

# FLASH RADIATION THERAPY

WHAT IS THE FLASH EFFECT ?

HOW TO CONSIDER A CLINICAL APPLICATION ?

WHICH PERSPECTIVES WITH VHEE ?

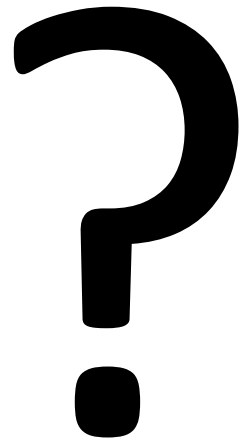
Dr Pierre Montay-Gruel

Radiation- Oncology

**CLIC Workshop**

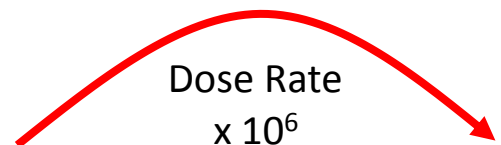
**CERN, 24th November 2018**

What is FLASH-RT



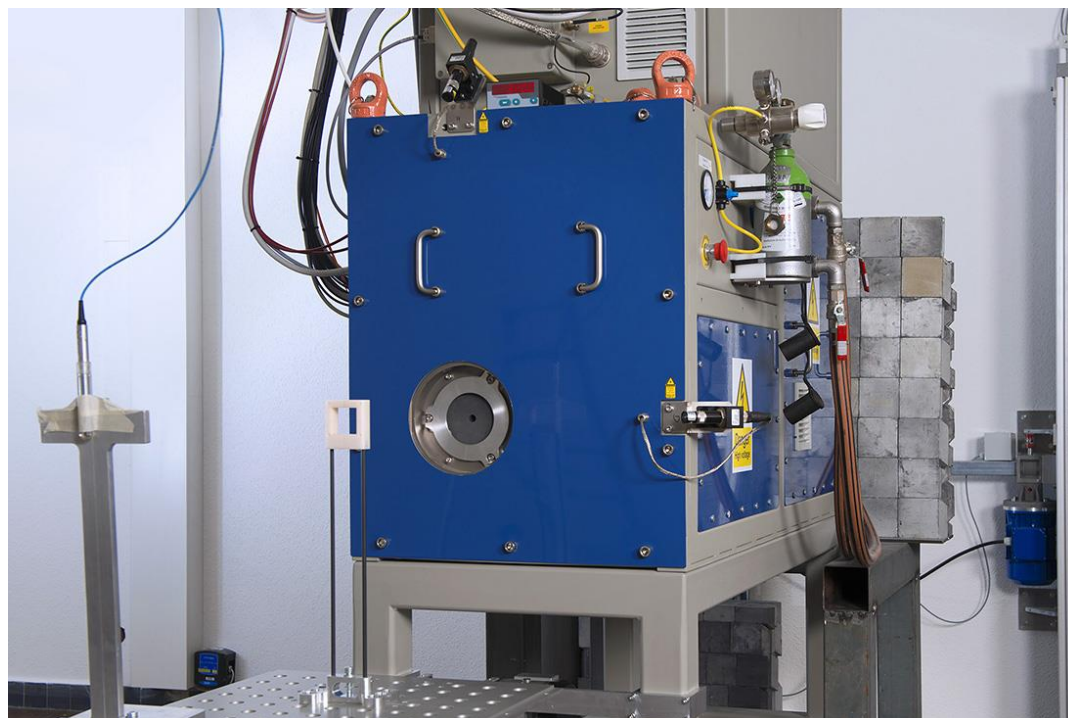
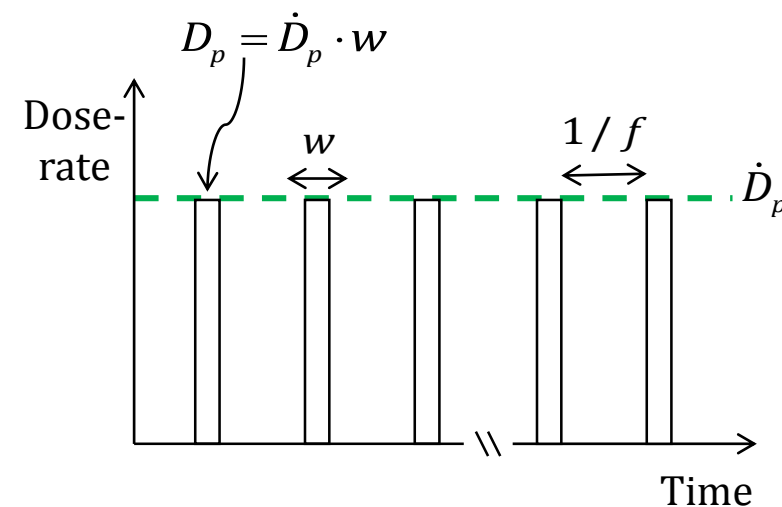
## FLASH-RT technological basis

Electron beam  
~ 5 MeV energy  
Pulsed beam



	Conventional RT in clinics	FLASH-RT
Mean Dose Rate	0,1 Gy / sec	>50 Gy / sec
Time to deliver 10Gy	100 sec	$1.8 \times 10^{-6}$ s

Experimental LINAC eRT6  
PMB Alcen, France



**Complete and precise  
dosimetry**

**C Bailat's team at IRA**

- Petersson *et al.* 2017
- Jaccard *et al.* 2017
- Montay-Gruel *et al.* 2017
- Jaccard *et al.* 2018



# Dosimetry for ultra high dose-rate electron beam

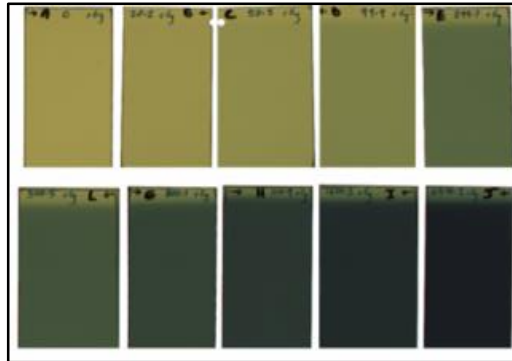
Dose-rate Independent

Methyl Viologen



Historical  
(Favaudon et al.)

Films



Used in clinics

Thermoluminescent  
Dosimeters



Alanine



Experimental

All calibrated on clinical electron irradiator  
or  
Co-60 source

→ Evaluate the reliability of each dosimetry technique and their consistency to one another = **HAVE A PRECISE DOSIMETRY**

Ionization chamber



**Dose-rate dependent**  
→ **Use of a correction factor**

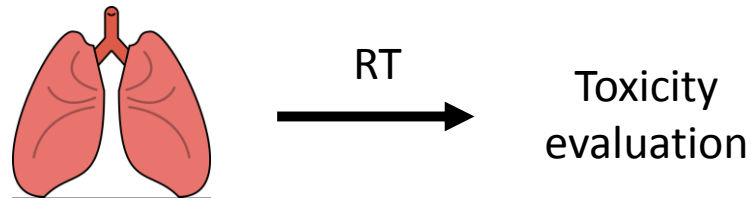
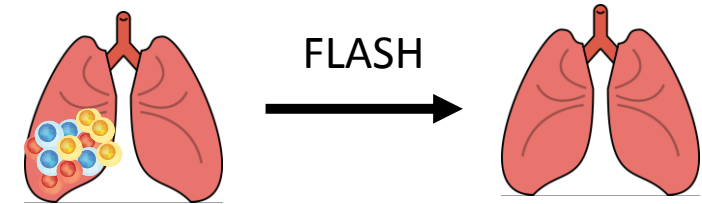
**On-line**

