

Status of the Hadron Therapy Centers at Heidelberg (HIT) and Pavia (CNAO)

Thomas Haberer

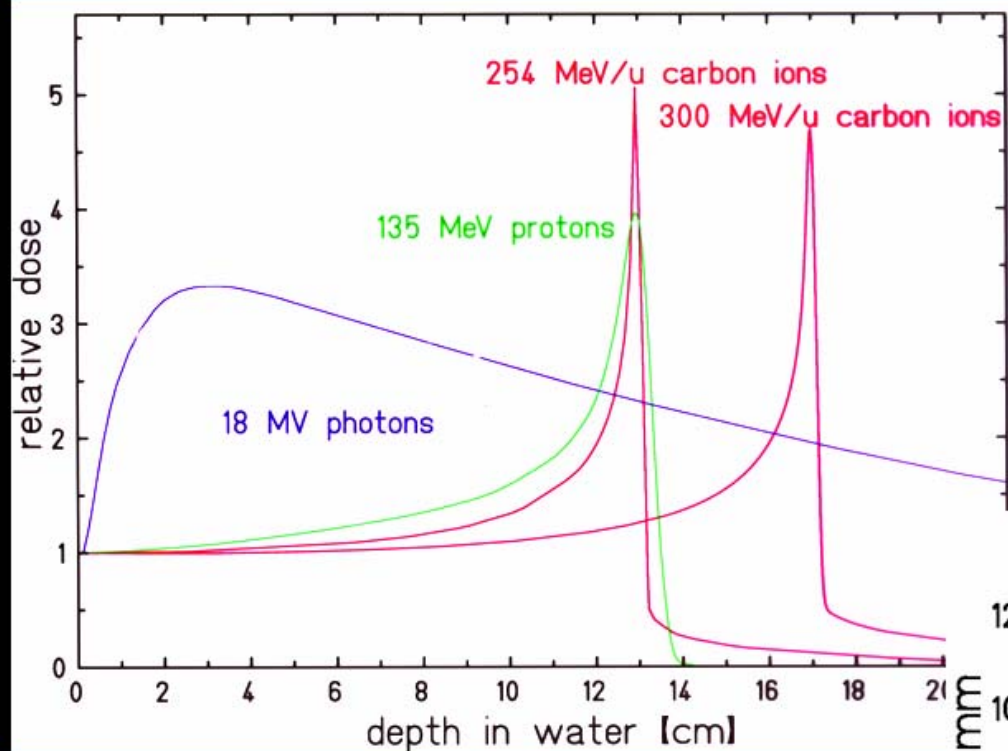
Heidelberg Ion Therapy Center



Outline

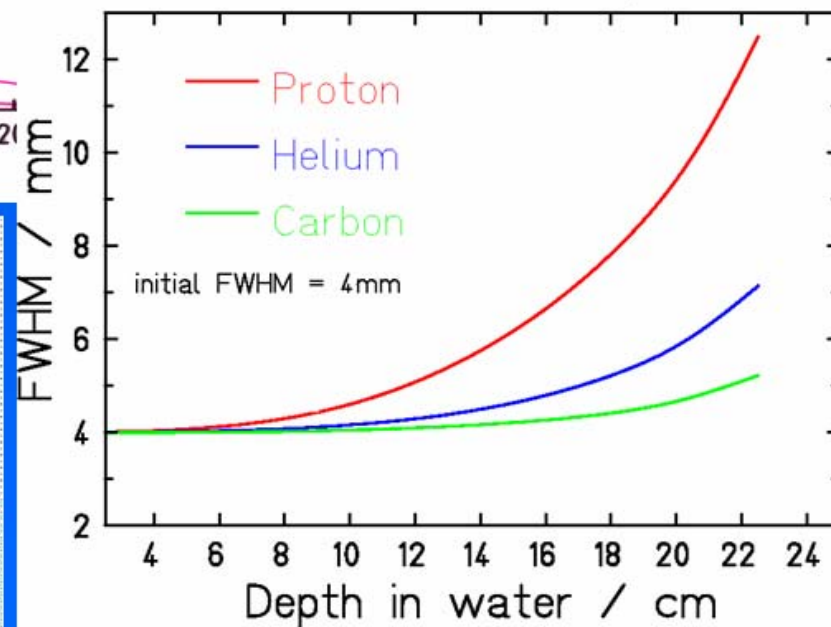
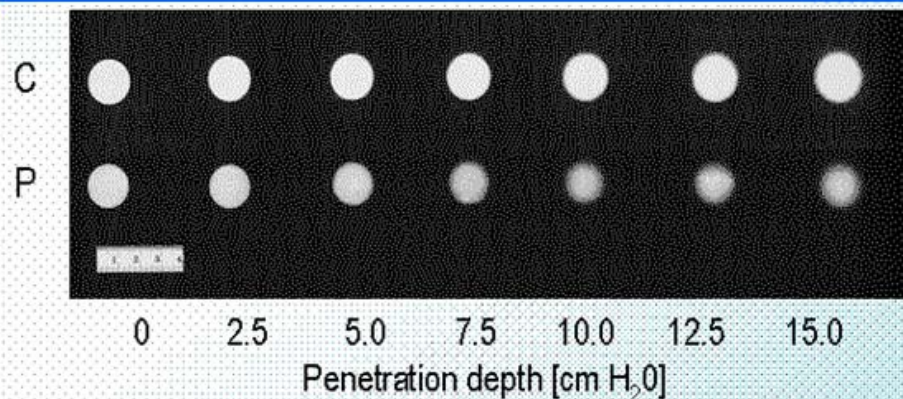
- Rationale
- Standard approach
- Advanced approach
- GSI pilot project
- HIT
- CNAO
- Outlook

Rationale / Physics



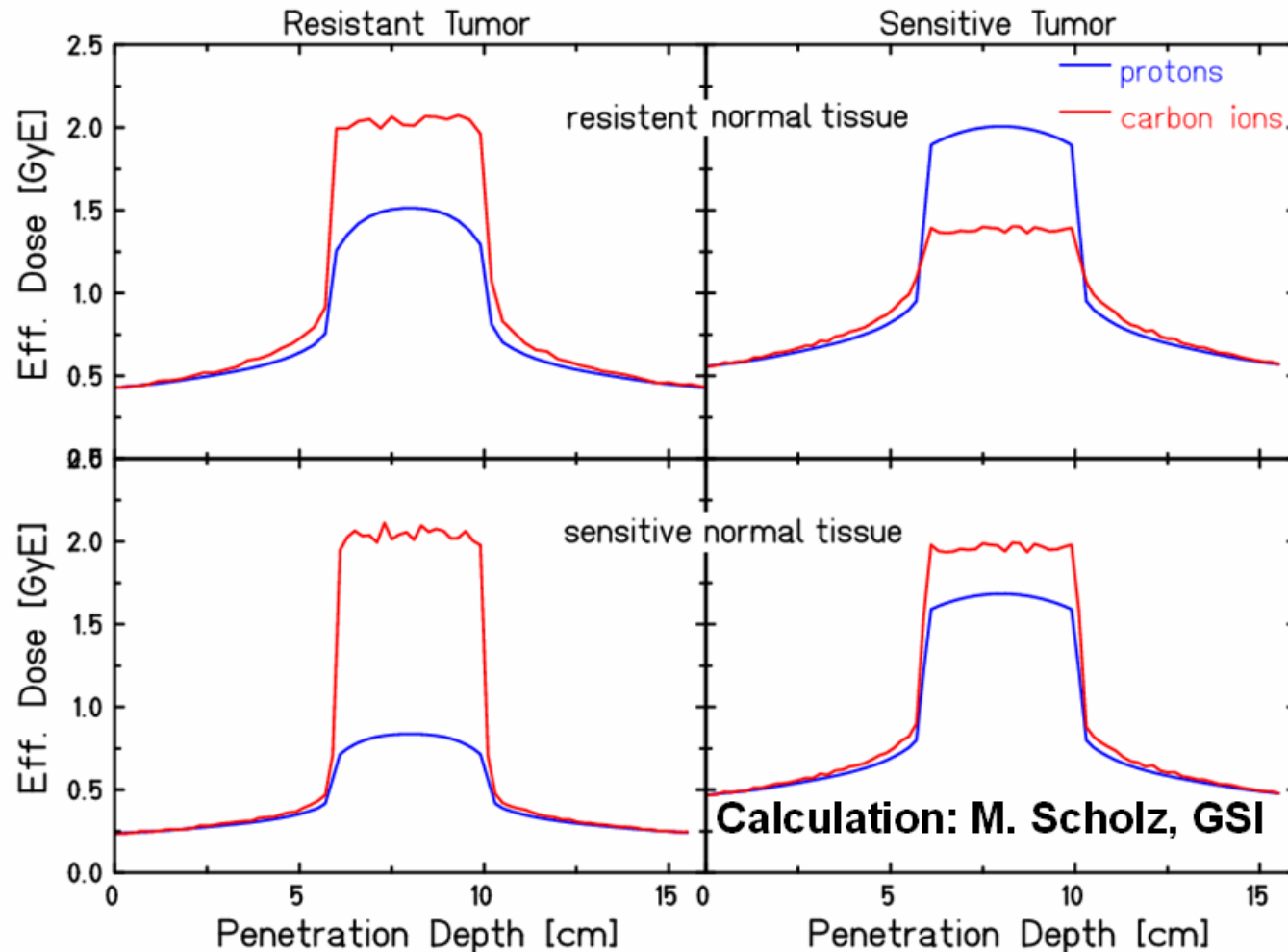
- inverted depth-dose distribution
- mild lateral scattering

Lateral Scattering



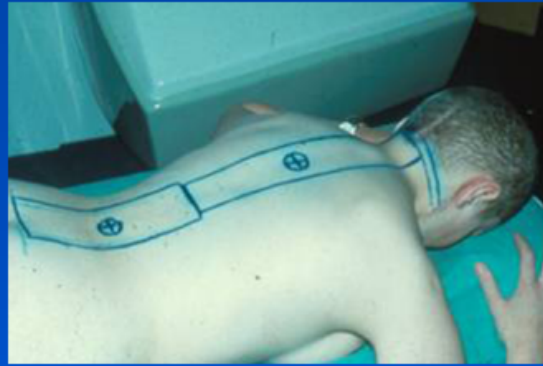
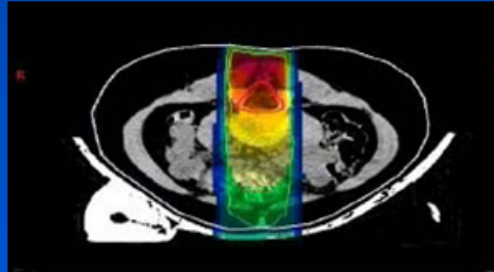
Rationale / Radiobiology

different ions and tissues

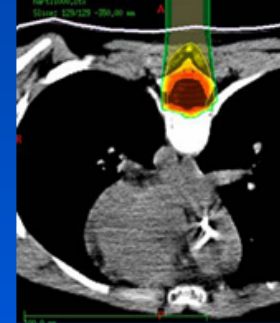


Medulloblastoma

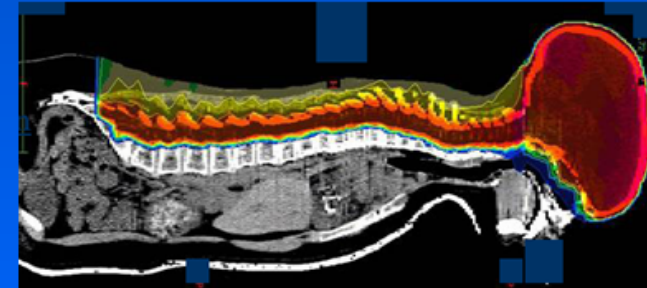
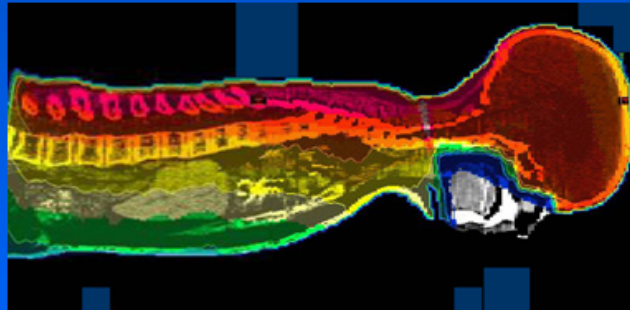
conventional



charged particles



Target dose 32 Gy/GyE



Dose comparison

22 Gy

18 Gy

20 Gy

bone marrow

heart

intestinal

< 1 GyE

<.5 GyE

<.5 GyE

Dose Delivery Concept @ GSI/HIT

Idea:

Dose distributions of utmost tumor conformity can be produced by superimposing many thousands Bragg-peaks in 3D.

Sophisticated requirements concerning the beam delivery system, the accelerator, the treatment planning, QA, ... result from this approach.

