



清華大學

Tsinghua University



AFAD 2018

Electron linear accelerator for radiotherapy

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Daejeon Convention Center, Daejeon, Korea



Outline

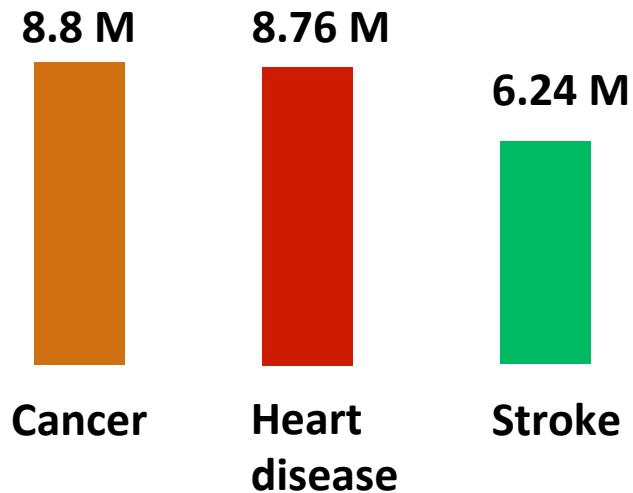
- **Brief overview of radiotherapy**
- Recent developments in medical electron linear accelerator
- Activities in Tsinghua University



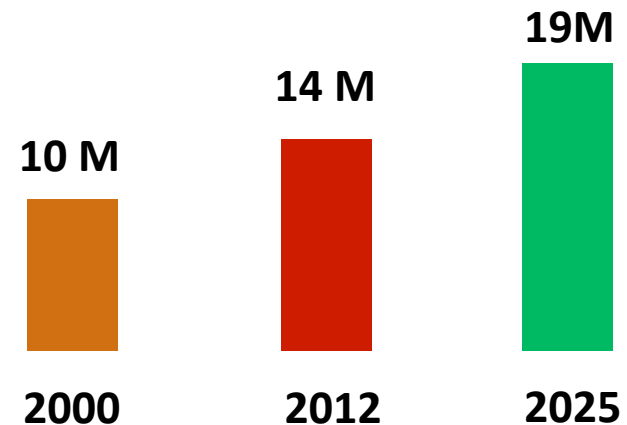
Cancer worldwide

- Cancer has been the first killer to human beings;
- Incidence of cancer is rising rapidly.

Top 3 causes of death worldwide, 2015
(Data from WHO)



Annual cancer incident worldwide
(Data from WHO)



Radiotherapy

- Surgery, chemotherapy and radiotherapy are still the mostly used treatments of cancer .
- Radiotherapy (radiation therapy) has a high cost-effectiveness ratio.

Facts about radiotherapy (Data from high-income countries, 2012, IAEA)

Patients need radiotherapy



Patients cured by radiotherapy (5-year-survival)



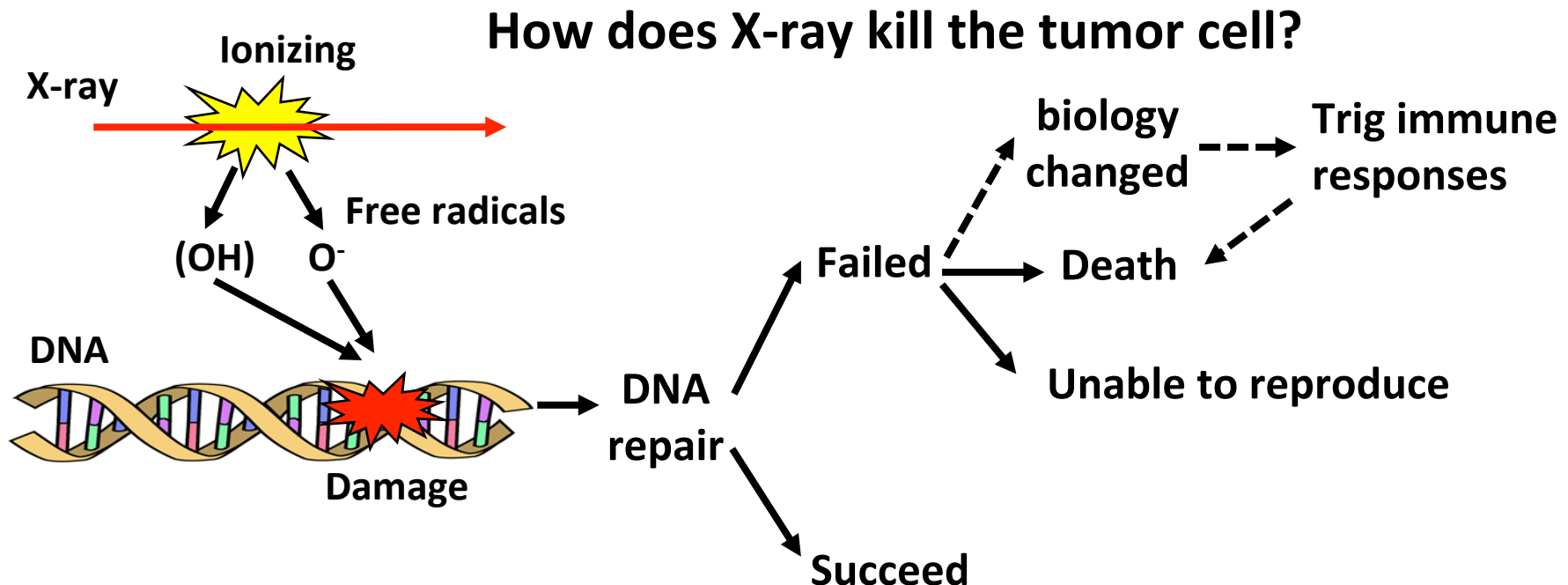
Total 5-year-survival rate (45%)

Cost of radiotherapy / Cost in all cancer treatments



How does radiotherapy kill the tumor cell?

- Radiotherapy use ionizing radiation to break the DNA of tumor cells (also harms the normal tissue, which is the side effect).
- Usually, a tumor cells has less ability to repair its DNA and thus is easier to be killed.



History of X-ray radiotherapy

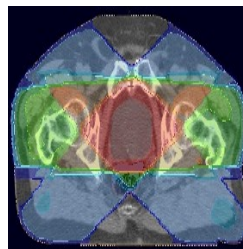
- X-ray was used to treat the cancer patient in 1896.
- After WW-II, hazards of ionizing radiation were more clearly understood. Many technologies were developed to reduce the radiation dose on normal tissues.