Petersson *et al.* 2017  
Jaccard *et al.* 2017  
Montay-Gruel *et al.* 2017  
Jaccard *et al.* 2018

RADIATION TOXICITY

# Ultrahigh dose-rate FLASH irradiation increases the differential response between normal and tumor tissue in mice

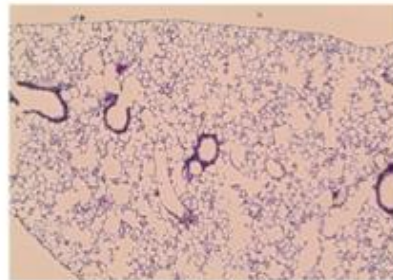
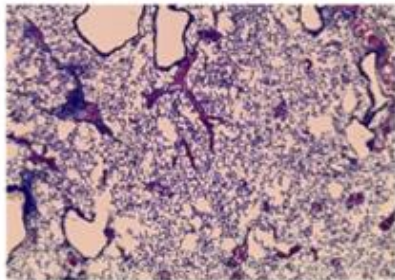
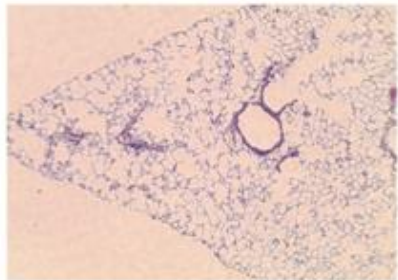
Vincent Favaudon,<sup>1,2\*</sup> Laura Caplier,<sup>3†</sup> Virginie Monceau,<sup>4,5‡</sup> Frédéric Pouzoulet,<sup>1,2§</sup>  
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 Isabel Brito,<sup>6,7</sup> Philippe Hupé,<sup>6,7,8,9</sup> Jean Bourhis,<sup>4,5,10</sup> Janet Hall,<sup>1,2</sup>  
 Jean-Jacques Fontaine,<sup>3</sup> Marie-Catherine Vozenin<sup>4,5,10,11</sup>



Contrôle  
non irradié

17 Gy  
CONV

17 Gy  
FLASH



HEALTHY

FIBROSIS

HEALTHY

Anti-tumor efficacy

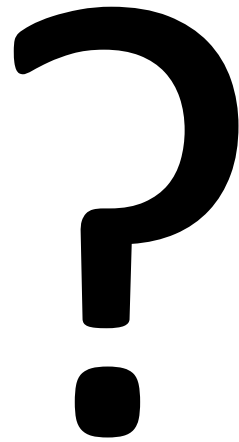


**FLASH EFFECT**



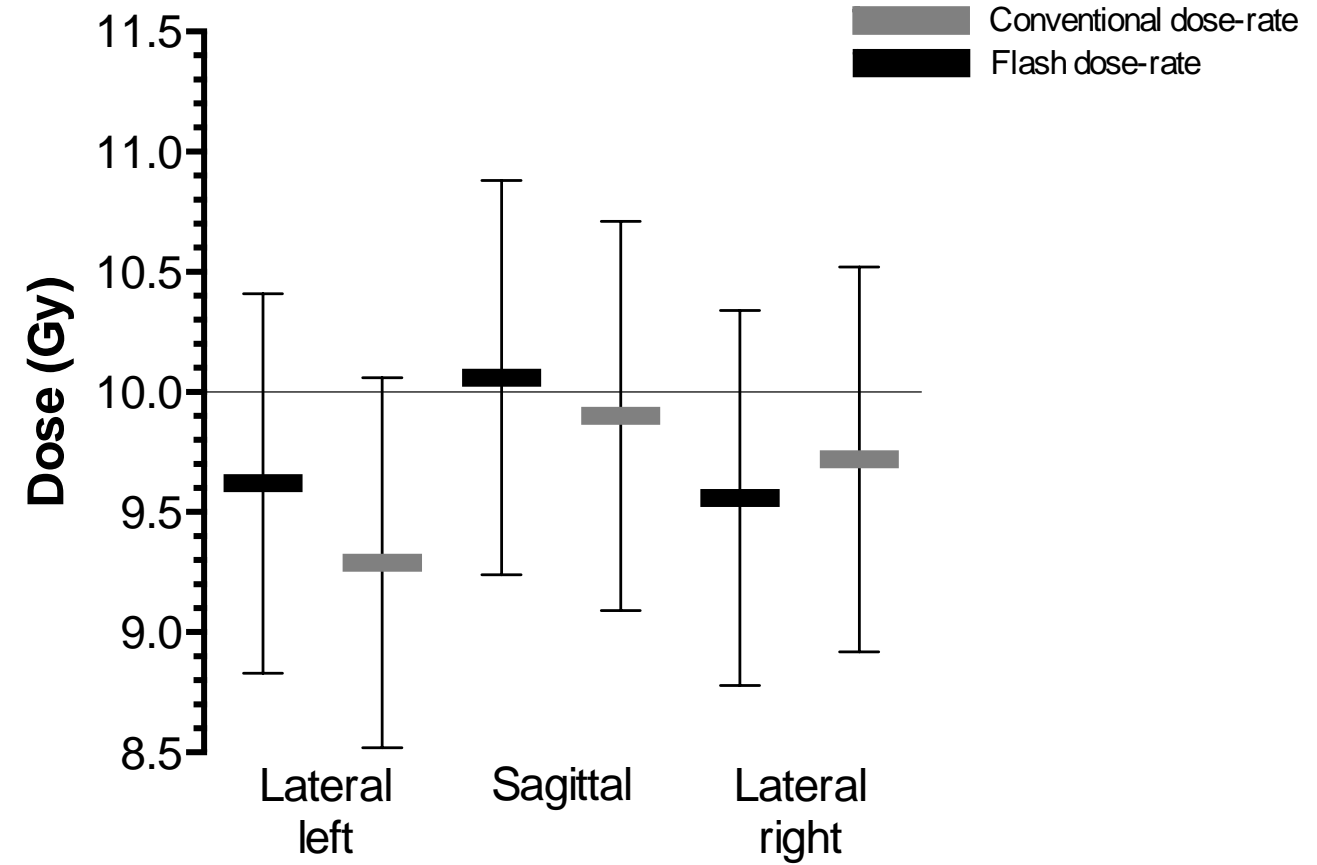
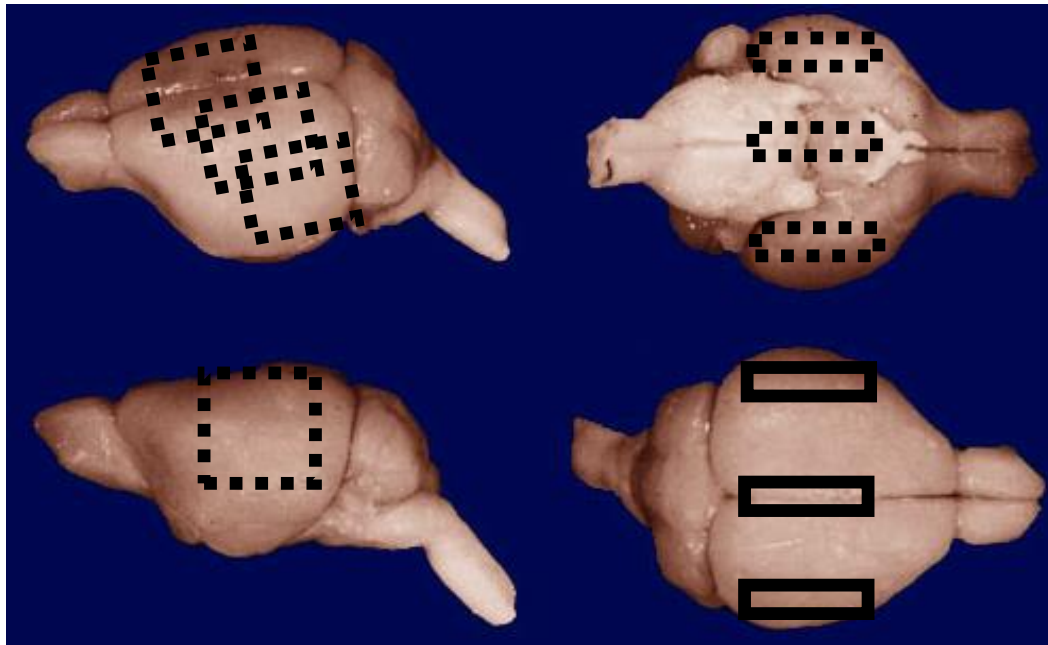
Absence of radiation-induced toxicity in the  
Normal lung

