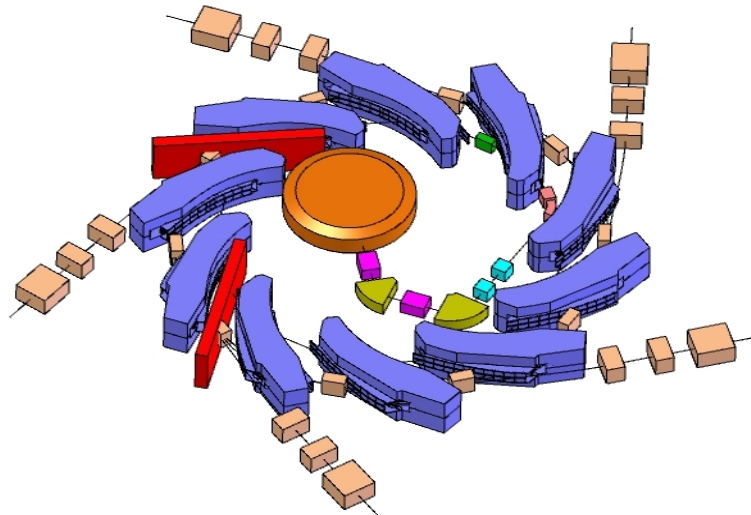


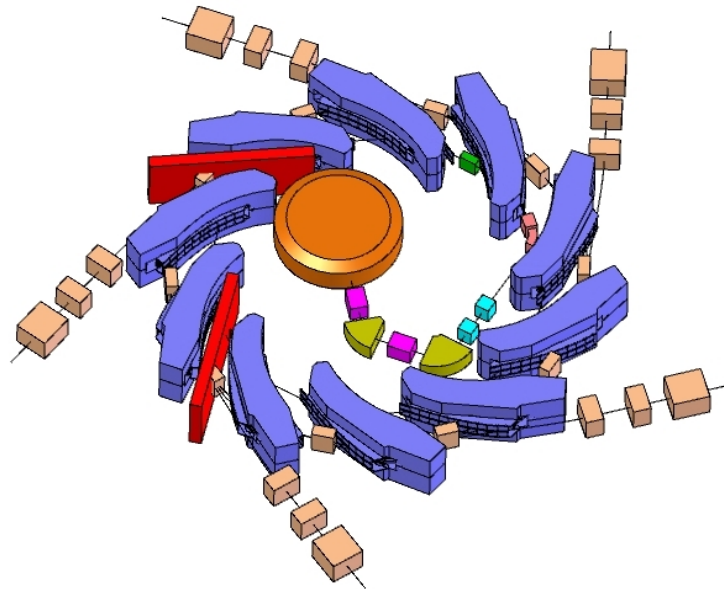
***Medico-economical study of a
FFAG based,
multi-port simultaneous beam delivery
hadrontherapy facility***

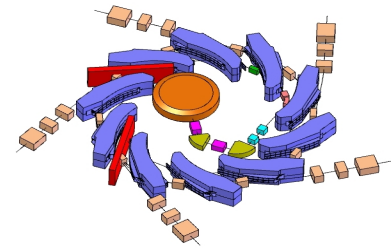
François Méot
Brookhaven National Laboratory



***After a presentation at Walter Reed
National Military Medical Center
as part of the answer to an RFI, by
Particle Accelerator Corp.***

17 Jan, 2014





Our starting point in this medico-economical point:

The consideration that

present cost of an irradiation session is ~750 €,

about 3x IMRT (250 €)

Can it be lowered? By how much ?

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(b) Accelerator and beam instrumentation experts

(c) Protontherapy-oncologist, MD, Pr – Orsay and Nice pTh Centers

(d) Medical physicist, Grenoble University Hospital

(e) Civil engineering agency, specialized in the construction of hospitals - SNC-Lavallin, Lyon

bibliography :

- Principes d'un centre de hadronthérapie basé sur le synchrotron à champ fixe RACCAM, F. Méot, Y. Mori, Tech. Note BNL C-A/AP/432 (2011)
- Etude medico-economique d'un centre de protontherapie equipe d'un accélérateur FFAG a extraction multiple : RACCAM, Ch. Mazzara, Internship report, CNRS/IN2P3 /LPSC (2010).

Cost calculation, costing models :

[14] Cout de l'installation RACCAM, F. Méot , Int. rep. CNRS/IN2P3 LPSC (RACCAM) (2009).

<http://lpsc.in2p3.fr/service/accelerateurs/raccam.htm>

[15] A. Peeters, Radiotherapy and Oncology (2010)

[17] Huybrechts M, Obyn C, Gailly J, Mambourg F, Vinck I, Ramaekers D. Hadrontherapy. Health Technology Assessment (HTA), Brussels: Federaal Keniscentrum voor de Gezondheidszorg (KCE).