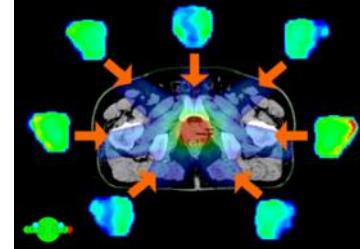
X-ray discovery



LINAC



CRT



IMRT & VMAT

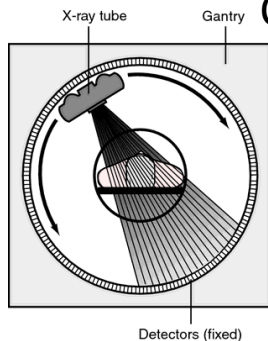


IGRT & SBRT



1895 ... 1950 1960 1970 1980 1990 2000 2010

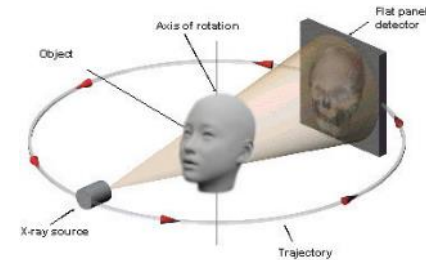
CT & MRI



MLC



CBCT



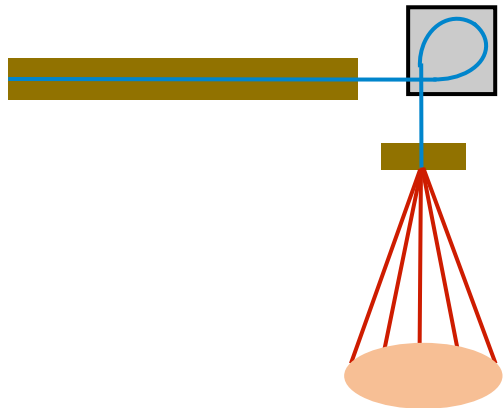
Pic from
Wikipedia

Electron LINAC in radiotherapy

- Electron LINACs were first used in radiotherapy since 1950s.
- Now most machines use Electron LINACs as the X-ray sources.
- 6 MV is the most-often choice of the LINAC voltage.

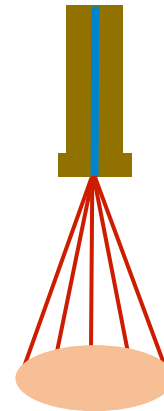
High-energy (e.g. 14 MV) machine:

Due to the diameter limitation, LINAC should be placed horizontally. And a magnet is used to bend the beam.



Low-energy machine:

LINAC is short and can be vertically placed.



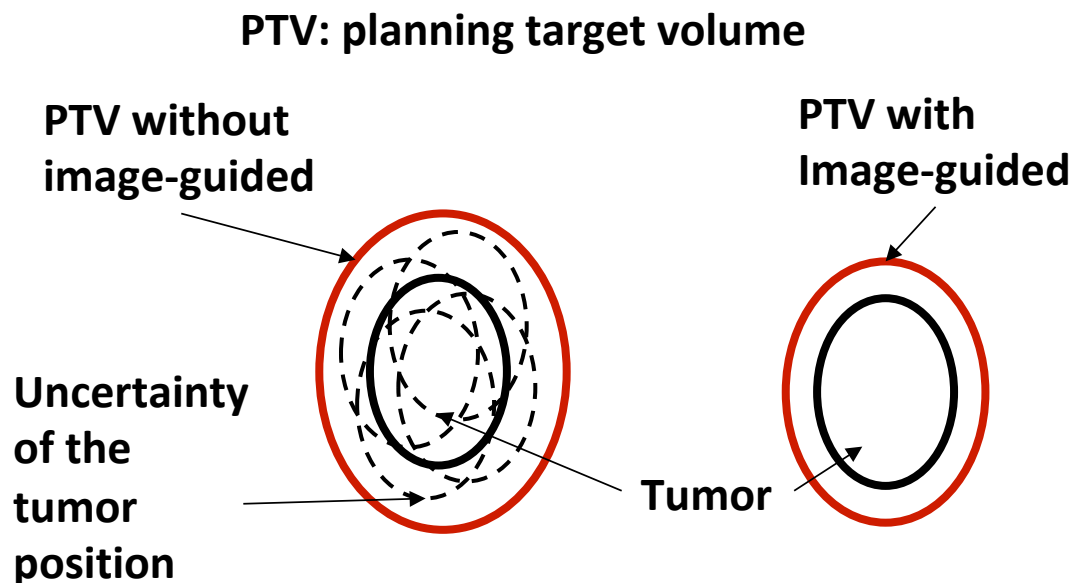


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Recent developments

- Spatial resolution (in positioning the tumor) is a crucial factor in radiotherapy.
- Higher resolution can bring:
 - Less side effect, increases the quality of life;
 - Able to deliver higher dose, increases the cure rate.



$$D_p \text{ (Dimension of PTV)} = D_t \text{ (Dimension of tumor)} + 5 \times \sigma \text{ (Spatial resolution, RMS)}$$

If the size of a tumor = 3 cm:

σ	D_p	Volume of PTV/tumor
0.5 mm	3.25 cm	127%
1 mm	3.5 cm	159%
2 mm	4 cm	237%



IGRT: Image-guided radiotherapy

- **Sub-millimeter** accuracy is going to be needed in radiotherapy.
- IGRT: two functions (imaging, treatment) in one system/machine.

