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## **Toward the Next Hadron Therapy Driver**

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#### Content

- 1. Current frontier
- 2. Recent trends
- 3. The next hadron therapy
  - 3.1 LIGHT (Linac for Image-Guided Hadron Therapy) from CERN spin-off company (ADAM)
  - 3.2 iRCMS (Ion Rapid-Cycling Medical Sychrotron) from the collaboration between Brookhaven and Best Medical
  - 3.3 ESCORT (Energy Sweep COmpact Rapid-cycling Therapy Driver) from the collaboration between KEK, Nuclear Malaysia, and SAMEER
- 4. Appendix Induction Synchrotron and Current Activities related to ESCORT at KEK Summary

## **Comparison between Accelerator Driven Cancer Therapies**

	Low Cost Therapy		Hadron Therapy				
	lpha-Therapy	BNCT	Next generation (p/He3/C)	Proton	Carbon		
	211At delivery	8m 15m	no injector no gantry	30m 50m	50m 60m		
Energy (MeV)	30	30	250/300/200	230	400		
Accelerator	Cyclotron	Cyclotron	Induction synchrotron	Cyclotron/ Synchrotron	Synchrotron		
Cost (M\$)	7	10-15	40 - 50	60 - 70	~ 150		
Fee (k\$)	3 ?	10 ?	20 ?	~ 30	> 30		
status	under development	Clinical trial is going on.	under development	running	running		

#### **Our Motivations toward New Trend**

#### Overview and our understanding:

- A cancer therapy has notably evolved through the <u>last three decades</u>.
- Various ideas such as spot scanning have been explored and materialized in commercially available cancer therapies.
- Experts in research labs.and industry have been very eager to develop the related technology.

in depth

We would like to appreciate their big efforts. However, we don't think that
the technology has already arrived at a level of state of art.

#### **Our questions** on the current cancer therapies:

- (1) Why is **continuous 3D spot scanning (especially in depth)** not realized?
- (2) Precise shooting of driver beams on a **moving target** (quick irradiation ) is impossible?
- (3) Is a gigantic and very expensive **gantry**-really-necessary-in-order-to-concentrate dose on tumor?
- To accelerator physicists like us, **Present status of the technology** appears to result from

#### the following facts;

- A) Inherent characteristics of hadron drivers (RF synchrotron or RF cyclotron)
- B) Limited diagnosis techniques to identify the position and shape of a tumor in real time
- C) Our blind acceptance that a patient lies in his serious condition and his tumor is a stationary target; in the other word, the position of patient can't be largely rotated nor moved for treatment (This may be a kind of mind control.)

#### CArbon BOoster for Therapy in Oncology (CABOTO) by ADAM

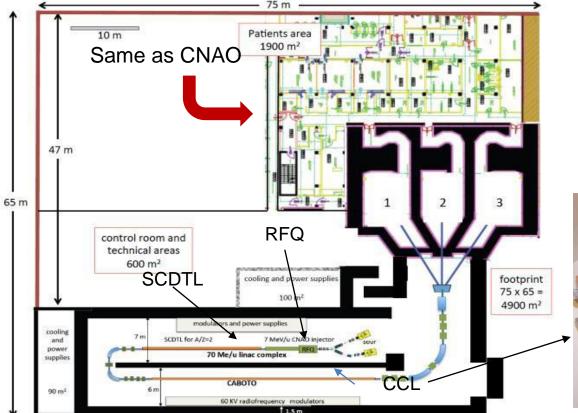
Linac running at 200 Hz is composed of a large number of accelerating units (typically 10), which are singly powered by *independently* controlled klystrons, the final beam energy can be varied *continuously* from pulse to pulse, i.e. every 5 ms, by adjusting the amplitude and/or phase of the klystron signals [4]. This feature makes possible the implementation of the active *spot scanning technique* with tumour *multi-painting*, the best possible way for treating moving organs [11,12]. This is a unique feature of all linacs

#### **Properties:**

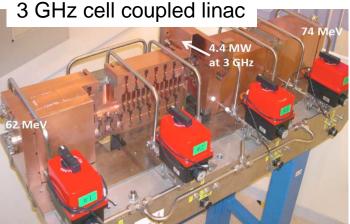
- 100 200 Hz operation
- Variable energy every 5 msec per pulse to pulse



