Translational research in particle therapy





Durante & Loeffler, Nature Rev Clin Oncol 2010

Potential advantages

High tumor dose, normal tissue sparing
Effective for radioresistant tumors
Effective against hypoxic tumor cells
Increased lethality in the target because cells in radioresistant (S) phase are sensitized
Fractionation spares normal tissue more than tumor
Reduced angiogenesis and metastatization

Live cell imaging of heavy ion traversals in euchromatin and heterochromatin

GFP-NSBS1



Jakob et al., Proc. Natl. Acad. Sci. USA 2009; Nucl. Acids Res. 2011





Mre11

Clustered DNA breaks induced by charged particles



Biological dose estimation of UVA laser microirradiation utilizing charged particle-induced protein foci

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Mutagenesis pp. 1–9, 2010





Treatment plans with protons: prostate

Proton Therapy Achieves Better Conformation to the Tumor and Minimizes the Dose to Healthy Tissue



Courtesy of Reinhold Schulte, LLUMC

Treatment plans with protons: breast

Protons with implants



MacDonald et al, Int J Radiat Oncol Biol Phys, 1-7, 2013

Clinical indications for particle therapy

Established clinical indications

- Skull base and spine tumors
- Hepatocellular carcinoma
- Eye tumors
- Pediatric tumors

More research needed for

- Thoracic malignancies
- Head and Neck tumors
- Pelvic and abdominal sites

ASTRO Model Policy, May 2014



Medulloblastoma treatment, MD Anderson Cencer Center, USA

Range uncertainty





Range verification

Source of range uncertainty in the patient	Range uncertainty
Independent of dose calculation:	
Measurement uncertainty in water for commissioning	± 0.3 mm
Compensator design	± 0.2 mm
Beam reproducibility	± 0.2 mm
Patient setup	± 0.7 mm
Dose calculation:	
Biology (always positive)	+ 0.8 %
CT imaging and calibration	± 0.5 %
CT conversion to tissue (excluding I-values)	± 0.5 %
CT grid size	± 0.3 %
Mean excitation energies (I-values) in tissue	± 1.5 %
Range degradation; complex inhomogeneities	- 0.7 %
Range degradation; local lateral inhomogeneities *	± 2.5 %
Total (excluding *)	2.7% + 1.2 mm
Total	4.6% + 1.2 mm



NuPECC report "Nuclear Physics in Medicine", 2014



object

F (courtesy of GSI)



10



magnetic

lenses

detector image

 \approx 0.2 mm resolution

magnetic Fourier

plane

lenses

In situ control with PET





dose plan



measured





Courtesy of Wolfgang Enghardt, HZDR, Dresden

Comparison of two dedicated 'in beam' PET systems via simultaneous imaging of ¹²C-induced β^+ -activity

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⁴ Heidelberg Ion Beam Therapy Center (HIT), Im Neuenheimer Feld 450, 69120 Heidelberg, Germany Proton range monitoring with in-beam PET: Monte Carlo activity predictions and comparison with cyclotron data



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Prompt charged particles



Conclusions

- The future of particle therapy strongly depends on improvements in medical physics
- Range uncertainty is one of the main hindrance to a widespread use of particle therapy: only with a higher precision we can safely go into radiosurgery and treat moving targets
- Even if IGRT in PT is (surprisingly) not as advanced as for IMRT, charged particles offer opportunities (γ and secondary proton emission, β⁺ production) not available with X-rays
- Online PET (combined with TOF) is likely to become the golden standard for beam monitor, especially for organs with high blood supply and therefore rapid washout









Eightysics DepartmentM. Durante (Director)G. Kraft (Helmholtz Professor)G. Taucher-Scholz (DNA damage)S. Ritter (Stem cells)C. Fournier (Late effects)W. Tinganelli (Clinical radiobiology)M. Scholz (Biophysical modelling)M. Krämer (Treatment planning)

C. Graeff (Medical physics)

C. La Tessa (Dosimetry)

http://www.gsi.de/biophysik/

