

Future Perspective in (Medical) Physics for Particle Therapy...

**Alejandro Mazal, Farid Goudjil,
Ludovic de Marzi, Isabel Pasquie,
Catherine Nauraye, Celine Mabit,
Sabine Delacroix, Remi Dendale,
Alain Fourquet and staff
from Institut Curie**

Service de Physique Médicale
Dept de Radiothérapie Oncologique
Institut Curie, Paris, France

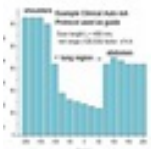
**Primer Workshop Español en Protonterapia
Madrid, 14 Diciembre 2016**

Acknowledgments: J-C.Rosenwald,
P.Lambin (Maastro), D.Verellen,
T.Lomax, G.Olivera, D.Galmarini
And many others...
France-Hadron ANR Investissement d'avenir
Areva, Cancéropôle

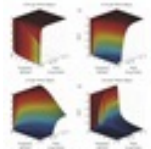


EDITOR'S PICKS

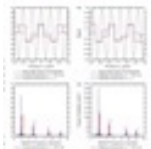
Imaging



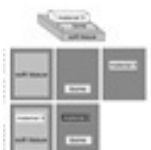
Dose equations for tube current modulation in CT scanning and the interpretation of the associated $CTDI_{vol}$



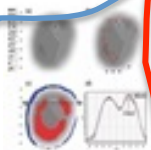
Oblique reconstructions in tomosynthesis. I. Linear systems theory



Oblique reconstructions in tomosynthesis. II. Super-resolution



Dimensionality and noise in energy selective x-ray imaging



Evaluating IMRT and VMAT dose accuracy: Practical examples of failure to detect systematic errors when applying a commonly used metric and action levels

MOST READ THIS MONTH

Industry funded research

Increasing dependence on industry-funded research creates higher risk of biased reporting in medical physics

Vision 20/20: Single photon counting x-ray detectors in medical imaging

The more important heavy charged particle radiotherapy of the future is more likely to be with heavy ions rather than protons

Charged particles

MOST CITED THIS MONTH

Dosimetry of interstitial brachytherapy sources: Recommendations of the AAPM Radiation Therapy Committee Task Group No. 43

Dosimetry

BEAM: A Monte Carlo code to simulate radiotherapy treatment units

A technique for the quantitative evaluation of dose distributions

Dose Evaluations



Most read

Most cited

Latest articles

Featured articles

Review articles

In the last 30 days

July 2013

1. Optical properties of biological tissue

“Others”

2. CT : Modelling Iterative reconstruction

3. MRI analysis for brain tumor studies

4. MRI Tracer kinetic modelling

5. X-ray phase-contrast imaging

“Imaging”

6. Brachytherapy : Monte Carlo calculated doses for permanent implant in lung

“Dosimetry”

7. Out-of-field dose in photon craniospinal irradiation

8. Dosimetry: when ^{60}Co is the reference quality for charged-particle and photon beams

Remember:
“Dose
evaluations”
In MedPhys

9. Automatic 3D ultrasound calibration in IGRT

“Automatic tools”

10. Automated segmentation of pulmonary structures in CT

We could conclude on the importance of ...

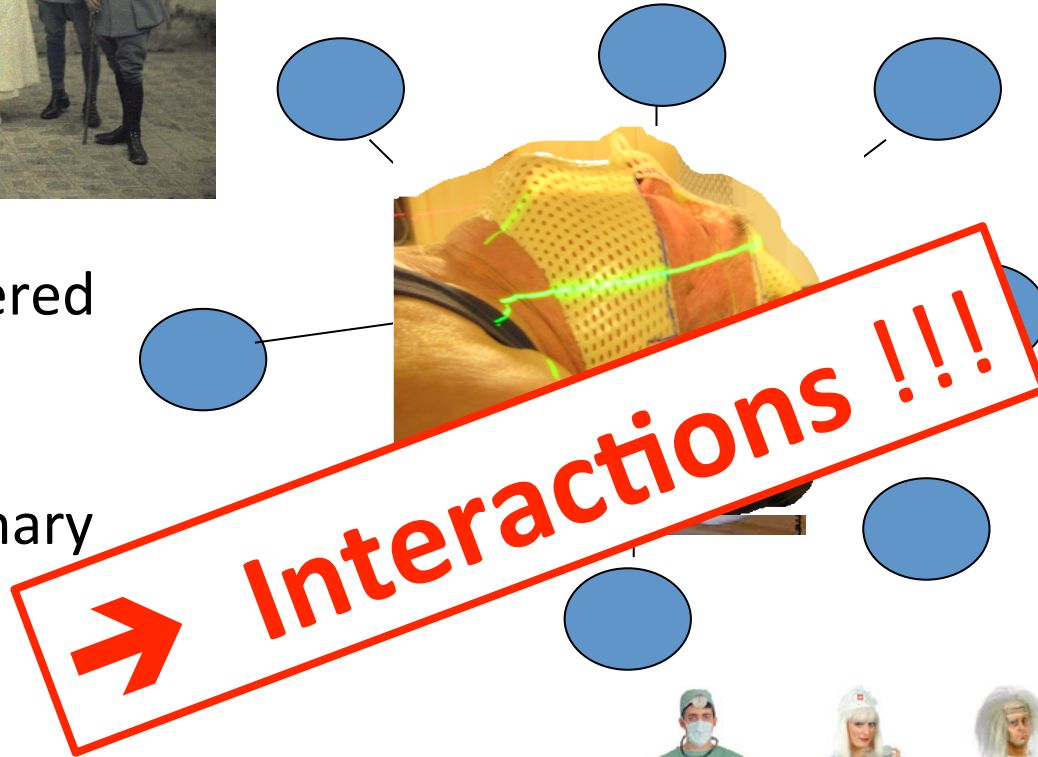
- 1. Applying efforts to imaging systems (pre-per-post treatment).***
- 2. Optimize dosimetry and models.***
- 3. Increasing role of low doses, fast evaluations and automatic tools.***
- 4. Keeping lessons from the past to the future : from cobalt through linacs, with particles getting a new place...***

**... but this yet looks as a rather limited “vision”
and you are not coming to Madrid to conclude on this in 5 minutes !**

Physics in medicine (ex in radiation therapy): through the history ...



Patient centered
Multicentric
and ...
Multidisciplinary



I Workshop Español en Protonterapia. Madrid, 14 de Diciembre 2016

Programa, Organizadores, Exponentes y Participantes :



→ Interactions !!!

Y 200 participantes !!



Perspectivas futuras en Física (Médica) para la Terapia con Partículas :

“Relaciones”

**Primer Workshop Español
de Relaciones Humanas
en Protonterapia**



institutCurie

Future Perspective in (Medical) Physics for Particle Therapy : Interactions

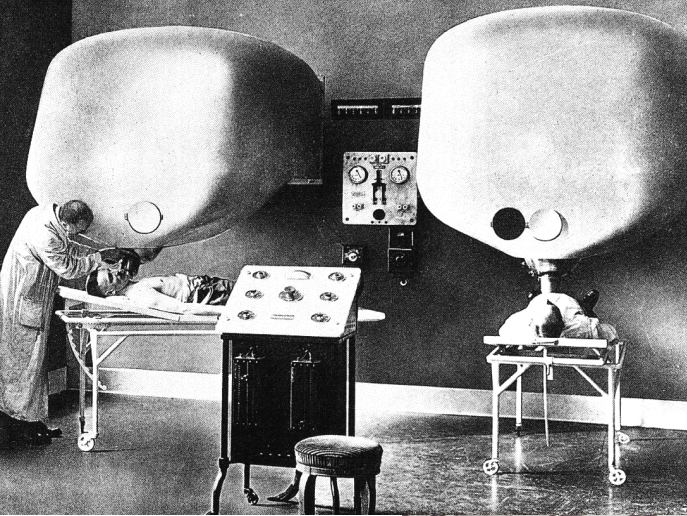
Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
<i>1. System Technology</i>			
<i>2. Dosimetric issues and ancillary tools</i>			
<i>3. Clinical data</i>			
<i>4. Research and Development (biology + +)</i>			

*Menu del día
(Relaciones)*

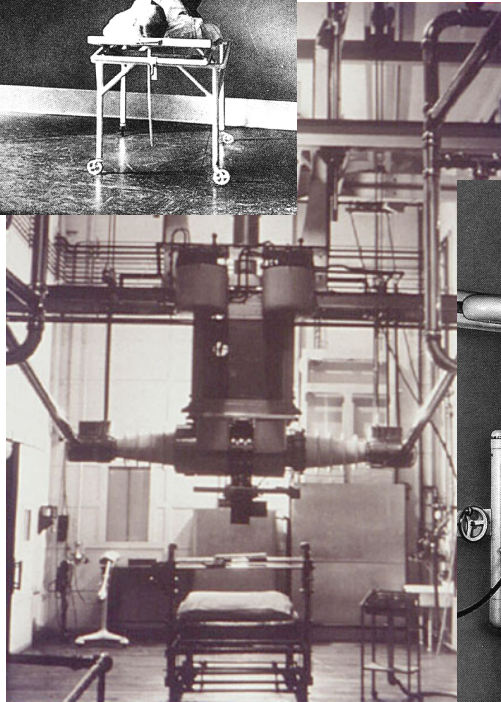
Future Perspective in (Medical) Physics for Particle Therapy : Interactions

Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	# Compactness & New concepts # Heavier ions		
2. Dosimetric issues and ancillary tools			
3. Clinical data			
4. Research and Development			

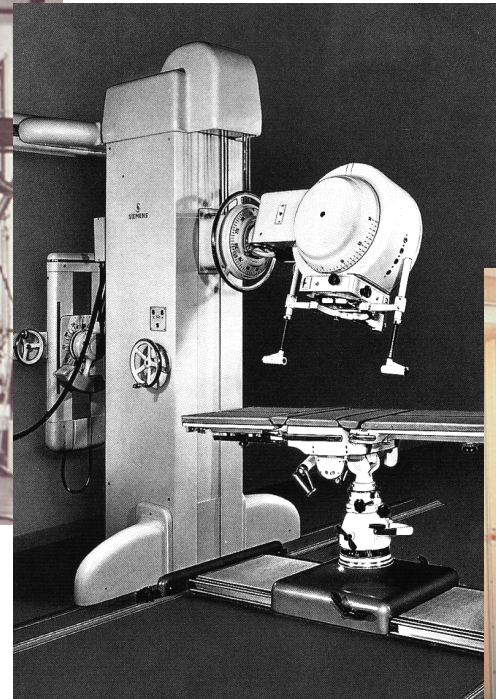
Technical evolution in external Radiation Therapy : 100 years of history



**High voltage
X-ray tubes
Siemens 1919**



**600 kV
circa ~>1930...**



**Gammatron
Siemens 1956
Co-60 et Cs-137**



1960 Linacs

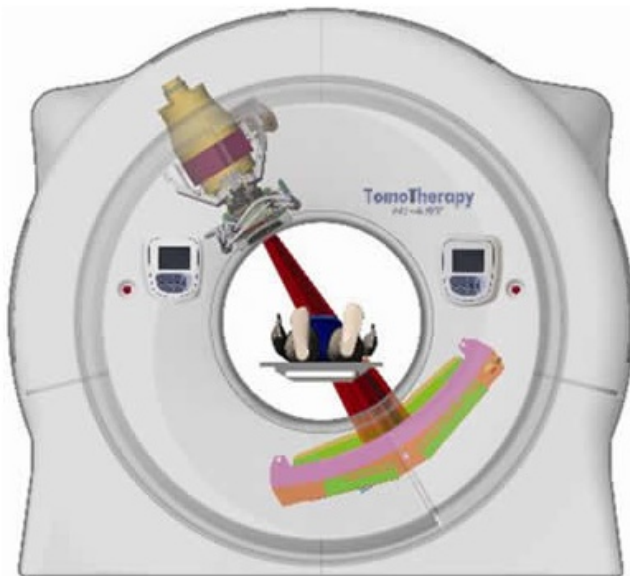
Physics and technology: delivery systems in external radiation therapy with photons



RapidArc or equivalents (wphospitals.org)



www.cyberknife.com



Tomotherapy

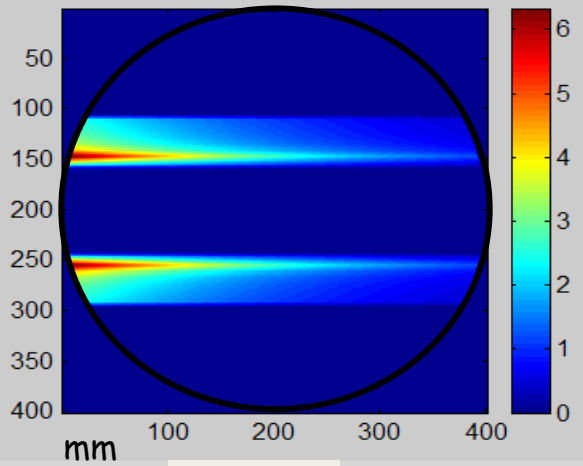


Vero

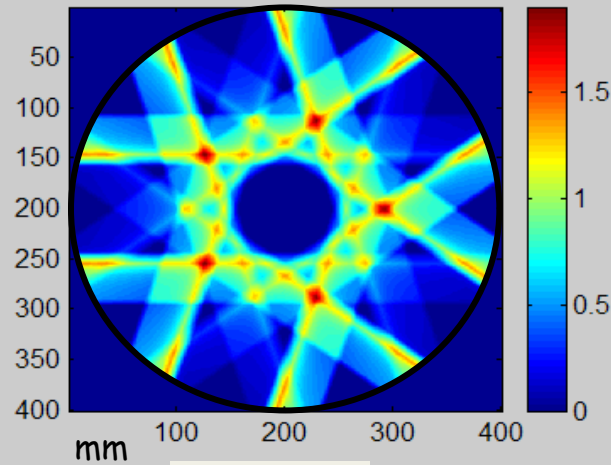


ViewRay (MRI+3Co-60 w/MLC
Linacs : → Juan Carlos

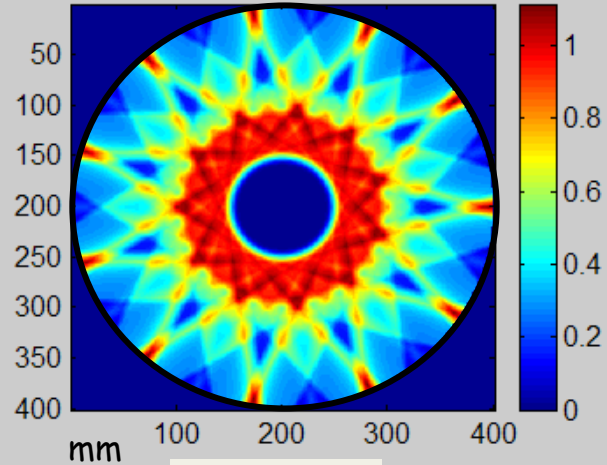
Multiplicity of incidences// changing the role of the energy



1 Beam

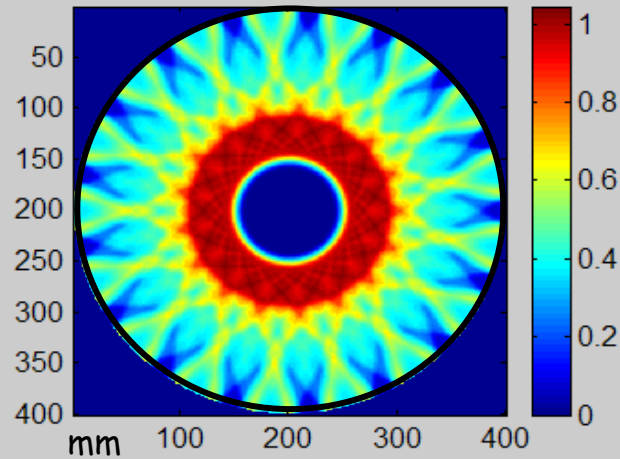


5 Beams

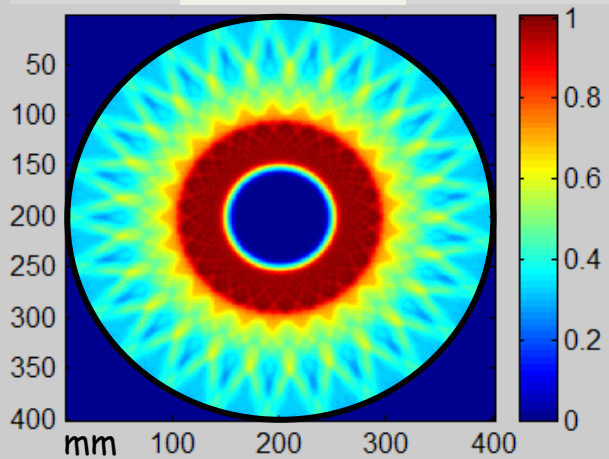


11 Beams

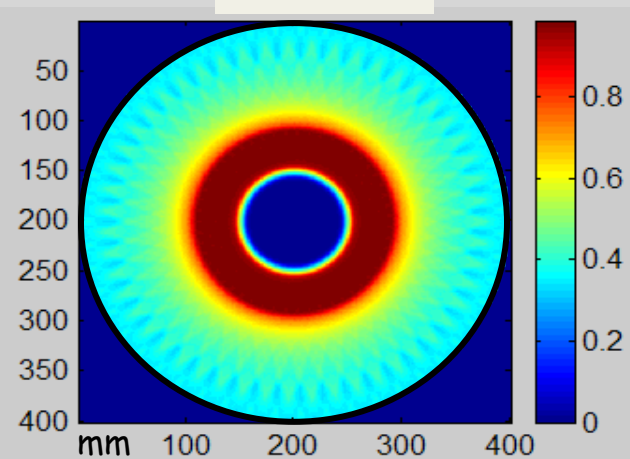
17 Beams



25 Beams



51 Beams



(from Tomotherapy)

Hadrontherapy : Physical selectivity and/or Radiobiological effects

- * pions
- * fast
- & slow neutrons

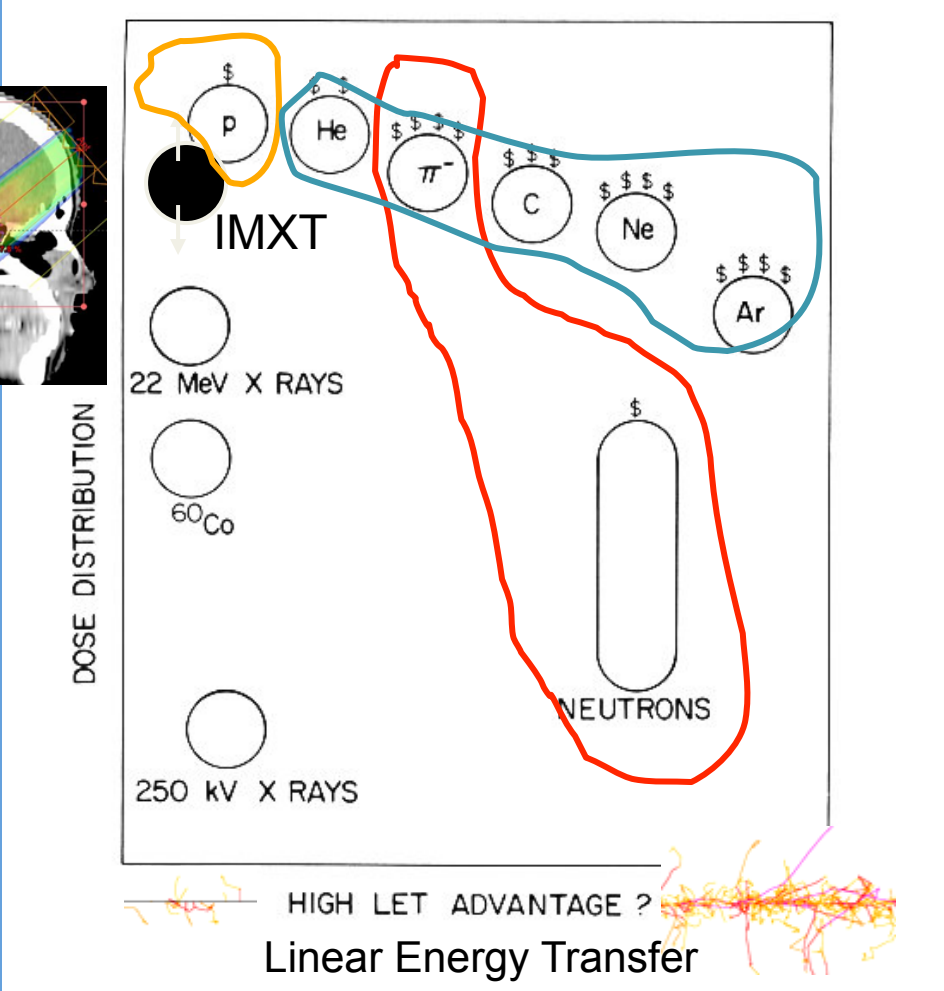
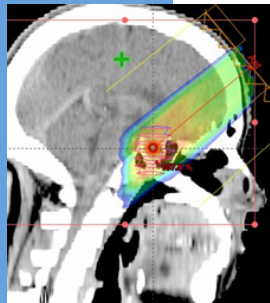
(Past)

- * protons

(Present)

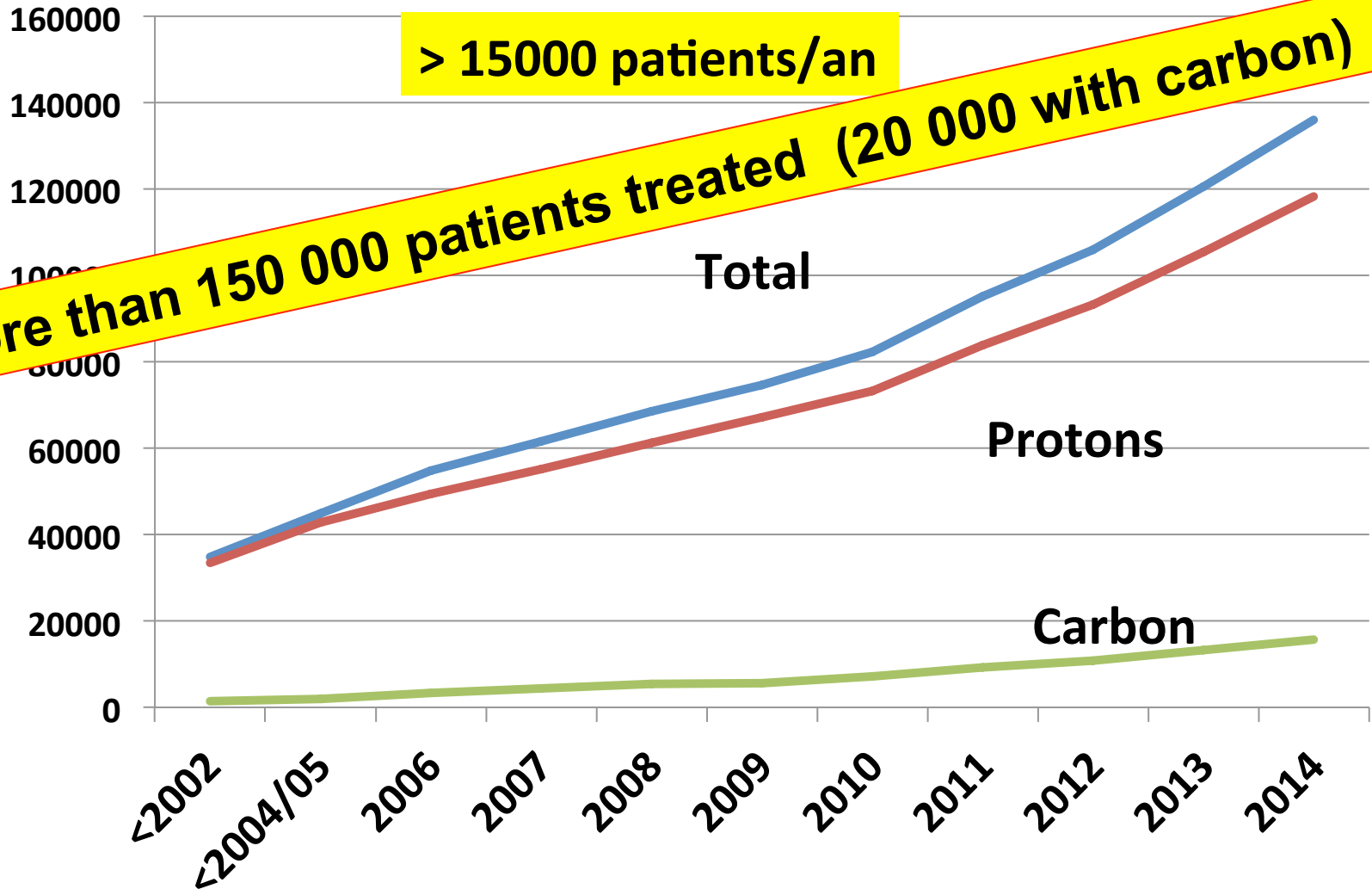
- * light and heavy ions

(Future ?)



