



# Gantries

M. Pullia

CAS, Accelerators for Medical Applications, 26 May – 5 June 2015, Vösendorf, Austria

# What is a gantry?

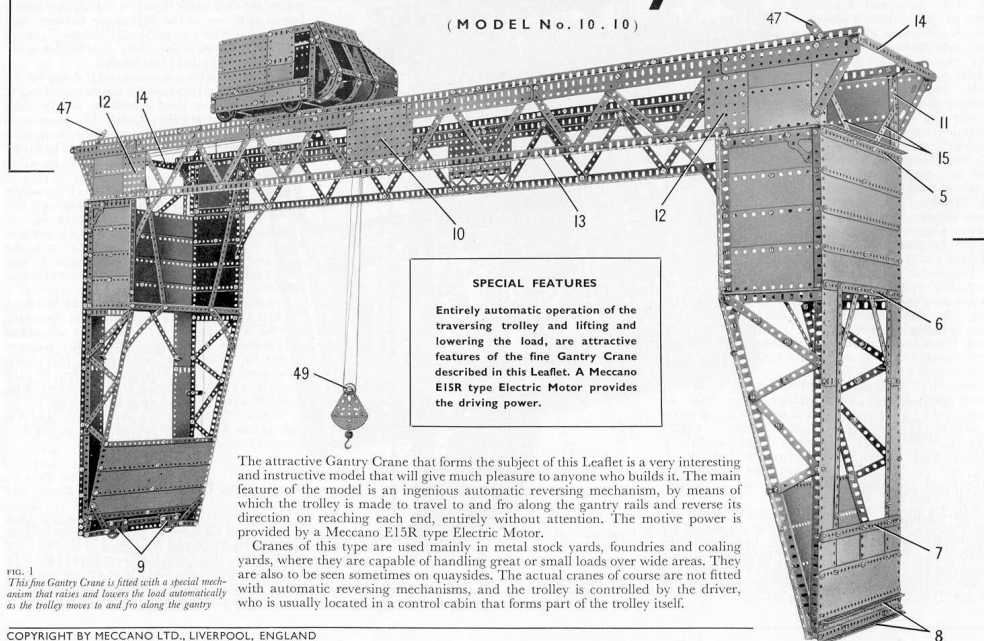
- A tall metal frame that supports heavy machines such as cranes, railway signals, or other equipment
- A support for a barrel lying on its side.

THIS MODEL CAN BE BUILT WITH MECCANO OUTFIT No. 10

Leaflet No. 10

## MECCANO Automatic Gantry Crane

(MODEL No. 10. 10)



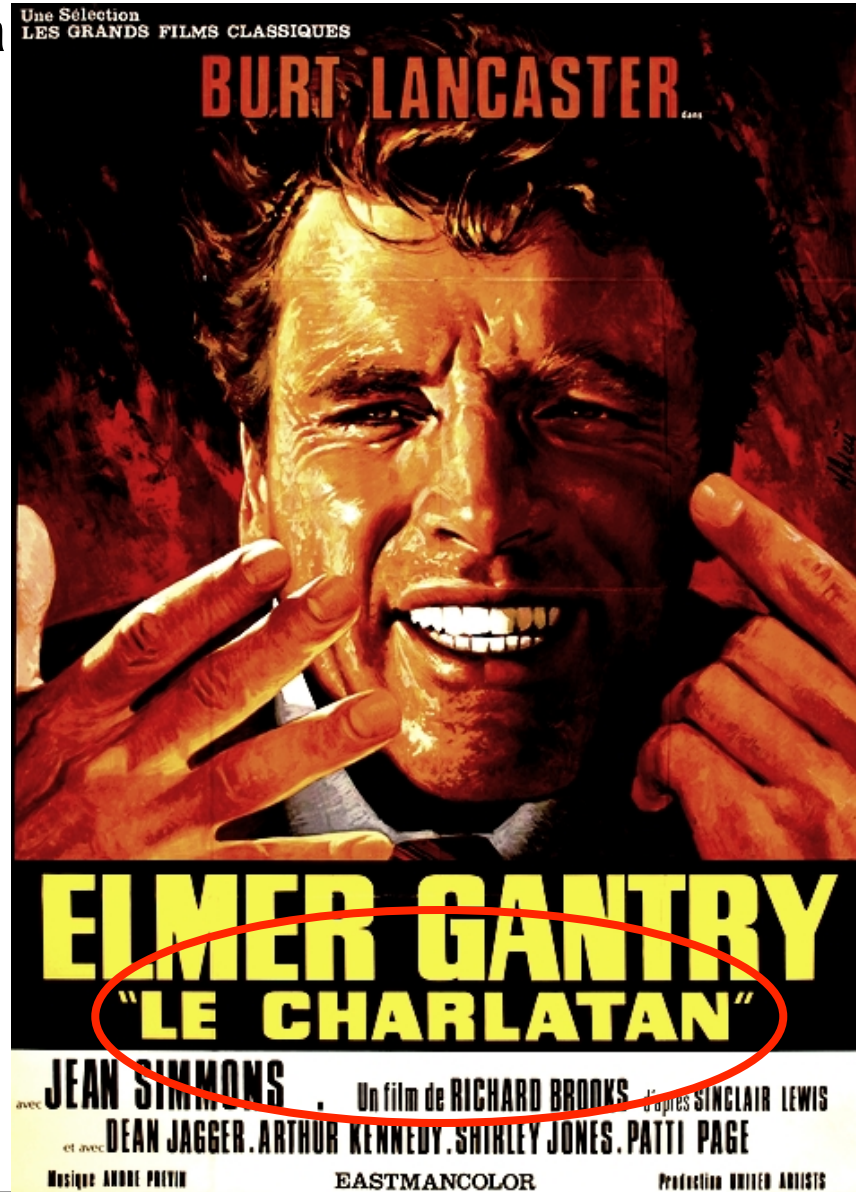
# gantry

## Web Platform Theme Framework



## The GPL Theme Framework

Gantry at cinema



Hopefully not in our case...



# Gantry food

THE GANTRY  
RESTAURANT & BAR

- HOME
- FOOD MENUS
- SPECIAL MENUS
- DRINKS MENUS
- ABOUT US
- OPENING HOURS
- GALLERY
- FIND US
- CONTACT US



THE GANTRY  
RESTAURANT & BAR

- HOME
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**NOW OPEN**

WELCOME TO THE GANTRY,  
COME AND SIT AT THE BAR, RELAX IN FRONT  
OF THE FIREPLACE, DINE INDOORS AND IN  
THE CONSERVATORY OR JUST SOAK UP  
THE FRESH AIR IN OUR HIDDEN GARDEN.

 A detailed black and white illustration of various fresh vegetables, including pumpkins, carrots, onions, and leafy greens, arranged in a naturalistic style.


COPYRIGHT 2012 THE GANTRY | SITE BY ACCAPELLO CREATIVE

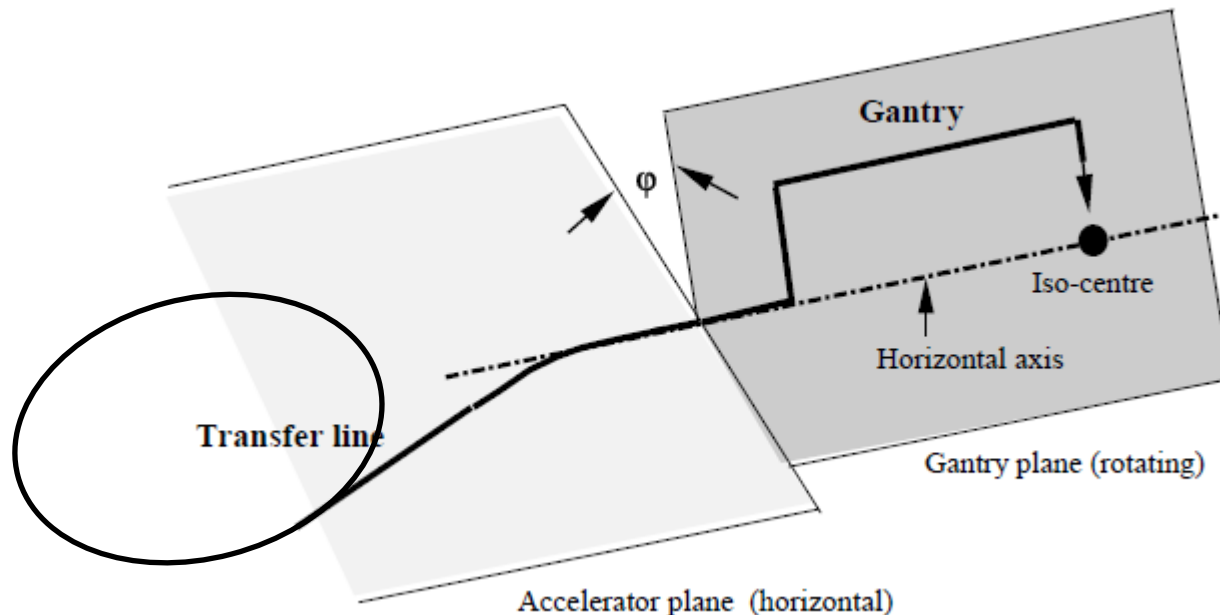


## Gantry in music

- I could not find a picture, but I think I remember of an english group called The Gantry...

... but for us

- A gantry is a section of beamline that can rotate around the isocenter in order to direct the beam onto the patient from any direction





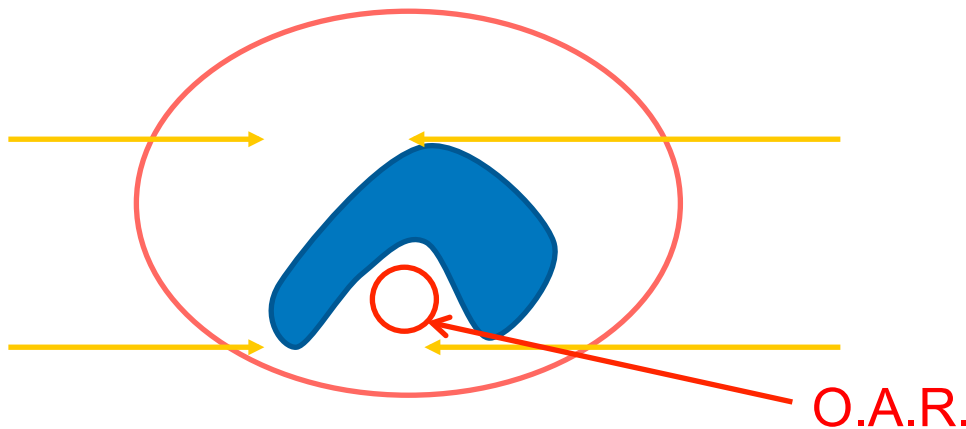
## Why a gantry?

- **To treat patients in supine position (eventually prone) in the same position in which CT, PET and MRI were acquired. Patient rotation only around gravity to preserve internal organs and soft tissue geometry.**
- **To provide the maximum flexibility in selecting the irradiation direction when optimising the dose delivery.**
- **To allow a “robust” treatment planning. Exploiting the sharp distal fall off can be risky in some cases and a gantry helps in avoiding fields directed towards an Organ At Risk (OAR).**
- **Avoid density heterogeneities**
- **Minimize SOBP extension (less energies required and better peak to plateau ratio)**

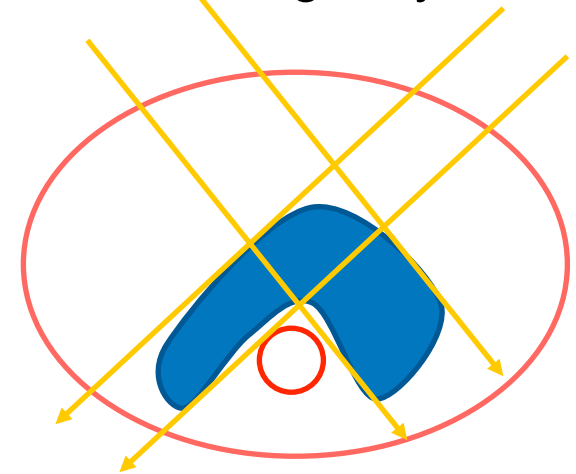
## Why a gantry

Allows better, more robust planning:  
e.g. minimize fields pointing towards  
OAR (Organ At Risk)

