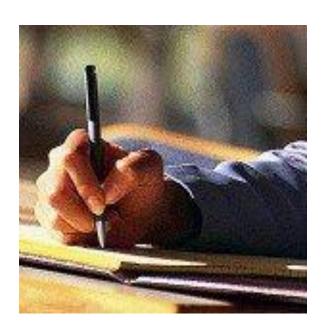


Ute Linz Forschungszentrum Jülich

517th WE-Heraeus Seminar, 18 Oct 2012

- general requirements for IBT accelerators
- High reliability
- Ease of operation
- Low operation cost
- Ease of maintenance
- Low maintenance cost
- Low follow-up costs



accelerator types

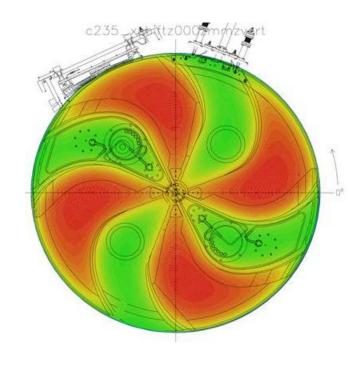


normal vs super conducting

Laser

cyclotron: isochronous

IBA-Proteus 235: FHBPTC, UFPTI, UPHS and 17 other locations



normal conducting

- Compact isochronous cyclotron
- 235 MeV proton energy
- 300 nA beam current, quasi-continuous
- Typical efficiency : 55 %
- Approx. weight: 220 t
- Diameter: 4.3 m
- Conventional magnet coil: 1.7 2.2 T
- RF Frequency: 106 MHz
- Dee voltage: 55 to 150 kV peak

Data: D. Bertrand, IBA

cyclotron: isochronous



Varian Probeam 250: PSI, RPTC (≥ 6 under development)

Particle Energy

Outer diameter

Height

Weight

Extracted current

RF power

Magnetic field

250 MeV

3.1 m

1.6 m

<90 t

(max)800 nA

≤115 kW

2.4 (<4) T

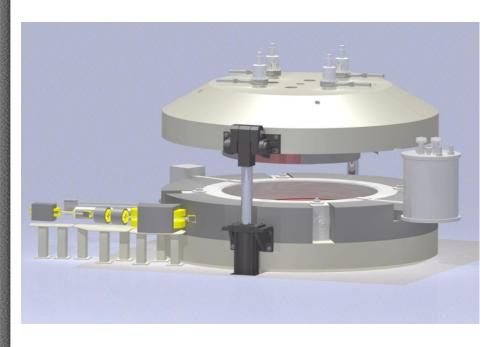
Design: H. Blosser, MSU

superconducting

Data: H. Röcken, Varian

cyclotron: isochronous

IBA C400: ARCHADE?

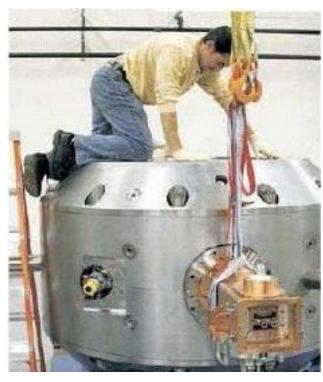


lon	H-Ne
Energy (MeV/u)	400 (H:250)
Outer diameter (m)	6.6
Height (m)	3.4
Weight (t)	700
Extracted current (nA)	8
RF power (kW)	2x100
Magnetic field	4.5 T
RF Frequency	75 MHz

