

Novel particle physics applications in medicine @INFN Roma

November, 17<sup>th</sup> 2014

Michela Marafini



- particle therapy
- dose profile
- monitoring
  - different approaches
  - correlated physics measurements
  - our new online monitor!



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#### • our new online monitor!

## **Tumor Treatments**

#### **Radiotherapy:**

- mainly photons and electrons;
- useful for 50-60% of all cancer patients (also together surgery);
- the use of sophisticated imaging (CT), the superposition of several beams, computed optimization and multi-leaves collimators increase the power of this technique.

Not so expensive, small, and reliable



The energy release shape is not so suitable to release dose in a deep tumor..

The dose is released in all the tissues crossed by the photons



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### **Tumor Treatments**

#### Many tumors are not treated:

- Radio-resistent tumor;
- Position close to organ at risk (OAR)

Particle Therapy can be a viable solution to increase cure thanks to its better **localized dose distribution** and its greater **efficiency** in killing tumor cells

#### Hadron RT was proposed by Robert Wilson in 1946

..the first PT treatment started only in the sixties in USA with protons!



Radiological Use of Fast Protons ROBERT R. WILSON Research Laboratory of Physics, Harvard University Cambridge, Massachusetts

EXCEPT FOR electrons, the particles which have been accelerated to high energies by machines such as cyclotrons or Van de Graaff generators have not been directly, used therapeutically. Rather, the neutrons, gamma rays, or artificial radioactivities produced in various reactions of the primary particles have been plied to medical problems. This has, in e part, been due to the very short ration in tissue of protons, deut

particles from preser
 r-energy mach<sup>i</sup>
 how<sup>i</sup>

per centimeter of path, or specific ionization, and this varies almost inversely with the energy of the proton. Thus the specific ionization or dose is many times less where the proton enters the tissue at high energy than it is in the last centimeter of the path where the ion is brought to rest.

These properties make it possible to irradiate interestv a strictly localized region

Radiology 47: 487-491, 1946

"Foreword to the Second International Symposium on Hadrontherapy" U.Amaldi et al. Excerpta Medica, Elsevier, International Congress Series 1144: ix-xiii (1997)

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PT allows to concentrate the energy in a specific region preserving the surrounding tissues

The position is a function of: - beam energy;

- density of the material;



Several pencil beams can be combined in order to "shape" the maximum dose release region. Localized dose distribution



#### Spread-out-Bragg Peak

The position is a function of:

- beam energy;
- density of the material;

The combination of many radiation fields allows improving the performances for loco-regional tumors => preserve the healthy tissues.



Universitätsklinik für Strahlentherapie und Strahlenbiologie, AKH, Wien

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## PT: LET

LET ~  $\Delta E / \Delta x$ Linear Energy Transfer

Indirect damage: the radiation induce (mainly in water) free radicals that break the cels

**Direct damage:** the radiation breaks directly the DNA



Because of their high LET carbon ions (and ions
 in general) are able to induce direct damage =>
 higher Relative Biological Effectiveness

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### PT: LET

Carbon ions are much better at killing the tumor cells with respect to the X rays for a given dose released => high RBE

> **Relative Biological Effectiveness**

 $RBE = [\frac{D_{\gamma}}{D_{ion}}]_{Isoeffect}$ 



## PT: LET

The high ionization density of <sup>12</sup>C induces easily DSB in DNA helix





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The dose distribution depends also from the type of the beam. 12C ion and proton beams, for example, have different characteristics:

- Proton

- Carbon



The dose distribution depends also from the type of the beam. 12C ion and proton beams, for example, have different characteristics:

- Proton: Reduced fragmentation
- Carbon: Reduced Multiple Scattering

#### **FUTURE BEAMS**

- <u>Helium</u>
  - less MS than p
  - reduced
    - fragmentation compared to C;
- <u>Oxygen</u>
  - hight RBE
  - (ipoxit or strongly radioresistent tumors)

The dose distribution depends also from the type of the beam. 12C ion and proton beams, for example, have different characteristics:

- Proton: Reduced fragmentation
- Carbon: Reduced Multiple Scattering





## Particle therapy

#### Particle Therapy Patient Statistics (per end of 2013)

	WHERE		FIRST (-LAST)	PATIENT	DATE OF	
COUNTRY	SITE	PARIICLE	PATIENT	TOTAL	TOTAL	
Belgium	Louvain-la-Neuve	р	1991 (-1993)	21	1993	ocular tumors only
Canada	Vancouver (TRIUMF)	$\pi^{-}$	1979 (-1994)	367	1994	ocular tumors only
Canada	Vancouver (TRIUMF)	р	1995	175	Dec-13	ocular tumors only
Czech Rep.	Prag (PTCCZ)	р	2012	140	Dec-13	
China	Wanjie (WPTC)	р	2004	1078	Dec-13	
China	Lanzhou	C ion	2006	213	Dec-13	
England	Clatterbridge	р	1989	2446	Dec-13	ocular tumors only
France	Nice (CAL)	р	1991	4936	Dec-13	ocular tumors only
France	Orsay (CPO)	р	1991	6432	Dec-13	5082 ocular tumors
Germany	Darmstadt (GSI)	C-ion	1997 (-2009)	440	2009	
Germany	Berlin (HMI)	р	1998	2312	Dec-13	ocular tumors only
Germany	Munich (RPTC)	р	2009	1811	Dec-13	
Germany	HIT, Heidelberg	C ion	2009	1368	Dec-13	
Germany	HIT, Heidelberg	р	2009	503	Dec-13	
Germany	WPE, Essen	р	2013	32	Dec-13	
Italy	Catania (INFN-LNS)	р	2002	293	Nov-12	ocular tumors only
Italy	Pavia (CNAO)	р	2011	76	Dec-13	
Italy	Pavia (CNAO)	C ion	2012	105	Dec-13	
Japan	Chiba	р	1979 (-2002)	145	2002	ocular tumors only
Japan	Tsukuba (PMRC, 1)	р	1983 (-2000)	700	2000	
Japan	Chiba (HIMAC)	C ion	1994	8073	Dec-13	377 with scanning
Japan	Kashiwa (NCC)	р	1998	1226	Mar-13	
Japan	Hyogo (HIBMC)	р	2001	4223	Dec-13	
Japan	Hyogo (HIBMC)	C ion	2002	1935	Dec-13	
Japan	WERC	р	2002 (-2009)	62	2009	
Japan	Tsukuba (PMRC, 2)	р	2001	2967	Dec-13	
Japan	Shizuoka	р	2003	1590	Dec-13	
Japan	Koriyama-City	p	2008	2306	Dec-13	
Japan	Gunma	Cion	2010	985	Dec-13	
Japan	Ibusuki (MMRI)	р	2011	919	Dec-13	
Japan	Fukul City (Prefectural Hospital)	р	2011	428	Dec-13	
Japan	Nagoya PTC, Nagoya, Aichi	р	2013	199	Dec-13	
Japan	Tosu (Saga-HIMAT)	р	2013	62	Dec-13	

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## Particle therapy

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Poland	Krakow
Russia	Dubna (1)
Russia	Moscow (ITEP)
Russia	St. Petersburg
Russia	Dubna (JINR, 2)
South Africa	iThemba LABS
South Korea	Ilsan, Seoul (NCCR)
Sweden	Uppsala (1)
Sweden	Uppsala (2)
Switzerland	Villigen PSI (Piotron)
Switzerland	Villigen PSI (OPTIS 1)
Switzerland	Villigen-PSI, incl OPTIS2
USA, CA.	Berkeley 184
USA, CA.	Berkeley
USA, NM.	Los Alamos
USA, CA.	Berkeley
USA, MA.	Harvard (HCL)
USA, CA.	Loma Linda (LLUMC)
IN., USA	Bloomington (MPRI, 1)
USA, CA.	UCSF - CNL
USA, MA.	Boston (NPTC)
USA, IN.	Bloomington (IU Health PTC)
USA, TX.	Houston (MD Anderson)
USA, FL	Jacksonville (UFPTI)
USA, OK.	Oklahoma City (ProCure PTC)
USA, PA.	Philadelphia (UPenn)
USA, IL.	CDH Warrenville
USA, VA.	Hampton (HUPTI)
USA, NY.	New Jersey (ProCure PTC)
USA, WA	Seattle (SCCA ProCure PTC)
USA, MO.	St. Louis (S. Lee King PTC)

р	2011	39	Dec-13	ocular tumors only
р	1967 (-1996)	124	1996	
р	1969	4320	Dec-13	
р	1975	1386	Dec-12	
р	1999	995	Dec-13	
р	1993	521	Dec-13	
р	2007	1266	Dec-13	
р	1957 (-1976)	73	1976	
р	1989	1356	Dec-13	
π_	1980 (-1993)	503	1993	
р	1984 (-2010)	5458	2010	ocular tumors only
р	1996	1581	Dec-13	695 ocular tumors
р	1954 (-1957)	30	1957	
He	1957 (-1992)	2054	1992	
$\pi^{-}$	1974 (-1982)	230	1982	
ions	1975 (-1992)	433	1992	
р	1961 (-2002)	9116	2002	
р	1990	17829	Dec-13	
р	1993 (-1999)	34	1999	ocular tumors only
р	1994	1621	Dec-13	ocular tumors only
р	2001	7345	Dec-13	

#### Total for all facilities (in operation and out of operation):



More than 50 operative centers.. and other are under construction!

