

Infrared Scanning Near-field Optical Microscopy in Material Science and Biology

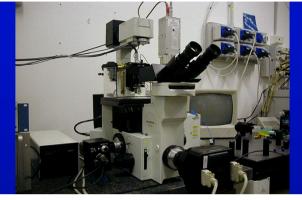
A.Cricenti

ISM, CNR-ITALY,

Introduction Activity at Vanderbilt-IR FEL (1997-2008) Acticity at Daresbury: early diagnosis of cancer (2011-

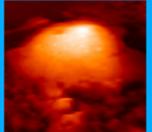
NANOTECHNOLOGY

Design and implementation of new scanning probe microscopes (STM, AFM and SNOM). Study of metal-organic interfaces, clean surfaces of semiconductors and metal overlayer, low-dimensional systems and biological systems.



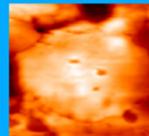
SNOM coupled with an inverted microscope

tymphocytes exposed to EM Pield (2mT; 50Hz) Constant Jame AFR images

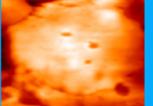


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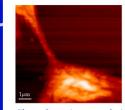




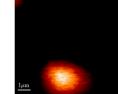
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Near-field fluorescence imaging of Osteosarcoma cells SAOS-2

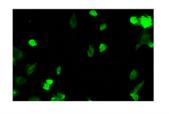


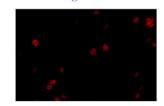




^{ch}ear-force (topography) **CCD** Camera fluorescence images

Fluorescence λ =617

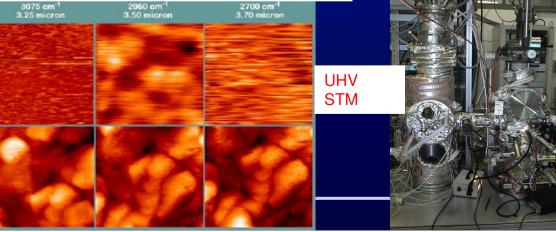




Diamond grains observed with the SNOM coupled with the FEL in Nashville at 3,25 micron