[18] Peeters A, Grutters JP, Pijls-Johannesma et al., How costly is particle therapy? Cost analysis of external beam radiotherapy with carbon-ions, protons and photons. Radiother Oncol. 2010 Apr;95(1):45-53

[19] Lambin P, Fekkers H, Daniels E, et al. Euregional ion therapy institute. Maastricht: Business Plan; Internal report, unpublished. 2005.

[A PARENTHESIS IN PASSING : A “SYNCHROTRON RADIATION USER'S FACILITY”]

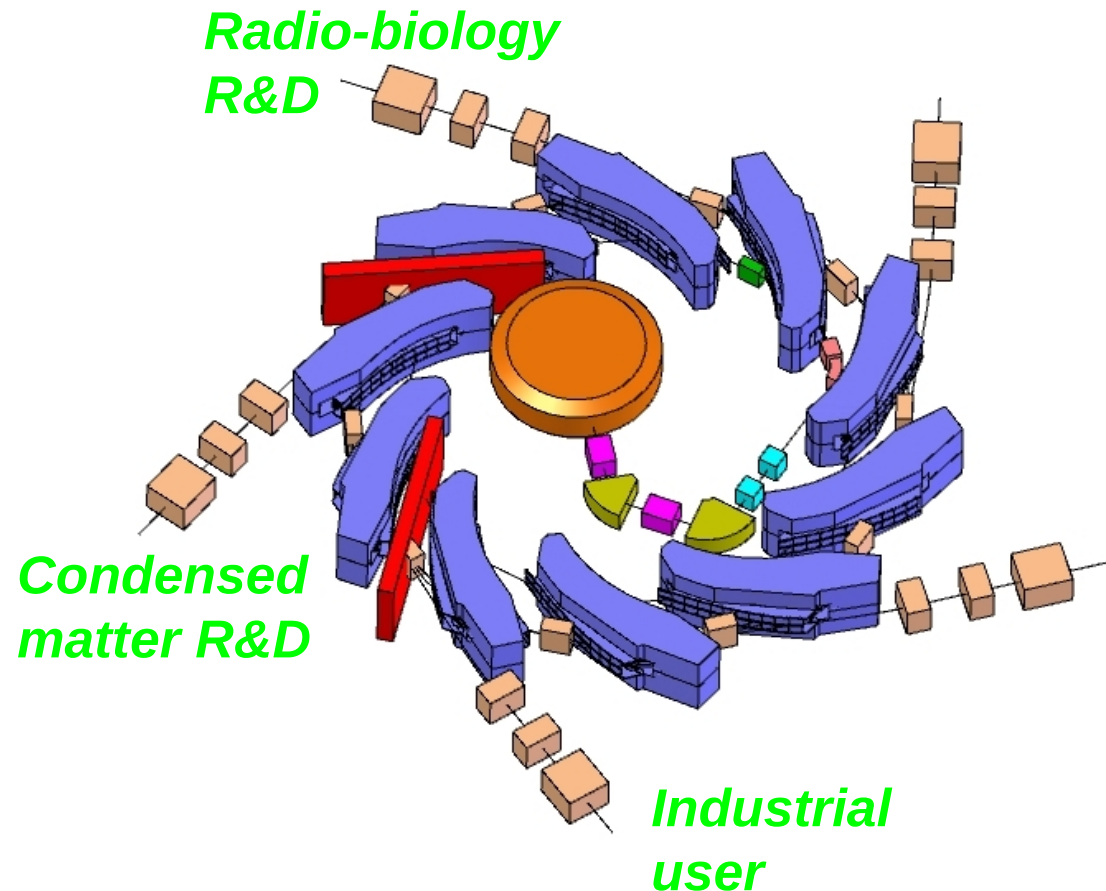
- o Various particle species, delivered to a community of users, at various energies around the ring.

- o The limitation in energy stems from the rigidity,

e.g., 6.35 T.m allows

430 MeV/u C, ~1.2 GeV p,

and any other, He, Li, ...



