

PAUL SCHERRER INSTITUT



Dr. Serena Psoroulas :: Technology development :: Centre for Proton therapy

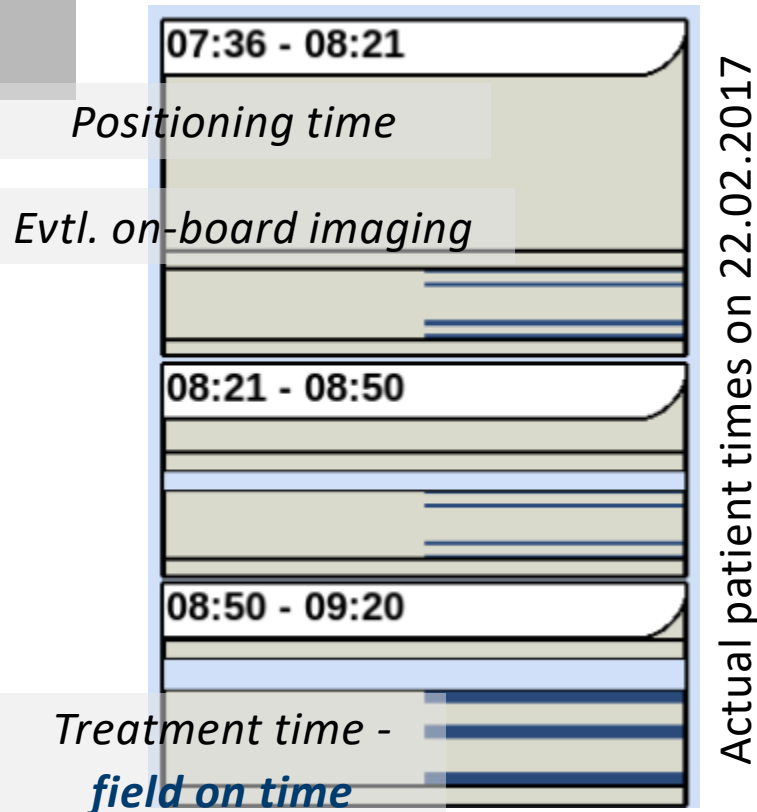
Motivation and challenges of fast dose delivery

EUCARD Workshop on Innovative Delivery Systems in Particle Therapy

Torino, 23.02.2017

Treatment times vs room occupancy times in the PSI Centre for Proton Therapy

Gantry 2



Room occupancy affected by many factors

Treatment times of order of *1-2 Gy/L/min* common in clinical facilities

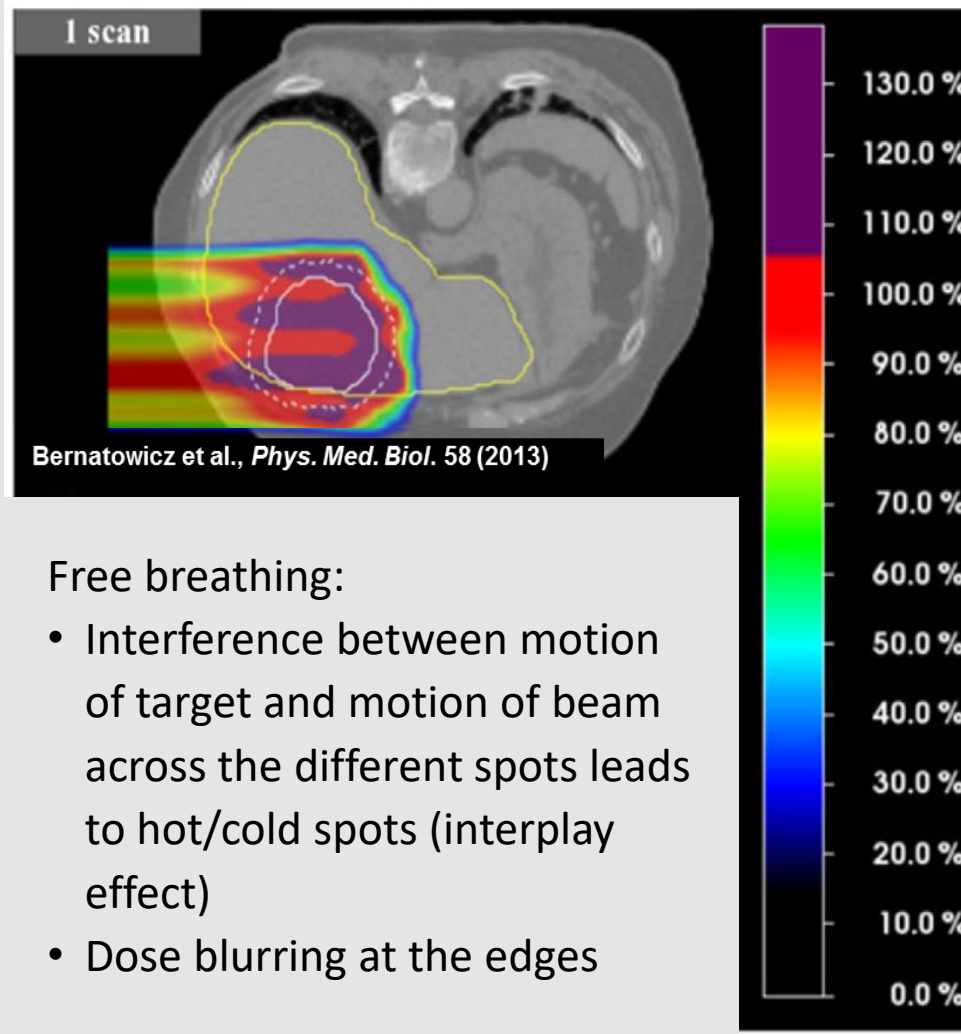
Fast room switching advantageous for multi-room facilities

**Why faster scanning?
Challenges?**



Motivation: moving tumours

Interplay effect with pencil beam scanning



Overdosage (clinically not acceptable)

100 % = Target dose

Underdosage (clinically not acceptable)

Free breathing:

- Interference between motion of target and motion of beam across the different spots leads to hot/cold spots (interplay effect)
- Dose blurring at the edges

What technique to treat moving targets?

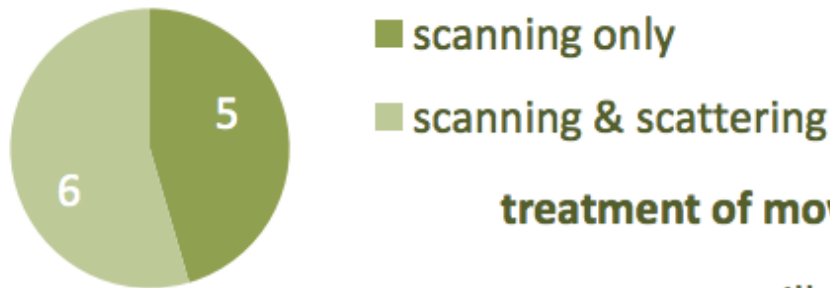
Results of informal survey from A. Knopf (UMCG):

Scanned beams preferred to scattering even for motion cases; but high need for

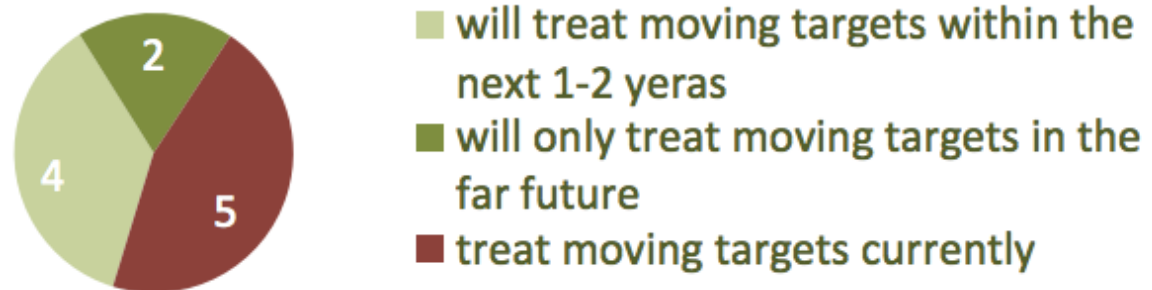
- *Fast scanning*
- *Appropriate motion mitigation technique*