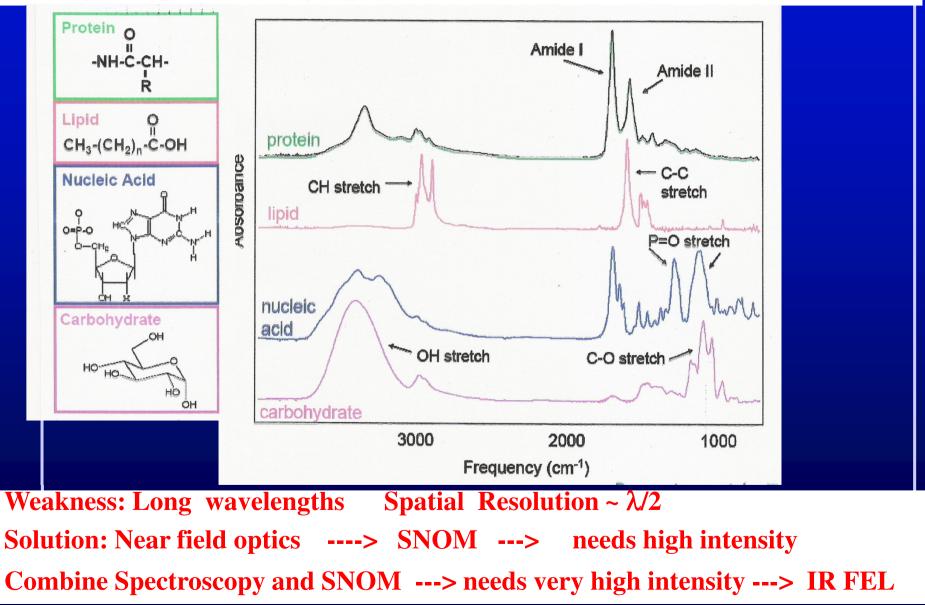
SNOM coupled

with the FEL inNashville

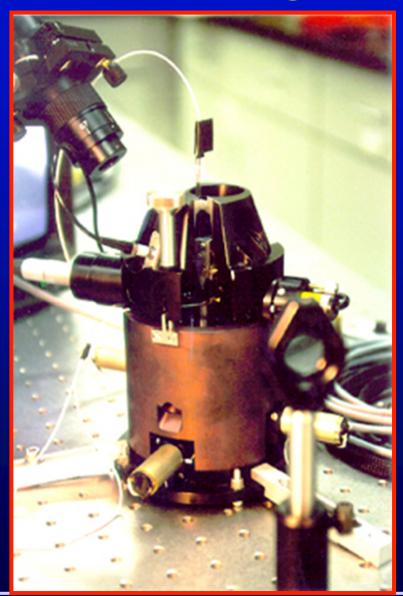


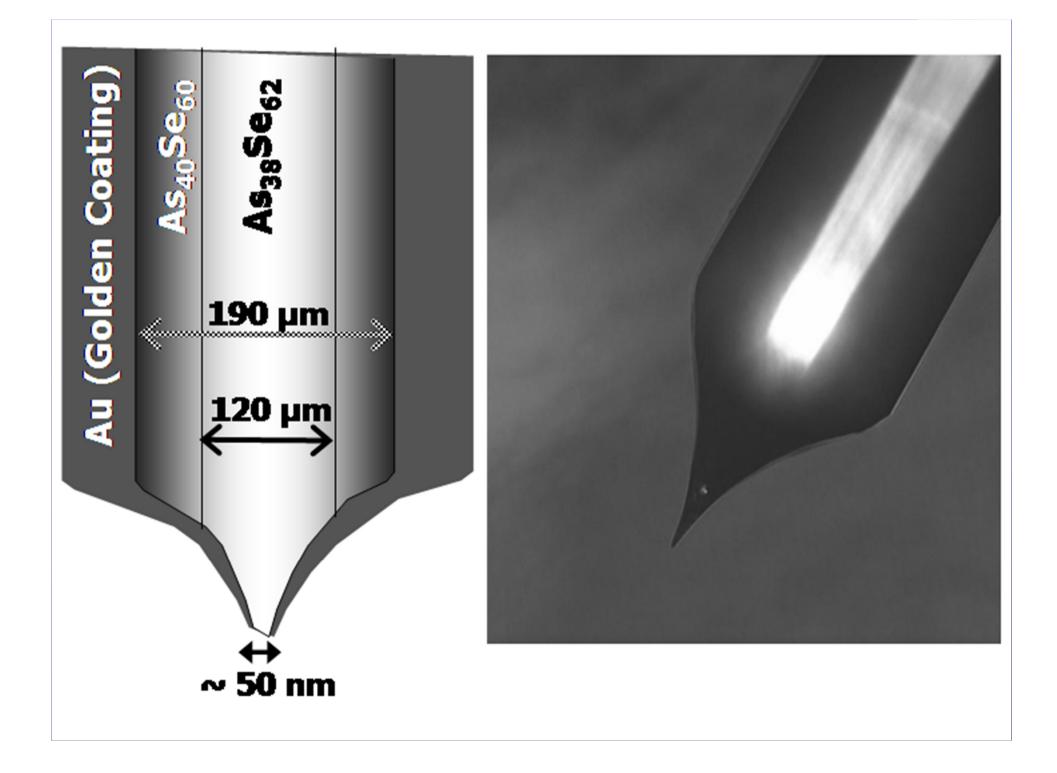
Spectroscopy and microscopy in the infrared

Strength: Spectral fingerprints of molecules



IR SNOM (range 2-10 Micron)





