



Accelerators and Techniques in Hadron Therapy

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See also:

- J.M. Schippers CERN Accelerator School, 2016 , p165-176,
- <https://cds.cern.ch/record/2271793/files/33-8-PB.pdf>
- H. Paganetti (ed.), Proton Therapy Physics, Chapter 3.

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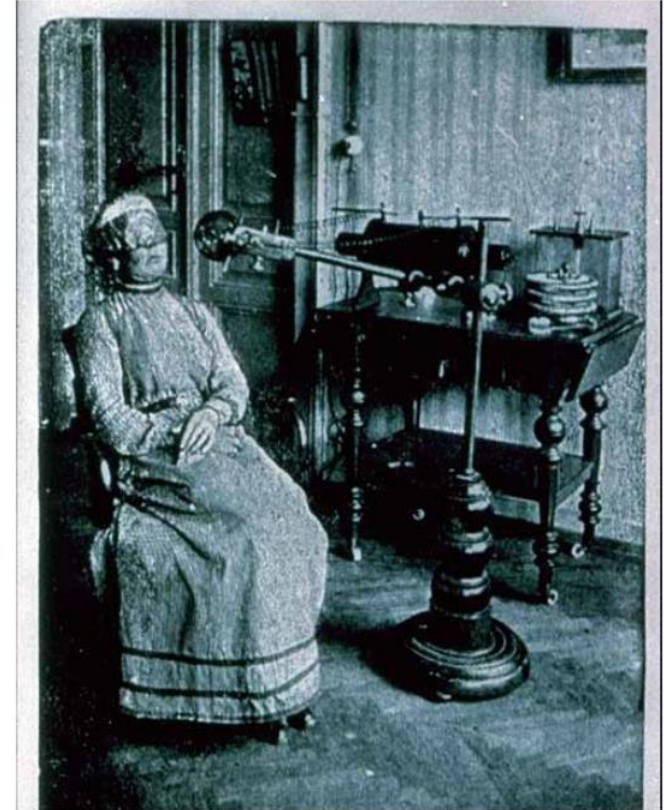
- **Radiotherapy:**
Irradiations with X-rays, protons, ions
- **Dose delivery techniques**
- **Accelerators**
 - **Synchrotron**
 - **Cyclotron**
- **Gantries**
- **Recent developments**

Radiotherapy: started with X-rays

1895: Röntgen discovers x-rays



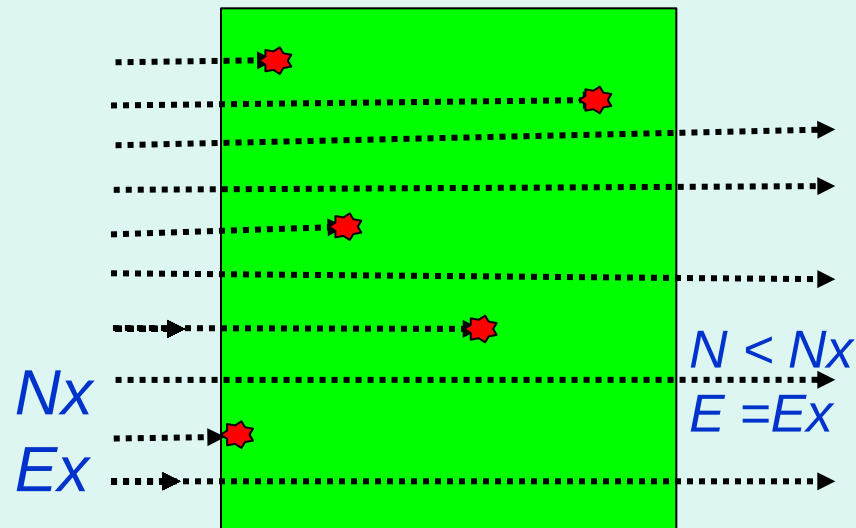
1896: Emil Grubbe, a Chicago 'electrician' and metallurgist, first treated the recurrent breast cancer of a 55-year-old woman in the last days of January 1896 - only weeks after the announcement of Roentgen's discovery.



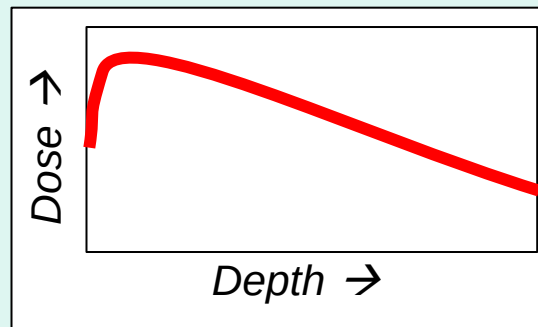
1897: Note that the eyes are shielded for protection.

X-ray photons

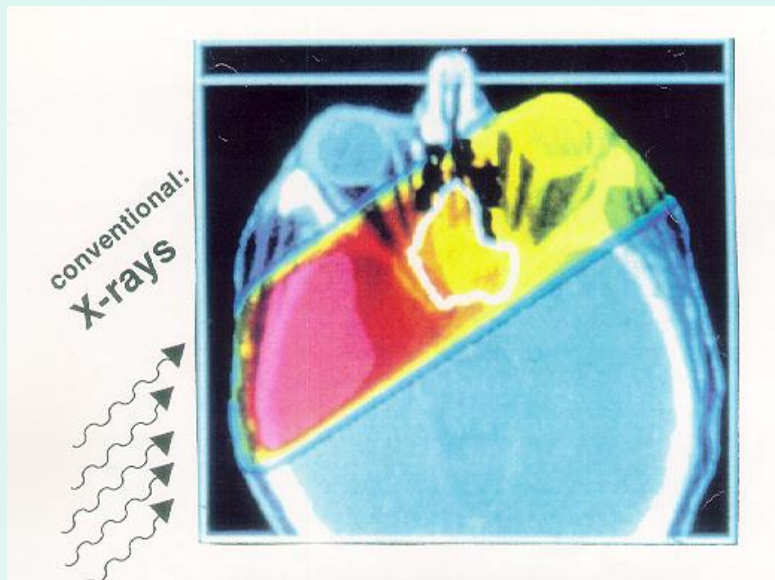
X-rays



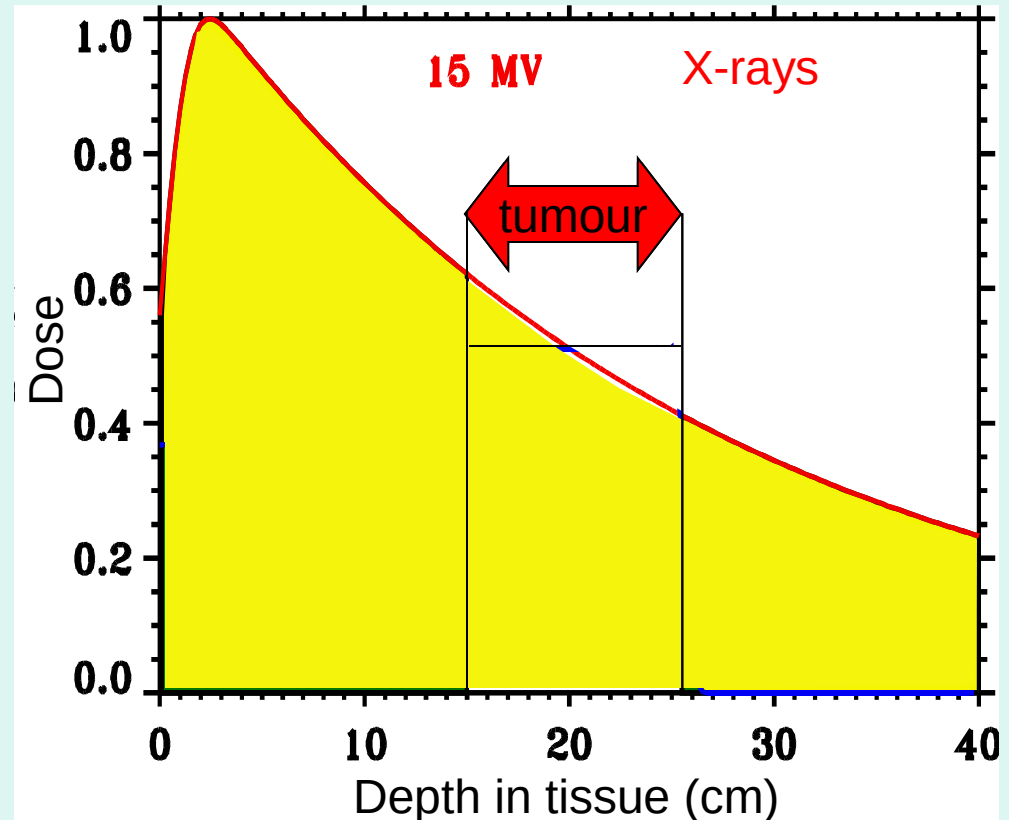
Absorption $\rightarrow$ dose



Irradiation with X-rays (photons)

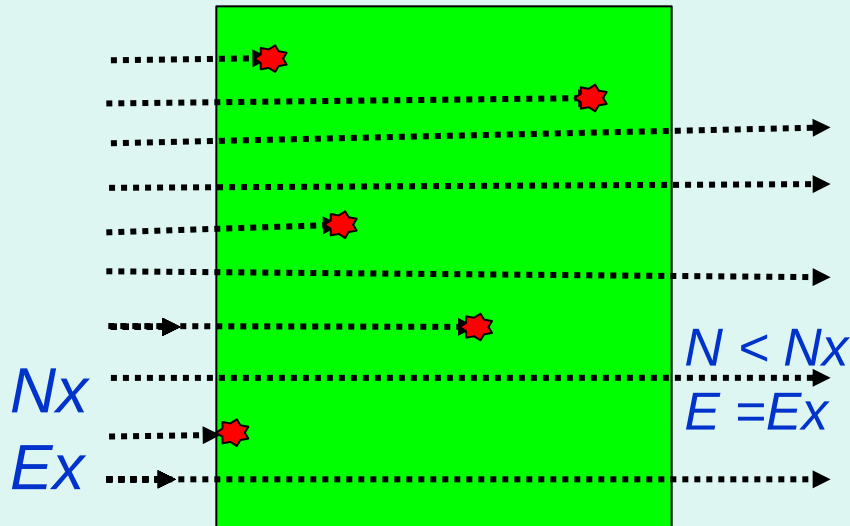


Depth-dose curve:

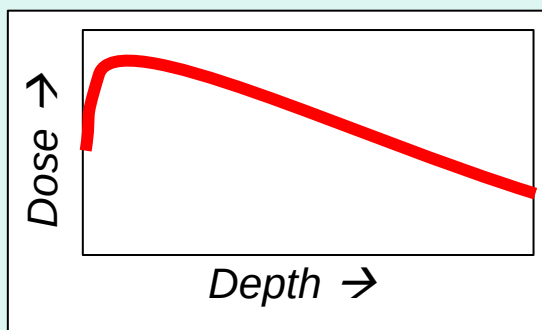


X-ray photons ↔ Protons

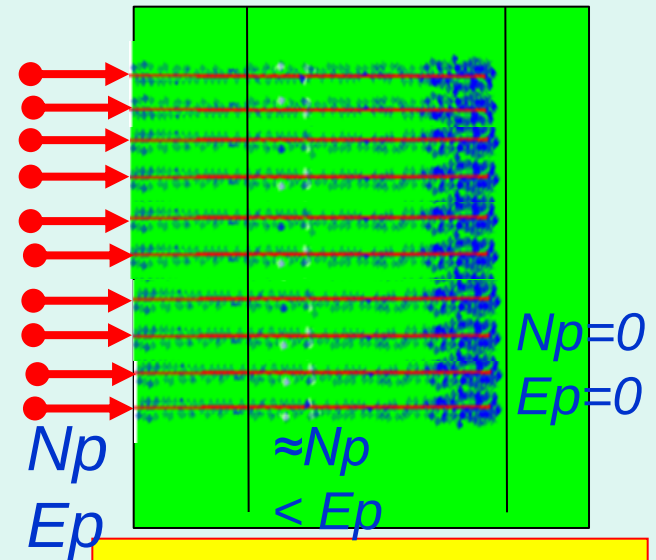
X-rays



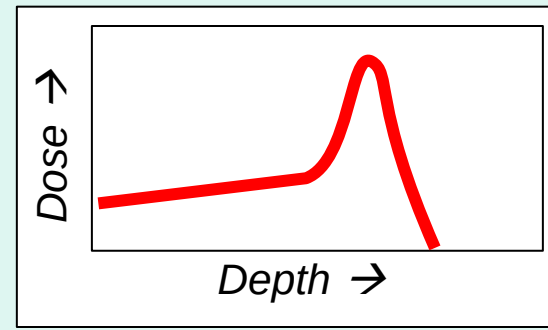
Absorbtion → dose



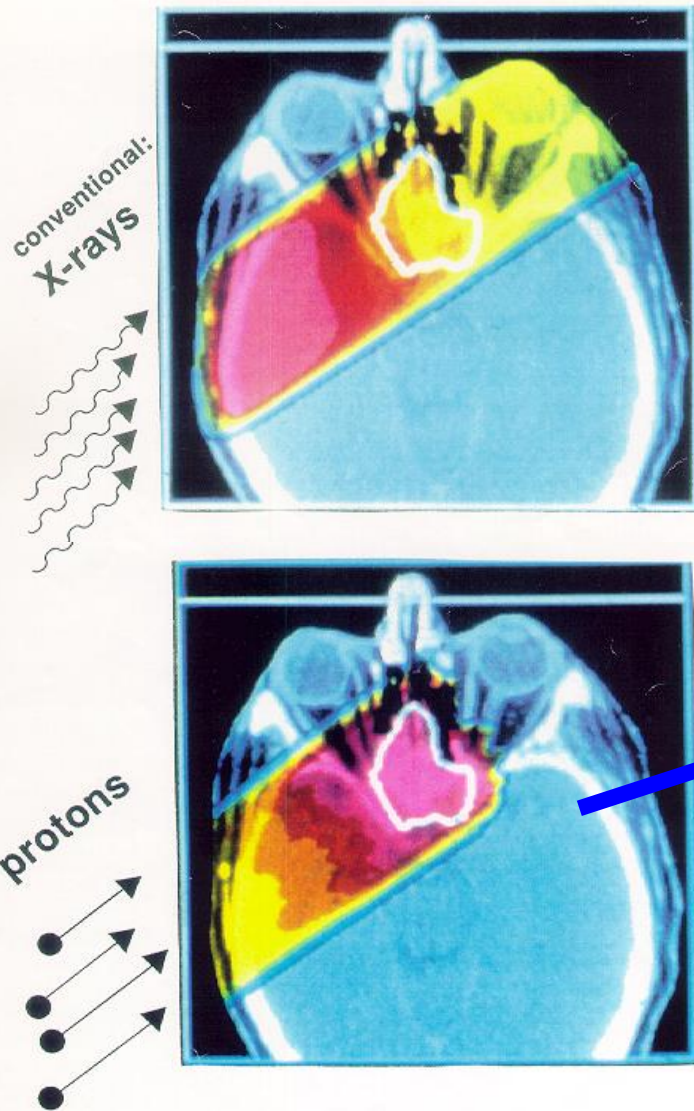
Protons



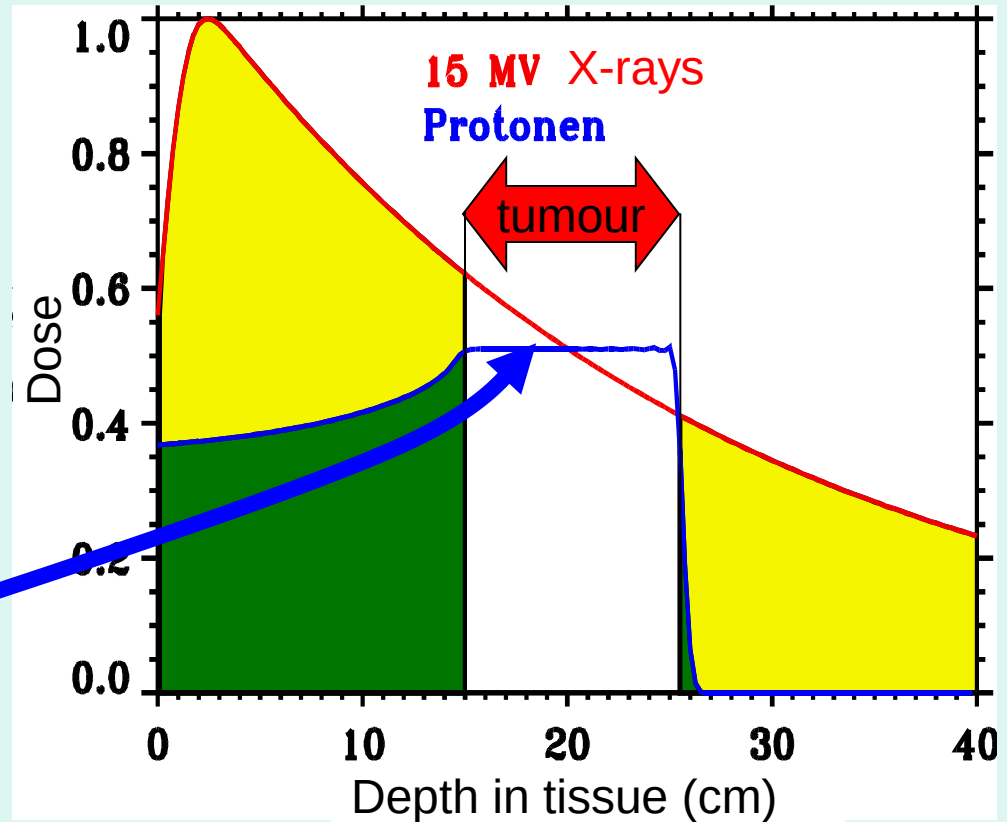
Collisions → dose



Why Protons or Ions?

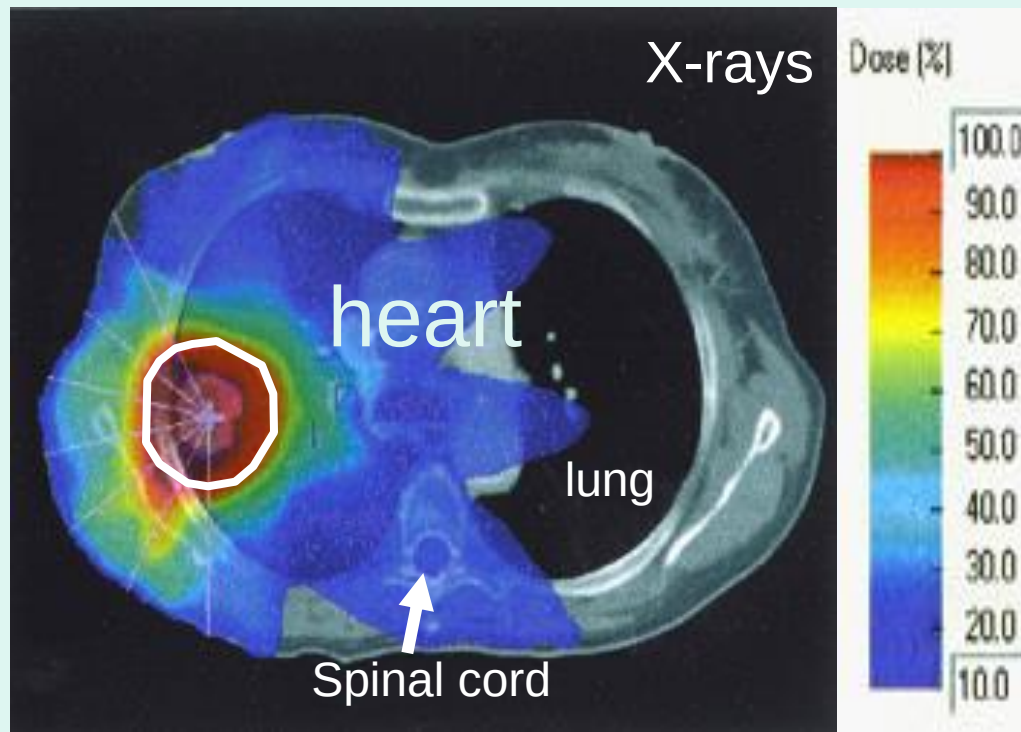


Depth-dose curve:

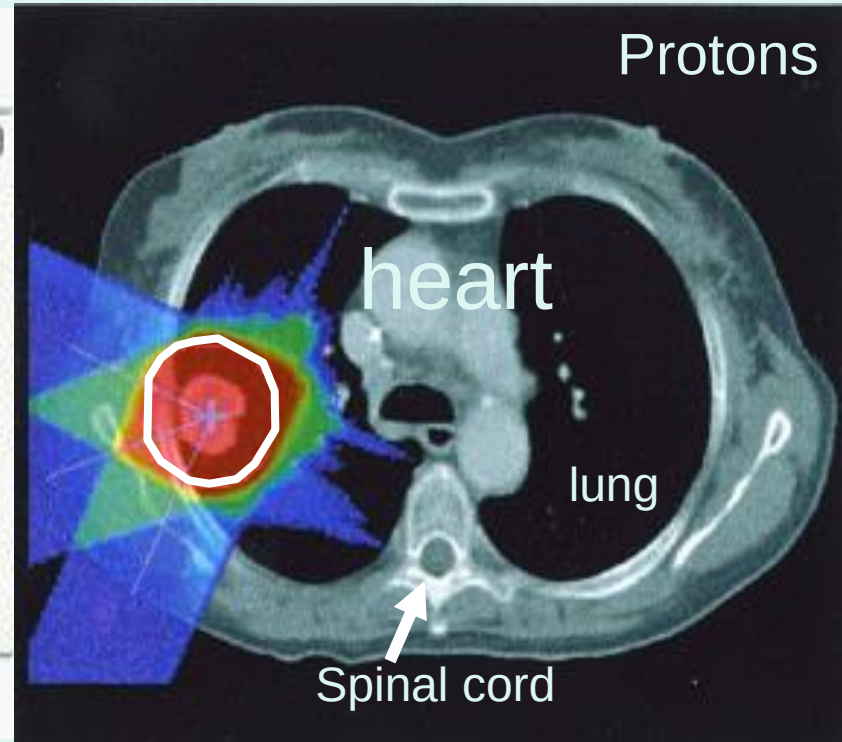


X-rays vs. Protons

X-ray beams (IMRT)
from 7 directions



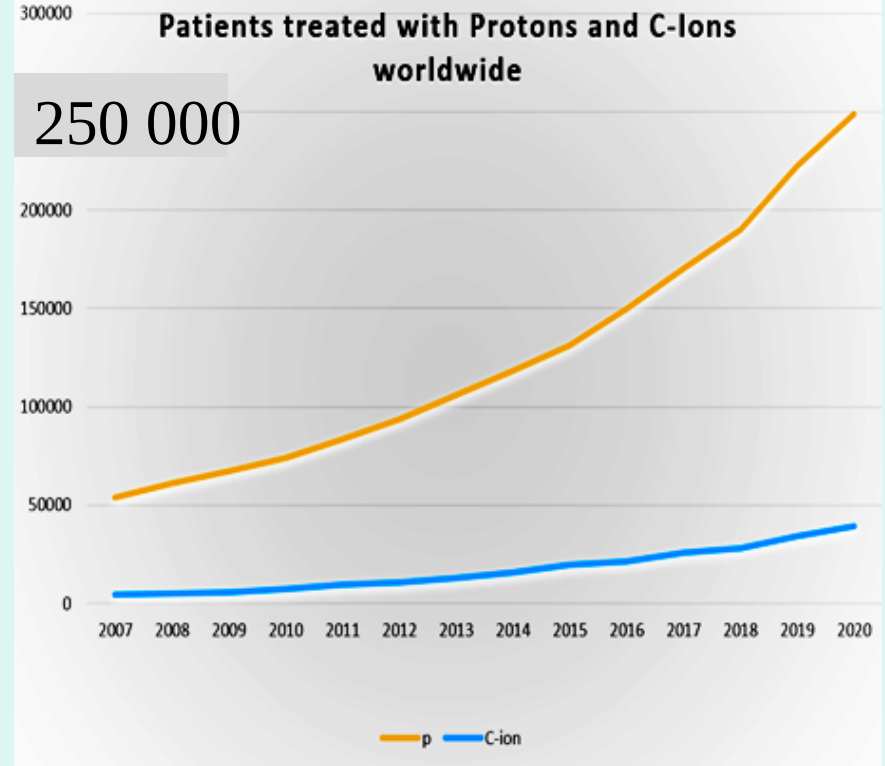
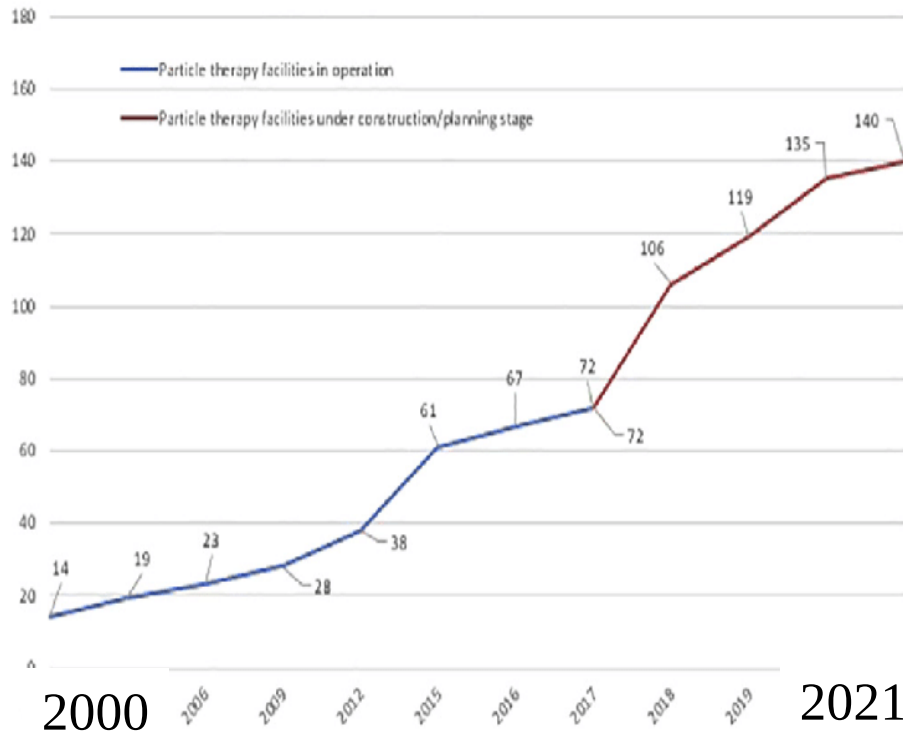
Proton beams
from 3 directions



pictures: MedAustron

The boost in particle therapy

Particle therapy facilities in operation



Hadron therapy facilities
(<http://www.ptcog.ch/index.php>).

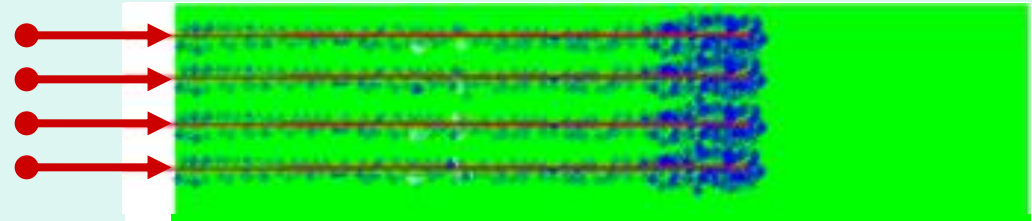
Proton depth-dose curve

Bethe-Bloch formula:

Energy loss (ΔE) per unit length (Δx):

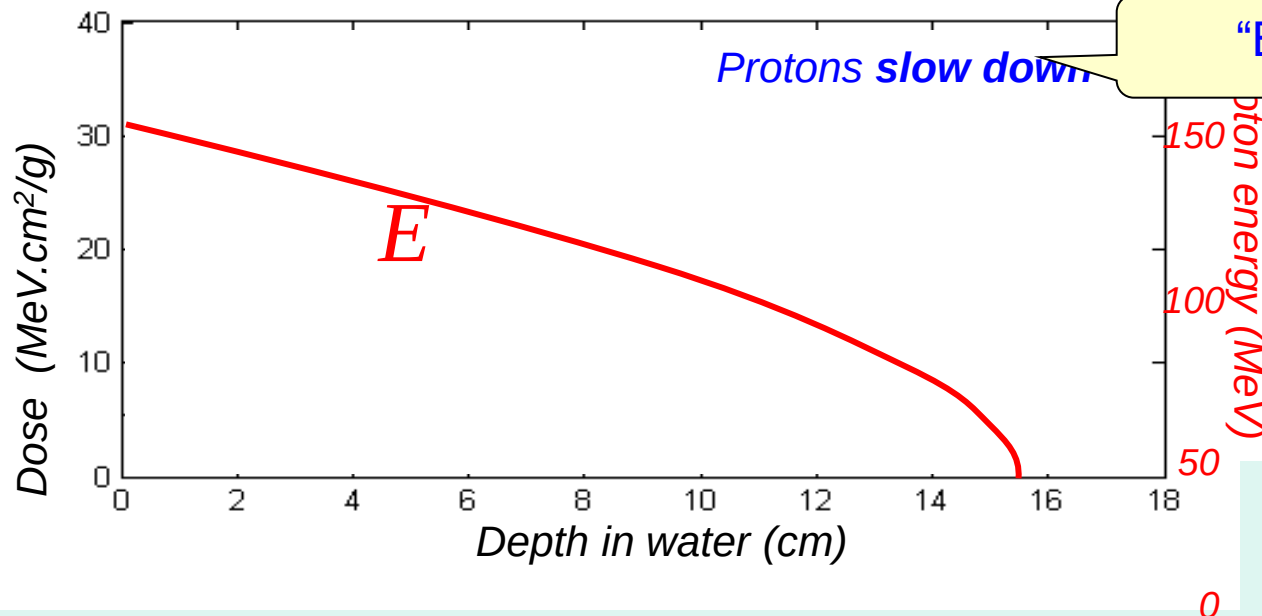
$$\frac{\Delta E}{\Delta x} \sim - \frac{\rho q^2 Z}{v^2 A}$$

velocity



q = charge of particle

ρ, A, Z = material properties



Typical Therapeutic Dose of Protons

Some orders of magnitude:

Typical dose in tumor: $\sim 70 \text{ Gy} = 70 \text{ J/kg}$ applied in fractions of **2 Gy**

Suppose each proton loses $\sim 100 \text{ MeV}$ in tumor of 1 kg

→ **10^{11} protons needed** $\left(\approx \frac{2}{1.6E-11} \right)$

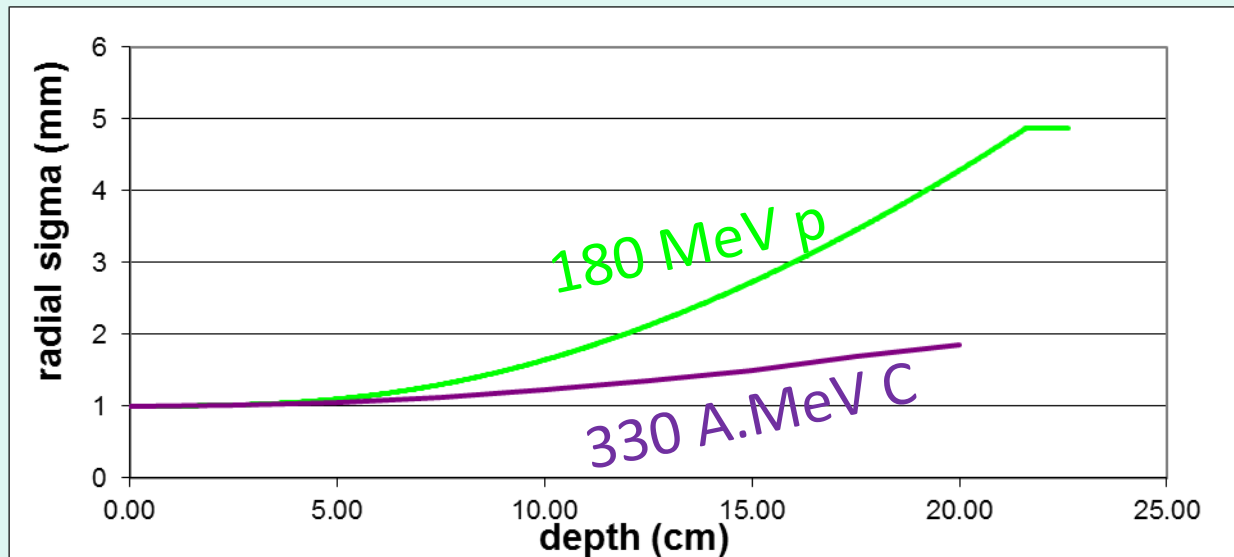
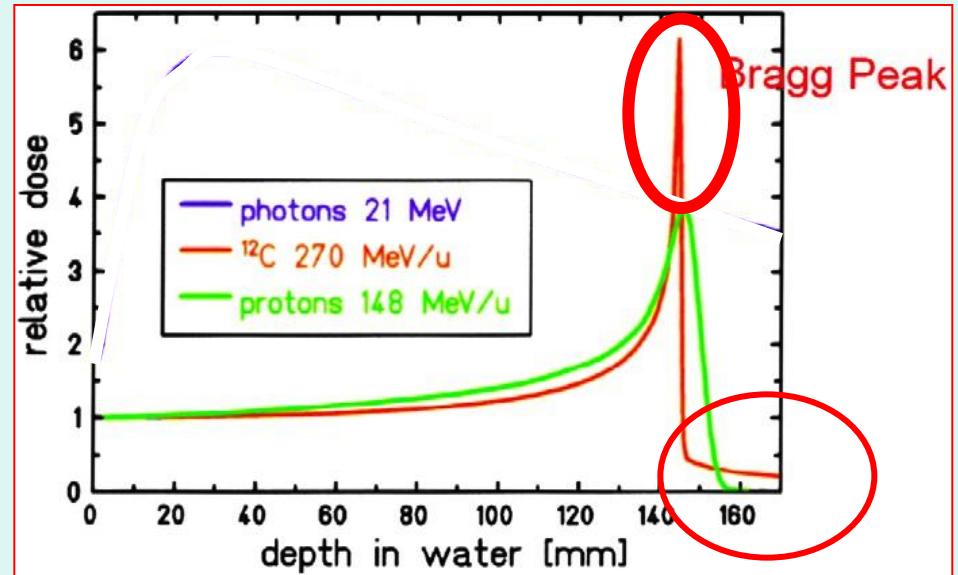
Irradiation time: 1 min → beam intensity **0.25 nA**

$= 1.5 \times 10^9 \text{ protons/sec}$

what could Carbon ions bring?

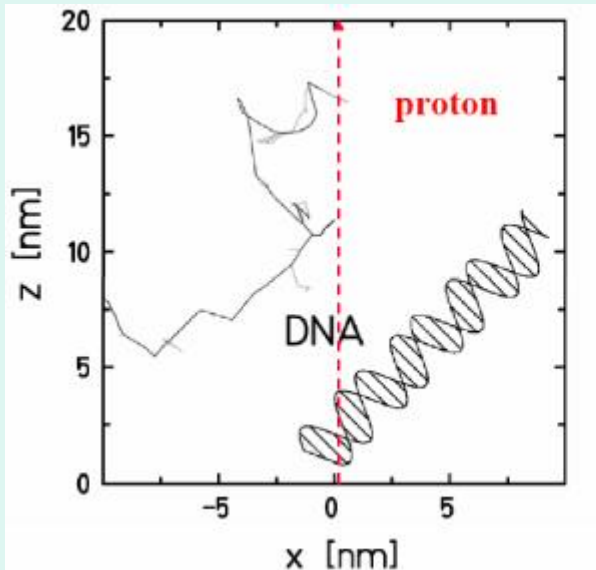
Difference with protons:

- Sharper Bragg peak
- Tail
- Less Scattering
- Larger RBE



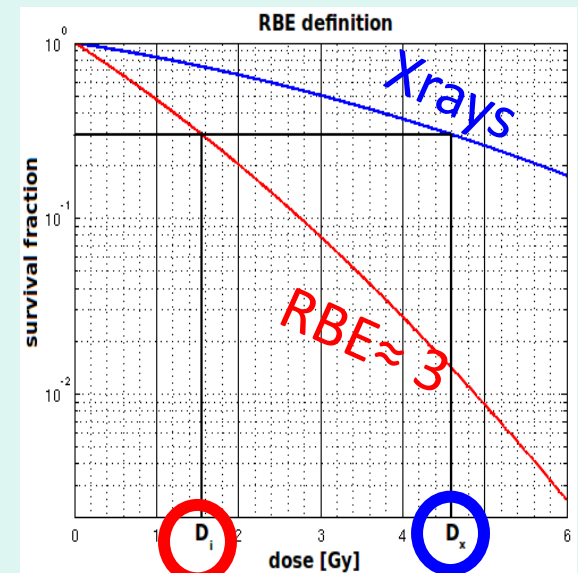
Biological effect of Carbon ions

Radio Biological Effectiveness: $RBE_{\text{carbon}} = \frac{D_{\text{Xray}}}{D_{\text{Carbon}}}$ for same cell killing.



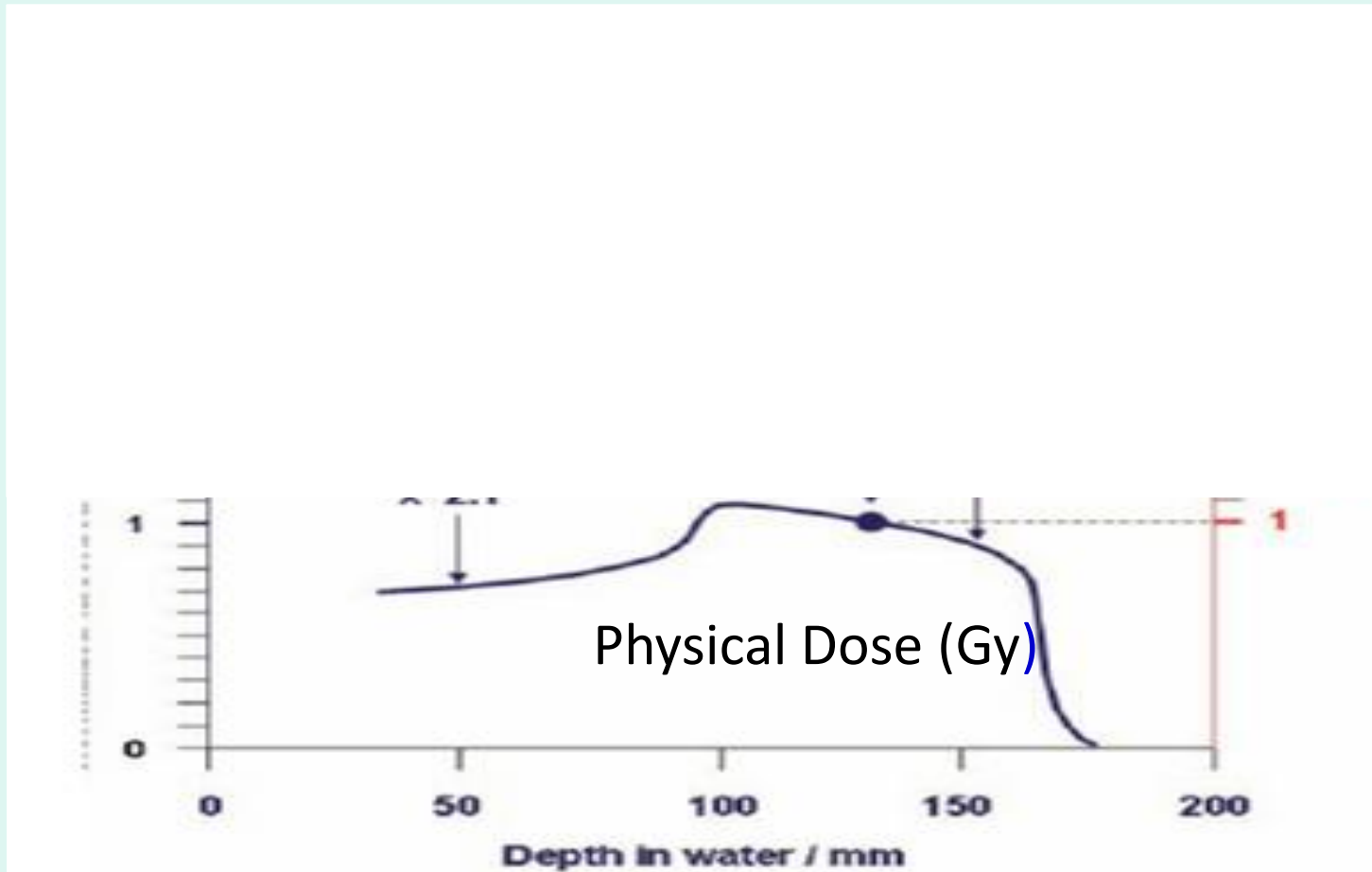
q^2

electron track (or energy) density at μm scale effects RBE (this means: $RBE \neq 1$)



Biological effect of Carbon ions

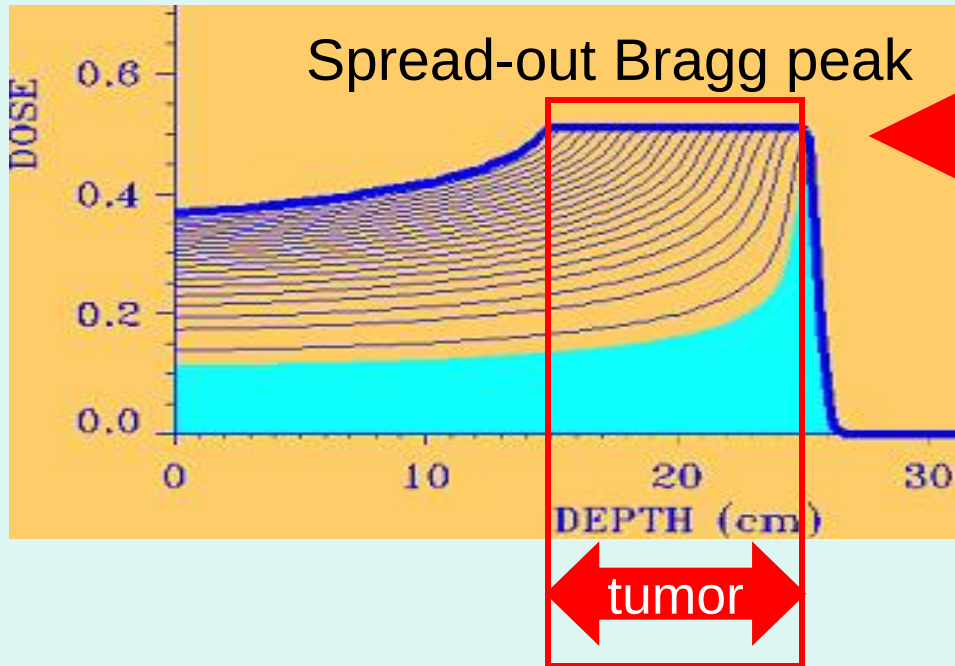
Radio Biological Effectiveness: Dcarbon/Dxray giving same effect



Dose delivery techniques



Dose delivery techniques: Depth



Tumor **distal edge**

→ Range

→ Maximum Energy

→ „slow“ (sec)

Tumor **thickness**

→ spread-out Bragg peak

→ energy modulation

→ „fast“ (<0.1 sec)

Methods:

