



# Accelerator and Beamline/Gantry Design

from a user's point of view - for optimal beam delivery

Eros Pedroni

Center for Proton Therapy  
Paul Scherrer Institute  
SWITZERLAND

Retired from work in 2012  
(*"Scanning-biased"*)

PTCOG 52  
03.06.2013  
University of Essen

# ACCELERATOR PARAMETERS RELEVANT FOR BEAM DELIVERY

# Required beam energy

- Particle range up to 30-35 cm (half depth in the human body)
  - energy for protons ~ 240 MeV for protons
  - energy for ions ~ 460 MeV/nucleon for carbon
- We must transport such a beam
  - In vacuum
  - We **accelerate the beam with electric fields**
    - Max. voltage of order of 10 kV / cm ?
  - We **direct and focus the beam with magnetic fields**
    - Ferro-magnets - good field homogeneity if the field is below ~ 1.5 Tesla
    - Superconducting coils - much higher fields - field non homogeneous (beam optics)
- Beam rigidity -> limits the bending radius applied to a particle beam
  - > defines size of accelerator and facility
  - Min. bending radius R ~1.5m (p) - 3.8 m (C) -> area size 10-20 m
  - Multi-area facility ~ size 50m (p) - 100m (ions)

$$B \cdot R = 3.3356 \cdot p / Z$$

Testa, m, GeV/c  
Proton  $p=0.71$   $Z=1$

# Accelerator performance for scanning

## Beam time structure, stability, intensity control

Increasing  
PERFORMANCE

- **Magnetic scanning (PSI Gantry 1)**
  - Beam ON-OFF at jump to next spot
  - 1 liter - 5 mm grid -  $21^3 \sim 10'000$  spots/l
  - 100 sec treatment time - 100 spots/s
  - 1% dose precision (spots mean 10 ms)
    - Trigger beam off @ 99.5% spot time
    - Resolve spots @ 100  $\mu$ s time scale
- **Repainted scanning (PSI Gantry 2)**
  - Continuous beam scanning
  - Variable magnetic scan speed
  - Dynamic beam intensity control
  - Paint lines to reduce beam off dead time
  - 10 ms / line - 300 ms / energy - 10 s/liter

### DC beam

*state of the art @ PSI*

Count MU

MU shorter as 100  $\mu$ s

*Same order as the monitor response time and time to re-act on beam*

2-5% dynamic control of beam intensity @ time scale of 100  $\mu$ s

*Feed-back loop from monitor to ion source*

*Stable beam*

### Pulsed beam

*no scanning shown yet*

Count pulses @ rate of

$\sim 10$  kHz pulses/s ???

or

100 pulses/s with 2% dose control precision per spot=pulse ???

*Adjust dose before the pulse is accelerated*

1 kHz with 2% dose control per spot/pulse ???

Increasing  
COSTS?

# Accelerator performance for scanning

## Energy variations

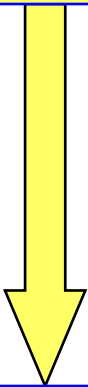
- Scan SOBP with a range-shifter
  - 100 ms per SOBP step?
  - Disadvantage of using a range shifter
    - Pencil beam broadening in the air gap before the patient - bad dose fall-off
- Scan energy with the beam line
- Volumetric repainted scanning
  - Moving targets and Image Guidance

– Slow energy changes per field -> minutes OK

– Medium energy changes (~1s)

– Fast energy changes (~100 ms)

Increasing  
**PERFORMANCE**



Increasing  
**COSTS?**

Performance of accelerators for optimal treatment delivery:

Beam duty factor

*time structure*

Beam intensity control

*stability - variability - speed*

Beam energy control

*stability - variability - speed*

Beam size

OK if below the limits of multiple Coulomb scattering

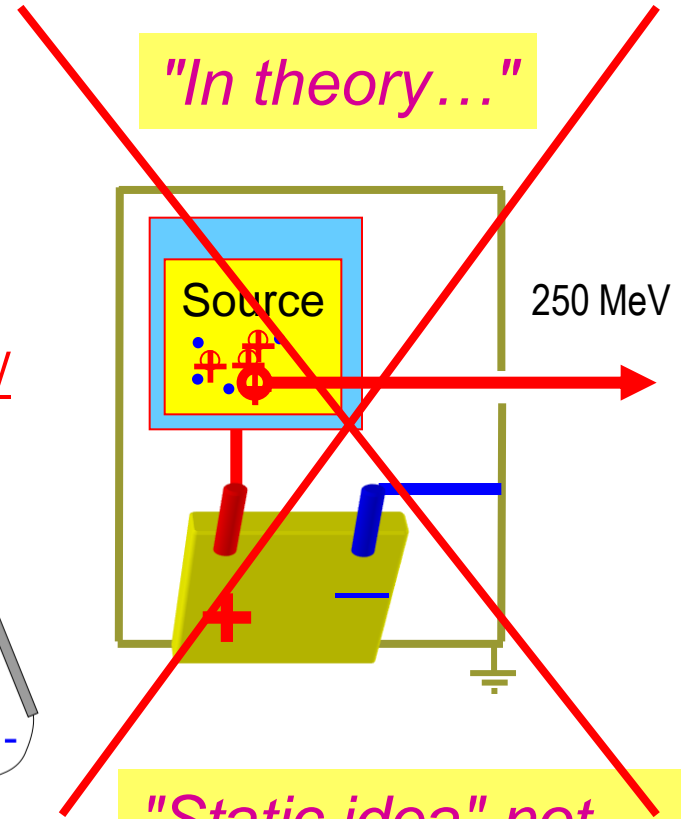
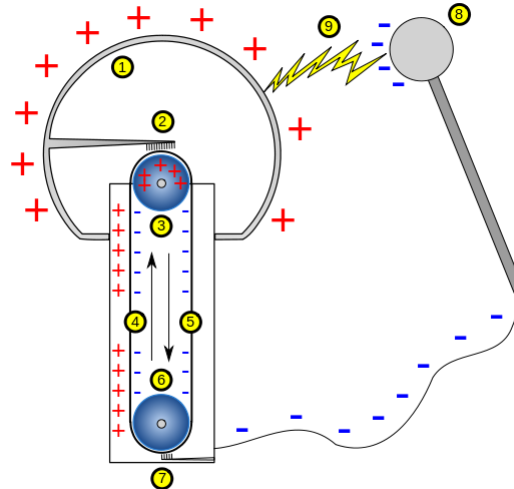
*MCS in the patient (limiting at high energy)*

*MCS in the beam monitors (at low energy)*

# BASIC ACCELERATOR CONCEPTS

# Electrostatic accelerator?

- Electrostatic - 250'000'000 Volts?
  - Conceptually simple
  - Practical limits -  $\Delta V \sim 10$  kV for gaps of a few cm
- Best achieved so far (nuclear physics era)
  - Tandem van de Graaf - we can get up only to 10-20 MV



*"Static idea" not feasible in practice for P-Therapy*

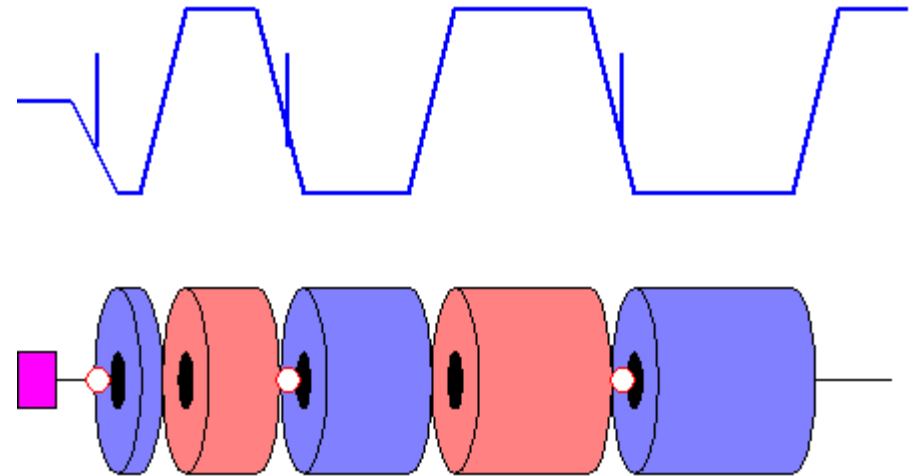
- We therefore must apply a stepwise repeated acceleration (100-1000 times)
  - Oscillating electric fields -> accelerator **RADIOFREQUENCY**

1932 First electro-static accelerator  
J.D. Cockcroft und E.T. S. Walton

# Linear accelerator ?

## Repeat acceleration using a sequence of RF cavities

- **Cavity transit time adjusted to RF**
  - Constant radiofrequency
  - Synchronize particle transit time with RF via varying cell length  $L = v(E) \cdot T$ 
    - Complex mechanical construction
- Total length ~20 m
- DC beam? Possible in theory...
- Technical limitations ...
  - Power
  - Heat
  - Pulsed beam with short pulses
- Presently used only as injector for PT synchrotrons



