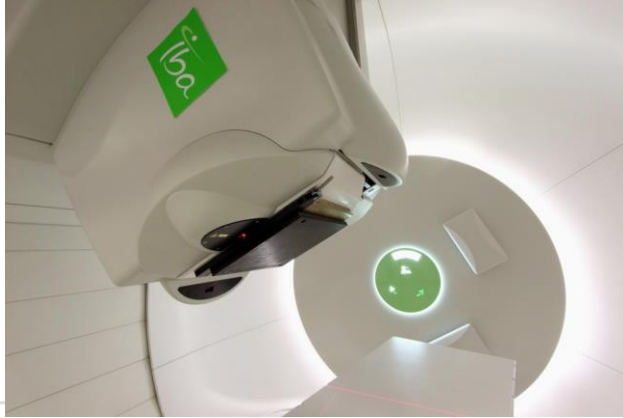
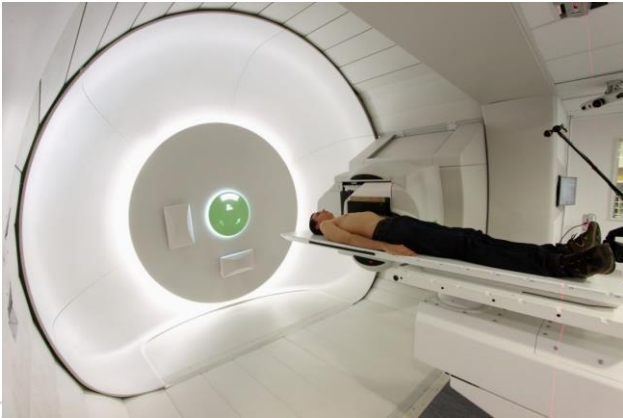
The purpose of the nozzle

- to spread the proton beam to obtain a uniform dose distribution in a large volume
 - Double scattering for small to moderate fields
 - Wobbling for the largest and deepest fields
 - Pencil Beam Scanning for the most precise conformal mapping
- Modulate the proton energy (range in patient)
- to measure accurately the dose delivered to the patient
- Provide alignment of the patient with the proton field

IMPT: Pencil Beam Scanning principle



A patient friendly treatment room is important



A Proton Therapy Facility is like a small Hospital

- A proton therapy system is much more than only an accelerator
- It is a complex, multi-room system, filling a hospital building.
- The total investment is around 100 M€, of which 45 M€ for the equipment
- Many people (doctors, therapists, physicists, nurses) work daily in a PT facility
- A PT facility can treat 1500 patients/year and generate revenues in the order of 30 M€/year!

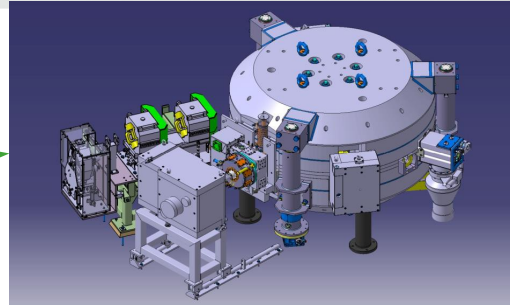
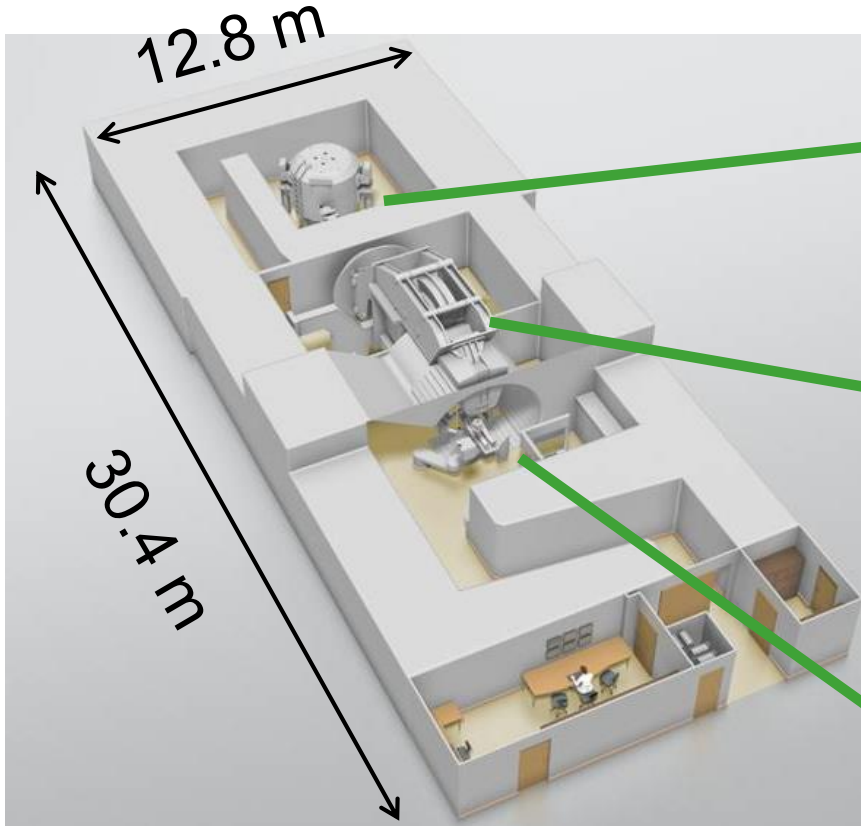
The UPHS Particle Therapy Centre, Philadelphia