With horizontal line only

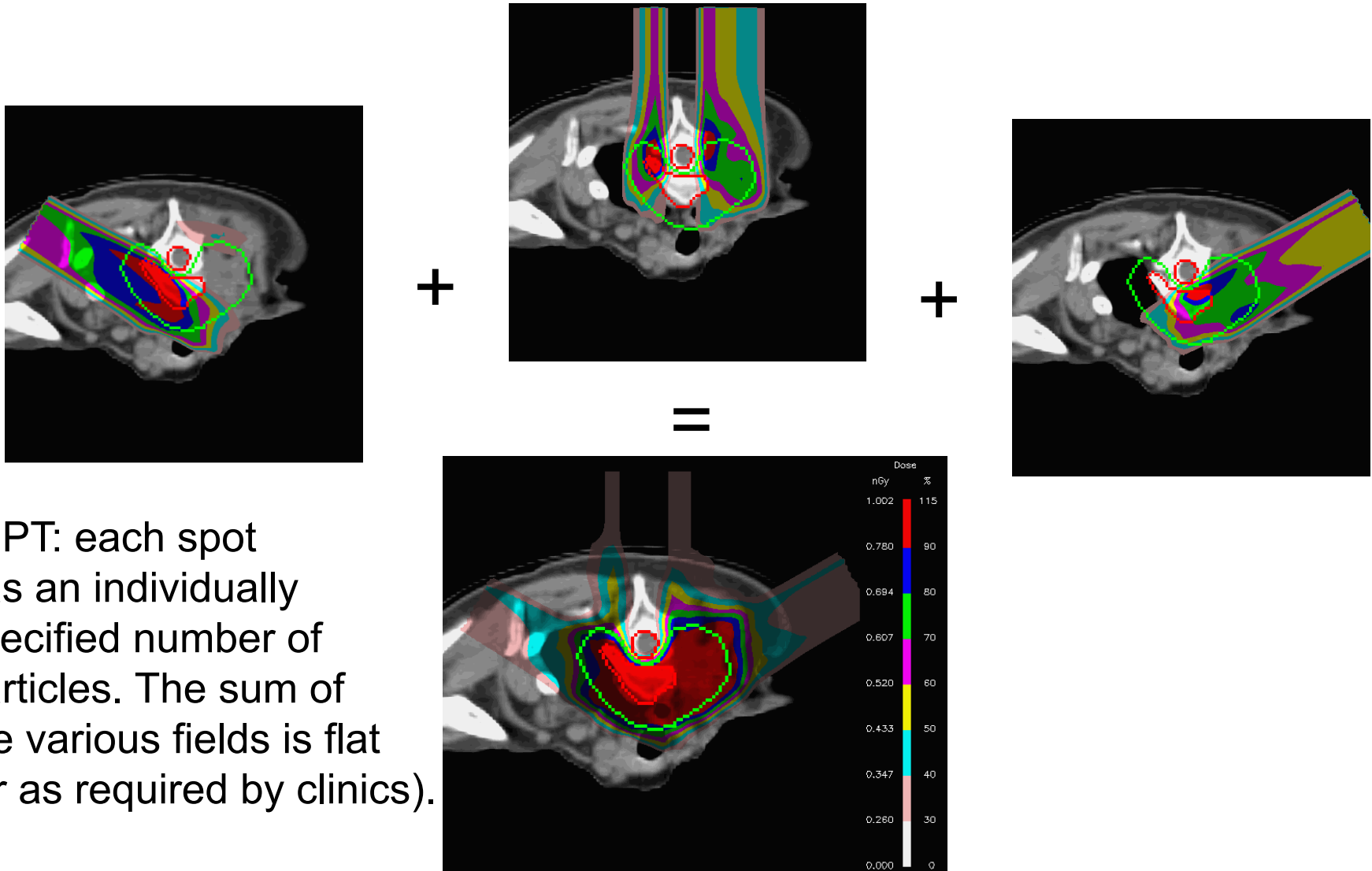


With gantry





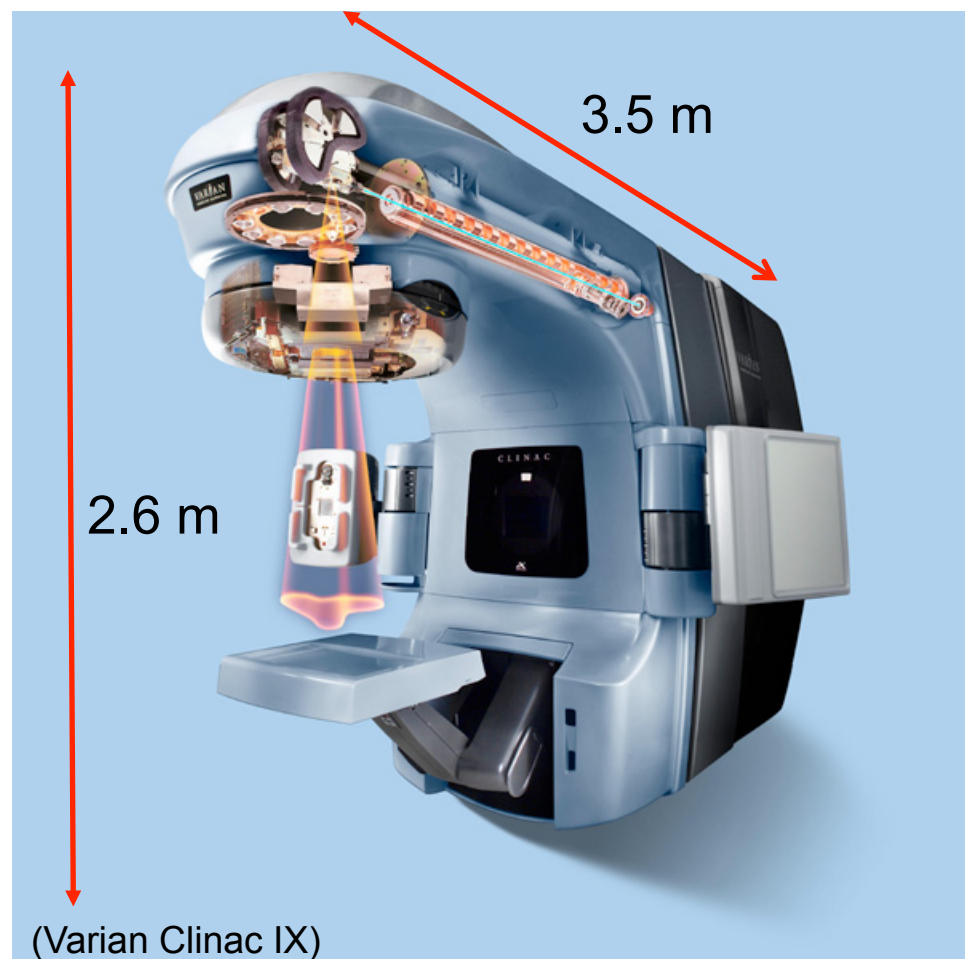
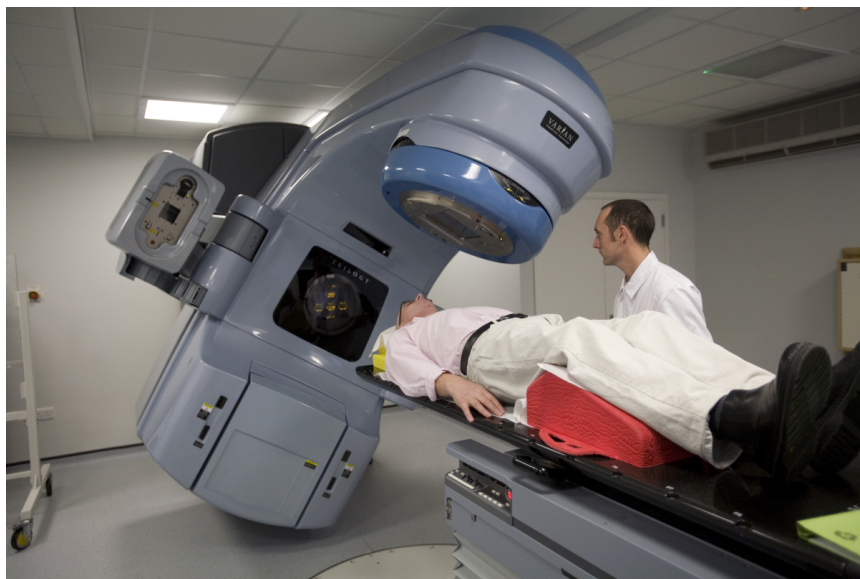
## Treatment planned with gantry



IMPT: each spot has an individually specified number of particles. The sum of the various fields is flat (or as required by clinics).

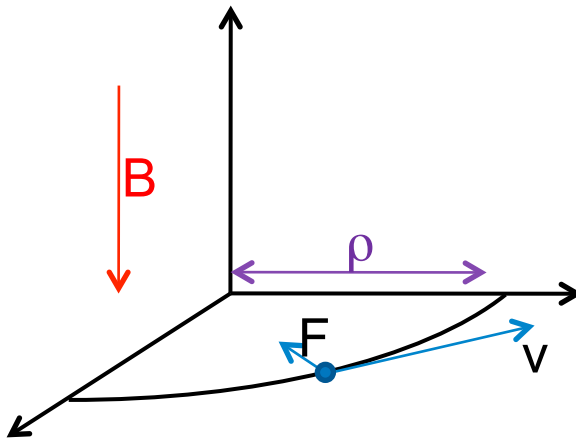
## Gantry in conventional radiotherapy

- The whole linac is inside the gantry
- The gantry head can pass between patient and floor for irradiation from below





## Magnetic rigidity



$$qvB = \frac{mv^2}{\rho} \Rightarrow B\rho = \frac{p}{q}$$

In practical units:

$$0.2998 B [\text{T}] \rho [\text{m}] = p [\text{GeV}/c] / q [e]$$



“Zero comma c”

Electron, 20 MeV:  $B\rho = 0.068 \text{ T m}$

Protons, 60 MeV:  $B\rho = 1.14 \text{ T m}$

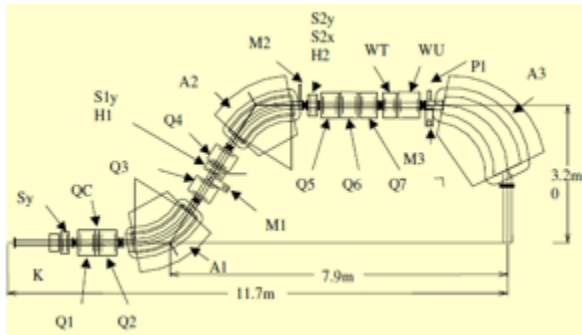
Protons, 250 MeV:  $B\rho = 2.43 \text{ T m}$

Carbon, 120 MeV/u:  $B\rho = 3.25 \text{ T m}$

Carbon, 400 MeV/u:  $B\rho = 6.35 \text{ T m}$

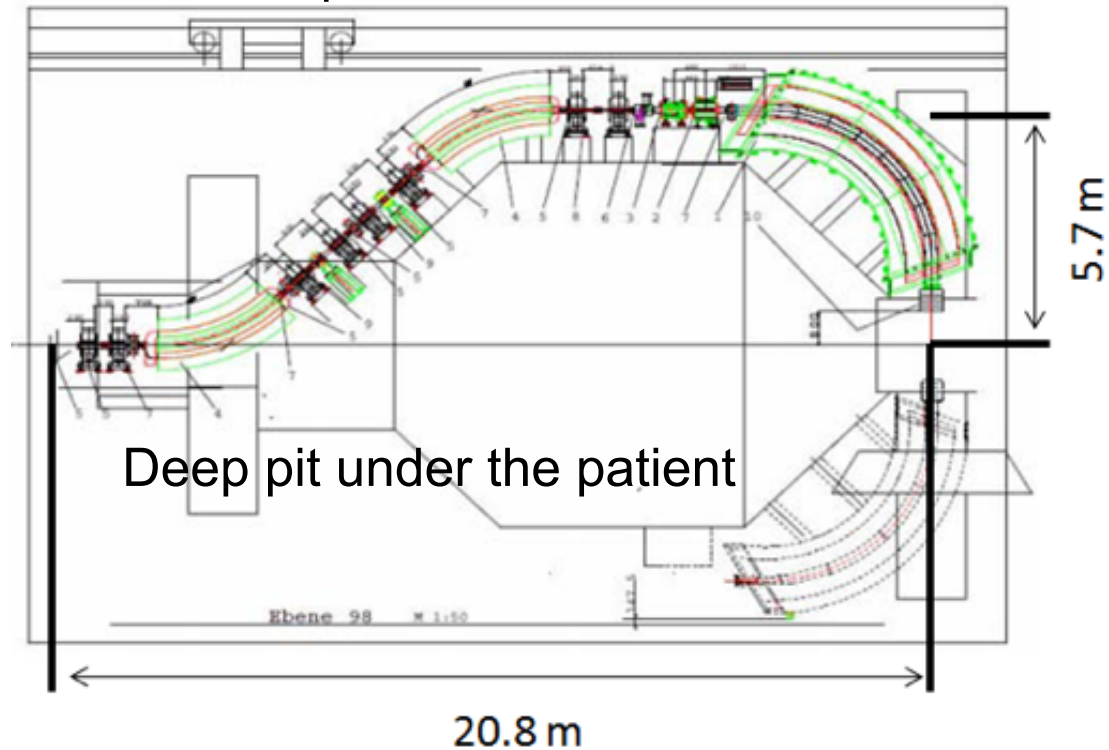
# Size and magnetic rigidity

Conventional RT



Proton Gantry  
 $B\rho < 2.4 \text{ Tm}$

Carbon Ion Gantry  
 $B\rho < 6.4 \text{ Tm}$



# Proton gantry

Mitsubishi



Hitachi

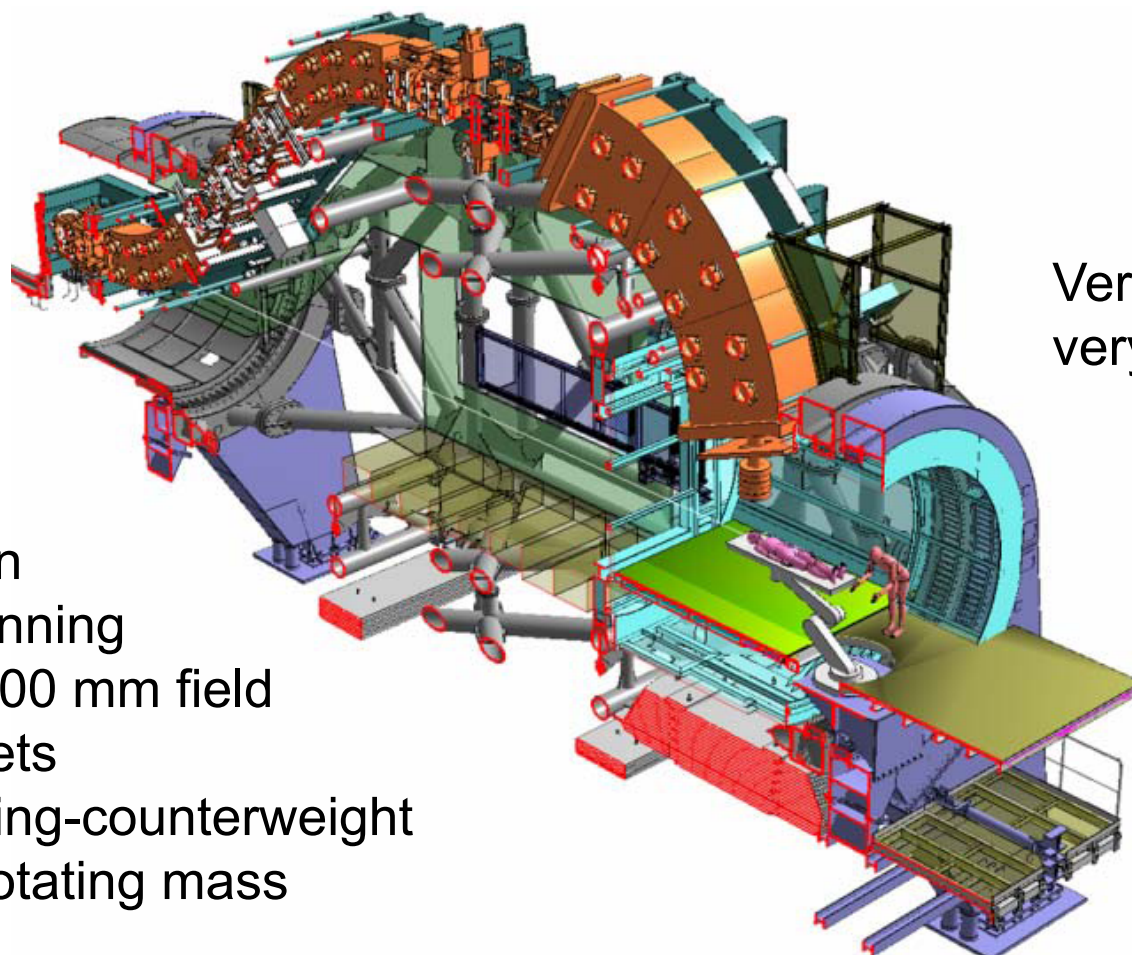
IBA





## Carbon ion gantry

Only one C gantry worldwide:  $L = 25 \text{ m} \times \phi = 13 \text{ m}$ , 600 t



Very large, very heavy,  
very expensive

360° rotation  
Parallel scanning  
200 mm x 200 mm field  
140 t magnets  
120 t shielding-counterweight  
600 t total rotating mass

*(Udo Weinrich, GSI)*



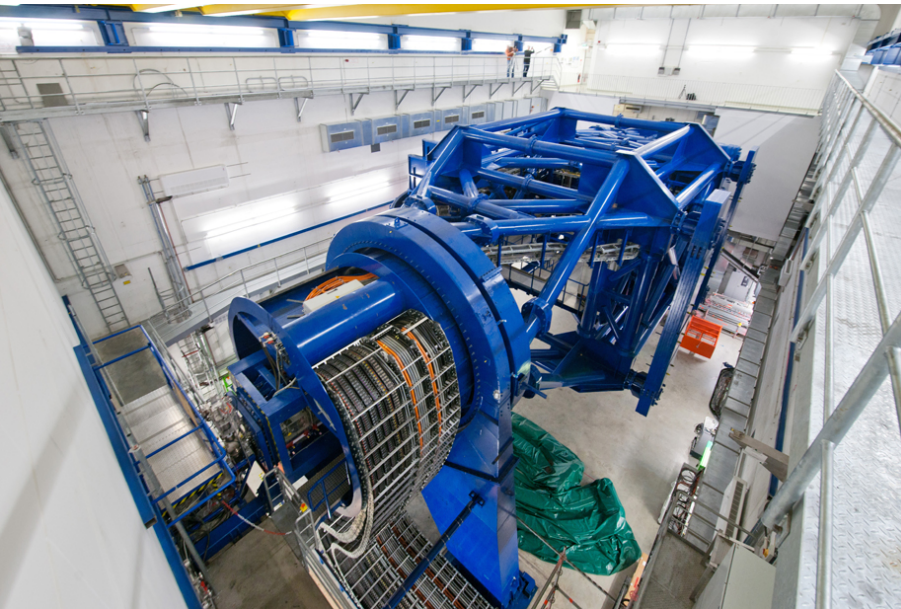
The CNAO 90° magnet during installation in the vertical line. The size is the same as for a gantry final magnet.