Scheme of imaging	Precision
Ultra-sound	> 5 mm
External marker (Optical)	> 2 mm
Internal marker (Magnetical)	> 1 mm
Fluoroscopy	Unknown
CT on rail	1 mm
PET	Unknown
KV X-ray/CBCT	1-2 mm
MRI	< 2 mm
Coaxial 2D X-ray	< 2 mm

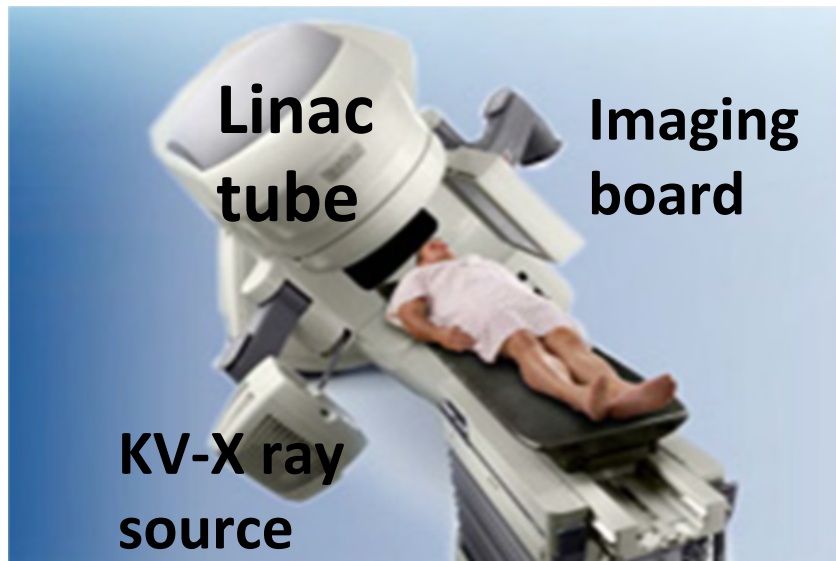
Can determine position and volume of the target **before** delivering the dose (Offline IGRT)

Can track position and volume of the target **during** the dose delivery (Online/real-time IGRT)

KV X-ray imaging

- Imaging system on the gantry. Rotate for CT imaging (Cone-Beam CT).

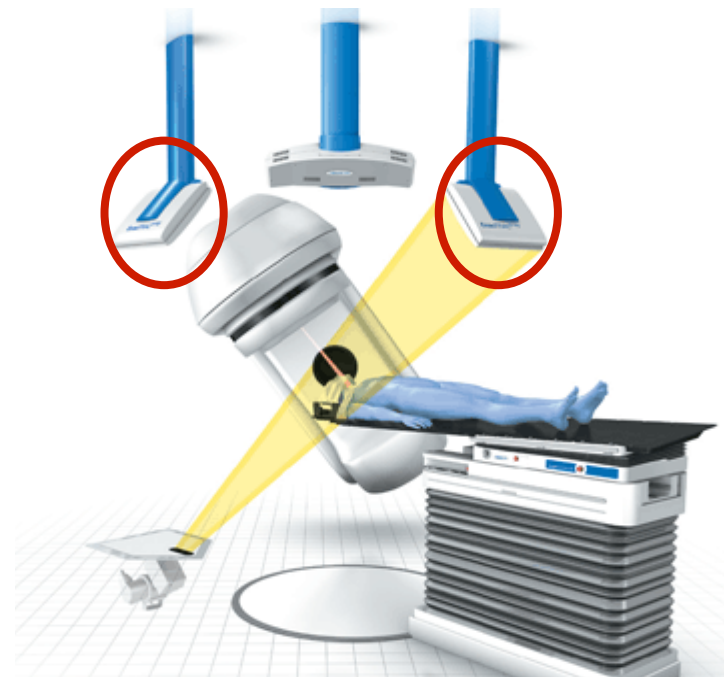
- Higher resolution;
- Large extra dose (of imaging);
- Longer time;



Varian true beam

- Imaging system not on the gantry. Two orthogonal imaging devices:

- Lower resolution;
- Fast and less dose;
- Real time tracking;

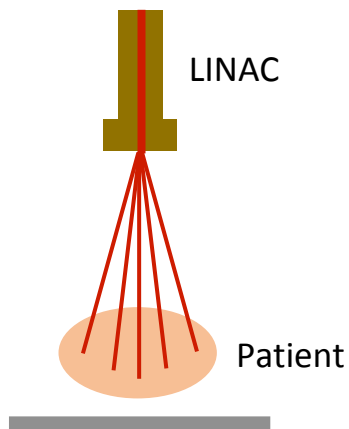


Pic from Stony brook cancer center

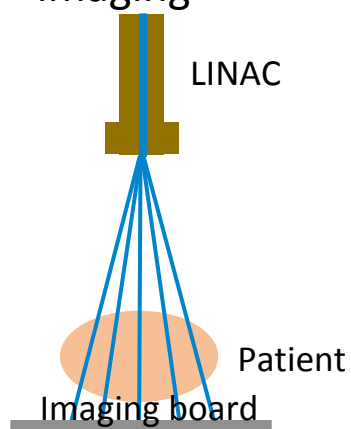
Coaxial imaging (Dual energy LINAC)

- If Imaging system and LINAC tube are in different coordinate system
→ Need transformation → Systematic error (~ 1 mm).
- If LINAC can do the imaging work, the systematic error could be eliminated.
- However, MV imaging has poor quality.
- KV/MV dual energy tube is under-developing.

High energy for
treatment



Low energy for
imaging



KV imaging

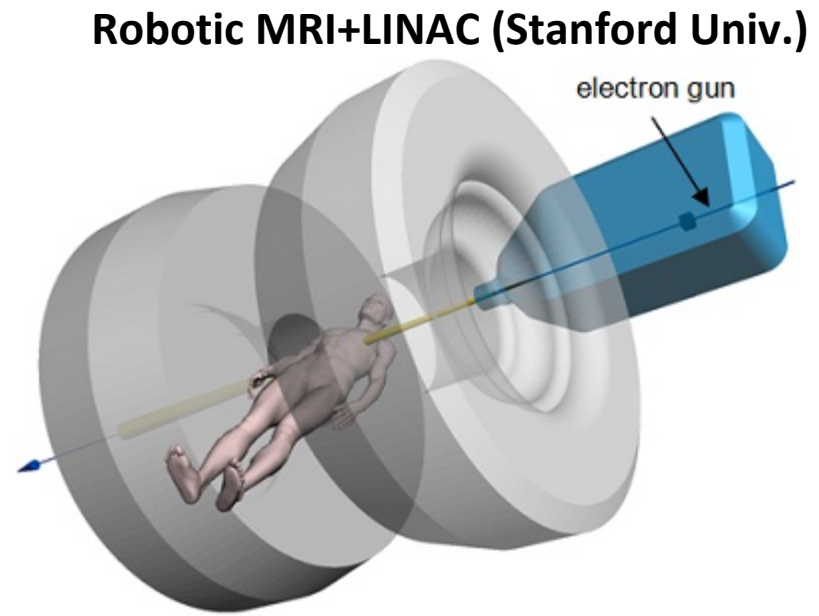
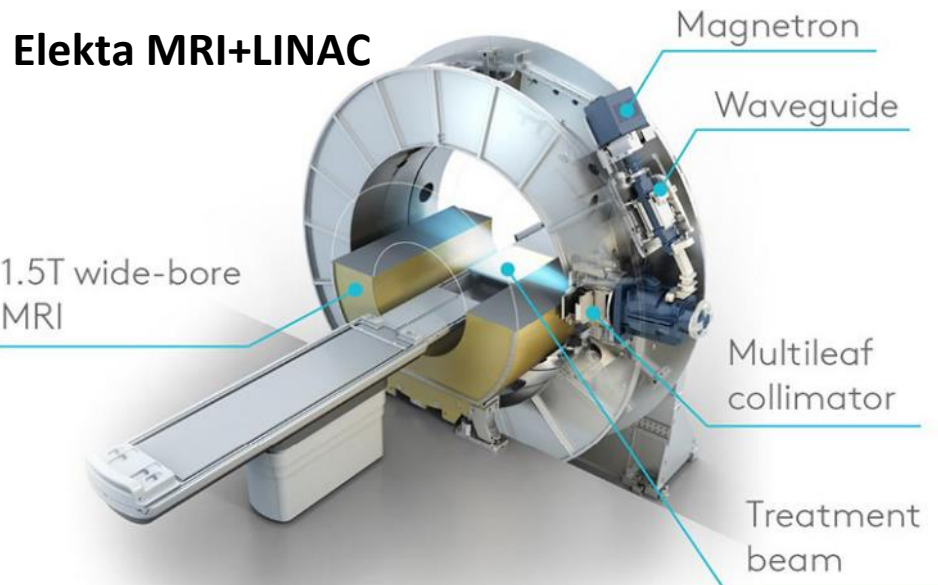


