

RER 6039

Cancer scene in the SEE region (statistics for SEEIIST)

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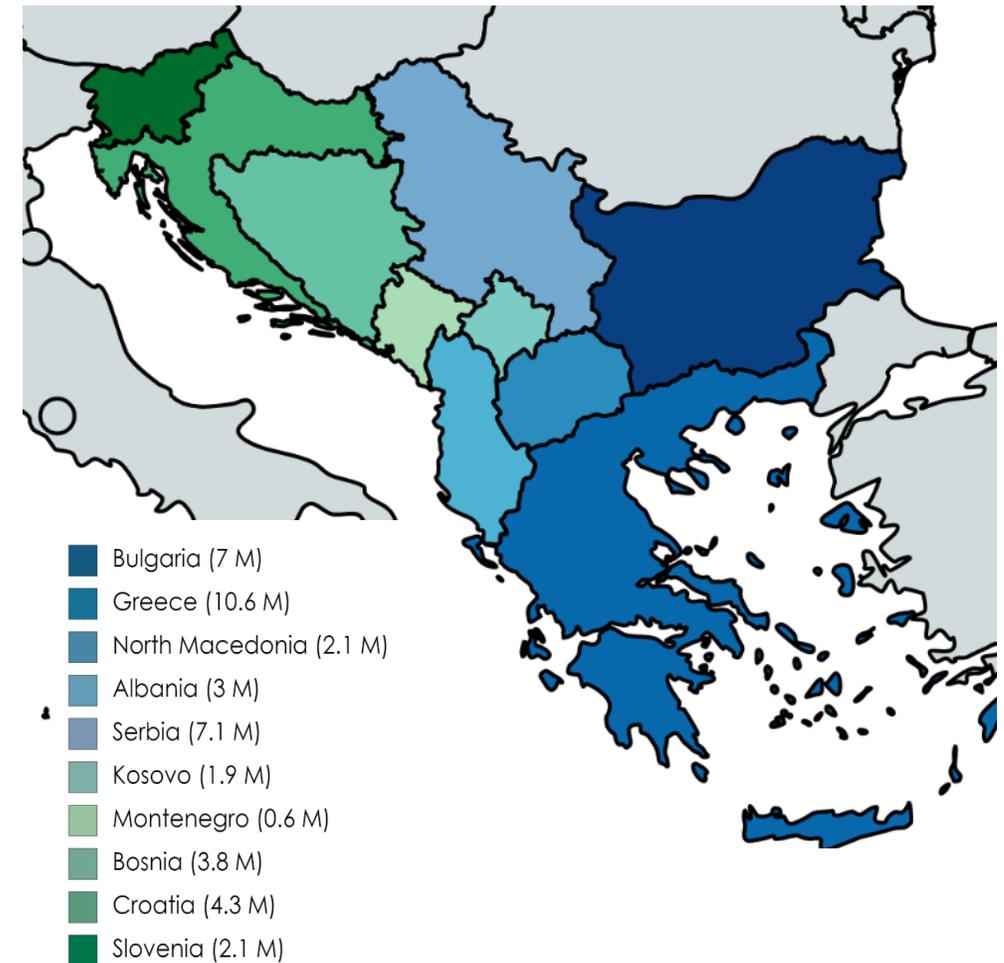
North Macedonia

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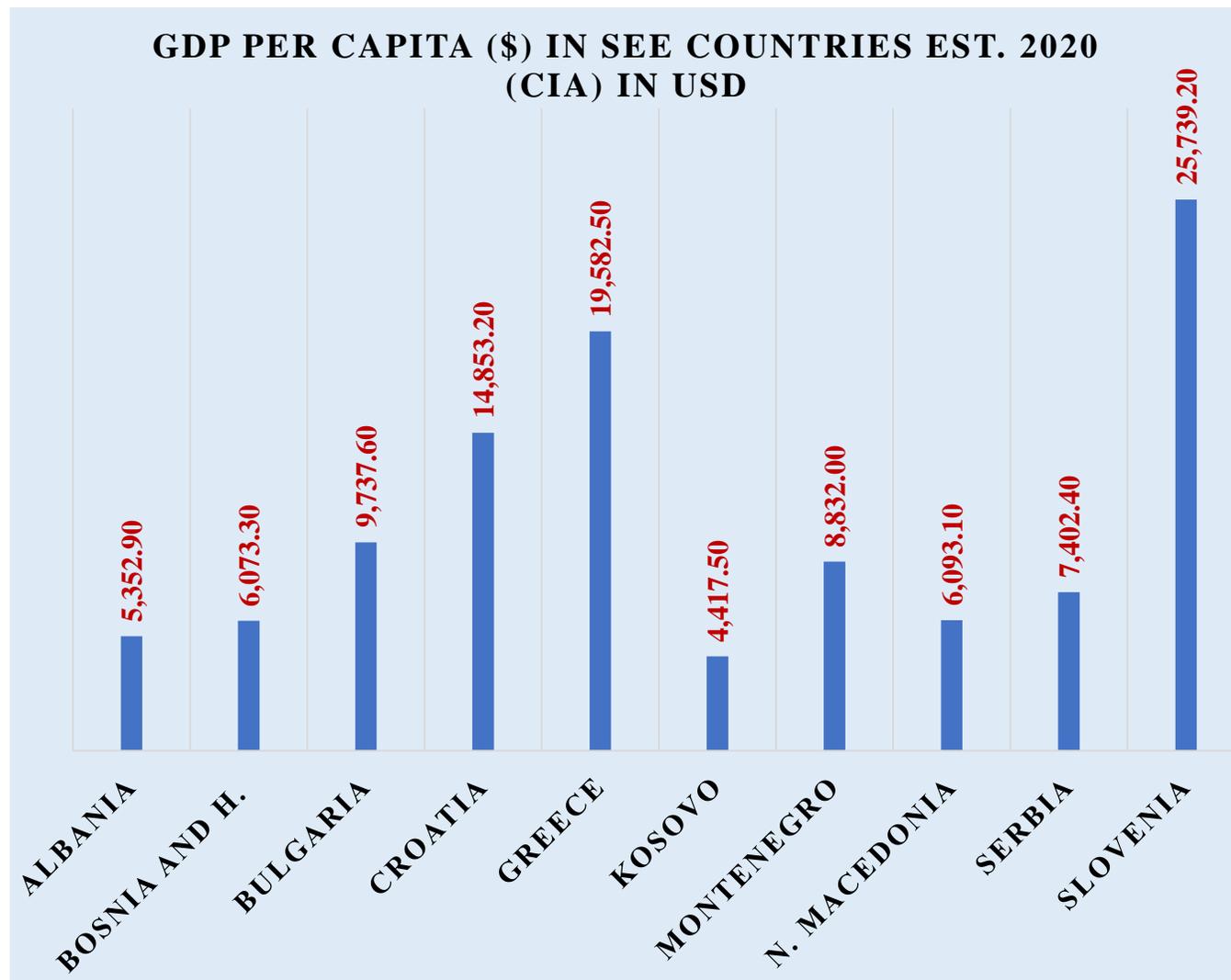


Challenges in the SEE region

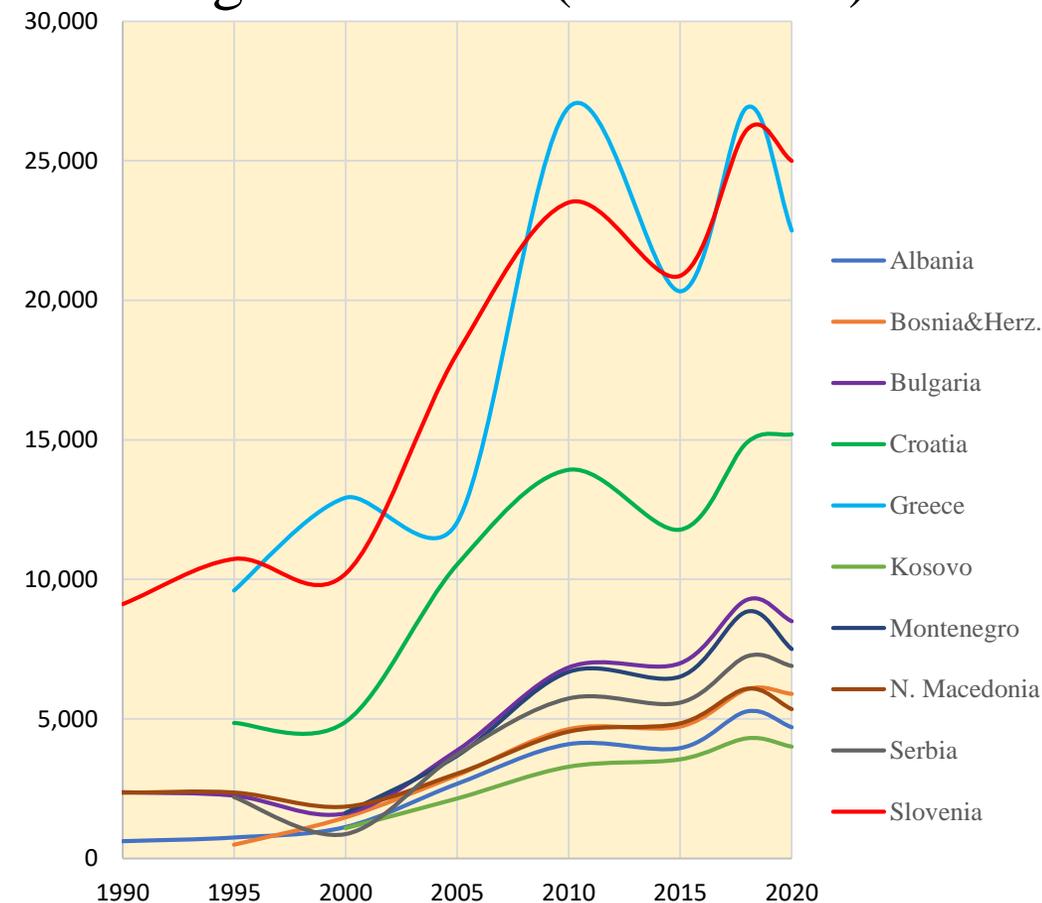
SEE Region (43 M) – geography and population an PT



