

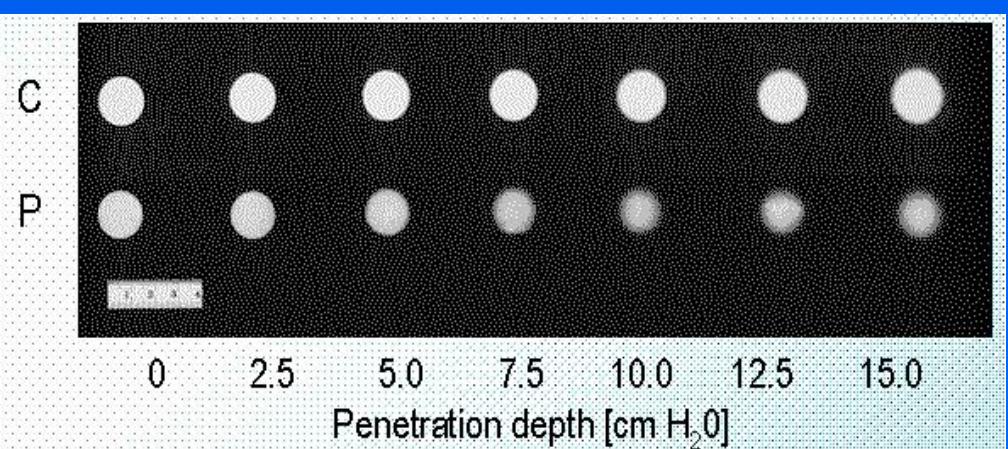
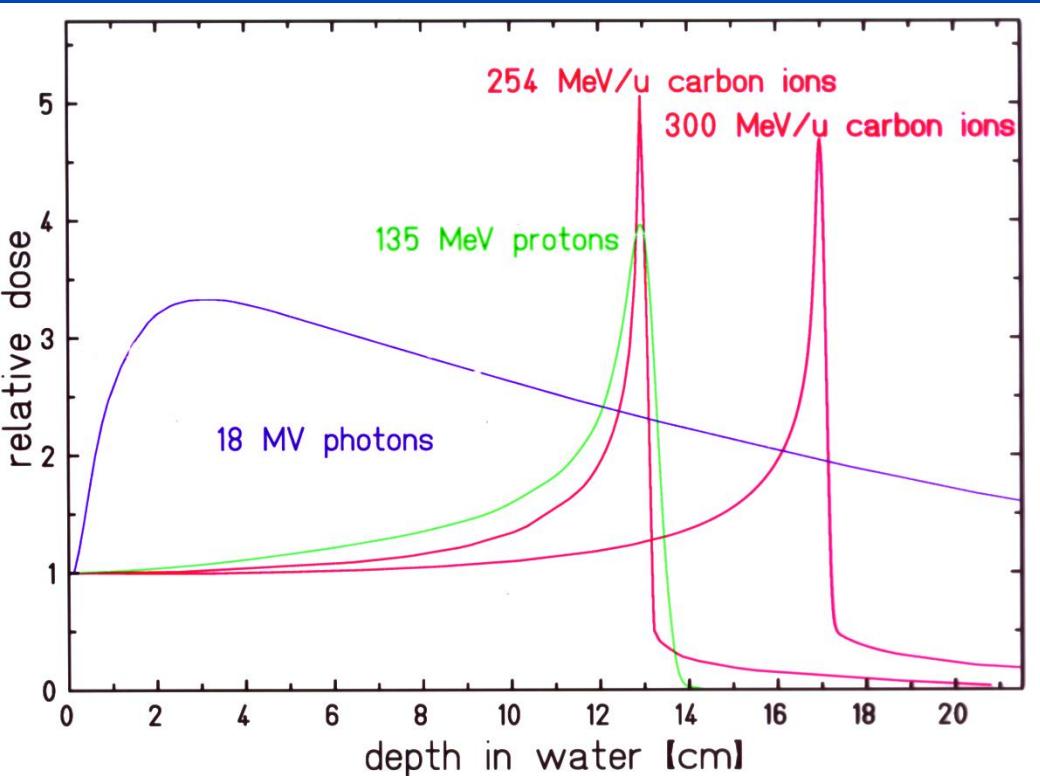
# From Fundamental Aspects to the Dedicated Hadron Therapy Facility HIT



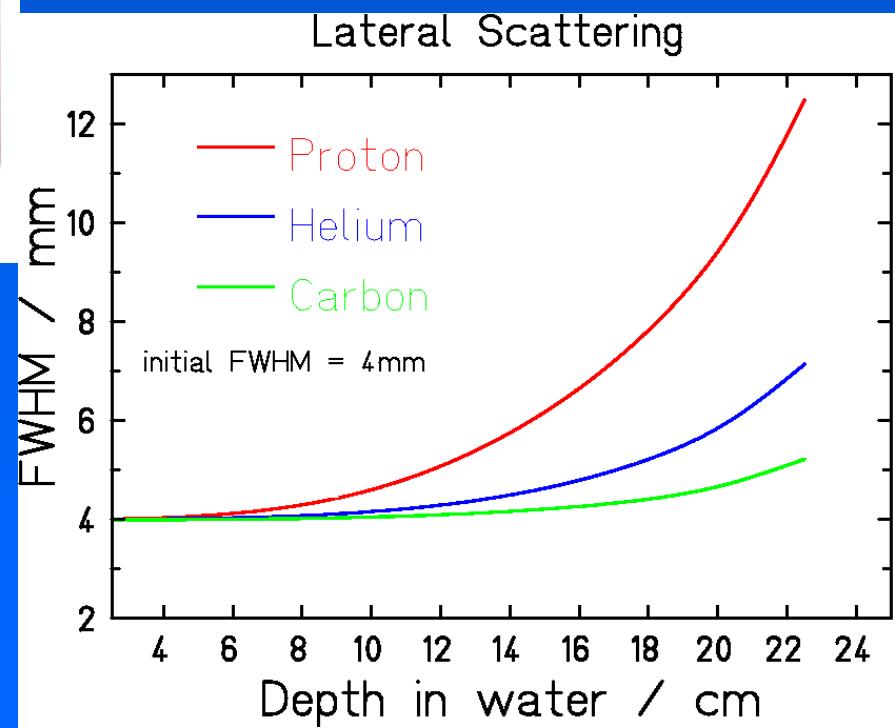
Prof. Dr. Thomas Haberer  
Science-Technical Director  
Heidelberg Ion Beam Therapy Center



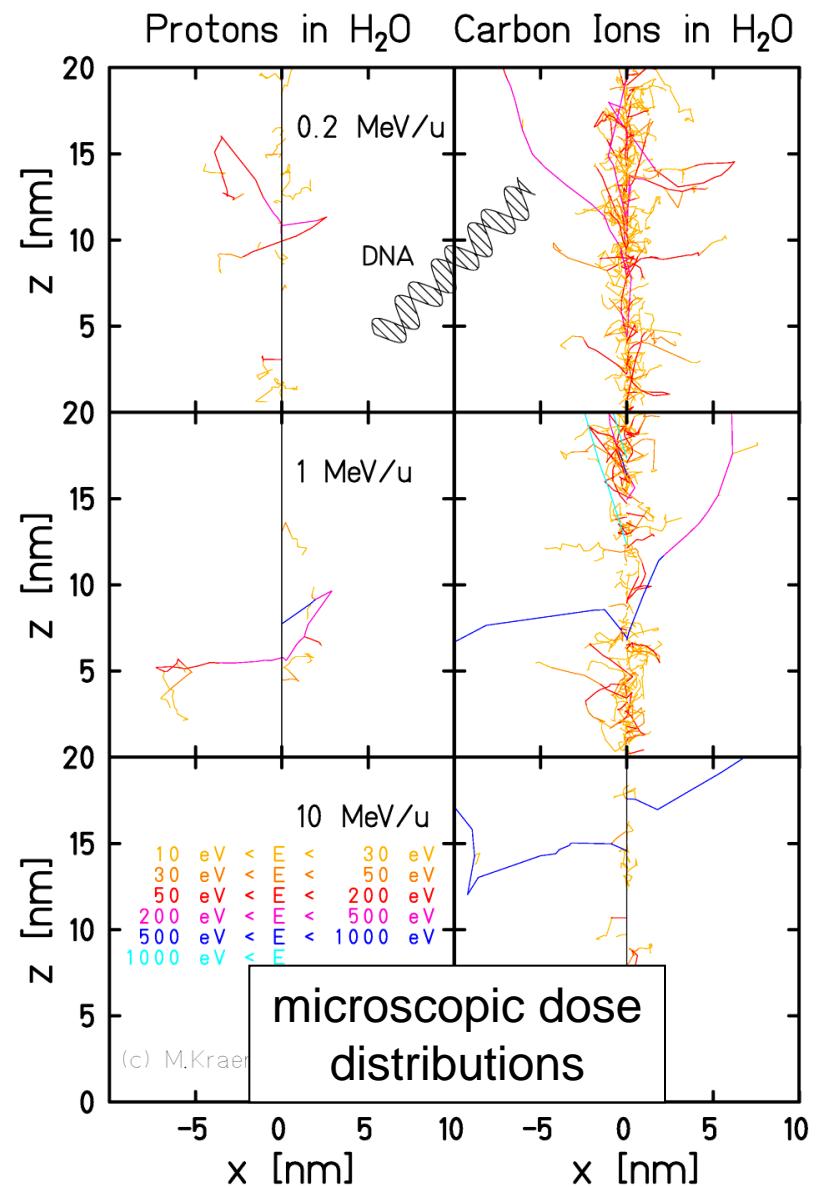
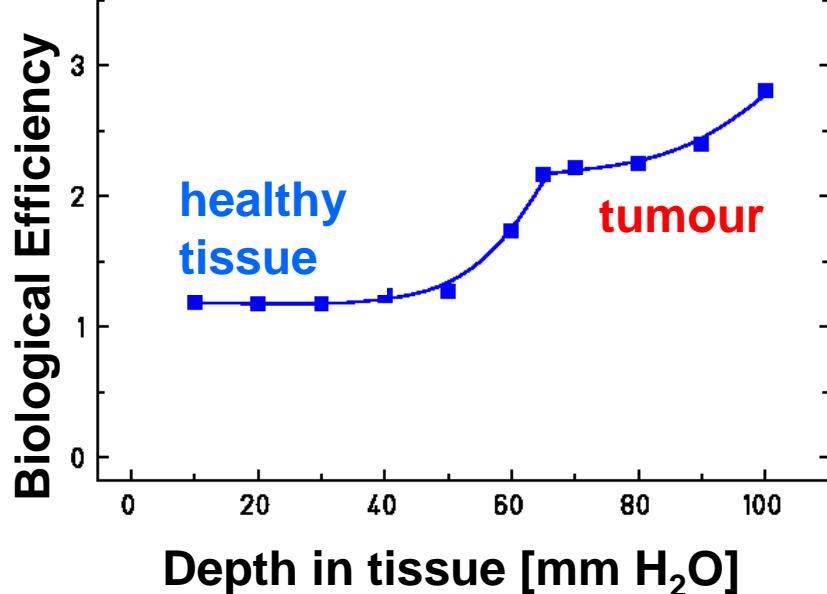
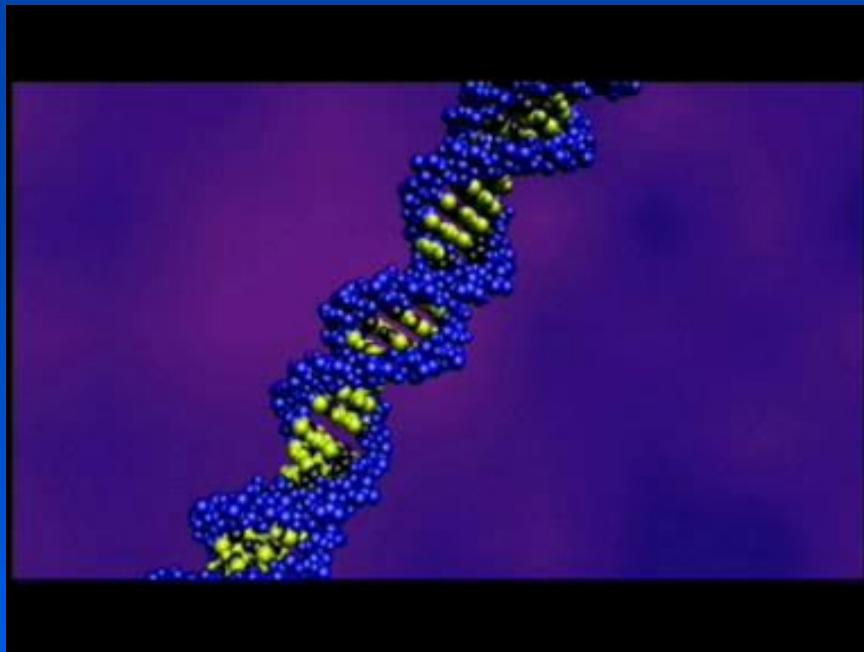
# Rationale / Physics



- inverted depth-dose distribution
- mild lateral scattering



# Rationale / Radiobiology



# RBE and Tissues

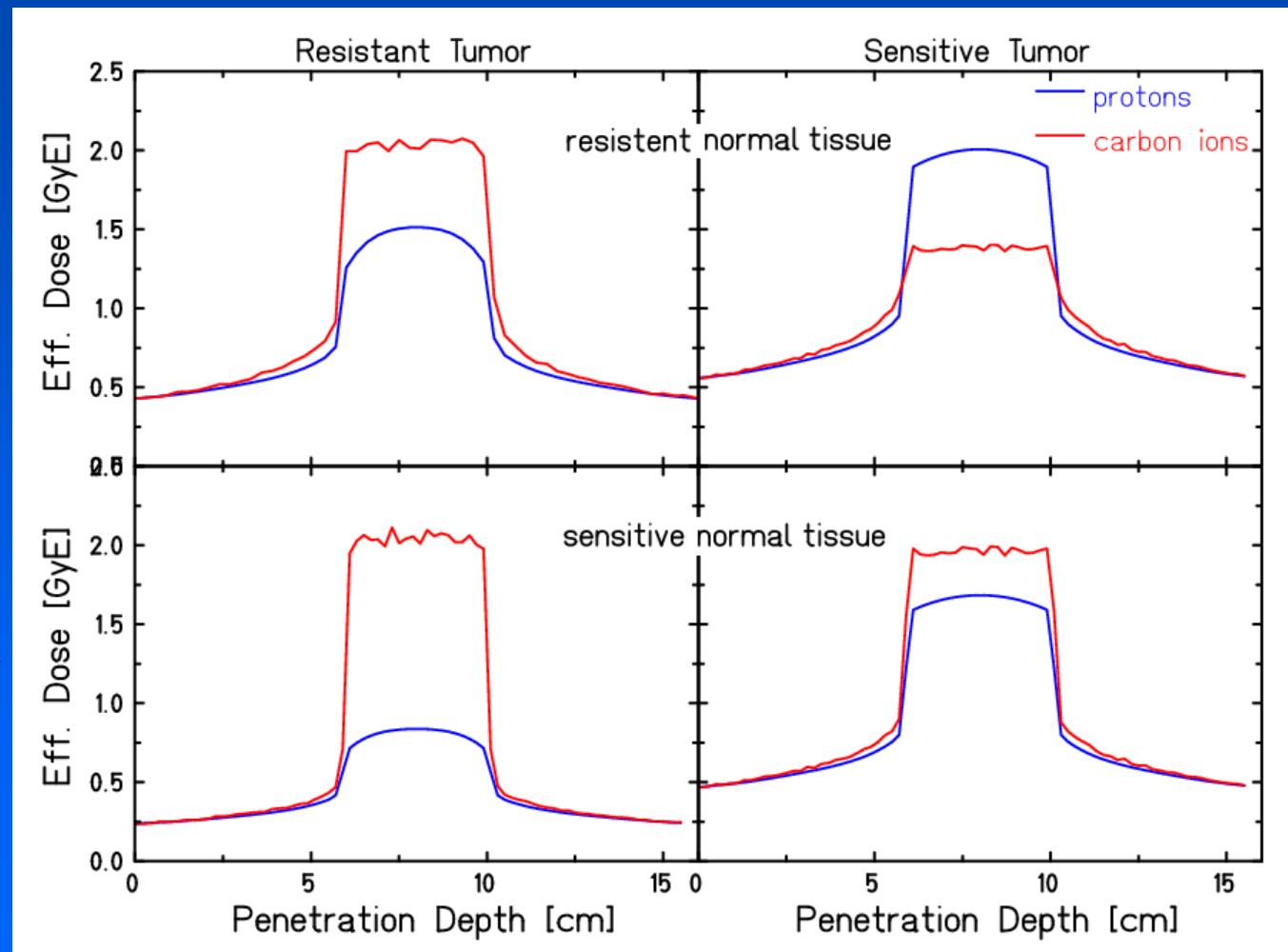
normal tissue  
resistant →

normal tissue  
sensitive →

[LEM IV-  
Calculation  
M. Scholz,  
GSI]

tumour  
resistant

tumour  
sensitive



Heavy ions are not in any case advantageous...

