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(54) **ION RADIATION THERAPY SYSTEM WITH VARIABLE BEAM RESOLUTION**

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See application file for complete search history.

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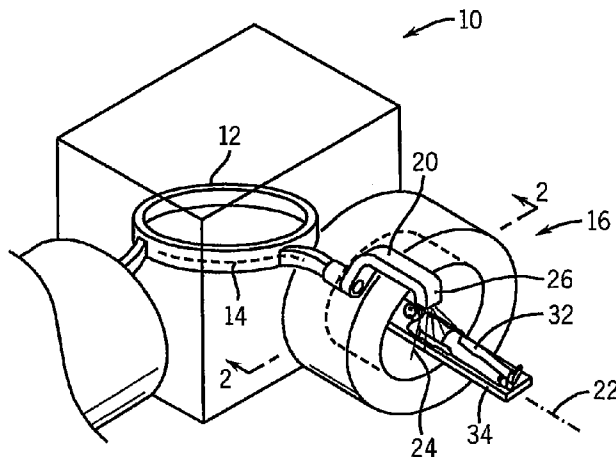
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(57) **ABSTRACT**

An ion radiation therapy machine provides a steerable beam for treating a tumor within the patient where the exposure spot of the beam is controlled in width and/or length to effect a flexible trade-off between treatment speed, accuracy, and uniformity.

14 Claims, 6 Drawing Sheets



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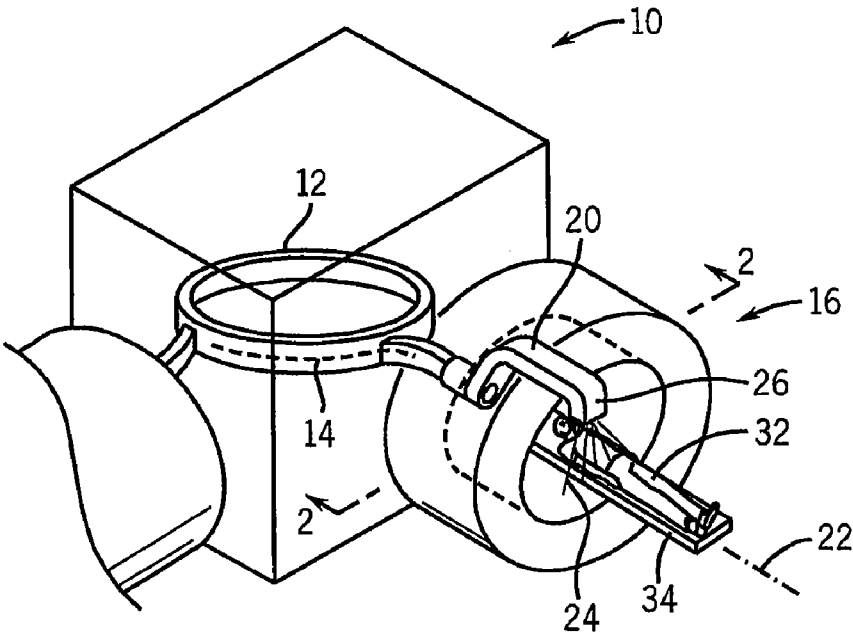