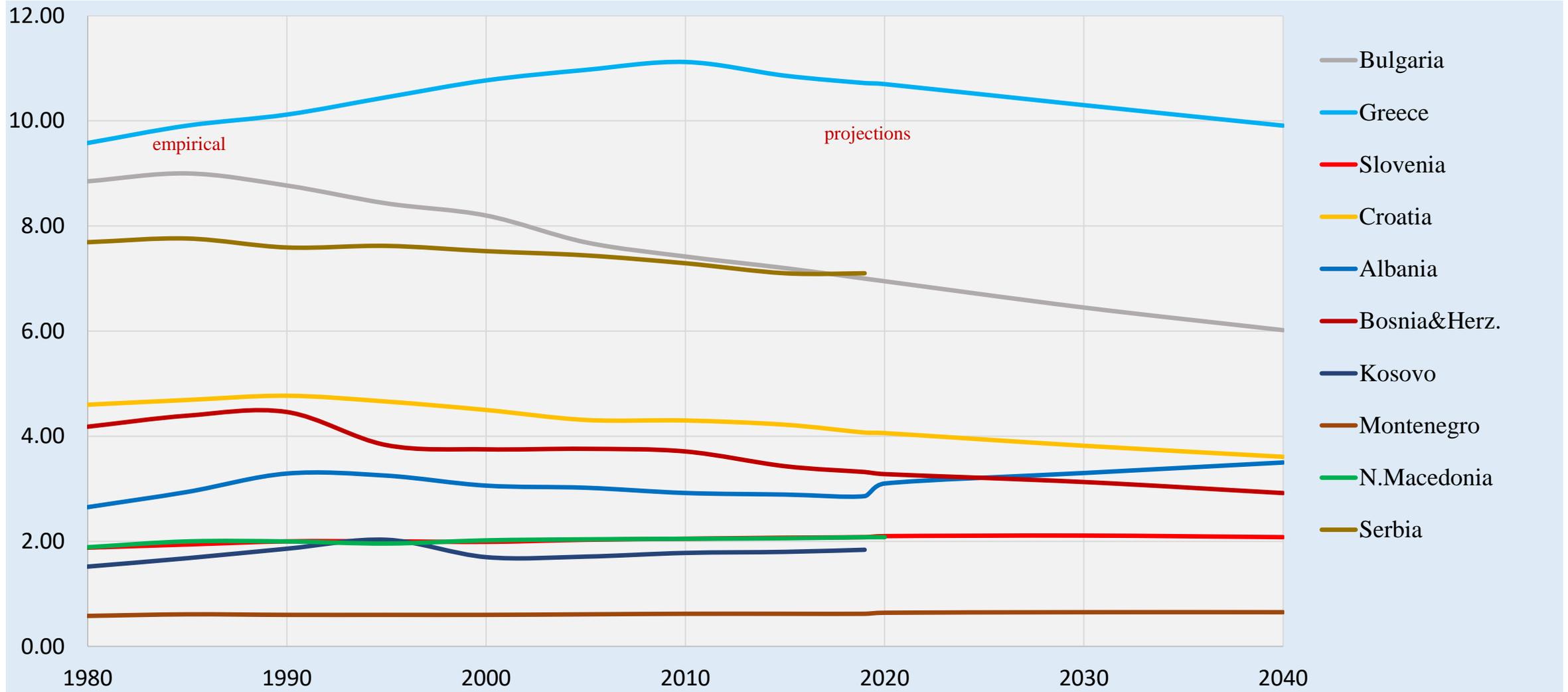
SEE Region –GDP per Capita 2020 (USD)



GDP per capita in the SEE region in USD (1990-2020)



Population in Millions in the SEE countries (empirical data till 2018, projected for later than 2018)



BRAIN DRAIN INDICATOR: Global Talent Competitiveness Index 2021

Country Ranking

#	Country
1	Switzerland
2	Singapore
3	USA
26	Slovenia
43	Greece
45	Russian Federation
47	Bulgaria
49	Montenegro
52	Croatia
53	Georgia
58	Serbia
61	Ukraine

#	Country
72	Albania
79	North Macedonia
91	Bosnia and Herzegovina
94	Kenya
132	Kongo
133	Yemen
134	Chad

Cancer in the SEE region

Cancer patients rank list

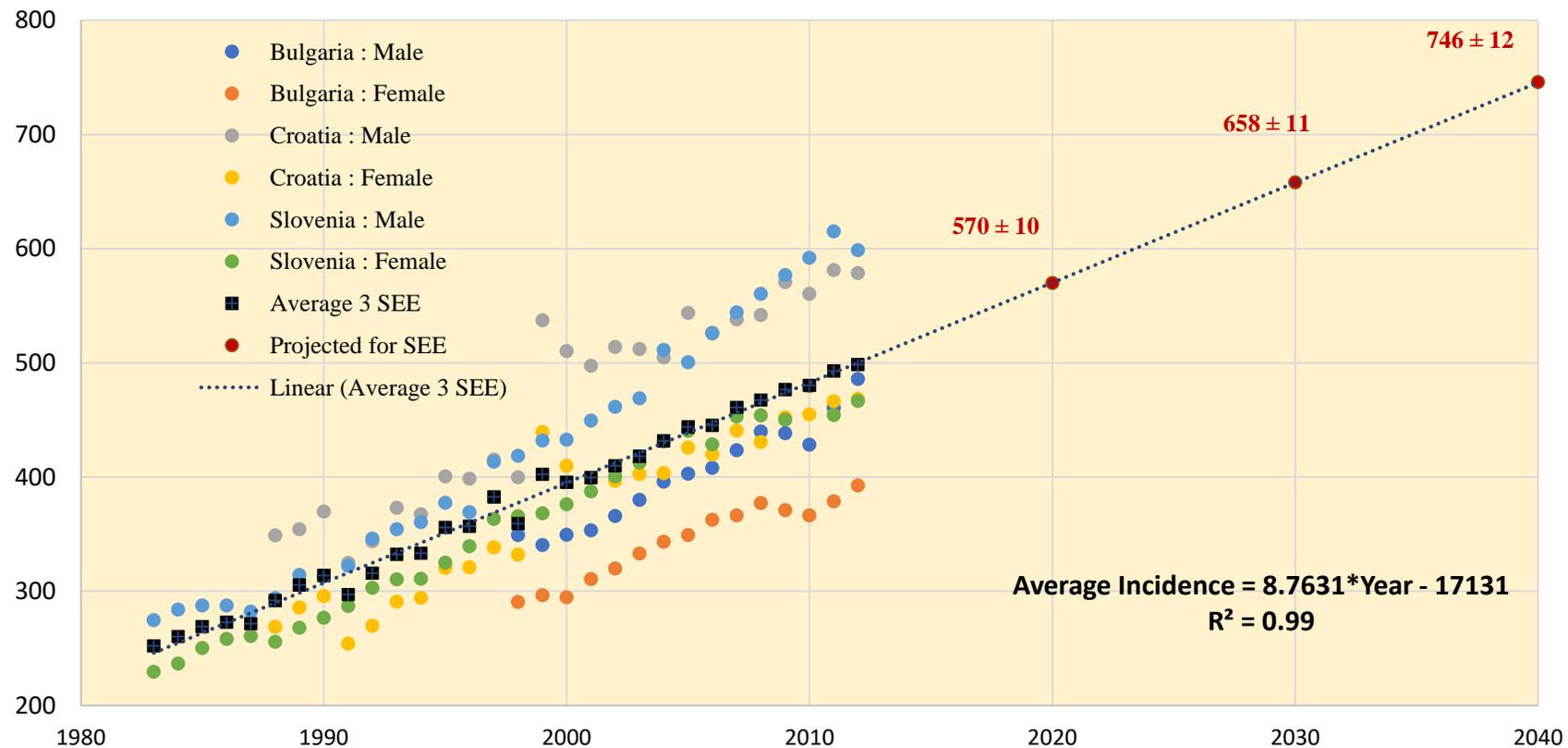
Rank	AL	BH	BG	CRO	GR	MN	MK	SR	SLO
#1									
#2									
#3									
#4									
#5									
#6									
#7									
#8									
#9									
#10									