Report on 11 centers (9 proton centres, 1 carbon centre, 1 proton + carbon centre):

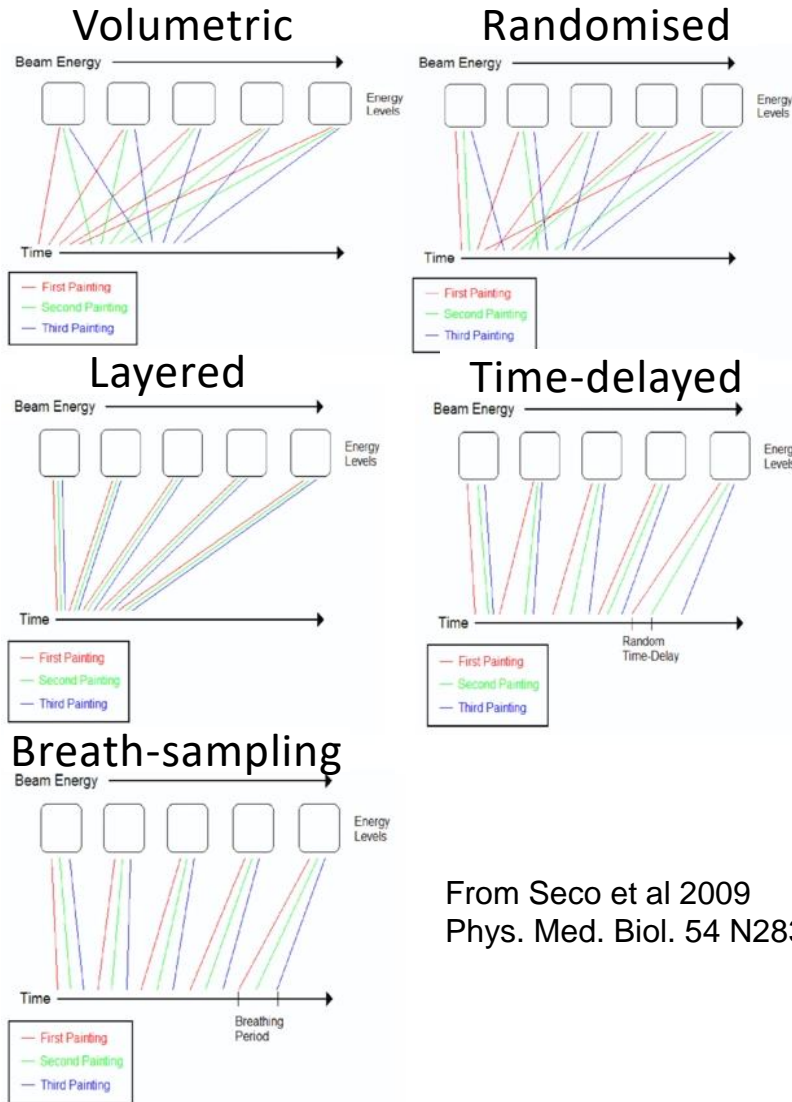
delivery technique



treatment of moving targets



Rescanning and machine performance



Goal: average hot-cold spots by re-applying the same field several times

Time 1 layer \ll breathing period

Affected by delivery performance as:

- **Energy switching time**
- **Beam stability after energy switching**

Results in increase of treatment time
Choice of rescanning strategy: likely machine-dependent!

From Seco et al 2009
Phys. Med. Biol. 54 N283

Gating and machine performance

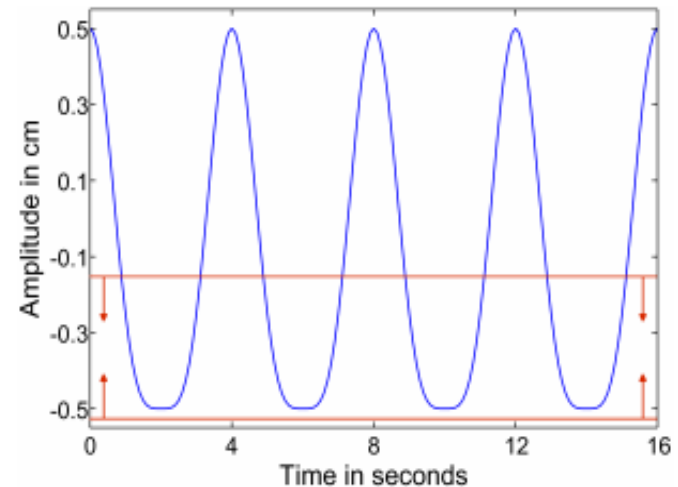
Goal: reduce amplitude of motion
Trigger delivery by monitoring in real time tumour motion (or its surrogate)

Residual motion interplay to be suppressed using additional mitigation (eg rescanning) or appropriate planning parameters

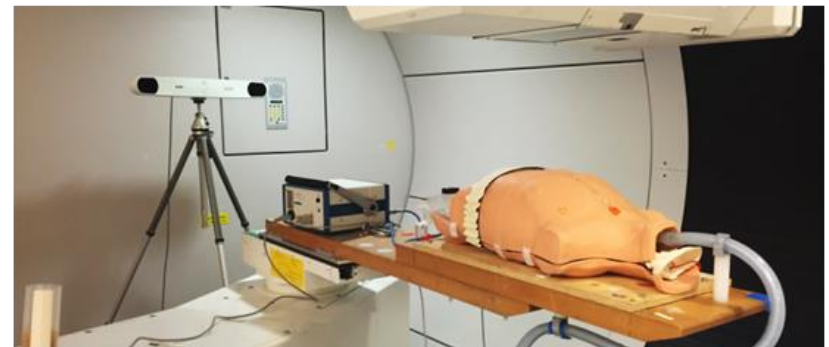
Affected by:

- **Low efficiency in beam application**, particularly for synchrotrons (unless special excitation cycles are used)

Results in increase of treatment time

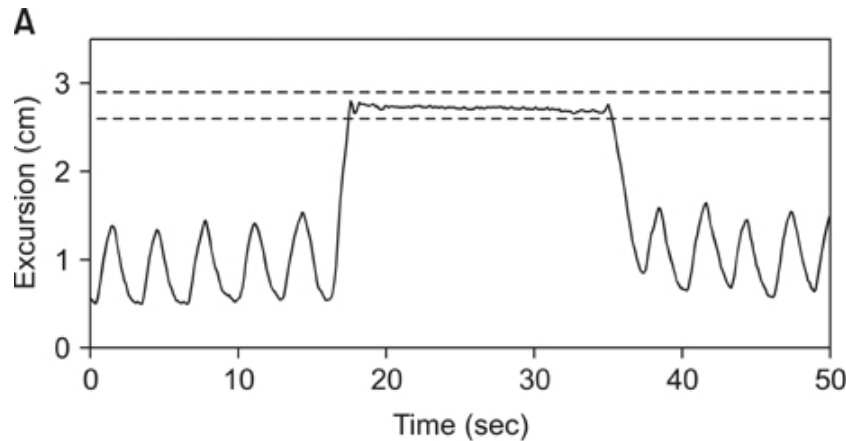


A. Schaetti, PSI



G. Fattori et al, Testing of optical tracking gating system at PSI Gantry 2 (in preparation)

Breath hold and machine performance



Radiat Oncol J. 2014 Jun;32(2):84-94

Goal: quasi-static irradiation of tumours in thorax/upper abdomen achieved with patient's cooperation

Affected by:

- **Total scanning time through volume**

As well as:

- Reproducibility between breath-holds
- Patient's breath-hold length (**Breath-hold windows ~20 s**)

Requires:

- Fast scanning in all three dimensions
- Precise patient monitoring

Techniques such as apnea might relax the timing requirements

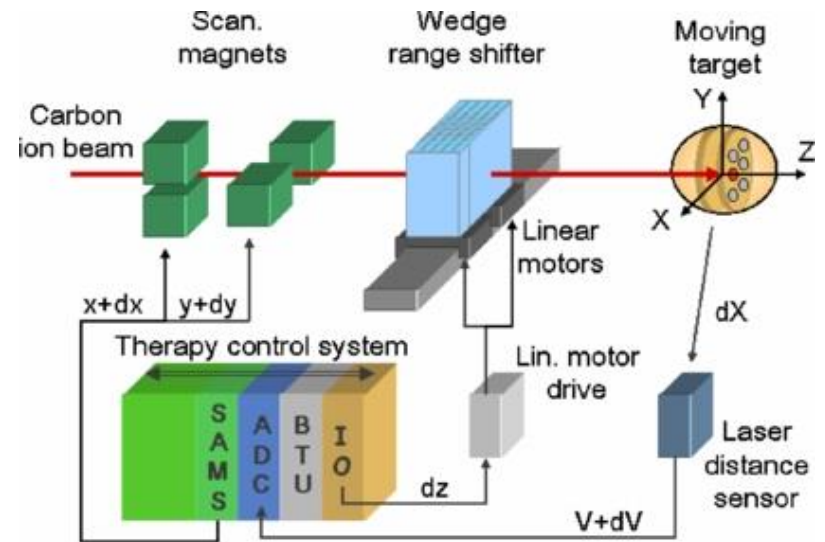
Goal: compensate for CTV motion

Affected by:

- **Changes of WEPL along beam axis**
- Target deformation
- **Reaction time of tracking (and adaptation) system**
- **Reproducibility of motion** (particularly in inhomogeneous tissues)

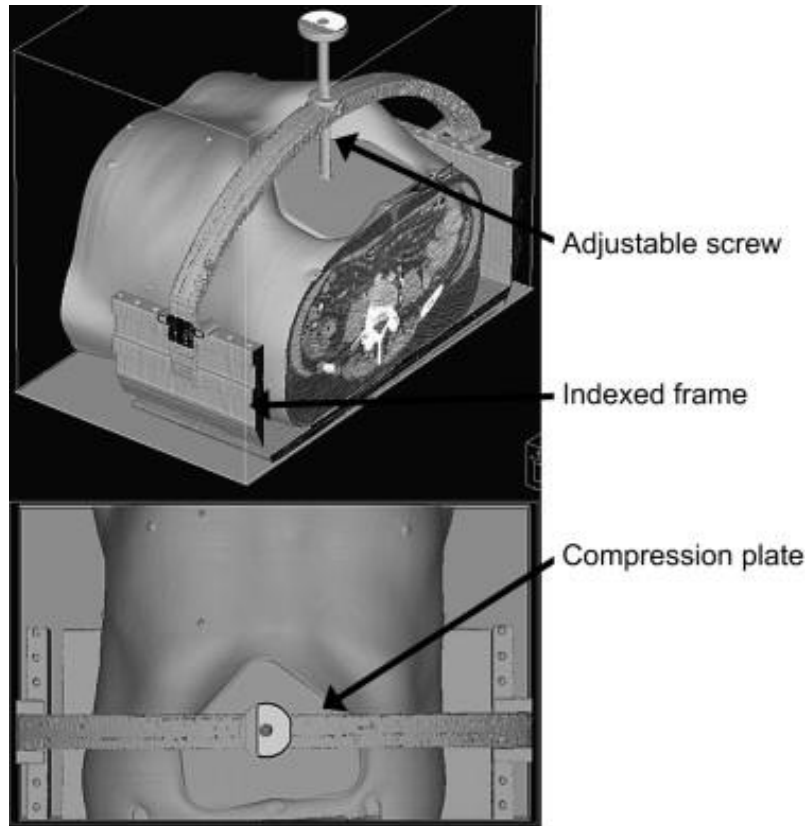
Requires:

- Real time monitoring of the internal anatomy
- Fast monitoring of changes in WEPL
- Fast adaptation of beam configuration (most challenging: range)
- Appropriate treatment planning parameters



From N. Saito et al 2009
Phys. Med. Biol. 54 4849

How about immobilisation?



Eccles, C. L., et al (2011),
IJROB 79(2), 602–608.

Immobilisation is a primary mean of motion/interplay mitigation:

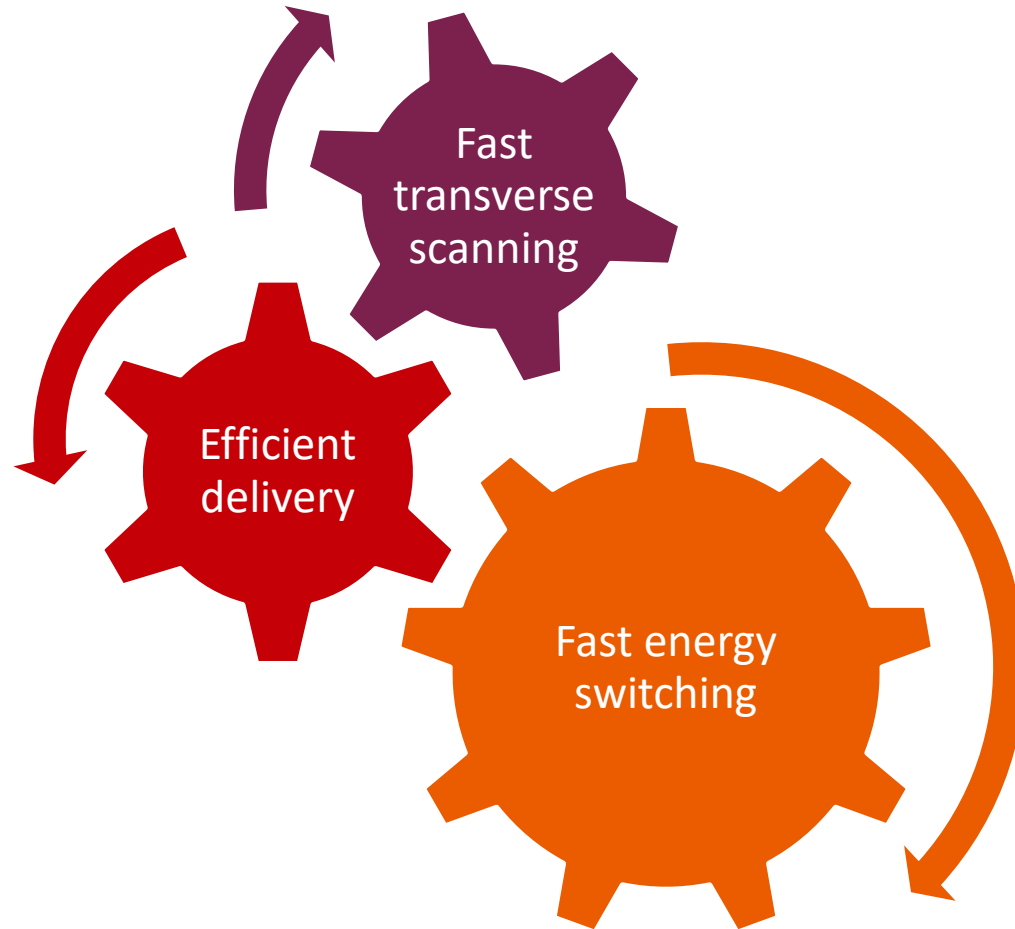
- Abdominal compression (liver cases)
- Rectal balloon (prostate cases)

BUT:

- Residual motion often not completely negligible (eg compression)
- Static configuration achieved for few minutes, then changes in the anatomy can occur (eg drifts)

Immobilisation will work best with fast scanning (and if needed, combined with motion mitigation)

