

# Hadrontherapy at LNS from the conventional approach to the frontiers of the biological enhancement and laser-driven applications

*GAP Cirrone,  
INFN-LNS , Italy  
and  
ELI-Beamlines project, Czech Republic*

# Hadrontherapy at LNS from the conventional approach to the frontier of biological enhancement and laser-driven applications

The diagram illustrates a laser-driven ion accelerator. A 'Laser Pulse' (represented by a blue wave) strikes a 'Target' (a red circle). This creates a 'Hole Boring (RPA)' (represented by a blue arrow pointing into the target) and generates a 'Hot e- current' (red arrows pointing outwards from the target). The target is situated between two 'Vacuum' chambers: 'Front (Vacuum)' on the left and 'Rear (Vacuum)' on the right. In the 'Front (Vacuum)', 'Backward Accelerated Ions' (blue arrows pointing left) are shown. In the 'Rear (Vacuum)', an 'e- sheath (TNSA)' (red arrow pointing right) is shown, along with 'Forward Accelerated Ions' (blue arrows pointing right).

sys

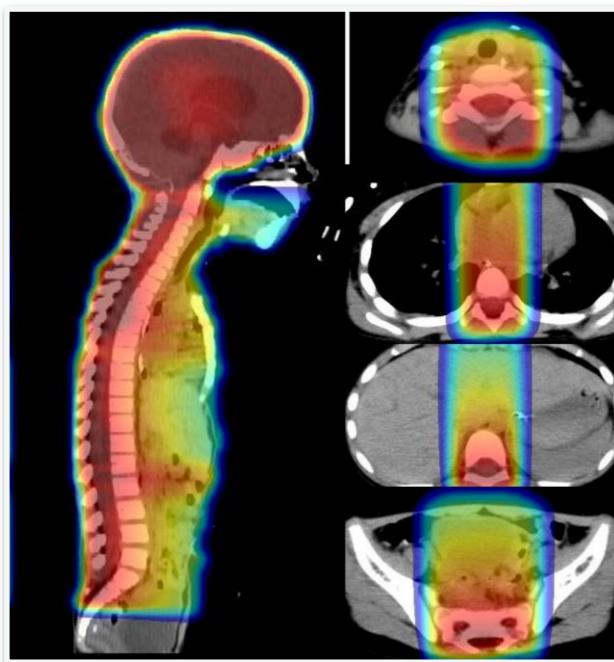
Physics Nobel laureate 2018  
for their method of generating high-intensity, ultra-short optical pulses

Nature

# Conventional hadrontherapy

# Clinical advantages of proton beams

4



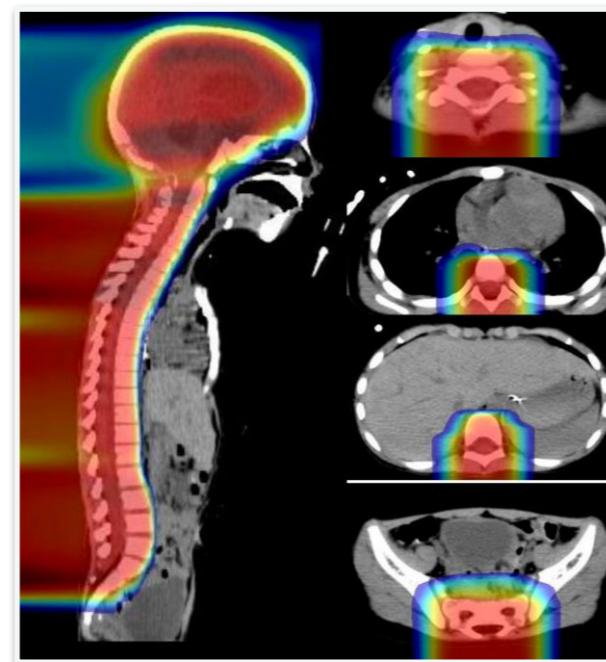
x-Ray therapy

Protontherapy

Last Update: 2018

- Facilities in operation: 70
- Patients: 190000

Particle Therapy Cooperative Group (PTCOG). <http://www.ptcog.ch>



Mirabell RA et al.

Potential reduction of the incidence of radiation-induced second cancers by using proton beams in the treatment of paediatric tumor,

Int. Jour. Rad. Onc. Phys. 2002, 54 (3) 824

Pediatric Medulloblastoma: The yearly risk of getting a secondary tumor was estimated to be 8 times greater with X-rays than with proton therapy<sup>2</sup>

Tumor Site	Proton Therapy	X-rays/IMRT
Stomach and esophagus	0%	11%
Colon	0%	7%
Breast	0%	0%
Lung	1%	7%
Thyroid	0%	6%
Bone and connective tissue	1%	2%
Lacrimal	3%	5%
All Secondary Cancers	5%	43%

This chart compares the rates of secondary tumors for a pediatric patient treated for medulloblastoma.  
Data shown are from a study that compared treatment plans

IMRT = Intensity Modulated Radiation Therapy (a type of X-ray therapy)

# Hadrontherapy in Italy

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**Catania**



# Hadrontherapy at LNS from the conventional approach to the frontier of biological enhancement and laser-driven applications



CATANA  
Centro di AdroTerapia ed Applicazioni Nucleari  
Avanzate

## First Italian proton therapy facility

- ▶ First Patient treated on March 2002 - 400 treated
- ▶ Passive proton beam line - 62 MeV

Dead Patients	4	
	Metastatis	3
	Other	1
Eye retention rate	92,68%	
Total survival	95%	
Local control	97%	

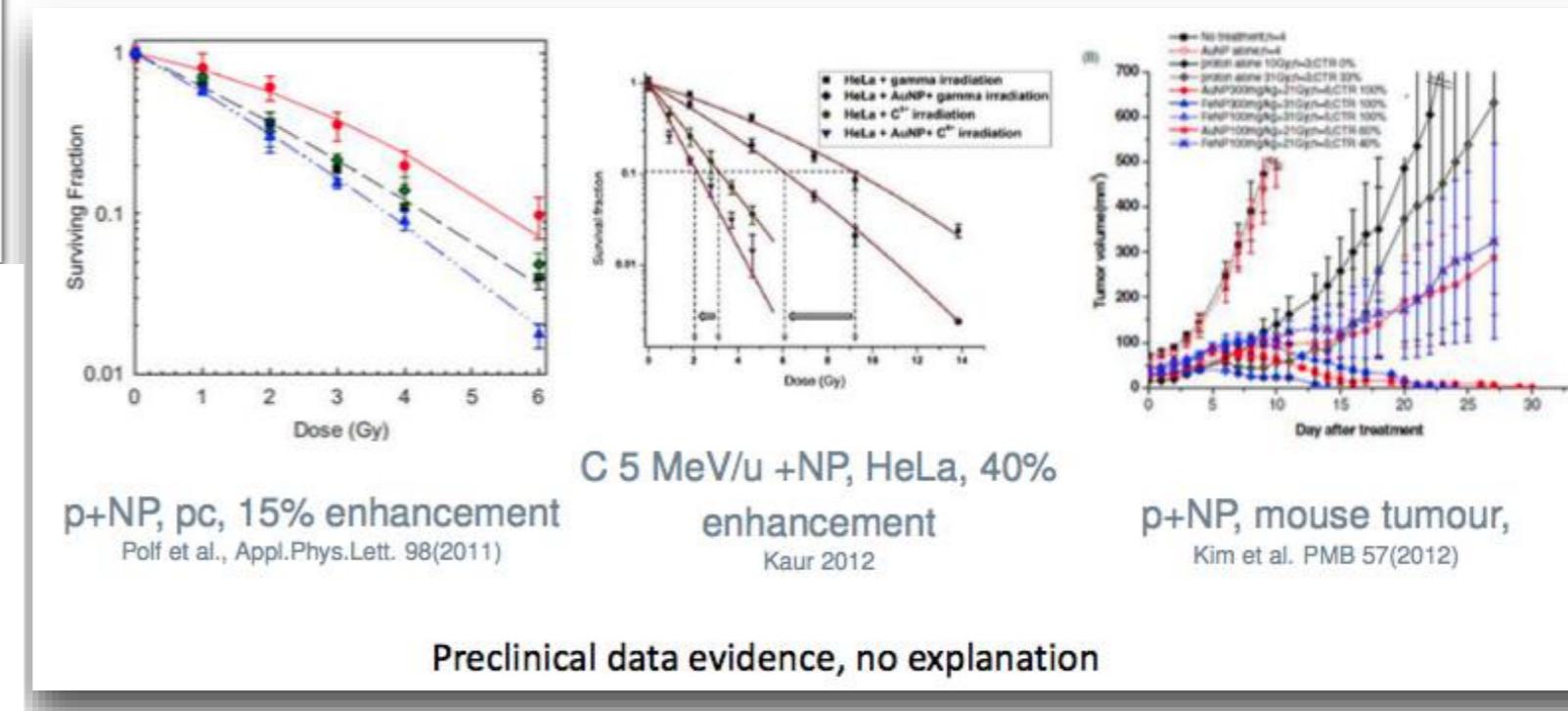
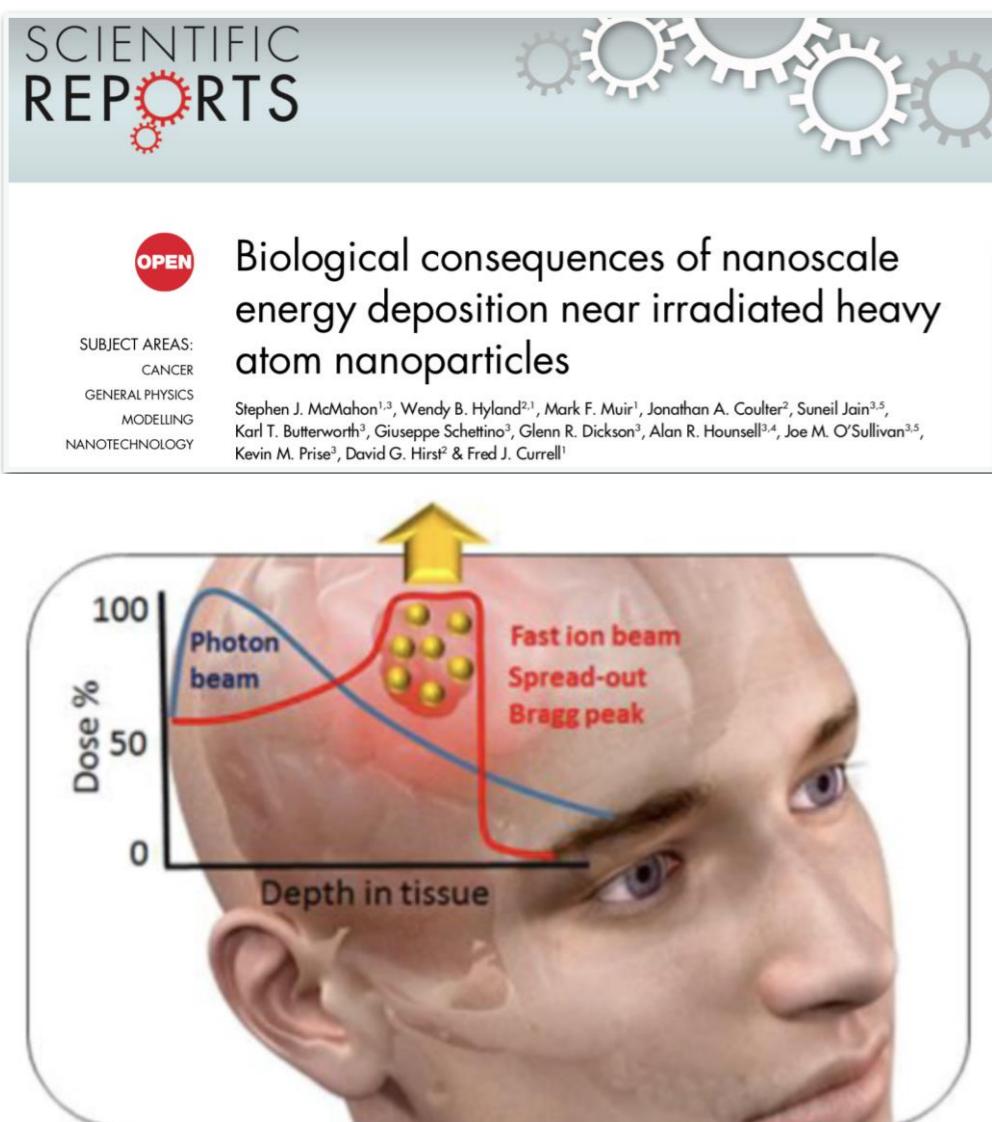
# Hadrontherapy at LNS from the conventional approach to the frontier of biological enhancement and laser-driven applications



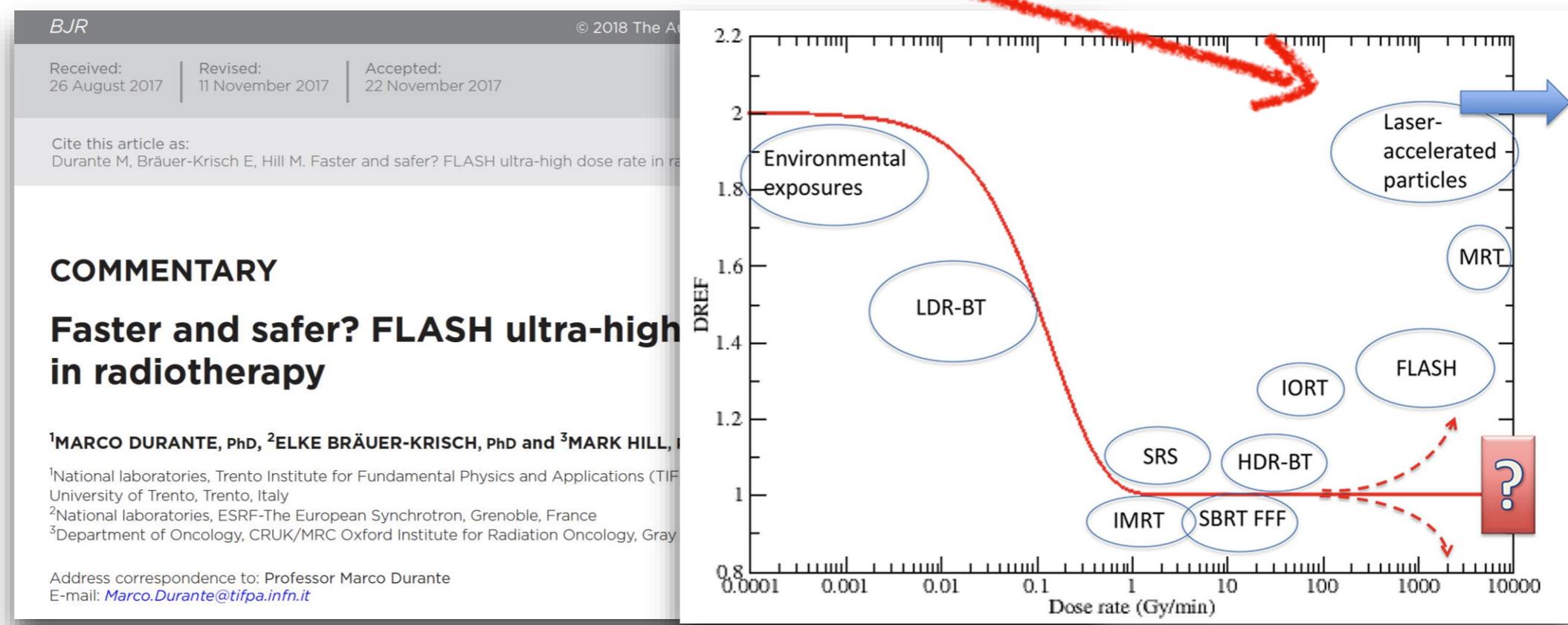
new in-vivo  
experiment  
dedicated to study  
the proton RBE in  
the distal part of  
Bragg Peak curve



