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ETOILE: THE HADRONTHERAPY PROJECT FOR LYON (FRANCE)

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 on behalf of the technical study group (CEA/DSM/DAPNIA, CNRS/IN2P3, UCBL)

Abstract

The Université Claude Bernard Lyon 1 (UCBL) took the initiative in 1999 to ask a number of French doctors and physicists to draw up a specification for the creation of a Light Ion Hadrontherapy Centre. Under the auspices of this university and with the support of the local authorities and the Ministry of Research, a preliminary design [1] has been made in collaboration between UCBL, Commissariat à l'Energie Atomique (CEA/DSM) and Centre National de la Recherche Scientifique (CNRS/IN2P3). This project has taken full account of the experimental work carried out in Germany and Japan, and is part of a coordinated European approach, with similar projects developed in Austria, Germany, Italy and Sweden (ENLIGHT network).

1 INTRODUCTION

Light ion hadrontherapy has been tested in Japan (Chiba) and Germany (Darmstadt) for several years, following the pioneering work initially carried out at Berkeley. This method, which requires heavy-duty equipment, has demonstrated the advantages of these ions, in particular carbon ions, for the very accurate treatment of deep-seated tumours which are inoperable and radioresistant. ETOILE will be able to cure more than 500 of the 1000 patients treated each year (for whom existing treatments would have little effect), with a treatment cost lower than other cancer therapies currently in use.

The synchrotron is the kind of accelerator which best meets the medical specifications. Associated to the rasterscan technique developed and successfully applied at GSI, it permits to treat tumours with a complex shape, with a high flexibility: choice of energy/intensity of each spill in a wide range, spill triggering for mobile tumours, three-dimensional conformal irradiation. The optical structure of such an accelerator may be based on various types of solutions (lattice, injection, extraction) and requires a considerable amount of work. Such a task has been undertaken at CERN from 1996 to 1999 (PIMMS project) [2] before the start of ETOILE, leading to the detailed design of an optimized instrument. Following the Italian (CNA), Austrian (Med-Austron) and Swedish (Stockholm) projects, the PIMMS synchrotron has been adopted.

More generally, ETOILE has been designed by looking for common concepts and elements with the other European projects. The various elements (accelerator, beam distribution, building) have been examined to a detailed stage. The design is based on the most advanced projects (Italy, Germany) [3][4], on the actual experience of GSI and Orsay, and on the expertise of the research

organizations (CEA, CERN, CNRS). Specific studies have been carried out (injection in the synchrotron, beam distribution, command/control, building, infrastructure, cost, staff and planning).

Table 1: Medical requirements

Ions	$^{12}\text{C}^{6+}$ and protons (possibility from p to ^{16}O)
Penetration	2 to 27 cm in water
Max. dose rate	2 Gy in 1 minute for 1 litre
Irradiation	rasterscanning
Treatment rooms	3 (2 with fixed horizontal beam, 1 with fixed vertical beam or gantry)
Patients	1000 patients /year
Operation	15 sessions/patient 0.5 hour/session 220 working days/year, 11 hours/day

Table 2: Technical specifications

Sources	2 ECR sources
Injector	RFQ+linac (GSI/Heidelberg)
Main accelerator	Synchrotron (PIMMS)
Distribution	Fish-bone structure
Energies	85-400 MeV/amu for carbon 50-200 MeV for protons
Extraction time	0.2 – 4 seconds
Nb of particles at patient, per spill	4×10^8 for $^{12}\text{C}^{6+}$ 10^{10} for protons
Cycle duration	1-10 seconds (gating)
Beam size	4-10 mm at patient (FWHM)

2 LAYOUT OF THE CENTRE

The general layout of the centre is presented Fig. 1 and Fig. 2. The accelerator, the beam lines, the treatment rooms and the control room are at the ground level ("machine level"). The doctor offices, treatment planning rooms, the scanners and NMR systems, as well as the accelerator conventional plant (power supplies, cooling system, technical offices etc.) are located at the first floor.

needed in the future. The whole distribution system is made of independent achromatic basic modules giving regular and periodic beam envelopes. The beam quality and some further treatment techniques can be tested at the downstream end of the fishbone. On Fig. 1, the two rooms located on the right are supplied by an horizontal fixed line, and the room on the left is supplied by a gantry. The scanning system is located at the extremity of each line, immediately after the last deflection dipole. Just after the synchrotron extraction section, a chicane will stop the beam delivery in case of interlock.

2.5 Technical Devices

A new C-type dipole has been studied for the distribution lines. All the other elements are identical or similar to those of PIMMS.

The vacuum system is based on industrial type criteria to maximize reliability and efficiency: the desorption rate is 10^{-7} Pa.m.s⁻¹, corresponding to a clean non-backed chamber; the synchrotron system is not baked but bakeable, in event of accidental rise of the pressure; ion pumps are used in the ring, which require no maintenance. For example, the pressures are 5.10^{-7} Pa in the synchrotron and 10^{-5} Pa in the high energy beam lines.

A large amount of beam diagnostics have been foreseen along the machine (intensity, position of the centre of gravity, transverse profiles, on-line dose control), in order to guarantee the quality, the reliability and the traceability of the operation.

2.6 Control System

Its design has been based over commercially available components. However, in view of the rate of development in this field, the definitive choices have to be made at the construction stage. The system can be divided into two parts.

The accelerator control system is based on established solutions: VME for interfacing, VXI for the RF and EPICS for the software.

The treatment control system, responsible for supplying the correct dose to the patient, and based on VME for the hardware interfaces, workstations for the operator interface and Ethernet for communications.

The system will include the whole computing of the centre, including databases (accelerator and treatment data, archive, high volume storage and backup).

3 BUILDING AND INFRASTRUCTURE

The lower floor ("treatment") is dedicated to reception, treatment rooms and machine. The upper floor ("service") is designed to house the medical services and auxiliary services (electrical distribution, power supplies, cooling, ventilation). In case of a network failure, a 250 kVA Uninterruptible Power Supply (UPS) has been foreseen, with 15 seconds independent operation and a return of 300 kVA after a few seconds by a generating set. It is essential to protect sensitive equipment such as filaments

of RF tubes and to back up data about treatment, radiological control, imaging and command/control.

4 COST AND PLANNING

The cost of the different subsystems is given table 3 for the two options (with and without gantry). The construction of the facility is planned over 5 years. A 6th year will be dedicated to machine testing, to validation of the treatment system and to administrative licensing for treatment.

Table 3: Capital costs

Capital costs (november 2001)	without gantry (M€)	with gantry (M€)
Production of ions, linear accelerator and low energy beam lines.	8.83	8.83
Synchrotron	6.45	6.45
Distribution + rasterscanning	4.68	10.21
Control/computers	8.25	9
Buiding, infrastructures, including project management	23.2	24.6
Equipement for rooms	8.23	8.23
Cost of development staff	15	15
Contingencies 7%	5.22	5.74
Total cost	79.86	88.06

5 ACKNOWLEDGMENTS

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6 REFERENCES

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