FIG. 1

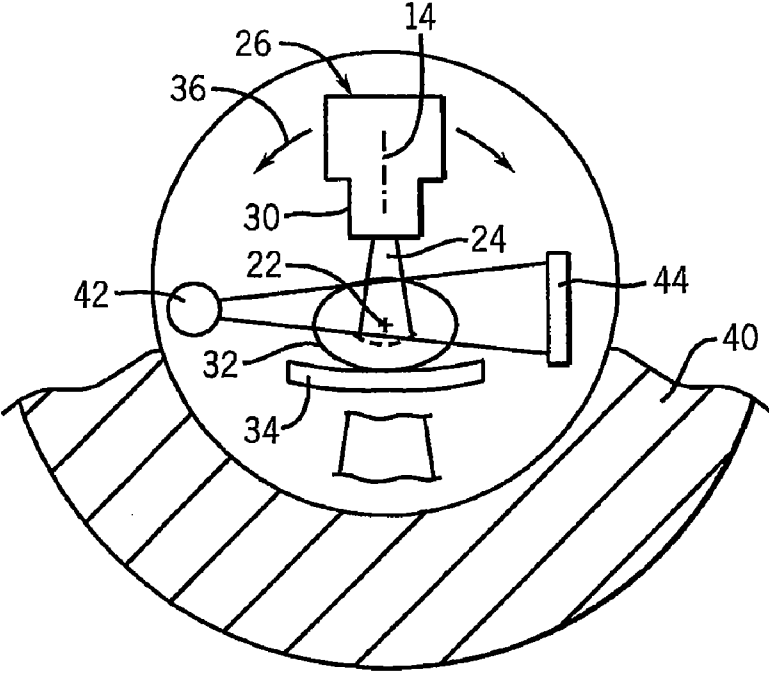


FIG. 2

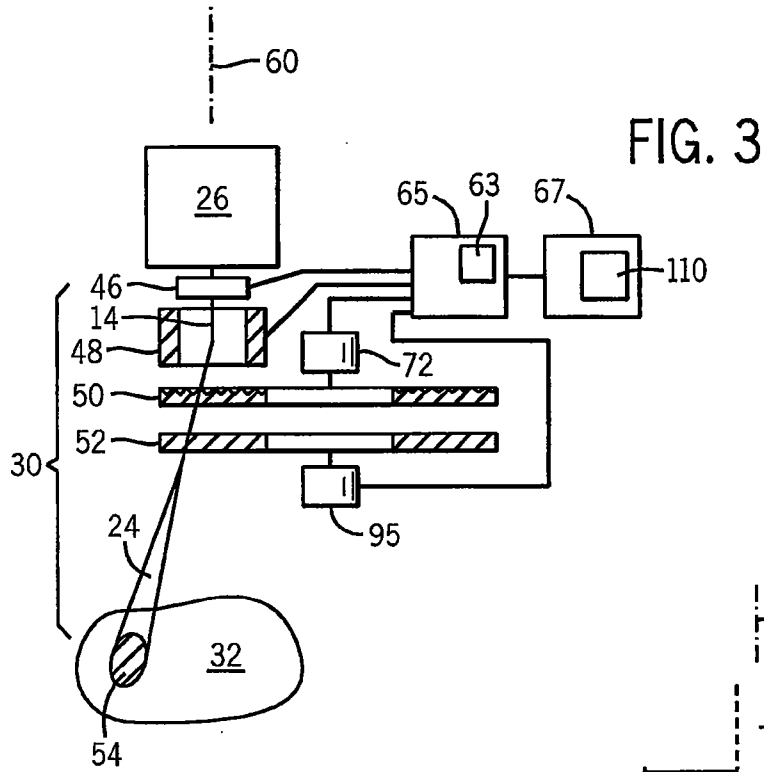


FIG. 4a

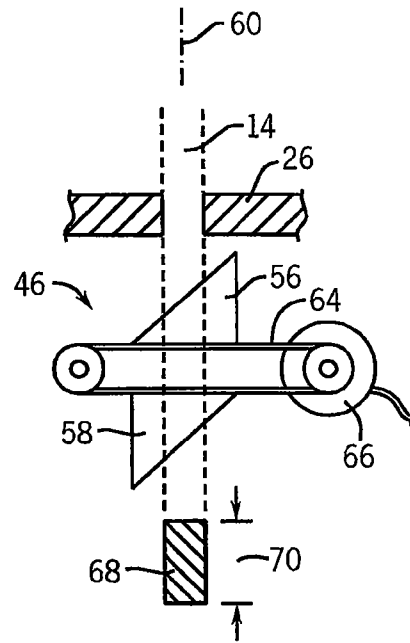
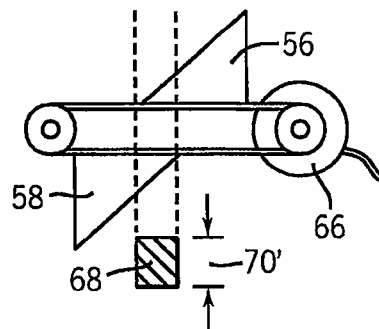


