

ENLIGHT 2018

# Comparison of treatment plans with different light ions

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Summit Jalota, Marco Durante and Michael Kraemer



Trento Institute for  
Fundamental Physics  
and Applications

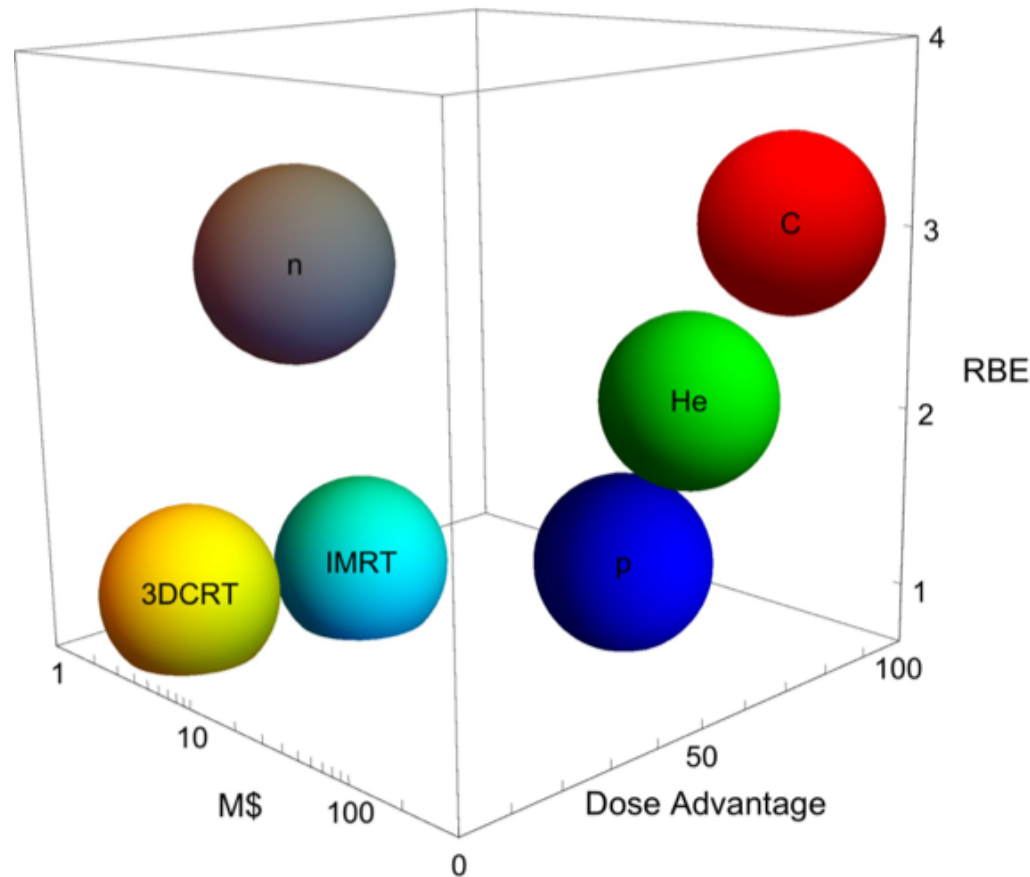


# Outline

- **Biological Treatment planning (Bio-TPS) for ion beams:**
  - **RBE-weighted dose optimization and beyond**
  - **Adaptive Bio-TPS including hypoxia**
- **Bio-TPS with different ions**
- **Nuclear physics data need and their impact**
- **Impact of biophysical models**
- **Bio-TPS with Multiple Ions**

# What's the best ion?

- What means the best?
- Most probably no unique choice
- The choice depend on morphological and biological features
- We need specific (Bio)-TPS studies

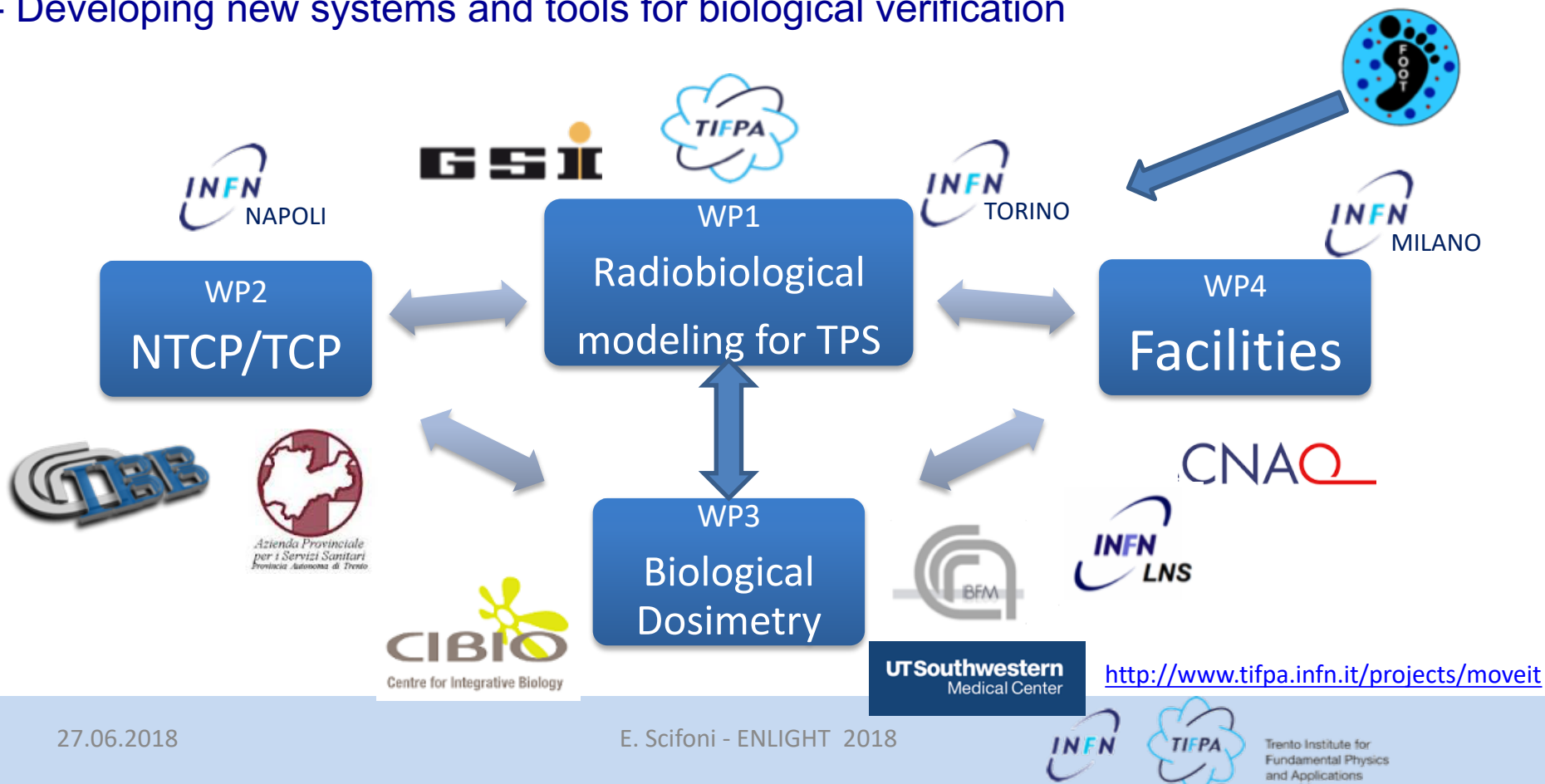


# Biological-based treatment planning

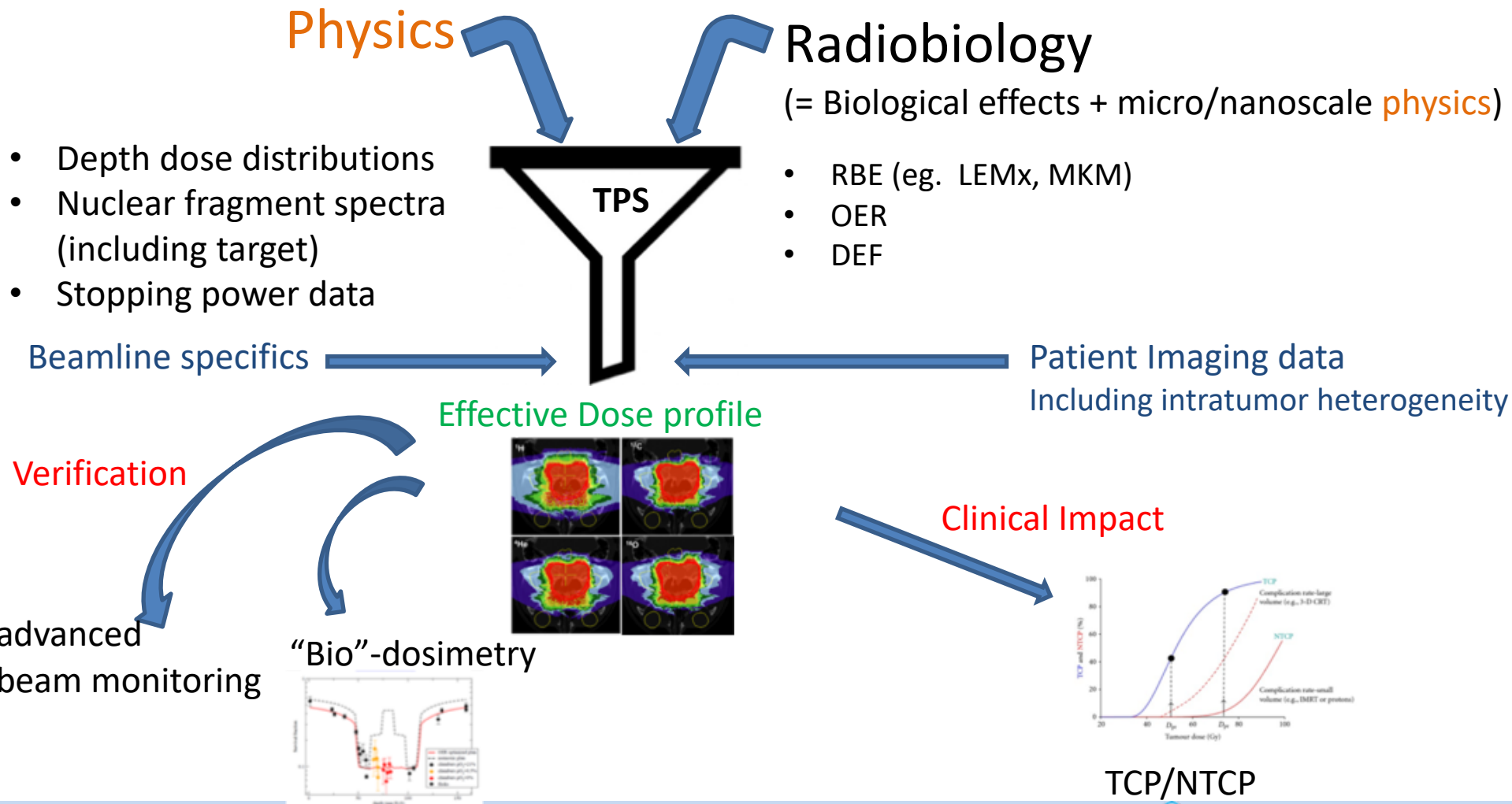
- Bio-TPS for ion beams aims to include as much as possible biological effect information in the planning strategy.
- Relevant for plan recalculation but ideally needed for **inverse** planning.
- Substantial e.g., for assessing differential benefits of different irradiation modalities and selecting the most suitable choice for a given patient case.
- **Additional physics data** needed, since the different components (E,Z) of the mixed field in a beam should be properly accounted in order to get a proper overall biological effect.

