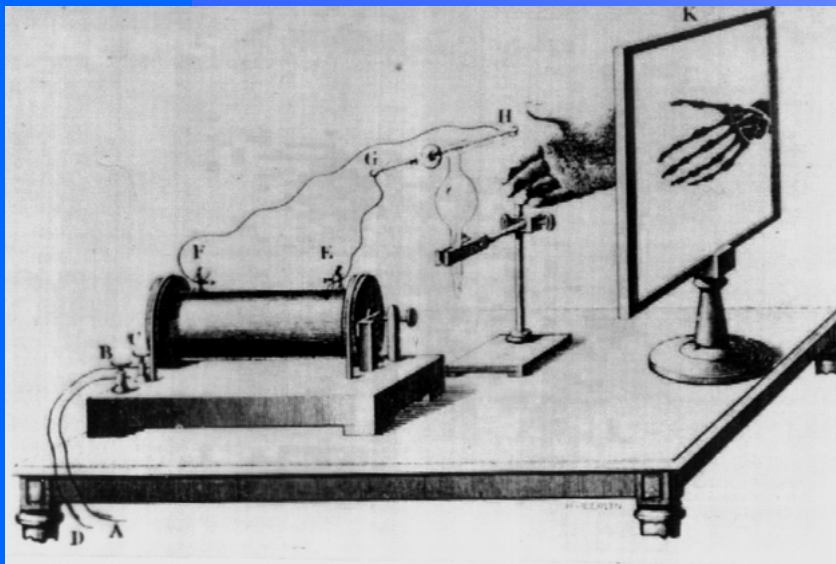


FROM THE DISCOVERY OF X RAYS TO CT/PET DIAGNOSTICS AND CONFORMAL RADIATION THERAPY

Ugo Amaldi

University of Milano Bicocca and TERA Foundation

The beginnings of modern physics and of medical physics



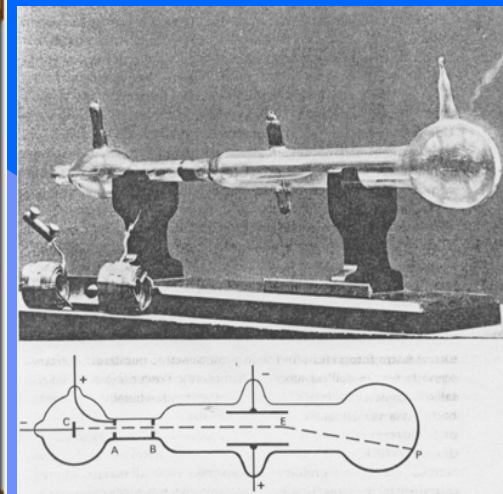
1895
discovery of X rays

Wilhelm Conrad
Röntgen

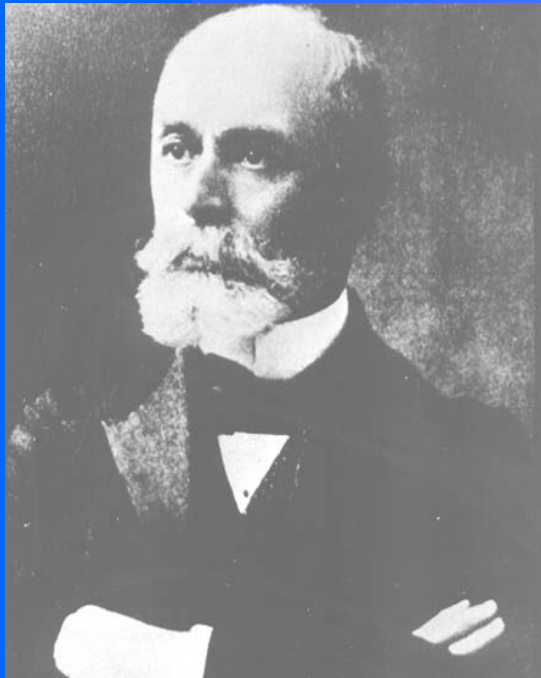


J.J. Thompson

1897
"discovery" of the
electron



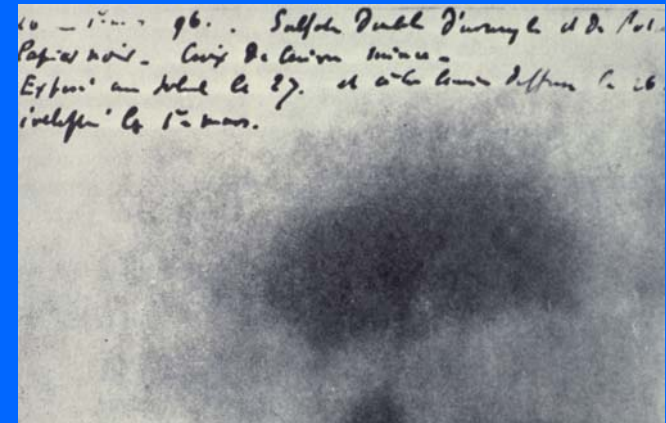
The beginnings of modern physics and of medical physics



Henri Becquerel
(1852-1908)

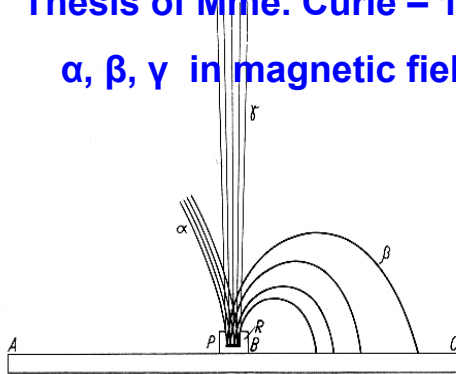
1896:

Discovery of natural
radioactivity



Thesis of Mme. Curie – 1904

α , β , γ in magnetic field



Hundred years ago

1898

Discovery of radium



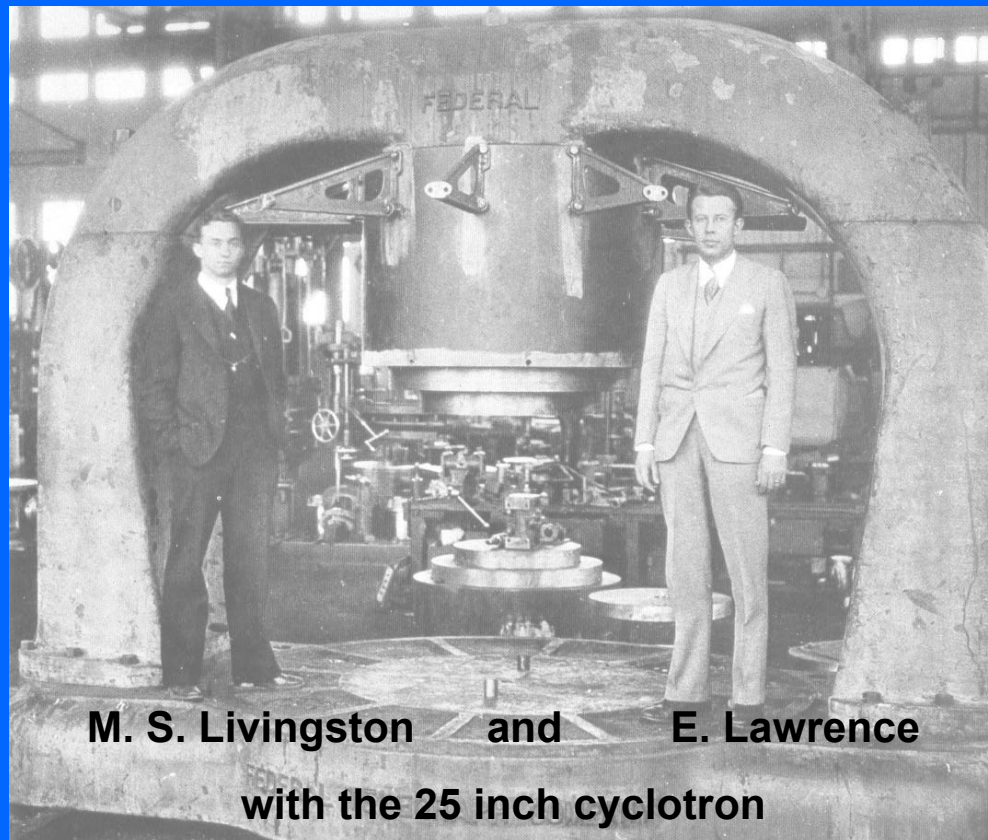
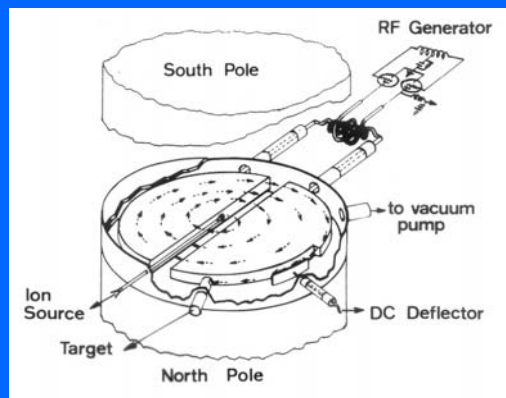
Marie Curie Pierre Curie
(1867 – 1934) (1859 – 1906)

The next magnificent four years for experimental physics and medical physics



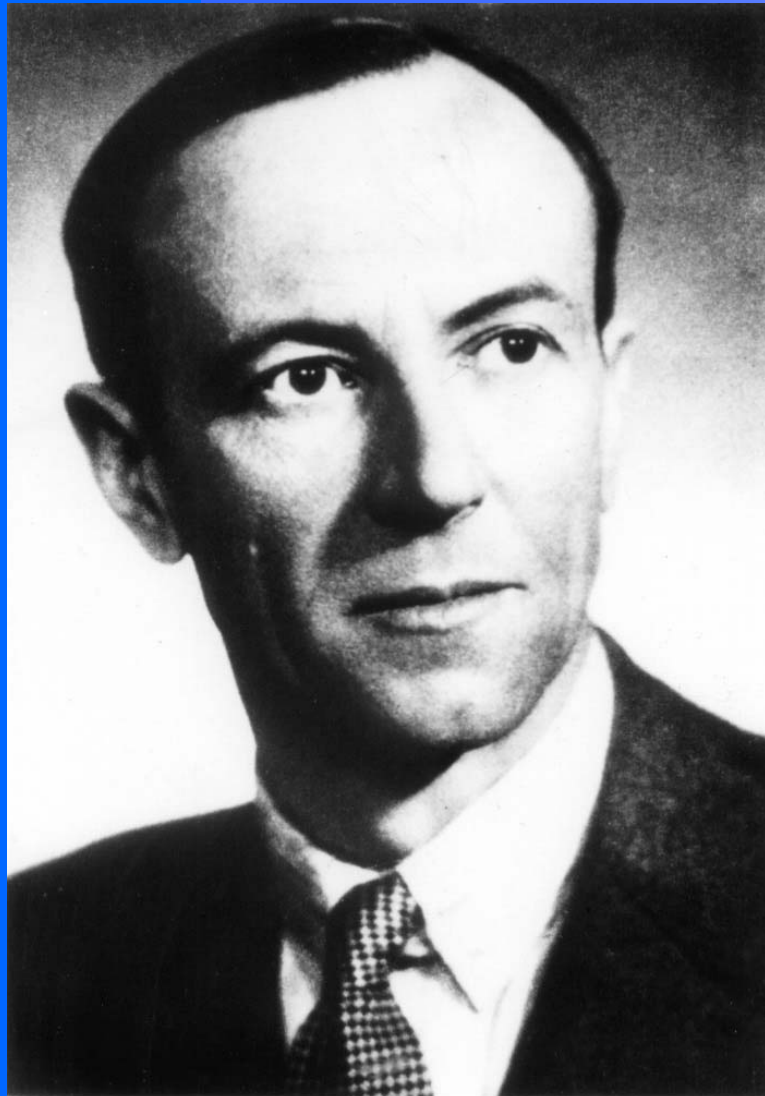
1930

Ernest Lawrence invents the cyclotron



M. S. Livingston and E. Lawrence
with the 25 inch cyclotron

The next magnificent four years for experimental physics and medical physics



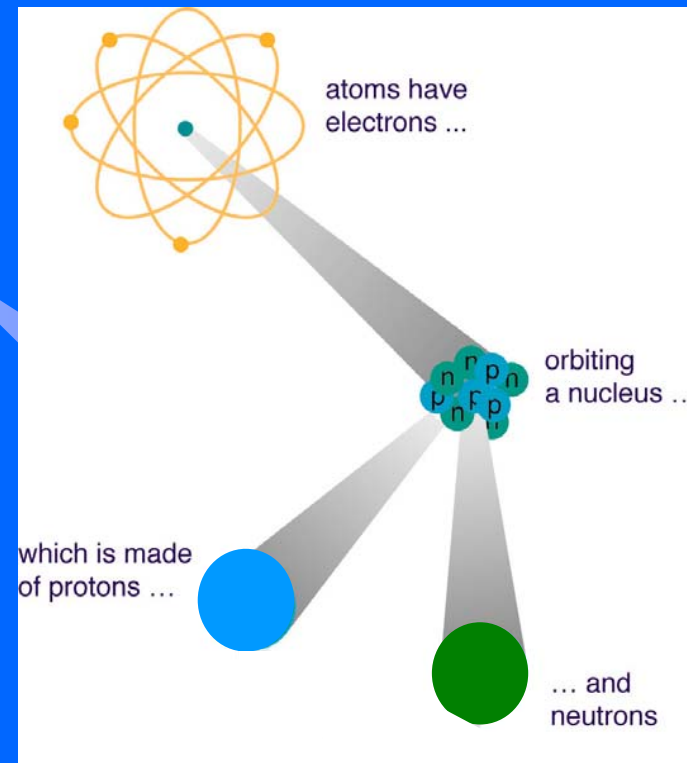
James Chadwick

(1891 – 1974)