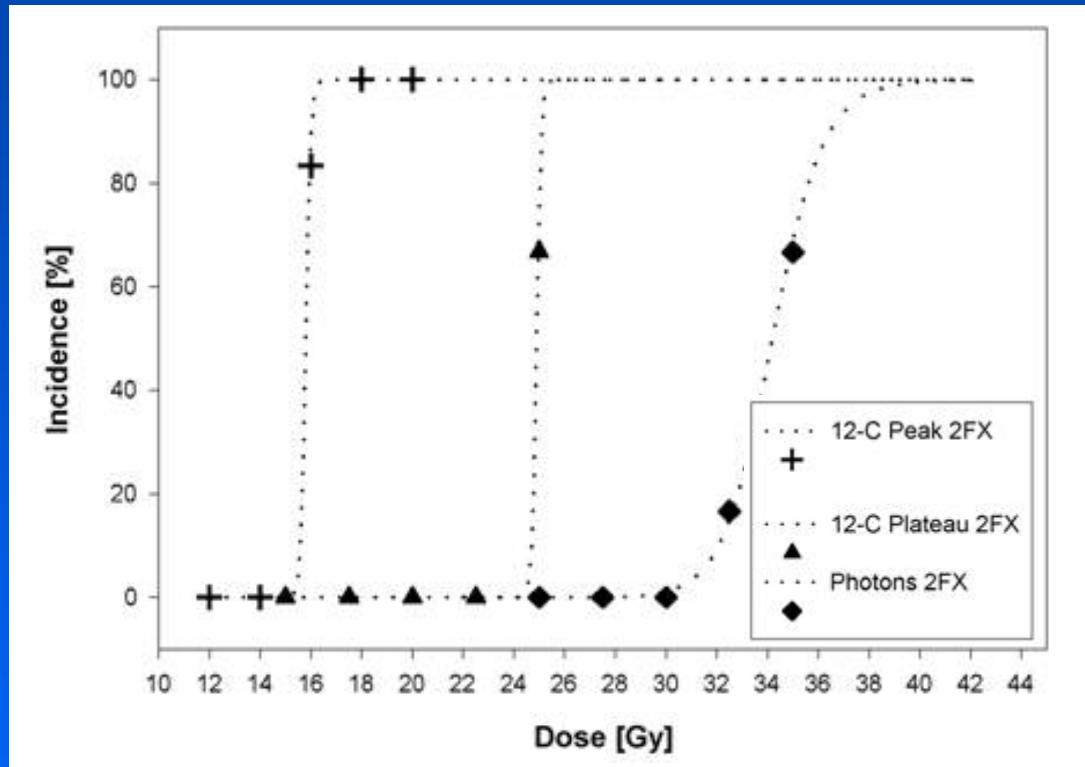
# Increased Relative Biological Effectiveness

## radiation induced myelopathy in rats after 2 fractions

RBEs:

Plateau: ~1.4

Peak: ~ 2.3

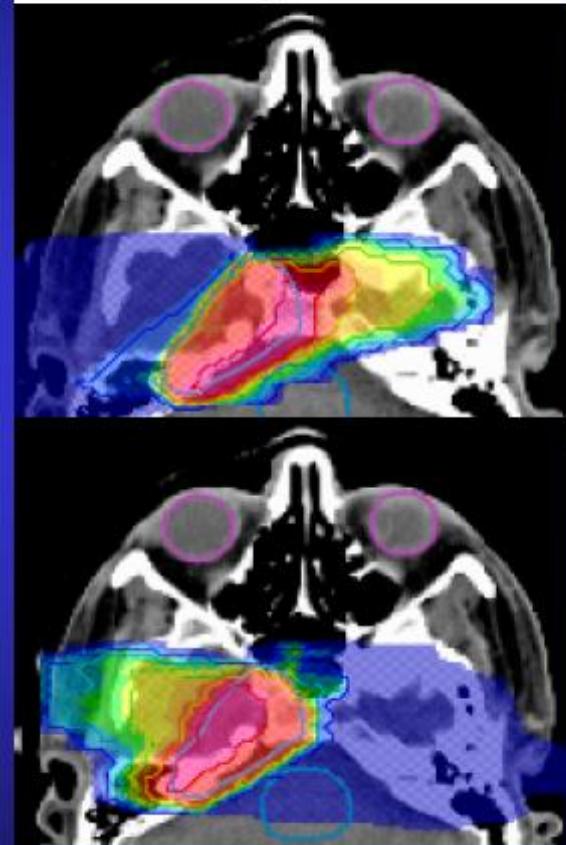


Debus, Karger, Peschke, Scholz, ...  
Rad. Res. 2003



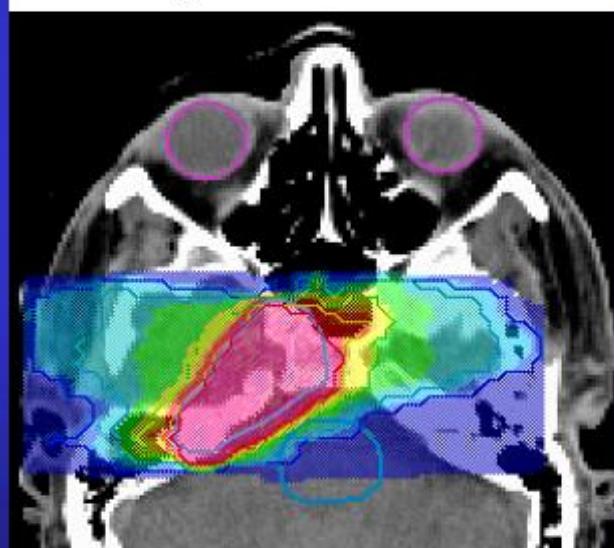
# Biological Treatment Planning Based on Fragment Spectra

Physical dose  
of single fields

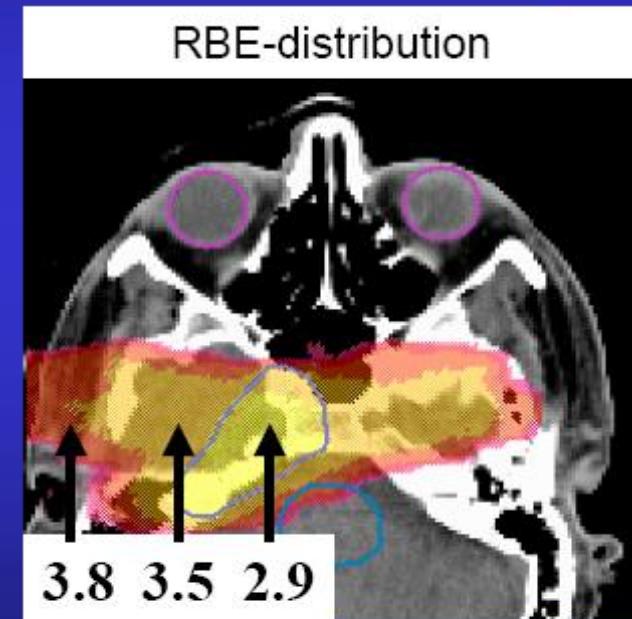


Local effect model of Scholz and Kraft:  
Calculation of RBE as a 3D distribution  
Input: X-ray survival curves

Biological effective dose



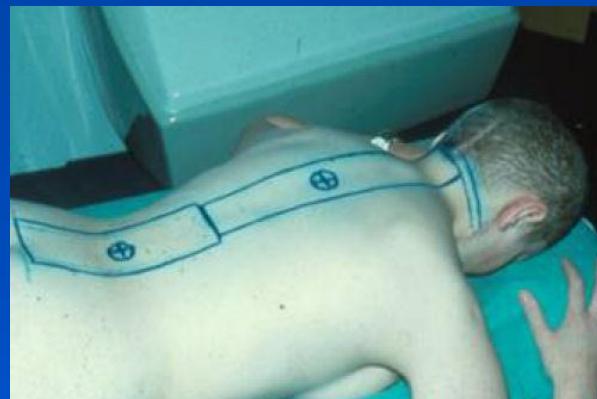
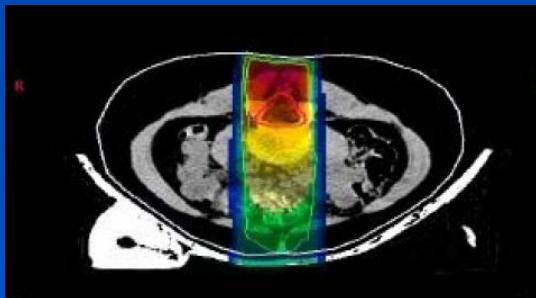
RBE-distribution



O. Jäkel (HIT) / M. Krämer (GSI)

# Medulloblastoma

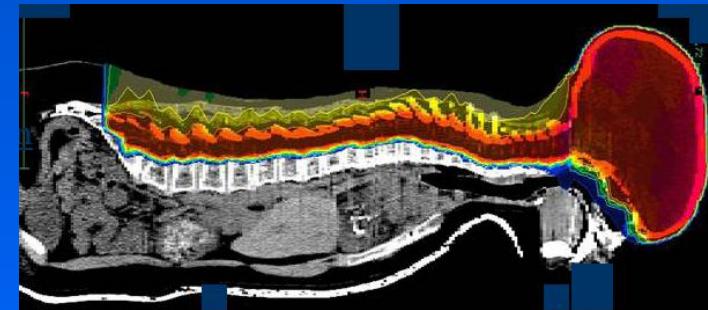
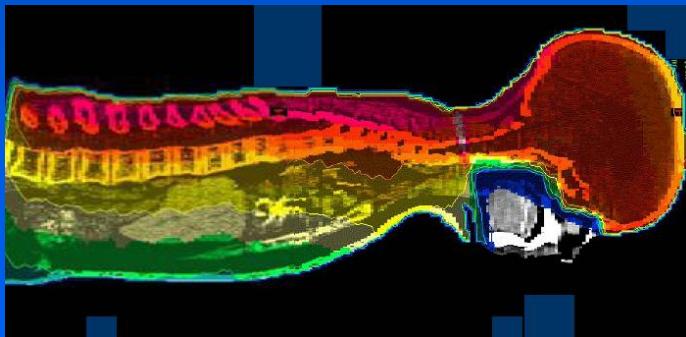
conventional



charged particles



Target dose 32 Gy/GyE



## Dose comparison

22 Gy

18 Gy

20 Gy

bone marrow

heart

intestinal

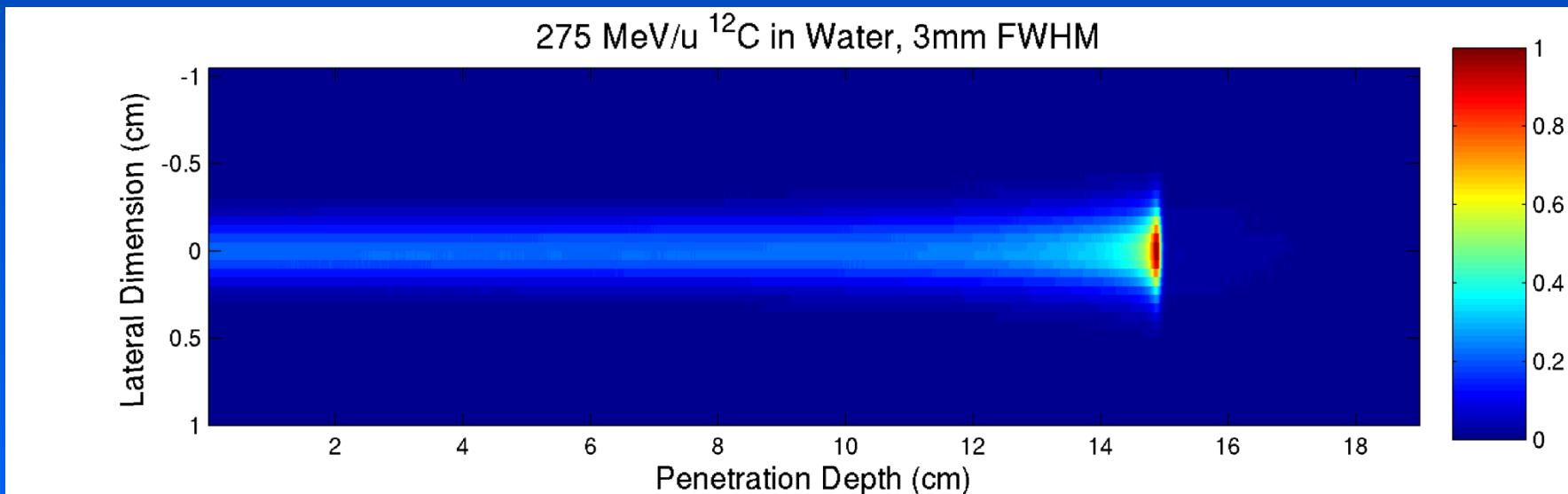
< 1 GyE

<.5 GyE

<.5 GyE

# Goal

The key element to improve the clinical outcome is **local control!**



entrance channel:

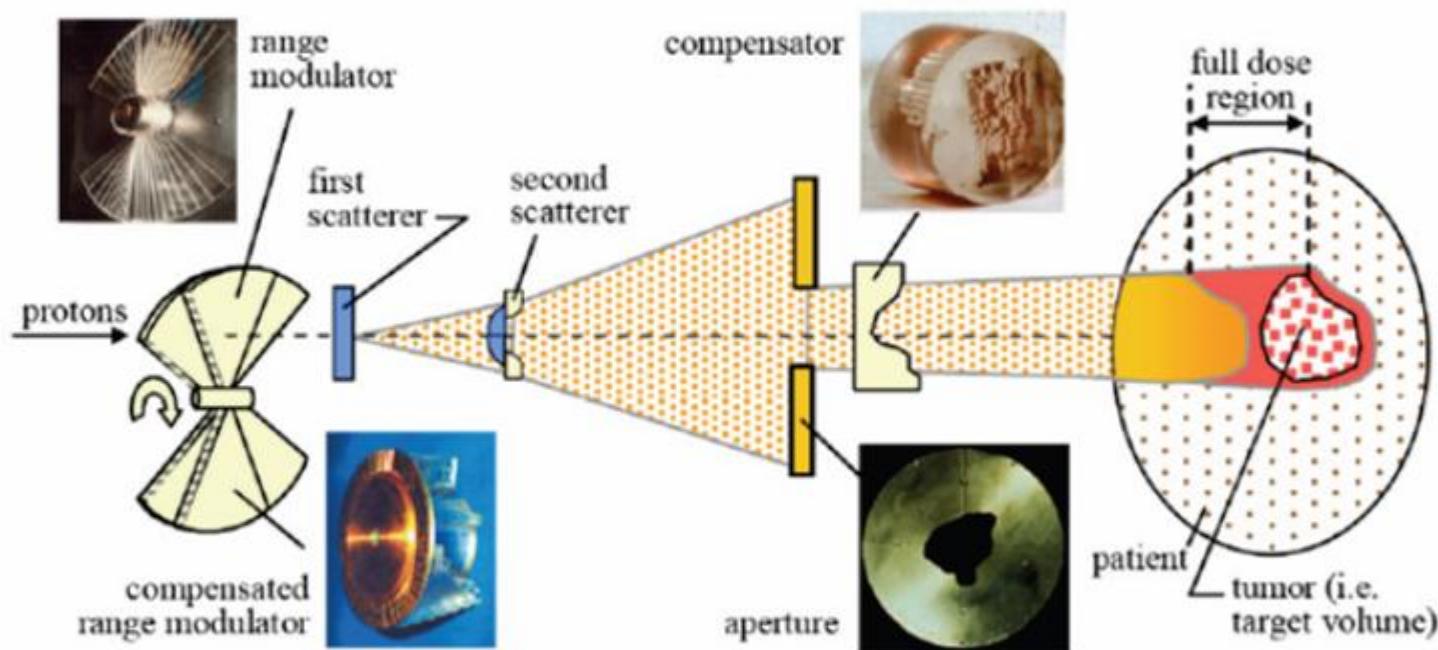
- low physical dose
- low rel. biol. efficiency

tumour:

- high physical dose
- high rel. biol. efficiency

# Passive Dose Delivery

## Treatment nozzle for a passive scattering proton therapy beamline



© M. Goitein: Application of Physics in Radiation Oncology



MASSACHUSETTS  
GENERAL HOSPITAL

RADIATION ONCOLOGY

**“The major secondary dose contributors are neutrons from the proton treatment nozzle. These external neutrons account for a much higher secondary dose (by about two orders of magnitude) than the internal neutrons.”**

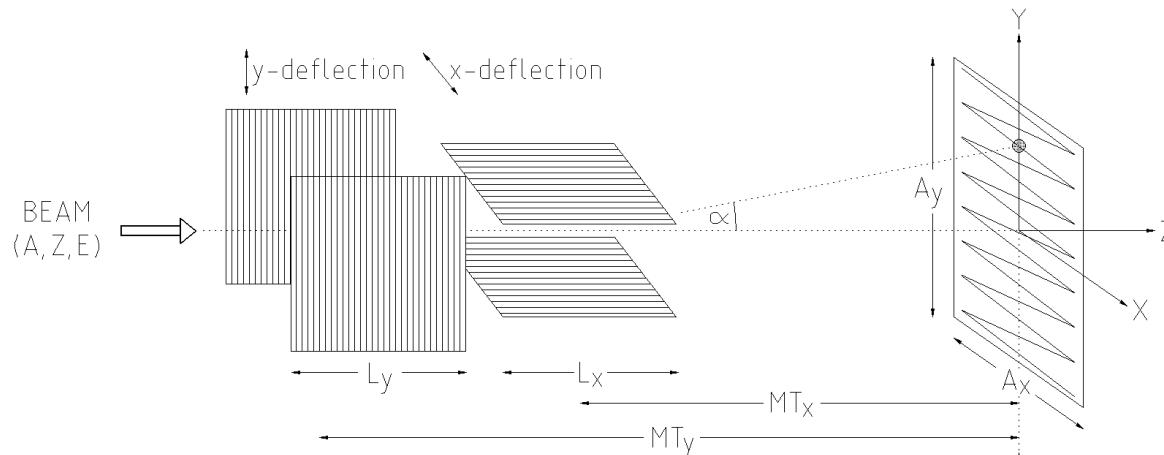
*Jiang, Wang, Xu, Suit and Paganetti (2005)*

Having spent about \$125 million on a proton facility to reduce dose to normal tissues, does it make sense to spray the patient with a total body dose of neutrons, the RBE of which is poorly known, and end up with a second cancer risk similar to IMRT ?

