

Medical Applications of Particle Physics

Saverio Braccini

TERA
Foundation for Oncological Hadrontherapy

- Introduction: a short historical review
- Applications in medical diagnostics
- Applications in conventional cancer radiation therapy

I

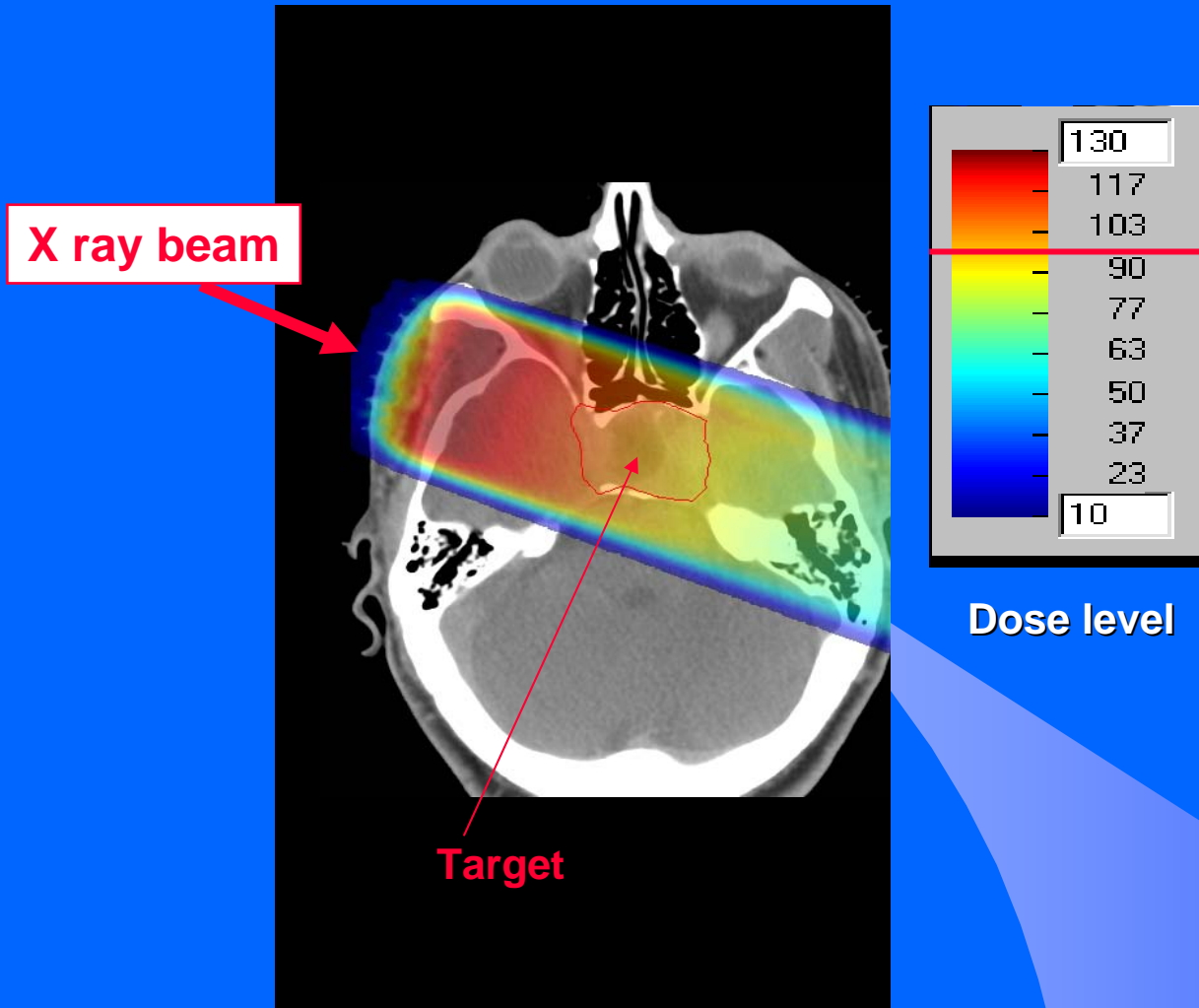
- Hadrontherapy, the new frontier of cancer radiation therapy
 - Proton-therapy
 - Carbon ion therapy
- Conclusions and outlook

II

Hadrontherapy

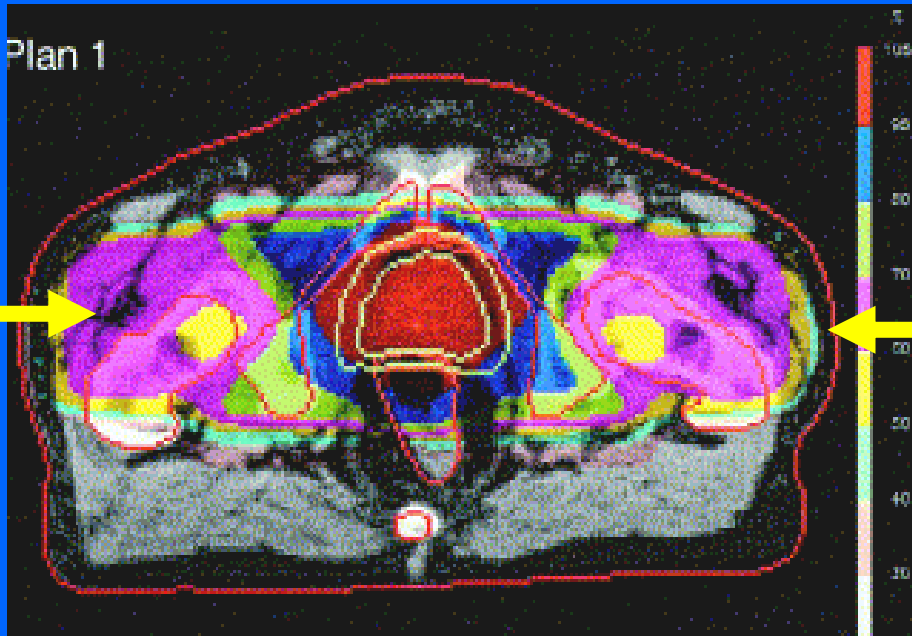
The frontier of cancer radiation therapy

The problem of X ray therapy

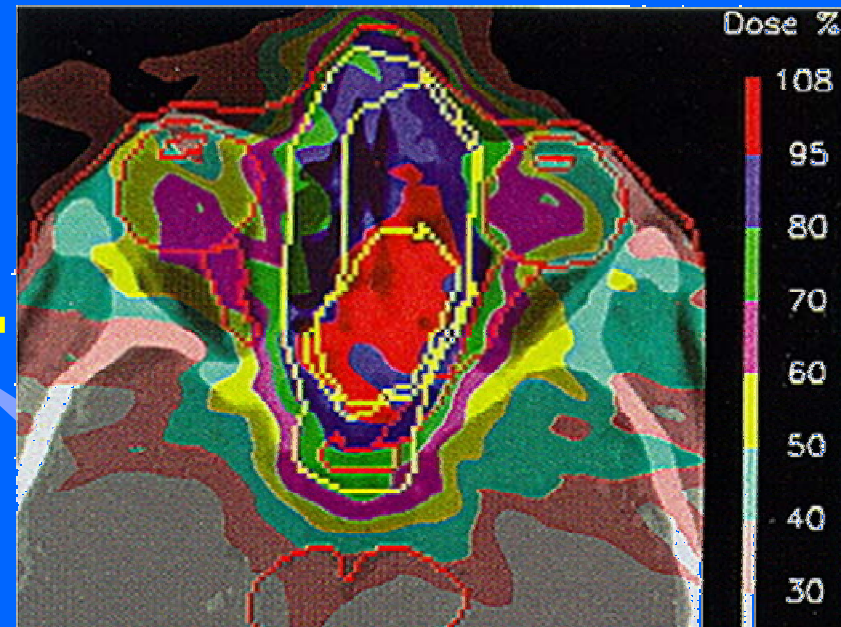


Can we do better than conventional radiotherapy ?

2 X ray beams



9 X ray beams (IMRT)



A question for a particle physicist

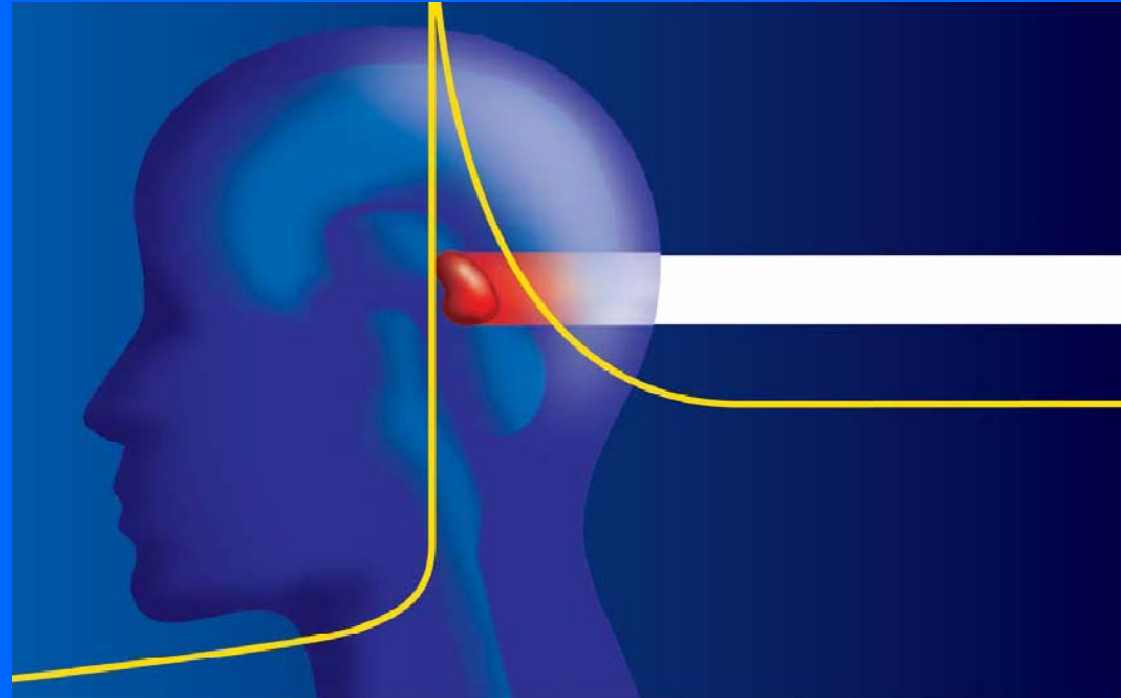
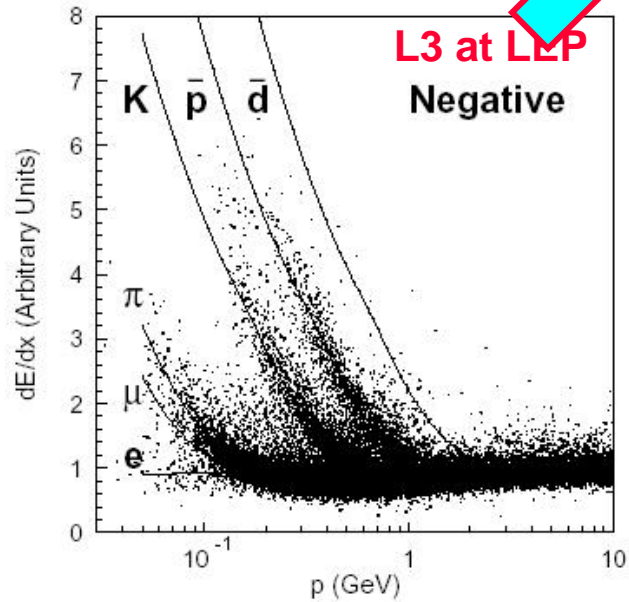
Are there better radiations to attack the tumour and spare at best the healthy tissues?

Answer : BEAMS OF CHARGED HADRONS

Let's go back to physics...

Fundamental physics

Particle identification



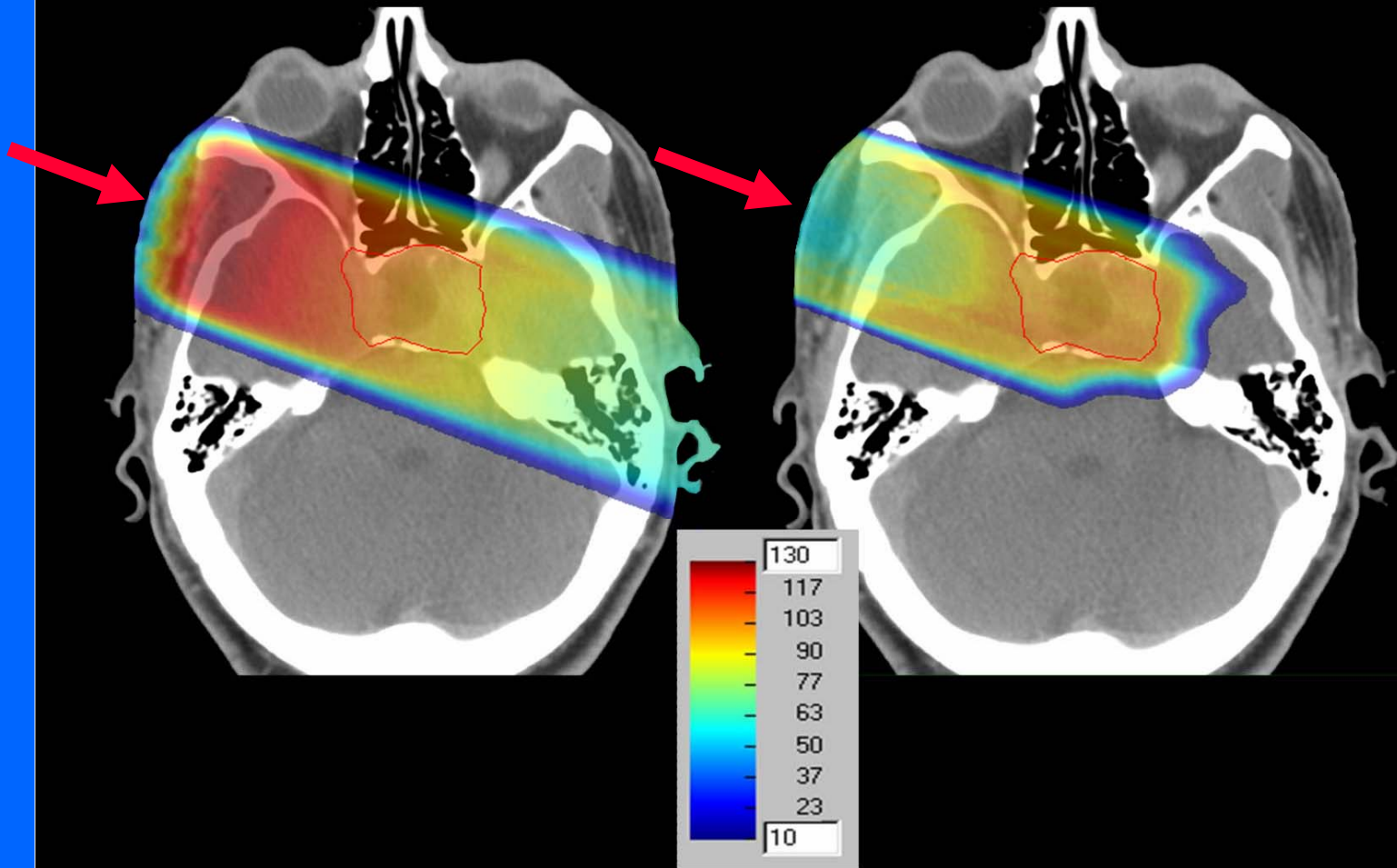
Medical applications

Cancer hadrontherapy

Single beam comparison

X rays

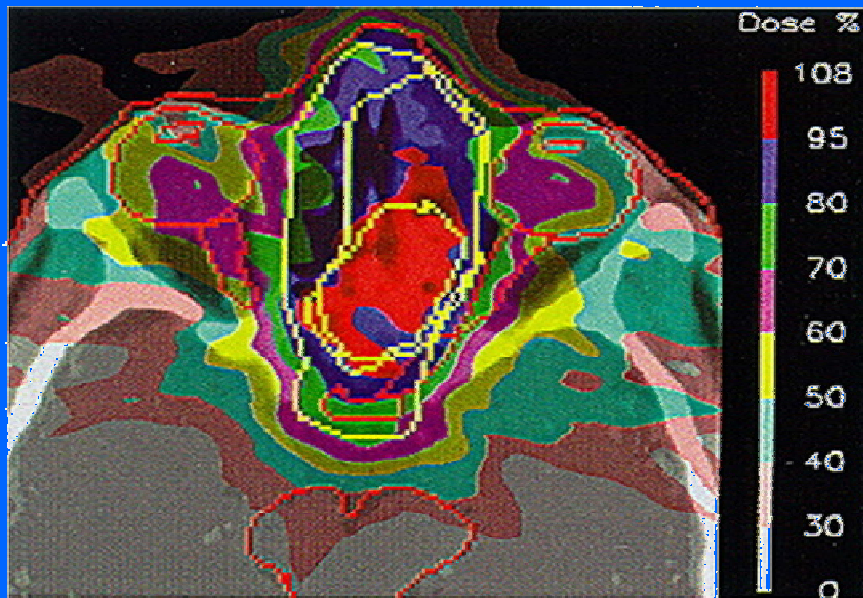
Protons or Carbon ions



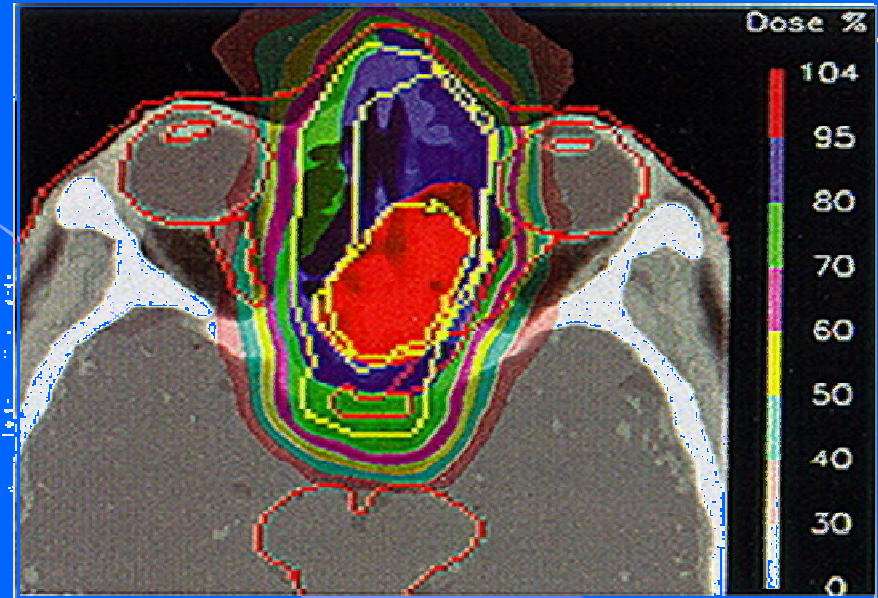
Protons and ions are more precise than X-rays