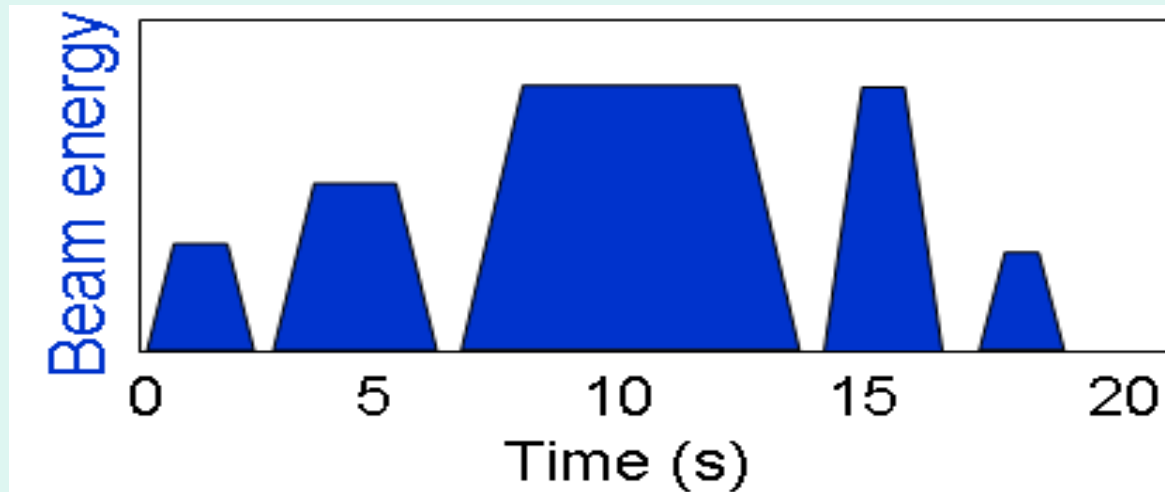
- 1) at accelerator
- 2) just before patient (in “nozzle”)

Dose delivery techniques: Depth

Vary energy at accelerator:

Synchrotron

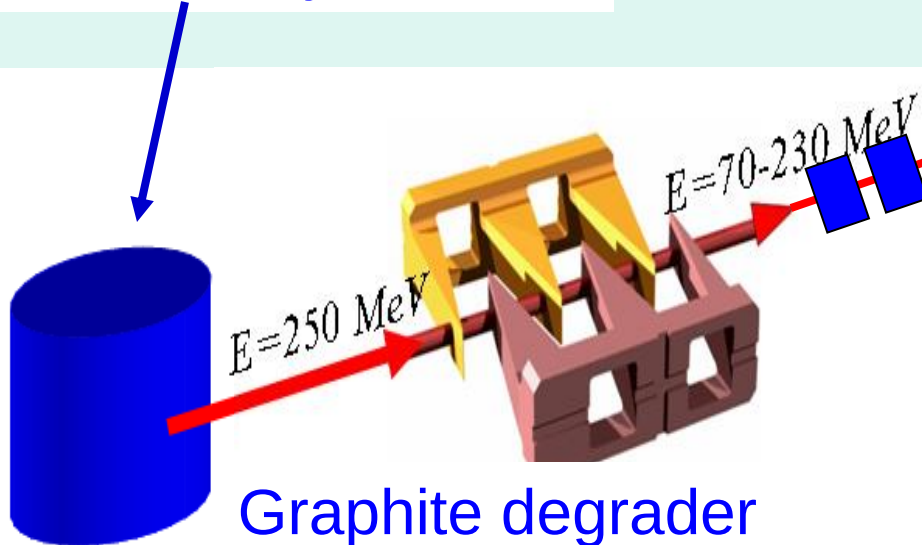
accelerates until **energy** has been reached



- Sets range only
- energy modulation in nozzle (=before patient)

E-adjustment with cyclotron

250 MeV cyclotron

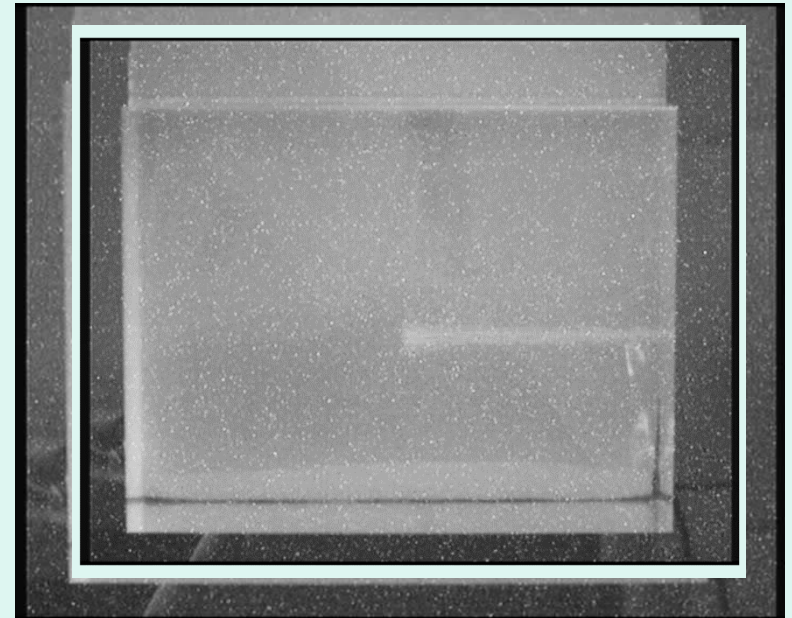


Graphite degrader

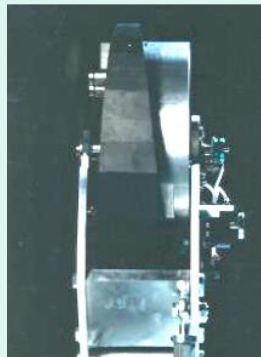
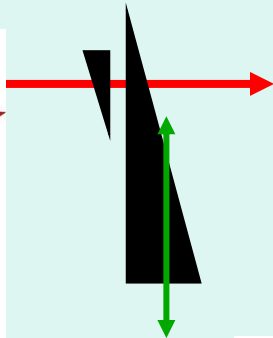
E-Steps $\rightarrow$

$\Delta R \approx 5\text{ mm}$ in 100 ms

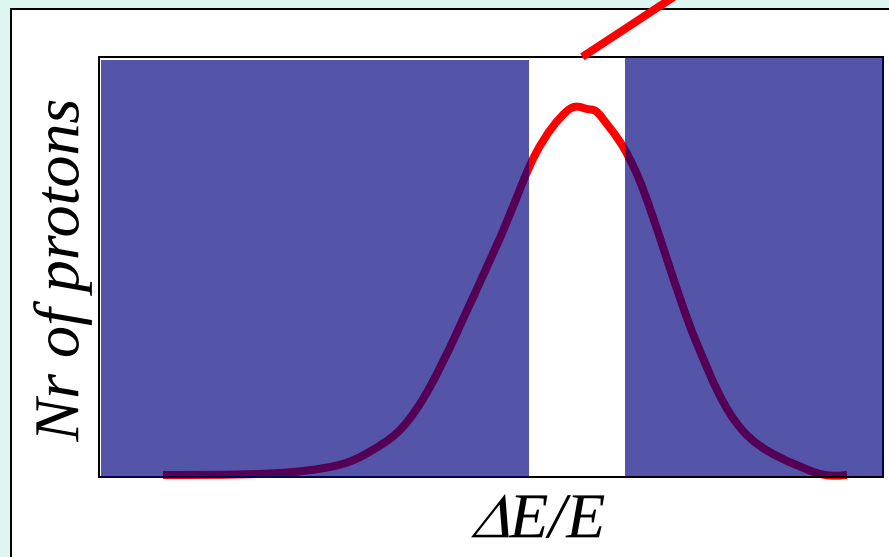
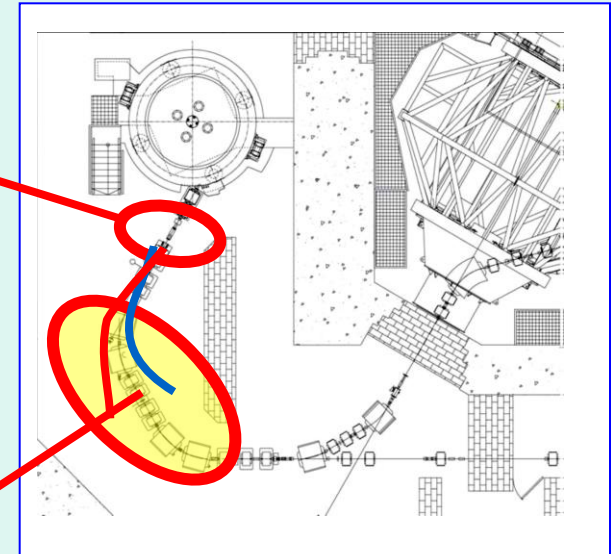
All following magnets:
1% field change



Energy selection system

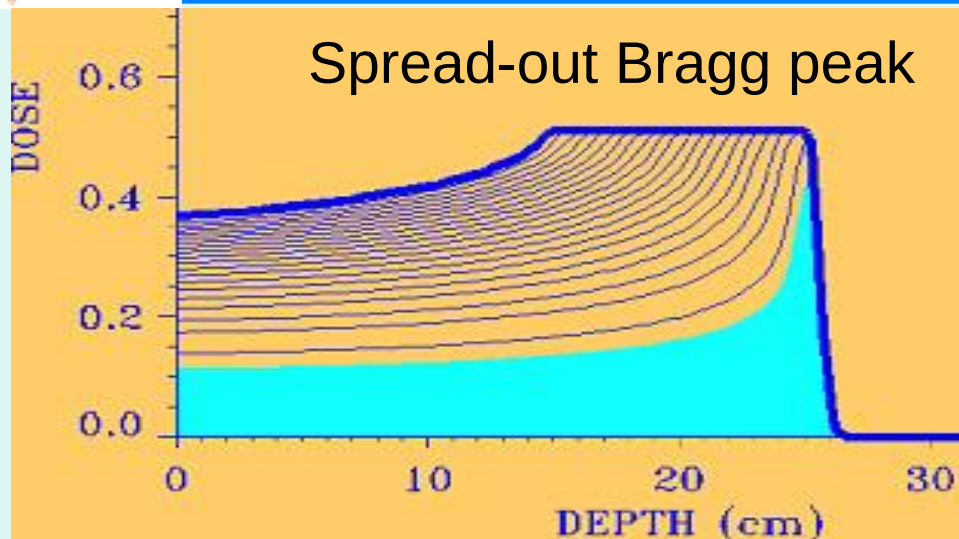


Rolled-up wedge
220-70 MeV (IBA)

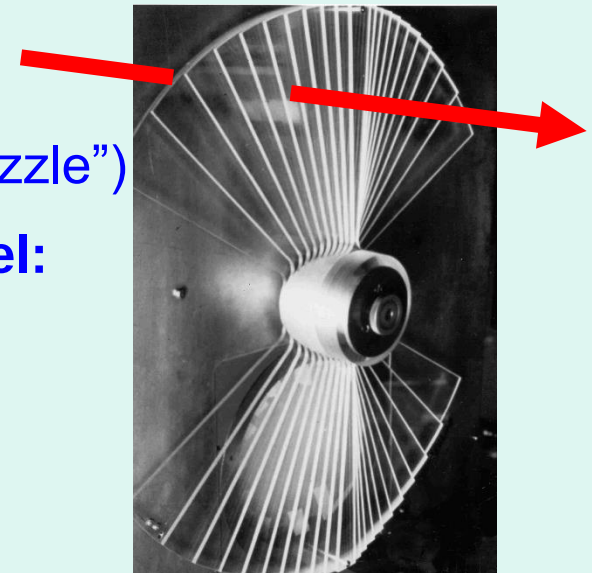


Beam analysis:
energy selection
 $\Delta E/E < \pm 2\%$

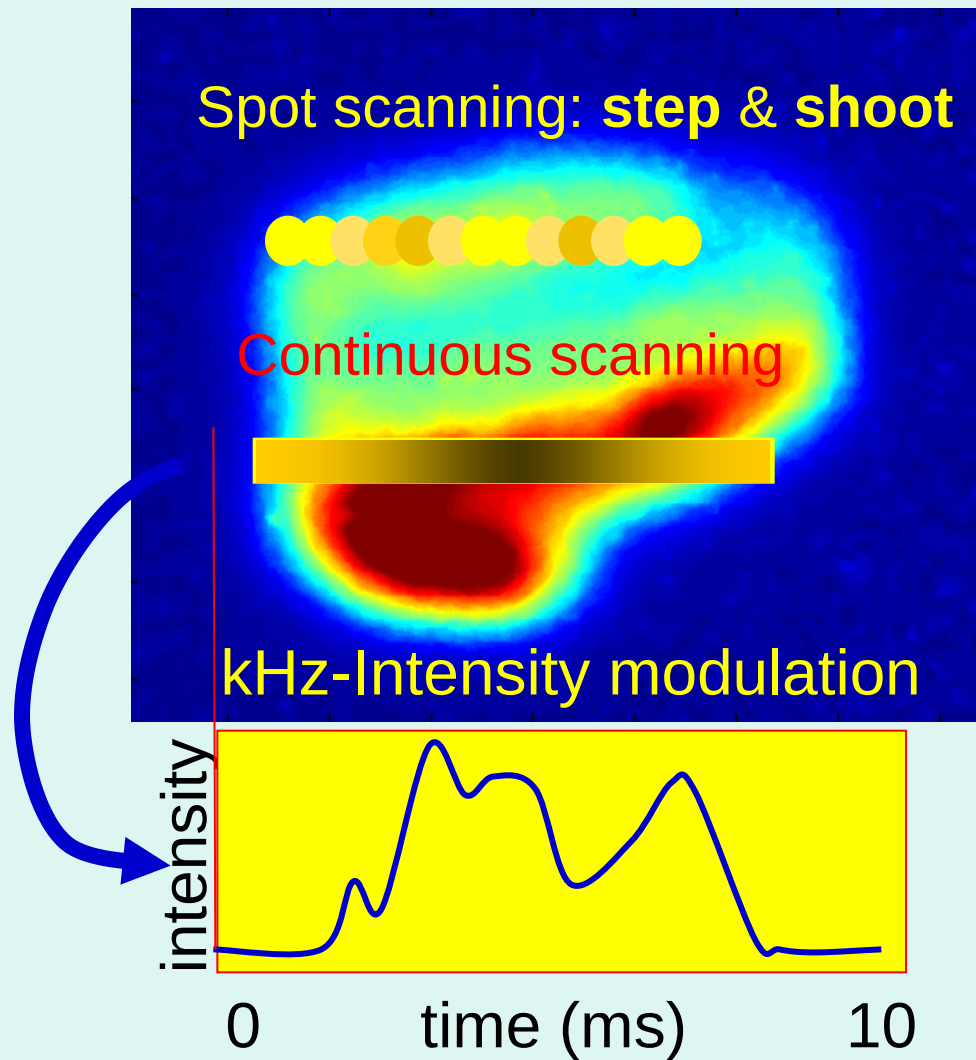
Dose delivery techniques: Depth



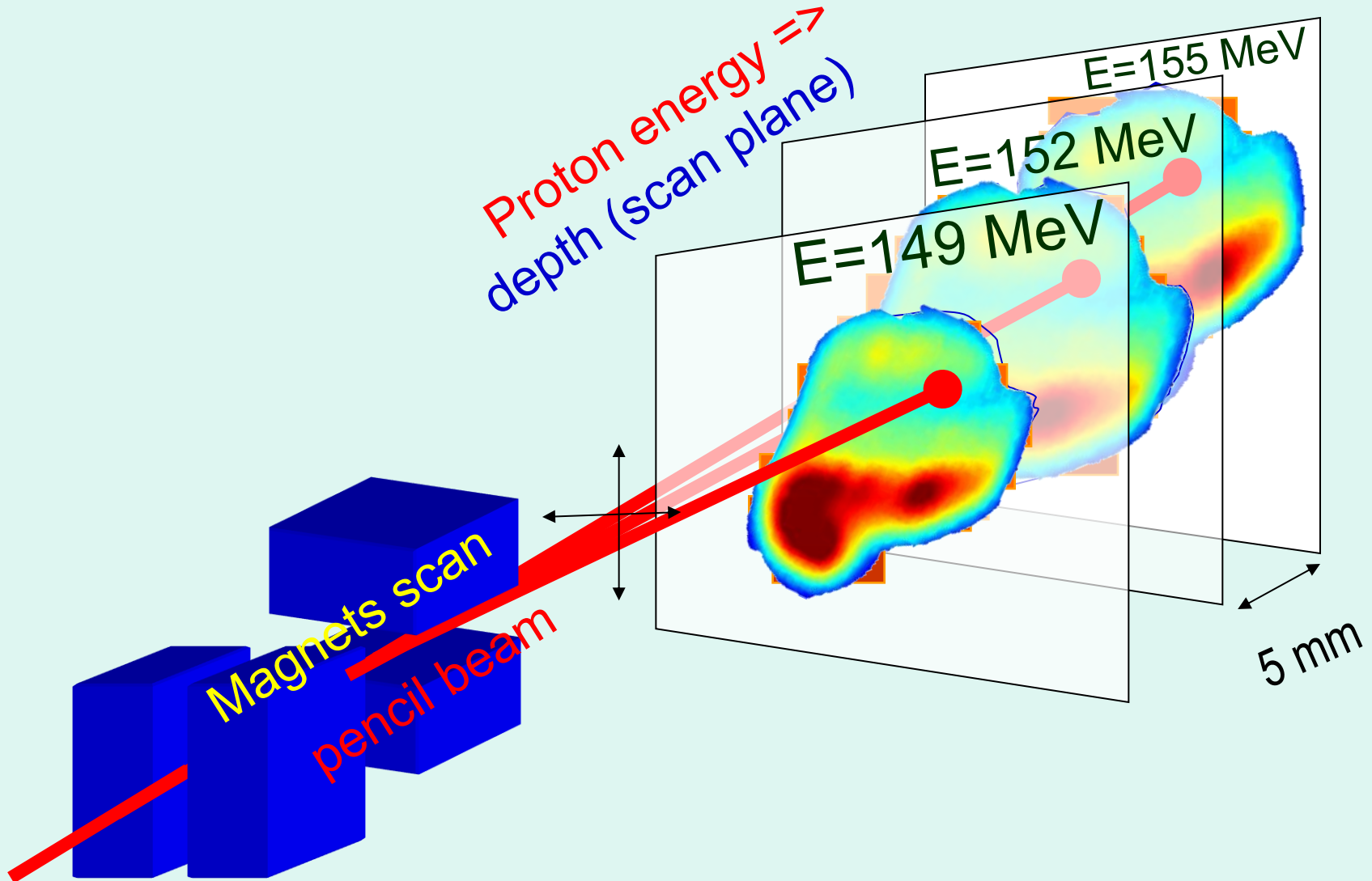
Energy adjustment just before patient (in “nozzle”)
using a **modulation wheel**:



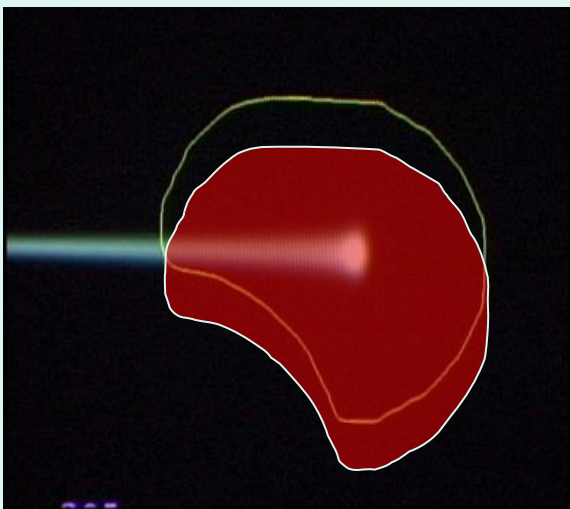
Transverse dose distr.: Spot Scanning



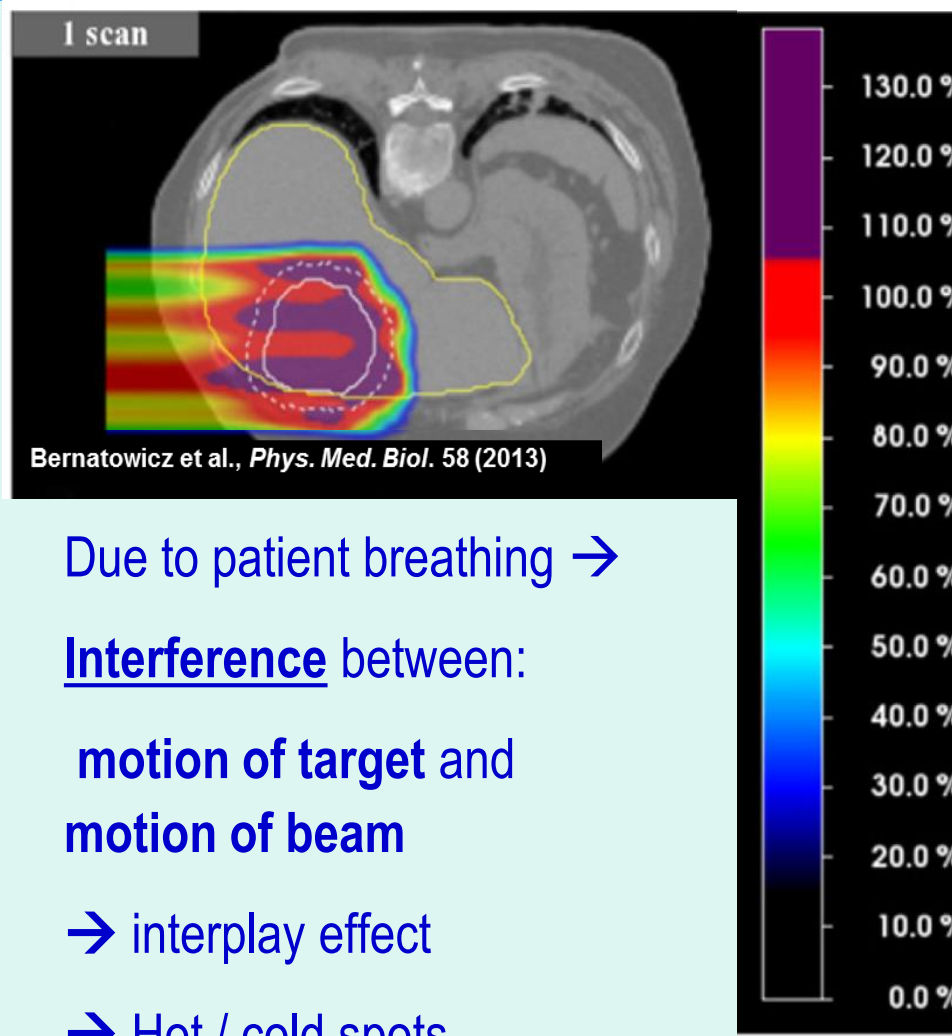
3D Pencil beam scanning



Moving organs



→ Danger to
underdose and
overdose



Overdosage
(clinically not
acceptable)

100±5 % =
Target dose

Underdosage
(clinically not
acceptable)