CERN - 25.1.05 - U. Amaldi

1932

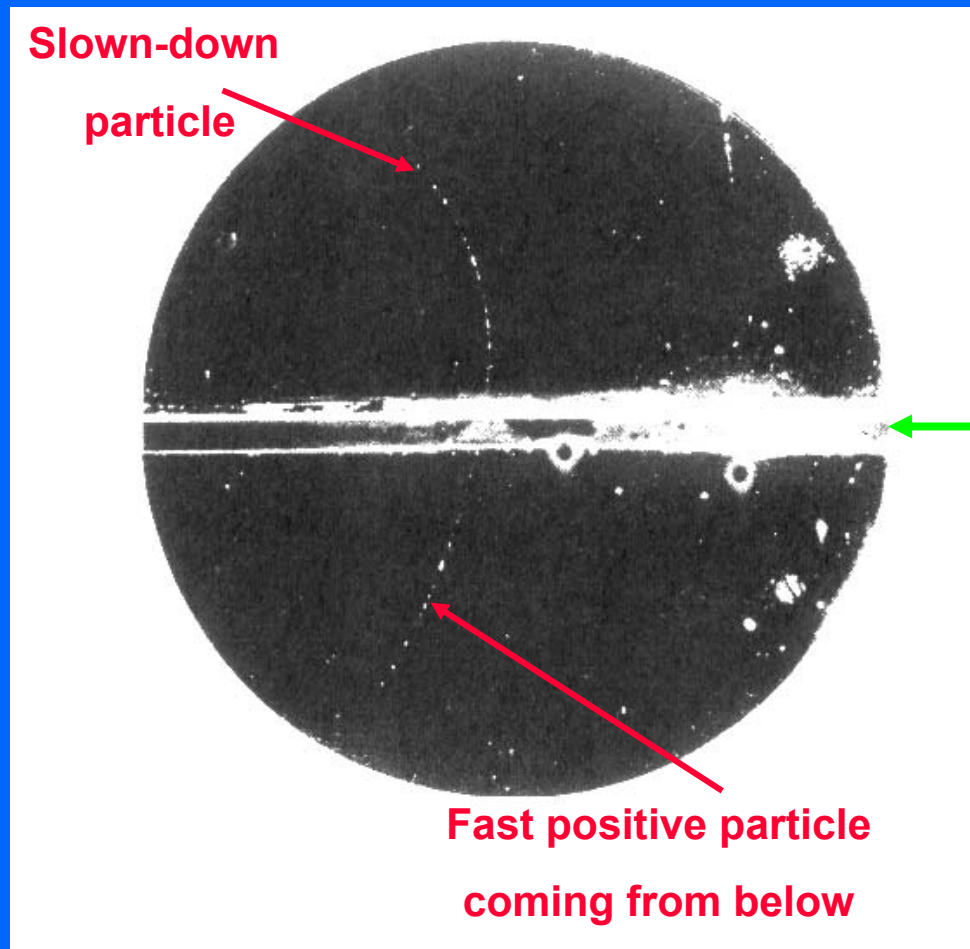
Discovery of the neutron



The next magnificent four years for experimental physics and medical physics

1932 – C. D. Anderson

Positron discovery



The next magnificent four years for experimental physics and medical physics

RADIOATTIVITÀ « BETA » PROVOCATA DA BOMBARDAMENTO DI NEUTRONI. — III.

E. AMALDI, O. D'AGOSTINO, E. FERMI, F. RASETTI, E. SEGRÈ
« Ric. Scientifica », 5 (1), 452-453 (1934).

Sono state proseguite ed estese le esperienze di cui alle Note precedenti⁽¹⁾ coi risultati che ricordiamo appresso.

Idrogeno - Carbonio - Azoto - Ossigeno. - Non danno effetto apprezzabile. Sono stati esaminati paraffina irradiata al solito modo per 15 ore con una sorgente di 220 mC, acqua irradiata per 14 ore con 670 mC e carbonato di guanidina irradiato per 14 ore con 500 mC.

Fluoro. - Il periodo del Fluoro è sensibilmente minore di quanto indicato precedentemente e cioè di pochi secondi.

Magnesio. - Il Magnesio ha due periodi, uno di circa 40 secondi e uno più lungo.

Alluminio. - Oltre al periodo di 12 minuti segnalato precedentemente ve ne è anche un altro dell'ordine di grandezza di un giorno. L'attività corrispondente a questo secondo periodo segue le reazioni chimiche caratteristiche del Sodio. Si tratta probabilmente di un Na^{24} .

Zolfo. - Il periodo dello S è assai lungo, certamente di molti giorni. L'attività si separa con le reazioni caratteristiche del Fosforo.

Cloro. - Si comporta analogamente allo S. Anche qui si può separare

corrispondente a questo secondo periodo segue le reazioni chimiche caratteristiche del Sodio. Si tratta probabilmente di un Na^{24} .

Zolfo. - Il periodo dello S è assai lungo, certamente di molti giorni. L'attività si separa con le reazioni caratteristiche del Fosforo.

Cloro. - Si comporta analogamente allo S. Anche qui si può separare un principio attivo; probabilmente si tratta di un P^{32} identico a quello che si ricava dallo S.

Manganese. - Ha un effetto debole con un periodo di circa 15 minuti.

Cobalto. - Ha un effetto di 2 ore. Il principio attivo si comporta come Mn. Data l'identità di periodo e di comportamento chimico si tratta quasi certo di un Mn^{56} identico a quello che si forma irradiando il Fe.

Zinco. - Ha due periodi, uno di 6 minuti e uno assai più lungo.

Gallio. - Periodo 30 minuti.

Bromo. - Ha due periodi, uno di 30 minuti e l'altro di 6 ore. L'attività corrispondente al periodo lungo e probabilmente anche l'altra, seguono chimicamente il Br.

Palladio. - Periodo di alcune ore.

Iodio. - Periodo 30 minuti. L'attività segue chimicamente lo Iodio.

Praseodimio. - Ha due periodi. Uno di 5 minuti e l'altro più lungo.

Neodimio. - Periodo 55 minuti.

Samarium. - Ha due periodi uno di 40 minuti e uno più lungo.

Oro. - Periodo dell'ordine di grandezza di 1 o 2 giorni.



O. D'Agostino E. Segrè

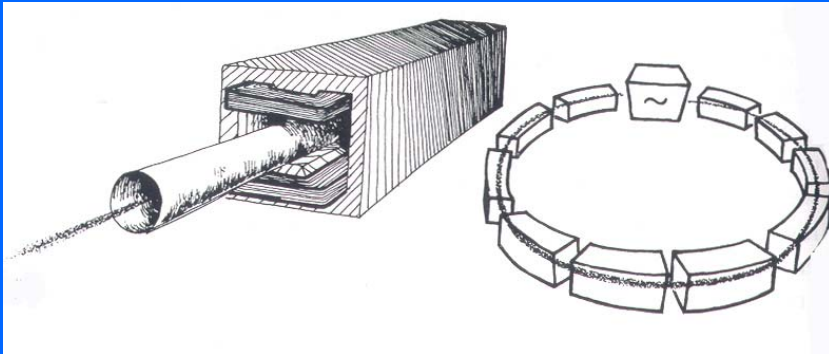
E. Amaldi F. Rasetti E. Fermi

Discovery of the effect of slow neutrons - 1934

1945: E. McMillan and V.J.Veksler

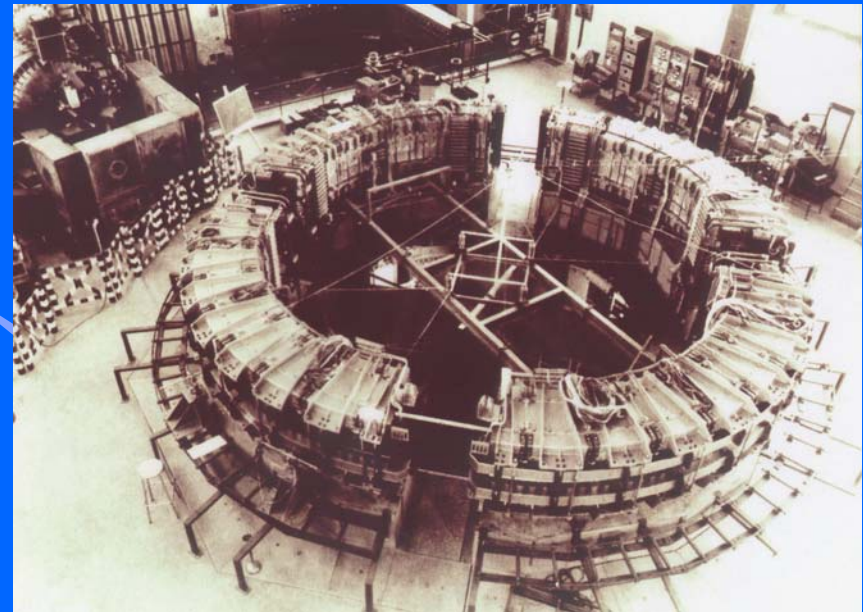
The synchrotron

discover the
principle of phase stability



1 GeV electron synchrotron

Frascati - INFN - 1959

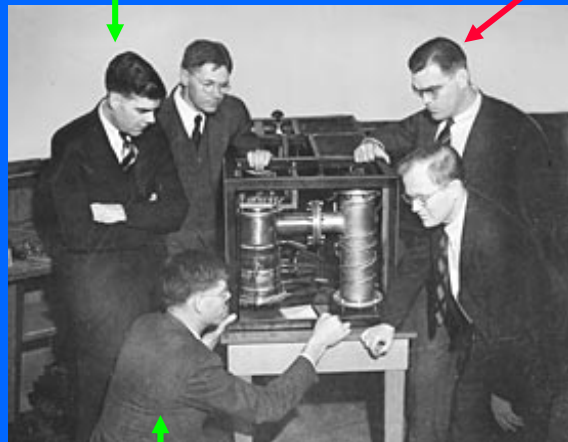


1959: Veksler visits McMillan at Berkeley

The electron linac

Sigmur Varian

William W. Hansen



Russell Varian

1939

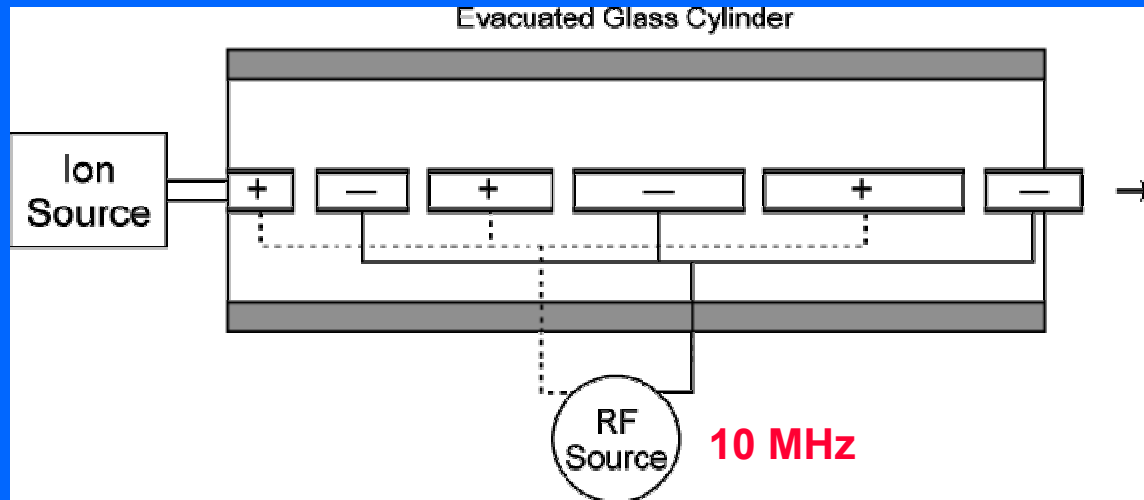
Invention of the klystron



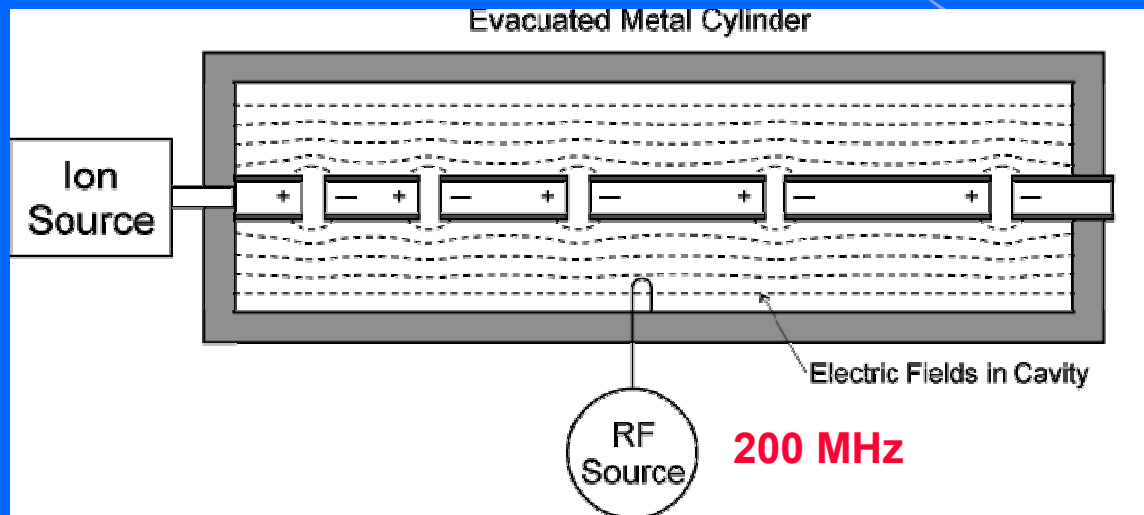
1947
first linac for electrons
4.5 MeV and 3 GHz



