

RADIATION ONCOLOGY: BIOLOGY & PHYSICS; CLINICAL APPLICATIONS

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INTRODUCTION

Radiation Oncology is Based on...

Treatment

- Clinical Oncology
- Medical Physics
- Imaging/Technology
- Radiobiology

Present Status of Radiotherapy

- After surgery, radiotherapy (RT) is the most effective cancer treatment.
- Around 40% of the population will develop cancer and 60% will require RT.
- Of patients having RT, 60-70% are treated with curative intent.

Trends in 5-Year Survival for Adult Cancer Patients in the US (1975-2010)

Tumor site	1975-77	2004-2010
Prostate (male)	68%	>99%
Breast (female)	75%	91%
Rectum	48%	68%
Lung	12%	18%

(Cancer Statistics. American Cancer Society 2015)

Trends in 5-Year Survival for Pediatric Cancer Patients (<15 yr-old males) in the US (1975-2010)

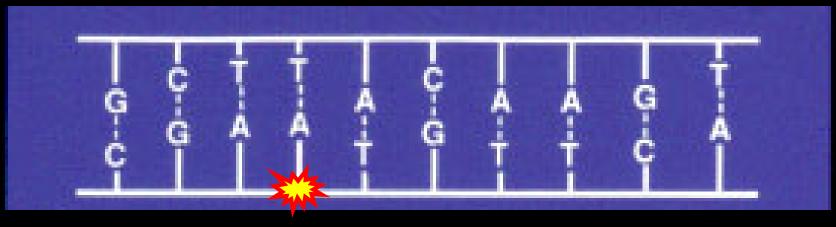
All sites	58%	83%
Hodgkin	81%	98%
Soft tiss. sarcoma	61%	81%
CNS	57%	74%
Tumor site	1975-77	2004-2010

(Cancer Statistics. American Cancer Society 2015)

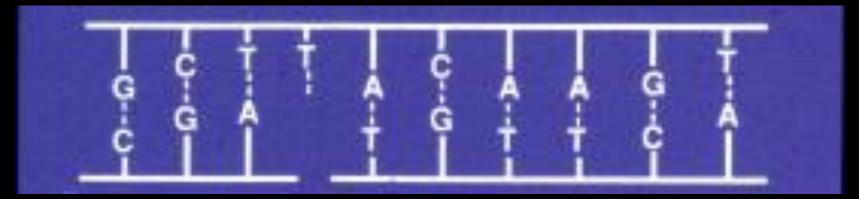
BIOLOGY

Cell killing effect

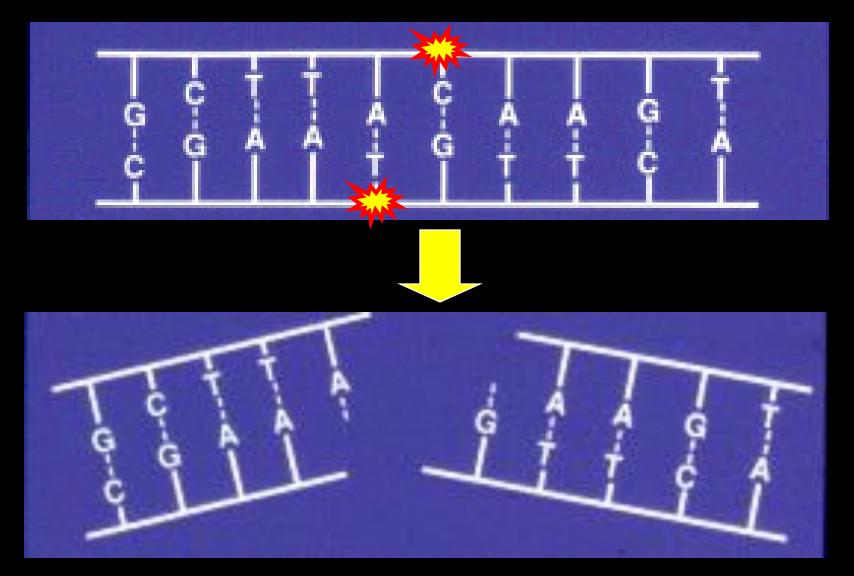
- Radiation interacts with DNA: DNA breaks.
- DNA breaks trigger cellular repair actions.
- DNA double strand breaks may lead to cell-kill.







Single strand break



Double strand break



RT Modalities

- External RT: Radiation source outside the patient (radiation beams: *X-rays, e⁻, H⁺,...*)
- Brachytherapy: Radiation source inside the patient (*Ir, Cs, I, Au, Pd,...*)

Standard Dose Parameters

- Standard fractionation: 1.8-2 Gy/fraction; 1x day; 5 days/week.
- Total dose:

low(20-30 Gy):medium(45-55 Gy):high(65-80 Gy):

seminoma, Hodgkin,... subclinical disease,... prostate, sarcoma,...

Present Limitation of RT

1/3 of patients still faillocally after curative intent RT

How to overcome post RT Failures?

- State of the art equipment & high quality imaging
- Quality assurance programs
- Biology: altered fractionation, sensitizers,...
- Improve dose distribution: dose escalation

To improve dose distribution in order to safely escalate the dose

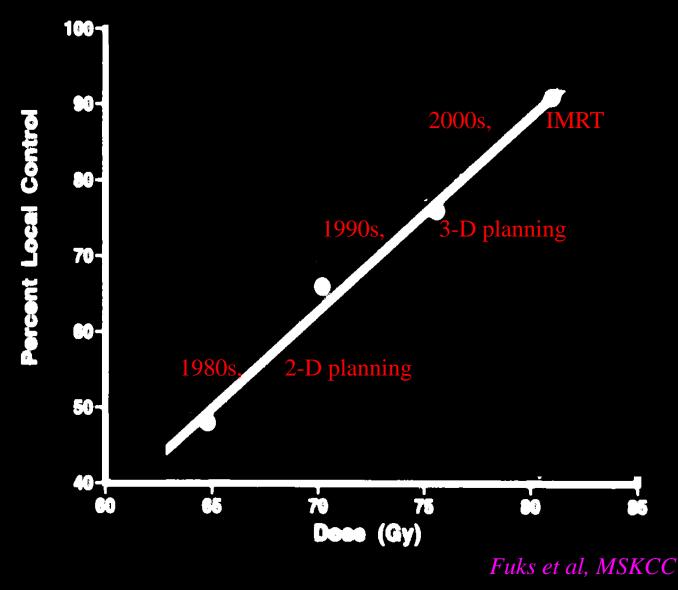


3-D conformal RT

Dose escalation studies

- Prostate
- CNS
- Base of skull & paranasal sinus
- Non-extremity soft tissue sarcomas

Local control vs. dose: the influence of «physics, technology, and imaging»



Treatment optimization

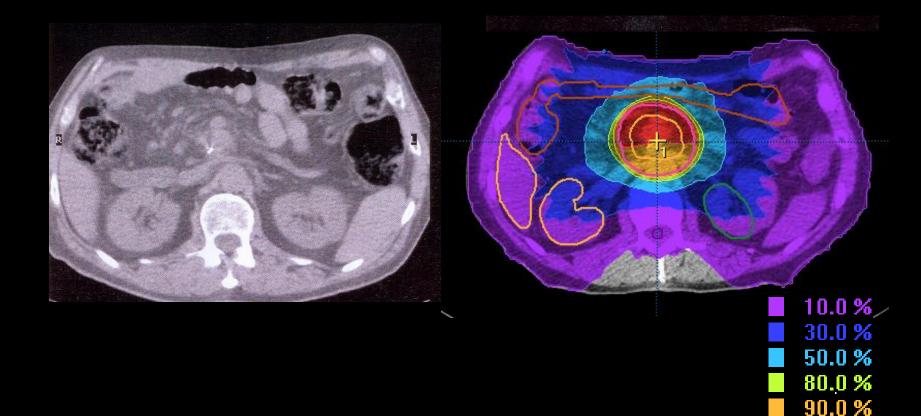
- Imaging (CT, MRI, PET) and IGRT (image guided RT)
- Treatment planning sytems: 3-D dosimetry
- Intensity Modulated RT (& inverse planning)
- Protons: in depth conformation