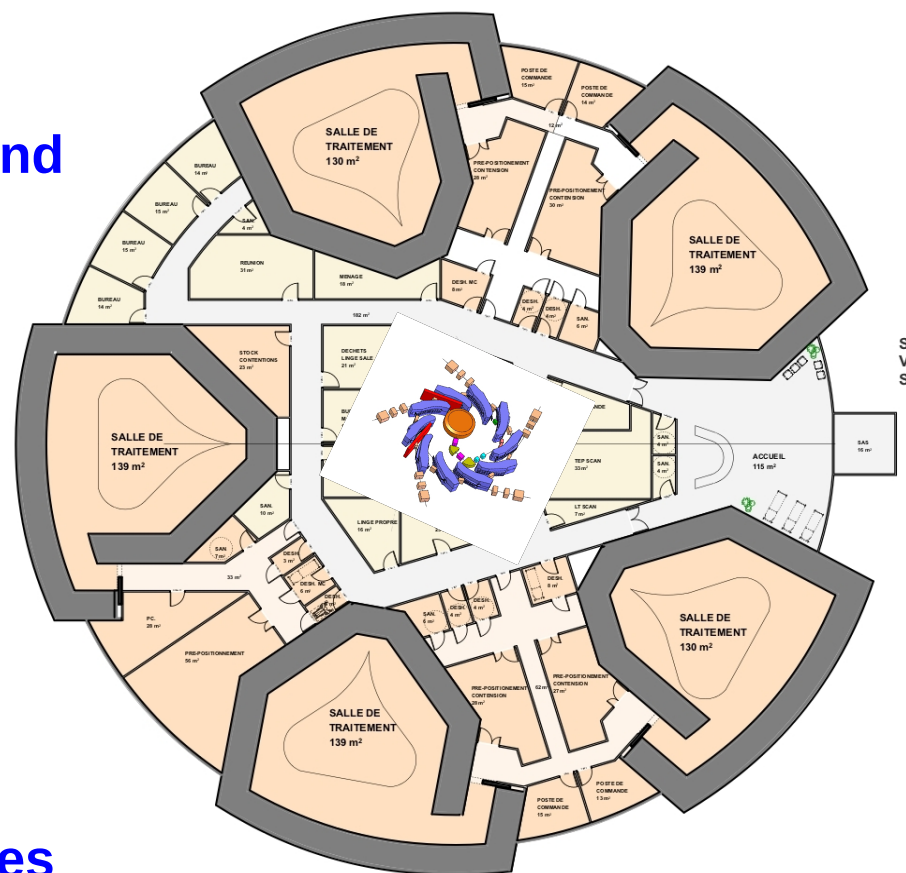
THE RACCAM MULTI-PORT, SIMULTANEOUS BEAM DELIVERY LAYOUT

- Simultaneous delivery to 5 rooms
- In a $2\pi/N$ -polygonal arrangement
- FFAG accelerator located underground

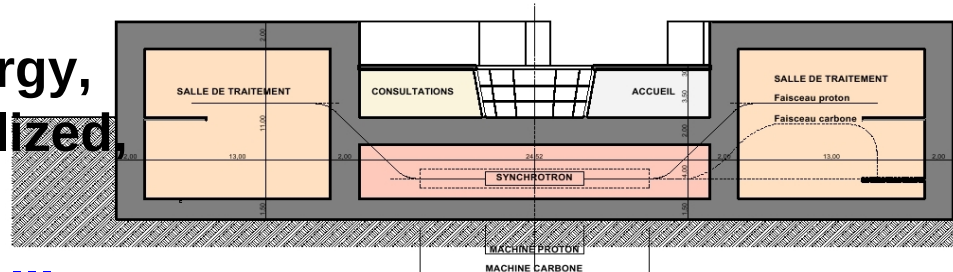
o Various ways of dealing with beam energy are foreseeable :

- global variation of beam energy by varying the accelerator B field
- “synchronized kick extraction” at arbitrary energy in a given room
- rooms with “fixed” energy [J. Flanz, MGH, priv. Comm.]
- a combination of the above
- 10-50 MeV range-shifters in beam lines add flexibility

o Another possibility : a single energy, same at all ports, indication-specialized, e.g., an “Eye Treatment Hospital”, a “Head-Neck Treatment Hospital”, ...