*E.J. Hall, Int J Radiat Oncol Biol Phys 2006;65:1-7*



## SCAN MAGNETS

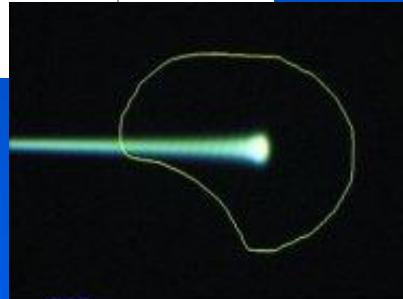


**Protons (Pedroni et al., PSI):**  
spot scanning gantry  
**1D magnetic pencil beam scanning**  
plus  
**passive range stacking**  
(digital range shifter)

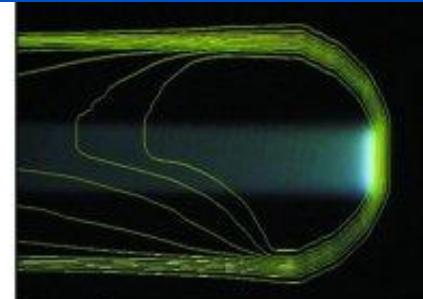
Haberer et al., NIM A , 1993

**Ions (Haberer et al., GSI):**  
raster scanning, 3D active,  
**2D magnetic pencil beam scanning**  
plus  
active range stacking (spot size, intensity)  
in the accelerator

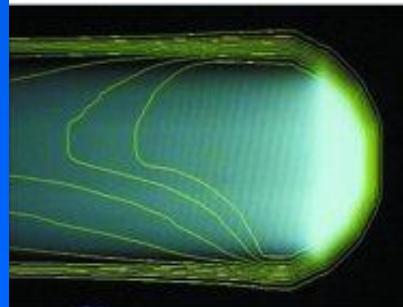
# Beam Scanning



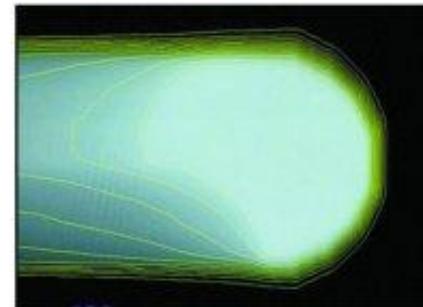
Single beam...



( lateral scanning



+ scanning in depth

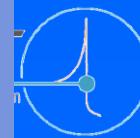
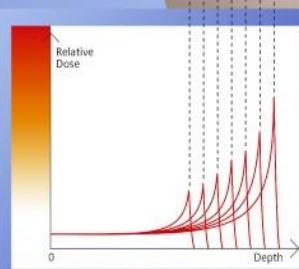
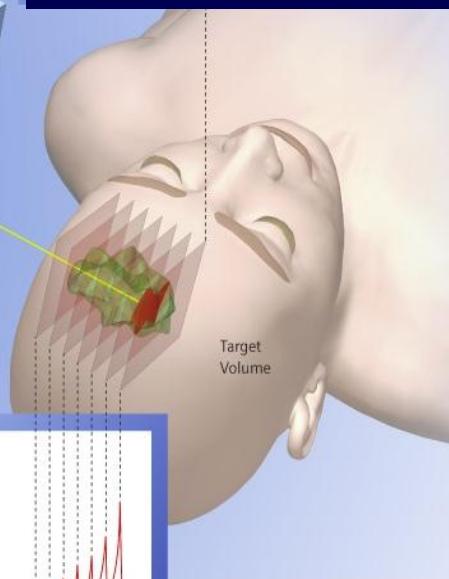
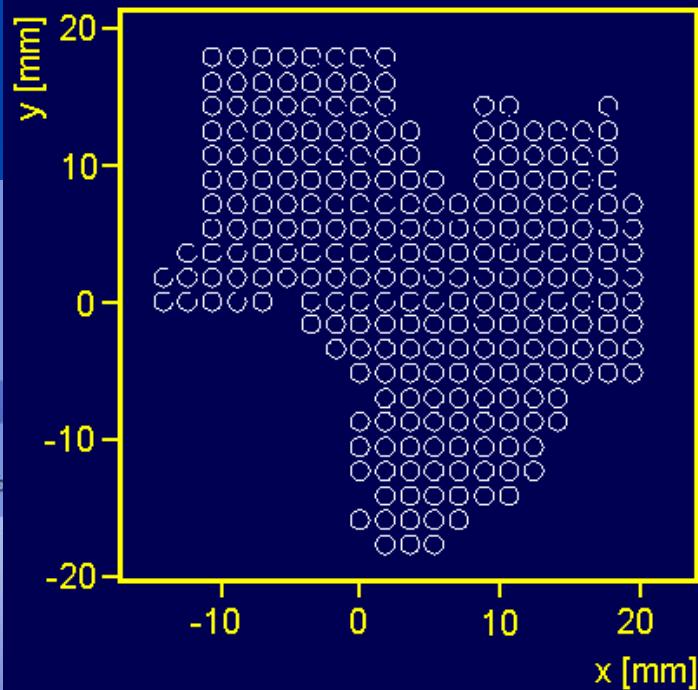
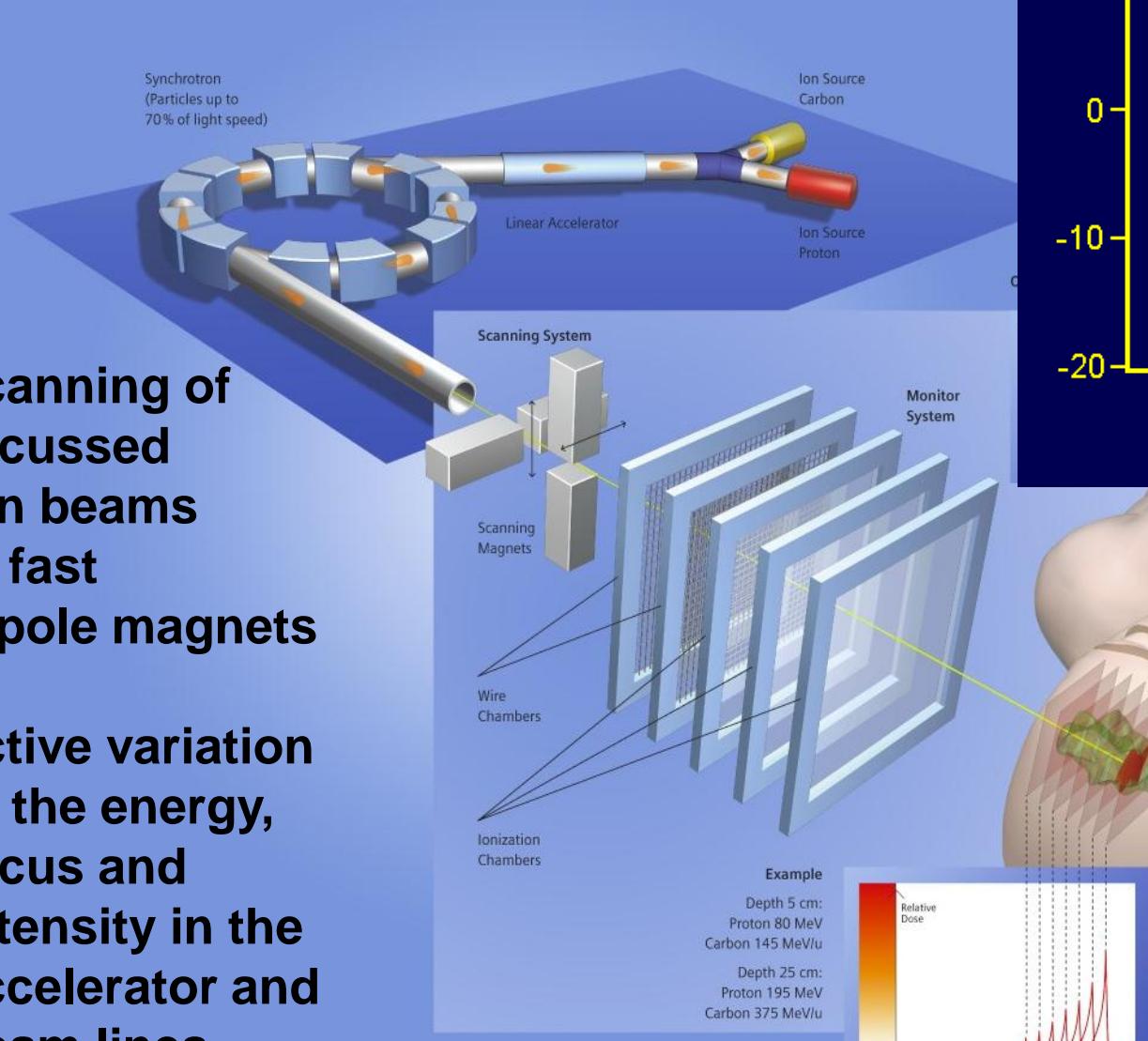


= 3d conformed dose)

# Rasterscan Method

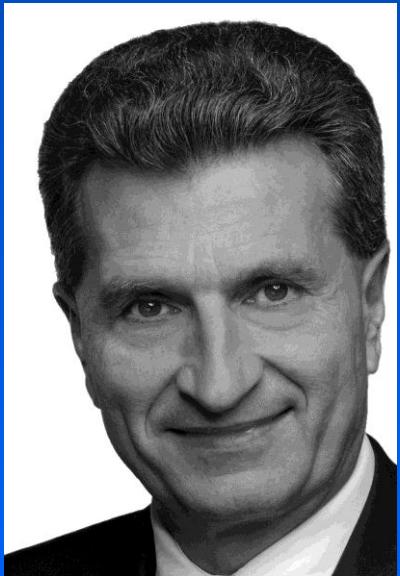
scanning of  
focussed  
ion beams  
in fast  
dipole magnets

active variation  
of the energy,  
focus and  
intensity in the  
accelerator and  
beam lines

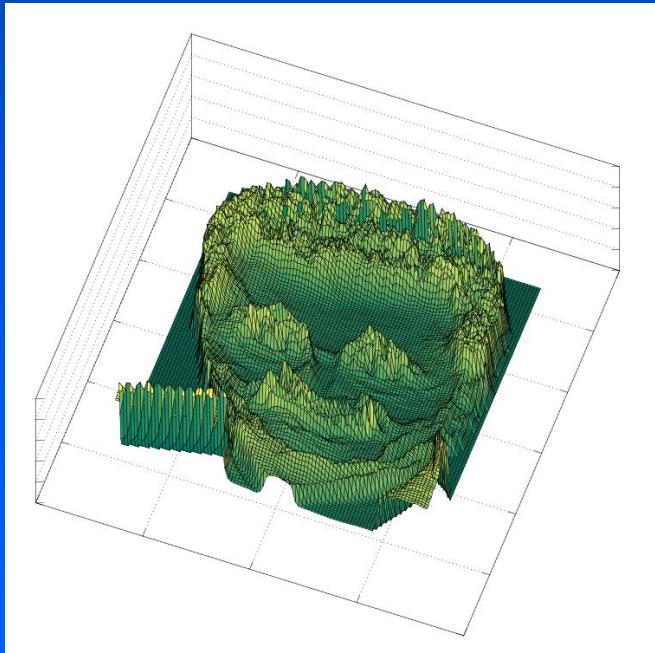


# Beam Scanning!

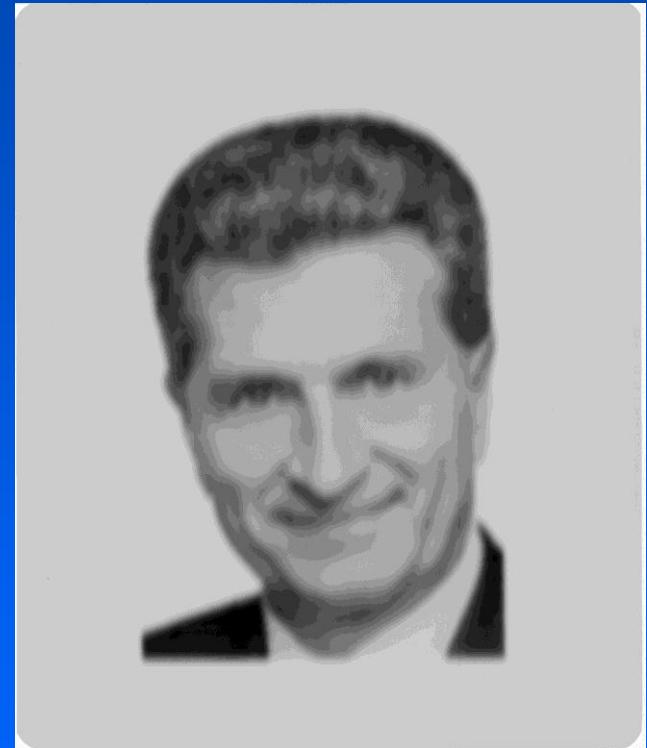
2D-example for dose modulation



original photograph



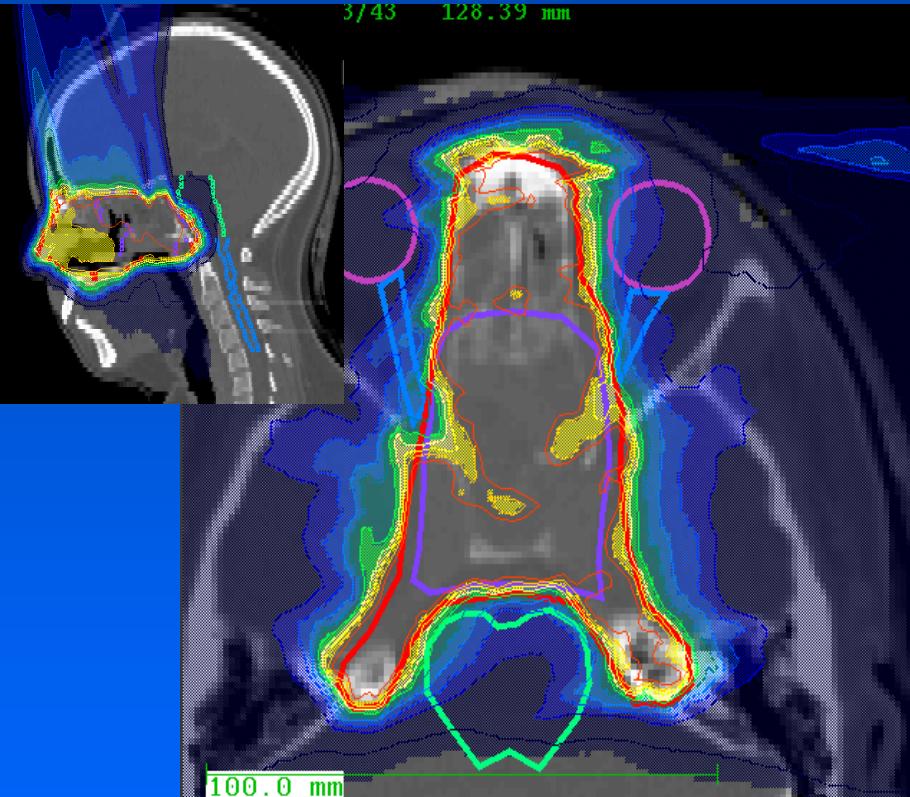
fluence map



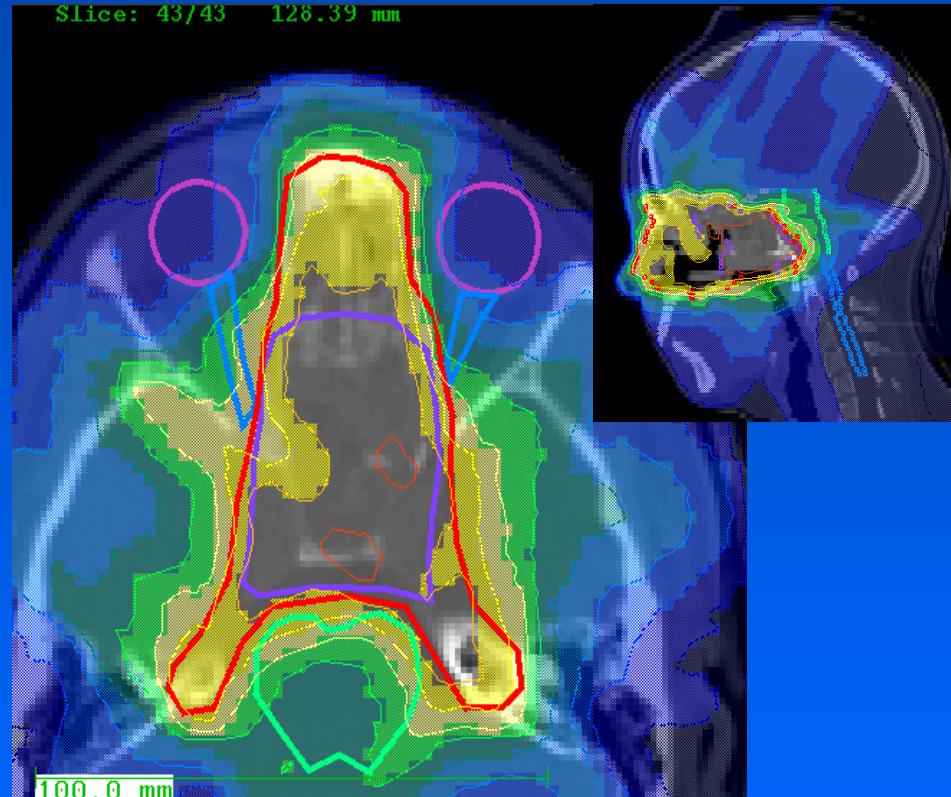
irradiated radiographic film  
rasterscan @ HIT