## **PT in EUROPE**





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### Treatment uncertainties in Ion Beam Therapy

#### Particle Therapy 0.3%

Radiotherapy 34%

- Radiotherapy
- Medical radioisotope production
- Particle Therapy
  - Synchrotron radiation sources
- NP and HEP reserch accelerators
- Ion implanters and surface modification
- Accelerators in industry
- Accelerators in non-nuclear research

#### PT => NOT so diffused

1) EXPENSIVE: produce accelerated hadrons is much more complex than photons!

(Update from W.H. Scharf and W. Wieszczycka, 2002)

### Treatment uncertainties in Ion Beam Therapy



- Radiotherapy
- Medical radioisotope production
- Particle Therapy
- Synchrotron radiation sources
- NP and HEP reserch accelerators
- Ion implanters and surface modification
- Accelerators in industry
- Accelerators in non-nuclear research

#### **PT => NOT so diffused**

 EXPENSIVE: produce accelerated hadrons is much more complex than photons!
 POWER!

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#### Treatment uncertainties in Ion Beam Therapy Courtesy of K.Parodi

- TPS dose calculation errors
- Inhomogeneities, metallic implants
- Conversion HU ion range
- CT artifacts
- Difference TP/ delivery
- Daily setup variation
- Internal organ motion
- Anatomical/physiological changes
- Daily practice of compromising dose conformity for safe delivery



#### Treatment uncertainties in Ion Beam Therapy



To increase the development of particle therapy and make it safer is crucial to **monitor** *on line* **the rage of the beam** 

## Monitoring

In conventional RT (i.e. with photons), the beam crosses the patient body and can be used for monitoring. In PT the beam is absorbed inside the patient. An ideal PT monitor device should:

- Check shape (compulsory) and absolute value (desirable);
- Exploit as signal the secondary particles, generated by the beam, coming out from the patient, dealing with the background of the other secondaries;
- Measurements and feed-back should be provided during the treatment (in-beam). Best, in active system, if the monitor can follow "on line" the irradiation scan (!)





## Monitoring

ARPS 

In conventional RT (i.e. with photons), the beam crosses the patient body and can be used for monitoring. In PT the beam is absorbed inside the patient. An ideal PT monitor device should:

 Must be integrated in the treatment environment and work-flow: nozzle, couch, positioning system, controls...

The integration of the monitor system in the treatment room is a very important task and must be accomplished BEFORE the detector design definition



## Monitoring: <sup>β+</sup> Activity



 $\beta^+$  produced in the dis-excitation of isotopos (*C*, *O*.. ) produced by the beam interaction with tissues.

The  $\beta^+$  activity emission shape is correlated with the dose distribution (ant to the Bragg Peak position). The  $\beta^+$  emits a positron that produce two (back-to-back) 511 keV photons during its annihilations.

FLUKA simulation. Proton 95 MeV beam

## Monitoring: <sup>β+</sup> Activity

- Isotopes of short lifetime <sup>11</sup>C (20 min), <sup>15</sup>O (2 min), <sup>10</sup>C (20 S) wreat respect to conventional PET (hours);
  - Low activity asks for quite a long acquisition time (some minutes at minimum) with difficult in-beam feedback;
  - fondo prompt
  - Metabolic wash-out -> the  $\beta^+$  emitters are blurred by the patient metabolism;

#### z [cm]

FLUKA simulation. Proton 95 MeV beam

FEATI

### Monitoring: Prompt y



#### A.Ferrari and FLUKA collaboration (73 MeV/u C ion)

 Balance of promptly emitted particles outside the target:
 G4

 Incident protons:
 1.0
 (~10<sup>10</sup>)

 γ-rays:
 0.3
 (3·10<sup>9</sup>)

 Neutrons:
 0.09
 (9·10<sup>8</sup>)

0.001

2 · 10<sup>-5</sup>

(1·10<sup>7</sup>)

(2·10<sup>5</sup>)

- There is a huge background due to neutrons & uncorrelated gamma produced by neutrons. This background is beam, energy and site specific;

 It's not simple back-pointing the γ direction: take profit by the SPECT technique... but the energy of these γ is in the 1-10 MeV range-> much more difficult to stop and collimate!!