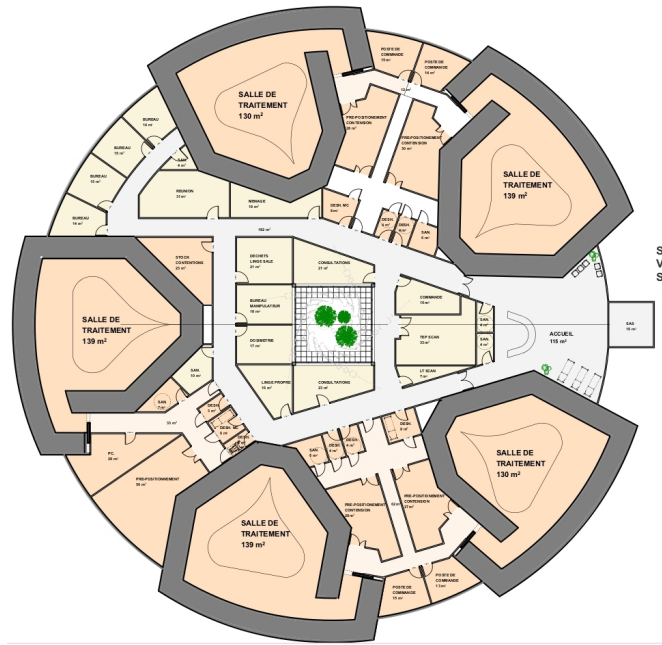
AGC & SNC-Lavallin



Underground space is sized for Carbon FFAG

PROPERTIES OF A CYLINDRICAL SYMMETRY LAYOUT

A classical, rectangular-layout model, with single extraction hence sequential beam delivery, has been designed for comparison, with operational surface equivalent to that of the cylindrical multi-port delivery layout.



Outcomes of the comparison:

- Smaller footprint :
- A reduction of non-productive surface (e.g., beam transport area)
- Cost of building reduced :
- Reduced walking distances and flux, both for personnel and patients
- Reduced operational costs

58*58~3400 m² versus 87*48~4200 m²

16 M€ versus 18 M€

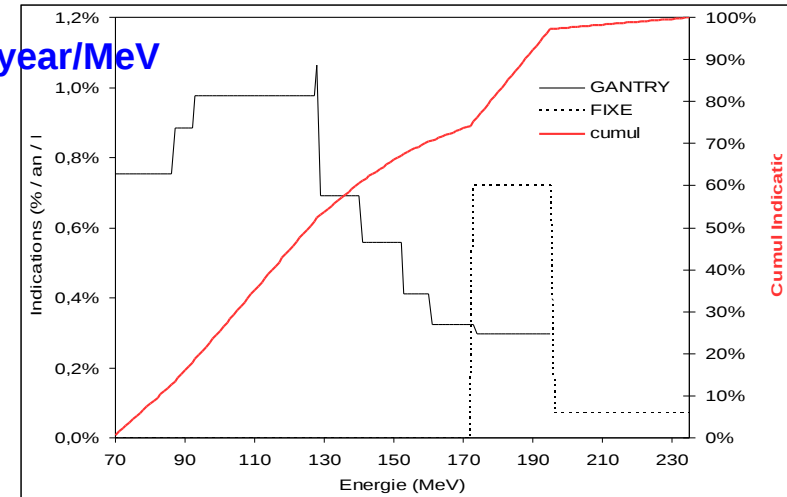
COMPUTING SESSION COST : WORKING HYPOTHESES

o The reference layout in this impact study regarding session cost has been assigned *all the features of a conventional hadrontherapy center* sized for 5 treatment rooms :

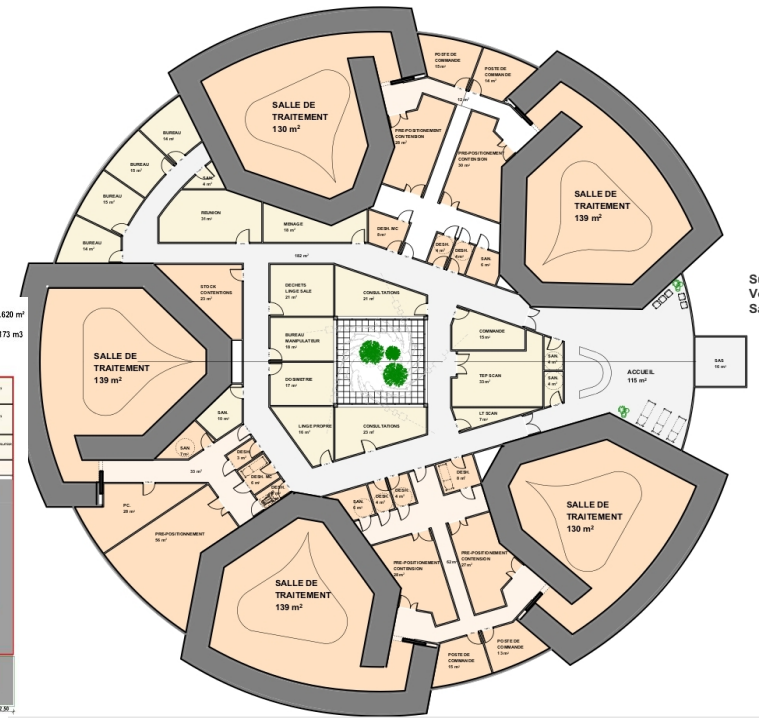
- 4 treatment rooms with 200 MeV gantries
+ 1 room with horizontal beam
- 6 rooms for medical examinations
- 6 specialized rooms (ORL/2, pediatriy/2, Ophtalmo/2)
- specialized waiting rooms (children, adults, reduced mobility)
- 3 rooms dedicated to anesthesia process
- a specific pathway for child patient
- etc.

