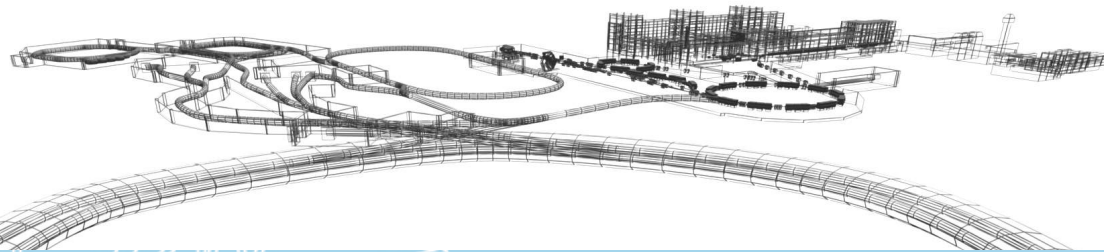
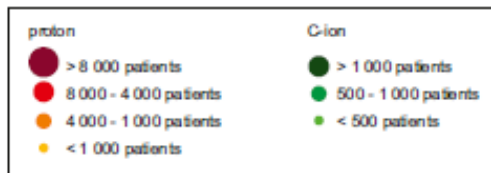
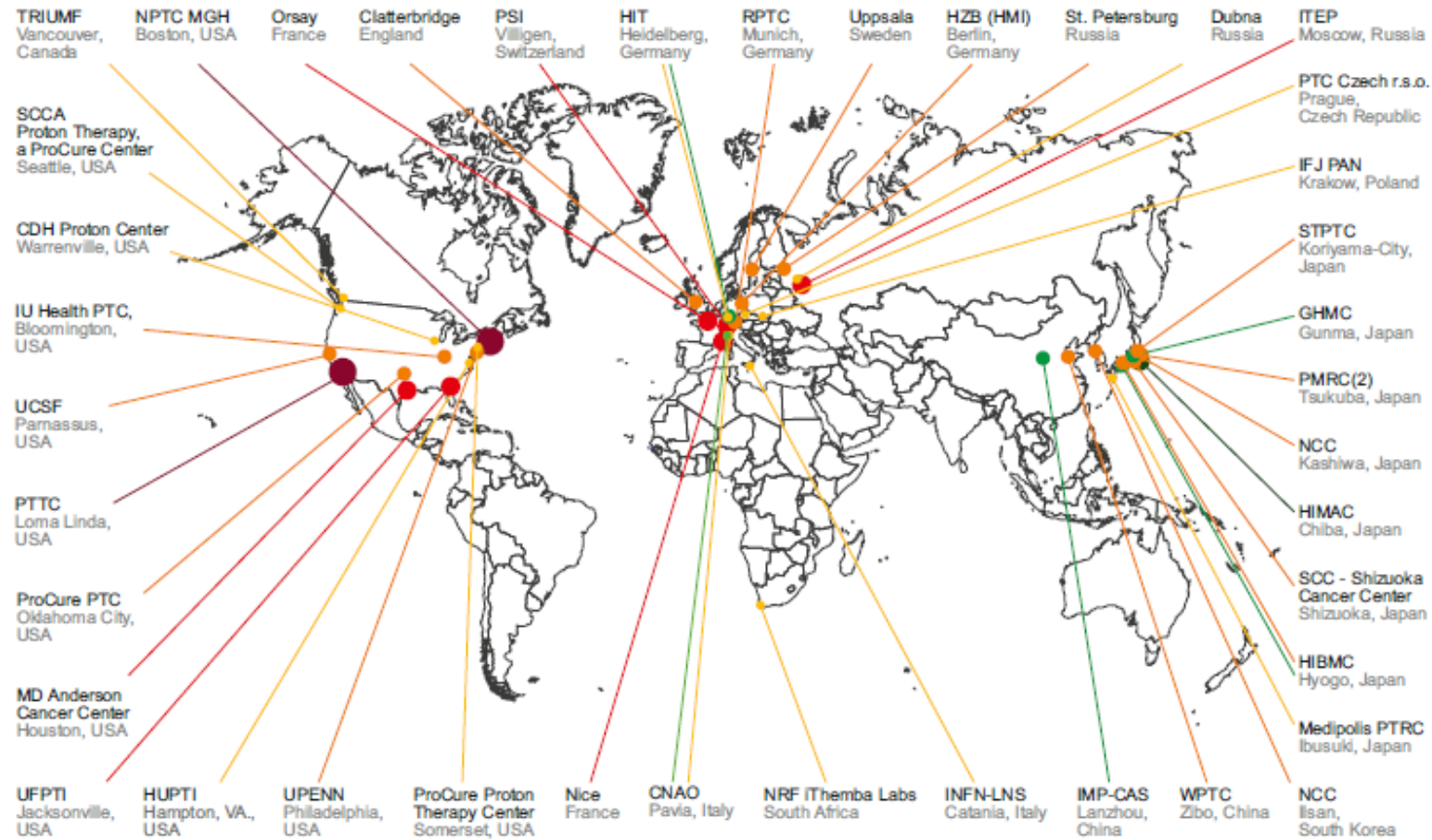


# Nuclear physics in particle therapy

Marco Durante



Trento, 8.11.2014



**March 2014: 44 proton/7 heavy ion centers**  
**Under construction: 25 proton/ 4 heavy ion centers**  
**Only in USA, 27 new centers expected by 2017**



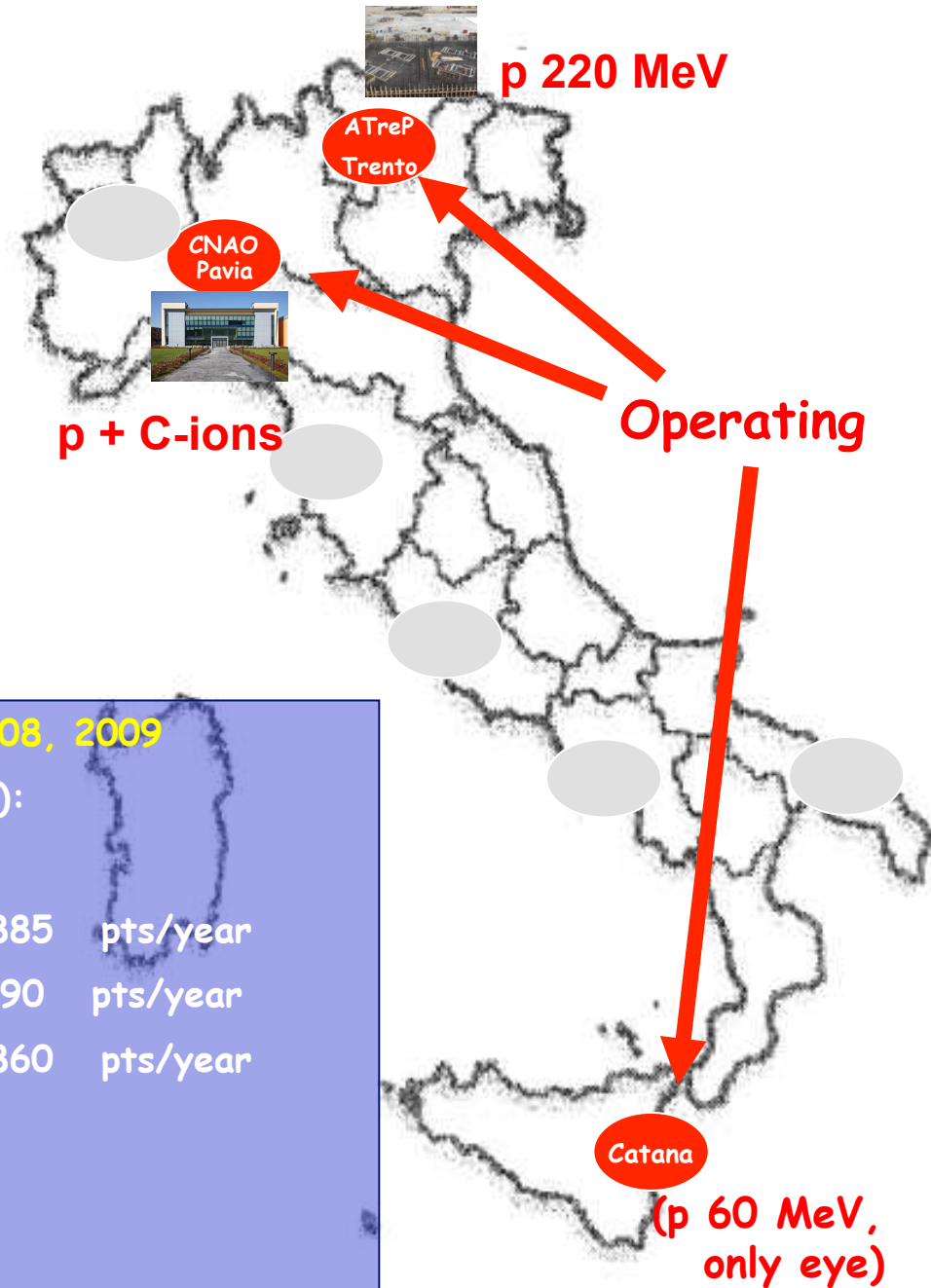
NuPECC report „Nuclear Physics in Medicine“, 2014  
 Available online [www.nupecc.org](http://www.nupecc.org)

# ITALIAN NETWORK FOR HADRON THERAPY

EXISTING CENTRES



INTEREST FOR PROTONS



Working Group of AIRO, 2003, 2008, 2009

(120'000 new cases/year with conventional RT):

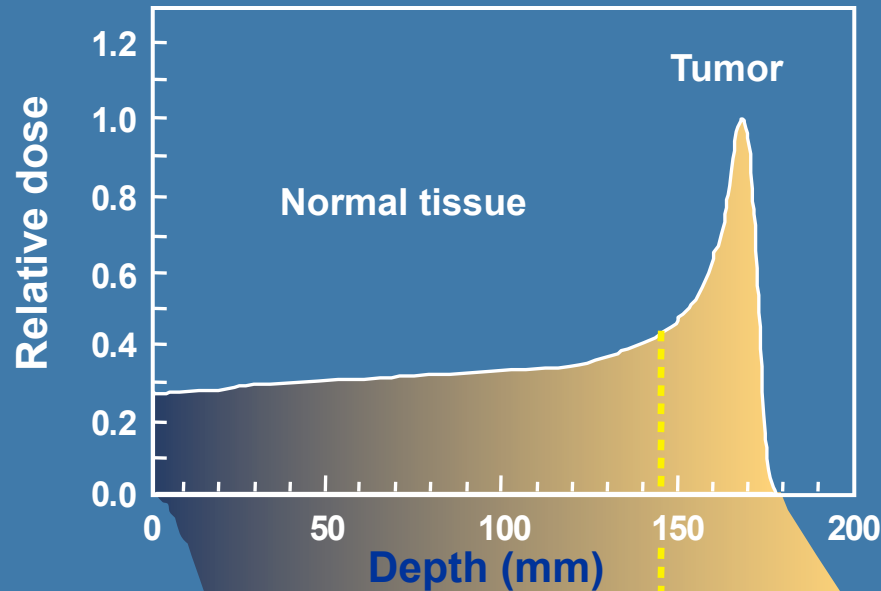
protontherapy - elective:	1'885	pts/year
protontherapy - clinical trials:	14'490	pts/year
therapy with $^{12}\text{C}$ -ions - cl. trials	6'860	pts/year

Conclusions of AIRO:

1 centre for ions

4-5 centres for protons

Durante & Loeffler,  
*Nature Rev Clin Oncol* 2010



**Potential advantages**

Energy	high	low
LET	low	high
Dose	low	high
RBE	≈ 1	> 1
OER	≈ 3	< 3
Cell-cycle dependence	high	low
Fractionation dependence	high	low
Angiogenesis	Increased	Decreased
Cell migration	Increased	Decreased

High tumor dose, normal tissue sparing

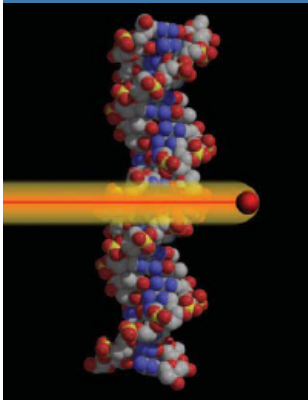
Effective for radioresistant tumors

Effective against hypoxic tumor cells

Increased lethality in the target because cells in radioresistant (S) phase are sensitized

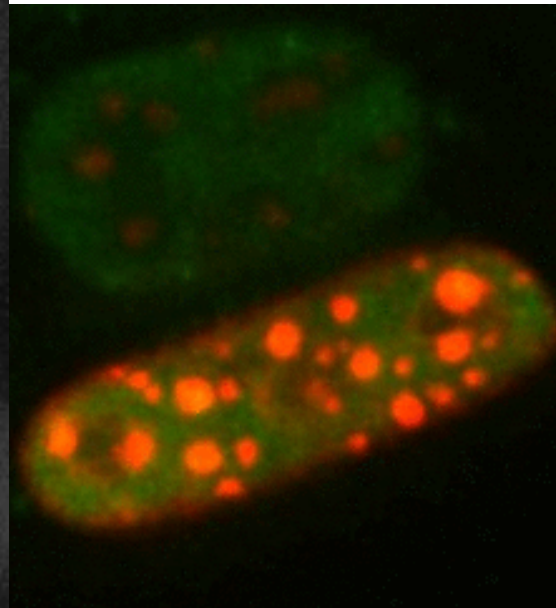
Fractionation spares normal tissue more than tumor

