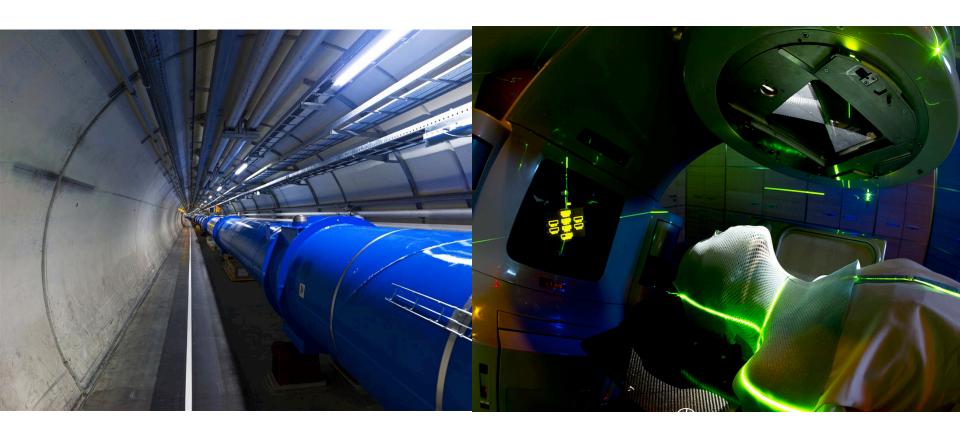
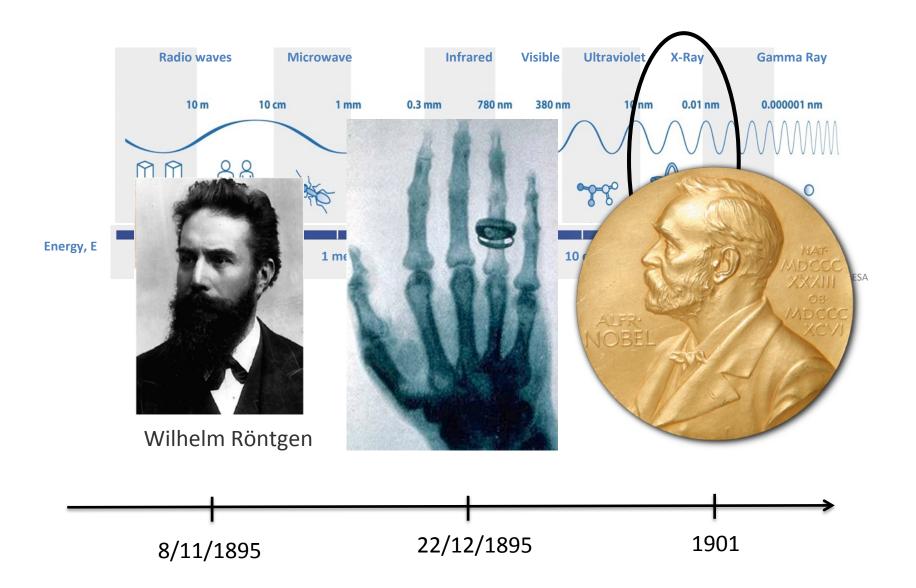
From Physics to Medical Applications



Manjit Dosanjh, CERN manjit.dosanjh@cern.ch

Modern medical physics— X-rays

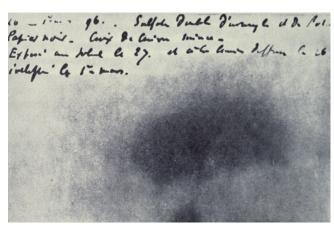




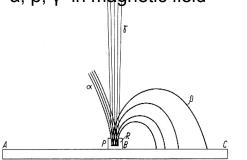
.. beginning of medical physics

Henri Becquerel

1896: Discovery of natural radioactivity

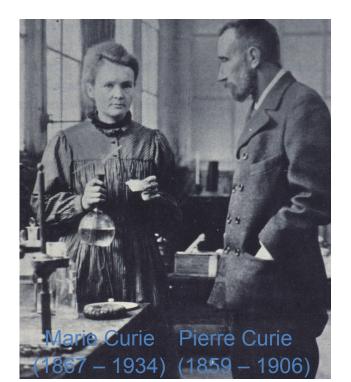


Thesis of Mme. Curie – 1904 α , β , γ in magnetic field



1898: Discovery of radium

used immediately for "Brachytherapy"

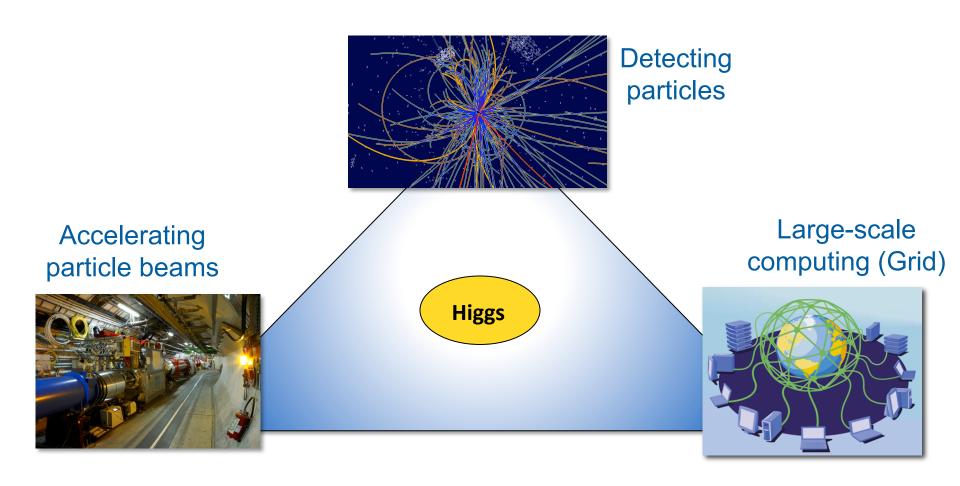


First radiobiology experiment



Pierre Curie and Henri Becquerel

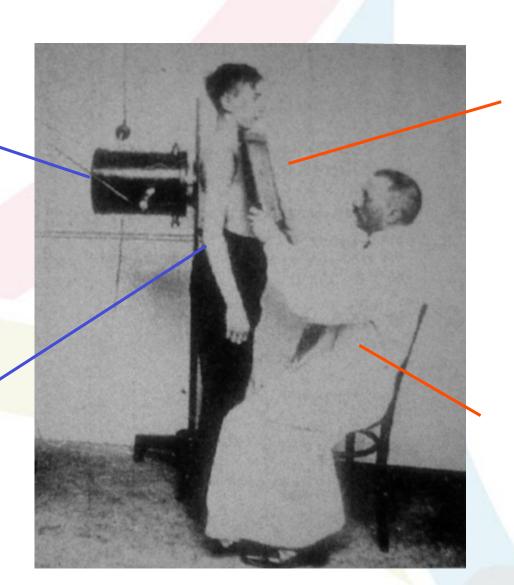
CERN Technologies and innovation



X-ray systems

X-ray source

Object

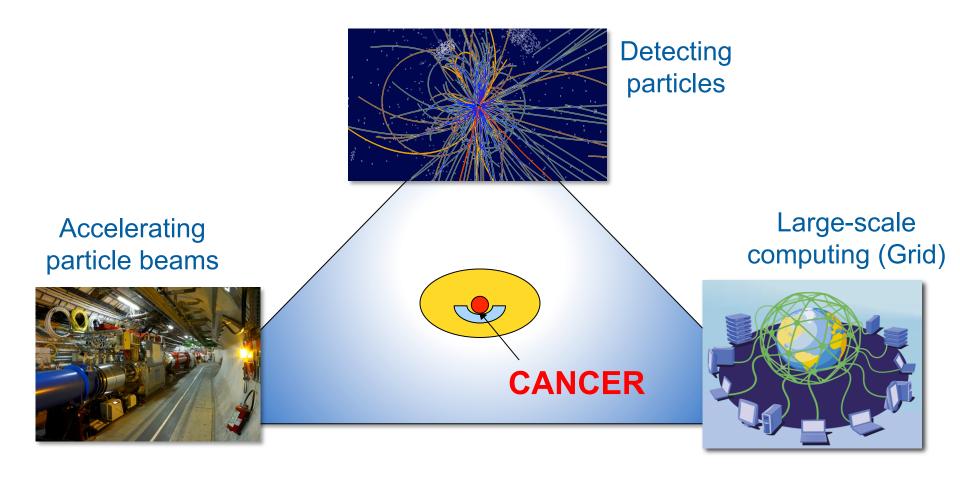


Detector

Pattern Recognition System



CERN Technologies and innovation



Why Cancer and physics technologies?

