



Crystal Channelling for Hadron Therapy Accelerators

SURE/CERN Summer Student Programme 2022





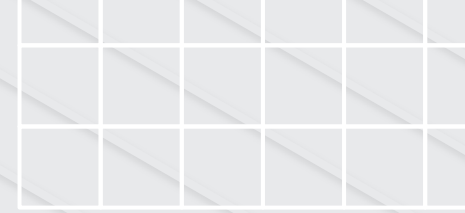
01

Introduction

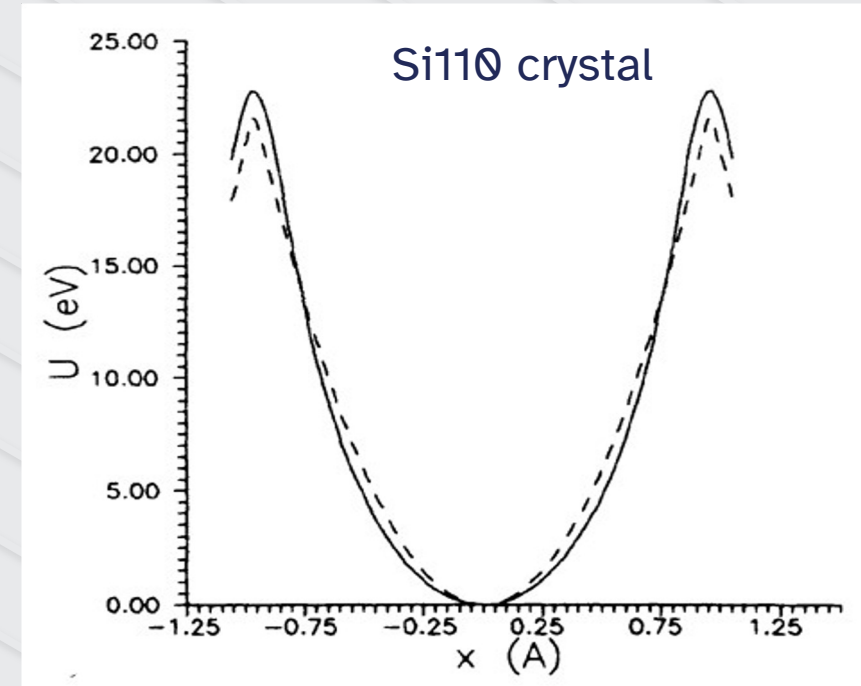




Intro: Crystal Channelling



- In a crystal:
 - Periodic structure
 - Continuous potential well
 - Trap & guide particle
 - Pass through without much energy loss

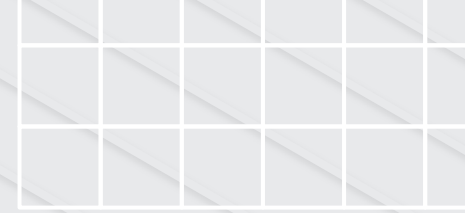


Potential plot of Si110 crystal of different curvature. Adapted from: Biryukov, Chesnokov and Kotov (2013)

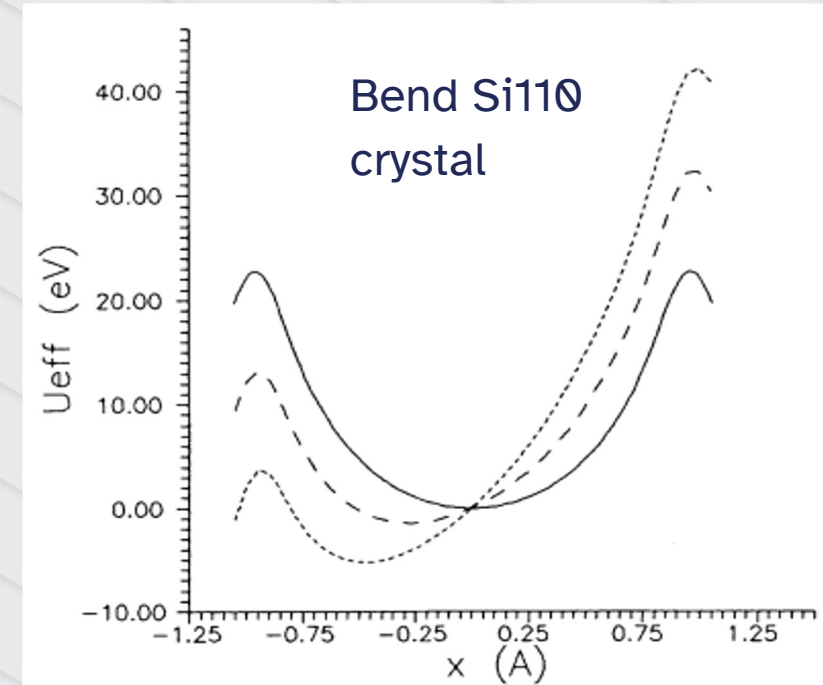




Intro: Crystal Channelling



- With slight bending:
 - Similar potential
 - Slightly lower by centrifugal force
 - Particles bend with crystal
 - Beam extraction
- Adv:
 - Smaller size
 - No power needed
 - Radiation hard