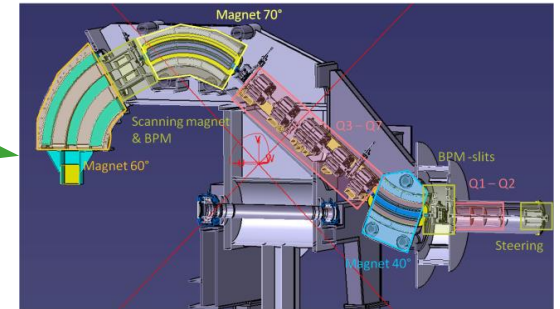
- One of the largest Particle Therapy centre to date!
- 4 Gantry Rooms
- 1 Fixed Beam Room
- 1 Experimental Room
- Beam since July 2008

The IBA Single Room Proton Therapy Solution: ProteusONE®

High quality PBS cancer treatment: compact and affordable



Synchrotron with superconducting coil: S2C2



New Compact Gantry for pencil beam scanning



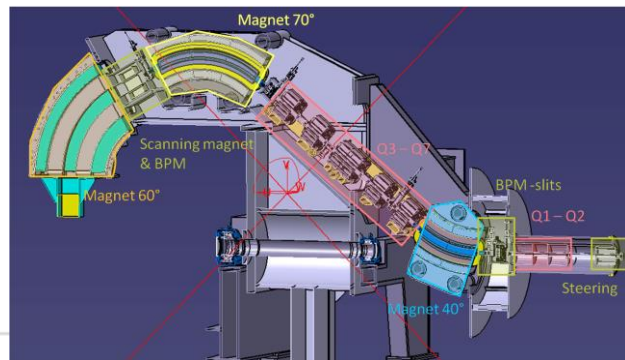
Patient treatment room



The new compact gantry for pencil beam scanning

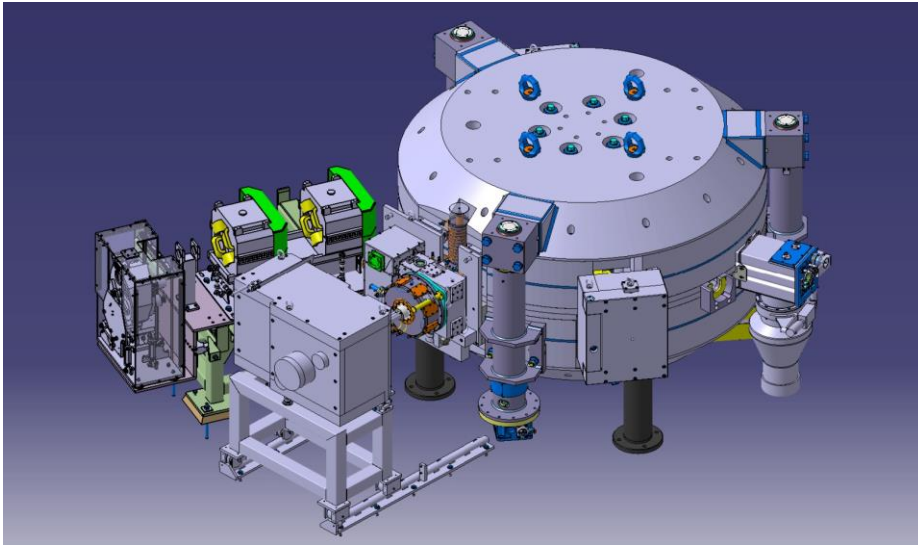
Design aimed at reducing footprint and cost

