



Trento Institute for  
Fundamental Physics  
and Applications



# *Heavy ions in therapy and space*

Marco Durante, TIFPA

[www.tifpa.infn.it](http://www.tifpa.infn.it)

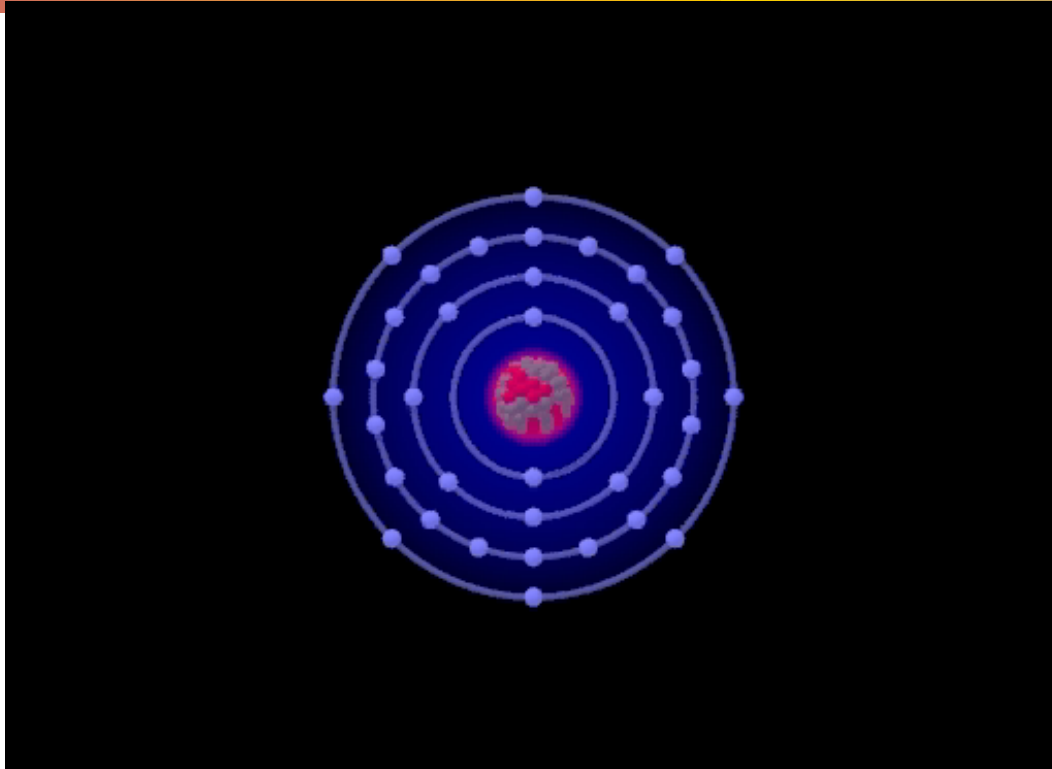
9.6.2016



UNIVERSITA' DEGLI STUDI DI PAVIA

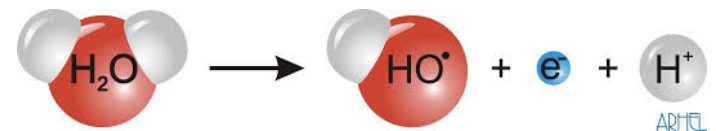
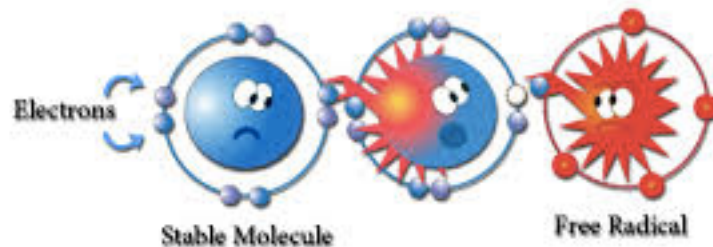
*DOTTORATO DI RICERCA IN FISICA*

# How does radiation injure people?



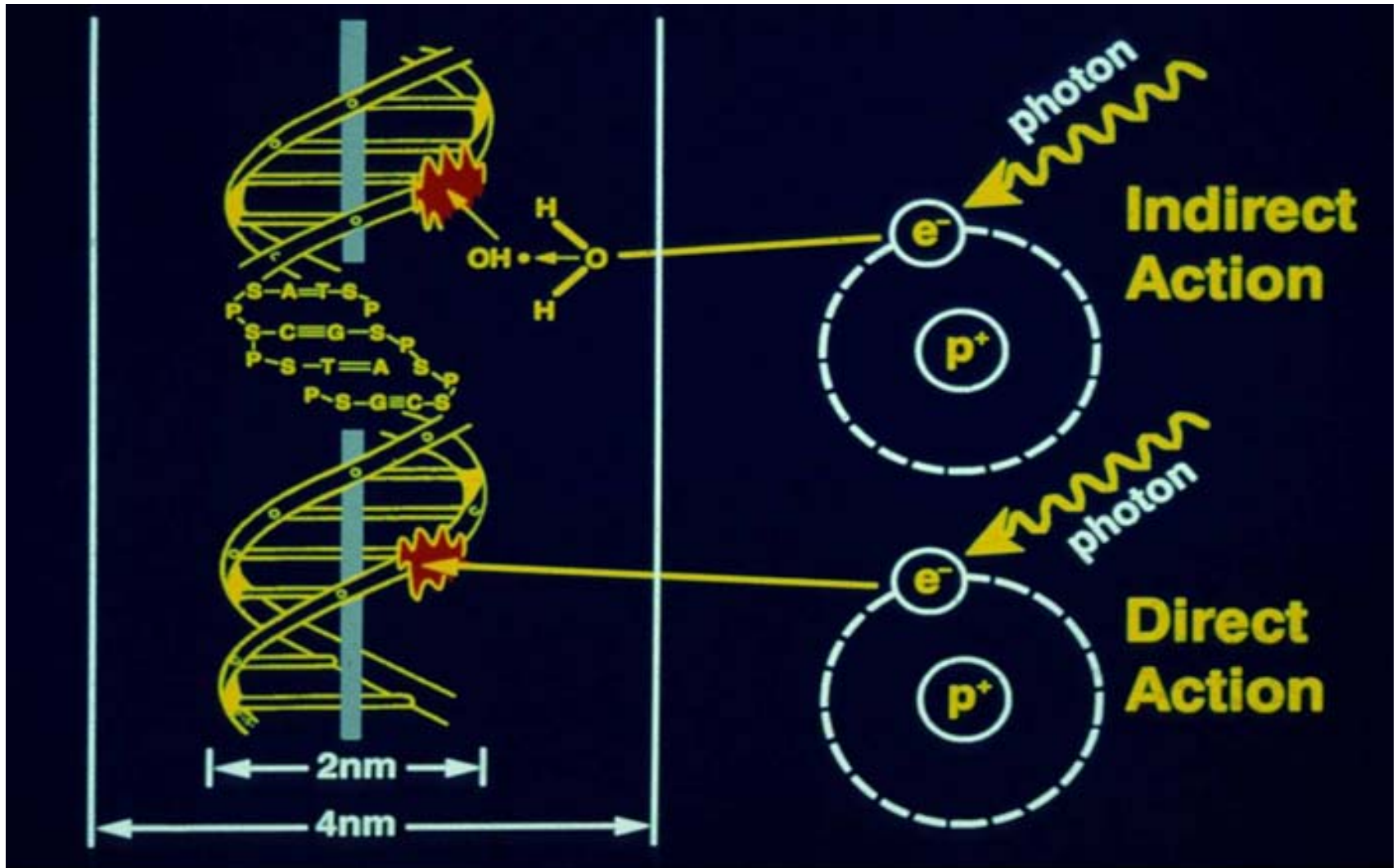
**Direct** ionization of biological molecules

**Indirect** effect through formation of free radicals in water

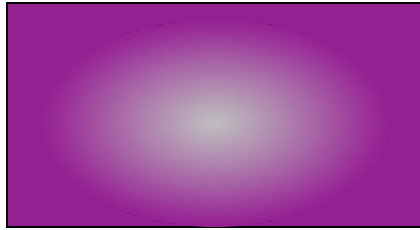


# The most unkindest cut of all

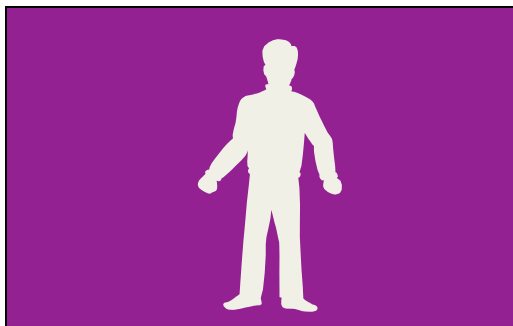
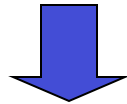
(W. Shakespeare, Julius Caesar)



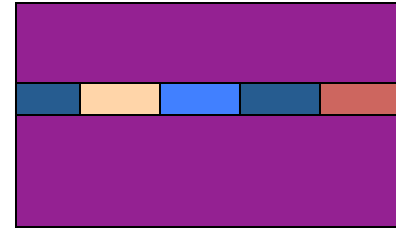
# How does this damage from ionizing radiation effect our bodies?



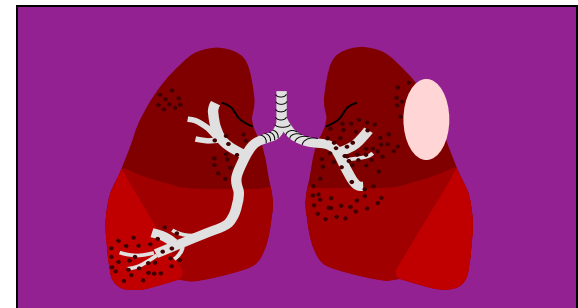
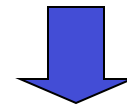
**Sufficient Cell Killing**



**Radiation Sickness**



**Sufficient Genetic Alterations**

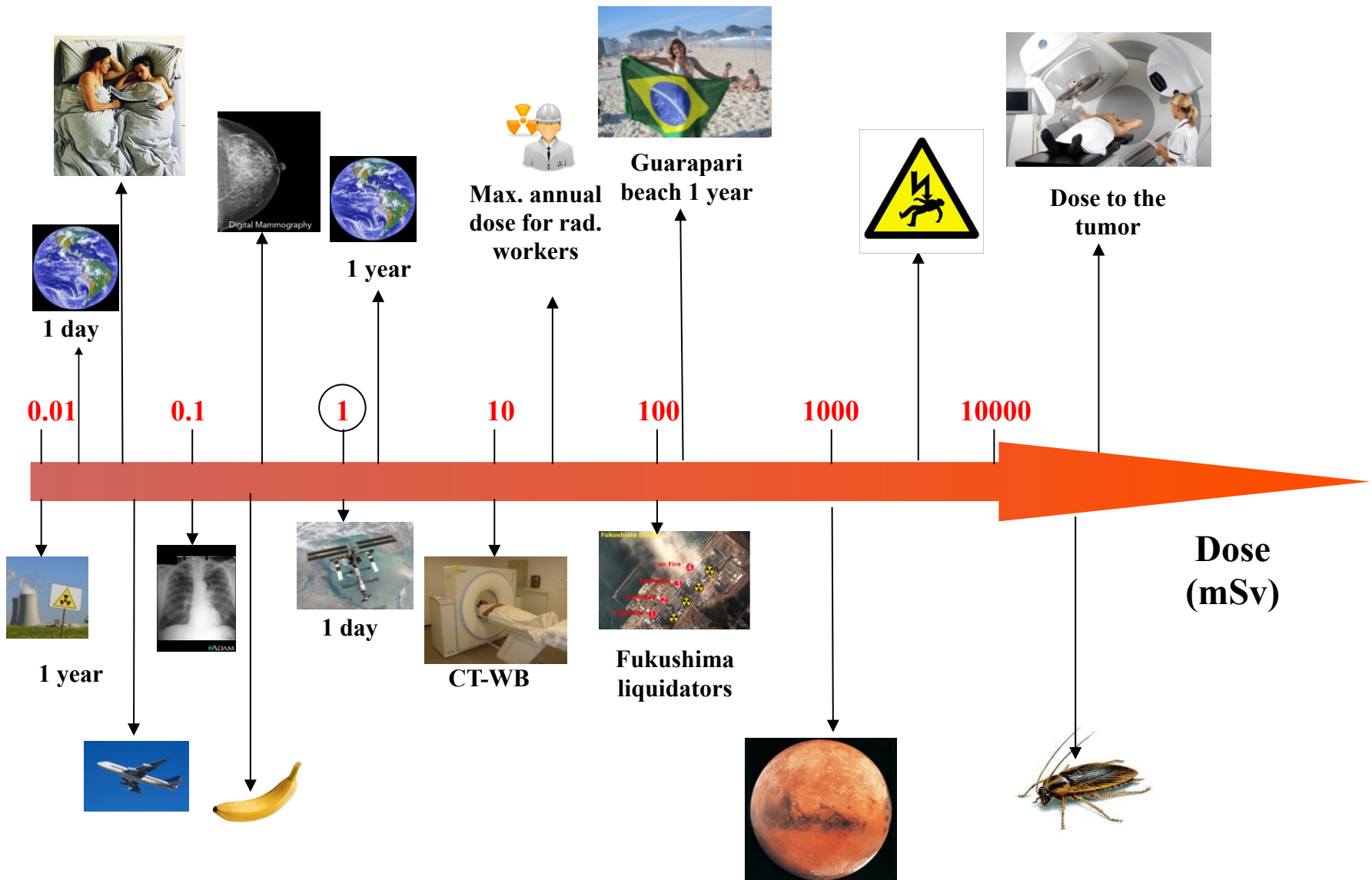


**Cancer**

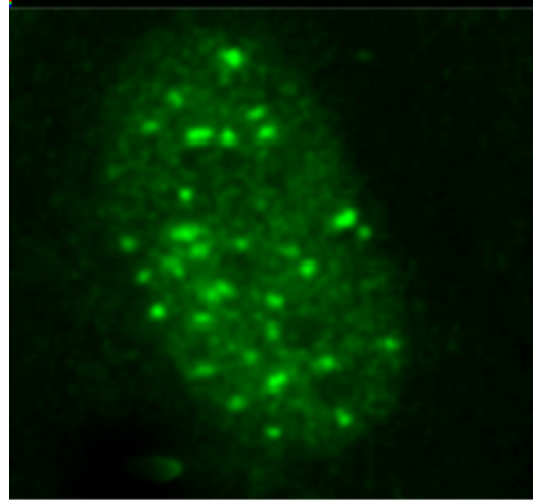


Radiation effects depends on the DOSE

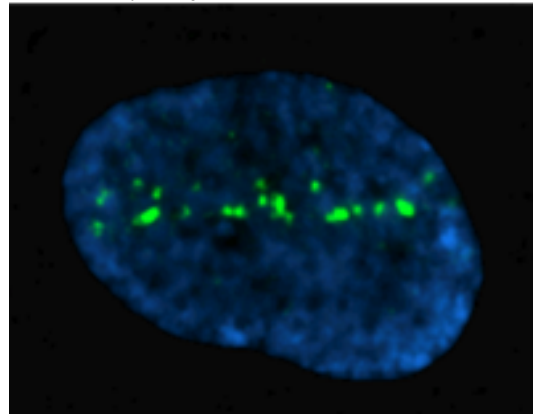
Dose is an energy per unit mass and is measured in Sievert = Joule/kg



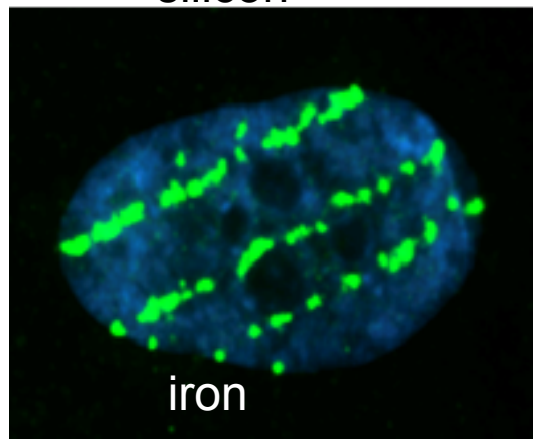
# Charged particles



γ-rays

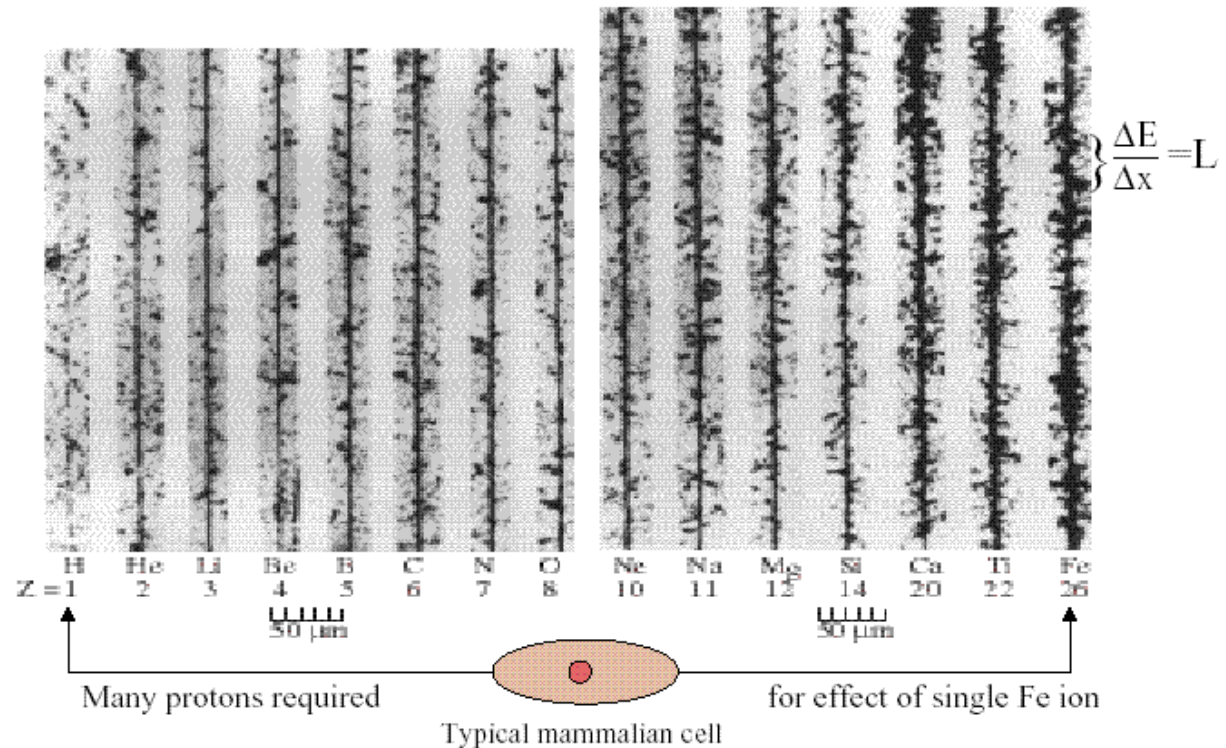


silicon



iron

GCR Ion Tracks Are Dangerous  
 ← Better Biological knowledge → Poor



Cucinotta and Durante, *Lancet Oncol.* 2006

# Light vs. heavy ions at the same linear energy transfer (LET=140 keV/ $\mu\text{m}$ )

$\alpha$ -particles, 2 MeV

Fe-ions, 1 GeV/n

10 nm

A small blue and red cluster representing an alpha-particle track, centered in the left panel.