Fast scanning to make motion mitigation possible



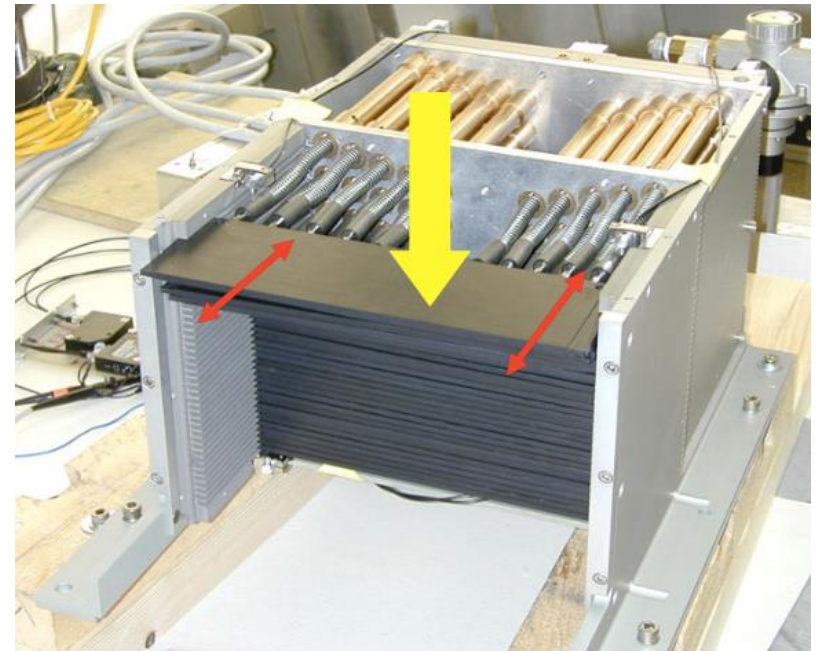
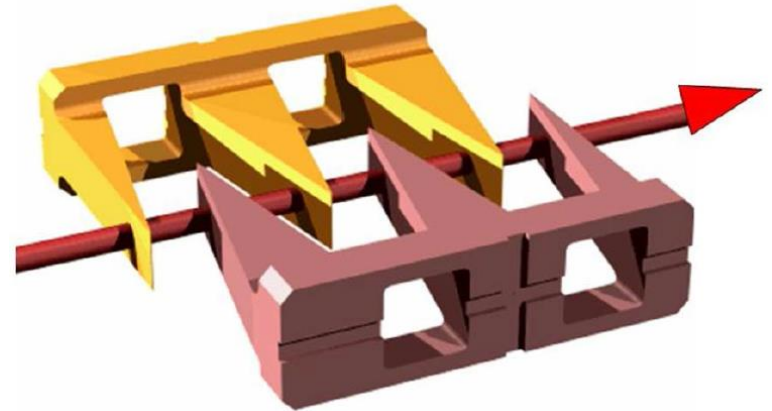


Fast scanning in depth: energy switching strategy and beam stability

Energy switching strategies for cyclotrons

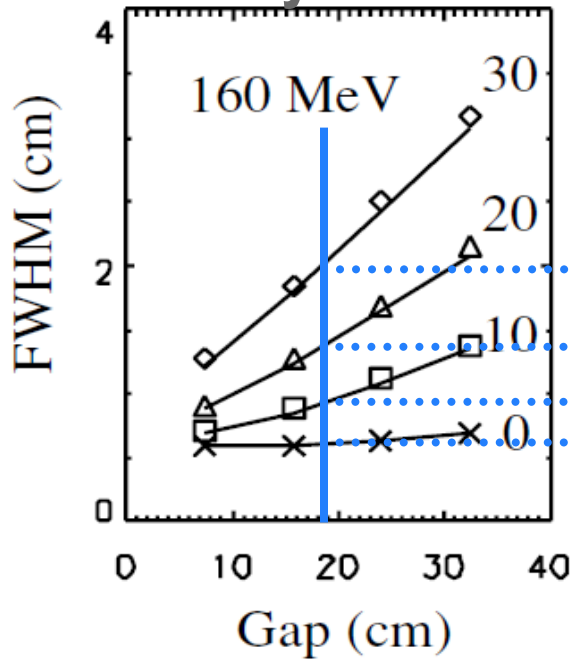
Cyclotrons provide single energy: need for energy degradation

- **Upstream:** energy degradation after cyclotron
Need to adapt all magnets in the beam line: settling time is the bottleneck!
- **Downstream:** range shifter or ridge filter before patient
Can reach fast switching (50 ms), but at the price of beam size



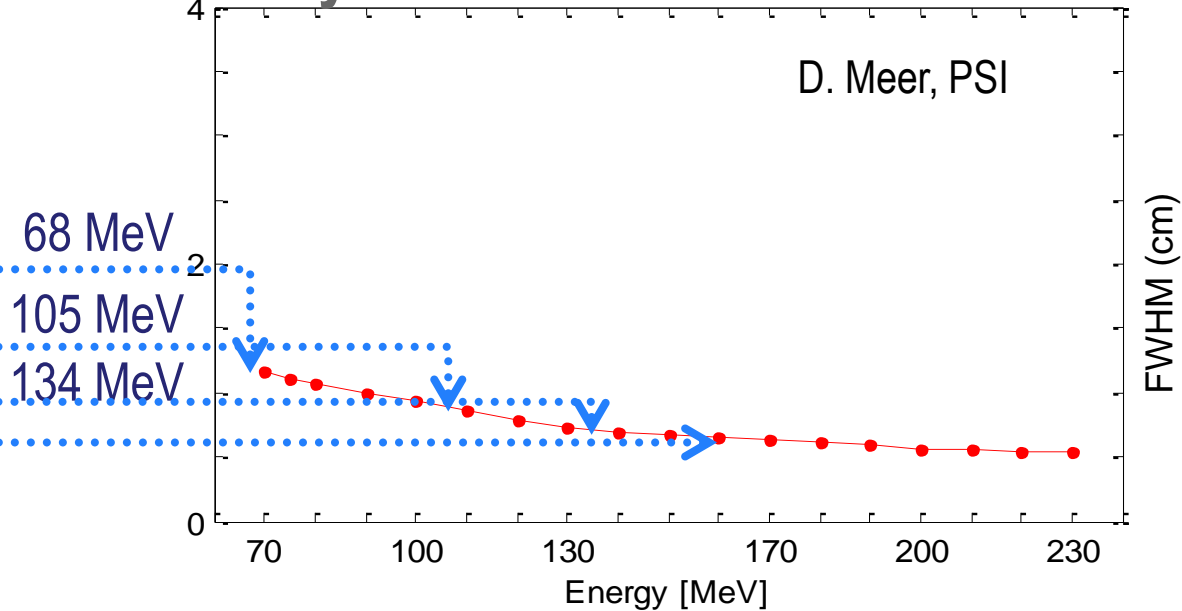
Impact of energy switching strategy on beam size (PSI gantries)

Gantry 1



Broadening of the beam width in air due to scattering of the range shifter plates (0, 10, 20, 30: number of range shifter plates) as a function of air gap. From Pedroni et al., 2005

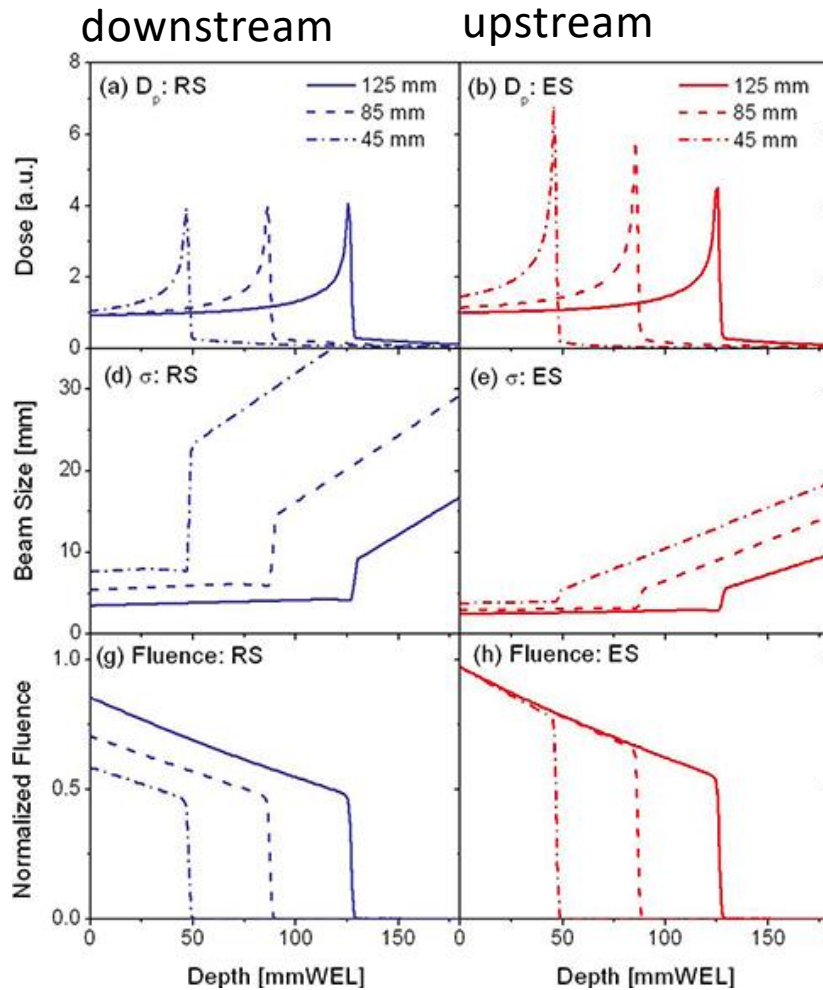
Gantry 2 Spot size Gantry 2, 18 cm air gap