3 D spot-scanning on moving organ

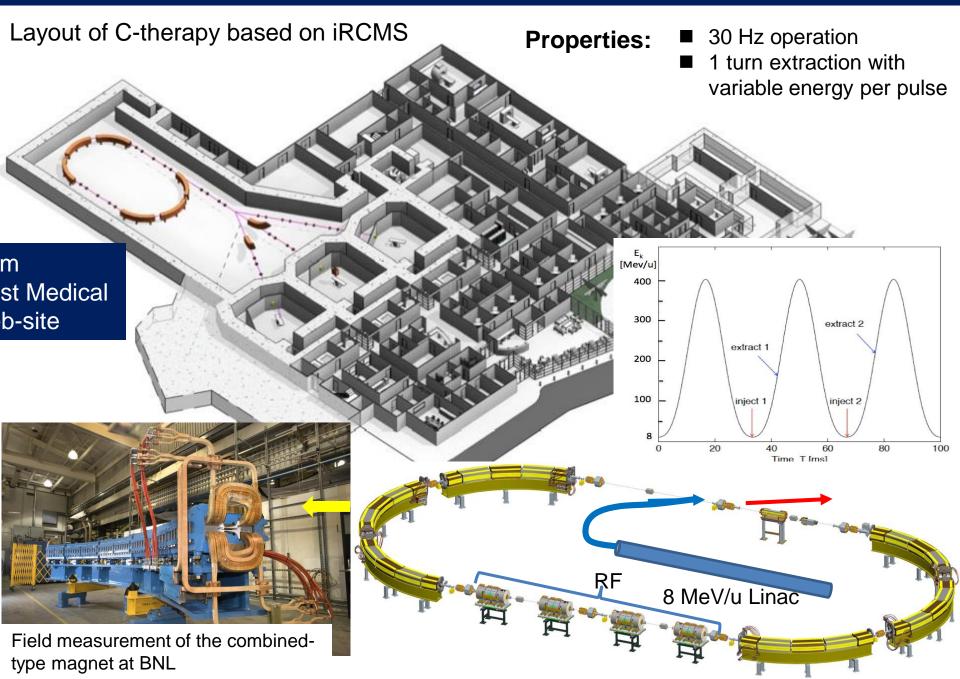


Size -> equivalent to existing C therapy Cost (construction, operation)?



U. Amaldi and A. Degiovanni, "Protron and Carbon Linacs for Hadron Therapy", Proc. of Linac 2014 (2014).

## iRCMS (Ion Rapid Cycling Medical Synchrotron)

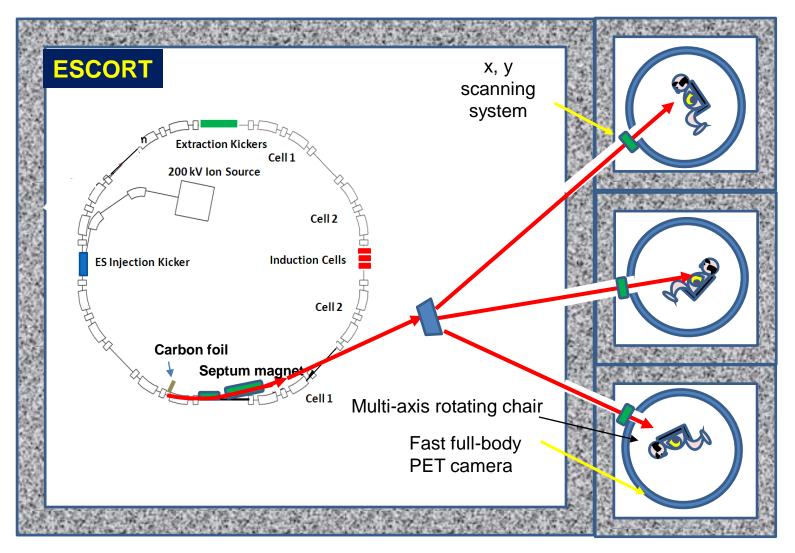


# Image of the Next Generation of Hadron Therapy of gantry-free and injector-free, with continuous spot-scanning in the x,y and z directions from $4\pi$ angle

**Properties:** 

- Injector-free
- 20 Hz Continuous energy sweep extraction

- > Low cost
- 3D spot scanning on moving target



#### Issues to be solved in the next generation of Hadron Therapy Driver

- 1. Demand of low cost → No injector or low energy injector, No RF
- 2. Demand of low cost → Gantry-free → Irradiation under the Natural condition of body
- Fixed beam and Relocation of a patient

  3. To avoid Respiratory-gated irradiation

  Quick irradiation (< respiratory time period of a few sec)

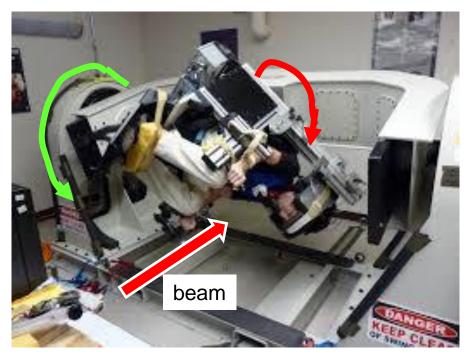
  Precise real-time detection of the target position and profile
- To avoid undesired irradiation on normal tissue → Spot scanning by a pensile beam with dose concentration on tumor
- 5. To avoid undesired residual radiation around energy degrader → use a non-destructive device
   → Extraction from the driver with energy sweep minimizing residual radiation of the extraction device
- 6. Smooth irradiation in depth

Issue			1	2	3	4	5	6
Fast cycling accelerator	Linac	LIGHT	×	possible	0	0	0	?
	Fast cycling synchrotron	iRCMS	×	possible	0	0	0	Δ
		ESCORT	0	possible	0	0	0	0
	Cyclotron		Δ	possible	×	0	×	×
Slow cycling accelerator	Slow cycling synchrotron		×	×	×	0	×	×

# Multi-axis Irradiation Bed/Chair to allow Focused Irradiation on Moving Target without Gantry

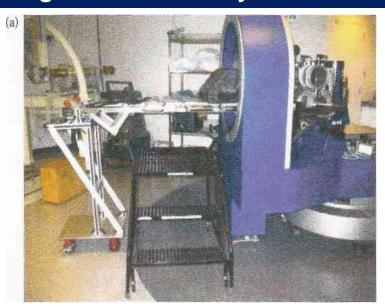
#### Existing examples:

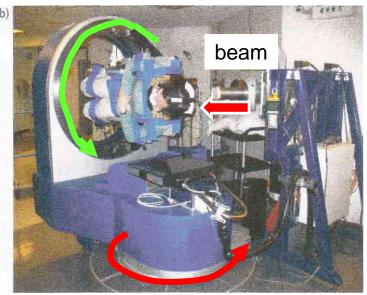
Multi-axis irradiation bed/chair



for training of astronaut

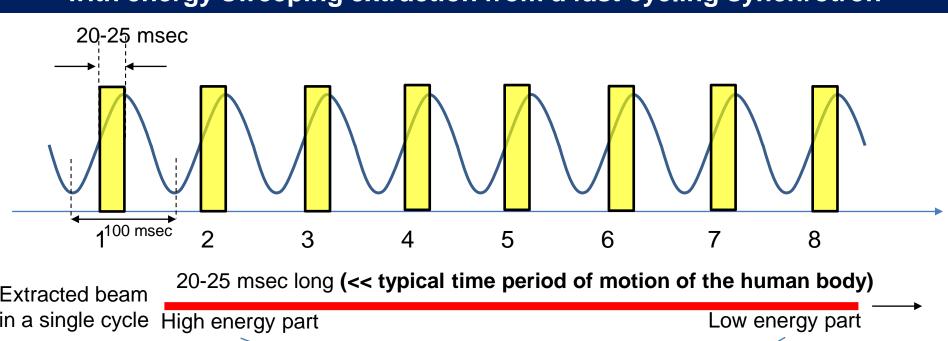
Multi-axis rotating chair of NASA

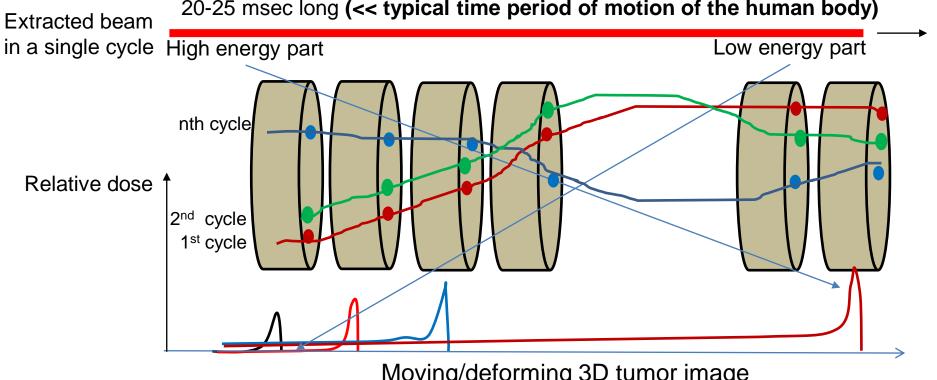




for Proton Beam Stereotactic Radiosurgery
Massachusetts General Hospital

### **Spot-scanning on the x-y plane** with energy sweeping extraction from a fast cycling synchrotron

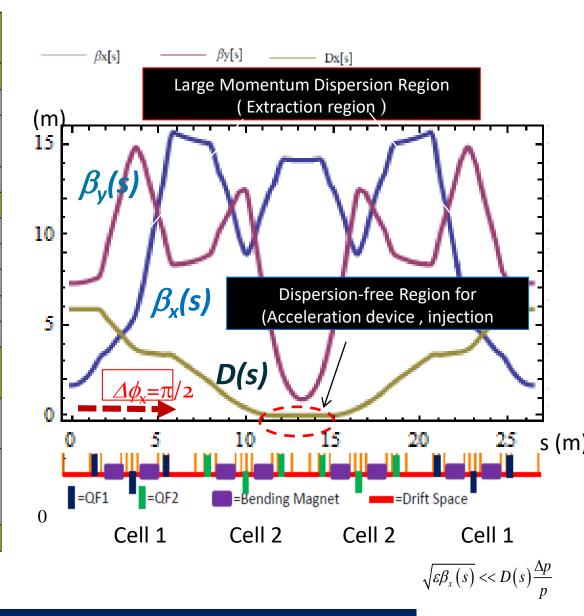




Moving/deforming 3D tumor image

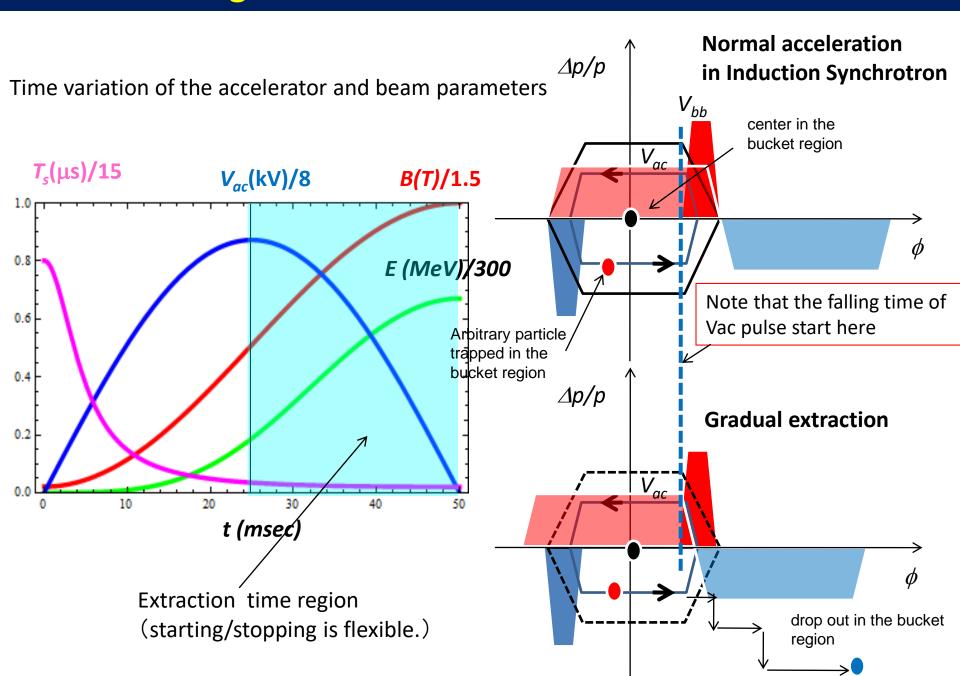
## Machine parameters, Lattice function and Cell structure