- Scanning magnets are placed upstream of the last bending magnet
- ESS integrated in the 45 deg inclined part
- Rotation angle 220° => more compact treatment room
- Transport and installation in one part
- The prototype is installed in Shreveport where patients are treated since September 2014



S2C2 overview

General system layout and parameters

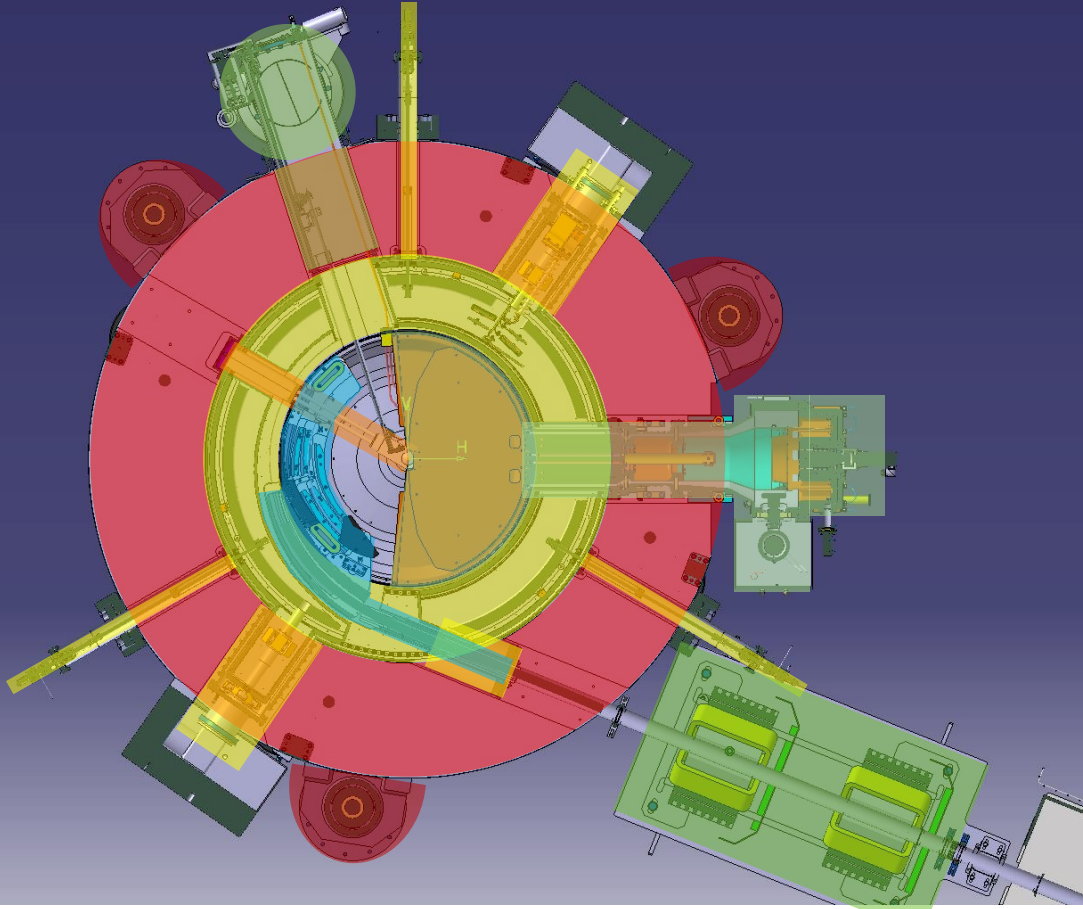


- An invited talk on this project was presented at the 2013 cyclotron conference in Vancouver
- Several contributions can be found on the ECPM2012-website

| | |
|--|---|
| Maximum Energy | 230/250 MeV |
| Size yoke/pole radius weight | 1.25 m/0.50 m 50 tons |
| Coil ramp up rate / time windings/coil stored energy | NbTi - wire in channel 2-3A/min / 4 hours 3145 12 MJ |
| Magnetic field central/extraction | 5.7 T/5.0 T |
| Cryo cooling initial cooldown recovery after quench | conductive 4 cryocoolers 1.5 W 12 days less than 1 day |
| Beam pulse rate/length | 1000 Hz/7 μ sec |
| RF system frequency voltage | self-oscillating 93-63 MHz 10 kV |
| Extraction | Passive regenerative |
| Ion source | PIG cold cathode |
| Central region | removable module |

