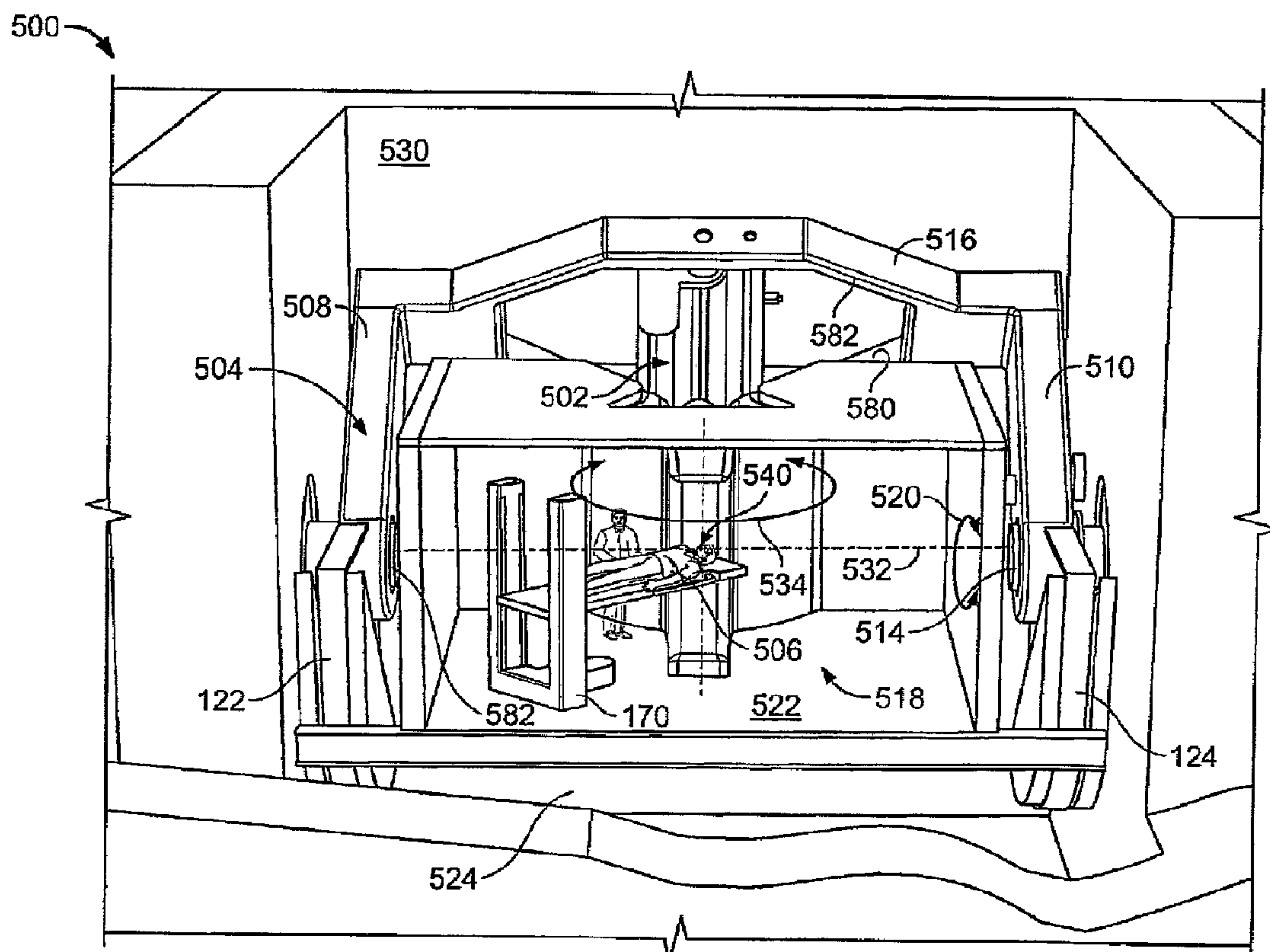




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(57) Abrégé/Abstract:

Among other things, an accelerator (502) is mounted on a gantry (504) to enable the accelerator to move through a range of positions around a patient (506) on a patient support. The accelerator is configured to produce a proton or ion beam having an energy level sufficient to reach any arbitrary target in the patient from positions within the range. The proton or ion beam passes essentially directly from the accelerator to the patient. In some examples, the synchrocyclotron has a superconducting electromagnetic structure that generates a field strength of at least 6 Tesla, produces a beam of particles having an energy level of at least 150 MeV, has a volume no larger than 4.5 cubic meters, and has a weight less than 30 Tons.

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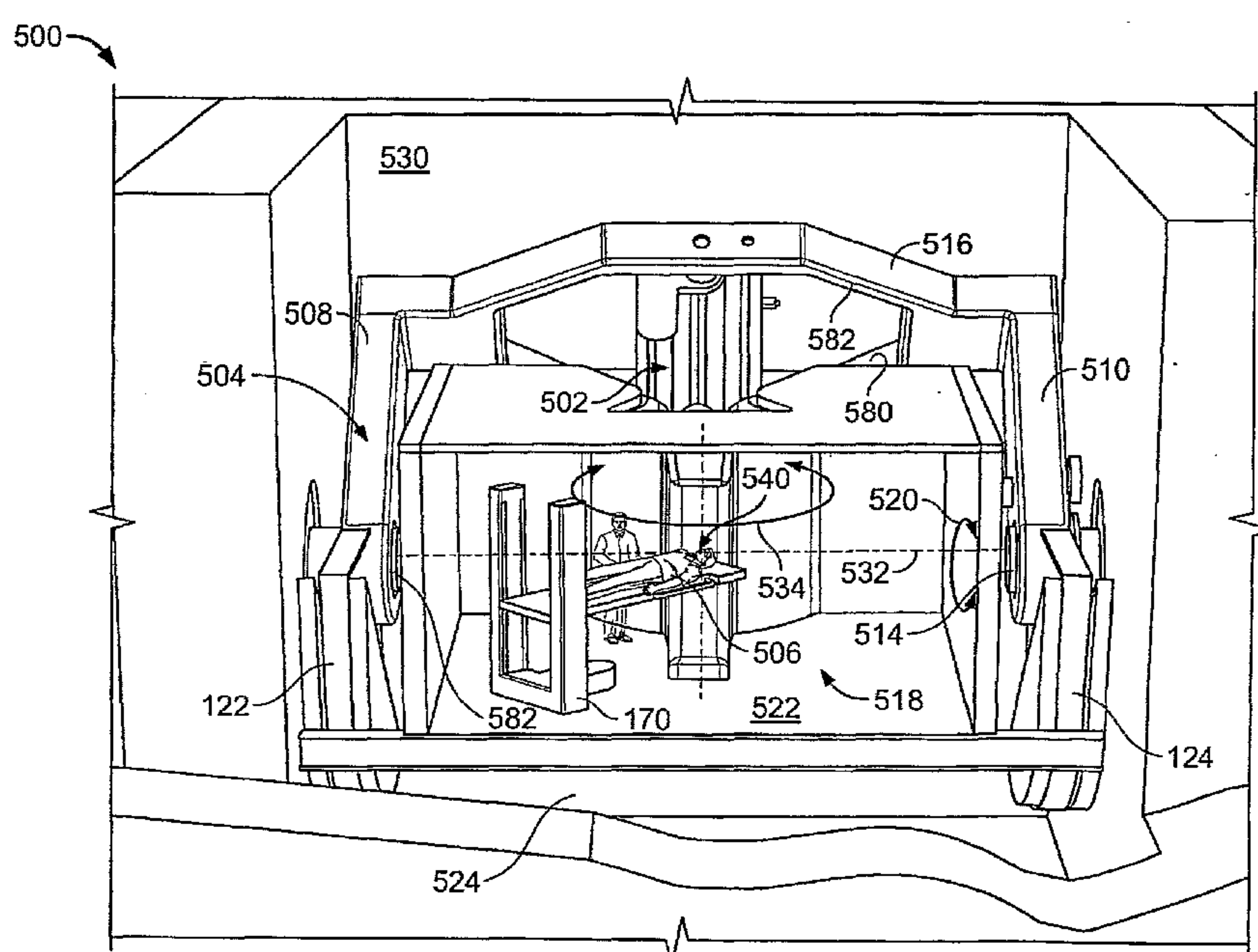
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(54) Title: CHARGED PARTICLE RADIATION THERAPY



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CHARGED PARTICLE RADIATION THERAPY

This application is entitled to the benefit of the filing date of United States provisional patent application serial number 60/738,404, filed November 18, 2005.

Background

5 This description relates to charged particle (e.g., proton or ion) radiation therapy.

The energy of a proton or ion beam for therapy needs to be high compared to the energy of an electron beam used in conventional radiotherapy. A proton beam, for example, that has a residual range of about 32 cm in water is considered adequate to treat any tumor target in the human population. When allowance is made for the reduction in residual range that results from scattering foils used to spread the beam, an initial proton
10 beam energy of 250 MeV is needed to achieve the residual range of 32 cm.

Several kinds of particle accelerators can be used to produce a 250 MeV proton beam at a sufficient beam current (e.g., about 10 nA) for radiotherapy, including linear accelerators, synchrotrons, and cyclotrons.

15 The design of a proton or ion radiation therapy system for a clinical environment should take account of overall size, cost, and complexity. Available space is usually limited in crowded clinical environments. Lower cost allows more systems to be deployed to reach a broader patient population. Less complexity reduces operating costs and makes the system more reliable for routine clinical use.

20 Other considerations also bear on the design of such a therapy system. By configuring the system to apply the treatment to patients who are held in a stable, reproducible position (for example, lying supine on a flat table), the physician can more precisely relocate the intended target, relative to the patient's anatomy, at each treatment. Reliable reproduction of the patient's position for each treatment also can be aided using
25 custom molds and braces fitted to the patient. With a patient in a stable, fixed position, the radiotherapy beam can be directed into the patient from a succession of angles, so that, over the course of the treatment, the radiation dose at the target is enhanced while the extraneous radiation dose is spread over non-target tissues.

Traditionally, an isocentric gantry is rotated around the supine patient to direct the radiation beam along successive paths that lie at a range of angles in a common vertical plane toward a single point (called an isocenter) within the patient. By rotating the table on which the patient lies around a vertical axis, the beam can be directed into the patient along different paths. Other techniques have been used to vary the position of the radiation source around the patient, including robotic manipulation. And other ways to move or reposition the patient have been used.

In high energy x-ray beam therapy, the x-ray beam may be directed toward the isocenter from an electron linear accelerator mounted on the gantry or robotic arm.

In typical proton beam therapy, the circular particle accelerator that produces the beam is too large to mount on the gantry. Instead, the accelerator is mounted in a fixed position and the particle beam is redirected through a rotating gantry using magnetic beam steering elements. Blosser has proposed to mount an accelerator on the side of the gantry near the horizontal axis of rotation.

SUMMARY

In general, in one aspect, an accelerator is mounted on a gantry to enable the accelerator to move through a range of positions around a patient on a patient support. The accelerator is configured to produce a proton or ion beam having an energy level sufficient to reach any arbitrary target in the patient from positions within the range. The proton or ion beam passes essentially directly from the accelerator housing to the patient.

Implementations may include one or more of the following features. The gantry is supported for rotation on bearings on two sides of the patient support. The gantry has two legs extending from an axis of rotation and a truss between the two legs on which the accelerator is mounted. The gantry is constrained to rotate within a range of positions that is smaller than 360 degrees, at least as large as 180 degrees and in some implementations in the range from about 180 degrees to about 330 degrees. (A rotation range of 180 degrees is sufficient to provide for all angles of approach into a supine patient.) Radio-protective walls include at least one wall that is not in line with the proton or ion beam from the accelerator in any of the positions within the range; that wall is constructed to provide the same radio-protection with less mass. The patient support is mounted in an

area that is accessible through a space defined by a range of positions at which the gantry is constrained not to rotate. The patient support is movable relative to the gantry including rotation about a patient axis of rotation that is vertical. The patient axis of rotation contains an isocenter in the vicinity of a patient on the patient support. The gantry axis of rotation is horizontal and contains the isocenter. The accelerator weighs less than 40 Tons and in typical implementations within a range from 5 to 30 tons, occupies a volume of less than 4.5 cubic meters and typically in a range from 0.7 to 4.5 cubic meters, and produces a proton or ion beam having an energy level of at least 150 MeV and in a range from 150 to 300 MeV, for example 250 MeV.