INFN Network - Call group V - funded 2017-2019- Coordinator: E. Scifoni

- Advancing biological treatment planning (e.g. impact of full nuclear spectra (including target fragments from FOOT) on RBE, hypoxia, intra-tumour heterogeneities)
- Developing new systems and tools for biological verification



# Advancing biological treatment planning: a graphical summary



# Advancing clinical prescription for Particle therapy

optimized quantity:

- Absorbed Dose



- Biologically effective Dose (RBE weighted)

# Optimization of the RBE-Weighted Dose

$$\chi_{\text{Bio}}^2(\vec{N}) = \sum_{i \in \text{target}} \frac{[D_{\text{pre}}^i - D_{\text{Bio}}^i(\vec{N})]^2}{\Delta D_{\text{pre}}^2} + \sum_{i \in \text{OAR}} \frac{[D_{\text{max}}^i - D_{\text{Bio}}^i(\vec{N})]^2}{\Delta D_{\text{max}}^2} \Theta(D_{\text{Bio}}^i(\vec{N}) - D_{\text{max}}^i)$$

RBE-weighted dose:

$$D_{\text{act}}^i(\vec{N}) = D_{\text{bio}}^i(\vec{N}) = D_{\text{abs}}^i(\vec{N}) \cdot \text{RBE}^i(\vec{N})$$

Biophysical model

Optimization Task

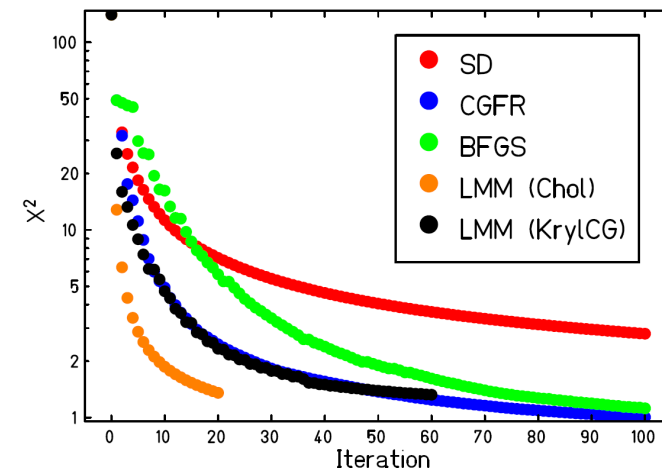
nonlinear RBE-weighted dose

$$\chi_{\text{Bio}}^2(\vec{N}) \rightarrow \min$$

-> solution only with numerical methods

**Algorithms for the optimization of RBE-weighted dose in particle therapy**

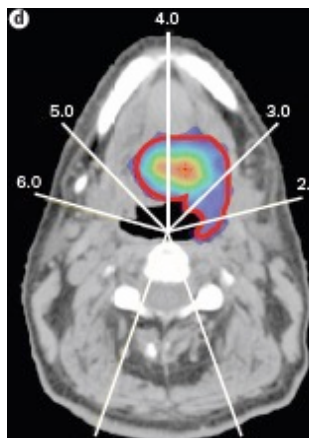
Horcicka et al. PMB 2013





# The kill painting basic idea

- Absorbed Dose
- ↓
- optimized quantity:
- **Biologically effective Dose (RBE weighted)**
- ↓
- **Biologically isoeffective Dose in the local microenvironment**

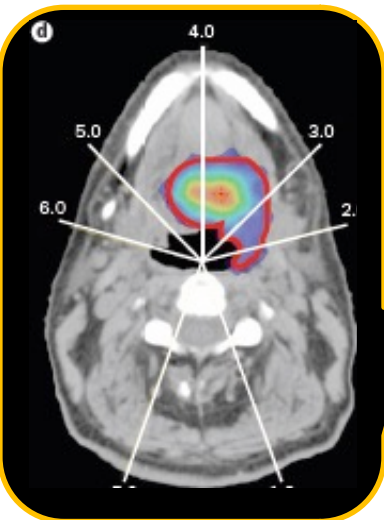


Intra-tumour  
Heterogeneity  
revealed by functional imaging  
e.g. CT/PET(FMISO)  
Horsman NRCO 211

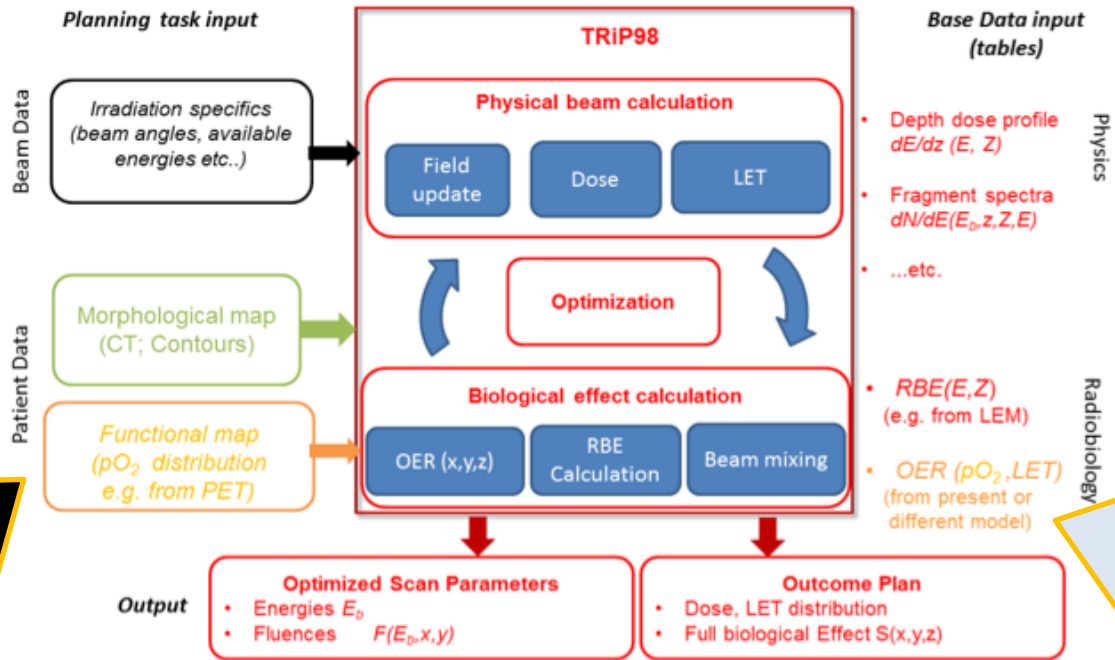
What is needed:

- ✓ Physical beam modeling
- ✓ RadioBiological modeling
- ✓ Implementation in TPS
- ✓ Experimental Verification

# Kill painting implementation in TPS

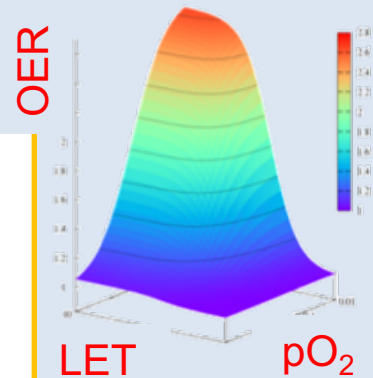


Horsman et al  
Nat. Rev. Clin. Oncol. (2012)

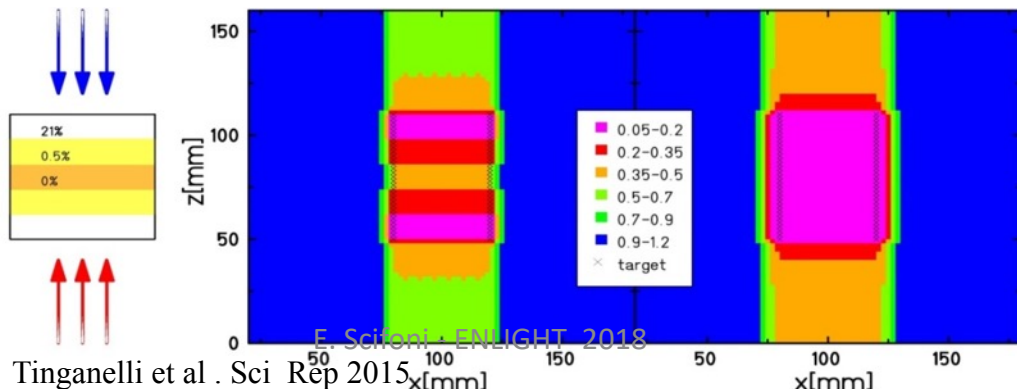


Semi-empirical model for OER ( $pO_2, LET$ )

Scifoni et al.  
Phys Med Biol 2013



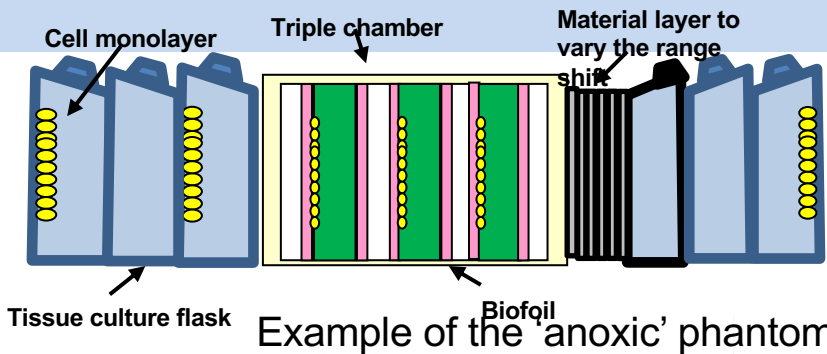
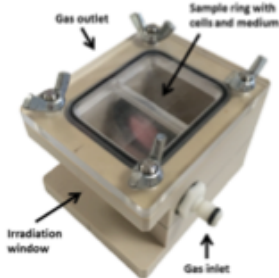
LET and dose distribution of the particle fields automatically adjusted from the optimization to the oxygen distribution



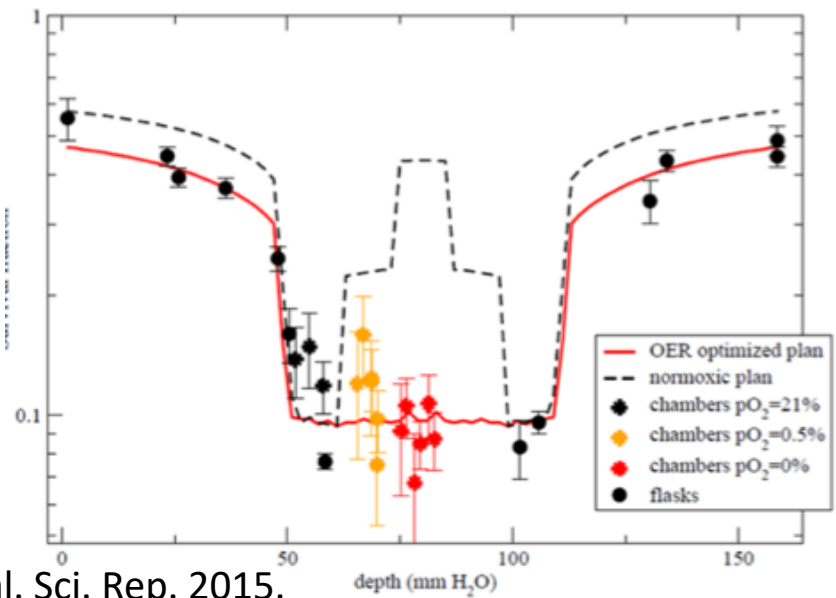
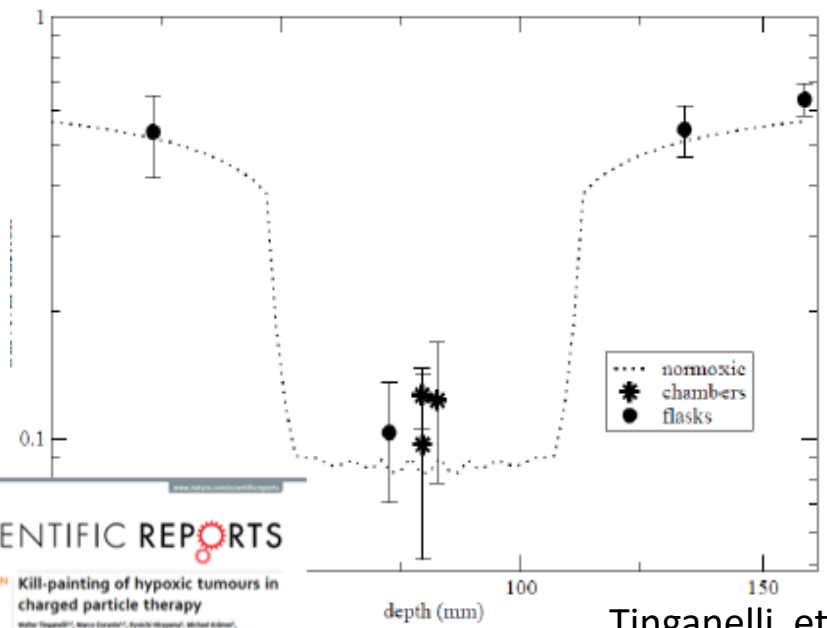
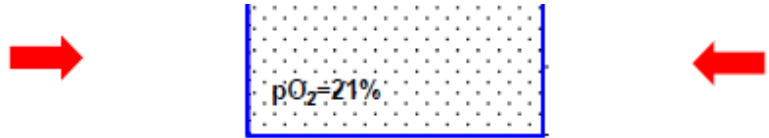
Tinganelli et al. Sci Rep 2015

# Experimental verification: Hypoxic cell chambers

2 Fields C ions@GSI



Example of the 'anoxic' phantom



Tinganelli et al. Sci. Rep. 2015.