MV imaging



MRI+LINAC

- MRI could yield high quality imaging on soft tissue and with no extra dose.
- MRI+LINAC system is now under-developing.
- Difficulties:
 - Effect of strong alternating B-field on the linac tube;
 - Imaging time of MRI is quite long;



SBRT: **S**tereotactic **b**ody **r**adio**t**herapy.

- Radiotherapy treatment is divided into many fractions:
 - let the normal tissue have time to recover (repair DNA);
 - Reduce the risk on normal tissue due to error in positioning.
- **High resolution IGRT** has a significantly less dose on normal tissue
→ allow higher dose per fraction (less fractions) → SBRT.

Conventional:

60 Gy = 2 Gy x 30 days

2 Gy	2 Gy	2 Gy
2 Gy	2 Gy	2 Gy
2 Gy	2 Gy	2 Gy
2 Gy	2 Gy	2 Gy

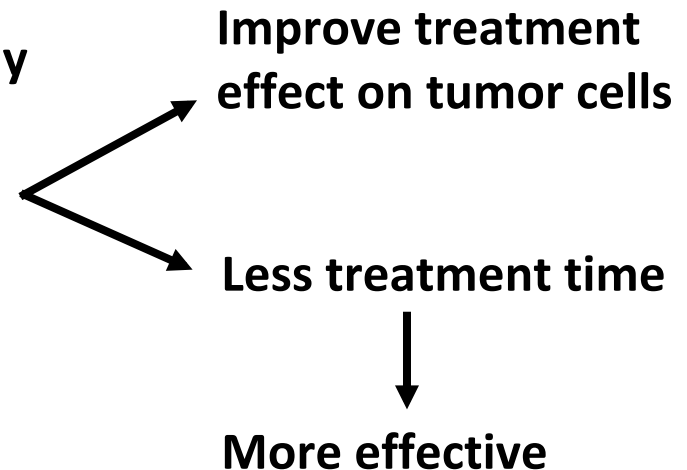
⋮



SBRT:

60 Gy = 15 Gy
x 4 days

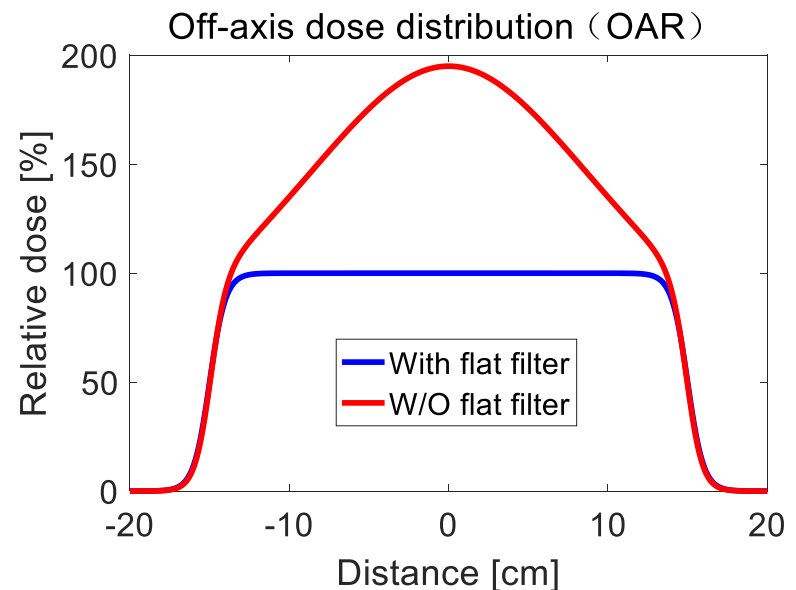
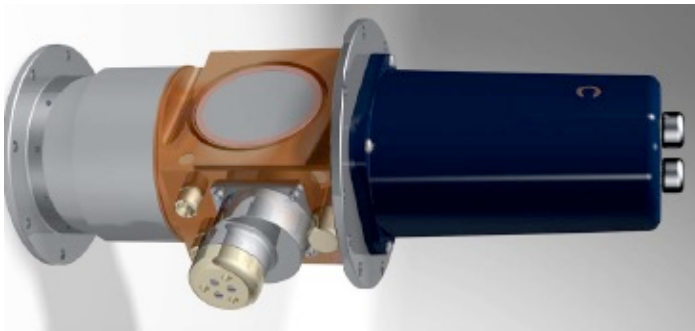
15 Gy
15 Gy
15 Gy
15 Gy



Higher dose rate

- SBRT need large dose per fraction → increasing the dose rate of the LINAC:
 - Higher power source (magnetron)/Optimizing on RF structure;
 - Work on flat-filter-free (FFF) mode → 2 times higher on-axial dose → TPS (dose-planning system) is more complex .