# Hadrontherapy at LNS from the conventional approach to the frontier of biological enhancement and laser-driven applications



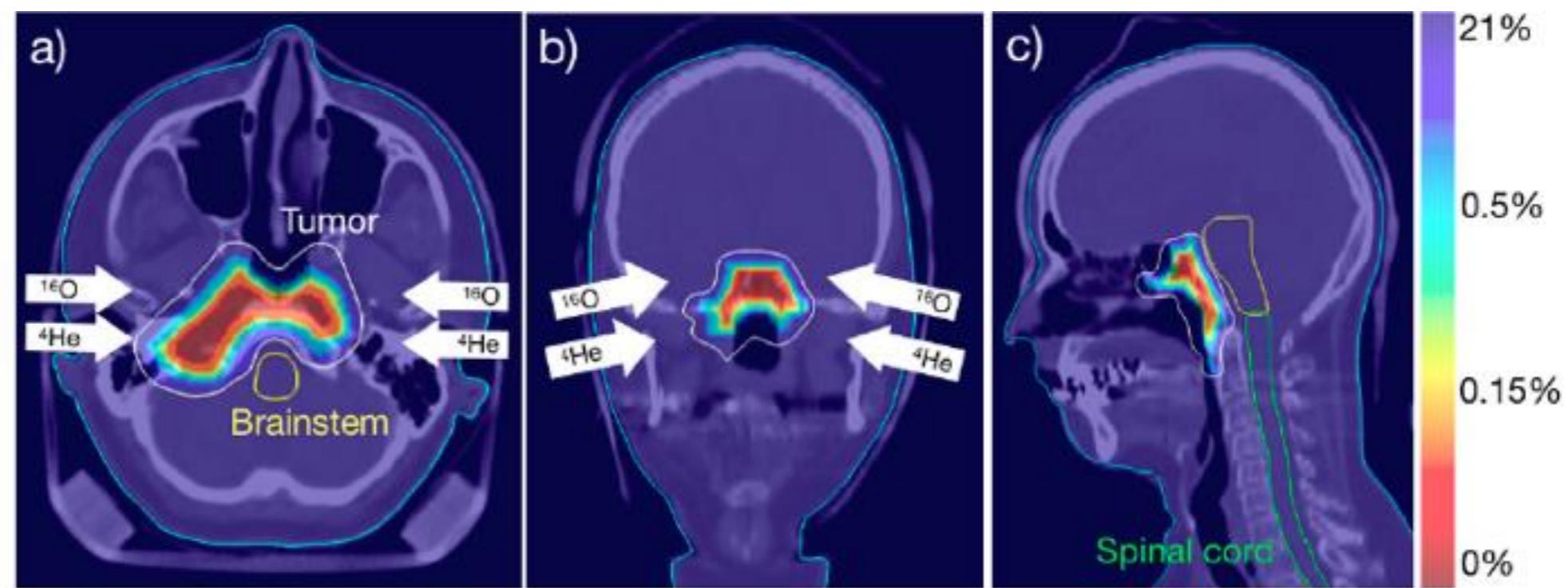
# Hadrontherapy at LNS from the conventional approach to the frontier of **biological enhancement** and **laser-driven** applications



# Multiple ions TPS

11

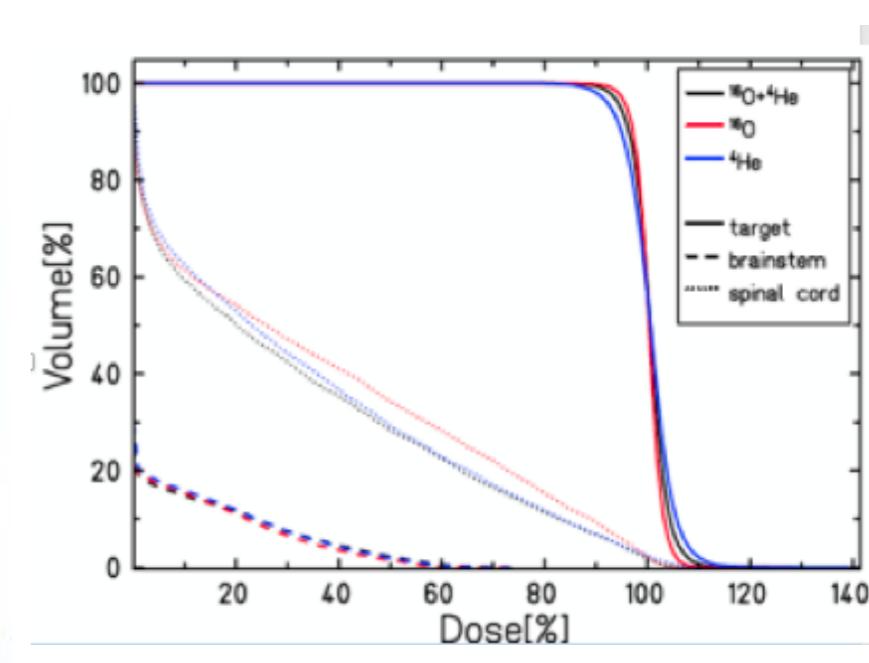
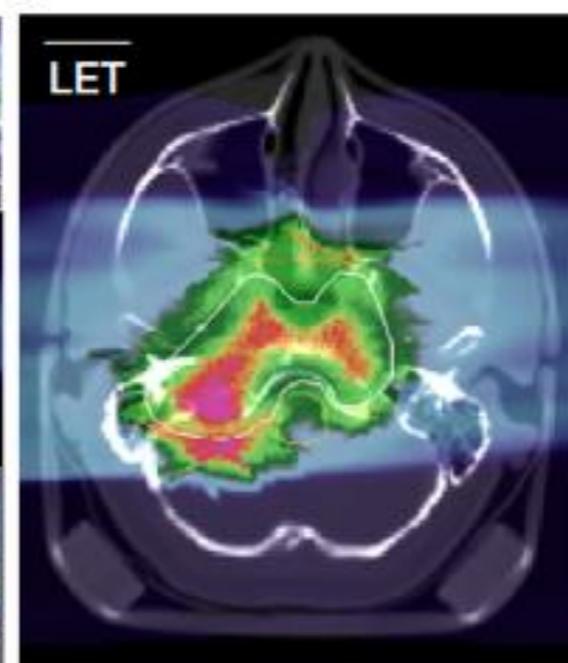
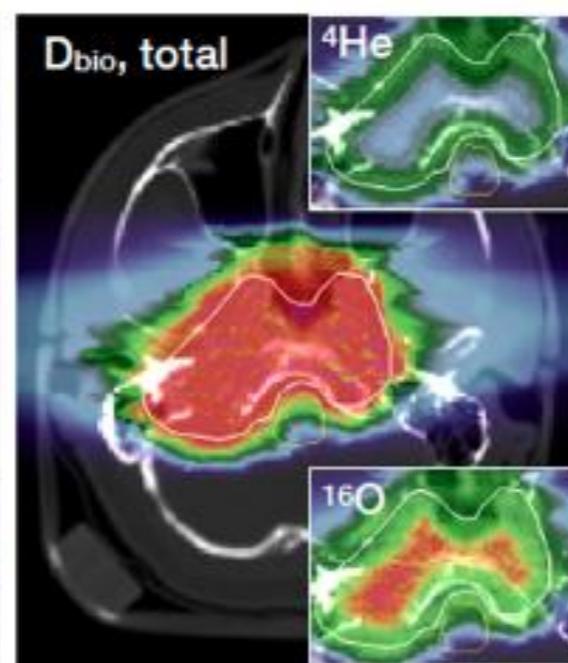
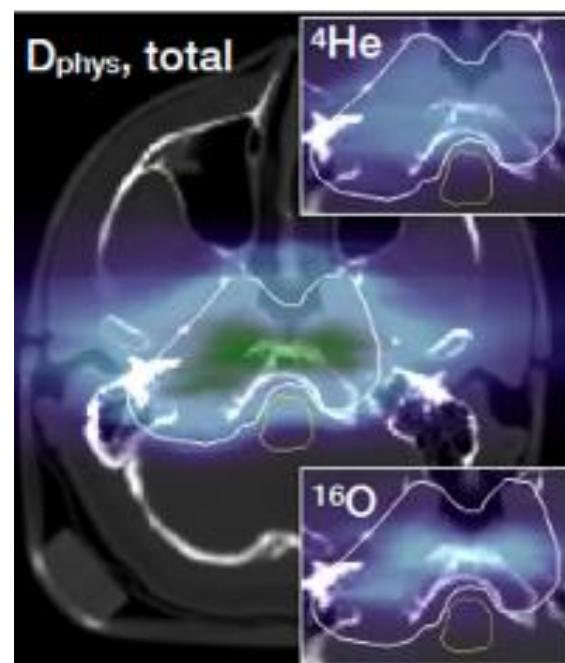
The beam spots are correctly selected by the optimization in order to concentrate high LET particles in the hypoxic regions



Sokol et al. to be subm PMB (2018)

\*100% dose = 2 Gy

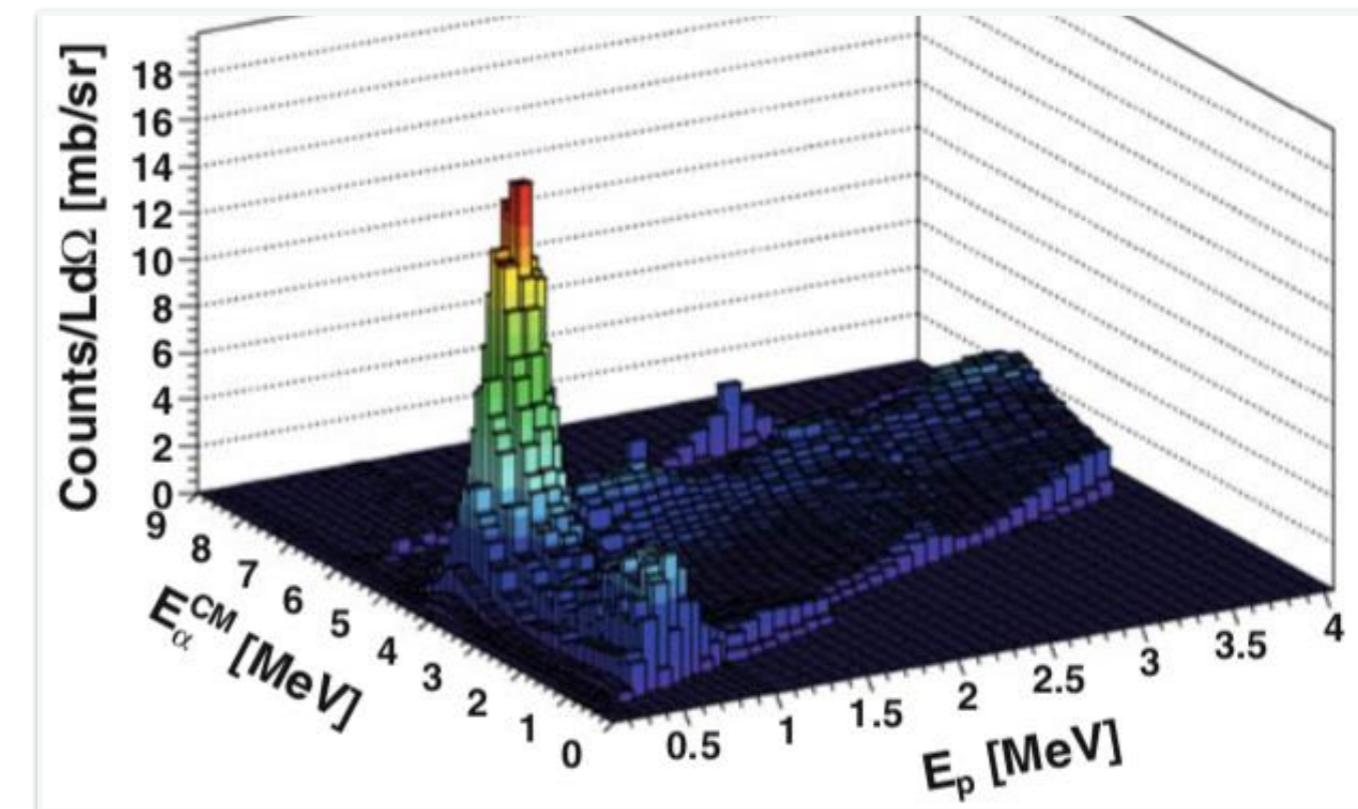
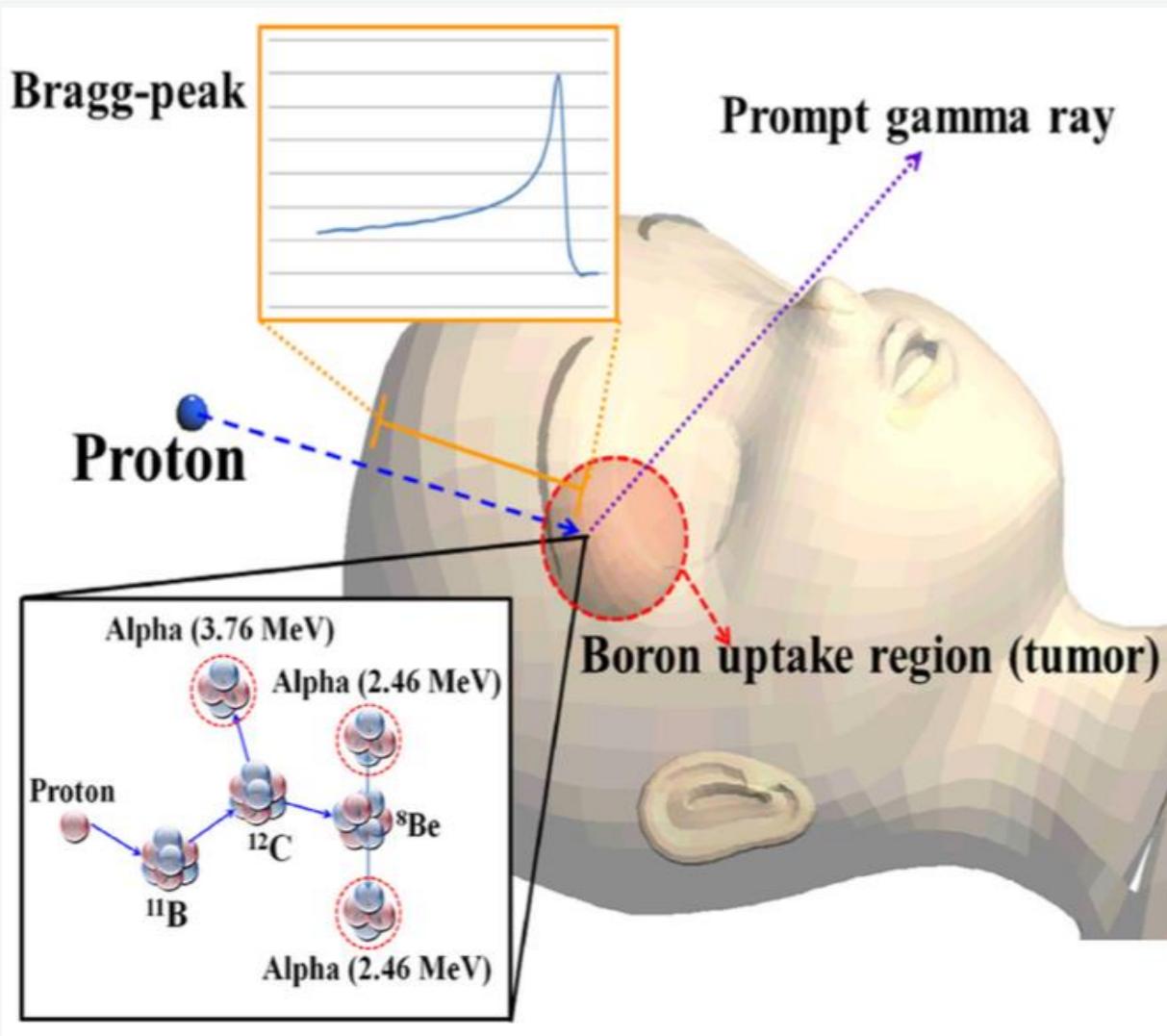
100% LET = 65 keV/um



