

Ultra-high dose rate X-ray radiator for studying flash radiotherapy

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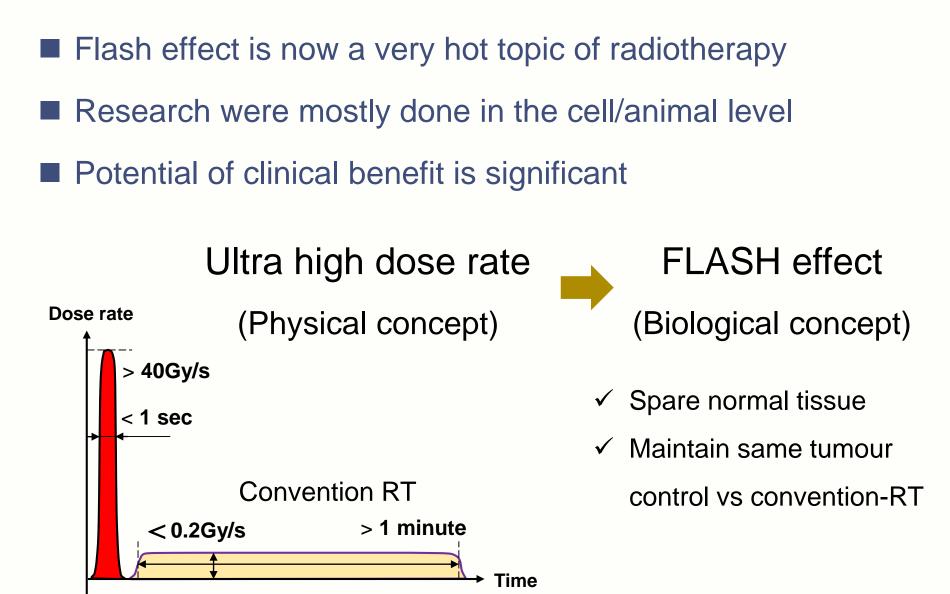


Outline

Introduction of Flash-RT

- Why we choose X-ray?
- Our developments
- Future plan

Introduction of Flash-RT

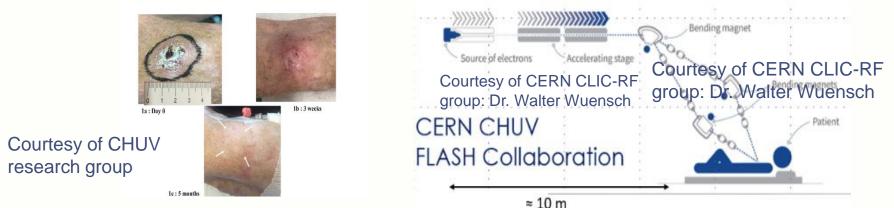


Main challenge: lack of suitable accelerator/radiator

Particle/ Current radiator	Ultra high dose rate	Penetration depth	Quick energy modulation
Proton/ Cyclotron	Available	Available	Not Available
Carbon/ Synchrotron	Not Available	Available	Not Available
Electron/ LINAC	Available	Not Available	No need
X-ray/ LINAC	Not Available	Available	No need

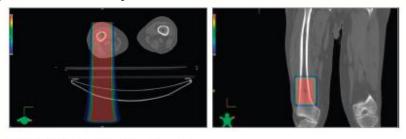
Ongoing clinical trails

Electron: superficial treatment only



Proton: shoot-through beam, losing the advantage of the Bragg peak
FAST01&02: Courtesy of University of Cincinnati Medical Center





c Radiation dose as a function of depth of penetration



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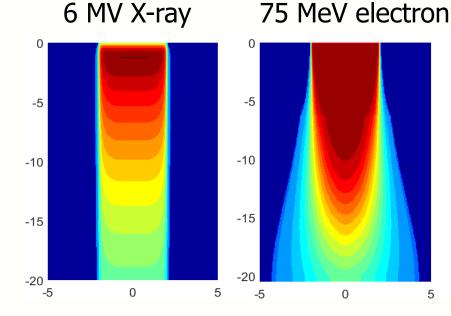
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Advantages of X-ray

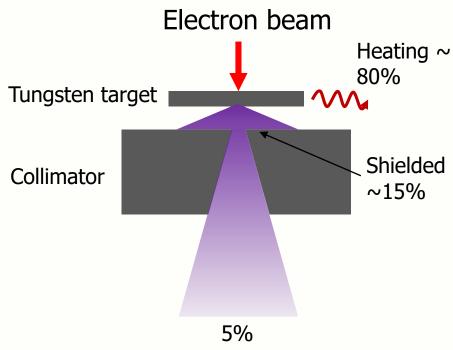
- Narrow penumbra (10%-90% : 6 mm)
- Large field and better conformal
- Easier dosimetry and shielding
- Possible of a compact and economic solution



