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Plenary presentation We-Mo-Pl4-01 given at MT25, 27 August - 01 September 2017, Amsterdam, The Netherlands.

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Development of Carbon-Ion Radiotherapy Facilities at NIRS

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Outline

- Introduction
- Development of a compact facility
- Recent developments
- Future plan
- Summary

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Introduction

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Cancer Treatment

1. Surgery
2. Chemotherapy
3. Radiotherapy
   - Advantage: no pain, no infection
   - Kinds of radiation
     - X-rays (γ-rays)
     - Protons
     - Carbon ions

     (particle beams)
   - Expectation for (particle) radiotherapy
     - QOL (Quality Of Life) after the treatment
     - Small physical burden (good for aged people)
     - Effective for radiation-resistant tumors (Carbon-ion radiotherapy)

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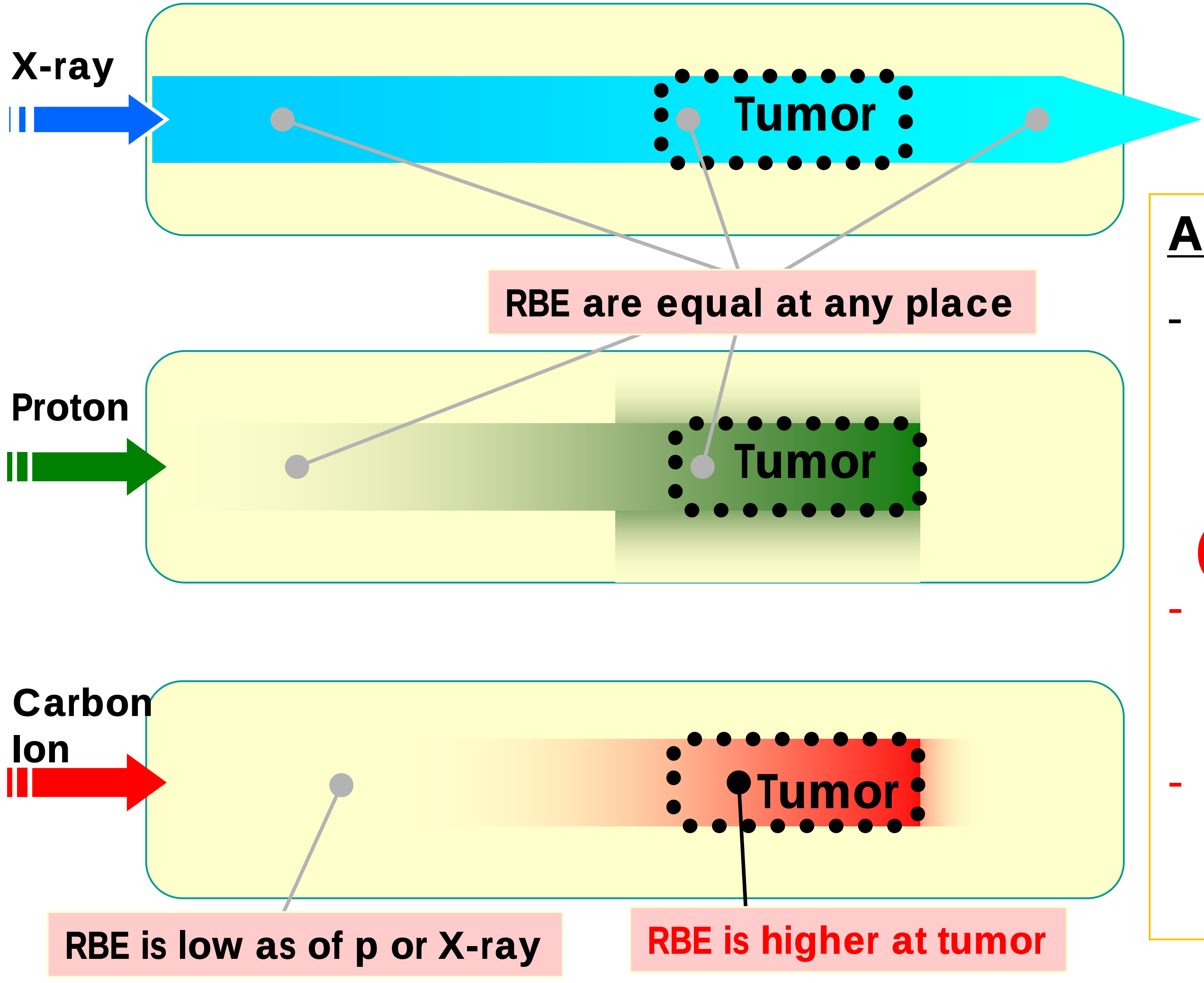
Comparison between X-ray and particle therapy



Advantage of ion therapy

- Physical dose can be concentrated due to Bragg peak

(Carbon therapy)

- Lower multiple scattering in the lateral direction
- RBE (Relative Biological Effectiveness) is 2~3 times higher around the tumor

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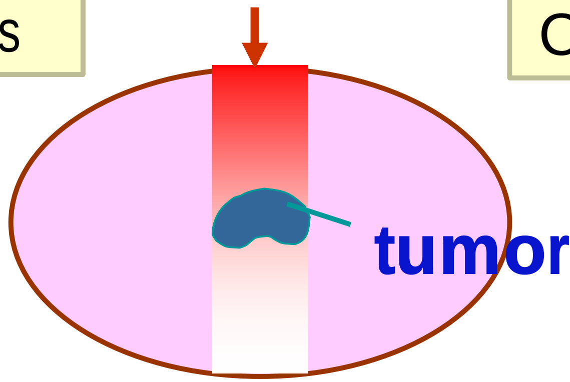
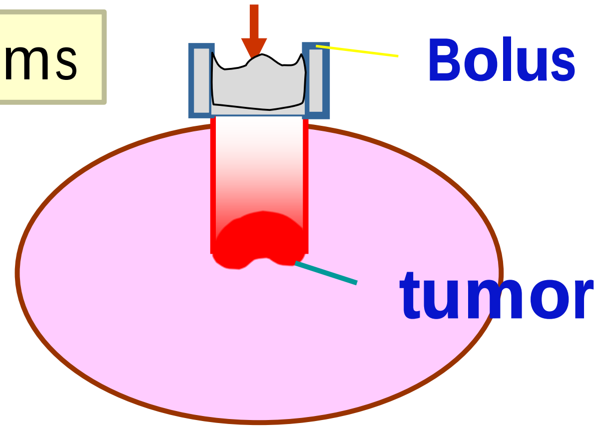
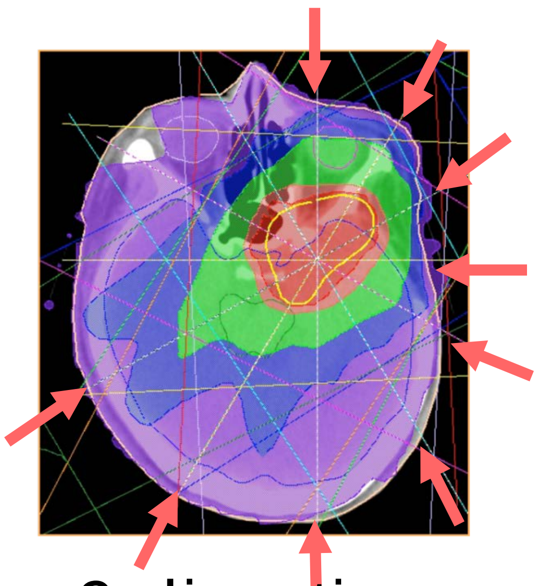
Dose distribution of X-ray and Carbon beams

X-rays

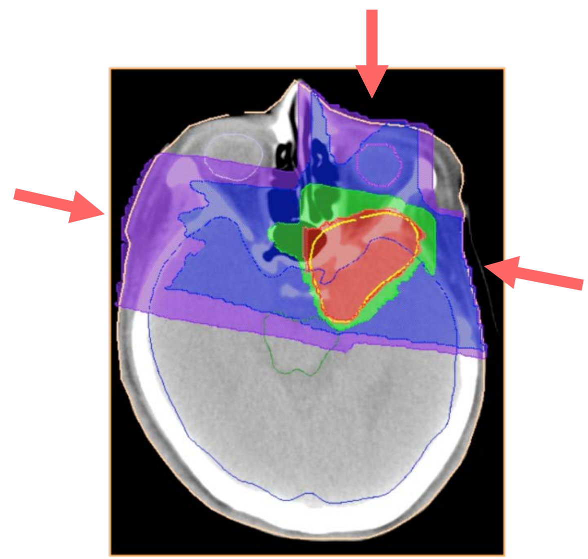


Carbon beams





9 directions



3 directions

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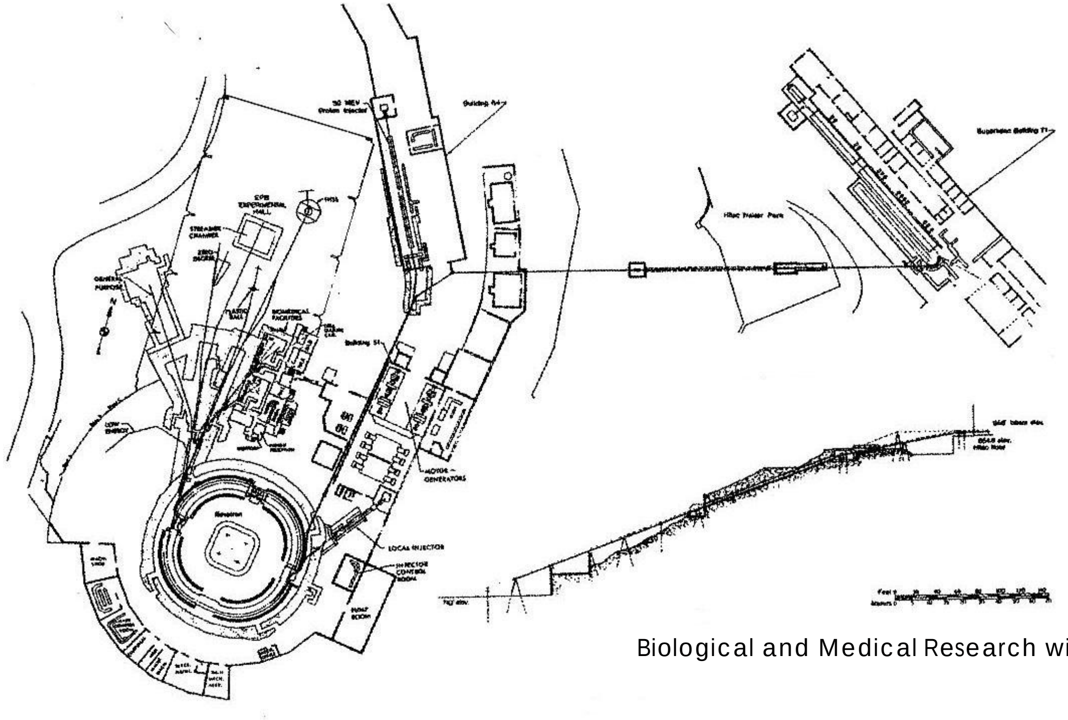
Pioneer's work at LBL

- 1940's: R. Willson proposed the medical application of heavy-ion beams.
- 1957: LBL started clinical trials with Helium ions (2054 patients)
- 1975: Treatment with Neon ions was made (433 patients).
- 1992: The research had been aborted, due to the shutdown of Bevalac.



Biological and Medical Research with Accelerated Heavy Ions at the Bevalac, LBL-11220, UC-48 (1980).
E.A. Blakely *et al.*, Adv. Radiat. Biol. 11, 295 (1984).
W.T. Chu *et al.*, Rev. Sci. Instrum. 64, 2055 (1993).