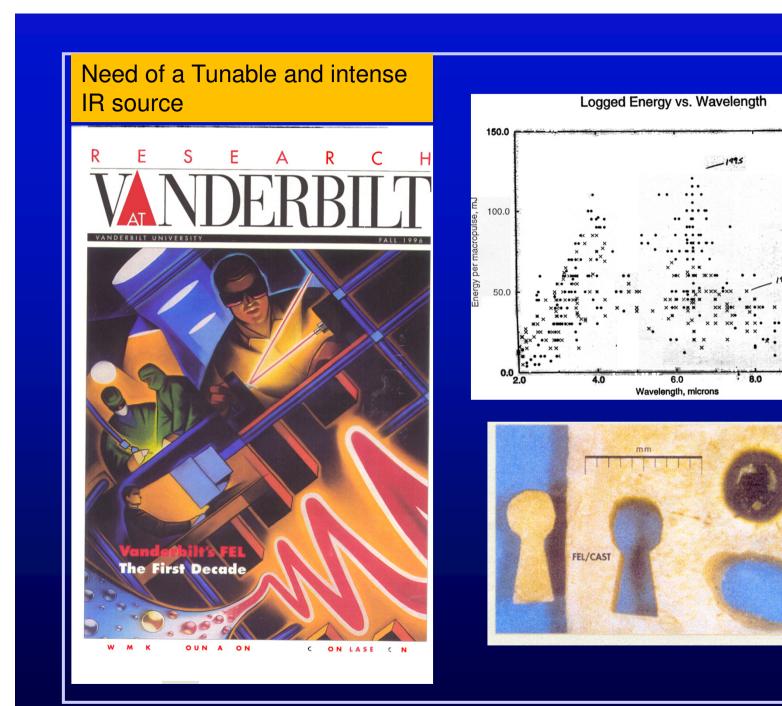


SNOM IN THE SPETTROSCOPIC MODE

Take the image at λ values where the sample has a spectroscopic fingerprint

absorptionfluorescence

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10.0

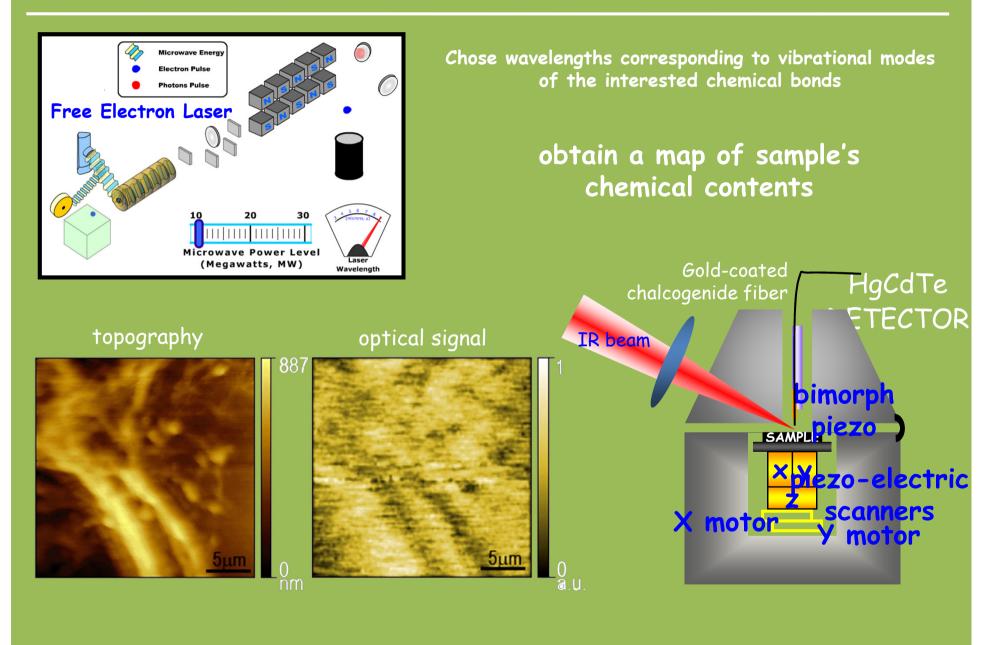
And

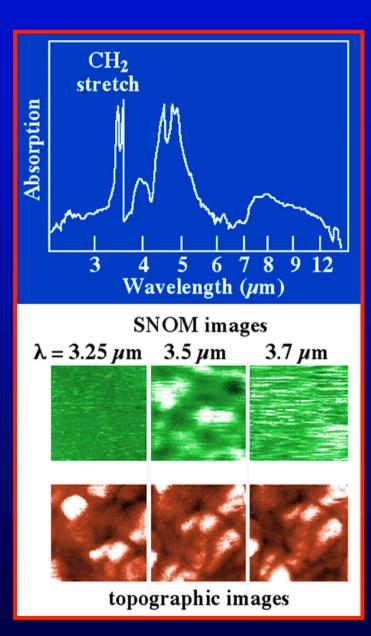
Surgical CO₂ Laser

Conventional

Bone Drill

Free Electron Laser (FEL)



