



Department of Physics  
University of Ioannina



# Modern Silicon Sensor Devices and their use in HEP, space and medical applications

**Benedetto Di Ruzza**

University of Foggia, Italy

[benedetto.diruzza@unifg.it](mailto:benedetto.diruzza@unifg.it)

ORCID: [0000-0001-9925-5254](https://orcid.org/0000-0001-9925-5254)

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# INTRODUCTION

The aim of these lectures is to give to the audience a general overview on Silicon Detectors mainly from an experimental point of view: the focus will be mainly on possible application, assembling and testing procedure, facility description etc.. , while links will be provided for more detailed description of semiconductors theory description.

Due to the amplitude of this field only few topics and examples will be described in more detail, while many other relevant topics will be skipped completely.

Feel free to contact me anytime for questions or suggestions:  
[benedetto.diruzza@unifg.it](mailto:benedetto.diruzza@unifg.it)

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# Outline

## Lecture 1:

Introduction to silicon sensors.

General (tentative) classification: Strips sensors, Hybrid and Monolithic (MAPS) pixel sensors, SiPM, LGAD, others.

Overview of applications in HEP and space missions.

MAPS assembling procedure: the ALPIDE chip and the Alice ITS2 construction.

Trends for Monolithic Active Pixel Detector: studies for large area bent sensors.

## Lecture 2:

Overview on the effects of radiation on silicon detectors and electronic devices:

Total Ionizing Dose (TID), Displaced Damage (DD), Single Event Effects (SEE).

Monitoring the radiation dose effects on silicon devices

The Trento proton and x-ray Irradiation Facilities and their use.

X-ray dose delivered measurement for silicon devices.

Procedures for dose evaluation and radiation hardness characterization of devices:

Useful software tools (SPENVIS, TRIM, SpekPy).

## Lecture 3:

Overview on the use of radiations for cancer treatment.

Ion therapy facilities: the CNAO and the Trento Proton Therapy Center.

Dose measurement for medical application. Beam control and beam

Quality Assurance (QA) devices.

Flash irradiation.

Examples of HEP technologies for to medical applications:

the iMPACT project and the FOOT Experiment.

# Lecture 3

# References E

Suggested web reference for lecture 3

Introduction to Hadrontherapy (2019)

Emanuele Scifoni: Research & Development for Hadrontherapy in Italy

Filename: Friday-03 Scifoni.pdf

In this directory:

<https://drive.google.com/drive/folders/1y7AEdYsyhxjE3IfwhDP5h-Dn4tizXpvl>

CERN Medical application seminar series (2015)

<https://cern-medical.web.cern.ch/cern-medical/node/26.html>

Overview of HEP techniques used for medical application (2013)

CERN: from particle physics to medical applications

[https://indico.cern.ch/event/261667/contributions/581171/attachments/462124/640469/med\\_app\\_english\\_2\\_lowres.pdf](https://indico.cern.ch/event/261667/contributions/581171/attachments/462124/640469/med_app_english_2_lowres.pdf)

Introduction to FLASH Radiotherapy (2021)

Emanuele Scifoni: Flash Radiotherapy

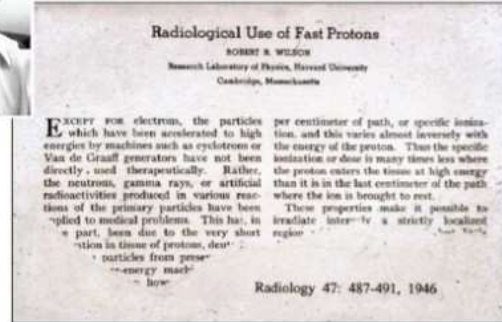
[https://agenda.infn.it/event/29198/attachments/87290/116584/FLASHmysteriesPisaseminar\\_OK.pdf](https://agenda.infn.it/event/29198/attachments/87290/116584/FLASHmysteriesPisaseminar_OK.pdf)

# Hadrontherapy: radiotherapy with charged particle beams

## Hadrontherapy



R.R. Wilson, "Foreword to the Second International Symposium on Hadrontherapy," in *Advances in Hadrontherapy*, (J. Amaldi, S. Larsson, V. Lomagne, Y. Eds.), Elsevier Medical, Elsevier, International Congress Series 1166, 1987 (1987).



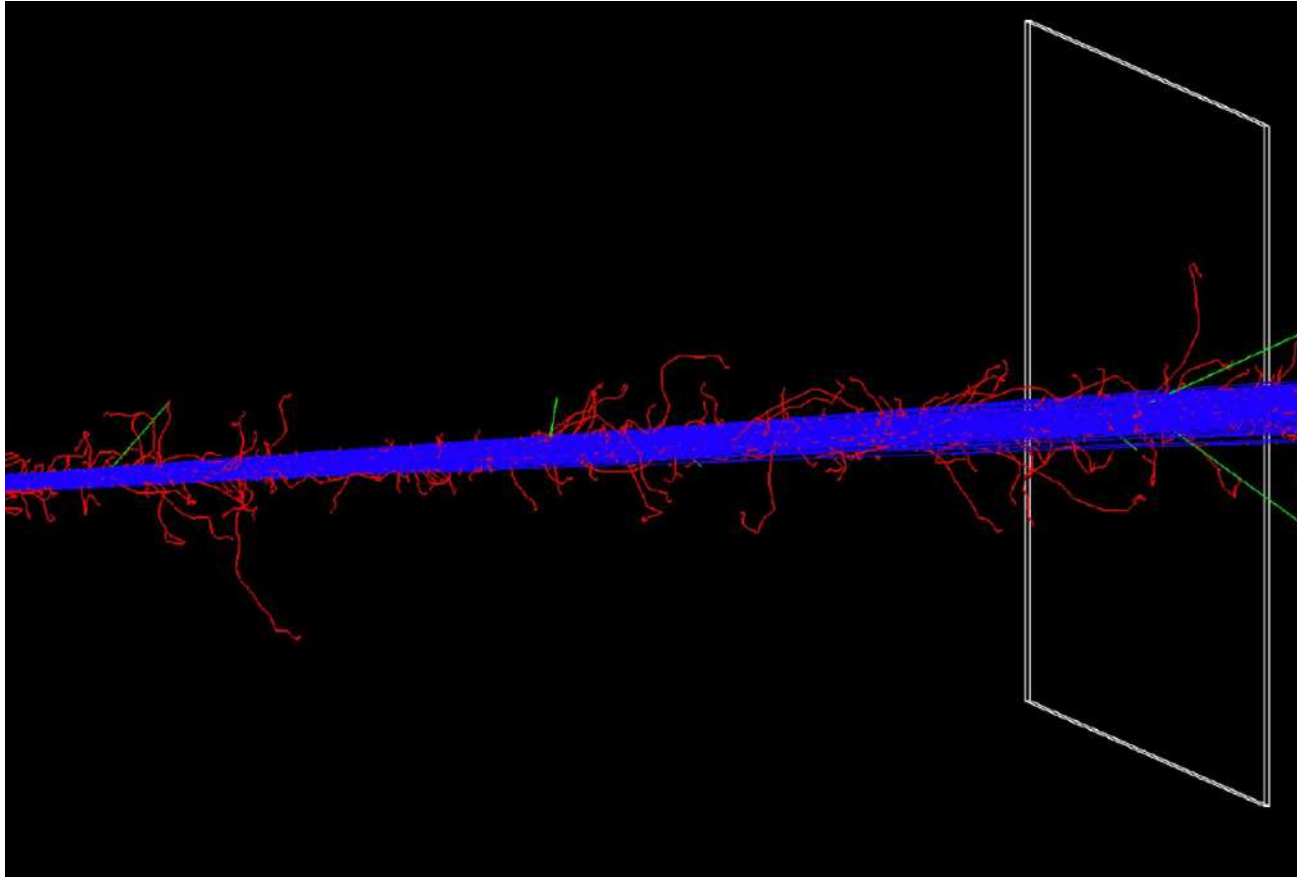
- Also called
  - Ion beam therapy
  - (Charged) Particle Therapy
- Radiation Therapeutic option exploiting **charged particle beams** features, physics and radiobiological based

**Robert Rathbun Wilson**  
The first Director of the  
Fermilab Laboratory

Slide from:  
Emanuele scifoni  
SIRAD school 2019

# Hadrontherapy: radiotherapy with charged particle beams

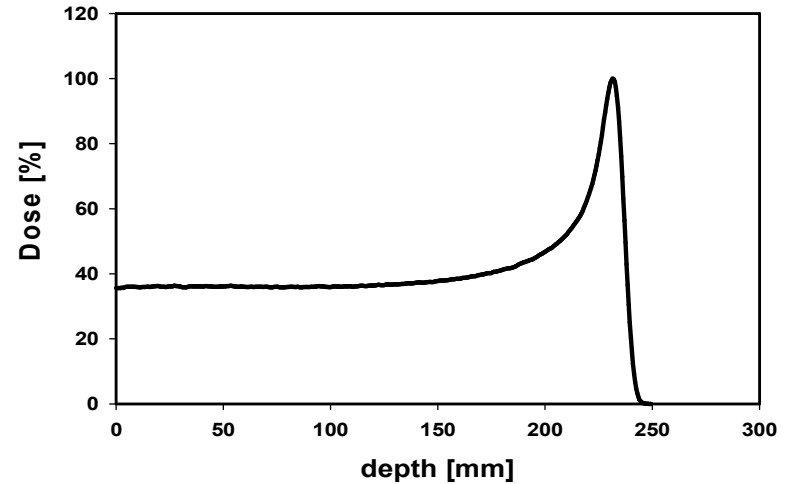
## Why charged ions?



# Hadrontherapy: radiotherapy with charged particle beams

## Why charged ions?

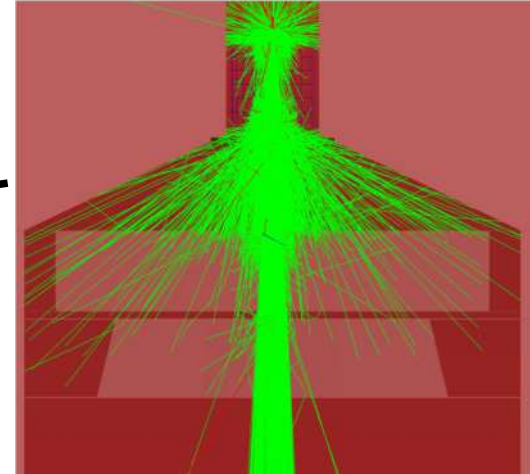
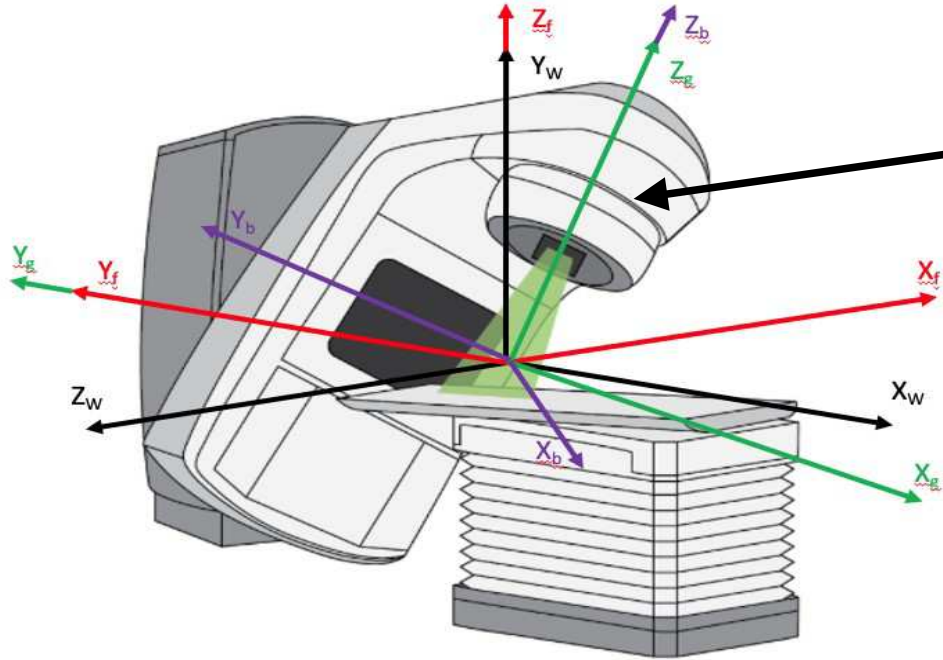
(remember: Dose= energy delivered/mass)



- Protons and ions lose their energy in many individual interactions with medium electrons
- Protons with the same initial energy may have slightly different “Ranges”:  
“Range straggling”