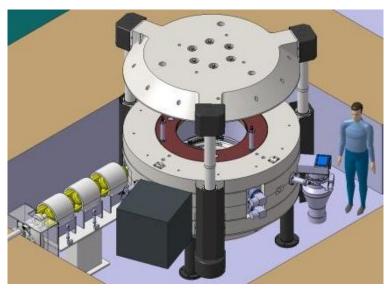
superconducting

Data: D. Bertrand, IBA and A. Olshevskiy, JINR

cyclotron: synchrocyclotron



super conducting



IBA S2C2

Mevion (Still River) S250

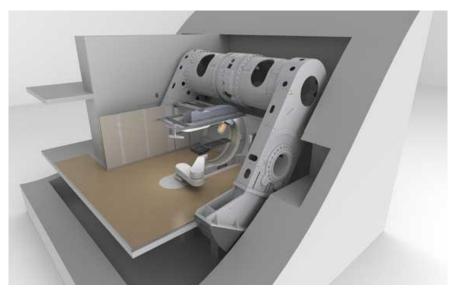
Design: T. Antaya, MIT

Ø 1.8 m, weight 20 t, 9 T, Nb3Sn coil, >10 nA at 250 MeV

Ø 2.5 m, height 2 m, weight <50 t, 5.6 T, NbTi cryogen free coil and laminated steel operator-free system w. remote diagnostics, 20 nA average beam current at 230 MeV for PBS; Extraction efficiency >50% at 230 MeV 1 kHz beam pulse repetition rate for PBS

one-room facility

180° gantry



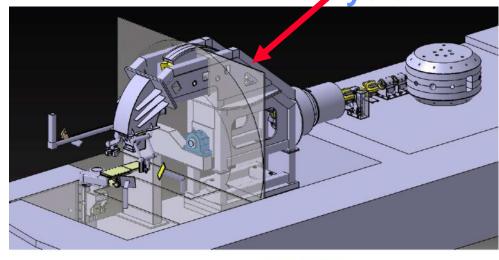


L: 14 m, H: 14 m (scheduled for 2012)

03/12: CE certified

06/12: FDA 510(k) cleared

220° gantry beam analysis



Proteus ONE

L: 27 m, H: 13 m (scheduled for 2014)

synchrotron: slow cycling

LLUMC H Fermi Labs

HIMAC He-Ar Hitachi, Toshiba

U Tsukuba, PTC-H H Hitachi

Shizuoka CC H Mitsubishi

HIT H-O GSI

GHMC C Mitsubishi

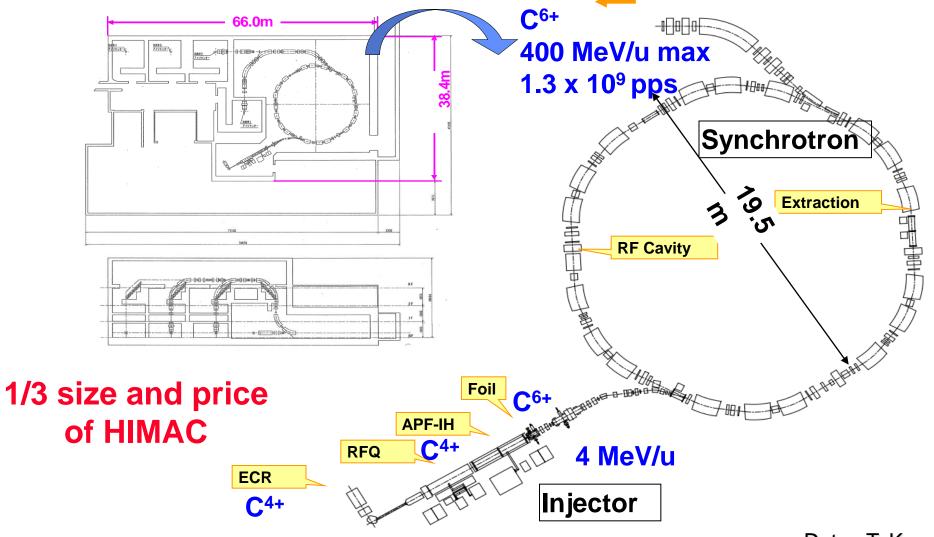
CNAO H-C CERN

Saga HIMAT H-C Mitsubishi

Shanghai H, C Siemens

Marburg, NRoCK H, C Siemens

slow-cycling synchrotron: GHMC •



synchrotron: rapid cycling

Pros

Compact construction (1-turn injection) good intensity control variable energy operation proven technology for physics applications (J-PARC, ISIS) Cons