Does FLASH irradiation spare normal brain tissues  
from radiation-induced toxicities



# Delivery of a precise and homogenous dose to the brain

TLDs implanted in the brain of a mouse cadaver



→ Precise dose delivery + good homogeneity all over the brain

# Do irradiated mice develop cognitive alterations ?

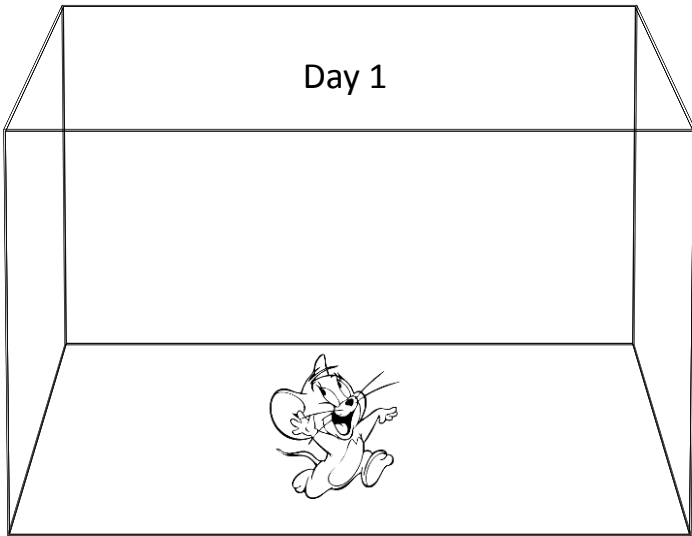
4 weeks post-RT

## Memory test Novel Object Recognition test

1.

Habituation to the environment

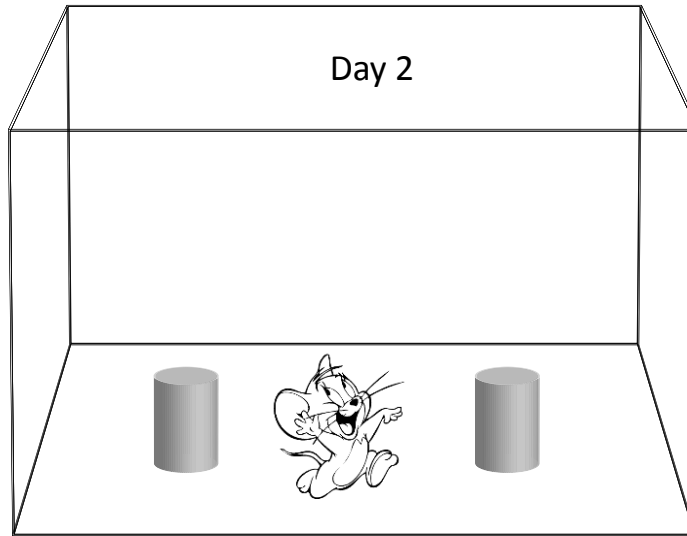
Day 1



2.

Learn to know an object

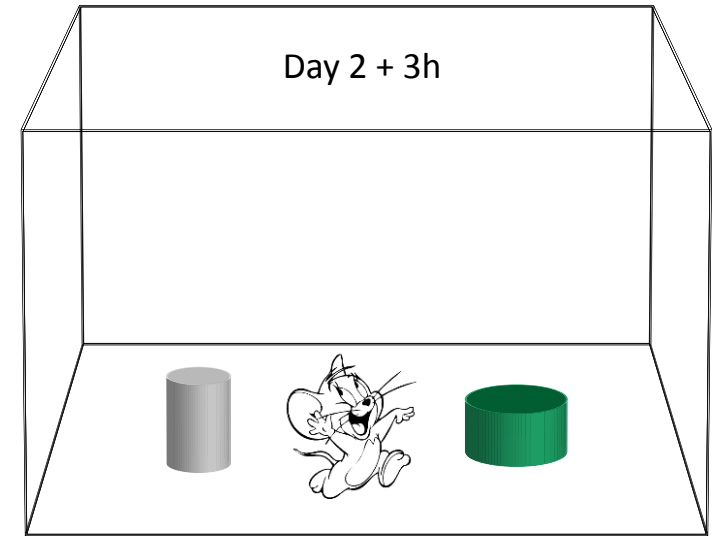
Day 2



3.