S2C2 overview

Main subsystems



Magnet return yoke

Cryostat with coil

RF system

Ion source+central region

Extraction system

Vacuum system

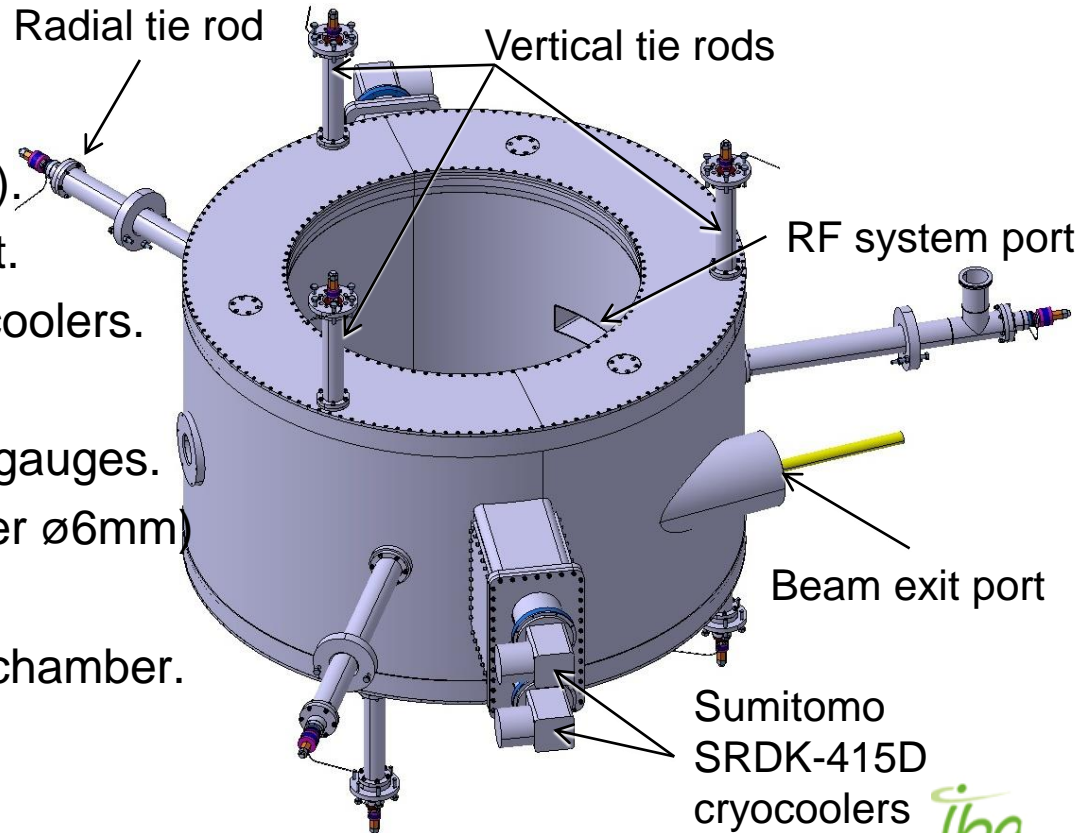
Yoke lifting system

Extracted beam line

Superconducting coil

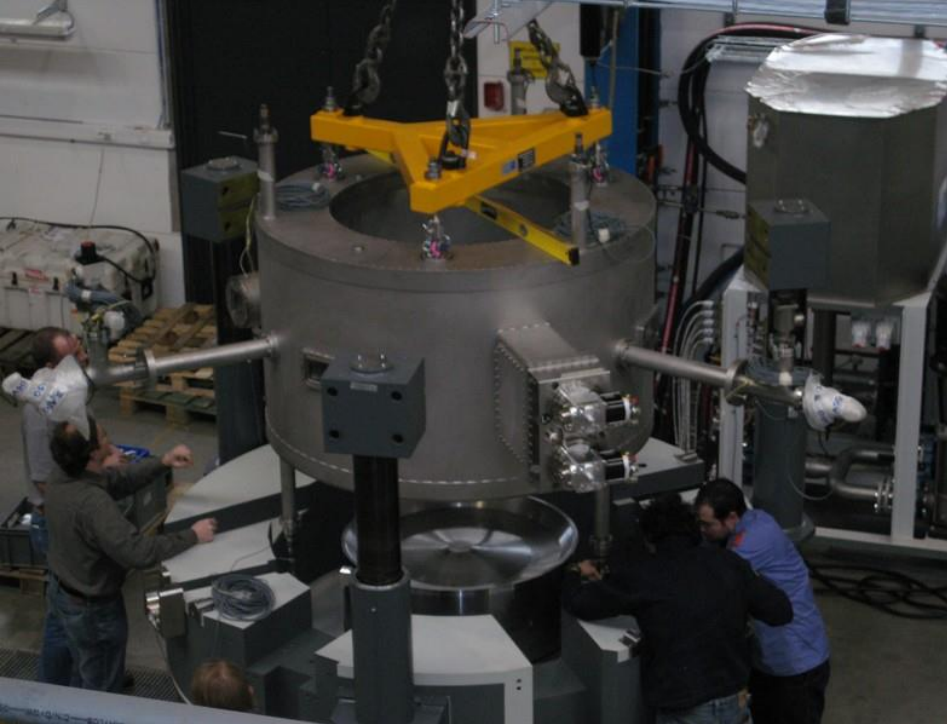
Designed and manufactured by ASG (Genoa, Italy)

- NbTi wire in channel coil.
- Suspended cold mass: 3tons.
- Nominal current: 650A (56 A/mm²).
- Nominal ampere-turns: $4.3 \times 10^{+6} \text{At}$.
- Conduction cooled by 4 SHI cryocoolers.
- Overall weight: 4tons.
- 9 Inconel tension rods with strain gauges.
(radial $\varnothing 14\text{mm}$; upper $\varnothing 8\text{mm}$; lower $\varnothing 6\text{mm}$)
- Cryostat is the cyclotron vacuum chamber.



Superconducting coil

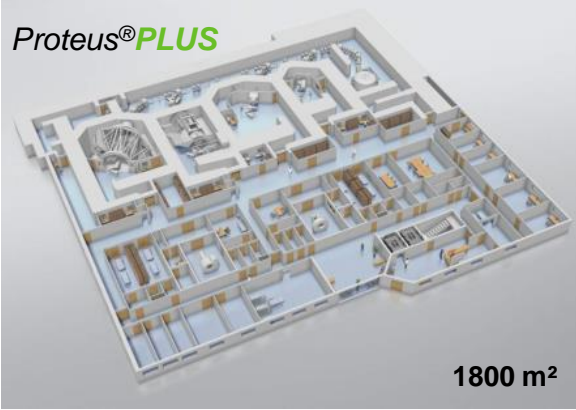
Installation of the cryostat in the yoke