Beam width in air at iso-center as a function of beam energy

**Cyclotron facilities nowadays mostly rely on upstream beam changes
Exception: Mevion**

Impact of energy switching strategy on beam size in synchrotrons (HIMAC simulation)



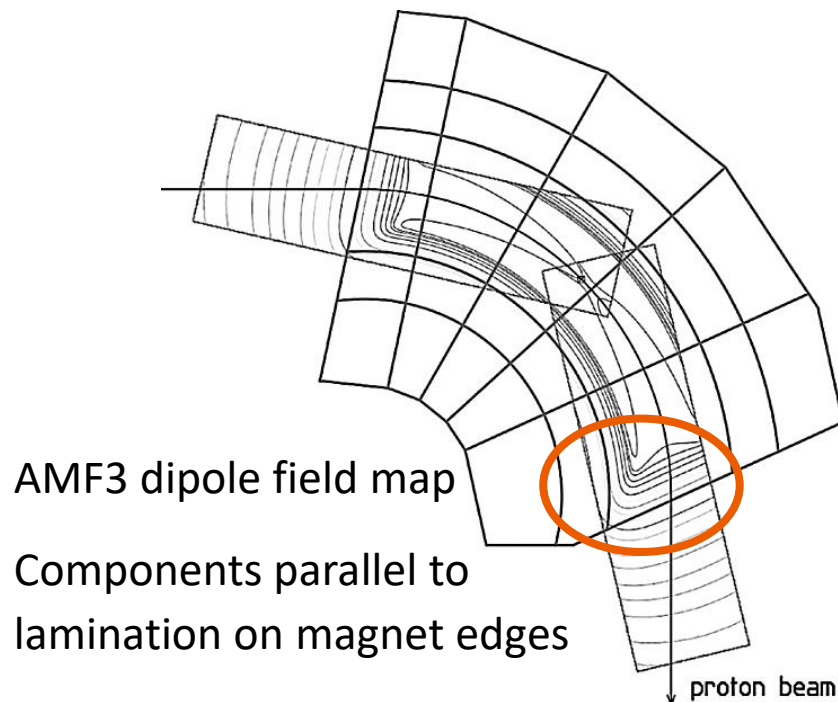
Upstream changes benefit synchrotrons, but **from timing point of view a range shifter is still a strong advantage**

Under investigation: extended flattop with multiple energies

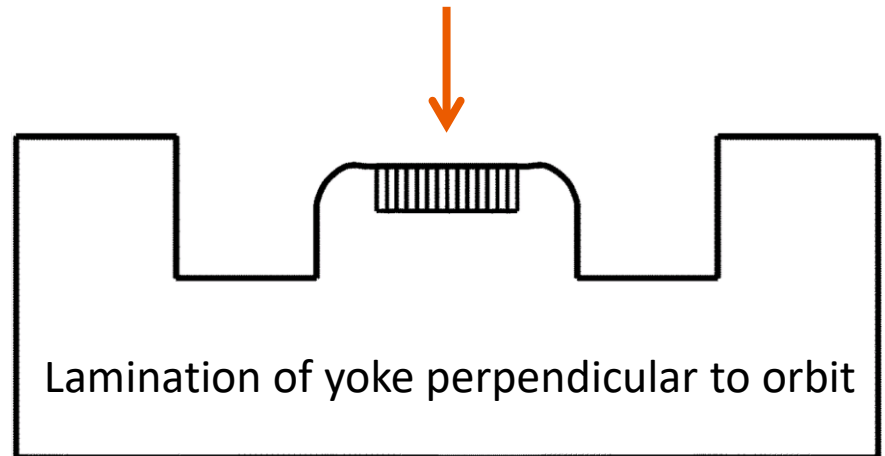
Inaniwa, et al. 2012, Med. Phys., 39: 2820–2825.

Impact of fast energy changes on bending magnets

- Energy changes = changes in magnetic field = **Eddy currents**
- **Lamination helps suppressing the effect – up to a limited degree**

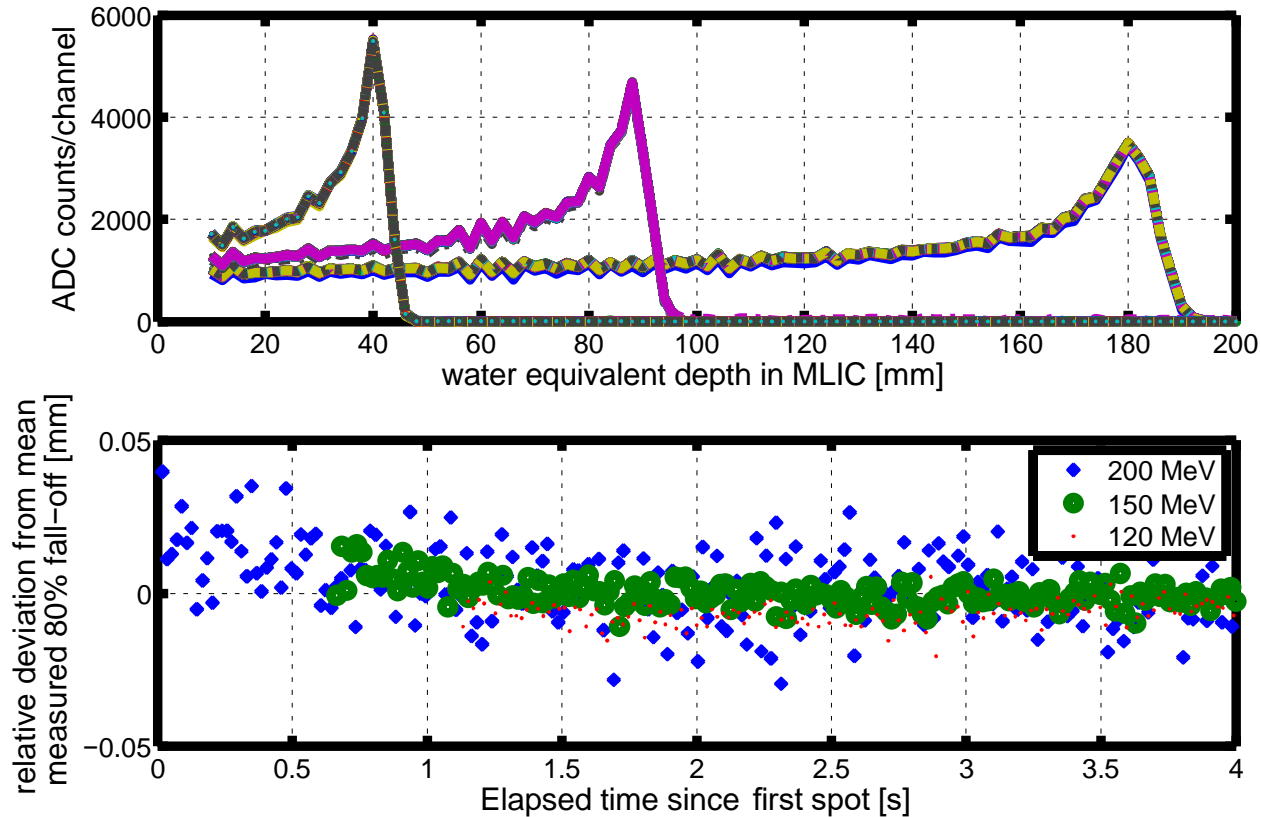


Lamination parallel to particle orbit reduces eddy currents in entrance/exit region



Gabard, A., et al. (2010), *IEEE Transactions on Applied Superconductivity*, 20.