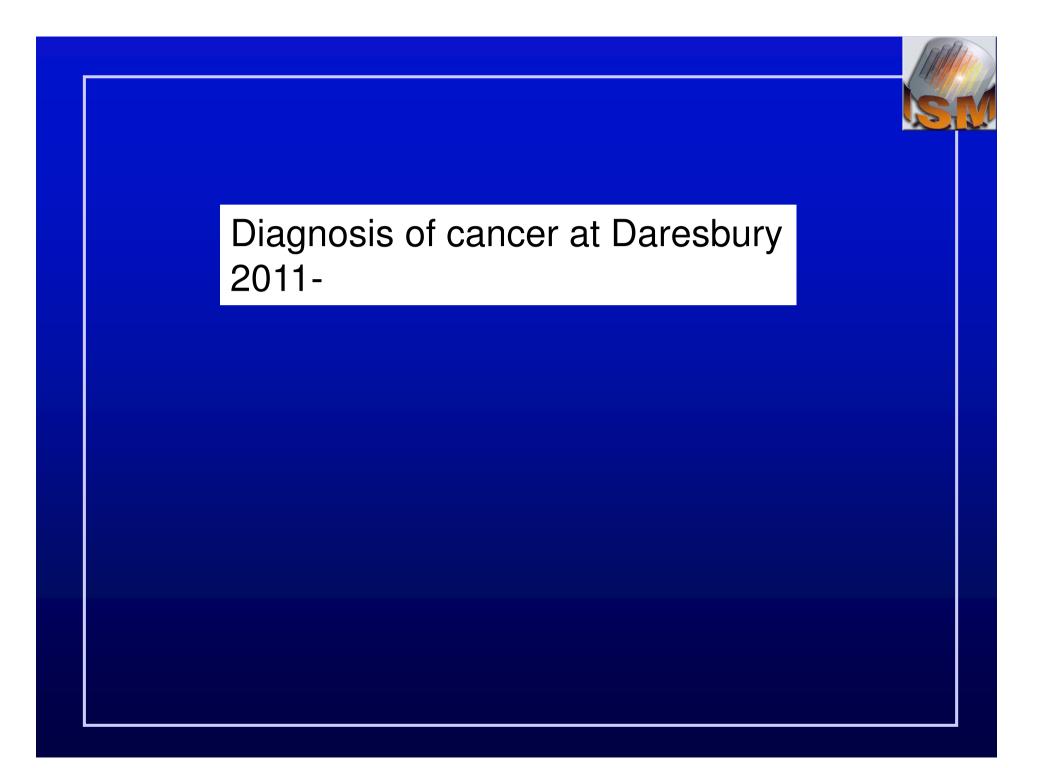


First example of IR Spectroscopic SNOM: diamond films

J. Microscopy 202, 446 (2001).



		HaCaT ce	ells exposed	d to 50 Hz 2	2 mT Magne	tic Field	
CTR Topo	λ 3.04	λ 3.4	λ 6.1	λ 6.45	λ 6.95	λ7.6	λ 8.05
ЕХР Торо	λ 3.04	λ 3.4	λ 6.1	λ 6.45	λ 6.95	λ 7.6	λ 8.05
			APL 2007				



Oesophageal Adenocarcinoma

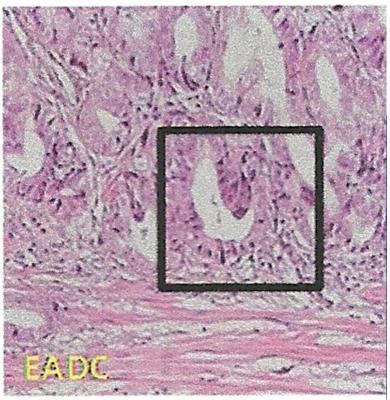
Oesophageal cancer is the fastest rising incidence of cancer in the western world. Most patients have distant metastases on diagnosis and are not suitable for surgery. Surgery is the only potentially curative treatment so survival rates are very poor. However, very low percentage (8%) in identify it

The challenge is to do early diagnosis on patients who can develop oesophageal cancer.