o The same hypotheses are considered in the compared rectangular layout with single extraction and sequential delivery

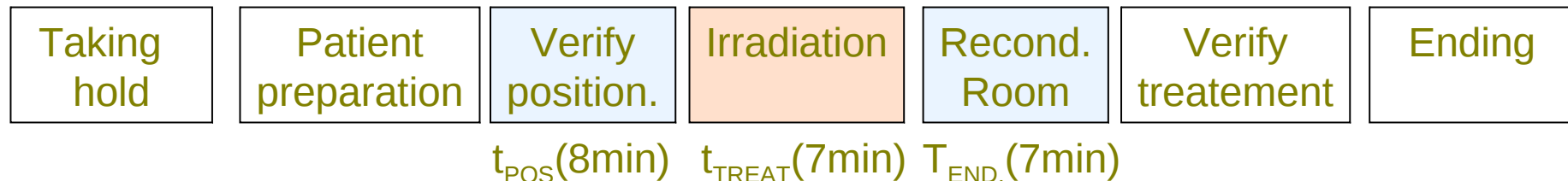
%/year/MeV



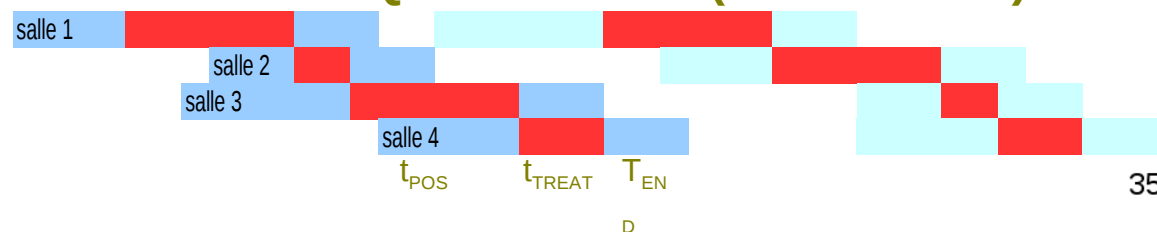
An histogram of the recruitment.
Hence 4 x 200 MeV gantries.



MULTI-PORT SIMULTANEOUS VS SEQUENTIAL BEAM DELIVERY : PATIENT FLOW

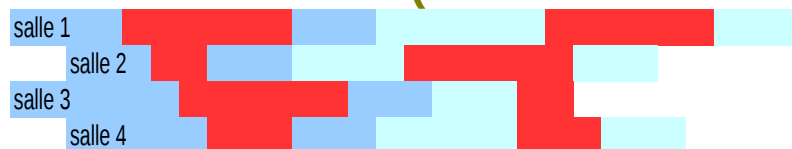


REFERENCE SEQUENTIAL BD (ROR < 100%)



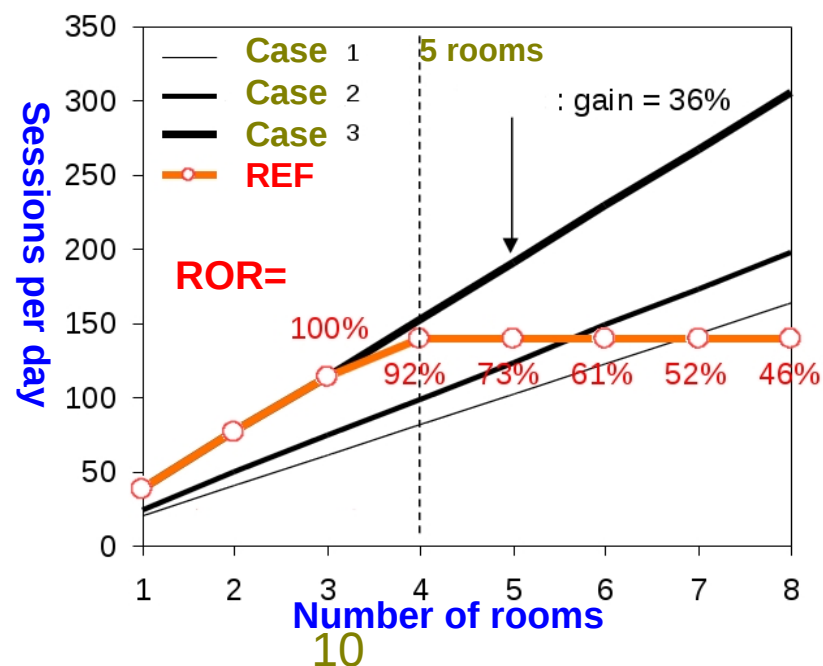
Simultaneous beam delivery eliminates the constraint to correlate the rooms