Convergence of imaging & accuracy in treatment plannig

¹⁸F-deoxyglucose PET for rectal cancer: postsurgical local relapse

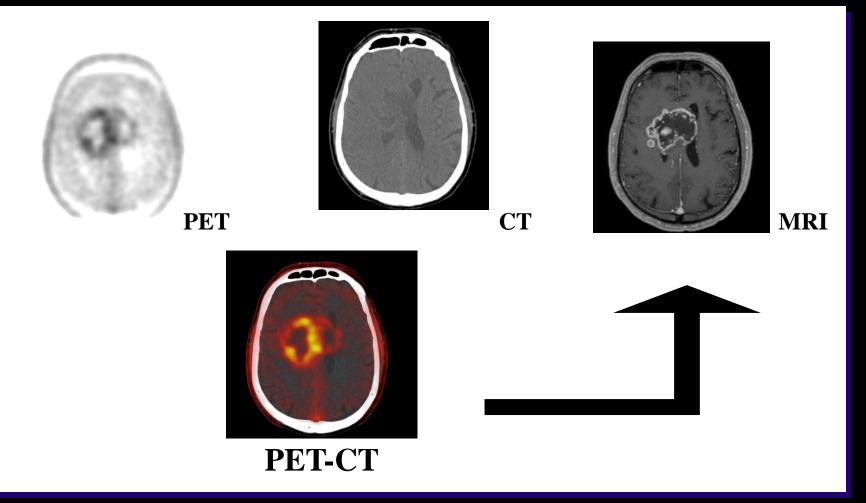


¹⁸F-deoxyglucose PET for pacreatic cancer: postsurgical residual disease



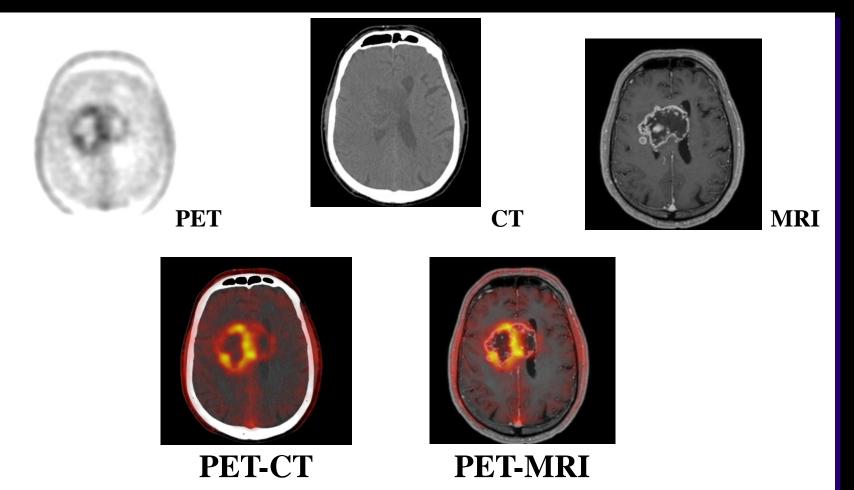
100.0 %

PET imaging F18 - Tyrosine (FET)



Applications: - Brain tumours (glioblastoma)

PET imaging F18 - Tyrosine (FET)

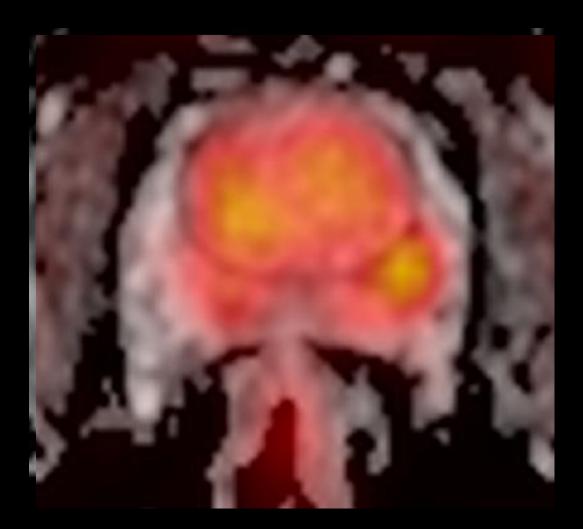


Applications: - Brain tumours (glioblastoma)

PET-MRI in Geneva

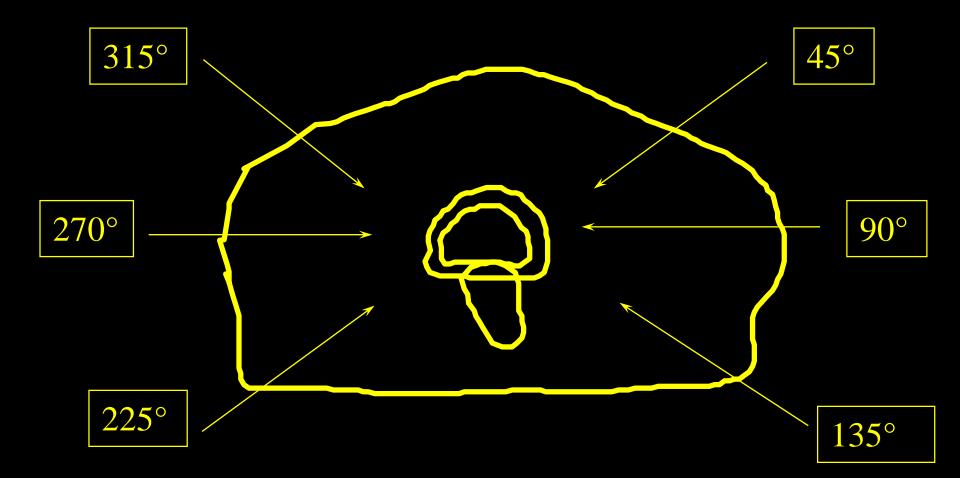


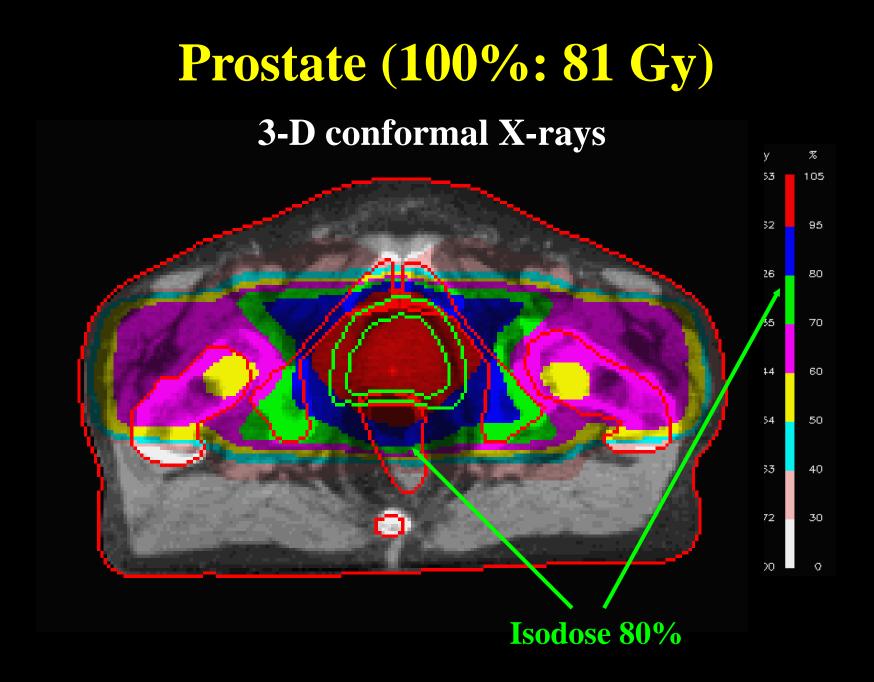
PET-IRM (water diffusion/choline)



3-D conformal radiotherapy (forward planned)



