

Particle beam imaging monitor uses 2 novel scintillators + machine vision CMOS camera + large aperture lens

Scintillators:

- Type 1 - PM → An ultra-thin, semi-crystalline Polymer Material:
- demonstrated for nuclear physics & medical imaging
 - hazy material, no total internal reflection (T.I.R), photons escape from surface
 - reduced back surface reflection
 - radiation damage resistance, superior to plastic scintillators such as BC-400
 - available thickness from ~2 μm to 250 μm
 - higher light-yield than PVT (polyvinyltoluene) and PS (polystyrene) based plastic scintillators

- Type 2 - HM → Hybrid Multilayer scintillator:
- demonstrated for nuclear physics & medical imaging
 - reduced back surface reflection, no T.I.R.
 - variety of time constants
 - thickness from 200-400 μm
 - high light yield > 5 times light yield of BC-400
 - Lambertian radiator → angular independence of emitted light intensity

Cameras:

- Standard** option: low cost CMOS machine vision camera from many tested:
- relatively large pixel size
 - improved pixel Q.E.
 - improved pixel-to-pixel noise uniformity
 - improved photon angular acceptance at smallest F-number
 - result → twice the ADC signal with better noise characteristics

Alternative option: sCMOS camera with low noise (0.7 e) + high sensitivity 16 bits, but at much higher cost

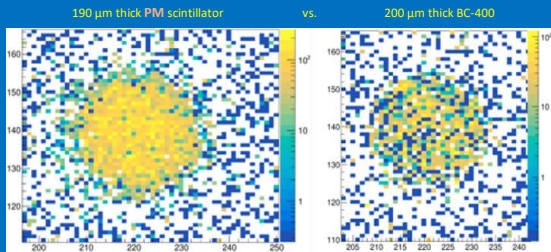
Lens: Ultrafast f/0.9 aperture

Capability: Single-particle imaging for protons & ions: alphas in lab, *heavy-ions* at FRIB

Real-time beamline tuning/monitoring for nuclear physics: analysis and display updated at 1 Hz

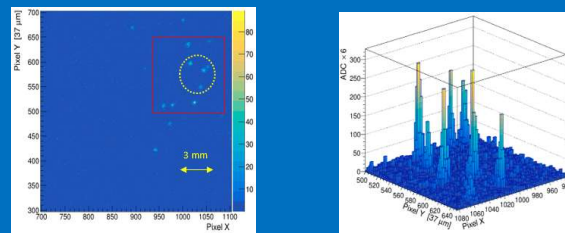
- includes corrections for: noisy pixels, depth-of-field distortion, background subtraction, perspective view transformations
- internal calibrations with UV-LEDs and UV-photodiode readout
- scintillators can quickly be shifted in/out of beam without breaking vacuum
- six scintillators includes HM type and several thickness of PM type, plus a reference CsI(Tl)
- display of beam centroids, widths vs. time, current 2D centroid, intensity, ADC spectrum, etc.

PM vs. BC-400 Scintillator



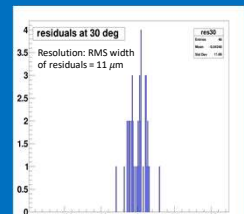
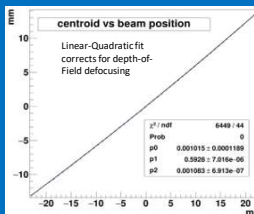
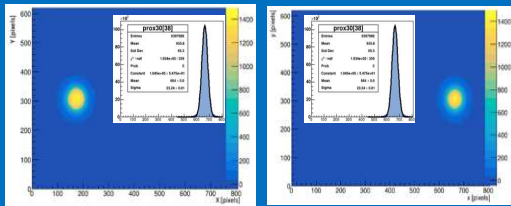
- Test conditions:**
- ⁹⁰Sr beta source (2 MHz/cm²)
 - 3 mm diameter collimated beam
 - energy loss = 0.05 MeV
 - camera: 3 MP, 1.3 e RMS noise, gain 24 db
 - 1 sec exposure and f/0.9 lens
- Signals:**
- ~250 ADC counts in PM vs <100 ADC counts in BC-400
 - much higher hit density recorded in PM scintillator

Single Particle Sensitivity



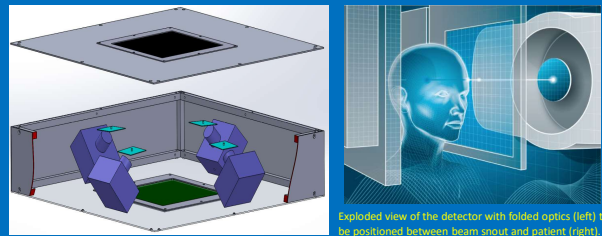
Single particle capture: Above images reveal isolated alpha particle hits from a weak ²⁴¹Am source irradiating a 2x2 cm wafer of HM type scintillator and recorded with a sCMOS camera at 10 ms exposure. Lego plot on right of hits within red box on left is re-binned for clarity and shows strong signals.

Spatial Resolution



- Method:**
- Scan beam from laser (or beta source) across field-of-view with precision stepper
 - Reconstruct centroids
 - Obtain fit of centroid means vs. true beam position
 - Non-linear fit corrects for depth-of-field defocusing
 - Residual distribution from fit gives the resolution

FLASH Radiation Therapy (RT) Application as an Ultra-Fast Beam Monitor



- FLASH effect: Radiation-induced healthy tissue toxicities can be *reduced without* affecting tumor control by *ultra-fast* delivery of radiation at dose rates *orders-of-magnitude* greater than conventionally fractionated external beam RT clinical practice (EBRT).
- FLASH RT implies that higher radiation dose treatments are possible, thereby, it increases the therapeutic index over conventional EBRT.
- FLASH delivers >40 Gy/s dose in ~0.1s for 1-4 treatments. For protons: beam rates are ~10¹²⁻¹³ particles/sec (pps). Conventional EBRT delivers 10⁸⁻¹⁰ pps, or 1-2 Gy/minute, 5-times per week, over several weeks of treatment and sometimes up to 1-2 months.
- The ultra-fast FLASH beam monitor adopts the design shown above using an array of fast imaging cameras operating at readout/analysis speeds of ~10 KHz.
- Standard dosimetry currently used for monitoring first clinical FLASH treatments (e.g., with the advanced Markus Chamber) *does not* fulfill the needs for FLASH dose rates & large-area coverage.
- This fast readout and low mass (< 0.5 mm water equivalent thickness) technology will enable clinical trials of FLASH.
- Monitor is positioned between beam nozzle exit point and patient, provides immediate (100 μs), spatially resolved dosimetric analysis and machine feedback signals for fast termination.
- Compact unit covers 26 cm x 30 cm with folded optics and multiple cameras.
- Spatial resolution expected to be 100 μm or better.
- Internal calibration system with UV-sources and UV-photodiode monitoring,