



Superconducting (SC) gantry with large momentum acceptance (LMA) applied to proton therapy

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OUTLINE

1. SC gantry and motivation of large momentum acceptance design

2. Design of a LMA SC gantry based on CCT magnets

3. Potential clinical applications

Status of proton therapy – world-wide and China









PT centers in operation and under construction

3

3

[1] TR. Bortfeld, JS. Loeffler. Nature, 2017, 549(7673): 451-453. [2] J. Yap, A. De Franco and S. Sheehy, Front. Oncol., 2021, 11:780025

4

Challenges and unmet need for PT facilities

□ Shrink the PT infrastructure

- Superconducting technology applied to accelerators and gantries
- ✓ Compact single-room PT system
- ✓ Non-rotating gantry

$\ensuremath{\square}$ Increase the efficiency of beam delivery

- \checkmark Shortening delivery time
- ✓ Volumetric scanning
- ✓ FLASH



(Source: www.ptcog.ch)



SC gantry \rightarrow one of solution to shrink the PT facility

Applications of SC magnets (Super-ferric / CCT type) can significantly suppress both the footprint and weight of gantries.



Ramping limit for SC magnet

- To avoid quench due to local 'hot spot', the ramping of SC magnets is limited to ~ 1% B_{max} / s
 - -- AC losses , hysteresis losses $P_{hystersis} = \frac{2}{3\pi} J_c(B) d_{eff} \frac{dB_t}{dt} (1 + \frac{J^2}{Jc^2}),$ inter-filament coupling losses $\propto (dBt/dt)^2$
 - -- Eddy current, lamination of mandrel is required



▲ LBNL 90° AG-CCT prototype using laminated mandrel (anodized aluminum)

Due to very slow ramping speed, the magnetic field need be constant or have reduced ramping times.

→ From beam optics design, large momentum acceptance is required.



^AL. Brouwer et al., "Design of an Achromatic Superconducting Magnet for a Proton Therapy Gantry," in IEEE Transactions on Applied Superconductivity, vol. 27, no. 4, pp. 1-6, June 2017, Art no. 4400106, doi: 10.1109/TASC.2016.2628305.

Momentum (energy) range for proton beams from 4 types of tumors





- From MD Anderson Cancer Center statistics^A, dp/p = ±10% can treat ~60% of tumors without changing magnetic fields (THOR: thoracic; CNS: central nervous system; GI: gastrointestinal; GU: genitourinary); dp/p = ±15% can treat almost all cases.
- For most tumors, with a 15% momentum range beam, only one magnetic field change is required during treatment.

^A K. Suzuki et al., Quantitative analysis of beam delivery parameters and treatment process time for proton beam therapy, Medical Physics, 2011, 38(7)



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SC gantry using AG-CCT magnets



- We proposed a SC gantry using AG-CCT (Alternating-Gradient Canted-Cosine-Theta) magnet.
- Local dispersion suppression is realized by symmetrical optical structure and AG-CCT strong focusing.
- Downstream scanning with small SAD



[1] R.X. Zhao, B. Qin*, X. Liu et al., Physica Medica, 73 (2020) [2] X. Liu, B. Qin et al., Physica Medica, 73 (2020)

SC gantry using AG-CCT magnets





20

15

10

-5

-10

Dipole CCT

-50

Dipole CCT + AG-CCT

Ó

50

Bending angle(degree)

100

150

AG-CCT

--- SCOFF

Quadrupole field(T/m)



Particle tracing in 2^{nd} order, with dp/p= $\pm 8\%$ (Cosy Infinity calculation)



High order optics optimization with Generic Algorithm



- High order aberrations (up to 5th order) have significant influence on beam optics , for large momentum offset;
- Multi-object optimization using **NSGA-III genetic algorithm** was applied to search optimal parameters.





Validation using realistic magnetic fields



- Enge function can' t be applied to AG-CCT, realistic AG-CCT field is required;
- AG-CCT magnetic fields calculated by Biot-Savart law (in the absence of ferric material)
- Parallel computation with CUDA adopted to shorten the optimization time (speed-up ratio ~ 200)





Particle tracking @ iso-center, with realistic fields

R&D of AG-CCT prototype magnet



67.5° AG-CCT specifications

Parameter	Values
Bore aperture	166 mm
Bending radius	950 mm
Bending angle	67.5°
Dipole field	2.36 T
Gradient field	17.0 T/m
Max. field @ coil	4.5 T



CCT mandrel (Al alloy) and manufacture precision

• R&D of a 67.5° / 4 layers AG-CCT prototype magnet was initiated;

- 3 GM cryocoolers for direct cooling, NbTi superconductors;
- Laminated Aluminum alloy mandrel





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-- Towards improving delivery efficiency using LMA beamline

Large momentum acceptance \rightarrow higher transmission

Store and the contraction

- **•** For PT centers in world wide, cyclotron schemes possess around 55%
- Due to Multiple Coulomb scattering in the energy degrader, the transmission is quite low in low energy region (70-100 MeV) : <0.2% @ 70 MeV</p>
- □ Utilizing the **natural momentum spread** can enhance the transmission by a ratio ~ 5.



Improved beam transmission in LMA-SC gantry





Setup for comparison

- For NC gantry, momentum spread is set to constant +/-0.5% with energy slit
- For LMA-SC gantry, momentum spread is 'natural' after energy degrader (without cut from energy slit)
- Significant transmission increase at lower energy (70 -130 MeV)

Reduction of energy layers and spots, case study : prostate cancer

- Stand Blacktonit
- Two fields with angle: 90° and 270°; less layers become possible due to larger momentum spread
- We used an optimizer to concentrate on minimizing spot weights in low-weighted energy layers and then
 redistributes them to adjacent energy layers → Spots can be reduced by 95% for LMA SC scheme
- Balance between the **dose delivery time** and **treatment plan quality** (homogeneity index PTV HI < 10%)





Layer switch time – 250 ms Spot switch time – 1 ms

Challenge of large momentum acceptance SC Gantry

- 1. With large momentum beam, the dispersion due to scanning magnets is non-neglectable and need be compensated;
- Custom-made TPS should be developed for 3D planning of large momentum beam features;
- Due to the technical complexity of CCTs with large aperture, the cost is not low. Potential clinical applications of large momentum beams need be explored.
- 4. The LMA gantry could be an attractive solution for PT using laserdriven accelerators and carbon therapy.



Dispersive effect after scanning magnet for large momentum spread beam (e.g. dp/p=±2.4%)

Research group



Dr. Xu LIU, Beam delivery



Yicheng LIAO , Ph.D. Student Beam optics and magnet modelling



Wei WANG, Ph.D. Student Treatment planning with ML



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Thank you