Feedback and Feedforward Systems Improve the Performance and Reliability of the Heidelberg Ion Beam Therapy Center

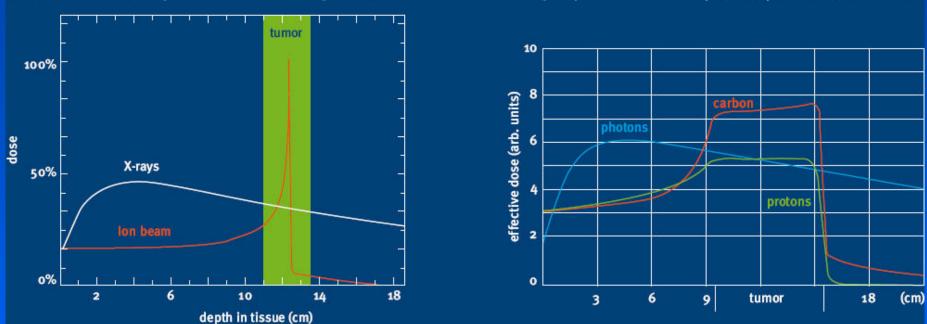




Prof. Dr. Thomas Haberer Science -Technical Director Heidelberg Ion Beam Therapy Center



Rationale



Biologically effective doses for photons, protons and carbon ions

- inverted depth-dose distribution
- mild lateral scattering
- improved cell-killing efficiency (Z > 1)

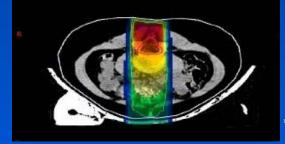


Th. Haberer, Heidelberg Ion Therapy Center

Dose distribution for X-ray and ion beams in biological tissues

Medulloblastoma

conventional

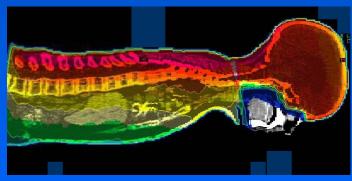


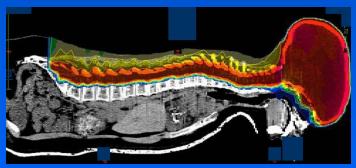


Target dose 32 Gy/GyE

charged particles



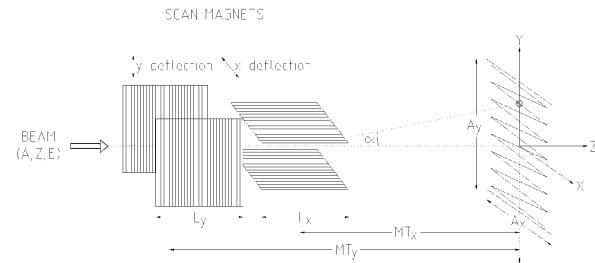




22 Gy 18 Gy 20 Gy Dose comparison bone marrow heart intestinal

< 1 GyE <.5 GyE <.5 GyE

Heidelberg ionenstrahi-Therapie Contrum [\]



Protons @ cyclotron Pedroni et al., PSI spot scanning gantry <u>1D magnetic pencil beam</u>

passive range shifting

scanning

plus

Haberer et al., NIM A , 1993

lons @ synchrotron Haberer et al., GSI

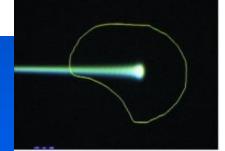
raster scanning, 3D active,

2D magnetic pencil beam scanning plus

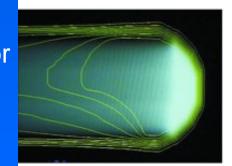
active energy variation in the accelerator

Beam Scanning

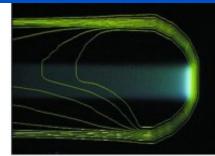
Th. Haberer, Heidelberg Iontherapy Center



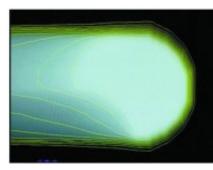
Single beam...



+ scanning in depth

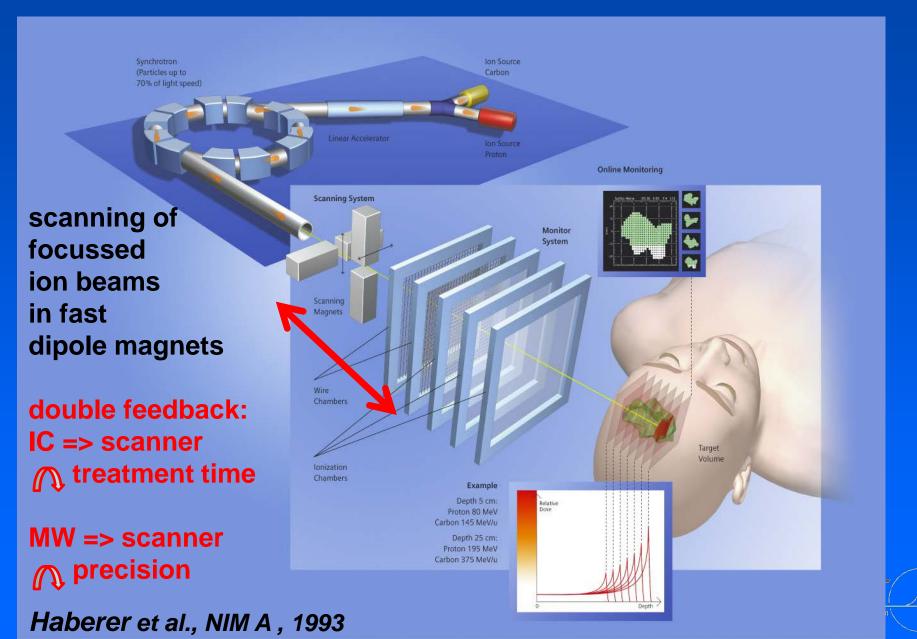


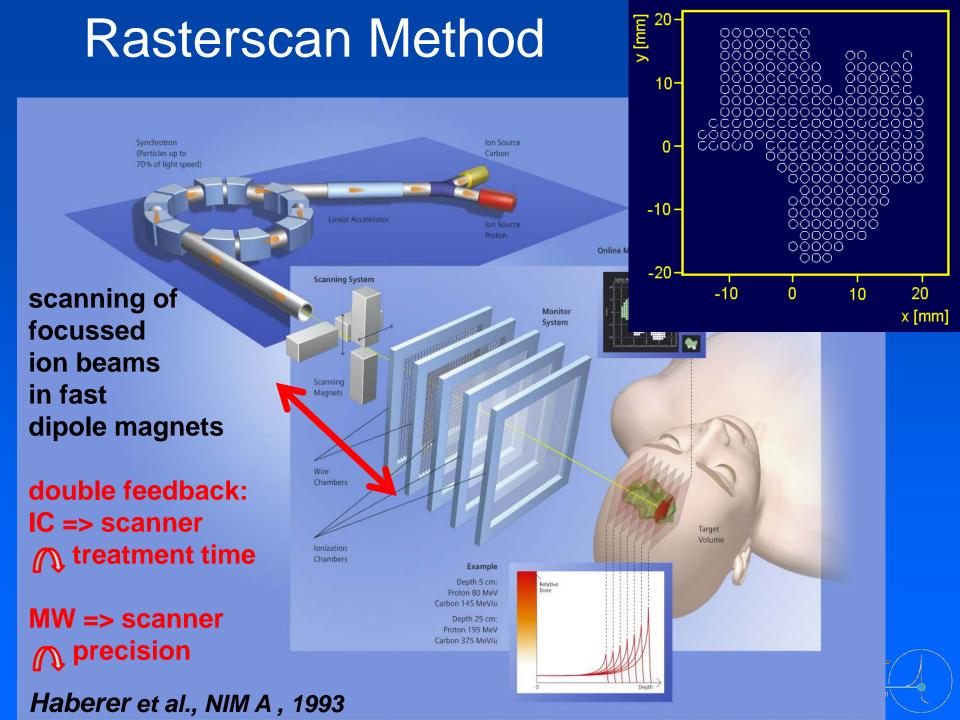
(lateral scanning



= 3d conformed dose)

Rasterscan Method





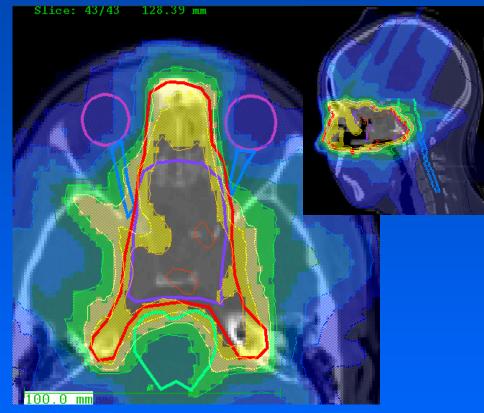
Scanned Carbon vs. Intensity Modulated Photons

scanned carbon 3 fields



reduced integral dose steeper dose gradients less fields increased biological effectiveness

