

- 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
- Neutrons in cancer therapy
- Conclusions and outlook

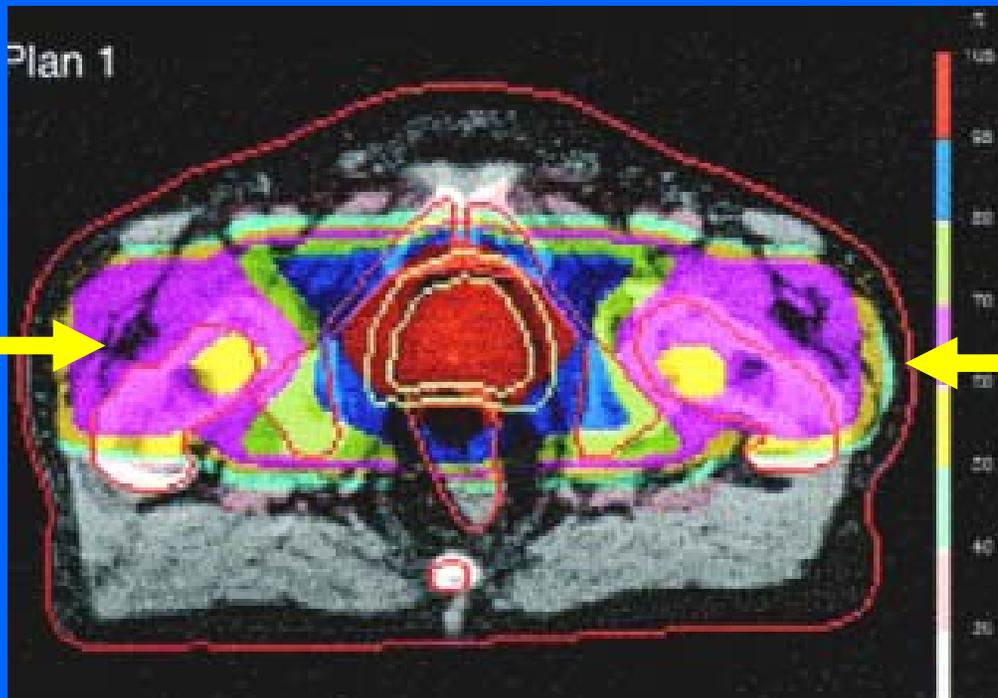
II

# *Hadrontherapy*

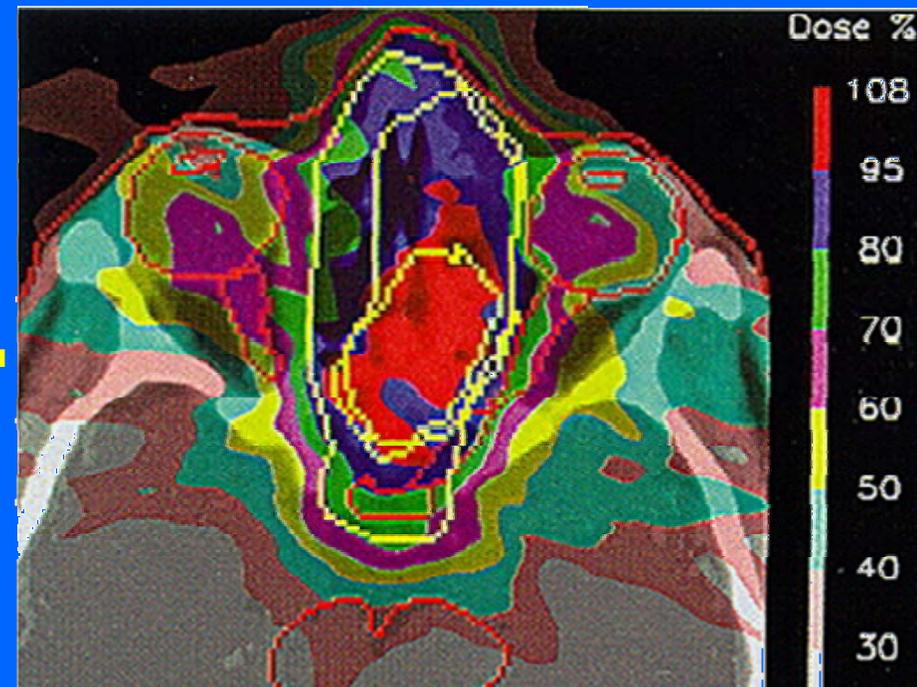
*The frontier of cancer radiation therapy*

# Can we do better than conventional radiotherapy ?

2 X ray beams



9 X ray beams (IMRT)



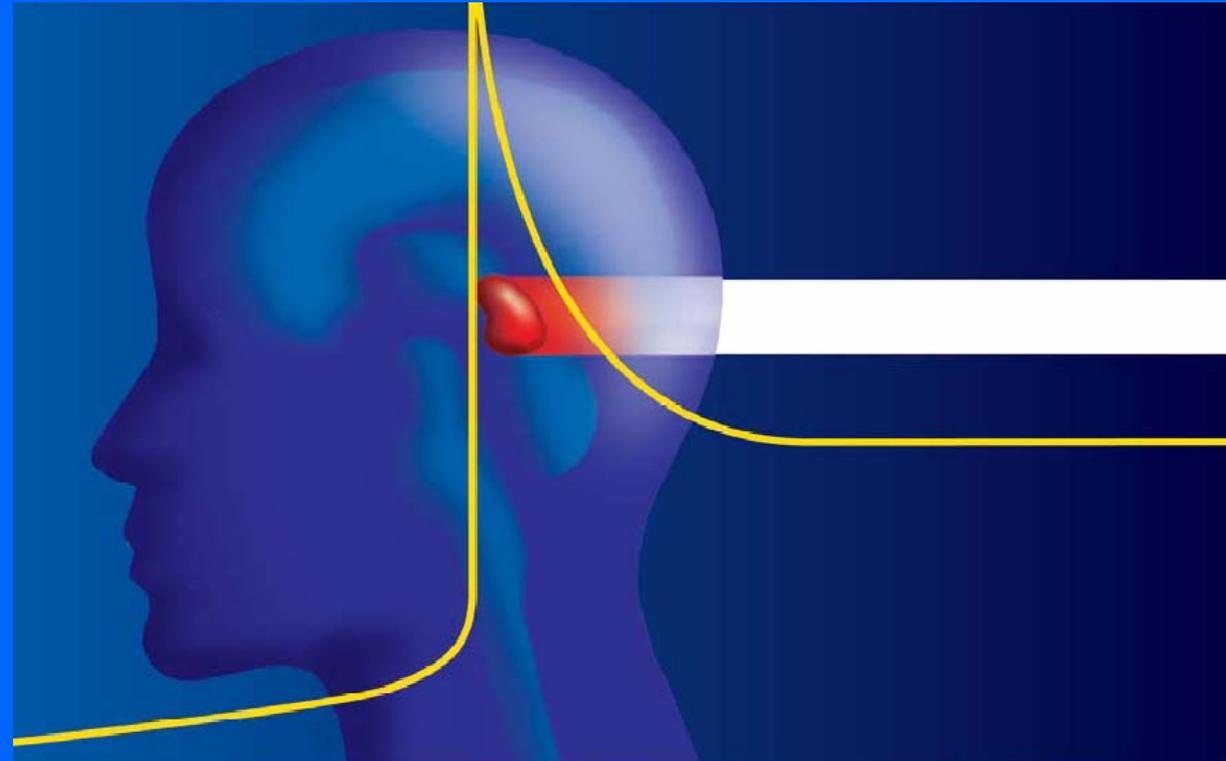
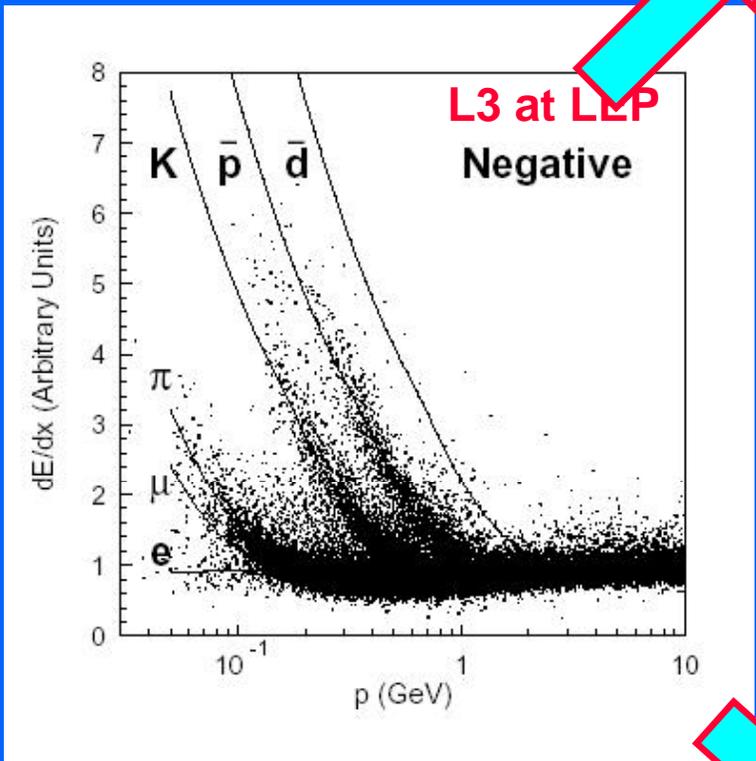
A question for a particle physicist

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**

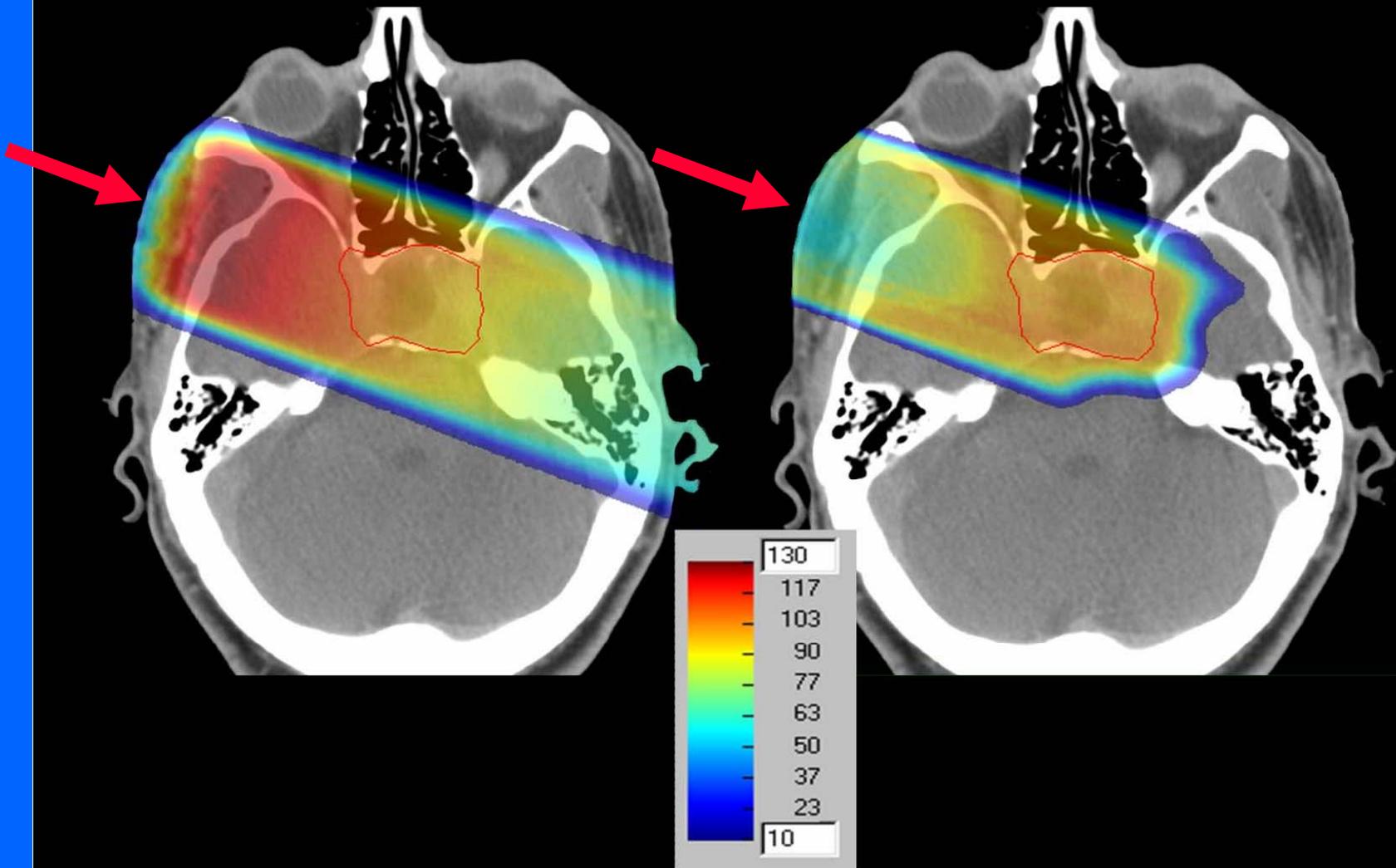


**Medical applications**  
**Cancer hadrontherapy**

# Single beam comparison

X rays

Protons or Carbon ions

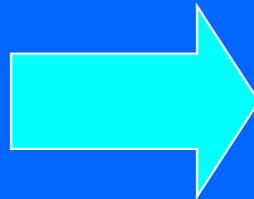


# What are the hadrons?

- Hadrons are not elementary particles
- They are made of quarks and antiquarks...



Quark

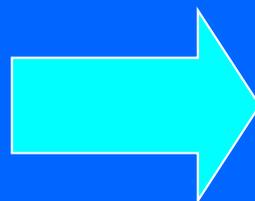


Antiquark

# What can we do with hadrons?



Proton : u u d



- All nuclei
- Proton and ion beams for cancer hadrontherapy

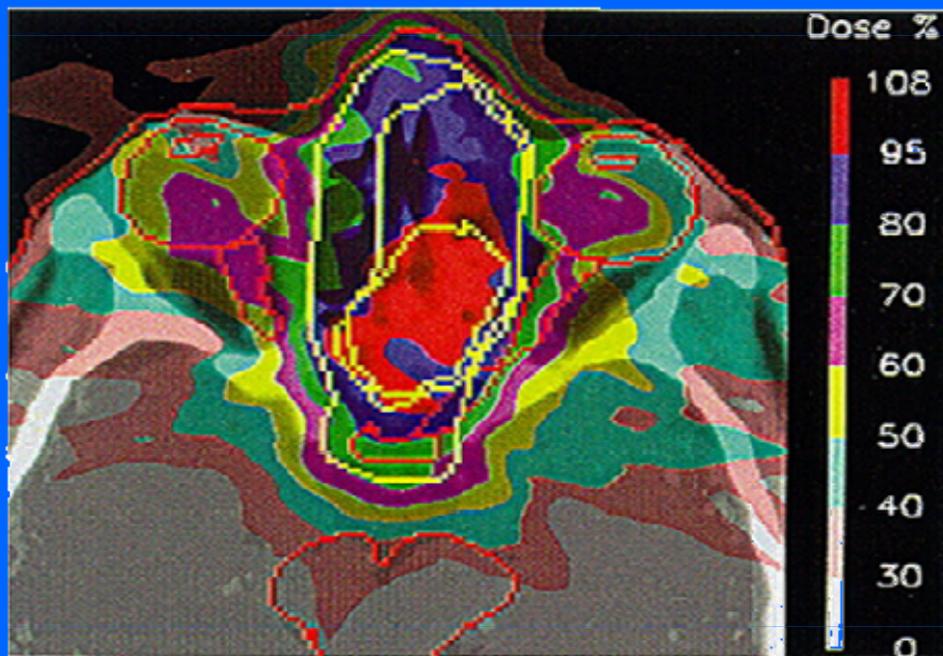


Neutron : u d d

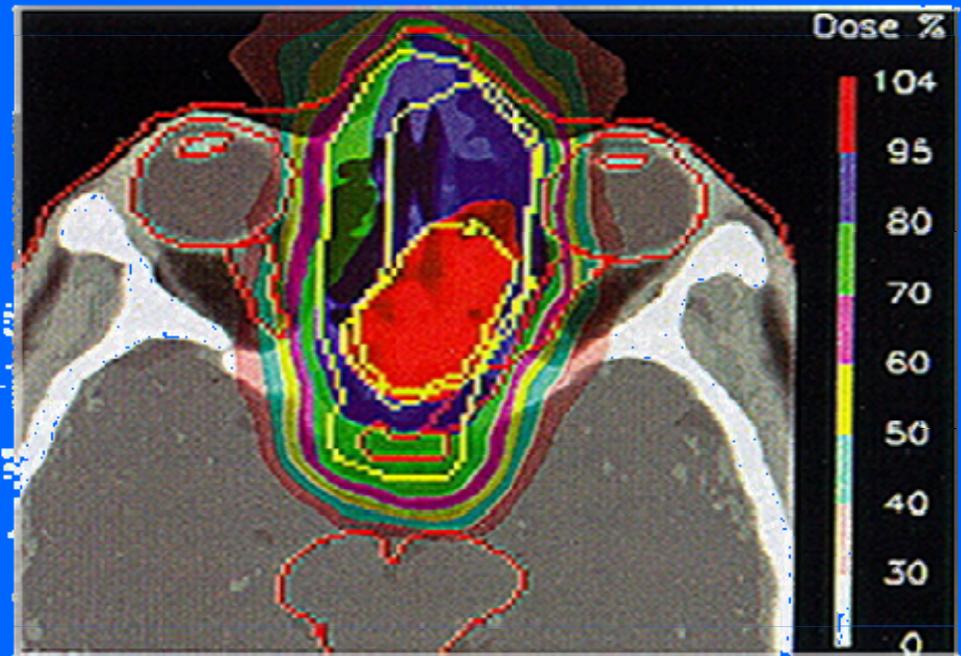
# Protons and ions are more precise than X-rays