Due to patient breathing →

Interference between:

motion of target and
motion of beam

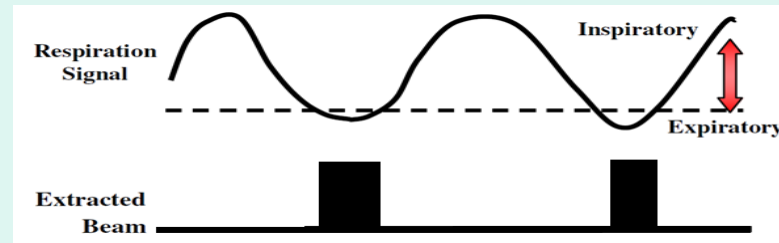
→ interplay effect

→ Hot / cold spots

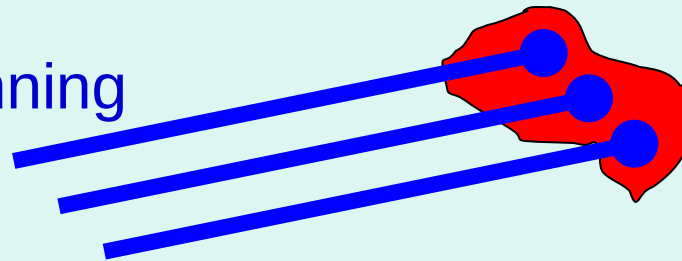
organ / tumor motion

Possible solutions:

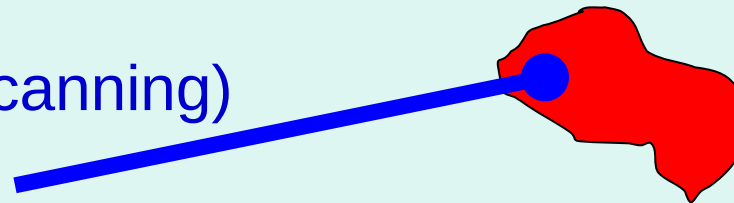
- Gating



- Adaptive scanning
(*tumor tracking*)



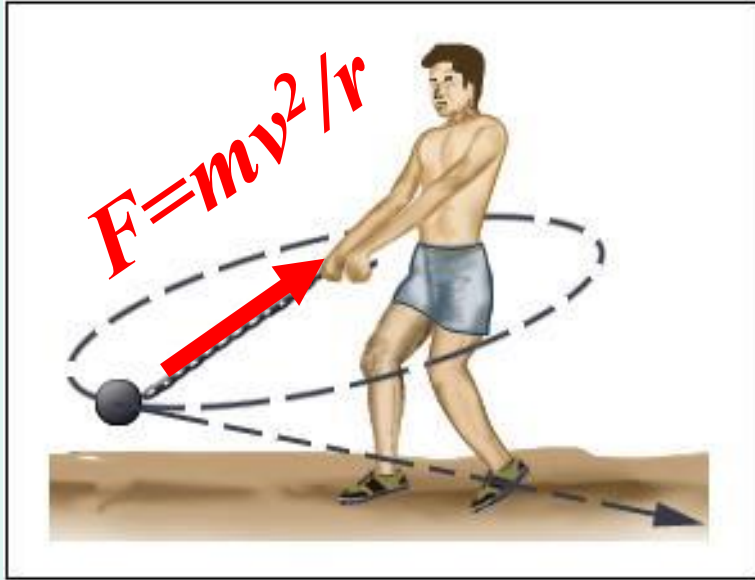
- Fast (+ rescanning)



Accelerators



Circular accelerators



Centripetal force = Lorentz force

$$\frac{mv^2}{r} = Bqv$$

$$\Rightarrow \frac{p}{q} = B\rho$$

Magnetic rigidity: $p \sim B\rho$ value e.g.:

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

450 MeV/nucleon C^{6+} : $B\rho = 6.8 \text{ Tm}$

6.5 TeV p (LHC): $B\rho = 21.6 \text{ T.km}$

m = mass

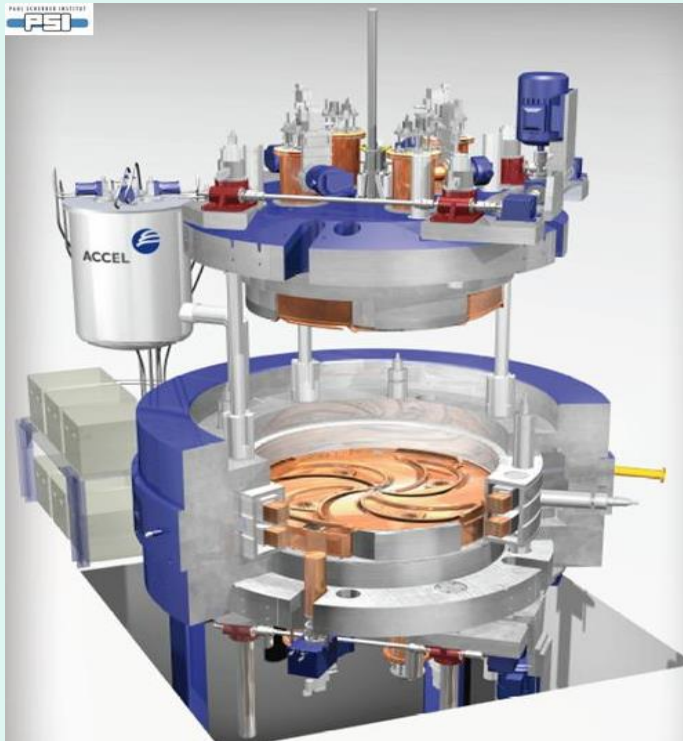
v = speed

r or ρ = orbit radius

B = magnetic field

q = charge

Present accelerator choice



cyclotron

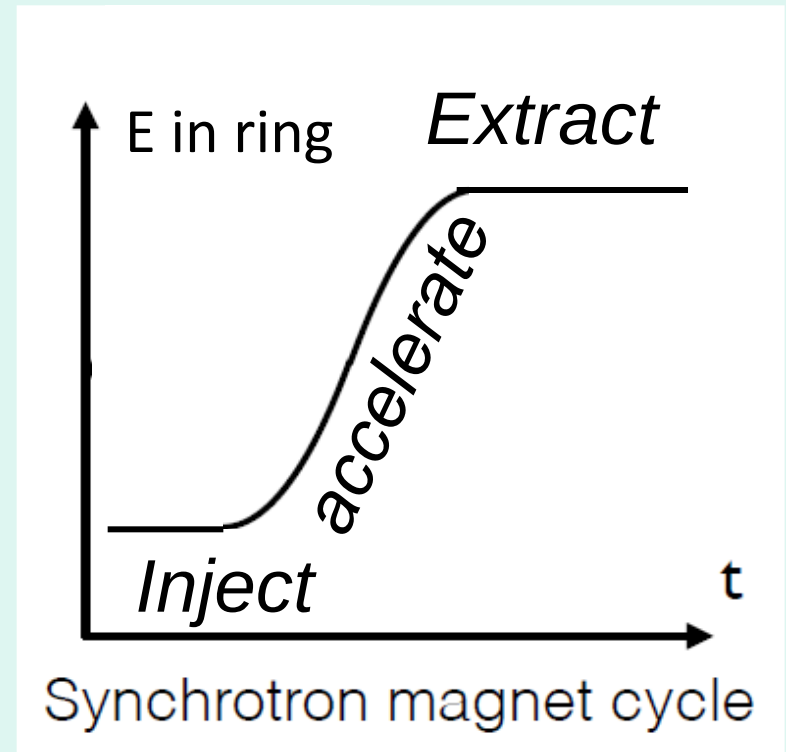


synchrotron

C-ther. Synchrotron at CNAO, Pavia (it)

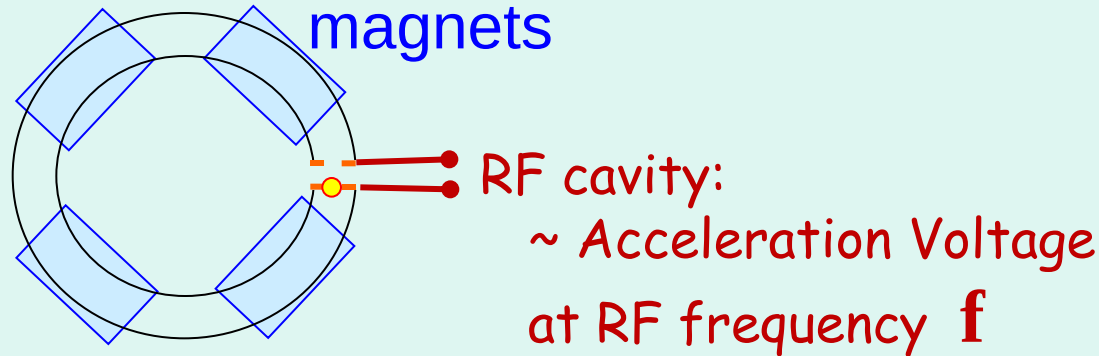


synchrotron



Ion source(s)

Acceleration in synchrotron



Energy increases:

→ speed ↑
 → freq ↑
 → field in magnets ↑

$\frac{p}{Bq} = r = \text{const}$

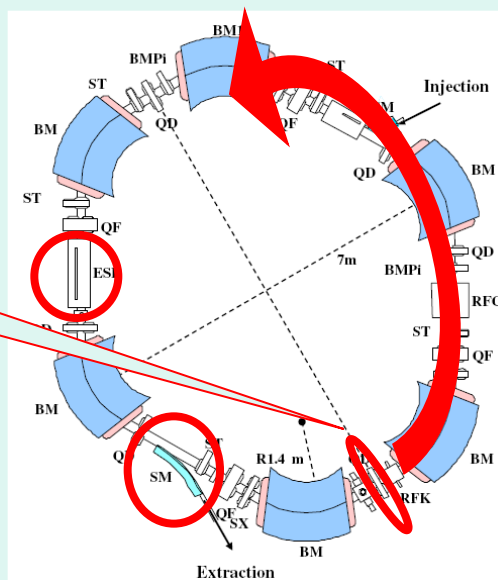
Magnets and RF frequency change
Synchronous to particle revolution frequency

Unstable orbits
→ extracted

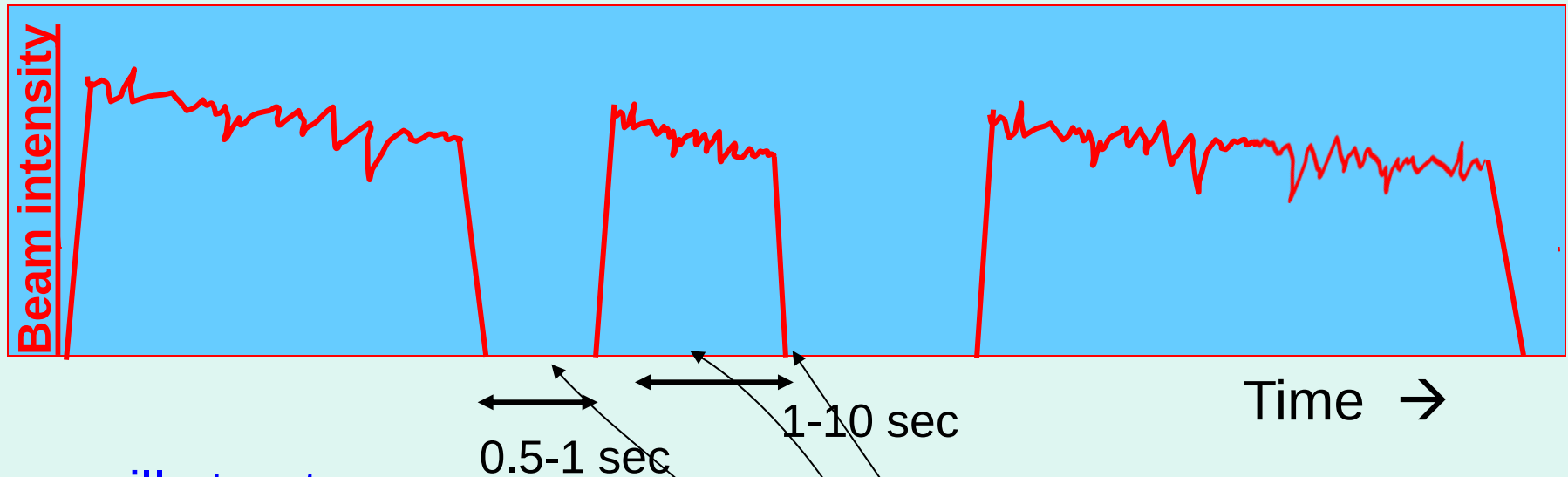
extractor

RF kicker: **increases**
emittance (beam
size)

stable beam
acceptance limit

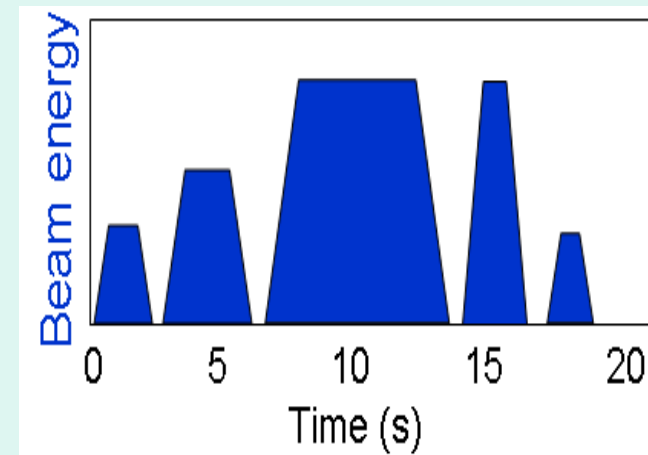


Synchrotron beam: noisy & spills



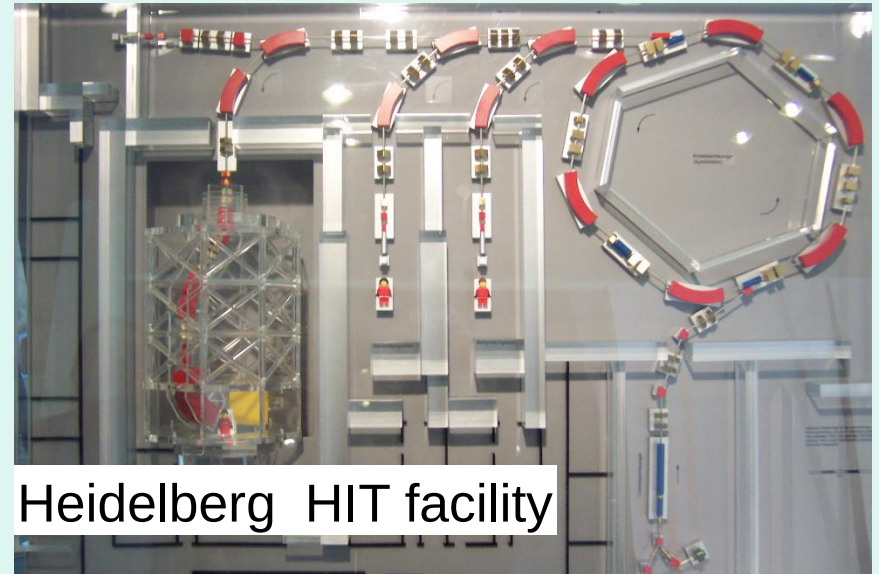
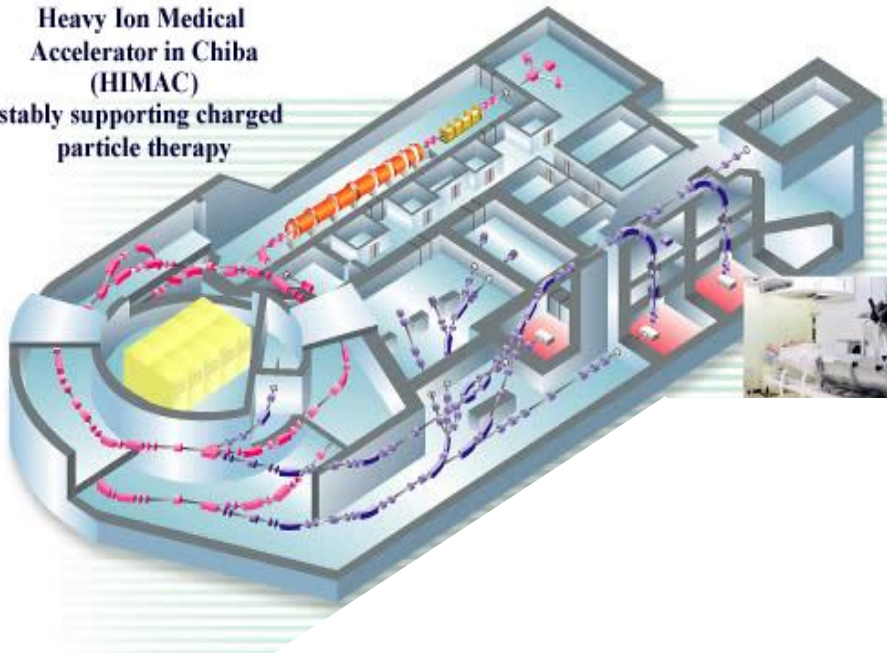
spill structure

- fill ring with $\sim 10^{11}$ particles
- accelerate to desired energy
- extract slowly during 1-10 sec
- decelerate and dump unused particles

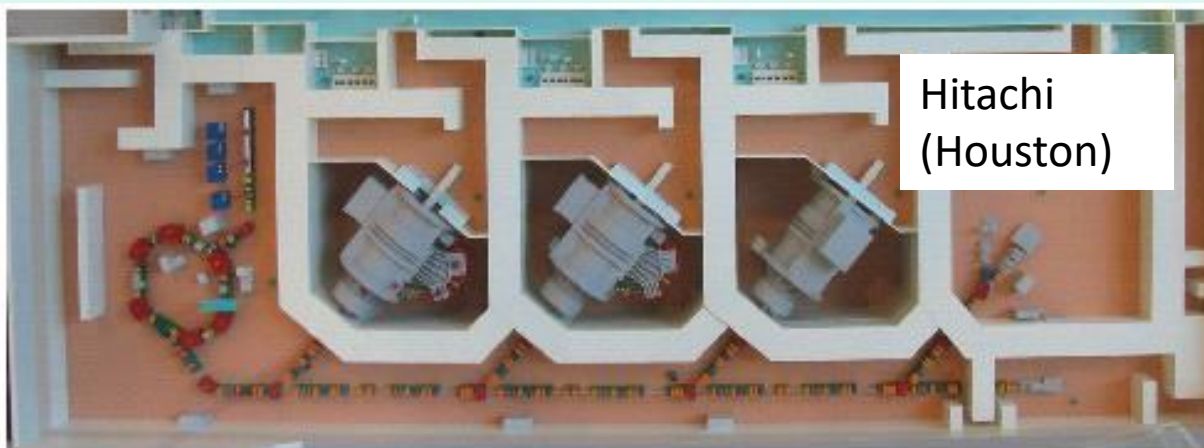


Ion therapy: synchrotron facilities

Heavy Ion Medical
Accelerator in Chiba
(HIMAC)
stably supporting charged
particle therapy

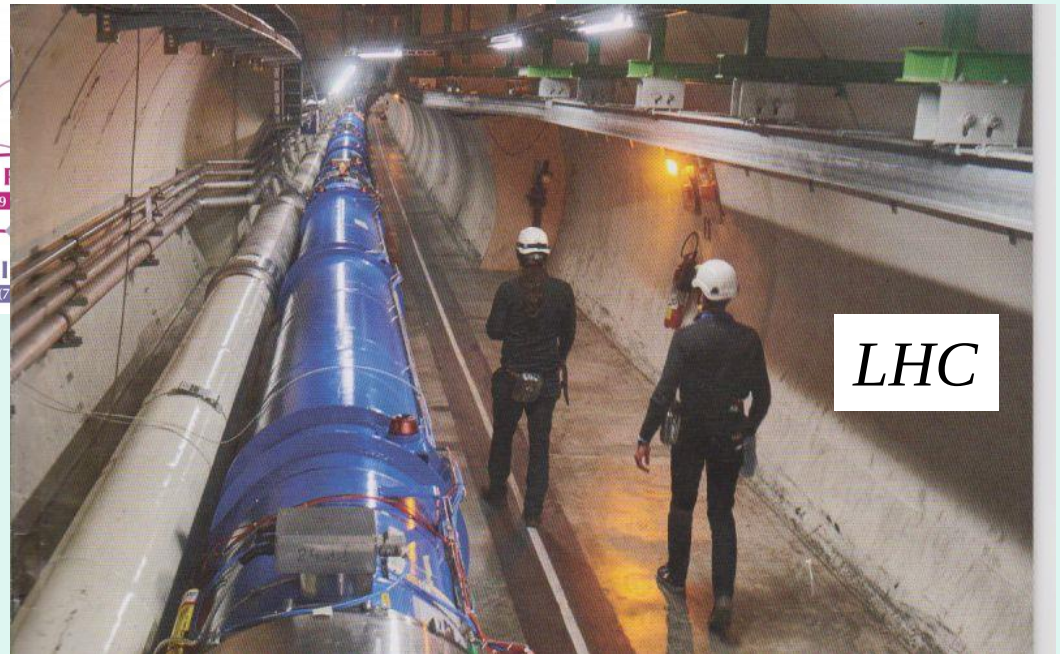
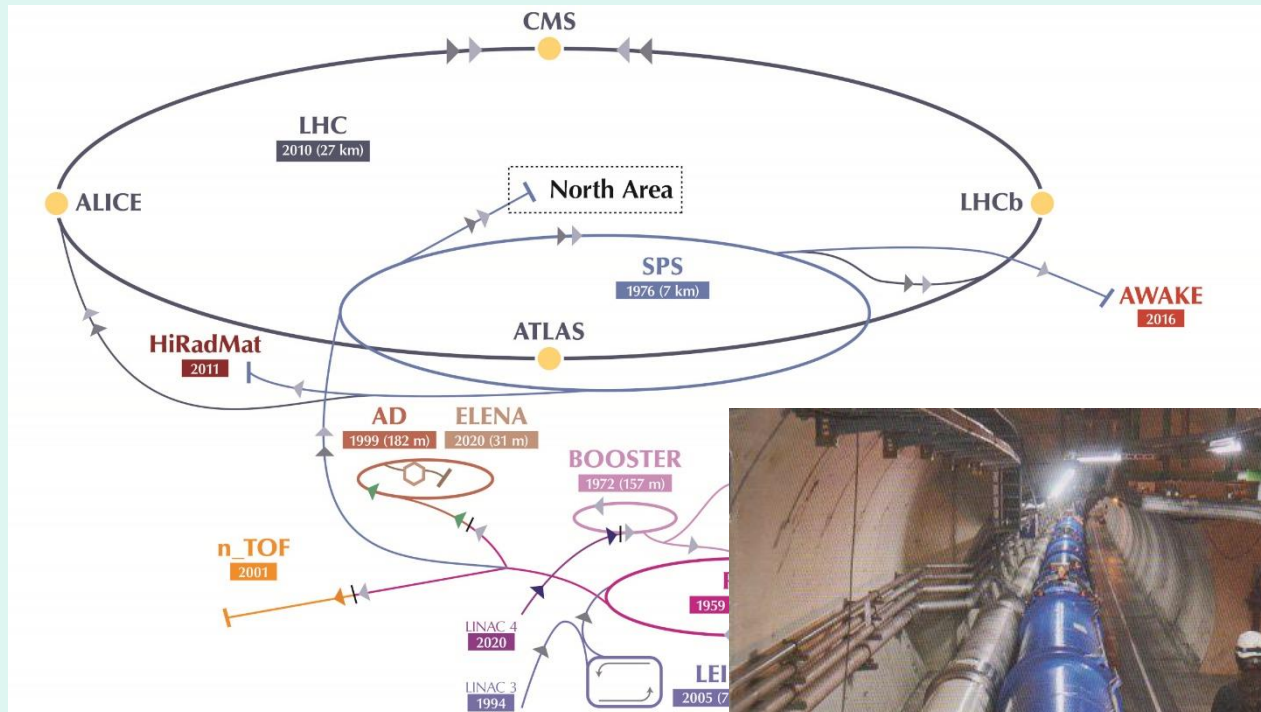