Particle	Energy need	Accelerator size
X-ray	6~10 MeV	< 1 m
Electron	> 100MeV	~ 10 m
Proton	230 MeV	> 3 m
Carbon	480 MeV/u	> 20 m

Dose rate issue

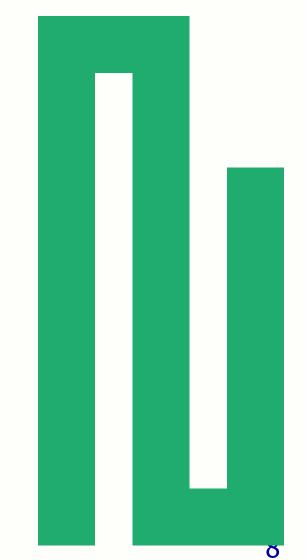
Main challenges: very low dose rate



Most of the current machines:

 $600 \sim 1200 \text{ cGy/min} = 0.1 \sim 0.2 \text{ Gy/s}$

Criteria of triggering FLASH effect \geq 40 Gy/s



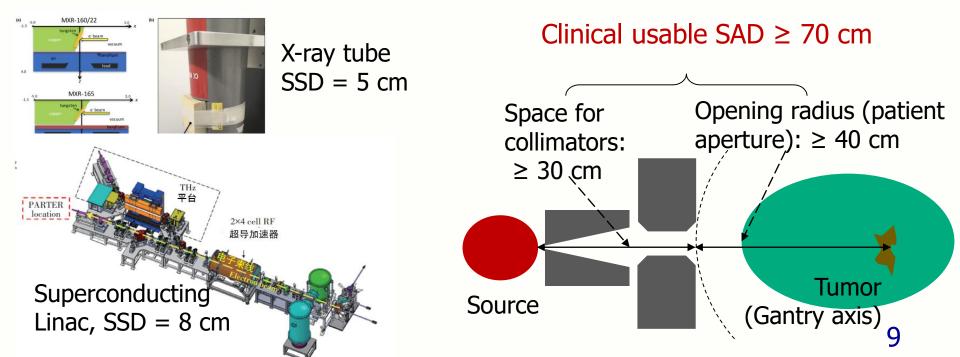
UHDR X-ray generation

UHDR X-ray for animal experiments is available

- Very close to the source (dose rate \propto SSD⁻²)
- Single-angle radiation

SSD: source to surface distance SAD: source to axis distance

Clinical use needs large SAD and multiple-angle



Clinical solution for X-ray flash-RT

Increase dose rate $0.1 \rightarrow 40$ Gy/s

Current accelerator technology is available, but

with huge size :





Ultra fast multiple-angle radiation

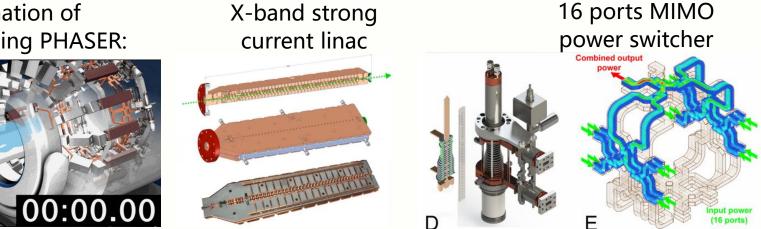
Almost impossible for a gantry rotating at this fast speed (~ 0.1 s) while maintaining high accuracy:

Multiple radiators statically installed! Radiator Conventional rotating gantry Conventional Very Huge machine size, losing **key advantage** of X-ray in FLASH-RT We need a **compact** UHDR X-ray radiator

Proposed solutions

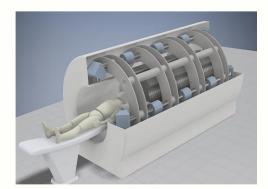
Stanford university: PHASER project

An animation of treatment using PHASER:

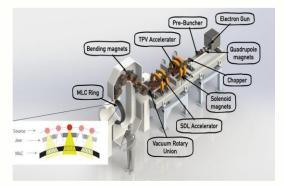


However, the measured data shows 15 Gy/s at SAD = 50 cm only, still not enough for criteria of flash-RT