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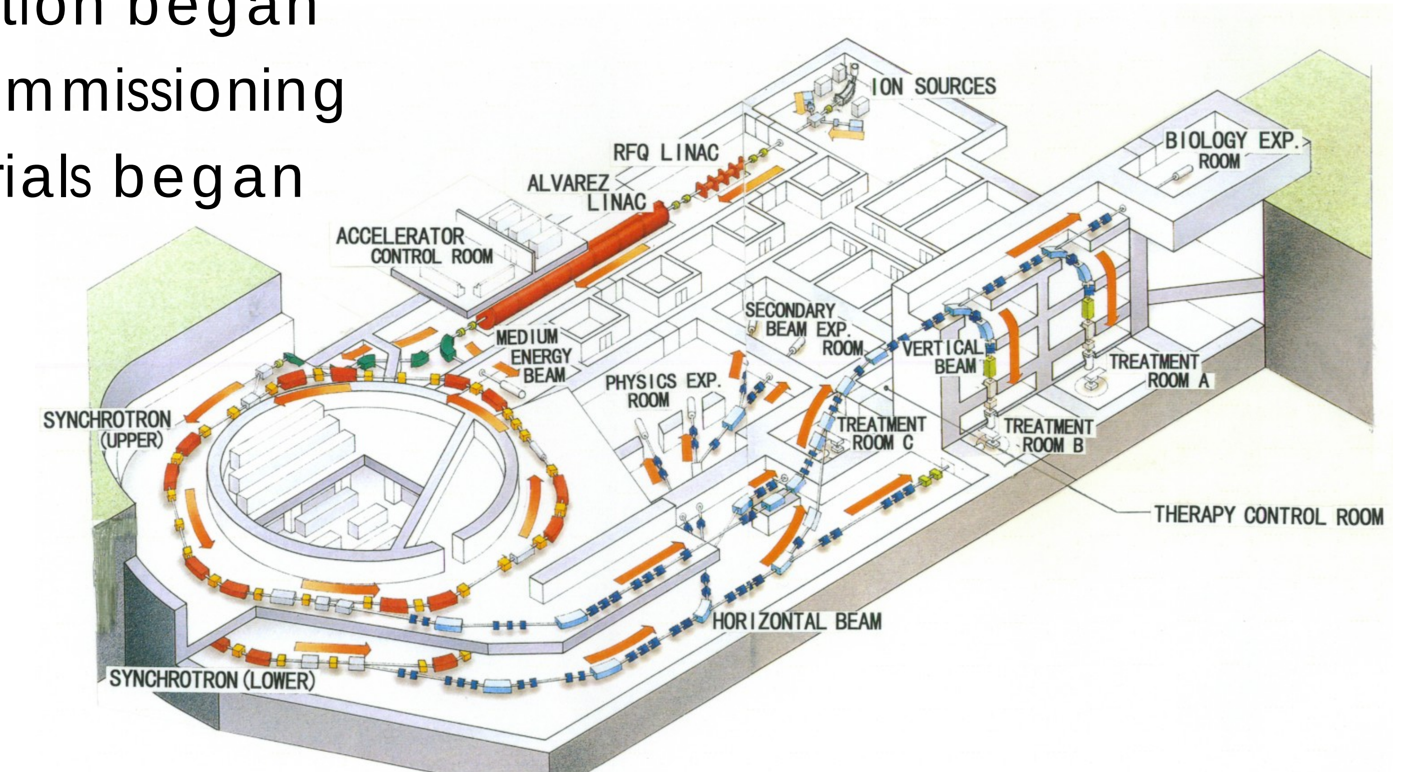
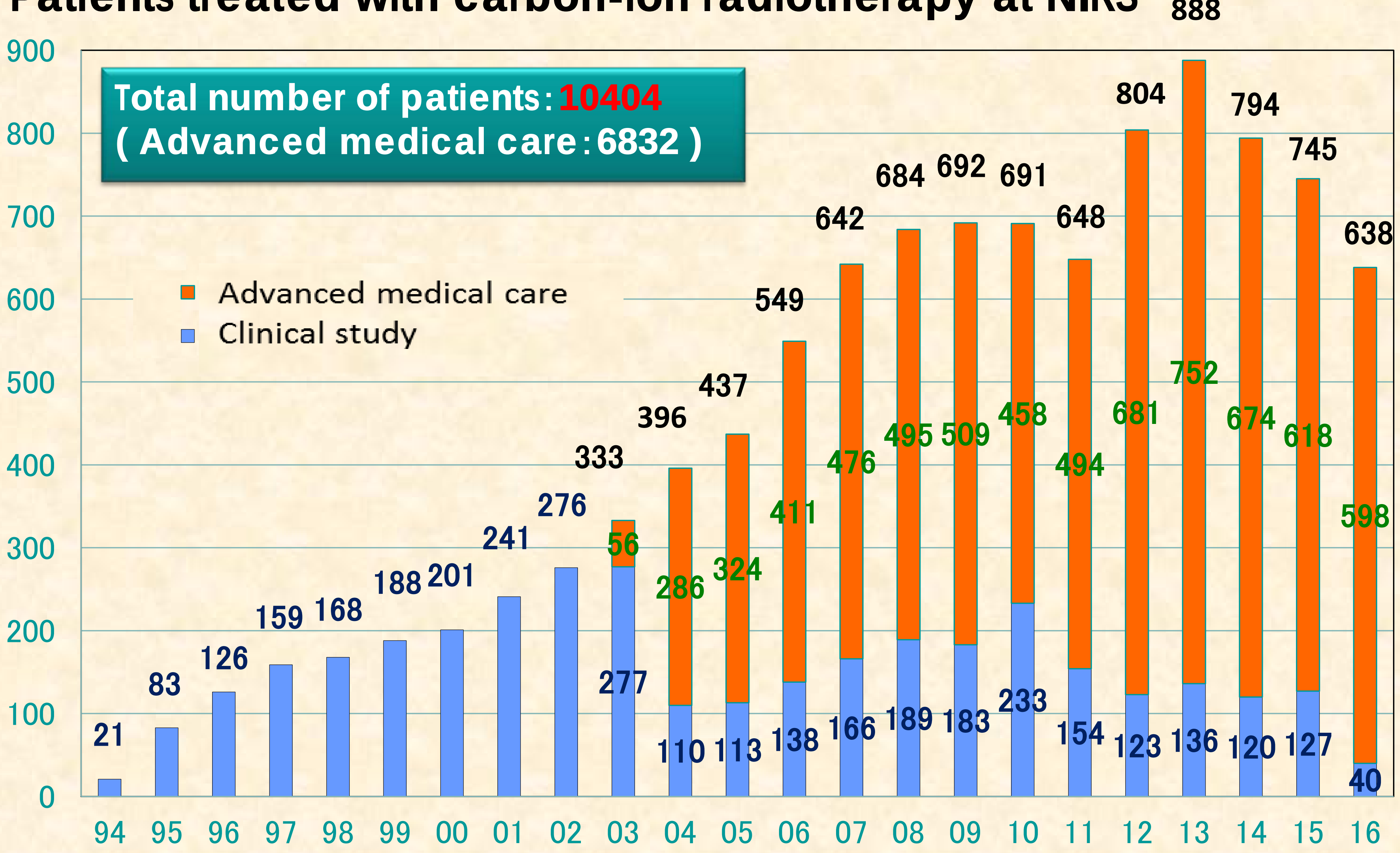
World-first heavy-ion medical accelerators

- **HIMAC（Heavy Ion Medical Accelerator in Chiba）**
  - 1984: Project was funded by Japanese Government
  - 1987: Construction began
  - 1993: Beam commissioning
  - 1994: Clinical trials began



HIMAC can accelerate heavy ions having q/m=1/2 up to E/A=800 MeV

Patients treated with carbon-ion radiotherapy at NIRS



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Some clinical results

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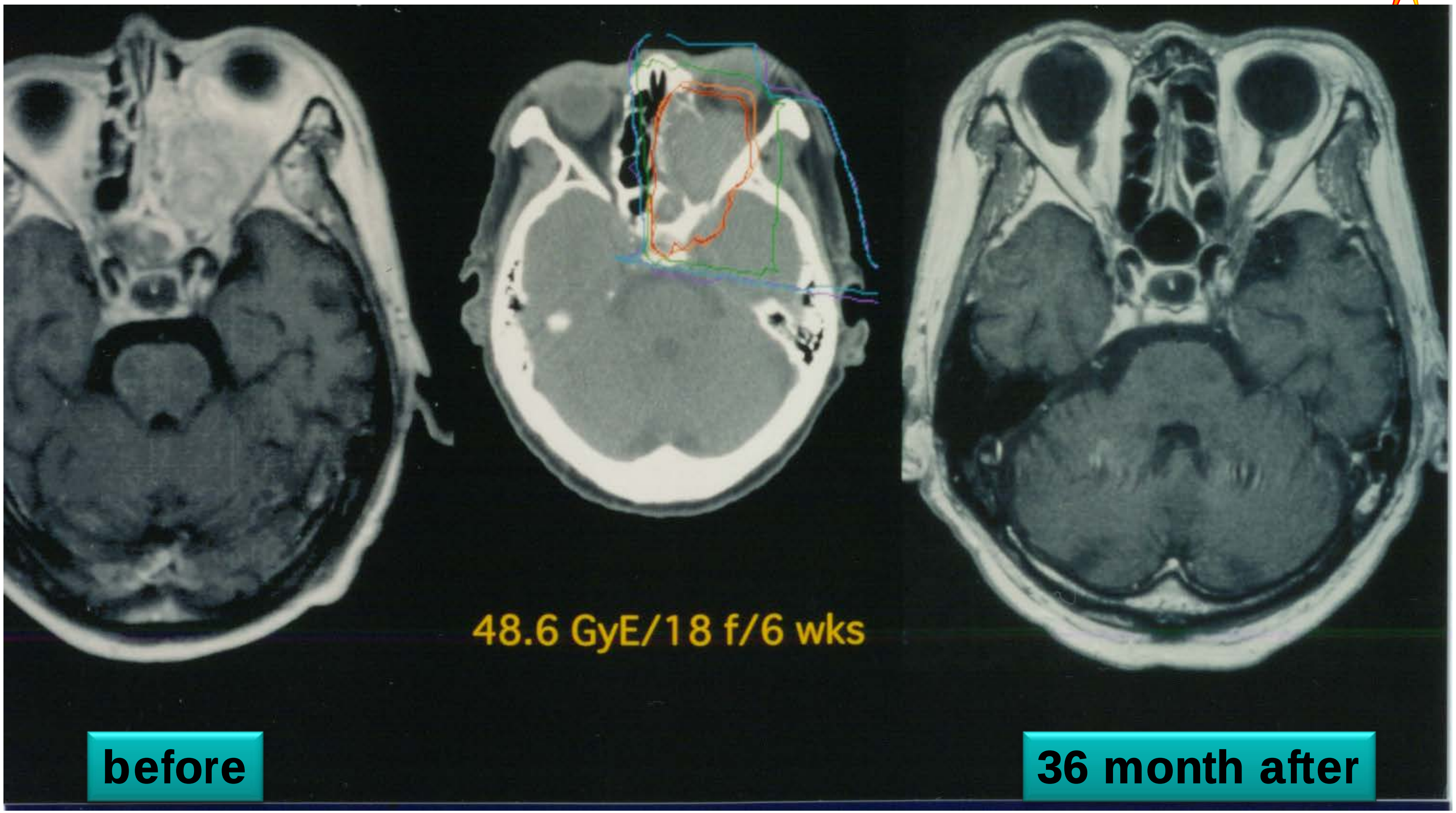
Head and Neck tumor



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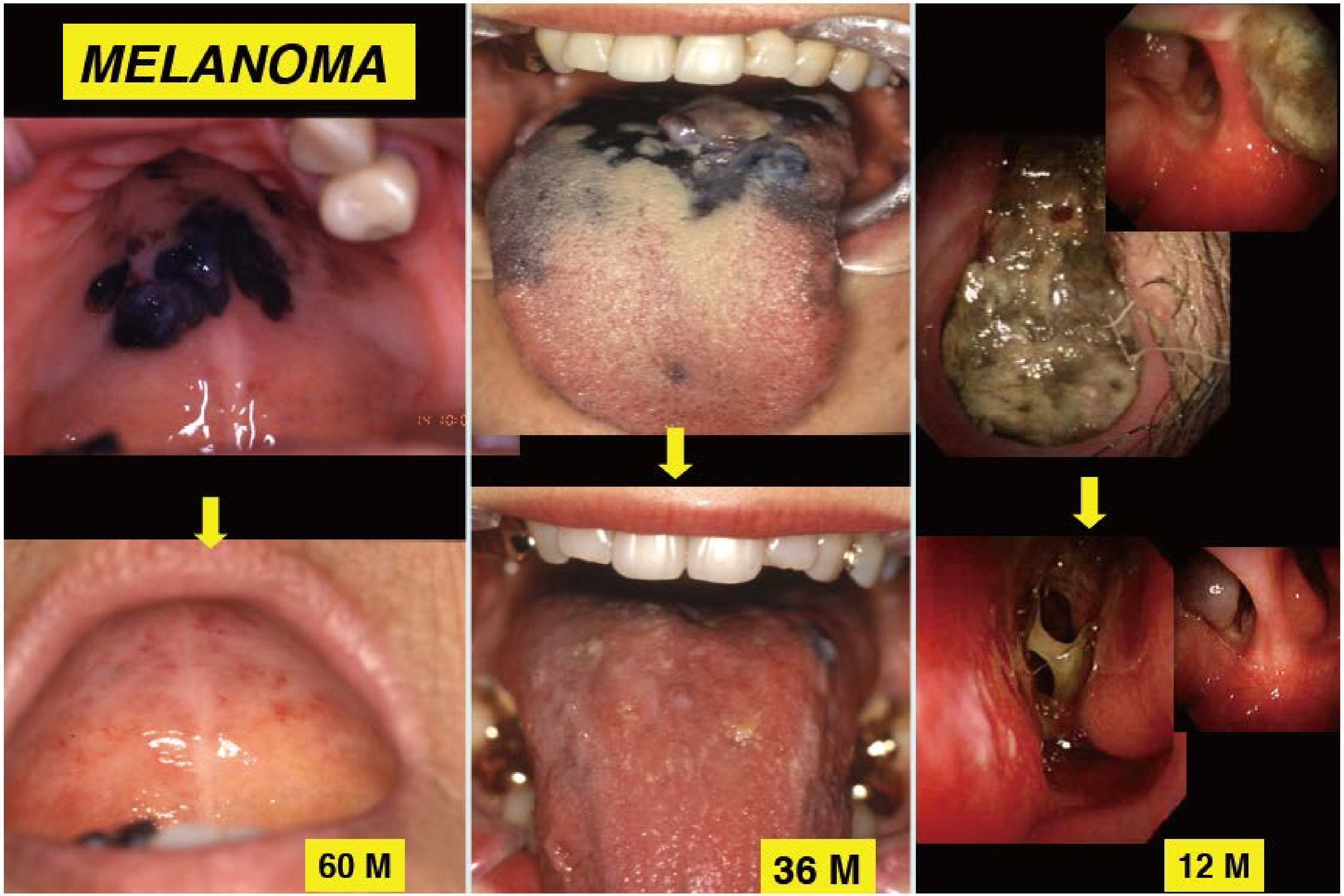
Malignant Head and Neck Tumors



