



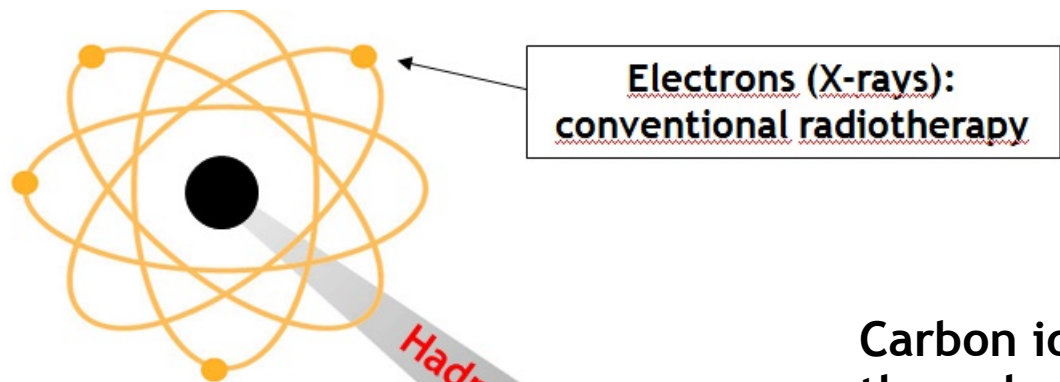
Hadrontherapy: a new energy against tumors

Mutti Viviana – CNAO Foundation

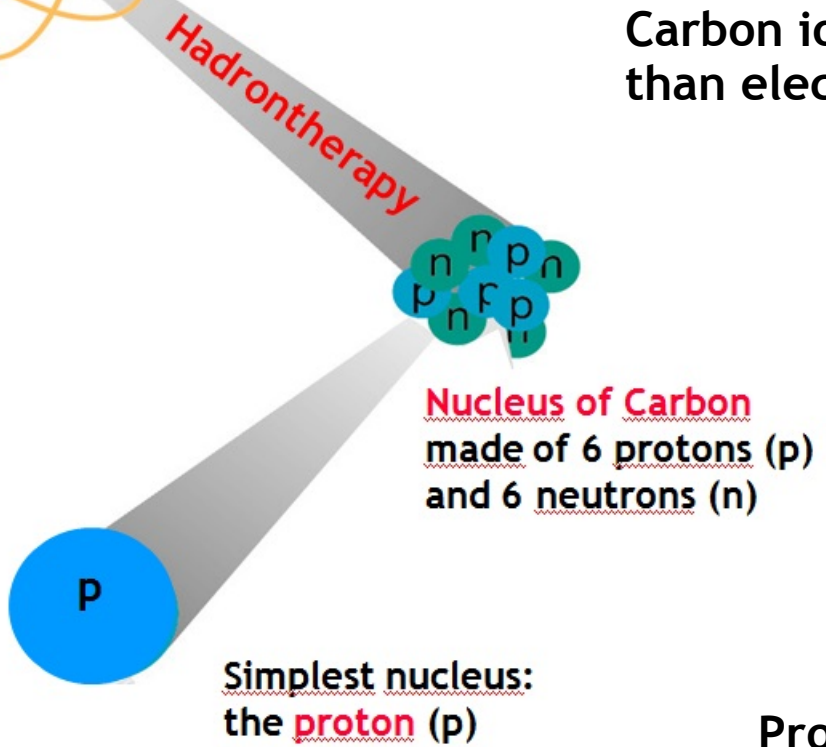
INFN – LNF – February 16th, 2018

fondazione **CNAO**
Centro Nazionale di Adroterapia Oncologica

Hadrontherapy ?



Carbon ion is 12x2000 times heavier than electron



Proton is 2000 times heavier than electron

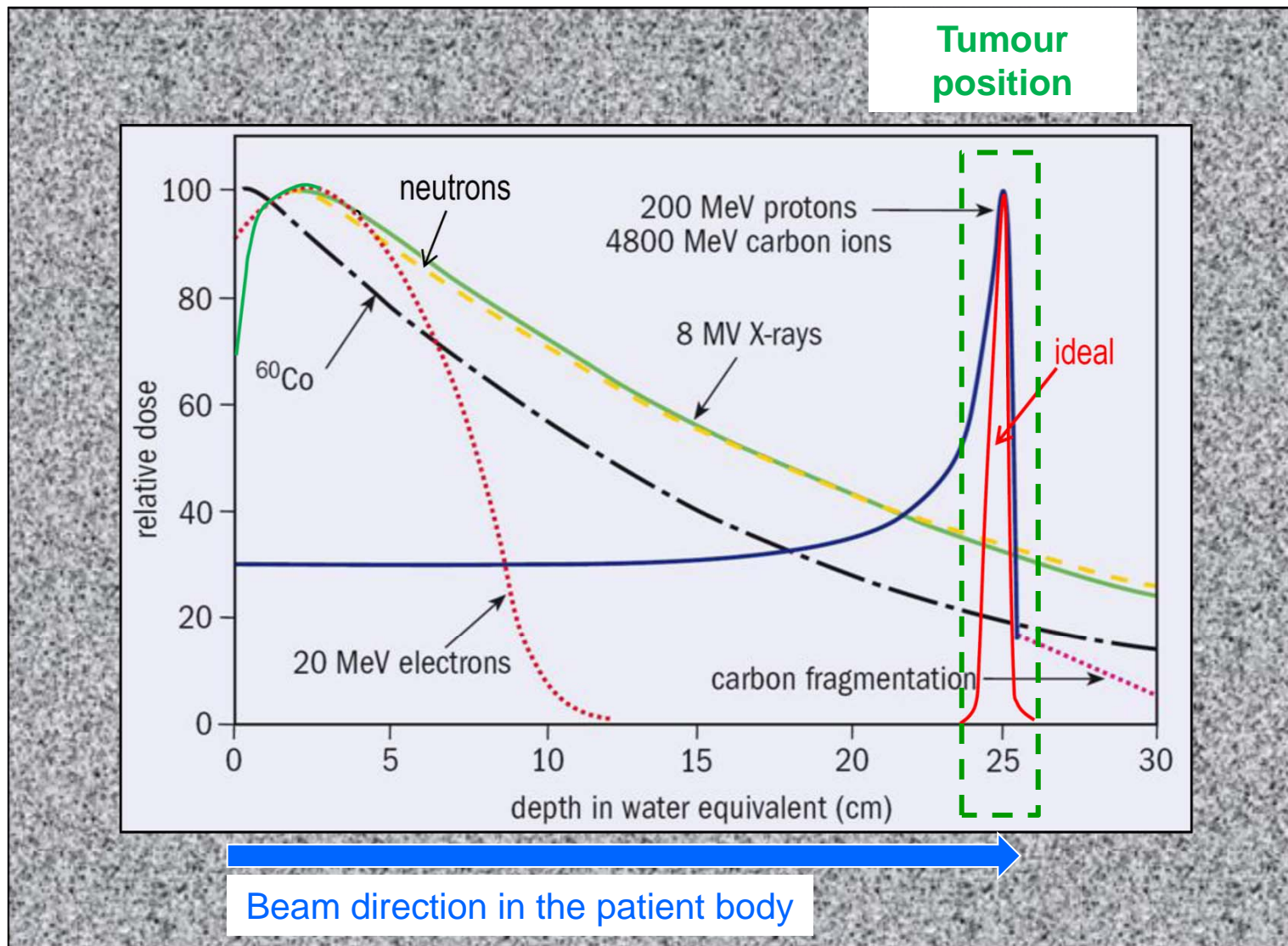
Which advantages with hadrons ?

+ PRECISION

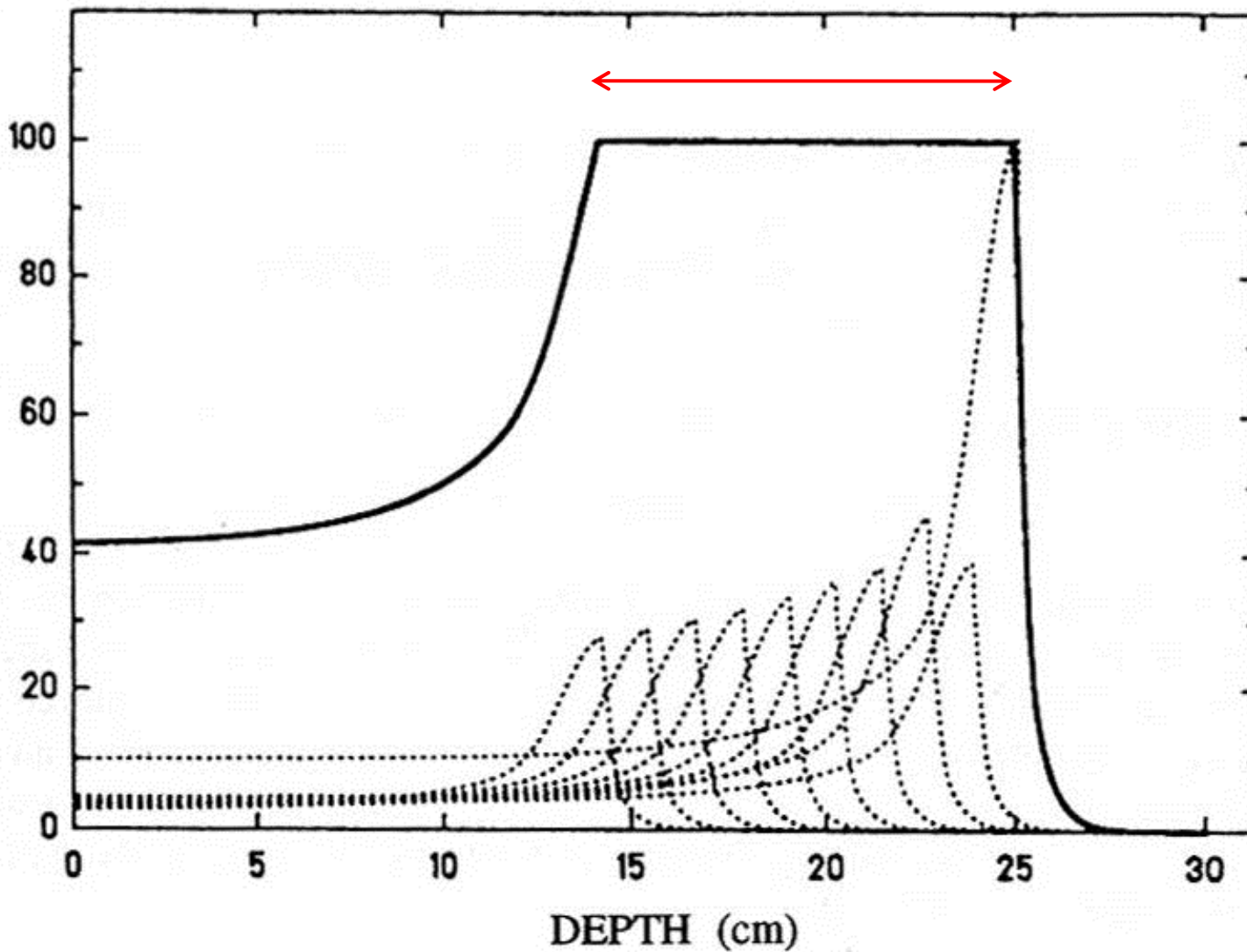


Conformal irradiation of tumour volume
(= reduced damages to healthy tissues)

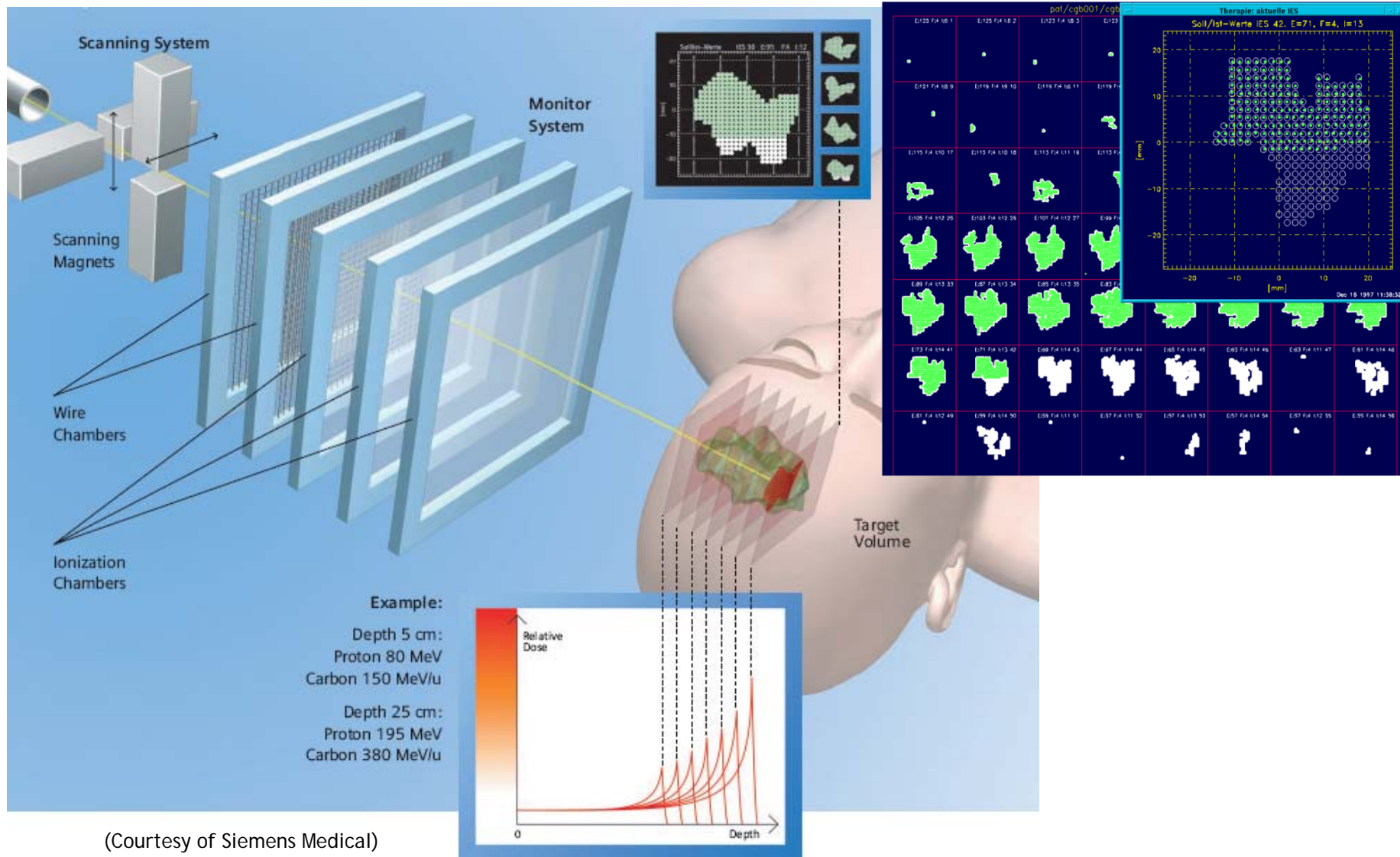
Precision in hadrontherapy



Precision in hadrontherapy

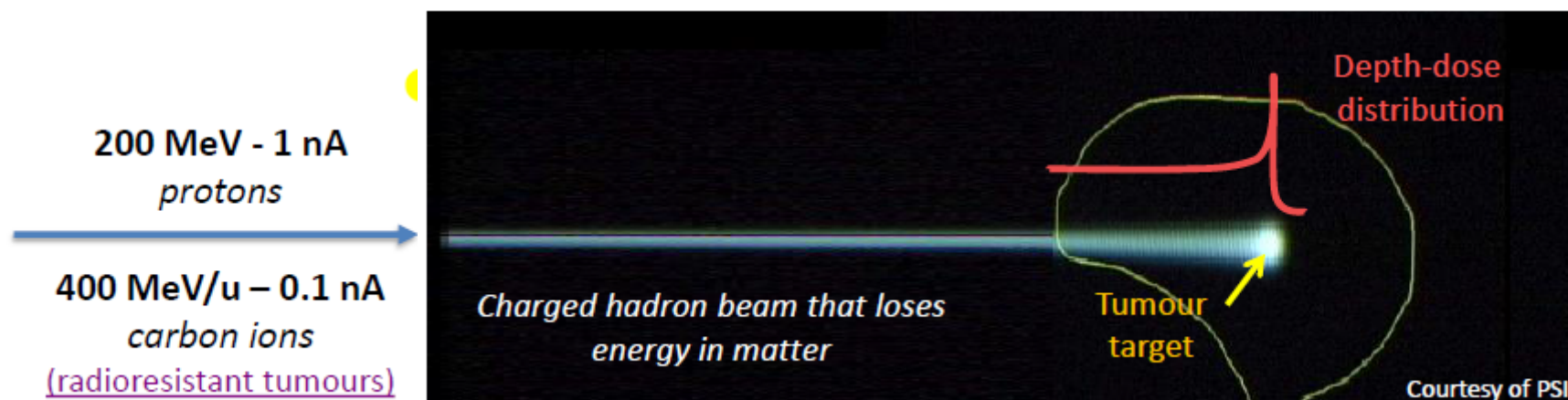


Irradiation technique **active scanning**



(Courtesy of Siemens Medical)

Hadron beams in matter



- While passing through matter, a hadron loses most of its energy when it is almost stopped, at the so-called *Bragg peak*.
- High doses can be delivered to tumour target while providing low doses to frontal and distal healthy tissue.
- The position of the Bragg peak depends on the energy of the hadron at the volume entrance.

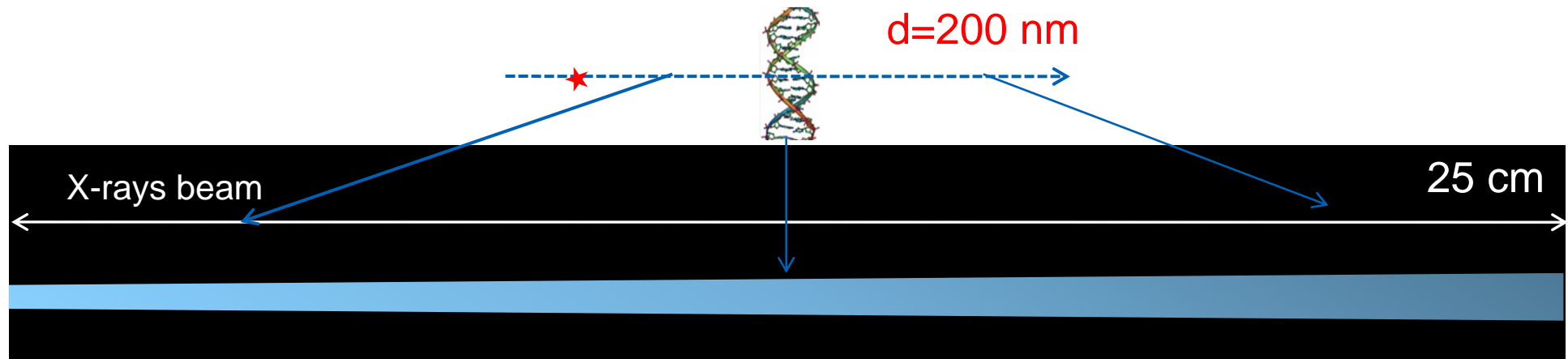
Which advantages with hadrons ?