Reduced angiogenesis and metastatization

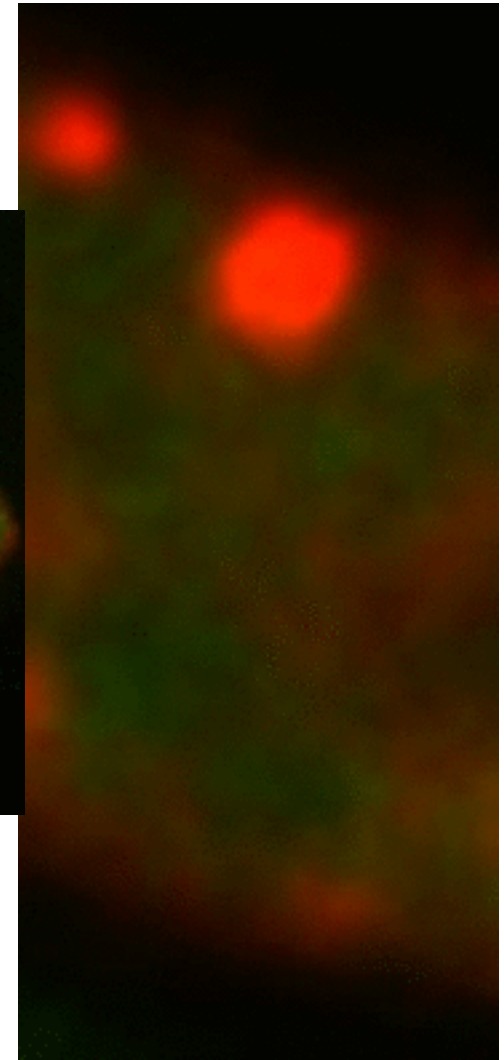


# Live cell imaging of heavy ion traversals in euchromatin and heterochromatin

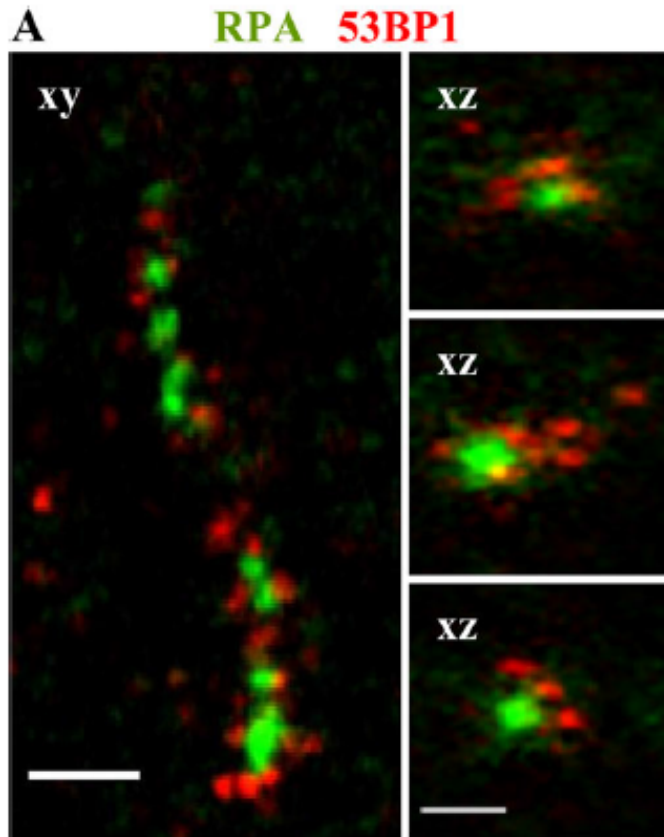
GFP-NSBS1



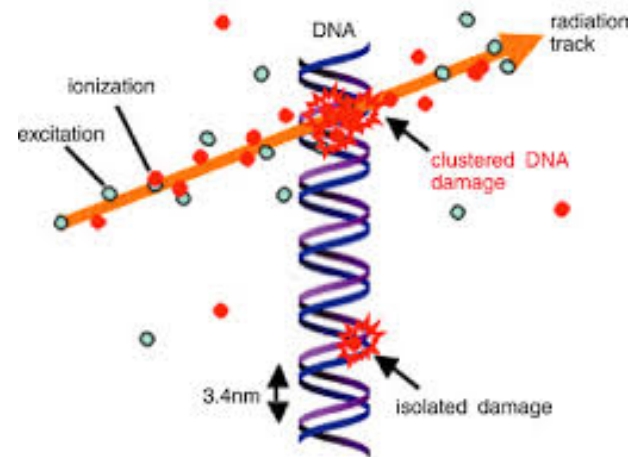
GFP-XRCC1



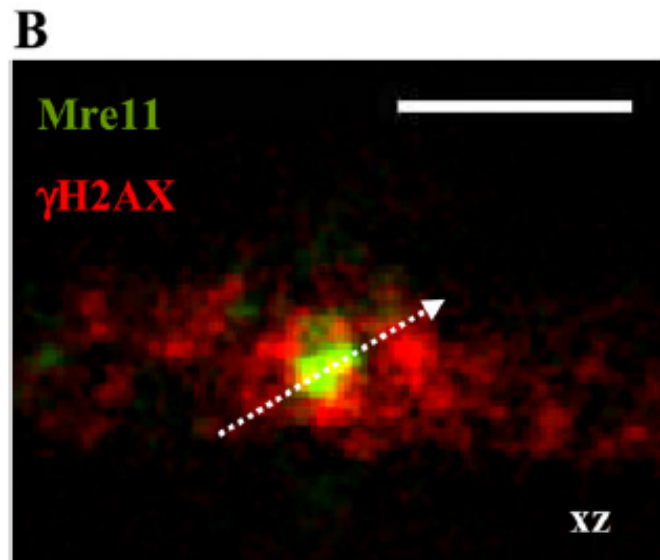
Jakob *et al.*, *Proc. Natl. Acad. Sci. USA* 2009; *Nucl. Acids Res.* 2011



# Clustered DNA breaks induced by charged particles



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



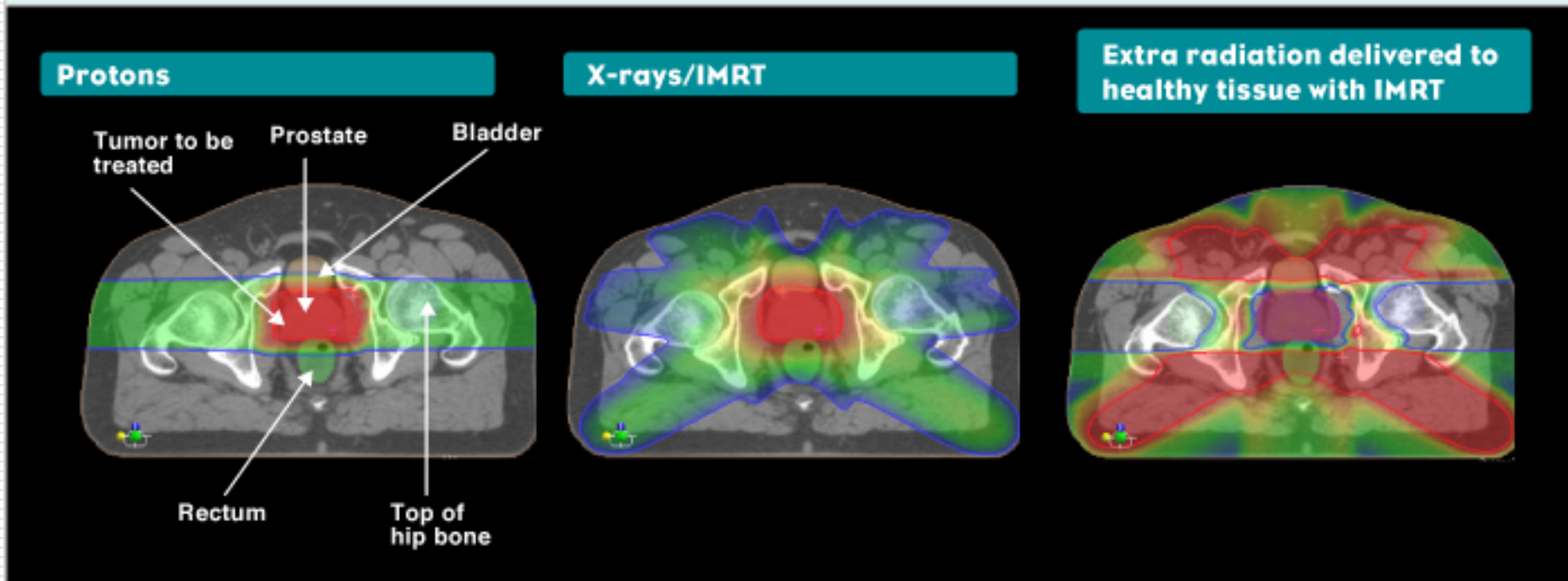
J. Splinter<sup>1</sup>, B. Jakob<sup>1,\*</sup>, M. Lang<sup>2</sup>, K. Yano<sup>3</sup>,  
J. Engelhardt<sup>2</sup>, S. W. Hell<sup>2</sup>, D. J. Chen<sup>3</sup>, M. Durante<sup>1,4</sup> and  
G. Taucher-Scholz<sup>1</sup>

<sup>1</sup>Department of Biophysics, GSI Helmholtz Center for Heavy Ion Research, Planckstrasse 1, D-64291 Darmstadt, Germany, <sup>2</sup>Department of High Resolution Optical Microscopy, German Cancer Research Center, D-69120 Heidelberg, Germany, <sup>3</sup>Department of Radiation Oncology, University of Texas Southwestern Medical Center, Dallas, TX 75390, USA and <sup>4</sup>Institute for Condensed Matter Physics, Technical University Darmstadt, D-64289 Darmstadt, Germany.