Check the knowledge

Day 2 + 3h



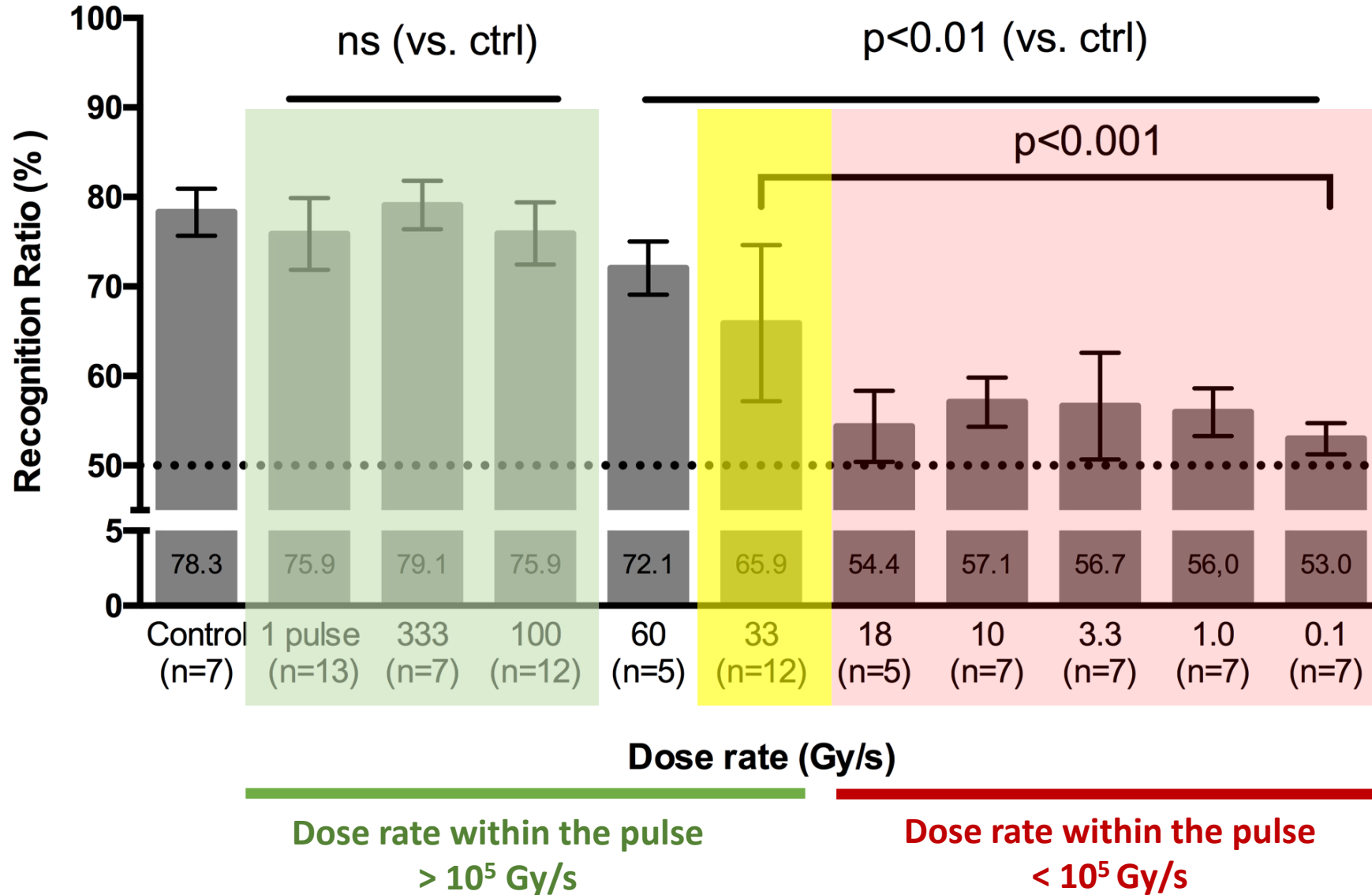
Natural animal curiosity: Spend more time on the unknown object

**UNLESS: the cognitive functions are altered**

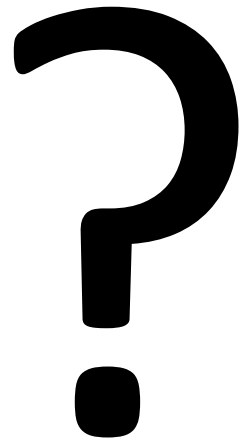


# 10Gy Flash-WBI preserves the spatial memory function above 100Gy/s

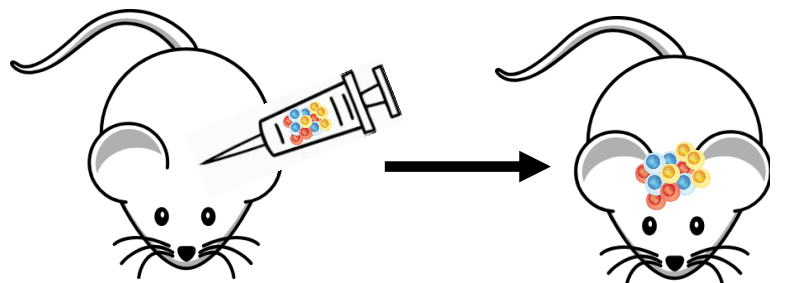
GOAL: Define the dose-rate limits of the functional preservation triggered by FLASH-RT



Is FLASH-RT efficient to treat brain tumors



# Does FLASH-RT trigger an antitumor effect on glioblastoma ?

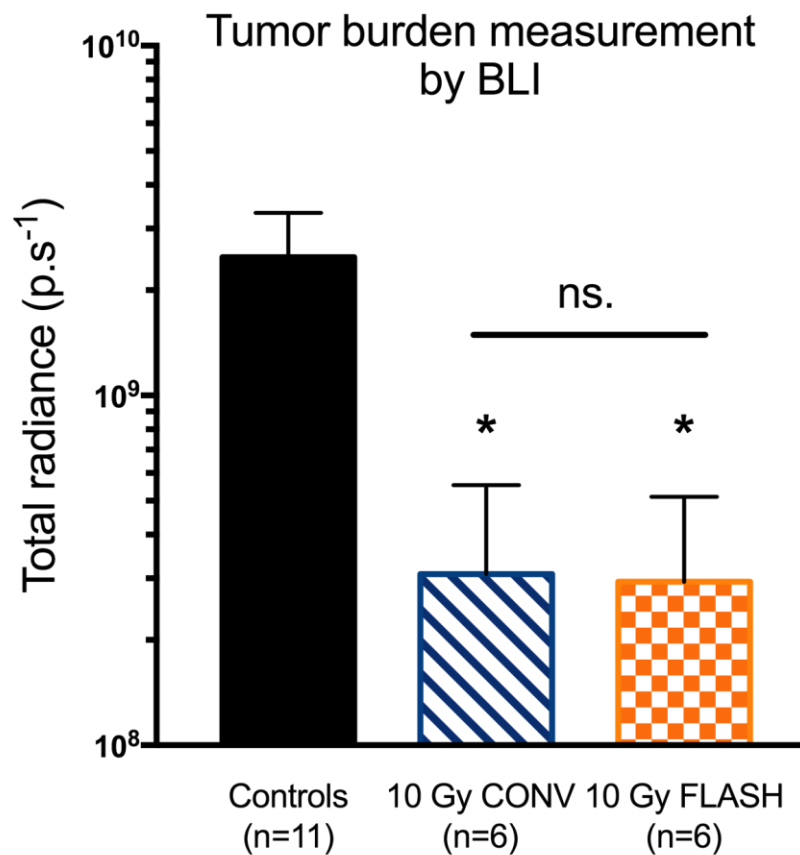


Controls  
(0 Gy)

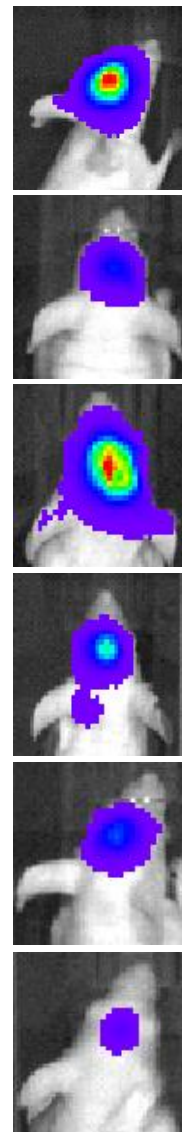
FLASH-RT

CONV

Tumor growth measurement by bioluminescence

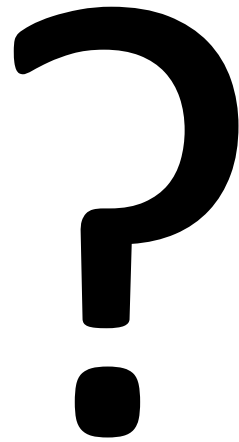


Control



→ FLASH and CONV-RT trigger the same antitumor effect !

