



# *Review of Heavy Ion Accelerators for Hadrontherapy*

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*June 10 '09, Venice, Italy*





# **1. Introduction**

## **2. Heavy-Ion Cancer Therapy Facility**

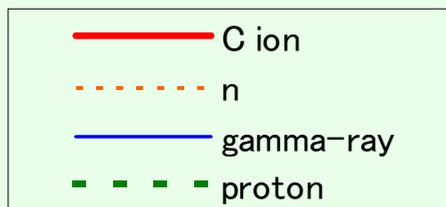
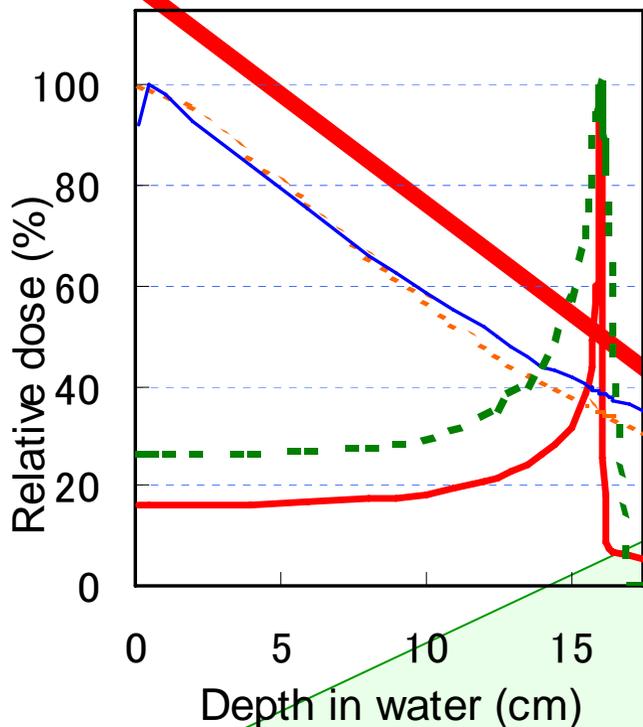
- **Asia**
- **Europe**

## **3. New Project at HIMAC**

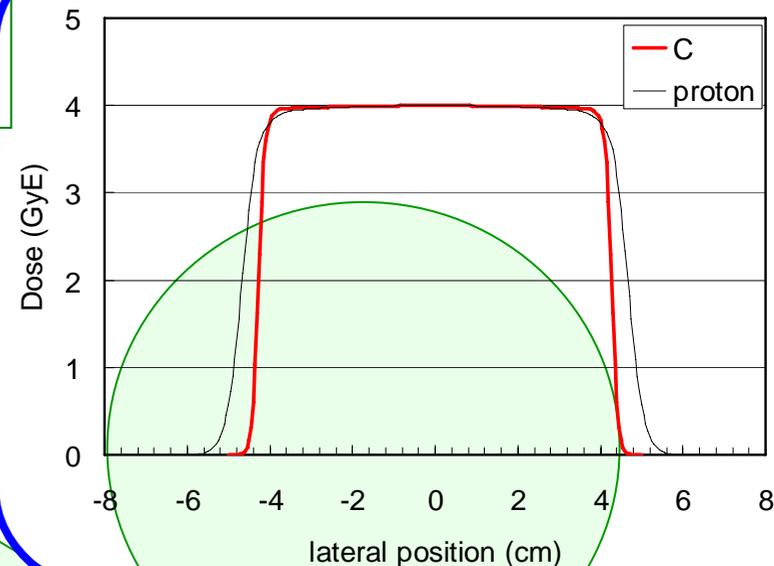
## **4. Summary**

# Feature of Ion Radiotherapy

**Good longitudinal dose localization due to the Bragg peak.**

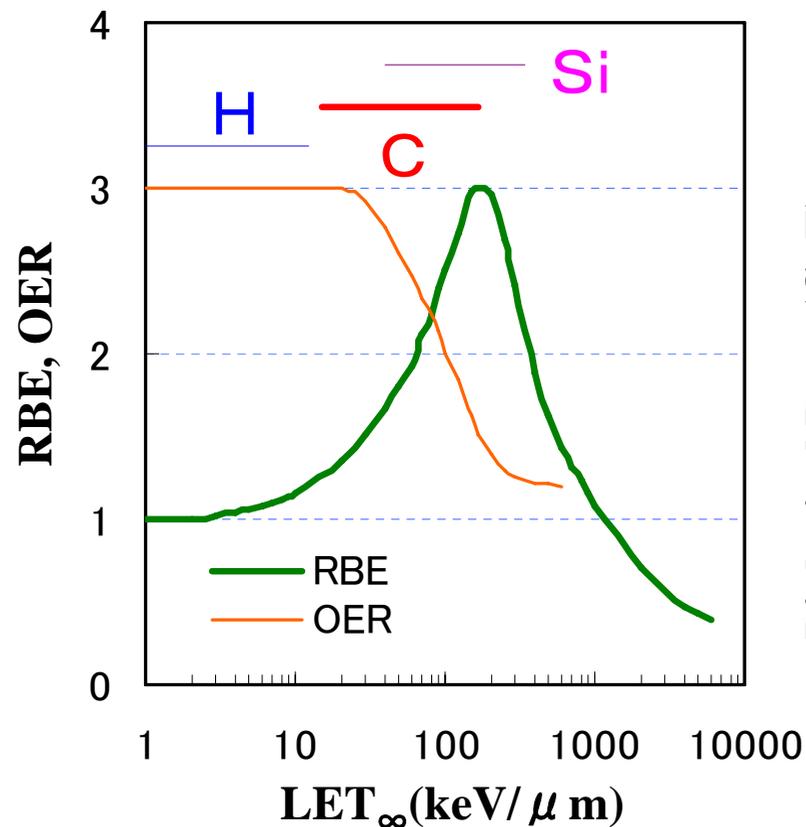
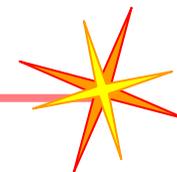


Lateral biological dose distribution



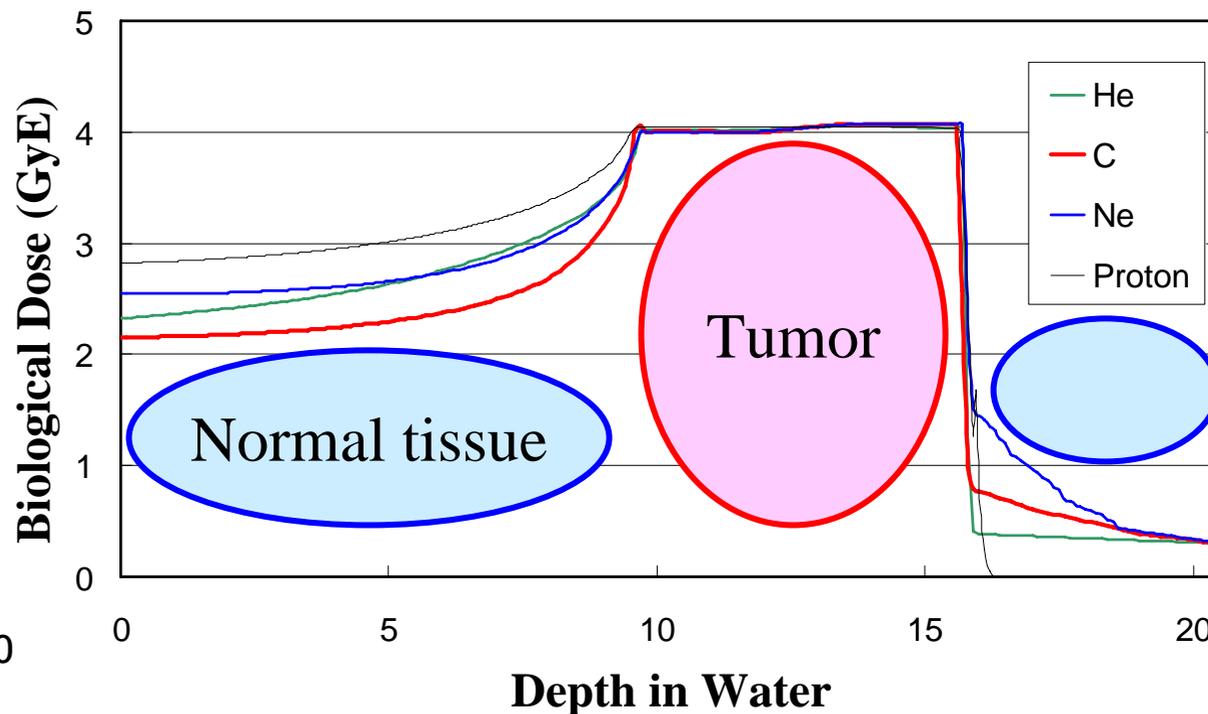
**Good transverse dose localization due to the low scattering.**

# Biological Effect of Ion beams



LET Dependence of RBE & OER

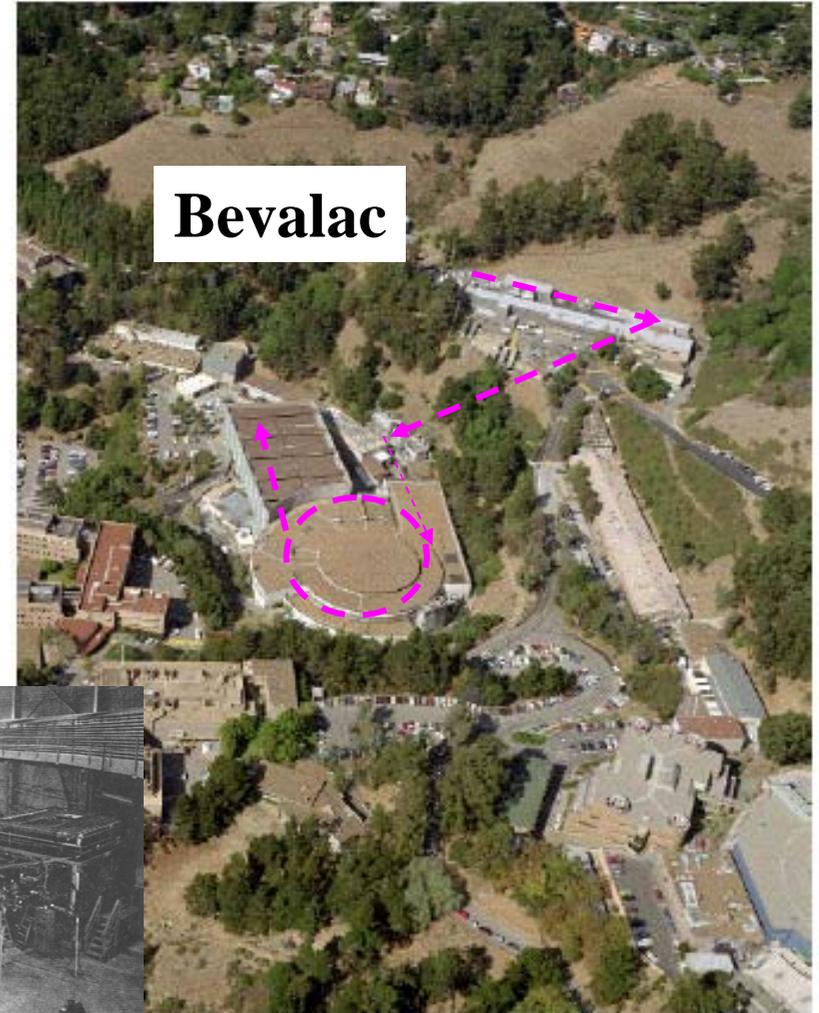
Biological Depth-Dose Distribution of 6cm SOBP