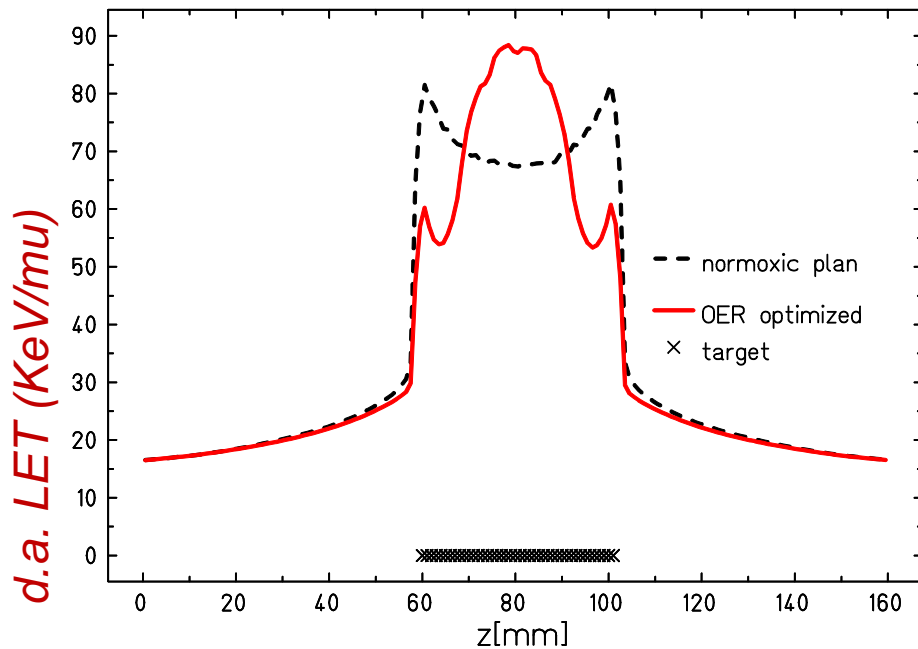
SCIENTIFIC REPORTS  
 OPEN Kill-painting of hypoxic tumours in charged particle therapy  
 Walter Toggiani<sup>1</sup>, Marco Scalfoni<sup>1\*</sup>, Aydin Mousavi<sup>1</sup>, Michael Köster<sup>1</sup>,  
 Andrea Motta<sup>1</sup>, Wilfried Kraft<sup>1</sup>, Volker Fritzsche<sup>1</sup>, Thomas Henkel<sup>1</sup> &  
 Hermann Kroll<sup>1</sup>

27.06.2018

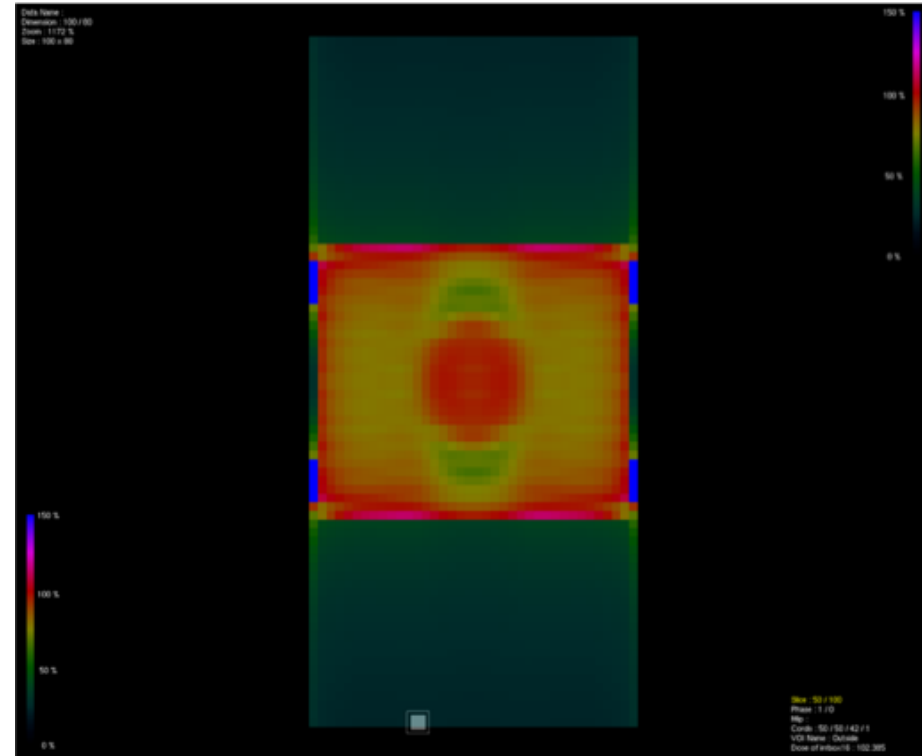
E. Scifoni - ENLIGHT 2018

# Proof of principle of 3D kill painting

## Automatic optimal LET distribution



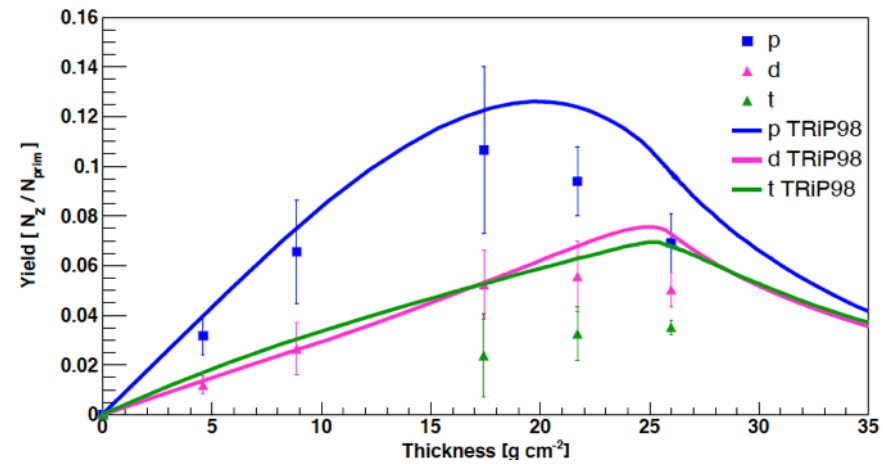
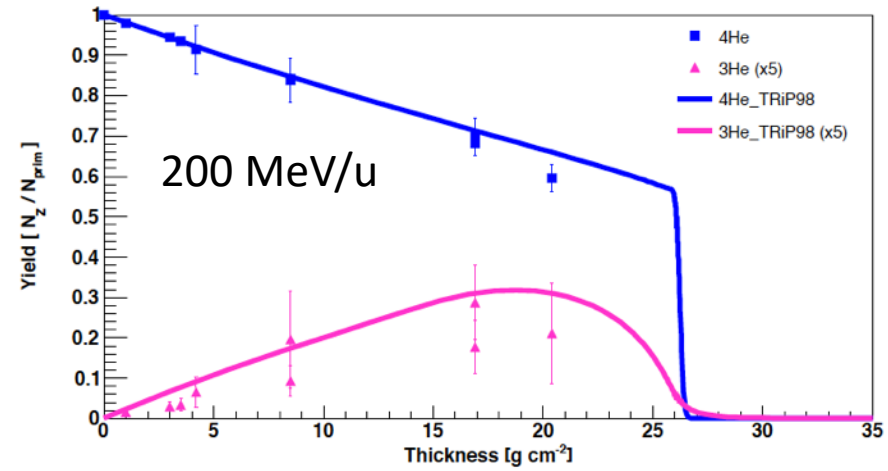
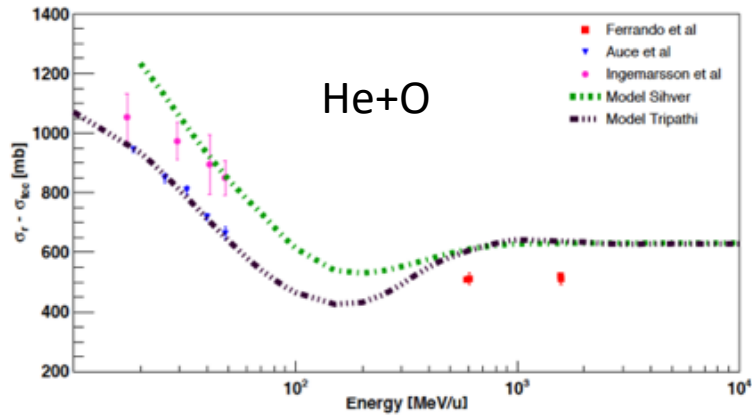
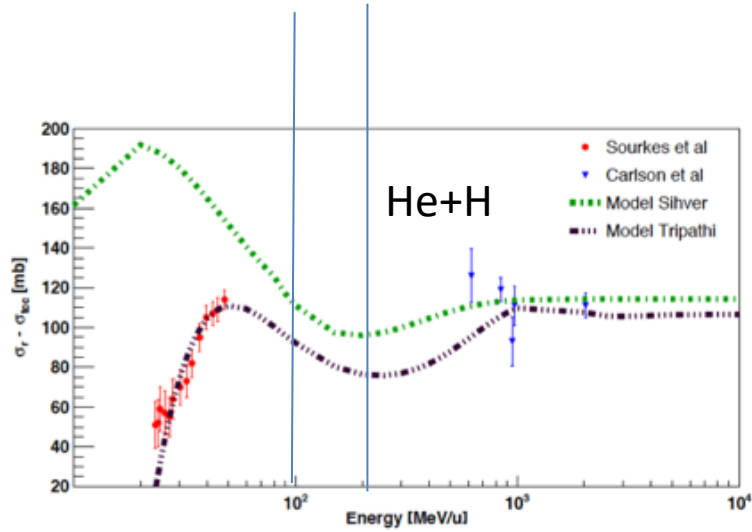
1D Kraemer et al. EPJD 2014



3D Sokol et al. in prep. for PMB

Similar to LET painting (*Bassler et al. 2014*) BUT no ramp applied, simple result of the optimization

# $^4\text{He}$ beam model



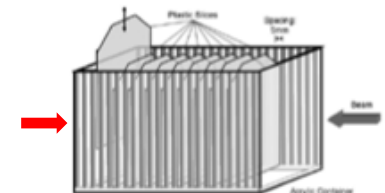
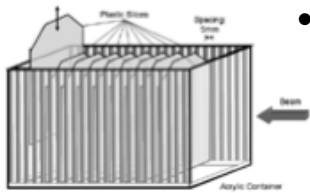
Kraemer et al. Med Phys 2016

Rovituso et al. PMB 2017

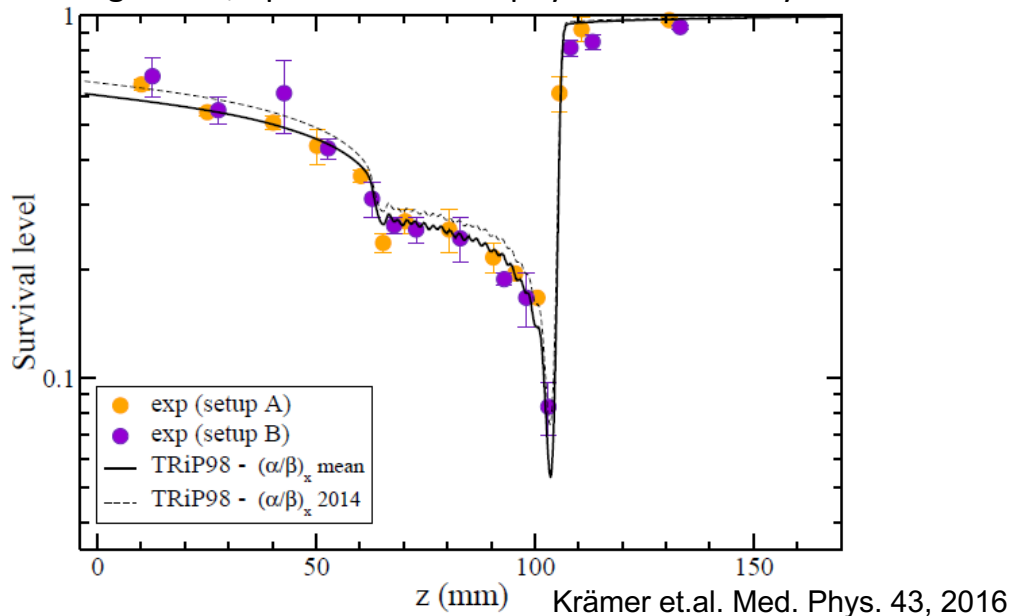
# $^4\text{He}$ biological verification

- New Beam model + LEMIV

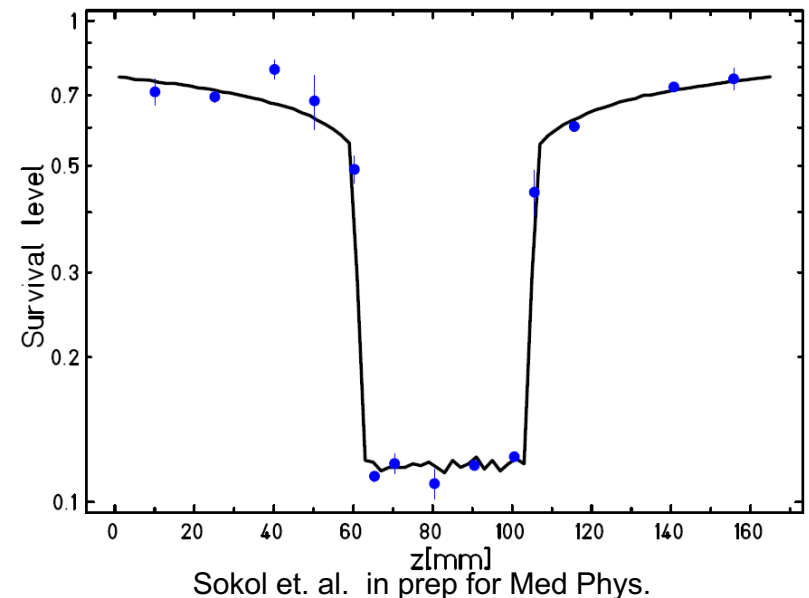
- CHO cells Survival on a He planned extended volume
- spatial resolution : 2.5 mm