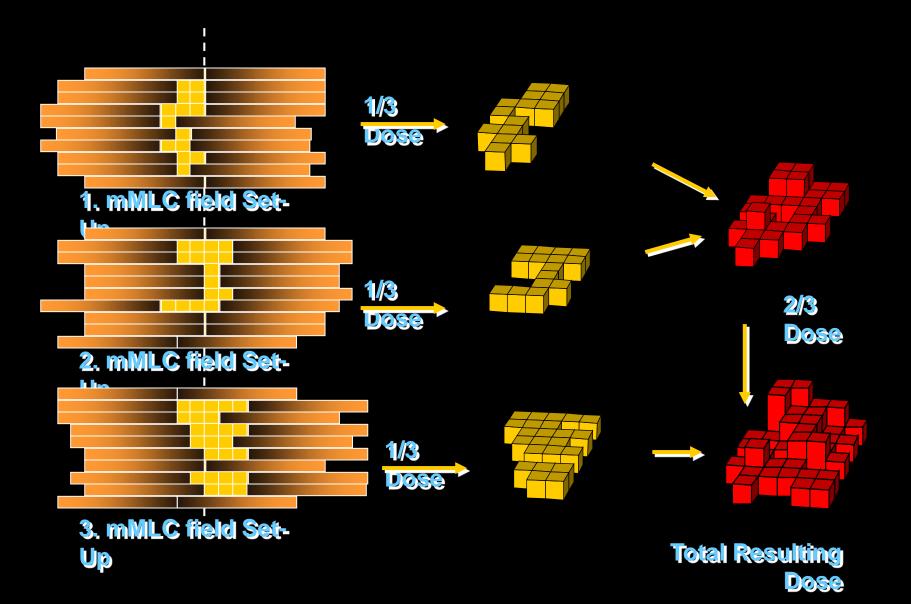




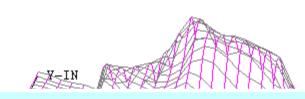
... is further optimization possible?

Intensity modulated X-ray beams and **proton beams** can provide an even superior dose distribution compared to conventional 3-D conformal RT **Intensity Modulated X-ray Beams (IMRT)**

IMRT



Intensity Modulated Radiation Therapy



IMRT is a highly conformal RT technique whereby many beamlets of varying radiation intensity within one treatment field can be delivered

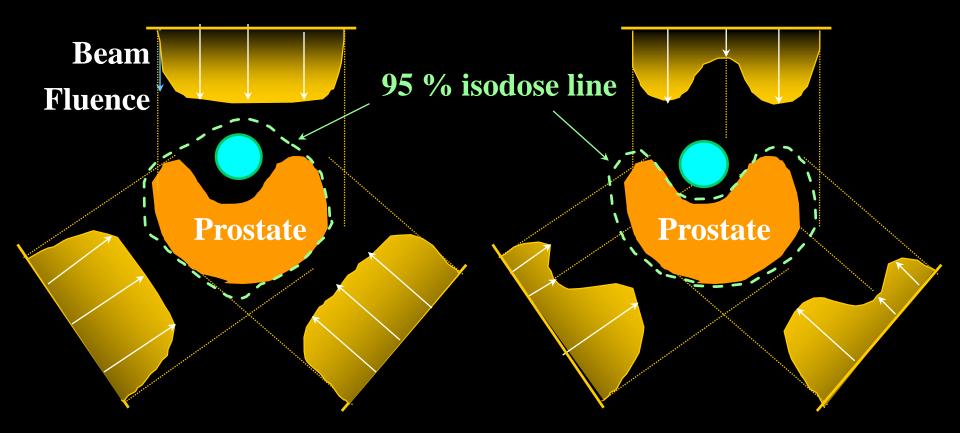


-CROSS

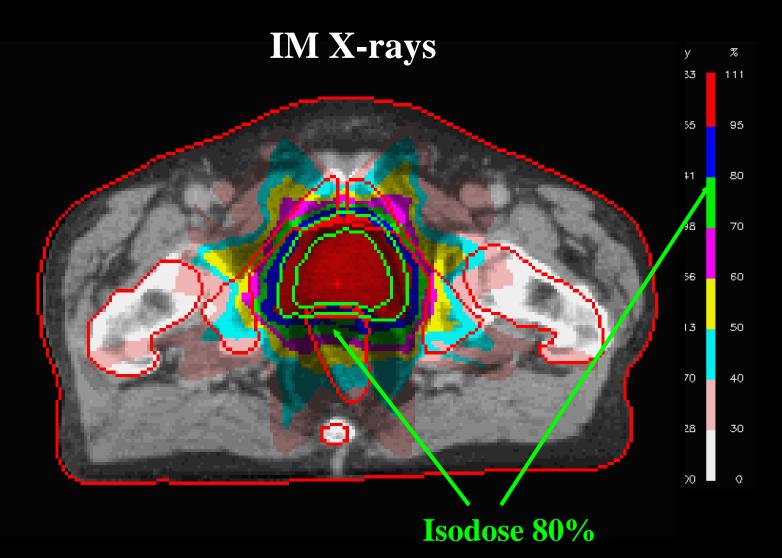
Fluence or Intensity Map

_ 3D Dose Distribution

3D CRT vs. IMXT



Prostate (100%: 81 Gy)



Optimization of treatment precision...

- Improvement in patient's repositioning
- Reduction of internal organ motion

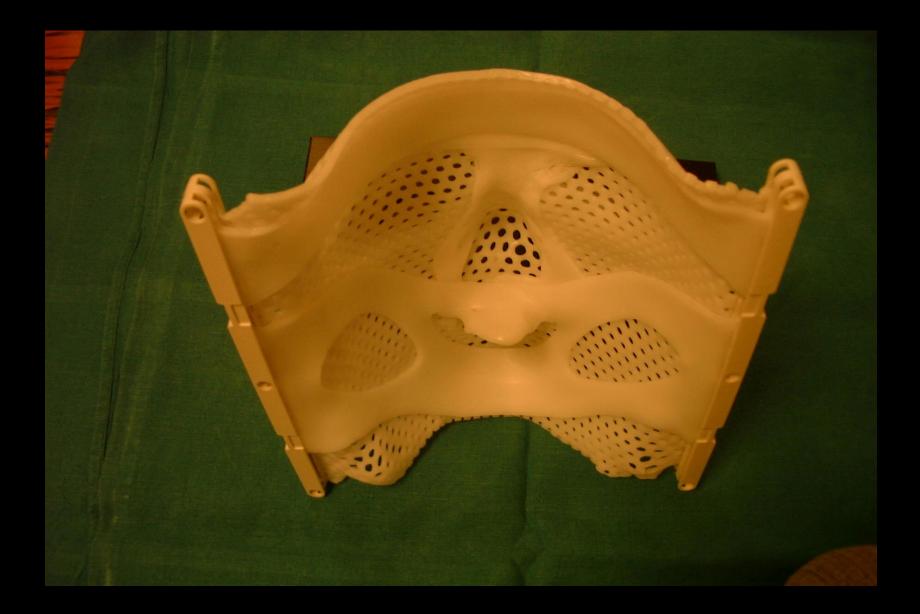
External immobilization

- Thermoplastic mask
- Customized vacuum body cast
- Stereoatactic extracranial infrared guided repositioning system
- Treatment set-up tune-up: bone registration

