

# The Heidelberg Ion Therapy Center - a technical overview

from GSI to HIT – selected design topics

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PTCOG 2009

1.10.2009

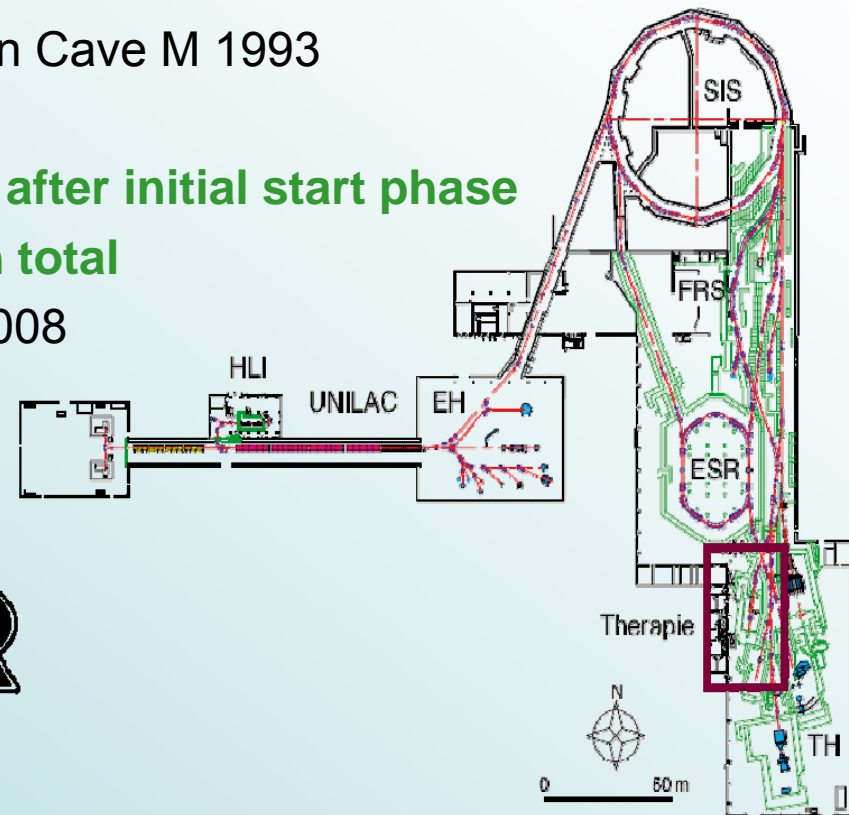
# The GSI pilot project

The GSI pilot project demonstrated the effectiveness of particle therapy for a **limited number of patients and indications** in a **research** environment.

# The GSI pilot project: Cave M



- located at the Helmholtz Gesellschaft für Schwerionenforschung (GSI) in Darmstadt, particle **accelerator facility for basic research**
- first installations in Cave M 1993
- first patient 1997
- **50 patients/year after initial start phase**
- **> 400 patients in total**
- last patient july 2008