SIMULTANEOUS BD (ROR close to 100%)



Room Occupation Ratio

$$ROR = \frac{\overline{t_{POS}} + \overline{t_{TREAT}} + \overline{t_{END.}}}{n \overline{t_{TREAT}}}$$



WE HAVE BUILT AN ECONOMICAL MODEL

Précision ~ 10%

$$\bar{C} = \frac{C_{CAPITAL} + C_{OPERATION}}{N_{ANNUAL}}$$

$$C_{OPERATION} = C_{PERSONNEL} + C_{EQPMNT} + C_{CONSMMBLES} + C_{OVERHEAD}$$

On this spreadsheet :

BLUE : values may be varied

WHITE : fixed parameters

ORANGE : intermediate results

YELLOW : overall cost

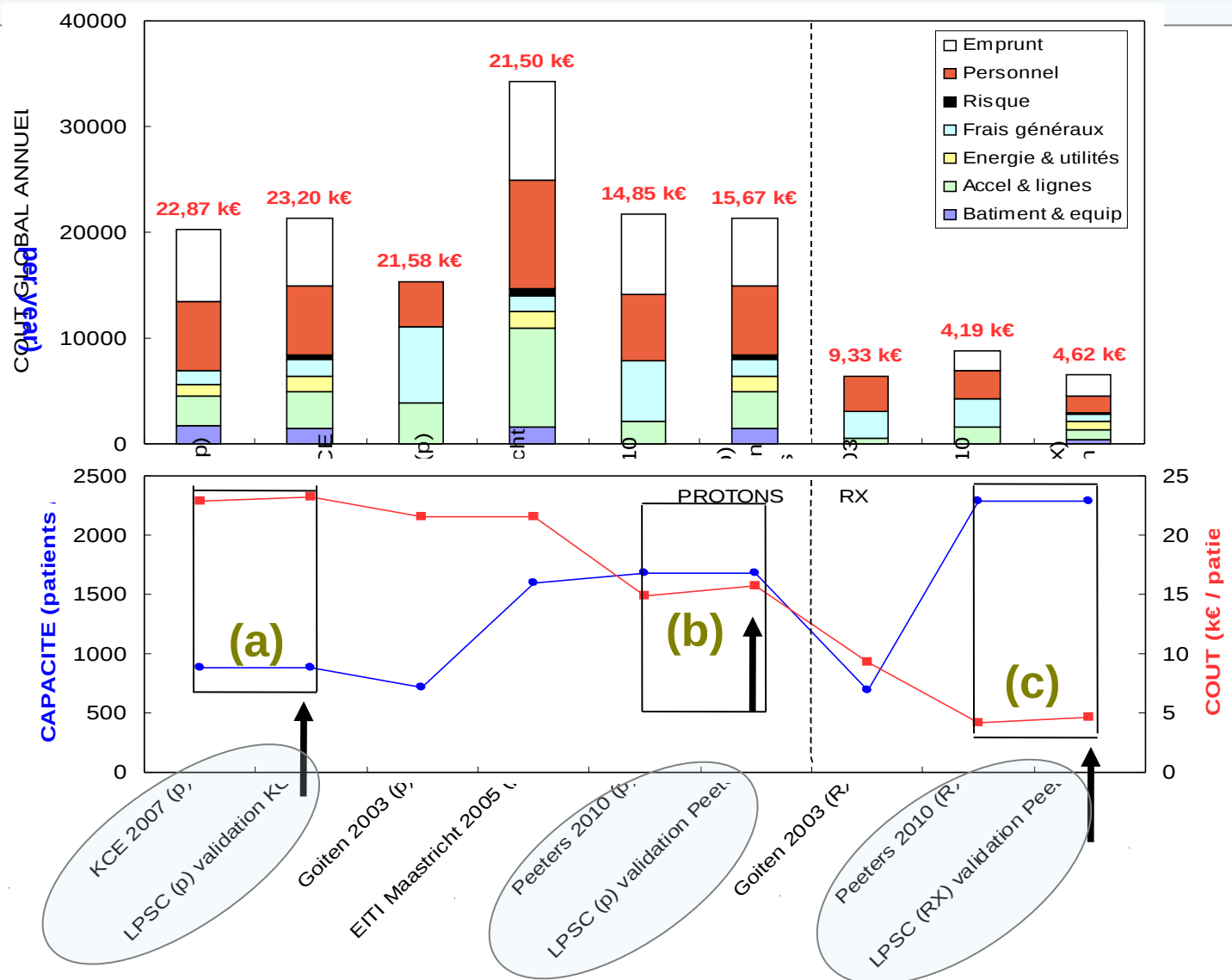
CAPACITE		photon	proton
temps traitement (h / jour)		14	14
jours travaillés / semaine		5	5
semaines travaillées / an		50	50
nb de salles de traitement		2	5
temps traitement (min / an)		420000	1050000
taux de disponibilité des salles (%)		98%	98%
temps moyen / fraction (min)		10	18
nb moyen fractions / patient		13	20
fractions / an		41160	56000
patients / an		2287	2800