Copyright  
W. Friedland  
0.30 fs

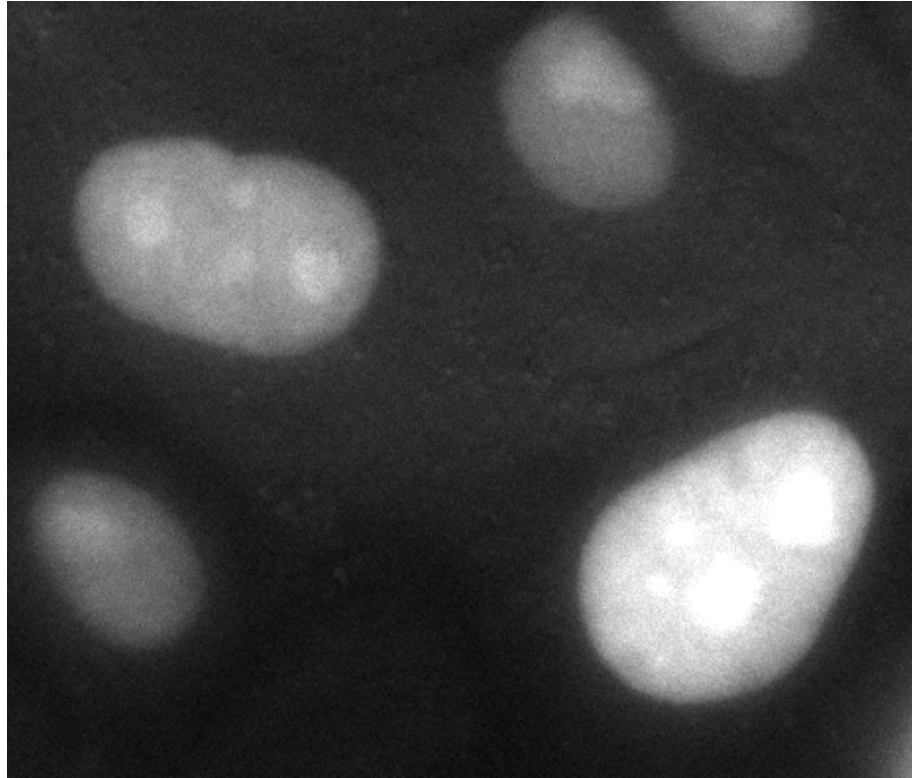
10 nm

A small blue and red cluster representing an Fe-ion track, centered in the right panel.

Copyright  
W. Friedland  
0.01 fs

courtesy of Werner Friedland

# Beamline live cell imaging

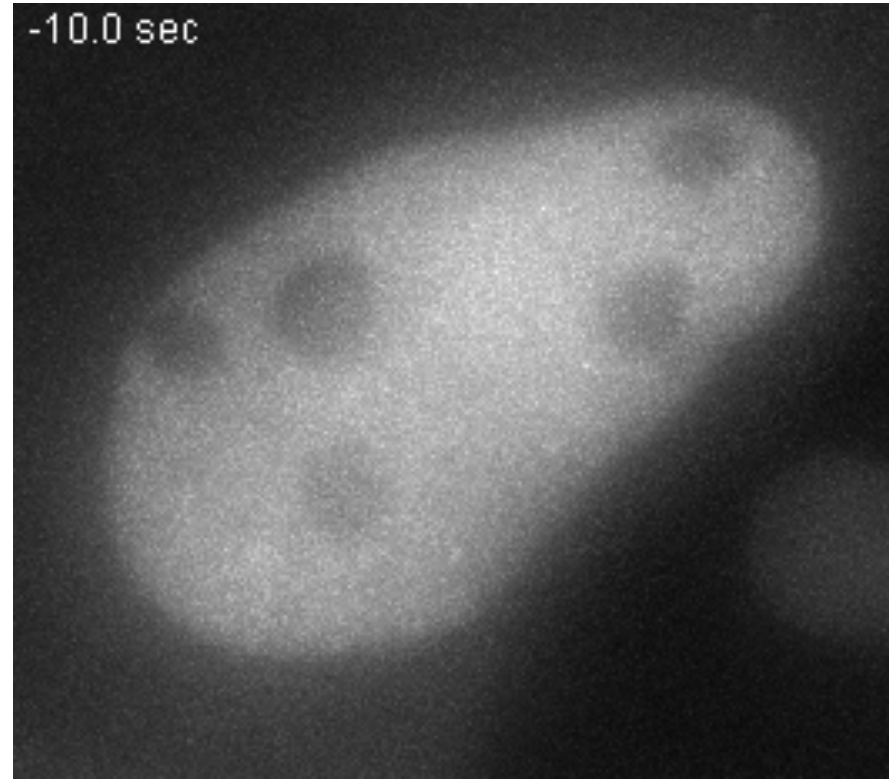


**Uranium 11 MeV/n, 90°**

**Human cells**

**GFP- APTX (Aprataxin)**

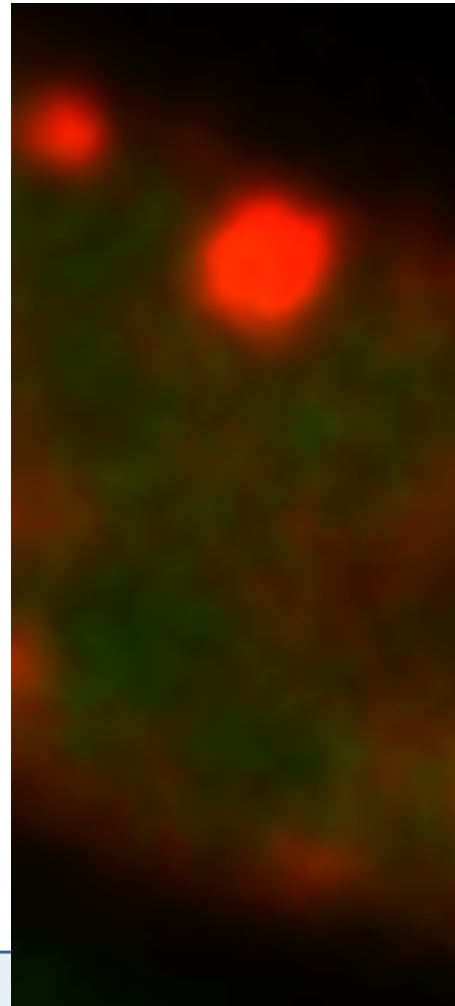
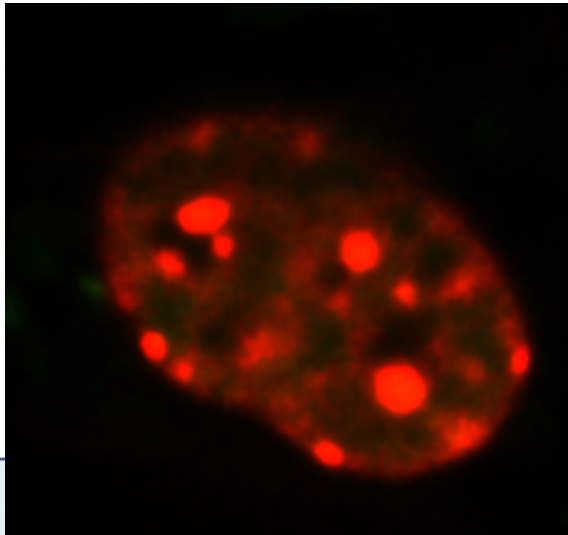
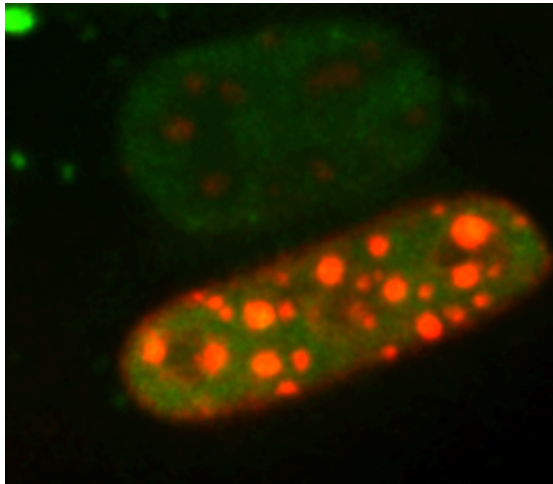
***Jakob et al. Proc. Natl. Acad. Sci. USA (2009)***



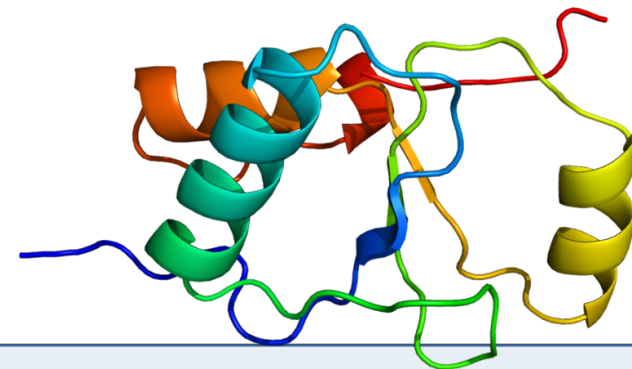
**Iron 1 GeV/n, 0°**

**Human cells**

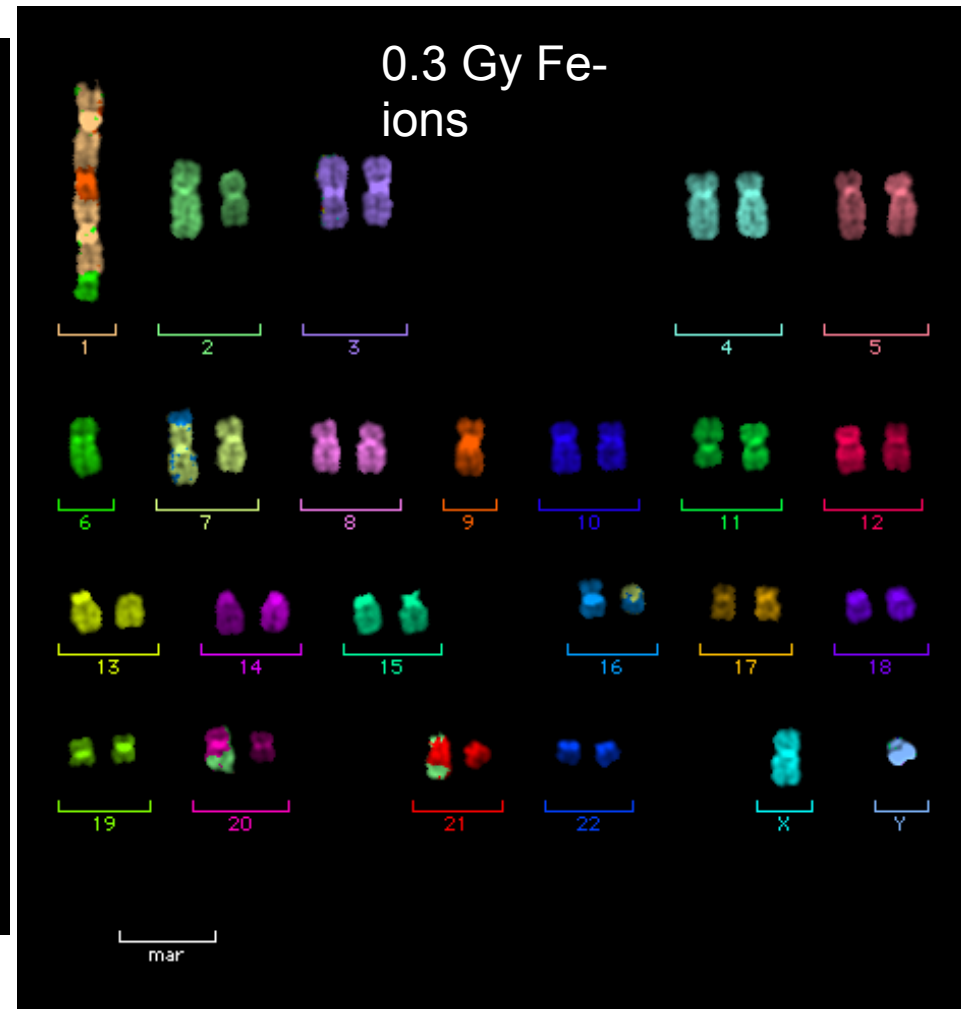
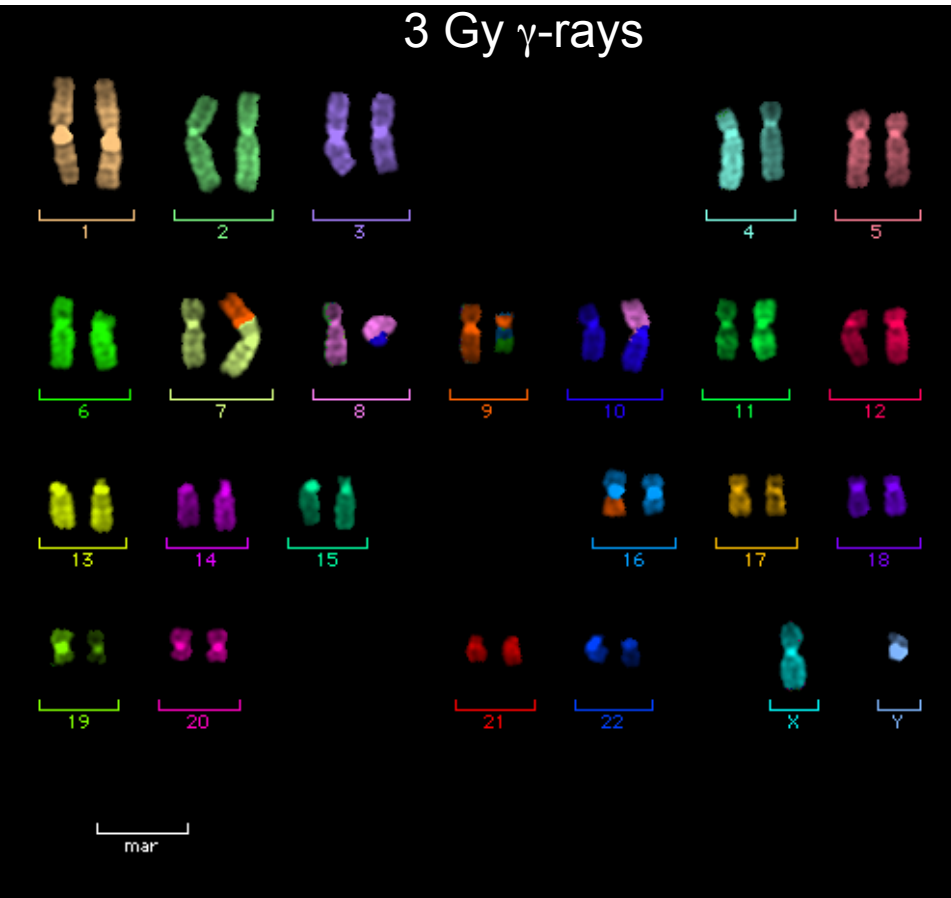
**GFP-Nijmegen breakage syndrome 1  
(NBS1)**



**X-ray repair  
complementing  
defective in  
Chinese hamster  
cells **1** (SSB and  
b-excision repair  
pathways)**



# Chromosomal aberrations induced by heavy ions



Durante *et al.*, *Radiation Research* 2002



## An Analogy for Structured Energy Deposition and its Consequences



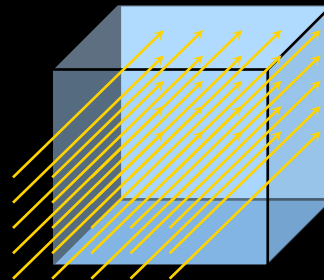
**Low LET radiation produces isotropic damage to organized targets.**



**High LET radiation produces correlated damage to organized targets.**

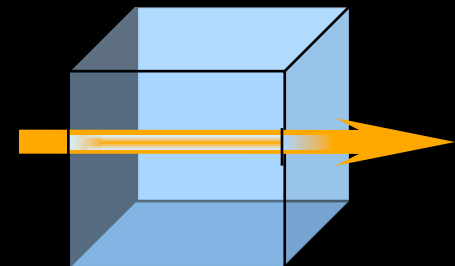
## LET: Linear Energy Transfer

**1 Dose Unit**



**Low LET radiation deposits energy in a uniform pattern**

**1 Dose Unit**



**High LET radiation deposits energy in a non-uniform pattern**

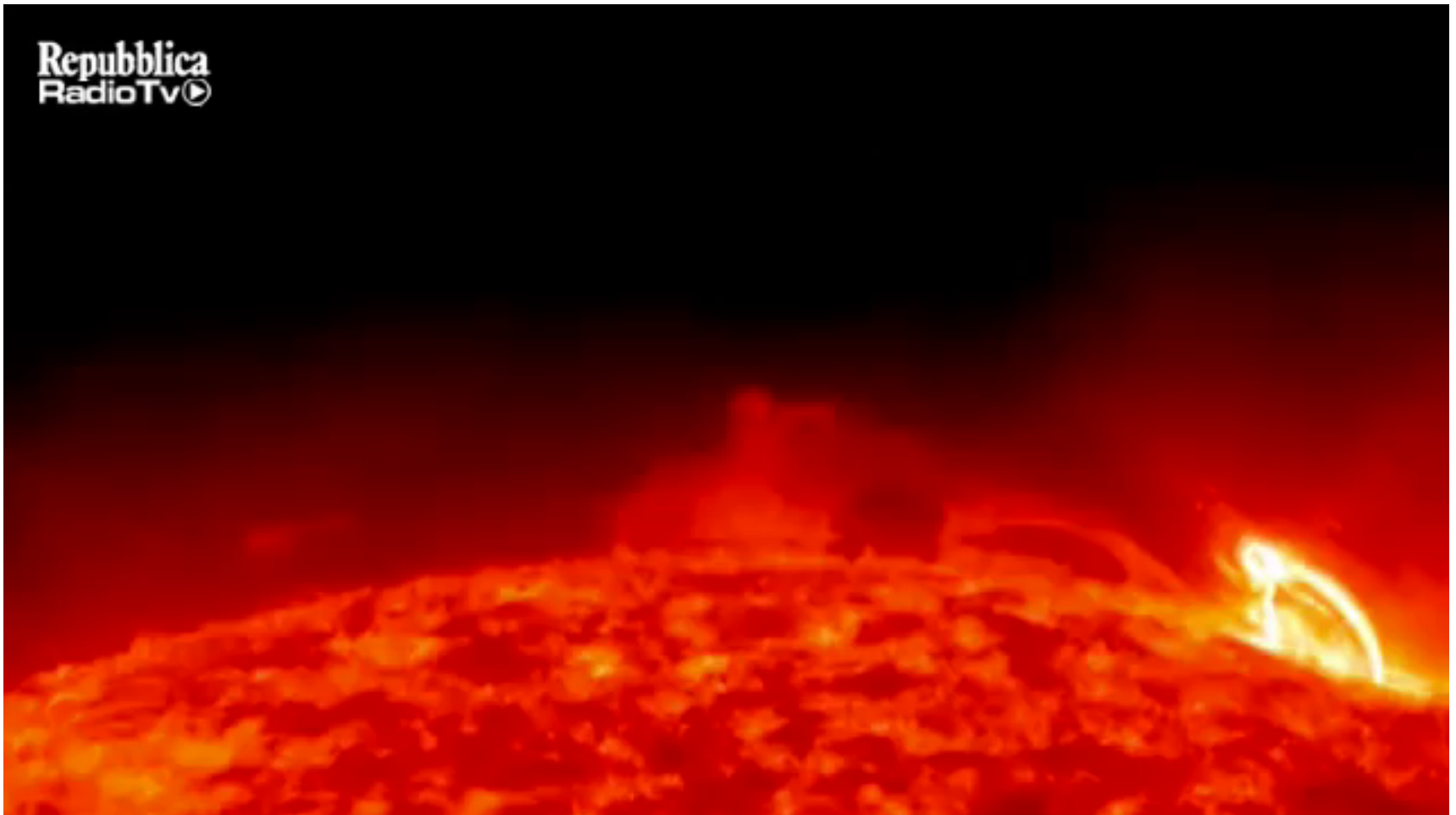


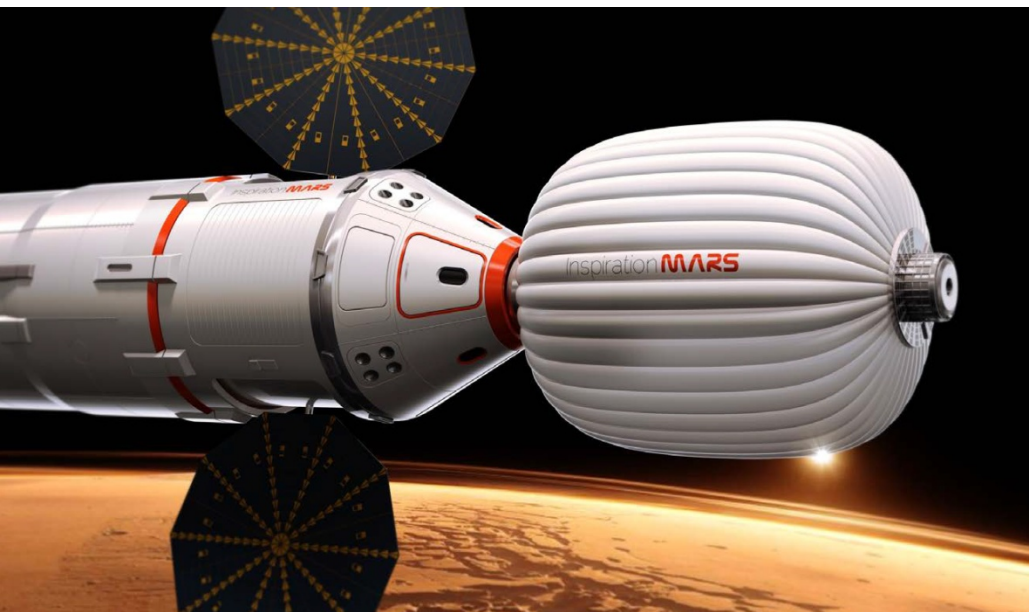
# Why are we interested in energetic heavy ions?