# Exploiting the $^{11}\text{B}(\text{p},\text{a})^{2}\text{a}$ reaction

# The proton-Boron capture therapy (PBCT)

13

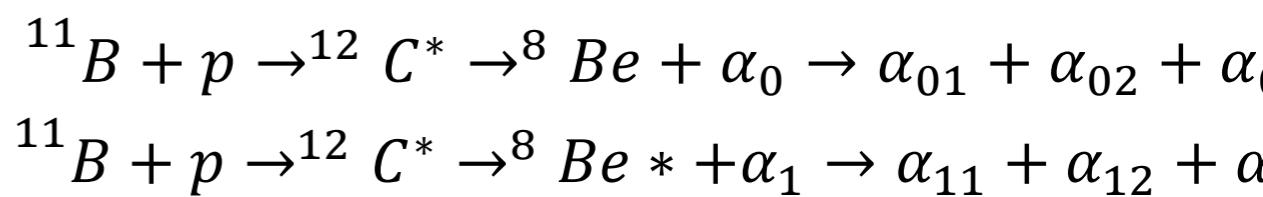


M.H.Sikora, H.R.Weller, A new evaluation of the  $^{11}B(p,\alpha)\alpha$  reaction rates, J. Fusion Energy (2016) 35:538

## Reaction channels

### **The idea:**

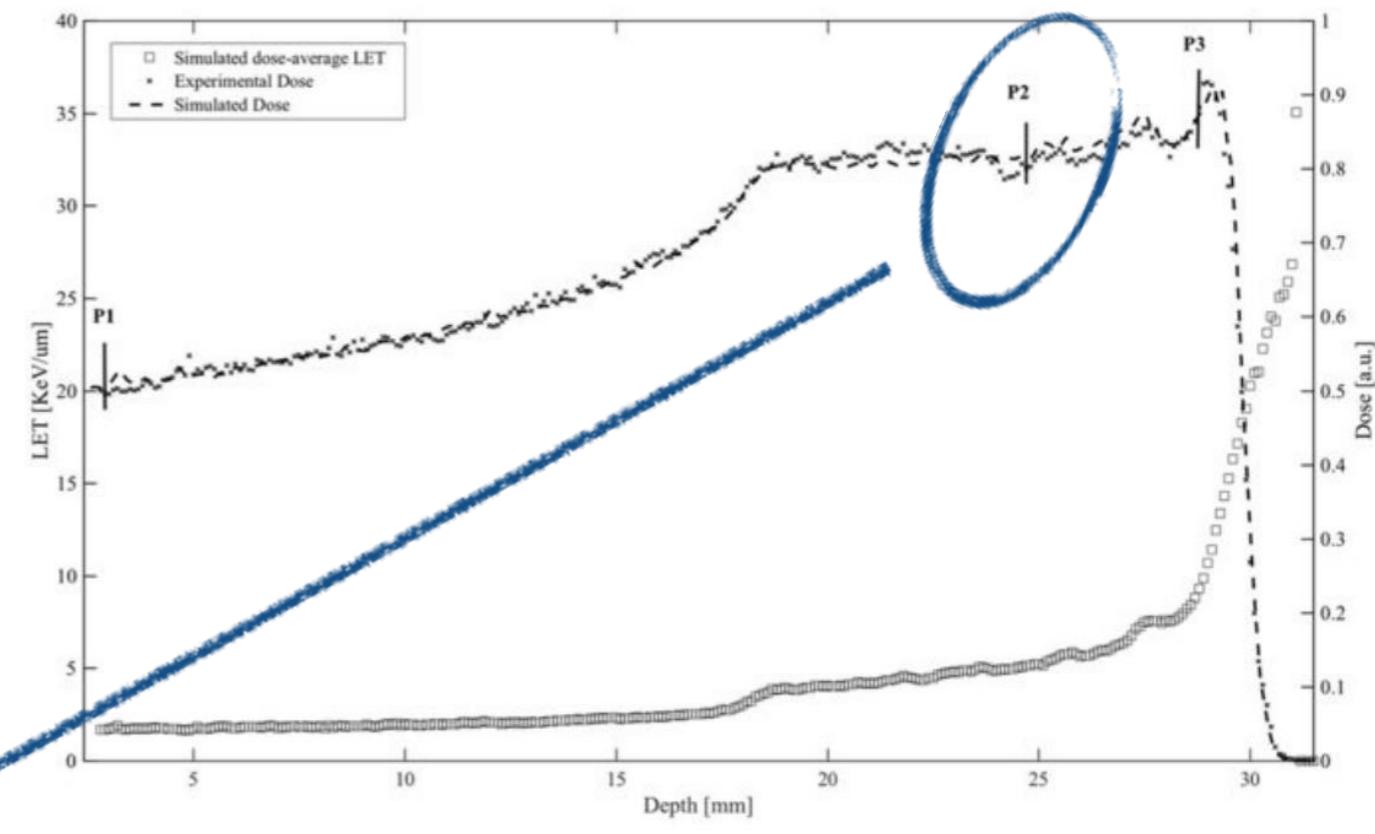
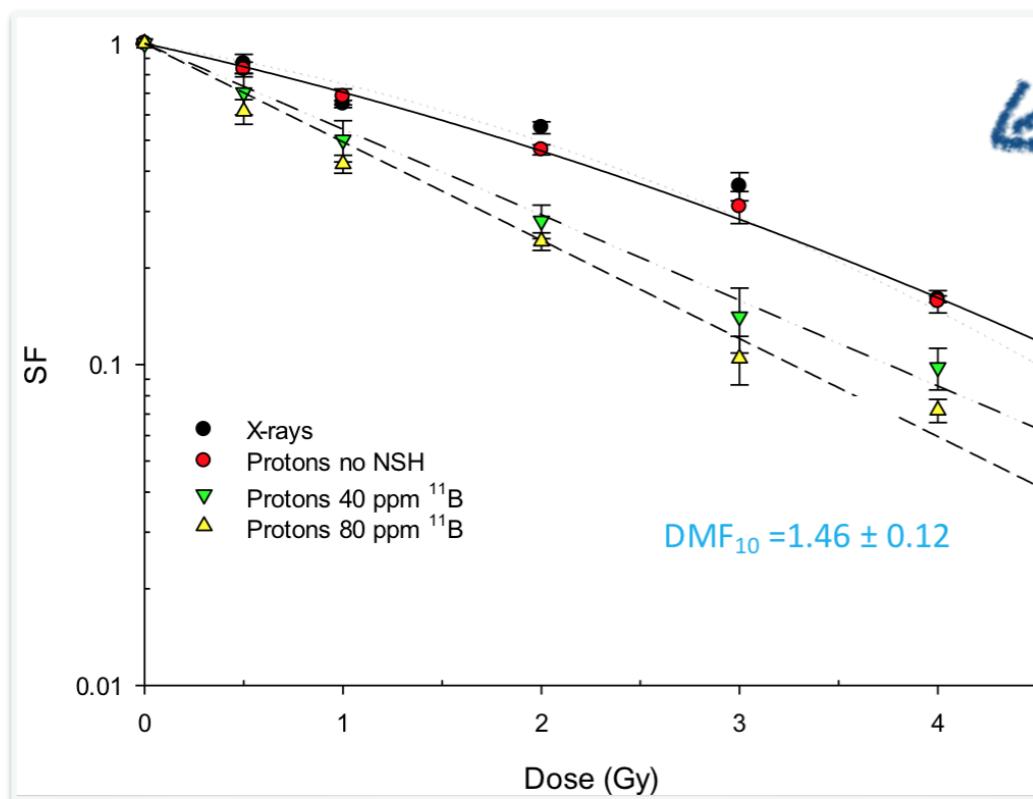
D.-K. Yoon et al,  
*Application of proton boron fusion reaction to radiation therapy: A Monte Carlo simulation study*  
Applied Physics Letters 105, (2014);



# The proton-Boron capture therapy (PBCT)

14

European Patent 3266470A1



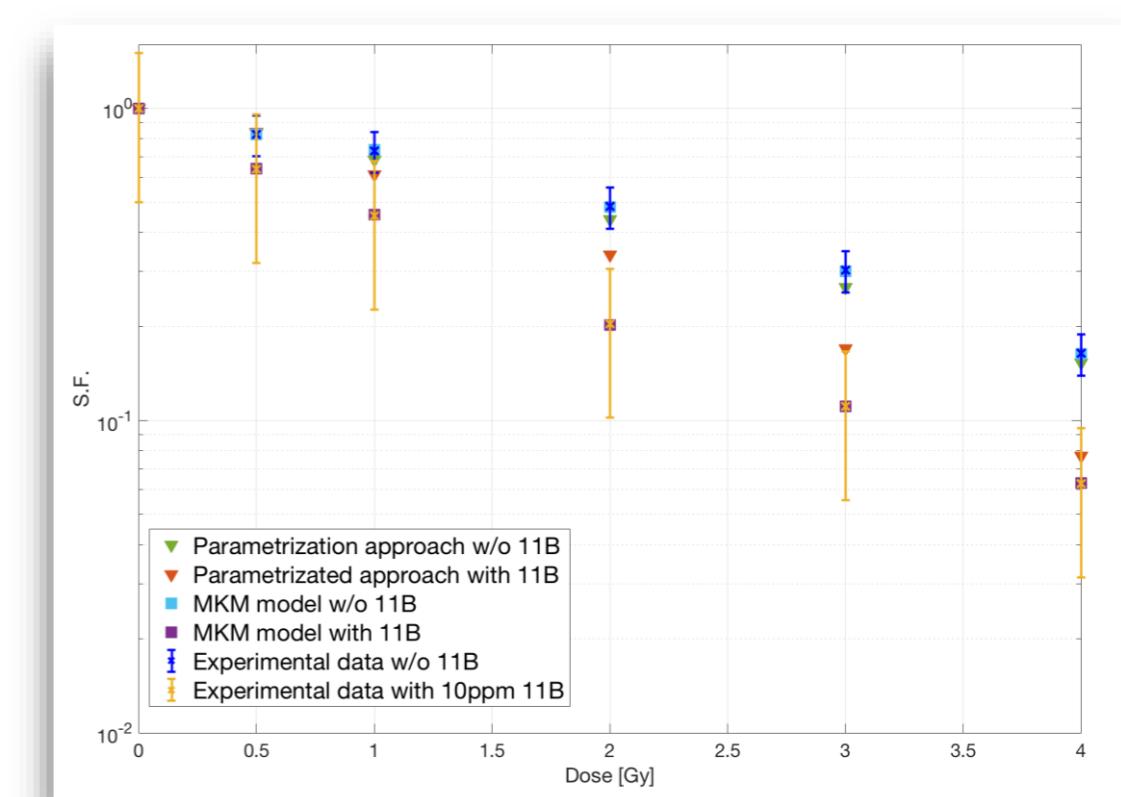
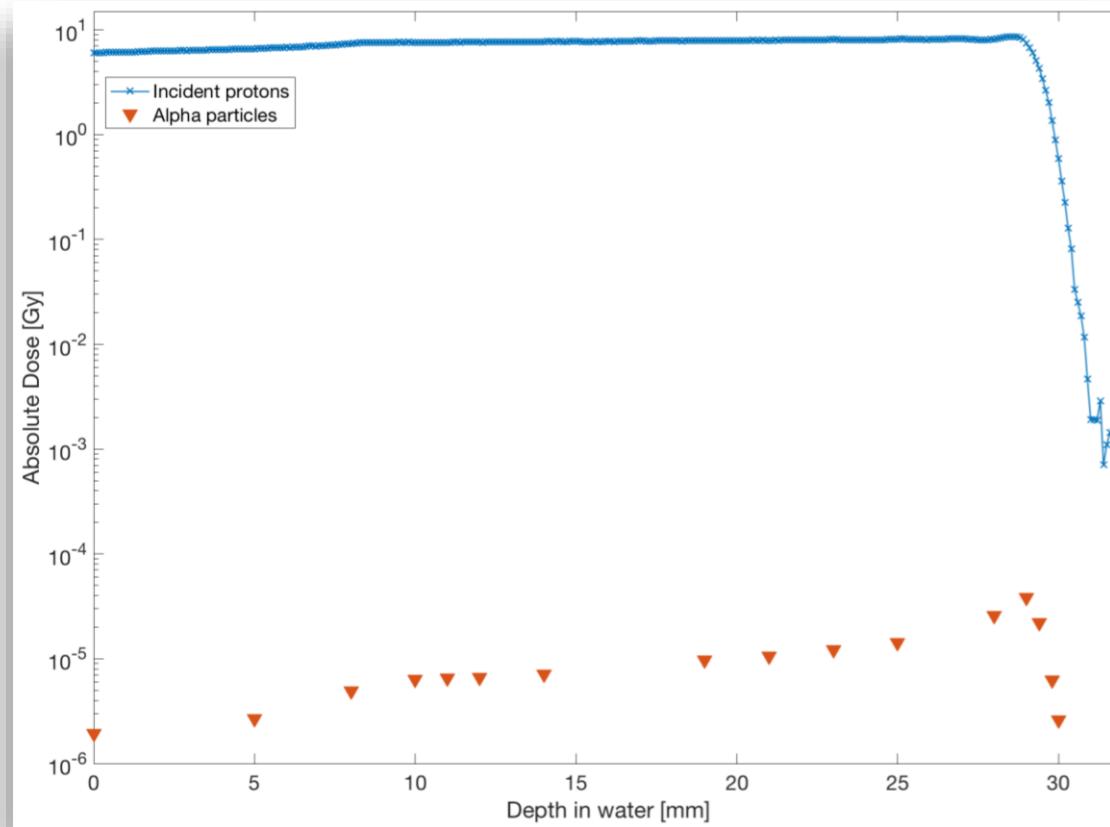
$$\text{DMF}_{10} (\text{RBE}_{10}) = 1.46 \pm 0.12$$