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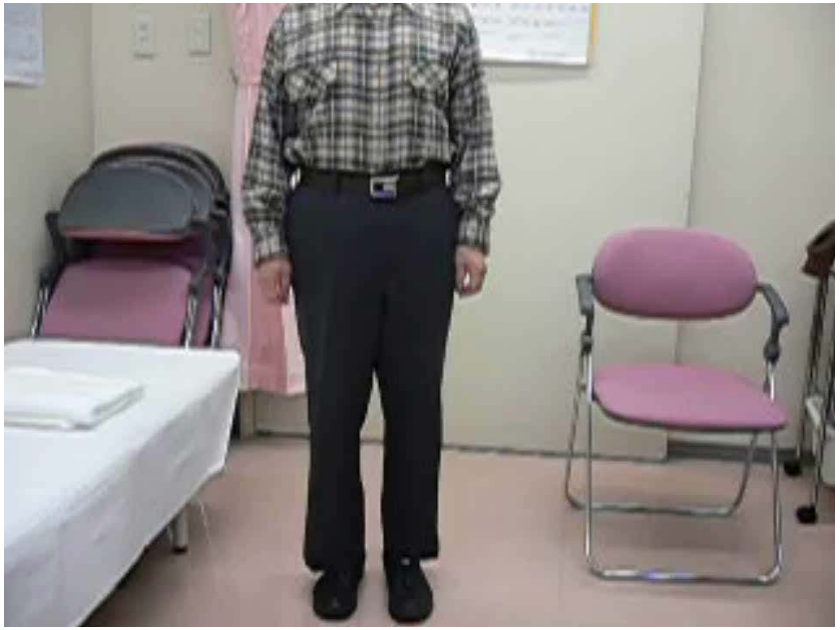
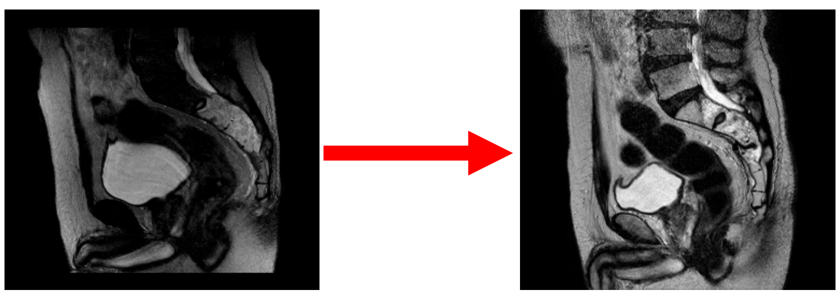
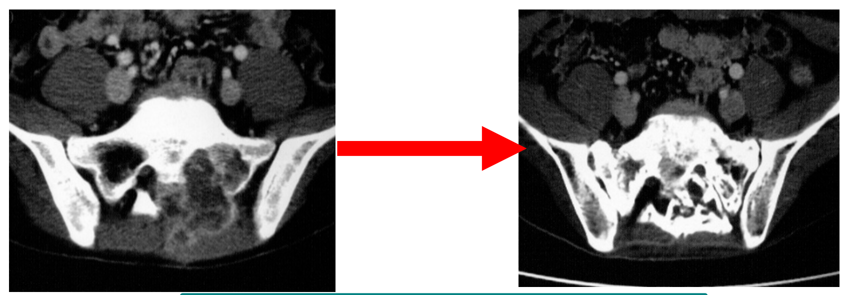
Sacral chordoma, osteosarcoma







Unresectable sacral chordoma

5 years after C-ion RT

Sacral osteosarcoma

13 years after C-ion RT

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Local Control and Survival Rate in Chordoma

	No of Pts (new Pts/year)	Site S:sacrum Sp:mobile spine	Treatment	5 year Local Control	5 year Overall Survival
Sweden 1) 1963-1998	39 (1.1)	S+Sp	Surgery	44%	84%
MGH. 2) 1982-2002	27 (1.4)	S	Surgery + Proton	72%	82%
LBL 3) 1977-1989	14 (1.2)	S	Surgery + Helium	55%	85%
Mayo 4) 1980-2001	52 (2.5)	S	Surgery	56%	74%
NIRS 1996-2011	185 (12)	S+Sp	C-ion (unresectable)	78%	85%

1) Cancer.2000 2)IJROBP.2006 3) IJROBP.1993 4) J Bone Joint Surg. 2005

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Development of a compact facility

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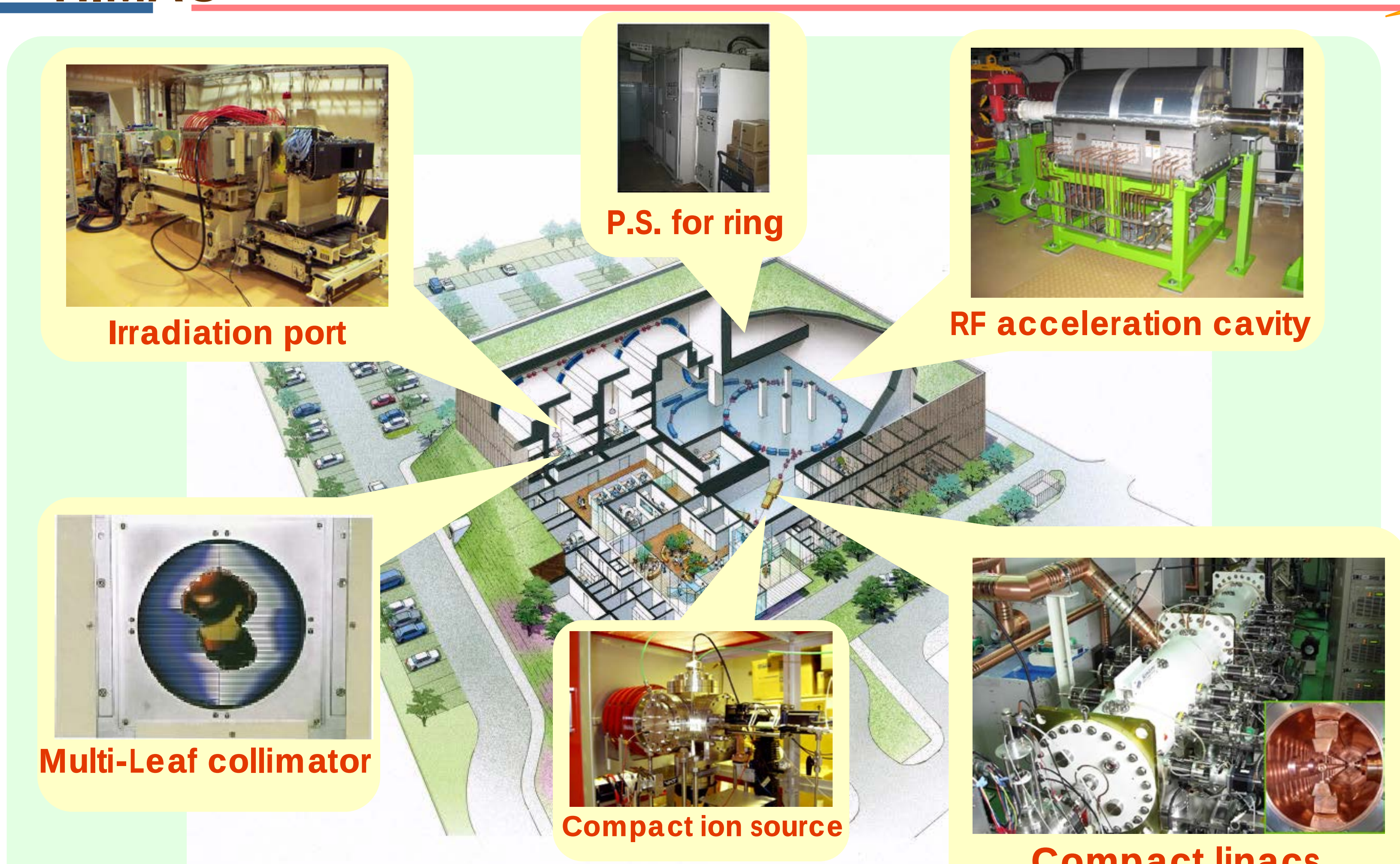
Design of a compact facility and Related R&D works



R&D works made during 2004-2005

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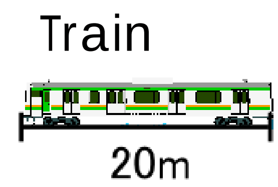
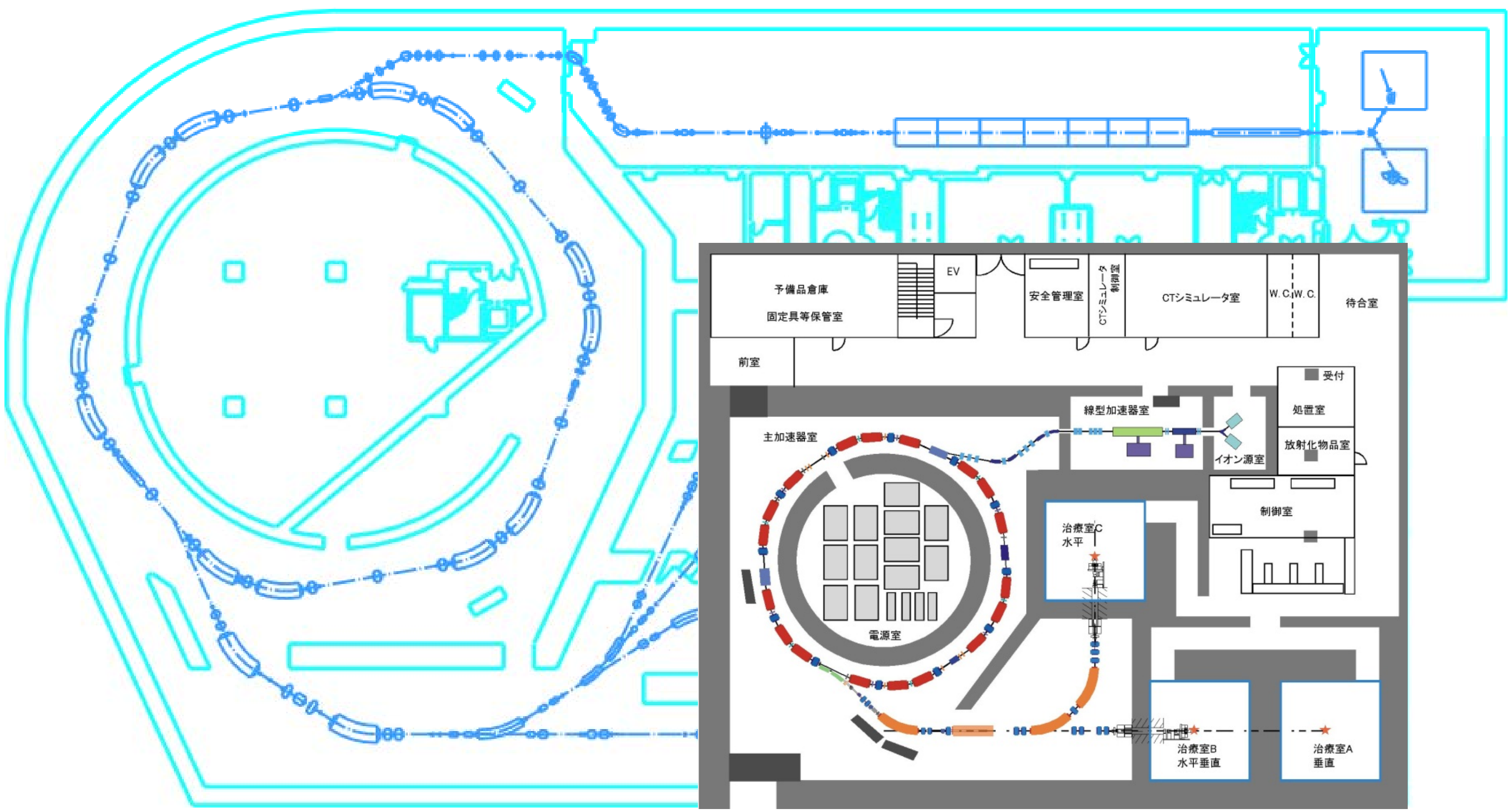
Compact facility for carbon-ion radiotherapy (CIRT)

As a result of R&D works and design studies, we could design the compact accelerator facility, dedicated for CIRT





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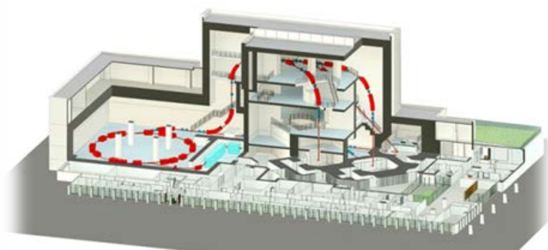
Particle radiotherapy facilities

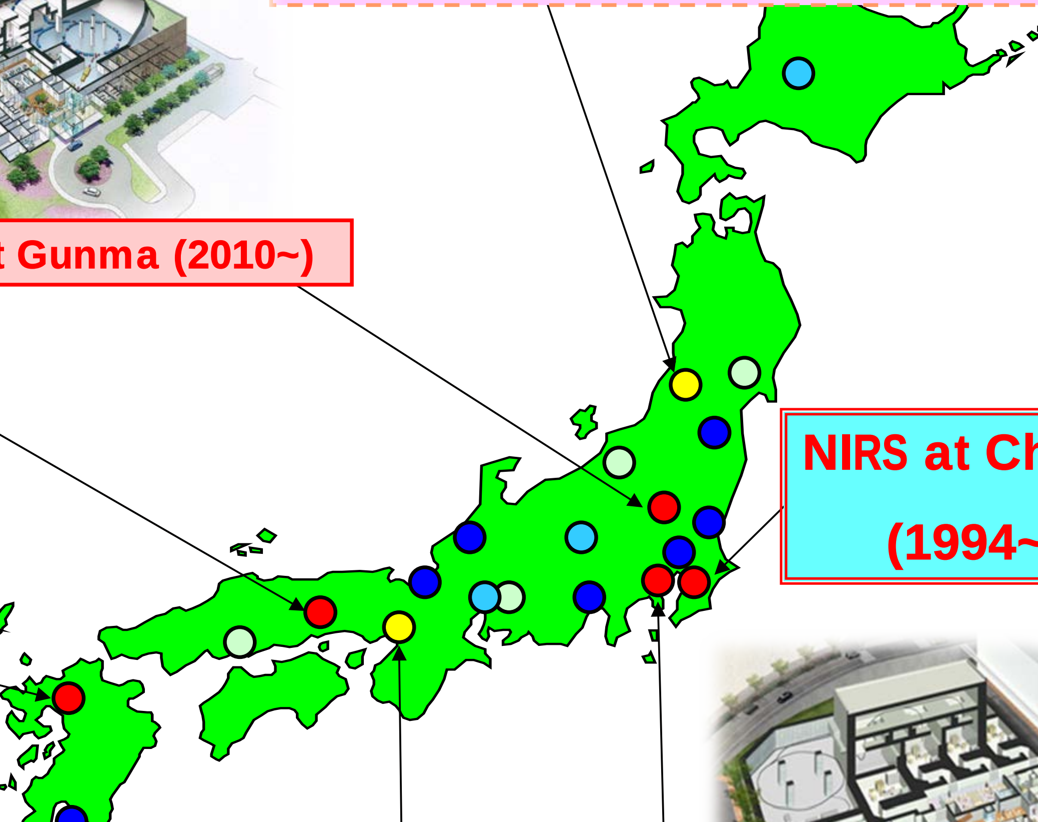
HIBMC at Hyogo (2001~)