**Heavy ion radiation is not present naturally on Earth**

# Valentine's Solar flare 14.2.2011





April, 3,  
2013

The New York Times

Space & Cosmos

WORLD U.S. N.Y. / REGION BUSINESS TECHNOLOGY SCIENCE HEALTH SPORTS OPINION

ENVIRONMENT SPACE & COSMOS

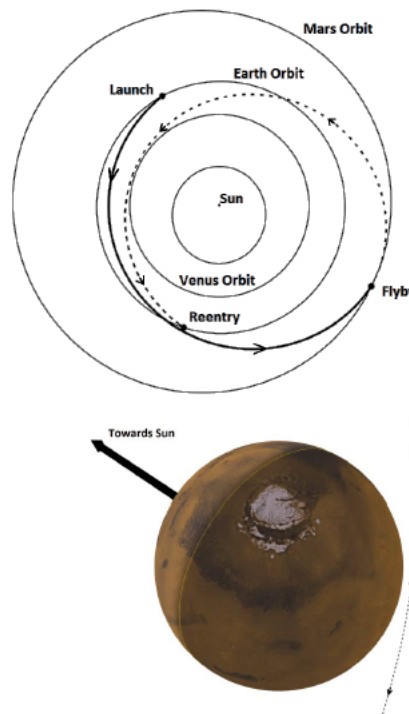
May, 30, 2013

## Data Point to Radiation Risk for Travelers to Mars



$$\text{Dose} = 1.8 \text{ mSv/} \\ \text{day} \times 501 \times 2 = 1.8 \text{ Sv}$$

- o A 501-day “free-return” Mars flyby passing within a hundred miles of the surface
  - Only small correction maneuvers are needed during transit
- o Simple mission architecture lowers risk
  - No entry into Mars atmosphere
- o An exceptionally quick free return occurs twice every 15 years
  - 1.4 years duration vs. 2 to 3.5 years typical
  - Launch Jan 5, 2018, (or 2031)
  - Mars on 20 Aug 2018 (227 days)
  - Earth on 20 May 2019 (274 days)
  - At Mars, Earth is 38,000,000 miles away
- o [Video](http://www.youtube.com/watch?v=IBGIYNd2tmA)
  - <http://www.youtube.com/watch?v=IBGIYNd2tmA>





# Health in Deep Space

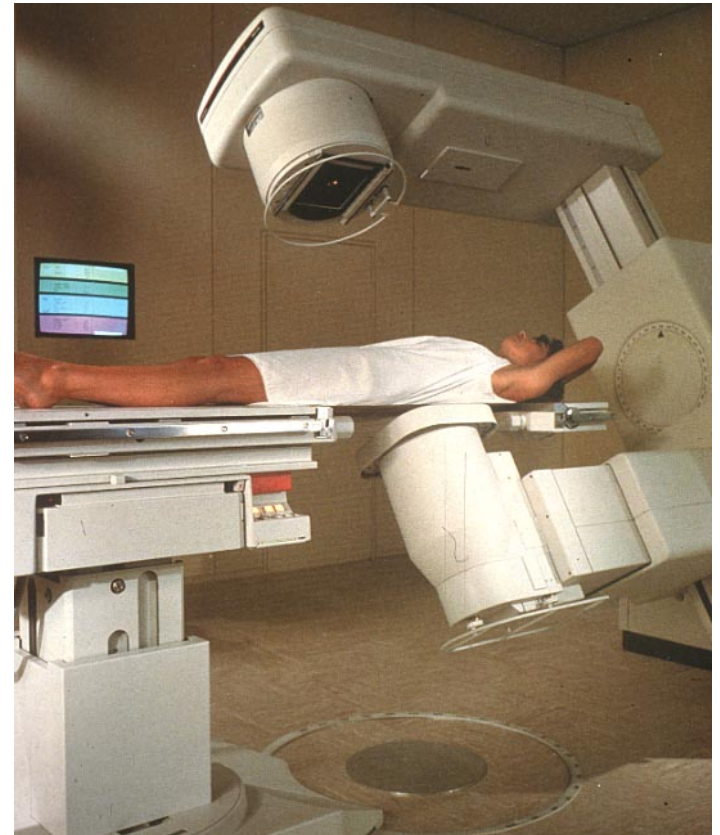
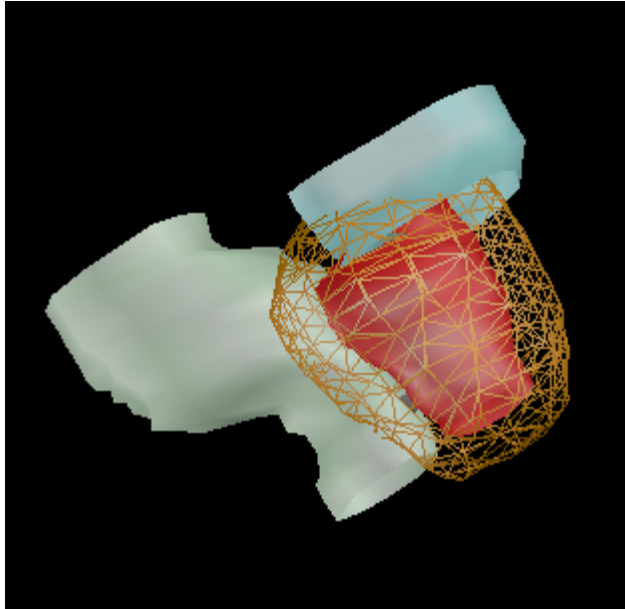
1. Protection from space radiation (particularly very high energy heavy ions)
2. Psychosocial and behavioural problems
3. Physiological changes caused by microgravity

THE ROUGH GUIDE to

**The Moon  
& Mars**

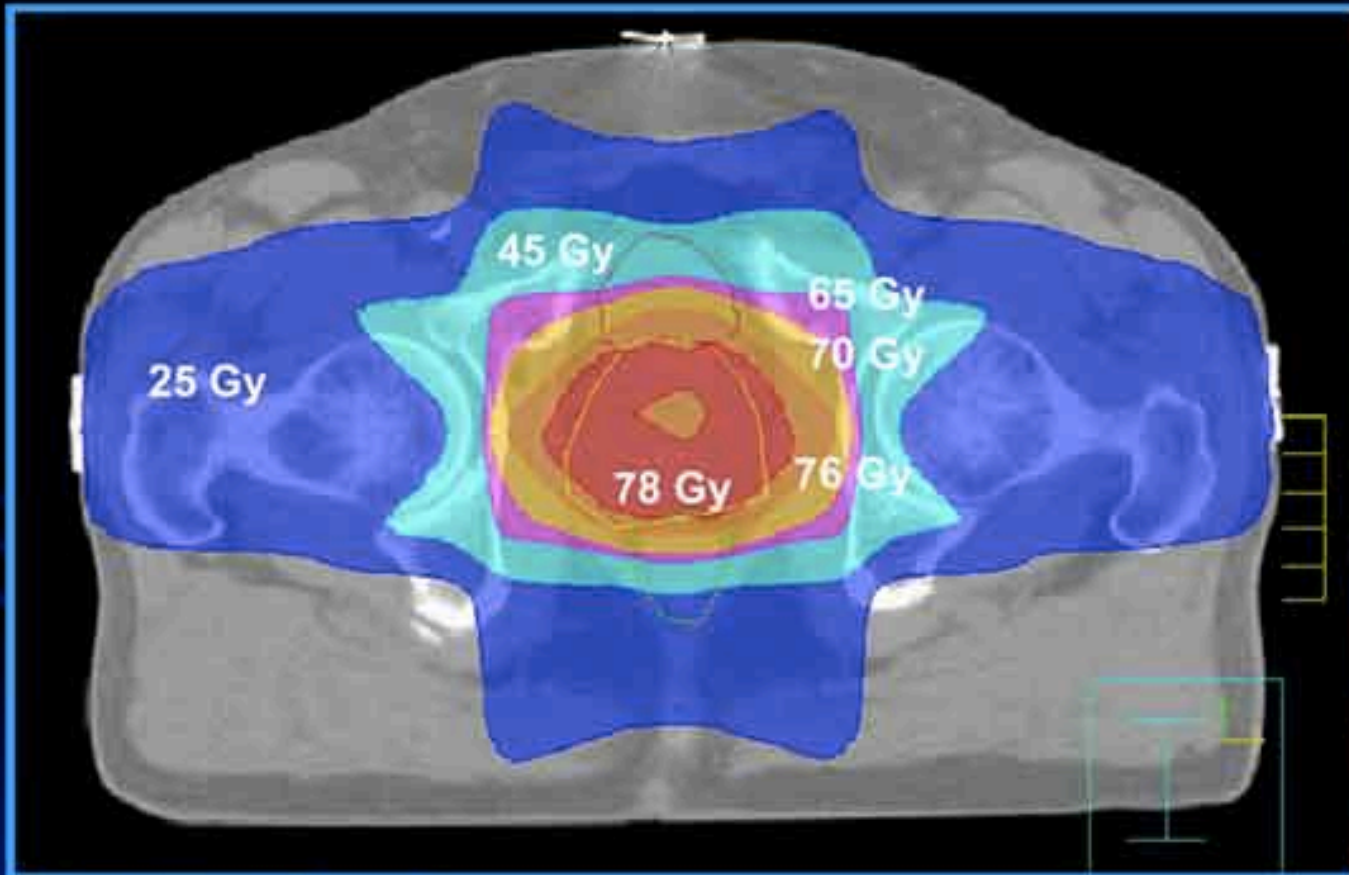
Modified by Mike Lockwood

# The good side of radiation: radiotherapy



# External Beam Radiation Therapy

Treatment  
planning



Generally, the total dose to the tumor is about 60 Gy, given in daily fractions of 2 Gy to spare the normal tissue

X-rays produced by LINACS (6-15 MV) are normally used

3D Conformal Technique for Treating Prostate Cancer

# Side-effects of Radiotherapy



## •Acute (<1 month)

- Depend on area(s) being treated
- Often fatigue can occur
- mucositis/esophagitis, nausea, diarrhea and redness of skin

## Late (>1 month)

Pneumonitis/fibrosis of lungs

Hypothyroidism

Xerostomia

Enteritis

Infertility/menopause

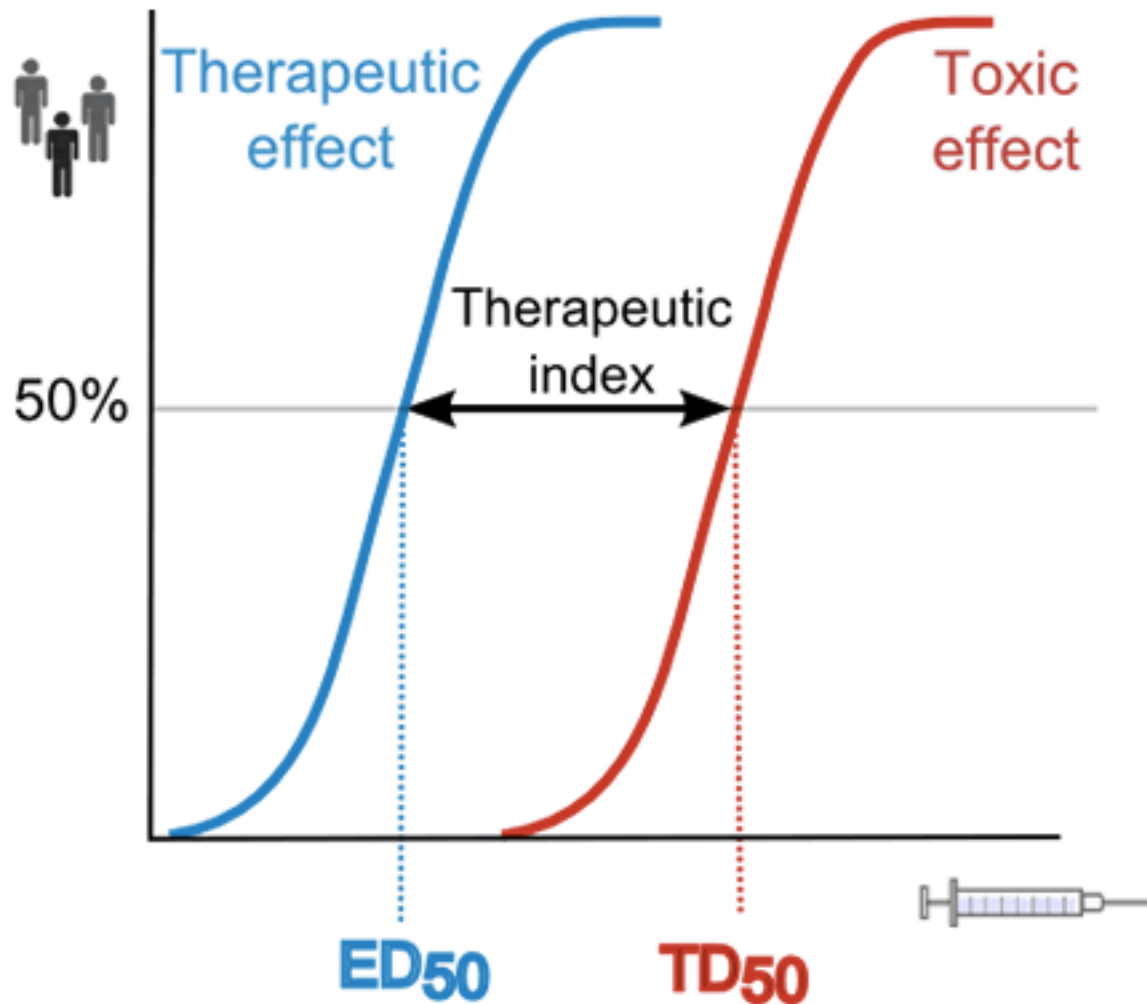
## Long-term (10-20 years)

Increased risk of secondary cancers

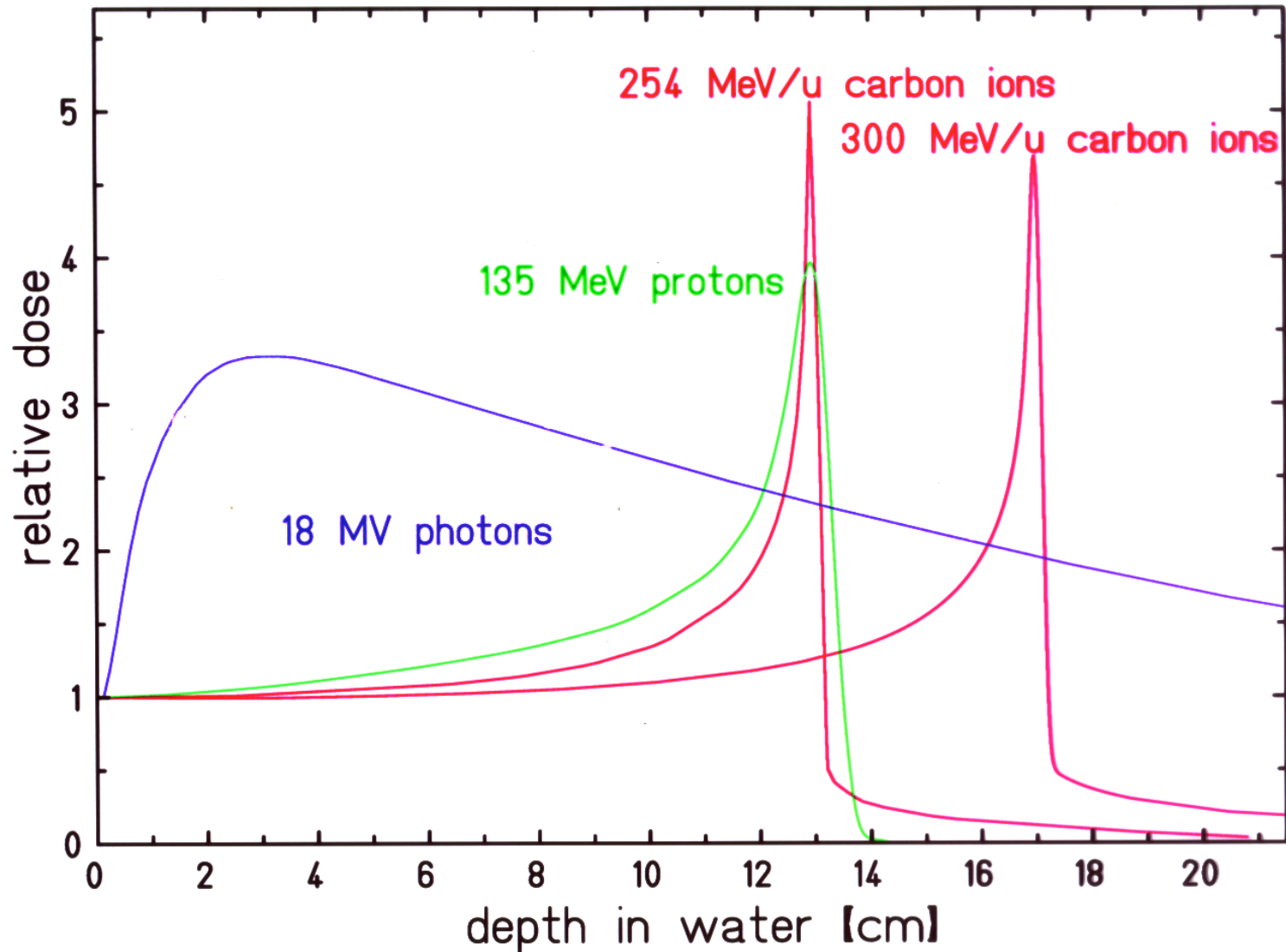
Increased heart disease if chest region treated