Tumour between the eyes

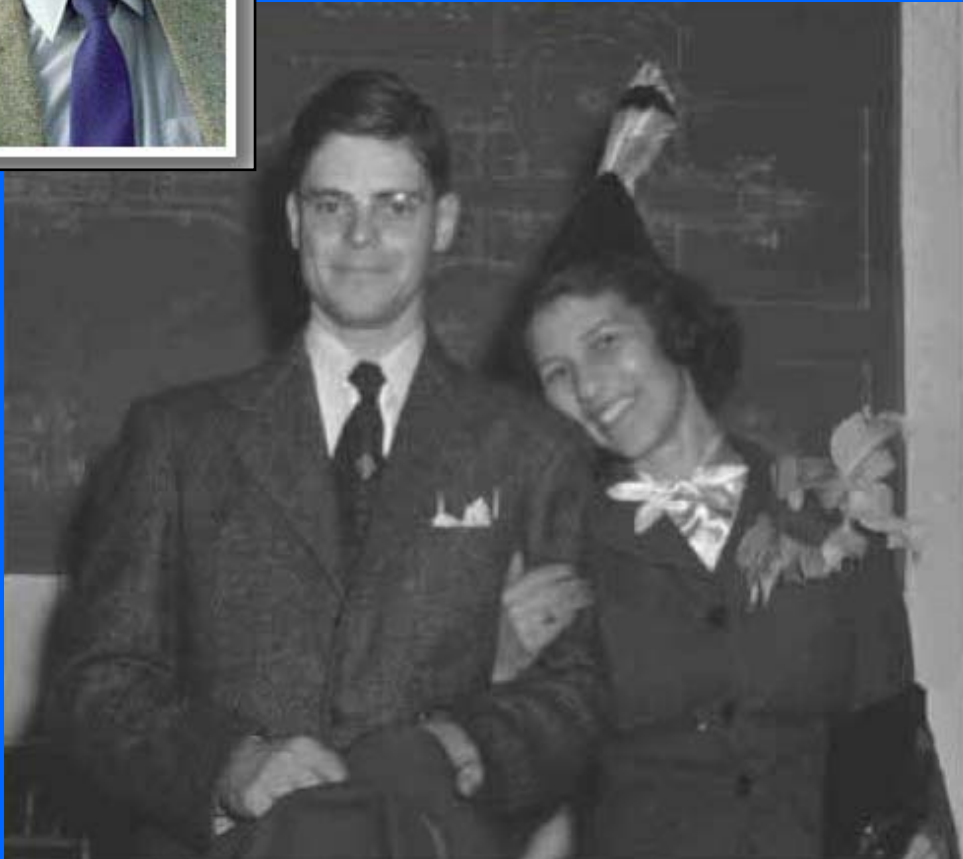
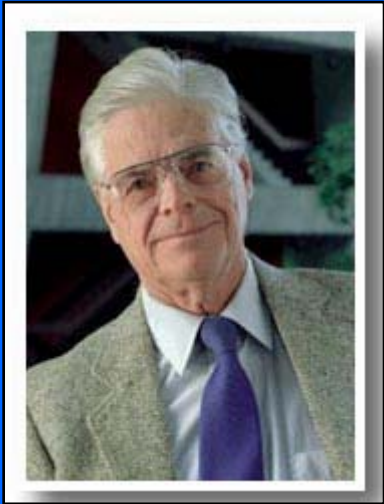
9 X ray beams



1 proton beam



The first idea – Bob Wilson, 1946



- Bob Wilson was student of Lawrence in Berkley
- Study of the shielding for the new cyclotron
- Interdisciplinary environment = new ideas!
- Use of protons and charged hadrons to better distribute the dose of radiation in cancer therapy

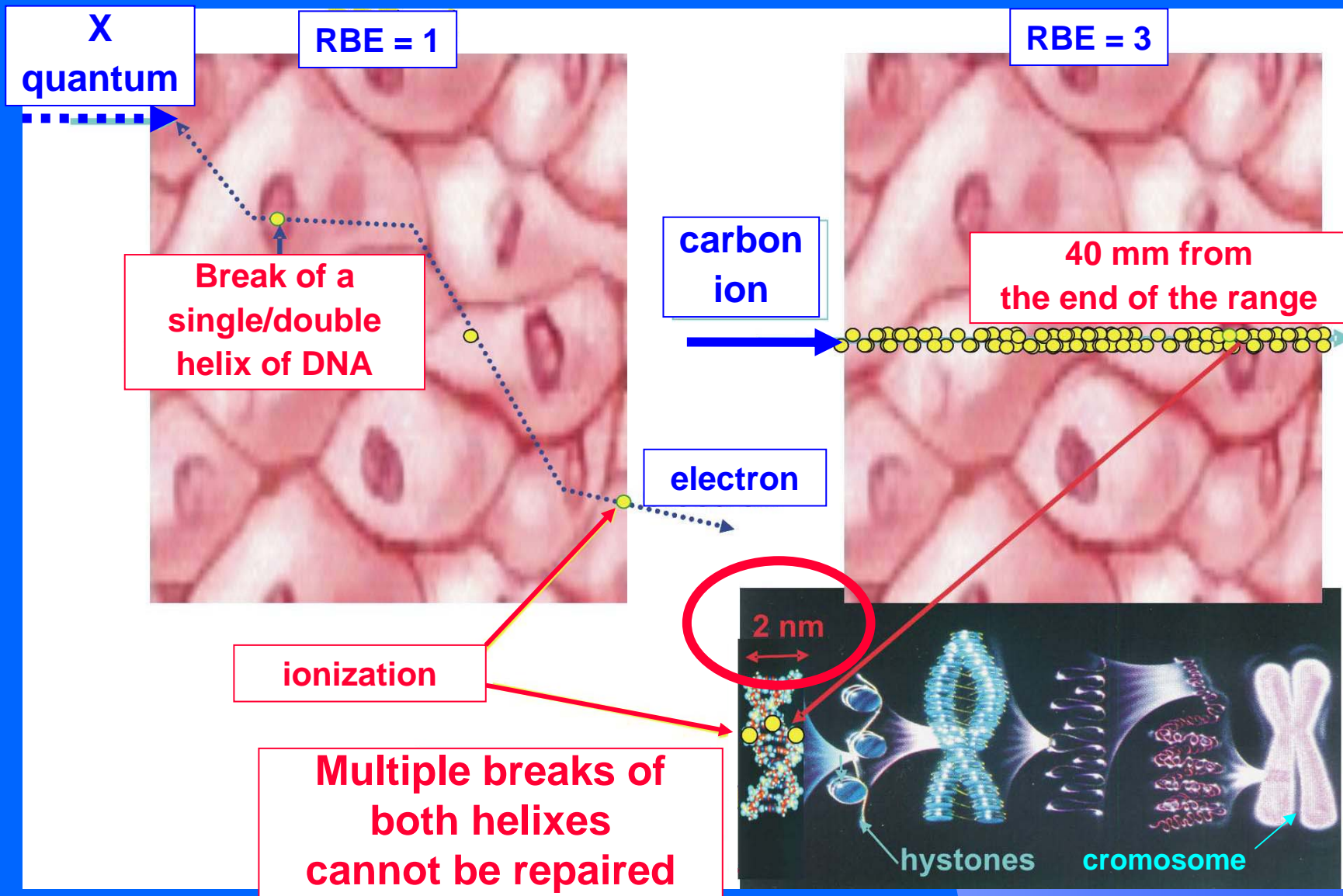
R.R. Wilson, Radiology, 47 (1946) 487

The basic principles of hadrontherapy



- Bragg peak
 - Better conformity of the dose to the target → healthy tissue sparing
- Hadrons are charged
 - Beam scanning for dose distribution
- Heavy ions
 - Higher biological effectiveness

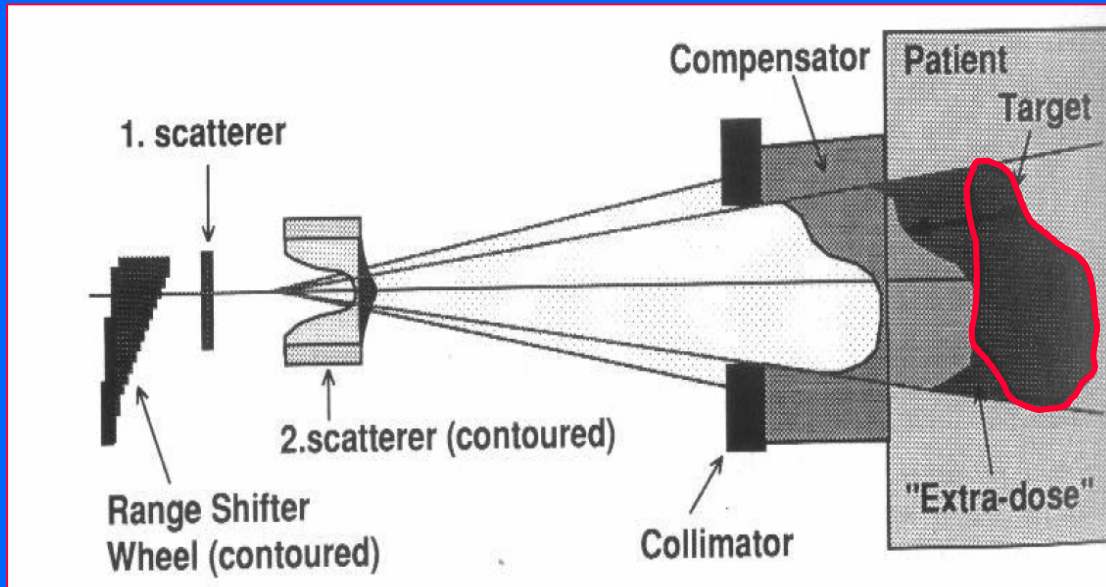
Why ions have a large biological effectiveness?



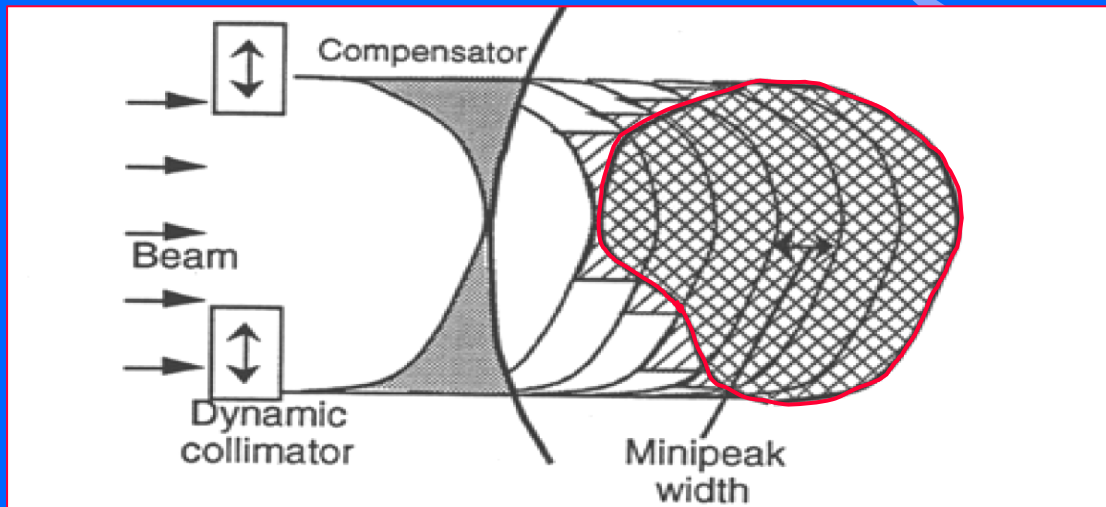
A gantry for proton therapy



Dose distribution: passive spreading

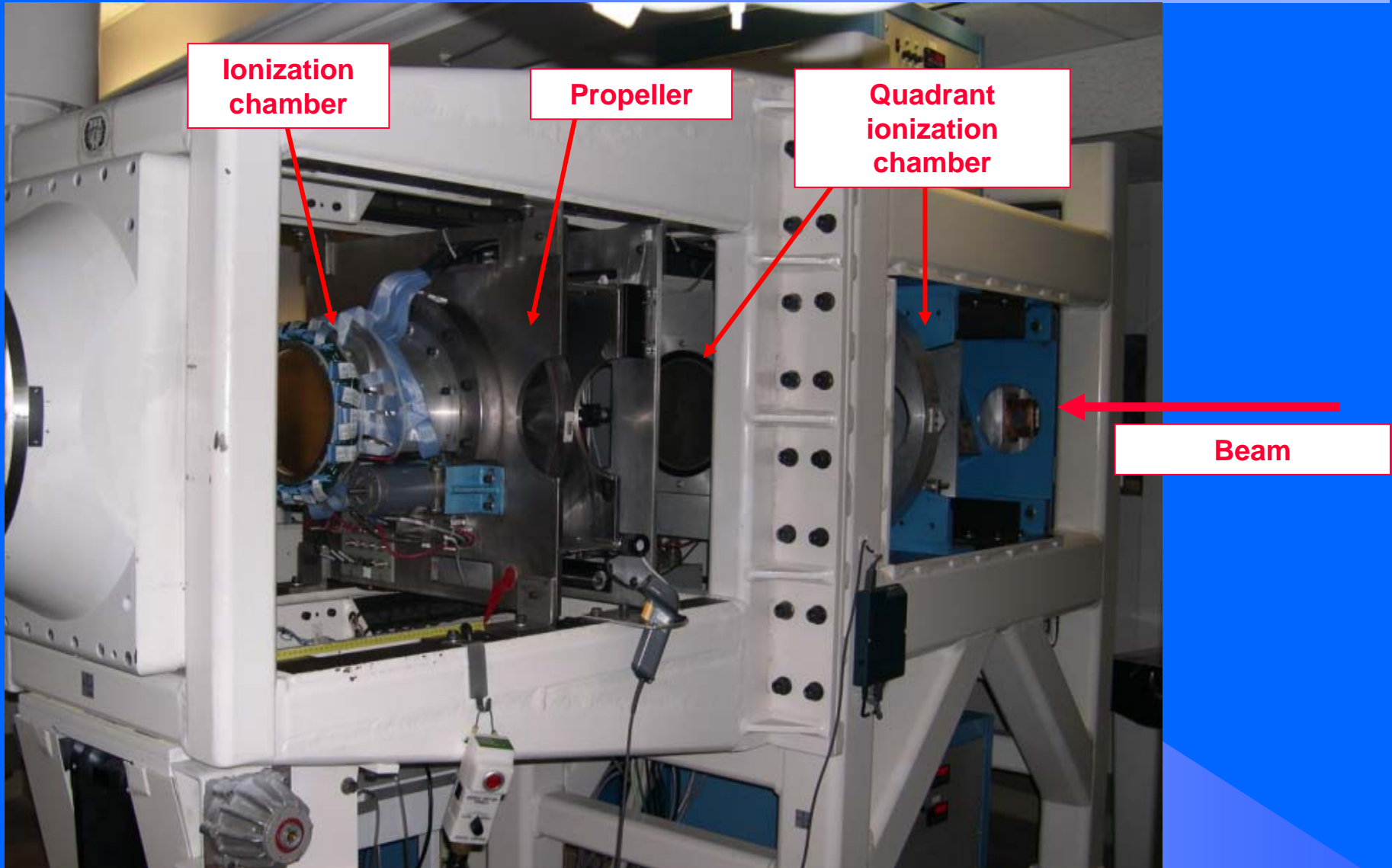


‘Double scattering’