Potential plot of Si110 crystal of different curvature. Adapted from: Biryukov, Chesnokov and Kotov (2013)





Intro: Dechannelling

- Some particles will escape (dechannelled)
- Diffusion approach

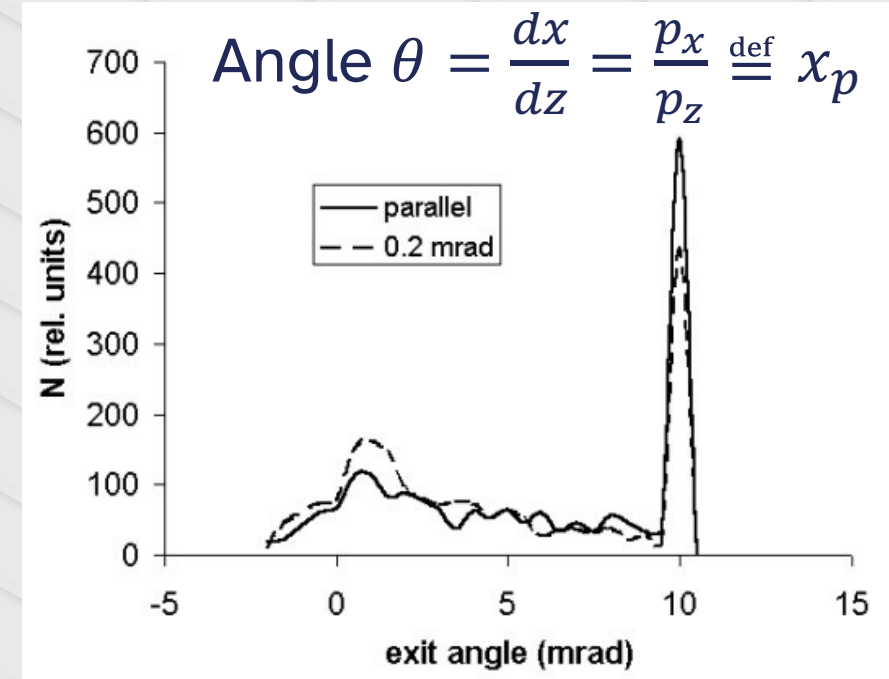
- Dechannelling Length $L_D(pv, R) \sim \frac{E_c(pv/R)}{E_c(0)}$

- Decrease with pv

- Fraction of channelled $\sim \exp(-z/L_D)$

p	v	E_c
Particle momentum	Particle velocity	Crystal Potential

$1/R$	z
Crystal Curvature	Distance travelled in Crystal



Histogram of exit angle combining channelling and dechannelling effect.
Adapted from: Bellucci and Biryukov (2007)





Can crystal channelling be used for beam extraction in hadron therapy accelerator?





02

Crystal in Isolation

Varying Energy



Isolation: Methodology



- **BDSIM** (program that simulate beam transportation and interaction)
- Setup:

⊠ **Proton square beam** (envelope:

x	x_p	y	y_p
0.4cm	5E-4	0	0

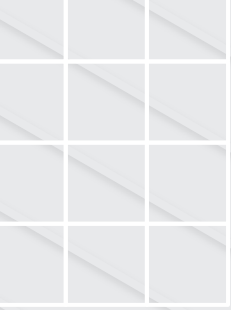
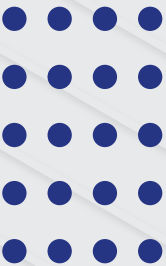
)

⊠ **Silicon 110 crystal** (cross section: 4cm x 4cm)

- In the middle of a collimator (length: 30 mm)
- Rotated by half the bending angle

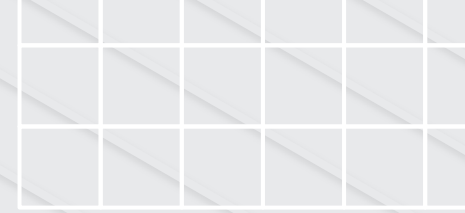
⊠ 3 drift tubes (length: 1cm)

⊠ 1 drift tube (length: 3m, radius: 1.5m)