# Carbon Ion Gantry

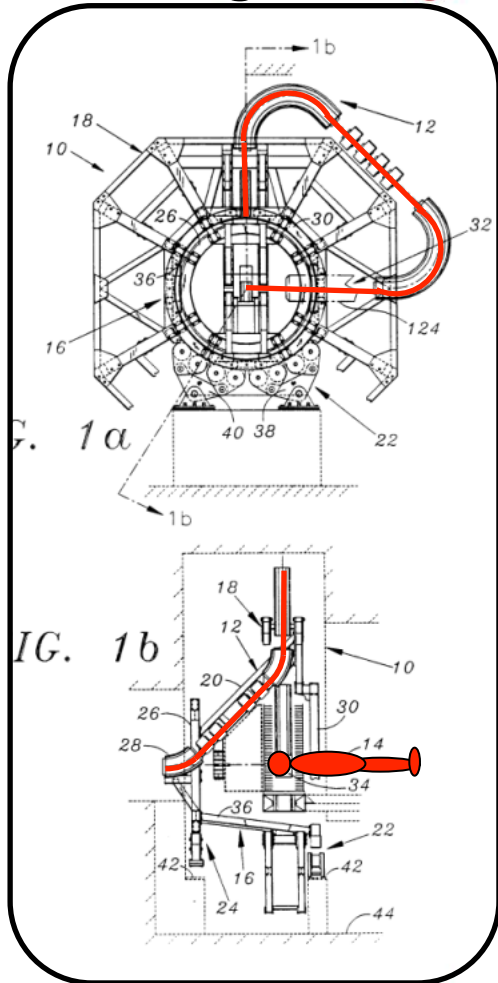
- The HIT Gantry:  
the only operational C Gantry

**L = 25 m x  $\phi$  = 13 m,  
600 t rotating mass**

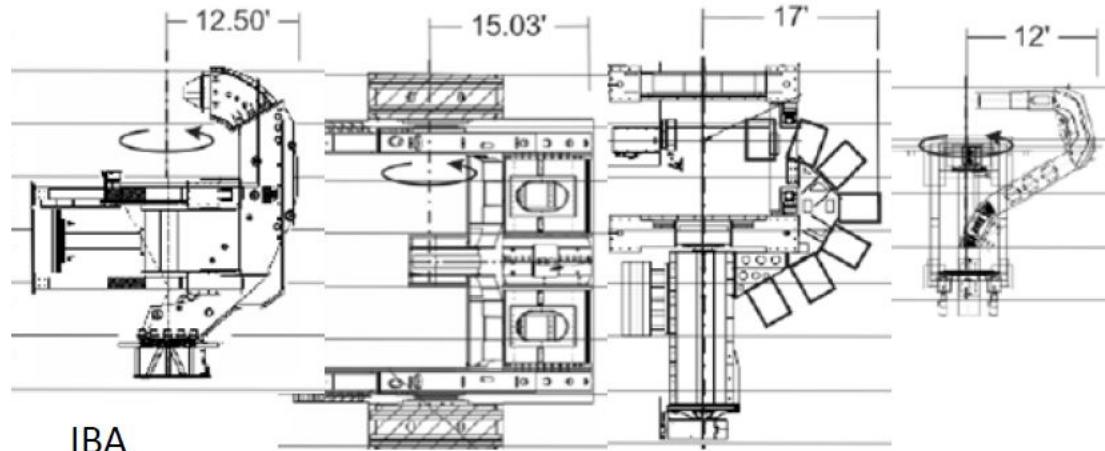




# Proton gantries, many geometries used



Corkscrew gantry at LLUMC

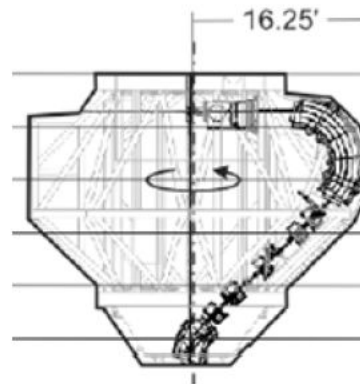


IBA Proteus One

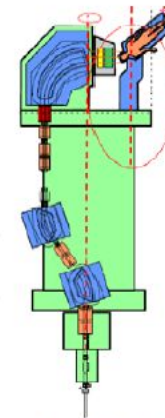
MeVlon

ProTom

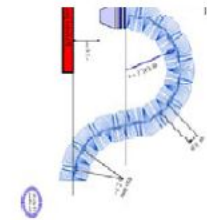
ProNova



IBA/SHI/Hitachi In-Plane



PSI 1 shortest radius

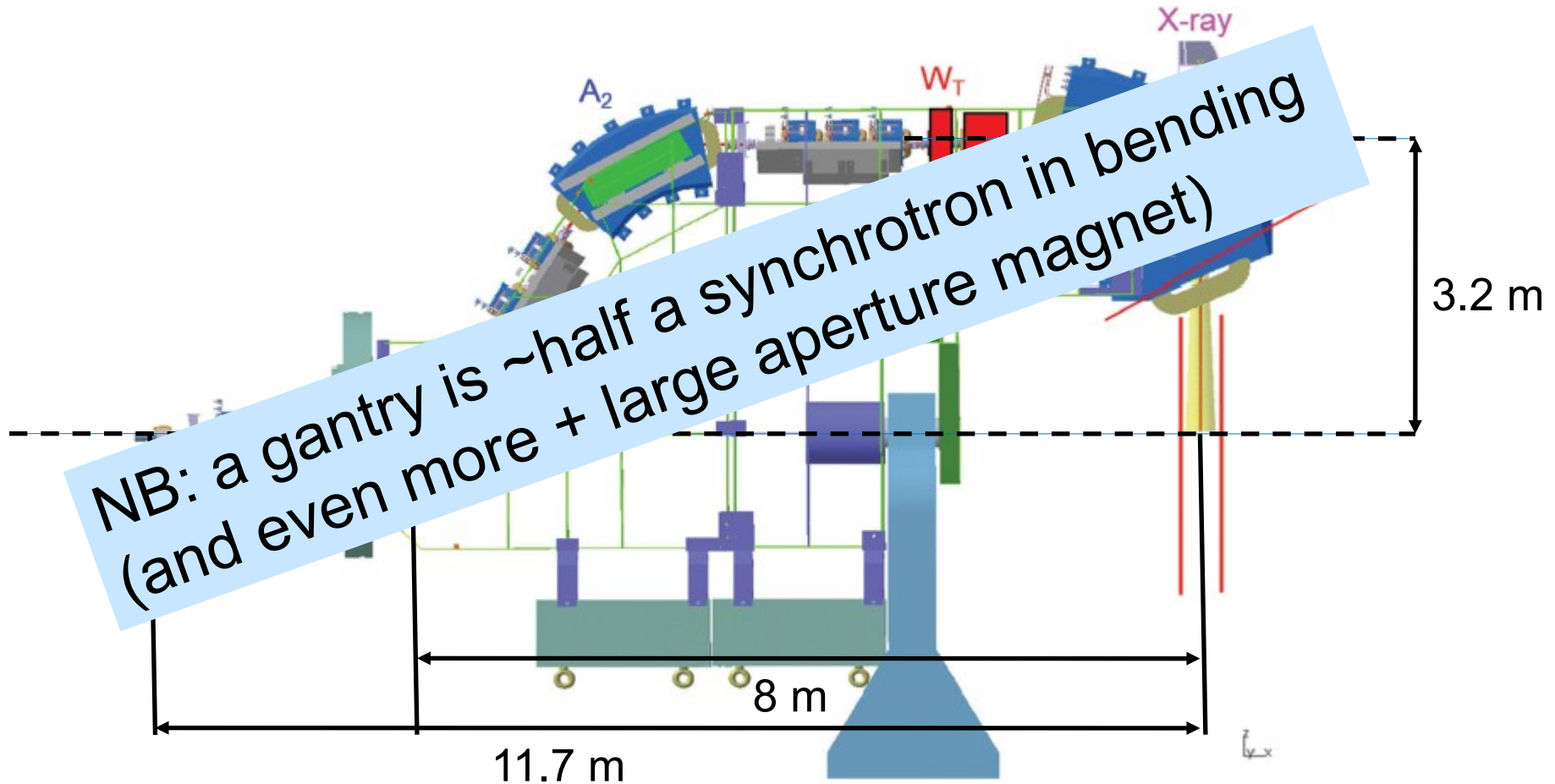


FFAG is the lightest

(Adapted from a slide of J. Flanz)



## PSI gantry 2 (we will see it at MedAustron)



- **Thus gantries are useful, but especially carbon gantries are huge, expensive, difficult etc.**
  
- **CAN WE DO BETTER?**

## Aspects and possibilities to consider in a gantry

- Space around isocenter for patient dimensions and couch orientation

## Space around patient

- Patient size
- Walk around patient
- Imaging in situ
- Couch rotation
  
- Typical
  - ~ 45 – 65 cm
  - ~ 2 m opposite to nozzle
  
- Scattering, air and distance degrade beam quality



(Photon gantry used for illustration only, text refers to particles)



## Aspects and possibilities to consider in a gantry

- Space around isocenter for patient dimensions and couch orientation
- Field size

## Field size

- Area that can be irradiated
- Trade off between performance and gantry cost/size
- Larger field requires thicker vacuum window.
- Typically  
20x20 in europe to  
30x40 cm<sup>2</sup> in the US



(Photon gantry used for illustration only, text refers to particles)

## Aspects and possibilities to consider in a gantry

- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)

## Scanning or scattering

- Scattering is the most used spreading technique, but it is not suitable for carbon beams and anyway the trend is towards scanning also for protons.
- Let's assume **scanning** in the following