30.9.2009

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# GSI vs HIT

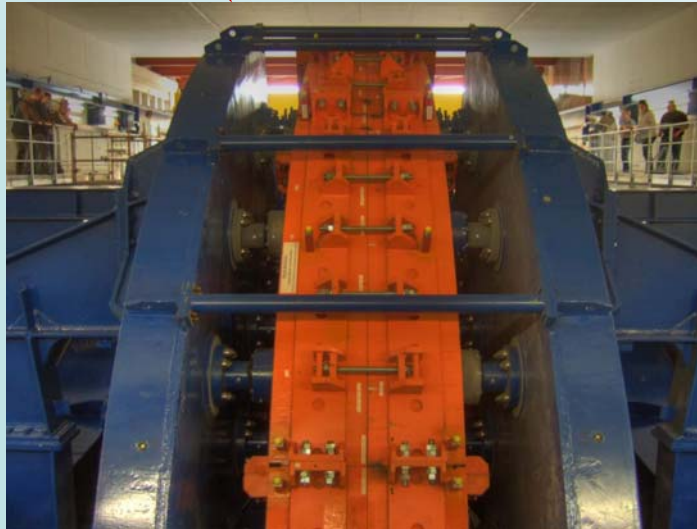
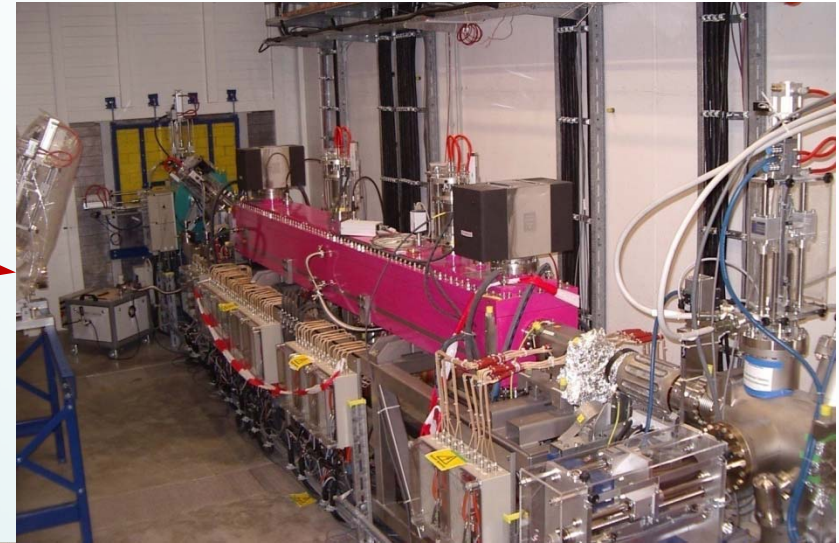
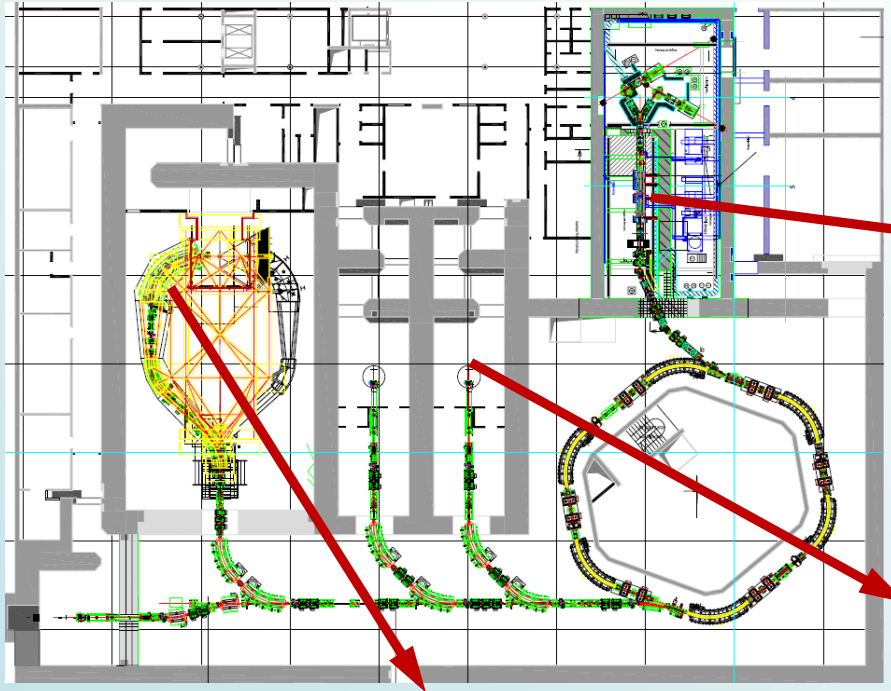
The GSI pilot project demonstrated the effectiveness of particle therapy for a **limited number of patients and indications** in a **research** environment.

The mission for HIT is to demonstrate and evaluate the effectiveness of particle therapy for a **large number of patients and indications** in a defined **clinical** environment.

# HIT

- 12.5.2004 laying of the foundation stone
- 5.10.2005 begin of accelerator commissioning
- Dec. 2006 beam in the synchrotron
- March 2007 beam at H1/H2
- April 2008 beam reaches defined quality standard
- Nov 2009 first patient?





