

CERN Accelerator School
Accelerators for Medical Applications 2015

Case Study
the **KingRing** facility

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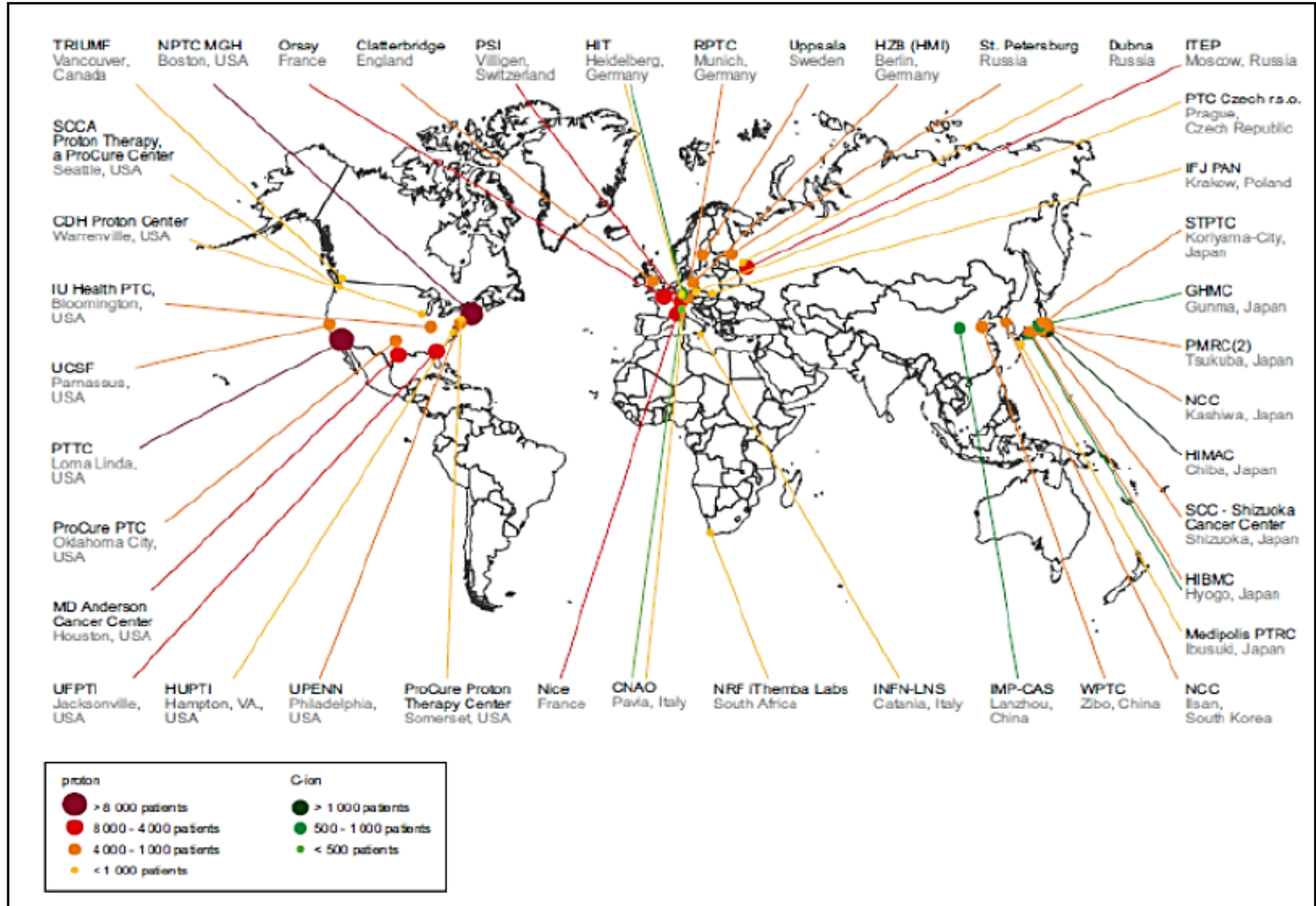
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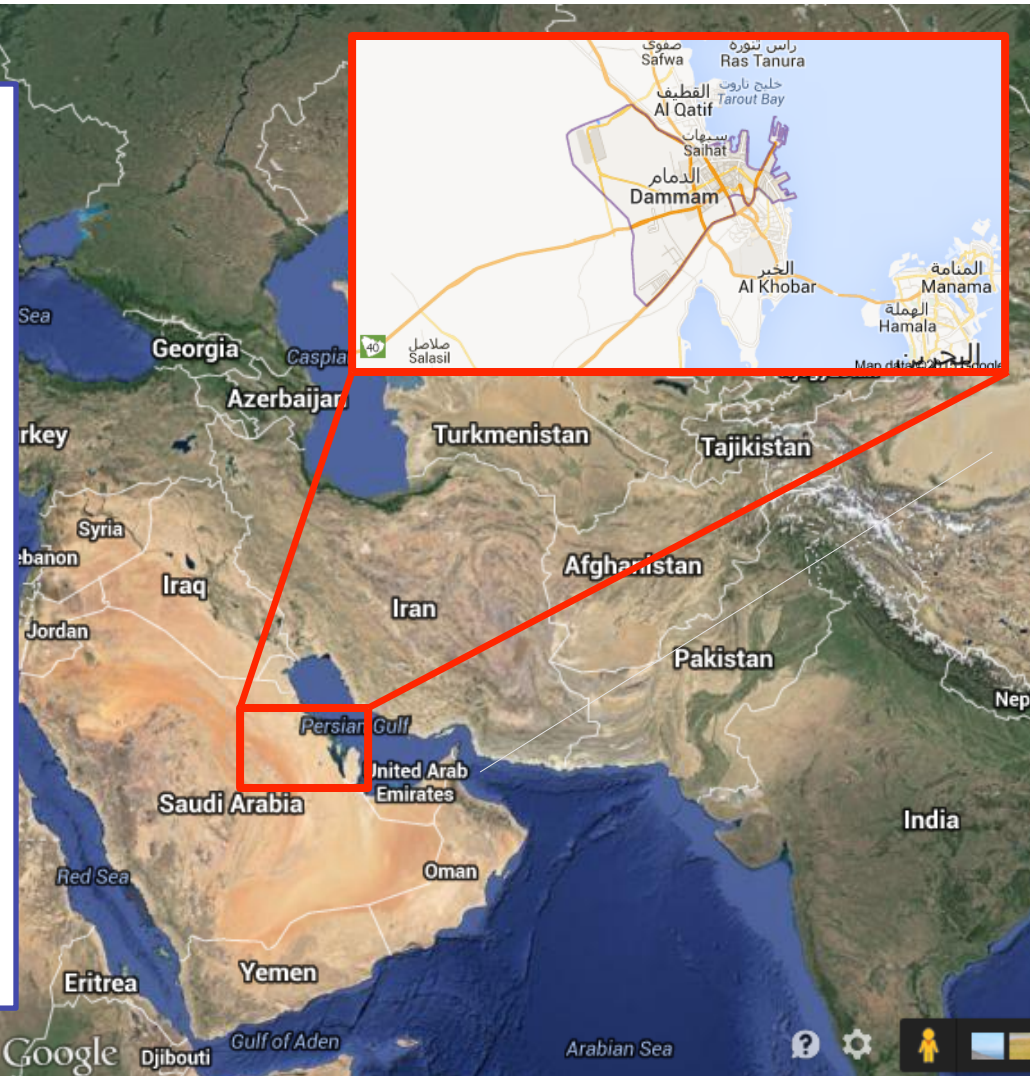
- **Location and Motivation.**
- **Patient Workflow Estimation.**
- **Main parameters.**
- **Layout of the KingRing facility**
 - **Ion sources.**
 - **Linac Injector.**
 - **Synchrotronility.**
 - **Extraction and delivery**
- **Summary**