Heidelberg HIT facility



Hitachi
(Houston)

Synchrotrons at CERN



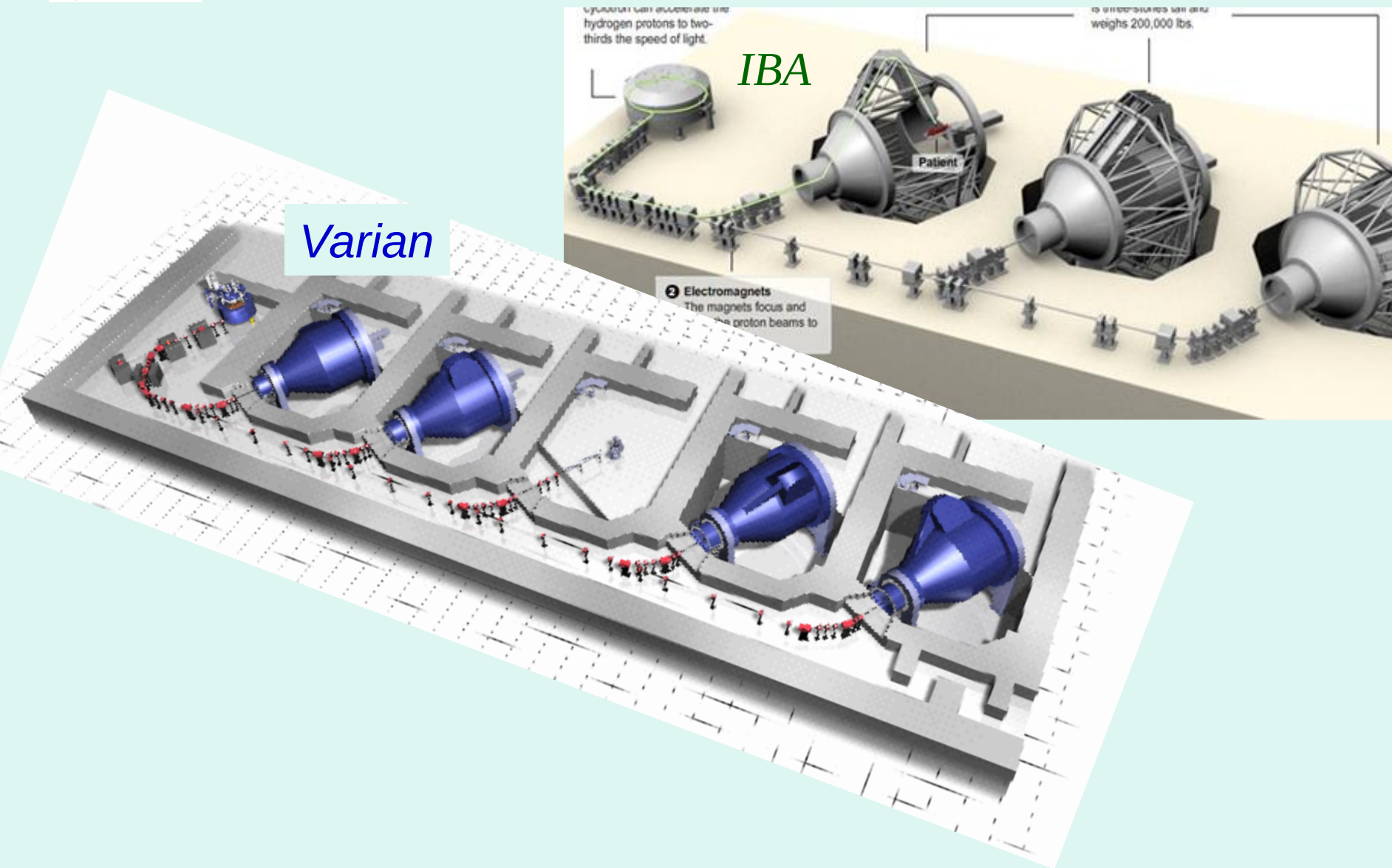


Differences with synchrotrons **for research** at e.g. CERN:

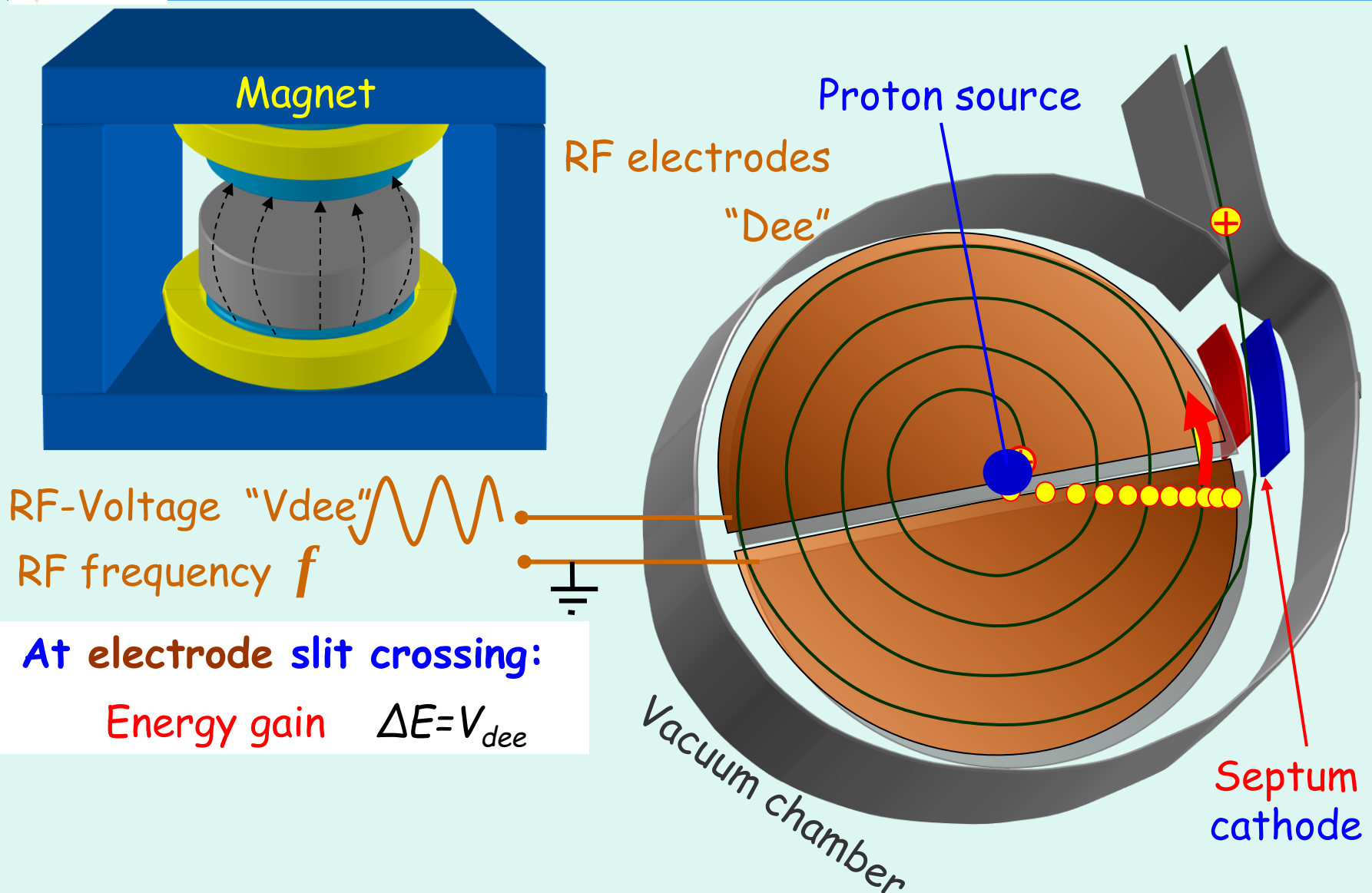
	proton th.	carbon th.	research (LHC-1beam)
Particles	p	p, He, C,	e, p,Pb
Size (Ø)	6-8 m	25 m	100m-8.5 km
Energy	300 MeV	450 MeV/nucl	6.5 TeV
Nr of part.	$10^{10} - 10^{11}$	$10^{10} - 10^{11}$	3×10^{14}
E stored	50 J	1000 J	300 MJ
Inj+acc	10-20 s	10-20 s	30 min
what is done	slow extract.	Slow extract.	No extr.



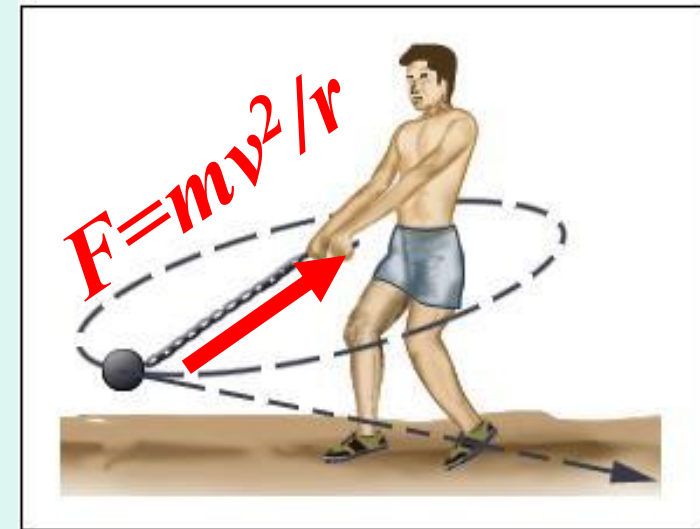
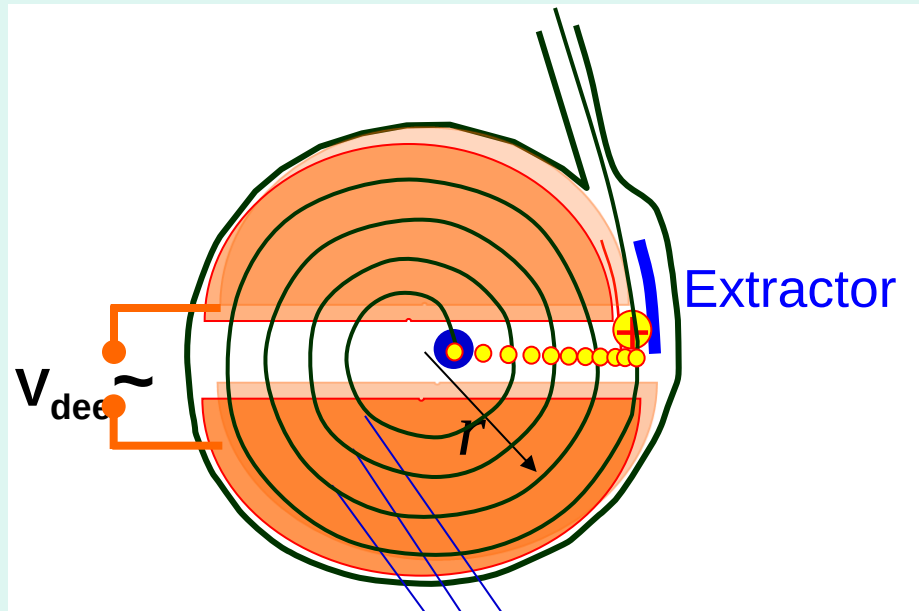
Layout of cyclotron facilities



Cyclotron (1930)



Cyclotron



(almost) circular orbits:

Centripetal force = Magnetic force

$$\Rightarrow T_{circle} = \frac{2\pi \cdot r}{v} = \frac{2\pi \cdot m}{Bq} \quad \text{if } B=2.4\text{T} \rightarrow T_{circle} \approx 30 \text{ ns}$$

$\Rightarrow T_{circle}$ independent of orbit radius r

Protons leave cycl. every 30 ns $\rightarrow$ in fact **DC beam: CW**

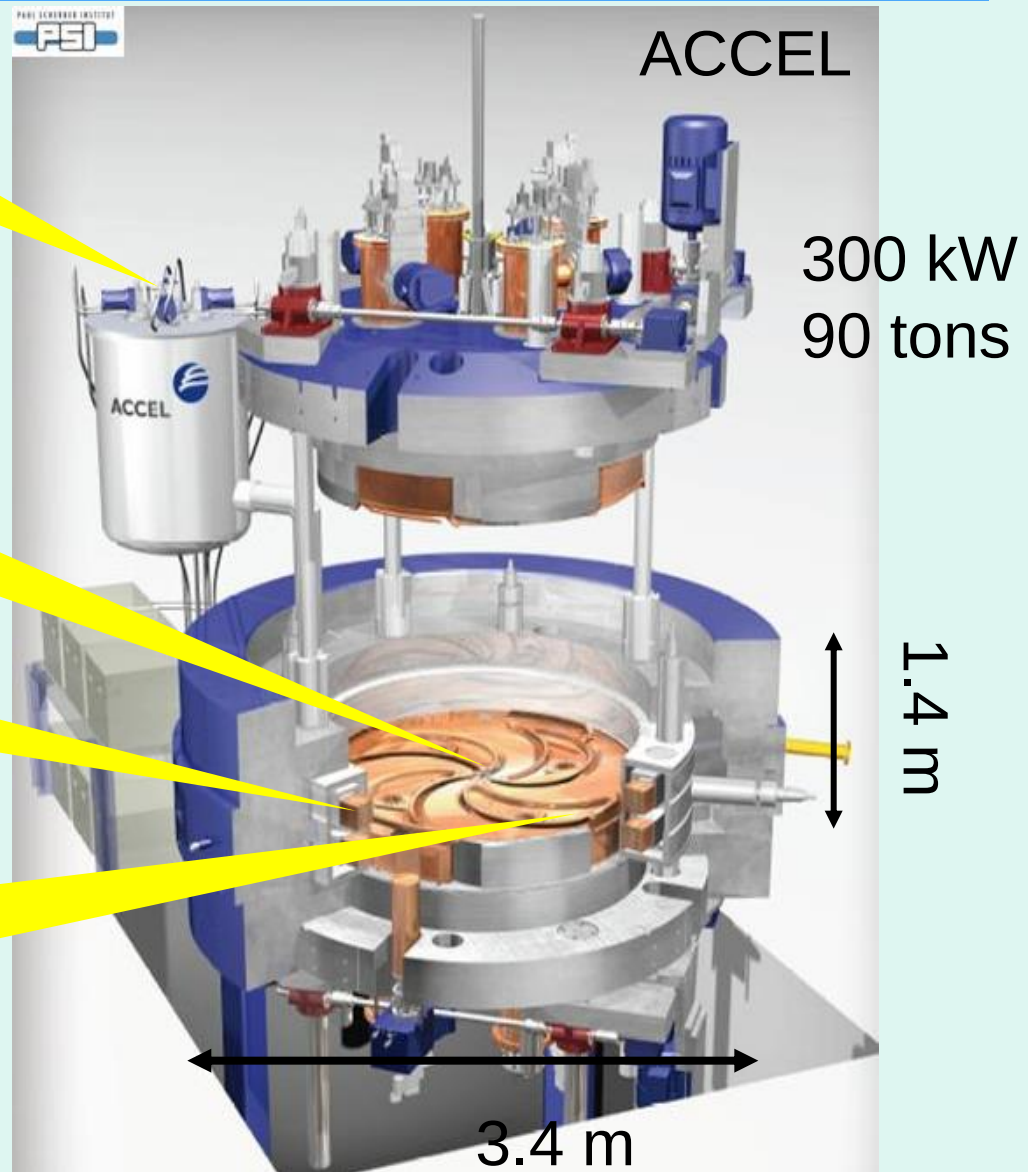
250 MeV proton cyclotron (ACCEL/Varian)

Closed He system
4 x 1.5 W @4K

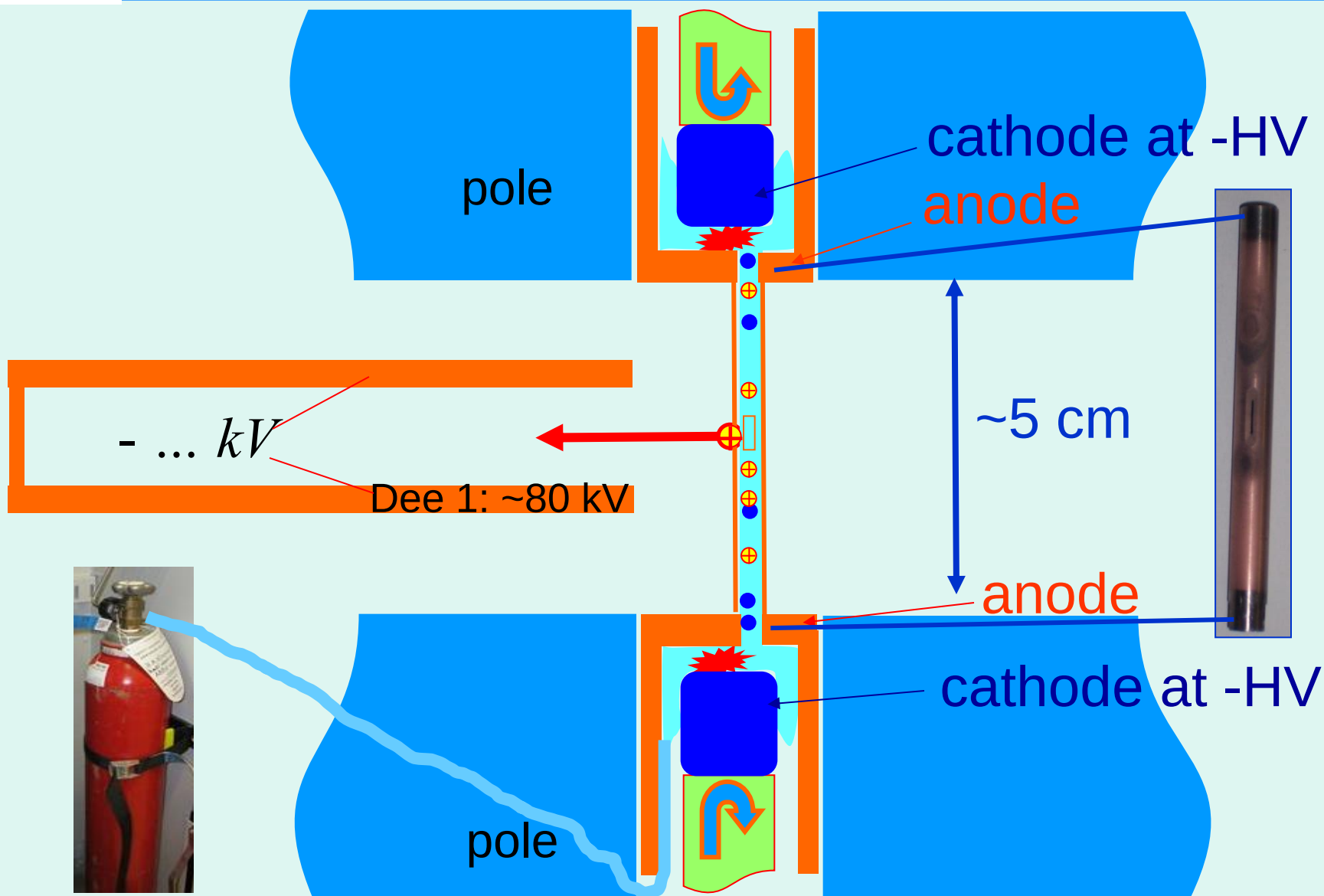
Proton source

superconducting coils
 $\Rightarrow 2.4 - 3.8 \text{ T}$

4 RF-cavities:
72 MHz ($h=2$)
 $\sim 80 \text{ kV}$



Internal proton source



Problem with high E

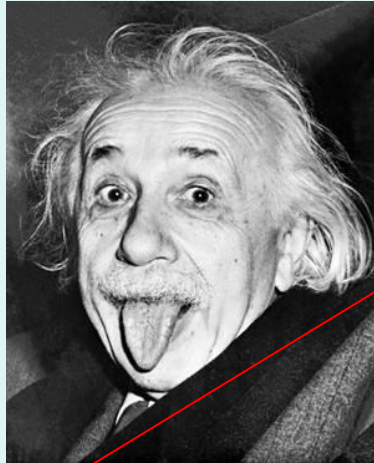
Circular orbits:

$\Rightarrow T_{\text{circle}}$ independent from radius r

$$T_{\text{circle}} = \frac{2\pi m}{q \cdot B}$$

$\Rightarrow m \uparrow \Rightarrow T_{\text{circle}} \uparrow$

However.....

