

Radiation shielding

- before touching a computer and TR1H beamline

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Radiation Protection - Legal requirements

- SEEIIST - nuclear installation.
- Bodies issuing radiation safety recommendations:
 - International Atomic Energy Agency (IAEA)
 - International Commission on Radiation Units and Measurements (ICRU)
 - Intern. Commission on Radiological Protection (ICRP)
- Recommend dose to public less than **1 mSv/year** (natural 2.4 mSv/year).
 - Permanent presence assumed (8760 hours/year).
 - There are more regulations, but this is the first one to consider.

IAEA TECDOC SERIES

IAEA-TECDOC-1891

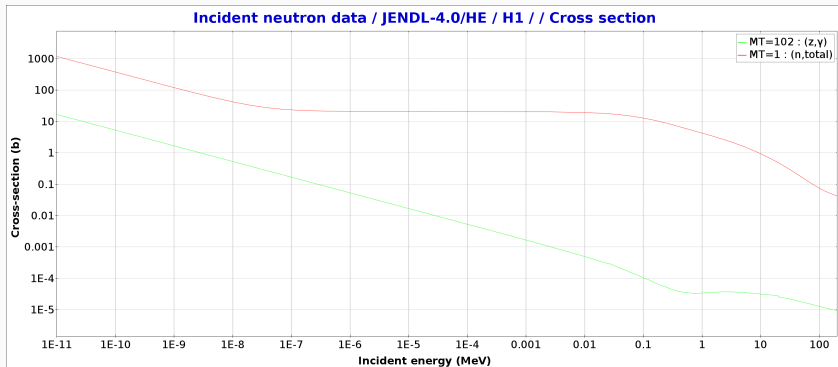
Regulatory Control of the Safety of Ion Radiotherapy Facilities

- IAEA document specific for Ion Therapy Centers (issued in 2020(!))

Radiation Protection - physics

- All Carbon ions loose energy interacting with body electrons and producing the cancer-killing Bragg-peak.
- In addition a lot of nuclear reactions takes place, eg:
 - fragmentation: $^{12}\text{C}(\text{p}, ^6\text{Li})^7\text{Be}$, $^{12}\text{C}(\text{p}, ^4\text{He})^9\text{B}$, etc.
 - prompt gamma emission (used for in-situ imaging): $^{12}\text{C}(\text{p}, \gamma)^{13}\text{N}$,
 $^{12}\text{C}(\text{p}, \text{p}'\gamma)^{12}\text{C}$, $^{12}\text{C}(\text{p}, 4\text{He})^6\text{mLi} \rightarrow \gamma + ^6\text{Li}$
 - neutron production eg: $^{12}\text{C}(^{12}\text{C}, \text{n})^{23}\text{Mg}$, $^{12}\text{C}(\text{p}, \text{n})^{12}\text{N}$; most neutrons are produced in spallation eg. $^{12}\text{C}(\text{p}, 3\text{p}3\text{n})^7\text{Be}$
- No dominant processes - use of a computer code at this stage is a big help, otherwise: tables/databases (eg. JANIS4) of nuclear reactions.
- Radiation hazard is mainly due to **high-energy (HE) neutrons**.
- Rule of thumb: 5 neutrons (1 high energy) produced per ^{12}C at 430 MeV/u, moving in the beam direction (narrow cone).

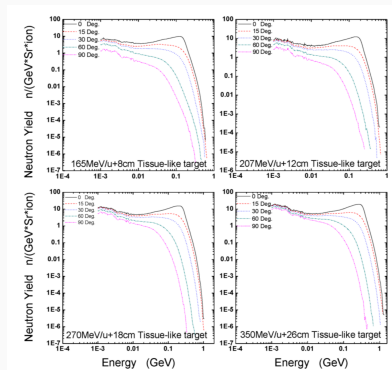
Neutron scattering and capture cross-section



(using JANIS 4.0 nuclear database)

Neutron spectra

- General rule: neutrons must be slowed down to **thermal energies** (meV) and then they are captured in nuclear reactions.
- So: shielding depends on maximum neutron energy.
- Max neutron energy depends on beam energy.
- Those reactions often produce **gammas** which must be shielded as well; for instance:



FLUKA simulations from
arXiv:1702.08332 [physics.med-ph]