## Tumour between the eyes

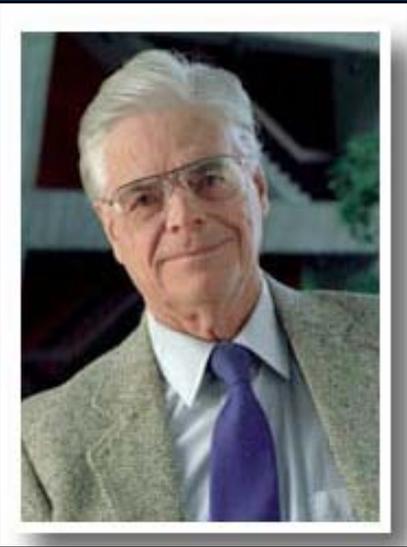
9 X ray beams



1 proton beam



## The first idea – Bob Wilson, 1946



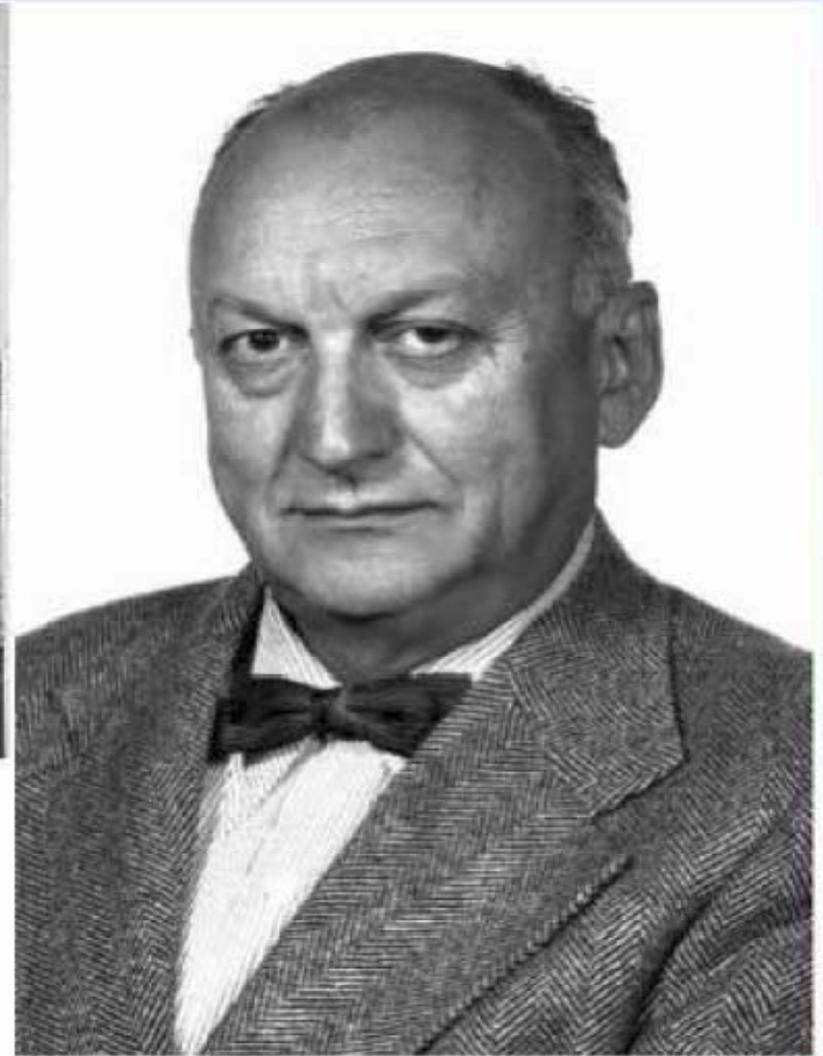
- Bob Wilson was student of Lawrence in Berkley
- Study of the shielding for the new cyclotron
- Interdisciplinary environment = new ideas!
- Use of protons and charged hadrons to better distribute the dose of radiation in cancer therapy

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

# *The beginning of hadrontherapy 1954 at Berkeley*



- 1948- Biology experiments using protons
- 1954- Human exposure to accelerated protons and alphas
- 1956 - 1986: Clinical Trials– 1500 patients treated



Cornelius A. Tobias

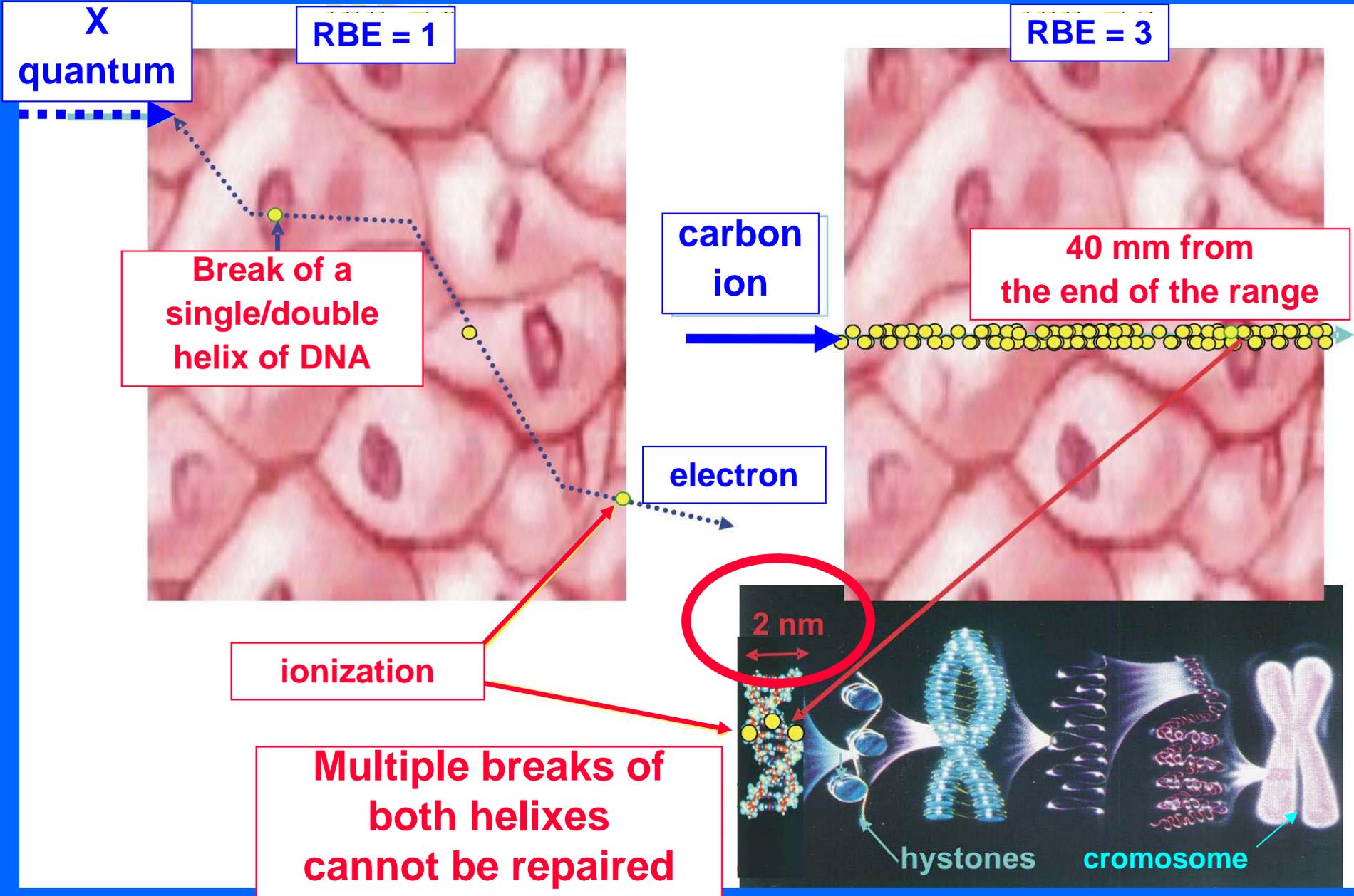
**C.A. Tobias, J.H. Lawrence et al., Cancer Research 18 (1958) 121**

# 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?

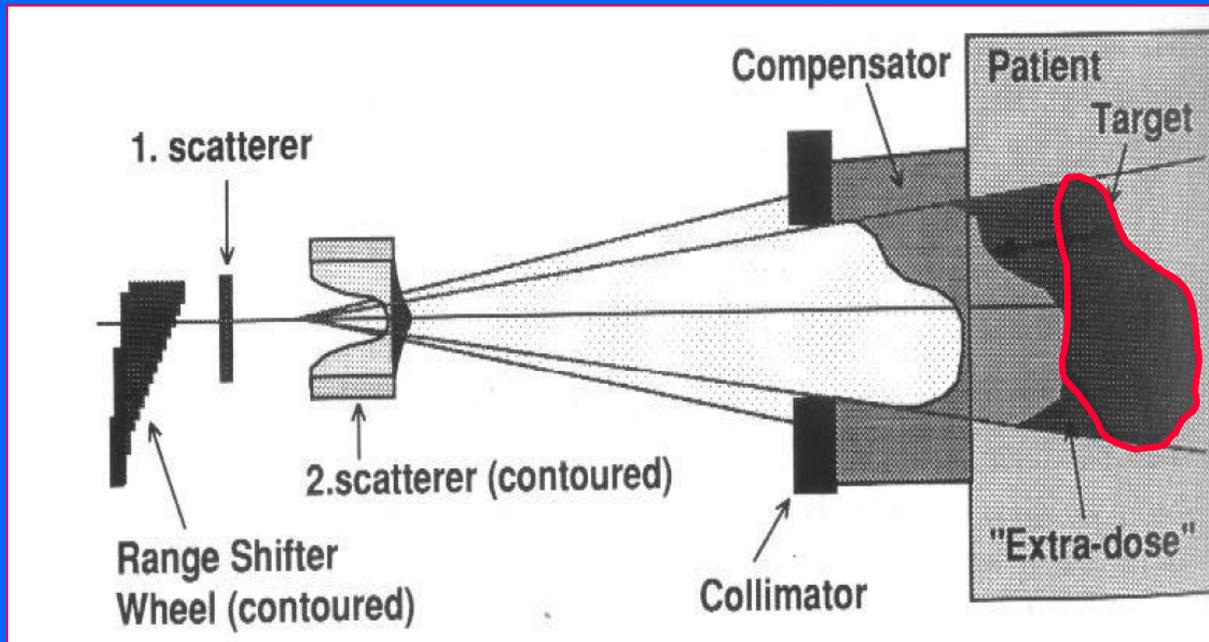


**Ions have high LET (Linear Energy Transfer)**

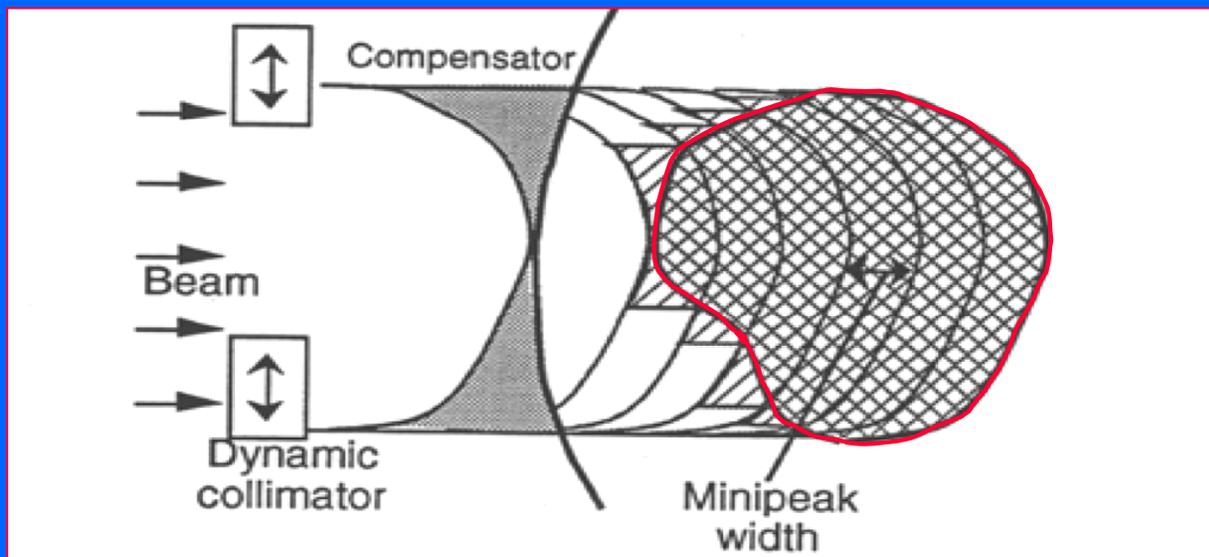
# *A gantry for proton therapy*



# Dose distribution: passive spreading

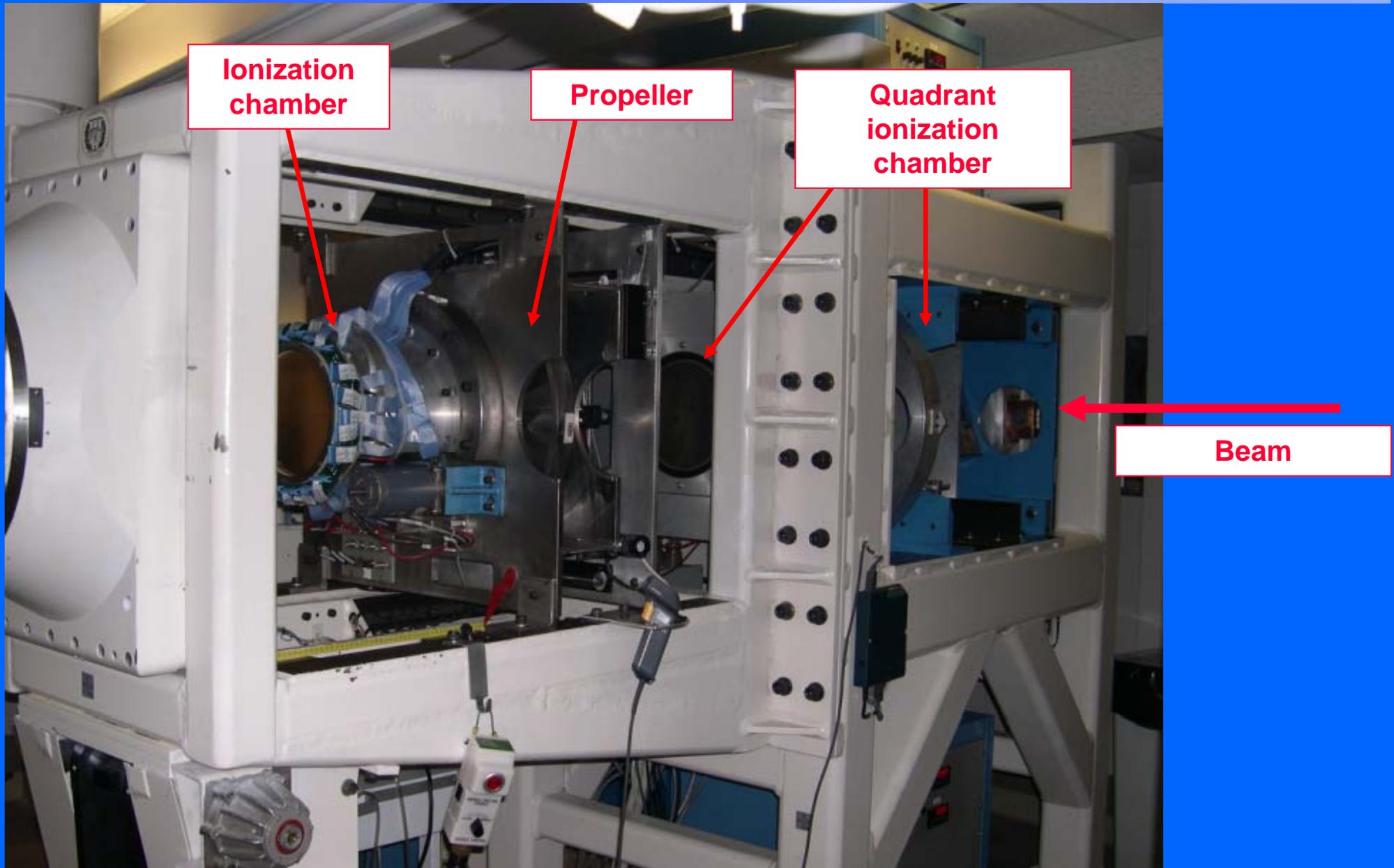


‘Double scattering’