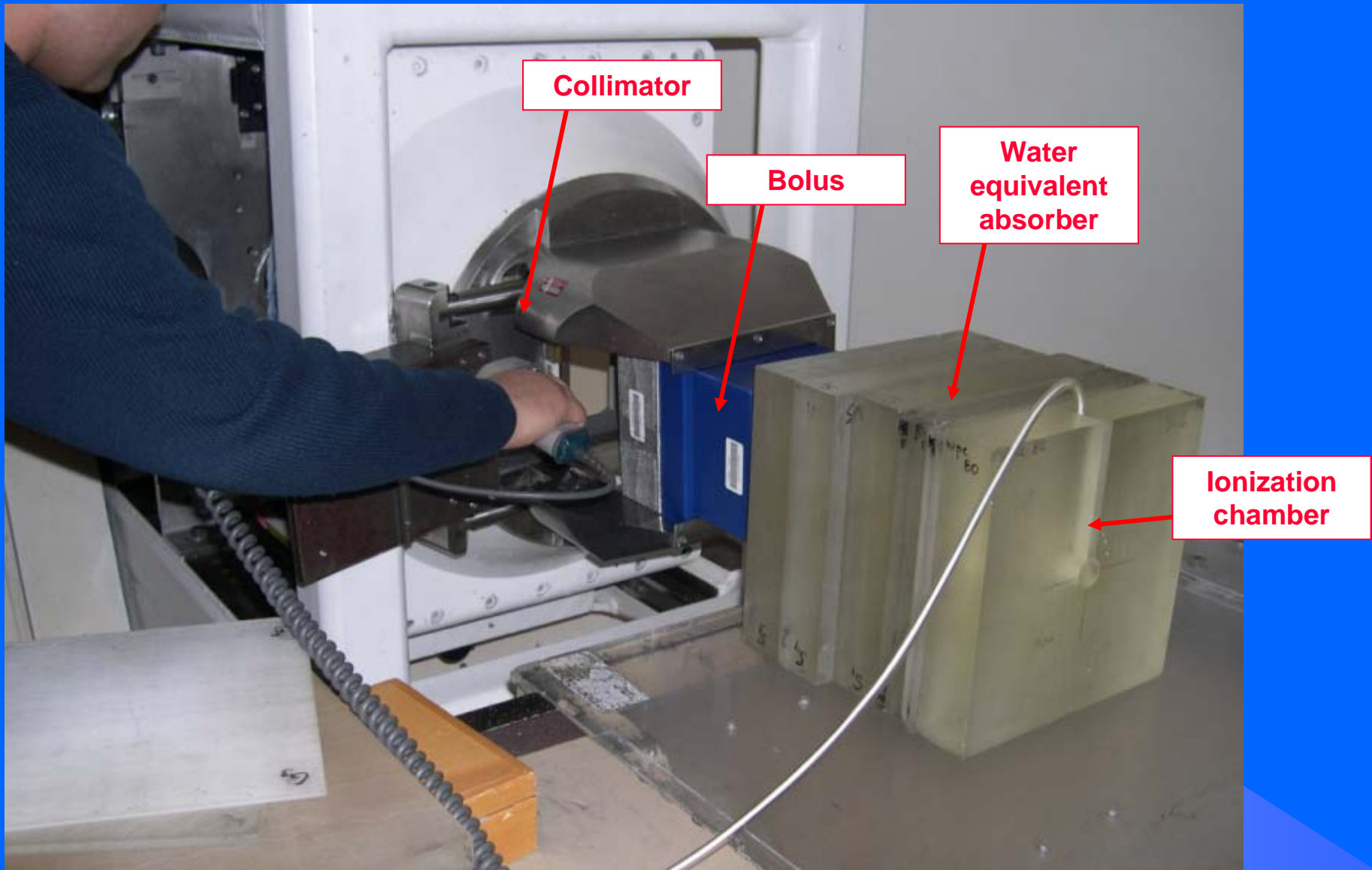


‘Layer stacking’

Passive spreading: the nozzle



Passive spreading: calibration before treatment



Passive spreading: personalized devices

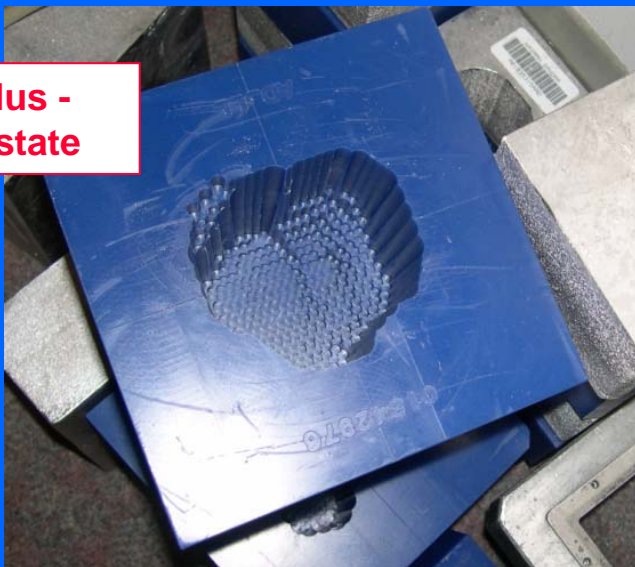
Propeller



Collimator



Bolus -
prostate

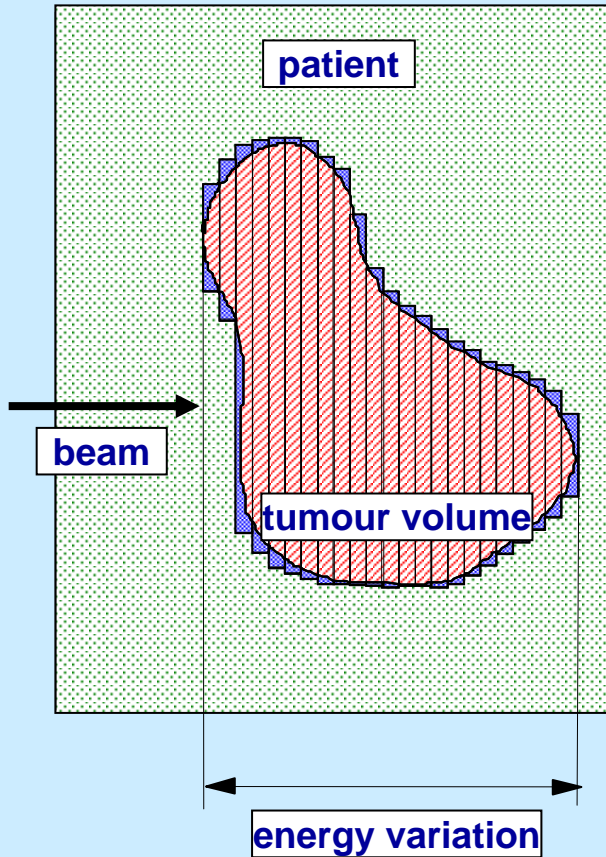


Bolus - liver

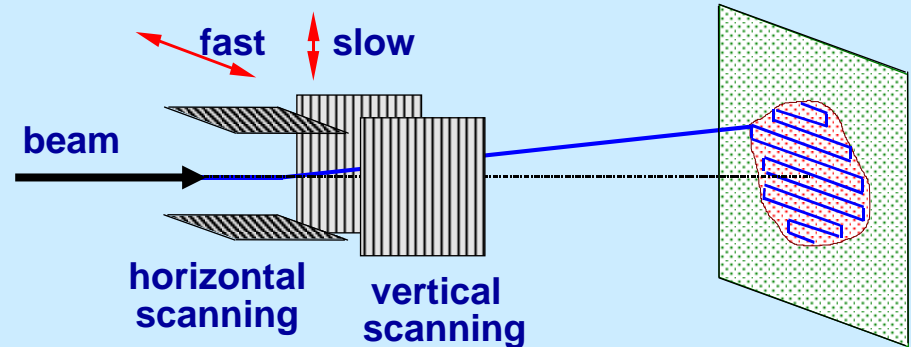


Dose distribution: active scanning

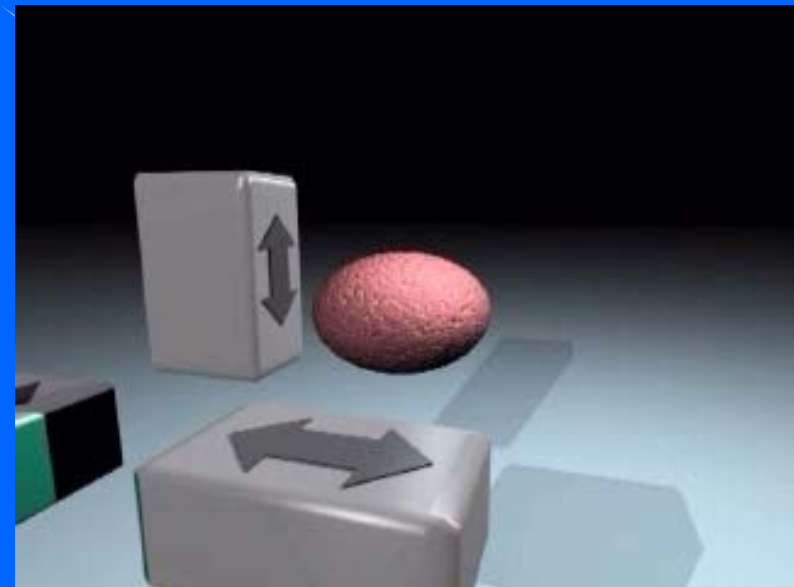
Longitudinal plane



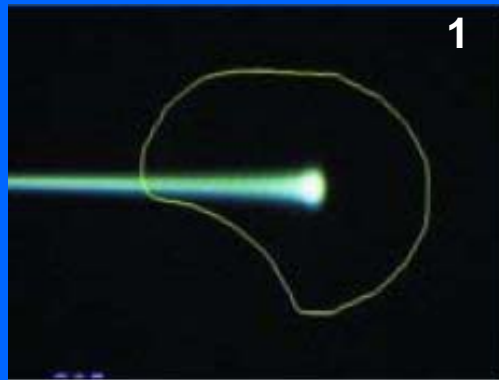
Transverse plane



**New technique developed
mainly at GSI and PSI**

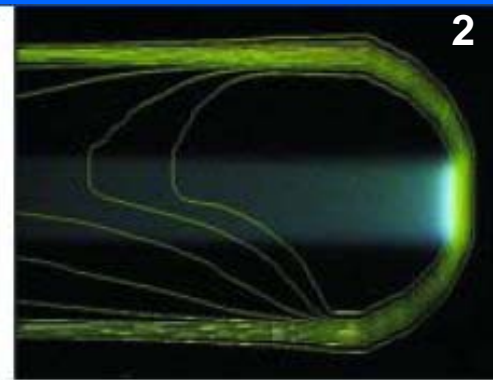


Active "spot scanning" a la PSI



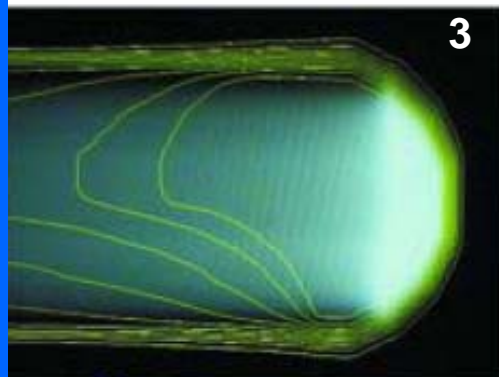
1

Single 'spot'