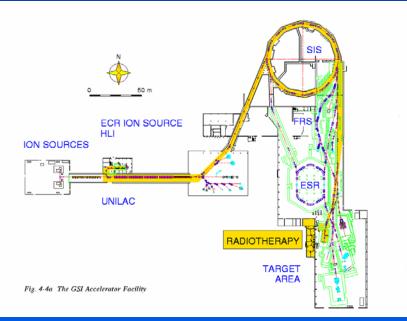
IMRT 9 fields



courtesy O. Jäkel, HIT



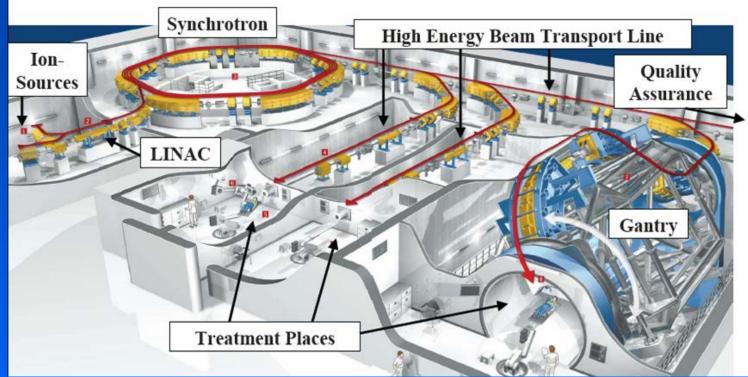
Carbon Ion Therapy @ GSI 1997 - 2008







Heidelberg Ion Therapy Center "Flexibility and Precision"



- compact design 60m x 70m
- full clinical integration
- rasterscanning only
- world-wide first ion gantry
- > 1000 patients and
 > 15.000 fractions/yr

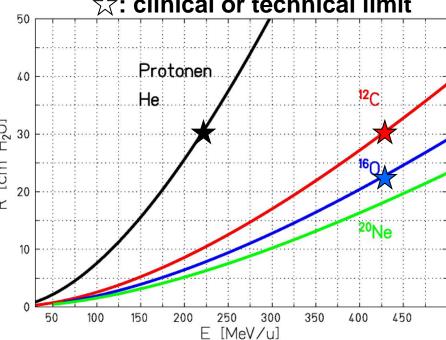
Th. Haberer, Heidelberg Ion Therapy Center

- Iow-LET modality: Protons (Helium)
- high-LET modality: Carbon (Oxygen)
- ion selection within minutes
- R+D in a broad range

HIT Pencil Beam Library

Parameter	r		protons and carbon: clinically used
ions	protons and carbon (2 ion sources); planned: helium, oxygen (3 ion sources)		
intensity	2 x 10 ⁶ /s to 8 x 10 ⁷ /s for carbon intensity upgrade in progress 8 x 10 ⁷ /s to 4 x 10 ⁸ /s for protons 10 steps; maximum extraction tin	ne 5 s	helium and oxygen: under commissioning
energy	88-430 MeV/u for carbon 50-221 MeV/u for protons 255 steps , 1-1.5 mm spacing, 2-30 cm range in water	50	☆: clinical or technical limit
focus	3.5-13 mm FWHM 11-33 mm FWHM 4 steps	40 [0~ 30 H	He ¹² C
		20 20 210	²⁰ Ne

... the gantry (0.1° steps) adds something ...



1st Patient @ HIT

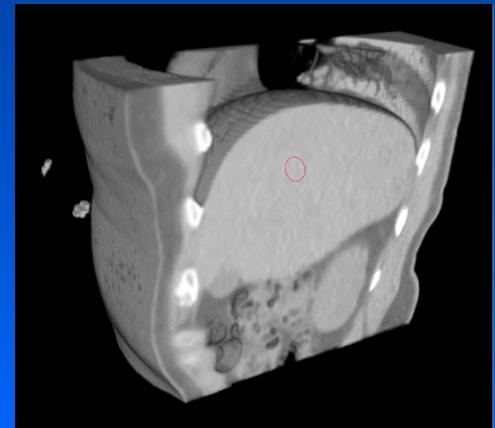




15. November 2009



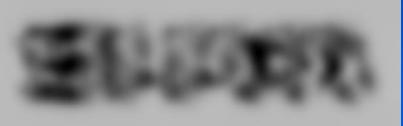
Gating / Moving Organs



Martin von Siebenthal, Phillipe Cattin, Gabor Szekely, Tony Lomax, ETH, Zurich and PSI, Villigen



static target



moving target

moving target + gating

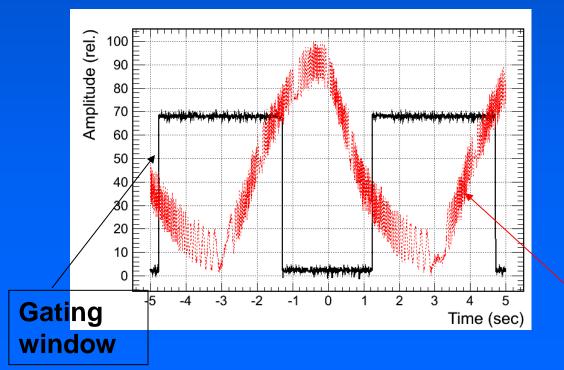


Th. Haberer, Heidelberg Ion Therapy Center

Gating @ HIT

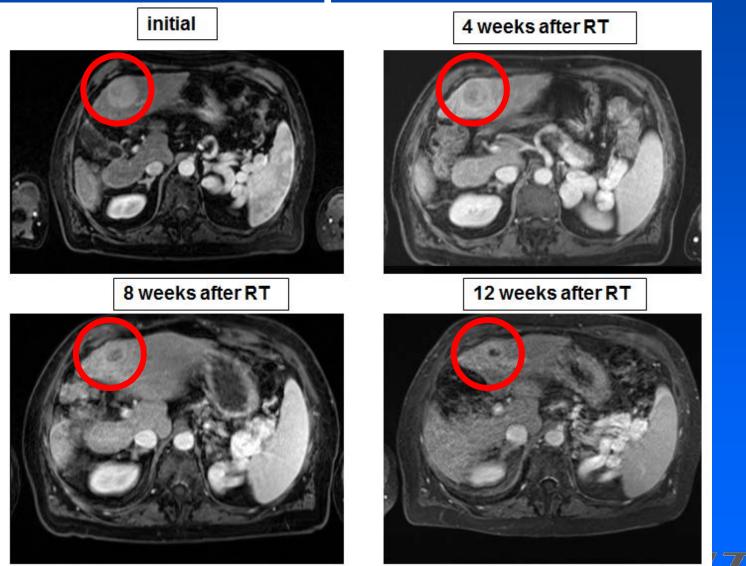
- Breathing signal recorded with an Anzai gating belt
- 4D-CT from each breathing cycle of the patient
- Gating signal used to trigger the beam extraction

Example of a breathing cycle 30EX-70IN:





Carbon Radiotherapy for Liver Cancer: Response



Habermehl D, .., Combs SE, Radiation Oncology 2013

Heidolberg ionenstrahi-Therapie Contrum ∖

Advantages of a synchrotron

- It works and fulfills all requirements.
- proven technology
- stable & reliable operation
- built-in flexibility (particle types, energy, timing)
- active energy variation
 - maximum beam purity
 - minimum radiation protection effort



Disadvantages of a synchrotron

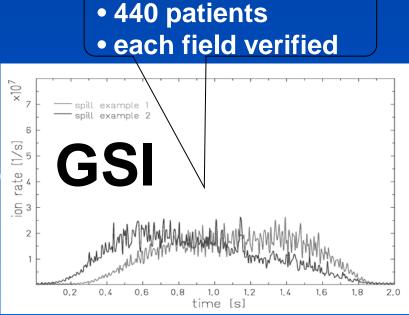
Particle therapy facility

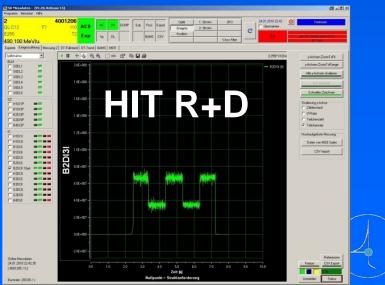
- size of foot print
- initial cost
- (several treatment rooms required)

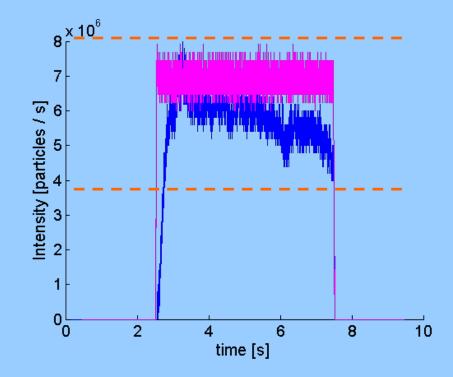
Objections (no real disadvantages)