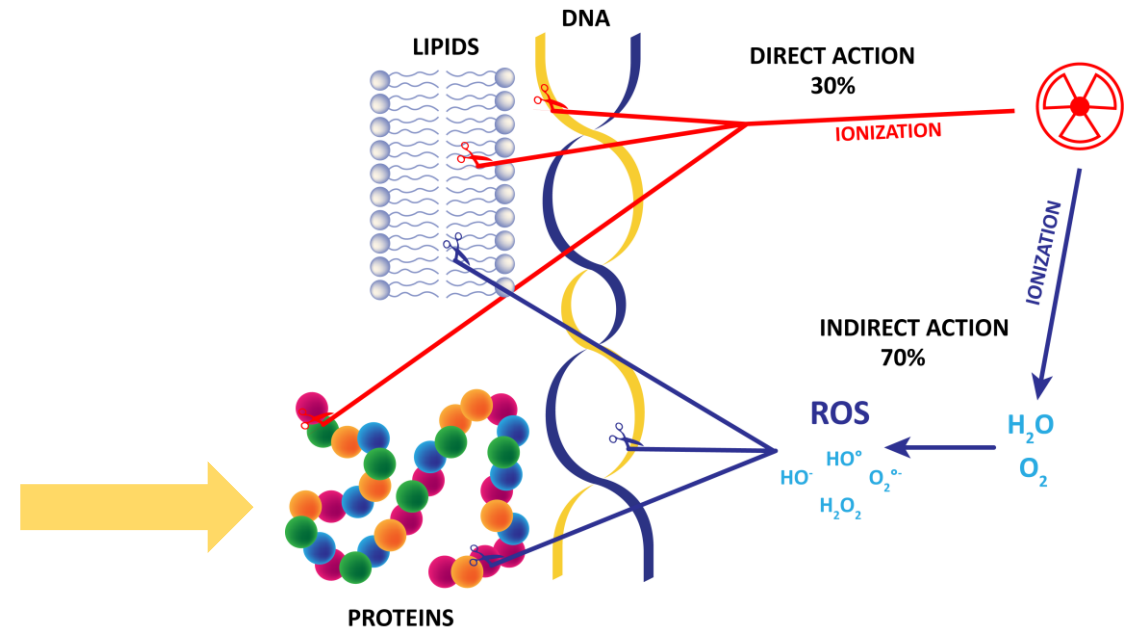
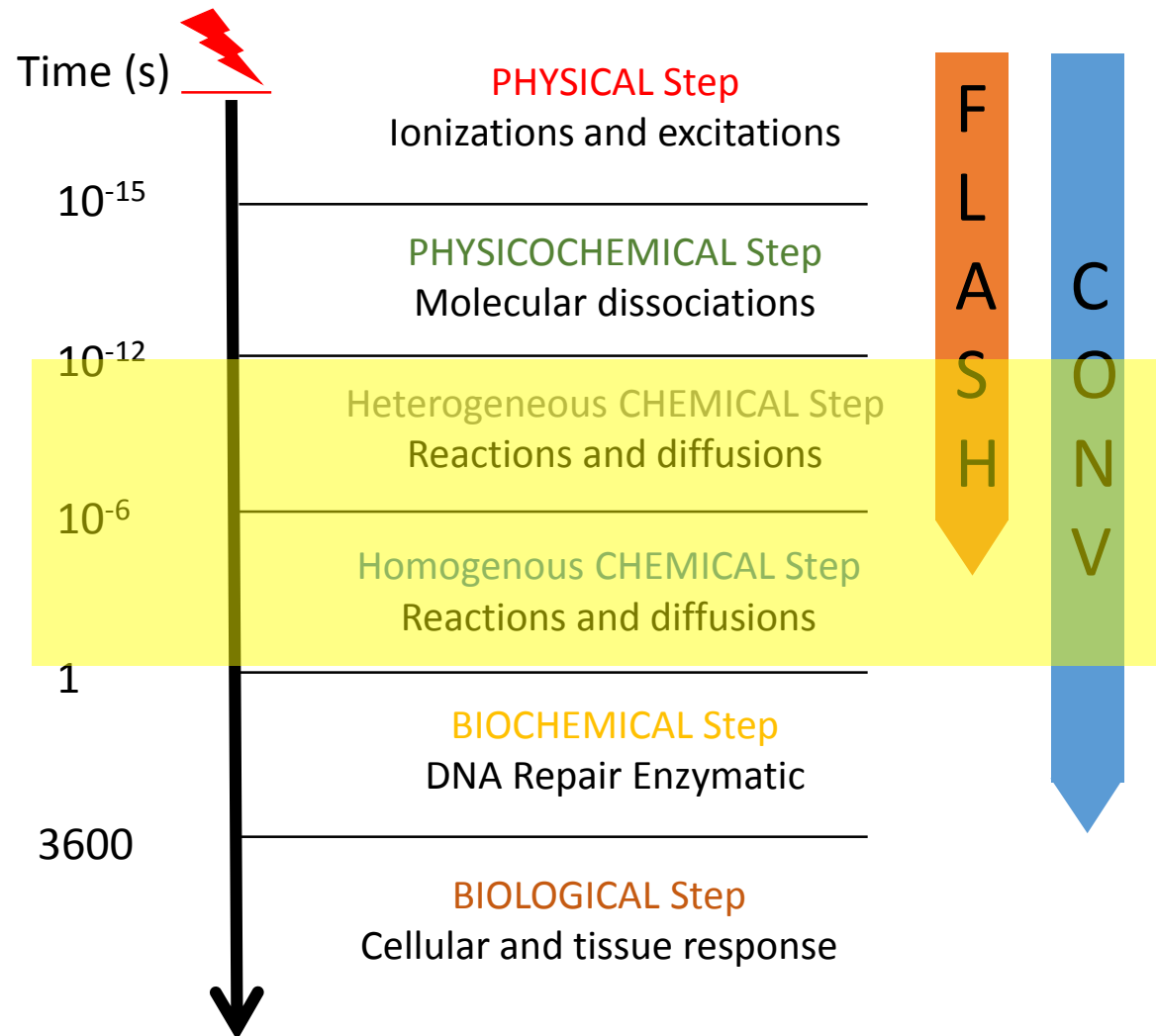
What are the underlying mechanisms to explain  
the FLASH effect



# How to explain those striking differences ?

HYP: Back to radiobiology basics: early radio-induced events can explain those differences

## Chronology of post-irradiation events and FLASH irradiation



Something different might happen during the chemical steps

→ O<sub>2</sub> consumption and ROS production ???

Prev. described  
(Ling et al. Edward et al. Dewey et al.)  
bacterial, mammalian cells, and *in-vivo*



## Playing with the oxygen tension = modify ROS production

- 1 – Make mice breathe 95% of oxygen (before and during IR)
- 2 – Increase oxygen tension in the brain
- 3 – Deliver FLASH or conventional dose-rate irradiation
- 4 – Evaluate memory



Increase in O<sub>2</sub> tension reverses the FLASH effect

Less ROS produced by FLASH-RT ?