FIG. 4b



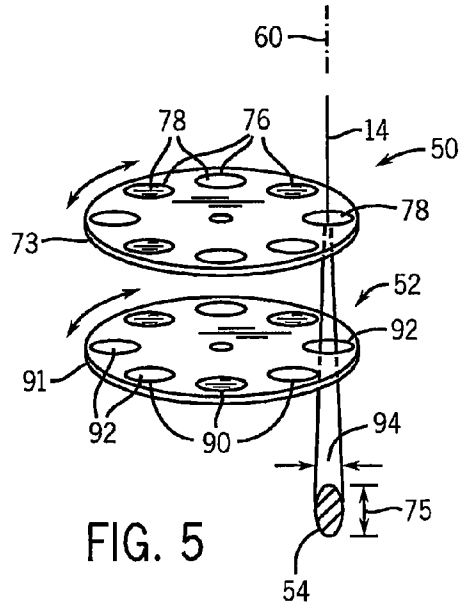


FIG. 5

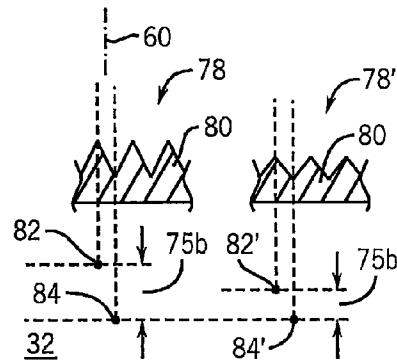


FIG. 6

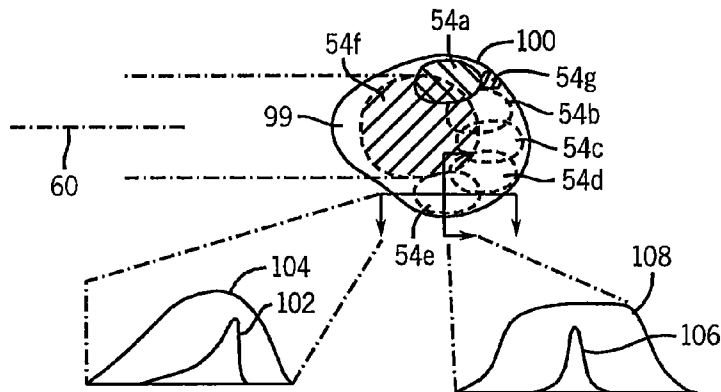
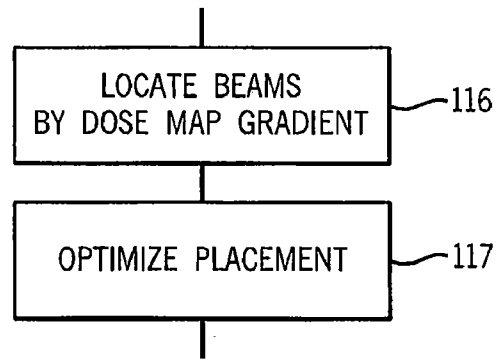
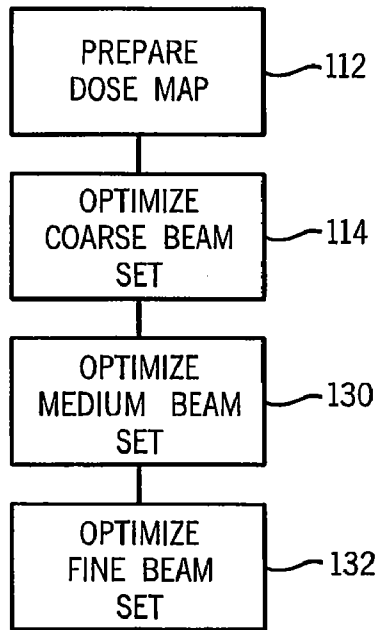
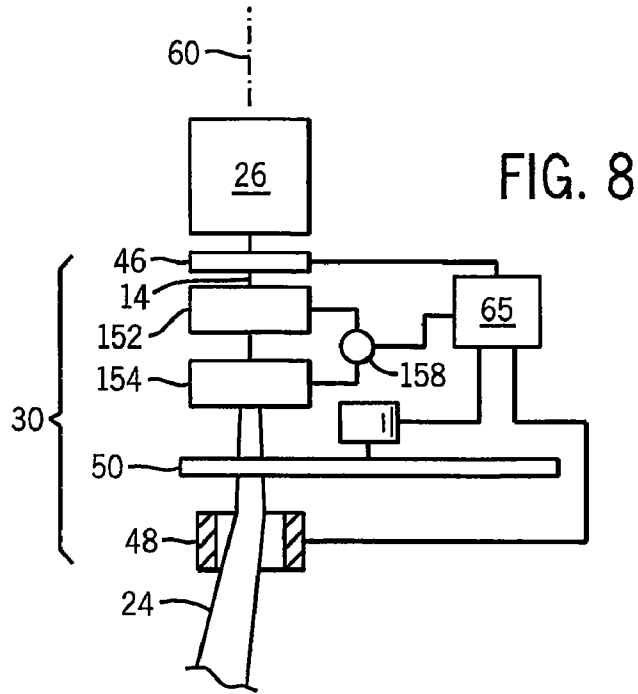
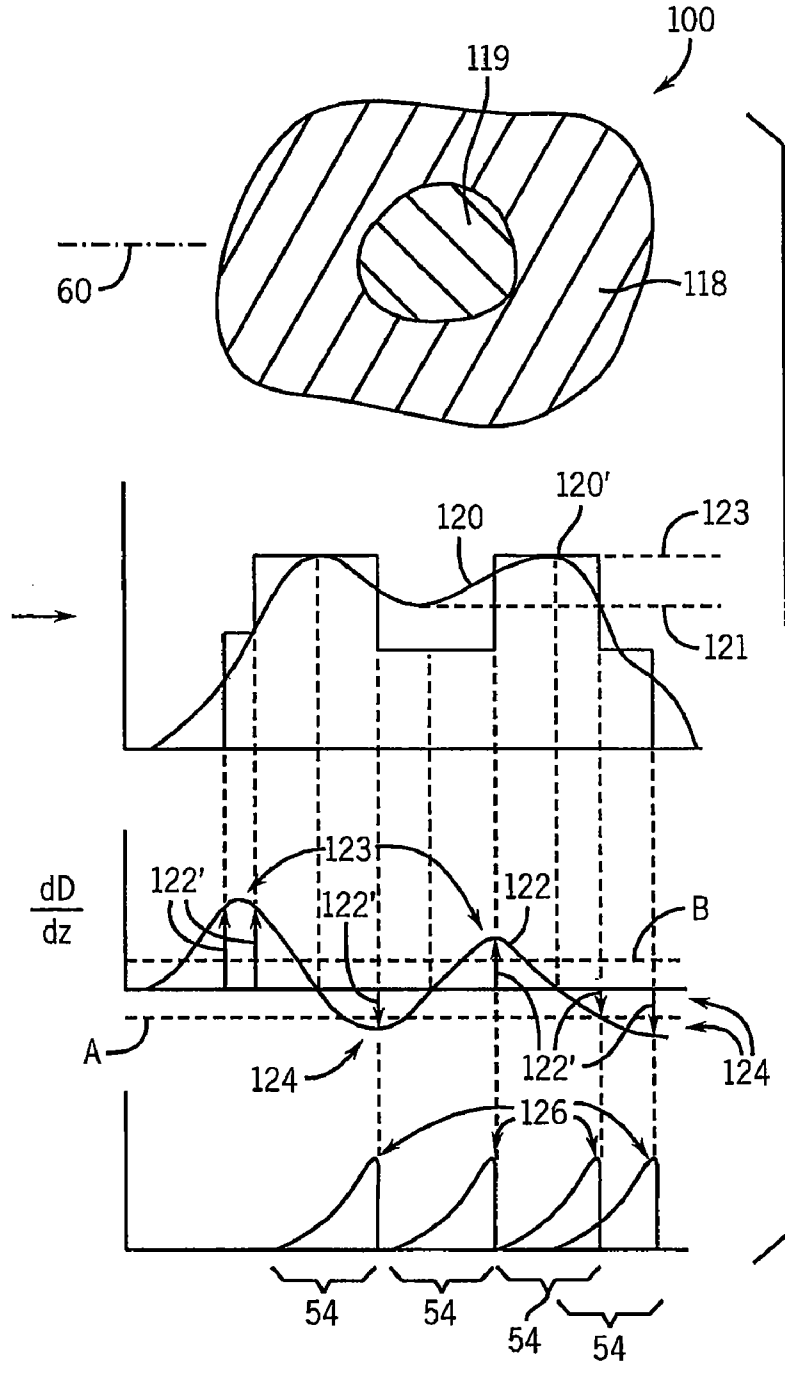