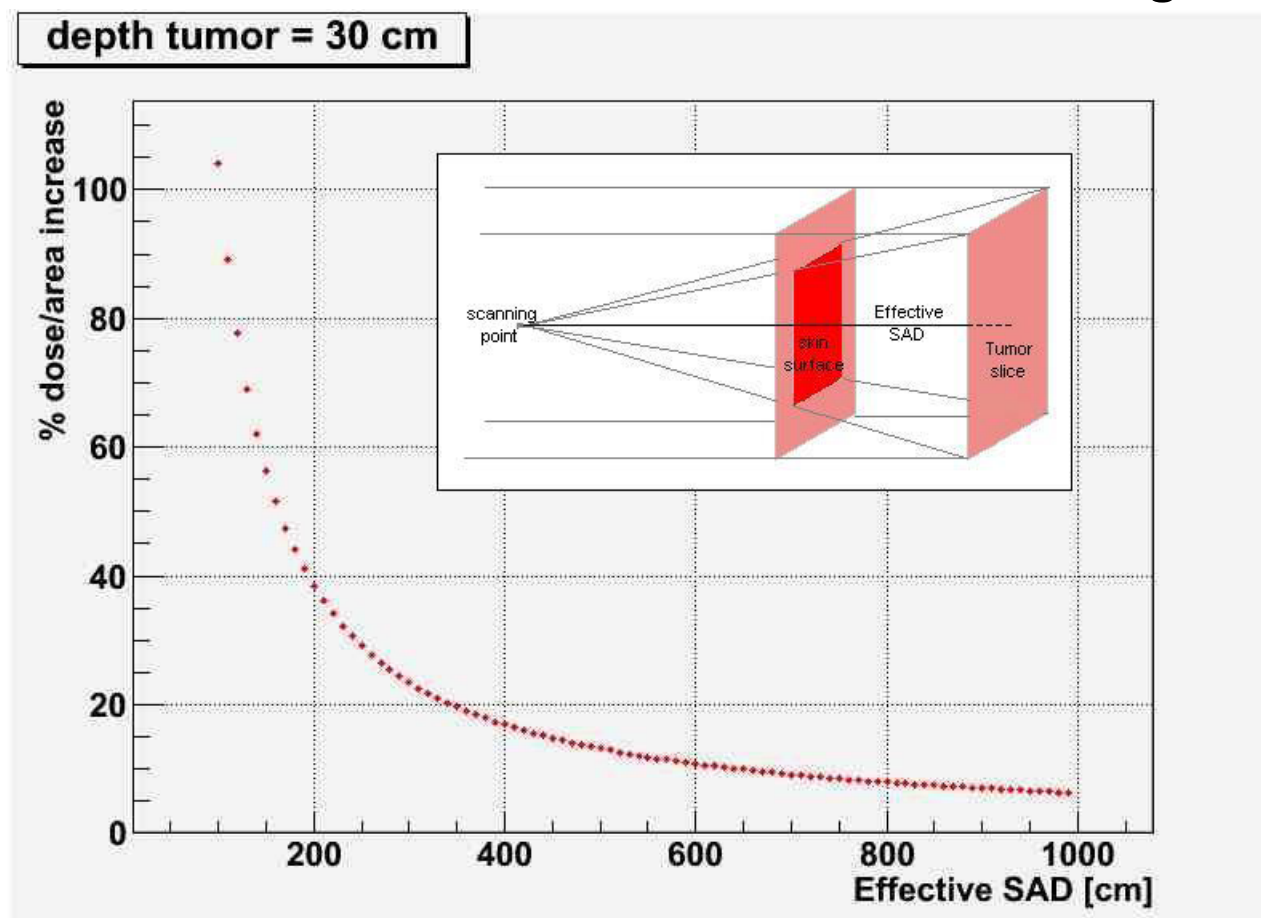


## Aspects and possibilities to consider in a gantry

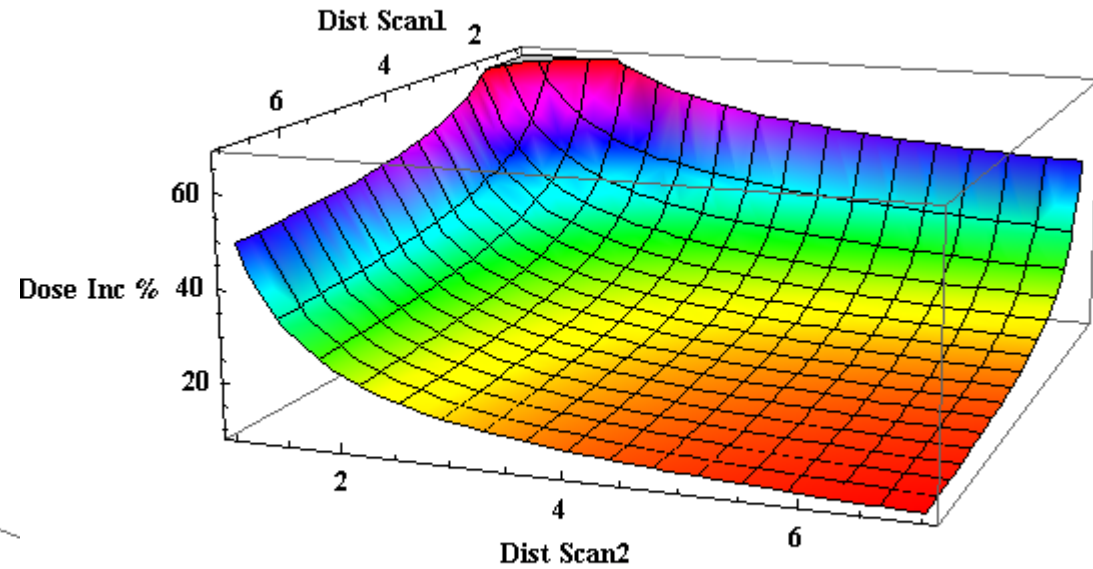
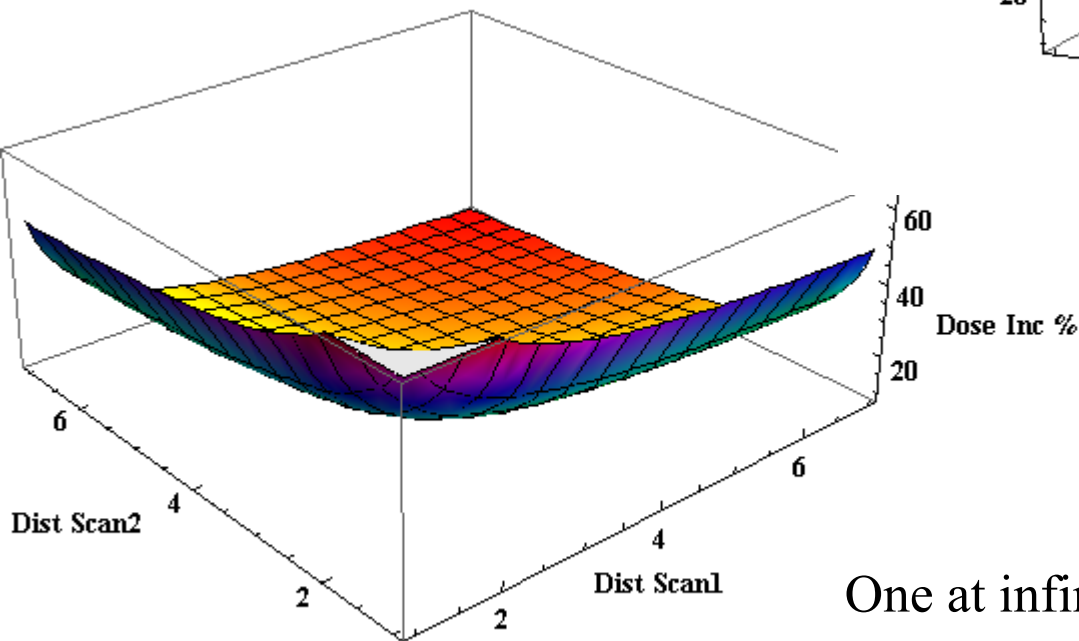
- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)
- Source to Axis Distance (SAD)

# SAD

- Treatment plans (at least many of them) consider parallel scanning
- Dose increase to the skin, which is a radiosensitive organ



# SAD for separated scanners



One at infinity, SAD=3.40 d=0.3 DoseInc=10%

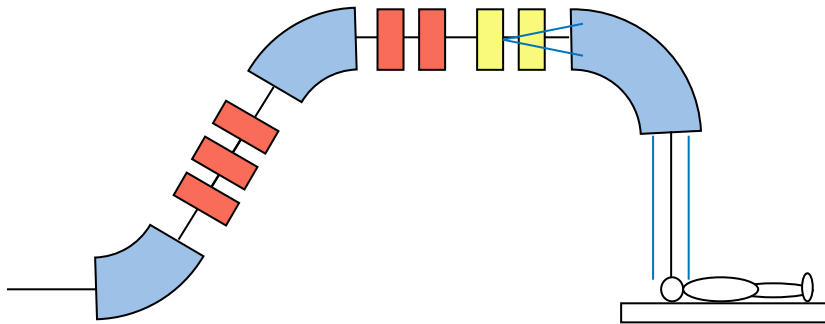
One at infinity, SAD=1.83 d=0.3 DoseInc=20%

## Aspects and possibilities to consider in a gantry

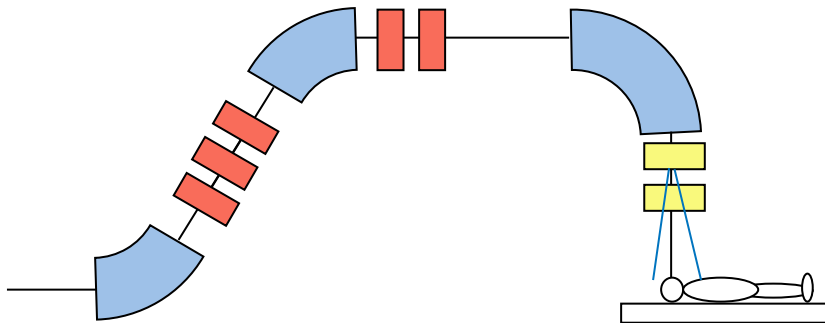
- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)
- Source to Axis Distance (SAD)
- Scanning magnets position



## Scanning magnets position



- Large aperture dipole: weight and power consumption



- Large gantry radius and large room size

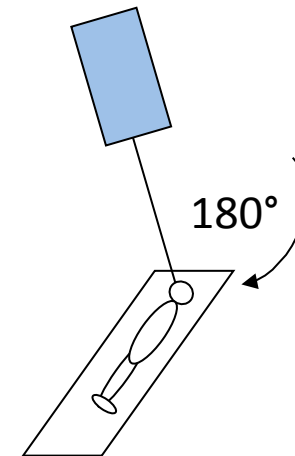
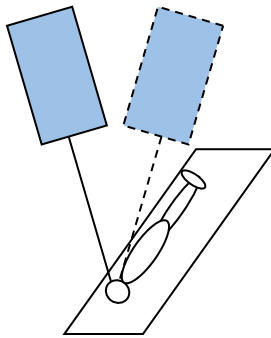
**One scanning magnet upstream and one downstream is often proposed**

## Aspects and possibilities to consider in a gantry

- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)
- Source to Axis Distance (SAD)
- Scanning magnets position
- 180° or 360°

## 360° vs 180°

- By rotating the couch by 180°, all the beam directions are possible also with only 180° of rotation of the gantry



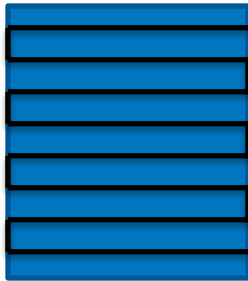
Rotation of the couch may require position verification (time and XRays),  
But it saves space and requires less shielding on the wall “not irradiated”.

## Aspects and possibilities to consider in a gantry

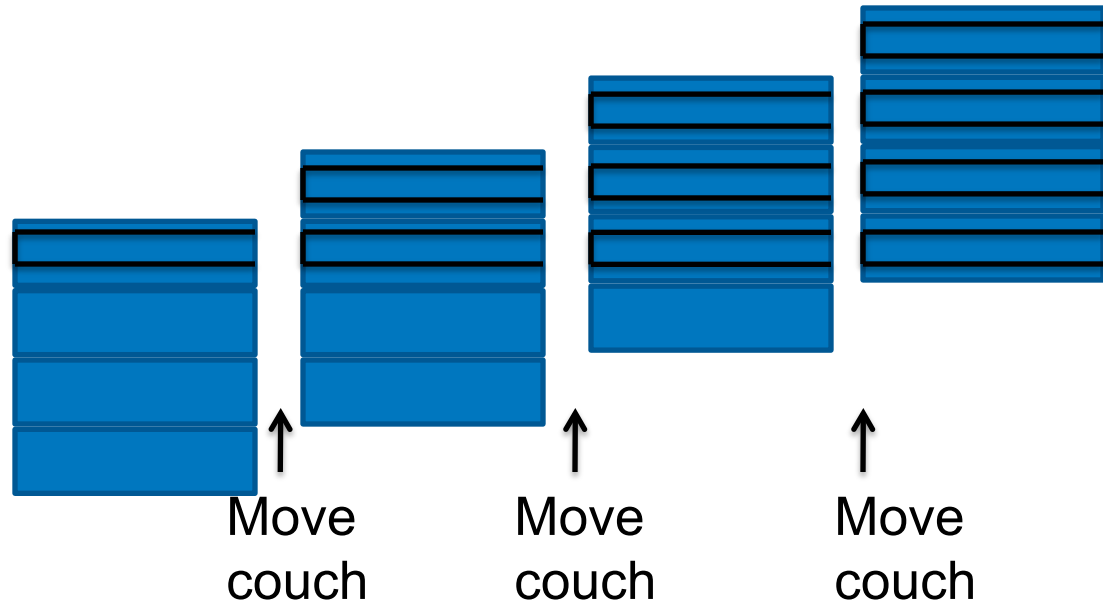
- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)
- Source to Axis Distance (SAD)
- Scanning magnets position
- 180° or 360°
- Field patching

## Field patching

Scan in one go



Scan and move (~PSI gantry 1)



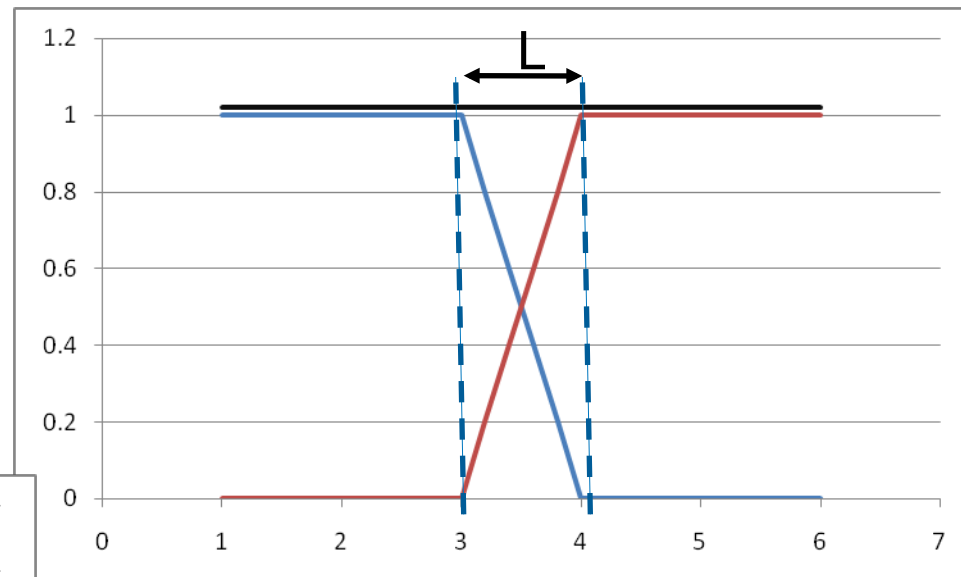
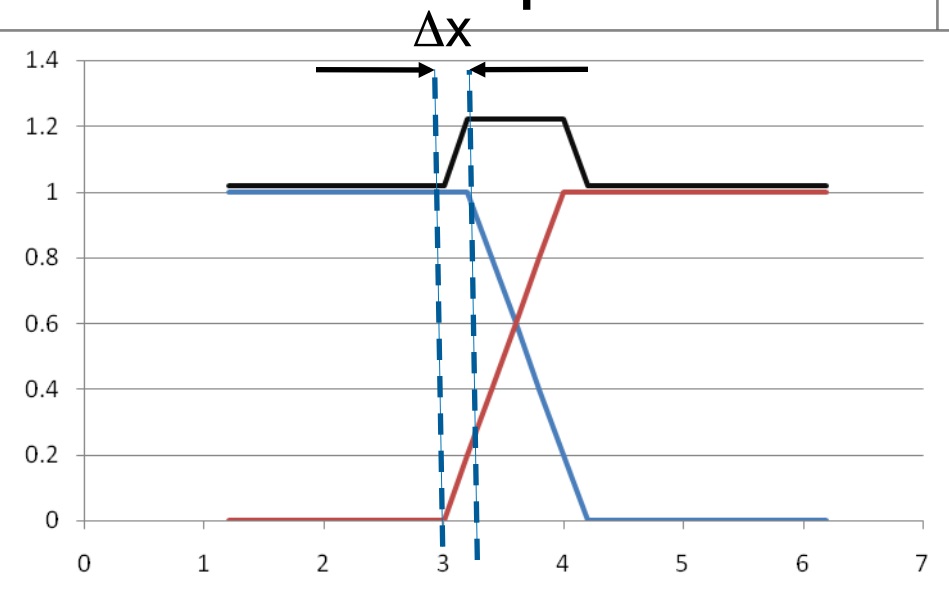
Reduced magnet aperture, but slower procedure and difficulties somehow similar to simultaneous optimisation of multiple fields with IMPT