Raju & Koehler, 1980

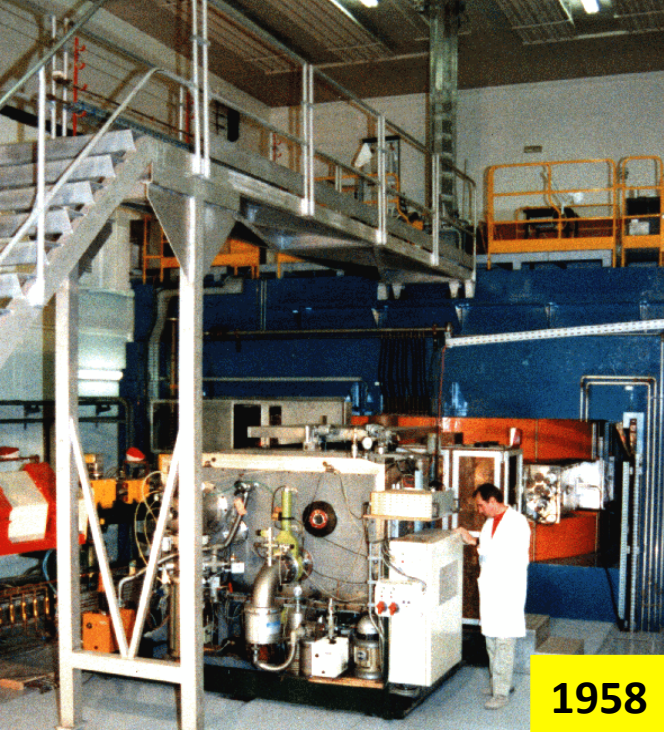
Cumulated number of Patients treated in the world end of 2015



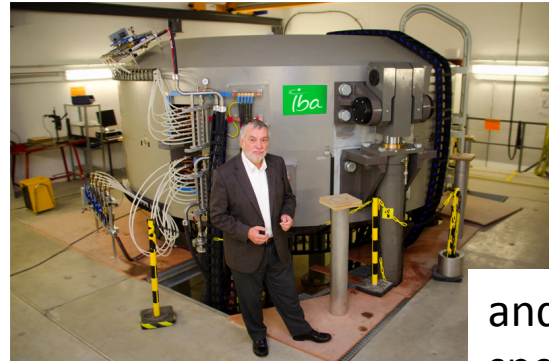
> 15000 patients/an

More than 150 000 patients treated (20 000 with carbon)

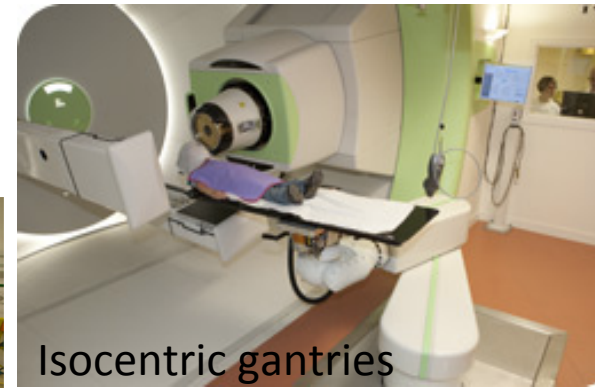
Technical evolution in hadron therapy



1958

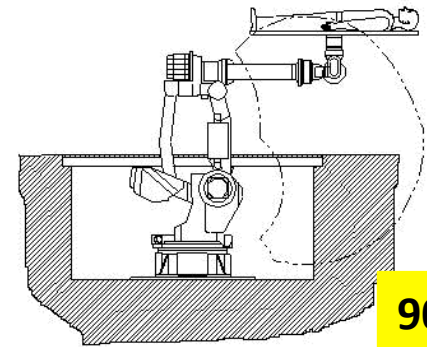


Towards compact, clinical (and cheaper?) systems



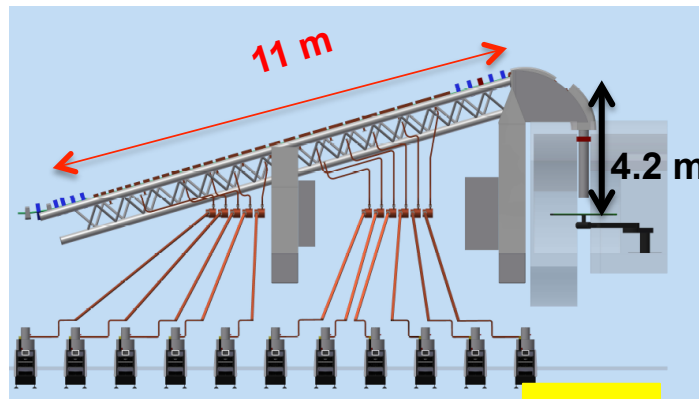
Isocentric gantries

and specific tools



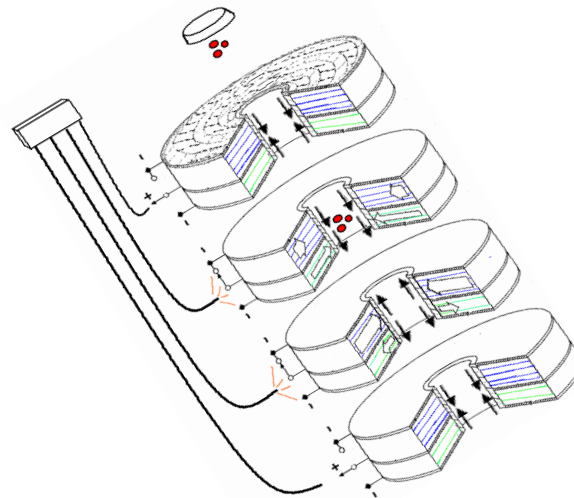
90'

Robotics for patient positioning

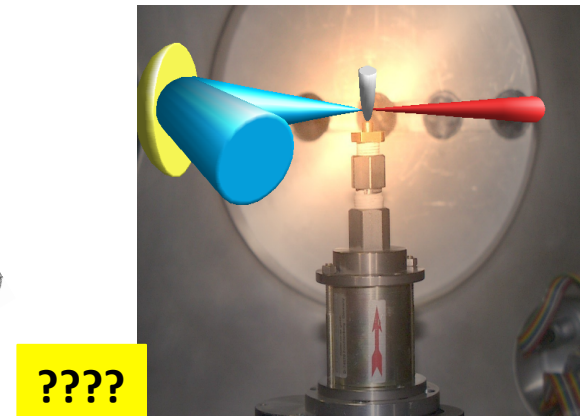


2016

Linac TULIP 30 MV/m



Dielectric wall accelerators

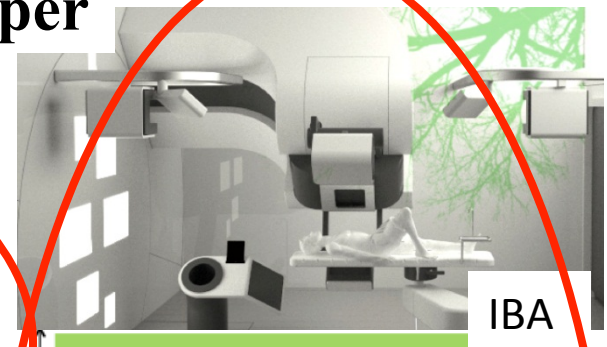
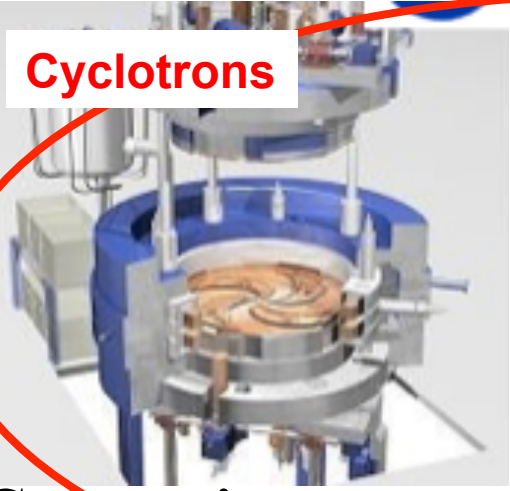


????

Laser based accelerators

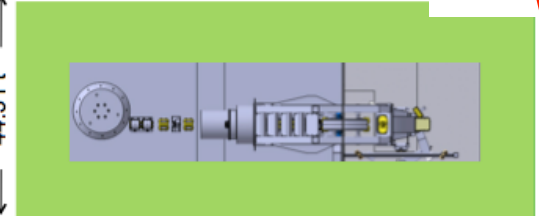
Some alternatives to make it compact and cheaper

Cyclotrons



**Cryogenic
(Varian, Protom)**

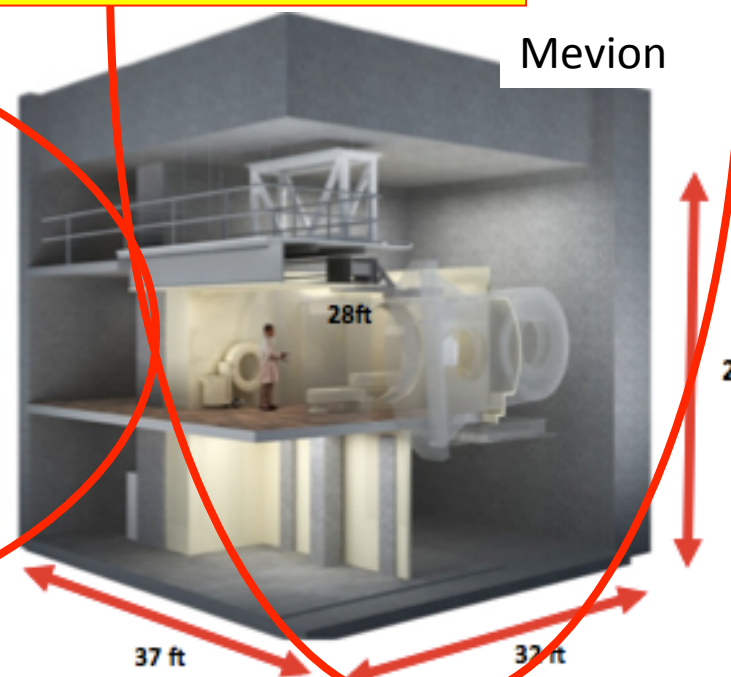
100 → 50 → 30 M\$ → ...

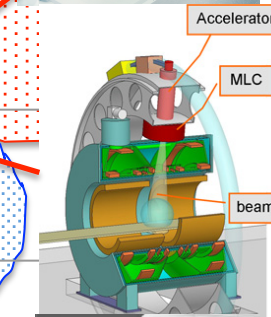
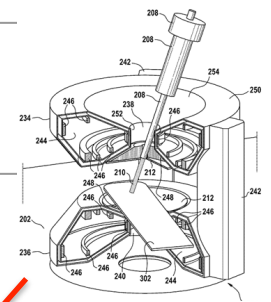
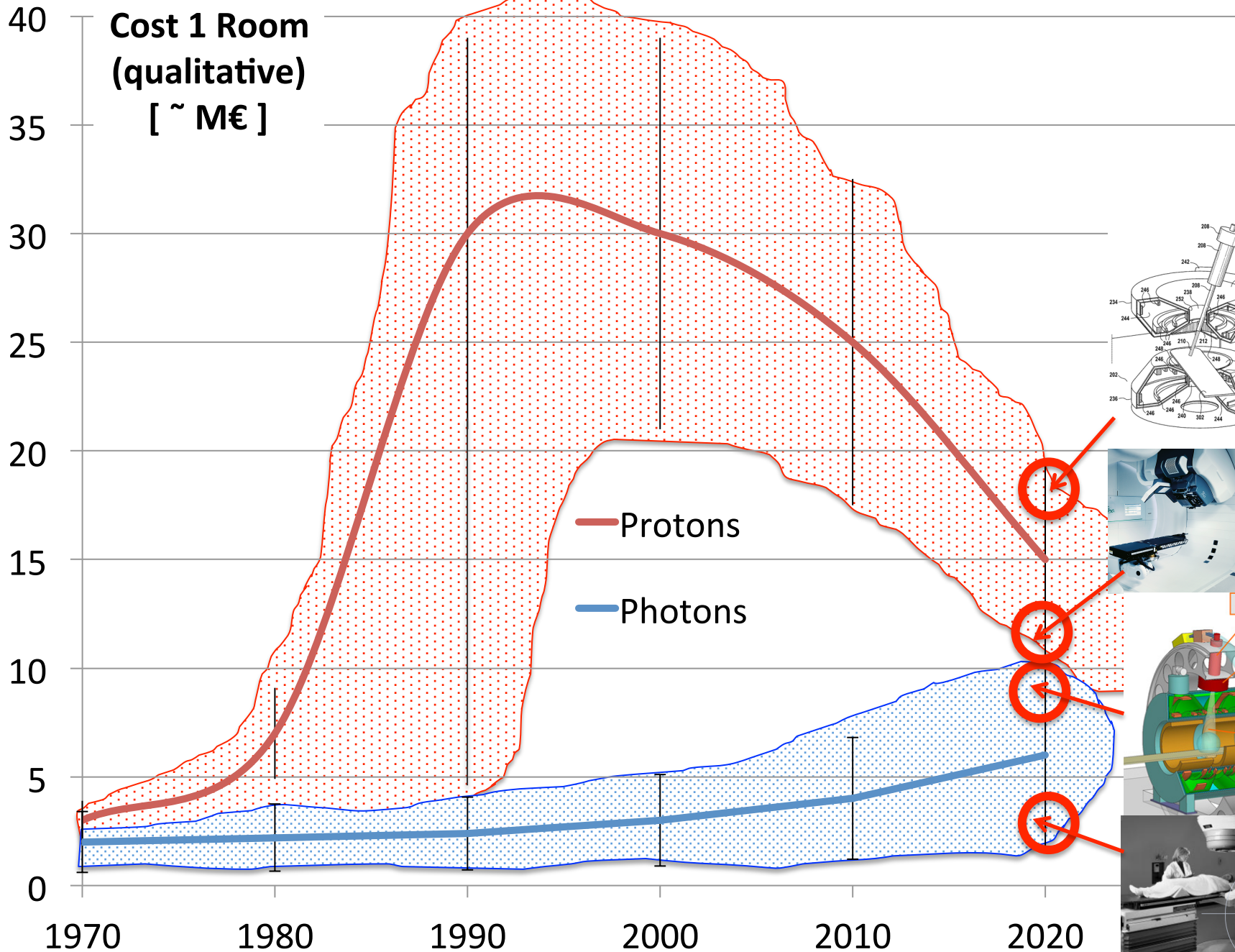


Synchrotrons



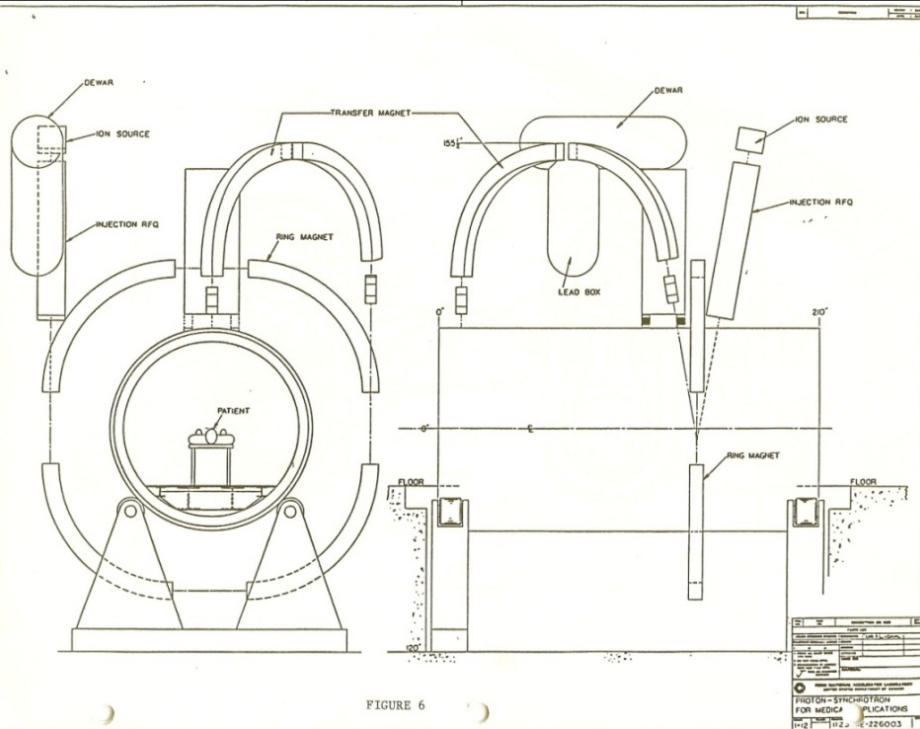
**Compact synchrotron (Protom)
+ Hitachi, Mitsubishi, Toshiba,...**





GANTRIES

Gantry-mounted synchrotron
(Phil Livdahl, 1985)



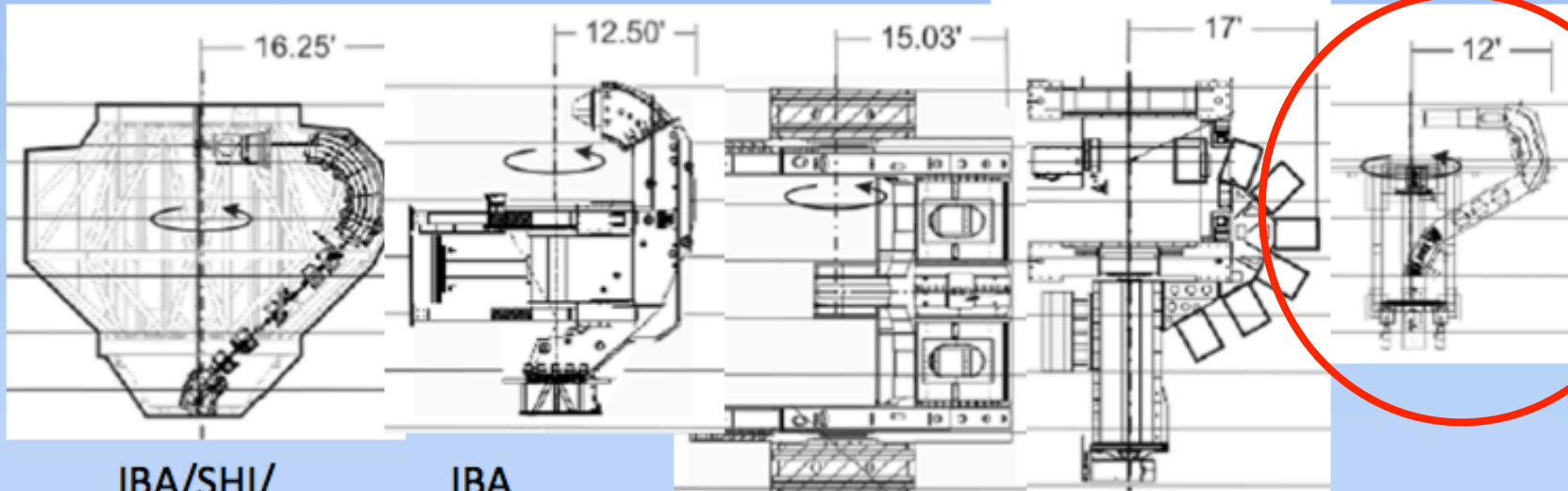
BEAM SCANNING

LBL, Berkeley workshop
January 19-22, 1988

Preliminary Agenda for Workshop on Medical Charged-Particle Beam Scanning Systems

	Tuesday, Jan 19th	Wednesday, Jan 20th	Thursday, Jan 21st	Friday, Jan 22nd
8:30	Plenary Session • Charges to Working Groups - Group Leaders	Plenary Session • Reports, Agendae for the day - Group Leaders	Plenary Session • Reports, Agendae for the day - Group Leaders	Plenary Session • Reports, Agendae for the day - Group Leaders
~9:30	"Science" 0. Basic Questions - Ludewigt	"Engineering" 1.1 Specifications - Renner 1.2 Magnets - Milburn	"Science" 0. Basic Questions - Ludewigt 4.0 Biology Considerations - Blakeley	"Engineering" 1.3 Power Supplies - Nyman
12:00	Lunch Lower Cafeteria	Lunch Lower Cafeteria	Lunch Lower Cafeteria	Lunch Lower Cafeteria
1:00	Registration	1:30	3.0 Treatment Planning - Petti	2.0 Control Systems - Renner
2:00	Opening Session • Welcome, Goals of Workshop, Organizational details - Chu • Overview of Beam Delivery Systems - Alonso • Perspectives on specific delivery options - Open • General discussions on goals, topics for working groups - Open	0. Basic Questions - Ludewigt 1.2 Magnets - Milburn 1.3 Power Supplies - Nyman	3.0 Treatment Planning - Petti	2.0 Control Systems - Renner
~5:00	5:00 Social Hour SuperHILAC	6:00 Dinner Mandarin Garden	8:00 Reception Mark Nyman's House (Sponsored by Brobeck Corp.)	Summary Session

Size of In-Plane (& other) Gantries



IBA/SHI/
Hitachi
In-Plane

IBA
Proteus
One

MeVlon

ProTom

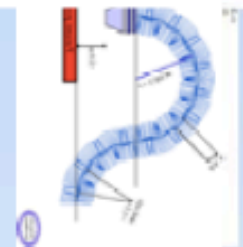
ProNova



SHI Corkscrew
Note – Corkscrew
gantry is 'shortest'
length.

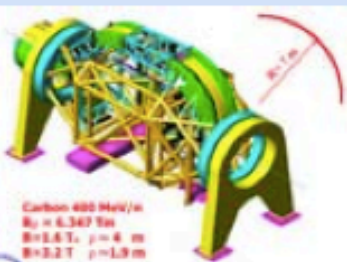


PSI 1 shortest radius

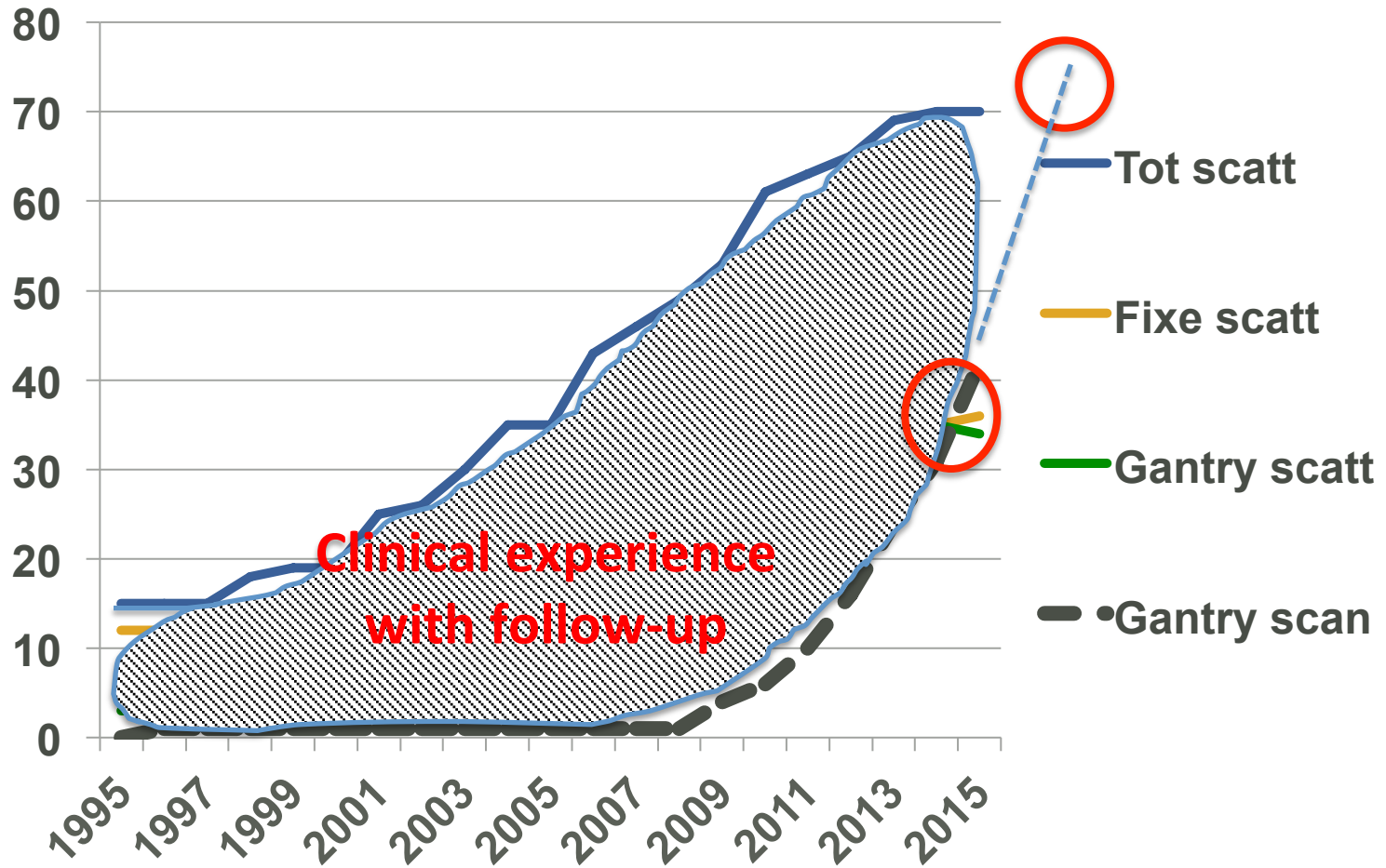


FFAG is the
lightest

DOE Patents?



Number of treatment rooms in the world : scatter and scanned



Radiation Therapy Department Institut Curie

3 sites

9 linacs , 2 Tomotherapies, 1 Rx150kV,

1 proton cyclotron (1 Gantry & 2 fixed rooms)

Brachytherapy I125, PDR, HDR

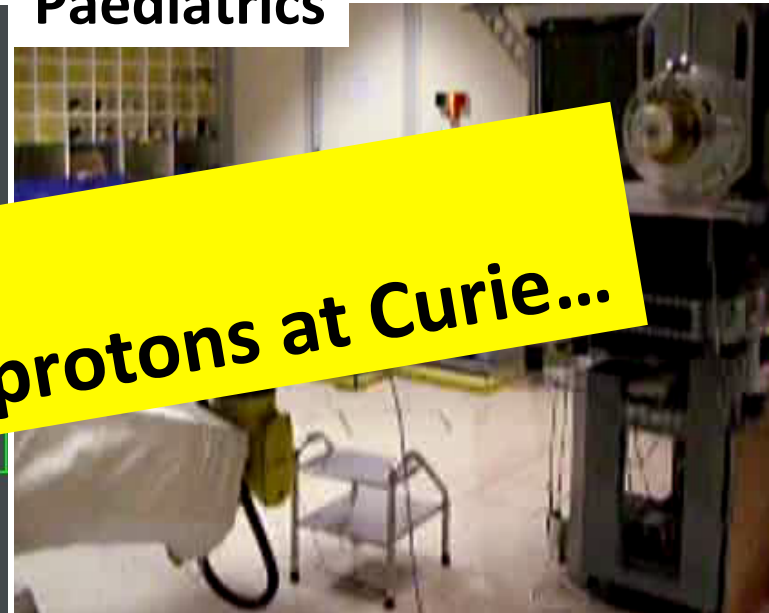
5000 patients/year in RT

(**550 pats/year with protons = 11 %**) → ~10.000 fractions /year ↗

Eyes

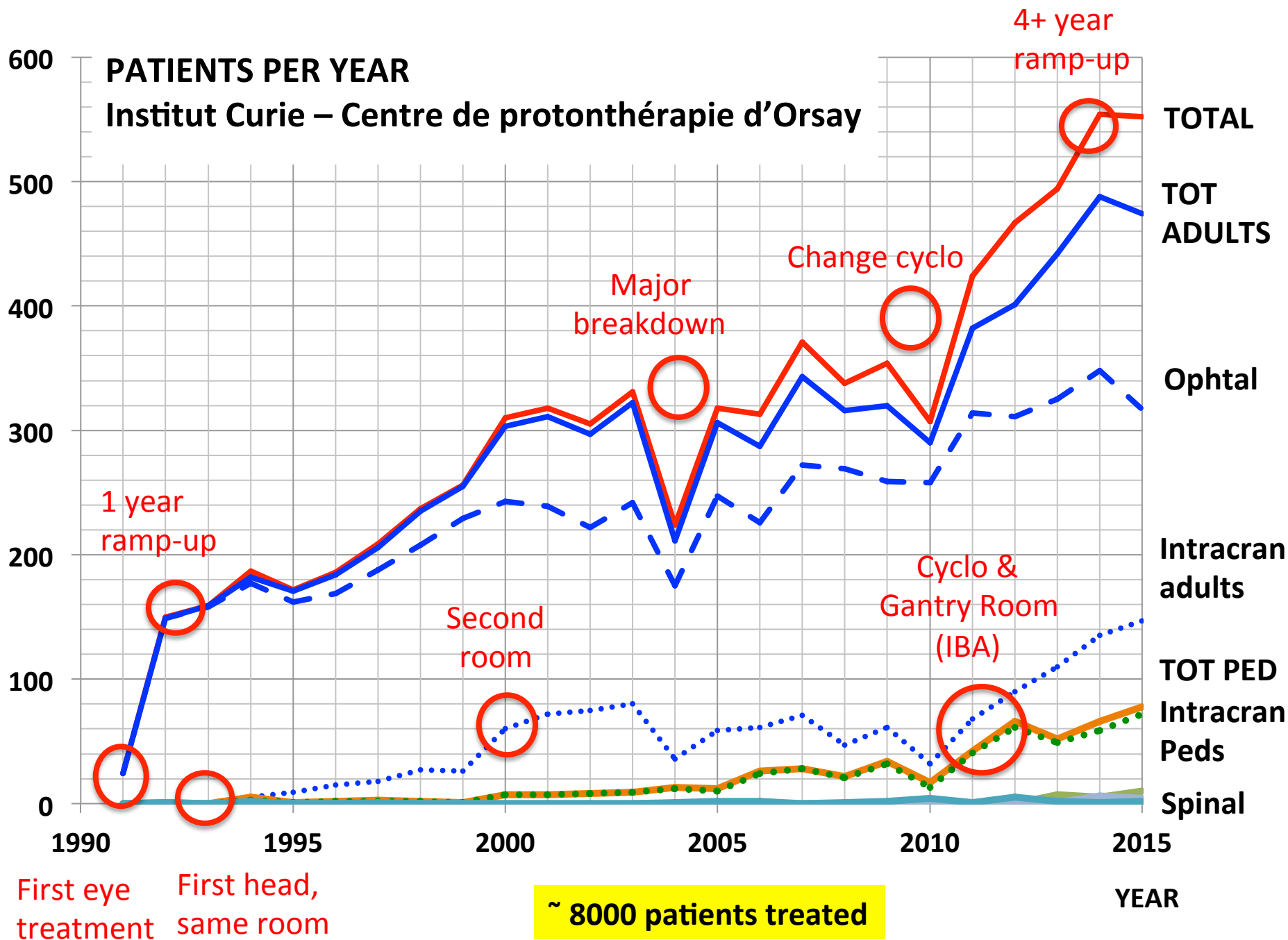
Base of Skull

Paediatrics



End 2016:

~ 8000 patients treated with protons at Curie...