FIG. 7





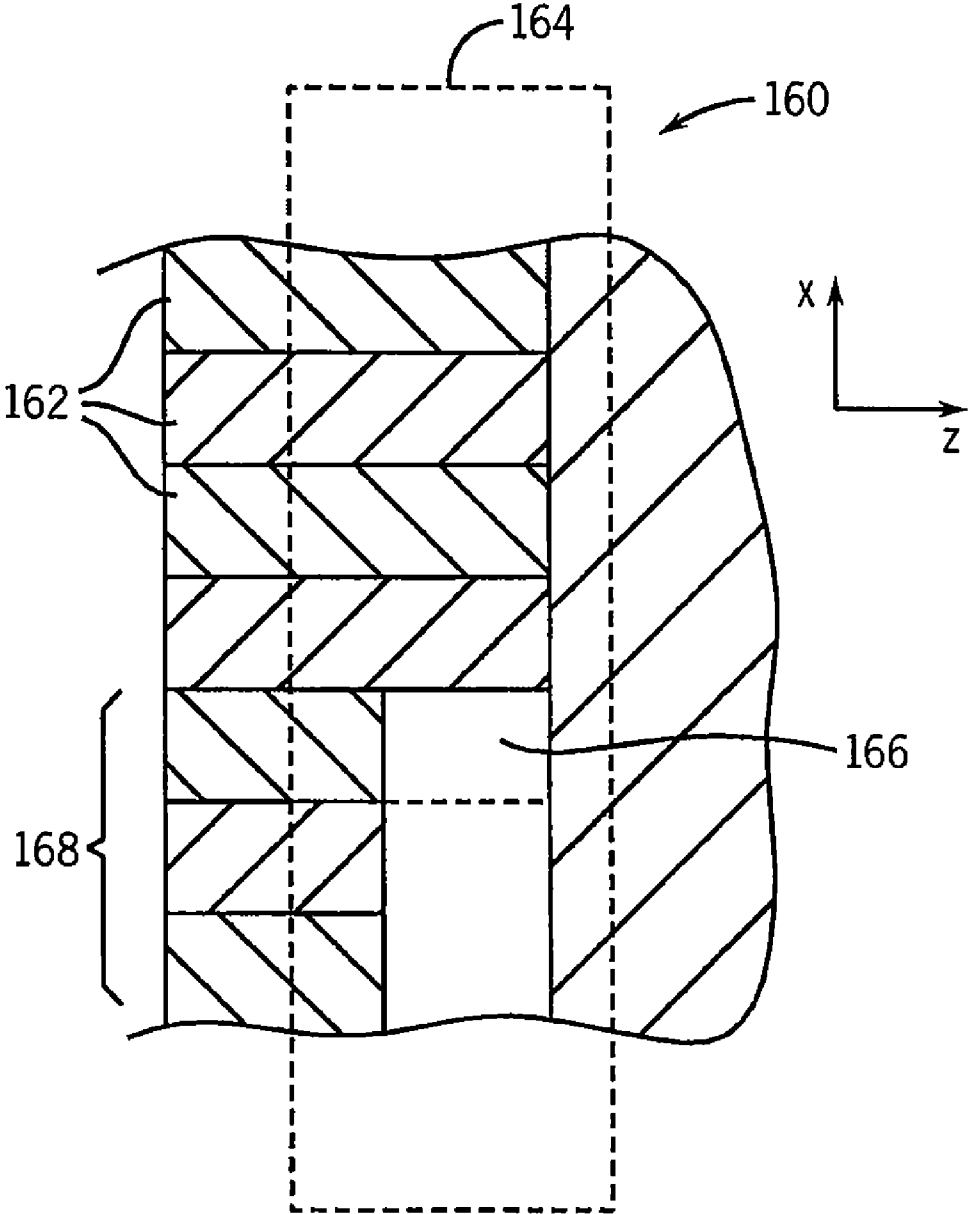


FIG. 12

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**ION RADIATION THERAPY SYSTEM WITH
VARIABLE BEAM RESOLUTION****CROSS-REFERENCE TO RELATED
APPLICATIONS**

This application is a divisional of U.S. application Ser. No. 12/439,466 filed Feb. 27, 2009 now U.S. Pat. No. 7,763,873 which claims the benefit of PCT Application PCT/US2008/055096, filed Feb. 27, 2008, and U.S. Provisional Application 60/891,859, filed Feb. 27, 2007, the disclosures of which are all incorporated herein by reference.

**STATEMENT REGARDING FEDERALLY
SPONSORED RESEARCH OR DEVELOPMENT**

This invention was made with government support under CA088960 awarded by the National Institutes of Health. The government has certain rights in the invention.

BACKGROUND OF THE INVENTION

The present invention relates to radiotherapy systems using ions (such as protons) for the treatment of cancer and the like and, in particular, to a system providing improved treatment speed and accuracy.

External beam radiation therapy may treat a tumor within the patient by directing high-energy radiation in one or more beams toward the tumor. Recent advanced external beam radiation systems, for example, as manufactured by Tomotherapy, Inc., treat a tumor with multiple x-ray fan beams directed at the patient over an angular range of 360°. Each of the beams is comprised of individually modulated beamlets whose intensities can be controlled so that the combined effect of the beamlets, over the range of angles, allows an arbitrarily complex treatment area to be defined.

X-rays deposit energy in tissue along the entire path between the x-ray source and the exit point in the patient. While judicious selection of the angles and intensities of the x-ray beamlets can minimize radiation applied to healthy tissue outside of the tumor, inevitability of irradiating healthy tissue along the path to the tumor has suggested the use of ions such as protons as a substitute for x-ray radiation. Unlike x-rays, protons may be controlled to stop within the tissue, reducing or eliminating exit dose through healthy tissue on the far side of the tumor. Further, the dose deposited by a proton beam is not uniform along the entrance path of the beam, but rises substantially to a “Bragg peak” near a point where the proton beam stops within the tissue. The placement of Bragg peaks inside the tumor allows for improved sparing of normal tissue for proton treatments relative to x-ray treatments.

Current proton therapy systems adopt one of two general approaches. In the first approach, the proton beam is expanded to subtend the entire tumor and the energy of the protons, and hence their stopping point in the tissue, is spread in range, to roughly match the tumor depth. Precise shaping of the exposure volume is provided by a specially constructed range correction compensator which provides additional range shifting to conform the distal edge of the beam to the distal edge of the tumor. This treatment approach essentially treats the entire tumor at once and, thus, is fast and yet less precise and requires the construction of a special compensator.

In a second approach, the proton beam remains narrowly collimated in a “pencil beam” and is steered in angle and adjusted in range to deposit the dose as a small spot within the

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patient. The spot is moved through the tumor in successive exposures until an arbitrary tumor volume has been irradiated. This approach is potentially very accurate, but because the tumor is treated in successive exposures, is slower than the first approach. Further the small spot sizes create the risk of uneven dose placement or “cold spots” should there be patient movement between exposures.

SUMMARY OF THE INVENTION

The present invention provides a radiotherapy system usable with ion beams that uses multiple beam spot sizes to effect a precise trade-off between treatment speed and accuracy. For example, spatially larger beams may be used to treat large relatively homogenous portions of the treatment area with smaller beams providing precise delineation of edges and small dose features.

Specifically, the present invention provides an ion therapy machine that includes an ion source for producing an ion beam. The machine further provides a means for varying the lateral width of the ion beam (perpendicular to the propagation axis of the ion beam) as a function of a control signal and a means for steering the ion beam to different portions of a patient according to a control signal. A beam controller following a stored radiation plan communicates control signals to the means for varying the lateral width and the means for steering the ion beam to apply ion beams of different widths to different portions of the patient according to the treatment plan.