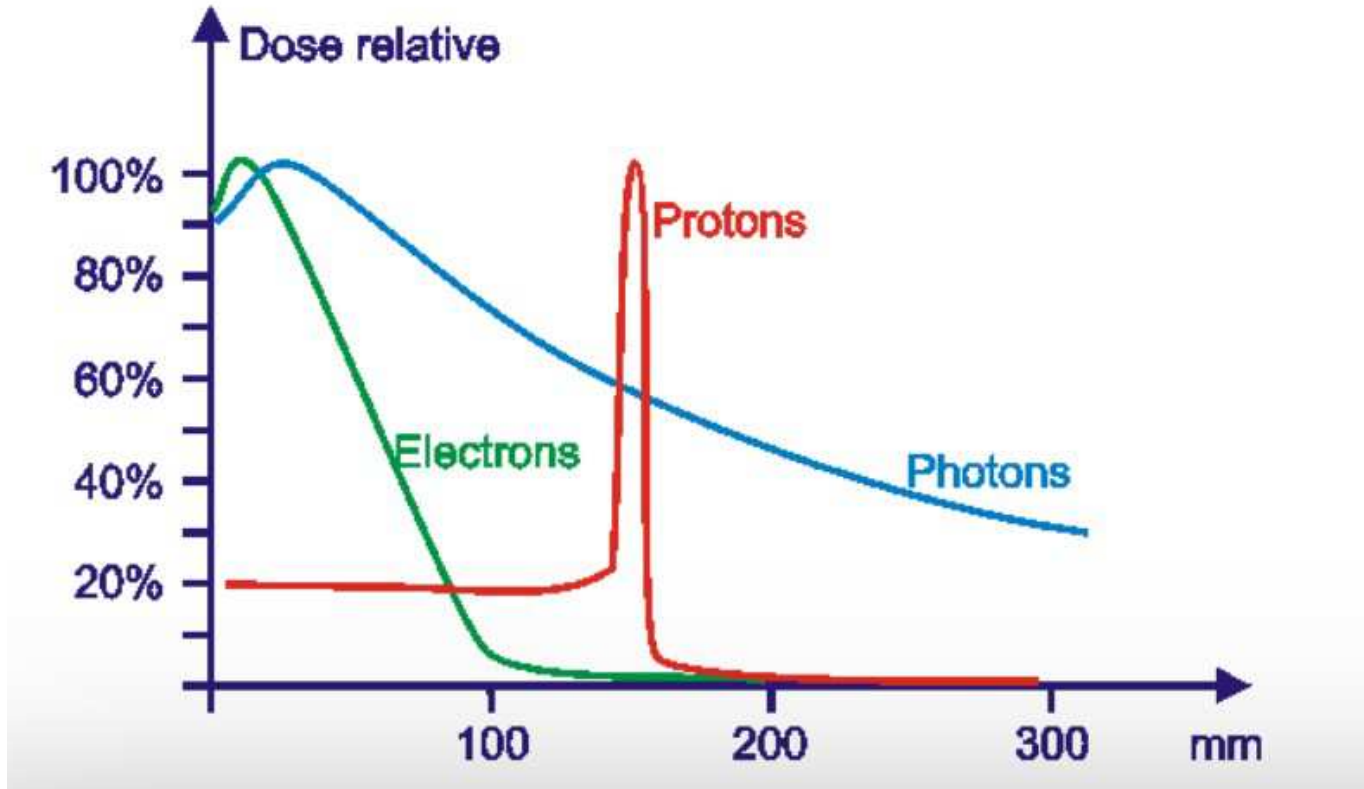


# Patient treatment with electrons or photons

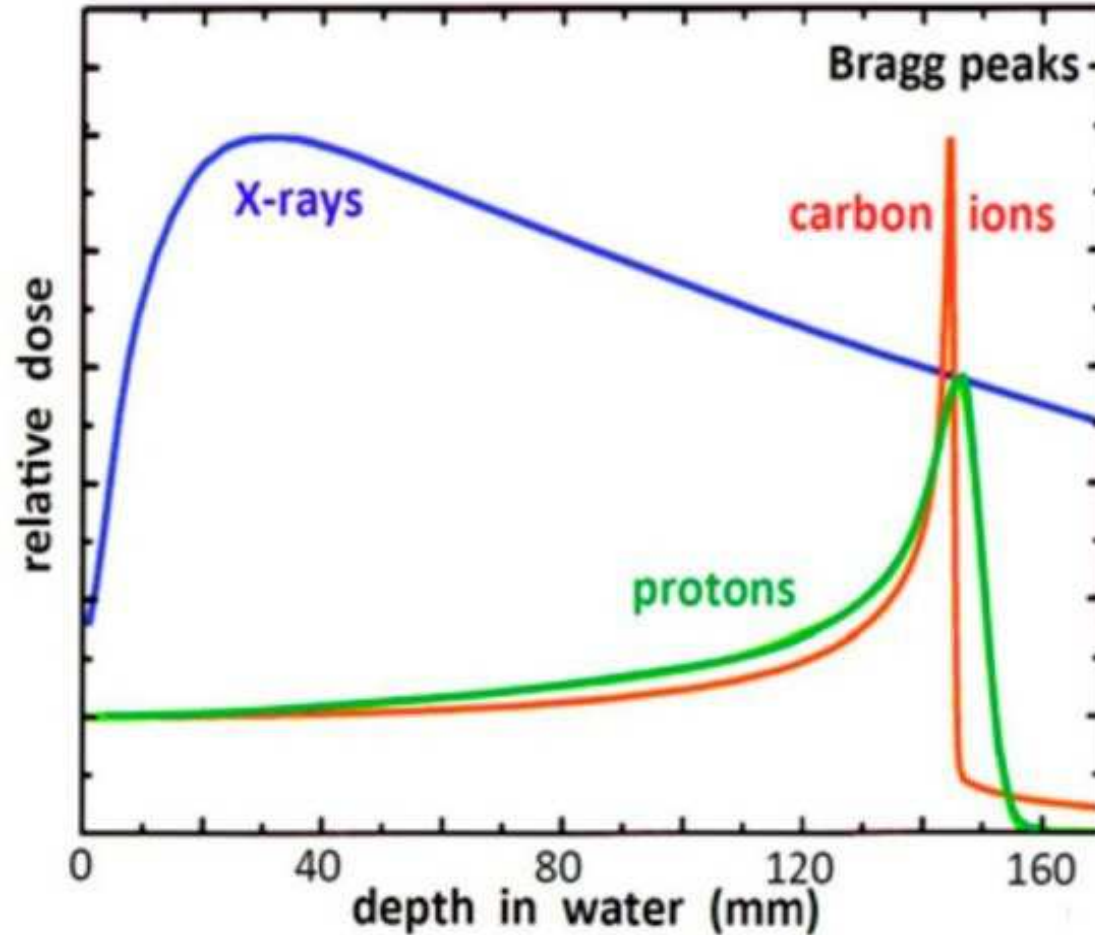


Treatment head drawing copied from <https://www.cancer.ca/en/cancer-information/diagnosis-and-treatment/radiation-therapy/external-radiation-therapy/?region=on>

# Dose delivered: electrons, photons (~6 MeV x-rays) and protons comparison



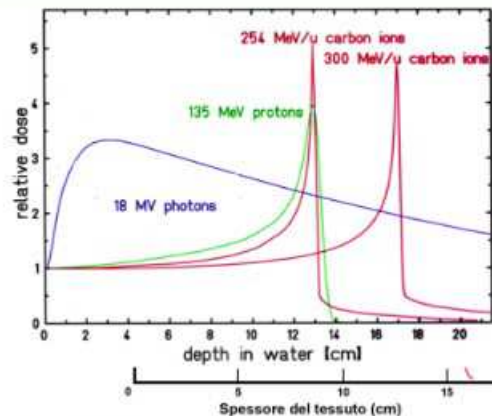
# Delivered dose: x-rays ions comparison



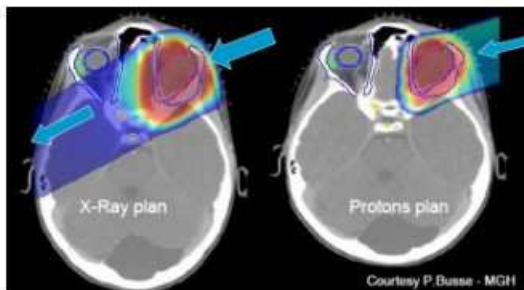
# Hadrontherapy: radiotherapy with charged particle beams

## Hadrontherapy Rationale

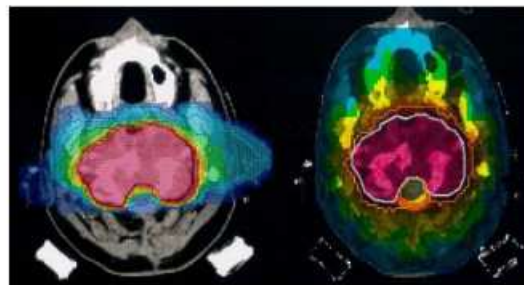
- Protons and other ions deposit less dose in healthy tissue/ OAR
  - Macroscopic **physical** advantages
  - In some cases also **biological** advantages
- Clear advantage for sustainability of a retreatment



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Courtesy P. Busse - MGH



Jäkel, Debus, Heidelberg

IMRT, 9 fields

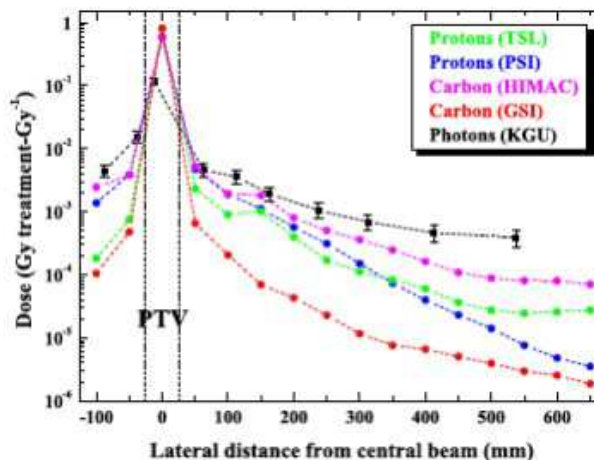
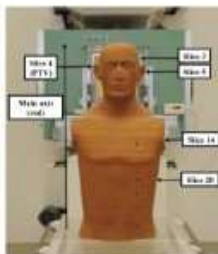
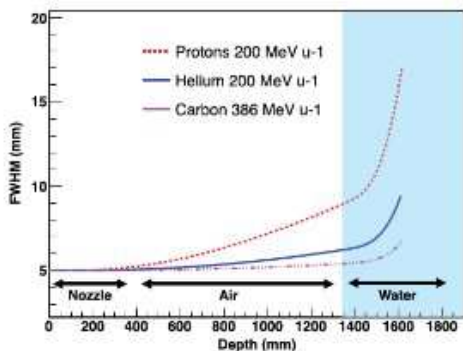
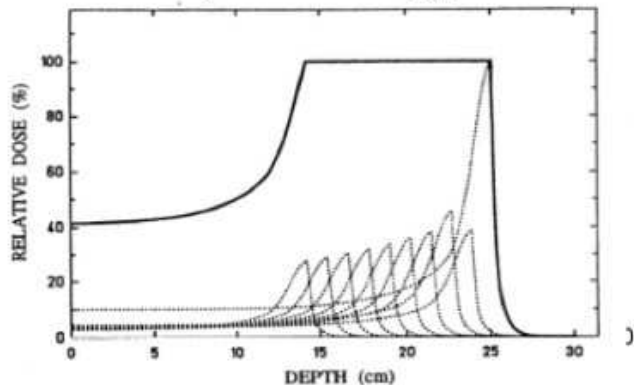
# Hadrontherapy: radiotherapy with charged particle beams

## Physics based rationale

Depth dose

Lateral profile

Spread out Bragg peak



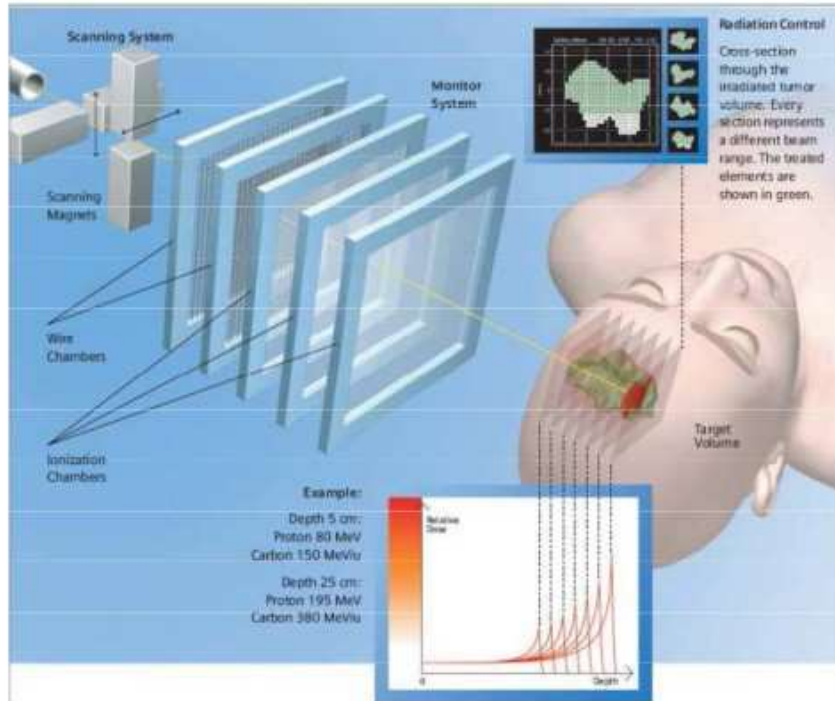
La Tessa et al. Radiother. Oncol. 2012

Rovituso et al. PMB 2017

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# Hadrontherapy: radiotherapy with charged particle beams

In the treatment rooms, the beam is distributed into the patient, but into any target as well, with an *active beam delivery system*. To explain what this means, consider the tumour inside the patient and subdivide it in *iso-range slices*. The beam energy is at first set such that the Bragg peak is in the first slice. The beam is displaced with two *scanning magnets* to paint the slice in order to deliver the planned dose to every spot, as illustrated in Figure 2-2.



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Figure 2-2. Illustration of the active scanning system (courtesy of Siemens medical).

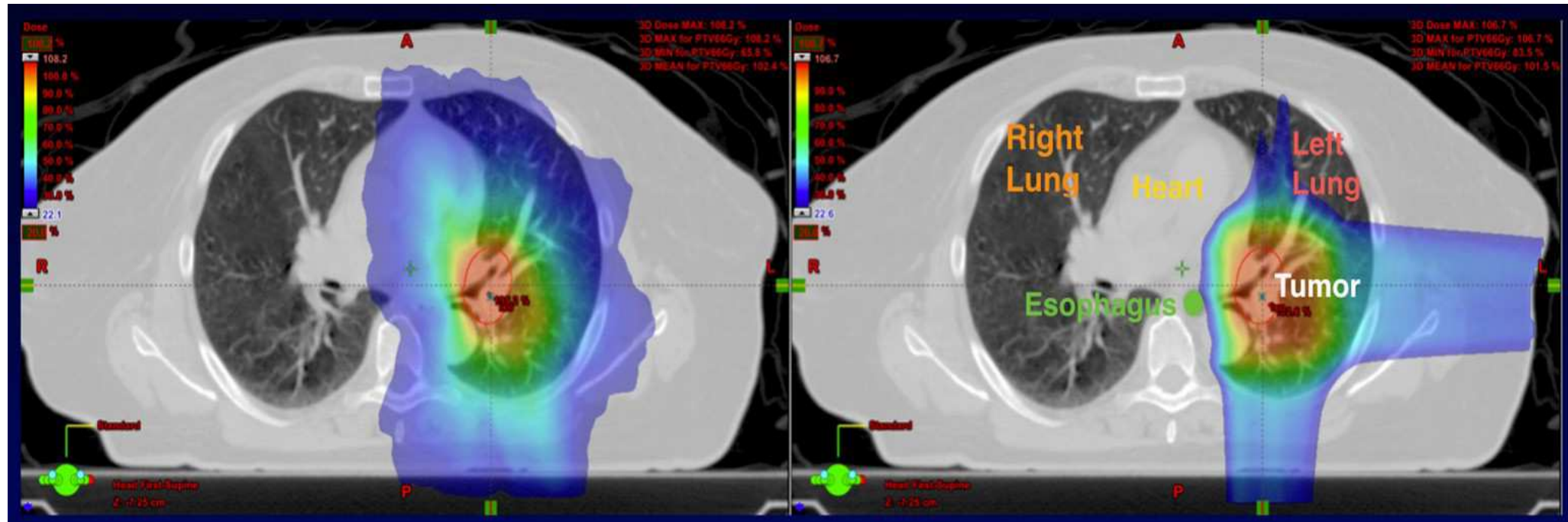
# Hadrontherapy: radiotherapy with charged particle beams



# Hadrotherapy: radiotherapy with charged particle beams

How the irradiation is prepared?