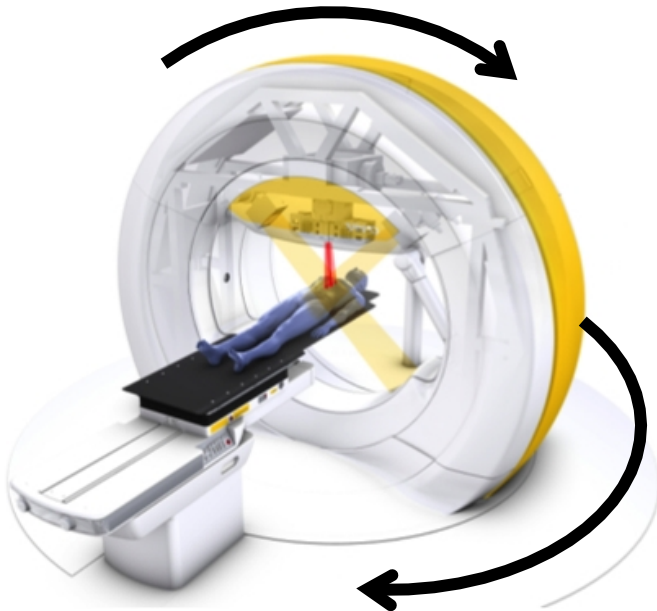
E2V MG7095 magnetron
Peak power: 3.1 MW



Flexible LINAC

- If patient receive radiotherapy from more directions, the maximum dose on normal tissue is reduced (less side effect).
- C-band/X-band LINAC has less weight → more flexible frame → provide more direction.
- less weight of LINAC → higher accuracy in positioning.

Vero SBRT: C-band



Cyberknife Robotic RT: X-band



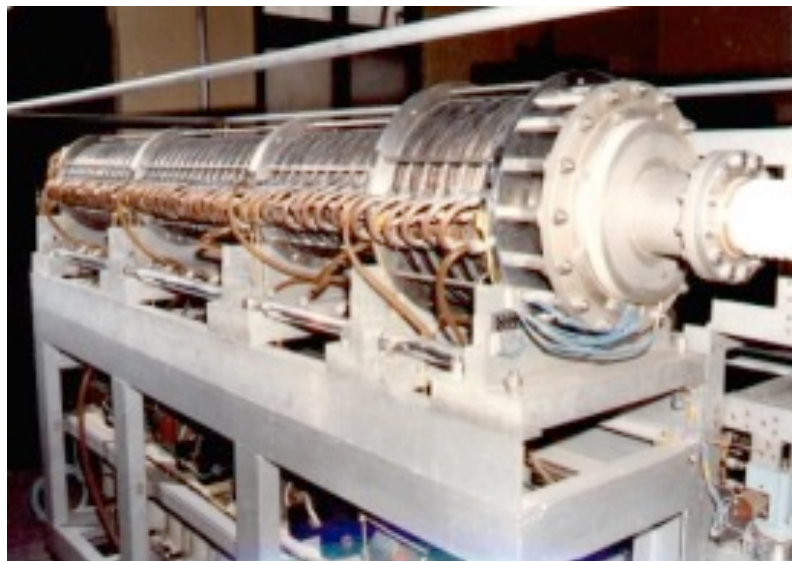
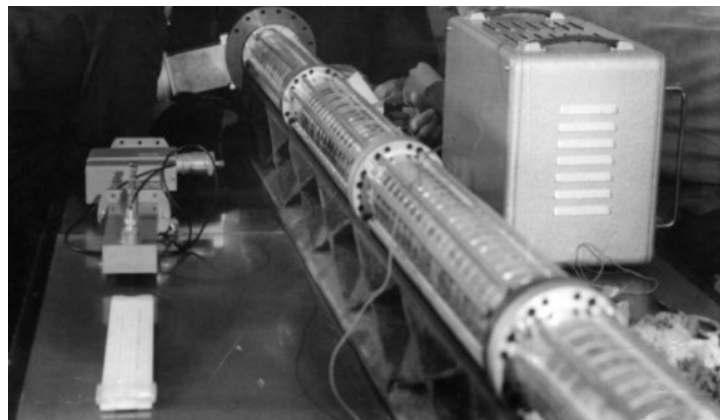


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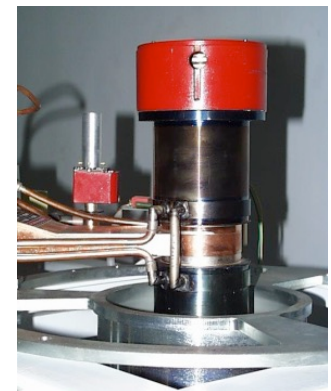
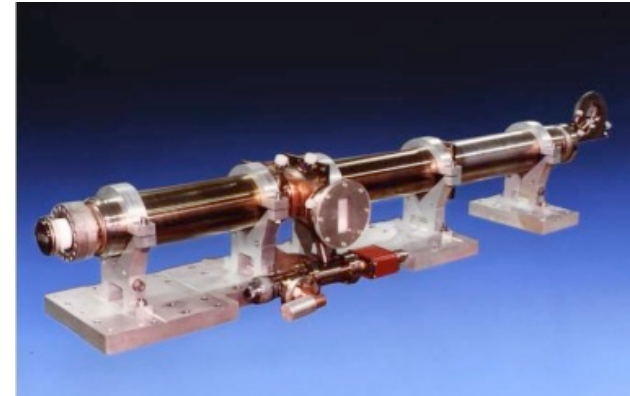
History in Tsinghua accelerator lab

- We built first medical LINAC in China: BJ10 (in 1970s)