Typical proton therapy systems

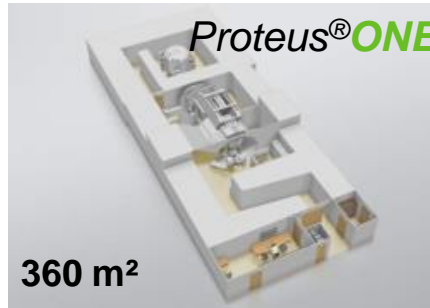
IBA

Proteus[®]PLUS



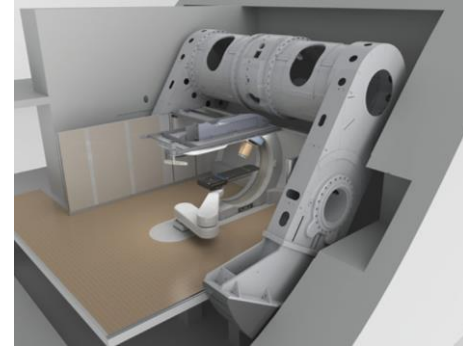
1800 m²

Proteus[®]ONE



360 m²

Mevion

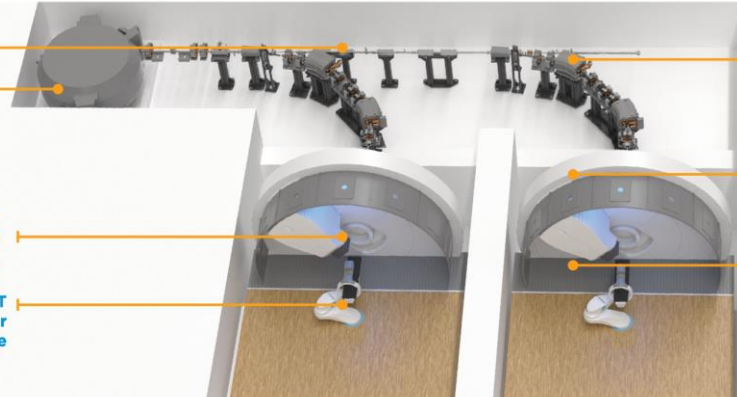


Permanent Magnet
Constant Energy

High Current
Continuous Beam
Cyclotron

PBS with Variable Spot
Size App's & Comp's 0.5
sec Layer Change

Dual Energy CBCT
Integrated with Positioner
5 RPM, Spiral Capable



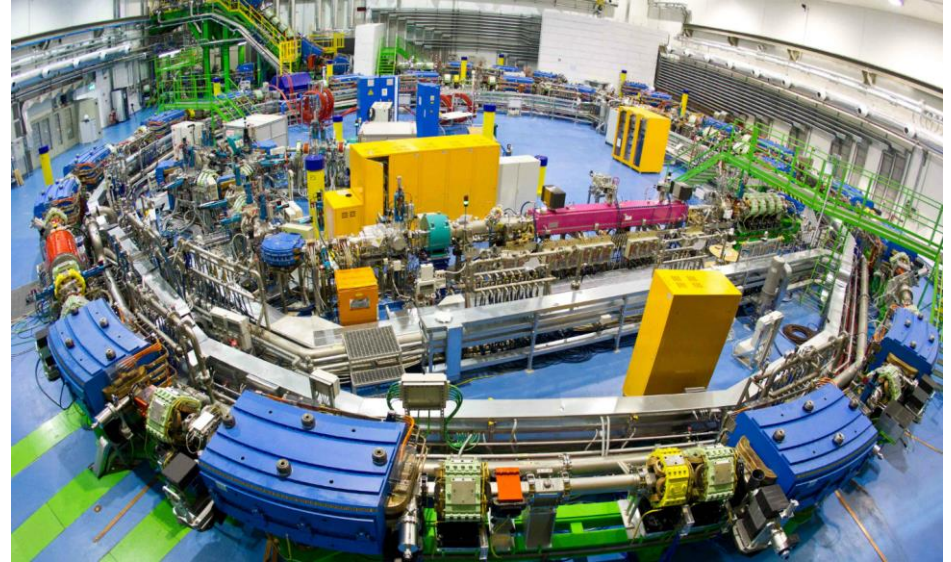
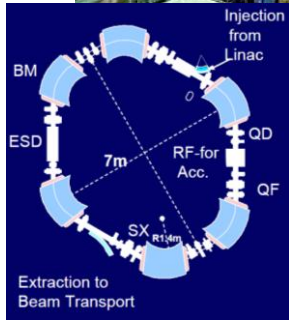
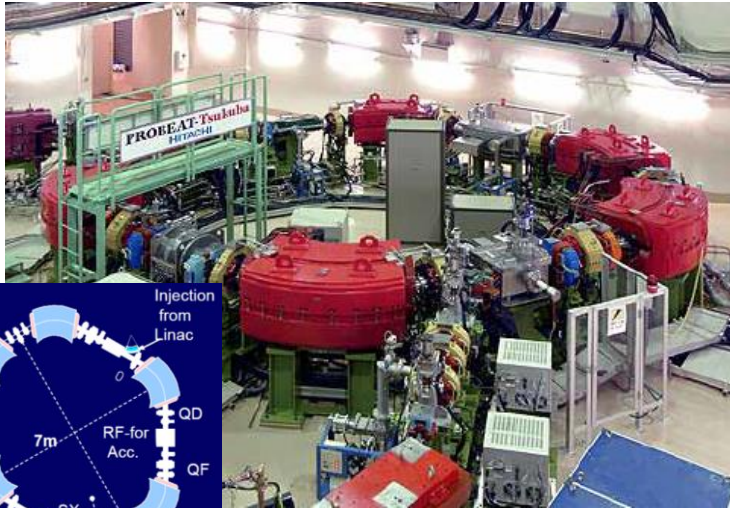
Dual Energy
Selection Systems
< 1 sec Room
Switching