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

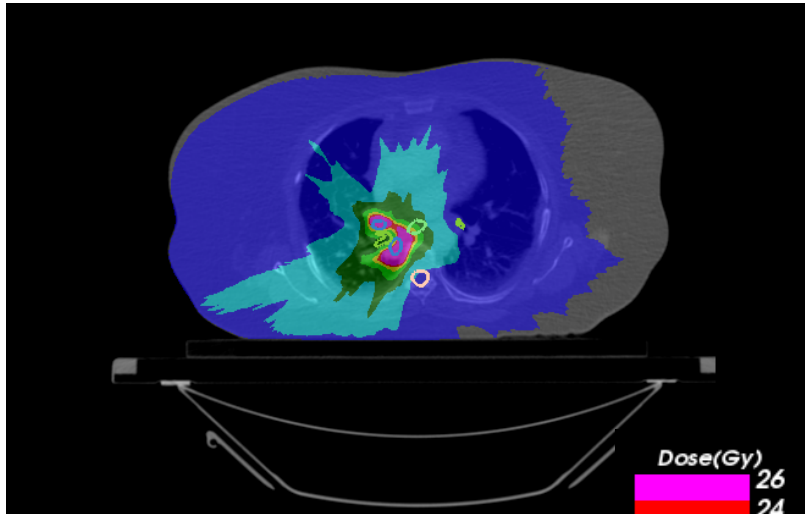


Courtesy of Reinhold Schulte, LLUMC

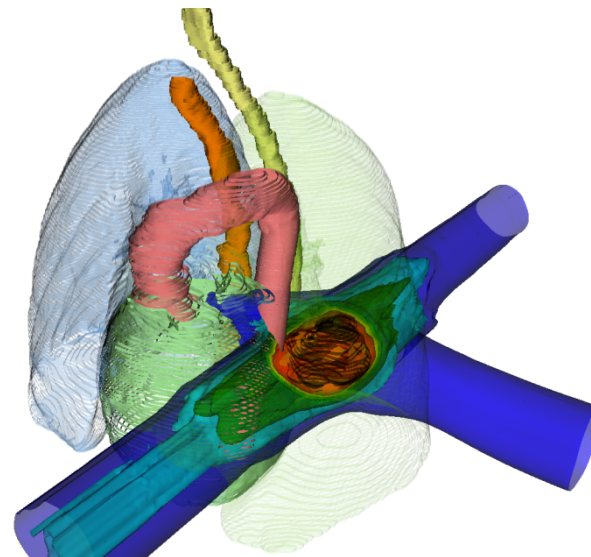
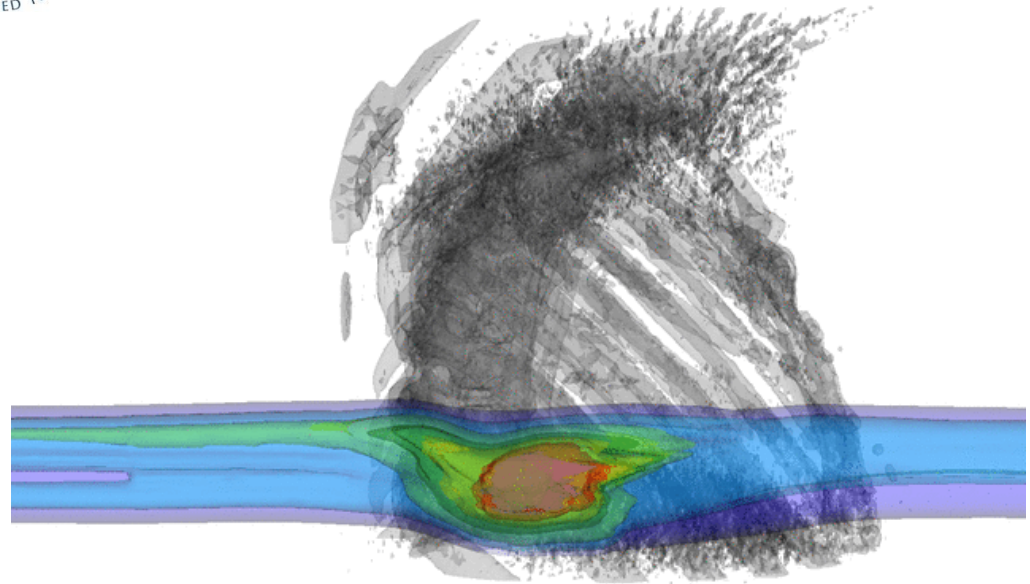
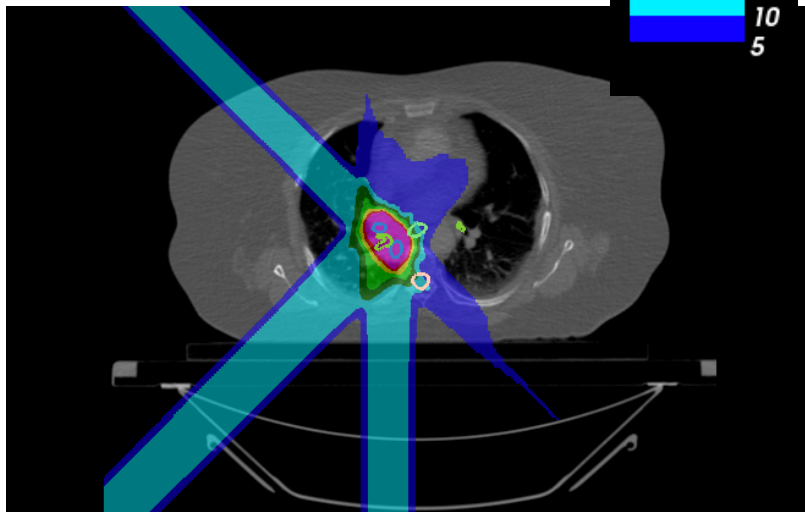
# Lung tumors: SBRT vs. C-ions

Single fraction, 25 Gy

X-rays

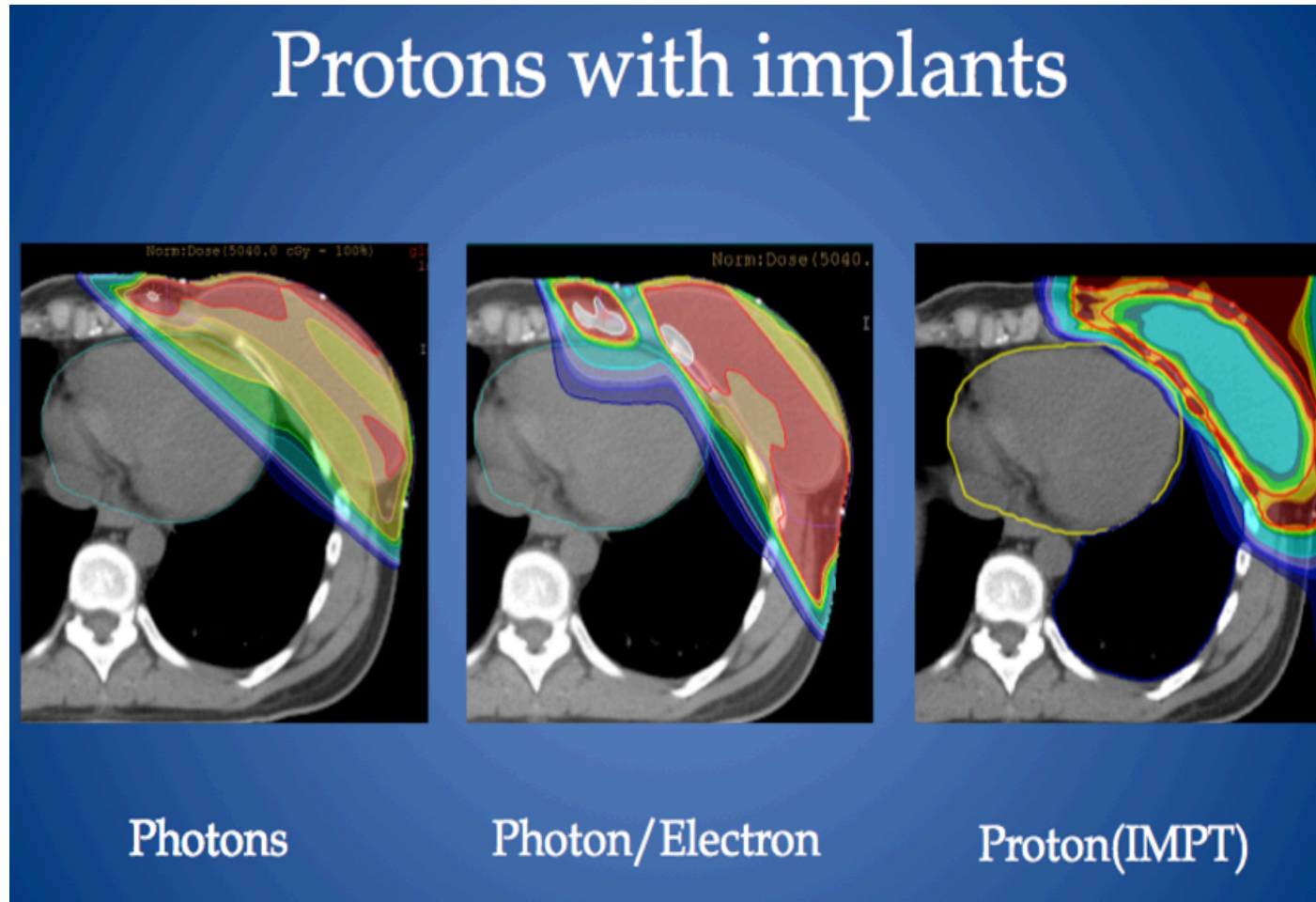


C-ions





# Treatment plans with protons: breast

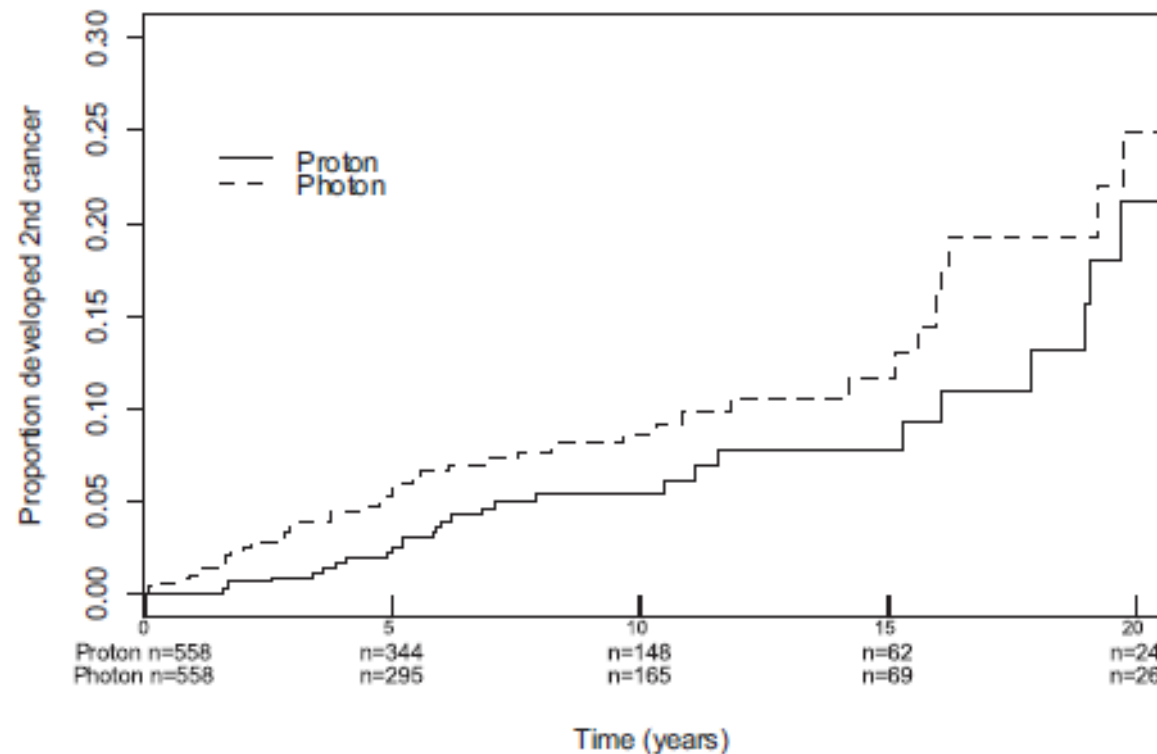


MacDonald et al, Int J Radiat Oncol Biol Phys, 1-7, 2013

# Incidence of Second Malignancies Among Patients Treated With Proton Versus Photon Radiation

Christine S. Chung, MD, MPH,<sup>\*</sup> Torunn I. Yock, MD, MCh,<sup>†</sup> Kerrie Nelson, PhD,<sup>‡</sup> Yang Xu, MS,<sup>§</sup> Nancy L. Keating, MD, MPH,<sup>§,¶</sup> and Nancy J. Tarbell, MD<sup>†,||</sup>

International Journal of  
Radiation Oncology  
biology • physics



# Clinical indications for particle therapy

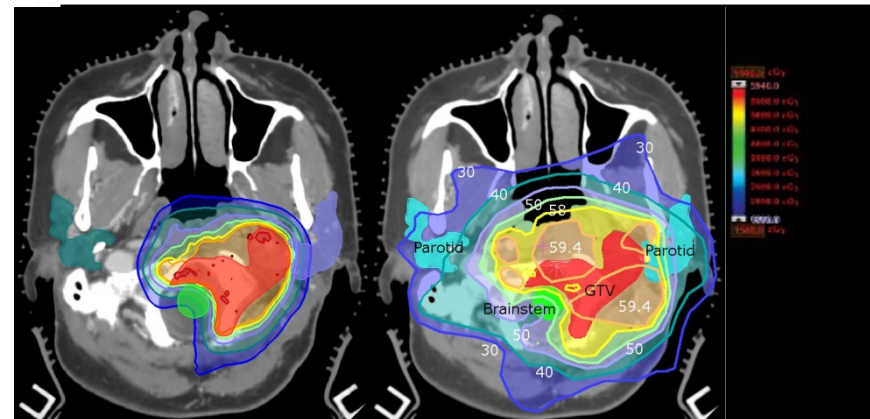
## Established clinical indications

- 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



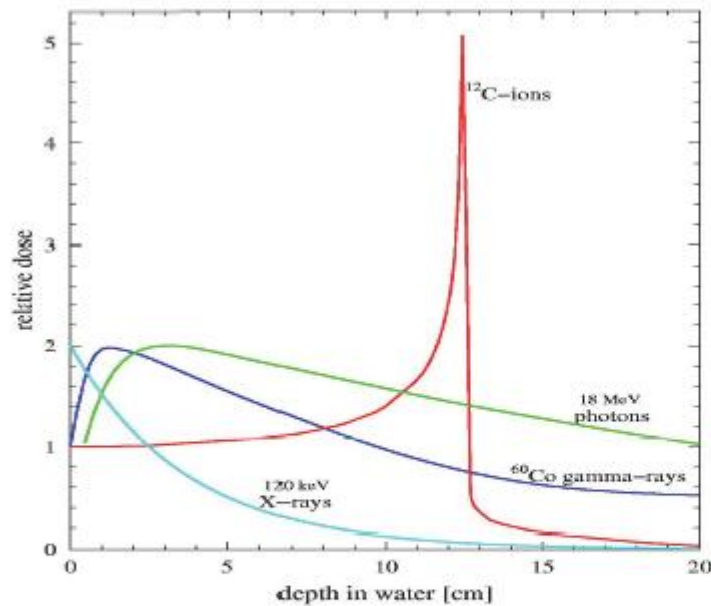
Medulloblastoma treatment, MD Anderson Cancer Center, USA

# Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials

Gordon C S Smith, Jill P Pell



BMJ VOLUME 327 20-27 DECEMBER 2003



Charged particles stop – but we don't know exactly where they stop.....