Thus, it is an object of one embodiment of the invention to aggregate treatment areas that may receive similar irradiation through the use of variable sized treatment beam, thus improving treatment speed or uniformity.

It is another object of one embodiment of the invention to allow precise tailoring of the beam spot sizes to different portions of the treatment volume to allow a flexible trade-off between treatment speed and treatment accuracy.

It is yet another object of one embodiment of the invention to provide a method of desensitizing the treatment to patient movement such as may create cold spots. The larger treatment beams naturally eliminate cold spots within the treatment beam and so it may not be necessary to employ longer treatment times to provide superior averaging of patient motion.

The invention may further include a means for varying an extent of the beams along their axis of travel (axial extent) when the beams are steered to different portions of the patient according to a control signal, and the beam controller may execute the stored radiation plan to communicate control signals to the means for varying an axial extent of the beam, to apply ion beams of different axial extents to different portions of the patient.

It is thus another object of one embodiment of the invention to change the axial extent of the beam to obtain similar benefits to those provided by the control of beam width.

The means for varying the lateral width of the beam (perpendicular to the beam axis) may be at least one focusing magnet set.

It is thus another object of one embodiment of the invention to allow control of beam size with reduced neutron generation as compared to scatter foils and the like.

It is another object of one embodiment of the invention to provide an efficient use of the energy of the proton beam by controlling beam width without the need to block portions of the beam.

A pair of successive quadrupole magnets may be used for focusing.

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It is thus another object of one embodiment of the invention to provide a simple and reliable focusing structure for changing beam width.

The width of the ion beam may be adjusted by varying a separation of the quadrupole magnets or by varying the strength of at least one of the quadrupole magnets.

It is thus another object of one embodiment of the invention to provide a flexible beam width control allowing mechanical or electrical control methods.

Alternatively, the means for varying the lateral width of the beam may be a set of selectable different scattering foils movable into and out of the ion beam.

It is thus an object of one embodiment of the invention to provide a simple beam width control mechanism.

In one embodiment, the means for varying the lateral width of the beam may control the focusing drive signals of a dielectric wall accelerator.

It is thus another object of one embodiment of the invention to provide a system that will work with next generation ion sources.

The means for varying a lateral width may be a mechanical collimator.

It is thus an object of one embodiment of the invention to provide a system that may work with the current generation multi-leaf collimators or the like.

The means for varying the longitudinal and lateral extent of the beam may be a set of selectable mechanical scattering foils or ridge filters that may be moved into or out of the beam.

Thus it is an object of one embodiment of the invention to provide a simple method of controlling the axial extent of the beam.

The ion therapy machine may further include a radiation planning system receiving a dose plan for the patient and providing the radiation plan to the beam controller such that the radiation plan applies wider beams to portions of the patient with lower gradients in the dose plan and narrower beams to portions of the patient with higher dose gradients in the dose plan.

It is thus an object of one embodiment of the invention to provide a radiation planning technique adapted to exploit variable resolution ion beams.

Alternatively, the radiation plan may apply wider beams to portions of the patient removed from the edge of a tumor and narrower beams to portions of the patient at the edges of the tumor.

It is thus an object of one embodiment of the invention to provide a planning system that selects beam spot sizes based on relative location of the beams in the tumor.

The radiation planning system may provide a radiation plan to the beam controller to steer the beams to place Bragg peaks of the beams at distal edges of a tumor.

It is thus another object of one embodiment of the invention to provide a simple method of positioning the beams within the tumor volume.

These particular features and advantages may apply to only some embodiments falling within the claims and thus do not define the scope of the invention.

BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view in partial phantom of an ion therapy system suitable for use with the present invention having a synchrotron ion source providing ions to multiple gantry units;

FIG. 2 is a cross-section along line 2-2 of FIG. 1 showing the path of the ion beam into a gantry to be directed into a patient after passage through a modulation assembly;

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FIG. 3 is a block diagram of a first embodiment of the modulation assembly of FIG. 2;

FIGS. 4a and 4b are elevational views of one embodiment of an ion range shifter assembly using counter-translating wedges, showing two positions of the wedges that provide different amounts of blocking material in the path of the ion beam to control the average ion energy;

FIG. 5 is a perspective view of two rotating disks holding different scattering foils and ridge filters respectively, to control beam width and beam axial extent;

FIG. 6 is an elevational cross-section of two ridge filters of the disk of FIG. 5 such as provide different axial extents of an ion beam;

FIG. 7 is a schematic representation of a dose map for a patient, the dose map having treatment zones and showing different width beams superimposed on the dose map, and further showing the axial and lateral profiles of those beams;

FIG. 8 is a figure similar to that of FIG. 3 showing an alternative embodiment of the modulation assembly using quadrupole magnets for beam widening;

FIG. 9 is a flowchart of a treatment planning program that may work with the present invention to determine desirable beam resolution in the treatment of a patient;

FIG. 10 is a detail of the flowchart of FIG. 9 providing a step of locating the position of ion beams according to dose gradient;

FIG. 11 is a representation of a non-uniform dose map, its gradient along one axis, and a positioning of a Bragg peak of ion beams of different resolutions based on those gradients; and

FIG. 12 is a plan view of a multi-leaf collimator that may be operated to effectively control beam widths and beam locations.

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENT

Referring now to FIGS. 1 and 2, an ion therapy system 10 may include a cyclotron or synchrotron 12 or other ion source providing a pencil beam 14 of ions that may be directed to a gantry unit 16. The pencil beam 14 may be received at the gantry unit 16 along an axis 22 into an axial portion of a rotating arm 20 rotating about the axis 22. The rotating arm 20 incorporates guiding magnet assemblies of a type known in the art to bend the pencil beam 14 radially away from the axis 22 then parallel to the axis and spaced from the axis 22 to be received by a treatment head 26. The treatment head 26 orbits about the axis 22 with rotation of the rotating arm 20 and incorporates magnets bending the ion pencil beam 14 back toward the axis 22 to intersect the axis perpendicularly.