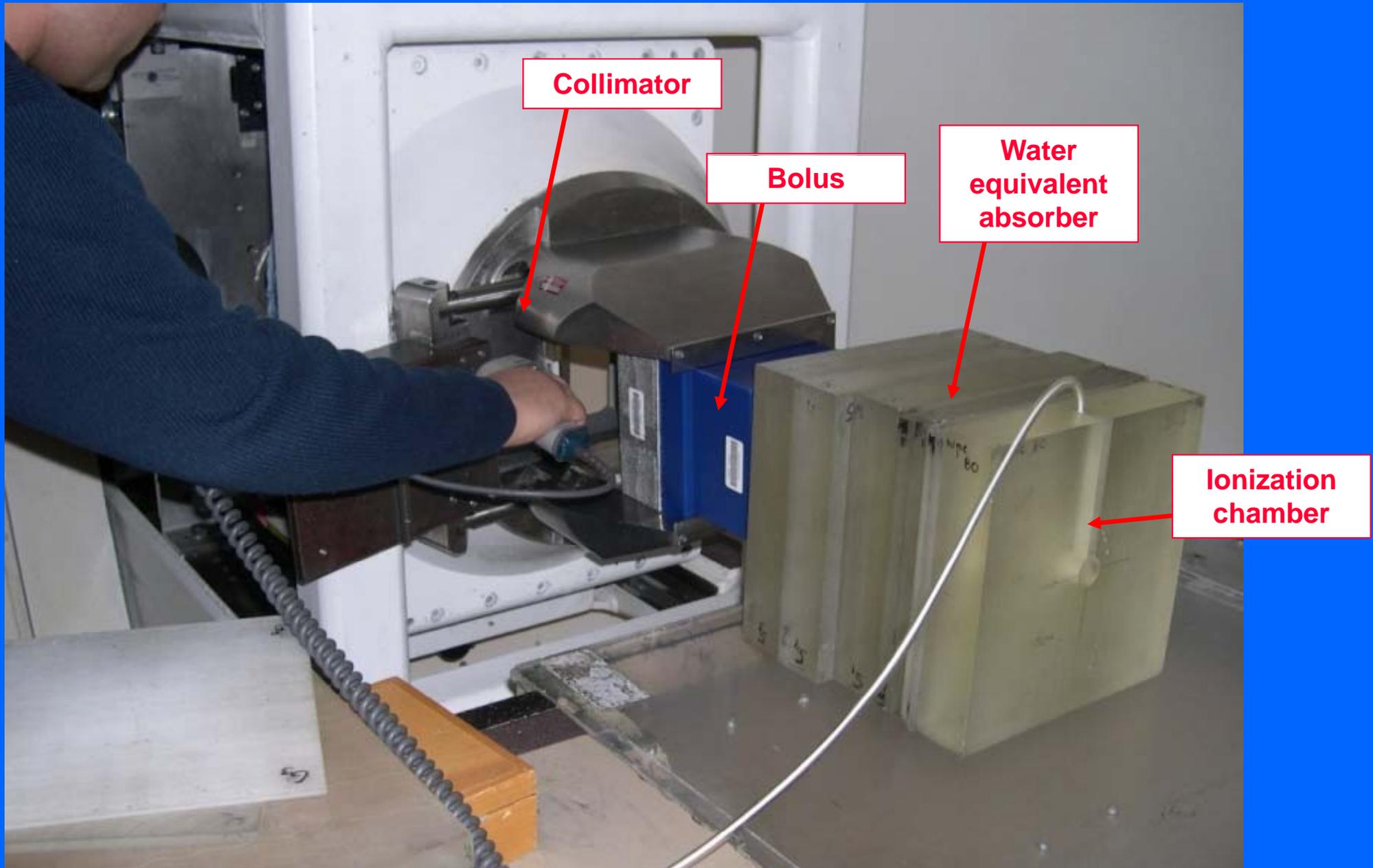


‘Layer stacking’

## *Passive spreading: the nozzle*



# *Passive spreading: calibration before treatment*



# Passive spreading: personalized devices

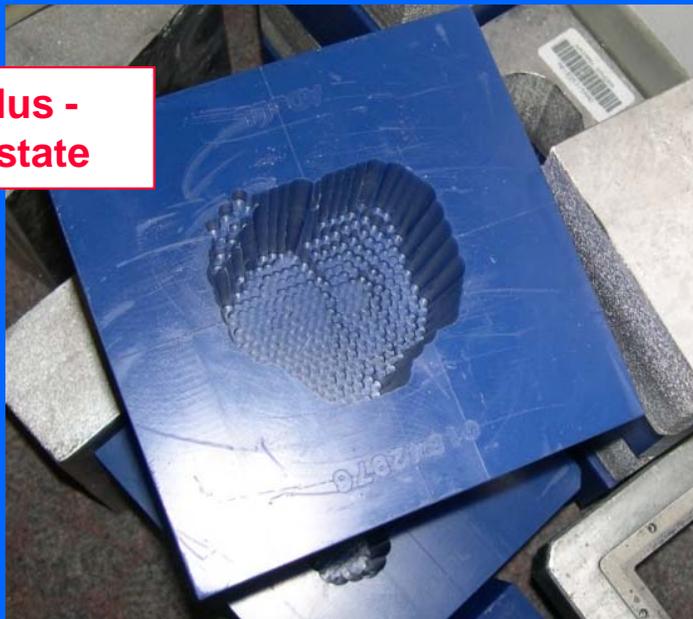
**Propeller**



**Collimator**



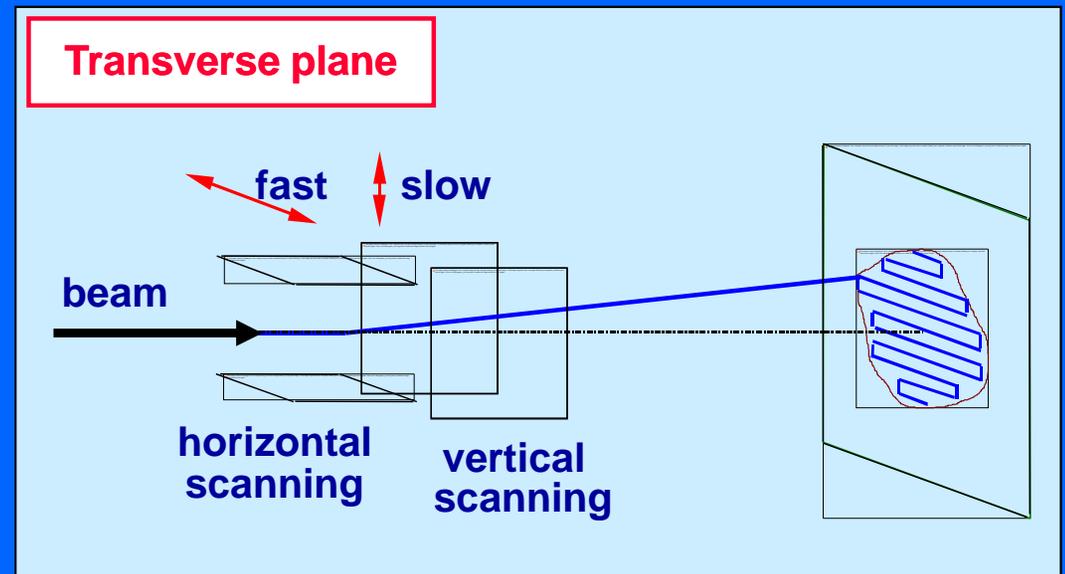
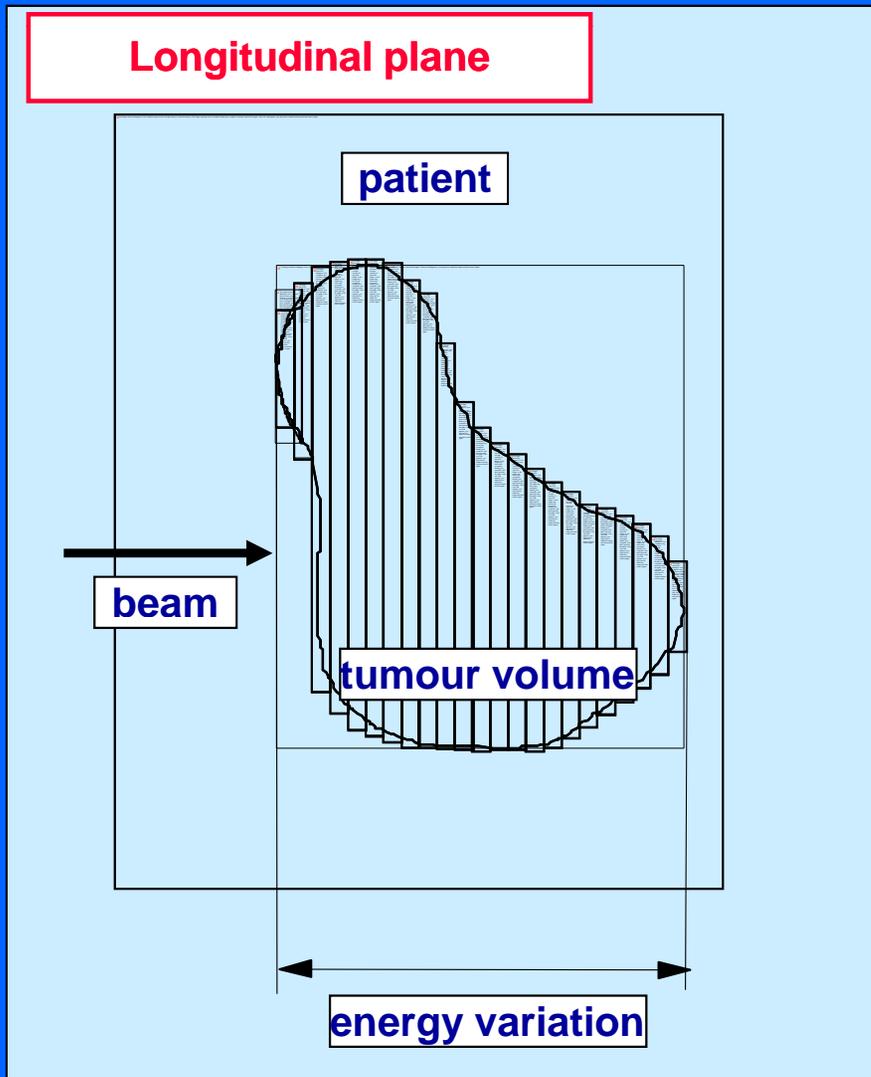
**Bolus - prostate**



**Bolus - liver**

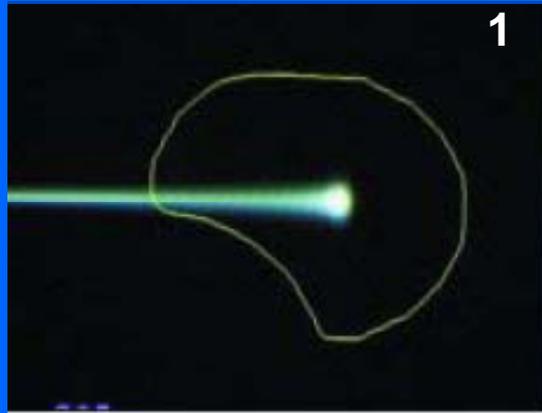


# Dose distribution: active scanning

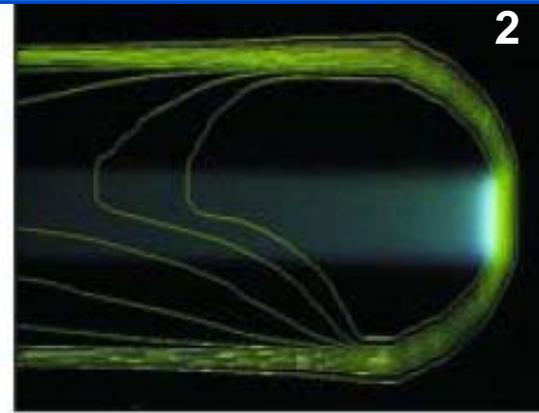


**New technique developed  
mainly at GSI and PSI**

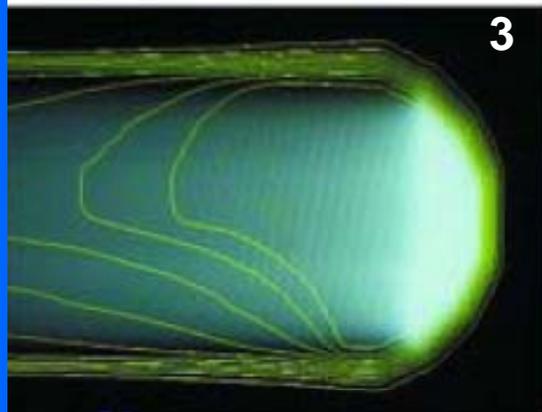
# Active "spot scanning" a la PSI



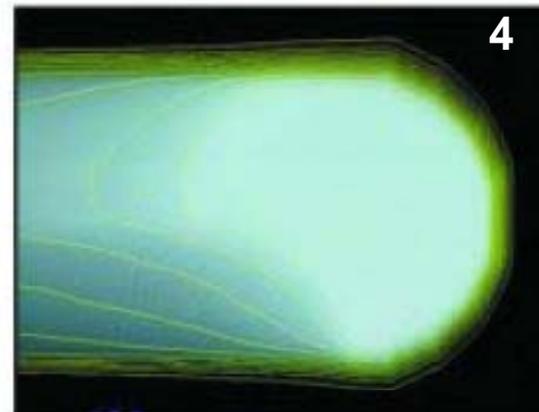
Single 'spot'