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➤ Saudi Arabia (Dammam)

- Founding: Saudi Arabia government + a special contribution from local universities.
 - Goal: Developing expertise in accelerators for medical applications and physics research.
- Population: **30 M**
- **1 %** cancer to be treated **per y**;
 - **20 %** treated with radiotherapy;
 - **15 %** radio-resistance.
- Long prospective: treating **9 k patients/y**.



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46 wk/y irradiation \implies 828 patients /y

→ Assuming:

- 8 to 20 h = 12 working hours for patients;
- 5 days/wk treatment + 1 day/wk maintenance + 1 day/wk + daily QA and nights for study and development;
- 3 wk/y + 2wk/y holidays for Ramadam and Pilgrim season (used also for maintenance + 1 wk/y maintenance;
- 30 min/irradiation fraction;
- 20 fractions/patient;
- 3 rooms (2 Gantries) + 1 for experiment.

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→ Proton beam:

- In the range of $1E10$ p/spill to patient and 10 times to experimental room.
- 250 MeV

→ Carbon beam:

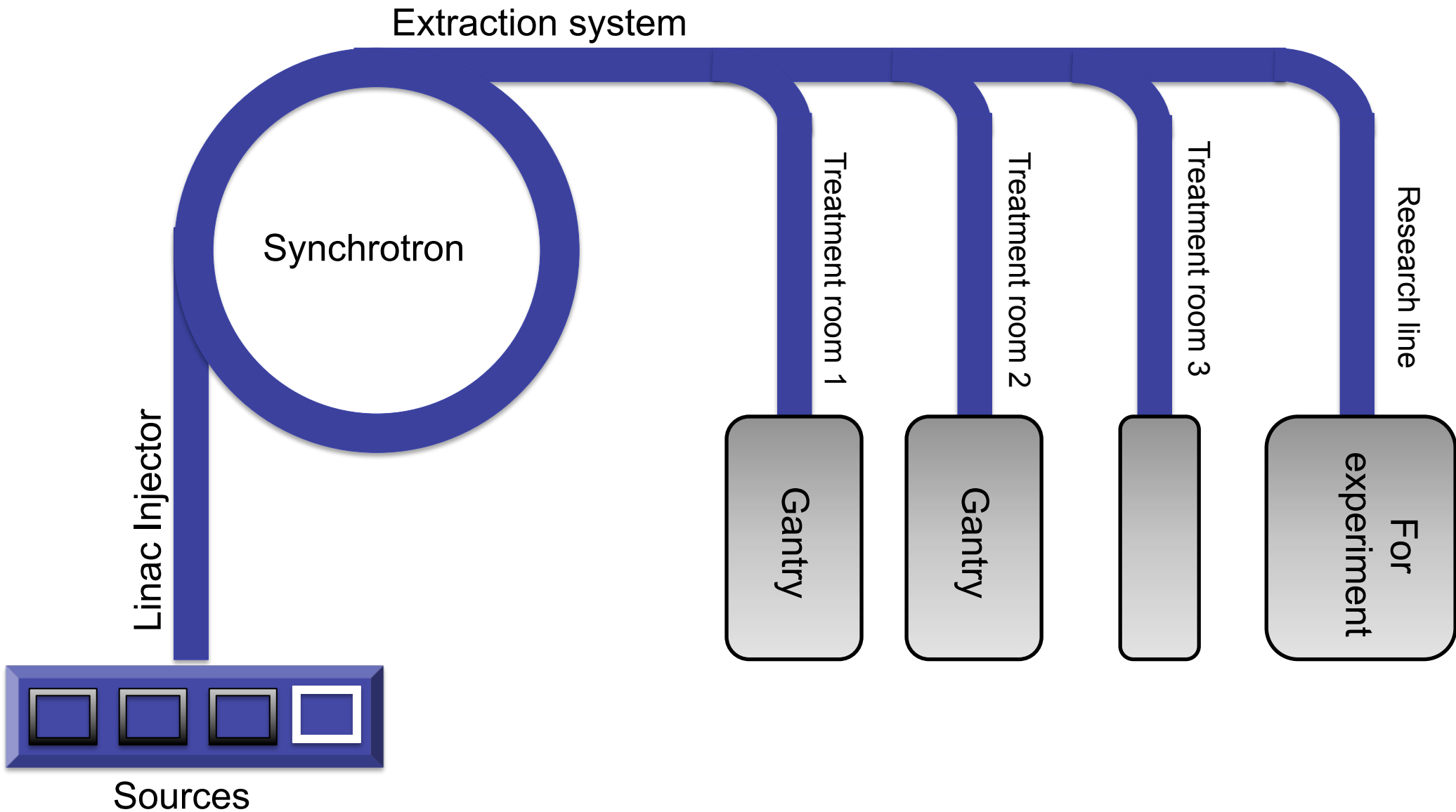
- In the range of $5E8$ C/spill to patient
- 400 MeV/u

- Pencil beam with scanning magnets (20×20 cm²)
- About 1 mm characteristic size at patient

→ 2 Gantries (one for proton and one for carbon ions)

→ No superconductive magnets (limited access to LHe).