Positioning / Patient fixation

Thermoplastic mask

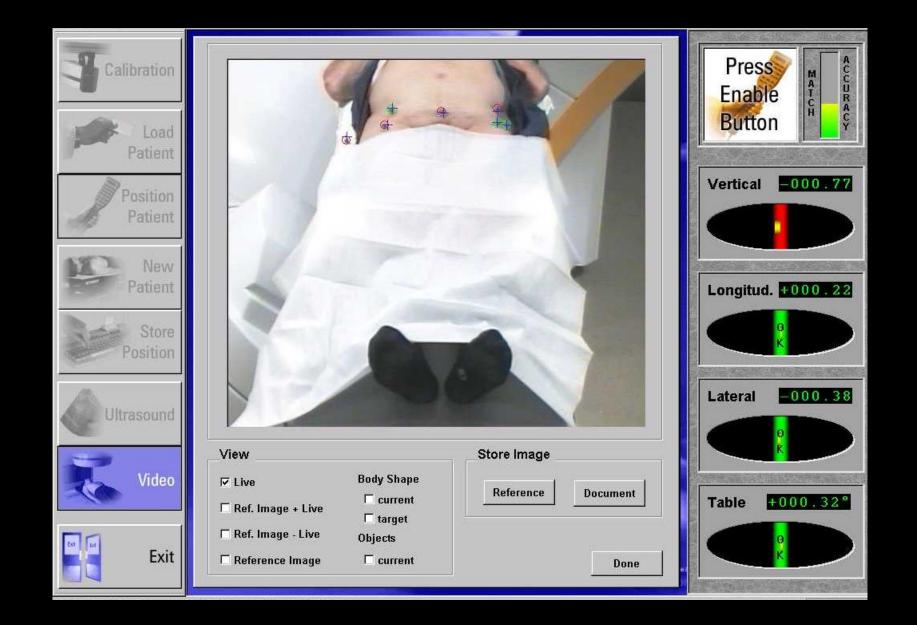






Repositioning system for extracranial stereotactic radiotherapy

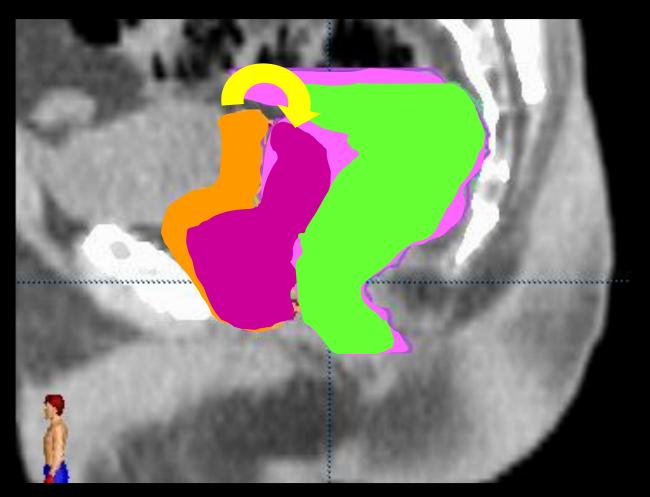
Body markers



Internal organ immobilization

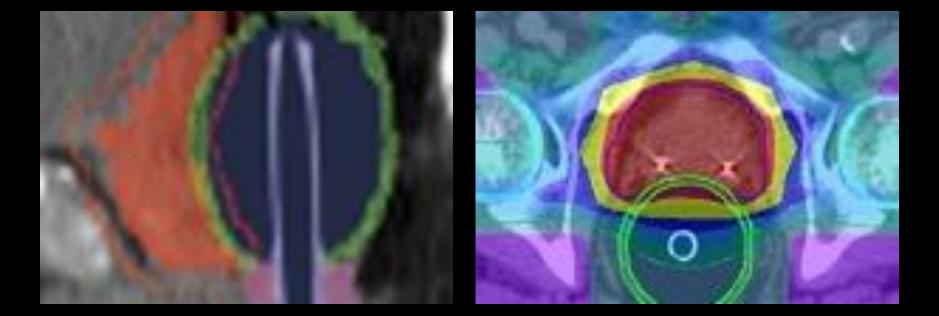
- Endorectal balloon inflated with 100 cc air
- Fiducial marker registration

Apex centered sagittal rotation



CTV at planning CTV on-treatment Rectum at planning Rectum on-treatment

Endorectal balloon (QLRAD®)



Recto-prostatic spacers

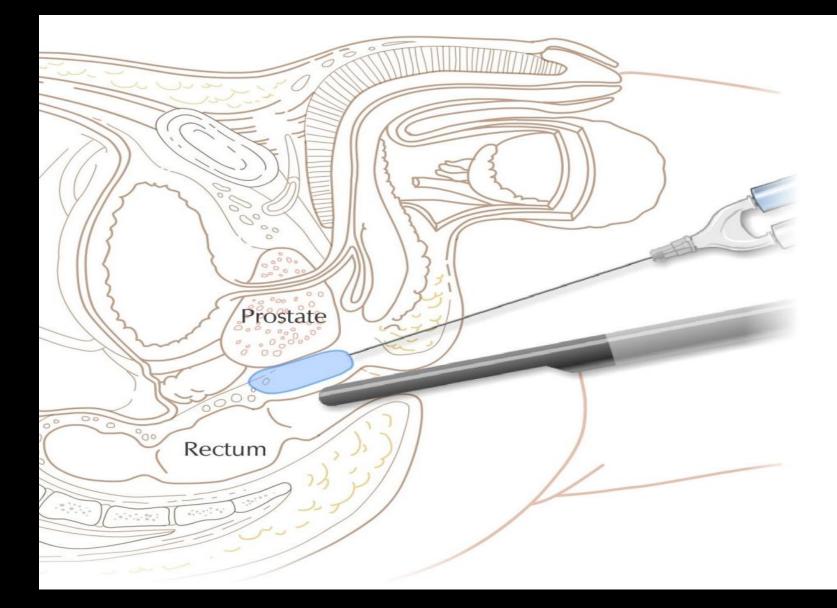
Reabsorbable spacer between the rectum and the prostate

Hyaluronic acid (RESTYLANE[®])

Hydrogel (AUGMENIX[®])

Biodegradable balloon (BIOPROTECT[®])

Spacer transperineal implant



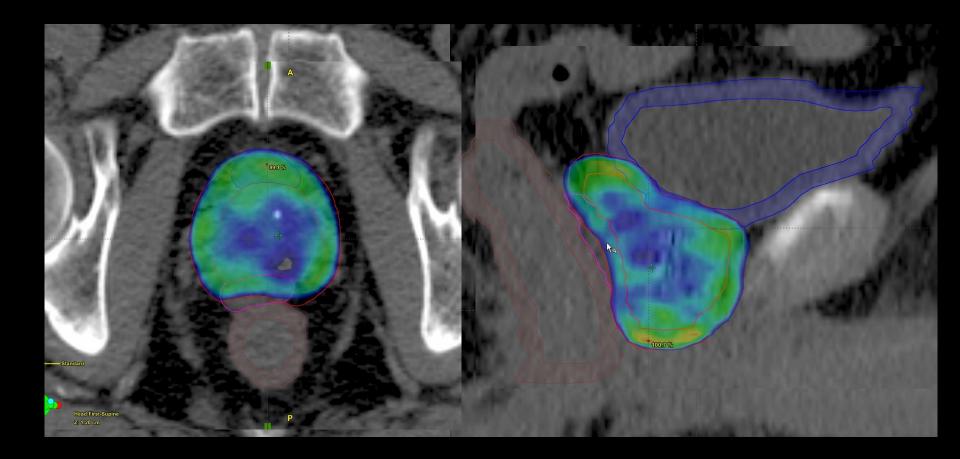
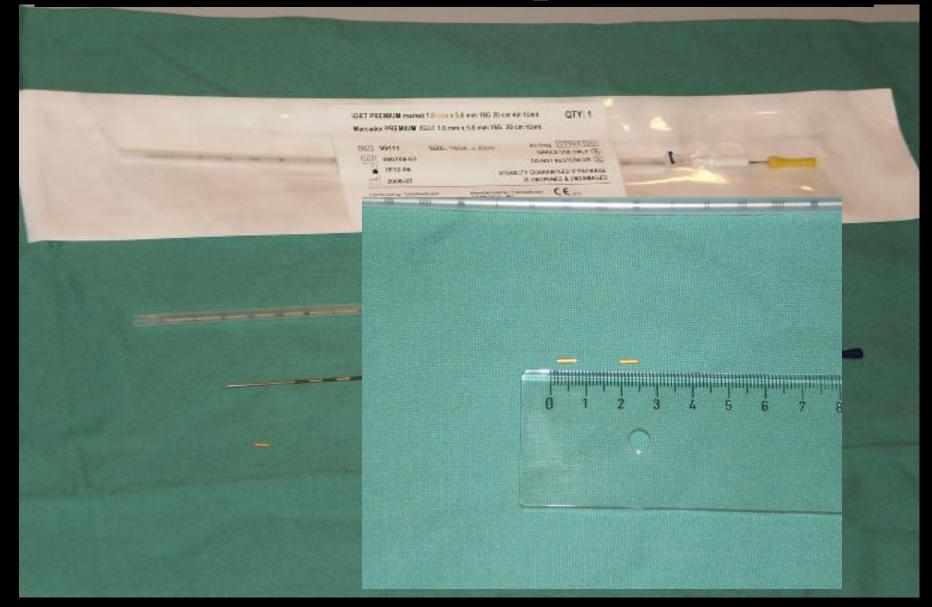


Image Guided Radio Therapy (IGRT)

On-line treatment verification: electronic portal imaging devices Fiducial marker registration

