

### **Accelerator Science** and Particle Therapy

Alexander Gerbershagen

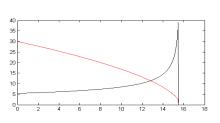
On behalf of CERN BE-EA-LE



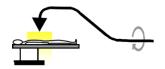


#### Content

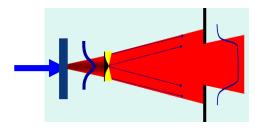
Introduction: Hadron therapy



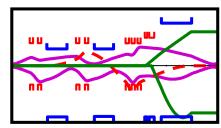
Possible facility and gantry layouts



Dose delivery techniques



Beam optics properties

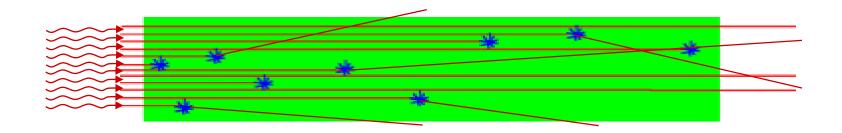




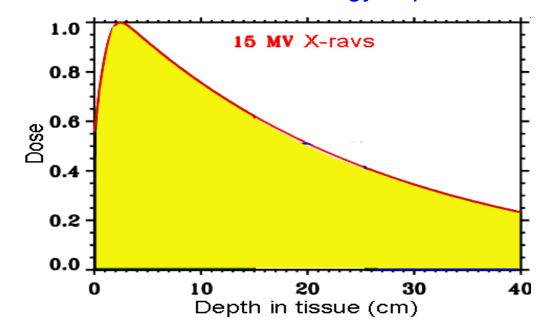
# Introduction: Hadron therapy



### Photon (X-ray) dose

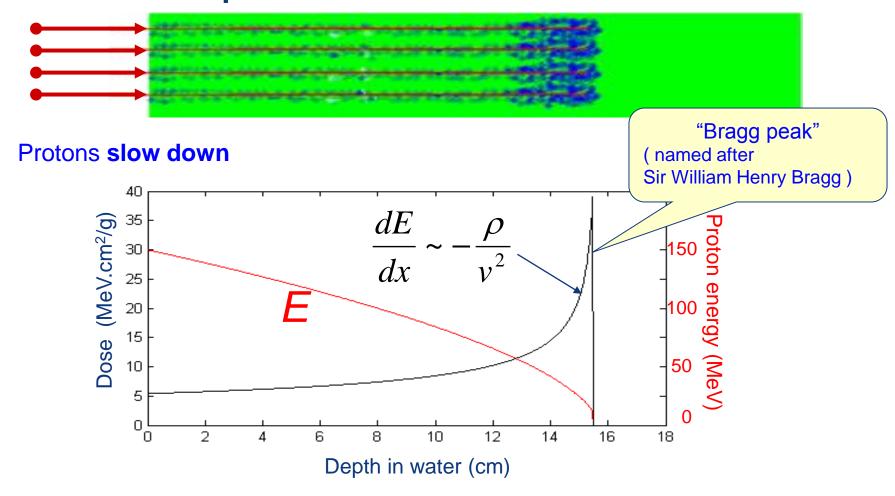


X-rays **scatter** and are **absorbed >** energy deposition in "dots"





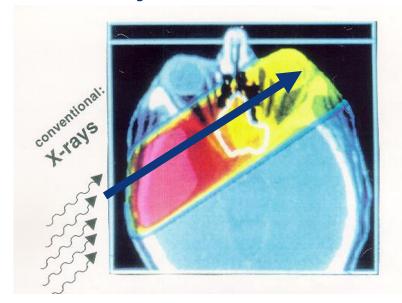
#### Proton depth-dose curve

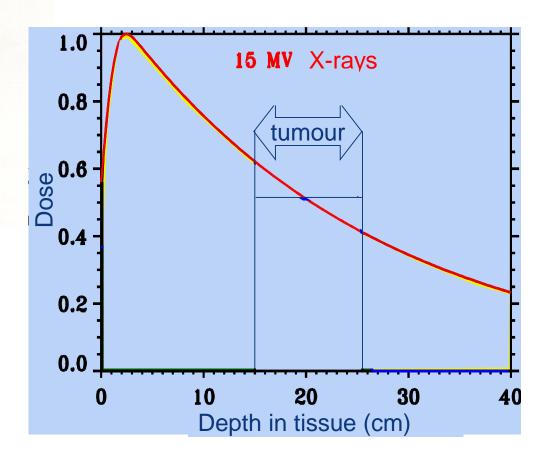


⇒ Energy ⇒ Penetration depth Range in water (cm)  $\approx E^{1.77}$  (in MeV) / 450 Range scales with 1/density:  $1/\rho$ 