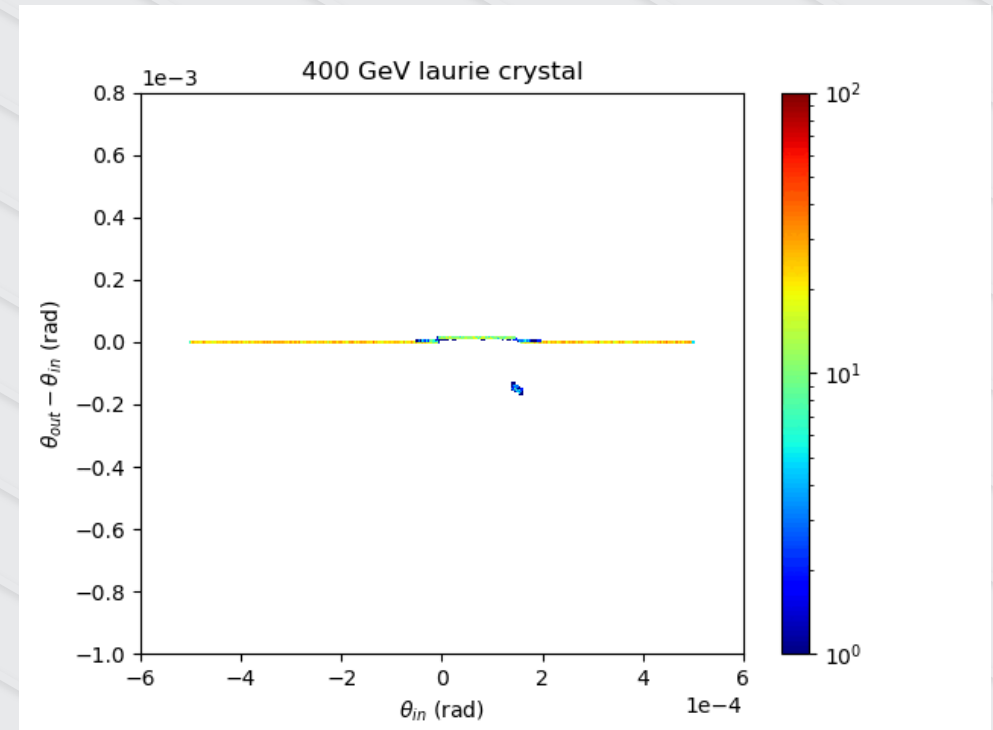


Isolation: Results



- Beam energy from 400 to 1.078 GeV (KE: 140MeV) (in uneven steps)
- Diamond-shaped channelled region
- Dechannelled region (y value >0)

- Channelled region:
- Higher energy
 - Smaller spread in θ_{in}
 - Smaller spread in $\theta_{out} - \theta_{in}$



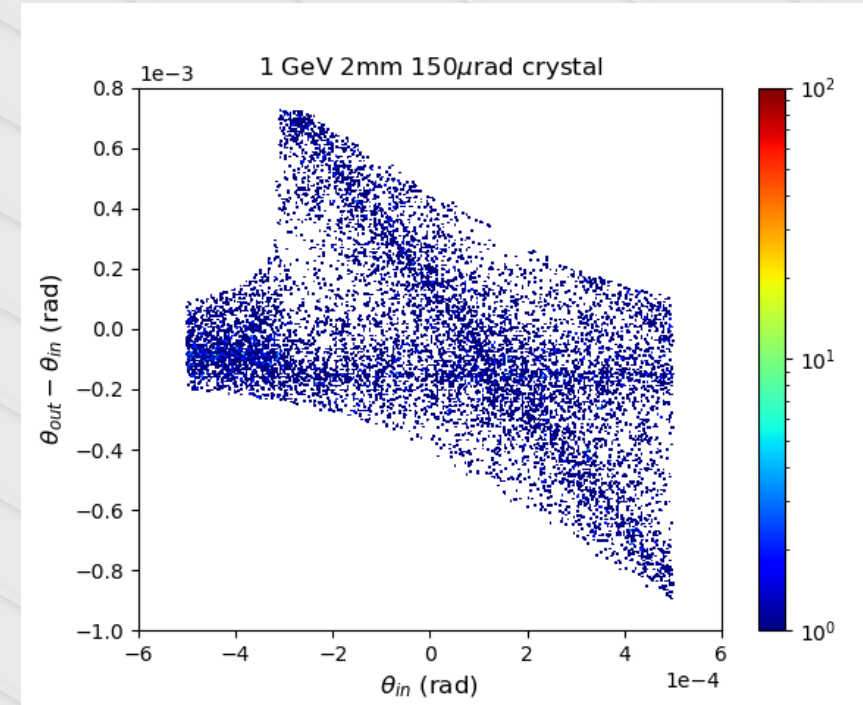
$\theta_{out} - \theta_{in}$ against θ_{in} plot at different energies.



Isolation: Results



- 1.078 GeV (KE = 140 MeV):
 - Typical energy in hadron therapy accelerator
 - Only 1 diamond region
 - Very large spread
 - Difficult to extract correctly bended
 - Not useful
- X crystal channeling for typical hadron therapy