It is a large and a growing societal challenge:

- More than 3 million new cancer cases in Europe in 2015
- Nearly 15 million globally in 2015
- This number will increase to 25 million in 2030
- Currently around 8 million deaths per year

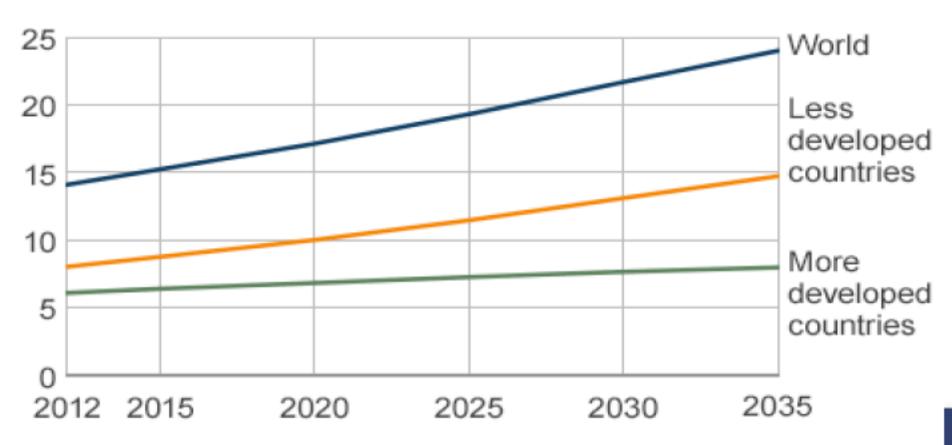
How can physics help?

GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012



Predicted Global Cancer Cases

Cases (millions)



Source: WHO GloboCan

Some facts about Cancer

- Tumour: why?
 - Abnormal growth of cells
 - Malignant: uncontrolled, can
 spread → cancer
- Treatment: how?
 - Surgery
 - Radiation
 - Chemotherapy

Surgery
Removal of
cancer cells using
surgery

Radiotherapy
Destruction of
cancer cells using
radiation

Chemotherapy
Destruction of cancer
cells using drugs (anticancer agents)

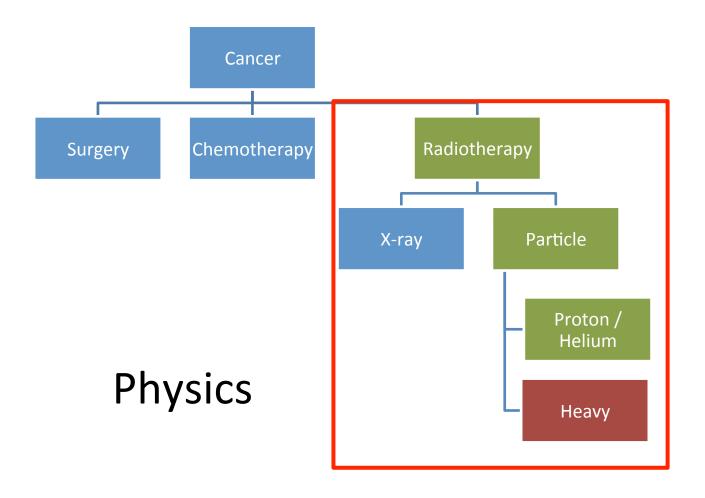
The Challenge of Treatment

Ideally one needs to treat:

- The tumour
- The whole tumour
- And nothing BUT the tumour"

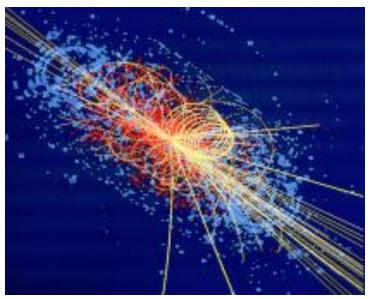
Treatment has two equally important goals to destroy the tumour and protect the surrounding normal tissue. Therefore "seeing" in order to know where and precise "delivery" to make sure it goes where it should are key.

Cancer treatment



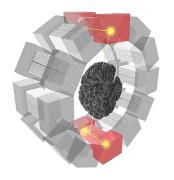
No treatment without detection!

Particle Detection





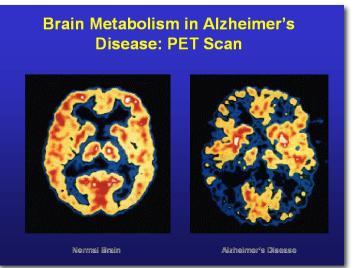
Imaging



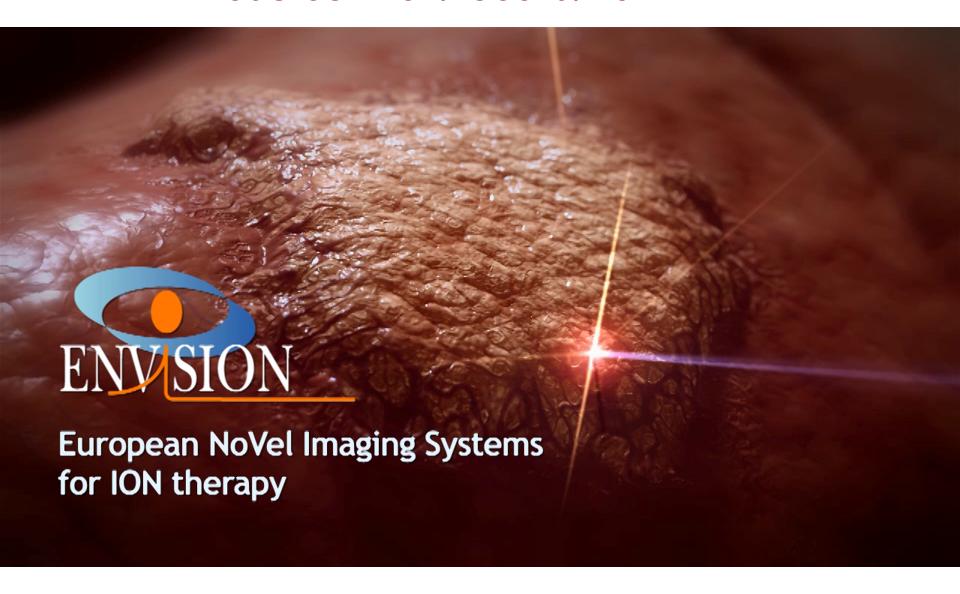
PET Scanner

Breast imaging (ClearPEM)

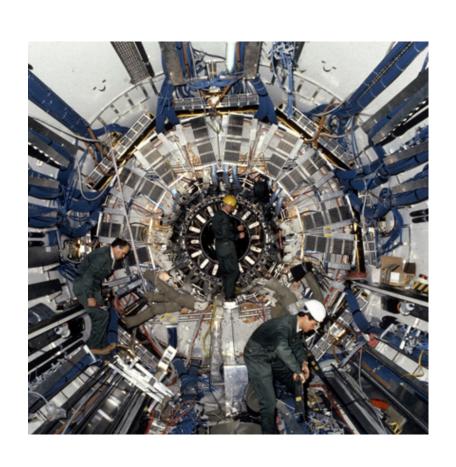


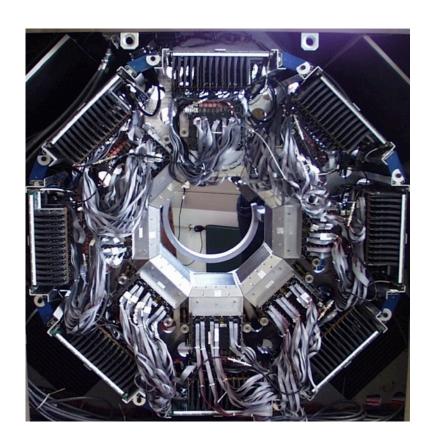


cds.cern.ch/record/1611721



The detector challenge

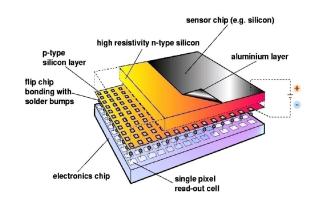


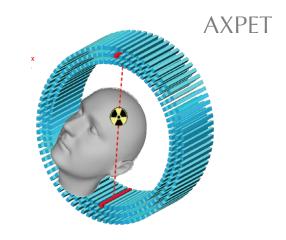


CERN is contributing to imaging for decades

CERN-coordinated international collaborative projects

MEDIPIX





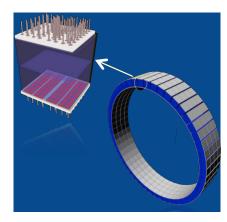
Crystal Clear projects



ClearPET



ClearPEM & ClearPEM-Sonic



BrainPET

CERN's role in detection and imaging...