The accelerator can be a synchrocyclotron with a magnet structure that has a field strength of at least 6 Tesla and can be from 6 to 20 Tesla. The magnet structure includes superconducting windings that are cooled by cryo-coolers. The proton or ion beam passes directly from the accelerator to the general area of the patient stand. A shielding chamber containing the patient support, the gantry, and the accelerator includes at least one wall of the chamber being thinner than other walls of the chamber. A portion of the chamber can be embedded within the earth.

In general, in one aspect, an accelerator is configured to produce a proton or ion beam having an energy level sufficient to reach any arbitrary target in a patient. The accelerator is small enough and lightweight enough to be mounted on a rotatable gantry in an orientation to permit the proton or ion beam to pass essentially directly from the accelerator housing to the patient.

In general, in one aspect, a medical synchrocyclotron has a superconducting electromagnetic structure that generates a field strength of at least 6 Tesla, produces a beam of particles, such as protons, having an energy level of at least 150 MeV, has a volume no larger than 4.5 cubic meters, and has a weight less than 30-Tons.

In general, in one aspect, a patient is supported within a treatment space, a beam of proton or ions pass in a straight line direction from an output of an accelerator to any arbitrary target within the patient, and the straight line direction is caused to be varied through a range of directions around the patient.

In general, in an aspect, a structure includes a patient support and a gantry on which an accelerator is mounted to enable the accelerator to move through a range of

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positions around a patient on the patient support. The accelerator is configured to produce a proton or ion beam having an energy level sufficient to reach any arbitrary target in the patient from positions within the range. A walled enclosure contains the patient support, the gantry, and the accelerator. In some examples, more than half of the surface of the walled enclosure is embedded within the earth.

Other aspects include other combinations of the aspects and features discussed above and other features expressed as apparatus, systems, methods, software products, business methods, and in other ways.

By generating a magnetic field of about 10 Tesla, the size of the accelerator approaches 1.5 meter and the mass is reduced to about 15 to 20 tons. The weight will depend on the stray magnetic field that is to be allowed near the accelerator. Even smaller weights and sizes may be possible. This enables the cyclotron to be placed on a gantry, with the output beam aimed directly at the isocenter, and rotated around the patient, thus simplifying the delivery of proton or ion beam radiation therapy. All extracted beam focusing and steering elements are incorporated into the accelerator or immediately adjacent to it. The direct mounting of the accelerator on the gantry eliminates beam transport elements that would otherwise be required to transport the beam from the accelerator to the target volume within the patient. The size, complexity and cost of a proton or ion beam therapy system are reduced and its performance is improved. Reducing the range of rotation of the gantry to be less than 360 degrees in the vertical plane reduces the thickness of the shielding barrier that must be provided at locations to which the beam is never directed. It also allows for ease of access to the patient treatment space. The synchrocyclotron can be scaled to arbitrarily high fields without compromising beam focusing during acceleration. The elimination of cryogenic liquid cooled coils reduces the risk to the operator and the patient if vaporized liquid cryogen were to be released during a fault condition such as a magnet quench.

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According to one aspect of the present invention, there is provided an apparatus comprising a patient support, and a gantry on which an accelerator is mounted to enable the accelerator to move through a range of positions around a patient on the patient support, the accelerator being configured to produce a proton or ion beam having an energy level sufficient to reach an arbitrary target in the patient from positions within the range, the proton or ion beam passing essentially directly from an accelerator housing to the patient.

According to another aspect of the present invention, there is provided an apparatus comprising a patient support, and a gantry on which an accelerator is mounted, the gantry being supported on two sides of the patient support for rotation (a) about a horizontal gantry axis that contains an isocenter in the patient and (b) through a range of positions that is smaller than 360 degrees, the patient support being rotatable about a vertical patient support axis that contains the isocenter, the accelerator comprising a synchrocyclotron configured to produce a proton or ion beam having an energy level of at least 150 MeV to reach any arbitrary target in the patient directly from positions within the range, the synchrocyclotron having superconducting windings.

According to still another aspect of the present invention, there is provided a method comprising supporting a patient within a treatment space, causing a beam of proton or ions to pass in a straight line direction from an output of an accelerator to any arbitrary target within the patient, and causing the straight line direction to be varied through a range of directions around the patient.

According to yet another aspect of the present invention, there is provided an apparatus comprising an accelerator configured to produce a particle beam and to be mounted on a gantry that enables the accelerator to move through any range of positions around a patient on a patient support, the accelerator being configured to produce a particle beam having an energy level sufficient to reach any arbitrary target in the patient from positions within the range.

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According to a further aspect of the present invention, there is provided an apparatus comprising a gantry configured to hold an accelerator and to enable the accelerator to move through a range of positions around a patient on a patient support, the accelerator being configured to produce a proton or ion beam having an energy level
5 sufficient to reach any arbitrary target in the patient from positions within the range.

According to yet a further aspect of the present invention, there is provided a structure comprising a patient support, a gantry on which an accelerator is mounted to enable the accelerator to move through a range of positions around a patient on the patient support, the accelerator being configured to produce a proton or ion beam having
10 an energy level sufficient to reach any arbitrary target in the patient from positions within the range, and a walled enclosure containing the patient support, the gantry, and the accelerator.

According to still a further aspect of the present invention, there is provided an apparatus comprising an accelerator configured to produce a proton or ion beam
15 having an energy level sufficient to reach any arbitrary target in a patient, the accelerator being small enough and lightweight enough to be mounted on a rotatable gantry in an orientation to permit the proton or ion beam to pass essentially directly from the accelerator to the patient.

Other advantages and features will become apparent from the following
20 description and from the claims.

Description of Drawings

Figure 1 is a perspective view of a therapy system.

Figure 2 is an exploded perspective view of components of a synchrocyclotron.

Figures 3, 4, and 5 are cross-sectional views of a synchrocyclotron.

Figure 6 is a perspective view of a synchrocyclotron.

Figure 7 is a cross-sectional view of a portion of a reverse bobbin and windings.

5 Figure 8 is a cross sectional view of a cable-in-channel composite conductor.

Figure 9 is a cross-sectional view of an ion source.

Figure 10 is a perspective view of a dee plate and a dummy dee.

Figure 11 is a perspective view of a vault.

Figure 12 is a perspective view of a treatment room with a vault.

10 Figure 13 shows a profile of one-half of a symmetrical profile of a pole face and a pole piece.

Detailed Description

As shown in figure 1, a charged particle radiation therapy system 500 includes a beam-producing particle accelerator 502 having a weight and size small enough to permit
15 it to be mounted on a rotating gantry 504 with its output directed straight (that is, essentially directly) from the accelerator housing toward a patient 506. The size and cost of the therapy system are significantly reduced and the reliability and precision of the system may be increased.

In some implementations, the steel gantry has two legs 508, 510 mounted for
20 rotation on two respective bearings 512, 514 that lie on opposite sides of the patient. The accelerator is supported by a steel truss 516 that is long enough to span a treatment area 518 in which the patient lies (e.g., twice as long as a tall person, to permit the person to be rotated fully within the space with any desired target area of the patient remaining in the line of the beam) and is attached stably at both ends to the rotating legs of the gantry.

25 In some examples, the rotation of the gantry is limited to a range 520 of less than 360 degrees, e.g., about 180 degrees, to permit a floor 522 to extend from a wall of the vault 524 that houses the therapy system into the patient treatment area. The limited rotation range of the gantry also reduces the required thickness of some of the walls (which never directly receive the beam, e.g., wall 530) which provide radiation shielding
30 of people outside the treatment area. A range of 180 degrees of gantry rotation is enough

to cover all treatment approach angles, but providing a larger range of travel can be useful. For example the range of rotation may usefully be between 180 and 330 degrees and still provide clearance for the therapy floor space. When the range of travel is large, the gantry may swing to positions that are hazardous to people or equipment positioned in a portion of the therapy space.

The horizontal rotational axis 532 of the gantry is located nominally one meter above the floor where the patient and therapist interact with the therapy system. This floor is positioned about 3 meters above the bottom floor of the therapy system shielded vault. The accelerator can swing under the raised floor for delivery of treatment beams from below the rotational axis. The patient couch moves and rotates in a substantially horizontal plane parallel to the rotational axis of the gantry. The couch can rotate through a range 534 of about 270 degrees in the horizontal plane with this configuration. This combination of gantry and patient rotational ranges and degrees of freedom allow the therapist to select virtually any approach angle for the beam. If needed, the patient can be placed on the couch in the opposite orientation and then all possible angles can be used.

In some implementations, the accelerator uses a synchrocyclotron configuration having a very high magnetic field superconducting electromagnetic structure. Because the bend radius of a charged particle of a given kinetic energy is reduced in direct proportion to an increase in the magnetic field applied to it, the very high magnetic field superconducting magnetic structure permits the accelerator to be made smaller and lighter.

For an average magnetic field strength larger than about 5 Tesla, an isochronous cyclotron (in which the magnet is constructed to make the magnetic field stronger near the circumference than at the center to compensate for the mass increase and maintain a constant frequency of revolution) is impractical to use to achieve 250 MeV protons. This is because the angular variation in magnetic field used to maintain the beam focus in the isochronous cyclotron cannot be made large enough using iron pole face shaping.

The accelerator described here is a synchrocyclotron. The synchrocyclotron uses a magnetic field that is uniform in rotation angle and falls off in strength with increasing radius. Such a field shape can be achieved regardless of the magnitude of the magnetic

field, so in theory there is no upper limit to the magnetic field strength (and therefore the resulting particle energy at a fixed radius) that can be used in a synchrocyclotron.

Certain superconducting materials begin to lose their superconducting properties in the presence of very high magnetic fields. High performance superconducting wire
5 windings are used to allow very high magnetic fields to be achieved.

Superconducting materials typically need to be cooled to low temperatures for their superconducting properties to be realized. In some examples described here, cryo-coolers are used to bring the superconducting coil windings to temperatures near absolute zero. Using cryo-coolers, rather than bath cooling the windings in liquid Helium, reduces
10 complexity and cost.

The synchrocyclotron is supported on the gantry so that the beam is generated directly in line with the patient. The gantry permits rotation of the cyclotron about a horizontal rotational axis that contains a point (isocenter 540) within or near the patient. The split truss that is parallel to the rotational axis, supports the cyclotron on both sides.

15 Because the rotational range of the gantry is limited, a patient support area can be accommodated in a wide area around the isocenter. Because the floor can be extended broadly around the isocenter, a patient support table can be positioned to move relative to and to rotate about a vertical axis 542 through the isocenter so that, by a combination of gantry rotation and table motion and rotation, any angle of beam direction into any part of
20 the patient can be achieved. The two gantry arms are separated by more than twice the height of a tall patient, allowing the couch with patient to rotate and translate in a horizontal plane above the raised floor.

Limiting the gantry rotation angle allows for a reduction in the thickness of at least one of the walls surrounding the treatment room. Thick walls, typically constructed
25 of concrete, provide radiation protection to individuals outside the treatment room. A wall downstream of a stopping proton beam needs to be about twice as thick as a wall at the opposite end of the room to provide an equivalent level of protection. Limiting the range of gantry rotation enables the treatment room to be sited below earth grade on three sides while allowing an occupied area adjacent to the thinnest wall reducing the cost of
30 constructing the treatment room.