PARAMETRES ECONOMIQUES			
surface (m2)		2000	10000
durée de vie (an)		30	30
durée remboursement (an)		20	20
taux emprunt (%)		5,00%	5,00%
TVA (%)		19,60%	19,60%
inflation salaires (%) / an		2,50%	2,50%
inflation énergie (%) / an		2,00%	2,00%
inflation service (%) / an		2,00%	2,00%
salaire moyen 2010 FTE (k€ / an / pers)		77	77
patients / FTE		56,609	17,125
personnel (FTE)		40	164

COUT CAPITAL TTC (k€ / an)		29604	114435
batiment (k€ HT)	9180	10979	24000
conception & gestion projet (k€ / m2)	0,1	200	0,4
équipement médical général (k€)		7000	0,864
accélérateur (k€)		5000	
lignes de faisceau (k€ / m)		0	15
lignes de faisceau (m)		0	100
faisceau fixe (k€ / faisceau)		0	5000
gantry (k€ / gantry)		0	10000
TPS (k€)		2500	
PET-CT (k€ / unité)		0	2300
imprévus (k€)		0	
risque batiment (k€ / m2)	0,375	750	0,375
risque équipement	0,15	2175	0,15
mise hors service après 30 ans (k€)		1000	

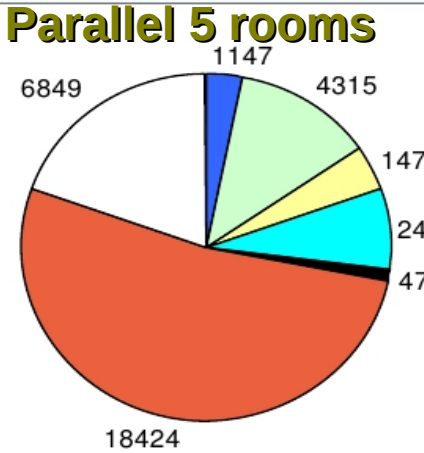
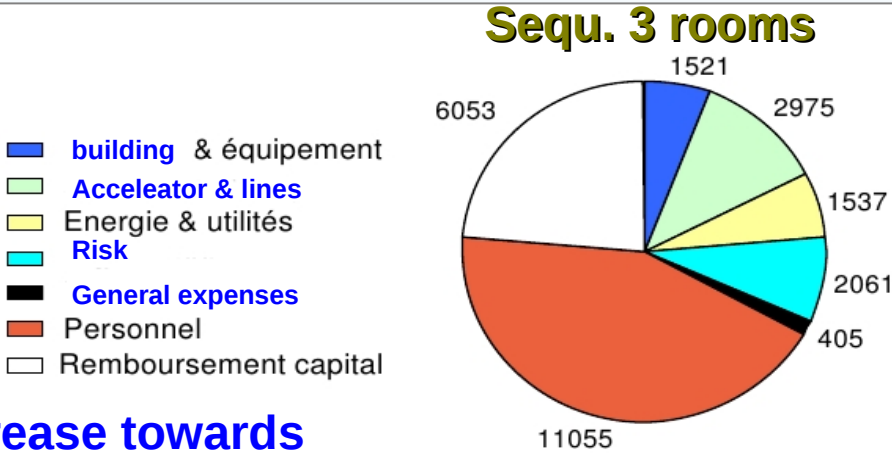
COUT OPERATIONNEL (k€ / an)		10575	36700
1 RENOUELEMENT D'ACTIF (k€ / an)		829	1591
batiment (% pa)	3%	329	3%
TPS (% pa)	20%	500	20%
dépréciation diagnostic (% pa)			10%
2 GESTION D'EQUIPEMENT (k€ / an)		482	4245
propriété (€ / m2)	15	30	15
maintenance batiment (€ / m2)	8	16	8
maintenance services (€ / m2)	15	30	15
maintenance équip. généraux (€ / m2)	20	40	20
maintenance bureaux (€ / m2)	7	14	7
maintenance surfaces & jardins (€ / m2)	1	2	1
maintenance équip. traitement (% pa)	7,00%	350	6,70%
3 ENERGIE & UTILITES (k€ / an)		828	1537
conso proton traitement (kW / h)		0	600
nb heures / jour (h)		0	16
conso proton traitement (MWh / an)		0	2400
conso proton hors traitement (kW / h)		0	250
conso proton hors traitement (MWh / an)		0	1190
autres consommations (MWh / an)		5000	5000
TOTAL (MWh / an)		5000	8590
électricité (€ (HT) / MWh)	98	586	98
gas (€ / m2)	6	12	6
eau (€ / m2)	4	8	4
égouts (€ / m2)	3	6	3
4 FRAIS GENERAUX (k€ / an)		1731	2818
télécommunications(€ / m2)	10	20	10
déchets (€ / m2)	4	8	4
lingerie (€ / m2)	0,4	1	0,4
nettoyage (€ / m2)	35	70	35
services stériles (€ / m2)	2	4	2
courrier & impressions (€ / m2)	4	8	4
sécurité (€ / m2)	2	4	2
assurances pour essais (k€ / an)		0	0
autre (€ / m2)	11	22	11
fournitures médicales (€ / patient)	500	1143	500
EMPRUNT (k€ / an)		1960	7576
supplément construction (% capital)	10%	2960	10%
capital initial (k€)		32565	
apport initial (%)	25%	8141	25%
somme empruntée (k€)		24424	
RISQUE (k€ / an) (% 1+2+3+4)	5%	194	510
PERSONNEL (k€ / an)		4552	18424
cout / fraction (€)		257	655
cout / patient (k€)		4,62	13,11

