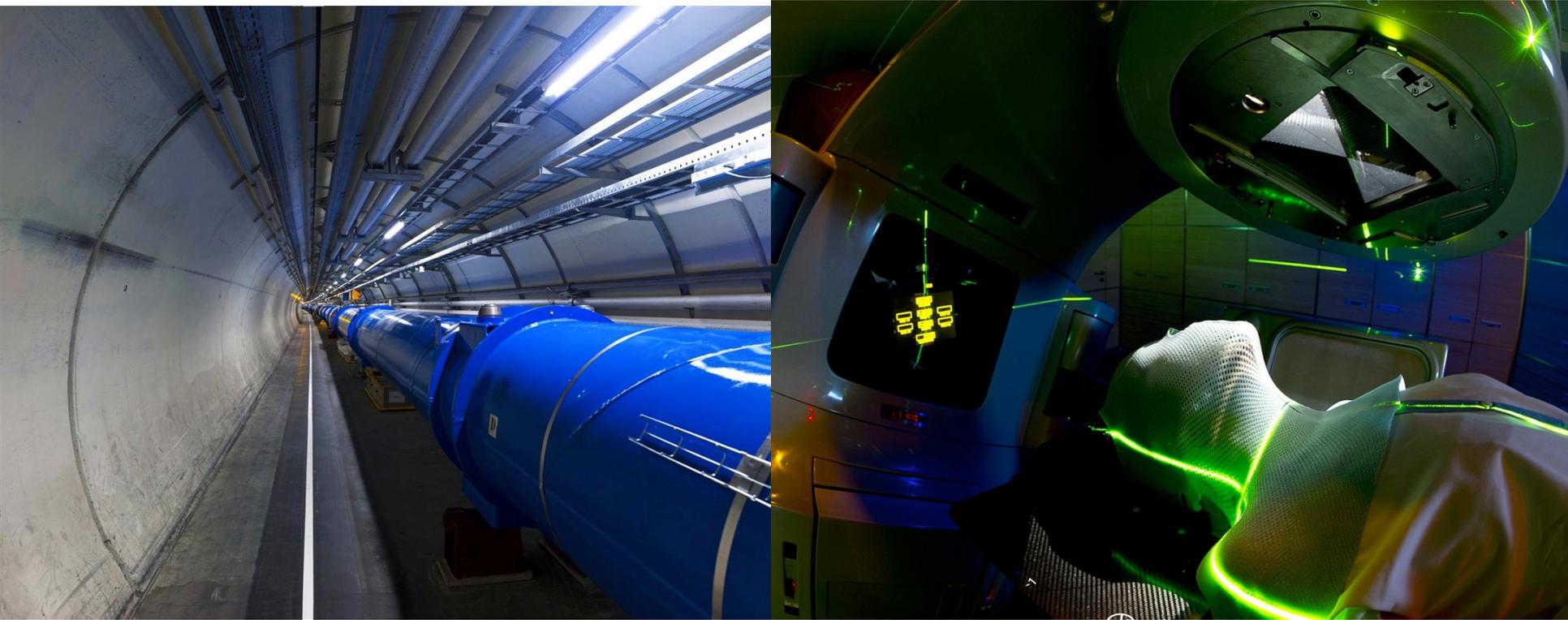


# Dalla Fisica alle Applicazioni mediche



Manjit Dosanjh

Manjit.Dosanjh@cern.ch

14.03.2024





# HAPPY NEW YEAR

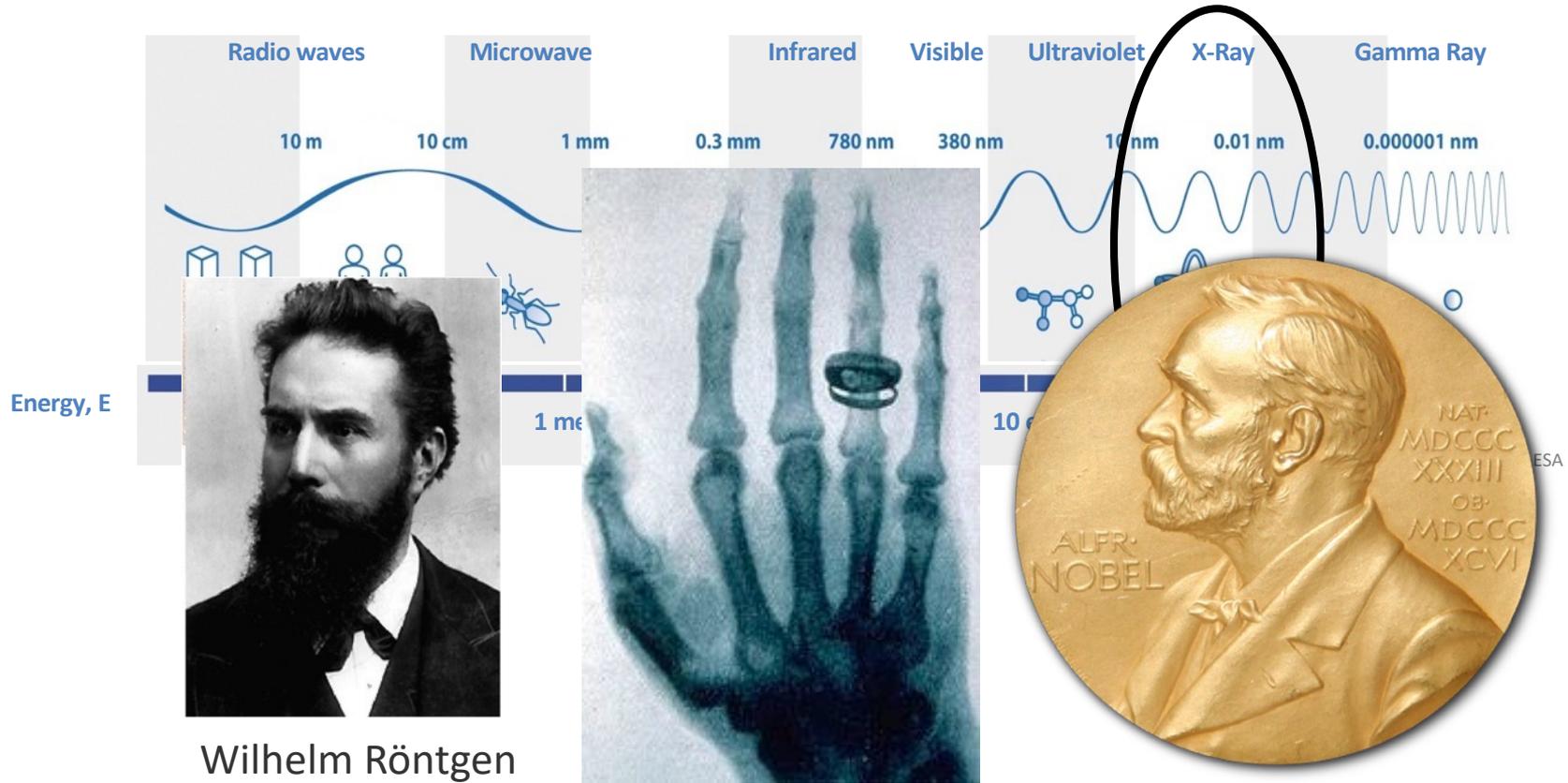
Celebrating a remarkable milestone  
in **2024: 70 years** of particle  
therapy and CERN's shared journey  
of scientific breakthroughs.  
Here's to the past, present, and  
future of innovation.



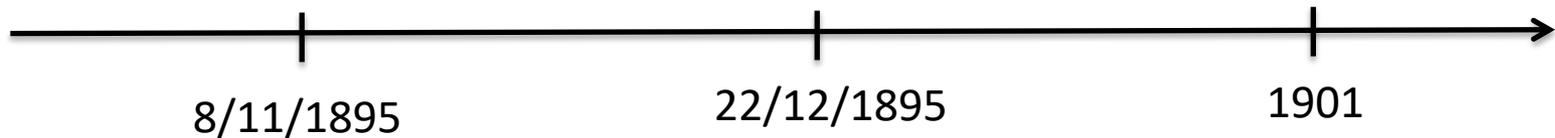
CERN breaking ground, Sept 1954

Berkeley first proton patient in Sept 1954

# La Fisica medica moderna.....gli inizi



Wilhelm Röntgen

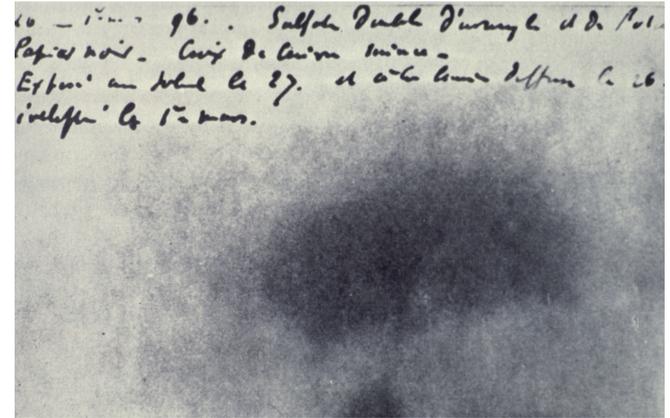


.....gli inizi

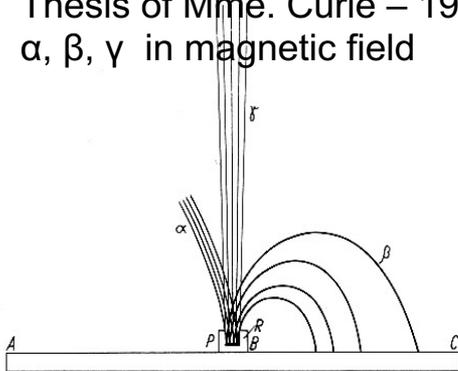


Henri Becquerel

**1896:**  
**Scoperta della**  
**radioattività naturale**

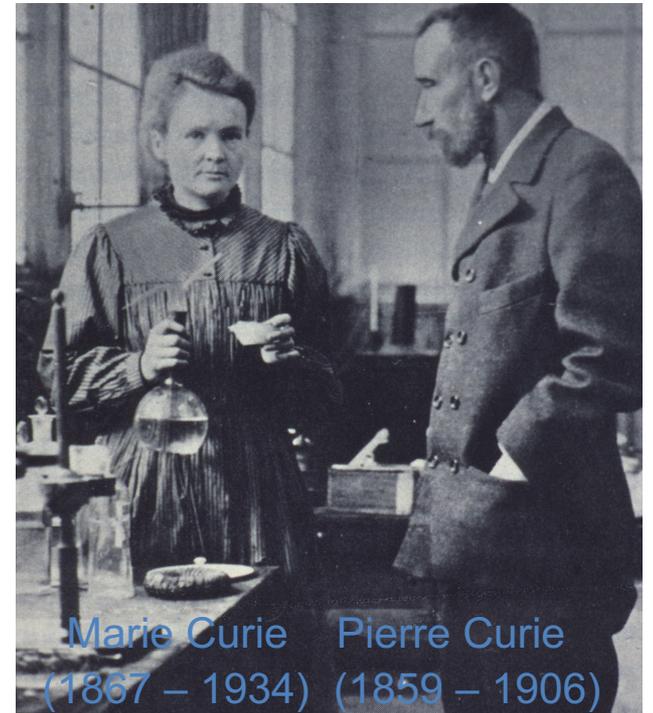


Thesis of Mme. Curie – 1904  
 $\alpha$ ,  $\beta$ ,  $\gamma$  in magnetic field



**1898: Scoperta del**  
**Radio**

**Immediatamente**  
**usato per la**  
**“Brachytherapy”**



Marie Curie    Pierre Curie  
(1867 – 1934)    (1859 – 1906)

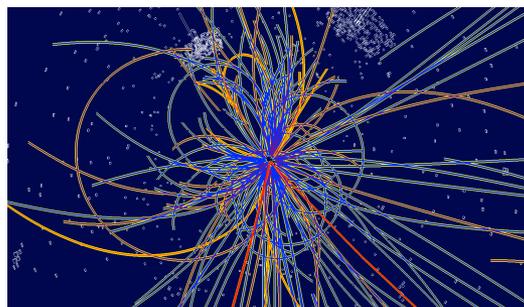
# Il primo esperimento di radiobiologia



Pierre Curie and Henri Becquerel



# CERN e Tecnologie (tre pilastri)



Rivelatori di  
Particelle

Accelerazione di  
fasci di particelle

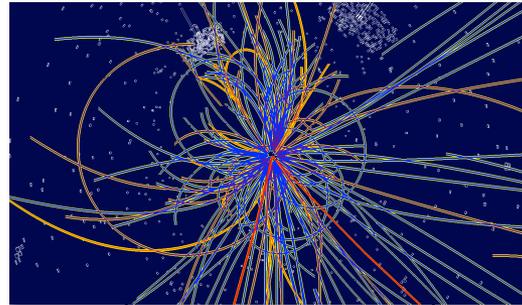


Higgs

Calcolo su larga  
scala (Grid)

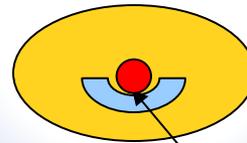


# Le tecnologie della Fisica applicate alla Salute



Rivelatori di  
particelle

Calcolo su larga  
scala (Grid)



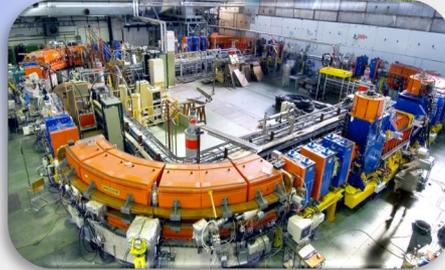
**TUMORI**

Accelerazione di  
fasci di particelle



# Un quarto pilastro: Catalizzare le collaborazioni

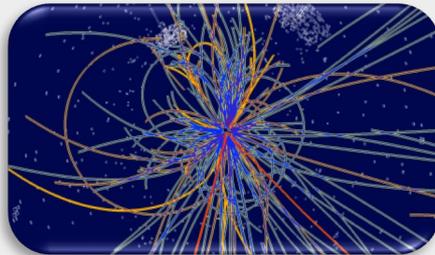
**Accelerazione di particelle**



**Terapia con radiazioni**



**Rivelazione di particelle**



**Imaging medicale**

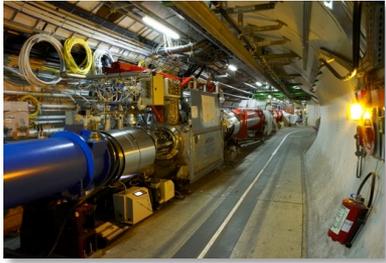


**Calcolo su larga scala (Grid)**

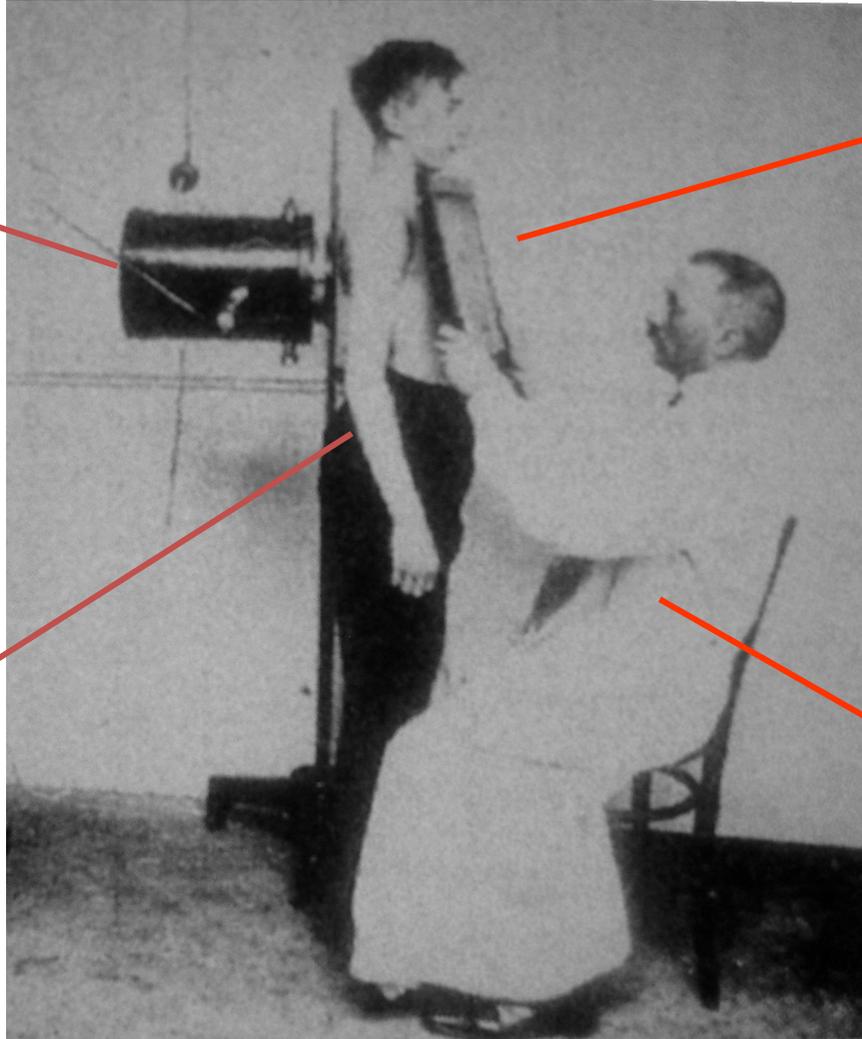


**Uso del Calcolo su Grid per la gestione e l'analisi di dati medici**

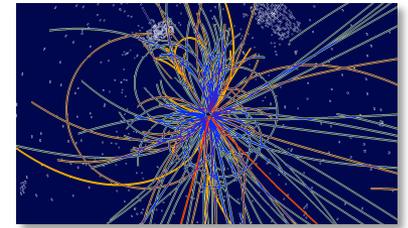




**LHC  
(Sorgente di  
Raggi X)**



**Higgs  
(Paziente)**



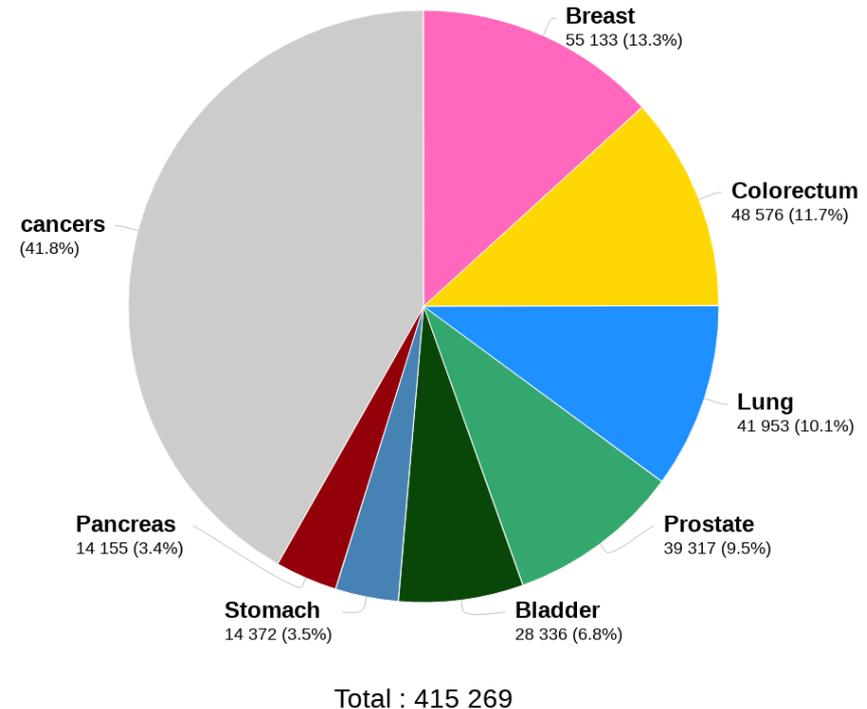
**Rivelatore  
(lastra raggi X)**



**Sistema di  
riconoscimento  
Immagini  
(il medico)**

# Il Cancro è una sfida globale in continua crescita

- Globalmente **19.3** milioni di nuovi casi per anno sono diagnosticati e si sono avuti **10** milioni di morti nel **2020**
- Questo aumenterà fino a **27.5** milioni di nuovi casi per anno e **16.3** milioni di morti nel **2040**
- Adesso è la **seconda causa di morte** ma in circa 20 anni sarà la **prima causa**
- **70% di queste morti hanno luogo** nelle cosiddette low-and-middle-income countries (LMICs)