# ROS Scavenging

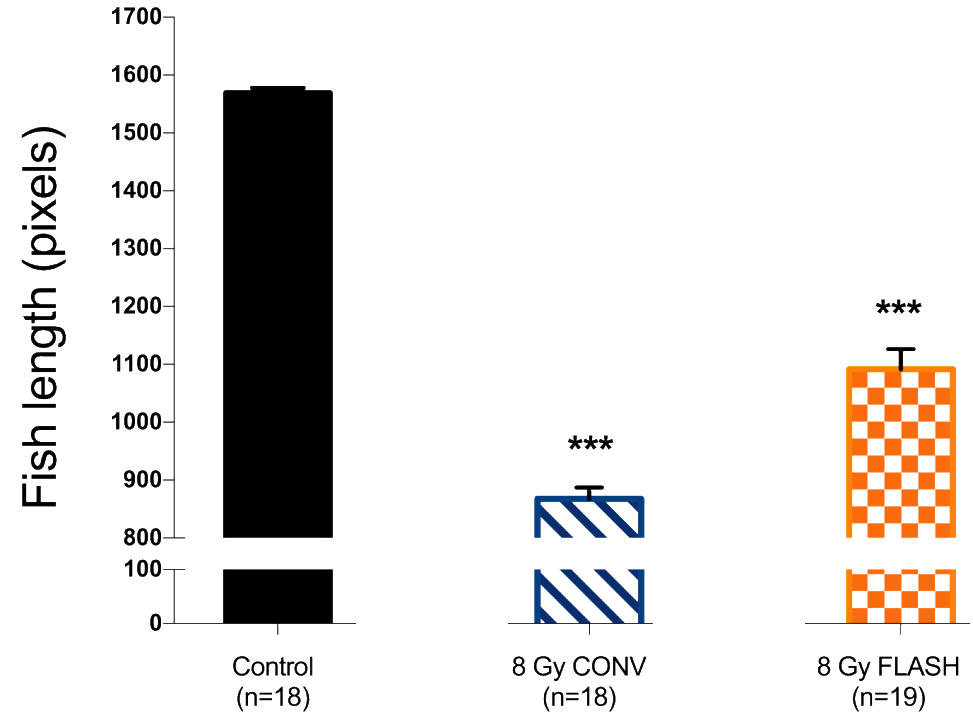
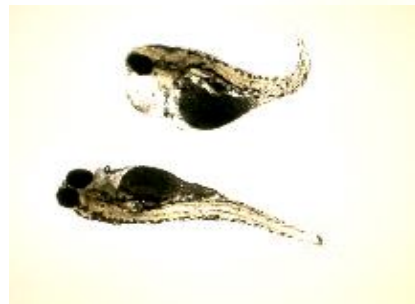
RT of fish eggs

→ Development assessment

CONV



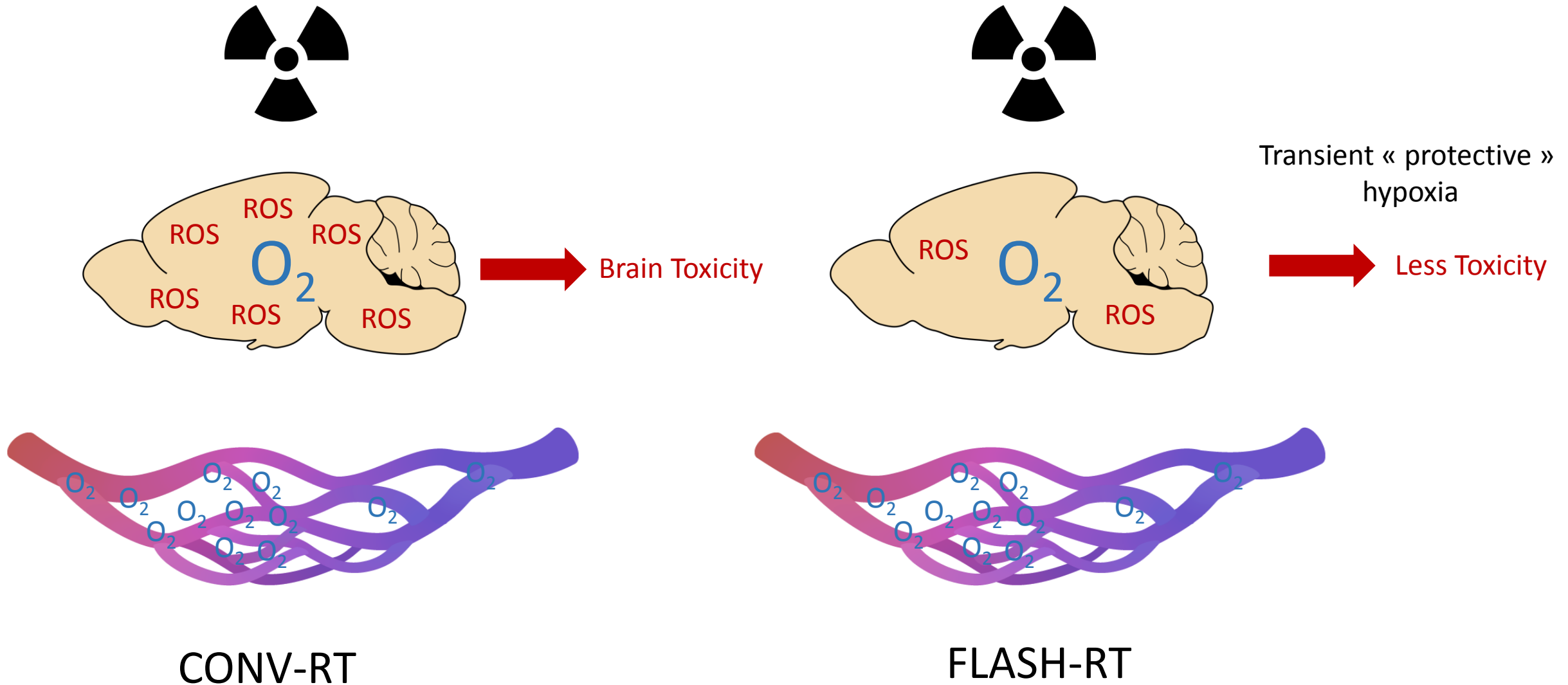
FLASH



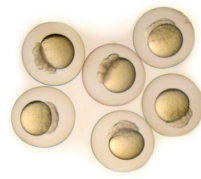
→ Antioxydant partially reverses the CONV effect  
→ No effect of antioxydant on the FLASH-RT (still less harmful)

**Toxicity is not mediated by ROS production with FLASH-RT**

**HYP: FLASH-RT induces a transient radiation-induced hypoxia that protects only the normoxic tissues**



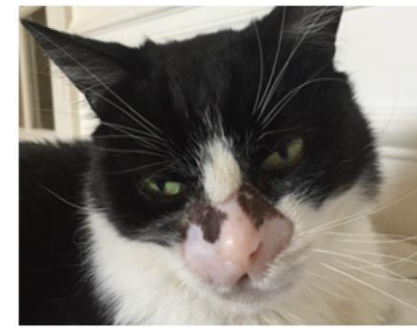
# And then ?