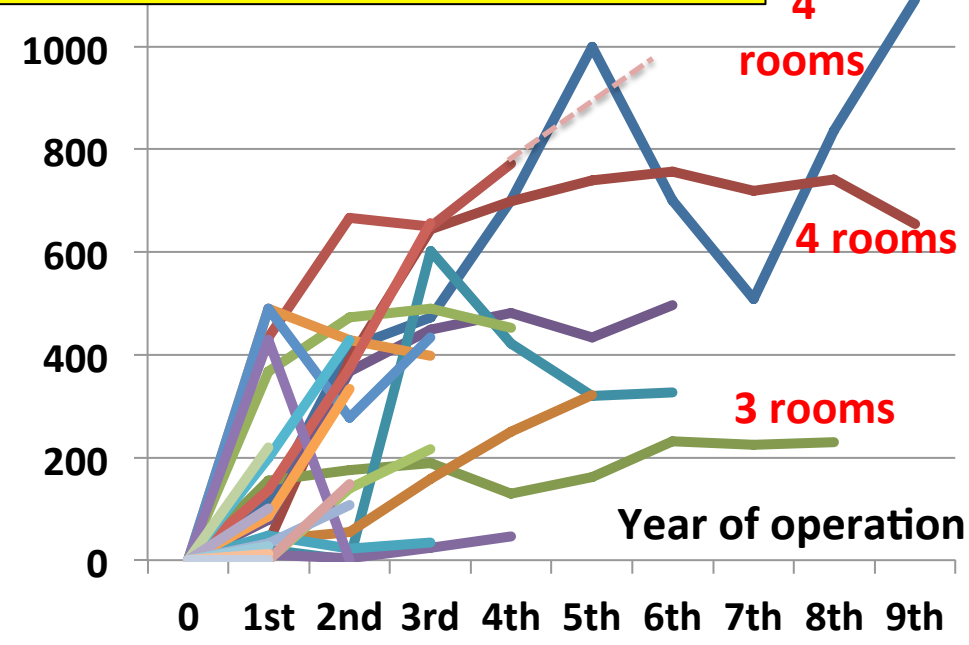


First eye treatment
First head, same room

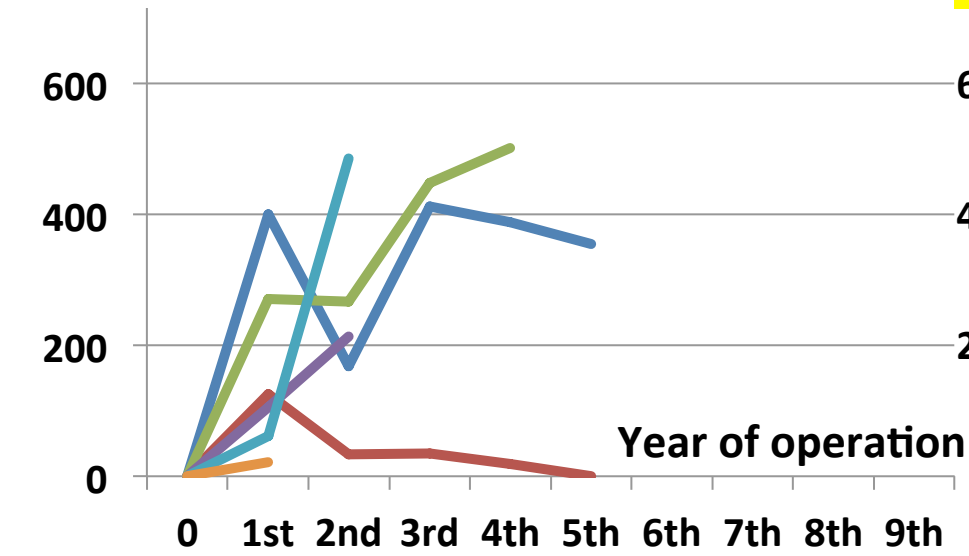
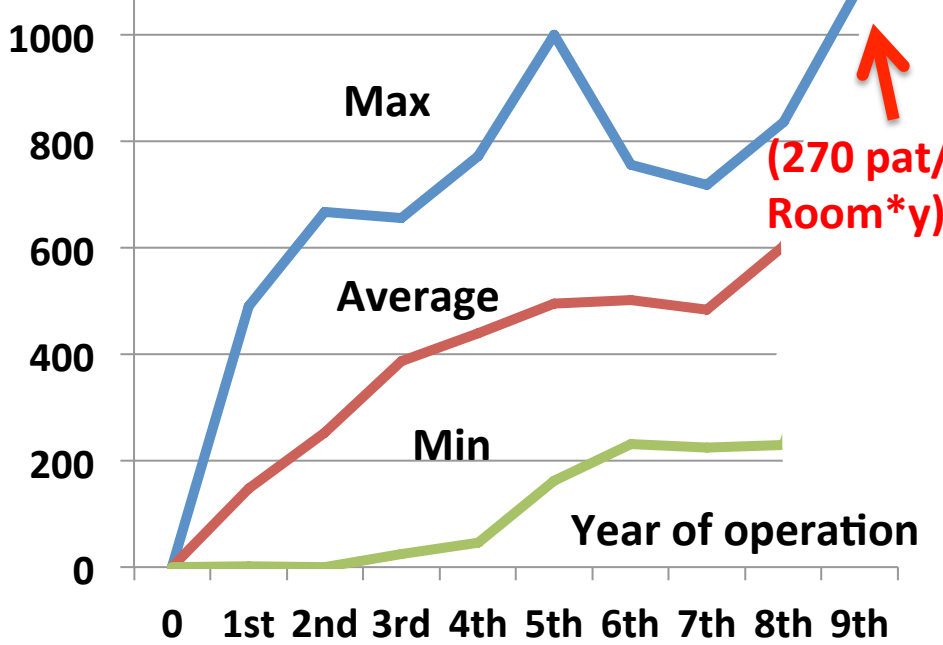
~ 8000 patients treated

YEAR

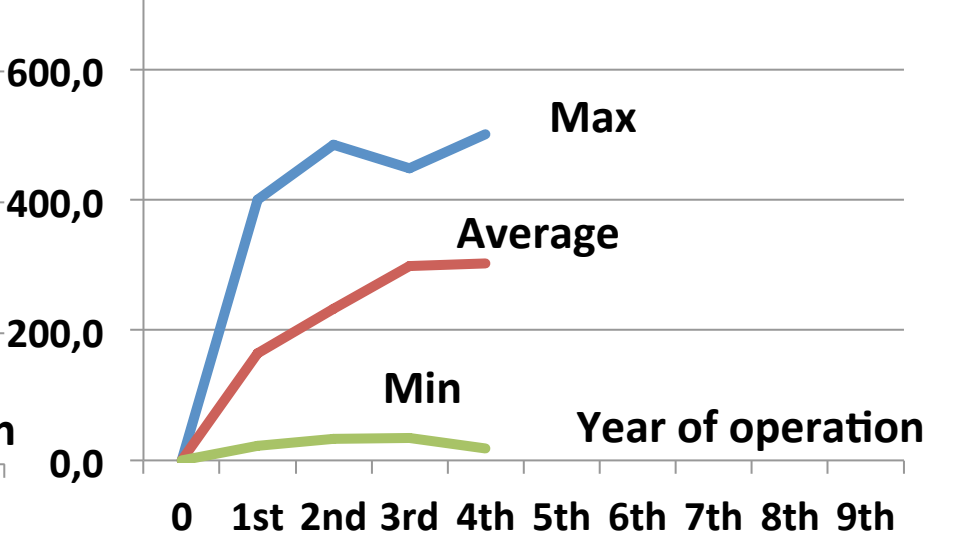
PATS PER YEAR (2005-2014)



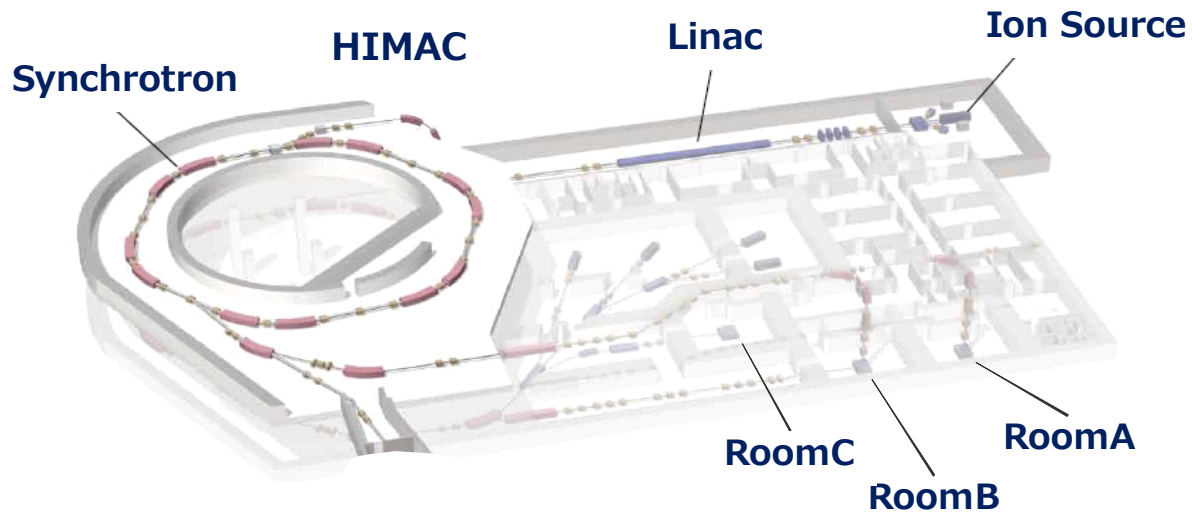
(25) New proton centers



6 New Carbon centers

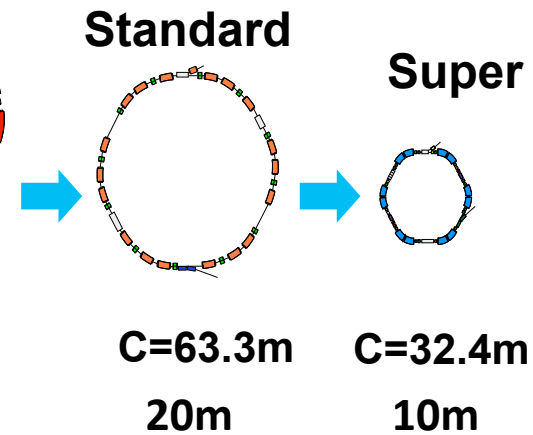
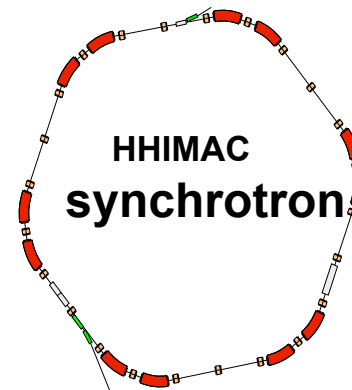
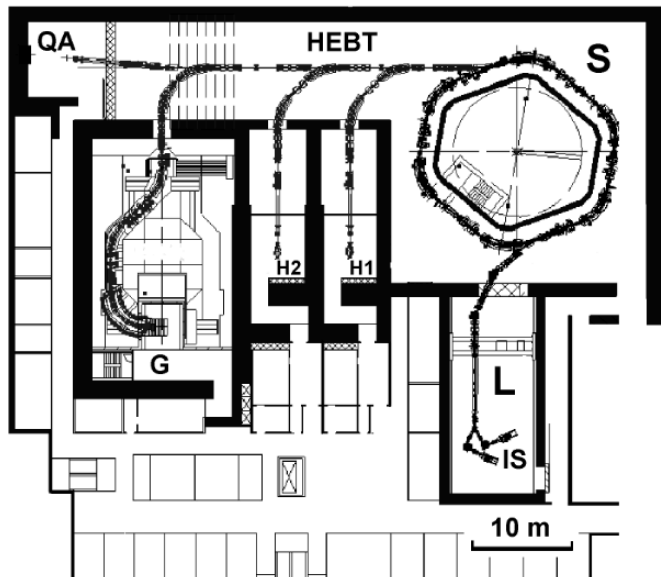


NIRS (Japan) HIMAC

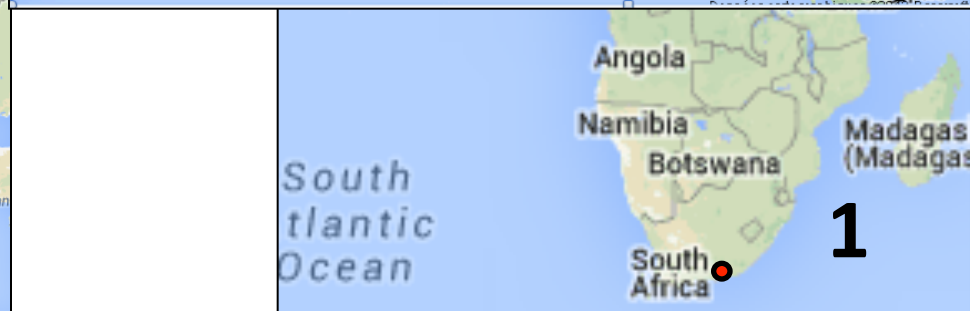
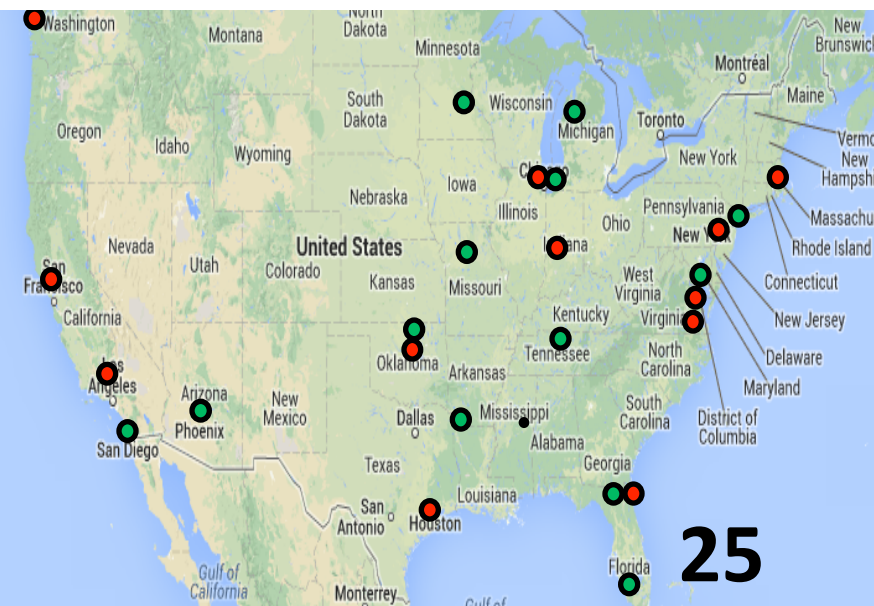


Heidelberg

Super MINMAC

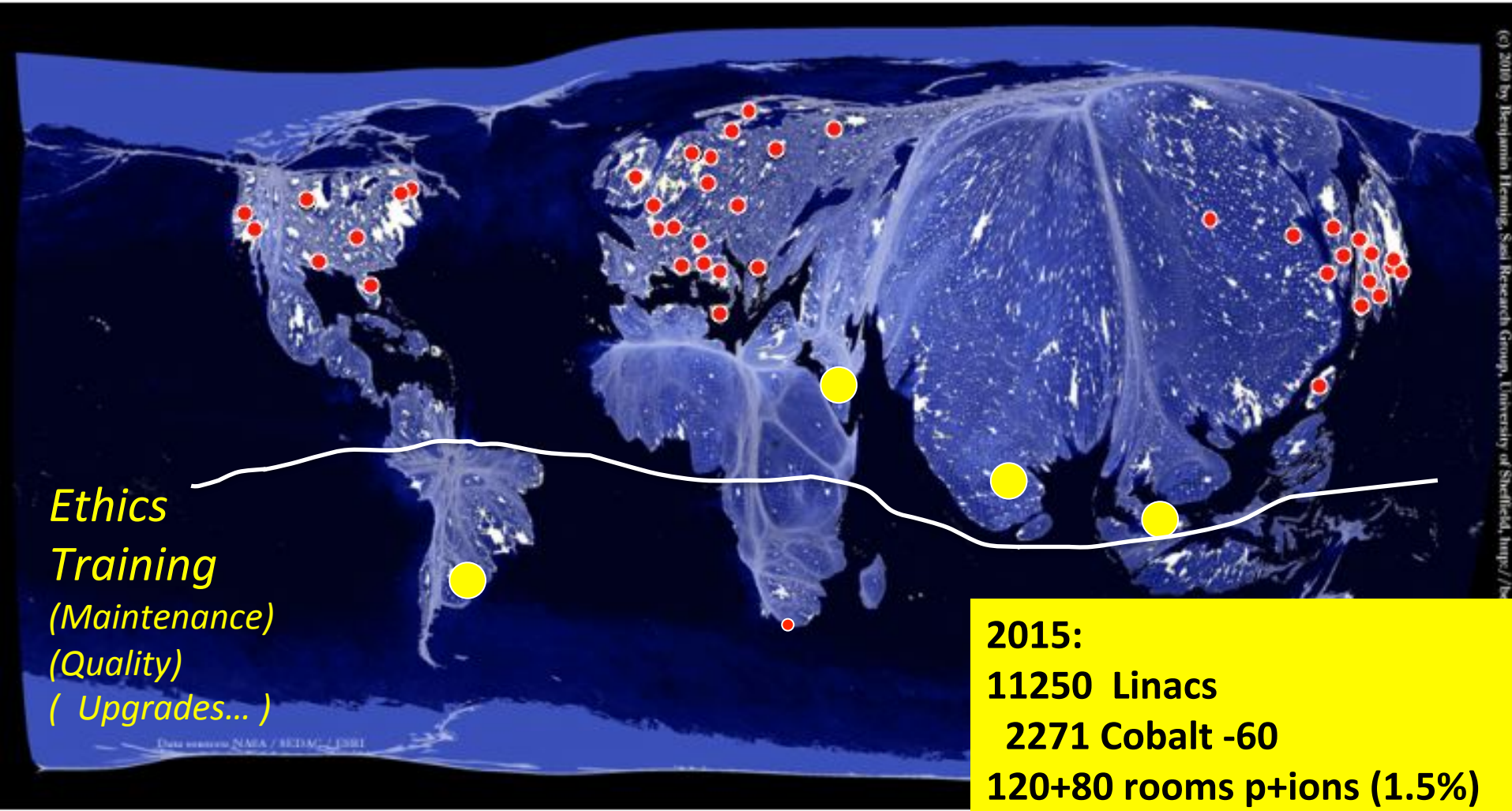


World 2015: existing (~43) and coming (> 40) centers



Proton and Carbon-Ion Therapy Facilities Around the World

Area resized according to the nation's population (2010)



**Original From Bill Chu, PTCOG 50, USA
Updated for this talk by AM , 2016**

● In operation or under construction

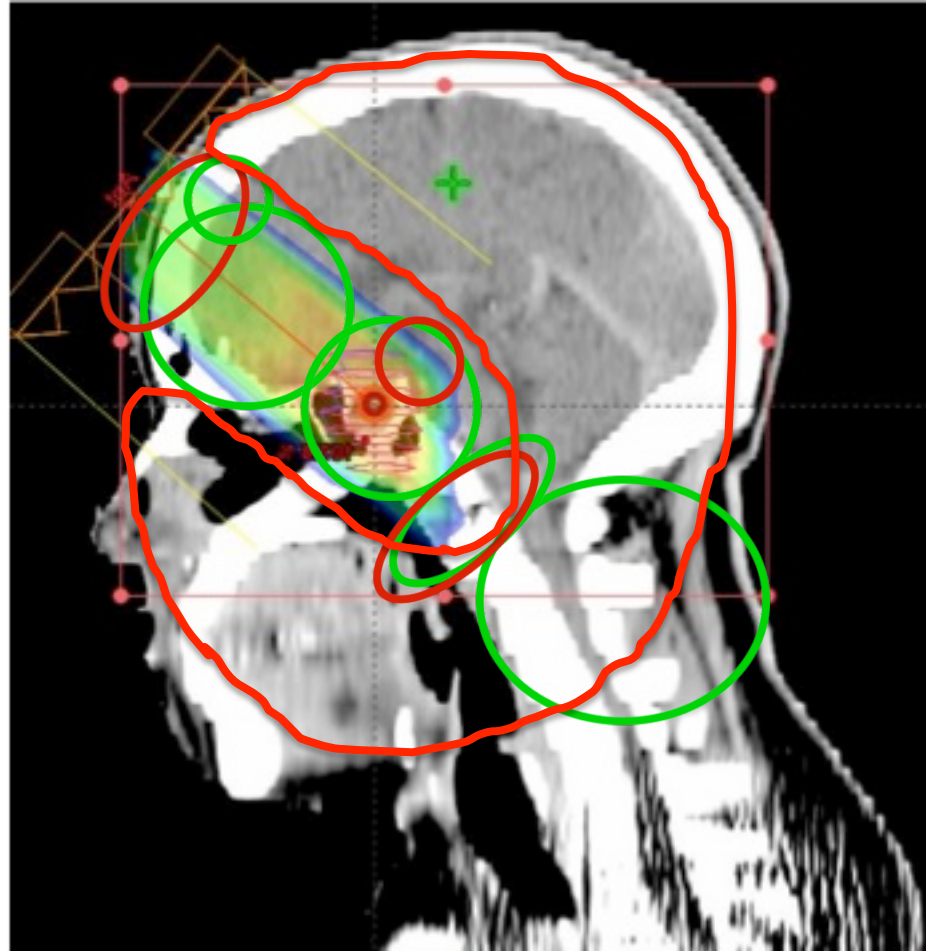
Future Perspective in (Medical) Physics for Particle Therapy : Interactions

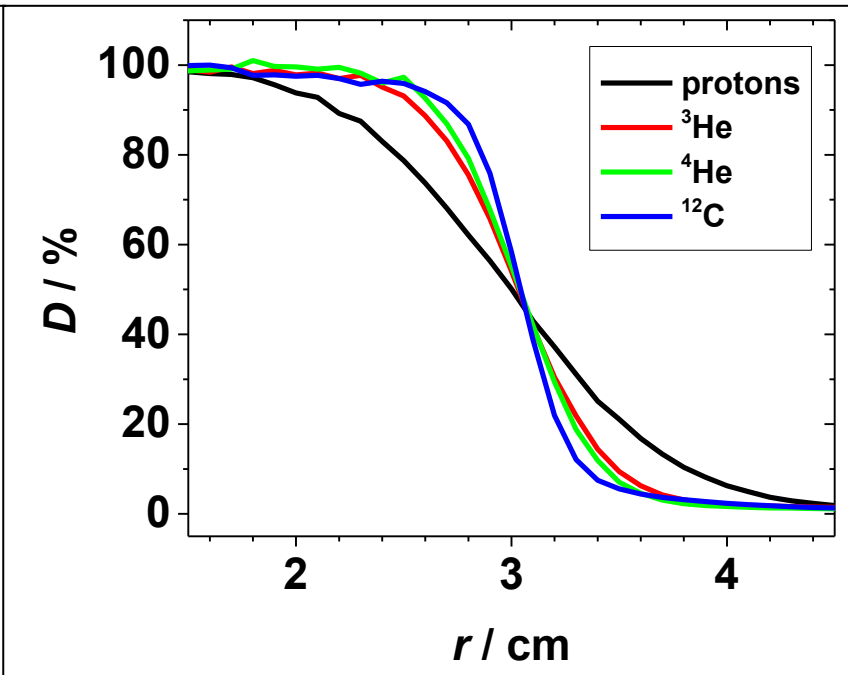
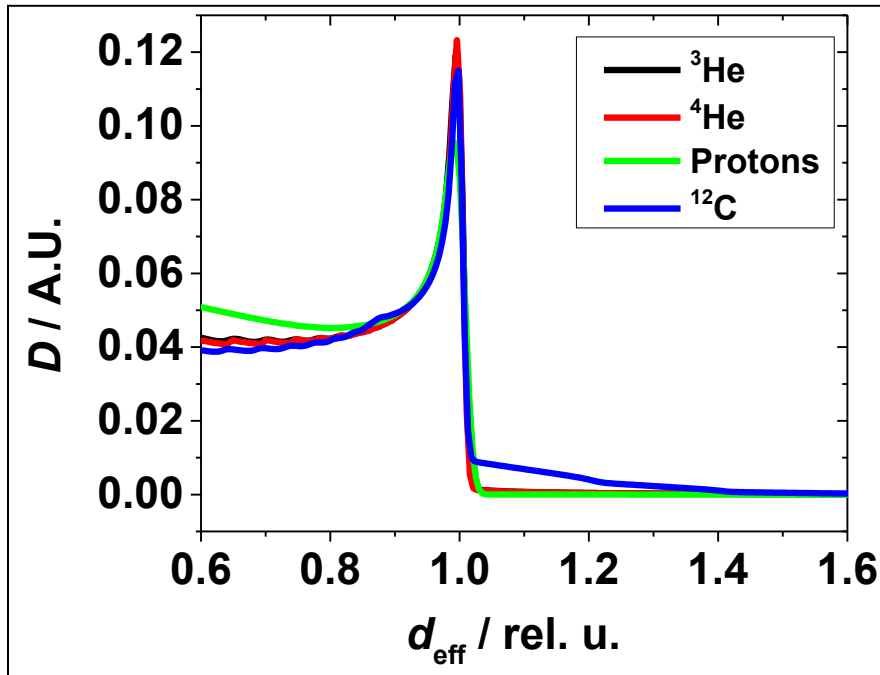
Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	# Compactness & New concepts # Heavier ions	<i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i>	<i>→ Cost & Social</i>
2. Dosimetric issues and ancillary tools			
3. Clinical data			
4. Research and Development			