As will be described in more detail below, the treatment head 26 may include a modulation assembly 30 to produce a variable resolution treatment beam 24. A patient 32 may be positioned on a support table 34 extending along the axis 22 so that the variable resolution treatment beam 24 may irradiate the patient 32 at a variety of angles 36 about the axis 22. A cylindrical neutron shield 40 having a bore for receiving the table 34 and the rotating arm 20 may surround the gantry unit 16 to block generated neutrons.

In one embodiment, a second rotating arm (not shown) may rotate with or independently of the rotating arm 20 to support an x-ray source 42 and x-ray detector 44 opposed across the axis 22 to illuminate the patient 32 at a range of angles to provide CT imaging capabilities according to techniques well-known in the art.

Referring now to FIG. 3, the modulation assembly 30 produces the variable resolution treatment beam 24 by con-

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trolling the size, energy, and angle of the variable resolution treatment beam **24** to steer a variably sized treatment spot **54** through different locations within the patient **32**. Specifically, the modulation assembly **30** includes a global range shifter **46** controlling the average energy of the ions in the pencil beam **14**, a beam steering yoke **48** steering the pencil beam **14** in angle in one or two dimensions, a beam axial-extent controller **50** controlling a range of energies of the pencil beam **14**, and a beam width controller **52** controlling a lateral width of the pencil beam in one or two dimensions. As used herein, "lateral" will refer to a direction generally perpendicular to a propagation axis of the pencil beam **14** and axial will refer to a direction generally aligned with a propagation axis of the pencil beam **14**.

Each of the global range shifter **46**, the beam steering yoke **48**, the beam axial-extent controller **50**, and the beam width controller **52**, provides for electrical connections to a controller **65** that may control each of these elements electrically according to a stored radiation plan **63**. The controller **65** may communicate with a computer terminal **67** for use by a physician in preparing the radiation plan **63** according to techniques that will be described further below.

Referring now to FIG. **4**, the global range shifter **46**, in one embodiment, provides a first wedge **56** and second wedge **58** in the form of identical right triangles of lateral thickness (perpendicular to the plane of the triangles) equal to at least the lateral thickness of the pencil beam **14**. The wedges **56** and **58** are mounted on opposite outer sides of a laterally extending belt **64** with the outer surfaces of the belt attached to corresponding bases of the wedges **56** and **58**. As attached, one wedge **58** is rotated with respect to the other wedge, once about an axis aligned with the attached base and once about an axis perpendicular to the attached base.

When the belt **64** is moved by motor actuator **66** the wedges **56** and **58** move in opposite directions, with the angled hypotenuses of the wedges **56** and **58** being maintained generally parallel to each other. It will be understood that in this configuration that when the pencil beam **14** passes through both of the wedges **56** and **58** it will pass through a constant amount of wedge material over the entire lateral extent of the pencil beam **14**, providing uniform energy attenuation of the photons of the pencil beam **14**. In a first position of the wedges **56** and **58**, shown in FIG. **4a**, with the wedges **56** and **58** fully overlapping in an axial direction, the combined material of the wedges **56** and **58** forms an equivalent rectangular bolus **68** having a first height **70**. In a second position of the wedges **56** and **58**, shown in FIG. **4b**, with the wedges **56** and **58** axially separated by a full amount still allowing them to overlap in the area of the pencil beam **14**, the equivalent rectangular bolus **68** has a second height **70'** less than the first height **70**. The height of the equivalent bolus **68** controls the average energy of the protons in the pencil beam **14** and thus movement of the wedges **56** and **58** allows control of the depth of the treatment spot **54** within the patient. The motor actuator **66** may be, for example, a stepper or servomotor as is understood in the art.

Referring again to FIG. **3**, after the pencil beam **14** has passed through the global range shifter **46**, the pencil beam **14** is received by a beam steering yoke **48** which may, for example, be a set of electromagnetic coils or opposed electrostatic plates well known for steering charged particles in one or two lateral dimensions. The beam steering yoke **48** allows the pencil beam **14** to be steered at an angle from an axis **60** perpendicular to the axis **22** about which the beam rotates. In this way the treatment spot **54** to be moved to an arbitrary lateral location within the patient **32**. Together these

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beam steering yokes **48** and the range shifter **46** allow the treatment spot **54** to be moved to arbitrary locations within the patient **32**.

Referring now to FIGS. **3** and **5**, the size of the treatment spot **54**, in terms of axial length, is controlled by the beam axial-extent controller **50** which varies the energies of the ions in the pencil beam **14** to create one of a number of predefined energy ranges. In one embodiment, the beam axial-extent controller **50** uses a disk **73** extending in a lateral plane and rotatable by motor **72** about an axis parallel to the axis of the pencil beam **14**, to bring various apertures **76** in the periphery of the disk into alignment with the pencil beam **14** as the disk is rotated. Each of the apertures **76** may be fitted with a different ridge filter **78** providing for a different spread of energies and thus a different axial length **75** of the treatment spot **54**.

Referring to FIG. **6**, a first axial ridge filter **78**, for example in a first aperture **76**, may have a set of triangular ridges **80** whose peaks provide a first axial thickness to reduce ions' energies to provide an average stopping point **82** in the patient **32**, and troughs having reduced thickness and allowing increased proton energy to provide an average stopping point **84** in the patient **32**. The difference between these two stopping points **82** and **84** represents the axial length **75a** of the treatment spot **54**.

For comparison, a second ridge filter **78'** in a different aperture **76**, may have a similar profile but with ridges of lesser amplitude whose peaks provide a first stopping point **82'** and whose troughs provide a second stopping point **84'** that are closer together to produce an axial length **75b** that is substantially shorter than the axial length **75a**. A number of different filters **78** may provide for a range of different axial lengths **75** for the treatment spot **54**.

Referring still to FIGS. **3** and **5**, the beam width controller **52** may be a similar disk **91** positioned below disk **73** and axially aligned therewith and rotatable by motor **95** to bring various apertures **90** in the periphery of the disk **91** into alignment with the pencil beam **14**. In this case, the apertures **90** may be fitted with different scattering foils **92** such as cause a lateral spreading of the pencil beam **14** by various amounts according to the material and thickness of the scattering foil to control the lateral width **94** of the treatment spot **54**.