+ EFFICACY

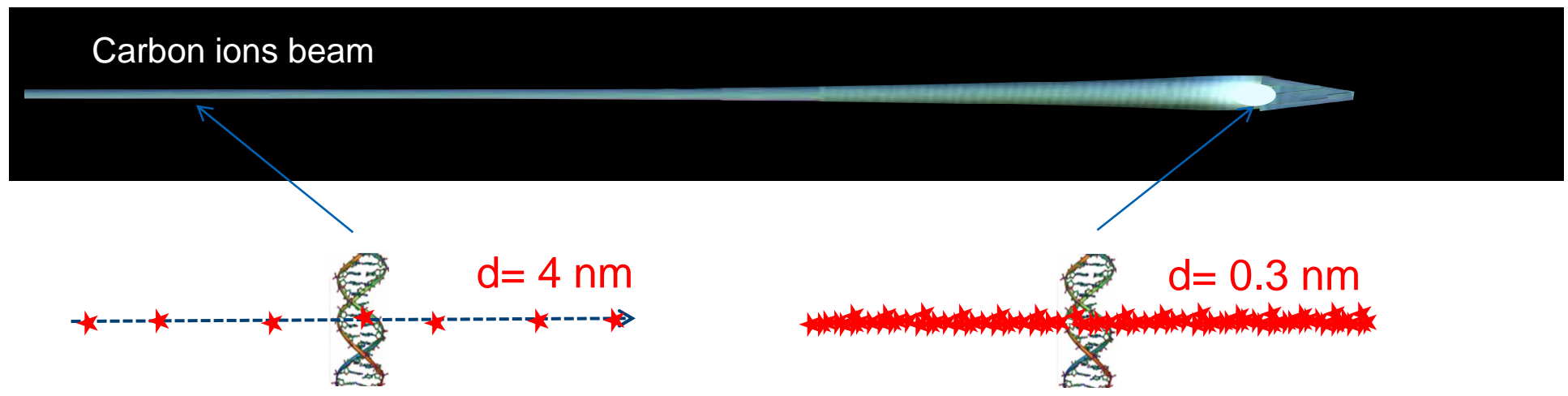


Increased radiobiological efficacy of carbon ions
(= DNA of tumour cells destroyed in multiple hits)

X-rays: **sparse damage and indirect effects**



Carbon ions: **clustered damage on tumour and direct effect**



Number of potential patients

European Country: 60 MILLIONS HABITANTS

X-Ray therapy (photons 5 - 20 MeV)

New patients per year: 150'000 pts/y

Protons

Category A: elective patients = 1'000 pts/y

Category B: good indications = 12'000 pts/y

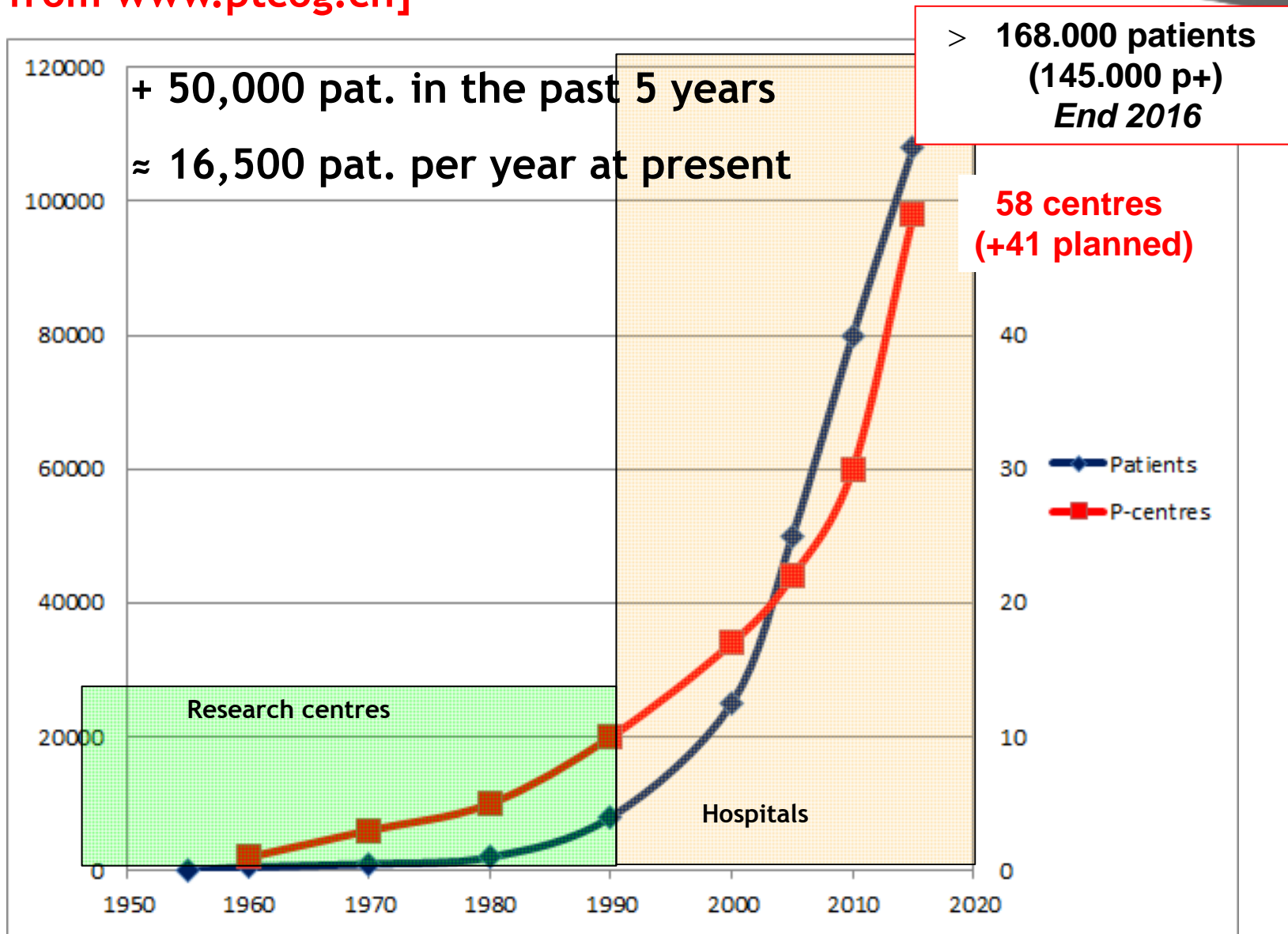
Carbon ions

% radioresistant tumours 1'500 pts/y

IDEAL

1 dual centre (p and C)
Possibly 1 protontherapy centre every 10 M citizens

[Data from www.ptcog.ch]



Carbon Ions: > 23.000 patients; 10 centres (5 multi ions+2 in construction)

Hadrontherapy in the world

[Data from www.ptcog.ch]

Europe: **17** (3 C-12)
[12+1]

Usa: **25**
[10+1]
Canada: **1**

[Argentina: 1]

South Africa: **1**

Japan: **15** (5 C-12) [3]

China: **3** (2 C-12) [6]

Russia: **3** [2]

South Korea: **2**

Taiwan: **1** [1]

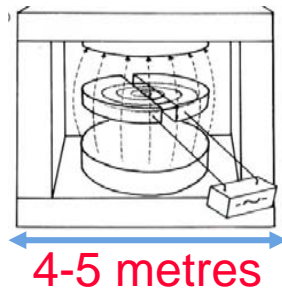
[India: 2] [Singapore: 1]
[Saudi Arabia: 2] [Emirates: 1]

Operating: **58p + 10c-12**
[Future: **41p + 2c-12**]

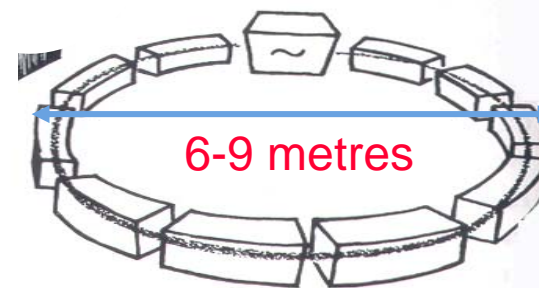
The accelerators used today in hadrontherapy are “circular”

Teletherapy with protons (200-250 MeV)

CYCLOTRONS (*) (Normal or SC)



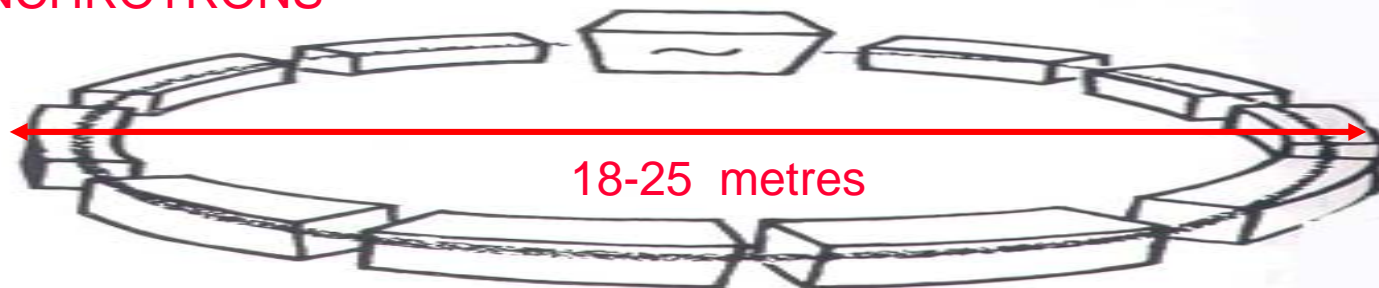
SYNCHROTRONS



(*) also synchrocyclotrons

Teletherapy with carbon ions (4800 MeV = 400 MeV/u)

SYNCHROTRONS



Cyclotron



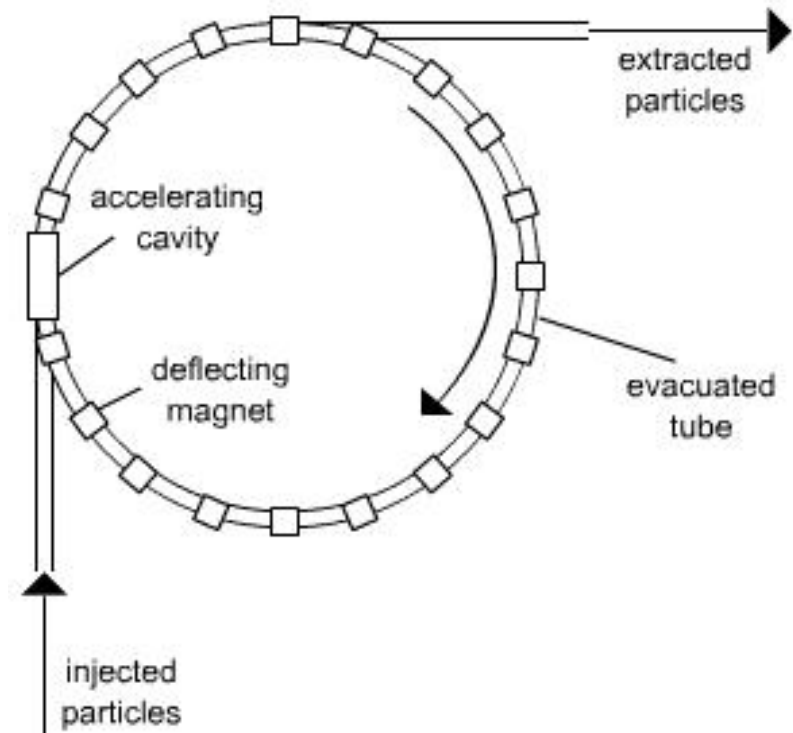
Spiral trajectory

$B = \text{constant}$

Dynamic law: $\omega_{rev} = \frac{qB}{m}$

Fixed frequency, high intensities

Synchrotron



Circular trajectory

$\rho = \text{constant}$

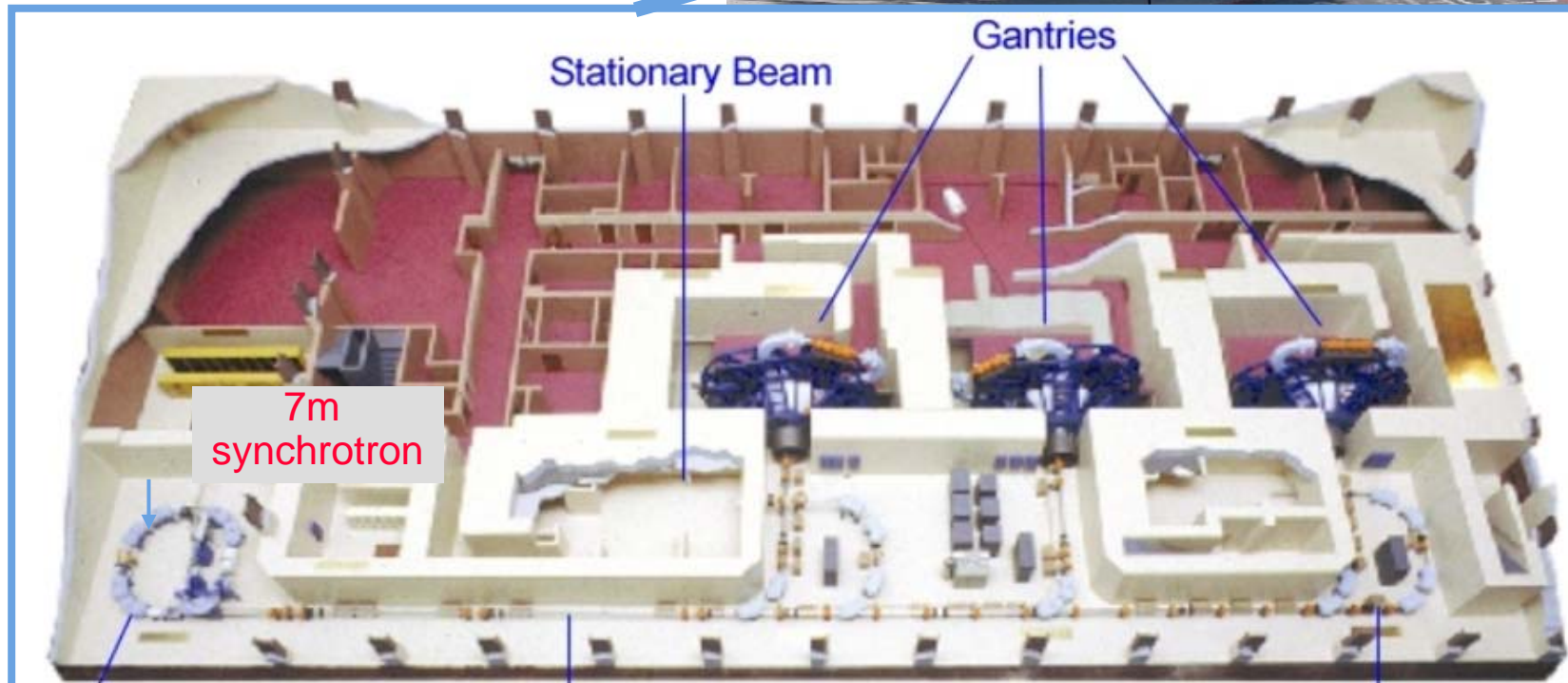
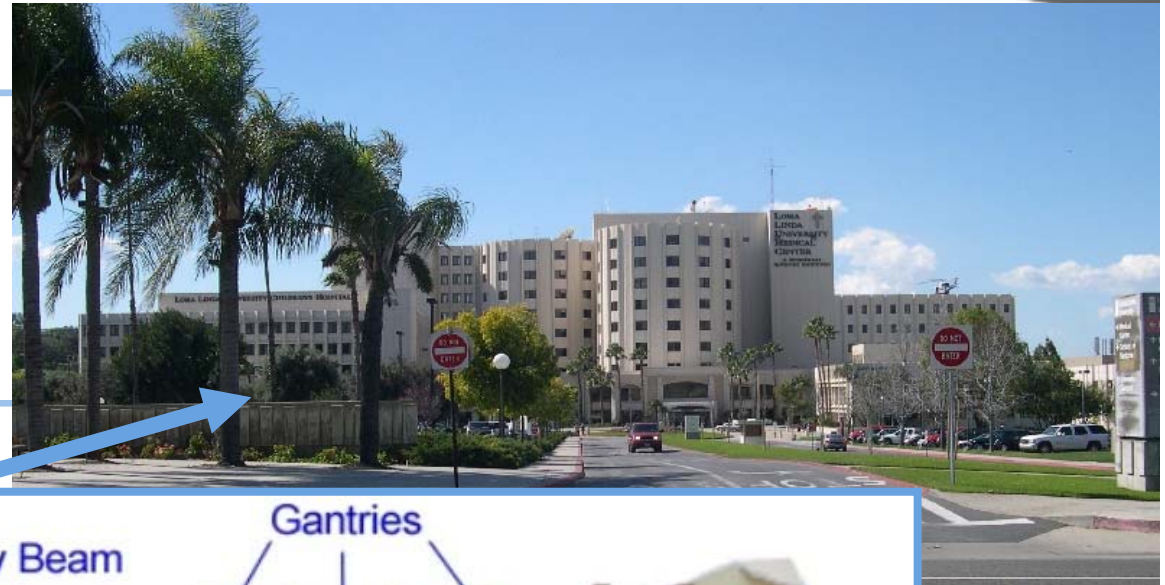
Dynamic law: $p = qB\rho$

Energy increases with B

Loma Linda University Medical Center: first patient 1992

First hospital based
protontherapy centre
(1992)

2012: 160 sessions/d



Optivus Ltd. commercialises this centre

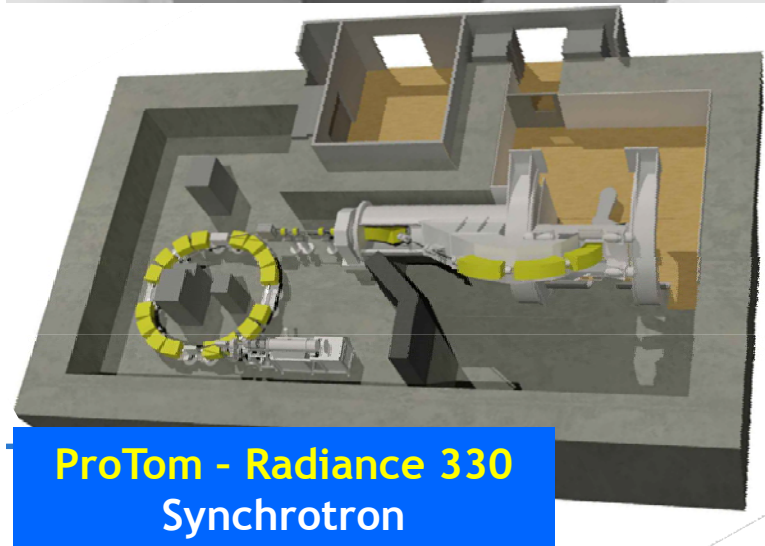
Single room facilities for **protontherapy**



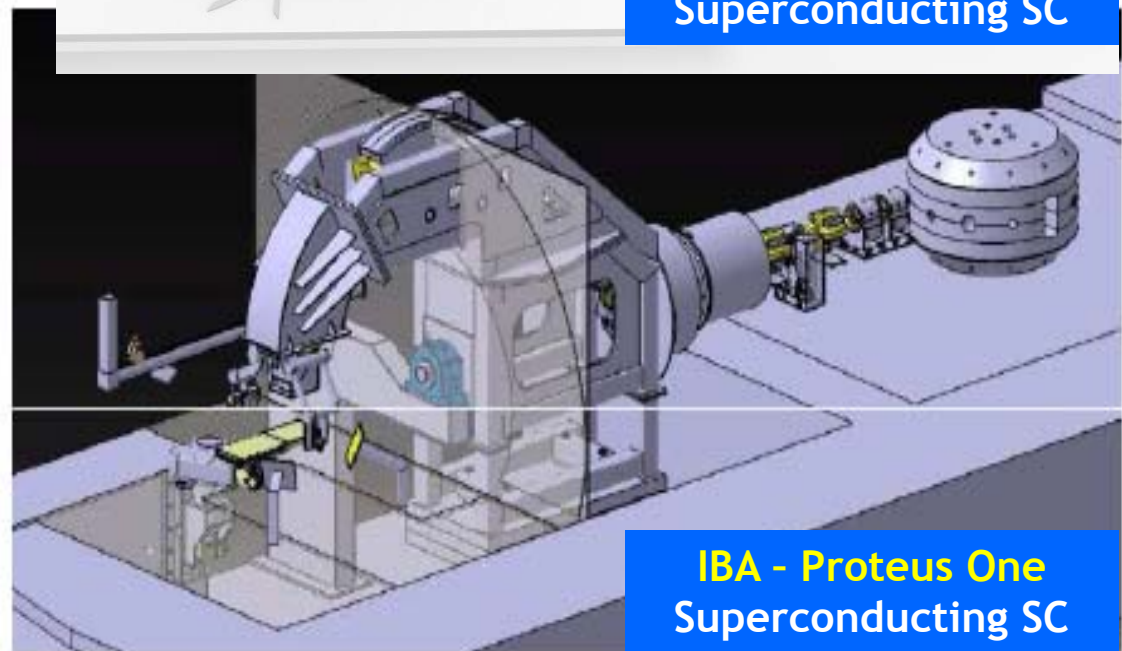
MEVION S250
Superconducting SC



Varian - Probeam
Superconducting SC



ProTom - Radiance 330
Synchrotron



IBA - Proteus One
Superconducting SC

HIMAC

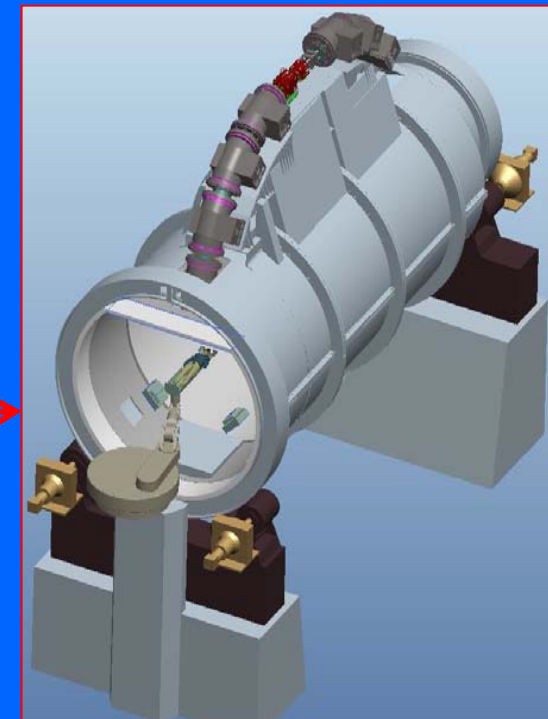
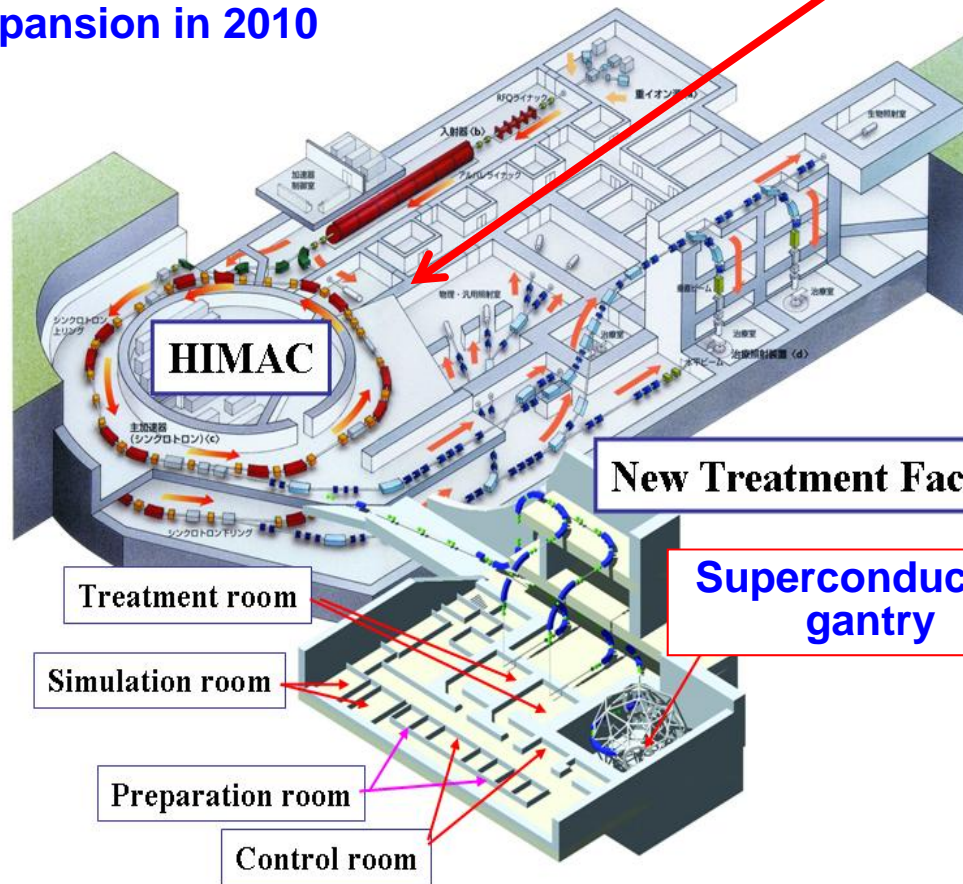
Heavy Ion Medical Accelerator in Chiba