- Single field, optimized on flat physical dose =4Gy

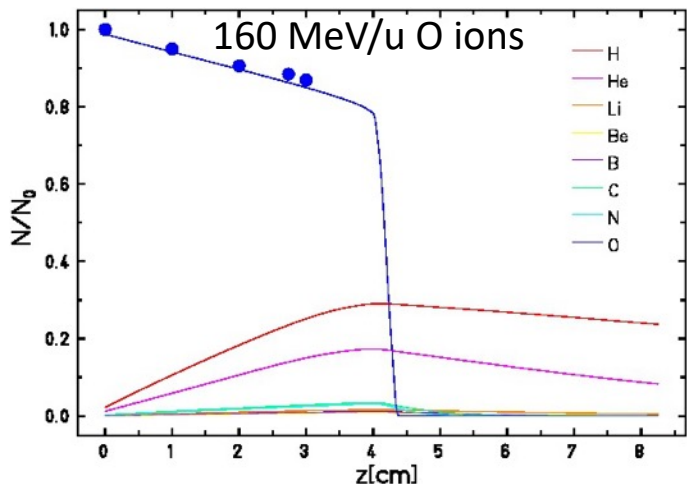


- 2 Fields bio-optimized (MFO) on uniform survival

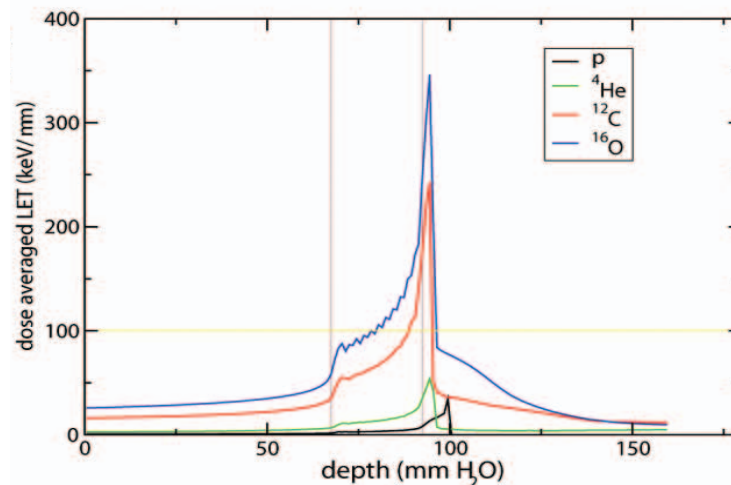
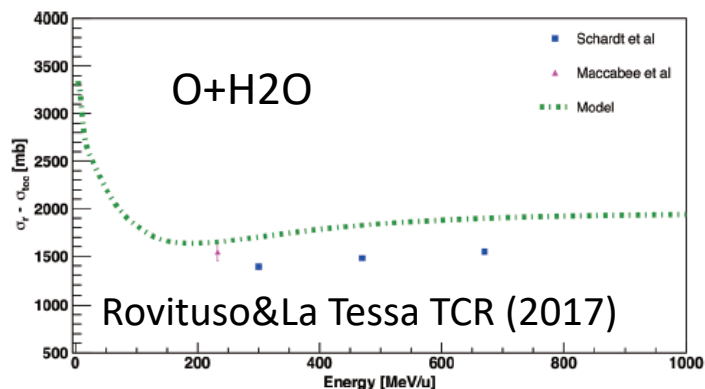


# $^{16}\text{O}$ beam fragmentation

- Large number of fragments
- Few solid data available
- High need of additional data especially for light fragments ( will be provided by FOOT exp)
- Relevant for hypoxic targets for broad high LET distribution

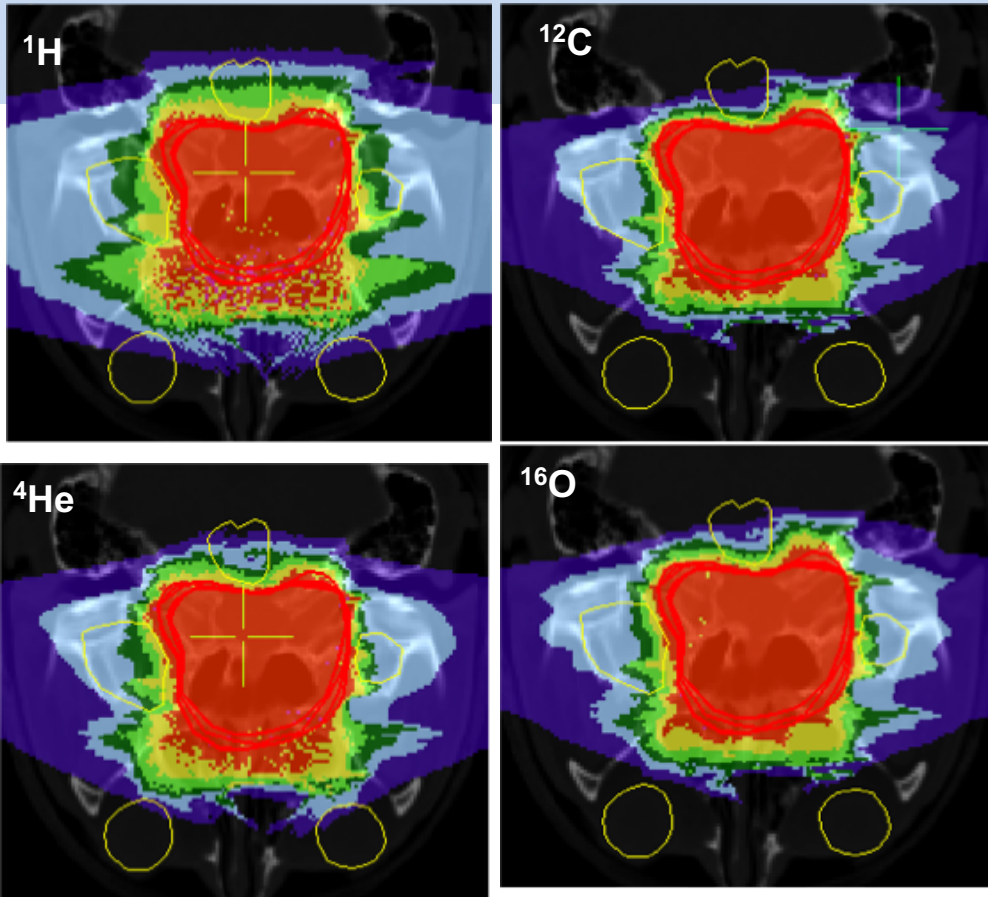


(TRiP98) Yield of secondary particles in water  
Exp attenuation C. La Tessa (@BNL)



Tommasino Scifoni Durante *Int J Part Ther* 2015

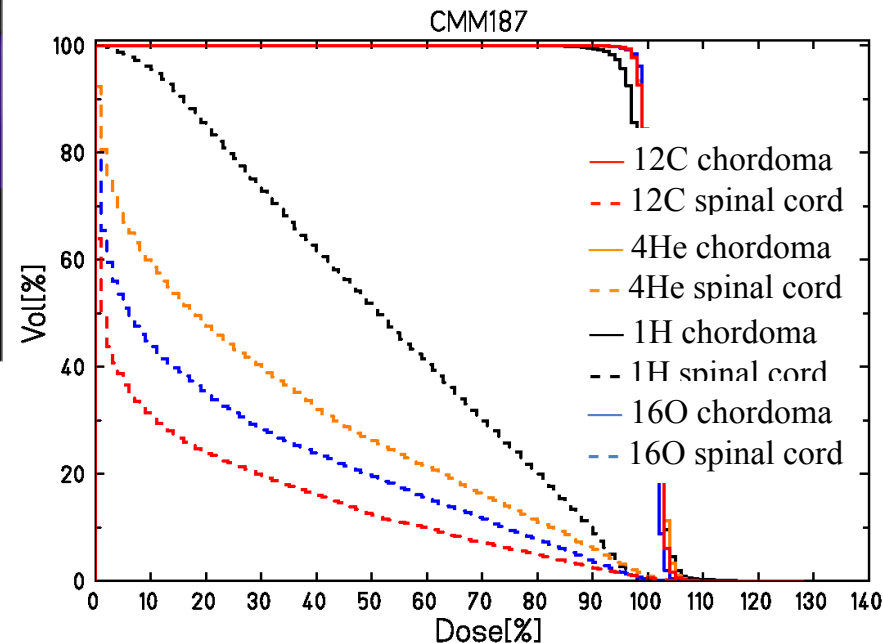
# Treatment plans comparison - a patient example



Two-dimensional dose distributions for GSI pilot project patient CT slice  
Plans for double-field irradiation of chordoma with  $^1\text{H}$ ,  $^4\text{He}$ ,  $^{12}\text{C}$

R. Grün et al, Med.Phys. 42, 1037 (2015)

Extended +  $^{16}\text{O}$  (Sokol et al. PTCOG 2017)

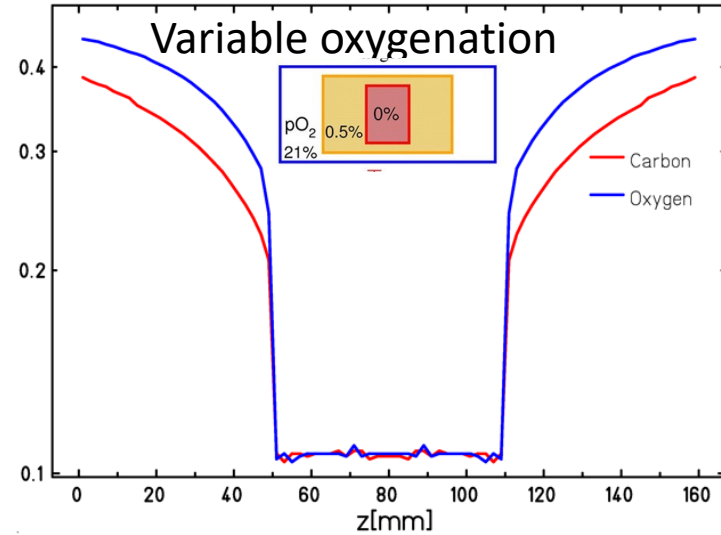
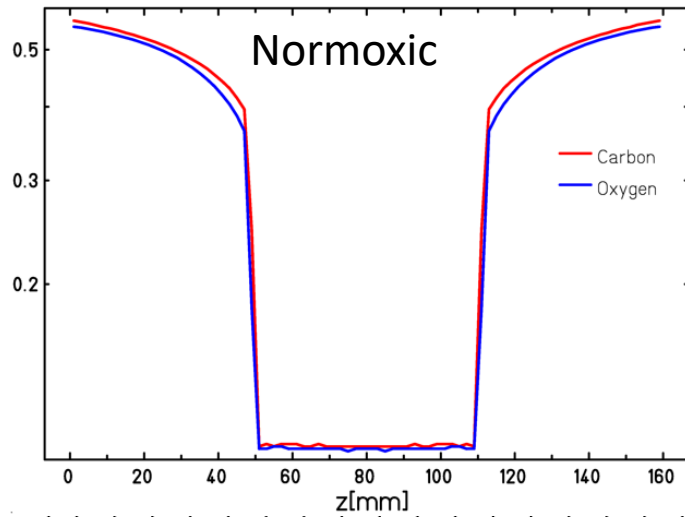


- RBE –weighted dose (LEMIV)  
Helium: a promising alternative for carbon and protons

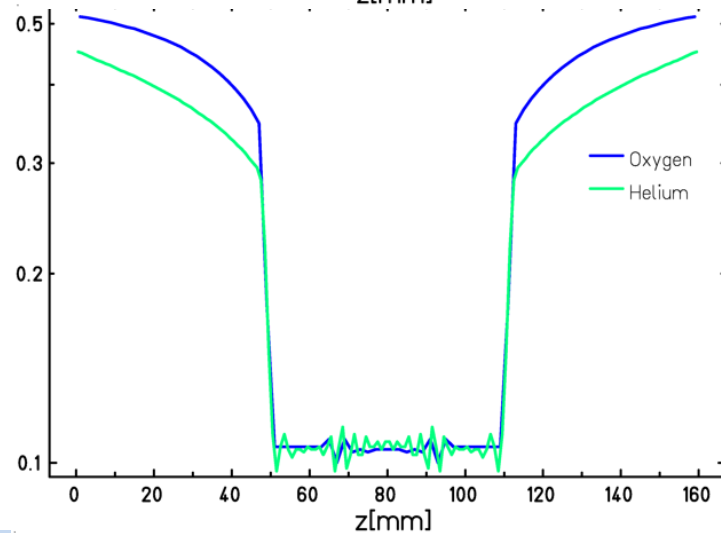
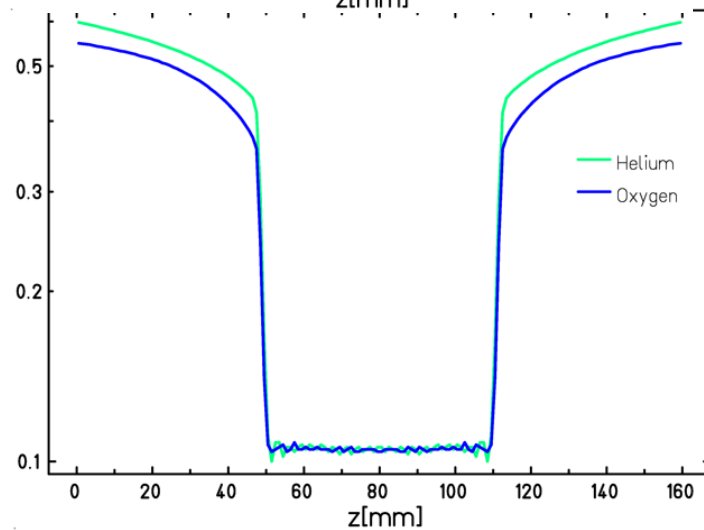


# Kill painting with O: Inverted peak-to-base ratios

O vs C



O vs He

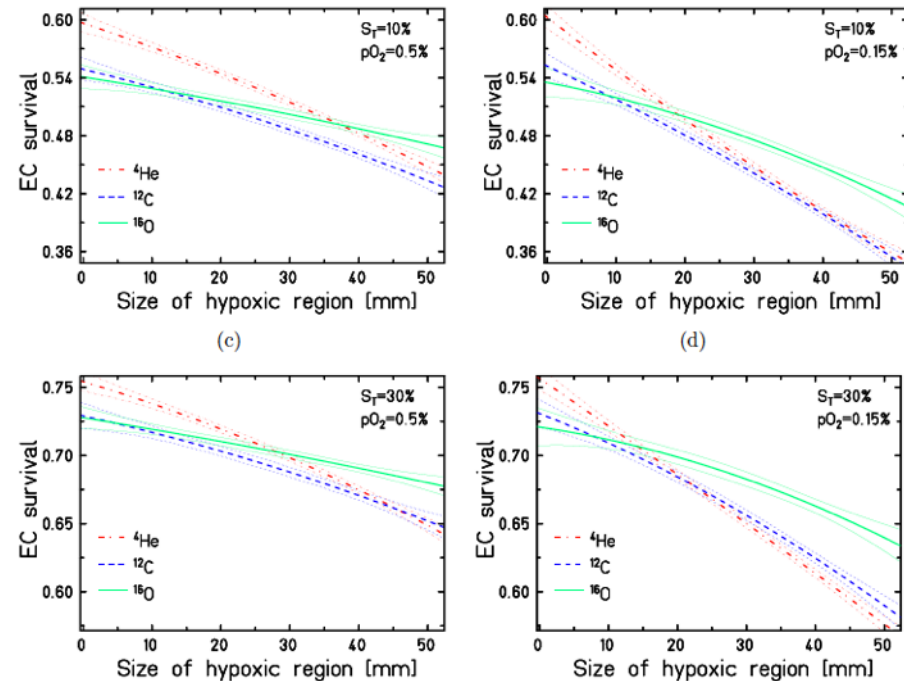


# $^{16}\text{O}$ beam bio-TPS in hypoxia

Oxygen beams for therapy: advanced biological treatment planning and experimental verification

