

PAUL SCHERRER INSTITUT

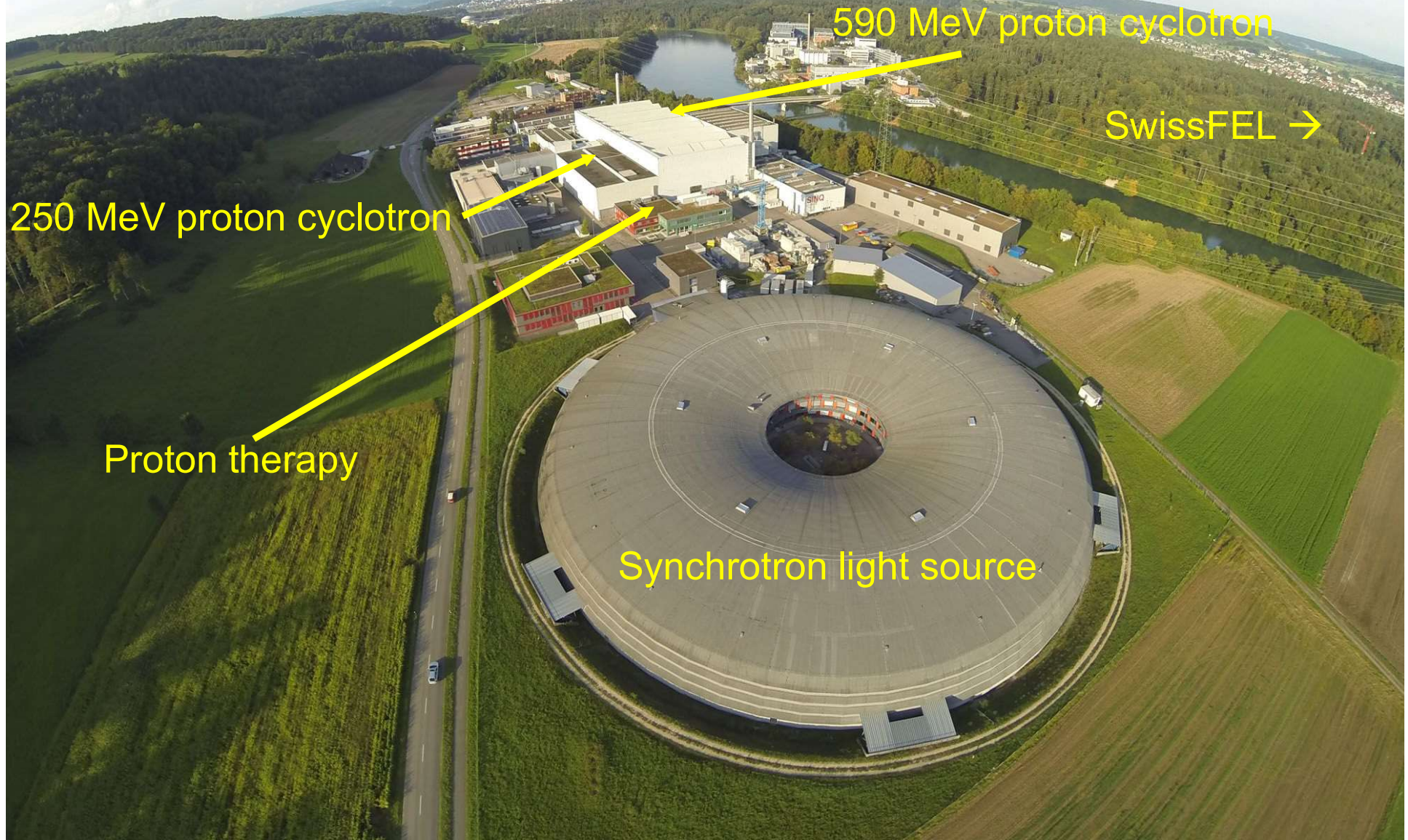


Martin Grossmann :: Center for Proton Therapy :: Paul Scherrer Institute

# Protontherapy



# Paul Scherrer Institute



# Radiotherapy with Protons



# Why Protons?

Proton therapy

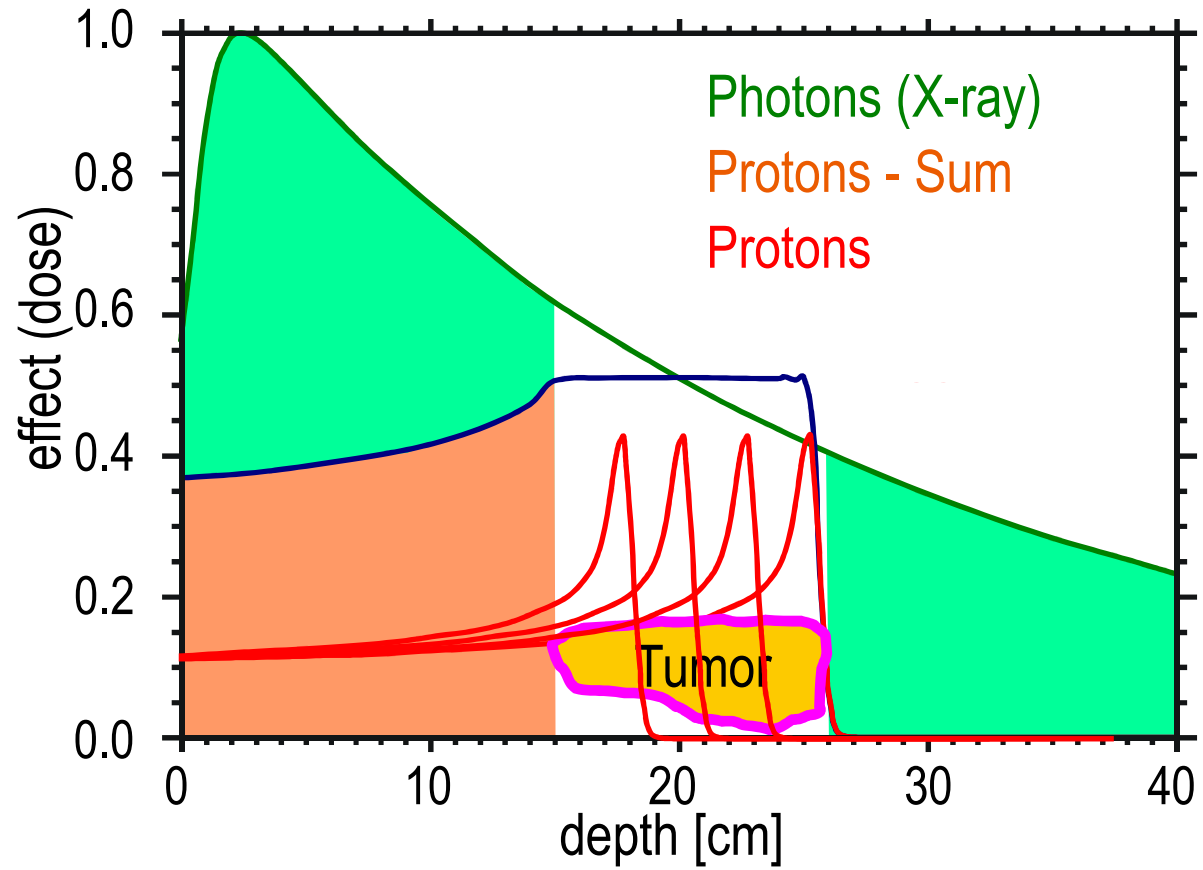
Mass: ~200 tons

Diameter: ~8 m

Conventional therapy (LINAC)



# Why Protons?



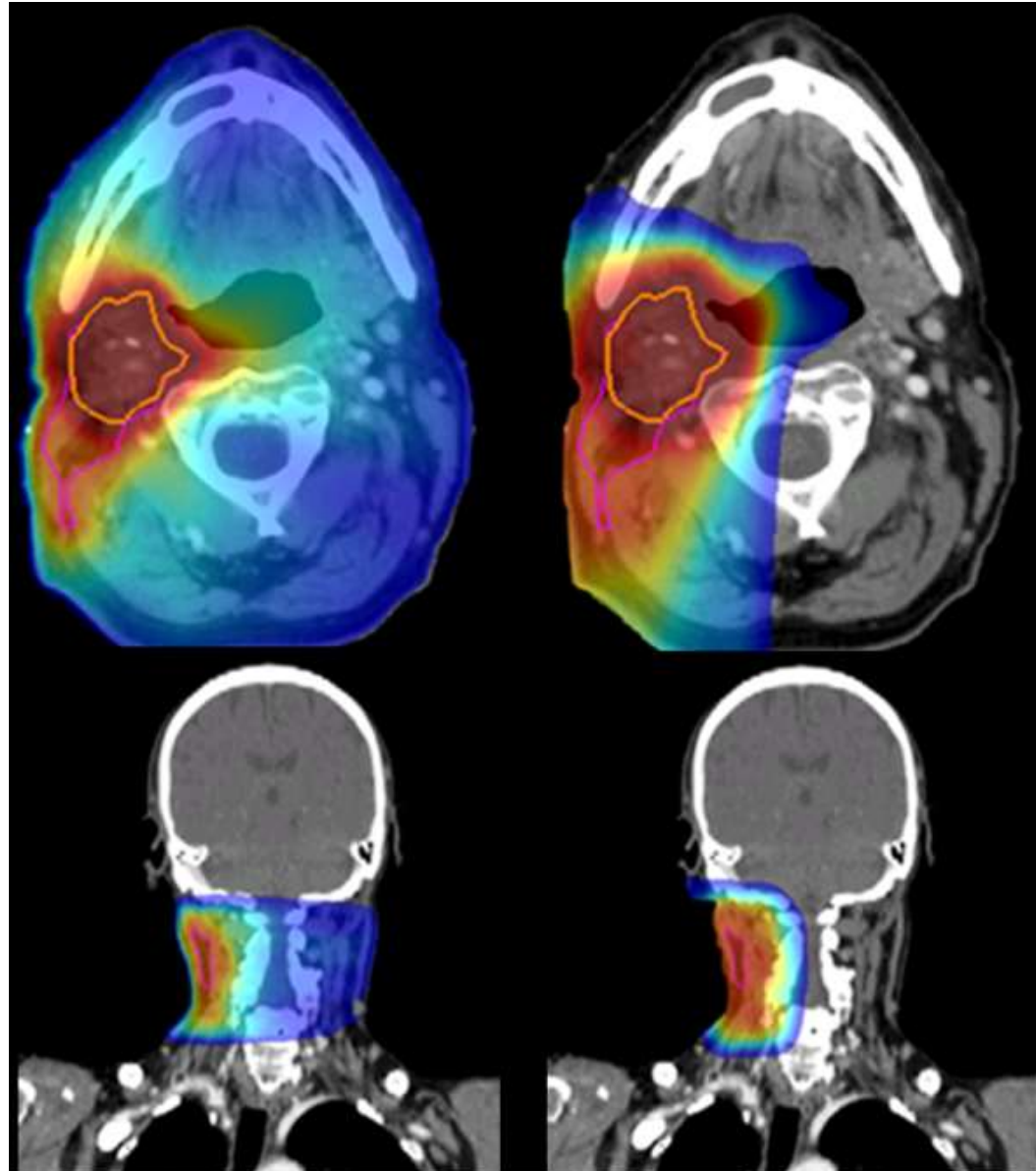
Dose burden - photons

Dose burden - protons

# Why Protons?

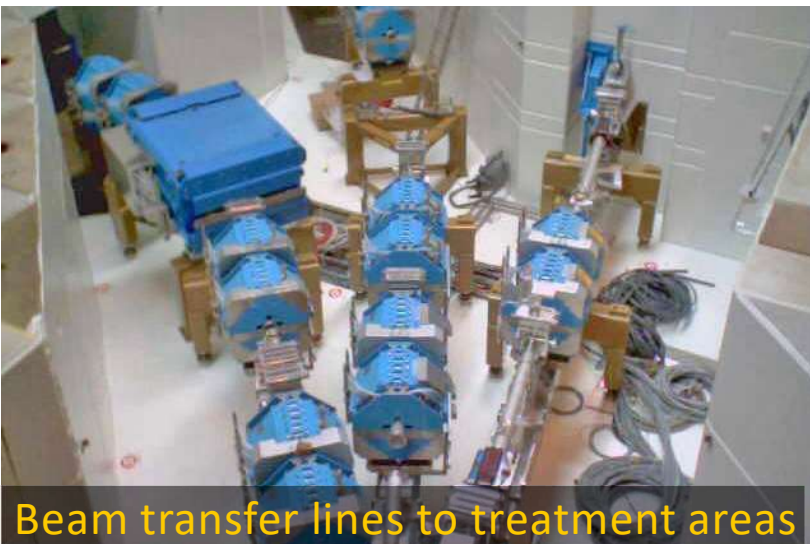
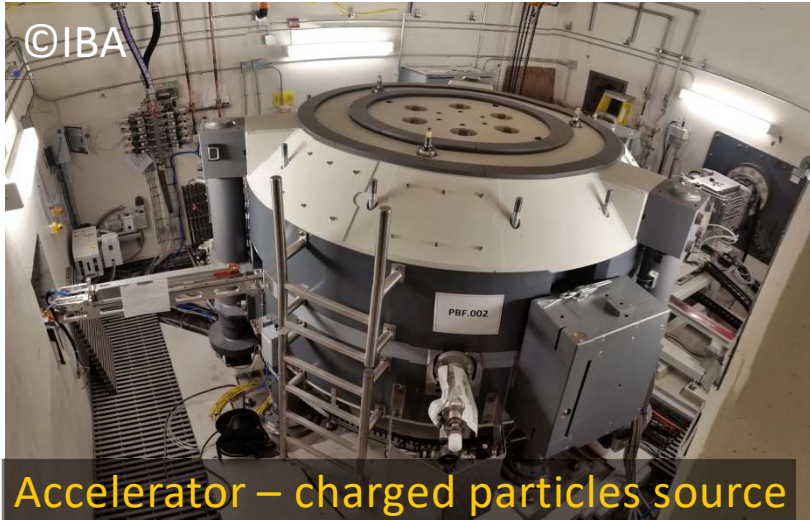


Photons



Protons

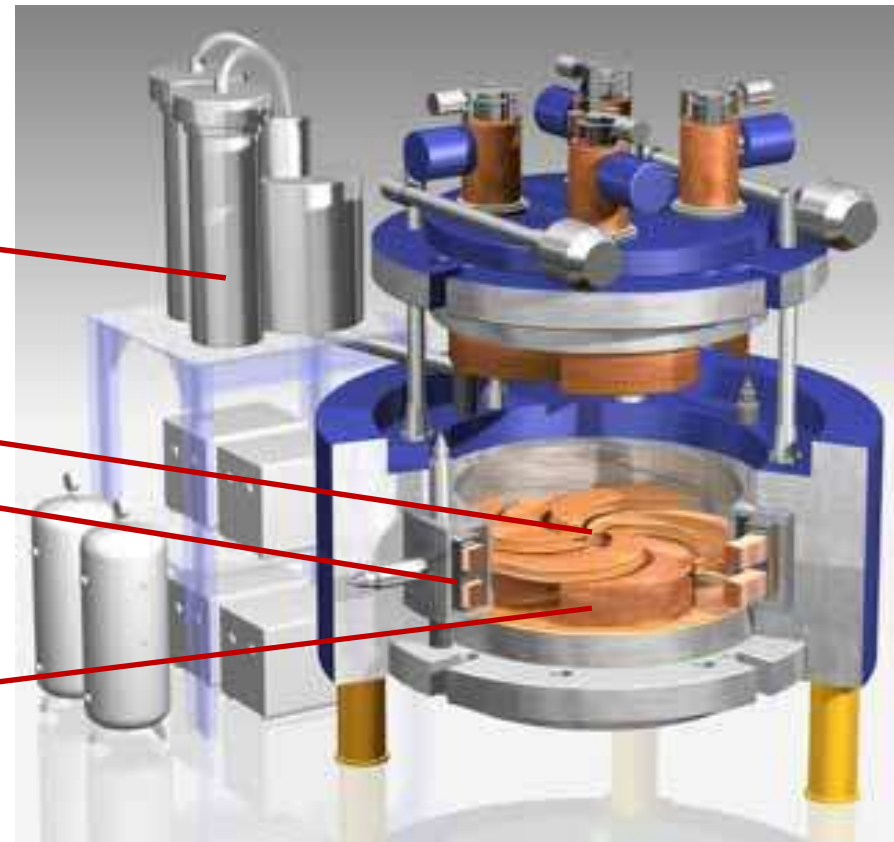
# Main parts of a particle treatment facility