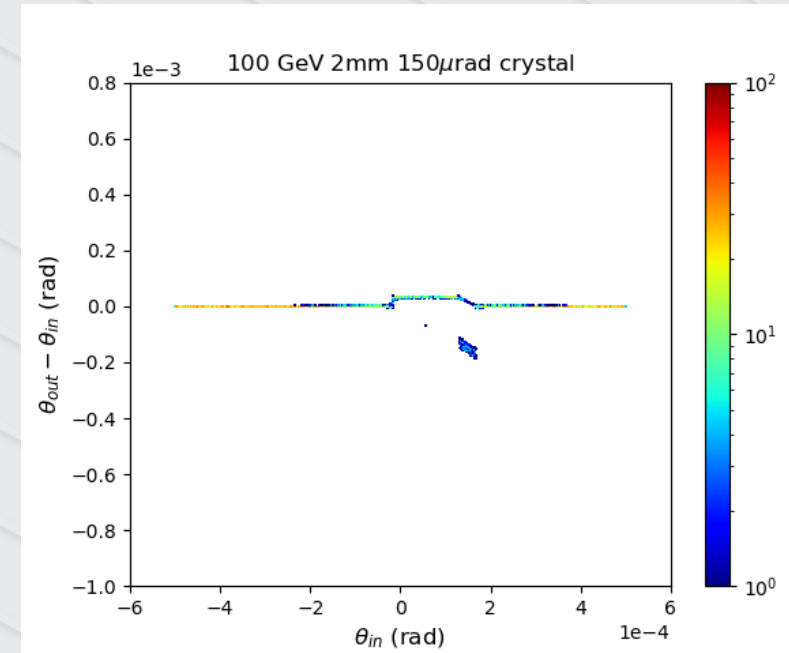
$\theta_{out} - \theta_{in}$ against θ_{in} plot at 1.078 GeV.



Isolation: Results



- High energy:
 - Distinct (de)channelling regions
 - \Rightarrow Can make use of channelling
 - More particles get dechannelled
 - \Rightarrow Dechannelled region may be more useful

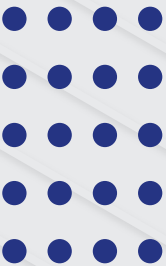
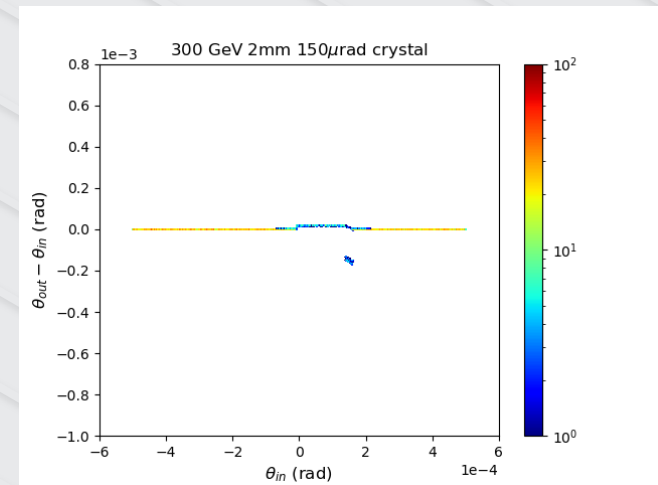
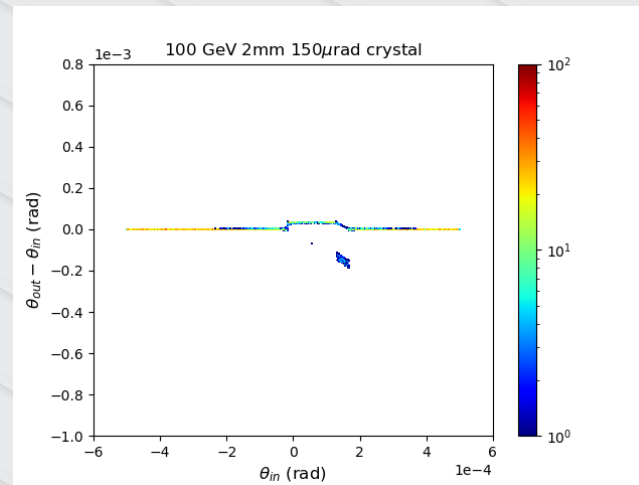
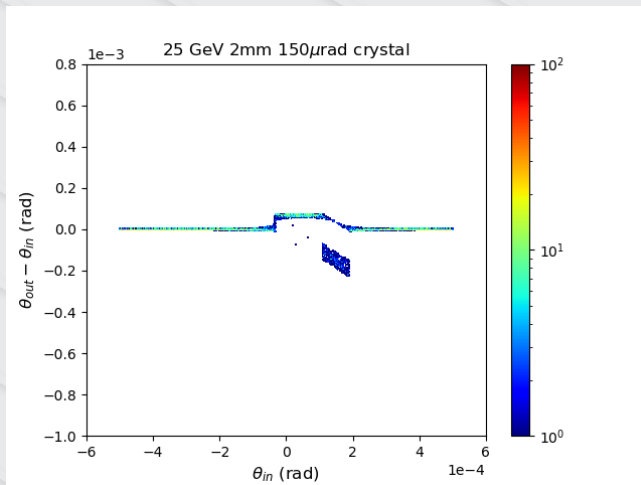
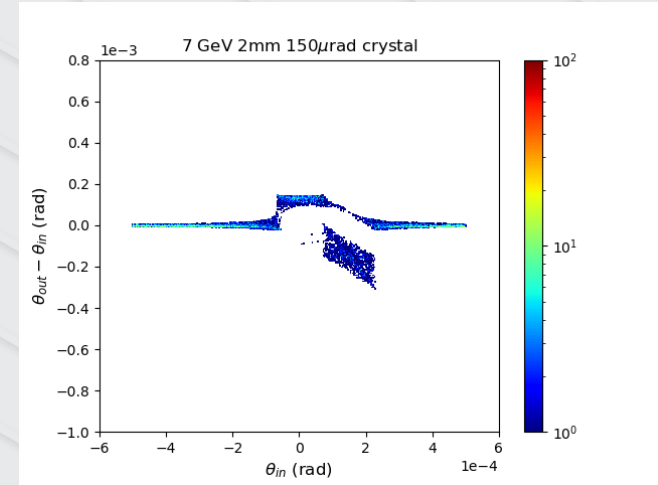
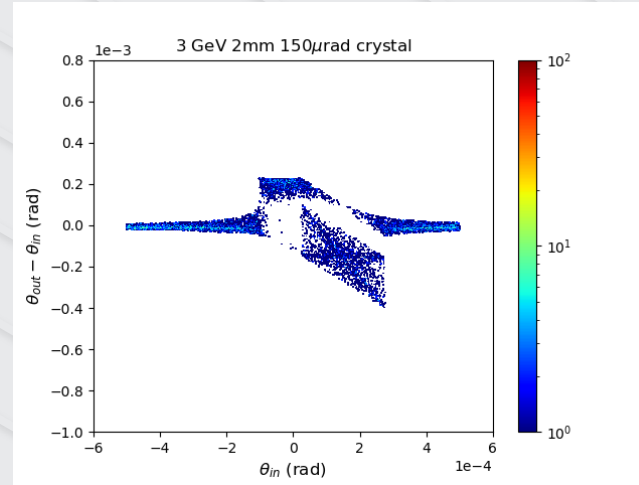
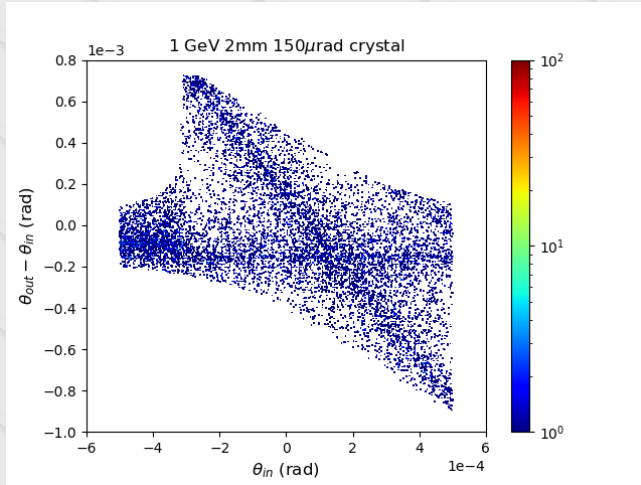