Lateral scanning with magnet: 2 ms/step

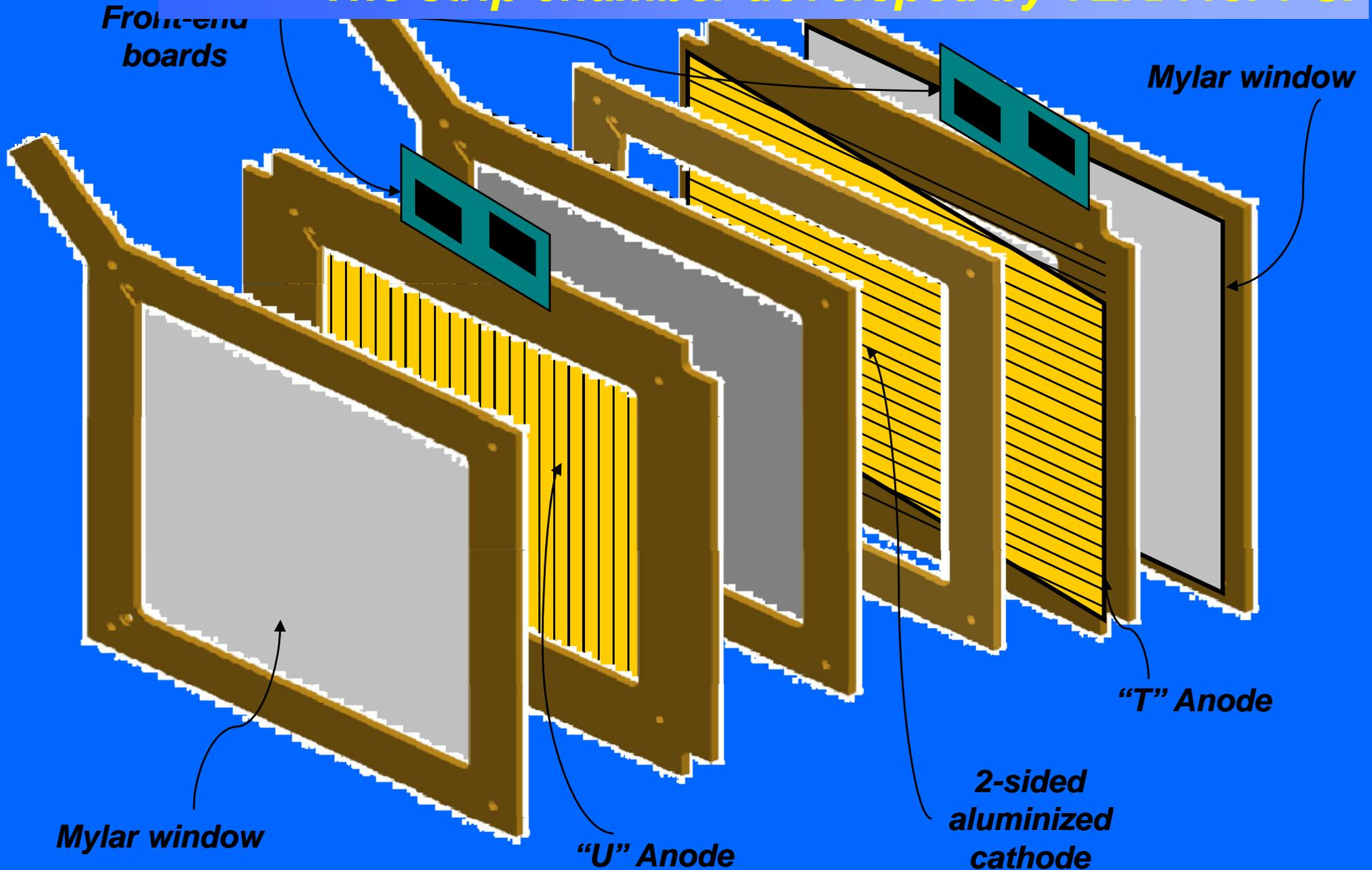


Depth scanning



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

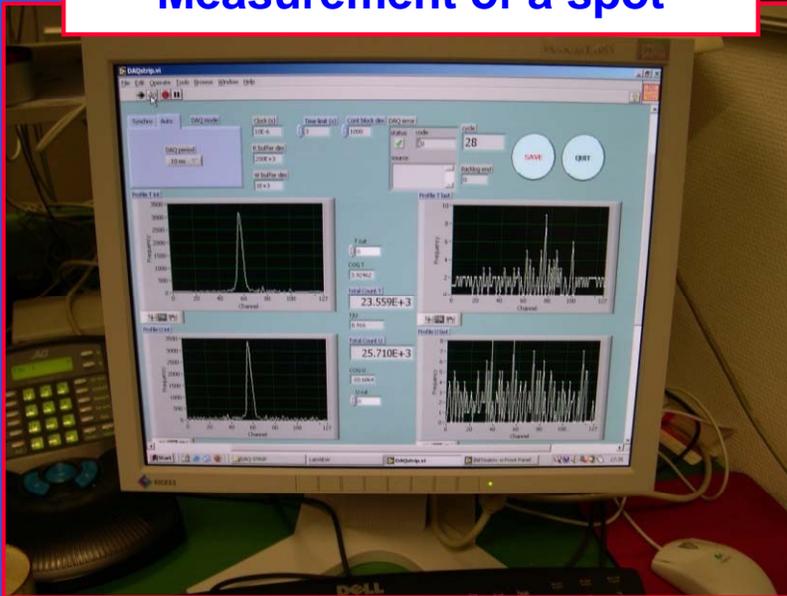
## SAMBA

Strip Accurate Monitor for Beam Applications

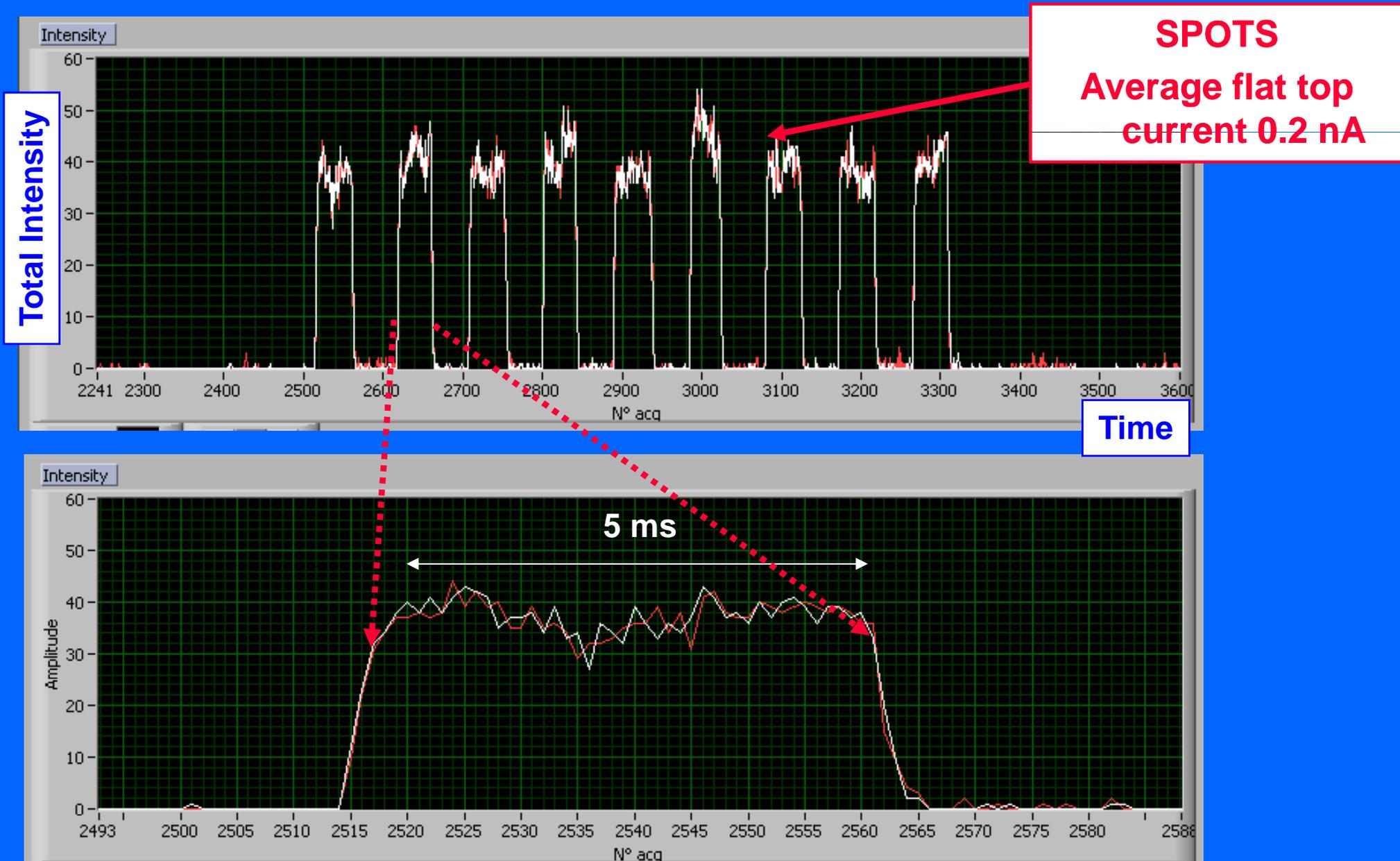
Measurement of a spot

T direction (table)

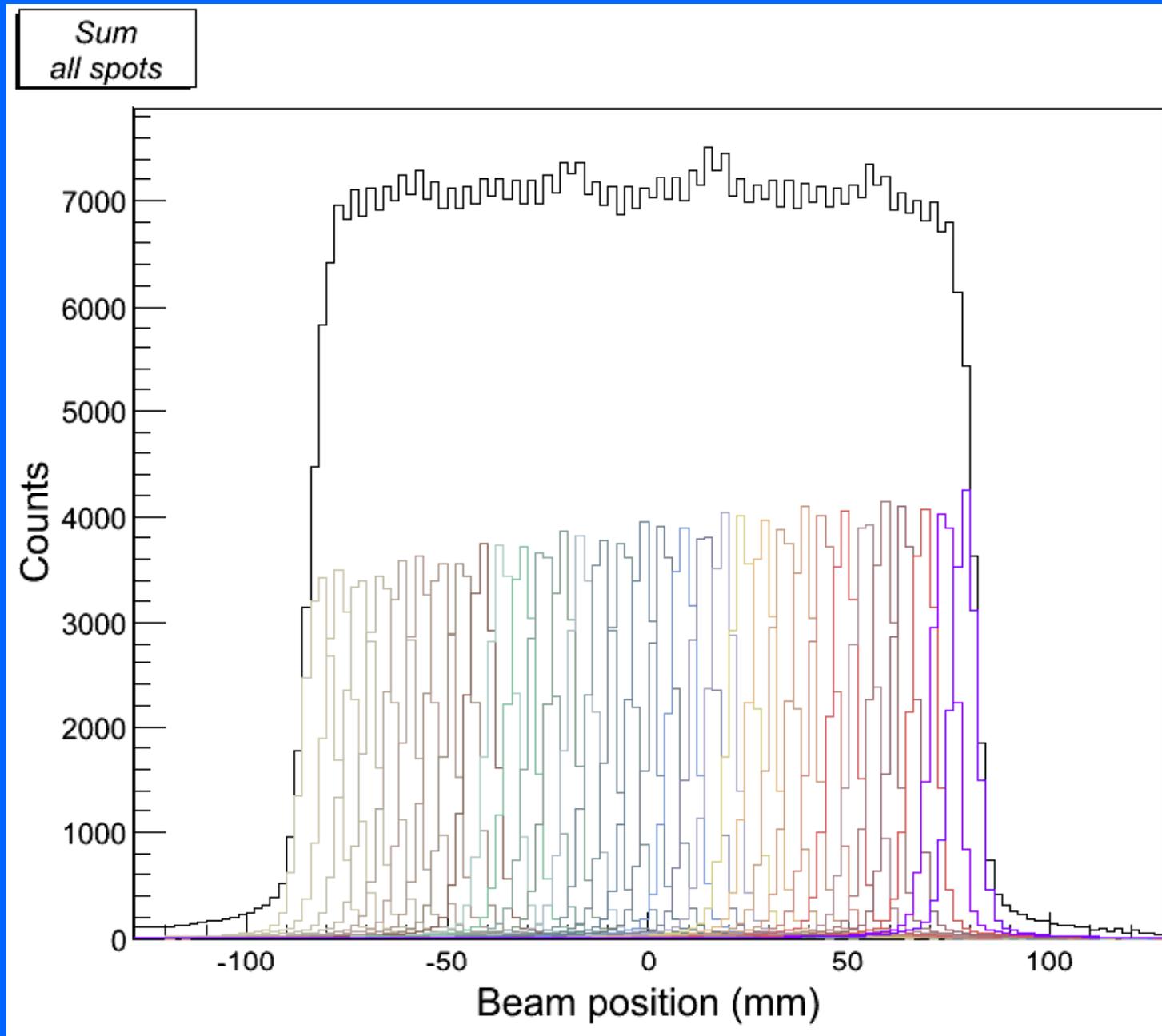
U direction (magnet)



# Time profile of the clinical beams



# 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

14.5% of X-ray patients = 2'900 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 3'500 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 Prostate
- Locally Advanced Cervical
- Sacral Chordoma
- Recurrent or Unresectable Rectal Carcinoma
- Recurrent or Unresectable Pelvic Masses

## Central Nervous System

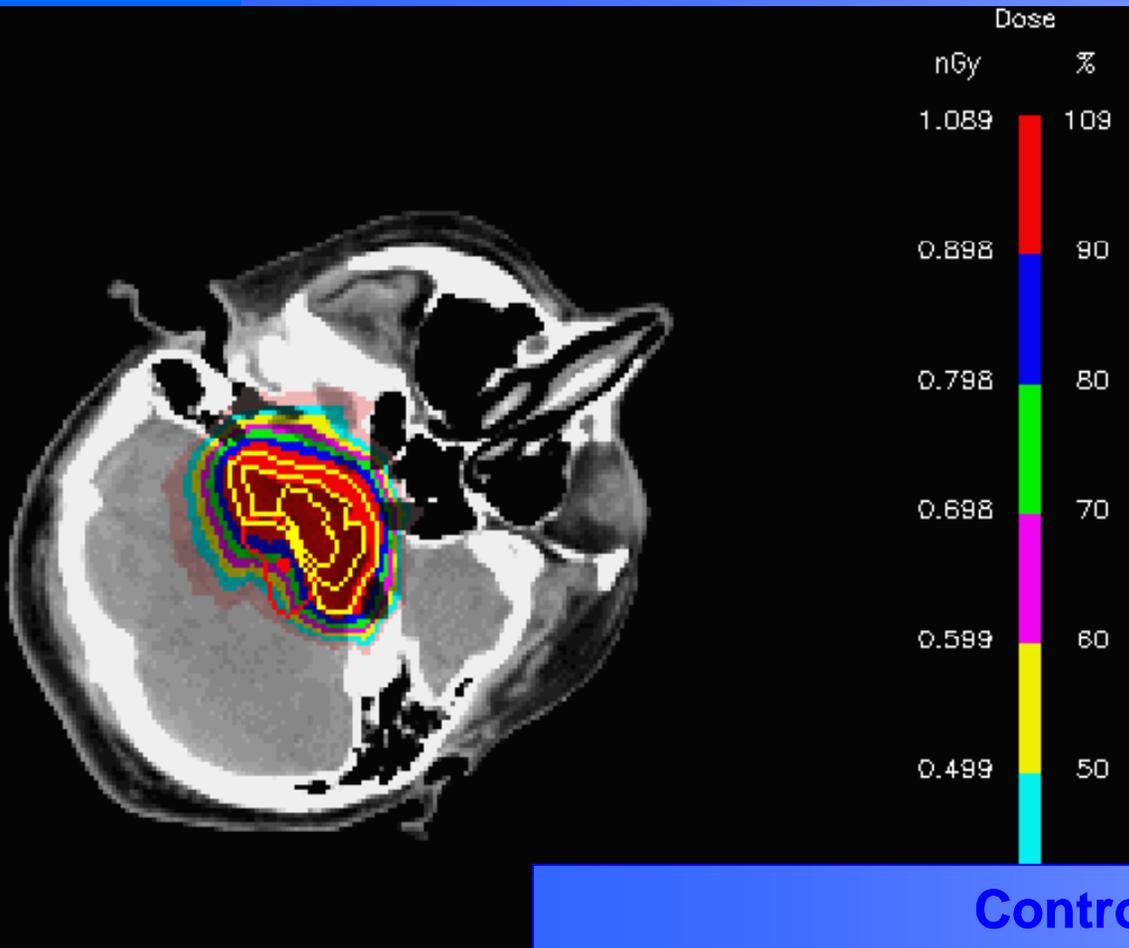
- Adult Low Grade Gliomas
- Pediatric Gliomas
- Acoustic Neuroma  
Recurrent or Unresectable
- Pituitary Adenoma  
Recurrent or Unresectable
- Meningioma  
Recurrent or Unresectable
- Craniopharyngioma
- Chordomas and Low Grade Chondrosarcoma  
Clivus and Cervical Spine
- Brain Metastases
- Optic Glioma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

## Up to present

- Proton-therapy:  
~ 50 000 patients

- Carbon ion therapy:  
~ 2 500 patients

# Tumours of the central nervous system



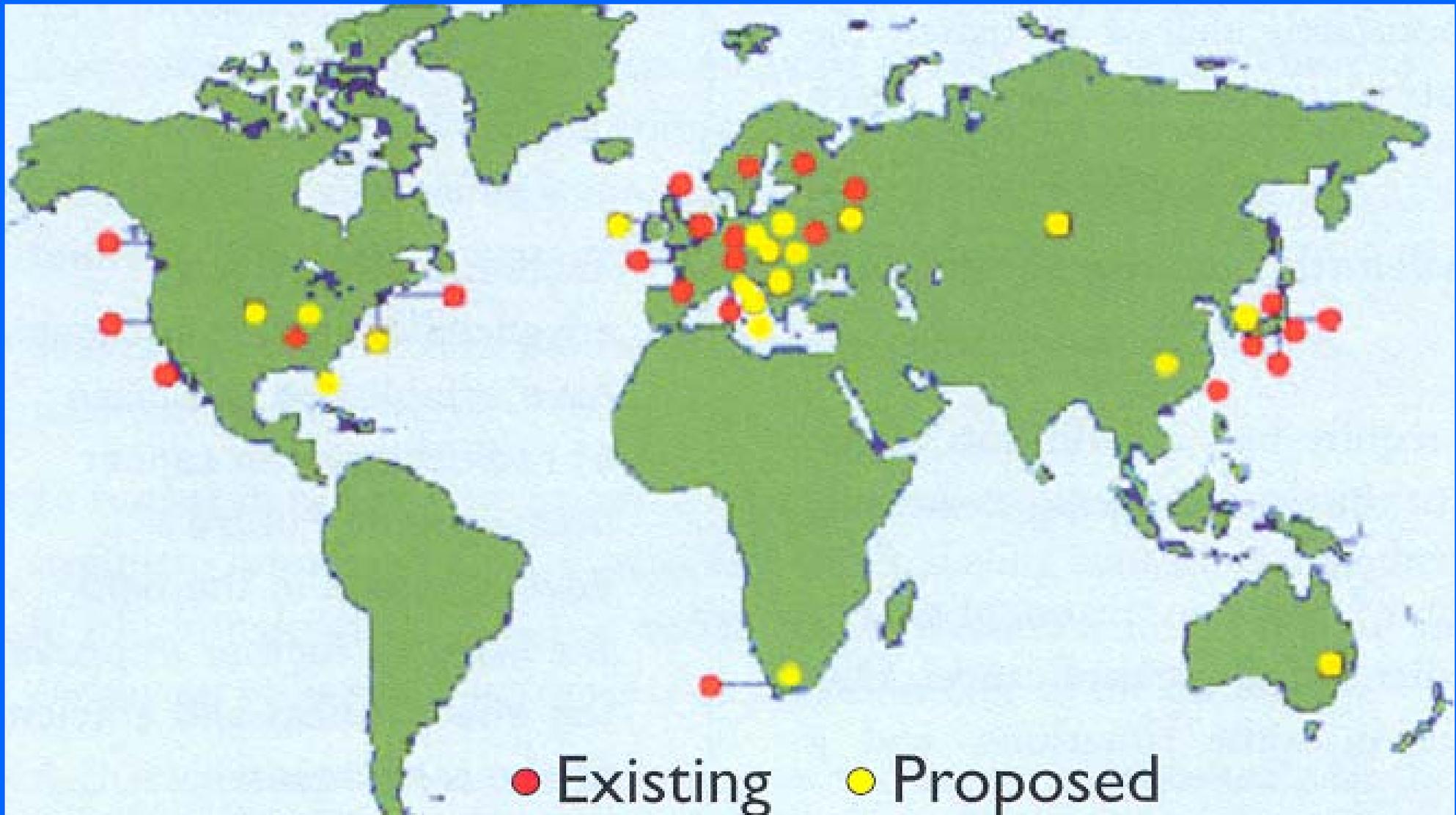
## Control at 5 years

|                        | RT            | Protons       |
|------------------------|---------------|---------------|
| <b>Chordomas</b>       | <b>17-50%</b> | <b>73-83%</b> |
| <b>Chondrosarcomas</b> | <b>50-60%</b> | <b>90-98%</b> |

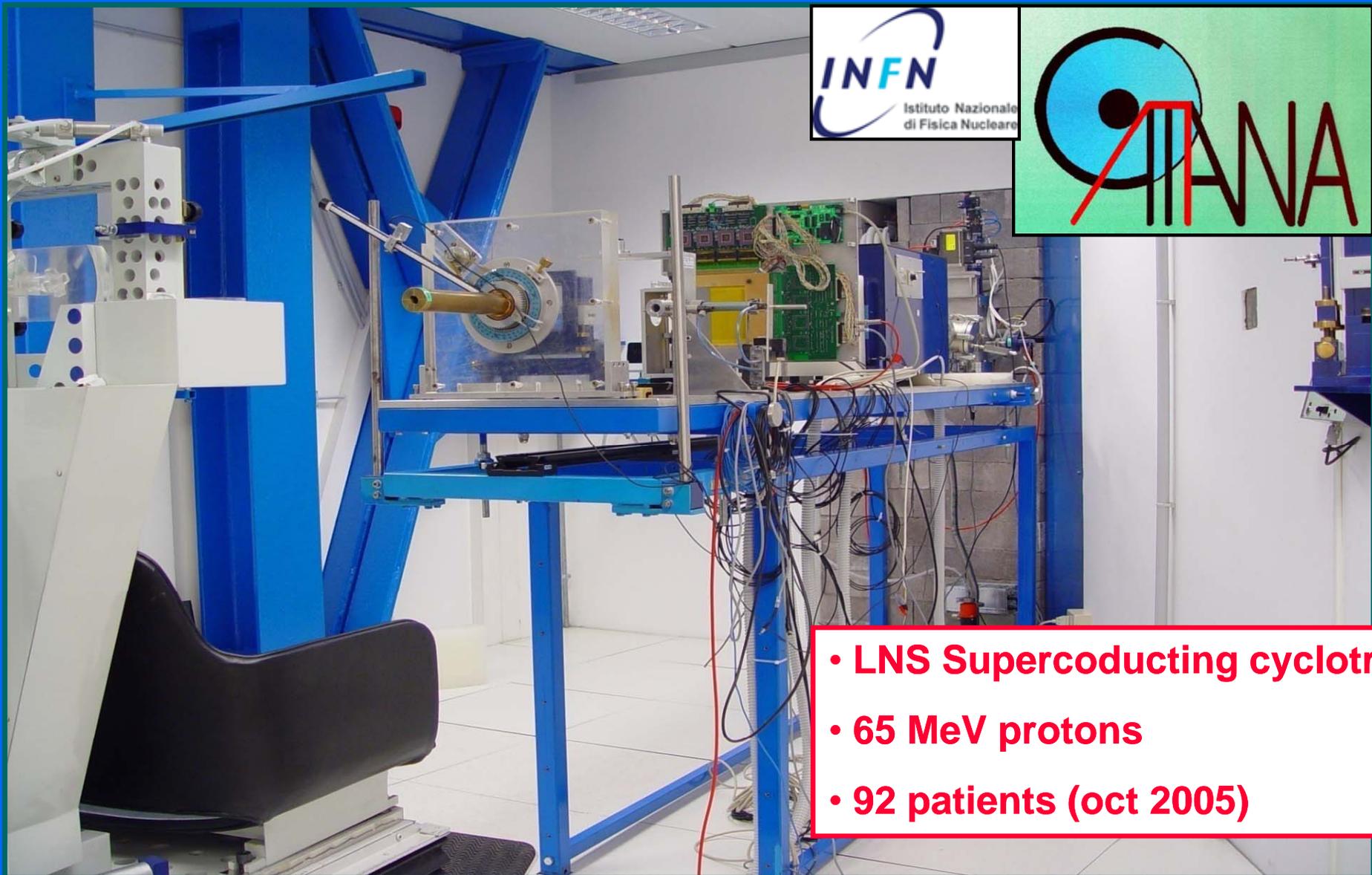
# Present and “near” future of hadrontherapy

