

# **ITRF and LhARA**

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27<sup>th</sup> April 2022 LhARA Collaboration Meeting, https://indico.stfc.ac.uk/event/517/

# **ITRF and LhARA**

- 1-Page Summary:
- ITRF and LhARA have differing origins but overlapping scope and aims
- ITRF (Ion Therapy Research Facility)
  - The stepping stone from today's proton therapy toward tomorrow's ion therapy; radiobiology needed
  - Technology background: EMMA, PAMELA; Networks: EUCARD2, EPSRC & STFC Networks EP/R023220/1 and ST/N002423/1, EU INSPIRE
  - Clinical background: Roadmap from overseas programme -> clinical protons -> ions
  - ITRF is 1<sup>st</sup> stage in establishing case for ion therapy for the UK
- LhARA
  - The most exciting technology direction for the production of multiple ion species
  - Enables paradigm-shifting radiobiology research and technology development for ion therapy
- LhARA is the preferred technology option for ITRF but a CDR is needed to establish feasibility



# **ITRF Summary**

- Context:
  - Radiobiology not sufficiently understood for UK clinical case
  - Recent spend on UK proton therapy means clinical funding unlikely now
  - Technology developments needed for highintensity treatment, particularly FLASH
- ITRF is part of a roadmap:
  - Radiobiology with protons
  - ITRF technology and radiobiology programme
  - Clinical/cost case to UK Gov
  - Construction
- Multiple partners, including CI, JAI, Christie etc.
- Advisory Committee (Chair: Prof Neil Burnet) representing clinical and technological community; 3 meetings so far

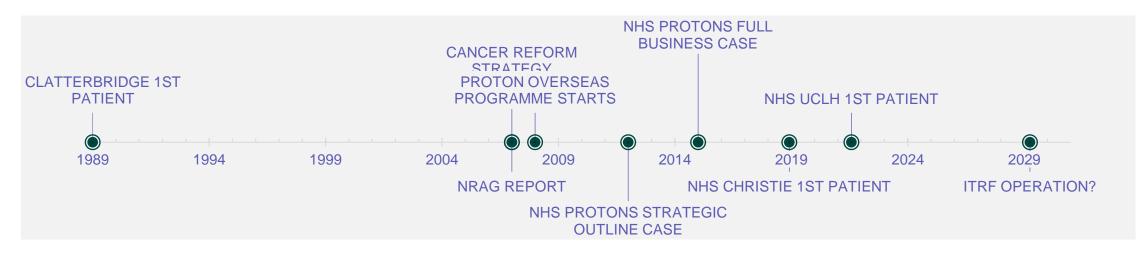


- TIMELINE
- 2008 onwards growing STFC discussions and involvement, various white papers on research and roadmaps
- EUCARD2 workshop on ion therapy 2016 <u>https://indico.cern.ch/event/456299/</u>
- White papers to STFC 2015/2016 on ion therapy
- SPF outline 2018
- UK community workshop 2019; position paper <u>https://www.birpublications.org/doi/10.1259/bjr.20200247</u>
  - community consensus on need for ITRF
- SPF outline 2020
- IAC case: 2 year Prelim Activity (CDR) costing and some technical design; under review
- 2 year TDR
- 3 year construction

#### What we have bid for



### A tentative roadmap



|            | YR   | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 |
|------------|--|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| ITRF       | PA1 ITRF Conceptual Design                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | PA2 ITRF Technical Design                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | Construction                                   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | ITRF research - physics + pre-clinical biology |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| lon        | Appraisal of clinical evidence                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Overseas   | Partner Research Programmes                    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Programme  | Referral Programme                             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | Cost Analysis                                  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| CRTF       | CRTF Technology Collaborations                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|            | CRTF Conceptual Design                         |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Clinical   | CRTF Technical Design                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Research & | CRTF Tendering                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Treatment  | CRTF Construction                              |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Facility   | Commence clinical research & treatment         |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |



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## **The 2-Year Preliminary Activity**

- STFC submission to UKRI Infrastructure fund
- Iteration on scope of study recommend Preliminary Activity (2 years) to compare feasibility of differing options
- Bid commits to the following items:
  - CDR design scope, usage model
  - Definition of end station and beam specification to support a biomedical research programme; staged in-vitro and in-vivo delivery
  - Technology choice and technical risk management; comparison of 3 technology options
- Current guidance:
  - Good chance of funding; assume start date 1<sup>st</sup> October 2022
  - Aim at Y1 0.7M and Y2 1.3M (but some flexibility)