# Scanned Carbon vs. Intensity Modulated Photons

scanned carbon 3 fields



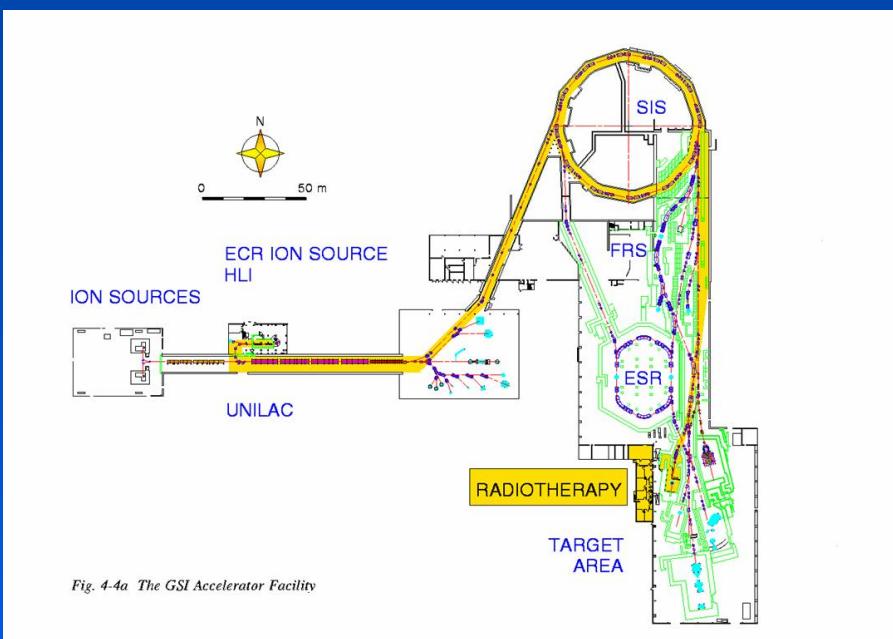
IMRT 9 fields



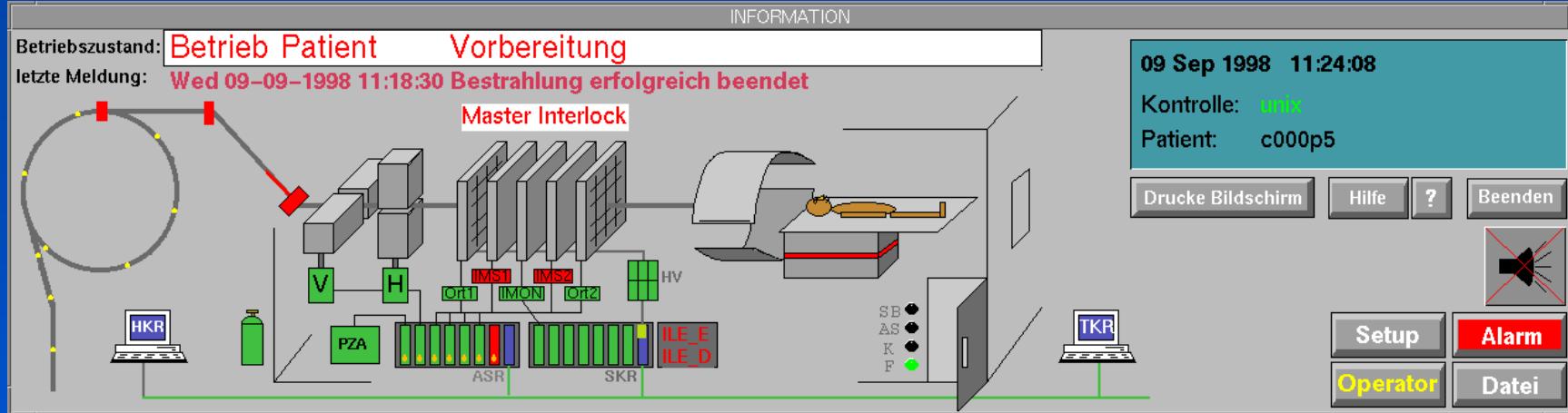
reduced integral dose  
steeper dose gradients  
less fields  
increased biological effectiveness

courtesy O. Jäkel, HIT

# Carbon Ion Therapy @ GSI 1997 - 2008

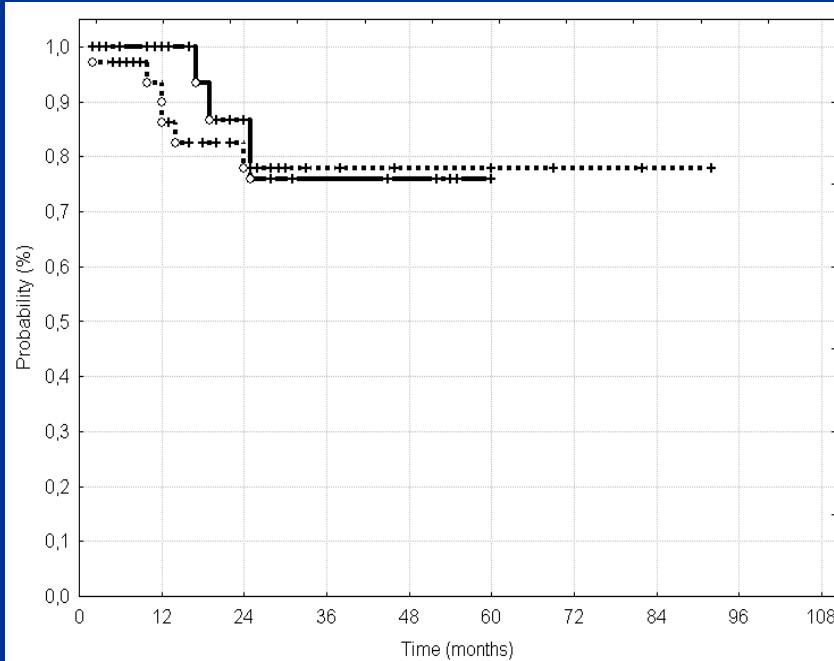


# Key Developments @ GSI



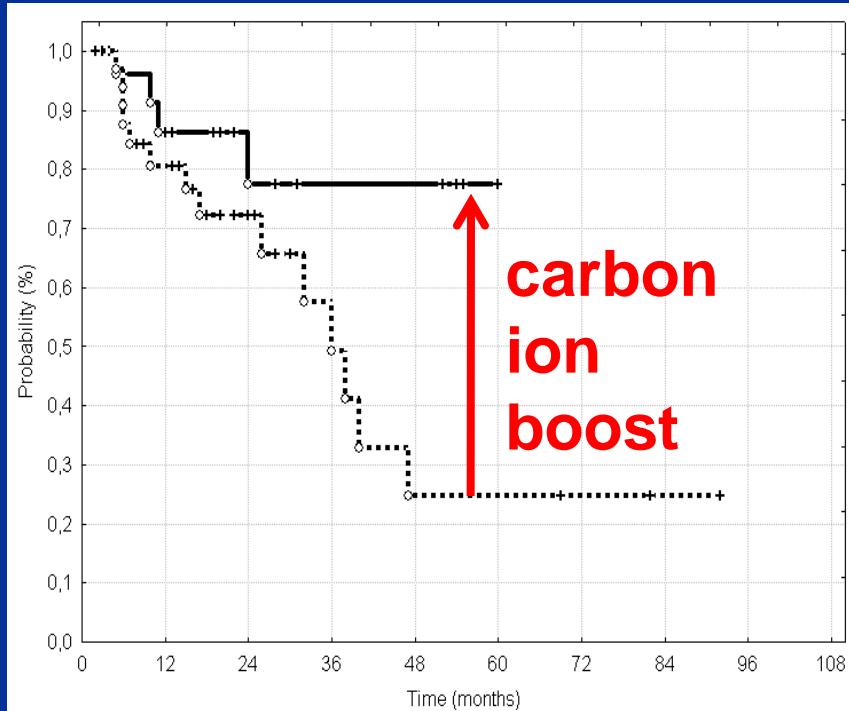
- Scanning-ready **pencil beam library** (25.000 combinations):  
253 energies (1mm range steps) x 7 spot sizes x 15 intensity steps
- **Rasterscan method** incl. approved controls and safety
- **Beammonitors** follow the scanned beams ( $v \leq 40$  m/s) in real-time
- **Biological interactionmodel** (LEM) based on 25 years of radiobiological research
- Physical beam **transportmodel**
- **Planningsystem TRiP**
- **In-beam Positron Emission Tomography**
- **QA system**
- Prototype of the **scanning ion gantry**

# IMRT (photons) vs IMRT (photons) +C12 : locally advanced adenoid-cystic carcinoma



survival

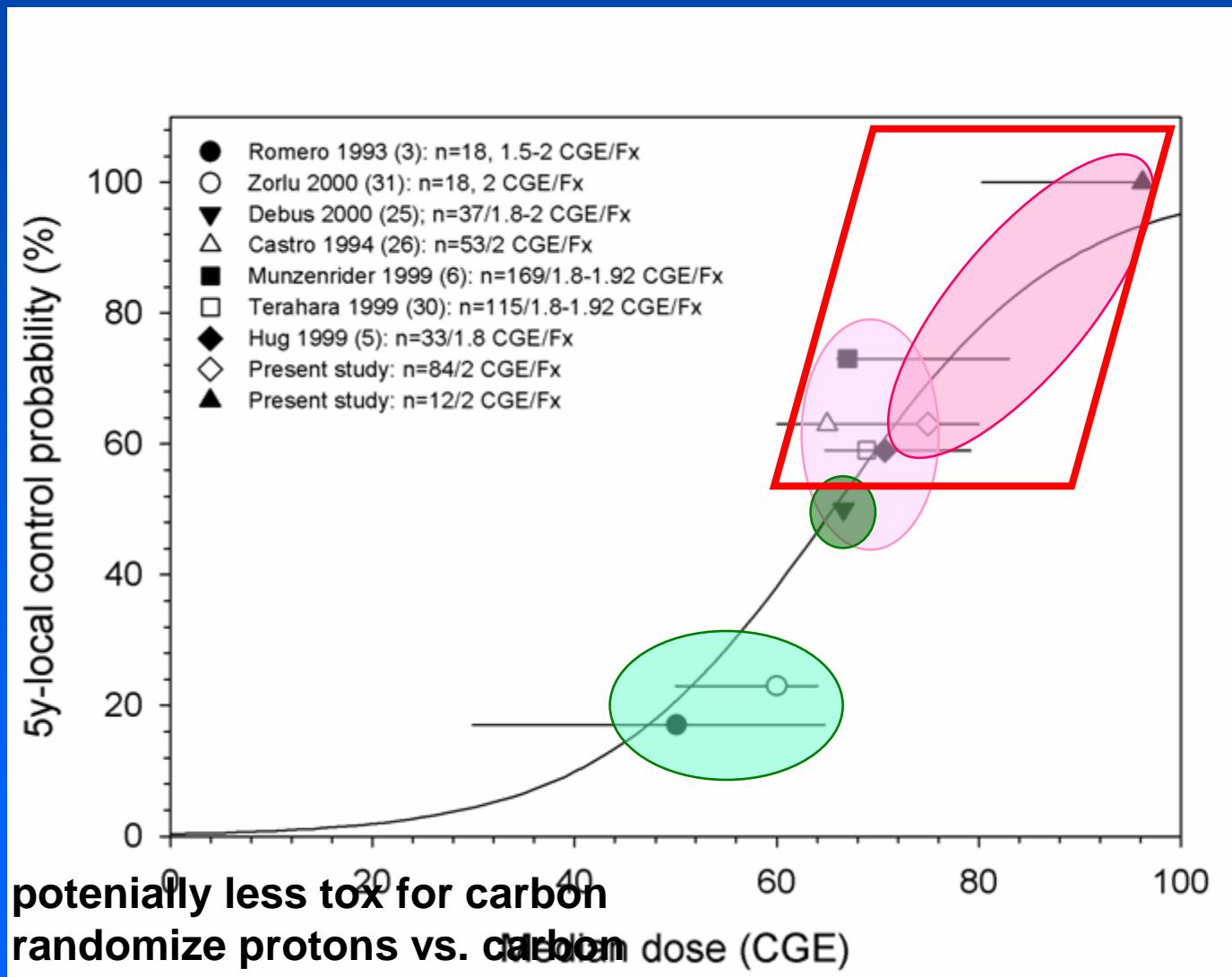
- acute toxicity acceptable
- late toxicity > CTC Grad 2 < 5%



local control

Schulz-Ertner, Cancer 2005

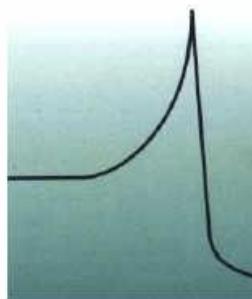
# Motivation: Dose Response Relationship Radiotherapy of Skull Base Chordomas



[Schulz-Ertner, IJROBP 2007]

# Design Phase

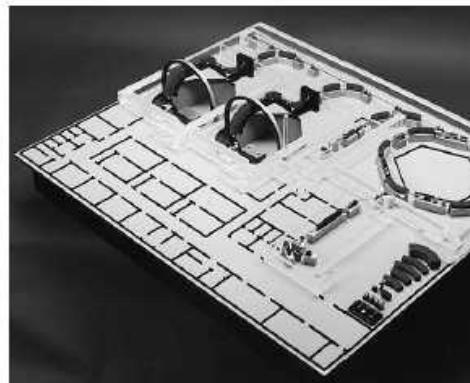
Proposal for a dedicated  
ion beam facility for  
cancer therapy



## Proposal 1998

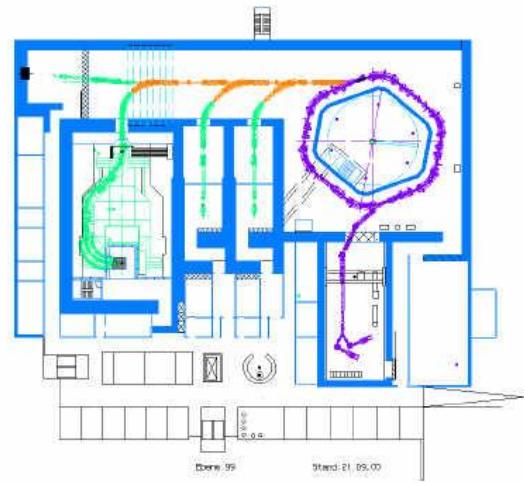
HICAT-the Heavy Ion Cancer Therapy accelerator  
facility for the clinic in Heidelberg

Technical Description



HICAT-Heavy Ion Cancer Therapy accelerator facility  
(Die Schwerionen-Therapieanlage für das Klinikum Heidelberg)