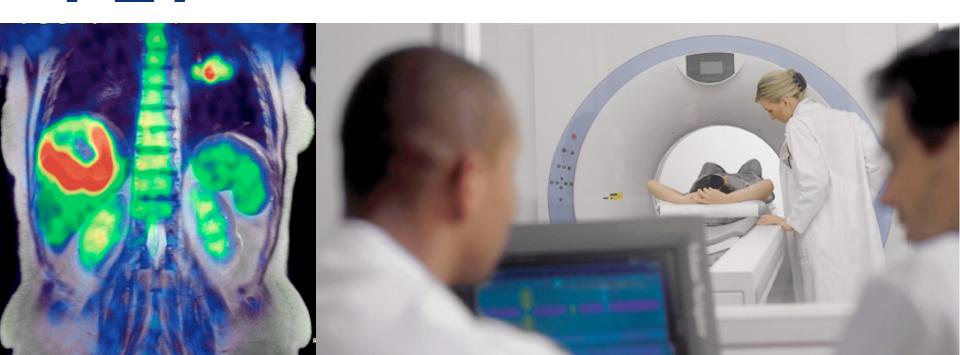
Continuous development in particle physics:

- Scintillating crystals (David Townsend)
- Pixel detectors (Medipix collaboration)
- Diamond detectors
- Multi-wire proportional chambers/ GEMS (Charpak...)
- Resistive Plate Chambers for imaging

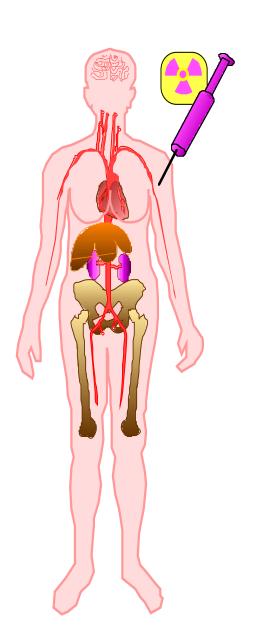
Antimatter – science fiction?



PET



PET: how it works

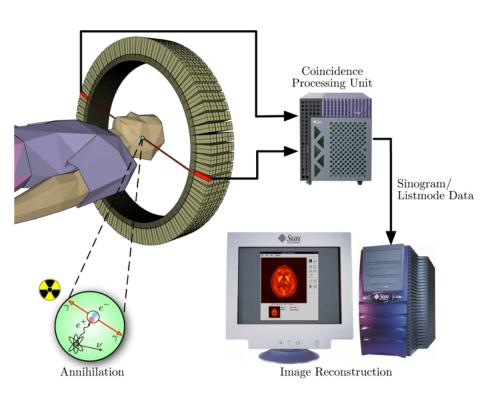


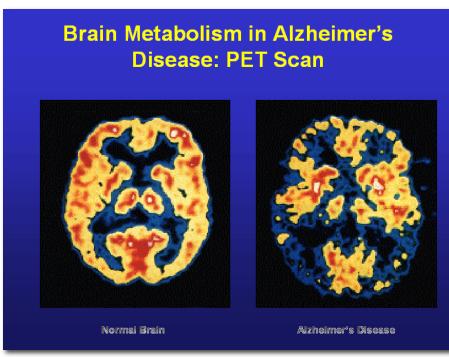
- Drug is labeled with positron (β+) emitting radionuclide.
- Drug localizes in patient according to metabolic properties of that drug.
- Trace (pico-molar)
 quantities of drug are
 sufficient.
- Radiation dose fairly small (<1 rem = 0.01 Sv).

PET – How it works

http://www.nymus3d.nl/portfolio/animation/55

PET Scan

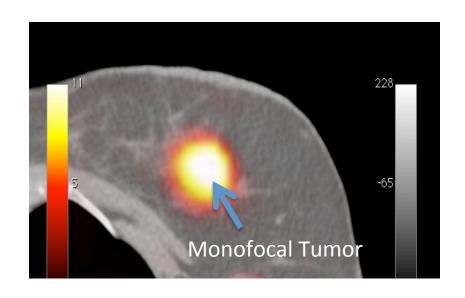


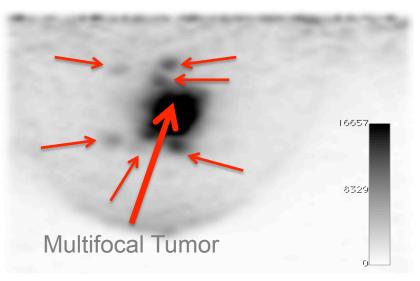




PET for mammography: Crystal Clear Collaboration

Breast Cancer Detection





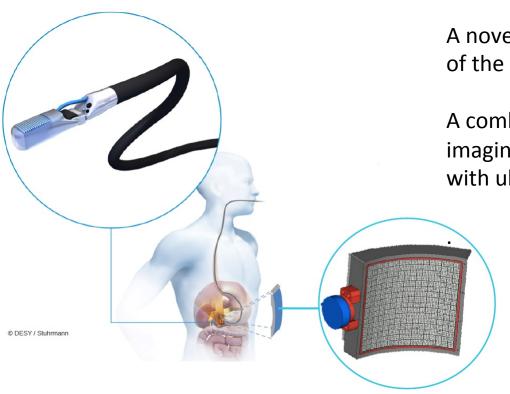
PET Wholebody

ClearPEM dedicated Breast imaging

Courtesy of Paul Lecoq, : Crystal Clear Cololaboration

Endo TOFPET-US

a novel multimodal tool for endoscopy and positron emission tomography

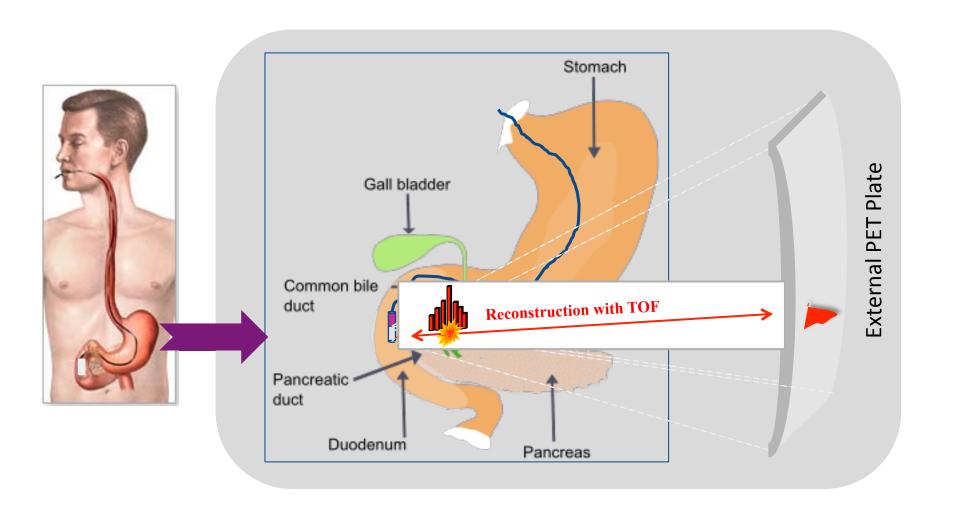


A novel imaging system for endoscopic exams of the pancreas or the prostate.

A combination of high resolution metabolic imaging with TOFPET and anatomical imaging with ultrasound.