	$\alpha (\text{Gy}^{-1})$	$\beta (\text{Gy}^{-2})$
X ray irradiation	$0.222 \pm 0.062$	$0.064 \pm 0.014$
Proton irradiation in the absence of BSH	$0.314 \pm 0.022$	$0.035 \pm 0.007$
Proton irradiation with 40 ppm $^{11}\text{B}$	$0.614 \pm 0.069$	—
Proton irradiation with 80 ppm $^{11}\text{B}$	$0.705 \pm 0.033$	—

.... but

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Are nuclear physics considerations and analytical/Monte Carlo calculations able to explain these results?



An increment of the order of 40%  
correspond to ~10<sup>5</sup> alpha  
particels emitted

# The proton-Boron capture therapy (PBCT)

16

nature.com > scientific reports > articles > article

## SCIENTIFIC REPORTS

Article | OPEN | Published: 18 January 2018

### First experimental proof of Proton Boron Capture Therapy (PBCT) to enhance protontherapy effectiveness

G. A. P. Cirrone<sup>✉</sup>, L. Manti, D. Margarone, G. Petringa, L. Giuffrida, A. Minopoli, A. Picciotto, G. Russo, F. Cammarata, P. Pisciotta, F. M. Perozziello, F. Romano, V. Marchese, G. Milluzzo, V. Scuderi, G. Cuttone & G. Korn

Scientific Reports 8, Article number: 1141 (2018) | Download Citation ↴

### Study of gamma-ray emission by proton beam interaction with injected Boron atoms for future medical imaging applications

G. Petringa,<sup>a,b,1</sup> G.A.P. Cirrone,<sup>a</sup> C. Caliri,<sup>a</sup> G. Cuttone,<sup>a</sup> L. Giuffrida,<sup>c</sup> G. Larosa,<sup>a</sup> R. Manna,<sup>a</sup> L. Manti,<sup>e</sup> V. Marchese,<sup>a</sup> C. Marchetta,<sup>a</sup> D. Margarone,<sup>c</sup> G. Milluzzo,<sup>a,b</sup> A. Picciotto,<sup>d</sup> F. Romano,<sup>a</sup> F.P. Romano,<sup>a,g</sup> A.D. Russo,<sup>a,f</sup> G. Russo,<sup>a,f</sup> D. Santonocito<sup>a</sup> and V. Scuderi<sup>a,c</sup>

### Prompt gamma ray diagnostics and enhanced hadron-therapy using neutron-free nuclear reactions

AIP Advances 6, 105204 (2016); <https://doi.org/10.1063/1.4965254>

<sup>✉</sup> L. Giuffrida<sup>1</sup>, D. Margarone<sup>1</sup>, G. A. P. Cirrone<sup>2</sup>, A. Picciotto<sup>3</sup>, G. Cuttone<sup>2</sup>, and G. Korn<sup>1</sup>

### On the (un)effectiveness of Proton Boron Capture in Proton Therapy

Annamaria Mazzone, Paolo Finocchiaro, Sergio Lo Meo, Nicola Colonna

(Submitted on 26 Feb 2018 (v1), last revised 3 Mar 2018 (this version, v2))

We present calculations and simulations on the role of the  $p + {}^{11}B \rightarrow {}^3\alpha$  reaction in proton therapy. This reaction has been recently suggested to be responsible for a decrease in the survival probability of tumor cells, when they are irradiated with low-energy protons. However, at the concentration levels typical of the proposed boron carrier (sodium borocaptate,  $Na_2B_{12}H_{11}SH$ , in short BSH), i.e. less than 100 ppm, both calculations and Monte Carlo simulations suggest that the dose related to this reaction is orders of magnitude lower than the dose delivered by the primary proton beam inside the tissues. These calculations cast some doubts on the claim of an important role played by Proton Boron Capture in enhancing the therapeutic effectiveness of proton therapy, and suggest that other mechanisms should be investigated in order to explain the observed decrease in the survival probability.

### DISCUSSING THE DISCREPANCY BETWEEN ANALYTICAL CALCULATIONS AND THE OBSERVED BIOLOGICAL EFFECTIVENESS IN PROTON BORON CAPTURE THERAPY (PBCT)

G.A.P. Cirrone<sup>1,2</sup>, G. Petringa<sup>1,\*</sup>, A. Attili<sup>3</sup>, D. Chiappara<sup>1,6</sup>, L.Manti<sup>4,5</sup>, V. Bravatà<sup>7</sup>, D. Margarone<sup>2</sup>, M.Mazzocco<sup>6,8</sup> and G. Cuttone<sup>1</sup>

Accepted in

 RADIATION & APPLICATIONS  
In Physics, Chemistry, Biology, Medical Sciences, Engineering and Environmental Sciences

# The proton-Boron capture therapy (PBCT)



- ▶ Radiobiology (INFN-NA; CNR-IBFM)
- ▶ Simulation and modeling (INFN-LNS; INFN-RM3; INFN-TIFPA)
- ▶ Imaging (INFN-RM1; INFN-PV)
- ▶ Microdosimetry (INFN-LNL; INFN-MI; INFN-LNS)



# Hadrontherapy at LNS from the conventional approach to the frontier of biological enhancement and laser-driven applications

nature > nature reviews clinical oncology > review articles > a

**nature**  
REVIEWS **CLINICAL  
ONCOLOGY**

Review Article | Published: 21 May 2013

## Charged particle therapy—pt challenges and future direction

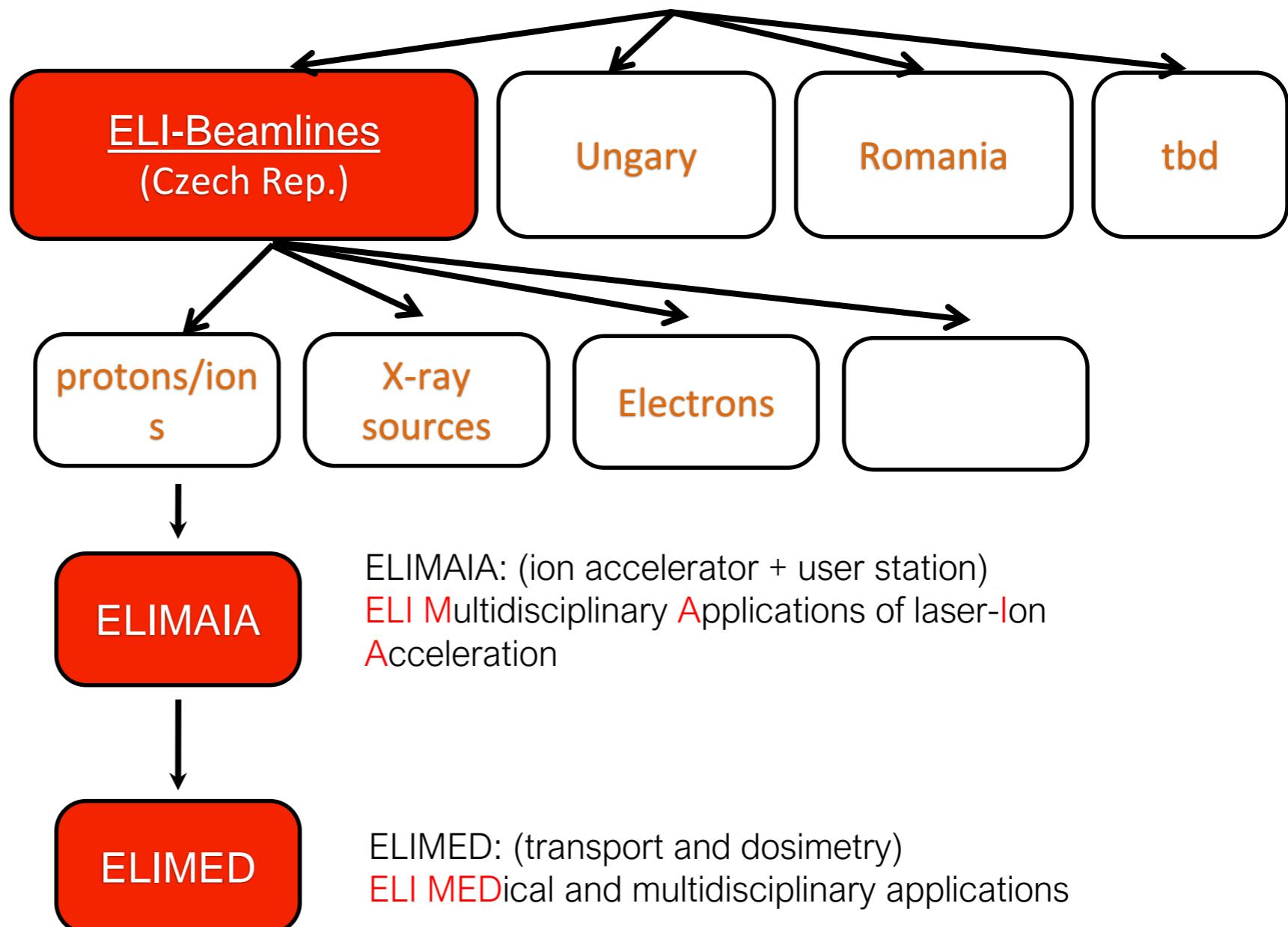
Jay S. Loeffler & Marco Durante ✉

Nature Reviews Clinical Oncology 10, 411–424 (2013) | Download Citation

Research and development in the field of accelerators should be towards a reduction of costs, while maintaining or improving the performances of the current machines. Possible new accelerators for CPT<sup>122</sup> include synrocyclotrons, rapid cycling synchrotrons, fixed-field alternating gradient rings, cyclotron–linac combinations, dielectric wall accelerators, and laser-driven plasma accelerators.<sup>123</sup> These options are at very different stages of design maturity, but all offer promising design features to offset the shortcomings of current synchrotrons, including fast scanning capabilities, reduced size, complexity and power consumption, increased dose rate capability, and ultimately a lower cost and a shorter treatment time.<sup>14</sup>

# ELI (Extreme Light Infrastructure)

new type of European large scale laser infrastructure  
specifically designed to produce the highest peak power  
(10 PW) and focused intensity;