### X-rays vs. Protons

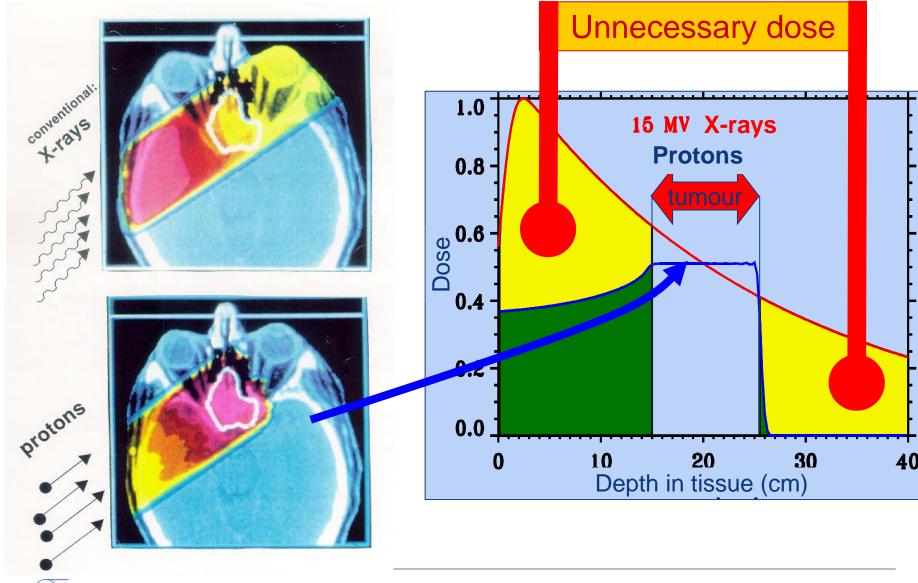






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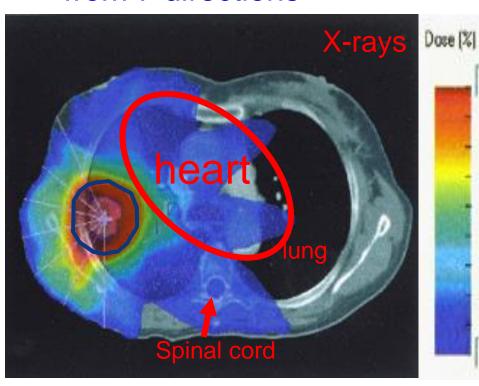
### X-rays vs. Protons