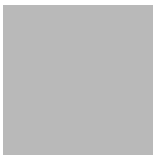


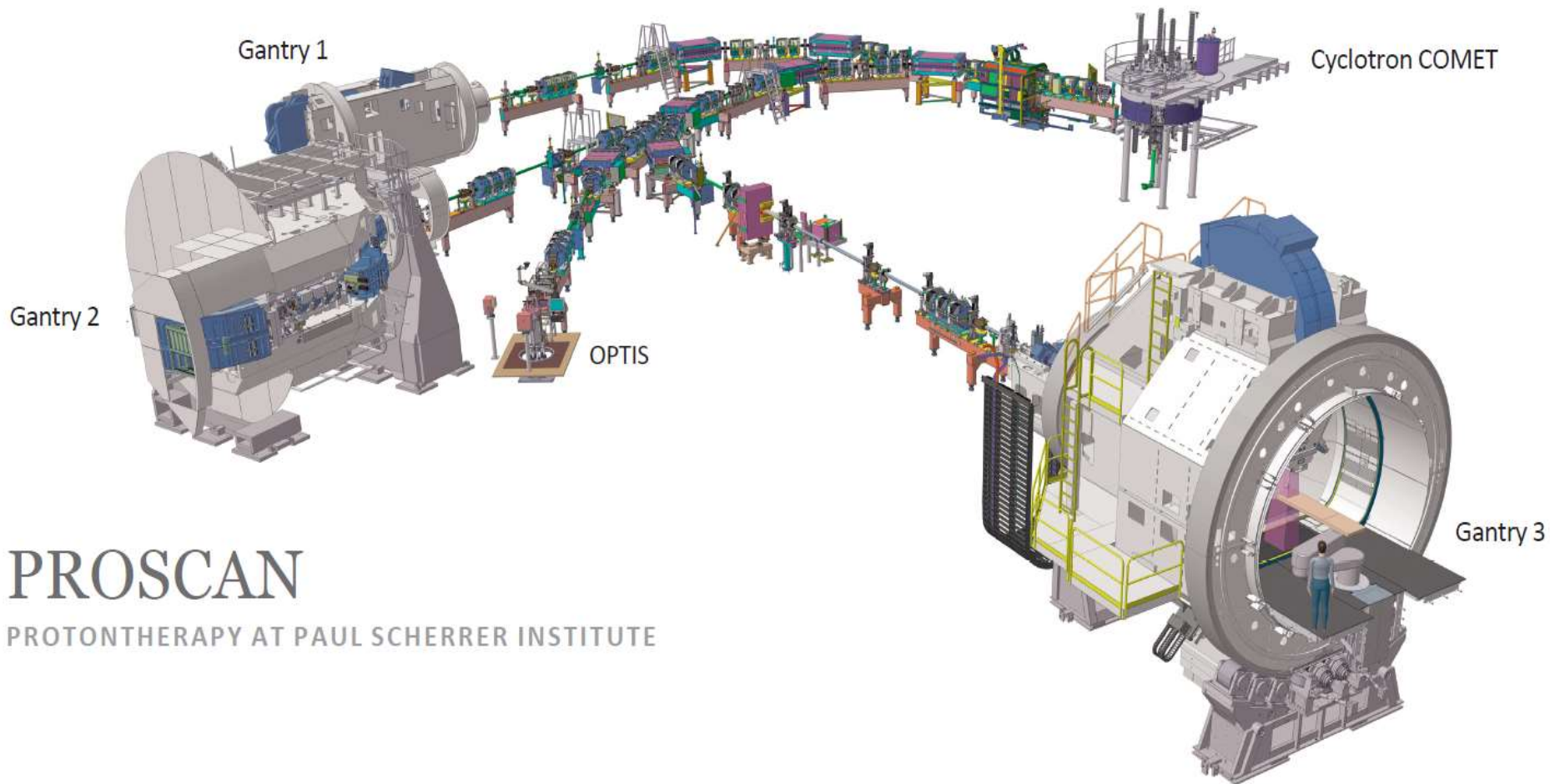
## Superconducting Cyclotron COMET (Accel/Varian)

- 90 tons, 300 kW
- Closed He system  
4 cryostats @ 4K
- Protons source
- Superconducting coils 2.4 – 3.8 T
- 4 RF cavities 72 MHz @ 80 kV



# Superconducting Cyclotron COMET (Accel/Varian)

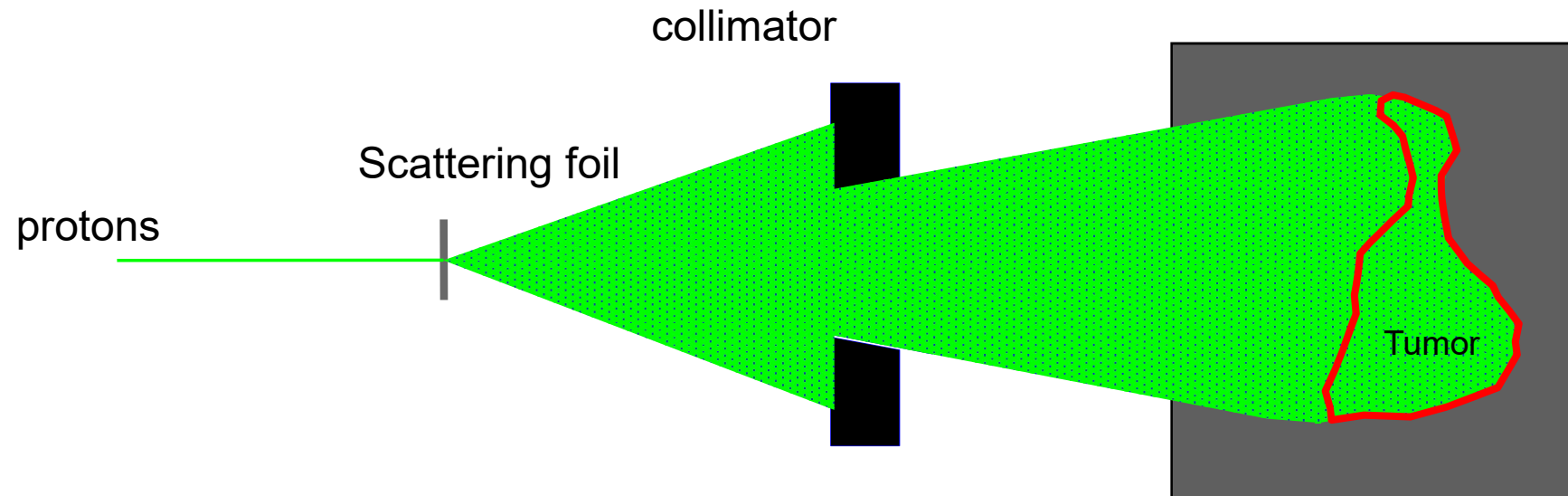




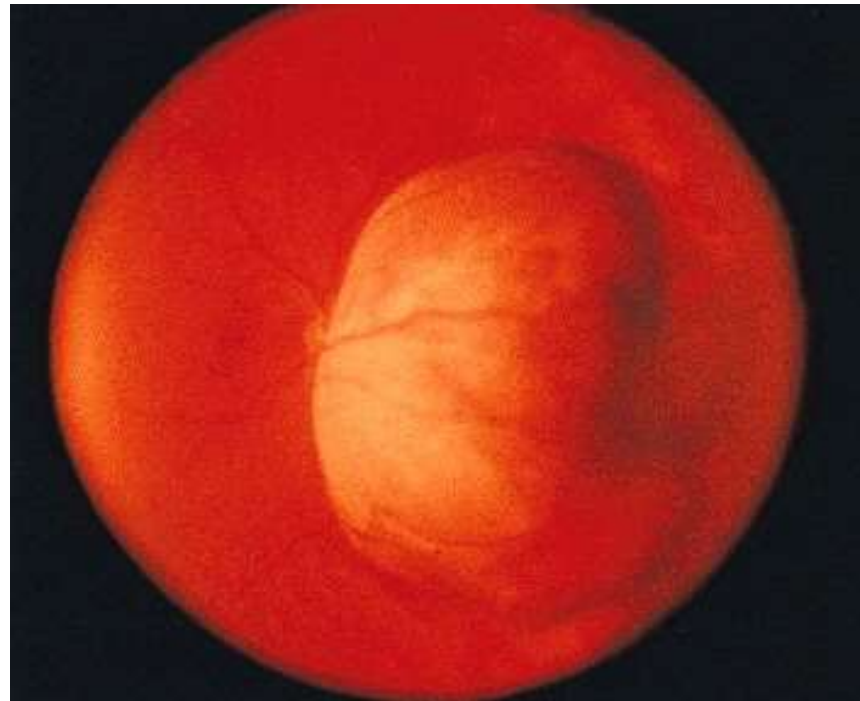
# PROSCAN

PROTON THERAPY AT PAUL SCHERRER INSTITUT

# Irradiation technique - classical



- Treating Eye Melanoma
- Collaboration with eye clinic in Lausanne  
(Hôpital Ophtalmique Jules Gonin,  
Prof. L. Zografos)



# PSI's OPTIS program



Hôpital Jules Gonin STALDER ALOIS  
Clinique Ophtalmologique Universitaire RUE DES BELLES-FILLES 2  
CH 1226 Chêne-Boulevard POLI  
0237789818 02/08/1982 8755814

Chf de Service: Professeur L. Zagratz

Date: 10.8.04 Opérateur: ZAGRATZ  
Assistant: ABOU-Z Anesthésiste: BISKY  
AG ALS AL Durée de l'opération: 30' 226

Diagnostik: Inflammation  Hémorragie  Adhérences  Déch.  Autre  Bes. diffuse

OD  OO  Nasal  Temporal  Supérieur  Inférieur

Invasion ciliaire  Invasion papillaire  Invasion iris  Diamètre: \_\_\_\_\_

Diamètre tumoral maximal: \_\_\_\_\_ Diamètre tumoral minimal: \_\_\_\_\_

Ouverture conjonctive: au limbe  autre

Fils de traction: Droit Supérieur  Droit Inférieur  Droit Intérieur  Droit Extérieur

Rétraction: \_\_\_\_\_

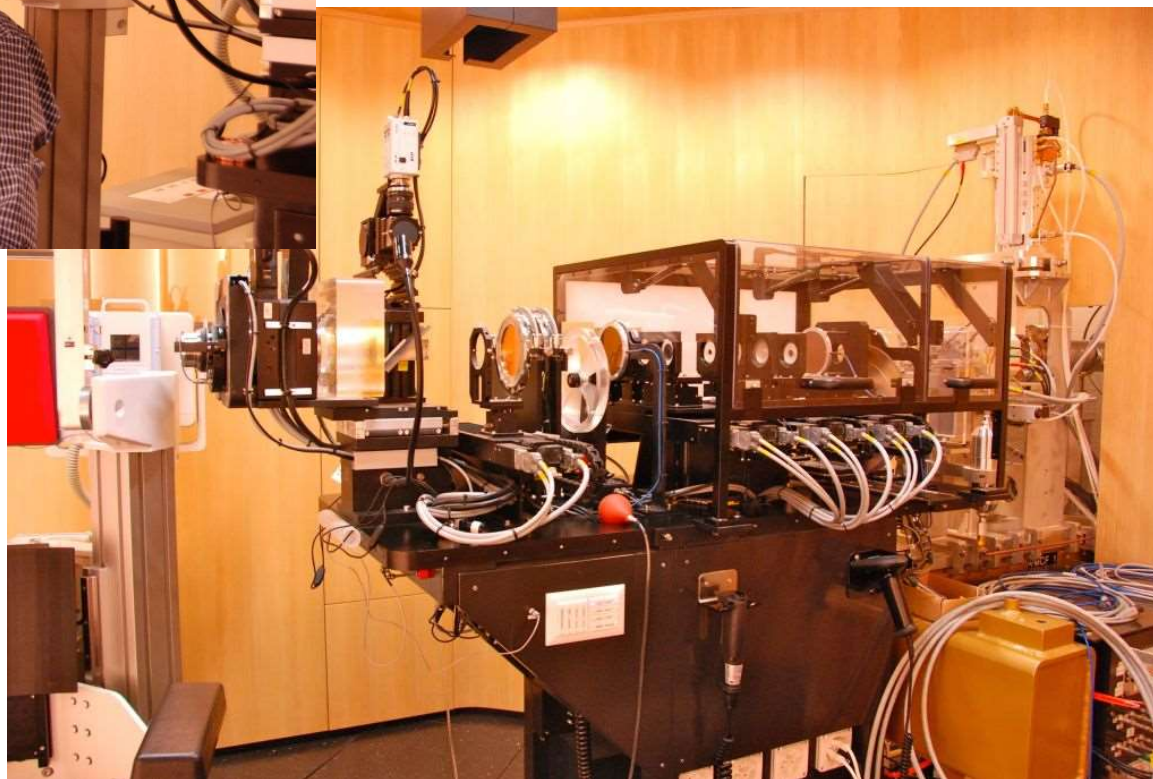
Diagnose: D=1.5 H=1

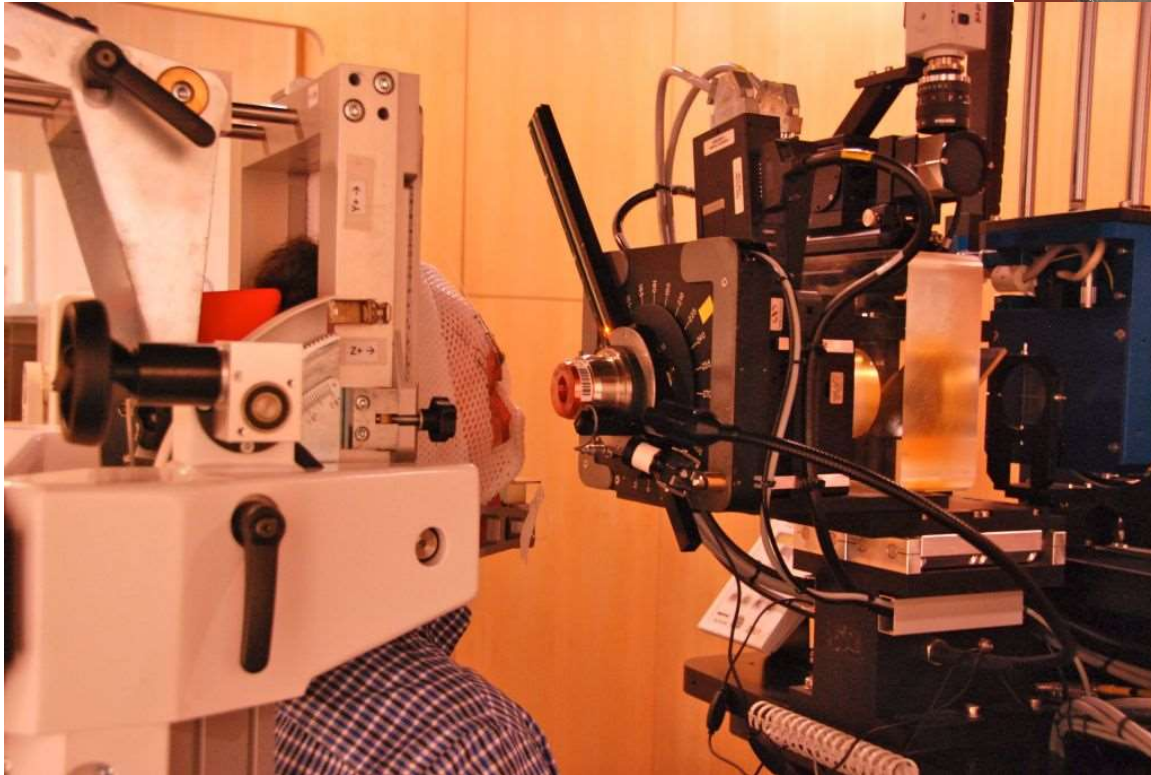
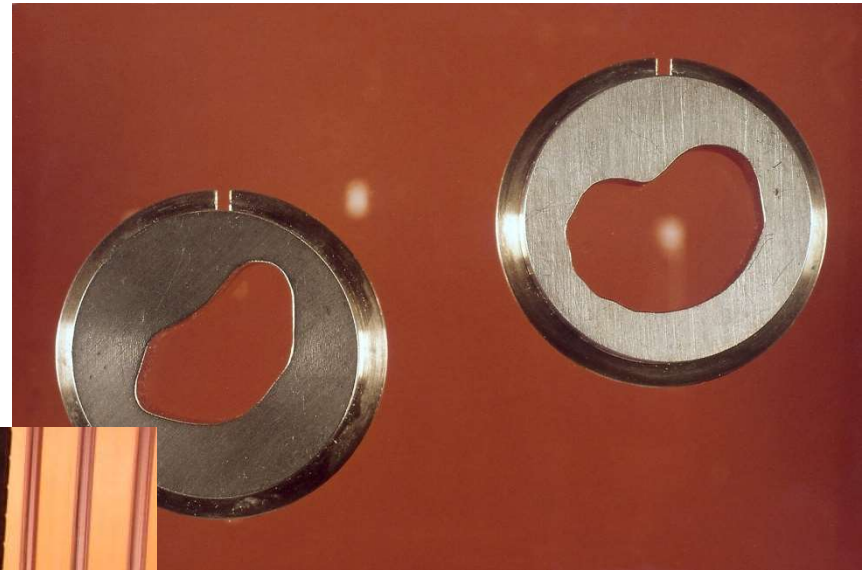
| Distance Invasión | Distance Infiltration | Clips | Distance |
|-------------------|-----------------------|-------|----------|
|                   |                       | 1-3   | 16       |
|                   |                       | 2-4   | 13,5     |
|                   | 1,5                   |       |          |

Tumeur en partie opaque  Tumeur vasculaire  Tumeur transparente   
 Ophtalmoscopique  
3.000  
 No  UBM

Examineur: AS  
 Longueur axiale: 27,1  
 Remarques: \_\_\_\_\_  
 Signature: [Signature]

# PSI's OPTIS program







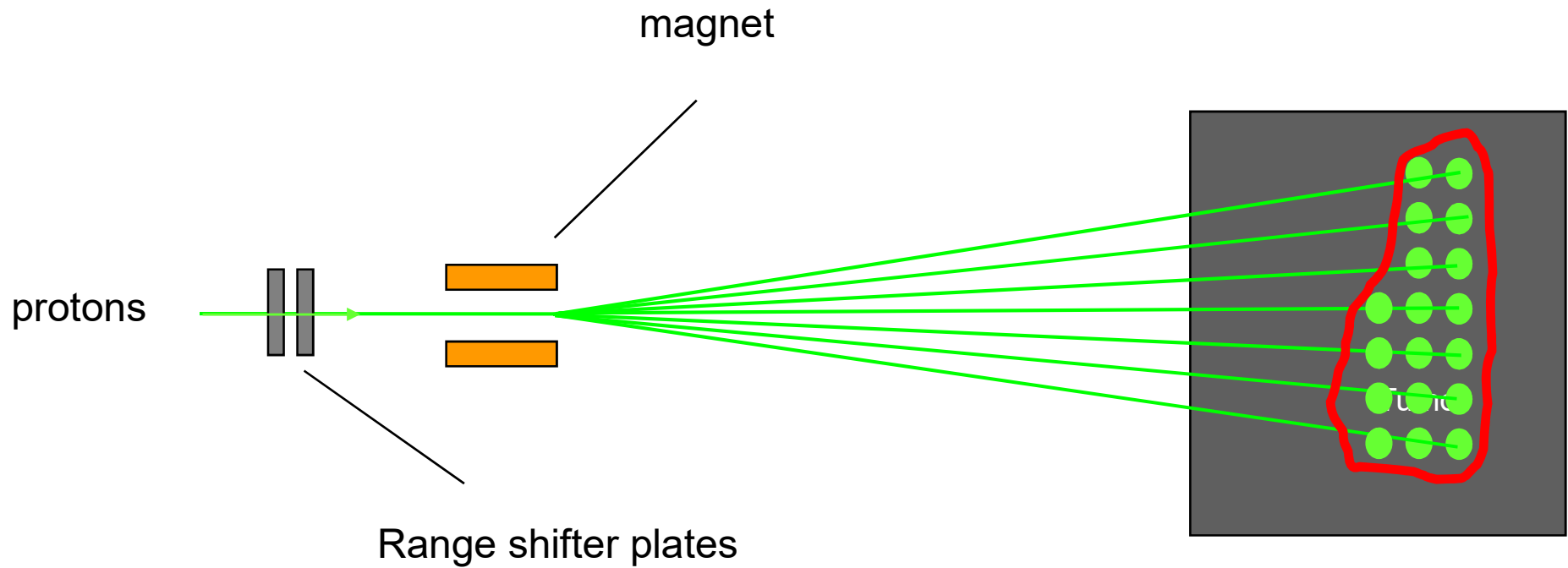
- Since 1984:  
treated more than 7'000 patients
- 98% cure  
(local tumor control)
- Conservation of vision  
100% for small tumors  
90% for big tumors

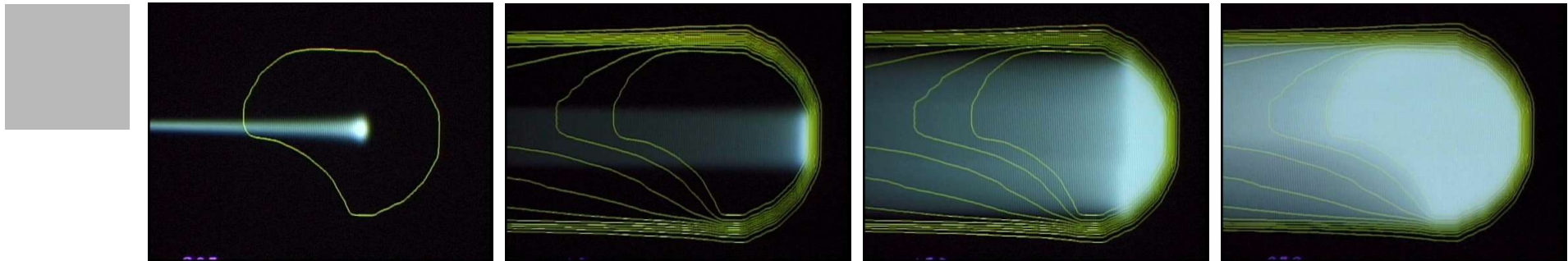


5 J., retinoblastoma, left eye,  
18 months after treatment

Protons  
are the  
standard!