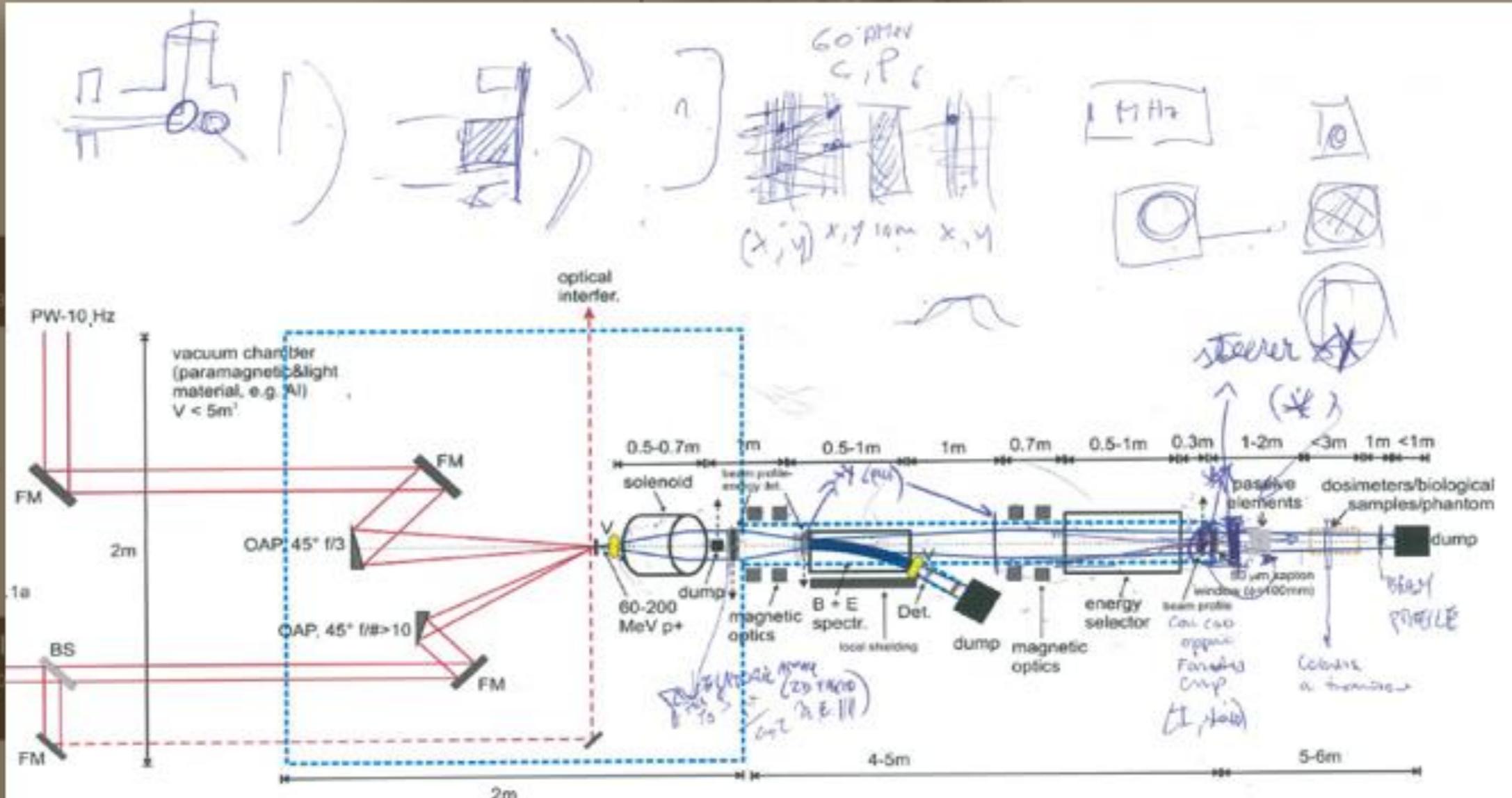
First Floor

**Laser 1**  
100 mJ 1kHz beam

Ground Floor

**Experimental**  
Material & biomedical applications

Basement

**Experimental**  
Electron acceleration


by Daniele Margarone  
& Pablo Cirrone  
PALS, Prague, May 2011

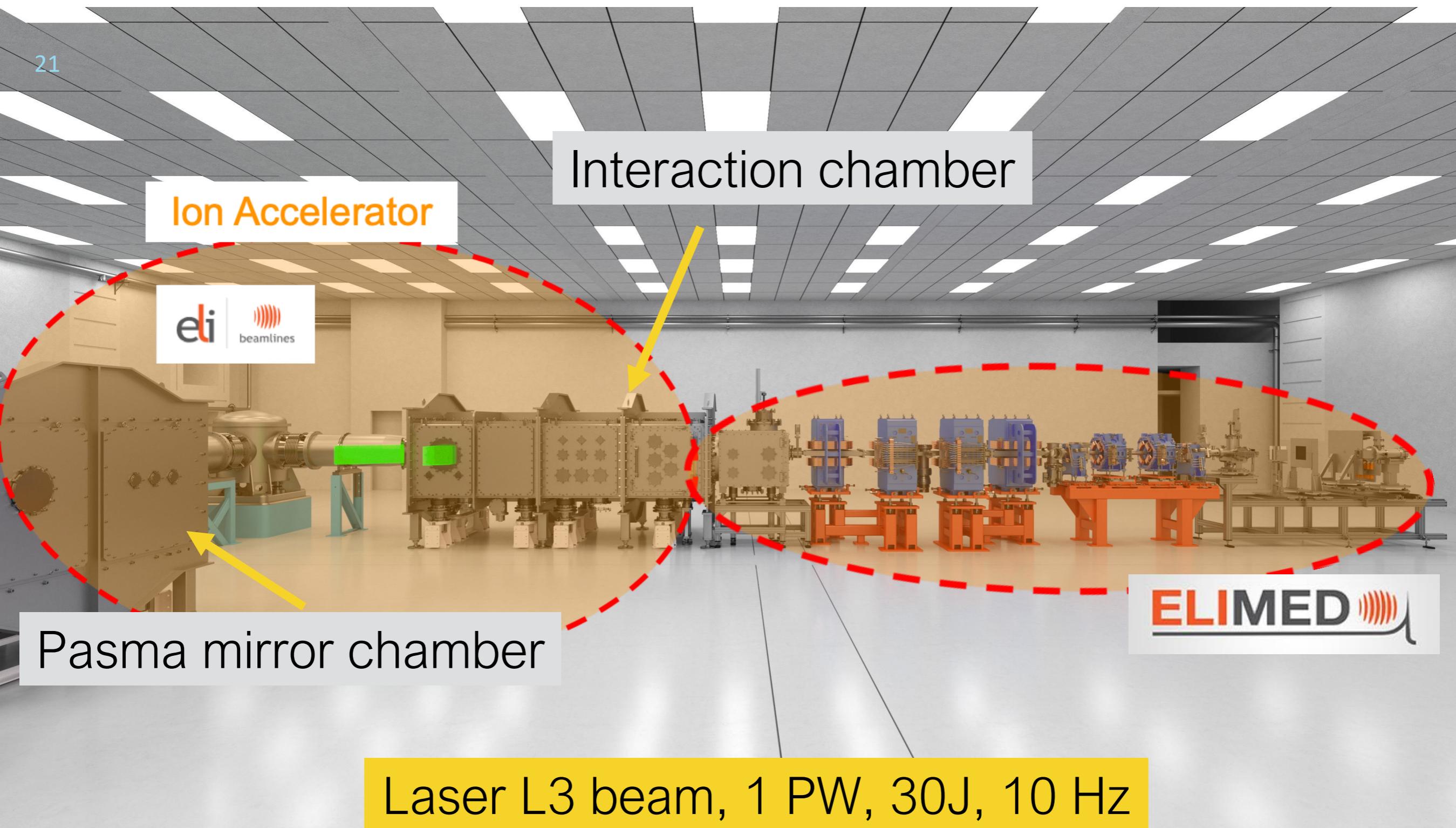
$$\frac{10^3}{10^{-3}} \cdot \frac{\text{P} / \text{cm}^2 \text{ Hz}}{\text{P} / \text{cm}^2 \text{ Hz}} = 10^{10} \text{ P} / \text{cm}^2 \text{ Hz}$$

$$10^3 \frac{\text{P}^+}{\text{cm}^2} \times 1.6 \times 10^{-19} = 0.1 \mu\text{C} / \text{cm}^2 \text{ FWHM}$$

$$J = 0.1 \mu\text{C} / \text{cm}^2 \Rightarrow 0.01 \mu\text{C} / \text{cm}^2$$

Experimental Hall 4  
acceleration

Experimental Hall 6



Luciano Allegra

Antonio Amico

Nino Amato

Simona Argentati

Renato Avolio

Luciano Calabretta

Giacomo Candiano

Carmelo Caruso

Fausta Caruso

Sarah Cesare

Giacomo Cuttone

Dora Di Nunzio

Enzo Lo Vecchio

Santo Gammino

Giusi Larosa



Mario Maggiore  
**July 2018**  
Rosanna Manna

Letizia Marchese

Nino Maugeri

Giuliana Milluzzo

Nello Salamone

Roberto Pellegrini

Giada Petringa

Pietro Pisciotta

Salvo Pulvirenti

Daniele Rizzo

Francesco Romano

Francesco Schillaci

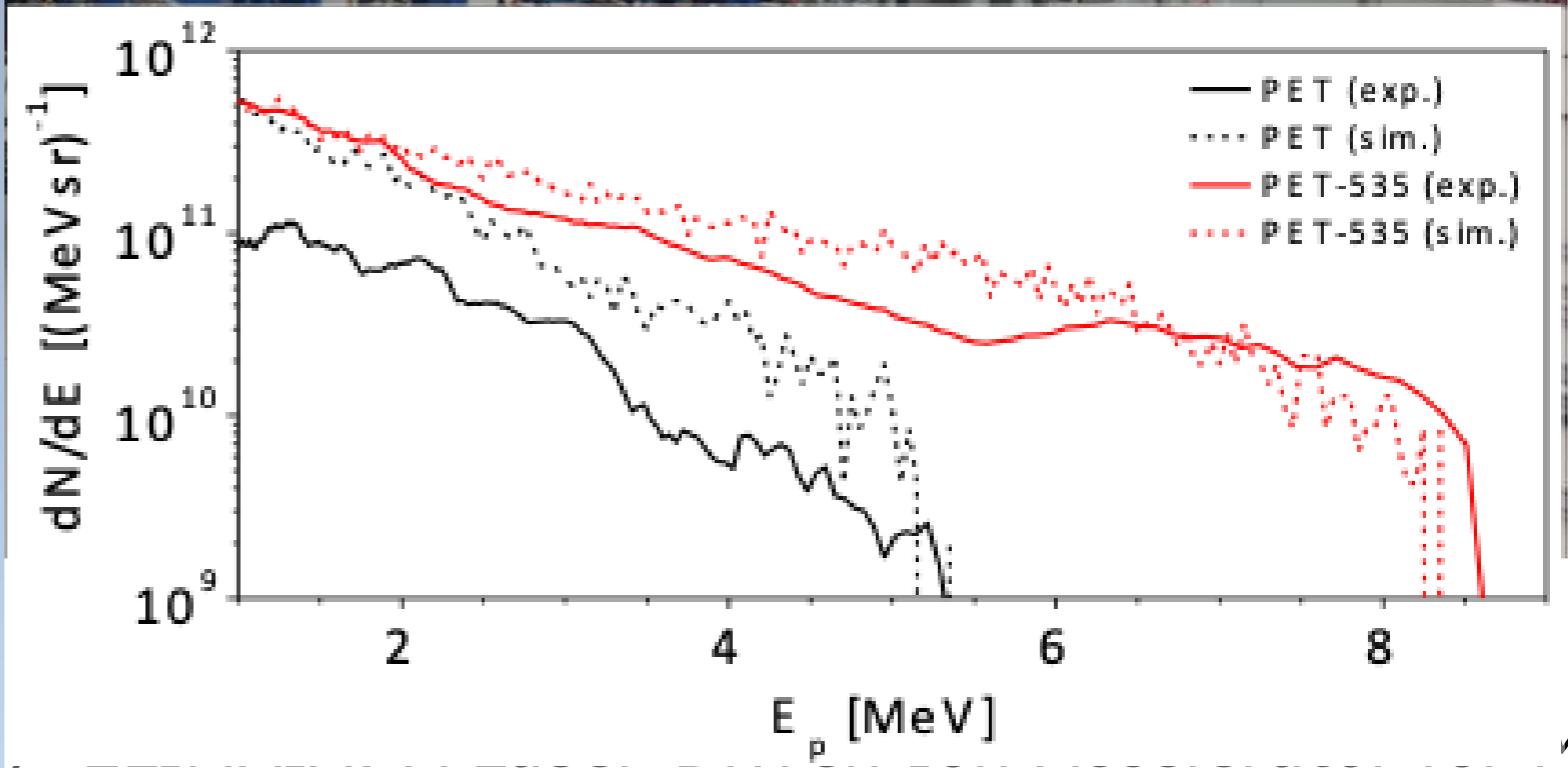
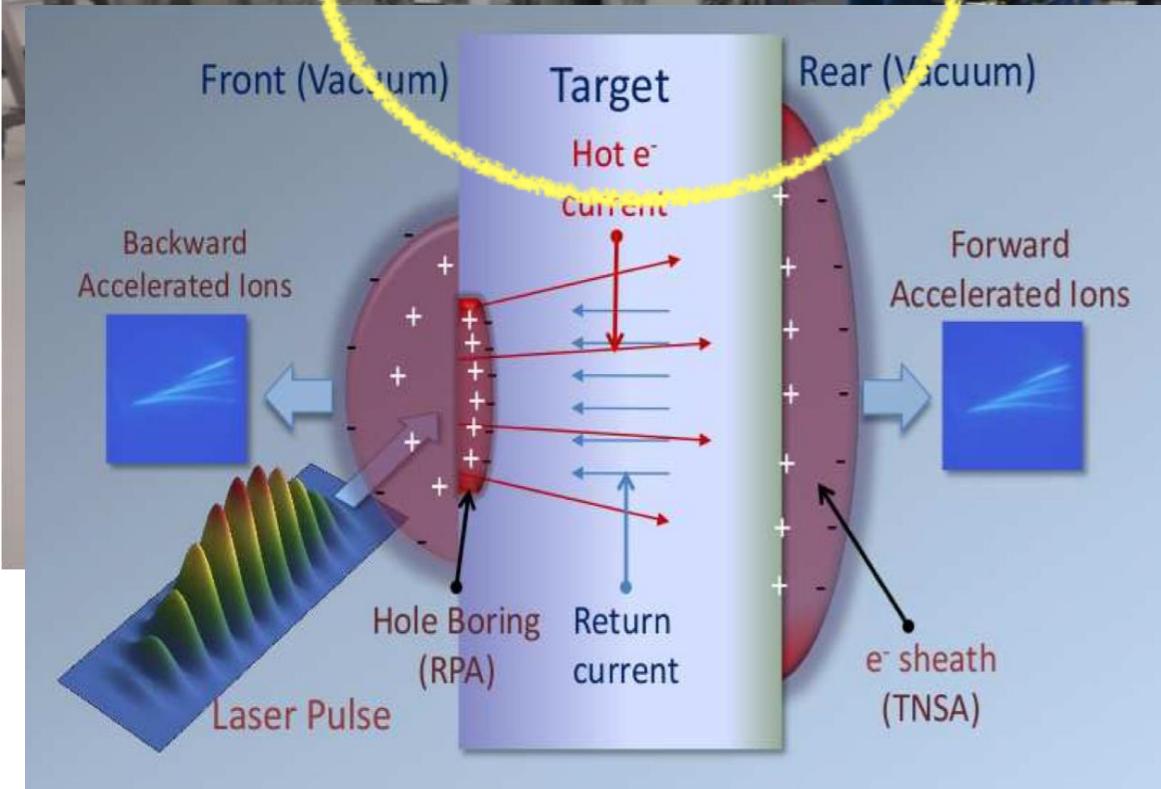
Valentina Scuderi