Future Perspective in (Medical) Physics for Particle Therapy : Interactions

Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	# Compactness & New concepts # Heavier ions	<i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i>	<i>→ Cost & Social</i>
2. Dosimetric issues and ancillary tools	# Entrance/Neutrons/ Penumbra/ Uncertainties # IGRT, IMPT,...		
3. Clinical data			
4. Research and Development			

Advantages and limits with particle beams in therapy

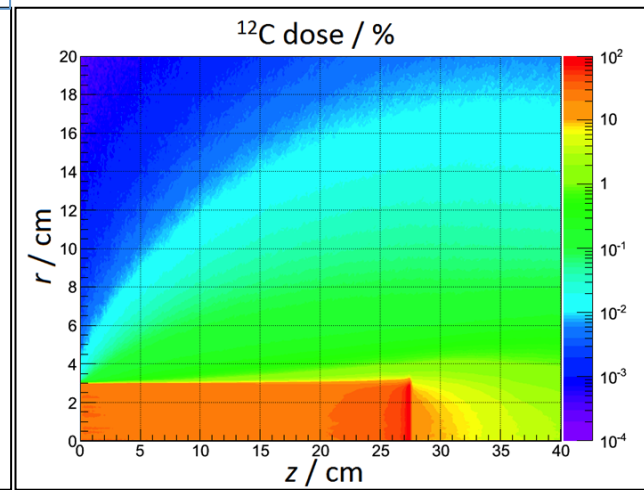
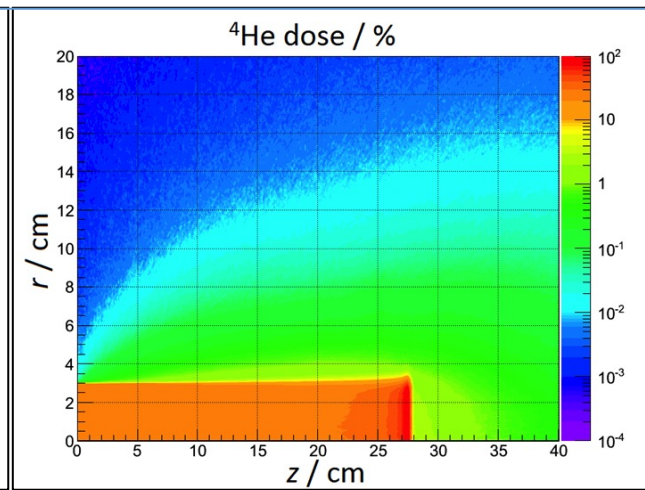
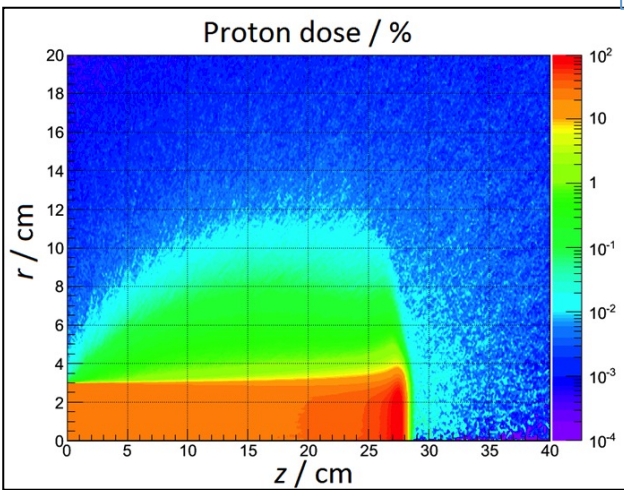




Beamlet Integral Depth Dose

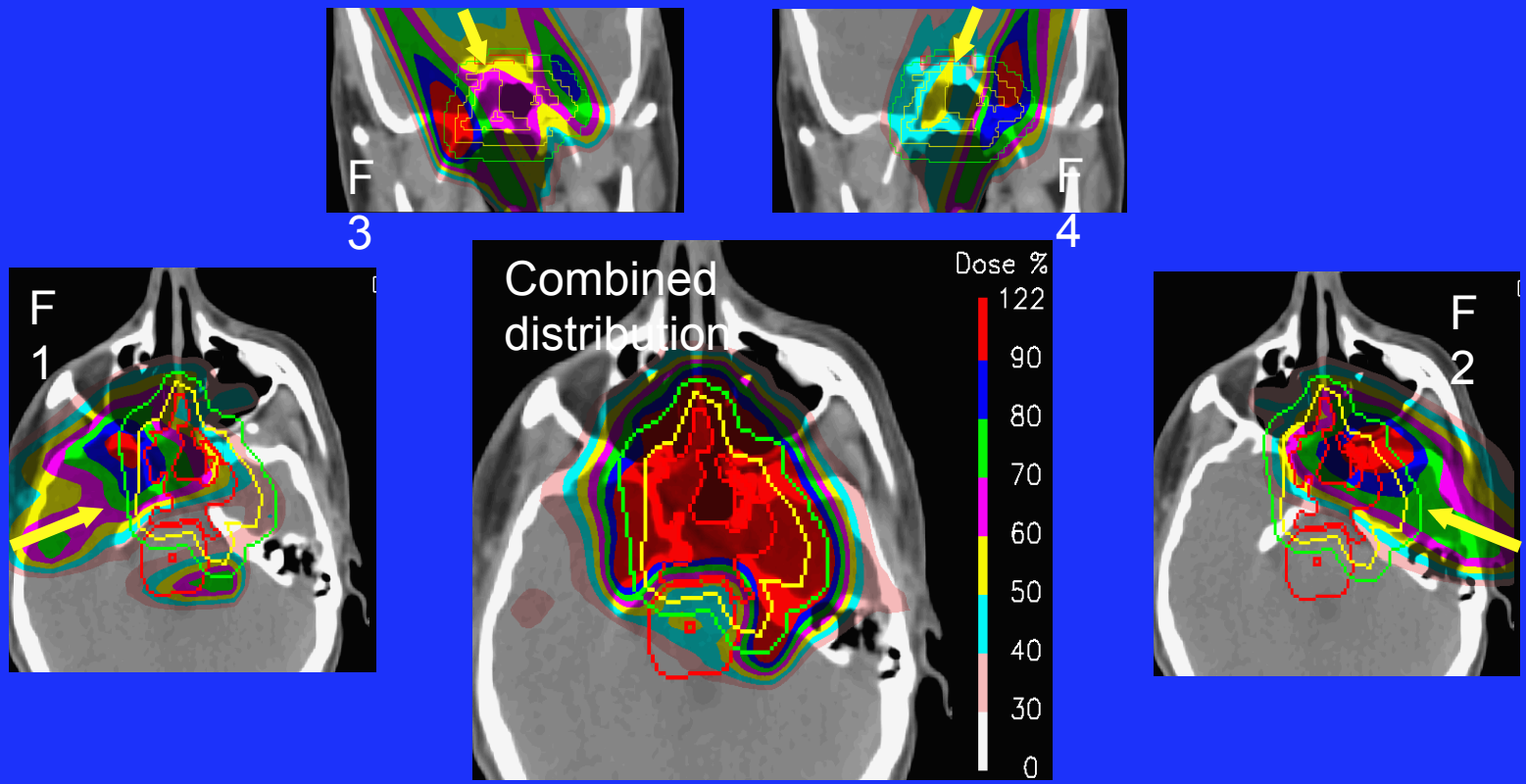
Profiles of 6 cm dia field

Out-of-Field Dose



(IMPT)

An example IMPT plan



Note, each individual field is highly **in-homogenous** (in dose) across the target volume (c.f. SFUD plans)

Less Hardware !

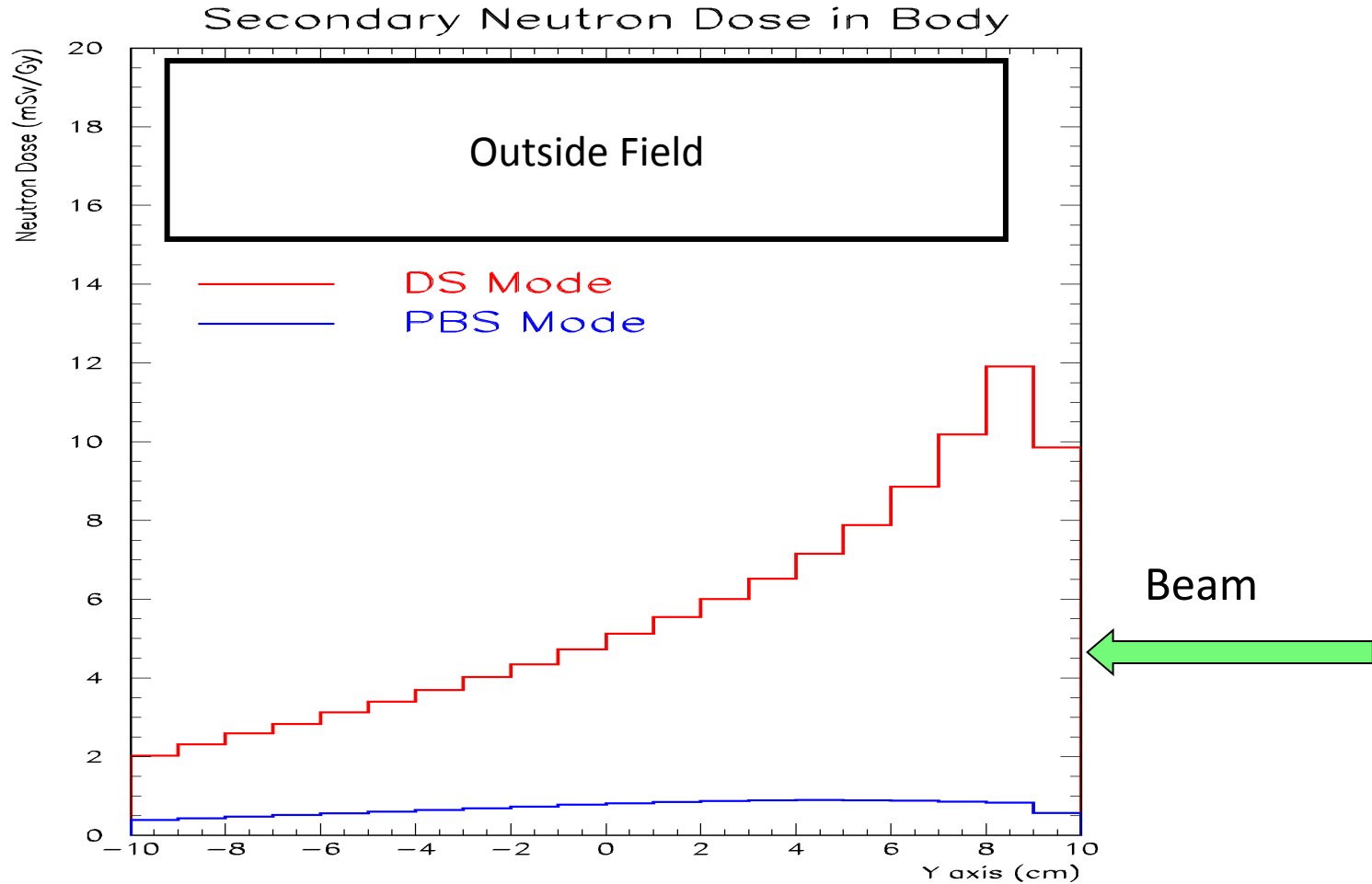
TO REDUCE ALL ASPECTS RELATED TO APERTURES AND COMPENSATORS

- CALCULATION, OPTIMISATION (air gap, ..)
- WORKSHOP or OUTSOURCING
- QUALITY ASSURANCE
- DAILY SETUP
- NEUTRONS
- STORAGE
- DISPOSAL
- COST

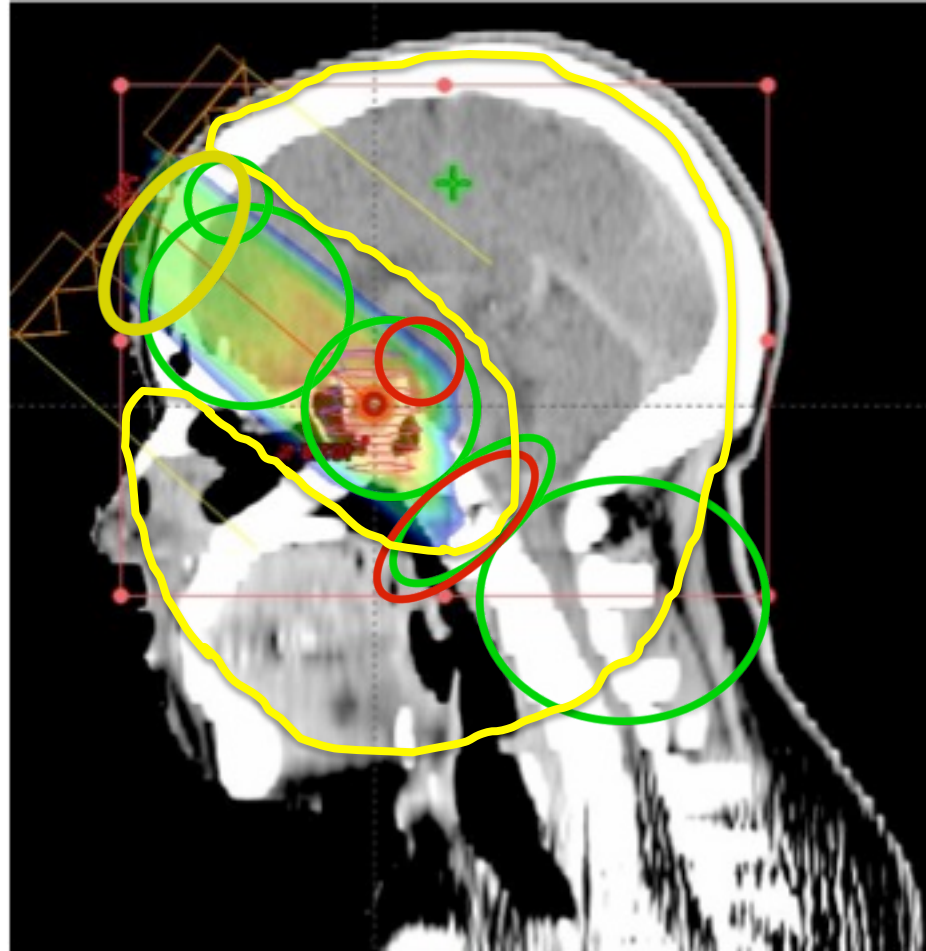


Less neutrons with PBS

Medulloblastoma Case



Advantages and limits with particle beams in therapy



Effect of lateral penumbra on passive and scanning systems

Germinoma

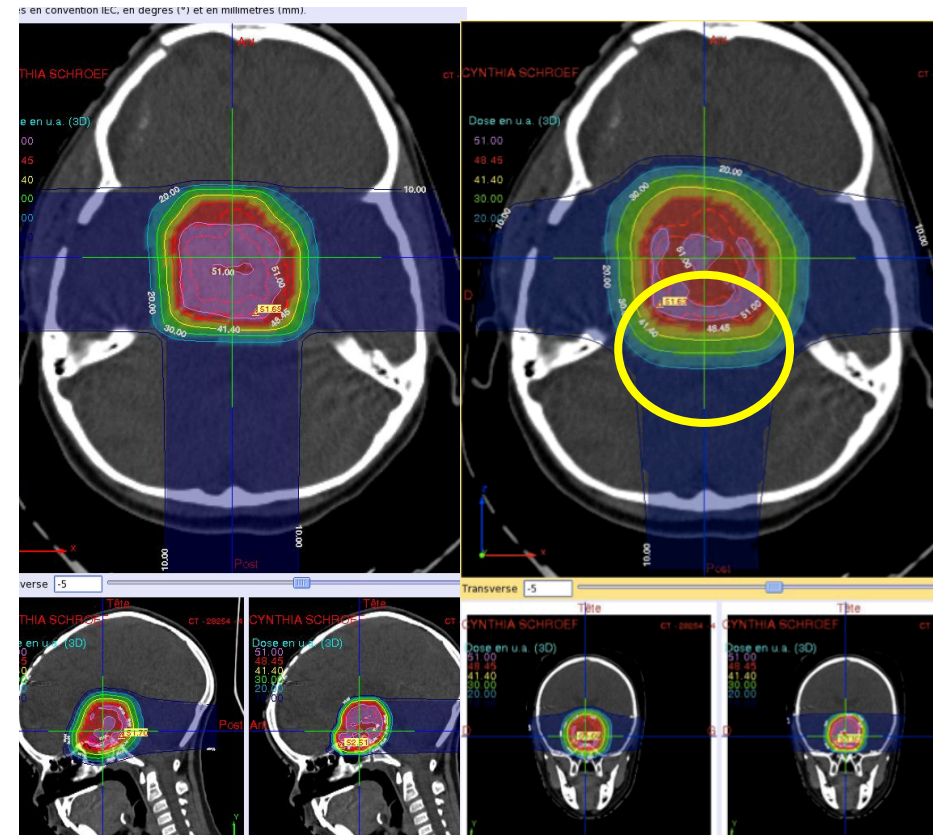
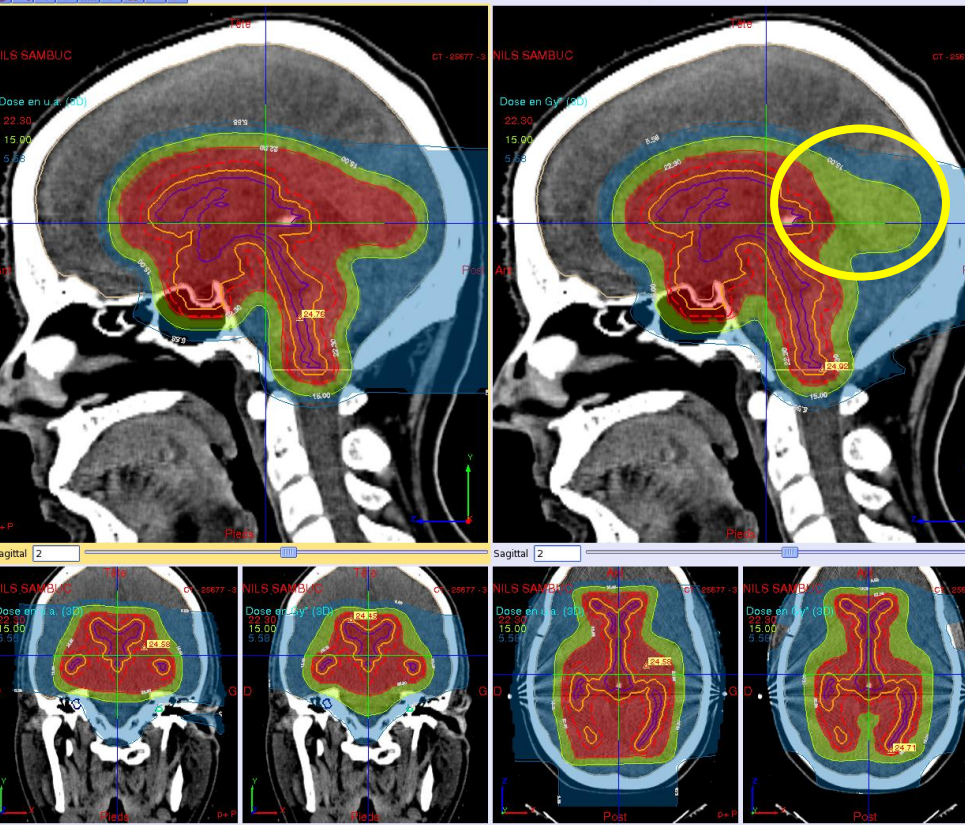
Craniopharyngioma

Double scattering

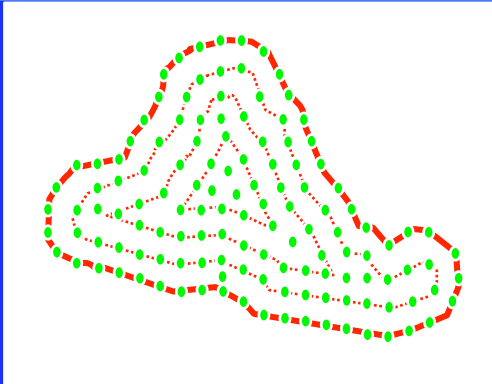
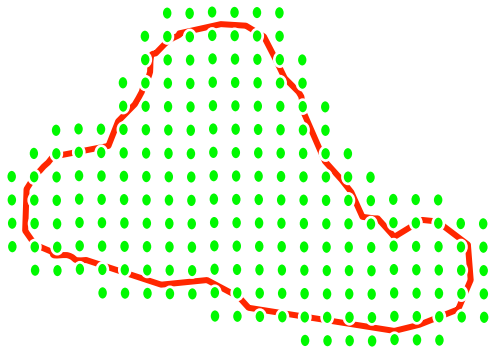
PBS without aperture