Detail: Stroma

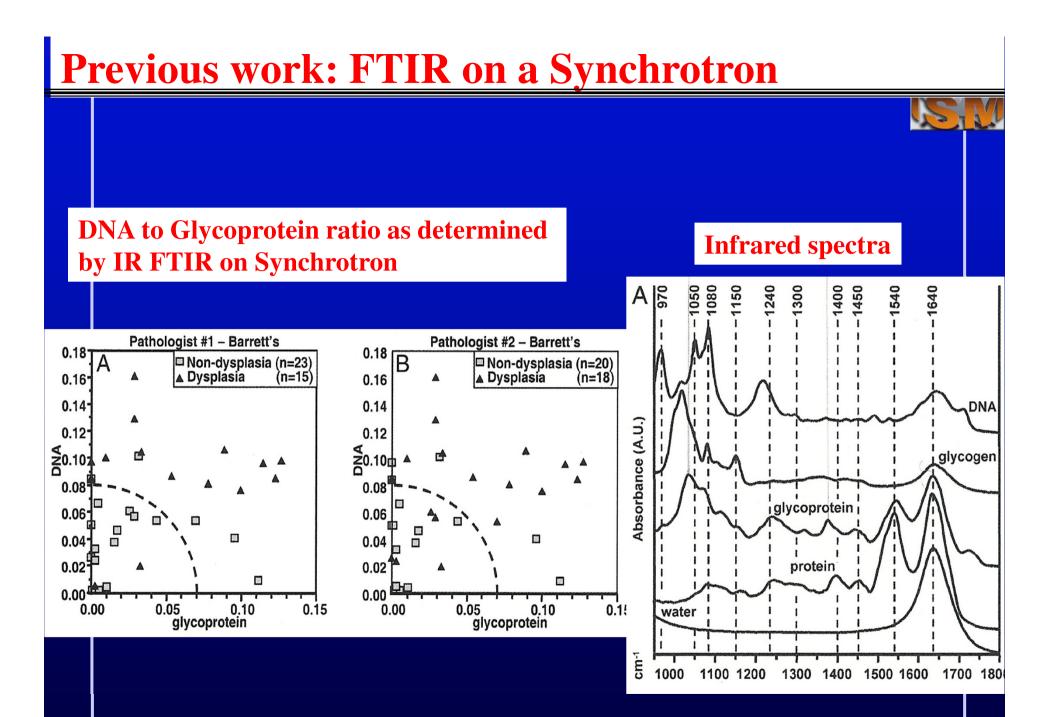
Oesophageal cancer consists of cancer cells surrounded by stroma made up of various (noncancer)

cell types and extracellular matrix (ECM) proteins.