Linacs for protons and ions



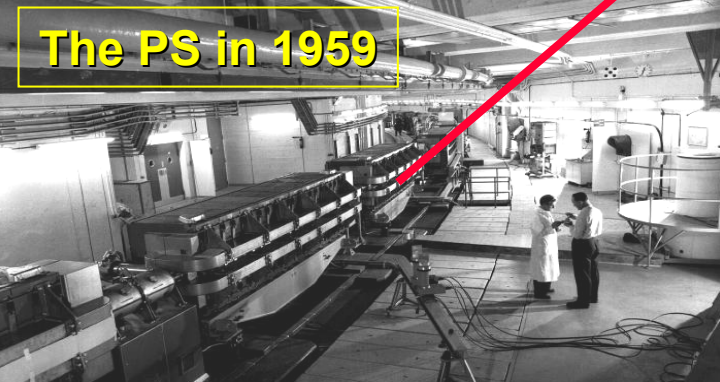
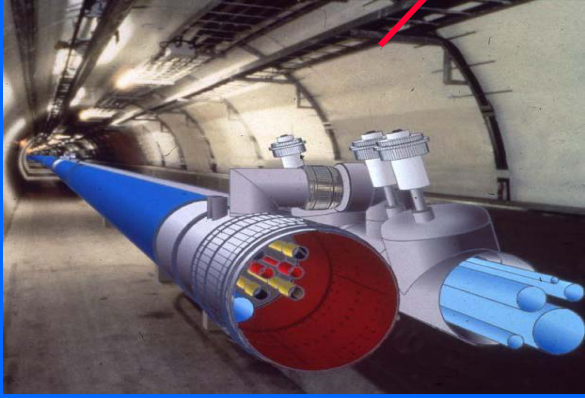
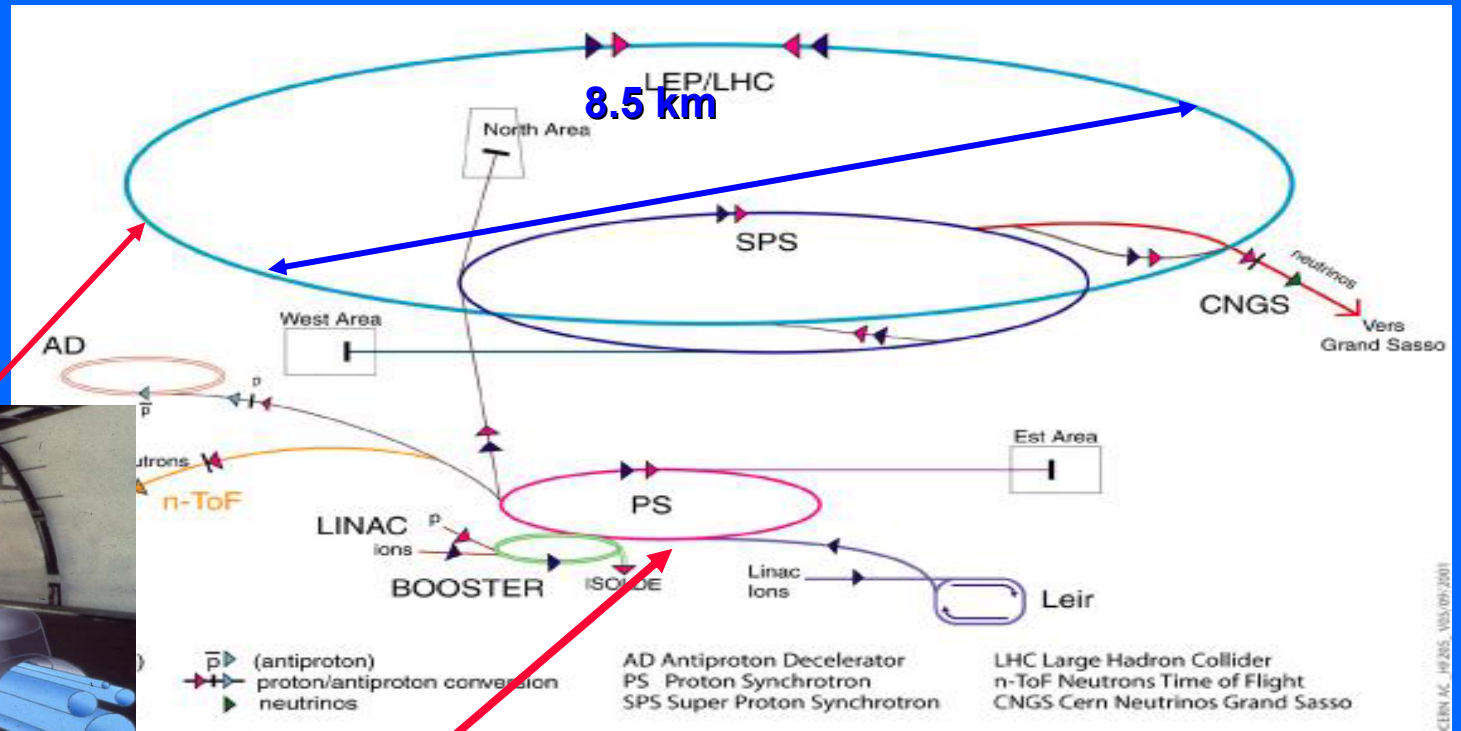
1928 – R. Wideröe
Invention of
the linac for ions



1946 – L. Alvarez
Drift Tube Linac
(DTL)

At CERN we have linacs and strong-focusing synchrotrons

Large Hadron Collider
(14+14) TeV
2007



The PS in 1959

In 1952 the “strong-focusing” method
invented at BNL (USA)
was chosen for the CERN PS



The beginnings of CERN 50 years ago



Isidor Rabi
UNESCO talk in 1950



1952: Pierre Auger Edoardo Amaldi
Secretary General

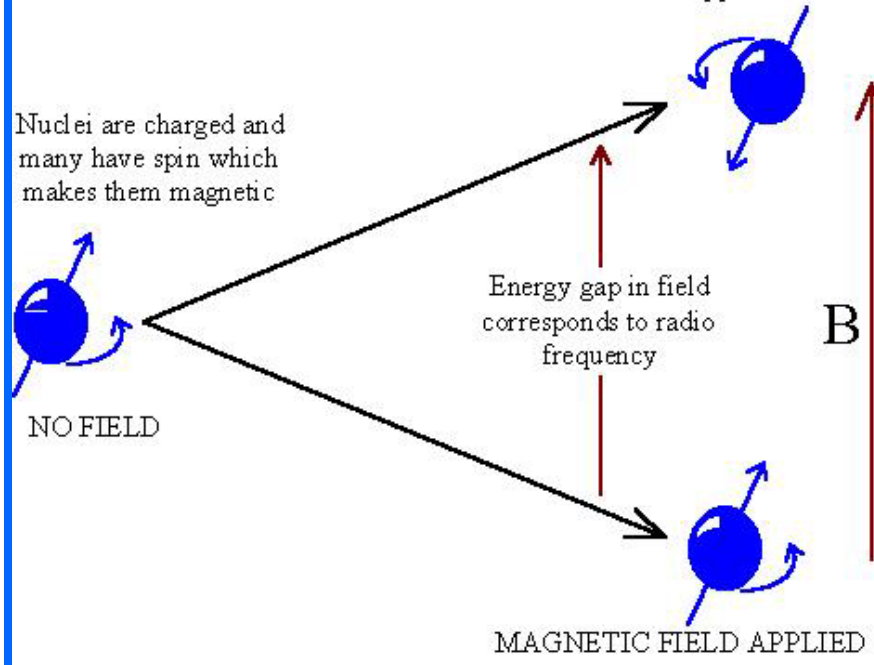
at the meeting that created the provisional CERN

THE BASIS OF NMR

The case of the spin half nucleus

A spinning nucleus has more energy when its magnetic field opposes the applied field

Nuclei are charged and many have spin which makes them magnetic



Nuclear Magnetic Resonance

1938-1945

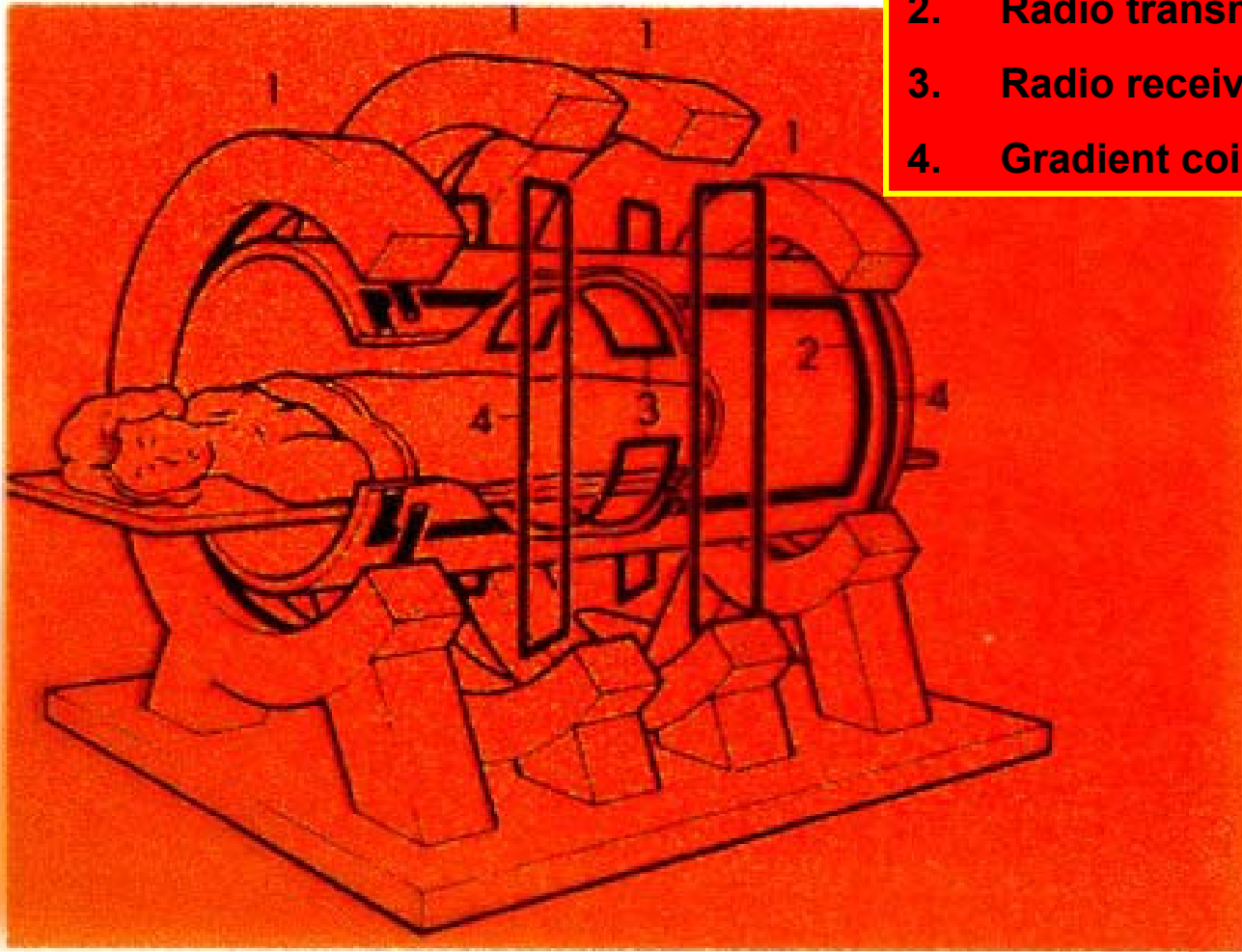
Felix Bloch and Edward Purcell
discover and study
NMR



**In 1954 Felix Bloch became
the first CERN Director General**

MRI = Magnetic Resonance Imaging

1. Main magnet (0.5-1 T)
2. Radio transmitter coil
3. Radio receiver coil
4. Gradient coils



**In diagnostics
MRI sees the protons
of the tissues**

Summary of accelerators running in the world

| CATEGORY OF ACCELERATORS | NUMBER IN USE (*) |
|---|--------------------------|
| High Energy acc. (E >1GeV) | ~120 |
| Synchrotron radiation sources | >100 |
| <u>Medical radioisotope production</u> | <u>~200</u> |
| <u>Radiotherapy accelerators</u> | <u>> 7500</u> |
| <u>Research acc. included biomedical research</u> | <u>~1000</u> |
| Acc. for industrial processing and research | ~1500 |
| Ion implanters, surface modification | >7000 |
| TOTAL | <u>> 17500</u> |

9000

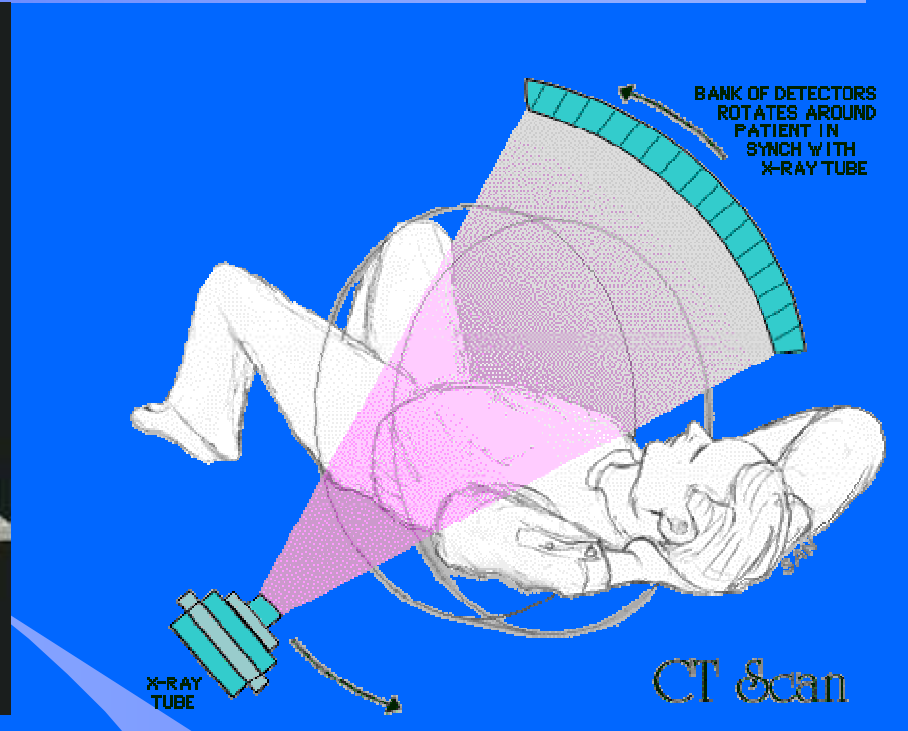
(*) W. Maciszewski and W. Scharf: Int. J. of Radiation Oncology, 2004

RADIOACTIVITY AND ACCELERATORS (*)