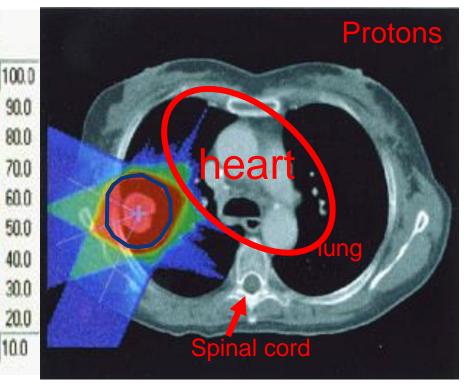


### X-rays vs. Protons

X-ray beams (IMRT) from 7 directions



Proton beams from 3 directions



pictures: Medaustron



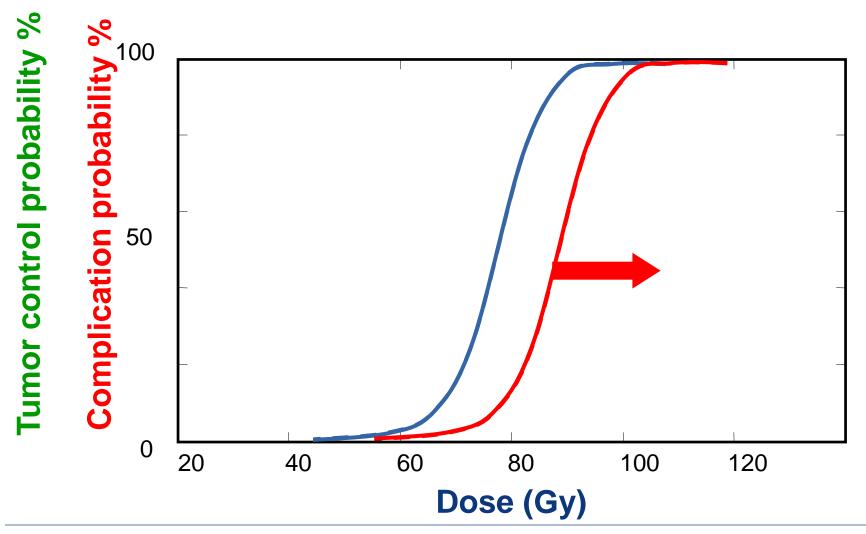
100

### Cure versus Complications

**%** 100 Tumor control probability % **Complication probability** 50 20 40 60 80 100 120 Dose (Gy)

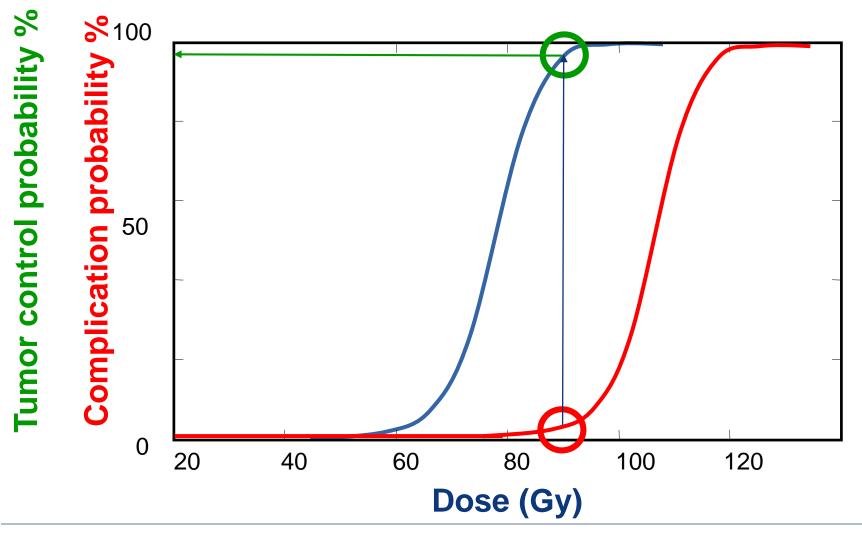


#### Protons irradiate less normal tissue





#### Cure versus Complications



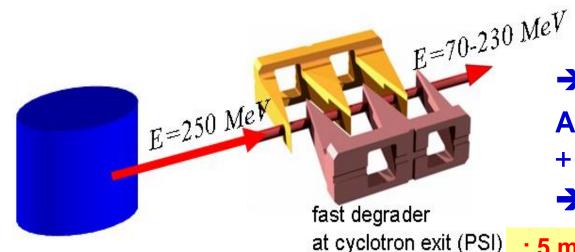


# Possible facility and gantry layouts



#### Cyclotron driven facilities

Cyclotron has fixed energy => slow down (degrade) to desired energy

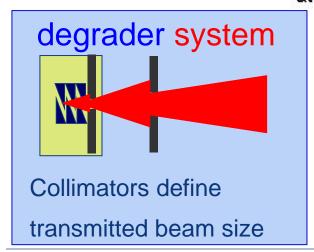


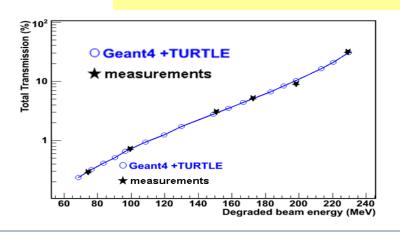
Sets range

And, if fast enough

- + fast magnets:
- also energy modulation

: 5 mm ∆Range in 50 ms



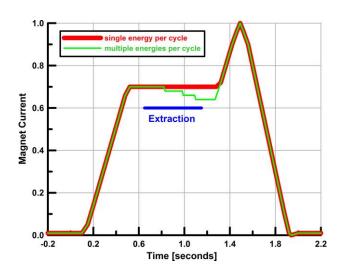


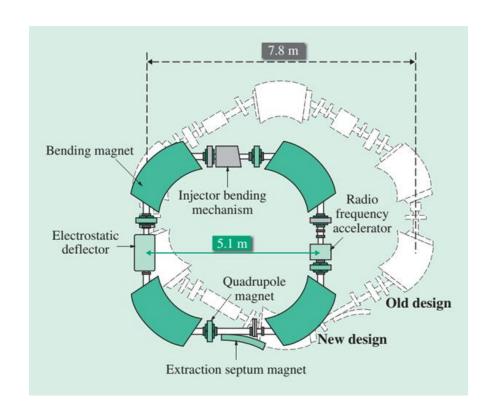
Van Goethem et al., Phys. Med. Biol. 54 (2009)5831



### Synchrotrons

- Asymmetric emittance
  - Cause: Extraction in one plane
- Single turn vs multi-turn extraction





Sources: Hitachi, Loma Linda University Medical Center

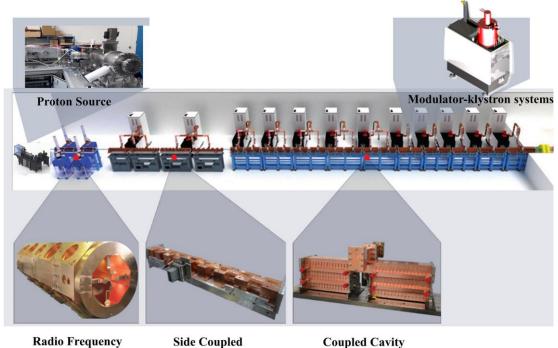


#### Linacs

 Fast energy switching (milliseconds)

 Very low beam emittance (~1 mm mrad)

 Lower average current than cyclotrons



Source: AVO/ADAM SA

Linac (CCL)



**Drift Tube Linac** 

(SCDTL)

Quadrupole

(RFQ)

#### Gantry types and topologies

#### Patient Isocentric

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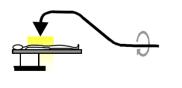
- Patient is positioned centrally (isocentre) and is not moved, providing direct and uncomplicated access at any time
- Beam delivery system rotates around the patient

#### **Patient Eccentric**

- Patient is moved on a circular path around the central axis of the gantry
- ☐ Separate access systems necessary

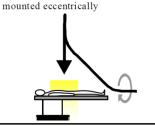
#### Conventional Gantry

- Very long structure (>12 m)
- Between 180° and 270° bending of which 135° 180° are mounted eccentrically



#### Corkscrew-Ganty

☐ Comparatively short
☐ 360° bending, of which the last 270° are



#### "Riesenrad-Gantry"

- ☐ Patient eccentric, ion beam central
- Only one 90° bending magnet, which is mounted on the axis



#### Patient & beam eccentric

- Patient and magnets rotate around the central axis
- ☐ Smallest possible diameter of gantry



#### Wheel-Gantry

- Outside bearings
- ☐ Extreme stiff and light wheel-structure possible
- ☐ Patient enclosure is not structural, allowing for a full 360° rotation



#### Cabin-Gantry

- Supported on a central axis
- ☐ Patient enclosure is structural ("cabin"), allowing only for ~180° rotation
- Compact size possible (only half a wheel)

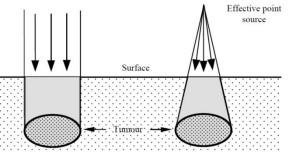




### Upstream versus downstream scanning

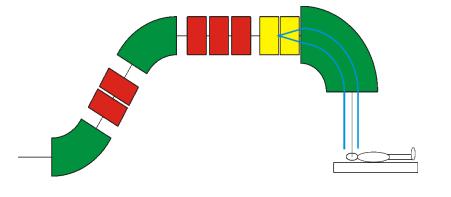
- Upstream scanning
- Parallel beam
- Infinite source-to-axis distance (SAD)
- Reduced skin dose
- Large aperture last bend
  - Heavier
  - Higher costs (magnet, mechanical support)
- Easy to implement movable nozzle to reduce air gap (monitors, passive elements)

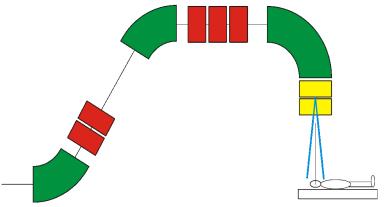
- Downstream scanning
- Divergent beam
- Finite source-to-axis distance (SAD)
- Larger skin dose
- Large fields possible with large SAD (increase diameter)
- Larger diameter → larger room (costs)



Also possible: Combination of

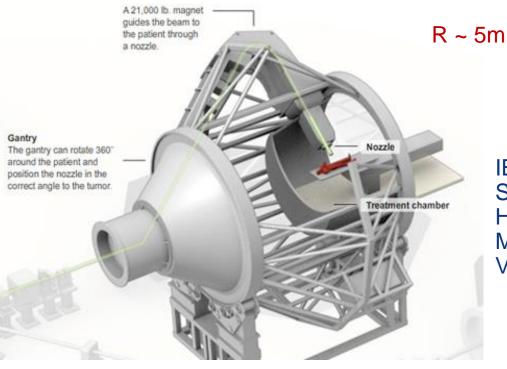
- 1 sweeper upstream
- 1 sweeper downstream