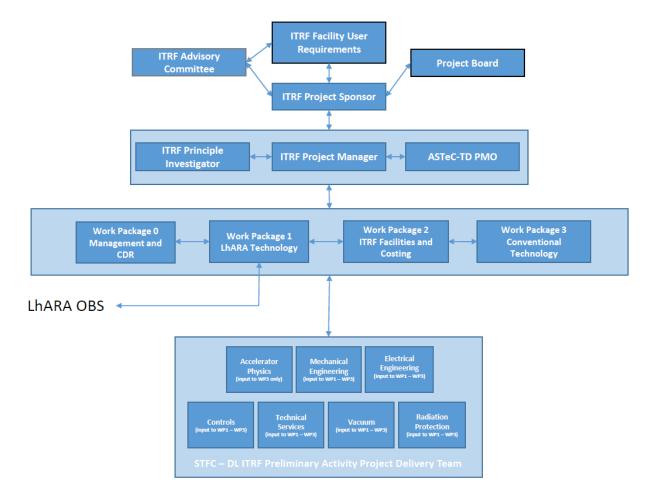
# **OBS, WPs and PM**

- STFC has an established project management methodology that we are required to follow
- Already had to meet STFC internal annual budget and effort definition (Feb/Mar)
- Project initiation is done via Bid Review; proposed 25<sup>th</sup> May
  - Budget

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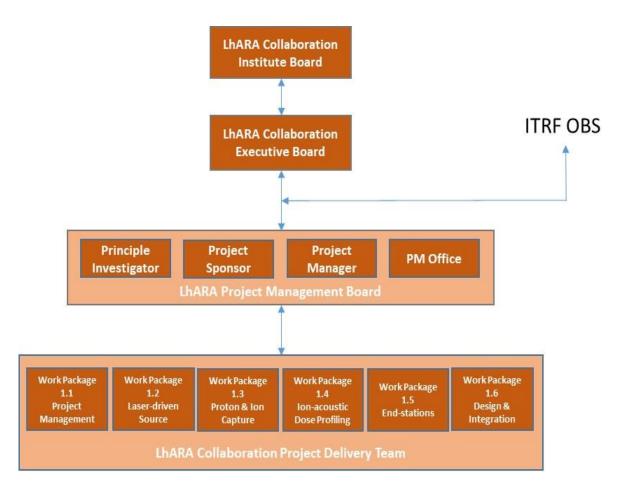
- Deliverables/Milestones
- WPs and responsible WP manager
- Review and oversight (Monthly Progress, 6 monthly Reviews)
- As an STFC project, required to have STFC sponsor/PM/PI
  - Propose LhARA-focused WP to minimise overhead and allow LhARA collaboration oversight
- Costing activities carried out by STFC
- Funding disbursement via JeS (tbc)



### LhARA WP1.1 to WP1.6

- Each WP should have:
  - Single named manager
  - Final deliverables
  - (Interim deliverables)
  - Milestones (incl. for review)

- Proposal is that WP1.1 / LhARA PM provide single reporting line
  - Avoids WP overheads





Additional slides....



## **The Clinical Context**

- 1989: Clatterbridge UK world's 1<sup>st</sup> hospital proton therapy centre (62 MeV, ocular); 100 patients/year
- 2007: NRAG report 'Radiotherapy: developing a world class service for England' recommends proton facilities
- 2007: Cancer Reform Strategy
- 2008: Proton Overseas Programme; 1102 patients (2008 – 2018) <u>https://doi.org/10.1016/j.ijrobp.2020.07.2456</u> <u>https://doi.org/10.1016/j.clon.2018.02.032</u>
- 2012 NHS Strategic Outline Case
- 2015: Full Business Case approved for 2 NHS centres
- 2018: NHS Christie 1<sup>st</sup> patients seen as a big success story
- 2021: NHS UCLH 1<sup>st</sup> patients



Clatterbridge – 62 MeV Scanditronix cyclotron Basis for much UK technology and clinical-related research



Christie – 250 MeV Varian cyclotron + unique research beamline



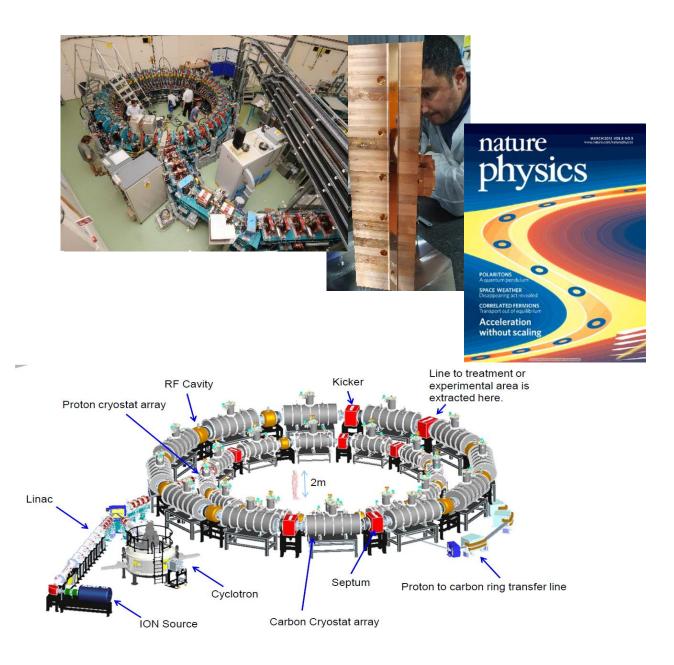
Protons in UK:

- Evidence-based
- Intention to cure
- Emphasis on children, young adults (<25), adults with rare tumours