GHMC at Gunma (2010~)



HIMAT at Saga (2014~)

Yamagata Univ.（To be launched by 2019）



NIRS at Chiba (1994~)

KCC at Kanagawa (2015~)

Osaka（To be launched by 2018）

- Carbon ion
- Carbon ion (under construction)
- Proton
- Proton (under construction)
- Planning

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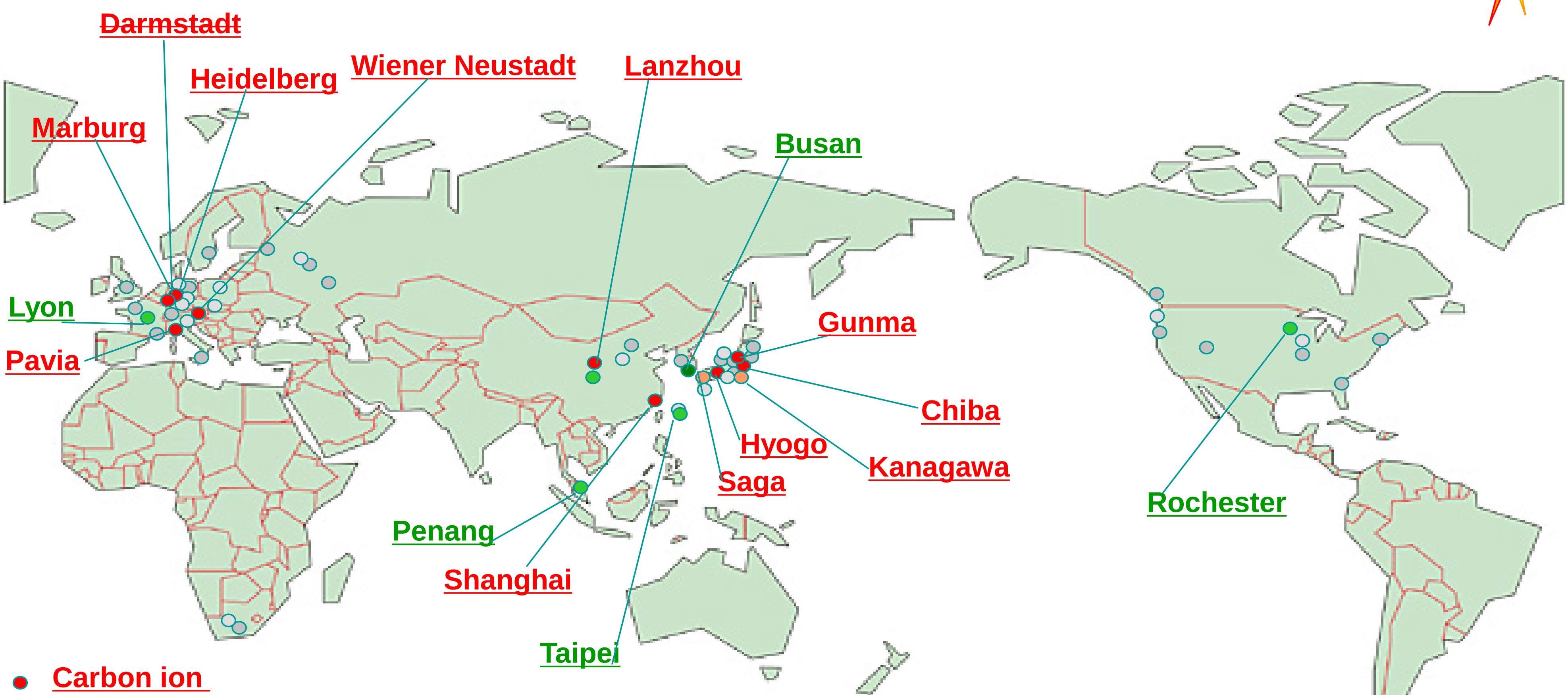
Heavy-ion radiotherapy worldwide



- Carbon ion
- Carbon ion (under construction)
- Carbon ion (planning)
- Proton
- Proton (under construction)

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Recent Developments

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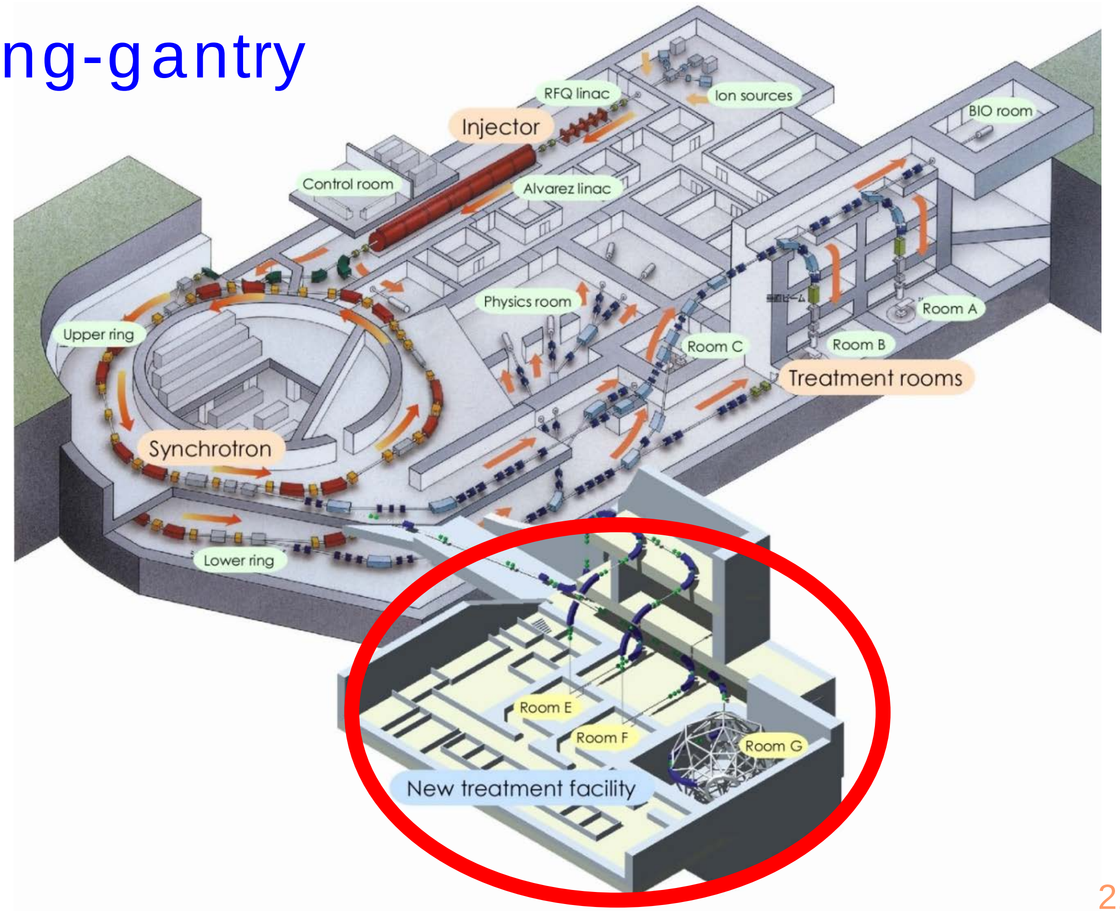
New treatment facility

Construction completed in 2011

- New development
  - 3D raster scanning
  - Superconducting rotating-gantry
- 3 treatment rooms
  - Room E & F

    Fixed H&V scanning ports
  - Room G

    Rotating-gantry port



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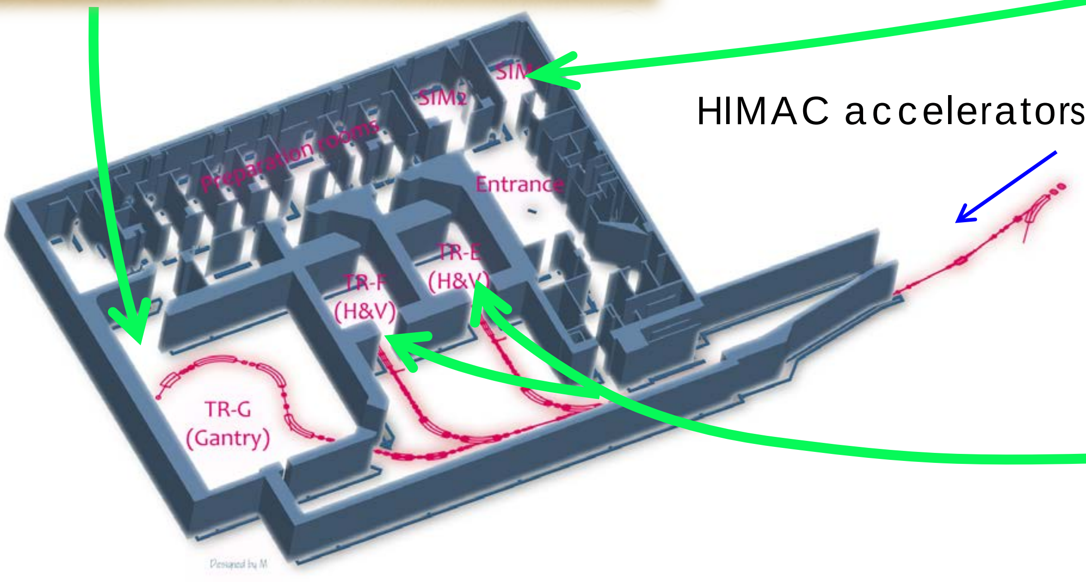
Treatment floor (B2F)



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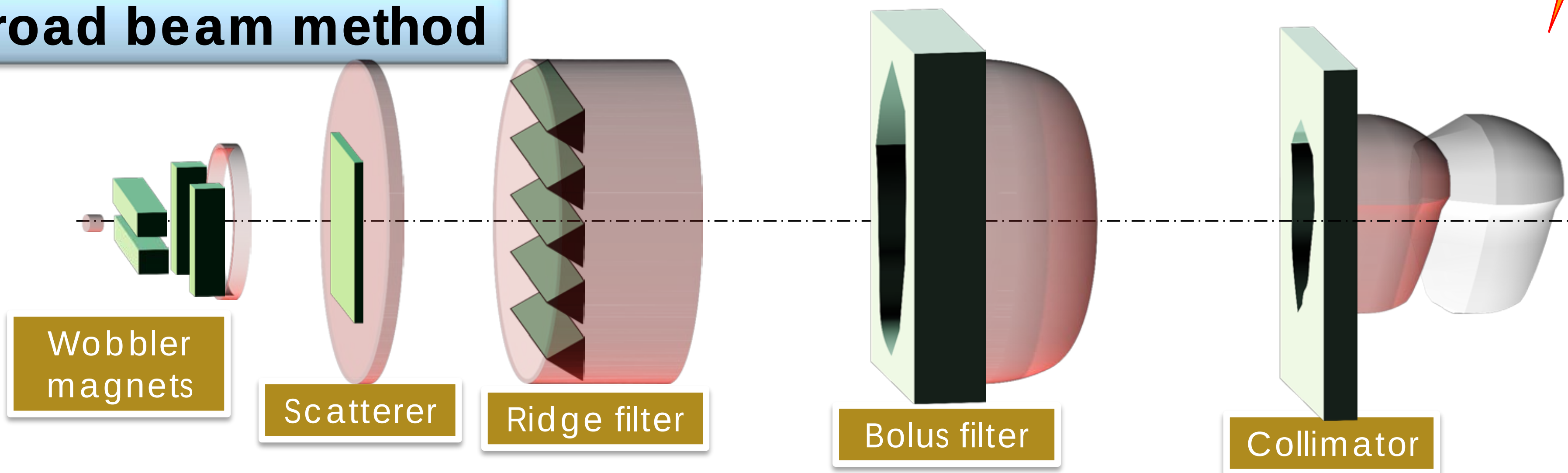
Irradiation methods

Broad beam method



3D scanning method

- Precise dose distribution
- Efficient irradiation
- No bolus and collimator

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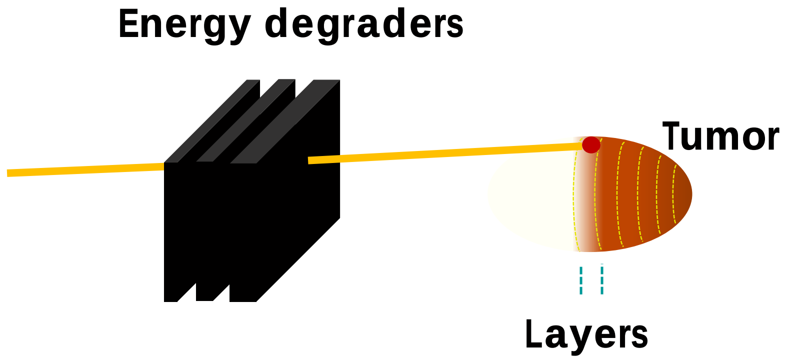
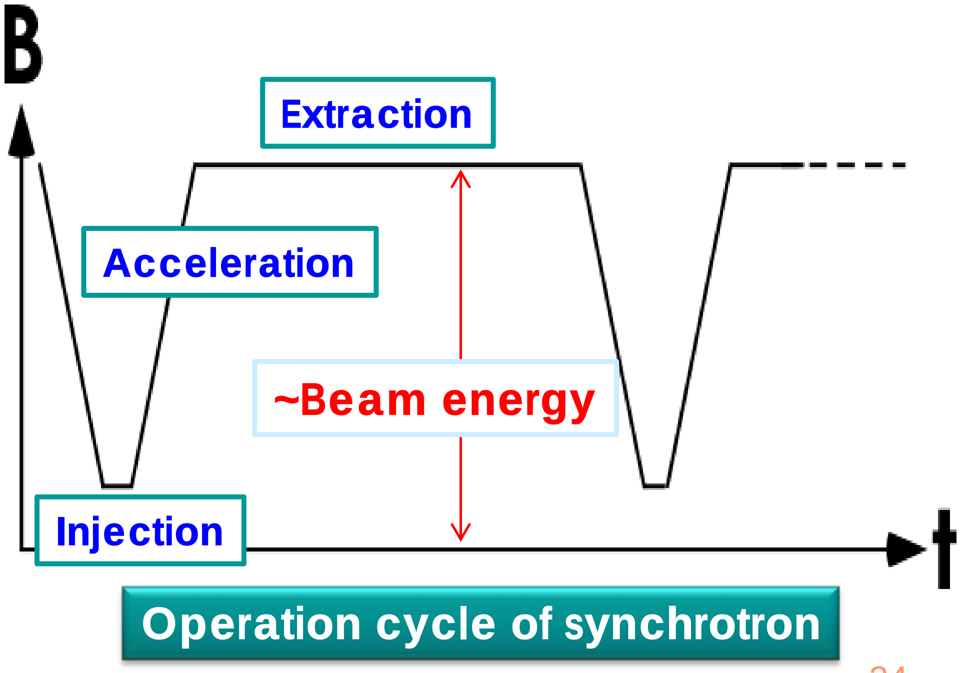
Depth-dose distribution