O Sokol<sup>1</sup>, E Scifoni<sup>1,2</sup>, W Tinganelli<sup>1,2</sup>, W Kraft-Weyrather<sup>1</sup>, J Wiedemann<sup>1</sup>, A Maier<sup>1</sup>, D Boscolo<sup>1</sup>, T Friedrich<sup>1</sup>, S Brons<sup>3</sup>, M Durante<sup>1,2</sup> and M Krämer<sup>1</sup>

Phys Med Biol 2017



**LATEST NEWS ARTICLES**

- ▶ Migratory cells have a mechanical memory
- ▶ MRI could be 'game changer' for cardiac arrest survivors
- ▶ Synthetic hydrogels aim to repair intestinal injuries
- ▶ CESM boosts detection of malignant breast lesions
- ▶ From photo, to 3D model, through to wound healing

[More news articles ▶](#)

**RESEARCH**

Oct 11, 2017

**Where will oxygen ion therapy help the most?**

**As proton and carbon therapy become increasingly entrenched in the cancer treatment armoury, interest is also growing in the use of heavier ions, such as  $^{16}\text{O}$ , for therapy. Oxygen ions have a higher linear energy transfer (LET), which increases their relative biological effectiveness (RBE) and provides more effective tumour kill, particularly for hypoxic targets.**

**RELATED STORIES**

- ▶ Hadron minibeam: a less toxic treatment
- ▶ 'Kill-painting' tackles hypoxic tumours
- ▶ Introducing new ions into the clinic

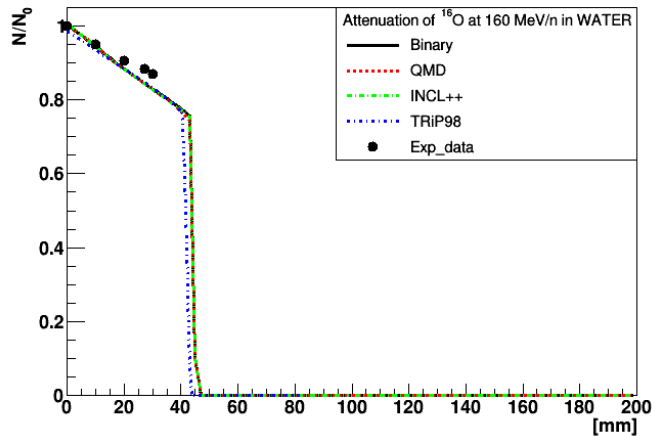
High-LET radiation, however, also increases RBE in surrounding tissue, while increased fragmentation can damage normal tissue surrounding the target. To investigate these trade-offs, researchers from the GSI Helmholtz Centre for Heavy Ion Research and the Trento Institute for Fundamental Physics and Application have performed experimental verification of biologically optimized treatment plans, and determined the range of plans where  $^{16}\text{O}$  ions could provide benefit over lighter particle beams (*Phys. Med. Biol.* **62** 7798).

- Differential advantage of Oxygen beams with respect to other ions is a
- Trade-off between better **LET distribution** and worse **Fragmentation** in entrance and tail. Thus fragmentation description is crucial

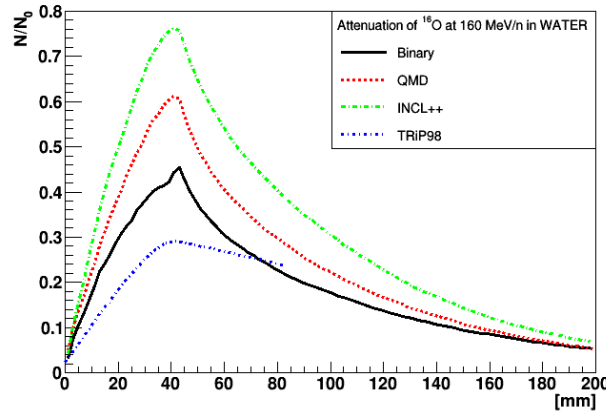
# $^{16}\text{O}$ beam fragmentation sensitivity

1st step: Physics test GEANT4 + 3 Nucl Models (Summit Jalota)

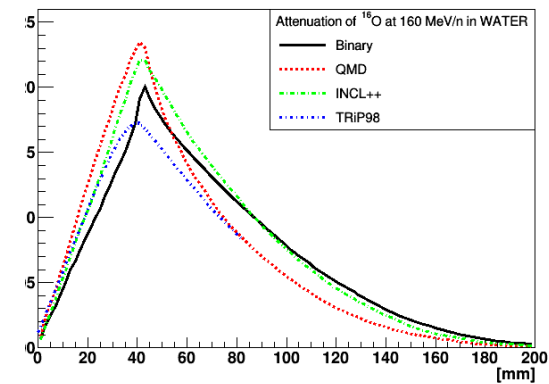
Attenuation of beam  $^{16}\text{O}$



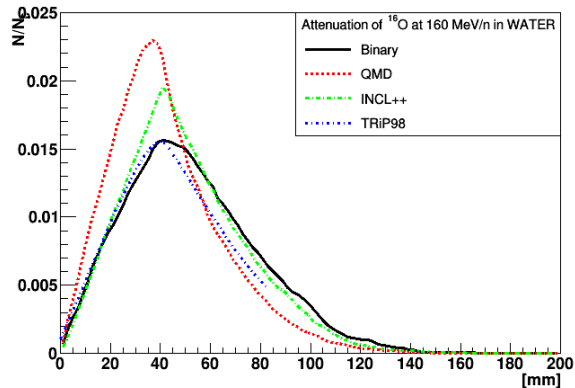
Attenuation of fragments  $Z = 1$



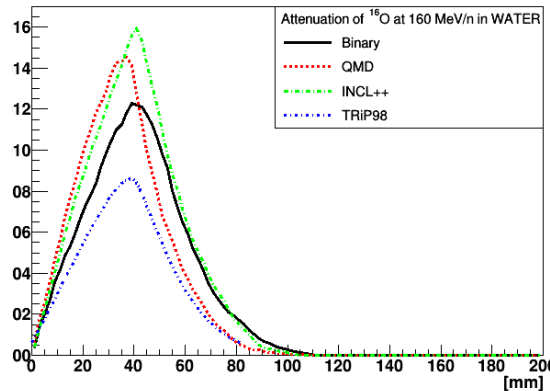
Attenuation of fragments  $Z = 2$



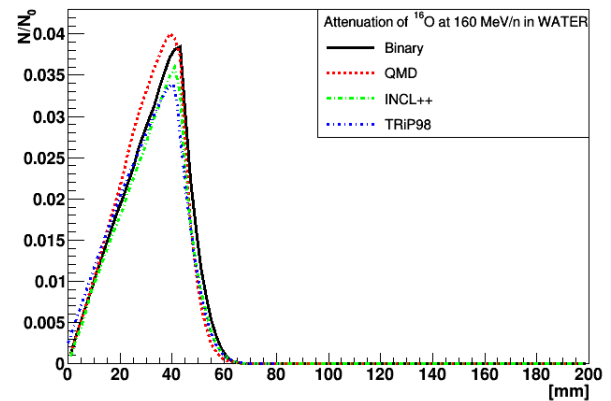
Attenuation of fragments  $Z = 3$



Attenuation of fragments  $Z = 4$

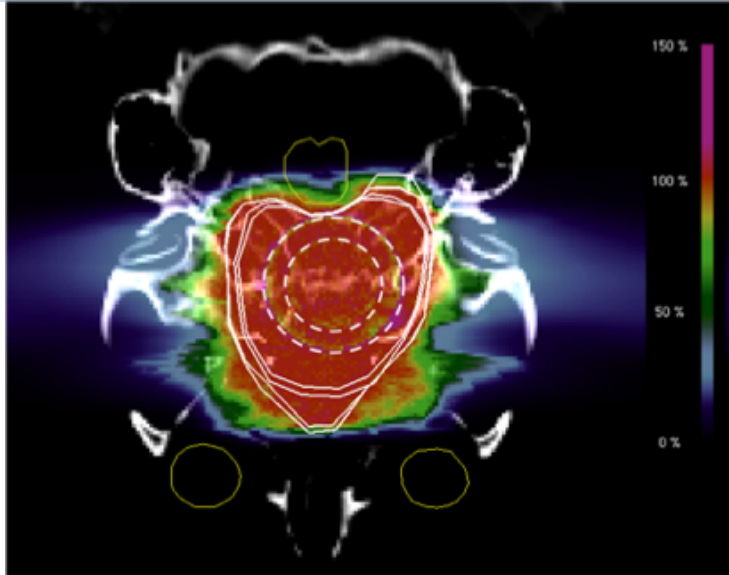


Attenuation of fragments  $Z = 6$



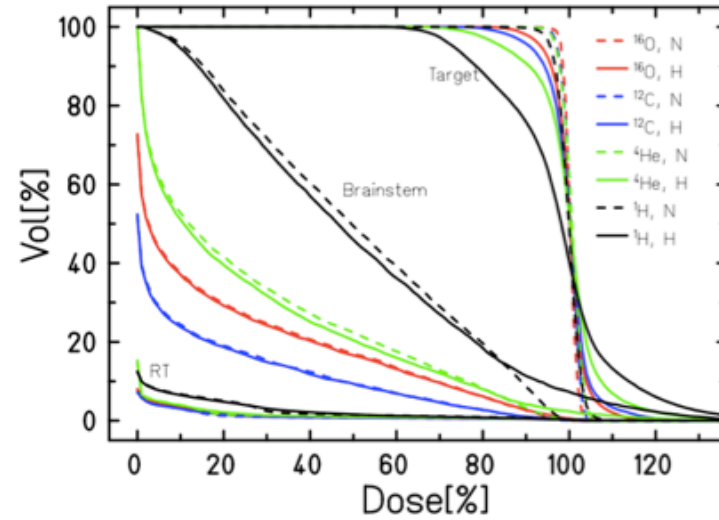
Most spread as expectable in protons production (small effect in LETd and then in OER)

# Patient case

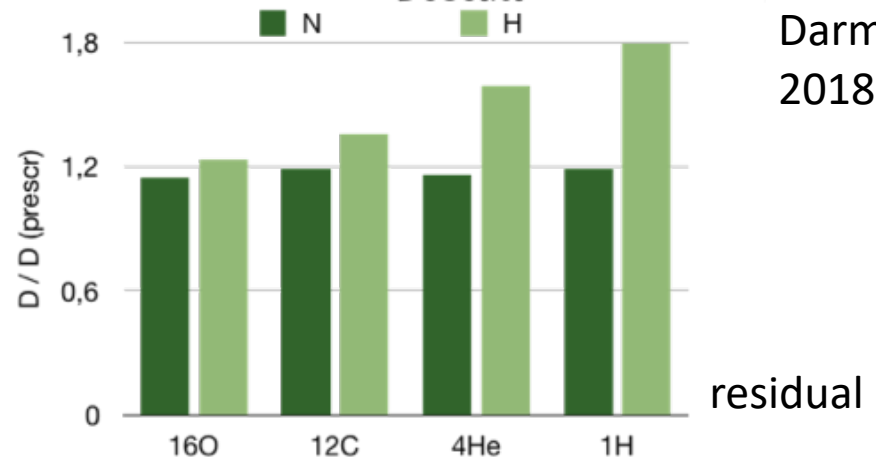
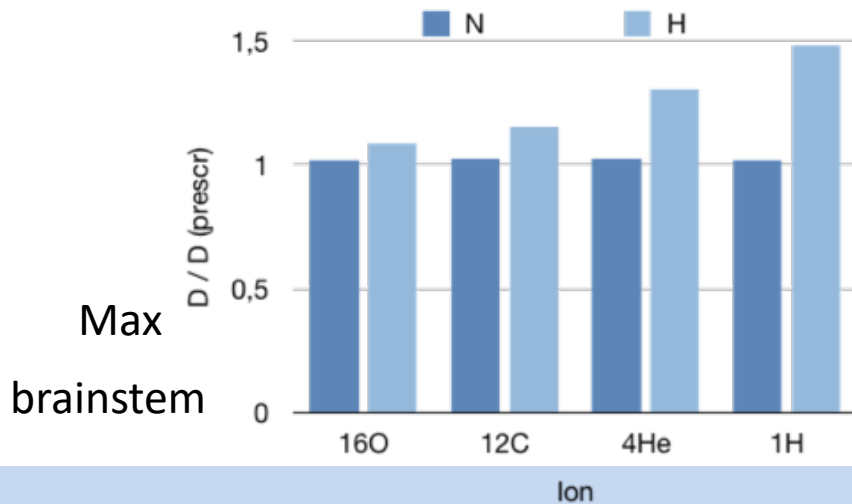