History in Tsinghua accelerator lab

- 1974** ✓ Convened a research group of more than 40 institutes to develop the first medical electron linac in China;
- 1977** ✓ BJ-10 travelling wave linac(10 MeV electron)
- 1987** ✓ 4 MeV axis-coupling linac
- 1993** ✓ 14 MeV linac
- 1998** ✓ Multi-energy linac (6~20 MeV)
- 2003** ✓ Dual-beam linac (X-ray/electron)
- 2006** ✓ Dual beam energy linac (kV/MV)
- 2009** ✓ Electron standing wave linac for IMRT
- 2012** ✓ C-band 6 MeV linac (1000 rad/min, 40 cm)
- 2016** ✓ High dose rate 6 MeV linac (1400 rad/min)
- 2018** ✓ X-band 6MeV linac (expected: 800 rad/min)



kV/MV coaxial LINAC

- We fabricated a prototype linac tube in 2007 and successfully demonstrated the energy switching (6 MV to 600 kV) . However, there are still some challenges:
 - Dose rate is not high (about 800 cGy/min @ 1 meter)
 - Linac tube is working not stably at low energy state (600 kV)

kV/MV Linac tube

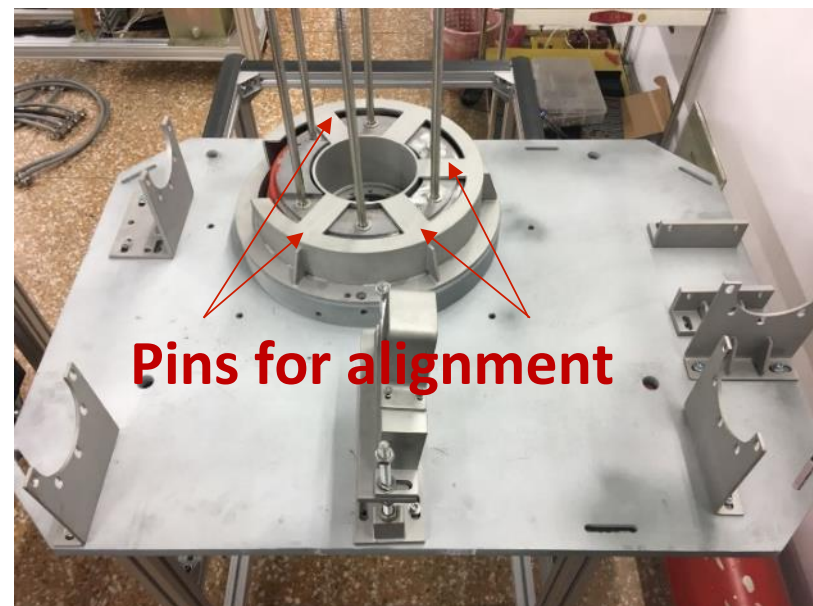
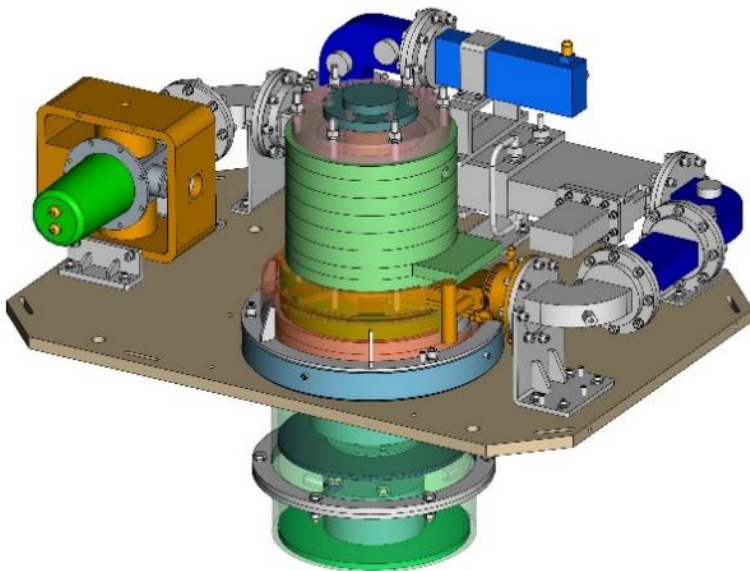


**Full radiotherapy machine prototype
(developed by NUCTECH. Inc, China)**



S-band large dose-rate LINAC

- A full module of X-ray source: magnetron + waveguide + linac tube (with shielding) , weight = 500 kg.
 - Mechanically adapted for many kind of radiotherapy machines;
 - Control it like a step motor: trig→ try to deliver a dose unit (1 MU) → feedback the real dose;
 - Pins are reserved to aligned the linac tube (by twisting them).



C-band medical LINAC

- We designed and tested a C-band 6 MeV LINAC in 2013.
- The dose rate is promising (1000 cGy/min@ 1m) .

Parameter of C-band medical linac design

Frequency	5712 MHz
Power	2.1 MW
Peak beam current	130 mA
Dose rate (at 1m with duty cycle is 0.1%)	1000 cGy/min
Capture ratio	32.8%
Spectrum FWHM	0.1 MeV (1.5%)
RMS spot size	1.4 mm
Accelerating Cell number.	13 cells
Acc. structure length	29 cm
Shunt impedance	130 MΩ/m

C-band medical linac tube

Total length : 40 cm

Weight of the tube : 7 kg

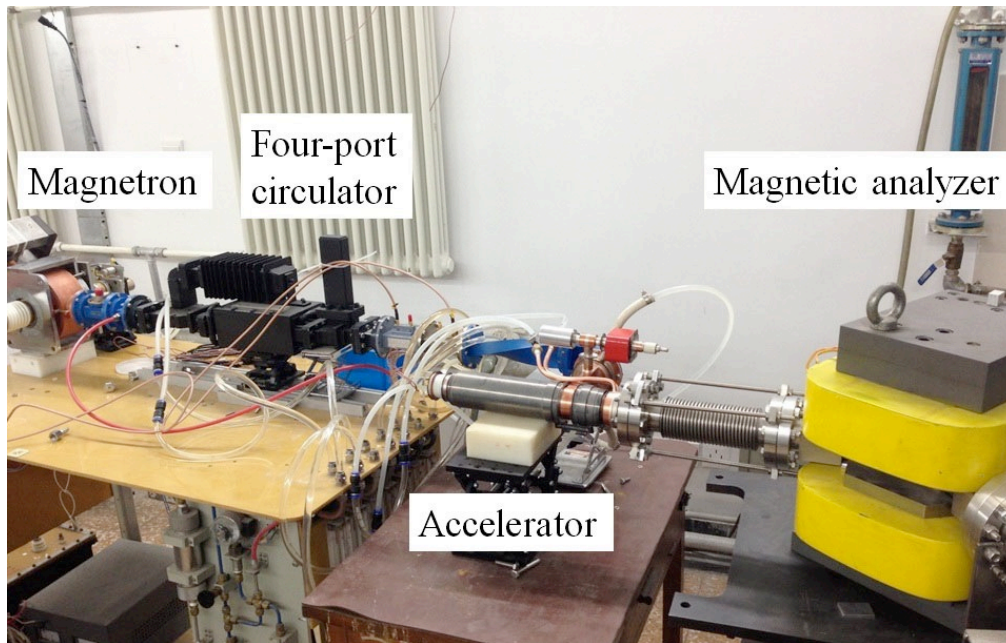
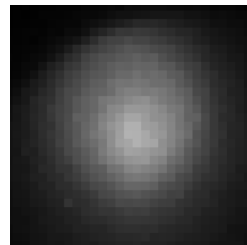