#### Conical gantry - Commercial standard layout



IBA Sumitomo Hitachi Mitsubishi Varian

First commercial scanning-gantry of Varian in Munich

Beam scanning downstream of the last bend

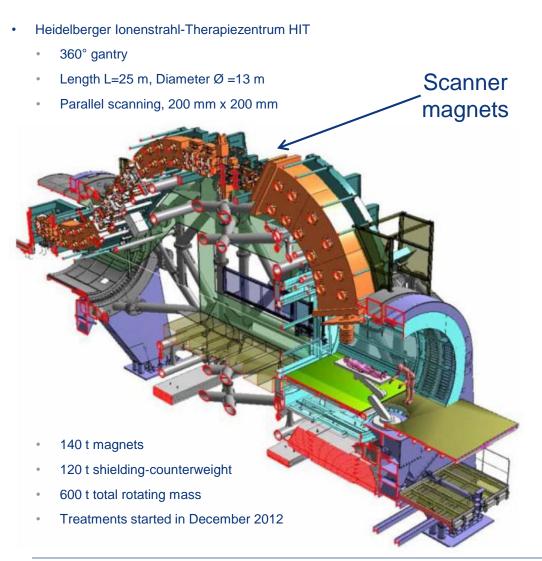
#### Munich



- 135°bending magnet
  - Shorter length but larger radius
  - Cylindrical treatment cell
- Initially only for passive scattering
- Lately also for scanning



### First gantry for heavy ion therapy at HIT







### Small cyclotron on a gantry

#### H. Blosser, NSCL (~1990):

cyclotron for neutron therapy; 30 MeV protons, mounted on a gantry Used in Harper Hospital, Detroit

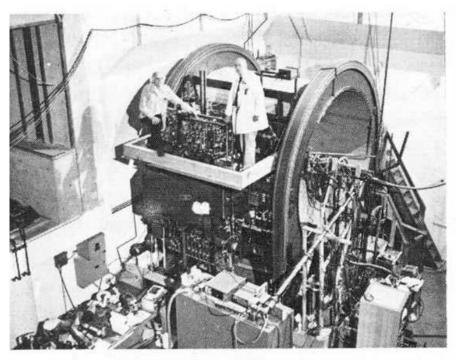
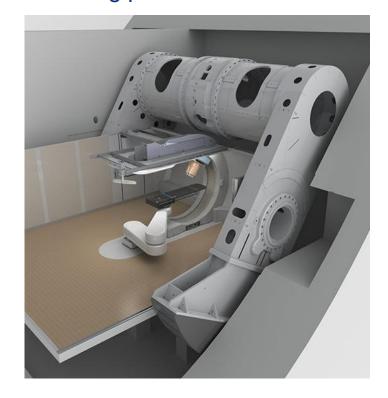


Fig. 2 Photo of the superconducting medical cyclotron on its gantry. Dr. William Powers and