# Pioneering Work at LBL



**J. Castro**



**June '75: 1<sup>st</sup> He patient**  
**May '77: 1<sup>st</sup> C patient**  
**Nov. '77: 1<sup>st</sup> Ne patient**  
**Mar. '79: 1<sup>st</sup> Ar patient**  
**Nov. '82: 1<sup>st</sup> Si patient**

**Total: 1,314 @'77-92**  
**He patients 858**  
**Heavier ions 456**



## 1. Introduction

## 2. Heavy-Ion Cancer Therapy Facility

- **Asia**
- **Europe**

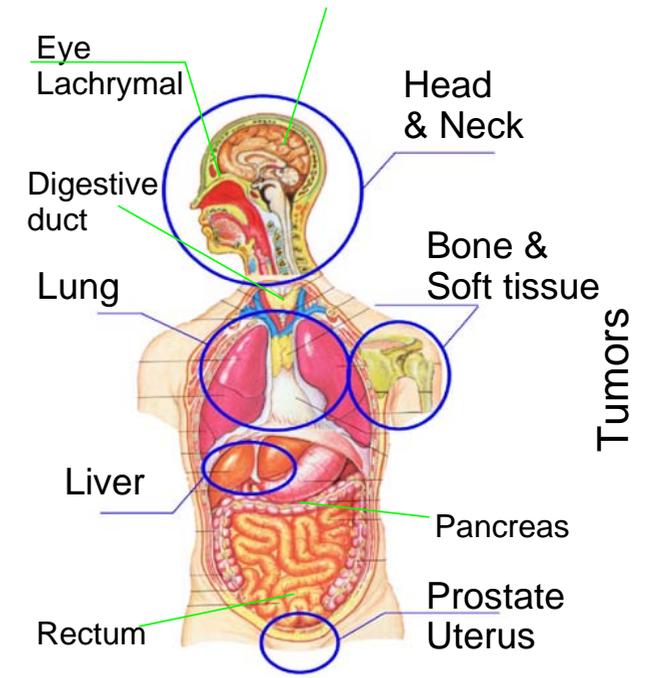
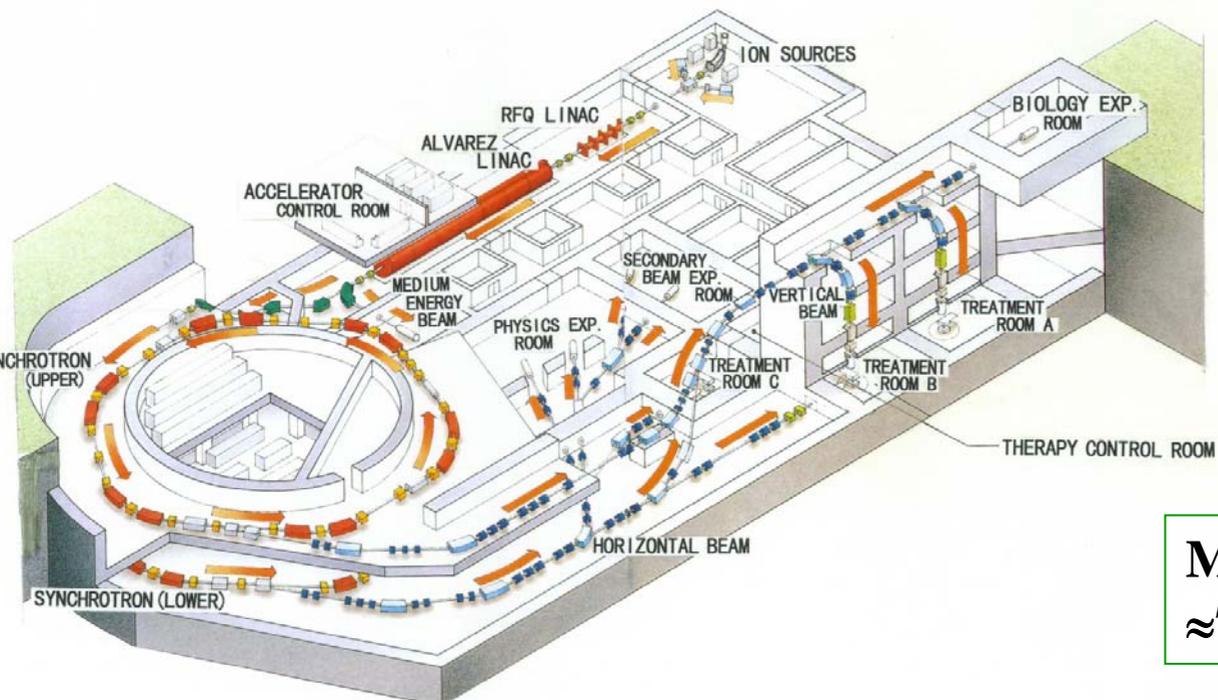
## 3. New Project at HIMAC

## 4. Summary

# HIMAC facility

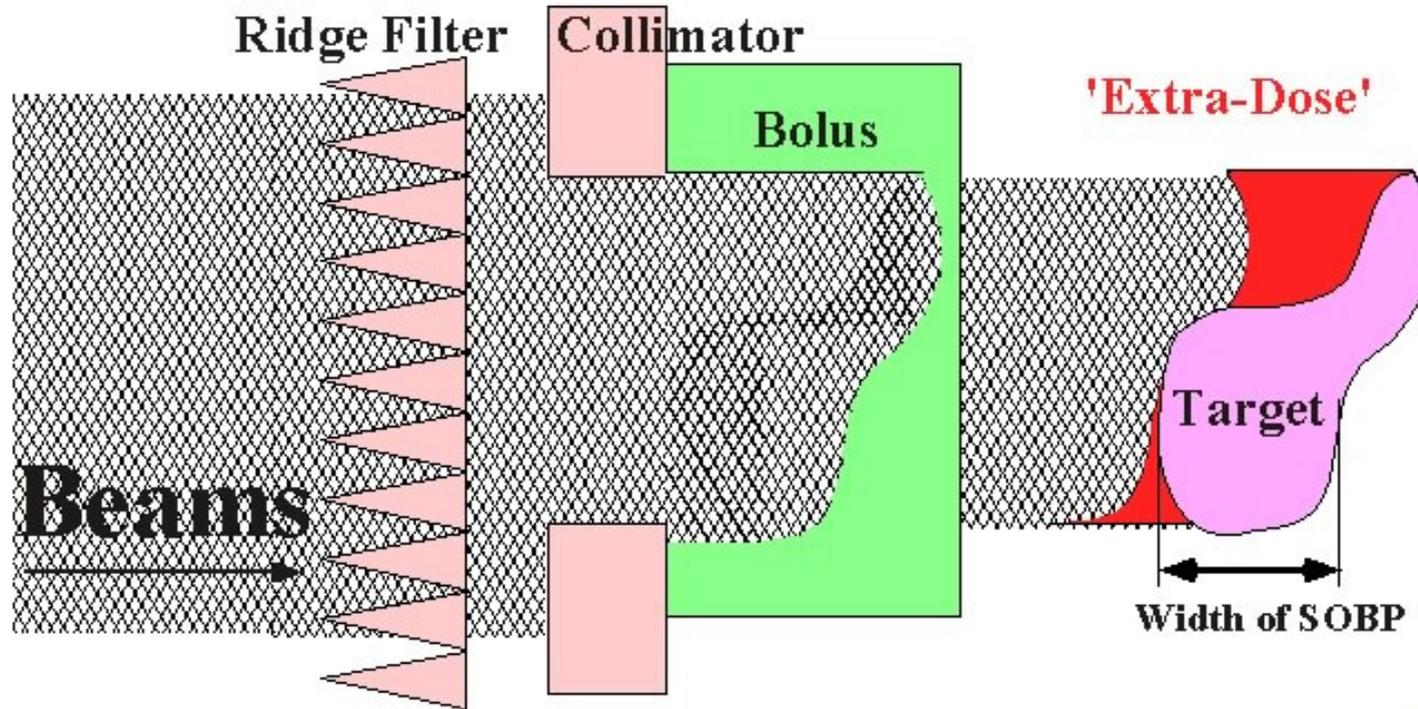
- Ion species: High LET ( $100\text{keV}/\mu\text{m}$ ) charged particles
- Range: 30cm in soft tissue
- Maximum irradiation area:  $22\text{cm}\Phi$
- Dose rate: 5Gy/min
- Beam direction: horizontal, vertical

- He, C, Ne, Si, Ar
- 800MeV/u (Si)



**More than 4,500 pts treated since '94.**  
**≈750 pts/y, ≈70 shots/day @180 d/y**

# Present HIMAC Method



**Broad Beam Method with Wobbler and Scatterer**

- Dose distribution is independent of beam quality
- Easy dose management
- △ Low beam-utilization efficiency
- × Extra-dose is given on normal tissue when irregular shape
- × Require Bolus and patient collimator

# Hyogo Facility



- 1) **Proton:**  
**Energy: 230 MeV**  
**2 Gantry + 1 H**
- 2) **Carbon**  
**Energy: 320 MeV/n**  
**1 H&V, 45° line**

- **10GHz-ECR IS: 2**
- **200MHz RFQ+DTL: 5MeV/n**
- **Synchrotron(96m)**  
**Multiturn Injection**  
**RF-KO extraction**