	<u> </u>		
Energy	656 MeV for proton		
	200 MeV/nucleon for $A/Q = 2$ ion		
$C_0$	52.8 m		
Ion species	Gaseous/metal ions		
Ion source	Laser ablation IS		
	ECRIS		
Injector	200 kV (electrostatic)		
Ring	Fast cycling (10 Hz)		
	$B_{max} = 1.5 \text{ T}$		
	ρ= 2.8662 m		
	FODOF cell with edge focus of B		
	Mirror symmetry		
	$v_x/v_y = 1.3143/1.4635$		
	2m long dispersion-free region		
	3m long flat large dispersion region		
	a <sub>p</sub> =0.273088		
	γ <sub>1</sub> =1.92, E <sub>1</sub> =864.7 MeV		
Acceleration	Induction cells driven by SPS employing		
	SiC-MOSFET		
	$V_{acc} = \rho C_0 dB/dt \pmod{7 \text{ kV}}$		
Vacuum	10 <sup>-8</sup> Pa		

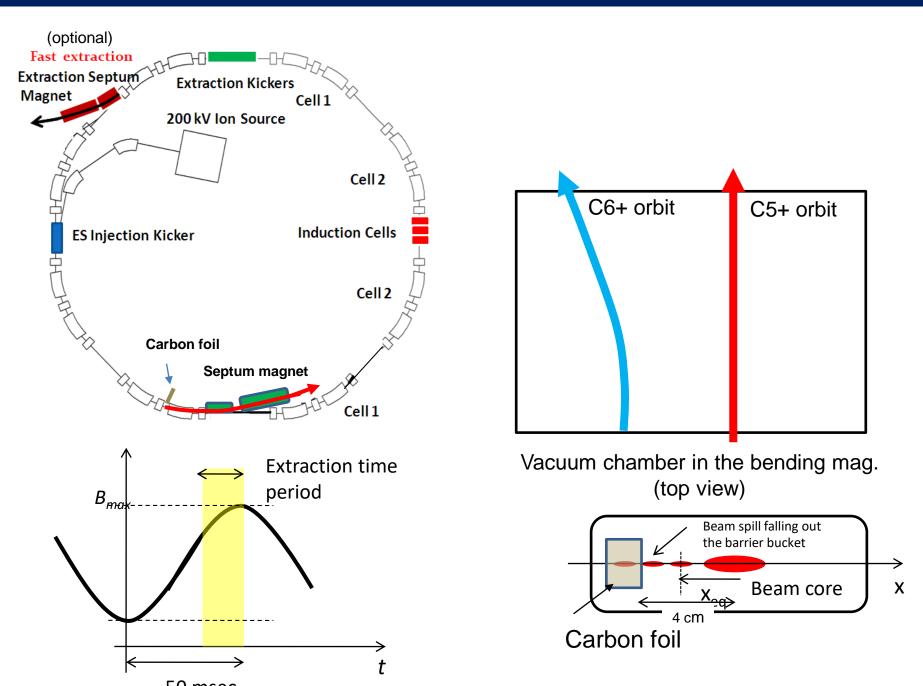


Leo K. W., K.Takayama *et al.*, "Compact hadron driver for cancer therapies using continuous energy sweep scanning", *Phys. Rev. Accel. Beam* **19**, 042802 (2016).

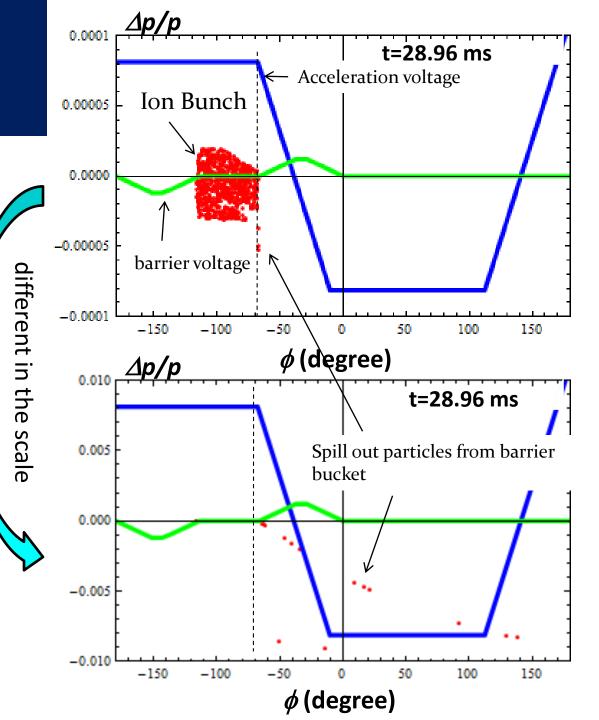
## **Leakage of Particles from the Barrier Bucket**