Double scattering

PBS without aperture



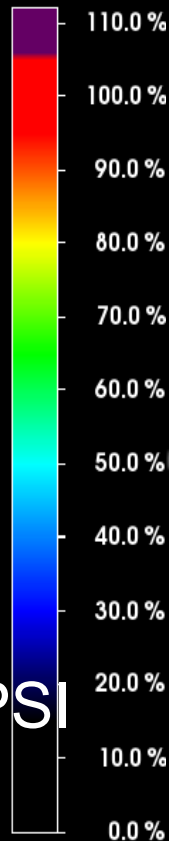
Contour scanning



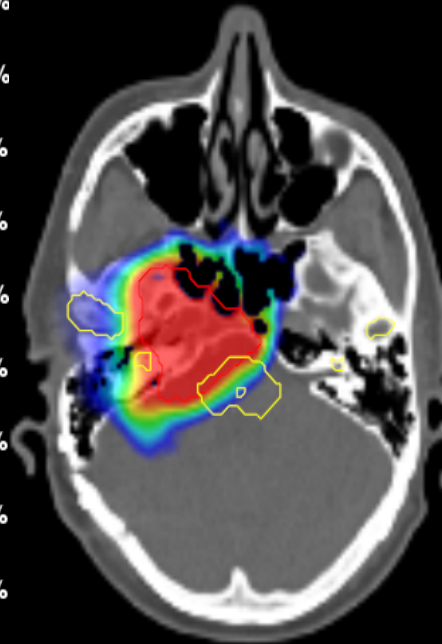
*Smaller spot sizes
in the periphery ?*

Grid

max: 112.1 %

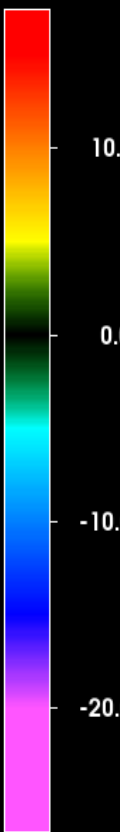


Contour



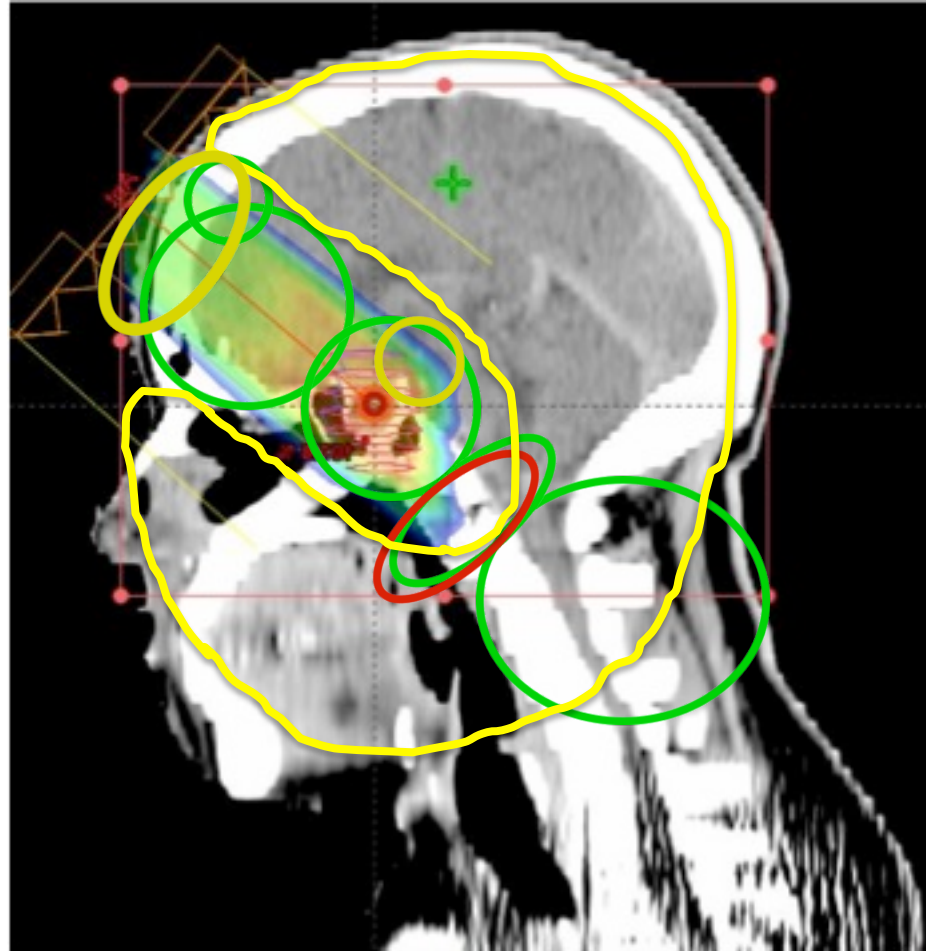
Difference

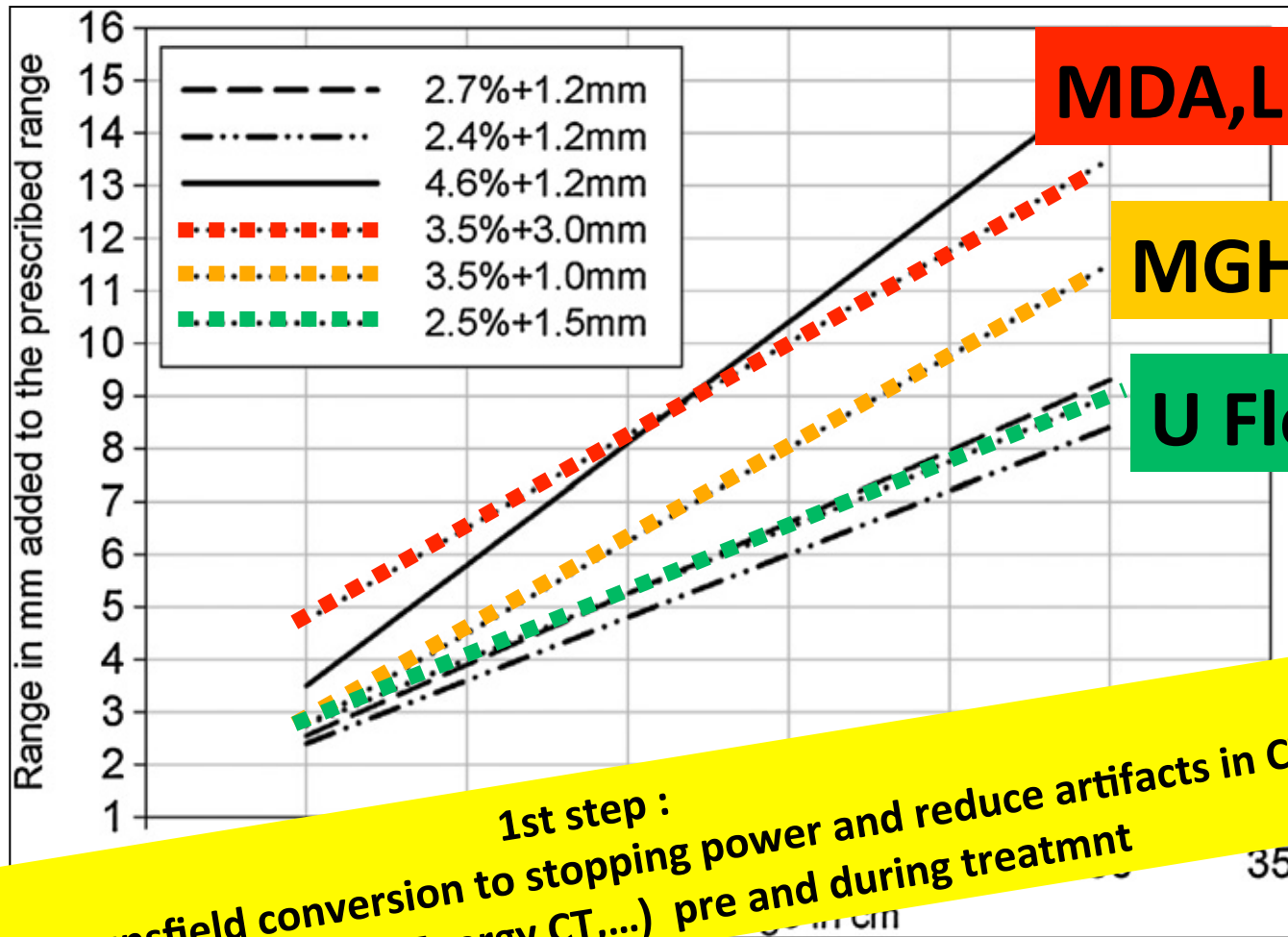
max: 17.1



Gabriel Meier, PSI

Advantages and limits with particle beams in therapy





Dotted line: estimated uncertainty without the use of Monte Carlo dose calculation. Solid line: estimated uncertainty for complex geometries without the use of Monte Carlo dose calculation. Dashed-dotted line: estimated uncertainty with the use of Monte Carlo dose calculation.

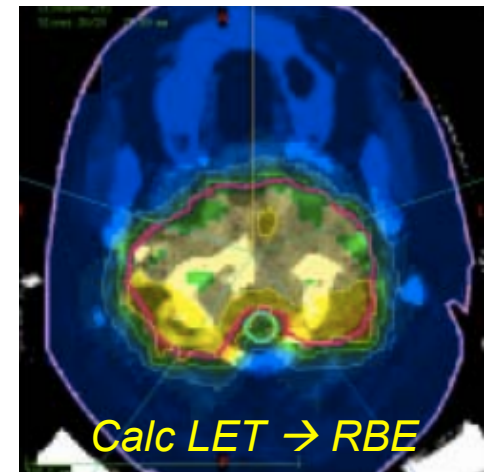
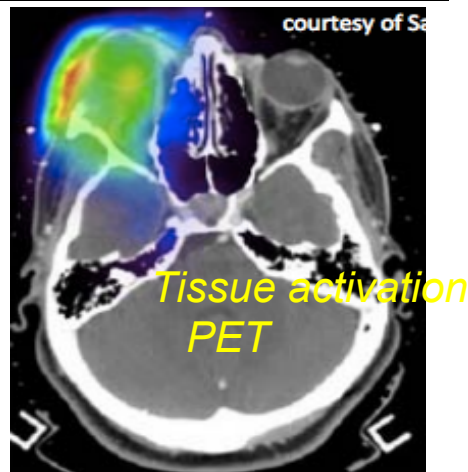
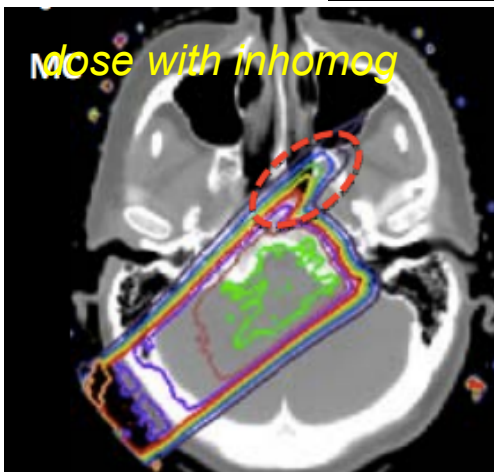
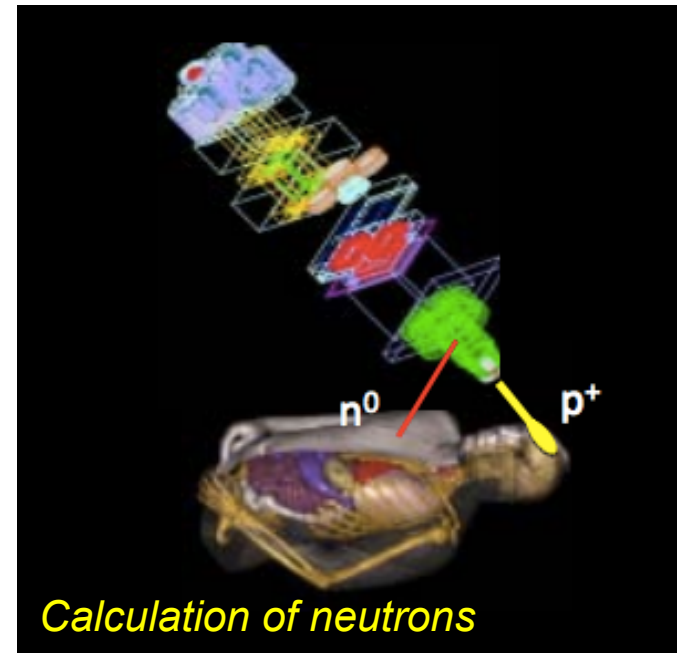
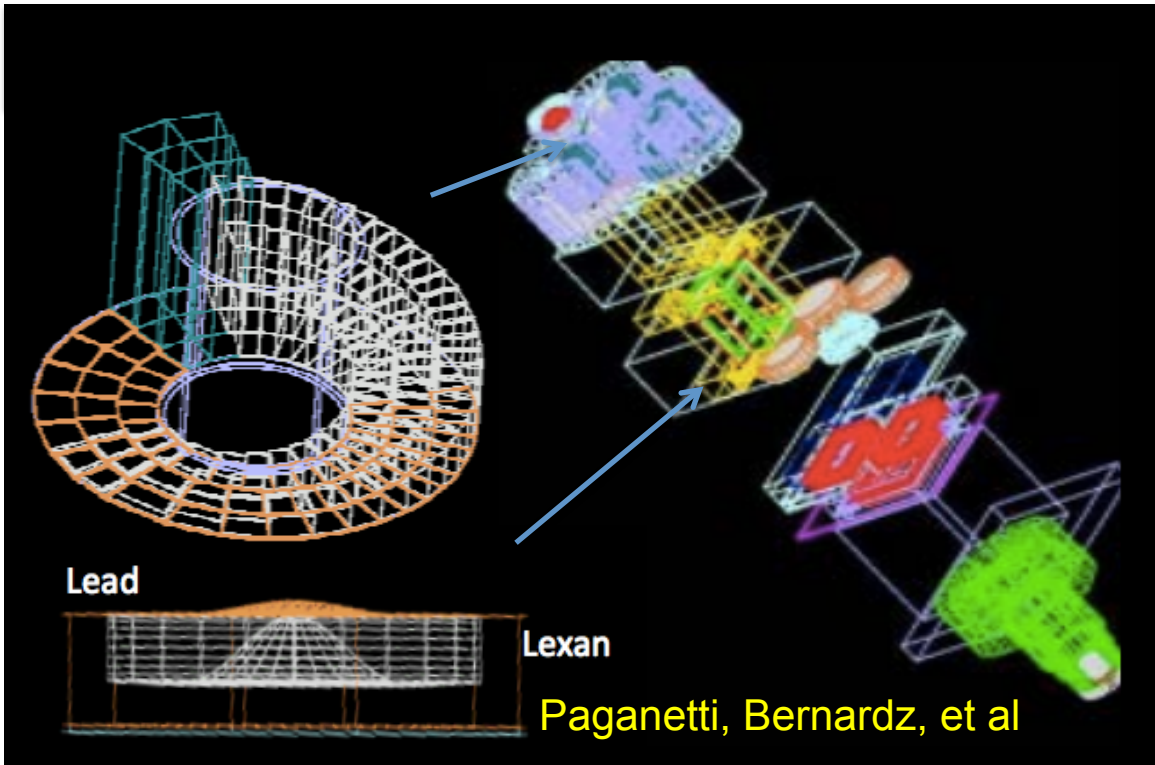
1st step : Improve Hounsfield conversion to stopping power and reduce artifacts in CT (algorithms, Dual Energy CT,...) pre and during treatment

Typically, margins in proton therapy treatment planning as currently used at the Loma Linda University Medical Center and the Roberts Proton Therapy Center at the University of Pennsylvania (3.5% + 3 mm) and the University of Florida Proton Therapy Institute (2.5% + 1.5 mm). Note that these centers may apply bigger margins in specific treatment scenarios.

Dashed line: estimated uncertainty without the use of Monte Carlo dose calculation. Solid line: estimated uncertainty for complex geometries without the use of Monte Carlo dose calculation. Dashed-dotted line: estimated uncertainty with the use of Monte Carlo dose calculation.

Limits in Beam models : towards Monte Carlo

...and additional functions



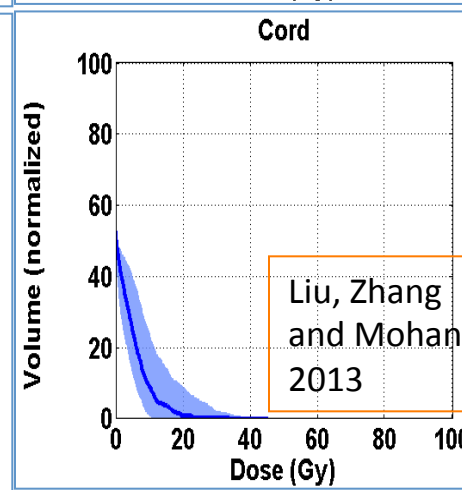
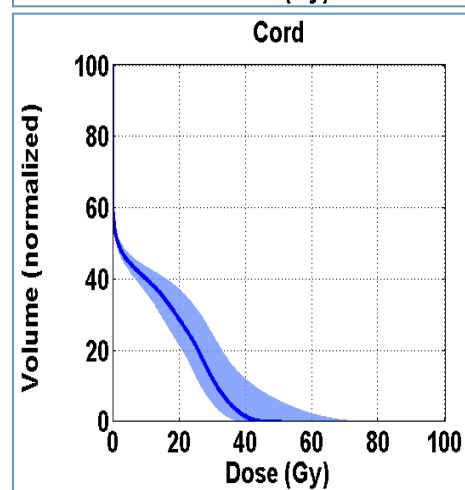
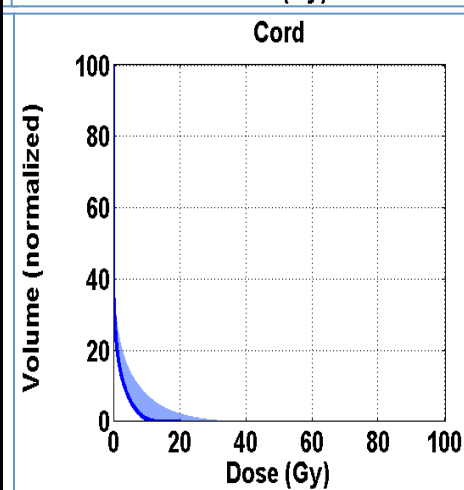
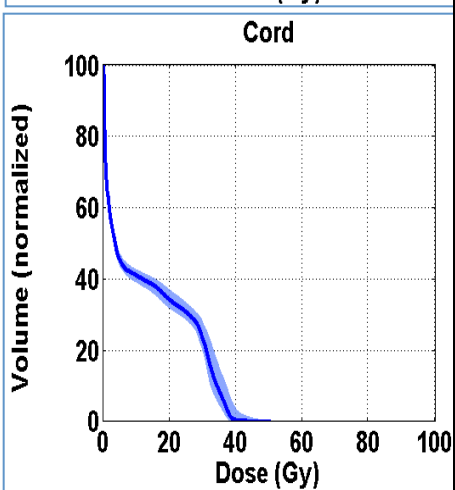
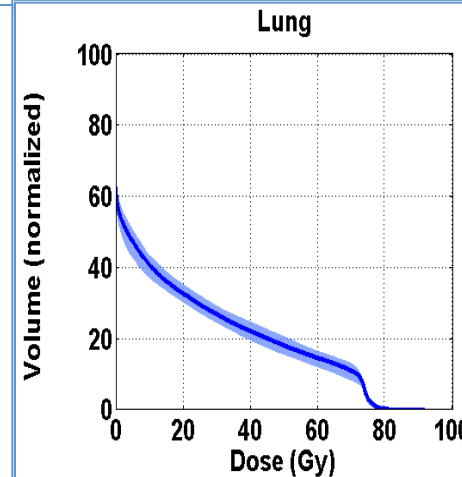
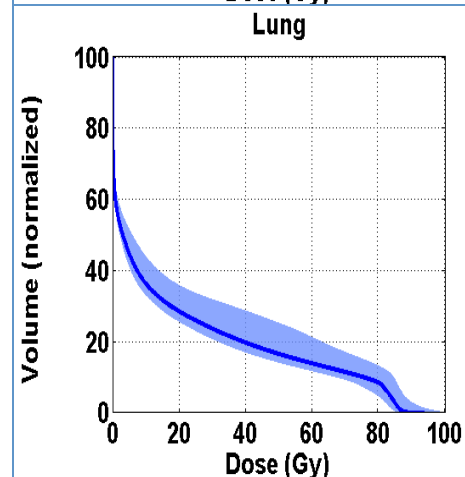
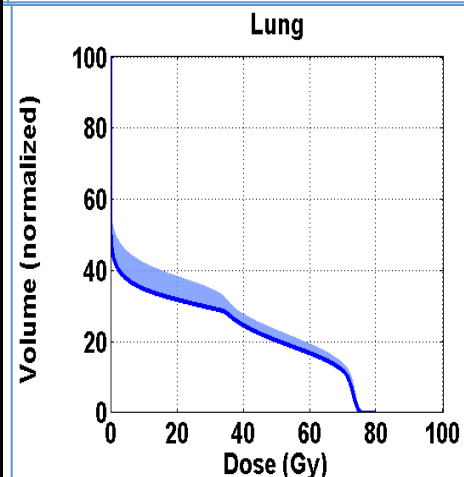
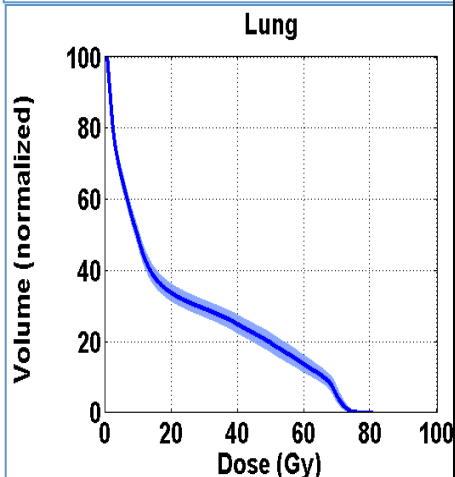
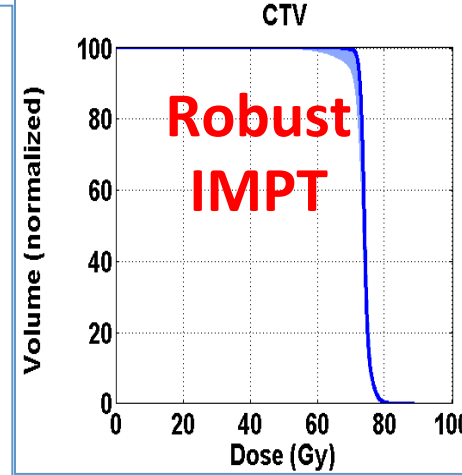
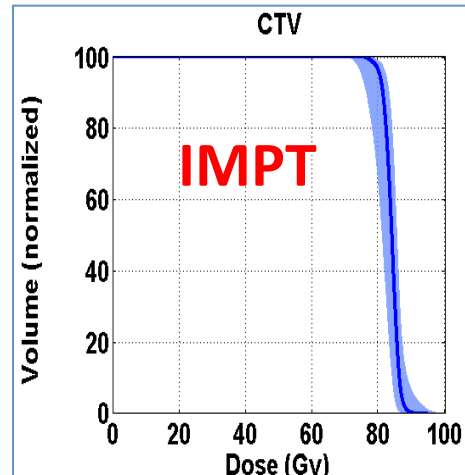
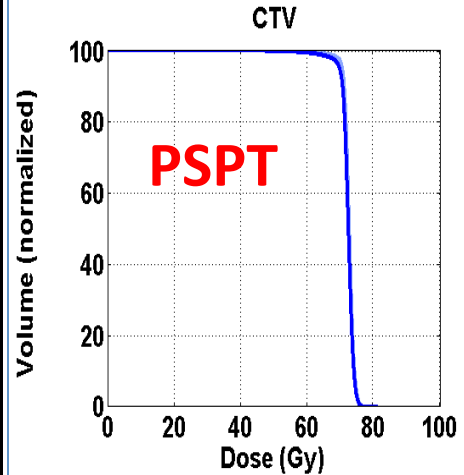
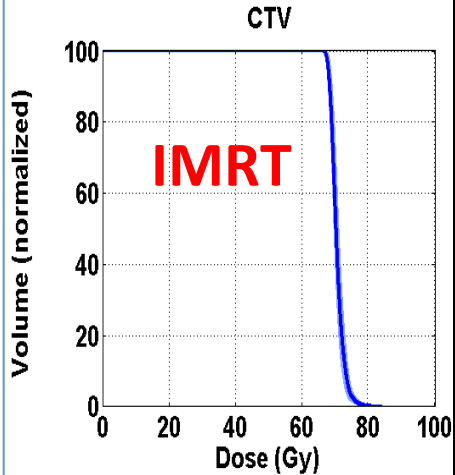


Image guided radiation therapy

CBCT in gantry // CT in room
CBCT in the treatment Position

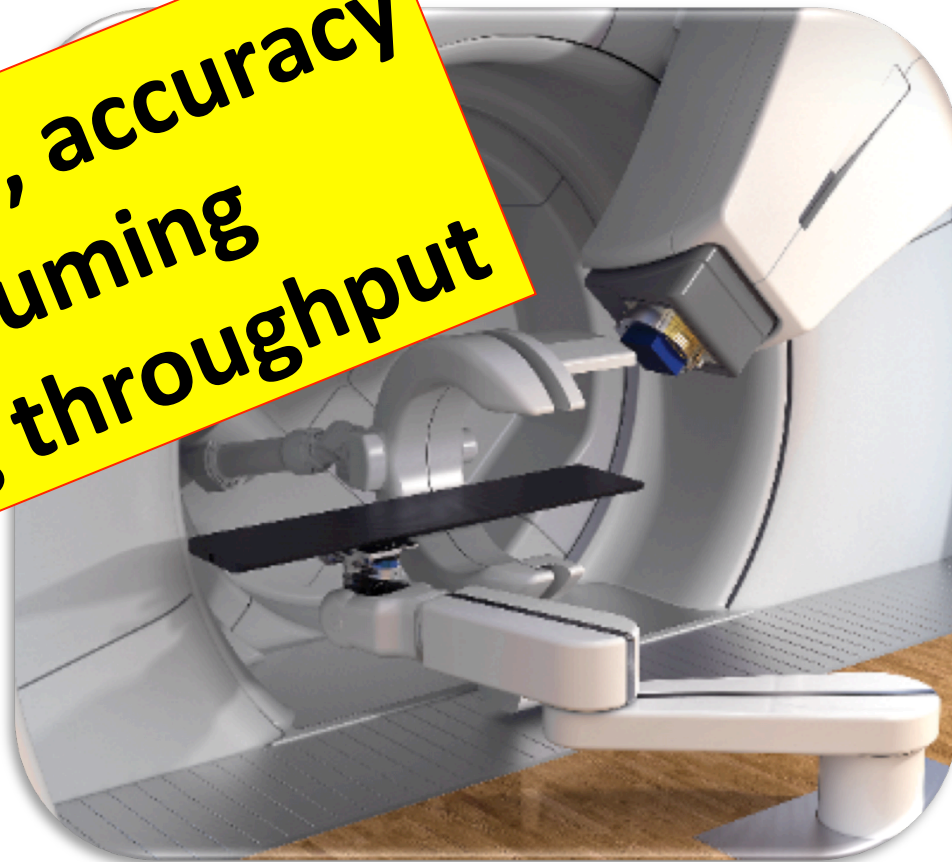
+ all others like in
IGRT with photons !