<https://journals.aps.org/prab/pdf/10.1103/PhysRevSTAB.16.090102>

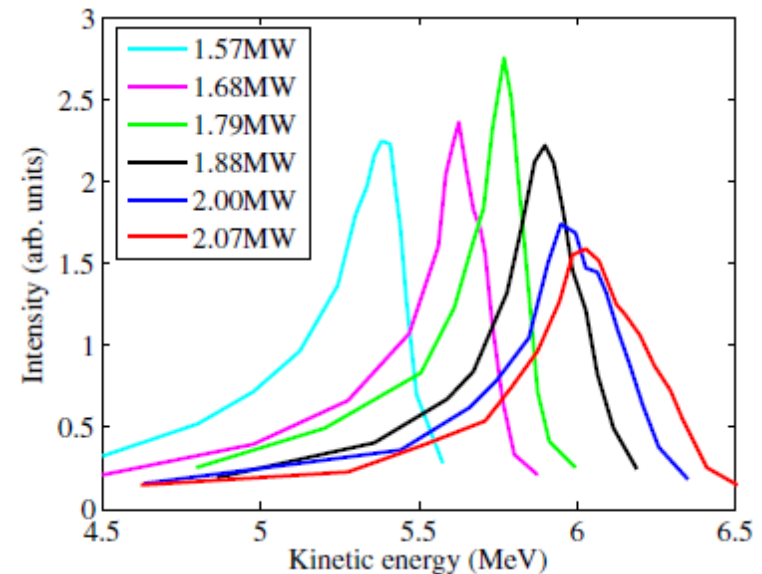
C-band medical LINAC

- The LINAC installed a titanium window at its end. So that we can measure parameters of the output electron beam:
 - Spot size: less than 1.5 mm 😊
 - Spectrum FWHM: 0.4 MeV 😞 (expected 0.1 MeV, may due to jitter in the power source)

1 mm

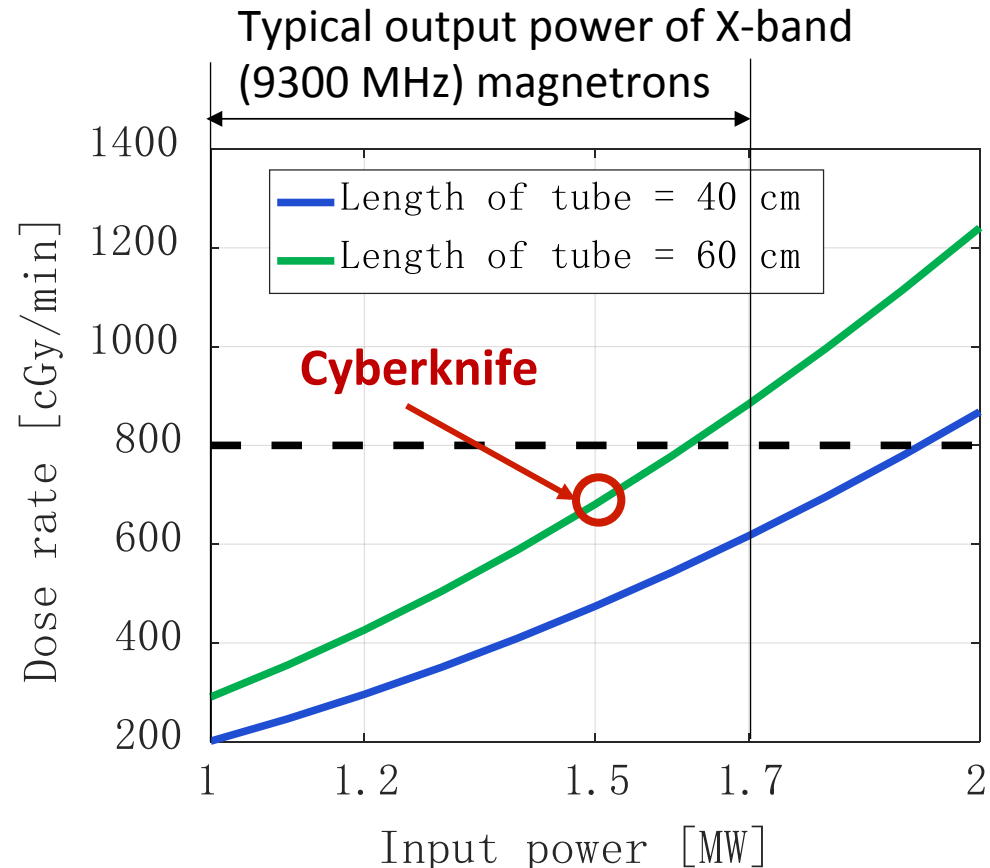
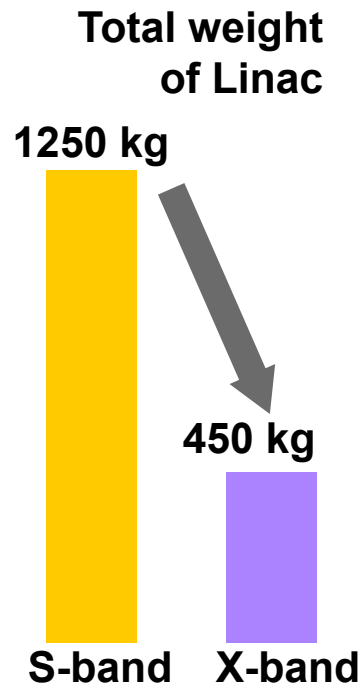
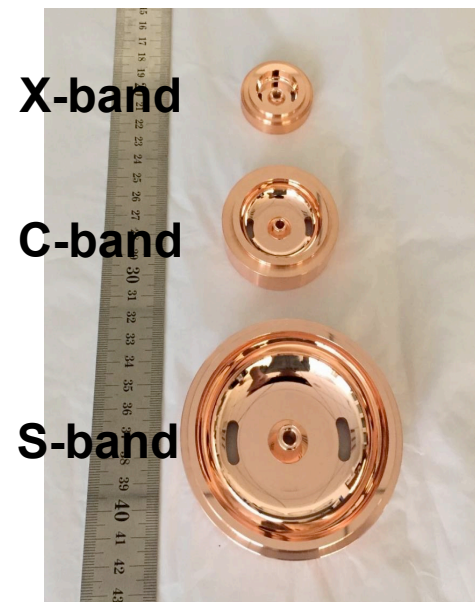