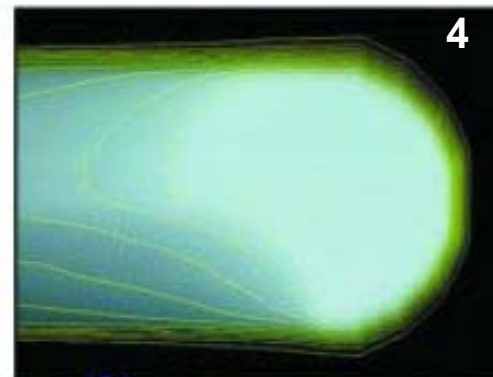
2

Lateral scanning with magnet: 2 ms/step



3

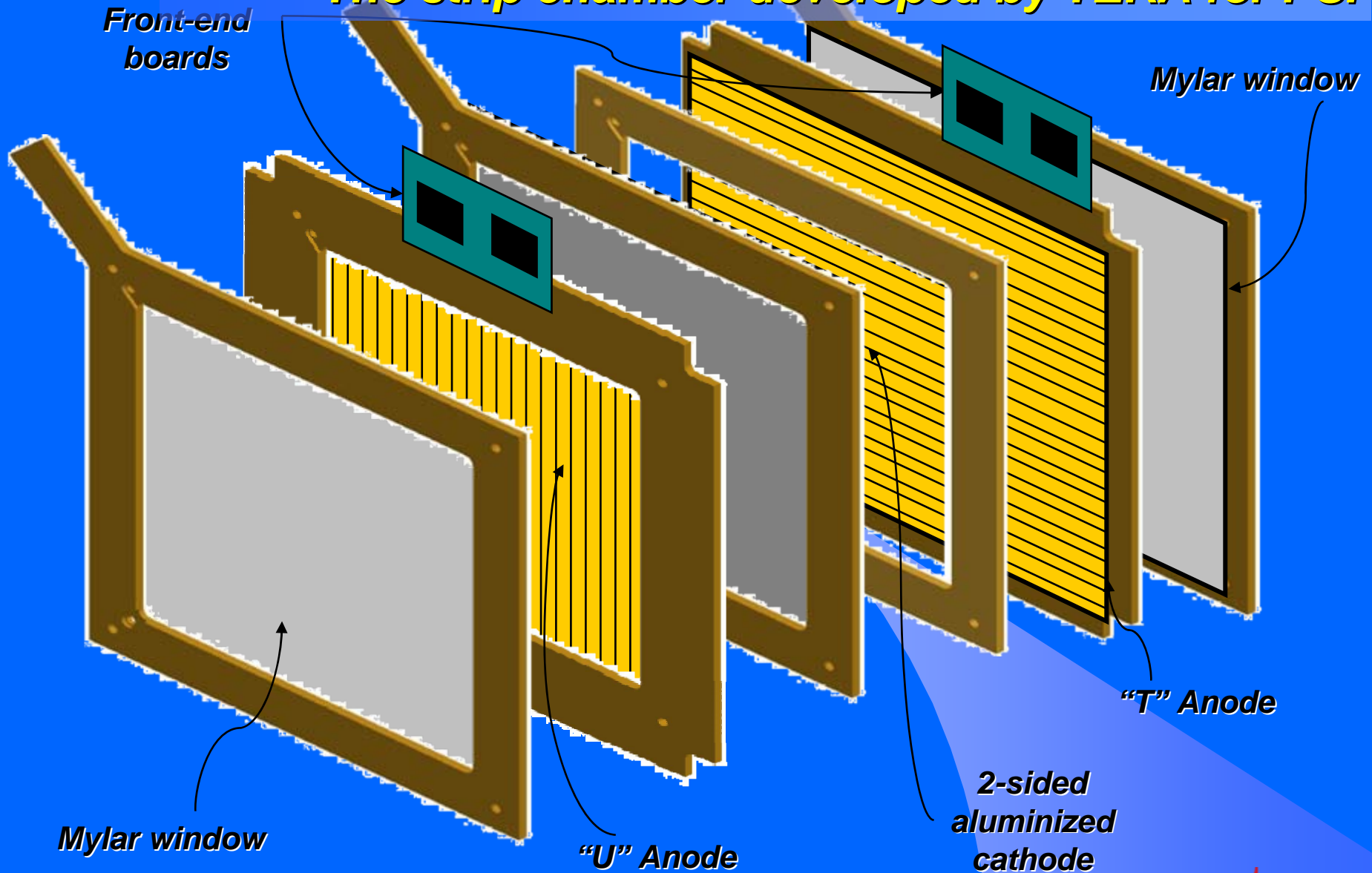
Depth scanning



4

Third scanning by a bending magnet and movable bed

A detector for spot scanning: The strip chamber developed by TERA for PSI



Beam tests on Gantry1 at PSI

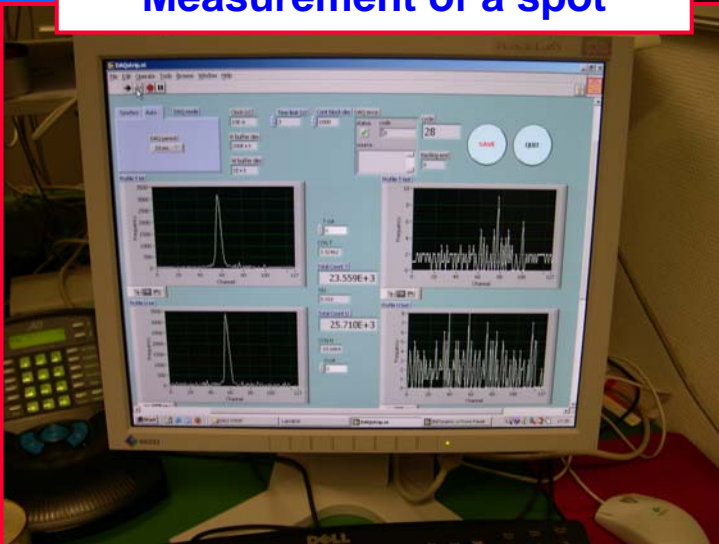
SAMBA

Strip Accurate Monitor for Beam Applications

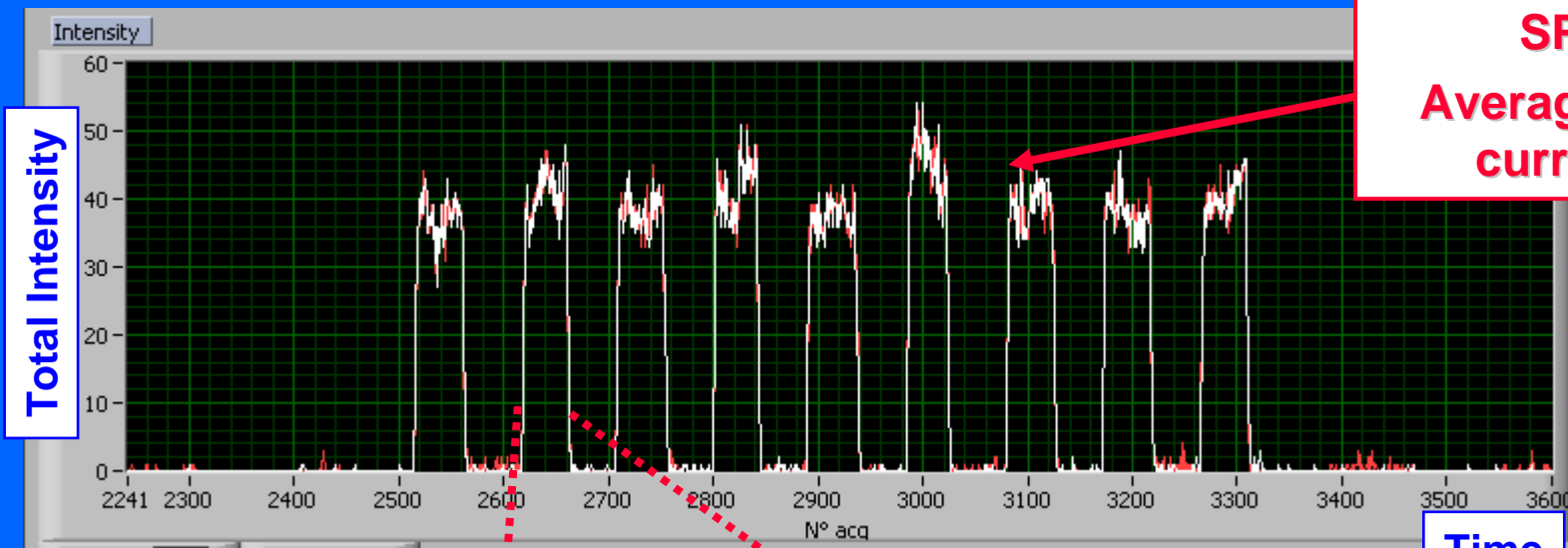
Measurement of a spot

T direction (table)

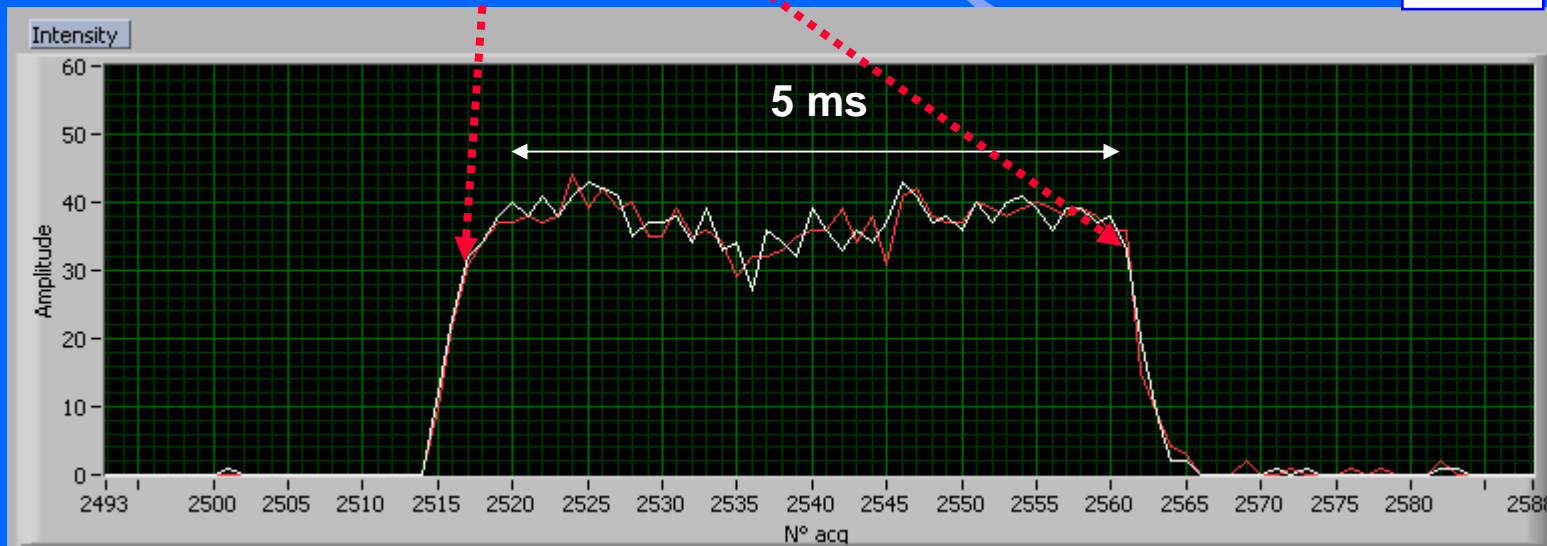
U direction (magnet)



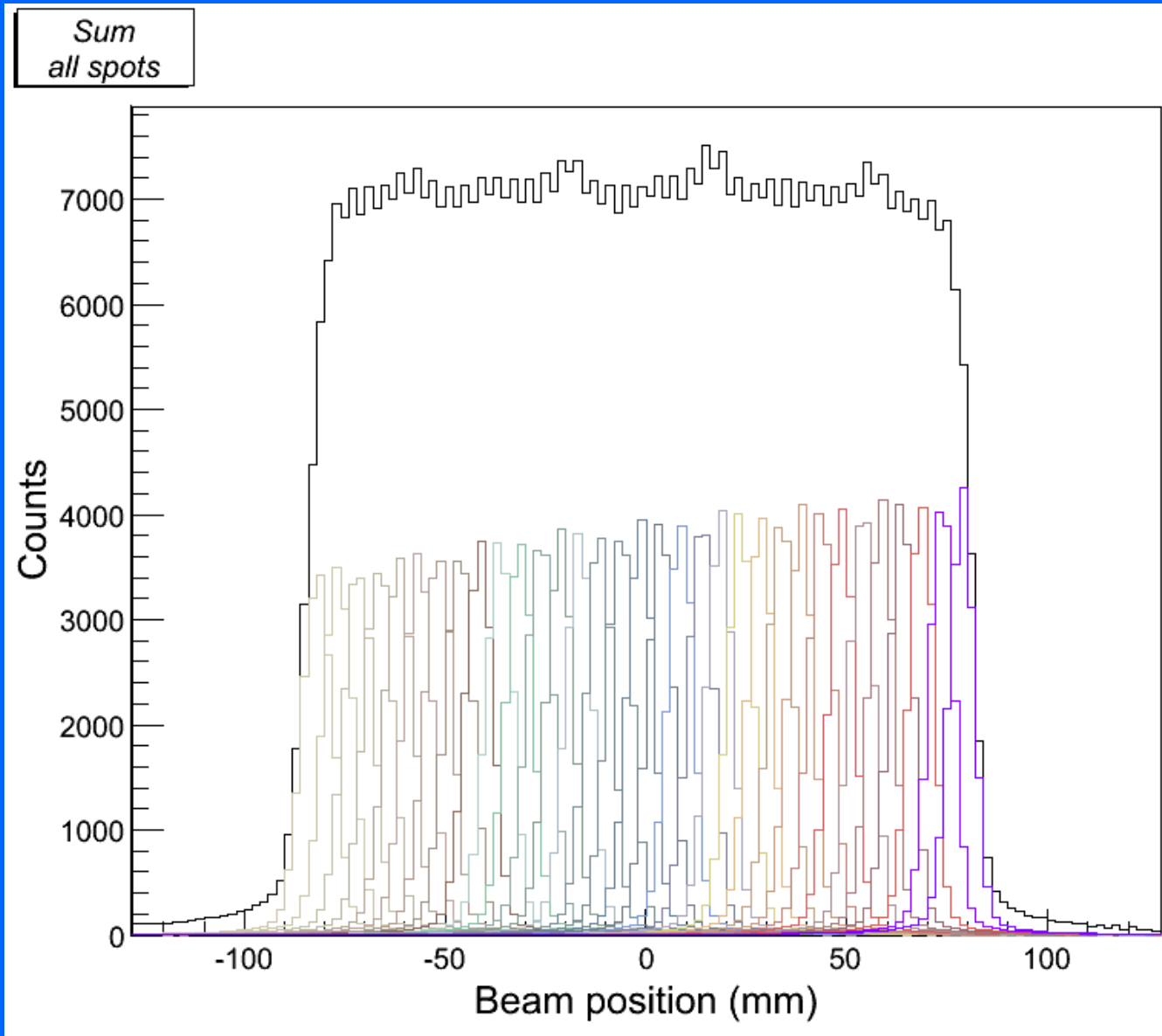
Time profile of the clinical beams



SPOTS
Average flat top
current 0.2 nA



A line of dose made of spots



Number of potential patients



Study by AIRO, 2003

Italian Association for Oncological Radiotherapy

X-ray therapy every 10 million inhabitants: 20'000 pts/year

Protontherapy

12% of X-ray patients = 2'400 pts/year

Therapy with Carbon ions for radio-resistant tumours

3% of X-ray patients = 600 pts/year

Every 50 M inhabitants

- Proton-therapy
4-5 centres
- Carbon ion therapy
1 centre

TOTAL about 3'000 pts/year

every 10 M

Eye and Orbit

- Choroidal Melanoma
- Retinoblastoma
- Choroidal Metastases
- Orbital Rhabdomyosarcoma
- Lacrimal Gland Carcinoma
- Choroidal Hemangiomas

Head and Neck Tumors

- Locally Advanced Oropharynx
- Locally Advanced Nasopharynx
- Soft Tissue Sarcoma
Recurrent or Unresectable
- Misc. Unresectable or Recurrent Carcinomas

Chest

- Non Small Cell Lung Carcinoma
Early Stage—Medically Inoperable
- Paraspinal Tumors
Soft Tissue Sarcomas, Low Grade Chondrosarcomas, Chordomas

Abdomen

- Paraspinal Tumors
- Soft Tissue Sarcomas, Low Grade Chondrosarcomas, Chordomas

Pelvis

- Early Stage Prostate
- Locally Advanced Bladder
- Locally Advanced Rectal
- Sacral Chordoma
- Recurrent or Unresectable Rectal Carcinoma
- Recurrent or Unresectable Pelvic Masses

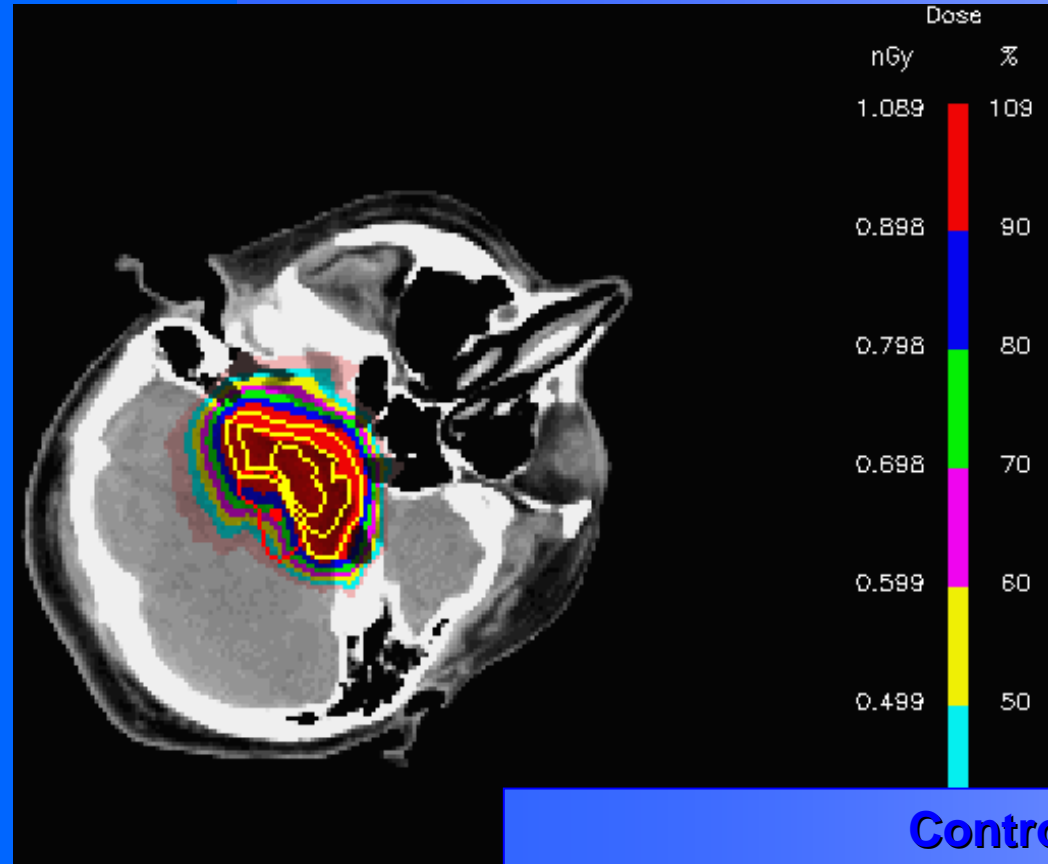
Central Nervous System

- Adult Low Grade Gliomas
- Pediatric Gliomas
- Acoustic Neuroma
Recurrent or Unresectable
- Pituitary Adenoma
Recurrent or Unresectable
- Meningioma
Recurrent or Unresectable
- Craniopharyngioma
- Chordomas and Low Grade Chondrosarcoma
Clivus and Cervical Spine
- Brain Metastases
- Optic Glioma
- Arteriovenous Malformations

Up to present

- **Proton-therapy:**
~ 40 000 patients
- **Carbon ion therapy:**
~ 2 200 patients