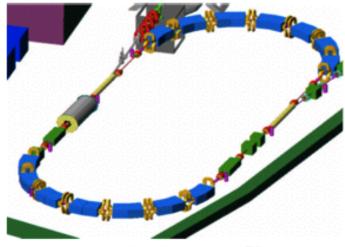
rapid frequency sweeps
high RF voltage
(16 kV for H and ≤ 100 kV
for C)
challenging dose control
Eddy currents
too costly?

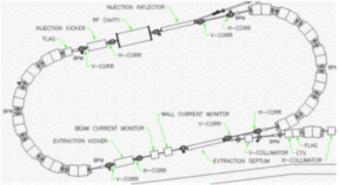
Not yet realized for IBT



RCMS by BNL

synchrotron: rapid cycling





HT Workshop 2, Erice, 110524

Steve Peggs

Racetrack design

2 super-periods

Strong focusing minimizes the beam size

FODO/combined function mags with edge focusing 2x7.6m straight sections, zero dispersion, tune quads Working tunes: 3.38, 3.36

Compact footprint

Circumference: 27.8 m

Area: 37 sq m

13

Data: S. Peggs

FFAG: PAMELA •

Particle Accelerator for MEdicaL Application

Particle physics

EMMA

v-factory, muon source, proton driver

Medical

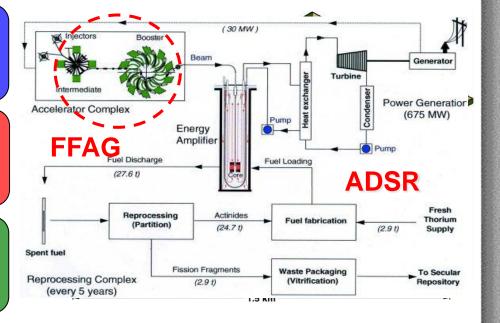
PAMELA

Particle therapy, BNCT, X-ray source

Energy

(PAMELA)

ADSR, Nucl. Transmutation



CONFORM (Construction of a Non-scaling FFAG for Oncology, Research and Medicine) aims to develop the Non-scaling FFAG as a versatile accelerator.

Data: T. Yokoi/J. Pozimski

laser-driven proton therapy: CNRS concept

Towards compact proton therapy?

Scientists at CNRS and CEA have defined the characteristics of future lasers that could be applied for cancer treatment by proton therapy. The first prototype is under construction and should be operational within four years.

2010?



CNRS, 2006

 laser-driven proton therapy: CNRS concept
 Towards compact proton therapy?

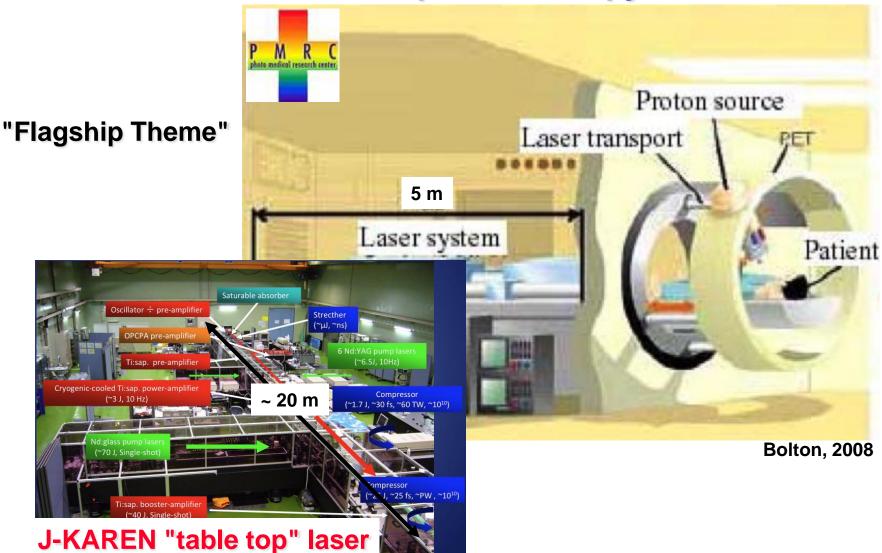
We expect validation and demonstration of the technology within the next three to five years, at which point therapeutic deployments (including system design and clinical trials) will take place.