Spectrum vs power



X-band medical LINAC

- X-band medical LINAC is compact but has lower dose rate.
- We are developing a high dose rate X-band linac
 - 40 cm structure length
 - 800 cGy/min @ 1 meter



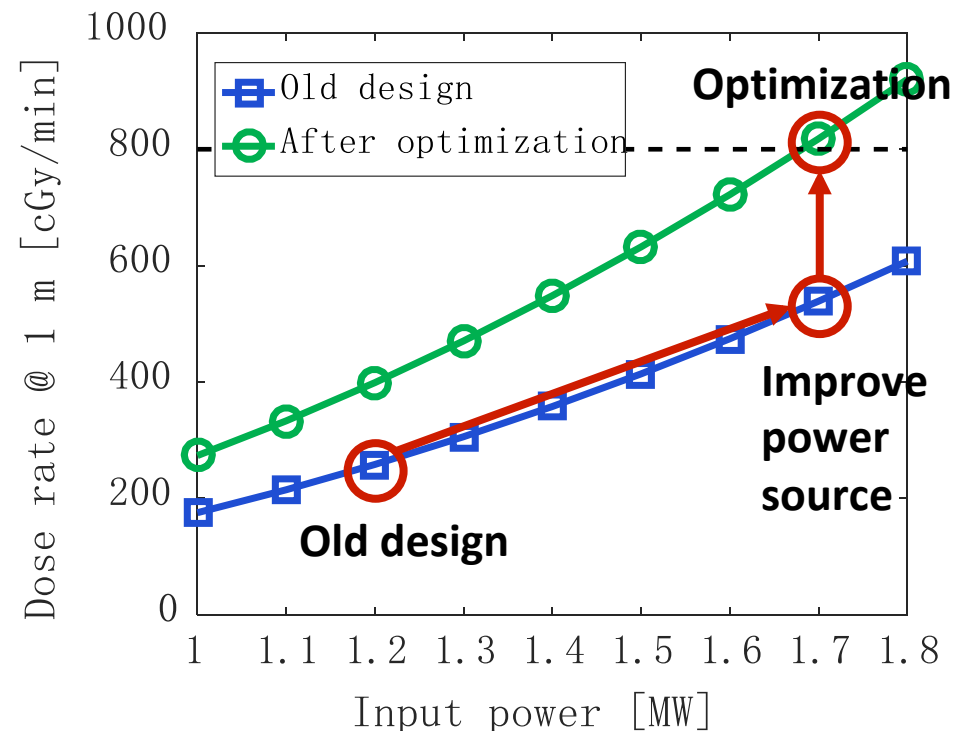
X-band medical LINAC

- We developed an X-band tube in the year 2000 (old design). The new X-band tube will improved :
 - More powerful source (expect 1.7 – 1.8 MW)
 - Increase the shunt impedance
 - Increase the capture ratio (less power absorbed by un-captured beam)
 - Optimize the beam spectrum.

Old design:

Input power = 1.2 MW

Dose rate = 300 cGy/min @ 1 m

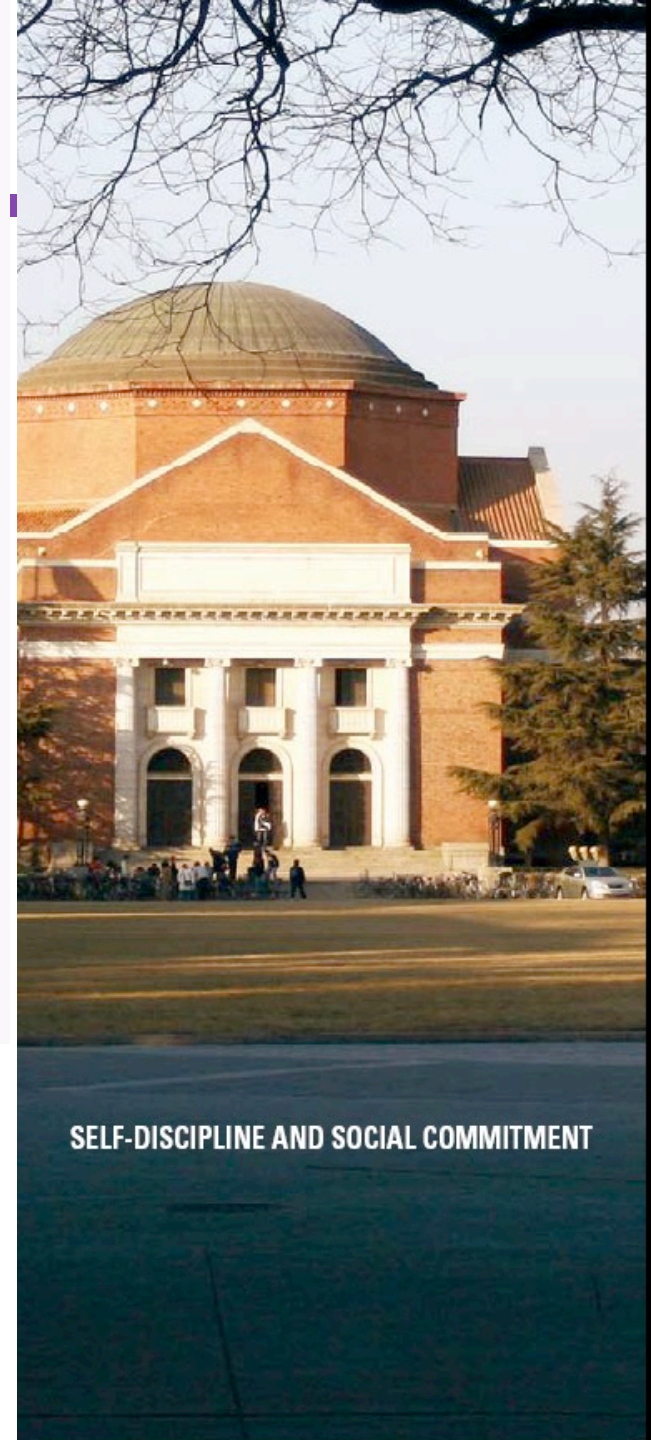




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Thanks



SELF-DISCIPLINE AND SOCIAL COMMITMENT