Tumours of the central nervous system



Control at 5 years

	RT	Protons
Chordomas	17-50%	73-83%
Chondrosarcomas	50-60%	90-98%

Present and “near” future of hadrontherapy

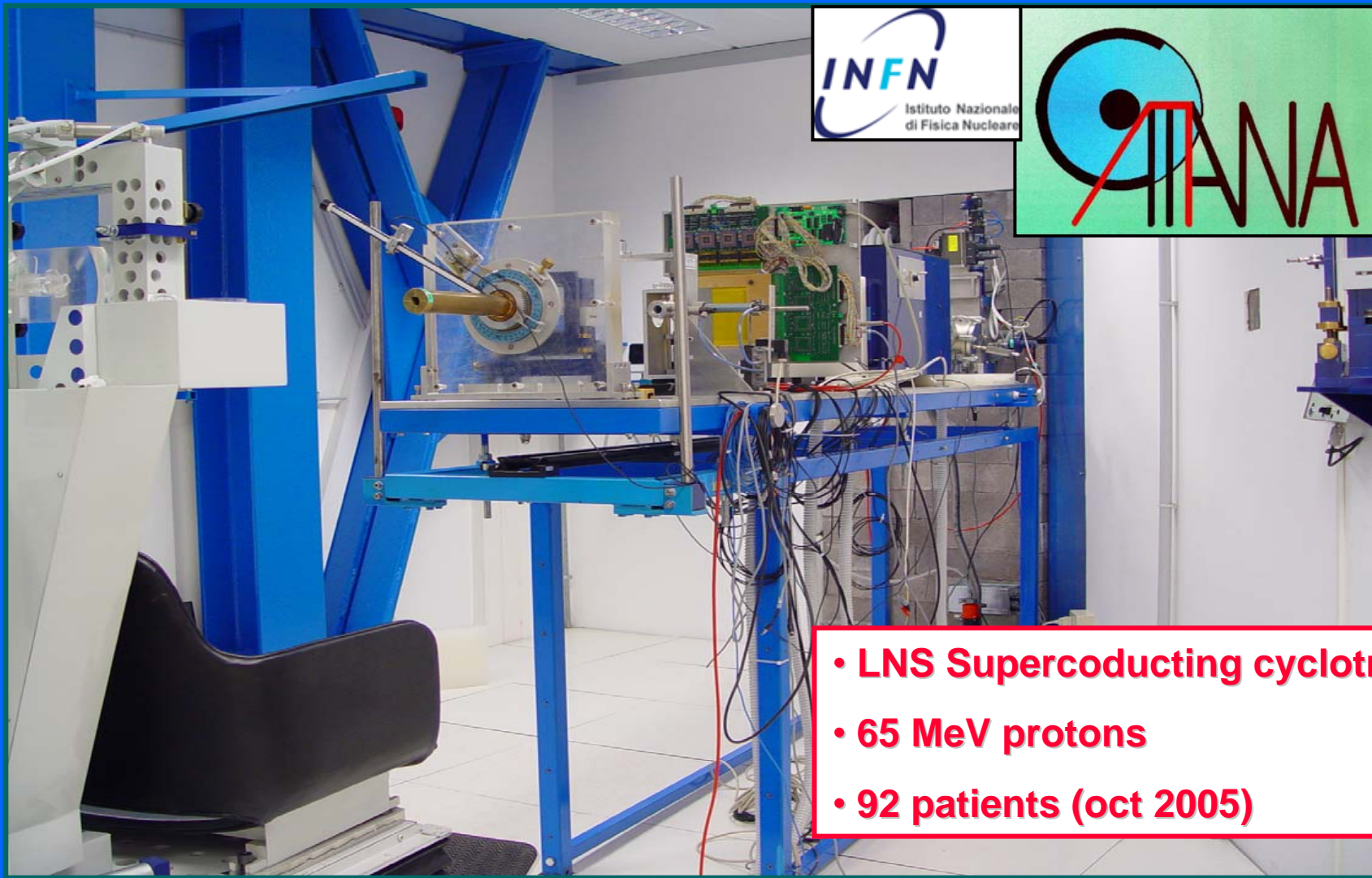
- **Proton-therapy is “booming”!** *(for information see PTCOG, ptcog.web.psi.ch)*
 - **Laboratory based centres: Orsay, PSI, INFN-Catania, ...**
 - **Hospital based centres: 3 in USA, 4 in Japan and many under construction (USA, Japan, Germany, China, Korea, Italy, ...)**
 - **Companies offer “turn-key” centres (cost: 50-60 M Euro)**

- **Carbon ion therapy**
 - **2 hospital based centres in Japan**
 - **Pilot project at GSI**
 - **2 hospital based centres under construction in Germany and Italy**
 - **2 projects approved (France and Austria)**
 - **European network ENLIGHT**

The map of hadrontherapy



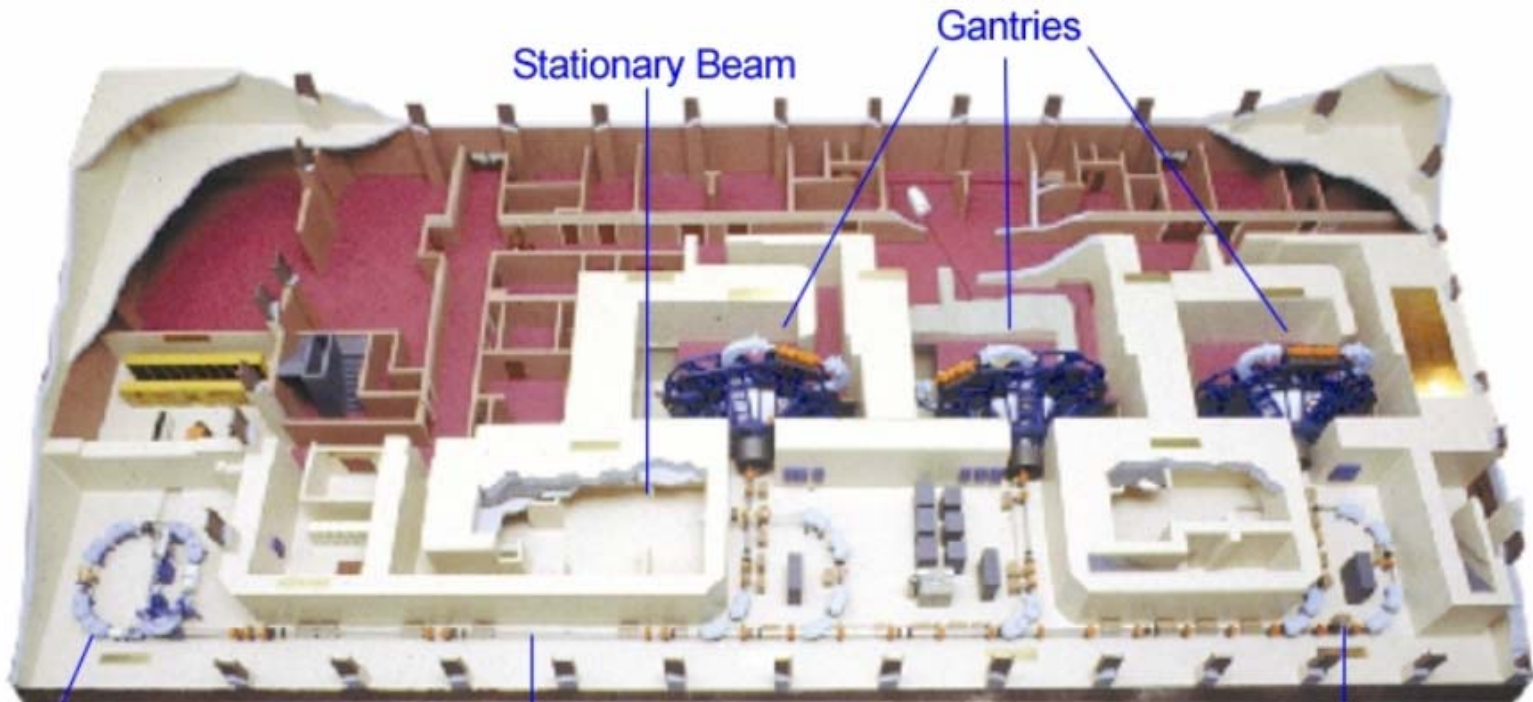
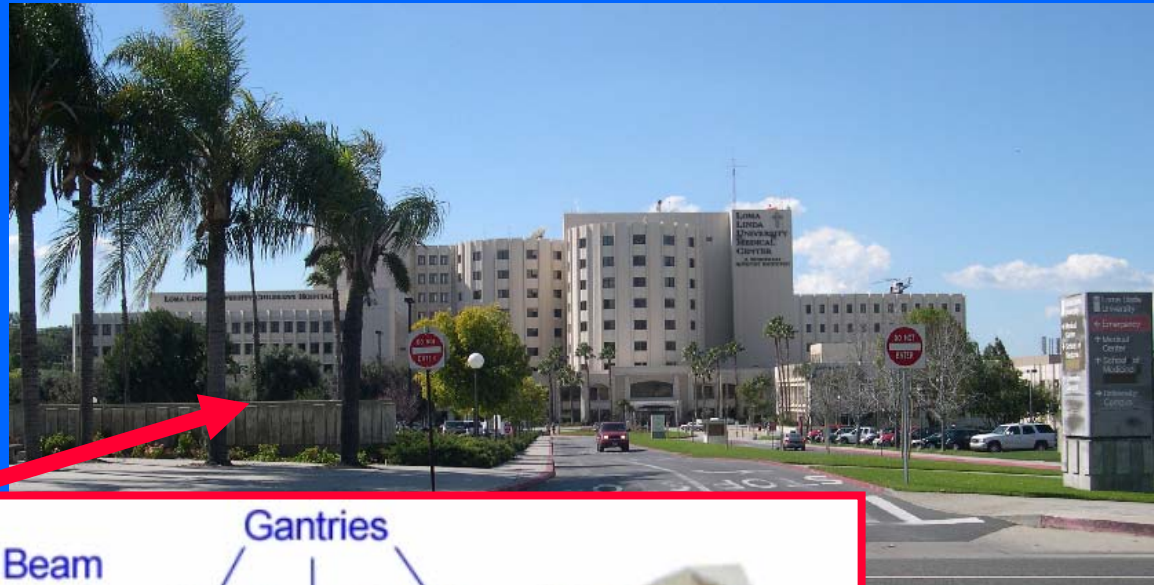
The eye melanoma treatment at INFN-LNS in Catania



- LNS Superconducting cyclotron
- 65 MeV protons
- 92 patients (oct 2005)

The Loma Linda University Medical Center (USA)

- First hospital-based proton-therapy centre, built in 1993
- ~160/sessions a day
- ~1000 patients/year



What a patient sees...



Japan: 4 proton and 2 carbon ion therapy centres

WAKASA BAY PROJECT
 by Wakasa-Bay Energy Research Center
 Fukui (2002)
 protons (≤ 200 MeV) synchrotron
 (Hitachi)
 1 h beam + 1 v beam + 1 gantry

TSUKUBA CENTRE
 Ibaraki (2001)
 protons (≤ 270 MeV)
 synchrotron (Hitachi)
 2 gantries
 2 beam for research

HYOGO MED CENTRE
 Hyogo (2001)

protons (≤ 230 MeV) - He and C ions (≤ 320 MeV/u)
 Mitsubishi synchrotron
 2 p gantries + 2 fixed p beam + 2 ion rooms

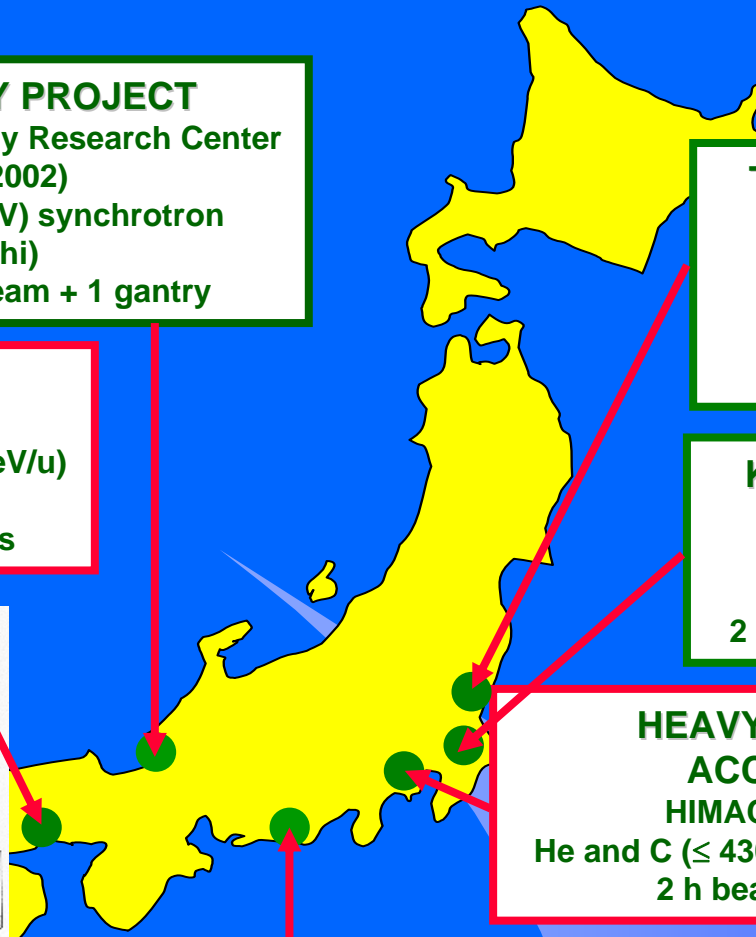
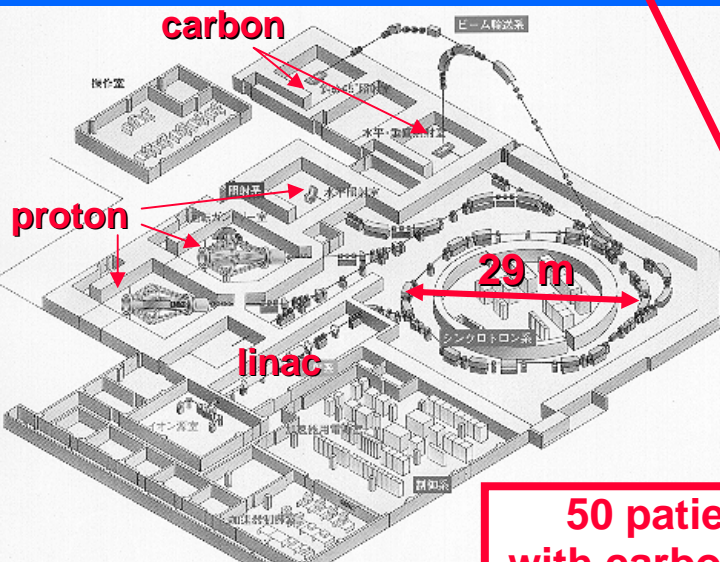
KASHIWA CENTER
 Chiba (1998)
 protons (≤ 235 MeV)
 cyclotron (IBA - SHI)
 2 Gantries + 1 hor. beam

**HEAVY ION MEDICAL
 ACCELERATOR**
 HIMAC of NIRS (1995)
 He and C (≤ 430 MeV/u) 2 synchrotrons
 2 h beams + 2 v beams

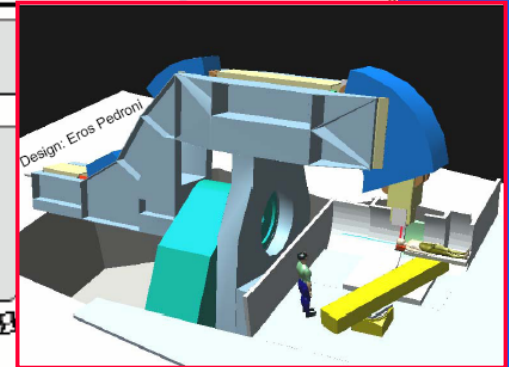
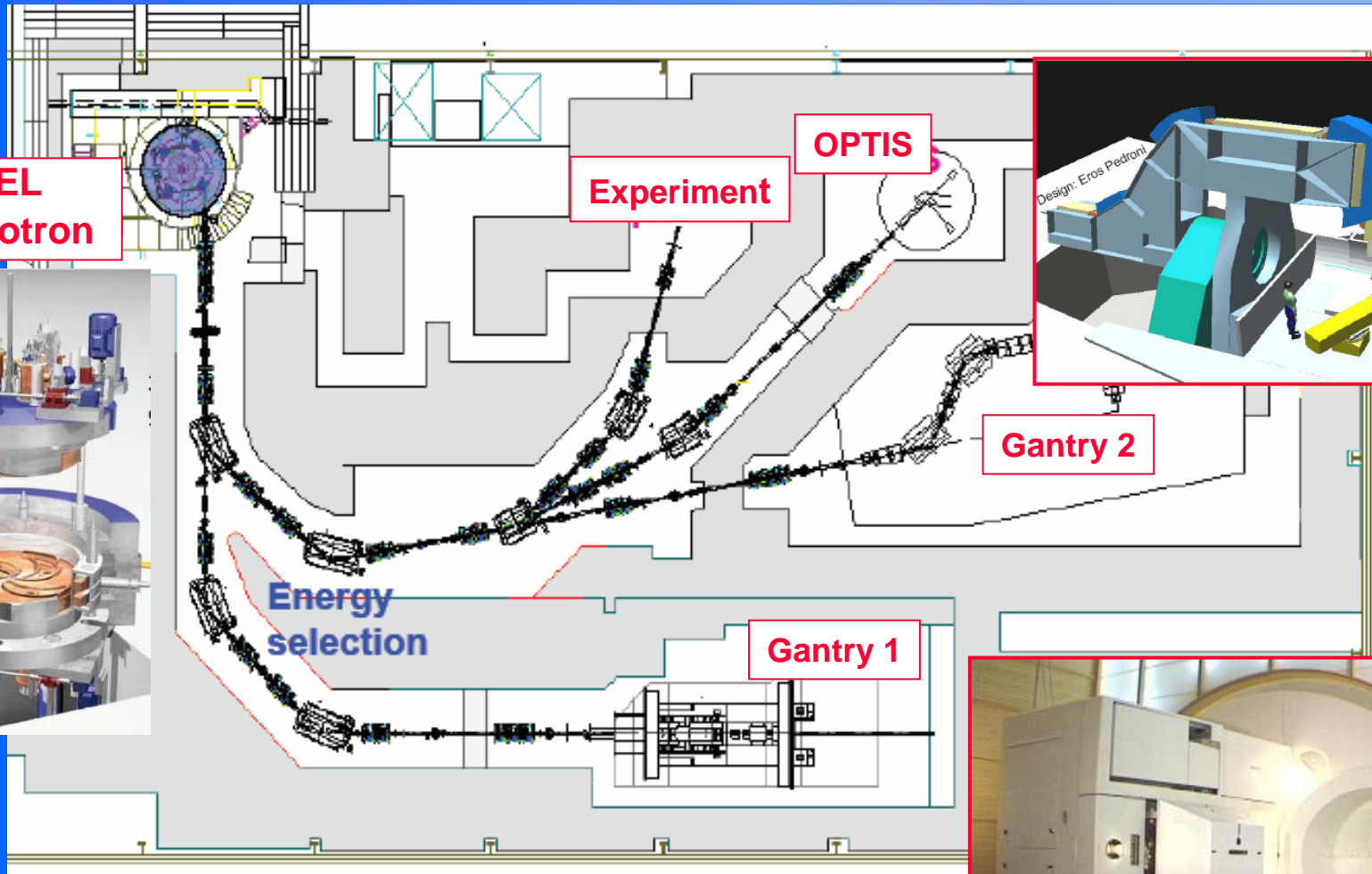
SHIZUOKA FACILITY
 Shizuoka (2002)
 Proton synchrotron
 2 gantries + 1 h beam