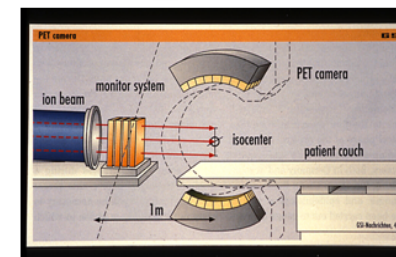
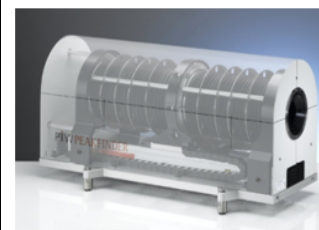
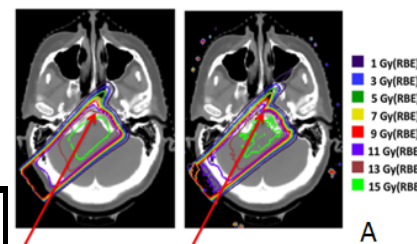
Parachutes reduce the risk of injury after gravitational challenge, but their effectiveness has not been proved with randomised controlled trials

# Range uncertainty

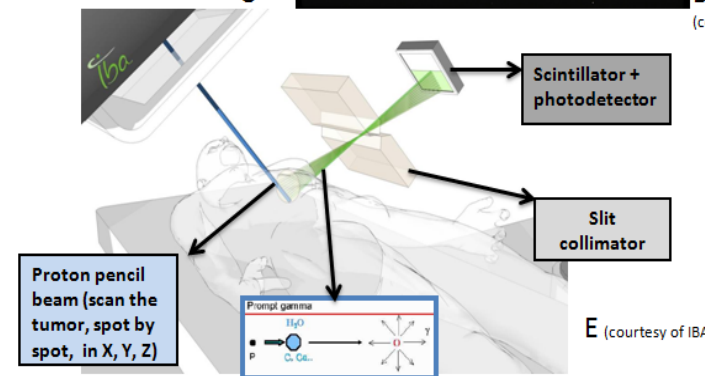


# Range verification

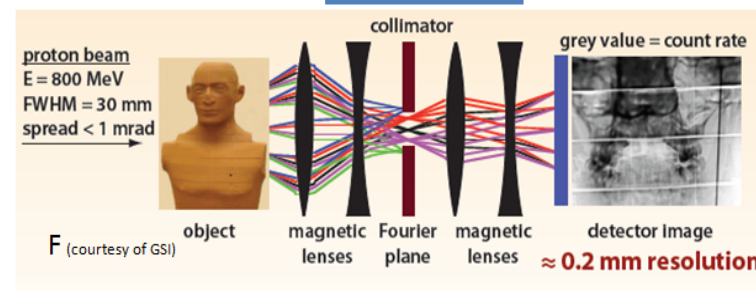
Source of range uncertainty in the patient	Range uncertainty
<b>Independent of dose calculation:</b>	
Measurement uncertainty in water for commissioning	± 0.3 mm
Compensator design	± 0.2 mm
Beam reproducibility	± 0.2 mm
Patient setup	± 0.7 mm
<b>Dose calculation:</b>	
Biology (always positive)	+ 0.8 %
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 %
<b>Total (excluding *)</b>	<b>2.7% + 1.2 mm</b>
<b>Total</b>	<b>4.6% + 1.2 mm</b>



(courtesy of GSI)



E (courtesy of IBA)

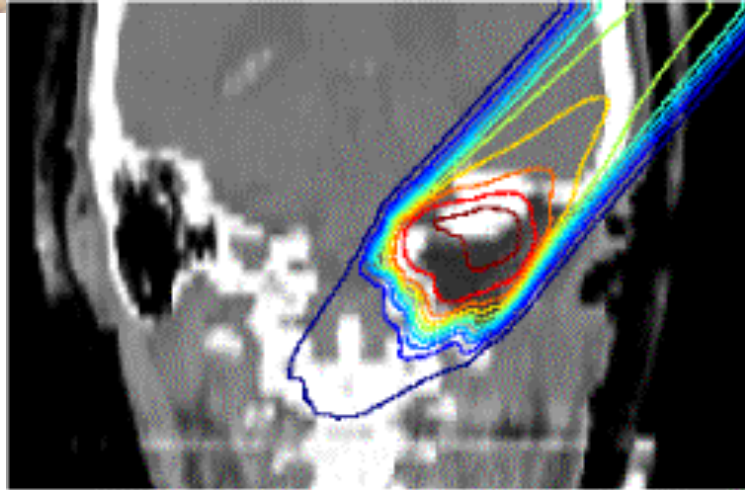
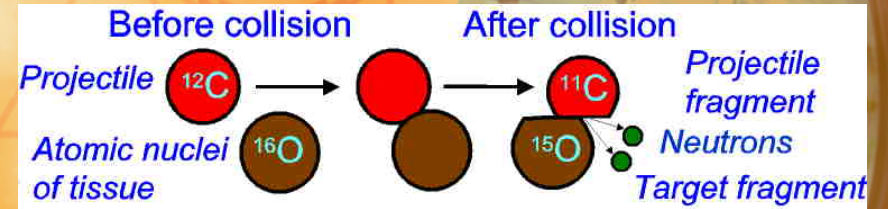


F (courtesy of GSI)

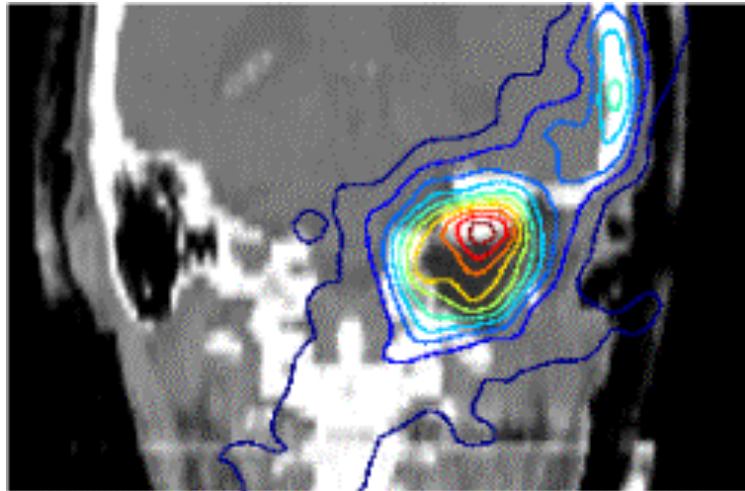


NuPECC report  
 „Nuclear Physics in  
 Medicine“, 2014

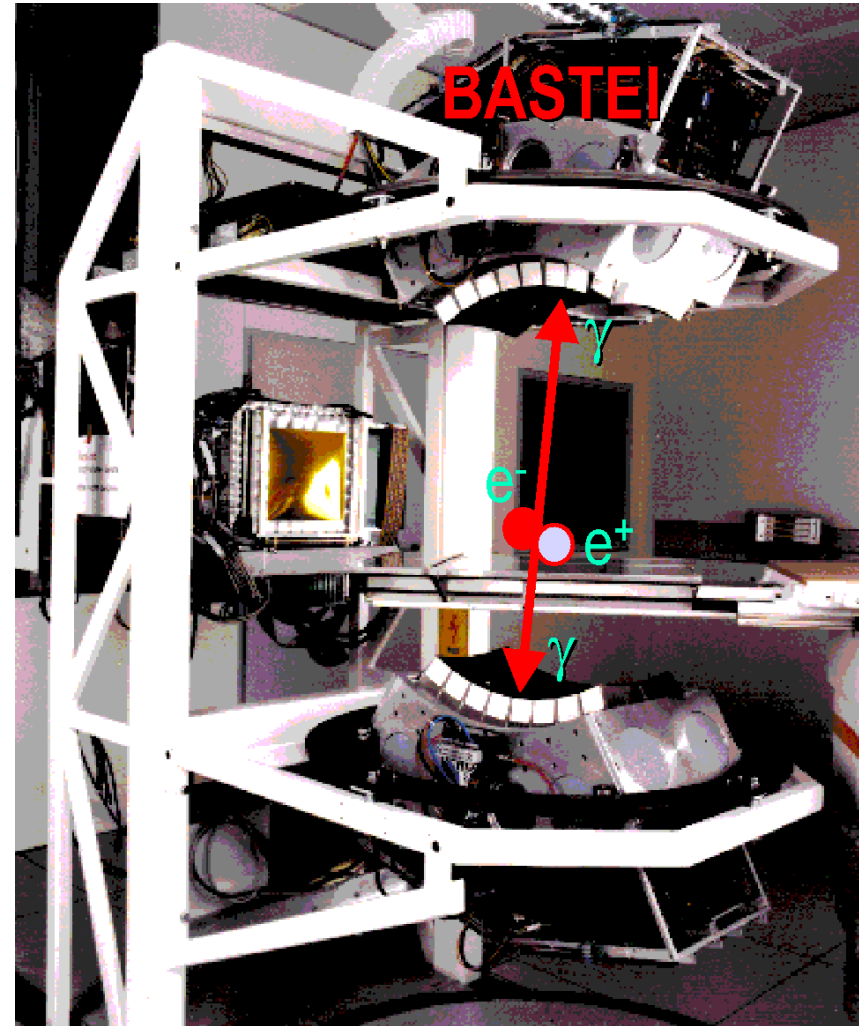
# In situ control with PET



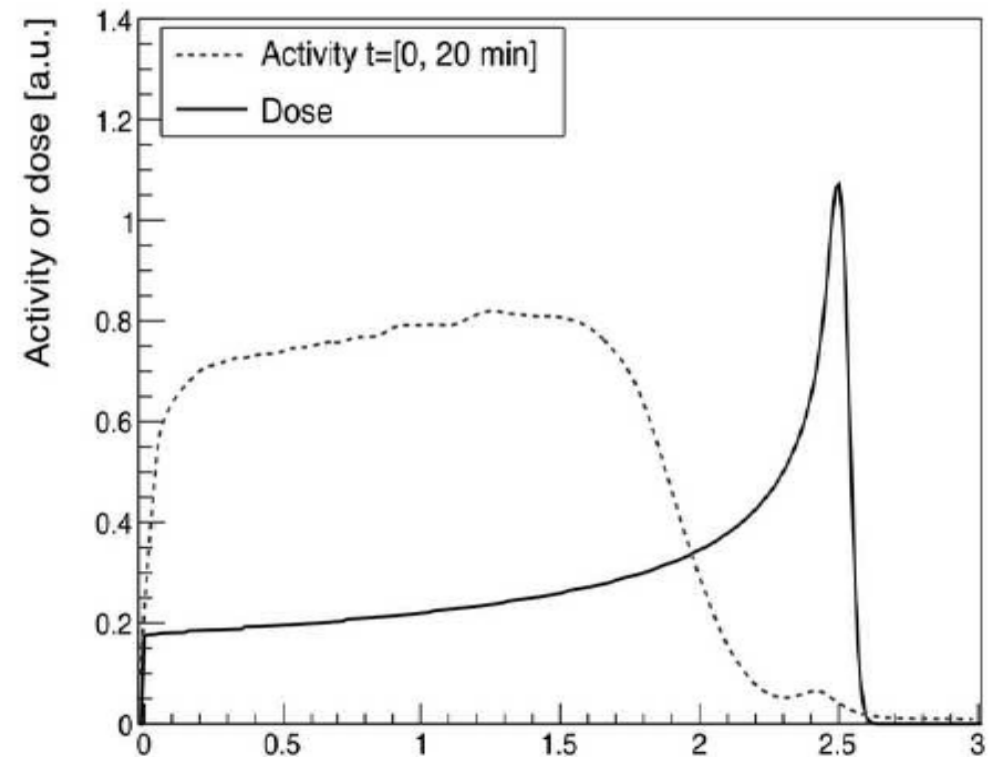
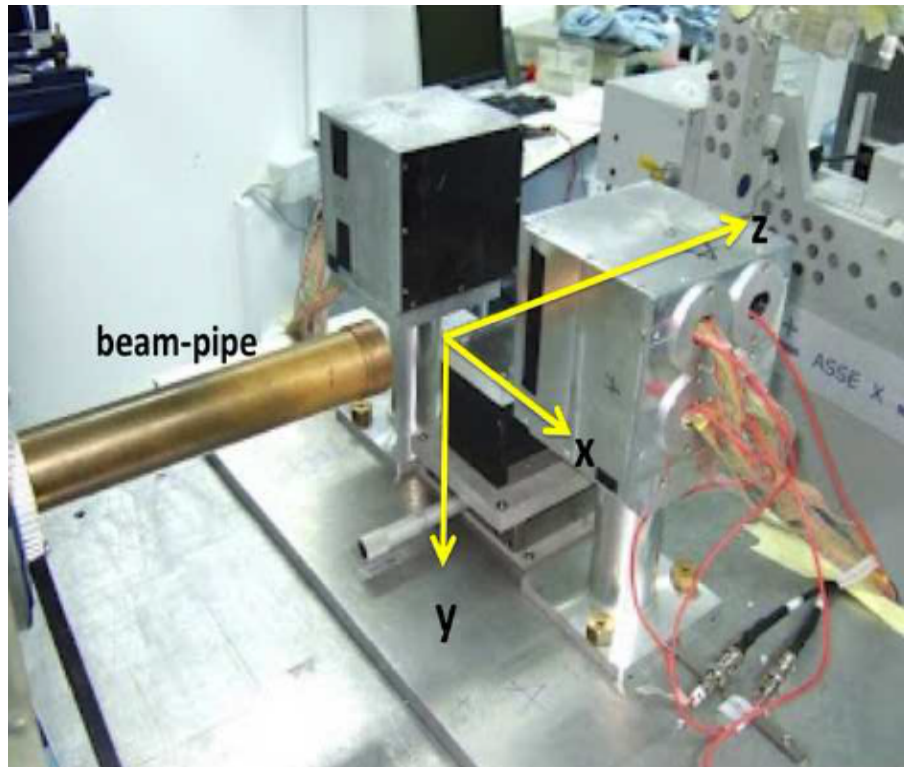
dose plan



measured



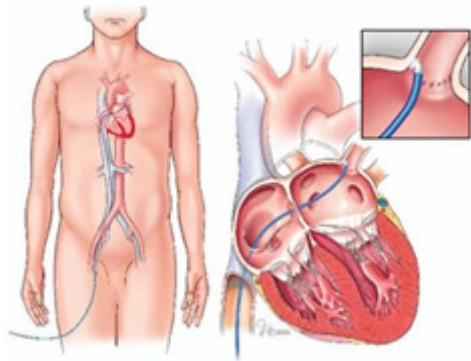
# Proton range monitoring with in-beam PET: Monte Carlo activity predictions and comparison with cyclotron data