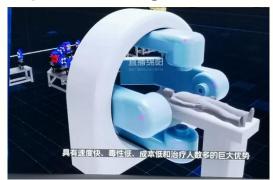
LLNL: induction accelerator with 4 parallel beam



UCLA & Radia beam: Fast rotating VMAT-flash



China Academy of Engineering Physics: Superconducting accelerator



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Principle of achieving UHDR X-ray

Dose rate of electron hit tungsten (at 70 cm distance):

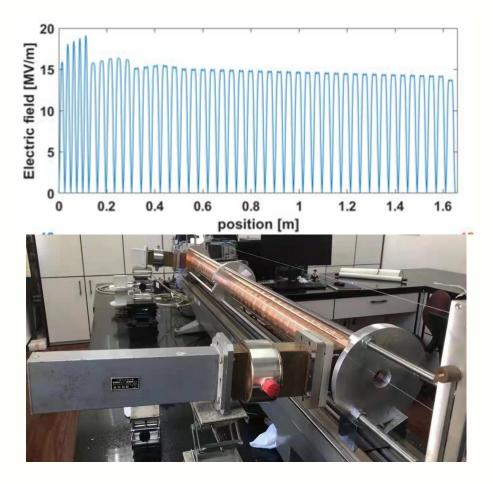
$$16 \times \left(\frac{Beam \ Energy}{[MeV]}\right)^3 \times \frac{Average \ Current}{[A]} \ [Gy/s]$$

- 30 MeV × 100 μ A \rightarrow 43 Gy/s;
- Shielding for high energy beam is critical: higher penetration depth and neutron yield / induced radioactivity
- Widely accepted energy in clinical use: 6~10 MeV
- For 10 MeV: 1 kW beam power → 1.6 Gy/s, we need 25 kW beam power, which is still possible for the linear accelerator

Compact linac with large beam power

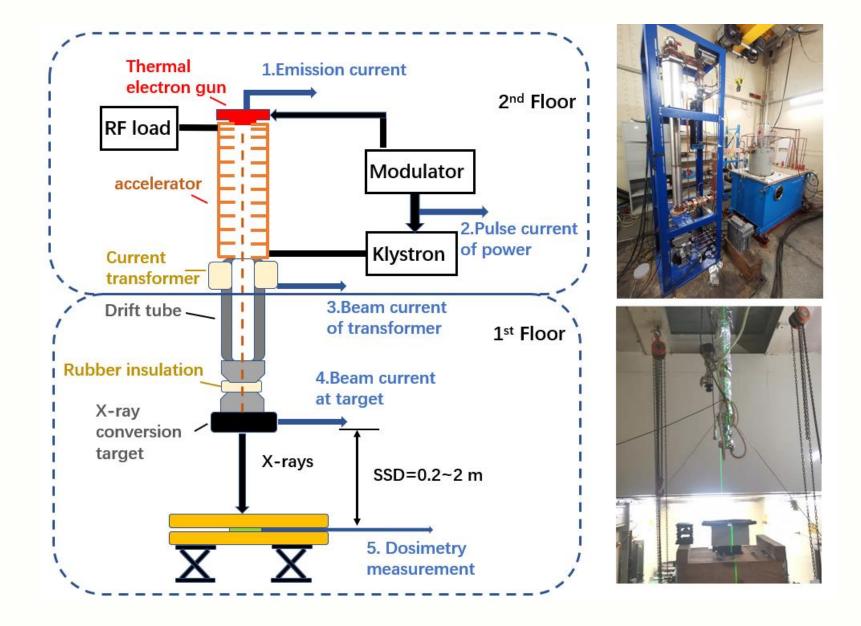
We build a BTW structure for UHDR generation

Frequency: S-band, Length: 1.6 m



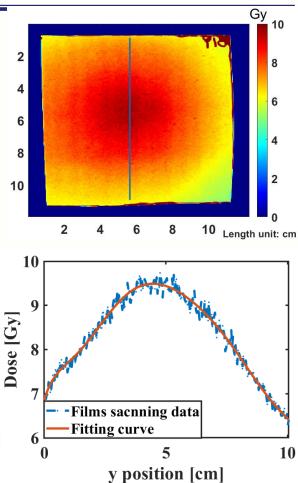
Parameter	Value	
Peak power input	4.5 MW	
Pulse current	320 mA	
Energy	10 MeV	
Repetition	650 Hz	
RF pulse width	13.4 us	
Current pulse width	12 us	
RF-beam efficiency	57%	
Duty cycle	0.78%	
Average current	2.5 mA	
Average beam power	25 kW	

