



Marco Schippers, Paul Scherrer Institut, Villigen

Developments in Particle Therapy using Nuclear Science and Technology

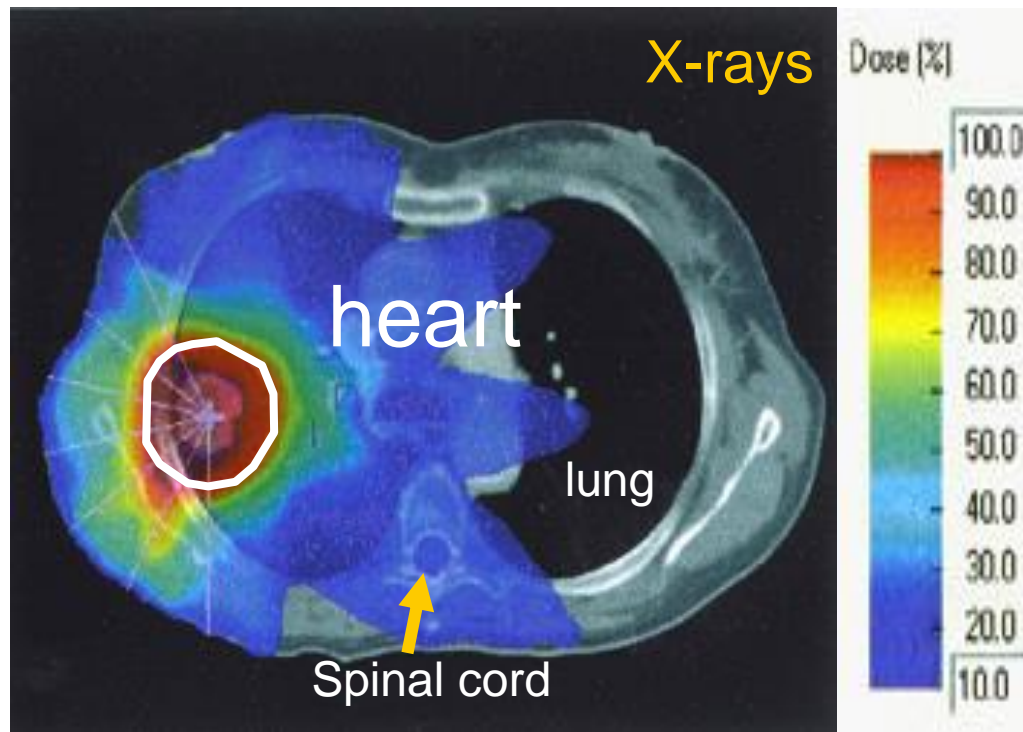
Helsinki, NUSPRASEN workshop, November 26, 2019

OUTLINE

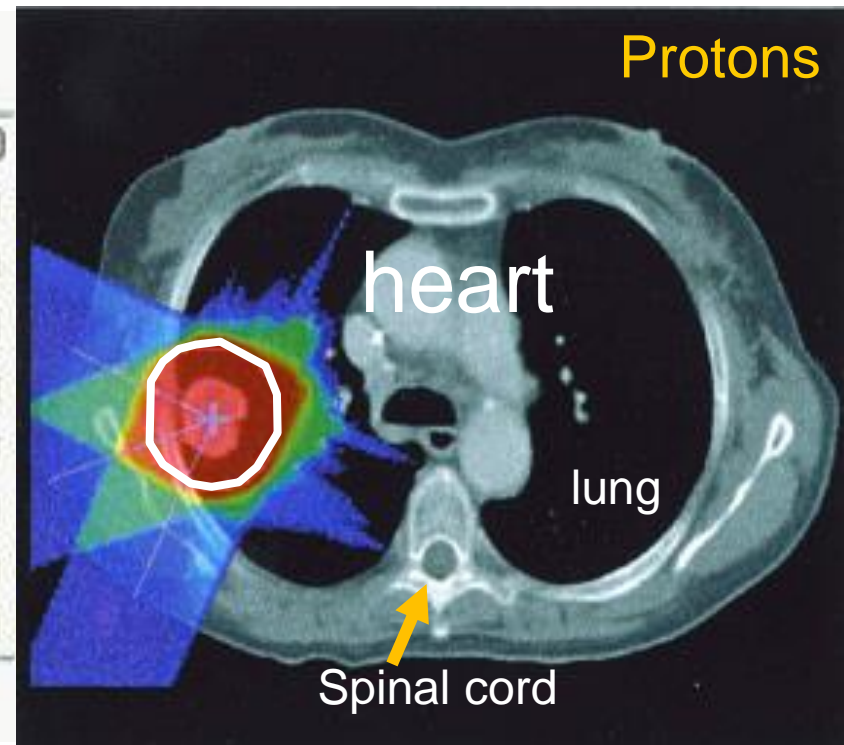
- Proton Therapy
- Recent developments in dose delivery and p.th.-accelerators
- Current major topics of research:
 - Treatment when organs are moving
 - High intensity
 - Proton range determination

Why Particle therapy?