Realization:

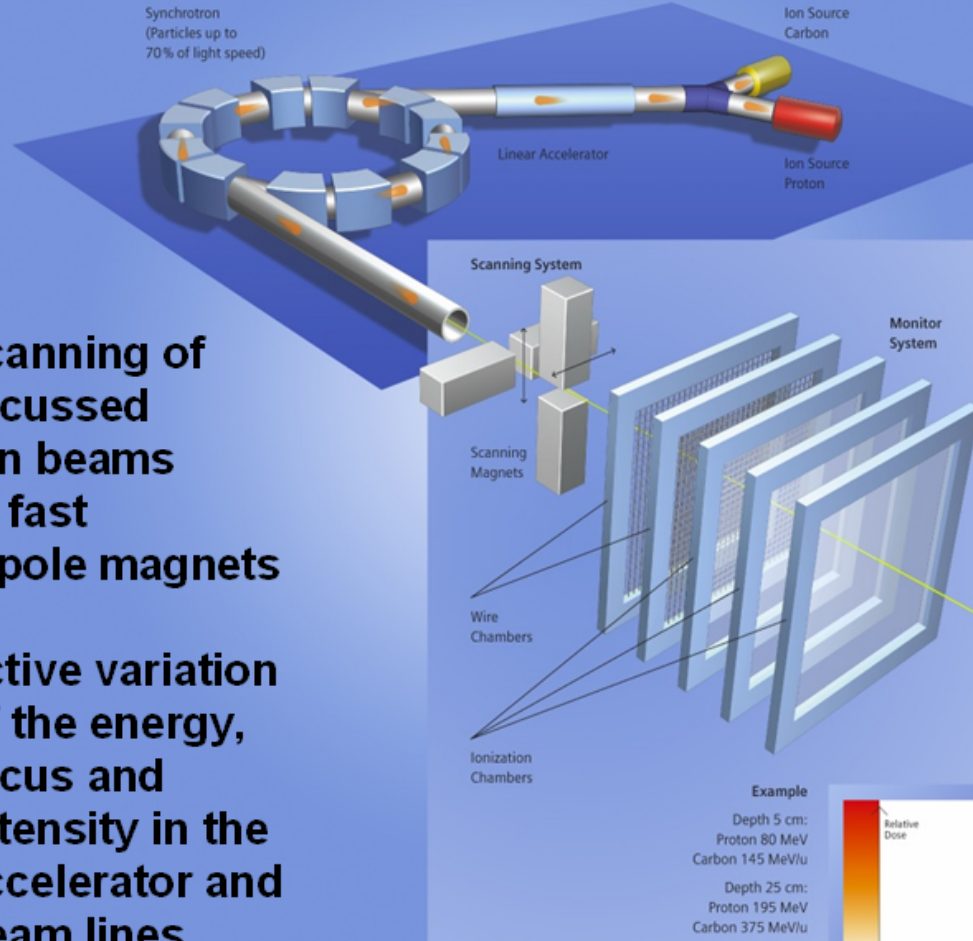
Dissect the treatment volume into thousands of voxels. Use small pencil beams with a spatial resolution of a few mm to fill each voxel with a pre-calculated amount of stopping particles taking into account the underlying physical and biological interactions.

⇒ **Extreme intensity modulation via rasterscanning**

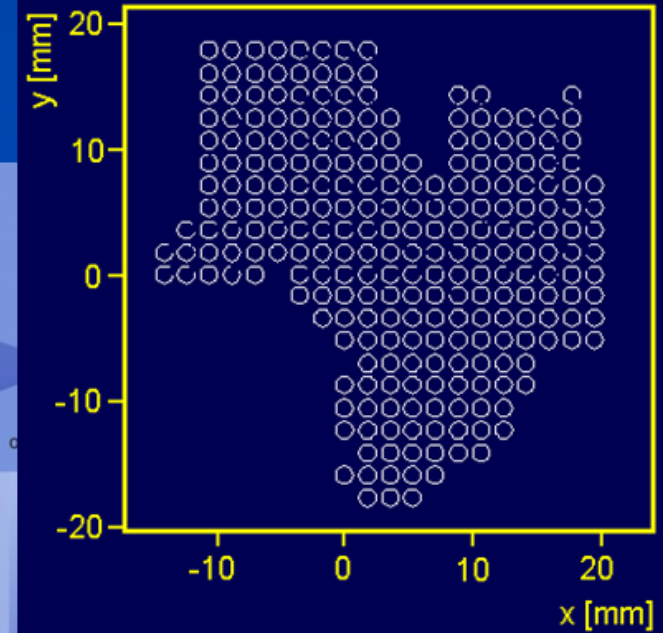
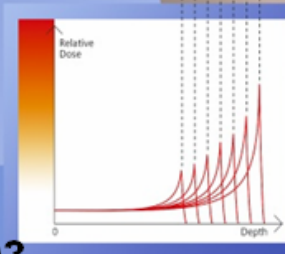
Rasterscan Method

**scanning of
focussed
ion beams
in fast
dipole magnets**

**active variation
of the energy,
focus and
intensity in the
accelerator and
beam lines**

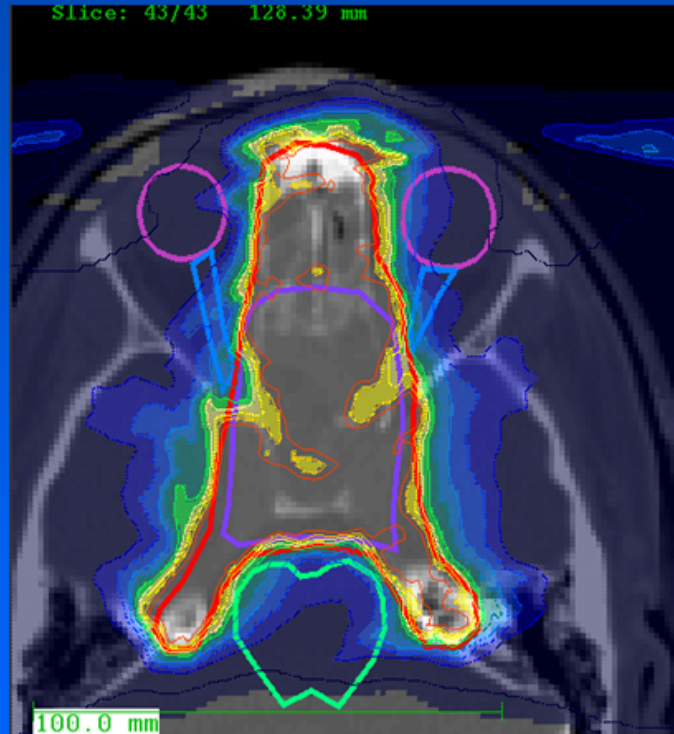


Example
Depth 5 cm:
Proton 80 MeV
Carbon 145 MeV/u
Depth 25 cm:
Proton 195 MeV
Carbon 375 MeV/u

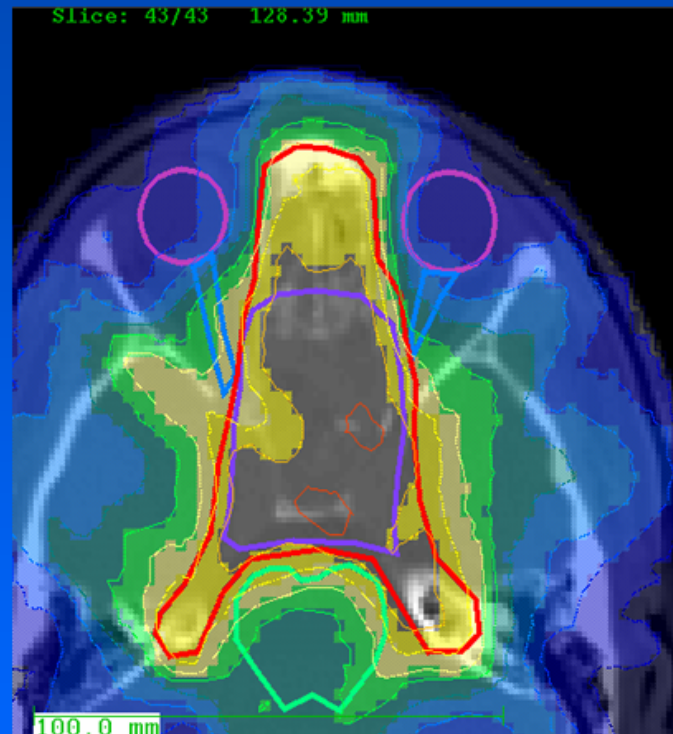


Scanned Carbon vs. Intensity Modulated Photons

**scanned carbon
3 fields**

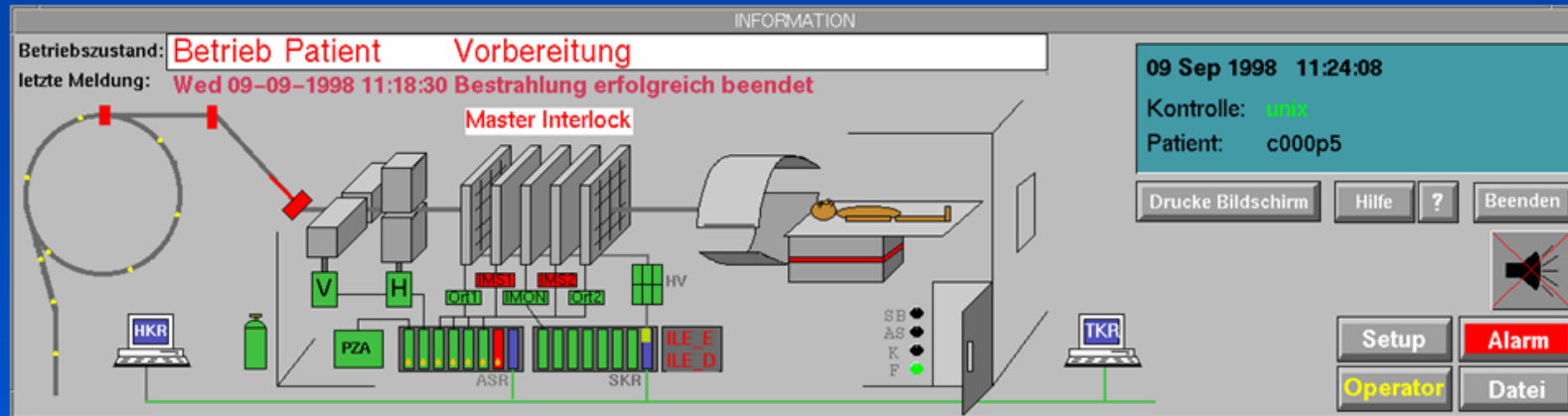


**intensity modulated photons
9 fields**



courtesy O. Jäkel, HIT

Key Developments @ GSI



- Scanning-ready pencil beam library (25.000 combinations):
253 energies (1mm range steps) x 7 spot sizes x 15 intensity steps
- Rasterscan method incl. approved controls and safety
- Beammonitors follow the scanned beams ($v \leq 40$ m/s) in real-time
- Biological interactionmodel (LEM) based on 25 years of radiobiological research
- Physical beam transportmodel
- Planningsystem TRiP
- In-beam Positron Emission Tomography
- QA system
- Prototype of the scanning ion gantry



The Next Generation: HIT + CNAO

- combined Proton (low-LET) / Carbon (high-LET) facilities
- linac / synchrotron systems provide pencil beam libraries for highly tumour-conform scanning beam dose delivery

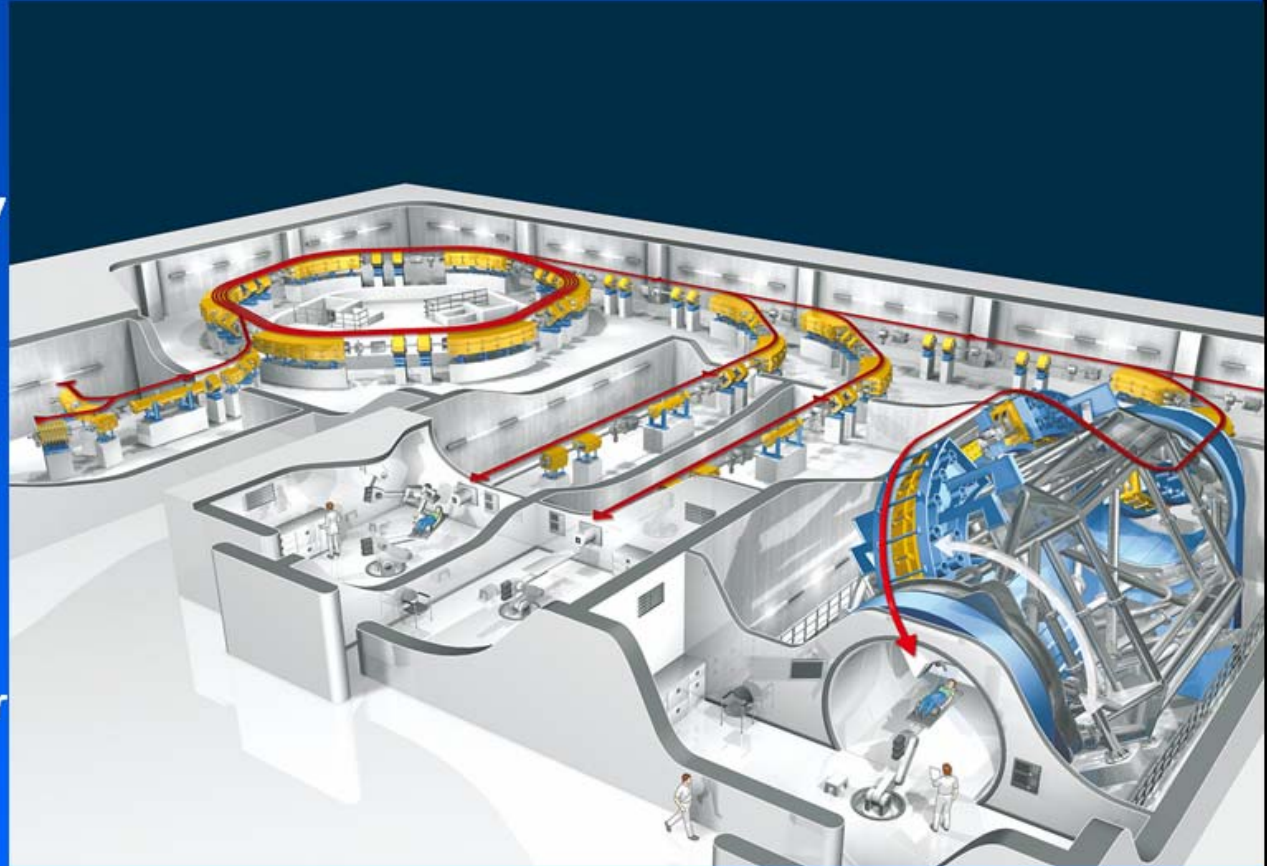


fondazione **CNAO**



Heidelberg Ion Therapy Center

- compact design
- full clinical integration
- rasterscanning only
- low-LET modality: Protons (later He)
- high-LET modality: Carbon (Oxygen)
- ion selection within minutes
- world-wide first scanning ion gantry
- > 1000 patients/year
> 15.000 fractions/year
- integrated R+D-infrastructure



