

# A Next Step in Proton Therapy: Boosting to 350 MeV for Therapy and Radiography Applications

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### **Current limitations in proton therapy:**

- Where is the tumour ?  $\rightarrow$  imaging \_
  - What is the range?

 $\rightarrow$  radiography (PET, prompt  $\gamma,...)$ 

Sharpen the dose distribution:  $\rightarrow$  high energy



# Proton radiography





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



Note: Higher energy gives sharper images



(Simulated proton radiograph from:

Jao Seco, Nick Depauw, Marta Dias, MGH )

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## Proton tomography

Schulte et al., Med Phys 32 (2005) 1035

1.6 mGy

- Directly measures proton stopping power
  - Very low dose to patient
  - Many beam directions needed
    - => high energy needed
    - => gantry needed



- Shoot-through technique
- Stereotactic treatment
- At small target volumes, the integral dose to NT is not worse than of photons (work in progress)



## sharp lateral penumbra





# Upgrade for high energy





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### **ImPulse project PSI:**

In collaboration with TERA

Linac for boosting from 250 to 350 MeV





# Linac 250-350 MeV



### 4 independent units of 25 MeV

RF pro unit: 3 GHz, 10 MW (peak), 120 kVA



Boosting to 350 MeV









# Coupled Cavity Linac









C. De Martinis et al., Nim A 681 (2012) 10–15



Fig. 4. The LIBO module installed in the LNS beam line.

Feasibility of proton acceleration (62  $\rightarrow$  72 MeV) at 3 GHz in 1.3 m CCL has been demonstrated.

Used acceleration field:  $E_0 = 27.5 \text{ MV/m}$ Needed peak power: 55 kW/cell

LIBO = LInac BOoster



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





Maximize the acceleration effectiveness:

Effective shunt Impedance:

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$$ZTT = \frac{E_0^2 T^2}{P/L}$$

Minimize power losses Minimize the E<sub>max</sub> (break down) Adapt cavity cell-length per tank to particle speed:

$$L = \beta c/2f \qquad \beta : 0.61 \rightarrow 0.71$$

Optimize the geometry using *LINAC–code* from *TERA* 









Boosting to 350 MeV

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# Beam chopping in cyclotron

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#### 99.9% of Cyclotron beam is not used between the 200 Hz RF pulses









- OK. for High energy therapy
- Beam analysis needed for proton-radiography
- (analysis needed anyway to remove <300 MeV)





- Longitudinal acceptance at 350 MeV: 25-30%
- Transverse acceptance (4 mm bore radius): 9.2π mm.mrad
  Typ. beam emittance : 3 4π mm.mrad
- Energy Acceptance 250 ± 4 MeV
  Energy spread and max deviation of cyclotron : 1 MeV
- => Total transmission from cyclotron exit to linac exit:

If cyclotron CW: 0.02 %

If cyclotron is pulsed: 15 %

Includes 3x higher losses in Analysis

<u>1  $\mu$ A from cyclotron</u> in 200 Hz pulses of 5  $\mu$ s:

**Radiography:** tomogr. 10 lit. needs  $10^9-10^{10}$  protons => takes 3-30 sec **Therapy:** 10 Gy in 10 cm<sup>3</sup> needs  $10^{12}$  protons => takes 100 sec

Boosting to 350 MeV





### Study for facility upgrade with booster 250 $\rightarrow$ 350 MeV:

- **7m long**, 3 GHz (S-band) CCL, 40 MW peak
- Enough beam intensity for radiography and special therapies
- Fits in standard facilities

#### 250→275 MeV test unit is planned at PSI:

















# Quadrupoles









#### 25 MeV test unit (1th unit of 100 MeV linac)

Due to the short size of the linac there is no time to bunch the beam, and the energy spectrum, shown in figure 5.23, is almost continues with a maximum energy of 275 MeV.





99.9% of Cyclotron beam is not used between the 200 Hz RF pulses=> to reduce activation cyclotron beam must be chopped