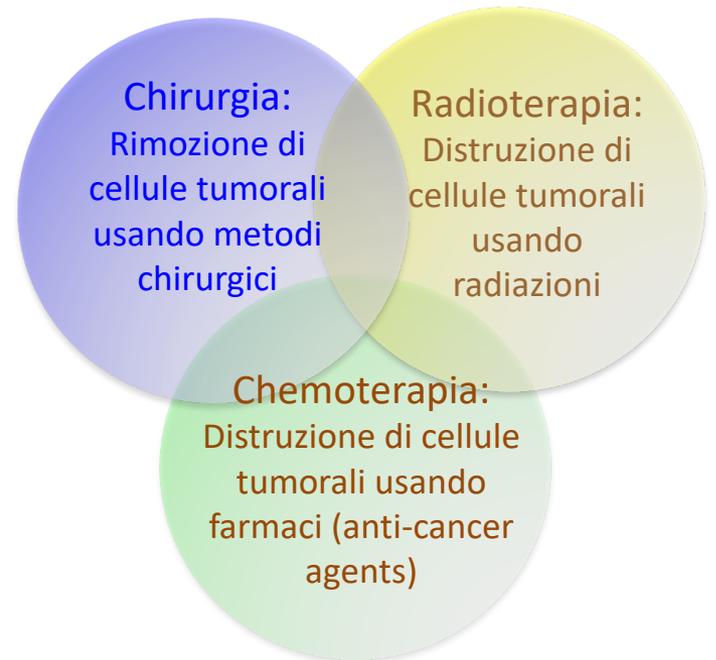


**Cancer data in Italy: GLOBOSCAN 2020**

- **Età** è il fattore più importante
- Più del 90% dei casi di cancro sono diagnosticati in persone dai **45 anni in su**
- Quasi un quarto dei nuovi casi sono in persone **over 70**
- **1 su 4 morti per cancro** sono causate dal **fumo**

# Cosa è il Cancro?

- Tumore: che cosa è?
  - Crescita anormale di cellule
  - Maligna: senza controllo, può diffondersi (metastasi) → cancro



# Trattamento del Cancro e Miglioramento delle prospettive

Idealmente è necessario trattare:

Il tumore

**Tutto** il tumore

**Niente altro** che il tumore

Il trattamento ha **due importanti finalità: uccidere** le cellule tumorali e **proteggere** i tessuti sani circostanti. Pertanto la **chiave** è “**vedere**” per sapere **dove** e “**depositare**” con precisione per essere certi che vada lì dove deve andare.

# Rivelatori e l'arte di vedere.....

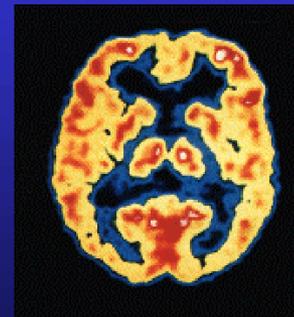
## Rivelatori di particelle



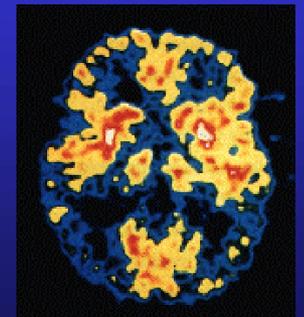
## Imaging

X-ray, CT, PET, MRI

Brain Metabolism in Alzheimer's Disease: PET Scan

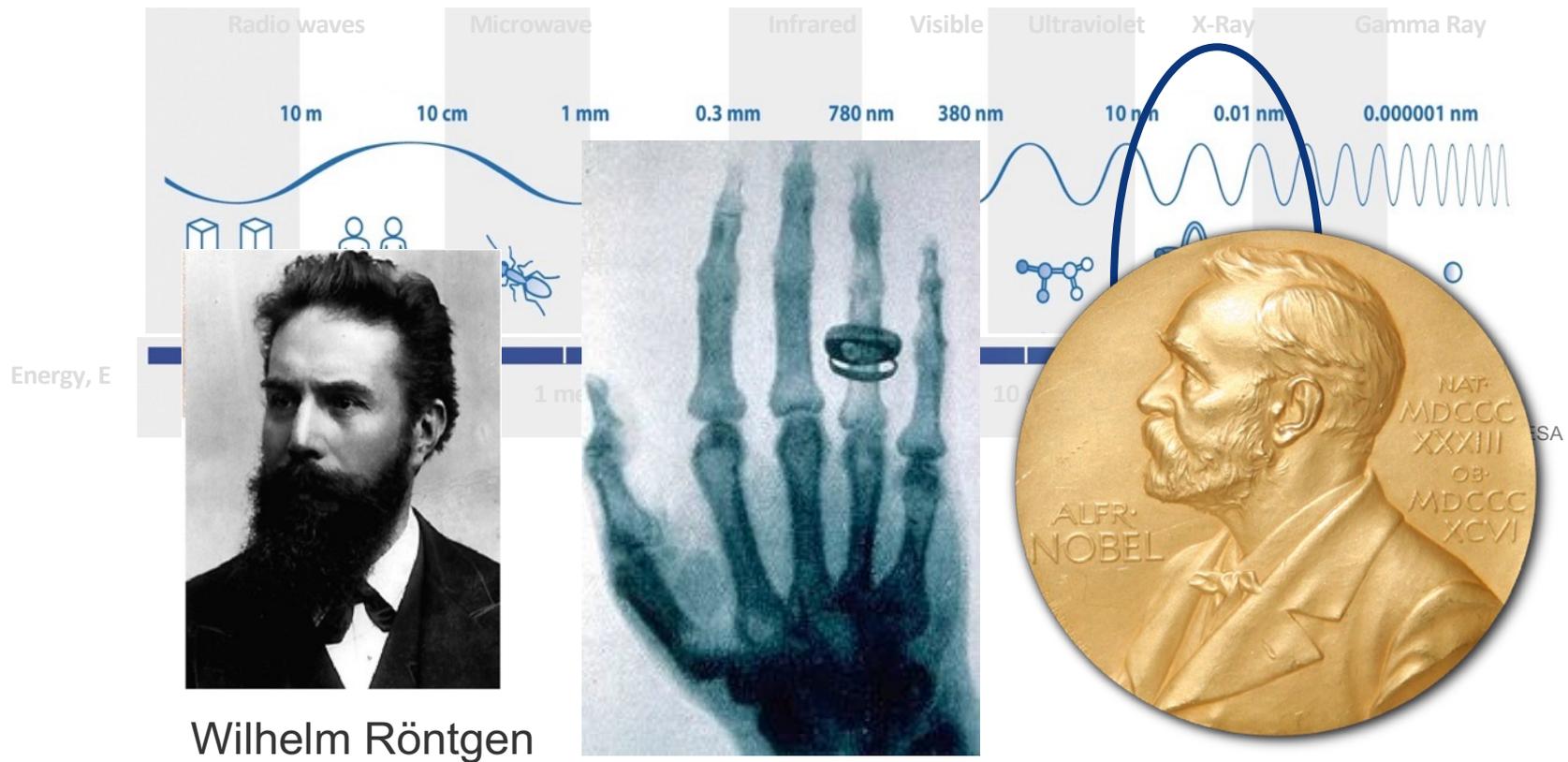


Normal Brain

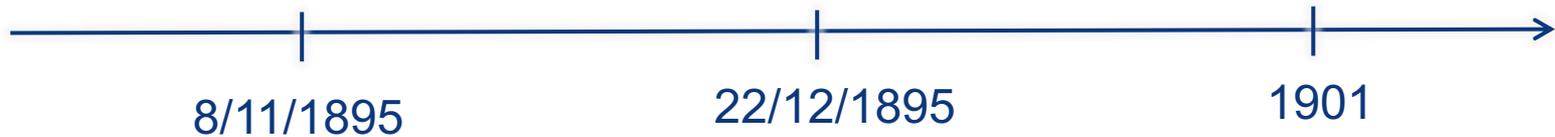


Alzheimer's Disease

# X-ray imaging



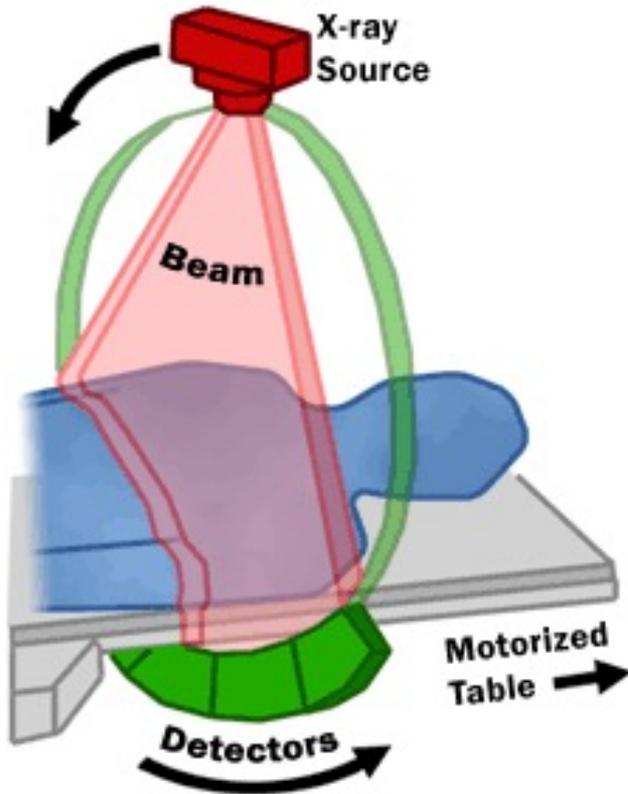
Wilhelm Röntgen



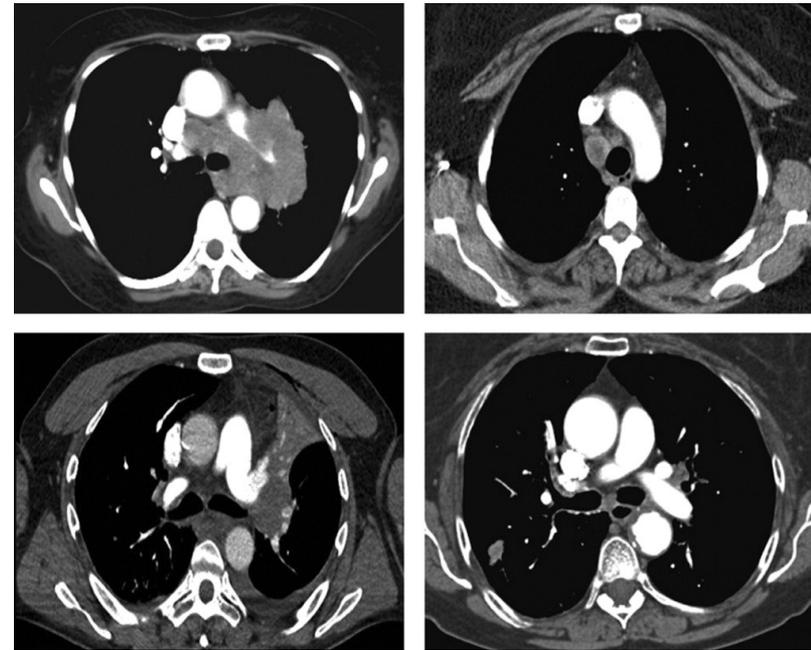
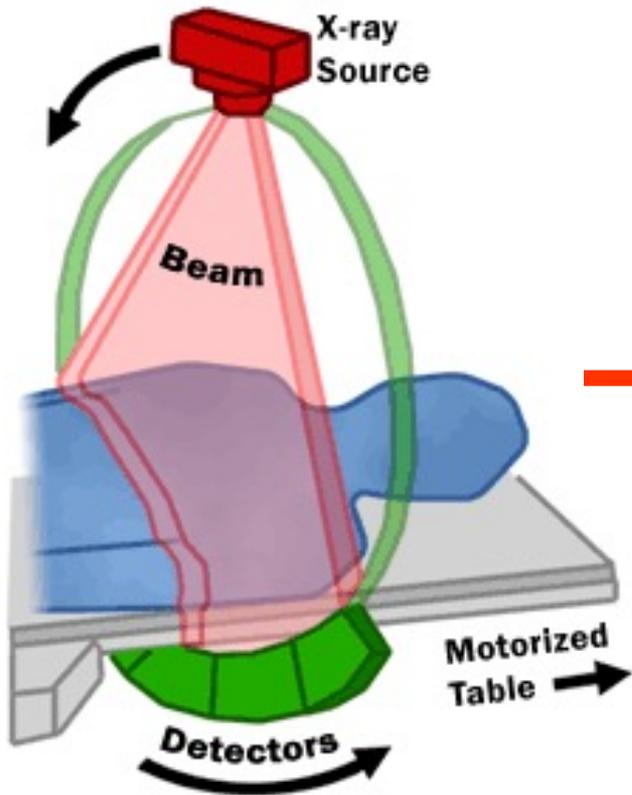
Per la prima volta si riesce a vedere sotto la pelle del paziente senza tagliarla

# CT – Computed Tomography (TAC)

## *3d X-rays imaging*



# CT – Computed Tomography

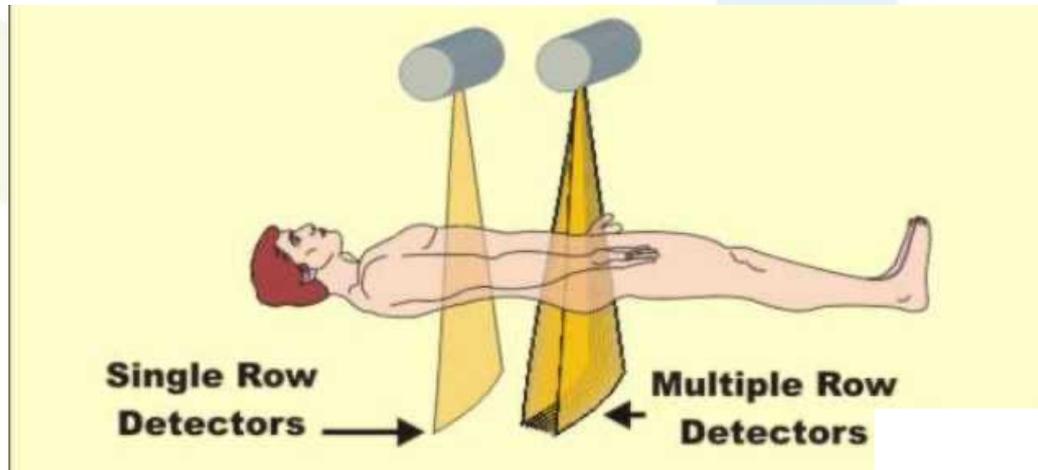


*"3D-imaging"*

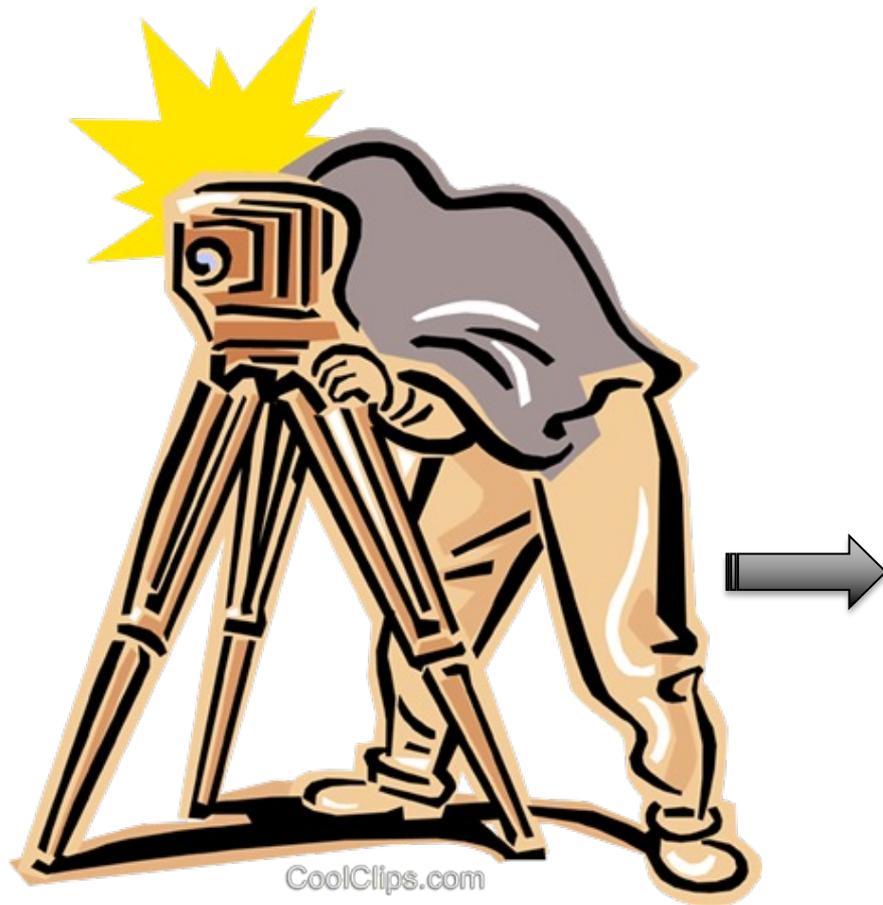
# X-ray CT ha dato il via ad un cambiamento nella diagnostica medica per immagini