In the example implementation shown in figure 1, the superconducting synchrocyclotron 502 operates with a peak magnetic field in a pole gap of the synchrocyclotron of 8.8 Tesla. The synchrocyclotron produces a beam of protons having an energy of 250 MeV. In other implementations the field strength could be in the range of 6 to 20 Tesla and the proton energy could be in the range of 150 to 300 MeV

The radiation therapy system described in this example is used for proton radiation therapy, but the same principles and details can be applied in analogous systems for use in heavy ion (ion) treatment systems.

As shown in figures 2, 3, 4, 5, and 6, an example synchrocyclotron 10 (502 in figure 1) includes a magnet system 12 that contains an ion source 90, a radiofrequency drive system 91, and a beam extraction system 38. The magnetic field established by the magnet system has a shape appropriate to maintain focus of a contained proton beam using a combination of a split pair of annular superconducting coils 40, 42 and a pair of shaped ferromagnetic (e.g., low carbon steel) pole faces 44, 46.

The two superconducting magnet coils are centered on a common axis 47 and are spaced apart along the axis. As shown in figures 7 and 8, the coils are formed by of Nb₃Sn-based superconducting 0.6 mm diameter strands 48 (that initially comprise a niobium-tin core surrounded by a copper sheath) deployed in a Rutherford cable-in-channel conductor geometry. After six individual strands are laid in a copper channel 50, they are heated to cause a reaction that forms the final (brittle) material of the winding. After the material has been reacted, the wires are soldered into the copper channel (outer dimensions 3.02 x 1.96 mm and inner dimensions 2.05 x 1.27 mm) and covered with insulation 52 (in this example, a woven fiberglass material). The copper channel containing the wires 53 is then wound in a coil having a rectangular cross-section of 6.0 cm x 15.25 cm, having 30 layers and 47 turns per layer. The wound coil is then vacuum impregnated with an epoxy compound 54. The finished coils are mounted on an annular stainless steel reverse bobbin 56. A heater blanket 55 is held against the inner face of the bobbin and the windings to protect the assembly in the event of a magnet quench.

In an alternate version the superconducting coil may be formed of 0.8 mm diameter Nb₃Sn based strands. These strands can be deployed in a 4 strand cable, heat treated to form the superconducting matrix and soldered into a copper channel of outer dimension

3.19 by 2.57 mm. The integrated cable in channel conductor can be insulated with overlapped woven fiberglass tape and then wound into coils of 49 turns and 26 layers deep with a rectangular cross section of 79.79 mm by 180.5 mm and inner radius of 374.65 mm. The wound coil is then vacuum impregnated with an epoxy compound. The entire coil can then be covered with copper sheets to provide thermal conductivity and mechanical stability and then contained in an additional layer of epoxy. The precompression of the coil can be provided by heating the stainless steel reverse bobbin and fitting the coils within the reverse bobbin. The reverse bobbin inner diameter is chosen so that when the entire mass is cooled to 4 K, the reverse bobbin stays in contact with the coil and provides some compression. Heating the stainless steel reverse bobbin to approximately 50 degrees C and fitting coils at room temperature (20 degrees C) can achieve this.

The geometry of the coil is maintained by mounting the coils in a "reverse" rectangular bobbin 56 and incorporating a pre-compression stainless steel bladder 58 between each coil and an inner face 57 of the bobbin to exert a restorative force 60 that works against the distorting force produced when the coils are energized. The bladder is pre-compressed after the coils and the heater blanket are assembled on the bobbin, by injecting epoxy into the bladder and allowing it to harden. The precompression force of the bladder is set to minimize the strain in the brittle Nb₃Sn superconducting matrix through all phases of cool-down and magnet energizing.

As shown in figure 5, the coil position is maintained relative to the magnet yoke and cryostat using a set of warm-to-cold support straps 402, 404, 406. Supporting the cold mass with thin straps minimizes the heat leakage imparted to the cold mass by the rigid support system. The straps are arranged to withstand the varying gravitational force on the coil as the magnet rotates on board the gantry. They withstand the combined effects of gravity and the large de-centering force realized by the coil when it is perturbed from a perfectly symmetric position relative to the magnet yoke. Additionally the links act to minimize the dynamic forces imparted on the coil as the gantry accelerates and decelerates when the position is changed. Each warm-to-cold support includes 3 S2 fiberglass links. Two links 410, 412 are supported across pins between the warm yoke and an intermediate temperature (50 - 70 K), and one link 408 is supported across the

intermediate temperature pin and a pin attached to the cold mass. Each link is 10.2 cm long (pin center to pin center) and is 20 mm wide. The link thickness is 1.59 mm. Each pin is made of stainless steel and is 47.7 mm in diameter.

As shown in figure 13, the field strength profile as a function of radius is determined largely by choice of coil geometry; the pole faces 44, 46 of the permeable yoke material can be contoured to fine tune the shape of the magnetic field to insure that the particle beam remains focused during acceleration.

The superconducting coils are maintained at temperatures near absolute zero (e.g., about 4 degrees Kelvin) by enclosing the coil assembly (the coils and the bobbin) inside an evacuated annular aluminum or stainless steel cryostatic chamber 70 that provides a free space around the coil structure, except at a limited set of support points 71, 73. In an alternate version the outer wall of the cryostat may be made of low carbon steel to provide an additional return flux path for the magnetic field. The temperature near absolute zero is achieved and maintained using two Gifford-McMahon cryo-coolers 72, 74 that are arranged at different positions on the coil assembly. Each cryo-cooler has a cold end 76 in contact with the coil assembly. The cryo-cooler heads 78 are supplied with compressed Helium from a compressor 80. Two other Gifford-McMahon cryo-coolers 77, 79 are arranged to cool high temperature (e.g., 60 - 80 degrees Kelvin) leads 81 that supply current to the superconducting windings.

The coil assembly and cryostatic chambers are mounted within and fully enclosed by two halves 81, 83 of a pillbox-shaped magnet yoke 82. In this example, the inner diameter of the coil assembly is about 140 cm. The iron yoke 82 provides a path for the return magnetic field flux 84 and magnetically shields the volume 86 between the pole faces 44, 46 to prevent external magnetic influences from perturbing the shape of the magnetic field within that volume. The yoke also serves to decrease the stray magnetic field in the vicinity of the accelerator.

As shown in figure 3 and 9, the synchrocyclotron includes an ion source 90 of a Penning ion gauge geometry located near the geometric center 92 of the magnet structure 82. The ion source is fed from a supply 99 of hydrogen through a gas line 101 and tube 194 that delivers gaseous hydrogen. Electric cables 94 carry an electric current from a

current source 95 to stimulate electron discharge from cathodes 192, 194 that are aligned with the magnetic field, 200.

The discharged electrons ionize the gas exiting through a small hole from tube 194 to create a supply of positive ions (protons) for acceleration by one semicircular (dee-shaped) radio-frequency plate 100 that spans half of the space enclosed by the magnet structure and one dummy dee plate 102. As shown in figure 10, the dee plate 100 is a hollow metal structure that has two semicircular surfaces 103, 105 that enclose a space 107 in which the protons are accelerated during half of their rotation around the space enclosed by the magnet structure. A duct 109 opening into the space 107 extends through the yoke to an external location from which a vacuum pump 111 can be attached to evacuate the space 107 and the rest of the space within a vacuum chamber 119 in which the acceleration takes place. The dummy dee 102 comprises a rectangular metal ring that is spaced near to the exposed rim of the dee plate. The dummy dee is grounded to the vacuum chamber and magnet yoke. The dee plate 100 is driven by a radio-frequency signal that is applied at the end of a radio-frequency transmission line to impart an electric field in the space 107. The radiofrequency electric field is made to vary in time as the accelerated particle beam increases in distance from the geometric center. Examples of radio frequency waveform generators that are useful for this purpose are described in United States patent application serial 11/187,633, titled "A Programmable Radio Frequency Waveform Generator for a Synchrocyclotron," filed July 21, 2005, and in United States provisional patent application serial 60/590,089, same title, filed on July 21, 2004, both of which are incorporated in their entirety by this reference.

For the beam emerging from the centrally located ion source to clear the ion source structure as it begins to spiral outward, a large voltage difference is required across the radiofrequency plates. 20,000 Volts is applied across the radiofrequency plates. In some versions from 8,000 to 20,000 Volts may be applied across the radiofrequency plates. To reduce the power required to drive this large voltage, the magnet structure is arranged to reduce the capacitance between the radio frequency plates and ground. This is done by forming holes with sufficient clearance from the radiofrequency structures through the outer yoke and the cryostat housing and making sufficient space between the magnet pole faces.

The high voltage alternating potential that drives the dee plate has a frequency that is swept downward during the accelerating cycle to account for the increasing relativistic mass of the protons and the decreasing magnetic field. The dummy dee does not require a hollow semi-cylindrical structure as it is at ground potential along with the vacuum chamber walls. Other plate arrangements could be used such as more than one pair of accelerating electrodes driven with different electrical phases or multiples of the fundamental frequency. The RF structure can be tuned to keep the Q high during the required frequency sweep by using, for example, a rotating capacitor having intermeshing rotating and stationary blades. During each meshing of the blades, the capacitance increases, thus lowering the resonant frequency of the RF structure. The blades can be shaped to create a precise frequency sweep required. A drive motor for the rotating condenser can be phase locked to the RF generator for precise control. One bunch of particles is accelerated during each meshing of the blades of the rotating condenser.

The vacuum chamber 119 in which the acceleration occurs is a generally cylindrical container that is thinner in the center and thicker at the rim. The vacuum chamber encloses the RF plates and the ion source and is evacuated by the vacuum pump 111. Maintaining a high vacuum insures that accelerating ions are not lost to collisions with gas molecules and enables the RF voltage to be kept at a higher level without arcing to ground.

Protons traverse a generally spiral path beginning at the ion source. In half of each loop of the spiral path, the protons gain energy as they pass through the RF electric field in space 107. As the ions gain energy, the radius of the central orbit of each successive loop of their spiral path is larger than the prior loop until the loop radius reaches the maximum radius of the pole face. At that location a magnetic and electric field perturbation directs ions into an area where the magnetic field rapidly decreases, and the ions depart the area of the high magnetic field and are directed through an evacuated tube 38 to exit the yoke of the cyclotron. The ions exiting the cyclotron will tend to disperse as they enter the area of markedly decreased magnetic field that exists in the room around the cyclotron. Beam shaping elements 107, 109 in the extraction channel 38 redirect the ions so that they stay in a straight beam of limited spatial extent.

The magnetic field within the pole gap needs to have certain properties to maintain the beam within the evacuated chamber as it accelerates. The magnetic field index

$$n = -(r/B)dB/dr$$

5 must be kept positive to maintain this “weak” focusing. Here r is the radius of the beam and B is the magnetic field. Additionally the field index needs to be maintained below 0.2, because at this value the periodicity of radial oscillations and vertical oscillations of the beam coincide in a $\nu_r = 2 \nu_z$ resonance. The betatron frequencies are defined by $\nu_r = (1-n)^{1/2}$ and $\nu_z = n^{1/2}$. The ferromagnetic pole face is designed to shape the
10 magnetic field generated by the coils so that the field index n is maintained positive and less than 0.2 in the smallest diameter consistent with a 250 MeV beam in the given magnetic field.

As the beam exits the extraction channel it is passed through a beam formation system 125 that can be programmably controlled to create a desired combination of
15 scattering angle and range modulation for the beam. Examples of beam forming systems useful for that purpose are described in United States patent application serial 10/949,734, titled “A Programmable Particle Scatterer for Radiation Therapy Beam Formation”, filed September 24, 2004, and United States provisional patent application serial 60/590,088, filed July 21, 2005, both of which are incorporated in their entirety by
20 this reference.

During operation, the plates absorb energy from the applied radio frequency field as a result of conductive resistance along the surfaces of the plates. This energy appears as heat and is removed from the plates using water cooling lines 108 that release the heat in a heat exchanger 113.