2,339 pts treated from May '01 to Oct '08

# Design and R&D by NIRS



Compact RF-cavity

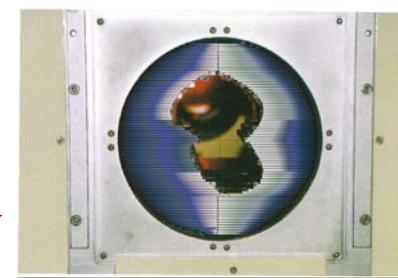
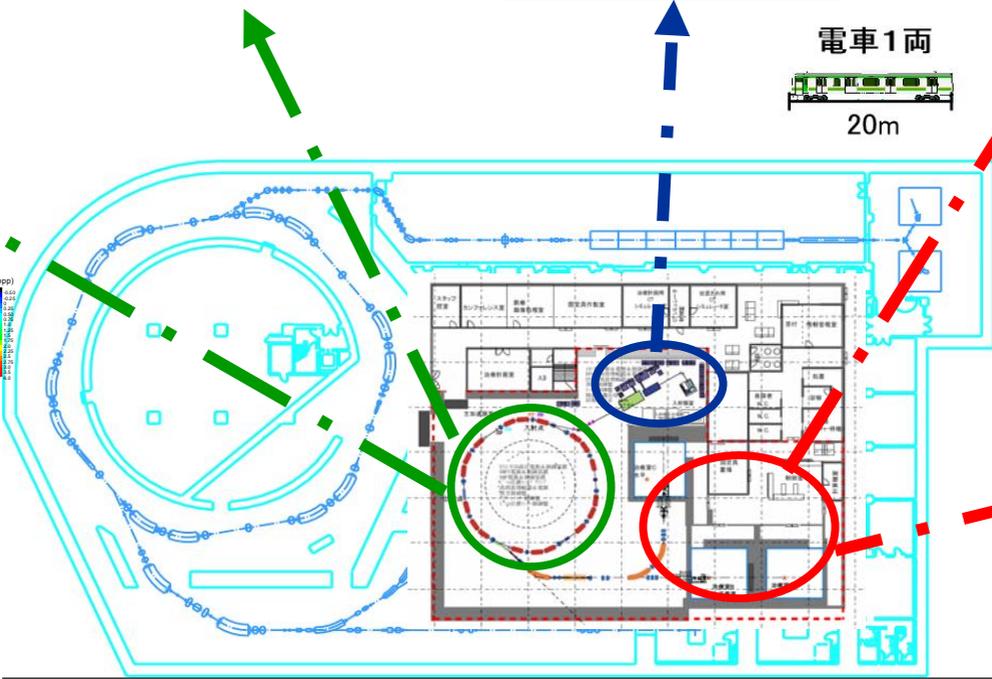
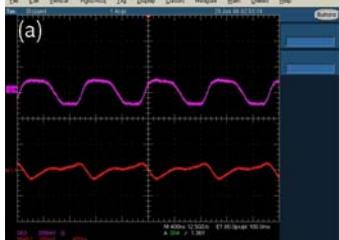
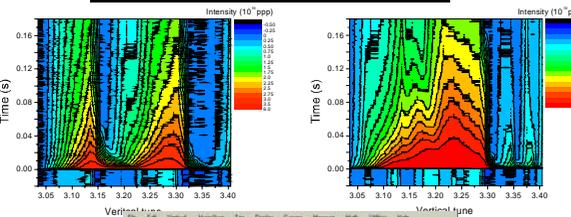
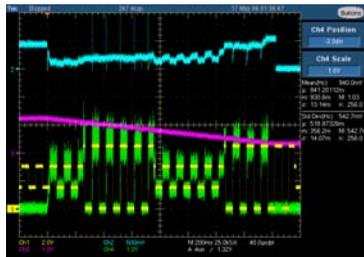


Compact Injector  
RFQ + APF-IH



Development Irrad. Tech.

Beam Study



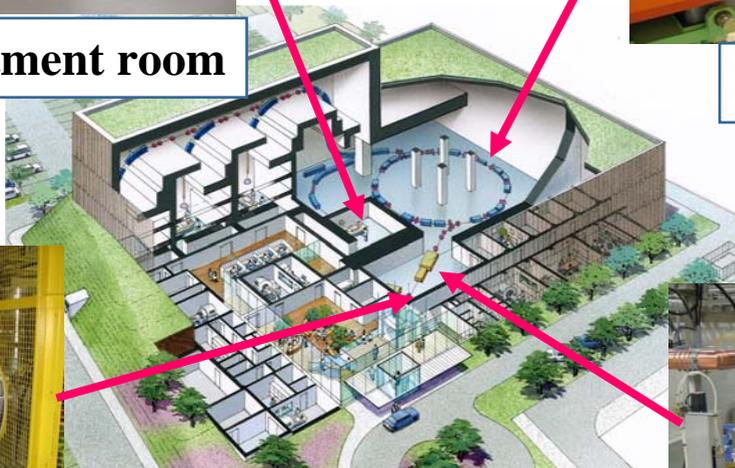
High-Precision MLC



**Treatment room**



**Synchrotron**



**10GHz-ECR**

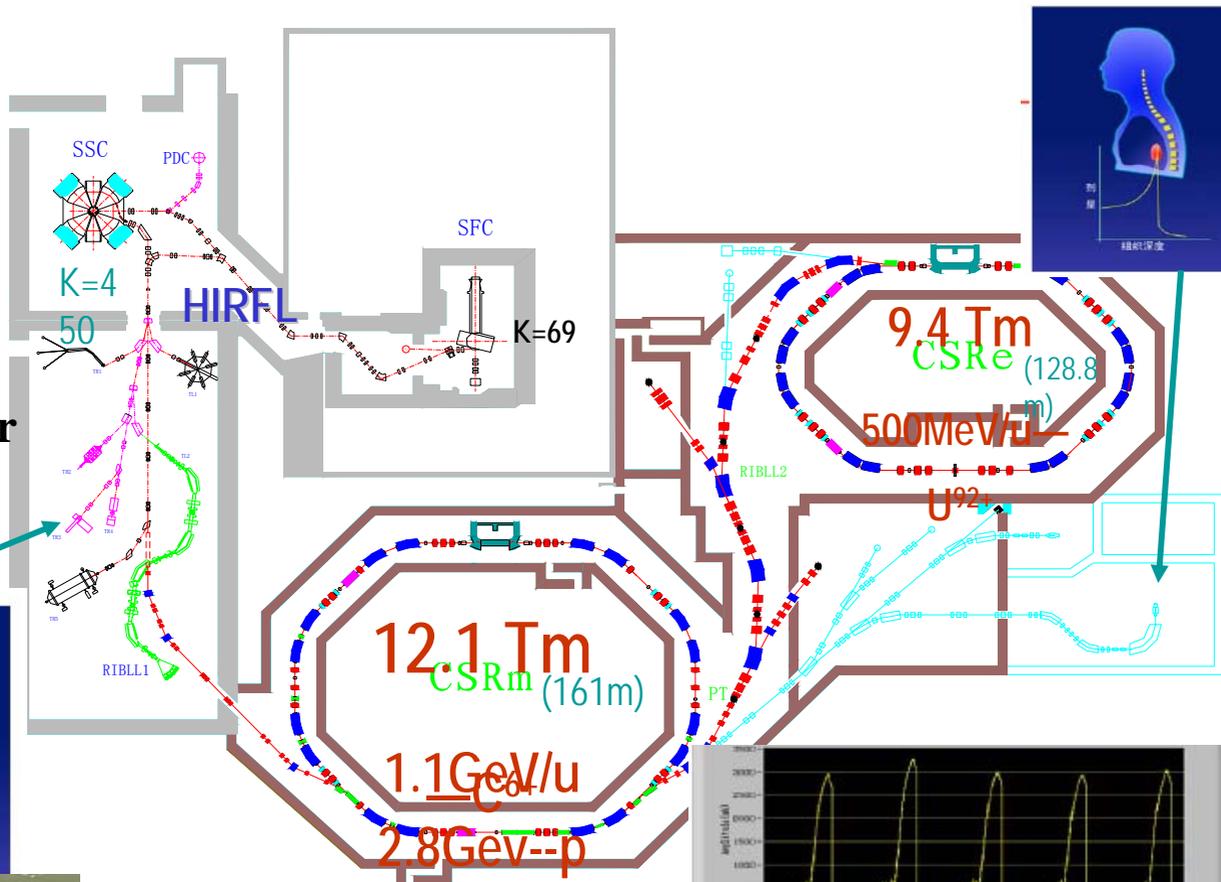


**RFQ+APF-IH Linac**

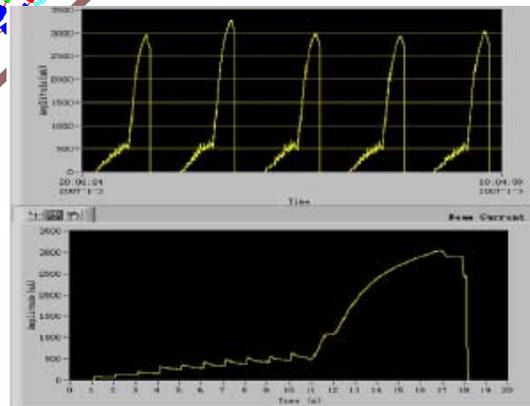
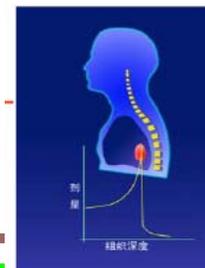
- **Carbon:**  
Energy: 140-400 MeV/n  
H&V, H, V and R&D room
- **10GHz-ECR IS**
- **200MHz RFQ+APF-IH:**  
0.6 – 4MeV/n
- **Synchrotron(~62m)**  
Multiturn Injection  
RF-KO extraction  
Acc. Driven extraction
- **Spiral Wobbling**  
Respiratory-Gated Irrad.  
Layer-stacking Irrad.