AL- Albania, BH – Bosnia-Herzegovina, BG-Bulgaria, CRO-Croatia, GR-Greece, MN-Montenegro, MK-North Macedonia, SR- Serbia, SLO- Slovenia

Cancer site	# in SEE
Lung	31.783
Coloretum	26.872
Breast	25.571
Prostate	20.498
Bladder	14.091
Stomach	7.552
Pancreas	7.406
Kidney	6.213
Liver	5.128
Brain, CNS	4.979
Other sites	72,222
Top10	150.093
All Cancers	222.315

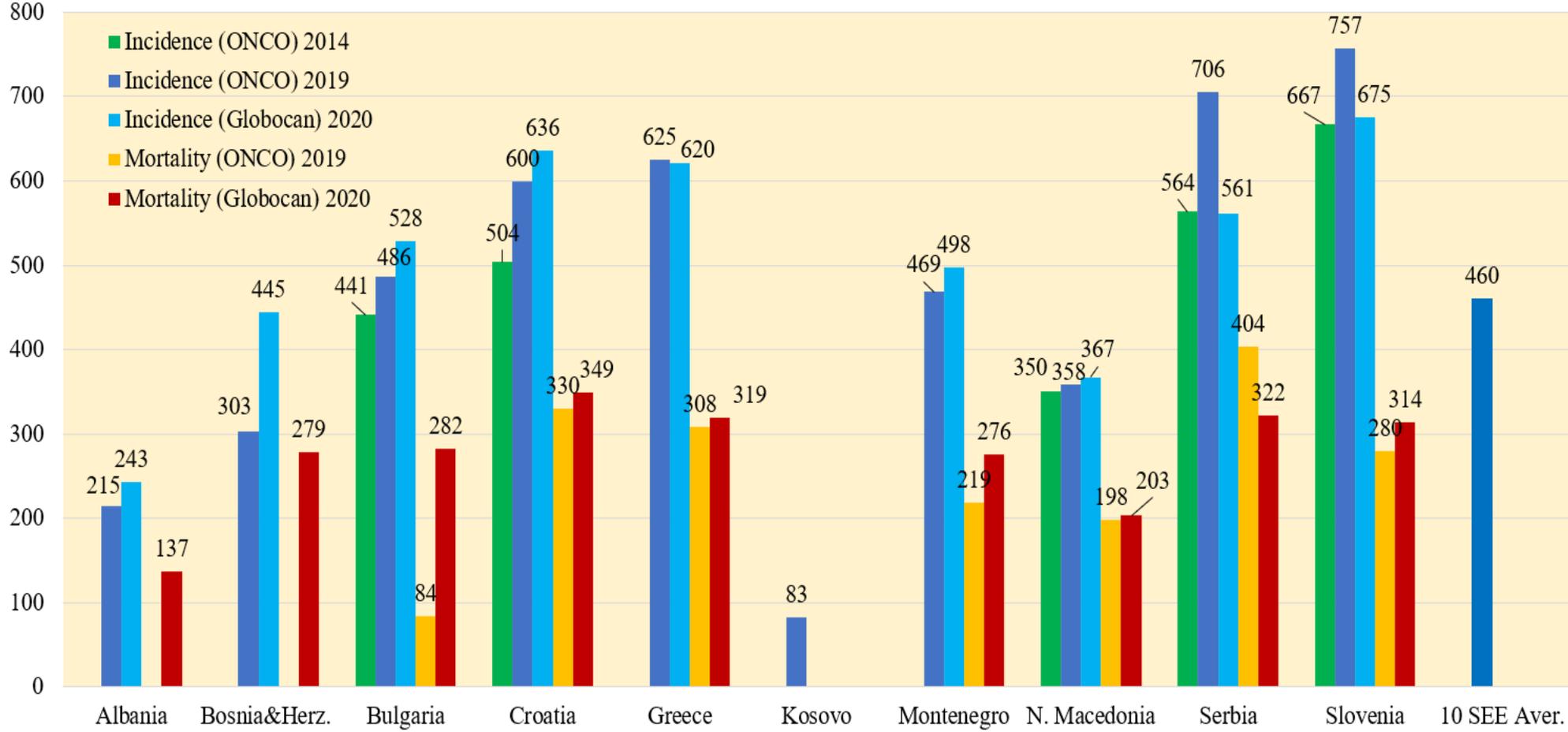
Growing trend of cancer incidence in 100.000 pop

(b) Combined 3 SEE Country Incidence Crude Rates: all cancers (except NMSC, all ages, Females and Males (NS)

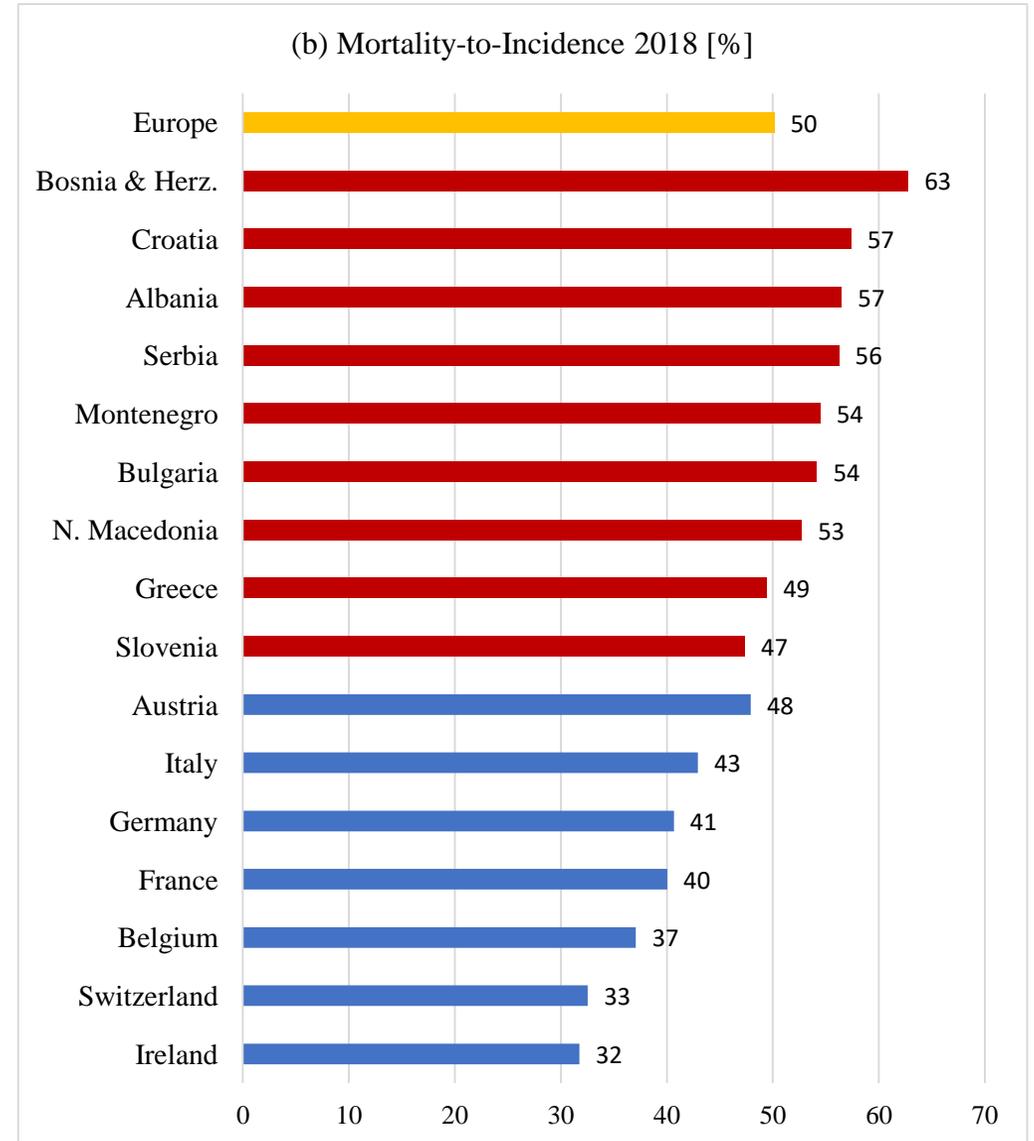
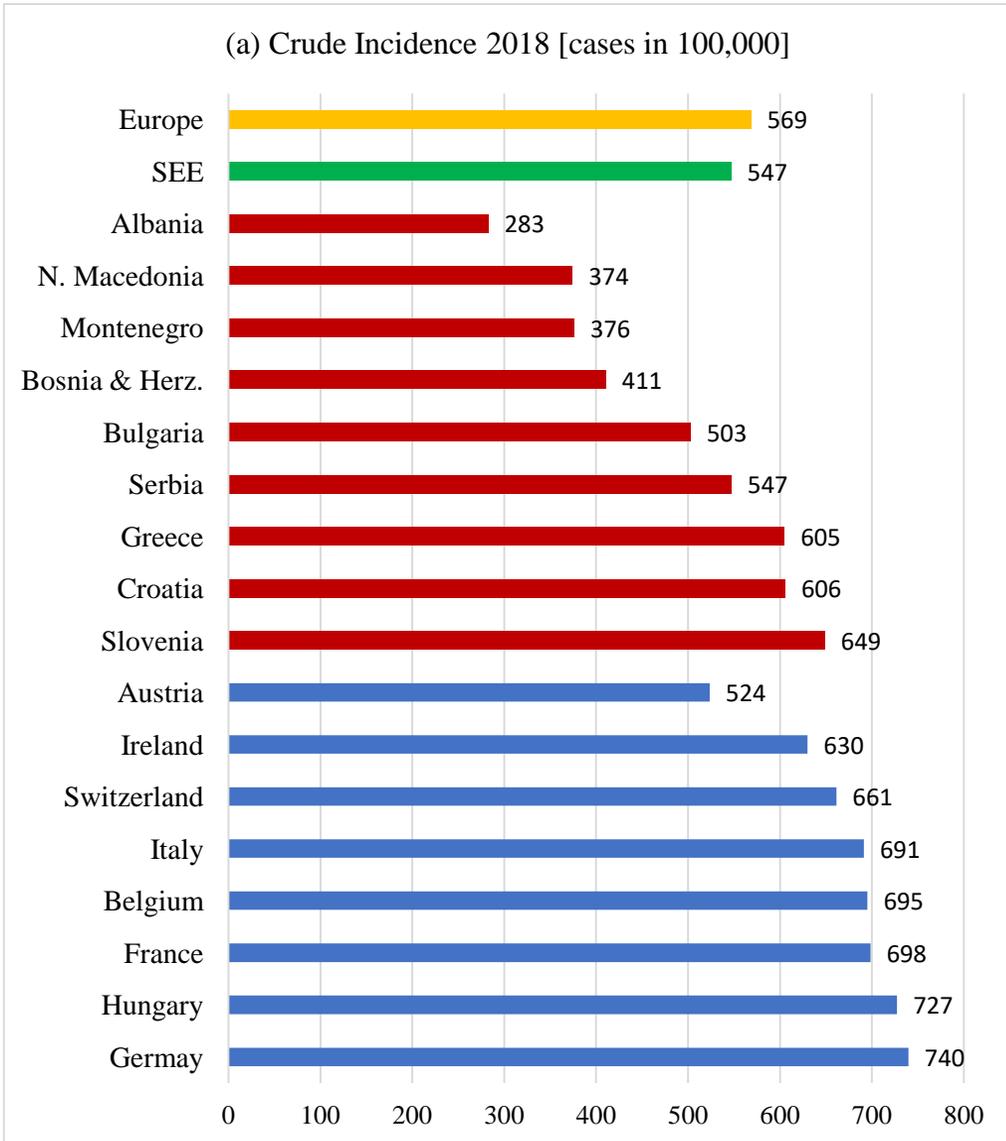