Compact linac with large beam power

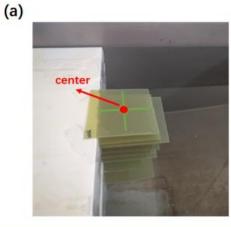


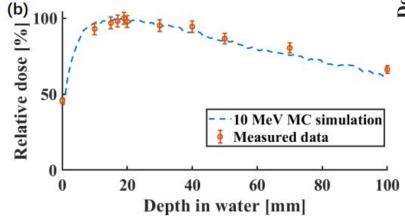
Experiment results

SSD	50	cm		67.9	cm	
Pulse number	74		112		144	
Irradiation time	106 n	ns	160	ms	206	5 ms
Films	EBT3	EBT-DX	EBT3	EBT-DX	EBT3	EBT-DX
Max dose [Gy]	8.32	8.70	7.52	7.81	9.53	9.26
	±0.16	±0.05	±0.12	±0.06	±0.19	± 0.07
Max mean dose	79.8	83.4	47.4	49.2	46.6	45.3
rate [Gy/s]	±1.5	±0.5	±0.8	±0.4	±0.9	±0.3
Max pulse dose	9.11	9.54	5.42	5.63	5.33	5.18
rate [kGy/s]	±0.17	±0.05	±0.09	±0.04	±0.11	±0.04
Max bunch dose	95.8	100	56.9	59.1	56.0	54.5
rate [kGy/s]	±1.8	±0.6	±0.9	±0.5	±1.1	±0.4