E.Mottay, CEO Amplitude, Industry partner of CEA & CNRS laser proton therapy project, Feb 2012, http://optics.org/news/3/2/5



SNRS, 2006

laser-driven proton therapy: PMRC



laser-driven proton therapy: PMRC

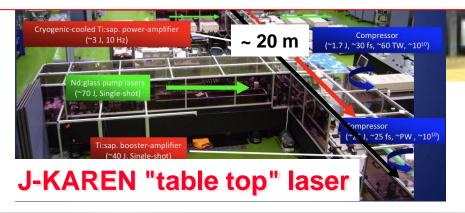


"Flagship Theme"

Photo-Medical Valley and the Photo-Medical Research Center

This project was ended as the result of reexamination in 2010.

http://133.188.30.80/closed/pmrc-en.html



Bolton, 2008

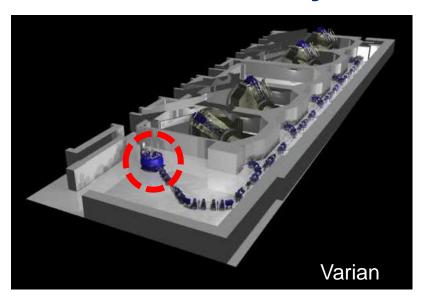
laser-driven proton therapy: "News" •

"Cyclotron accelerators are monsters."
They're the size of a house," Horwitz said.
"A single cyclotron takes up an entire building and costs between \$150 to \$250 million." What's more, the rotating gantry

"Laser acceleration promises the benefits of proton radiotherapy at a fraction of the cost and a fraction of the space," Horwitz said. "A laser accelerator might run between \$5 million to \$10 million and you could actually put a PET (positron emission tomography) imaging system in the room with the gantry. Clinically and financially, lasers make much more sense."

M. Martin, JNCI 101, 2009

accelerator vs facility costs

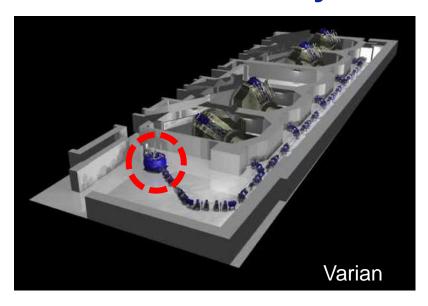


total facility costs 80-100 MEuro

cost of equipment 30-55 MEuro

cost of accelerator 7-10 MEuro

accelerator vs facility costs



total facility costs 80-100 MEuro

cost of equipment 30-55 MEuro

cost of accelerator 7-10 MEuro

For a multiroom PT facility, the accelerator is NEITHER size- NOR cost-determining!

Accelerators for Ion Beam Therapy laser-driven proton therapy: claim and reality •



Unsolved issues:

Beam control?

Dose control?

Reproducibility?

Reliability?

Durability?

Safety?

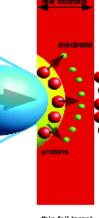
Cost?

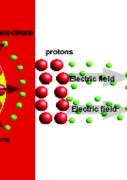


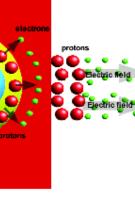
Beam energy: 5-50x (H)

Energy variation: 10-100x

Beam intensity: ≥ 100x







Wau



laser-driven proton therapy: claim and reality •



Beam control?