$v=0$  to  $0.5 c$  0-60 cm/ns

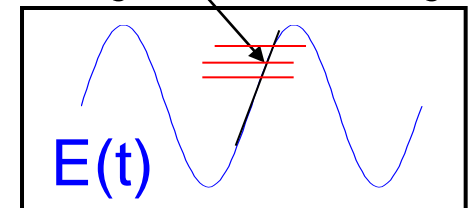
$L =$  order of cm

$>$  GHz Frequency

$L = v \cdot dt$

Working point below max  $E$  field to provide longitudinal focusing

*Holy grail*  
*100 MeV / m ?*



1928 First linear accelerator (50keV) by R. Wideröe  
1946 proton linac L. W. Alvarez



# Next idea - cyclic machine with magnetic field

*Folding the linac for re-using the RF cavities*

- Homogeneous magnetic field

- Circular orbit
- **Spiral trajectory**

- Constant time of revolution

- By physical laws - in theory ...
- Valid only at very low energy

$$\frac{m \cdot v^2}{R} = e \cdot v \cdot B$$

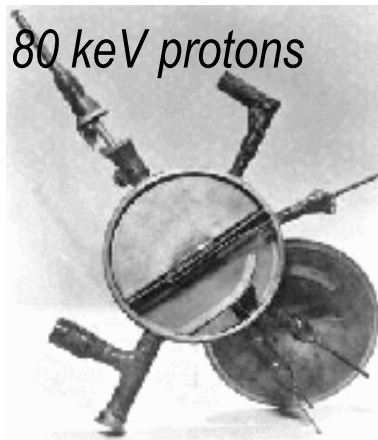
$$R = \frac{m \cdot v}{e \cdot B}$$

$$2\pi R = vT$$

$$v_{cyclotron} = \frac{e}{2\pi} \cdot \frac{B}{m}$$

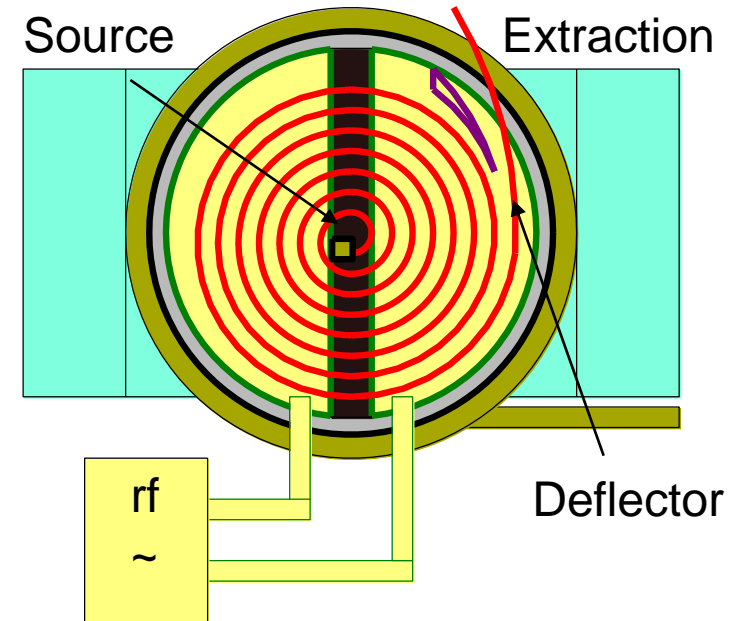
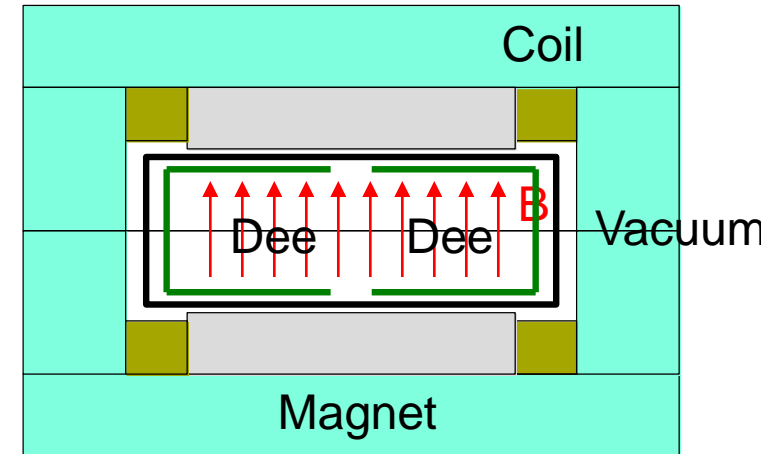
**Relativistic effects !!**

$$m = m_0 \cdot \gamma = m(r)$$



80 keV protons

12 cm diameter  
M S Livingston 1930



# Synchronization of cyclic machines

- Relativistic effects

- 0->250 MeV protons

- Velocity  $v = 0 \rightarrow 0.6c$  ( $c$  velocity of light)

- Revolution time  $2\pi R / v \sim 20 \text{ ns}$  (@  $R=1.5\text{m}$ )

- Rotational frequency ( and RF) of the order of 50 MHz

- Mass increases from 1 to 1.3 along the spiral

- *The synchronization of the particle bunches with the RF must be precisely adjusted - a question of accelerator design*

- Three different ways of solving the problem

- Dynamic -  $RF(t)$  varies with particles acceleration

**SYNCHRO-CYCLOTRON**

- Static - magnetic field designed for synchronicity

**ISOCHRONOUS CYCLOTRON**

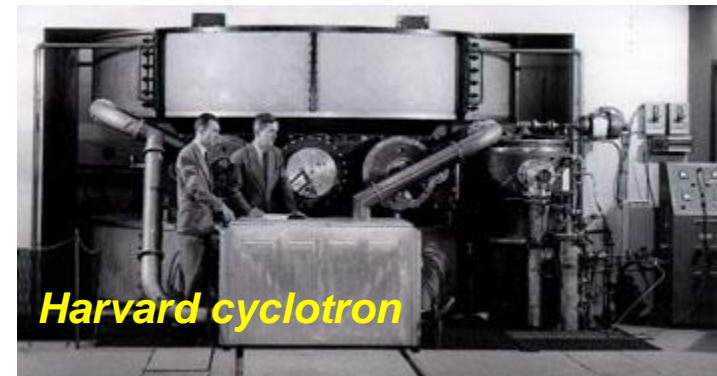
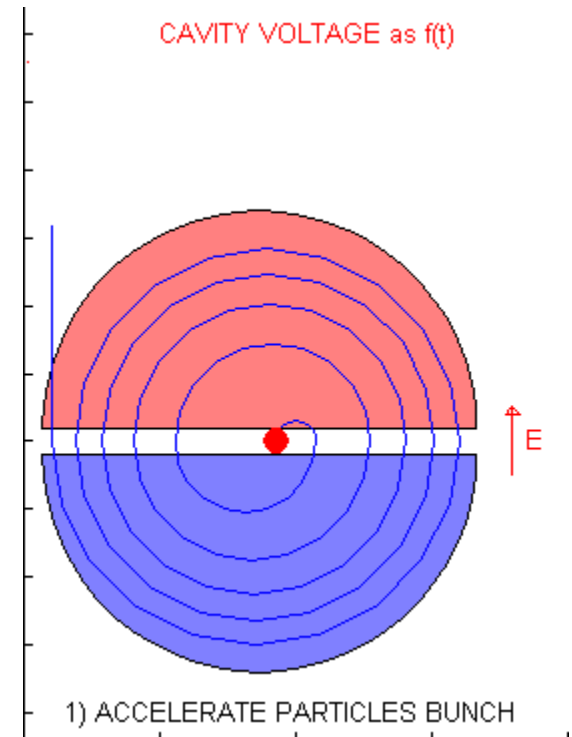
- Double dynamic -  $RF(t)$  and magnetic field  $B(t)$

**SYNCHROTRON**

# Cyclic machines - **Solution 1: Synchrocyclotron**

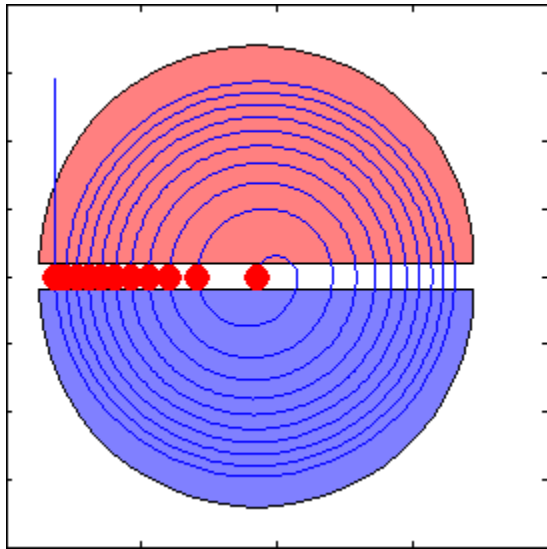
## Spiral machine with modulated radiofrequency

- Adjust the radio-frequency to the particle orbit-path
  - Using big rotating condenser in the 50s (CERN SC)
  - Today RF control via digital electronics
  - Only one bunch is accelerated along spiral trajectory
    - $\sim 20$  ns/turn x  $\sim 10000$  turns?
      - Acceleration time of the order of 200 microseconds?
    - The RF-modulation is the limiting factor for repetition rate
      - Rep rate of the order of 0.5 -1 (10?) kHz possible?
- Pulsed machine with short pulses
  - Not yet proven to be suitable for scanning
  - Fixed energy (why not variable energy? - B and RF ?)
- Accelerator type used in the early days of PT !
  - But only for scattering
- Revival : Mevion super-conducting SC; *later*



# Cyclic machines - **Solution 2: Isochronous cyclotron**

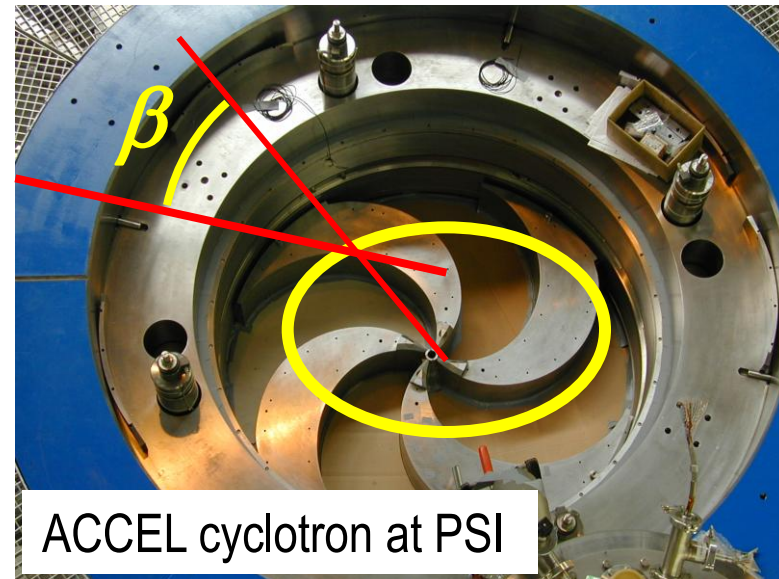
## Exact constant time of orbit revolution