# Therapeutic window



# Depth dose distribution of various radiation modalities

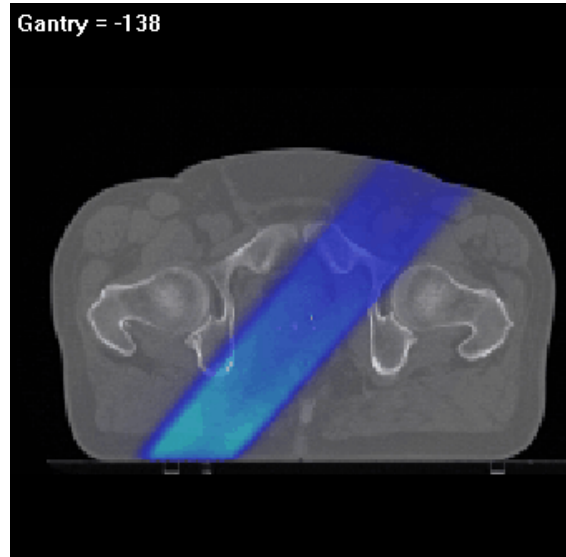


X-ray dose decrease with depth  
We have to cross-fire on the tumor from many angles

Single field



Dose per field

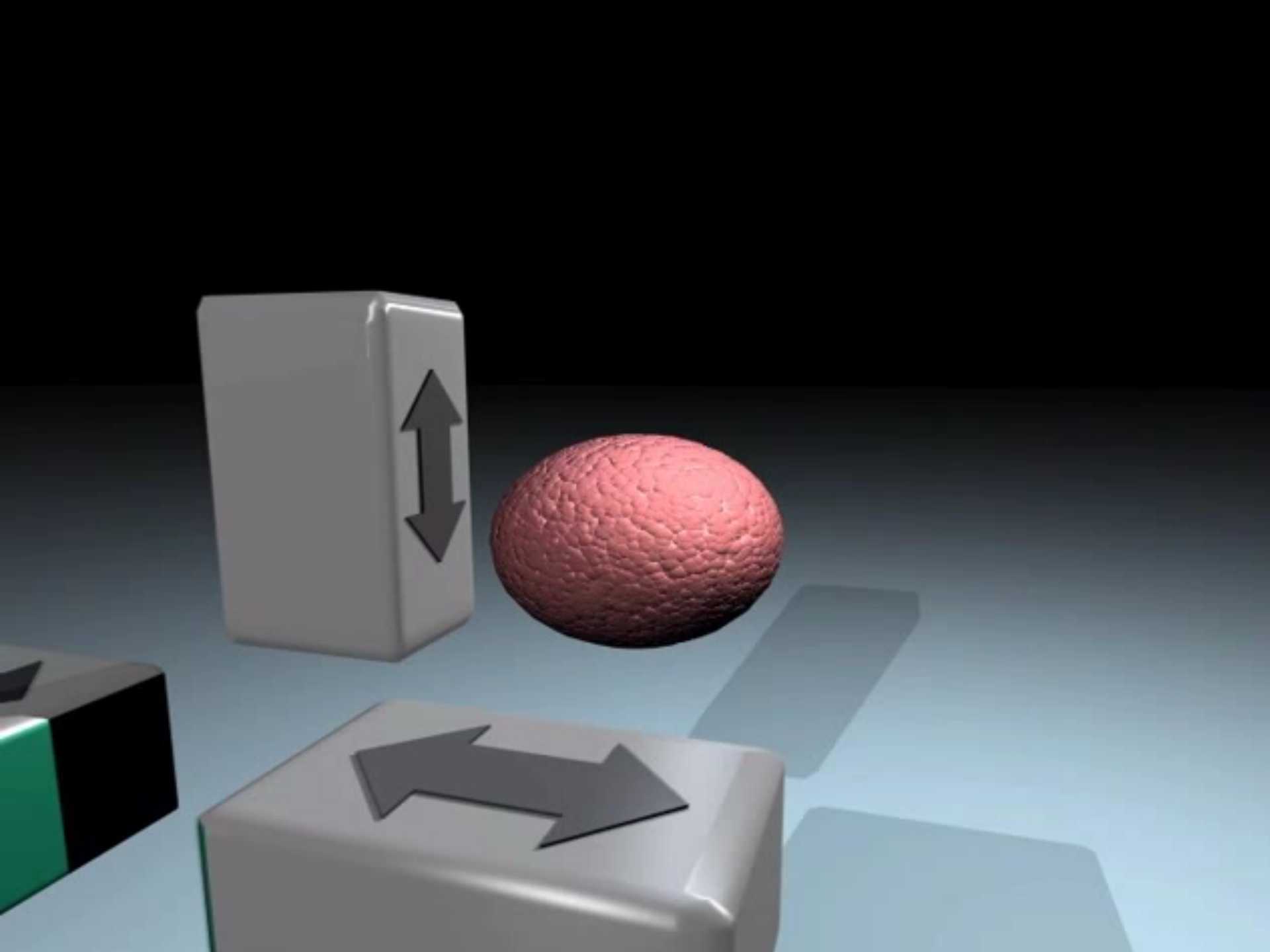


Total dose

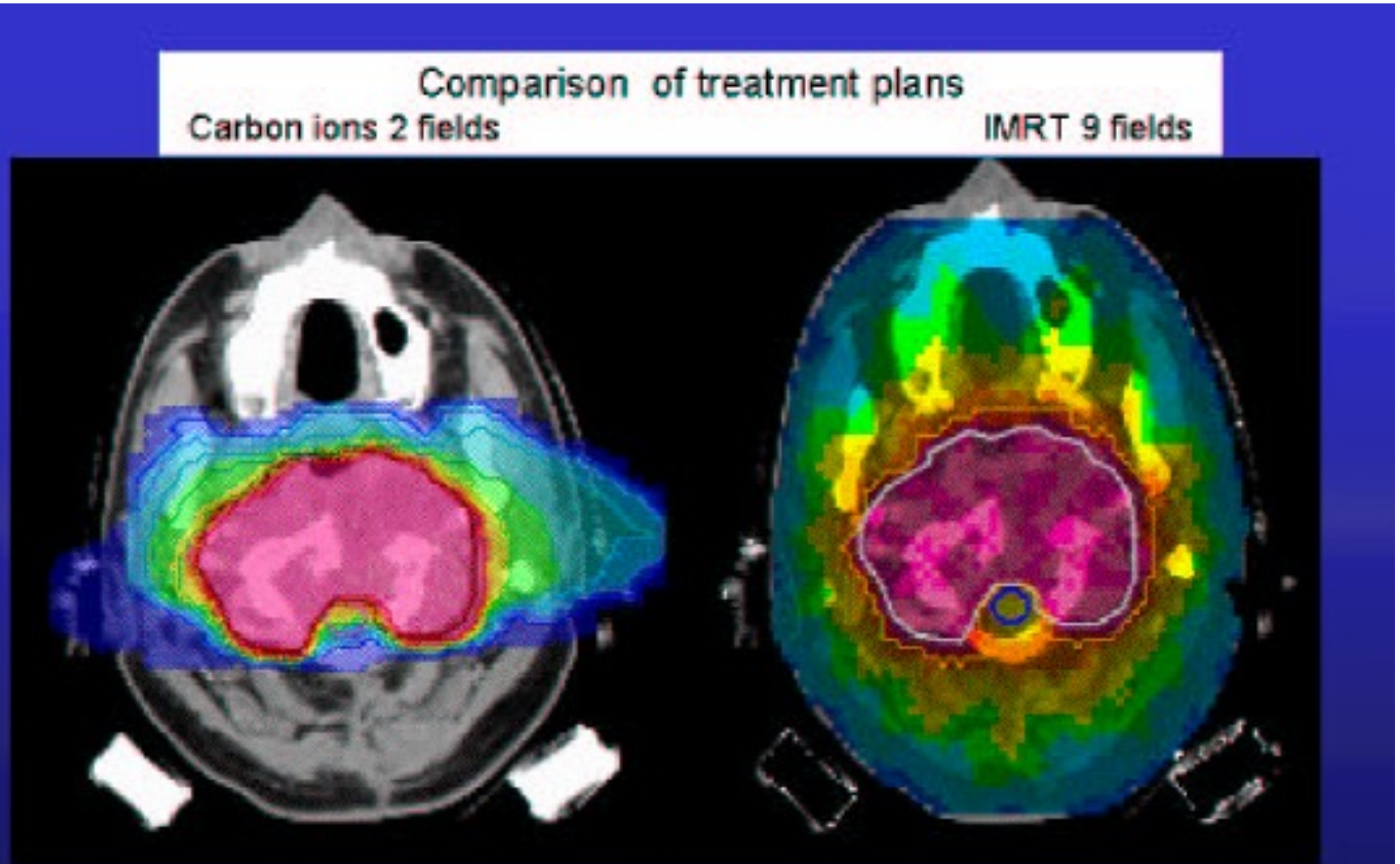


Excellent target conformity  
Large normal tissue volume irradiated

Courtesy B. Mijnheer



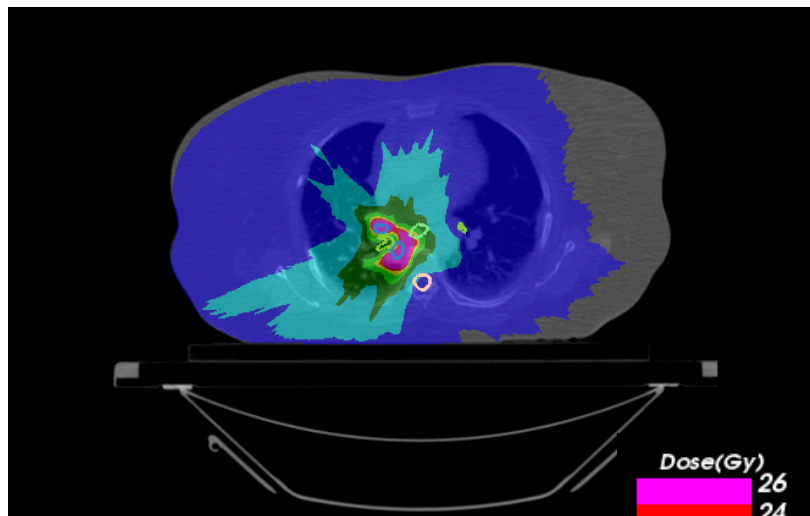
# C-ions vs. X-ray therapy



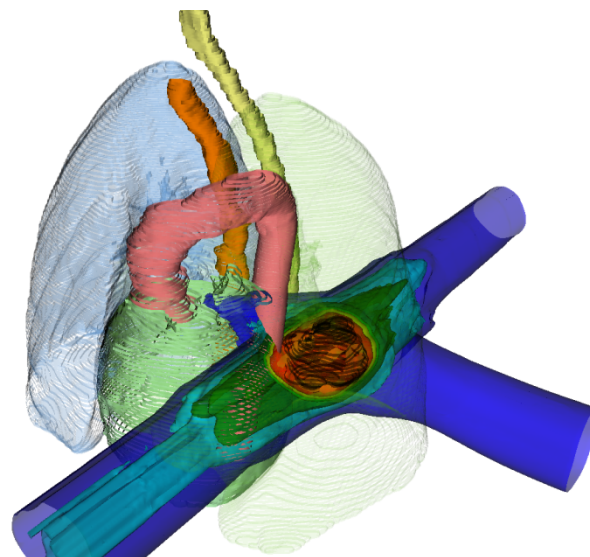
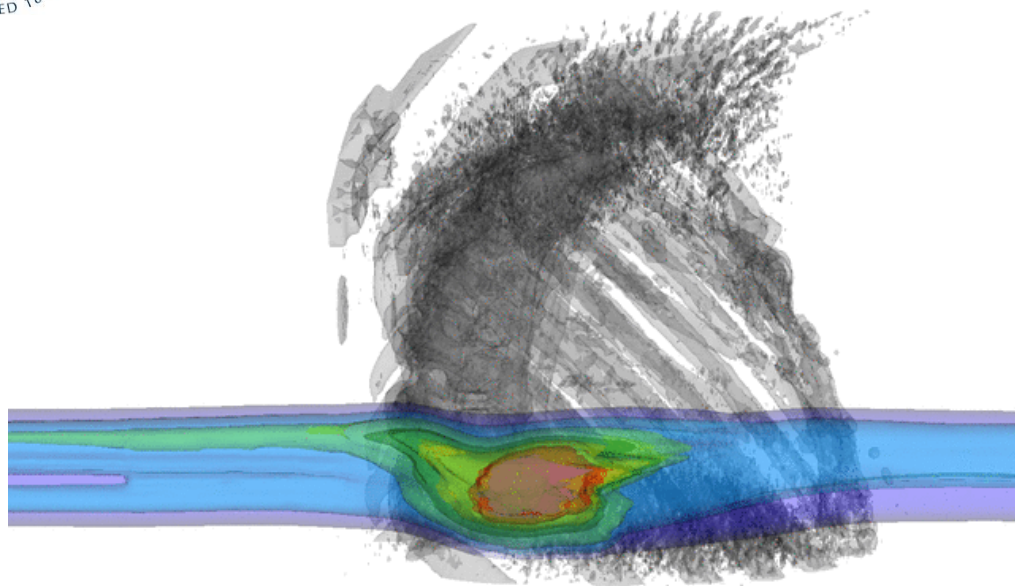
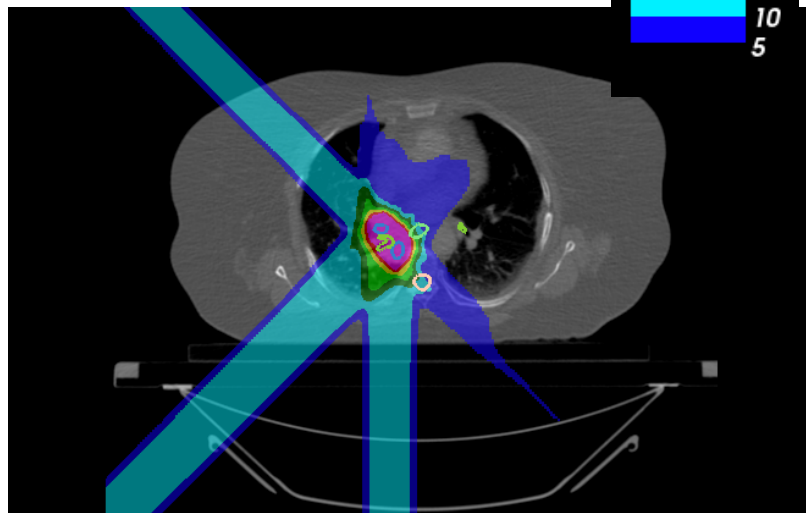
# Lung tumors: SBRT vs. C-ions

## Single fraction, 25 Gy

X-rays



C-ions

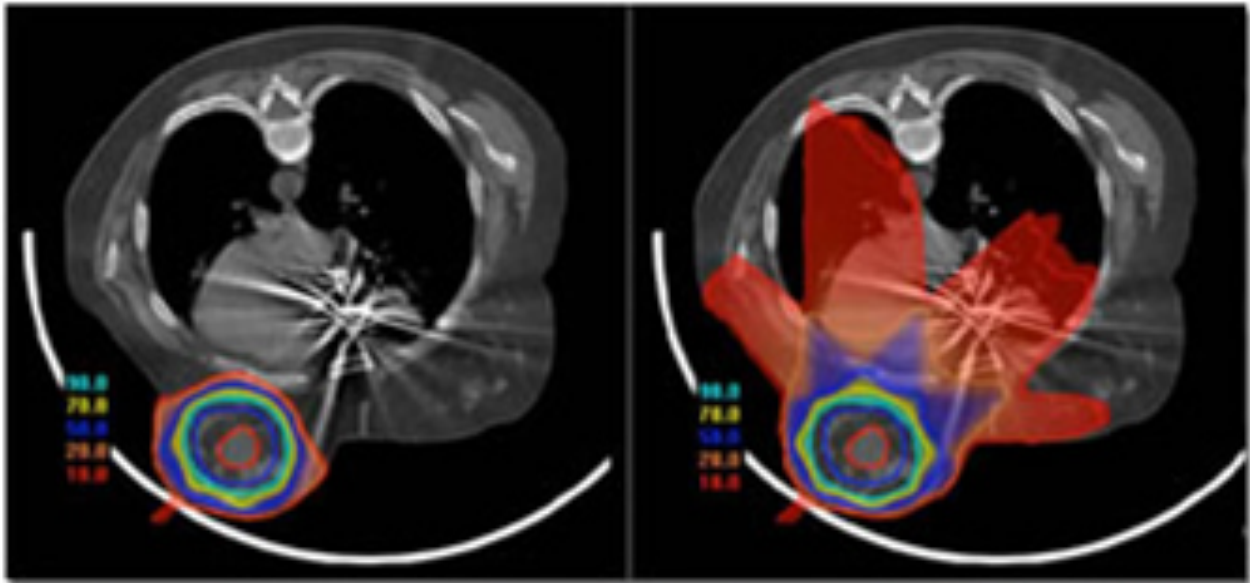
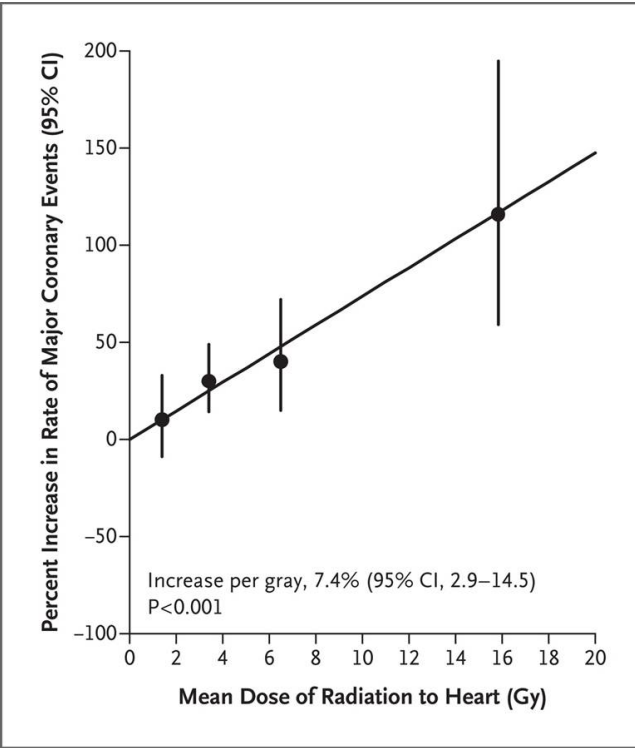






# Breast cancer

- 1st cancer in women (1 in 8)
- survival rate 80%
- high risk of late cardiac morbidity