Experimental validation of constancy of range with fast energy changes



Measurements of range following a **100 ms energy change**

20 ms beam delivery/spot

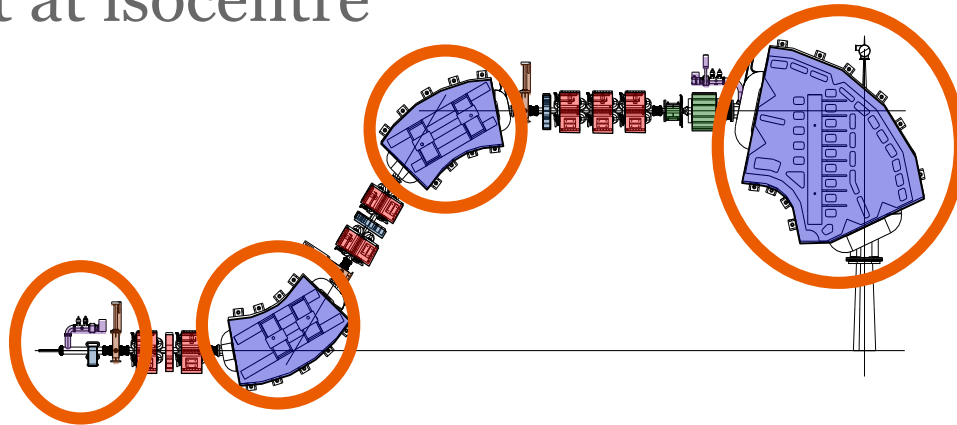
Range constancy better than 0.05 mm

Psoroulas et al, manuscript in preparation

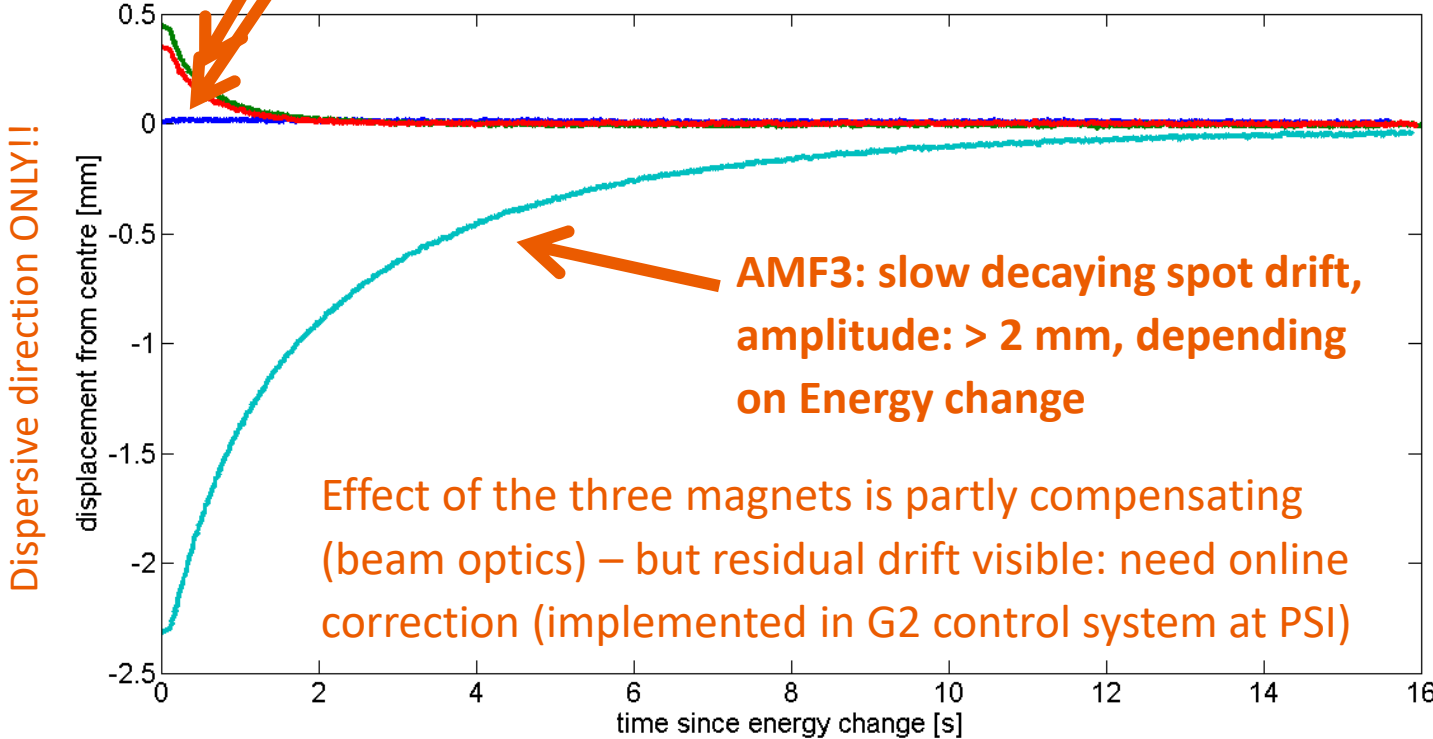
Spot position drift at isocentre

AMA1 and upstream magnets:
no impact on spot position

AMF1 – AMF2: exponential spot drift,
decay within 1 s, effect < 0.5 mm



Drift caused by different magnets along the beam line, for same energy change (230 - 150 MeV)



Psoroulas et al,
manuscript in
preparation

Rescanning

- **Strong impact of energy switching time, affecting the preferred strategy** (e.g. Bernatowicz et al, PMB 58(22), 2013)

Gating and breath hold

- For upstream energy switching systems: need **low switching times!**
- For synchrotrons: need synchronisation with accelerator (see later)

Tracking

- Need: **5 mm range compensation within 10 ms** (Saito, et al., PMB 54(15), 2009)
- Current systems cannot match such requirements

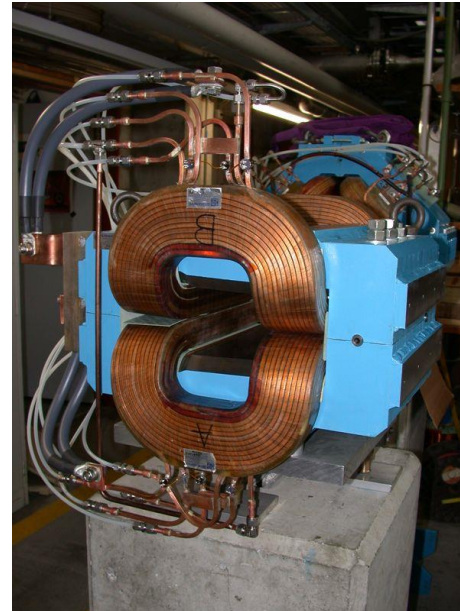


Fast scanning in transverse direction

Fast scanning: scanning magnets

Pictures: PSI magnet section

- **Scanning magnets capable of reaching up to 2 cm/ms**
- Ferrite core: no hysteresis/eddy currents effects at the expense of field size
- *Future: air-core magnets?* (in combination with laser-pulsed acceleration)



Dispersive
direction:

Max 0.4 T



Transverse
direction

Max 0.2 T

Ferrite core to avoid
eddy currents

Current pencil beam scanning technique: dose-driven

Step-and-shoot approach
pioneered at PSI and GSI and
commonly used in all centres:

- Beam intensity constant (evtl. fixed by the smallest spot length)
- Position constant
- *Dose-driven: once all protons for one position have been delivered, move to the next*

Very robust technique, from a time when beam intensity was not very stable...