Shielding

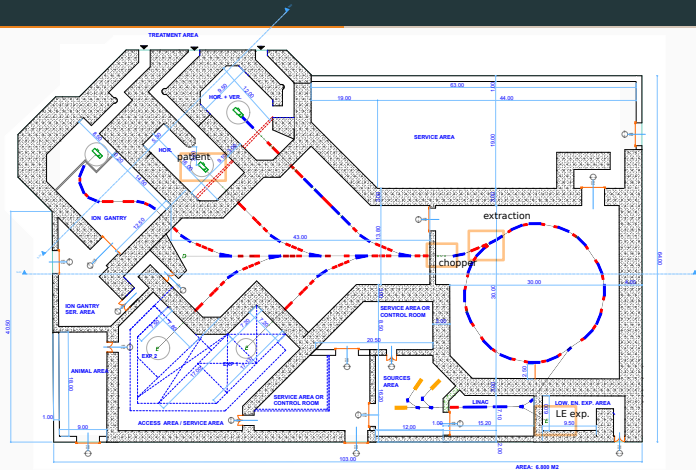
- Concrete (various types) can slow down and absorb neutrons and shield gamma rays → the most popular material.
- High-density polyethylene (high concentration of hydrogen) often used.
- For neutron above 100 MeV a layer of high-Z material (Fe, Pb) used, but I don't think it is used in therapy centers.
- Schaeffer Equation (1973, before computers era):

$$D = D_0 \cdot \exp(-\Sigma_R \cdot d) \quad (+50 \text{ cm of hydrogenous material}) \quad (1)$$

where:

- D_0, D - dose before and after shield,
- d - shield thickness,
- Σ_R - neutron removal cross-section, concrete $0.0945 \text{ [cm}^{-1}\text{]}$,
- in addition a buildup factor $R=5$ due to geometry (pencil beam source).

Beam losses in SEEIIST



Conservative assumption: all shots in TR2 (1 shot of 10^{10} Carbon ions at 430 MeV/u every 10s): $3.2 \cdot 10^{16}$ per year! The same number of high energy (300 MeV) neutrons. Lower energies neglected as they will be stopped by the same shielding.

Dose in the Treatment Room TR2

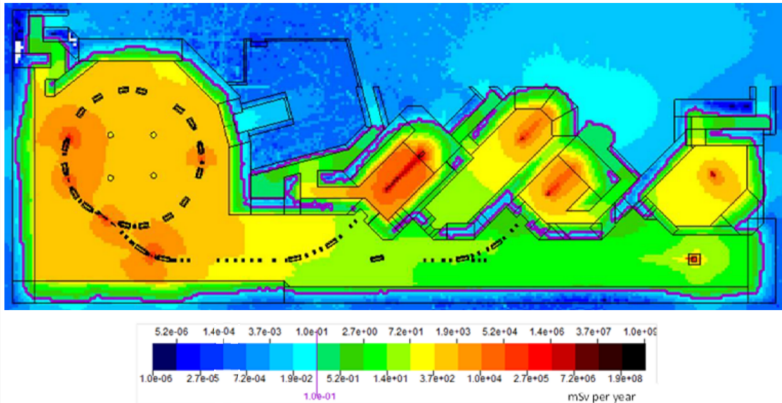
Back-of-an-envelope calculation:

- total HE neutron number: $N = 3.2 \cdot 10^{16}$
- average elastic scattering cross section: $\sigma_s = 1$ barn,
- in each scattering process neutron loses half of energy ($Q_{av} = 150$ MeV) to a proton,
- tissue density: $\rho = 1$ g/cm³,
- atomic density of hydrogen in tissue: $n = 6 \cdot 10^{22}$ cm⁻³,
- irradiated area: $S = 20 \times 20$ cm²,
- High-energy neutron dose: $D = R \cdot N \cdot \frac{n \cdot \sigma_s \cdot Q_{av}}{S \cdot \rho}$

yearly dose (fast neutron component): 500 kGy \approx 2500 kSv

Radiation shielding thickness

- Initial dose from fast neutrons: 2500 kSv/year.
- We have to reduce it to 1 mSv/year ($25 \cdot 10^9$ times).
- Result is 3.0 meters of concrete.
- Reduction to 0.1 mSv/year (as in MedAustron) - 3.3 meters

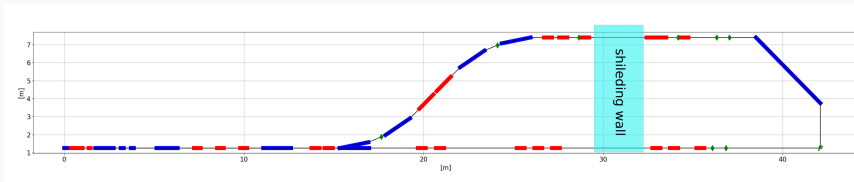


Radiation Shielding Summary

- Basic radiation shielding requirement: 1 mSv/year dose to public.
- Back-of-an-envelope calculation confirm 3-meter concrete, compatible with MedAustron simulations.
- This kind of calculation can be used for basic scalling, but...
- FLUKA/Geant4 simulations are necessary for assessment of real radiation fields (IAEA fellow + expert consultant).
- Other tools: G4beamline, BDsim (MADX input), MCNP and many more.
- Input needed for estimation of shielding in TR:
 - conservative but realistic operational scenarios (beam energies, scanning area, time per patient, number of patients per year, etc),
 - yearly dose to public condition (local regulations).
 - 1 W/m condition (hands-on maintenance).
- Experiments' requirements are less predictable - more shielding?