360°
Superconducting
Gantry

Auxiliary Positioner
Calibration PET at
Isocenter

Pronova

Synchrotrons



Hitachi

- 70-250 MeV protons
- Slow cycle
- 7 m Diameter

“PIMMS” (CERN) design

- Up to Carbon
- 25 m Diameter
- Rep. rate: 5 Hz
- Installed @CNAO, MedAustron

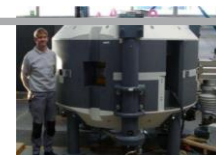
Trend: more compact



Protom

- Up to 330 MeV protons
- 5 m Diameter, ~16 tons
- Installed @MGH; recently first patient

Cyclotrons in PT – commercial models



IBA C230

- 230 MeV protons
- 4.3 m Diameter
- CW beam
- Normal conducting
- Magnet: 200 kW
- RF: 60 kW

Varian-Accel Probeam

- 250 MeV protons
- 3.1 m Diameter
- CW beam
- Superconducting (NbTi)
- Magnet: 40 kW
- RF: 115 kW

Mevion SC250

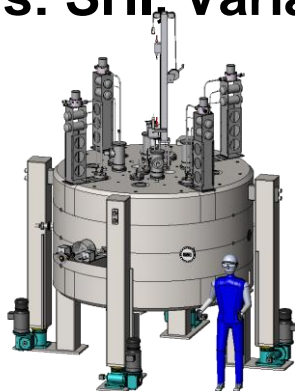
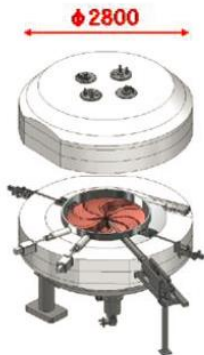
- 250 MeV protons
- ~1.5 m Diameter (shield)
- Superconducting (Nb₃Sn)

IBA S2C2

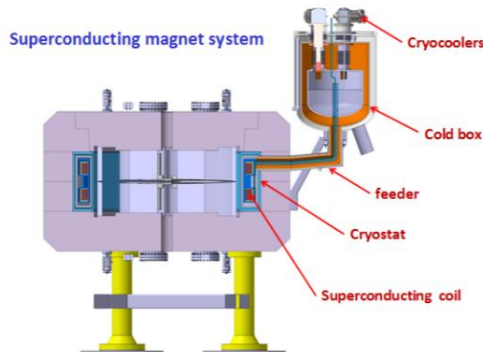
- MeV protons
- 2.2 m Diameter
- Rep. rate: 1 kHz
- Superconducting (NbTi)
- RF: 11 kW

Proton cyclotrons - Ongoing developments

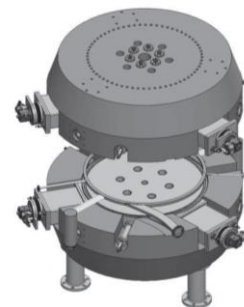
■ 1. Isochronous: SHI, Varian/Antaya, Pronova/Ionetix, Heifei/JINR



Derenchuck - NAPAC 2016



Karamysheva - THP20 cyclotrons 2016



Antaya – CAS 2015

SHI

- 230 MeV protons
- 2.8 m Diameter
- CW beam
- Superconducting (NbTi)
- 55 tons
- 4 T (extr.)

Pronova/Ionetix

- 250 MeV protons
- 2.8 m Diameter
- CW beam
- Superconducting (Nb₃Sn)
- 60 tons
- 3.7 T (extr.)