# Irradiation technique – «spot scanning»

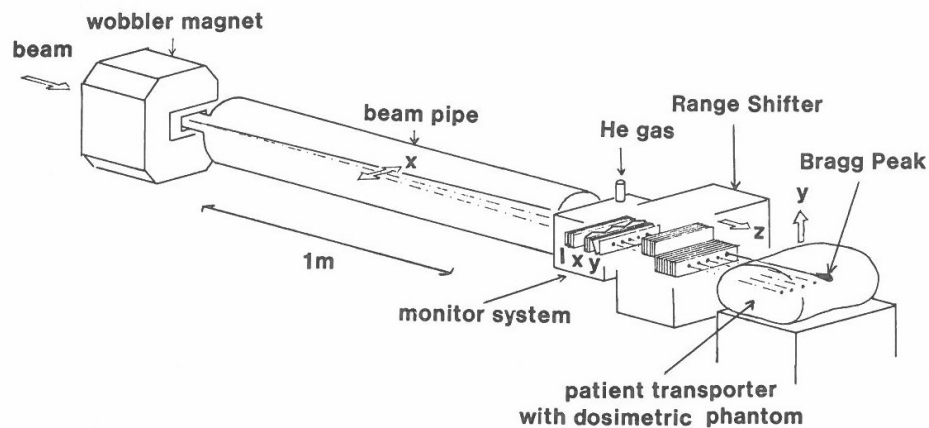




## Experimental setup for spot scanning with protons

Horizontal beam line

- Scanning in 1 dimension only
- Range shifter to modify proton energy



Annex II  
Annual Report 1989



Paul Scherrer Institut



Fig. 4: X ray film irradiated with the 200 MeV proton beam using the spot scanning method.

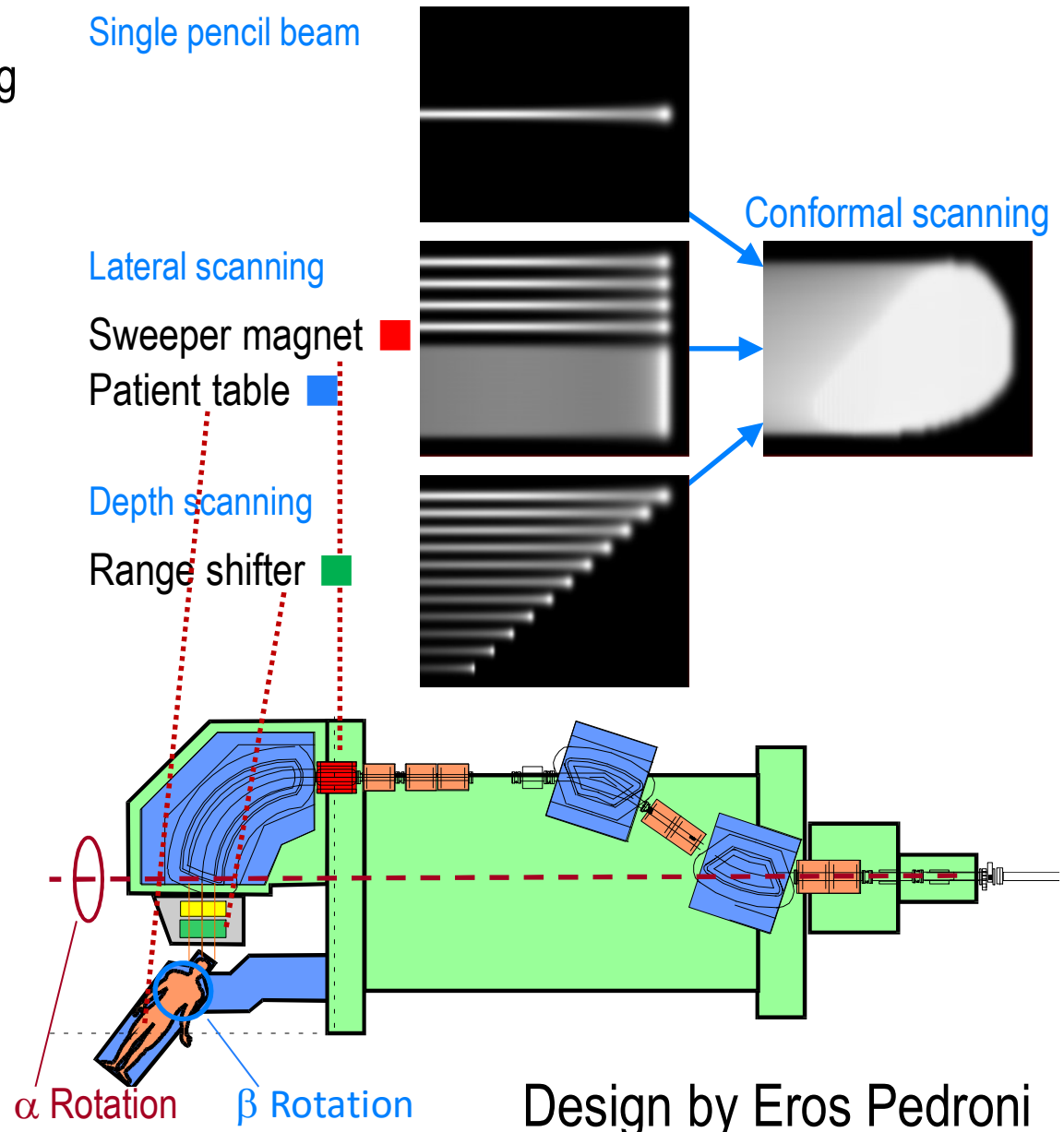
# Gantry 1: A compact system for spot scanning

Implementation of spot scanning technique

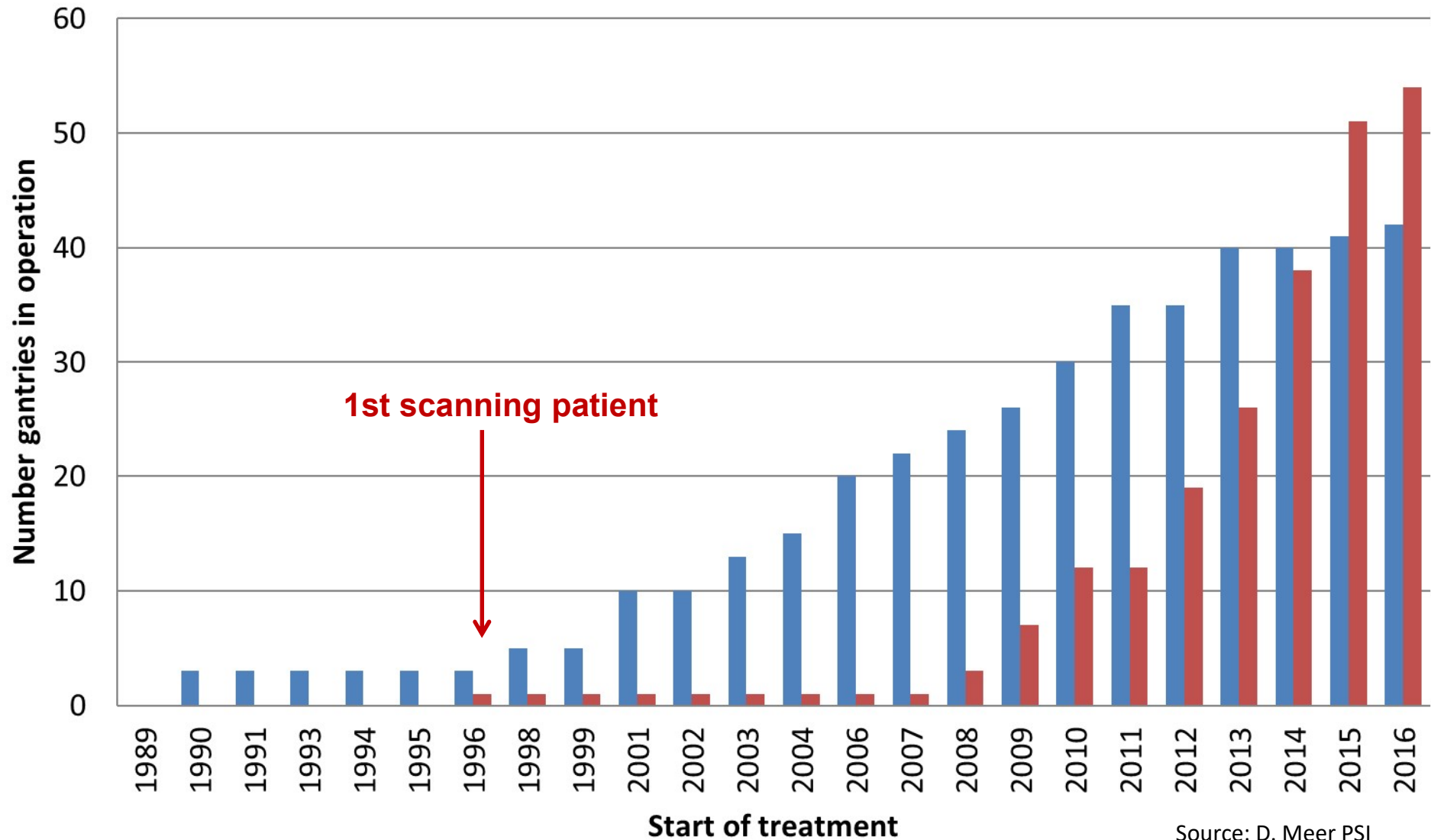
Start patient operation 1996

During 12 years the only spot scanning gantry worldwide

Due to eccentric design still the most compact system,  $r = 2\text{m}$



# Scanning-Technology is today's standard



## Gantry 2: next generation spot scanning

### Easy access to patient at all times

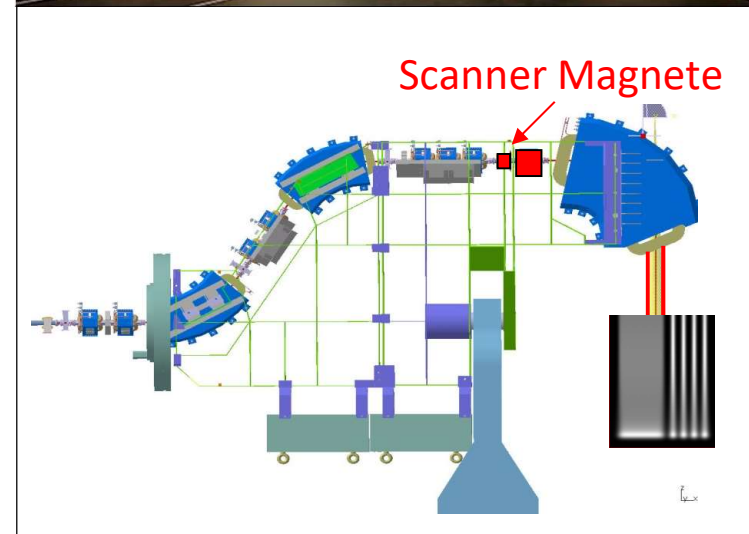
- Rotation limited to 210°
- Patient table rotatable 180°  
(→ still full flexibility)
- No pit

### Fast scanning in 2 dimensions

- Re-scanning possible
- Parallel Scanning
- Field size 12 x 20 cm

### Fast energy change → 3rd dimension

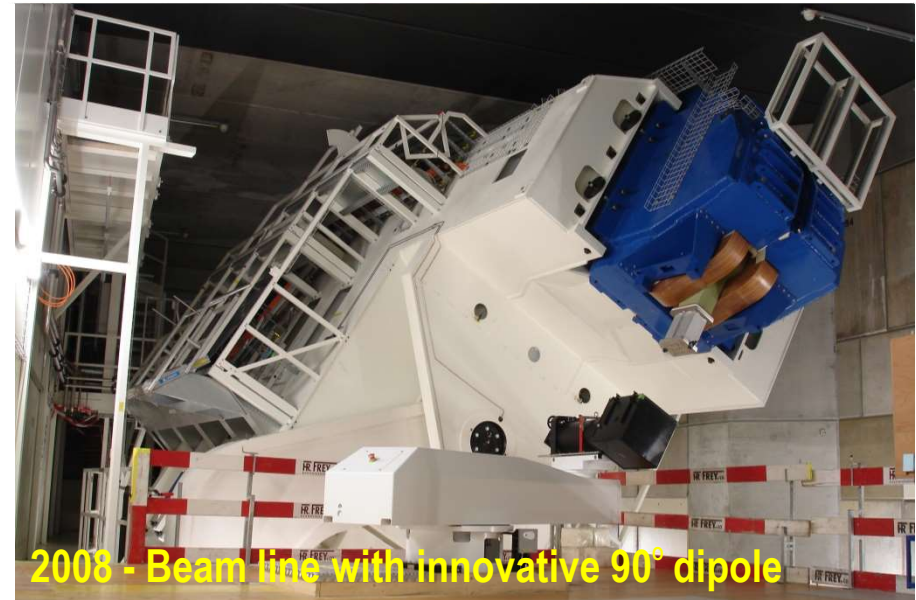
- Energy step < 100 ms
- Re-scanning possible in 3 dimensions



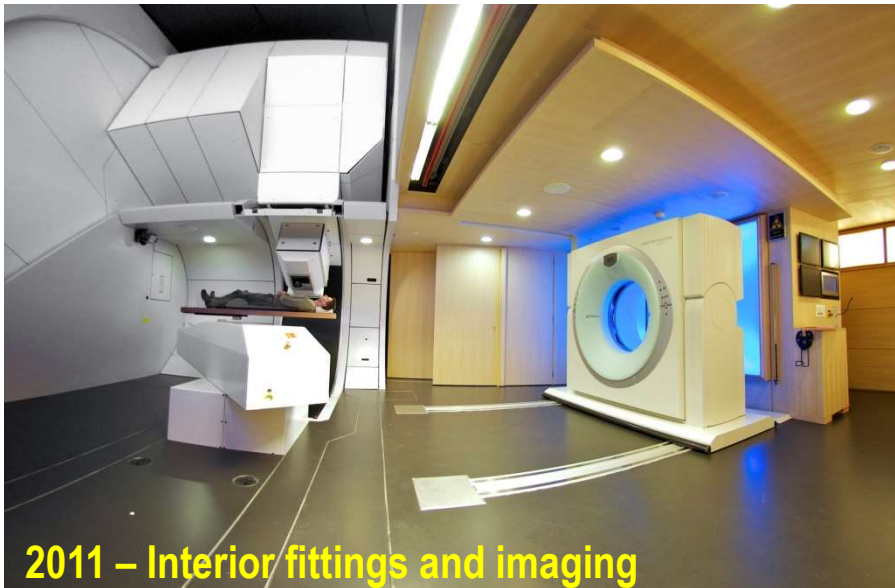
# Gantry 2: next generation spot scanning



2006 - Delivery of mechanical structure



2008 - Beam line with innovative 90° dipole



2011 - Interior fittings and imaging

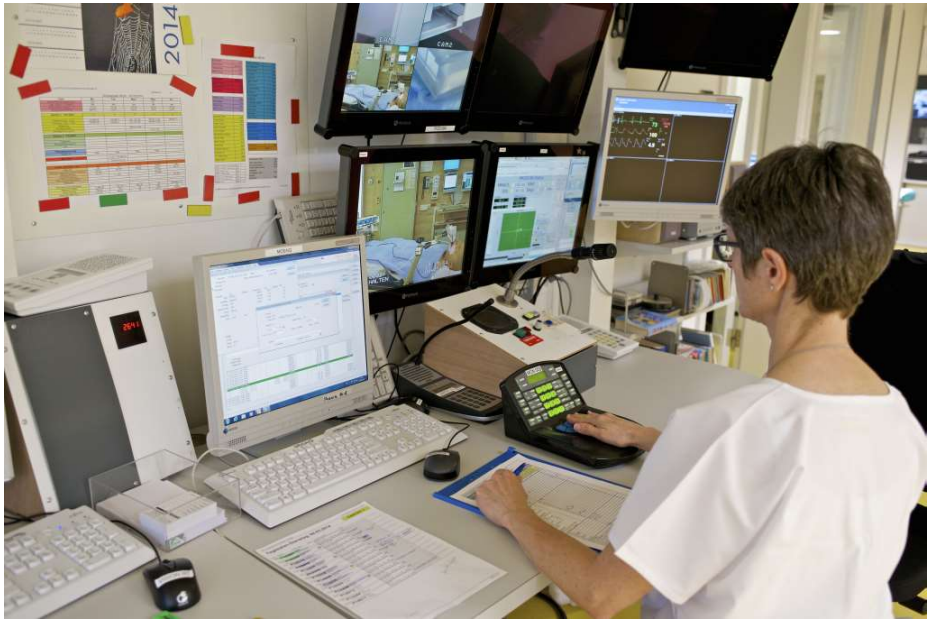


2013 - 1st patient treated

- Since 2004 treatments of small children  
→ **anesthesia team from children's hospital in Zurich**
- Ca. 500 patients