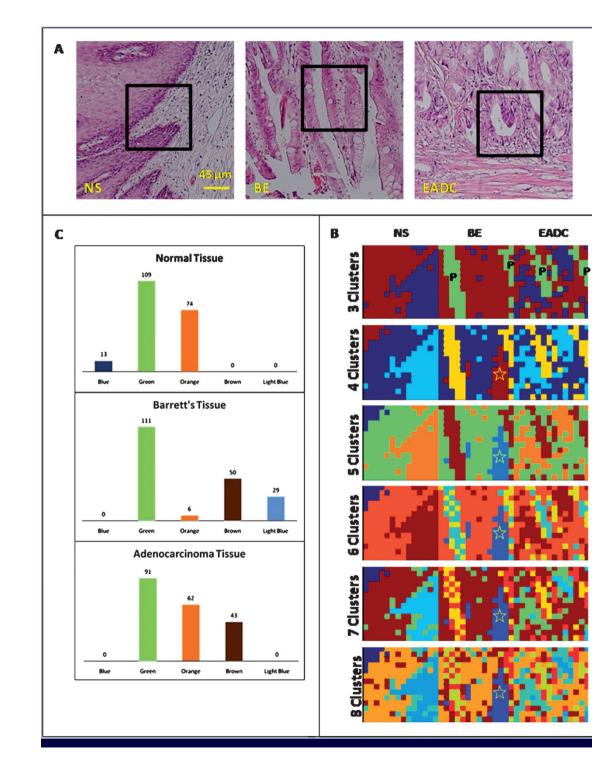


Visible light image of specime

of Barrett's oesophagus



T.D. Wang et. al. PNAS 104 15864 (2007)





Quaroni et al. 2009 Esophagous cells Synchrotron IR 15 micron step 900-1300 cm-1

Blue bands of glicogen

Number of pixels in a given region of normal, Barrett's and adenocarcinoma tissue in particular regions of the infrared spectrum Problem of resolution with standard infrared microscopy

The tumor cells are localized in different and small areas (hundreds of nanometers), so if we want to prevent the desease we must look at single area: average techniques are not good enough







Istituto Struttura della Materia

Technical Issues

Accelerator and IR FELOptimise performance of acceleratorfor IR FEL characteristicsStability: intensity, frequencyTuning: 4µm to 10µmMacro bunch structureALICE100 µsVanderbilt25 µs

SNOM

Electronics matched to macro bunch Control of scan Optics: fabrication of tips Performance Images at different λ 10 µm x 10 µm at 0.1 µm spatial resolution 10000 points IR Intensity/stability is key