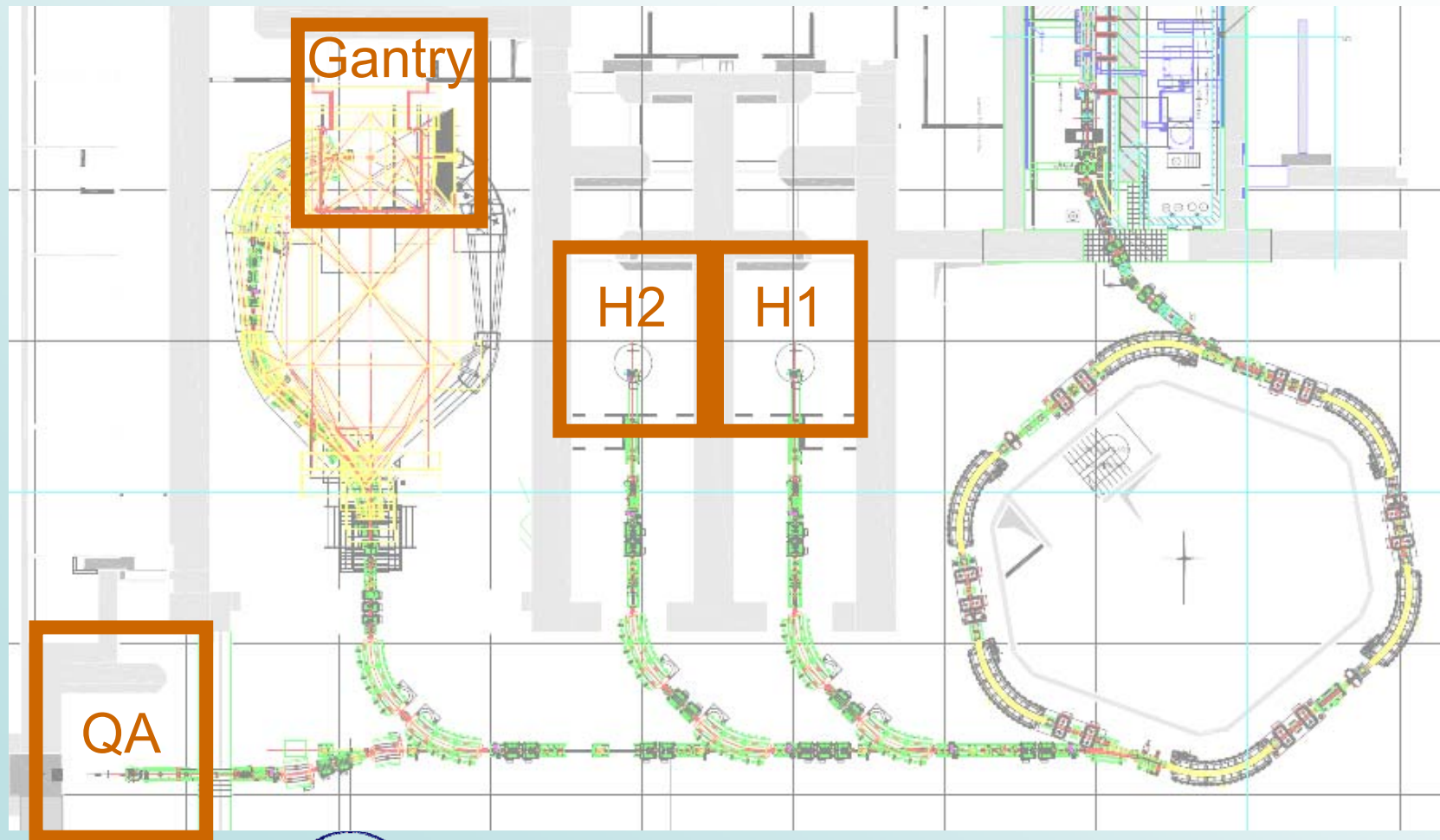
# HIT

# HIT

**Selected topics (that required particular attention during planning and implementation):**

- 1. going from one treatment room to **multiple treatment rooms****
- 2. efficient beam control: **the spill pause****
- 3. MDD: **risk management process****