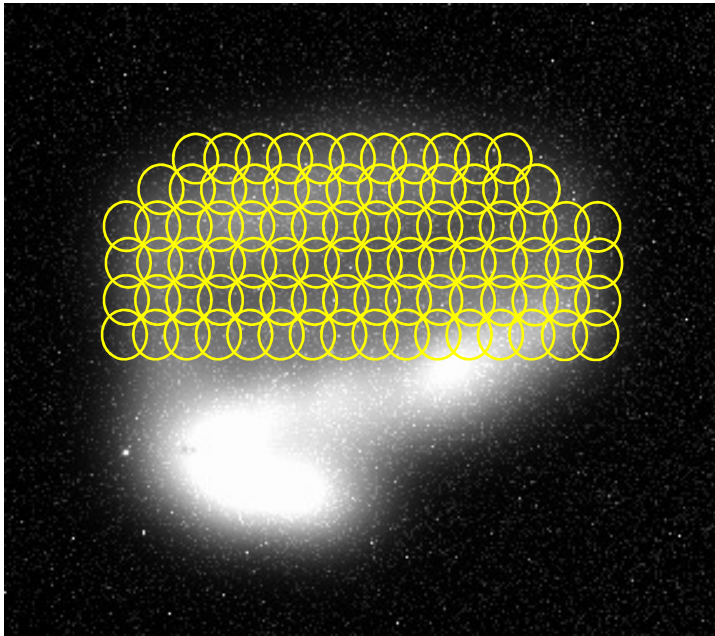






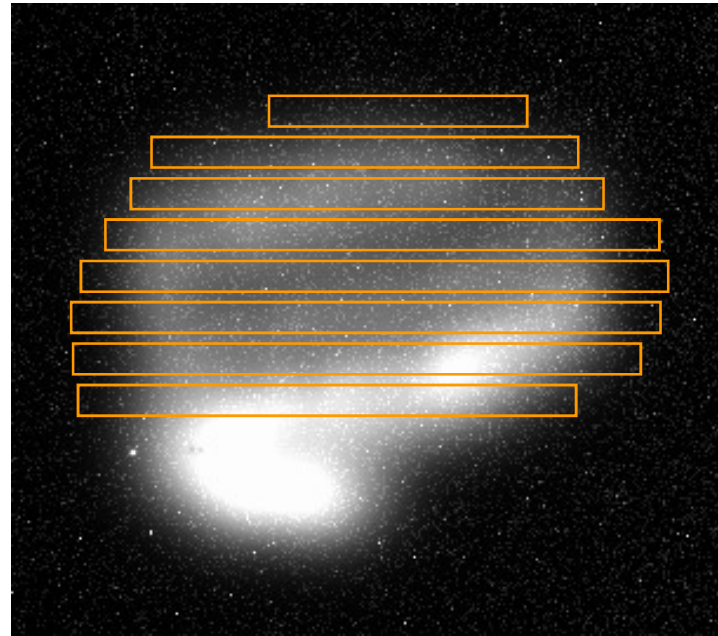


# Improvements in scanning technology



## Discrete spot scanning

- Switching off the beam after each spot
- Dead time per spot ~3 ms.  
Typically field: 10'000 spots  
→ 30 s dead time, scales with number of re-scans!
- Accurate dose delivery
- Spot scanning is **actual operation mode** of Gantry 2

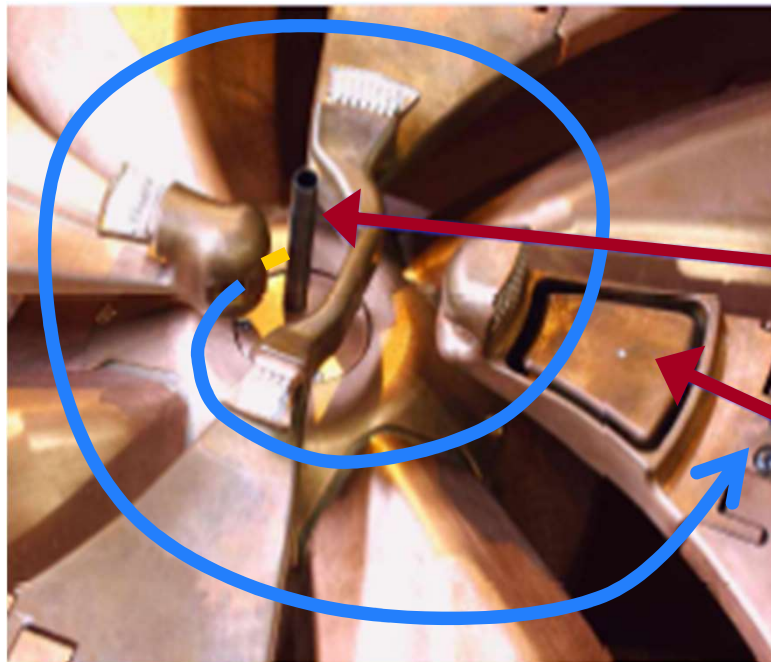
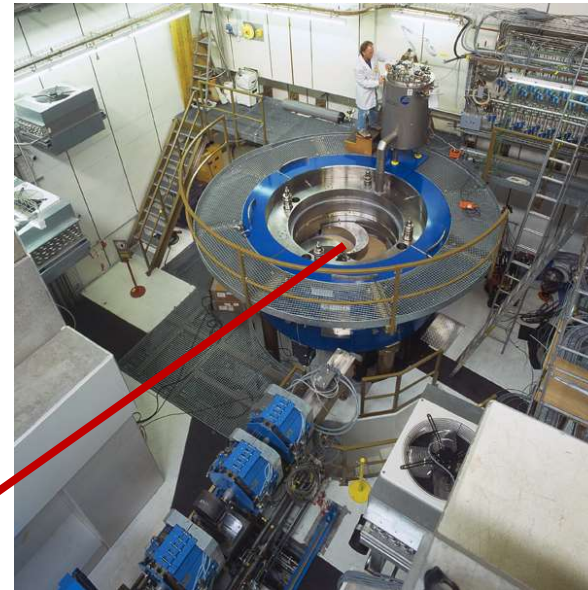


## Continuous line scanning

- Paint lines of dose with continuous beam on using
  - **Beam intensity modulation**
  - **Beam motion speed modulation**
- For efficient and effective repainting
- Operational in experimental mode, in development

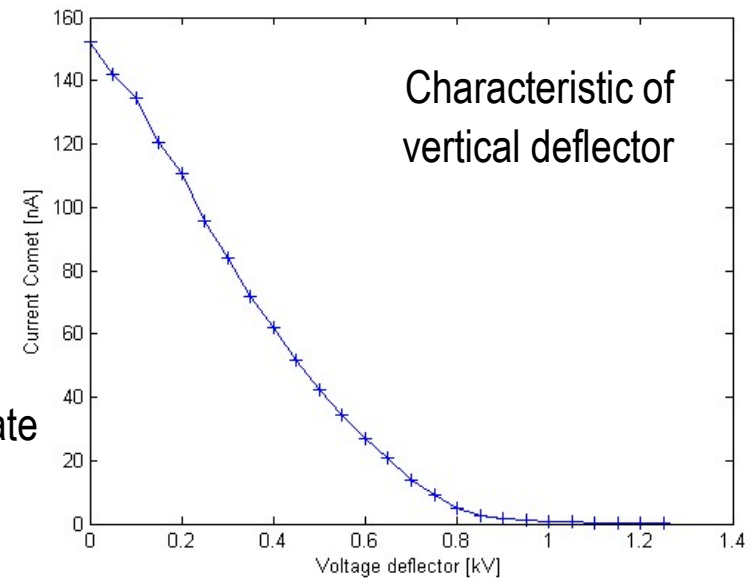
# Proton beam intensity modulation

- Fast electrostatic beam deflection inside cyclotron ( $< 50 \mu\text{s}$ )
- Switch beam on/off
- Intensity modulation
- Little activation of the cyclotron



Ion source

Vertical deflector plate



## Drive sweeper magnets

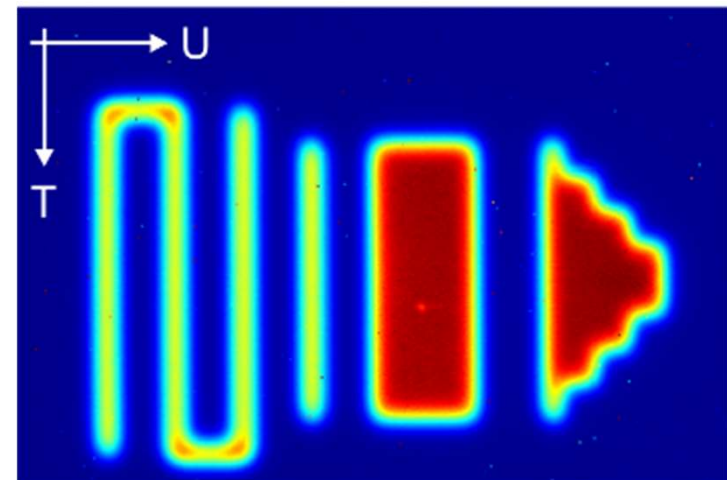
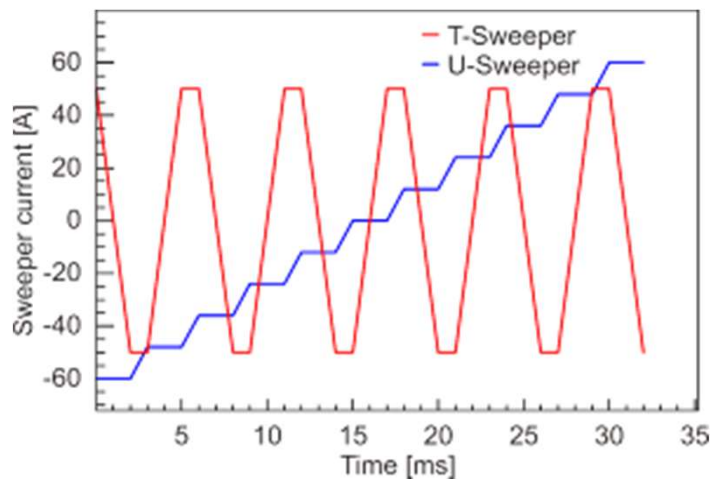
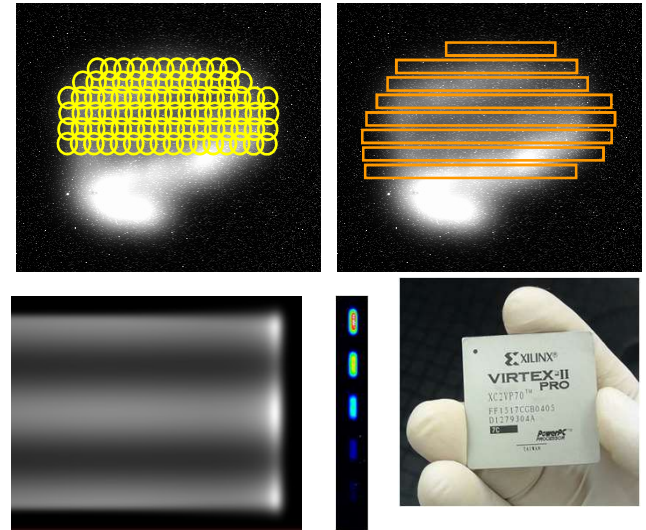
Different modes: *Spot scanning / Lines scanning*  
in the same steering file

## Vertical deflector plate for intensity modulation

- Fast **intensity control** on time scale of 100  $\mu\text{s}$
- Control dose with feed-back loop

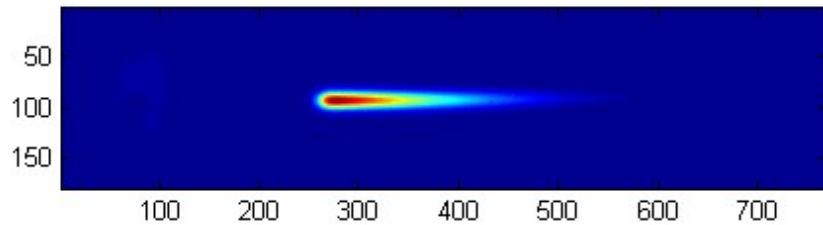
## Requires flexible control system

- Synchronous control of fast actuators (sweepers, deflector plate) with 100 kHz
- Tabulated dose delivery based on state-of-the-art electronics (FPGA)
- Example: Painting shaped energy iso-layer

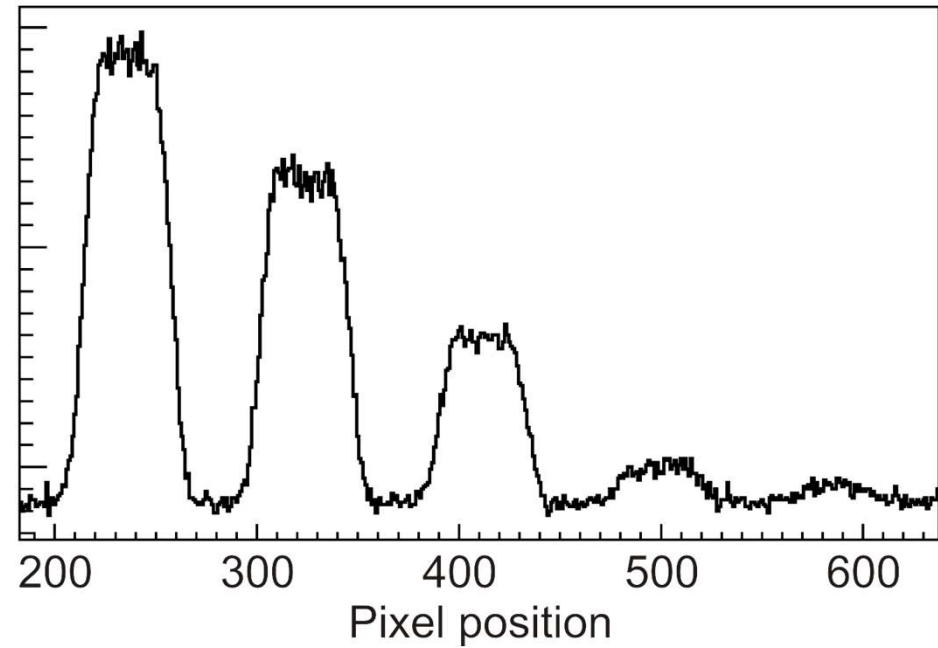
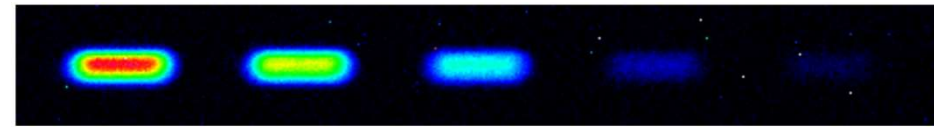
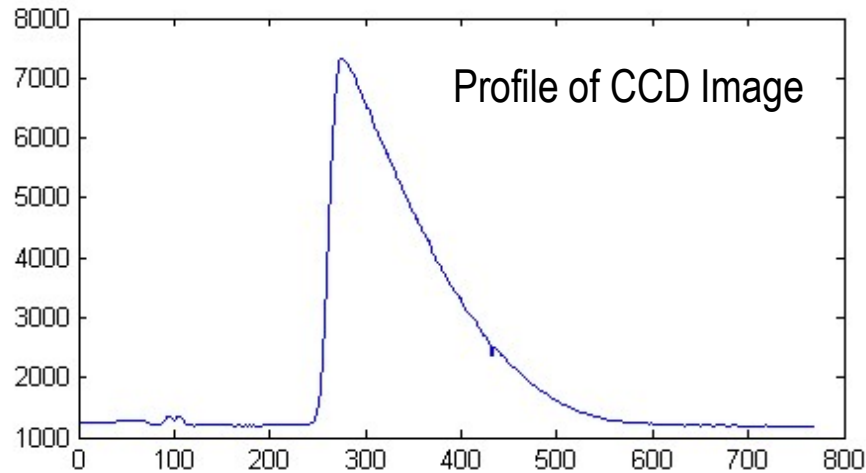


# Painting intensity modulated lines

Continuous line (18 cm) with linear increasing vertical deflector voltage



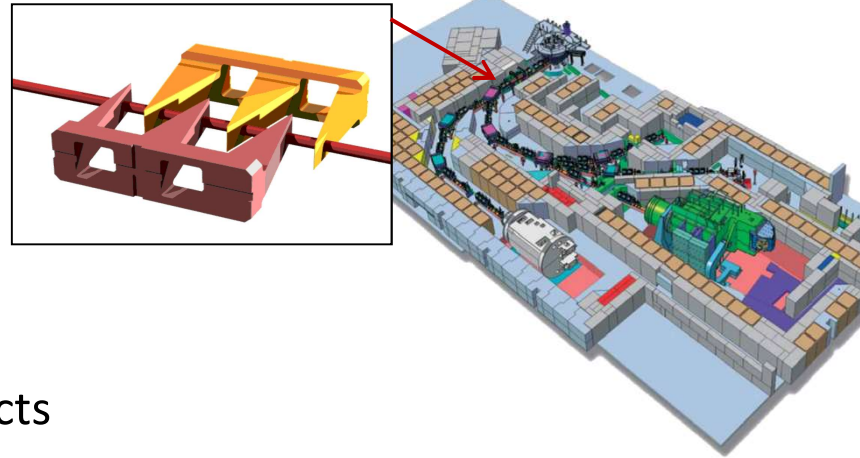
18 cm



Intensity modulated line segment (15 cm)  
painted in 30 ms.