**2000 patients
 with carbon ions**

**50 patients
 with carbon ions**



PROSCAN project at PSI



- New SC 250 MeV proton cyclotron – Installed
- New proton gantry

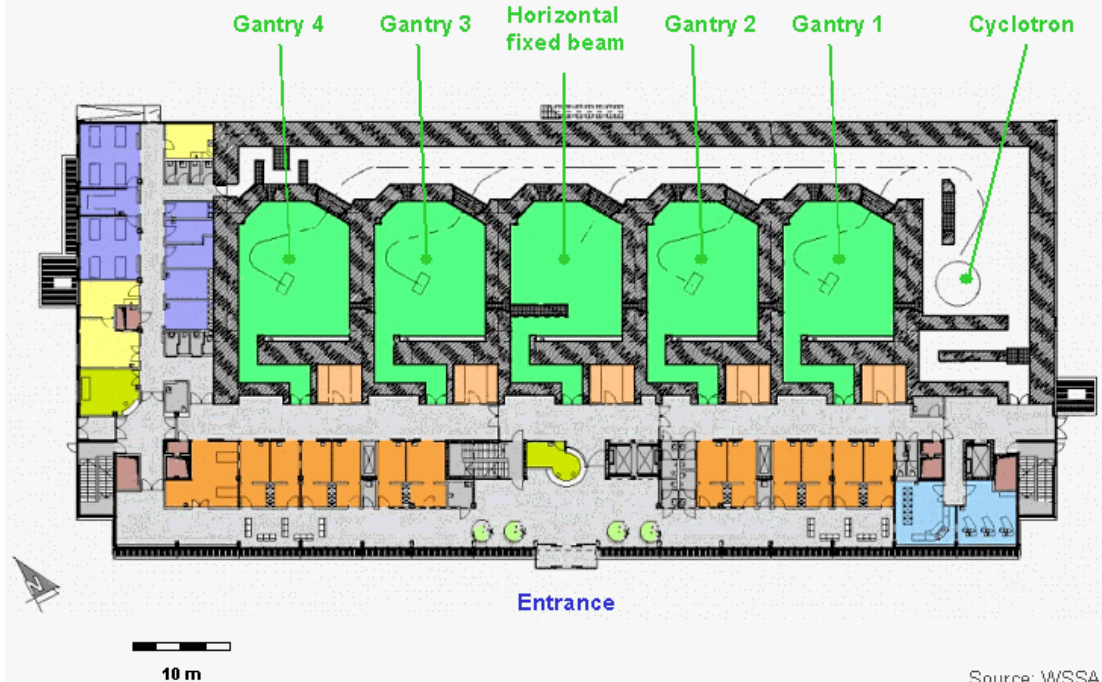
RINECKER PROTON THERAPY CENTER

Rinecker - Munich



PROHEALTH AG

STRUCTURE



Almost ready

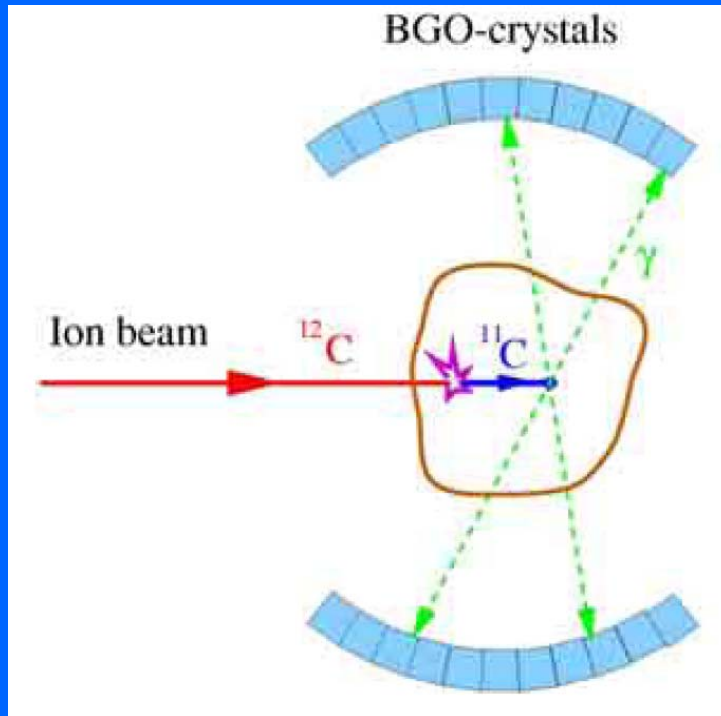
Carbon ion therapy in Europe

1998 - GSI pilot project (G. Kraft)

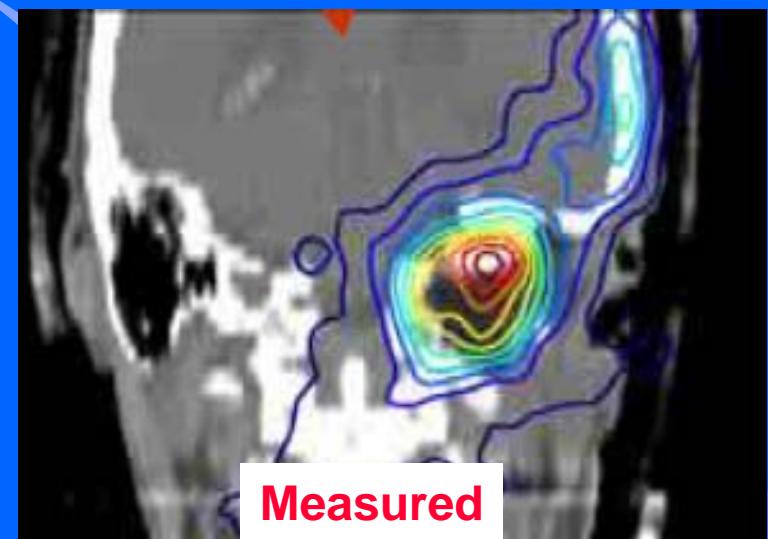
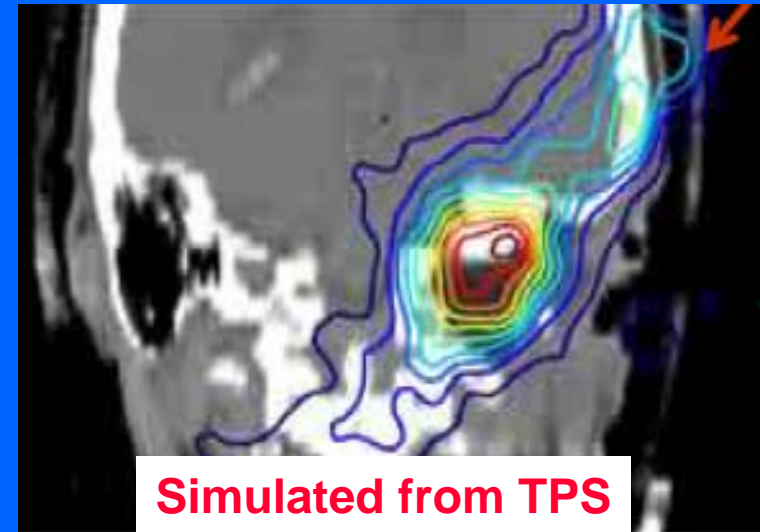
200 patients treated
with carbon ions

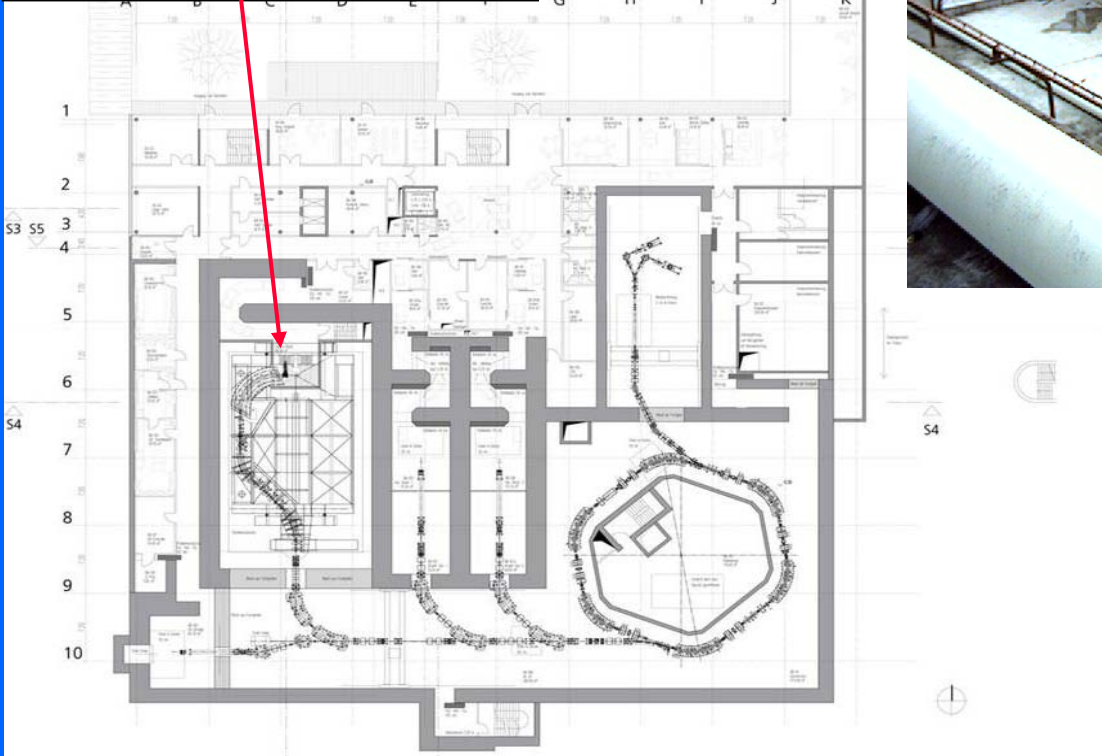
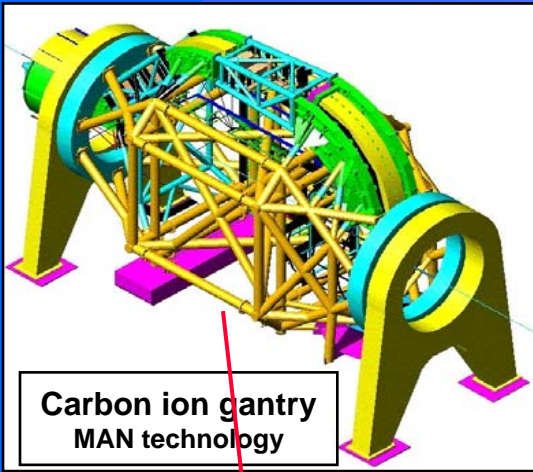


PET on-beam



Measurement of the "real" dose given to the patient

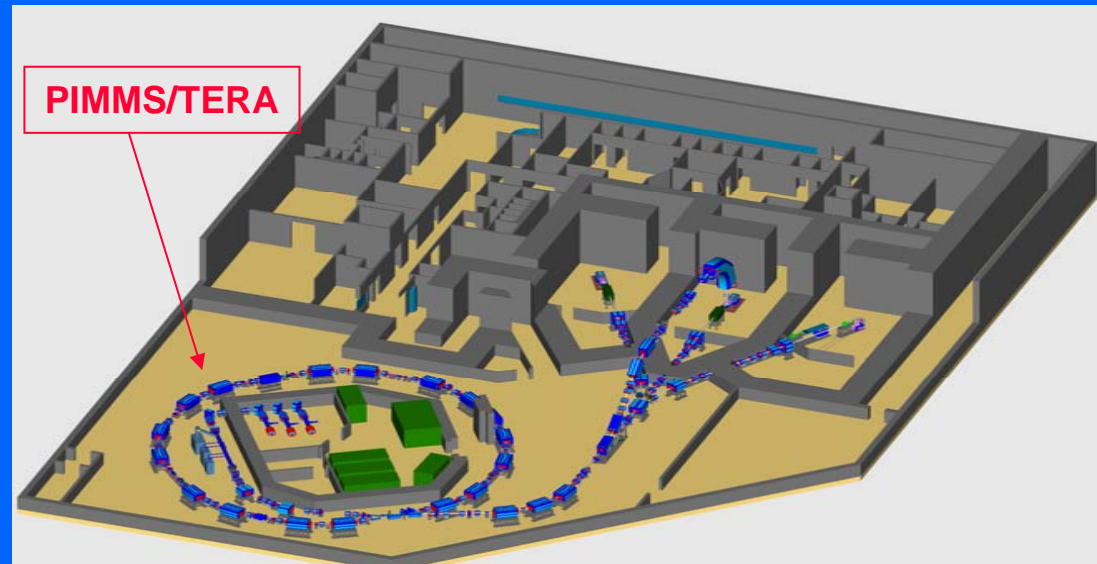




- Hospital based centre
- Project started in 2001
- First patient treatment foreseen in 2007

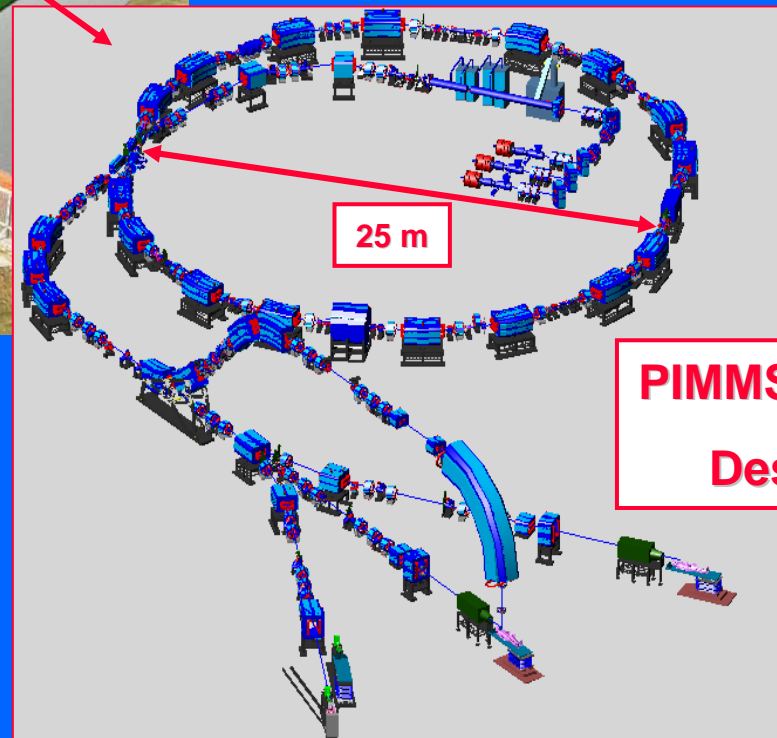
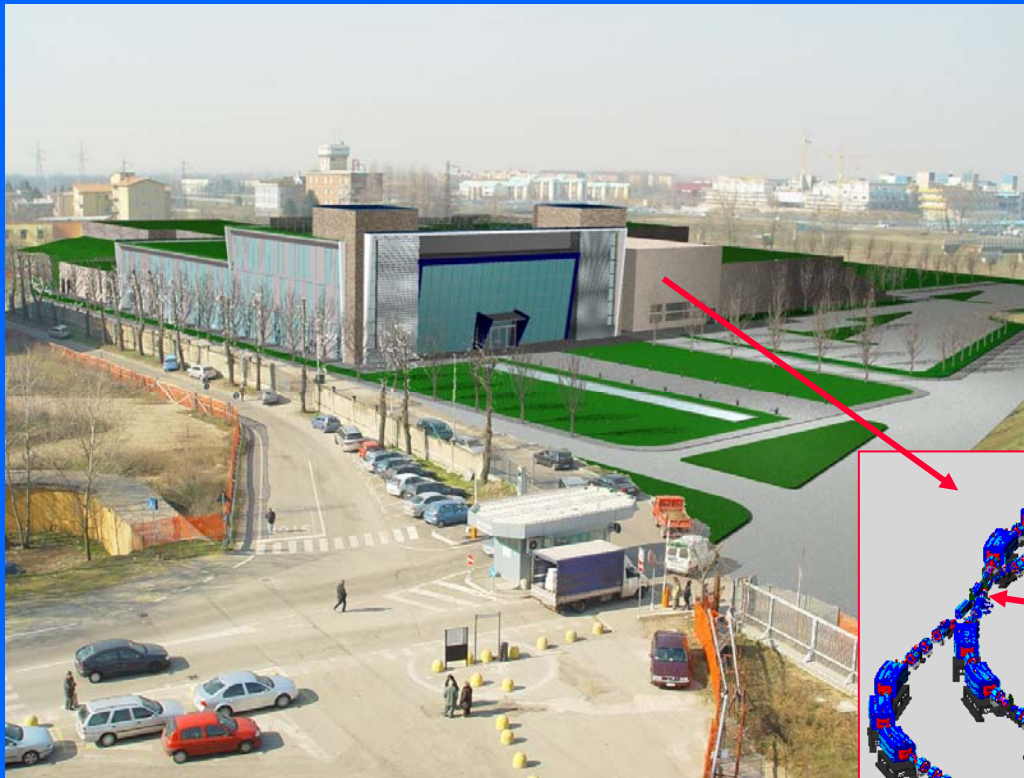
The TERA Foundation