Dose control?

Reproducibility?

Reliability?

Durability?

Safety?

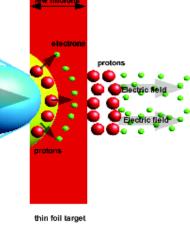
Cost?



Beam energy: 5-10x (H)

Energy variation: 10-100x

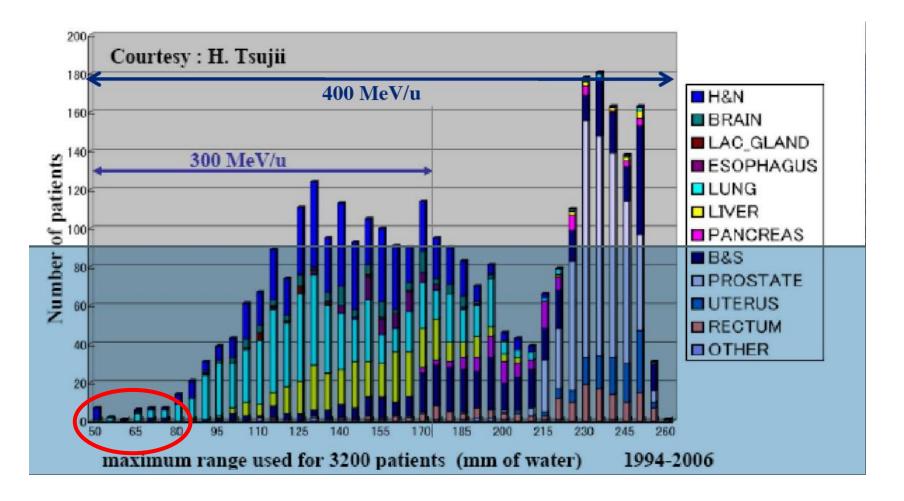
Beam intensity: ≥ 100x



A proton beam of the proper energy is necessary but not sufficient for a proton therapy system!

Wau

minimum required energy



≤ 100 MeV protons (≤ 8 cm) useful for less than 1% of tumors!

laser-driven proton therapy for uveal melanoma?

Incidence: 1-8/10E6 population

Treatment options:

radioactive plaques

ion beam therapy

thermo-/cryotherapy

photocoagulation

operation/enucleation



Example Germany: ≈ 600 patients/year ———— can be treated by one facility



Incidence: 1-8/10E6 population

Treatment options:

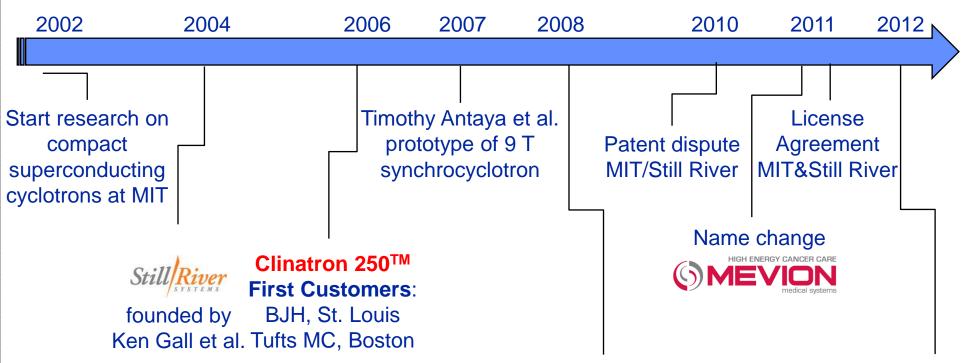
photocoa ma is

• laser-driven proton therapy for uveal messing the series of an Interaction of the series of the series

✓ermany: ≈ 600 patients/year —— can be treated by one facility



medical device development: 1-room PT unit



Original Marketing Goal:

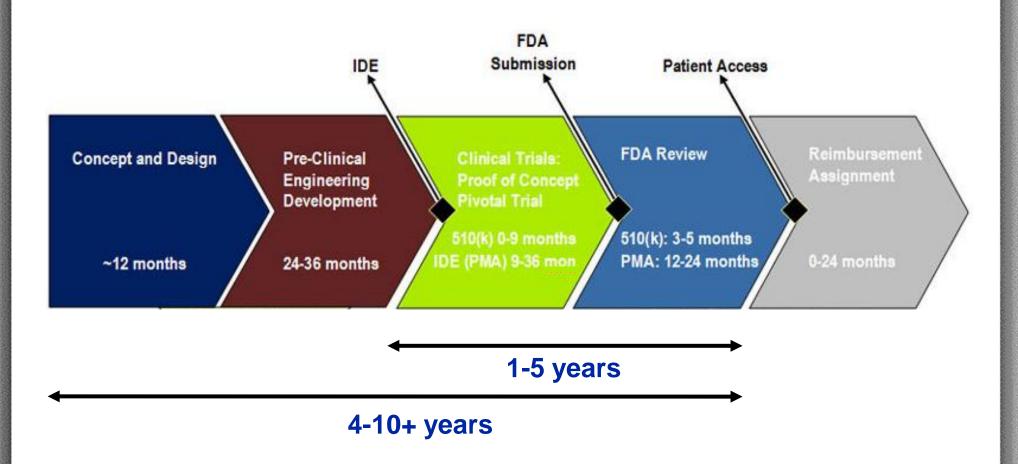
Offer inexpensive

1-room proton therapy unit

The Monarch250TM

Mevion S250[™] CE mark FDA 510(k) clearance

medical device development process



laser-driven proton therapy: "News" II •

When might such laser-driven ion beams be ready for early-stage clinical studies?

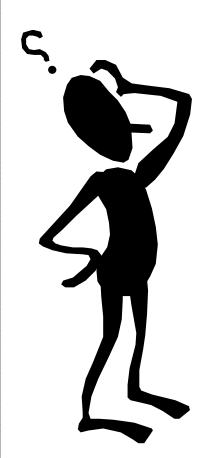
As a scientist familiar with medical applications

- specifically the development of carbon-ion therapy here at GSI over the past two decades
 - I believe that we are looking at somewhere between 10 to 20 years.



Markus Roth

which accelerator to choose?



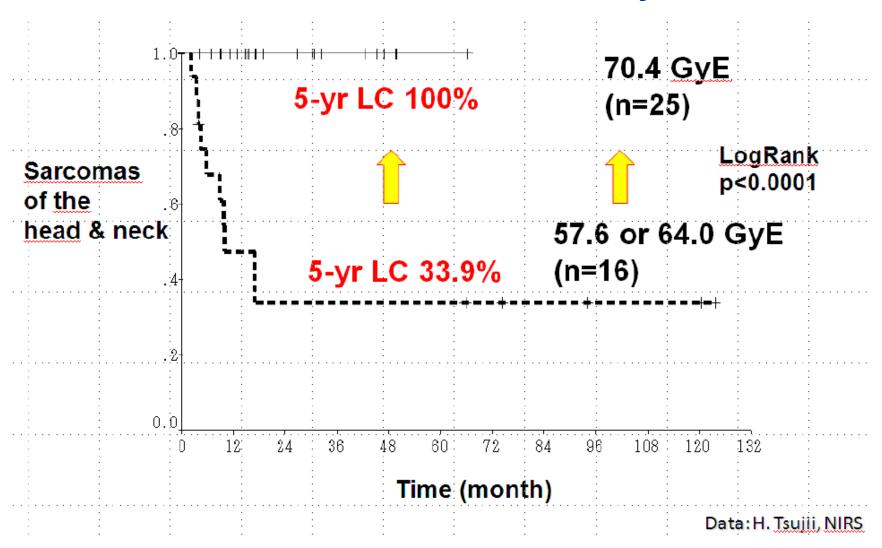
therapist's view



on the IBT system upstream of the patient



the benchmark for a new IBT system



which accelerator to choose?