- **Proton-therapy is “booming”!** *(for more information see PTCOG, [www.ptcog.com](http://www.ptcog.com))*
  - **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**

## *A (not up to date) map of hadrontherapy*



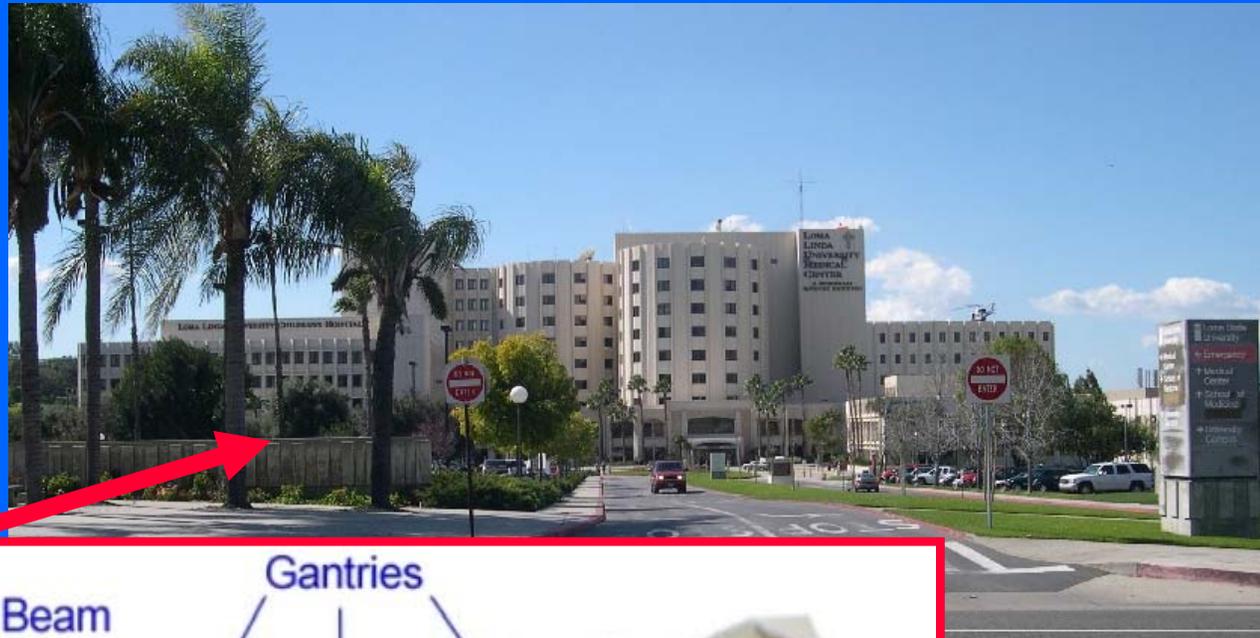
# The eye melanoma treatment at INFN-LNS in Catania



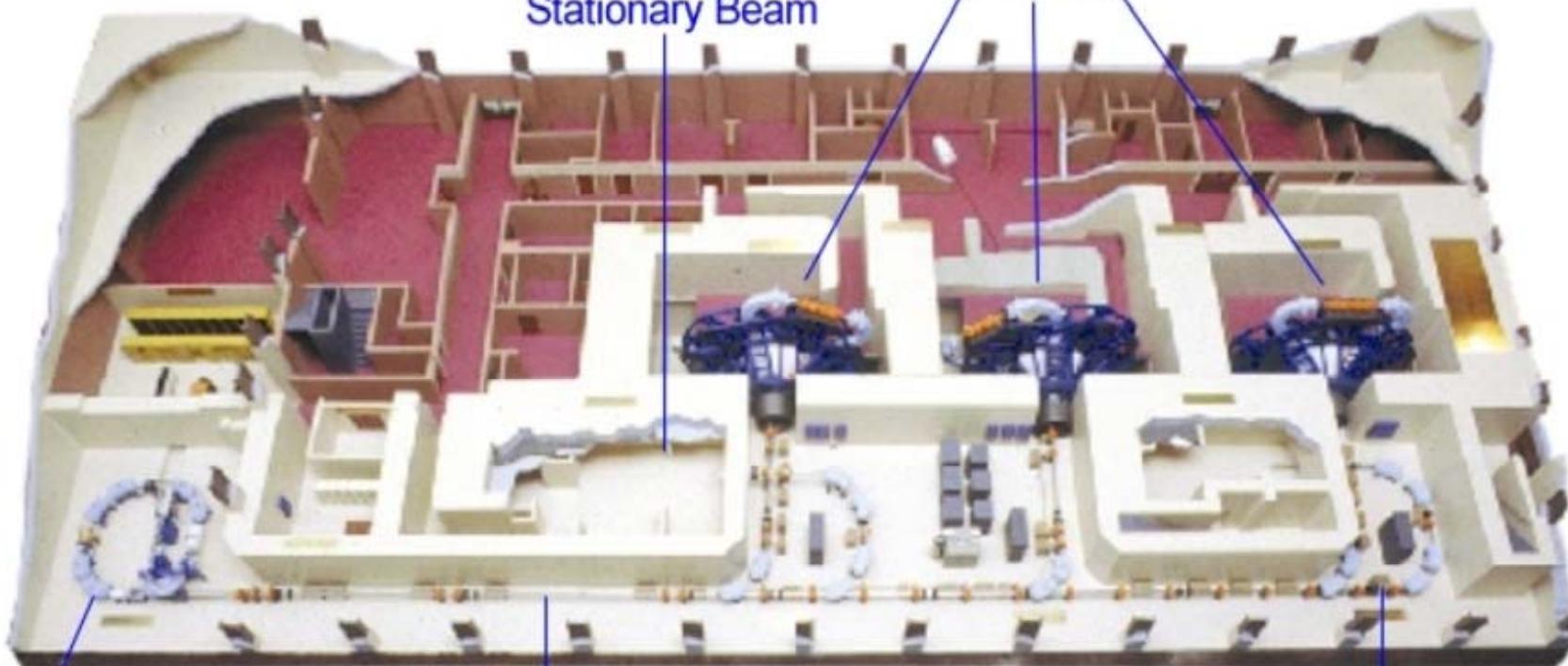
- LNS Superconducting cyclotron
- 65 MeV protons
- 92 patients (oct 2005)

# The Loma Linda University Medical Center (USA)

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



Stationary Beam  
Gantries



# *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 ( $\leq 200$  MeV) synchrotron  
 (Hitachi)  
 1 h beam + 1 v beam + 1 gantry

**TSUKUBA CENTRE**  
 Ibaraki (2001)  
 protons ( $\leq 270$  MeV)  
 synchrotron (Hitachi)  
 2 gantries  
 2 beam for research

**HYOGO MED CENTRE**  
 Hyogo (2001)  
 protons ( $\leq 230$  MeV) - He and C ions ( $\leq 320$  MeV/u)  
 Mitsubishi synchrotron  
 2 p gantries + 2 fixed p beam + 2 ion rooms

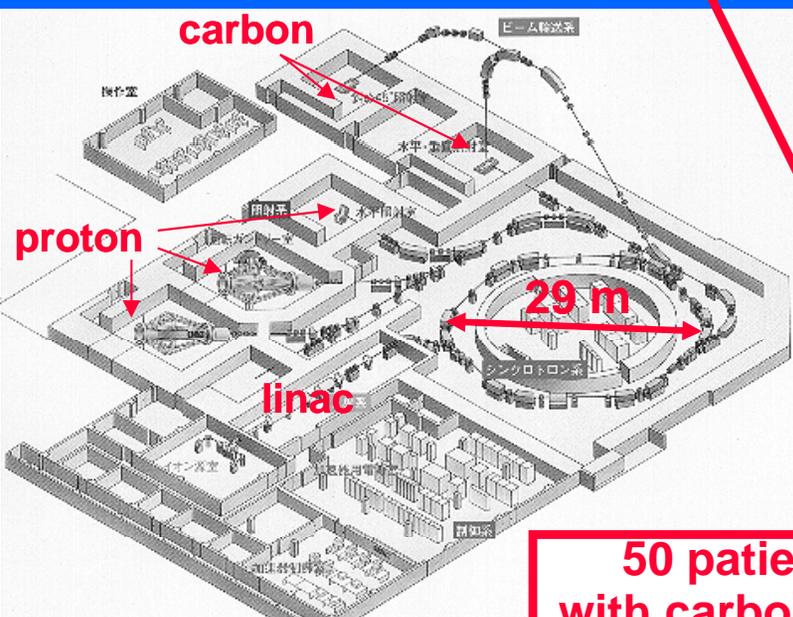
**KASHIWA CENTER**  
 Chiba (1998)  
 protons ( $\leq 235$  MeV)  
 cyclotron (IBA - SHI)  
 2 Gantries + 1 hor. beam

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

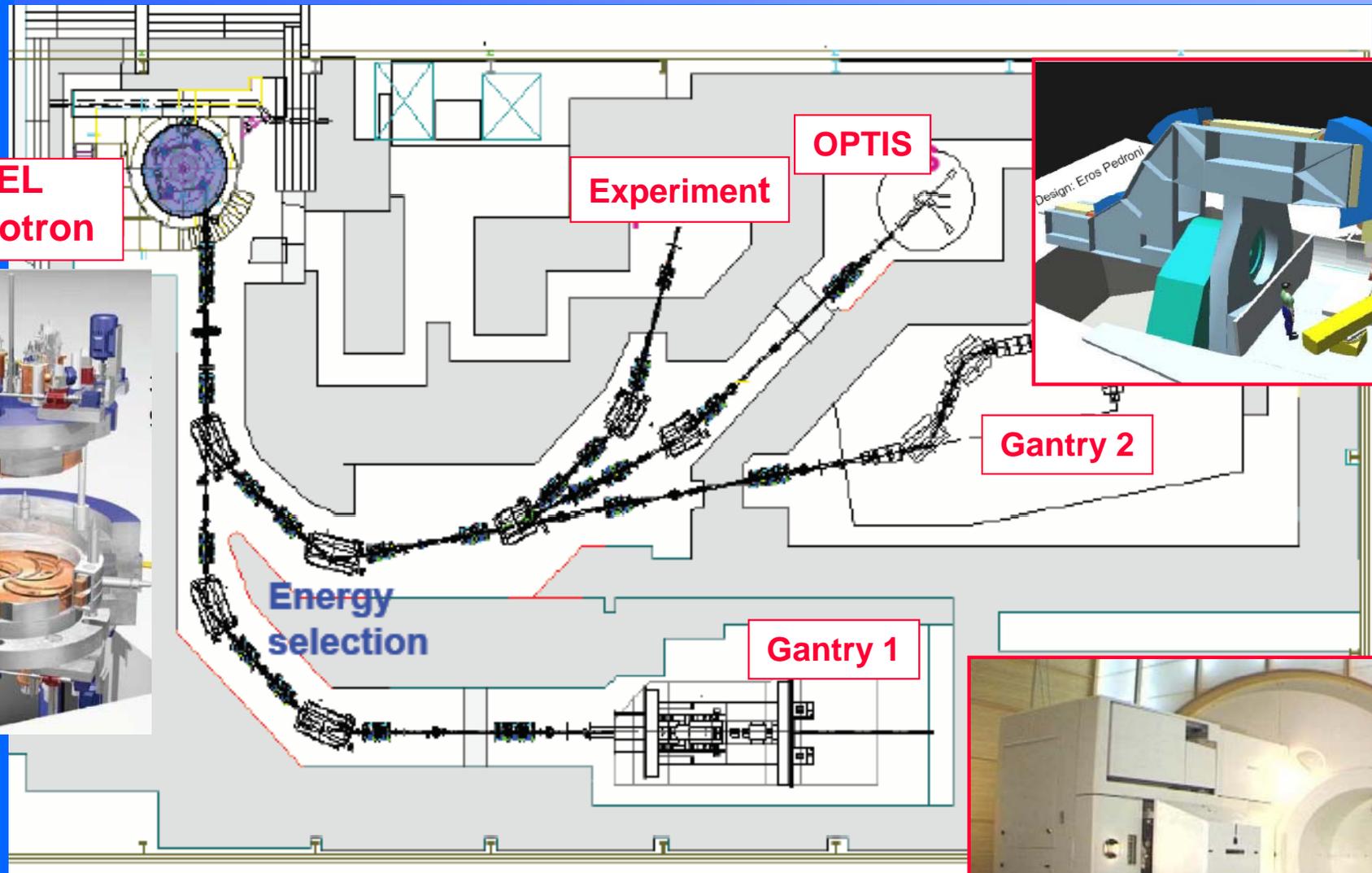
**SHIZUOKA FACILITY**  
 Shizuoka (2002)  
 Proton synchrotron  
 2 gantries + 1 h beam

**2000 patients  
 with carbon ions**

**50 patients  
 with carbon ions**



# PROSCAN project at PSI



**ACCEL  
SC cyclotron**

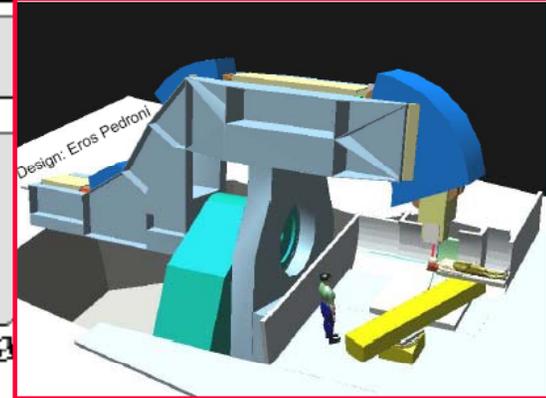
**Experiment**

**OPTIS**

**Gantry 2**

**Gantry 1**

**Energy  
selection**

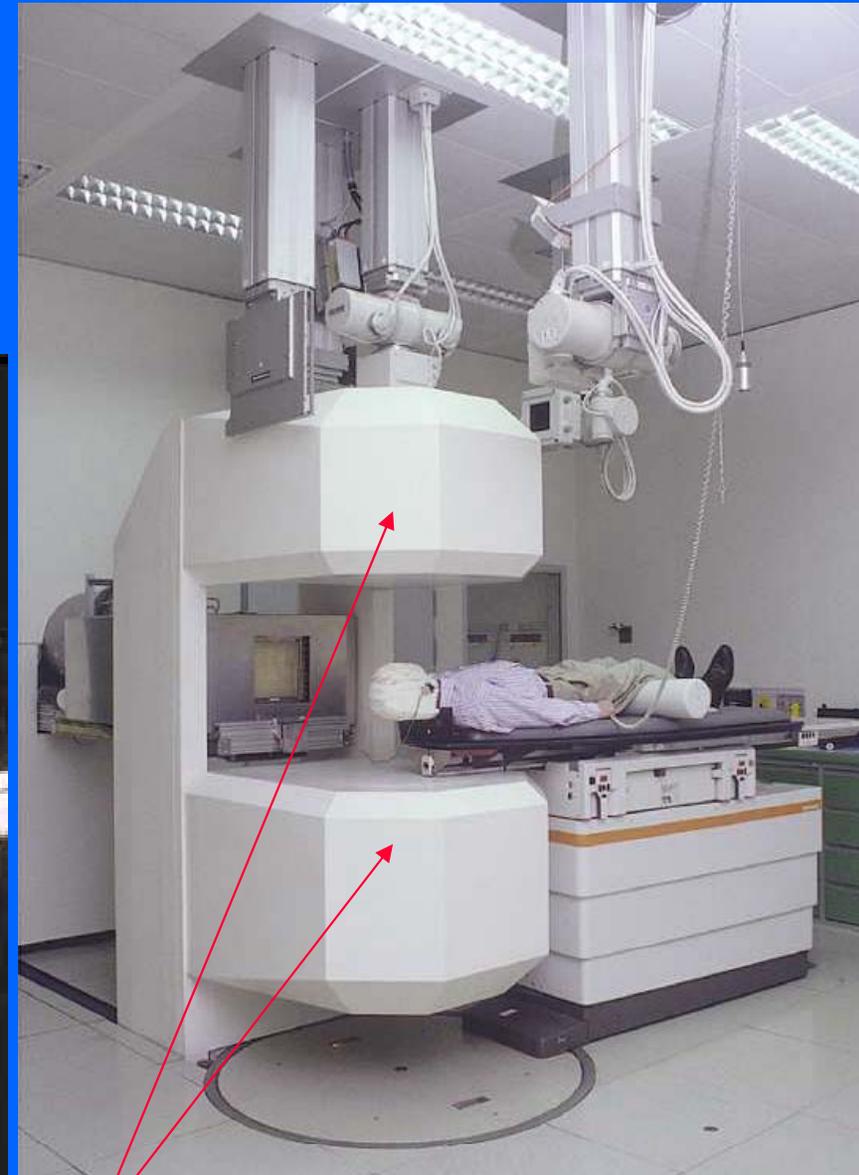


- New SC 250 MeV proton cyclotron – Installed
- New proton gantry

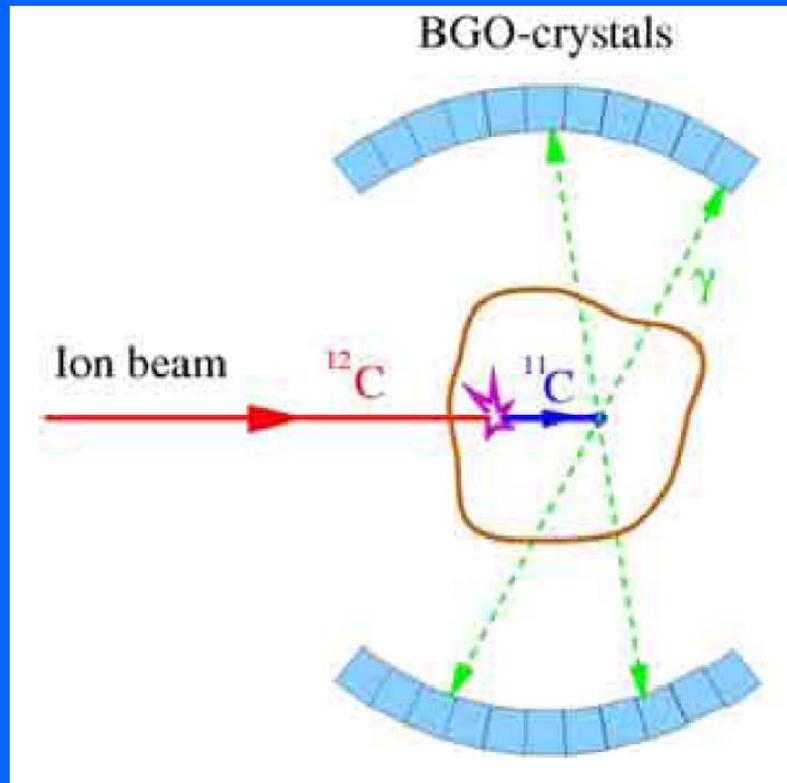
# Carbon ion therapy in Europe

1998 - GSI pilot project (G. Kraft)