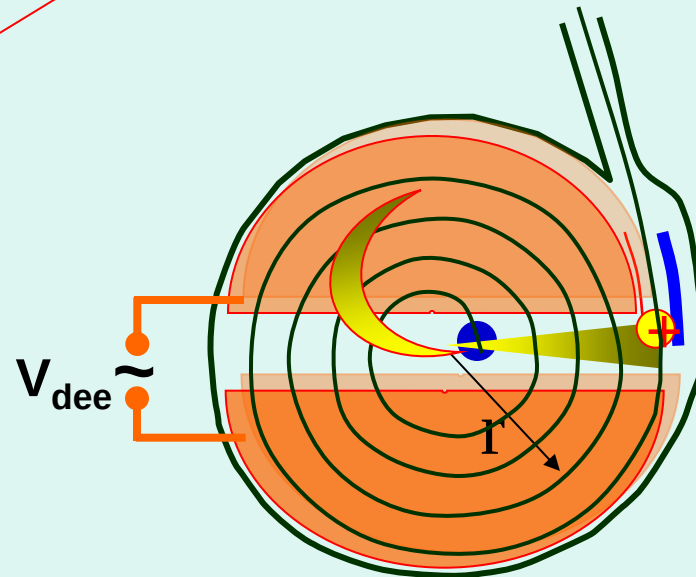


when $v \rightarrow c$:

$$m = \frac{m_0}{\sqrt{1 - v^2/c^2}} = \gamma \cdot m_0$$

30 MeV p: $v/c=0.24 \rightarrow m=1.03m_0$

250 MeV p: $v/c=0.61 \rightarrow m=1.27m_0$



$\Rightarrow$ particles lose pace with frequency of V_{dee} (RF).

How to keep Isochronous Cyclotron

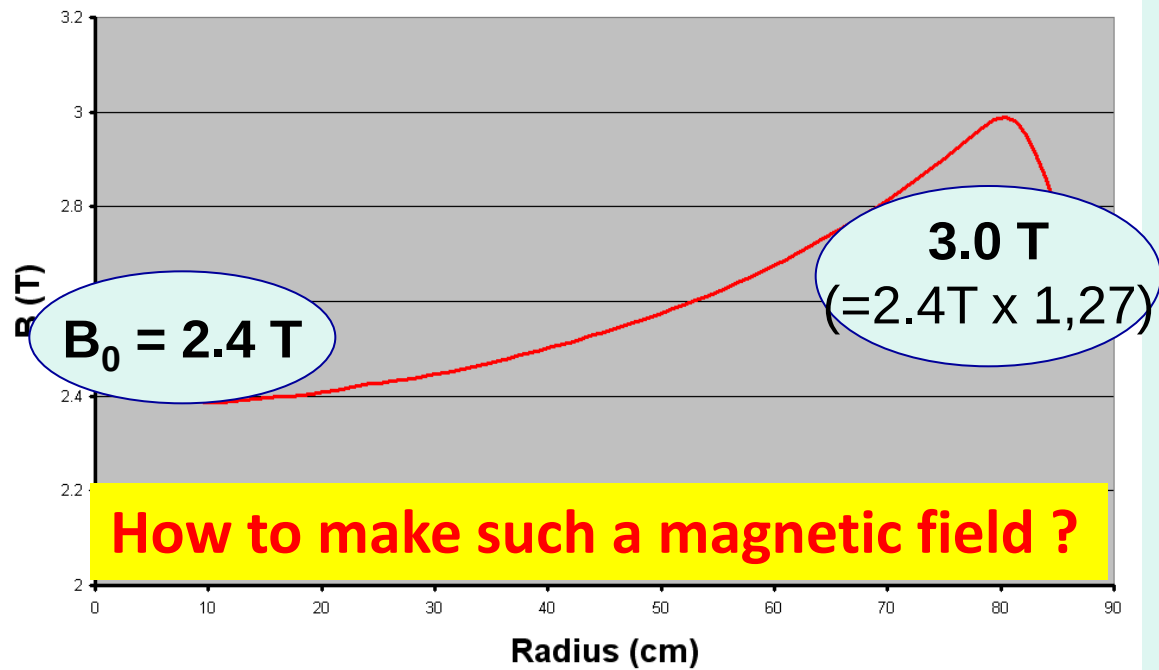
$$m = \frac{m_0}{\sqrt{1 - v^2/c^2}} = \gamma \cdot m_0$$

$$T_{circle} = \frac{2\pi \cdot m}{q \cdot B}$$

Remedy:

Increase B with
radius in cyclotron:

$$B(r) = \gamma(r) \cdot B(r=0)$$

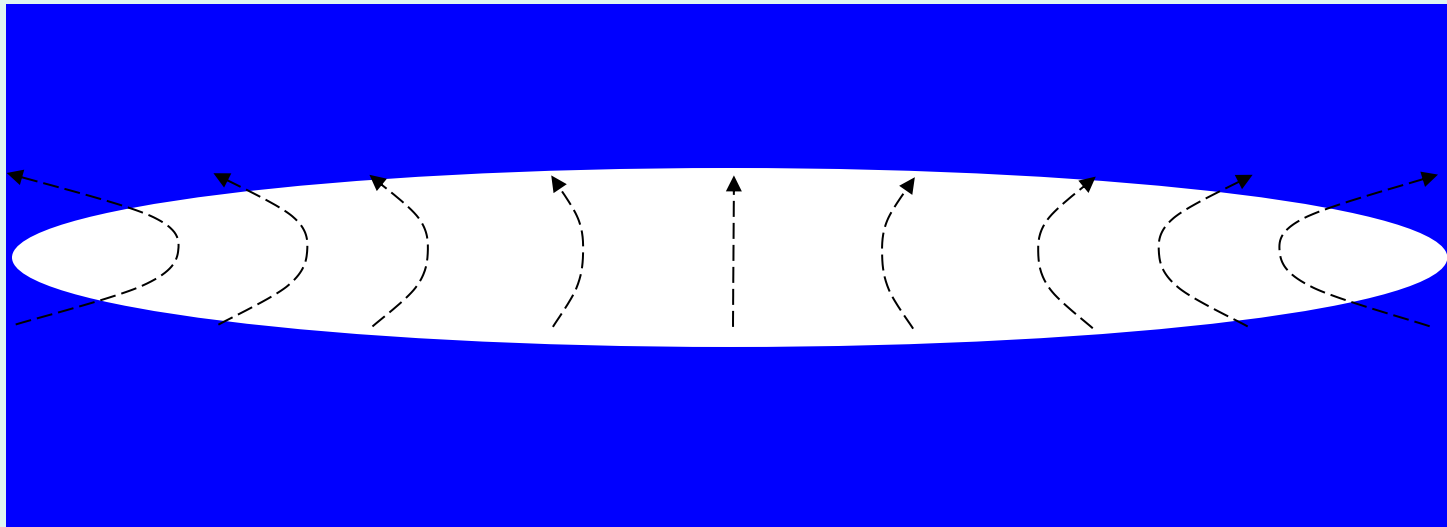


Isochronous Cyclotron

$$B(r) = \gamma(r) \cdot B(r=0)$$

Made by e.g. **decreasing pole gap** at large Radius

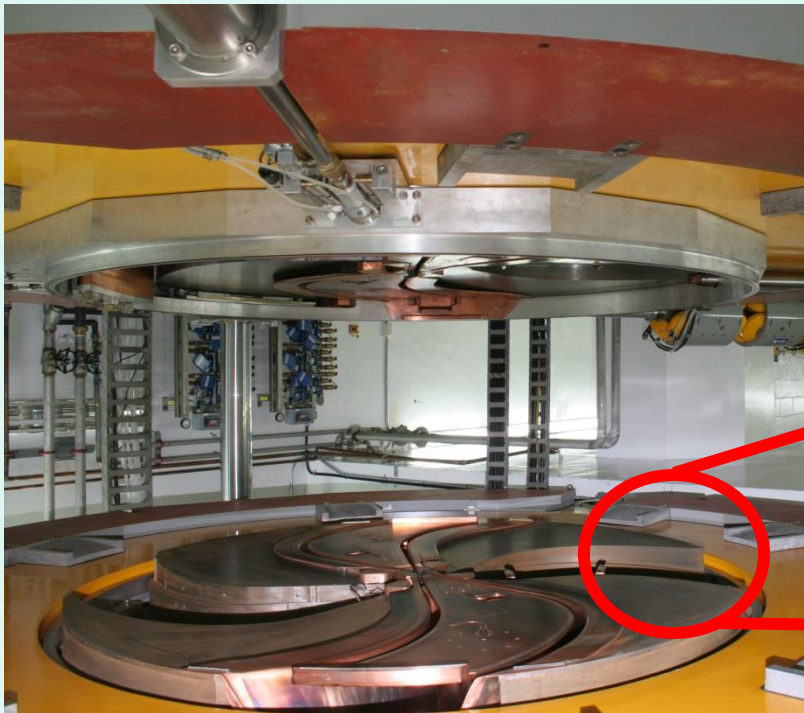
e.g: IBA and SHI 235 MeV cyclotron



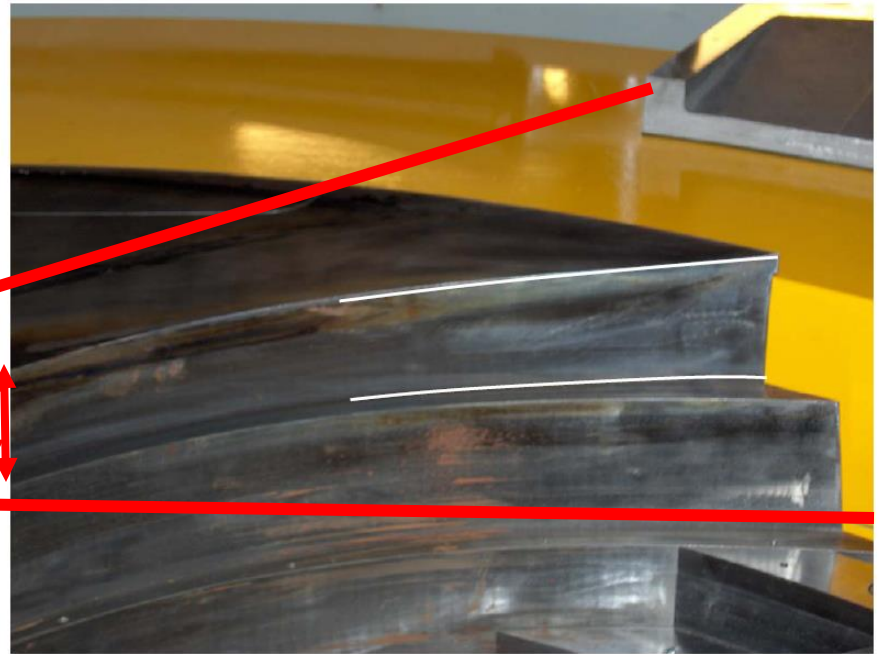
Isochronous Cyclotron

$$B(r) = \gamma(r) \cdot B(r=0)$$

Increase field by decreasing
pole gap with radius

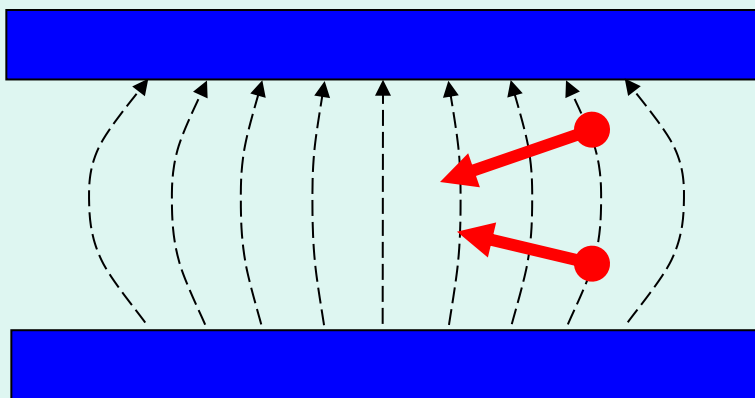


Elliptical gap between poles C235



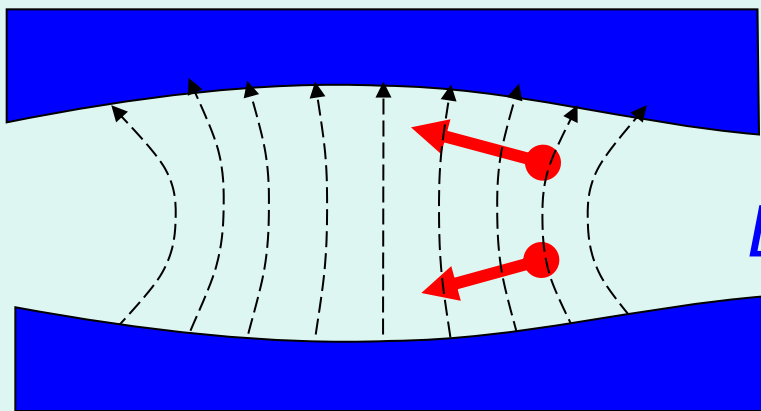
Vertical focusing is important

Definition of radial variation of field (**field index**): $n(r) = -\frac{dB(r)}{dr} \frac{r}{B(r)}$



B decreases with radius, so:

$$dB/dr < 0 : n > 0$$



B increases with radius, so:

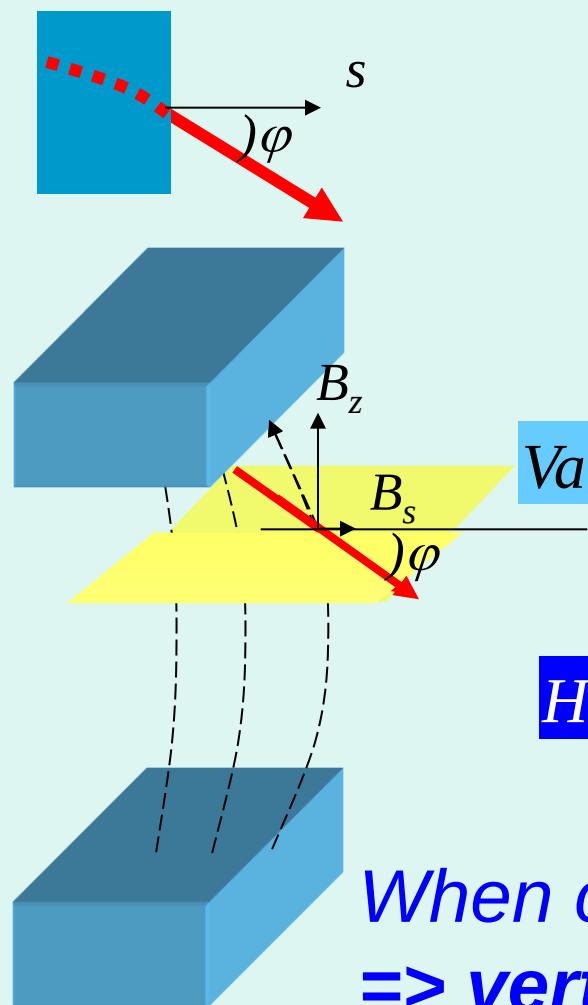
$$dB/dr > 0 : n < 0$$

(since $v_z^2 = n$)

only focusing if **$n > 0$**

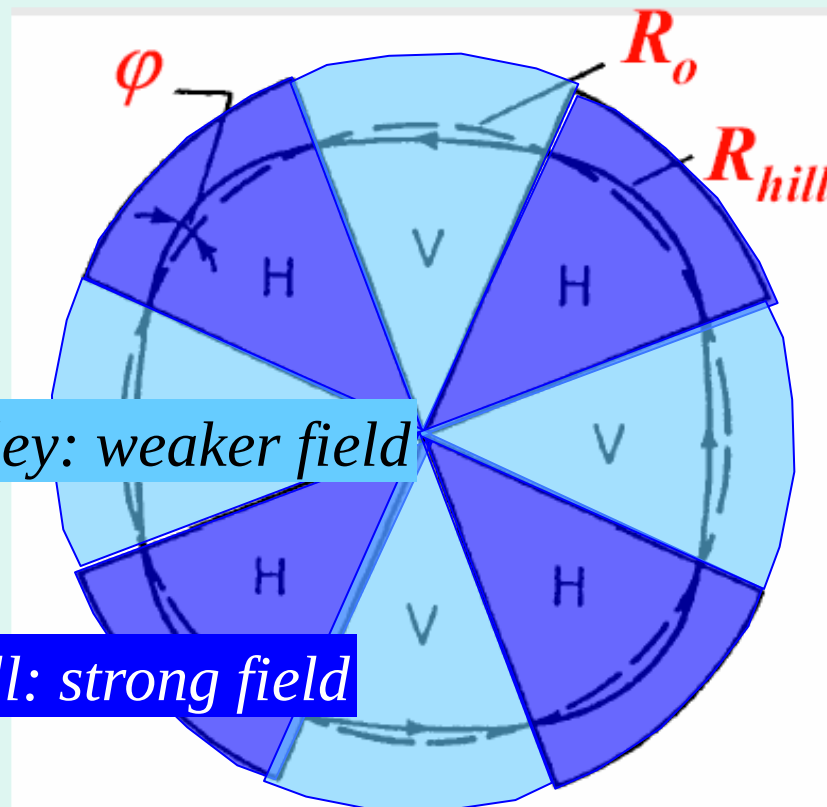
Vert. focusing: Azimuthally Varying Field

Thomas-Cyclotron (1938)



Valley: weaker field

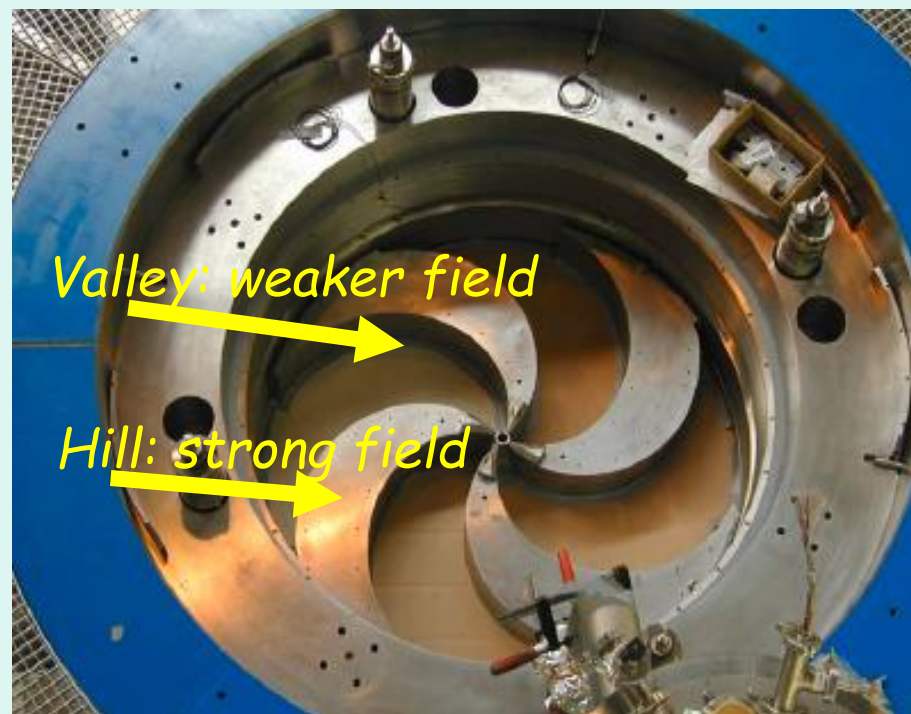
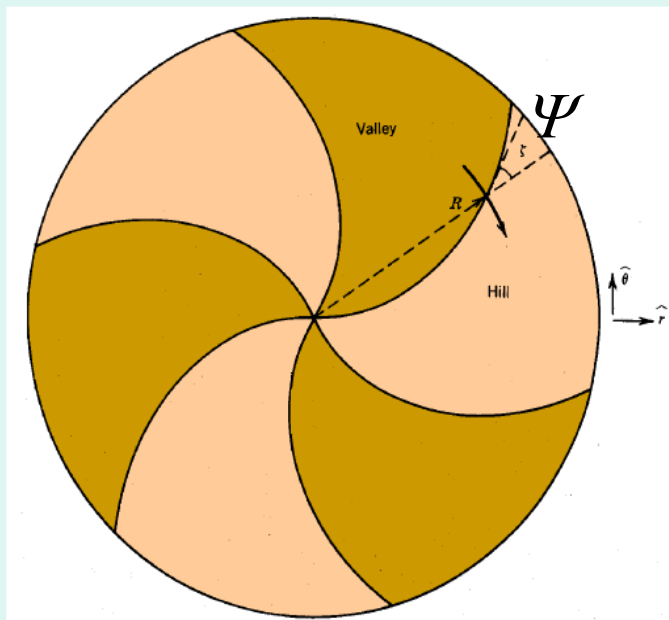
Hill: strong field



When crossing B change is **not** $\perp$
 $\Rightarrow$ vertical force from $\vec{B} \times \vec{v} \rightarrow B_s \cdot v$

Vert. focusing: Azimuthally Varying Field

Azimuthally Varying Field cyclotron



to **compensate** increasing $B\rho$

=> **increase angle ψ with radius** => **spiral shape**

OR: Synchro-Cyclotron

stronger magn.fields → Smaller machines !

But at strong fields:

Iron saturates

→ field drops with radius.

→ T_{circle} increases with radius.