VOLUMETRIC IMAGING - NEW DEVELOPMENTS

Key system, accuracy
Time consuming
Affecting throughput



Med-Photon



ProNova

Niek Schreuder, 2014

Integrating 1.5T MRI functionality with a radiotherapy accelerator Lagendijk et al, Utrech

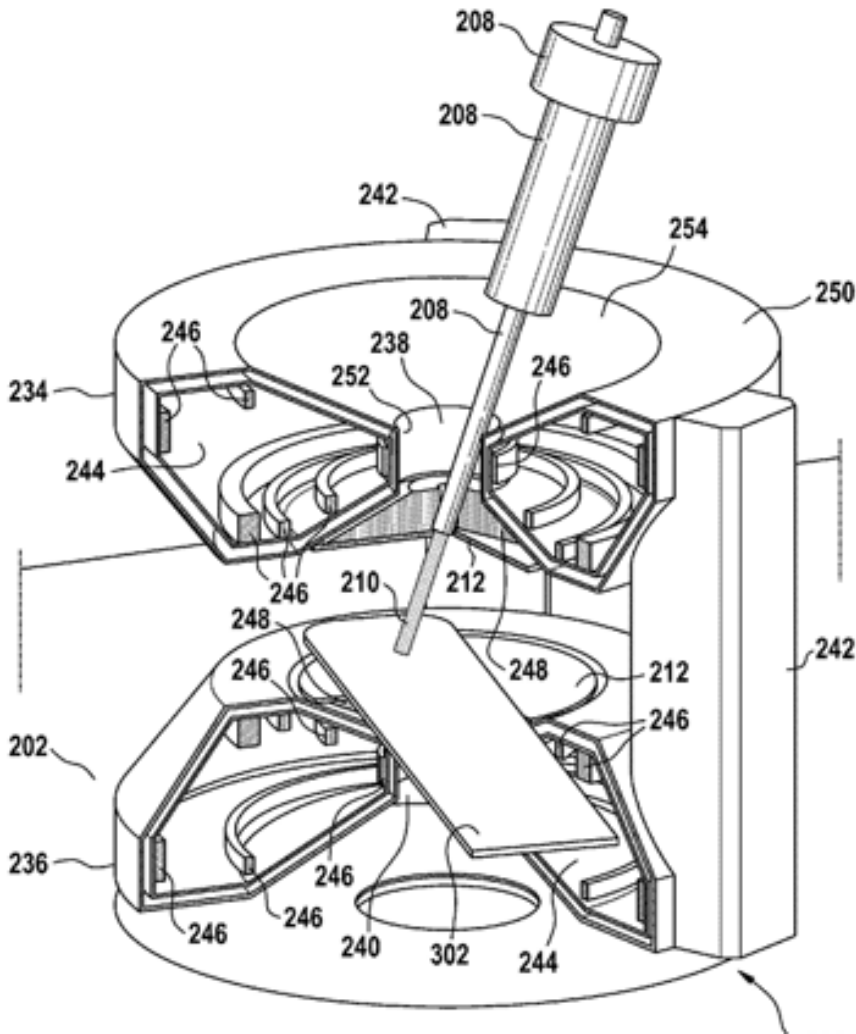
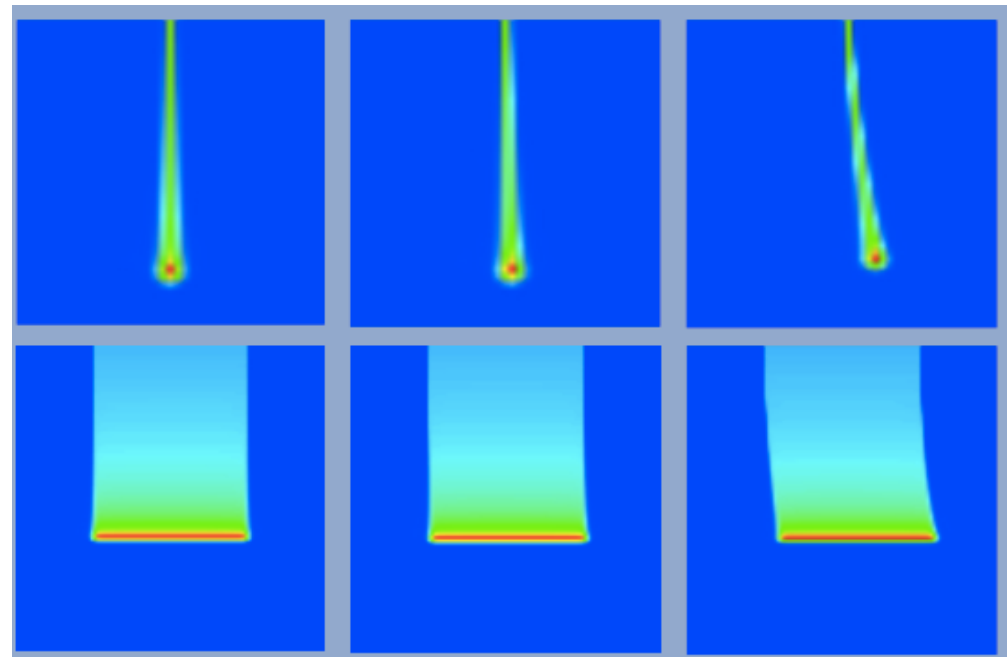
Feasibility of MRI guided Proton Therapy: Magnetic Field Dose Effects

90 MeV proton beam in water

0 T

0.5 T

3 T

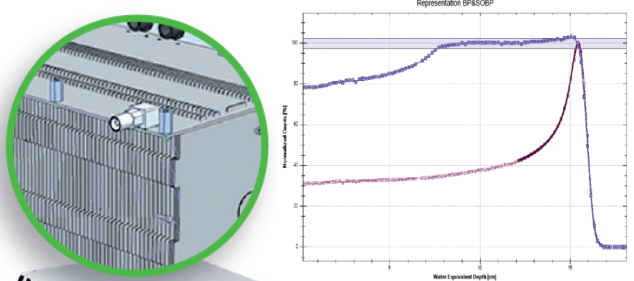


Patent Overweg Philips

Raaymakers et al, AAPM

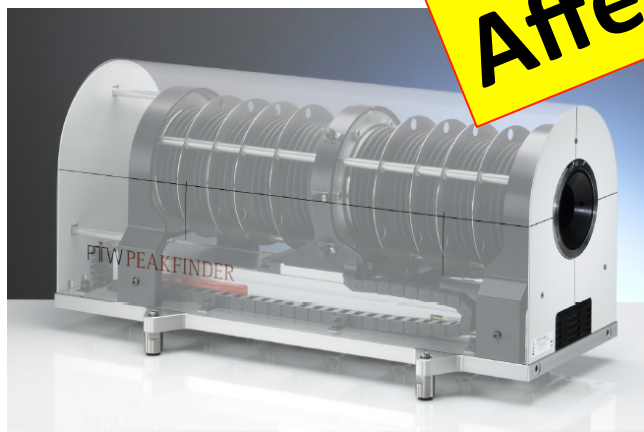
Multidimensional Detectors : Commissioning and Quality Assurance

(Data from PTW and IBA dosimetry)



**Time consuming
Affecting throughput**

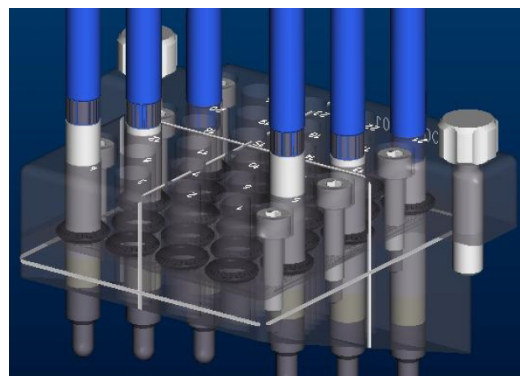
Scintillators



1D/2D multilayer Ion Chambers

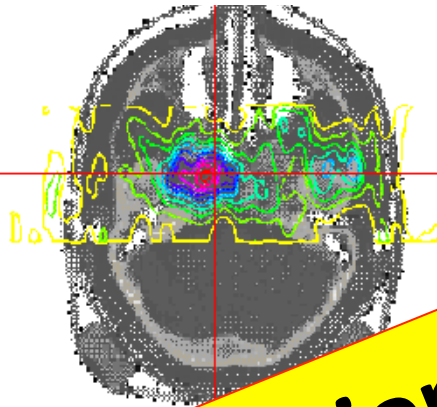


2D Arrays (chambers, semicond,...)
in solid or water phantoms



Verification of range, activation or stopping powers

Positron Emission Tomography from patient activation with the beam

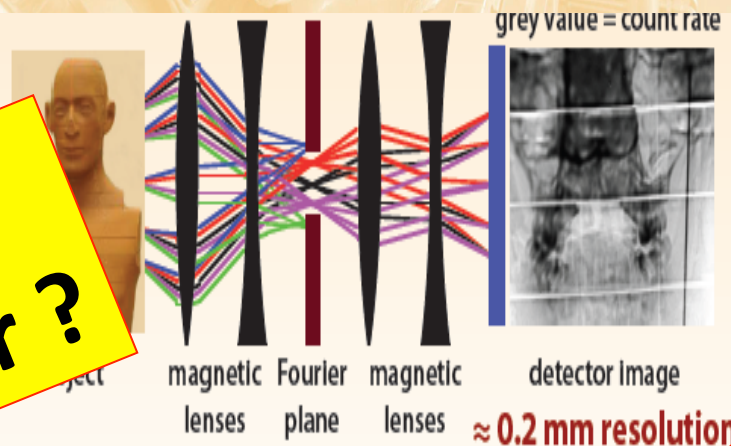


W. Engel

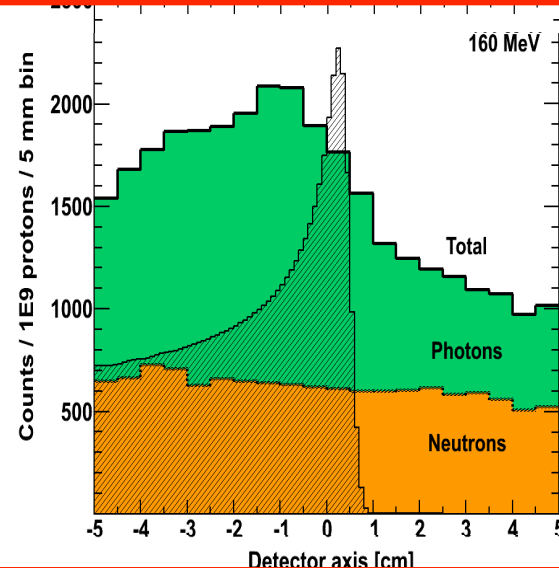
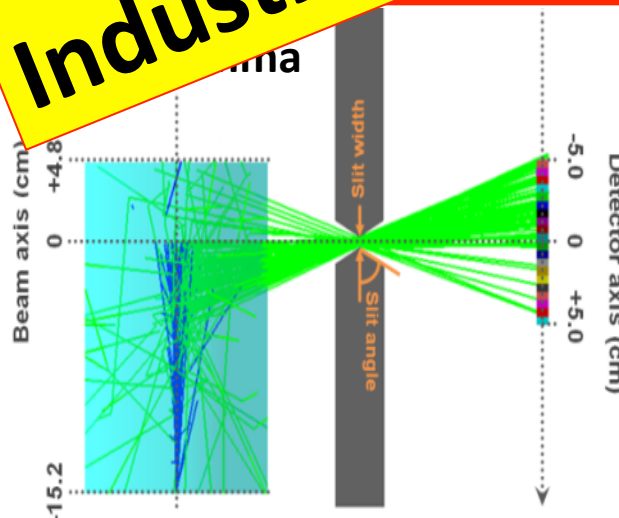
Proton Radiography of Biological Samples at LANL

Matthias Prall¹, P.M. Lang¹, C. La Tessa¹, F.E. Merrill², L. Shestov¹, D. Varentsov¹, M. Durante¹
¹GSI Helmholtz Centre for Heavy Ion Research, Germany
²Los Alamos National Laboratory, New Mexico, USA

proton beam
 E = 800 MeV
 FWHM = 2 mm

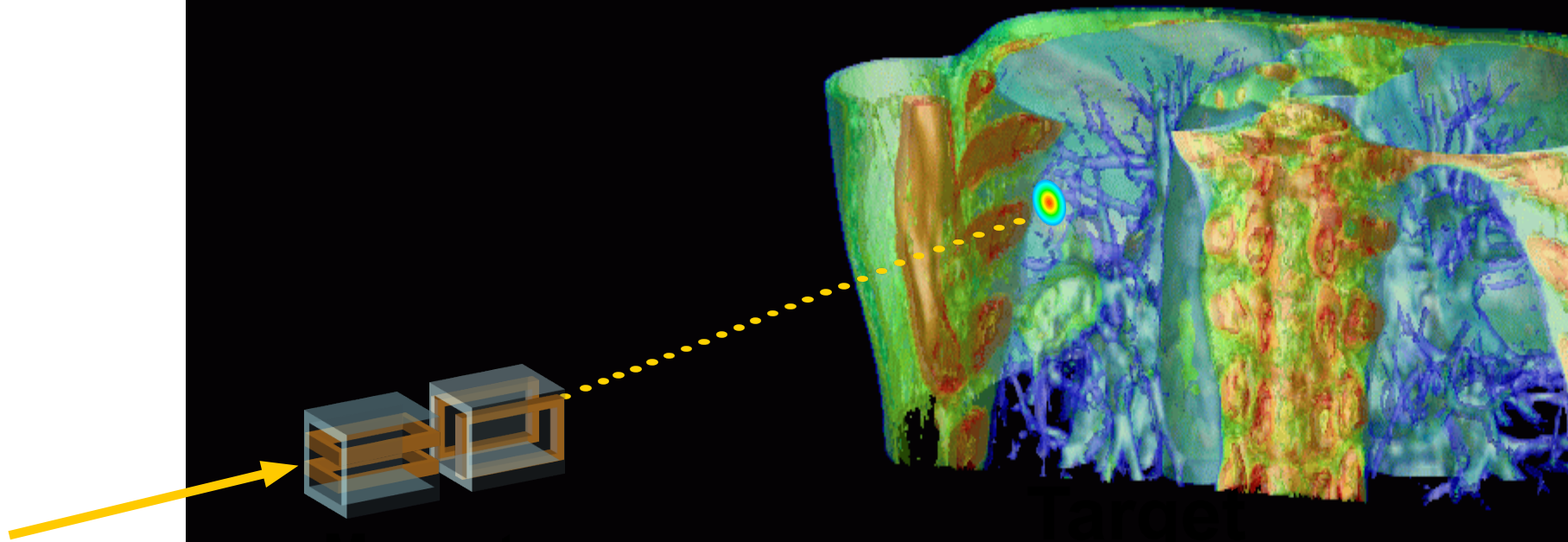


Integration ?
Industrial offer ?



F. Roellinghoff et al, IBA & G. Pausch, Dresden

Beam Delivery : 3D Pencil Beam Scanning

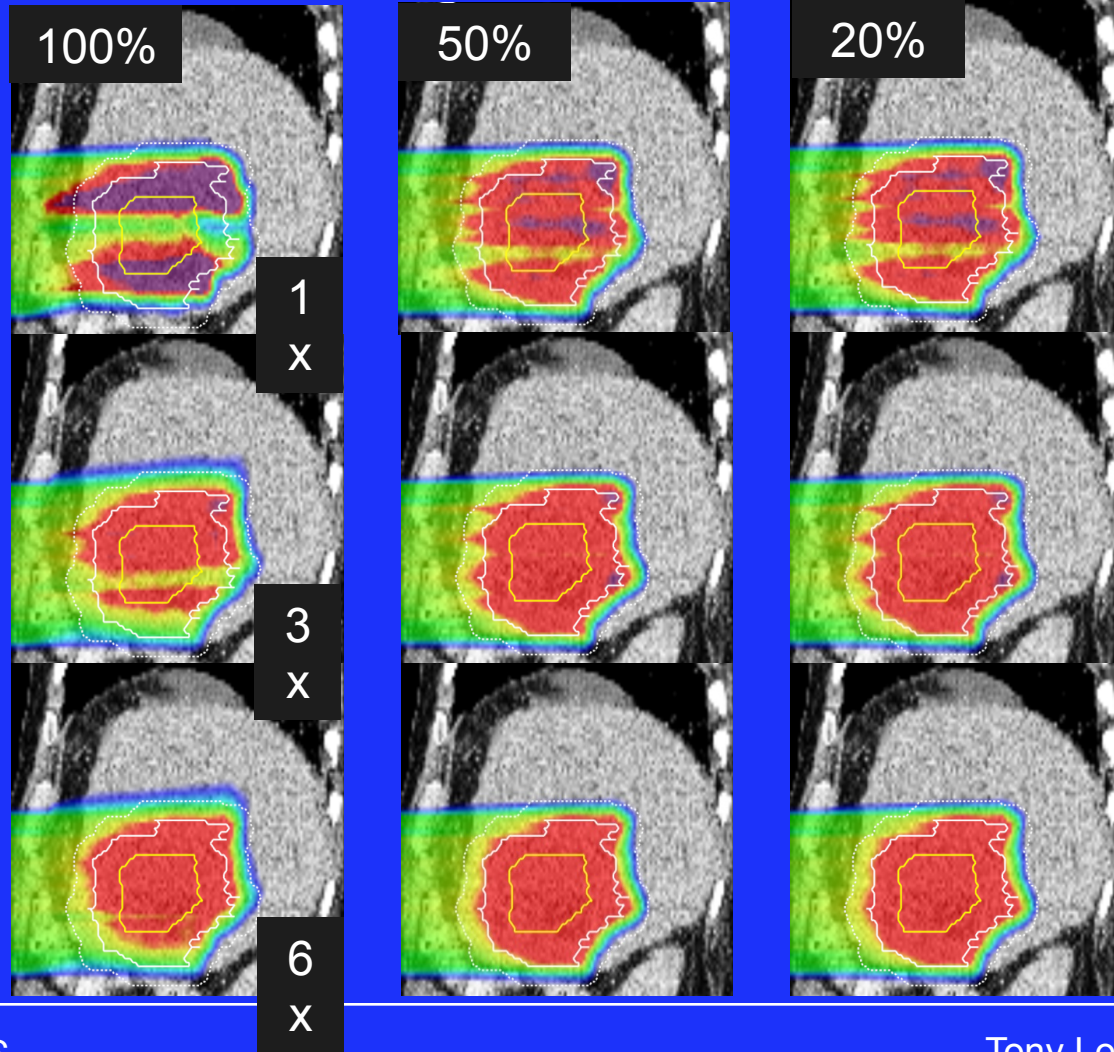


“Interplay effect” !!

Gating and re-scanning combined

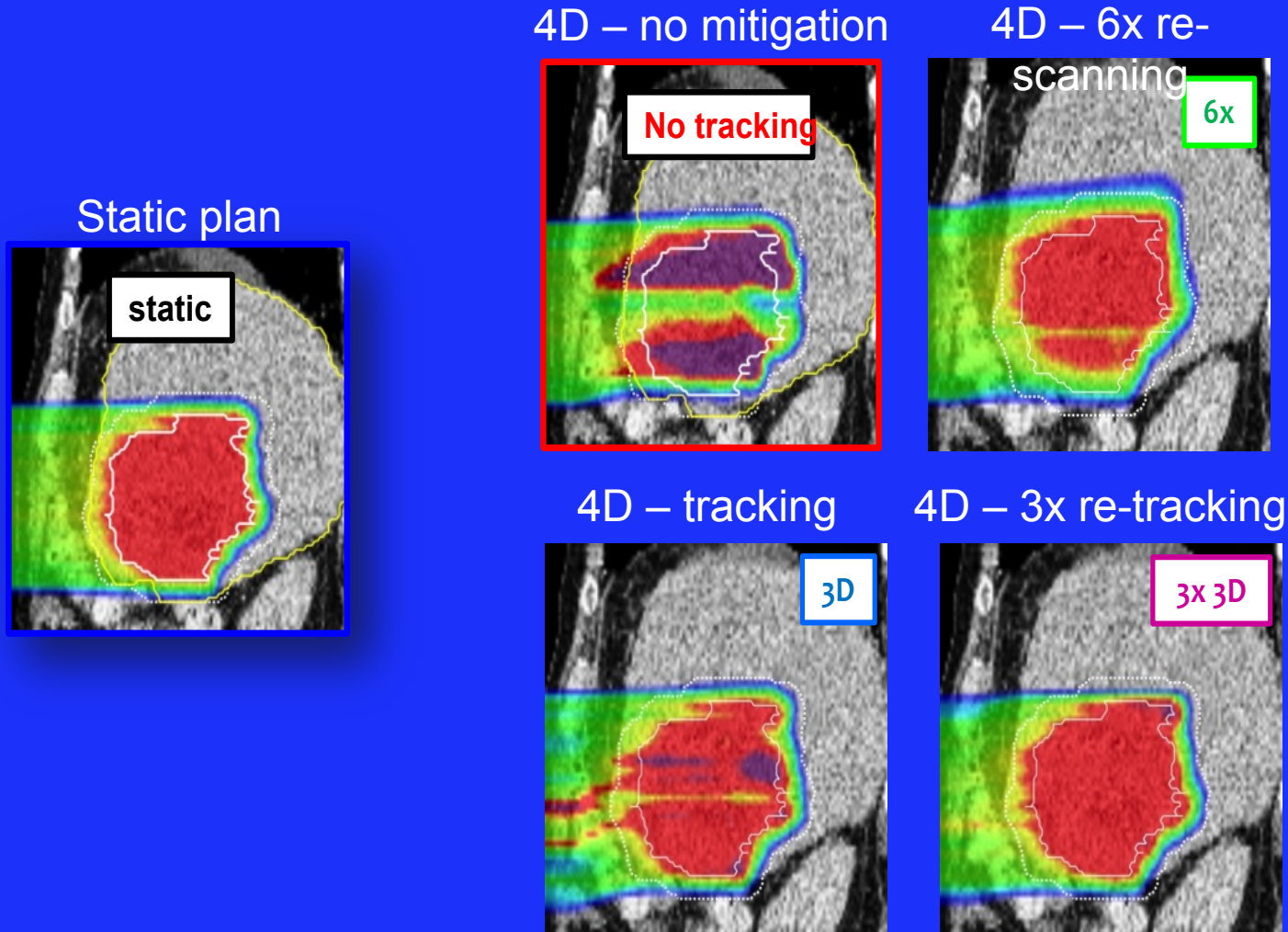
Gating window

Re-scanning magnitude



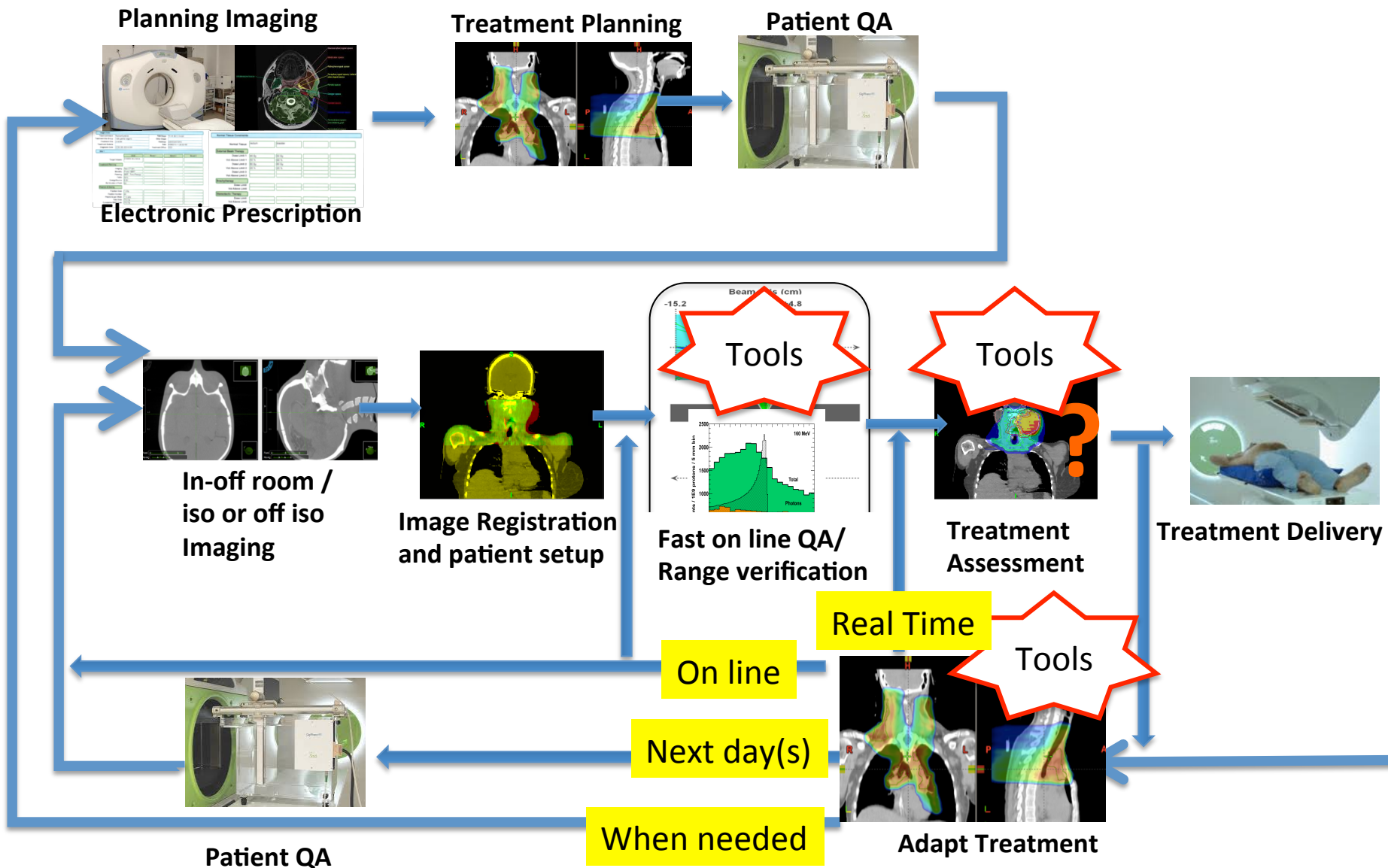
Ye Zhang, PhD
thesis, PSI, 2013

Re-scanning and re-tracking compared



Zhang et al 2014, PMB, 59:7793-7817

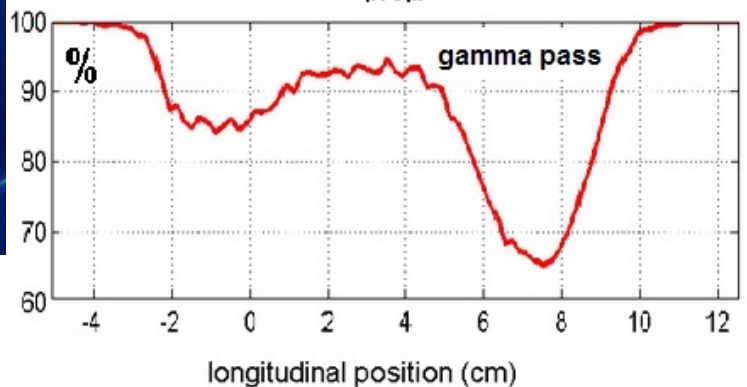
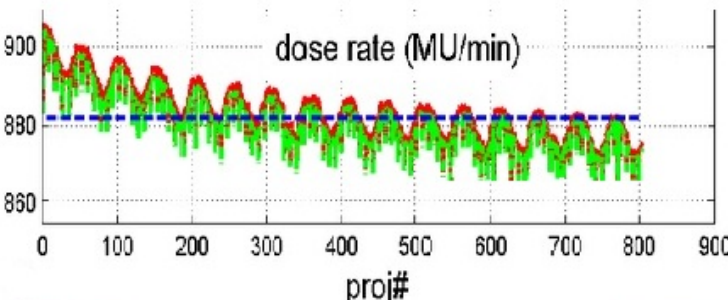
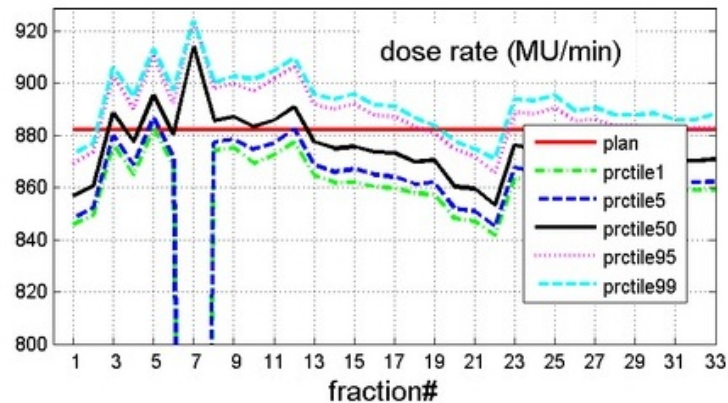
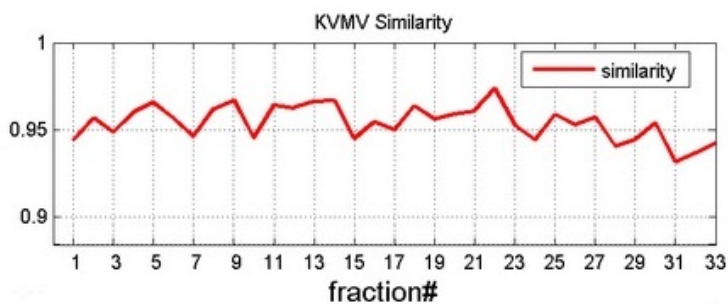
adaptive workflow