X-ray beams
from 7 directions

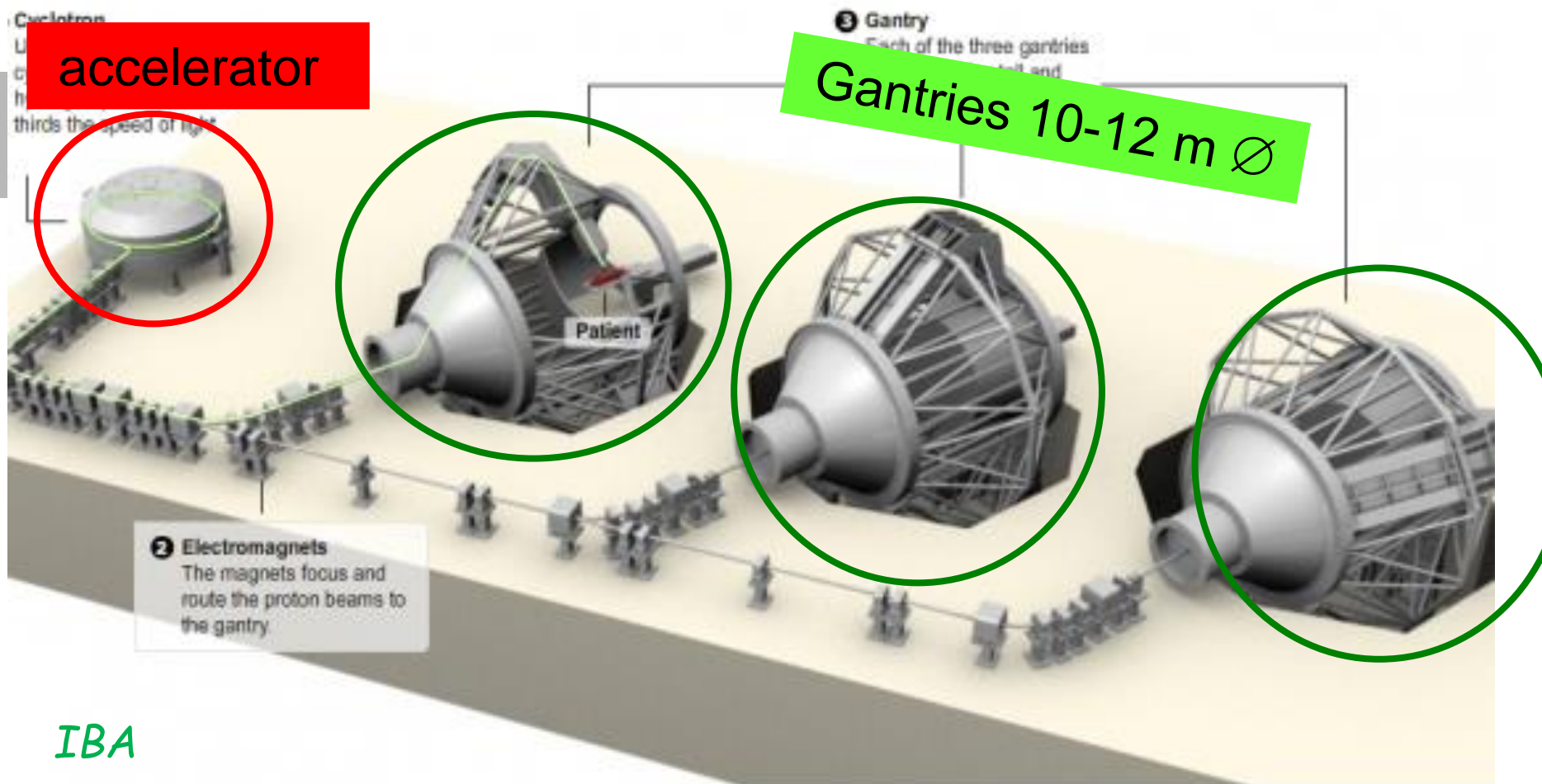


Proton beams
from 3 directions



pictures: MedAustron

Proton therapy facility



IBA

Accelerators for Proton therapy



Cyclotron

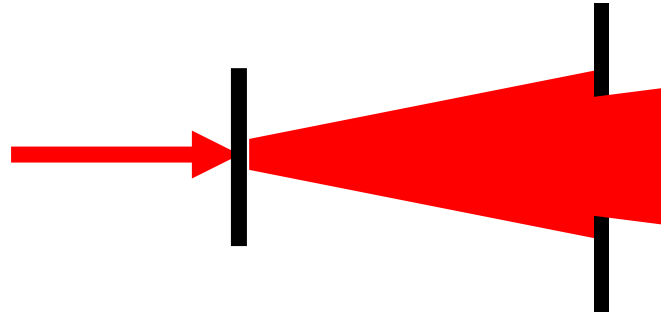
Synchrotron



Recent Developments in **dose delivery and accelerators**

Dose delivery techniques

Scatter technique:

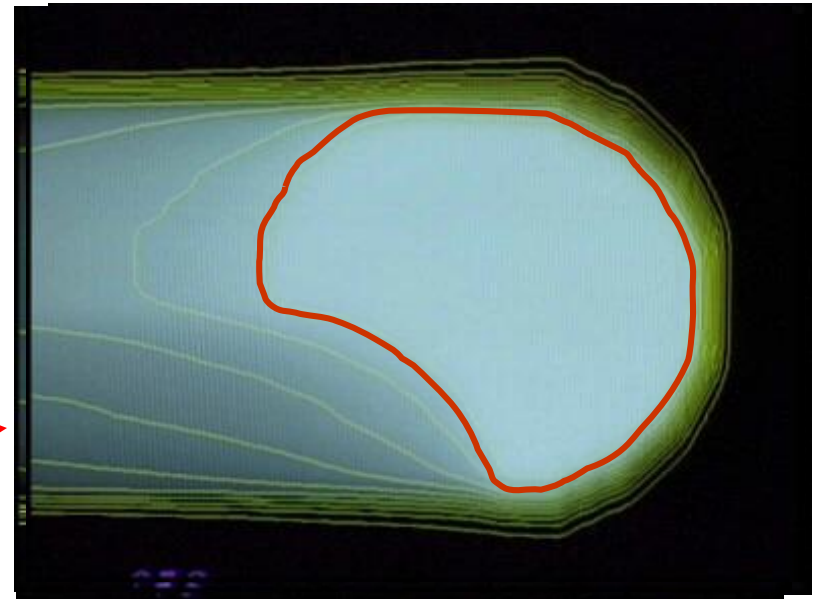
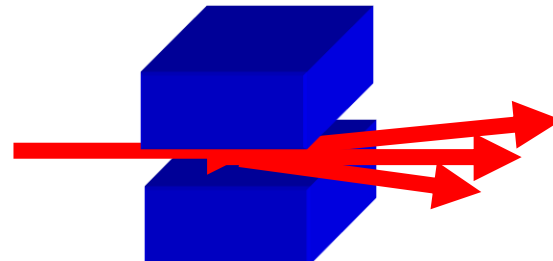


Scatter syst.

Collimator

From nucl physics lab:

Pencil Beam Scanning



compact “Gantry-1” at PSI (1996)



Typical Gantry ~1996...