25 Stray magnetic fields exiting from the cyclotron are limited by both the pillbox magnet yoke (which also serves as a shield) and a separate magnetic shield 114. The separate magnetic shield includes a layer 117 of ferromagnetic material (e.g., steel or iron) that encloses the pillbox yoke, separated by a space 116. This configuration that includes a sandwich of a yoke, a space, and a shield achieves adequate shielding for a
30 given leakage magnetic field at lower weight.

As mentioned, the gantry allows the synchrocyclotron to be rotated about the horizontal rotational axis 532. The truss structure 516 has two generally parallel spans 580, 582. The synchrocyclotron is cradled between the spans about midway between the legs. The gantry is balanced for rotation about the bearings using counterweights 122, 124 mounted on ends of the legs opposite the truss.

The gantry is driven to rotate by an electric motor mounted to one of the gantry legs and connected to the bearing housings by drive gears and belts or chains. The rotational position of the gantry is derived from signals provided by shaft angle encoders incorporated into the gantry drive motors and the drive gears.

At the location at which the ion beam exits the cyclotron, the beam formation system 125 acts on the ion beam to give it properties suitable for patient treatment. For example, the beam may be spread and its depth of penetration varied to provide uniform radiation across a given target volume. The beam formation system can include passive scattering elements as well as active scanning elements.

All of the active systems of the synchrocyclotron (the current driven superconducting coils, the RF-driven plates, the vacuum pumps for the vacuum acceleration chamber and for the superconducting coil cooling chamber, the current driven ion source, the hydrogen gas source, and the RF plate coolers, for example), are controlled by appropriate synchrocyclotron control electronics (not shown).

The control of the gantry, the patient support, the active beam shaping elements, and the synchrocyclotron to perform a therapy session is achieved by appropriate therapy control electronics (not shown).

As shown in figures 1, 11, and 12, the gantry bearings are supported by the walls of a cyclotron vault 524. The gantry enables the cyclotron to be swung through a range of 520 of 180 degrees (or more) including positions above, to the side of, and below the patient. The vault is tall enough to clear the gantry at the top and bottom extremes of its motion. A maze 146 sided by walls 148, 150 provides an entry and exit route for therapists and patients. Because at least one wall 152 is never in line with the proton beam directly from the cyclotron, it can be made relatively thin and still perform its shielding function. The other three side walls 154, 156, 150/148 of the room, which may need to be more heavily shielded, can be buried within an earthen hill (not shown). The

required thickness of walls 154, 156, and 158 can be reduced, because the earth can itself provide some of the needed shielding.

For safety and aesthetic reasons, a therapy room 160 is constructed within the vault. The therapy room is cantilevered from walls 154, 156, 150 and the base 162 of the containing room into the space between the gantry legs in a manner that clears the swinging gantry and also maximizes the extent of the floor space 164 of the therapy room. Periodic servicing of the accelerator can be accomplished in the space below the raised floor. When the accelerator is rotated to the down position on the gantry, full access to the accelerator is possible in a space separate from the treatment area. Power supplies, cooling equipment, vacuum pumps and other support equipment can be located under the raised floor in this separate space.

Within the treatment room, the patient support 170 can be mounted in a variety of ways that permit the support to be raised and lowered and the patient to be rotated and moved to a variety of positions and orientations.

Additional information concerning the design of the accelerator can be found in U.S. provisional application Serial No. 60/760,788, entitled HIGH-FIELD SUPERCONDUCTING SYNCHROCYCLOTRON (T. Antaya), filed January 20, 2006, and U.S. patent application Serial No. 11/463,402, entitled MAGNET STRUCTURE FOR PARTICLE ACCELERATION (T. Antaya, et al.), filed August 9, 2006, and U.S. provisional application Serial No. 60/850,565, entitled CRYOGENIC VACUUM BREAK PNEUMATIC THERMAL COUPLER (Radovinsky et al.), filed October 10, 2006, all of which are incorporated in their entireties by reference here.

Other implementations are within the scope of the following claims.

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CLAIMS:

1. An apparatus comprising
a patient support, and
a gantry on which an accelerator is mounted to enable the accelerator to move through a range of positions around a patient on the patient support,
the accelerator being configured to produce a proton or ion beam having an energy level sufficient to reach an arbitrary target in the patient from positions within the range,
the proton or ion beam passing essentially directly from an accelerator housing to the patient.
2. The apparatus of claim 1 in which
the gantry is supported for rotation on two sides of the patient support.
3. The apparatus of claim 2 in which
the gantry is supported for rotation on bearings on the two sides of the patient support.
4. The apparatus of claim 1 in which the gantry comprises two arms extending from an axis of rotation of the gantry and a truss between the two arms on which the accelerator is mounted.
5. The apparatus of claim 1 in which the gantry is constrained to rotate within a range of positions that is smaller than 360 degrees.
6. The apparatus of claim 5 in which the range is at least as large as 180 degrees.
7. The apparatus of claim 5 in which the range is from about 180 degrees to about 330 degrees.
8. The apparatus of claim 5 also including radio-protective walls at least one of which is not in line with the proton or ion beam from the accelerator in any of the positions within the range, the one wall being constructed to provide the same radio-protection than the other walls with less mass.

9. The apparatus of claim 5 in which the patient support is mounted on a patient support area that is accessible through a space defined by a range of positions at which the gantry is constrained from rotation.
10. The apparatus of claim 1 in which the patient support is movable relative to the gantry.
11. The apparatus of claim 10 in which the patient support is configured for rotation about a patient axis of rotation.
12. The apparatus of claim 11 in which the patient axis of rotation is vertical.
13. The apparatus of claim 11 in which the patient axis of rotation contains an isocenter in a patient on the patient support.
14. The apparatus of claim 1 in which the patient gantry is configured for rotation of the accelerator about a gantry axis of rotation.
15. The apparatus of claim 14 in which the gantry axis of rotation is horizontal.
16. The apparatus of claim 14 in which the axis of rotation contains an isocenter in a patient on the patient support.
17. The apparatus of claim 1 in which the accelerator weighs less than 40 Tons.
18. The apparatus of claim 17 in which the accelerator weights in a range from 5 to 30 Tons.
19. The apparatus of claim 1 in which the accelerator occupies a volume of less than 4.5 cubic meters.
20. The apparatus of claim 19 in which the volume is in the range of 0.7 to 4.5 cubic meters.
21. The apparatus of claim 1 in which the accelerator produces a proton or ion beam having an energy level of at least 150 MeV.
22. The apparatus of claim 21 in which the energy level is in the range from 150 to 300 MeV.
23. The apparatus of claim 1 in which the accelerator comprising a synchrocyclotron.

24. The apparatus of claim 1 in which the accelerator comprises a magnet structure having a field strength of at least 6 Tesla.

25. The apparatus of claim 24 in which field strength is in the range of 6 to 20 Tesla.

26. The apparatus of claim 24 in which the magnet structure comprises superconducting windings.

27. The apparatus of claim 1 in which the proton or ion beam passes directly from the accelerator to the general area of the patient stand.

28. The apparatus of claim 1 also including a shielding chamber containing the patient support, the gantry, and the accelerator, at least one wall of the chamber being thinner than other walls of the chamber.

29. The apparatus of claim 28 in which at least a portion of the chamber is embedded within the earth.

30. An apparatus comprising
a patient support, and
a gantry on which an accelerator is mounted, the gantry being supported on two sides of the patient support for rotation (a) about a horizontal gantry axis that contains an isocenter in the patient and (b) through a range of positions that is smaller than 360 degrees,
the patient support being rotatable about a vertical patient support axis that contains the isocenter,
the accelerator comprising a synchrocyclotron configured to produce a proton or ion beam having an energy level of at least 150 MeV to reach any arbitrary target in the patient directly from positions within the range, the synchrocyclotron having superconducting windings.

31. A method comprising
supporting a patient within a treatment space,
causing a beam of proton or ions to pass in a straight line direction from an output of an accelerator to any arbitrary target within the patient, and
causing the straight line direction to be varied through a range of directions around the patient.

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32. An apparatus comprising
an accelerator configured to produce a particle beam and to be mounted on
a gantry that enables the accelerator to move through any range of positions around a
patient on a patient support,
the accelerator being configured to produce a particle beam having an
energy level sufficient to reach any arbitrary target in the patient from positions within
the range.
33. An apparatus comprising
a gantry configured to hold an accelerator and to enable the accelerator to
move through a range of positions around a patient on a patient support,
the accelerator being configured to produce a proton or ion beam having
an energy level sufficient to reach any arbitrary target in the patient from positions within
the range.
34. A structure comprising
a patient support,
a gantry on which an accelerator is mounted to enable the accelerator to
move through a range of positions around a patient on the patient support,
the accelerator being configured to produce a proton or ion beam having
an energy level sufficient to reach any arbitrary target in the patient from positions within
the range, and
a walled enclosure containing the patient support, the gantry, and the
accelerator.

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35. An apparatus comprising

an accelerator configured to produce a proton or ion beam having an energy level sufficient to reach any arbitrary target in a patient, the accelerator being mounted on a rotatable gantry in an orientation to permit the proton or ion beam to pass essentially directly from the accelerator to the patient.

36. The apparatus of claim 35 in which the accelerator comprises a superconducting synchrocyclotron.

37. The apparatus of claim 36 in which the magnetic field of the superconducting synchrocyclotron is in the range of 6 to 20 Tesla.

10 38. The apparatus of claim 34 in which more than half of the surface of the walled enclosure is embedded within the earth.

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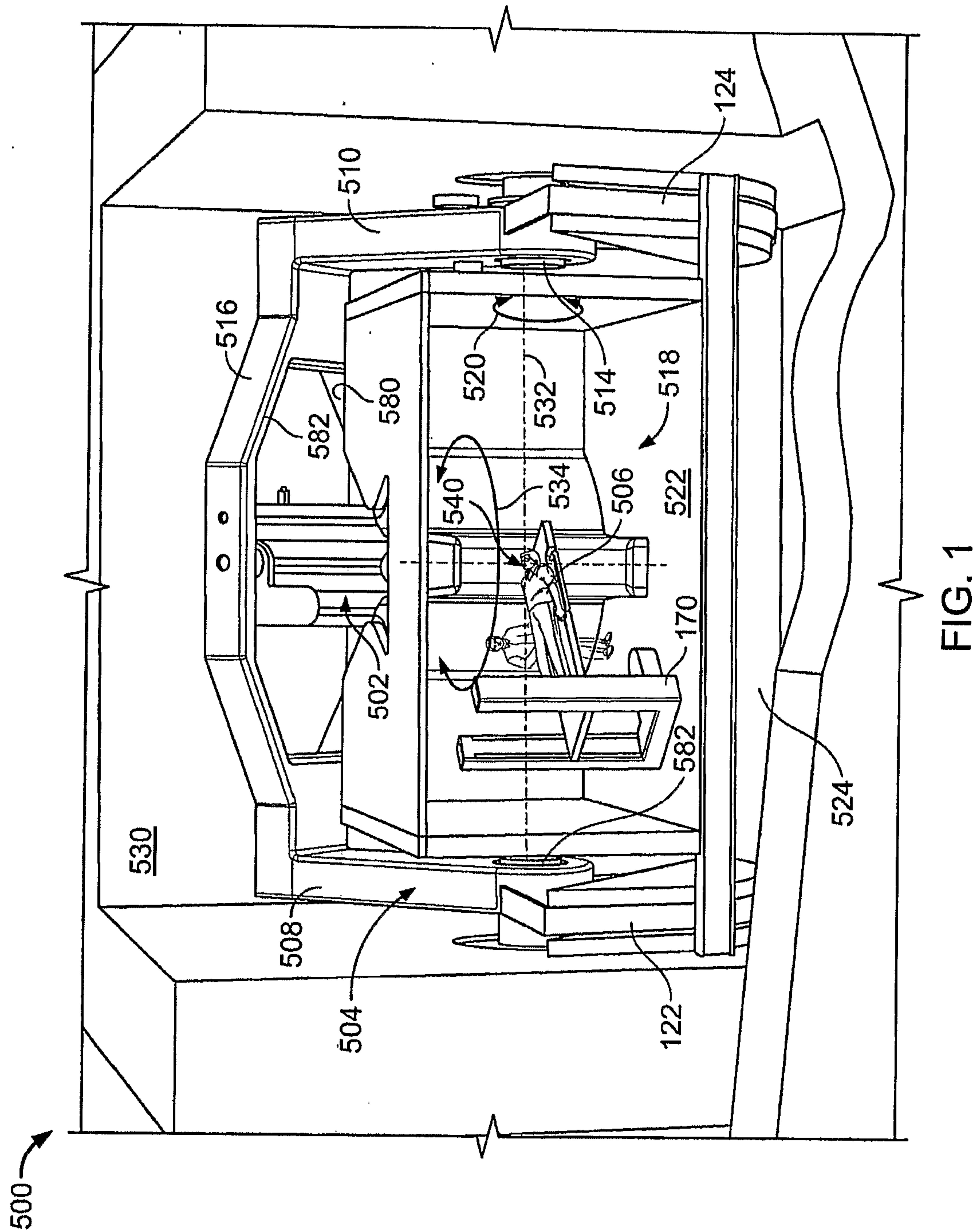