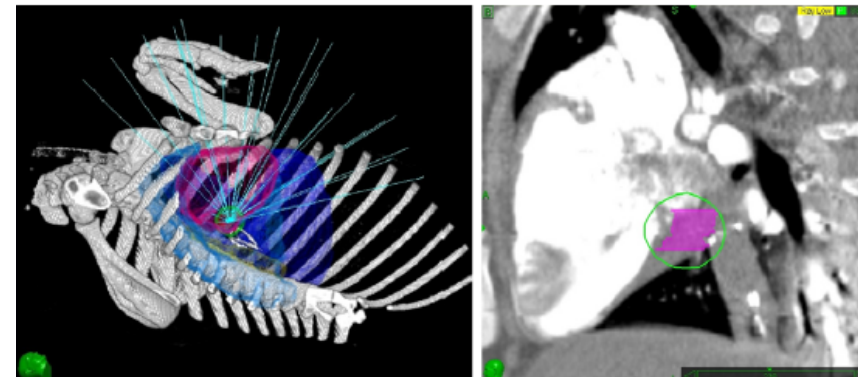
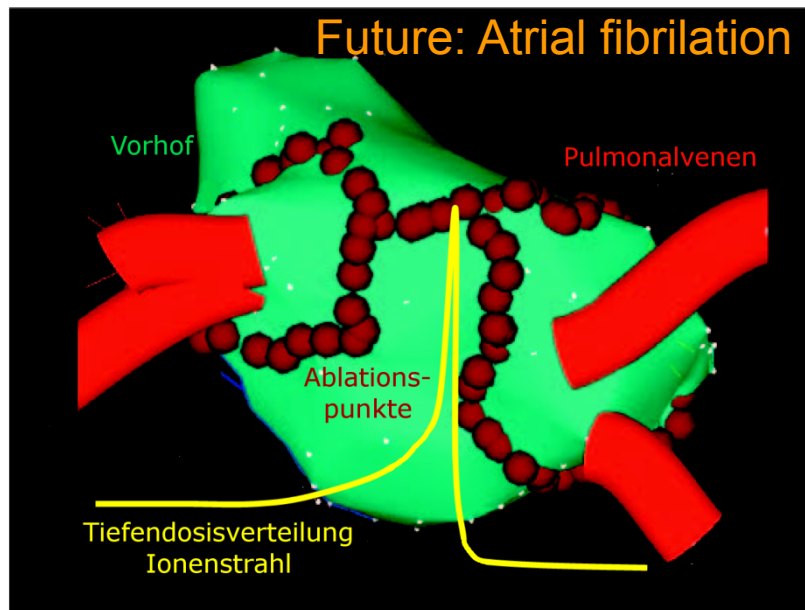
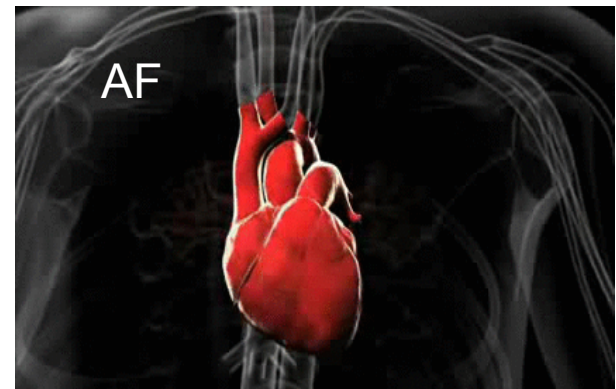
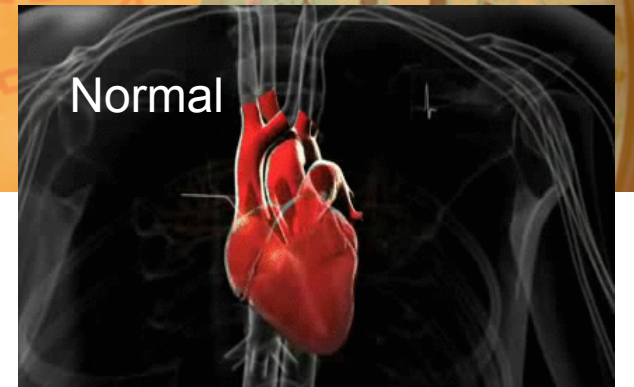
Kraan *et al.*, *Phys. Med.* 2014



# Particle therapy for heart arrhythmia

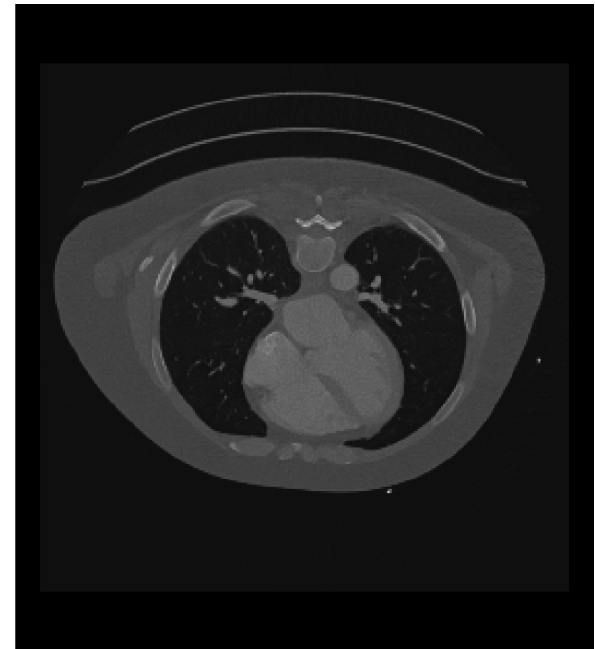
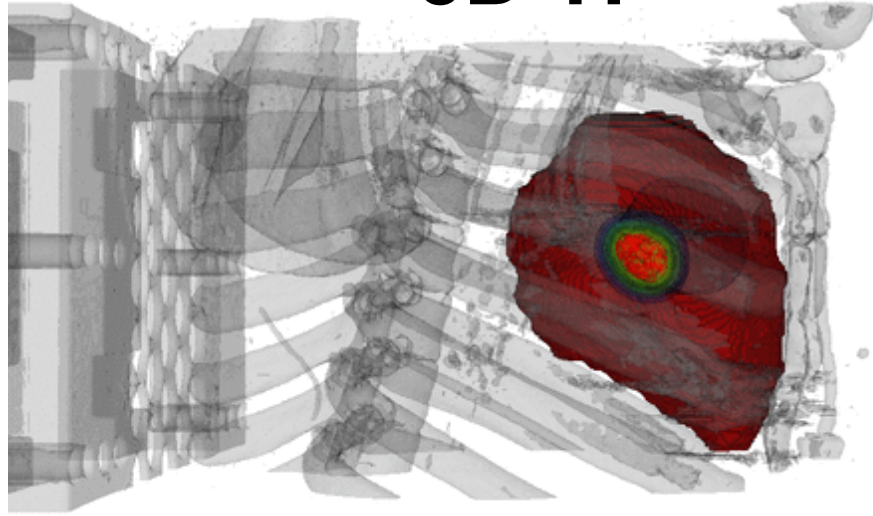


- Atrial fibrillation affects about 5% of middle-aged population and is associated with high risk of stroke and death
- Catheter ablation of pulmonary vein is the current non-pharmacological solution

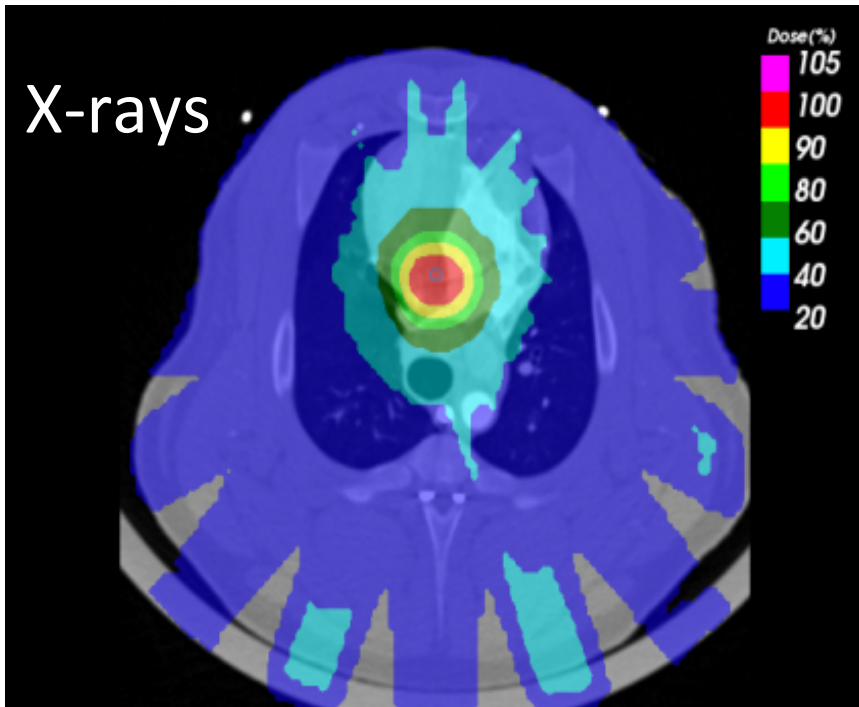


- CyberHeart: cardiac lesion induced by a Cyberknife (*Heart Rhythm.*, June 2010)