For proton therapy 70-230 MeV Treating patients since 2013

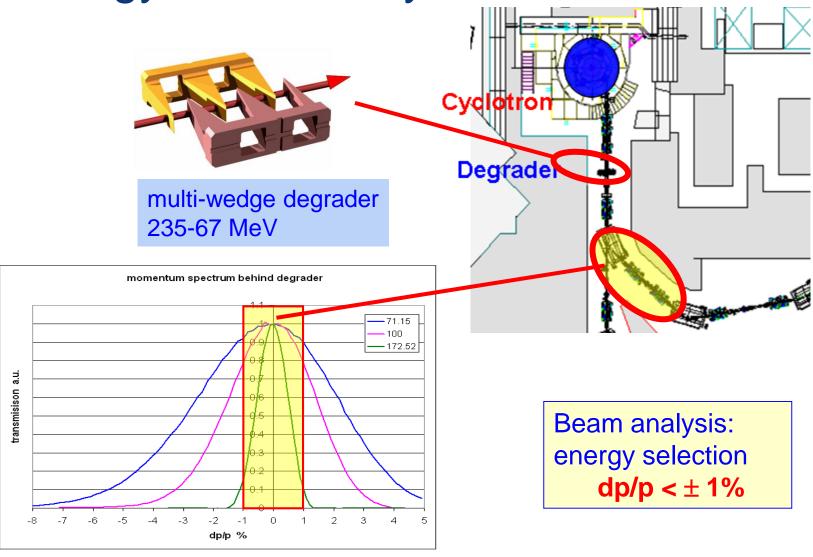




# Dose delivery techniques

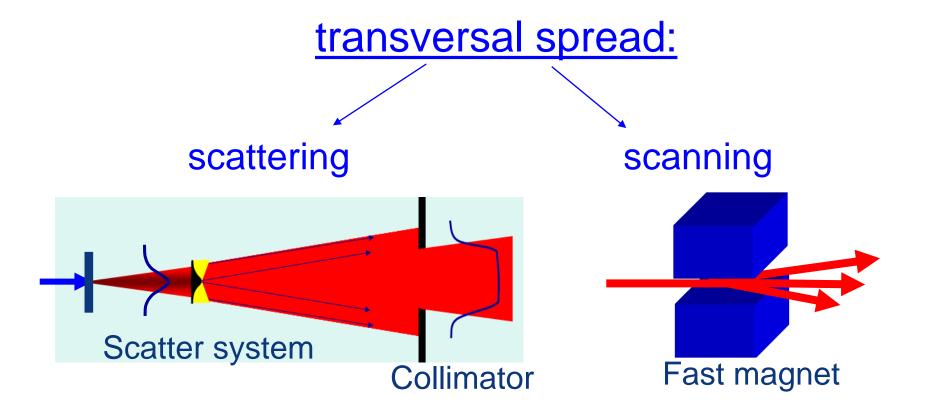


Energy selection system





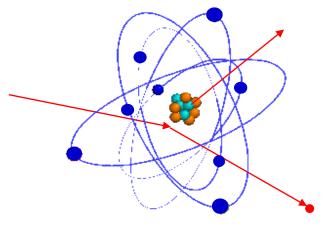
### Dose delivery techniques: Width





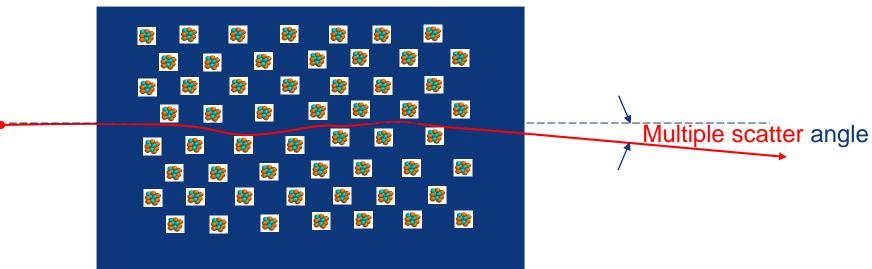
### Scattering

#### **Nuclear Coulomb scattering**



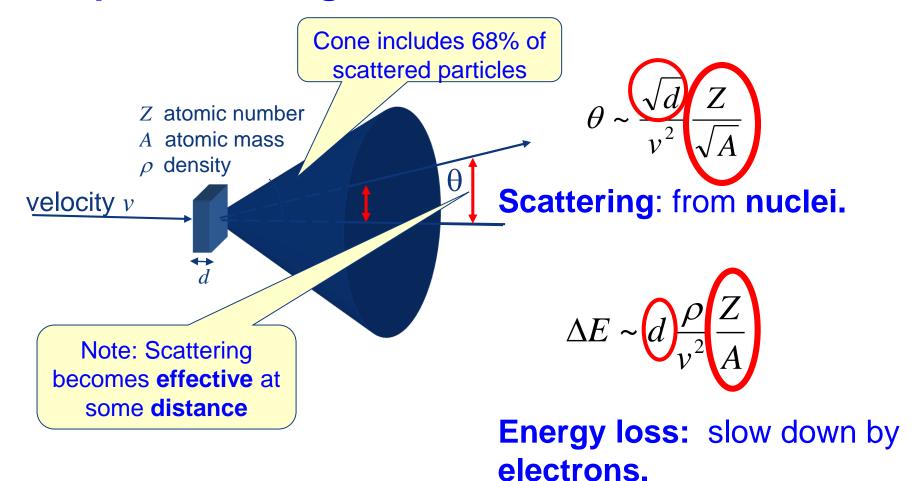
Nucleus is several times heavier as a proton

- → Almost no energy loss ("elastic")
- → Much larger deflection than from electrons





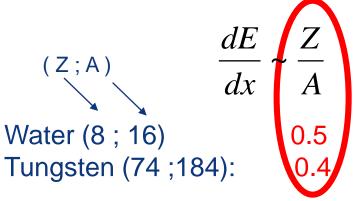
# Scattering Multiple Scattering



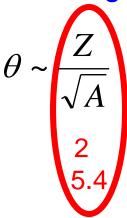


### Scattering





#### Scattering



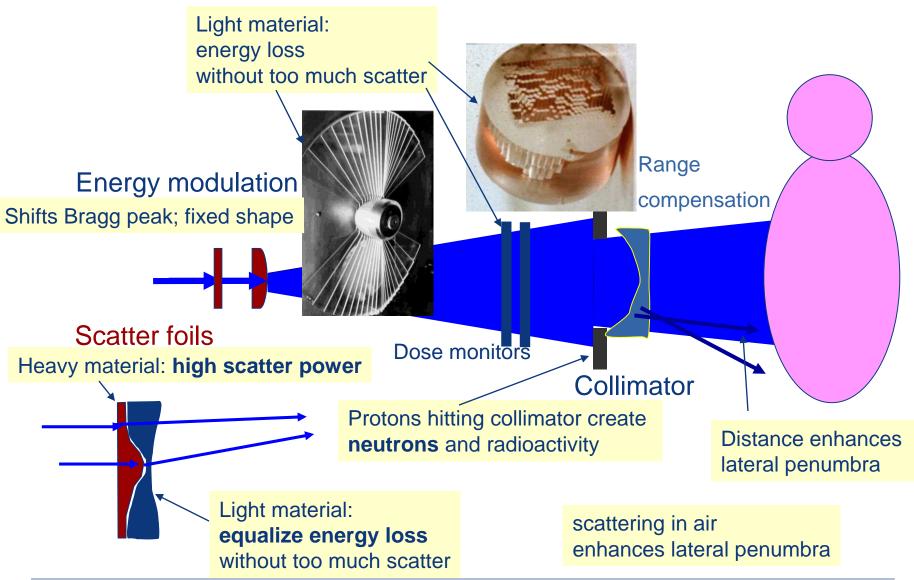
=> More scatter at heavy materials

250 MeV p: 1 cm H<sub>2</sub>O 1 mm W

Energy loss:  $\Delta E = 4 \text{ MeV}$  4 MeV

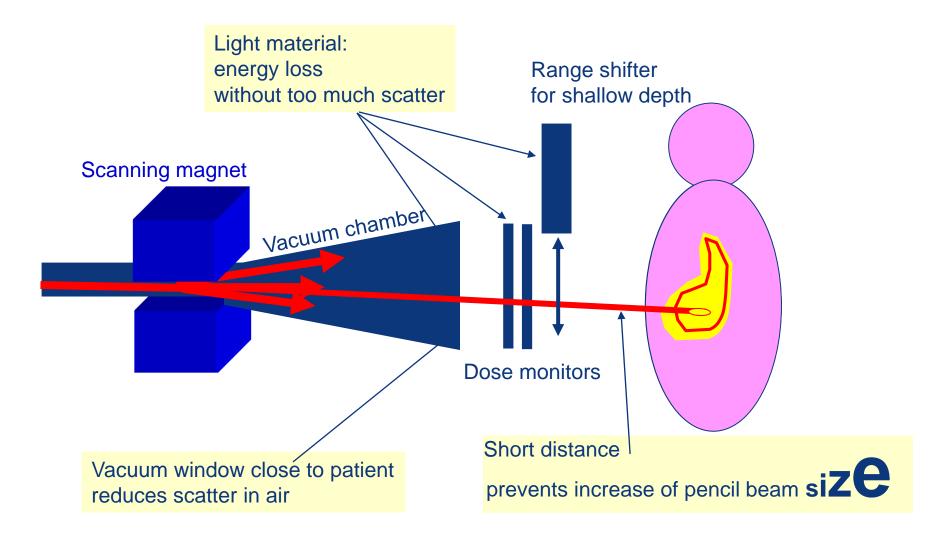
Scattering angle:  $\theta = 5 \text{ mrad}$  16 mrad