## Fast changes of the beam energy

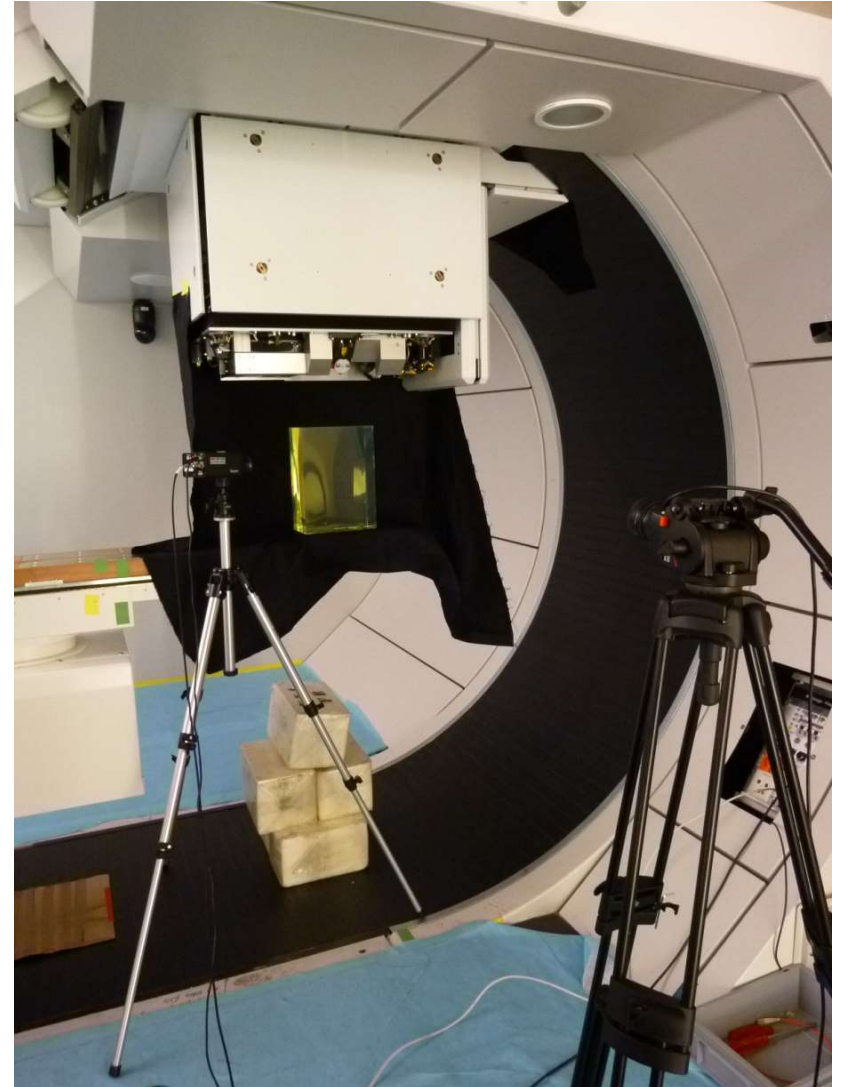
- The Gantry 2 and PROSCAN are optimized for fast energy changes:
  - Cyclotron provides fixed energy
  - Fast degrader mechanical
  - Laminated magnets / dedicated power supplies
  - Need to consider magnetization and hysteresis effects
  - On-line correction of “drift” effects



- Realized:
  - **~100 ms dead time** for range steps of 5 mm

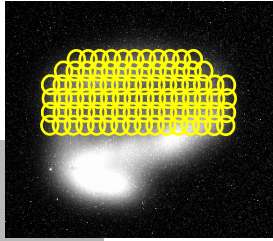
### Benefit

- **Faster** treatments
- Potential for **volumetric repainting**





# Demonstration to show potential of fast line-scanning



## Discrete spot scanning

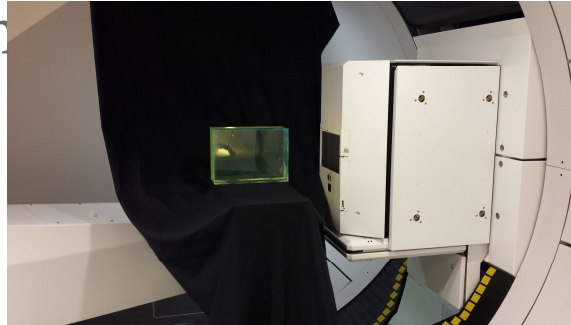
20412 spots, 28 energy layers

Beam-on time: 17s

Dead time: 80s

Total time: 97s

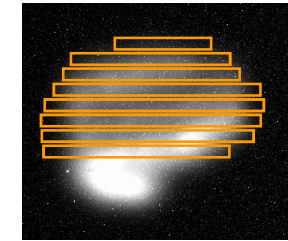
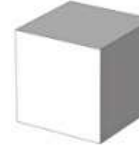
→ 5 re-scans: ~7min



Cubical target,  $V = 1\text{l}$

Spot grid 4 mm

Dose: 0.6 Gy (typical 3 field fraction dose)



## Continuous line scanning

27 lines / energy, 28 energy layers

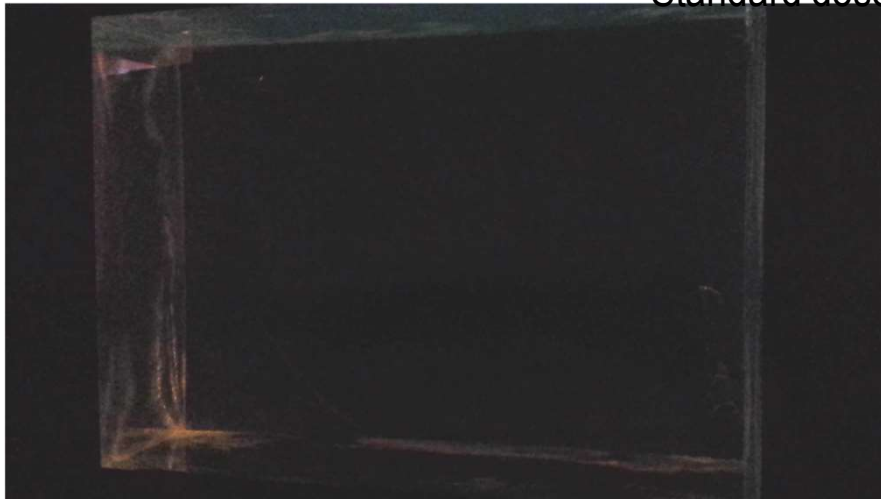
Beam-on time: 17s

Dead time: 3s

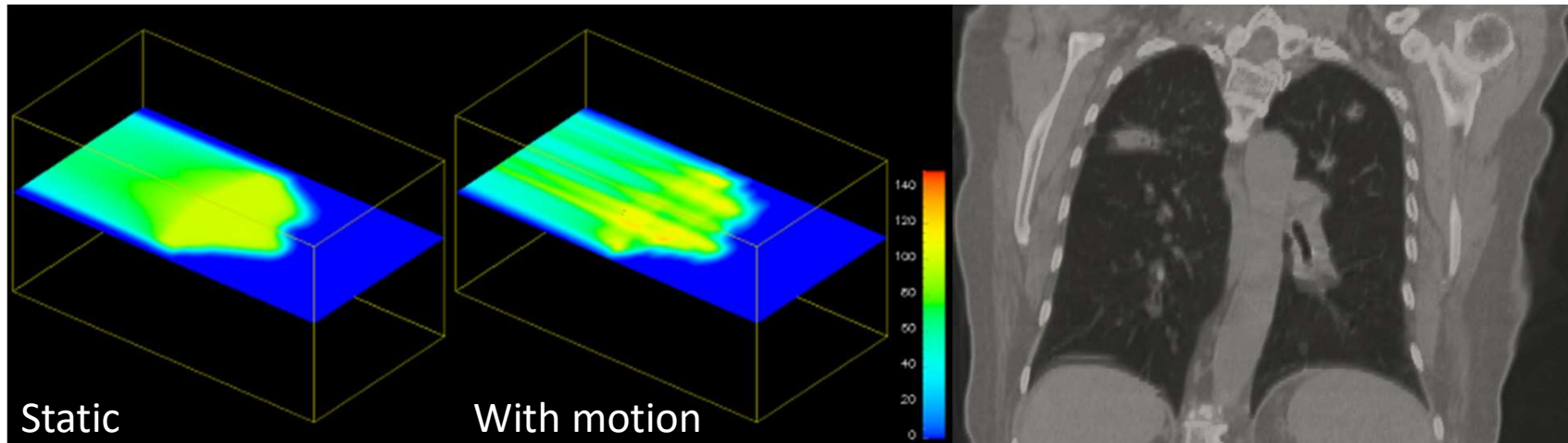
Total time: 20s

→ 5 re-scans: ~30s

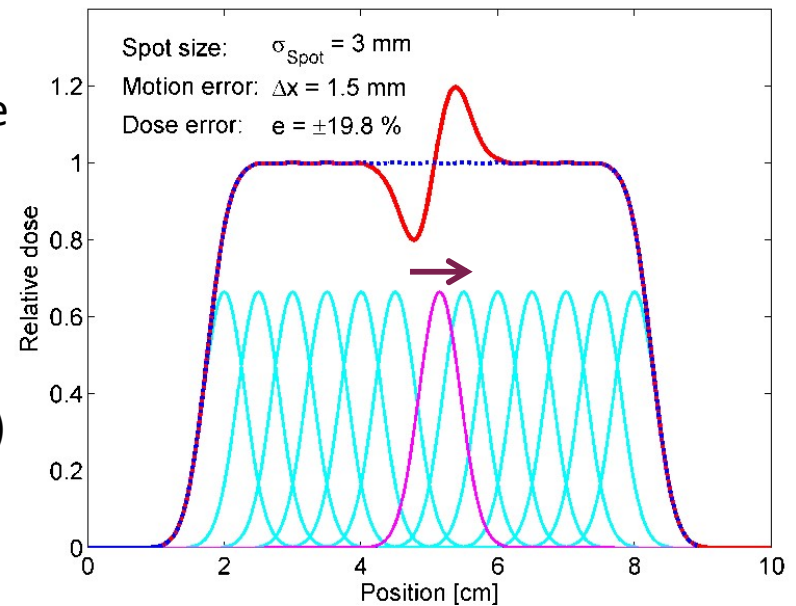
Standard dose rate (<6 Gy/s)



# A mayor challenge in PBS: Moving targets / organ motion

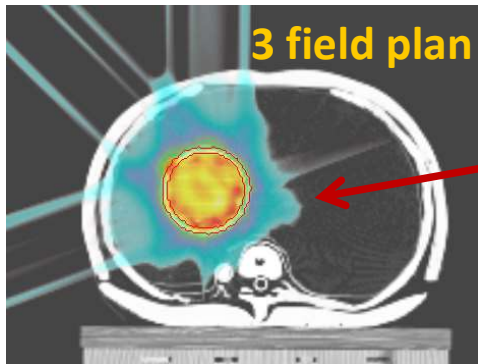
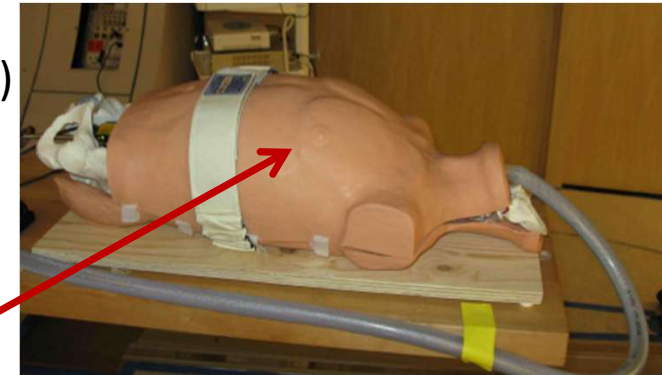


- Interplay effect between beam delivery sequence and organ motions destroys dose homogeneity
  - Mitigation techniques:
    - Deliver dose multiple times (Rescanning)
    - Patient hold his/her breath (Breath-hold)
    - Irradiation only in exhaled phase (Gating)
- ⇒ All approaches require fast beam delivery



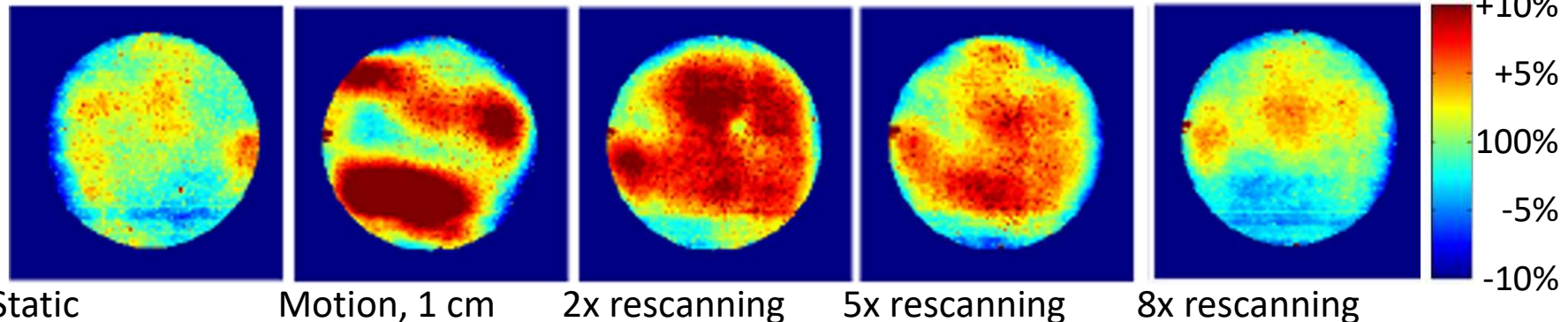
# Experimental validation of rescanning

- Anthropomorphic phantom with lung tumour and tissue equivalent materials (bone, skin, lung)
- Simulation of different **breathing parameters**
- Rescanning to minimize motion interferences  
→ Dose homogeneity can be recovered



Tumour with insert for dose measurements with film

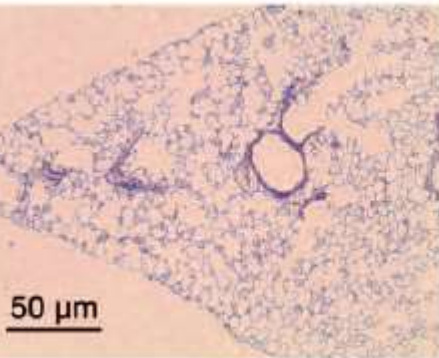
R. Perrin,  
PSI



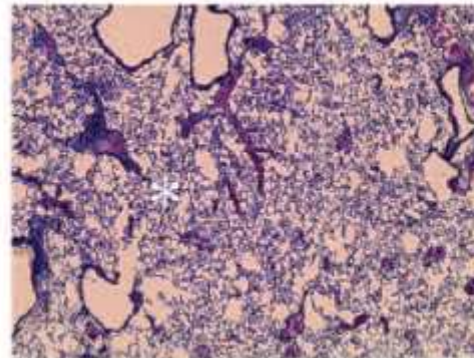
- FLASH: application of therapeutic dose in very short time
- → extremely high dose rates (1000 higher than standard)
- “FLASH-effect”: for a given dose, sparing of healthy tissue is better if dose is applied in very short time



24 weeks

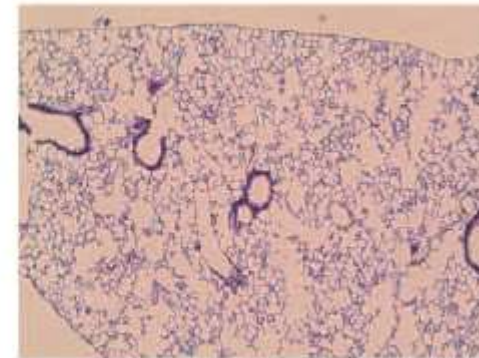


Control

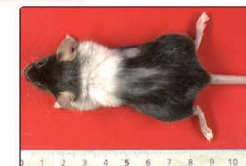


17Gy CONV (0.03 Gy/s)

electrons



17Gy FLASH (60 Gy/s)



V. Favaudon et al., “Ultrahigh dose-rate FLASH irradiation increases the differential response between normal and tumour tissue in mice”, *Science Translational Medicine* 6, 2014

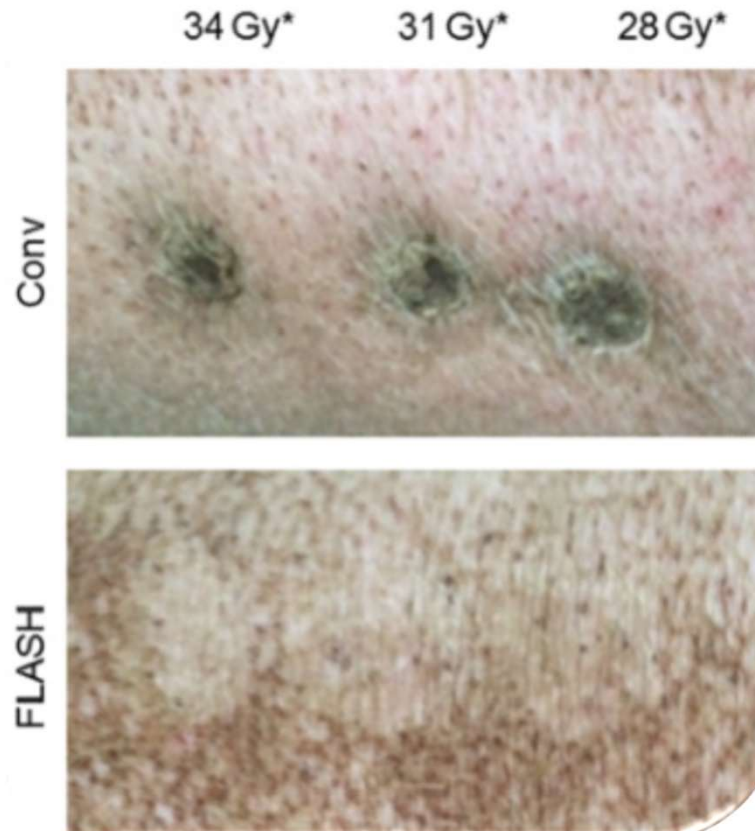


FLASH confirmed in larger mammals (mini-pigs)