- current uniformity
- repetition rate









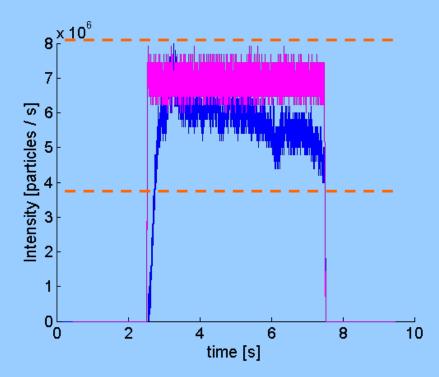
- beam-on time reduction up to 25% / 45%!
 - reduced patient stress
 - higher throughput
- higher acc operational stability
- dose delivery at increased precision (S/N – ratio)
- less interlocks

Christian Schömers, Ph.D. student <u>U-Frankfurt and HIT Heidelberg</u>





tolerable limits

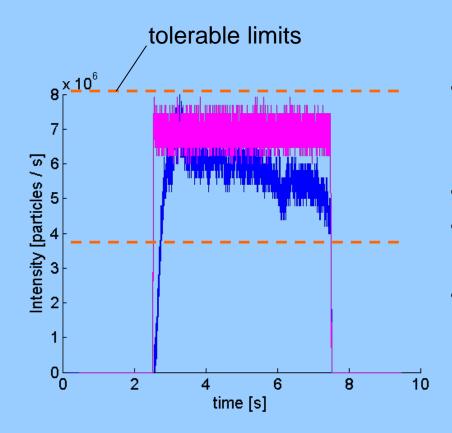


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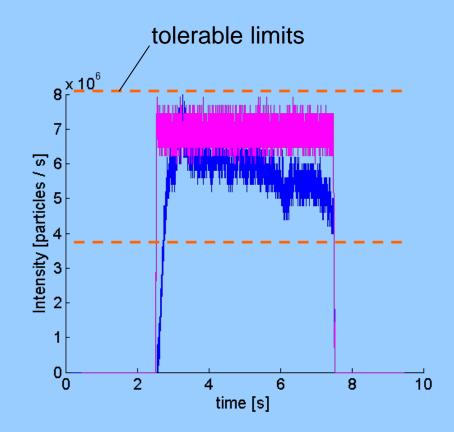


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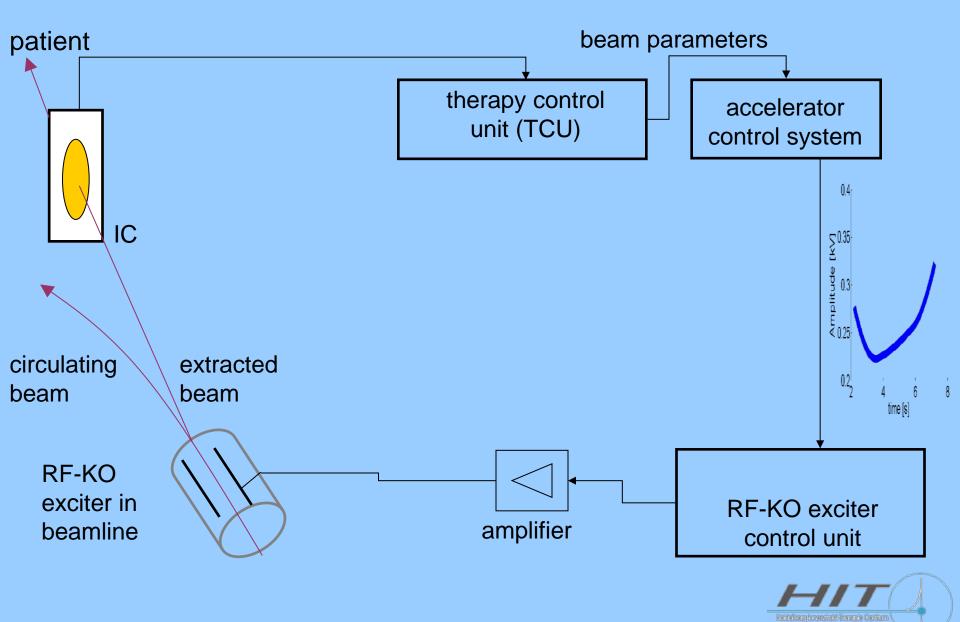


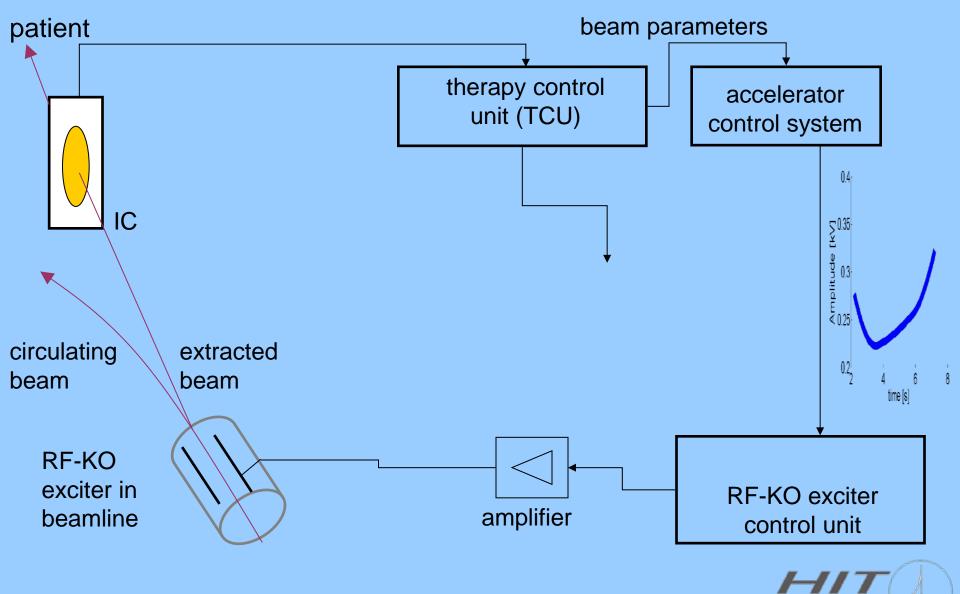
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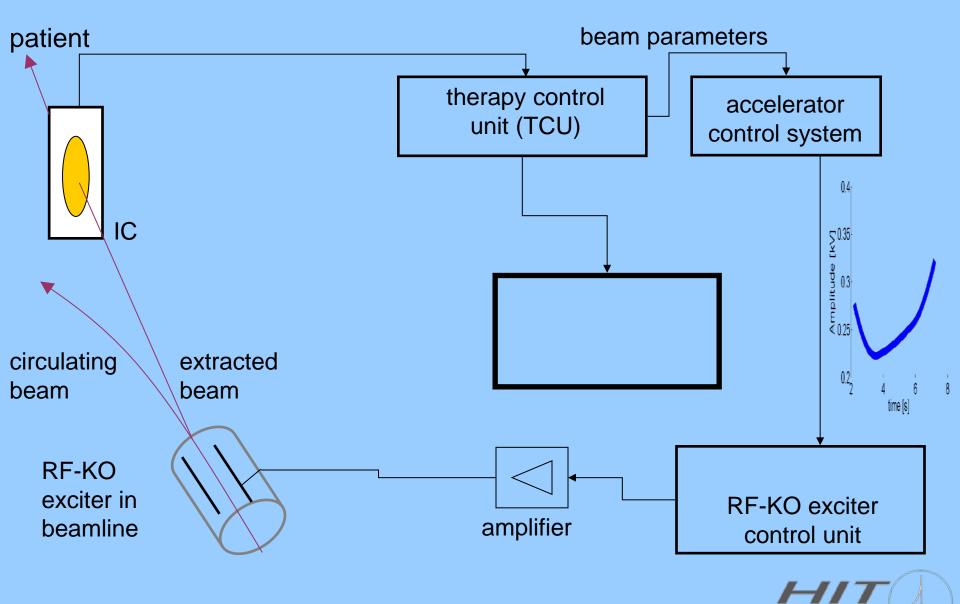
Christian Schömers, Ph.D. student <u>U-</u>Frankfurt and HIT Heidelberg