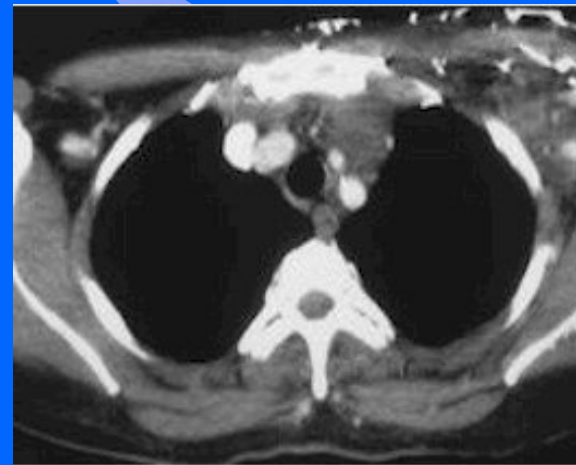
1. IN DIAGNOSTICS

(*) No time to discuss the use of detectors developed for subatomic physics

CT = Computer tomography

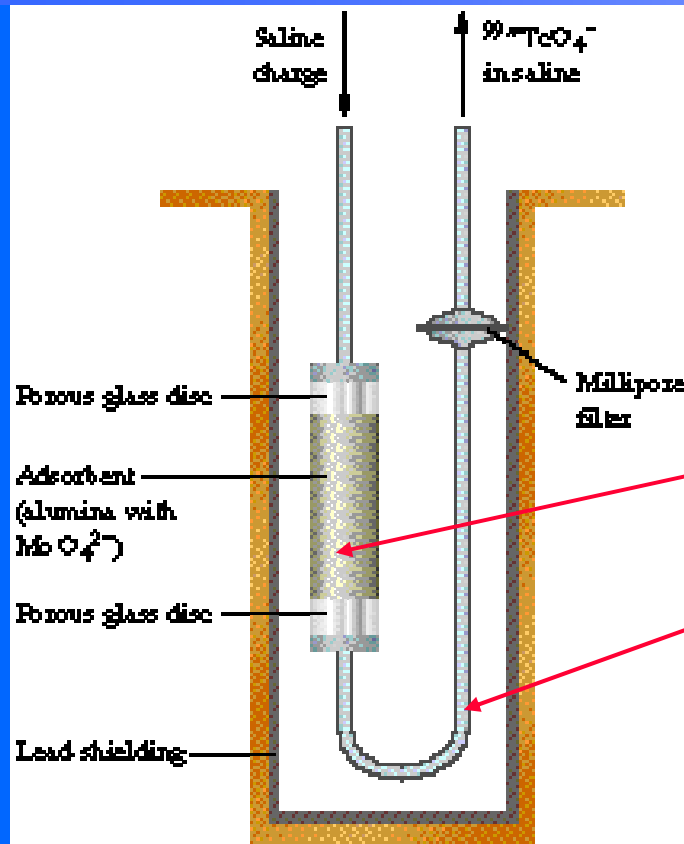


Abdomen



Lungs

SPECT = Single Photon Emission Computer Tomography



In reactors slow neutrons produce



gamma of 0.14 MeV



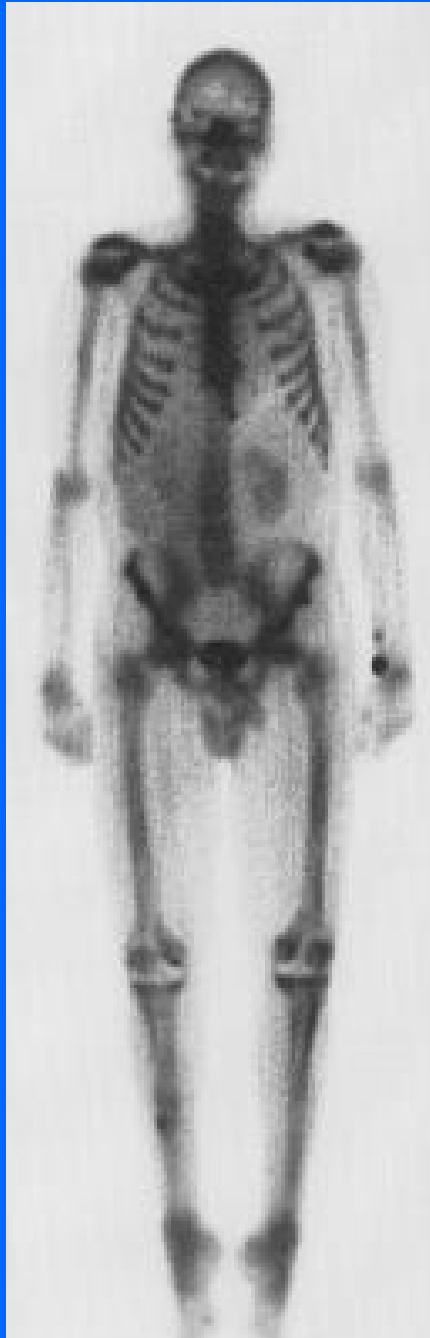
Molibdenum 'generator'

BNL - 1960

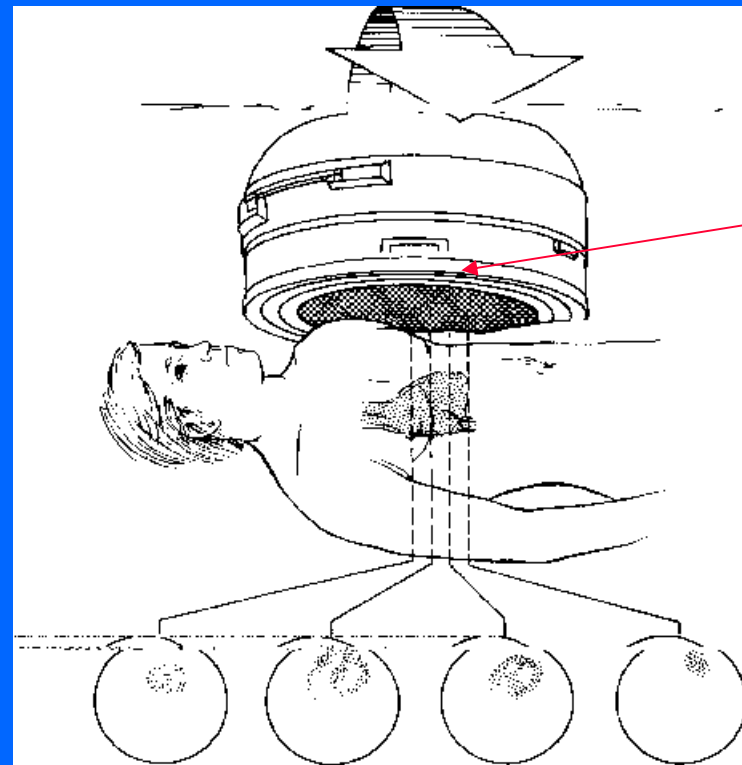
Powel Richards

and Walter Tucker

SPECT scanner



CERN - 25.1.05 - U. Amaldi



Collimators of the
0.14 MeV gammas

85% of all nuclear medicine
examinations use ^{99m}Tc

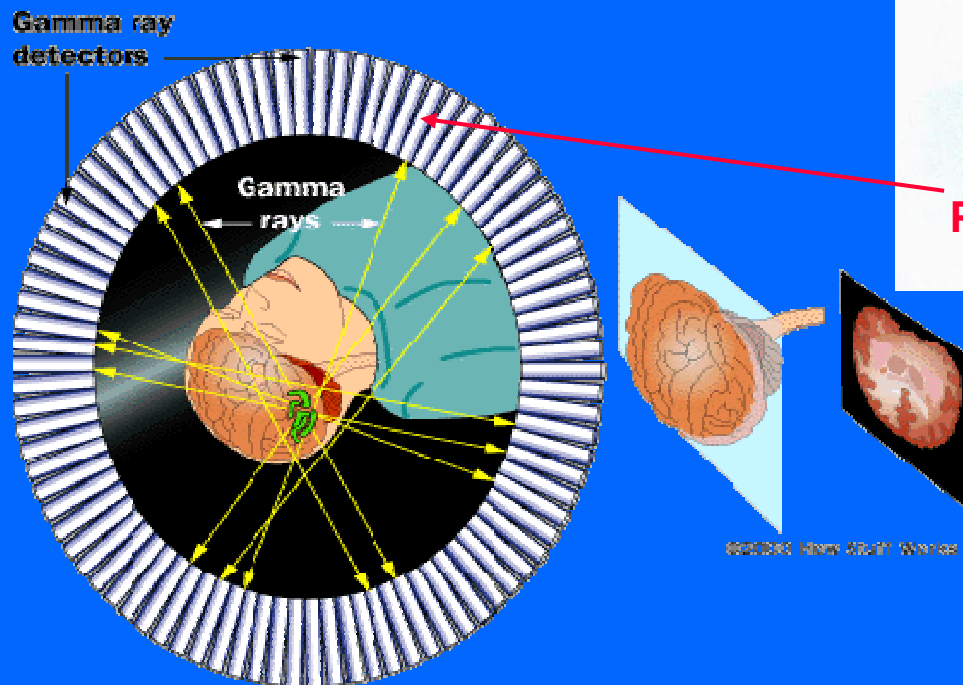
Centre for Nuclear Medicine

For PET the most used compound

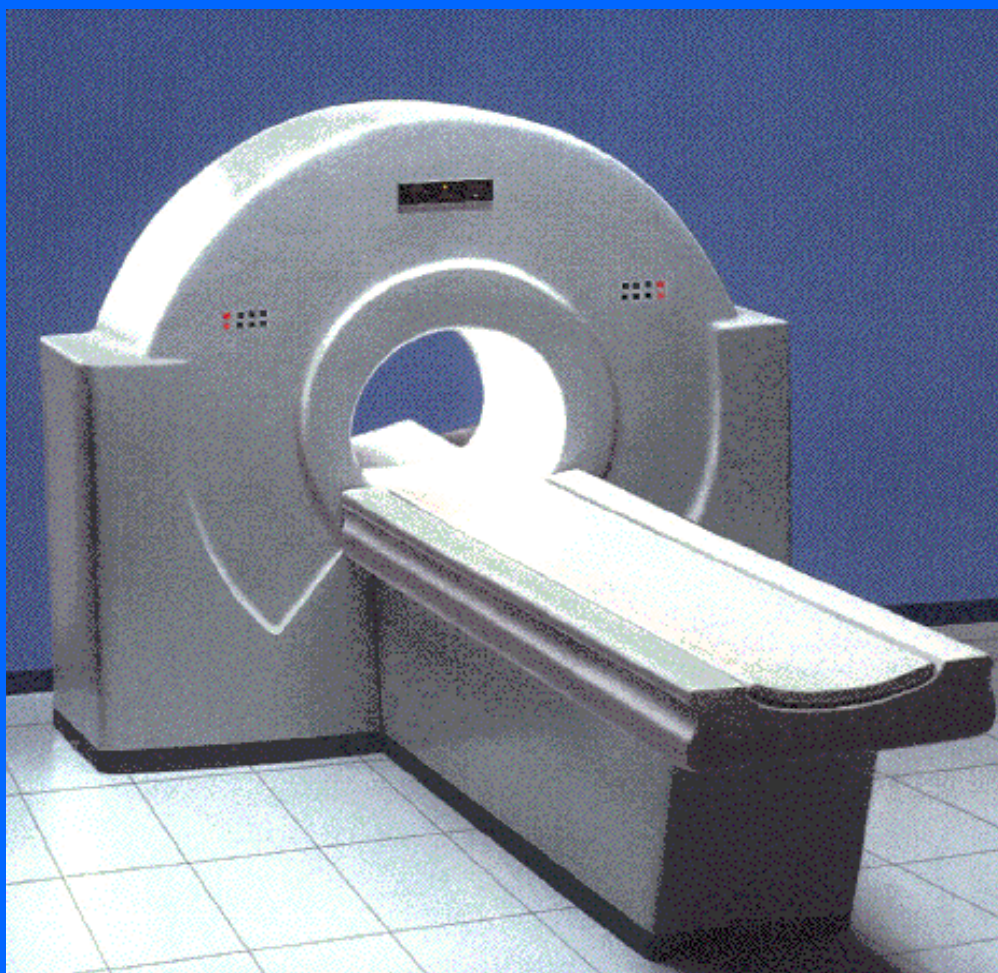
FDG = sugar

F = ^{18}F

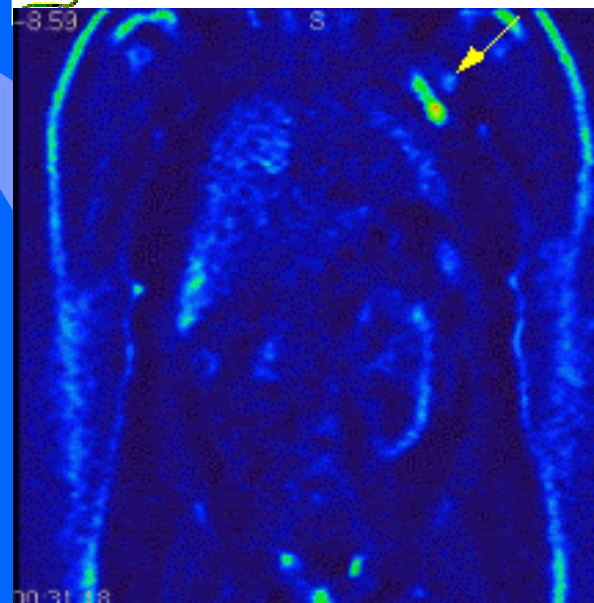
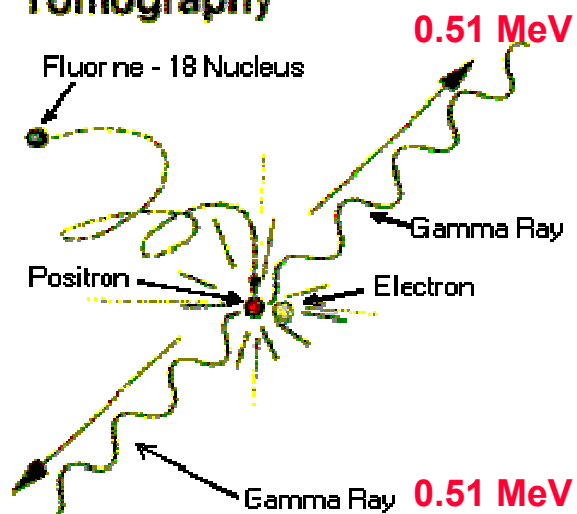
with half-life 1.6 h