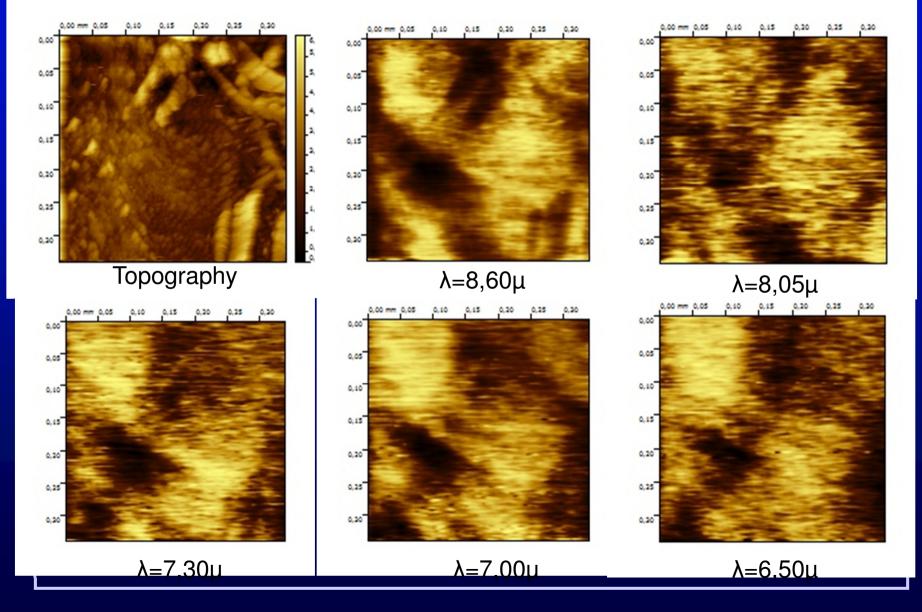


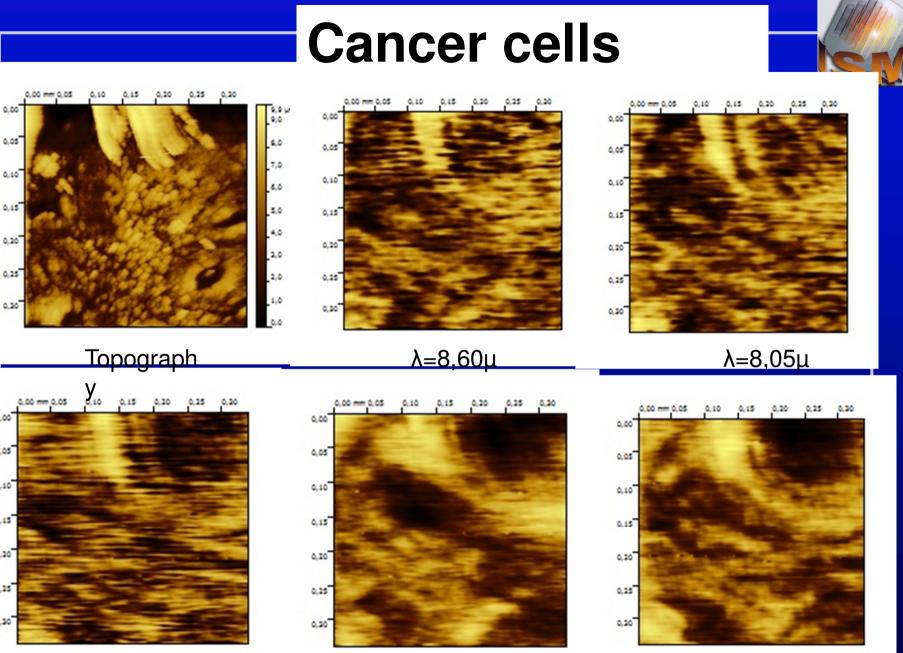
Tip Diameter 300 μm Aperture ~ 1 μm Specimen Scan 50 $\mu m \ x \ 50 \ \mu m$

Beamline: Commissioned

Benign cells







 $\lambda = 7,30\mu$

0.00

0.05

0,10

0.15

0,20

0,00

0,05

0,10

0,15

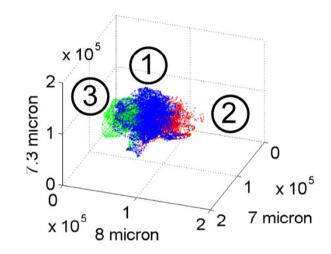
0,20

0,25

0,30

λ=7,00μ

λ=6,50μ



2

8 micron

2 2

x 10⁵

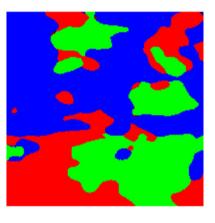
2

0

x 10⁵

7.3 micron

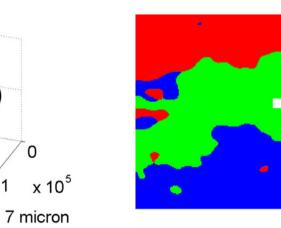
(a)



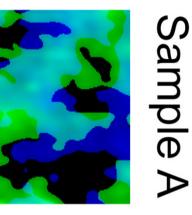
Clusters

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(C)



(b)



IR-SNOM

Sample B

Programme

Oesophageal Adenocarcinoma: A fast reliable diagnostic

The SNOM on the IR FEL on ALICE will provide an accurate diagnostic.

- 1) Scan a wider area, 500 μm x 500 μm , at less spatial resolution
- 2) Improve signal to noise by normalisation for FEL intensity variation
- **3)** Study a range of specimens from different patients: Patient variability.
- 4) Study tissue at all the stages in the progression to oesophageal cancer

Extend research to other suitable cancers

Accelerator development

Design a low cost dedicated IR FEL (QCL) SNOM for hospitals.

Long term research programme: understand the disease - therapy Use tissue culture facility to grow separate components of the Stroma. SNOM studies of combinations of Stroma components to determine interactions.

ISM

M. Luce -

Cockcroft Institute

Michele Siggel-King, Gareth Holder, Andy Wolski, Swapan Chattopadhyay, Peter Weightman

ASTeC

David Dunning, Andy Smith, Mark Surman, Neil Thompson

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Andy Wolski, Swapan Chattopadhyay, Amy Schofield,

Rachel Williams (Eye and Vision Science, University of Liverpool)

Royal Liverpool and Broadgreen Hospital and University of Liverpool

Prof. Mark Pritchard, Head of Gastroenterology

Prof. Andrea Varro, Professor of Physiology

3rd COST MP1302 Nanospectroscopy meeting, 22-25 march 2016 in Rome



Thank you for your attention