(First patient in 1995)

Carbon Ion facilities

2 synchrotrons 800 MeV/u,
therapy and nuclear physics

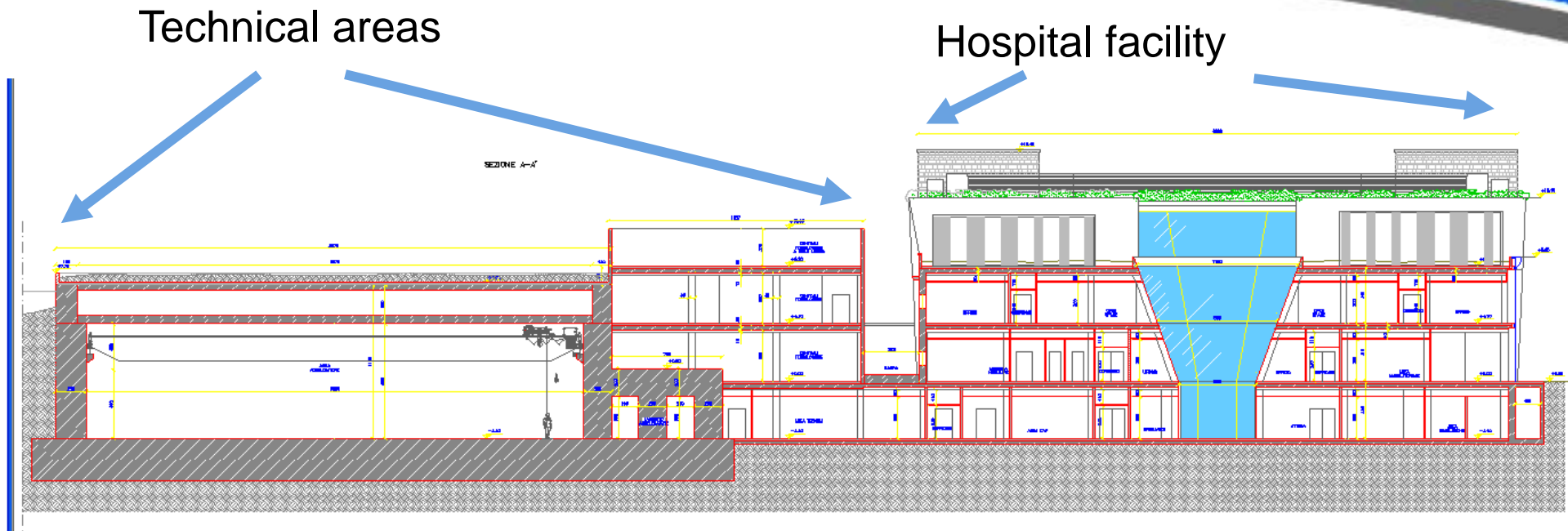
Expansion in 2010



CNAO - Pavia







HOSPITAL FACILITY DEVELOPING ON FOUR LEVELS

Surface Level (L.0): reception, first visit, follow up visits and medical imaging

Underground level (L. -1): treatment area

First floor (L. 1): administration, offices and laboratories

Second floor (L. 2): direction, conference and meeting rooms

Year 1991...

CERN/PPE/UA/eo

25 Maggio 1991

Per un Centro di
Teleterapia con Adroni

Ugo Amaldi

CERN e Università di Milano

Giampiero Tosi

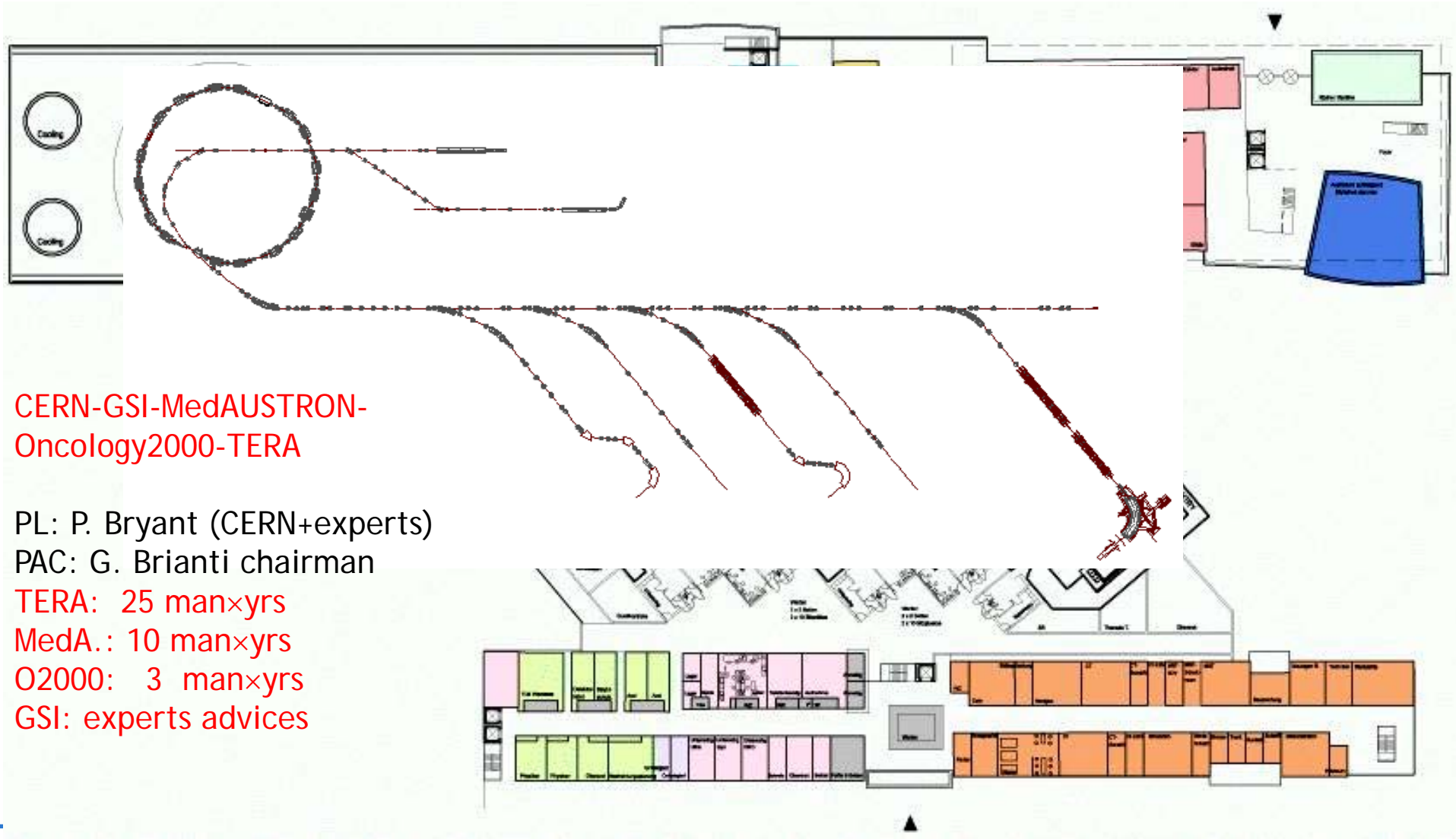
Ospedale di Niguarda, Servizio di Fisica Sanitaria,
e Università di Milano

ATER-INFN



From 1996 to 1999 at CERN

PIMMS (Proton-Ions Medical Machine Study)



CERN-GSI-MedAUSTRON-
Oncology2000-TERA

PL: P. Bryant (CERN+experts)

PAC: G. Brianti chairman

TERA: 25 man×yrs

MedA.: 10 man×yrs

O2000: 3 man×yrs

GSI: experts advices

Objective: define the optimal hadrontherapy centre without constraints

fondazione **CNAO**

Not-for-profit private Foundation

Created by the Italian Ministry of Health at the beginning of 2001

with the purpose to build and run a hadrontherapy Centre

The Board is formed by 13 Institutions:

- 5 hospitals
- 3 universities
- 2 research institutes
- 2 public entity (Ministry of Health and Town of Pavia)
- 1 bank foundation

Phases of CNAO

Phase 0: organization



Years: 2002 - 2004

Phase 1: construction



Years : 2005 - 2010

Phase 2: experimental

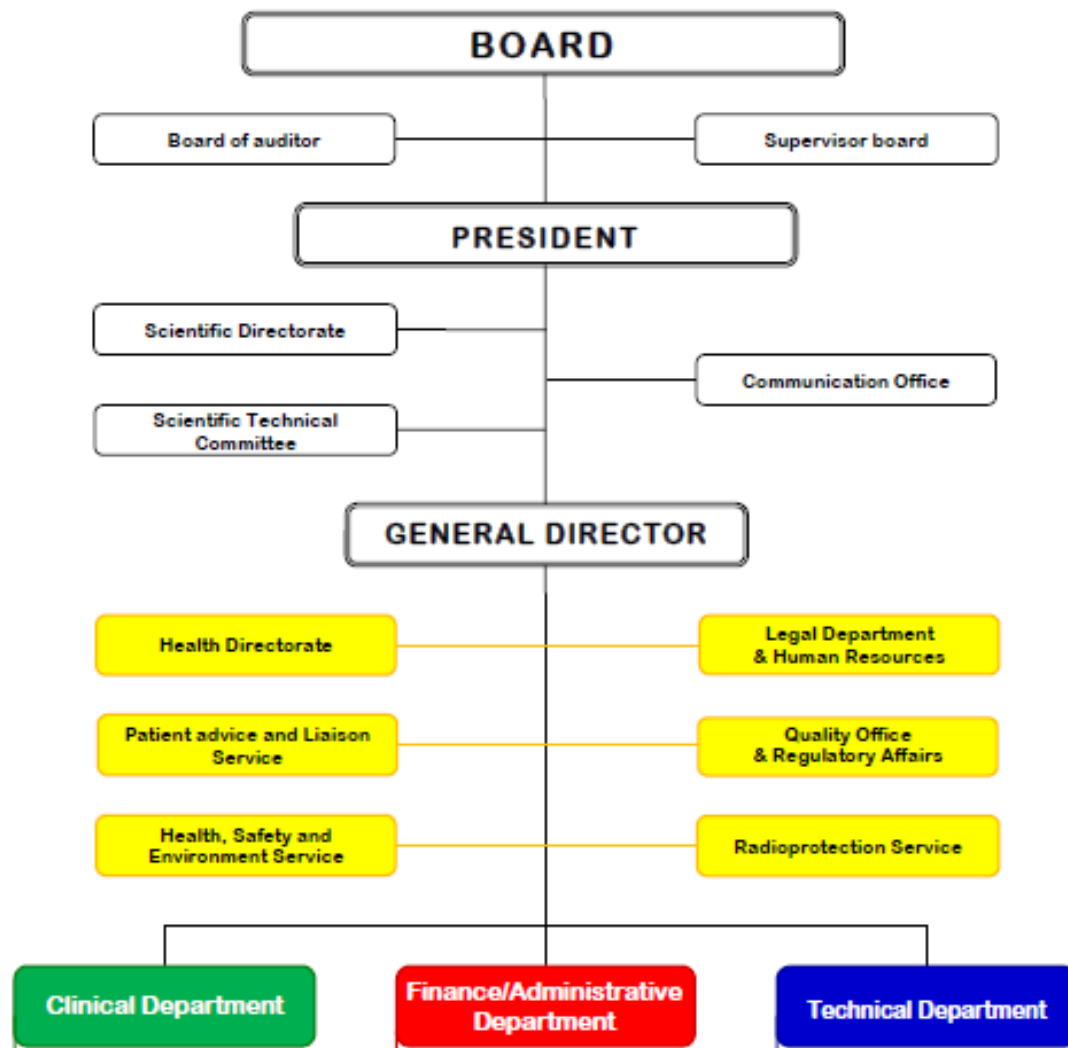


Years: 2010 - 2013

Phase 3: running



Years: 2014 - ...



Synchrotron Operation: H24, 7/7
Maintenance: 4/year - 5 days each (Thursday to Tuesday)
Treatments: Mon to Fri - 8:00 to 21:00
QA: Mon to Fri - 6:00 to 8:00
Beam time for research during nights and week-ends