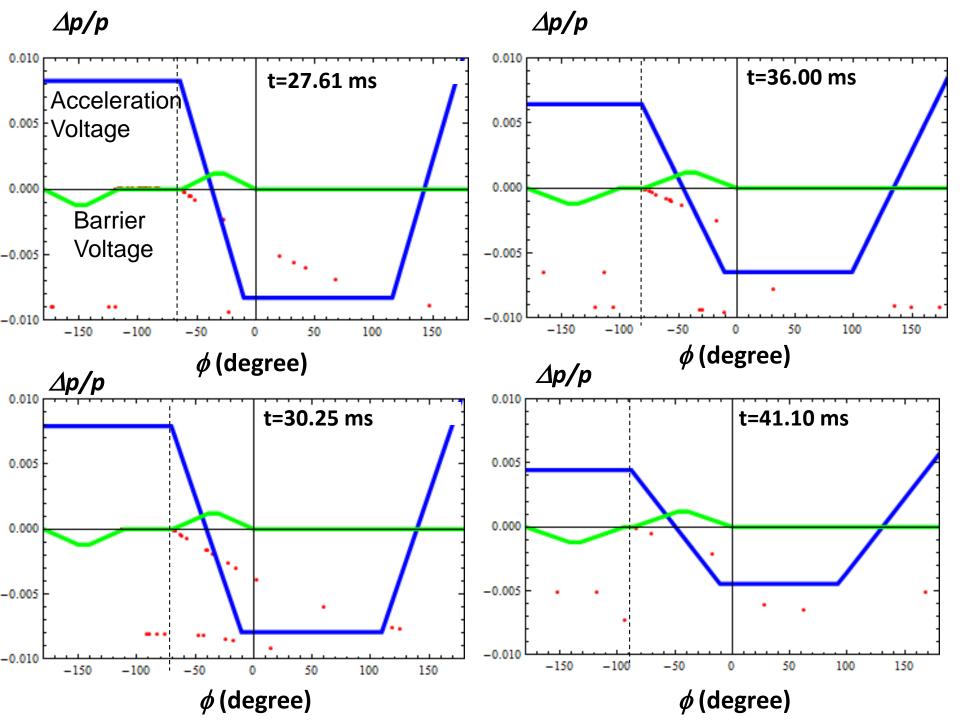


#### **Continuous and Energy Sweep Extraction using Carbon Foil Stripping in ESCORT**

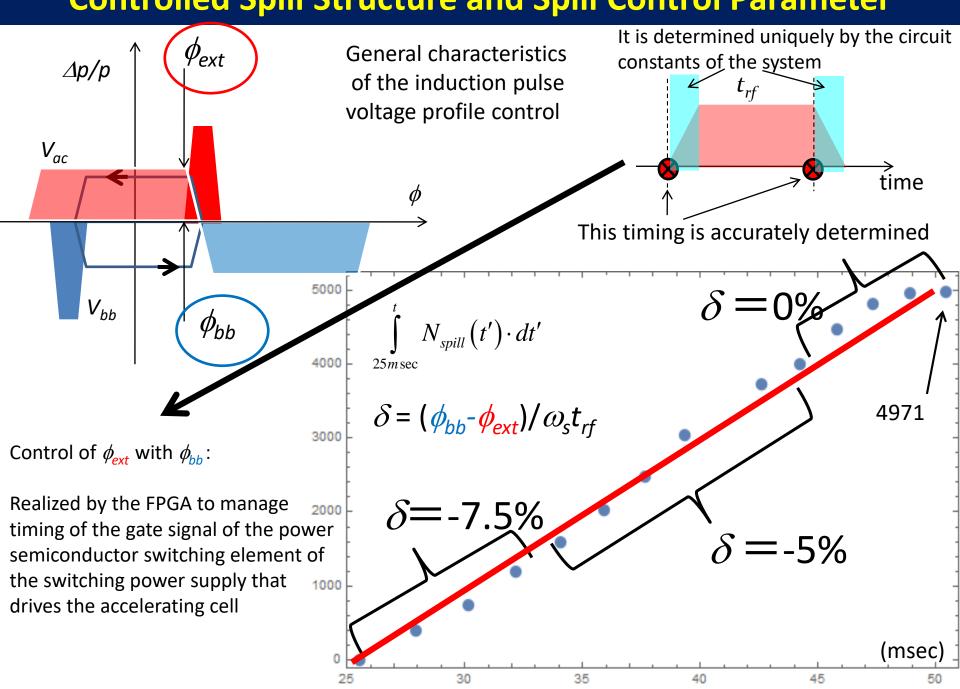


Behaviour of particles in the phase space during the extraction





## **Controlled Spill Structure and Spill Control Parameter**



## **Summary and Prospect**

## **Summary**

- ■Possible drivers for the next generation have been introduced, with a comparison among them for ESCORT
- ■Novel scheme of energy sweep extraction in the fast cycling synchrotron, based on the induction synchrotron concept, was introduced.
- ■Ideal lattice has been designed for a hadron beam driver for cancer therapies.
- ■Related activities at KEK have been introduced.