#### Nozzle for a scattered beam





### Nozzle for a scanning beam

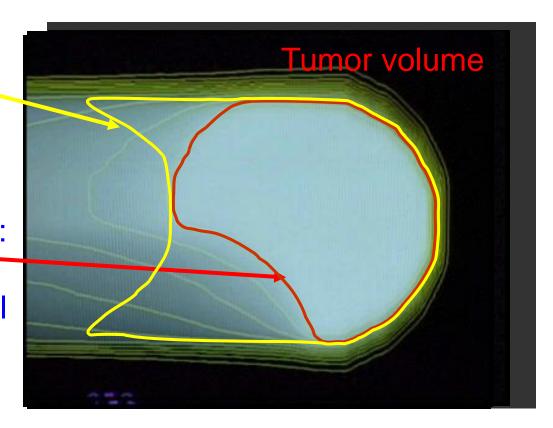




### Scanning: best dose distribution

Dose distribution of scattered beam:

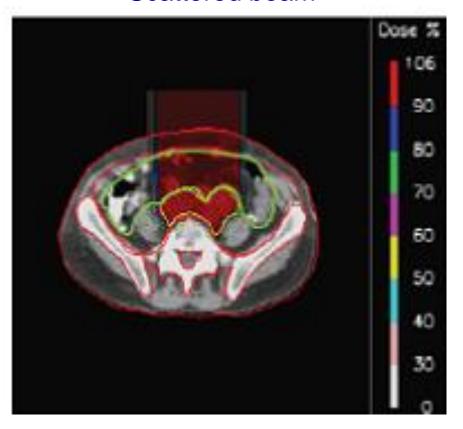
Pencil-beam scanning: behind & in front of tumor optimal

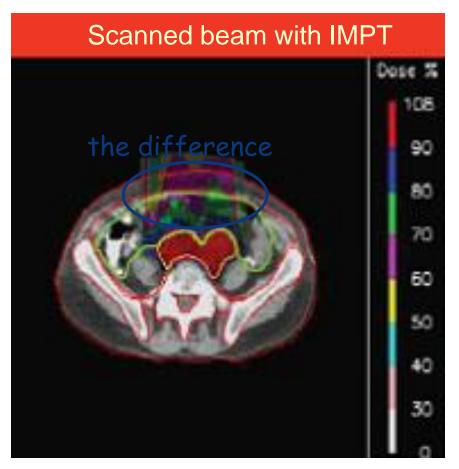




#### Scatter – IMPT

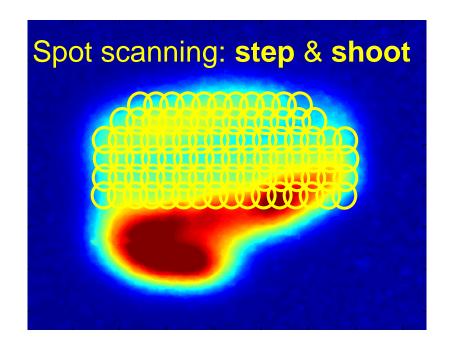
#### Scattered beam







### Spot scanning



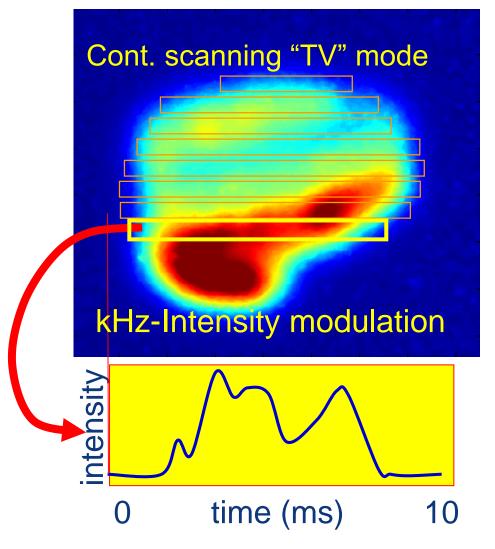
Beam size 7 mm FWHM 5 mm steps

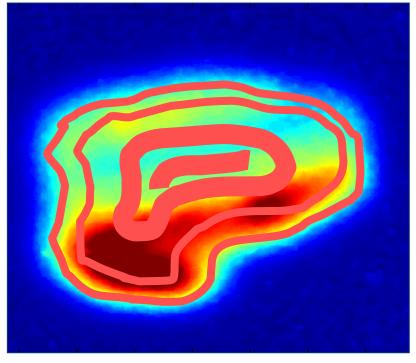
10'000 spots/liter (21 x 21 x 21) Dose painted only once

~1 Gy / liter / minute



### Fast pencil beam scanning in 3D





7 s for a 1 liter volume.

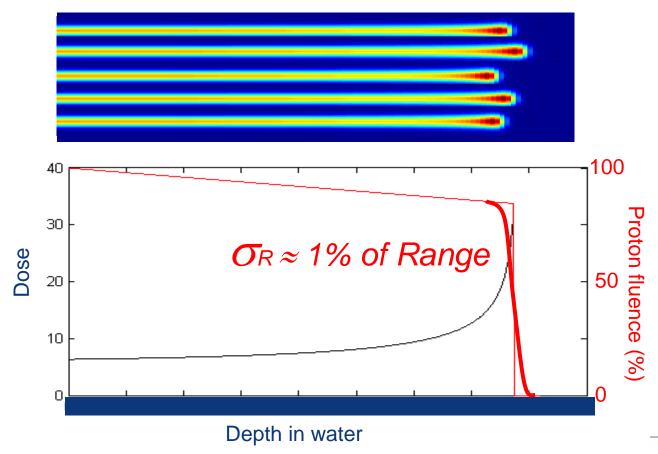
Target repainting:

15-30 scans / 2 min.