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→ Ion source 1:

- Supernanogun (ECR) 14,5 GHz
- mostly for proton
- in reserve for carbon ions

→ Ion source 2 (similar than no. 1)

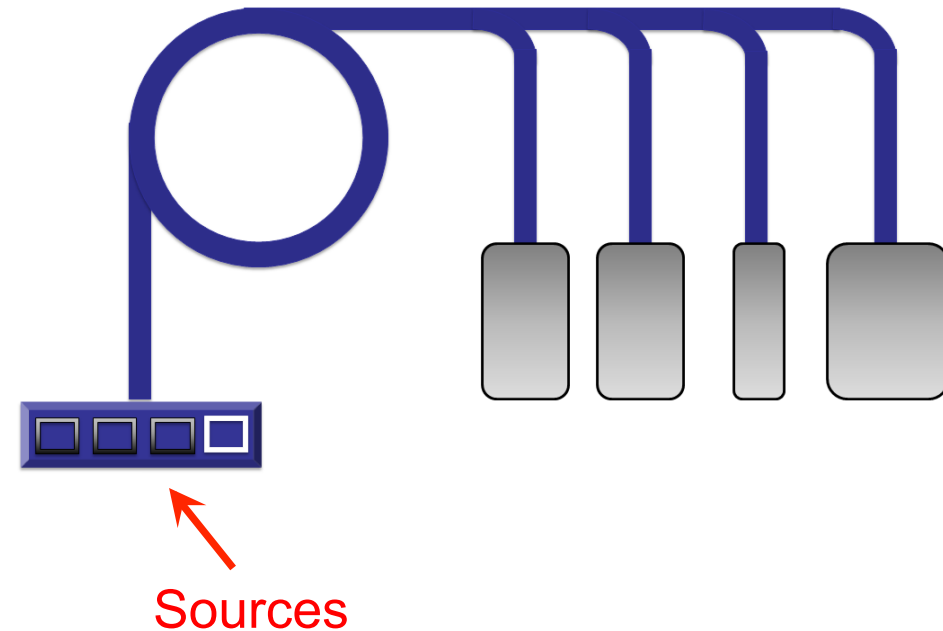
- Supernanogun 14,5 GHz
- mostly carbon ions
- in reserve for proton

→ Ion source 3

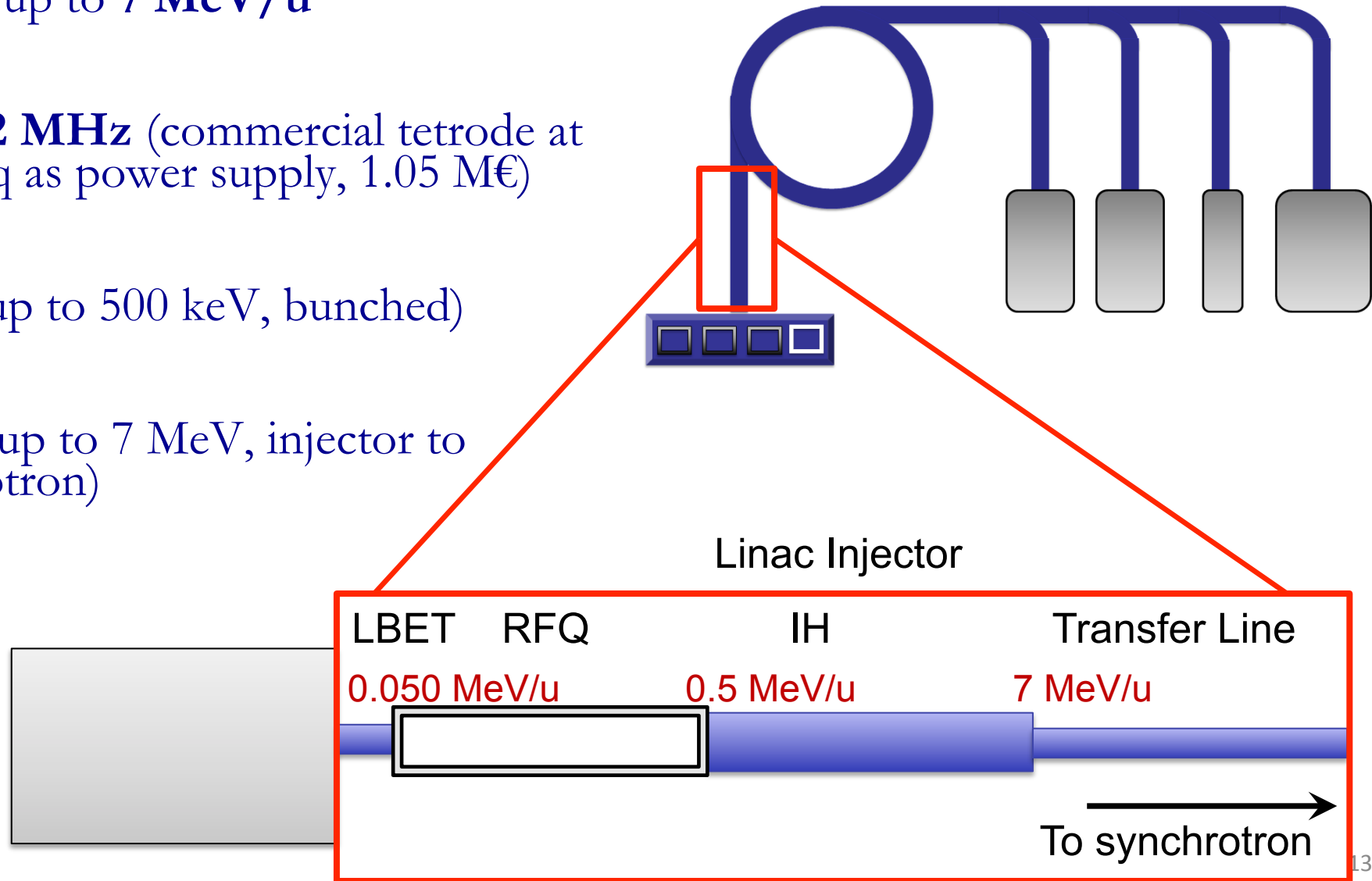
- Experimental ECR-ionsource for research purposes.