# Field patching

- Fields have to be tapered (possible with active scanning)
- Alignment required

$Dx/L < \text{Rel dose precision}$



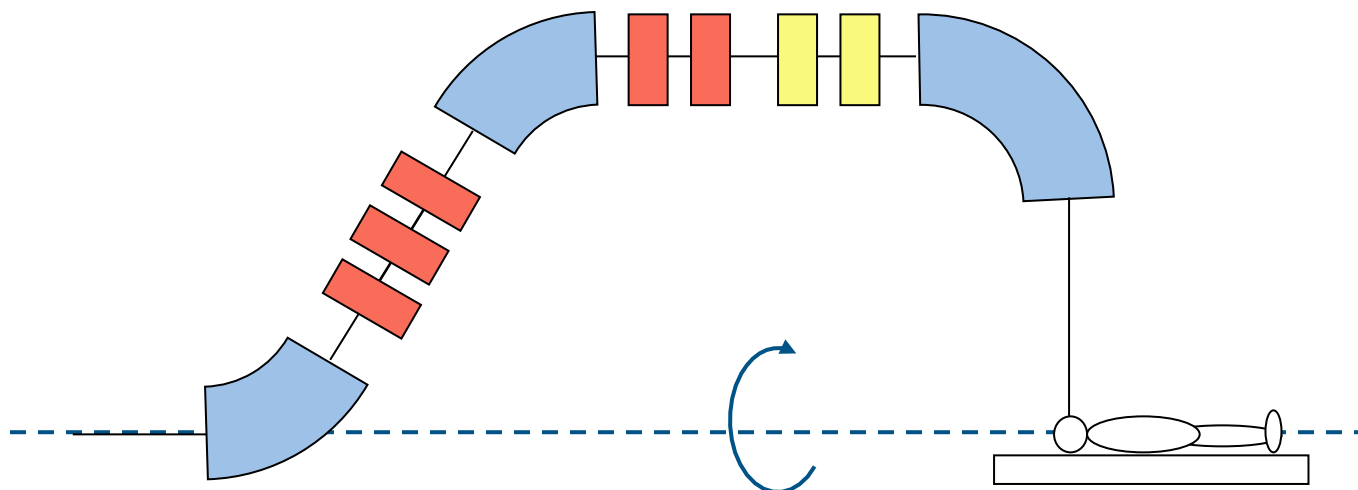
$$0.5\text{mm}/2\text{cm} = 2.5\%$$

## Aspects and possibilities to consider in a gantry

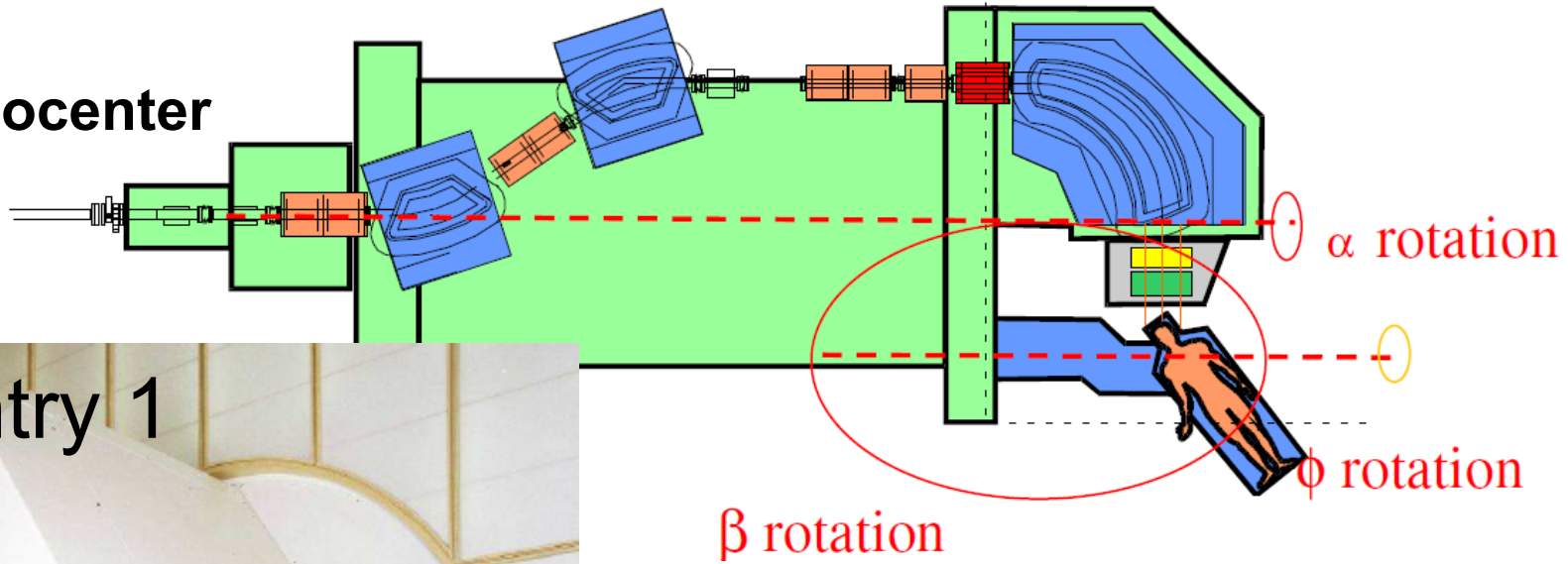
- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)
- Source to Axis Distance (SAD)
- Scanning magnets position
- 180° or 360°
- Field patching
- Fixed or mobile isocenter

## Fixed or mobile isocenter

- Most of the existing gantries have a fixed isocenter on the rotation axis of the gantry. This implies large masses rotating at large radius.

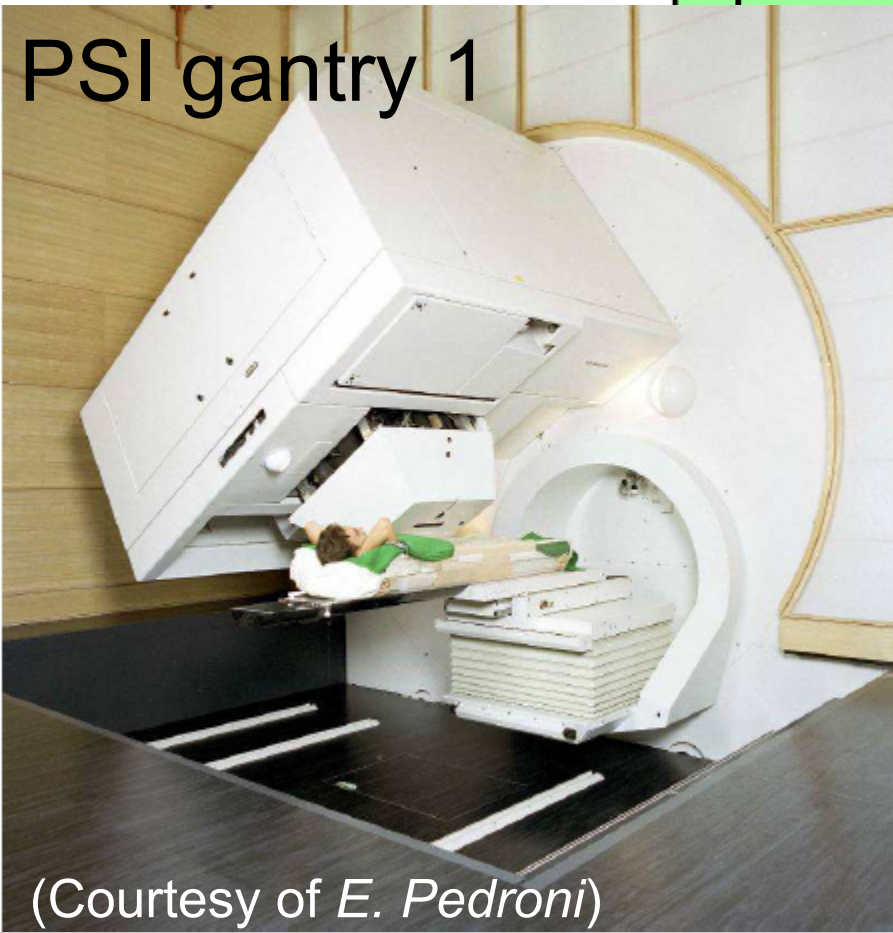


# Mobile isocenter



First scanning gantry worldwide

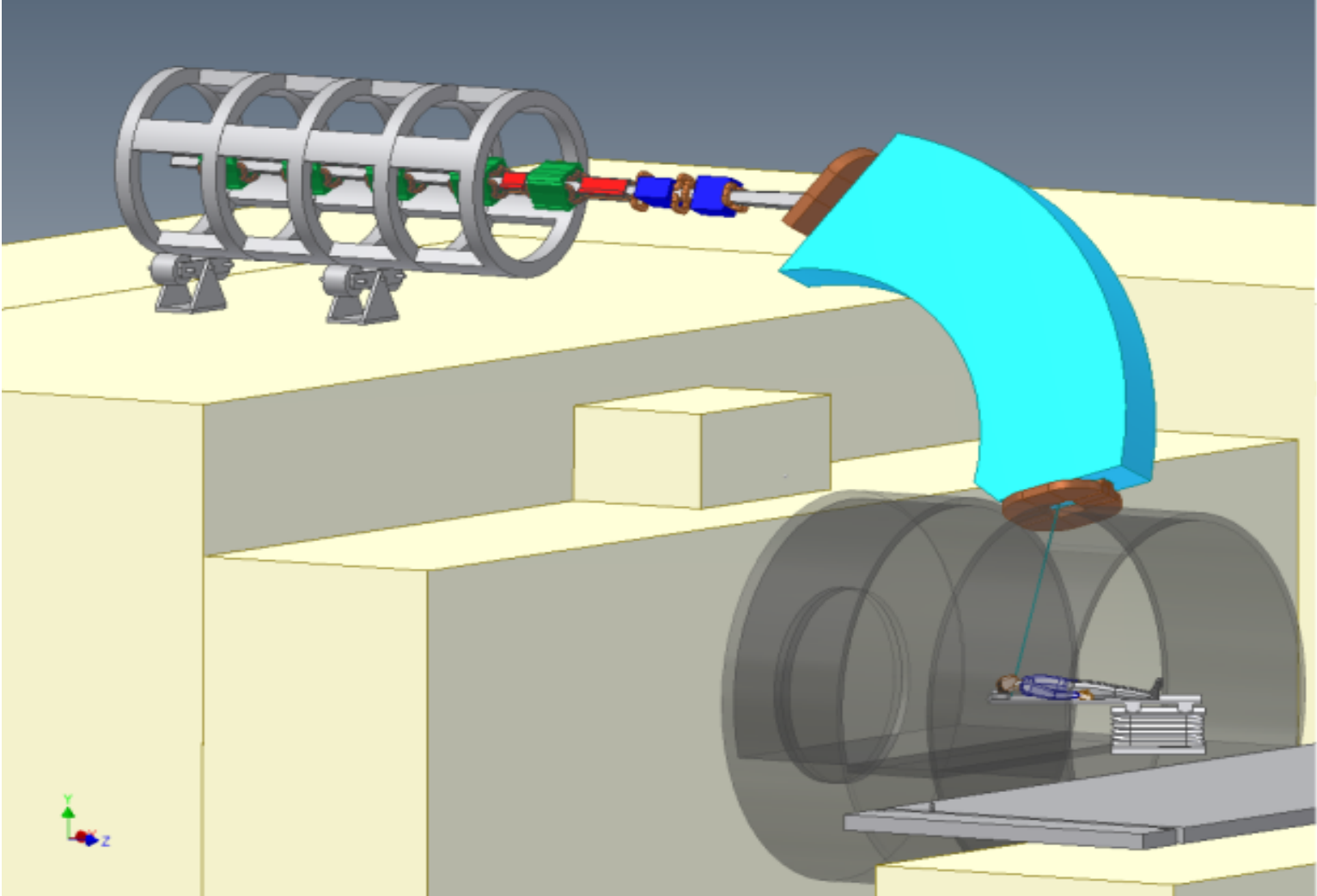
An isocenter, through which all the directions pass, exists but its position depends on gantry orientation.



(Courtesy of E. Pedroni)



# ULICE mobile isocenter gantry (“Riesenrad”)

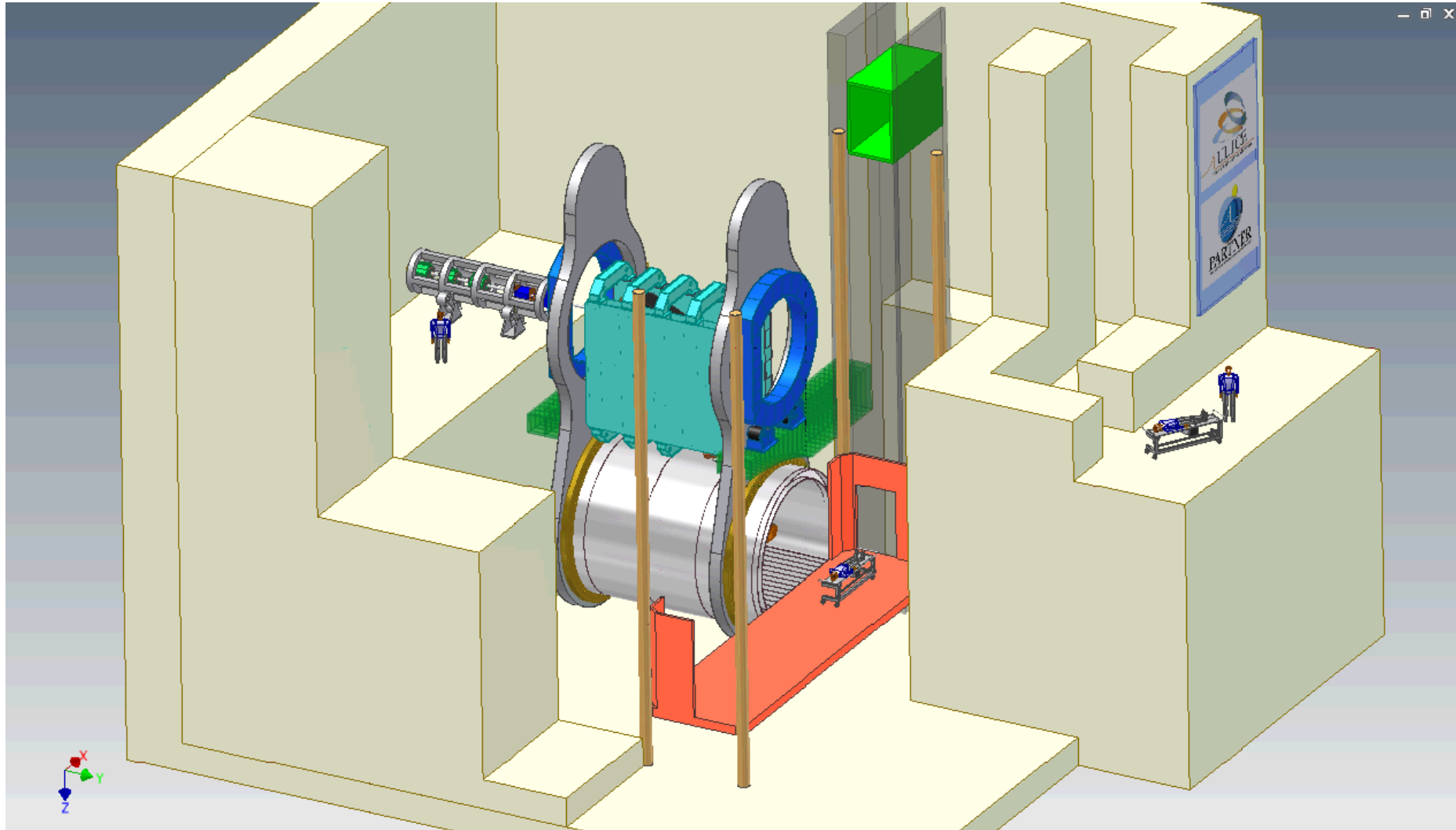


- 90° bending magnet
- Scanning magnets
- Quadrupoles
- Corrector magnets

# London Eye



# ULICE mobile isocenter gantry (“Riesenrad”)



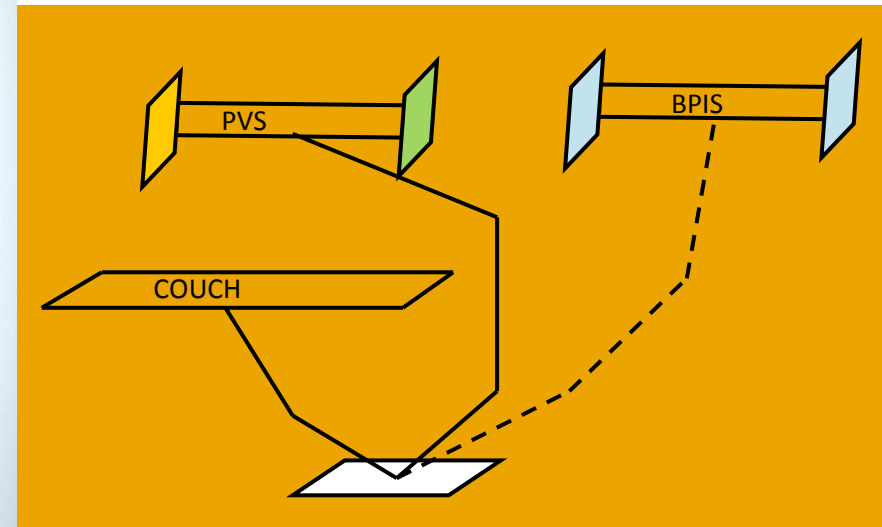


## Beam Based Alignment

Isocenter position moves and is not easy to measure/verify/define



Measure where the beam is and put the isocenter there...