# 1) Multiple treatment rooms



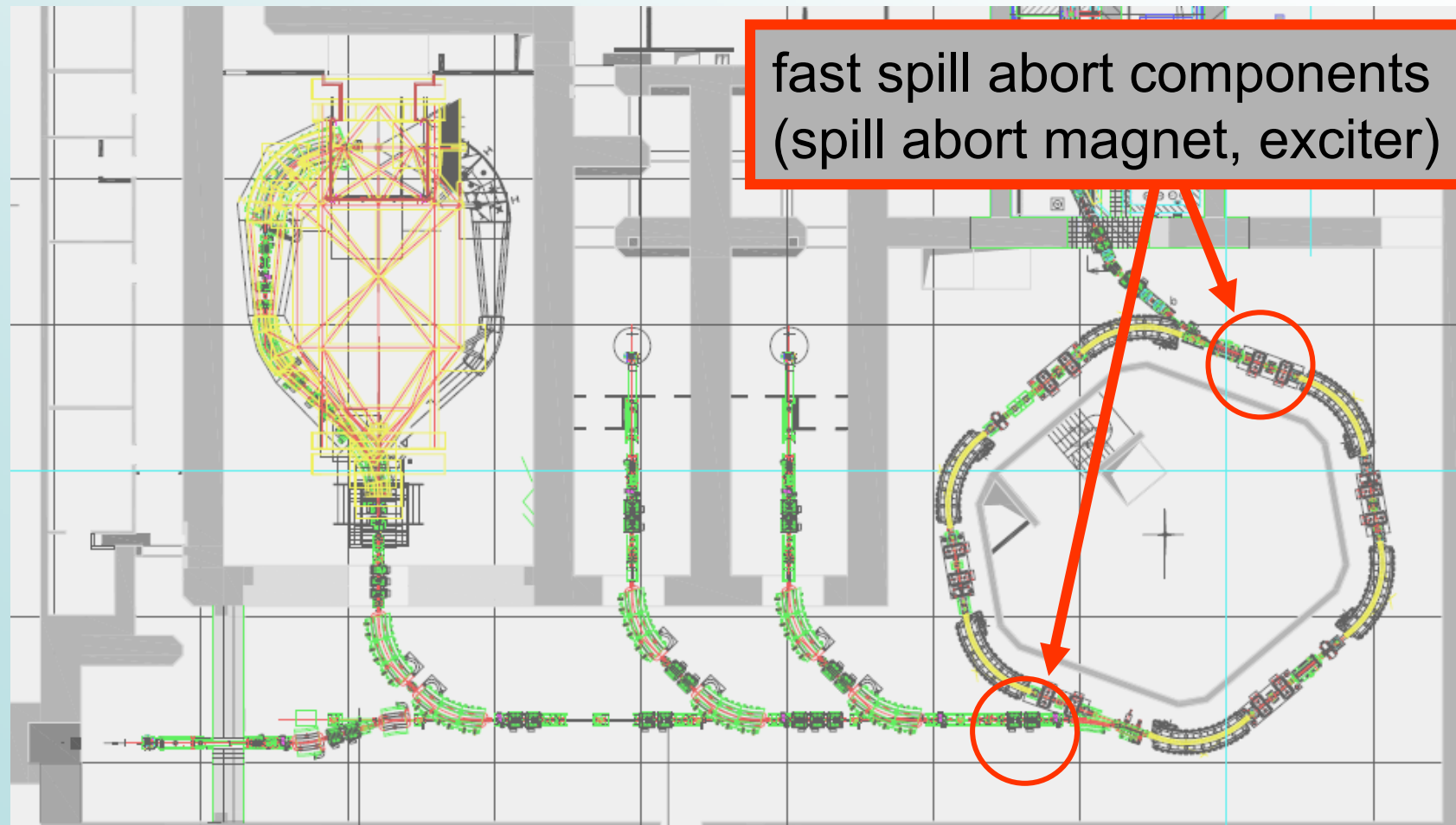


# 1) Multiple treatment rooms: spill abort system

One key element for patient safety during raster scanning is the

**fast spill abort system**  
spill abort magnet  $< 250 \mu\text{s}$   
exciter  $< 2 \text{ ms}$

# 1) Multiple treatment rooms: spill abort system



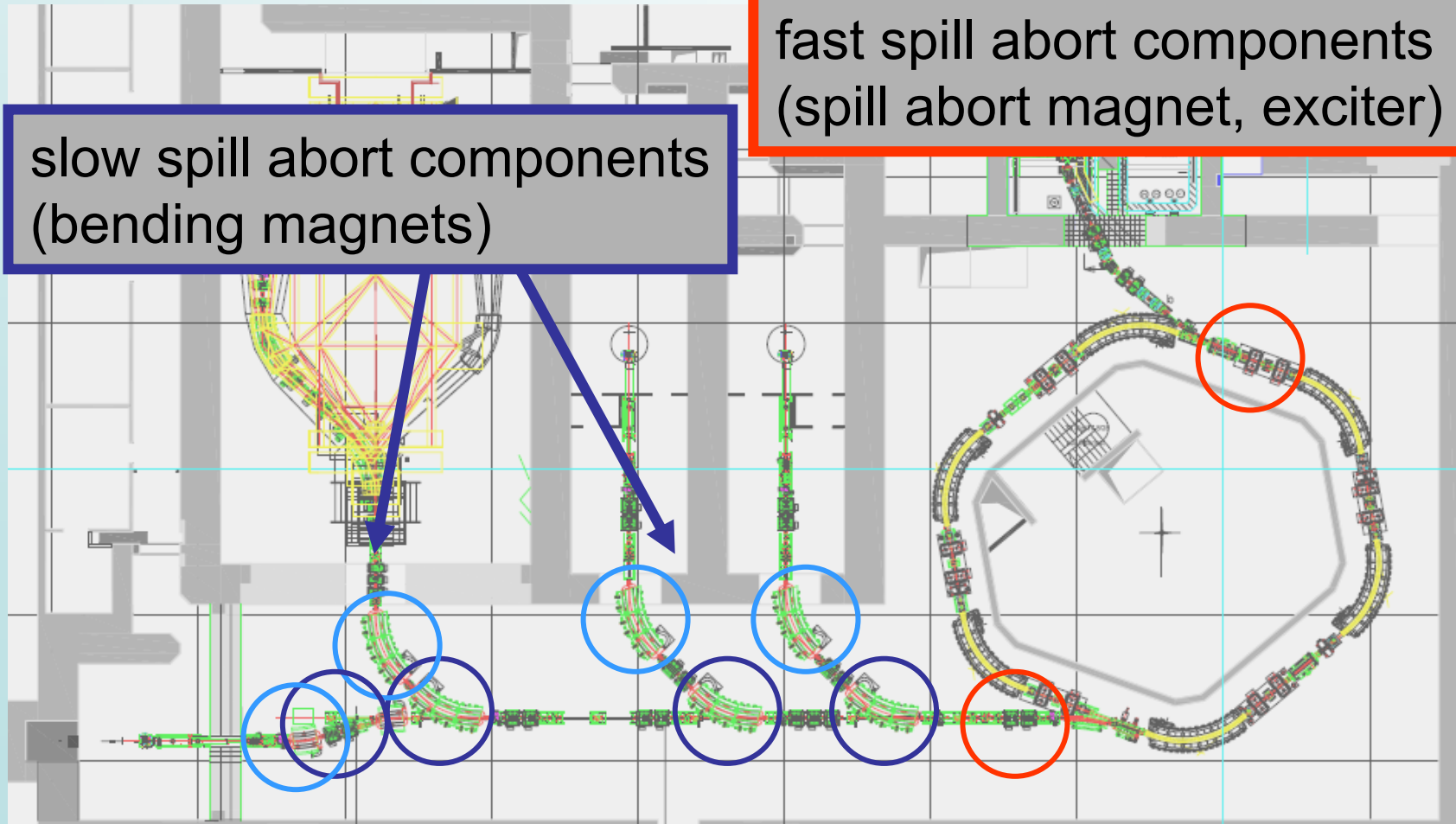