Monte Carlo dose calculation methods are particularly relevant in hadrontherapy



There is no transmission imaging for treatment verification



# Hadrontherapy: radiotherapy with charged particle beams

## A snapshot of history

- 1946 Wilson's proposition
- 1954 – Berkeley treats the first patient and begins extensive studies with various ions
- 1957 – first patient treated with protons in Europe at Uppsala
- 1961 – collaboration between Harvard Cyclotron Lab. and Massachusetts General Hospital
- 1993 – patients treated at the first hospital-based facility at Loma Linda
- 1994 – first facility dedicated to carbon ions operational at HIMAC, Japan
- 2009 – first European proton-carbon ion facility starts treatment in Heidelberg

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# The CNAO Ions irradiation Facility



CNAO: National Center for Oncological Hadron-therapy



Particles available:

- Protons: from 70 MeV up to 250 MeV
- Carbon C<sup>6+</sup>: from 115 MeV/u up to 400 MeV/u

Intensity:

- max 10<sup>8</sup> part/s

## Synchrotron accelerator

The main accelerator is a 25 m diameter synchrotron designed to accelerate carbon ions and protons

The CNAO synchrotron can accelerate ions injected with an energy of 7 MeV/u up to the energy corresponding to the magnetic rigidity of 6.35 T m.

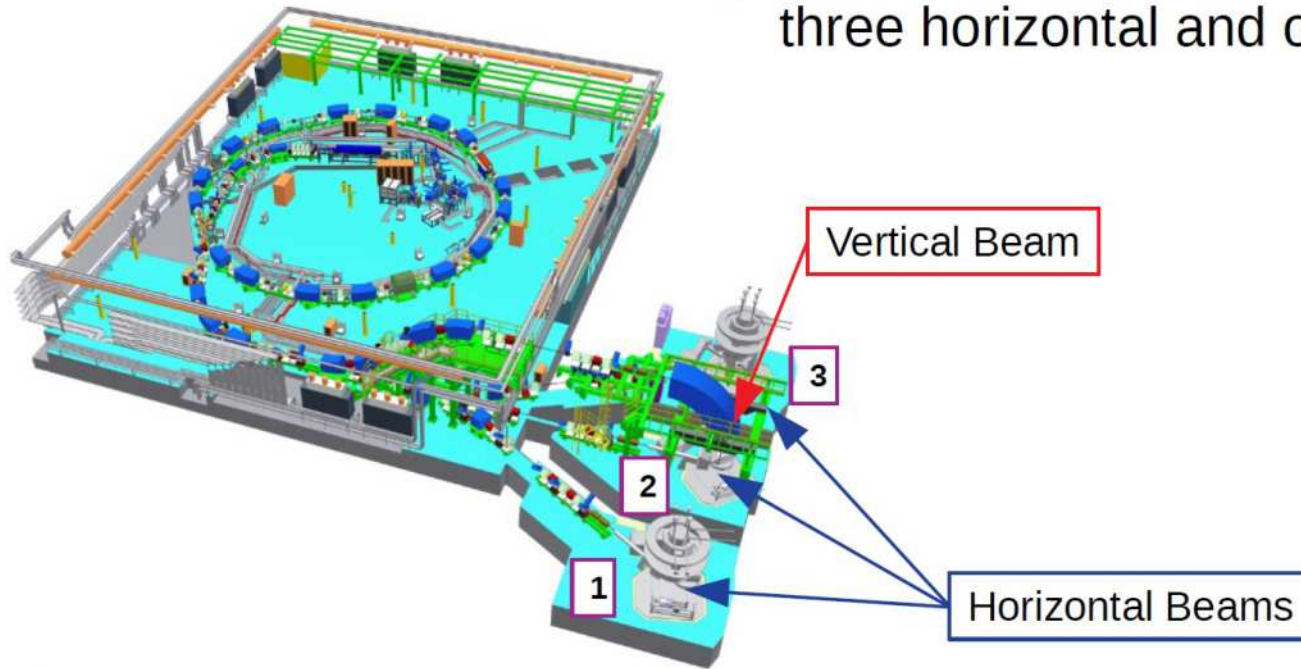
For C<sup>6+</sup> ions this corresponds to 400 MeV/u; in the case of protons, the maximum energy of 250 MeV corresponds to a magnetic rigidity of 2.43 T m, well below the maximum.

# The CNAO Ions irradiation Facility



CNAO: National Center for Oncological Hadron-therapy

Three patients treatment rooms with four beams:  
three horizontal and one vertical



# The CNAO Ions irradiation Facility

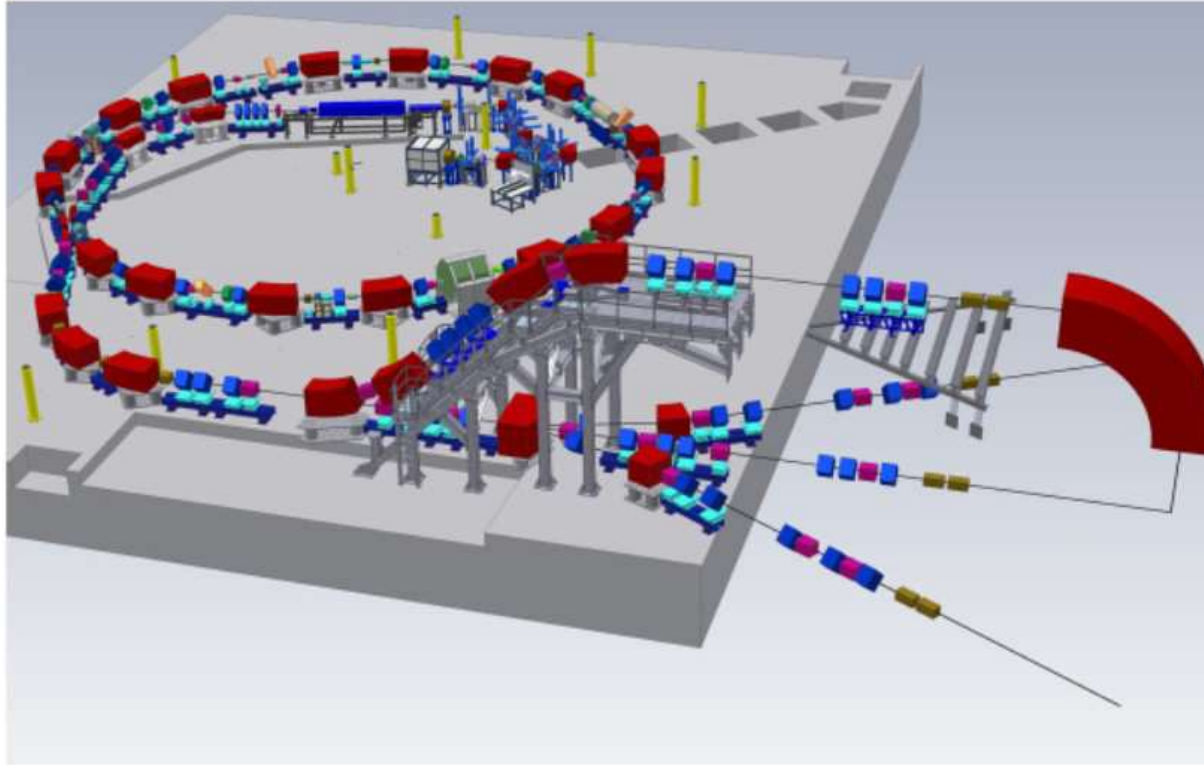


Figure 1: 3-D scheme of the whole CNAO machine, from the injector (inside the ring) to the 4 extraction lines.

<https://fondazionecnao.it/en/>

# The Trento Proton Therapy Center (TPTC)



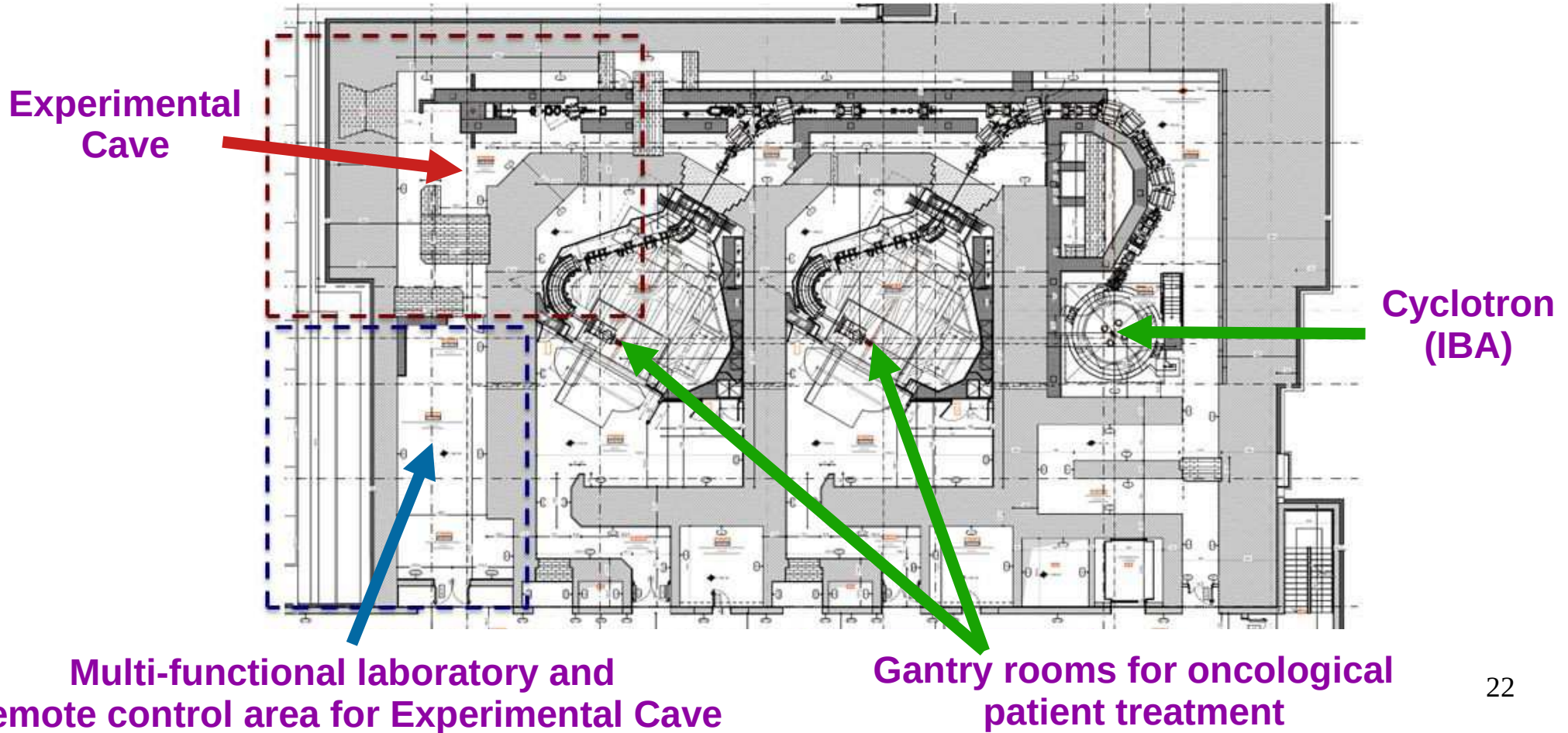
The Trento proton Therapy Center (TPTC) Is a medical facility for hadron therapy located in Trento, Italy. It is operated by the “*Azienda Provinciale per i Servizi Sanitari*” (APSS).

[https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia\\_eng](https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia_eng)

The facility is equipped with two gantry rooms for patient treatment and an experimental room for physics and biophysics experiments. Clinical activity started in 2014.

# The Trento Proton Therapy Center (TPTC)

[https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia\\_eng](https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia_eng)

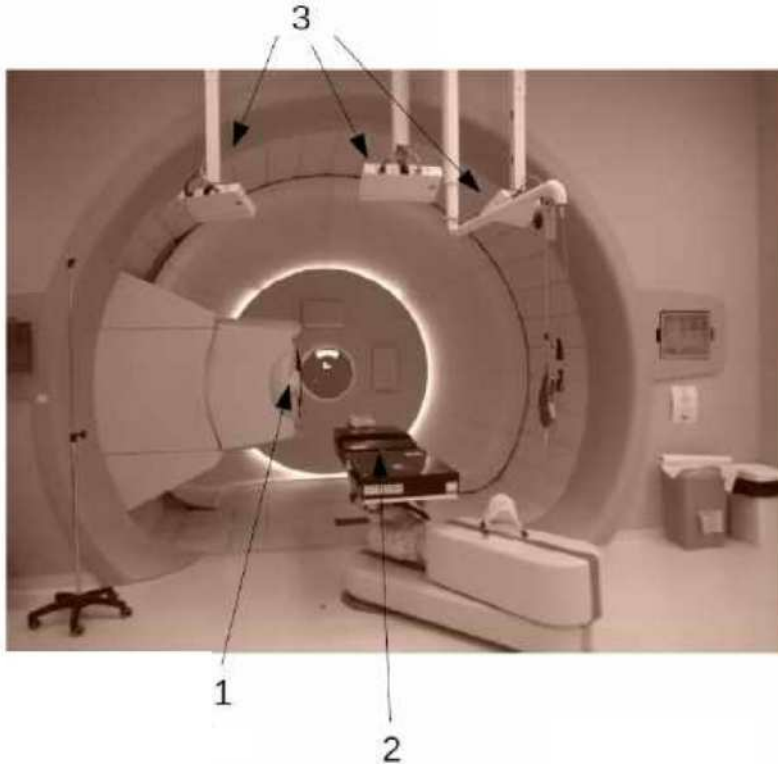


# The Trento Proton Therapy Center (TPTC)

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# The TPTC Gantry rooms



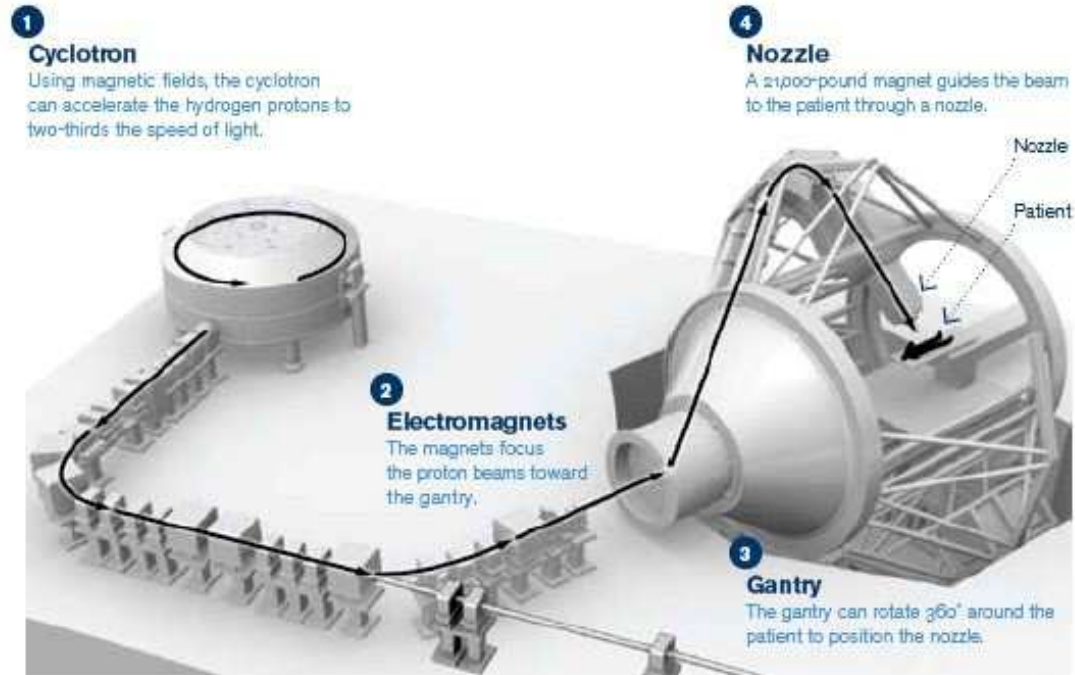
The TPTC is equipped with the two gantry rooms realized by IBA (<https://iba-worldwide.com/>).