$\theta_{out} - \theta_{in}$ against θ_{in} plot at 100 GeV.





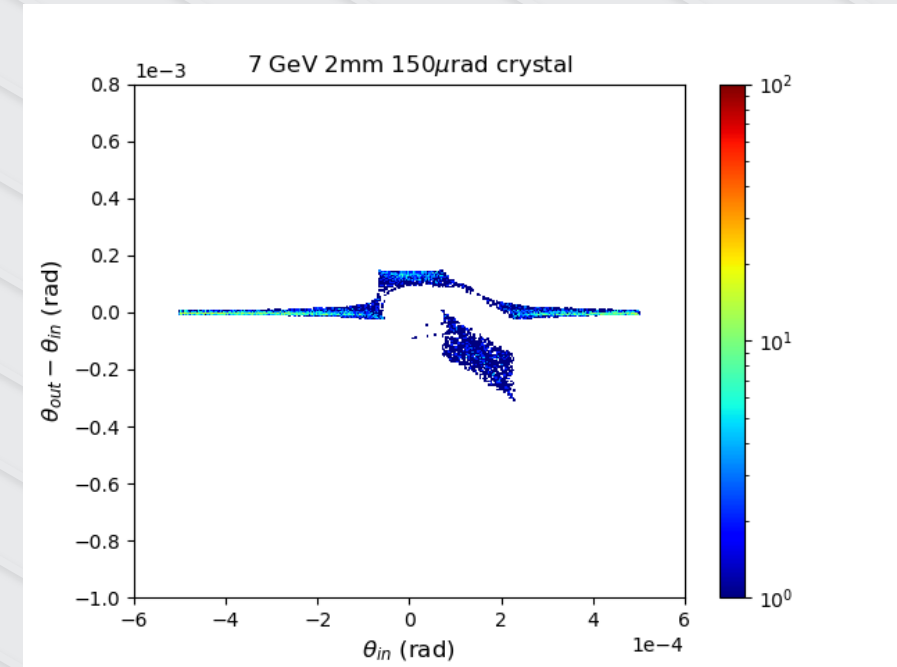
Isolation: Results





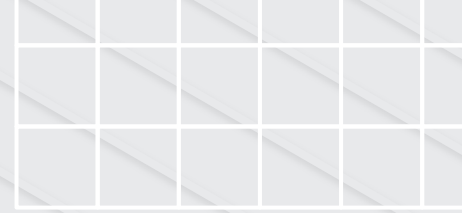
Isolation: Discussion

- Spread in θ_{in} : volume capture
 - Dechannelled particles can be capture
 - Probability $w_S = const \frac{R}{(pv)^{3/2}}$
 - More likely at low energies
 - Low energy : Higher spread in θ_{in}