- **Synchrotron operation**
  - Fixed operation cycle (period: ~3 sec)
  - Fixed extraction energy
- **Use of energy degraders**
  - Enlarges a beam size
  - Produces fragments

deteriorates dose distribution





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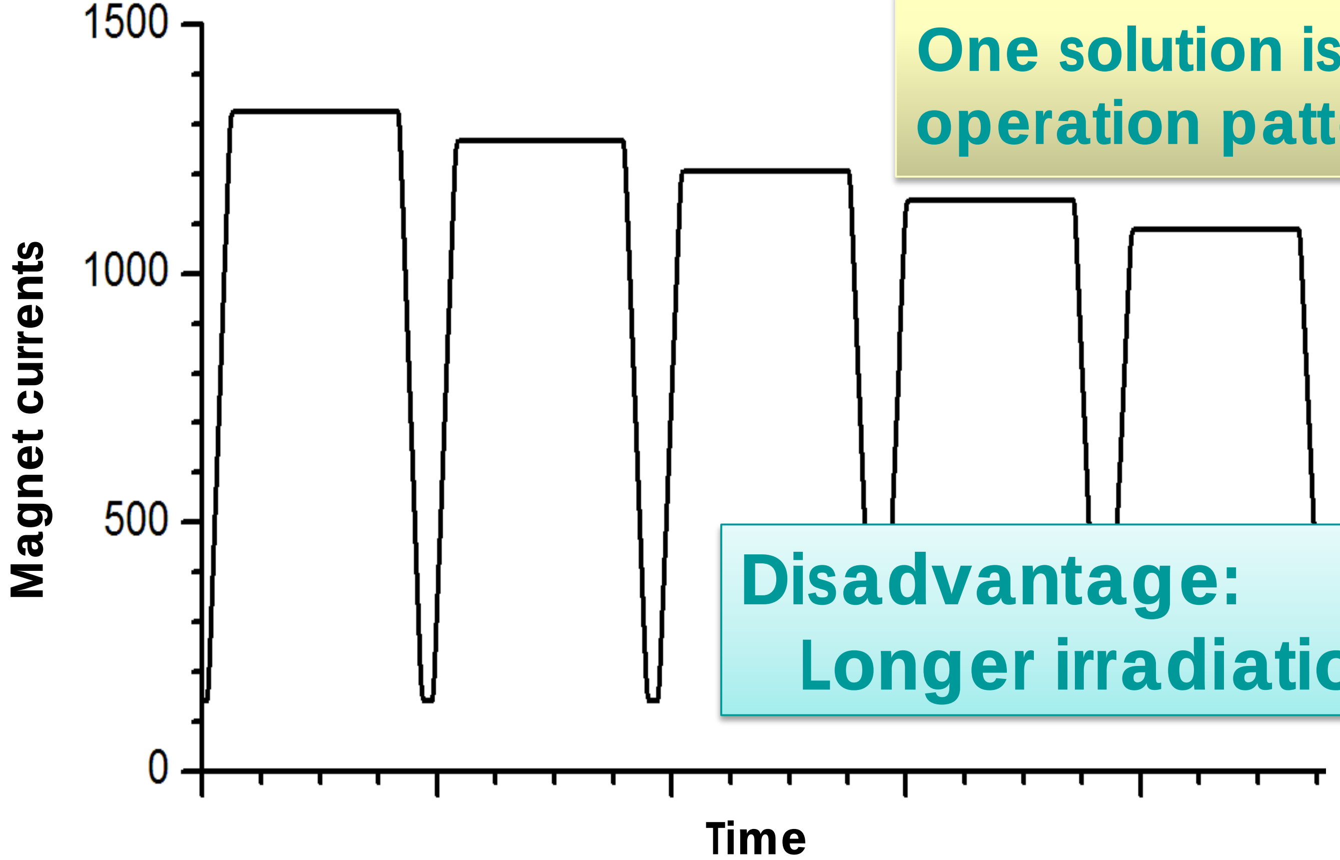
For 3D scanning irradiation

- **To take advantage of 3D scanning irradiation,**
  - Beam energy must be changed by accelerators



One solution is to change operation patterns

**Disadvantage:
Longer irradiation time!**

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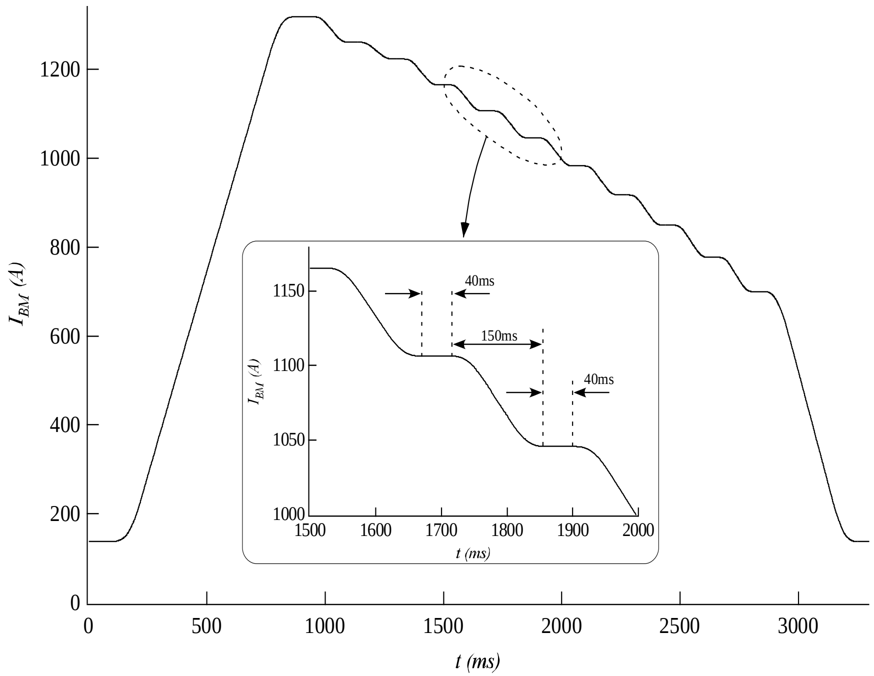
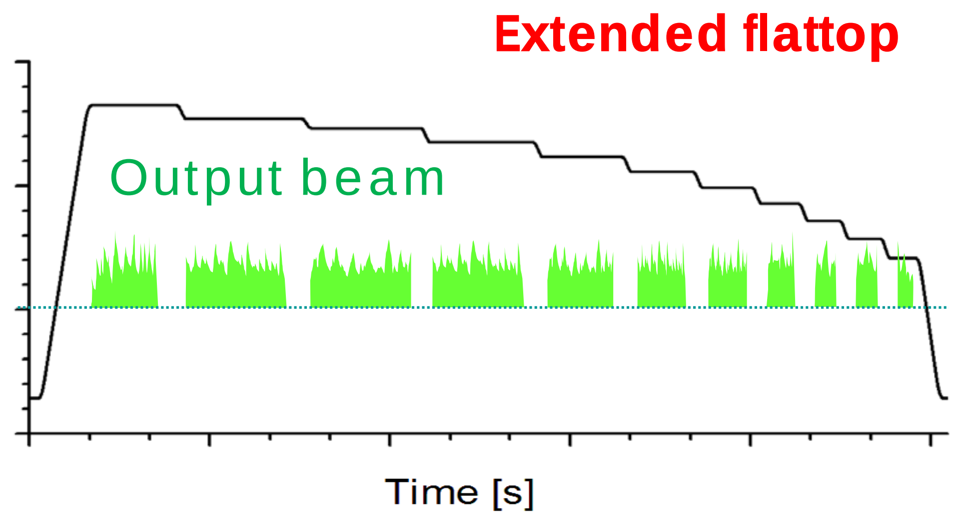
Variable energy operation

- Operation pattern having various flattops
- Each flattop can be extended
- **This operation enables to extract beams having various energies quickly!**





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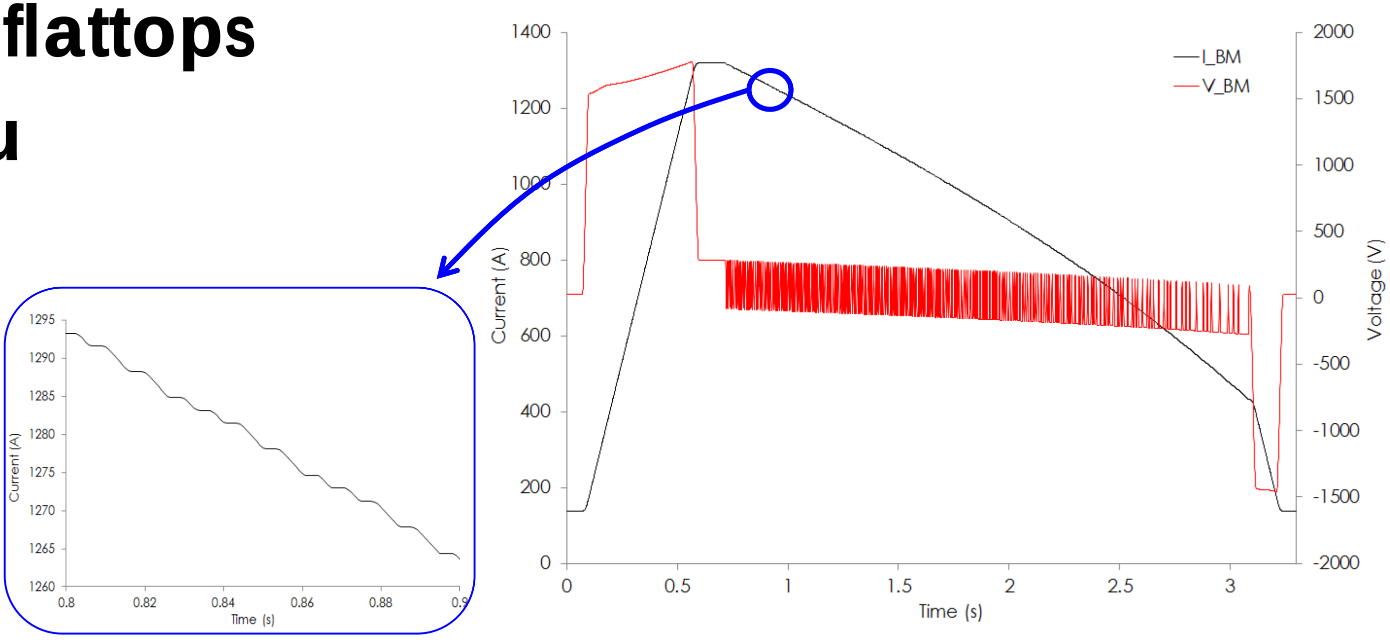
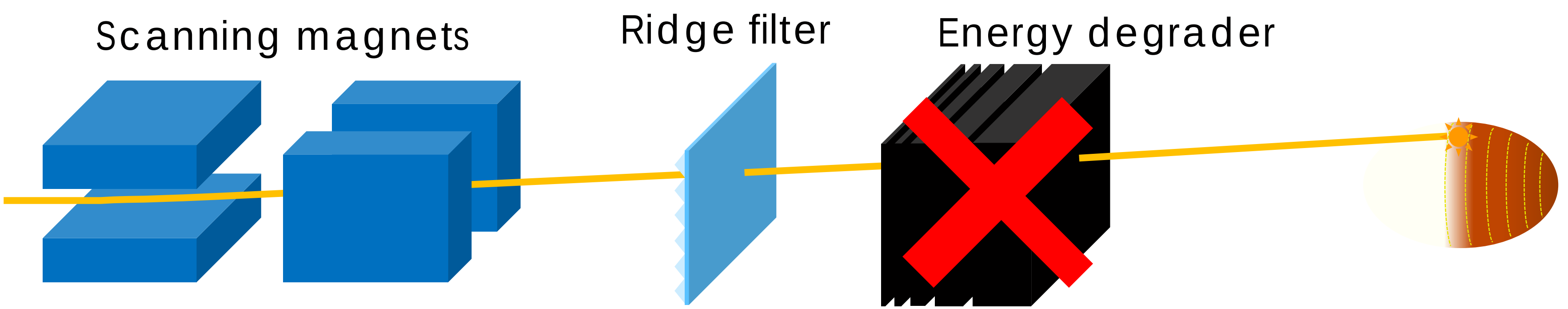
Full energy scanning