# 1) Multiple treatment rooms: requirements

→ shared access to fast spill abort systems

# 1) Multiple treatment rooms: spill abort system

slow spill abort components  
(bending magnets)

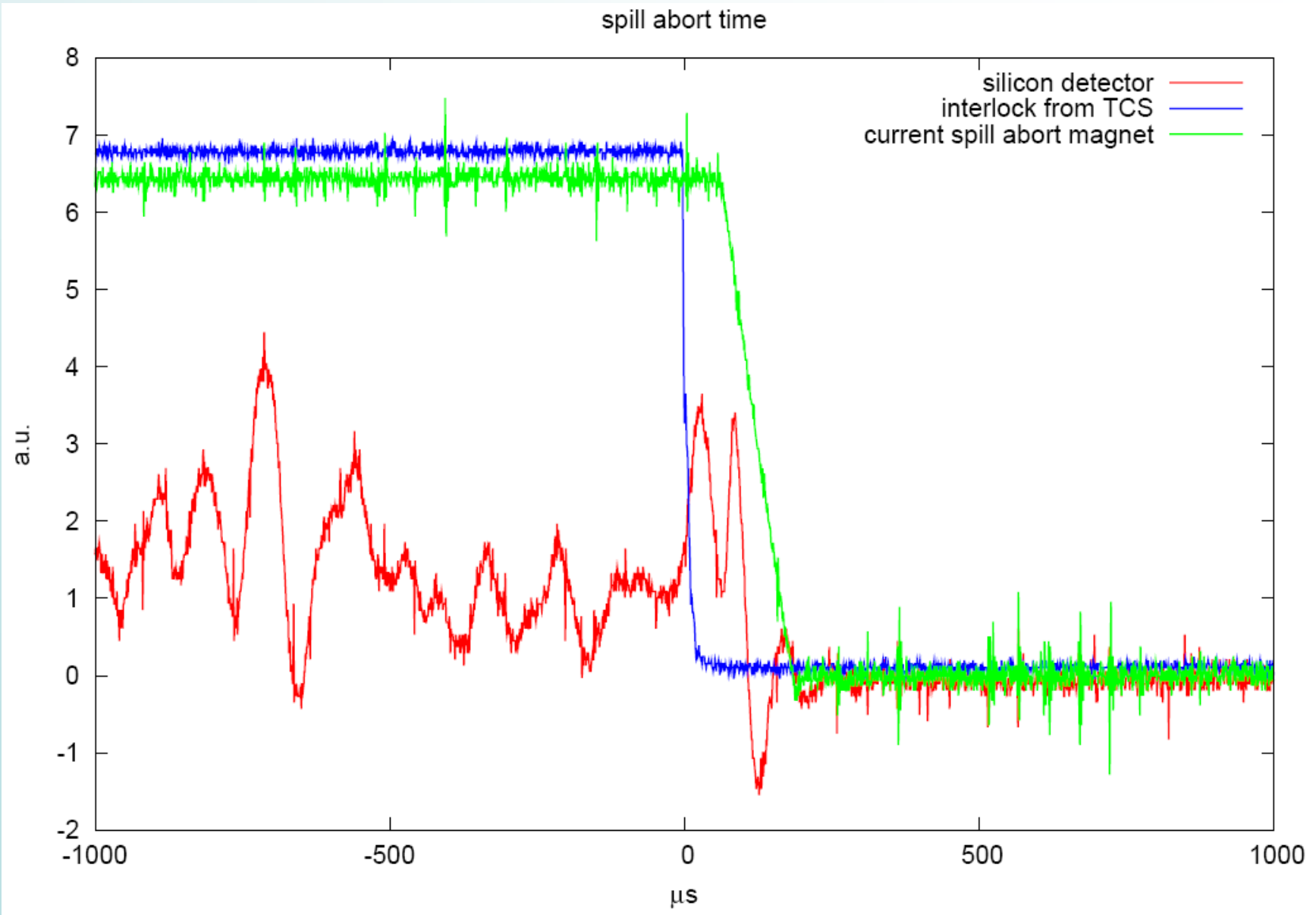
fast spill abort components  
(spill abort magnet, exciter)