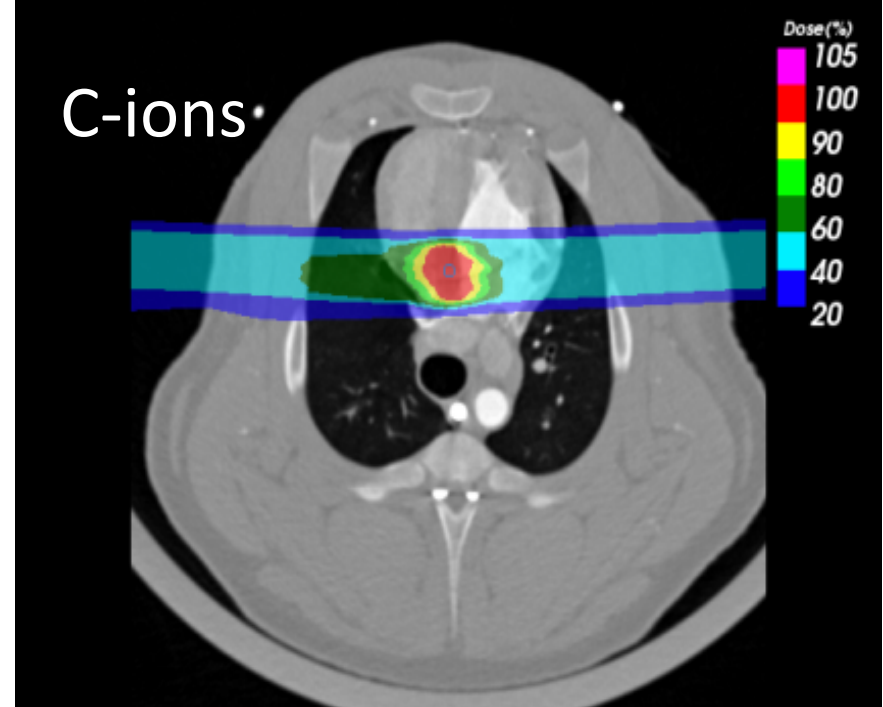
# 5D TP



X-rays



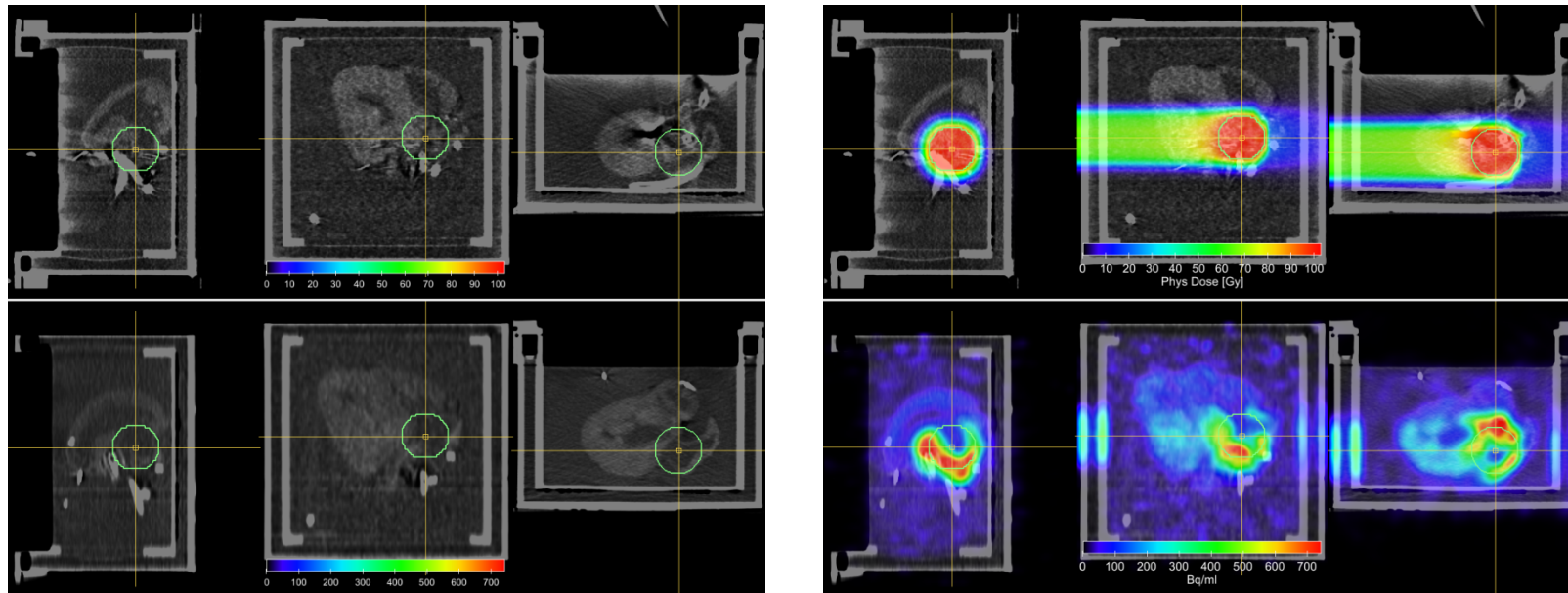
C-ions





## Langendorff pig heart





- PET was performed about 20 min after last fraction
- Heart size significantly increased towards end of lifetime
  - Initial position of AV node has moved
- **Hot spot of activity in myocardium around AV node**
  - **Proof: AV node has received the prescribed dose**

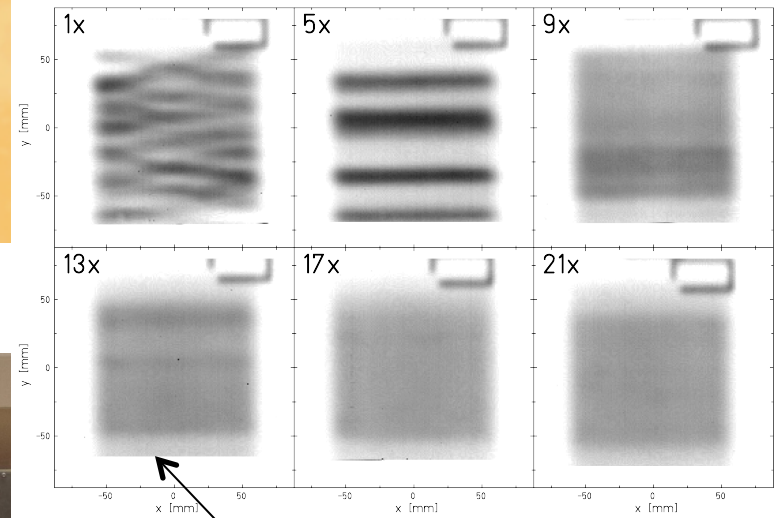
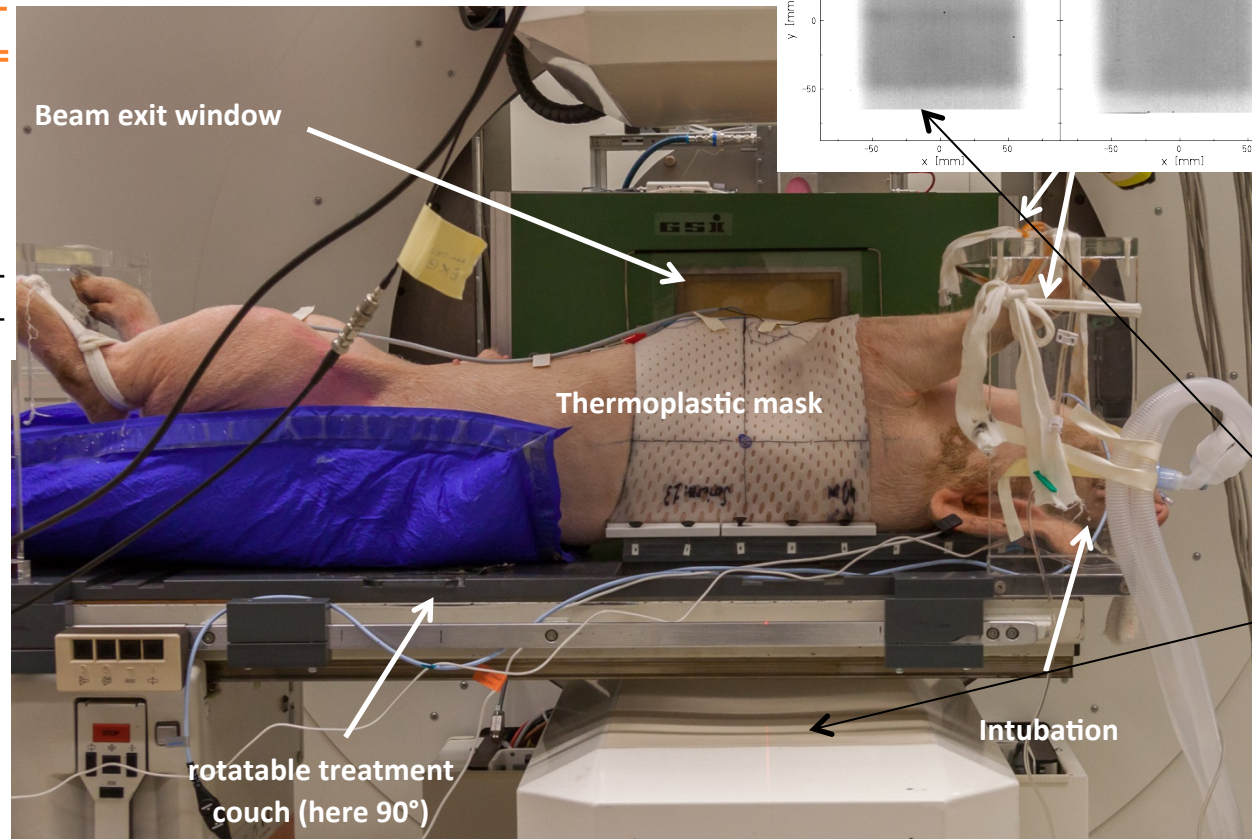
$T_{1/2}$ ( $^{12}\text{C}$ )	=	20.38 min
$T_{1/2}$ ( $^{15}\text{O}$ )	=	2.03 min
$T_{1/2}$ ( $^{13}\text{N}$ )	=	9.96 min
$T_{1/2}$ ( $^{38}\text{K}$ )	=	7.6 min
$T_{1/2}$ ( $^{30}\text{P}$ )	=	2.5 min
$T_{1/2}$ ( $^{34}\text{Cl}$ )	=	32.0 min

# Animal experiment: GSI Cave M, July 2014

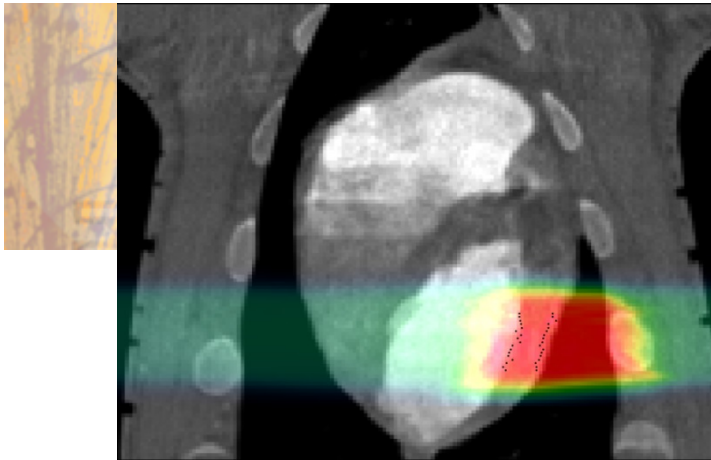
Groups	Dose	Pigs
AVN	0 Gy	3
	25 Gy	3
	40 Gy	3
	55 Gy	3
PV	40 Gy	3
LV	40 Gy	4

LV: only  
internal target  
volume (ITV)

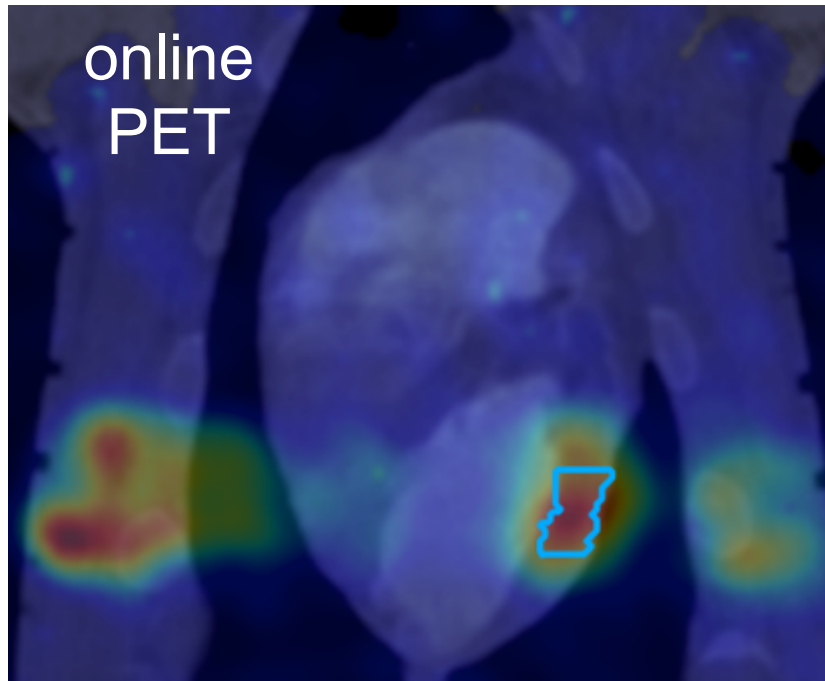
AVN and PV:  
isotropic  
margins of 5  
mm and ITV