Gold seed implants



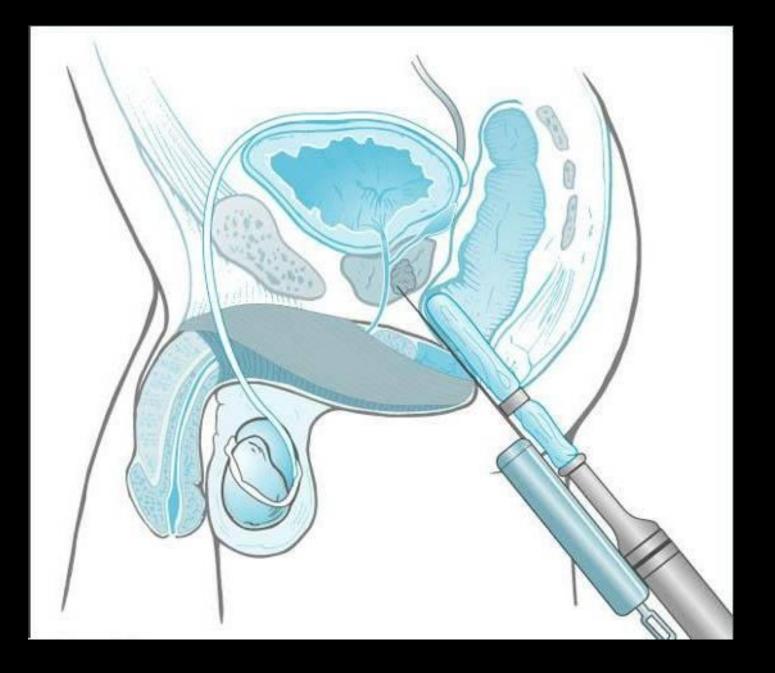


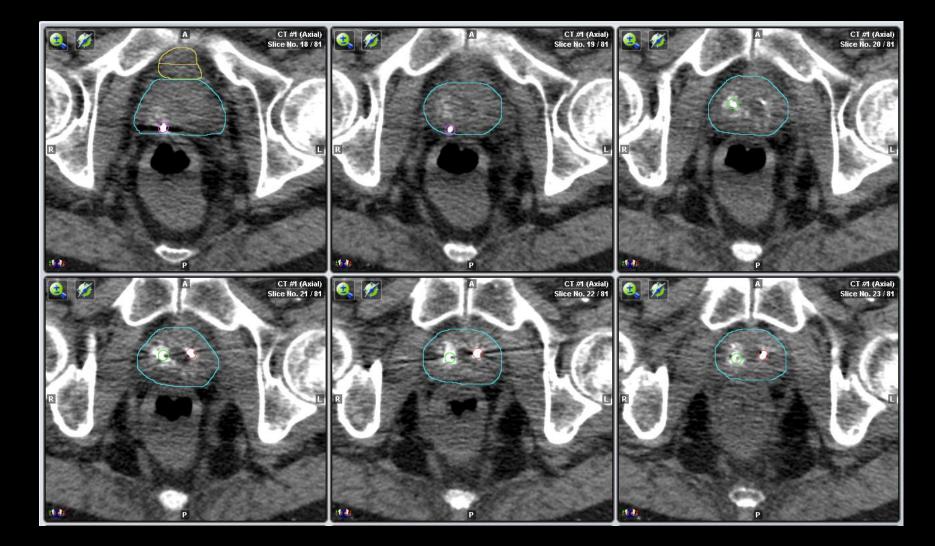
Image guided radiotherapy (IGRT)

Bladder

and the second s

Rectum

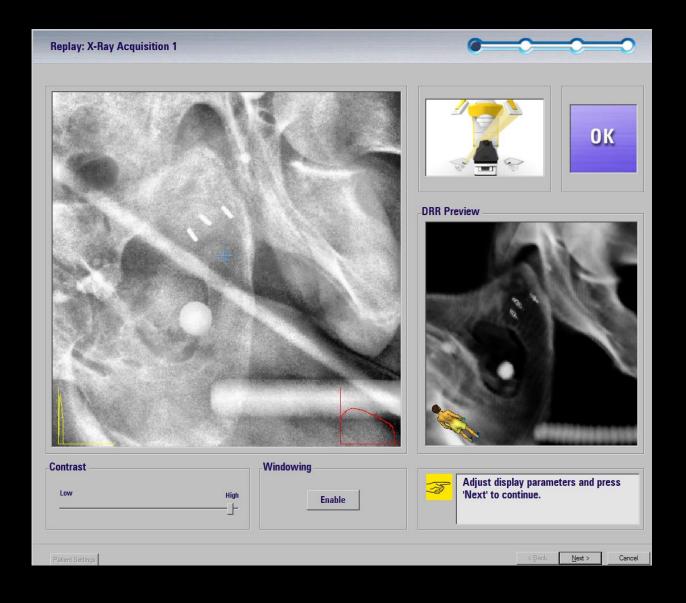
CT with fiducial markers



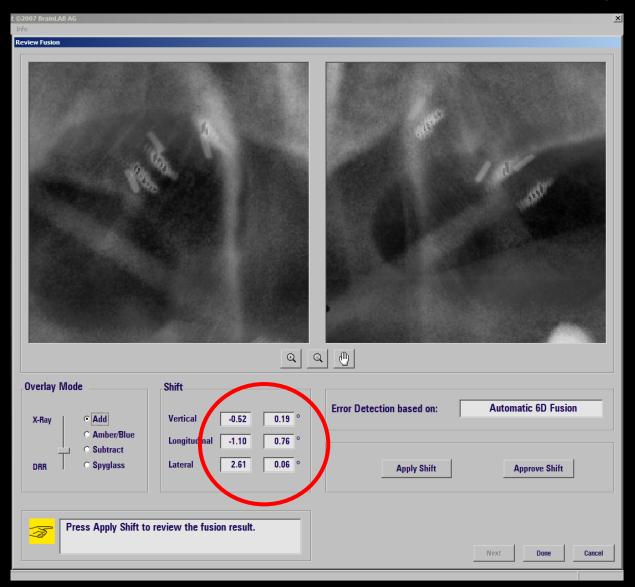
IGRT: automatic image verification



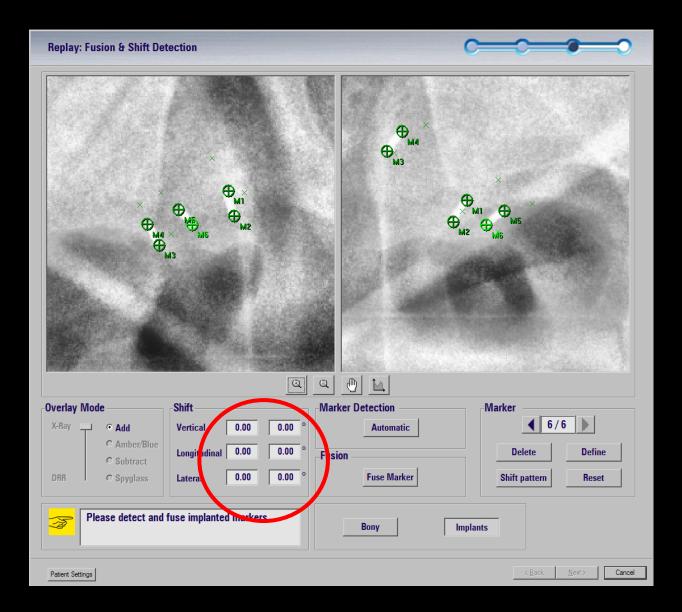
CT and X-ray image fusion



fusion verification followed by...