First cyclotron 1930-39 E. O. Lawrence

- Magnetic field design for constant time/orbit
- Vary magnet gap as  $f(r)$ ? - bad vertical focusing
- Use of separated sectors
  - With "hills" and "valleys"
  - Sectors shimmed for synchronism
  - Needs complex calculations (computers)
  - Tilted edges provide strong vertical focusing

- **Synchronization applied on multiple bunches**
  - More beam than with any other accelerator type
    - Used in the hospitals for isotope production nuclear medicine
- DC beam - very good for scanning
- But: accelerator with fixed energy



ACCEL cyclotron at PSI

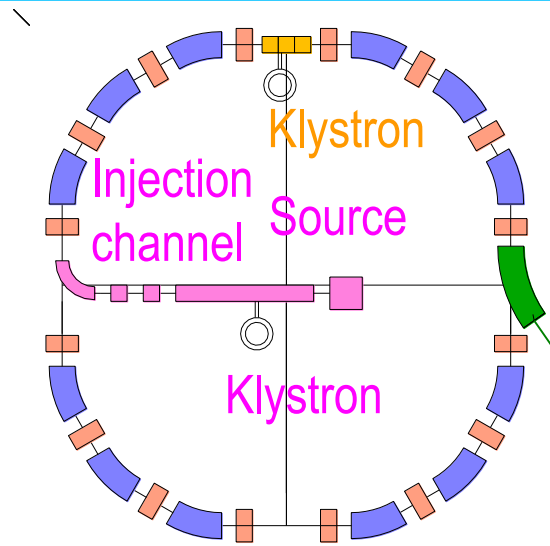
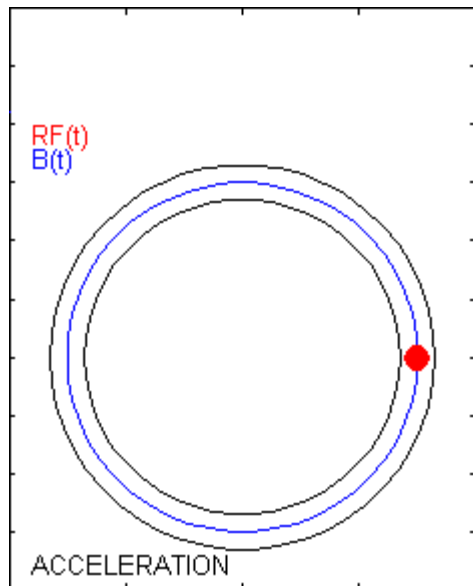
# Cyclic machines - Solution 3: Synchrotron

## Ring machine - fixed radius - modulated magnetic field and RF

- Ring solution

- Need separate injector - extraction
- No energy limit (CERN - 20 km ring)

**RF ramp up time  
= beam energy**



Dipole (bend)

Quads (focus)

LINAC (injection)

RF (acceleration)

Extraction

*Complex physics*

*Lattice*

- Variable energy but

- Pulsed machine (secs)

- Viable solution for scanning

- Slow extraction methods  
producing long lasting pulses

*Invented by E.M. McMillan (USA) and V. Veksler (Russia)*

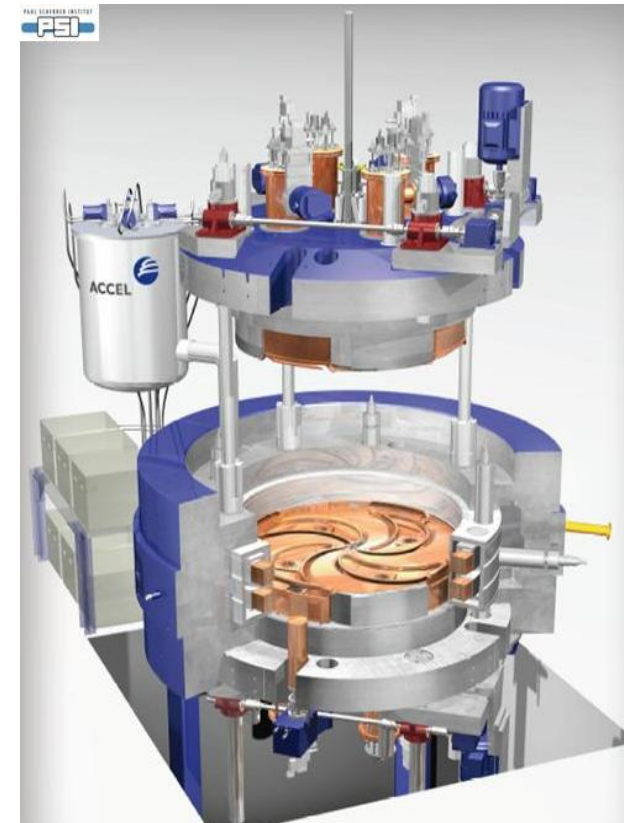
Available  
ACCELERATORS WITH DC-like BEAM OUTPUT  
with demonstrated capability of scanning



# Commercially available cyclotrons for PT



*300 KW - 90 tons  
3.4m diameter  
100 KV in 4 Dees  
Closed He Loop*



*220 tons 4.3 m diameter*

- Normal-conducting magnet
  - IBA (Boston, ...) - SUMITOMO (Kashiva)

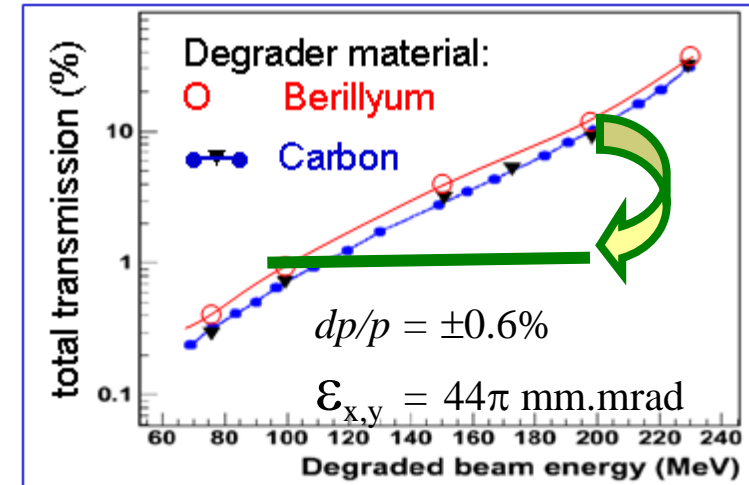
Power consumption	<- high/low ->
Weight	<- high/low ->
Magnet coil repair time	<- short/long ->

*Both well established solutions*

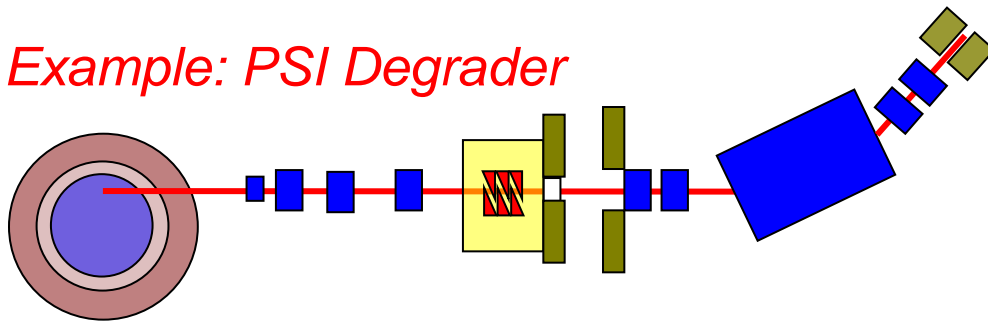
- Super-conducting solution
  - ACCEL VARIAN
    - Accelerator for PT at PSI
    - First PT facility in Munich

# Disadvantage of cyclotron-based PT - the fixed energy

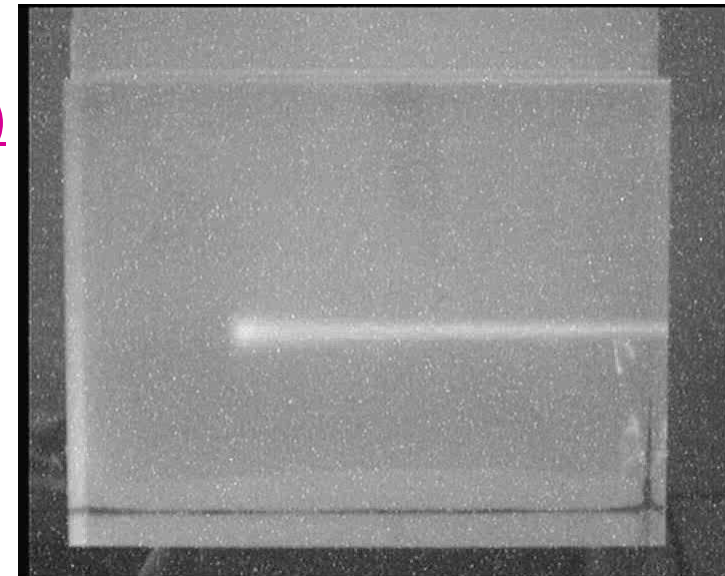
- Requires the use of a degrader
  - Variable amount of material in the beam line
  - Analyze the degraded with beam line + collimators
- Disadvantage
  - Beam intensity lost at low energy
  - > by orders of magnitude
- Equalization of intensity losses (PSI new Gantry 2)
- Advantage of using a degrader
  - Fast energy changes - 80 ms for 5 mm range (PSI G2)