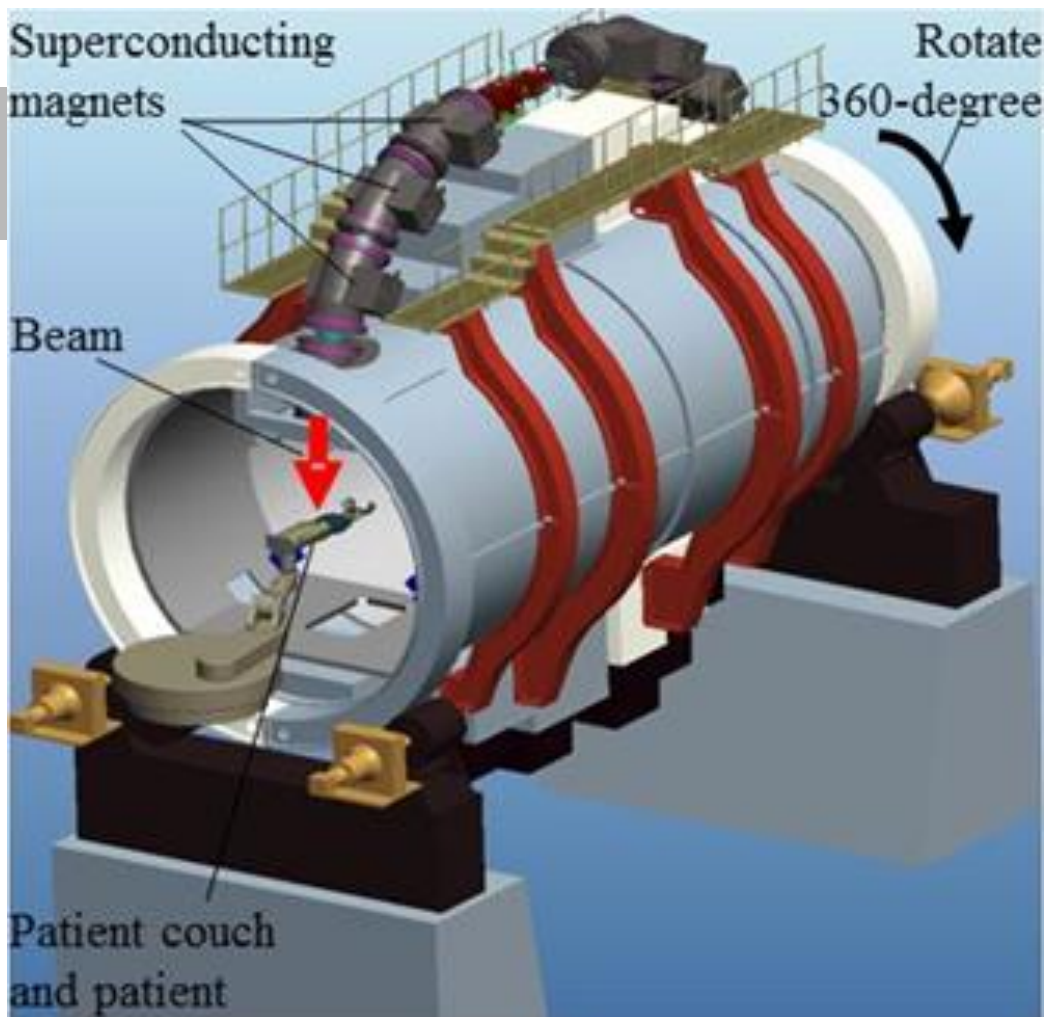
Roberts Proton Therapy Center

Philladelphia

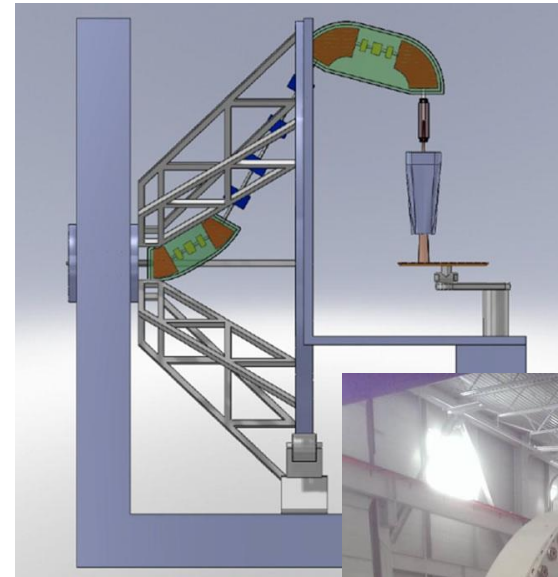


Schär Engineering - Munich

NEW: gantries with SC magnets



Toshiba, NIRS

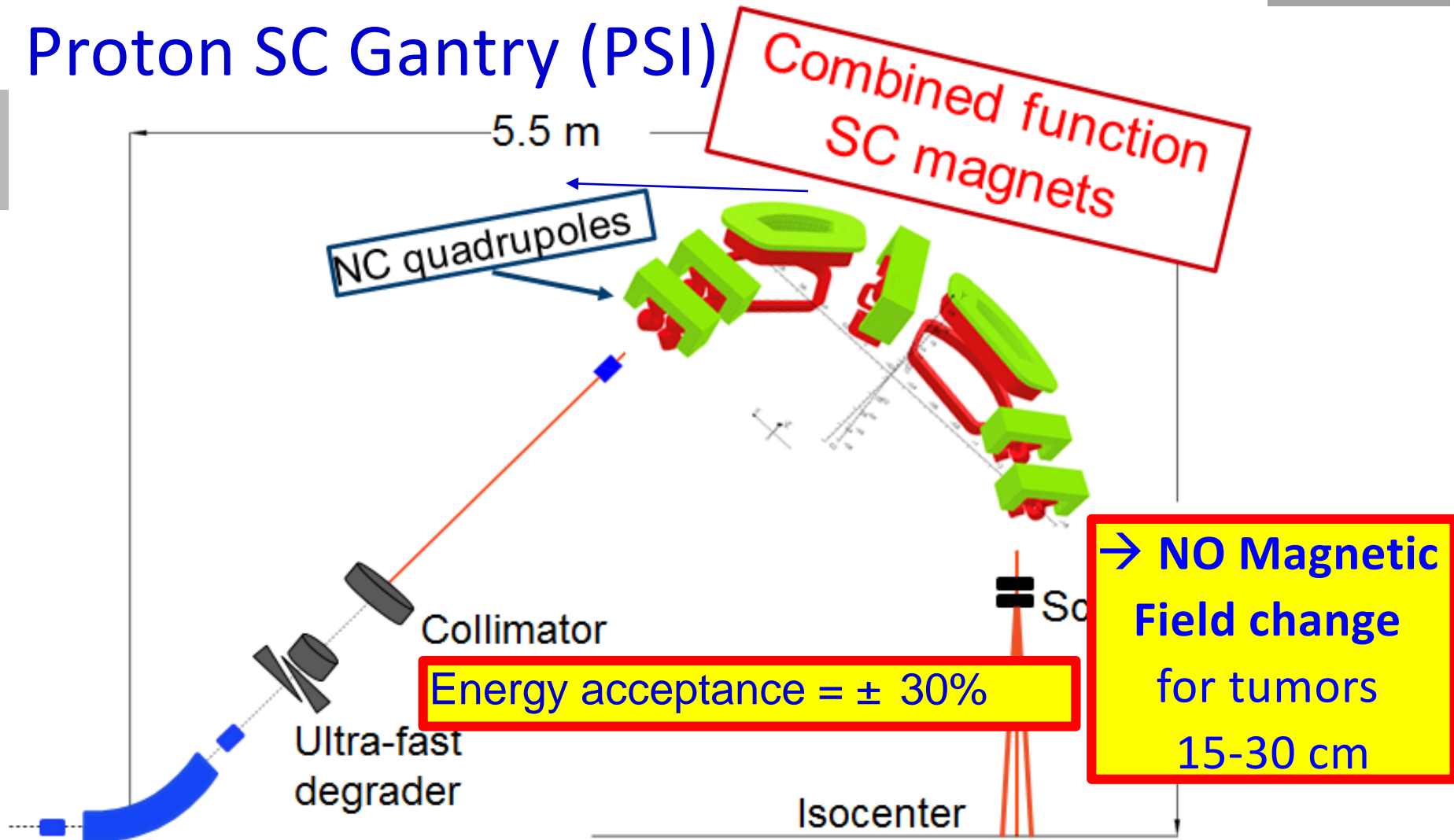


ProNova



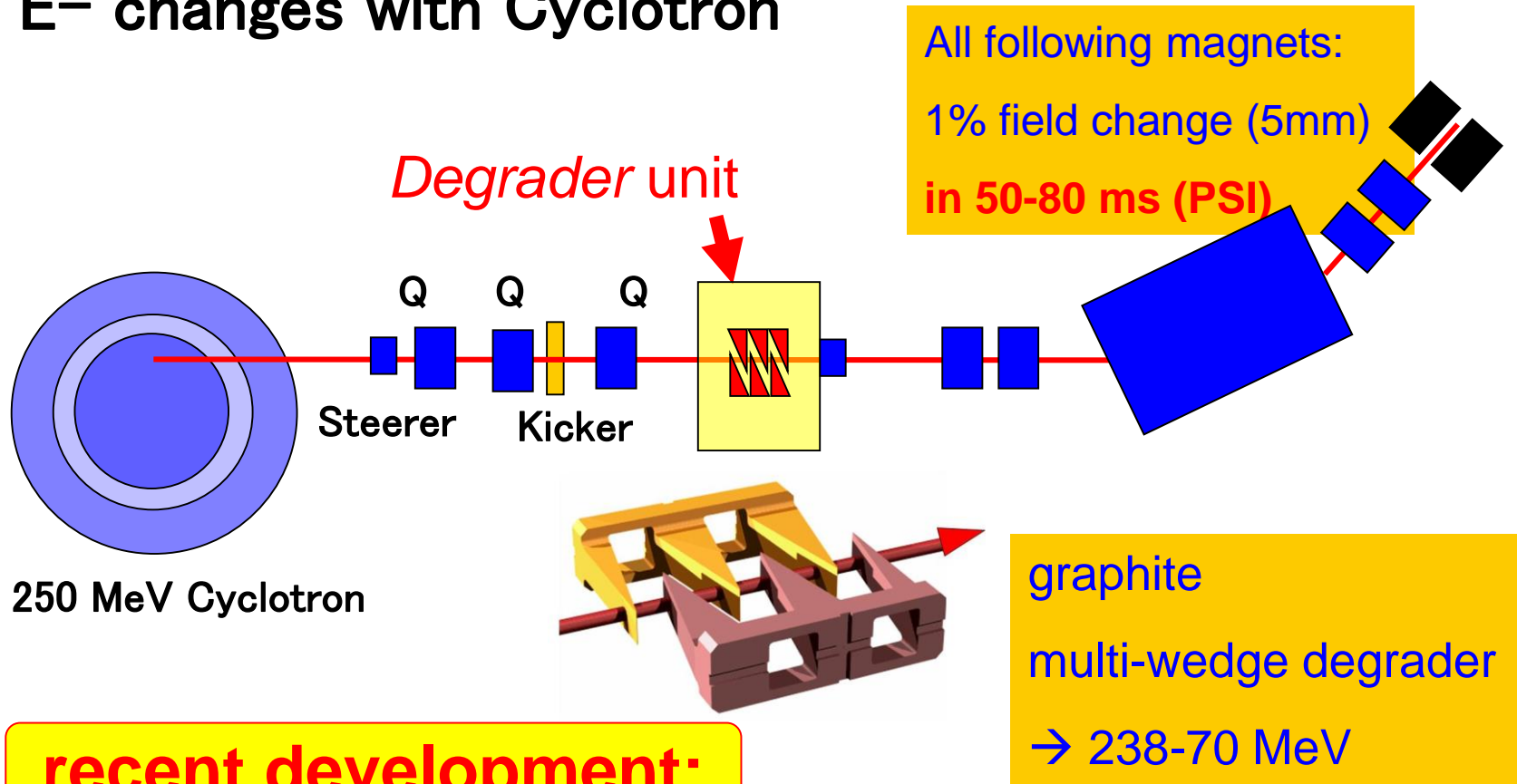
NEW: optics in SC gantry design

Proton SC Gantry (PSI)