One robot arm with two “tools”

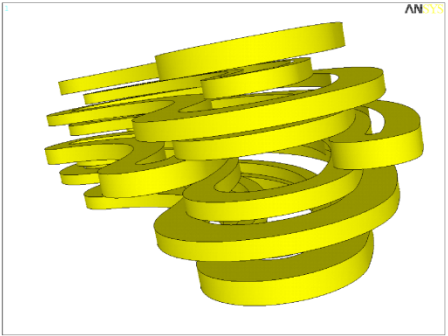
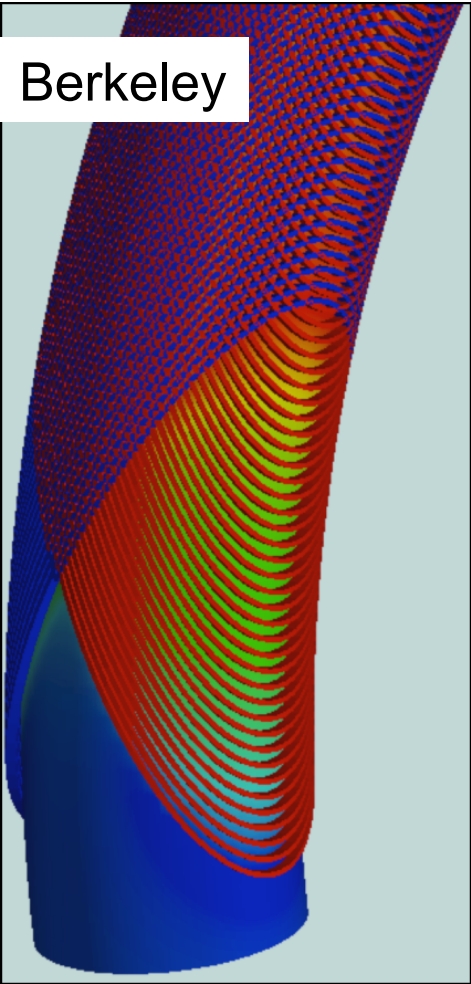
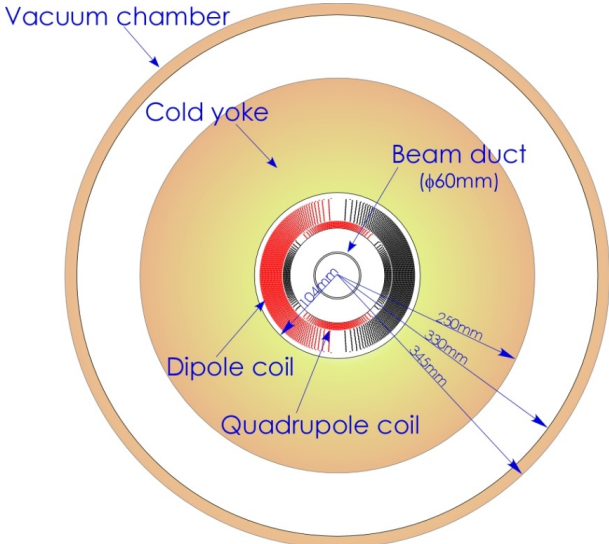
CNAO treatment room #2: PPS and PVS



## Aspects and possibilities to consider in a gantry

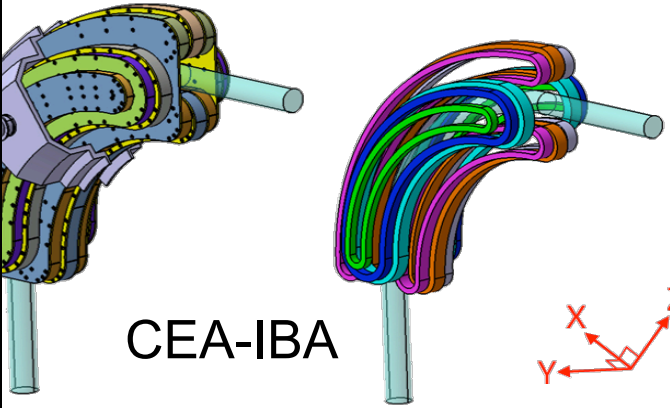
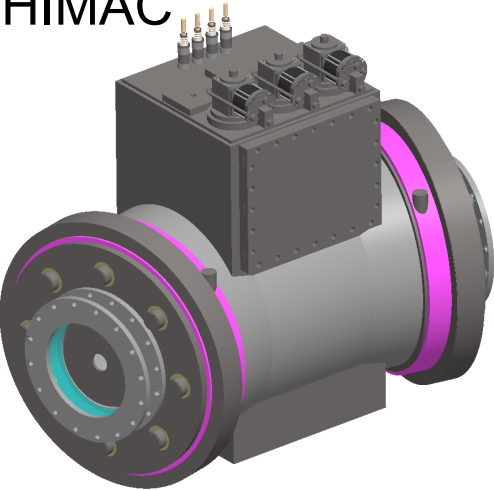
- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)
- Source to Axis Distance (SAD)
- Scanning magnets position
- 180° or 360°
- Field patching
- Fixed or mobile isocenter
- Superconducting magnets

# Superconducting magnet studies

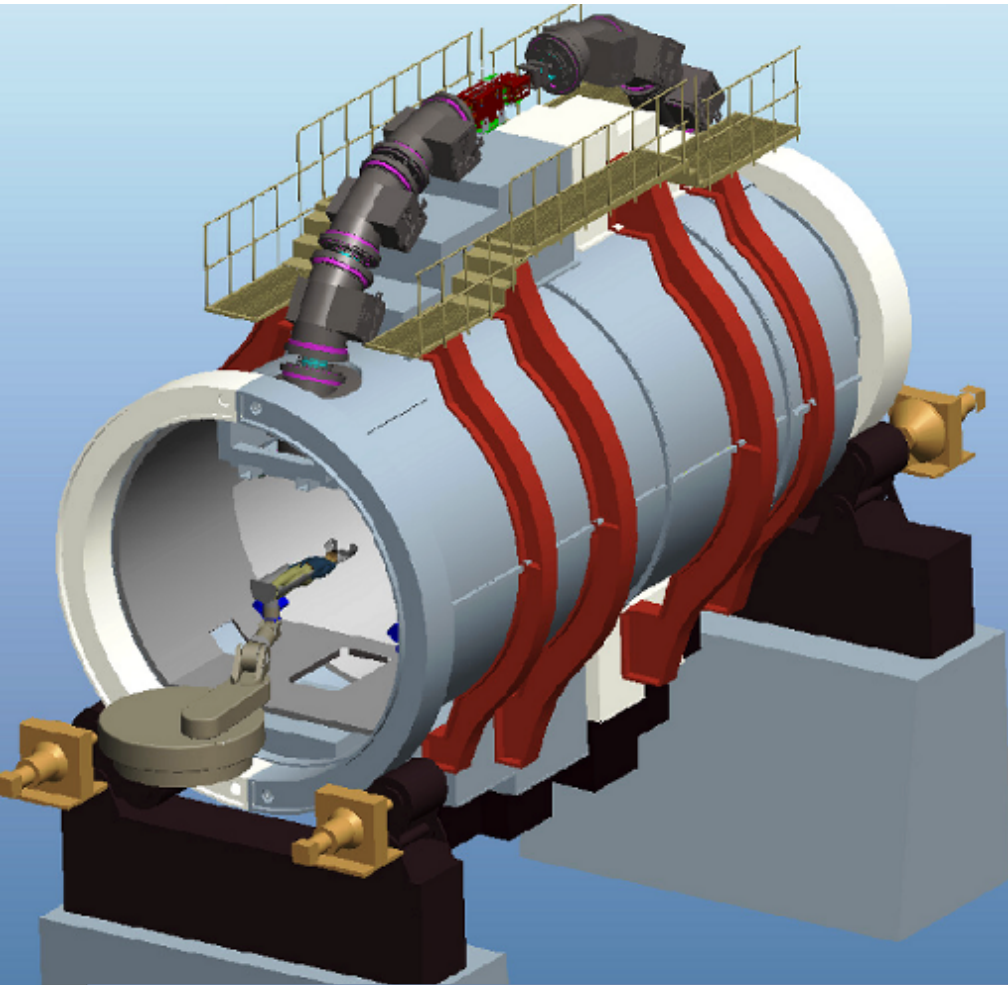


INFN-CNAO

HIMAC



# HIMAC superconducting gantry (under construction)



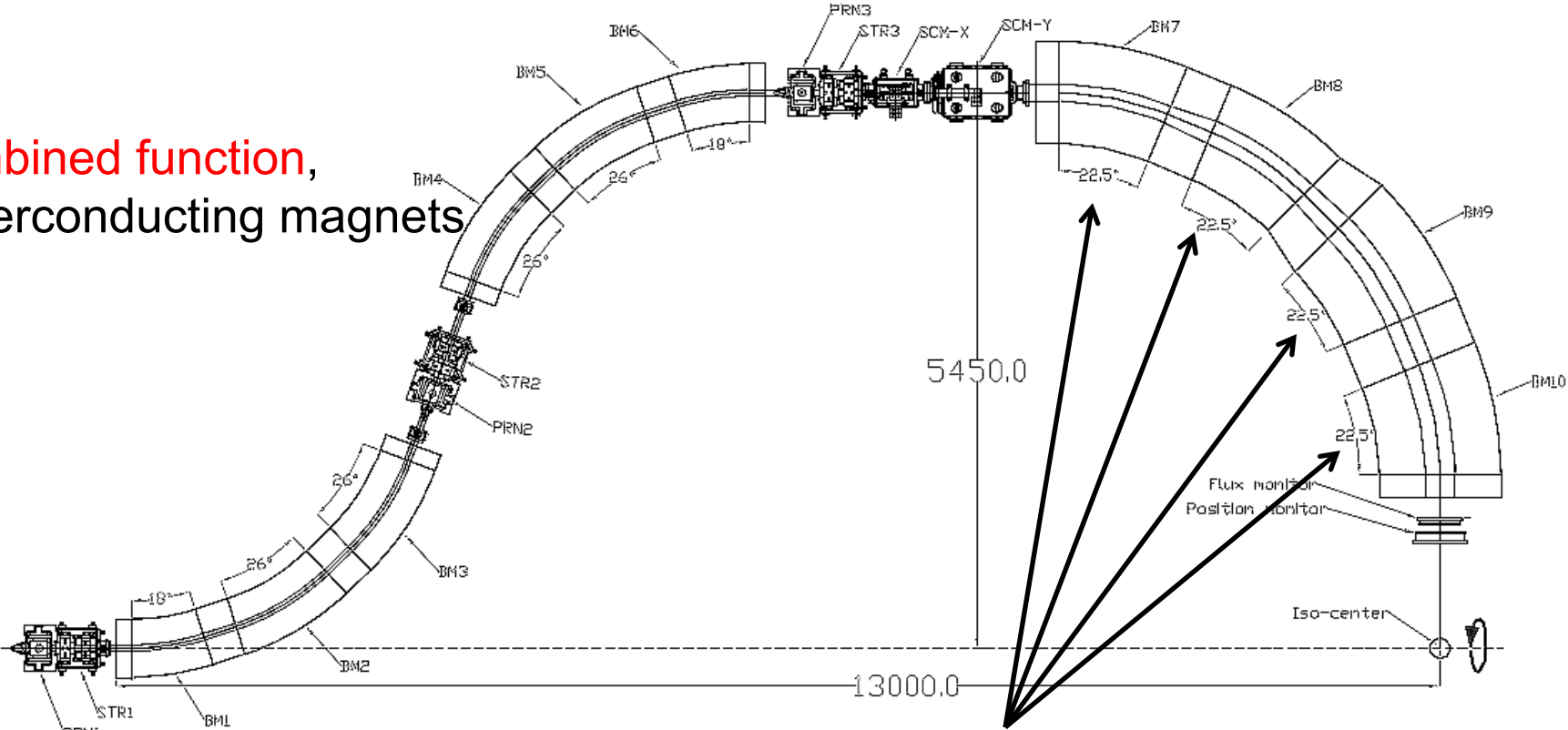
**Weight: order of 300 tons**

Ion kind	: $^{12}\text{C}$
Irradiation method	: 3D Scanning
Beam energy	: 430 MeV/n
Maximum range	: 30 cm in water
Scan size	: $\square 200 \times 200 \text{ mm}^2$
Beam orbit radius	: 5.45 m
Length	: 13 m

(Courtesy of Y. Iwata)