Collaborating Institutes: *a network for construction and research*

NATIONAL

TERA Foundation: final design and high tech specifications

INFN: technical issues, radiobiology, research, formation

University of Milan: medical coordination and formation

University of Pavia: technical issues, radiobiology, formation

University of Catania: medical physics

University of Florence: medical physics

University of Turin: interface beam-patient, TPS

Polytechnic of Milan: patient positioning, radioprotection, authorisations

European Institute of Oncology: medical activities, authorisations

San Matteo Foundation: medical activities, logistics

Town of Pavia: land and authorisations

Province of Pavia: logistics and authorisation



Collaborating Institutes: a network for construction and research

INTERNATIONAL

CERN (Geneva): technical tasks, PIMMS

GSI (Darmstadt): linac and special components

LPSC (Grenoble): technical tasks

Med-Austron (Wien): technical and clinical collaboration

Roffo Institute (Buenos Aires): medical activities

NIRS (Chiba): medical activities, radiobiology, formation

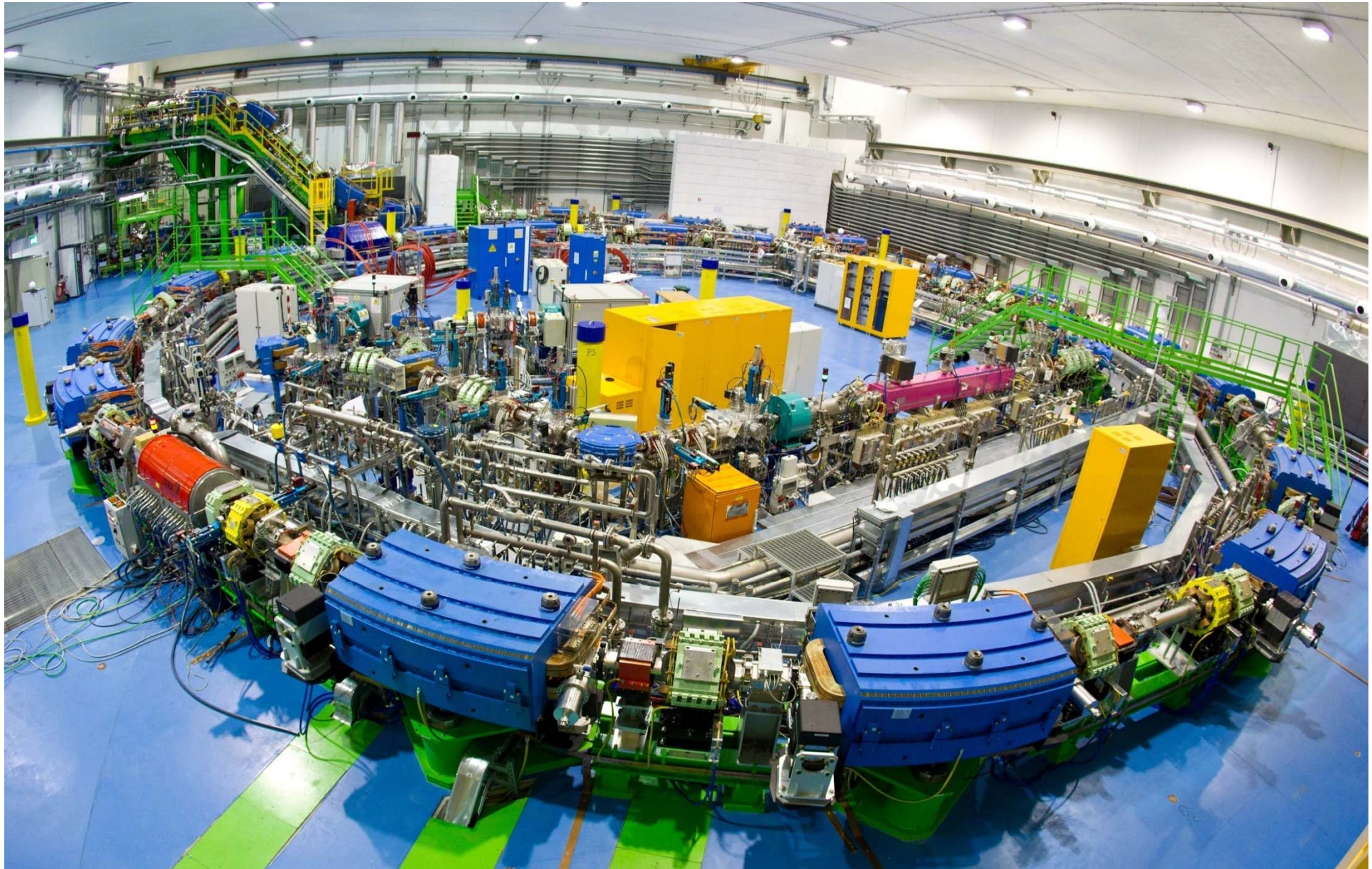
HIT (Heidelberg): research issues

IFJ PAN (Krakow - Poland): medical activities

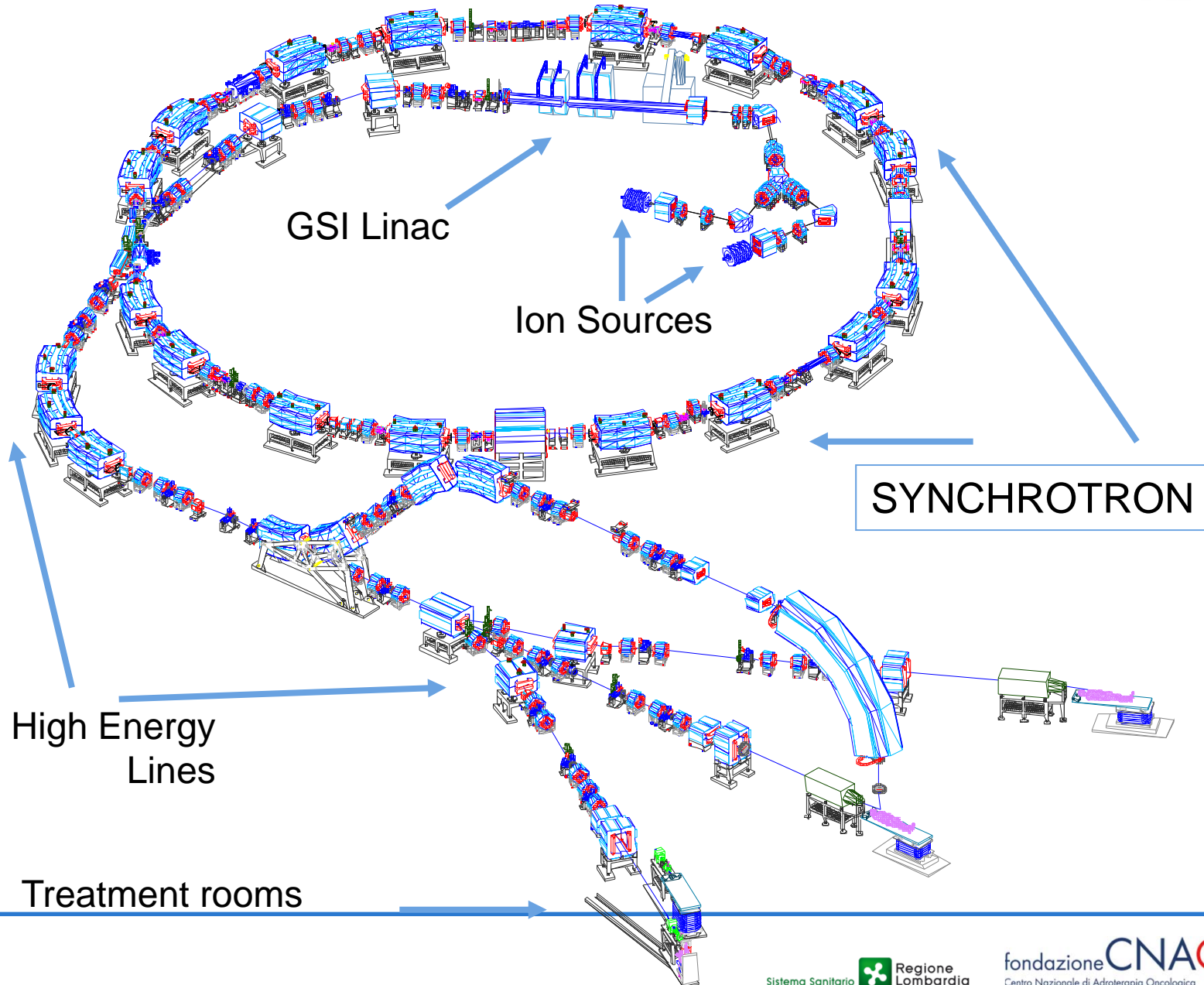
Uni Essen (Germany): medical activities

Sykehuspartner (Norway): medical activities

The high-tech for protons and carbon ions

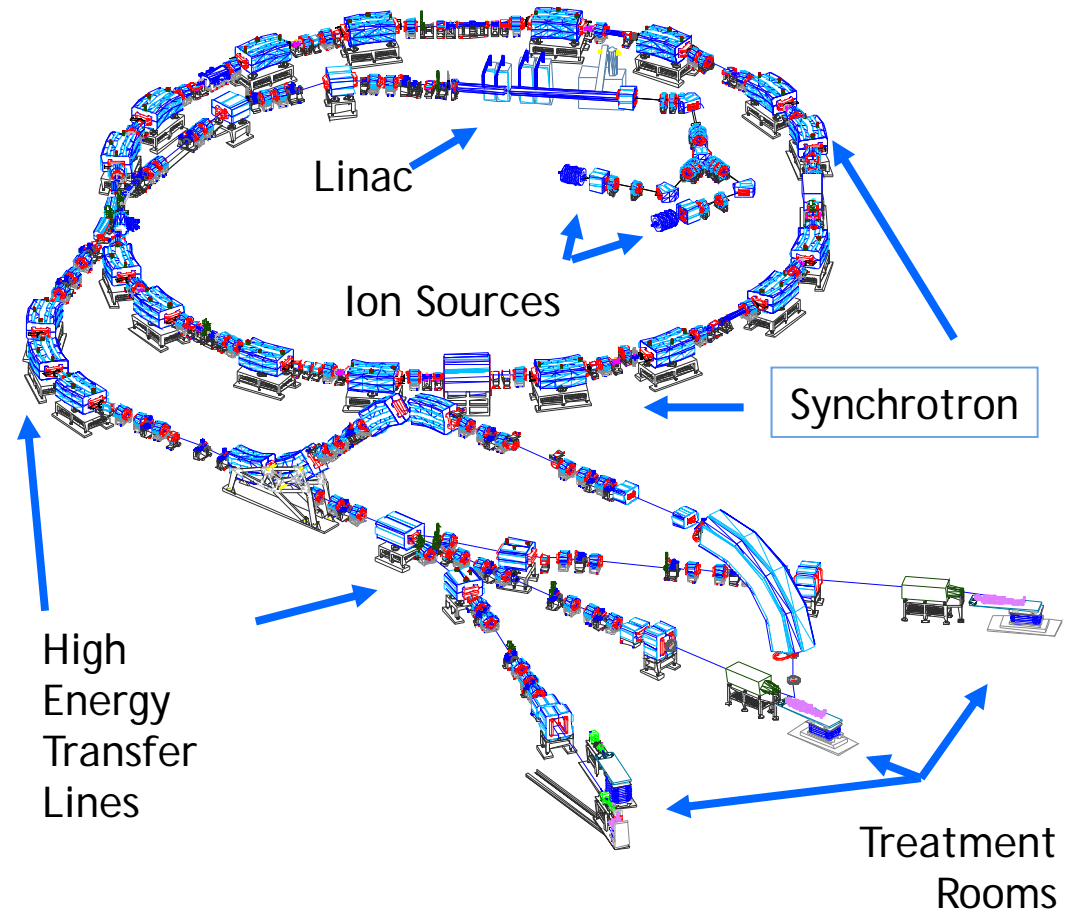
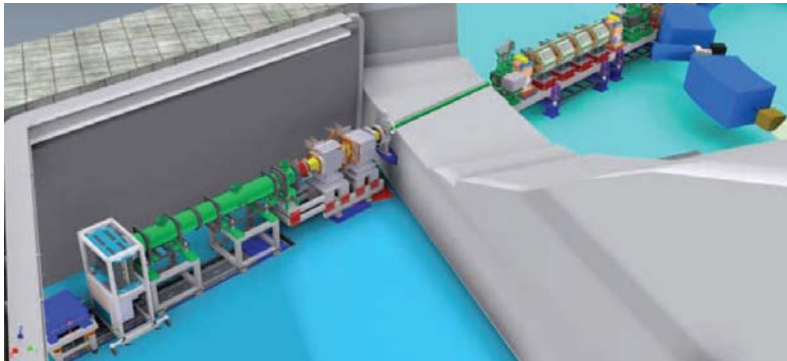


CNAO System - A prototype



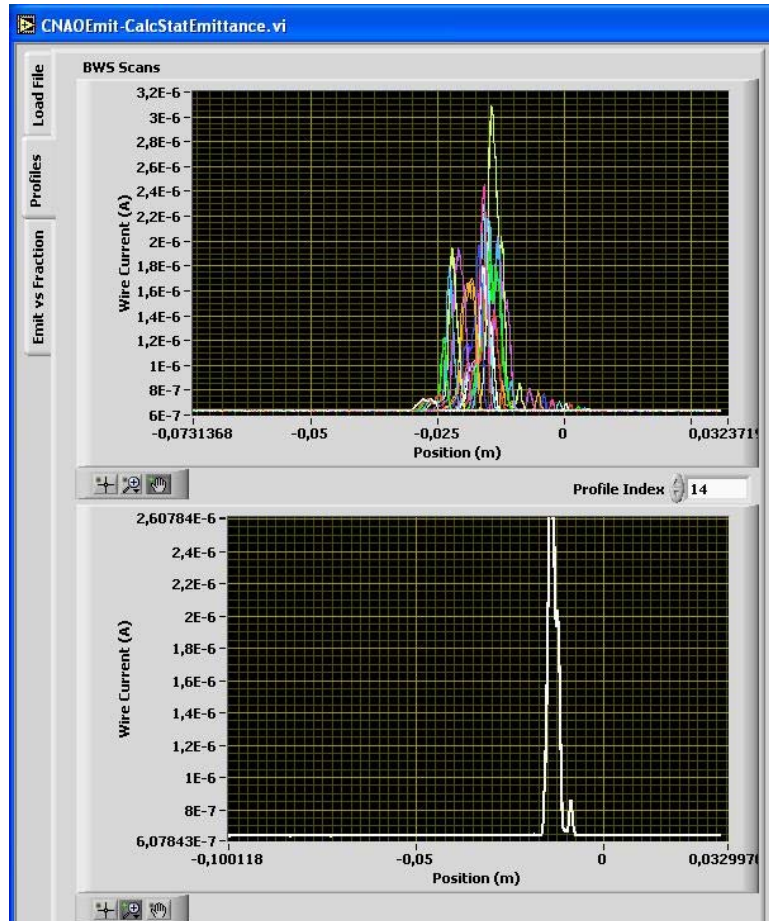
Flexible hightech design: compact solution

Coming up in 2018
New experimental room
(in collaboration with INFN)

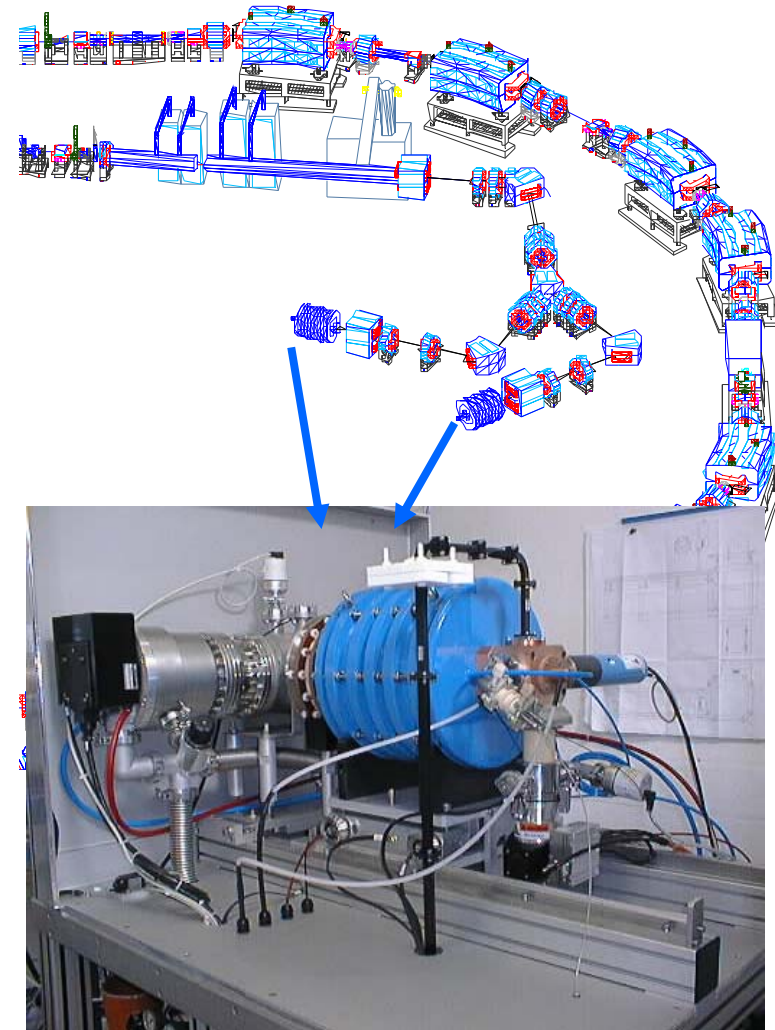


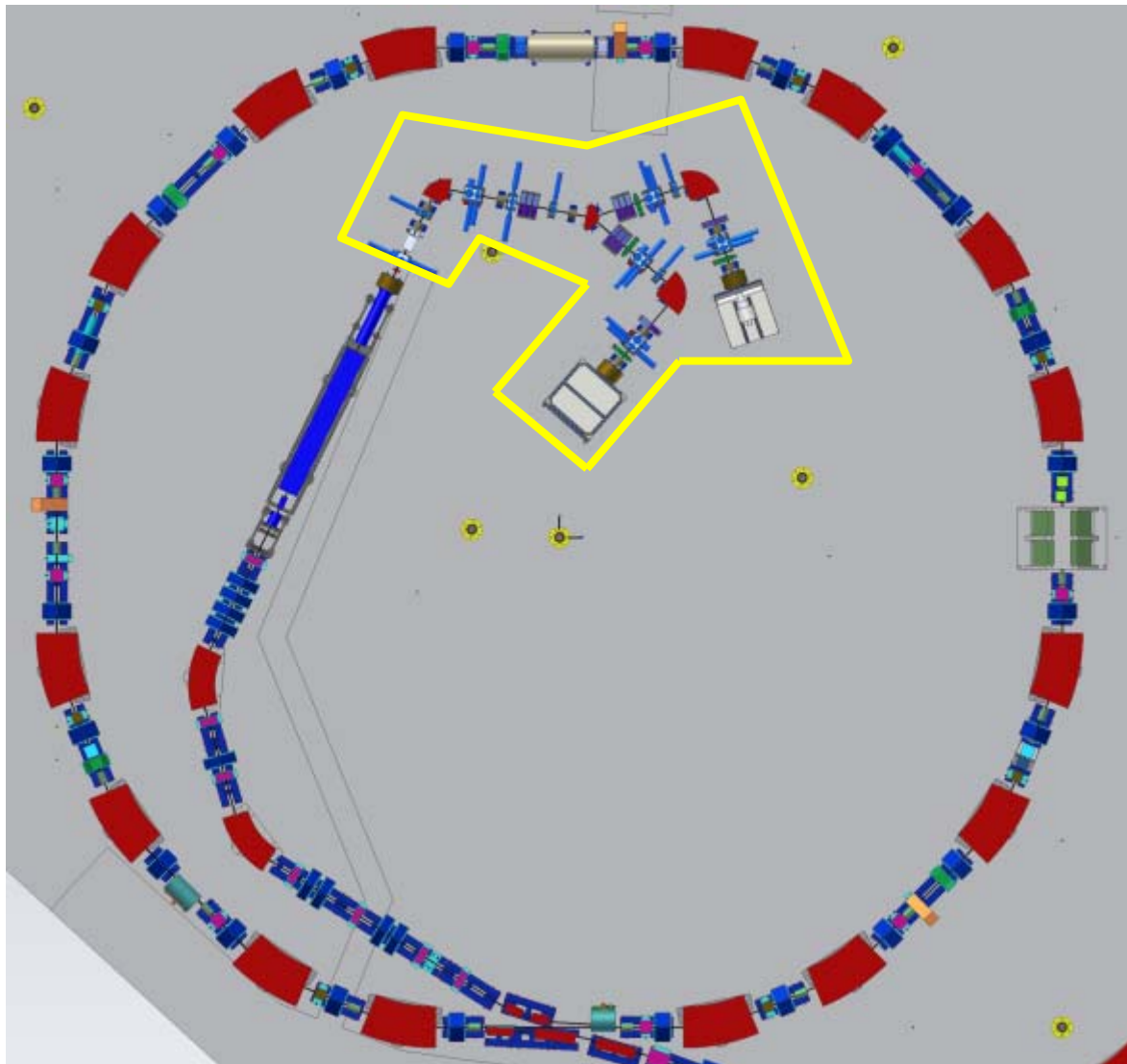
Hospital based:
safety, efficiency, reliability, maintainability

Ion sources: where protons and carbon ions are generated



Each source produces a cloud formed by 1 billion of carbon ions or 10 billions of protons





LEBT

0.008 MeV/u H^{3+}
0.008 MeV/u C^{4+}

$I \sim 0.5$ mA (H^{3+})
 $I \sim 0.2$ mA (C^{4+})

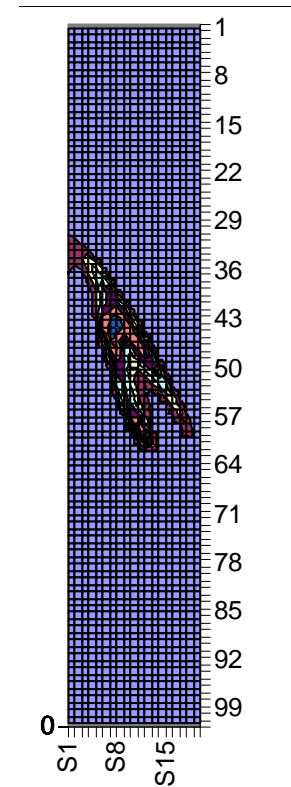
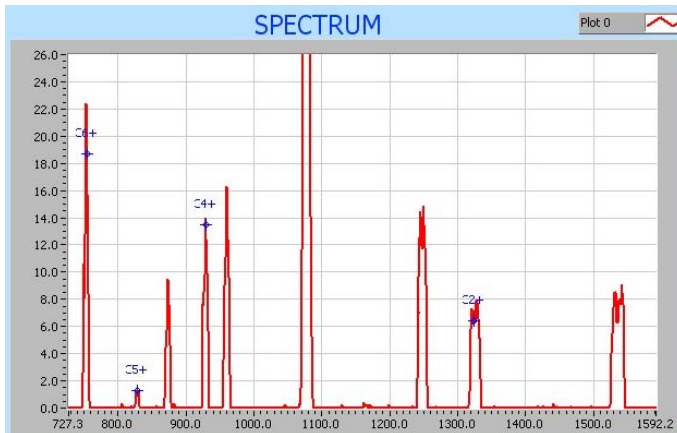
Two ECR sources