#### Proton depth-dose curve

- Energy straggling
- Slight variations in track length due to Multiple Scattering
  - → Range straggling

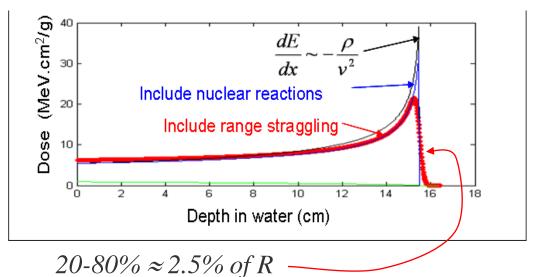


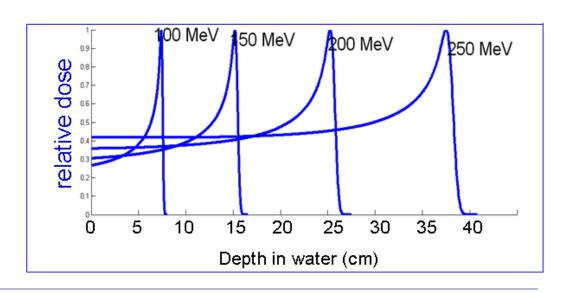


#### Proton depth-dose curve

#### Range straggling:

- broadens Bragg peak
- broadening increases as:



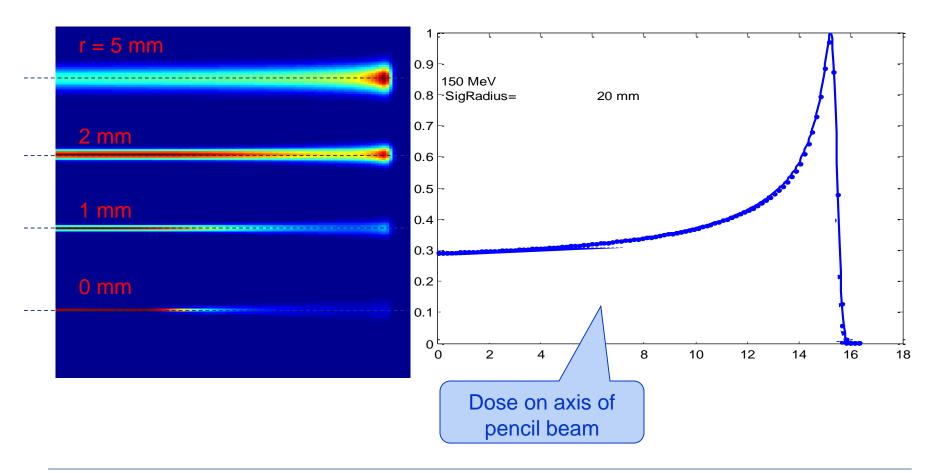




### Effect of scattering in a pencil beam

Small lesion needs small beam......BUT...

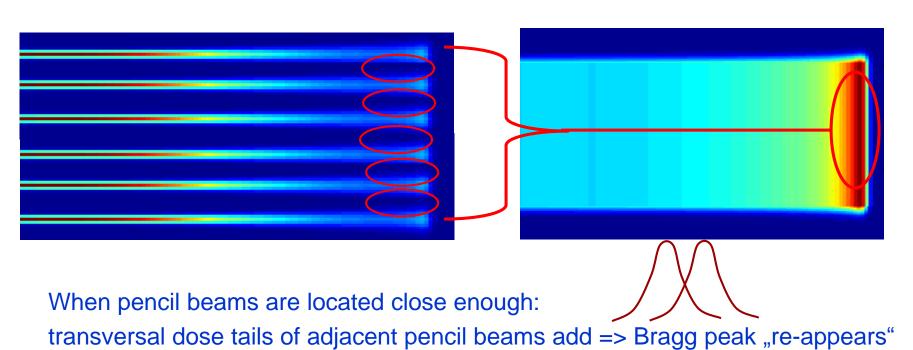
⇒Bragg peak depression in pencil beam





#### Effect of scattering in a pencil beam

Broad beam = addition of many adjacent pencil beams



Typical beam size requirement at the iso-center:  $2\sigma_x = 2\sigma_y = 4-6$  mm

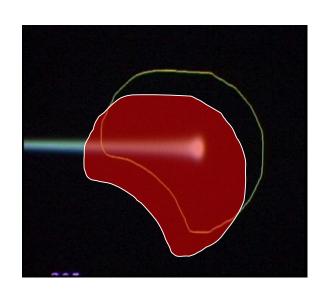


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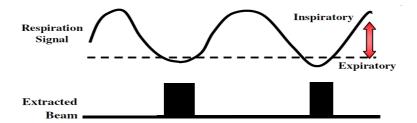
# Organ / tumor motion

#### Possible solutions:

### Organ motion



Gating



Adaptive scanning (tumor tracking)

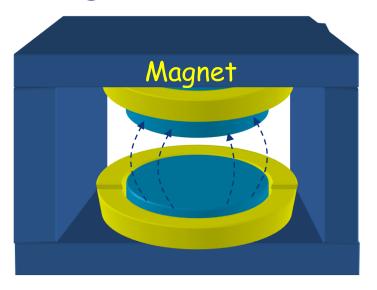


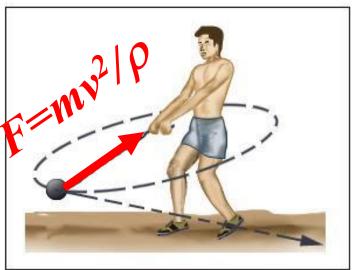


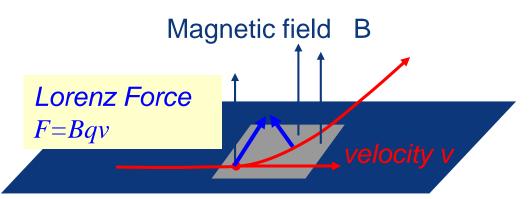
# Beam optics properties



#### Magnetic fields







Lorenz force = "centripetal force"  $mv^2/\rho$  $\Rightarrow$  track = circular orbit with radius  $\rho$ 

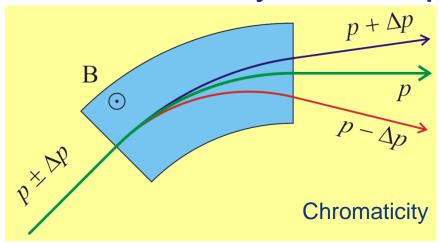
energy E and charge qdetermine magnetic rigidity  $B\rho$ :
magnet strength B to bend with radius  $\rho$ B $\rho$  [in Tm] = p/e = 3.3356  $\rho$  [in GeV]