Cancer Incidence and Mortality

New cancer patients in SEE in 2014, 2019 and 2020 (crude rate on 100.000 population)

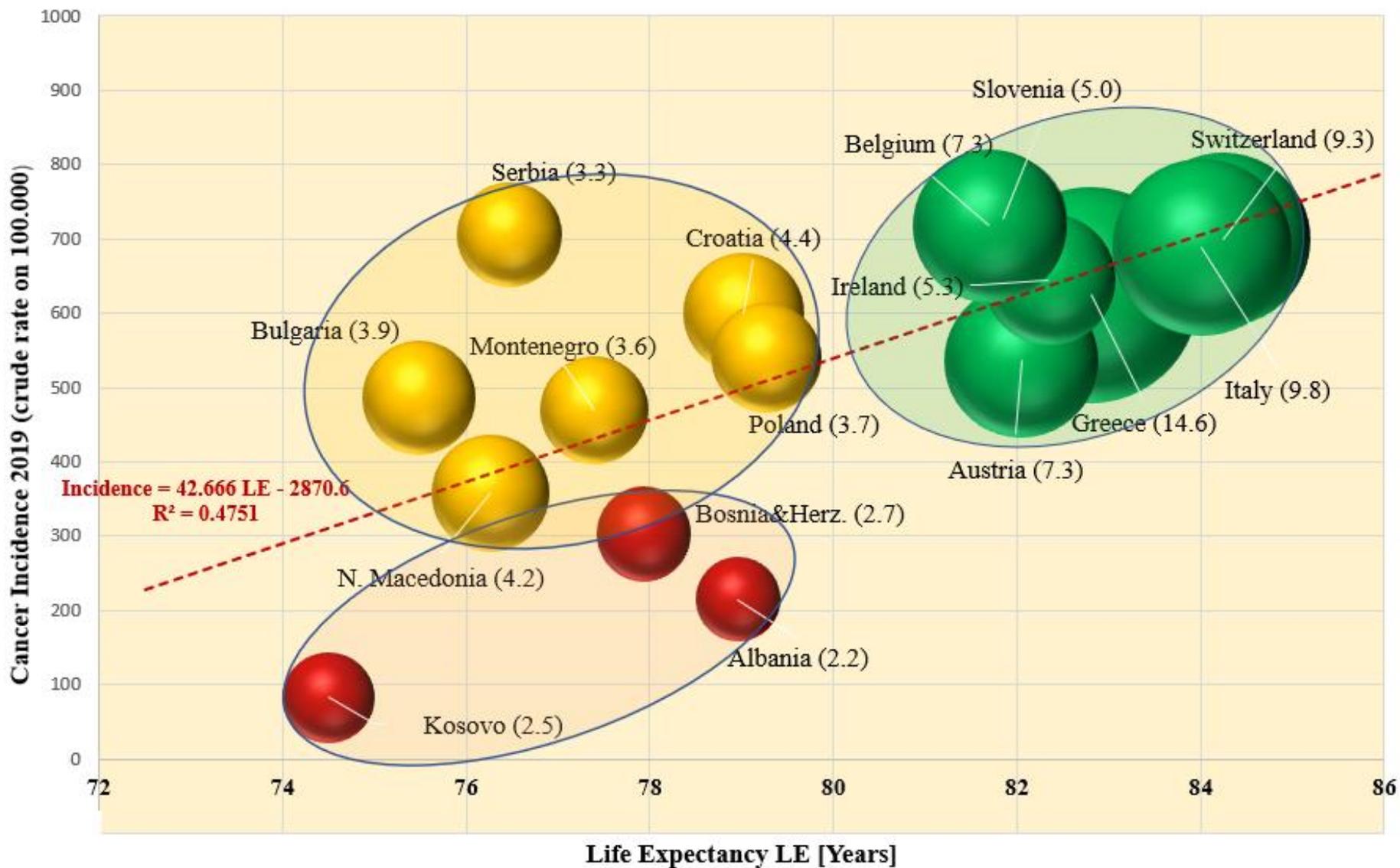


Cancer Patients



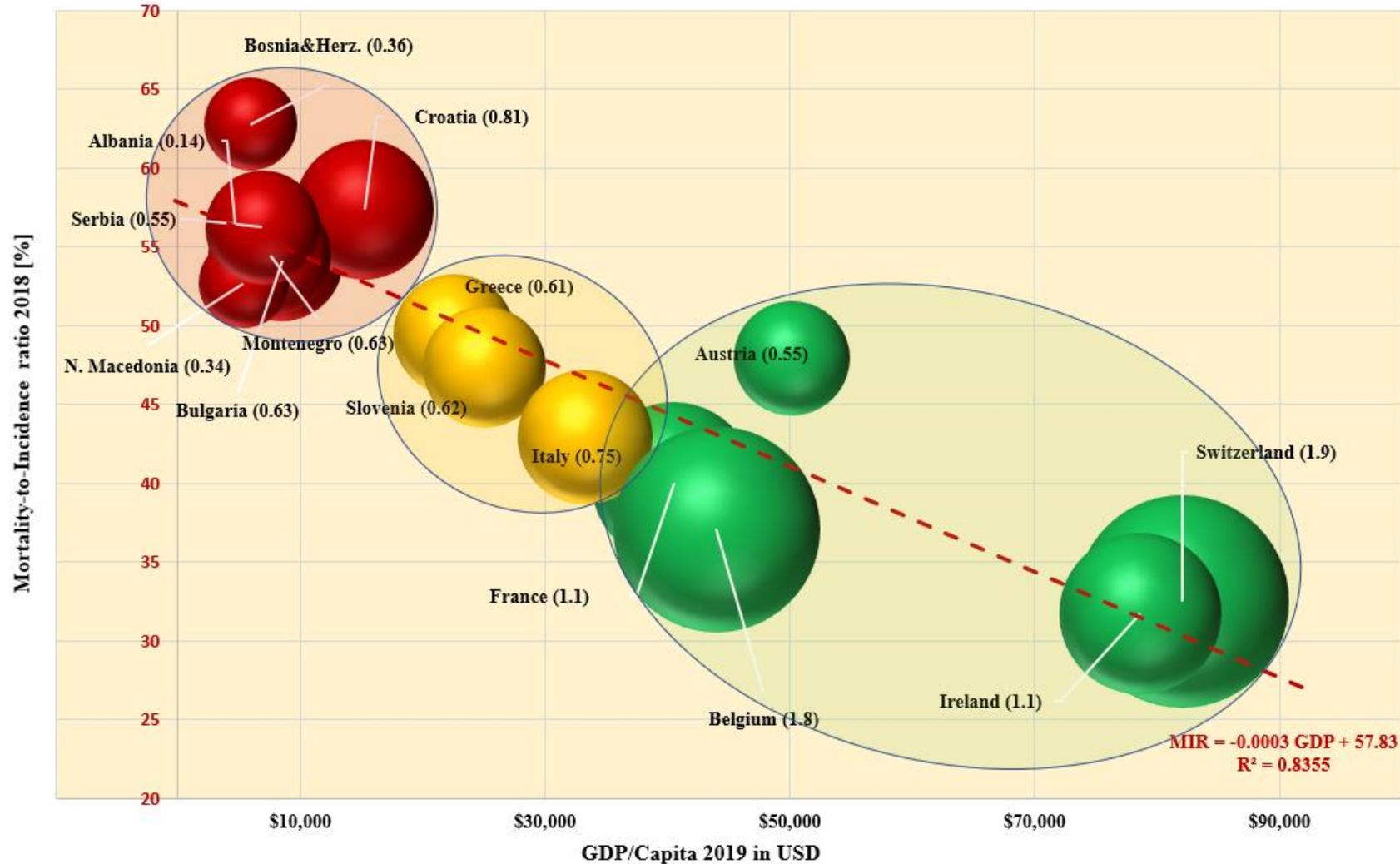
How successfully a country detects cancer?