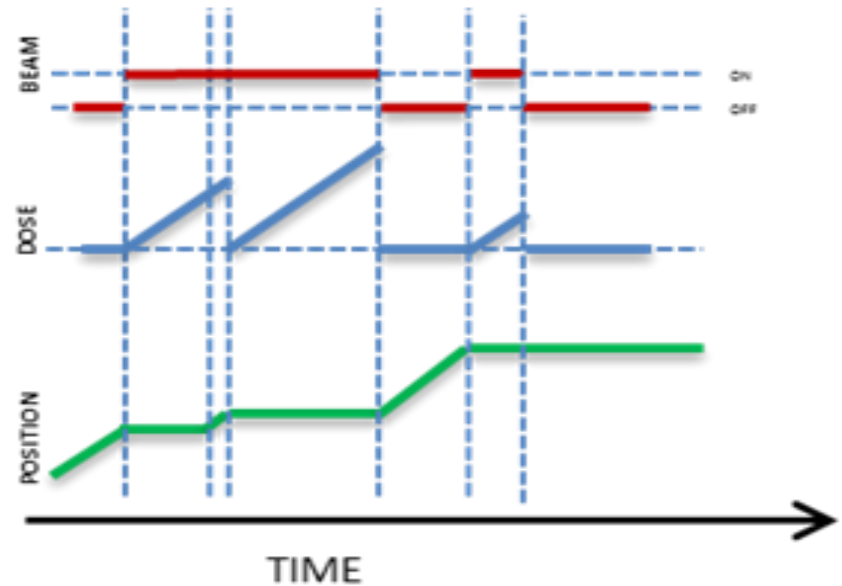
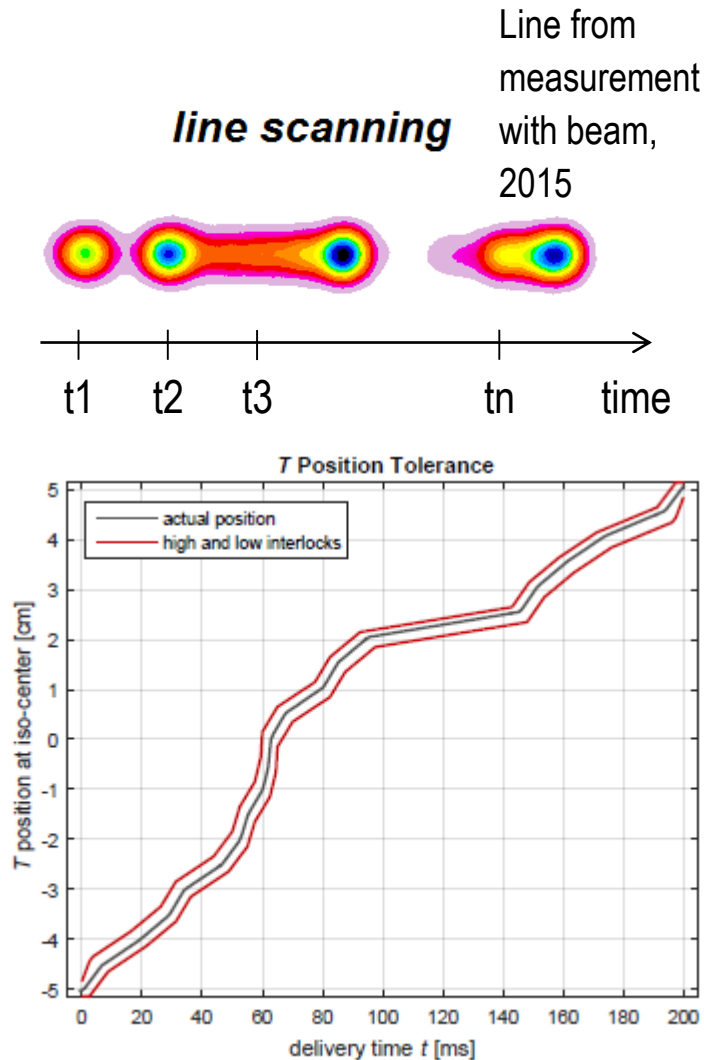


Image courtesy of Varian Medical Systems, Inc. All rights reserved.

Alternative: time driven



All delivery techniques can be implemented also in *time-driven* mode:

Dose at patients is defined as instantaneous beam current and scanning speed

Implemented by Sumitomo (independently also at PSI) to improve timing performance

- Continuous speed modulation
- Continuous beam delivery

Requires:

- **Stable beam currents**
- **Closed-loop control of quantities (to react to instabilities)**
- **High-rate monitoring signals (to eventually trigger interlocks)**

G. Klimpki et al., submitted; talk tomorrow

Consequences for motion mitigation techniques

Rescanning:

- **Higher scanning speeds (for the same beam current) means more rescanning**
- Possible issue: minimum number of monitor units

Gating/breath hold

- Higher scanning speeds **without increase in beam current** might not win enough time...

Tracking

- **Speeds > 0.5 cm/ms are already enough for corrections!**



Dose rate and dose modulation

Maximum beam current and treatment time

Maximum beam current is the decisive factor for reducing treatment time

Affected by:

- **Shielding considerations**
 - Beam losses in accelerator, along the beam line etc
- **Patient safety system reaction time**
 - Dose delivered in case of an incident constrained by safety standards
- **Injection/extraction**
 - For synchrotrons external source: limitation in injector, space charge, ring emittance acceptance
 - For cyclotrons with internal source: source characteristics, speed of modulation, extraction efficiency
- **Beam losses/inefficiency after accelerator**

Beam losses in transport with upstream energy selection system

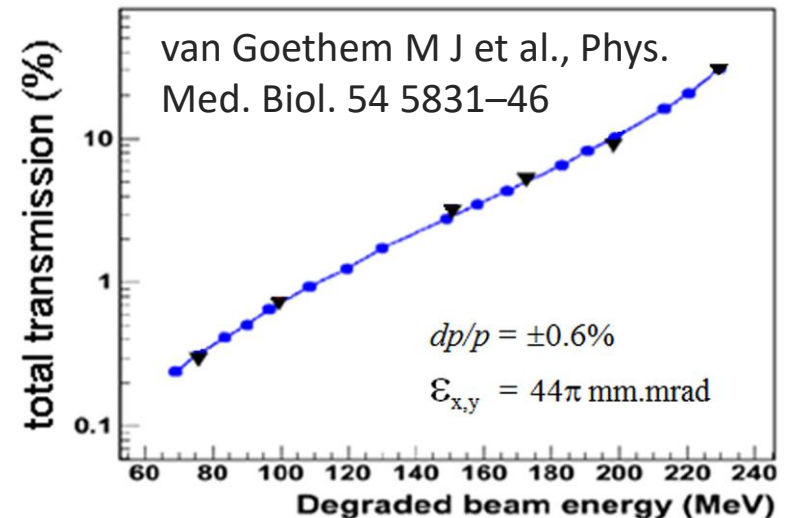
Degrader highly impacts beam
divergence

Additional collimation to match
following beam line causes large

energy dependent transmission losses

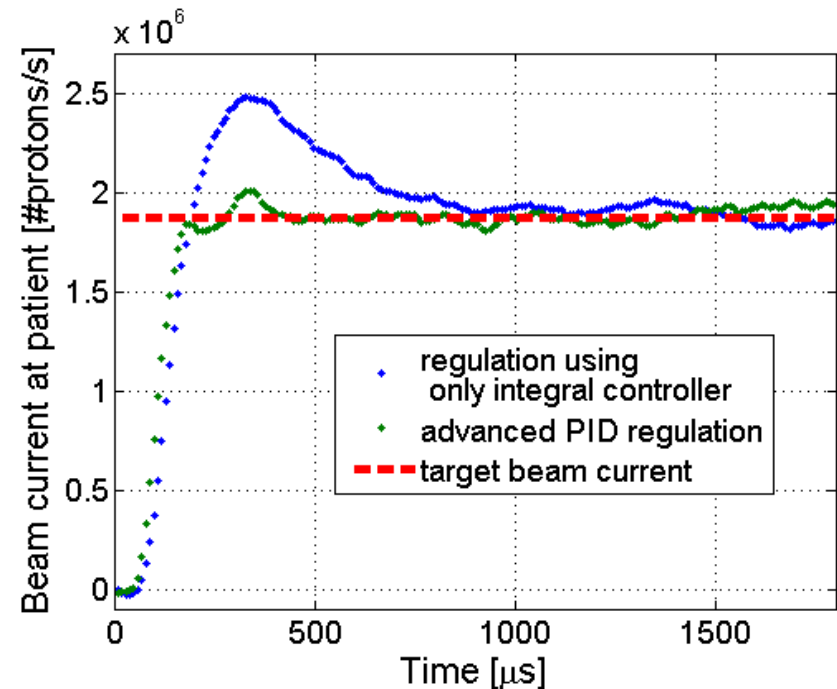
At PSI: intensity compensation
strategies to flatten the transmission
curve

- Use current from the accelerator
- Use focussing/defocussing elements
in the beam line
- Different degrader materials (under
investigation...)