*Example: PSI Degrader*



Carbon wedge degrader 238-70 MeV



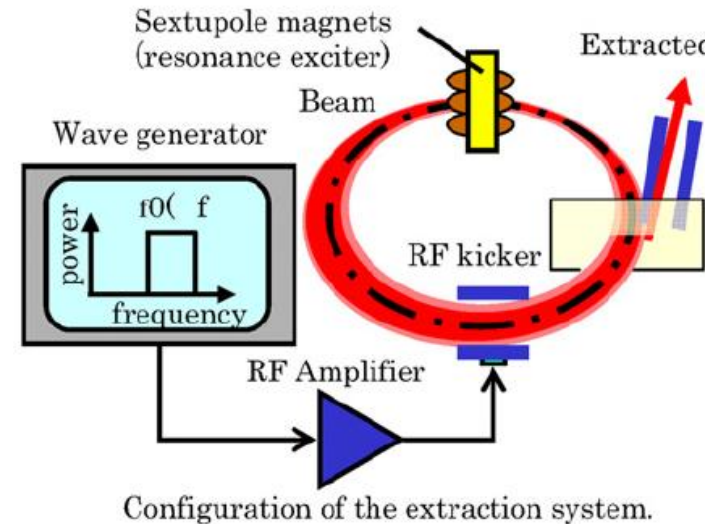


# Synchrotrons need **slow extraction** for delivering **scanning**

- Idea to "peel-off" slowly a small part of the circulating beam
- During an extended beam spill we have a DC beam
  - Duty factor  $\sim 0.5 \cdot f(\text{spill length})$



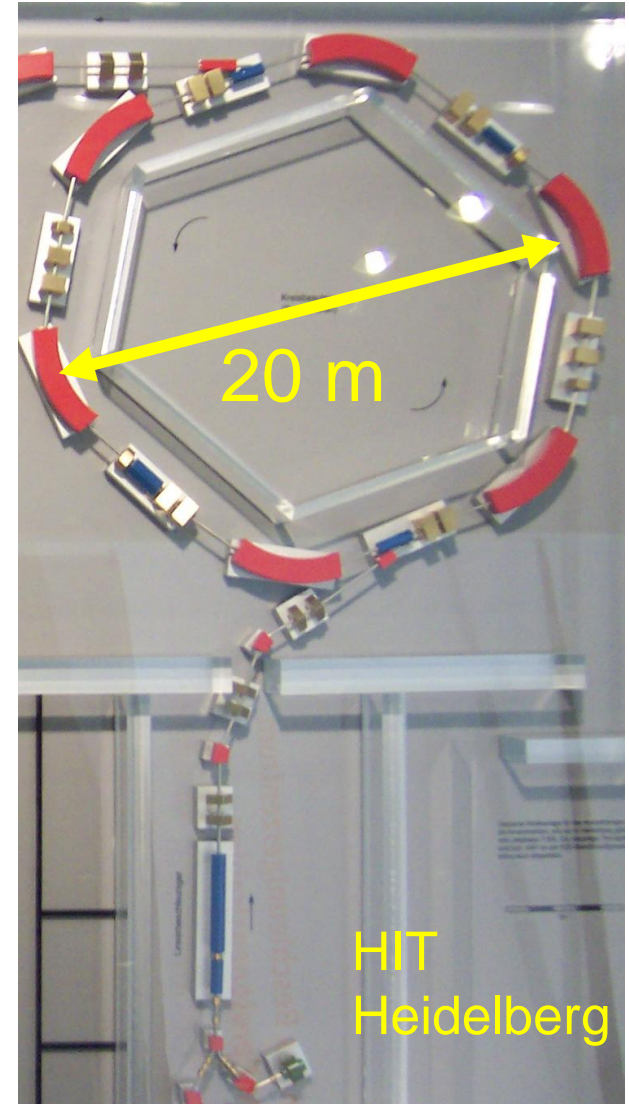
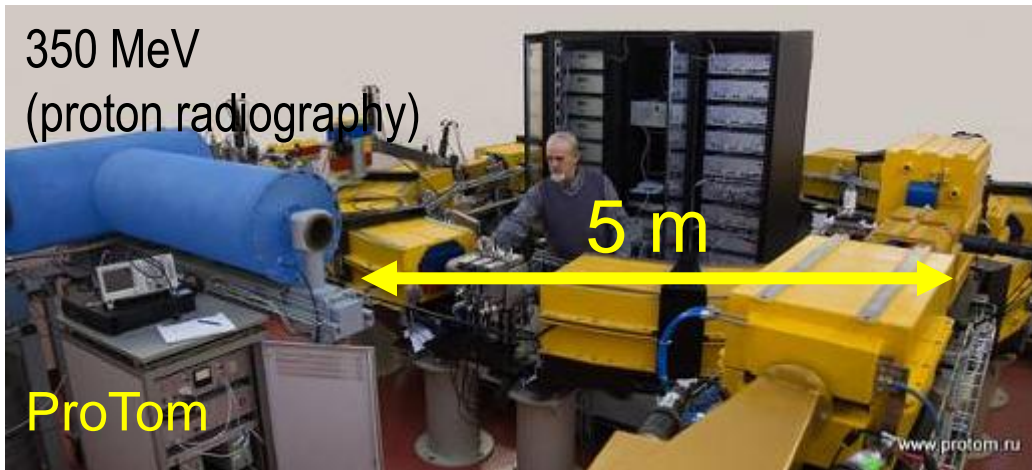
( Tsukuba - Hitachi )



*Very complex physics - an own art  
...Working near a resonance  
...Phase space stability regions  
...Several extraction methods  
most diffused  
Knock Out method*

# The synchrotron is presently the only solution used for ion therapy

- Berkeley - pioneering work with ions - stopped
- Chiba - first facility dedicated ion therapy
- Darmstadt - first raster scanning - transfer to HIT
- Hyogo - Heidelberg - Gunma - Pavia ...
- Facility size
  - Factor of two bigger than a proton facilities due to the magnetic rigidity of the beam (factor  $\sim 2.5$  higher)



# Comparison of cyclotron vs. synchrotron for scanning

Energy	Cyclotron + degrader	Synchrotron
Variable energy	Yes	Yes
<u>Speed of energy changes</u>	+ A few secs - PSI - 80 ms	A few secs - <i>NIRS m-energies?</i>
Time structure	+ DC beam	~ DC beam
Duty factor	+ 100%	50% ? - ramp dead time
<u>Beam stability</u>	+ Very stable beam	Stable beam?
<u>Beam intensity modulation</u>	+ Yes ( <i>IBA-PSI</i> )	Yes? - <i>NIRS I-modulated spill?</i>
Beam intensity	High intensity	Enough intensity
Beam size < physical limits	Yes (larger phase space)	Yes (smaller but irregular p.s.)
Size and weight	Compact	Larger - but lower weight
<u>Degrader activation</u>	Activation/shielding (local)	+ Cleaner machine
Dynamics	With beam line only	Accelerator + Beam line
P-Radiography	Only for head	Head and body (350 MeV)
<u>Ions</u>	Future SC-cyclotron?	+ Many different ions



# Feasibility of synchrotron with multi-energies extraction per spill?

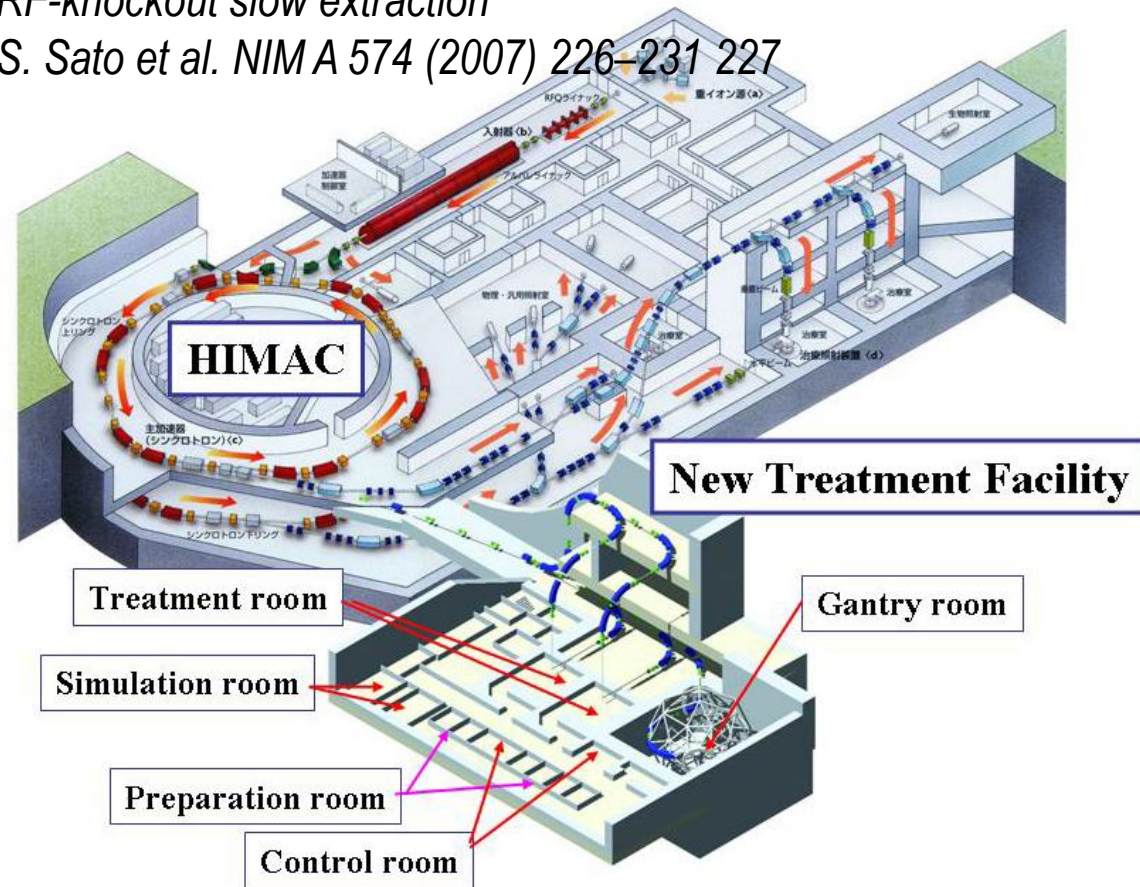
- Japanese research at NIRS  
Feasibility of

- Several sequential energies per spill
- Modulation of beam intensity during slow extraction
- Use of a (limited-depth) range-shifter used within a spill-energy

Multiple energy operation with extended flat top  
*Y. Iwata et al NIM A 624(2010)33–38*

Dynamic intensity control system with RF-knockout slow extraction

*S. Sato et al. NIM A 574 (2007) 226–231 227*



- Similar performance as with a cyclotron?