- Not-for-profit foundation created in 1992 by Ugo Amaldi and recognized by the Italian Ministry of Health in 1994
- Research in the field of particle accelerators and detectors for hadron-therapy
- First goal: the Italian National Centre (CNAO) now under construction in Pavia
- Collaborations with many research institutes and universities
 - in particular CERN, INFN, PSI, GSI, JRC, Universities of Milan, Turin and Piemonte Orientale



CNAO on the Pavia site

- Investment: 75 M€
- Main source of funds: Italian Health Ministry
- Ground breaking: March 2005
- Treatment of the first patient foreseen by the end of 2007



- Hospital based centre
- Protons and carbon ions

CNAO today

March, 2006



Courtesy Sandro Rossi,
Fondazione CNAO

Medium term

- “Dual” cyclotrons for protons and carbon ions
- CYCLINAC = Cyclotron + LINAC

Long term

- Laser plasma accelerators

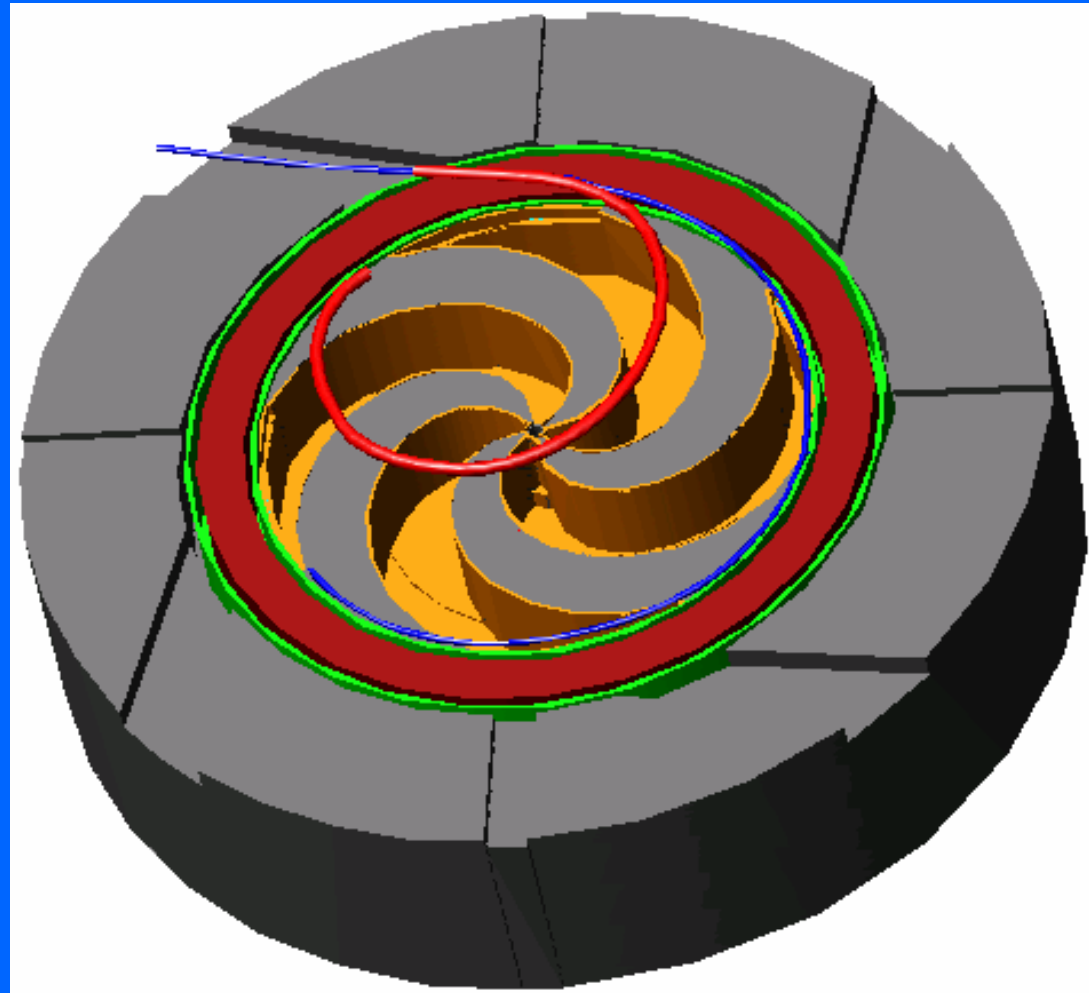
250 MeV/u SC cyclotron

- H_2^+ molecules

250 MeV proton beam for
deep seated cancer
treatment

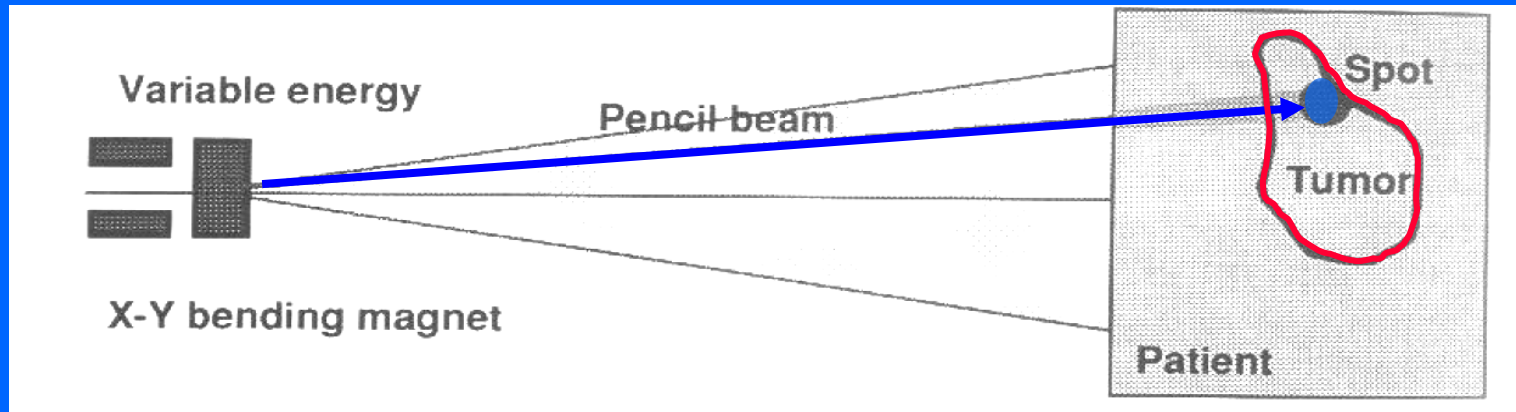
- 250 MeV/u fully stripped C
ions

maximum penetration of
12 cm in water

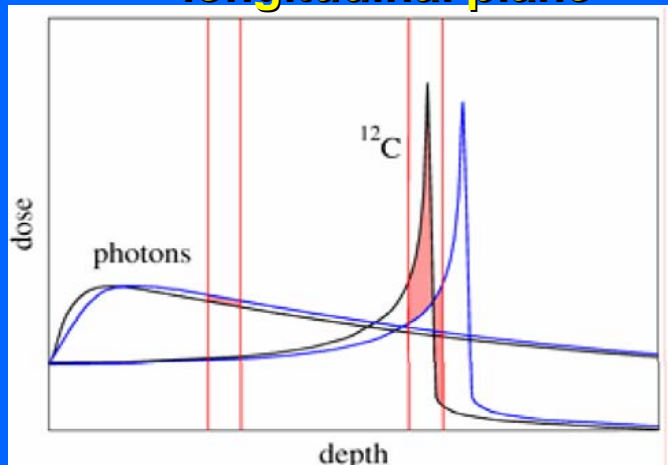


Project of INFN LNS

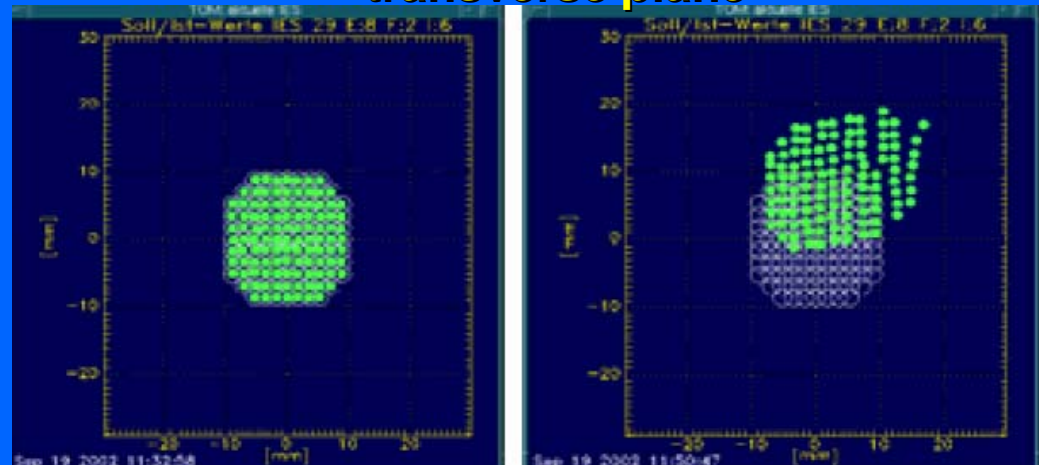
“Spot scanning” is sensitive to movements



longitudinal plane



transverse plane



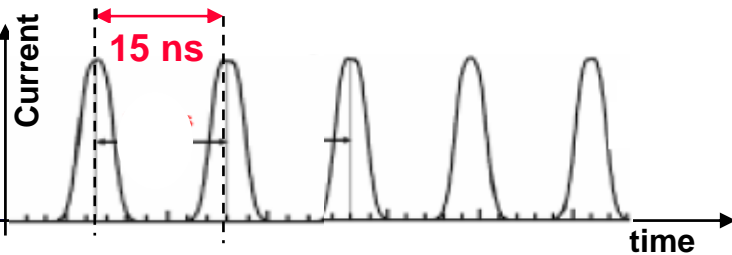
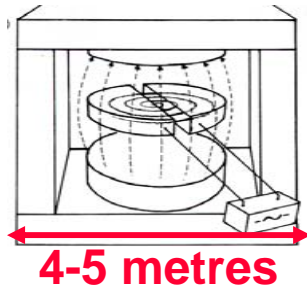
Two approaches can be combined:

1. multiple ‘repainting, of the tumour target
2. feedbacks in the transverse and energy dimensions

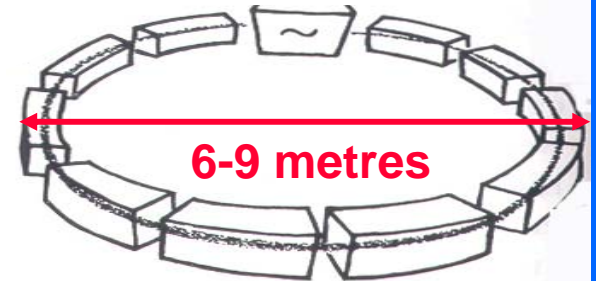
The accelerators used today in protontherapy

- 200-250 MeV protons

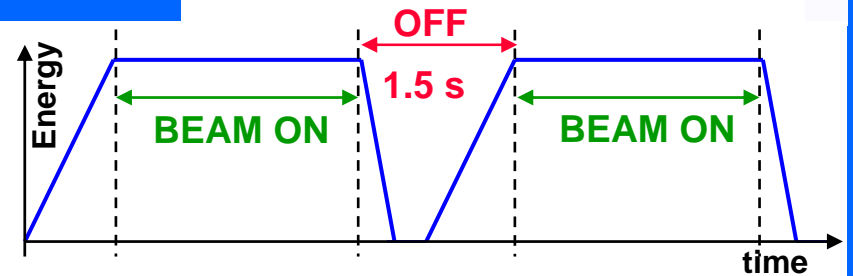
CYCLOTRONS (Normal or SC)



SYNCHROTRONS



OR



CYCLOTRONS

- Almost continuous beam
- Fixed energy

SYNCHROTRONS

- Beam ON and OFF
- Continuous energy

The CYCLINAC: the new project of TERA

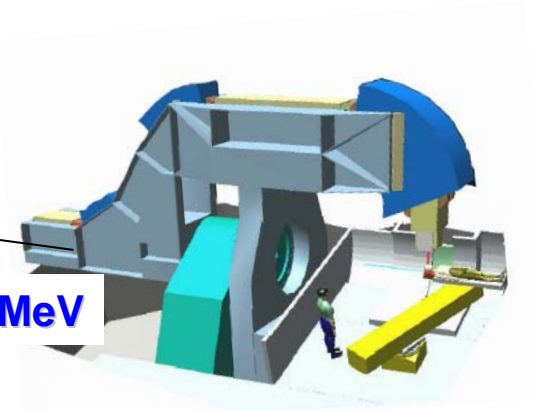
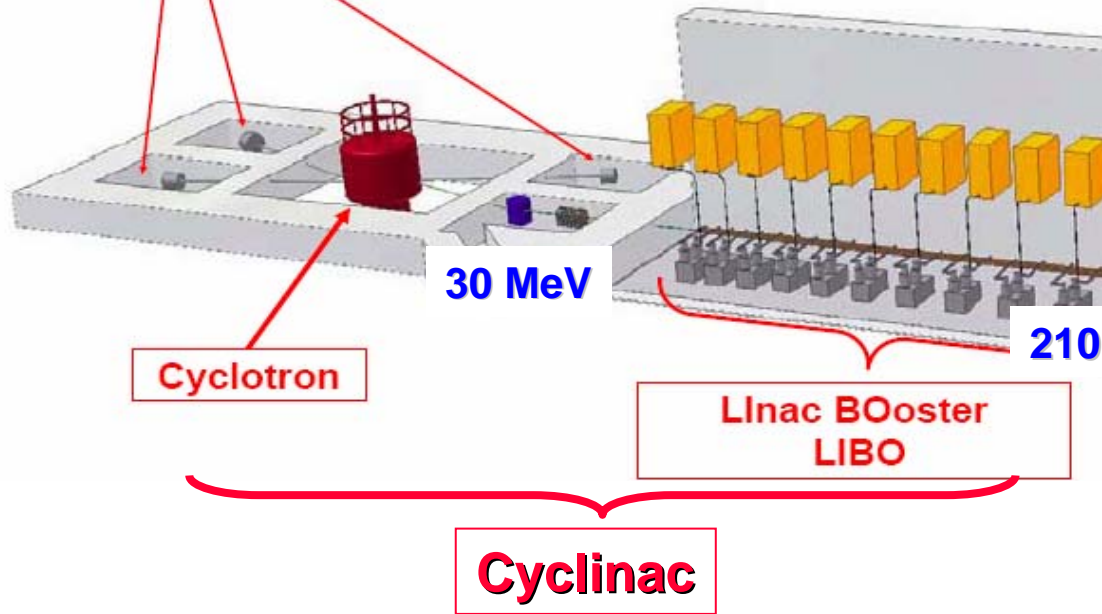


- **CYCLINAC = CYClotron + LINAC**
- **Commercial cyclotron for the production of radioisotopes**
- **Linac to boost the beam energy for hadron-therapy**