Fish eggs

Few toxicity

*Montay-Gruel et al. Sub (2)*



VET CLINICAL TRIAL  
Cat patients with SCC

Few toxicity  
Treats the tumor

*Vozenin et al. 2018*

**MECANISMES  
BIOLOGIQUES**

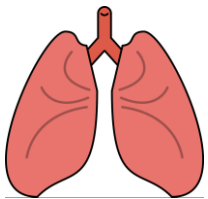


Mouse Brain

Few toxicity

Treats the tumor

*Montay-Gruel et al. 2017*  
*Montay-Gruel et al. Sub (1)*  
*Montay-Gruel et al. Sub (2)*



Mouse lung

Few toxicity

Treats the tumor

*Favaudon et al. 2014*

Keep investigating the mechanisms in translational research

## Clinical translation

- As soon as 2018
- 2020 for IORT

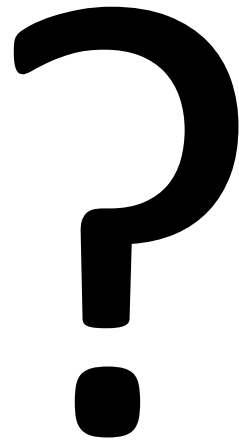
Induce less normal tissue toxicities  
Increase the curative doses  
Be more efficient to cure the tumors  
Treat quickly  
Increase the patient's QOL



Mini pig

Few toxicity  
*Vozenin et al. 2018*

How to extend the application of FLASH-RT  
in the clinical practice?





**Dosimetry is a key stone !**

## **Development of a monitor chamber** Mandatory for a clinical application



Real-time monitoring system of FLASH irradiation accelerators:  
pilot, check and verify delivered doses.

*FTI program in coll. with PMB-Alcen and Aix-Marseilles University*

# Which equipment?

## Intra-Operative Radiation Therapy



Better in-depth access

Benefit from a rapid treatment

Under development

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**THERIC**  
ALCEN

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*Courtesy of M.C. Vozenin*

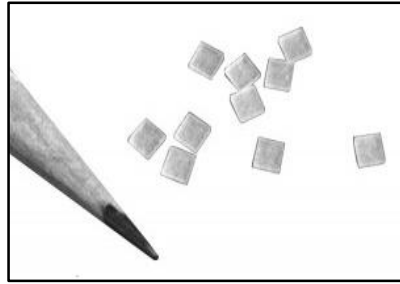
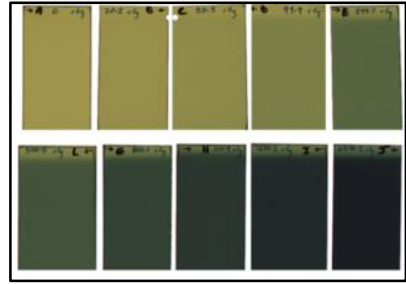
# What are the devices able to operate at Ultra-high dose rate?

	Dose rate	Volume	Use
<b>FLASH dedicated devices:</b>			
<b>Kinetron- Curie 4.4 MeV</b>	0.1 to 300 Gy/s	10X10 cm	Pre-clinical studies Clinical studies for superficial tumors
<b>Oriatron-CHUV 5.5 MeV</b>	Instantaneous up to 10e7Gy/s (dose rate within pulse) Mean dose rate 0.1 to 1000 Gy/s	10X10 cm	Pre-clinical studies Clinical studies for superficial tumors
<b>Modified linac-Stanford 20 MeV</b>	0.1 to 250 Gy/s	10X10 cm	Pre-clinical studies
<b>Modified linac-Lund 20 MeV</b>	0.1 to 250 Gy/s	10X10 cm	Preclinical Studies
<b>Proton-Therapy Centers with PBS</b>	Instantaneous >200 Gy/s  Mean dose rate 2-4 Gy/min	Few mm  20X20 cm	N.A.  Used in clinical practice
<b>Synchrotron light ESRF Brookhaven national Lab Australian synchrotron</b>	Instantaneous up to 18 000 Gy/s (dose rate within slice)  Mean dose rate 40 Gy/s	mm 10X10 cm	Pre-clinical studies Clinical trial Via a technology called Microbeam/MRT
<b>VHEE facilities 250 MeV</b>	1 Gy delivered in 10e15 s	mm	In development

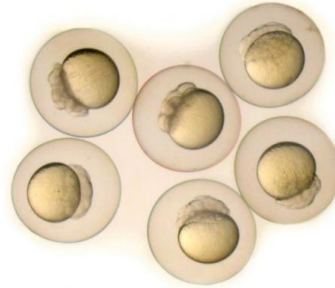
# What is the strategy currently developed in collaboration with CLEAR

→ Use passive physical dosimeters to record the dose

- Gafchromic films
- TLDs
- Alanine pellets



→ Use fish eggs as biological dosimeters



→ Answer the question:

Is CLEAR VHEE (> 200MeV) technology suitable to trigger a FLASH effect?



**Radio-Onco Lab**

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**EPFL Team**

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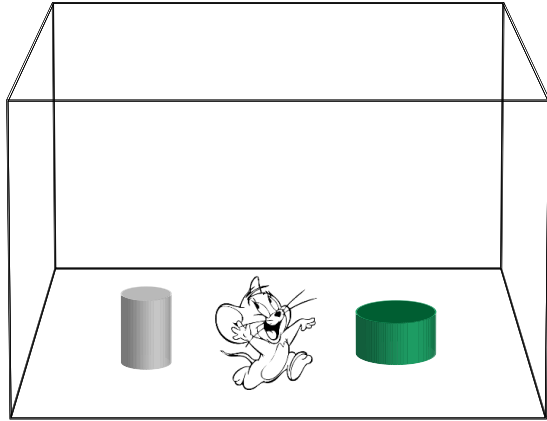


*Animal Facility of Epalinges*





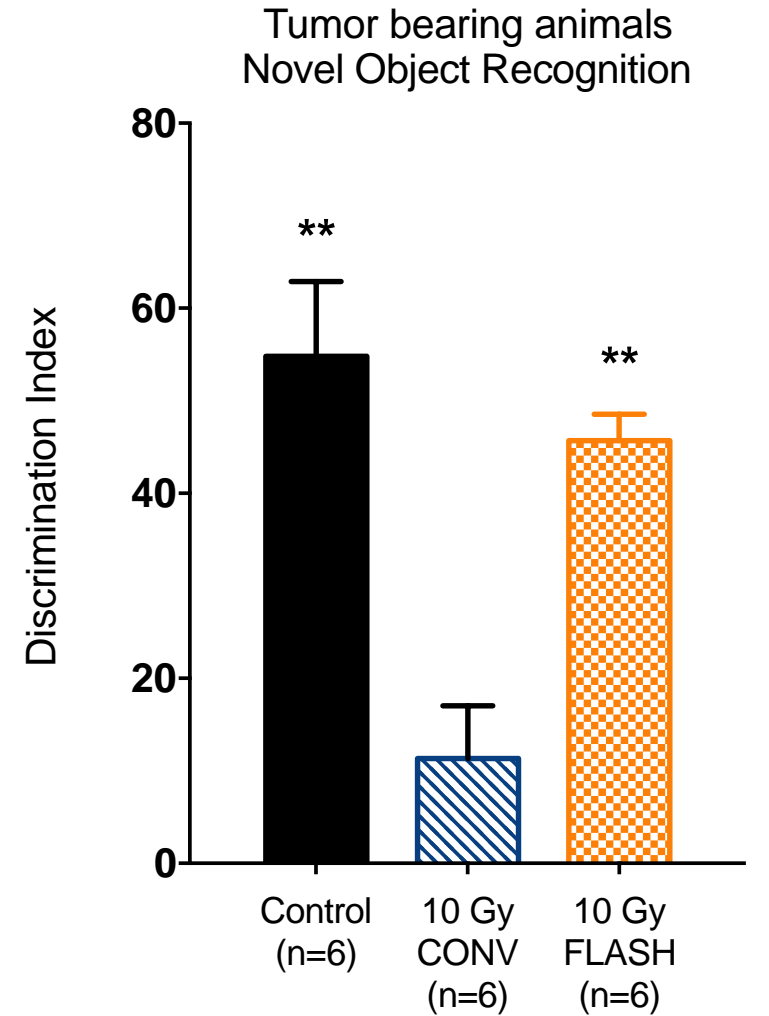
## Do irradiated mice develop cognitive alterations ?