PET = Positron Emission Tomography



Positron Emission Tomography

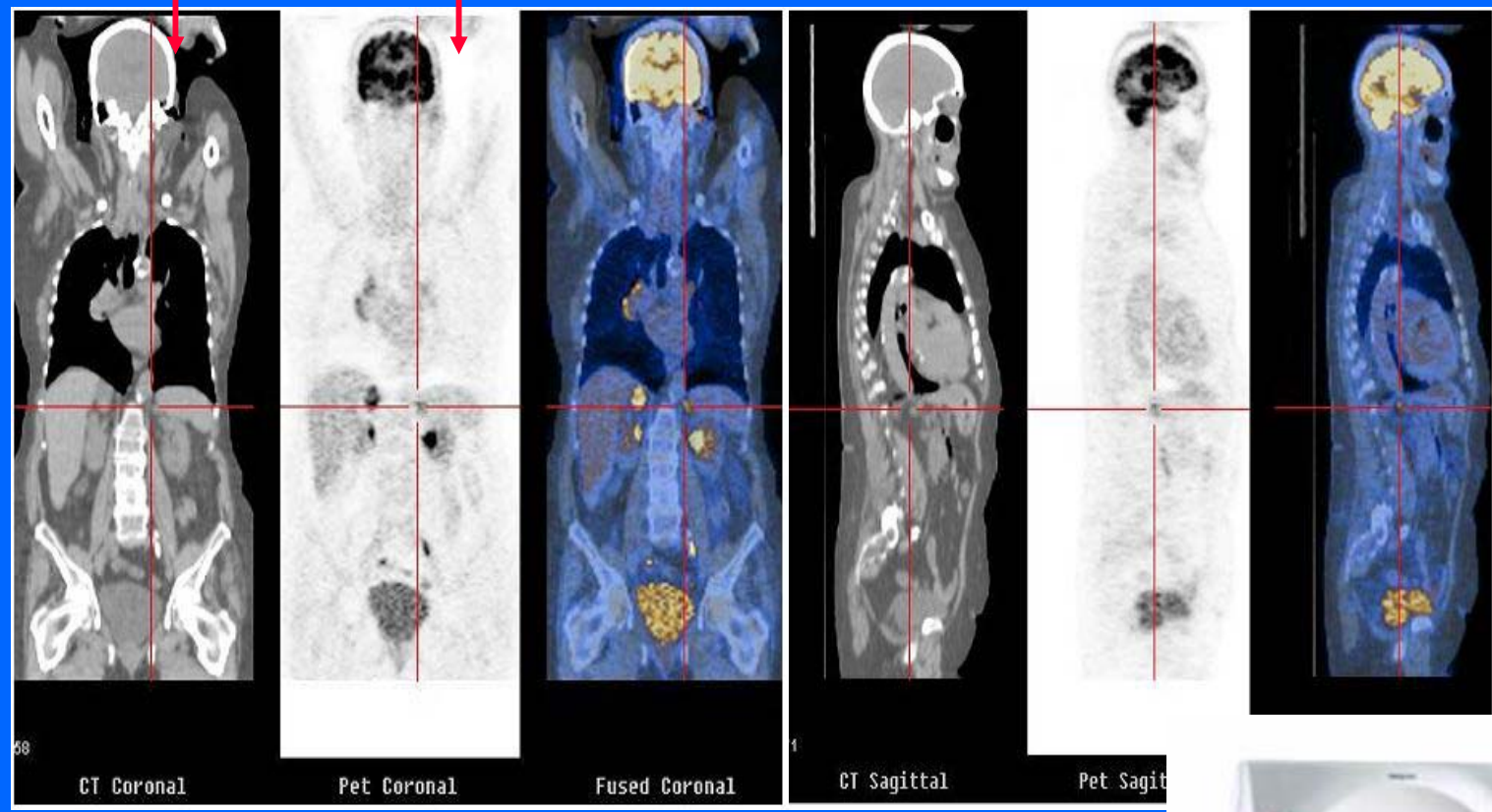


CT

PET

morphology

metabolism



The future of diagnostics



RADIOACTIVITY AND ACCELERATORS (*)

1. IN CANCER THERAPY

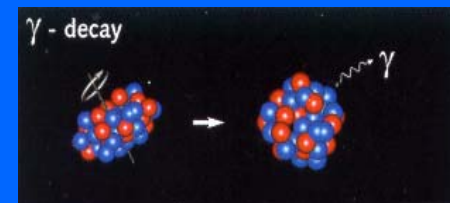
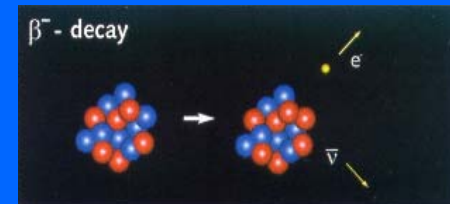
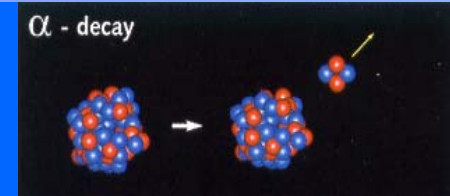
(*) No time to discuss the use of detectors developed for subatomic physics

Radioactivity in cancer therapy

targeted radioimmunotherapy

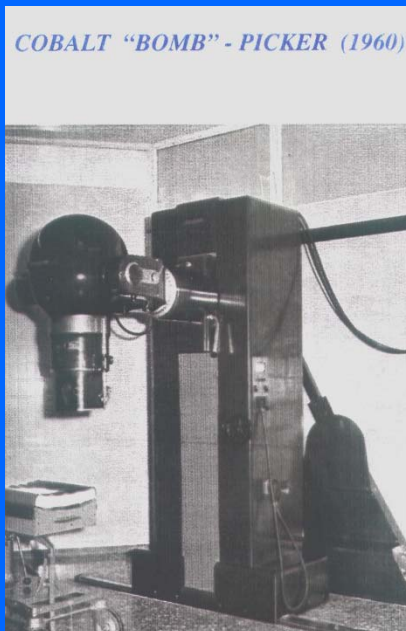
α particles from Bismuth-213 for leukaemia

β^- particles from Yttrium-90 for glioblastoma



teletherapy

gammas from Cobalt-60 for deep tumours

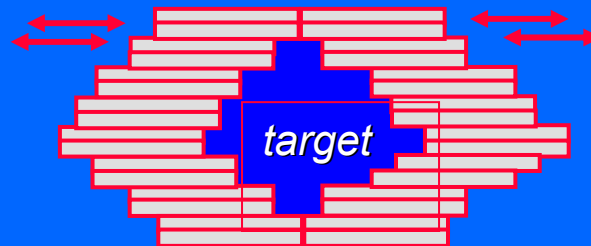
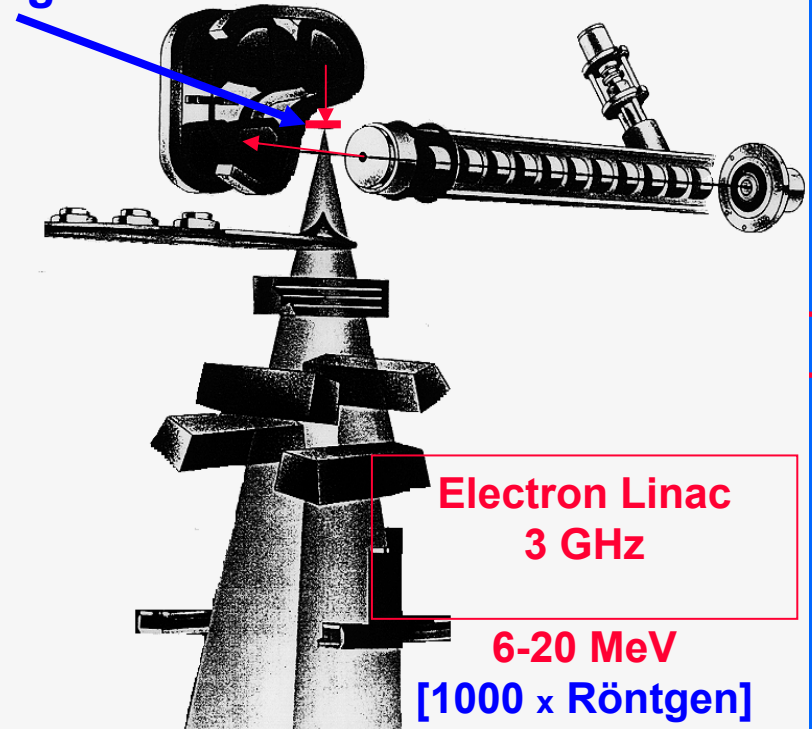


Cobalt-60
(1 MeV gammas)
is produced in reactors
by slow neutrons

X-rays in radiotherapy: linacs

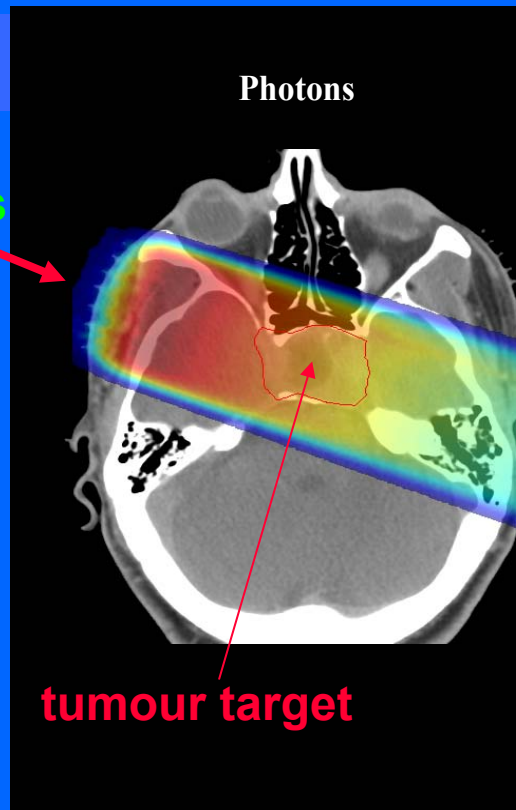


$e^- + \text{target} \rightarrow X$

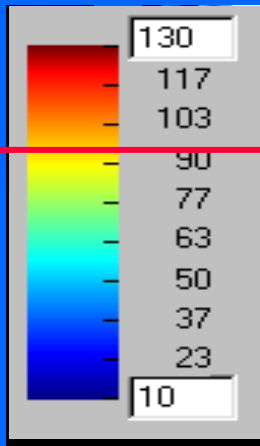
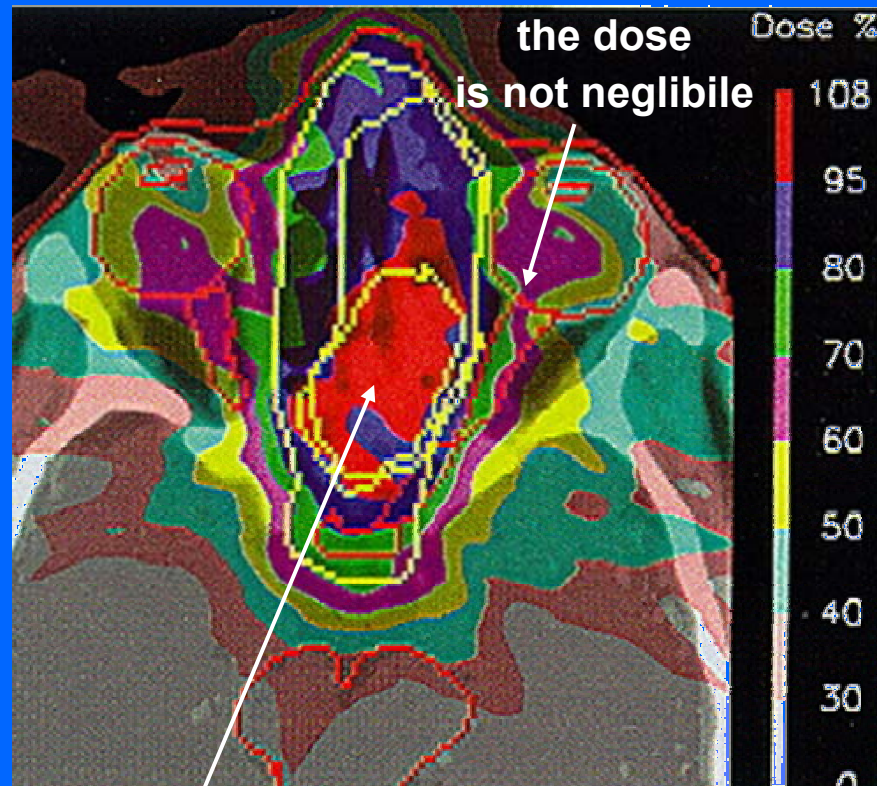


X rays have a poor energy deposition

X rays



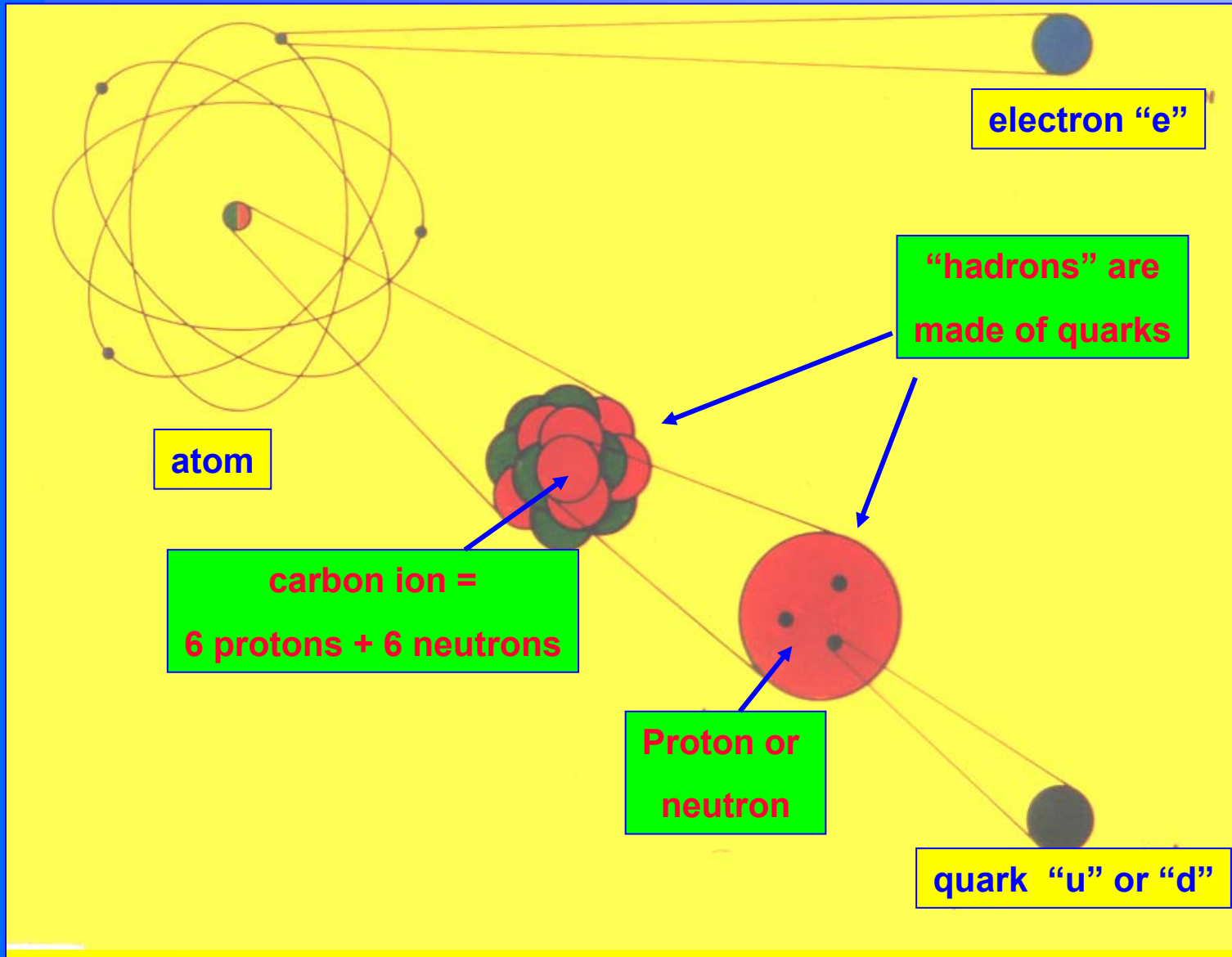
IMRT (Intensity Modulated Radiation Therapy)
with 9 crossed beams