Machbarkeits-Studie



## Technical Design 2000

1

Feasibility Study 2000



# Heidelberg Ion Therapy Center (HIT)



# Clinical Integration

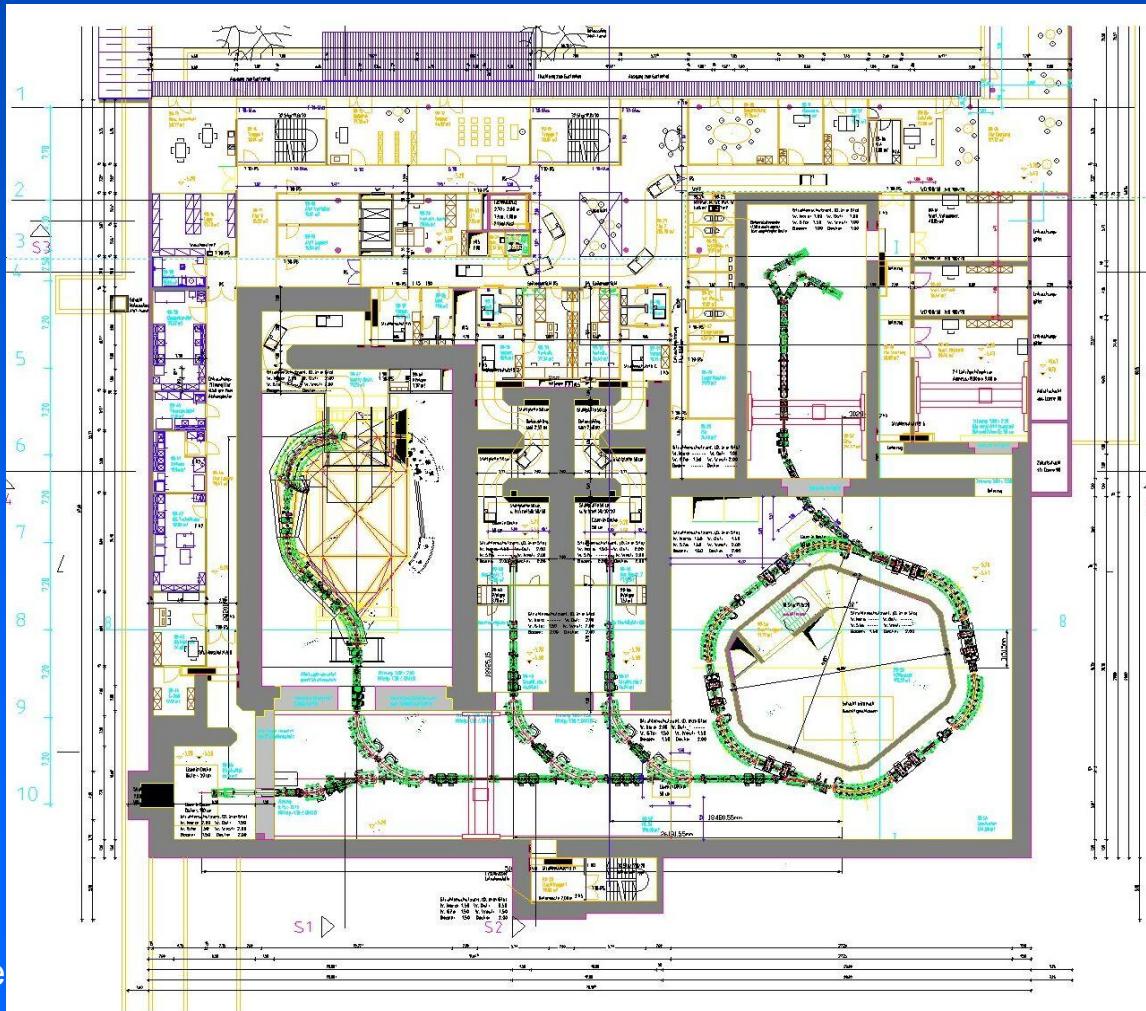
Children's Hospital

National Center for  
Tumour Diseases

Women's  
Hospital

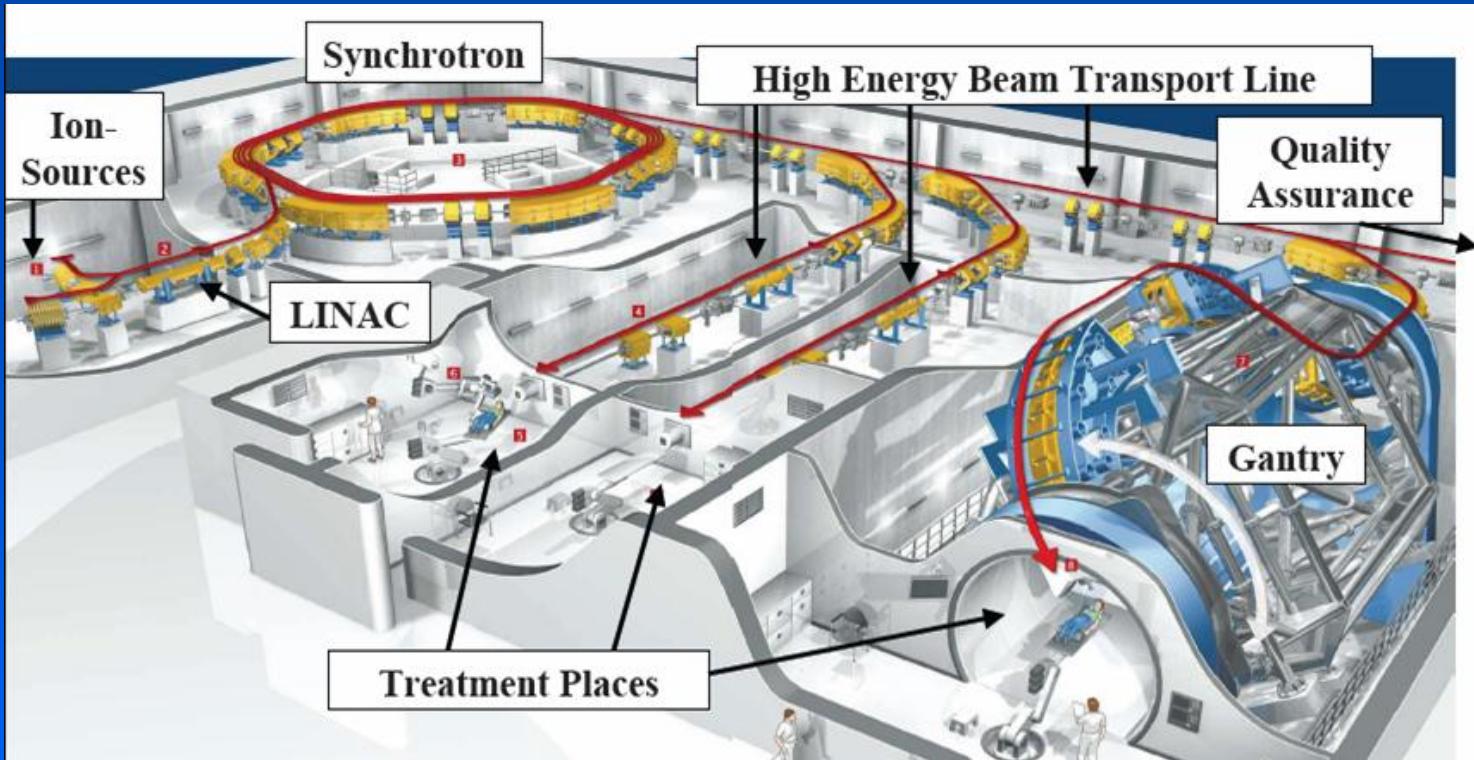
Radio-  
Oncology

Neuro-  
surgery



# Heidelberg Ion Therapy Center

## „Flexibility and Precision“



- compact design 60m x 70m
- full clinical integration
- raster scanning only
- world-wide first ion gantry
- > 1000 patients and  
> 15.000 fractions/yr
- low-LET modality:  
Protons (Helium)
- high-LET modality:  
Carbon (Oxygen)
- ion selection within minutes
- R+D in a broad range

# Some Facts

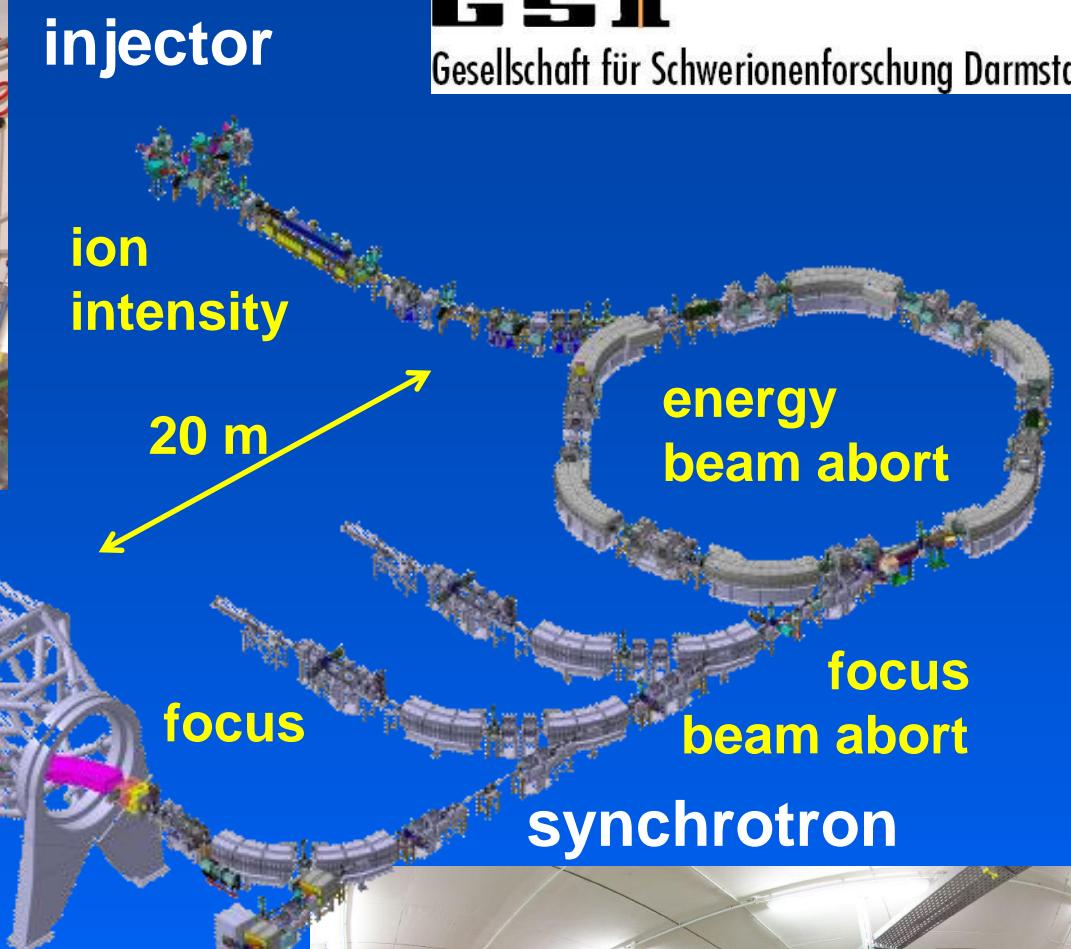
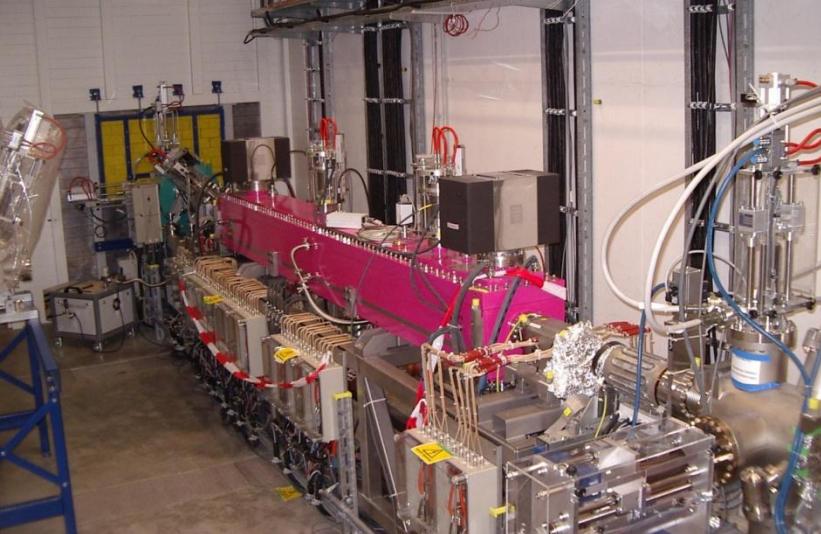
• Effective area	5.027 m <sup>2</sup>
• Concrete	30.000 tons
• Constructional steel	7.500 tons
• Capital Investment	120 M€

Start of construction: November 2003  
Completion of building and acc.: June 2006  
First patient treated: Nov. 15th, 2009

## Project Partners:

- **University** pays, owns and operates the facility
- **GSI**: feasibility study, facility design, technical proposal, tendering documents, built the accelerator
- **Siemens** supplies all components related to patient environment
- **GSI, DKFZ, Siemens ...**  
are research partners





# HIT Pencil Beam Library

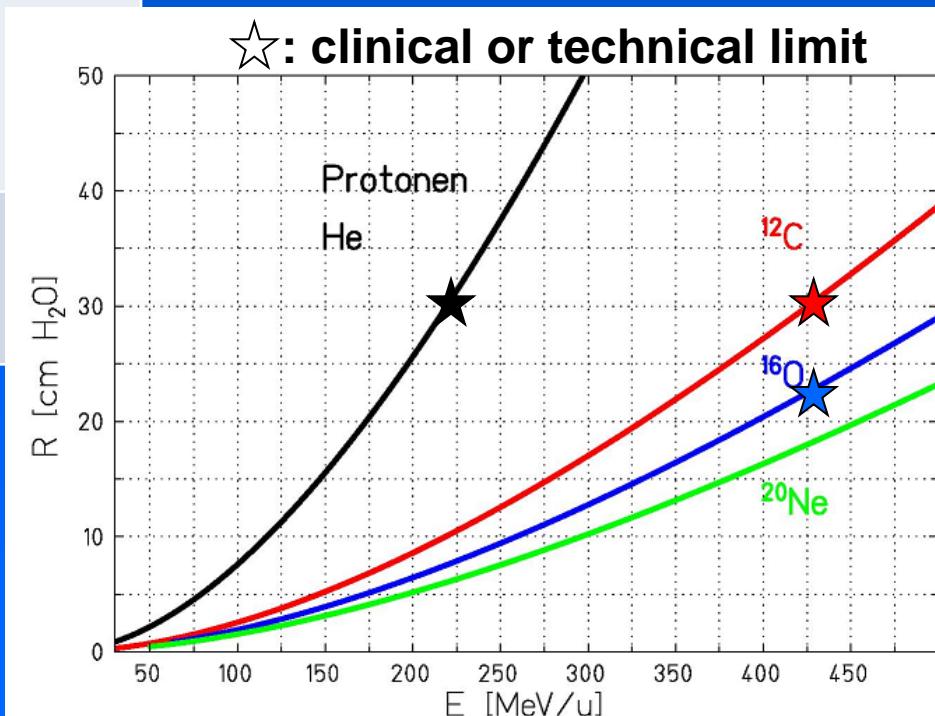
Parameter	
ions	protons and carbon ( <b>2 ion sources</b> ); planned: helium, oxygen ( <b>3 ion sources</b> )
intensity	$2 \times 10^6/\text{s}$ to $8 \times 10^7/\text{s}$ for carbon <b>intensity upgrade in progress</b> $8 \times 10^7/\text{s}$ to $4 \times 10^8/\text{s}$ for protons <b>10 steps</b> ; maximum extraction time 5 s
energy	88-430 MeV/u for carbon 50-221 MeV/u for protons <b>255 steps</b> , 1-1.5 mm spacing, 2-30 cm range in water
focus	3.5-13 mm FWHM 11-33 mm FWHM <b>4 steps</b>

→ a total of  $2 \times 10 \times 255 \times 4 = 20400$  settings per room!