Incidence

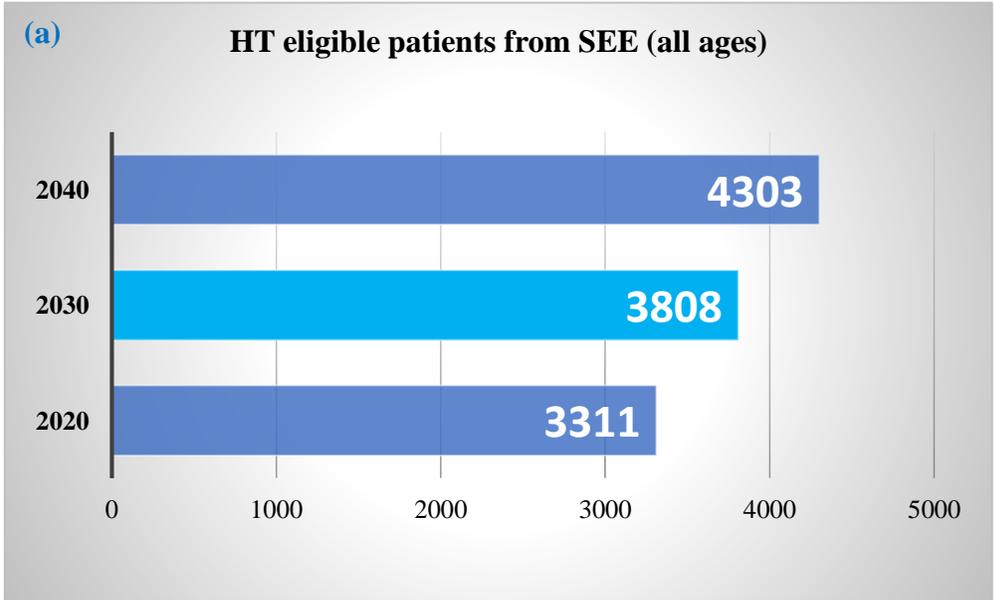


How successfully a country deals with cancer?

Mortality-to-Incidence ratio

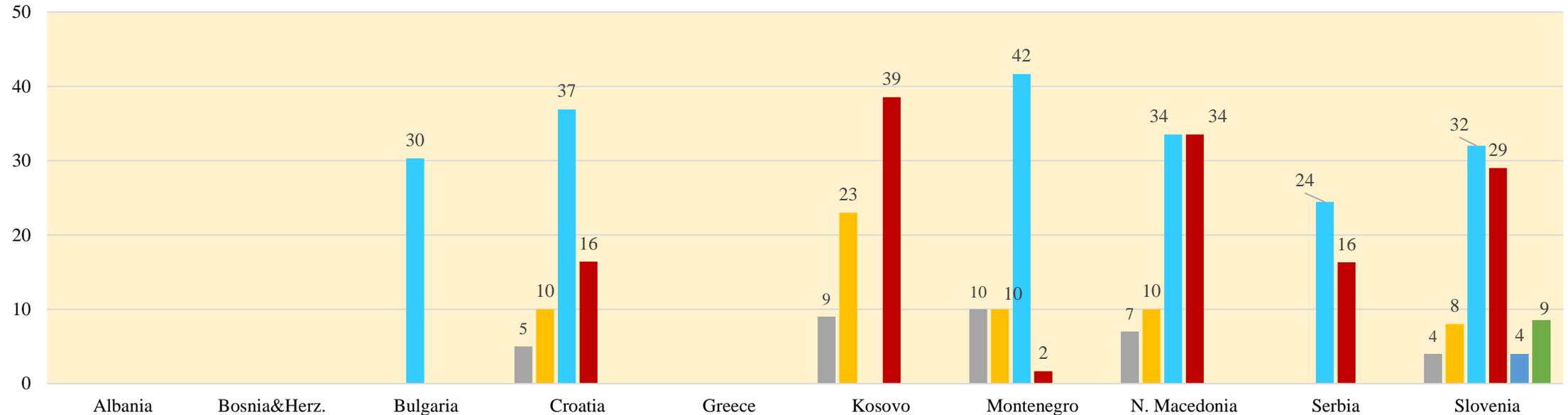


Cancer Projections for the future in SEE



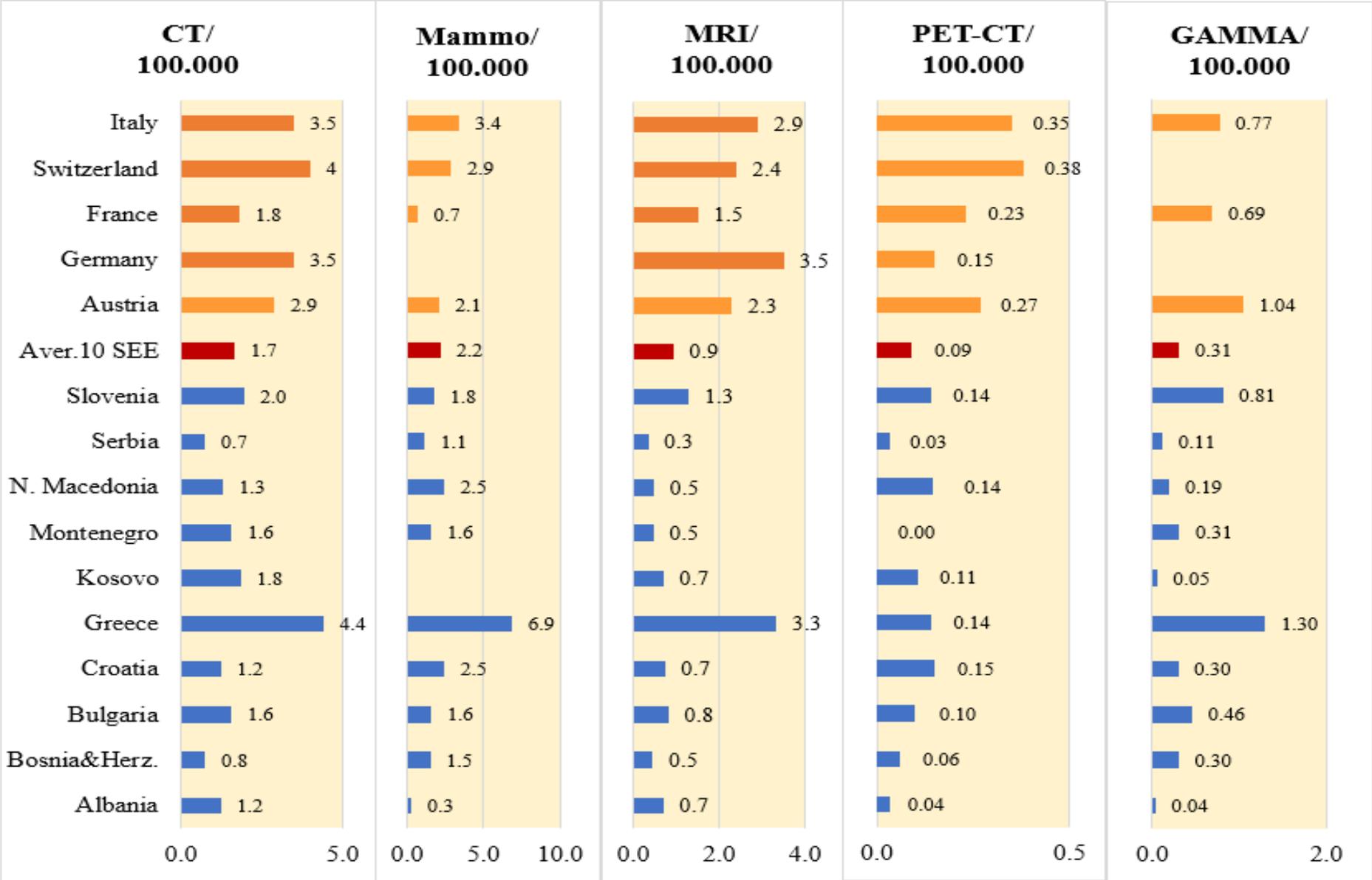
Availability of Diagnostic Modalities

Cancer patients treated with different modalities 2019 [%]