Other Remedy=

Decrease f_{RF} with radius + extract

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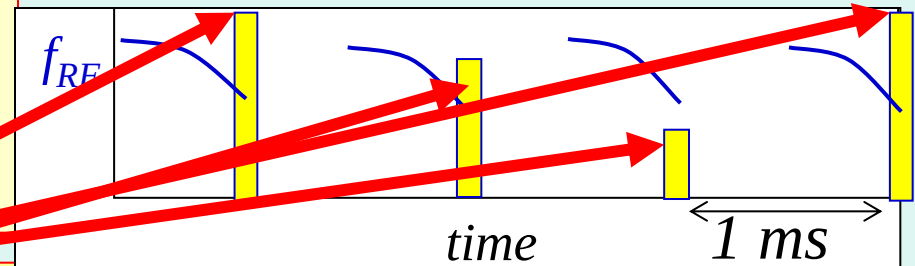
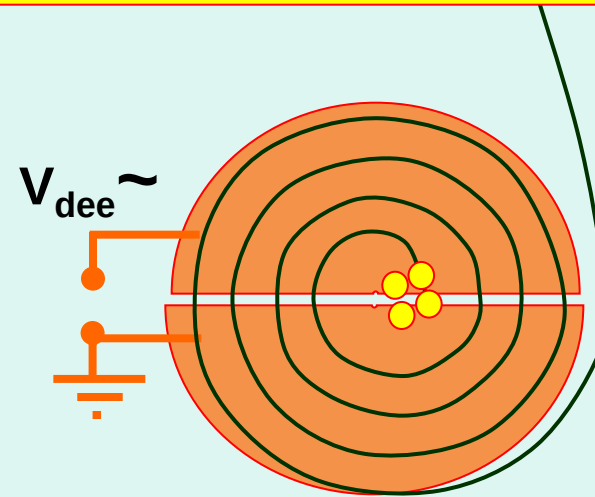
→ T_{circle} increases with radius.

Other Remedy=

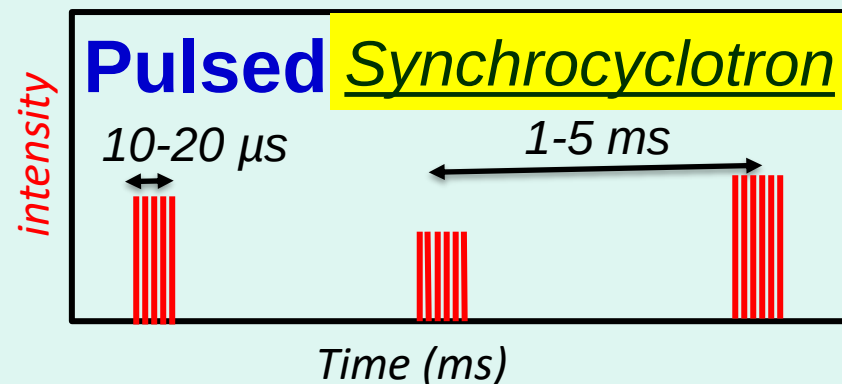
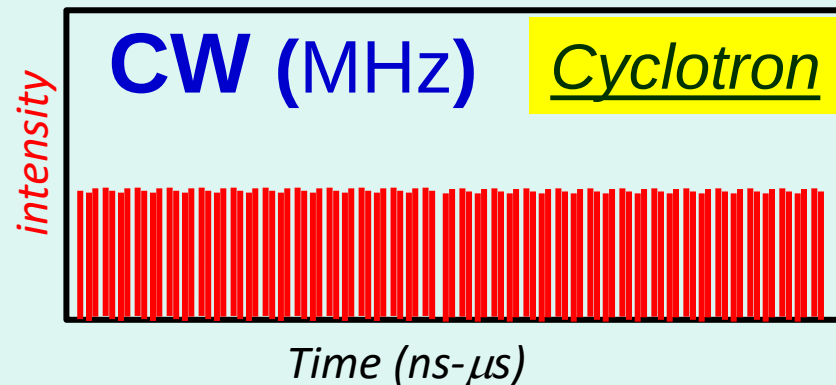
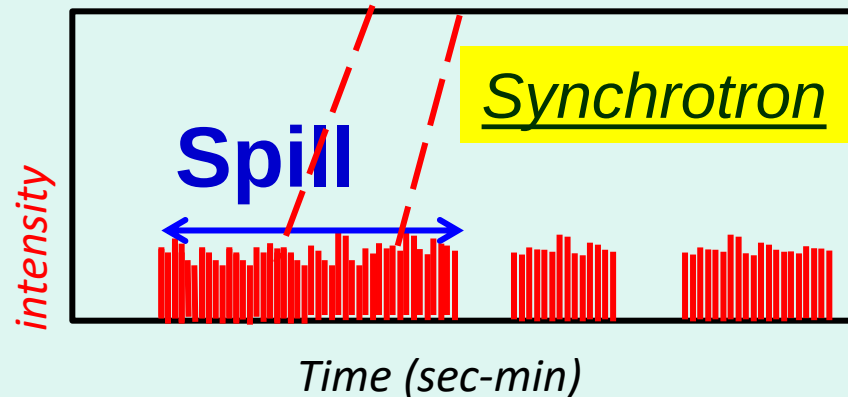
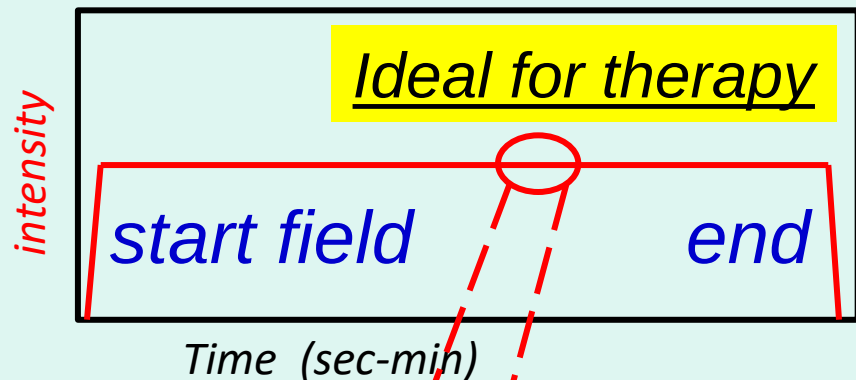
Decrease f_{RF} with radius + extract

Repeat 1000 x per sec

Each pulse: set intensity at source within ms
10-30% accuracy



Major difference: time structure



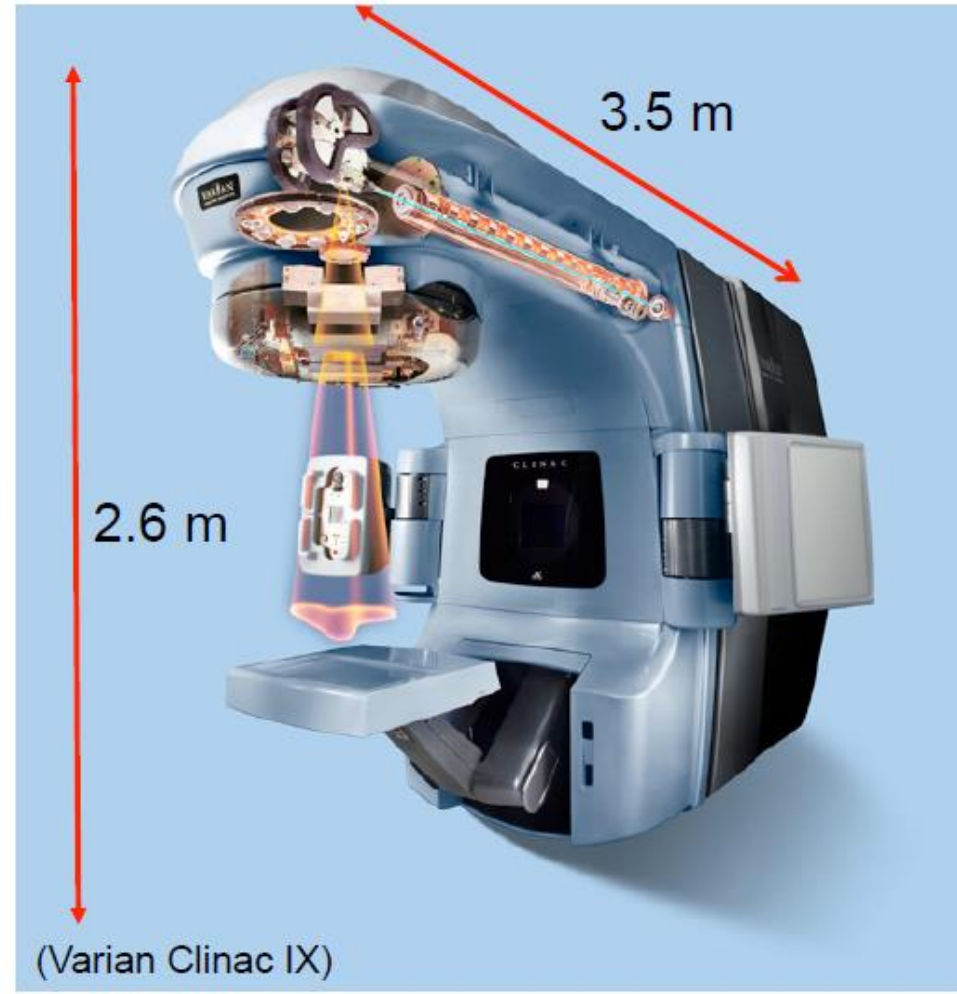
the major differences...

	cycl. (or syn.cycl.)	synchrotron
Size Ø	3.5 - 5 m (< 2m)	6-8 m (C: 25 m)
Carbon ions	in development	easy
Change particle	in development	easy
Time structure	continuous (pulsed)	dead time
Energy	fixed	variable, high
Fast E-scanning	degrader + shielding	next spill
Intensity	“any” + adjustable (limited per pulse)	limited in spill

Gantries

Gantry in conventional radiotherapy

- The whole linac is inside the gantry
- The gantry head can pass between patient and floor for irradiation from below



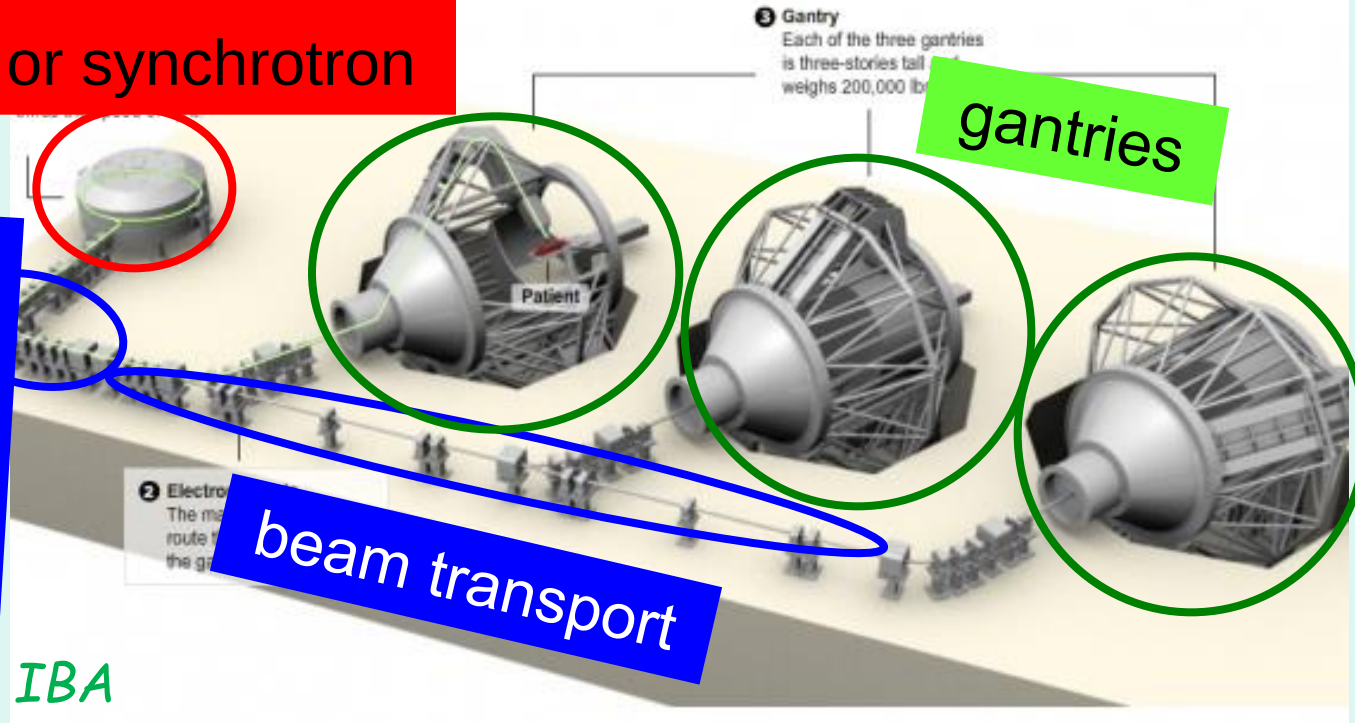
Proton therapy facility

cyclotron
or synchrotron

At cyclotron
exit:
degrader+
energy
selection

beam transport

IBA

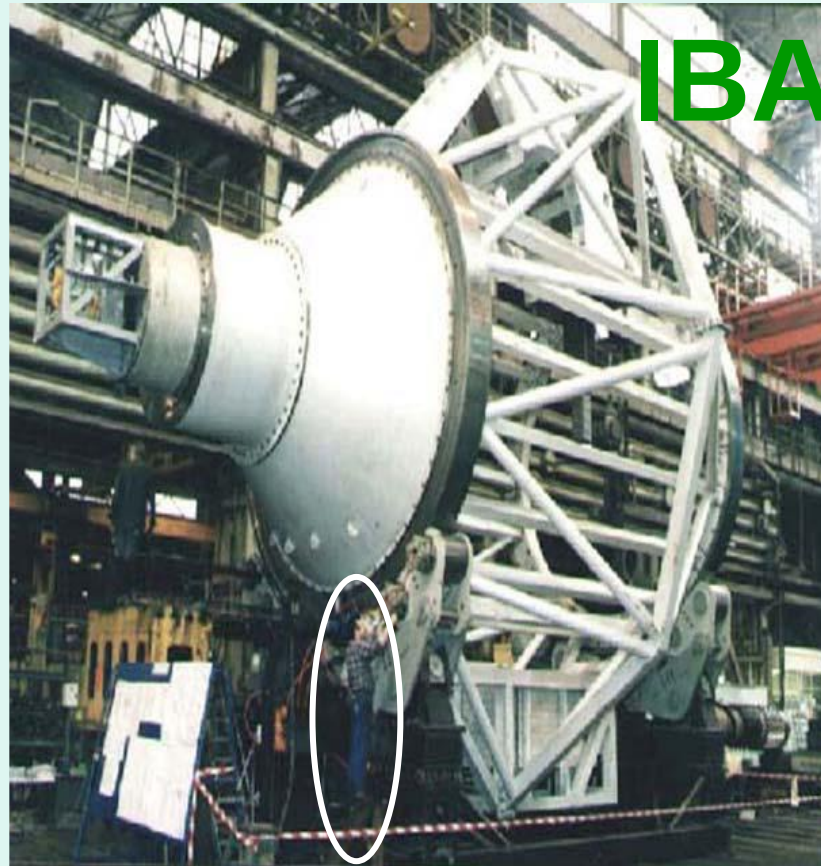


Gantry as seen from patient side



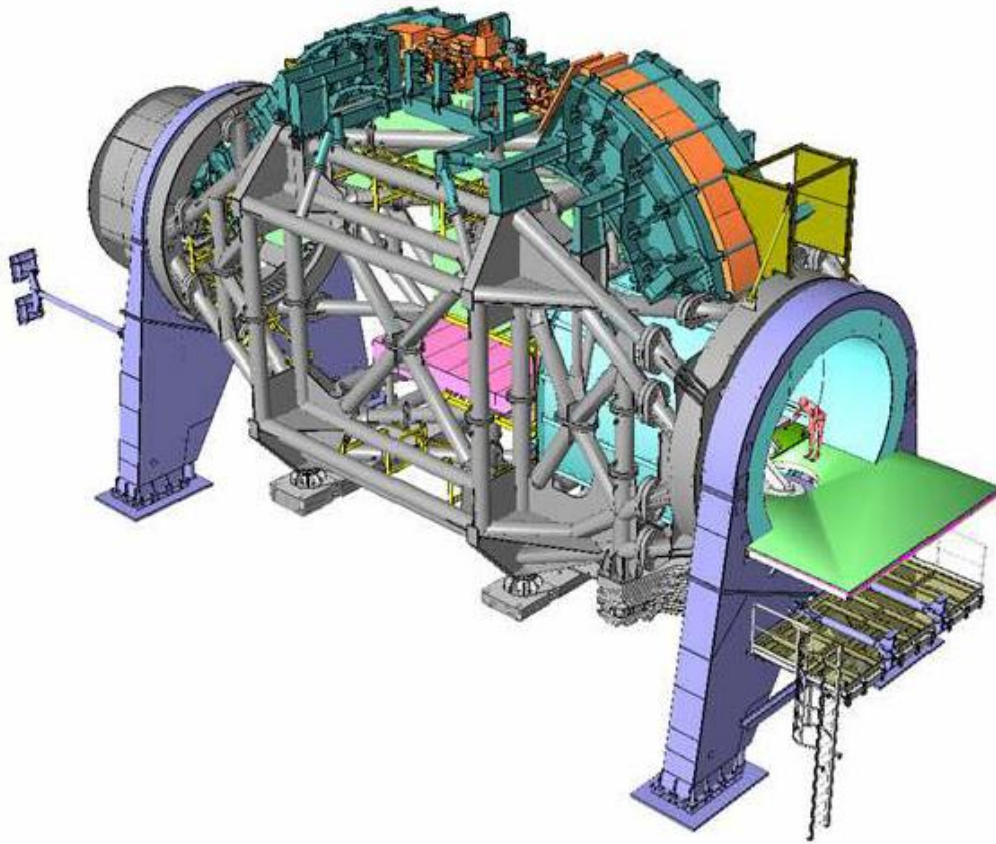
Gantry for protons

Proton gantry: 10-12 m $\varnothing$; 100-200 t.

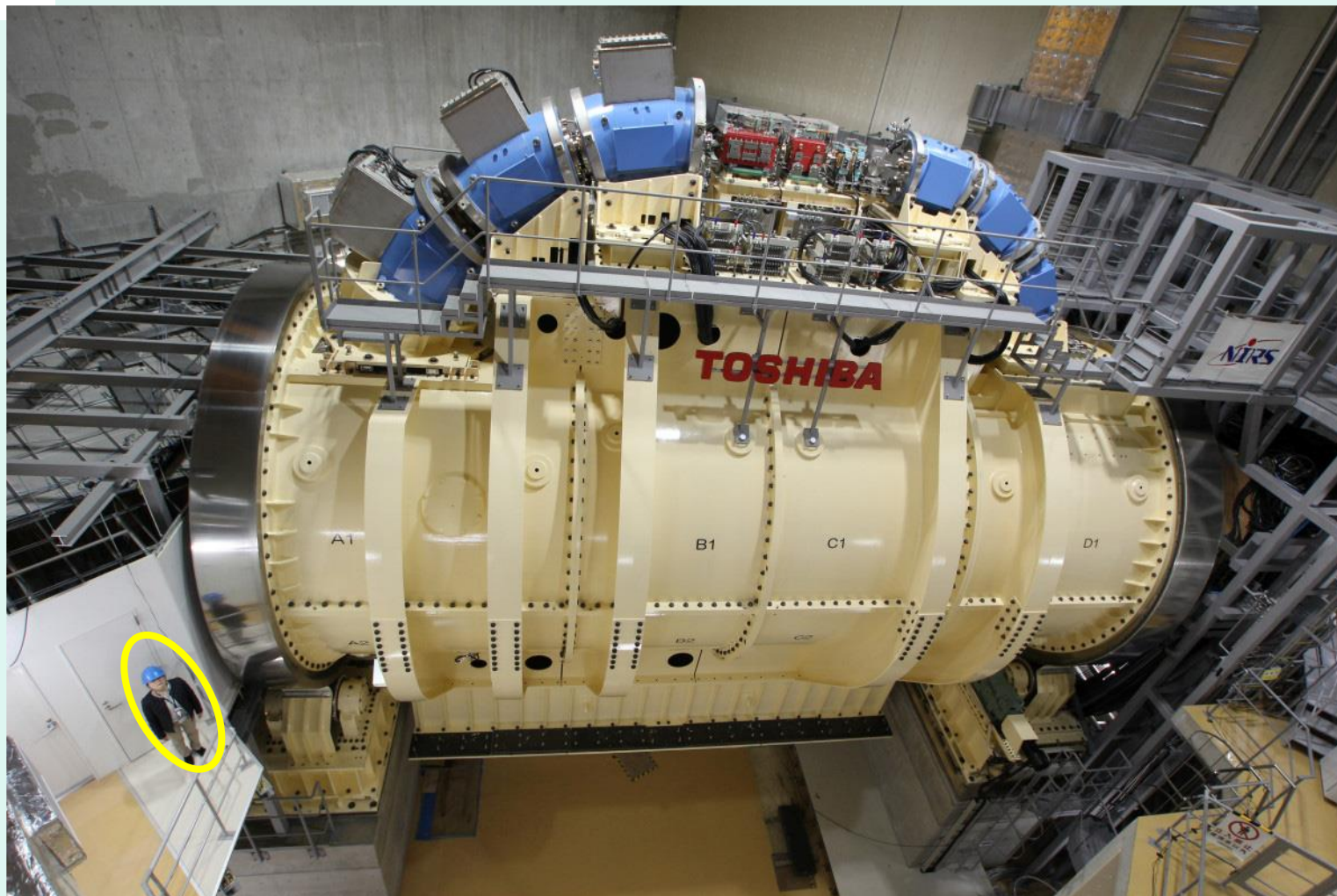


Gantry for C-ions

$L=25\text{ m}$, $\text{diam}=13\text{ m}$
600 tons rotating mass



SC Gantry for C-ions



Iwata 2018: diam=11.5m, L=13 m 300 tons

Recent developments

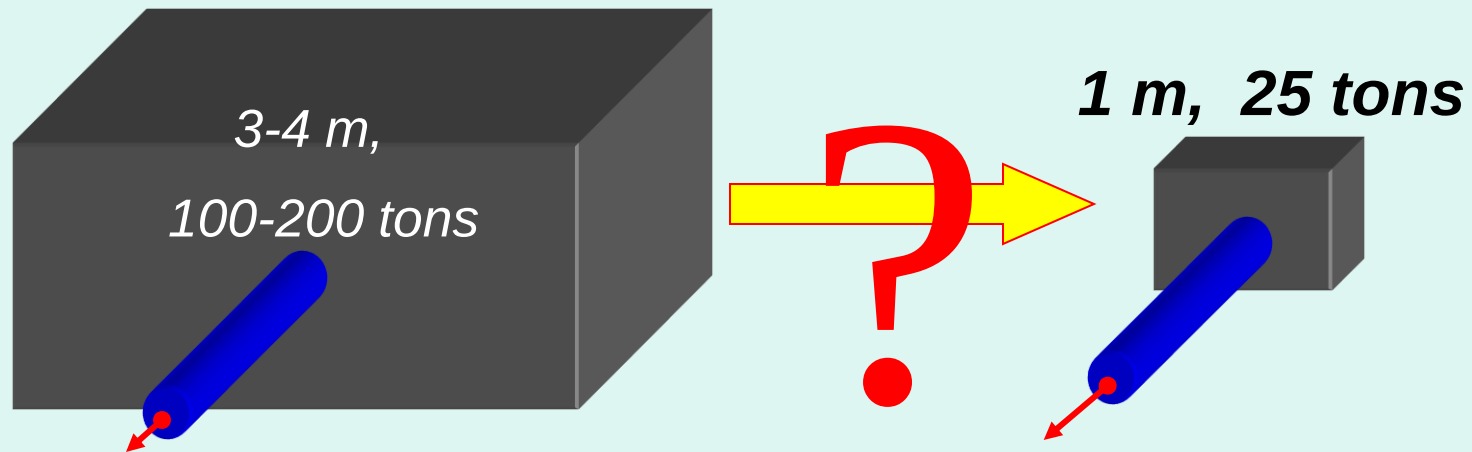
Reduction of costs:

- **Reduce size** of equipment
- **New accelerator types**

Small accelerator

See e.g: J.M. Schippers and T. Lomax, *Acta Oncologica* 50 (2011) 838-850 + refs there in.