- **Pattern with 202 flattops**
- **E=430~50 MeV/u**
- **No degrader**





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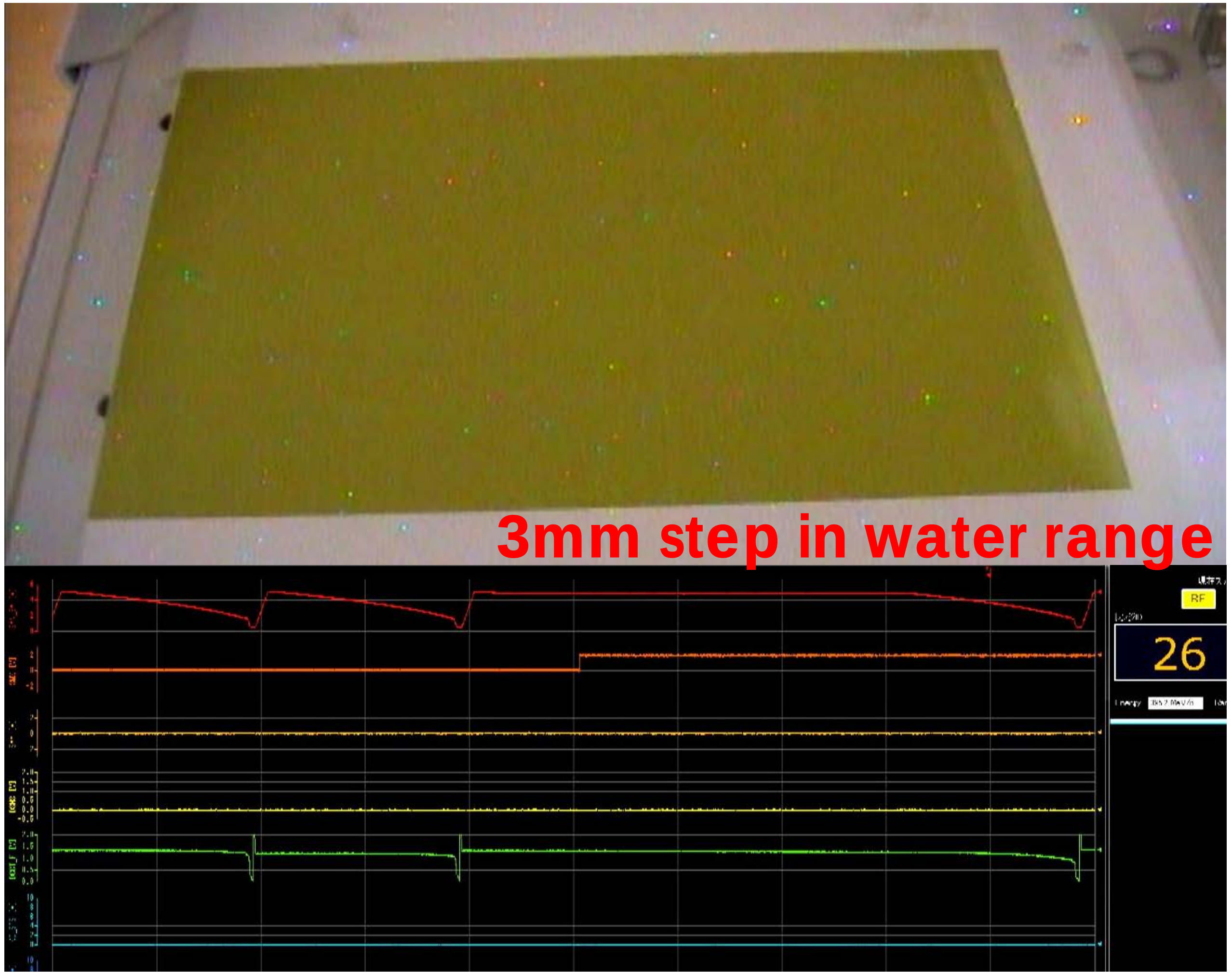
Beam acceleration and extraction tests

Lower energy

Beam direction

Higher energy



Current pattern of BM

Scanning magnet (X)

Scanning magnet (Y)

Extracted beam

Beam current in ring

Irradiation gate

Energy ID

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Superconducting rotating-gantry

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Irradiation using fixed irradiation ports

Treatment for a lung cancer with 4 directions

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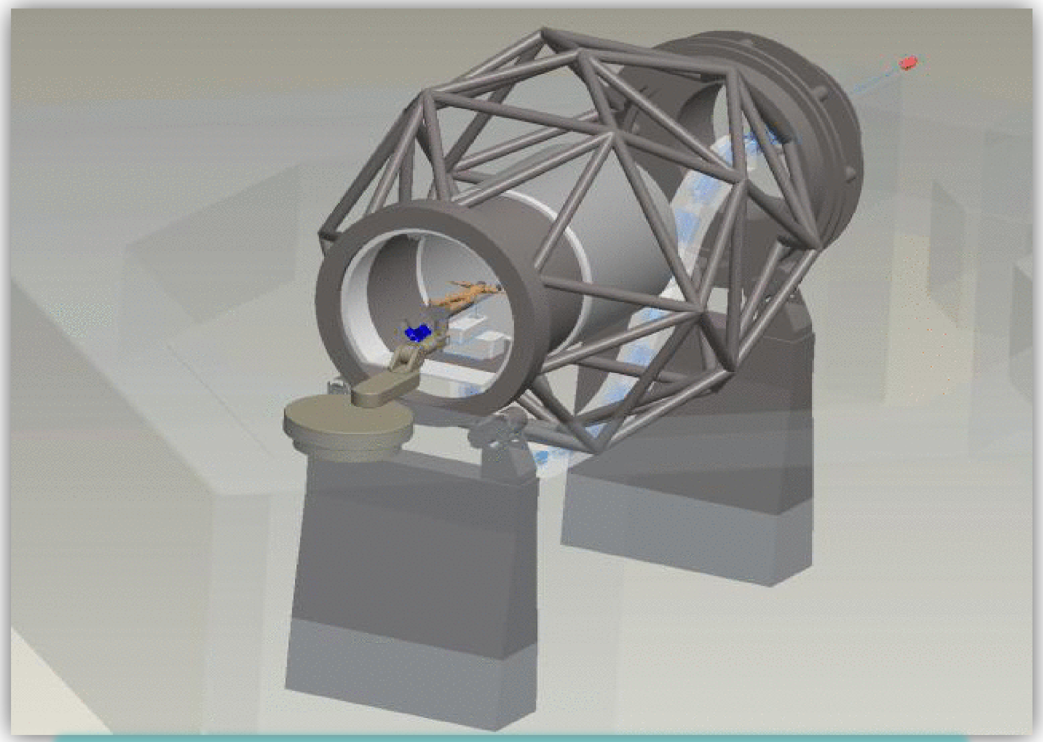
By using a rotating gantry

Advantage of a rotating gantry

1. No need to rotate a patient
2. Precise dose distribution
3. IMPT (Intensity Modulated Particle therapy)



Beam can be directed to a target from any of medically desirable directions

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Rotating gantry for particle therapy

- **Proton therapy**
  - Gantries are commonly used
  - Commercially available
- **Carbon therapy**
  - Required Bρ is 3 times higher
    - Magnets will be very large and heavy
  - Difficult to
    - Design
    - Construct

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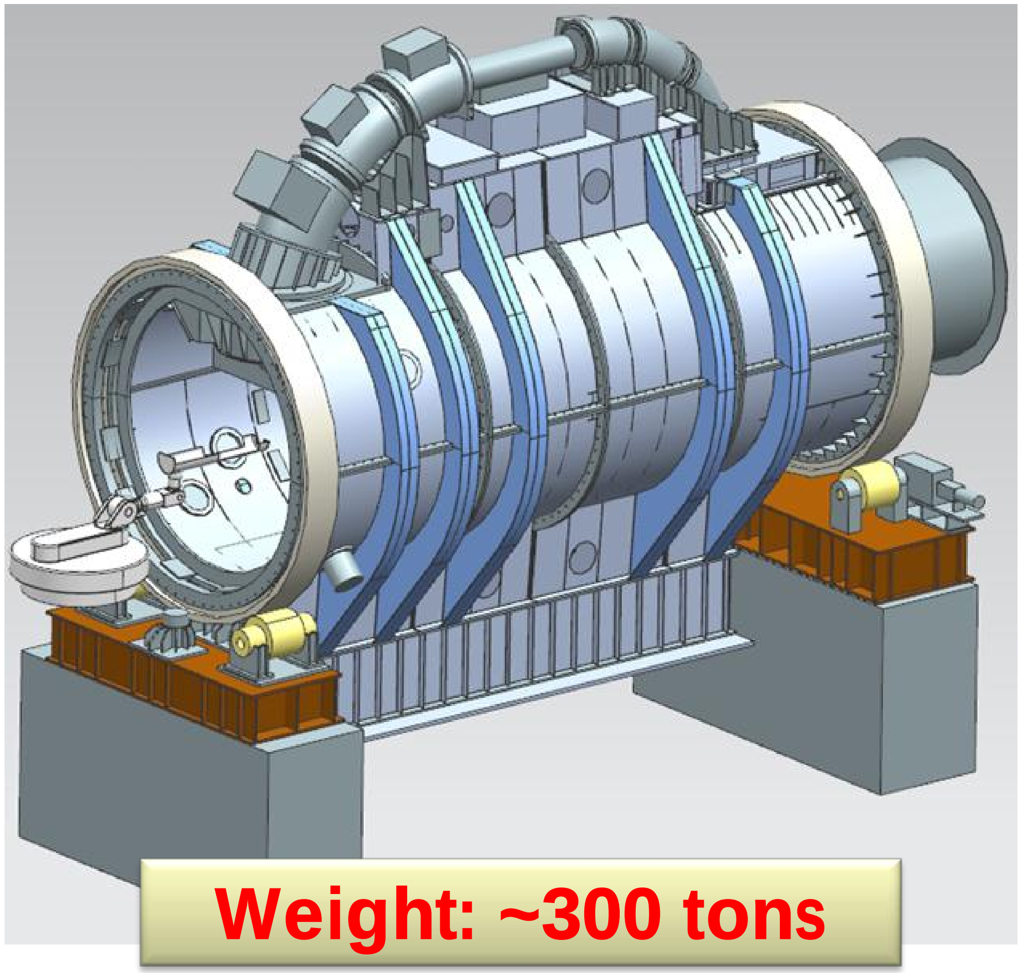
Superconducting rotating-gantry



Use of combined-function SC magnets

Ion kinds	: Carbon ions
Irradiation method	: 3D scanning
Maximum energy	: 430 MeV/n
Beam range	: 30 cm in water
Beam orbit radius	: 5.45 m
Length (ring to ring)	: 14 m

Size and weight are considerably reduced

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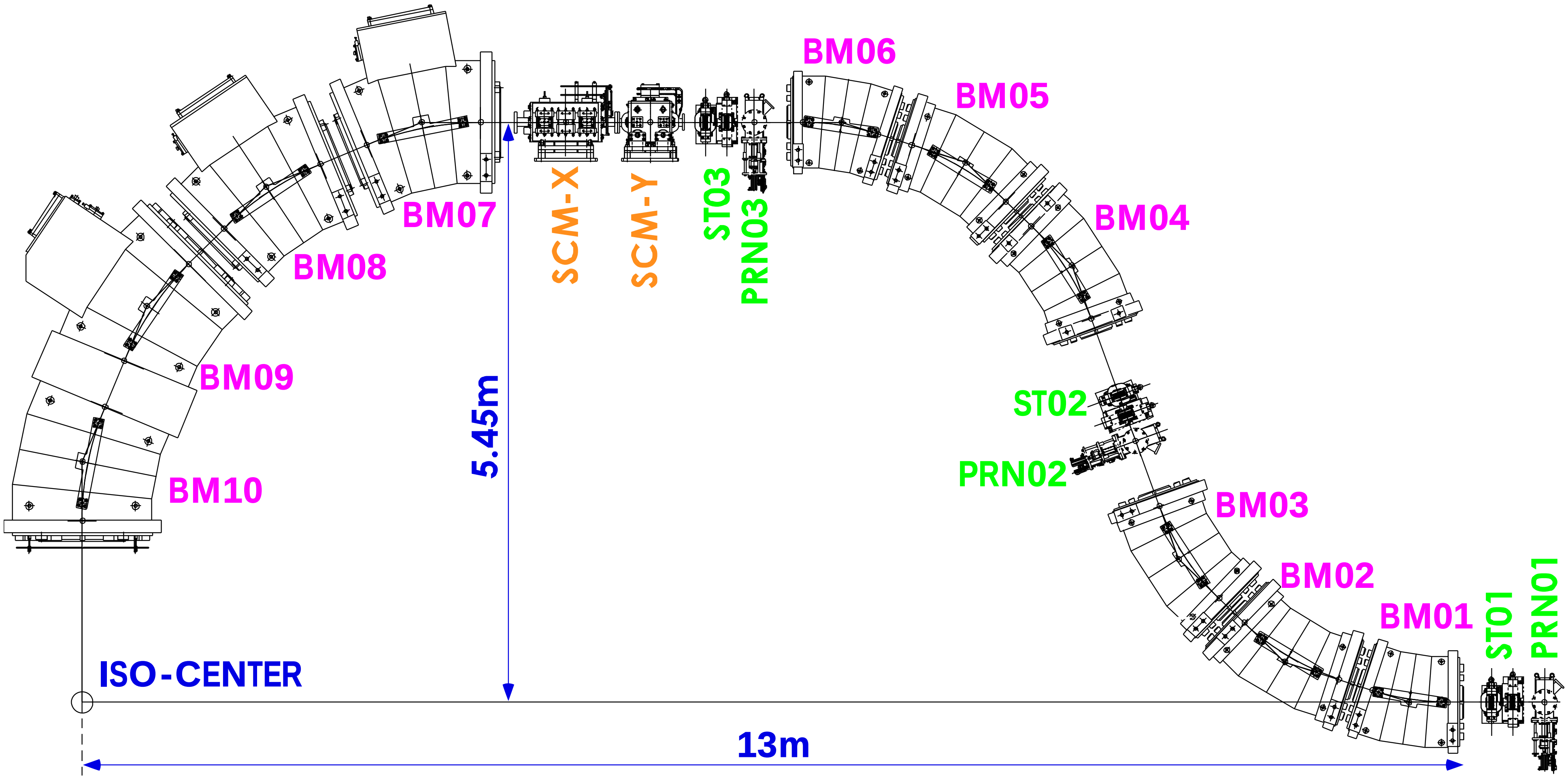
Layout of the SC gantry