Protons:

 $\alpha$ -particles:



Compton camera;

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## Monitoring: charged particles

Charged secondary particles: protons, deutons and tritium..

![](_page_31_Figure_2.jpeg)

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## Monitoring: charged particles

Measured emission profile (<sup>12</sup>C @PMMA)

Charged secondary particles

aFEATI

- The detection efficiency is very high;
- Can be easily back-tracked to the emission point => the distribution of the emission points can be correlated to the beam profile;
- They are not so many;
- Energy threshold to escape ~ 50-100 MeV;
- They suffer multiple scattering inside the patient -> worsen the backpointing resolution;

![](_page_32_Figure_8.jpeg)

tore

#### Secondary particles: measurements

![](_page_33_Picture_1.jpeg)

The **fluxes of secondary particles are largely unknown**: MonteCarlo simulation not reliable => need of measurements

• PET Photons

• Prompt Photons

#### Fragmentation (charged particles)

flux and profile for different energies:

- 80 MeV/u <sup>12</sup>C beam
- 102,125,144 MeV/u <sup>4</sup>He beam

flux and spectrum for different energies:

- 80, 220 MeV/u <sup>12</sup>C beam
- 50-300 MeV/u <sup>16</sup>O beam
- 50-300 MeV/u <sup>4</sup>He beam

flux and spectrum for different energies:

- 80, 220 MeV/u <sup>12</sup>C beam 60°, 90°
- 50-300 MeV/u <sup>16</sup>O beam
- 50-300 MeV/u <sup>4</sup>He beam

0°,5°,10°20°,30°

60°, 90°, 120°

#### Secondary particles: measurements 7

Several experiments with different beams on PMMA target:

![](_page_34_Figure_2.jpeg)

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#### **Secondary particles: measurements**

![](_page_35_Picture_1.jpeg)

#### Several experiments with different beams on PMMA target:

![](_page_35_Picture_3.jpeg)


#### **Carbon ion on PMMA target:**

## We measure the prompt photons flux and spectrum for different energies: 80, 220, 50-300 MeV/u



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#### **Carbon ion on PMMA target:**

## We measure the prompt photons flux and spectrum for different energies: 80, 220, 50-300 MeV/u





#### PROMPT PHOTONS

#### **Carbon ion on PMMA target:**

#### **GSI** (Darmstadt, Germany) -> 220 MeV/u <sup>12</sup>C beam;



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#### **Carbon ion on PMMA target:**

We measure the charged particles flux for different energies: 80, 220, 50-300 MeV/u **GSI** (Darmstadt, Germany) -> 220 MeV/u <sup>12</sup>C beam;



## CHARGED PARTICLES



#### **Carbon ion on PMMA target:**

## We measure the charged particles flux for different energies: 80, 220, 50-300 MeV/u GSI (Darmstadt, Germany) -> 220 MeV/u $^{12}$ C beam;



## CHARGED PARTICLES



#### **Carbon ion on PMMA target:**



## Secondary particles: CHARGED PARTICLES

#### HIT (Heidelberg) -> 125 MeV/u 4He beam: detector @90°



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Secondary particles: CHARGED PARTICLES

#### **Beam on PMMA target:**

#### He fragments!!

#### HIT (Heidelberg) -> 125 MeV/u <sup>4</sup>He beam: detector @10<sup>o</sup>



The protons, deutons and tritiums produced in the fragmentation of the PMMA are measured with forward BGO crystal detectors

**Analysis on going** 

## New Monitor: exploiting secondary particles

From what we measured we can estimate the expected flux of charged secondary particles on a dose monitor detector:

#### **Very Conservative considerations @90º:**

- single pencil beam (2 Gy dose),
- small detector (10x10 cm<sup>2</sup> @ 35 cm)

– deep tumor (MS  $\sigma_{MS} \sim 3.16$  rad)

#### ~ 4 mm resolution

#### .. we decide to propose something..





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The project addresses the dose monitoring on line problem: two PET-heads to  $\beta^+$ activity measurements and a Dose Profiler for the reconstruction of the charged secondary particles emission distribution.