FIG. 1

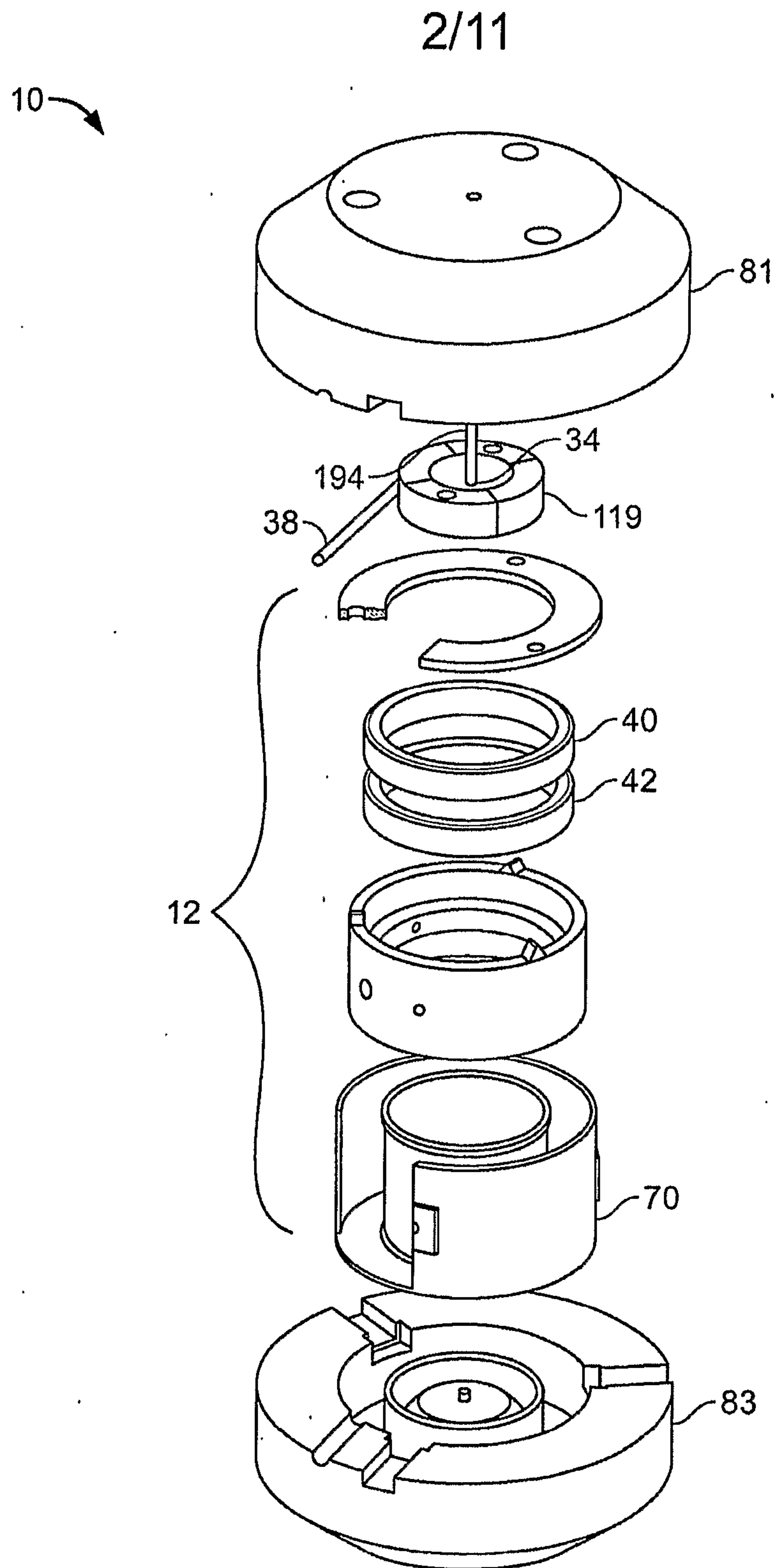


FIG. 2

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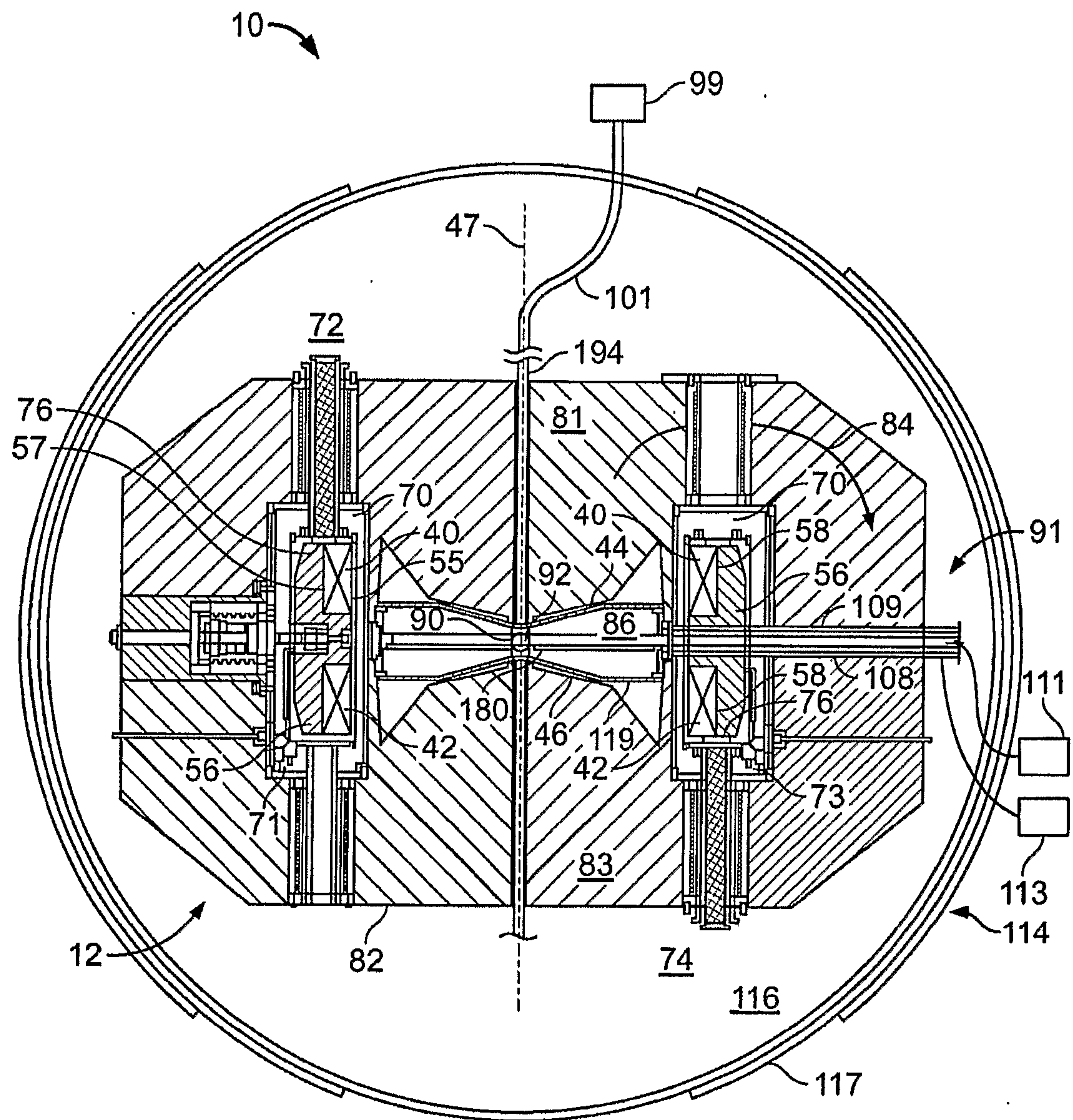


FIG. 3

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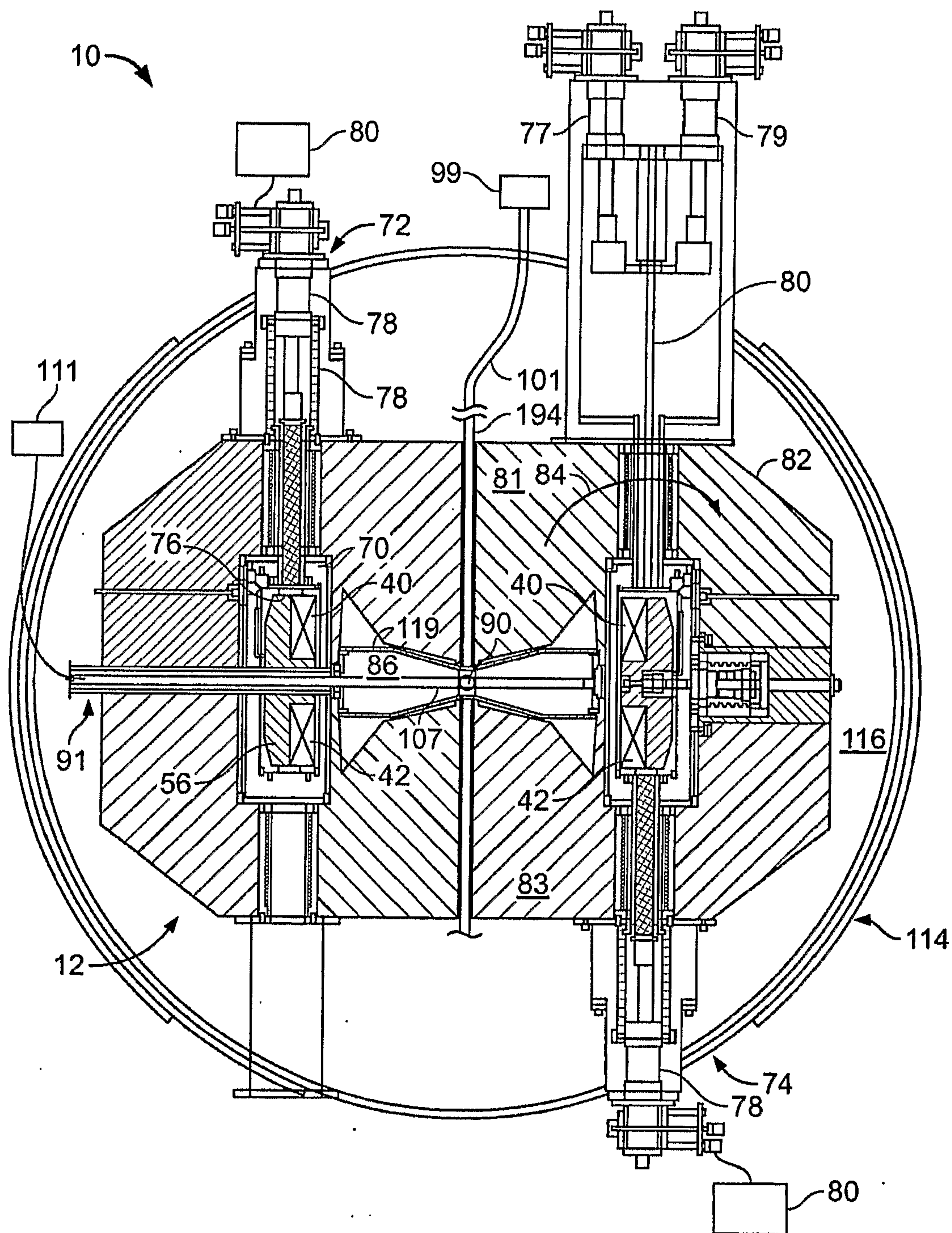