# GANTRY CONCEPTS

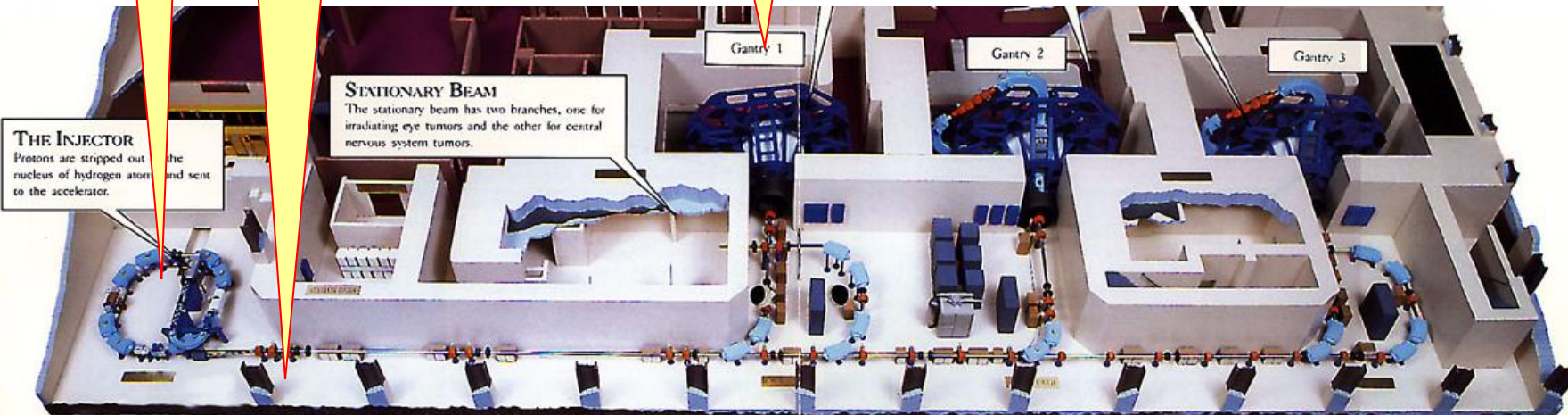
# The first hospital-based proton therapy facility in the world at Loma Linda University (California USA)

- Fermilab technology (Optivus company)
  - Synchrotron
- 3 gantries and 2 horizontal beam rooms
  - **For passive scattering**
  - Operational since 1991
- Shown that proton therapy can be realized on a commercial basis

Accelerator  
synchrotron

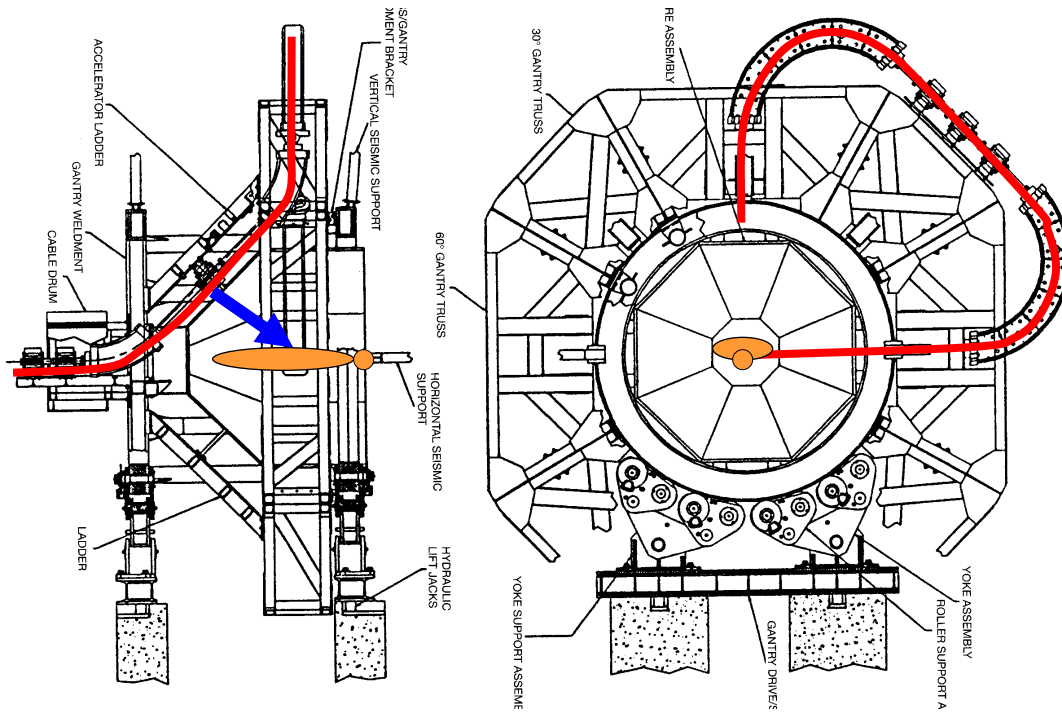
Treatment room  
with gantry

Beam  
switchyard



# Loma Linda gantry

- cork screw gantry -



Side view

Front view

- The first proton gantry in the world
- “Cork screw” gantry
  - Invention of Handy Kohler (Harvard cyclotron)
  - Radial extent mostly on a disk
  - Saves shielding (volume)

*Scattering-based (1992)*

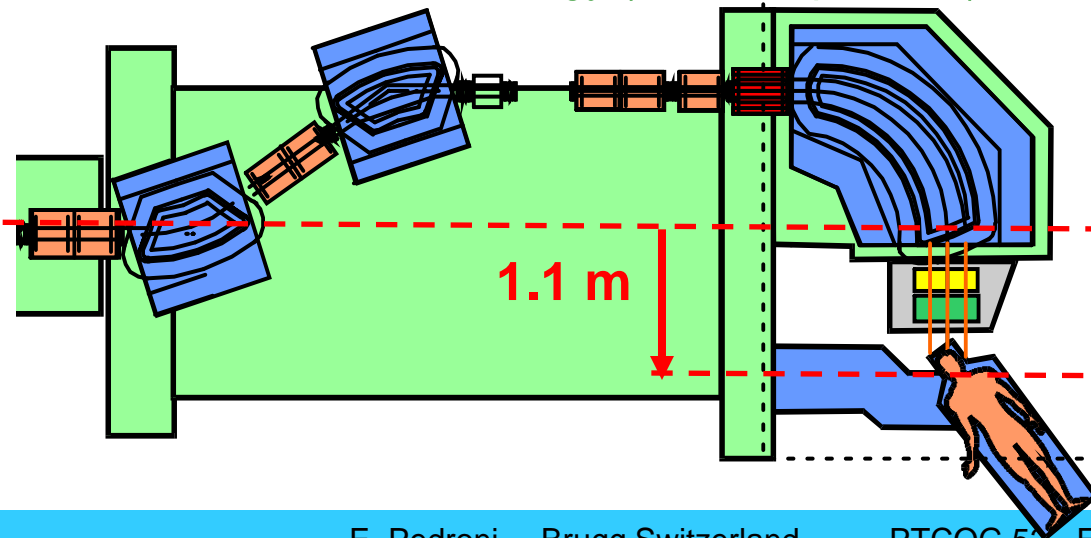
*Beam spreading started downstream of the last bend*



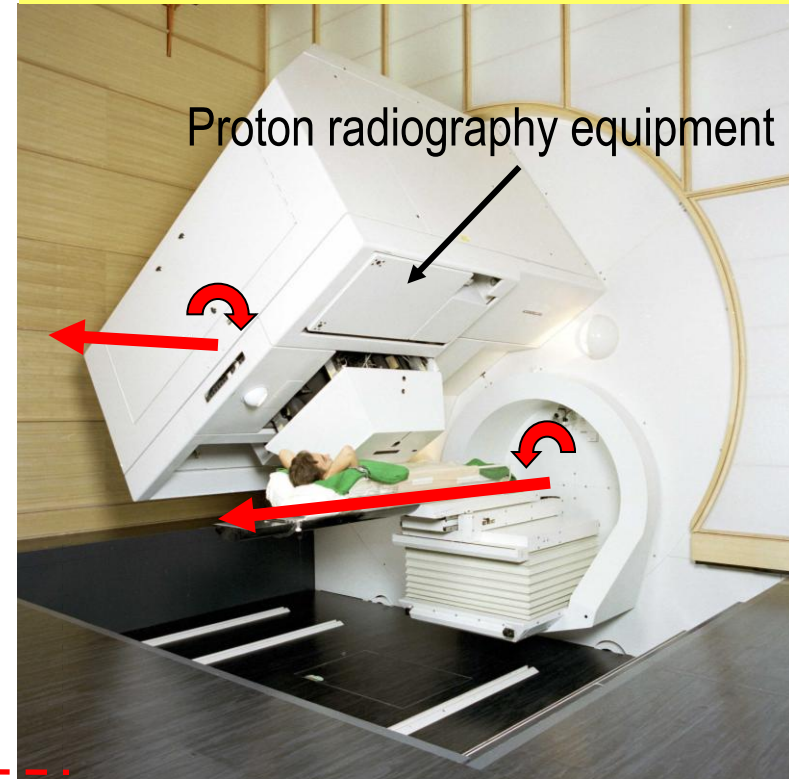
# Gantry 1 of PSI in 1992 - The first scanning-gantry in the world