# IMP at Lanzhou, China

Surface tumor  
100MeV/n C



Deeply seated tumor  
430MeV/n C  
Cooler-Synchrotron

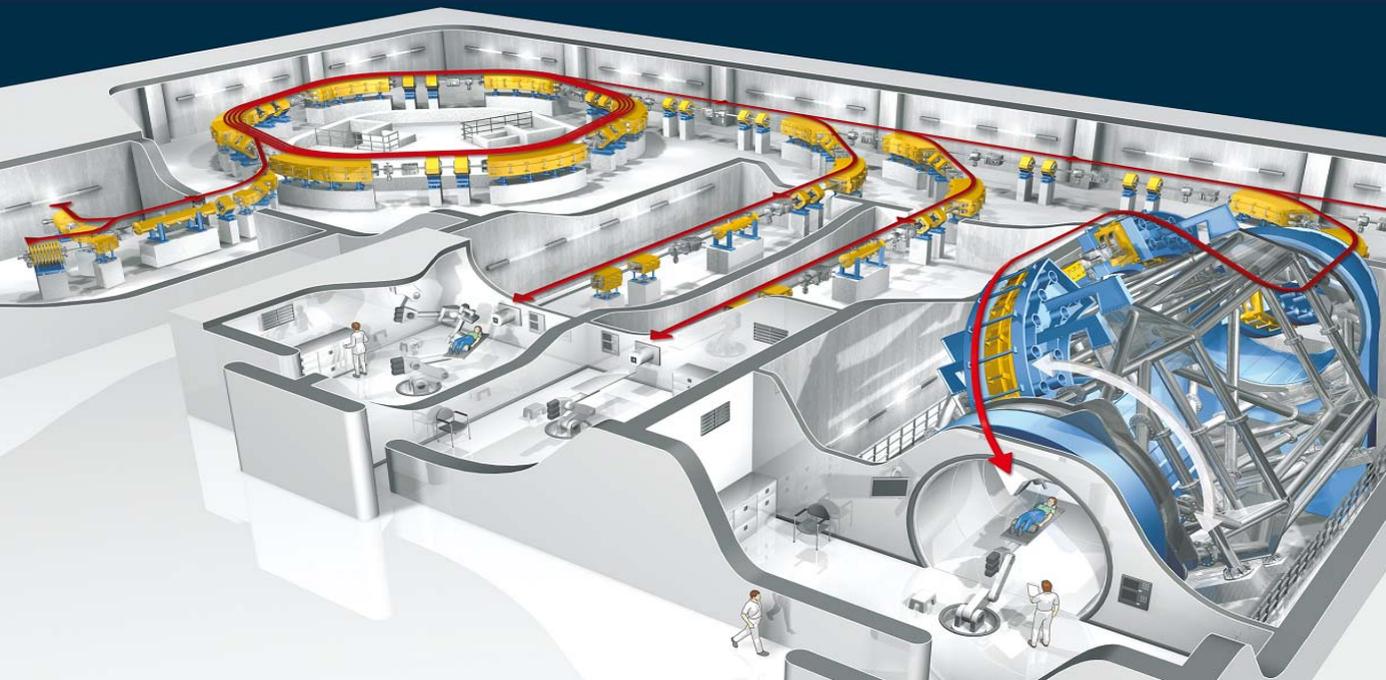


- Injector: SFC
- Cooler Synchro
- Charge Ex. Inj.
- Cool Stacking

# HIT Facility



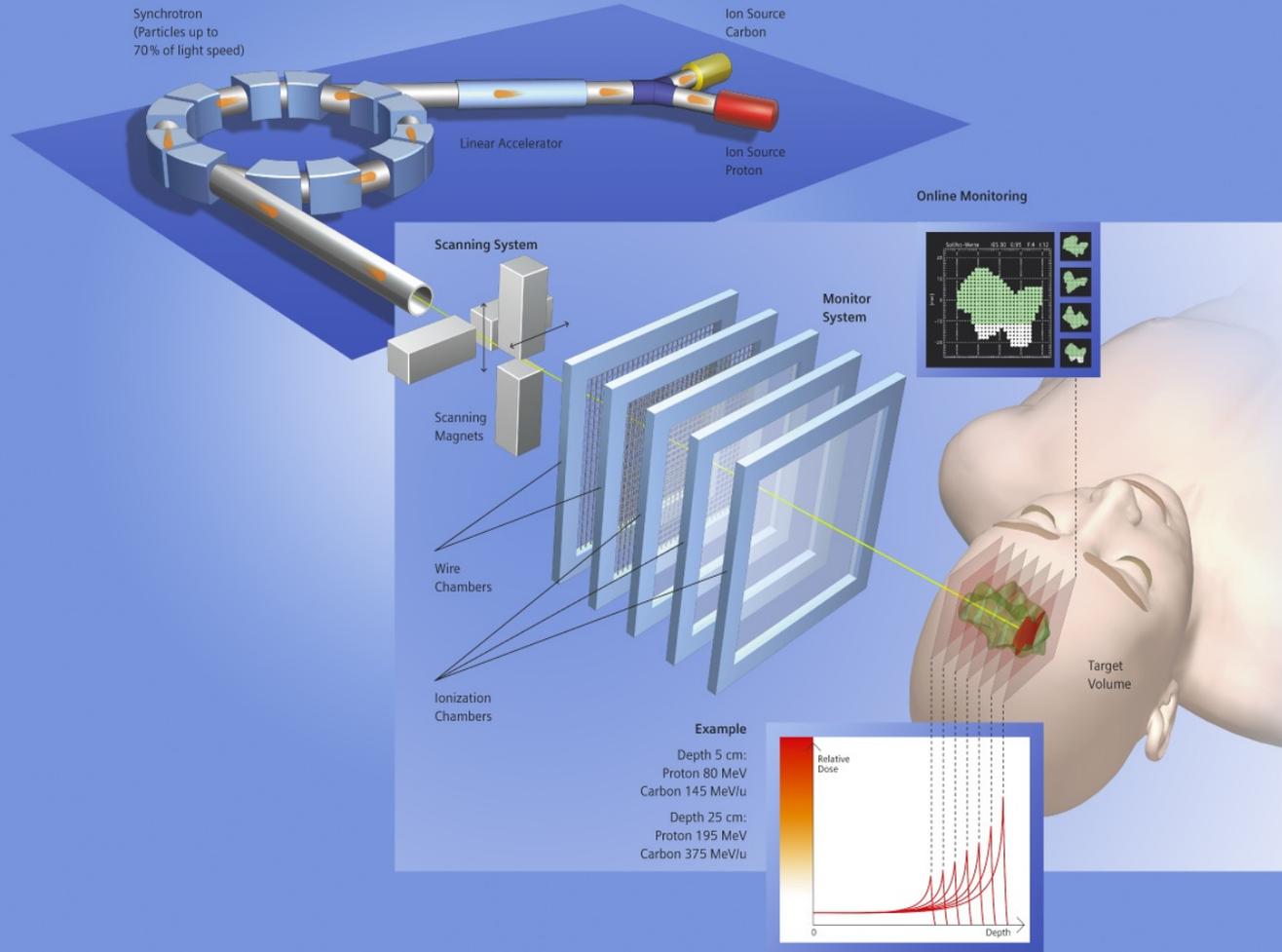
## The Heidelberg Ion Therapy Centre



- **p, He, C, O:**  
**Energy: 50-430 MeV**  
**1 Gantry + 2 H**
- **ECR IS: 2**
- **216MHz RFQ+IH: 7MeV/n**
- **Synchrotron (~60m)**  
**Multiturn Injection**  
**RF-KO extraction**
- **Variable Energy Operation**
- **Variable FT (1-10s)**
- **Variable Intensity**
- **Variable Beam Size**

Based on GSI treatments of 400pts since '97,  
HIT has been constructed.

# Raster Scanning Developed by GSI



- **Variable Energy Operation**
- **Variable Intensity**
- **Variable Beam Size**

# Revised HIT Accelerator Design by Siemens



**The HIT accelerator design has been modified  
To improve technical capabilities**

**To reduce construction and operating costs**

**Examples**

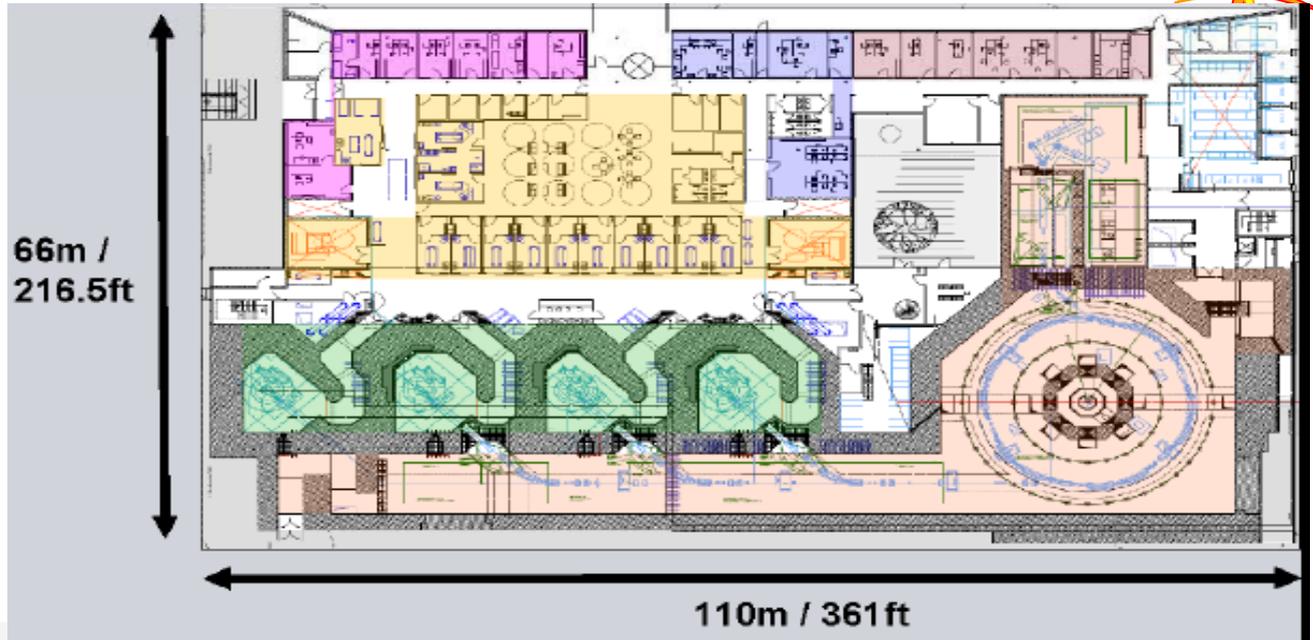
- 1) 12dipoles (each 8tons) instead of 6 (each 25tons)  
cost reduction, easier installation and handling**
- 2) Smaller and lighter quadrupoles  
cost reduction, less power consumption**
- 3) Optimized injection and extraction system  
Higher intensity, Shorter treatment times**
- 4) 3sources  
more flexibility, Other ions species**