2000-2008 “CT Slice War”

- ***CT diviene molto veloce con piccoli voxel / pixels***
  - 2000: si acquisisce una singola sezione trasversa per rotazione
  - 2012: si acquisiscono fino a 64-500 sezioni per rotazione



# Rivoluzione nella Fotografia



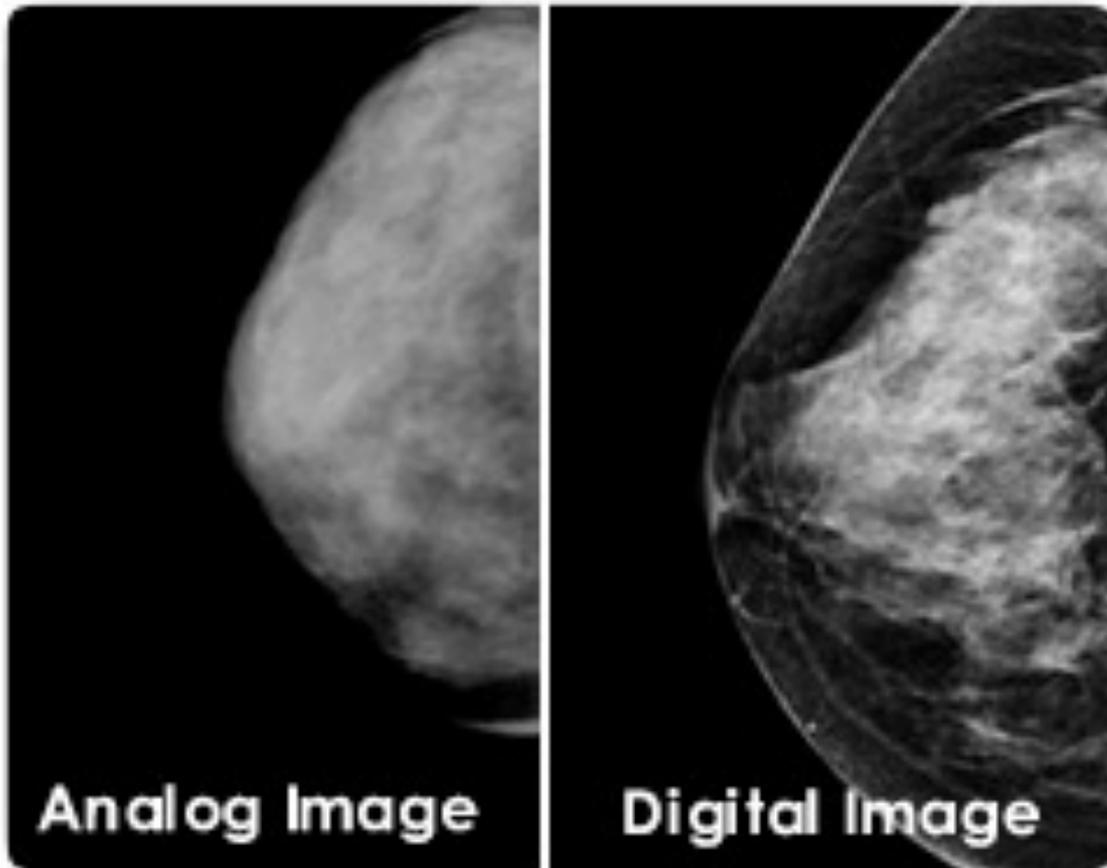
CoolClips.com

Da foto in bianco e nero



Fotografia usando la tecnologia moderna

# Towards digital colour x-ray imaging



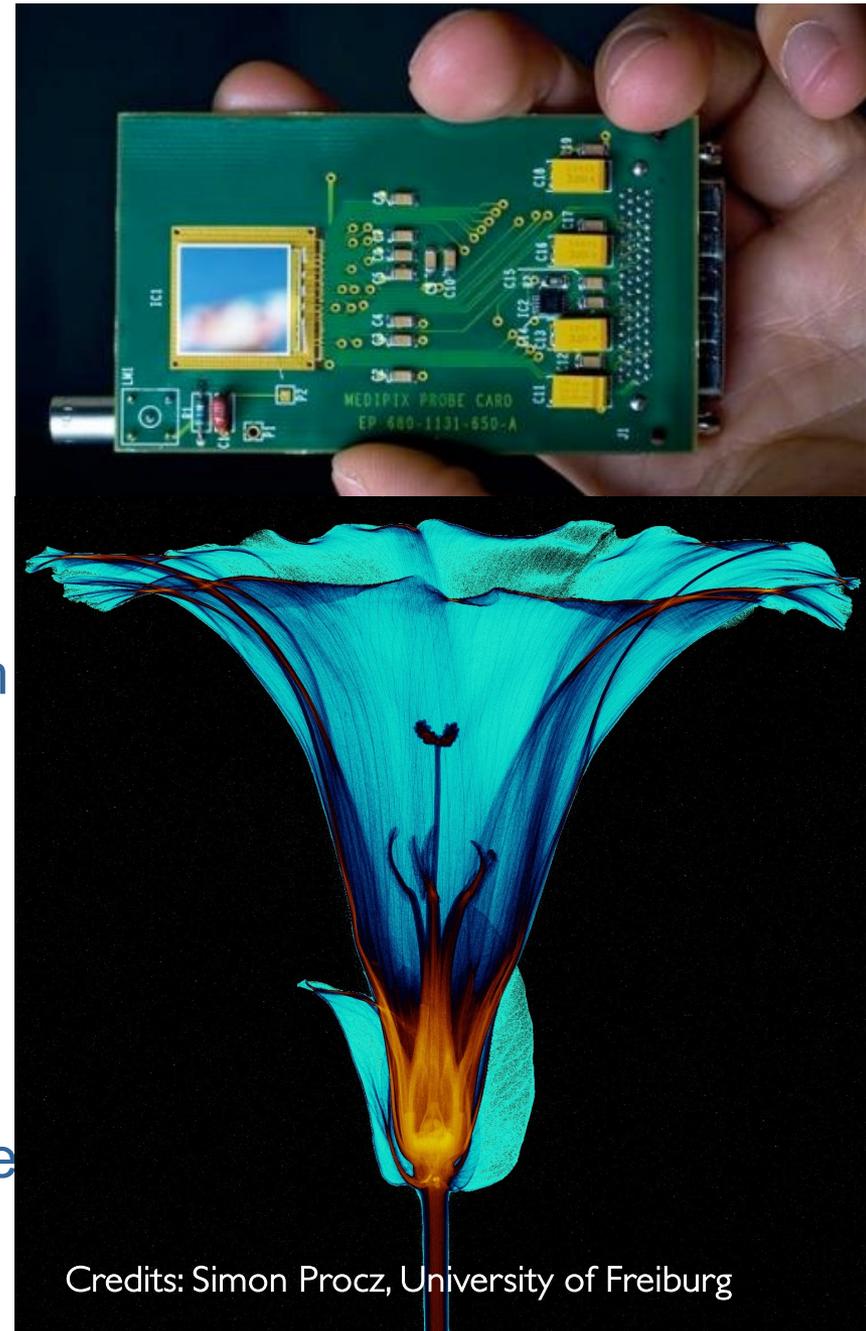
Cura del cancro del seno ha subito una rivoluzione grazie al miglioramento delle immagini

# Medipix

- Sviluppato per la Fisica delle alte energie:
- Usato nei rivelatori di tracciamento delle particelle
- Permette il conteggio del singolo fotone a differenza dei dispositivi tradizionali come film o CCD che integrano la carica.

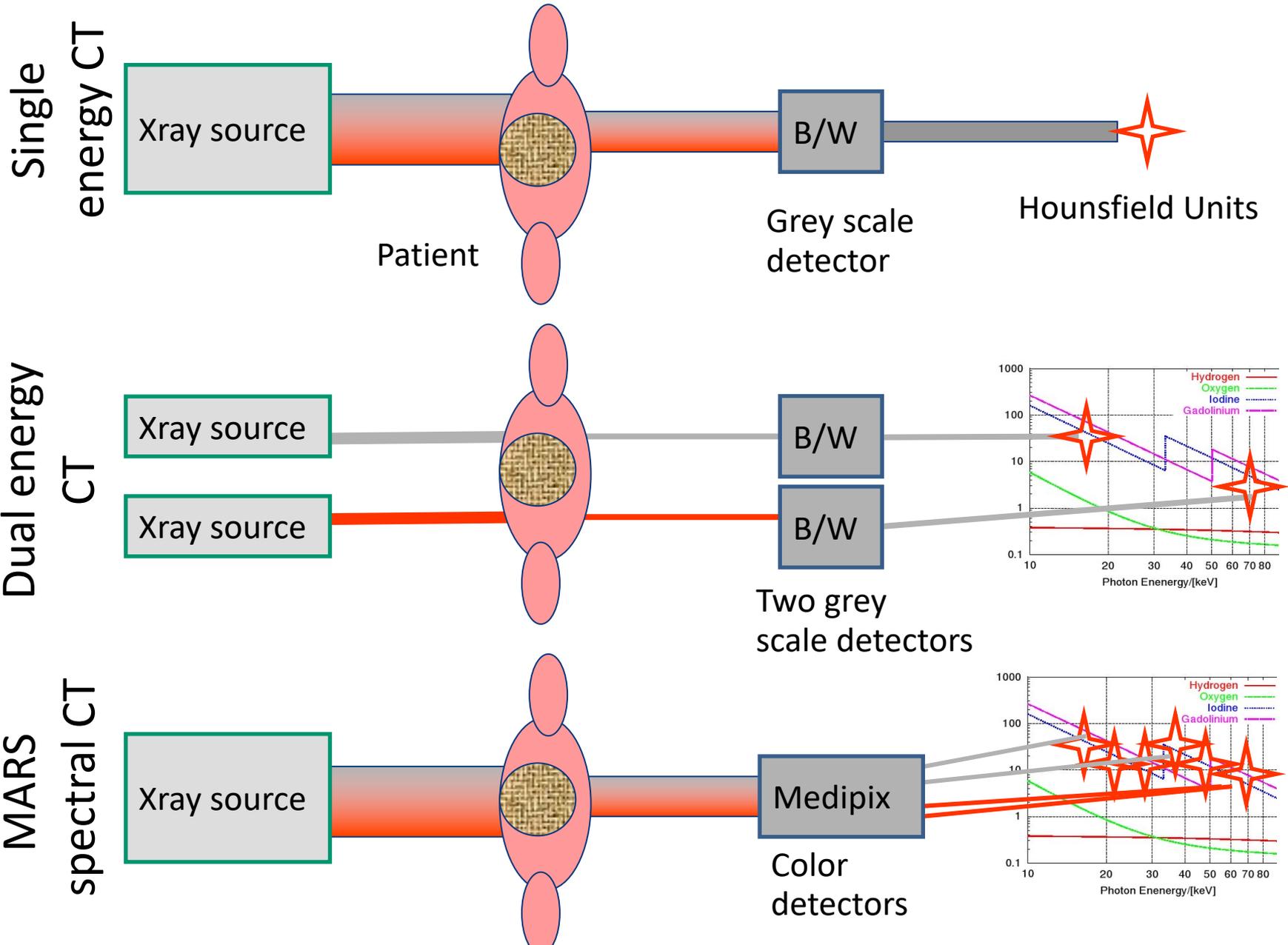
## Proprietà principali:

- Dispositivo totalmente digitale.
- Elevata risoluzione spaziale.
- Rapidissimo conteggio dei fotoni
- Buona efficienza di conversione per raggi-X di bassa energia