#### The (Conventional) Accelerator Context: Protons

- 2007 2013 EMMA @ DL
- 2008 2013 PAMELA
- 2013 2015 NORMA
- 2015 2019 PROBE
- 2018 2021 TAAC70 Cyclotron
- Christie proton centre 2018 –
- Christie proton beamline 2019 -





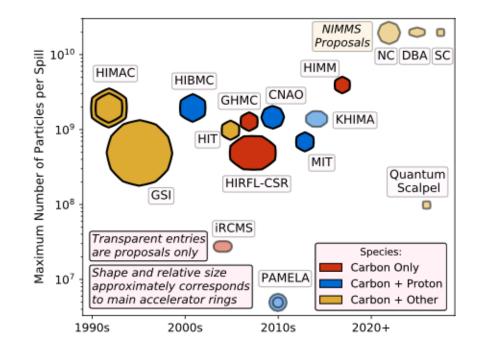
# **Ion Therapy Context**

- 1994 HIMAC (Japan)
- 1998 2008 GSI
- 1999 PIMMS study
- 2012 CNAO/HIT 1<sup>st</sup> patients
- 2019 MedAustron 1<sup>st</sup> patients
- 2019 NIMMS study begins





#### 2 ion gantries operating in the world today





#### 13 ion centres operating in the world today – all synchrotrons

# NIMMS @ CERN

- PIMMS > NIMMS
- Linked to SEEIST

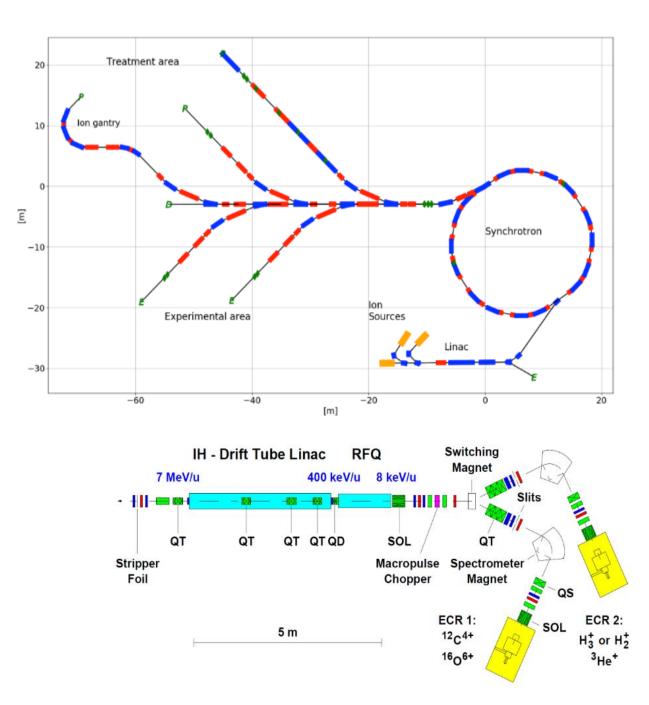
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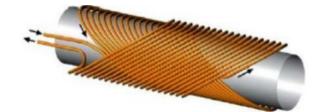
Facilities Council

- 3 UK students working on NIMMS:
  - UOM CCT synchrotron/gantry (CI)
  - UOM FFA/Synchrotron (CI)
  - Imperial Synchrotron (JAI)
- STFC/CERN Framework Agreement (virtually) signed; access to design information and collaboration

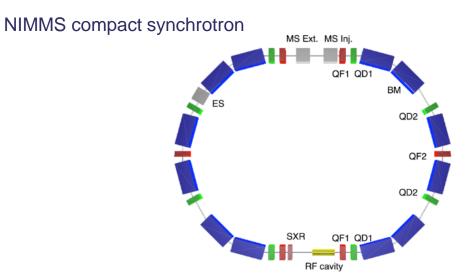


### The Path to SC Ion Therapy

TREATMENT AREA 46.90 ERVICE ARE 8 8 ION GANTRY ION GANTRY SER. AREA LOW. EN. EXP. SERVICE AREA OR LINA0 15.00 10.45 \_\_\_\_ 8.70 1.00 ANIMAI AREA AREA: 5.500 M2 ACCESS AREA / SERVICE AREA 53.00







**Table :** Detailed parameters of the proposed DBA lattice.

| Circumference length                     | 55 m                |
|--|---------------------|
| Max energy                               | 430 MeV/u           |
| Dipole length                            | 2.31 m              |
| Max dipole strength                      | 1.5 T               |
| Working point $(Q_x, Q_y)$               | (1.67, 1.72)        |
| Transition gamma $\gamma_t$              | 1.742               |
| Natural chromaticities $\xi_x$ , $\xi_y$ | -1.1,-1.3           |
| QF1 strength                             | 1.05 m <sup>2</sup> |
| QF2 strength                             | 0.8 m <sup>2</sup>  |
| QD1 strength                             | -1.3 m <sup>2</sup> |
| QD2 strength                             | $-0.65 \text{ m}^2$ |
|  |                     |

CT and CCT magnet development (synchrotron and gantry)

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