In each treatment room the gantry (1) can rotate 360 degrees, while the exact position of patient on the patient couch(2) can be monitored using non-invasive technique like infrared cameras (3).

Each gantry room includes a patient positioning system featuring a robot-controlled patient couch.

Proton beam energy can be tuned from 70 MeV up to 226 MeV.





<https://www.drmanojsharmaoncology.com/proton-therapy>

<https://www.oncolink.org/cancer-treatment/radiation/types-of-radiation-therapy/proton-therapy/overviews-of-proton-therapy/proton-therapy-behind-the-scenes>



Trento Gantry (service area)



# The Trento Proton Therapy Center (TPTC)

[https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia\\_eng](https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia_eng)



# The Trento Proton Therapy Center (TPTC)

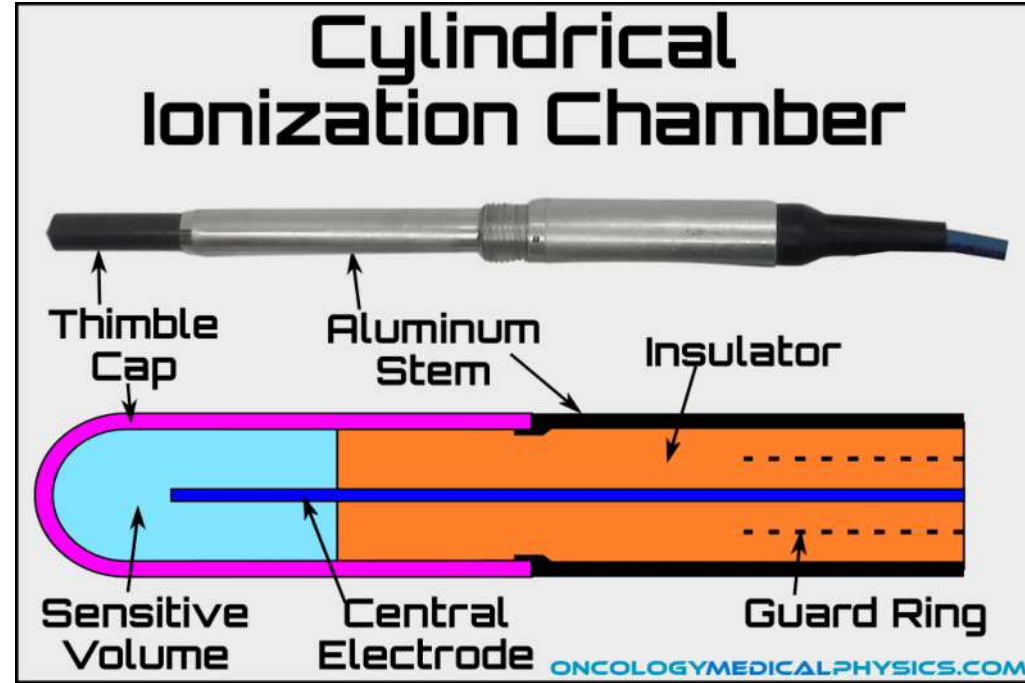
[https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia\\_eng](https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia_eng)



# Dosimetry

From:

<https://oncologymedicalphysics.com/ionization-chamber-design-and-operation/>



## Farmer Chambers

Key Point: Farmer chambers are thimble ionization chambers widely used in reference dosimetry.

Typical Sensitive Volume: **0.6cc** (approximately cylindrical, 0.3cm radius, 2cm length)

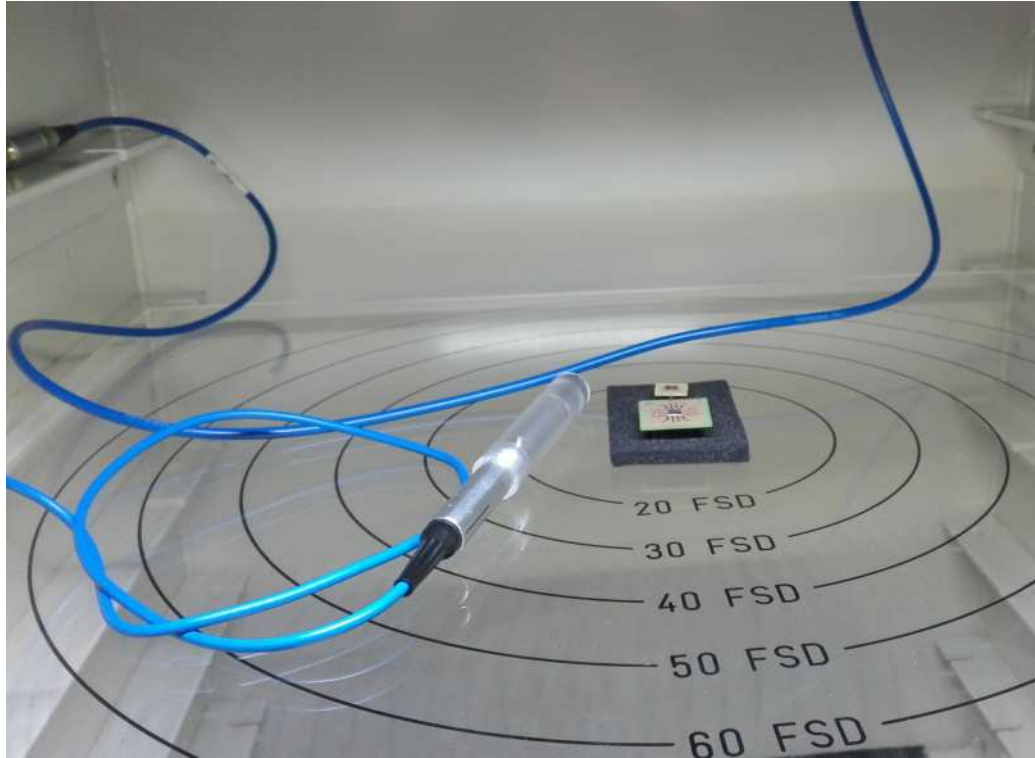
Typical Response: **20nC/Gy**

Effective Point of Measurement:

Photons:  $0.6r_{cav}$  ( $\sim 0.18\text{cm}$ ) upstream of central axis

Electrons:  $0.5r_{cav}$  ( $\sim 0.15\text{cm}$ ) upstream of central axis

# Dosimetry

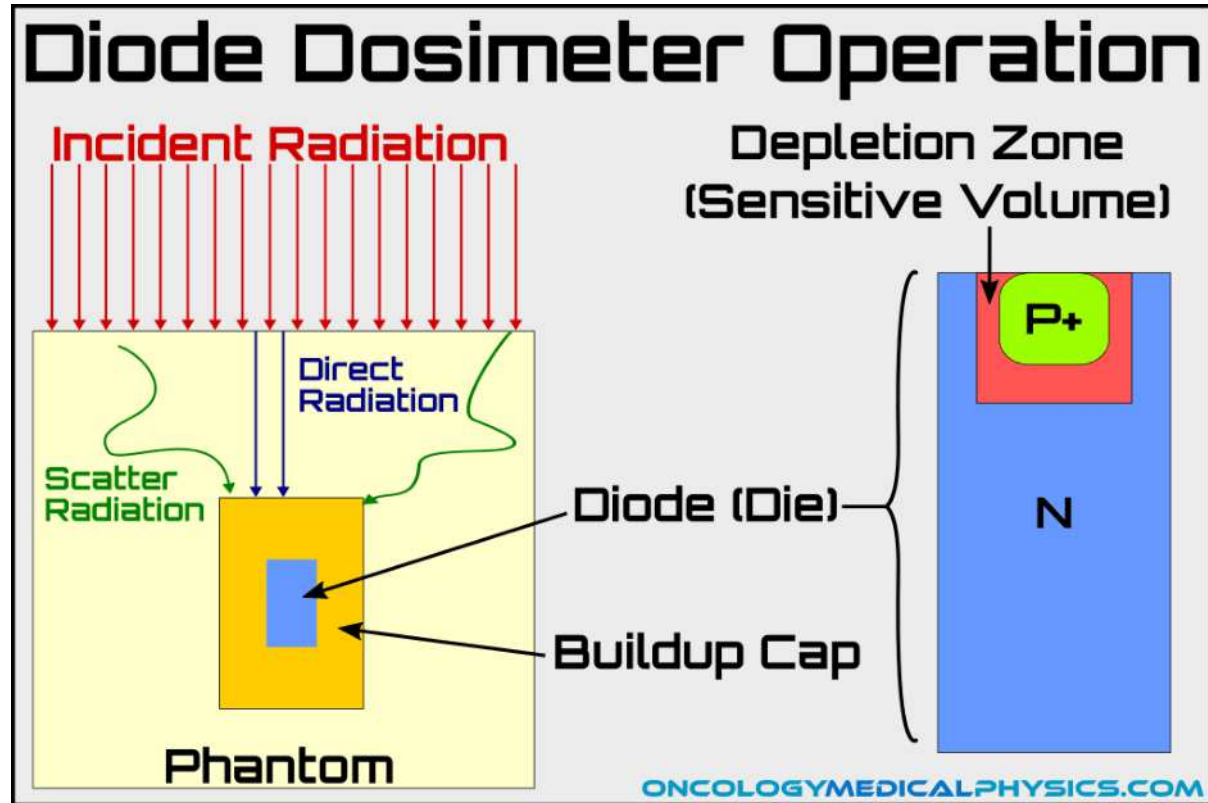


Trento PTW Farmer chamber



<https://www.ptwdosimetry.com/en/>

# Dosimetry



<https://oncologymedicalphysics.com/diode-detectors/>

# Micro-Dosimetry

## DETECTORS for MICRODOSIMETRY

### Solid state Detectors:

**ACTIVE REGION:**  
actually small (few  $\mu\text{m}$ )  
silicon or diamond  
geometries



### Tissue Equivalent Proportional Counter

**ACTIVE REGION:** sphere filled with propane gas  
at such a **low density** that:



TEPC @ PTC

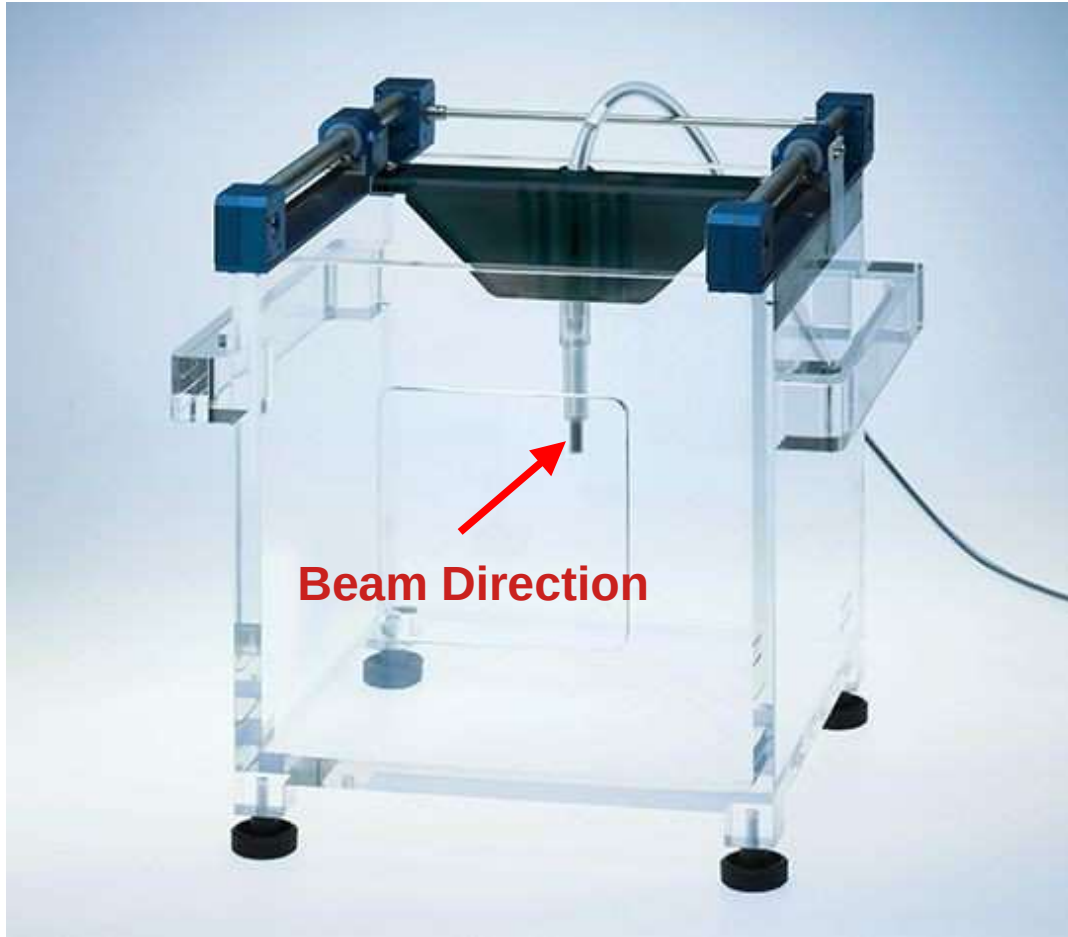


10

Slide from  
Marta Missiaggia



# Water phantom



IBA water phantom  
[https://www.iba-dosimetry.com/  
product/wp34-calibration-water-phantom](https://www.iba-dosimetry.com/product/wp34-calibration-water-phantom)

Picture credits: IBA

# FLASH IRRADIATION

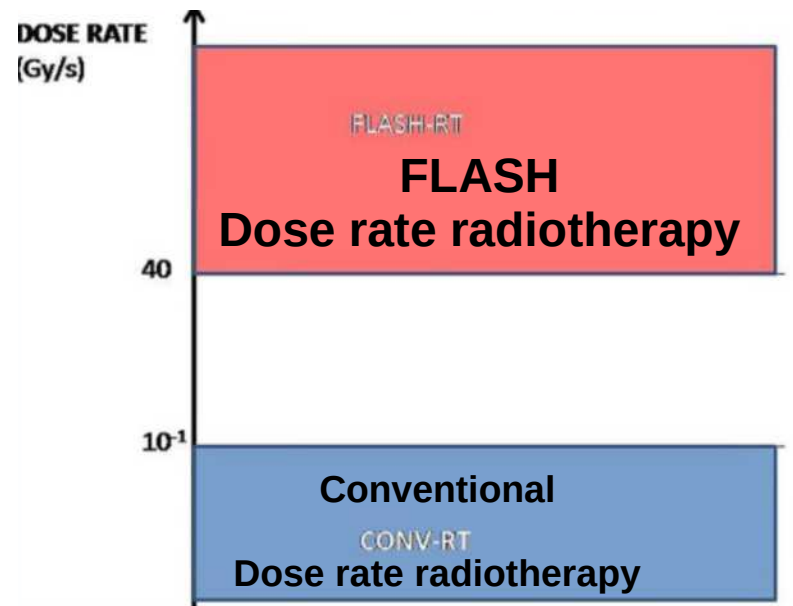
14/12/2021

E. Scifoni - INFN Pisa Seminars



## FLASH RT: what's that

- FLASH Radiotherapy, is a novel approach of radiotherapy using **ultra-high dose rate** (>40 Gy/s overall dose rate, for a total irradiation time <100 ms , but much higher rates (up to  $10^9$  Gy/s) during each pulse) aiming to get **unchanged tumor control** and **protection in the normal tissue**.