Endo = Endoscopic
TOF =Time of Flight PET
US = Ultrasound

The Principle



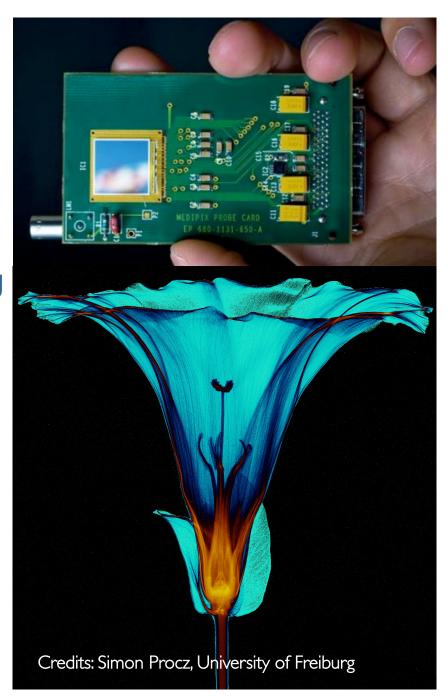
Medipix

High Energy Physics original development:

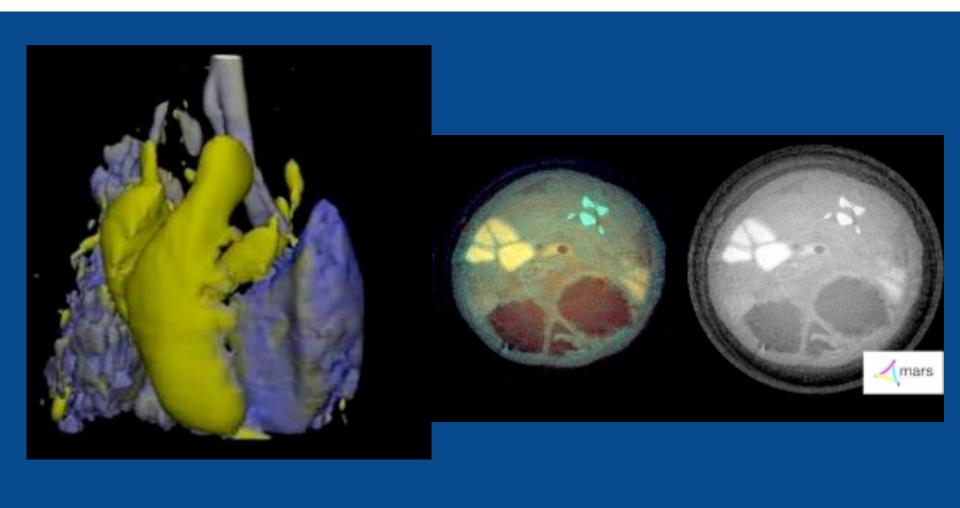
- Particle track detectors
- Allows counting of single photons in contrast to traditional charge integrating devices like film or CCD

Main properties:

- Fully digital device
- Very high space resolution
- Very fast photon counting
- Good conversion efficiency of low energy X-rays

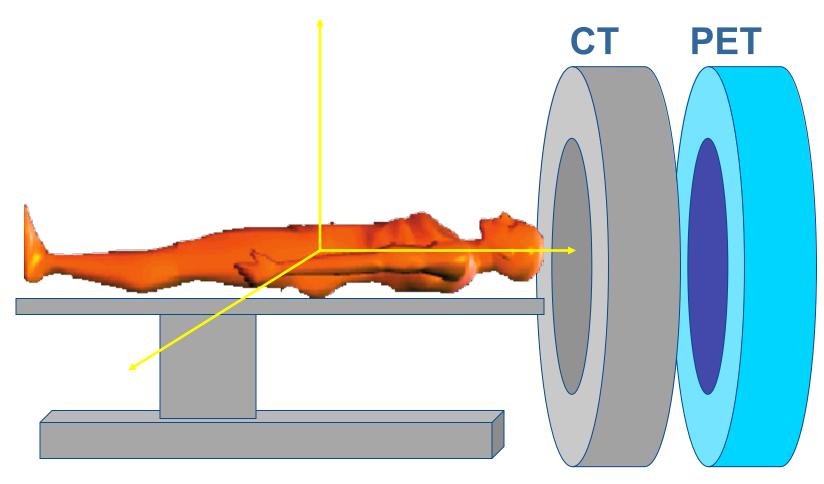


MARS – MEDIPIX ALL RESOLUTION SYSTEM



Concept of PET-CT

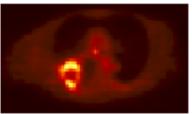
David Townsend



Multi-modality imaging

Primary lung cancer imaged with the Dual/Commercial scanner. A large lung tumor, which appears on CT as a uniformly attenuating hypodense mass, has a rim of FDG activity and a necrotic center revealed by PET.



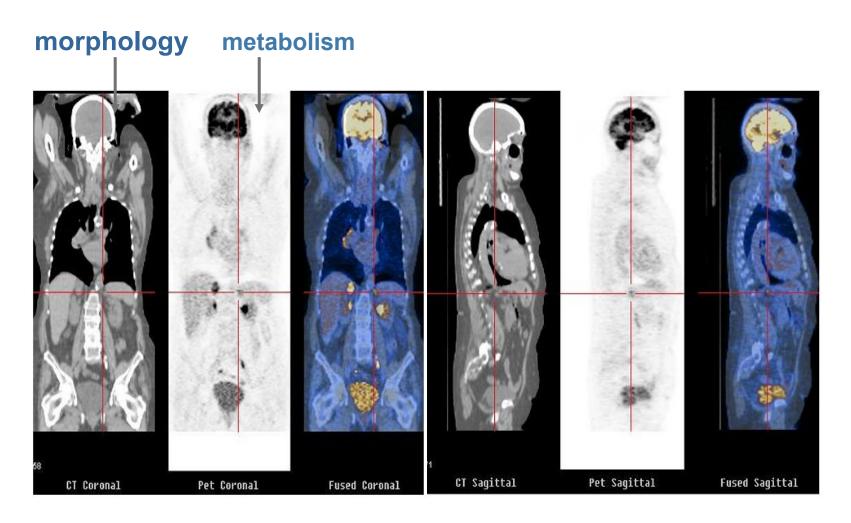




Courtesy of David Townsend

Multimodality imaging: CT with PET

Combining anatomic and functional imaging



David Townsend, Former CERN Physicist

Radiotherapy in 21st Century

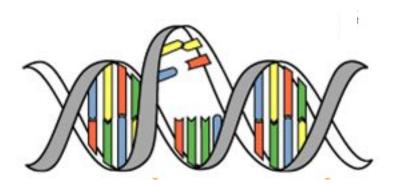
3 "Cs" of Radiation

Cure (40-50% cancer cases are cured)
Conservative (non-invasive, fewer side effects)

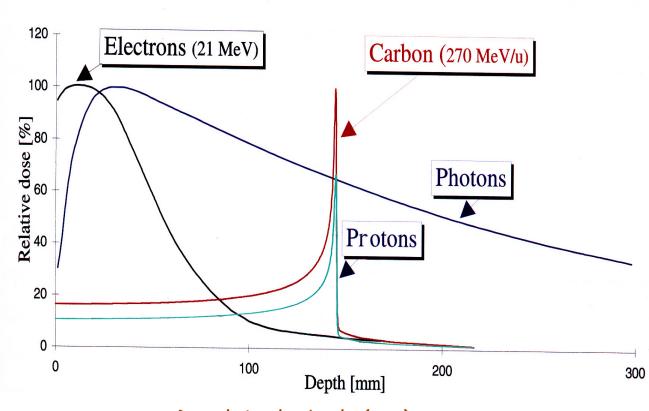
Cheap (about 10% of total cost of cancer on radiation)

(J.P.Gérard)

- About 50% patients are treated with RT
- No substitute for RT in the near future
- No of patients is increasing