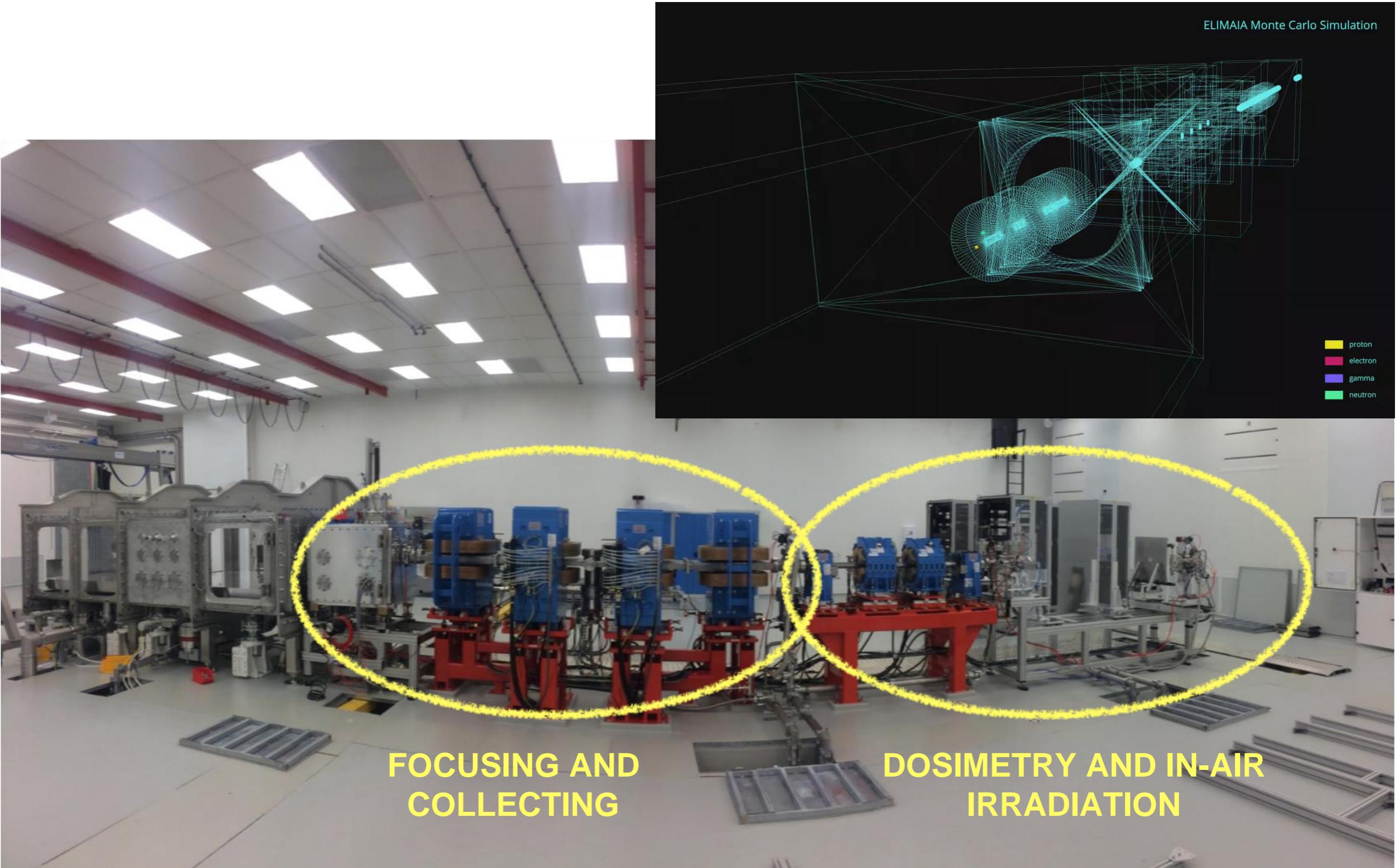
Salvatore Vinciguerra

## Laser-driven ion acceleration from plastic target

2D particle-in-cell simulation of the interaction of high-intensity laser pulse (parameters are relevant to L3 laser and thus ELIMAI beamline) with a micrometer-thick flat plastic target. Acceleration of both protons (pink color) and carbon ions (green color), to maximum energy 150 MeV/nucleon and 40 MeV/nucleon, respectively, can be clearly distinguished in the visualization as well as different ion acceleration mechanisms (from the target front side and from its rear side). Such high-energy protons and ions have a great importance for various foreseen applications in Physics, Biology, Medicine, Chemistry, Materials Science, Engineering, and Archaeology.

Time: 2 [fs]



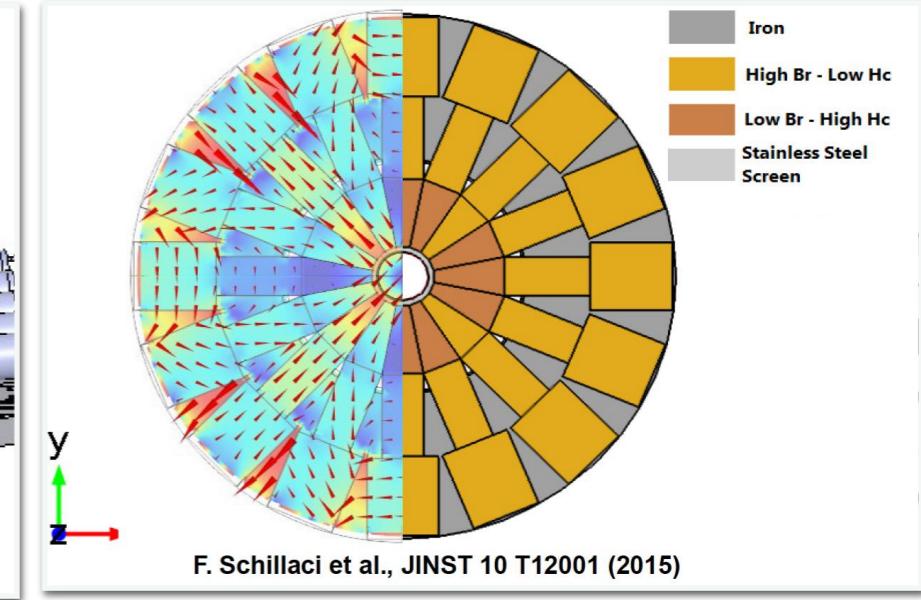
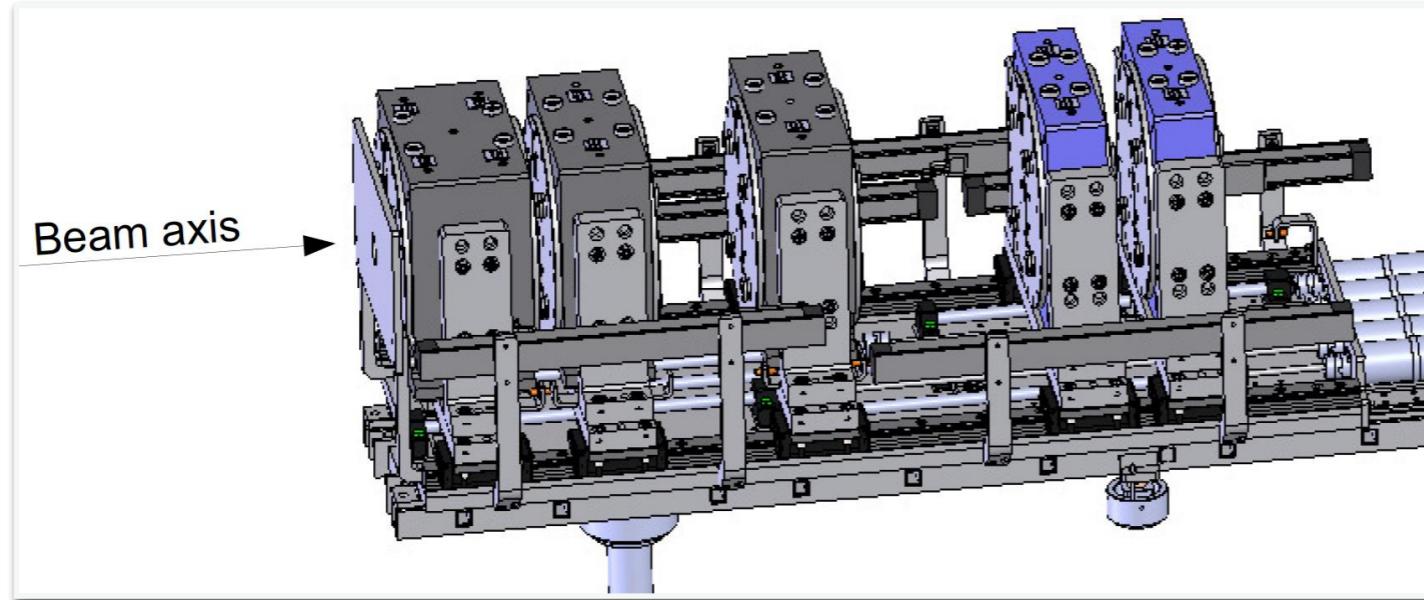


*D. Margarone, G.A.P. Cirrone et al., "ELIMAIA: A Laser-Driven Ion Accelerator for M*

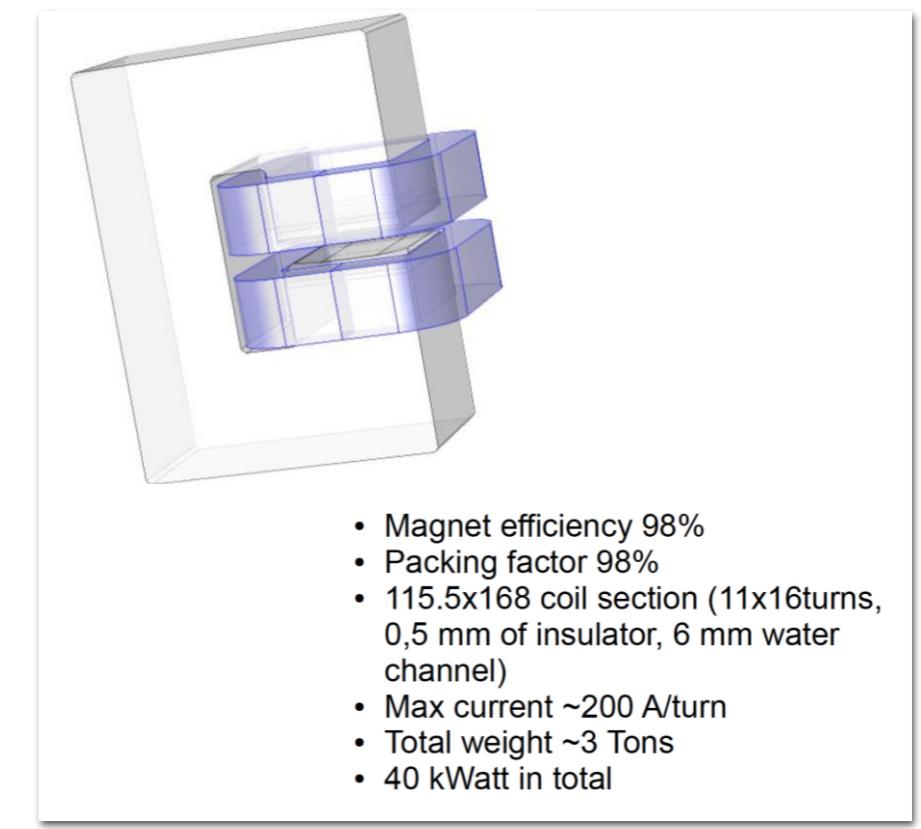
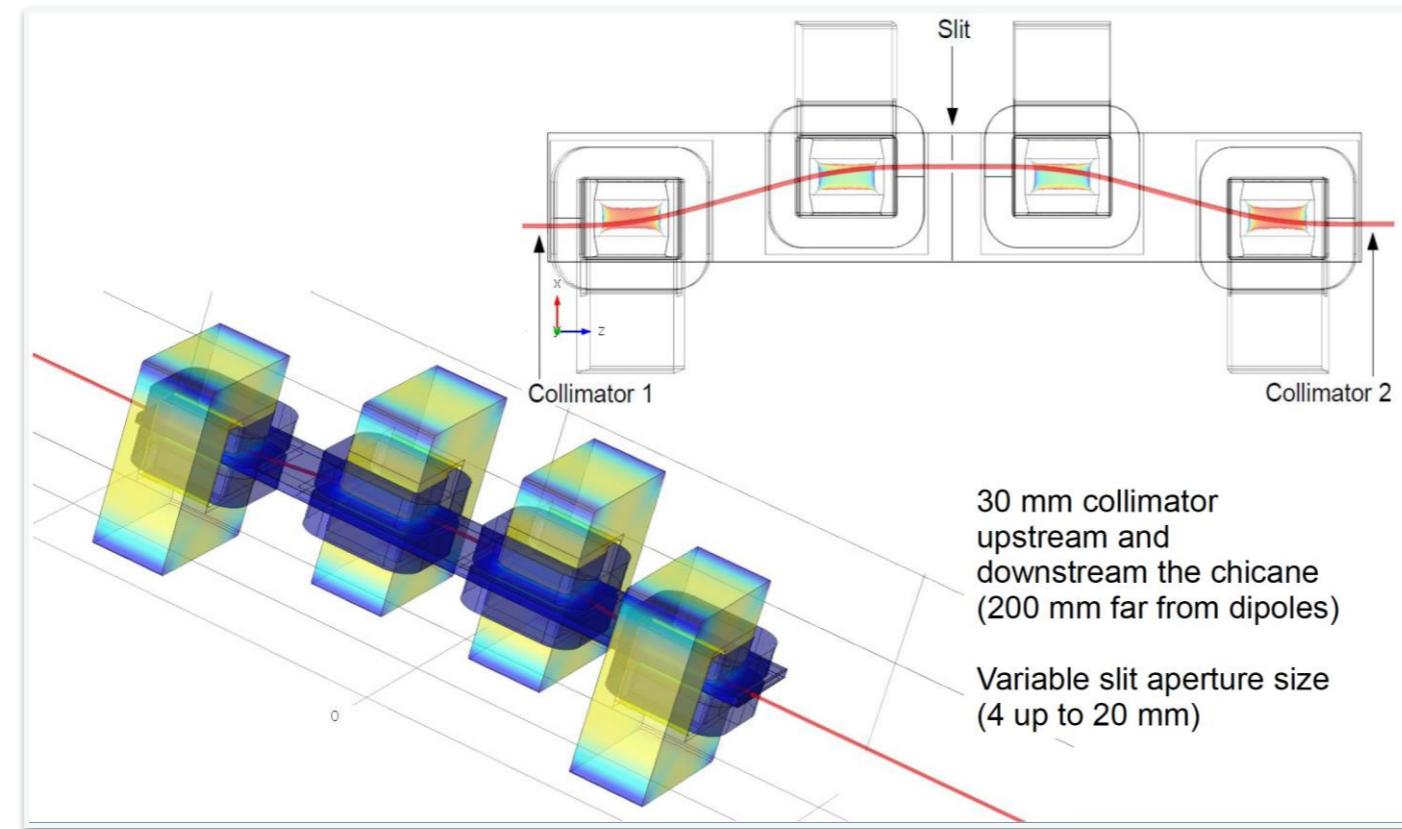
# Focusing and Collecting