# Superconducting Gantry (HIMAC )

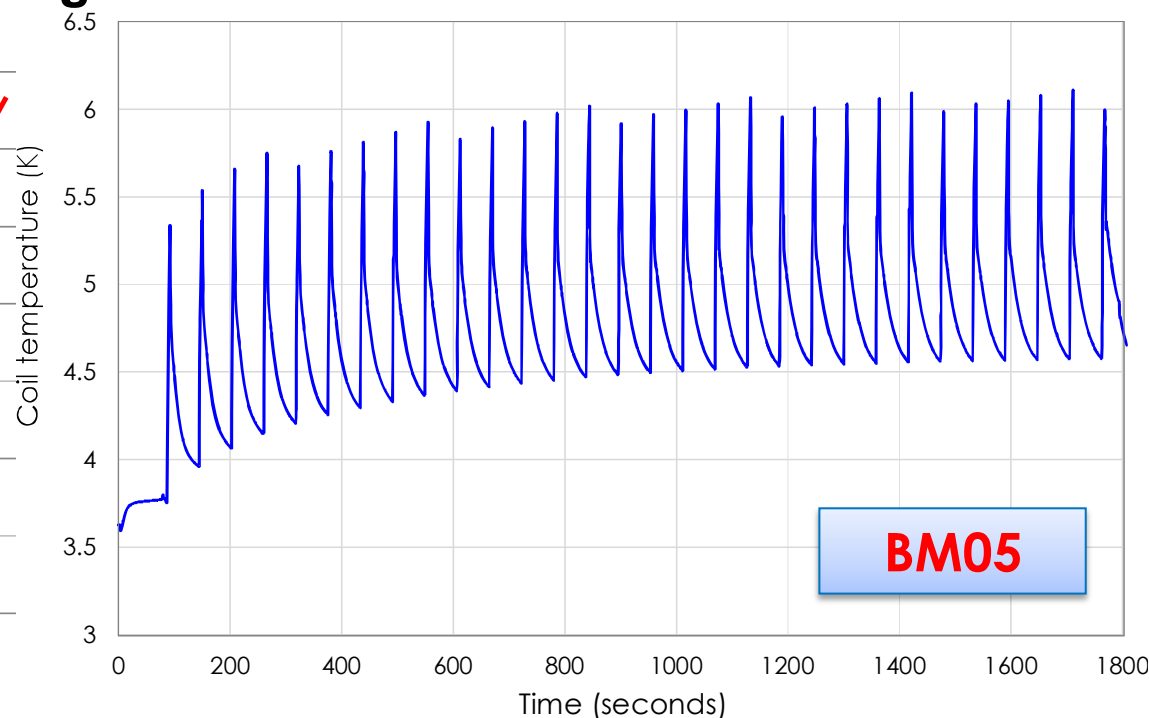
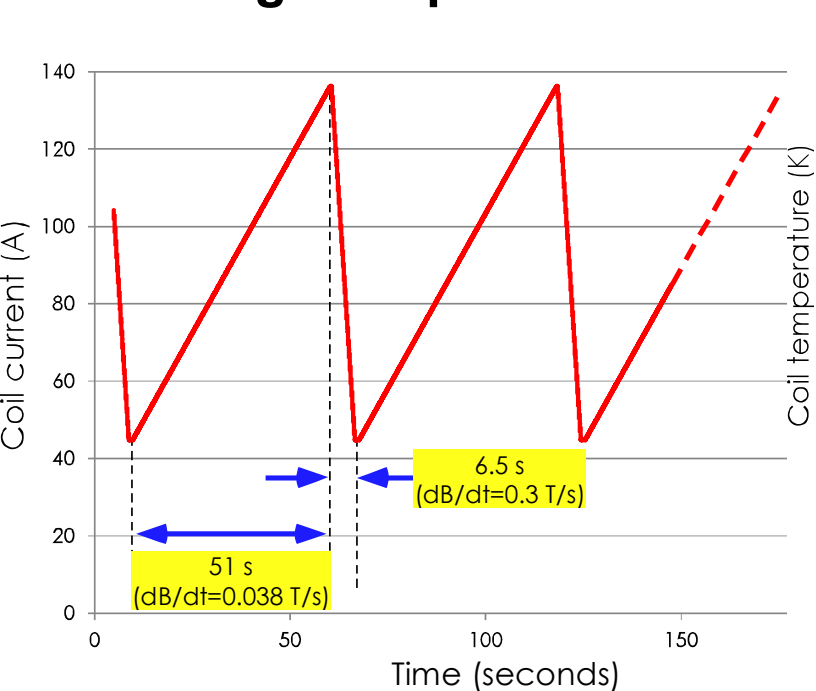
Combined function,  
Superconducting magnets



Progressively increasing perture

## Ramping tests

- Tests with maximum slew-rate
- $I=45\sim 136$  A ( $E=56\sim 430$  MeV/u)
- No quench observed
- Average temperature converged below  $T_c\sim 6.8$  K





## Aspects and possibilities to consider in a gantry

- Space around isocenter for patient dimensions and couch orientation
- Field size
- Active or passive beam delivery (scattering or scanning)
- Source to Axis Distance (SAD)
- Scanning magnets position
- 180° or 360°
- Field patching
- Fixed or mobile isocenter
- Superconducting magnets
- 3D tumor tracking

- **If one wants to follow a tumor moving in range one needs a fast energy changing machine (or an active energy degrader) and a gantry with fast magnets or...**

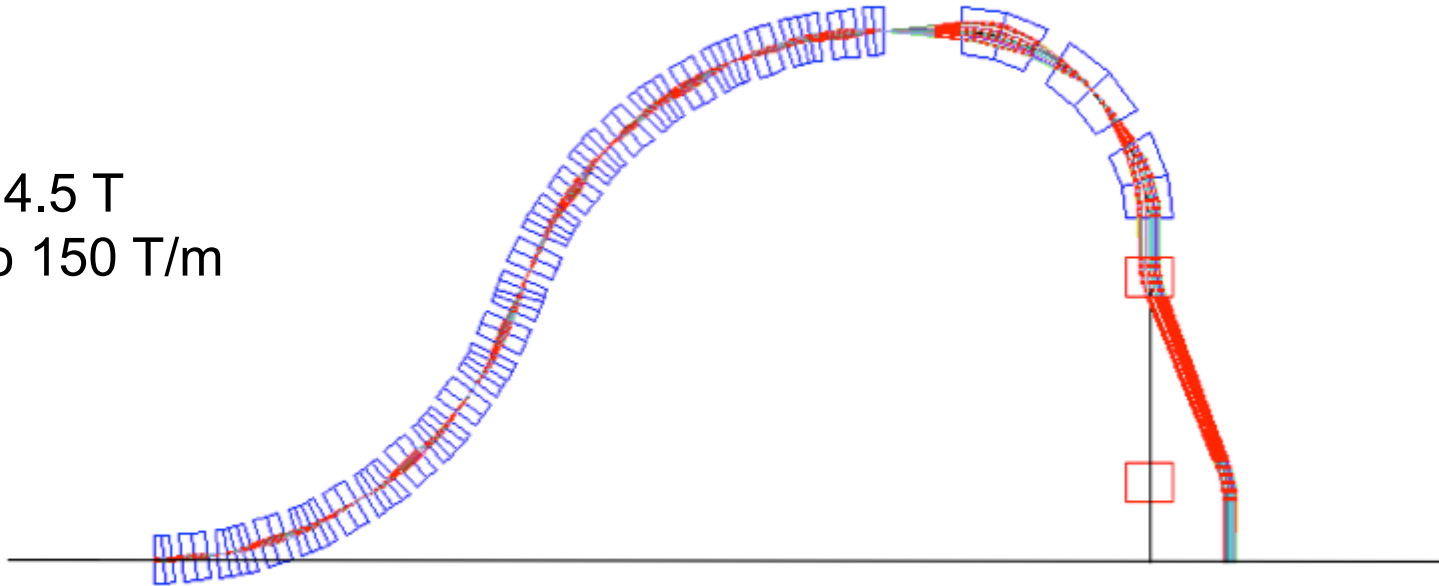
# FFAG Gantry

What if dispersion is so small that  $\Delta p/p = \pm 35\%$  goes through?

p 142 MeV  
C 245 MeV

CARBON GANTRY height 4.091m

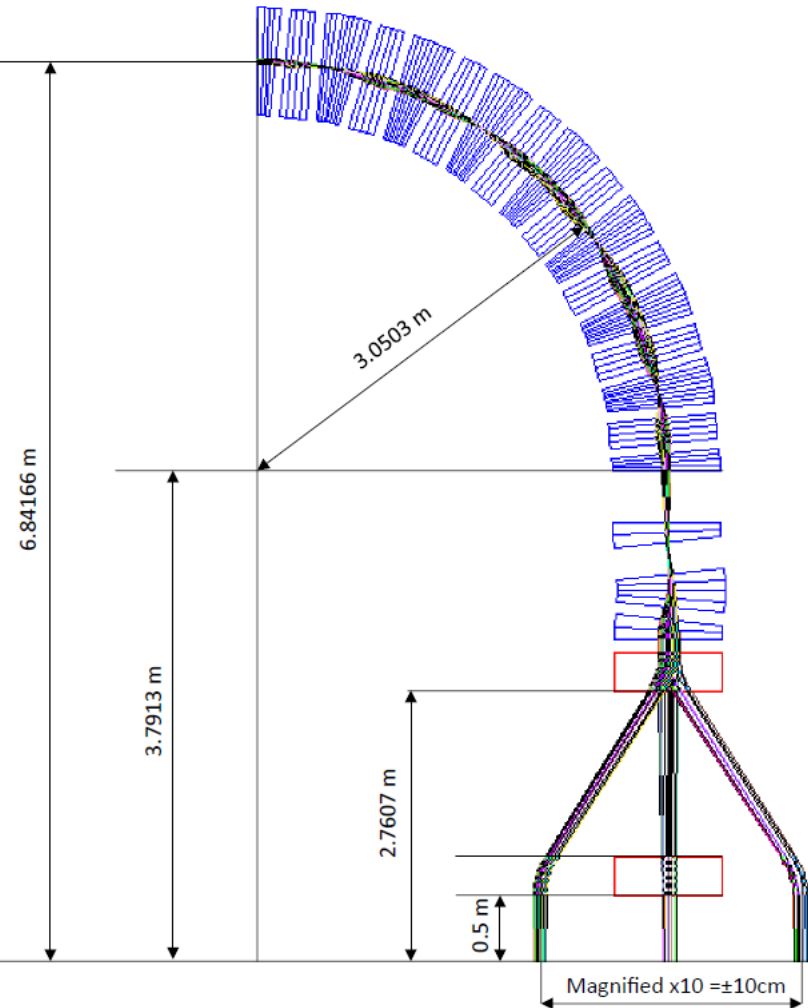
Bdip ~ 4.5 T  
g up to 150 T/m



(Courtesy of Dejan Trbojevic)

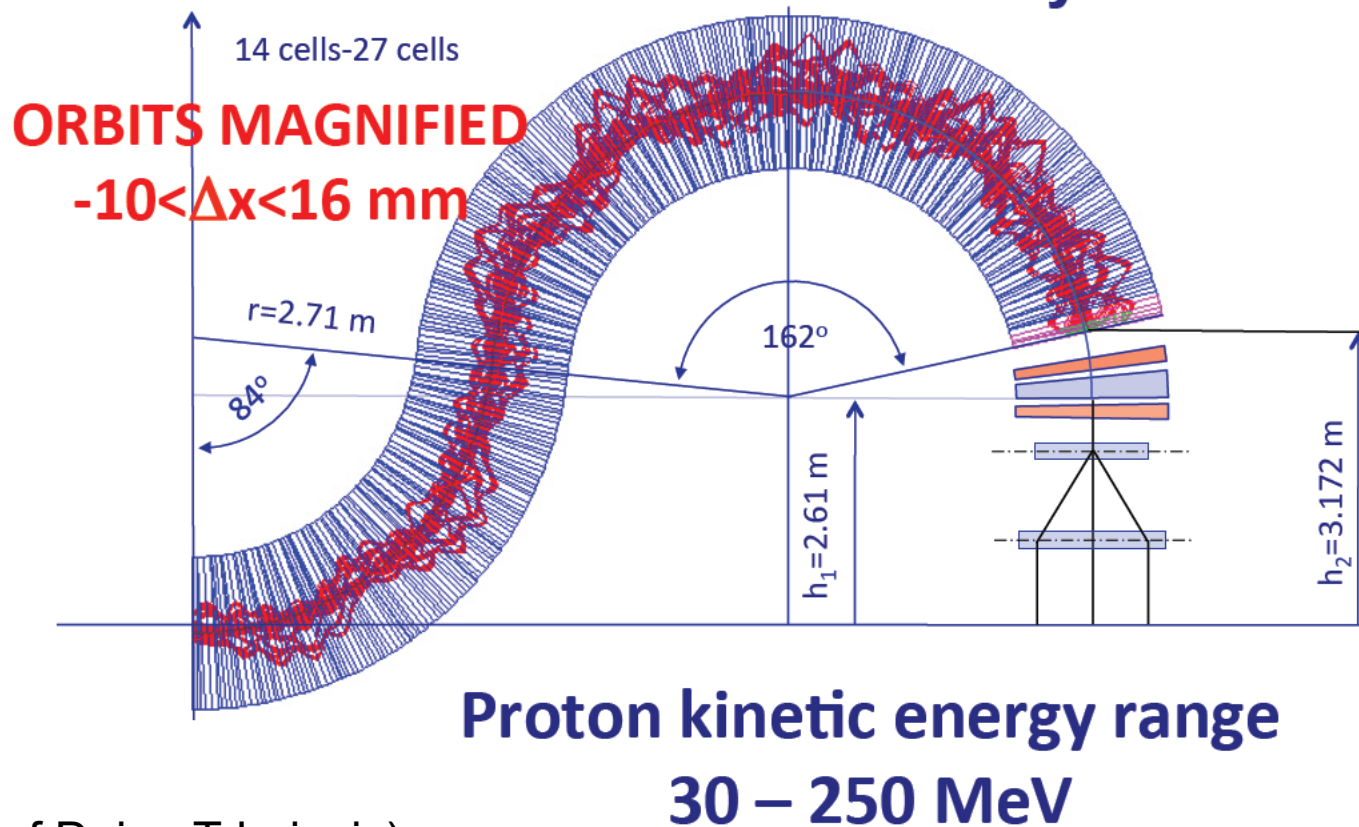
# FFAG mobile isocenter

Can be hosted in the  
ULICE gantry



(Courtesy of Dejan Trbojevic)

# Permanent Halbach Magnet NS-FFAG Proton Gantry



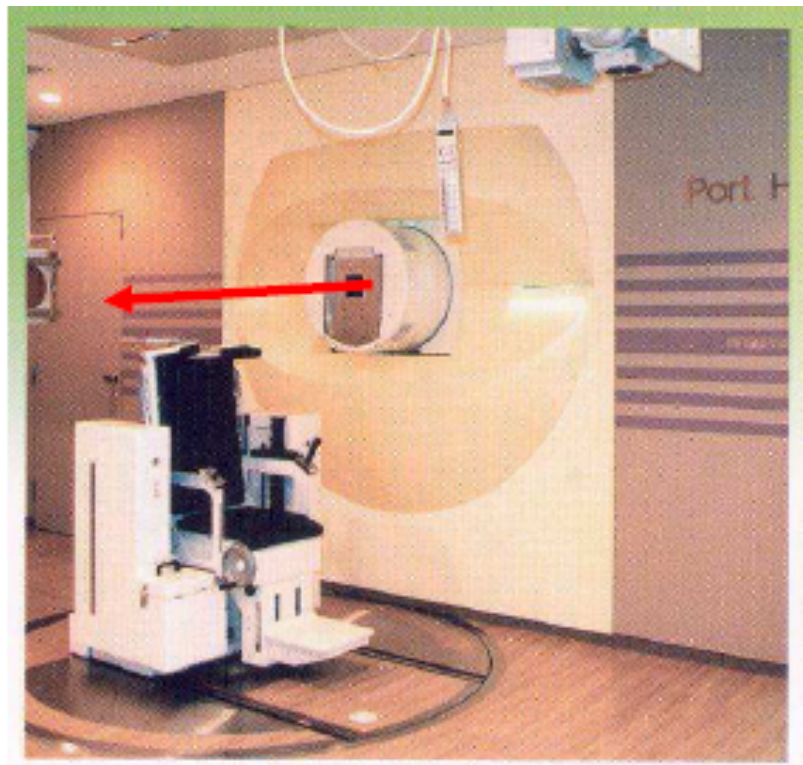
(Courtesy of Dejan Trbojevic)