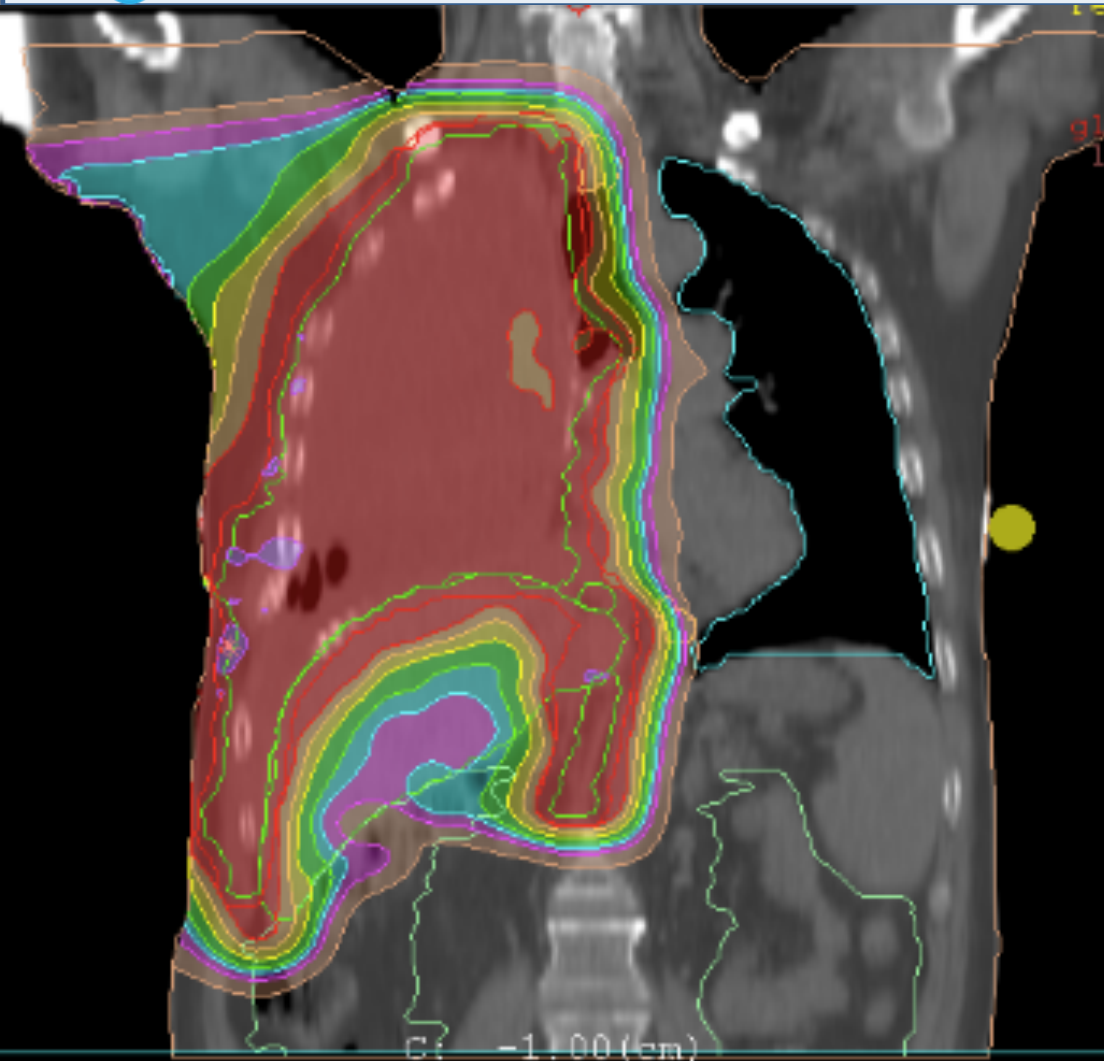


Breast cancer treatment: Proton left, IMRT right



14.3.2013



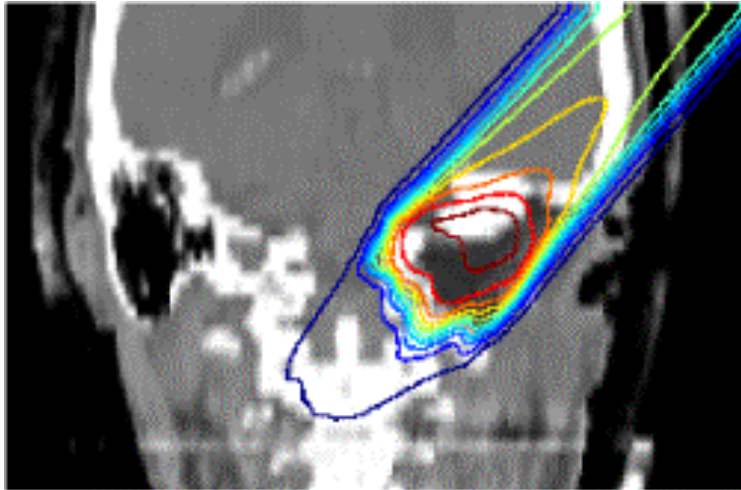


Treatment plan  
with protons:  
pleural  
mesothelioma

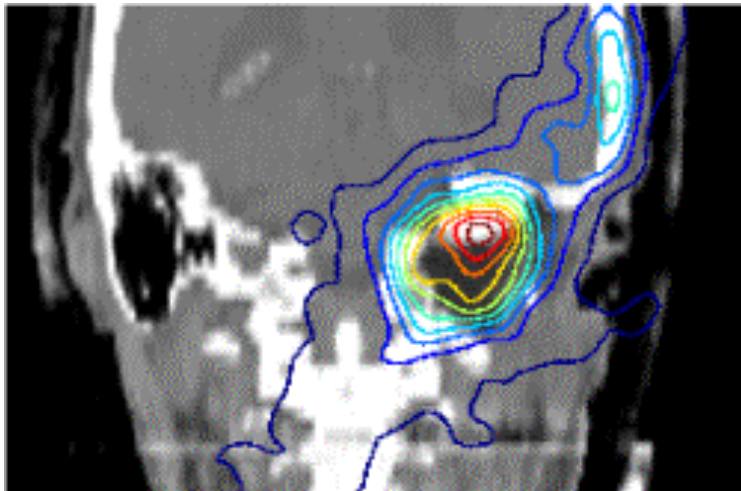
# Range uncertainty: protons stop, but where?



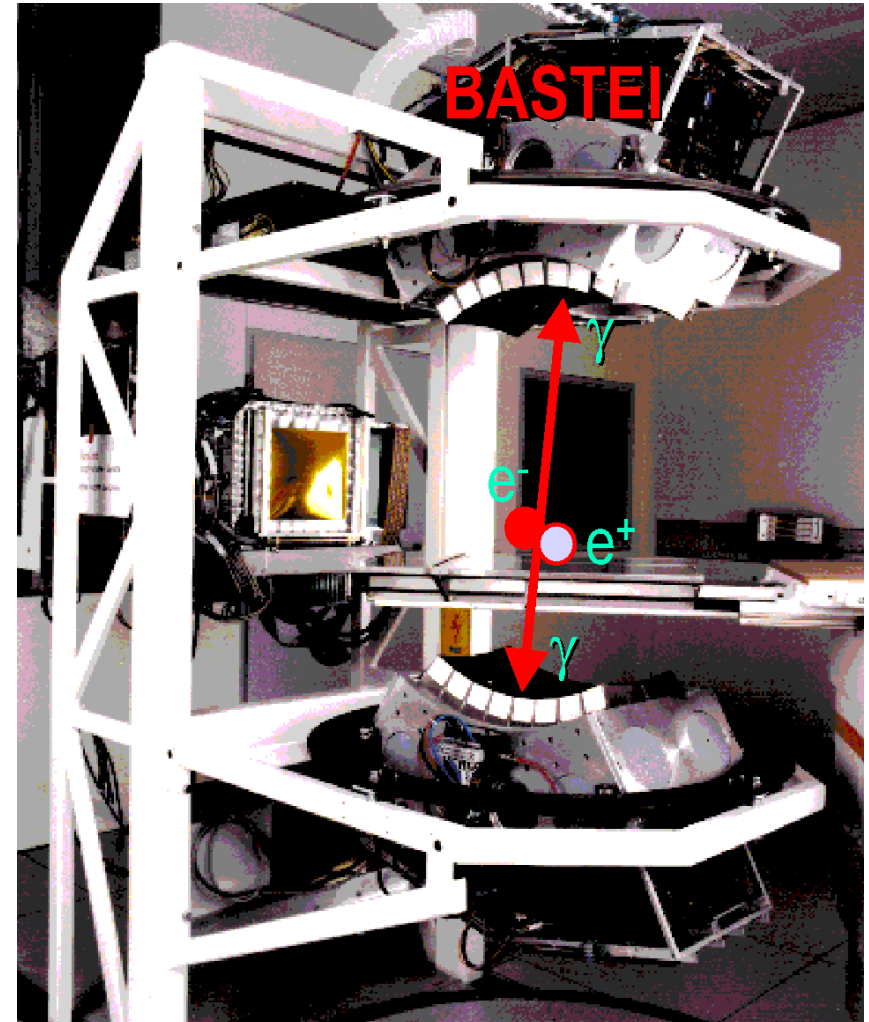
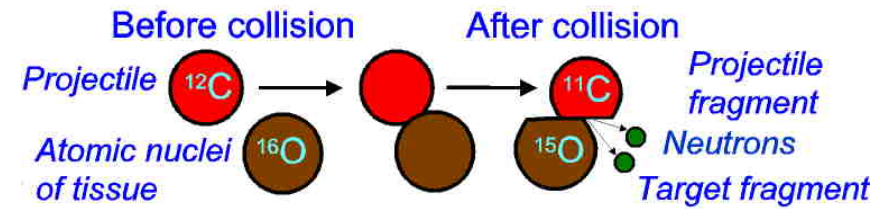
# In situ control with PET



dose plan

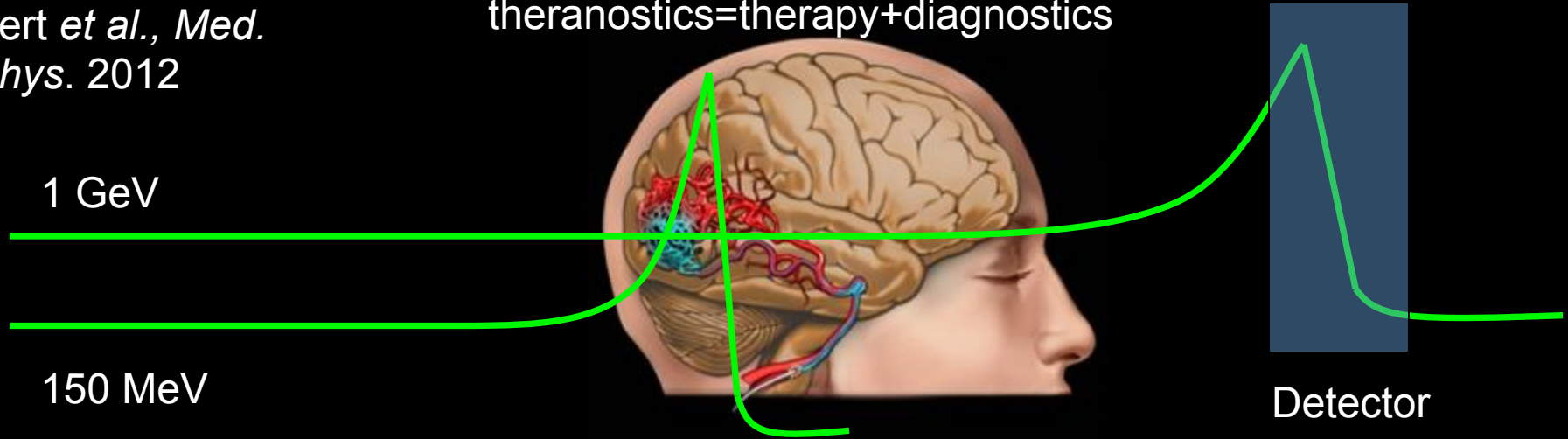


measured

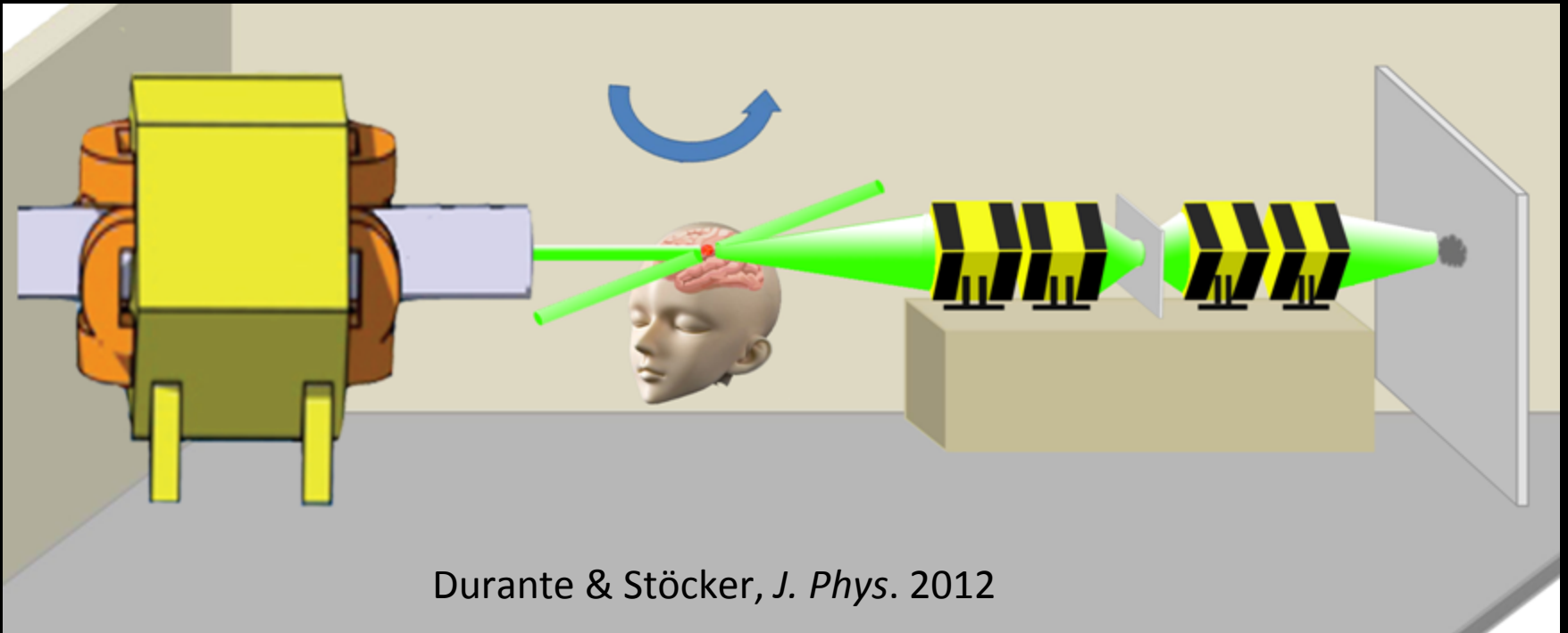


Bert *et al.*, *Med. Phys.* 2012

theranostics=therapy+diagnostics



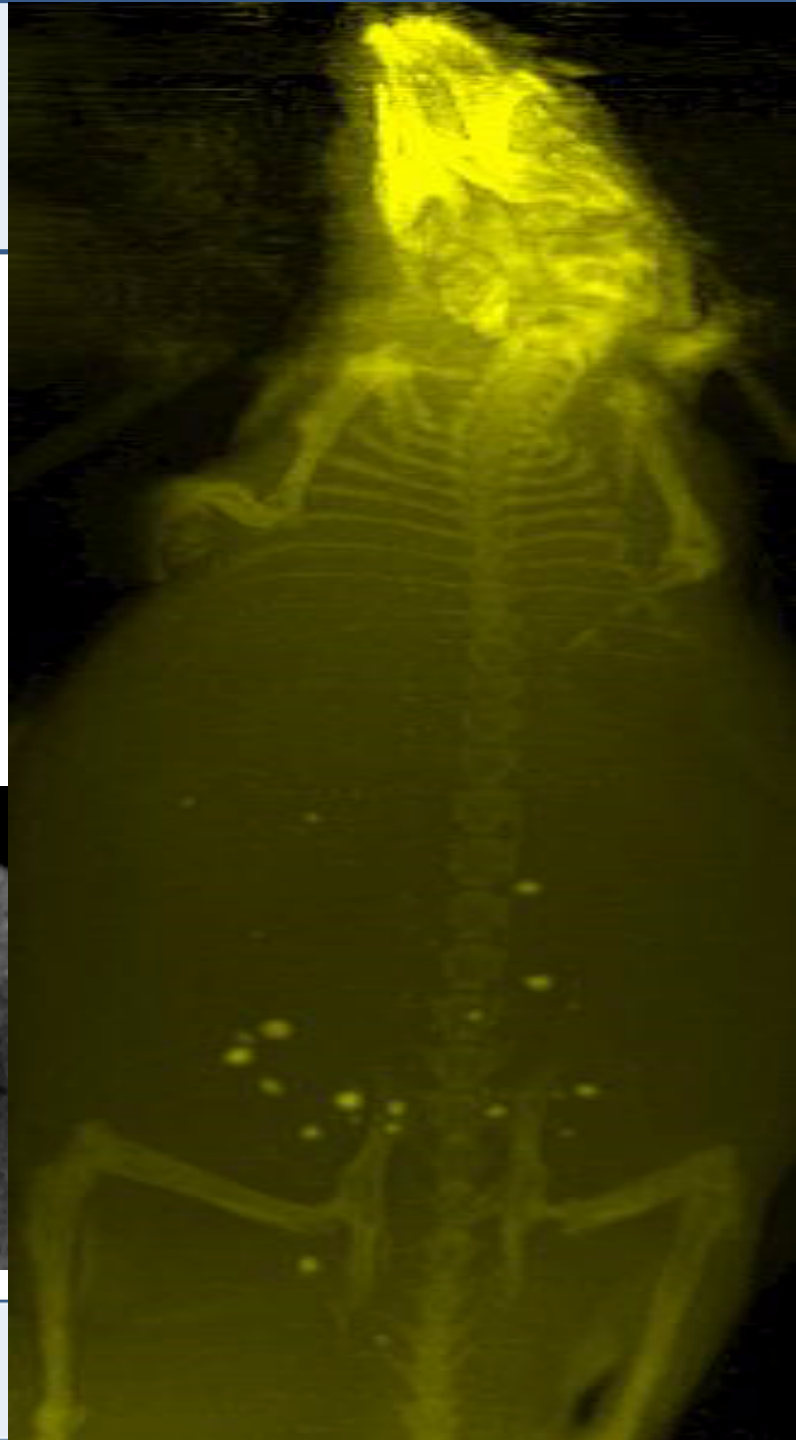
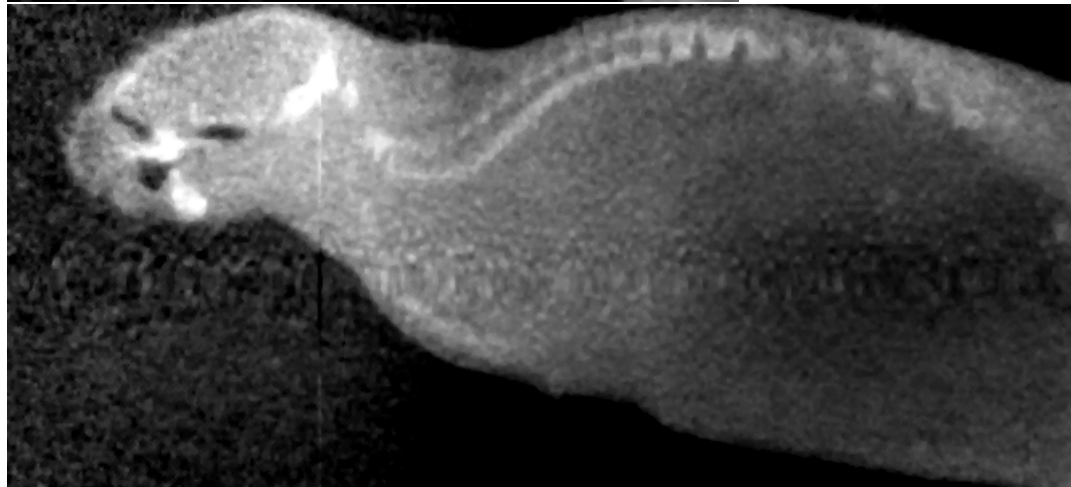
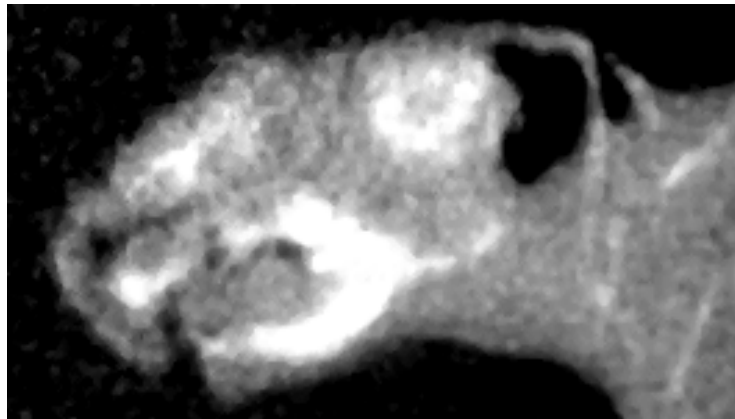
Relativistic plateau (non-Bragg-peak) protons for image-guided stereotactic particle radiosurgery (IGSpRS)