Vary depth: adjust beam energy

E- changes with Cyclotron



recent development:

Graphite → **Boron Carbide**

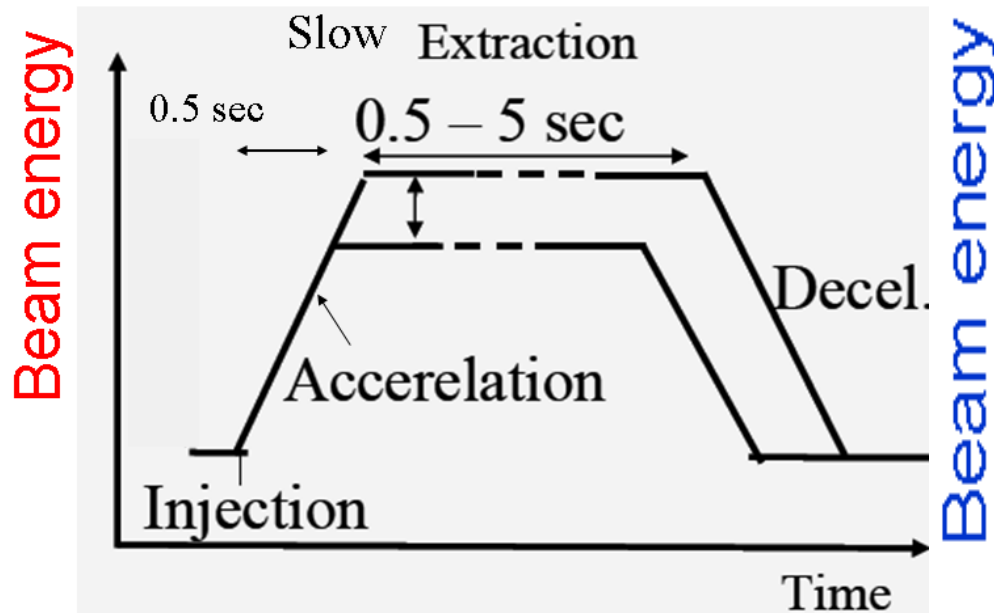
Less scattering → less losses at low E

Vary depth: adjust beam energy

E-changes with Synchrotron

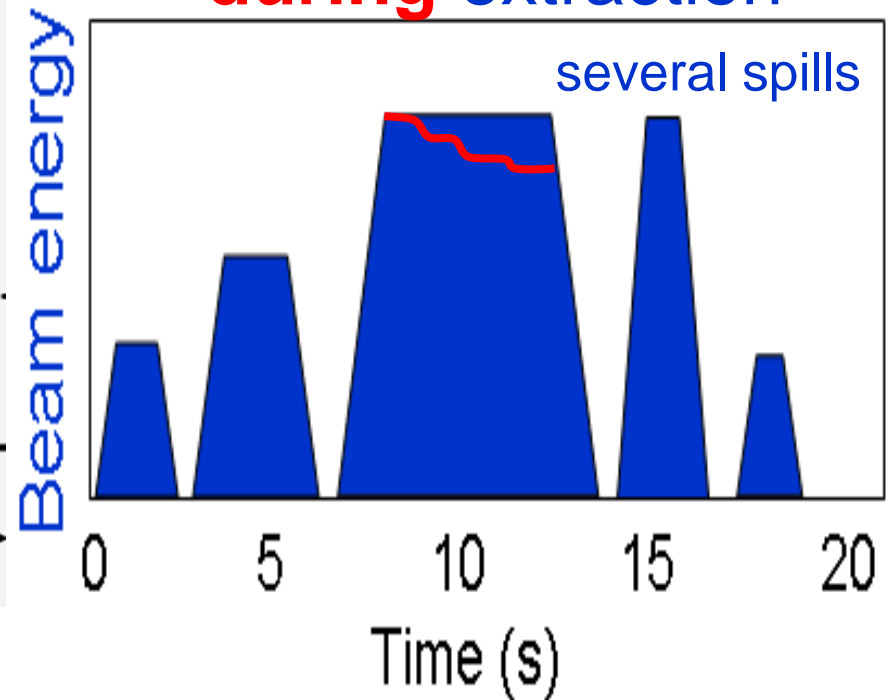
Energy is set per spill

1 spill:



recent development:

Energy **adjustable**
during extraction

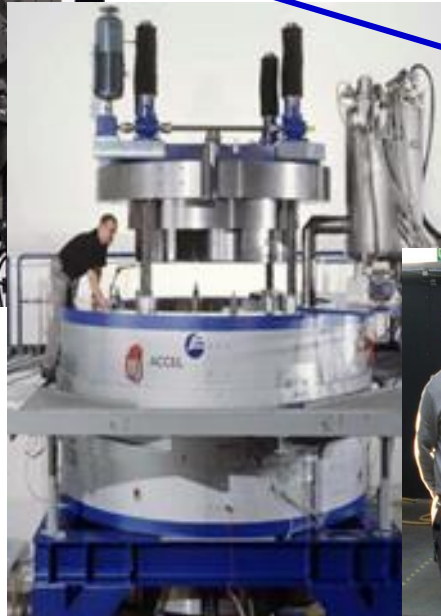


NIRS: Y. Iwata et al., MOPEA008, Proc. IPAC'10

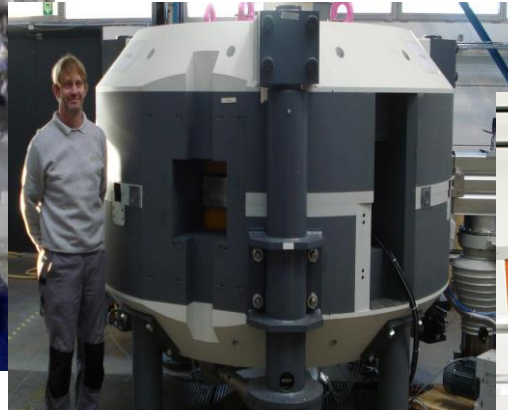
cyclotrons in proton therapy



IBA (1996) , SHI
Isochronous
Cyclotron



Varian (2005)
Isochronous
Cyclotron



IBA (2018)
Synchrocyclotron



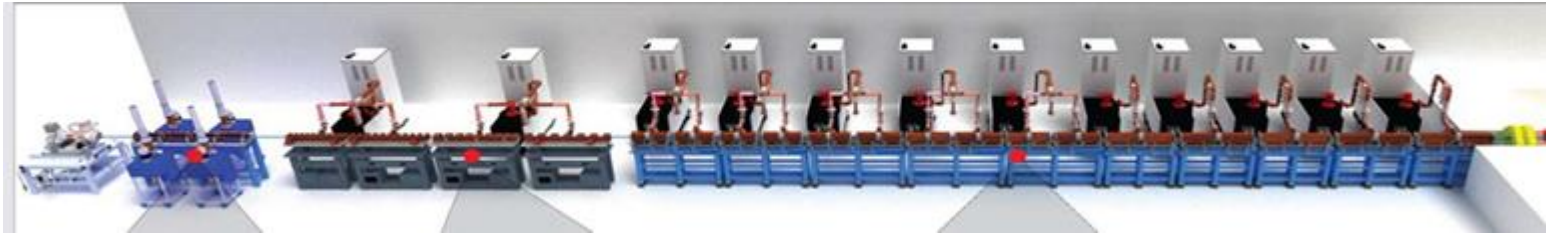
MEVION (2013)
Synchrocyclotron

Superconducting Coils

**Pulsed beam:
Limits speed in dose delivery**

In Production: Linac 230 MeV

Spin-off from TERA and CERN:

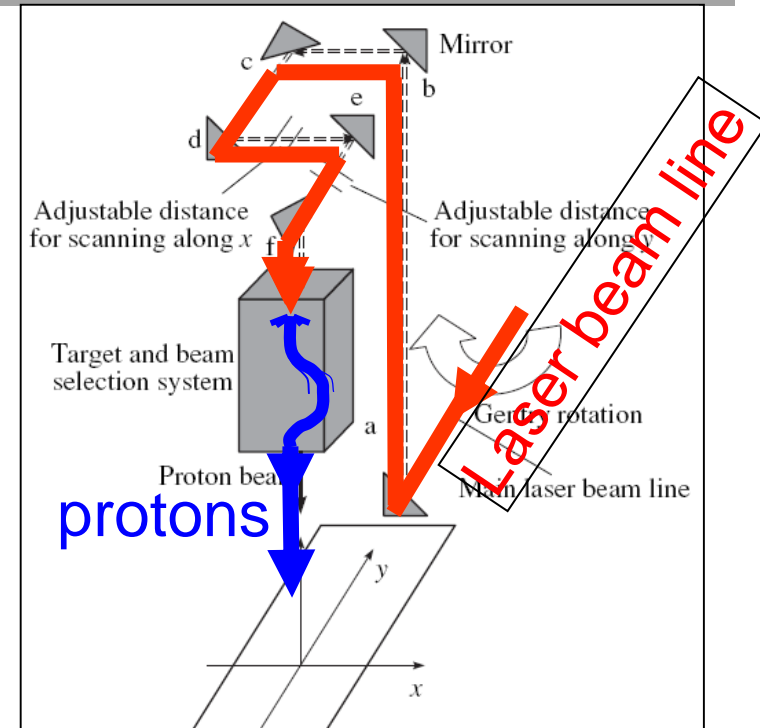
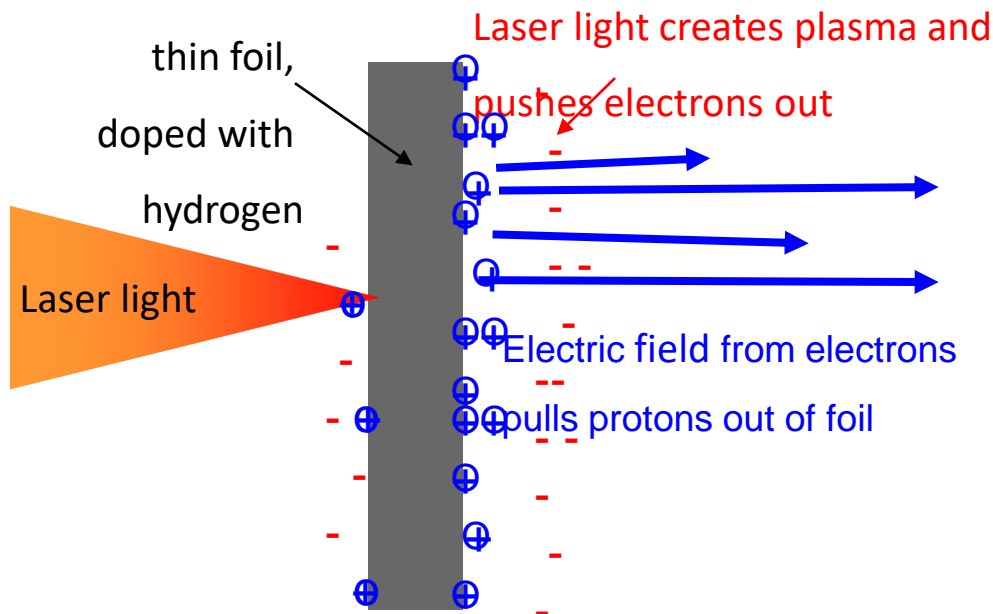


Coupled Cavity Linac \rightarrow 230 MeV

E-change by:
switching on/off power of cavity units

AVO, ADAM: A. Degiovanni et al. 2016

Laser driven proton accelerator



now used:
 $6 \times 10^{17} \text{ W/mm}^2$
 Pulsed at low rate

But: more research needed for:

- 100x more power (for E_p)
- MUCH higher pulse rate
- better energy spectrum

Current major topics of research

Treatment with moving organs

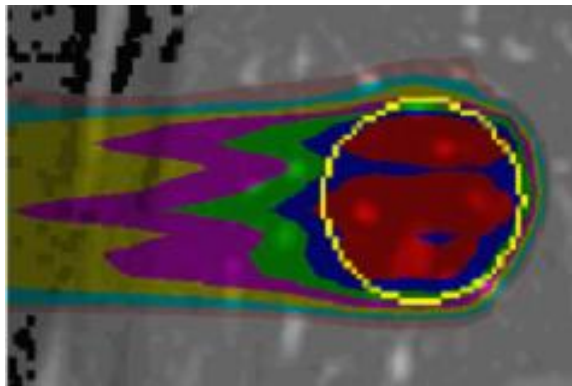
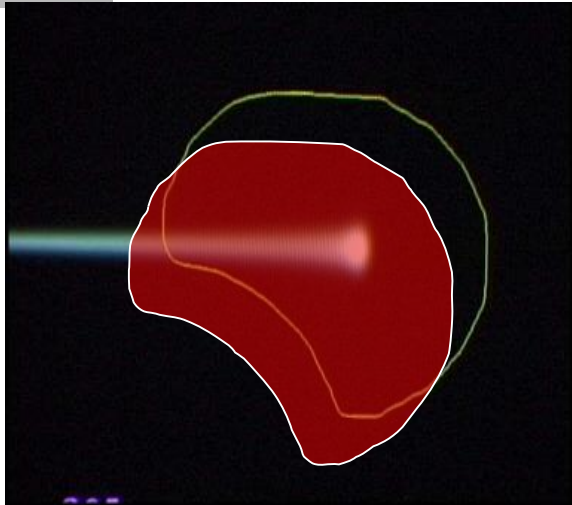
High intensity + verification

Range determination

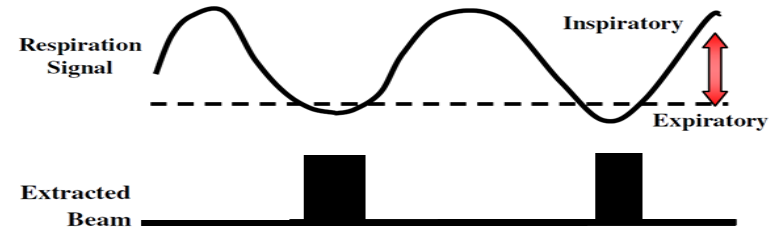
organ / tumor motion

Possible solutions:

Organ motion

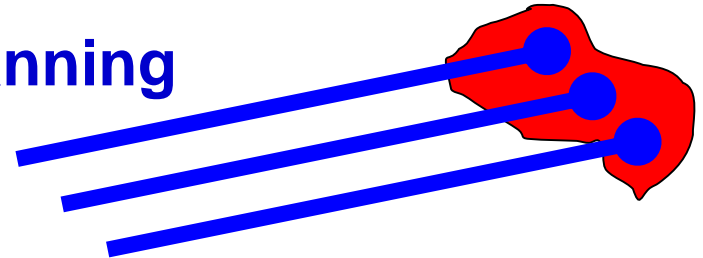


- **Gating**

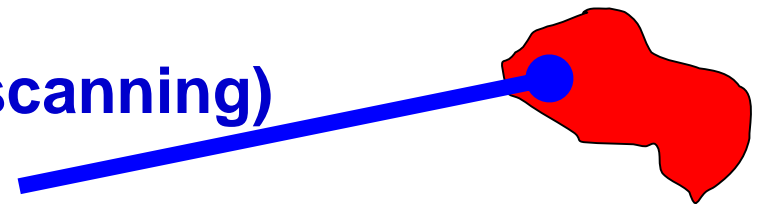


- **Adaptive scanning**

(tumor tracking)