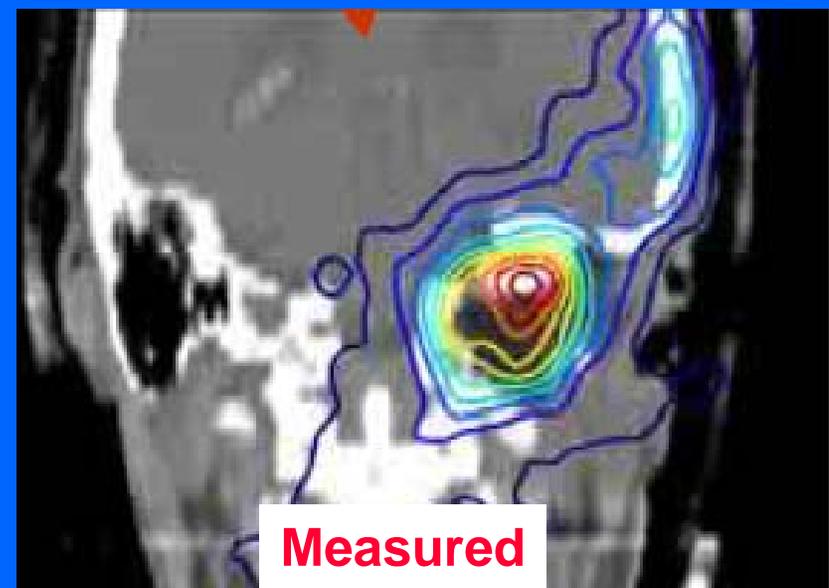
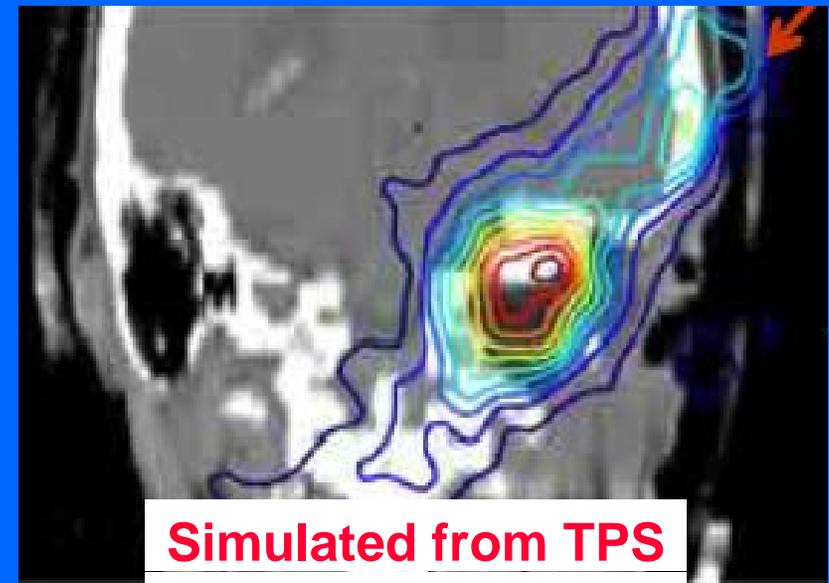
200 patients treated  
with carbon ions



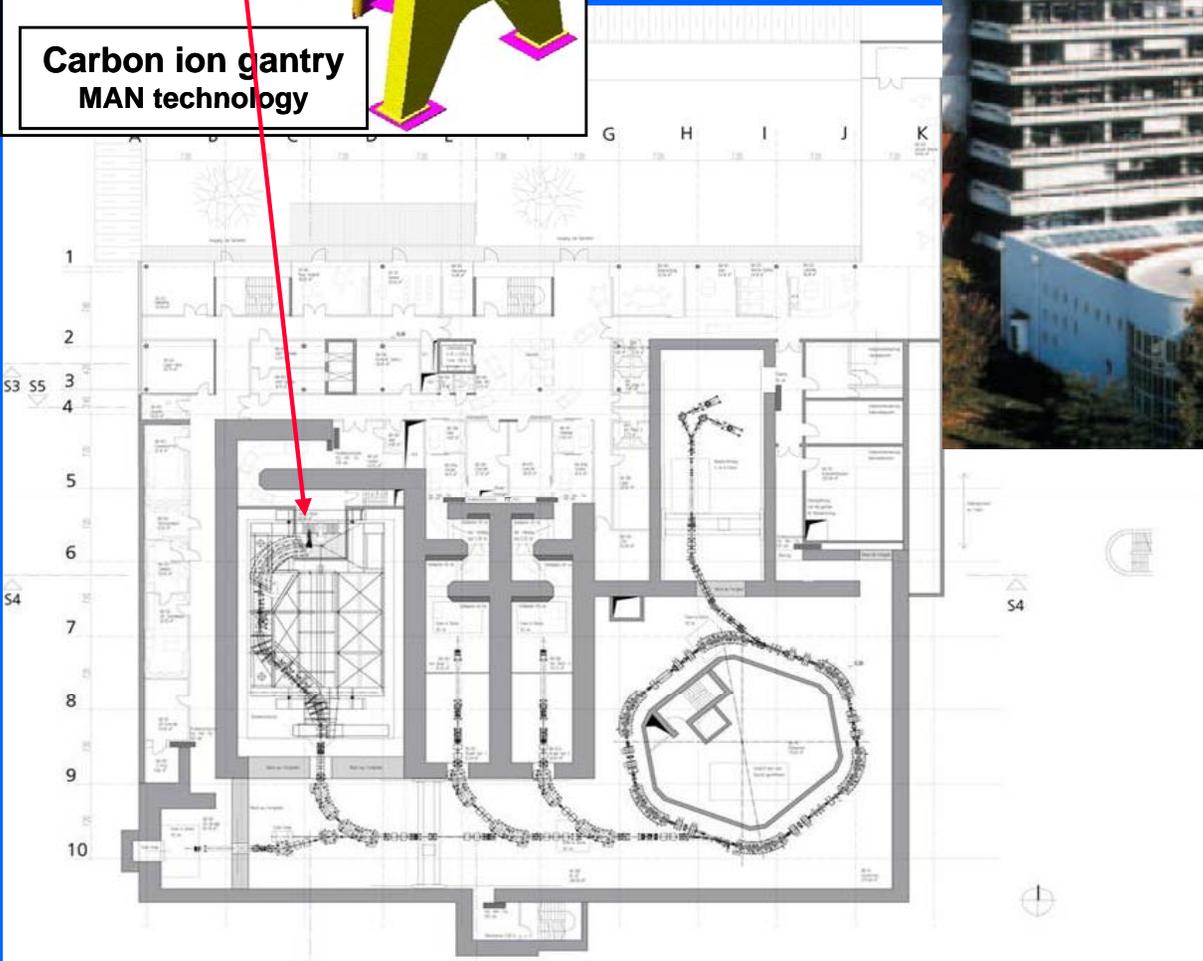
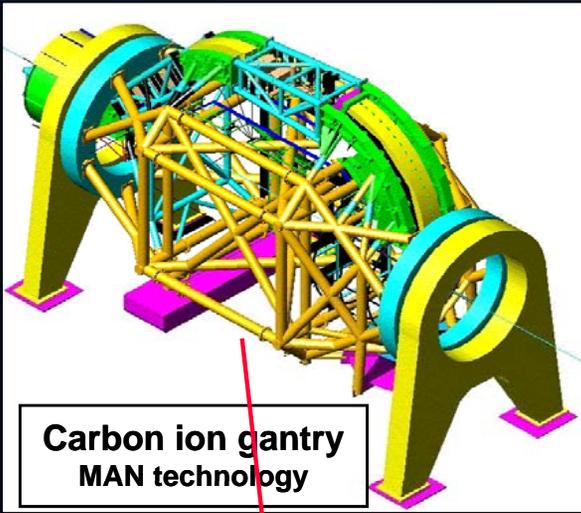
**PET on-beam**



**Measurement of the "real"  
dose given to the patient**



# HIT – University of Heidelberg



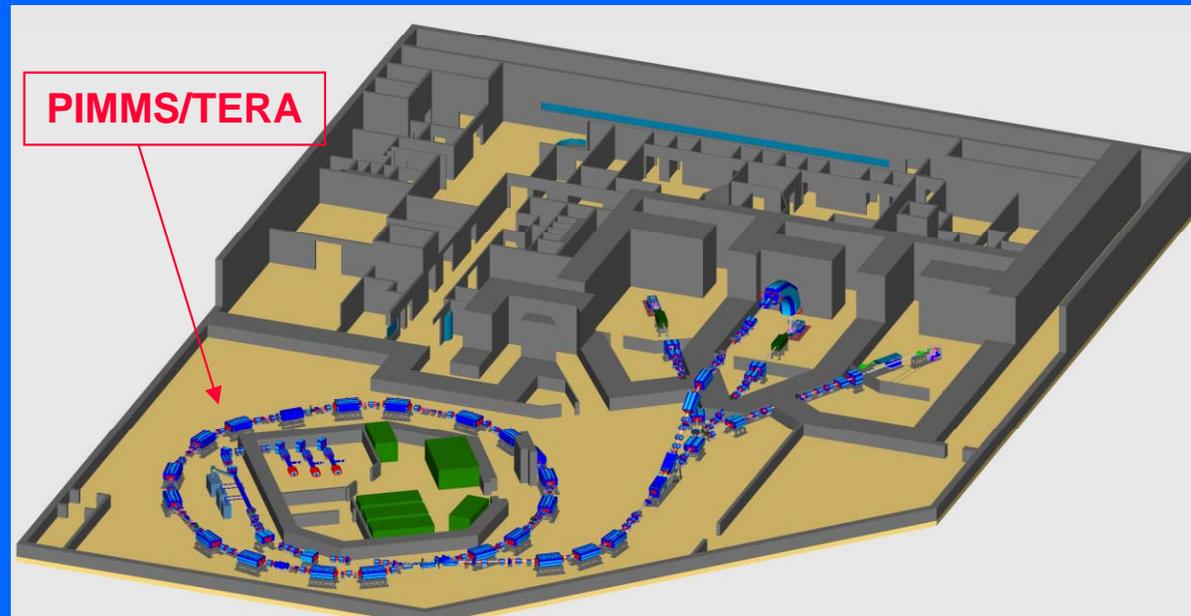
- Hospital based centre
- Project started in 2001
- First patient treatment foreseen in 2007

# Hadron-therapy in Italy and 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

# Status of CNAO – May 2009

May 2009



### **Medium term**

- “Dual” cyclotrons for protons and carbon ions
- Very compact SC proton synchrocyclotrons
- CYCLINAC = Cyclotron + LINAC