Continuous beam

LEBT Chopper

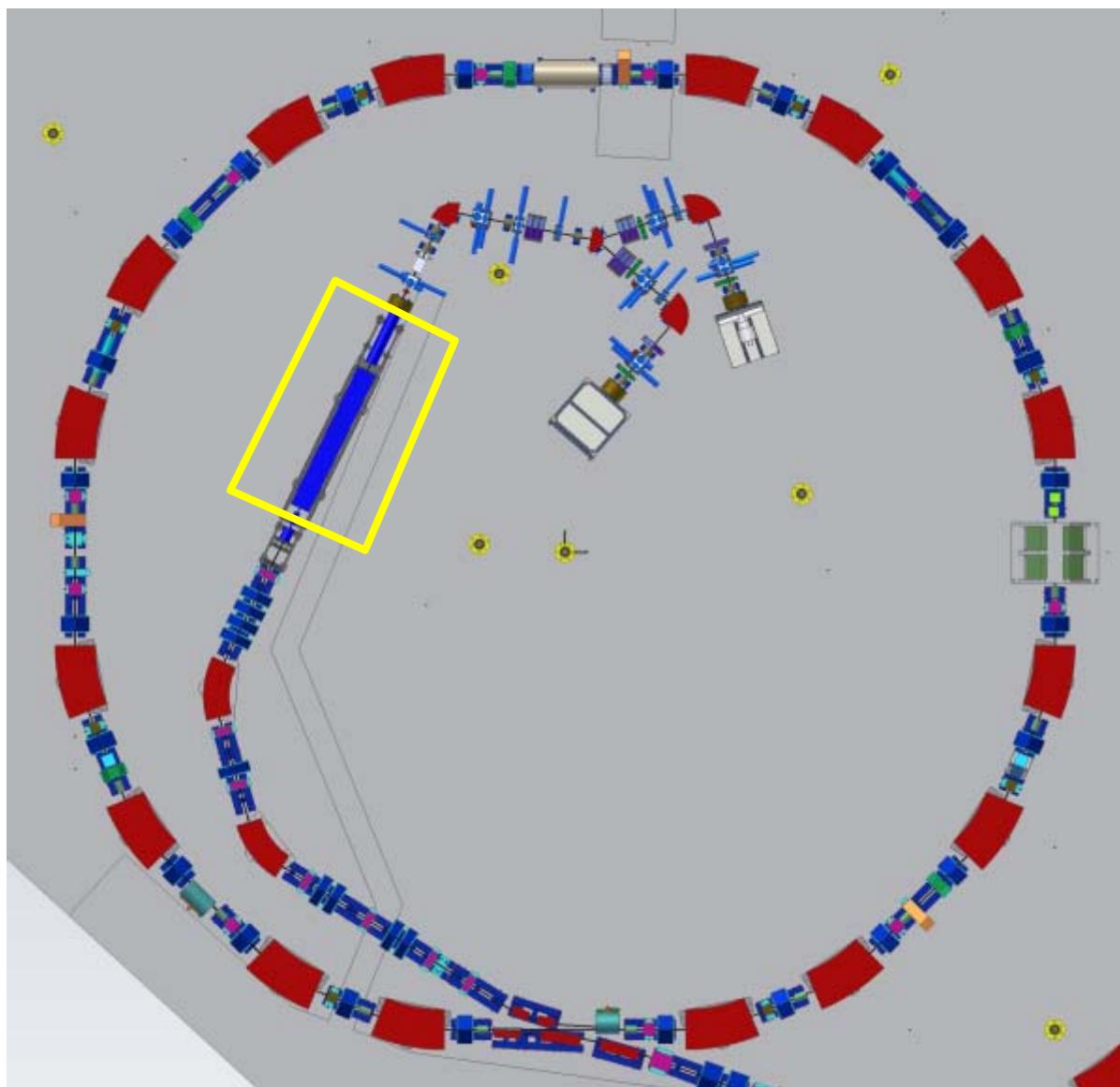
Ion sources

ECR, always on



$$I_{\text{tot}} = 250 \mu\text{A}$$

$$I_{180\pi} = 85\% I_{\text{tot}}$$



Linac=RFQ+IH

217 MHz

RFQ

0.008-0.4 MeV/u H³⁺

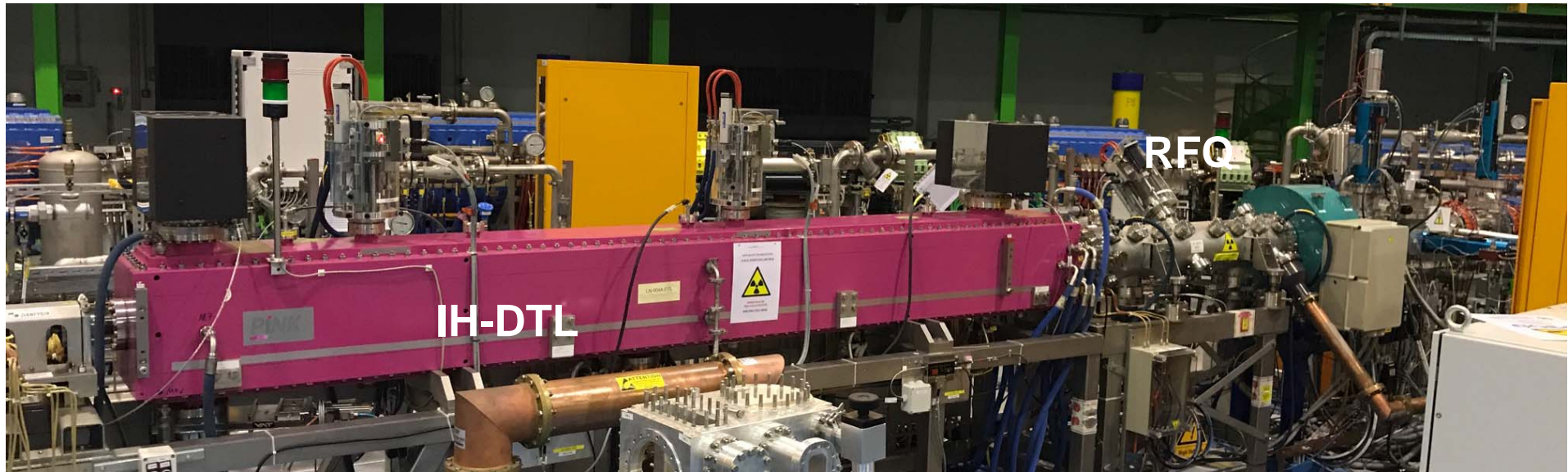
0.008-0.4 MeV/u C⁴⁺

IH

0.4-7 MeV/u H³⁺

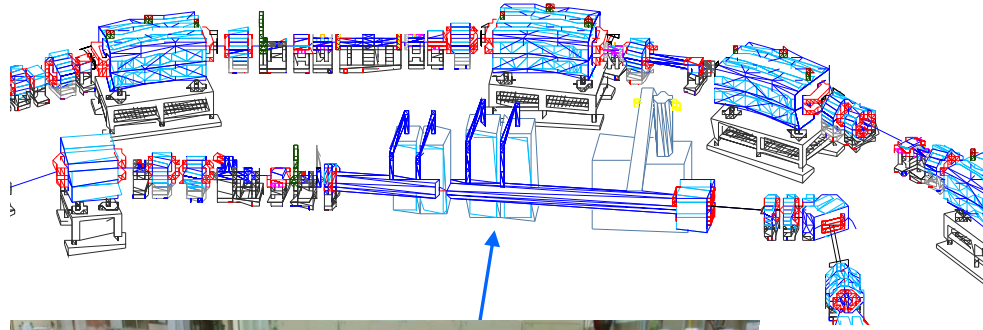
0.4-7 MeV/u C⁴⁺

CNAO Injector



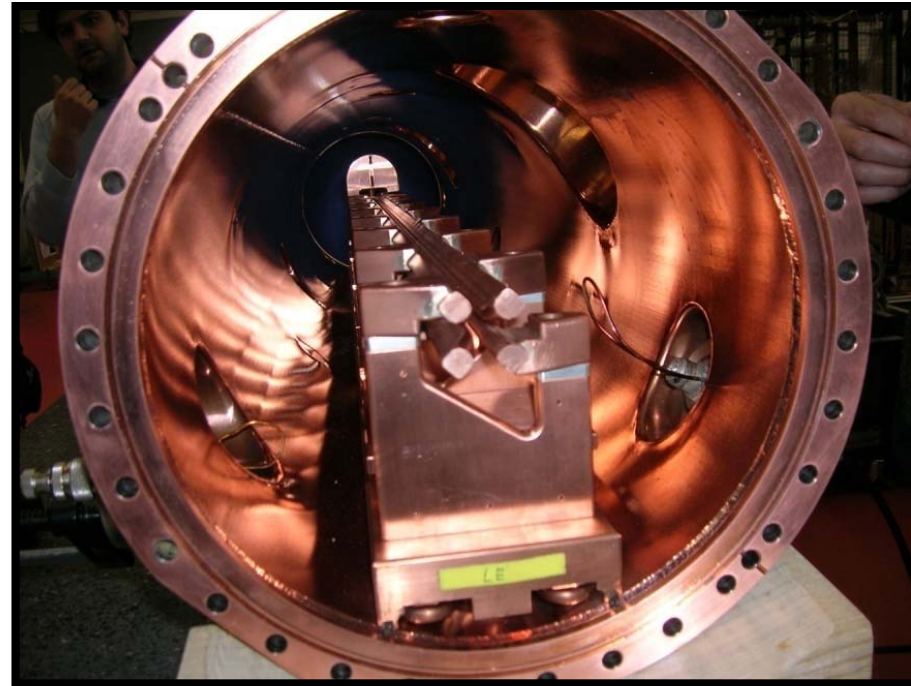
The injector consists of several distinct parts:

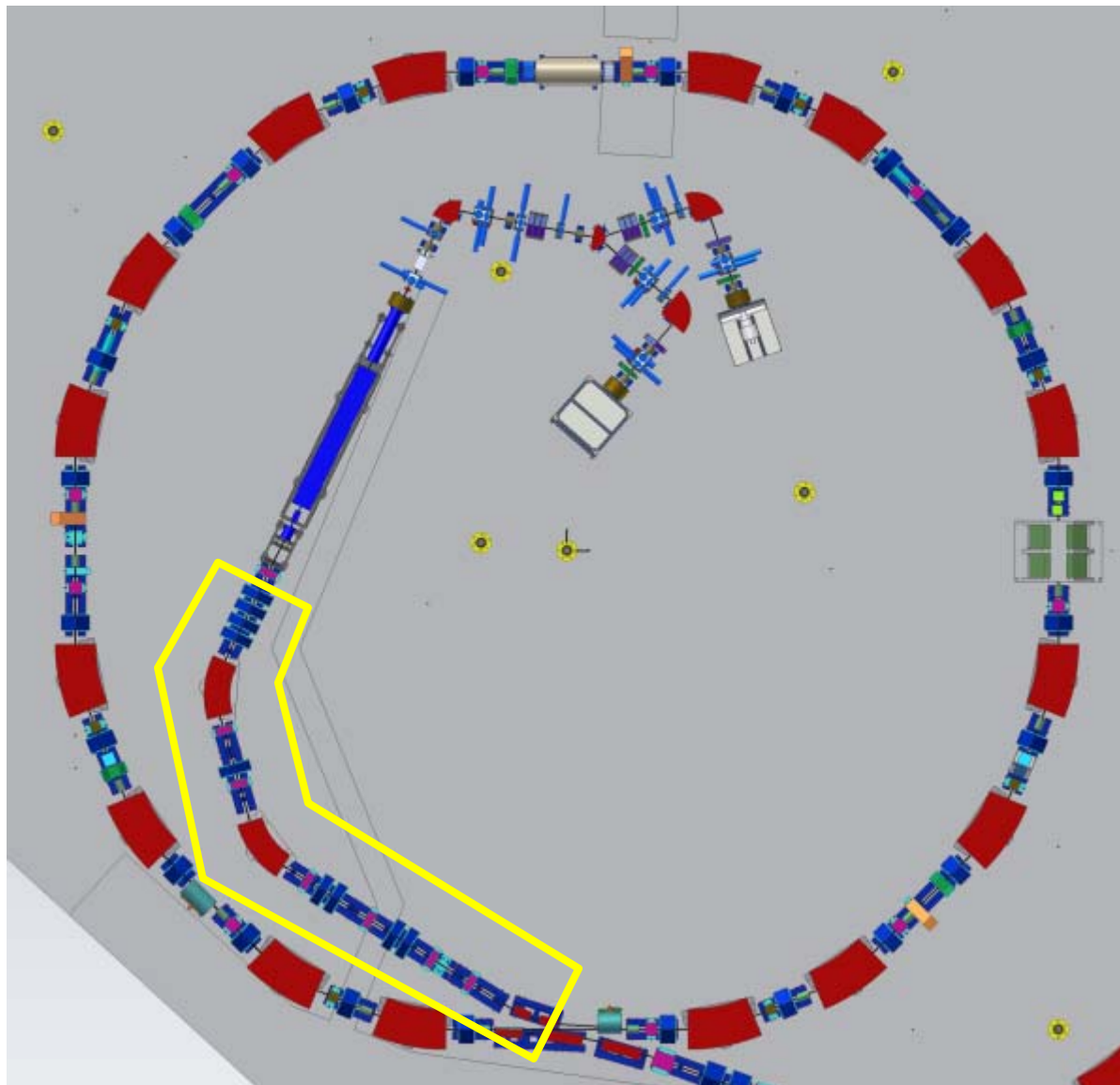
- The *Ion Source*, which creates the beam.
- The *Low Energy Beam Transport* (LEBT) takes the beam from the ion source to the first accelerating structure.
- The *RadioFrequency Quadrupole* (RFQ) is the first accelerating stage that increases the energy whilst maintaining strong focussing.
- The *Linear Accelerator* (Linac) provides greater acceleration with less focussing.



The Linear accelerator for ions

In about 6 meters the beam increases the energy by a factor 1000 - to reach 1/10th of light speed... 30'000 km/sec





MEBT

7 MeV p
7 MeV/u C⁶⁺

I ~ 0.75 mA (p)
I ~ 0.12 mA (C⁶⁺)

Stripping foil

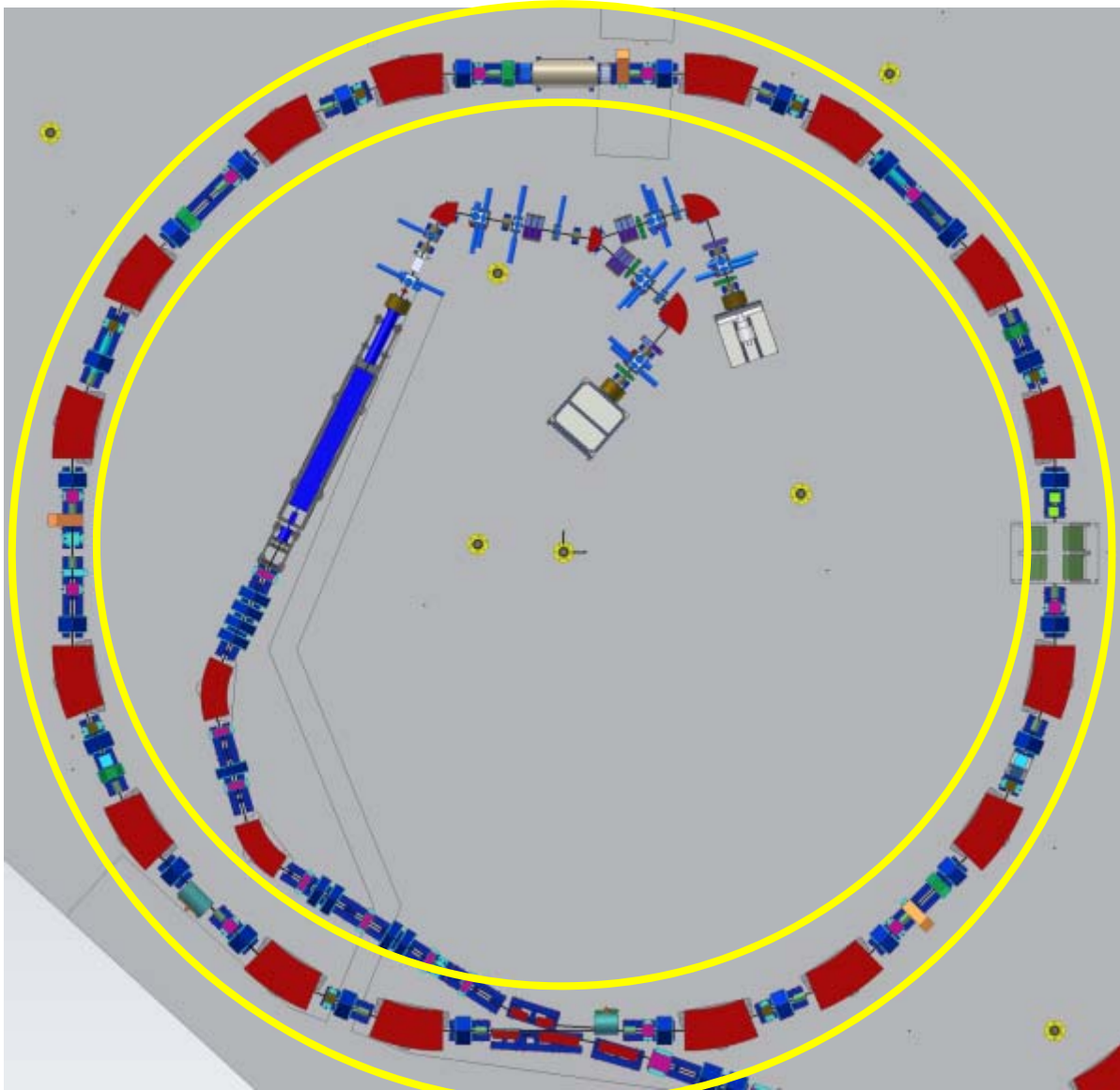
Current selection

Debuncher

Emittance dilution

Match betas

$$(x, x')_{inj}$$



Synchrotron

7-250 MeV p
7-400 MeV/u C

$I \sim 0.1-5 \text{ mA (p)}$
 $I \sim 0.03-1.5 \text{ mA (C)}$

Slow extraction

Betatron core

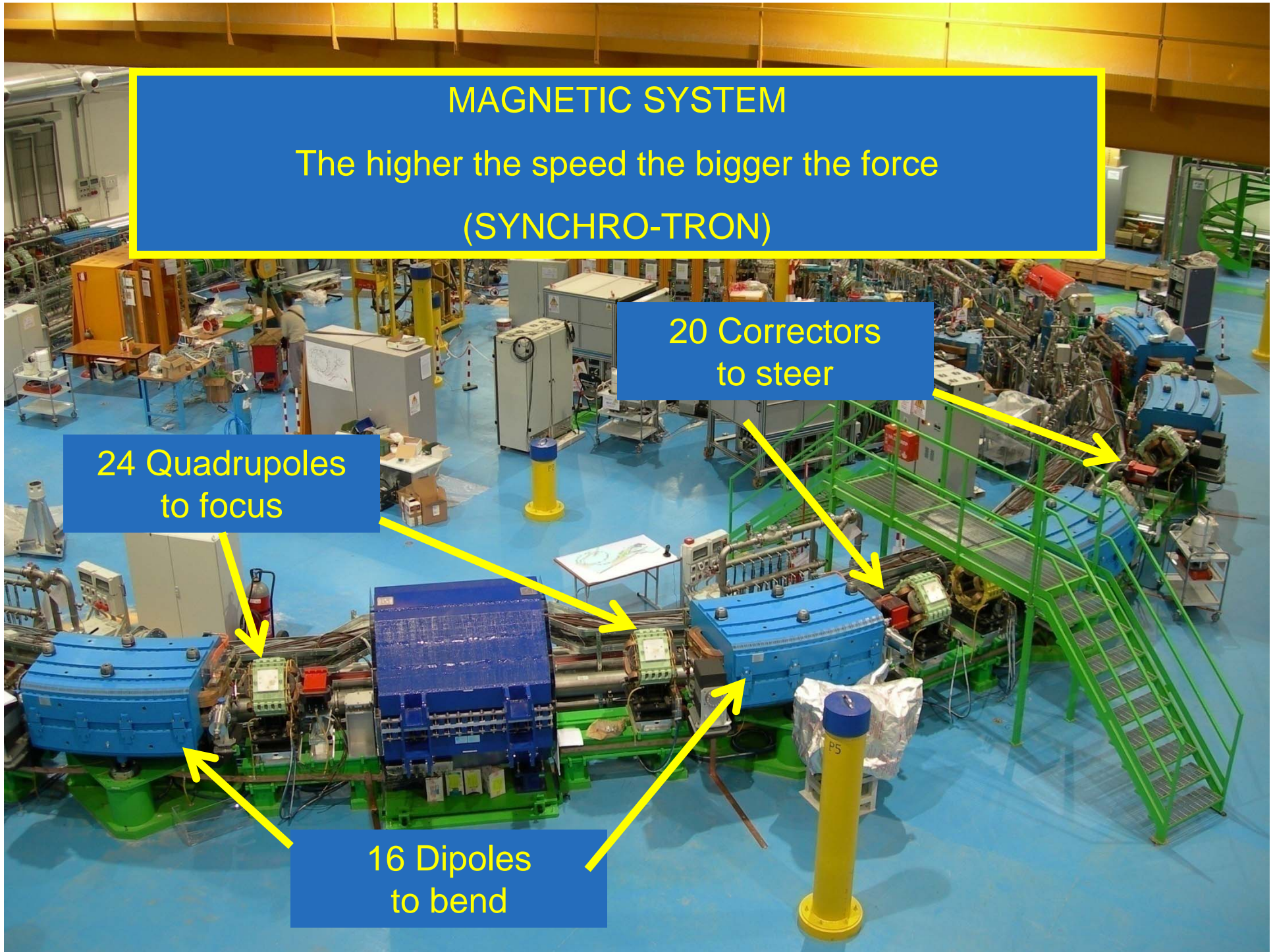
MAGNETIC SYSTEM

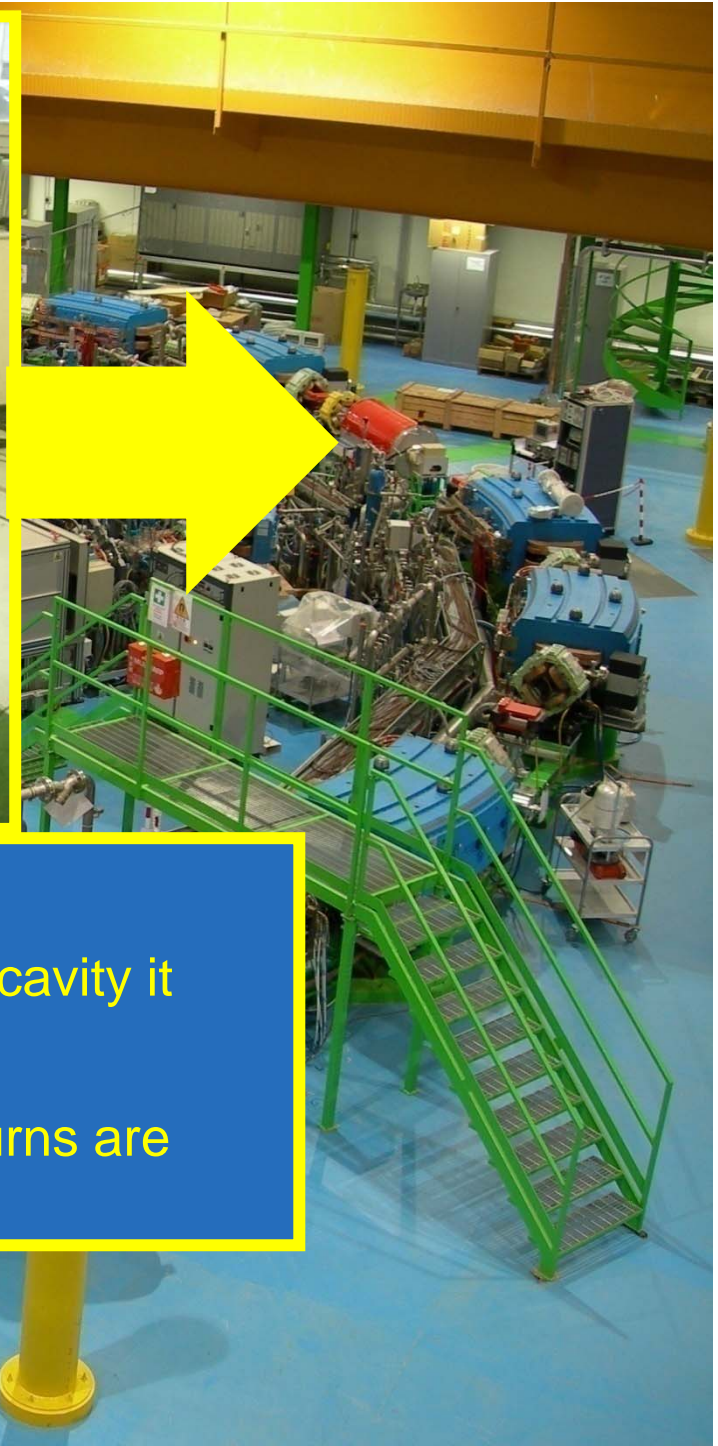
The higher the speed the bigger the force
(SYNCHRO-TRON)

20 Correctors
to steer

24 Quadrupoles
to focus

16 Dipoles
to bend

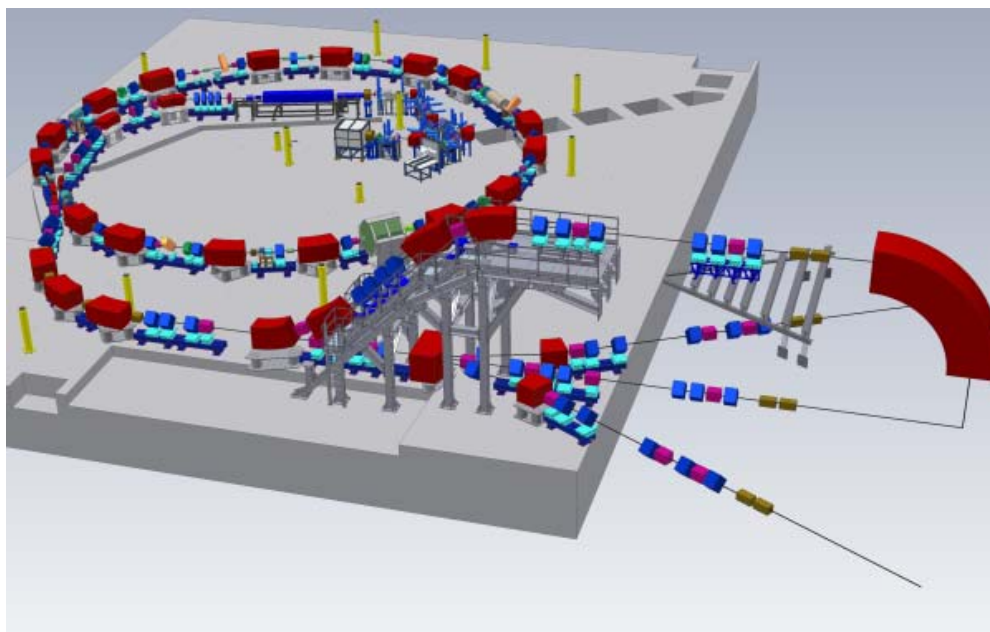
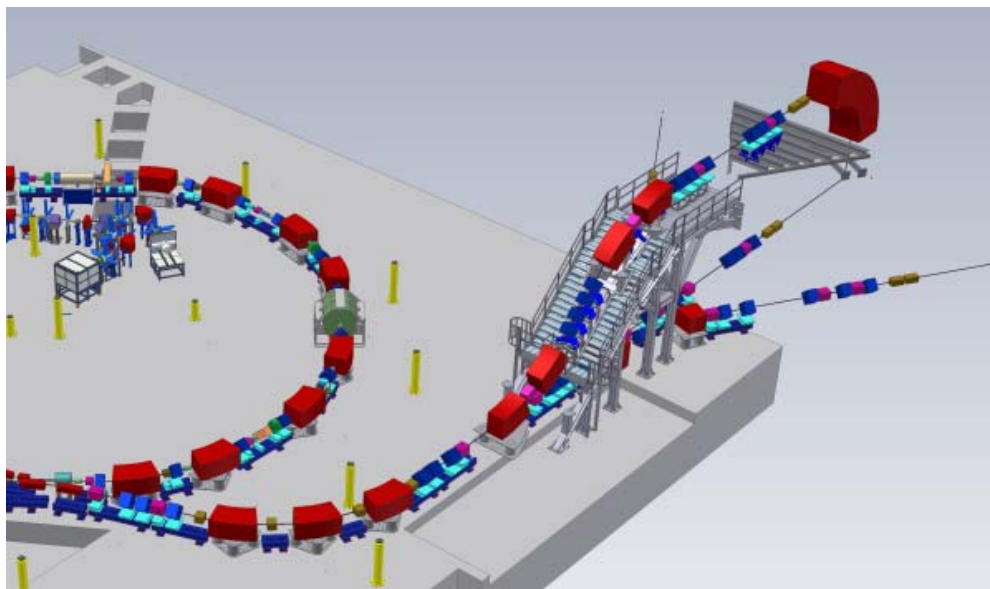




RF CAVITY

Each time the beam passes through the RF cavity it receives a push.