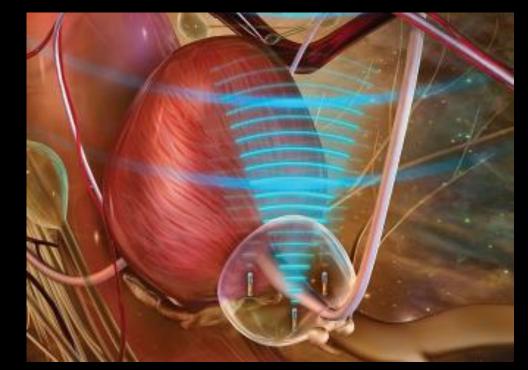
...automatic correction



GPS seeds for treatment monitoring & repositioning

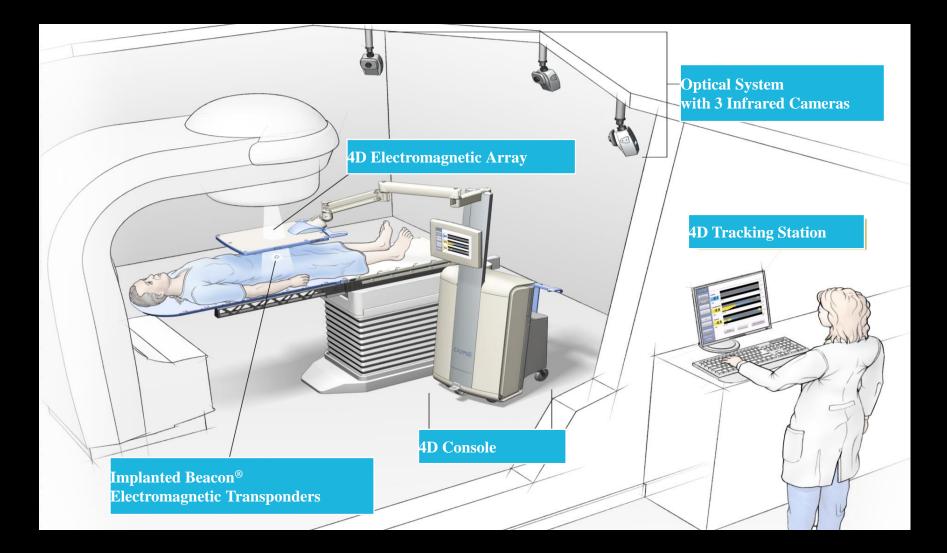
CALYPSO®



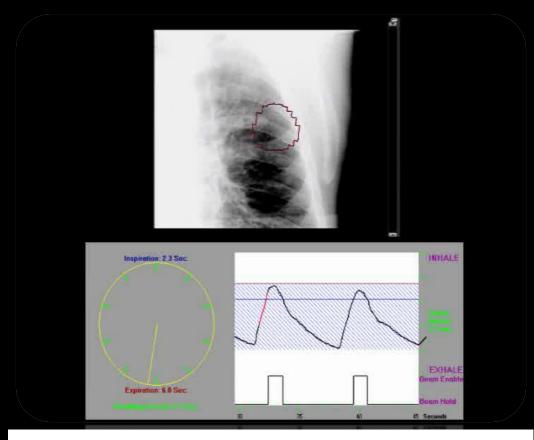




CALYPSO® SYSTEM PLATFORM



Respiratory motion



Respiratory gating: synchronisation of the *«beam-on»* with the respiratory motion



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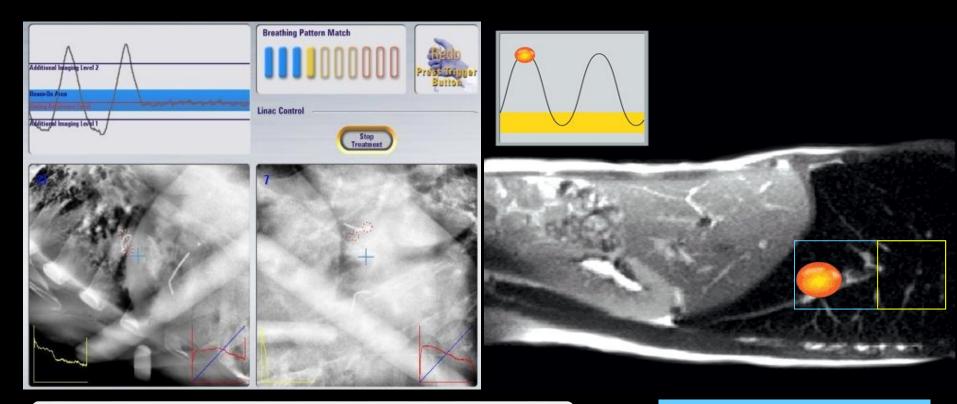
Standard Head First-Supine

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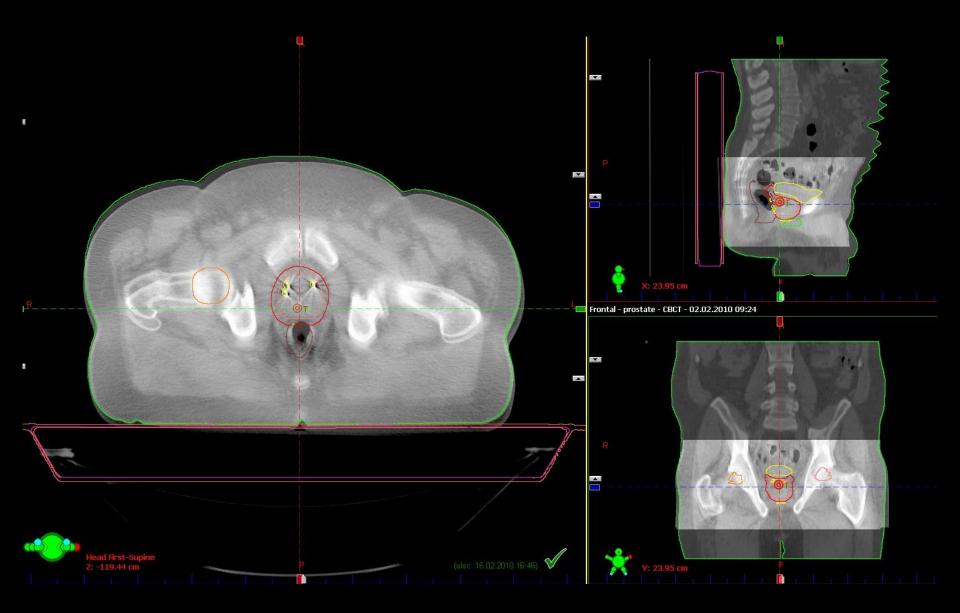
Novalis Exactrac Adaptive Gating

Irradiation during the "beam-on" band



X-Ray verification Intrafraction control of tumor position

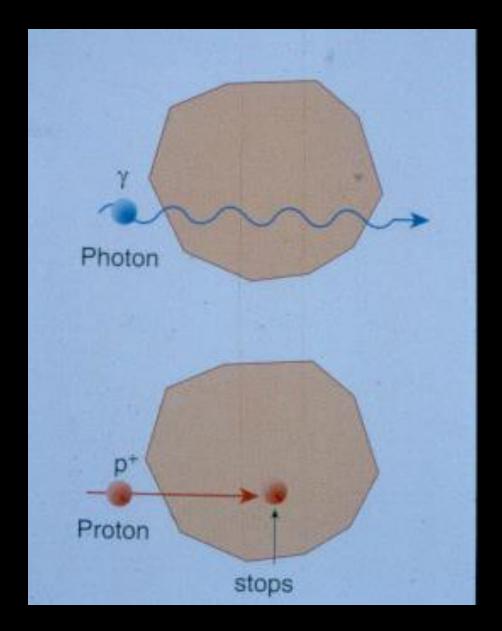
(courtesy of R. Wurm, Frankfurt am Oder) Cone Beam CT (CBCT)