### **Long term**

- Laser plasma accelerators

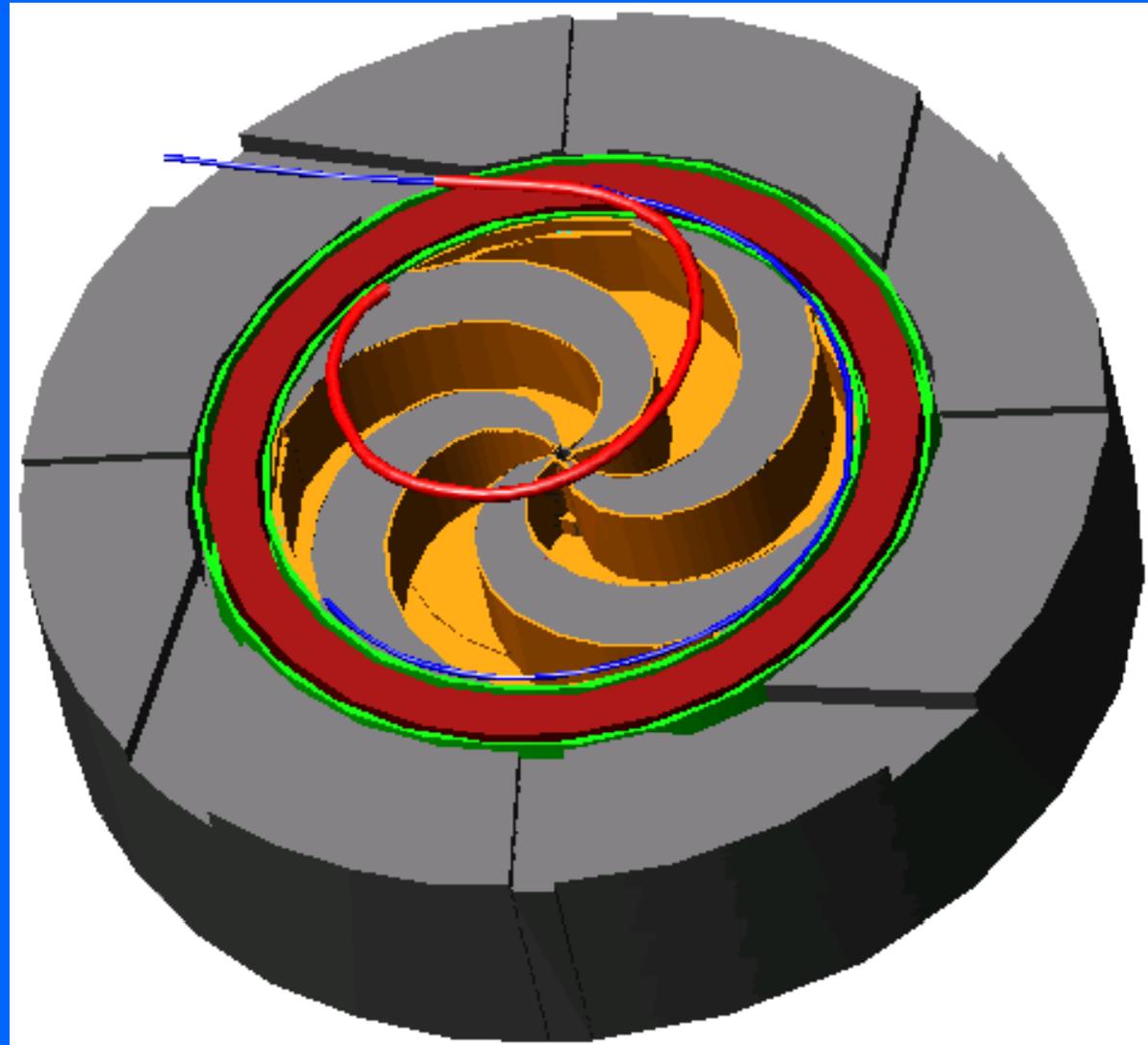
**250 MeV/u SC cyclotron**

- $H_2^+$  molecules

**250 MeV proton beam for deep seated cancer treatment**

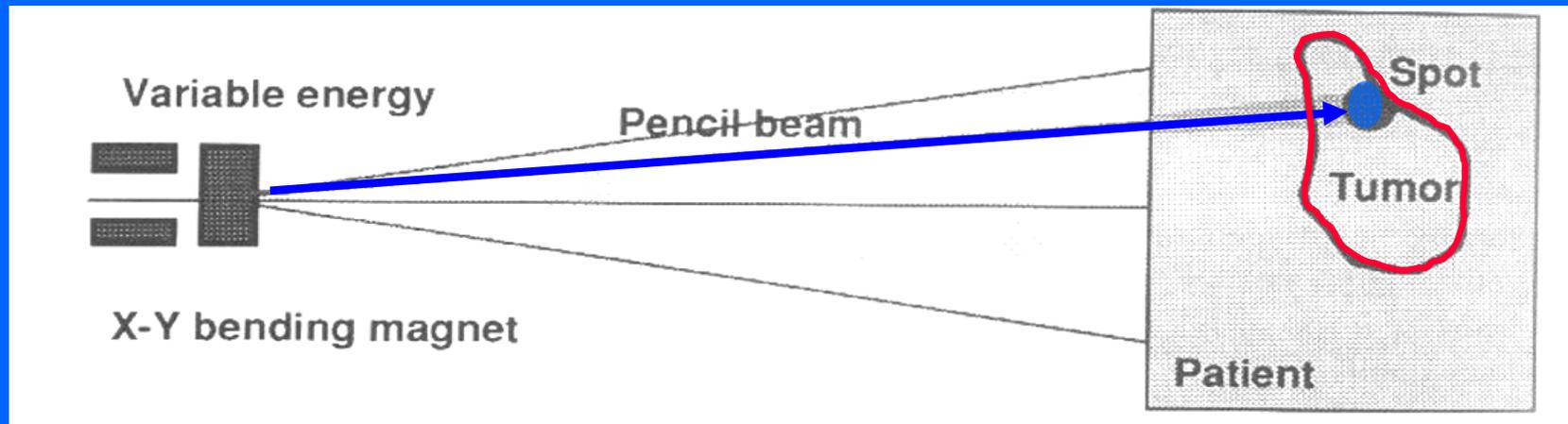
- 250 MeV/u fully stripped C ions

**maximum penetration of 12 cm in water**

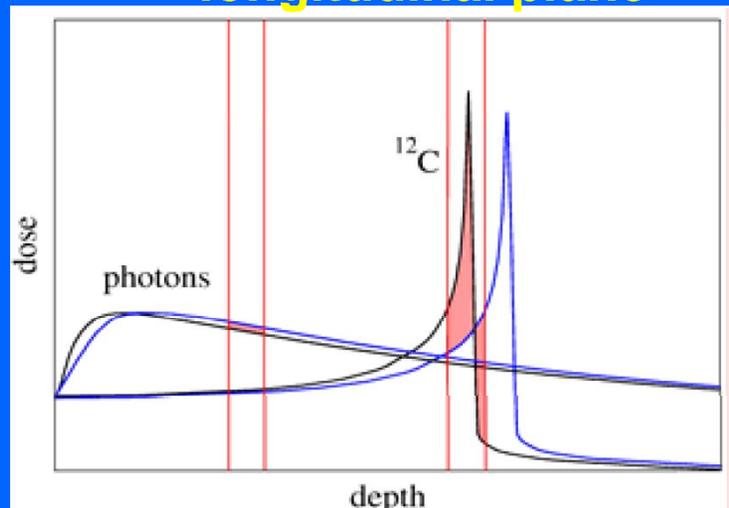


**Project of INFN LNS**

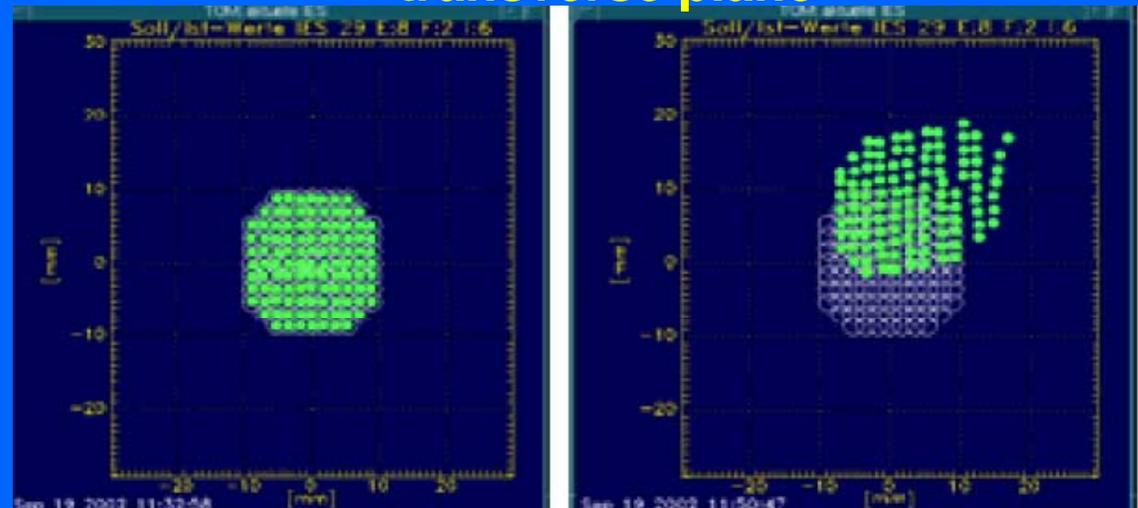
# “Spot scanning” is sensitive to movements



longitudinal plane



transverse plane



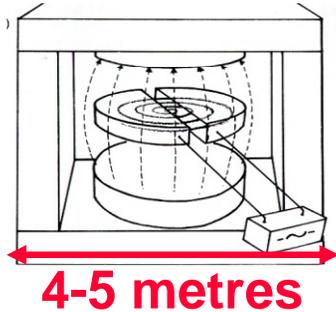
Two approaches can be combined:

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

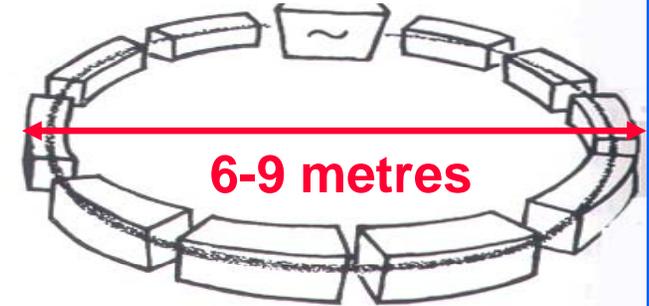
# The accelerators used today in protontherapy

- 200-250 MeV protons

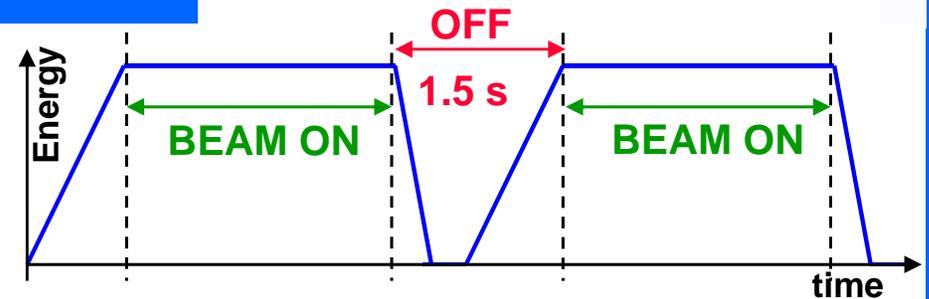
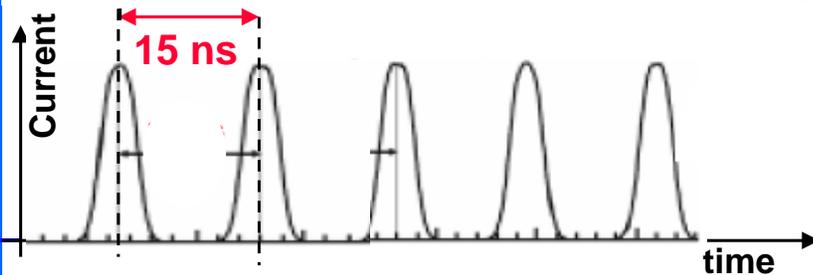
## CYCLOTRONS (Normal or SC)



## SYNCHROTRONS



OR

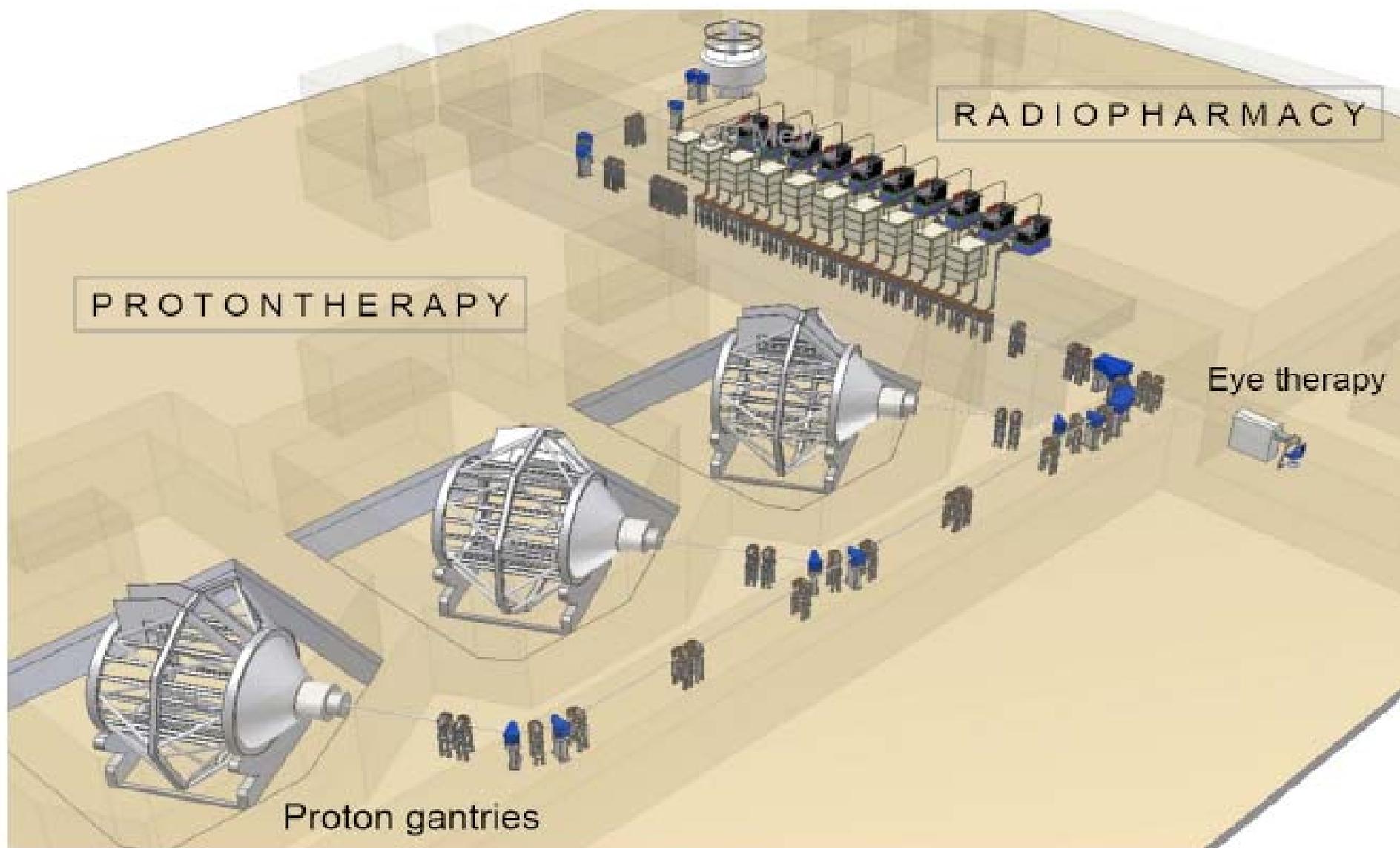


## CYCLOTRONS

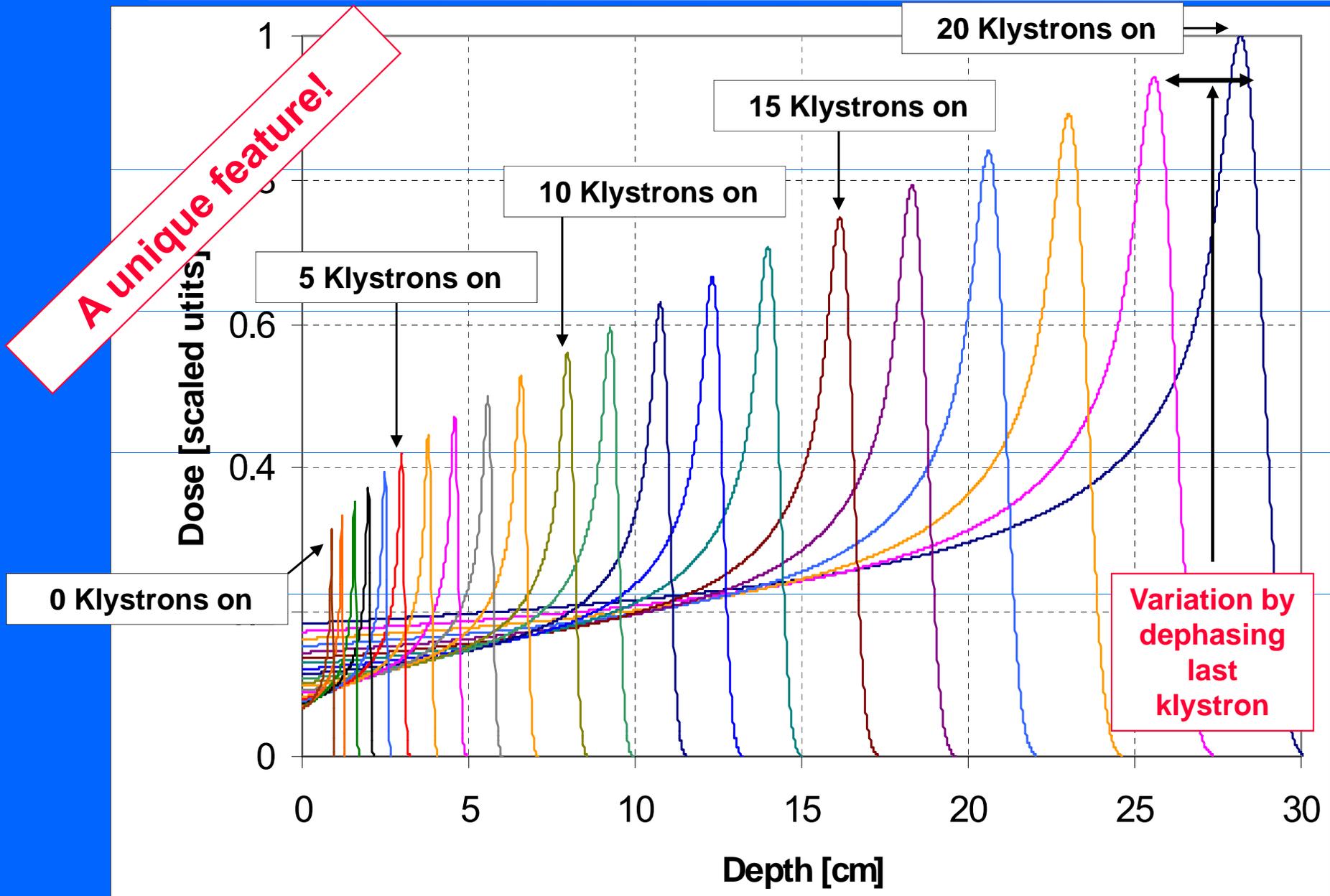
- Almost continuous beam
- Fixed energy

## SYNCHROTRONS

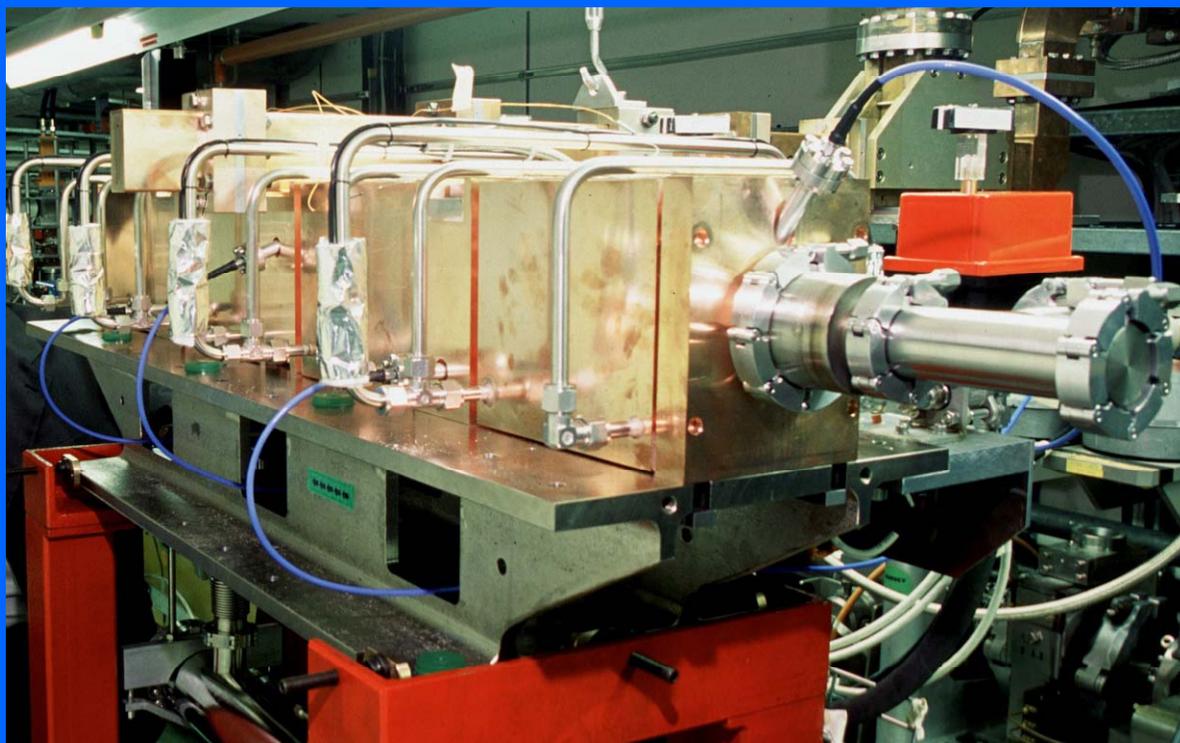
- Beam ON and OFF
- Continuous energy



# Bragg curves obtained by switching off klystrons



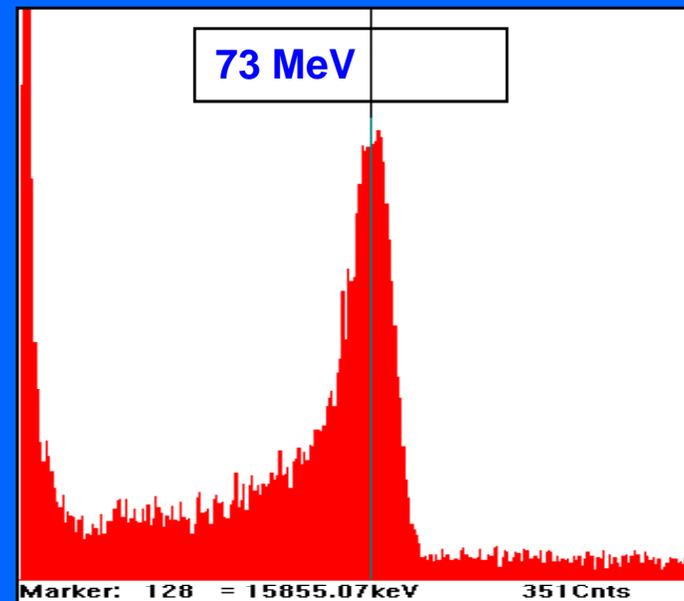
# Prototype of LIBO (on display at CERN TERA stand)