0.08 Gy/s

electrons

300 Gy/s



Black dots = NECROSIS

Vozenin, et al, The advantage of Flash RT confirmed in mini-pig and cat-cancer patients.”  
Clinical Cancer Research. 2018;

First human patient treated with FLASH

**Day 0**



**5 months**



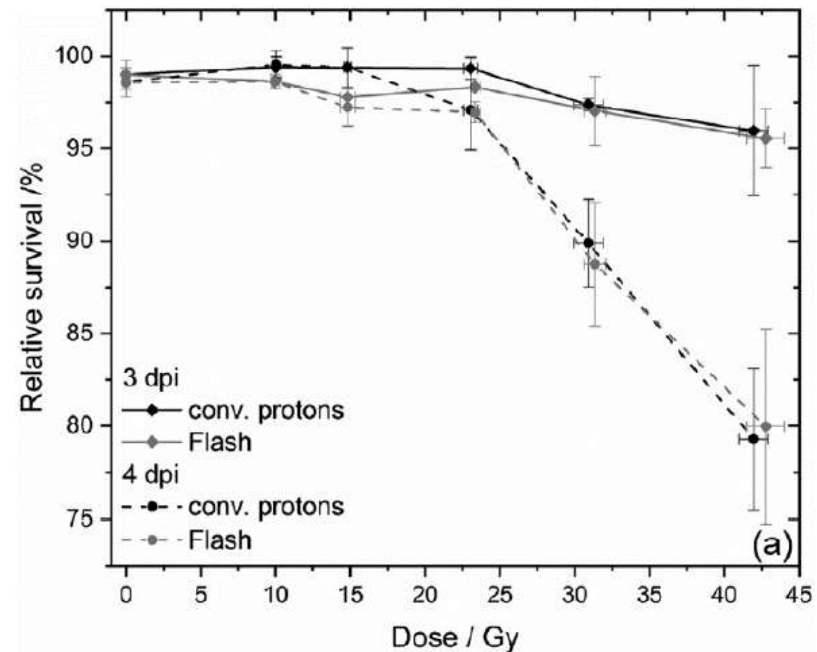
electrons 166 Gy/s

Jean Bourhis et al., «Treatment of a first patient with FLASH-radiotherapy», Radiotherapy and Oncology. 2019

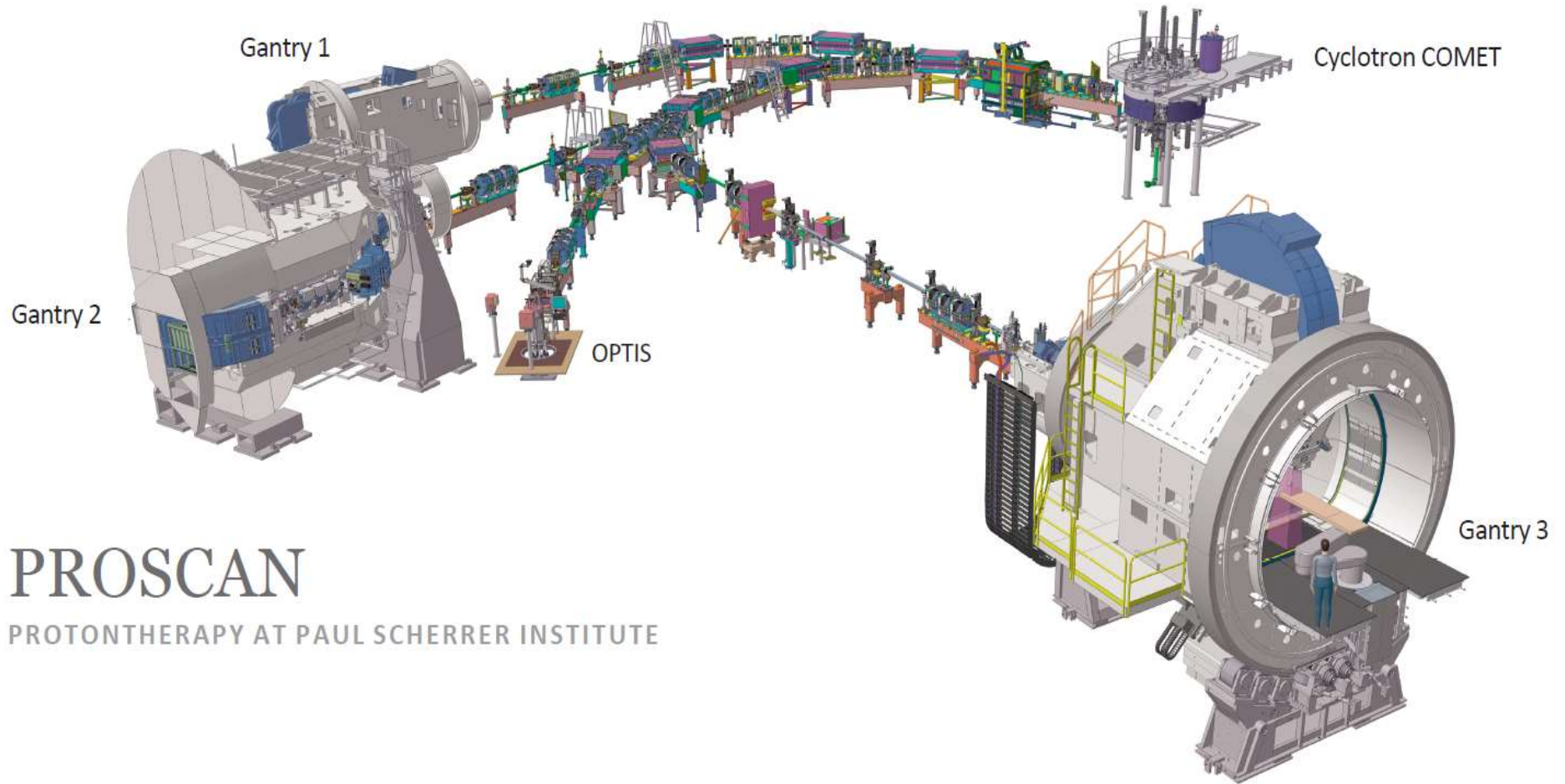
- Most (important) protontherapy vendors have demonstrated they can reach FLASH dose rates
  - IBA: Groningen, Dresden
  - Varian: Cincinatti
- Biological experiment performed in Dresden
  - Published October 2019
  - No FLASH effect observed ☹️



→ More experiments required!



# Beamline Transmission

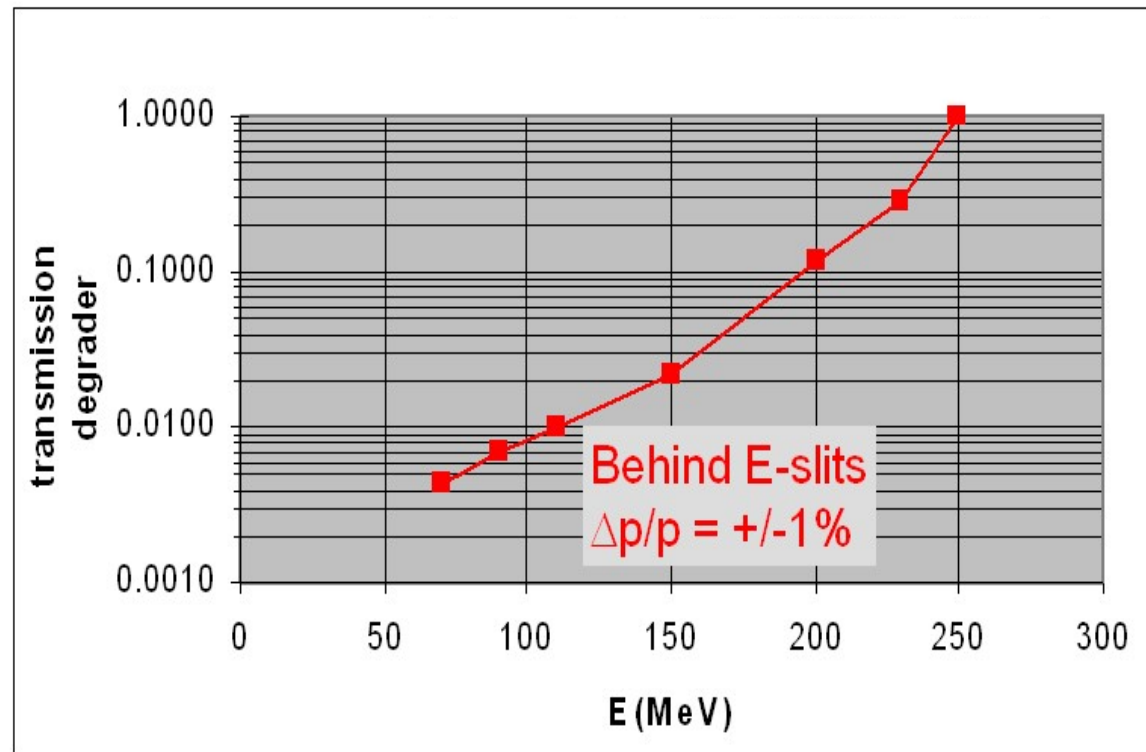


## PROSCAN

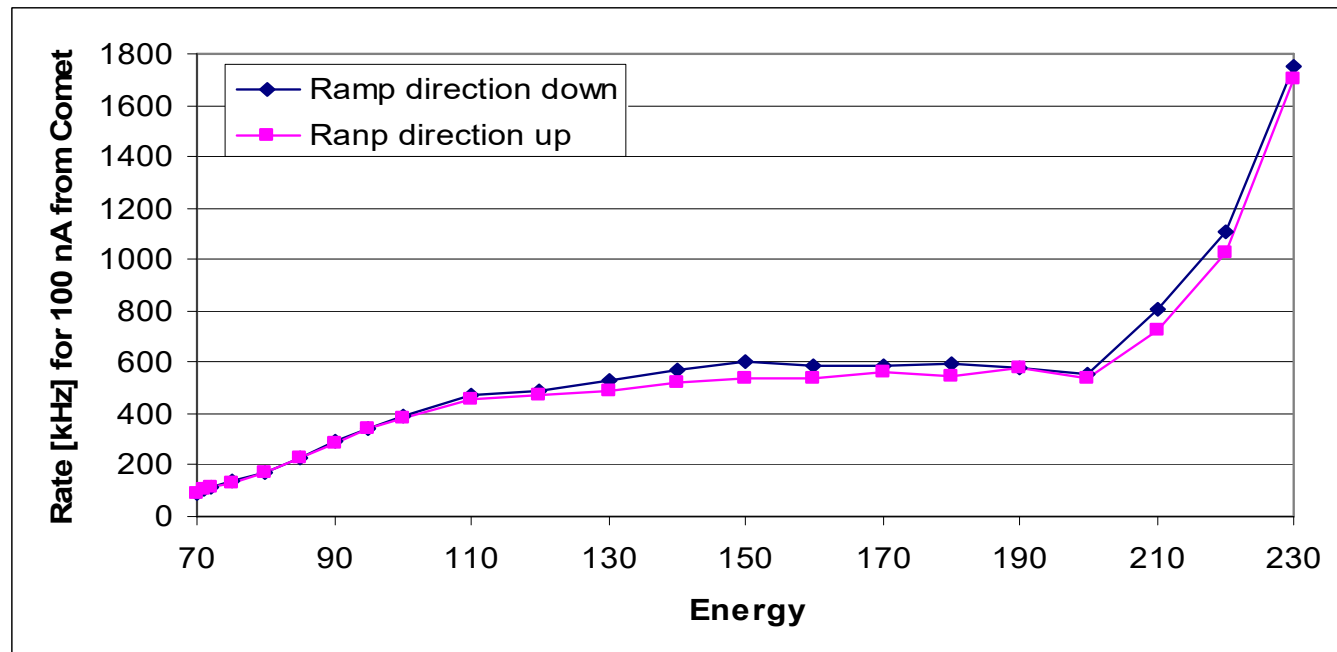
PROTONTHERAPY AT PAUL SCHERRER INSTITUT



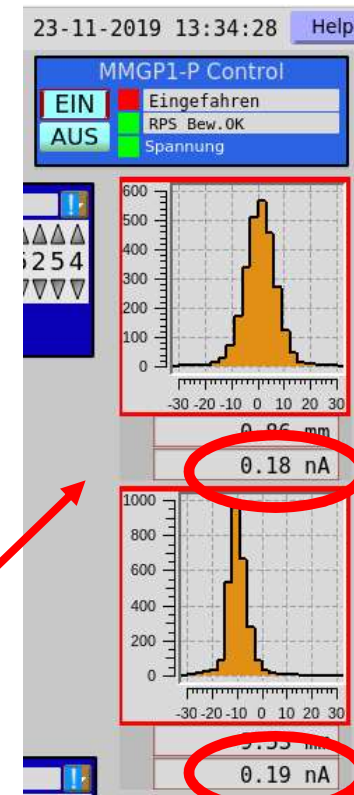
- Transmission is highly energy dependent



- Normal operation: defocus beam ON PURPOSE with quadrupoles
- → Equalisation between 100 – 200 MeV



- We CAN operate at high energies with full transmission
  - Gantry 1 is designed to transport high energies (250 MeV)
  - Gantry 1 can provide energy modulation
  - → bring full current from cyclotron (800 nA) to isocentre
  - → Dose rate >1000 higher as in standard operations
- 
- Gantry 1 “resurrection”: restart after 10 months shutdown
    - Everything still working 😊
  - First experiments with high-transmission beam tunes
    - We are very close to 100% transmission
  - Challenges
    - Control dose application
    - Scanning possible?
    - Legal permit
  - Plan for biological experiments in 1<sup>st</sup> half of 2020



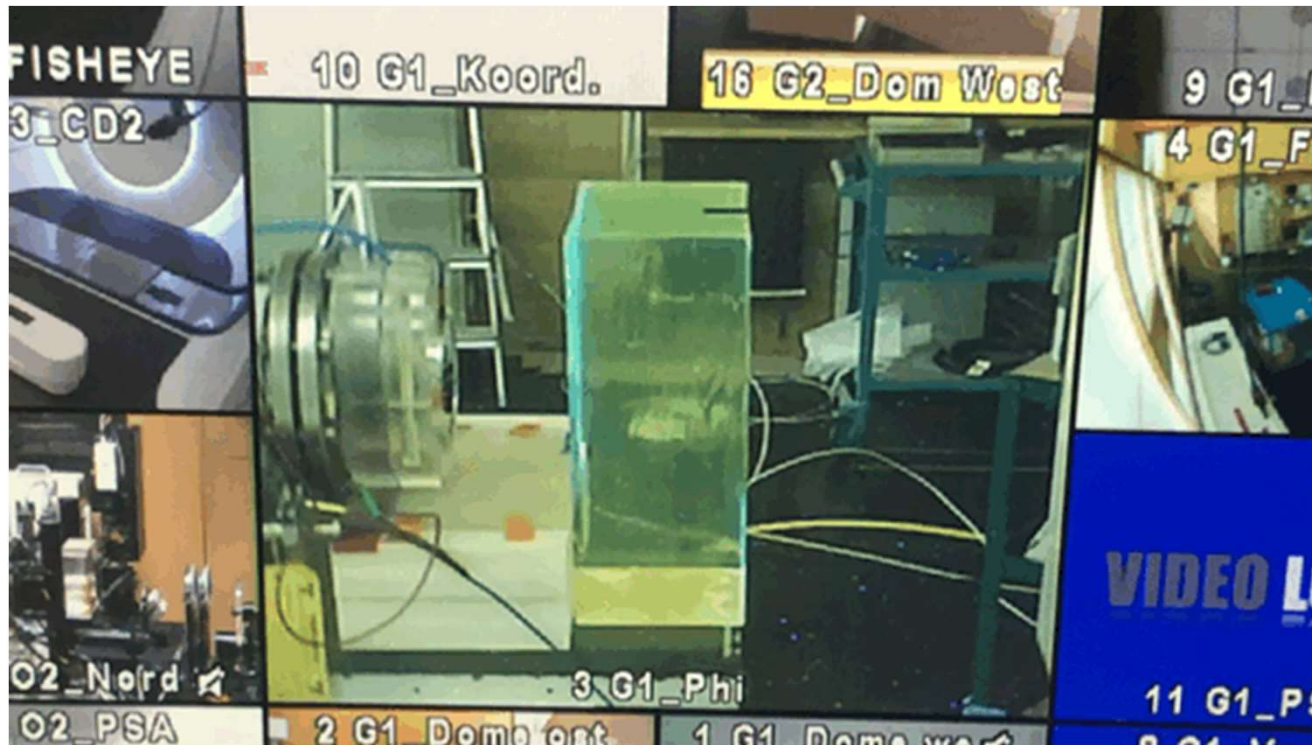
Input current from cyclotron 0.2 nA

X&Y profile monitor on Gantry 1, integrated current



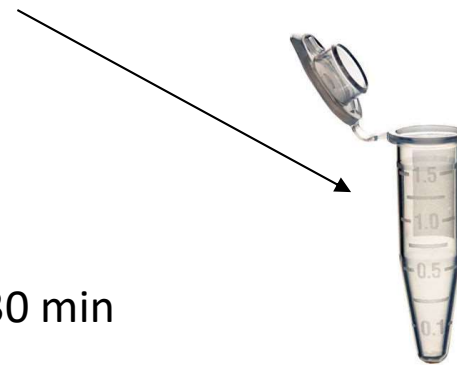
# Flash @ Gantry 1

- Demo experiment January 2020  
→ reach dose rates up to 9'000 Gy/s

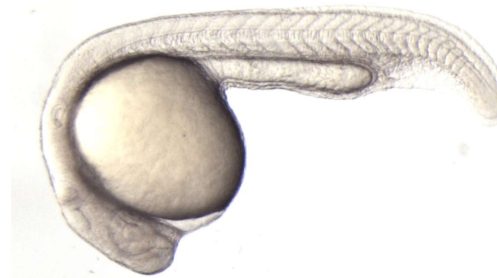




- Irradiation of zebrafish embryos
- First experiments
  - Shoot-through only
  - Maximum dose rate (1000 Gy/s), standard dose rate (10 Gy/s)
  - 20 eggs in each 0.2 mL sample with water
  - 2-3 mm beam with a constant dose rate (within 5 %)
  - Total dose uncertainty < 5%
  - Irradiation 6h and 24h post-fertilization
  - All the samples must be irradiated within 30 min
- Endpoint – development of the embryos