FIG. 4

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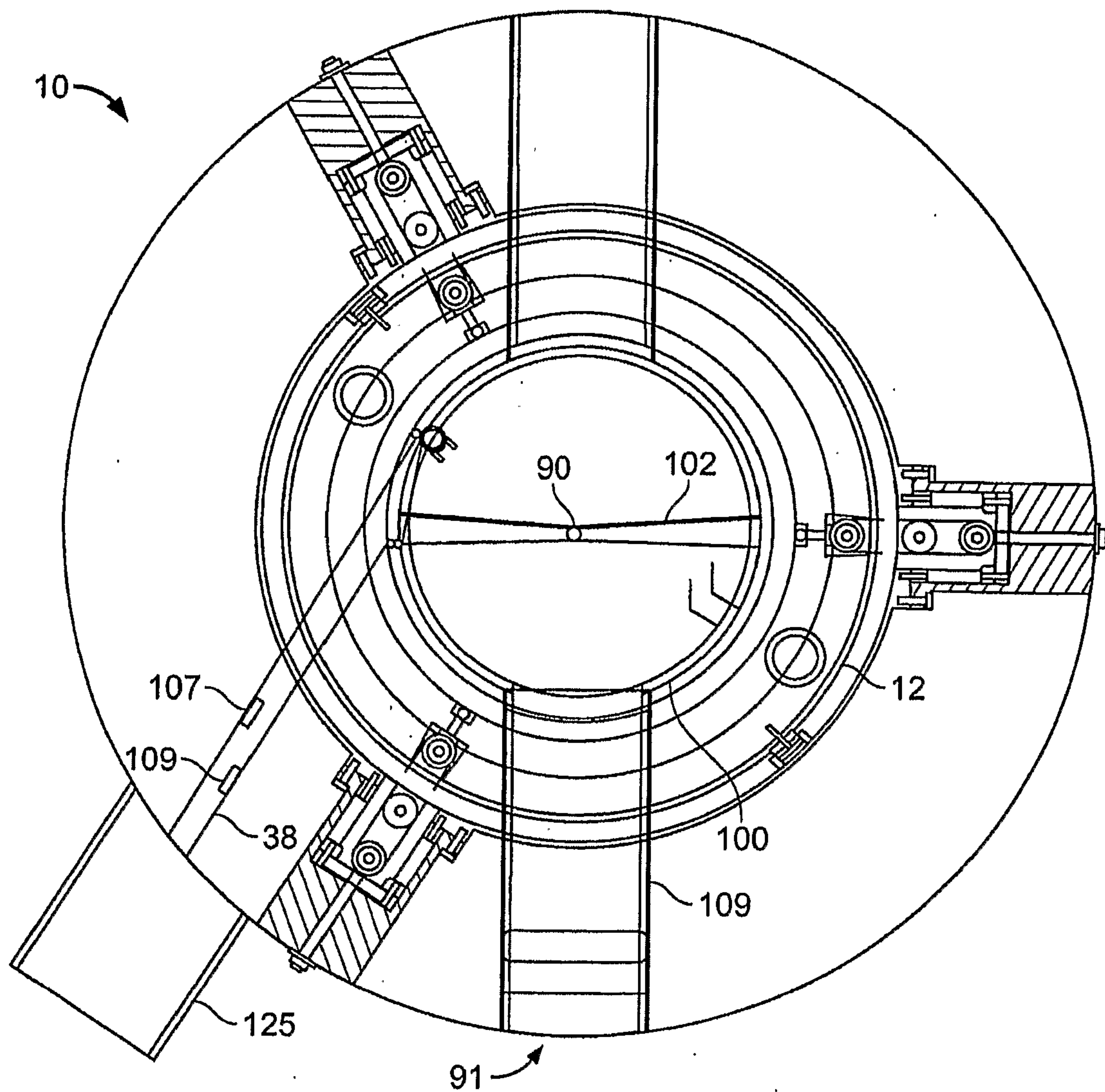


FIG. 5

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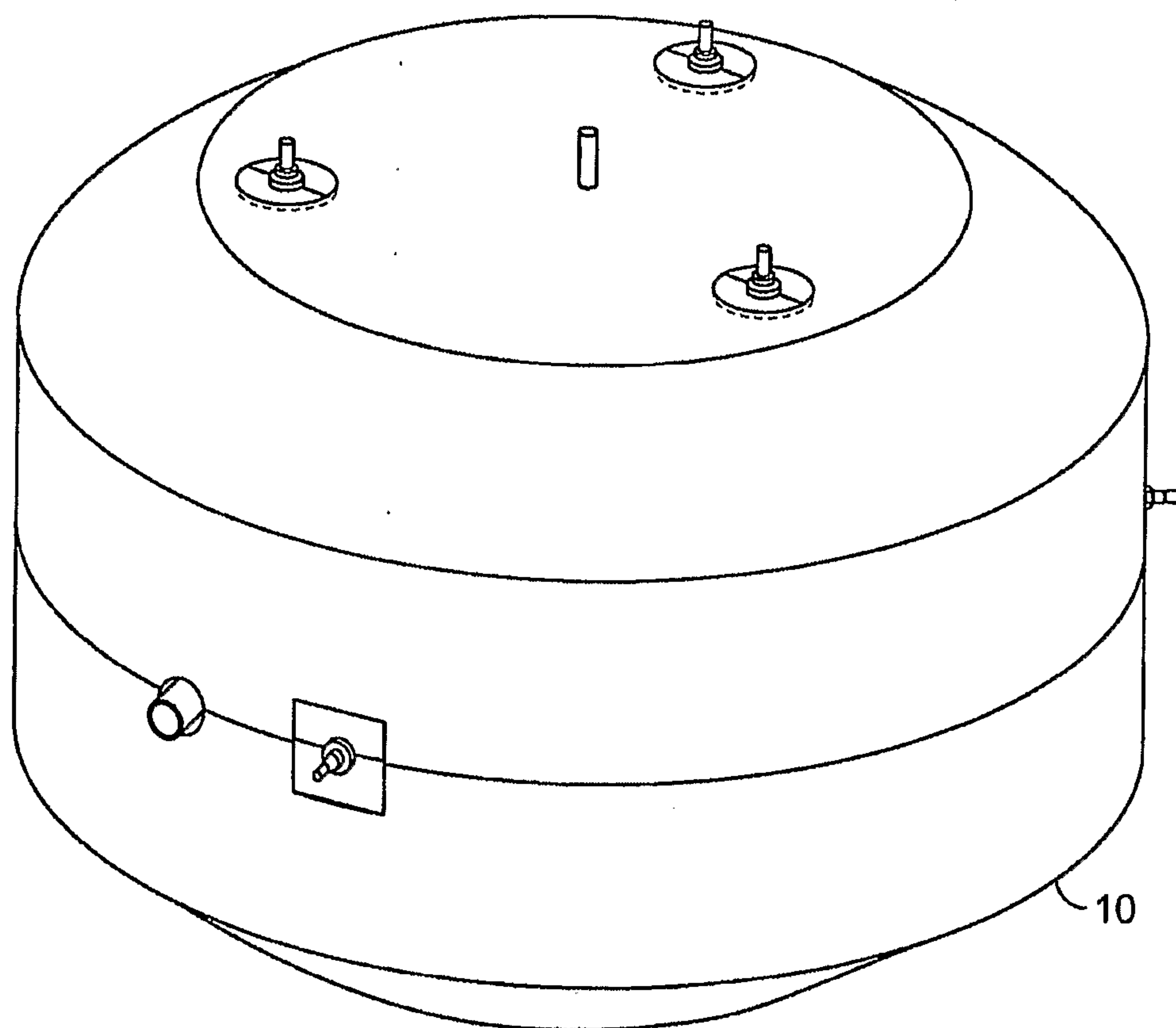


FIG. 6

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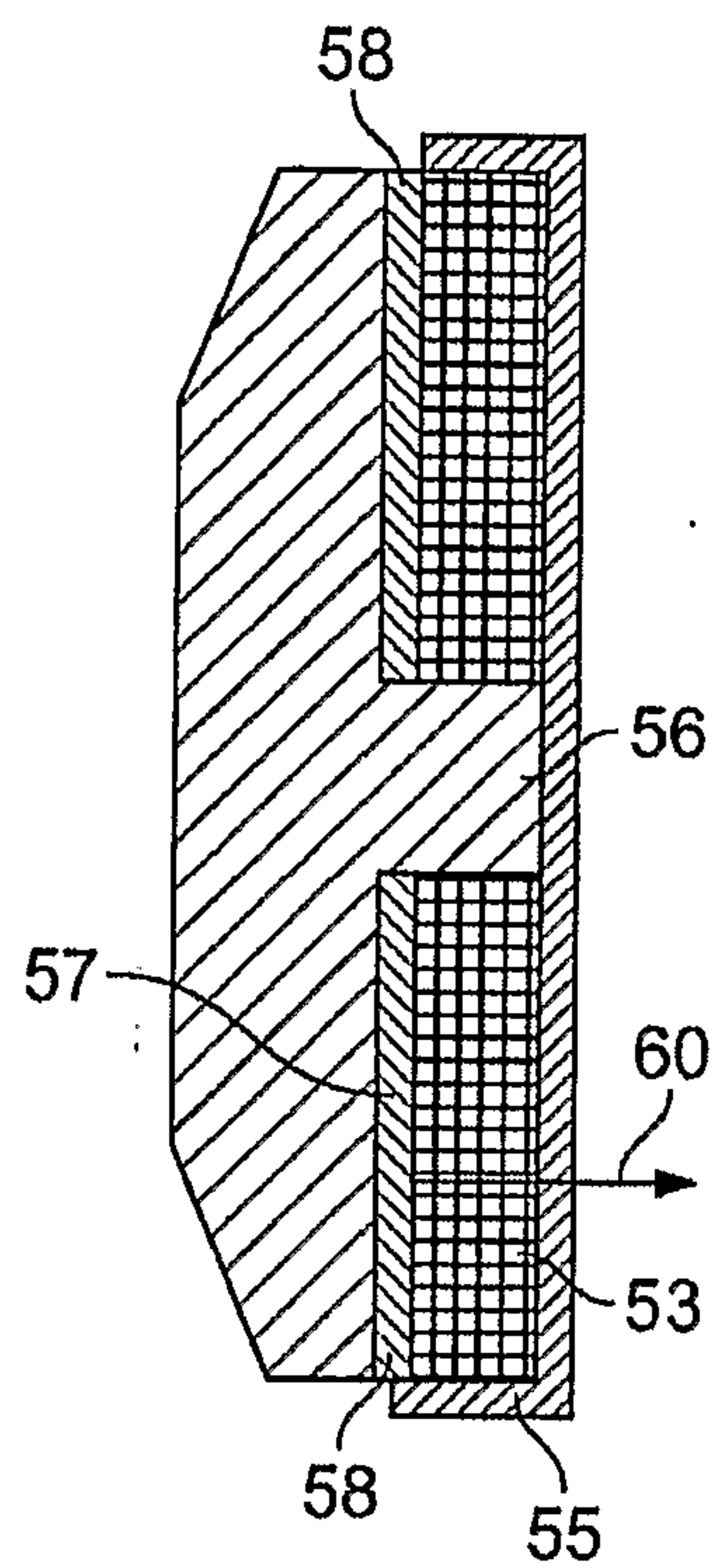