Referring now to FIG. **7**, a radiation plan **63** describing the positioning of the multiple treatment spots **54** and their sizes may be developed with reference to a dose map **100** prepared by a physician using planning software to convert the dose map **100** to a radiation plan **63**. The dose map **100** may be prepared, for example, using a graphics terminal with the physician viewing one or more CT images of the patient to define desired doses in different zones within the volume of the patient.

A simple dose map **100** follows the outline of a tumor **99** and provides a desired uniform dose within that outline. The present invention may provide a radiation plan **63** that uses multiple treatment spots **54a-54f** to deliver the desired dose. Generally the axial length of the treatment spot **54** will affect the profile of the dose within the treatment spot **54**. Thus, for example, a small treatment spot **54e** will have an axial profile **102** exhibiting a well-defined Bragg peak with a sharp distal fall off whereas a large treatment spot **54f** will exhibit an axial profile **104** with a more gradual falloff being the aggregate of Bragg peaks for multiple protons of different energies. For this reason, smaller treatment spots **54** may preferentially be used near the distal edge of the tumor or at other points of high dose gradient.

The lateral width of the treatment spot **54** will also affect the lateral profile of the dose within the treatment spot **54**. In this case the lateral falloff is not determined by the Bragg peak but simply by beam spreading after collimation.

Intuitively, it will be understood from FIG. 7 that a large treatment spot **54f** may be advantageously placed roughly centered within the tumor **99** and smaller treatment spots **54a-54e** may be used close to the distal edge of the tumor **99** to take advantage of the sharper Bragg peak available from those smaller spots. As the gantry is rotated and axis **60** of the pencil beam **14** moves about the tumor **99**, different edges of the tumor **99** become the distal edge allowing this approach to be repeated for the entire tumor **99** to provide sharp demarcation of the outline of the tumor **99**.

This general observation may be exploited more precisely by a radiation treatment planning system implemented by program **110** executed in the terminal **67** to prepare a radiation plan **63**. Referring now to FIGS. 7 and 9, the treatment plan may begin by receiving a dose map **100** as indicated by process block **112** generally describing a spatial extent of a portion of the patient **32** where an ion dose will be applied. In contrast to the dose map **100** of FIG. 7, the dose map **100** more generally will include multiple zones within a dose map **100** describing variations in the intensity of the doses within those zones.

At process block **114**, a first set of beams, for example, producing large treatment spots **54f** may be fit to the dose map **100**. This fitting determines both an intensity of the different treatment spots **54** and the location of the beam treatment spot **54**. One method for locating the treatment spot **54** tries to fit as many of the treatment spots **54** into the tumor area of the dose map **100** as can be done with controlled overlapping or extending outside of the tumor **99**. The intensities may then be determined by an iterative process, for example "simulated annealing", considering multiple exposures for different gantry angles.

Once the intensity of the large treatment spot **54** is determined, then at process block **130** smaller treatment spots **54** (for example treatment spot **54a-e**) are positioned on the dose map **100** in gaps between the larger treatment spots **54f**. These gaps may be identified simply by creating a difference map indicating differences between the dose implemented by the large treatment spots **54f** and the desired dose of the dose map **100**, and placing the smaller treatment spots **54a-e** according to the difference map. The intensities and positions of the optimized larger treatment spots **54f** are held fixed and only the intensities of the new smaller treatment spots **54a-e** are optimized iteratively. Alternatively, the intensities and positions of the optimized larger treatment spots **54f** may be used as a starting position for renewed optimization of both the larger treatment spots **54f** and the new smaller treatment spots **54a-e**.

As illustrated by process block **132**, this process may be repeated for yet smaller treatment spots **54g** shown in FIG. 7.

Referring now to FIGS. 10 and 11, an alternative method of locating the treatment spots **54**, as indicated by process block **116**, determines a gradient **122** of the dose map **100** being the spatial derivative of the dose **120** along a particular treatment axis (e.g. aligned with axis **60** for each treatment fraction). For simplicity, the dose map **120** may be discretized into two or more dose levels as shown by discretized dose map **120'** and a discretized gradient **122'** developed (indicating generally gradient sign).

For example, the dose map **100** may include a first central zone **119** of lower dose **121** and an outer peripheral zone **118** of higher dose **123**. Discretized derivative values **122'** along axis **60** may provide for two positive going transitions **123**, a

negative going transitions **124**, a positive going transition **123**, and two negative going transitions **124** (from left to right) following the discretized gradient **122'**. These transitions **123** and **124** may be used to align the Bragg peak **126** of treatment spots **54** to provide a location of those beam spots for intensity optimization according to the following rules:

(a) place a Bragg peak **126** along the ray of a given proton beam at points where the dose gradient drops below a user-defined negative threshold (A) (or in the case of the discretized gradient **122'**, where there are negative transitions);

(b) place a Bragg peak **126** along the ray of a given proton beam at points where the dose gradient exceeds below a user-defined negative threshold (B) (or in the case of the discretized gradient **122'**, where there are positive transitions) after there has been at least one peak placed per (a) above.

The height of the peaks **124** may also be matched to the steepness of the Bragg peaks **124** of the different sizes of treatment spots **54** which, as noted, before, tend to vary with the treatment spot **54** size.

Once locations of treatment spot **54** are fixed, the intensities may be optimized as described before or by iterative techniques such as Simulated Annealing or Gradient Based Optimization Techniques beams at multiple angles. Multiple delivery angles, for example over 360 degrees, and control of the intensity of the beam spots will then build up the dose to match the dose map **100**. By selecting a beam range prior to iteration, the iteration process is much simplified.

Alternatively or in addition, the above technique of locating the Bragg peaks of the treatment spots **54** may be used on an "ex ante" basis and an optimization program **117** may then be run in which the dose produced by the ex ante placement is compared to the desired dose. The deficiency in the dose is then used to place additional treatment spots **54**. In this way locations that did not receive a sufficient amount of dose from the first pass are filled in with spots that are added based on the difference.

Referring now to FIG. 8, in an alternative embodiment of the modulation assembly **30**, axial range shifter **46** may be followed by a first and second quadrupole magnet **152** and **154** rotated along axis **60** at 90 degrees with respect to each other. The pencil beam **14** passing through the successive quadrupole magnets **152** and **154** is expanded into a diverging fan beam. The width of this diverging fan beam may be controlled by changing the separation of the quadrupole magnets **152** and **154** by a mechanical focusing assembly **158**, and/or by control of the strength of the magnets in one or both quadrupole magnets **152** and **154** by controlling an electromagnetic current according to signals from the controller **65**.