Two main functions
DIAGNOSTICS + THERAPY

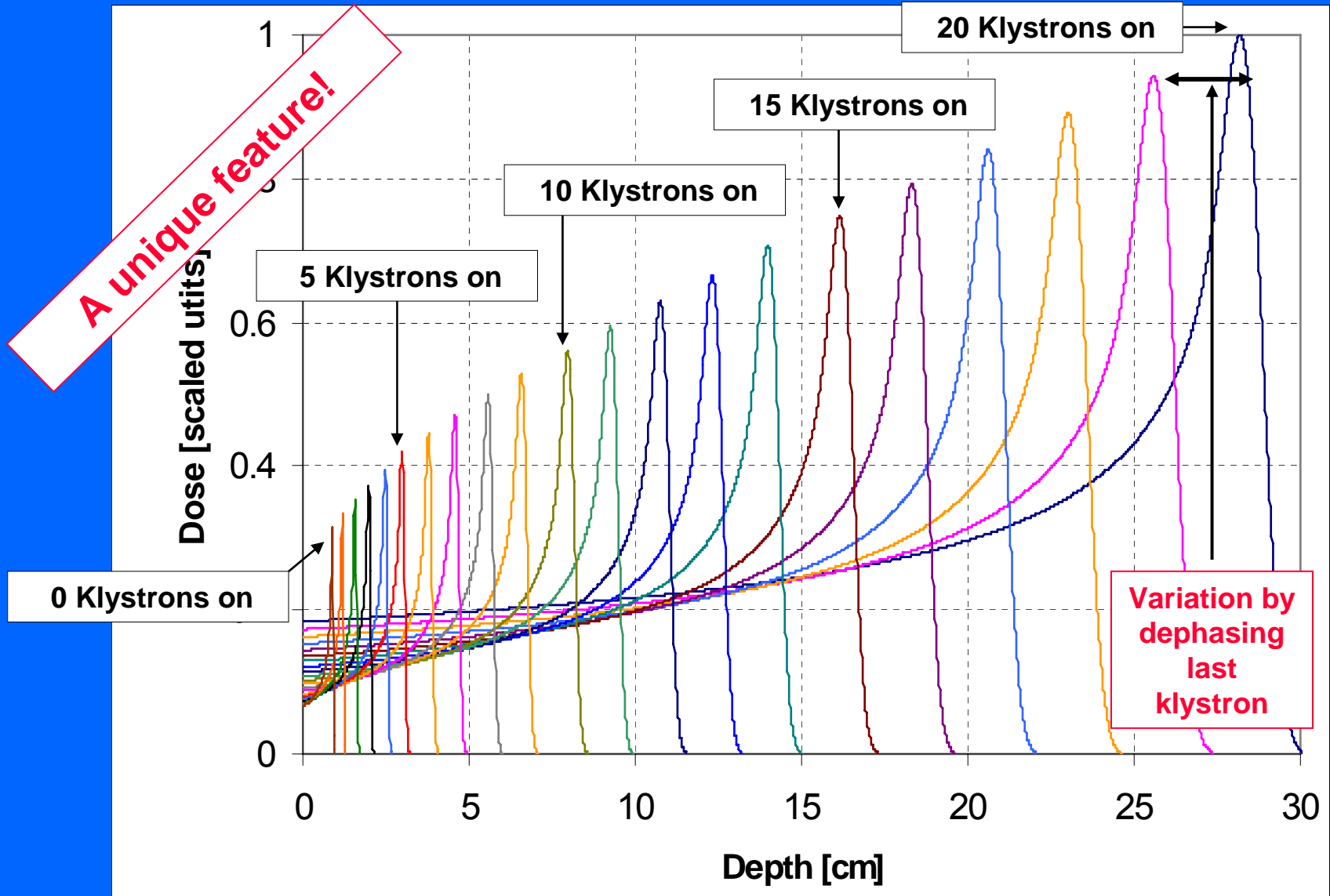
Radioisotope production

**Institute for Diagnostics
and RAdiotherapy**

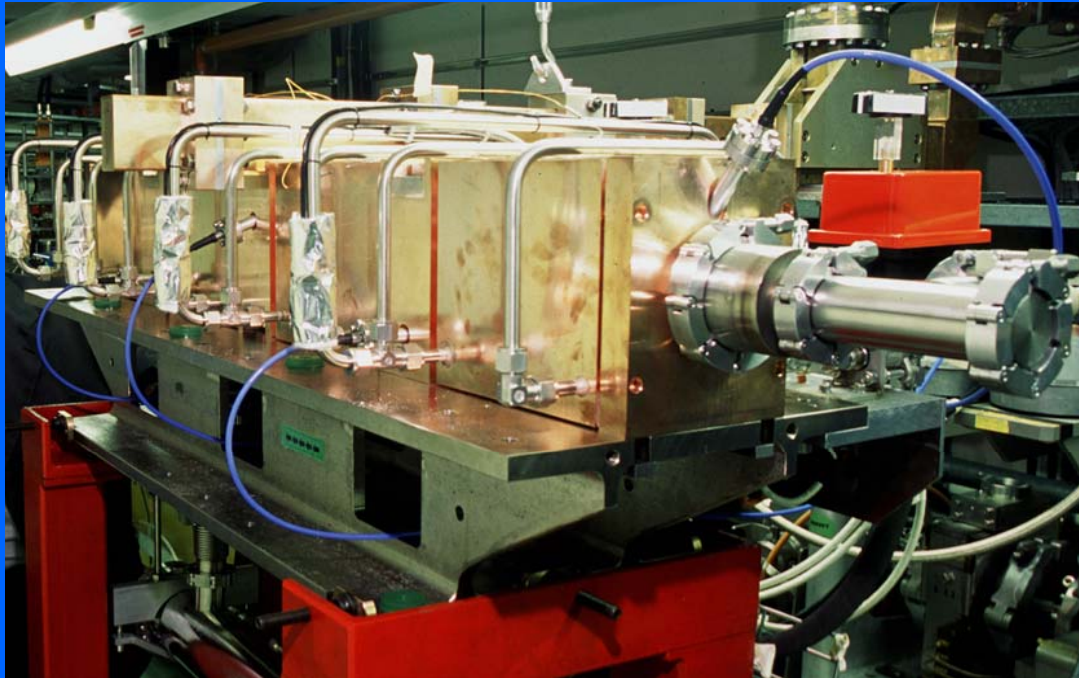


**Dose distribution
Ex: PSI new gantry**

Bragg curves obtained by switching off klystrons



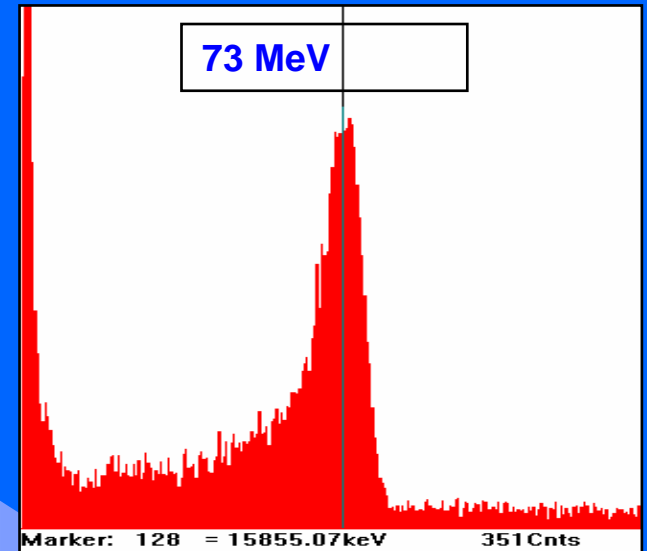
Prototype of LIBO (go and see it in Microcosm at CERN)



Collaboration INFN-CERN-TERA 1999-2002

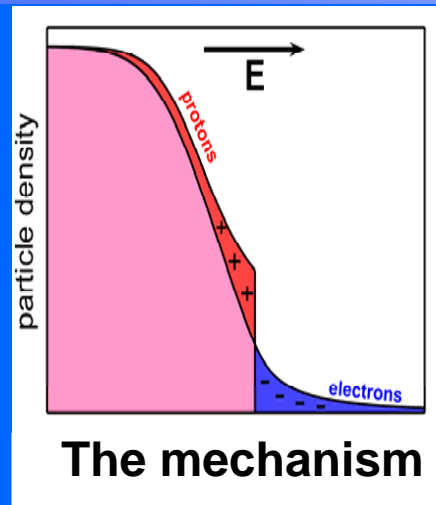
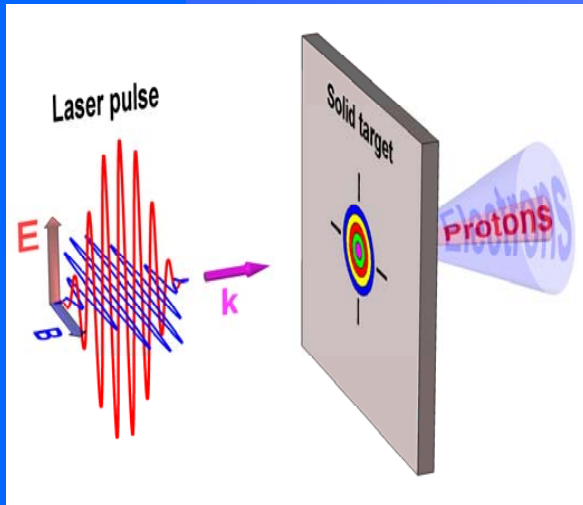
Module tested at LNS of INFN, Catania

NIM A 521 (2004) 512



**Accelerated beam from the
60 MeV cyclotron of LNS**

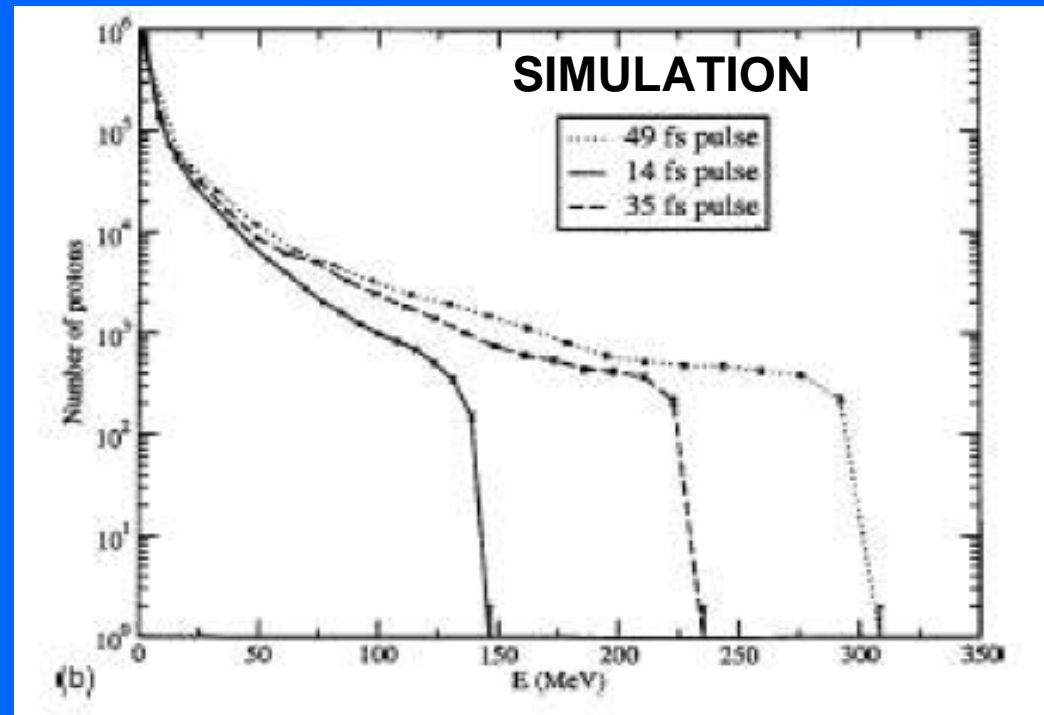
The long term future: laser - plasma “accelerators”?



- $\sim 10^{13}$ protons measured
- Proton energy: 58 MeV (LLNL)

- Laser: 50 fs, 50 J (Petawatt!)
- $I = 10^{21}$ W/cm²
- $>10^{11}$ protons up to 300 MeV

MANY YEARS OF WORK



Suitable for protontherapy?

- Is the number of protons reproducible from pulse to pulse?
- Is it possible to control the intensity of the proton beam?
- Moreover the beam is neither monochromatic nor well collimated (with respect to standard accelerators)



New ideas are needed, in particular for an “ad hoc” dose distribution system

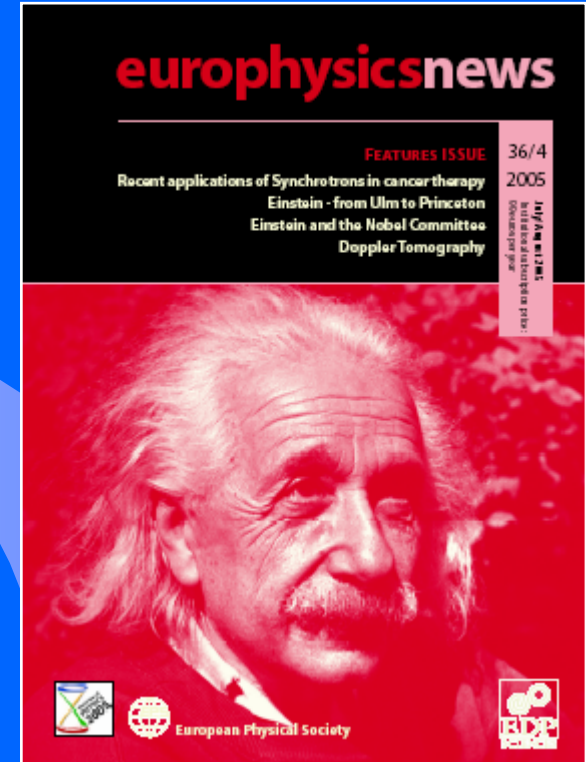
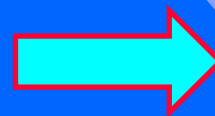
- **Since the beginning of particle physics, more than one-hundred years go...**

Particle physics offers medicine and biology very powerful tools and techniques to study, detect and attack the disease

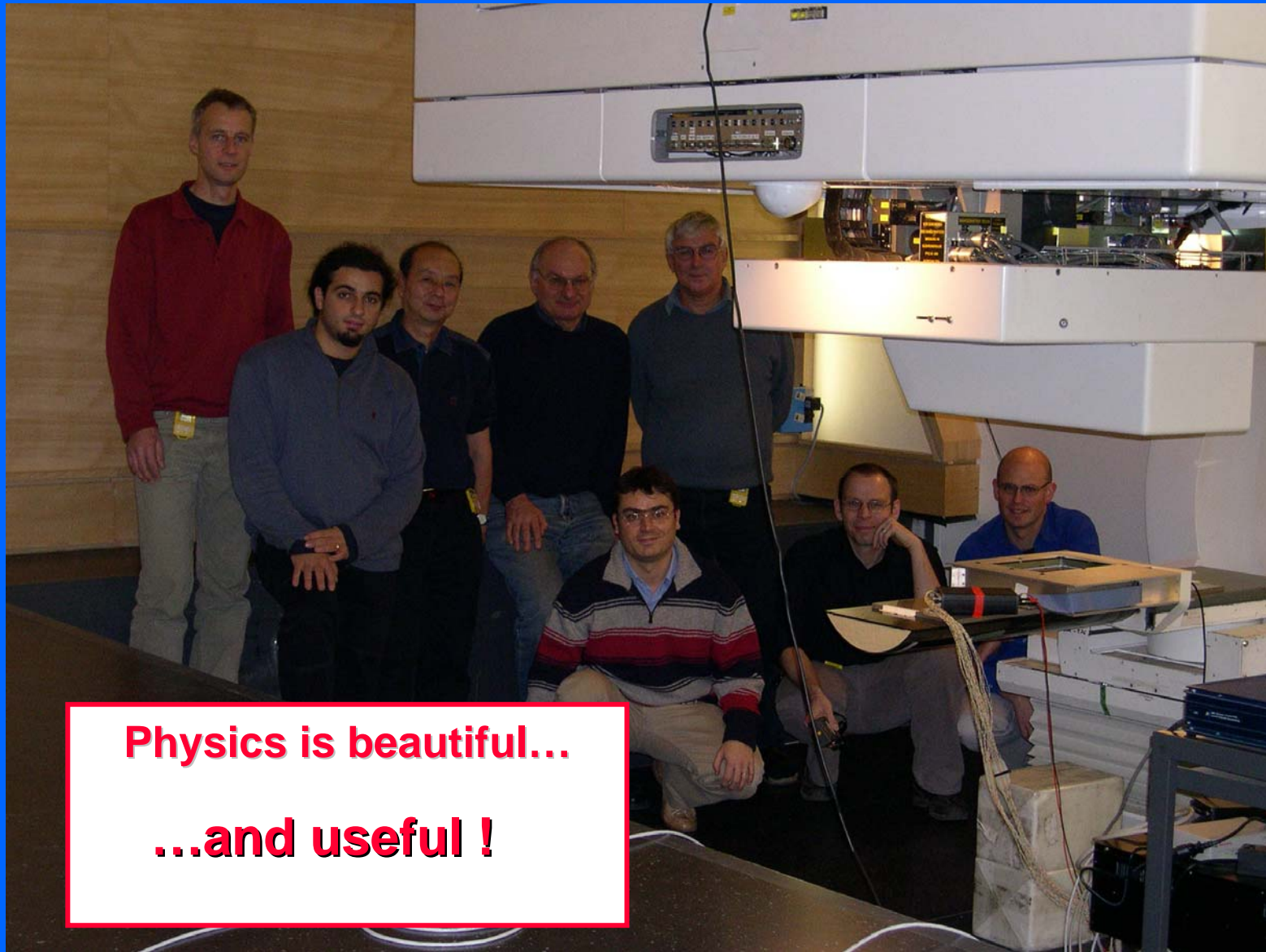
To fully exploit this large potentiality, all these sciences must work together!

- **Hadrontherapy is becoming a reality!**
 - Proton therapy is “booming”
 - Many carbon ion facilities are under construction or approved
 - Still a lot of R&D is needed in the near future

- **For more information:**
 - U. Amaldi and G. Kraft, on **Europhysics News**



Work is in progress...



**Physics is beautiful...
...and useful !**