## **Prospect**

Continuous and uniform 3D spot scanning on a target

Low intensity operation



In future

3D spot scanning on a moving target integrating real time diagnosis of the target position such as Liq. Xenon PET camera



- Like Medical examination of stomach cancer by X-ray, where a patient is turned round and his cancer part is modified or moved by gravitation
- > Require monitoring the 3D real time image of tumor.





Therapy

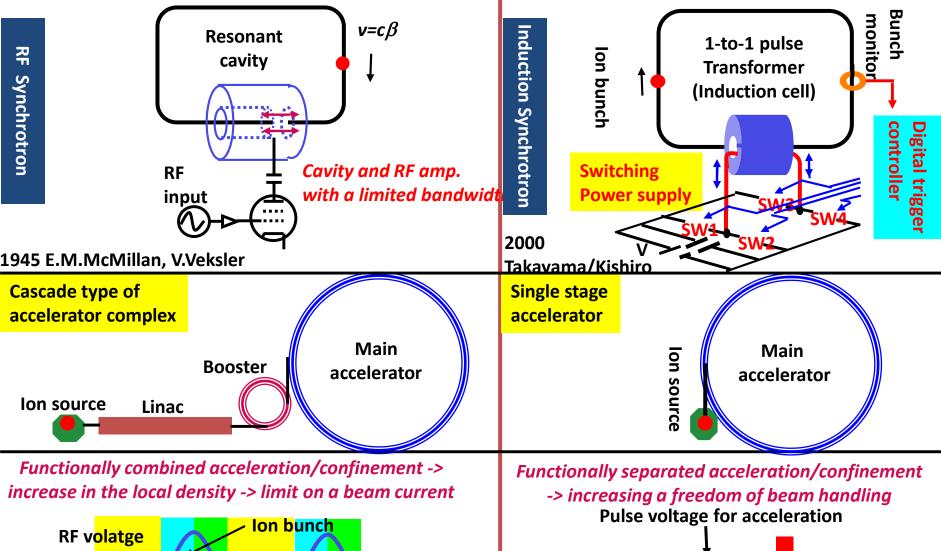
Low cost

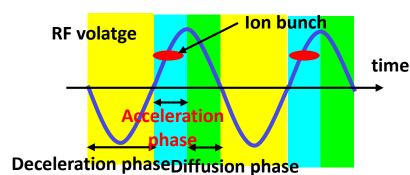
Demonstration of the pilot facility somewhere in South Asia is expected now.

## **Appendix**

# Induction Synchrotron and Current Activities related to ESCORT at KEK

### **Characteristics of Induction Synchrotron (Digital Accelerator)**





Pulse voltage for confinement time

Pulse voltage for confinement

#### **Heart of Digital Accelerator: Evolutional Induction Accelerator System** Rep-rate: **Primary terminal Matching resistance Switching power** 1MHz supply **Transmission Induction acceleration** line $Z_0(120\Omega)$ DC P.S. Swtiching arm S1 **Magnetic** 4th Gen. (7 MOSFETs in series) 3.3 kV material: **SiC-MOSFET** nanocrystoline by Rohm by K.Okamura (J-PARC) et al. 1st Gen.: 0.7 kV Si-MOSFETboard Base (Cu) 2<sup>nd</sup> Gen.: SPS and 1.2 kV SiC-JFET (custom package) Stack of 4 cells

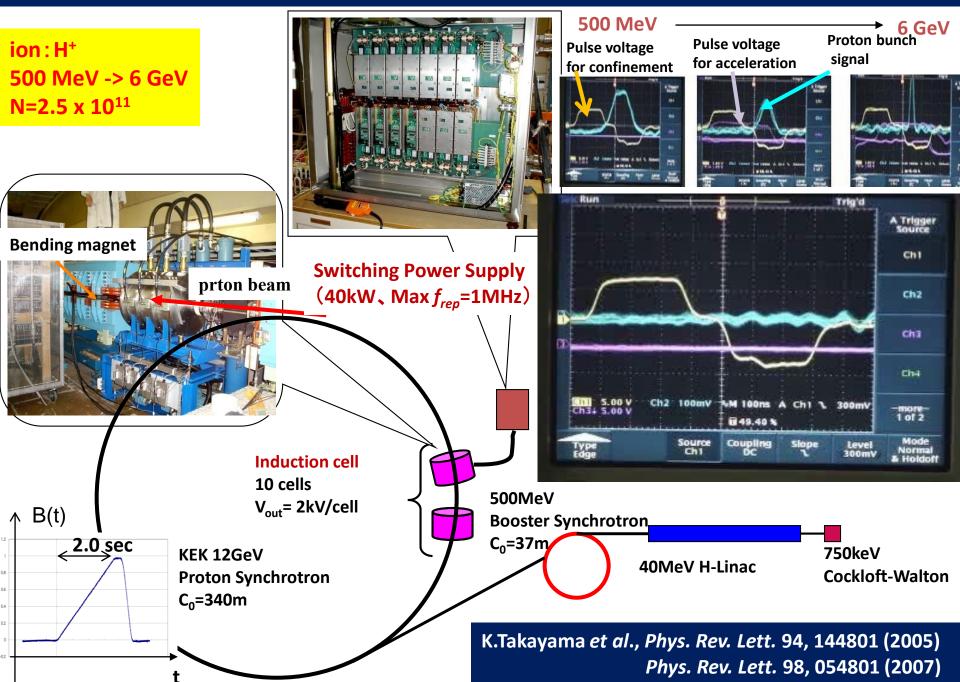
by Koseki (now J-PARC), Tokuchi (now PPJ) et al.