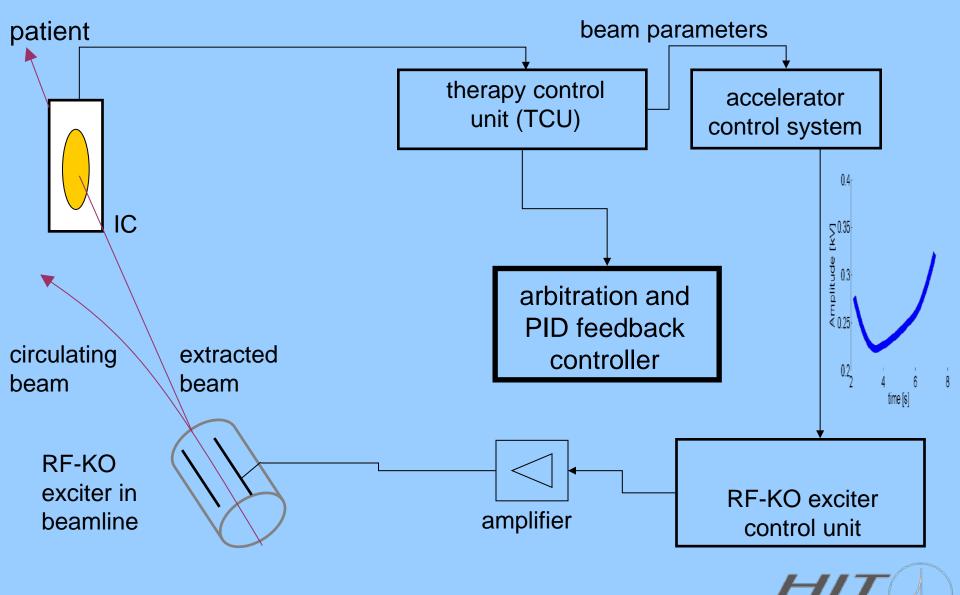




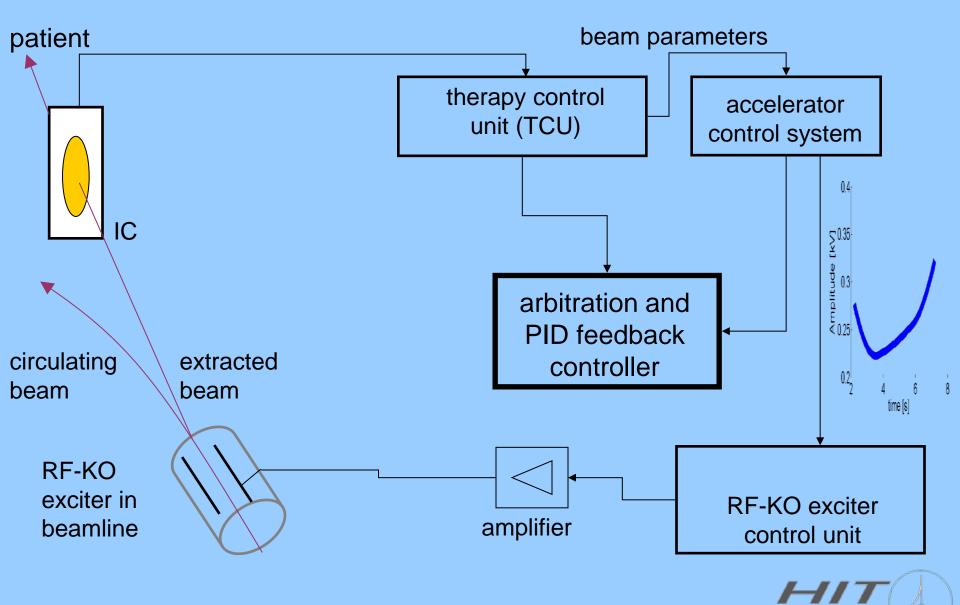
Heldeberg Ionensiatt-Therapte Centium



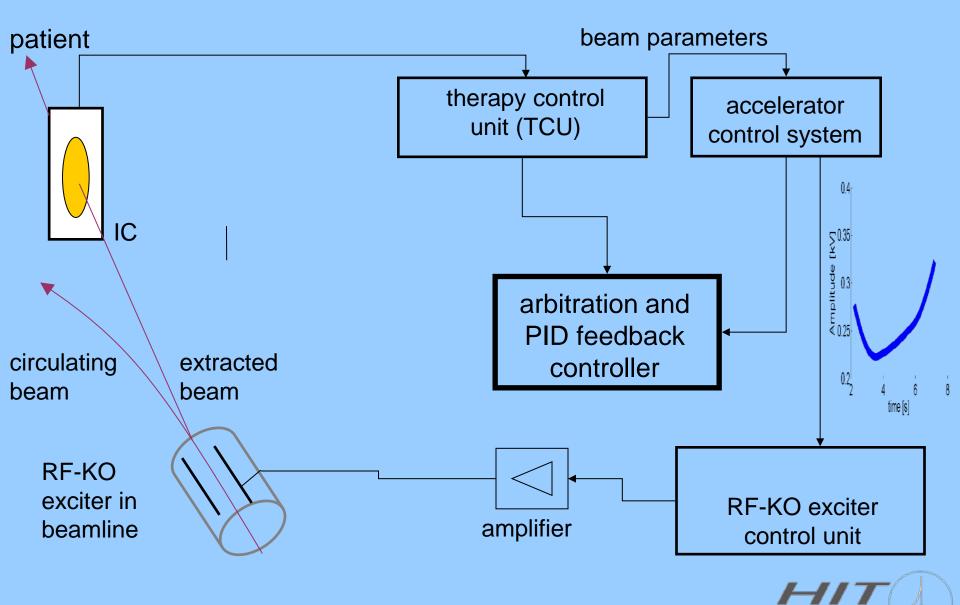
Heidelberg Isrensisit-Therapie Cenium \



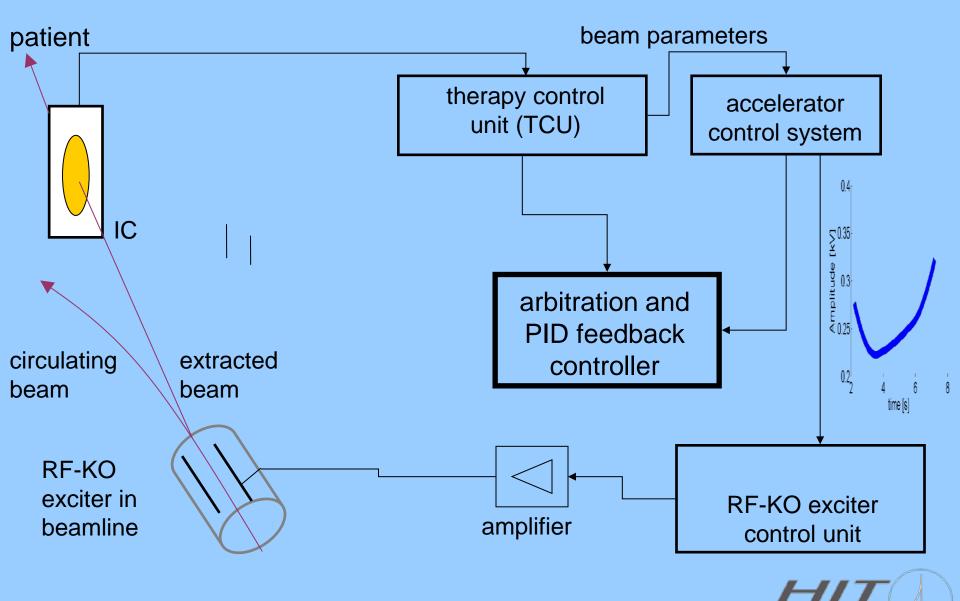
Ketdelberg Ionensircht-Therapie Centium \



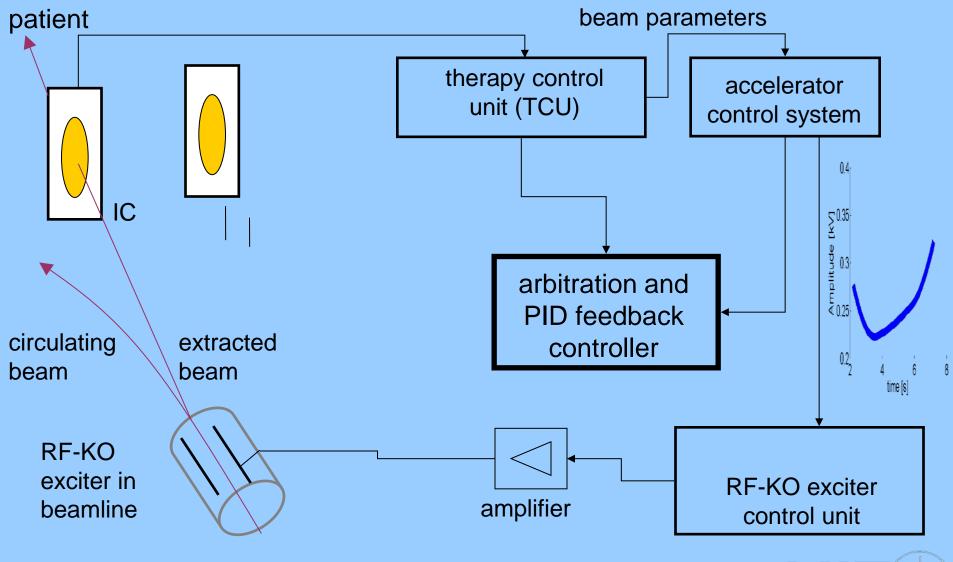
Heldelbarg Ionensitait-Theraple Centium \