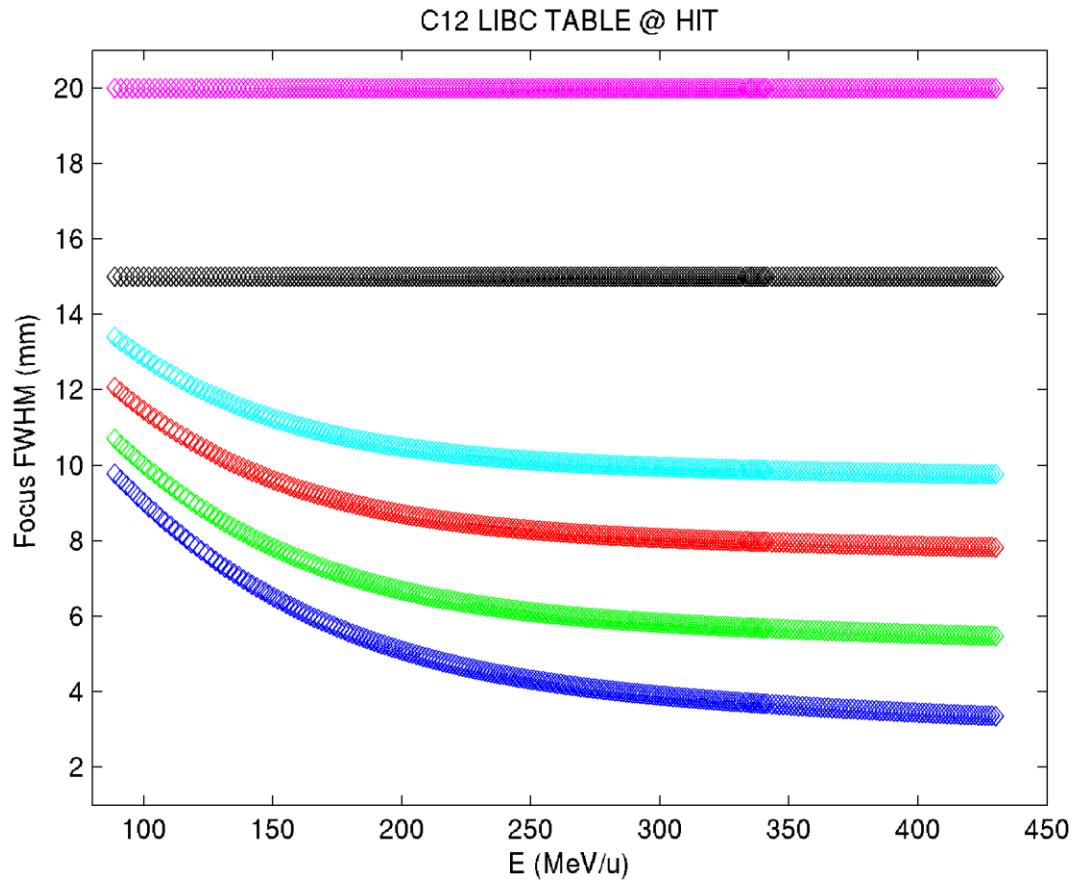
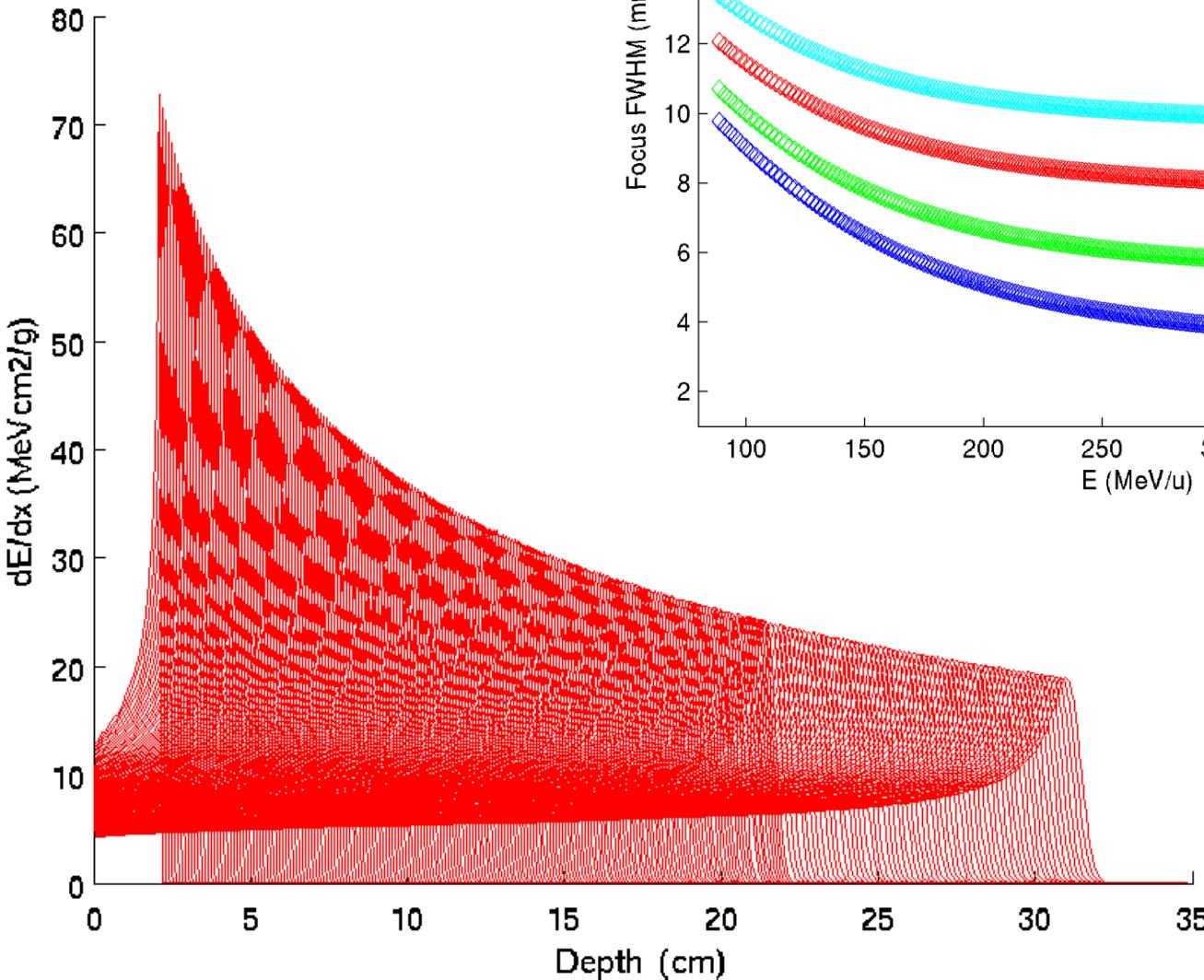
*... the gantry ( $0.1^\circ$  steps)  
adds something ...*

**protons and carbon:**  
**clinically used**

**helium and oxygen:**  
**under commissioning**



# Pencil Beam Libs for Protons and Carbon



*Parodi, Mairani,  
Naumann, Haberer,  
Brons, Jäkel, Debus  
(HIT and FLUKA  
Collaboration,  
accepted for  
publication at PMB)*

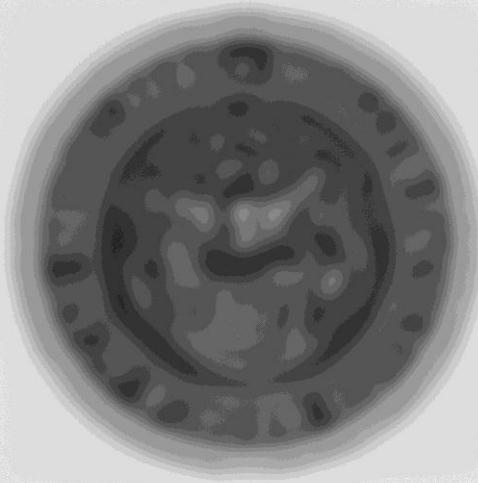


**Carbon, <sup>12</sup>isocentre**



$z = 0$

**Proton, <sup>12</sup>isocentre**



$z = 0$  **Proton, 205mm water**

**Carbon, <sup>12</sup>205mm water**



$z = 205$

$z = 205$

# Medical Equipment

Identical patient positioning systems

- fixed beam
- gantry

Workflow optimization

- automated QA procedures
- automated patient hand over from shuttle

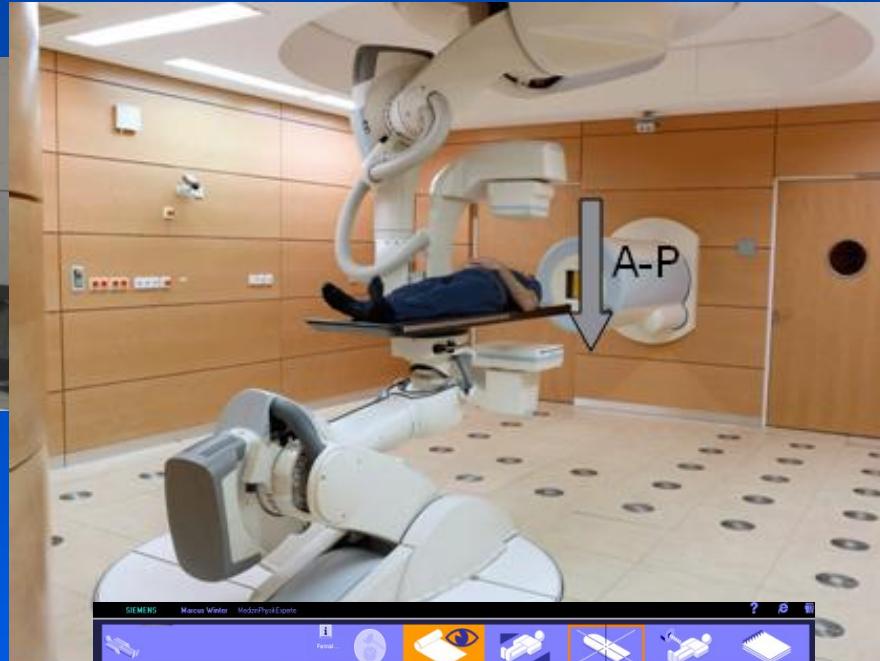
Inroom position verification

- 2D
- 3D Cone beam CT

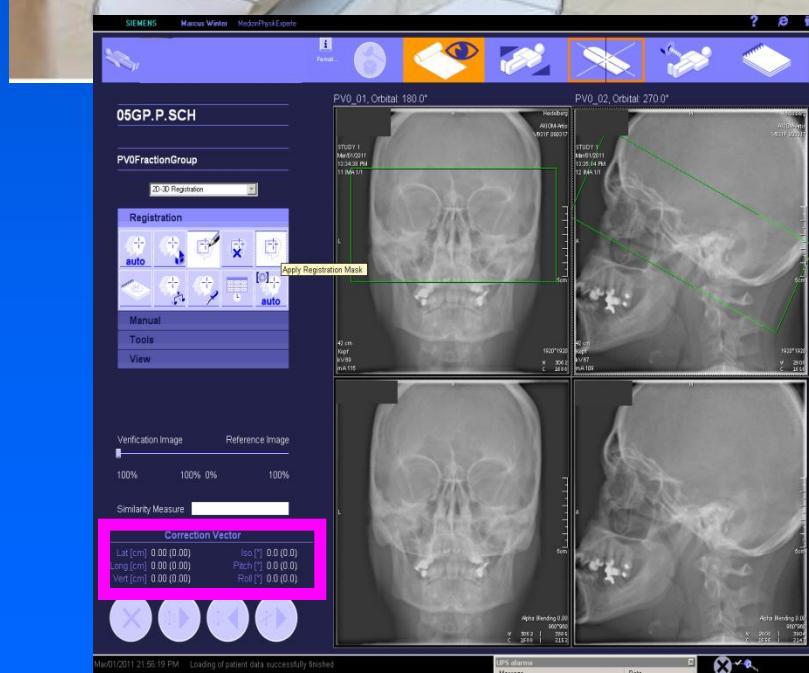
Open for future applications and workflows



# IGRT / 2D – 3D Matching



- 2D orthogonal X-ray projections
- Calculation of a DRR (Digital X-Ray Reconstruction) based on the planning-CT
- Matching of X-ray and DRR
- Calculation of a correction vector in 6 dimensions:  
3 translations (lat/vert/long)  
3 rotations (iso/pitch/roll)



# Workflow



# HIT / Approval + CE-Label ...



**Baden-Württemberg**  
REGIERUNGSPRÄSIDIUM KARLSRUHE  
ABTEILUNG 5 - UMWELT

Regierungspräsidium Karlsruhe - 76247 Karlsruhe

Universitätsklinikum Heidelberg - Kaufmännische Direktion - Im Neuenheimer Feld 672 69120 Heidelberg

Kassenzeichen: 8911240005569  
Bitte bei Zahlung angeben!

Beitrag: 3306,00 EUR

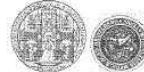
Durchführung der Strahlenschutzverordnung (StrlSchV)  
Genehmigung zum Betrieb einer Anlage zur Erzeugung ionisierender Strahlen gemäß § 11 Abs. 2 StrlSchV  
Ihr Antrag vom 01.09.2009 und Ihre Schreiben vom 15. und 30.10.2009

Anlagen  
1 Sachverständigenverzeichnis  
1 Messstellenverzeichnis  
1 Überweisungsträger

Genehmigung Nr. A/12/099/09

4. Verwendungszwecke:

- Bestrahlung von Menschen in Ausübung der Heilkunde im Horizontalbestrahlungsplatz H1
- Bestrahlung von Messaufbauten mit Phantomen und Strahlungsdetektoren im Rahmen der Grundlagenforschung
- Bestrahlung von Materialien zur Veränderung von Materialeigenschaften im Rahmen von Forschungsprojekten
- Bestrahlung belebter Objekte (biologische Zellen / Zellkulturen, Gewebe / Gewebebestandteile, Pflanzen und Versuchstiere)
- Qualitätssicherung und Dosimetrie
- Wartungsbetrieb

  
**HIT**  
Heidelberg Ionentherapie-Center

**Universitätsklinikum Heidelberg**

**Erklärung zu Produkten für besondere Zwecke  
gemäß Anhang VIII der Richtlinie 93/42/EWG  
vom 14. Juni 1993  
über Medizinprodukte**

Hersteller: Universitätsklinikum Heidelberg  
Im Neuenheimer Feld 672  
69120 Heidelberg

Medizinprodukt: **Heidelberger Ionenstrahl-Therapie (HIT) Anlage  
Bestrahlungsplatz H1**

Klassifizierung: **Klasse IIb**  
gemäß Anhang IX der Richtlinie 93/42/EWG

Konformitätsbewertungsverfahren: **Anhang VIII 2.1**

Die o.g. Eigenherstellung entspricht den unter Berücksichtigung ihrer Zweckbestimmung auf sie anwendbaren, in Anhang I der Richtlinie 93/42/EWG genannten grundlegenden Anforderungen. Eine Auflistung der nicht bzw. nicht vollständig eingehaltenen grundlegenden Anforderungen ist in Anlage I zu dieser Erklärung enthalten.

Heidelberg, den 14.11.2009



Dipl.-Volkswirtin Irmtraut Gürkau  
(Kaufmännische Direktorin des Universitätsklinikums Heidelberg)

Der Unterzeichner erklärt, dass er verantwortlich zeichnet für die Ausstellung dieser Herstellererklärung, die ihre Gültigkeit bei einer wesentlichen Änderung an dem o.g. Medizinprodukt verliert.

Autor: A. Höppner-Rösch	Erstellstellung: 26.10.2009	Revisions-Nr. V01-000	Seite 1 von 1
Titel: HIT-Herstellererklärung		Platz/Ortsname: HIT-Herstellererklärung V01-000.doc	

**SIEMENS**

**EC DECLARATION OF CONFORMITY**

according to Annex II.3 of Council Directive 93/42/EEC of June 14, 1993

Manufacturer: Siemens AG  
Wittelsbacherplatz 2  
DE-80333 Muenchen  
Germany

Facility: Siemens AG, Medical Solutions  
Business Unit Particle Therapy System  
Hofmannstrasse 26, DE-91052 Erlangen, Germany

Medical device: IONTRIS  
Treatment room H2

Product identification: 10013850

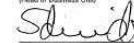
Classification: Class IIb according to Annex IX to Council Directive 93/42/EEC

We declare the compliance of the above medical device with the requirements of the Council Directive 93/42/EEC of June 14, 1993.  
The conformity of the full quality assurance system is certified by:  
TÜV SÜD Product Service GmbH  
Ridderstraße 65  
80339 Muenchen  
Germany

The identification number of the notified body for implementation of the procedure set out in Annex II to the above Directive is 0123.  
This declaration of conformity is issued under the sole responsibility of Siemens AG.  
This declaration supersedes any declaration issued previously for the same treatment room.

Place and date: Erlangen, September 14, 2010

Name: Holger Schmidt  
(Head of Business Unit)

Signature: 

Jürgen Buckow  
(Head of Quality Management)

Signature: 

For conditions of guarantee and liability please refer to our General Conditions of Sale.

Document number 10013802-VA1X QCE ION 04

Page 1 of 1

**EC DECLARATION OF CONFORMITY**

Approval radiation protection law

Medical device directive  
„In-house-product declaration“

CE-label by  
Siemens Health Care

November 2009



# Patient Treatment @ HIT

- center directly connected with the existing department of radiation oncology
- specialized clinics for primary contact and for follow-up
- outpatient treatment or inpatient on 3 wards
- individual positioning devices: head masks etc., patient shuttle
- target volume definition on CT, MRI, PET-CT
- ICRU-criteria: GTV, CTV, PTV...
- Siemens Dosimetrist/Oncologist for target volume definition
- Siemens PT Planning, Siemens, Erlangen, Germany for treatment planning
- patient positioning prior to each treatment with orthogonal X-rays focussing on bony landmarks (3d/2d-matching)
- gating available, anaesthesia

# 1st Patient @ HIT-H1



15. November 2009

2. November 2009



# New Version (VA11) @ HIT-H2

- Improved Matching
- Rangeshifter
- MPA-software (QA and R+D)
- TPS verification more efficient
- Stability improved
- Gating
- Shuttlesystem

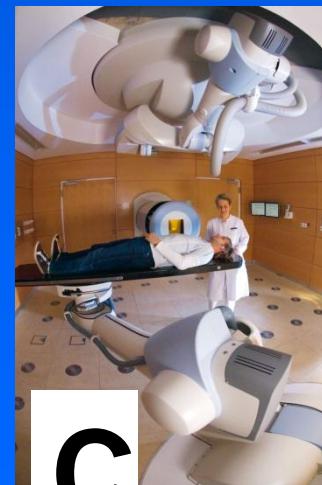
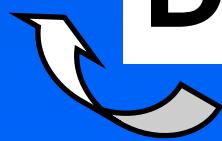
pediatrics  
(anaesthesia, protons)  
prostate  
liver (Gating)