Some Facts

- Effective area 5.027 m²
- Concrete 30.000 tons
- Constructional steel 7.500 tons
- Capital Investment 106 M€

Start of construction: November 2003
Completion of building and acc.: June 2006
Accelerator settings established: April 2008
First patient planned: 2nd half of 2009

Project Partners:

- **University** pays, owns and operates the facility
- **GSI** designed the center and has built and commissioned the accelerator, trained a core team...
- **Siemens** supplies all components related to patient environment
- **GSI, DKFZ, Siemens ...** are research partners



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IMPT → Beam Scanning

pencil beam library:

• ions	:	p	$^3\text{He}^{2+}$	$^{12}\text{C}^6$	$^{16}\text{O}^{8+}$
• energies (MeV/u)	:	48	72	88	102
(255 steps, 1.0/1.5 mm)		-220	-330	-430	-430
• beam spot size	:	4 – 10 (20) mm , 2d-gaussian			
(4 (6) steps)		(up to 20 mm for moving organ treatments)			

intensity variation: chopper system in front of the RFQ, variation factor: 1000

active energy variation: in the synchrotron + high-energy beam lines

beam size variation: quads directly in front of the scanning systems

beam extraction: established RF-knock-out method (Himac > 10 years) gives

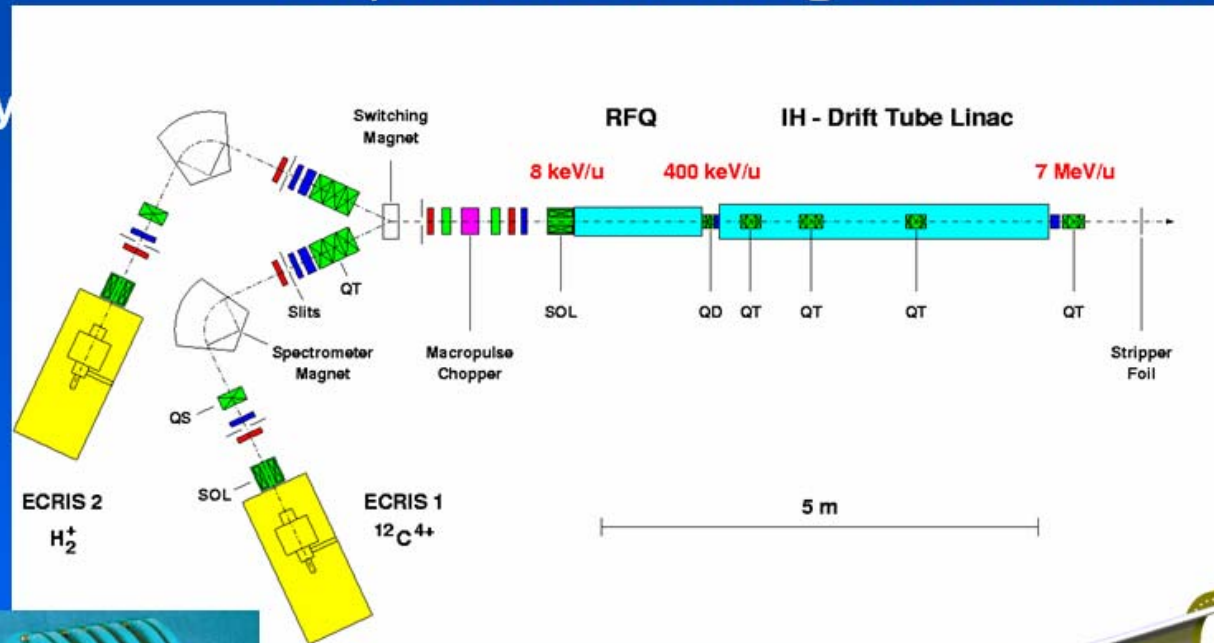
high stability in time, position and spot size

extraction switchable at flat-top level

HIT / Linac

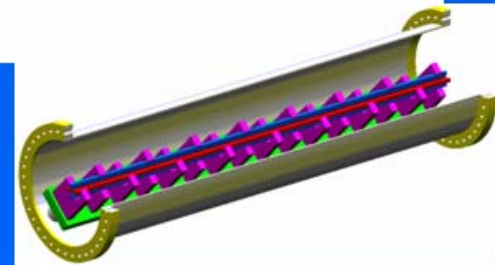
Cooperation: GSI + IAP@ Univ. Frankfurt/M.

- compact design
- proven technology
- fast change of the ion species
- fast intensity variation (1000-times)
- constant beam parameter



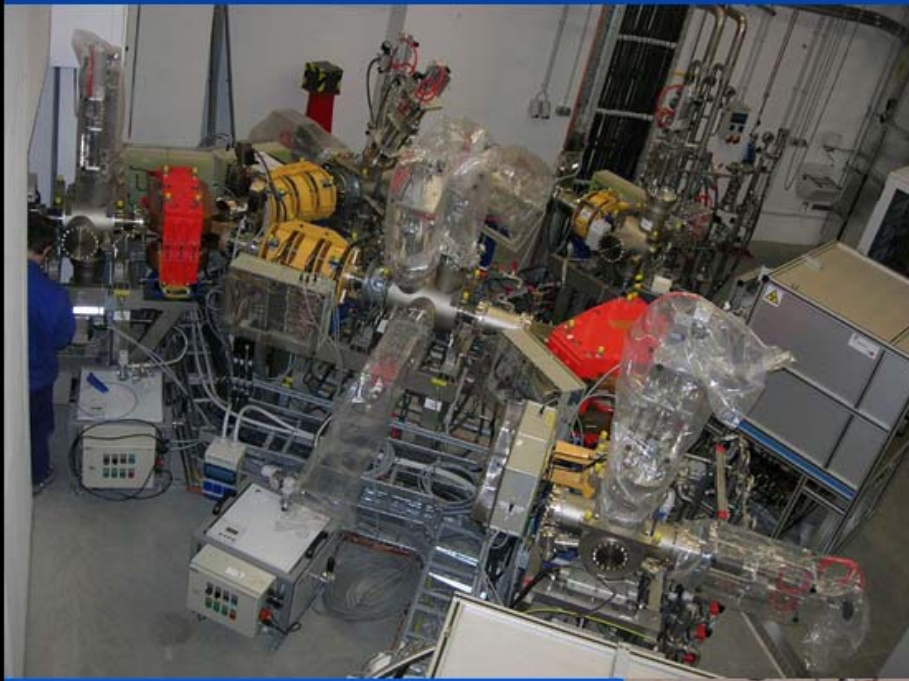
Ion source

RFQ

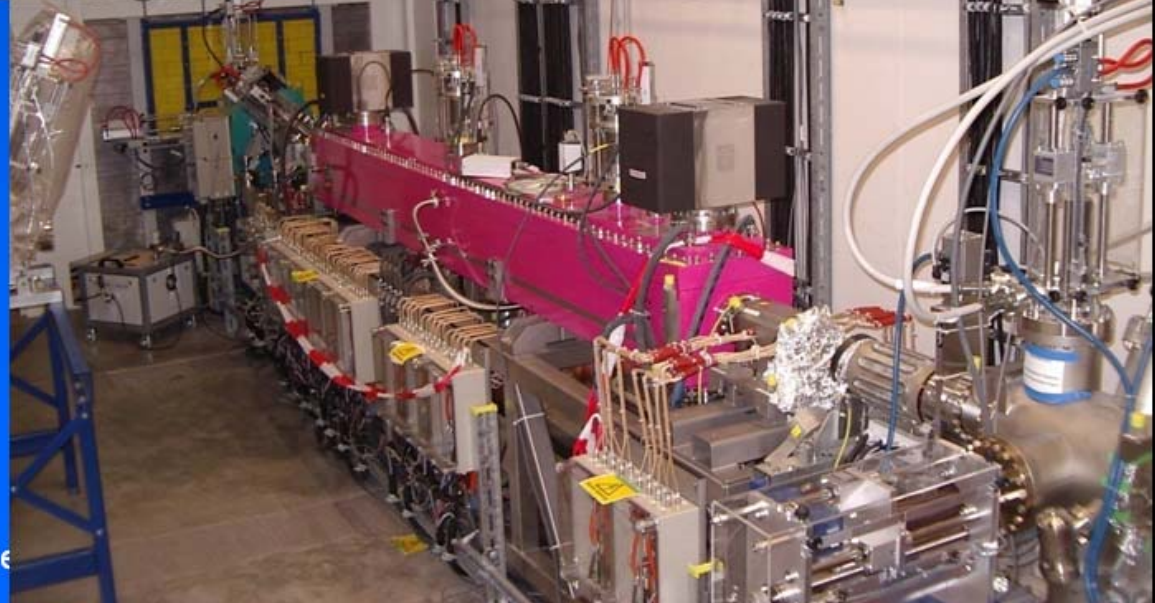


Injector

RFQ + IH-DTL

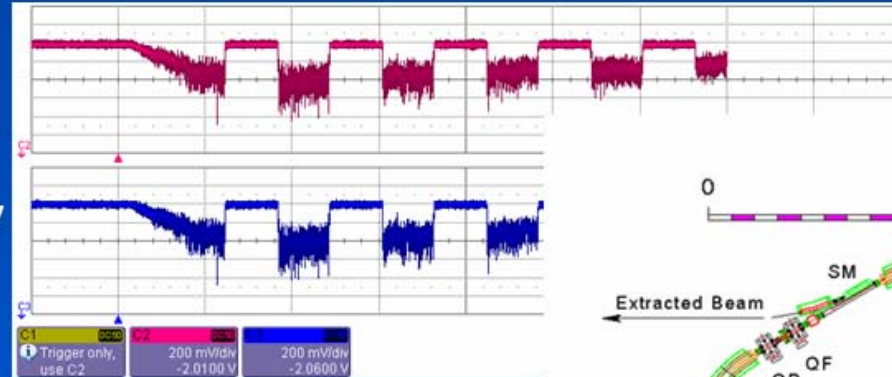


Ion sources

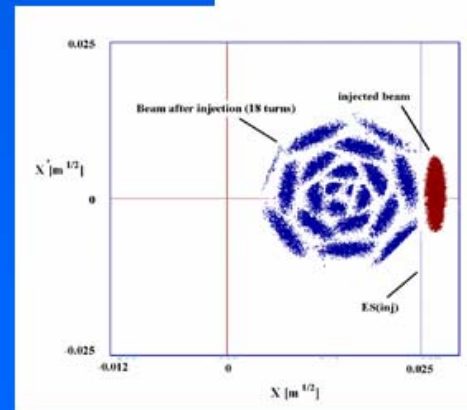
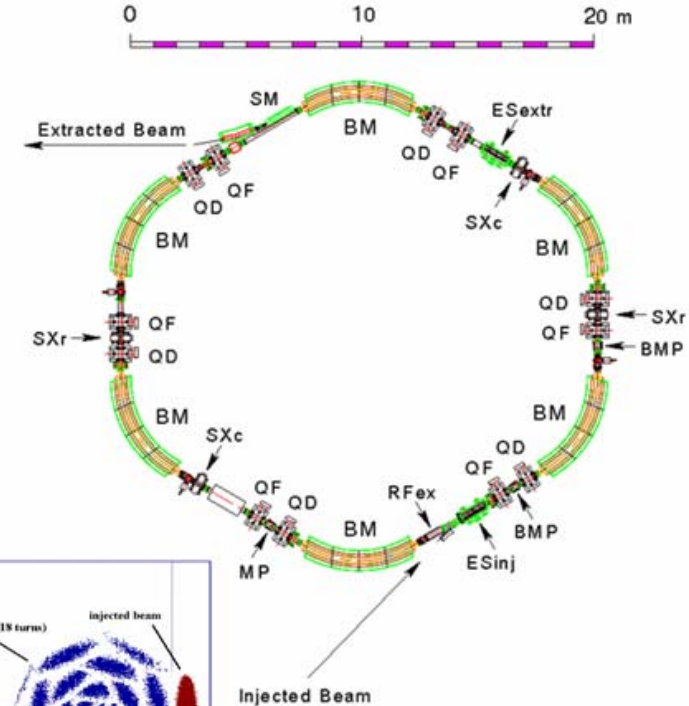


HIT / Synchrotron

- compact design
- proven technology
- multiturn-injection \Rightarrow high intensities
- rasterscanning optimized, extremely flexible beam extraction
- fast variation of energy (range)