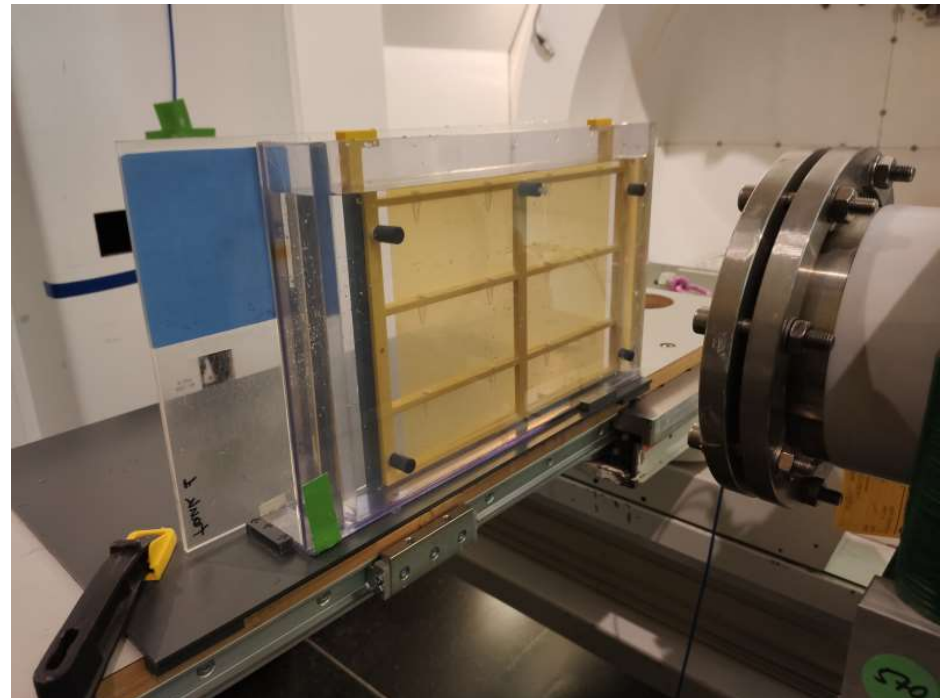
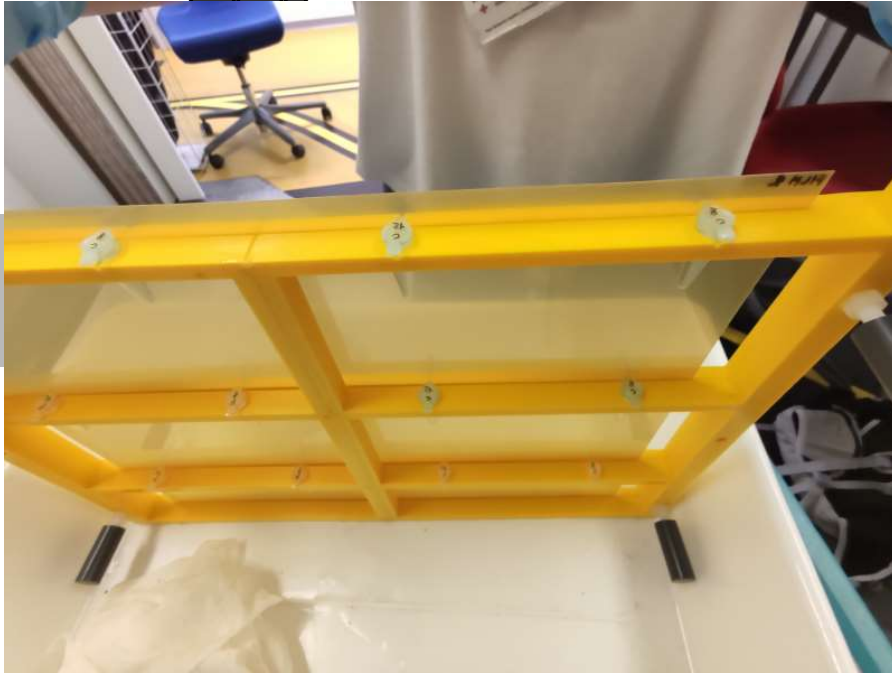
©U of Washington

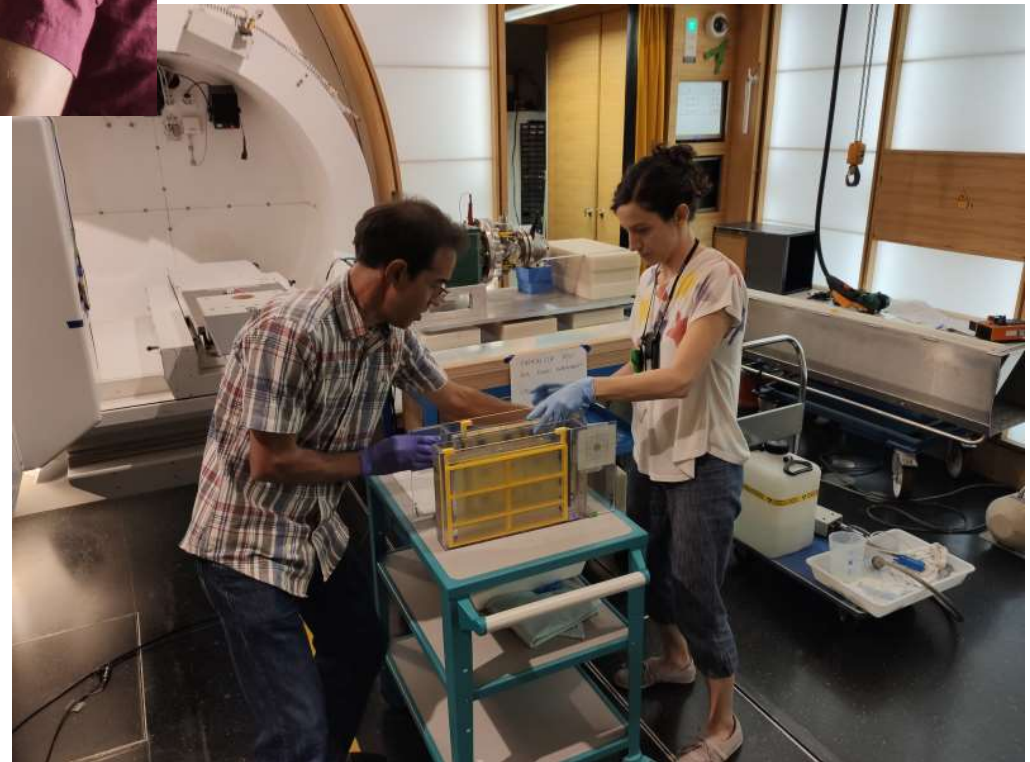


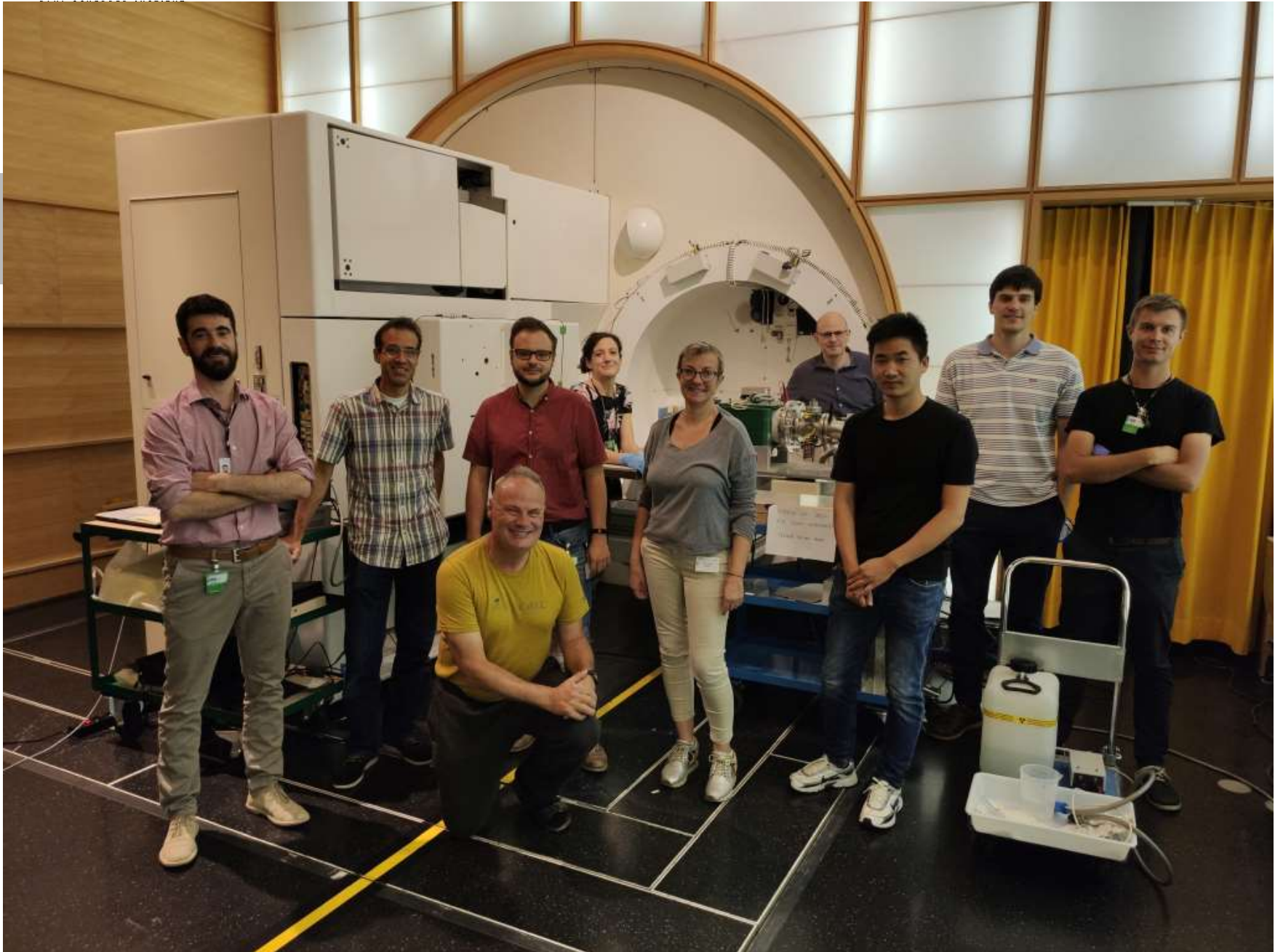
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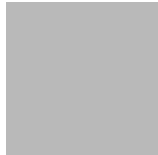