Simplicity, reliability, lower cost and size

IBA: iso cyclotron, nc

Smallest possible footprint and weight, less power consumption Varian: iso cyclotron, sc

Simple, robust, low voltage, low cost, compact,...

T. Antaya, synchrocyclotron, sc

Simple, robust, small magnets, light gantry, flexible S. Peggs, synchrotron, rapid cyc

Smaller, simpler, significantly cheaper than CONFORM Project: FFAG

which accelerator to choose?

Health services have to be economical:

accelerator design "unconstrained by financial and/or space limitations" is not instrumental

Balance facility cost with patient population, patient share, e.g., max. range vs. 3rd or 4th level care unit

Balance size of accelerator with special features, e.g., single room vs. tomography option

clinical operation with various IBT systems

Institution	Acc-Type	1st pt	pt # 12/2011
PTC-H	slow-cyc Sync Hitachi	May 06	3400
UFPTI	isochron Cycl IBA	Aug 06	3460

clinical operation with various IBT systems

Institution	Acc-Type	1st pt	pt # 12/2011
PTC-H	slow-cyc Sync Hitachi	May 06	3400
UFPTI	isochron Cycl IBA	Aug 06	3460

Comparable patient numbers with different approaches

which accelerator to choose?

Why do most PT centers use cyclotrons?

Why do most IBT centers use synchrotrons?

Why do industrial suppliers take the challenge of SC?



which accelerator to choose?

Why do most PT centers use cyclotrons?

Why do most IBT centers use synchrotrons?

Why do industrial suppliers take the challenge of SC?



Antagonism between preference of clients for proven technology and the desire of developers for innovation

efficiency and sustainability

Reduce weight

Reduce power consumption

Reduce neutron activation

Extend running time and service life

Save raw materials/resources



efficiency and sustainability

Reduce weight

Reduce power consumption

Reduce neutron activation

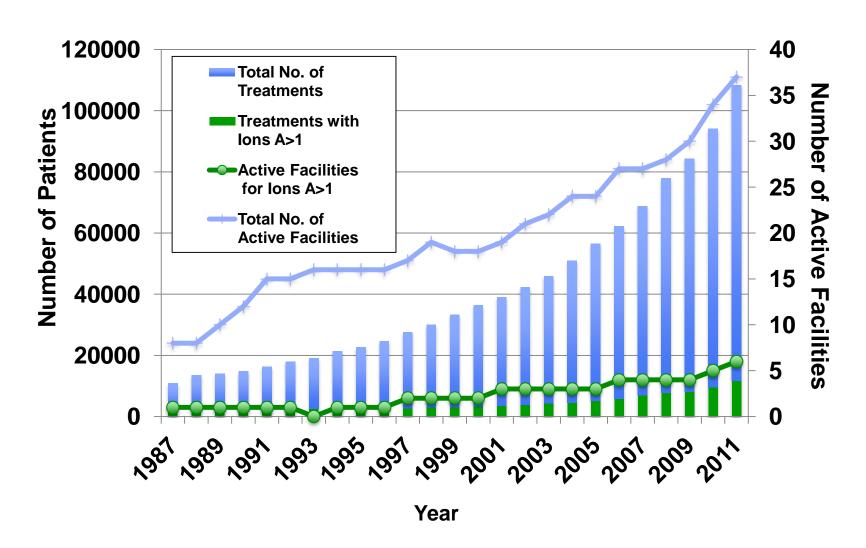
Extend running time and service life

Save raw materials/resources



Manufacturers need to give numbers on sustainability!

development of IBT •



the Blue Book