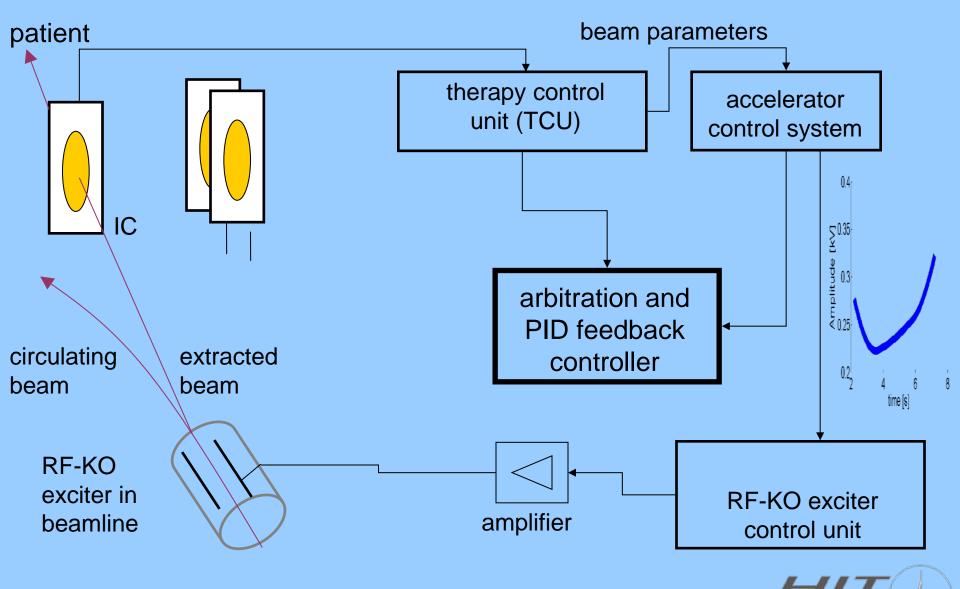
Heidelbarg Ionensirahl-Therapie Centium 🔪



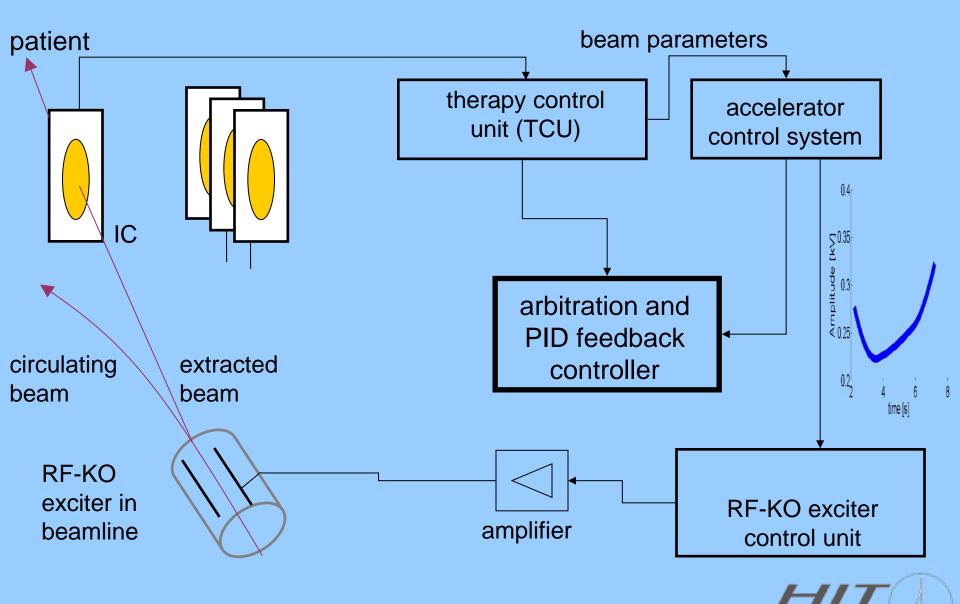
Heidelbarg Ionensitäti-Therapie Centium \