$\theta_{out} - \theta_{in}$ against θ_{in} plot at 7 GeV.





Isolation: Discuss

- Spread in $\theta_{out} - \theta_{in}$: Diffusion approach
 - Fraction of channelled particle $\sim \exp(-z/L_D)$
 - L_D decrease with beam energy
 - Low energy:
 - More dechannelling
 - High Spread in θ_{out} & thus $\theta_{out} - \theta_{in}$

- Diffusion approach **From Introduction**
 - Dechannelling Length $L_D(pv, R) \sim \frac{E_c(pv/R)}{E_c(0)}$
 - Decrease with pv

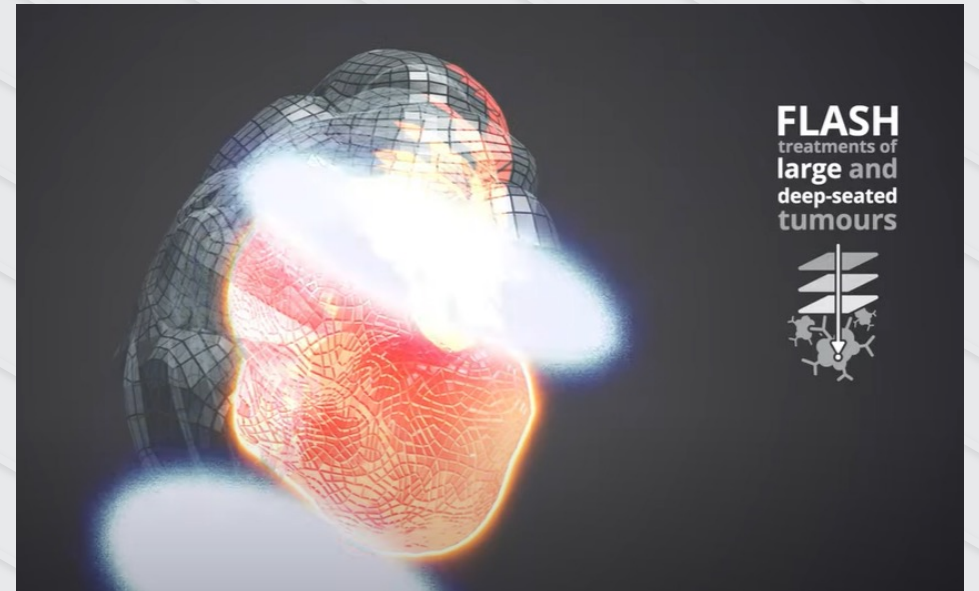




Isolation: Discuss

- X crystal channeling for typical hadron therapy accelerators
- But...
- Higher energy radiotherapy exist (FLASH therapy)
- Still not high enough though
- Channelling maybe useful in the future

Illustration of FLASH therapy.
Adapted from: CERN (2021).





03

Crystal in PIMMS





PIMMS: Methodology

- PIMMS lattice model from Rebecca
- **BDSIM**
- Beam energy: **KE=1.2GeV** (max energy PIMMS can deliver)
- Replace the extraction septum magnetic with
 - **Crystal:** Si110, Length 2 mm, Bending angle 150 μ rad, Cross section 4cm x 4cm, in the middle of an 80cm collimator
 - **Drift tube:** Length 80 cm
- 50 turns, 2k particles

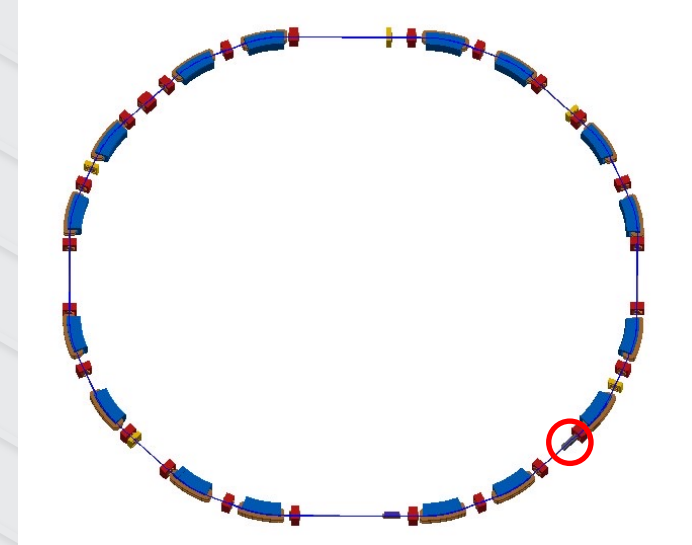
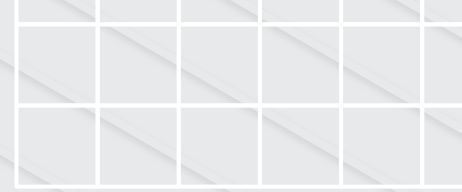