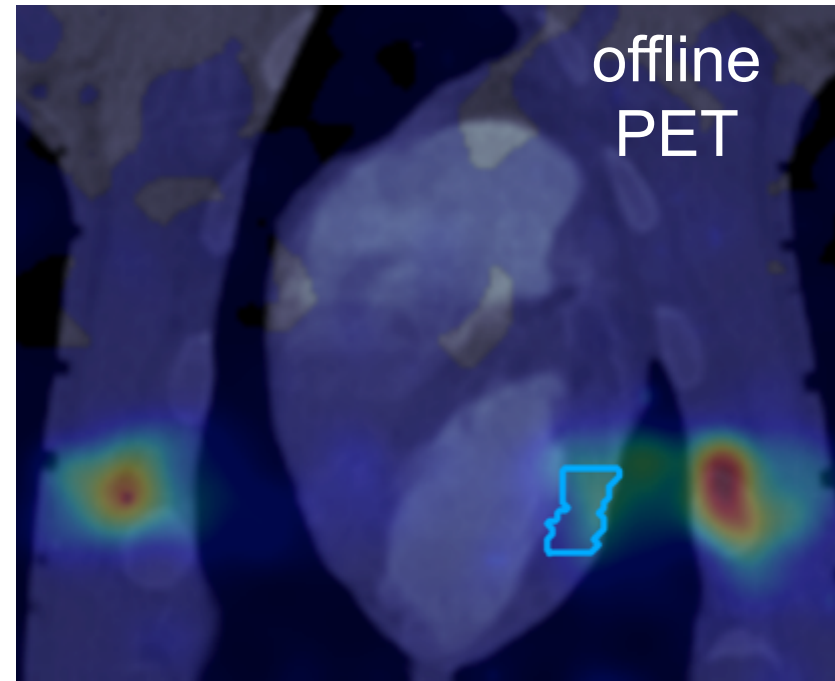
# Treatment plan – TRiP984D

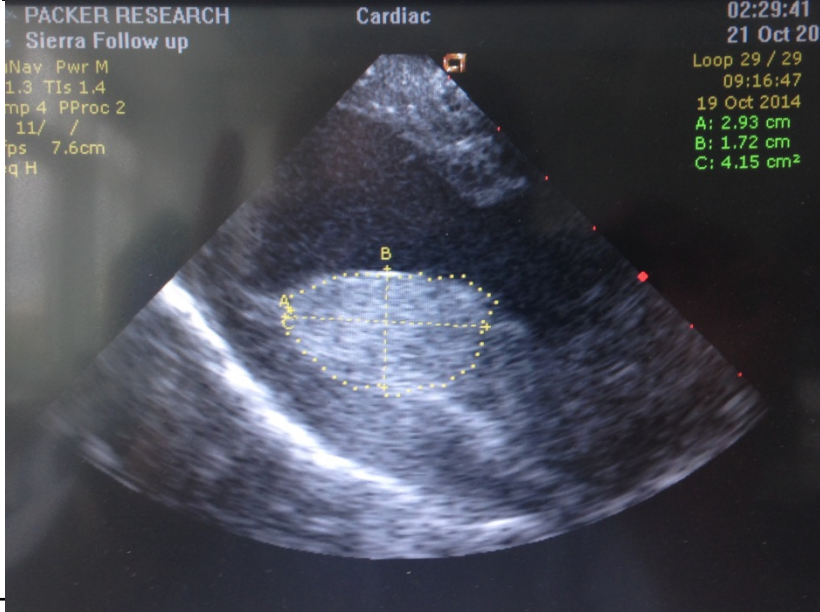
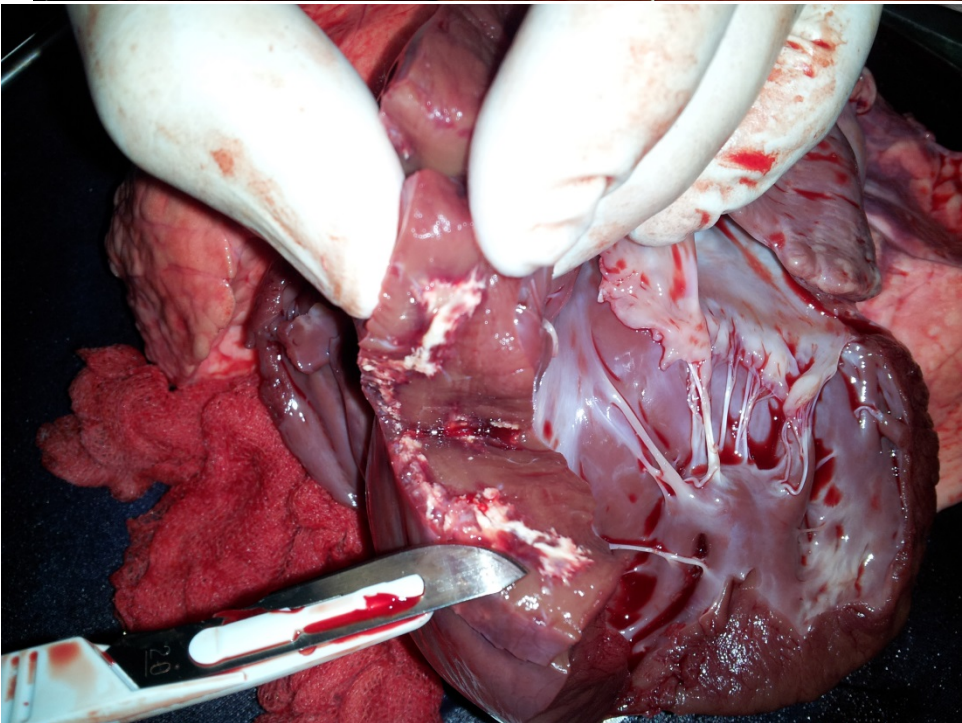
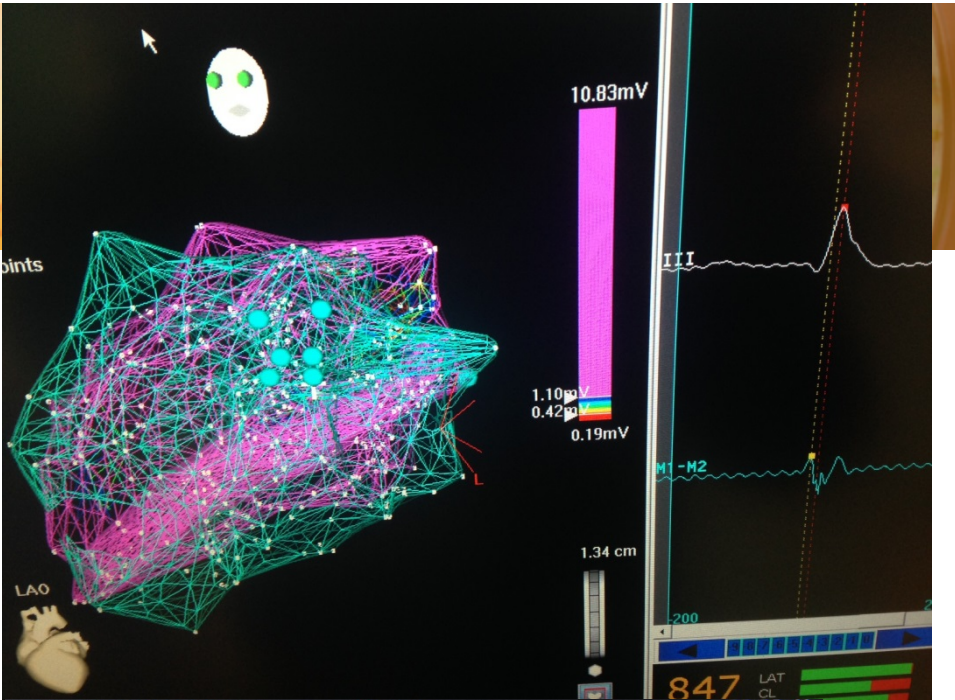
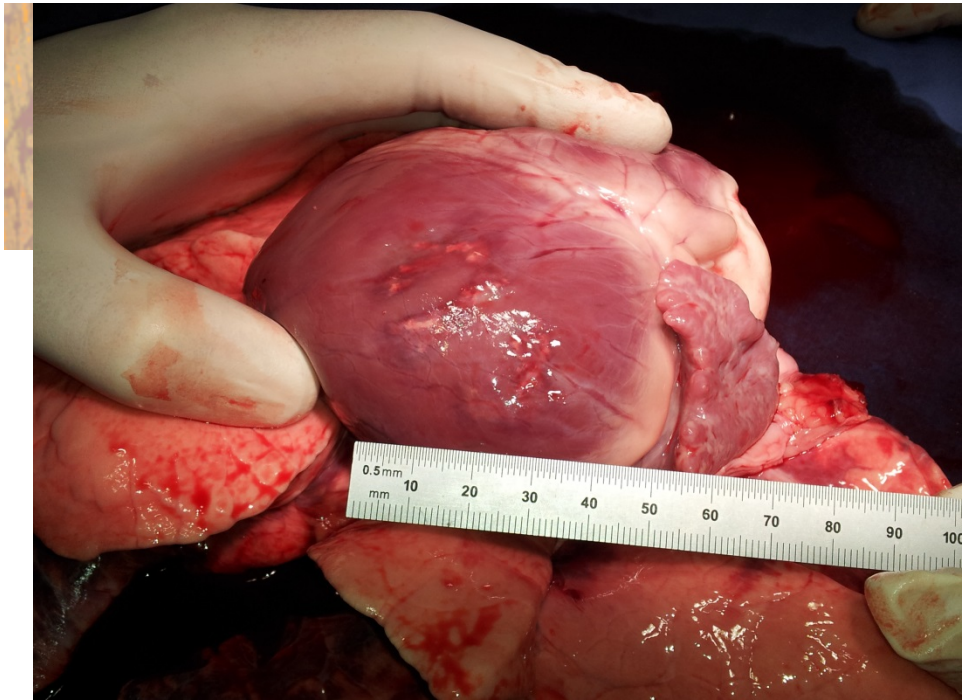