Credits: Simon Procz, University of Freiburg

# Single-, dual-, and spectral CT



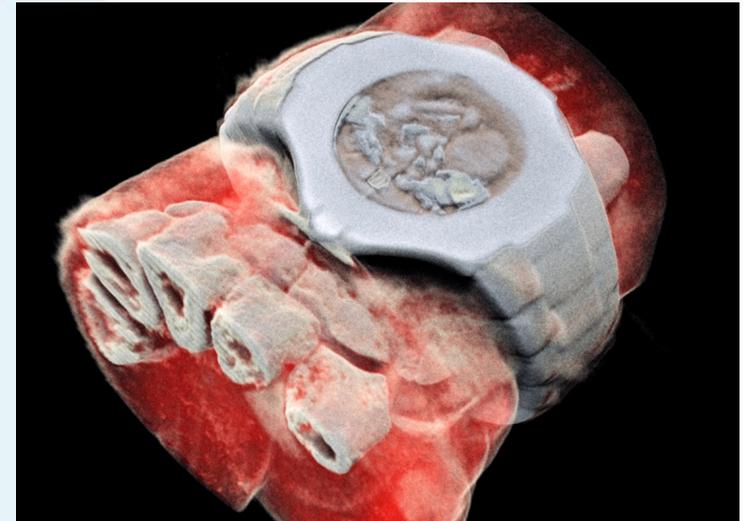
# Spectral CT adesso è possibile

## Medipix All Resolution System

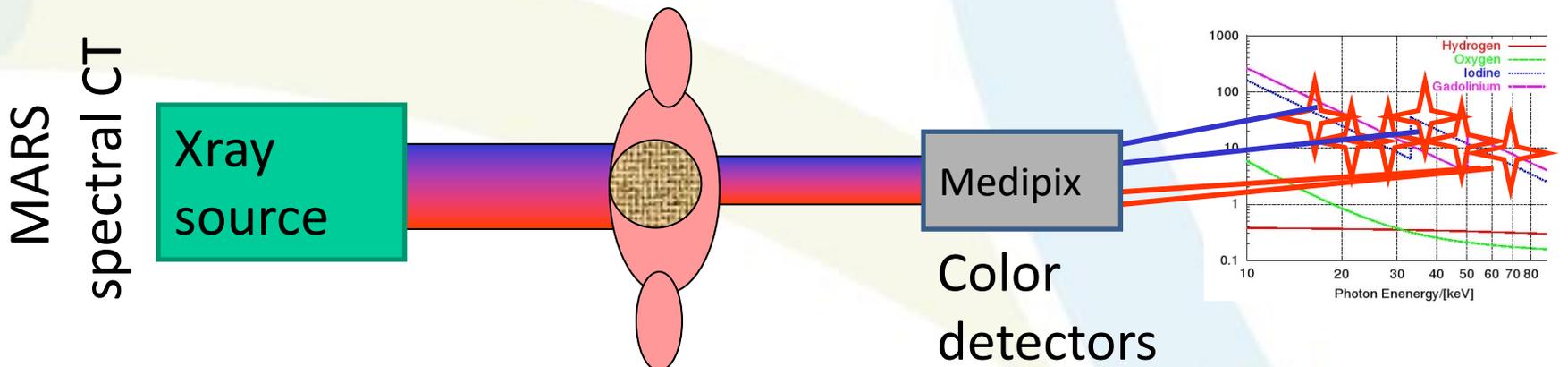
Energy resolution

Spatial resolution

Temporal resolution



First 3D colour x-ray human image



# Prima immagine 3D umana a colori con raggi-X

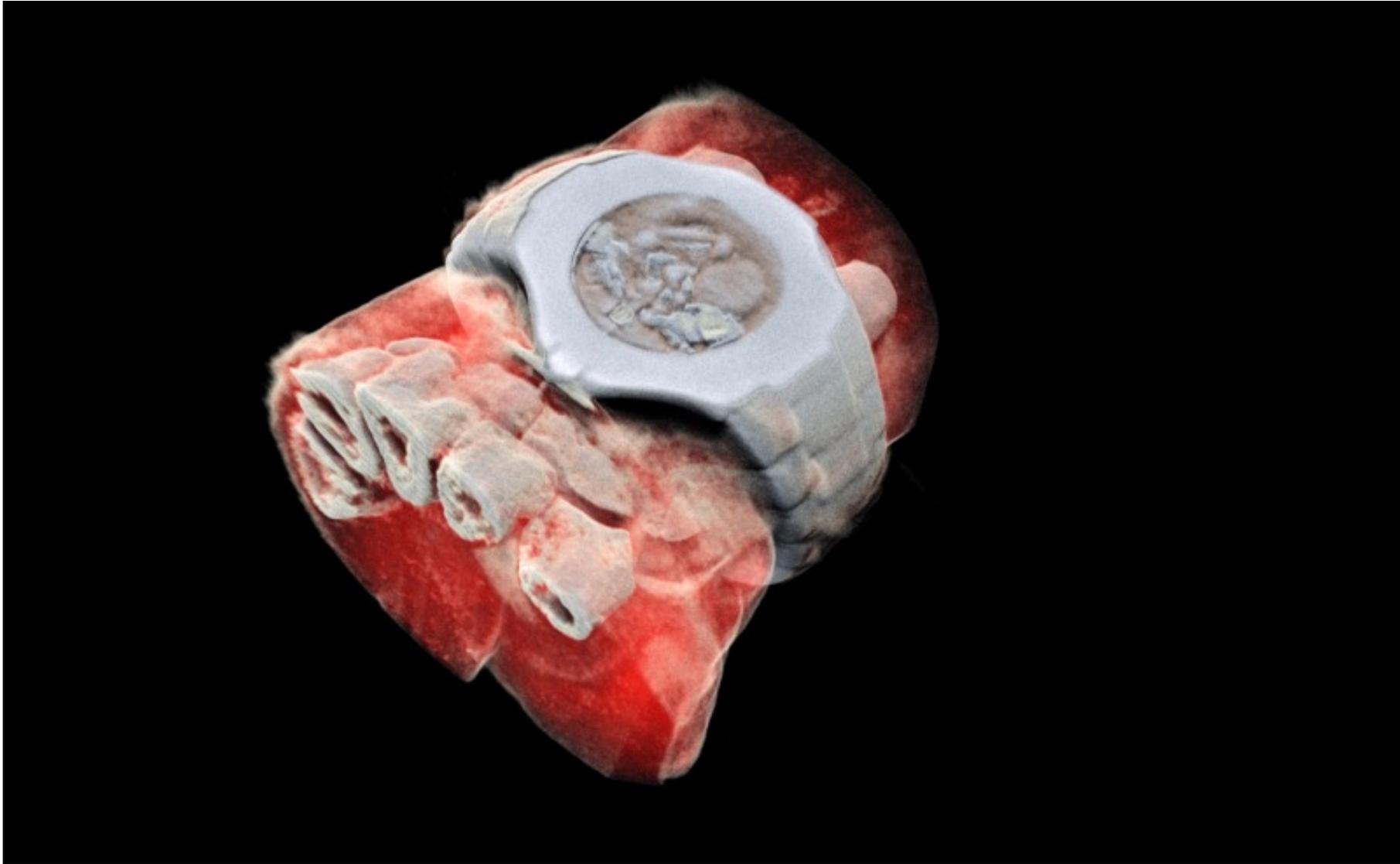
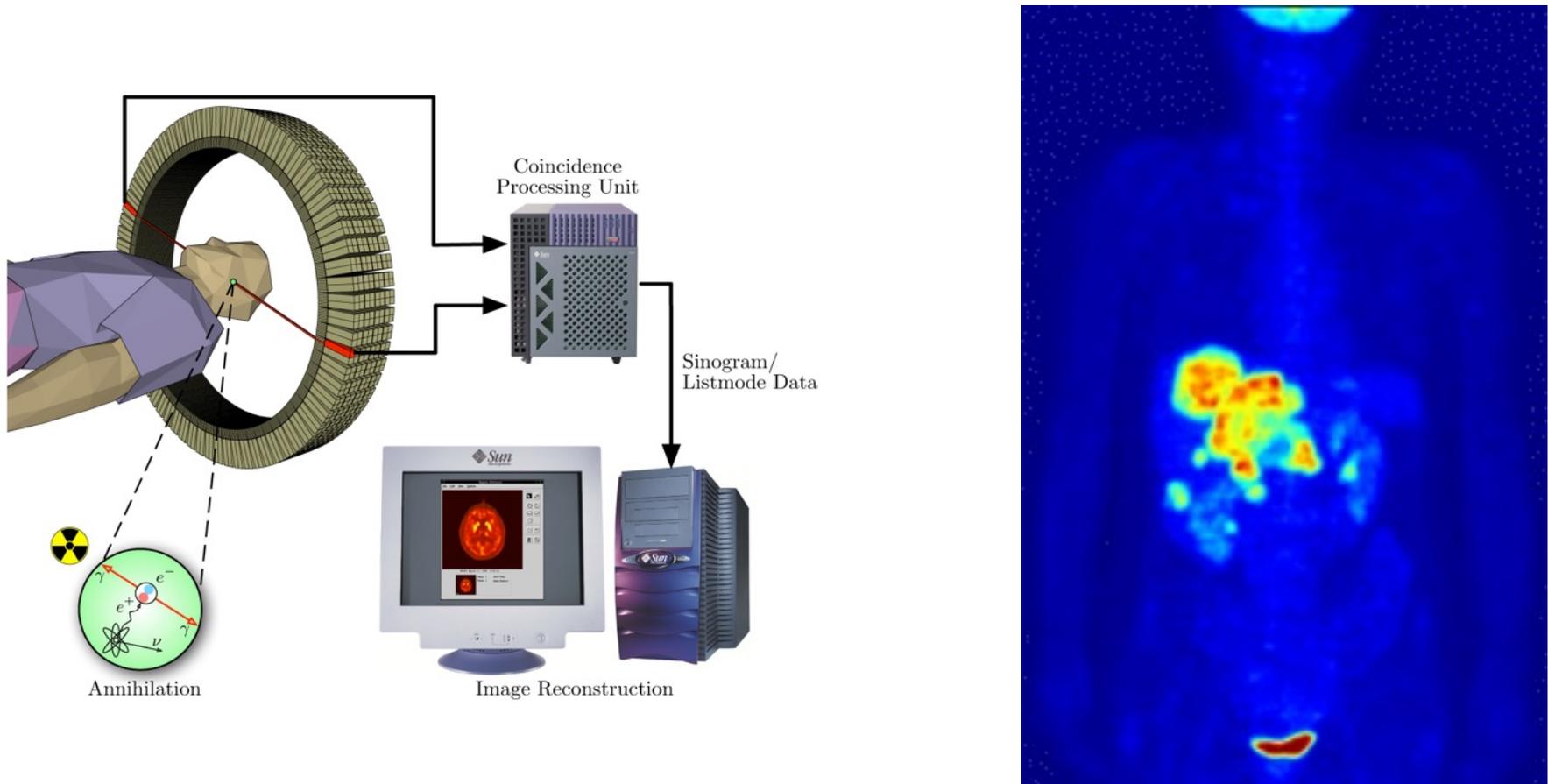


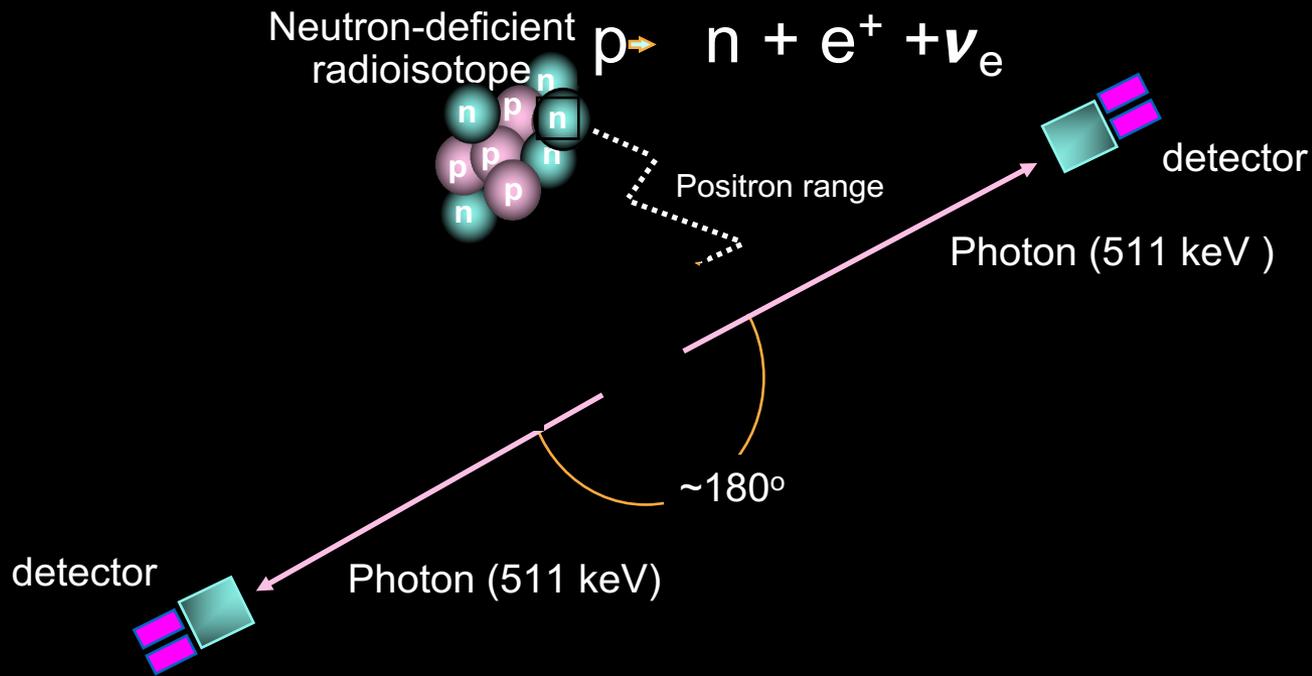
Immagine 3D di un polso con un orologio che mostra parte delle ossa delle dita in bianco e i tessuti molli in rosso. Accoppia l'informazione spettroscopica generata da Medipix3 con potenti algoritmi per generare immagini 3D. (Immagine: MARS Bioimaging Ltd)

# Positron Emission Tomography (Tomografia con emissione di positroni)



- $^{18}\text{F}$ FDG trasporta il  $^{18}\text{F}$  verso zone di alta attività metabolica
- 90% delle analisi PET sono in oncologia clinica
- **1974: prima PET eseguita su un essere umano**

# Positron Emission Tomography

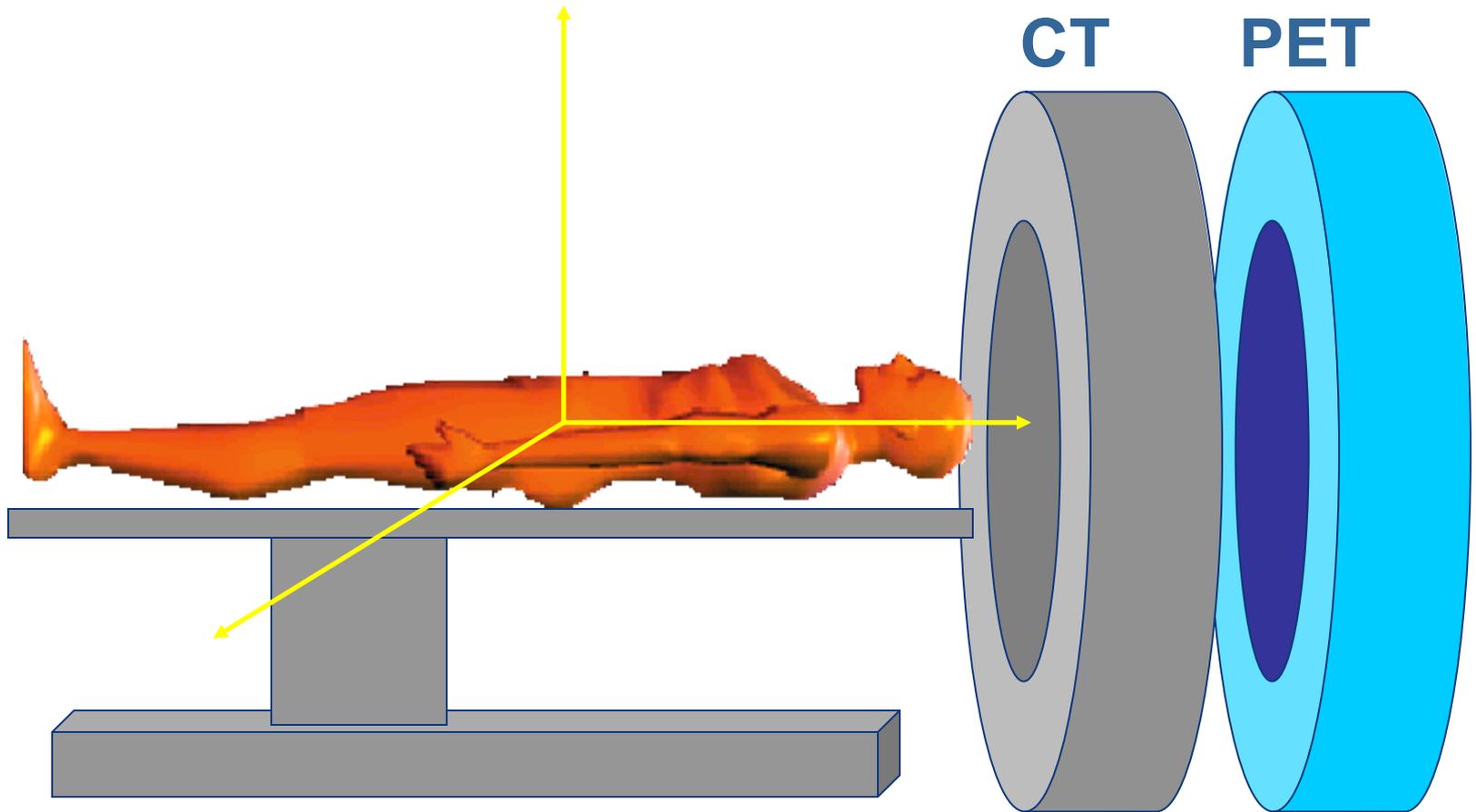


PET – come funziona

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

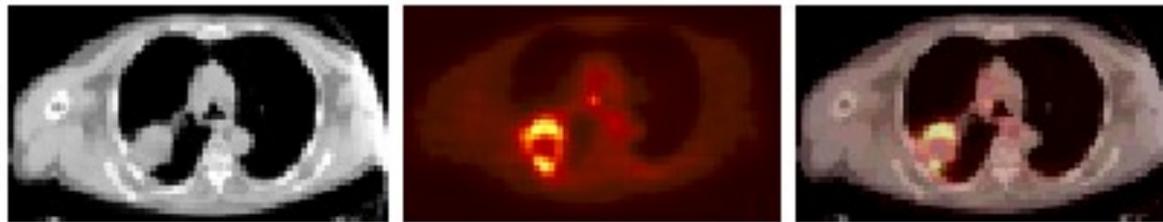
# Concept of PET-CT

*David Townsend*



# Imaging multimodale

Immagine di cancro primario al polmone ottenuta con Dual/Commercial scanner. Un grosso tumore al polmone, che appare alla TAC come una massa ipodensa che si attenua uniformemente, ha un bordo di attività FDG e un centro necrotico rivelato dalla PET.



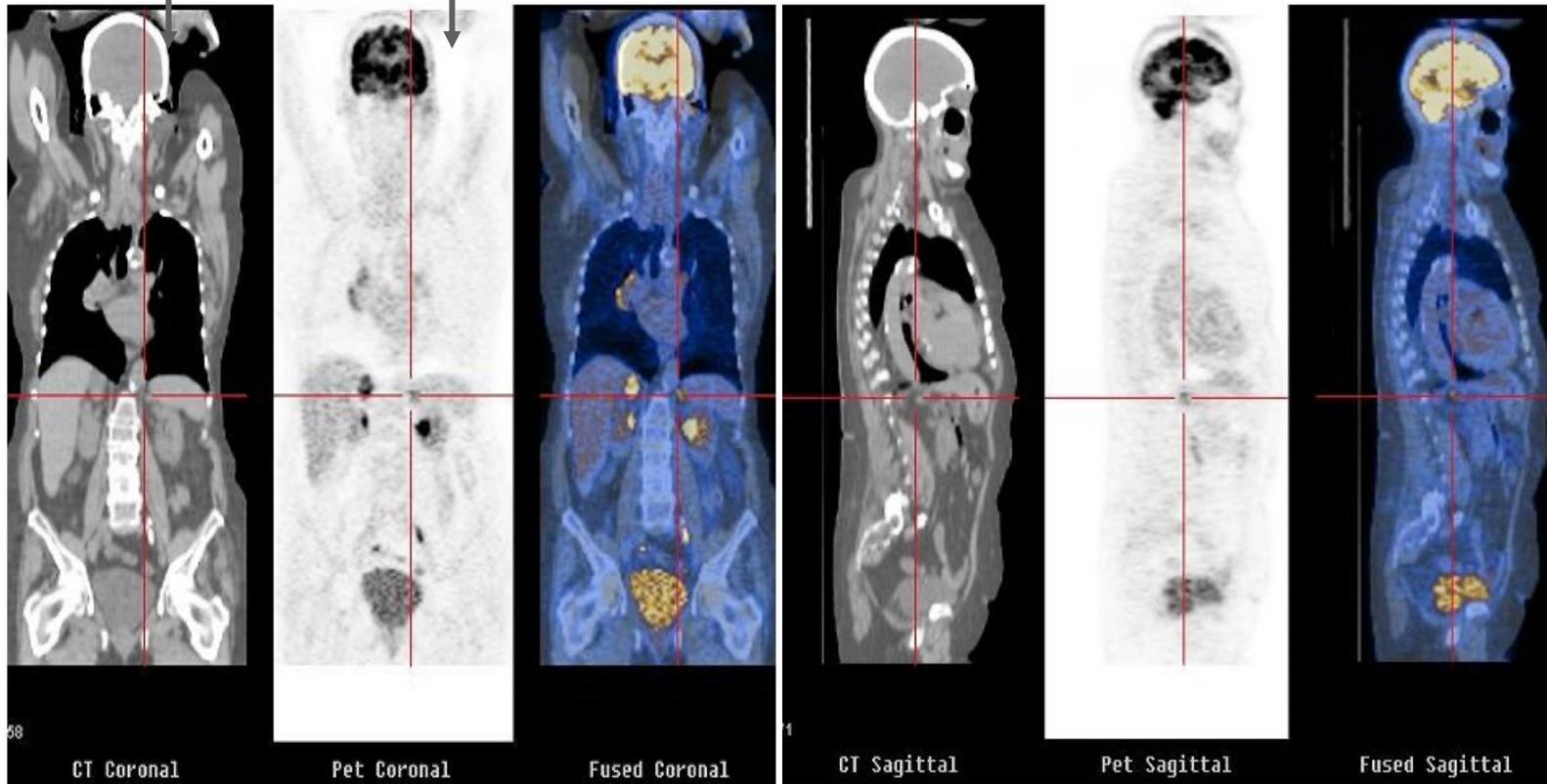
*Courtesy of David Townsend*

# Imaging multimodale: CT e PET

## Combinare imaging anatomico e funzionale

morfologia

metabolismo



*Courtesy of David Townsend*

Una volta noto dove si trova  
come lo curiamo?

