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Changing from an I on Beam Laboratory to a pure Therapy Machine

I onenstrahllabor I SL

ISL **ð** Protons for Therapy

ISL: Operation Statistics

Outlook



ISL: Evaluation and the Result

recommendation of the referees

- "in order to fulfil its mission, a facility with the necessary excellent performance ... was very successfully created."
- "We are particularly worried about the understaffing of I SL and, therefore, recommend an increase of staff there, to allow them to increase the available beam time in order to respond to a <u>growing demand</u> in the field of materials modification."
- Helmholtz Senate (Sep. 04): close down I SL until end of 2007 HMI supervisory board (Nov. 04): close down I SL until end of 2006



- I decrease in man-power:
 - Post-Docs and technical staff on temporary positions left
 - people were transferred to other departments
 - stop of investments



ISL: Operation Statistics

available man-power: 4500 h operation hours/year

- since 2002: breakdowns < 5%
- 2006: all time high for beam-on-target
- second ECR source for RFQ
- ð less tuning time
- reduced beam tests 2 in order to fulfil beam requests of users 1





ISL: Breakdowns (< 5%)

blackouts in the electricity supply (approx. 4/year) repair of the electrostatic injection element

vacuum failure in RFQ





ISL: User Facility

over past years: ~ 70% outside users

- 20% medical applications
- 35% universities
- 10% research institutes
- 5% industry





ISL: Share of Research Topics

materials analysis and medical applications: stable share materials modification: increasing demand







- in nano-crystalline materials an essential part of the shear motion is coherent crystallite rotation
- only observable with in-situ XRD



ISL: Research – Materials Analysis

high-energy PI XE: analysis of life-size Roman statue
measuring on various spots (cast in one process?)
low straggling – easy positioning surprisingly good bronze quality





ISL: Research – Medical Applications

S. Höcht et al, PTCOG 44: a learning curve in ocular tumour therapy?

start of treatment in 1998

tumour ey control re patients recruited 1998-2001 94.6% 91 patients recruited 2001-2004 99.4% 96

eye retention 91.9% 96.2%





ISL ð PT: Reduction



man-power from ~20 down to 6.5 (incl. secretary) nevertheless: maintain reliability reduction of beam lines reduction of all cables (power, control system, diagnosis...)

ISL **ð** PT: installation of a tandetron

further shortening of beam lines less rooms (= reduction radiation safety) easy and reliable operation:

- no moving parts
- source on "ground potential"

purchased from BAM (Bundesanstalt für Materialprüfung)

Sept. 07: dismounting of the tube for transport

no interruption of therapy

UND CODK1 BOOK1 BOOK1

ATT





ISL ð PT: overview

4500 hours/year 3 shifts a day (24/24) changing ion species and energies

14 target stations varying requirements on focusing

11 therapy weeks/year

- 1 2 shifts a day
- I H, 68 MeV
 - cyclotron fixed frequency
 - one NMR-probe/dipole
 - 2 target stations, identical focusing
 - 1/4 of existing beam line system
 - no target station selection



ISL & PT: Future of Target Stations?

- 1. eye therapy: remains
- 2. PI XE: medical research set-up
- 3. foil irradiation: Jyväskylä
- 4. BIBER: KVI Groningen or Jyväskylä
- 5.+6. in-situ XRD plus irradiation chamber: GSI, Darmstdt
- 7. electron spectroscopy: BESSY
- 8. Laserspectrometer: BESSY

- 9. vertical beamline: lost
- 10. Q3D spectrometer: Munich ??
- 11. ERDA chamber Portugal ??
- 12. in-beam Mößbauer ???
- 13. β NMR ???
- 14. recoil implantation ???



Outlook

until end 2006: normal operation for our users

Jun 06: patient no. 750

since Sep. 06: planning for therapy only

- planning of personnel
- lay out of the necessary changes
- 20.12.06 HMI supervisory board meeting signing of contract
- 2007: transition time

goal: steady continuation of therapy

Thank you for your attention!