→ Ion source 4

- One free space to install and test new ion sources.



- Energy up to **7 MeV/u**
- $f = 352 \text{ MHz}$ (commercial tetrode at this freq as power supply, 1.05 M€)
- **RFQ** (up to 500 keV, bunched)
- **DTL** (up to 7 MeV, injector to synchrotron)



→ **Injection:**

with septum magnet at energy of 7 MeV/u .

→ **Magnetic Rigidity:**

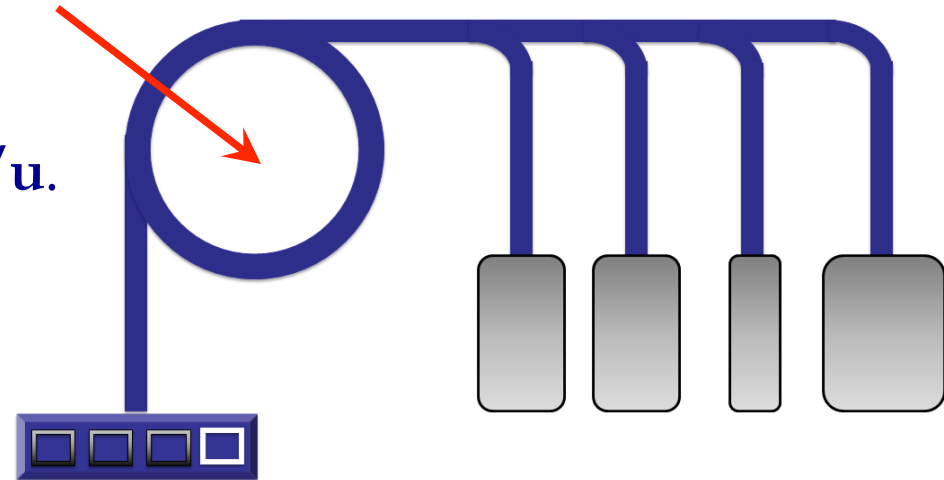
- 250 MeV protons: 2.5 T m
- 400 MeV/u C^{6+} ions: 6.6 T m
- 250 MeV/u He^{2+} ions: 5 T m

→ **Dimensions:**

given by carbon ions requirements, since they are more rigid;

- Max bending radius at 2 T : 3.3 m
- Dipole magnets consist of 50% of the synchrotron, therefore
 $R = 6.6 \text{ m} \rightarrow 41 \text{ m}$ of circumference