OUR MODEL HAS BEEN BENCHMARKED AGAINST EXISTING ONES



Our version of the costs (black arrows) use the same data as compared ones, respectively, (a) “KCE”, (b) “Peeters -proton”, (c) “Peeters-RX”

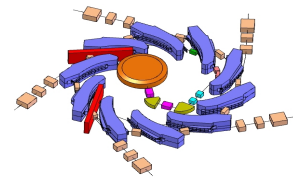
COSTING & VARIABILITY STUDY OF THE MULTI-PORT HOSPITAL



- **What favors an increase towards X-ray's 56 patients / FTE, in the simultaneous BDS case :**
 - simultaneous BDS increases treatment capacity
 - cylindrical layout reduces flux of patient & personnel
 - a number of functionalities can be shared

	State of art [15]		Simultaneous beam delivery, 5 rooms								
	IMRT	proton	base	A	B	C	D	E	F	G	H
/ fraction (min) fractions / patients patients / FTE (m€)	14	14	14	16							
	5	5	5								
	50	50	50								
	2	3	5	10							
	98%	96%	96%	80%							
	10	18	18	22							
	18	20	20								
	56,609	17,125	17,125			56,609	30	40	50	40	40
	10,979	28,704	23,92	40							
personnel (FTE)	2287	1680	2800	2333	2291	2800	2800	2800	2800	5600	3200
	40	98	164	136	134	49	93	70	56	140	80
[15] / fraction	233 €	743 €									
LPSC / fraction	257 €	762 €	628 €	681 €	687 €	399 €	487 €	440 €	412 €	407 €	407 €
ratio / RX	1,00	2,96	2,44	2,65	2,67	1,55	1,89	1,71	1,60	1,58	1,58
gain / [15]			-18%	-11%	-10%	-48%	-36%	-42%	-46%	-47%	-47%

CONCLUSIONS



- Introducing the « Room Occupation Ratio », a significant gain in capacity, based on simultaneous beam delivery, has been demonstrated
- The simultaneous beam delivery method favors today's trend that *more time should be allowed in the treatment room [S. Meyroneinc, IC-CPO, priv. Comm.]*
- The $2\pi/N$ -symmetry building layout reduces costs : construction, equipment, operation, ...
- An economical model has been constructed & validated (accuracy ~ 10%), and shows the strong impact of manpower on cost
- Simultaneous beam delivery favors the patient/FTE ratio, with potential effect of substantially decreasing the cost of an irradiation session (X-R is ~257€/session):

SEQUENT. BEAM DELIVERY, 5 ROOMS	SIMULTANEOUS BEAM DELIVERY, 5 ROOMS		patients / FTE € / session reduction (wrt. state of the art, 3 rooms)
17 (~STD) 628 -18%	30(~half-way) 487 -36%	56(~X-R) 399 -48%	

THANK YOU FOR YOUR ATTENTION

SO... €750 → €400 ?