Montay-Gruel et al (in revision)

No toxic effect  
of FLASH-RT  
on the memory

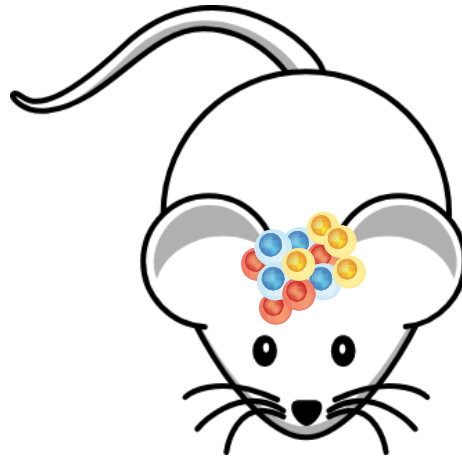
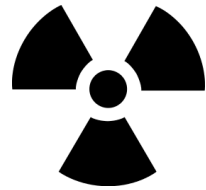
Time spent on the **unknown** object  
Time spent on the **familiar** object  
=  
**Memory evaluation parameter**  
**Discrimination index**



# BUT: Why is FLASH-RT efficient to treat tumors ?

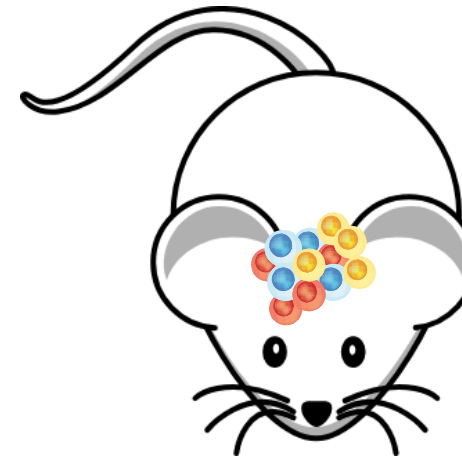
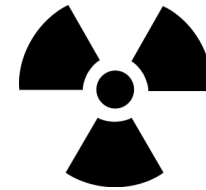
Because most of them are hypoxic *per se*

CONV



Direct effects +++ = TUMOR CONTROL  
Few ROS production because of hypoxia

FLASH

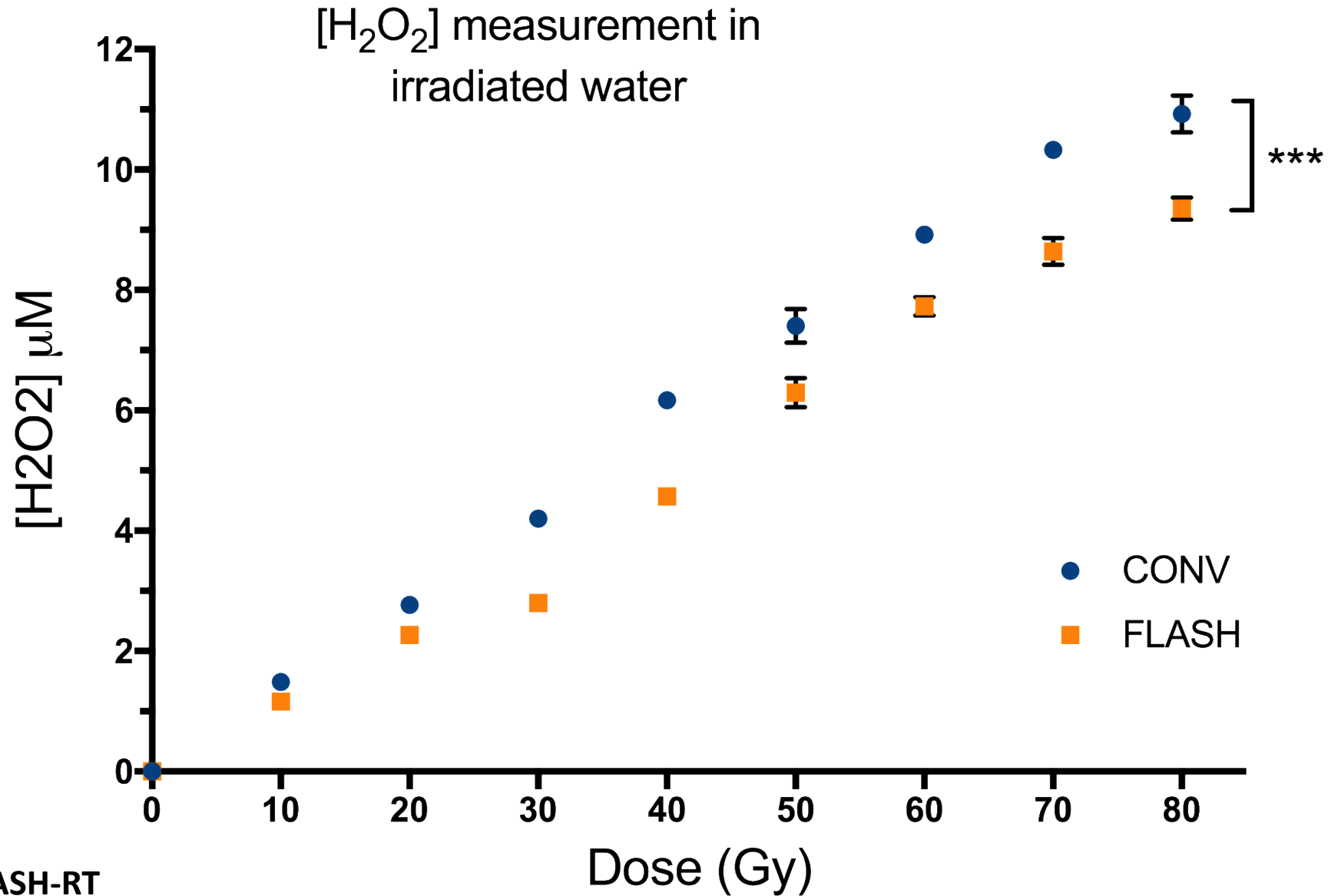


**SAME EFFECT  
ON THE TUMORS**

Same dose = Same direct effects  
Few ROS production because of hypoxia and oxygen depletion

# Production of ROS by water-radiolysis with FLASH-RT

4% O<sub>2</sub> water  
Water radiolysis  
→ Non-biological model



→ Less production of H<sub>2</sub>O<sub>2</sub> with FLASH-RT

# Faire varier la quantité d'oxygène = faire varier la production de radicaux libres