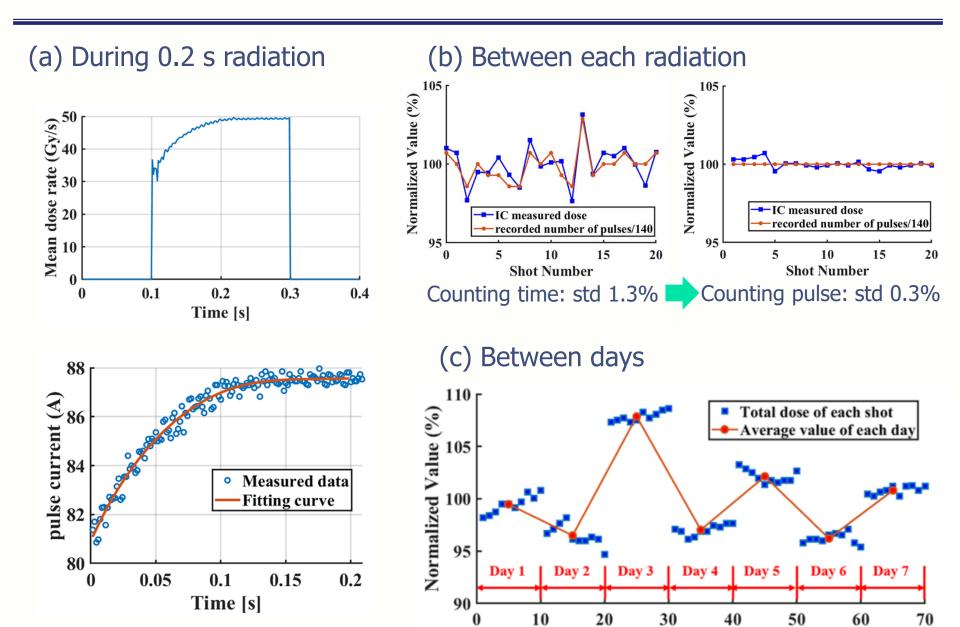


45 Gy/s @ SSD = 68 cm Equivalent to 43 Gy/s @ SSD = 70 cm





Stability



Shot Number

Other experiments on UHDR X-rays

■ We are already in FLASH-RT regime now: 43 Gy/s @ SAD=70cm

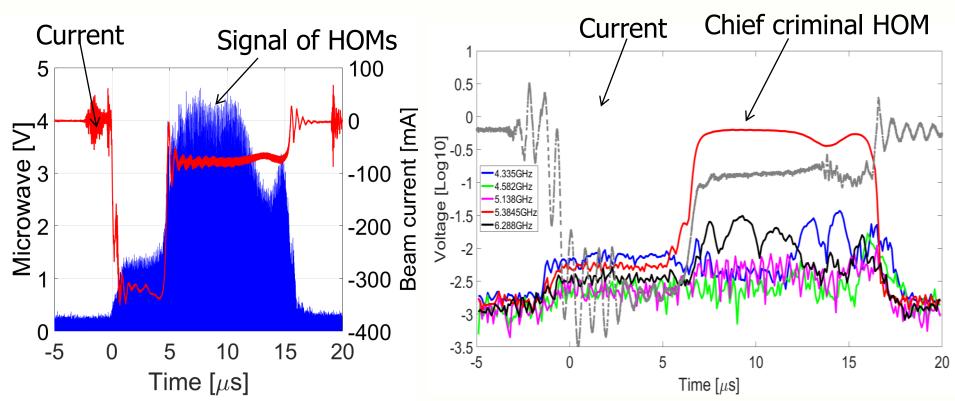
Accelerator	Beam Energy	Beam power	Measured dose rate	Equivalent dose rate @SAD=70cm
Australian Synchrotron facility	124 keV	Unknown	37~41 Gy/s	
ESRF@France	90~100 keV	178 mA e- in ring	37 Gy/s	
Dual x-ray tube, US	150 kV	3 kW	160Gy/s@4 cm	0.26 Gy/s
Superconducting linac@CAEP, China	8 MV	40~45 kW	1500 Gy/s@8 cm	20 Gy/s
BTW Linac @Tsinghua, China	10 MV	25~28 kW	80 Gy/s@50 cm 45 Gy/s@68 cm	43 Gy/s

Noted: Induction accelerators also demonstrated very high dose-rate X-ray. However these facilities were big and not for UHDR-RT purpose

Towards more compact design

- We need a more compact linac and a larger current in future (500 mA)
- First challenge: Bream break up effect

Beam break up in an S-band structure (courtesy of Dr. Jiaru Shi)

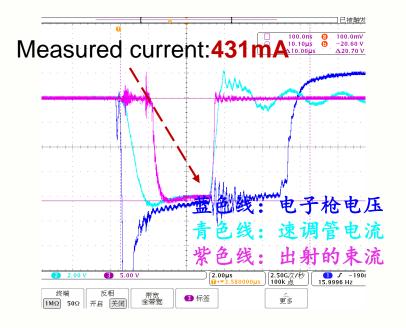


More compact linac

- We built a S-band standing wave linac, with higher current
- The power source is currently not available, still under developing

Parameter	Value	
Peak power input	7.5 MW	
Pulse current	Designed: 450 mA Measured: 431 mA	
Energy	10 MeV	
Duty cycle	1%	
Dose rate	72 Gy/s @ SAD = 70 cm	





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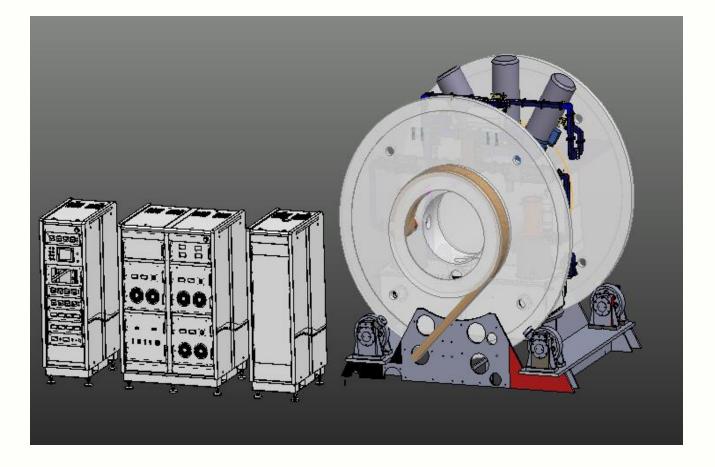


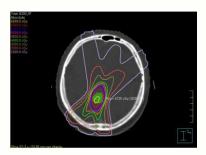
Proposal of clinical machine

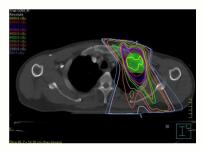


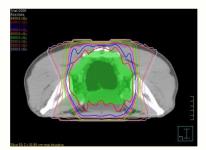
Proposal of clinical machine

An array of 5 linacs, the angle distribution is carefully chosen, suitable for most of the treatment plan









Summary

- Compactness is the key advantage of using X-ray in a Flash radiotherapy machine
- We developed:
 - A compact S-band BTW linac which generated the UHDR X-ray (43 Gy/s) at a clinically usable SAD (70 cm)
 - A more compact S-band standing-wave linac. Preliminary tests shown the strong current (430 mA peaked) was achieved.
- Future plan: array of linacs for multiple-angle radiation