Multiple extraction
0,5 bis 10 sec

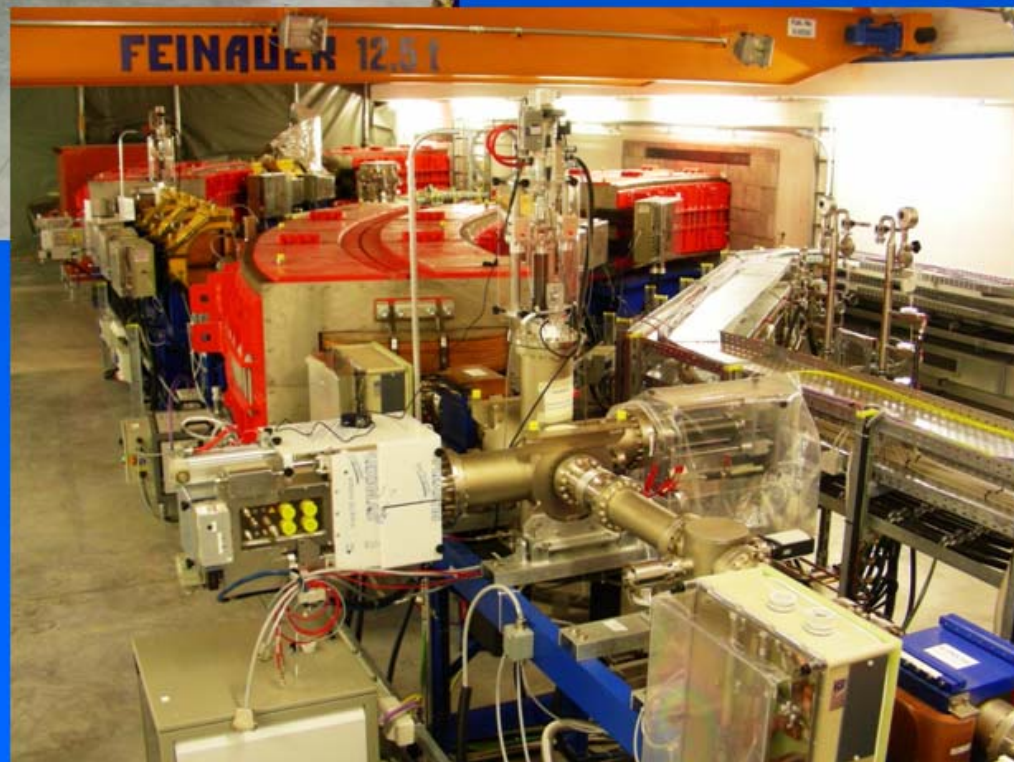


Multiturn injection



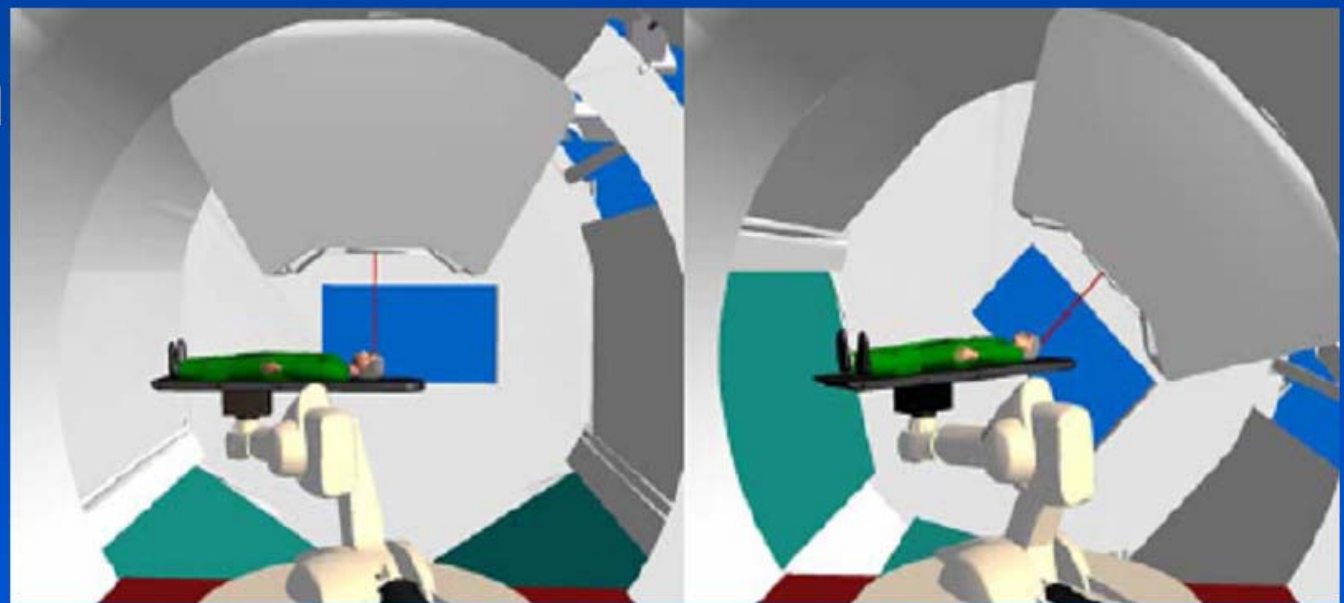
high energy
beam transport

synchrotron

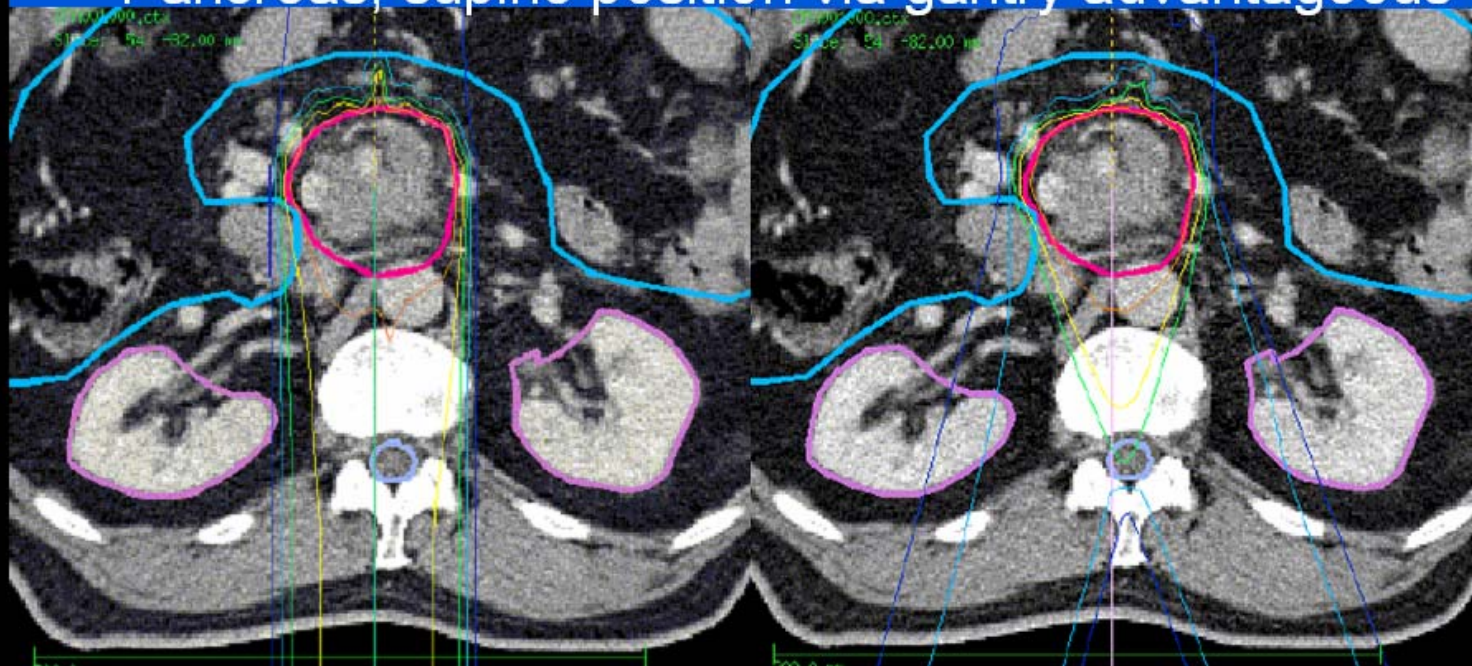


Motivation Gantry

Advantage of a
rotating
beamline

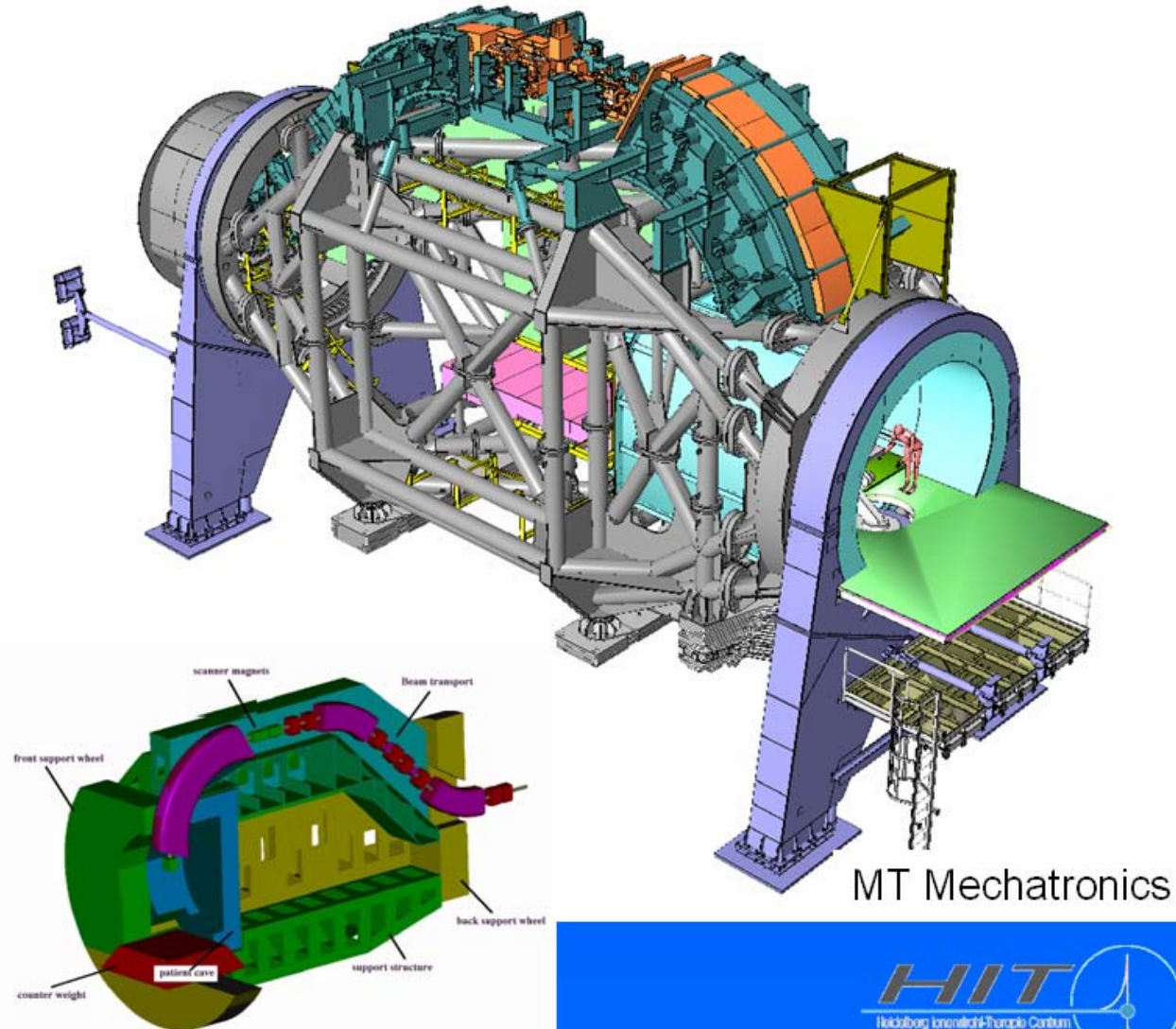


Pancreas, supine position via gantry advantageous

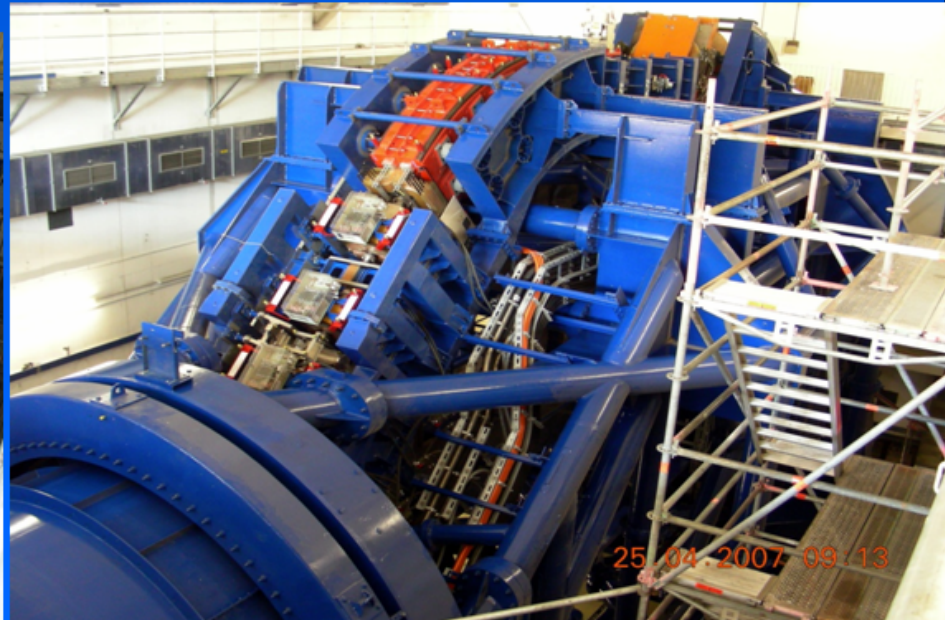
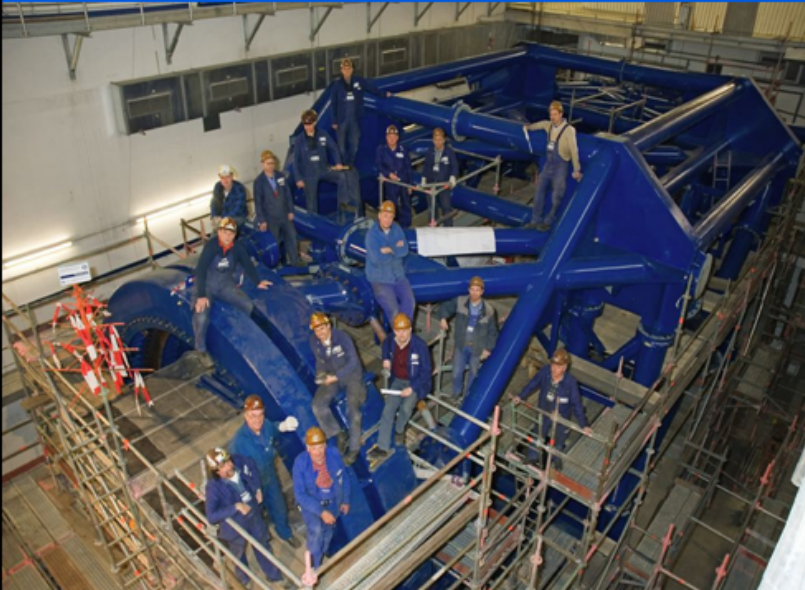
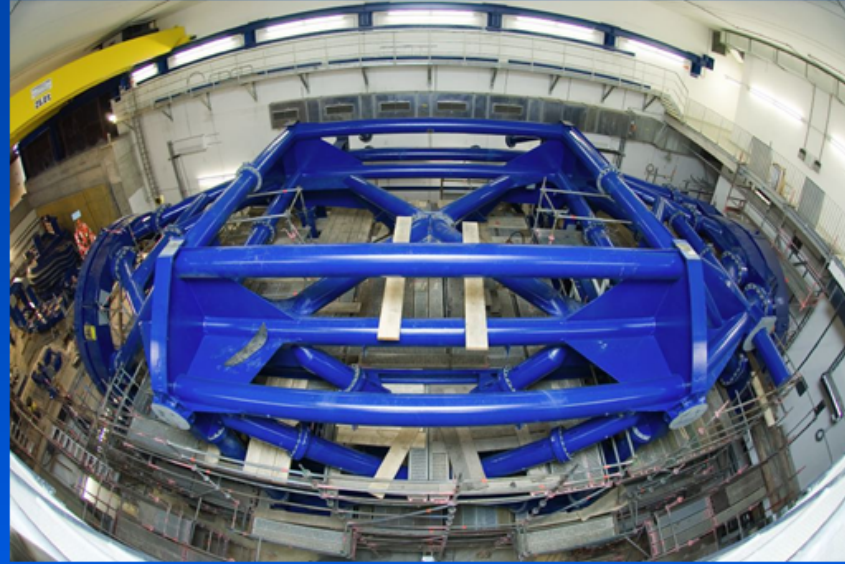