28. September 2010

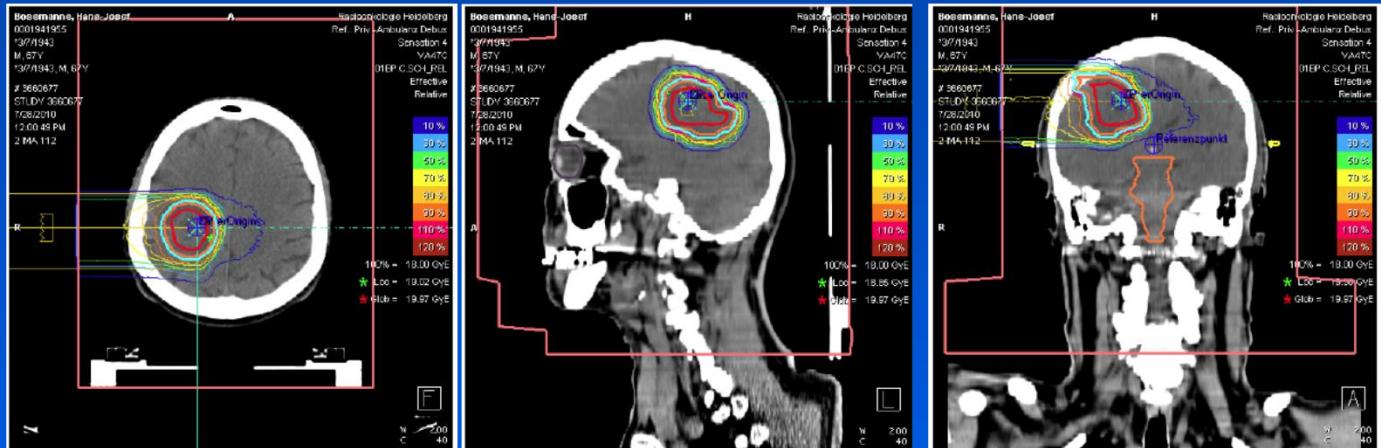
# Shuttlesystem

- oncolog dignity carrier
- connection between PET-CT and treatment rooms

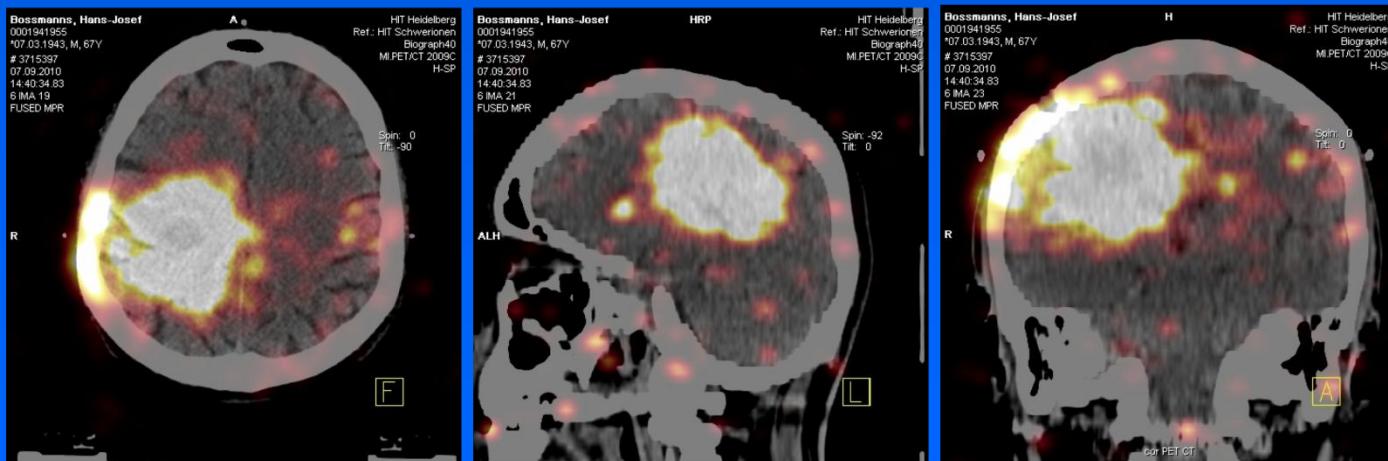


# PET For Dose Verification offline after 2 min

Planned dose (on planning CT)



Measured PET/CT



Parodi et al 2010



# Clinical Trials @ HIT

1	Not yet recruiting	<a href="#">Treatment of Malignant Sinonasal Tumours With Intensity-modulated Radiotherapy (IMRT) and Carbon Ion Boost (C12)</a> Conditions: Sinonasal Malignancies;; Adenocarcinoma and Squamous Cell Carcinoma of the Paranasal Sinuses Intervention: Radiation: carbon ion boost
2	Recruiting	<a href="#">TPF Followed by Cetuximab and IMRT Plus Carbon Ion Boost for Locally Advanced Head and Neck Tumors</a> Condition: Locally Advanced Squamous Cell Carcinoma of the Head and Neck (SCCHN): Oro-, Hypopharyngeal and Laryngeal Cancer Intervention: Radiation: carbon ion boost
3	Recruiting	<a href="#">Trial of Proton Versus Carbon Ion Radiation Therapy in Patients With Low and Inter-mediate Grade Chondrosarcoma of the Skull Base</a> Condition: Chondrosarcoma Interventions: Radiation: carbon ion therapy; Radiation: proton therapy
4	Recruiting	<a href="#">Trial of Proton Versus Carbon Ion Radiation Therapy in Patients With Chordoma of the Skull Base</a> Conditions: Chordoma; Tumor; Treatment Interventions: Radiation: Carbon ion; Radiation: Protons
5	Recruiting	<a href="#">CO(Mbined Therapy of Malignant) S(Alivary Gland tu)M(Ours With)I(MRT and) c(Arbon Ions): COSMIC</a> Conditions: Malignancy; Salivary Glands; Tumor Intervention: Radiation: carbon ion boost
6	Not yet recruiting	<a href="#">Carbon Ion Radiotherapy for Atypical Meningiomas</a> Condition: Meningioma Intervention: Radiation: Carbon Ion Radiotherapy
7	Not yet recruiting	<a href="#">Carbon Ion Radiotherapy for Recurrent Gliomas</a> Condition: Glioma Interventions: Radiation: Carbon Ion Radiotherapy; Radiation: Fractionated Stereotactic Radiotherapy (FSRT)
8	Recruiting	<a href="#">Carbon Ion Radiotherapy for Primary Glioblastoma</a> Condition: Primary Glioblastoma Interventions: Radiation: Carbon Ion Radiotherapy; Radiation: Proton Radiotherapy
9	Not yet recruiting	<a href="#">Adenoid Cystic Carcinoma, Erbitux, and Particle Therapy</a> Condition: Adenoid Cystic Carcinoma Intervention: Drug: cetuximab weekly
10	Not yet recruiting	<a href="#">Carbon Ion Radiotherapy for Hepatocellular Carcinoma</a> Condition: Hepatocellular Carcinoma Intervention: Radiation: Carbon Ion Radiotherapy

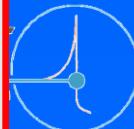
**ClinicalTrials.gov**  
A service of the U.S. National Institutes of Health

# Weekly Beam Time Schedule

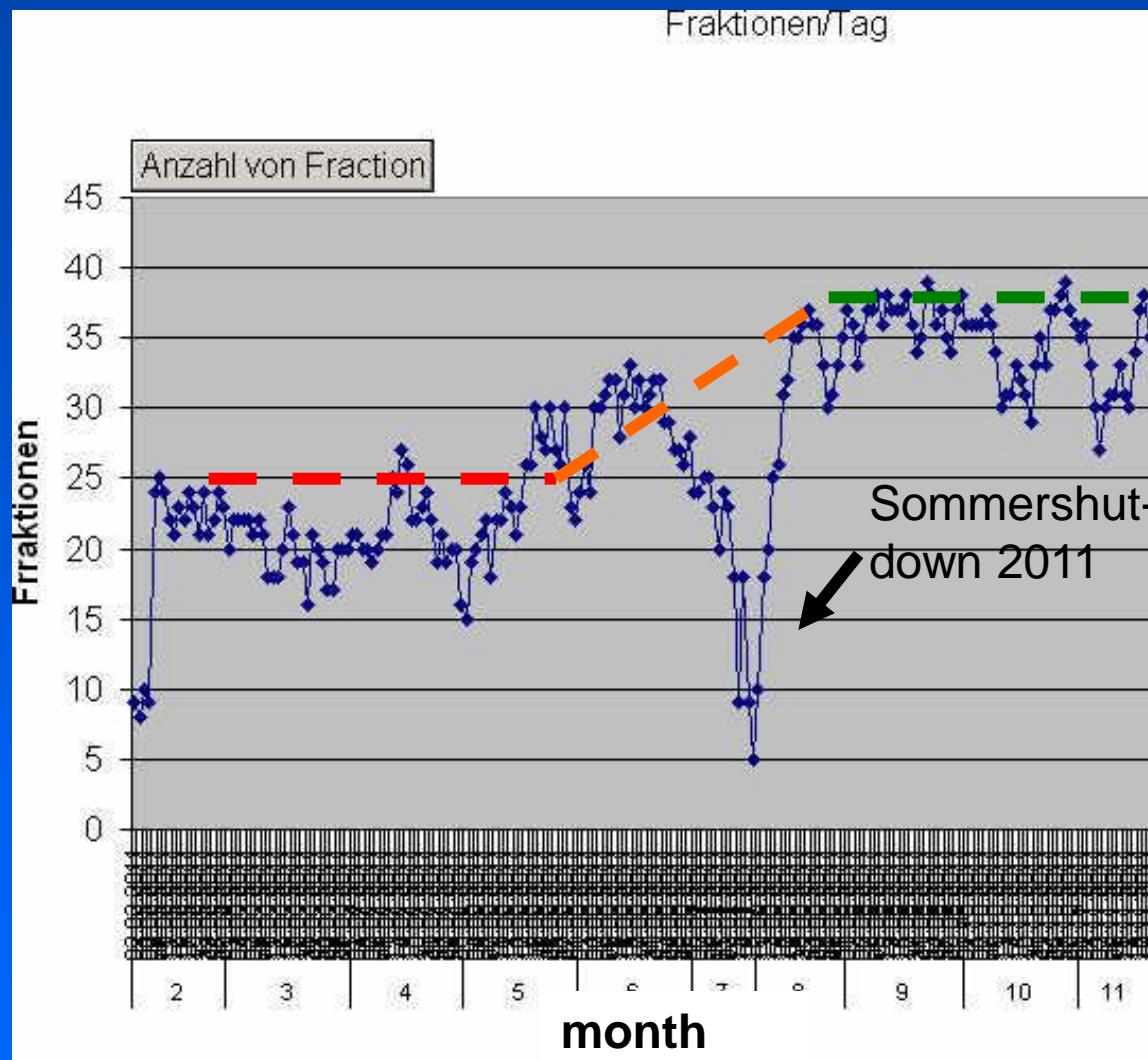
## Patient treatment 5-6 days a week

KW14		00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
		01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	
Montag	04.04.2011	H1				D	B																			
		H2				D	B																			
		Ga	Gantry SAG und HIT/MP																							
		QS																								
Dienstag	05.04.2011	H1		A	D		QA																			
		H2		A	D		QA																			
		Ga	Gantry SAG																							
		QS																								
Mittwoch	06.04.2011	H1		A	D		QA																			
		H2		A	D		QA																			
		Ga	Gantry SAG																							
		QS																								
Donnerstag	07.04.2011	H1		A	D		QA																			
		H2		A	D		QA																			
		Ga	Gantry SAG und HIT/MP																							
		QS																								
Freitag	08.04.2011	H1		A	D		QA																			
		H2		A	D		QA																			
		Ga	Gantry SAG und HIT/MP																							
		QS																								
Samstag	09.04.2011	H1			C		QA																			
		H2			C		QA																			
		Ga	Gantry SAG und HIT/MP																							
		QS																								
Sonntag	10.04.2011	H1																								
		H2																								
		Ga																								
		QS																								

- 06:00 – 08:00: Daily QA
- 08:00 – 19:00: Patient treatment
- 19:00 – 06:00: Treatment plan verification, Gantry dev., experiments, accelerator QA



# Patient Throughput 2011



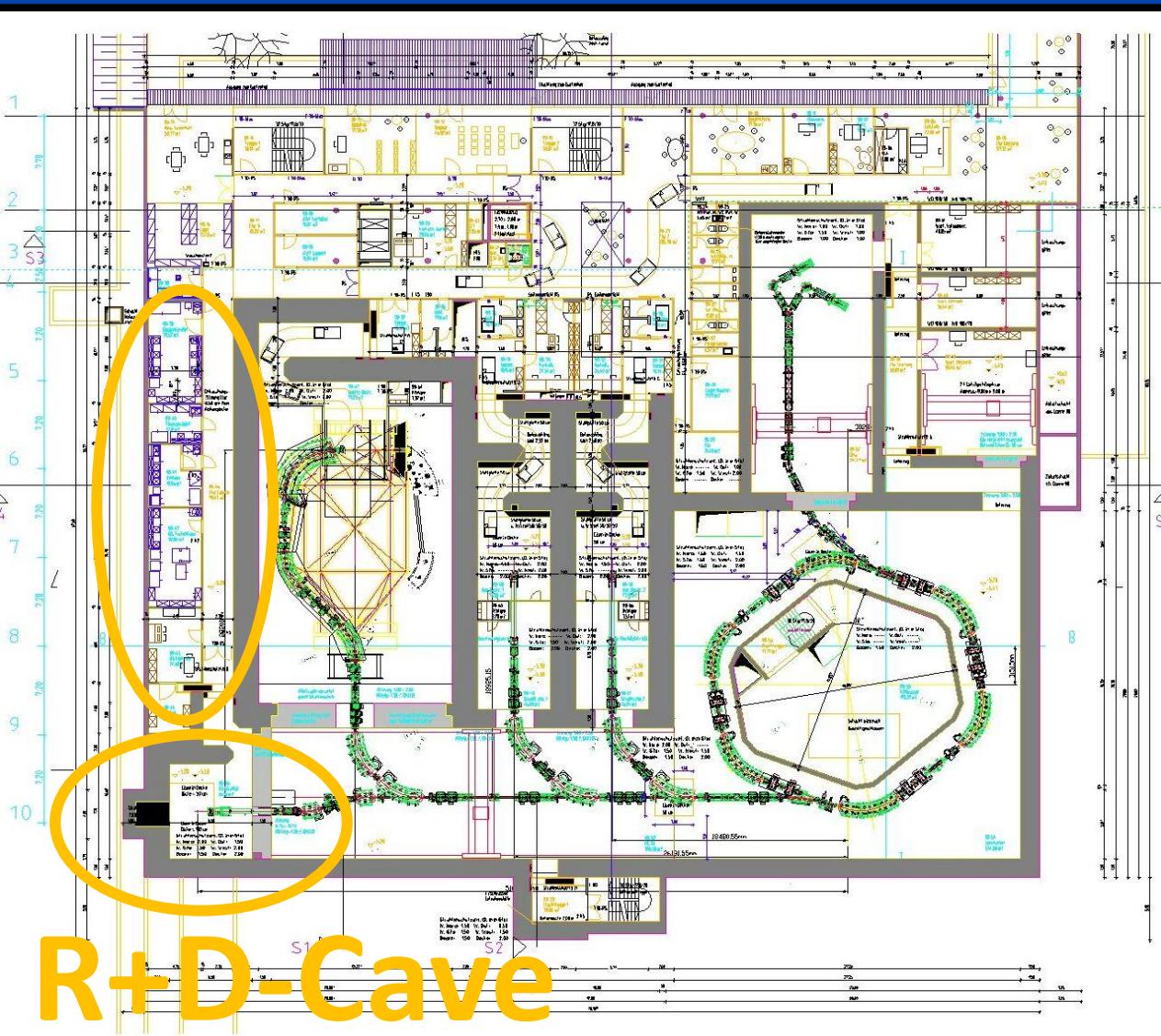
# R+D-Infrastructure @ HIT

Dosimetry /  
PET – Lab

Animals

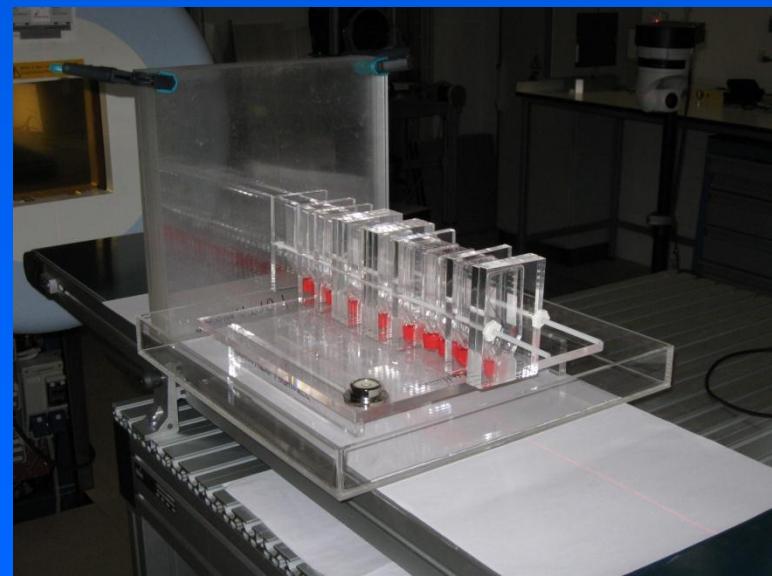
Radiobiological  
Lab (S2)

Physics /  
Technology Lab

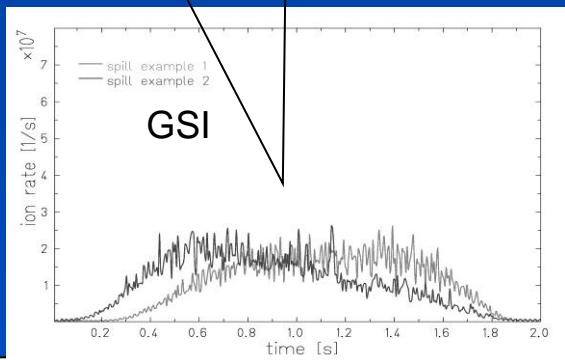


# R+D @ HIT

- Radiobiology
- Treatment of moving organs (collaboration with C. Bert /GSI)
- Particle-tomography
- Beam characterization (Helium ...), precise scattering measurements for TPS-improvements
- Linac testbench (Helium source, intensity upgrade)
- Scanning ion gantry
- Magnetic field feedback for synchrotron and HEBT
- In-cycle energy variation
- Dynamic spill shaping
- ...

