A rethink of the linear accelerator for resourcelimited environments

Manjit Dosanjh and Taofeeq Ige AAPM Session on Affordable Cancer Care for All











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Current status

- The burden of cancer is increasing globally
- Large shortfall in LIC and LMIC RT systems that are needed for effective cancer care
- LINAC-based RT is the current technology of choice

But LINAC technology is complex, labour intensive, and high cost to acquire, install, operate and service.

Can we use technology developments to address the current challenges and make RT more widely available and expand access globally?



1st workshop on: **"Design Characteristics of a Novel Linear Accelerator** for Challenging Environments"

Norman Coleman(ICEC) David Pistenmaa (ICEC) Manjit Dosanjh (CERN)

http://indico.cern.ch/event/560969/



European Organization for Nuclear Research (CERN) International Atomic Energy Agency (IAEA) James Martin Center for Nonproliferation Studies (CNS) National Aeronautics and Space Administration (NASA) National Nuclear Security Administration (NNSA)



Medical Linacs for challenging environments

- 1st Design Characteristics of a Novel Linear Accelerator for Challenging Environments, November 2016, CERN
- 2nd Bridging the Gap Workshop, October 2017, CERN
- 3rd Burying the Complexity Workshop, March 2018, Manchester



4th Accelerating the Future Workshop, March 2019, Gaborone





Partnering to transform global cancer care

Science and Technology **Facilities Council**

Project STELLA

Smart Technologies to Extend Lives with Linear Accelerators

Project STELLA is a unique global collaboration involving some of the best physics and medical talent, expertise from leading laboratories in accelerator design and, importantly, input and collaboration from users in Africa, other LMICs and HICs. The goal of this project is to design disruptive technology for the treatment of cancer patients with radiation therapy.



Innovative Technologies towards building Affordable and Equitable Global Radiotherapy (ITAR)

- Gather information from African hospitals/facilities regarding challenges faced in providing radiotherapy in Africa
- Identify the challenges with those who live with them day-to-day
- Create design specifications for a radiotherapy machine to meet these challenges for an improved design
 Assess applications of ML, AI and use of cloud-computing
- Assess applications of ML, AI and us in African and LMIC settings
- Concept design report for a prototype

STELLA questionnaire - data gathering

Overview

We asked a range of questions shown in the table to at least one facility in all African countries with RT access.

We examined: the LINAC model, environment, services, subsystems, treatment and imaging.

Also sent the survey to facilities in the UK, Canada and the USA, for comparison.



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acturer and model? Year of installation?
er of treatments are performed per year on each machine?
emperature and humidity in the area?
speed and availability of the internet connection?
is the electricity supply?
loor area and ceiling height of the shielded area?
energy is your shielded area able to safely operate at?
a service contract? Who provides it? What is the annual cost?
ces the machine have maintenance/tuning/calibration?
failures can you repair locally?
taff available for in-house repairs? Are staff formally trained?
identify machine faults? Is it easy?
problems with the vacuum system? How often?
problems with the vacuum pump? Do you keep spares? Can you repair locally?
spare RF sources? Can you repair locally?
problems with the MLC? Do you keep spares? Can you repair locally?
problems with the electron gun? Do you keep spares? Can you repair locally?
own-time do you experience?
any software problems?
ospital have diagnostic CT near the radiotherapy area?
a tilting Couch? How important is this feature?
nt is it for a LINAC to offer electron treatment mode?

Data African countries that have LINAC-based RTand from HICs



Total number of LINACs surveyed
25
14
11
2
1



Total LINACs surveyed HICs: 52 Africa: 59

Map showing experienced downtime What is actually responsible for this downtime?

- We are investigating the impact of different responses on machine downtime.
- Univariate and multivariate analysis: observe how distributions of downtime vary for facilities grouped by question response.
- Also surveyed facilities in the UK, Canada, Switzerland and the USA, for comparison.



Biggest issues in LMIC hospitals







Graeme Burt

Reliability/Lifetime/ maintenance cost

What African medical personnel really want

Performance

Western perception of Africans priorities

Project Goals for RT-LINAC

- Key issues from reviewing the various surveys, data gathering exercises, failure mode data and discussions at workshops
- Categorisation Priorities:

Machine	 Severities and cost of repairing techn Frequency of failures (i.e. component Easy upgradability Size of the machine
Environment	 Making the electrical system robust to power requirements Robustness to temperature fluctuation Initial capital cost and the cost of span Delivering higher dose
Staffing	 Staff training and skill requirements t Ongoing education, mentoring and skill







ical failures t lifetime)

o fluctuations and minimising the

ons and dust re parts

o run a RT machine haring experience

Summary of current findings

- Local repair and access to parts significant factor determining downtime
- Software problems are a major contribution to downtime
- Frequency and voltage fluctuations also appear important
- Current data suggests- component importance on downtime: Electron Gun, Vacuum Pump, MLC, RF source, Software, Power Fluctuation

Ultimate Goal

- Robust, modular, reliable and simple to use machines
- >Are affordable
- With the aim to: expand access to RT

STELLA is looking at innovative design for reduction in acquisition and operating costs ensuring more improved LINAC access and a mentoring and training program for a sustainable solution

This work would not be possible without the great collaborators: ICEC, ITAR, STELLA, LMIC Colleagues https://www.iceccancer.org/



Recommended Reading

- Atun R, Jaffray D, Barton M et al. Expanding global access to radiotherapy. *Lancet Oncol* 2015;16(10):1153-1186.
- Pistenmaa, D., Coleman, C.N., and Dosanjh, M.K.; Developing medical linacs for challenging • regions (2017): <u>http://cerncourier.com/cws/article/cern/67710</u>
 - Dosanjh, M.K et al Developing Innovative, Robust and Affordable Medical Linear Accelerators for Challenging Environments (2019): Clinical Oncology, doi.org/10.1016/j.clon.2019.02.002 https://www.clinicaloncologyonline.net/article/S0936-6555(19)30055-X/fulltext

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- Ige TA et al., Surveying the Challenges to Improve Linear Accelerator-based Radiation Therapy • in Africa: a Unique Collaborative Platform of All 28 African Countries Offering Such Treatment, Clinical Oncology, https://doi.org/10.1016/j.clon.2021.05.008
- Pistenmaa, D., Dosanjh, M.K., et al. **Perspective**: Changing the Global Radiation Therapy • Paradigm: Design Characteristics of a Novel Linear Accelerator for Challenging Environments (In press with Radiotherapy and Oncology, June 2018, Radiotherapy and Oncology, DOI: 10.1016/j.radonc.2018.05.025
- Coleman CN et al. Capturing acquired wisdom, enabling healthful aging and building multinational partnerships through senior global health mentorship Global Health: Science and Practice, October 2020, <u>https://doi.org/10.9745/GHSP-D-20-00108</u>.