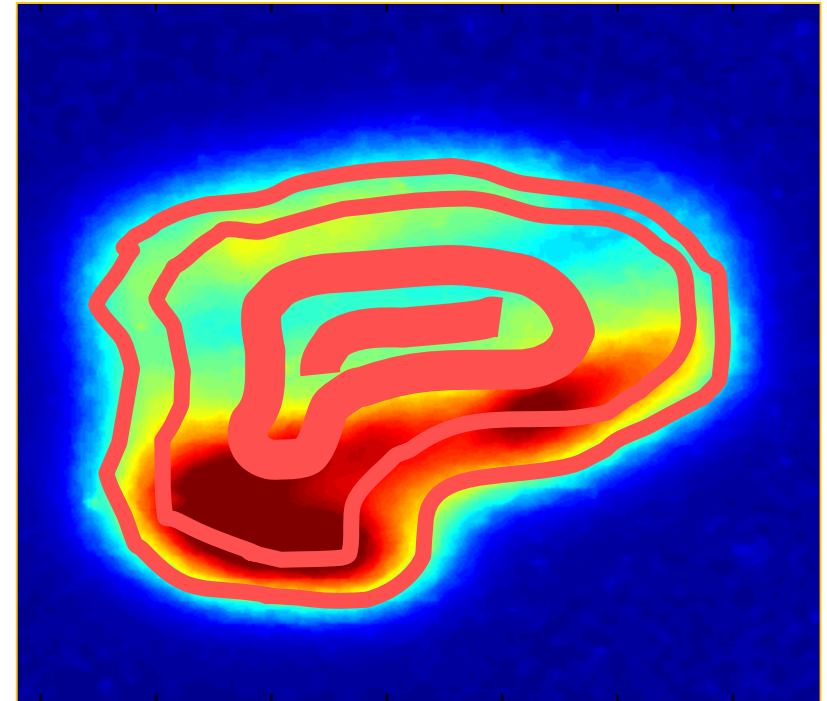
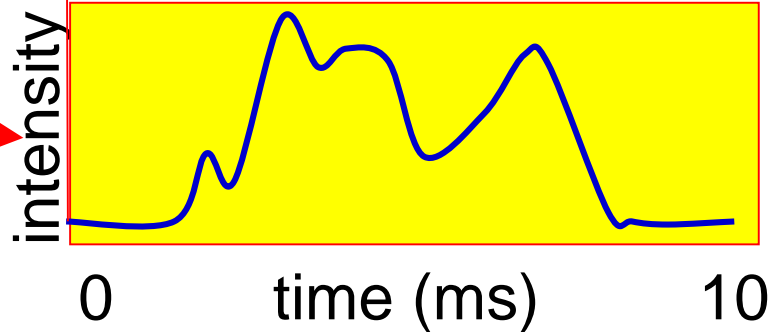
- **Fast (+ rescanning)**



Fast pencil beam scanning

Cont. scanning “TV” mode

kHz-Intensity modulation



7 s for a 1 liter volume.

Current major topics of research

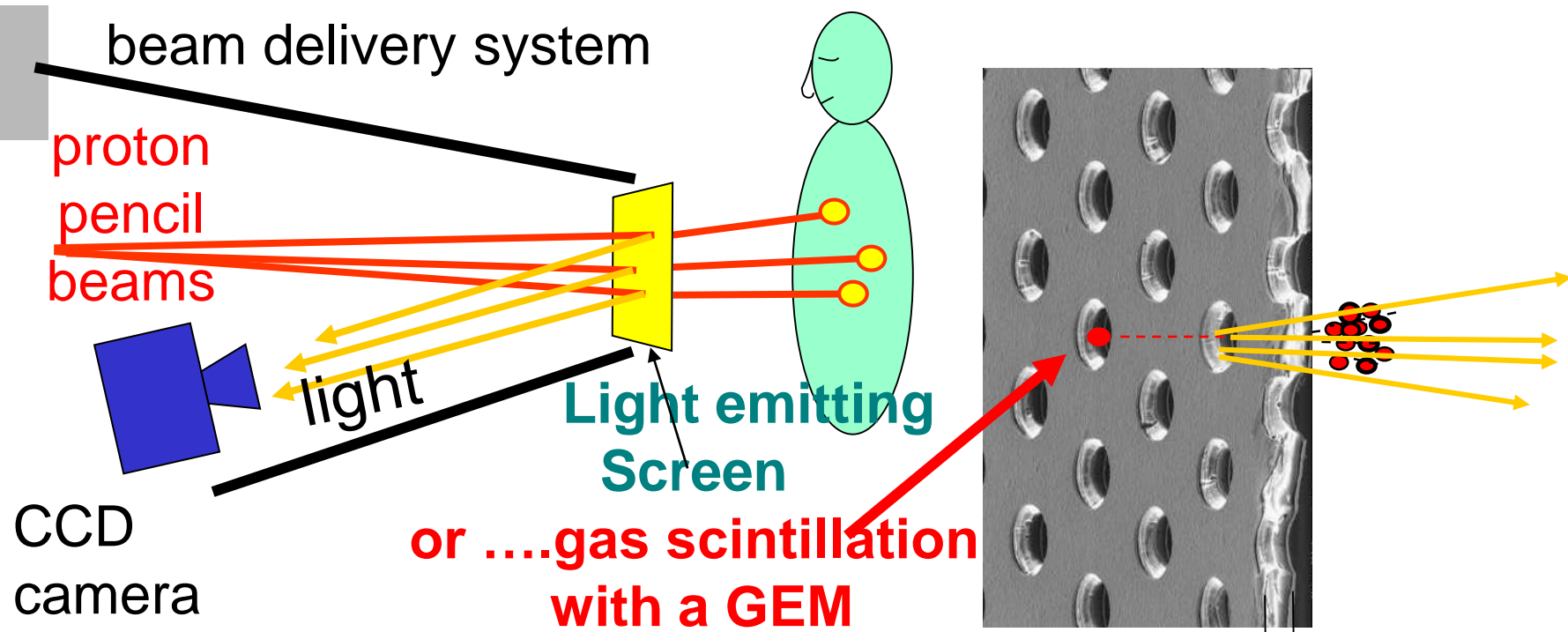
High intensity:

- Reduces motion problems
- FLASH irradiation: 0.03 Gy/s → 40 Gy/s

To be modified:

- Source / accelerator / beam transport
- How to verify?

scanning beam monitor



Advantages of gas scintillation:
 No quenching at low E
 Very fast (μs)

Sjirk Boon (1996), Enrica Seravalli (2003)

Particle range in tissue

Particle beams are sensitive to

- CT Hounsfield number → Stopping Power accuracy
- Organ motion
- Change of patient's anatomy