Scanning Ion Gantry

- optimum dose application
- world-wide first ion gantry
- world-wide first integration of beam scanning
- 13m diameter
25m length
600t overall weight
0,5mm max. deformation
- prototype segment tested at GSI



Mounting



Gantry / Medtech

Patient Gantry Room November 2007



Tilt floor, pending on
Gantry position

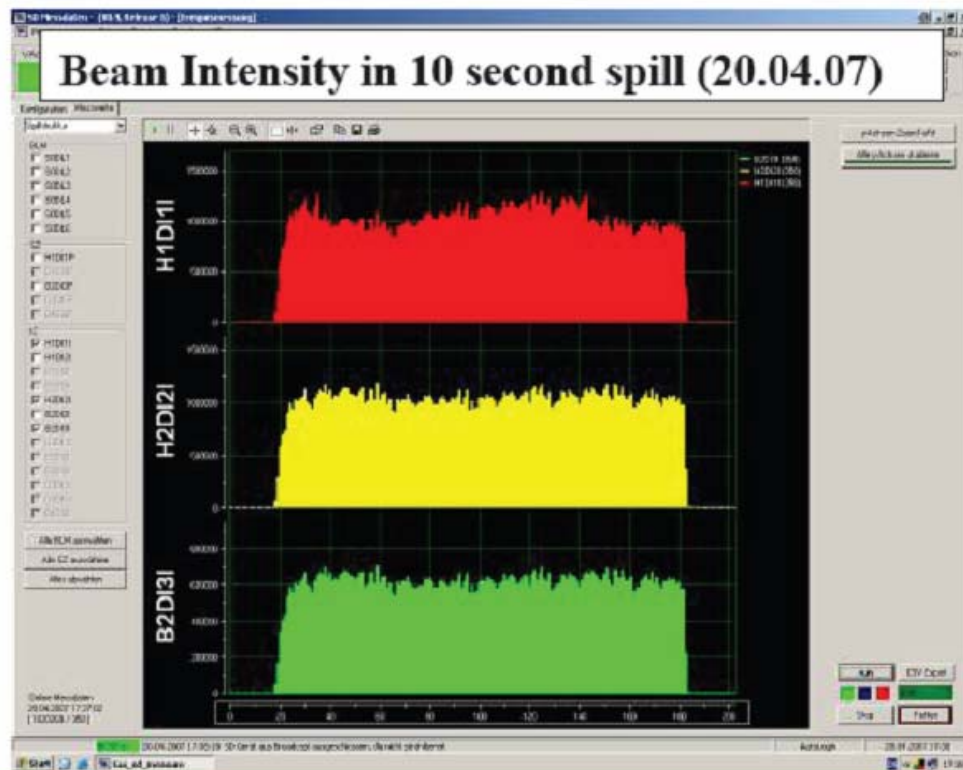
Nozzle
Bumber mats

Patienttable,
Roboter



Synchrotron/HEBT Commissioning

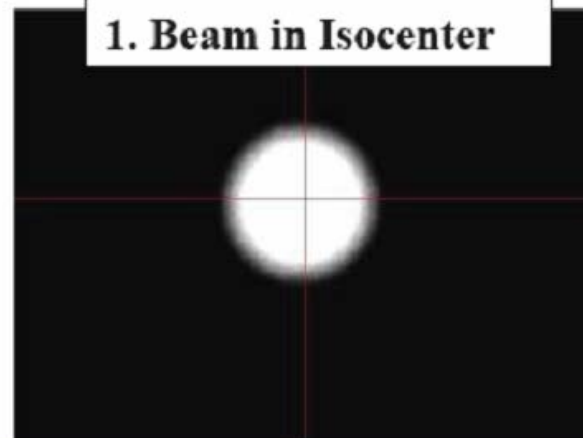
- 1. Turn in Synchrotron: Febr. 2007
- 1. Beam in Cave: March 2007



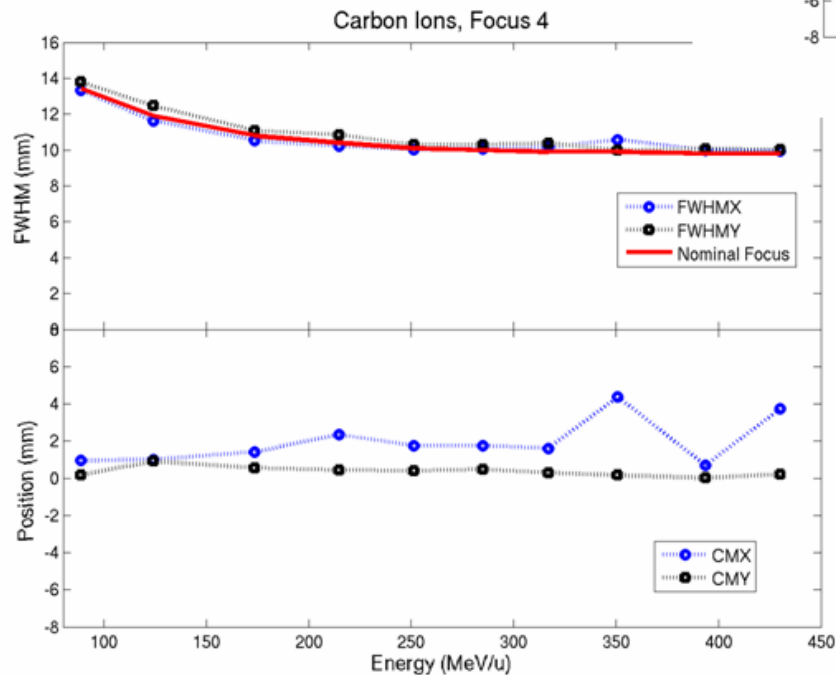
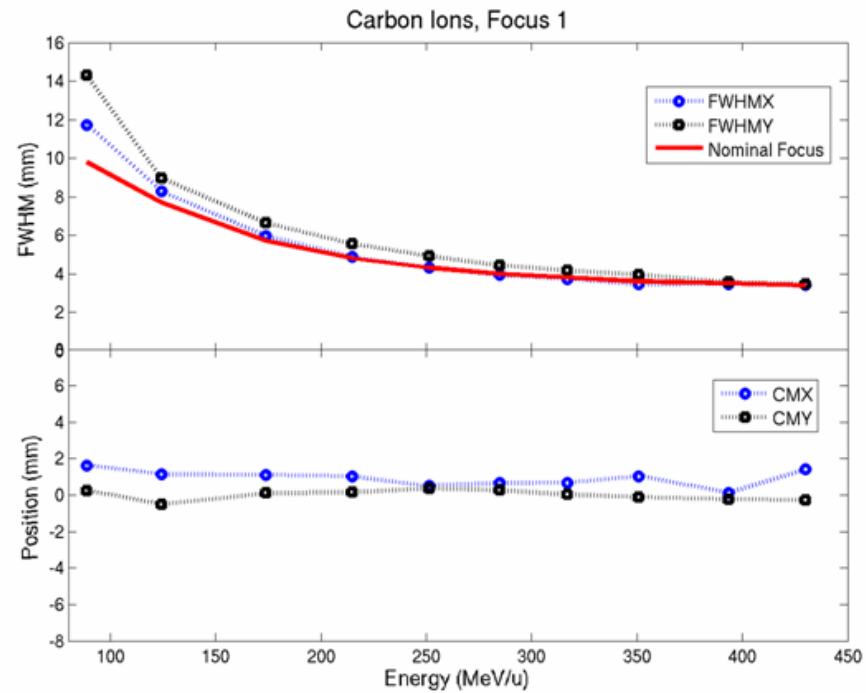
1. Turn Synchrotron



1. Beam in Isocenter

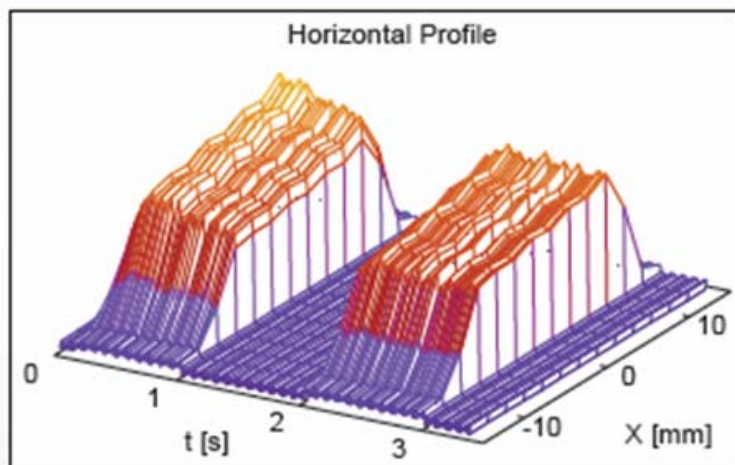


Status of pencil-beam libraries

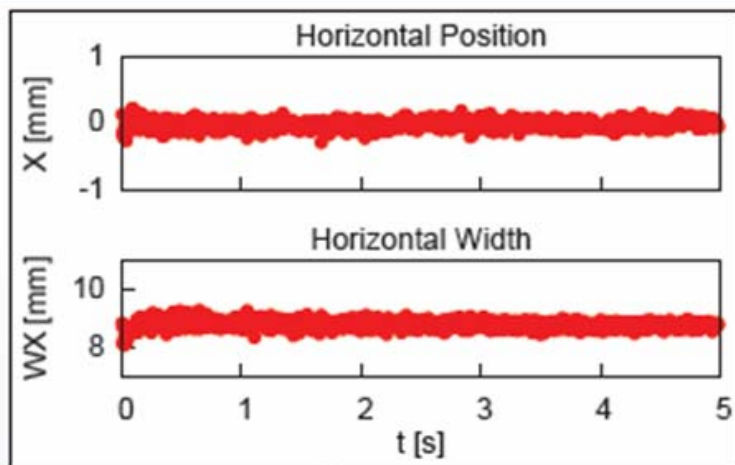


treatment quality
since April 2008

Beam Stability



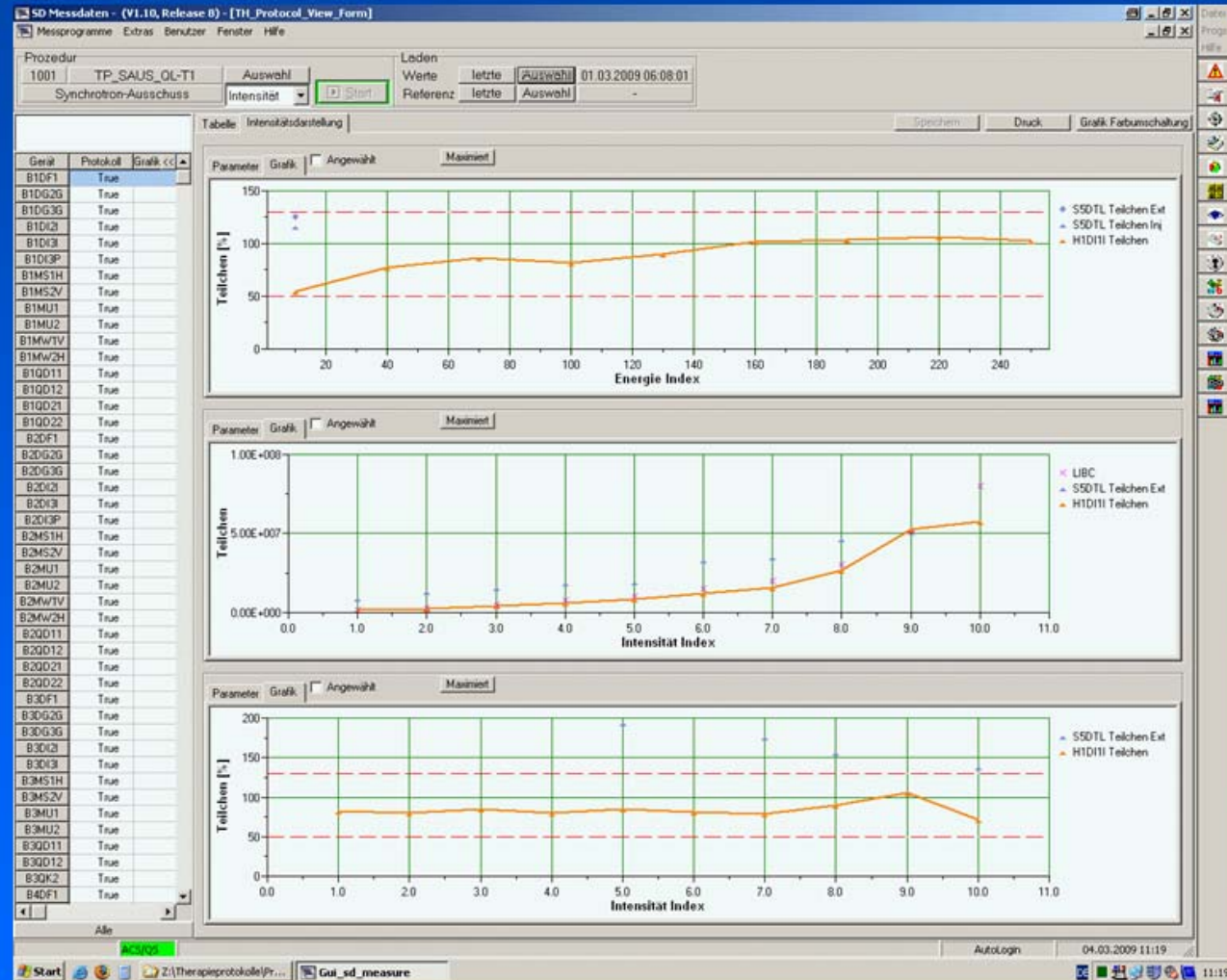
MWPC in beam line
(C, 250 MeV/u, one interruption)