# Alternatives

- **Chair (with vertical CT)**

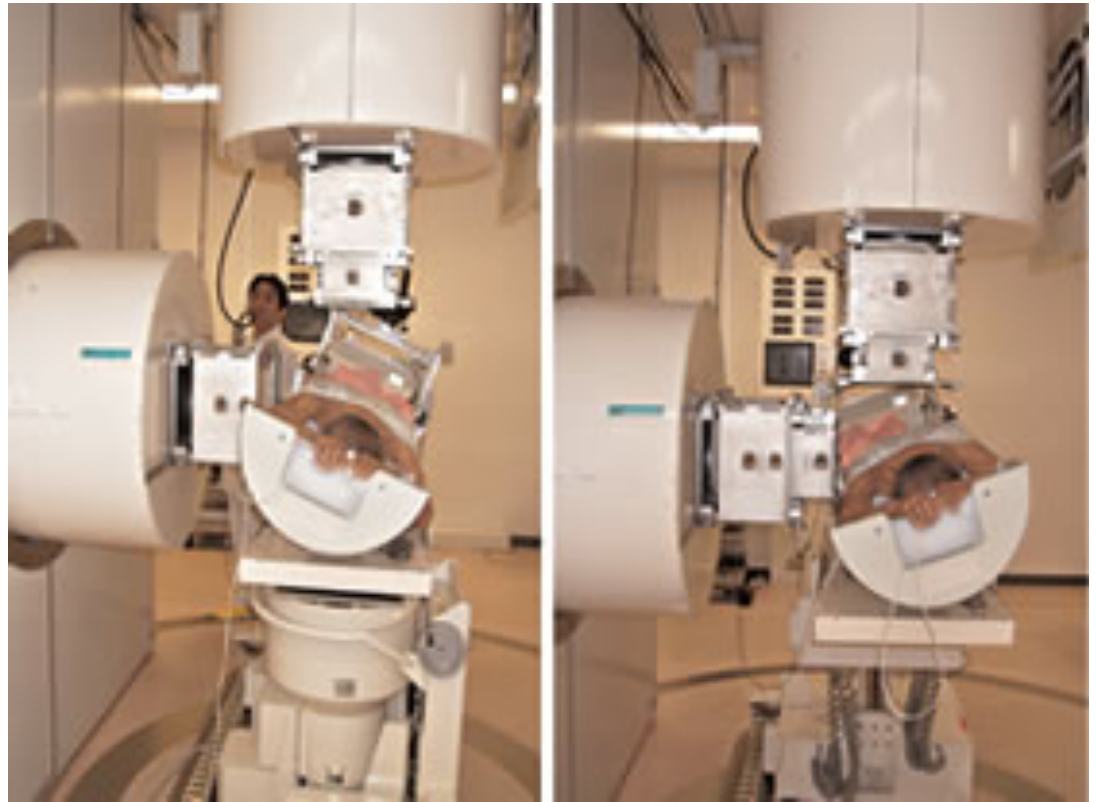
- Chair at Hyogo



# Alternatives

- **Chair with vertical CT**
- **Some patient rotation with 6d couch**

- **Cradle couch at HIMAC**



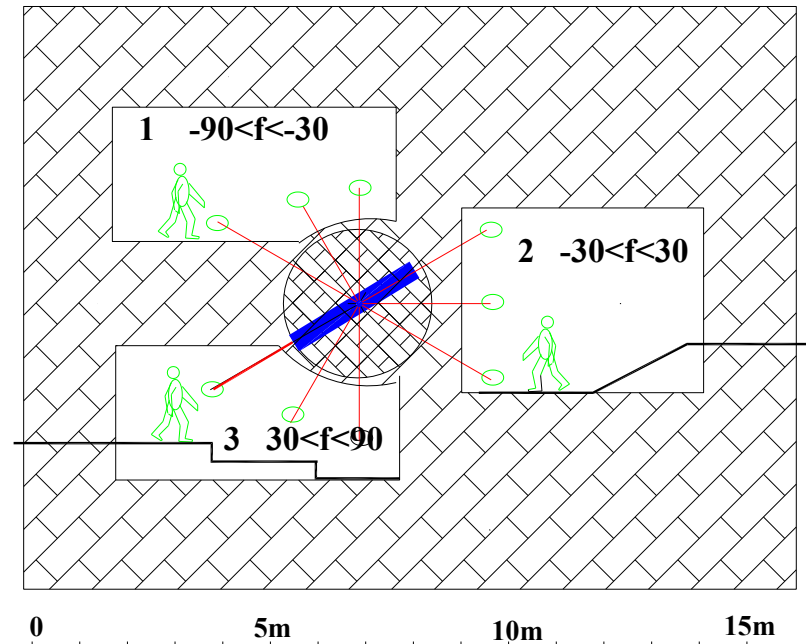
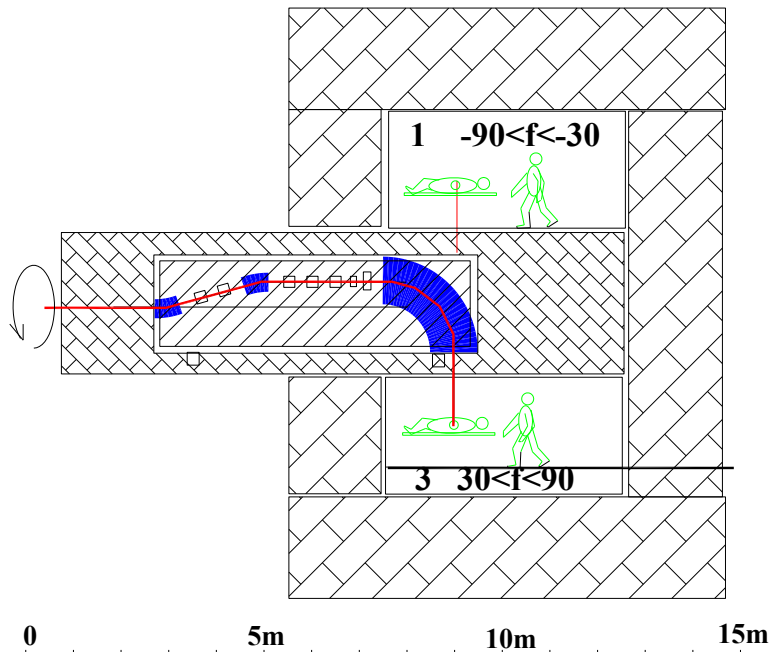
# Alternatives

- **Chair with vertical CT**
- **Some patient rotation with 6d couch**
- **Multi room system**



# Multi-room system

- Proposed by A.Brahme



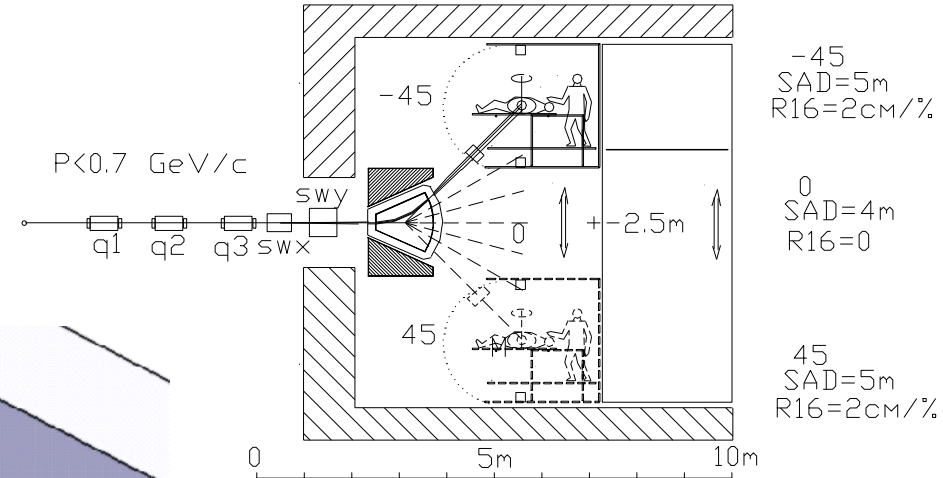
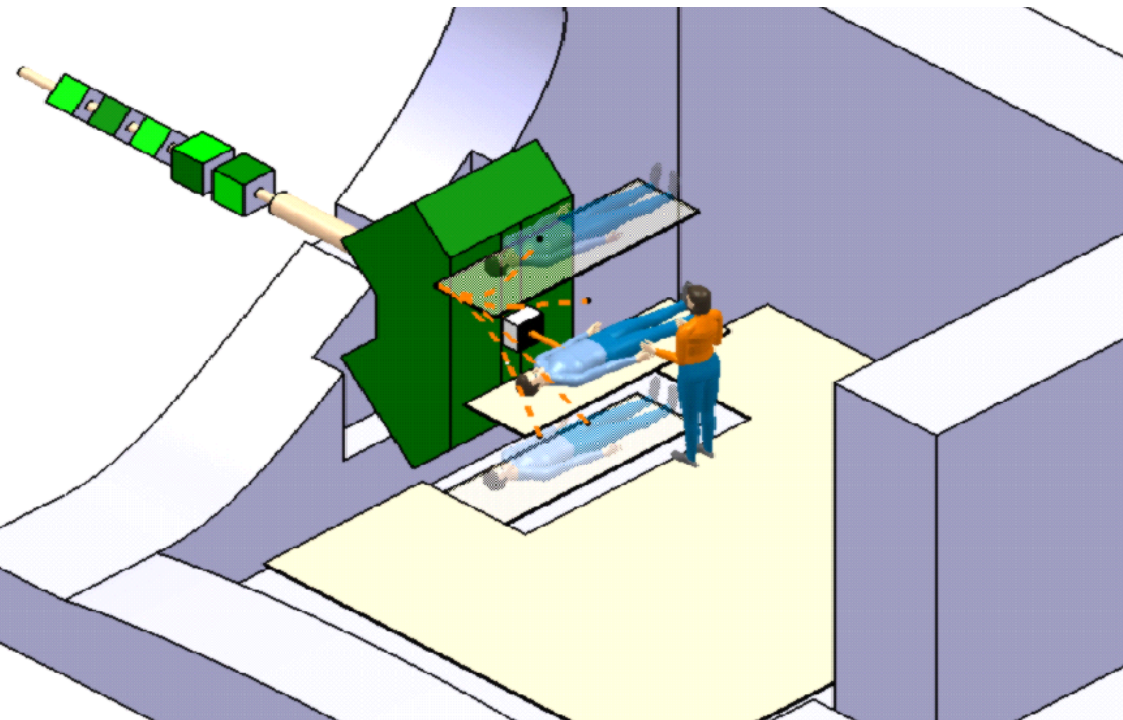
(M. Kats)

# Alternatives

- **Chair with vertical CT**
- **Some patient rotation with 6d couch**
- **Multi room system**
- **Planar system**

# Planar System

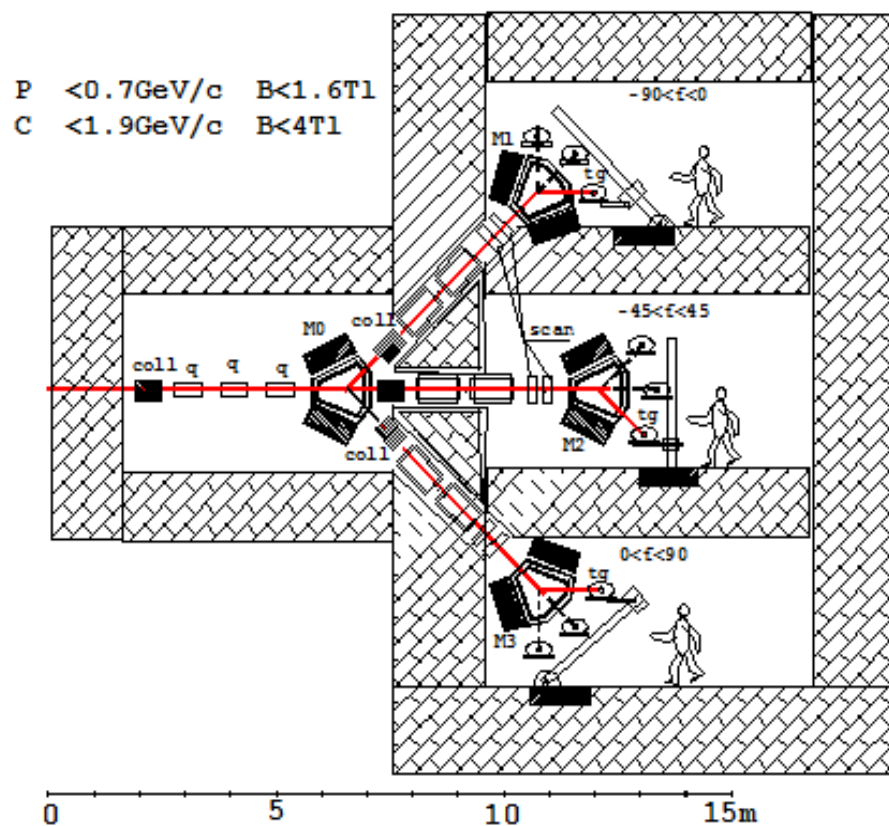
- Proposed by M. Kats



Circular exit face with center on beam entry position. Exit edge angle equals half bending angle.

# Multi room planar system

- Proposed by M. Kats



# Conclusions

- **Carbon ion gantries are needed**
- **There are margins to improve the present schemes**
- **There are new ideas for new schemes**
- **There are large margins for compromise solutions and combinations of ideas**
  
- **Many aspects must be considered when designing a gantry**



# Conclusions

- **Space between isocenter and last magnet for patient, beam delivery system (monitors and eventually scanning magnets), SAD**
- **Space downstream isocenter for patient and to go around patient**
- **Space for in situ position verification**
  
- **Gantry size depends on the space above plus bending radius plus magnet with supporting structure size.**
- **If mobile isocenter, the patient cabin will determine the gantry radius.**
  
- **Access to patient**

# Conclusions

- **The gantry dimensions define the gantry room size and cost (digging, concrete, ventilation, climatization, shielding)**
- **No columns, thus single span roof. Generally roof thickness is defined more by radiation protection than by structural reasons, but anyway pre-built beams are likely to be necessary.**
  
- **Tumor tracking in energy**
  
  
- **And many others...**



# Thank you for your attention

“Physics is like sex: sure, it may give some practical results, but that's not why we do it.”

R. Feynmann