online  
PET

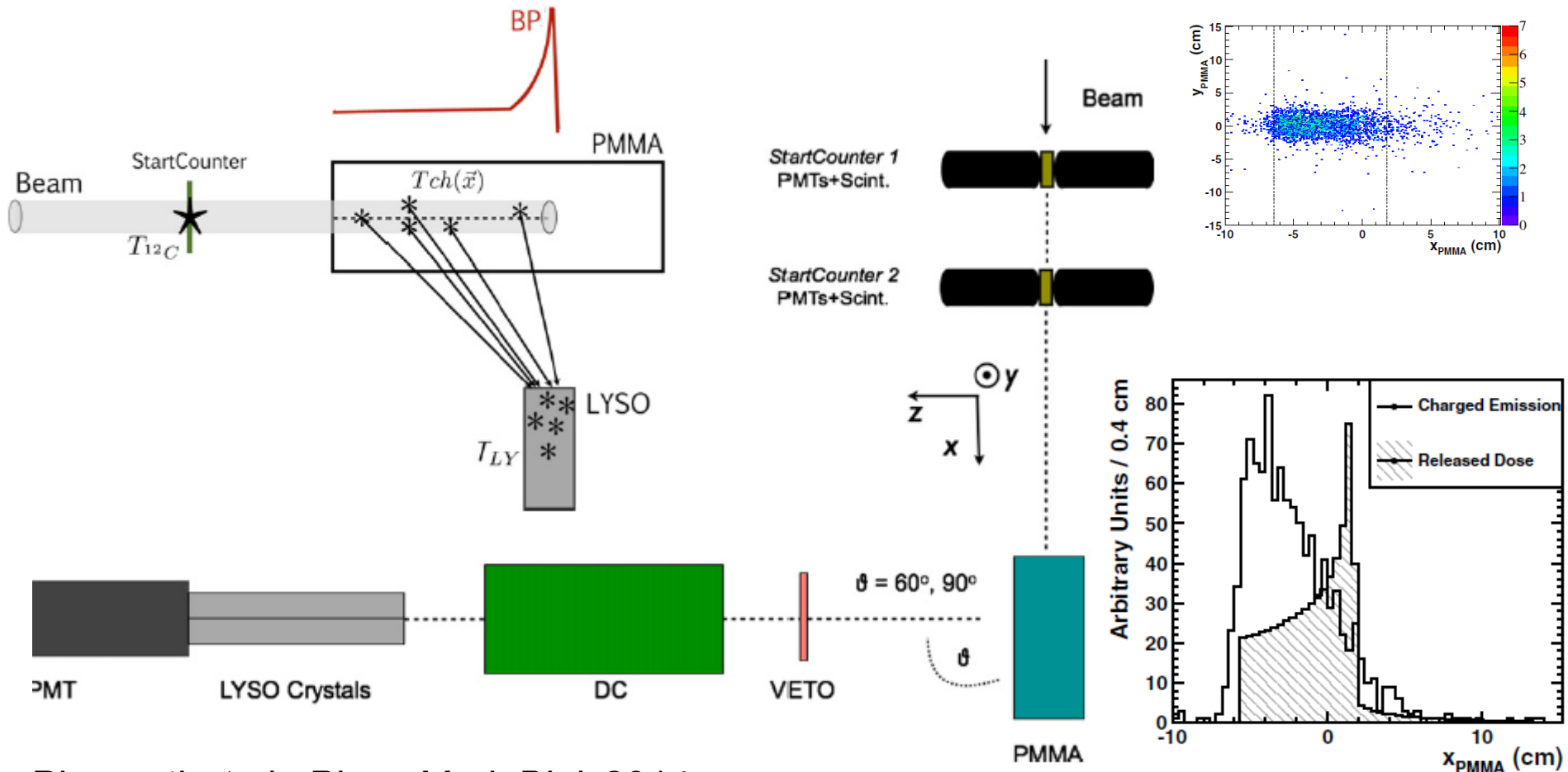


offline  
PET





# Prompt charged particles

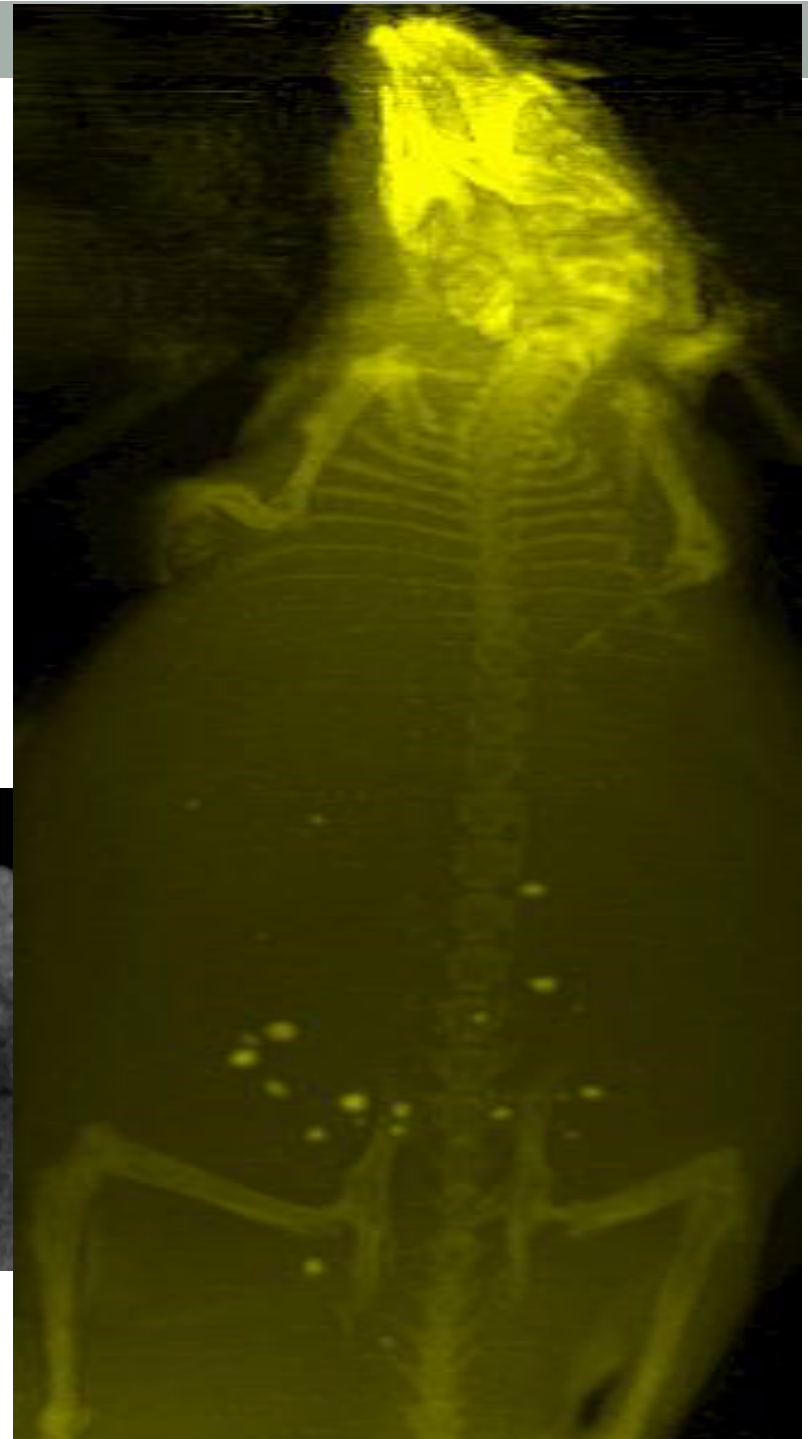
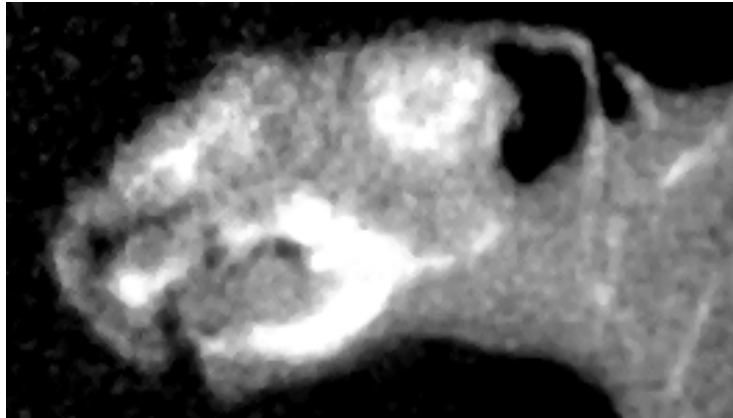


Piersanti *et al.*, *Phys. Med. Biol.* 2014

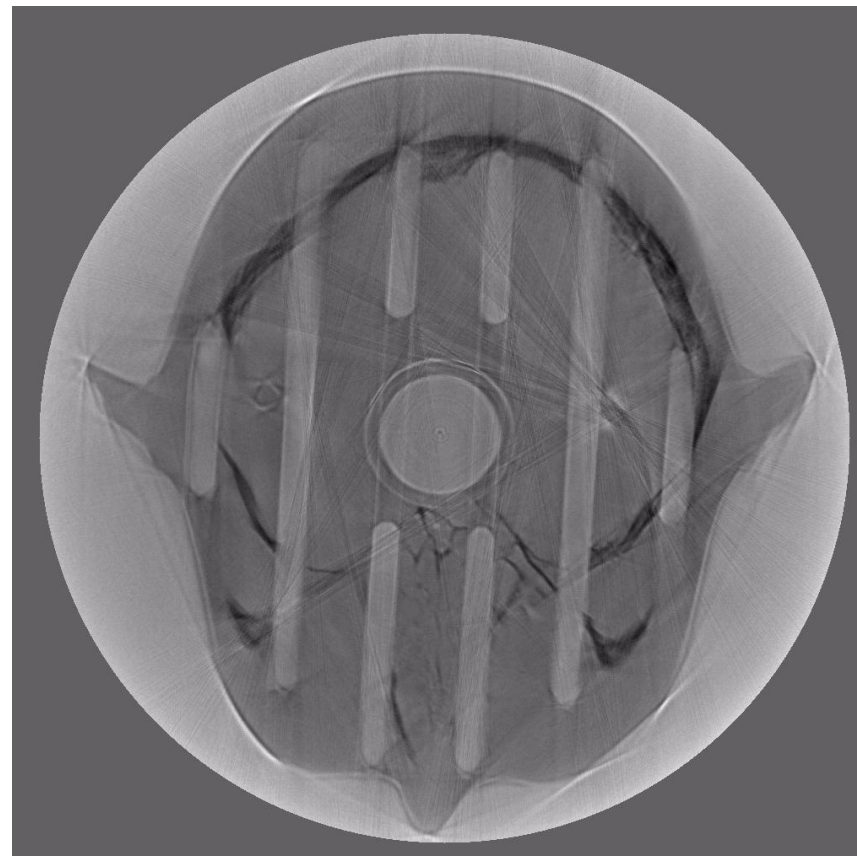
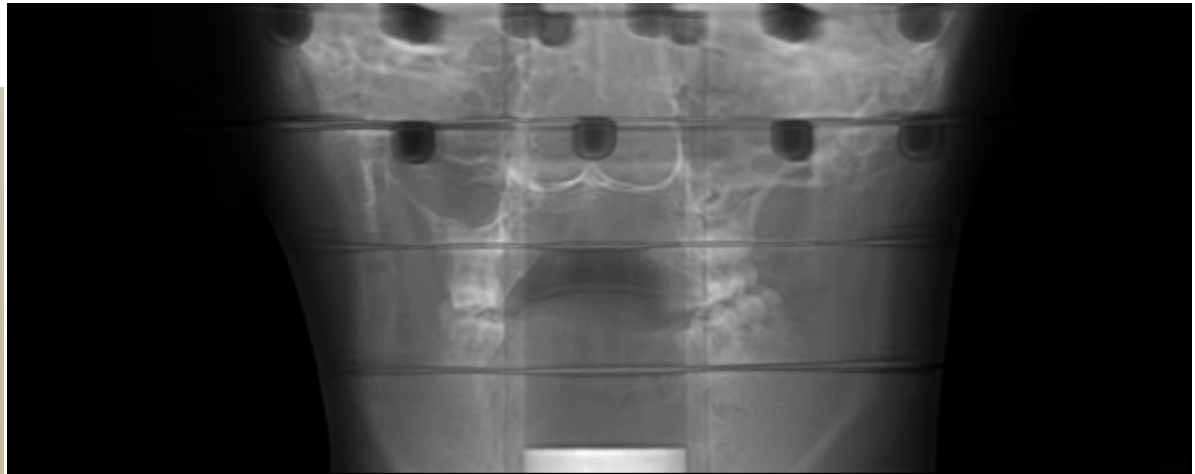
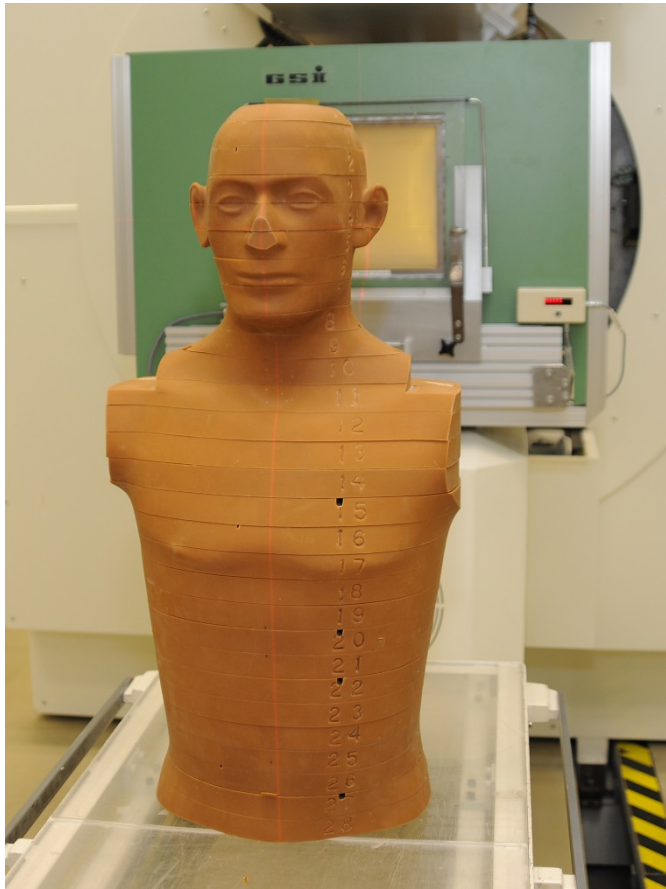


# Mouse Proton Tomography

800 MeV proton beam at LANL



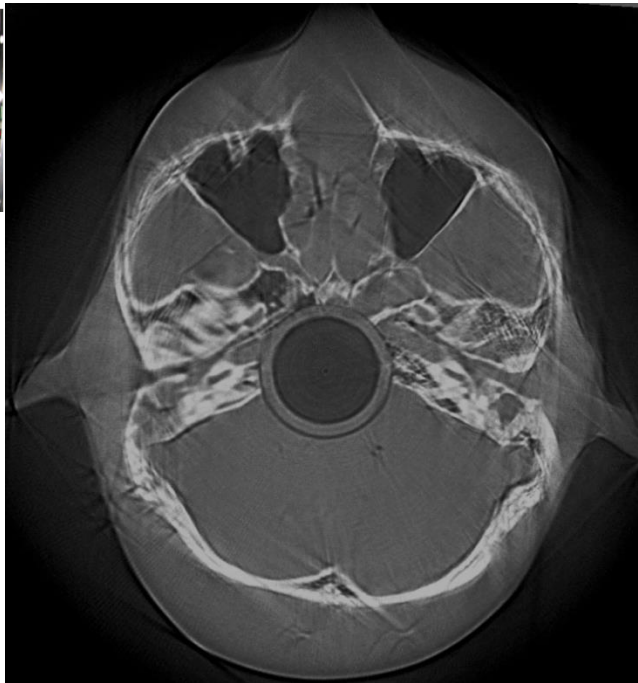
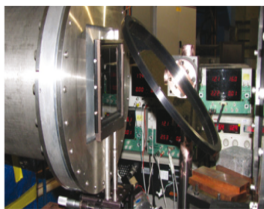
# Human phantom Tomography – 800 MeV protons LANL



# Proton Tomography

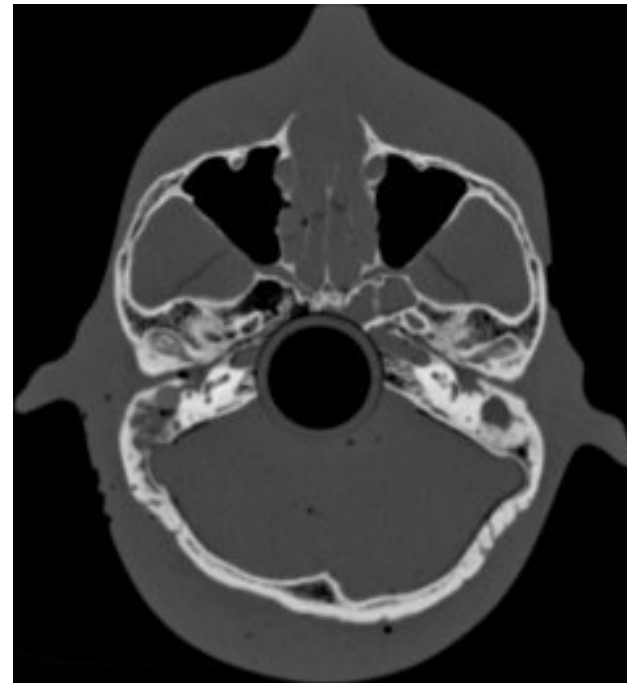
## Comparison with state of the art X-ray CT

### proton CT



- CT algorithm from textbook
- C codes from scratch
- **intermediate result**

### X-ray CT



- Siemens Biograph™ TruePoint™
- > 30 years development

# Conclusions

- The future of particle therapy strongly depends on the applications of nuclear physics research
- 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
- What's next: new accelerators, online beam monitors, treatment of new diseases with 4D/5D TP, combined treatments (radioimmunotherapy with HDSF PT)
- Research in particle therapy is highly interdisciplinary: nuclear physics meets chemistry/engineer/biology/medicine - but it is a formidable tool eventually going to replace almost completely X-rays (cost....) and to save many human lives from cancer and noncancer diseases