**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**

## *Neutrons in cancer therapy*

# Hadrontherapy with fast neutrons

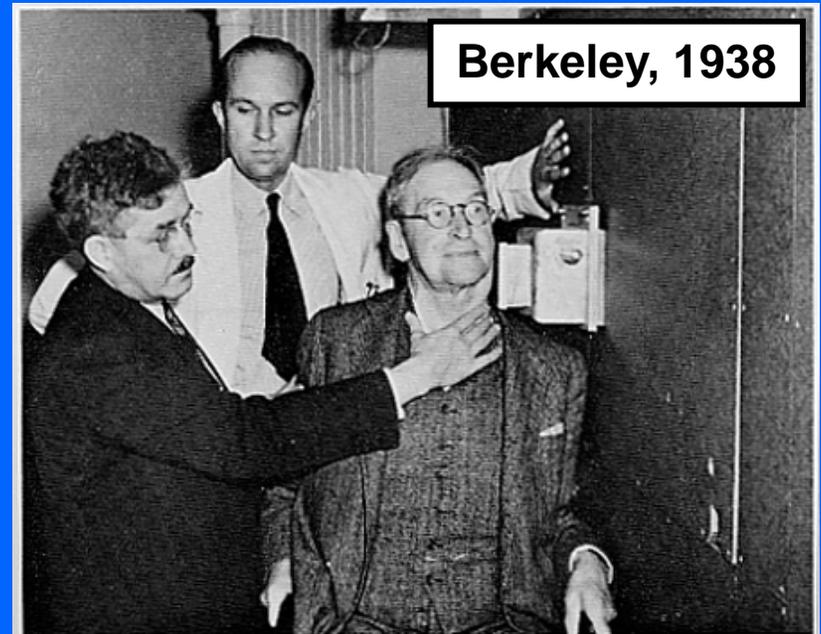
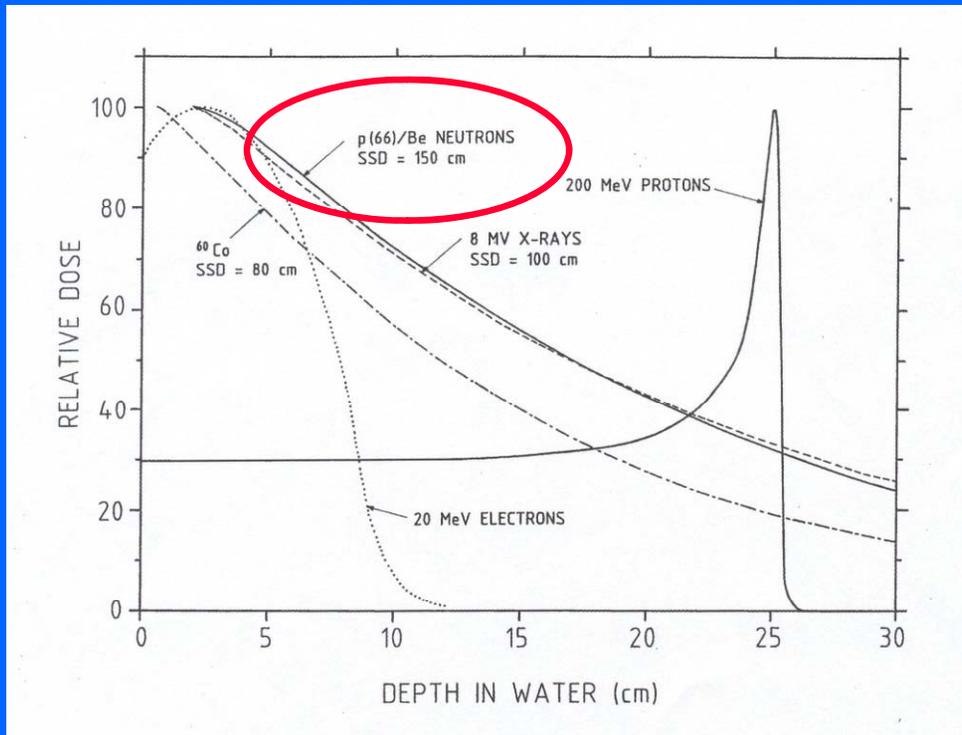
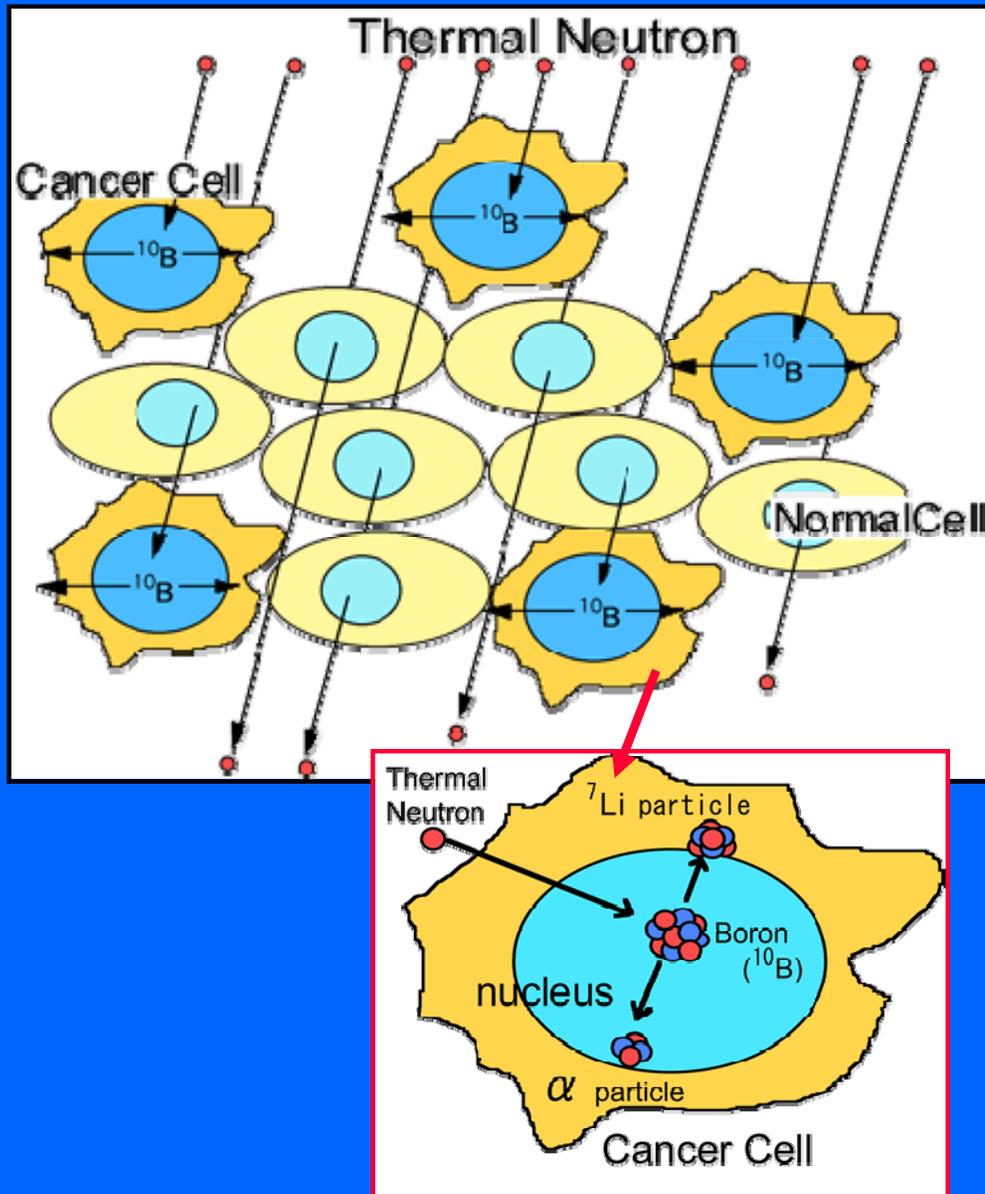


PLATE 8.4 Robert Stone and John Lawrence treating Robert Penney at the 60-inch neutron port. LBL.

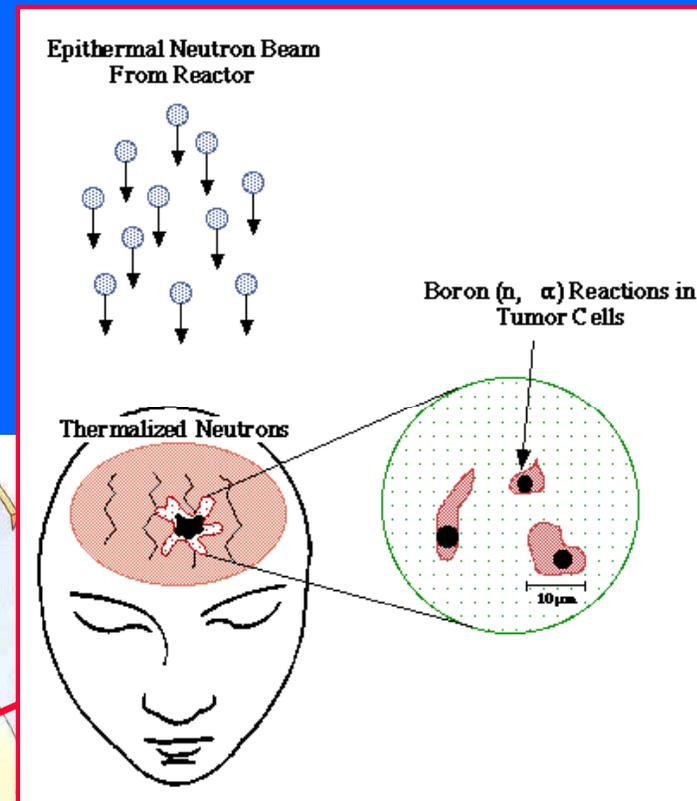
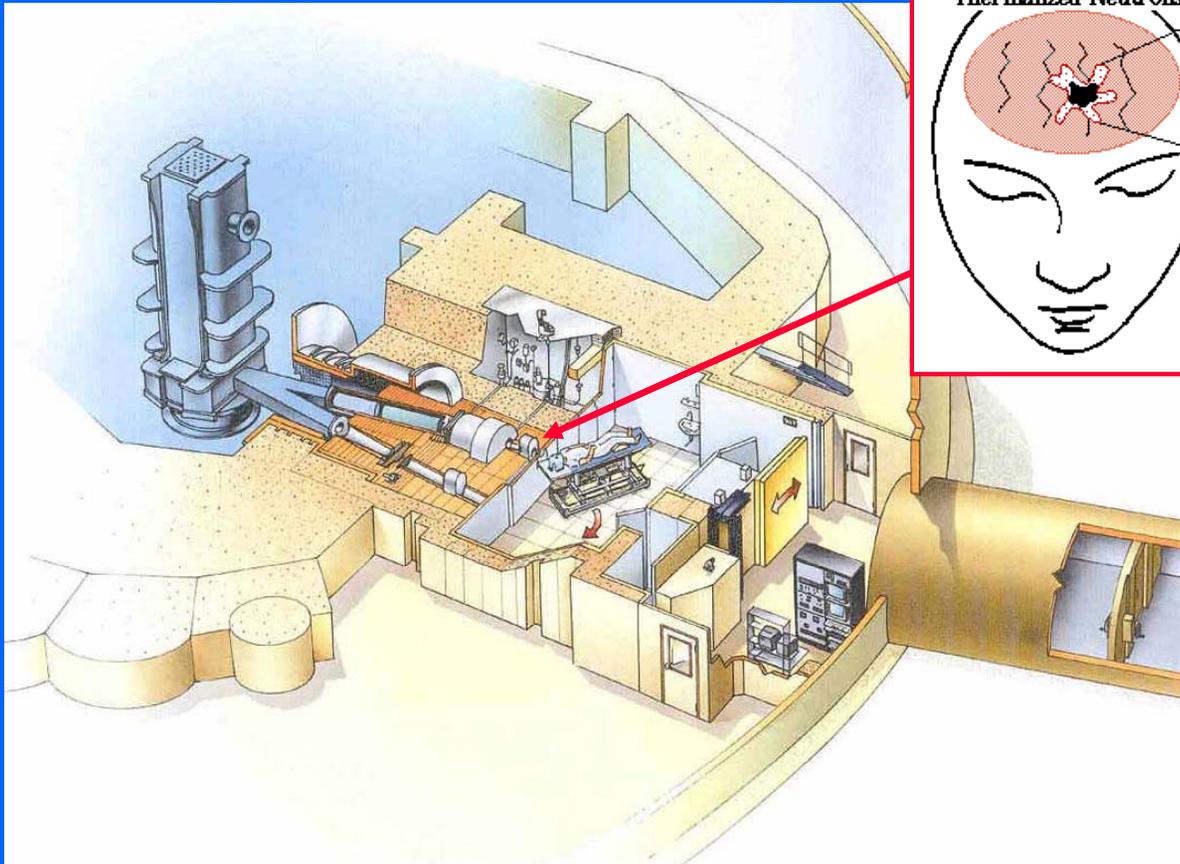
- Neutrons are neutral → no Bragg peak
- MeV neutrons are produced with cyclotrons (p + Be reaction)
- MeV neutrons produce nuclear interactions → high LET radiation
- Used for radio resistant tumours (ex. salivary glands, tongue, brain)
- About 9 centers in the world [ex. Orleans (France), Fermilab (USA)]

# Boron Neutron Capture Therapy (BNCT)



- Concept proposed in 1936 by G.L. Locher (only 4 years after the discovery of the neutron!)
- Bring into cancer cells a nuclide that captures neutrons and disintegrates into high LET fragments
- $^{10}\text{B}$  is used
  - Available (20% of natural B)
  - Fragments of high LET and path lengths approximately one cell diameter (about 12 microns)
  - Well known chemistry

- Nuclear reactors or accelerators are used as sources of epithermal neutrons
- Many centers in the world, mostly for clinical trials



**Limitation**  
Difficult to achieve selective localization in the tumour !

# The challenge of medical sciences

Three fundamental questions to detect and cure the disease:



Some examples :

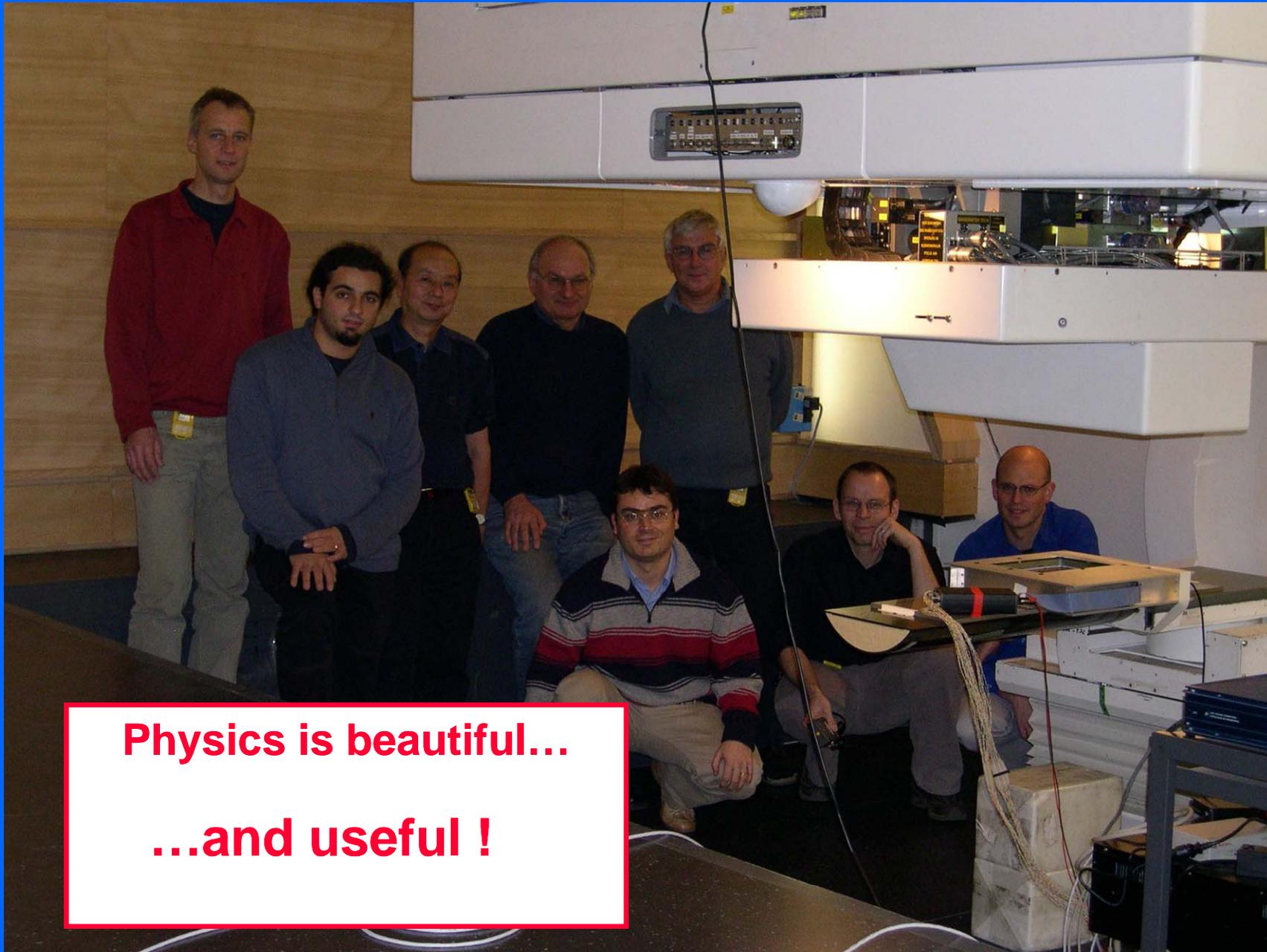
- Non-invasive screening (molecular markers, imaging, ...)
- High precision diagnostics (MRI, TC, PET, SPECT, ...)
- High precision non-invasive therapy (hadrontherapy, ...)

- **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!**

*Work is in progress...*



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