Fraction of dose

Tumour between the eyes

"Hadrontherapy" uses n, p and C-ion beams

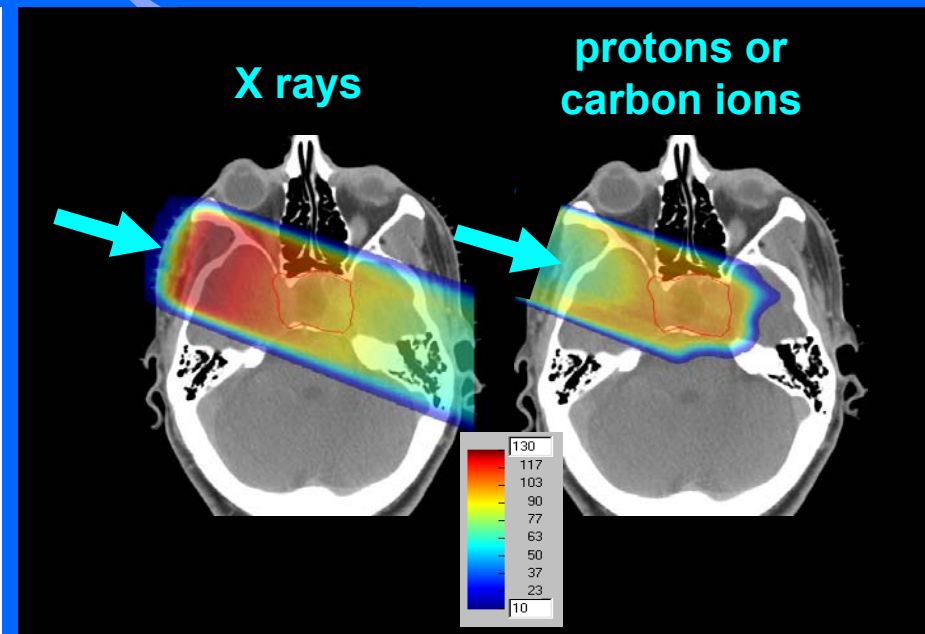
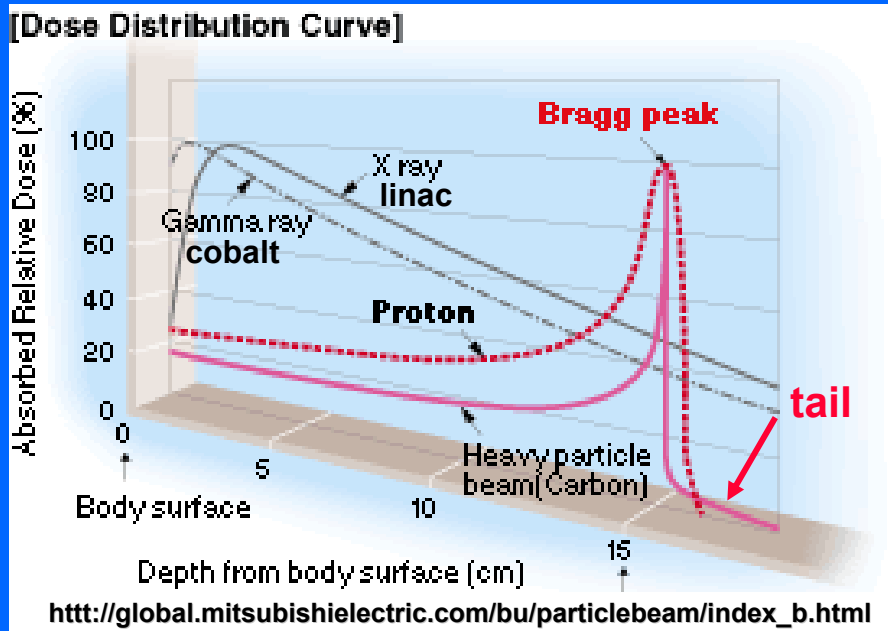
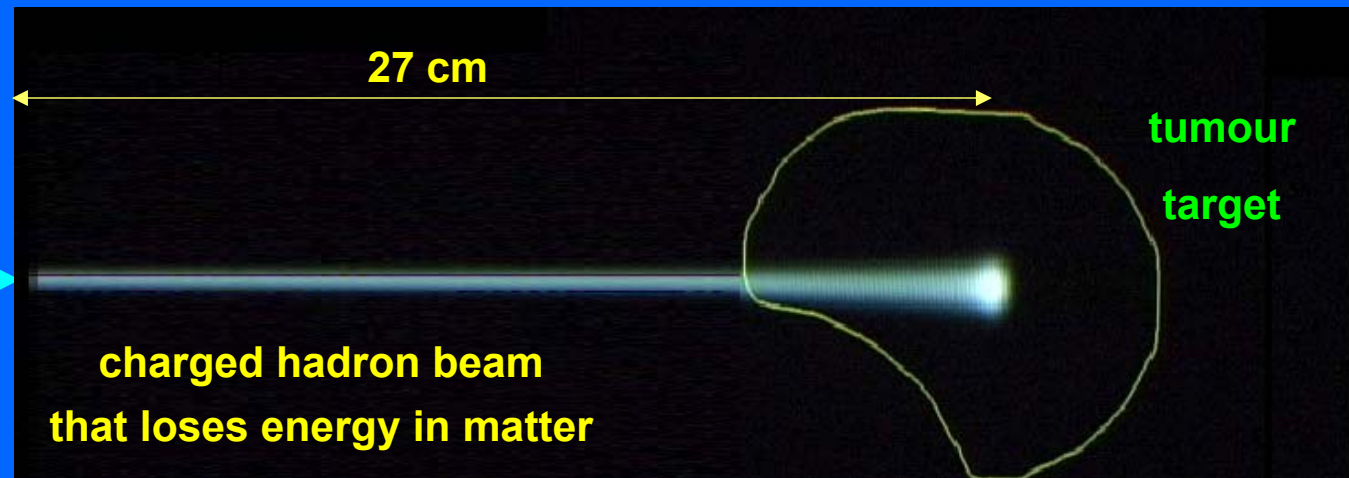


Charged hadrons have a much better energy deposition

200 MeV protons

4800 MeV carbon ions

which control radioresistant tumours



The sites

Protontherapy:
40'000 patients

Cost about 20'000 Euro
2-3 x X-rays

If cost would be
the same
as for X-rays

90% of the treatments
would be with
protons !



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

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
Clival and Cervical Spine
- Brain Metastases
- Optic Glioma
- Arteriovenous Malformations

Pelvis

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

Hospital centres for deep protontherapy (>500 pts/year)

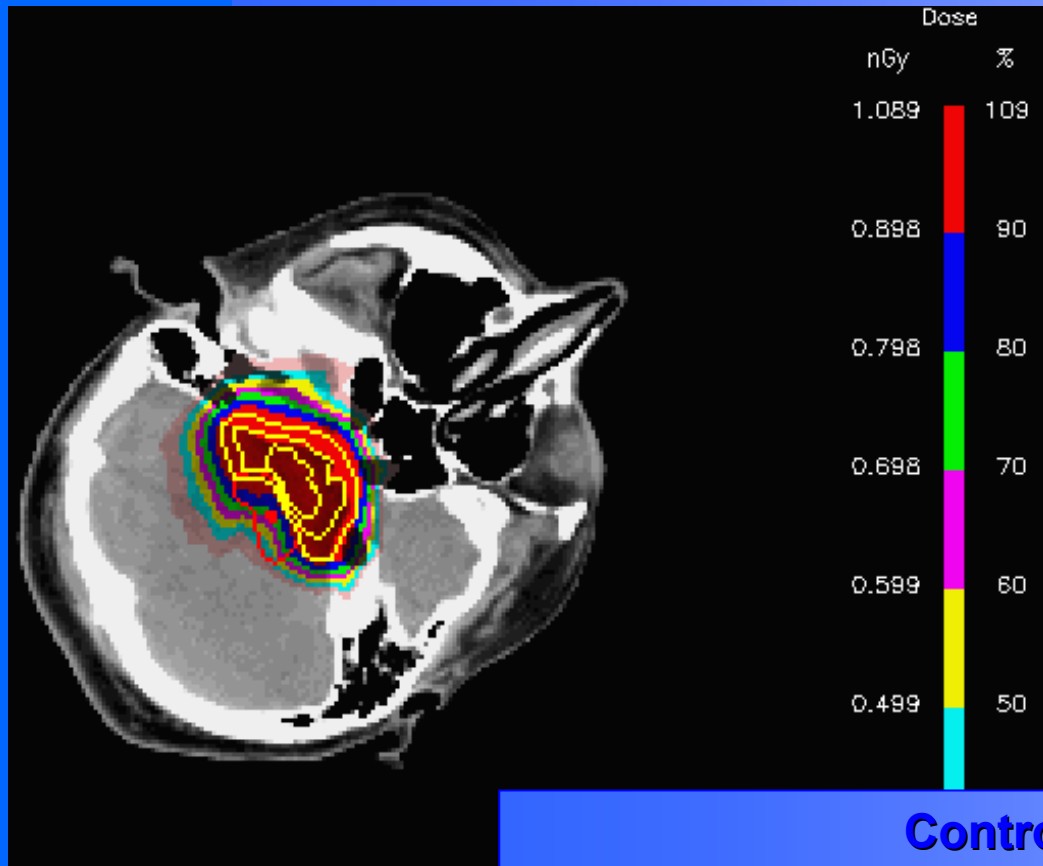
5 in USA, 4 in Japan, 2 in China, 1 in Switzerland, 1 in Germany,
1 in Korea, 1 in Italy

(running or financed)



Five companies offer turn-key centres

Tumours of the central nervous system

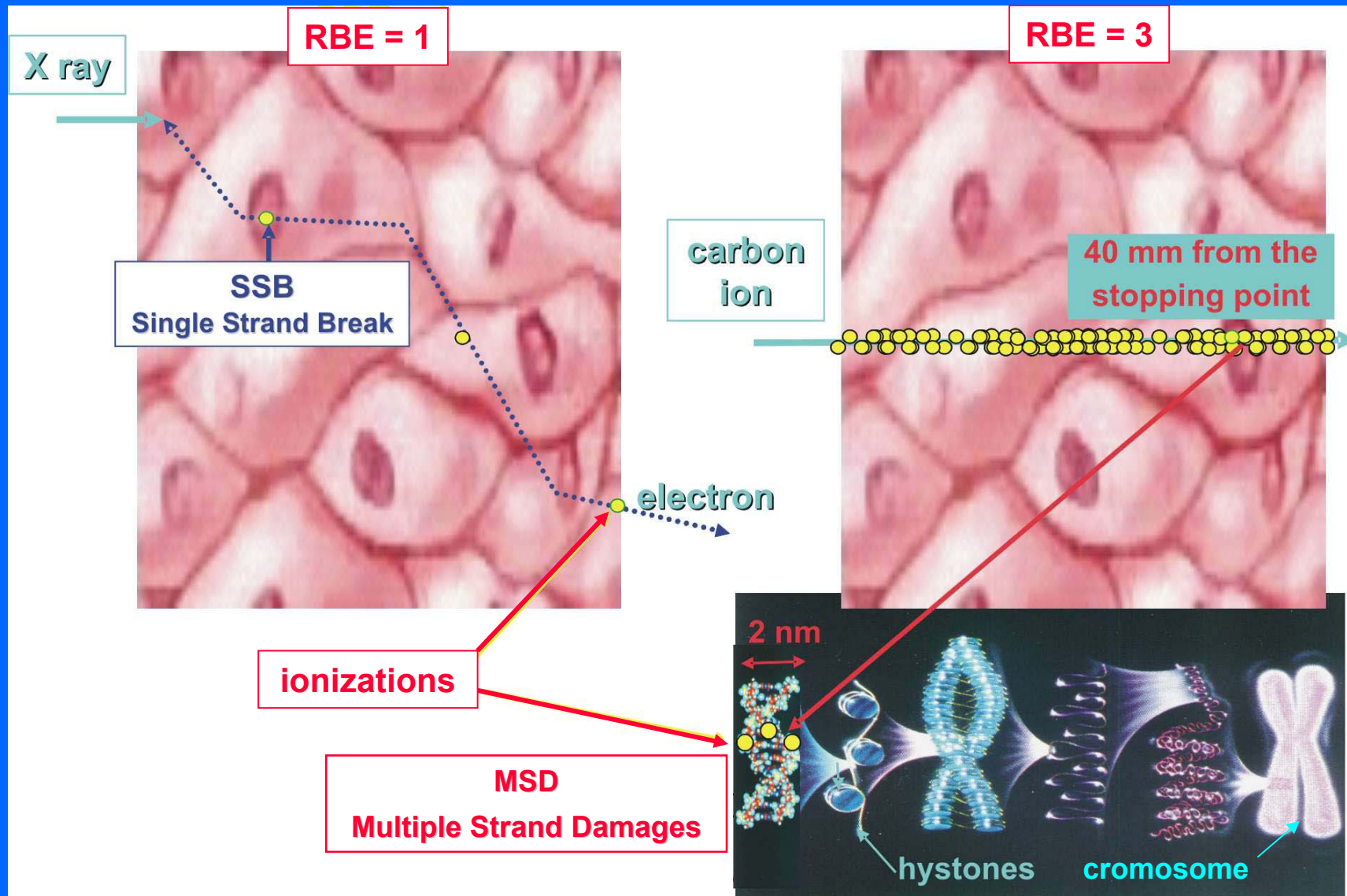


The percentages are larger with carbon ions

Control at 5 years

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

Radiobiological efficiency of carbon ions



Numbers of potential patients

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 tumour

3% of X-ray patients 600 pts/year

TOTAL every 10 M about 3'000 pts/year

Japan: 4 proton Centres and 2 carbon ion 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

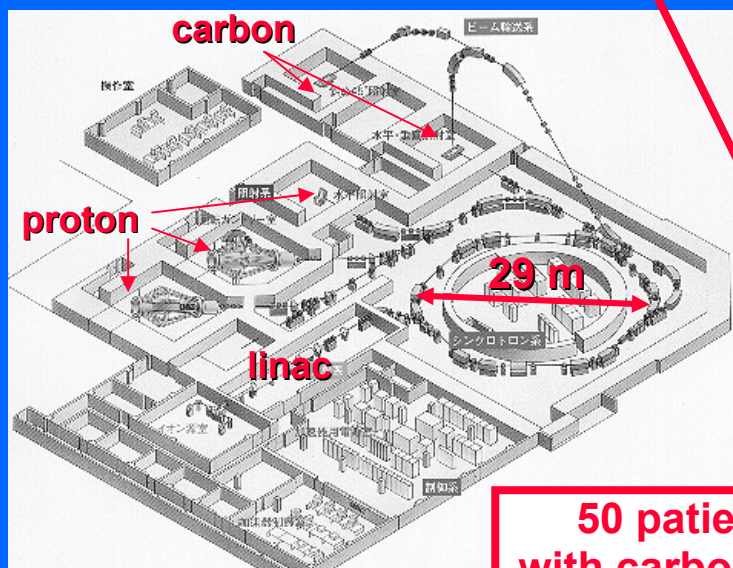
KASHIWA CENTER
 Chiba (1998)
 protons (≤ 235 MeV)
 cyclotron (IBA - SHI)
 2 Gantries + 1 hor. beam

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

**2000 patients
 with carbon ions**

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

**50 patients
 with carbon ions**



1998 - GSI pilot project

G. Kraft

200 patients treated
with carbon ions
under
J. Debus (Heidelberg Univ.)