How to reduce accelerator size?



250 MeV: $B\rho = 2.4 \text{ Tm}$ ($B\rho$ = magnetic rigidity)

NOW in cyclotrons: $R_{\text{pole}} = 0.8 \text{ m} \rightarrow B = 3 \text{ T}$

To reduce Radius: $\rightarrow R_{\text{pole}} = 0.3 \text{ m} \rightarrow B = 8 \text{ T}$

$\rightarrow$ weight: $\left(\frac{0.3}{0.8}\right)^2 = 14\% = 20\text{-}30 \text{ tons}$

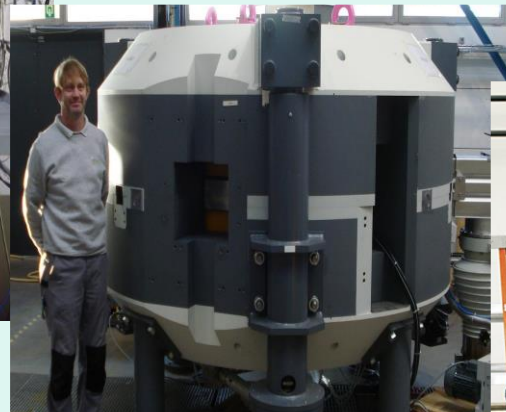
proton therapy cyclotrons



IBA (1996) ,
SHI
250 Tons
**Isochronous
Cyclotron**



Varian (2005)
90 Tons
**Isochronous
Cyclotron**



IBA (2018)
60 Tons
Synchrocyclotron

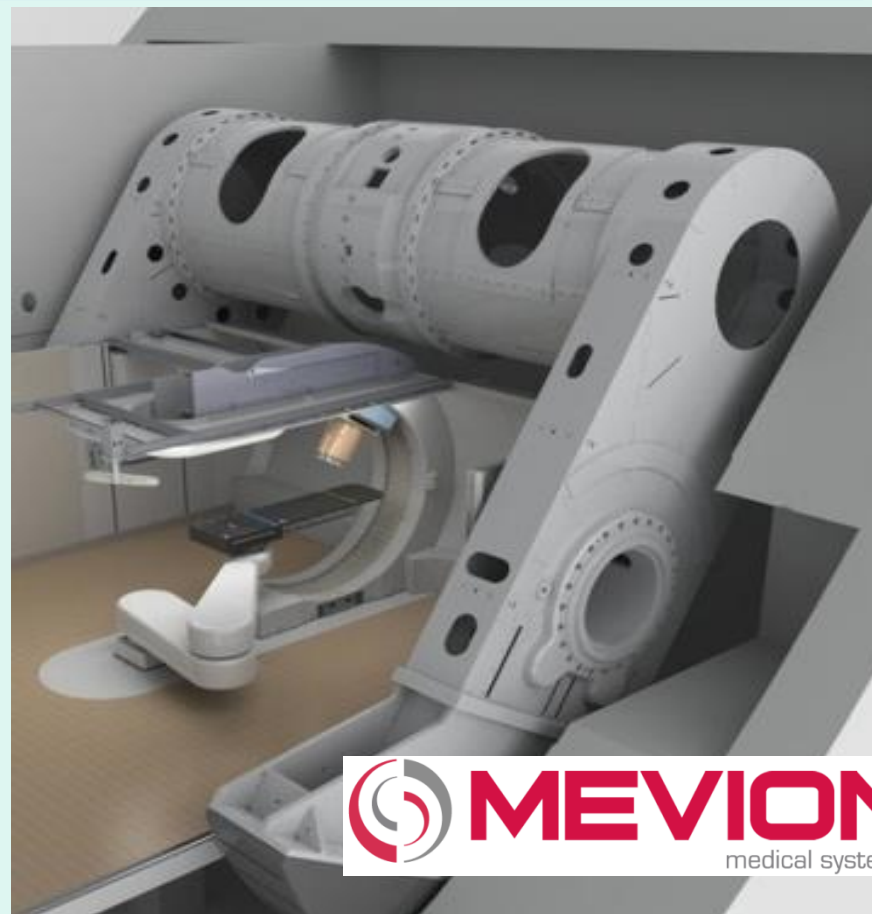


MEVION (2013)
15 Ton
Synchrocyclotron

Superconducting Coils

Synchro-Cyclotron

8-10 T 250 MeV Synchro-cyclotron on a gantry



first beam 2010, In use since dec. 2013

New accelerator developments

IBA's C-400 Hadron Cyclotron

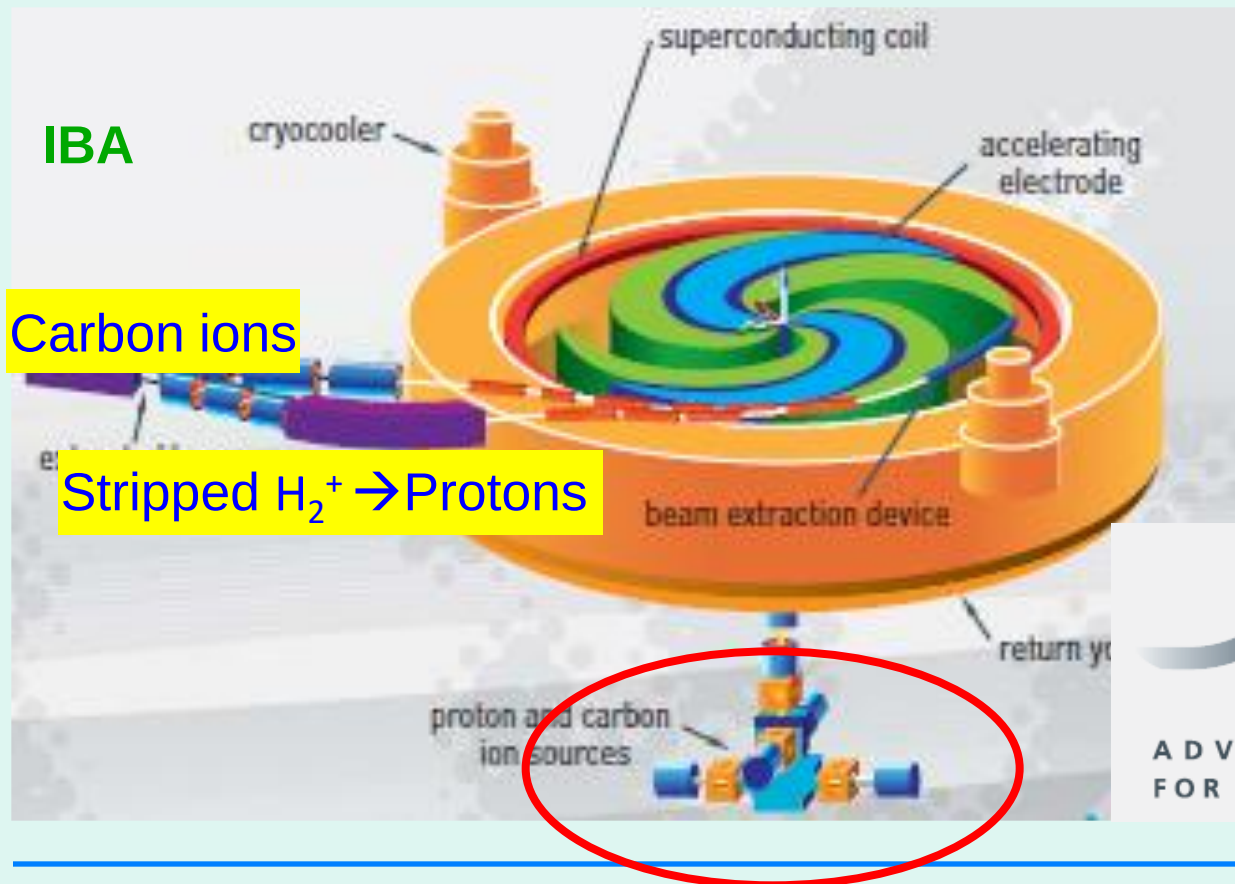
Int. Conf. Cyclotron and appl, Tokyo 2004

IBA C400 CYCLOTRON PROJECT FOR HADRON THERAPY

Y. Jongen, M. Abs, W. Beeckman, A. Blondin, W. Kleeven, D. Vandeplassche, S. Zaremba,
IBA, Belgium

V. Aleksandrov, A. Glazov, S. Gurskiy, G. Karamysheva, N. Kazarinov, S. Kostromin,
N. Morozov, E. Samsonov, V. Shevtsov, G. Shirkov, E. Syresin, A. Tuzikov, JINR, Russia.

400 MeV/nuc $q/A=0.5 \rightarrow$
 C^{6+} , He^{2+} , H_2^+

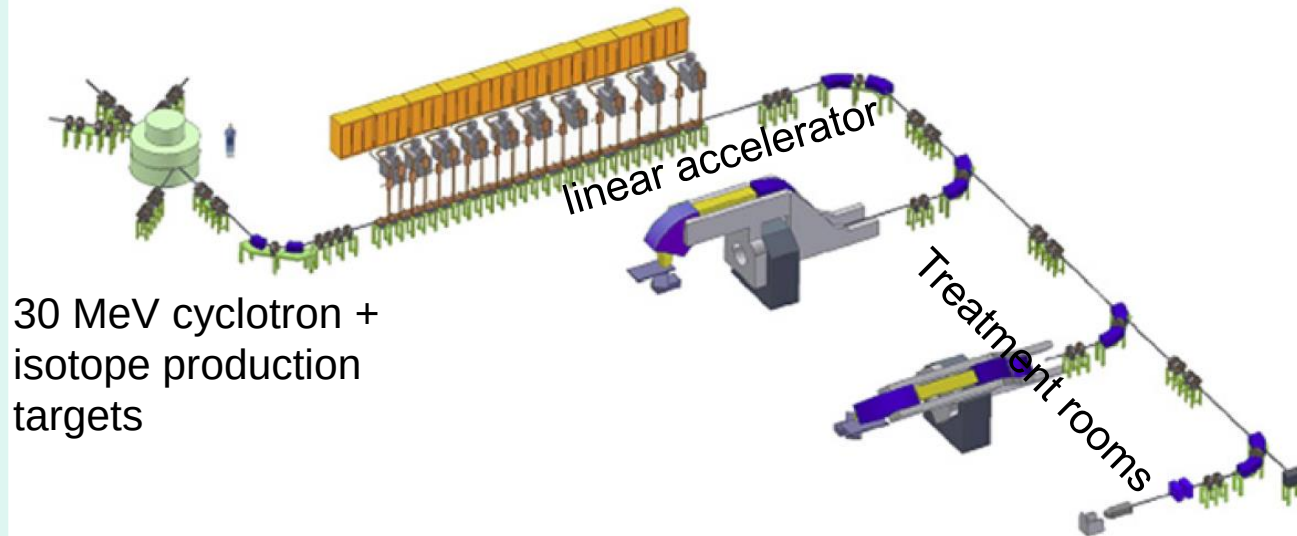


SC coils
2.5 T, Ø 7 m
 $\rightarrow$ 700 tons



High flexibility: fast E-change

Cyclotron-Linac combination



Energy is set per pulse → fast scanning in depth

U. Amaldi et al. / Nuclear Instruments and Methods in Physics Research A 579 (2007) 924–936

Coupled Cavity Linac (CLIC techn)

tanks, with 12 cavities:

Normal conducting copper

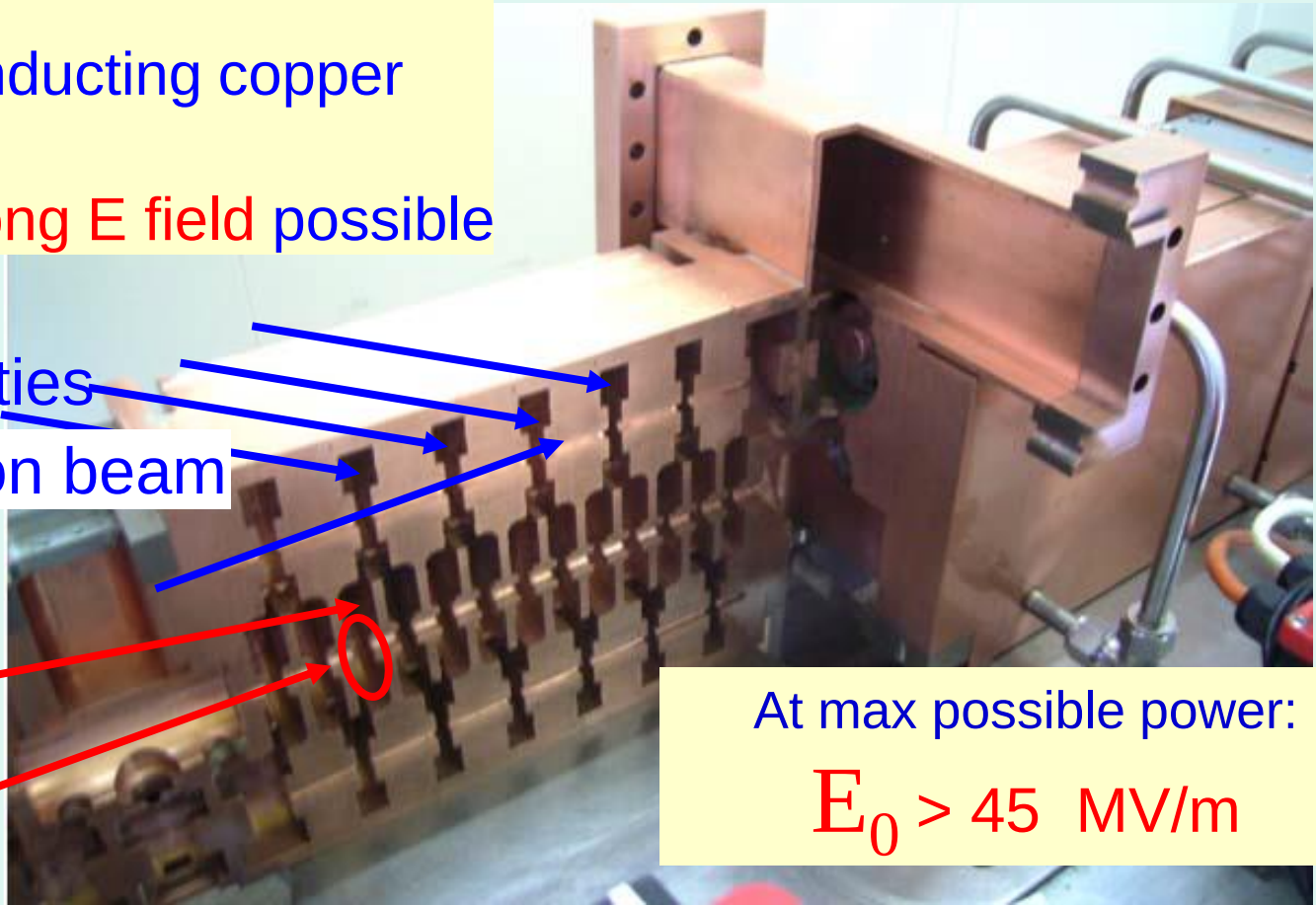
3 GHz: strong E field possible

coupling cavities

Pulsed electron beam

accelerating
cavities (12)

Proton Beam

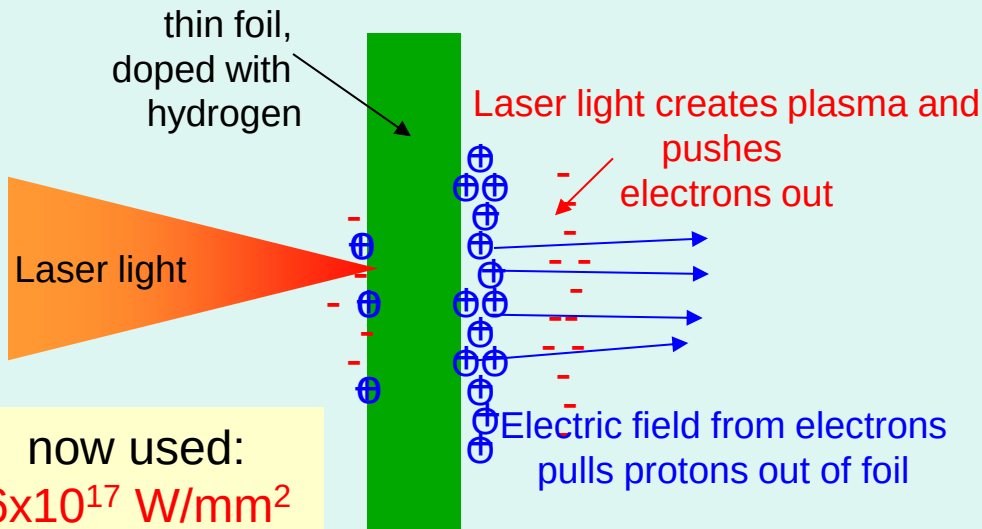


At max possible power:

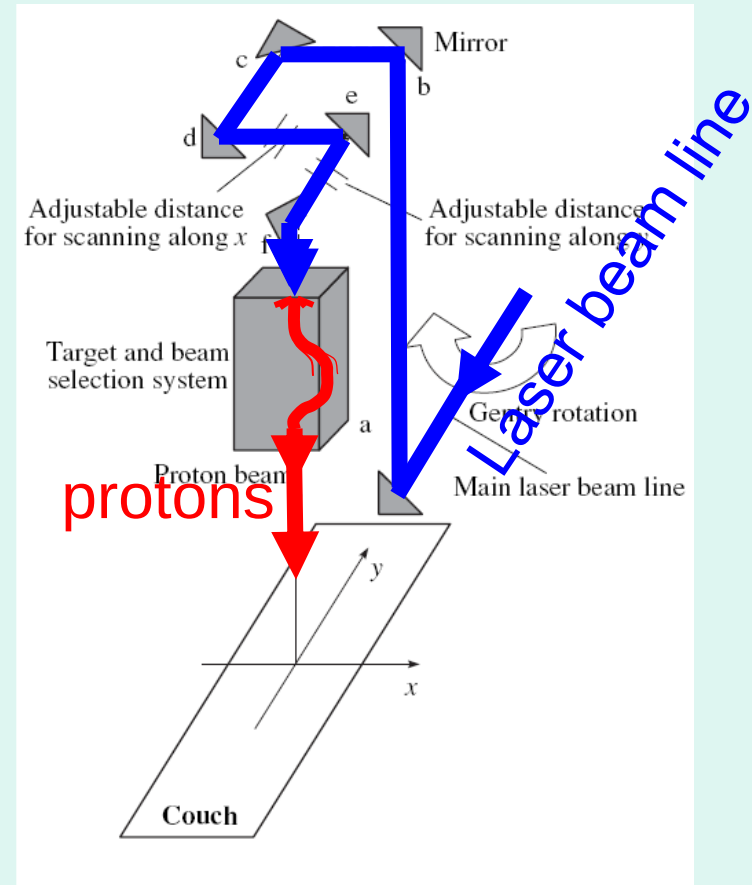
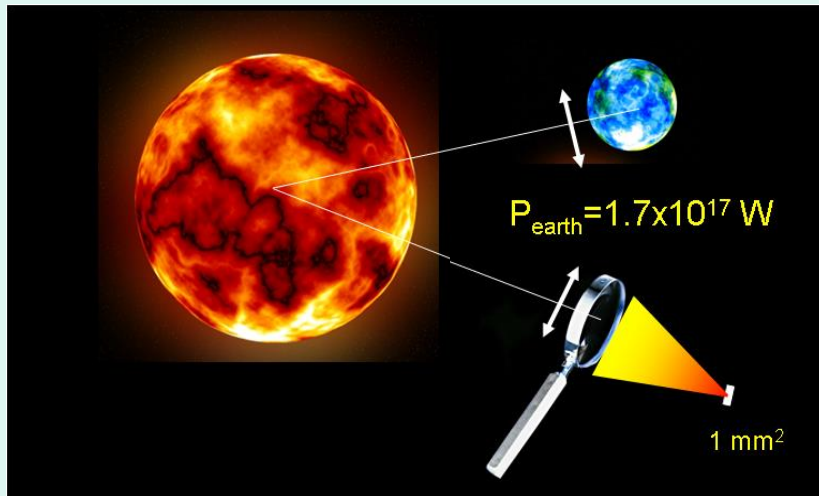
$$E_0 > 45 \text{ MV/m}$$

Garlaschè , Degiovanni , Verdú.A , Bonomi (TERA)

Laser driven proton accelerator



now used:
 $6 \times 10^{17} \text{ W/mm}^2$
 $\approx$ total solar power on earth, focused at 1 mm^2



But 100x more power is needed

C.M. Ma, Laser Physics, 2006, Vol. 16, No. 4, pp. 639

Summary

- Therapy with protons / ions: better dose distribution
- Dose delivery techniques:
 - E-modulation → depth
 - Scanning → lateral
- Accelerators:
 - Synchrotron, (synchro-)Cyclotron
- Gantries
- Recent developments:
 - reduce accelerator size
 - new acceleration techniques