Courtesy of HIT and Danfysik

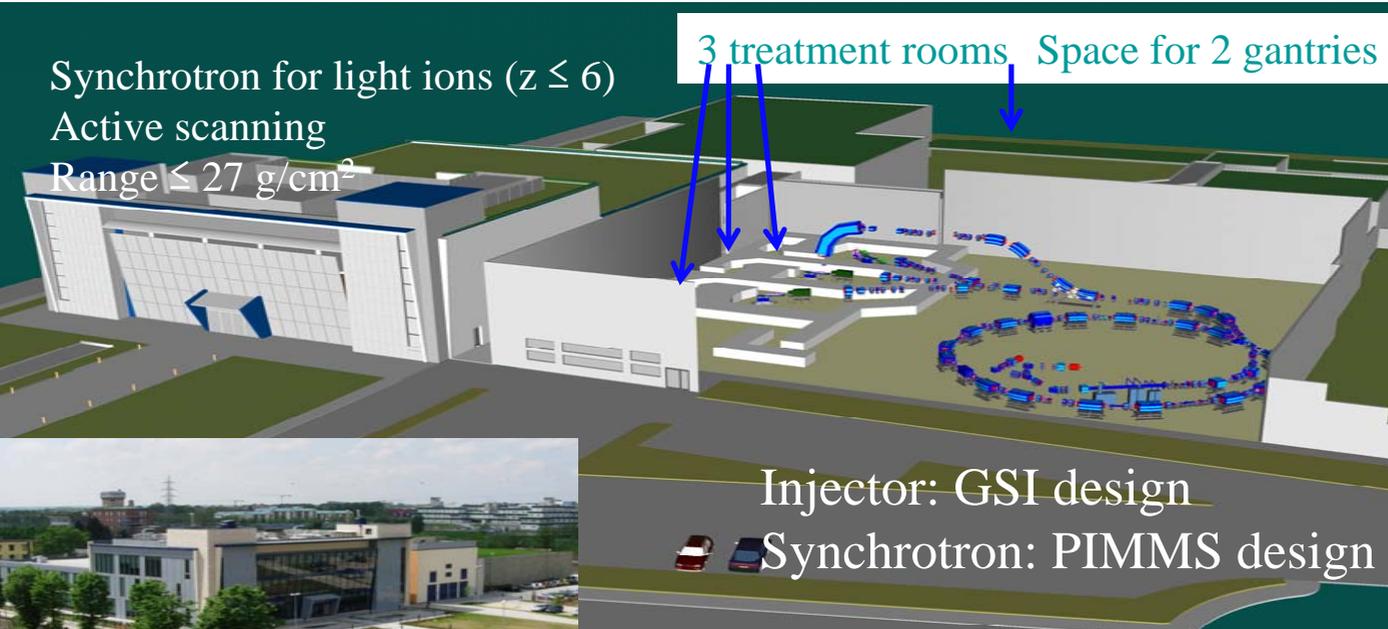
# New Projects by Siemens

**Marburg**



**Kiel**

# CNAO Facility



- p, He, C, O:  
Energy: p 7-250 MeV  
C 7-400 MeV/n  
2 H + H&V
- ECR IS: 2
- 216MHz RFQ+IH: 7MeV/n
- Synchrotron(~78m)  
Multiturn Injection  
Acc Driven extraction  
RF-KO extraction
- Active scan



## 1. Introduction

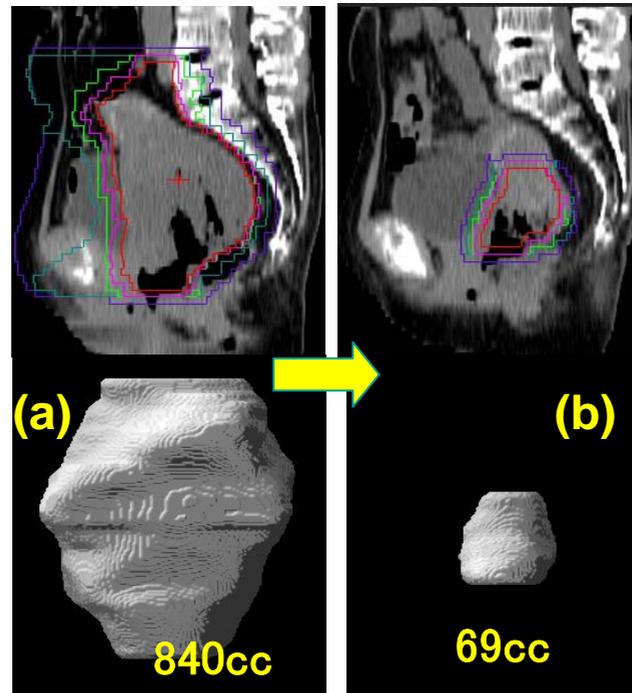
## 2. Heavy-Ion Cancer Therapy Facility

- Asia
- Europe

## 3. New Project at HIMAC

## 4. Summary

# Motivation of New Treatment Facility



Large changing target shape and size

We should modify a treatment planning  
corresponding to change of target during treatment,  
⇒ **Adaptive Cancer Treatment**

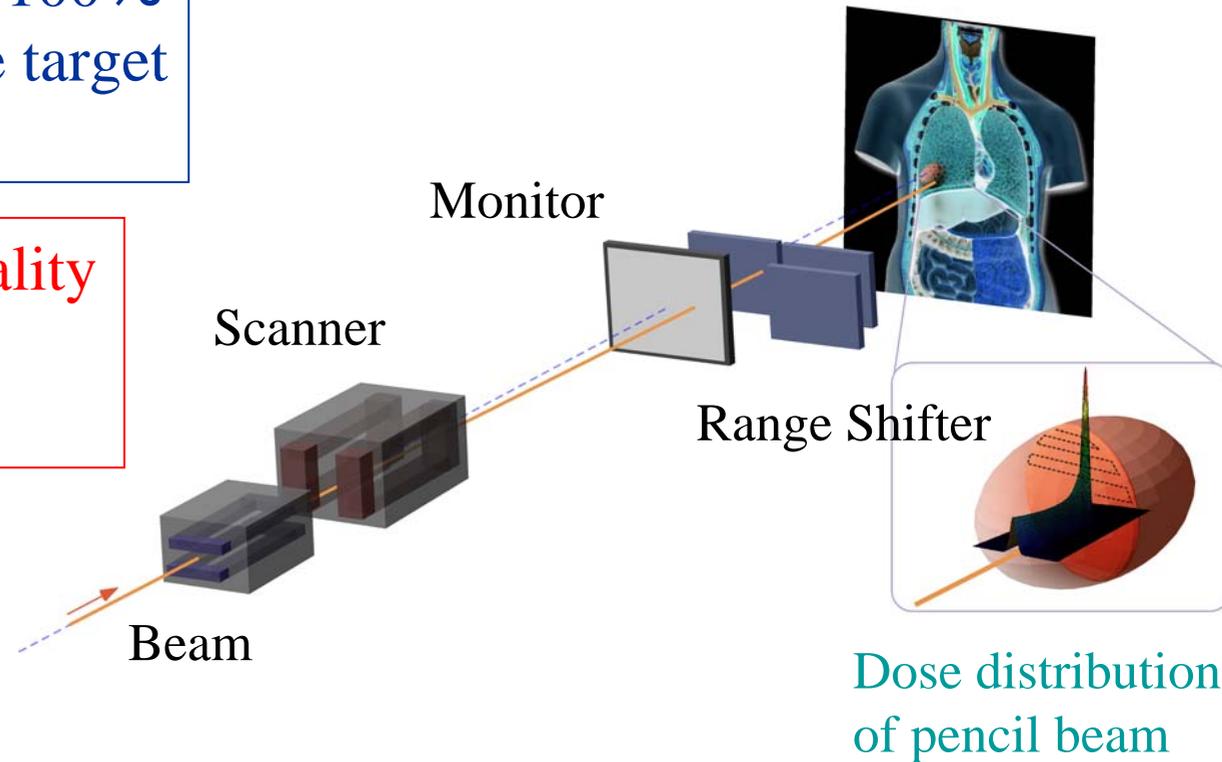
# 3D Scanning Method



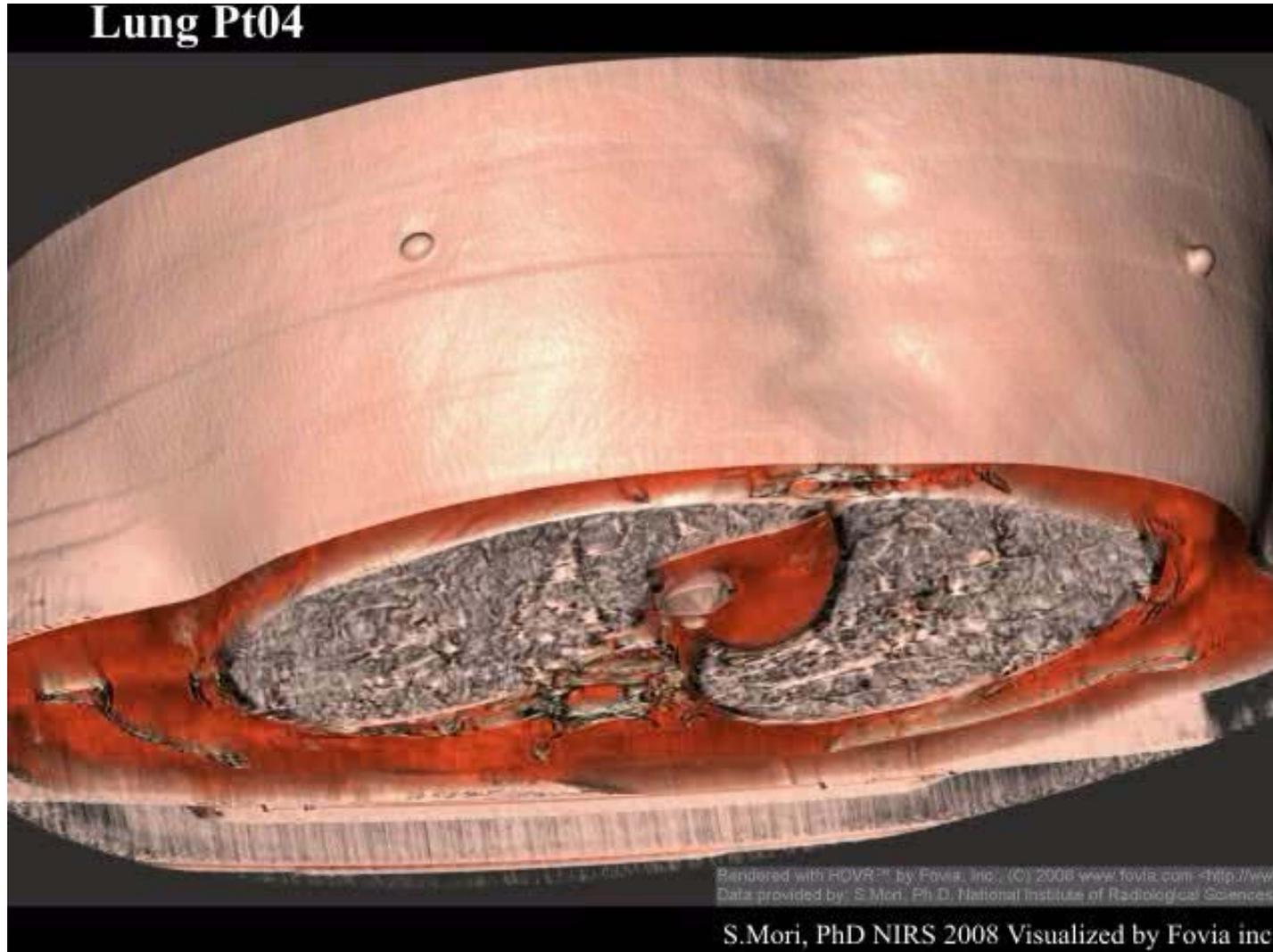
## Adaptive Therapy by 3D Scanning

- 1) Beam utilization efficiency ~100%
- 2) Irradiation on irregular shape target
- 3) No bolus & collimator