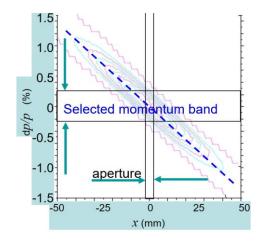
250 MeV p:  $B\rho = 2.4 \text{ Tm}$ 

450 MeV/nucl C<sup>6+</sup>:  $B\rho = 6.8 \text{ Tm}$ 



#### Chromaticity and dispersion suppression



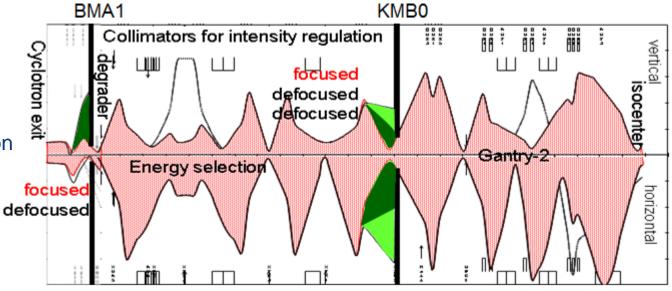


Horizontal axis: z-position

Vertical axis

above zero: 2σ<sub>y</sub>

• below zero:  $2\sigma_x$ 





Optimal gantry beam line design

#### **Coupling point**

- Rotational symmetrical phase space
- Fixed collimator

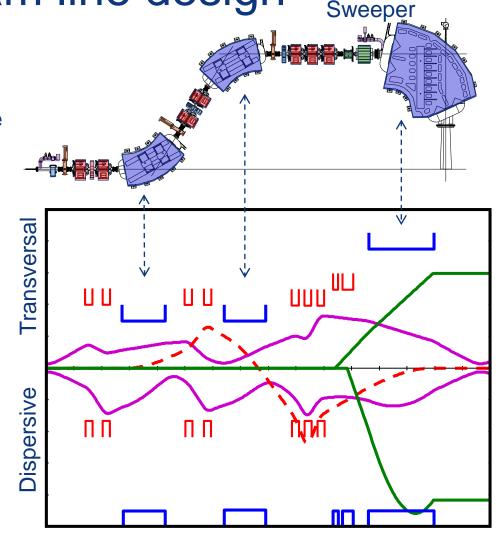
#### **Beam optics**

- Imaging from coupling point to iso-center (R<sub>12</sub> = R<sub>34</sub> = 0)
- Achromatic beam optics (R<sub>16</sub> = R<sub>36</sub> = 0)
- Point-to-parallel setting from scanning magnets to iso-center (R<sub>22</sub> = R<sub>44</sub> = 0)

Purple: Beam envelopes trough Gantry 2

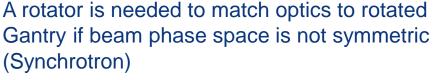
Green: Action of the sweepers

Red: Dispersion trajectory for a 1% momentum band

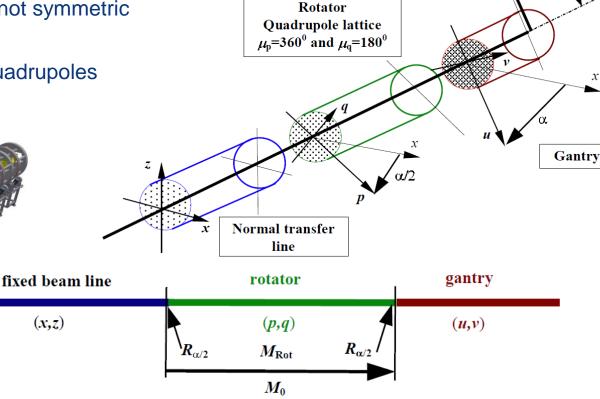


Matching asymmetric phase-space

(x,z)



Example of a/2 rotator with 7 quadrupoles



$$\boldsymbol{M}_{0} = \begin{pmatrix} \cos\frac{\alpha}{2} & 0 & \sin\frac{\alpha}{2} & 0 \\ 0 & \cos\frac{\alpha}{2} & 0 & \sin\frac{\alpha}{2} \\ -\sin\frac{\alpha}{2} & 0 & \cos\frac{\alpha}{2} & 0 \\ 0 & -\sin\frac{\alpha}{2} & 0 & \cos\frac{\alpha}{2} & 0 \end{pmatrix} \begin{pmatrix} 1 & 0 & 0 & 0 \\ 0 & 1 & 0 & 0 \\ 0 & 0 & -1 & 0 \\ 0 & 0 & 0 & -1 \end{pmatrix} \begin{pmatrix} \cos\frac{\alpha}{2} & 0 & \sin\frac{\alpha}{2} & 0 \\ 0 & \cos\frac{\alpha}{2} & 0 & \sin\frac{\alpha}{2} \\ -\sin\frac{\alpha}{2} & 0 & \cos\frac{\alpha}{2} & 0 \\ 0 & -\sin\frac{\alpha}{2} & 0 & \cos\frac{\alpha}{2} \end{pmatrix} = \begin{pmatrix} 1 & 0 & 0 & 0 \\ 0 & 1 & 0 & 0 \\ 0 & 0 & -1 & 0 \\ 0 & 0 & 0 & -1 \end{pmatrix}$$

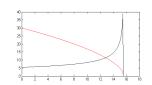
M. Benedikt, CERN



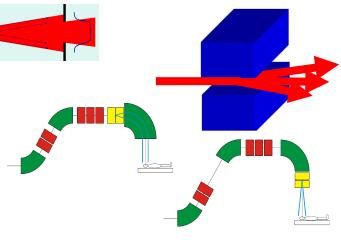
### Summary

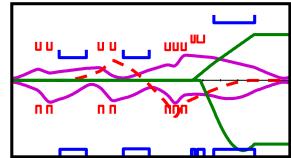
- Proton therapy makes use of the Bragg peak
- In most facilities the beam is accelerated in a cyclotron and the energy is reduced by a degrader
- The target can be
  - irradiated by a scattered beam or
  - scanned by a pensil beam with sweeper magnets
    - Upstream or
    - Downstream of the final bend
- Neccessary properties of the gantry beam optics:
  - Rotational symmetrical phase space at coupling point and iso-center
  - Imaging between coupling point and iso-center
  - Achromaticity

Many thanks for the slides to D. Meer and M. Schippers from PSI













Questions?