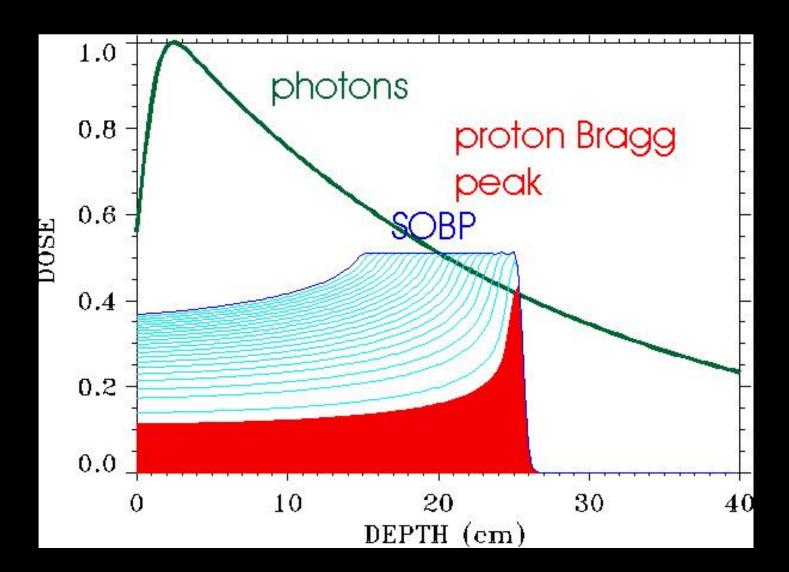
IGRT: respiratory gating

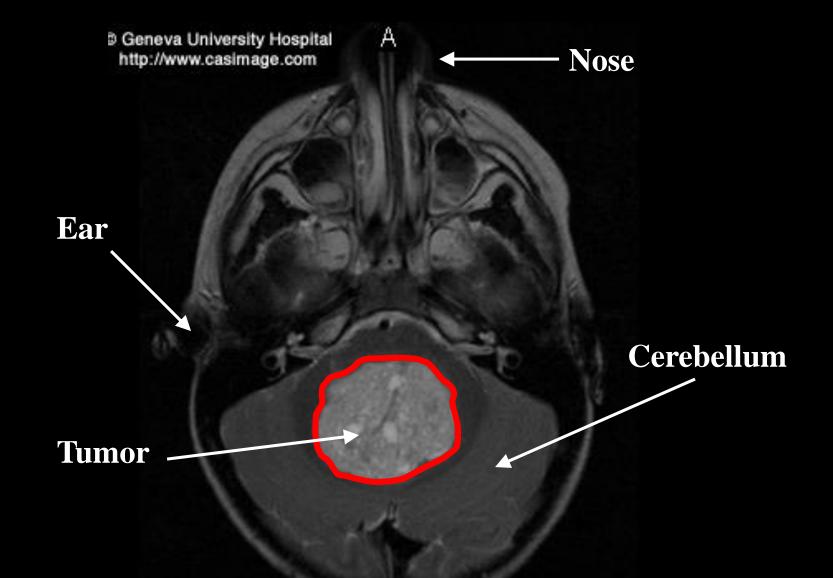


Proton Beams

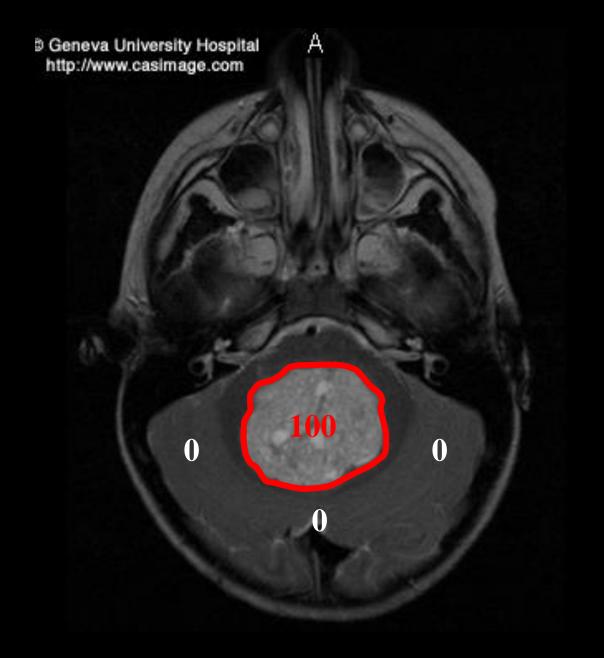


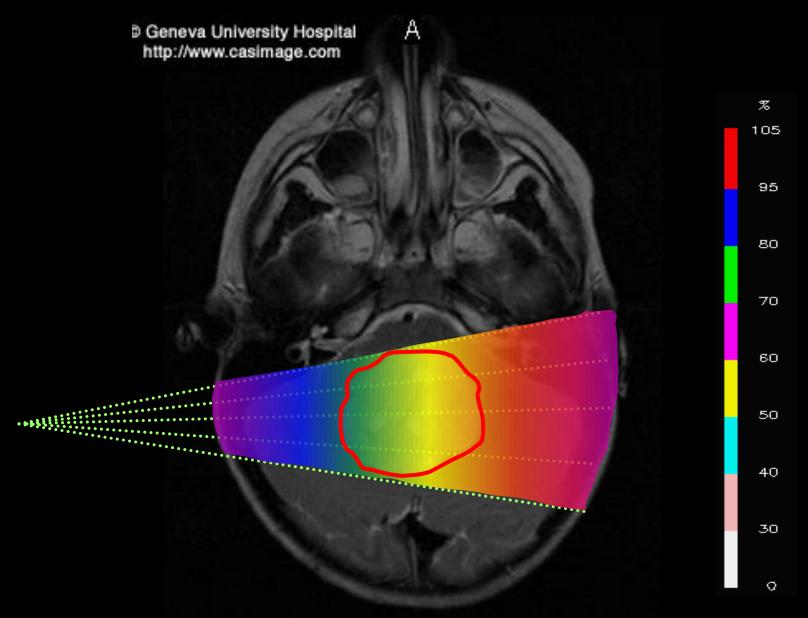
Protons vs Photons





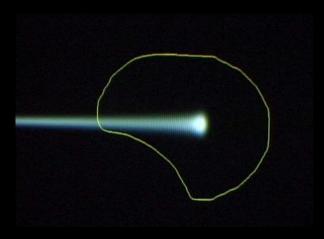
MRI: tumor of the Central Nervous System

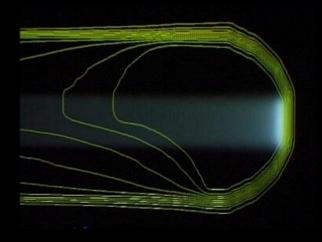


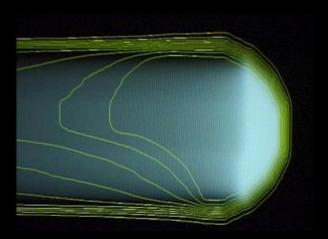


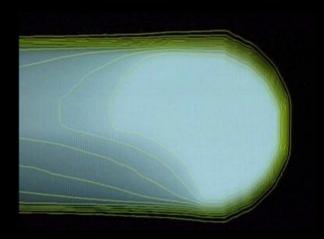
Conventional 3D conformal RT with photons

Protons: scanning the beam









Geneva University Hospital http://www.casimage.com A

IMAGE 7 0.0 mm Series 201 Cerebral T2/TSE/T

10 cm

Geneva University Hospital http://www.casimage.com A

IMAGE 7 0.0 mm Series 201 Cerebral T2/TSE/T

_____ 10 cm

Geneva University Hospital http://www.casimage.com A

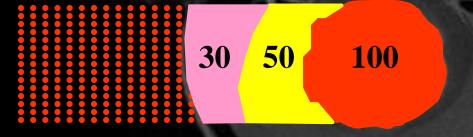
IMAGE 7 0.0 mm Series 201 Cerebral T2/TSE/T