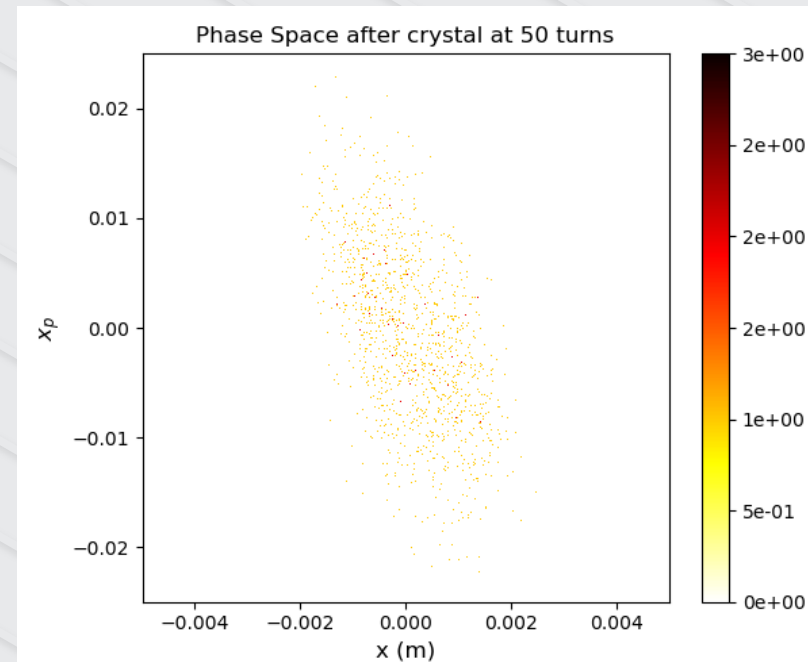
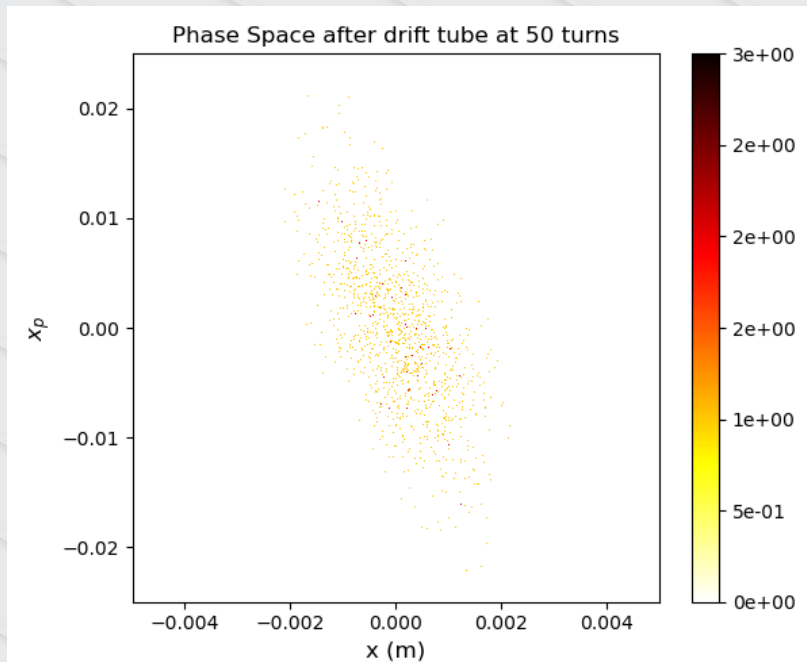
Illustration of PIMMS.





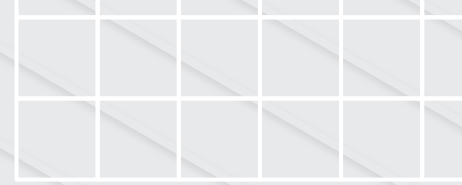
PIMMS: Results

- Phase diagram
 - Mostly similar
 - Slightly larger spread in x for PIMMS lattice with crystal



Phase diagram of particles corresponding to PIMMS with drift tube and crystal.