# Come combattiamo il cancro?

1900

1950

2000

2021

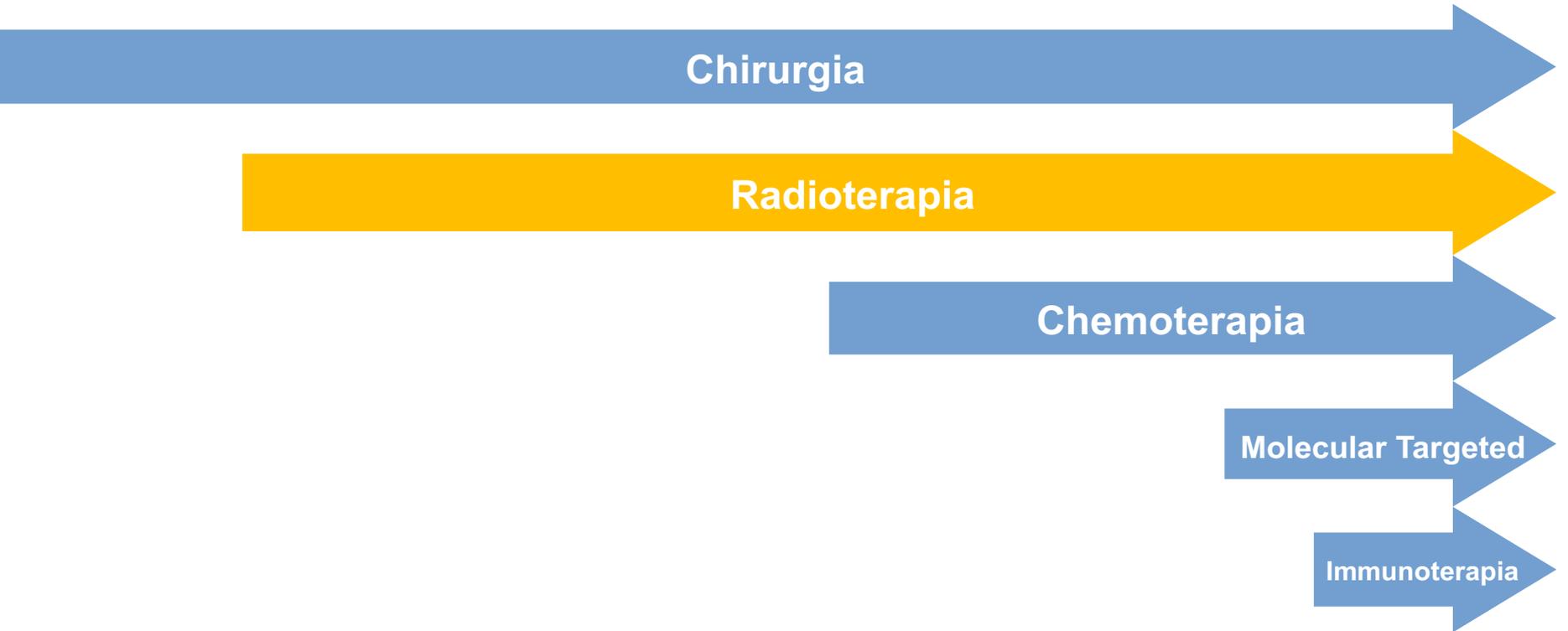
Chirurgia

Radioterapia

Chemoterapia

Molecular Targeted

Immunoterapia

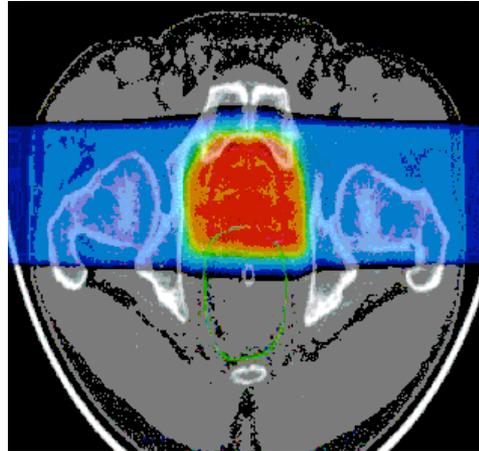


# Opzioni per il trattamento

Surgery



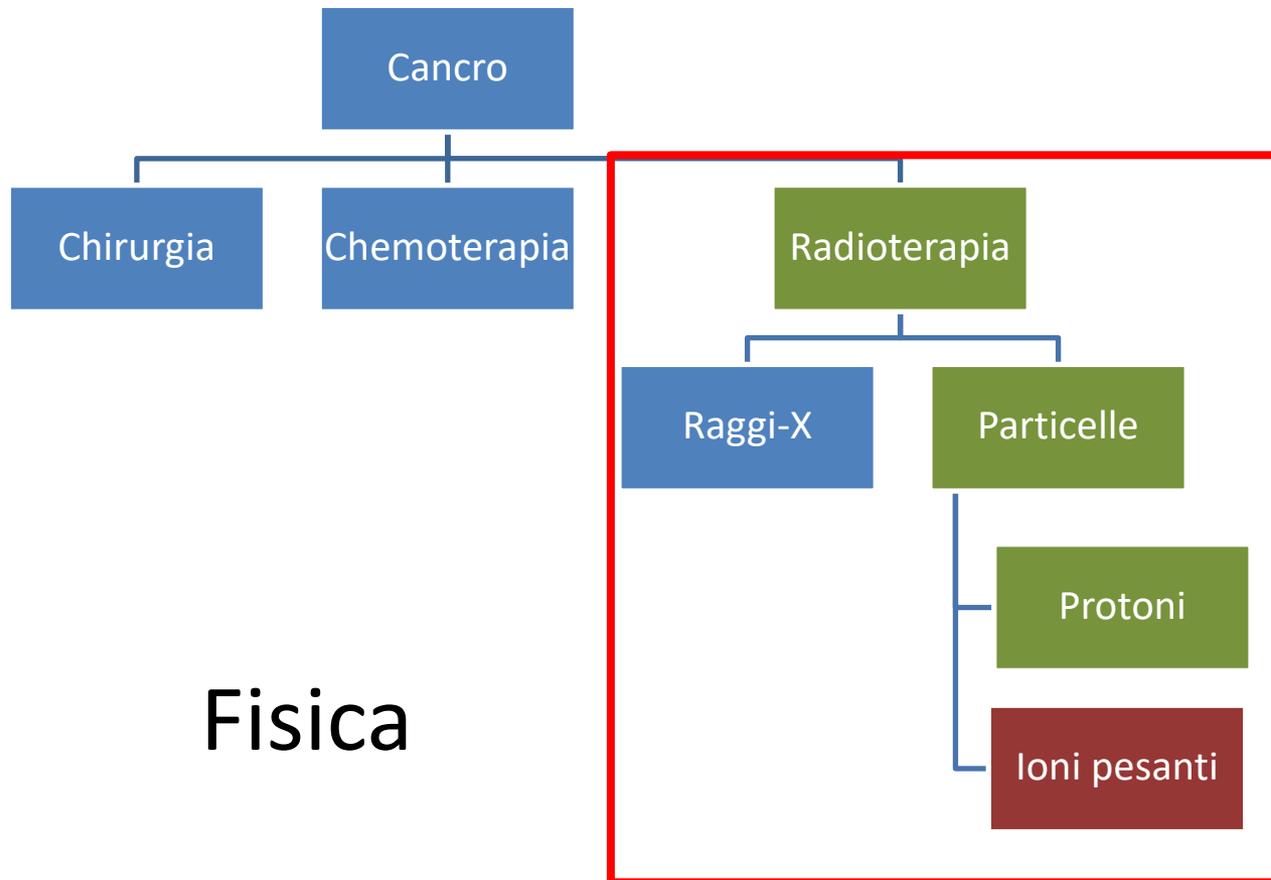
Radiotherapy



Chemotherapy (+ others)



# Opzioni per il trattamento del cancro



Fisica

# Radioterapia nel 21esimo Secolo

Le 3 "C" di Radiazione:

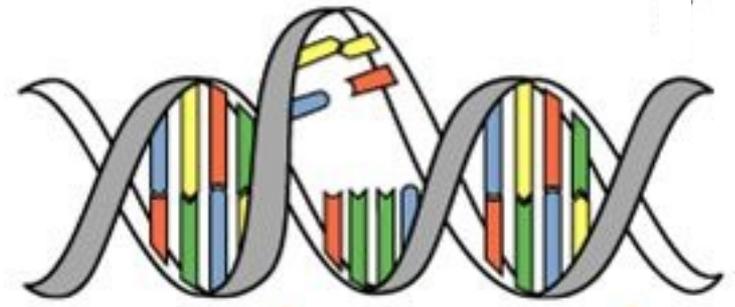
**Cura** ( circa il 50% dei casi di cancro sono curati)

**Conservativa** (non-invasiva, pochi effetti collaterali)

**Poco costosa(Cheap)** (la radiazione costa solo circa 10% del costo totale per il trattamento del cancro )

*(J.P.Gérard)*

- Circa 60% dei pazienti sono trattati con RT
- Non vi è alternativa alla RT nel prossimo futuro
- Il numero di pazienti è in aumento

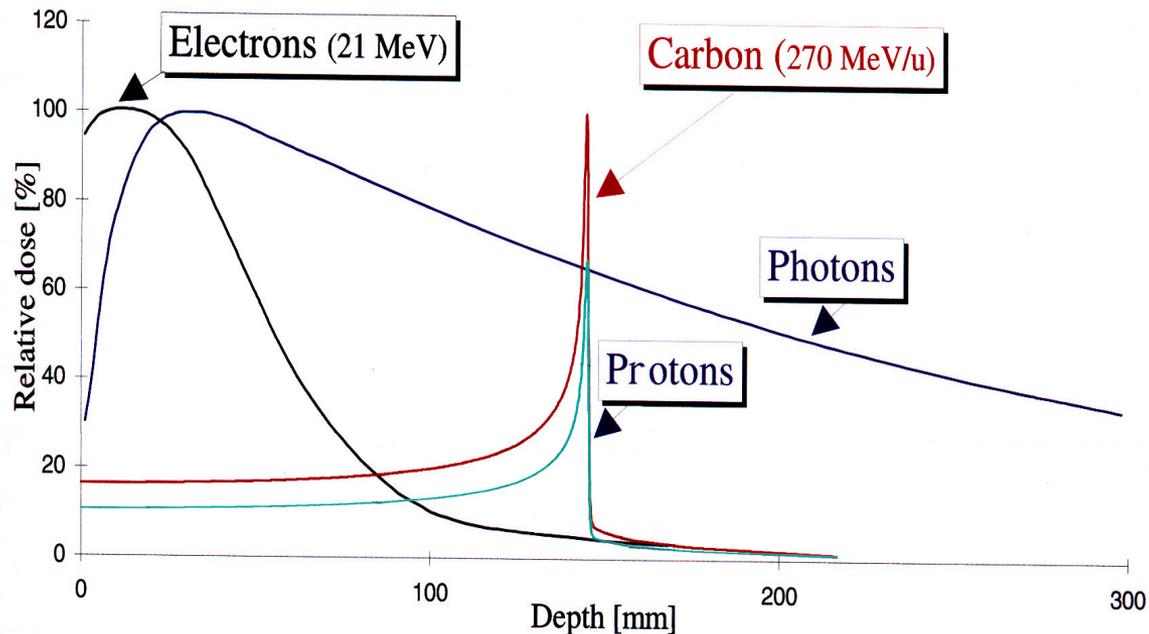


## Finalità della Radioterapia:

- Irradiare il tumore con dose sufficiente a **fermare la crescita del cancro**
- **Evitare complicazioni e minimizzare** il danno al tessuto circostante

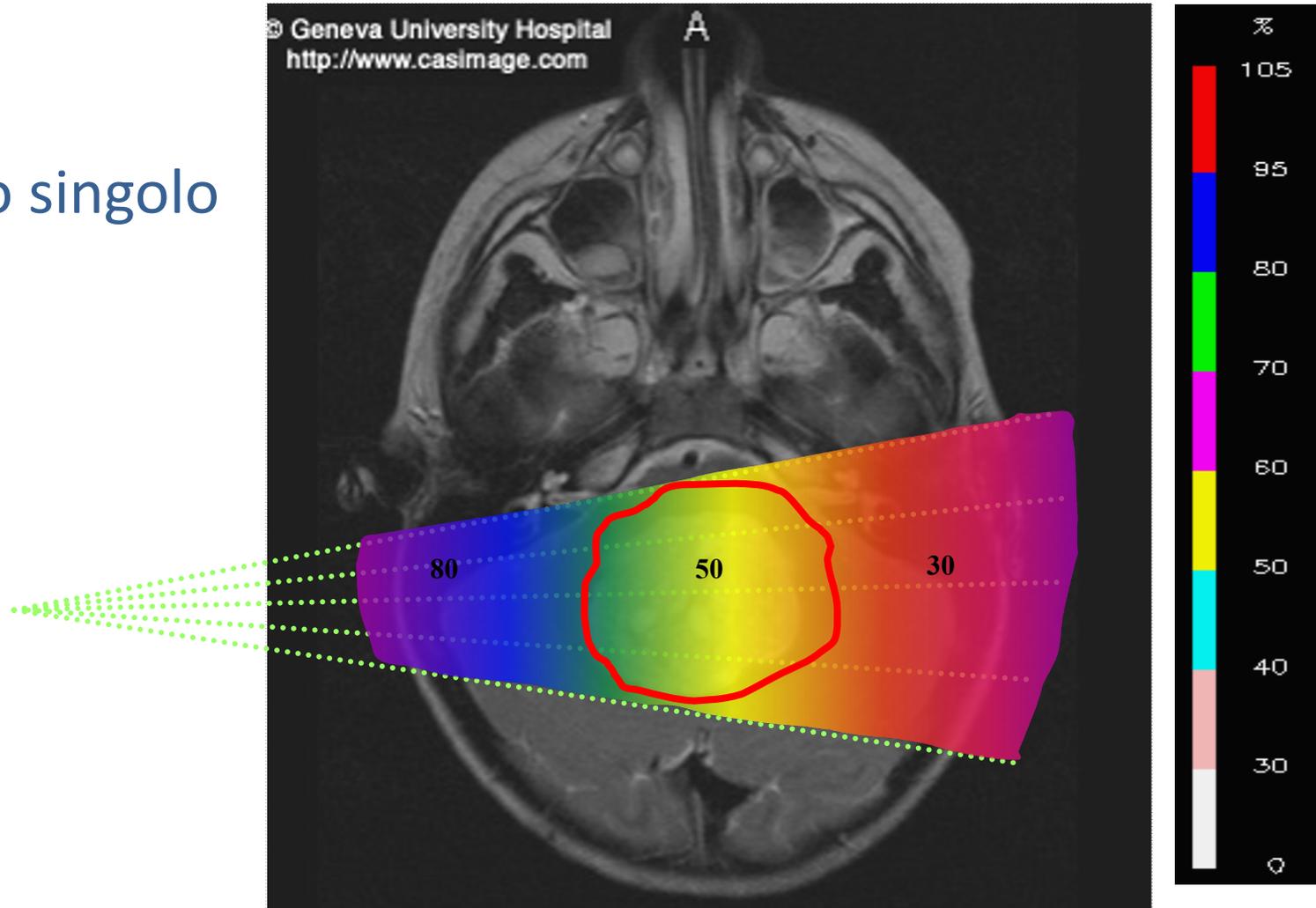
## Metodi di uso corrente in radioterapia:

- 5-25 MeV fotoni
- 5 - 25 MeV elettroni
- 50 - 400 MeV/u adroni



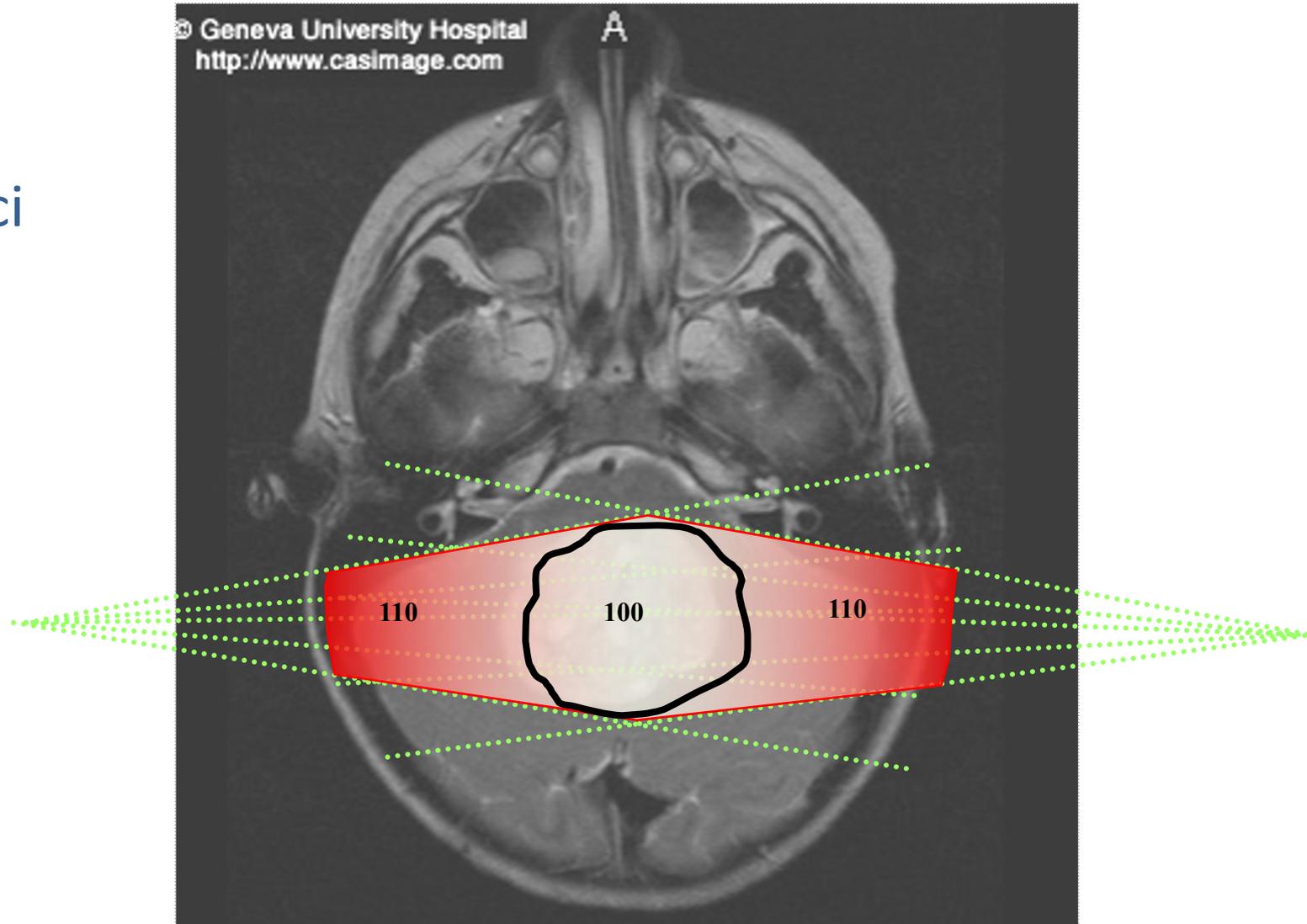
# Radioterapia Classica con Raggi-X

Fascio singolo

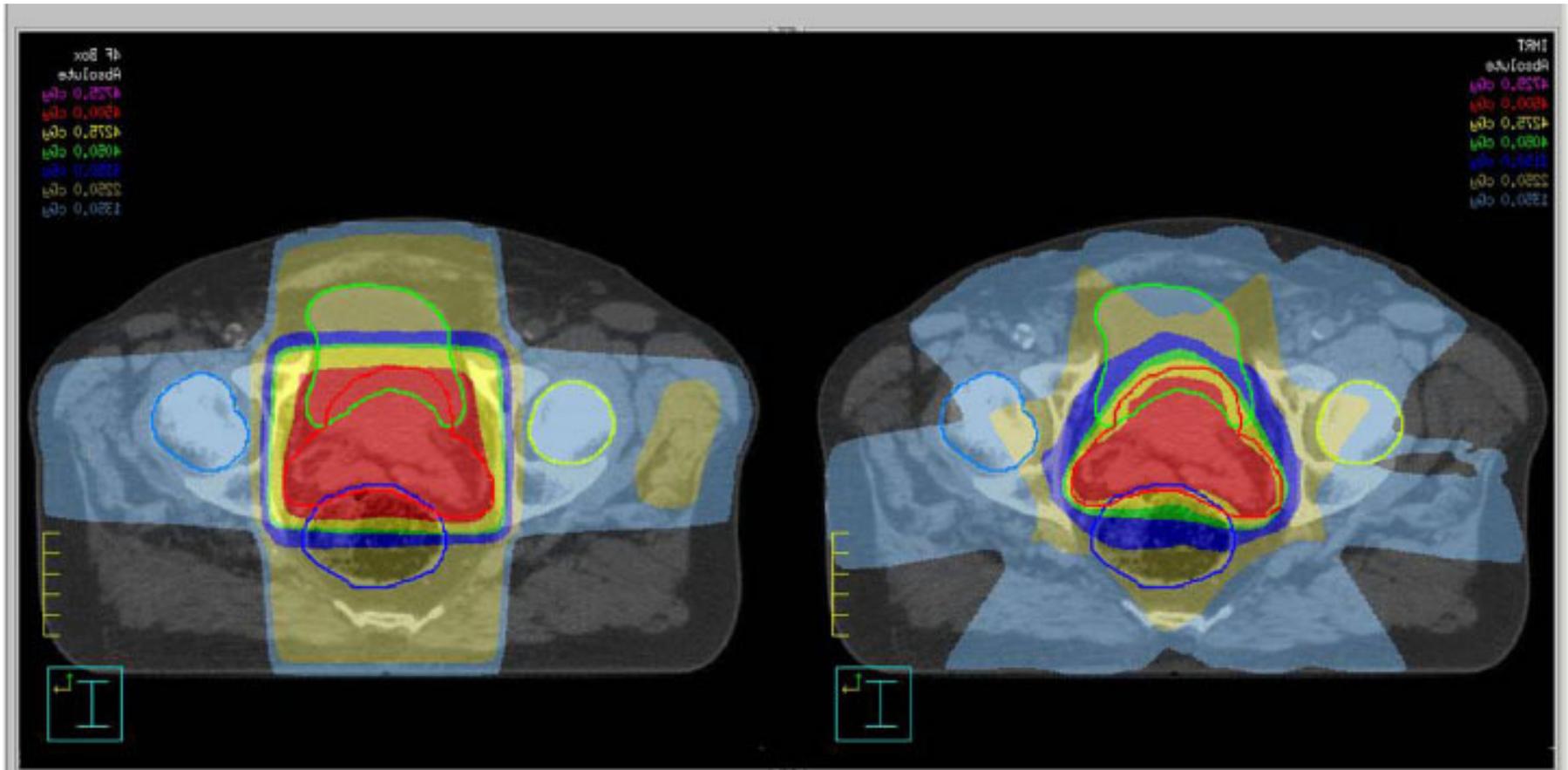


# Radioterapia con Raggi-X

Due fasci



# Precisione migliorata nel deposito

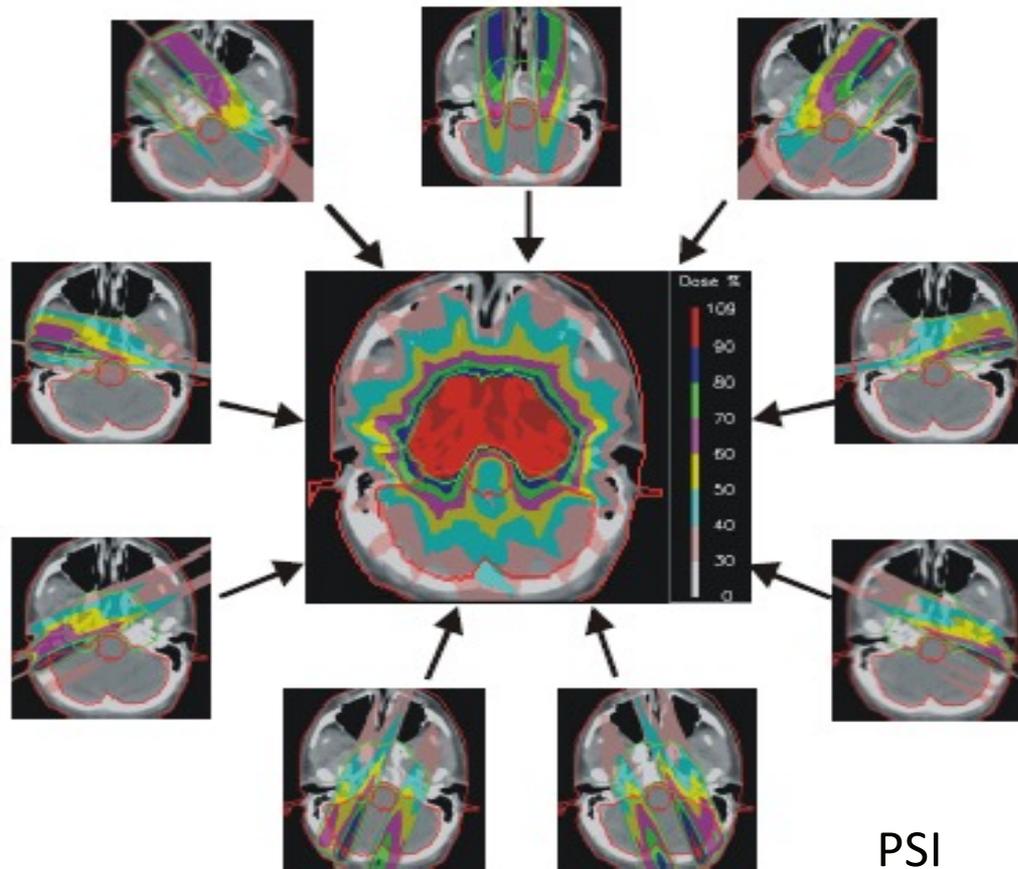


1990s: 4 campi di intensità costante

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

# Intensity Modulated Radiation Therapy

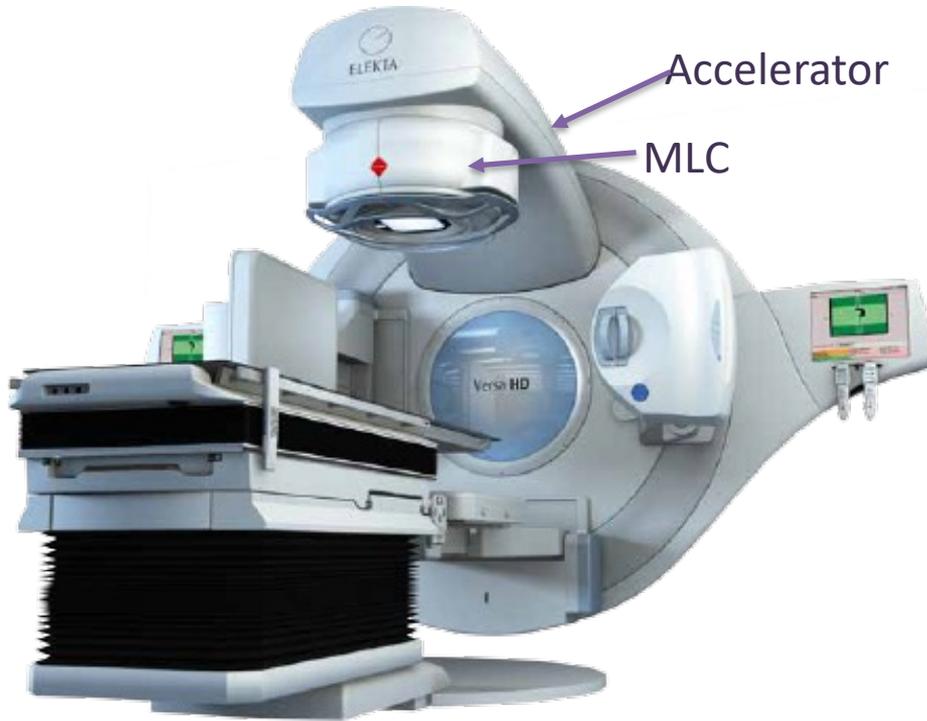
9 CAMPI NON-UNIFORMI



60-75 grays (joule/kg) given in 30-35 fractions (6-7weeks)  
per permettere la riparazione dei tessuti sani  
90% dei tumori sono radiosensibili

# L' acceleratore più diffuso

Electron Linac (linear accelerator) for radiation therapy treatment of cancer)  
around 20,000 in use



Widely available in all major hospitals in specially in high income countries (HIC)

# Progressi in Radioterapia

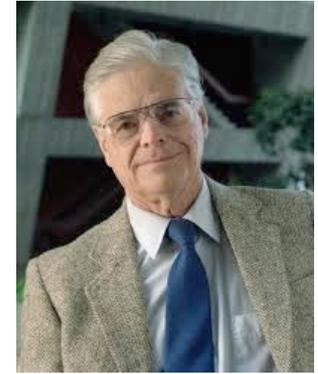
Negli ultimi due decenni a causa di:

- Miglioramenti nelle modalità di imaging, multimodalità
- tecnologia, computers e software più potenti e sistemi di “delivery” hanno reso possibile:
  - Intensity Modulated Radiotherapy (IMRT),
  - Image Guided Radiotherapy (IGRT),
  - Volumetric Arc Therapy (VMAT) and
  - Stereotactic Body Radiotherapy (SBRT)
  - MRI-guided Linac therapy
- È la terapia con adroni/particelle il futuro?
- Forse è FLASH?

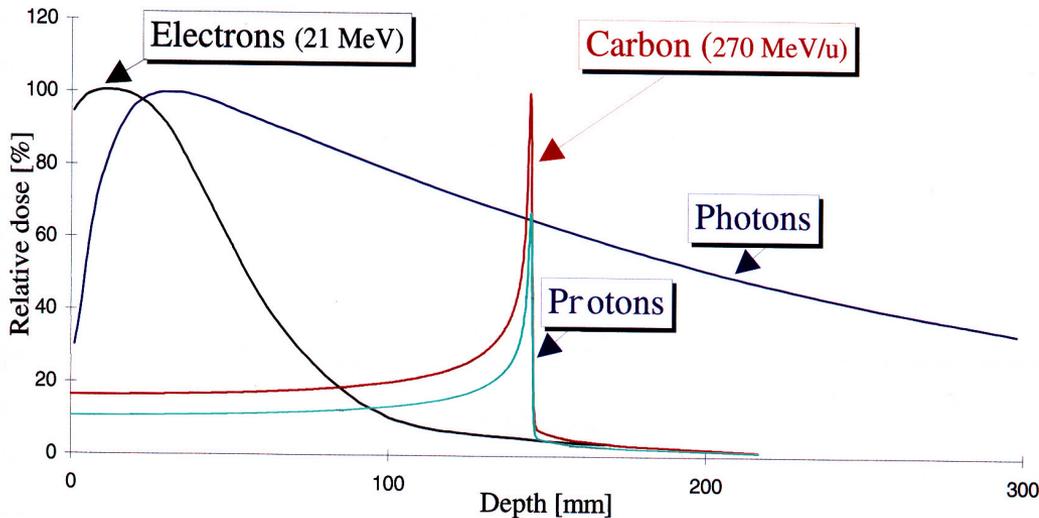
# Hadron Therapy (Adroterapia)

Nel 1946 Robert Wilson:

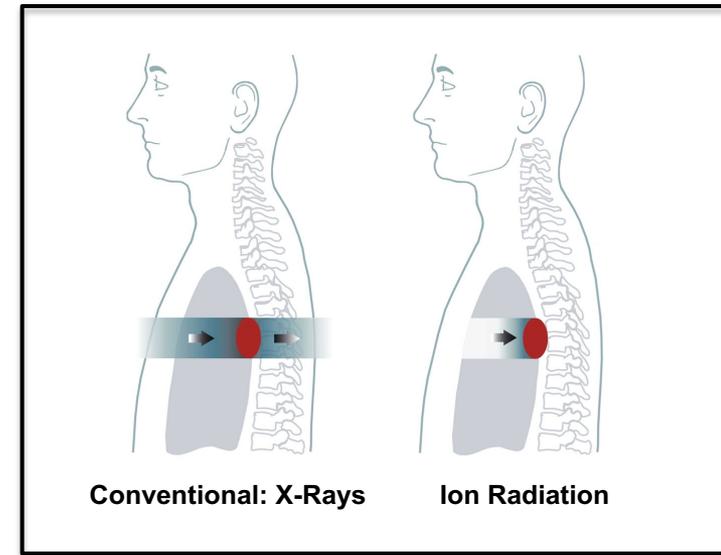
- Protoni possono essere usati clinicamente
- Acceleratori sono disponibili
- La dose massima di radiazione può essere localizzata nel tumore
- La terapia con Particelle permette di risparmiare i tessuti normali sani



Robert Wilson  
Fermilab



Profondità nel corpo (mm)



**E. Lawrence  
First cyclotron**



**Lawrence brothers  
Physicist and Doctor**

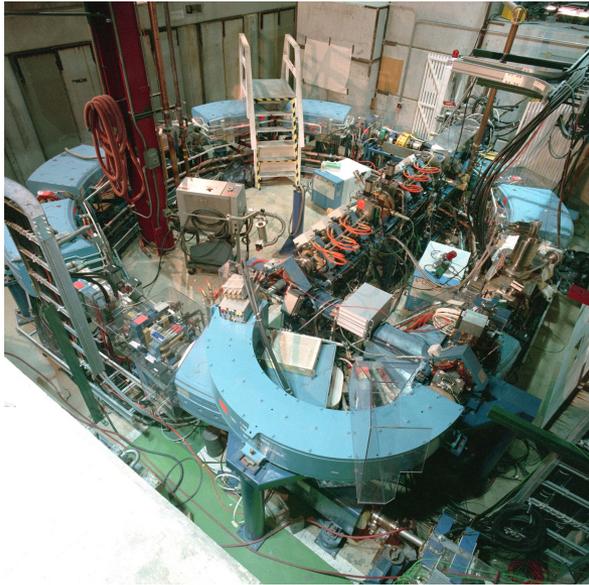


**Sept 1954 – Berkeley  
Tratta il primo paziente (CERN  
fondato stesso mese, anno)**



**Importanza della collaborazione.....**

**1993- Loma Linda  
USA (proton)**



La prima struttura clinica dedicata

**1994 – HIMAC/NIRS  
Japan (carbon)**



**1997 – GSI  
Germany (carbon)**



**Molto tempo..... Spesso ci vuole molto tempo**

# Key Milestones of Hadrontherapy

1990 — First hospital based *Proton* facility  
Loma Linda University Medical Center, CA, USA