→ **Uncertainty in range in patients ~3%**

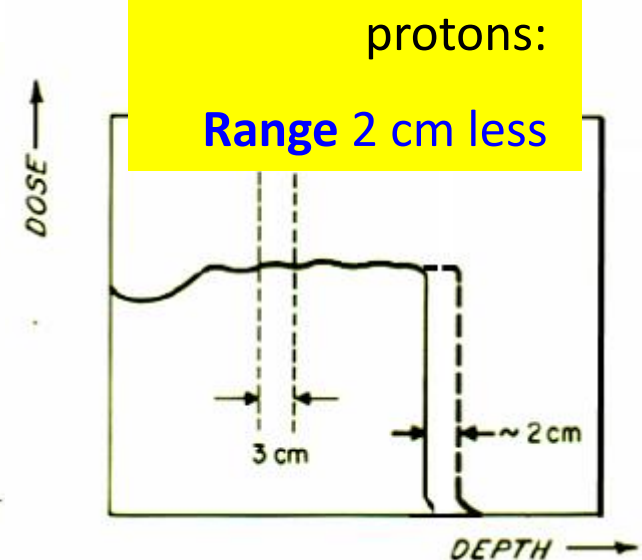
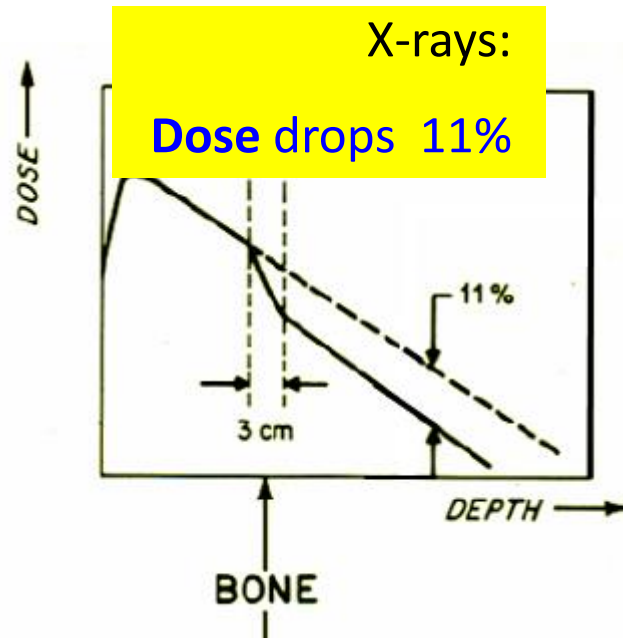
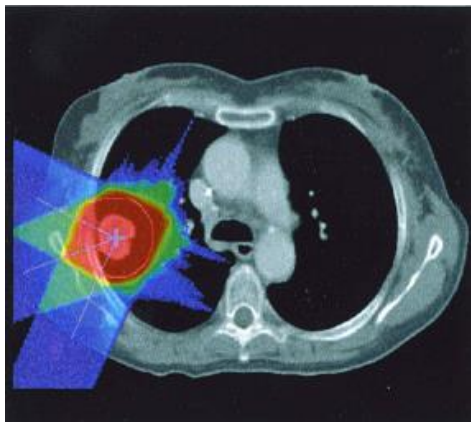
..... but impossible to measure range directly

→ **Various methods are in development**

Proton range in tissue

Effect of:
3 cm bone

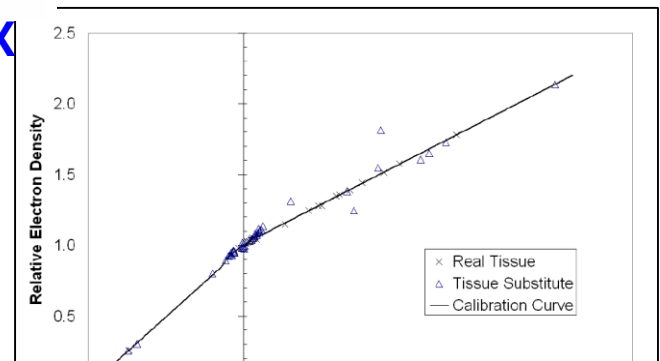
Effect of: CT



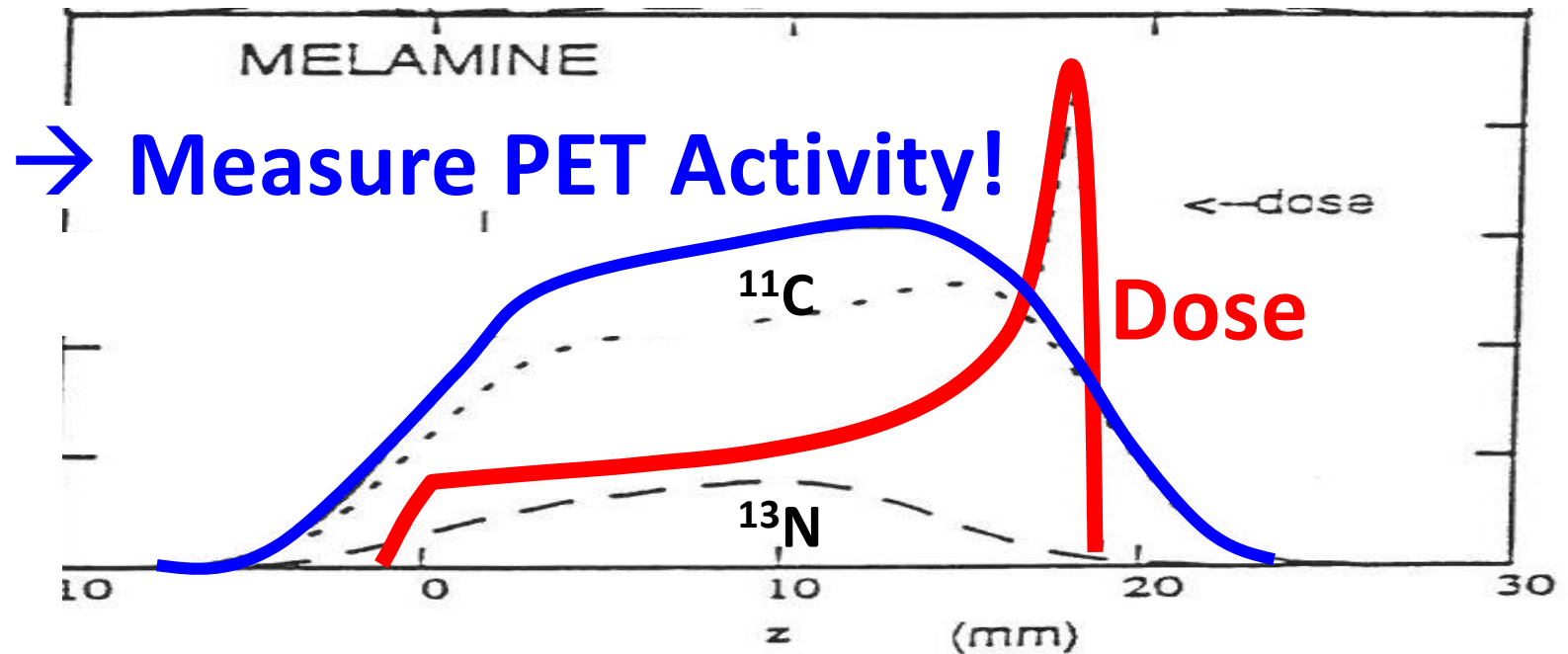
CT images: based on X
ray interaction.