Treatment monitoring system
(C, 250 MeV/u, no interruption)

- Excellent stability of beam size and position at treatment place due to KO extraction (constant optics)
- No profile distortions due to spill interruptions
➔ Very homogeneous lateral dose distributions

Daily ACC-QA, March 2009



March 2009: 1st, 15th and 30th

Th. Haberer, Heidelberg Ion Therapy Center

Accelerator Status

- **Sources, injector and synchrotron** fully commissioned for protons, carbon and oxygen (256 energies each)
- **H1 / H2:** pencil beam libraries (E F I) for protons and carbon in therapeutical quality reached in April, 2008
outstanding beam quality: very high position and focus stability, small intensity fluctuations
- **R+D-cave:** protons, carbon and oxygen energy libs established
- **Gantry:** proof of principle for protons and carbon
(representative settings in the full phase space (E F I α))
- **To do:** intensity upgrade (x3) under way (sources, LEBT, RFQ)
- **Operation scheme:**
2007: 24 h / 5 days
2008ff: 24 h / 7 days, 330 days, 2 shutdowns 14 days each
- **Availability of the pencil beams @ H1/2:** $\approx 98\%$

Dose Delivery and Medical Equipment

Identical patient positioning systems

- fixed beam
- Gantry

Workflow optimization

- automated QA procedures
- automated patient hand over from shuttle

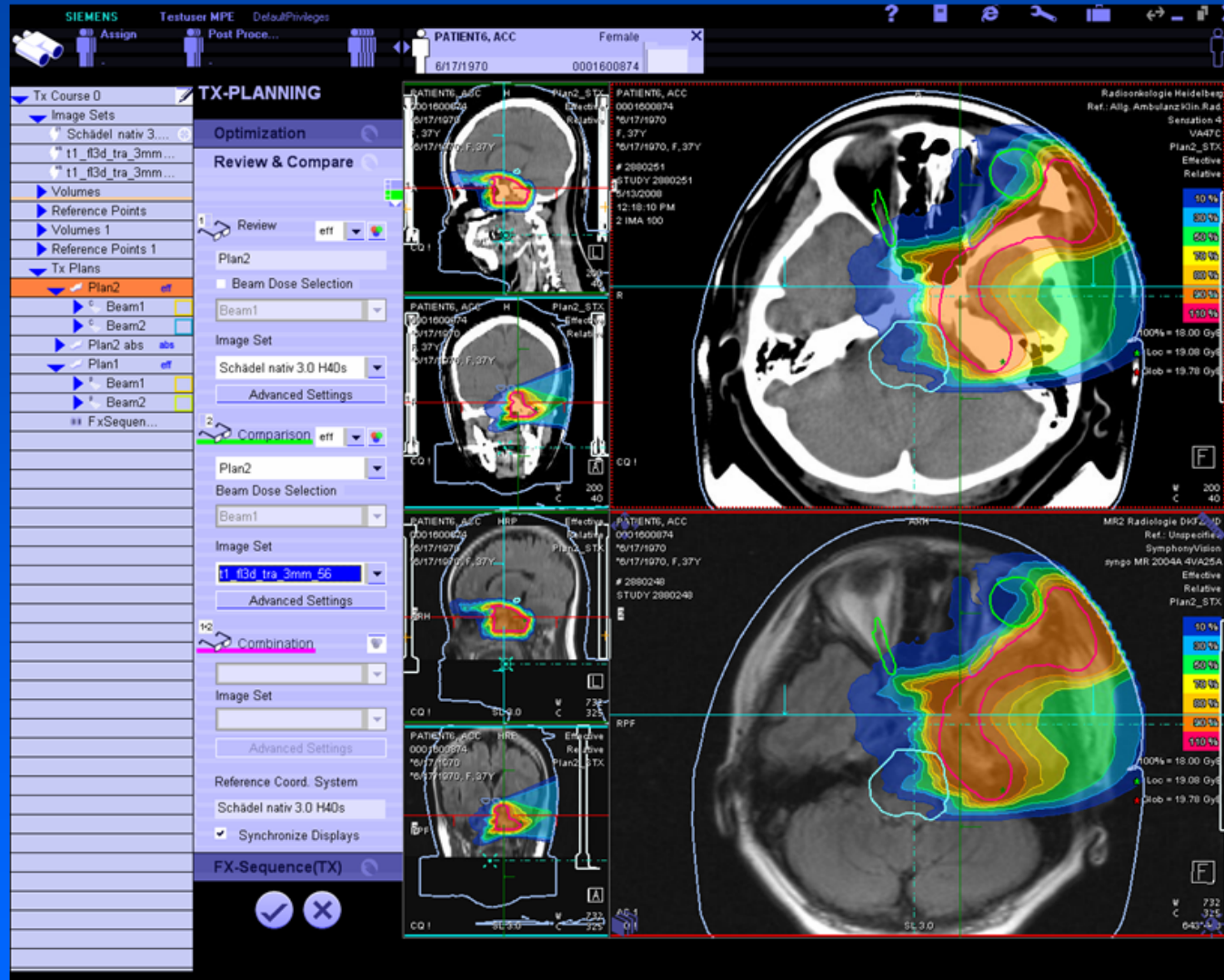
Inroom position verification

- 2D
- 3D Cone beam CT

Open for future applications and workflows

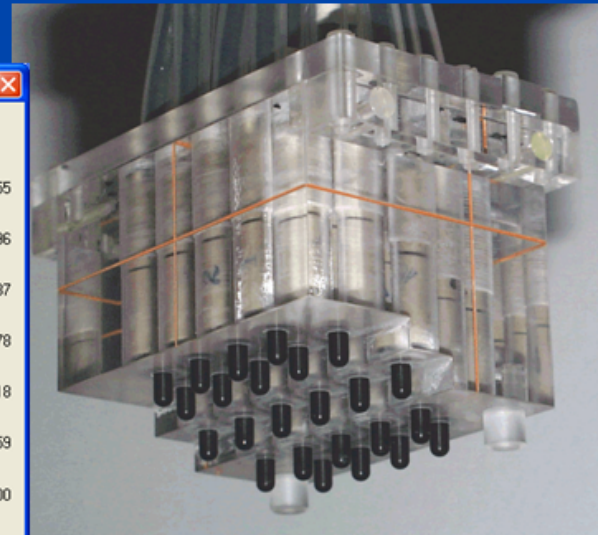
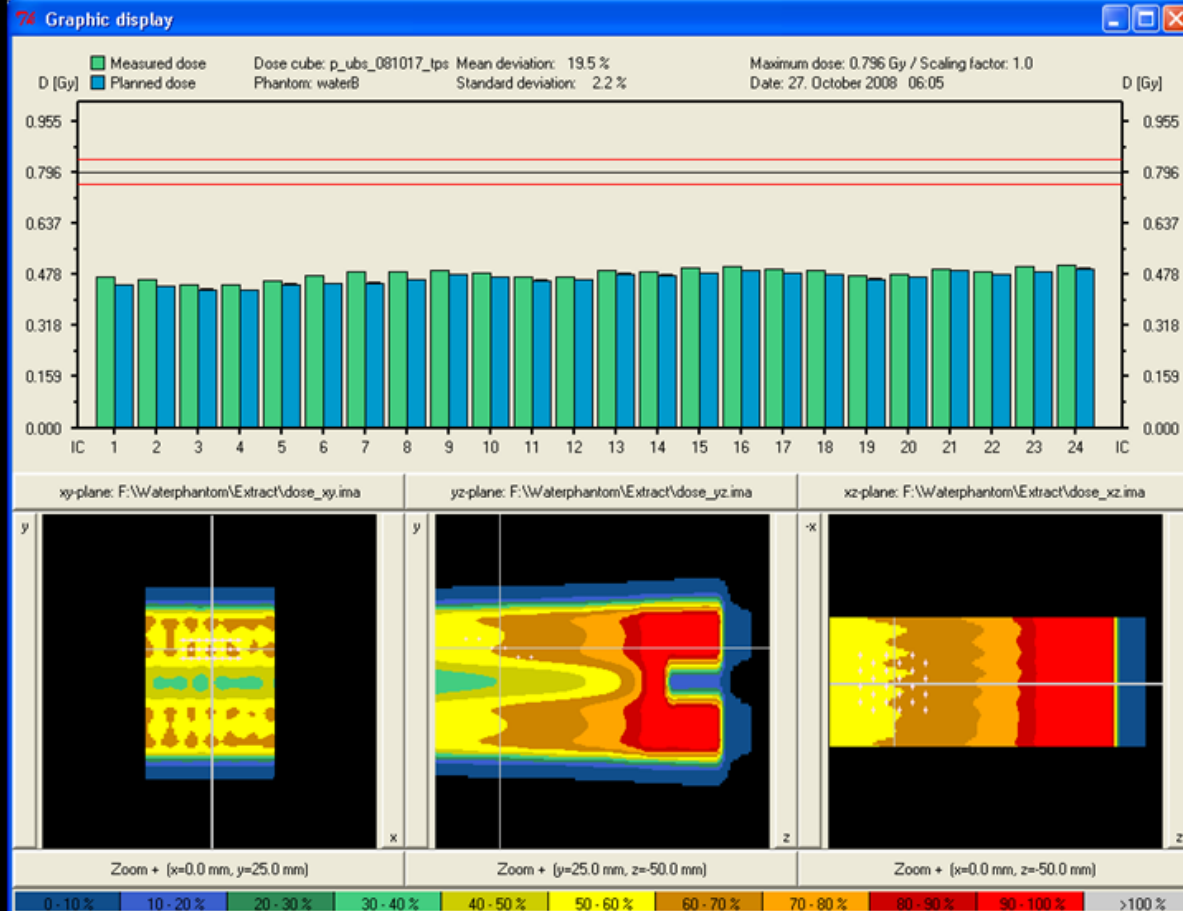


Treatment Planning System



Adenoid cystic carcinoma, plan mapped on CT and MR

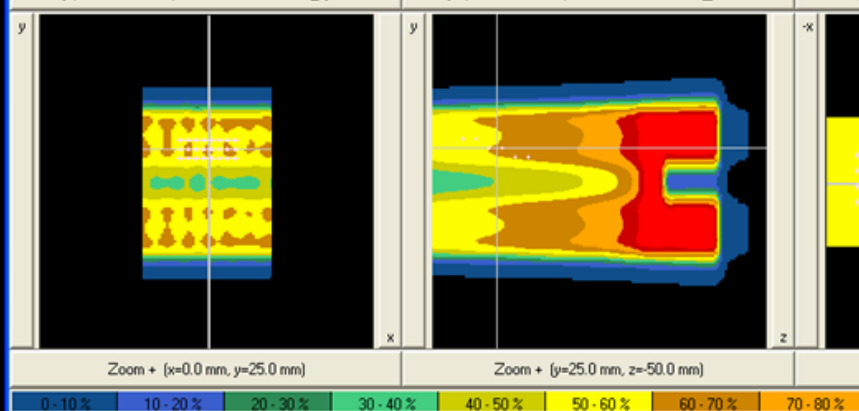
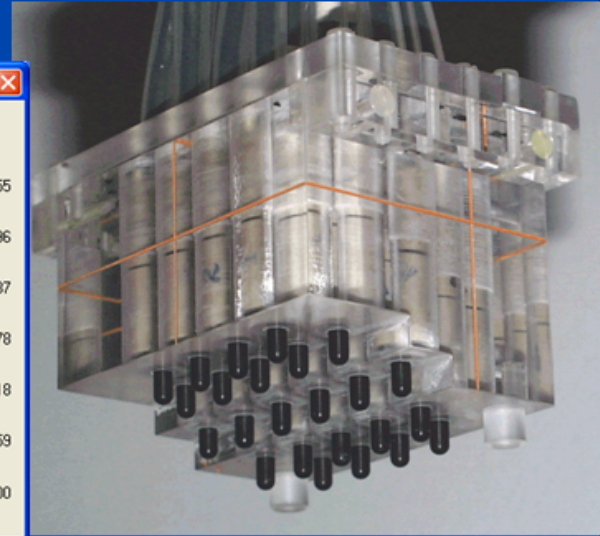
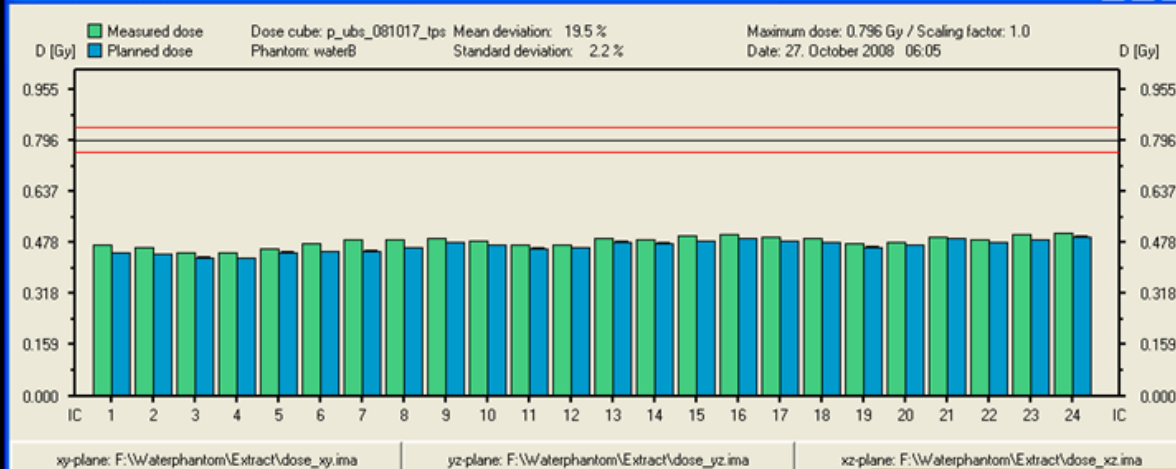
Commissioning