- 1) Depend directly on beam quality
- 2) Not easy dose management
- 3) Sensitive to organ motion



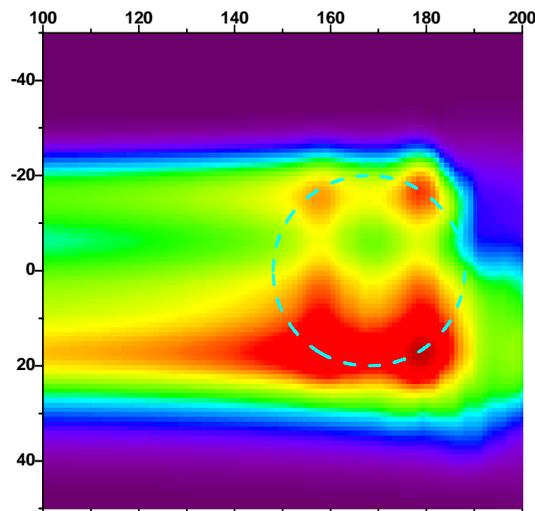
# 3D organ motion with breathing



# Moving Tumor Irradiation



## Simulation of moving tumor irradiation

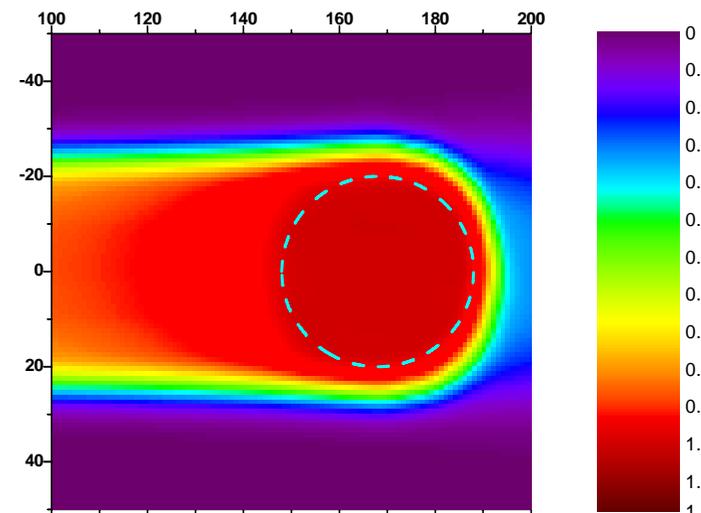
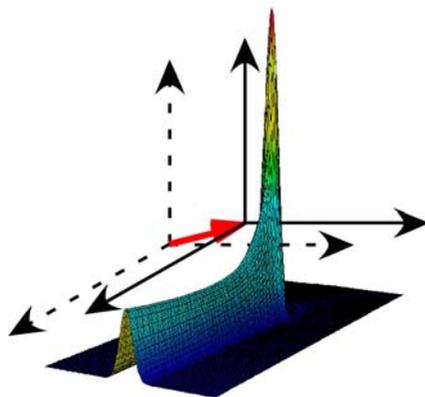


**Non-gating**

Example:  
Φ40mm  
spherical target

$$s(t) = 1.7 - 31.3 \cdot \cos^4(\pi / 3, 2s - \phi)$$

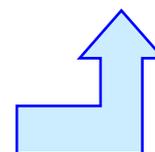
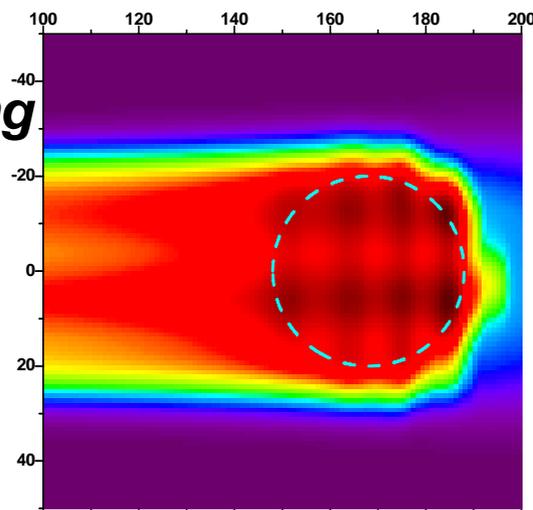
Motion: 7mm in gate



**Gating  
with rescanning  
(8 times)**



**Gating**

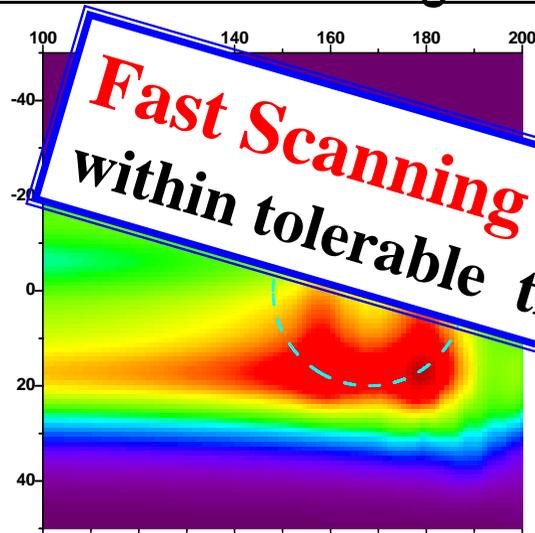


In order to avoid hot/cold spot due to target motion, we decided to employ "gating method" with rescanning.

# Moving Tumor Irradiation



*Simulation of moving tumor irradiation*



**Non-gating**

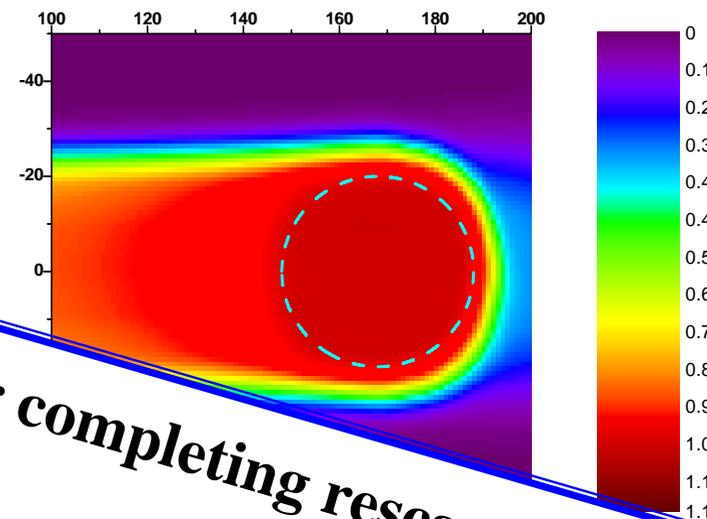
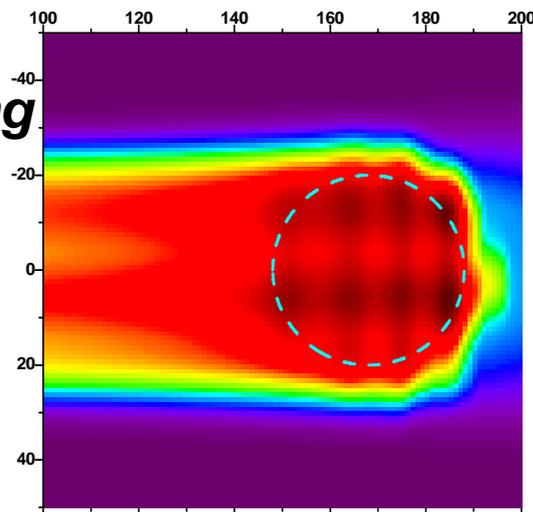
Example:  
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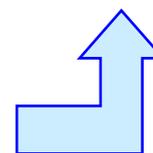
Motion: 7mm in gate



**Gating**



**With**



In order to avoid hot/cold spot due to target motion, we decided to employ "gating method" with rescanning.

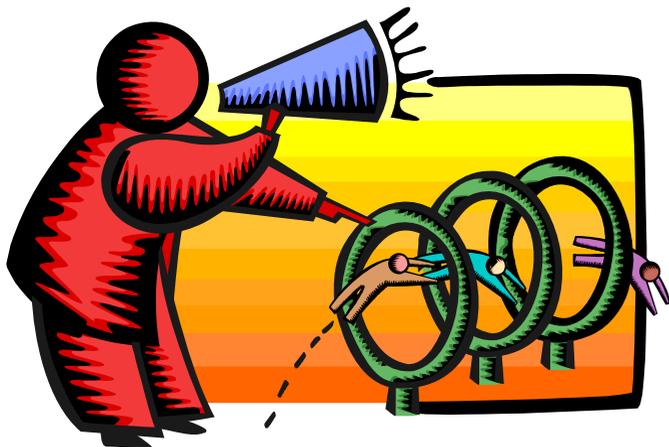
**Fast Scanning is the key technology for completing rescanning within tolerable time.**

# Fast scanning for moving target

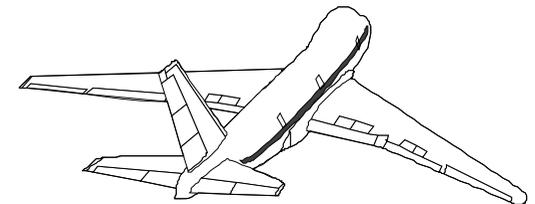


In order to realize the rescanning with gating **within acceptable irradiation time**, we have studied following strategy.