Chordoma from GSI pilot project patient pool

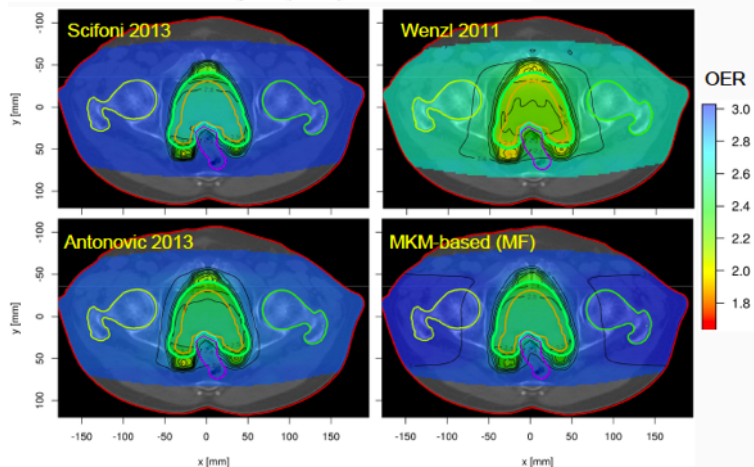
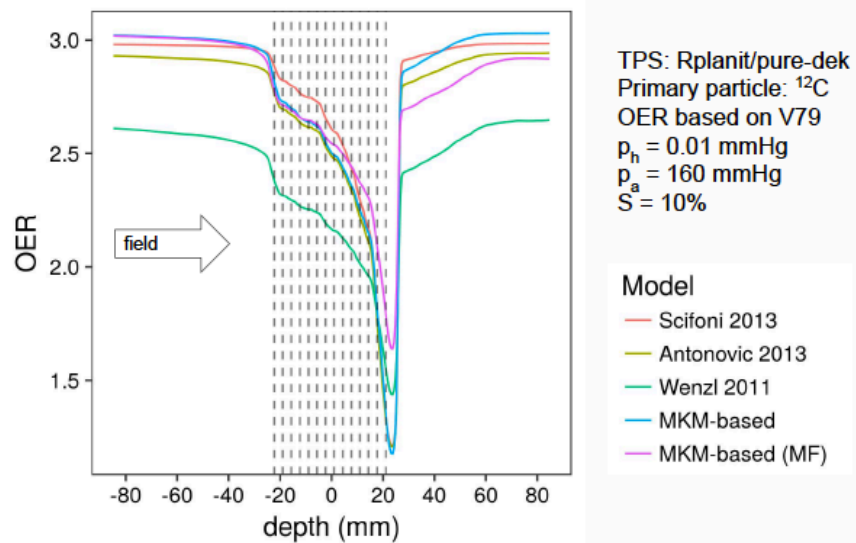
CMM187



O. Sokol  
PhD Thesis  
TUD  
Darmstadt  
2018



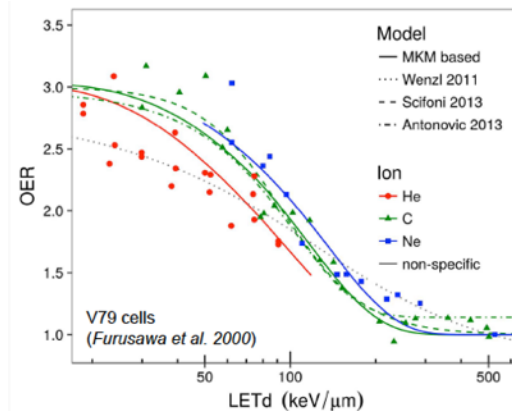
# OER Modeling with modified MKM



- New mechanistic model based on MKM, explicitly accounting for particle dependence and dose fraction

*Strigari, Attili et al. PMB 2017*

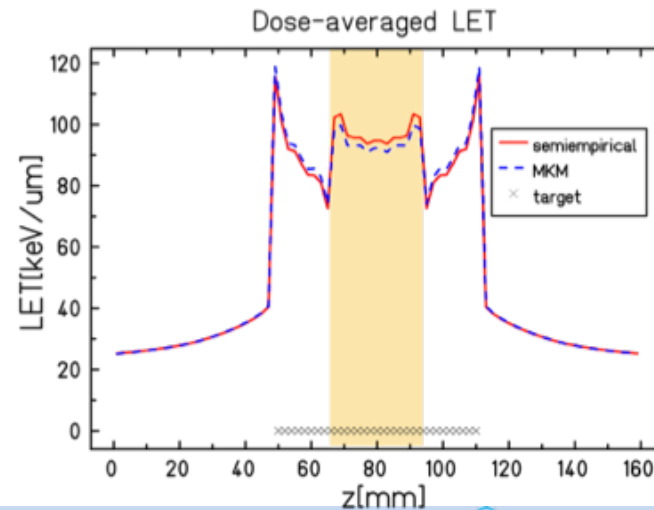
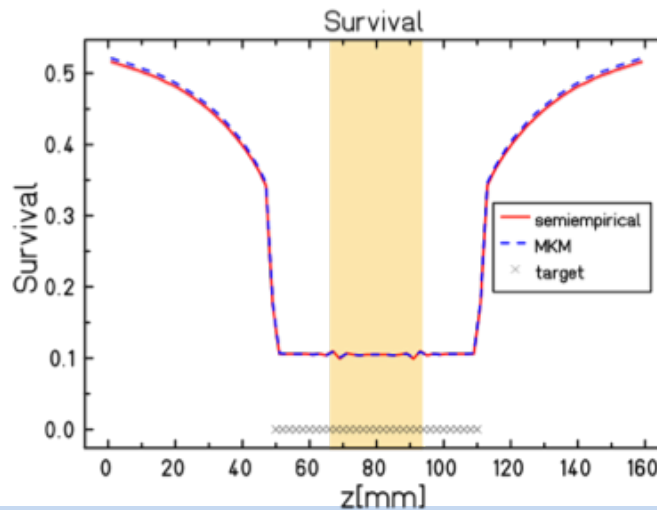
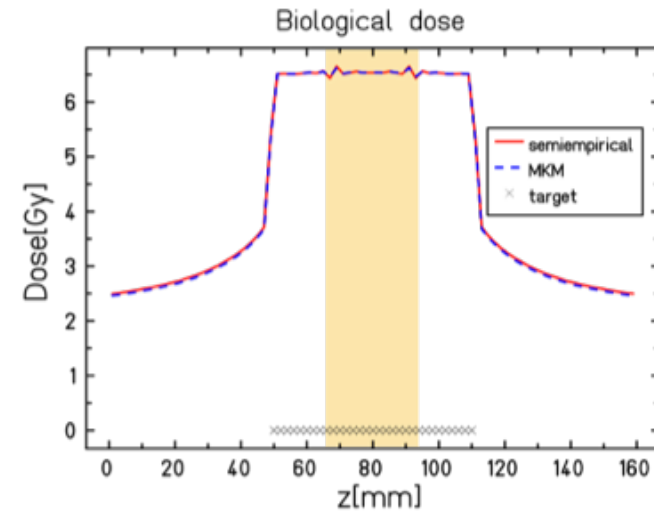
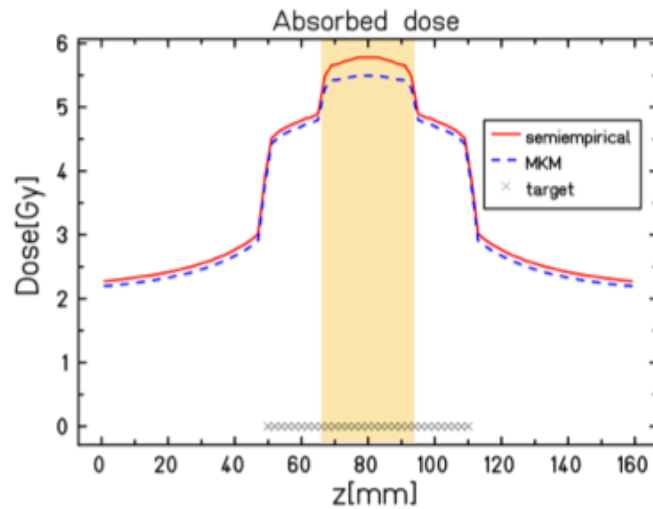
*See also Bopp, Inaniwa et al. PMB 2016*



Impact of different OER models on a prostate tumor

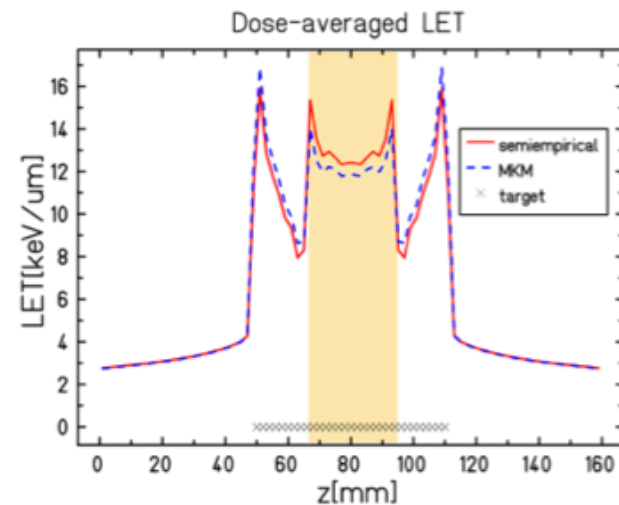
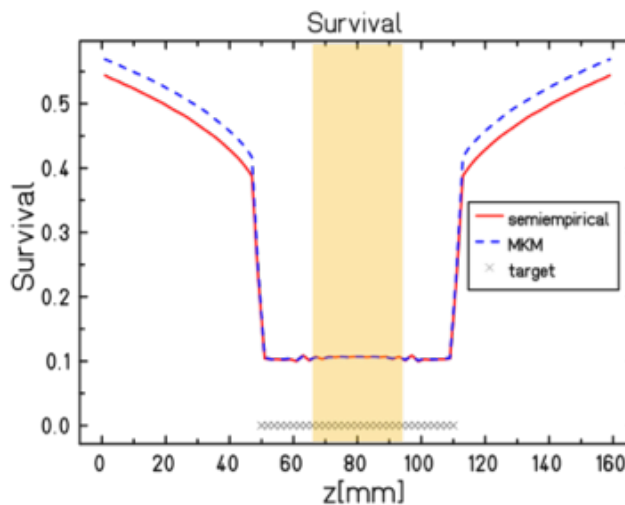
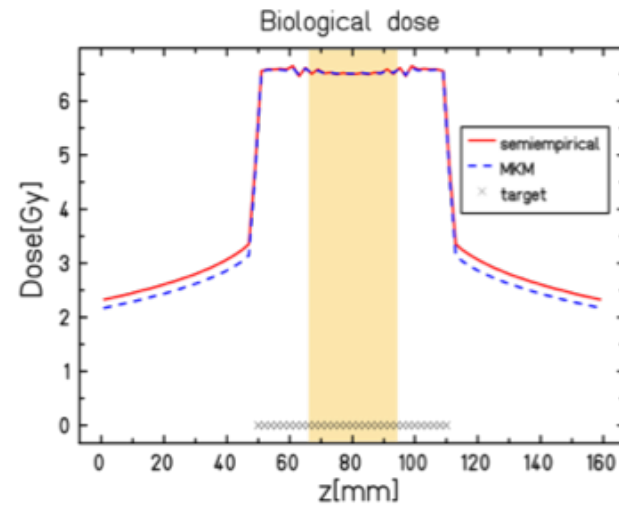
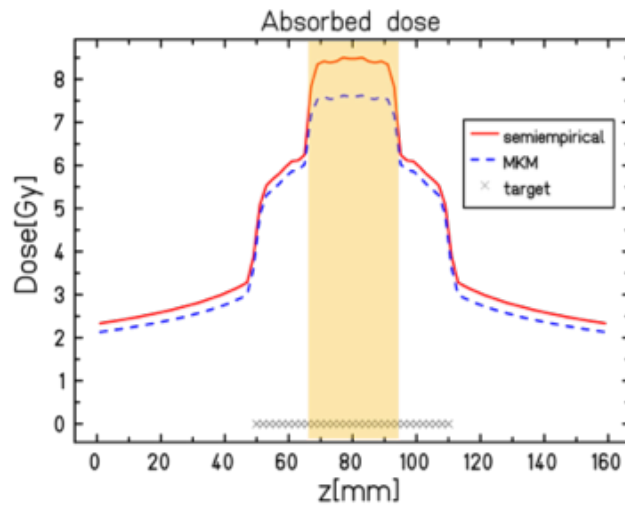
# Impact of biophysical models (Z dependence)