25

## Permanent magnets: Quadrupoles



## Energy Selector System

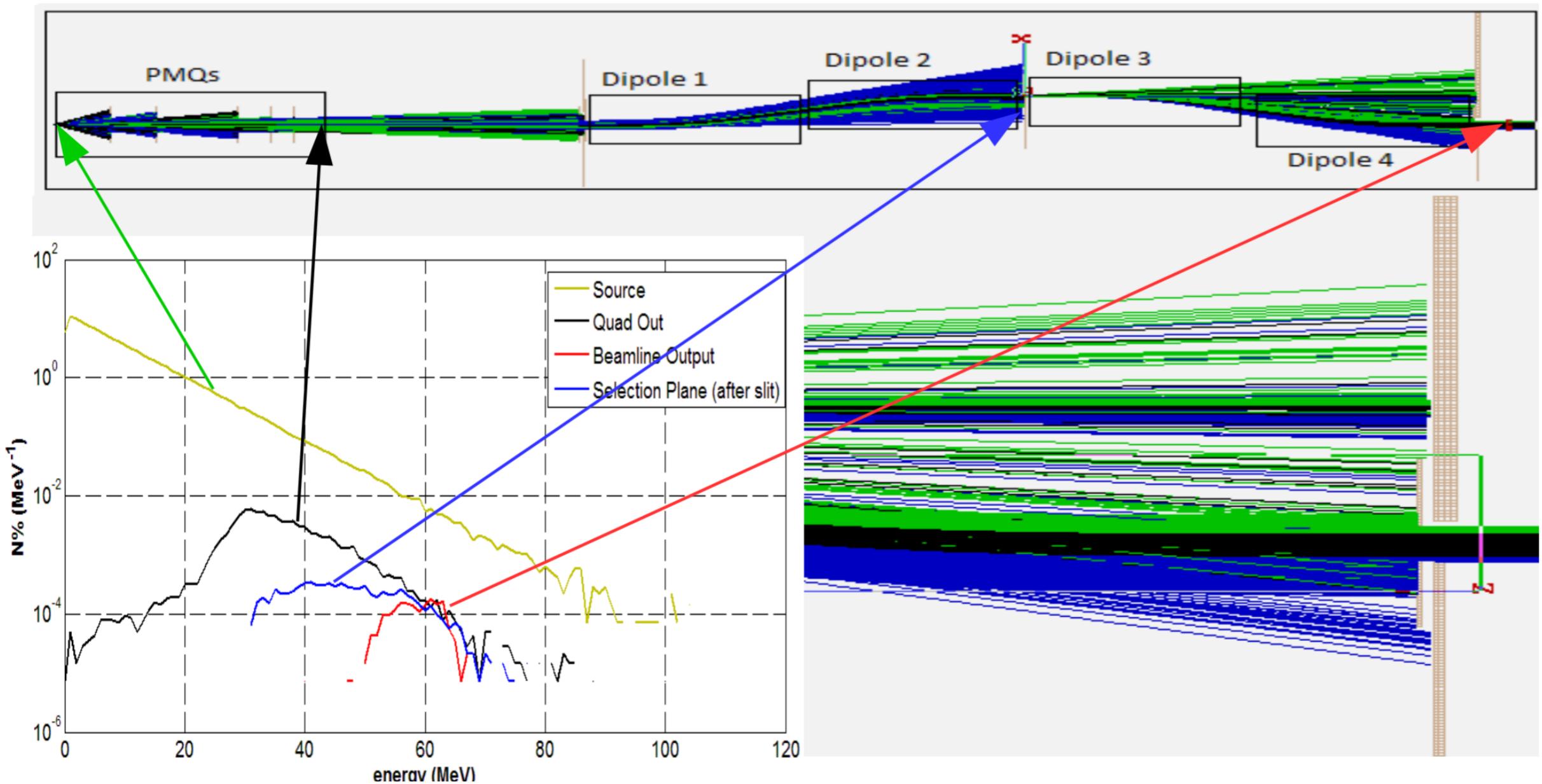


# Focusing and Collecting

26

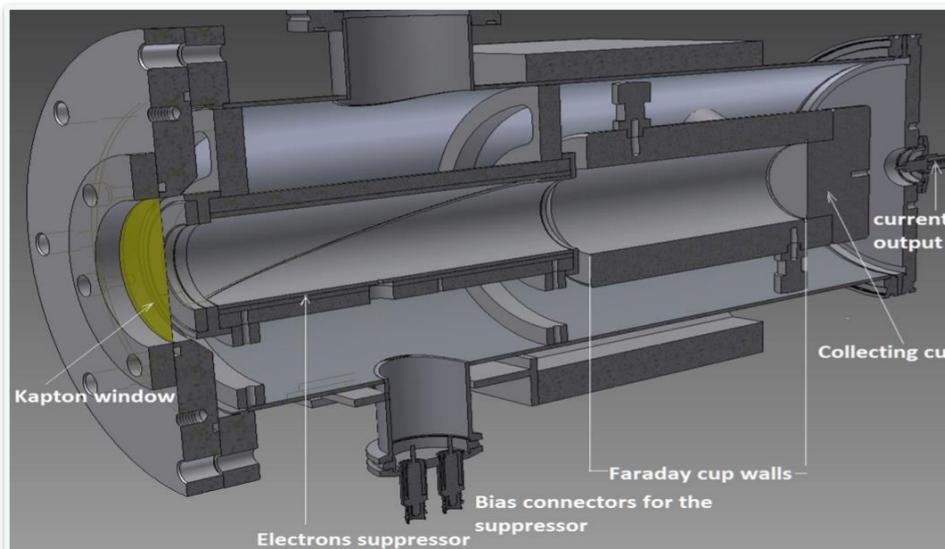
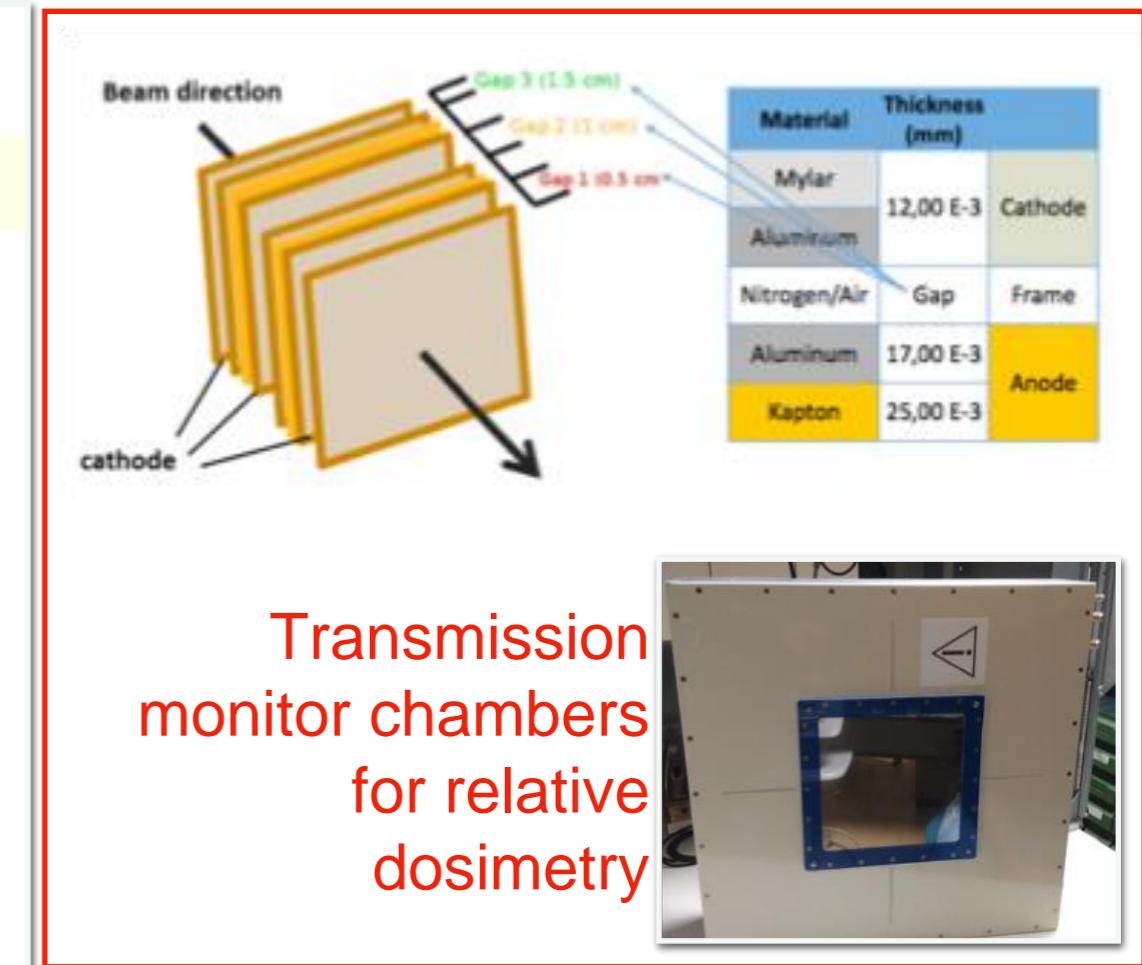
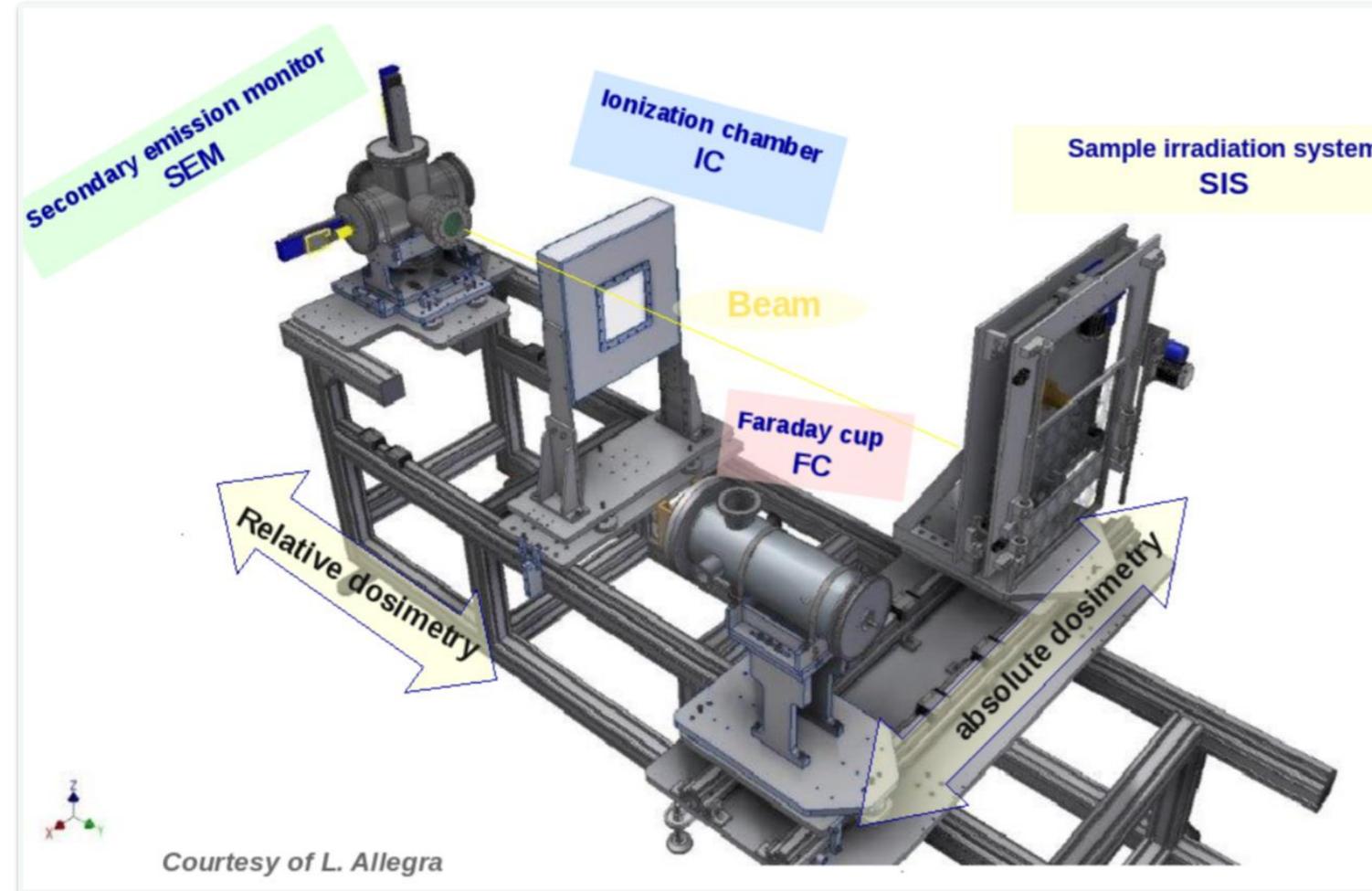
Angular divergence =  $5^\circ$  (FWHM)

Transmission efficiency  $\sim 12\%$  ( $9.2 \times 10^7 H^+$ /bunch)