To reach the requested energy one million turns are necessary



HEBT

60-250 MeV p
120-400 MeV/u C

10^{10} p/spill (~2nA)
 $4 \cdot 10^8$ C/spill (~0.4nA)

Different settings for

- Treatment Line
- Horizontal beam size
- Vertical beam size
- Extraction energy

Vertical beam line



Vertical beam line: 90° bending magnet

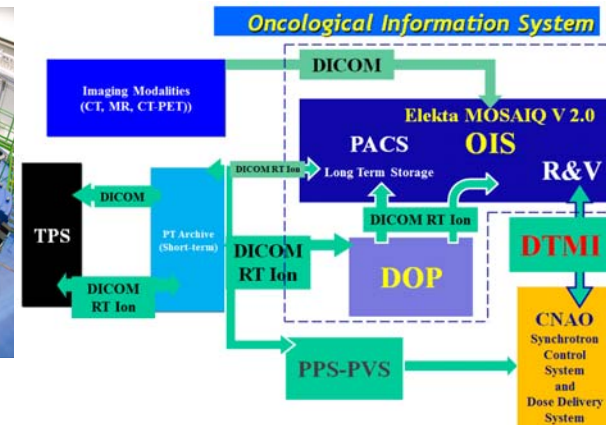
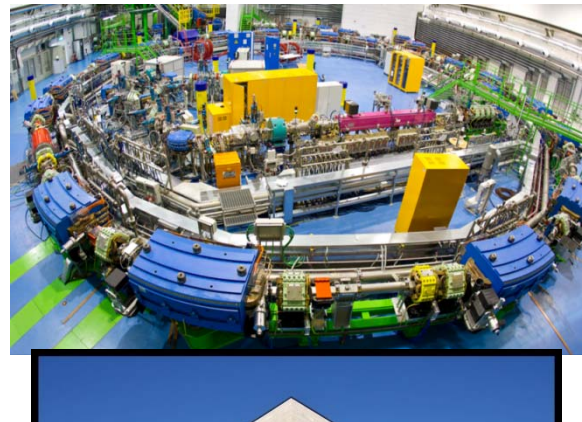


High precision devices for patient positioning

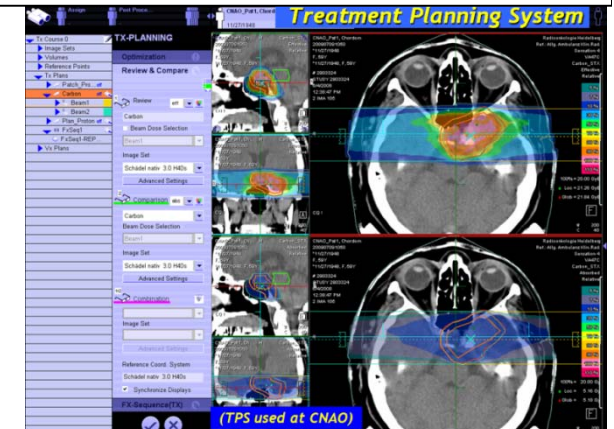
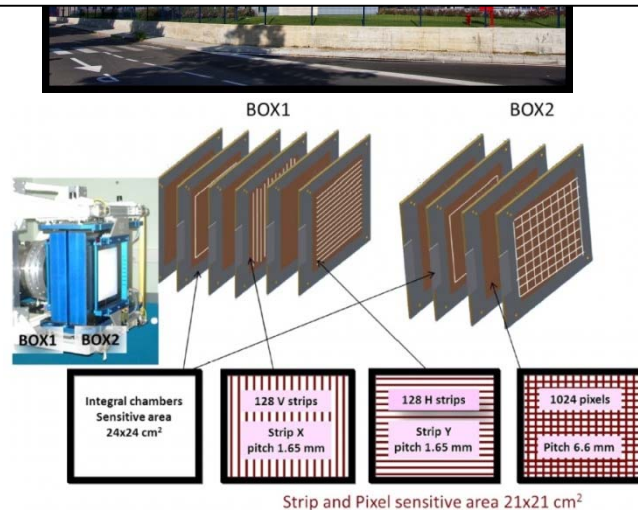
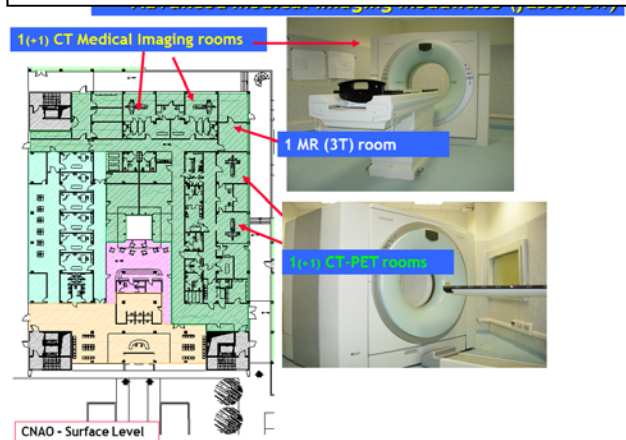


Collaboration CNAO-PoliMi

"LEGO Model": integrated technical and medical solutions




The real challenge:
 make ALL systems running together
 safely, efficiently, reliably and easily maintainable.



CNAO is Manufacturer of Medical Device (directive 93/42/EEC)

CNAO obtained the CE label after clinical experimentation

 <p>Istituto Superiore di Sanità Organismo Notificato N° 0373 Sez. presso il Dipartimento di Tecnologie e Salute Notified Body N° 0373 - Unit relating to Department Technology and Health</p>		<p>Mod. 2200 - ISS</p> <p>Roma, 13 DIC 2013</p> <p>VIALE REGINA ELENA, 299 00161 ROMA TELEGRAMMI: I.S.I.S.A.N. ROMA TELEFONO: 06 49801 TELEFAX: 06 4981118 http://www.iss.it</p>
<p>CERTIFICAZIONE CE Secondo l'allegato III della Direttiva Europea 93/42/CEE e successive modifiche Attuate con DLgs. 37 del 25.01.2010</p> <p>EC CERTIFICATION According to Annex III of Directive 93/42/EEC and subsequent modifications Transposed by DLgs. 37 of 25.01.2010</p>		
<p>Certificato n° 20131213 036 3303 CT Certificate n°</p>		
<p>L'Istituto Superiore di Sanità, Organismo Notificato n° 0373, certifica che il prodotto sotto menzionato soddisfa i requisiti essenziali di cui all'allegato I della Direttiva 93/42/CEE e successive modifiche verificati in accordo all'allegato III della stessa Direttiva.</p> <p>The Italian National Institute of Health, as Notified Body n° 0373, certifies that the product hereinbelow described satisfies the essential requirements set out in Annex I and verified in compliance with Annex III of Directive 93/42/EEC and subsequent modifications.</p>		
<p>Tipo e modello: Type and model:</p>	<p>Acceleratore per adroterapia Accelerator for hadrontherapy</p>	
<p>Descrizione: Description:</p>	<p>[34469] ACCELERATORE DI PARTICELLE, RADIOTERAPIA [34469] PARTICLE ACCELERATOR, RADIOTHERAPY</p>	
<p>Destinazione d'uso: Intended use:</p>	<p>Vedi allegato di 3 pagine See annex of 3 pages</p>	
<p>Numero di serie: Serial number:</p>	<p>0001/2012</p>	
<p>Fabbricante: Manufacturer:</p>	<p>Fondazione CNAO (Centro Nazionale Adroterapia Oncologica) Sede Legale: Via Caminadella,16 – 20133 Milano Sede Operativa: Strada Campeggi, 53 – 27100 Pavia</p>	
<p>Rapporto di conformità n° Conformity report n°</p>	<p>2013 003 33 003</p>	<p>del 13/12/2013 of dd/mm/yyyy</p>
<p>Il presente certificato è valido dal This certificate is valid from</p>	<p>13/12/2013 dd/mm/yyyy</p>	<p>al 08/07/2018 until dd/mm/yyyy</p>
<p>Il Direttore del Dipartimento Tecnologie e Salute F.F. The Acting Director of Department Technology and Health (Ing. Pietro Bartolini)</p> <p><i>P. Bartolini</i></p>		

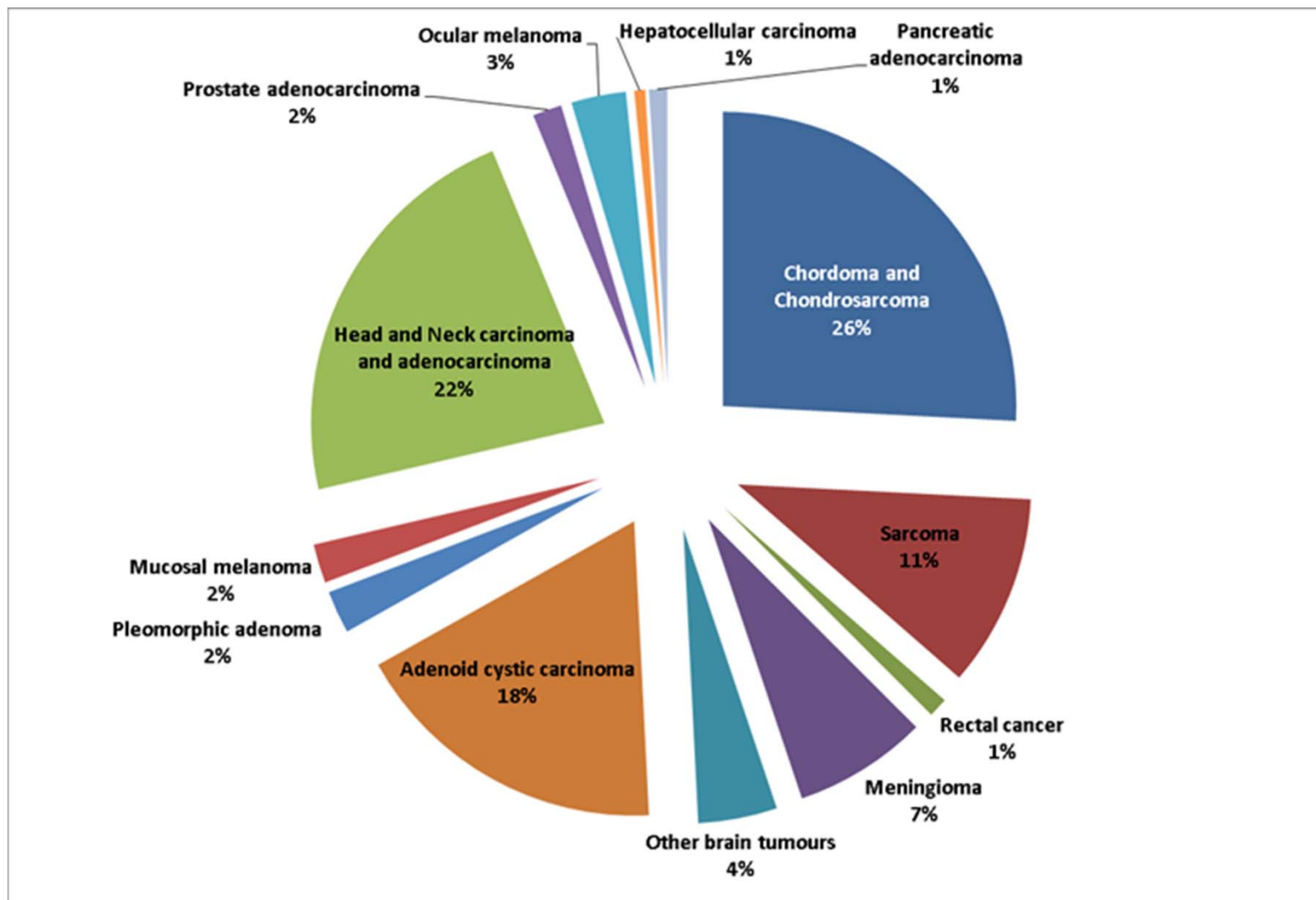


CE label is a good starting point to obtain FDA clearance

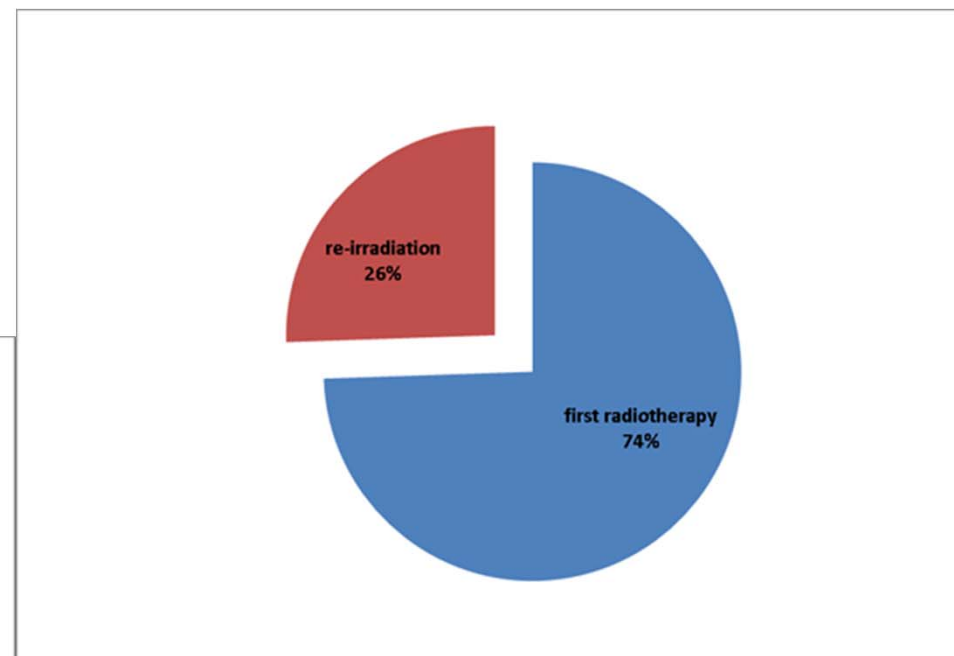
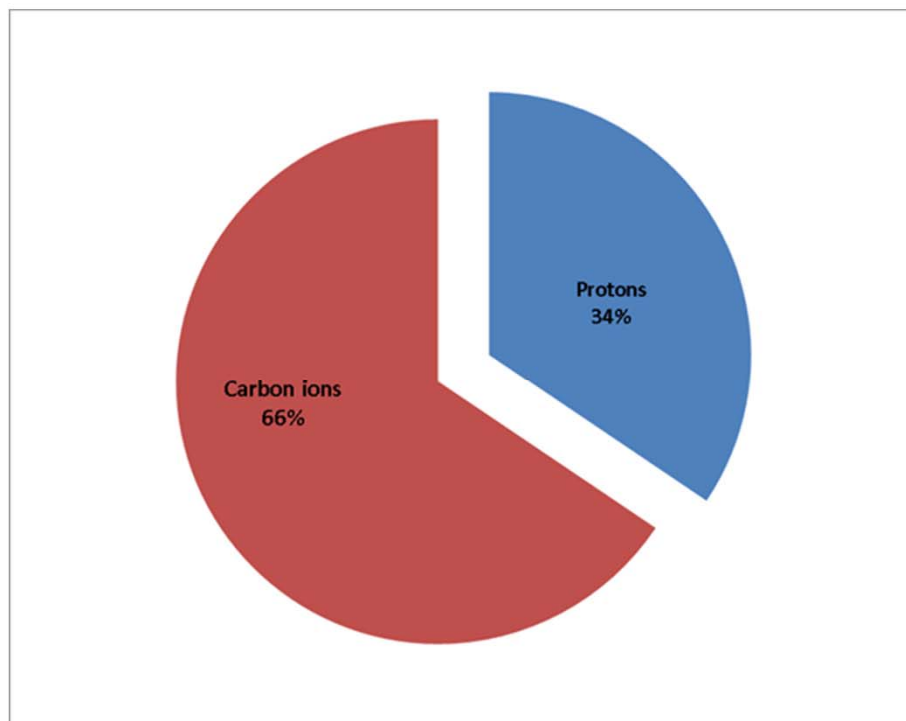
CNAOMed3.0

A MULTI-ION SOLUTION
THE LATEST ADVANCED THERAPY
TO FIGHT CANCER

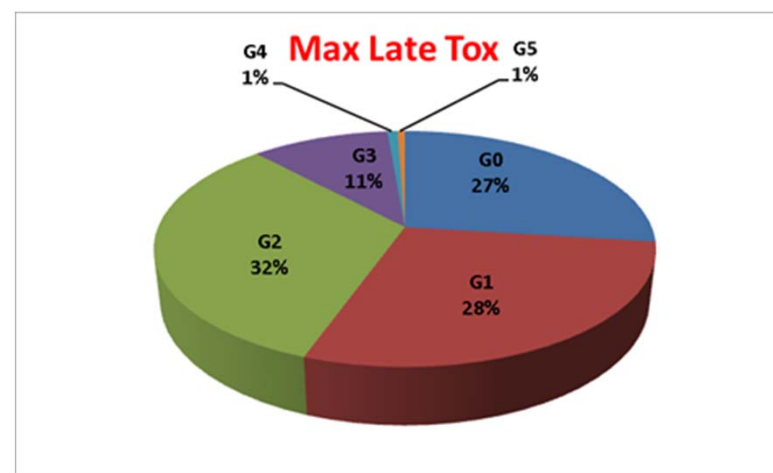
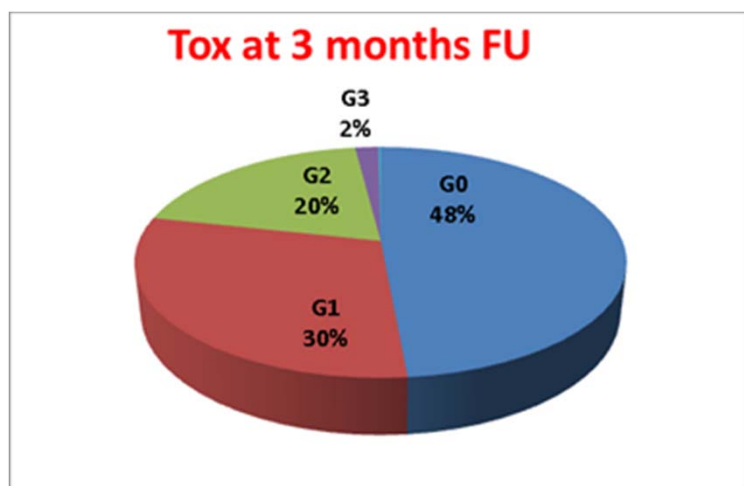
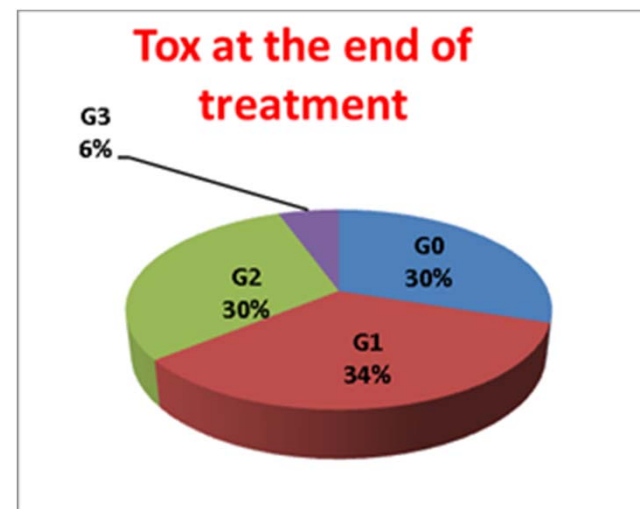
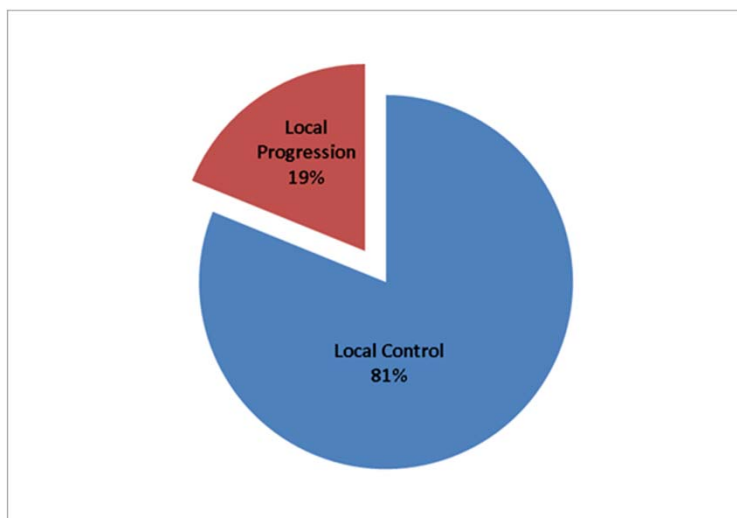
Clinical Activity: Sites and Histology