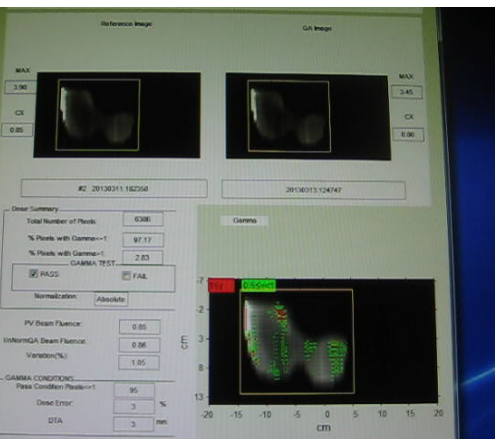


Claas Wessels,
PhD student, I.Curie

Uncertainties
In new techniques:
Rotational and protons



fract	date.time	similarity	outputM	gamma	Com
1	20130826	Yellow	Yellow	Green	
2	20130827	Green	Yellow	Green	
3	20130828	Yellow	Green	Yellow	
4	20130829	Green	Green	Green	
5	20130830	Green	Yellow	Yellow	
6	20130902	Green	Green	Green	
7	20130903	Yellow	Red	Red	Interr
8	20130904	Green	Green	Green	
9	20130905	Green	Green	Green	
10	20130906	Yellow	Green	Green	
11	20130909	Green	Green	Green	
12	20130910	Green	Green	Green	
13	20130911	Green	Green	Green	
14	20130912	Green	Green	Green	
15	20130913	Yellow	Green	Green	
16	20130916	Green	Green	Green	
17	20130917	Yellow	Green	Green	
18	20130918	Green	Green	Green	
19	20130919	Green	Green	Green	
20	20130920	Green	Yellow	Green	
21	20130923	Green	Yellow	Red	Interr
22	20130924	Green	Red	Green	
23	20130925	Green	Green	Green	
24	20130926	Yellow	Green	Green	
25	20130927	Green	Green	Green	
26	20130930	Green	Green	Yellow	
27	20131001	Green	Green	Green	
28	20131002	Yellow	Green	Yellow	
29	20131003	Yellow	Green	Green	
30	20131004	Green	Green	Green	
31	20131007	Yellow	Green	Green	
32	20131008	Yellow	Green	Green	
33	20131009	Yellow	Green	Yellow	



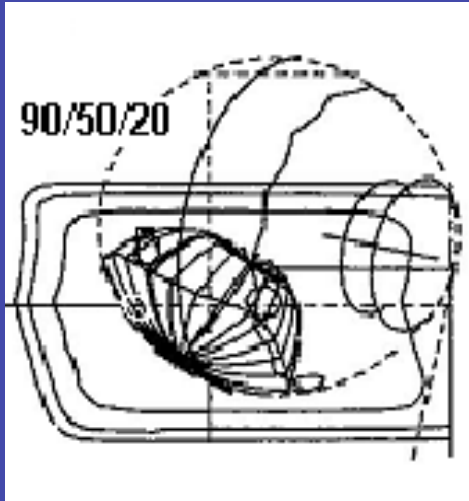
Future Perspective in (Medical) Physics for Particle Therapy : Interactions

Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	# Compactness & New concepts # Heavier ions	<i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i>	→ Cost & Social
2. Dosimetric issues and ancillary tools	# Entrance/Neutrons/ Penumbra/ Uncertainties # IGRT, IMPT,...	<i>Dosimetry and imaging tools provide macroscopic conformation. Tools are needed to warranty the accuracy and daily adaptation of treatment delivery. Mid and low doses become comparative factors.</i>	→ Adaptive
3. Clinical data			
4. Research and Development			

Future Perspective in (Medical) Physics for Particle Therapy : Interactions

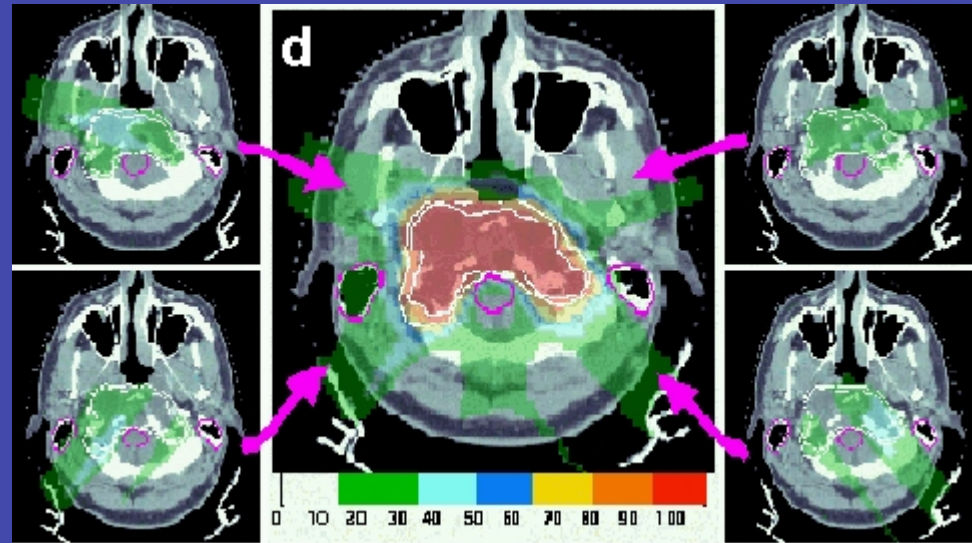
Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	# Compactness & New concepts # Heavier ions	<i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i>	→ Cost & Social
2. Dosimetric issues and ancillary tools	# Entrance/Neutrons/ Penumbra/ Uncertainties # IGRT, IMPT,...	<i>Dosimetry and imaging tools provide macroscopic conformation. Tools are needed to warranty the accuracy and daily adaptation of treatment delivery. Mid and low doses become comparative factors.</i>	→ Adaptive
3. Clinical data	# Series, knowledge based and trials (from silico to randomized) # Genomics, panomics		
4. Research and Development			

CLINICAL SPECS (I)



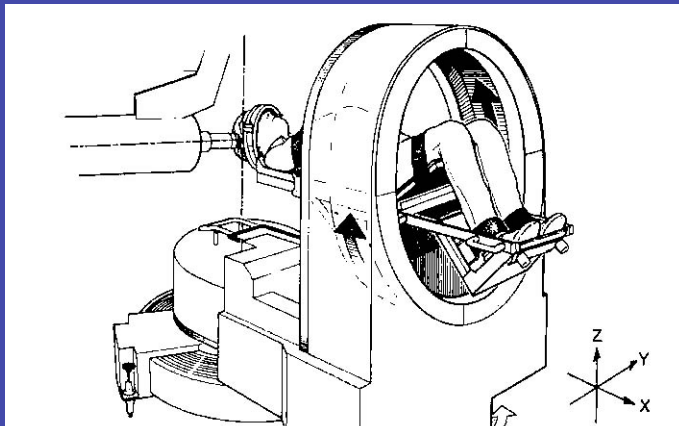
Uveal Melanoma

« Accepted » Clinical Indications (protons):



Base of the skull Chordomas & chondrosarcomas
IMPT, Trofimov, Bortfeld (Boston), Lomax (PSI)

radiosurgery (M. Boussiere, Boston)



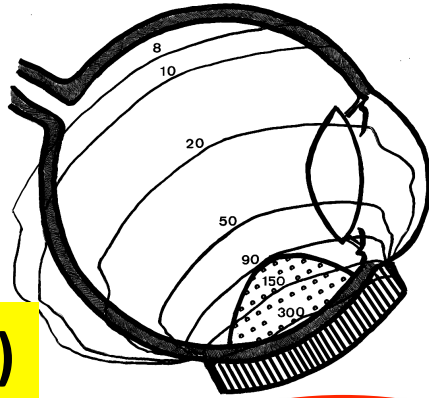
Dedicated lines?

Pediatrics



Classical and rare locations : 371 EYE treatments with radiation therapy, Institut Curie, 2015

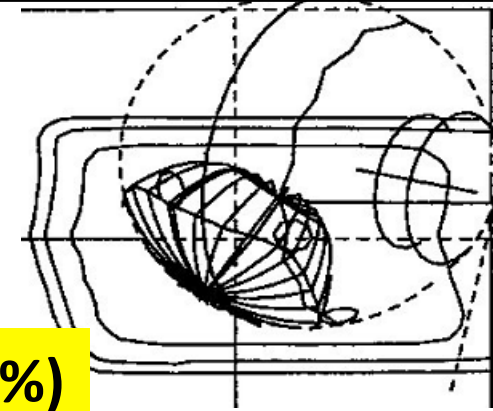
I-125 Plaques



Total = 46 (12%)

Total Melanomas = 29 (10%)

Protons



Total = 325 (88%)

Total Melanomas = 264 (90%)

*Petit Ant
Grand Ant-Temporal
(lacrima)*

Retinoblastoma
5

Conjunctival
12

Melanomas
29

Hemangiomas
14

Conjunctival
40

Iris Melanoma
8

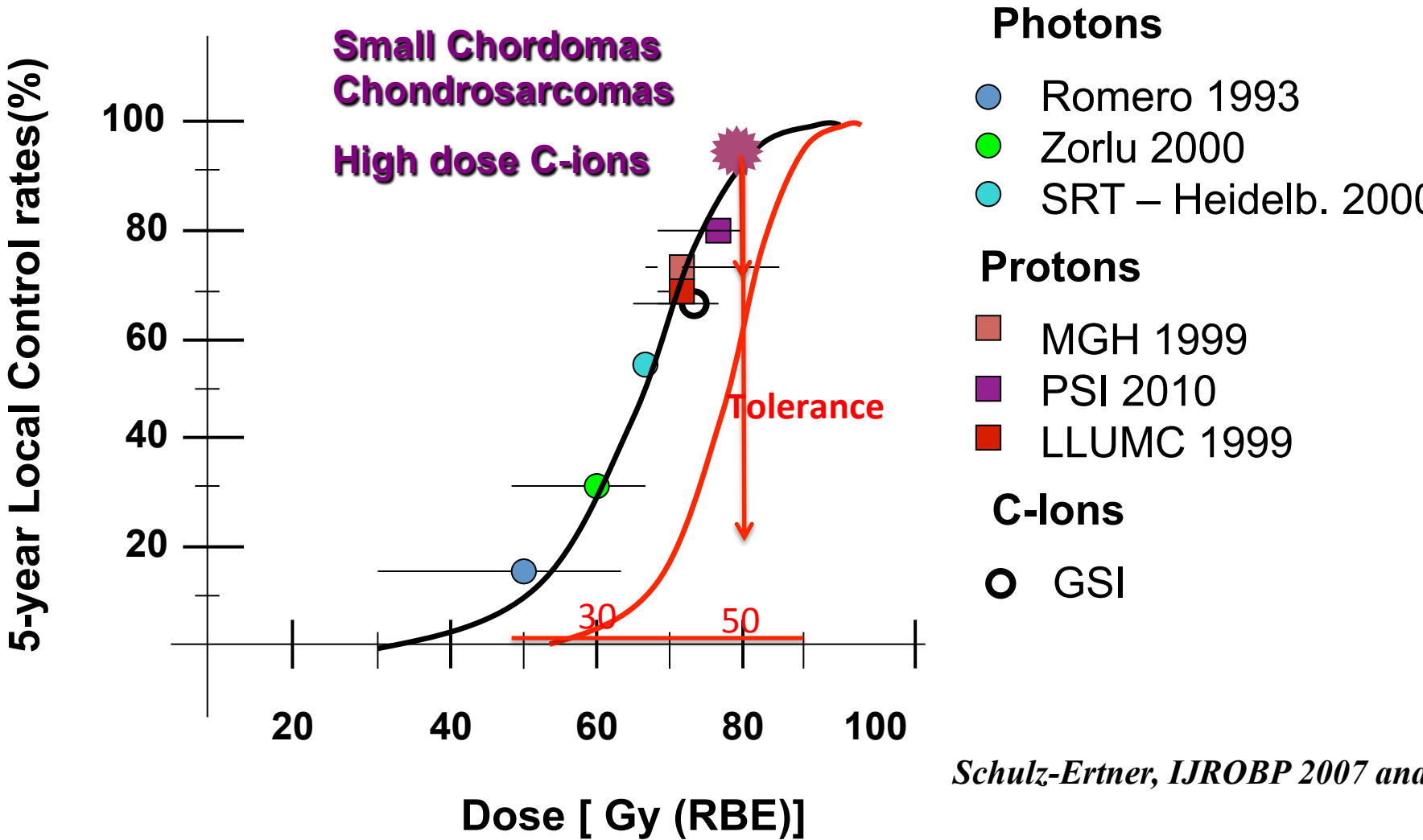
Ciliary body
Melanoma
10

Metastasis
7

Choroidal
Melanoma
246

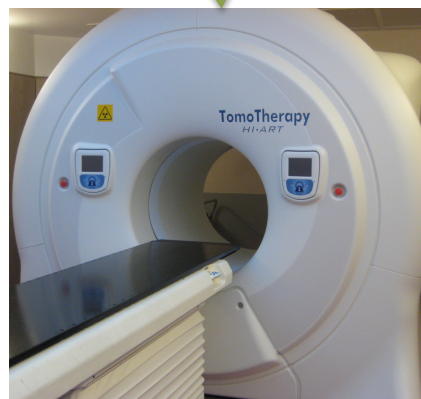
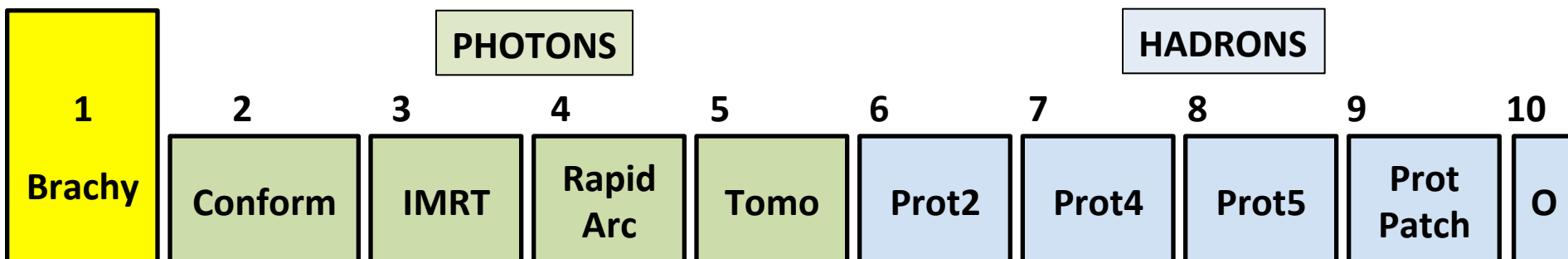
Local control
(photons, protons, carbon...)

Chordomas of the Base of Skull



Schulz-Ertner, IJROBP 2007 and

PROSTATE : Dosimetric comparisons for all cases: systems available at Institut Curie



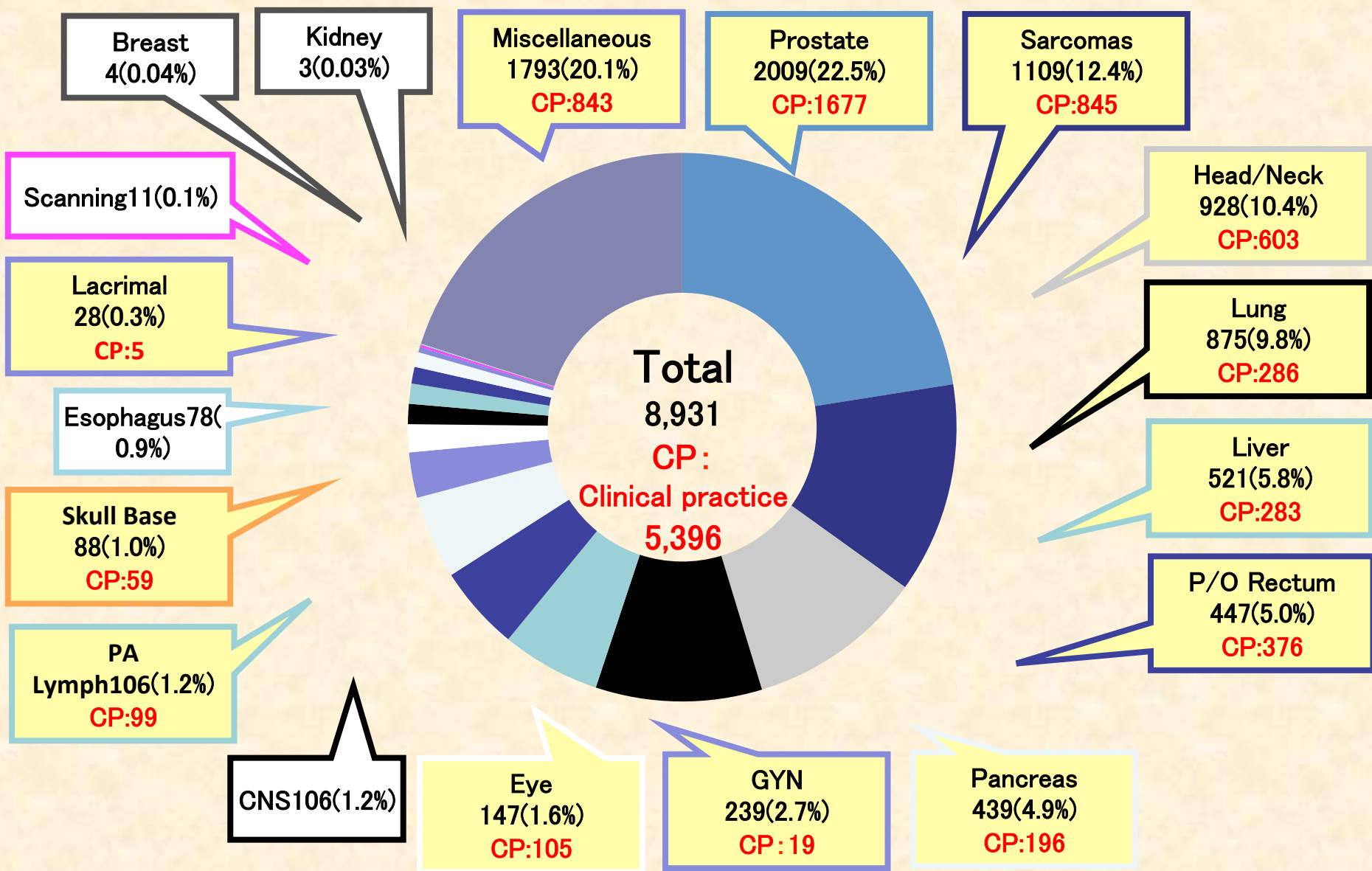
Transperineal Interstitial
Permanent implant
I-125 seeds

LinacVarian

Tomotherapy HD

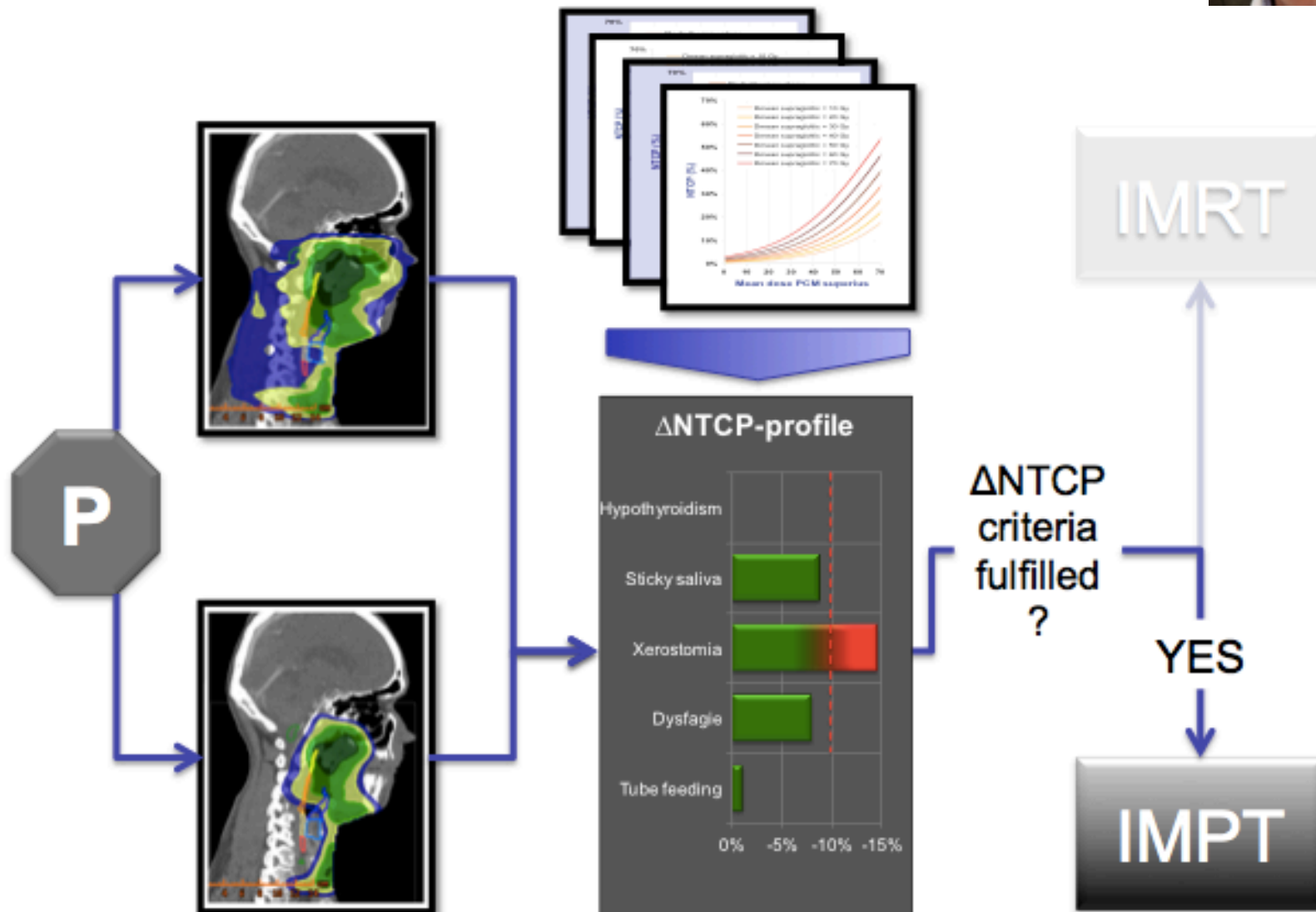
IBA protontherapy

Patient Distribution Enrolled in Carbon Therapy at NIRS (Treatment: June 1994~March 2014)



Model-based selection

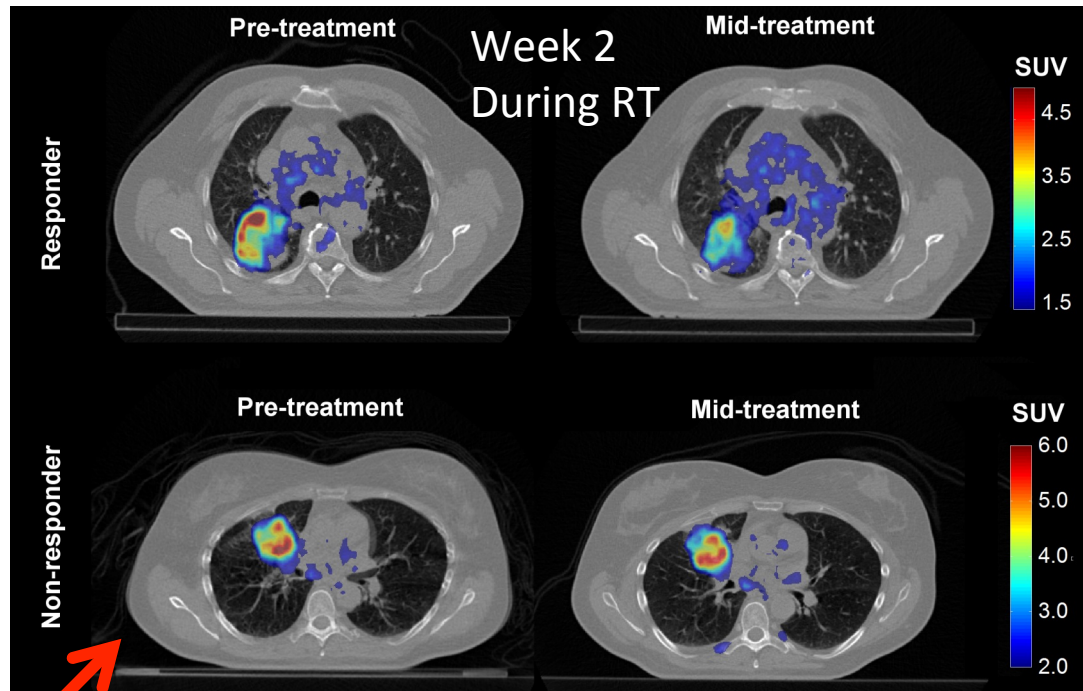
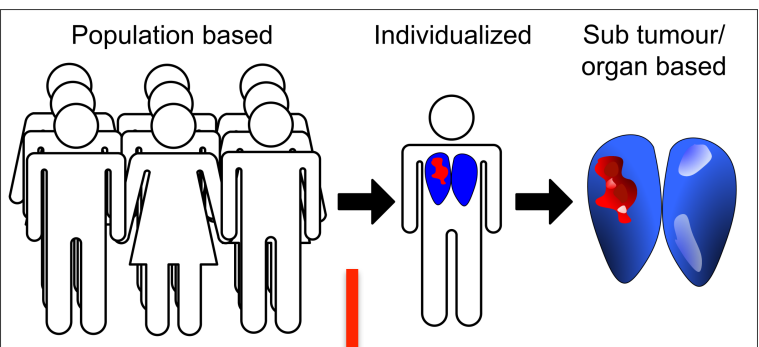
Decision support system



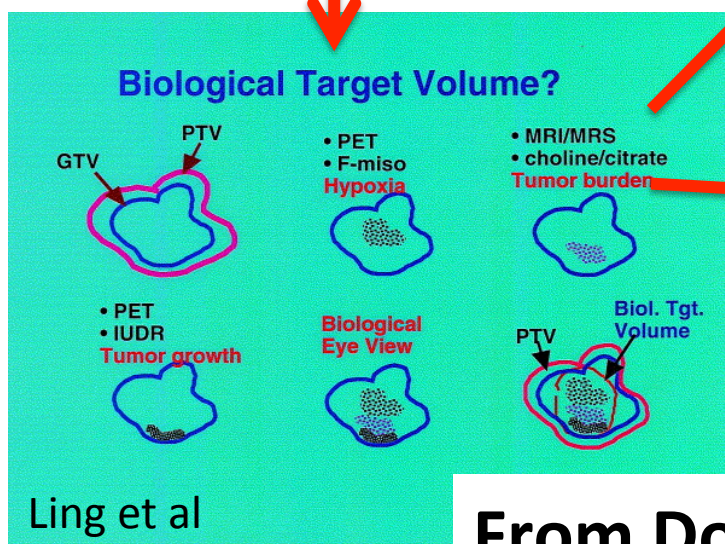


PET Guided Radiotherapy

Philippe Lambin,
Maastr, Belgium

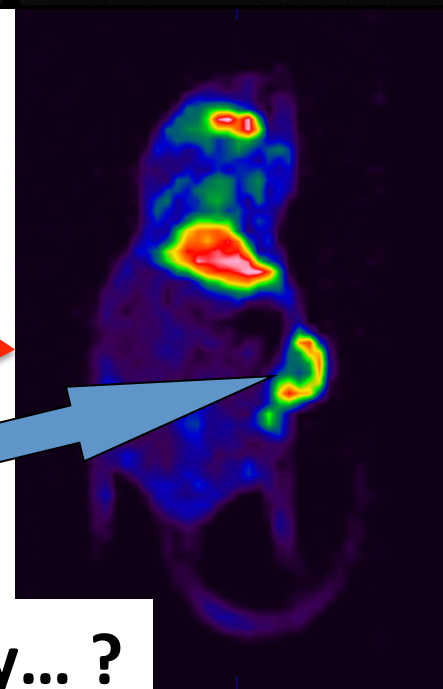


Van Elmpt et al



Drug Uptake
89Zirconium – Cetuximab

« Cold spot »:
Less Drug Uptake
(GTV_{LDU})



Aerts et al

From Dosimetry to Biometry... ?