**Equivalent Circuit** 

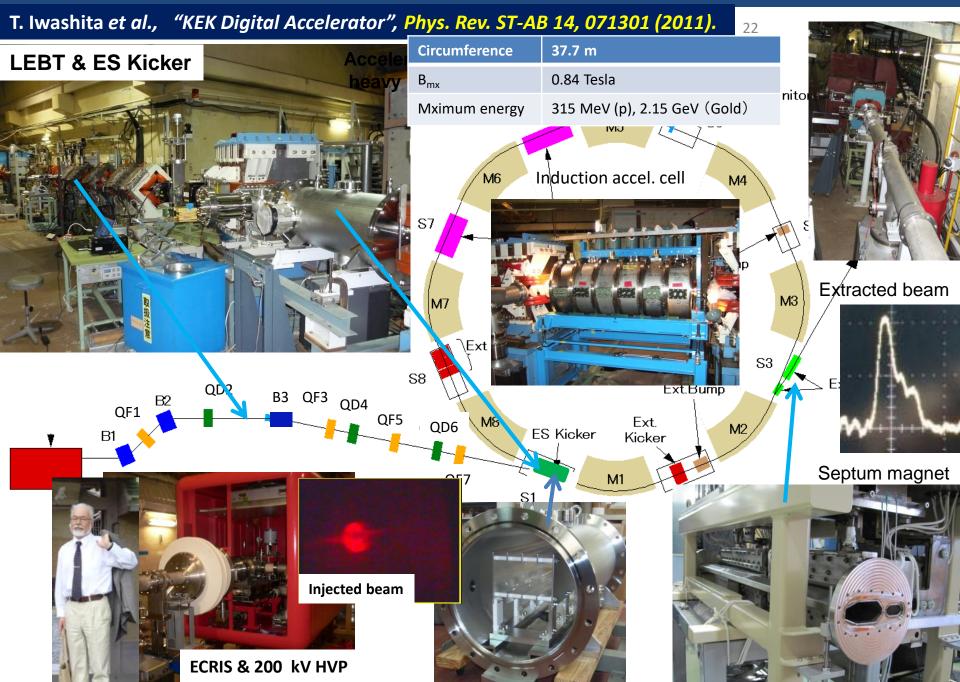
3rd Gen.: 2.4 kV SiC-JFET (custom package)

V<sub>out</sub>=3 kV/cell

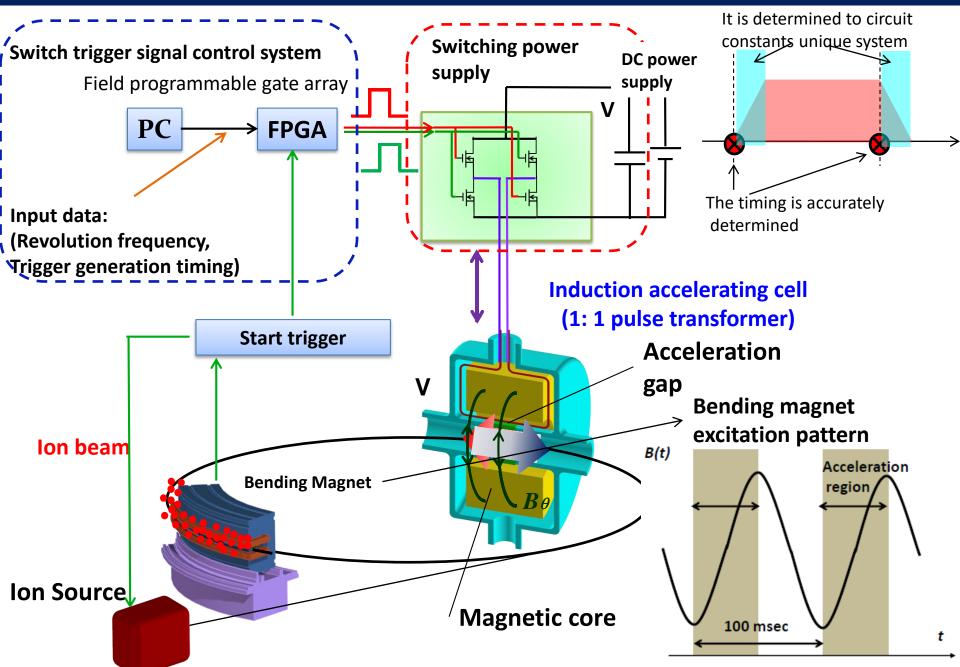
#### Complete Demonstration of the Induction Synchrotron Concept (2006, March)