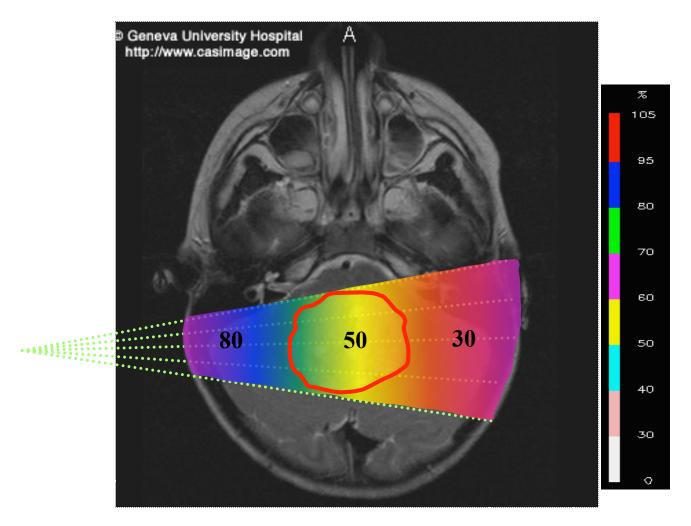


Radiation therapy

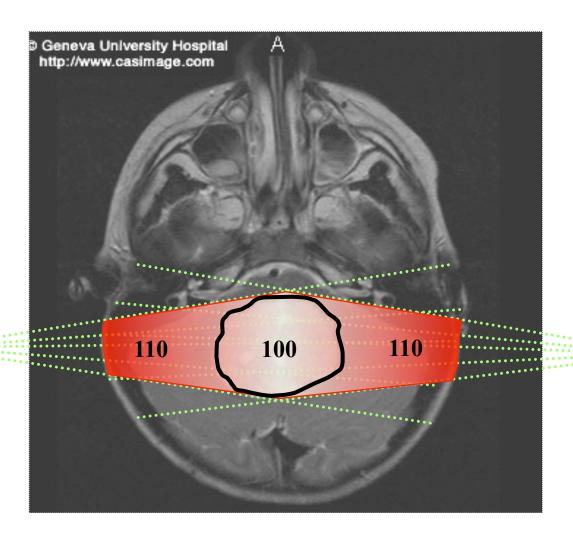


Depth in the body (mm)

Single beam of photons



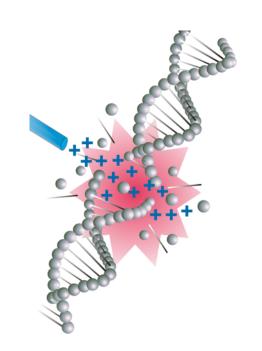
2 opposite photon beams



Conventional external radiotherapy

- least expensive cancer treatment method
- most effective
- no substitute for RT in the near future
- rate of patients treated with RT is increasing

In many patients cancer comes back in the same location after RT

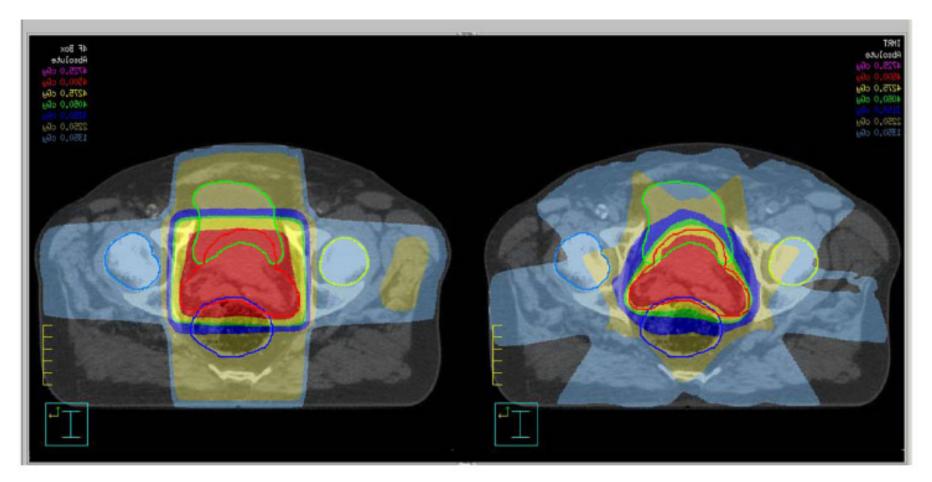


Improving Cancer Outcome

Earlier diagnosis, better tumour control, fewer side-effects

- Imaging: accuracy, multimodality, real-time, organ motion
- Accelerator technologies: higher dose, more localised, real time targeting
- Data: analysis, image fusion/reconstruction, treatment planning, sharing, screening, follow-up patient
- Biology: basic research, fractionation, radioresistance, radio-sensitization

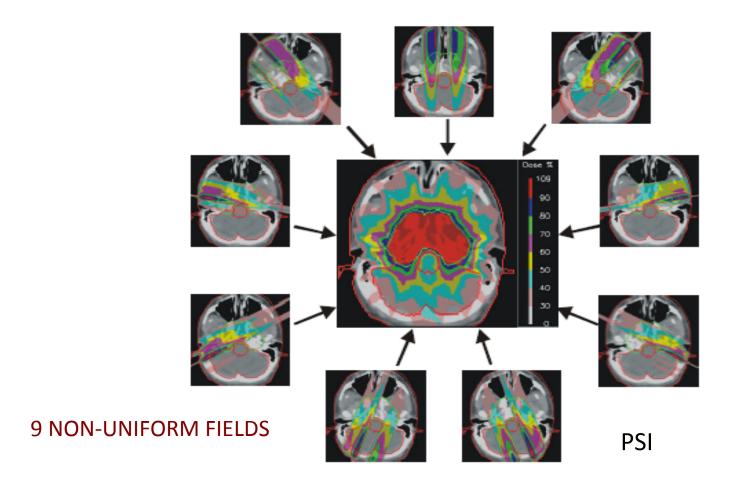
Improved Delivery



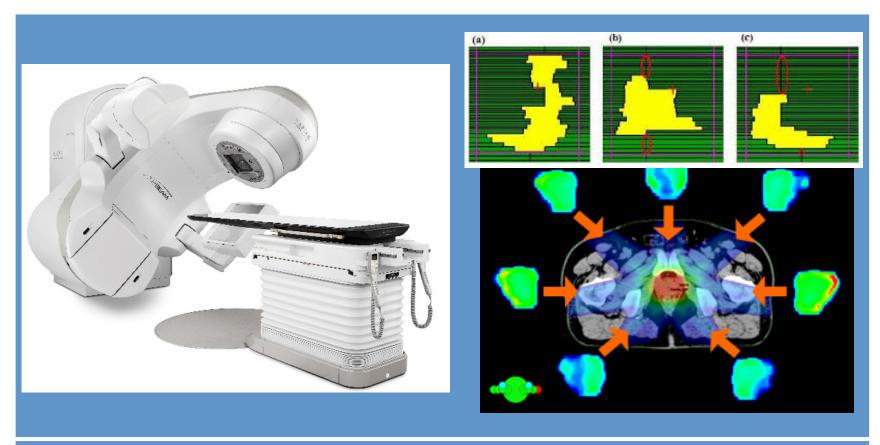
1990s: 4 constant intensity fields

Current state of RT: Intensity Modulated Radiotherapy (IMRT) – Multiple converging field with planar (2D) intensity variations

Intensity Modulated Radiation Therapy



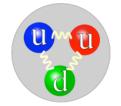
Modern X-ray Therapy



Current accelerator system with gantry, patient positioner and X-ray panels to acquire CBCT and planar X-rays.

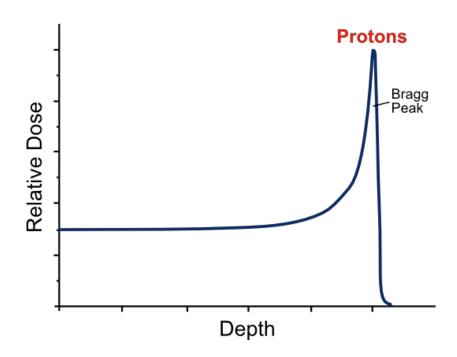
Intensity modulation is achieved by changing the multi-leaf collimator (MLC) patterns (right), gantry rotation and dose rate. Thus, intensity modulation is achieved through mechanical (slow) means.

Could Hadron Therapy be the future?



Future: Hadron Therapy?