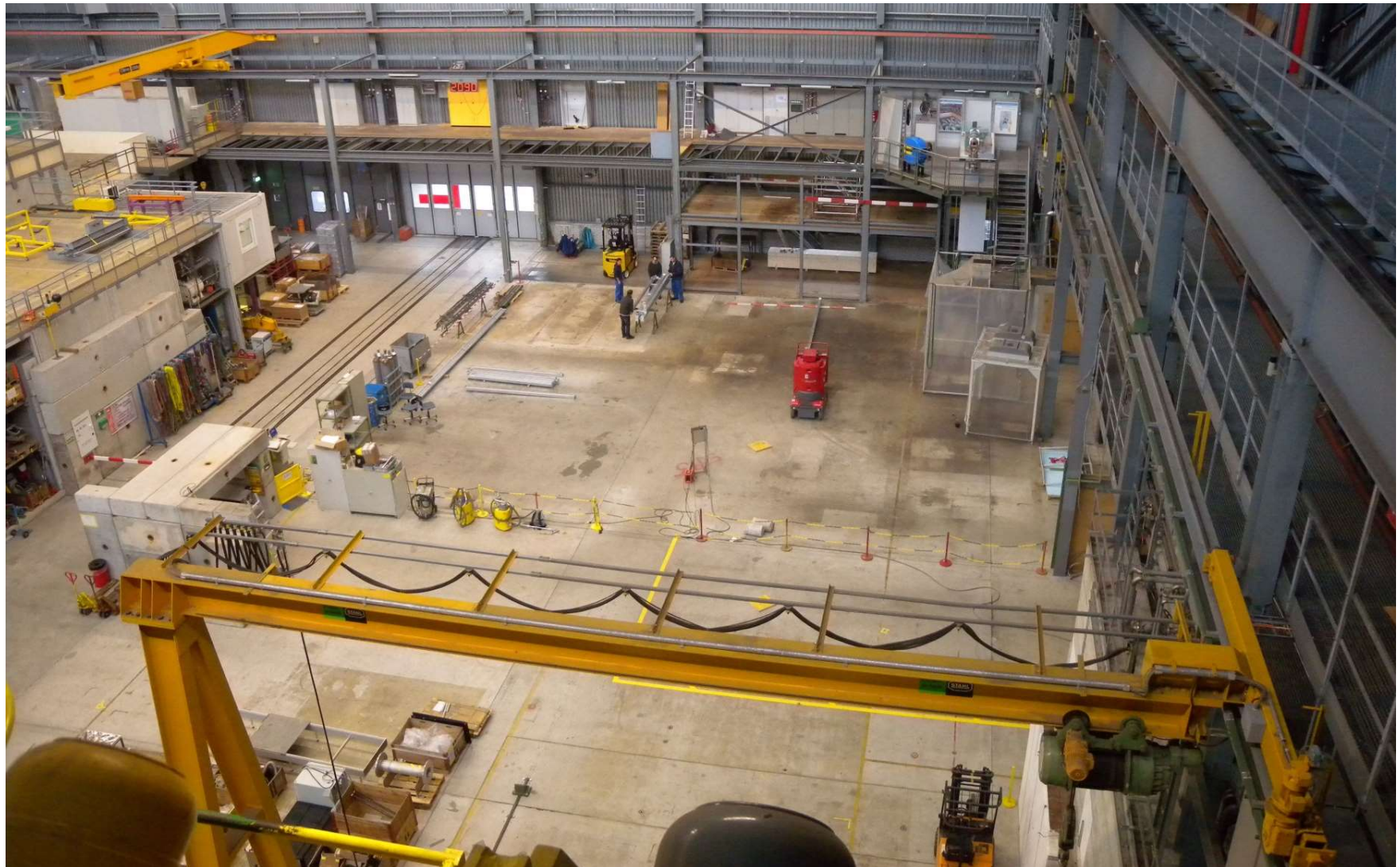






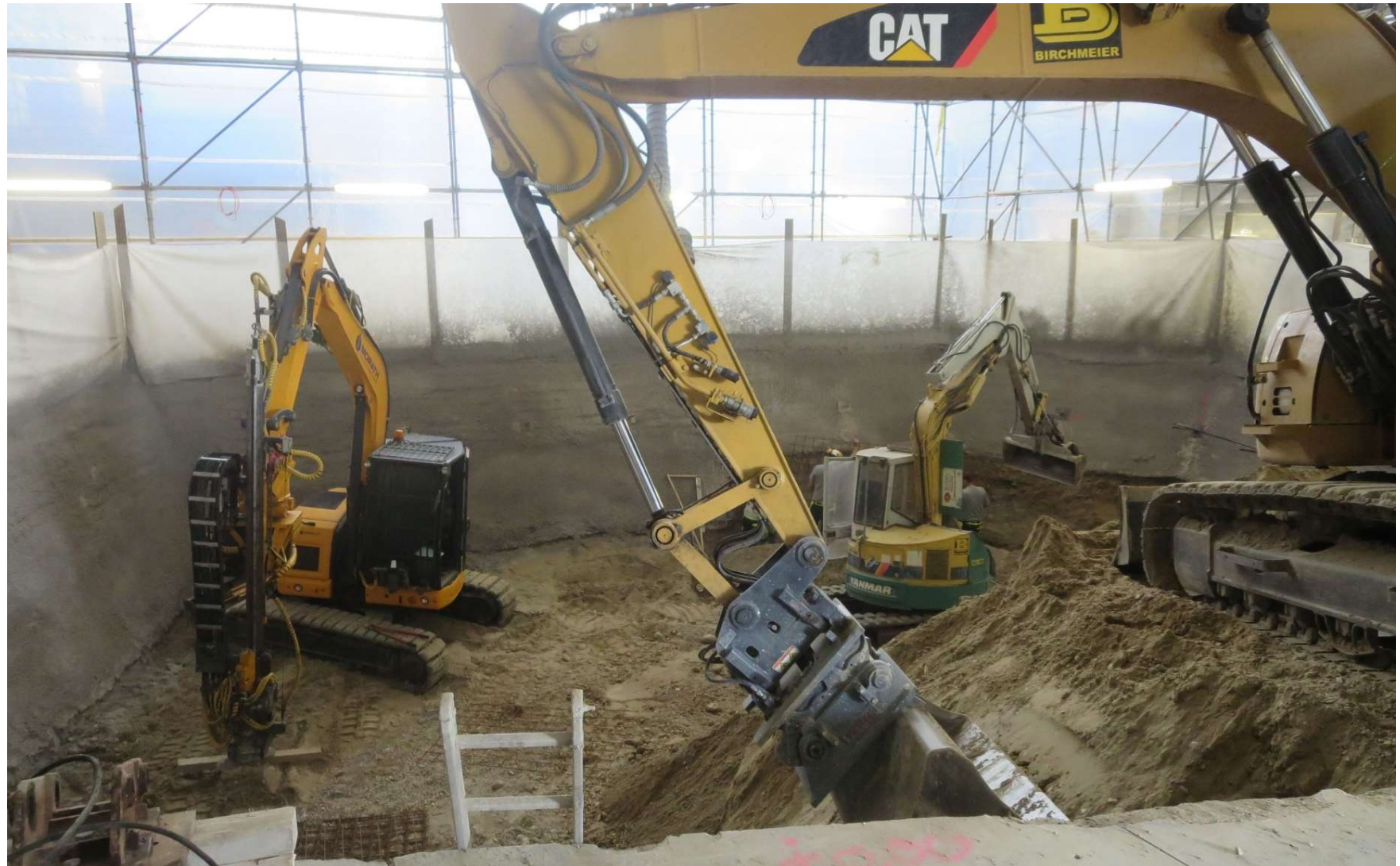


## Some impressions from construction of Gantry 3

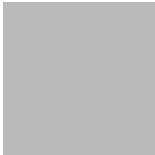








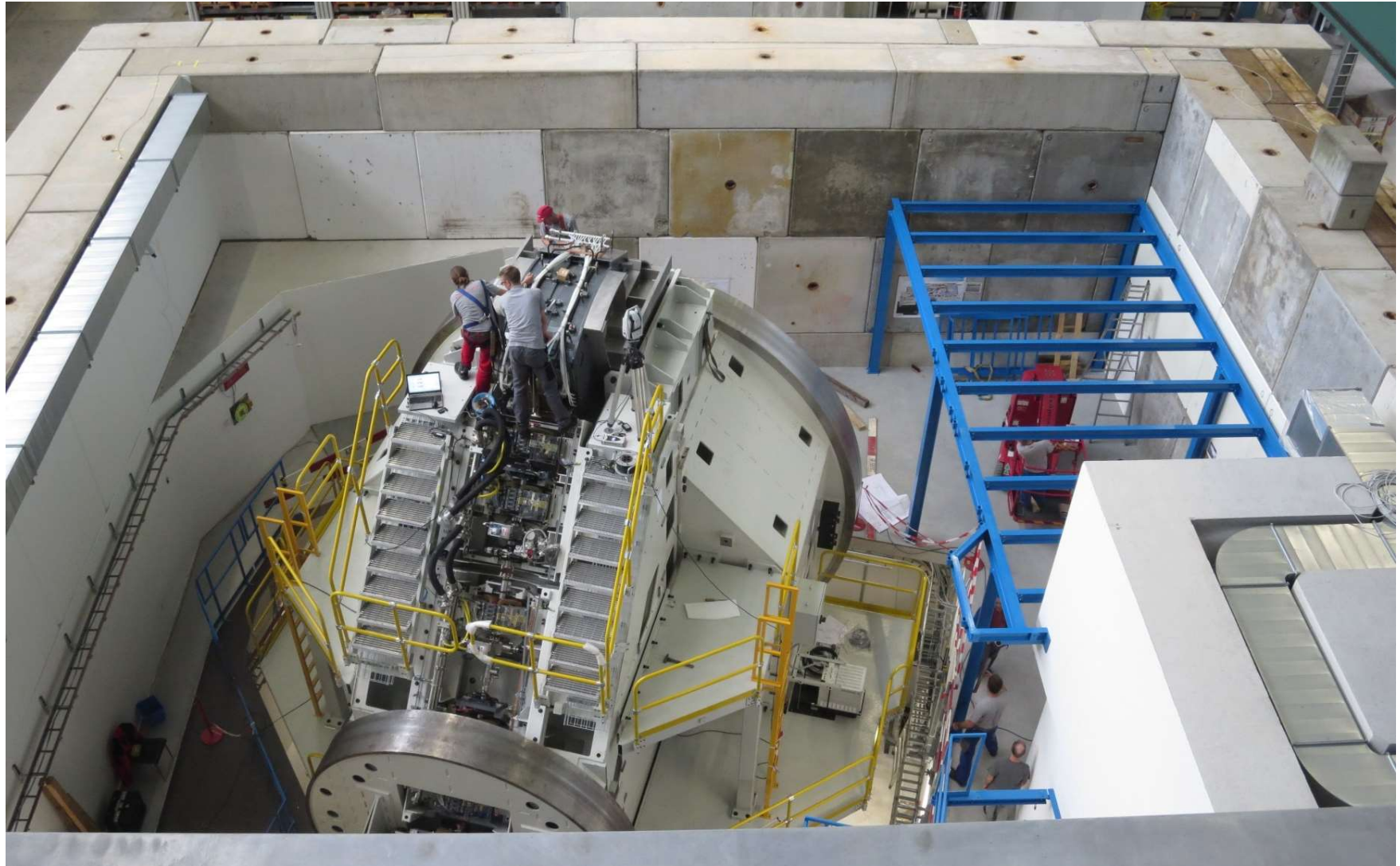


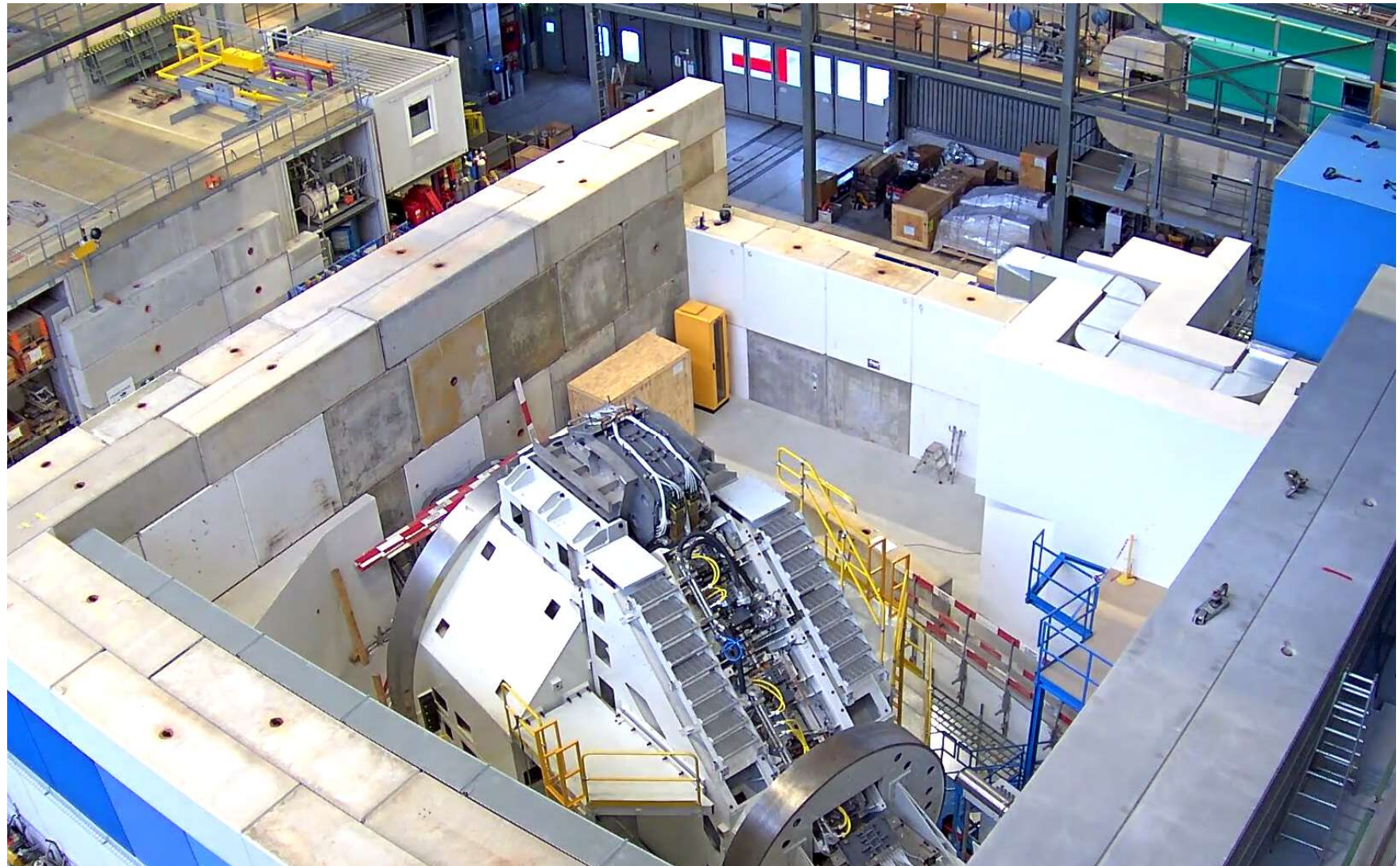


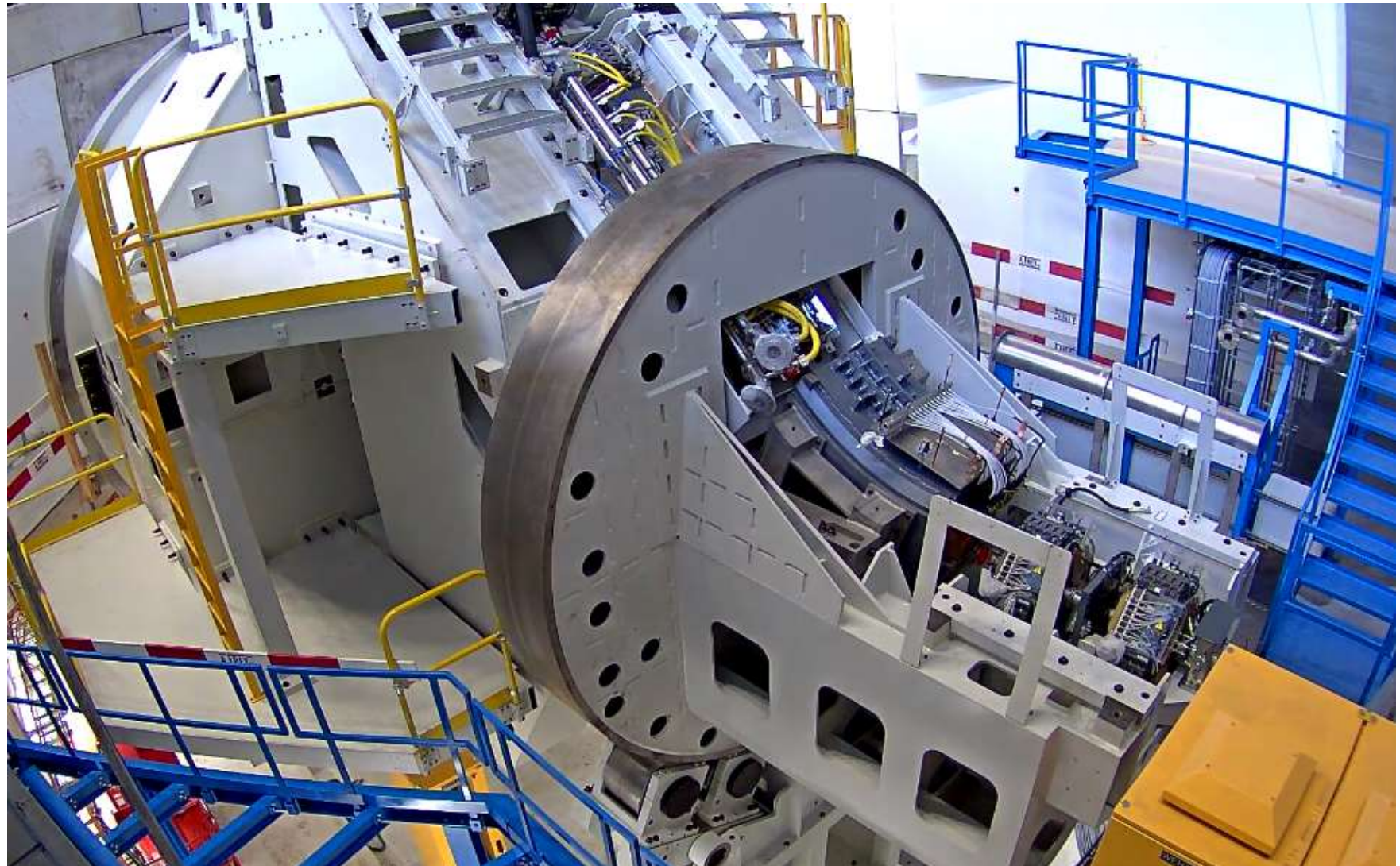








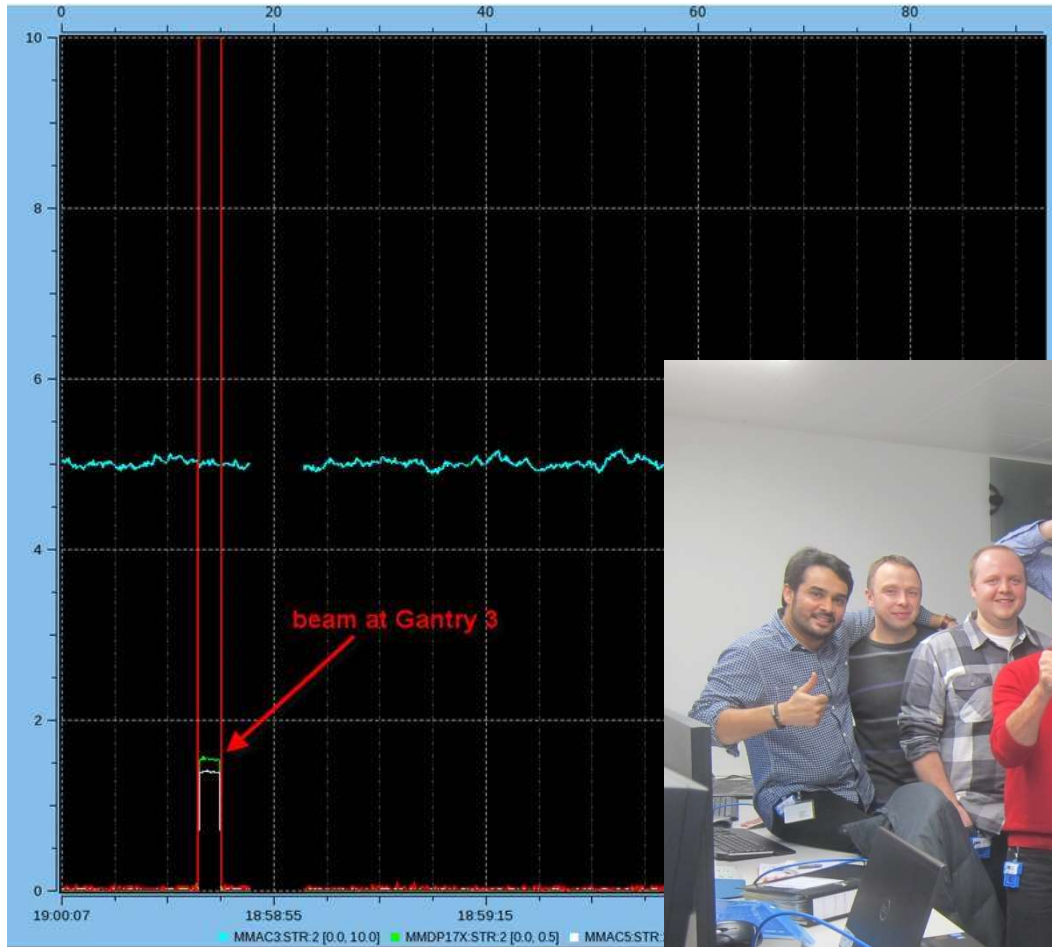








# First beam 01.12.2015 19:00:20

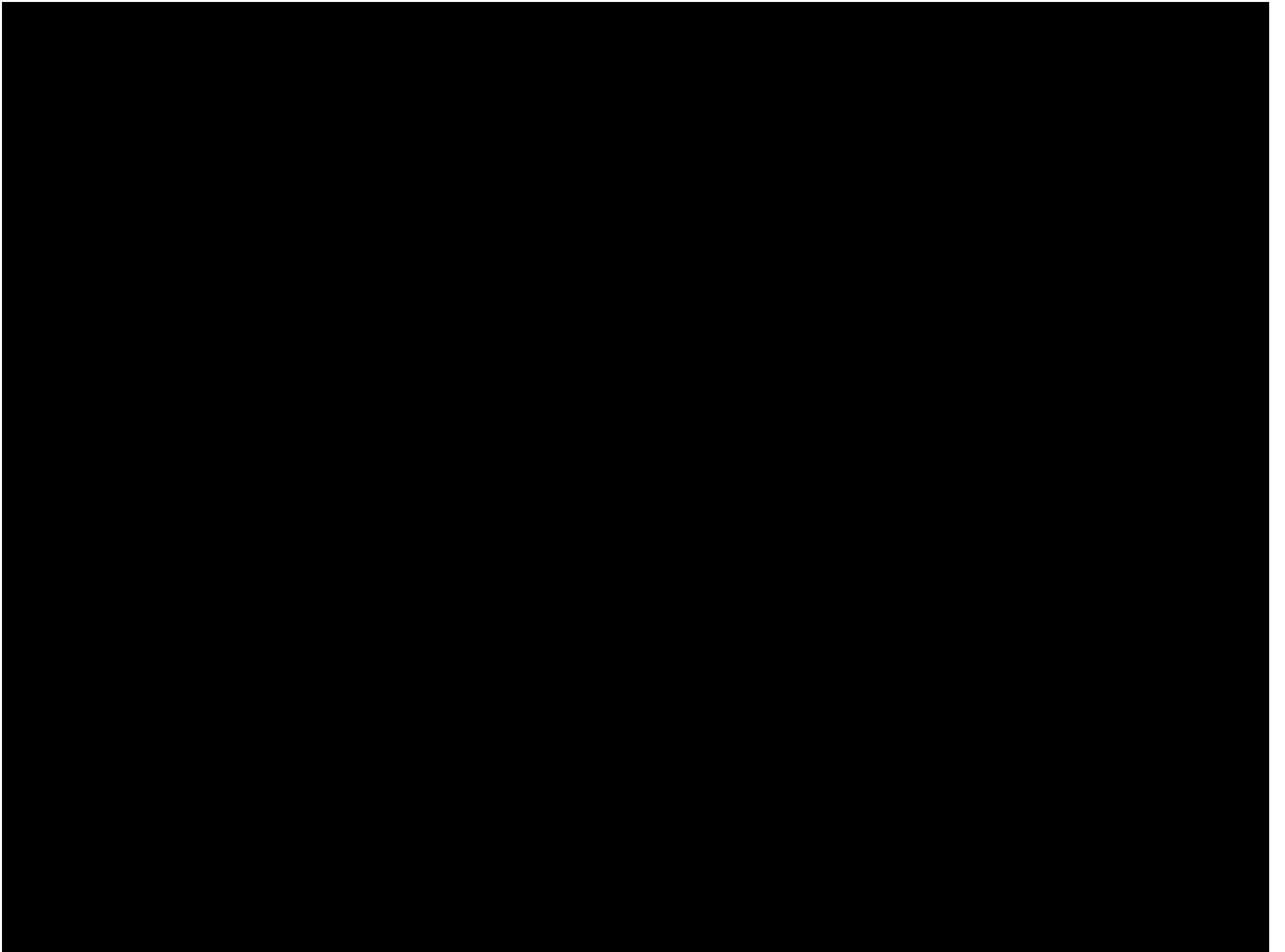












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