# 1) Multiple treatment rooms: requirements

- **shared** access to **fast** spill abort systems
- **slow** spill abort systems in safe state
- access controlled by safety SPS  
(„Arbitration and Safety Dispatcher“,  
„ASD“, Siemens PT)





# 1) Multiple treatment rooms: requirements

- **shared** access to **fast** spill abort systems
- **slow** spill abort systems in safe state
- access controlled by safety SPS („Arbitration and Safety Dispatcher“, „ASD“, Siemens PT)
- queuing system for efficient beam utilisation
- central data base of beam characteristics (LIBC), central PACS archive, central configuration...

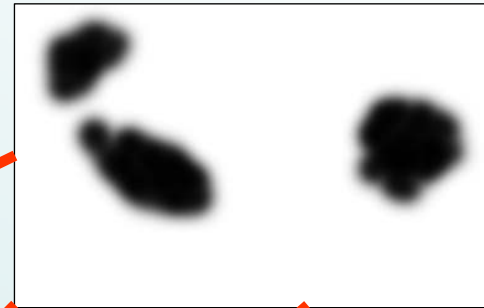
## 2) Efficient beam control: spill pause

Parameter	GSI	HIT
delivery	fully active (raster scanning, active energy variation)	fully active (raster scanning, active energy variation)
ions	carbon	protons and carbon (2 ion sources); planned: helium-3, oxygen (3 ion sources)
intensity	$2 \times 10^6/\text{s}$ to $2 \times 10^8/\text{s}$ ( $4 \times 10^6/\text{spill}$ to $4 \times 10^8/\text{spill}$ )	$2 \times 10^6/\text{s}$ to $8 \times 10^7/\text{s}$ (carbon) ( $10 \times 10^6/\text{spill}$ to $4 \times 10^8/\text{spill}$ ) upgrade to $3.2 \times 10^8/\text{s}$ in progress (protons intensities x 40)
energy	2-30 cm range in water	2-30 cm range in water
focus	2.5-10 mm FWHM	3.5-13 mm FWHM (carbon)
spill pause	no	yes

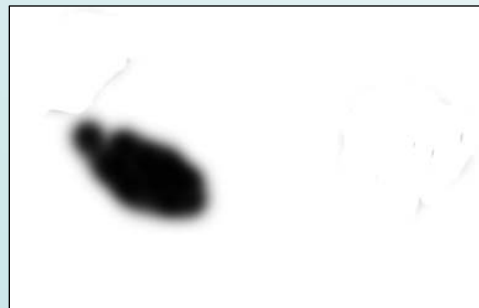
## 2) efficient beam control: disjoint areas

GSI: a new spill is  
needed for each  
disjoint area

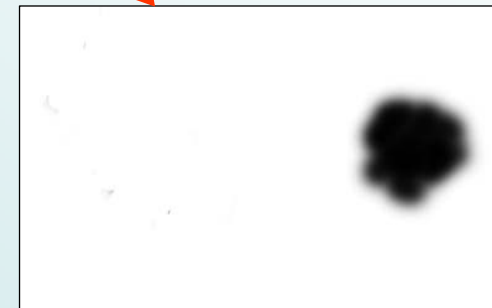
ISO-energy slice (IES)