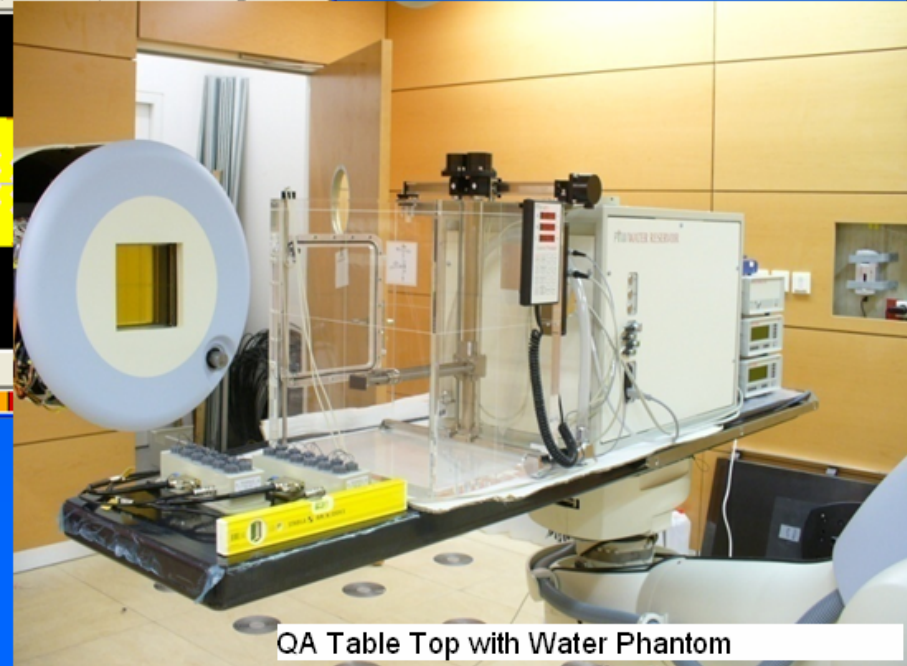
commissioning result, Protons @ H1:
3d dose delivery vs. treatment planning
24 thimble-type ICs in a water phantom,
standard deviation 2.2 %

Commissioning

74 Graphic display



commissioning result, Protons @ H1:
3d dose delivery vs. treatment planning
24 thimble-type ICs in a water phantom,
standard deviation 2.2 %



Next Steps

- Stabilize the clinical workflow
- Finalize the bugfixing of the “kick-off-version”:
system freeze in May 2009
- Perform the system integration and system tests (~3000 test cases) to fulfill the requirements of the Medical Device Directive (=> CE label)
- User training
- Approval for the full facility by the German authorities some weeks later

The HIT Gantry Rotates



HIT / Milestones

1998 / Aug	Proposal submitted
2000 / Dec	Technical proposal
2002 / Dec	Tendering documents
2003 / Spring	Tendering activities (acc.)
2004 / Autumn	Tendering act. (medtech)
2004 / May	Foundation stone
2005 / Oct	Installation of acc.comp.
2006 / Apr	Commissioning IQ + LEBT
2006 / Dec	Injector fully commissioned
2007 / Feb	1st turn in the synchrotron
2007 / Mar	1st beam at H1
2007 / Apr	1st gantry rotation
2007 / Dec	pencil beam libs for p, C in H1+2
2008 / Jan	1st beam at the gantry isocenter

Created by the Italian Ministry of Health at the beginning of 2001

21st November 2001, the Board has been established

to build a Centre with two main goals:

- ➡ **To treat patients using hadrontherapy**
- ➡ **To perform clinical and radiobiological reasearch**

Material provided by Sandro Rossi (CNAO)

CENTRO NAZIONALE DI ADROTERAPIA ONCOLOGICA CNAO – Pavia (Italy)



One experimental room

Three treatment rooms
(3H+1V)

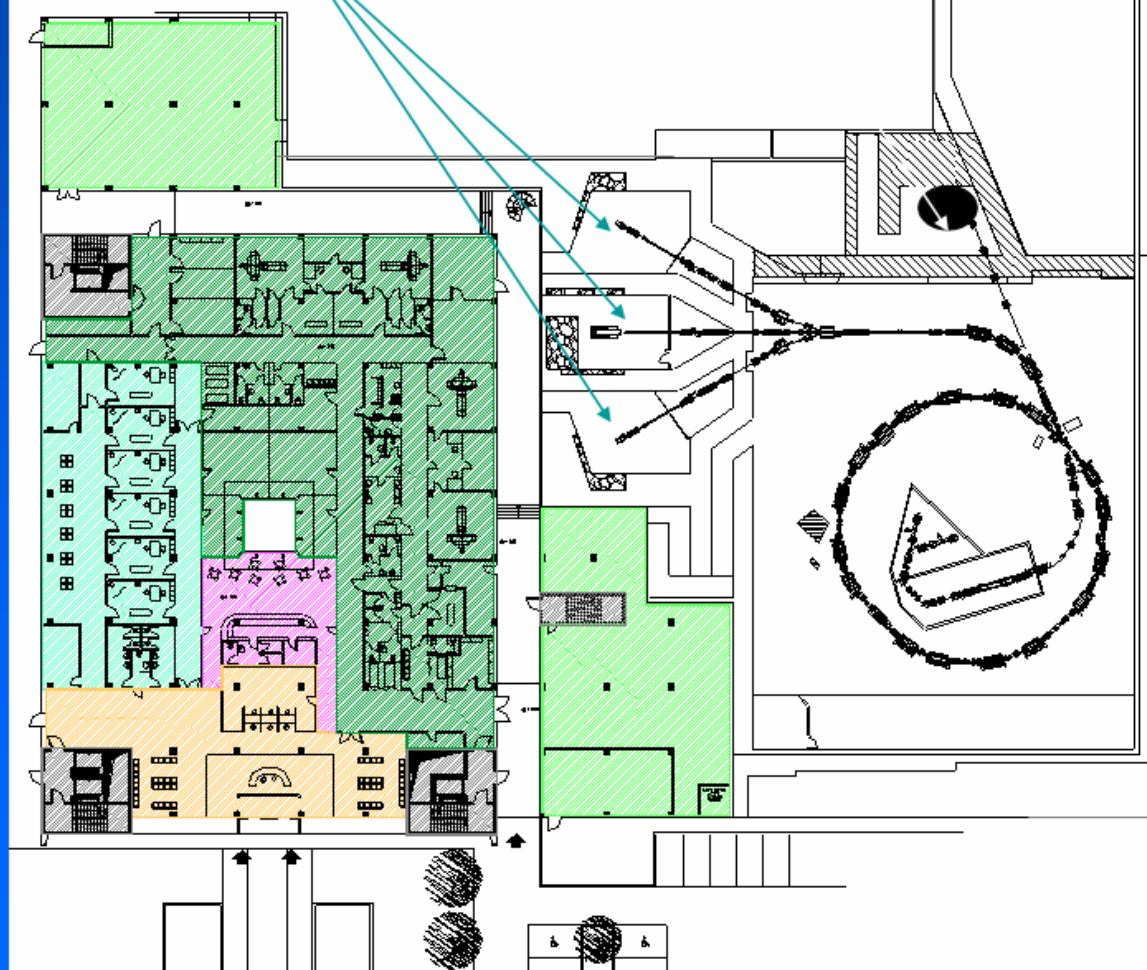
CNAO layout

Approved by
CNAO Board

LEGENDA

AREE FUNZIONALI

- Ambulatori mq 453
- Area immagini mq 1146
- Ingresso accettazione mq 337
- Bar mq 144
- Centrali tecnologiche mq 736
- Collegamenti verticali mq 227



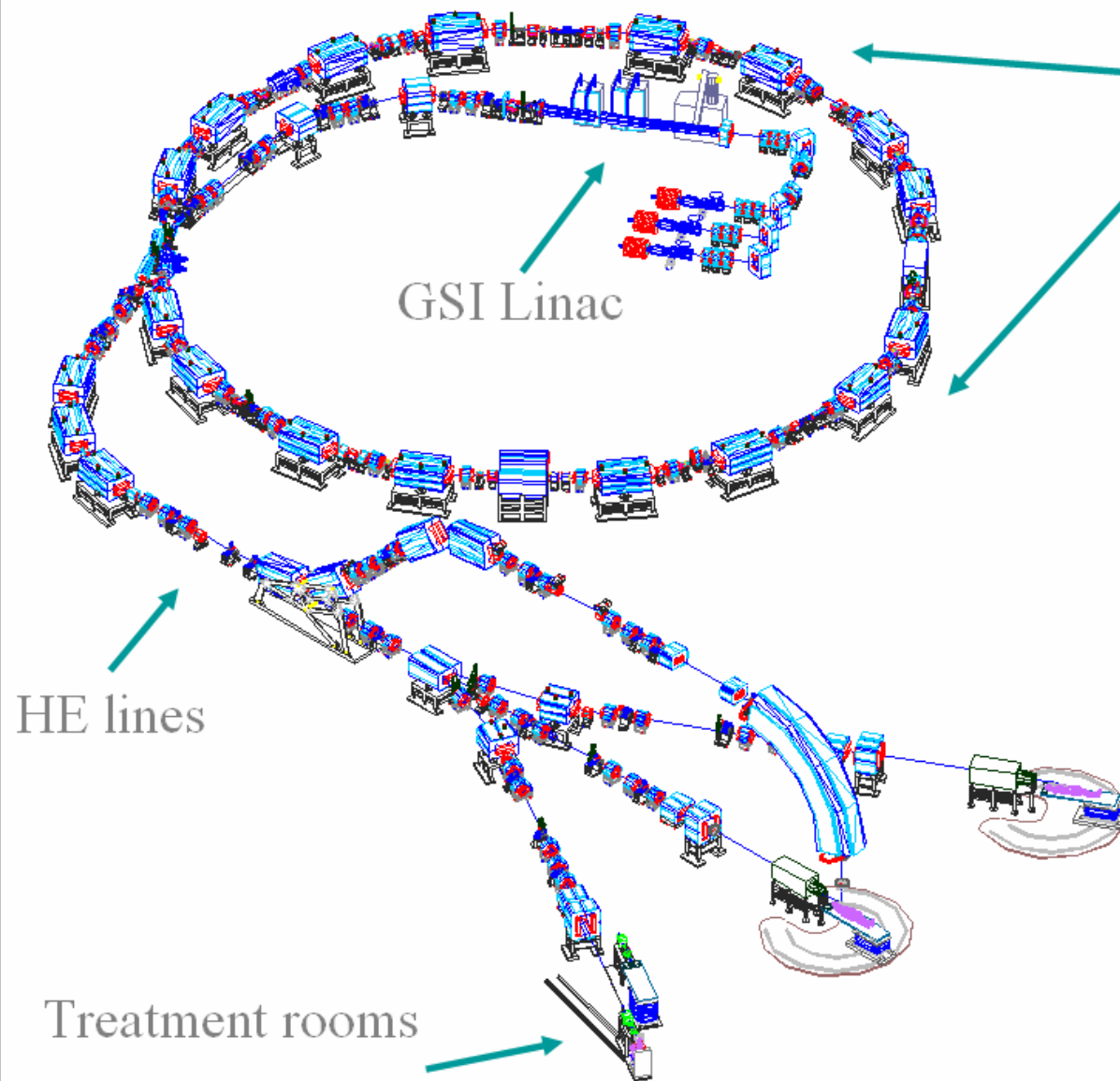
Buildings and plants ready and CNAO people have moved to Pavia