Combined-function SC magnets→No quadrupole magnet required



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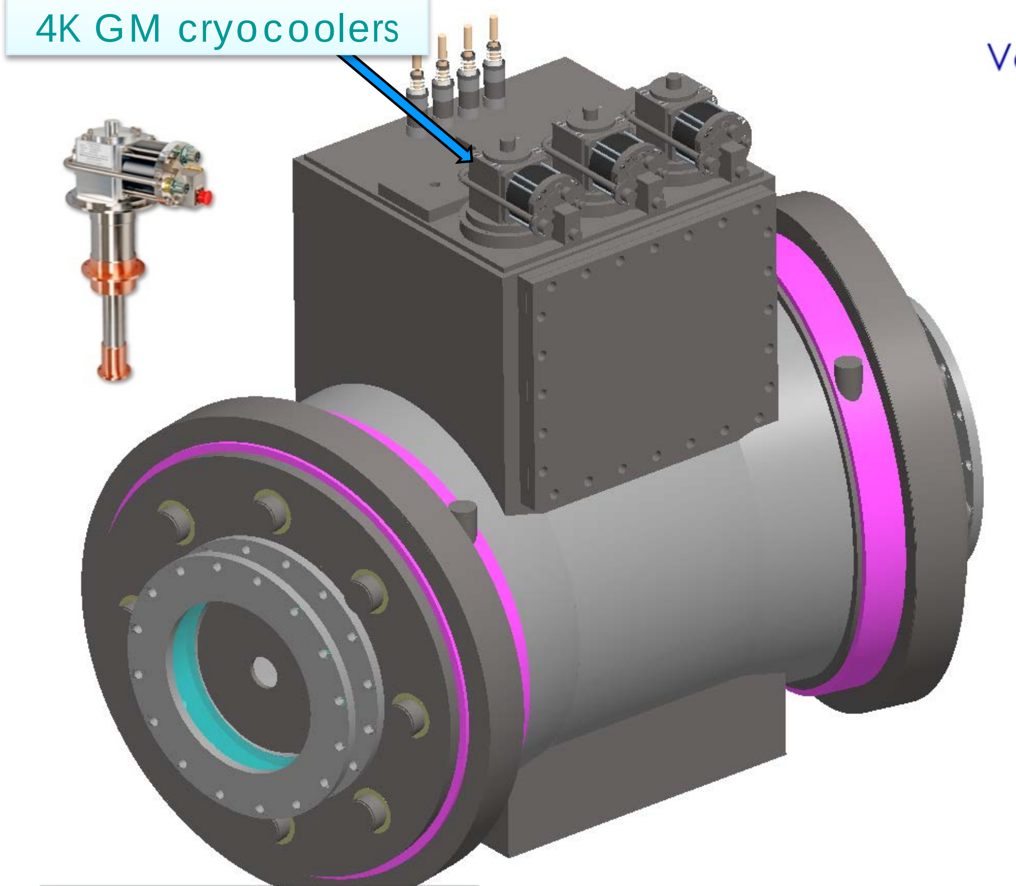
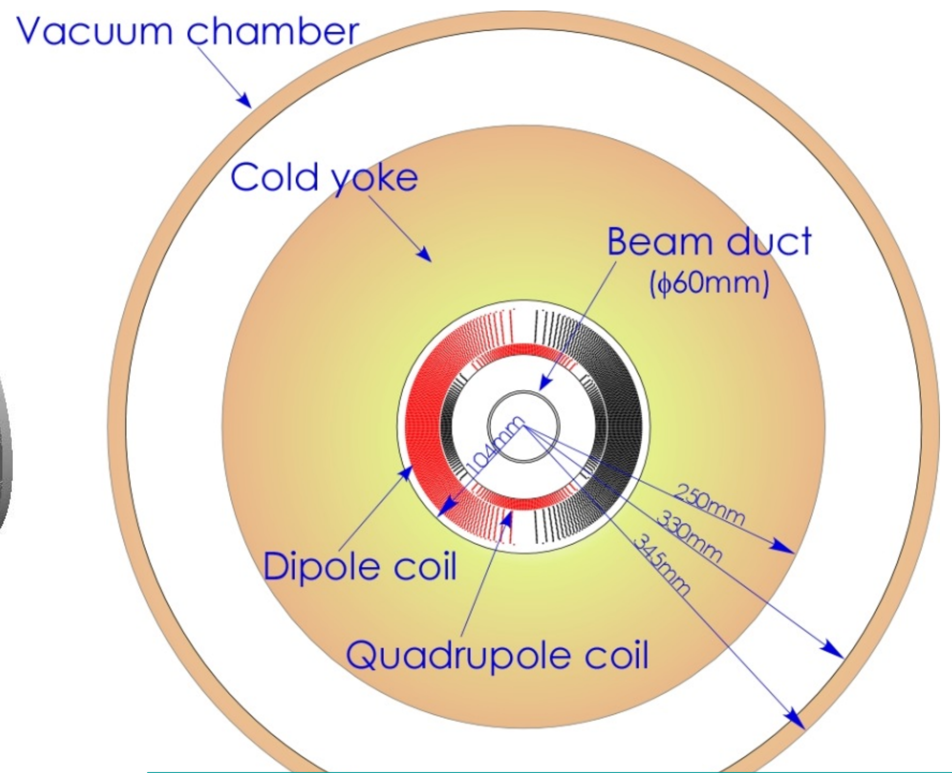
Development of SC magnets

SC magnet (BM02-05)



Liquid He free!

Cross sectional view



Dipole and quadrupole coils can be independently excited

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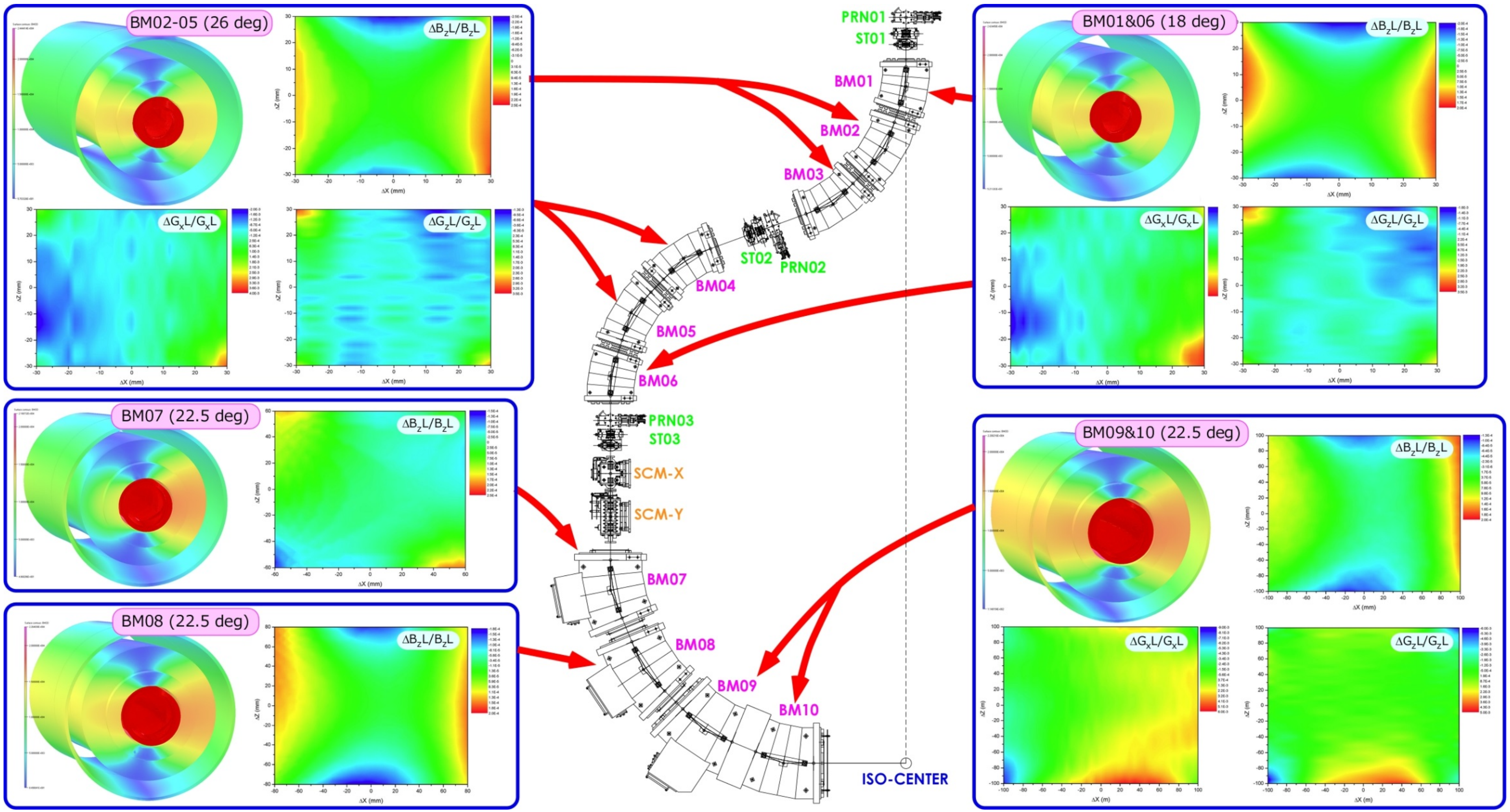
Design of SC magnets

All the SC magnets were designed by using a 3D magnetic field solver



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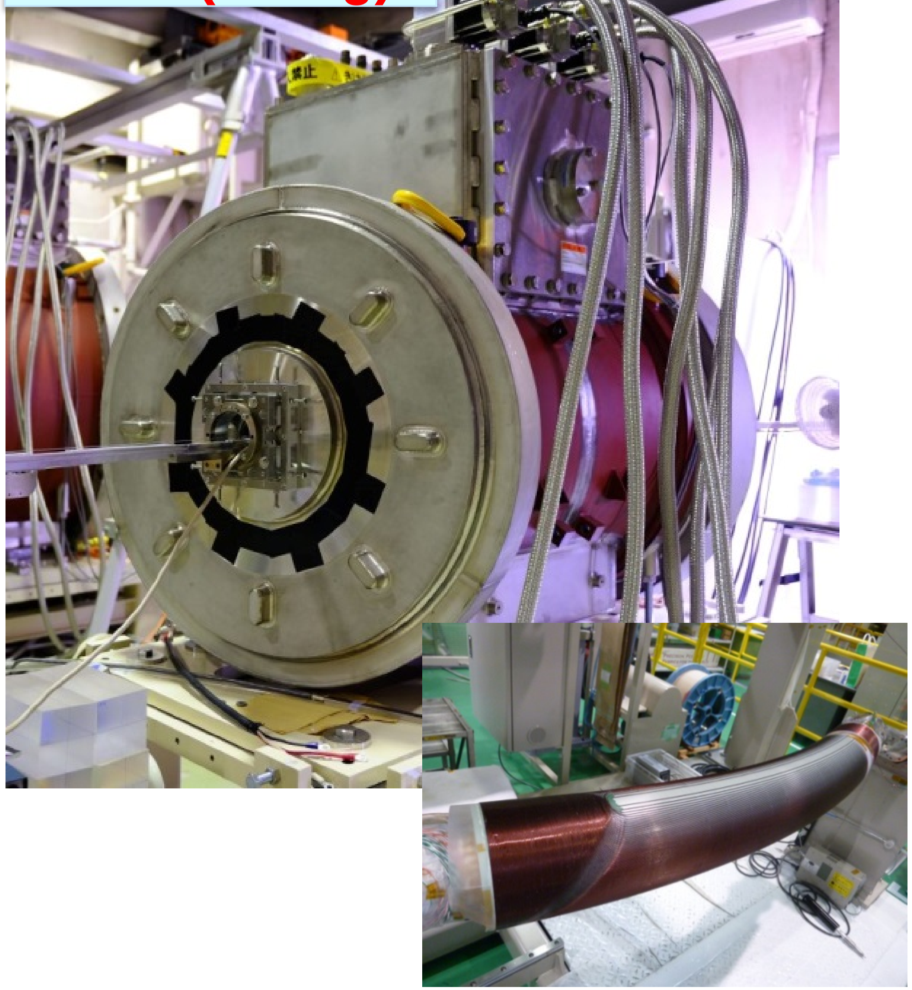
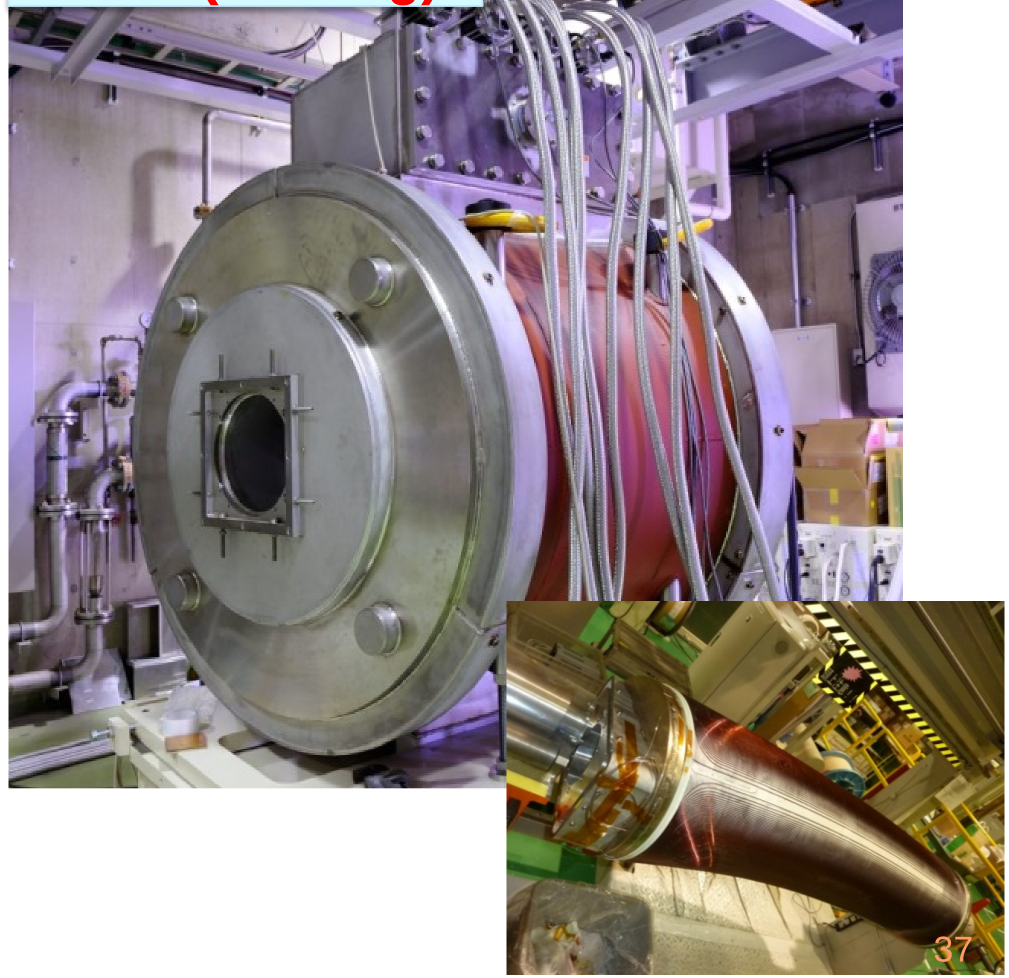
Construction of SC magnets