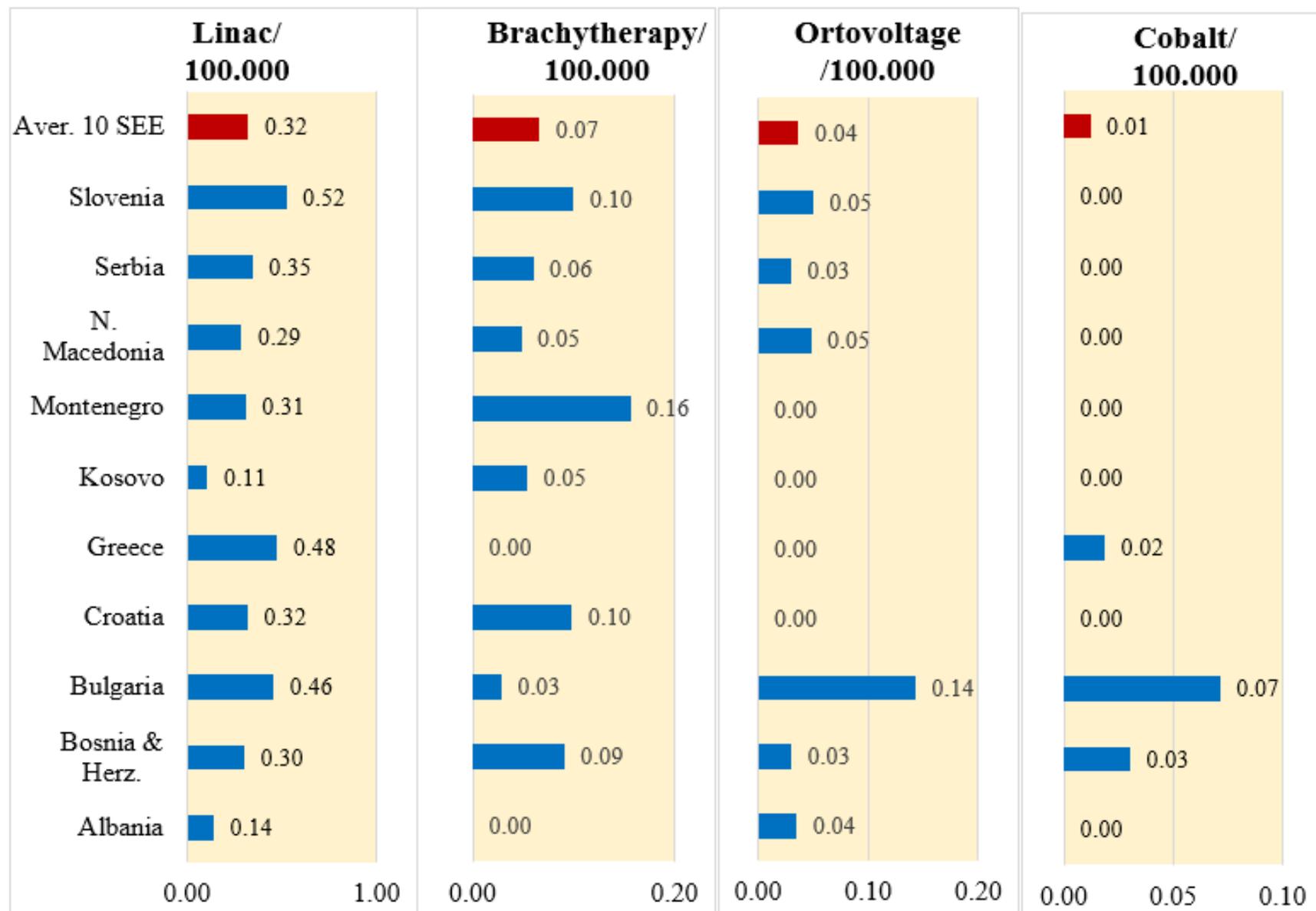


- A. Newly diagnosed cancer patients in 2019 who received ONLY RT by the end 2019 [%]
- B. Newly diagnosed cancer patients with cancer in 2019 who received ONLY Chemo by the end 2019 [%]
- C. Total number of cancer patients who received RT as a part of their treatment in 2019 [%] (including those under A)
- D. Total number of cancer patients who received Chemo as a part of their treatment in 2019 [%] (including those under B)
- E. Newly diagnosed cancer patients who received RT+Chemo by the end 2019 [%]
- F. Newly diagnosed cancer patients who received Surgery+RT+Chemo by the end 2019 [%]