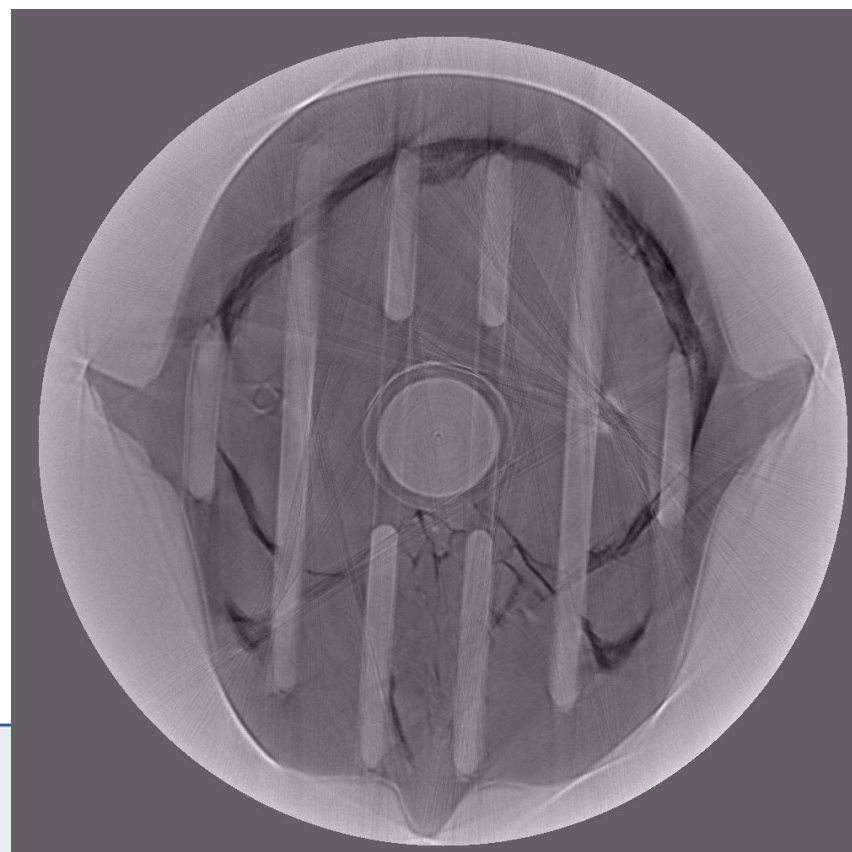
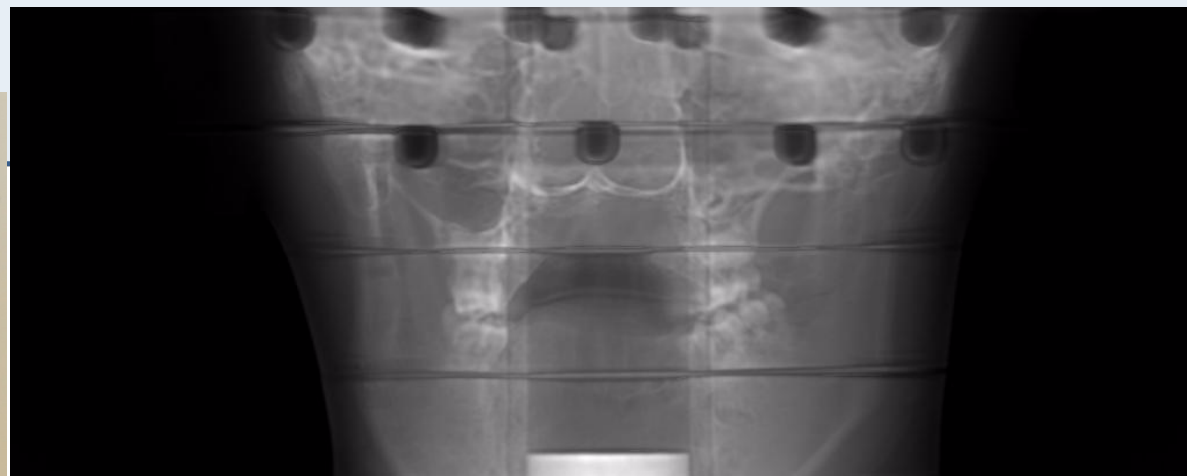


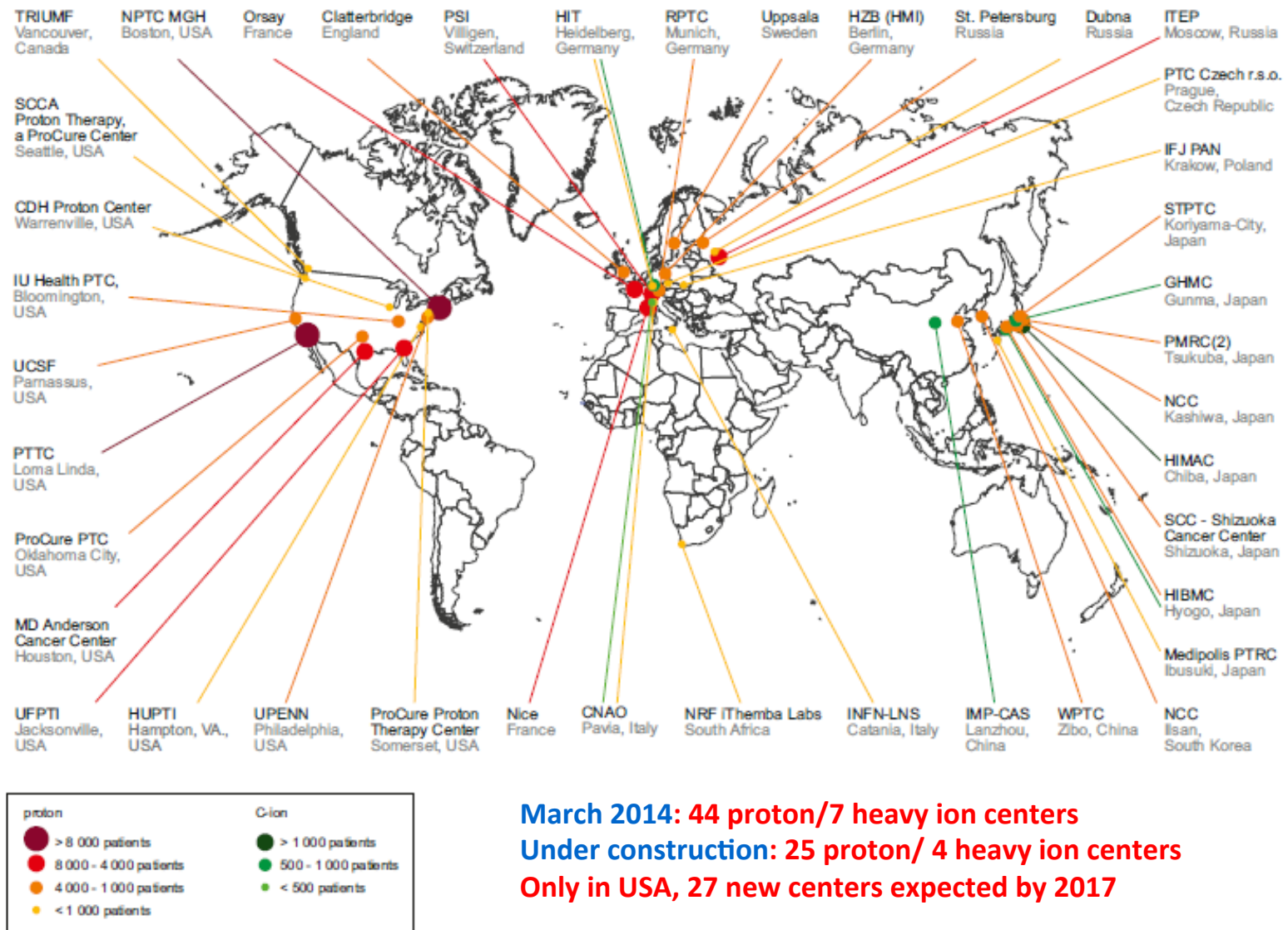
Durante & Stöcker, *J. Phys.* 2012



## 800 MeV proton beam at LANL

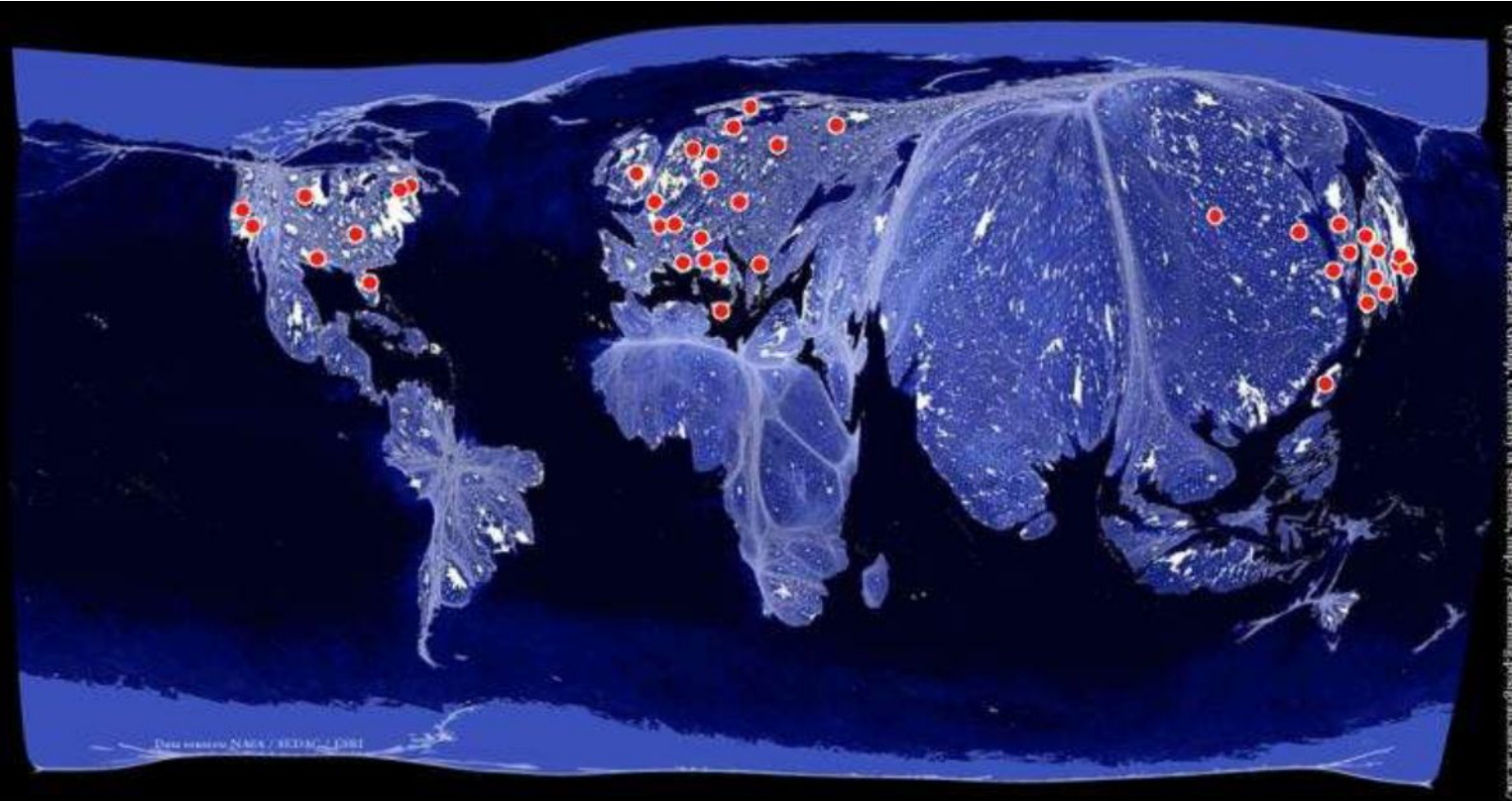




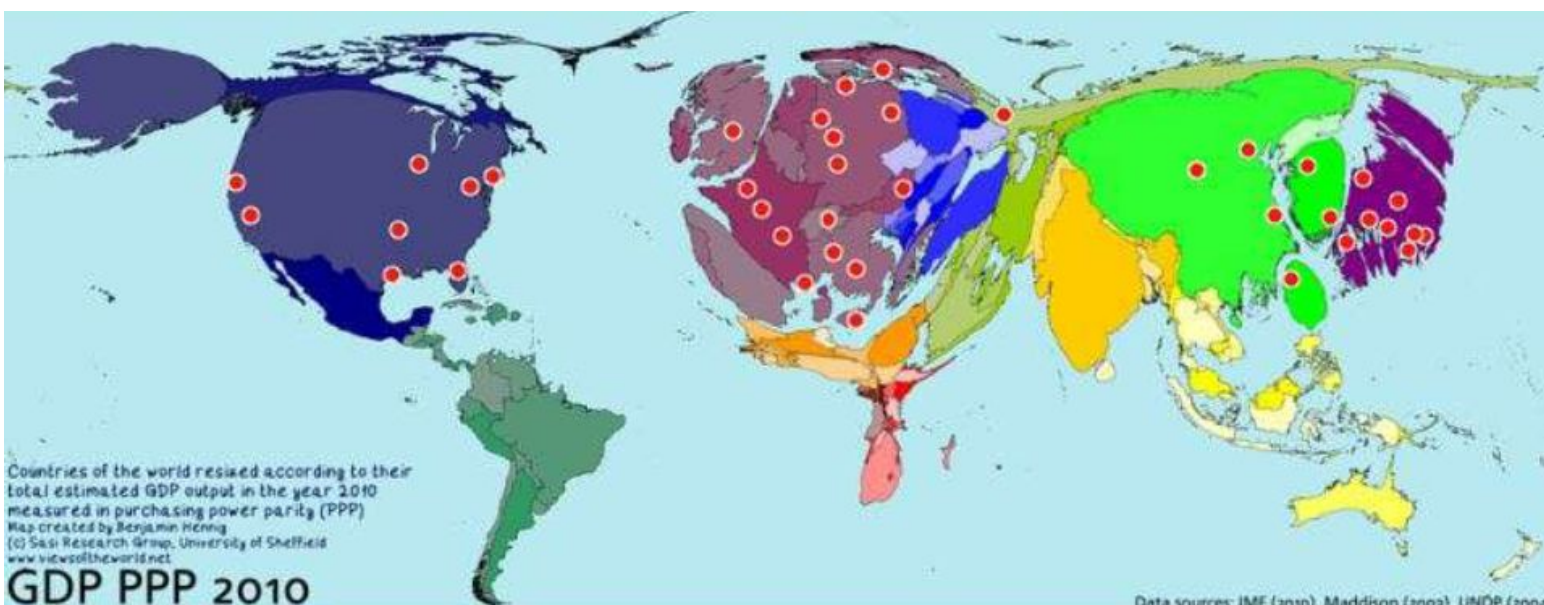


**March 2014: 44 proton/7 heavy ion centers**  
**Under construction: 25 proton/ 4 heavy ion centers**  
**Only in USA, 27 new centers expected by 2017**