Projects of the TERA Foundation

In collaboration with CERN

TERA (created in 1992) has proposed and designed a National Centre for carbon ions:



The Italian National Centre is being built in Pavia

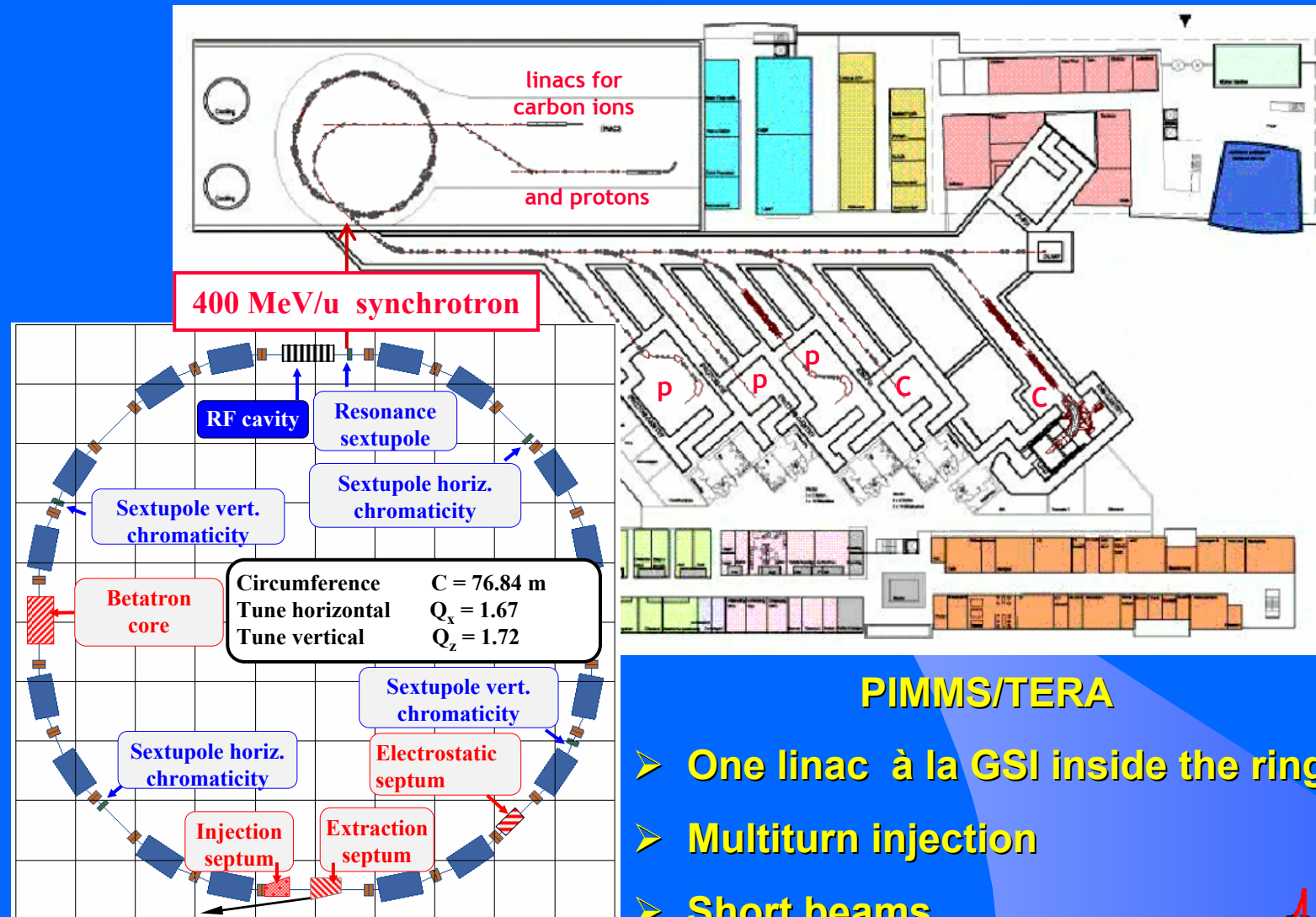
TERA has developed a novel technique for diagnostics and protontherapy



The “cyclinac”

Proton Ion Medical Machine Study = PIMMS: 1996 - 2000

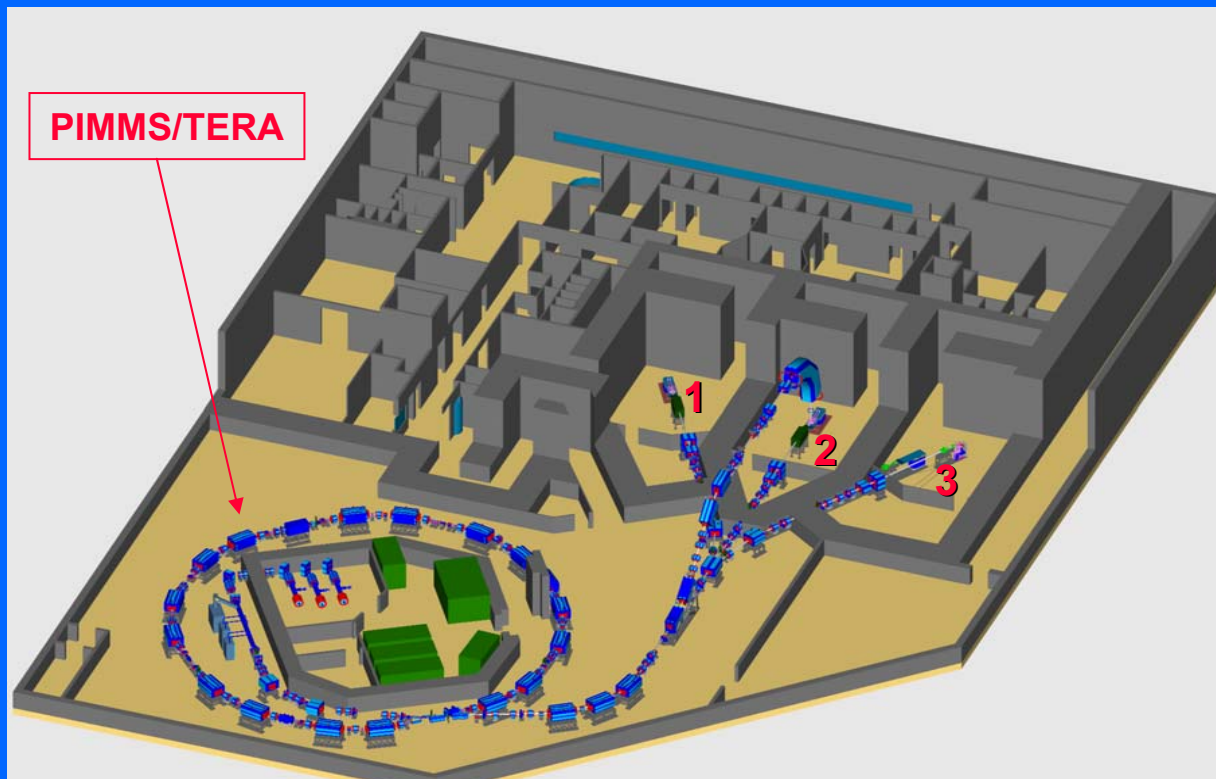
CERN-TERA-MedAustron-Oncology 2000 Collaboration



CNAO = Centro Nazionale di Adroterapia

CNAO Foundation was created by the Italian Government in 2001 to realize CNAO: 4 Hospitals in Milan, 1 Hospital in Pavia and TERA
Since 2003 INFN is Institutional Participant

In September 2003 TERA has completed and passed to CNAO the design of the high-tech part of CNAO and 25 people

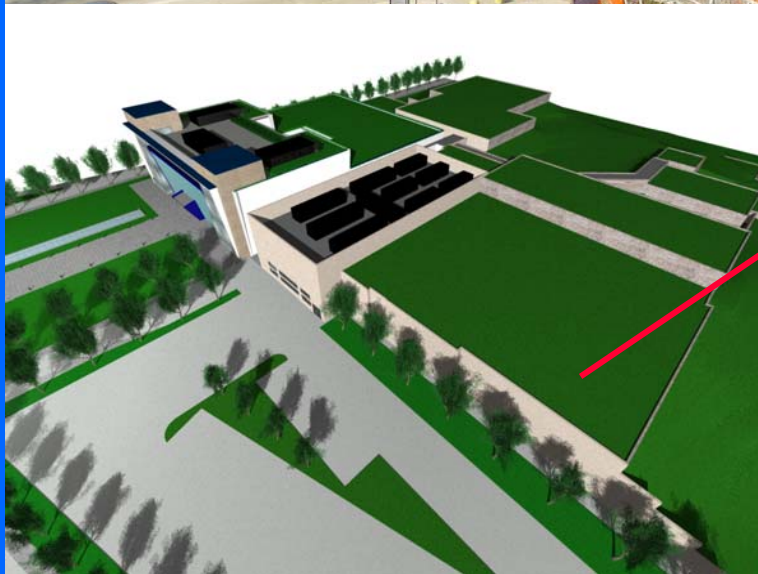


President: E. Borloni

Med. Dir.: R. Orecchia
Tech. Dir: S. Rossi

CNAO on the Pavia site

Project: Calvi –TEKNE

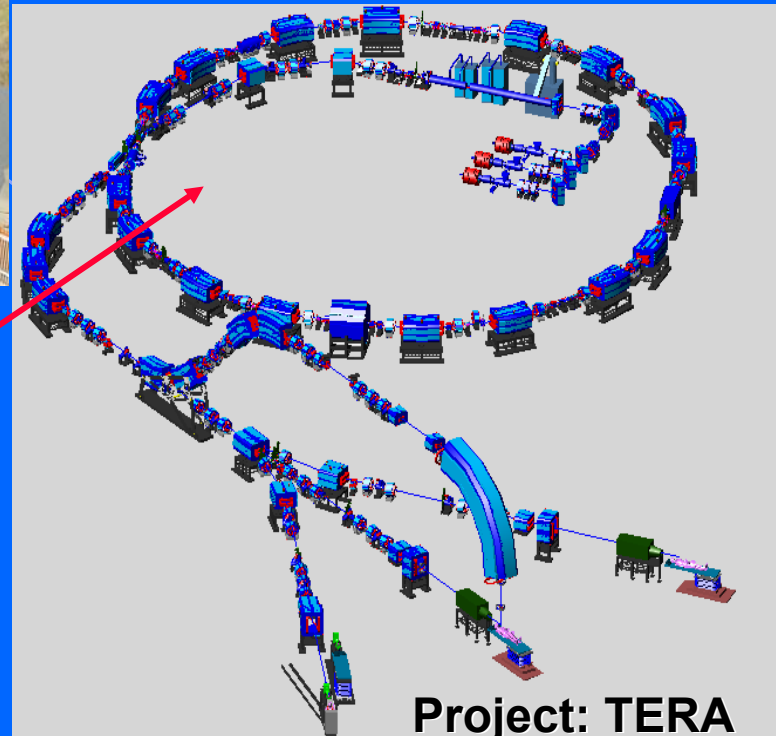


Investment: 75 M€

**Main source of funds:
Italian Health Ministry**

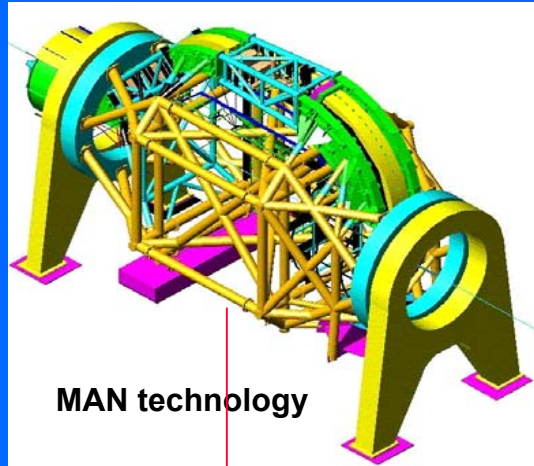
Ground breaking: 14 March 2005

Ready: end of 2007

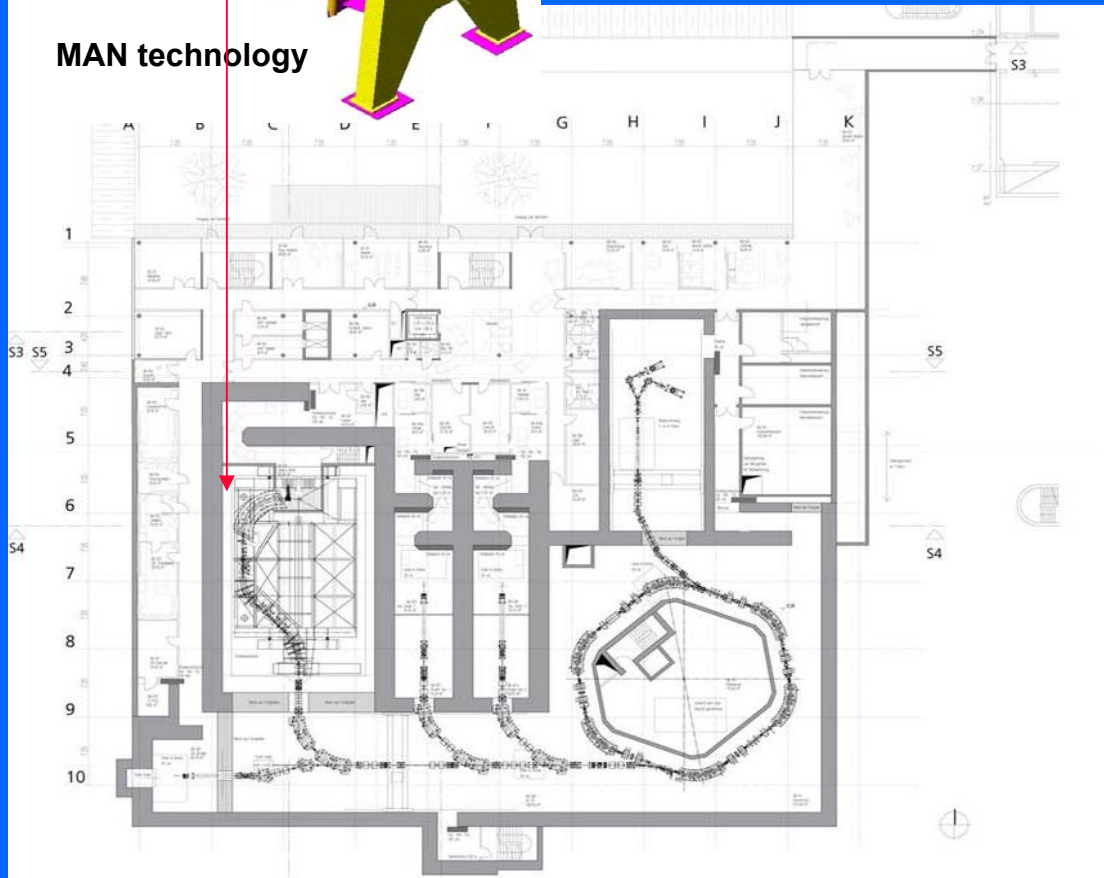


Project: TERA

HIT – University of Heidelberg



MAN technology



Financed with 72 MEuro:

Public funds: 36

loan: 36

Heidelberg: J. Debus

U. Weber

GSI: H. Eickhoff

Th. Haberer

Project started in 2001

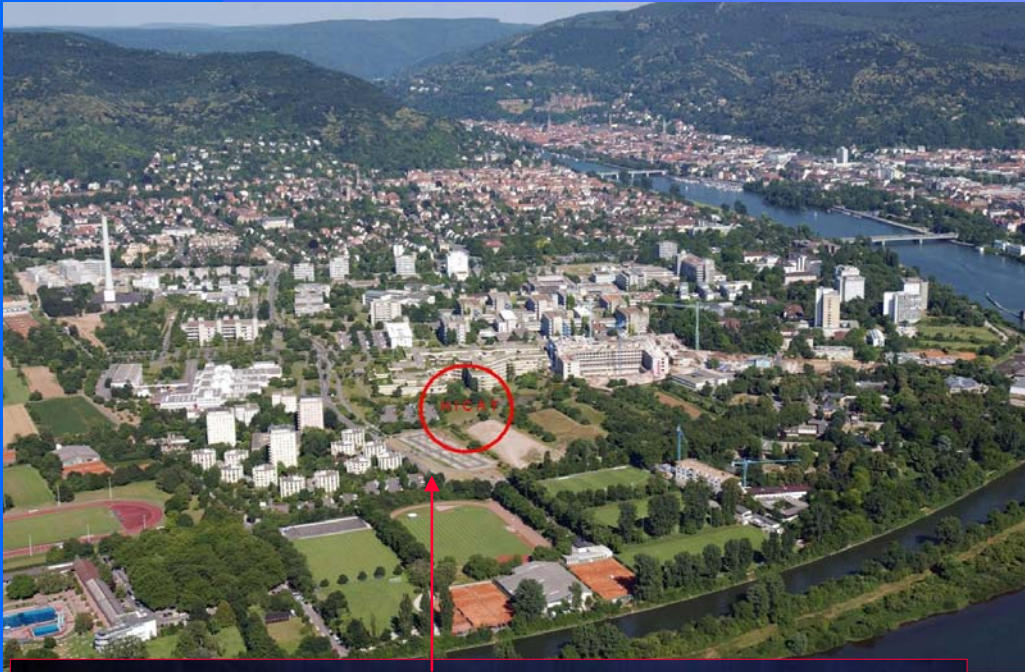
The site of HIT

Sept 98 proposal

Dec 02 tendering

Mid 06 pre-clinical
operation

Beginning 07 clinical
operation



Architects Nickl & Partner, Munich and
Heidelberg University Building Authority



Other European projects: MedAustron in Wiener Neustadt

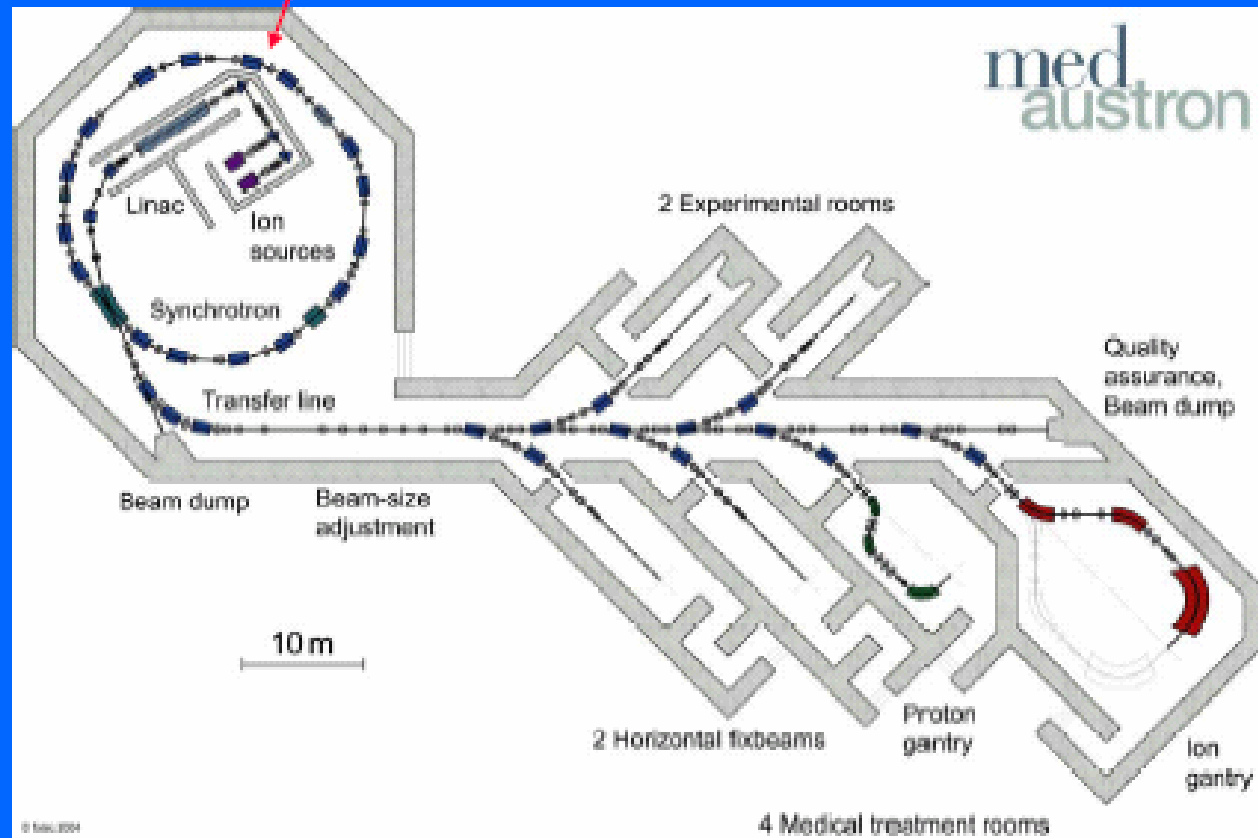
PIMMS/TERA

130 m

Approved in
November 2004

Chairman: R. Pötter

Med. Dir.: T. Auberger
Tech. Dir: E. Griesmeyer



ENLIGHT and the European projects

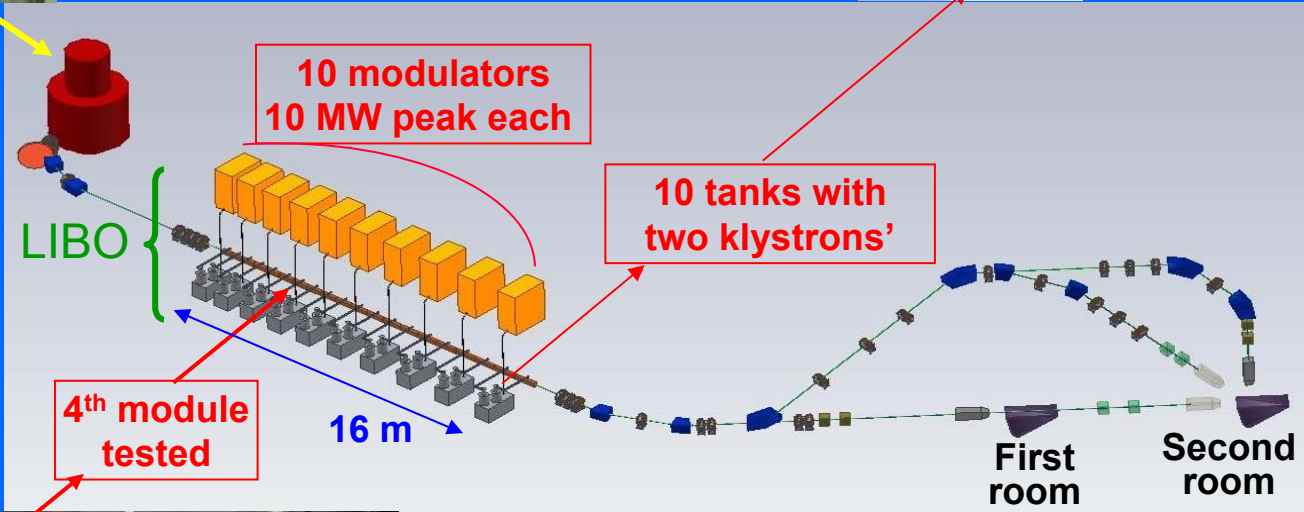
European Network for LIGHt-ion Therapy

- GSI project for the University of Heidelberg Clinics
 - TERA project for CNAO in Pavia
- } in construction
- Med-Austron for Wiener Neustadt
partner of PIMMS since 1996
 - ETOILE in Lyon (expects approval in few weeks)
preliminary design by IN2P3 and CEA based on PIMMS/TERA
- [ASCLEPIOS in Caen in 2004]
- Baltic Centre in Stockholm
preliminary design by TERA: NIM B184 (2001) 569

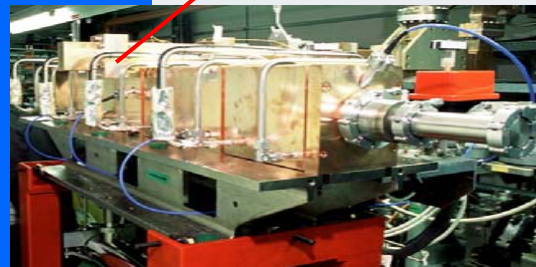
At the end: TERA new instrument for hadrontherapy: the cyclinac



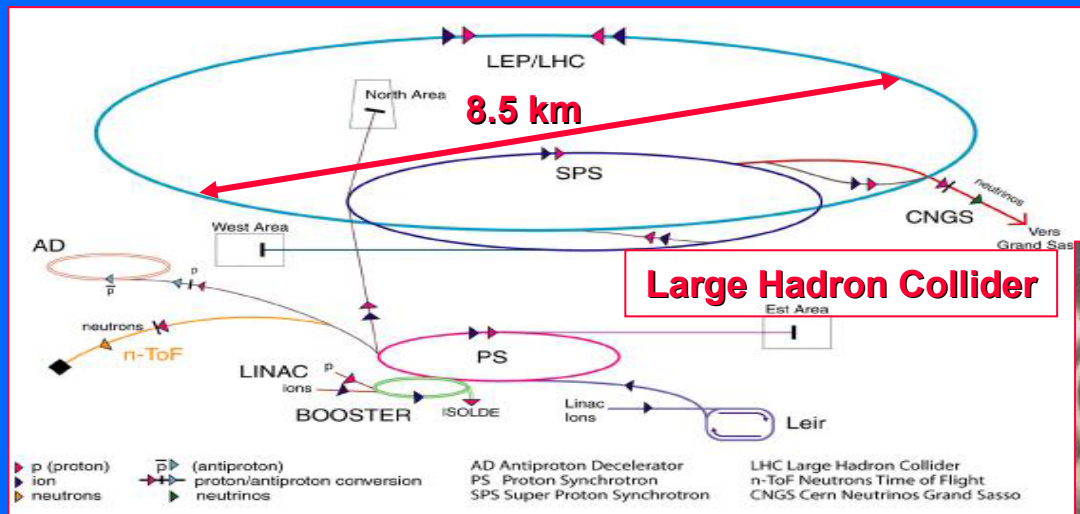
IBA Cyclone 30 produces radioisotopes for diagnostics and therapy



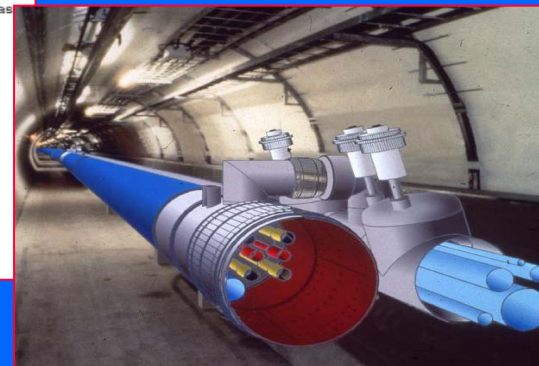
3 GHz
17 MV/m



Linear accelerators have a brilliant future!

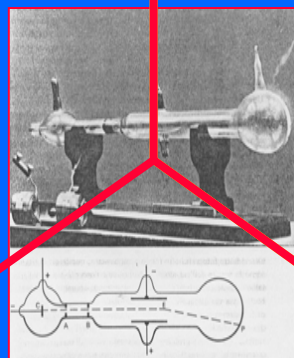
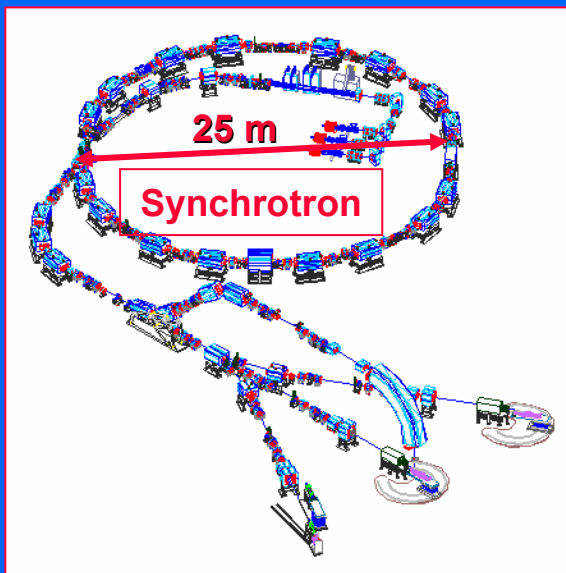


2007 – 110 years later



Research in fundamental physics

2007



1897

Therapy

Diagnostics