Overall Results



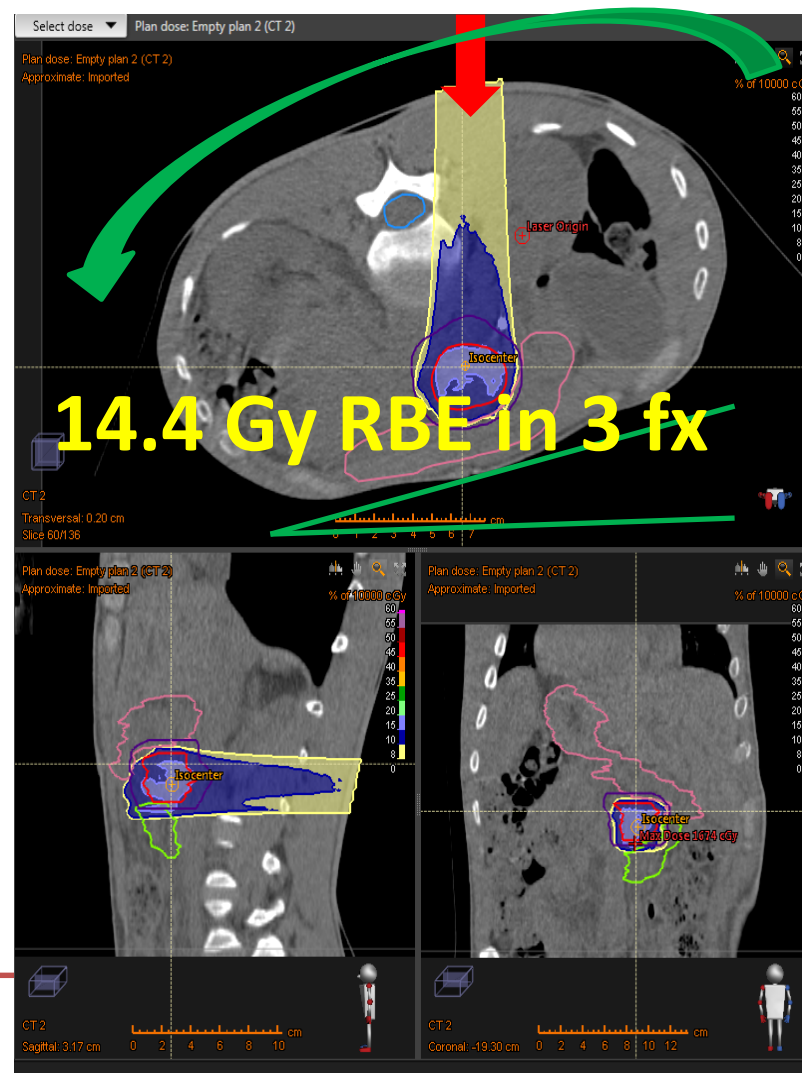
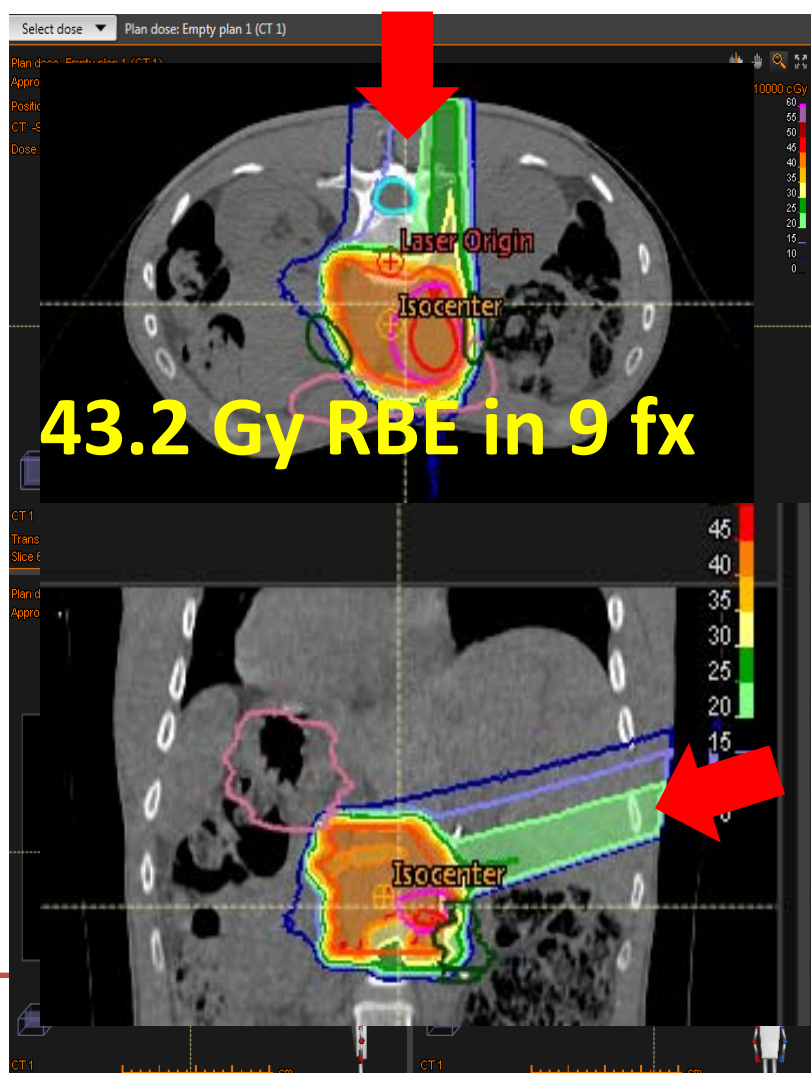
Overall Results



Pancreas cancer

CTV1 : Main tumor + N2 nodes and plexus
 9 fractions, prone position, 2 fields

CTV2 (Main tumor)
 3 fractions, 1 field, rolled position



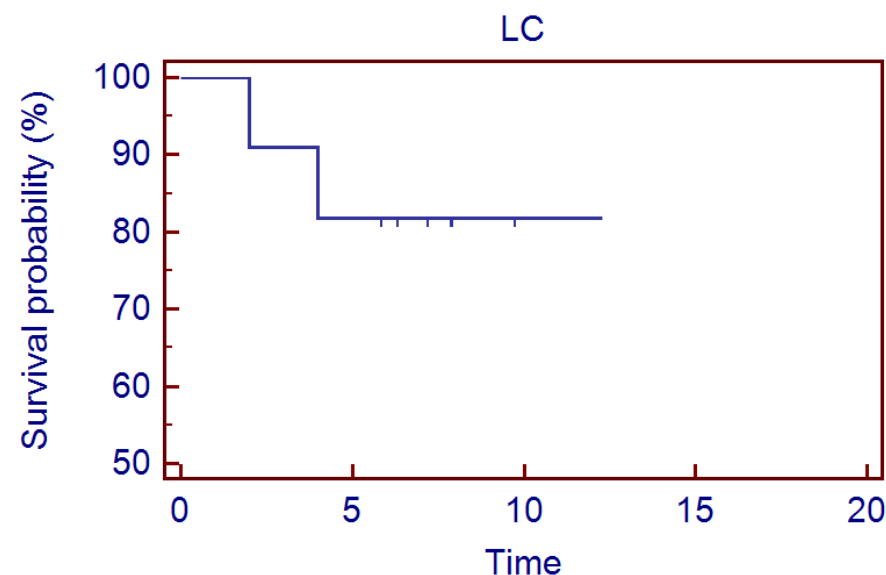
Locally advanced pancreas cancer

11 patients

After 6 months of chemotherapy (Gem/Gemox/Folfirinox)

Mean FU 12 months

CIRT: 57.6 GyE (12 fx)

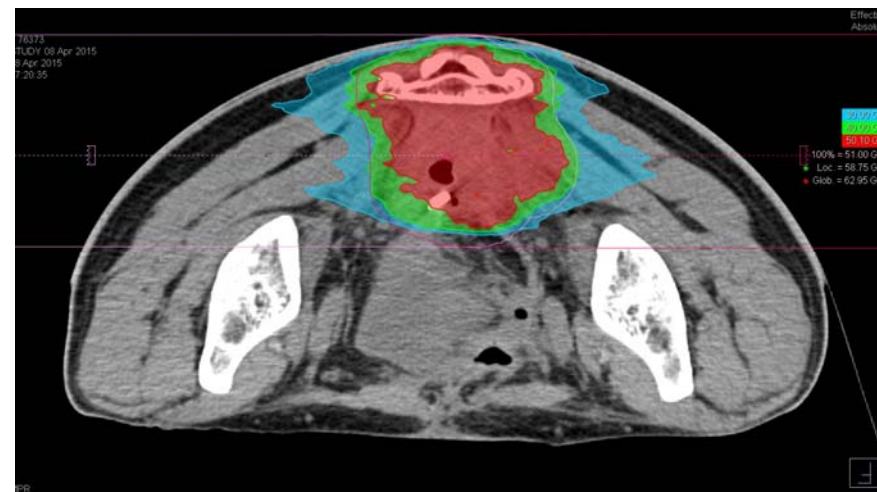
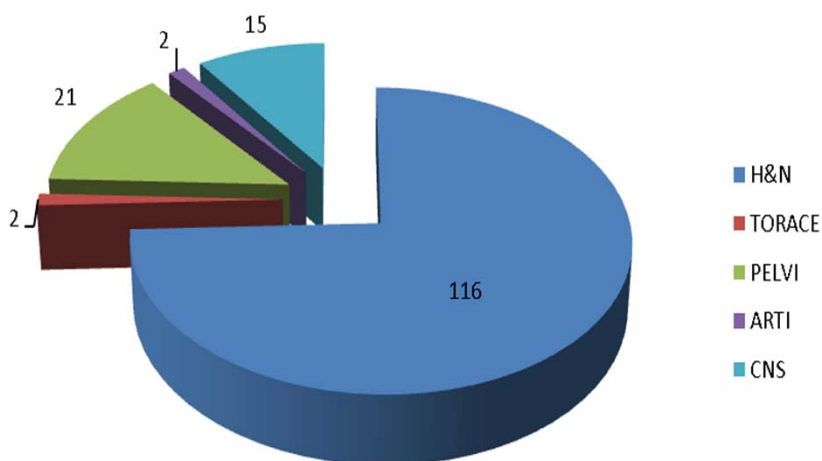


1 Year actuarial LC 82%

Toxicity: G2 – G3 0%

Re-treatments: 156 patients

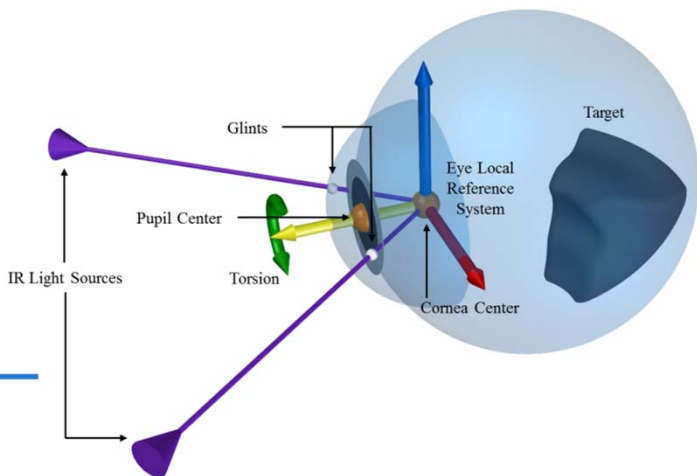
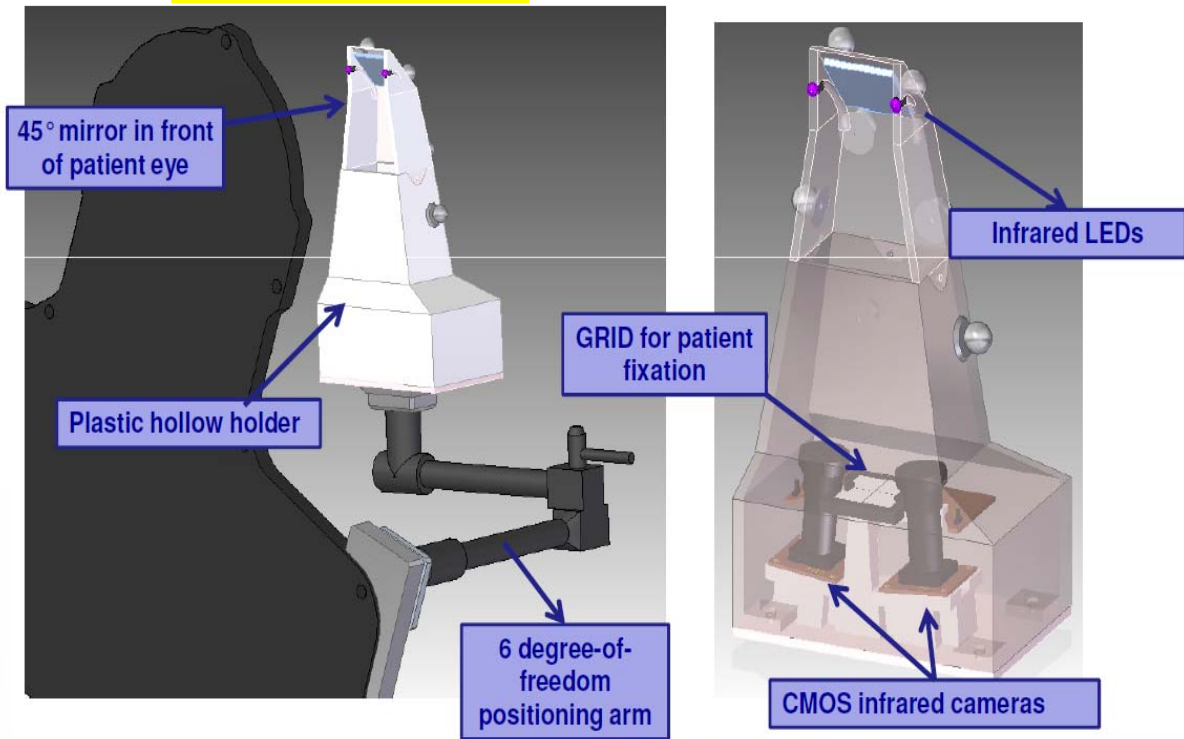
NO OTHER THERAPEUTIC OPTION



Eye melanoma

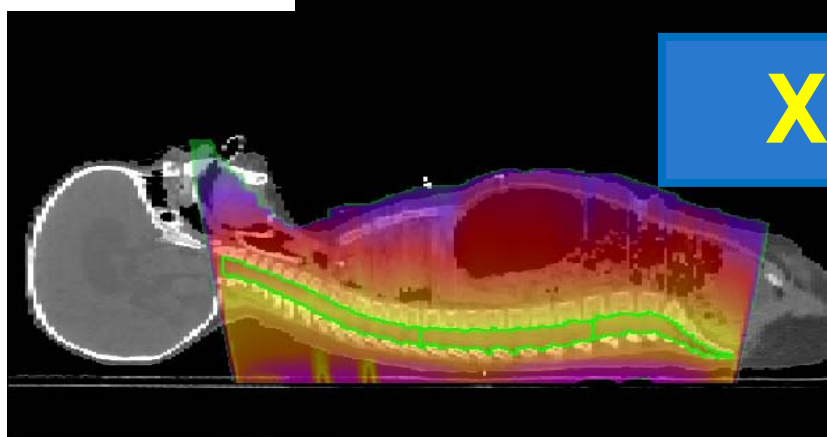
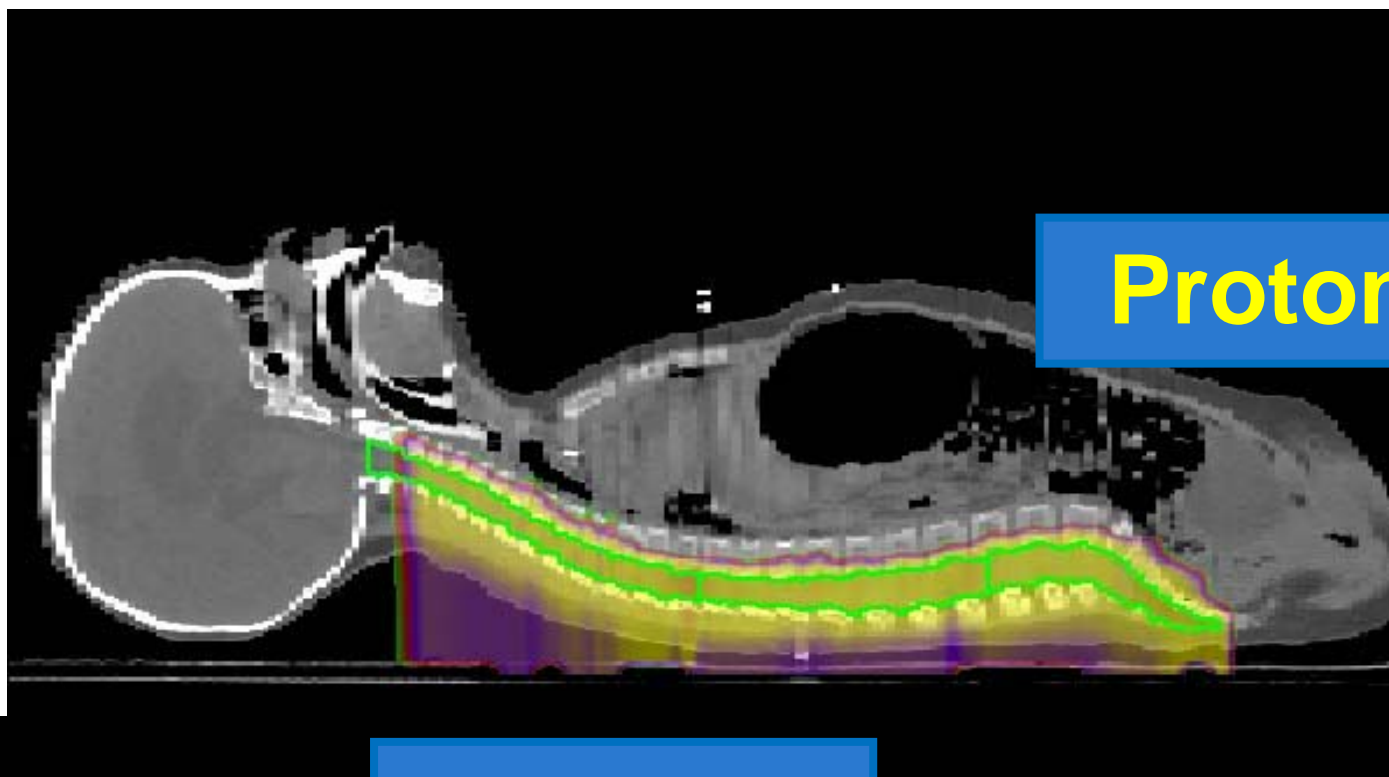
Non invasive eye tracking system for intraocular tumor localization in proton therapy treatment

35 patients 60 GyE/ 4 fractions

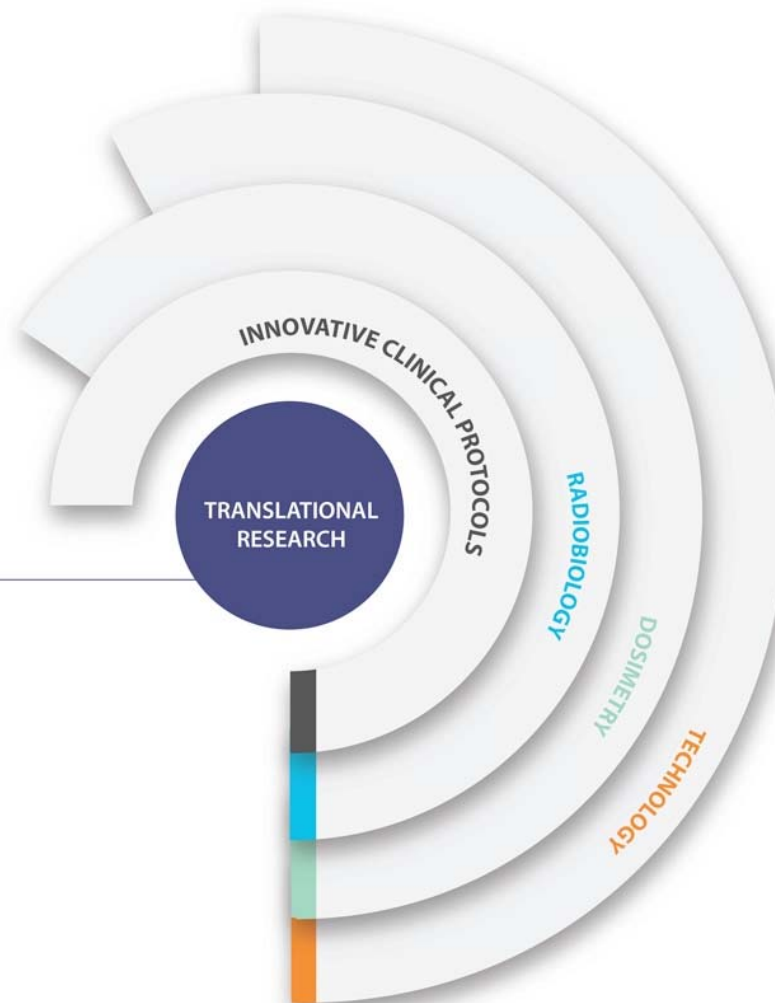


In collaboration with PoliMi INFN and UniPv

Pediatric patients: protons



Research is a must to keep CNAO up-to-date
to stay always at the cutting edge



The Centre technology needs to evolve and adapt according to the research outcome: it is not a static "black box" producing beam, it is an evolving entity