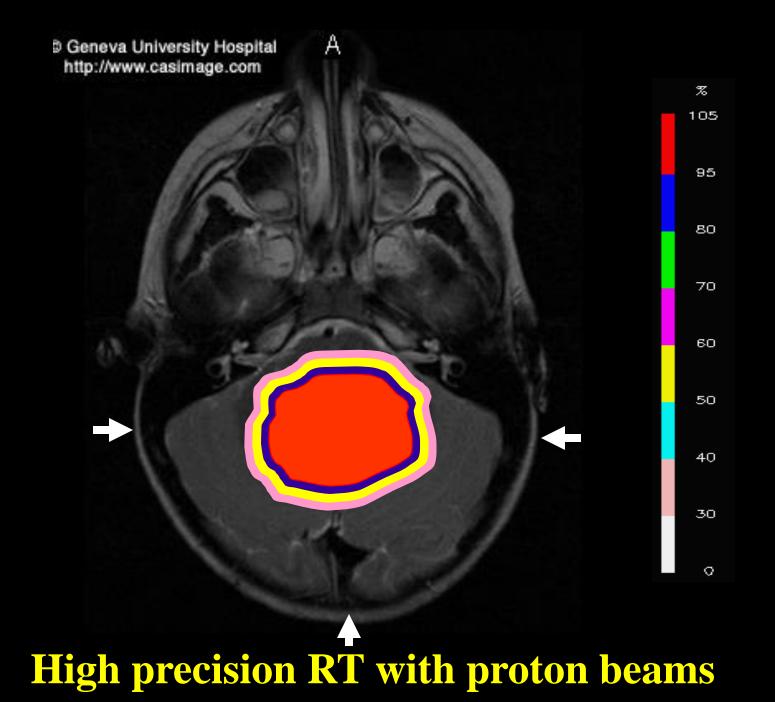
10 cm

IMAGE 7 0.0 mm Series 201 Cerebral T2/TSE/T

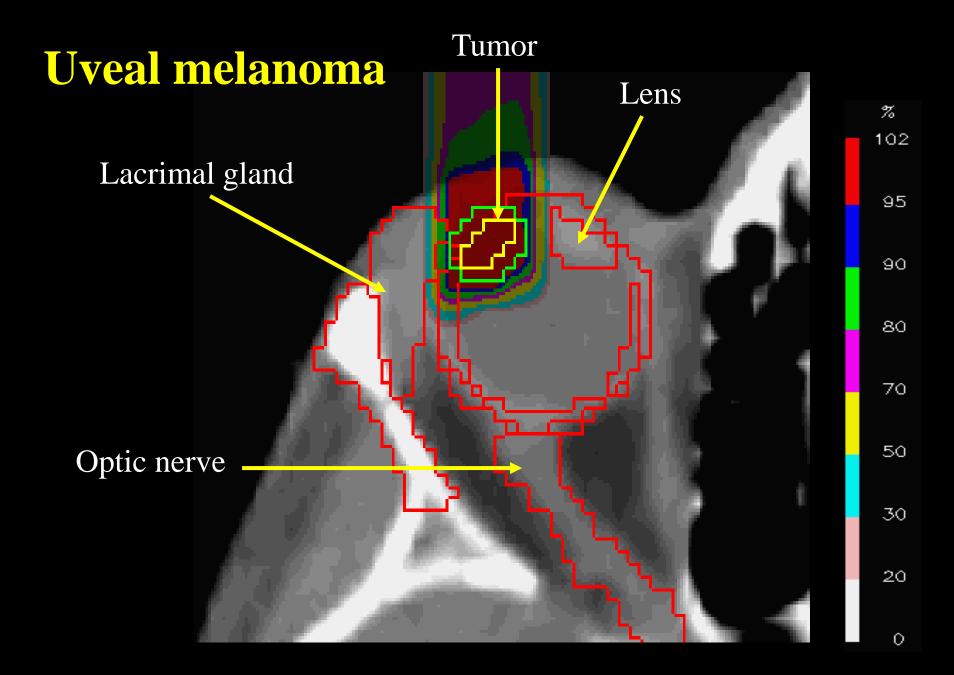
10 cm

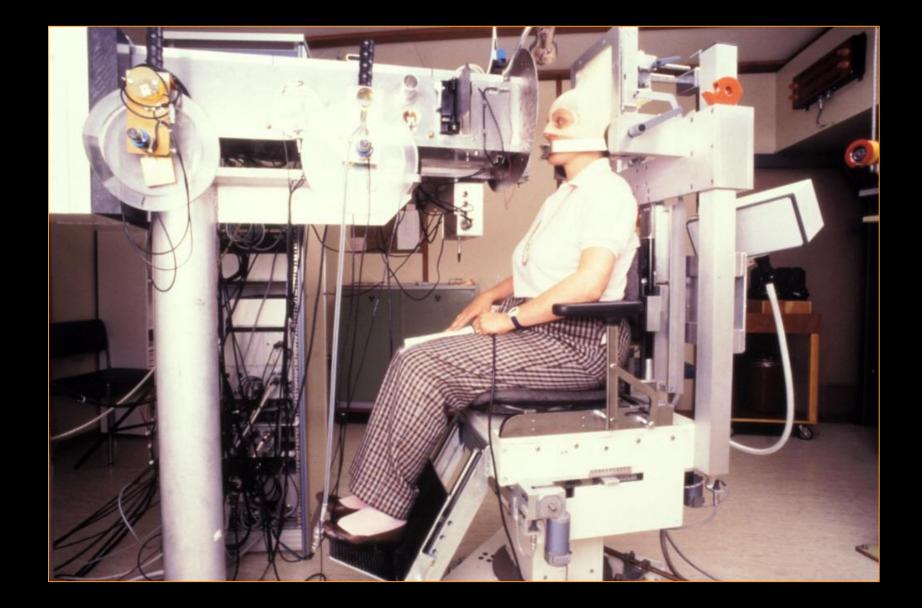
Geneva University Hospital http://www.casimage.com A





Ocular melanomas





Uveal melanoma

- Since 1974, at *Harvard Cyclotron*, *Cambridge*, *Massachusetts*
- Since 1984, at *Paul Scherrer Institut*, *Villigen*, *Switzerland*

More than 10000 patients treated so far

Proton Therapy Program

OPTIS – Programa de tractament de tumors oculars al PSI

1. Outcome

98% of overall local control

2. Eye retention

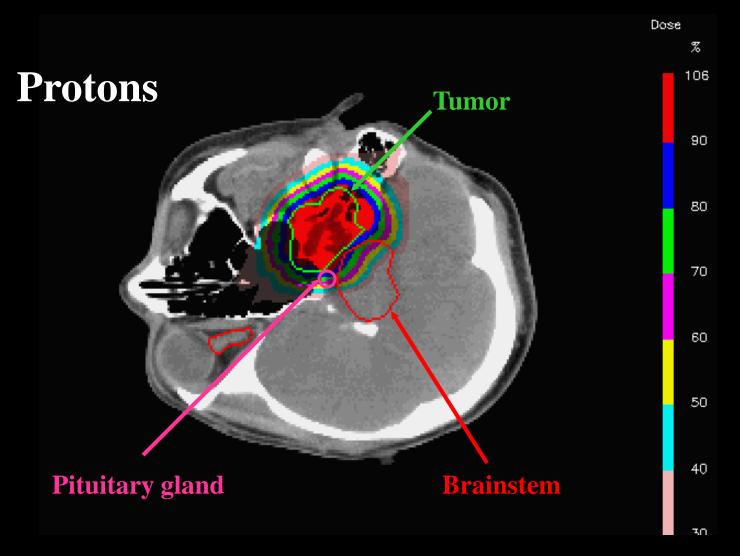
100% for small tumors,90% for large tumors

3. Vision

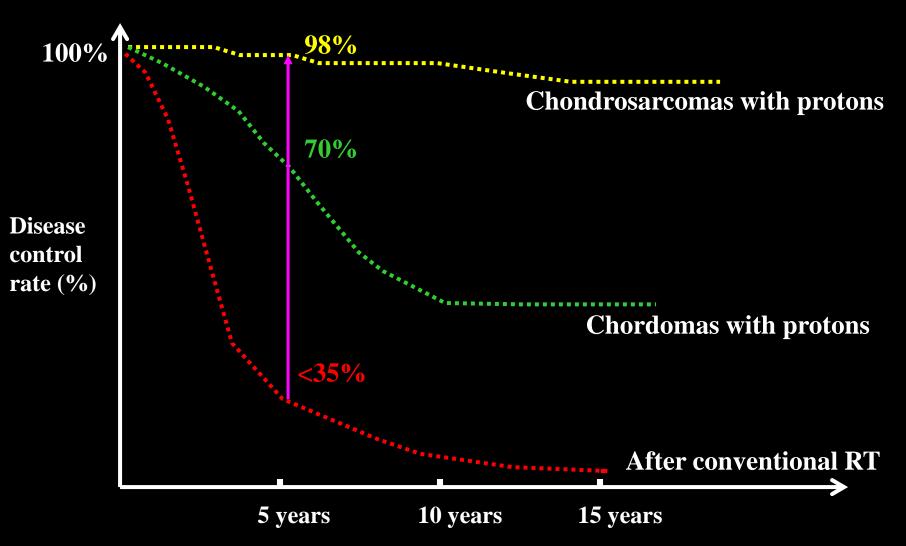
Preserved in 50% of patients

Base of skull tumors

Base of skull chondrosarcoma in a 22 year-old female



Base of skull tumors



Summary

- High quality RT will likely continue to play an important role in the curative treatment of cancer in years to come.
- Better imaging and 3-D treatment planning have helped to safely escalate the dose to the tumor (by simultaneosuly reducing the dose to surrounding normal tissues).
- Thus, IM X-ray and proton beams may greatly improve local control rates, simultaneously reducing morbidity.