- eccentric barrel gantry -

- Gantry radius reduced to only 2m
  - Eccentric mounting of patient table on rotating gantry front wheel (counter-rotation of table)
    - Missing: a moving floor under patient table
  - Scanning started upstream of the last bend
    - Parallel beam scanning (infinite SSD)
    - Patient table motion as third scan axis
- SOBP with range shifter in front of the patient
  - Variable beam line energy (but fixed per field)



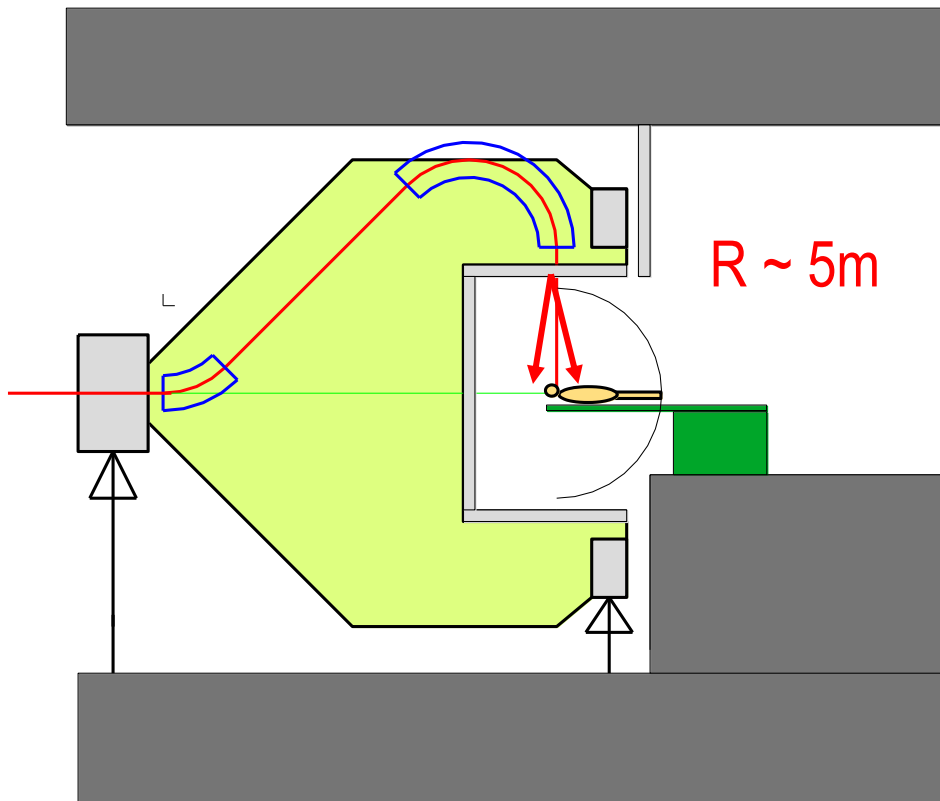
*Still the radially most compact gantry system in the world.*



*Realized for 360° gantry rotation  
A 180° rotation gantry  
with a robotic table and a false floor  
would have been a better solution*



# “Standard” layout of commercial systems – since end of 90's ... - conical gantry -



*Beam spreading  
downstream of the last bend*

Munich

IBA  
Sumitomo  
Hitachi  
Mitsubishi  
Varian

Kashiva – 1998

Tsukuba - 2001

Boston – 2001

Hyogo – 2001

....

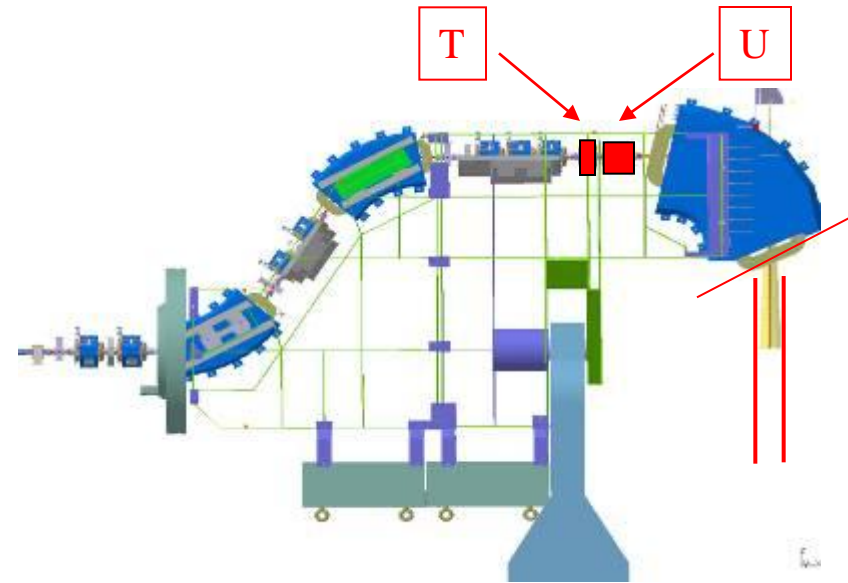
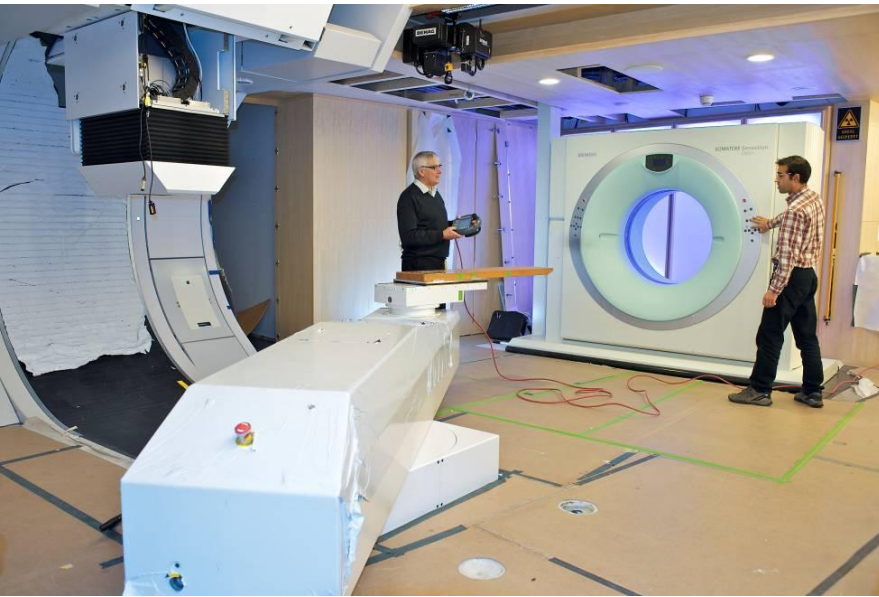


First commercial scanning-gantry  
of Varian in Munich

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

# The new Gantry 2 of PSI

- 180° barrel gantry -

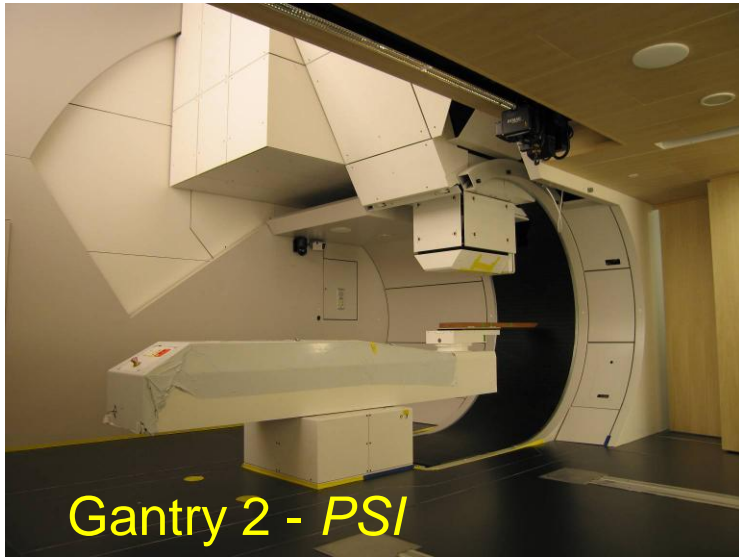


- Iso-centric layout
- Gantry rotation limited to  $[-30^\circ, 180^\circ]$ 
  - Provides very good access to isocenter
- In-room sliding-CT
  - alternative -> cone down CT?
- Gantry with upstream scanning
  - Double magnetic **parallel scanning**

- For developing advanced scanning
  - Volumetric repainting
    - with fast energy changes **80 ms**
  - Dose painting spots / lines / contours
  - Variable magnetic scan speed and
  - Dynamic control of beam intensity

E. Pedroni *et al.* 2011 *Eur. Phys. J. Plus* 126:66

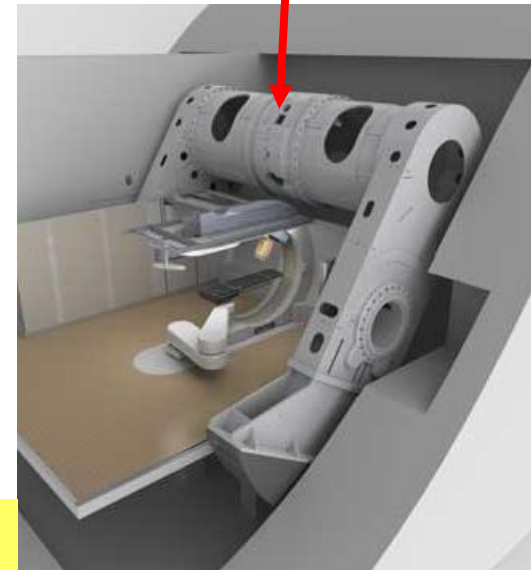
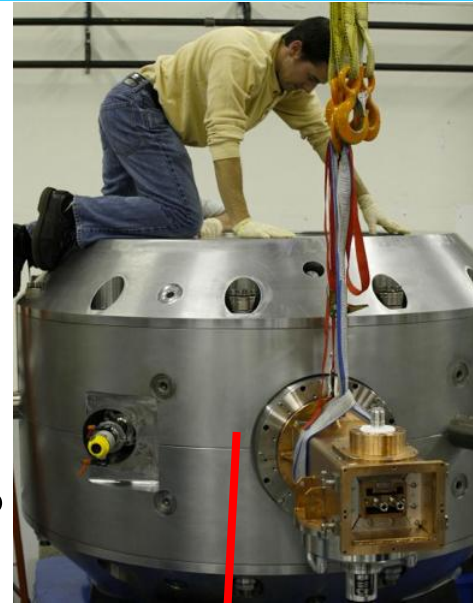
# The PSI's idea of a "180° gantry" ... is now taken over by industry



# Compact super-conducting synchro-cyclotron mounted directly on a gantry MEVION

11 facilities  
ordered in the USA

- Similarity in size with a conventional electron LINAC
  - No beam line - cheaper - simpler - for easier diffusion in hospitals
- With compromises in the beam delivery?
  - Fixed field energy at highest energy (no beam energy analysis)
    - Without limiting the quality of the dose distribution?
  - Pulsed beam - only passive scattering? (only for a start?)
    - Good enough for competing with modern photon-RT and IMRT?
- Potential to develop scanning?
  - Needs to control beam intensity pulse by pulse? (per spot?)
  - Very high repetition rate ~ kHz? (more pulses /spot?)
  - Range shifter in front of the patient? (keep air gap small !)
  - Idea to use multi-leaf collimators? (use for IMPT?)
- Eventually variable energy? a few energies (slow change)
  - Specialized units? Head gantry (160 MeV) / body gantry (250)?