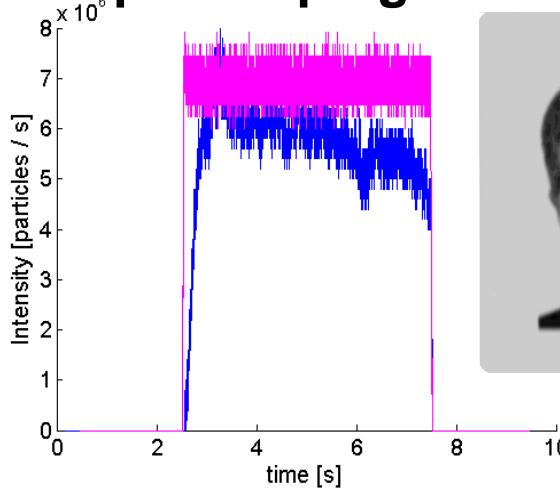


- 440 patients
- each field verified



# Synchrotron Spill Structure Optimization

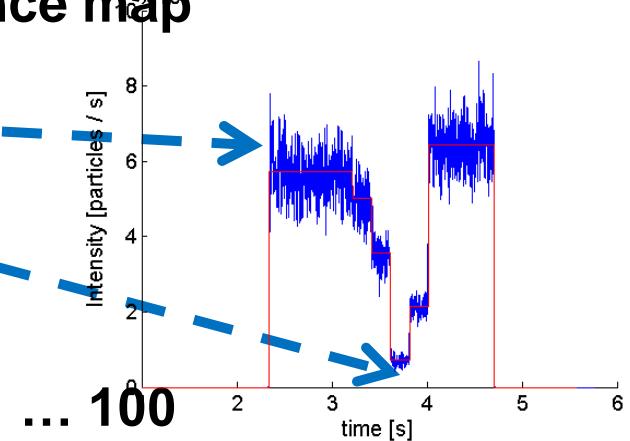
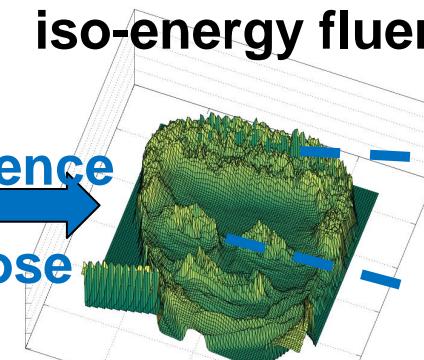
**rectangular  
spill shaping**



**patient-specific  
spill shaping**

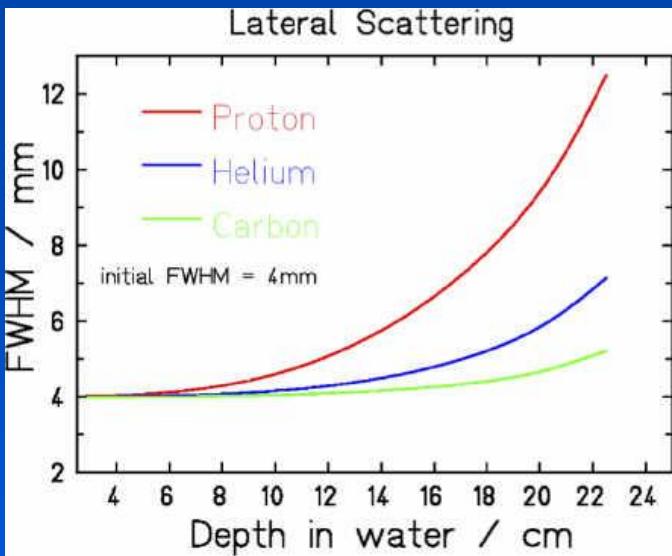
**iso-energy fluence map**

**fluence range: 1 ... 100**



**Dynamic intensity control boosts the beam scanning dose delivery!**

# Other Ions: Helium and Oxygen



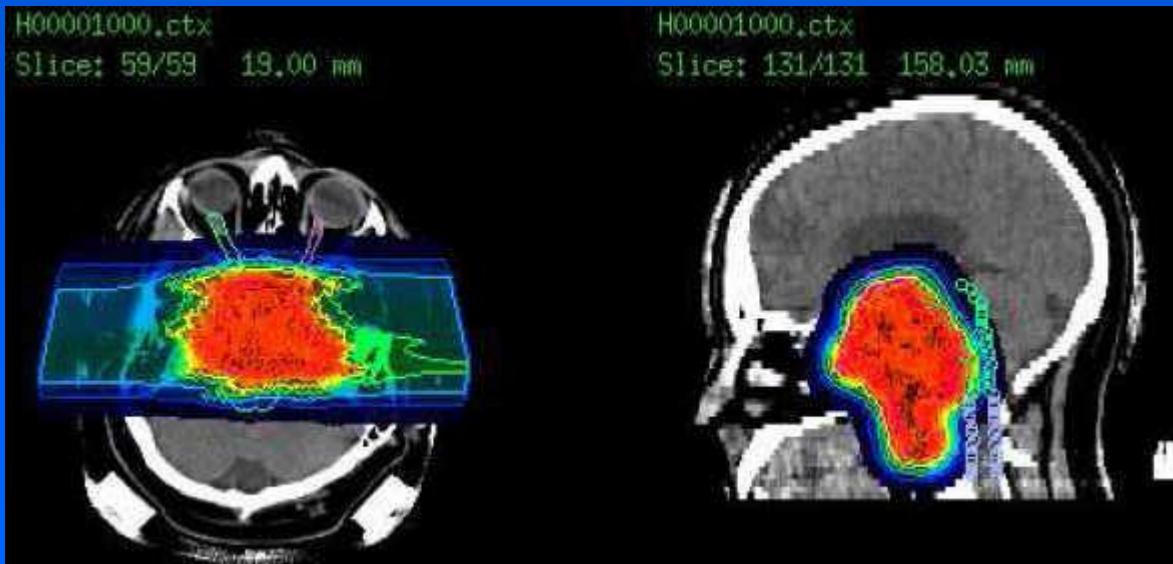
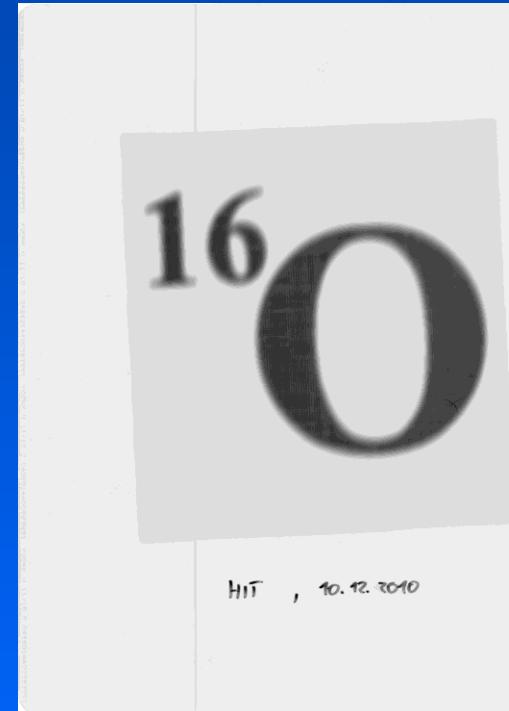
**Penumbra comparison  
(90% => 10%):**

**Protons:** 17,4 mm

**Helium3:** 14,4 mm

**Helium4:** 10,9 mm

**Carbon:** 7,4 mm



*Rasterscan @ HIT-  
R+D-Cave*

# Scanning Ion Gantry / Requirements

## Clinical:

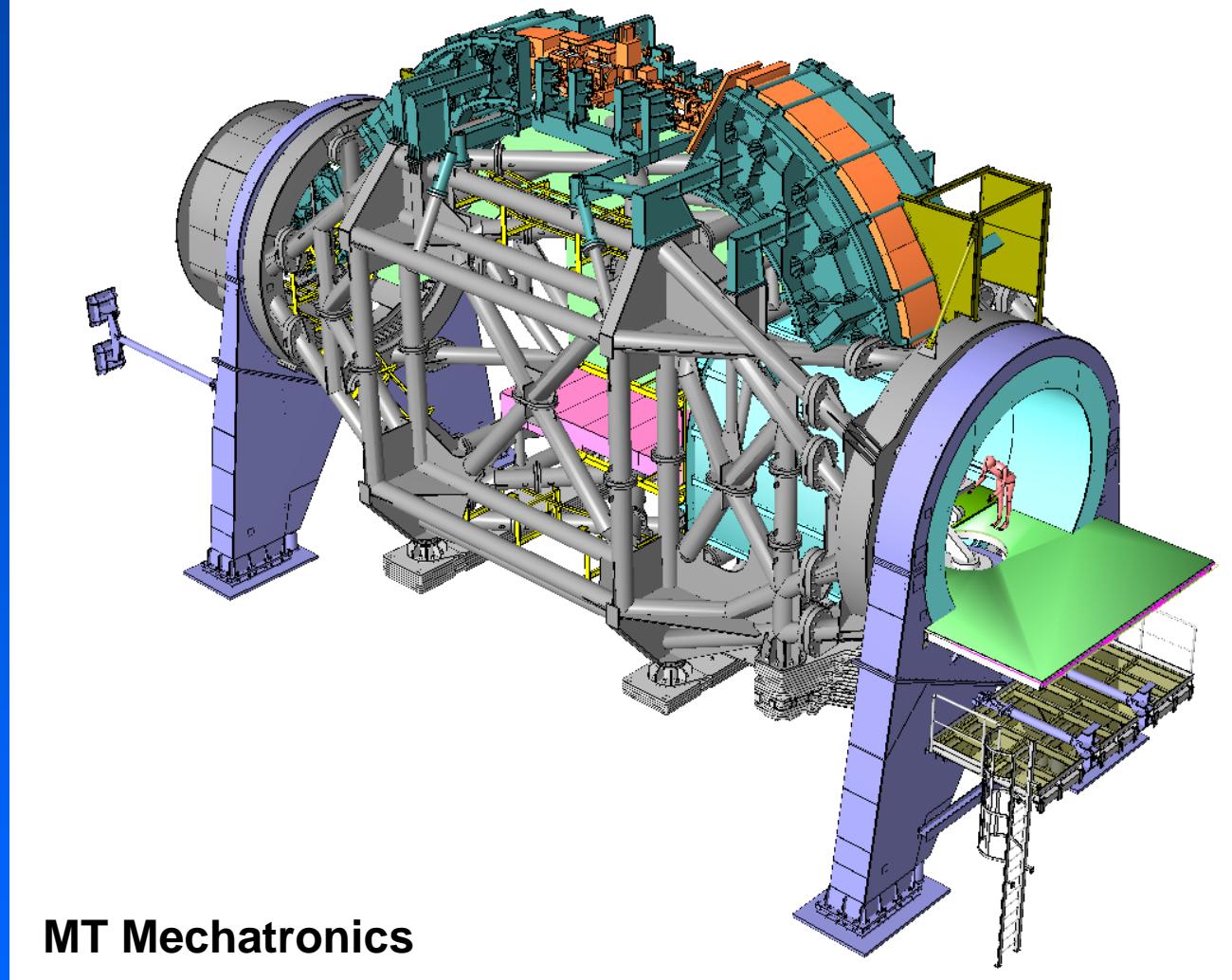
- Iso-centric set-up and a fixed floor
- Identical field size in all beamlines of 20 cm x 20 cm
- Integration of fluoroscopy systems in two planes (IGRT, organ movement)

## Technical / financial:

- 2D-parallel scanning mode via edge focussing (large SAD ~ 50m)
- Full 360° rotation (clinical workflow, minor investment saving)
- Normal conducting elements (field quality  $\sim 10^{-4}$  in 90-degree bending magnet, price, 330 days 24/7 op.)
- Barrell-type (less bending than cork-screw)
- Scanning upstream to the last bending (radius vs. weight)
- Truss-based structure

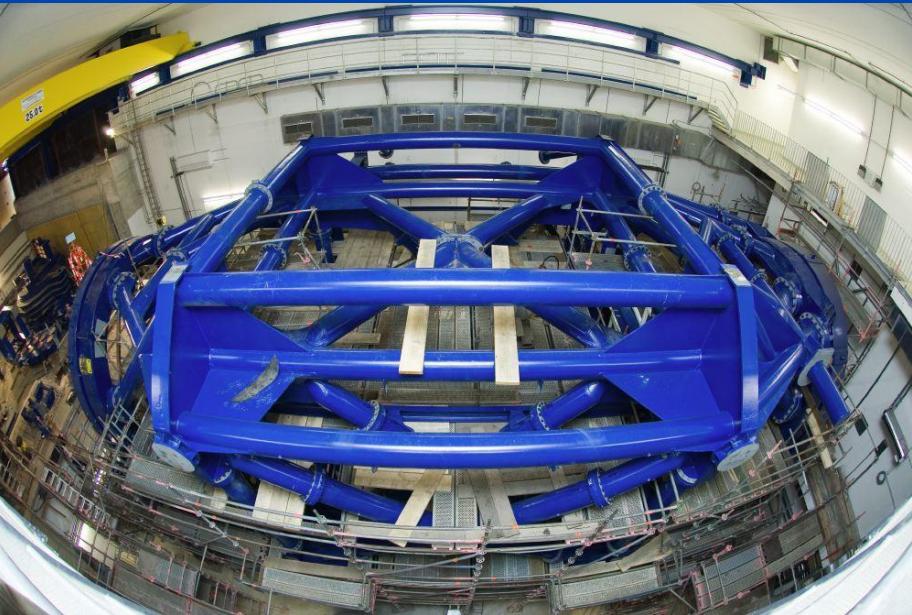
# Design for HIT

- isocentric barrel-type
- world-wide first ion gantry
- 2D beam scanning upstream to final bending, almost parallel due to edge focussing
- $\pm 180^\circ$  rotation  $3^\circ$  / second
- 13m diameter  
25m length  
600 to rotating  
(145 to magnets)



**MT Mechatronics**

# Mounting



# Patient Environment / Nozzle

Patient Gantry Room November 2007



Tilt floor, pending on  
Gantry position



Nozzle

Bumber mats

Patienttable,  
Roboter

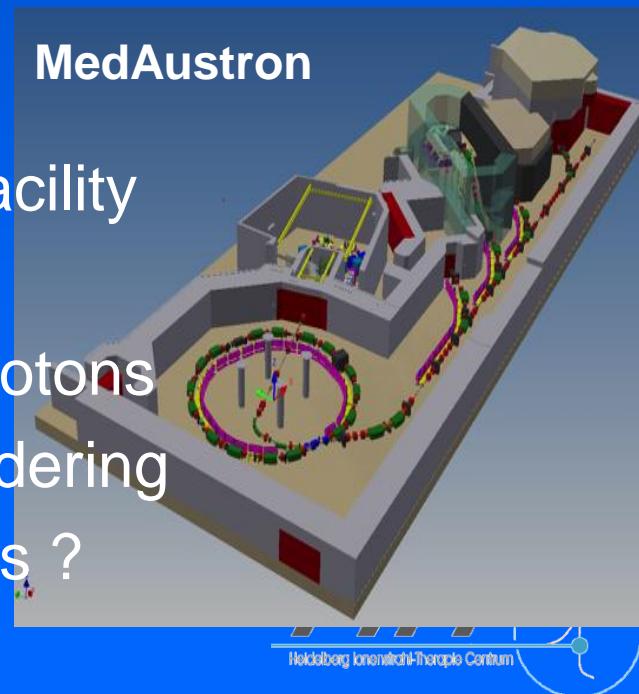
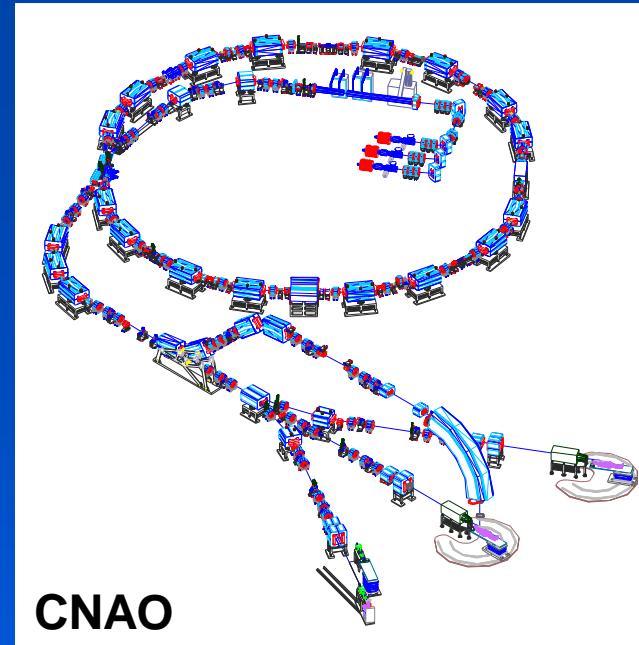


# The HIT Gantry Rotates



# European Projects

- Uppsala: protons, IBA
- Prague: protons, IBA
- Dresden: protons, IBA, R+D-oriented
- Krakow: protons, IBA, fixed-beam, R+D
- Essen: protons, IBA
- Trento: protons, IBA
- Halle, Berlin, ...
- Marburg: carbon/protons, Siemens test facility
- CNAO, Pavia, carbon/protons
- MedAustron, Wiener Neustadt, carbon/protons
- Lyon/ETOILE: carbon/protons, active tendering
- Caen/ARChADE: carbon (protons), status ?



# Thank you!



*Rasterscan@HIT/Gantry Carbon*



*Rasterscan@HIT/H1 Carbon 430 MeV/u*

**[www.hit-heidelberg.com](http://www.hit-heidelberg.com)**