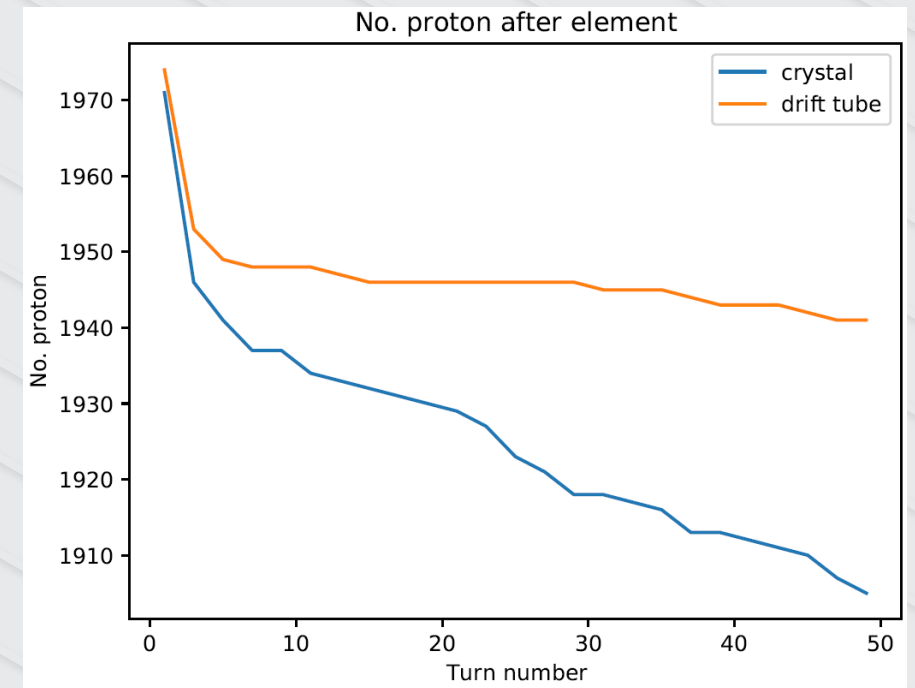




PIMMS: Results

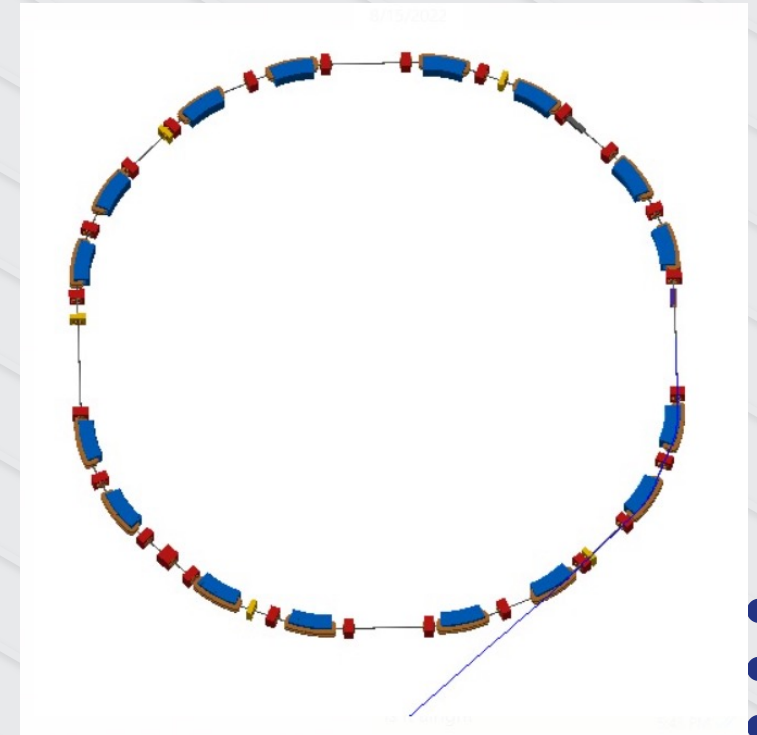
- Number of particle pass through
 - Crystal has sig. less particle
 - Maybe applicable for future high energy medical accelerator

Number of particles against turn number plot corresponding to PIMMS with drift tube and crystal.



PIMMS: Points to Note

- Small no. particle
- Highly dependent on initial condition
 - Sometimes escape without even completing the 1st loop
 - Need more run to verify the result
- Small turn number (50)
- Crystal parameters not optimized





04

Conclusion





Conclusion

- For the parameter space covered, crystal channelling is not applicable in current hadron therapy accelerator
- However...
- At high energy, channelling has practical use

- If even higher energy therapy method is developed
- ⇒ Crystal channelling maybe useful in the future



Reference

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2. V. M. Biryukov, Y. A. Chesnokov, and V. I. Kotov, Crystal channeling and its application at high-energy accelerators (Springer Science & Business Media, 2013).
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4. S. Bellucci and V. Biryukov, Possibility of crystal extraction and collimation in the sub-gev range, Physical Review Special Topics-Accelerators and Beams 10, 013501 (2007).
5. L. Nevay, Status of crystal simulations with the geant4 routine (2020). L. Badano, M. Benedikt, P. J. Bryant, M. Crescenti, P. Holy, A. T. Maier, M. Pullia, S. Rossi, and P. Knaus (CERN-TERA Foundation-MedAustron Oncology-2000 Collaboration), Proton-Ion Medical Machine Study (PIMMS), 1 (1999).

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