The High Technology commissioning is ongoing



The heart of CNAO



SYNCHROTRON

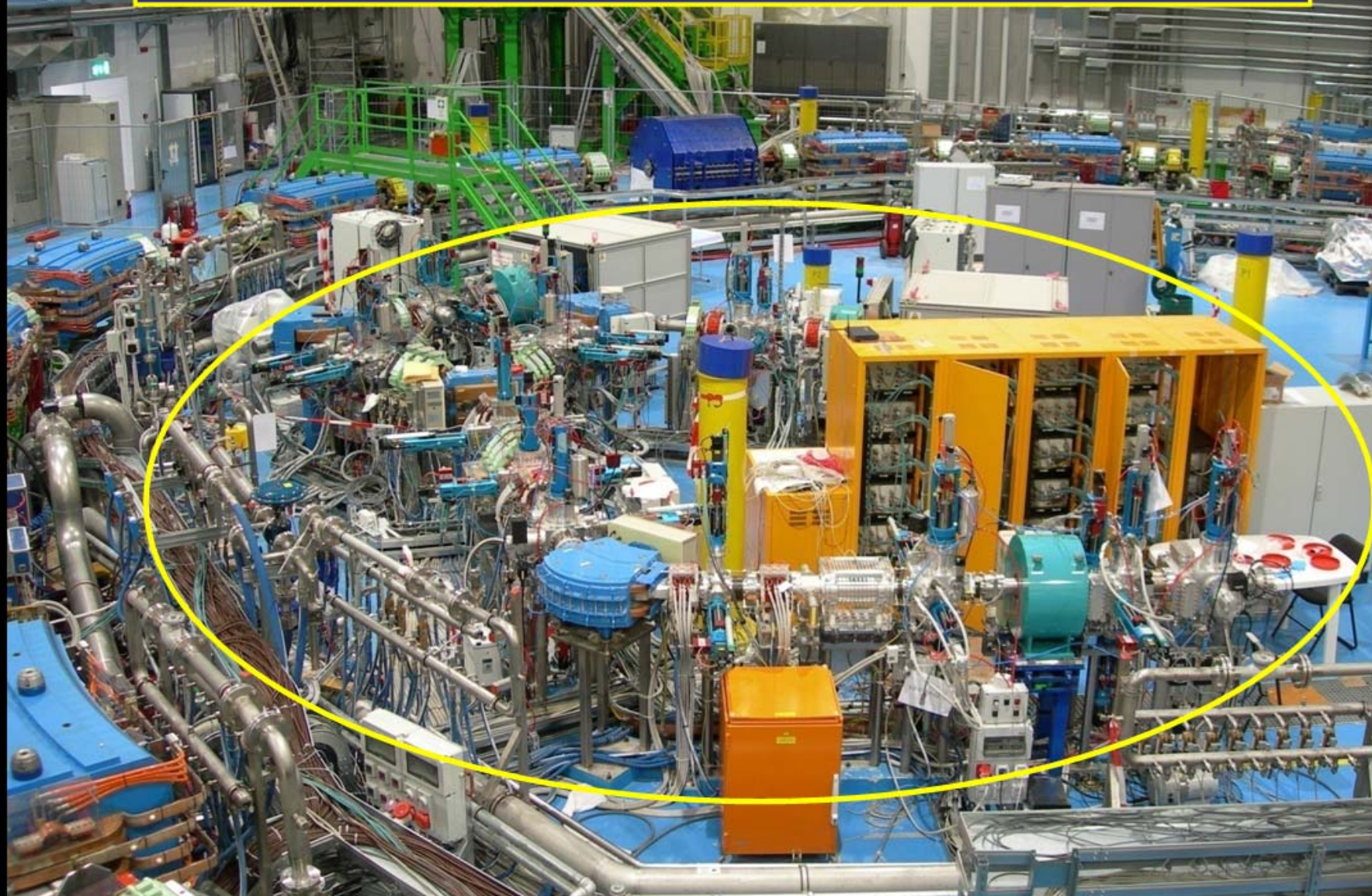
OPTIMIZED
for an hospital based
facility (all Ion-therapy
centres existing in the
World adopt it):

- Safety
- Efficiency
- Reliability
- Maintainability

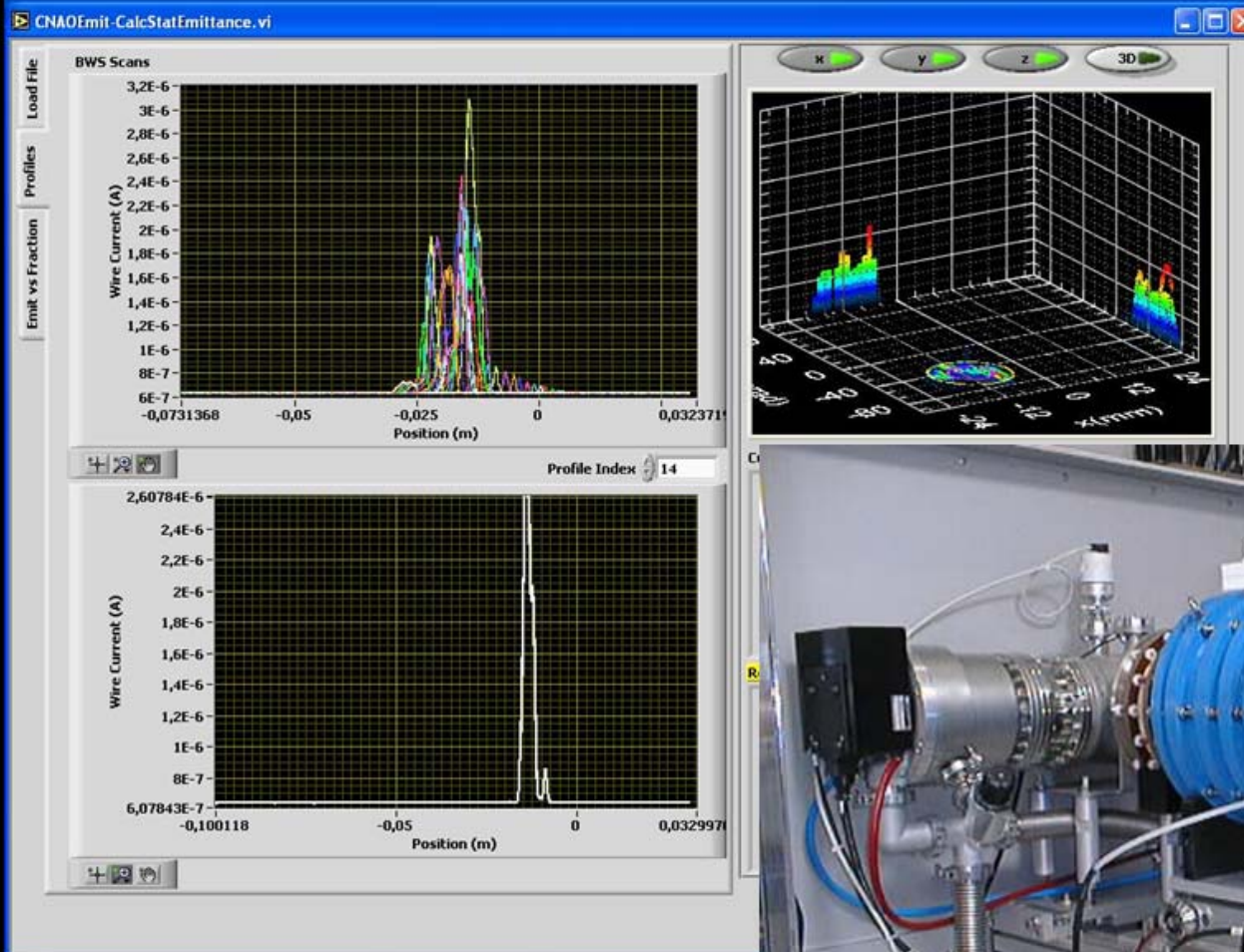
-Designed by

PIMMS/TERA

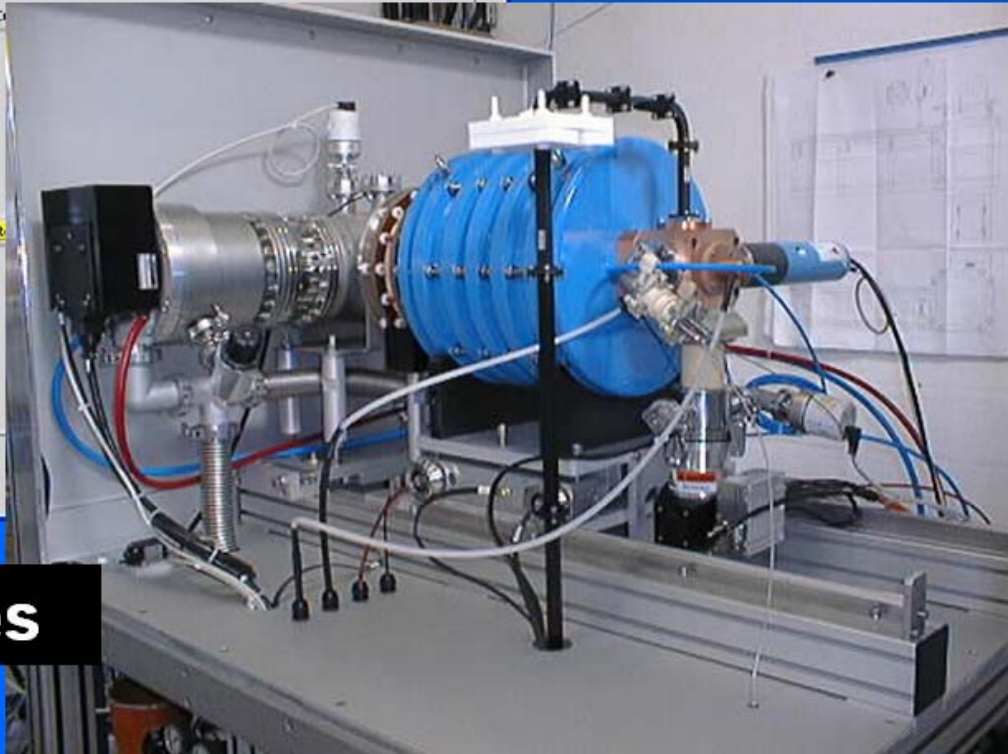
Sources and LEBT



C^{4+} , 230 μA (design goal = 200 μA !)



ECR sources



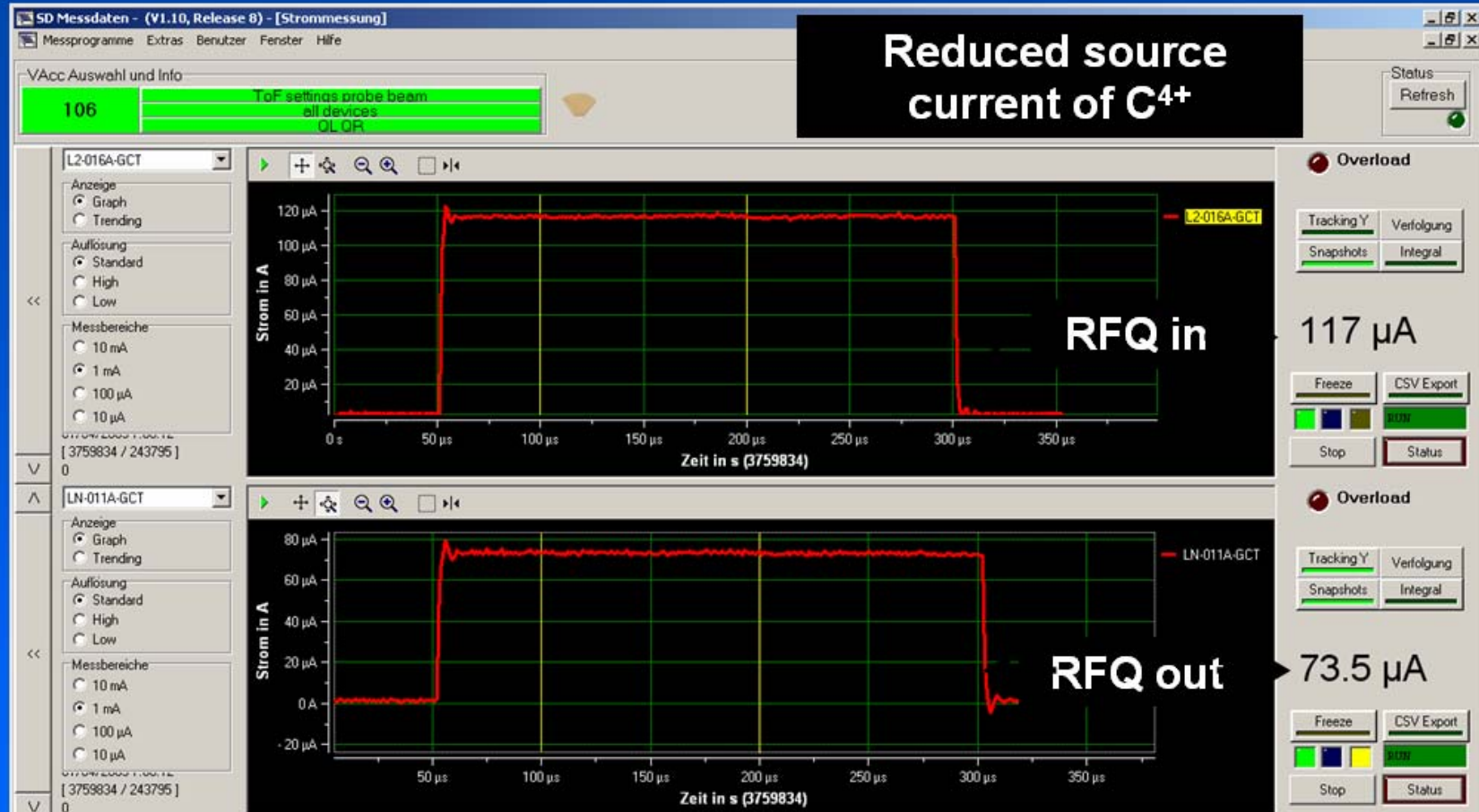
RFQ produced in collaboration with GSI



In 1,5 meters the beam increases its energy by a factor 50 – from 8'000 eV/u to 400'000 eV/u

Successfully commissioned in March 2009

RFQ commissioning completed



Transmission efficiency:
63%



Gross plan:
Start overall commissioning summer
2009
Start treatments in 2010

Outlook

- Particle therapy will cover the full spectrum of radiotherapeutical indications
- Per 10 million inhabitants one particle therapy facility may be required
- Treatments will be fully accepted by the health insurance systems