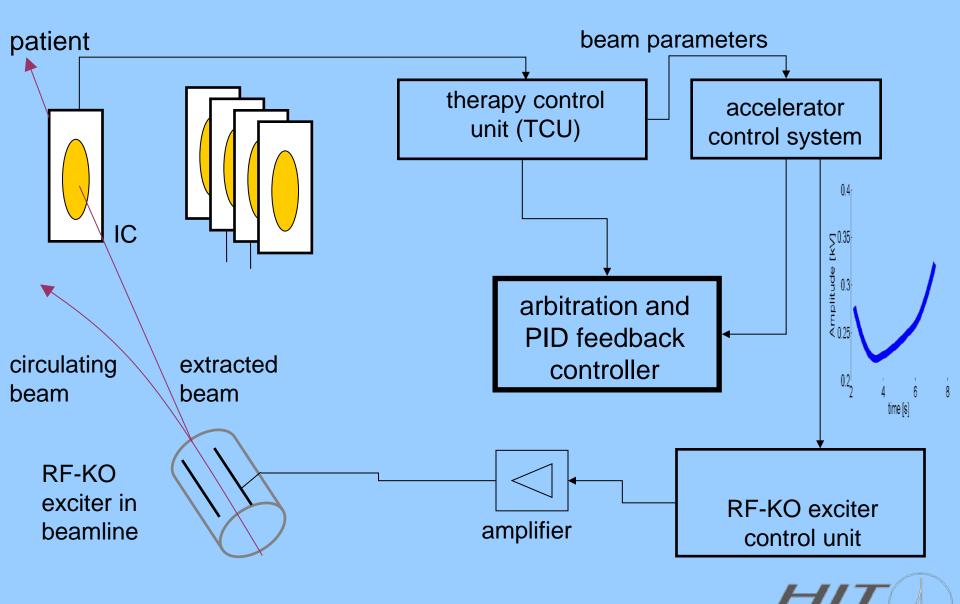
HIT Hereite Carium



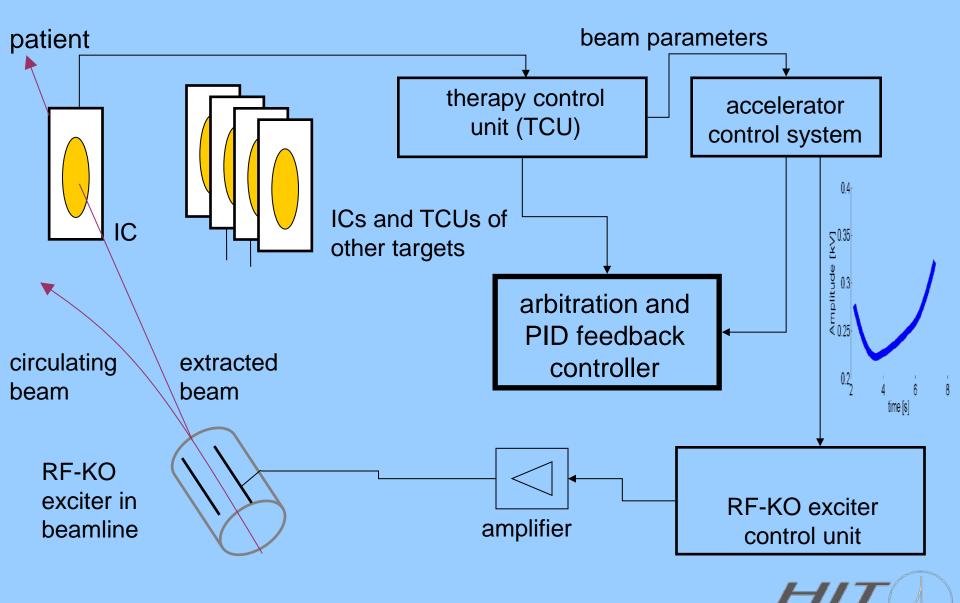
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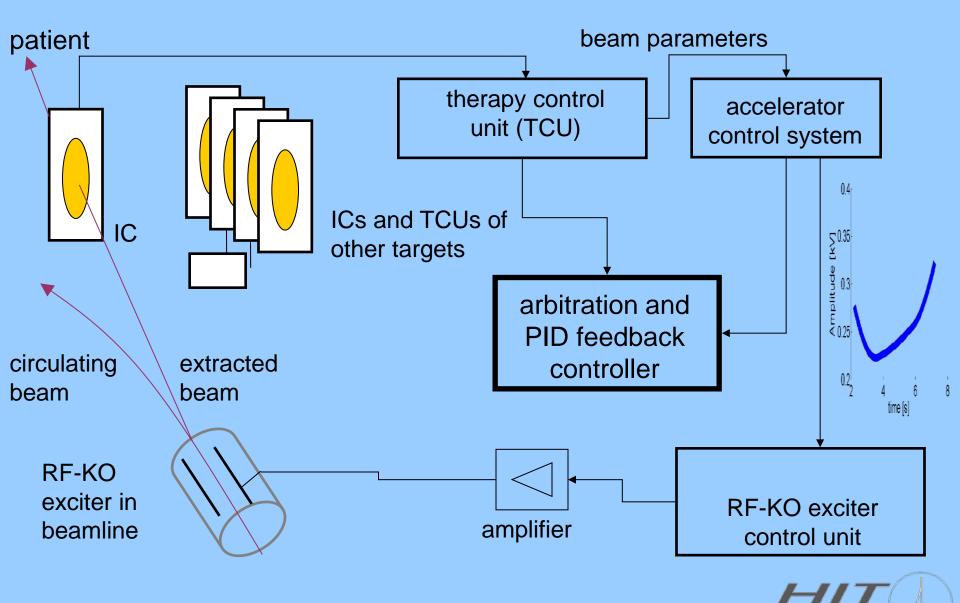
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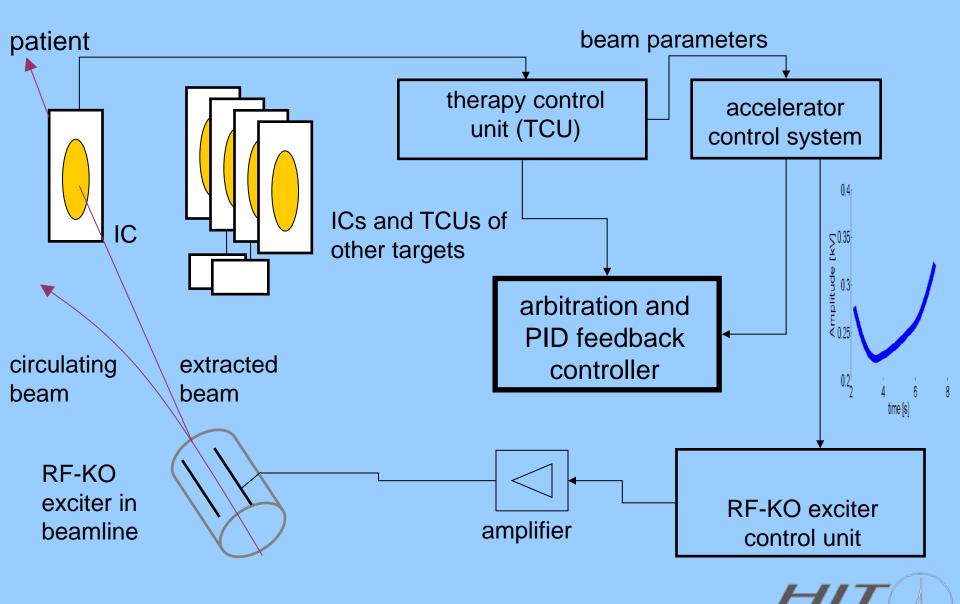
Hetdelberg larenstati-Theorp's Centum \



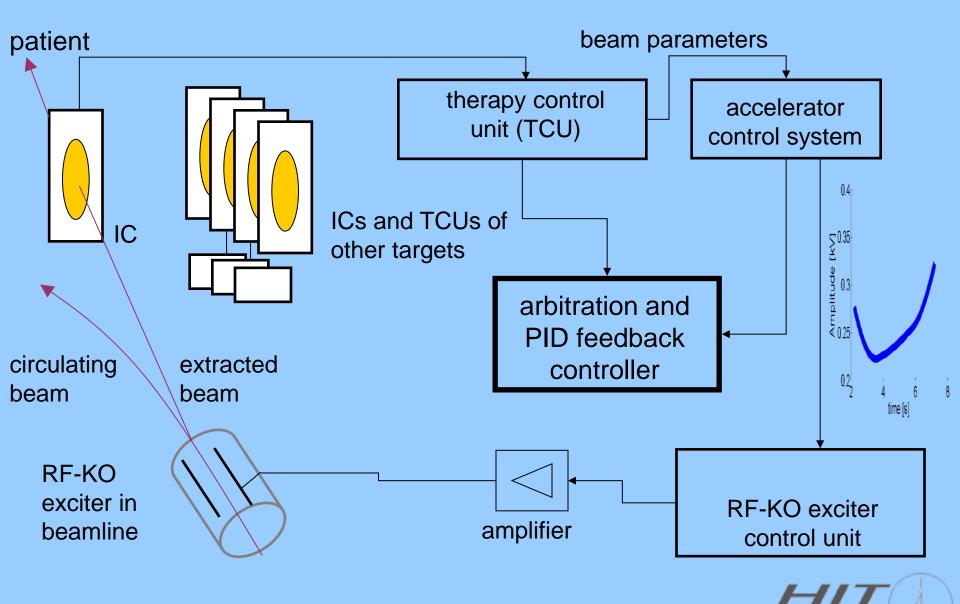
Ketdelberg Lonensicht-Therap'e Centium \