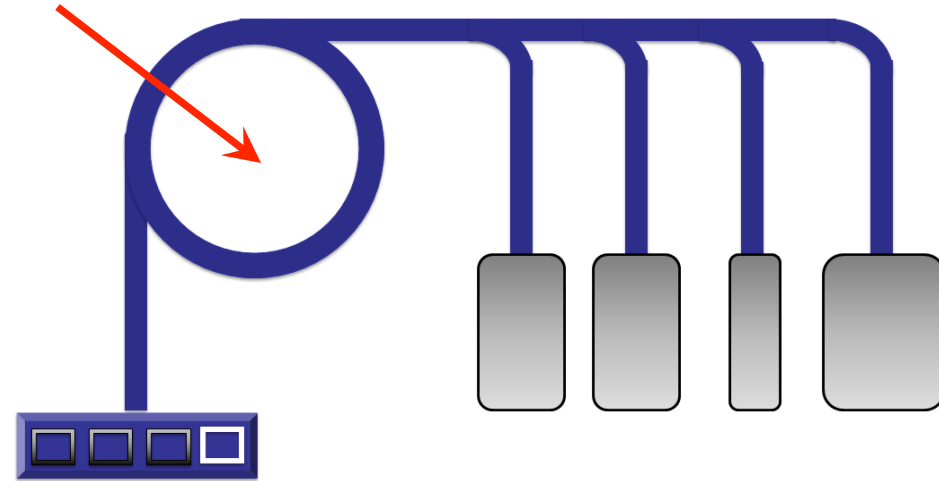
Synchrotron



Components

- 2 T dipoles: bending magnets
- Quadrupoles: in FODO lattices for beam focusing
- Magnet correctors (sextupoles, octupoles)
- Septum magnets: injection/extraction
- RF tank: 1 acceleration point per turn
- Beam diagnostics

Synchrotron



Acceleration parameters

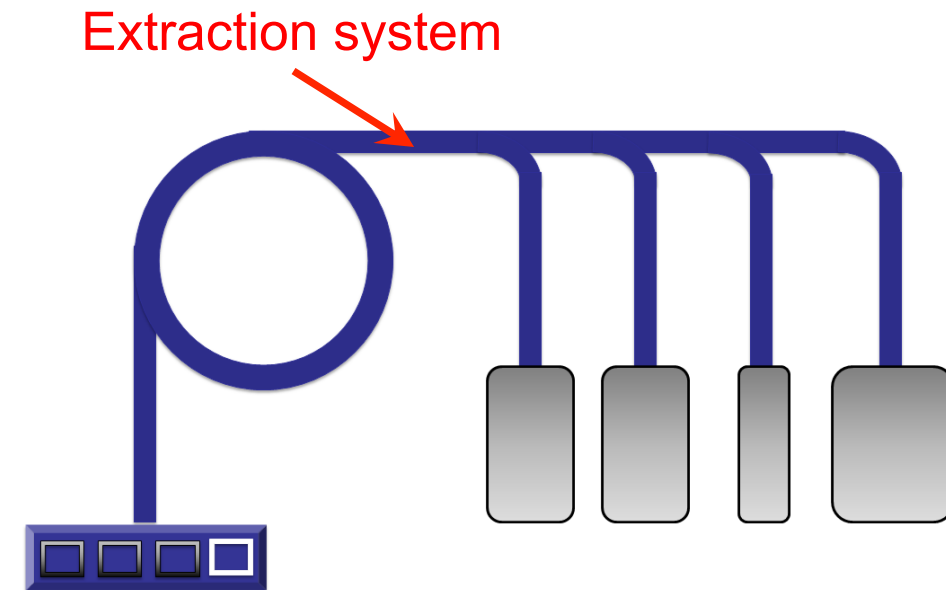
Particle	Energy [MeV/u]	Magnetic field [T]	RF frequency [kHz]
p+	7	0.12	860
	250	0.75	4390
C6+	7	0.24	860
	400	2	5120
He2+	7	0.24	860
	250	1.5	4390

→ Extraction:

- To start with: slow extraction (1 to 10s) with 3rd resonance excitation.
- RF – KO with energy modulations and intensity adaptation will be developed with the aim of delivering the whole dose with one extraction. We should gain in stability and in time.