Population  
– scaled



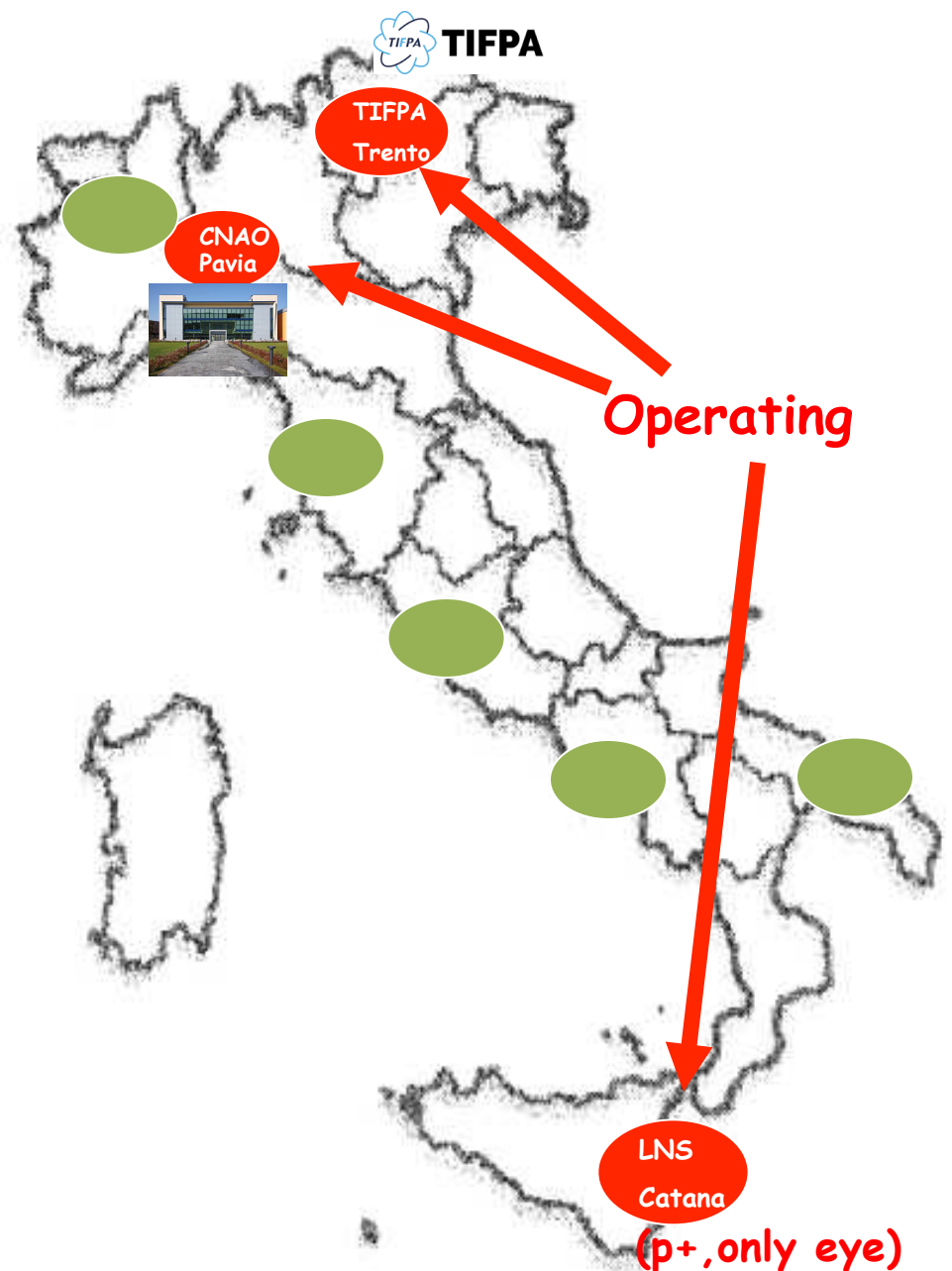
GDP-scaled

# ITALIAN NETWORK FOR HADRONTHERAPY

EXISTING CENTRES



INTEREST FOR PROTONS



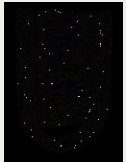


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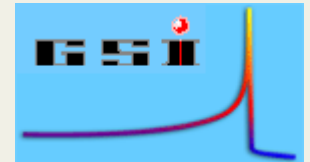
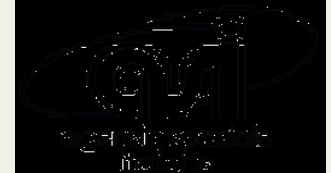
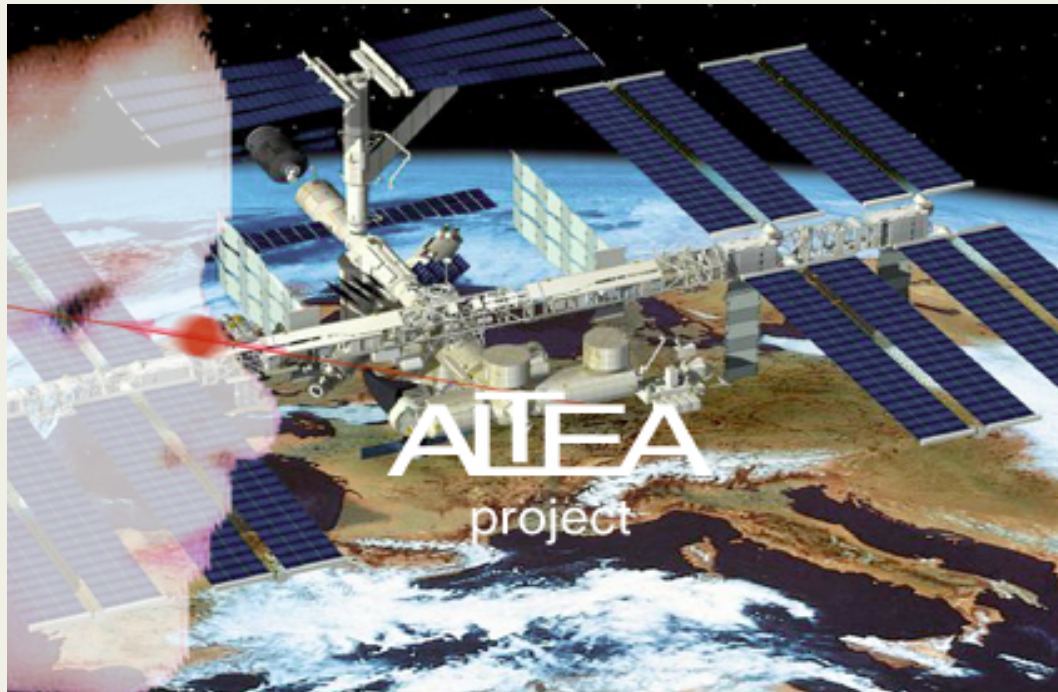


# 1. Particle therapy contributing to space research

# *Heavy ion effects on the Central Nervous System: ground and space investigations: the ALTEA program*



University of  
Rome  
"Tor Vergata"

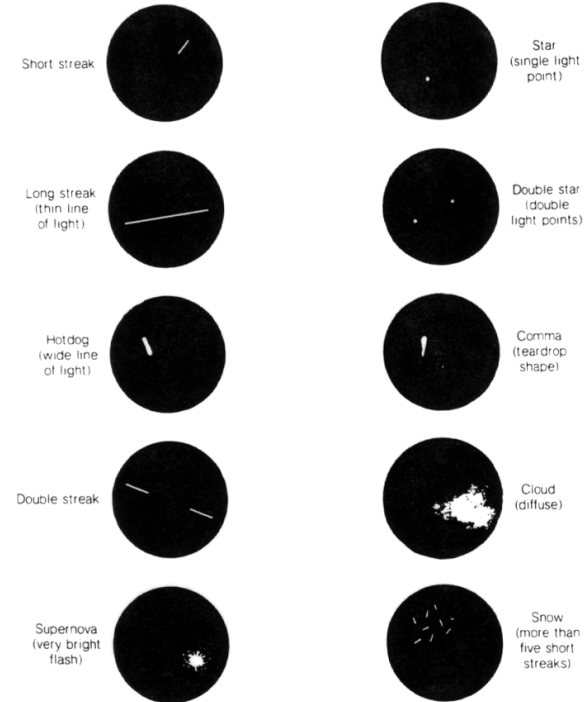


*PI: Livio Narici  
Department of Physics, University of Rome and INFN  
'Tor Vergata' Rome, Italy*

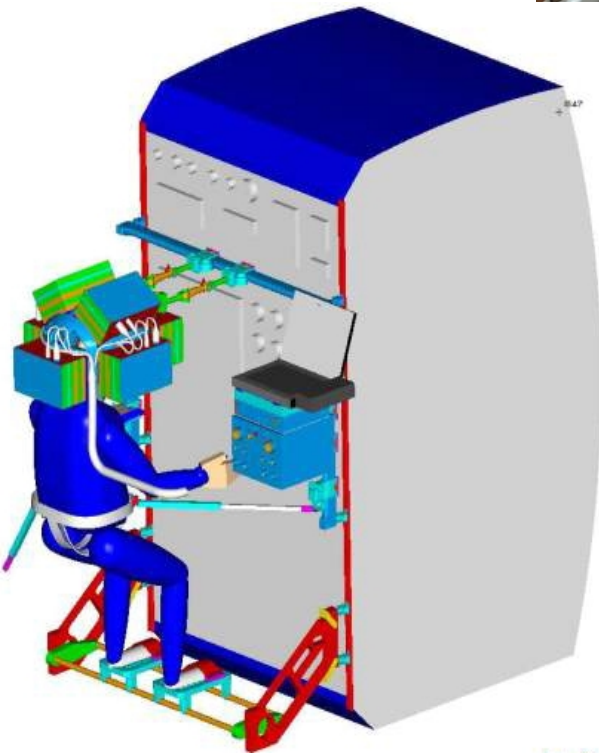


# ALTEA - space: the launch and set up

STS121: July 4, 2006



**Light flashes seen by astronauts in space**

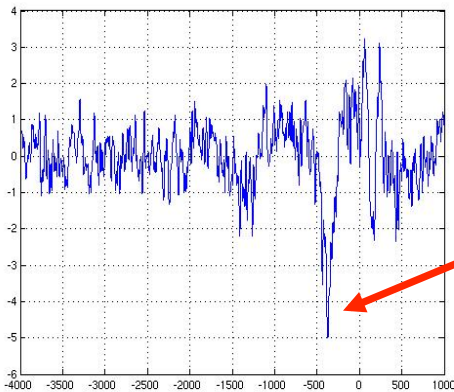




*A controlled approach on patients at GSI*

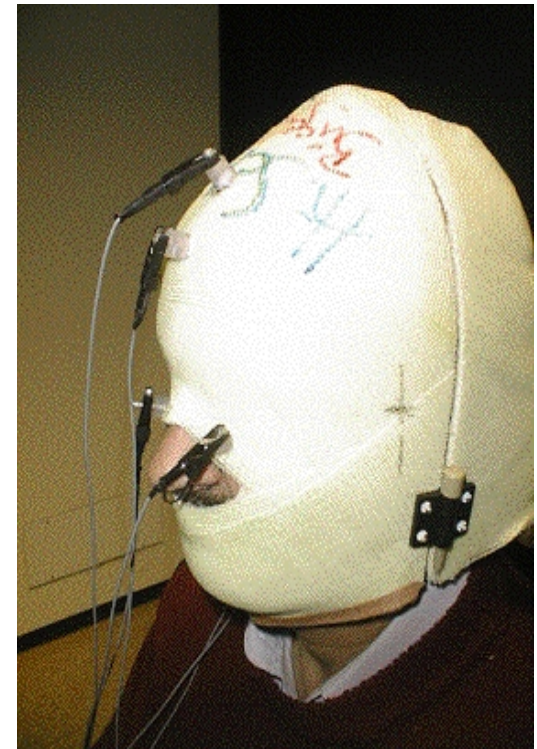
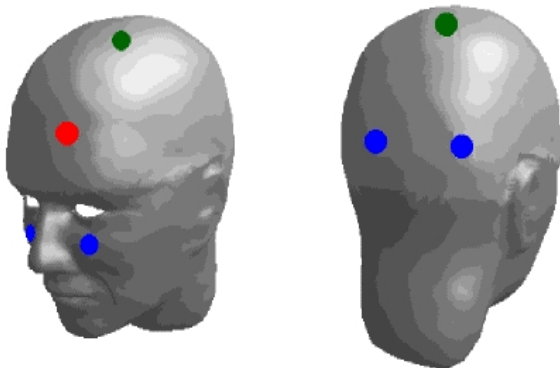
# ALTEA-HIT

- LF perceived by several patients during the therapy
- Use the high precision in beam time/site localisation to search for the interaction site
- Electrophysiology during the treatment

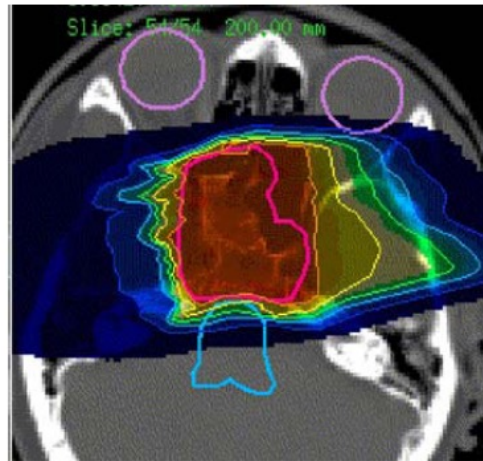
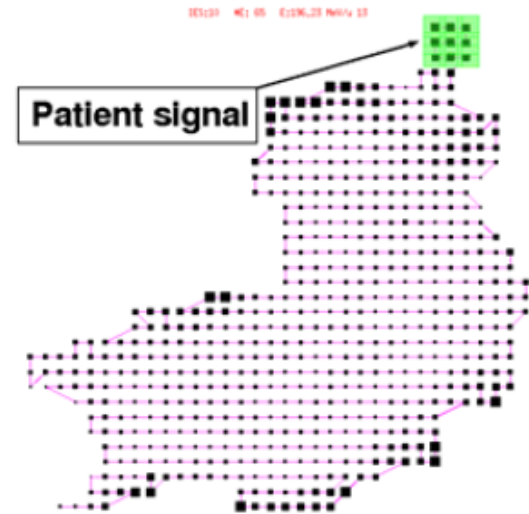
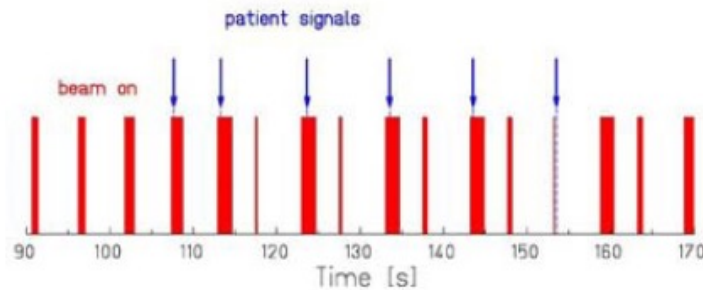


- Particle Evoked Responses?

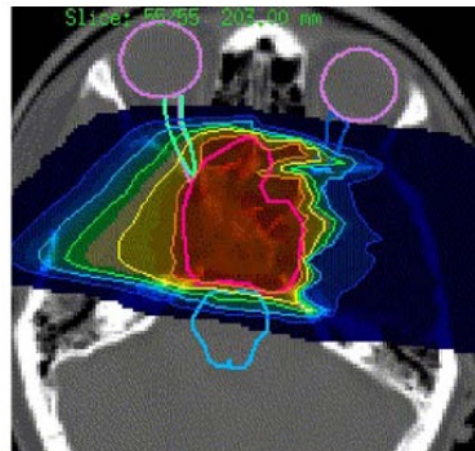
*A candidate for an  
electrophys. averaged  
ion response*



# Patients' experiments at GSI



Phosphene



No phosphene

Phosphenes are correlated to dose deposition within the eye

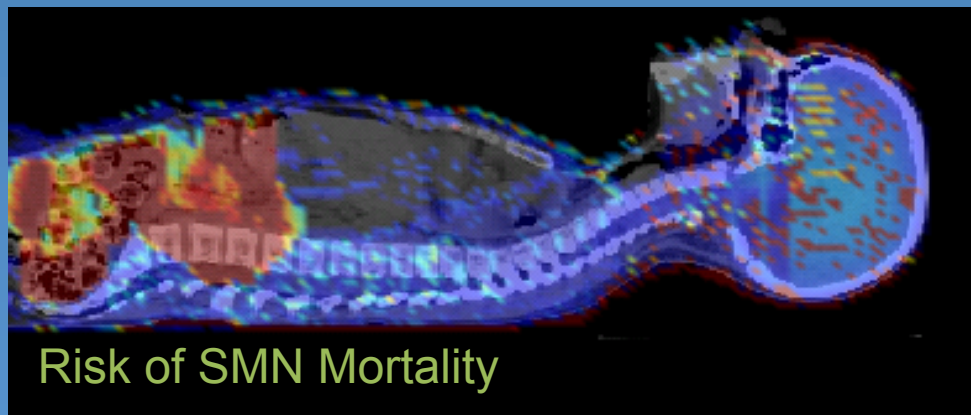
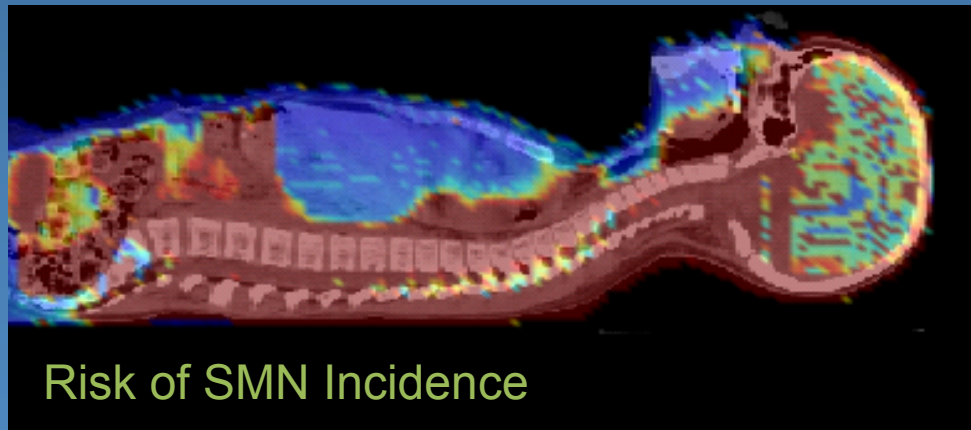
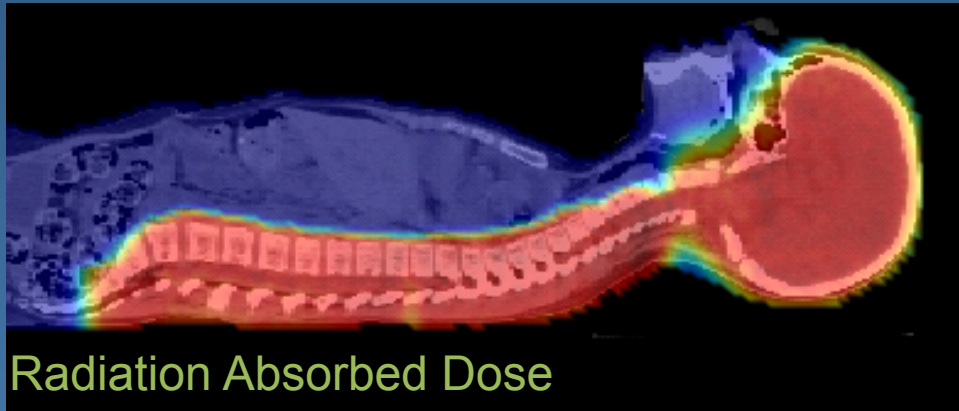
**Schardt et al., *Brain Stimul.* 2012**



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## 2. Space research contributing to particle therapy



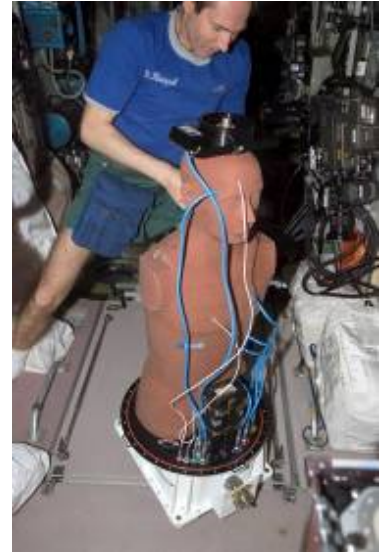
## Secondary Malignant Neoplasms (SMN) in particle therapy

Comparison of relative radiation dose distribution with the corresponding relative risk distribution for radiogenic second cancer incidence and mortality. This 9-year old girl received craniospinal irradiation for medulloblastoma using passively scattered proton beams. The color scale illustrates the difference for absorbed dose, incidence and mortality cancer risk in different organs.