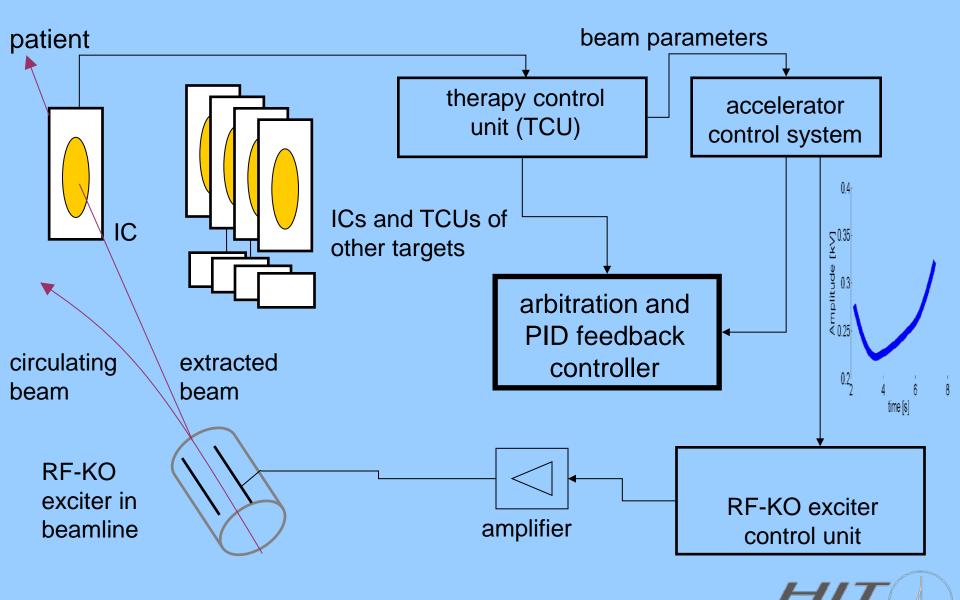
Ketdelberg lanensiait-Therap'e Cenium \



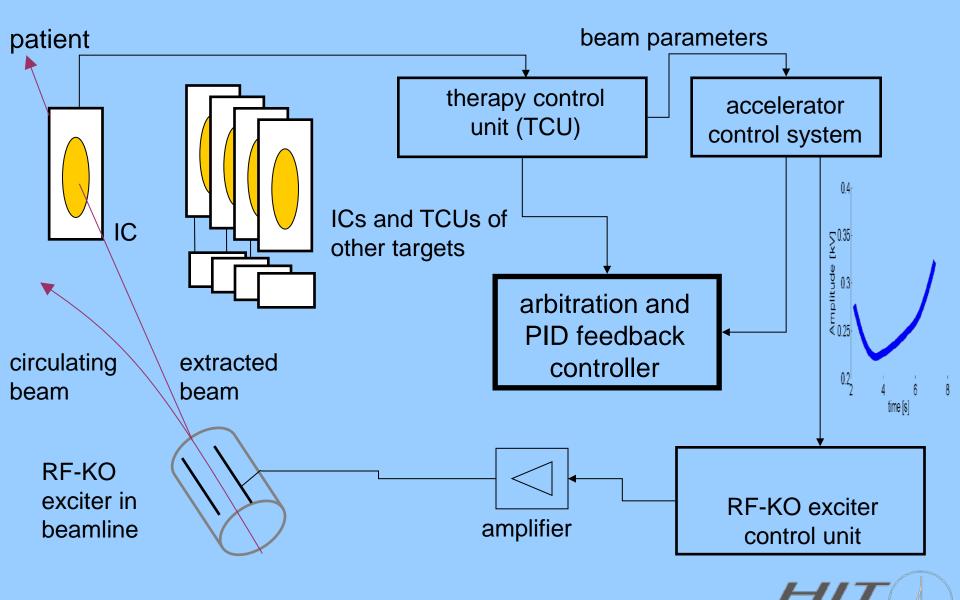
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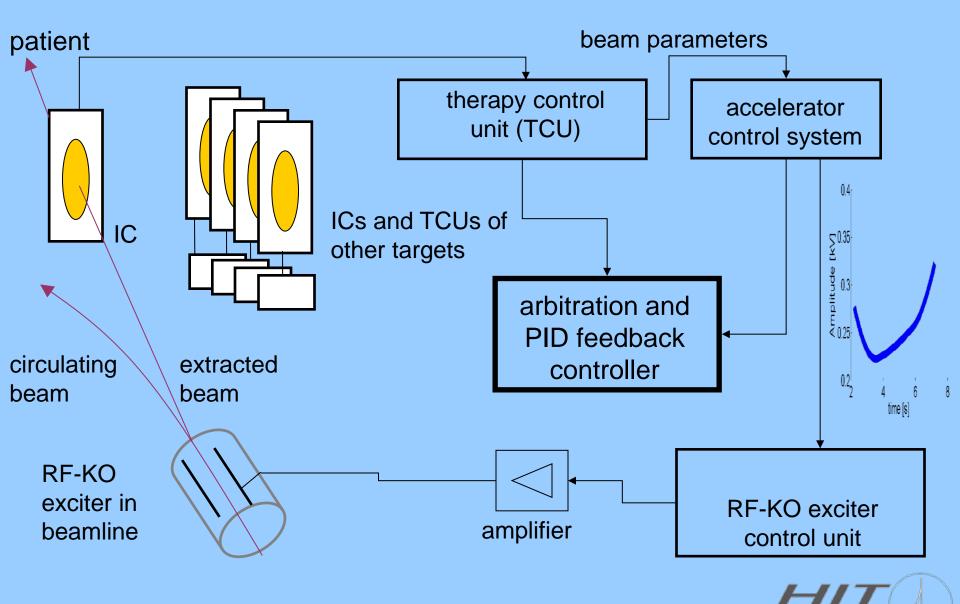
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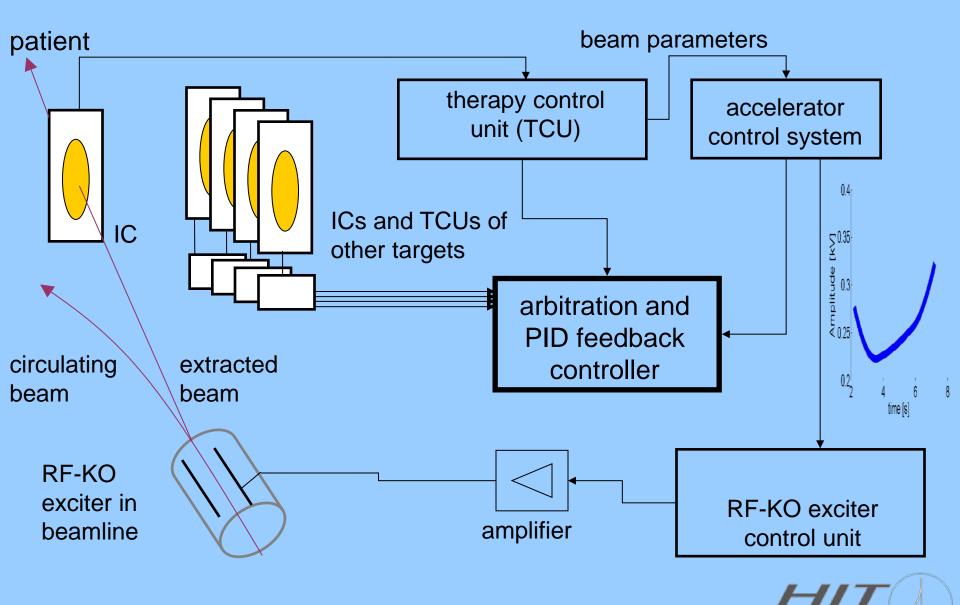
Heidelberg Ionensiteit-Therap's Centium \



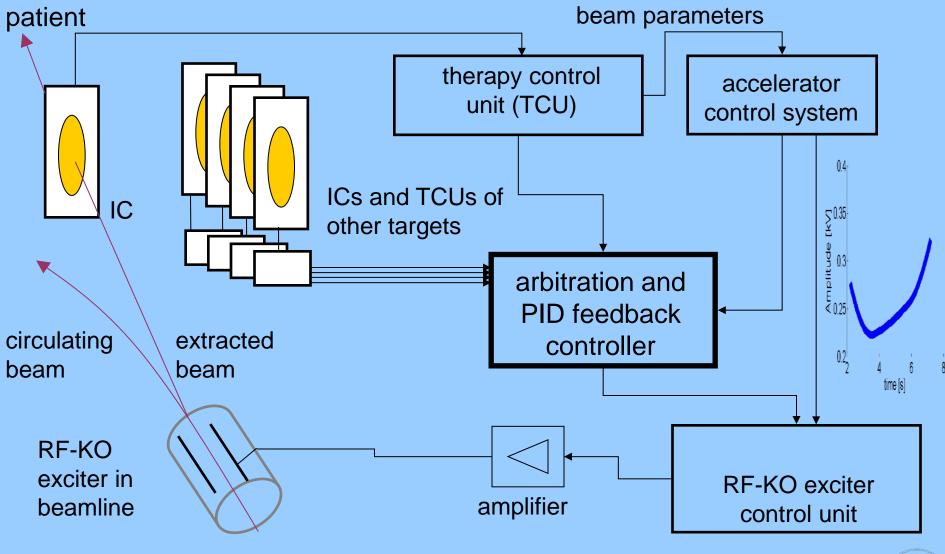
Heidelberg Ionensiteit-Therap's Centium \



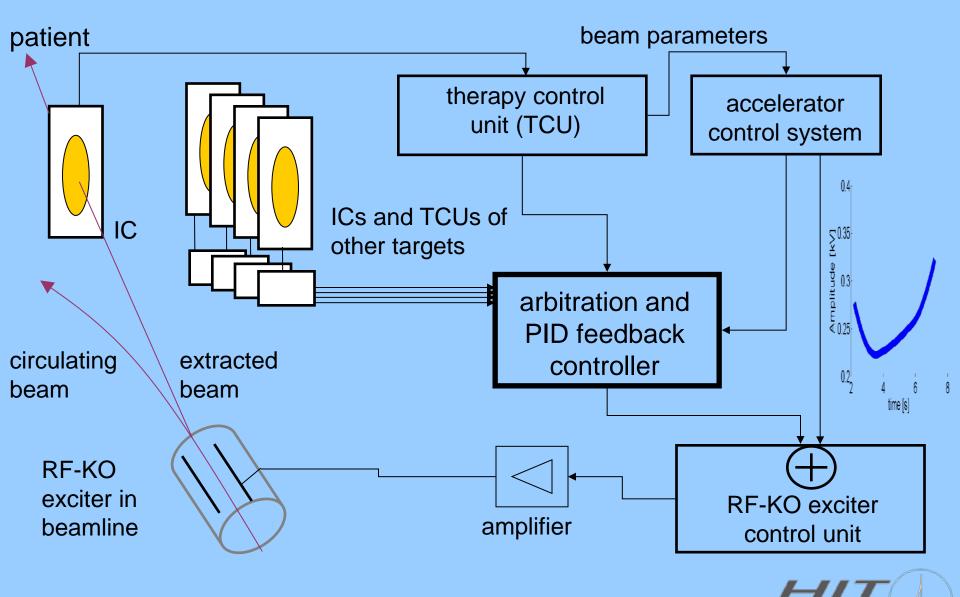
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Heidelberg Ionensitähl-Therapie Centium \