BM04 (26deg)



BM10 (22.5deg)



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Construction of SC gantry

Completed in September, 2015

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NIRS SC gantry for CIRT

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Future plan

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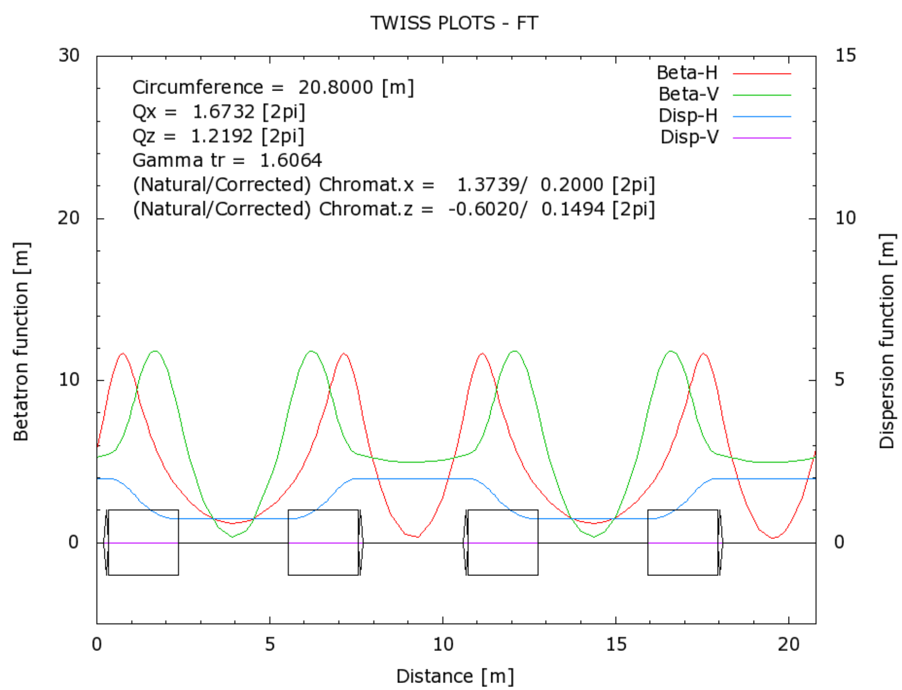
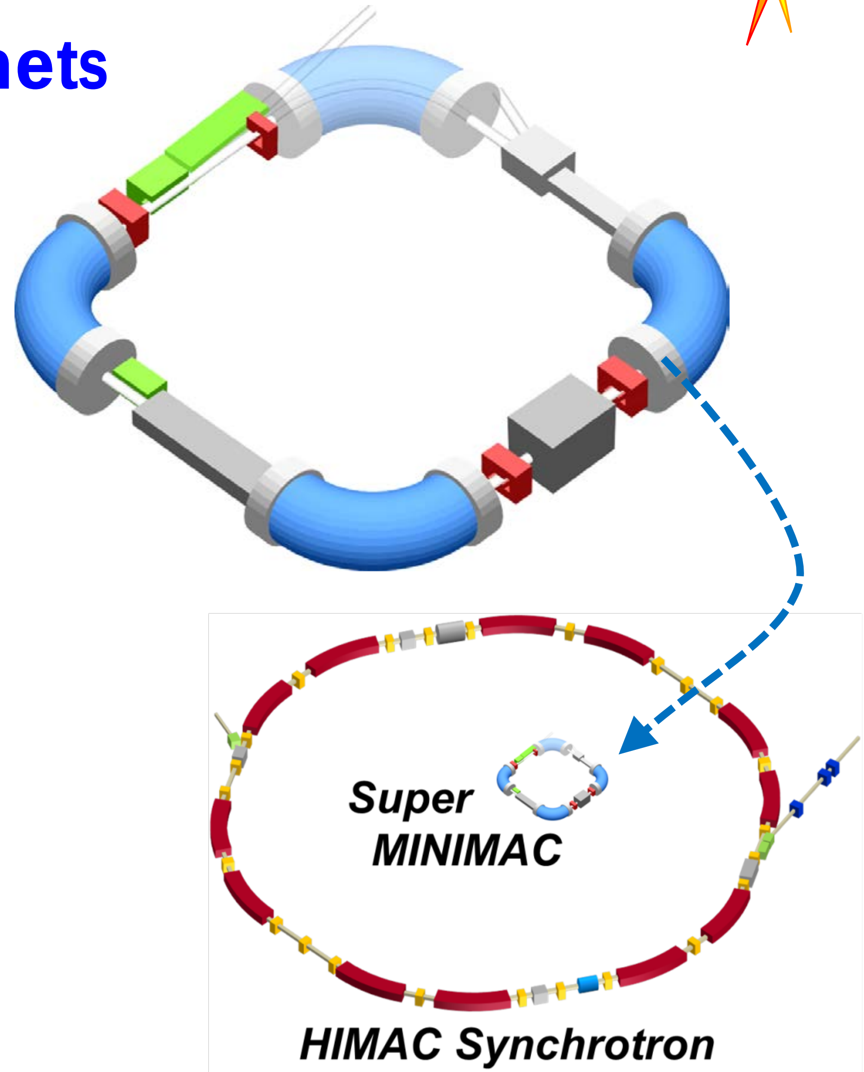
Superconducting synchrotron

- **Combined-function SC magnets**
- **Max. dipole field: 4～5 Tesla**
- **Circumference: ~21 m**





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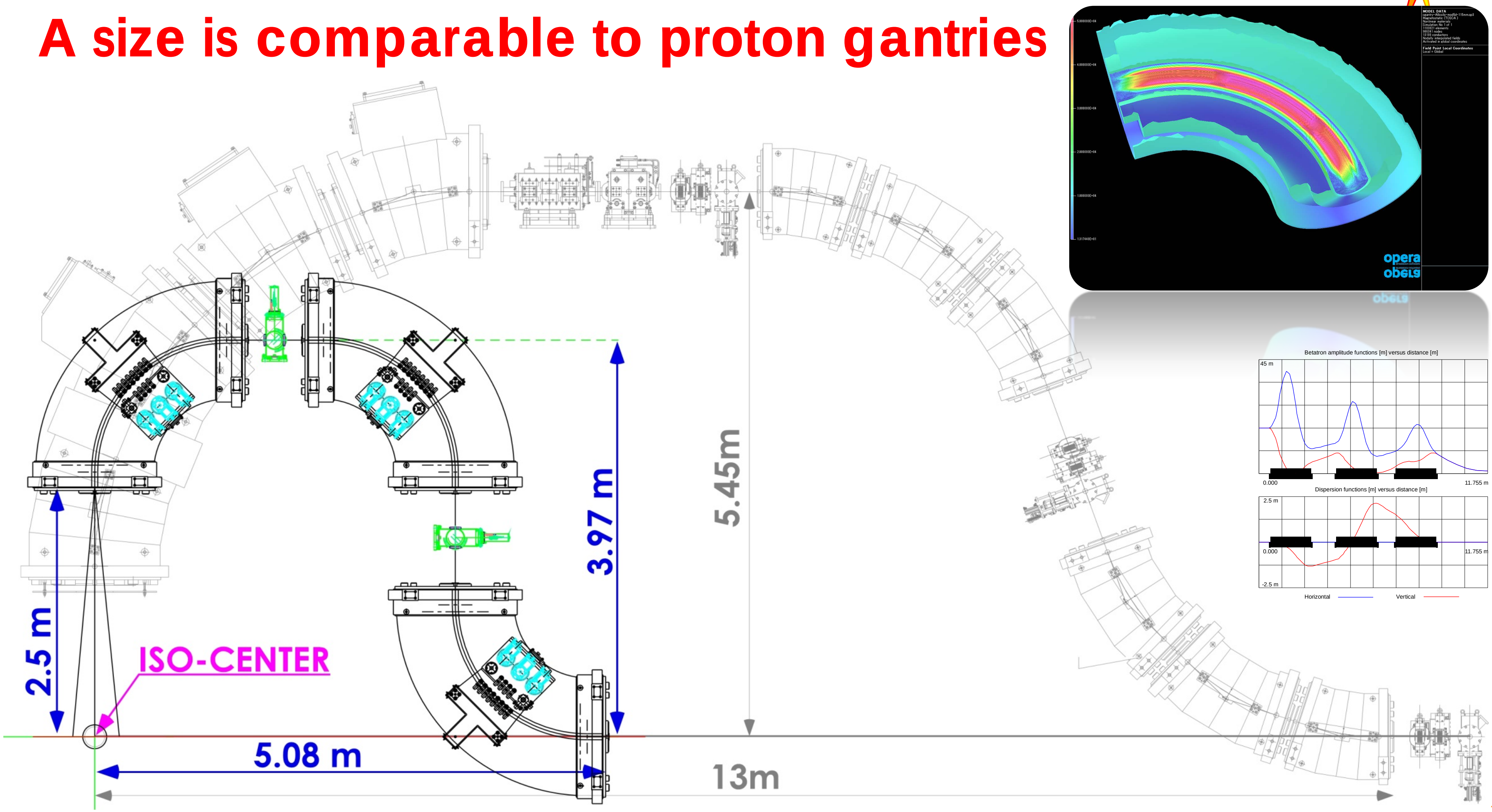
Compact SC gantry

- **A size is comparable to proton gantries**



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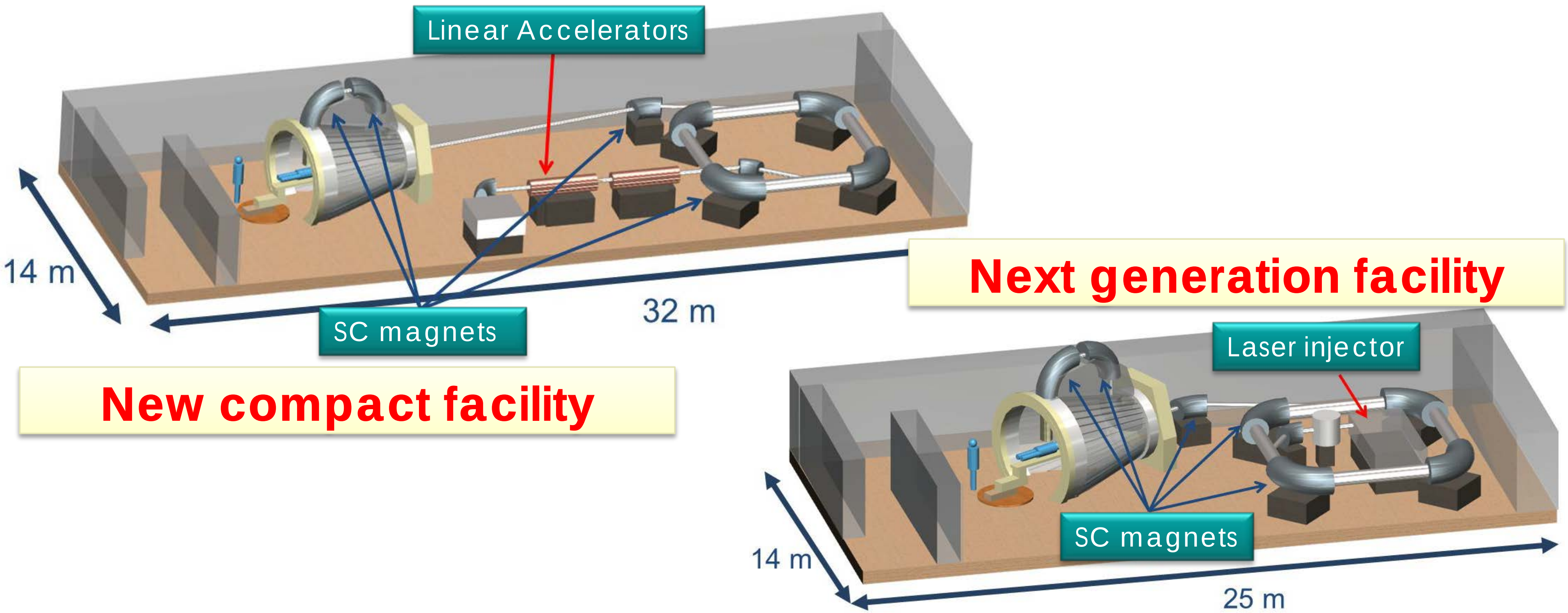
Compact carbon facility

- Superconducting technology
- Multi-ion acceleration and irradiation (He, C, O)
- Laser-driven accelerator as an injector



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Summary

- CIRT has been performed since 1994, and <u>more than 10,000 patients were treated</u> at NIRS.
- With the R&D works, made during 2004-2005, <u>a compact carbon facility was developed</u> for widespread use of CIRT.
- Recently, <u>the 3D scanning irradiation</u>, as well as <u>the SC gantry</u> were developed.
- By using <u>Superconducting and Laser technology</u>, development of a compact facility is in progress.

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Collaborators

- T. Shirai, T. Fujita, T. Murakami, S. Sato, T. Furukawa, K. Mizushima, Y. Hara, R. Tansho, Y. Saraya, N. Saotome, E. Noda, K. Noda (NIRS, QST)
- K. Kondo, H. Sakaki, M. Nishiuchi (KPSI, QST)
- T. Ogitsu (KEK)
- N. Amemiya (Kyoto Univ.)
- T. Obana (NIFS)
- T. Orikasa, S. Takayama, et al. (Toshiba Corp.)
- T. Fujimoto, et al. (AEC)