Availability of Radiation Treatment Modalities

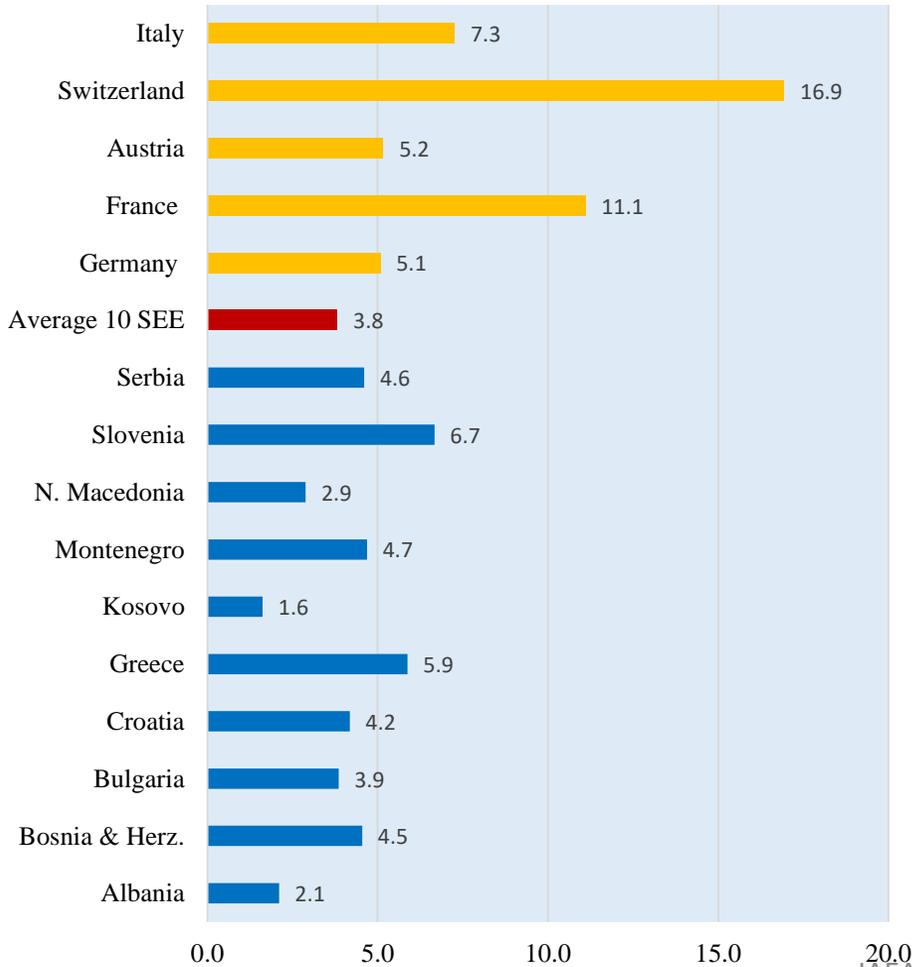


RT versus other treatments

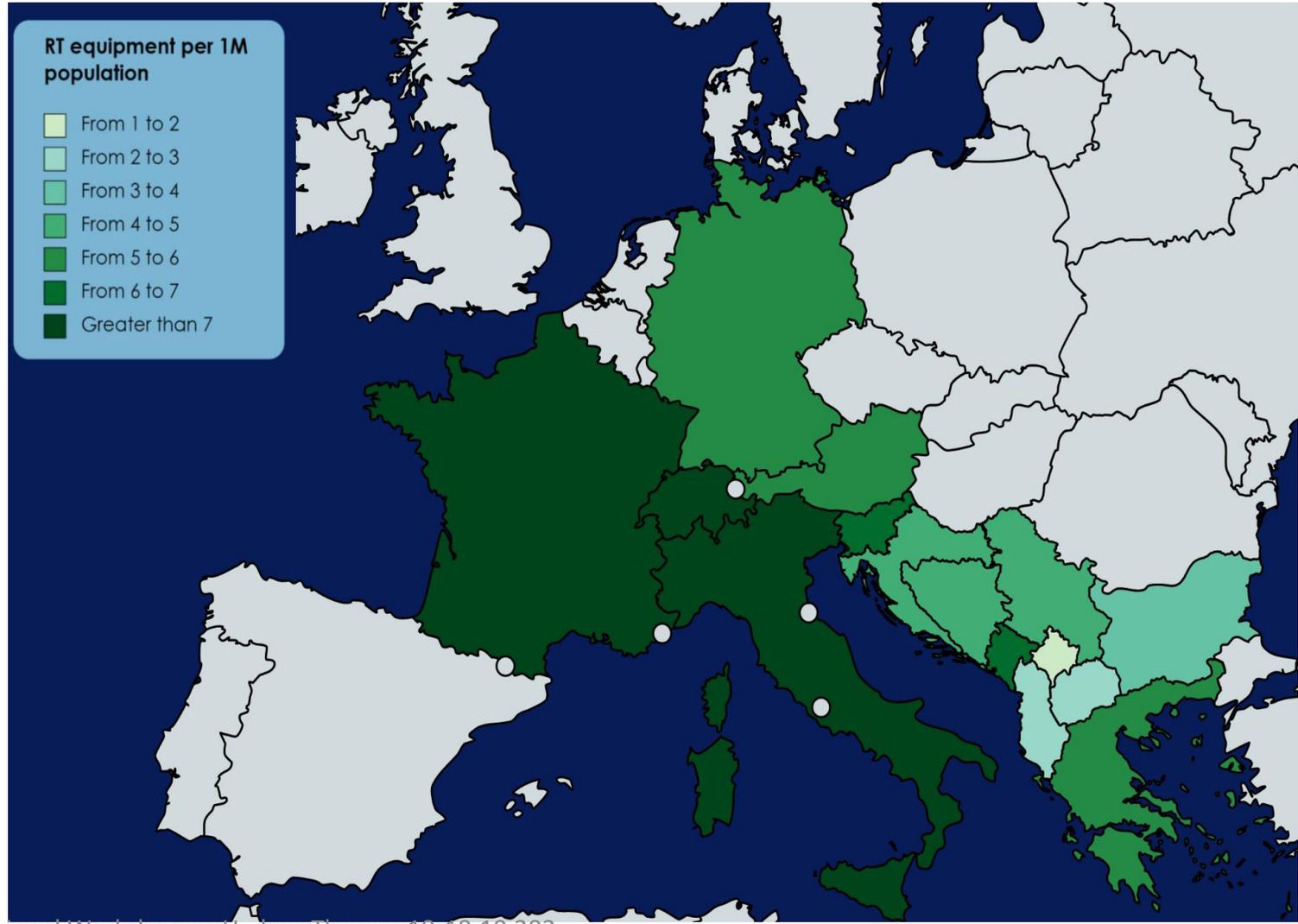


Radiation Therapy in SEE region and some reference European countries

RT equipment =Linac+Co+Brachy+Ortovoltage per 1 M population



10/18/2024



IAEA Regional Workshop on Hadron Therapy 18-19.10.202

Thessaloniki

Publications



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Scientific Article

Patients With Cancer in the Countries of South-East Europe (the Balkans) Region and



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Front. Phys., 29 January 2021

Sec. Medical Physics and Imaging

Volume 8 - 2020 | <https://doi.org/10.3389/fphy.2020.567466>

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Availability of technology for managing cancer patients in the Southeast European (SEE) region

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Cancer in the countries of the SEE (Balkans) region and the prospective of the Particle Therapy Center – SEEIIST

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<https://doi.org/10.21175/rad.abstr.book.2021.29.2>

Summary: A recent initiative was launched for establishing the South East European

Besides for Cancer Cure, SEE needs what is SEEIIST project is about

- Building mutual trust
- Overcoming historical tensions
- Revert Brain Drain
- Boost the collaborative science in SEE



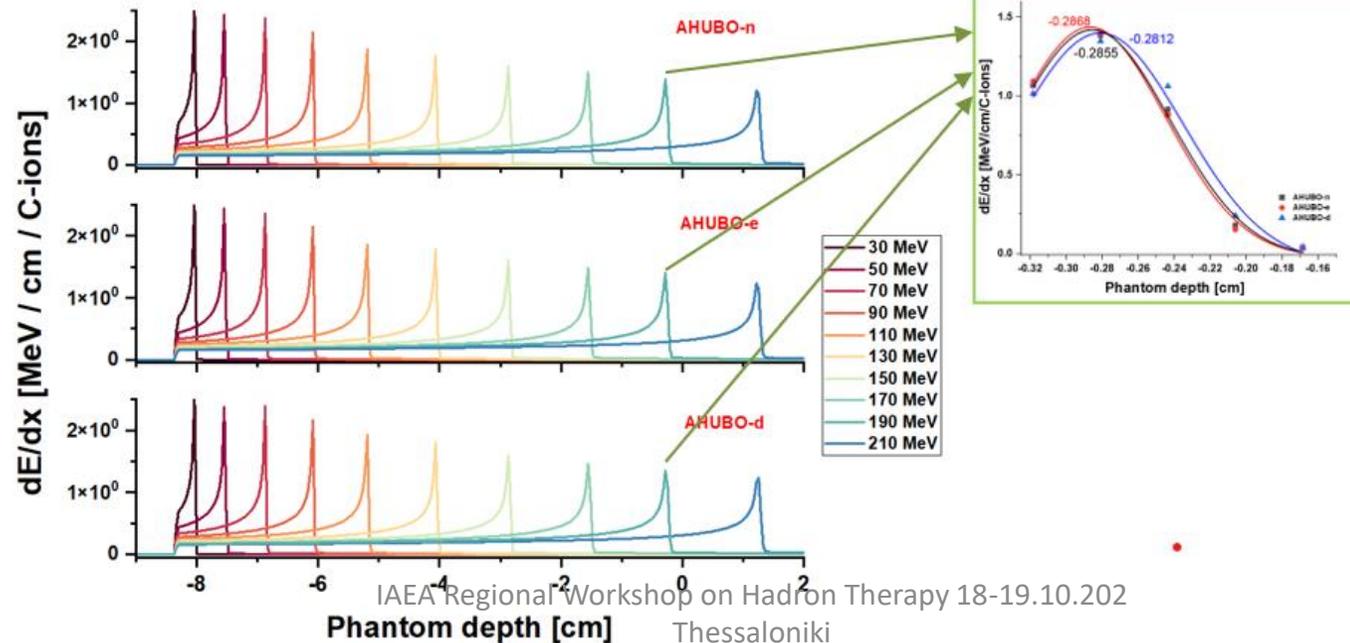
.... Thank you for your attention...

Scientific contribution of North Macedonia to SEEIIST technical development

2023-Uncertainty in the range of the protons and C-ions in particle therapy due to a hydration level of a human body model

Table 3. Stoichiometry of average human body at different hydration levels

	Hydration status	Water (H ₂ O) deficiency/sufficiency	Stoichiometry
1	Heavily dehydrated body	-5% (-2.25 kg for 60 kg body)	O _{61.1} C ₁₈ H _{1.63} N _{3.2} Ca _{1.5} P _{1.2}
2	Dehydrated body	-2% (-0.9 kg for 60 kg body)	O _{63.45} C ₁₈ H _{6.35} N _{3.2} Ca _{1.5} P _{1.2}
3	Body with the normal hydration	0% (0 kg) (average stoichiometry)	O ₆₅ C ₁₈ H _{9.5} N _{3.2} Ca _{1.5} P _{1.2}
4	Excessive hydration	+2% (+0.9 kg for 60 kg body)	O _{66.55} C ₁₈ H _{12.65} N _{3.2} Ca _{1.5} P _{1.2}



Uncertainty in the range of the protons and C-ions in particle therapy due to a hydration level of a human body model

Redona Izairi-Bekhetti^a, Mimaza Fejzulahic-Izairi^a, Mimaza Ristova^{a,b}

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<https://doi.org/10.1016/j.apradiso.2023.110951>