Spill 1



Spill 2



Spill 3



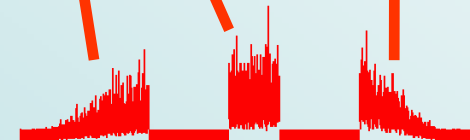
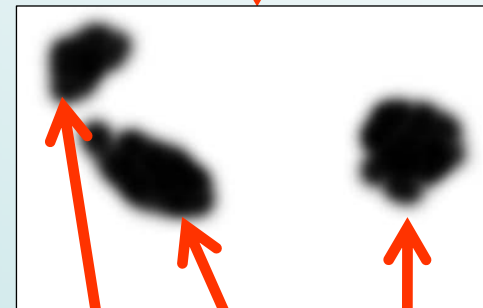
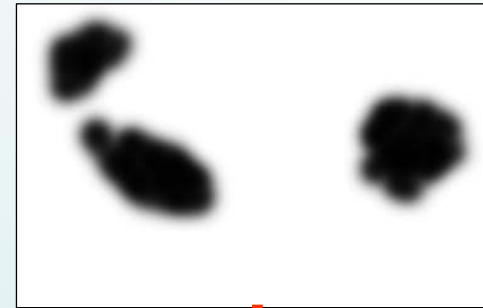
## 2) efficient beam control: disjoint areas

HIT: beam can be  
moved to a new  
position within a  
spill

→ spill pause  
functionality

→ Gating!

ISO-energy slice (IES)



1 Spill



### 3) Legal aspects - the MDD

GSI: research project, in operation before commencement of German version of MDD (1997, transition period until 1998)

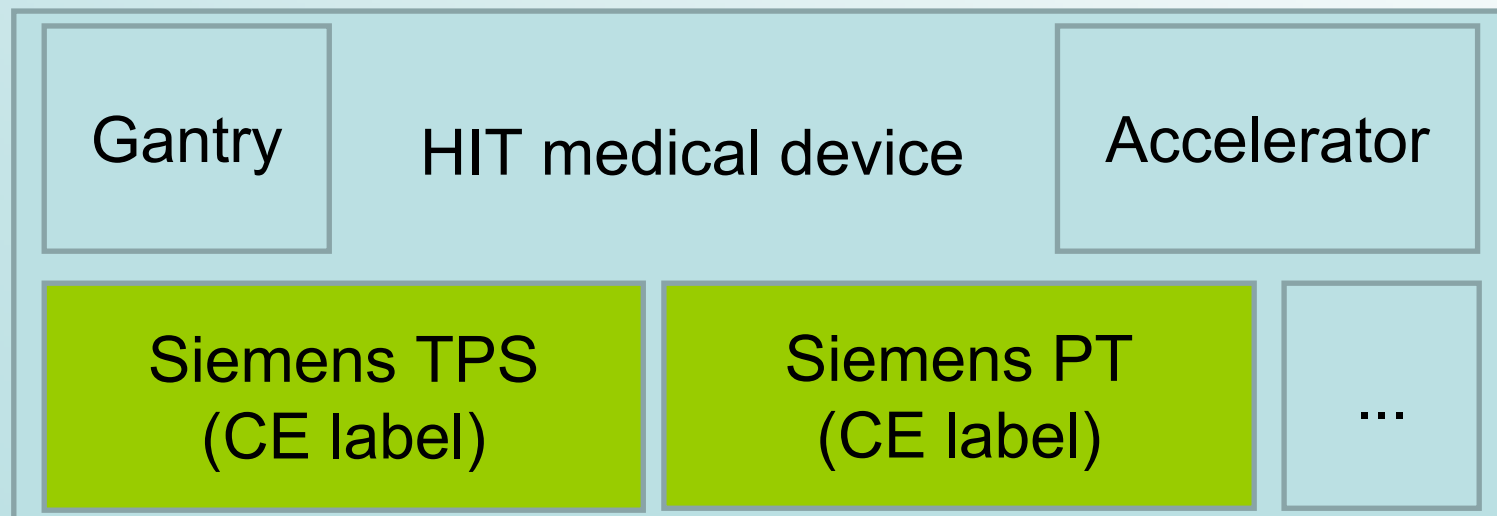
HIT: clinical facility, MDD fully applicable

- it must be shown that the essential performance requirements are met (e.g. system must either maintain a sufficient precision of irradiation or enter a safe state in case of an error)
- risk management

### 3) Legal aspects - the MDD

HIT: “Eigenherstellung” (inhouse manufactured device):

The **whole** HIT facility is a medical product; the CE labeled Siemens PT and TPS products are incorporated in the HIT medical device.