The variable resolution treatment beam **24** from the quadrupole magnets **152** and **154** is then received by the beam axial-extent controller **50** and then steered by beam steering yoke **48** as described before.

Referring now to FIG. 12, control of the beam width and its location may, in an alternate embodiment, be accomplished by a multi-leaf collimator **160** having individually controllable leaves **162** which may be moved into or out of a fan beam **164** to create apertures **166** defining beam widths **168** and, by their offset from a center of the fan beam **164**, may control the positioning of the beam within the patient **32**. Thus one mechanism may provide both for steering and beam width control, the separate control signals being combined to produce control signals for selection of particular shutters for opening and/or closing. A shutter system suitable for this use is described in U.S. Pat. No. 5,668,371 described above. Although only a single aperture **166** is shown, in the simplest embodiment, this technique may be used to produce simultaneous multiple apertures (not shown) of different widths for

concurrent treatment using the same axial extent or variable axial extent provided by corresponding range shifters for each aperture, again as taught in U.S. Pat. No. 5,668,371.

Generally, the invention anticipates that the source of protons may also be a dielectric wall accelerator. As is understood in the art a dielectric wall accelerator provides a linear acceleration of charged particles through the use of successively applied electrostatic fields that serve to accelerate the charged particles as they move through the dielectric wall accelerator. Energy modulation may be obtained by simply controlling the degree of acceleration of the charged particle through the switching of the electrostatic fields and their timing. The beam widths may be controlled by electronic control of focusing electrodes incorporated into the body of the dielectric wall accelerator. By deflecting the protons at the proximal end of the dielectric wall accelerator early in the acceleration process, it is believed that it should be possible to steer the proton beam. The electrodes used to control the beam width can also be used for focusing the beam spot.

Dielectric wall accelerators suitable for this purpose are described for example in "Development of a Compact Radiography Accelerator Using Dielectric Wall Accelerator Technology" by Sampayan, S. et al. Proceedings of the Particle Accelerator Conference, 2005. PAC 2005. Publication Date: 16-20 May 2005 pp: 716-718 ISBN: 0-7803-8859-3.

The present invention contemplates changing of the size of the treatment spot **54** in three dimensions: axially and in two perpendicular lateral directions. The present invention may also be used with beam spot control in only two dimensions: axial and one lateral dimension within a plane of rotation of the gantry head **26**. Under this control technique the patient may be treated on a slice-by-slice basis through a "rotate and step" scanning pattern or a helical scanning pattern of a type known in the art for x-ray tomography.

Alternatively such a system may also combine helical scanning, for example, with variable beam widths in three dimensions including along the axis about which the head **26** is rotated. Such a system would anticipate common structure in adjacent slices to provide for treatment of these structures over a longer period during multiple slices.

It is specifically intended that the present invention not be limited to the embodiments and illustrations contained herein, but include modified forms of those embodiments including portions of the embodiments and combinations of elements of different embodiments as come within the scope of the following claims.

We claim:

1. A method of ion therapy planning comprising the steps of:
 - (a) determining a dose plan with respect to a region of a patient;
 - (b) optimizing intensities and locations of a first set of beams having a first beam spot size to provide location and intensity values of the first set of beams to produce a first dose converging to the dose plan; and
 - (c) after step (b), optimizing intensities and locations of a second set of beams having a second beam spot size smaller than the first beam spot size to provide location and intensity values of a second set of beams to produce a second dose converging on portions of the dose plan

not covered by the first dose, the first and second set of beams providing dose converging on the dose plan.

2. The method of claim **1** wherein step (b) iteratively modifies the intensities and locations of the first set of beams to provide the location and intensity values for the first set of beams; and step (c) iteratively modifies the intensities and locations of the second set of beams to provide the location and intensity values for the second set of beams.

3. The method of claim **1** further including the step of repeating step (c) with additional sets of beams having successively smaller beam sizes.

4. The method of claim **1** wherein the beam spot sizes differ in axial extent along an axis of ion travel.

5. The method of claim **1** wherein the beam spot sizes differ in lateral width perpendicular to an axis of ion travel.

6. The method of claim **1** further including the step of selecting beam locations based upon a gradient of the dose plan such that a Bragg peak of the beams are adjacent to high gradients of the dose plan.

7. The method of claim **1** further including the step of selecting beam locations based upon the dose plan such that a Bragg peak of the beams are adjacent to a distal edge of a treatment region in the dose plan.

8. An apparatus for ion therapy planning comprising a stored program executing on an electronic computer to execute the steps of:

- (a) accept a dose plan with respect to a region of a patient;
- (b) optimize intensities and locations of a first set of beams having a first beam spot size to provide location and intensity values of the first set of beams to produce a first dose converging to the dose plan; and

(c) after step (b), optimize intensities and locations of a second set of beams having a second beam spot size smaller than the first beam spot size to provide location and intensity values of a second set of beams to produce a second dose converging on portions of the dose plan not covered by the first dose, the first and second set of beams providing dose converging on the dose plan.

9. The apparatus of claim **8** wherein step (b) iteratively modifies the intensities and locations of the first set of beams to provide the location and intensity values for the first set of beams; and step (c) iteratively modifies the intensities and locations of the second set of beams to provide the location and intensity values for the second set of beams.

10. The apparatus of claim **8** further including the step of repeating step (c) with additional sets of beams having successively smaller beam sizes.

11. The apparatus of claim **8** further wherein the beam spot sizes differ in axial extent along an axis of ion travel.

12. The apparatus of claim **8** further wherein the beam spot sizes differ in lateral width perpendicular to an axis of ion travel.

13. The apparatus of claim **8** further including the step of selecting beam locations based upon a gradient of the dose plan such that Bragg peaks of the beams are adjacent to high gradients of the dose plan.

14. The apparatus of claim **8** further including the step of selecting beam locations based upon the dose plan such that Bragg peaks of the beams are adjacent to a distal edge of a treatment region in the dose plan.