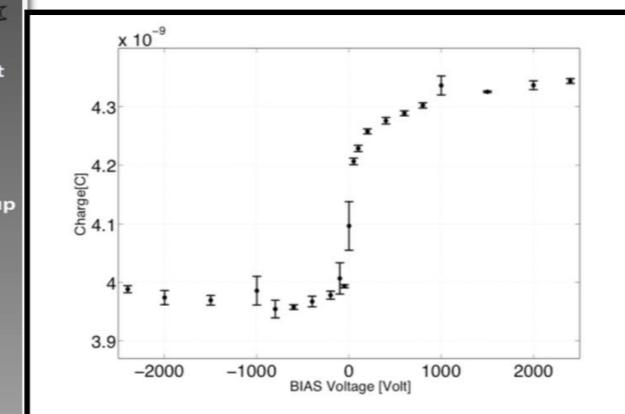


# Dosimetric System

27



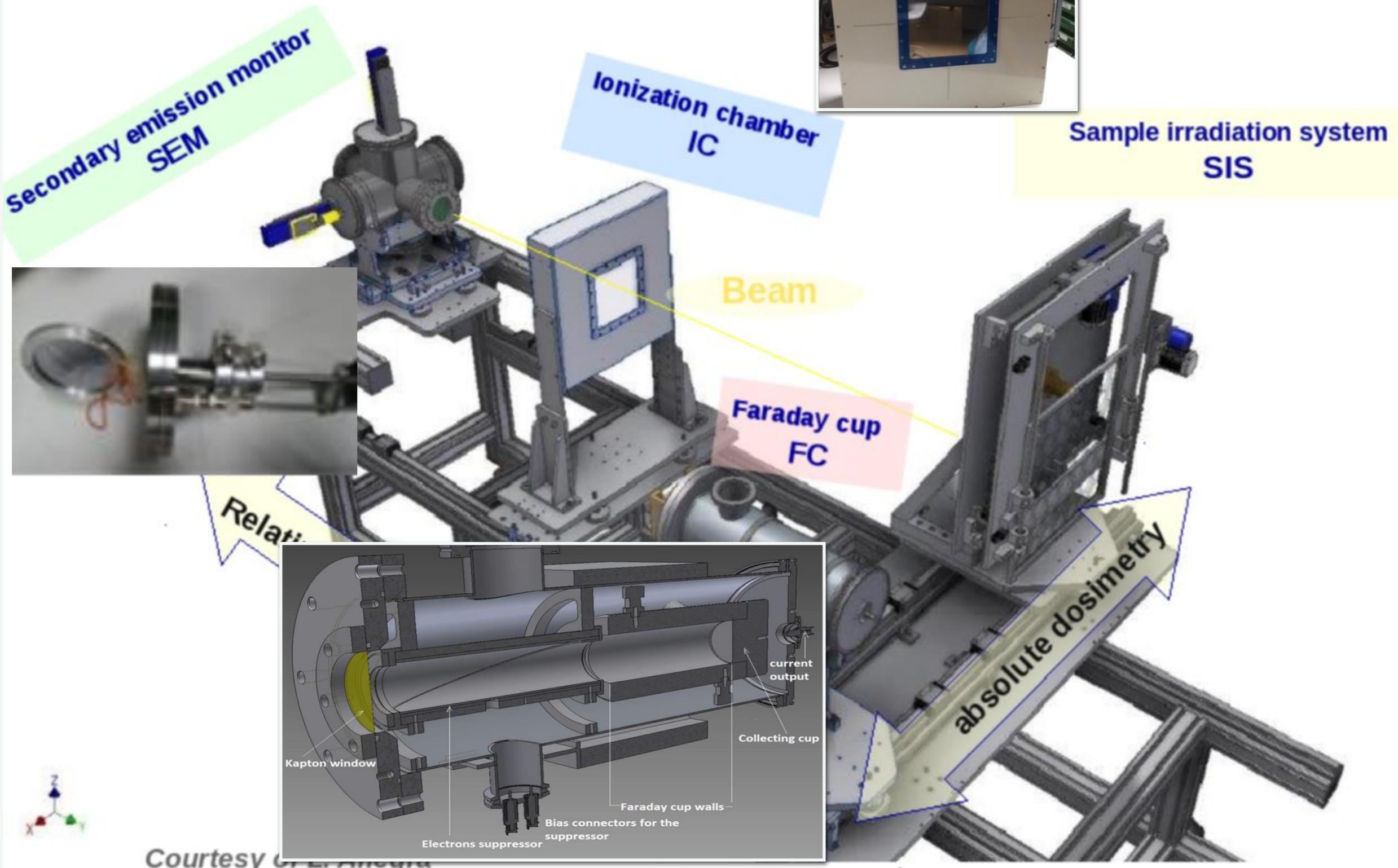
Faraday Cup for absolute dosimetry



Secondary Emission Monitor

# Dosimetric System

28

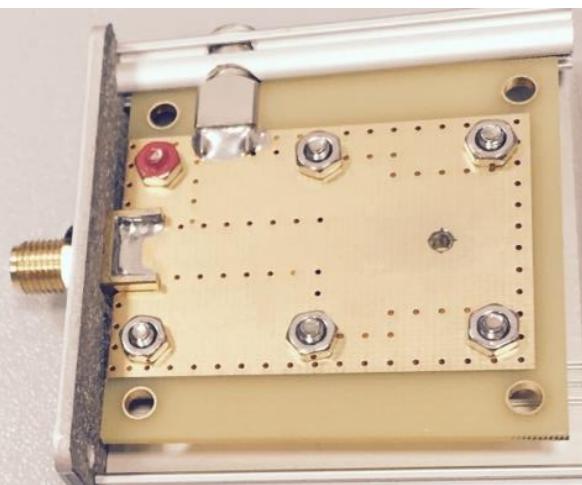


# Monitoring System: TOF detectors

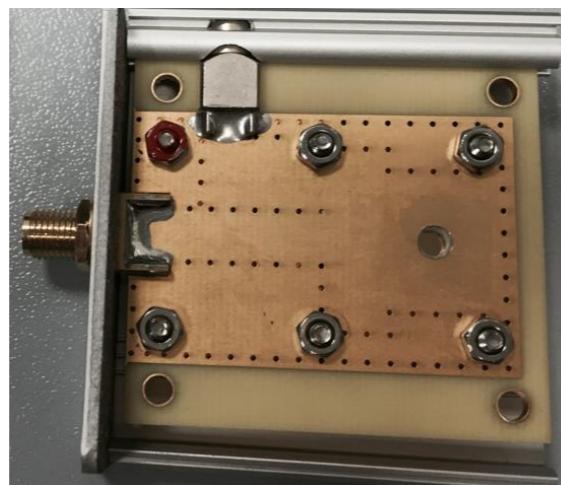
29

**Main goal:** *ONLINE* proton energy spectrum and fluence measurement along the beam line

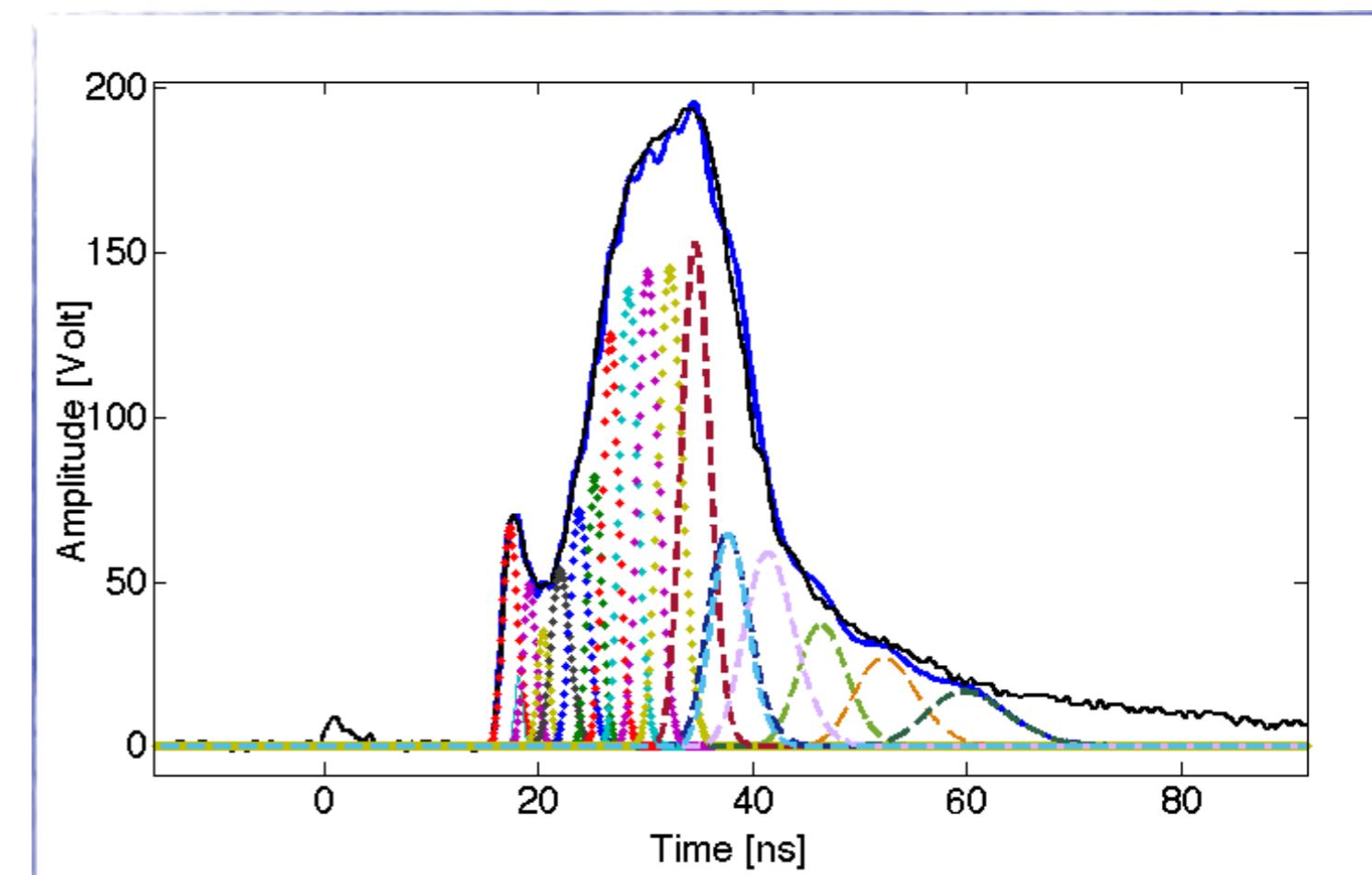
pCVD



sCVD



- ▶ high radiation diamond detector
- ▶ linear response for very high intensity (up to  $10^9$  ppp)
- ▶ good time resolution
- ▶ excellent signal-to-noise ratio (low noise)



# Laser-beam hadrontherapy: potential advantages

## Reduced cost/shielding

30

Laser transport rather than ion transport

*(vast reduction in radiation shielding)*

- Possibility to reduce size of gantry

## Flexibility/modularity

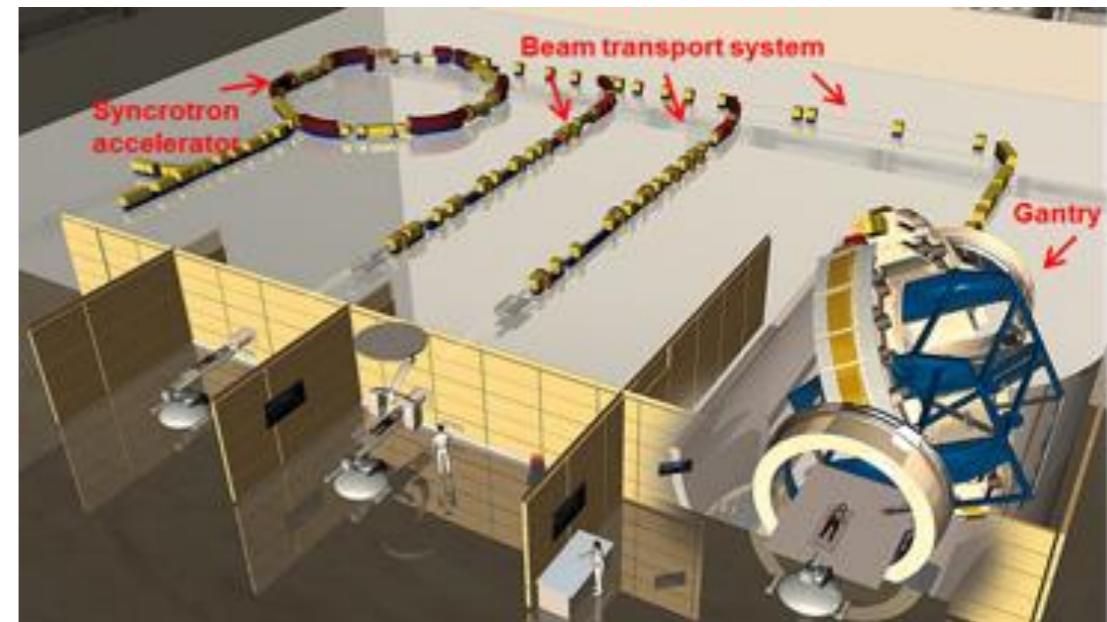
- Possibility of controlling output energy and spectrum
- Possibility of varying accelerated species
- Spectral shaping for direct “painting” of tumor region (no degrader needed)

## Novel therapeutic/diagnostic options

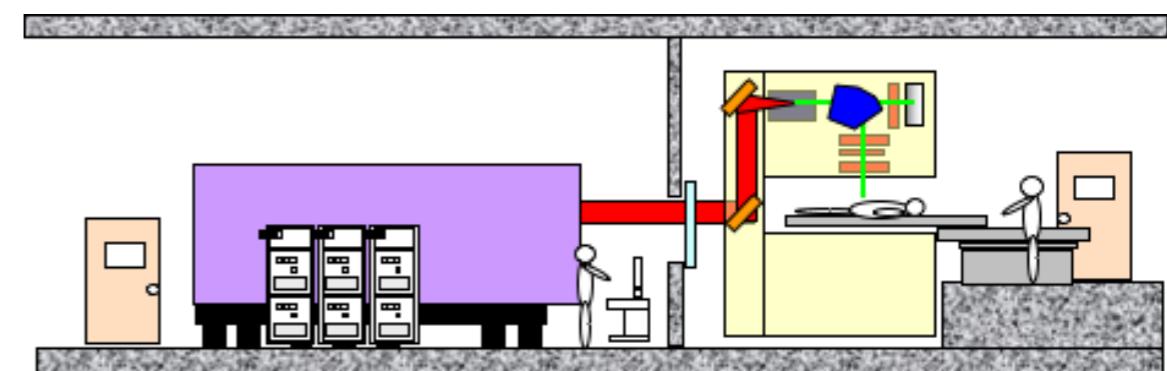
- Mixed fields: ions, X-rays, electrons, neutrons
- In-situ diagnosis (PET, X-rays)

## Radiobiological advantages

## Conventional hadrontherapy



## Laser-based hadrontherapy





First dosimetry and radiobiology irradiation with laser-driven fast beams

Within June 2020, 30 MeV, 20 ns protons

We are discussing the participation of ELI with ELIMED in the next ENSAR program

A radioisotopes production study is ongoing for new more advantageous schemes and modalities



gliuto, Giuseppina La Rosa, Renata Leanza, Piero Lojacono, Valentina Marchese, Luigi Mir  
Salvatore, Tudisco, Filippo Torrisi