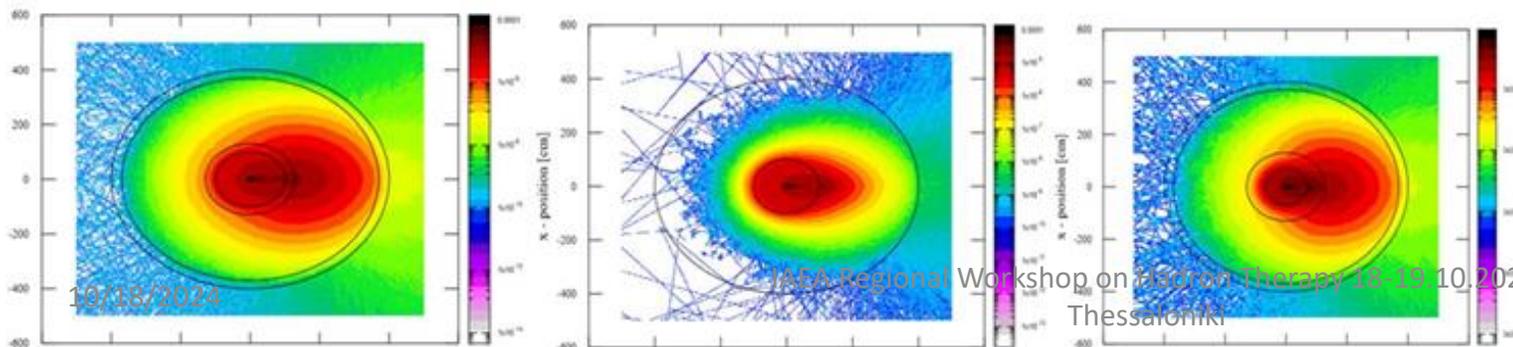
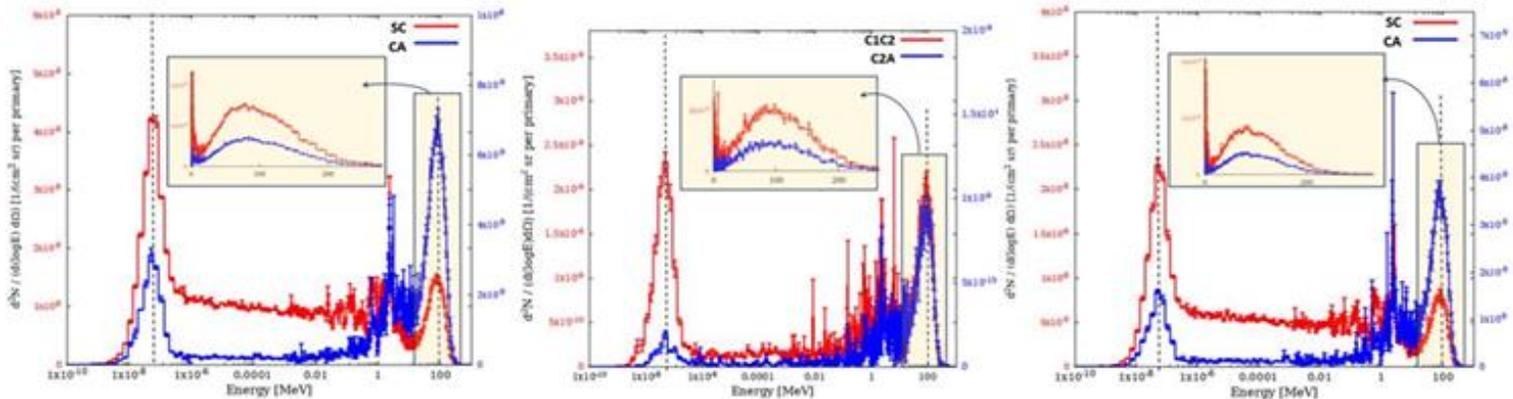
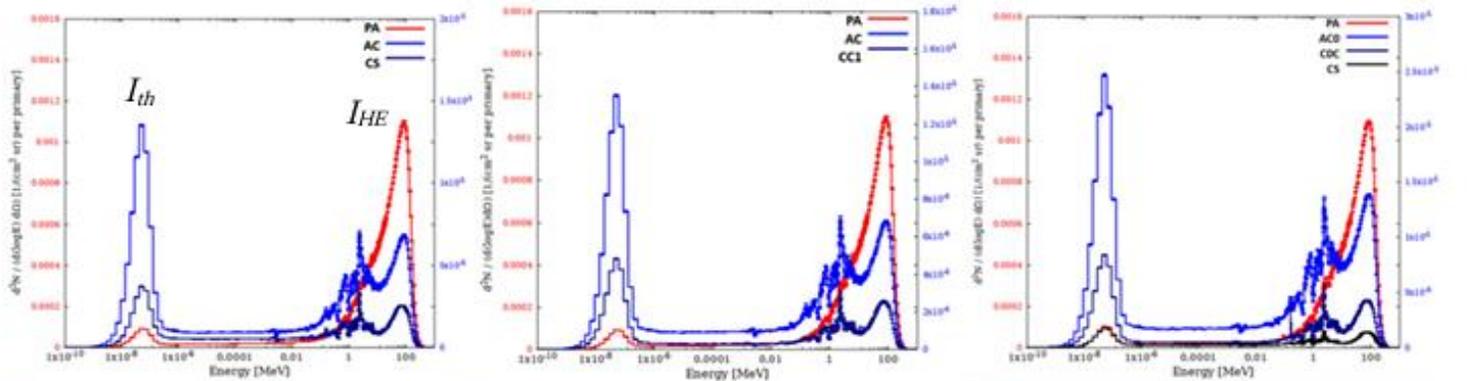
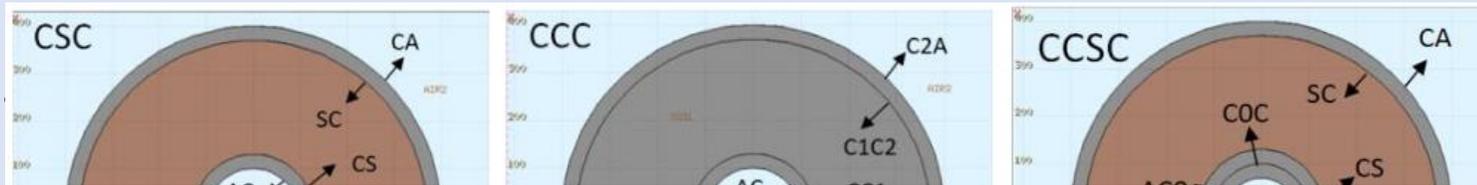
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Highlights

- Average human body phantom at three hydration levels (normal, dehydrated, excessively hydrated) was designed.
- Uncertainty in protons and C-ions therapeutic ranges were estimated via the shift of the position of the Bragg-peaks for the different hydration levels.
- Range uncertainty (ΔR) due to body hydration for protons at 105 MeV is about 0.04mm and for C-ions at 190 MeV is about 0.06mm.

Abstract

Cancer treatment with protons and carbon ions relies on the property of the accelerated charged particles to deposit most of their energy in the vicinity of their range (around the Bragg peak). The level of hydration in a cancer patient's body may vary within hours. Some patients may be heavy to moderately dehydrated, and some may be well and even excessively hydrated. In this research, we aim to estimate the uncertainty of the protons and C-ion ranges because of the different hydration levels of the human body. For the study of the impact of body hydration level on the particle's ranges, we have designed a new phantom model – a homogeneous mixture of an Average Human Body constituting elements (AHUBO) in three states of hydration: normal (n), dehydrated (d), and excessively hydrated (e) by applying corresponding recalibration in the "atomic-stoichiometry model" due to the water sufficiency/deficiency. The purpose of the study is to estimate the shift in the ranges depending on the hydration level, possibly suggest particle beam energy adjustments to overcome the range uncertainties, to deliver the prescribed dose to the tumour while sparing the healthy tissue. Herein we present the results of the FLUKA-Flair simulations of the therapeutic range of energies of protons (50–105 MeV) and C-ions (30–210 MeV) respectively, into an AHUBO head phantom model at three levels of hydration (normal, dehydrated, and excessively hydrated). The range uncertainty was estimated via the shifts of the Bragg-peaks position for the three different hydration levels. The estimations showed that the range uncertainty (ΔR) due to body hydration for the maximum energy in the range for protons at 105 MeV is about 0.04mm and for C-ions at 190 MeV is about 0.06mm.



10/18/2024

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Conceptual design of sandwich walls for shielding against secondary neutrons using MC simulations with FLUKA

Redona Bexheti^a, Mimoza Ristova^{a,b}

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<https://doi.org/10.1016/j.apradiso.2024.111525>

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Highlights

- Sandwich of concrete-soil was compared to full concrete shielding for secondary neutrons from particle therapy using FLUKA.
- Neutron spectra and 2D-fluence were used to evaluate shielding configurations in spherical geometry.
- Adding a supplementary concrete layer improves the RP against neutrons.

Abstract

FLUKA Monte-Carlo transport code was employed to evaluate the secondary neutron spectra emerging from spherical sandwich shielding configurations composed of concrete and soil, similar to that used at the particle therapy facility MedAustron. This study provides a comparative analysis of neutron spectra attenuated by a concrete-soil-concrete (CSC) sandwich wall shielding configuration versus a full concrete wall design (CCC). Furthermore, we enhanced the shielding performance of the CSC configuration by adding an additional concrete layer (CCSC) to achieve results comparable to the CCC shielding. Two scenarios were tested for shielding performance: (1) primary protons at 100MeV, and (2) primary carbon ions (C-ions) at 190 MeV/u. Our simulations with primary protons of 100MeV showed that adding additional internal concrete wall to the CSC configuration, therefore designing the CCSC configuration, the RP performance becomes slightly improved – the HE-peak drops from $(1.43 \pm 0.11) \cdot 10^{-11}$ to $(5.62 \pm 0.3) \cdot 10^{-12}$, about 2.5 times. Still, the HE-peak of the exiting neutron spectrum from CCC $-(6.29 \pm 1.87) \cdot 10^{-13}$ is about 9 times lower than that exiting CCSC $-(5.62 \pm 0.3) \cdot 10^{-12}$.

Our simulations with primary C-ions showed that by placing an additional internal concrete wall to the CSC configuration (CCSC) the RP performance becomes slightly improved – the exiting HE peak can be further attenuated from $(6.92 \pm 0.40) \cdot 10^{-9}$ for CSC to $(3.79 \pm 0.15) \cdot 10^{-9}$, becoming comparable to the one exiting the CCC configuration, $(0.92 \pm 0.04) \cdot 10^{-9}$, only 4 times higher. Future research should be focused on improvements of the RP performance of the CCSC, by increasing the soil layer thickness and taking into consideration the humidity (water content) in the soil and concrete and also improve the number of primaries to 10^9 or even 10^{10} for better statistical outcome.

PhD candidates working on SEEIIST topics



Dr Redona Bexeti



Mimoza Fejzulahi Izairi



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SEEIIST