→ Calibration to
stopping power is
needed

→ Range error
from CT calibr ~1%



Range measurements



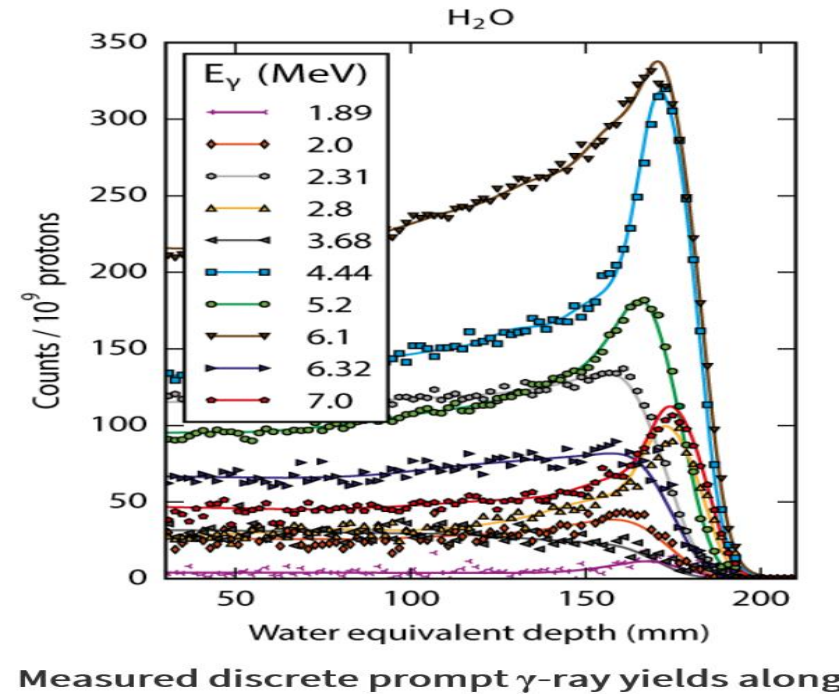
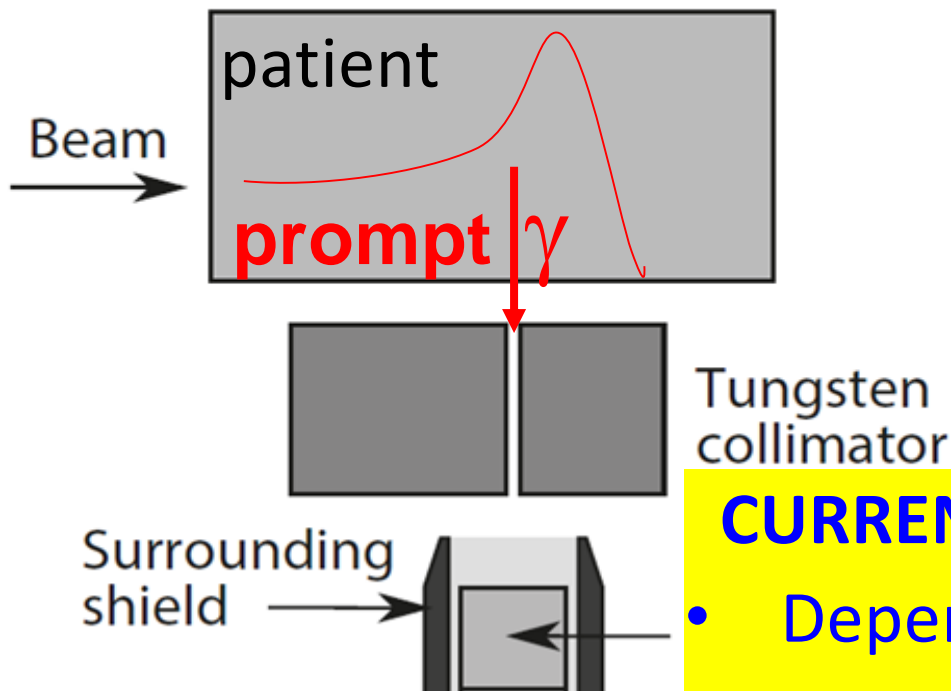
Paans and Schippers, IEEE 40(1993)1041

CURRENT STATUS:

- Need to know tissue constituents and predict PET signal
- Compare measured signal with prediction
- → accuracy $\sim 3\text{mm}$
- but new developments are coming.....

Range measurements

prompt γ -ray spectroscopy



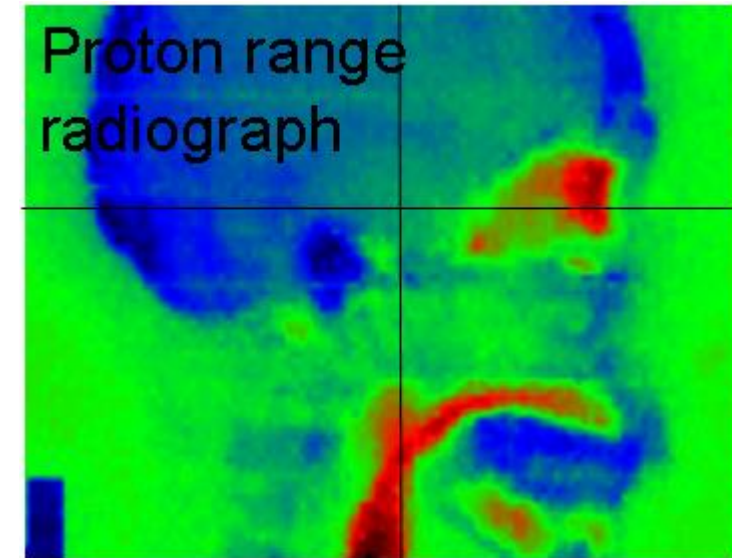
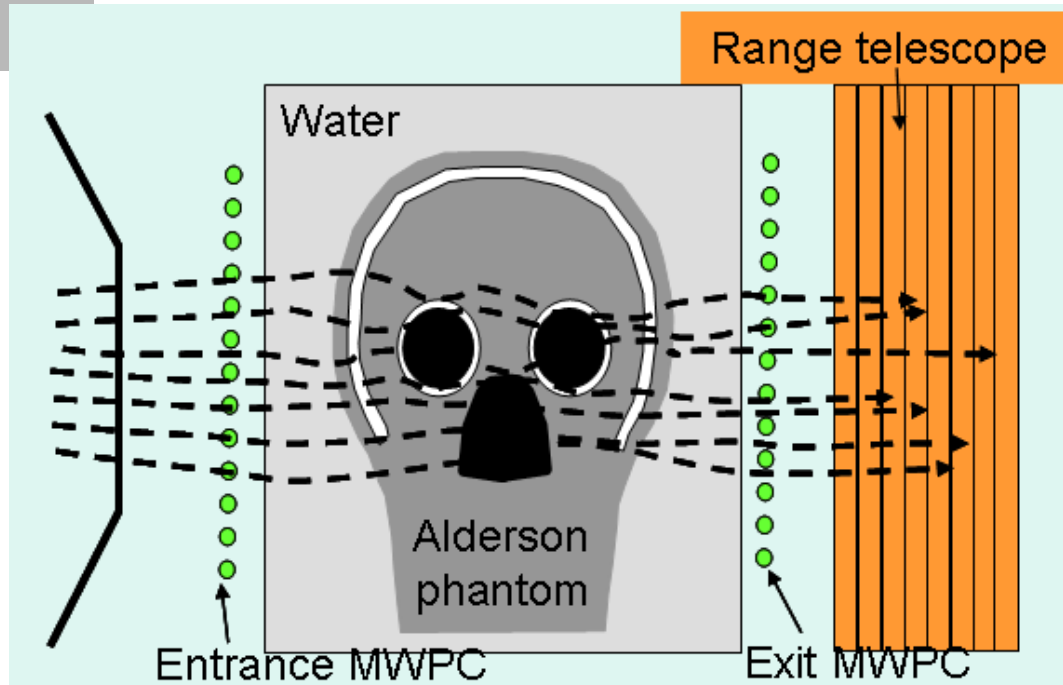
CURRENT STATUS:

- Dependent on E_γ selection
- Know tissue constituents
- Accuracy of range **change**: $\sim 1\text{mm}$

e.g.: Verburg et al., PMB 60(2015)1015

Range measurements

Proton radiography



U.Scheider and E.Pedroni
Med. Phys. 22(1994), 353

CURRENT STATUS:

- Range accuracy: $\sim 1\%$
- Proton CT: \rightarrow 3D stopping power

Mumot et al, PMB (2010).

Conclusions

What developments are needed and where can Nuclear Technology contribute?

- Lower price (50%) ← (SC) Magnets + Acc.
- Faster (x ...100) ← Acc. + Nucl techn.
- Motion detect., imaging ← Nucl. Techn.
- Range detection ← Nucl. Techn.

But take care when implementing new developments:

- Do not propose a **solution looking for a problem**
- Proven idea → clinic takes **10-20 years**
- Long term (**>20 yr**) **commitment**: service / upgrades...

Thank you for your attention