Heifei/JINR

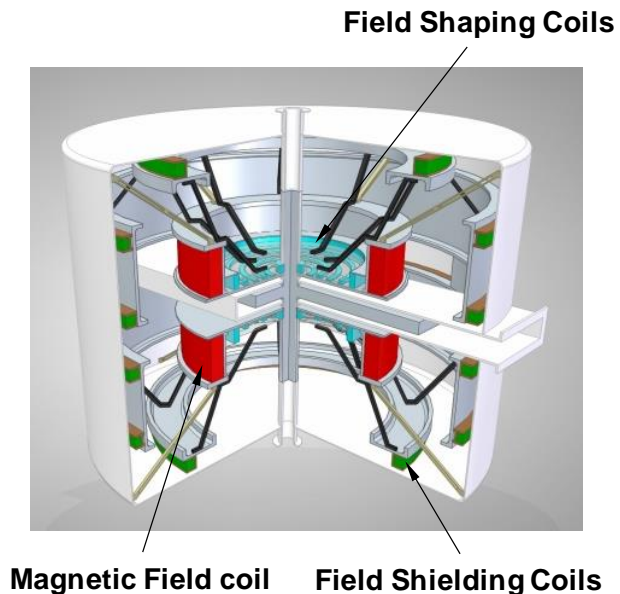
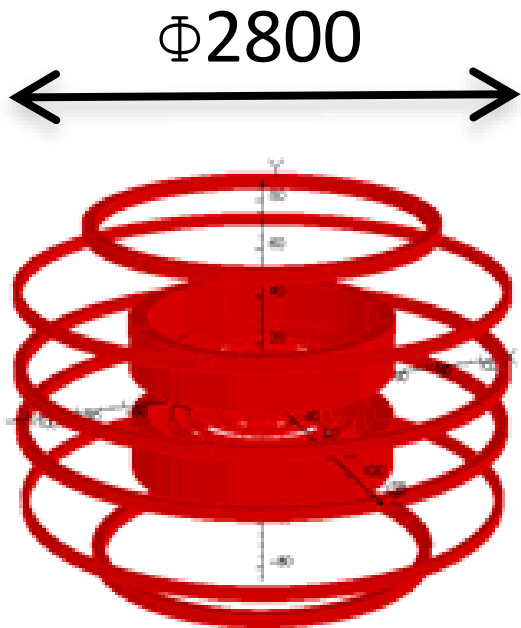
- 200 MeV protons
- 2.2 m Diameter
- CW beam
- Superconducting
- 30 tons
- 3.6 T (extr.)

Varian/Antaya

- 230 MeV protons
- 2.2 m Diameter
- CW beam
- Superconducting (Nb₃Sn)
- 30 tons+
- 5.5 T (extr.)
- “Flutter” coils

Proton cyclotrons - Ongoing developments

■ 2. Synchrocyclotrons: MIT ironless



- 250 MeV protons
- (2.4-)-2.8 m Diameter
- Pulsed beam
- Superconducting (Nb_3Sn)
- 4 tons
- T (extr.)
- Cost?
- Variable-energy possible

Accelerators in PT

- **(rough) requirements**

- Max. energy: 230 (250 MeV) protons – 400 MeV/u carbon ions
- Min energy: ~70 MeV protons
- At least 2 Gy/l/min => a few nA average beam current at nozzle level
- Fast beam intensity modulation
- Minimum footprint
- Minimum energy consumption

- Potential (far) future developments:
 - Linacs
 - Wakefield accelerators
 - Cyclinacs

Trend: variable-energy

- **Currently available on the market**

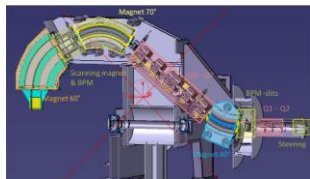
- Synchrotrons
 - Beam accelerated on a single path, magnetic field is ramped
=>Variable energy, pulsed beam, multiple-stage
- Cyclotrons and synchro-cyclotrons
 - Acceleration on a spiral path, fixed magnetic field
=> Usually fixed energy, CW or pulsed (high rep. rate), single stage

Major components (IBA ProteusONE)

Compact super-conducting accelerator for producing the energetic proton beam

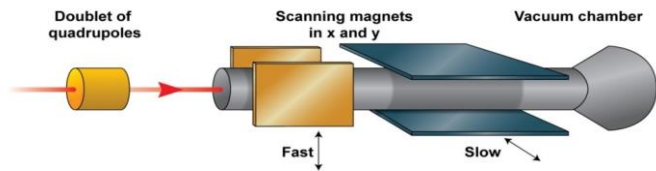


A rotating gantry to set the beam at the right angle

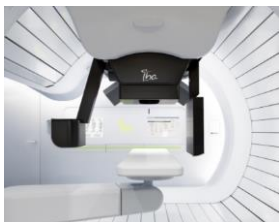


Intensity-modulated proton therapy (IMPT) : the most precise form of treatments

Tumore divided in iso-energy slices



Stereoscopic imaging and CBCT at isocentre: accurate patient setup, quality images for adaptive treatments



Efficient software integration, enabling easy & flexible workflows