TR1 beam lines

Since it was decided for having H and V beamlines in TR1, the layout and optics of TR1H changed. The current layout:



Vertical part of beam line is from Marco Pullia (CNAO). It uses slightly different magnets then SEEIST baseline.

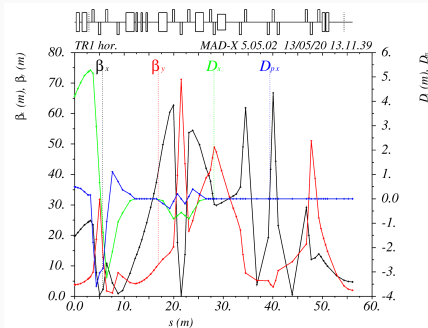
Dipole rendering is poor (eg. 90 deg dipole).

TR1H optics solutions

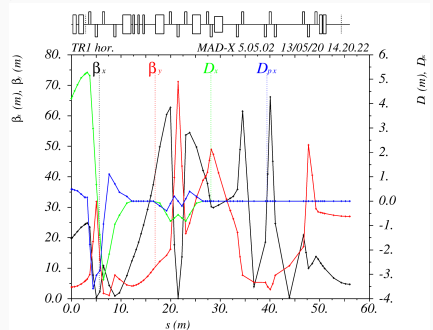
constraint, range = patient, $D_X = 0.0$, $D'_X = 0.0$, $\beta_X = 5.0$, $\alpha_X = 0.0$, $\alpha_Y = 0.0$, $\mu_X = 2.7$;

constraint, range = mq5.1/mq3.8, $\beta_X < 60$, $\beta_Y < 50$;

$\beta_Y = 2$ m



$\beta_Y = 27$ m

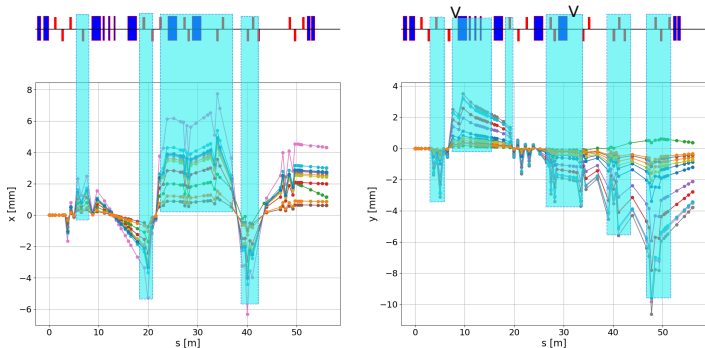


Quadrupole misalignment study

Random misalignment of all quadrupoles by up to 2 mm.

EALIGN, DX := 0.002*RANF(), DY := 0.002*RANF();

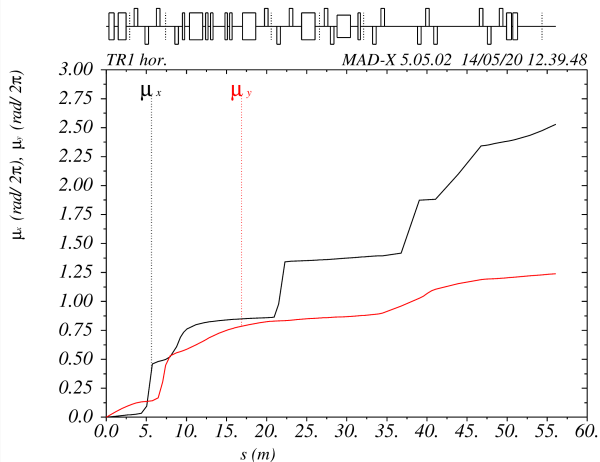
Trajectory deviation due to quad misalignment



Horizontal steering: by tuning the main dipoles.

First idea: only two vertical steerers.

Preliminary complete layout



To do: demonstration of position correction (probably more steerers needed), estimation of steerers' strength.