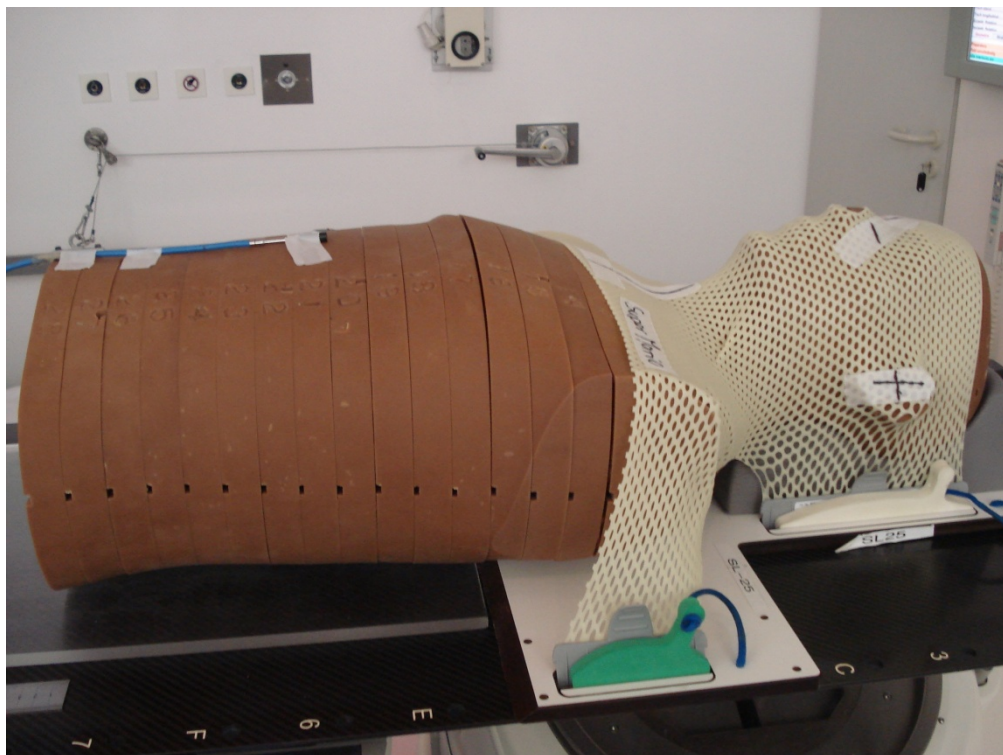
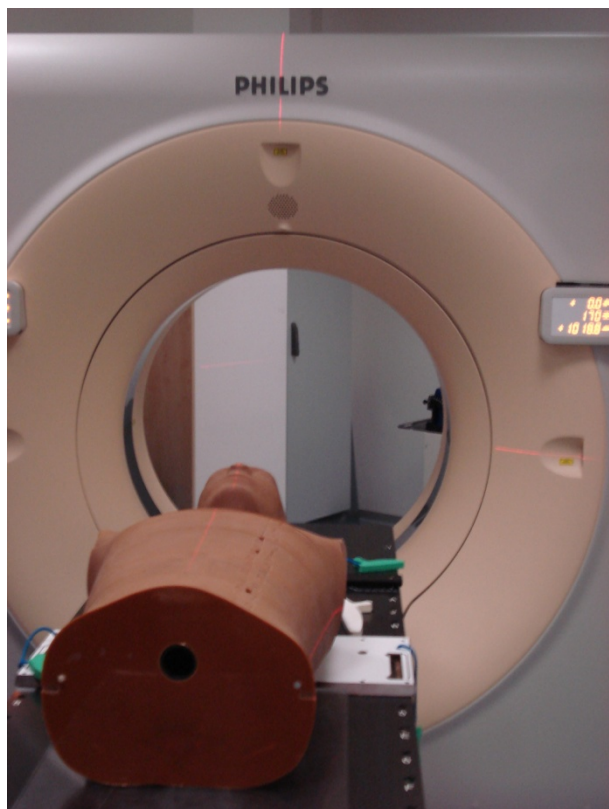
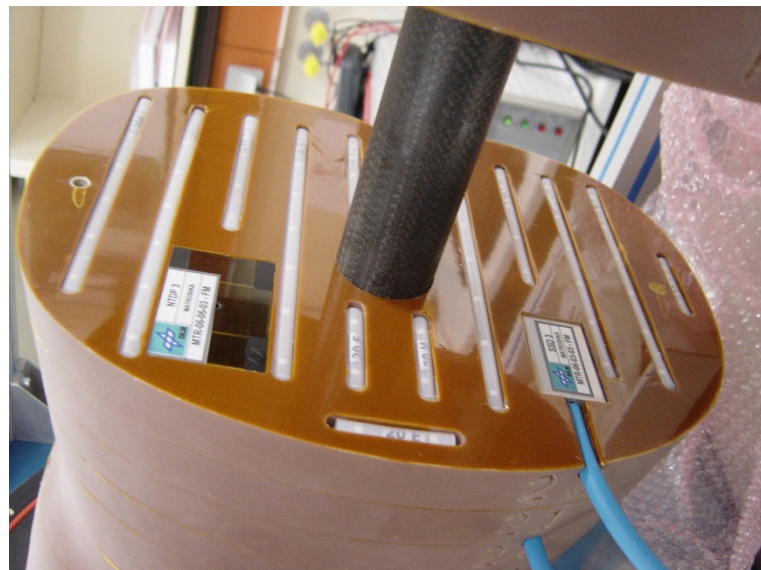
# The MATROSHKA facility

- Standard RANDO phantom of property of DLR (German Aerospace center)
- 850 mm high divided into 34 slices
- Holders for detectors in several slices
- Currently used for space radiation dosimetry inside the ISS

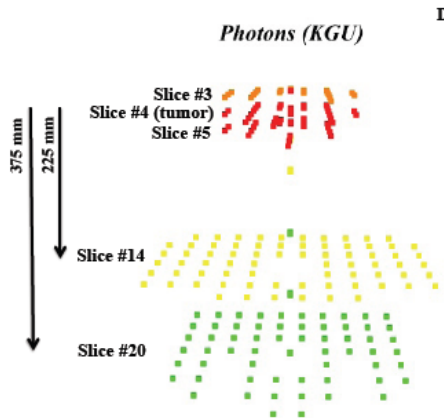


In collaboration with G. Reitz, T. Berger et al. (DLR)

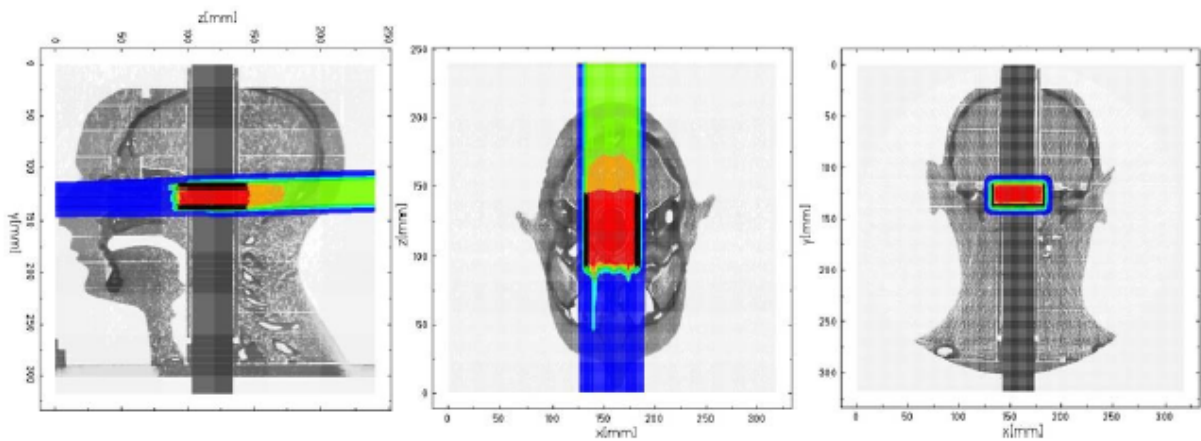
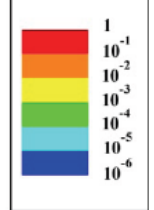




Photons (KGU)



Dose (Gy/treatment-Gy)



Protons (TSL)



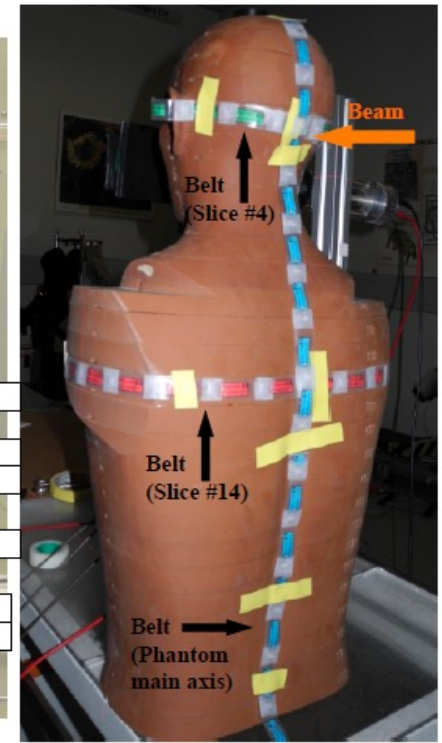
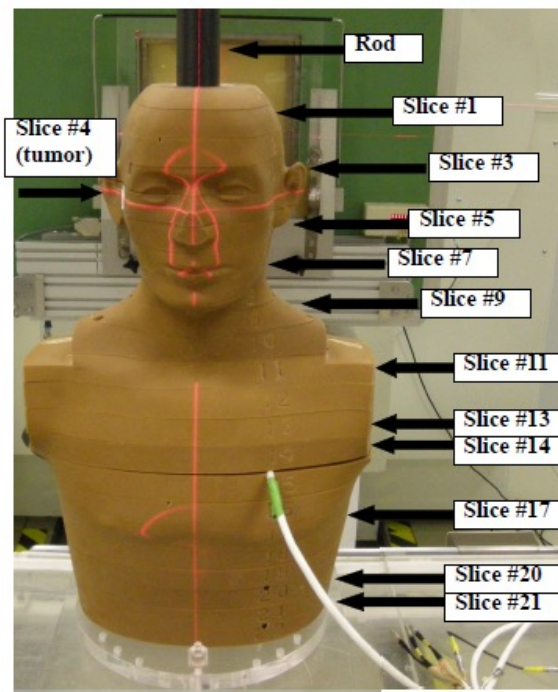
Protons (PSI)



Carbon ions (HIMAC)



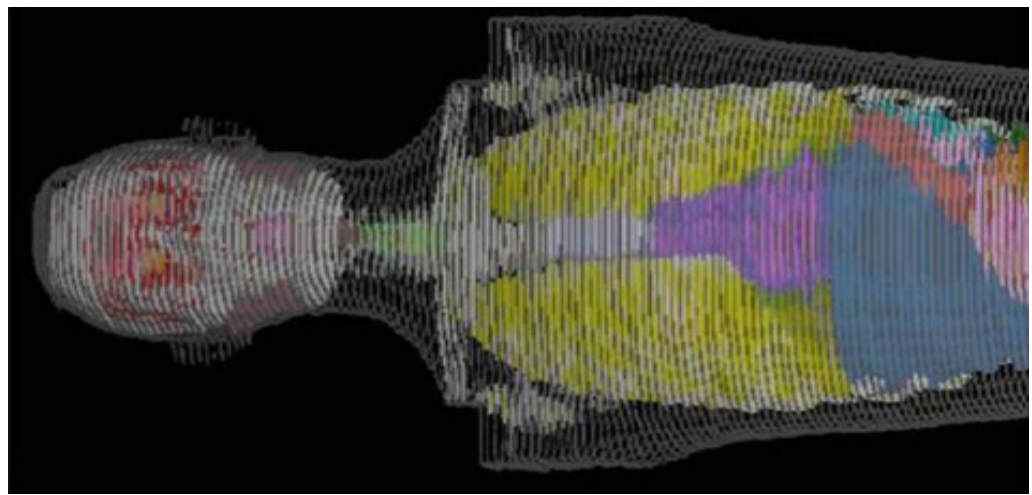
Carbon ions (GSI)



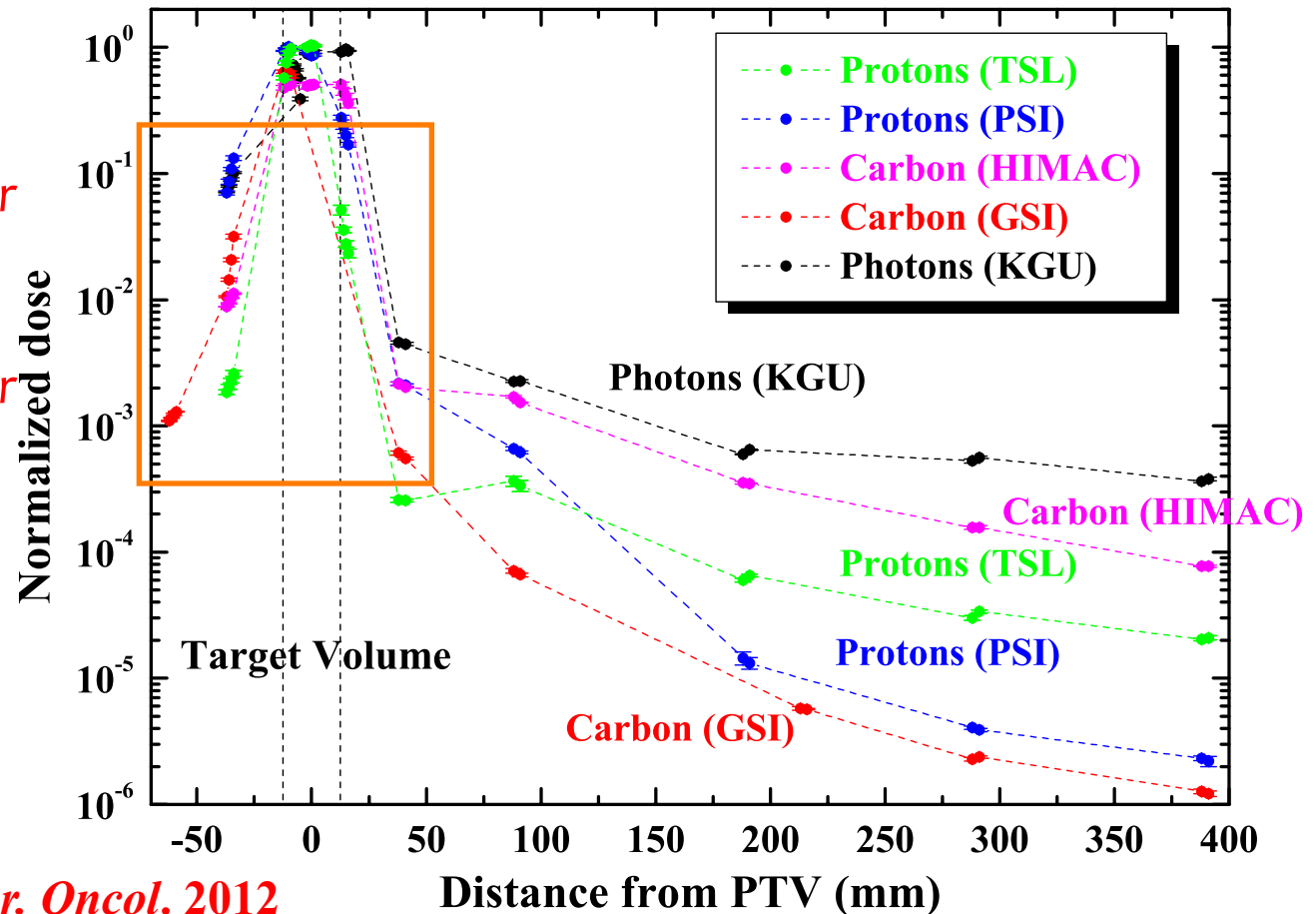


# Inner dose

## TLD 700



- Highest out-of-field dose for photons
- Higher lateral dose for passive modulation than scanning delivery
- Higher lateral dose for protons than carbon ions
- Collimator produces sharper field edges



# In patient dosimetry (uterus dose for a pregnant woman)

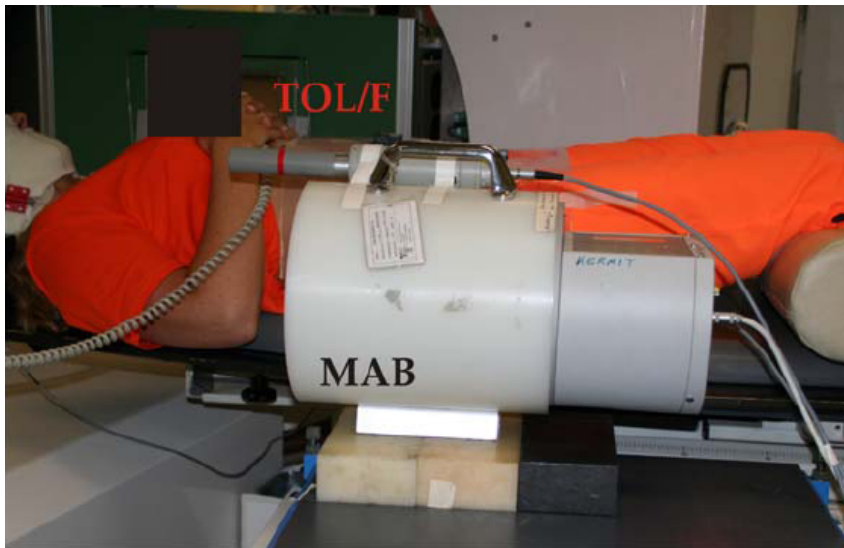


TABLE 1				
Measured doses in the pelvic region during the treatment.				
	Photon dose ( $\mu\text{Sv}/\text{fraction}$ )	Neutron dose ( $\mu\text{Sv}/\text{fraction}$ )	No. of fractions	Total dose ( $\mu\text{Sv}$ )
Normal field	3.0 <sup>a</sup>	1.4	15	66
Boost field	2.2 <sup>b</sup>	1.0	5	16
Total treatment			20	82

<sup>a</sup> Calculated assuming a factor of 1.4 between normal and boost fields as in neutron dose.

<sup>b</sup> Measured by the TOL/F gamma dose rate meter. The passive thermoluminescence dosimeter films did not measure any significant dose above the normal background.

Münter. Heavy ion radiotherapy during pregnancy. *Fertil Steril* 2010.

Total dose < 0.3 mSv

*Very low stray radiation  
reduced risk of secondary  
cancers or teratogen effects*

Münter et al., *Fertil Steril*. 2010



# Conclusions

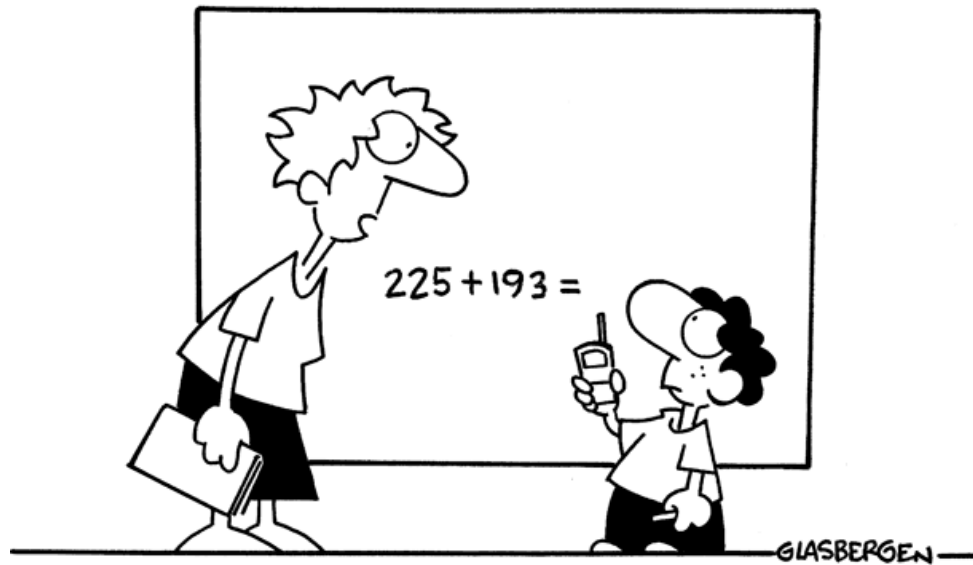


- Heavy ions are different in many facets from X-rays and other genotoxic agents
- Their „special“ radiobiological properties make them very effective in radiotherapy, but potentially dangerous for late effects, and therefore a major hazard in human space exploration
- The biological effects depend on many different factors, and can drastically change for different endpoints. Notwithstanding many years of research in the field, the uncertainty is still high
- Accelerator-based research in radiobiology is essential for improving radiotherapy and ensure protection in space: it should be increased, and can serve both medical and space research communities



# Thank you for attention!

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**"You have to solve this problem by yourself. You can't call tech support."**