Fast scanning: beam intensity modulation

- Dose-driven approaches: can rely on slow (\sim s) regulations loop
- Time-driven scanning approaches rely on stability of beam current
 - In G2 conditions, current should settle within $\sim 150 \mu\text{s}$
 - **Need closed-loop controller, fast detectors, and fast power supplies**

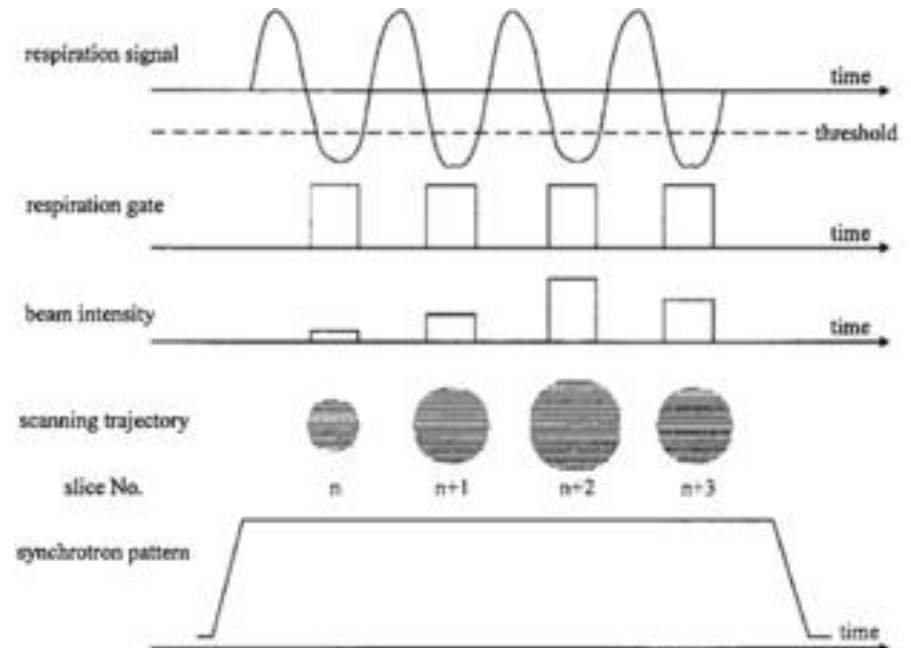


Psoroulas et al, CYC2016

Phase controlled rescanning and gating

Phase controlled rescanning:
layered rescanning adapting beam
current to deliver one layer in one
gating window

- Requires *control of the beam intensity*
- *In combination with extended flat tops and range shifter* (to avoid dead times due to acceleration cycle)
- *Beam intensity primarily will depend on number of rescans* – and it might be too low to deliver...



Furukawa et al., 2007, Med. Phys., 34: 1085–1097

Rescanning and deliverable spots

When rescanning low-weighted spots/layers, the minimum number of MU deliverable by the system can be easily reached – what to do?

a) *Skip those spots*

number of skipped spots will depend on the number of rescans

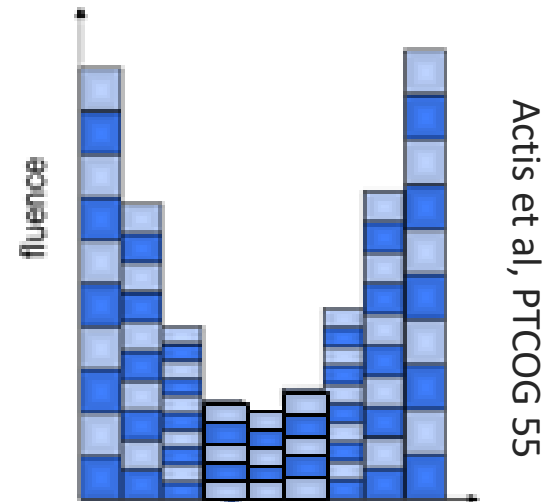
b) *Limit the maximum number of rescans*

the spots contributing less to the total dose decide the number of rescans

c) *Increase the minimum MU*

will depend on the number of rescans

d) *'Smart rescanning'*: apply a different number of rescans per each spot, compatible with MU constraint (implemented at PSI)



Consequences for motion mitigation techniques

Rescanning

- Higher flexibility in beam current might help – but not always...
- **Minimum number of MU** affects max number of rescans

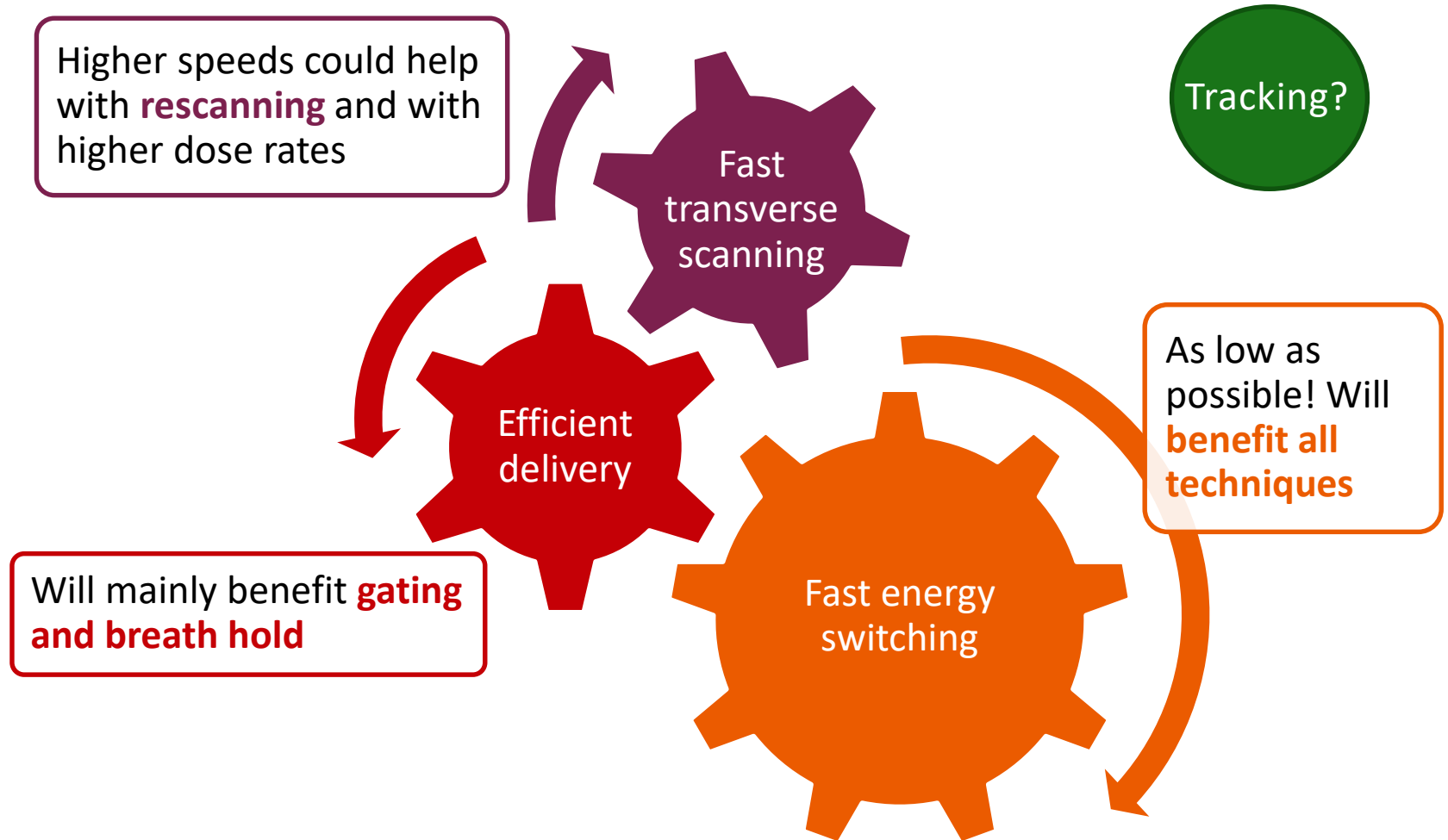
Gating/Breath hold

- **More affected by beam current limitations**
 - cyclotrons: extraction efficiency, ESS losses
 - synchrotrons: extraction technique, number of particles in ring
 - Pulsed beams (synchrocyclotrons)?

Tracking

- Beam modulation to correct for deformations/rotations of the target (Luechtenborg et al, IFMBE proc., 2009)
- **Complex predictive algorithm** required to account for off-axis dose of other raster positions

Fast scanning to make motion mitigation possible



Improving scanning is still substantial work!



*Thank you for
your attention!*