1. Treatment planning for fast scanning  $\Rightarrow \times 5$
  2. Modification of acc. operation  $\Rightarrow \times 2$
  3. Fast scanning magnet  $\Rightarrow \times 10$
- 



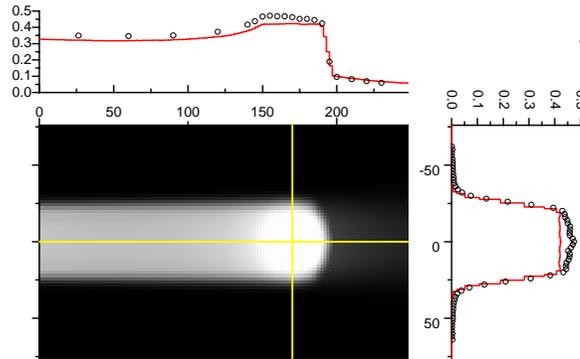
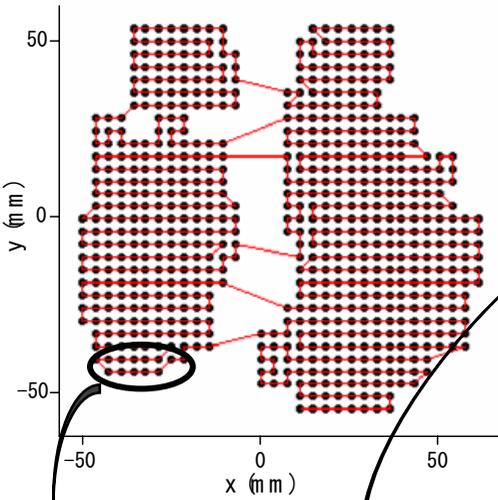
***100-times speed up  
of irradiation time***



# (1) Planning for fast scanning



Optimization including the contribution of extra dose in raster scanning



Without  $U_i$

$U_i \propto$  Beam intensity

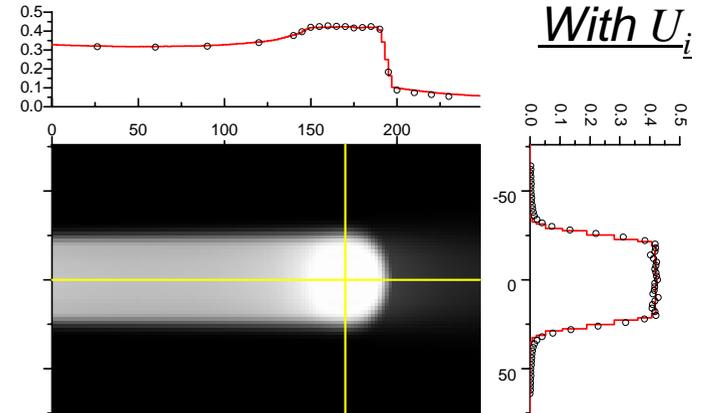
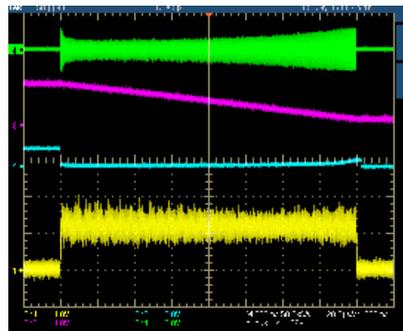
Fast scanning with beam of high intensity

EDR cause dose distortion

Cost function :  $f(w)$

$$f(w) = \sum_{i \in T} \left( Q_P^O [D_{biol,i}(w) + U_i - D_P^{\max}]_+^2 + Q_P^U [D_P^{\min} + U_i - D_{biol,i}(w)]_+^2 \right) + \sum_{i \in O} Q_O [D_{biol,i}(w) + U_i - D_O^{\max}]_+^2$$

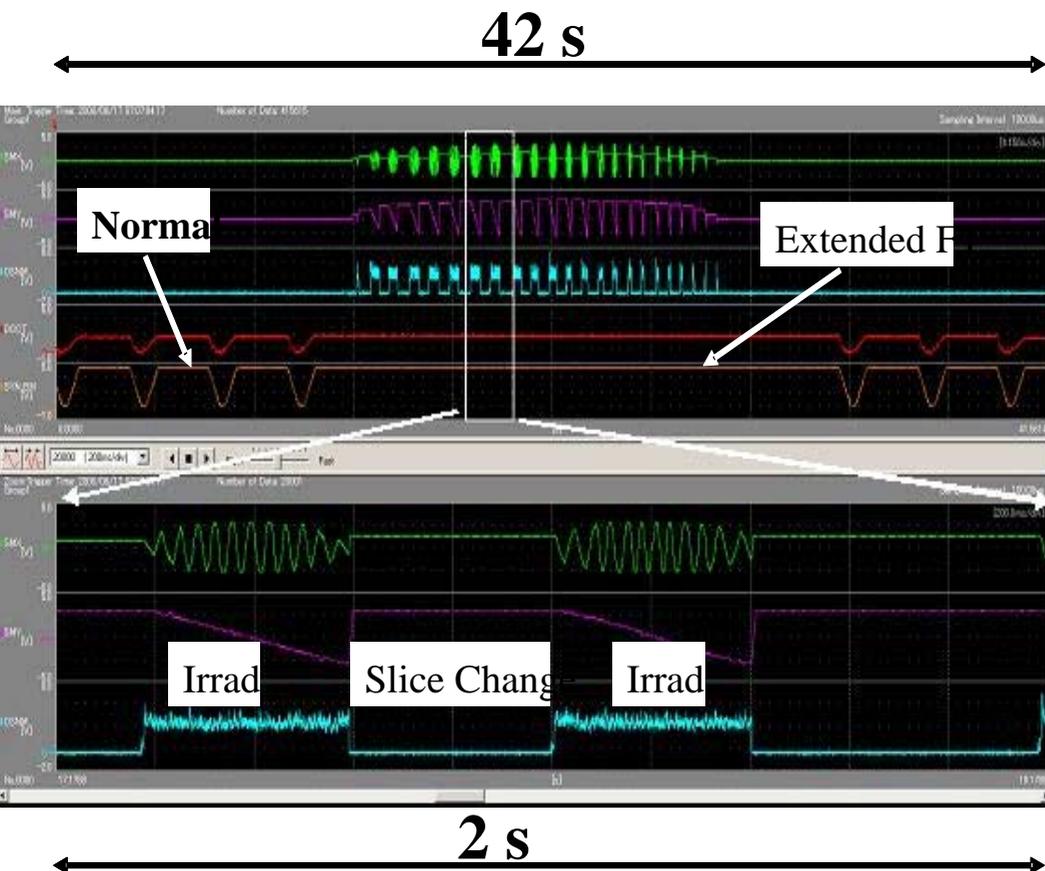
Predict EDR



With  $U_i$

Extra dose in raster scanning (EDR) :  $U_i$

# (2) Extended FT in Synchrotron



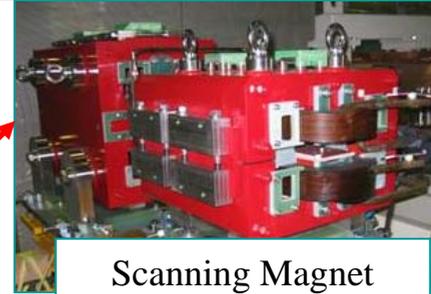
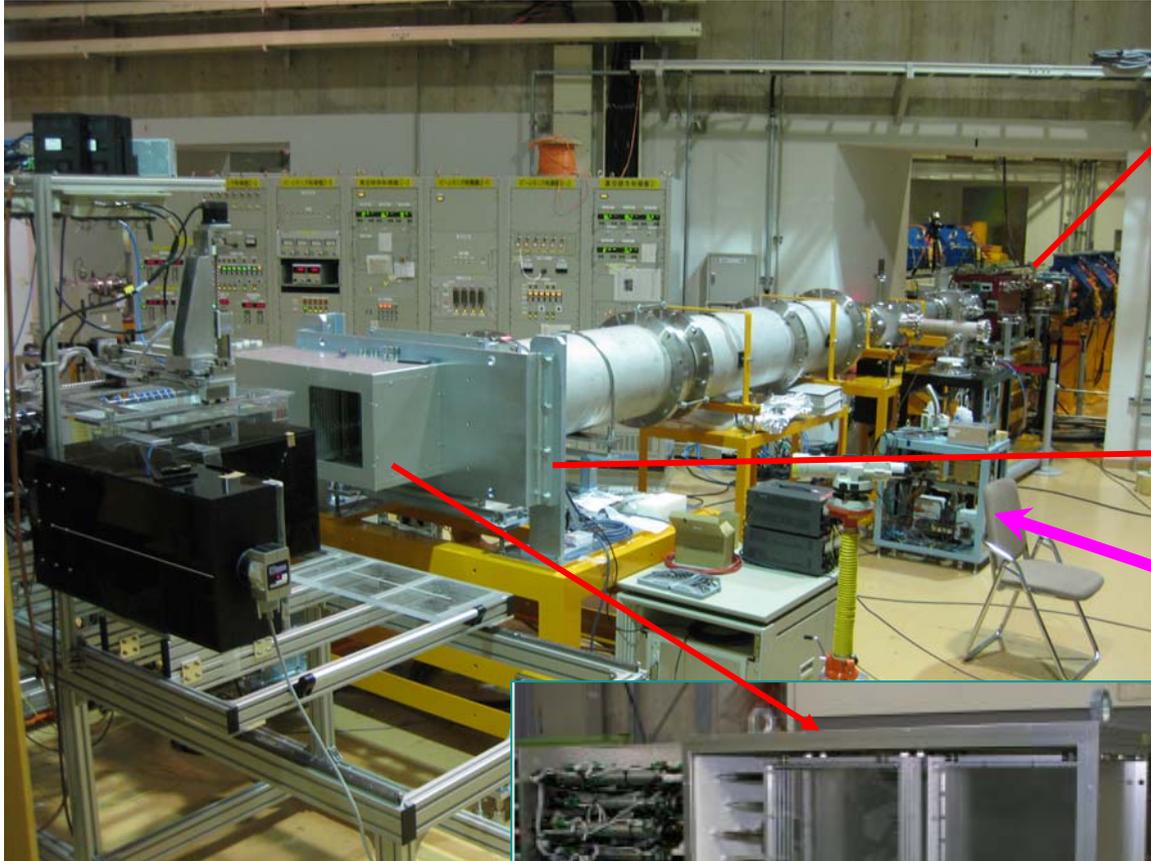
Since  $2 \times 10^{10}$  c-ions is enough high to complete single-fraction, we have employed the extended FT to save the dead time of synchrotron operation.