→ Delivery with on-line monitoring:

- Besides standard delivery dose monitoring
- X-rays
- PET (PET + CT during preparation)

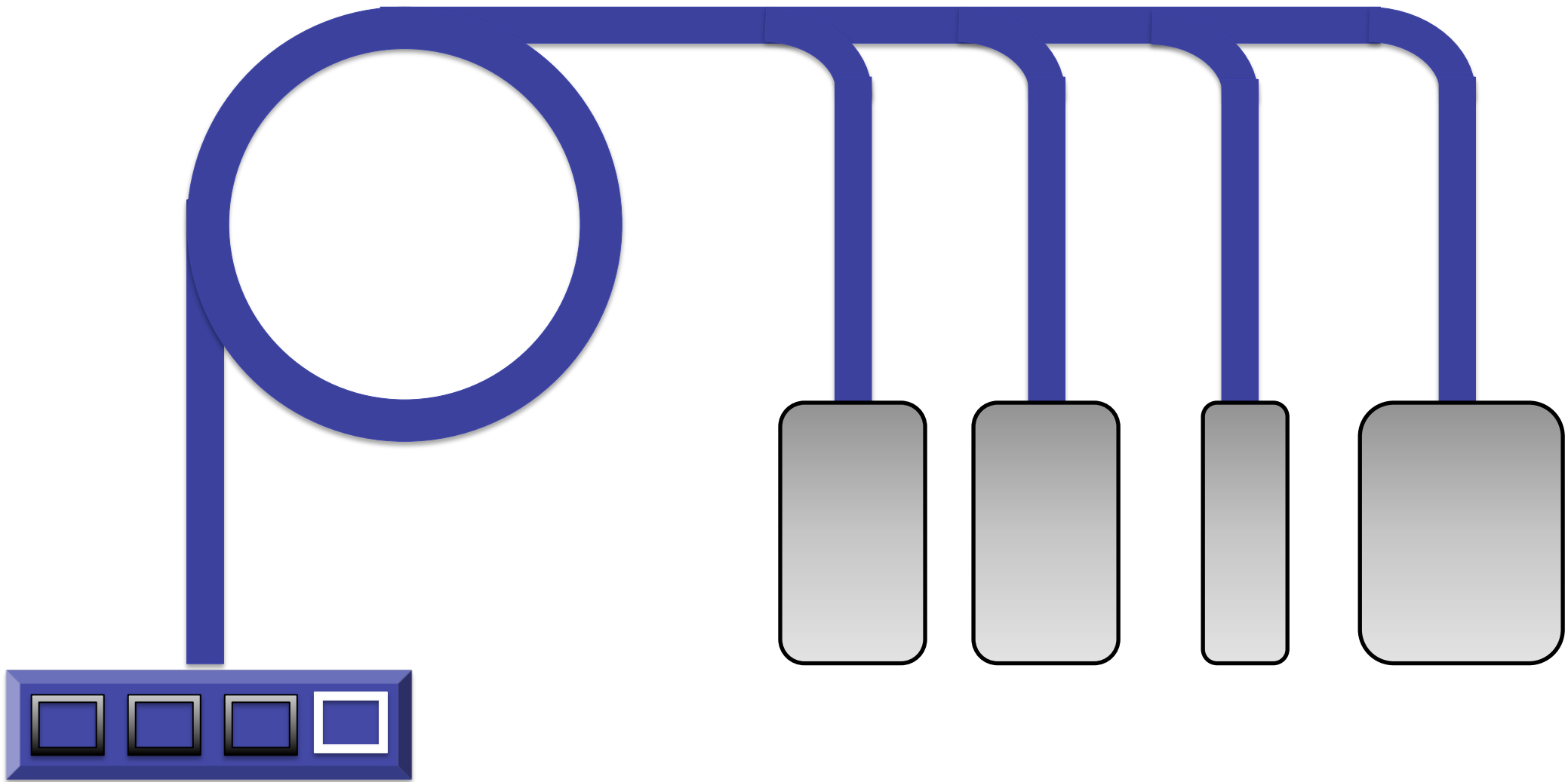


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- KingRing will be located in Saudi Arabia.
- It will serve the whole country and Middle East regions.
- Costs covered by SA government (estimated in the order of 500 M€).
- Construction time 3 to 4 y.
- Commissioning 2 y (training necessary) + 1 y for clinical trials.
- Full reimbursement by state based health assistance.

Thank you - the KingRing team





➤ **Saudi Arabia (Dammam)** with government money plus a special contribution from South Arabia for developing expertise in accelerators for medical applications and physics research.

➤ We have to account for 30M people. With the assumptions of 1% cancer to be treated per y, of which 20% treated with radiotherapy, and 15% radio-

9k patients/y