**360<sup>0</sup> Gantry**



# The Darmstadt GSI 'pilot project' (1997-2008)

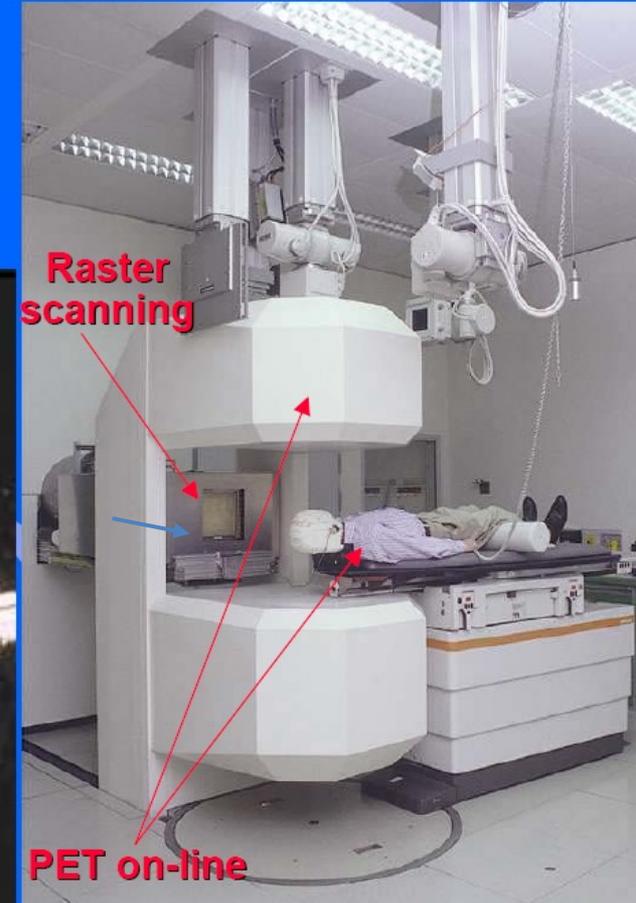


**G. Kraft**

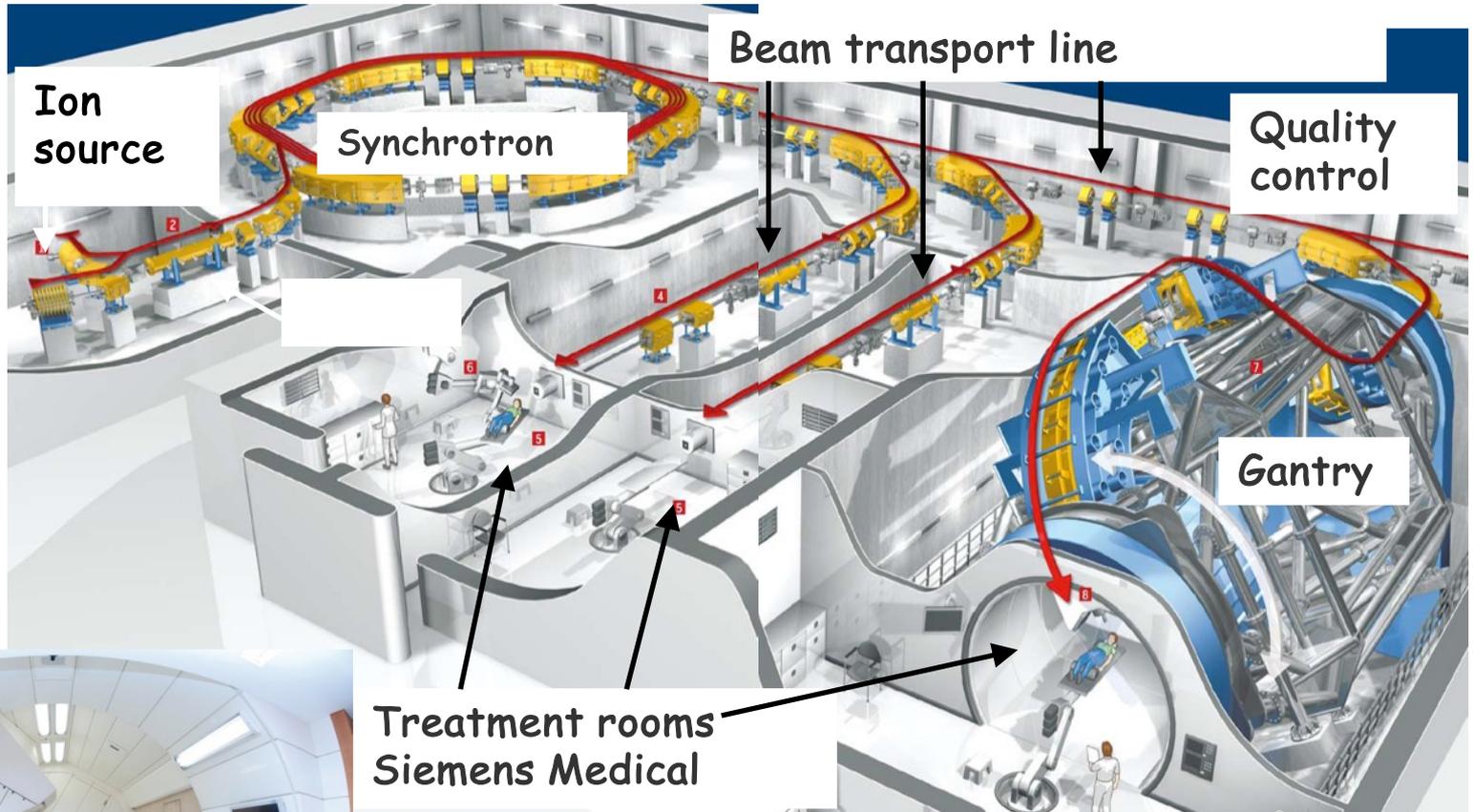
**450** patients treated  
with carbon ions  
**J. Debus (Heidelberg Univ.)**



**J. Debus**



# HIT - Heidelberg



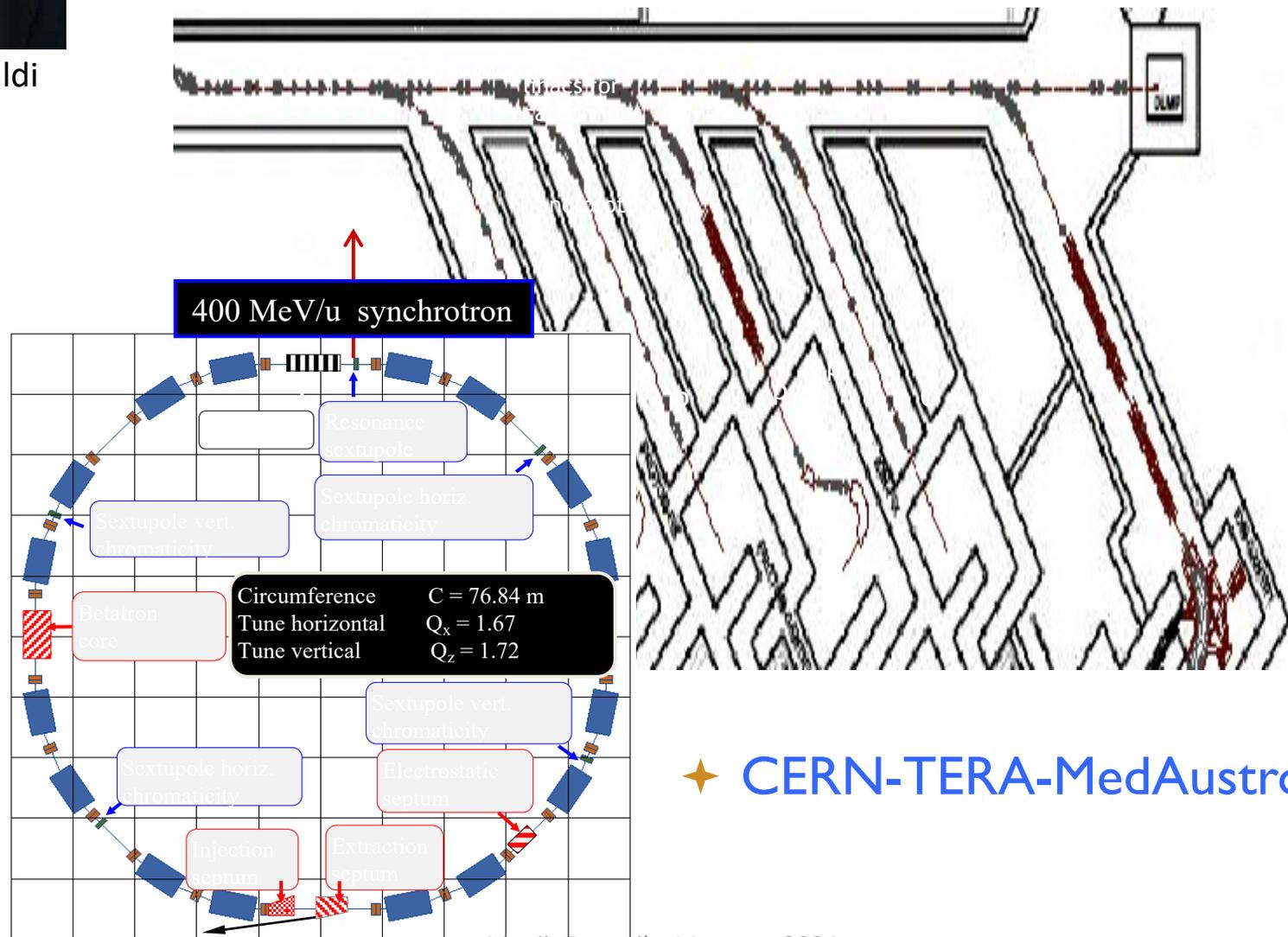
Carbon facilities in Europe: first was HIT  
in Heidelberg – started treating patients in 2009

Manjit Dosanjh, 14 marzo 2024



Ugo Amaldi  
TERA

# PIMMS at CERN (1996-2000)



✦ CERN-TERA-MedAustron

- L' idea nasce nel 2001 dopo una riunione ESTRO- Med-AUSTRON
- Nell'ottobre del 2001 una proposta per Network viene sottomessa a EC
- ENLIGHT viene inaugurato a febbraio 2002 al CERN
- Finanziamento: 1 milione di Euro nel 2002



Driving Force: Ugo Amaldi

DG: Luciano Maiani

Organisers: Manjit Dosanjh & Hans Hoffmann

# ENLIGHT è nato per .....

- Creare una piattaforma comune multidisciplinare
- Trattamento del cancro
- Identificare le sfide
- Condividere la conoscenza
- Condividere “best practices”
- Armonizzare i dati
- Offrire formazione e istruzione
- Innovare per migliorare
- “Lobbying” per nuovi finanziamenti



La filosofia delle collaborazioni in fisica delle particelle viene portata in un ambiente medico multidisciplinare