This emerging irradiation technique is requiring a new generation of extremely fast beam control devices, dosimeters ...

# **HEP techniques used for medical application:**

# HEP techniques used for medical application: the iMPACT Project

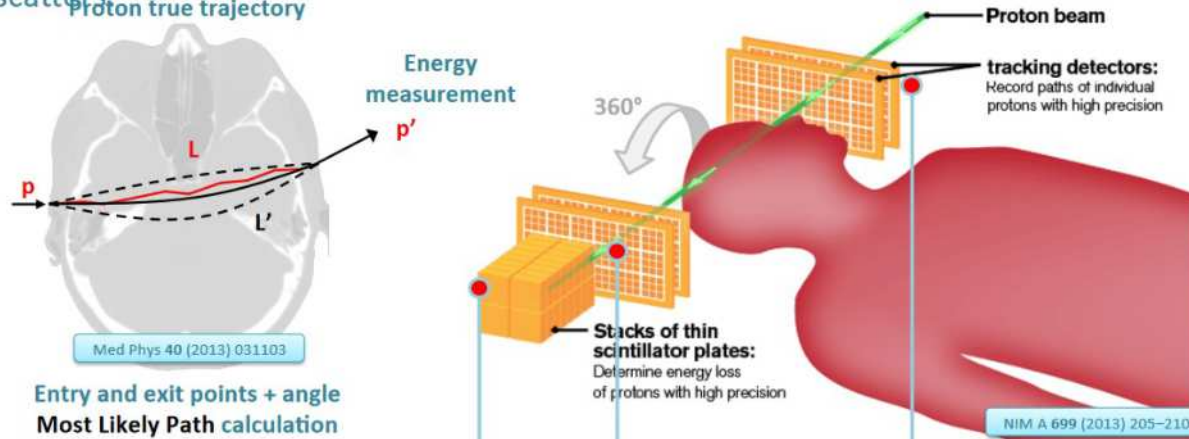
X-ray 3D CT cannot distinguish tissue densities with the required precision: proton therapy limit today (bigger systematic error, up to 5%). **But protons actually can** (and with much less dose,  $\approx 1.5$  mGy vs. 10-100 mGy).



# HEP techniques used for medical application: the iMPACT Project

## The proton Computed Tomography (pCT) scanner

The pCT works on the same principle as a “standard” x-rays CT: recording particles passing through the target from different angles to reconstruct a 3D image. Main difference is that, while photons are simply absorbed, protons also scatter.



At least  $10^9$  proton tracks (energy loss, exit point & angle, entry point) have to be recorded to provide a detailed enough image. This leads to long exposure time (10s minutes) with current state of the art: limited to R&D only.

# HEP techniques used for medical application: the iMPACT Project



2017 test beam set-up

# HEP techniques used for medical application: the iMPACT Project



# Proton Tomography scan of a pen

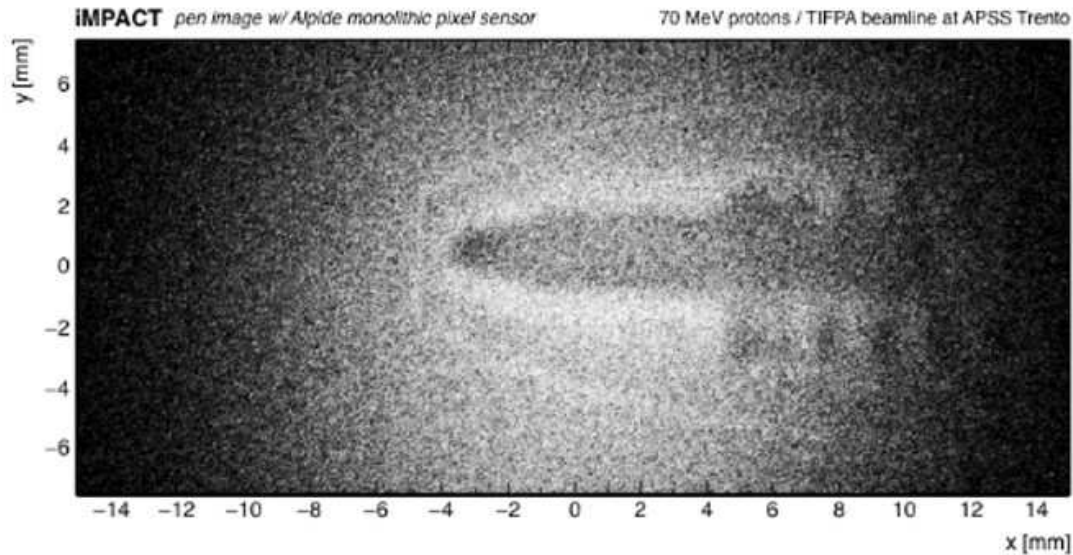


Fig. 4. Proton radiography of a pen with the ALPIDE sensor, taken during the TIFPA test beam.



# Again Proton Tomography with different sensors: the INFN-pCT apparatus

## The INFN-pCT apparatus



Manufactured by INFN-Florence and Catania ( 2014 – 2017 ) running since 2018

Now installed in operation at the Trento proton therapy center's experimental beam line

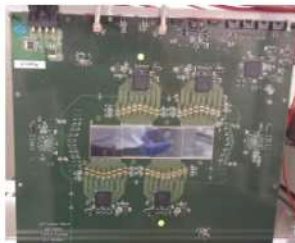
Hardware: Silicon microstrip tracker + YAG:Ce calorimeter



INFN pCT system under test with an anthropomorphic head phantom at Trento proton therapy center's experimental beam line

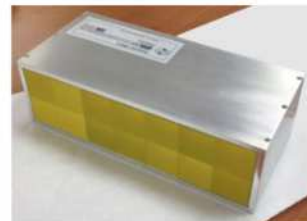
### Silicon microstrip tracker 5x20cm<sup>2</sup> field of view

- 4x2 silicon microstrip detectors 200 $\mu$ m pitch, 320 $\mu$ m thick active area 5x20cm<sup>2</sup>
- front-end chips and 2 levels FPGA



### Calorimeter

- 2x7 YAG:Ce crystals 3x3x10 cm<sup>3</sup> ; 70 ns scintillating light decay time
- photodiodes + Analogue amplifier + shaper (1 $\mu$ s)



<1% energy resolution @ 200 MeV

Slide from  
Prof.ssa Mara Bruzzi

# HEP techniques used for medical application:

## FOOT: the FragmentatiOn Of Target experiment



The main purpose of the FOOT experiment (FragmentatiOn Of Target) is to improve the hadrontherapy tumor treatments by studying the **nuclear fragments** produced during therapy applications in the **Interactions** of the **particle beams** with the **nuclei** constituting the **human tissues**.

The **nuclear fragments** are an important **source of biological damage**, both for cancer cells and for nearby healthy tissues, and it is of fundamental importance to have a **deep knowledge of this process** in order to make the most **effective and safe medical treatment**.

# HEP techniques used for medical application:

## FOOT: the Fragmentation Of Target experiment



In hadrontherapy treatment many fragments can be created: from the **fragmentation of the target** cell nuclei (mainly composed by carbon, oxygen or hydrogen atoms), or from the **fragmentation of the beam elements** (mainly carbon, under studying oxygen and helium) when ions are used for the treatment.

**Foot** will realize these precise cross-section fragmentation measurements using the **reverse kinematic technique**: the measurements will be realized using carbon, helium and oxygen beams on **C** and **CH targets**.

In order to perform precise cross-section measurements, two different configurations will be used:

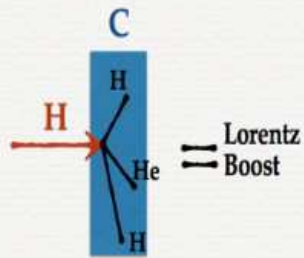
- The **Electronic Configuration**, for the cross-section measurements of heavy fragments ( $Z > 2$ ) mainly produced in a small angle below 20deg.)
- The **Emulsion Configuration**, for the cross-section measurements of light fragments ( $Z \leq 2$ ) mainly produced in a large angle, up to 70deg.)

# HEP techniques used for medical application:

## FOOT: Inverse kinematic approach

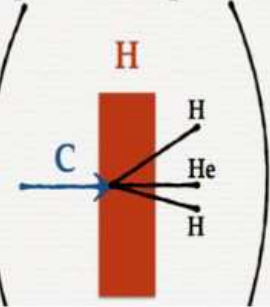


proton on patient



Lorentz Boost

patient on proton



Fragments with low energy and short range

Fragments with higher energy and longer range



- Protons @  $E_{kin} = 200$  MeV ( $\beta \sim 0.6$ ) on a “patient” (98% C, O, and H nucleus)



- can be replaced by  $^{16}\text{O}$ ,  $^{12}\text{C}$  ion beams ( $E_{kin} \sim 200$  MeV/n  $\beta \sim 0.6$ ) impinging on a **target made of protons**
- by applying the Lorentz transformation (well known  $\beta$ ) it is possible to switch from the **lab. frame** to the **patient frame**

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SIRAD school 2019

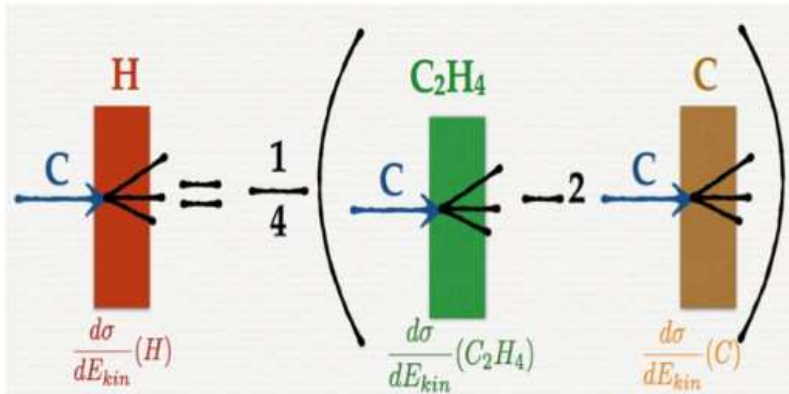
# HEP techniques used for medical application:

## Double target strategy



- H target? Use twin targets made of C and polyethylene ( $C_2H_4$ )<sub>n</sub> and obtain the results on H target from the difference
- $C \rightarrow H$  cross-section can be estimated by  $C \rightarrow C_2H_4$  and  $C \rightarrow C$  cross-section

$$\frac{d\sigma}{dE_{kin}}(H) = \frac{1}{4} \left( \frac{d\sigma}{dE_{kin}}(C_2H_4) - 2 \frac{d\sigma}{dE_{kin}}(C) \right)$$



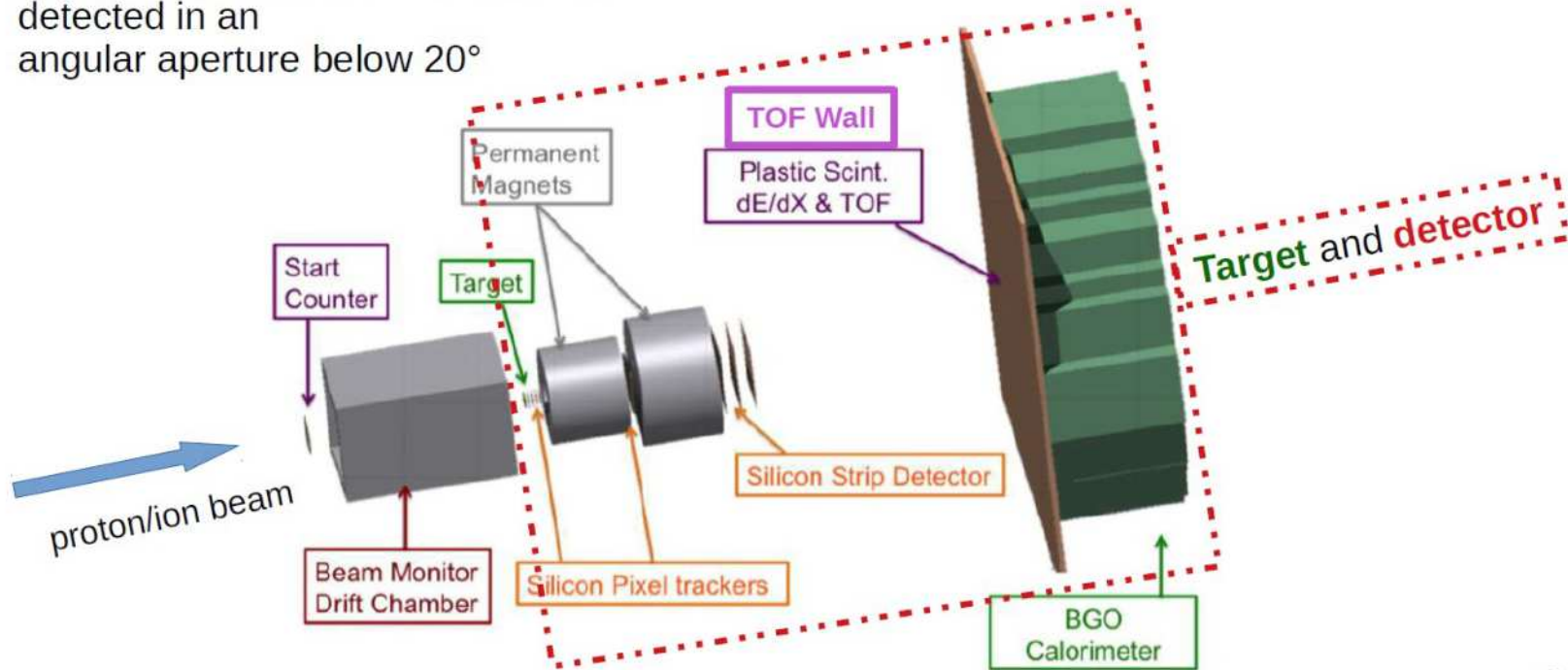
courtesy of V.Patera

Slide from:  
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SIRAD school 2019