# 3) Legal aspects - the MDD

## **Risc management done by HIT GmbH**

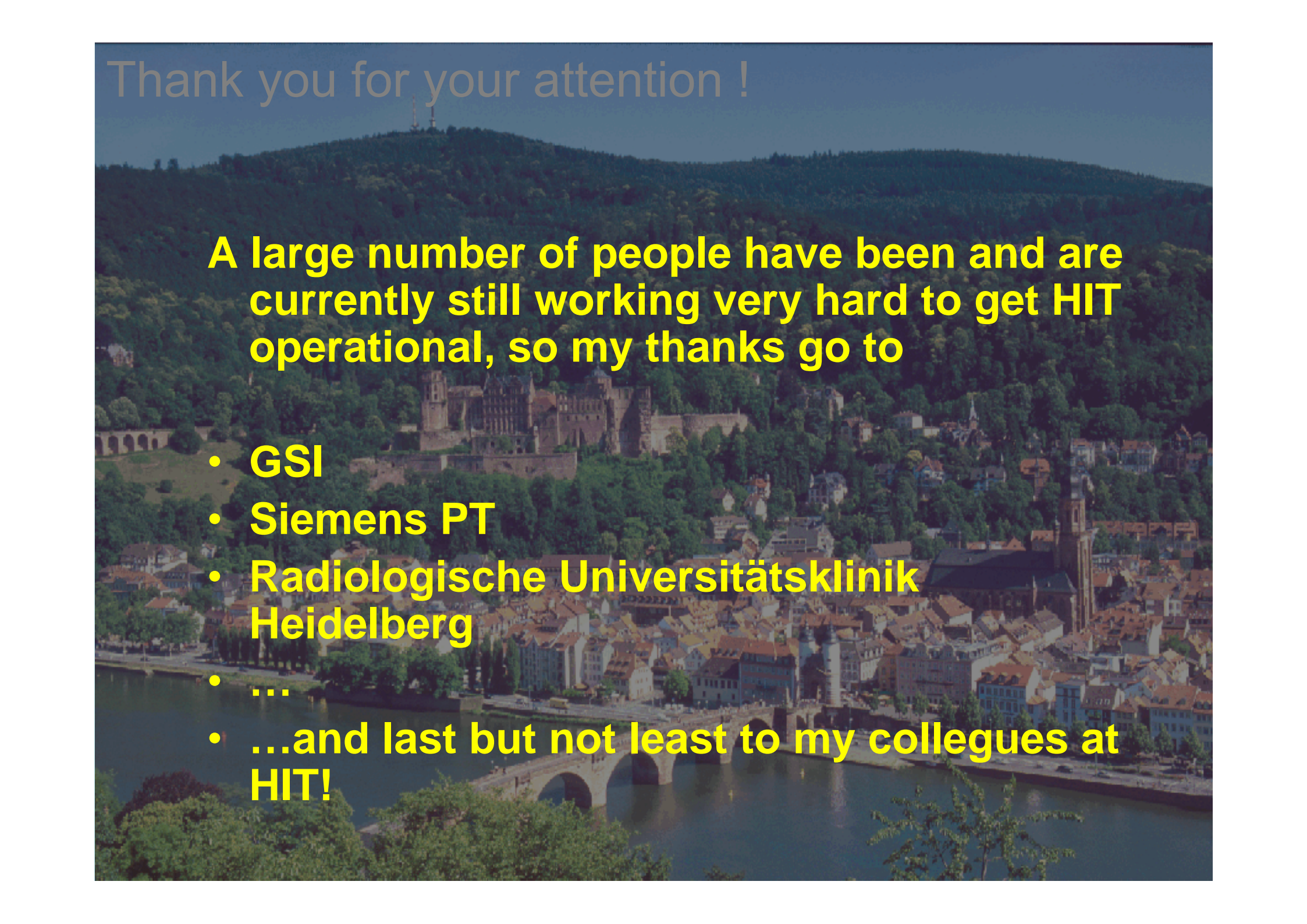
- full time risk manager
- ~1130 risk mitigations
- ~25 man years for risk assessment and for implementing risk mitigations
- main focus on accelerator
- risk management interface to Siemens product

# Summary

## **Status September 2009:**

- arbitration and safety system ASD working and has operated reliably for many months - the same holds for the other central resources (e.g. LIBC database)
- spill pause functionality fully usable
- risk management process nearly complete





Thank you for your attention !

**A large number of people have been and are currently still working very hard to get HIT operational, so my thanks go to**

- **GSI**
- **Siemens PT**
- **Radiologische Universitätsklinik Heidelberg**
- **...**
- **...and last but not least to my colleagues at HIT!**