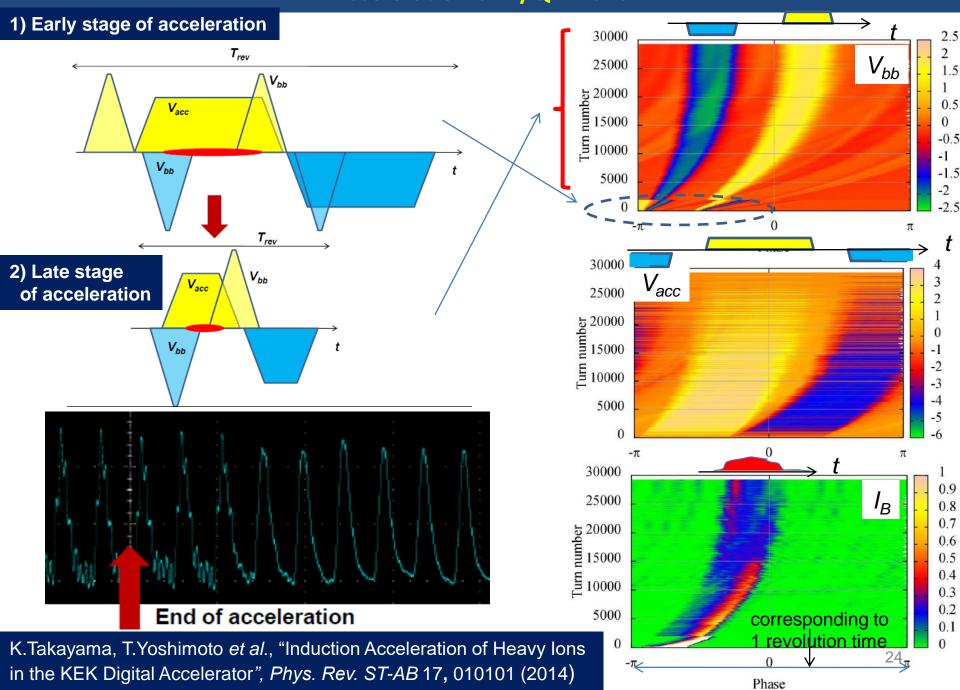
## **KEK Digital Accelerator (Fast Cycling Induction Synchrotron)**



## Schematic View of KEK Digital Accelerator (fast cycling IS) Operation

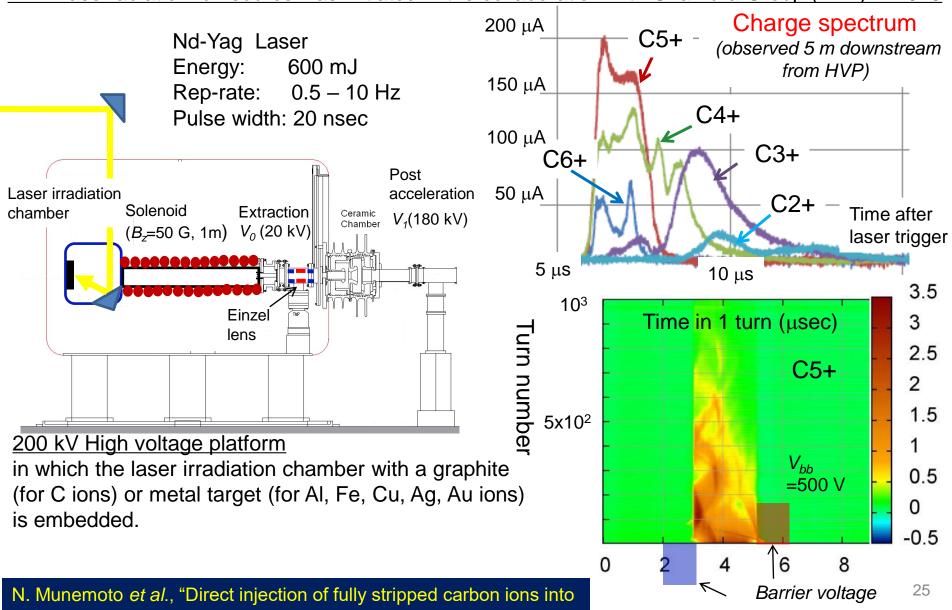


### Acceleration of A/Q=4 Ions



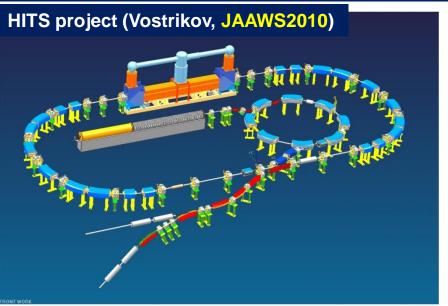
#### **KEK-DA** connected to Laser Ablation Ion Source

KEK Laser ablation ion source was initiated in the collaboration with Okamura Group (BNL) in 2013.



a fast-cycling induction synchrotron and their capture by the barrier bucket", *Phys. Rev. Accel. Beams* **20**, 080101 (2017).

#### **Other Novel Accelerators for Medical Applications**



particle energy: p: 50 - 250 MeV,

C: 100 – 430 MeV/u

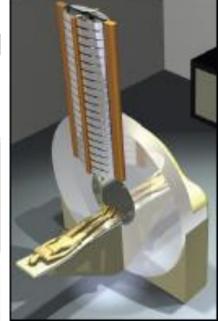
**Intensity:** p: 10<sup>8</sup> - 10<sup>11</sup> part/cycle,

C: 10<sup>7</sup> - 10<sup>10</sup> part/cycle

LLNL has already stopped its activity on DWA, because Industrial partner ran out of money.

(Gantry-mounted proton accelerator)





**Dielectric Wall Accelerator LLNL** 

Virtual travelig wave DWA for beams with arbitrary charge to mass ratios