FIG. 7

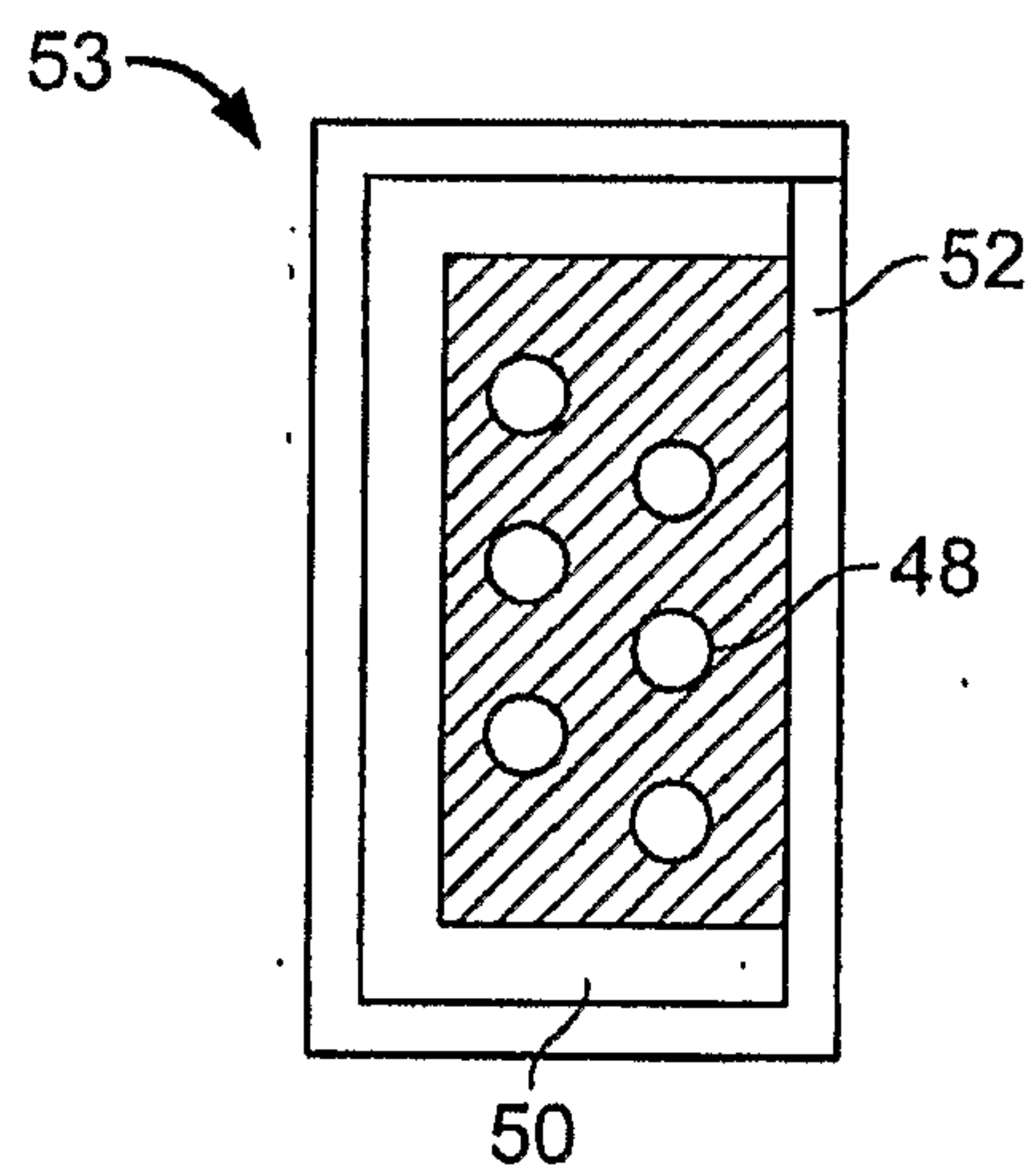


FIG. 8

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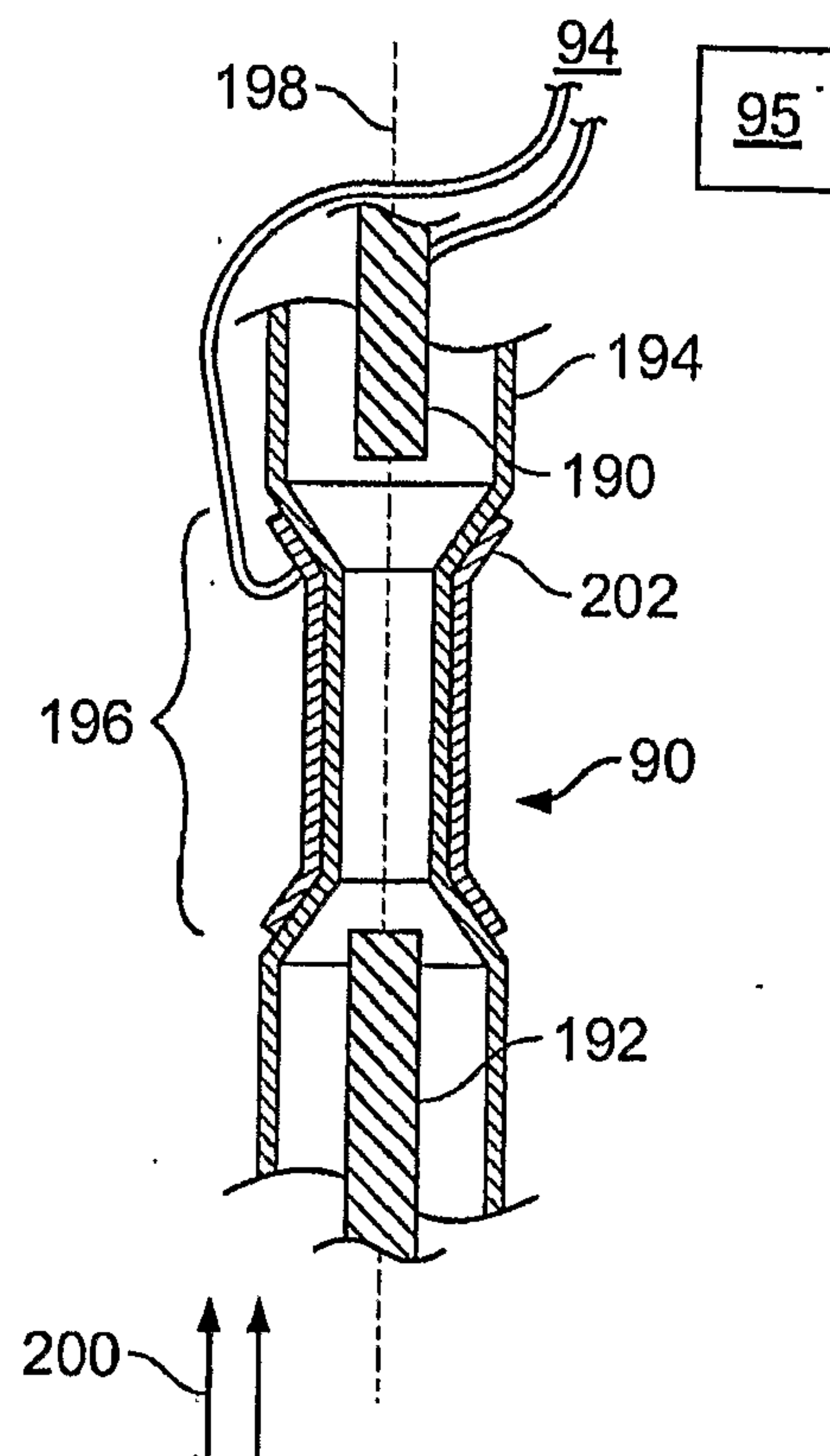