# HEP techniques used for medical application:

## FOOT: “*electronic*” configuration

Heavy Fragments detection ( $Z > 2$ )  
detected in an  
angular aperture below  $20^\circ$



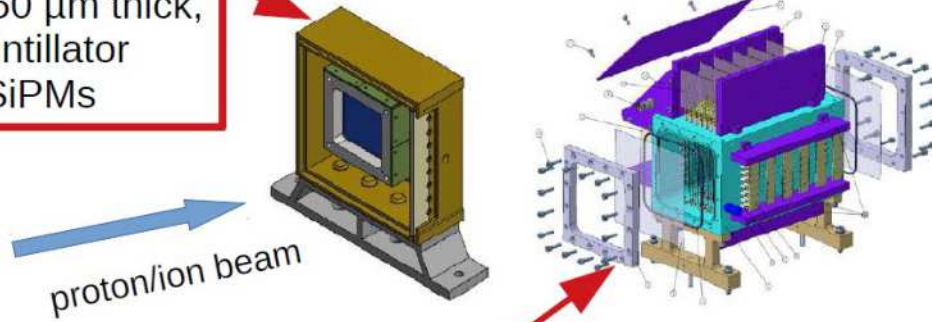
# HEP techniques used for medical application:

## FOOT: “*electronic*” configuration

### Start Counter and Beam Monitor

START COUNTER (SC):  
EJ-228 plastic scintillator 250  $\mu\text{m}$  thick,  
the light produced in the scintillator  
is collected laterally by 48 SiPMs

The SC provides an  
event trigger and a  
time reference for  
TOF measurements

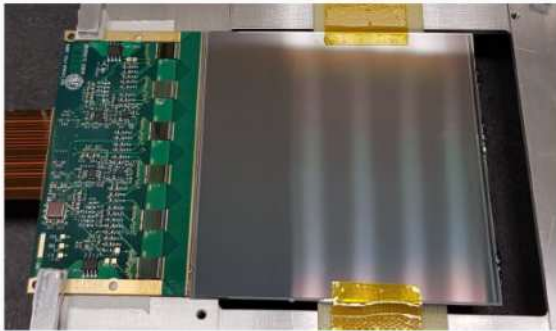
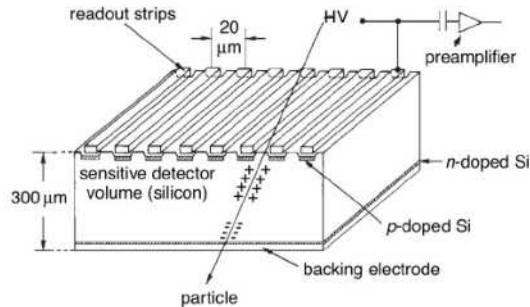


BEAM MONITOR CHAMBER (BM):  
Drift Chamber composed by 12 layers. Used for precise  
measurement of the beam profile after the interaction with  
the start counter foil.  
The same chamber is also used in the emulsion configuration





# HEP techniques used for medical application:

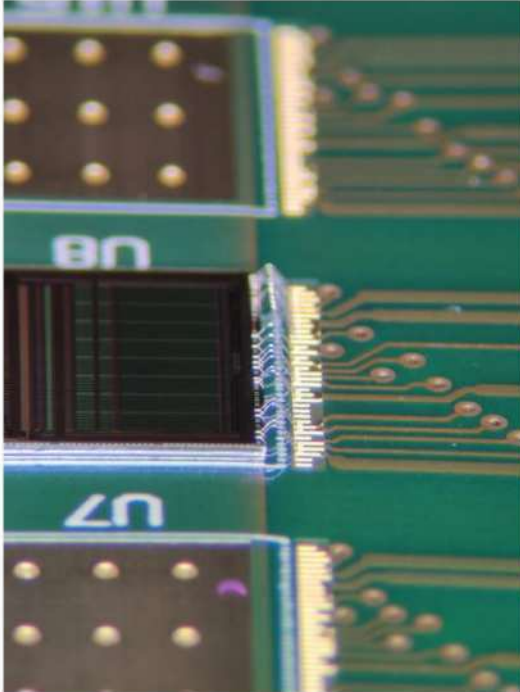


- Part of the tracking apparatus outside to the magnets
- Charged particle detectors with segmented electrodes in strip form
- P-N junction operated in full depletion regime
- Spatial resolution of the order of tens of microns
- Low noise / high channel count readout circuit required
- Typical thickness reduction required to limit the effects of Multiple Coulomb Scattering

Slide Gianluigi  
Silvestre

Microstrip Silicon Detector

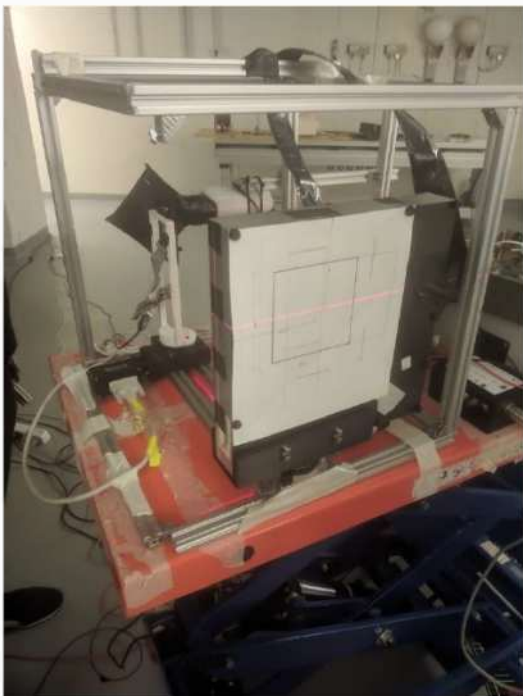
# HEP techniques used for medical application:



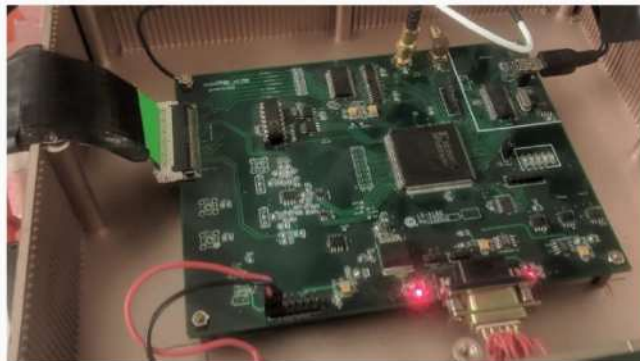
- IDE1140 (formerly VA140)
- 64-channel preamplifier-shaper circuit
- Low noise/low power with high dynamic range
- Analogue multiplex reading
- Updated version of ASIC VA64HDR9A already in use in other experiments
- Characterisation of performance required
- Comparison with the performance of the previous version (**3 old version chip + 3 new version bonded on the same sensor**)

Slide Gianluigi  
Silvestre

# HEP techniques used for medical application:



- Protons with therapeutic energies (70-228 MeV)
- Readout via FPGA + ADC board
- Reverse biased @ 80V (full depletion regime)
- Scintillator after the detector
- Possibility of rotation around one axis



Slide Gianluigi  
Silvestre

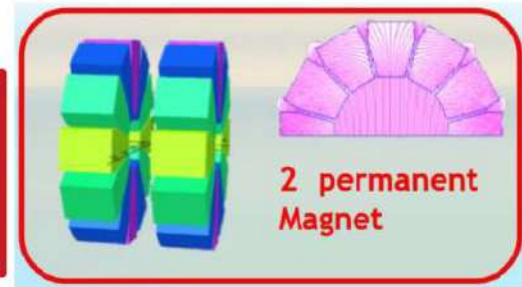
# HEP techniques used for medical application:

## FOOT: “*electronic*” configuration

Overview of the tracking system

### PERMANENT MAGNETS:

two cylindrical Halbach arrays of permanent magnets. maximum intensity of 1.4 T and 0.9 T along the y axis in the internal cylindrical hole.



### VTX and ITR:

Respectively four and two planes of MAPS Silicon Pixels sensors Mimosa28 assembled in two different ladders geometry. Pixel pitch: 18.4  $\mu\text{m}$ .

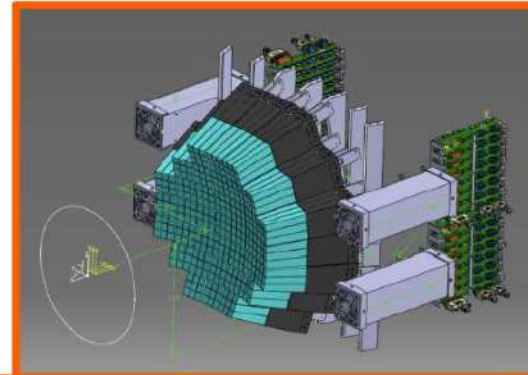
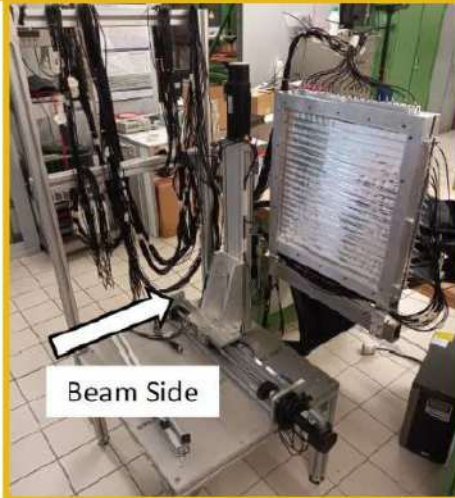
Microstrip Silicon Detector MSD: 3 planes, each plane is composed by two perpendicular Single-Sided Silicon Detector (SSSD) sensors thinned down to 150  $\mu\text{m}$  with analog read-out. Expected space resolution of 40  $\mu\text{m}$ .

# HEP techniques used for medical application:

## FOOT: “*electronic*” configuration

TOF Wall and Calorimeter

TOF Wall: two layers of 20 plastic scintillator bars (EJ-200) orthogonally arranged with SiPMs and fast digitizers read-out. Used, together with the SC, for TOF measurements with time resolution below 100 ps, and for energy loss measurements with  $\sigma(\Delta E)/\Delta E \sim 4\text{-}5\%$ .



BGO Calorimeter: 320 BGO crystals with SiPM readout. Energy resolution  $\sigma(E_{kin})/E_{kin}$  below 2%.

# HEP techniques used for medical application:

## FOOT: “*emulsion*” configuration

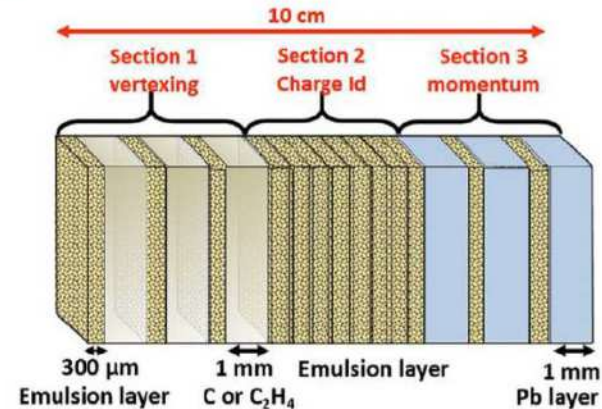
Used for measurements of tracks from light fragments with very short path and large angle spread.

The emulsion configuration is composed by a sandwich of **emulsion layers** and other materials organized in 3 sections:

Vertexing section:  
target layers and emulsions.

Charge identification section:  
only emulsion layers.

Momentum measurements section:  
lead and emulsion layers.



The *emulsion detector technique* was developed and successfully used in *tau neutrino detection experiments*.

# HEP techniques used for medical application:

## Data taking

**FOOT** scientific program started using the **Emulsion Configuration** at **GSI** (Darmstadt, Germany), in 2019 with  $^{16}\text{O}$  ions at 200 and 400 MeV/nucleon on C and  $\text{C}_2\text{H}_4$  targets, and in 2020 with  $^{12}\text{C}$  ions at 700 MeV/nucleon, on the same targets. Data analysis is still in progress.

The **Electronic Configuration** setup is under completion, tests and data taking are being scheduled at the GSI with a  $^{16}\text{O}$  beam and at the **CNAO** (Pavia, Italy), using  $^{12}\text{C}$  ions at 200 MeV/nucleon.

**End part 3**

**Thanks for you attention!**

**..... and see you again! :-)**

**comments, questions ... suggestions ?**

**[benedetto.diruzza@unifg.it](mailto:benedetto.diruzza@unifg.it)**



# Back-up slides

# INTRODUCTION

- Lecture 1 26/9, 2 - 5 pm :** Introduction to silicon sensors – Use of silicon sensors as imaging and tracking devices in HEP, space mission and medical applications
- Lecture 2 27/9, 2 - 5 pm :** Silicon Sensors radiation hardness characterization
- Lecture 3 28/9, 2 - 4 pm :** Medical application of photons and charged particles for cancer treatment – Facilities for radiation therapy – Dose measurement devices

**ICHEP 2020 Conference:** Benedetto Di Ruzza

***Proton and x-ray irradiation of silicon devices at the TIFPA-INFN facilities in Trento (Italy)***

slides: <https://indico.cern.ch/event/868940/contributions/3815732>

proceeding: DOI: 10.22323/1.390.0685; <https://pos.sissa.it/390/685>

**16<sup>th</sup> "Trento" Workshop on Advanced Silicon Radiation Detectors 2021:** Benedetto Di Ruzza

***Ionizing and Non-Ionizing Energy Loss irradiation studies with 70-230 MeV protons at the Trento Proton Therapy Center***

slides: <https://indico.cern.ch/event/983068/contributions/4223200>

### WEBLINKS

- Trento Institute for Fundamental Physics and Applications (**TIFPA**):  
<https://www.tifpa.infn.it/about-tifpa>
- TIFPA Activity Reports:  
<https://www.tifpa.infn.it/contacts/downloads>
- Bruno Kessler Foundation (**FBK**):  
<https://www.fbk.eu/en>

# WEB References

**TIFPA-INFN:** [www.tifpa.infn.it](http://www.tifpa.infn.it)  
**APSS:** <https://protonterapia.provincia.tn.it/eng>  
**Physics UniTN:** <https://www.physics.unitn.it/en>  
**Biology UniTN:** <https://www.cibio.unitn.it>  
**IBA:** <https://iba-worldwide.com>

## **Trento Proton Therapy Center:**

Experimental Area info and Beam Time applications:

<http://www.tifpa.infn.it/sc-init/med-tech/p-beam-research>

## **TIFPA Activity Reports:**

<https://www.tifpa.infn.it/contacts/downloads>

Experimental area beam characterization:

**REF1** – *Proton beam characterization in the experimental room of the Trento Proton Therapy facility*

F. Tommasino et al. NIM A 869 (2017) 15–20.

DOI: <http://dx.doi.org/10.1016/j.nima.2017.06.017>

**REF2** – *A new facility for proton radiobiology at the Trento proton therapy centre: Design and implementation*

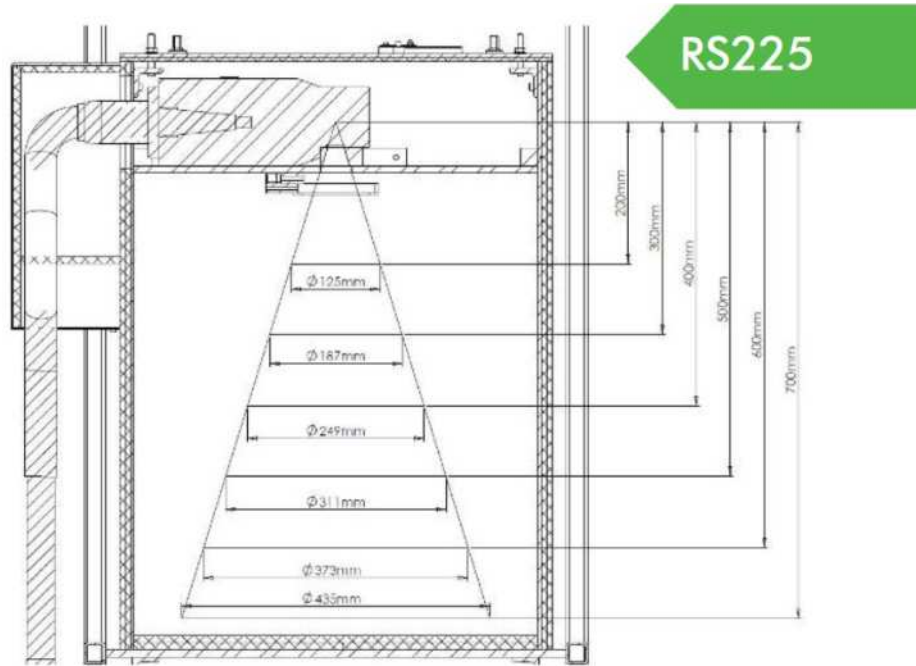
F. Tommasino et al. Physica Medica 58 (2019) 99–106

DOI: <https://doi.org/10.1016/j.ejmp.2019.02.001>

# Cabinet Xstrahl RS225

X-Ray Tube Output Limits	
Voltage	Up to 220kV
Current	1.0mA to 30mA
Power	3000W (broad focus for designated stability)
X-Ray Cabinet Dimensions	
Height	2010mm
Width	1105mm
Depth	960mm
Weight	1100kg
Lead Shielded Irradiation Chamber Dimensions	
Height	650mm
Width	570mm
Depth	600mm

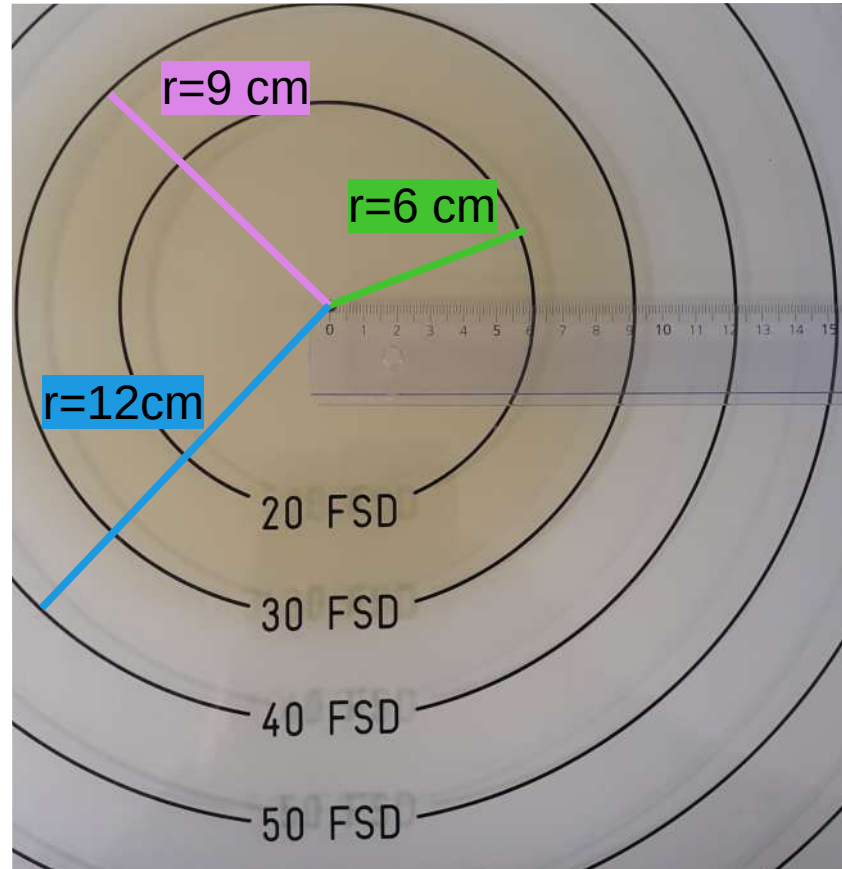
Shielding of cabinet to  $\leq 2\mu\text{Sv}/\text{hour}$  at 5 cm from any accessible surfaces as per IRR'99 guidelines.



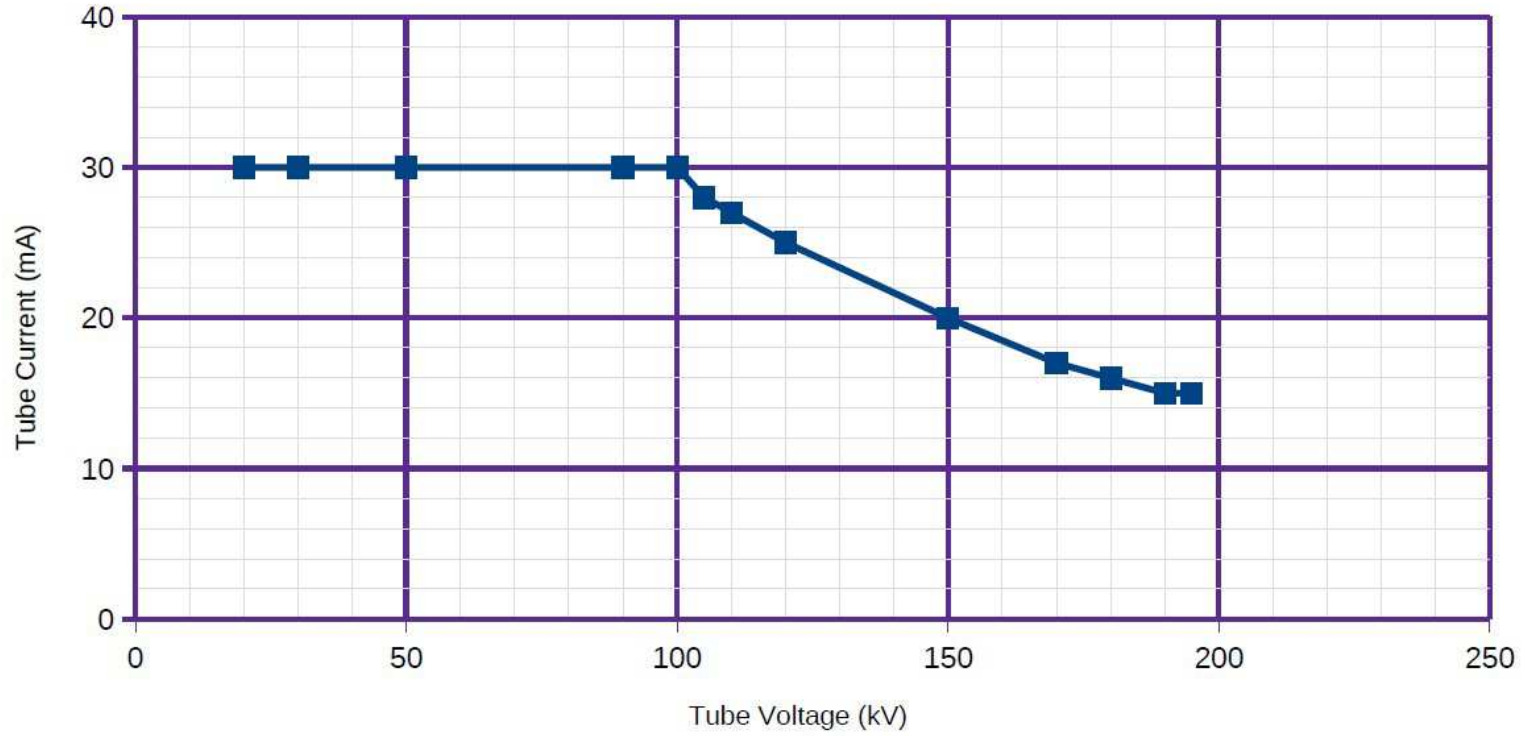
Focal Spot Distance and Irradiation Field Size (Dimensions in mm)  
RS225 (above) and RS320 (below).

In this set-up configuration the x-ray uniform spot is a circumference of 4.5 cm radius and can be used for sensors or electronic circuits TID characterization studies requiring total dose of the order of 1-50 Mrad.

# R-X support plane

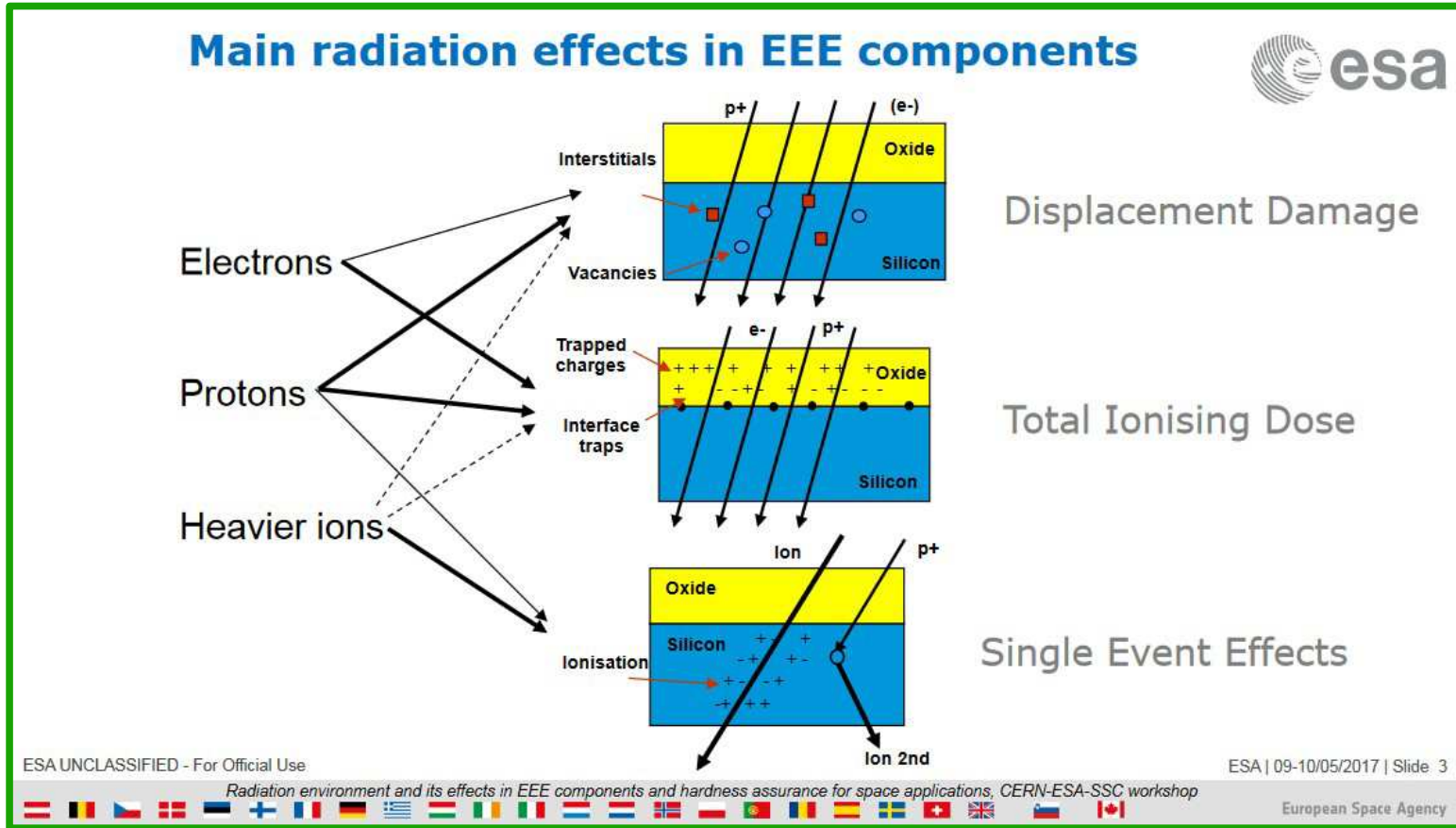


X-Ray tube max current



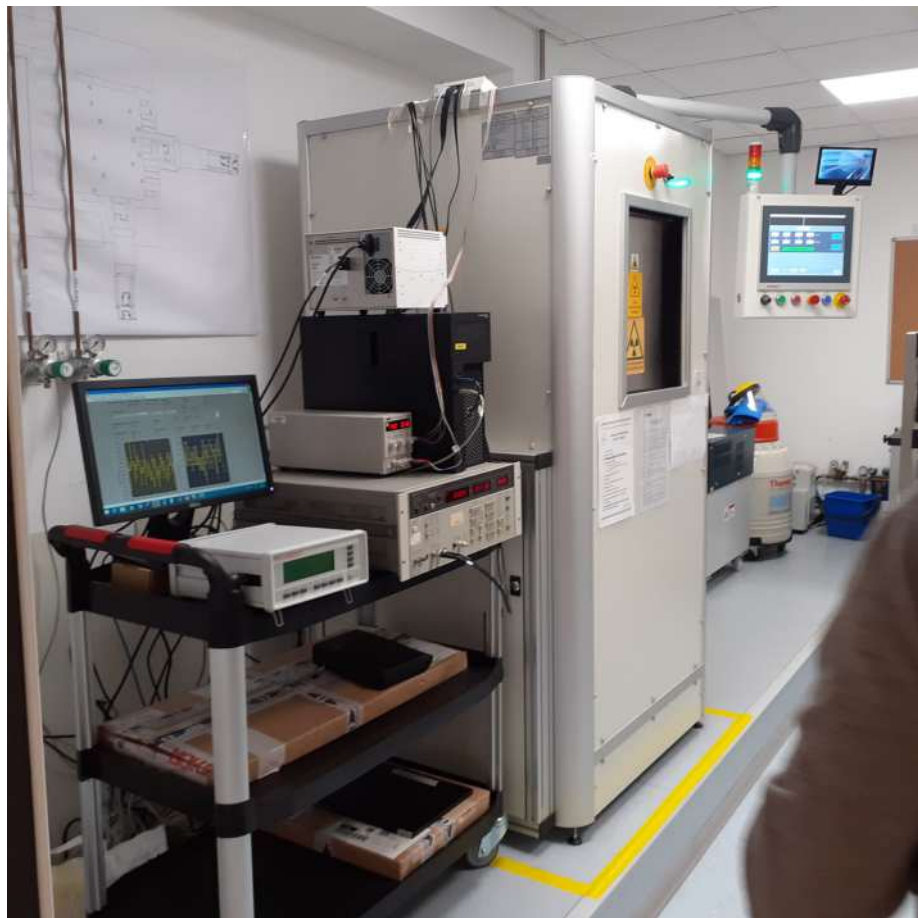
Slide from Marc Poizat:

[https://indico.cern.ch/event/635099/contributions/2570674/attachments/1456398/2248961/Radiation\\_Effects\\_and\\_RHA\\_ESA\\_Course\\_9-10\\_May\\_2017\\_TID\\_MP\\_FINAL.pdf](https://indico.cern.ch/event/635099/contributions/2570674/attachments/1456398/2248961/Radiation_Effects_and_RHA_ESA_Course_9-10_May_2017_TID_MP_FINAL.pdf)





# Case application: FBK SiPM Irradiations



Overview of the irradiation set-up



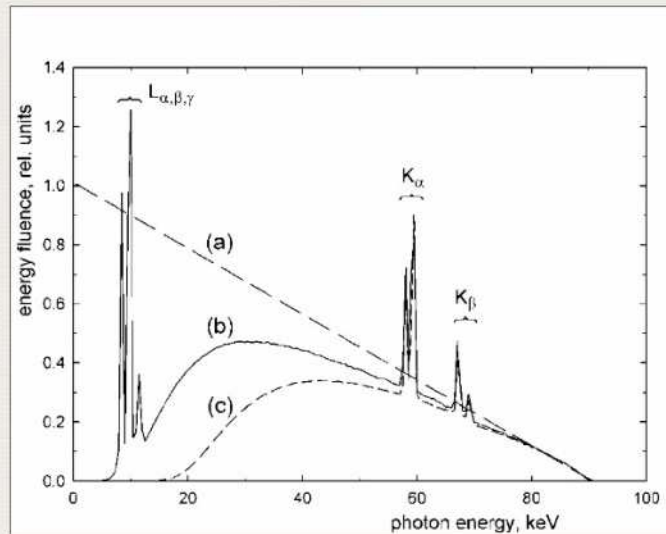
SiPM online characterization system (FBK)

Farmer chamber and SiPM support (FBK)



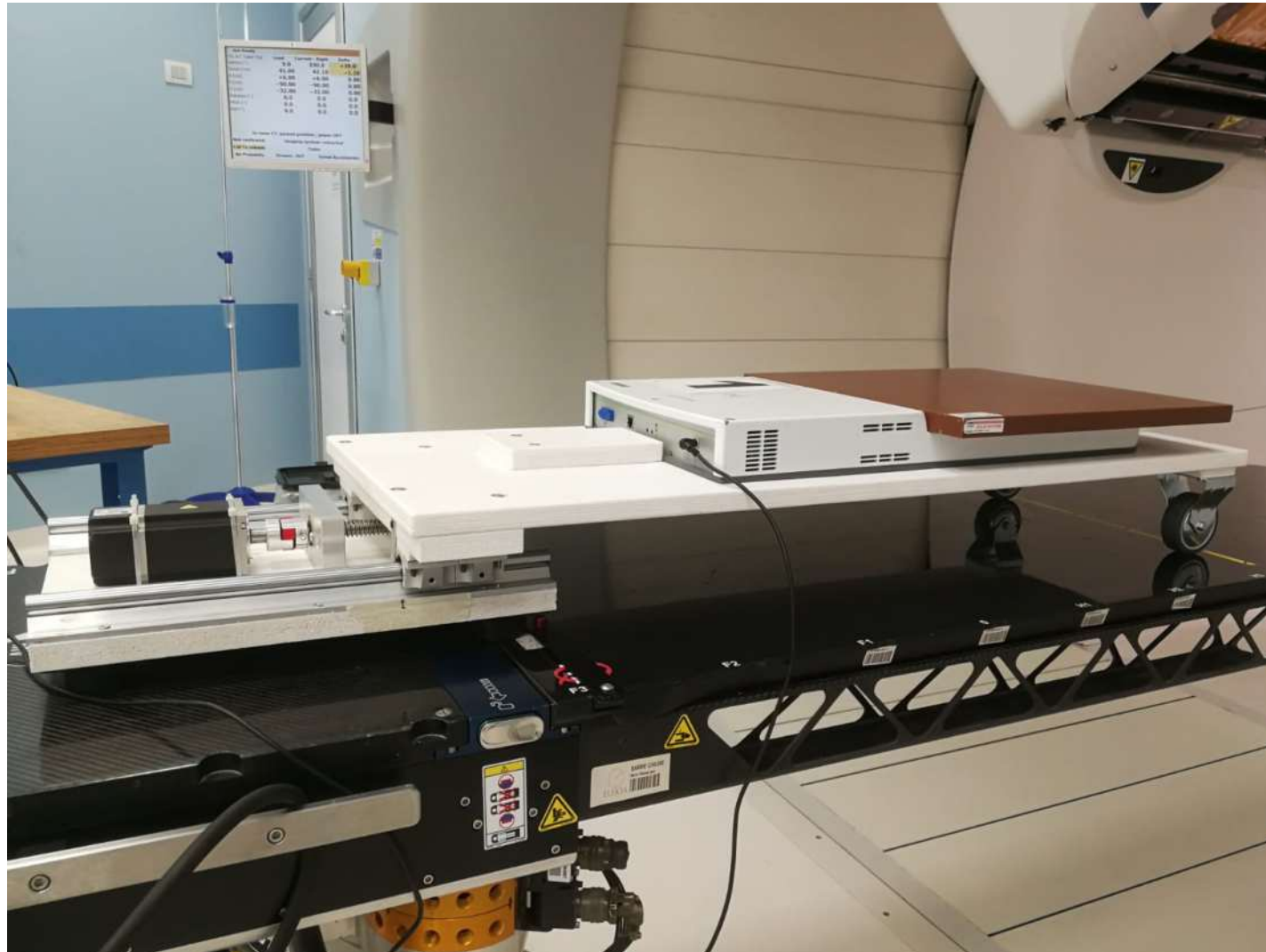
For results see:  
DOI: [10.1016/j.nima.2022.167502](https://doi.org/10.1016/j.nima.2022.167502)

# IAEA documents



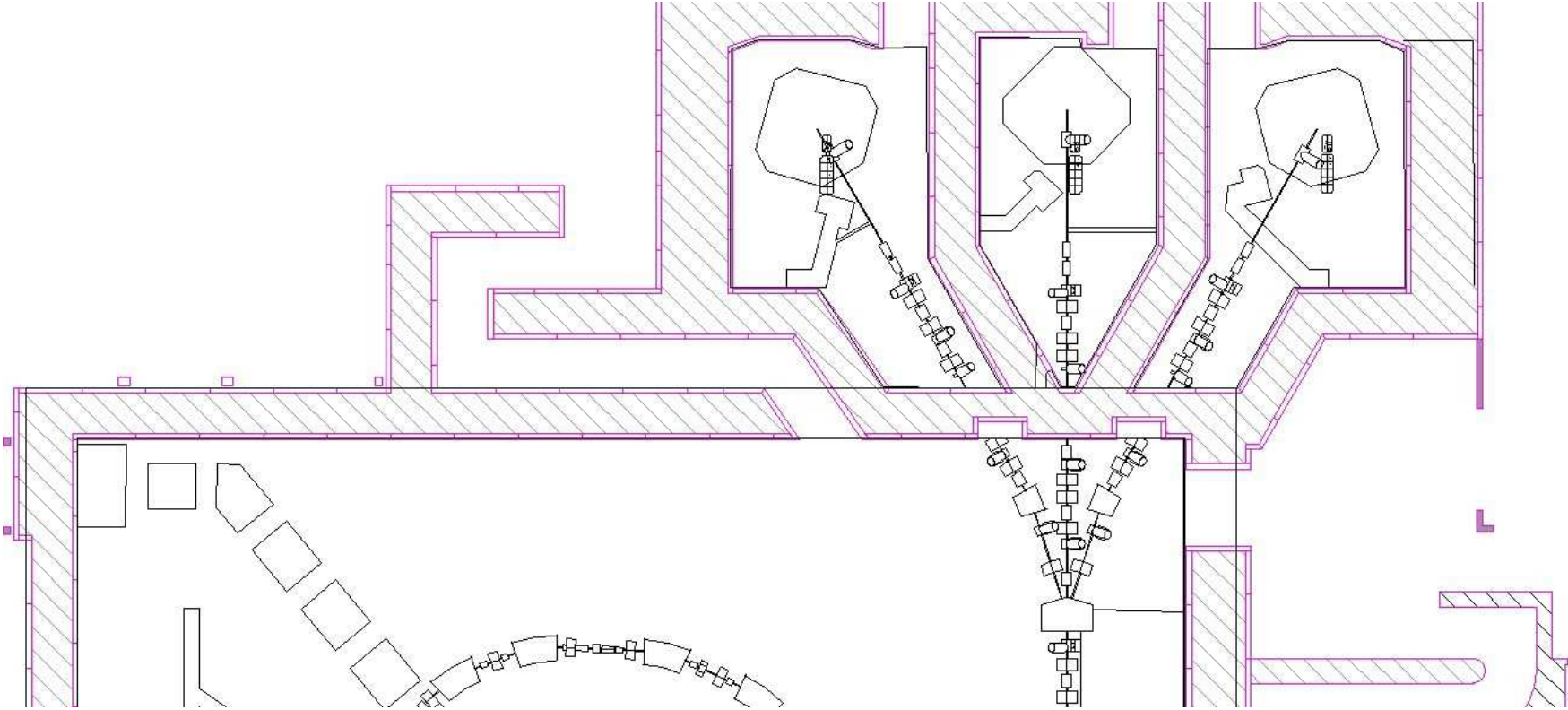
- a) Ideal **Bremsstrahlung** spectrum for a tungsten anode (tube voltage 90 kV)
- b) An **Actual** spectrum at the beam exit port with characteristic X rays (anode angle:  $20^\circ$ , inherent filtration: 1 mm Be)
- c) The spectrum **Filtered** with an equivalent of 2.5 mm Al







# CNAO

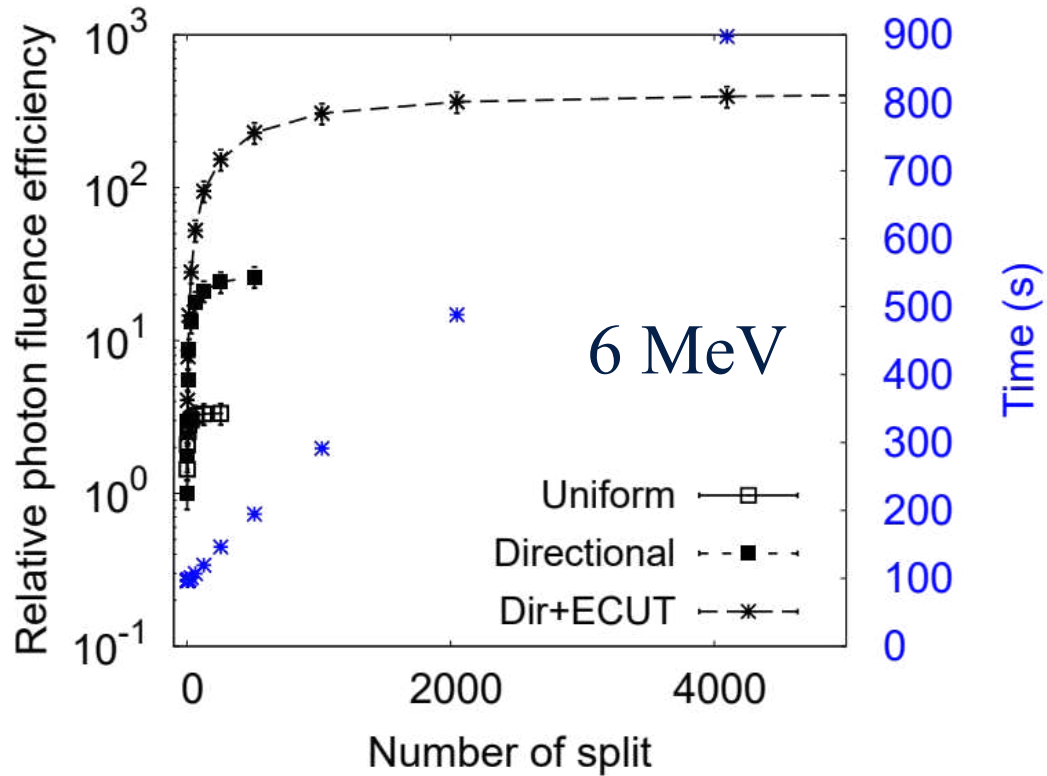
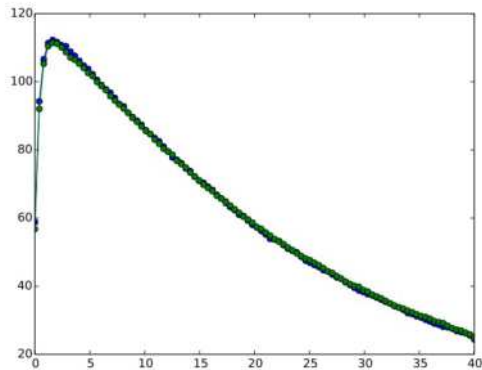
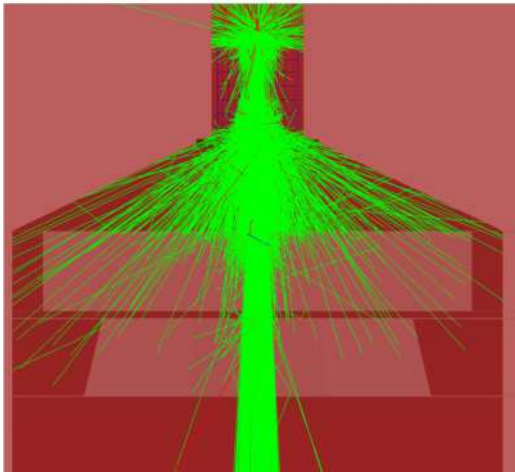


# The Trento Proton Therapy Center (TPTC)

[https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia\\_eng](https://protonterapia.provincia.tn.it/eng/?/switchlanguage/to/protonterapia_eng)



# X-ray linac simulation with VRTs.



!:Ph/Default/LowestElectronEnergy = 189 keV