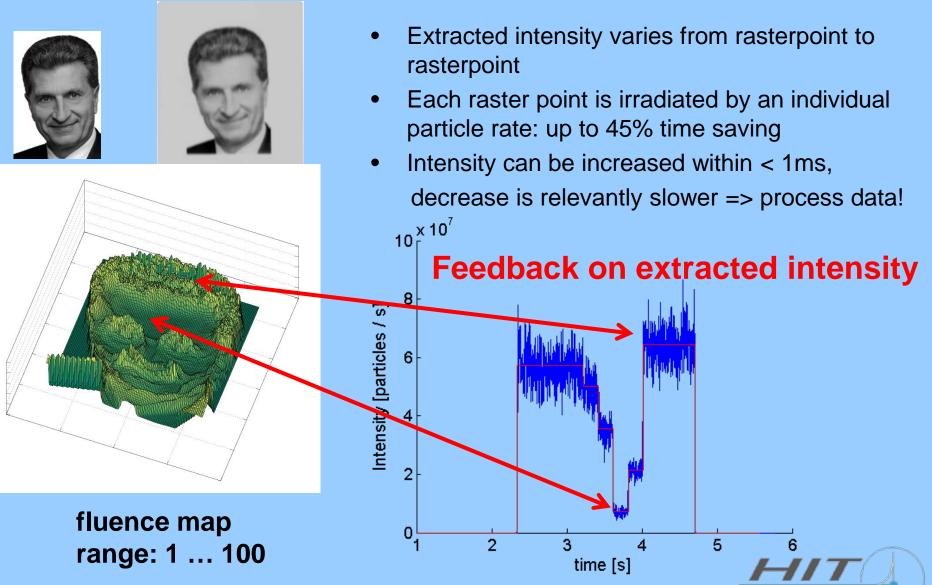






Keidelberg Ionensitäit-Therap'e Centium \

Treatment-plan-specific Feedback



Heidelberg Ionensirahl-Therapie Centium 🔪

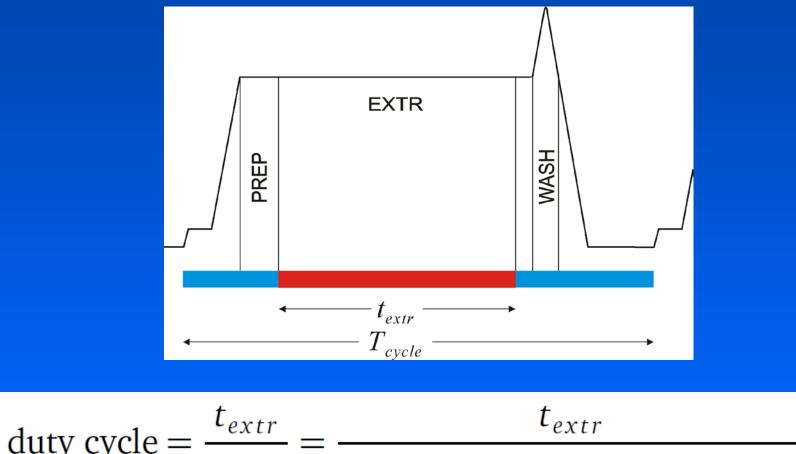


Patients @ HIT



Idealbag inconstrativ Thorage* 28.2.2013

Synchrotron Duty Cycle

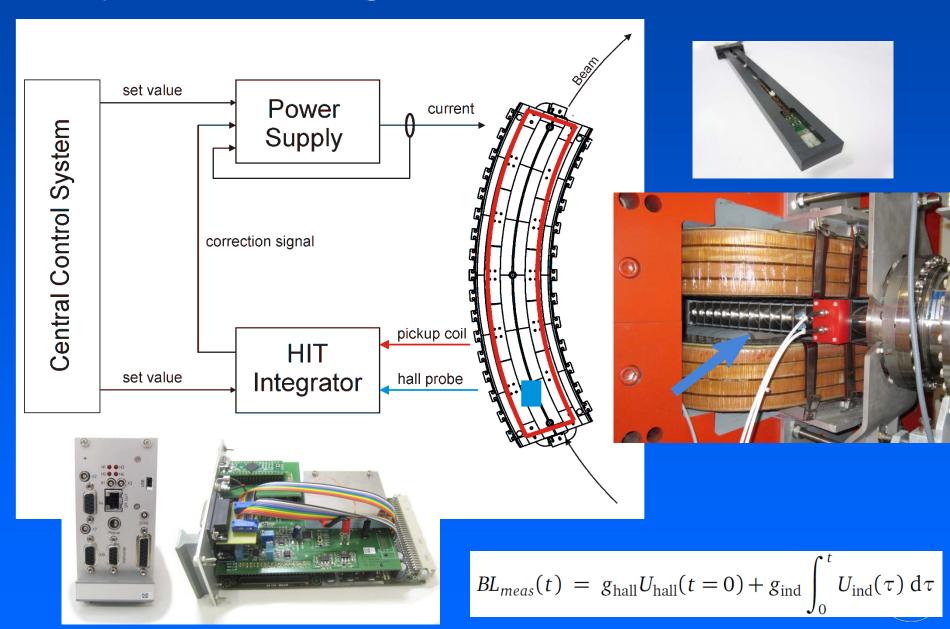


$$uty cycle = \frac{1}{T_{cycle}} = \frac{1}{t_{extr} + t_{acc} + \dots + t_{zwischenzyklus}}$$

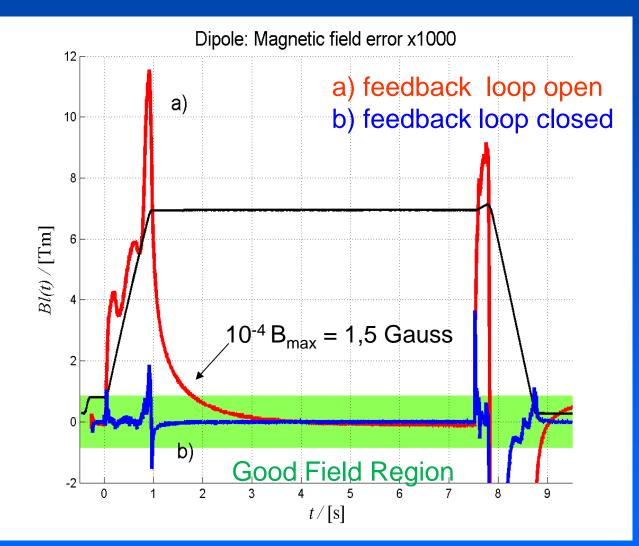
[courtesy of E. Feldmeier]



Dynamic Magnetic Field Feedback



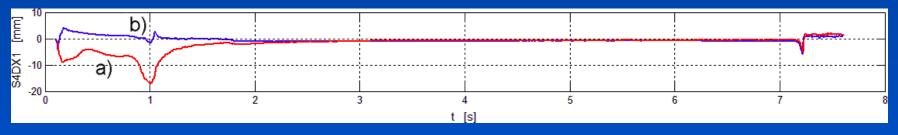
Dynamic Magnetic Field Feedback



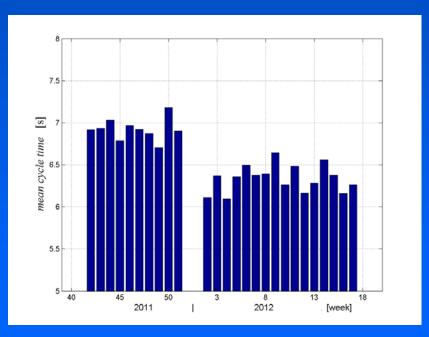
Heidalborg iononstrativ Thorapic Continum

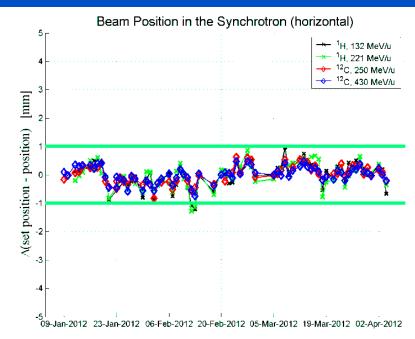
[courtesy of E. Feldmeier / HIT]

Reduction of Irradiation Duration



horizontal beam position in the synchrotron





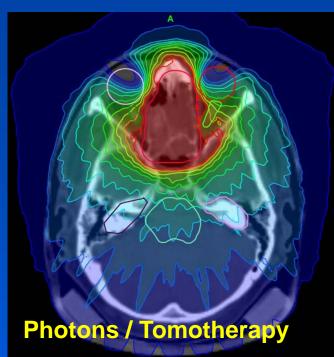
Beam position long term stability [courtesy of E. Feldmeier]

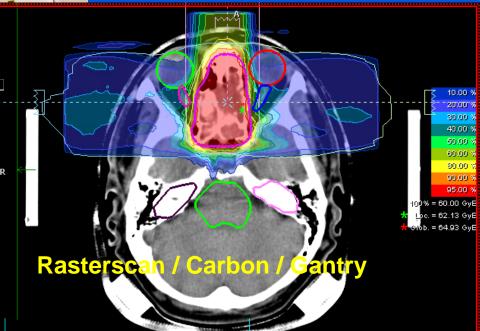
Heidolbera ionenstrahi-Therapie Centrum

saving: 600 ms per cycle

1st treatment at HIT's world-wide only scanning ion gantry







I would like to thank the numerous experts providing the information presented in this talk!



www.hit-heidelberg.com



Rasterscan@HIT/H1 Carbon 430 MeV/u

E. Feldmeier, C. Schömers, K. Höppner, A. Peters, J. Naumann, R. Panse, ...