Future Perspective in (Medical) Physics for Particle Therapy : Interactions

Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	<p># Compactness & New concepts</p> <p># Heavier ions</p>	<p><i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i></p>	<p>→ <i>Cost & Social</i></p>
2. Dosimetric issues and ancillary tools	<p># Entrance/Neutrons/ Penumbra/ Uncertainties</p> <p># IGRT, IMPT,...</p>	<p><i>Dosimetry and imaging tools provide macroscopic conformation. Tools are needed to warranty the accuracy and daily adaptation of treatment delivery. Mid and low doses become comparative factors.</i></p>	<p>→ <i>Adaptive</i></p>
3. Clinical data	<p># Series, knowledge based and trials (from silico to randomized)</p> <p># Genomics, panomics</p>	<p><i>Clinical data (large series of patients, clinical trials and personalized approaches) is required to find the place of particle therapy.</i></p>	<p>→ <i>Big (Clinical) Data</i></p>
4. Research and Development			

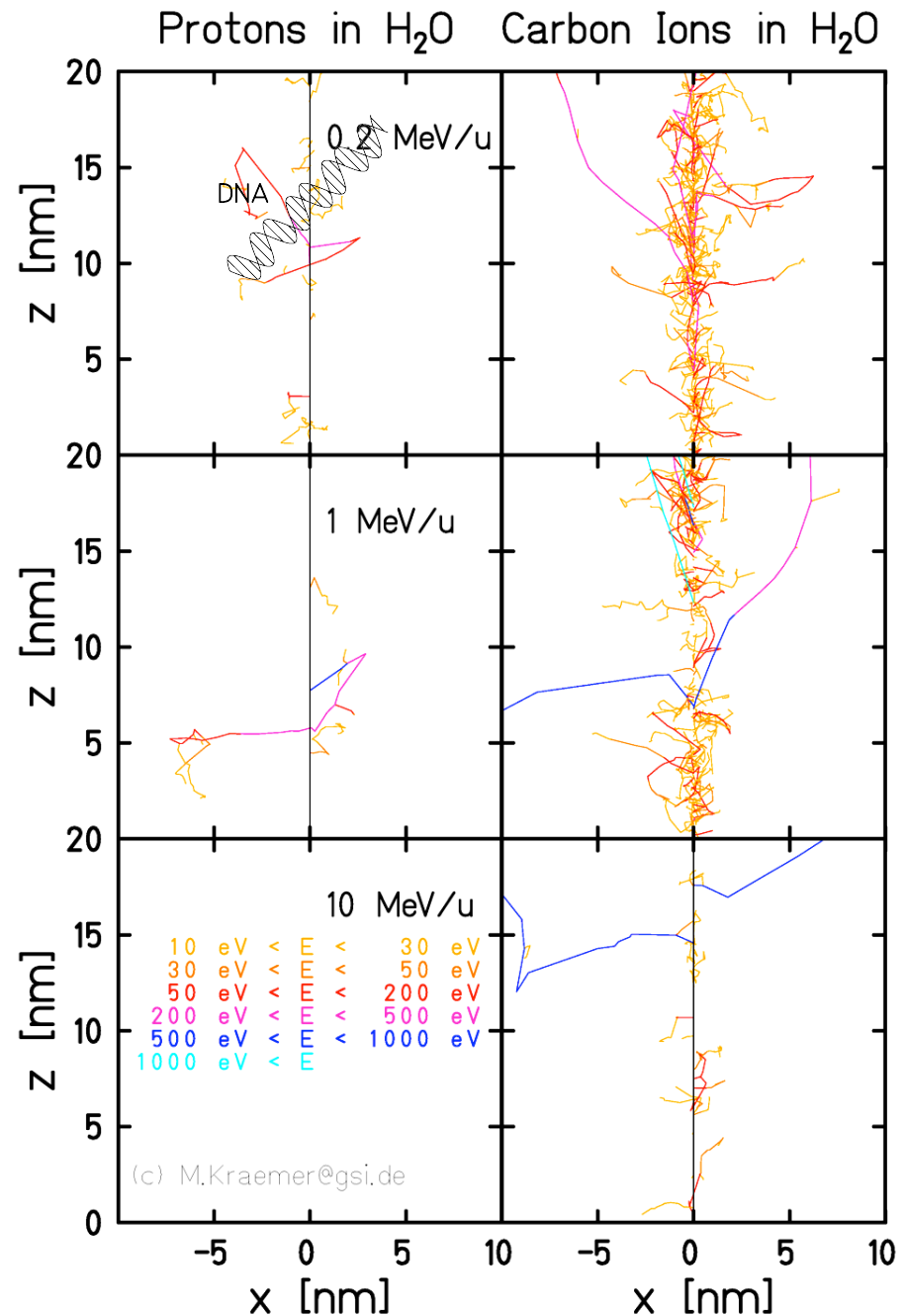
Future Perspective in (Medical) Physics for Particle Therapy : Interactions

Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	<p># Compactness & New concepts</p> <p># Heavier ions</p>	<p><i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i></p>	<p>→ <i>Cost & Social</i></p>
2. Dosimetric issues and ancillary tools	<p># Entrance/Neutrons/ Penumbra/ Uncertainties</p> <p># IGRT, IMPT,...</p>	<p><i>Dosimetry and imaging tools provide macroscopic conformation. Tools are needed to warranty the accuracy and daily adaptation of treatment delivery. Mid and low doses become comparative factors.</i></p>	<p>→ <i>Adaptive</i></p>
3. Clinical data	<p># Series, knowledge based and trials (from silico to randomized)</p> <p># Genomics, panomics</p>	<p><i>Clinical data (large series of patients, clinical trials and personalized approaches) is required to find the place of particle therapy.</i></p>	<p>→ <i>Big (Clinical) Data</i></p>
4. Research and Development	<p># Models : from LET to RBE, BTV, TCP, NTCP,</p> <p># Special techniques: microstrips, nano, flash,...</p>		

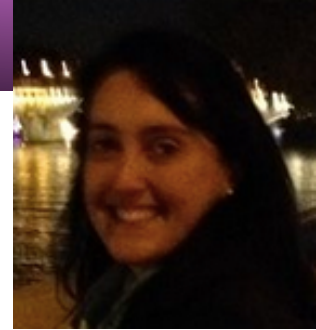
Radiation Biology:

Dose distribution in nanometer scale

Concept of RBE

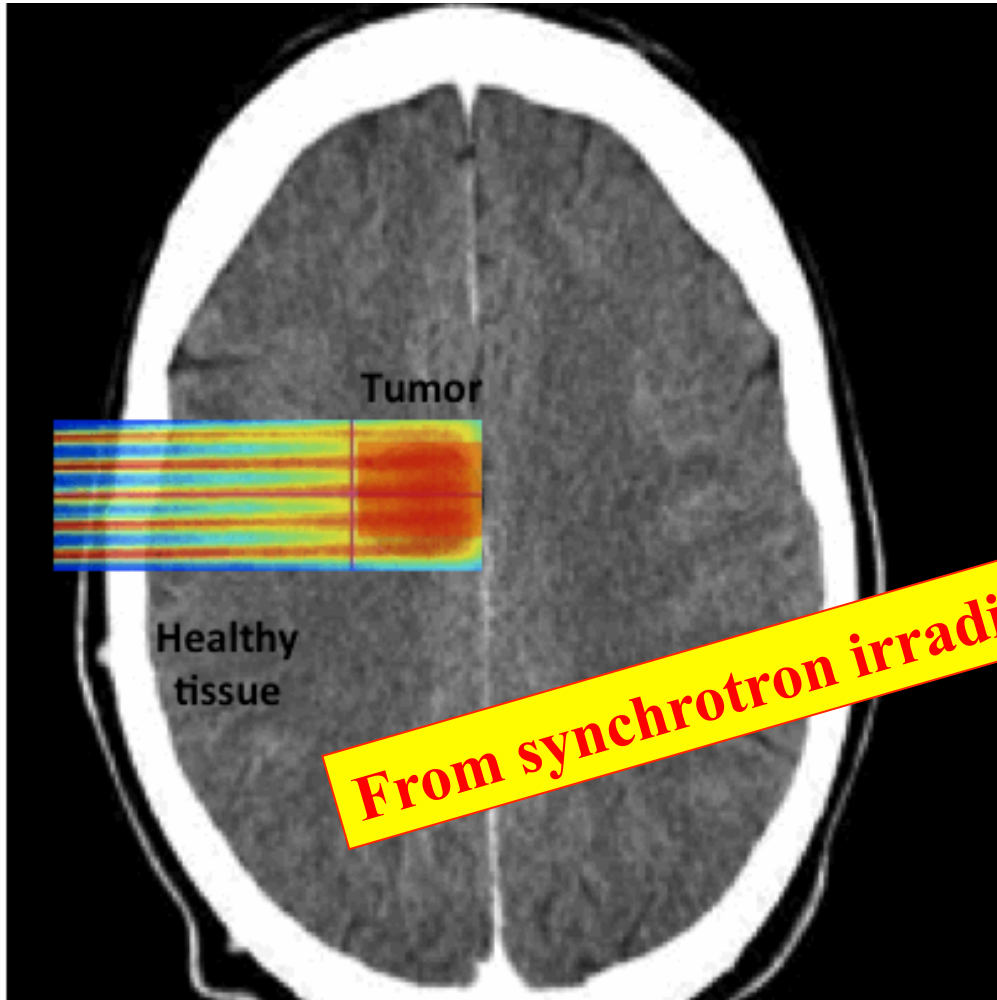


Proton MiniBeam Radiation Therapy (pMBRT)

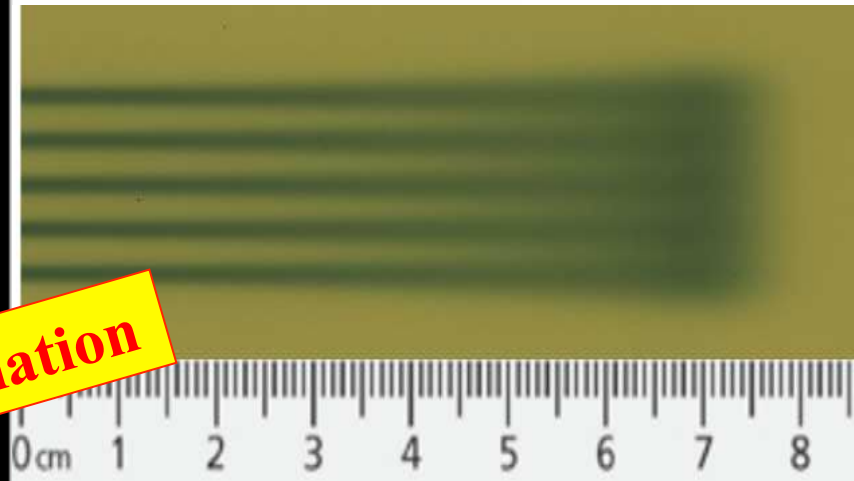


Theoretical concept :
Y. Prezado et al., Med. Phys. 2013

Experimental beam :
CPO Mai-Juin 2014



Spatial distribution



PBS : without collimators,
High peak-valley ratio, no neutrons
Possibility to modulate intensity...

(France Hadron)

Painting target volumes injected with nanoparticles ?

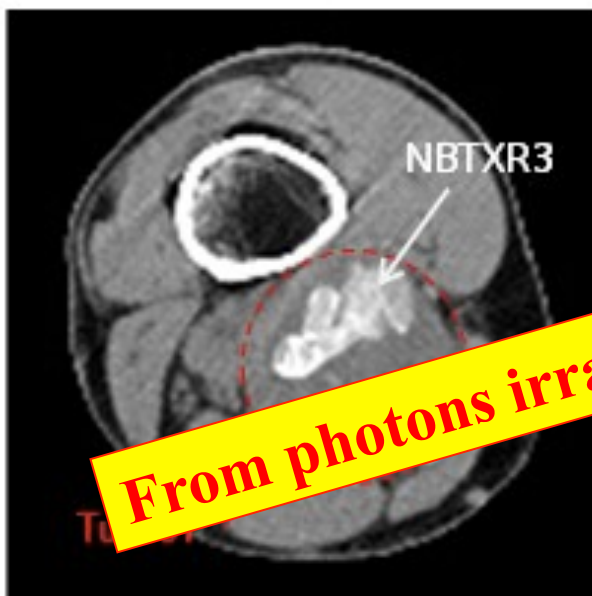
Phase I : NBTXR3 + 50 Gy Rx

CT scan - 24h post IT injection- Day 2

Myxoid liposarcoma

Tumor volume: 1814.4 cc

NBTXR3 volume: 45 mL (2.5%)



From photons irradiation

ASCO, 2014

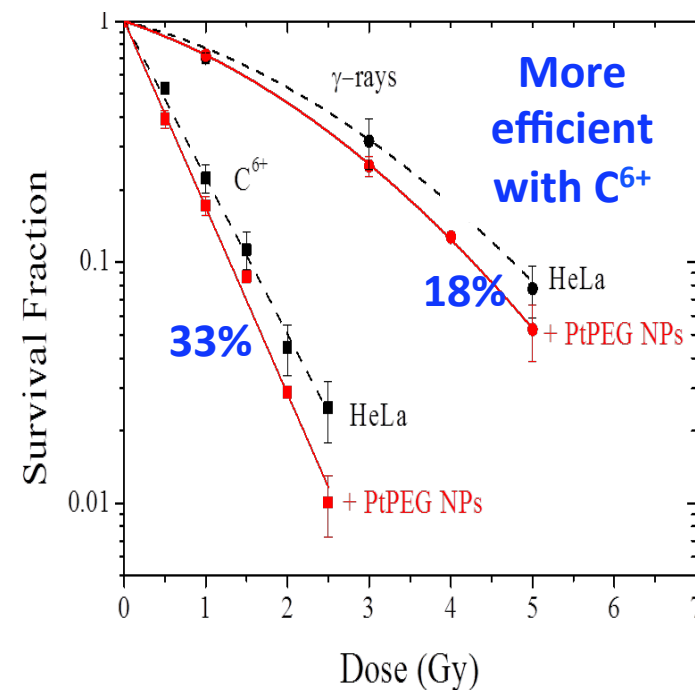
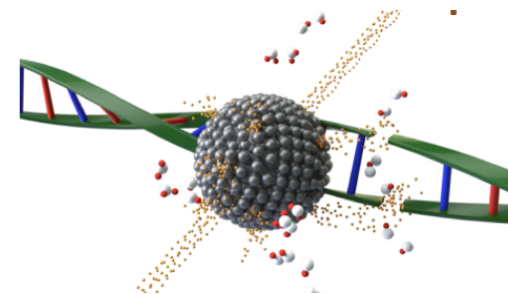
<http://www.nanobiotix.com/news/release/>



Sandrine
LACOMBE



Erika
PORCEL



Porcel et al, *Nanomedicine: Nanotechnology, Biology and Medicine* 2014

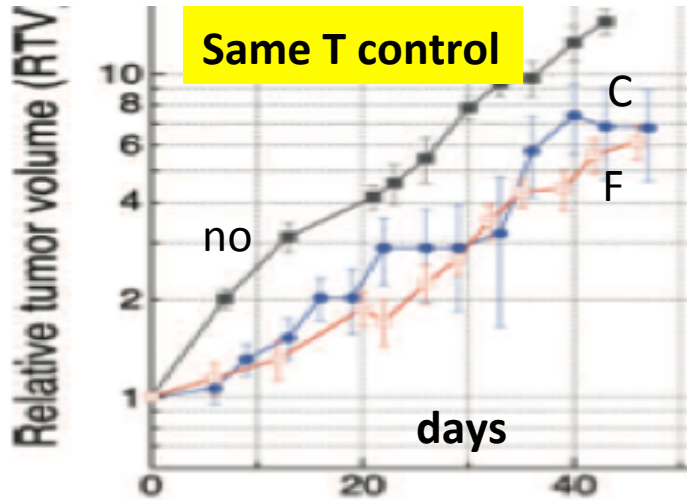
Jong-Ki Kim et al // in vivo protons
2012 *Phys. Med. Biol.* 57 8309

“FLASH –Effect” Ultrahigh dose-rate FLASH irradiation

Sci Transl Med 16 July 2014

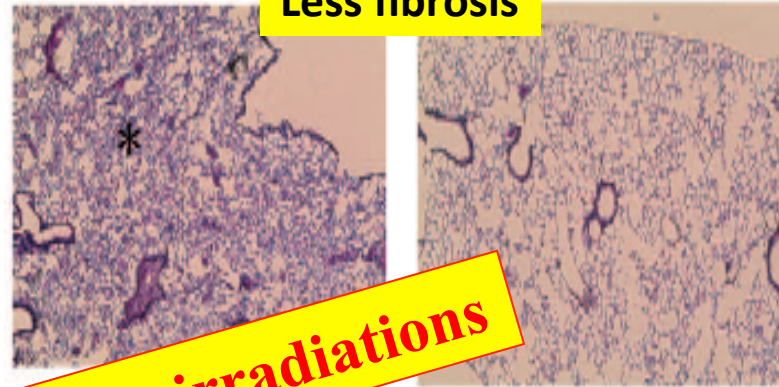


Vincent Favaudon



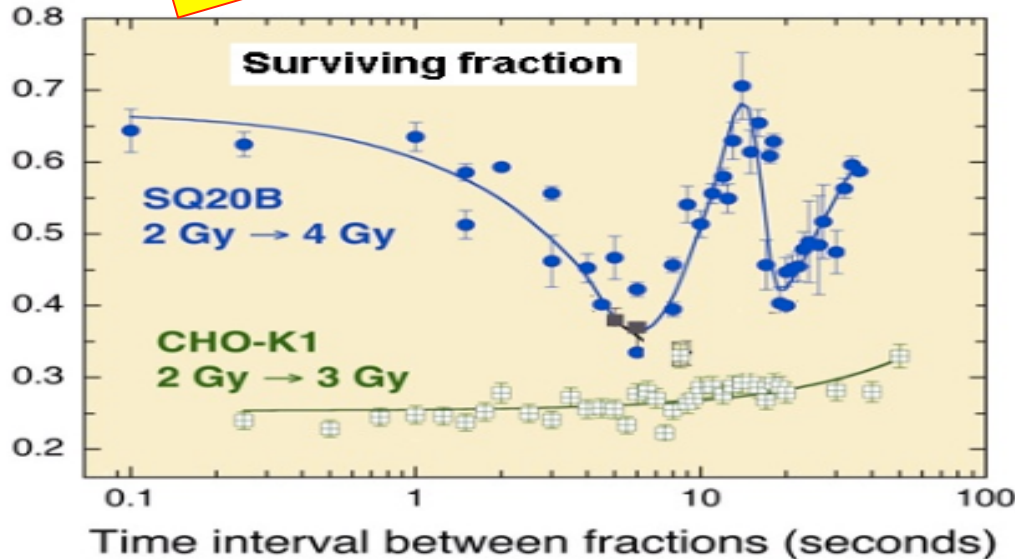
17-Gy CONV
4.5 MeV el.

17-Gy FLASH
4.5 MeV el.



“W-Effect”: Early cell death due to split-dose irradiation

Ponette et al. (2000) *Int J Radiat Biol* 76: 1233-43 - Fernet et al. *Int J Radiat Biol* 76: 1621-29



Future Perspective in (Medical) Physics for Particle Therapy : **Interactions**

Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	# Compactness & New concepts # Heavier ions	<i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i>	→ <i>Cost & Social</i>
2. Dosimetric issues and ancillary tools	# Entrance/Neutrons/ Penumbra/ Uncertainties # IGRT, IMPT,...	<i>Dosimetry and imaging tools provide macroscopic conformation. Tools are needed to warranty the accuracy and daily adaptation of treatment delivery. Mid and low doses become comparative factors.</i>	→ <i>Adaptive</i>
3. Clinical data	# Series, knowledge based and trials (from silico to randomized) # Genomics, panomics	<i>Clinical data (large series of patients, clinical trials and personalized approaches) is required to find the place of particle therapy.</i>	→ <i>Big (Clinical) Data</i>
4. Research and Development	# Models : from LET to RBE, BTV, TCP, NTCP, # Special techniques: microstrips, nano, flash,...	<i>Research in Radiation Biology is required to understand the effects and optimize new approaches. It is mandatory for the use of heavy ions.</i>	→ <i>(Radio) Biology</i>

Future Perspective in (Medical) Physics for Particle Therapy : Interactions

Domain of interaction	Contents, Concepts and Tools	Conclusions	Key Words
1. System Technology	<ul style="list-style-type: none"> # Compactness & New concepts # Heavier ions 	<p><i>Technology drives cost reduction and larger accessibility. It must be evaluated in relationship with effectiveness, socioeconomic and ethical considerations.</i></p>	<p>→ <i>Cost & Social</i></p>
2. Dosimetric issues and ancillary tools	<ul style="list-style-type: none"> # Entrance/Neutrons/ Penumbra/ Uncertainties # IGRT, IMPT,... 	<p><i>Dosimetry and imaging tools provide macroscopic conformation. Tools are needed to warranty the accuracy and daily adaptation of treatment delivery. Mid and low doses become comparative factors.</i></p>	<p>→ <i>Adaptive</i></p>
3. Clinical data	<ul style="list-style-type: none"> # Series, knowledge based and trials (from silico to randomized) # Genomics, panomics 	<p><i>Clinical data (large series of patients, clinical trials and personalized approaches) is required to find the place of particle therapy.</i></p>	<p>→ <i>Big (Clinical) Data</i></p>
4. Research and Development	<ul style="list-style-type: none"> # Models : from LET to RBE, BTV, TCP, NTCP, # Special techniques: microstrips, nano, flash,... 	<p><i>Research in Radiation Biology is required to understand the effects and optimize new approaches. It is mandatory for the use of heavy ions.</i></p>	<p>→ <i>(Radio) Biology</i></p>

Photons : “classical”



Jan Brueghel: *L'ouïe*

**Protons:
“State of the art
in conformation”**



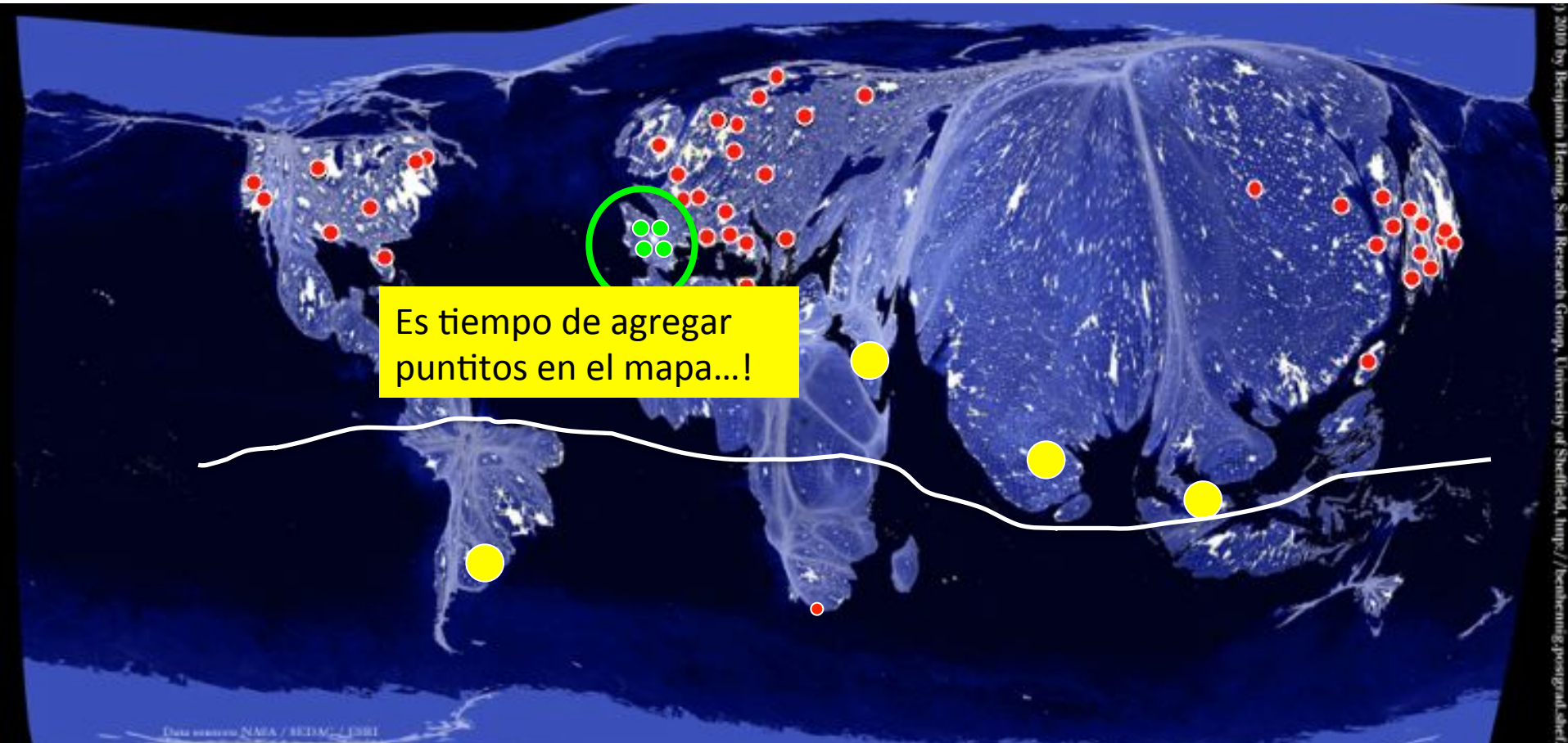
Magritte :
Femme à la fenêtre

**Ions:
“biological
Avant-garde”**



Picasso :
*La table
devant la fenêtre*

Between photons and ions, the perspective of physics is in agreement with a “proton therapeutic window” (5%?, 10%?, 50 %?) that will evolve and still needs to be optimized



© 2010 by Benjamin Henning, Sea Research Group, University of Sheffield, <http://benjaminh.postgrad.shef.ac.uk/>

*Original From Bill Chu, PTCOG 50, USA
Updated for this talk by AM , 2016*

Perspectivas futuras en Física (Médica) para la Terapia con Partículas :

“Relaciones”

Primer Workshop Español
de Relaciones Humanas
en Protonterapia

GRACIAS!
PREGUNTAS ?