1946: Robert Wilson
 Protons can be used clinically



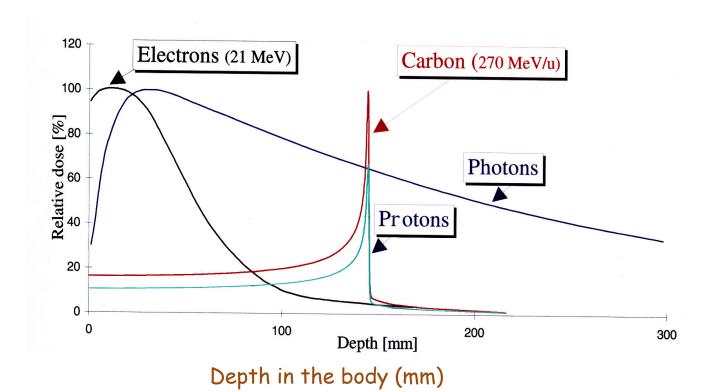


Robert Wilson

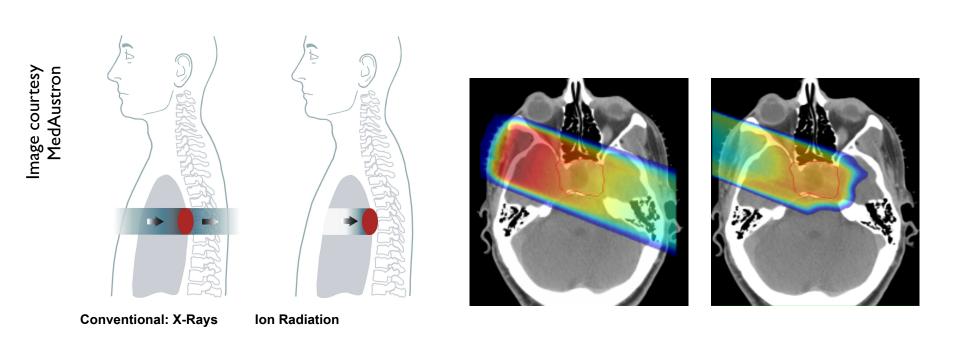
Why Hadron Therapy?

In 1946 Robert Wilson:

- Hadrons can be used clinically
- Accelerators are available
- Maximum radiation dose can be placed into the tumour
- Particle therapy provides sparing of normal tissues



Why hadrontherapy?



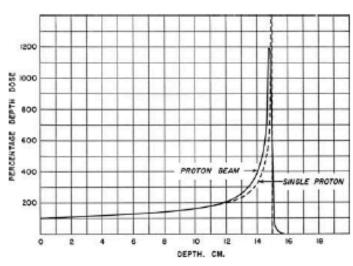
Spares normal healthy tissue

1932 - E. Lawrence First cyclotron

1946 – proton therapy proposed by R. Wilson

1954 – Berkeley treats the first patient



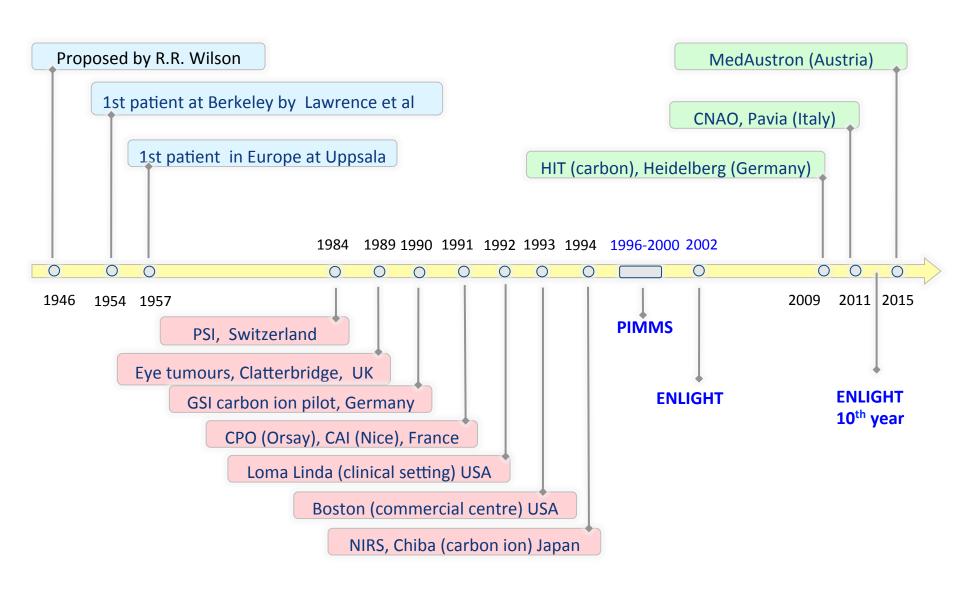




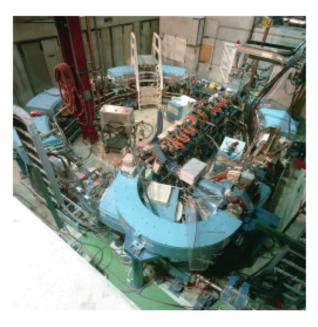
From physics...