160, 0.5%



# Impact of biophysical models (Z dependence)

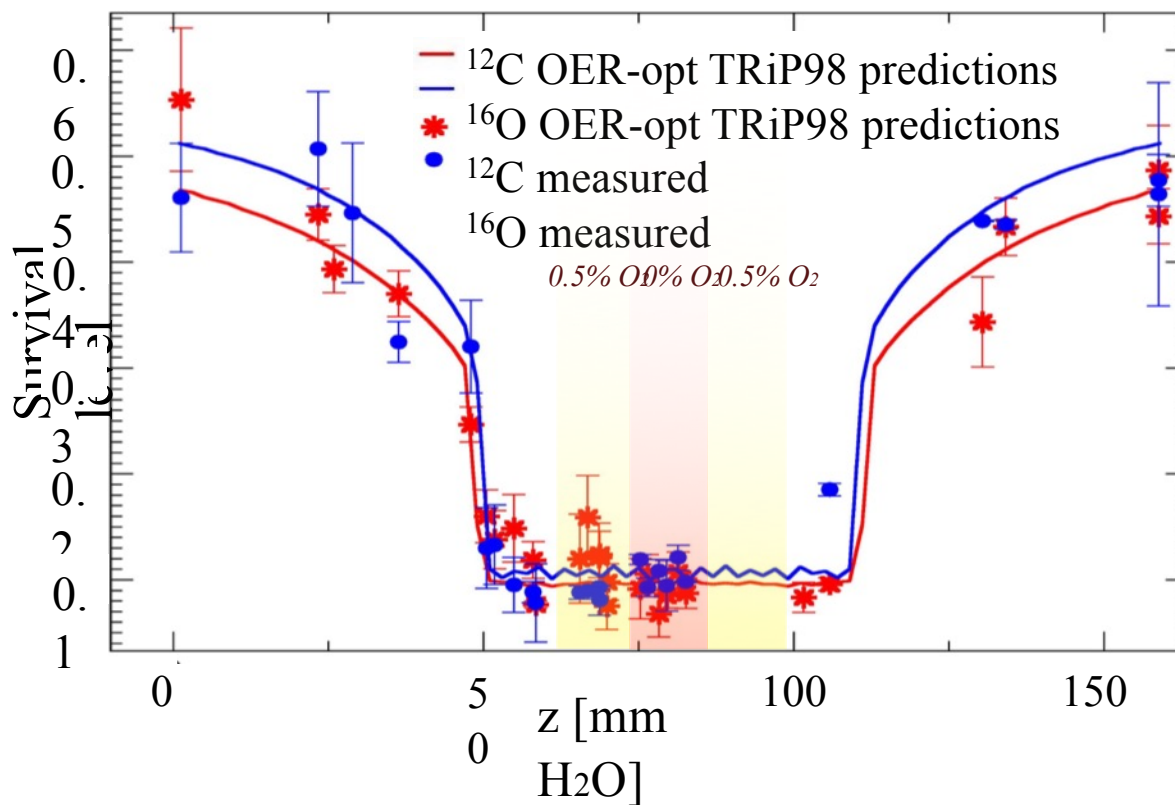
4He, 0.5%



# O vs C experimental verification

Carbon data: Tinganelli et al, Sci Rep 5, 17016 (2015)

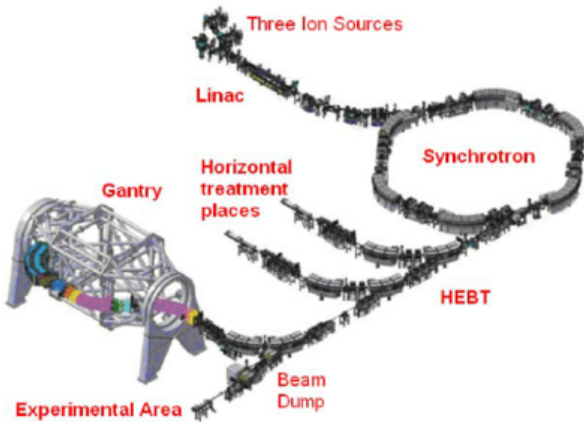
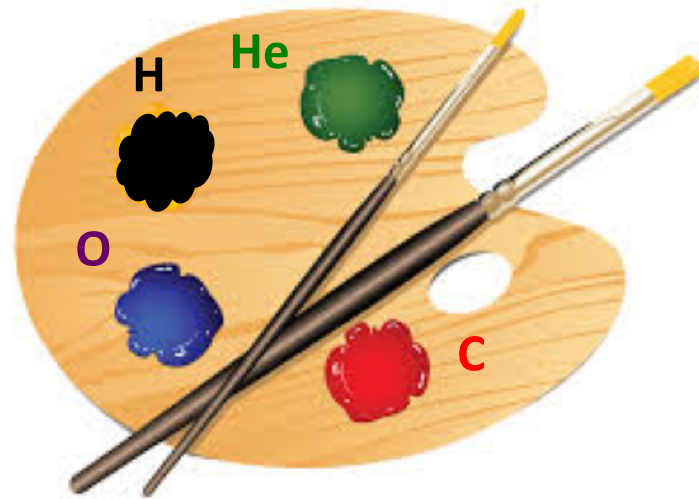
Sokol et al. PMB 2017



Oxygen in same cases can be really better than carbon, what's next?



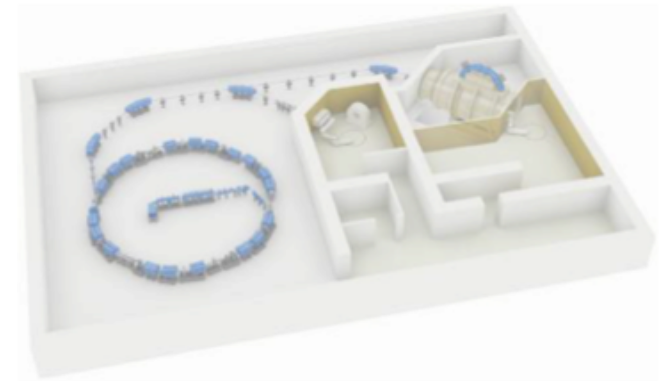
# Can we do better?



# Multiple ion therapy

*T. Furukawa (ISIT 2017, Dallas):*

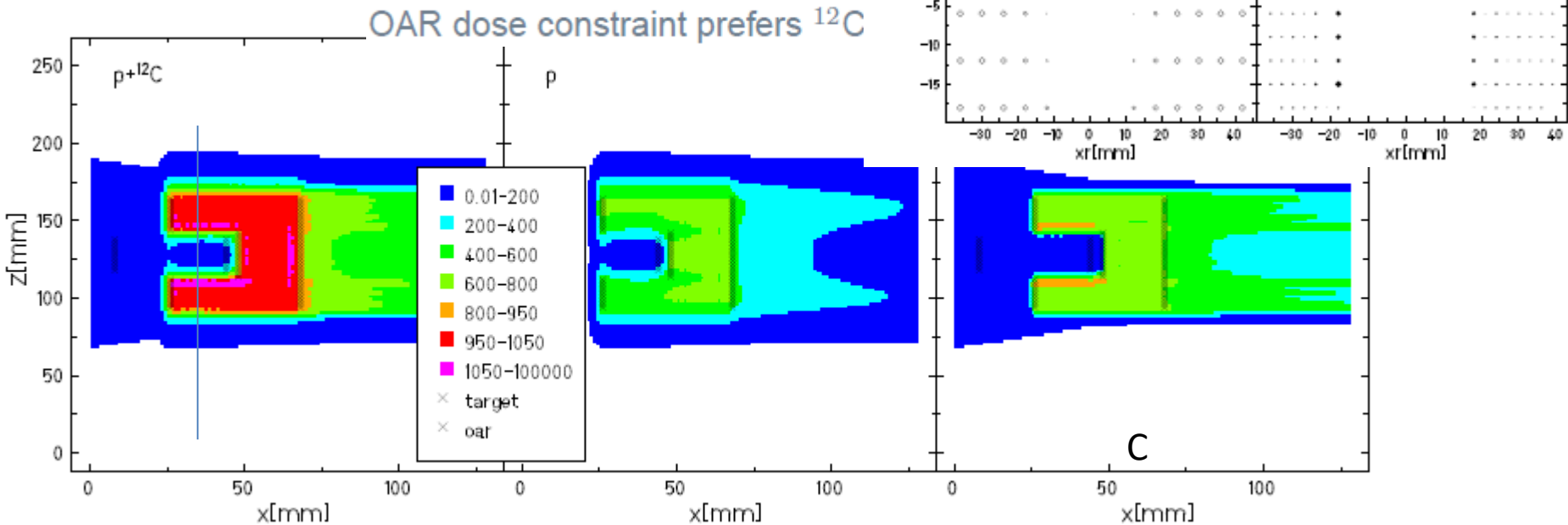
- Multi-ion capability is a must for new Toshiba systems in Japan
- Fast switching (less than 1 min)
- Development of pulse-by-pulse ( $\sim 5$  s) is planned
- Similar possibility available at HIT



# Multi-ion treatment planning

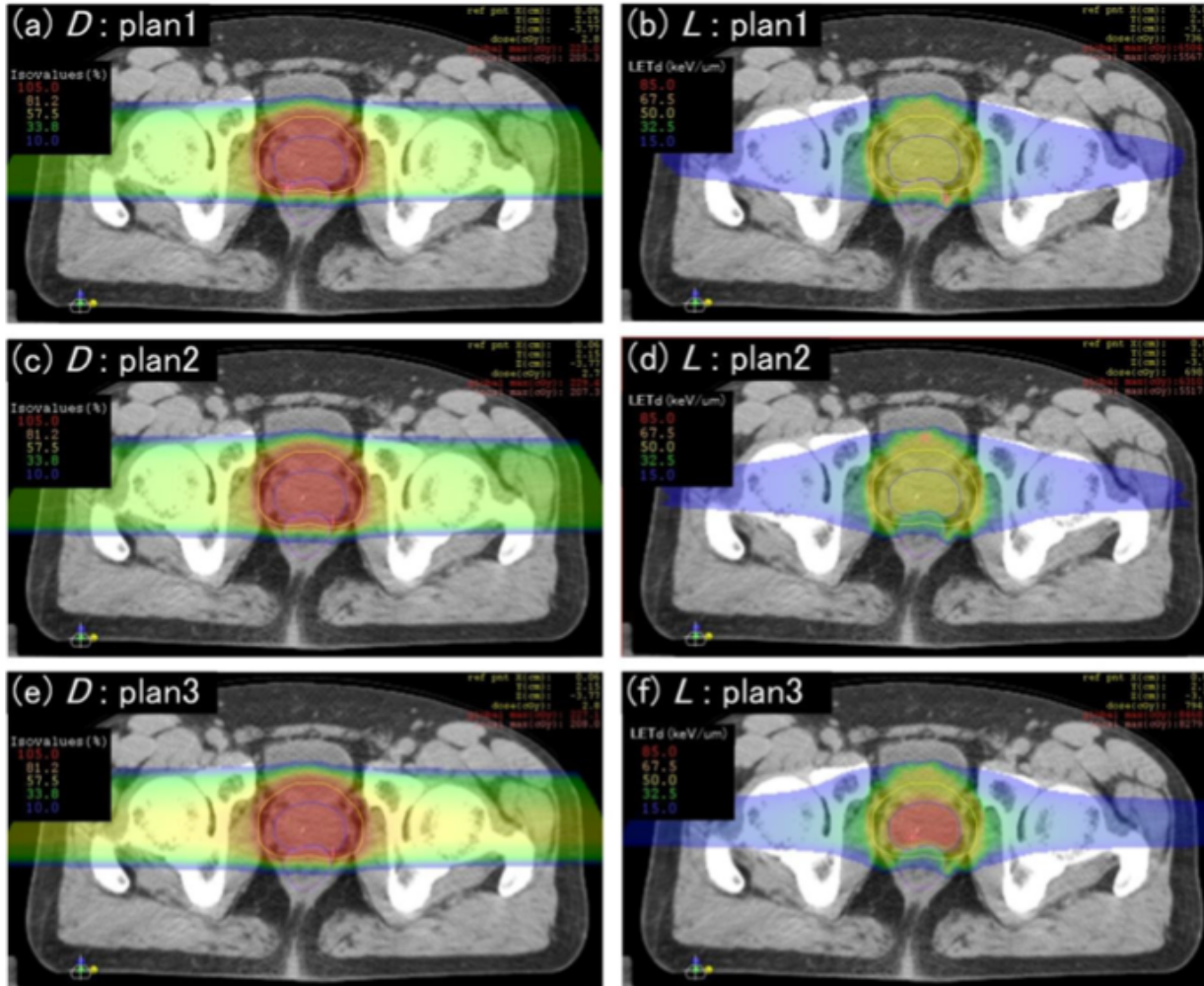
- TRiP version for a biologically optimised multi-ion treatment plan
- TPS enhanced to handle more than one ion beam modalities at once (including full spectra etc.)

e.g. p+<sup>12</sup>C



Krämer, Scifoni, Schmitz, Sokol, Durante, *EPJD* 68 (2014)

# Multi-ion treatment planning



The Japanese version

IMPACT: Intensity  
Modulated Composite  
Particle therapy

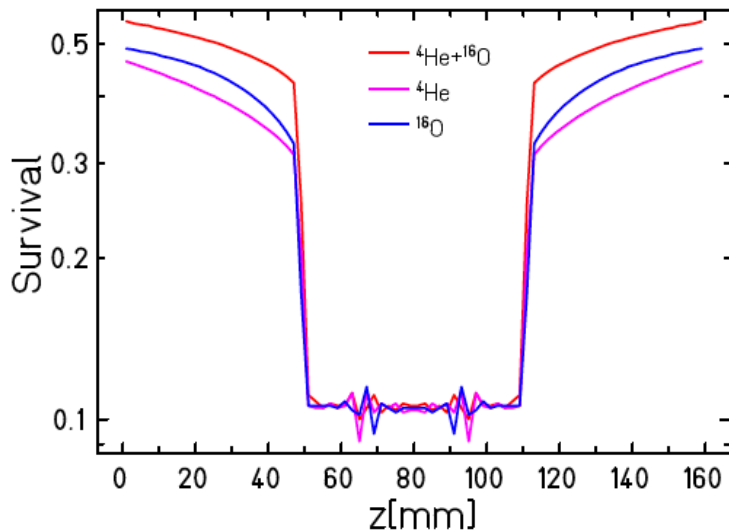
*Inaniwa et al. PMB 2017*

# Multi-ion + kill painting

=TRiP98-MIBO: Multi Ion full Biological Optimization

See Poster: [Kill-painting of hypoxic tumors with multiple ion beams](#)

O. Sokol<sup>1</sup>, E.Scifoni<sup>2</sup>, S. Hild<sup>2,3</sup>, M. Durante<sup>2</sup> and M. Krämer<sup>1</sup>

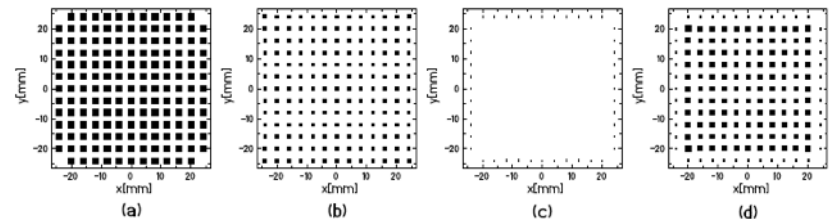
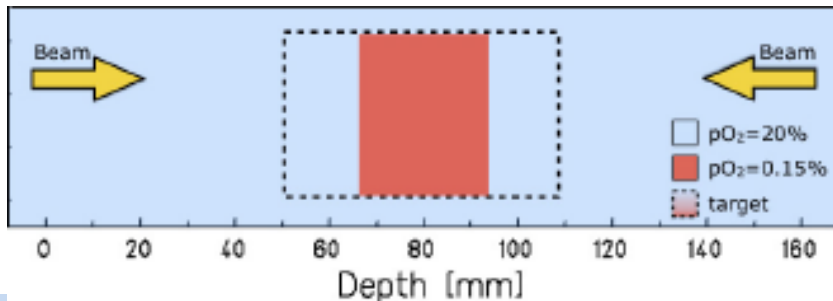


Survival distributions for single-ion double-field optimizations ( $^4\text{He} + ^4\text{He}$  and  $^{16}\text{O} + ^{16}\text{O}$ ), and multiion quadruple-field optimization ( $^{16}\text{O} + ^{16}\text{O} + ^4\text{He} + ^4\text{He}$ ).