Exciting concept / worth investing in new beam delivery developments

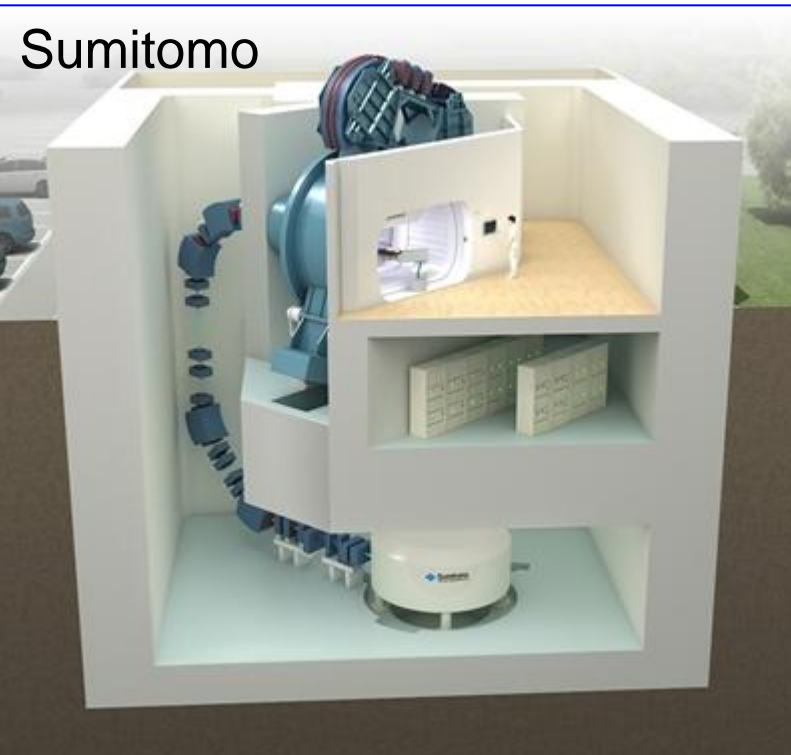


# The response of the other facility providers...

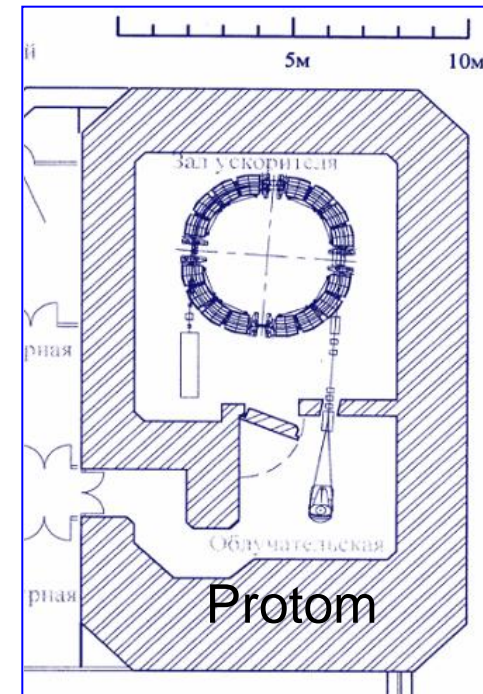
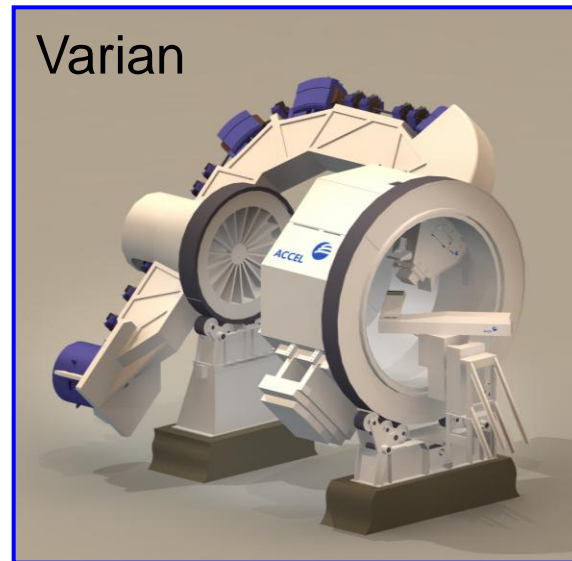
- Compacts but "full-fledged" single room facilities...
  - With variable energy in the beam line
  - Examples: Sumitomo - Varian - Protom - IBA (Proteus Nano)

Idea to make PT accessible also to small hospitals

Sumitomo



Varian



# The first and only gantry for ion therapy – at Heidelberg (HIT)

45° dipoles

scanner magnets

90° dipole

- 360° gantry
- L 25 m
- 13 m Ø
- 670 tons

absorber

treatment room



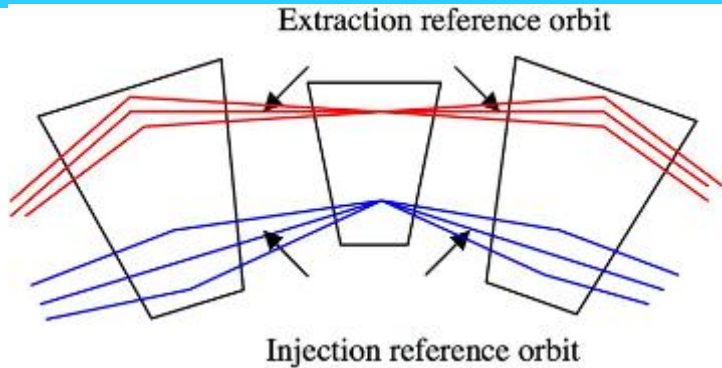
Treatments started in  
December 2012

# ONGOING AND FUTURE DEVELOPMENTS



# Pulsed accelerators

with **variable beam energy (per pulse)** and **high repetition rate**



Experimental FFAG at Kyoto University  
For energy amplifier



*Amaldi et al, Nucl Instr Meth A 521(2004) 512*



- **FFAG**

- Fixed field - alternating gradient
- **Large momentum acceptance**
  - Same concept also for gantry?

- **Cyc-linac**

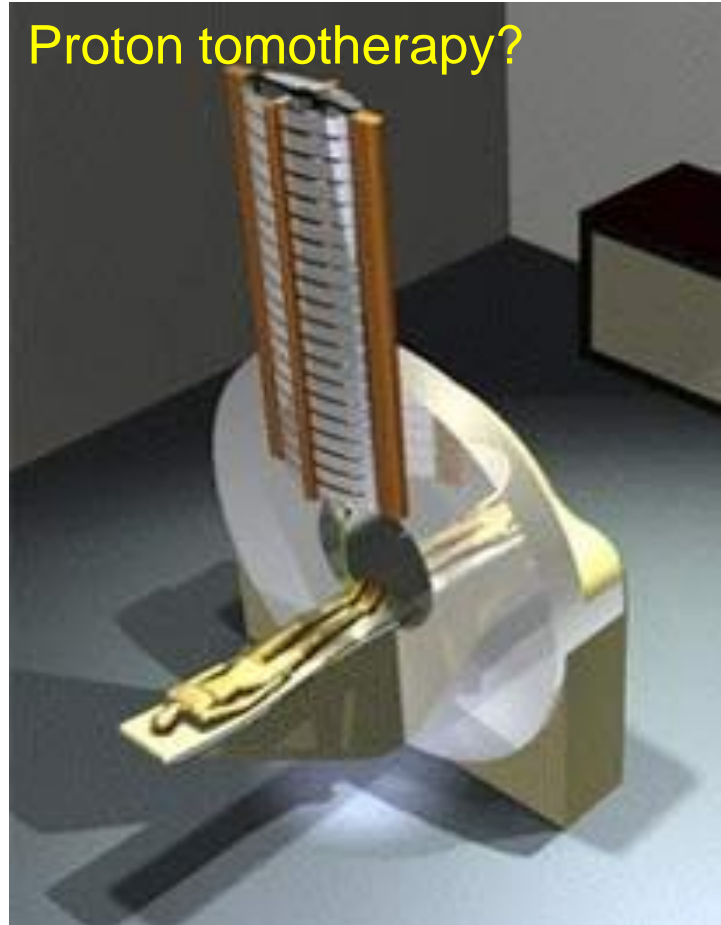
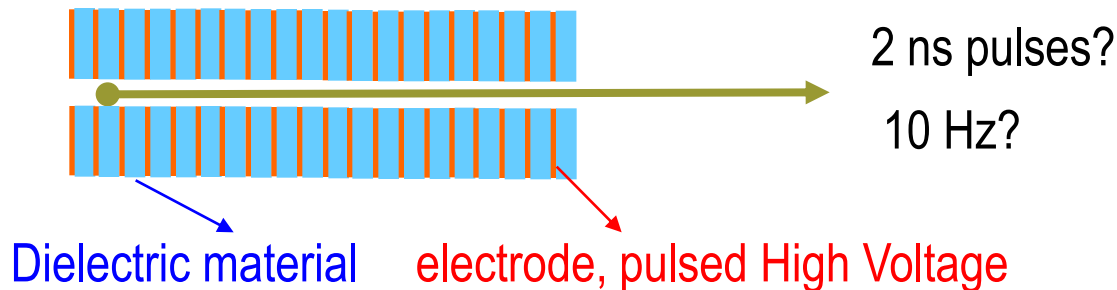
- Cyclotron for isotope production
- Combined with a linac

*Needs beam intensity control  
per pulse for delivering scanning*



# Futuristic accelerator technologies

- **Basic research** - Not yet mature for intended use
  - Laser acceleration C. M. Ma, *Laser Physics*, 2006, V16,4,639
  - Plasma waves *Nature* 449 133-135 2007
- **Under development** - within reach?
  - Dielectric Wall Accelerator (High gradient Linac)
    - Collaboration with company **Tomotherapy**
    - Photo-electric switches
      - Aiming at 100 MeV/m
    - Scanning?
      - Pulse rate? dose control per pulse?