Particle therapy: a short history



1993- Loma Linda USA 1994 – HIMAC Japan 1997 – GSI Germany







...to clinics

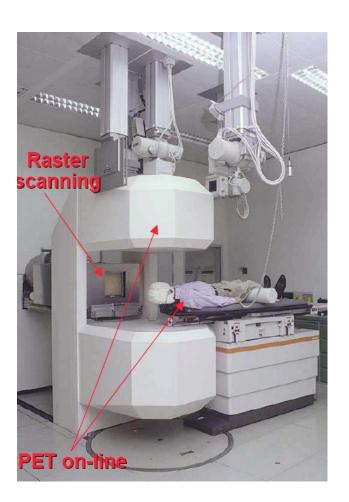


Carbon ions: pilot project in Europe

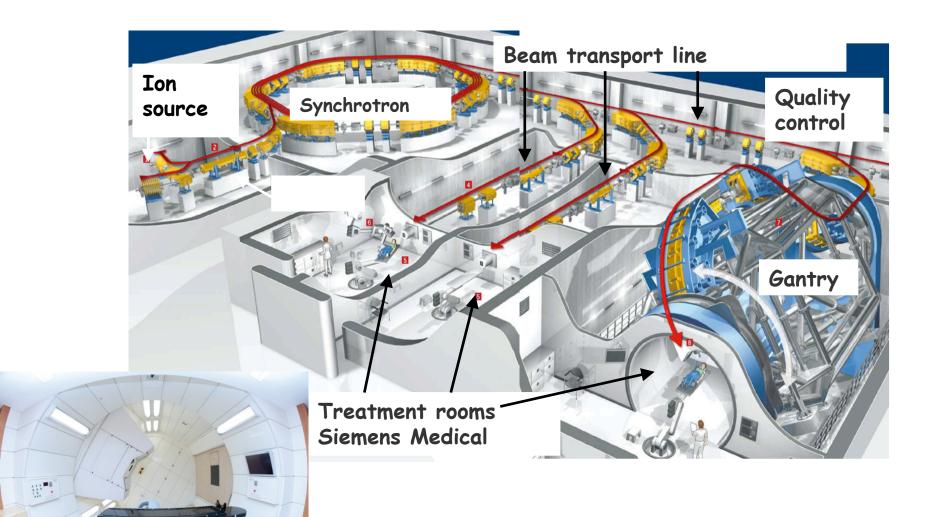
GSI & Heidelberg

450 patients treated

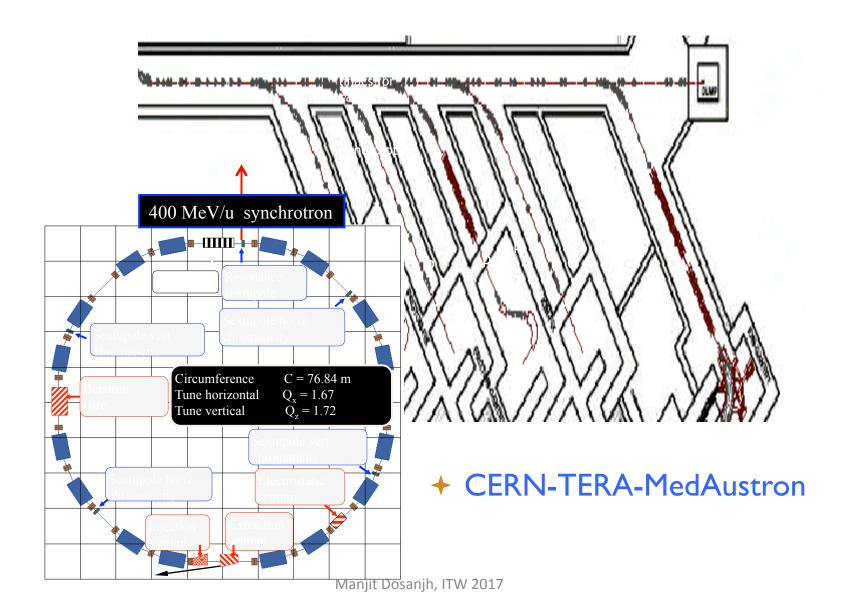




HIT - Heidelberg

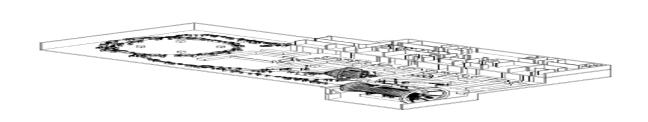


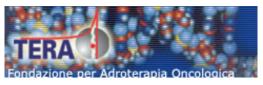
PIMMS at CERN (1996-2000)



Accelerator Technologies

PIMMS 2000 (coordinated by CERN) has led to:







Treatment centre in Pavia, Italy.

First patient treated with in 2011

ebg *Med* Austron

Treatment centre in Wiener Neustadt, Austria, foundation stone in 2011, installation moved to MedAustron at beginning of 2012, first patient treated in 2016

From PIMMS study to clinical reality





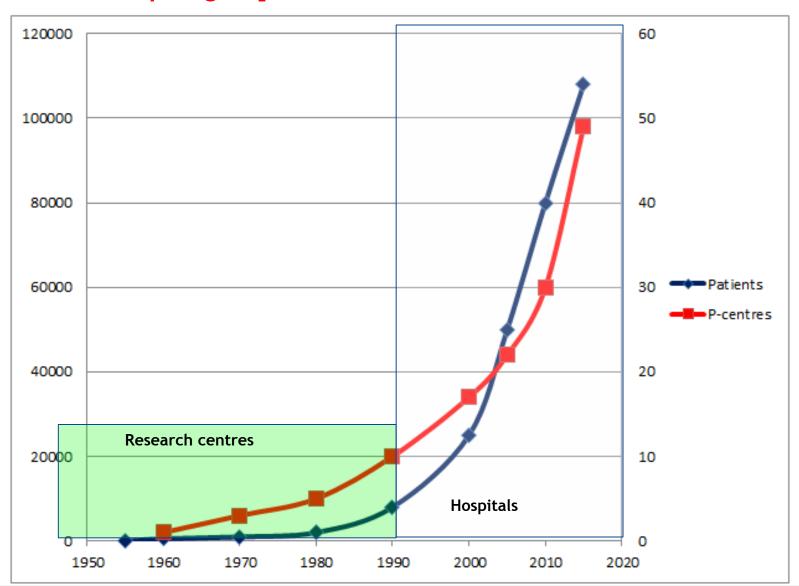
First patient with carbon ions Nov 2012





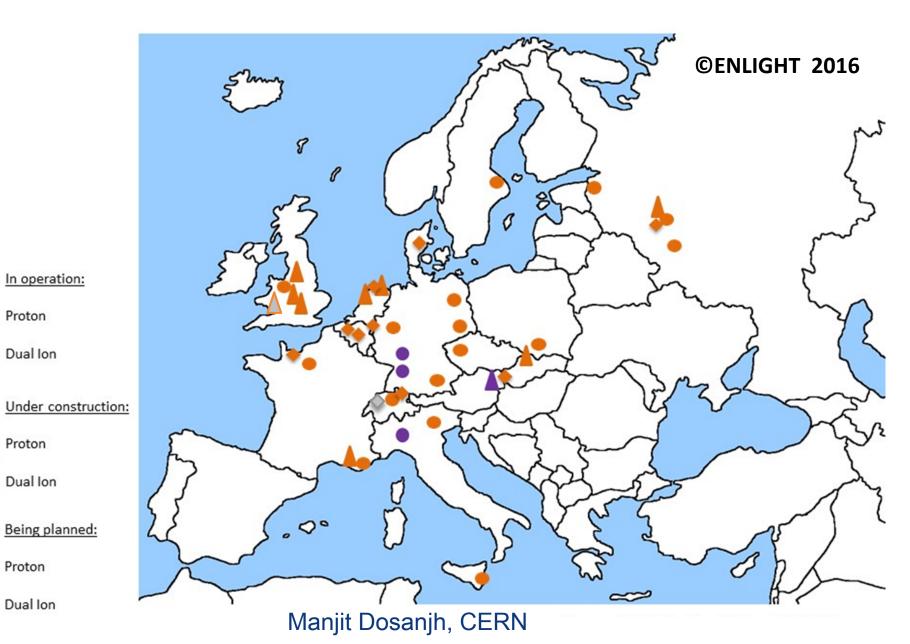
Treatment started in 2016

[Data from www.ptcog.ch]





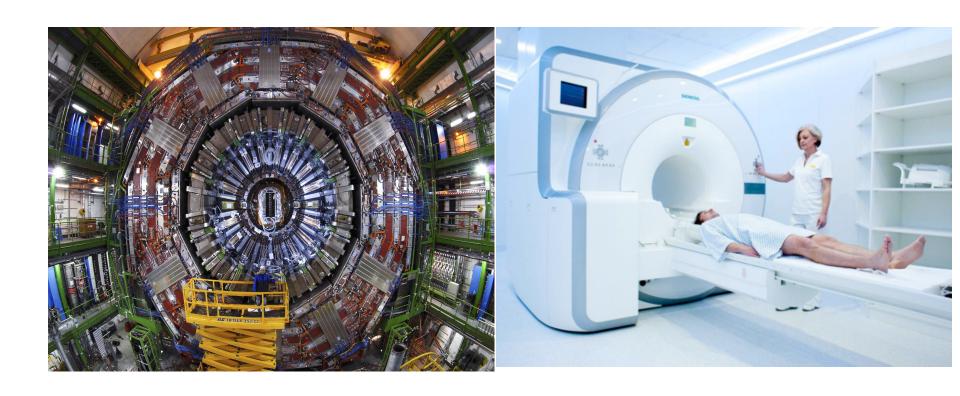
Particle therapy centres in Europe - 2016



New Advances are on their way

The tumour and only the tumour.....

The next challenge: PET + MRI



Detectors in magnetic field

Advances in Radiation Therapy

In the past two decades due to:

- improvements in imaging modalities,
- powerful computers and software and delivery systems have enabled:
 - Intensity Modulated Radiotherapy (IMRT),
 - Image Guided Radiotherapy (IGRT),
 - Volumetric Arc Therapy (VMAT) and
 - Stereotactic Body Radiotherapy (SBRT)
- Is Particle Therapy the future since the physics of X-rays cannot be changed?

The Bragg Peak

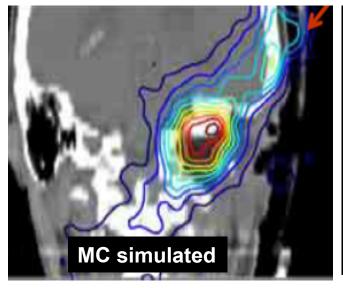
- Allows more precise allocation of the dose to the tumour
- BUT makes dosimetry and diagnostics more difficult because the energy is deposited preferentially inside the patient
- To take full advantage, we need improved diagnostics
 - To steer the beam spot by measurement of the location of the energy deposition
 - To control the dose (dosimetry)