FIG. 9

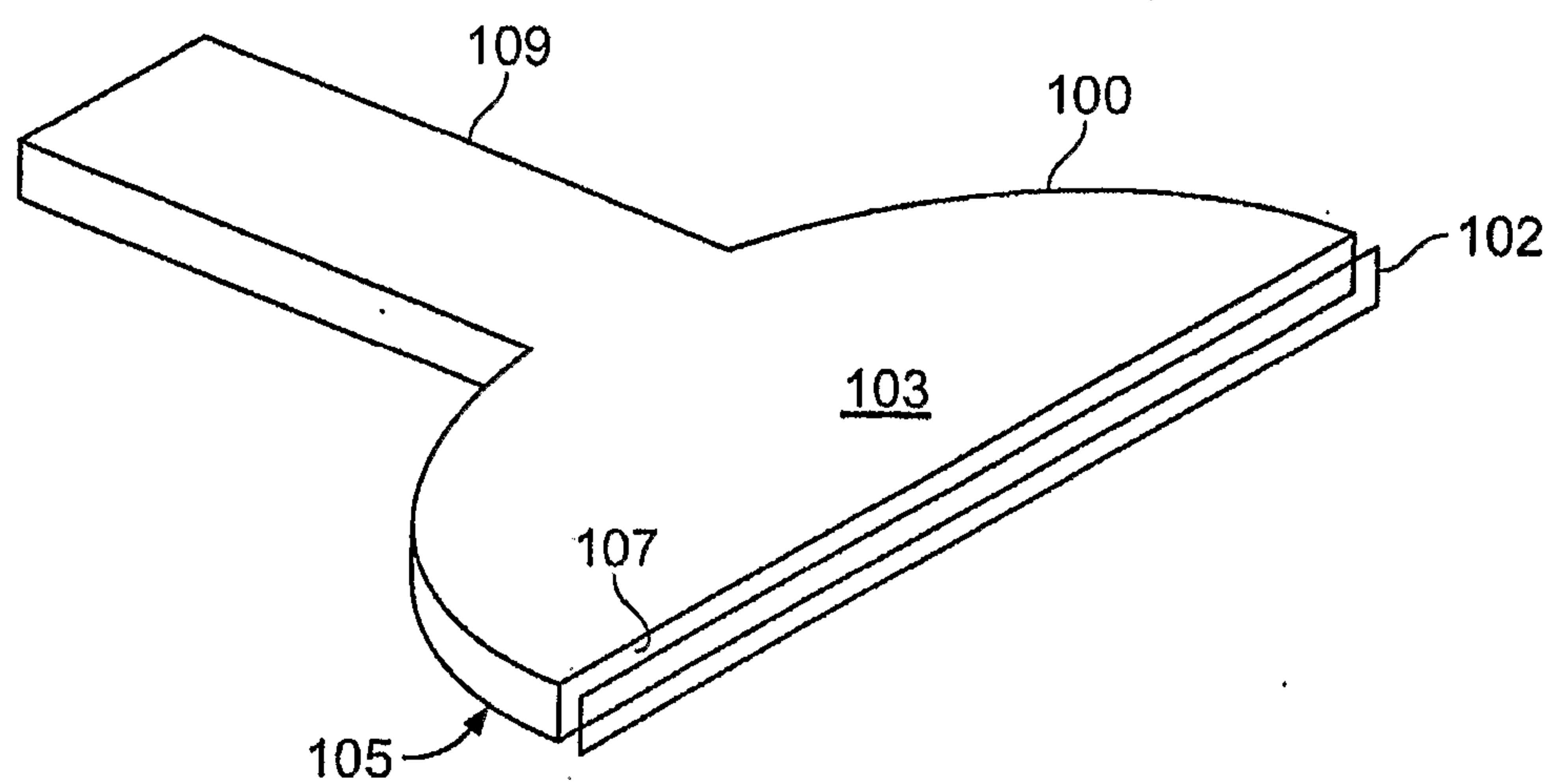


FIG. 10

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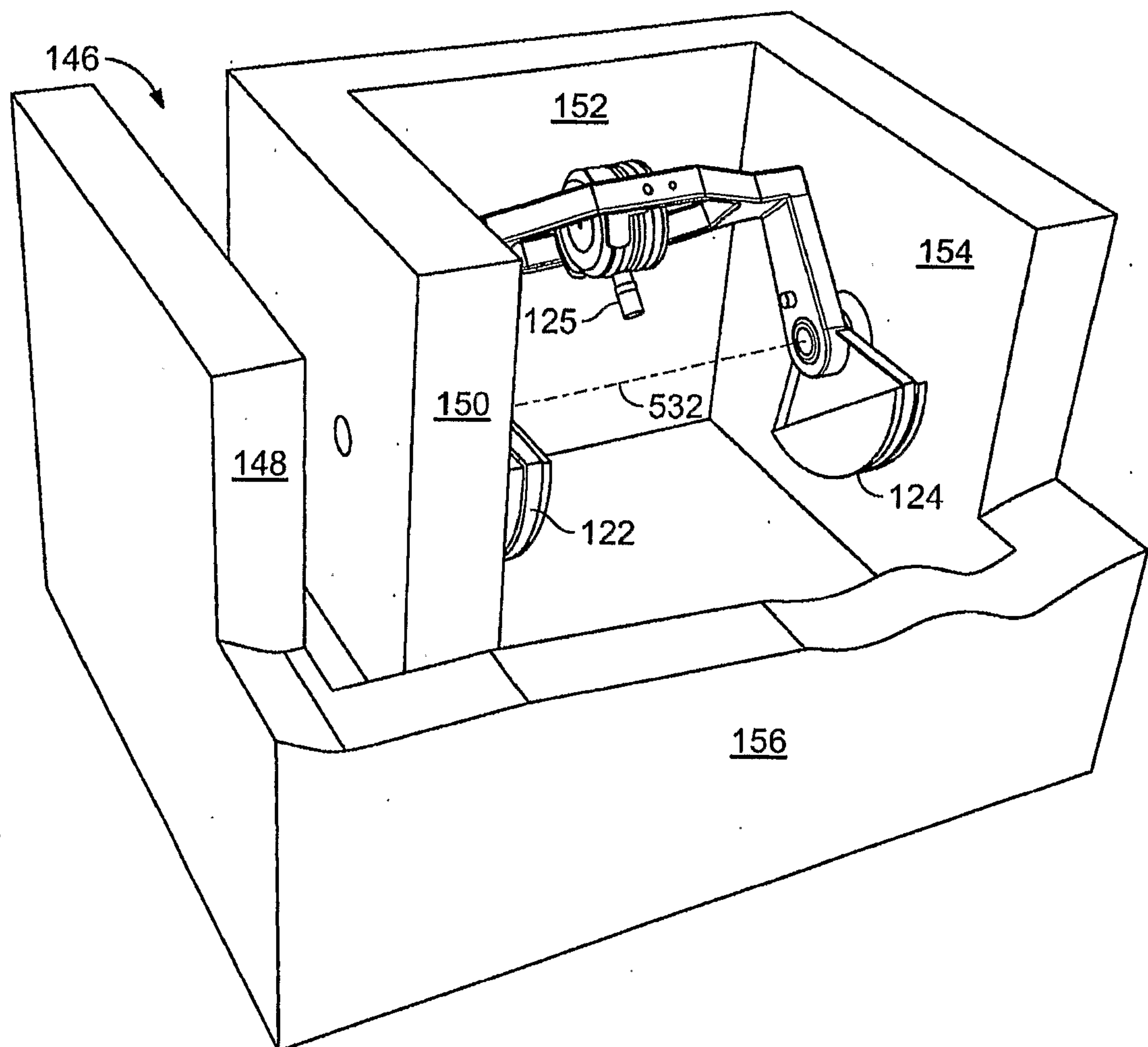
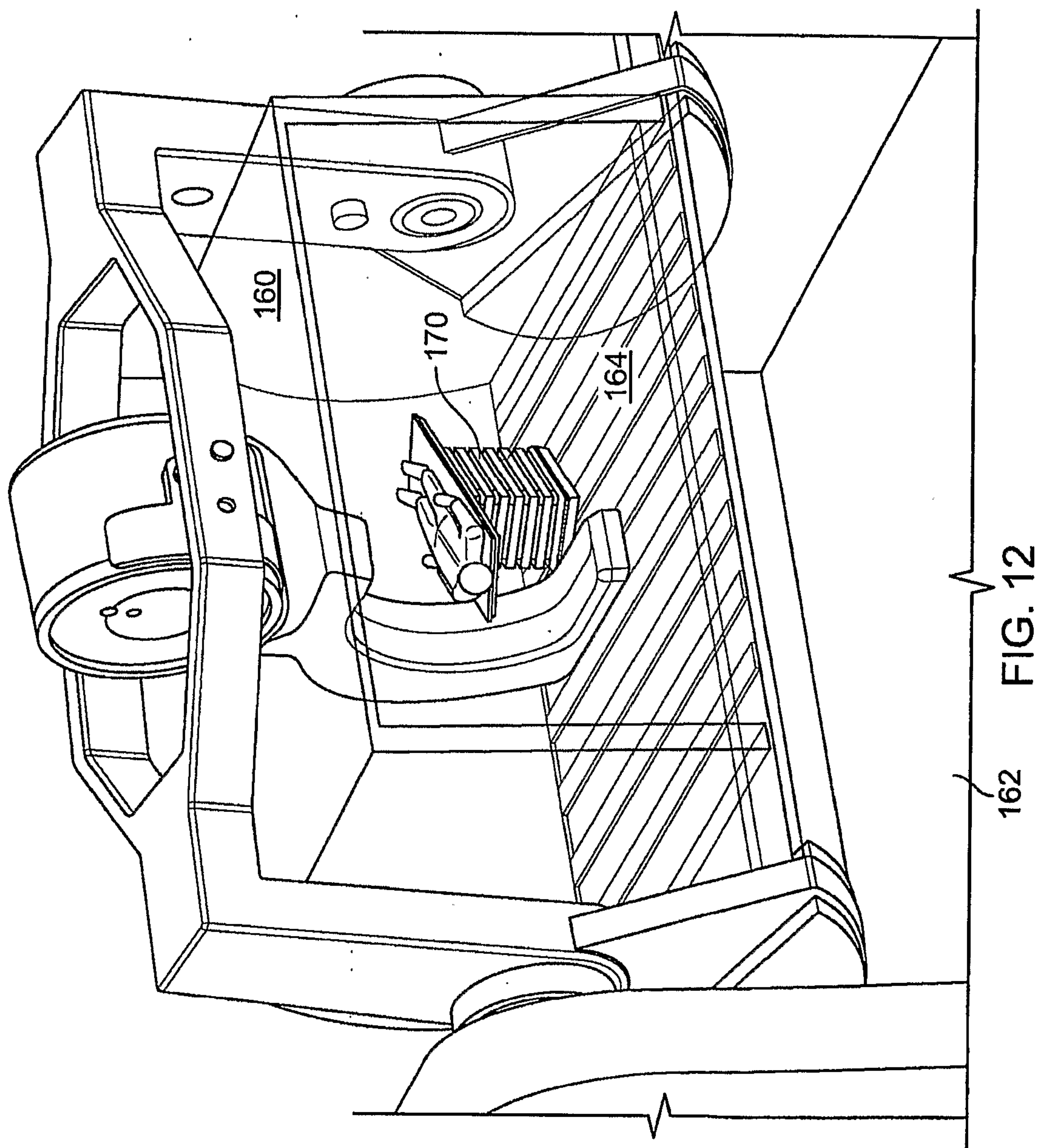


FIG. 11

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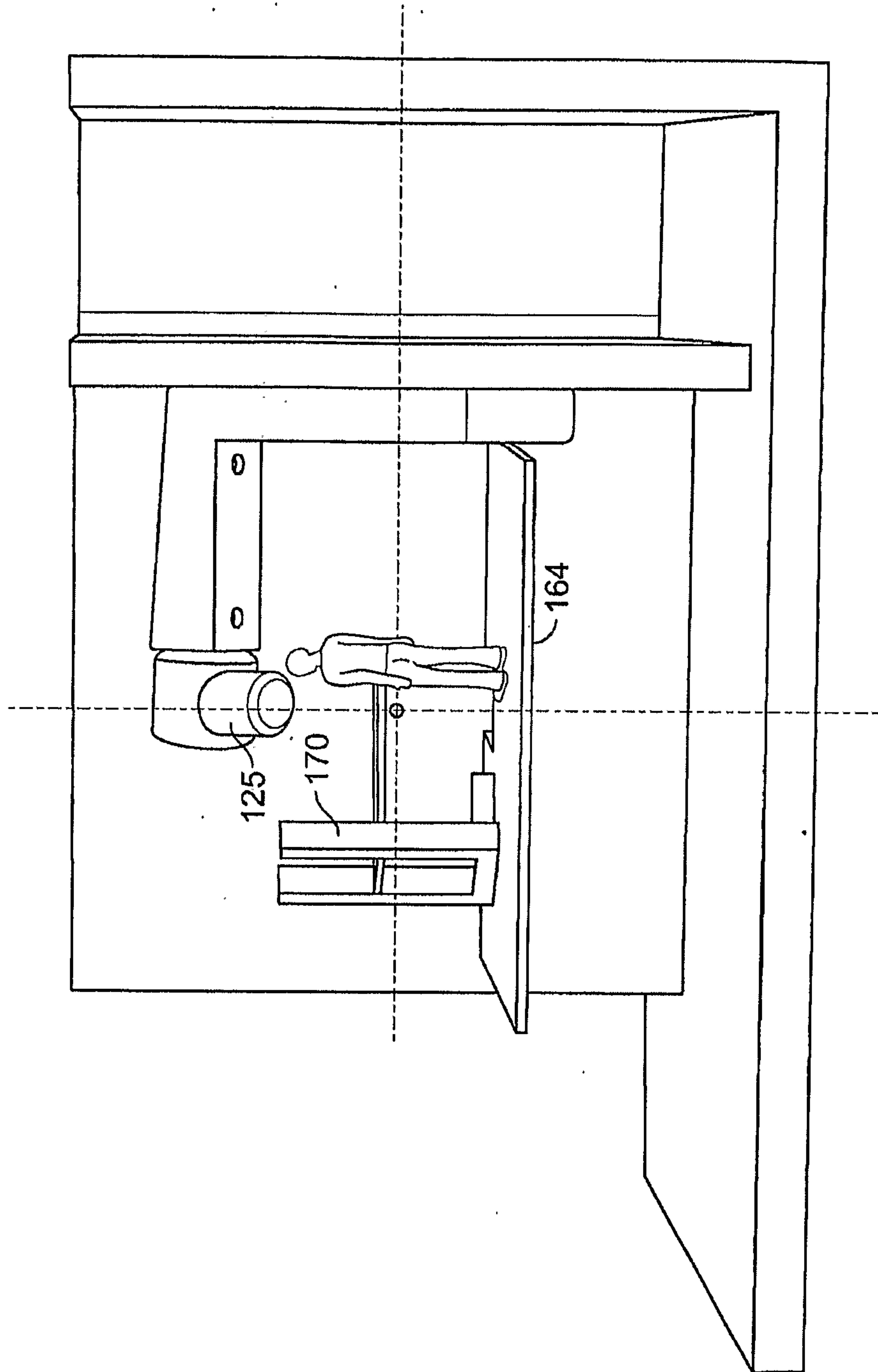


FIG. 13