Caporaso et al, *NIM B* 261 2007 777

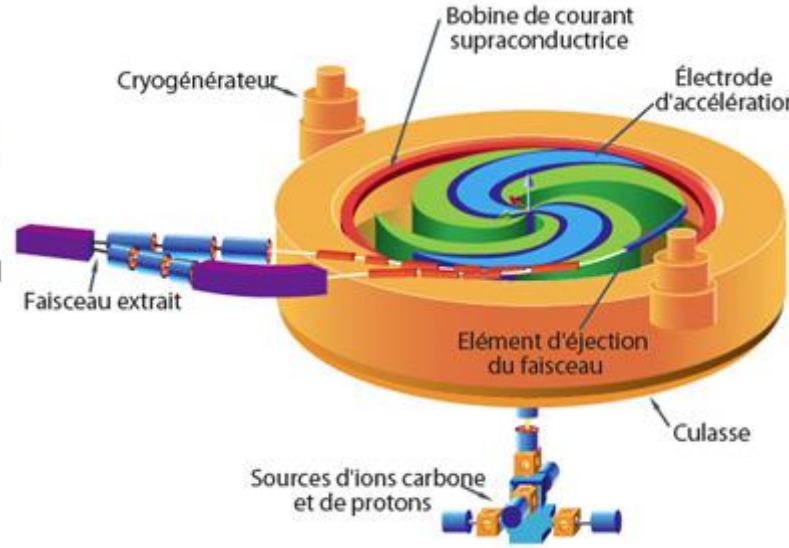
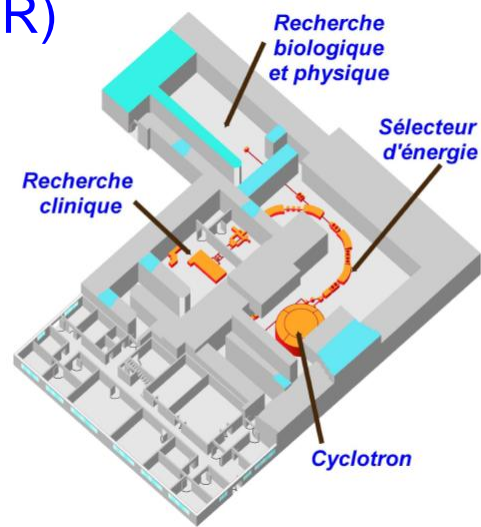
# Superconducting cyclotrons for ion therapy

## steady beam by design

- Project Archade Caen (FR)

- IBA prototype -> 2015

- 260 MeV H<sub>2</sub><sup>+</sup>
  - By stripping
- 400 MeV/n ions
  - By deflector
- 6.9 m diameter
- 660 tons

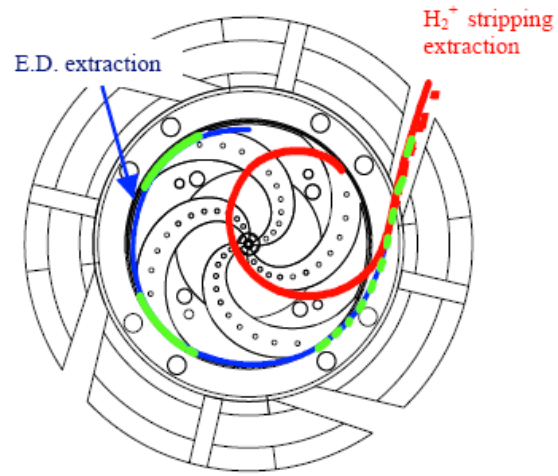


- Medical facility later project Etoile in Lyon

*Degrader design for concurrent radioactive beams? (I. Yongen) C<sup>11</sup>?*

- Catania design (INFN It)

- Lower energy
  - 250 MeV protons
  - 300 MeV/n
  - 4.9 m Ø
  - 320 tons



# Superconducting gantries?

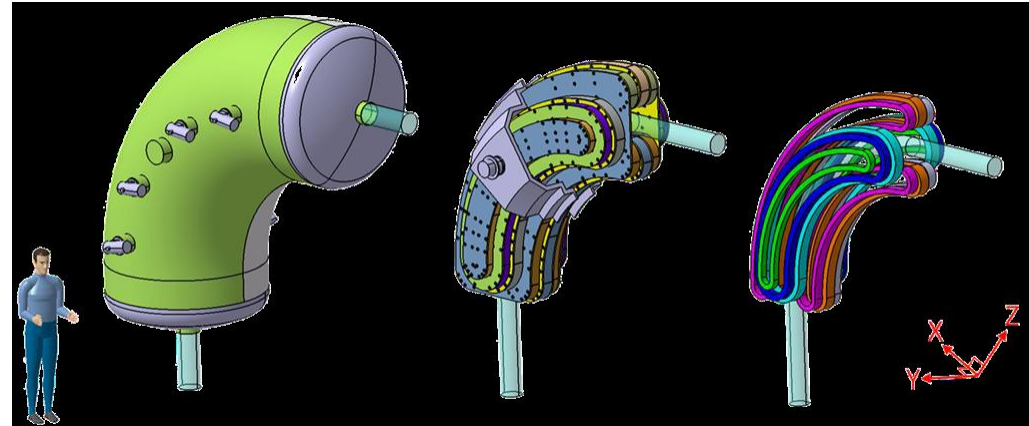
## • Advantages

- Low power consumption
- Very high magnetic fields
  - Small magnet size
  - But large cryogenics vessels?

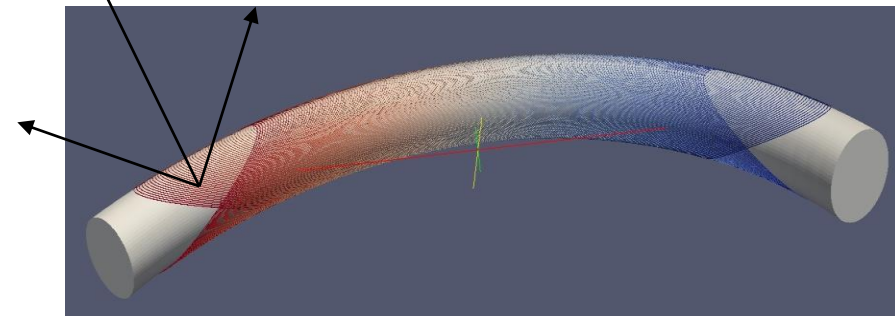
## • Disadvantages

- Field homogeneity difficult
  - Use of multiple coils or
  - Tilted winding along coil
- Very slow changes of the beam energy
  - Large momentum acceptance optics
- Fringe field (without return yoke)
  - Environment like in a MRI ?

Ideas presented at the  
Workshop on Hadron Beam Therapy, Erice, Sicily, 2011



Kircher, Saclay SC Gantry

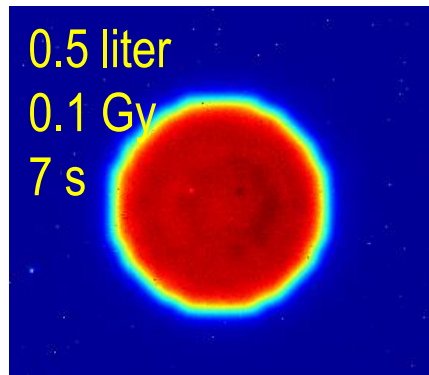
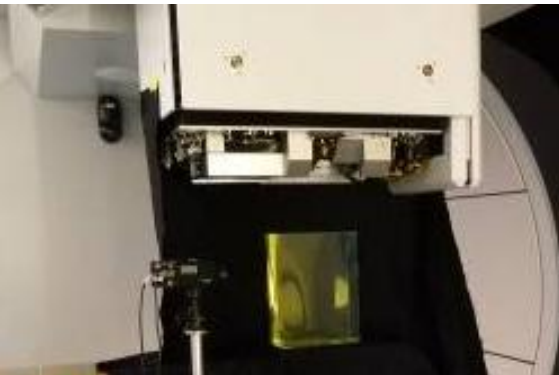


S. Caspi

Lawrence Berkeley National Laboratory

*Gain significant only for ions?*

The cheapest solution of today is may be not the best investment for tomorrow



- Example of advanced beam scanning techniques (PSI new Gantry 2)
  - Needed for competing with today's most advanced conventional therapy?

- Acknowledgments

- D. Meer
- S. Zenklusen
- M. Schippers

*Books: Ion Beam Therapy,  
Ute Linz ed, Springer Verlag*

Line Scanning  
Shape: Sphere  
Volume: ~0.5 liter  
Dose: 0.1 Gy  
Number of energy layers: 18  
Application time: 7s

**THANK YOU**