Research: **hot topics**



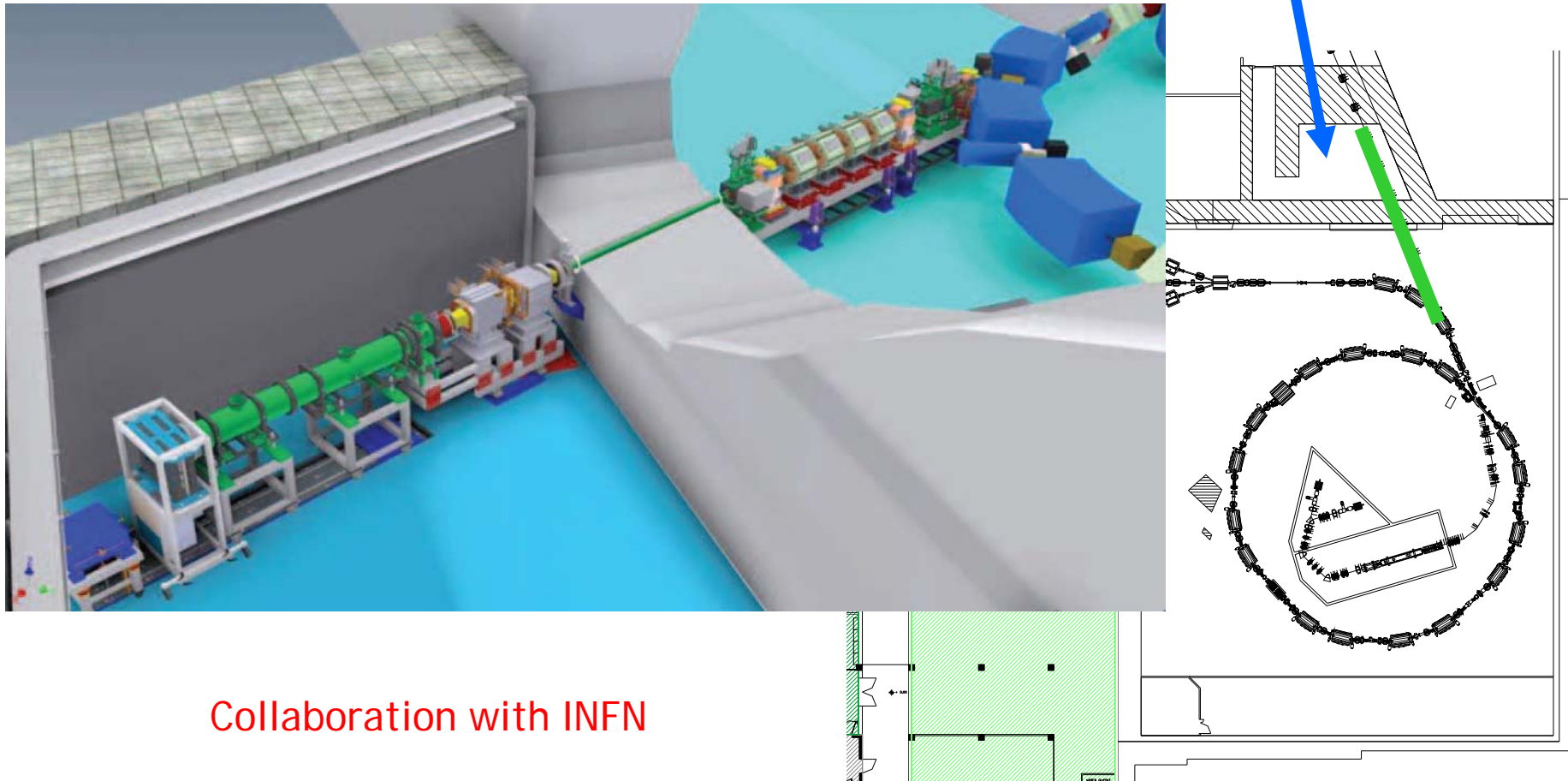
Beamtime for research projects in 2016

Ore	Gruppo	Ente	Nome esperimento	Descrizione esperimento
8	Calzolari, Bettega, Lafiandra	INFN-Mi		Irraggiamento cellule
8	Colautti, Chiriotti, Motisi	INFN-LNL, Uni Louvaine la Neuve (B)	Test di dosimetri TEPC	Test di rivelatore microdosimetrico (TEPC) di plastica tessuto-equivalente (2x2x5 mm ³) Inserito in uno stelo di alluminio a sua volta inserito in un cubo di alluminio porta-elettronica
8	Antoccia, Berardinelli, DeVitis	Uni Roma3	Effetti Sostanze Radiosensibilizzanti	Irraggiamento di fiaschette di cellule
8	Tabocchini, Dini	INFN, ISS	Ethics	Irraggiamento cellule
8	Rosso, Camarlinghi, Collini, Sportelli, Zaccaro	INFN-Pi	RDH-DoPET	Test di rivelatori per sviluppo PET Online
8	Bisogni, Lodola, Marocchi, Piliro, Pirrone, Cerello, Pennazio, Fiorina	INFN-Pi / UniPi	INSIDE	Test di rivelatori per sviluppo PET Online
8	Tabocchini, Dini, Milazzo, Vulcano	INFN, ISS	Ethics	Irraggiamento cellule P
4	Dini, Milazzo, Vulcano, Manti, Perozziello, Boccia, Esposito	INFN-ISS, INFN-Na,	Ethics	Irraggiamento cellule P
8	Dini, Milazzo, Vulcano, Manti, Perozziello, Boccia, Esposito	INFN-ISS, INFN-Na	Ethics	Irraggiamento cellule P
8	Tamborini, Murtas, George	INFN-PV, CERN	GEMPIX in profondità	Test di un rivelatore GEMPIX chiuso in un case di PMMA e posizionato in fantoccio ad acqua.
8	Antoccia, Berardinelli	Uni Roma3	Effetti Sostanze Radiosensibilizzanti	Irraggiamento di cellule C
8	Rosso, Camarlinghi, Collini, Sportelli, Zaccaro	INFN-Pi	RDH-DoPET	Test di rivelatori per sviluppo PET Online
1	Villani, Zhige	Rutherford Appleton Lab, UK	CMOS Sensor Validation	Irraggiamento di un sensore e confronto con nostra camera a ionizzazione

150 h

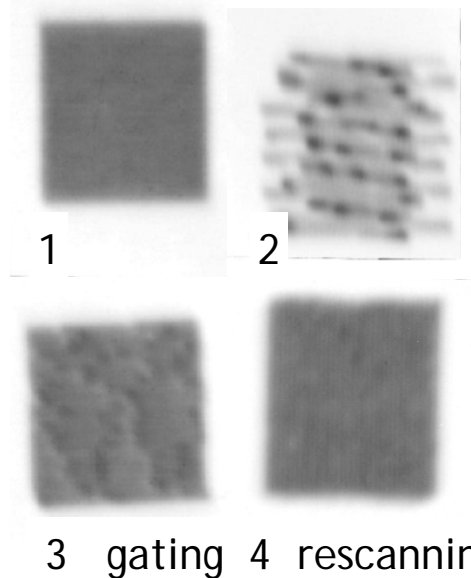
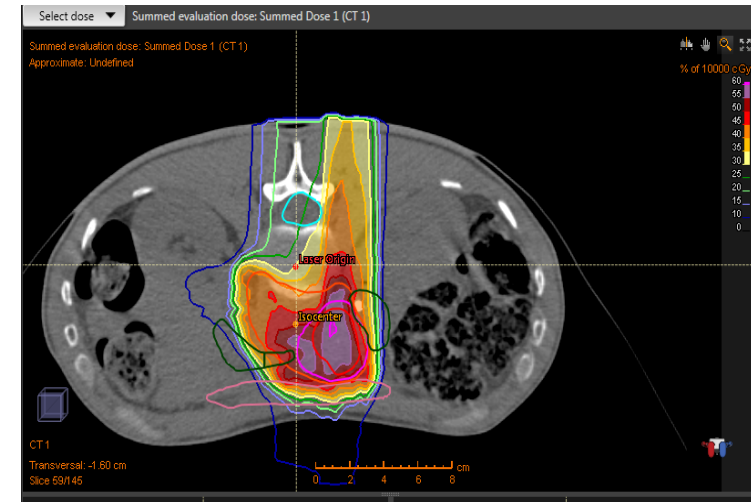
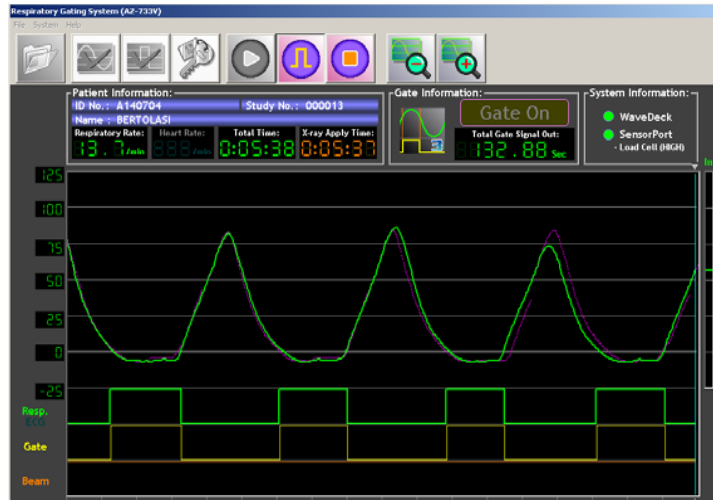
At CNAO a 5th beamline devoted to research is presently under construction

Experimental room



Collaboration with INFN

CNAO is treating moving organs with carbon ions: active scanning+gating+rescanning

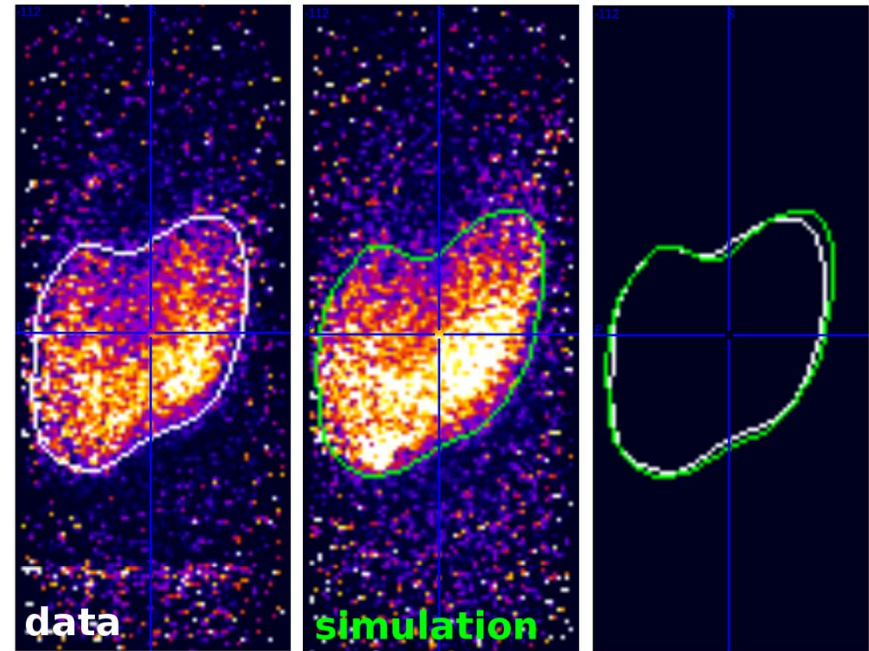


Goal: tumour tracking in real time

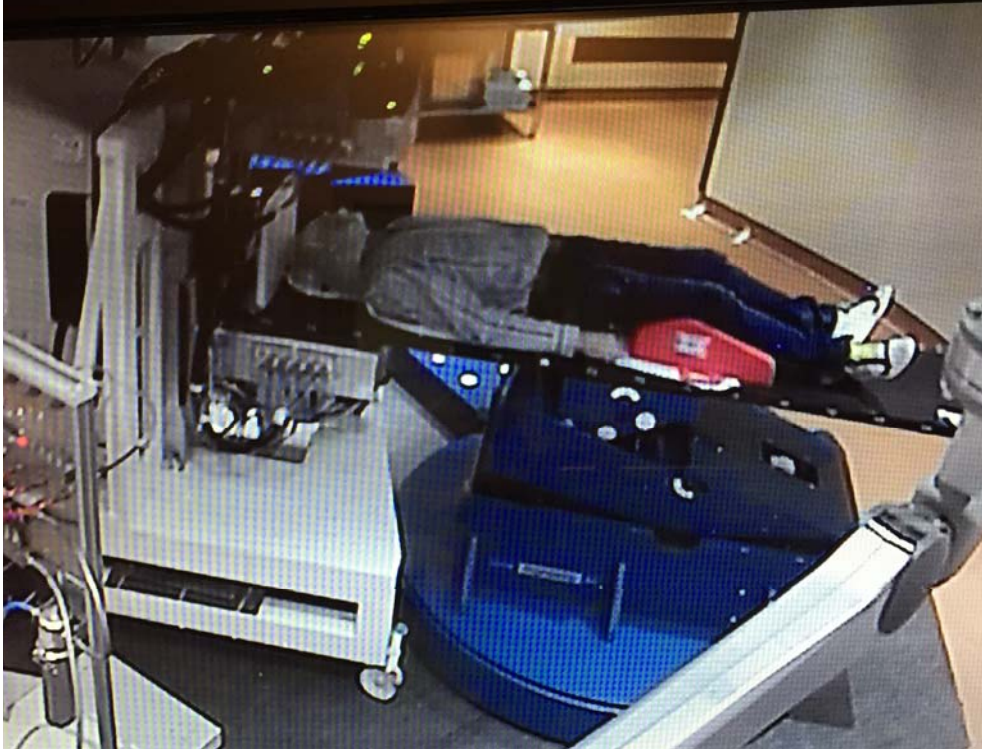
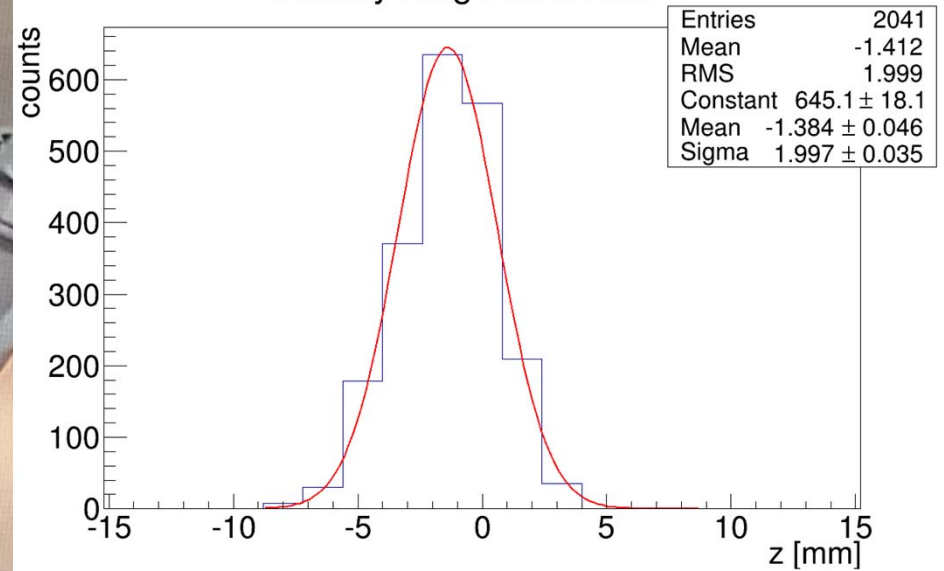


Patient - 01/12/2016
 Proton beam
 4 min treatment + 1min after

InSide

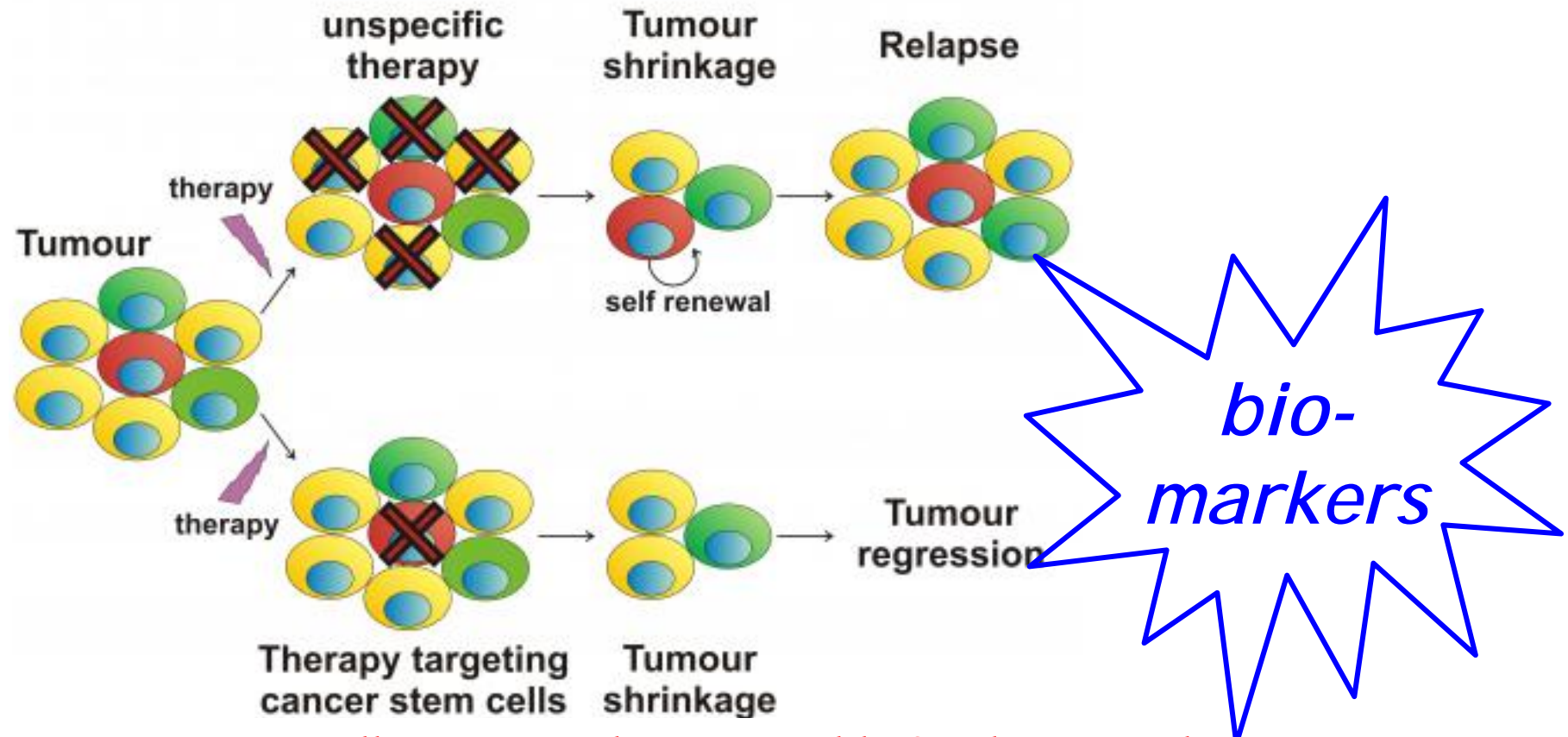


Activity range difference



Radiobiology: **Cancer stem cells**

"A small subset of cancer cells within the tumor mass, which constitutes a reservoir of self-sustaining cells with exclusive ability of self-renewal and tumor maintenance" (*from the Cancer Stem Cell Workshop of the American Association for Cancer Research in 2006*)



Since cancer stem cells appear to be responsible for driving and maintaining tumor growth in many tumors, it is critical to understand the mechanisms by which these cells resist commonly used therapies such as chemotherapy and radiotherapy

Combined treatments

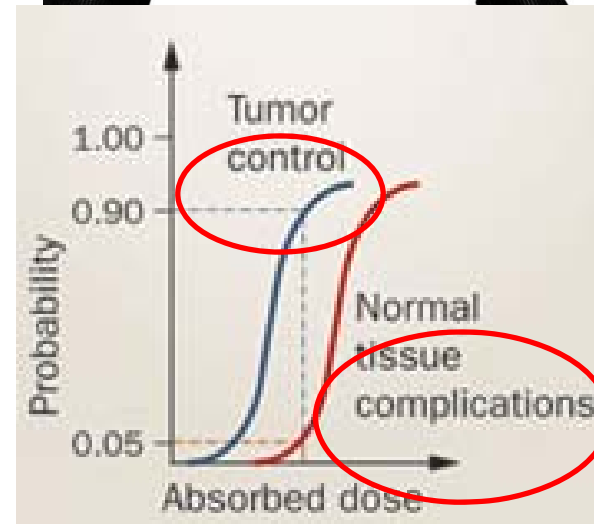


Particles + radiosensitizers = ???

Particles + chemotherapics = ???

Particles + photons = ???

Particles + = ???



Although heavy-ion therapy has provided favorable clinical outcome with irradiation alone, the suitability of particle beam irradiation for combination with other therapeutic modalities such as chemotherapy, endocrine therapy, low LET radiation (“boost protocols”) and biological therapies warrants extensive studies, in the context of both enhancing tumor control and reducing normal tissue complications.



Thank you

"Real progress happens only when advantages of a new technology become available to everybody"
H. Ford