> For the **CNAO** measurements we design a **cart** in order to hold up the detectors minimizing the interferences with therapy procedures







- Detectors to measure the 511 keV photons in order to reconstruct the β<sup>+</sup> activity map;
- Full in-beam PET system able to sustain annihilation, prompt photon and neutron rates during the beam irradiation (in-beam and interspill);



## Total sensitive area of a module: 5 cm x 5 cm

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- Detectors to measure the 511 keV photons in order to reconstruct the β<sup>+</sup> activity map;
- Full in-beam PET system able to sustain annihilation, prompt photon and neutron rates during the beam irradiation (in-beam and interspill);
- Two planar panels: 10 cm x 20 cm wide =>
  2 x 4 detection modules;



=> 511 keV back-to-back



- Detectors to measure the 511 keV photons in order to reconstruct the β<sup>+</sup> activity map;
- Two planar panels: 10 cm x 20 cm wide => 2 x 4 detection modules;
  - Each module is composed of a pixelated LYSO matrix 16 x 16 pixels, 3 mm x 3 mm crystals (pitch 3.1mm);
  - LYSO matrix readout: array of SiPM (16x16 pixels) coupled one-to-one.

The **resolution** of the two PET heads system in the β<sup>+</sup> activity reconstruction map is expected to be between 1 and **2 mm (FWHM)** in beam direction.



=> 511 keV back-to-back

 The Dose Profiler aim is to back tracks the secondary particles (p,d,t and prompt photons) and reconstruct their emission point together with their flux.



detector at 60° to increase the secondary charged particles rate



#### The detector is divided in two parts:



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#### The detector is divided in two parts:





#### For protons of E<sub>K</sub>>30 MeV the tracking is "easy": all layers are crossed..



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## Conclusions

- Particle therapy is very useful to cure loco-regional tumors preserving the surrounding healthy tissues;
- the online range monitoring is crucial => dose realized on treated volume and BP positioning;
- secondary particles produced in the interaction of the beam with the patient can be exploited:
  - Flux and spectrum measurements
  - INSIDE Project



test in treatment room at CNAO end of 2016

Dose Profiler: secondary charged particles and prompt photons



the online range monitoring is crucial => dose realized on treated volume and



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#### Backup

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## OUR GROUP



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#### **Oncological application:**

• CHIRONE: Probes for radio-guided surgery

Previous talk: Elena!

#### **Particle therapy applications:**

- flux and spectra measurements for neutral and charged secondary particles;
- INSIDE: dose profiler;
- proposal MONDO: neutron dose measurements;
- PET studies;

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## PT: dose distribution



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## PT: dose distribution



## Treatment uncertainties in Ion Beam Therapy



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# Monitoring

Cameras for optic system





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## PT: RBE

The cell survival probability as a function of realized dose increases for ion beams because of their hight RBE



#### **Relative Biological Effectiveness**

# Monitoring: <sup>β+</sup> Activity



The  $\beta^+$  activity emission shape is correlated with the dose distribution (ant to the Bragg Peak position). The  $\beta^+$  emits a positron that produce two (back-to-back) 511 keV photons during its annihilations.

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# Monitoring: Prompt y

#### Multi-slit camera (Lyon)

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Courtesy of D.Dauvergne PET symposium 2014 Ne

Millimetric range-control at the pencil-beam scale for protons

# Monitoring: Prompt y



#### **Compton Camera**

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- No collimation: potentially higher efficiency
- Potentially better spatial resolution (< 1cm PSF)
- If beam position known simplified reconstruction
- 3D-potential imaging (several cameras)

Courtesy of D.Dauvergne PET symposium 2014

#### Main issue: necessity to work at reduced intensity

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# Secondary particles:

We measure the PET photons flux and profile for different energies:

- 80 MeV/u <sup>12</sup>C beam
- 102,125,144 MeV/u <sup>4</sup>He beam







- C.Agodi, et al. <u>"Study of the time and space</u> <u>distribution of β+ emitters from 80 MeV/u carbon ion</u> <u>beam irradiation on PMMA</u>" NIM B 58752 (2012)
- Under construction.. <u>"Study of the time and space</u> <u>distribution of β+ emitters from ... helium ion beam</u> <u>irradiation on PMMA"</u>

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Beam

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## Secondary particles: measurements

### ARPS ARPS

### **Carbon ion on PMMA target:**

CHARGED PARTICLES

We measure the charged particles flux for different energies: 80, 220, 50-300 MeV/u



### PET HEADS BACKGROUND

DOPET: an in-beam PET monitor for hadrontherapy

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Two PET heads, each made of 2x2 squared position-sensitive photomultipliers (Hamamatsu H8500) coupled to LYSO:Ce scintillating crystal arrays (2x2x18 mm3 pixel size).

### NEW

CNAO: 95 MeV proton beam on PMMA inbeam and off-beam acquisition

## PET HEADS BACKGROUND

DOPET: an in-beam PET monitor for hadrontherap

The annihilation map is reconstructed with Maximum Likelihood Estimation Maximization (MLEM) Iterative algorithm