1. Treatment planning for fast scanning ⇒ × 5
2. Modification of acc. operation ⇒ × 2
- ~~3. Fast scanning magnet → × 10~~

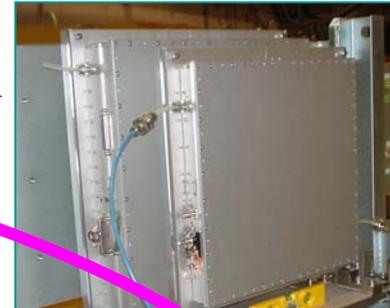
# (3) Fast Scanning Magnet



100mm/ms in H  
50mm/ms in V

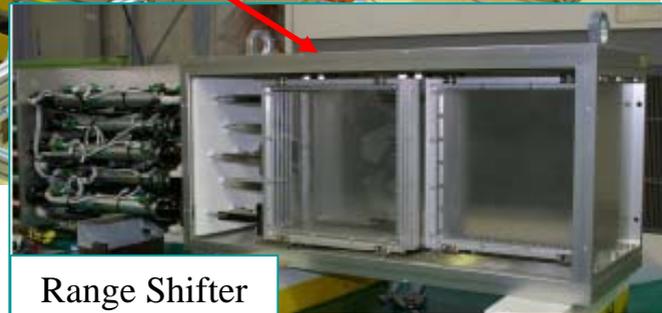


Scanning Magnet

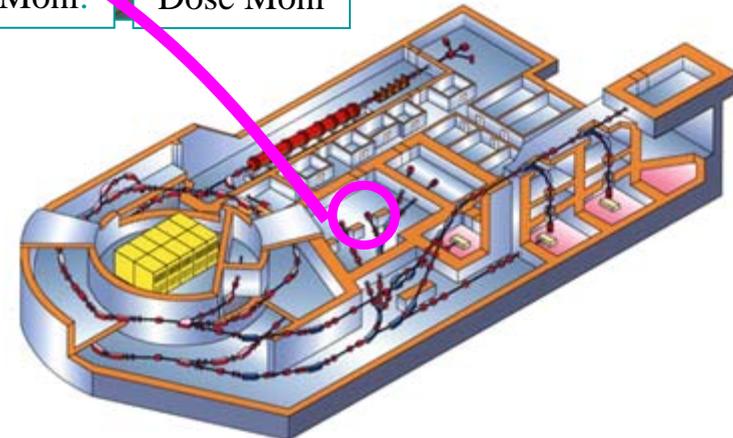


Pos. Moni.

Dose Moni

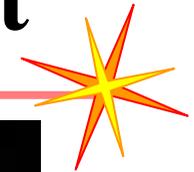
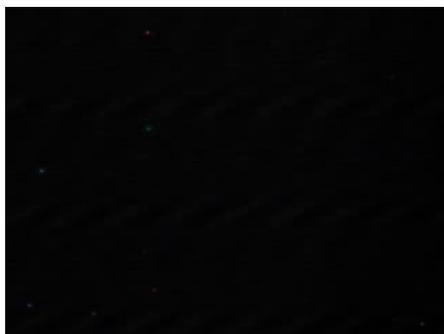
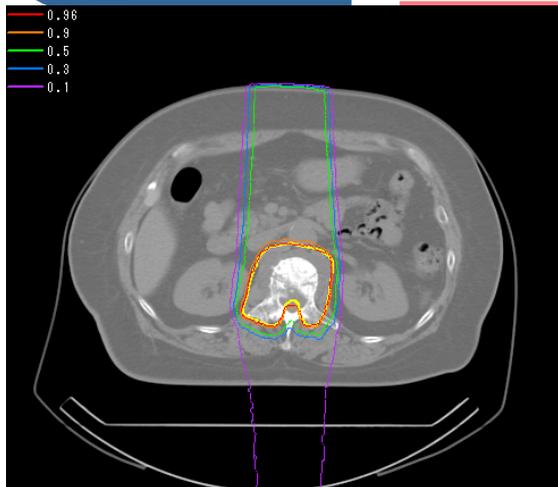


Range Shifter



Since 29 December 2008

# Fast 3D-Scanning Experiment

(1)+(2)

Total time:	76 s
Scanning time:	64 s
Range-shifter time:	12 s

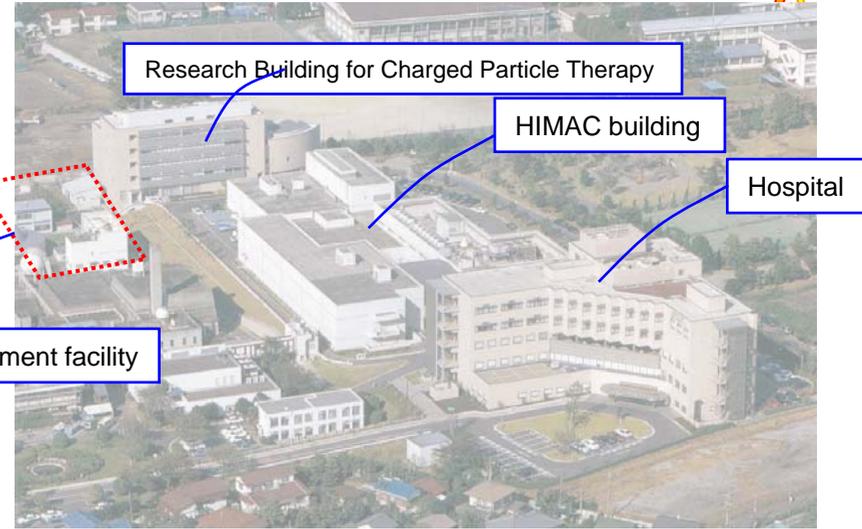
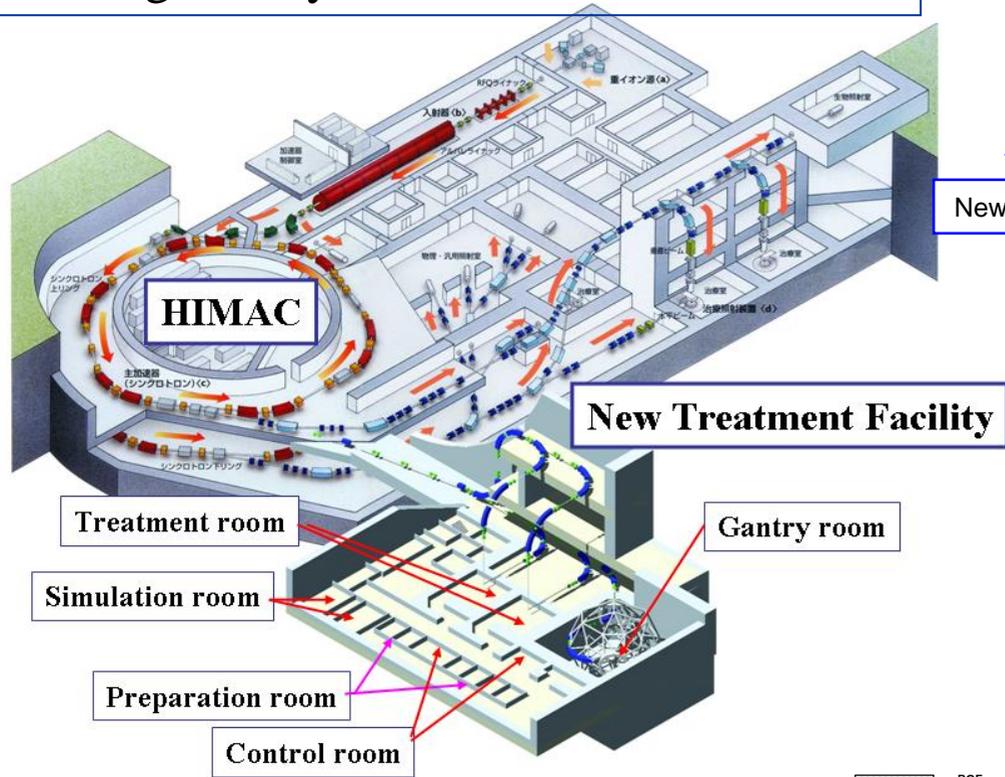
(1)+(2)+(3)

Total time:	18.5 s
Scanning time:	6.5 s
Range-shifter time:	12 s

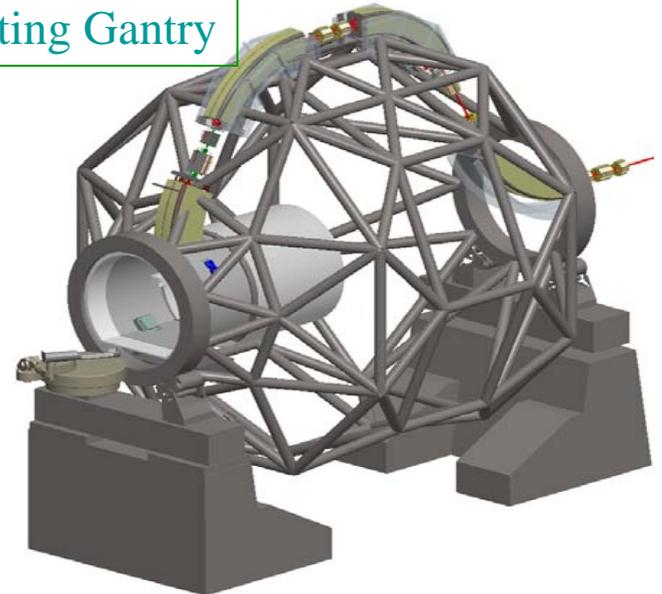
# New Treatment Facility (1)



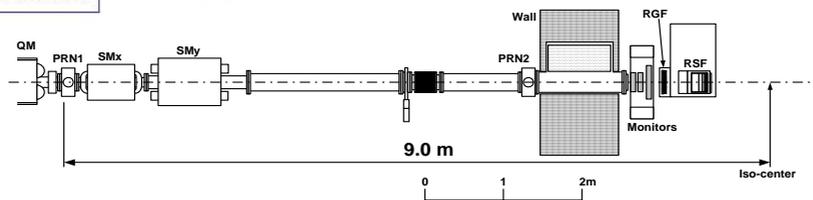
- 3D Scanning with Gating (H&V): 2 rooms
- Rotating Gantry : 1 room



**Rotating Gantry**



**3D Scanning**



# New Treatment Facility (2)



## Ground-Breaking Ceremony



## Construction



# New Treatment Facility (3)

## New facility building



**The construction of the new treatment facility will be completed at March 2010.**



# 1. Introduction

## 2. Heavy-Ion Cancer Therapy Facility

- Asia
- Europe

## 3. New Project at HIMAC

## 4. Summary



## 1) In Asia

- HIMAC, Hyogo and IMP facilities have been well going on hadrontherapy
- Saga and Kanagawa prefectures just approved the facility construction.
- China has several plans of the hadrontherapy facility
- Taiwa also is preparing

## 2) In Europe

- HIT facility has completed the full beam commissioning and will start the treatment of 1<sup>st</sup> patient soon.
- CNAO facility has been being constructed, and the beam commissioning of the injector has been being carried out.
- Siemens has constructed Marburg and Kiel facilities and made a contract with Shanghai project
- Lyon and Med-Austron projects will start the construction
- ARCHADE and INF projects have designed superconducting cyclotron.

# Heavy Io Therapy in the World



- Carbon
- Carbon (under construction)
- Carbon (Approved planning)
- Carbon (Shutdown)

XXX : has an official collaboration with NIRS