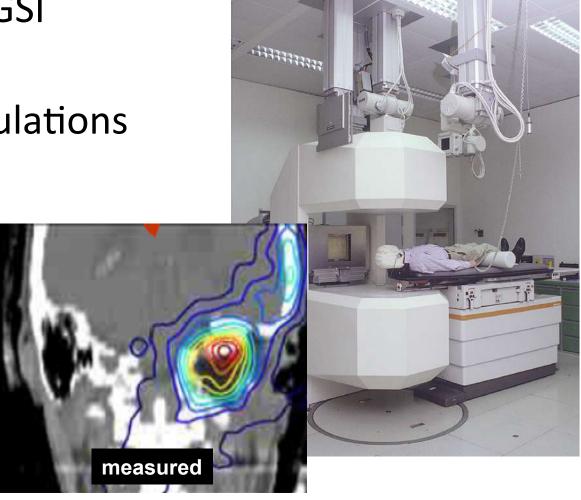
Real-time monitoring

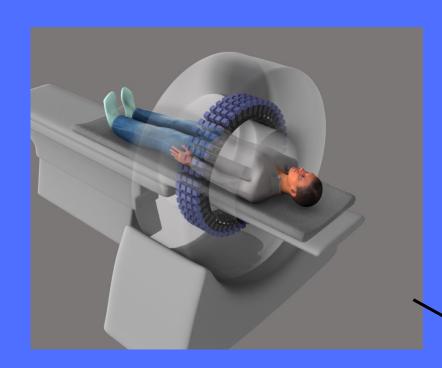
 In-beam PET @ GSI (Germany)

MonteCarlo simulations

Organ motion

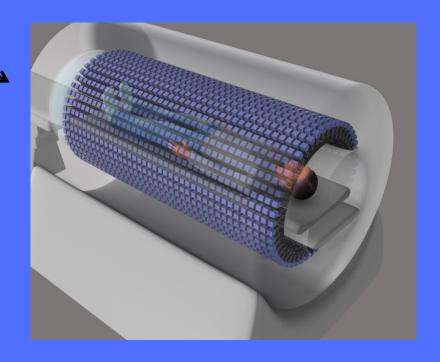






Conventional PET Scanner (2016)

EXPLORER
Total Body PET Scanner
(coming)



"PET Is the most specific and sensitive means for imaging molecular pathways and molecular interactions in humans".





cern.ch/virtual-hadron-therapy-centre

How to go from no radiotherapy to high quality radiotherapy globally: Challenging Environments

Reality in numbers.....

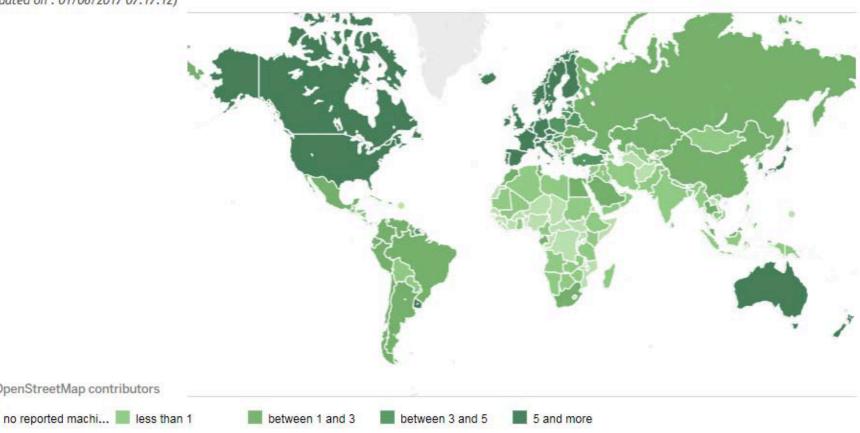
- No radiotherapy in 36 countries
- HIC have over 60% of all teletherapy machines and 16% of the world population
- LIC and LMIC have less than 10% of teletherapy machines which serve 50% of the world

RT is an essential part of the cancer treatment Globally: no of machines per 1 million inhabitants

Number of Radiotherapy Machines Per Million People

(Updated on: 01/06/2017 07:17:12)

© OpenStreetMap contributors



The most widespread accelerator



Electron Linac (linear accelerator) for radiotherapy (X-ray treatment of cancer)



electrons

5 - 25 MeV

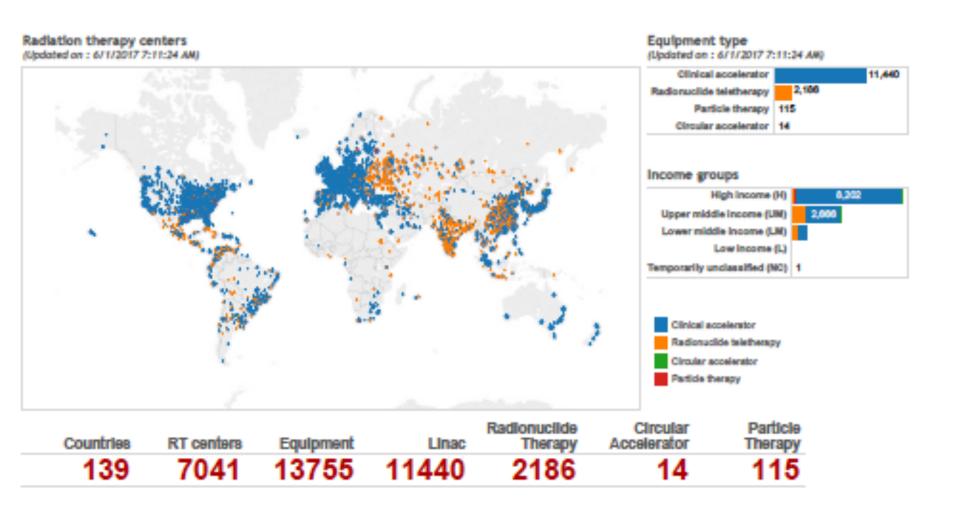
Tungsten target

More than 10'000 in use

2000 patients/year every in 1 million inhabitants

Commercially, widely available in all major hospitals

World wide radiotherapy coverage



Thanks to:

- U. Amaldi, CERN &TERA
- E. Blakely, LBNL, USA
- M Durante, Trento, Italy; Kevin Prise, Queens, UK
- HIT, CNAO, MedAustron, PSI, ENLIGHT colleagues
- KT. Medipx, Crytal Clear, Fluka, GEANT
- <u>E-Book: From Particle Physics to Medical Applications</u> http://iopscience.iop.org/book/978-0-7503-1444-2

Useful links

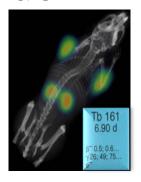
- cern.ch/crystalclear
- cern.ch/enlight
- cern.ch/virtual-hadron-therapy-centre
- https://cds.cern.ch/record/2002120?In=en
- http://cds.cern.ch/record/1611721
- cern.ch/knowledgetransfer
- cern.ch/medipix
- cern.ch/twiki/bin/view/AXIALPET
- cern.ch/medaustron
- www.fluka.org/fluka.php
- http://geant4.cern.ch/

Terbium: Swiss Army Knife of Nuclear Medicine

¹⁴⁹Tb-therapy



¹⁶¹Tb-therapy & SPECT



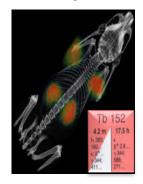




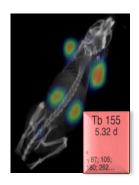
+



¹⁵²Tb-PET



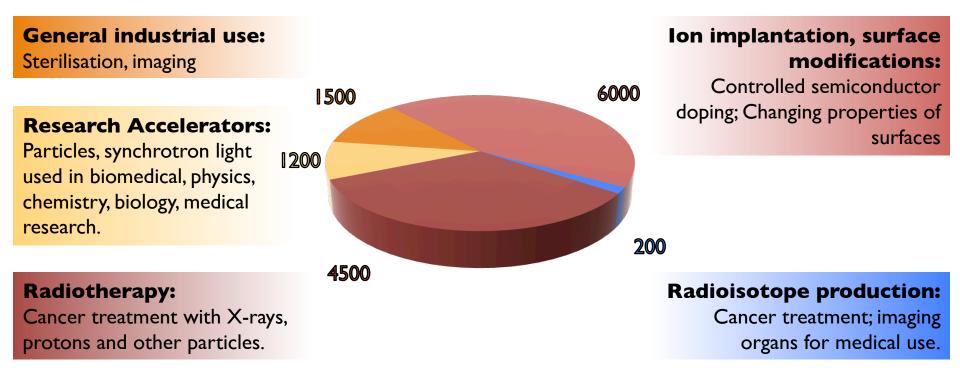
¹⁵⁵Tb-SPECT







Use of Accelerators Today



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~ 9000 of the 17000 accelerators operating in the World today are used for medicine.