$p\text{O}_2 = 20\%$ :  $z < 6.6$  &  $z > 9.4$

$p\text{O}_2 = 0.5\%$ :  $6.6 < z < 9.4$

Depth (mm)	EC survival, %		
	O	He	O+He
5	48.4	45.4	54.3
45	34.3	32.3	43.5



He normoxic

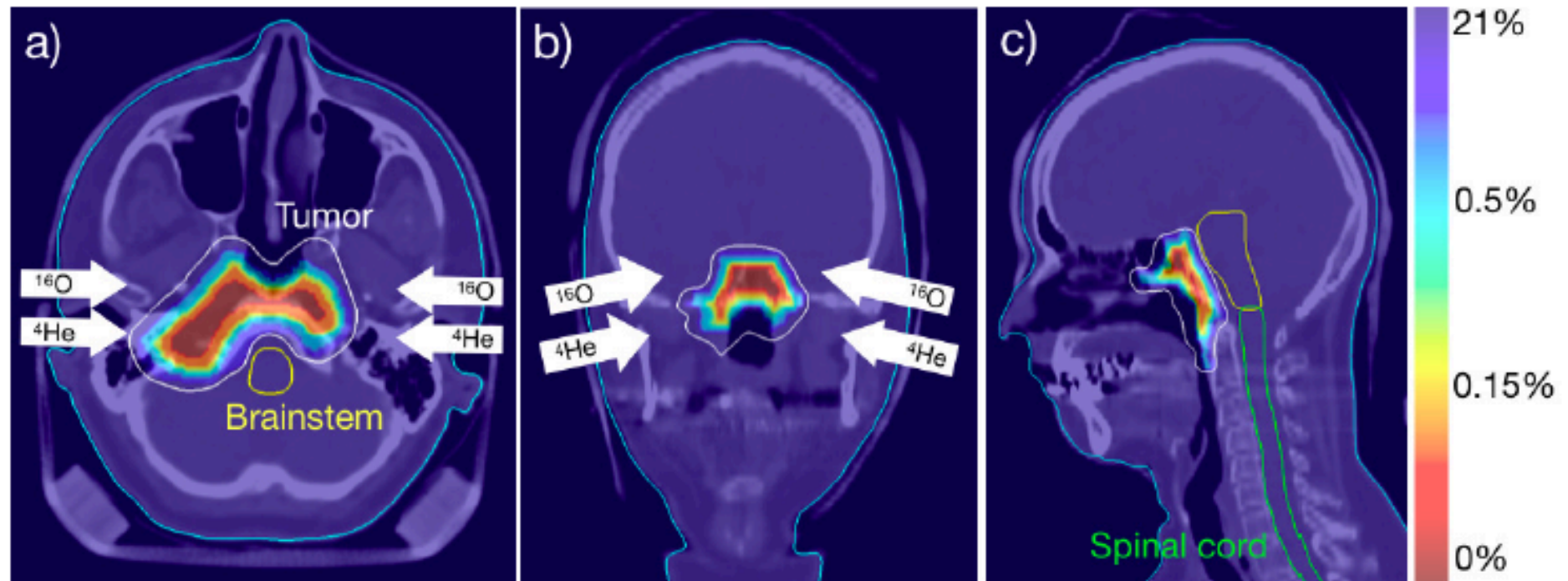
hypoxic

O Normoxic

Hypoxic

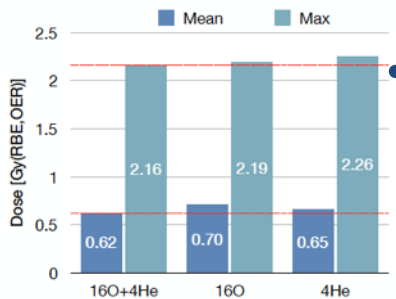
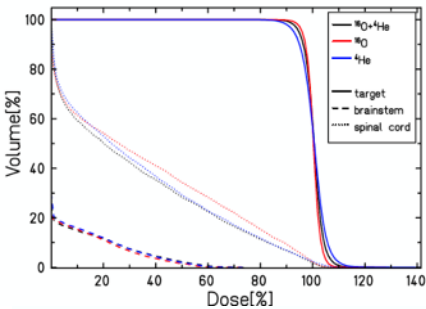
# Kill Painting with Multi-ions

Generated pO<sub>2</sub> smooth distribution



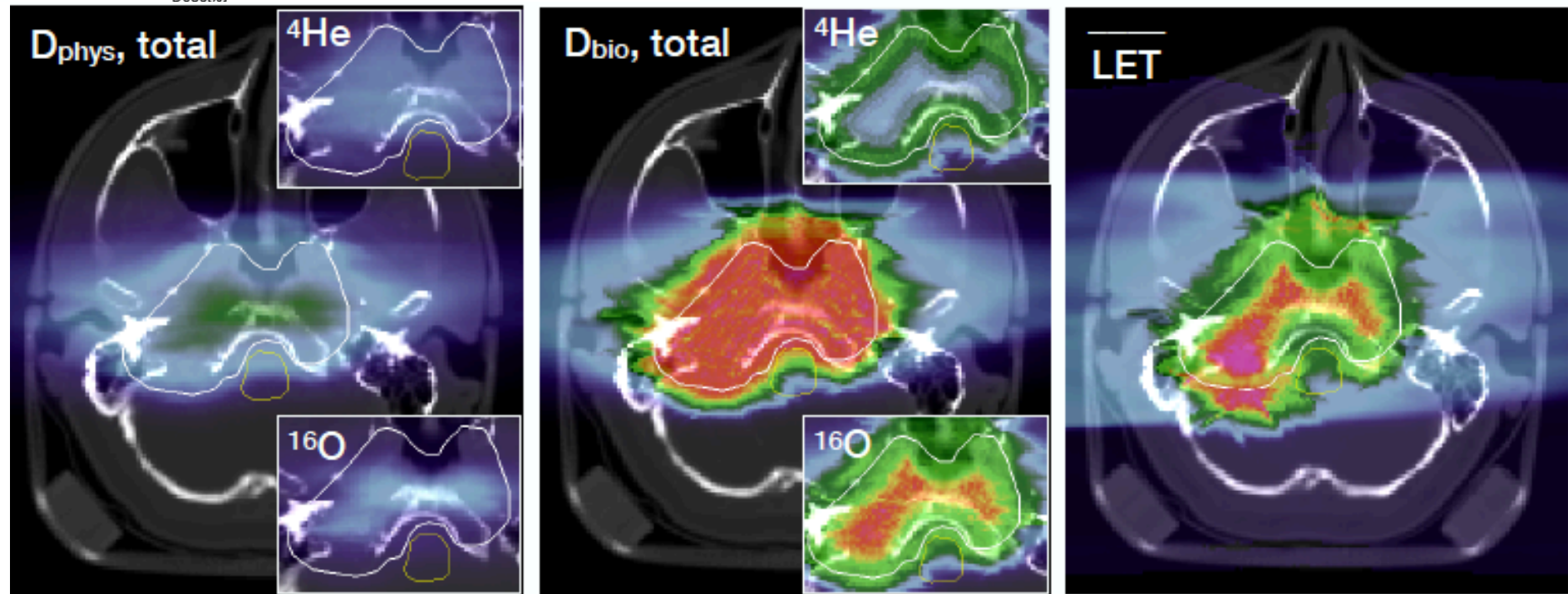
Sokol et al. in prep. for PMB

# Kill Painting with Multi-ions



The beamspots are correctly selected by the optimization in order to concentrate high LET particles in the hypoxic regions

\*100% dose = 2 Gy    100% LET = 65 keV/um



0% Sokol et al. in prep. for PMB

50%

100%

150%

# Summary

- Active scanned Particle therapy offer a maximum flexibility for adaptive, bio-optimization of a target
- Biologically optimized TPS needs accurate physics description e.g. for exploiting the different ion beams merits.
- New Ions may present specific biological advantages for selected cases or fractions
- Use of larger LET ions ( $^{16}\text{O}$ ) quantitatively assessed and suggested for specific hypoxic cases
- **TRiP98-MIBO** offers the first TPS able to inverse plan with multiple ions fully accounting for RBE and OER weighted dose
- Multi-ion optimization may exploit combination of different ions peculiarities for specific biological scenarios
- Beam-time granted in Marburg for experimental (in vitro bio-phantom) verification

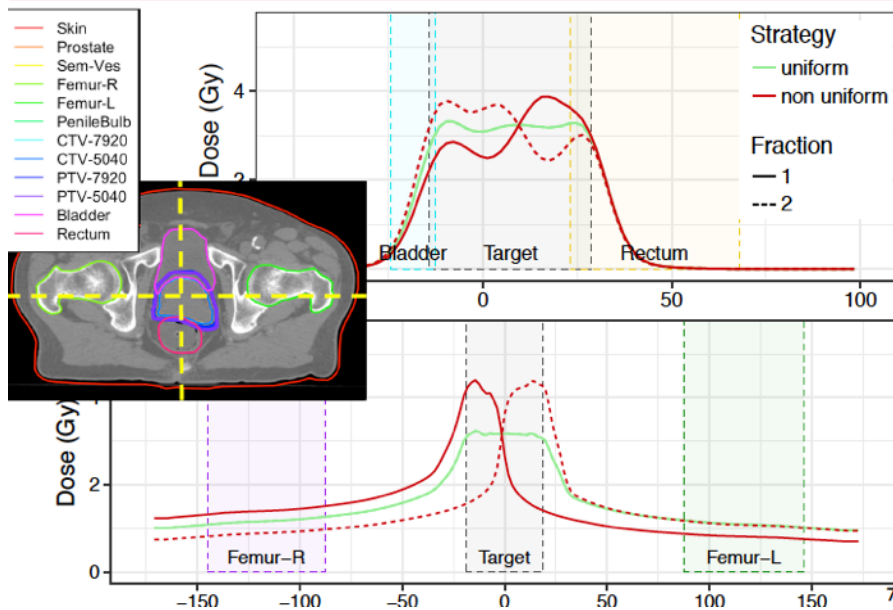


# Outlook

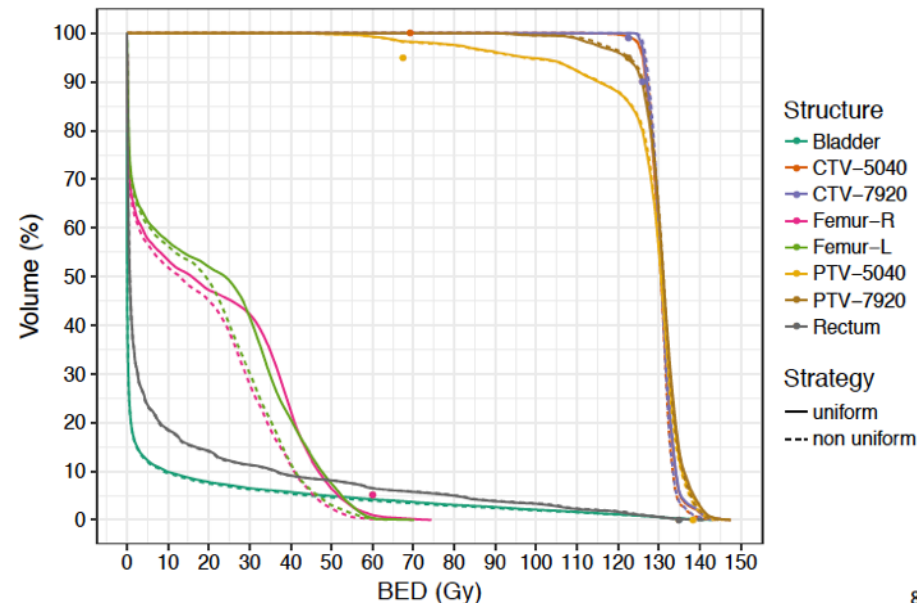
Non uniform fractionation (L. Mangano et al. Poster@PTCOG2108)

see also Unkelbach et al. (Radiother Onc 2017)

Dose profiles



DVHs



Yet, other degrees of freedom to explore: multi-ion+multi-fraction.  
Strong robustness assessment needed

# Thank you for your attention!



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