# From PIMMS study to clinical reality

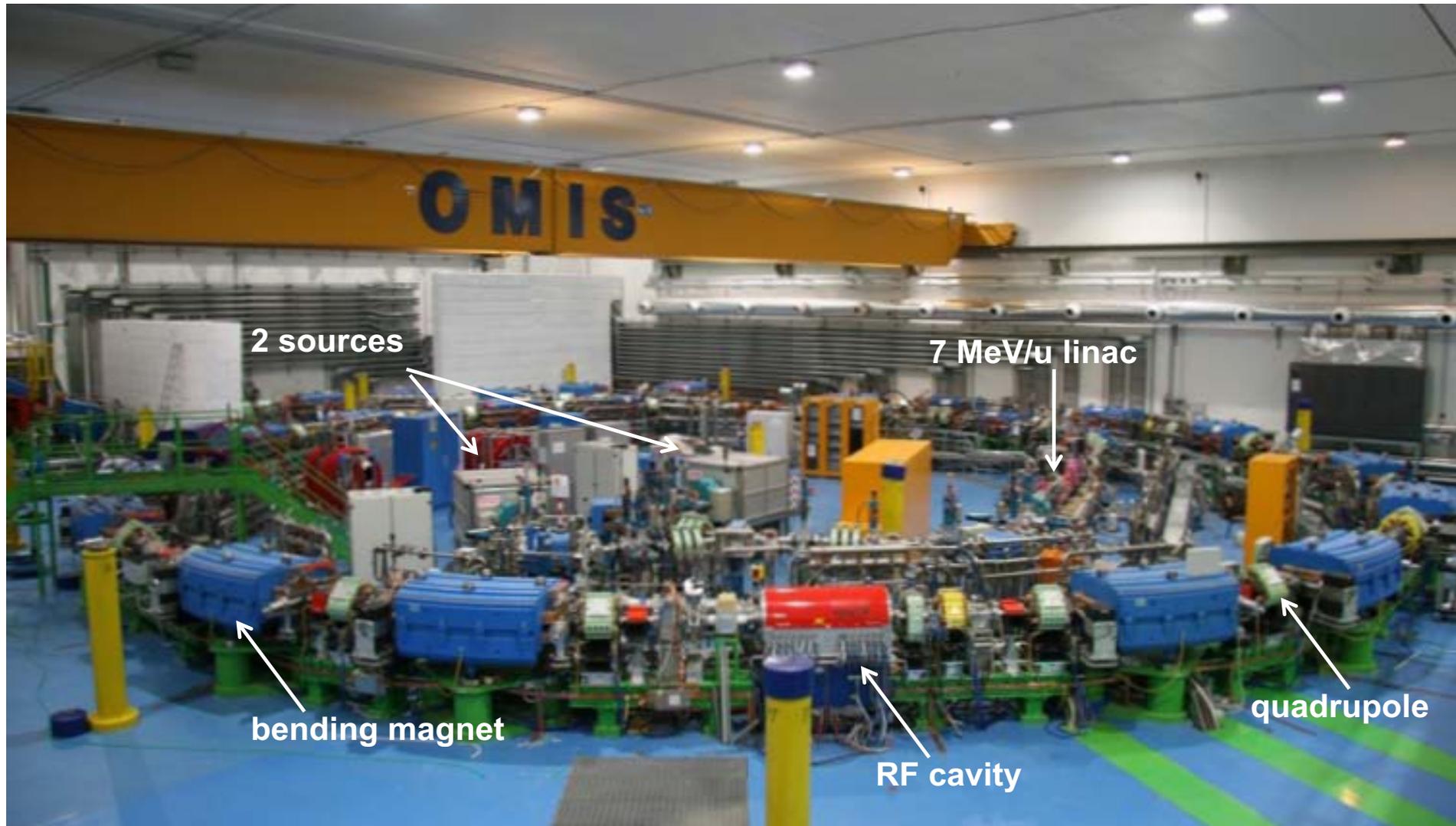


First patient with carbon ions Nov 2012



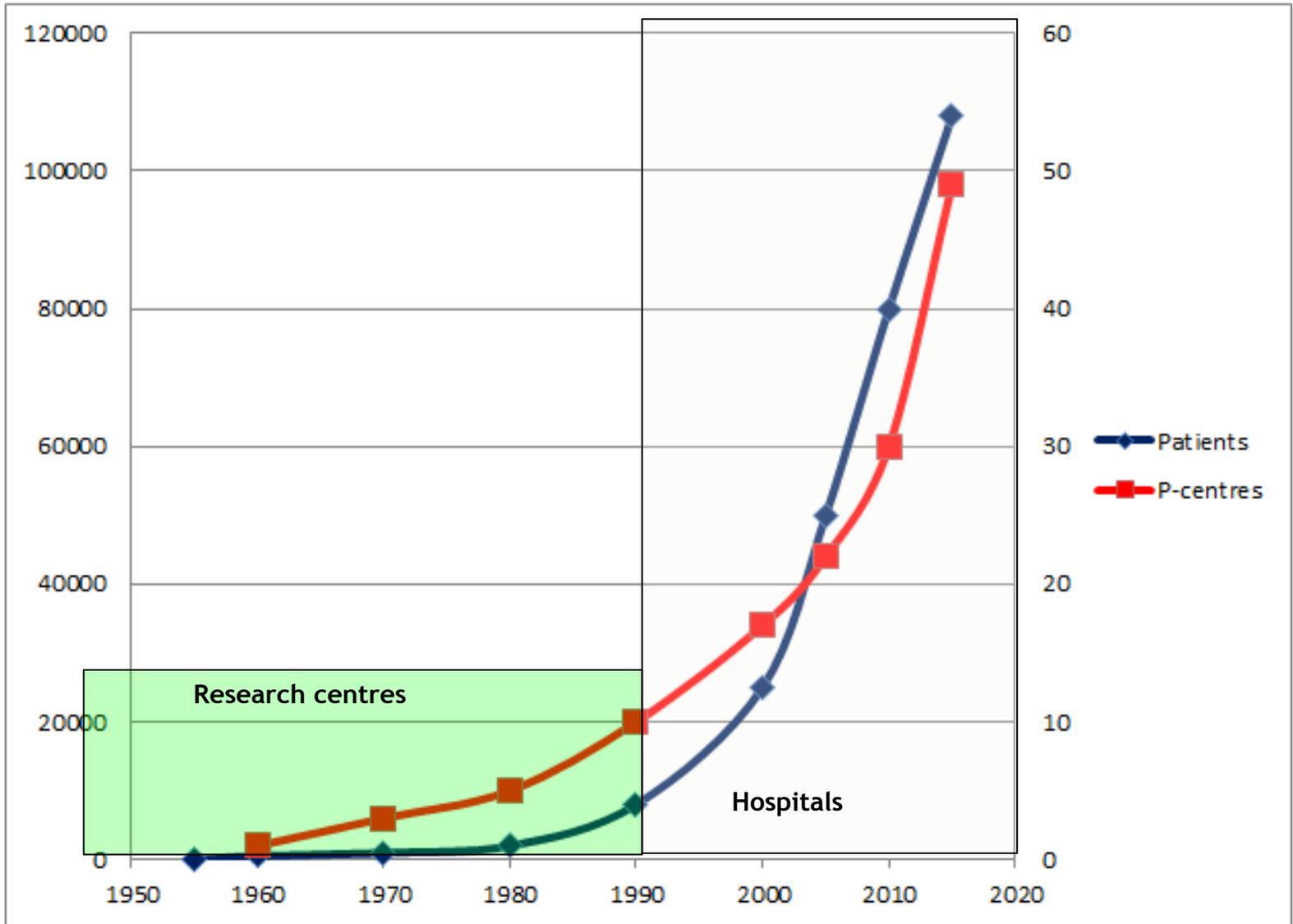
Treatment started in 2016

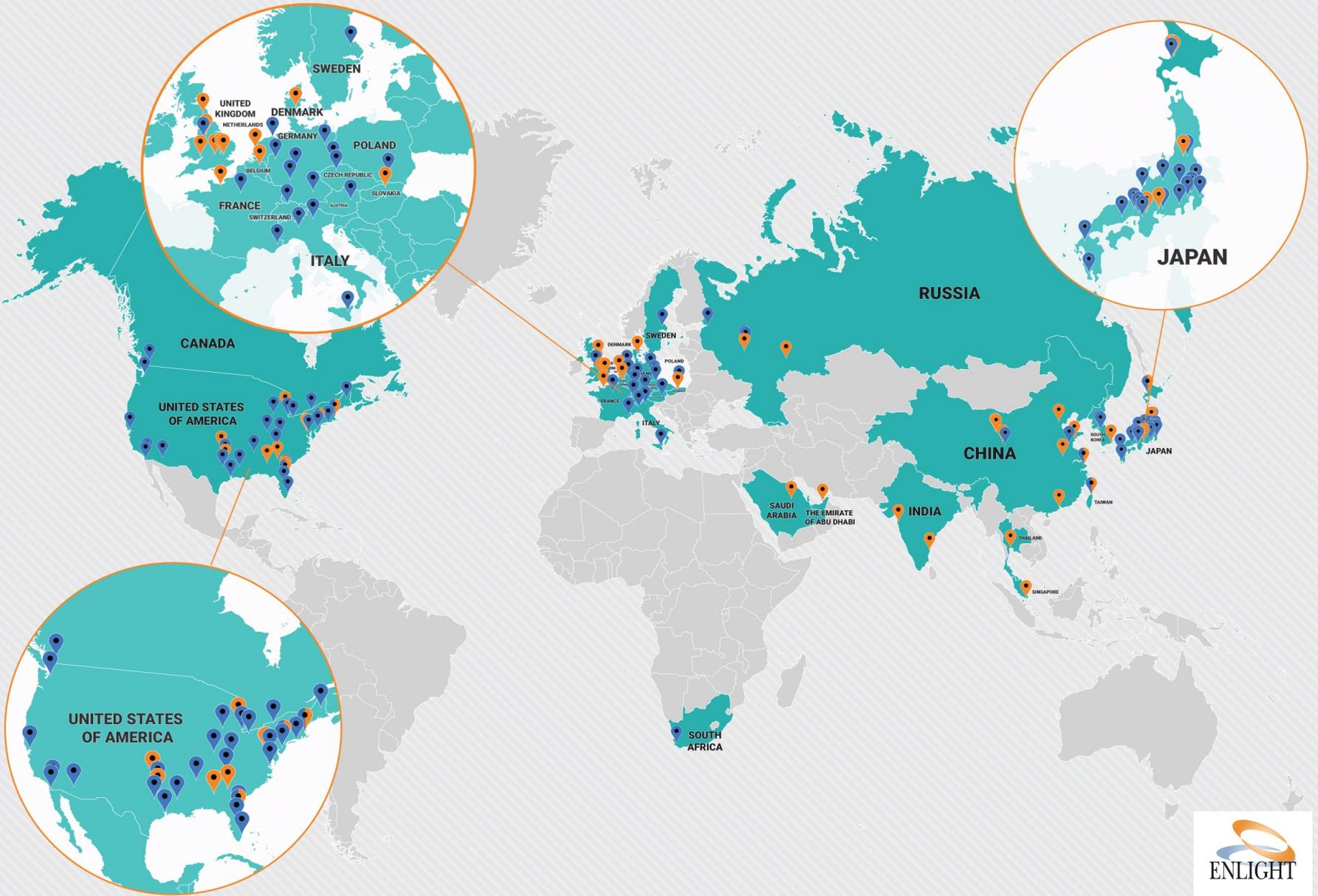
# CNAO: Pavia, Italy



TERA celebrated 30 years on 16 September 2022

[Data from [www.ptcog.ch](http://www.ptcog.ch)]







# FLASH: un nuovo modo di usare Radiotherapy per il trattamento del cancro?



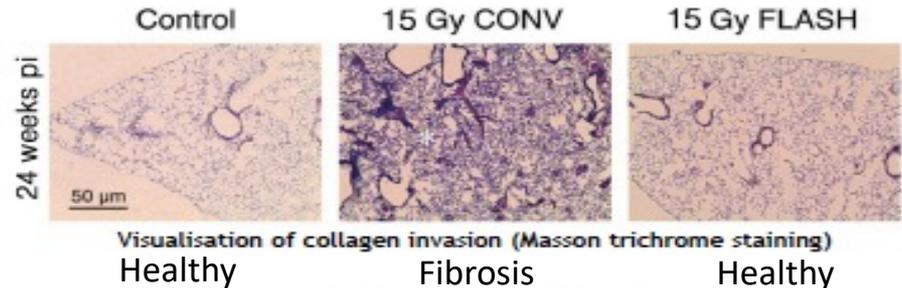
UNIVERSITY OF  
OXFORD

# Primi sguardi di FLASH THERAPY - 2014

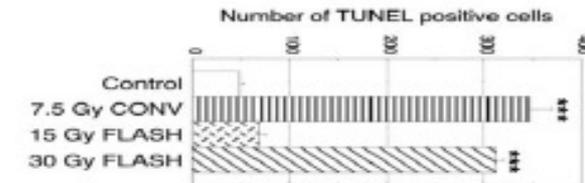
Prima dimostrazione del principio (Proof-of-Concept) con e<sup>-</sup> di bassa energia

Sci Transl Med 6: 245ra93, 2014

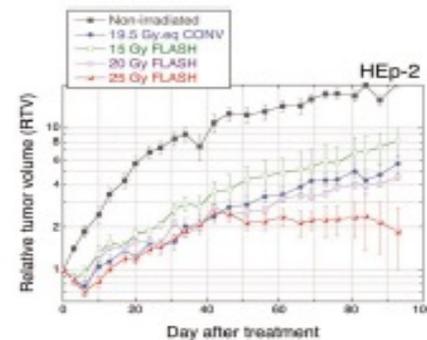
- FLASH spared normal lung tissue at doses known to induce fibrosis in mice exposed to conventional dose-rate irradiation (CONV).



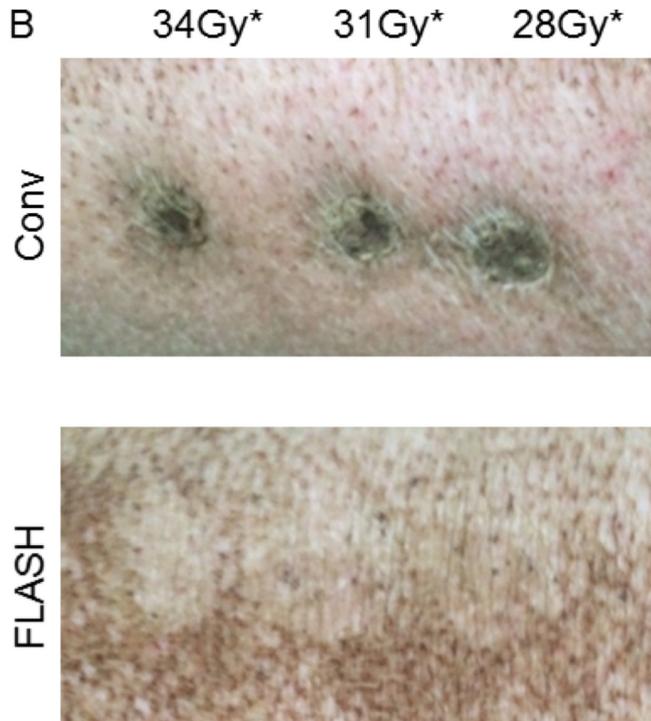
- FLASH spared smooth muscle cells in arterioles from radio-induced apoptosis.



- No difference between FLASH and CONV with regard to tumor growth inhibition.
- However, normal tissue sparing by FLASH allowed dose escalation without complications, resulting in complete tumor cure in some xenograft models.



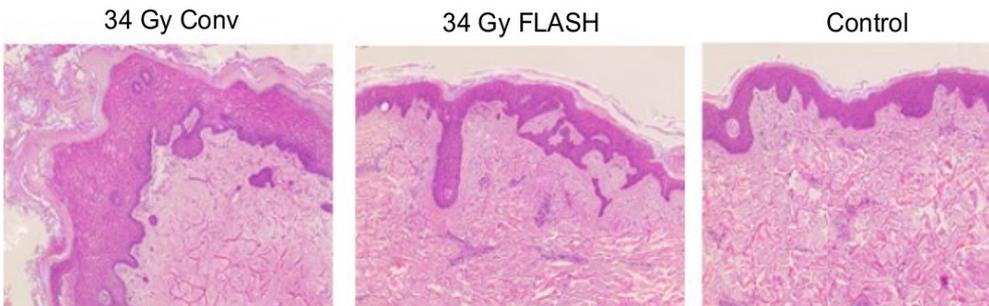
# Effetto FLASH – riceve grande impulso



- Apparent sparing of healthy tissue when dose is delivered at **ultrahigh dose rates (UHDR) of > 40 Gy/s.**
- Healthy tissue sparing observed in virtually all radiation modalities.
  - ✓ Majority of experiments/trials with low energy electrons and shoot-through protons.
- So far, 2 human trials:
  - Skin lymphoma with 6 MeV electrons (CHUV, 2019).
  - Bone metastases with 250 MeV (shoot-through) protons (Cincinnati, 2020). Pain relief and not curative
  - Further trials are ongoing

**Il meccanismo FLASH tuttora non è compreso completamente**

Vozenin MC, De Forne P, Petersson K, Favaudon V, Jaccard M, Germond JF, Petit B, Burki M, Ferrand G, Patin D, Bouchaab H, Ozsahin M, Bochud F, Bailat C, Devauchelle P, Bourhis J. The Advantage of FLASH Radiotherapy Confirmed in Mini-pig and Cat-cancer Patients. Clin Cancer Res. 2019 Jan



# “Trasporto” in clinica (2019): Trattamento di un primo paziente con FLASH -radiotherapy

**5.6 MeV** linac adapted for accelerating  
electrons in FLASH mode

**15 Gy** with 10 pulses in **90 ms**

3.5 cm diameter tumour, multiresistant  
cutaneous

Sembra che una dose istantanea produca  
un consumo significativo di ossigeno e una  
hypoxia transitoria protettiva nei tessuti  
normali

Contents lists available at [ScienceDirect](#)

**Radiotherapy and Oncology**

journal homepage: [www.thegreenjournal.com](http://www.thegreenjournal.com)

Original Article

**Treatment of a first patient with FLASH-radiotherapy**

Jean Bourhis<sup>a,b,\*</sup>, Wendy Jeanneret Sozzi<sup>a</sup>, Patrik Gonçalves Jorge<sup>a,b,c</sup>, Olivier Gaide<sup>d</sup>, Claude Bailat<sup>c</sup>, Frédéric Duclos<sup>a</sup>, David Patin<sup>a</sup>, Mahmut Ozsahin<sup>a</sup>, François Bochud<sup>c</sup>, Jean-François Germond<sup>c</sup>, Raphaël Moeckli<sup>c,1</sup>, Marie-Catherine Vozenin<sup>a,b,1</sup>

<sup>a</sup>Department of Radiation Oncology, Lausanne University Hospital and University of Lausanne; <sup>b</sup>Radiation Oncology Laboratory, Department of Radiation Oncology, Lausanne University Hospital and University of Lausanne; <sup>c</sup>Institute of Radiation Physics, Lausanne University Hospital and University of Lausanne; and <sup>d</sup>Department of Dermatology, Lausanne University Hospital and University of Lausanne, Switzerland

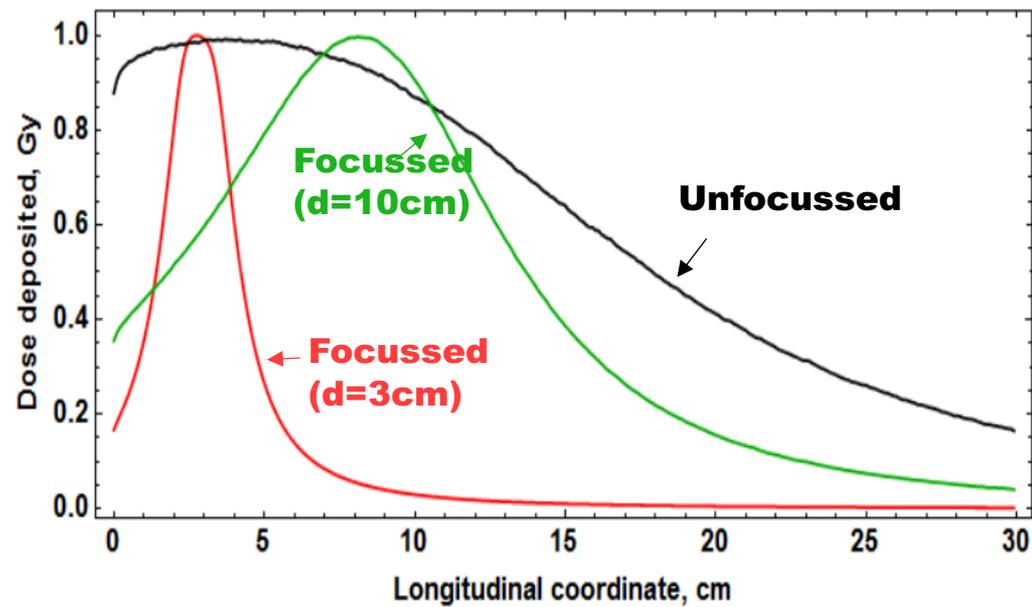
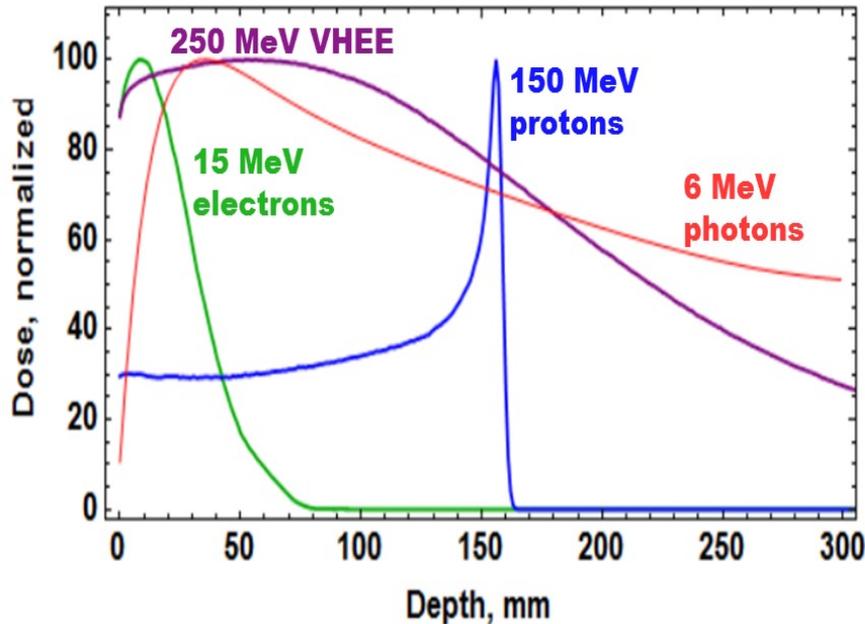


**Fig. 1.** Temporal evolution of the treated lesion: (a) before treatment; the limits of the PTV are delineated in black; (b) at 3 weeks, at the peak of skin reactions (grade 1 epithelitis NCI-CTCAE v 5.0); (c) at 5 months.

# VHEE (Very High Energy Electrons)

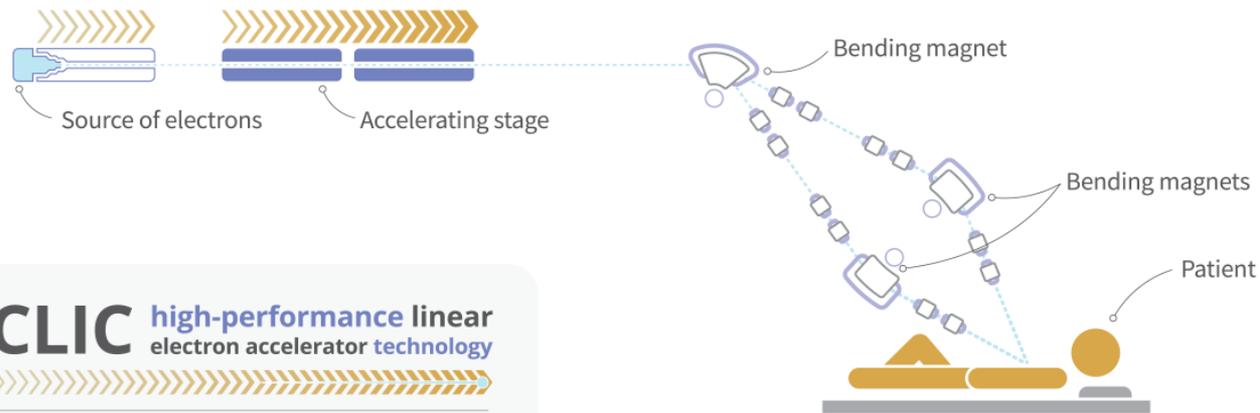
# VHEE

- Le loro proprietà balistiche e dosimetriche possono superare quelle dei fotoni che sono comunemente usati in RT.
- La loro posizione confrontata con i protoni deve essere valutata, tuttavia essi possono essere prodotti a costi ridotti.



Depth Dose curve for various particle beams in water (beam widths  $r=0.5$  cm)

# CERN, CHUV and THERYQ uniscono le loro forze per la prima VHEE Facility (Nov 2022)



**CLIC** high-performance linear electron accelerator technology

FLASH treatments of large and deep-seated tumours

More healthy tissue spared

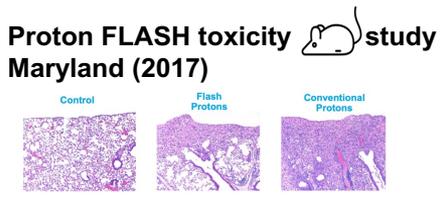
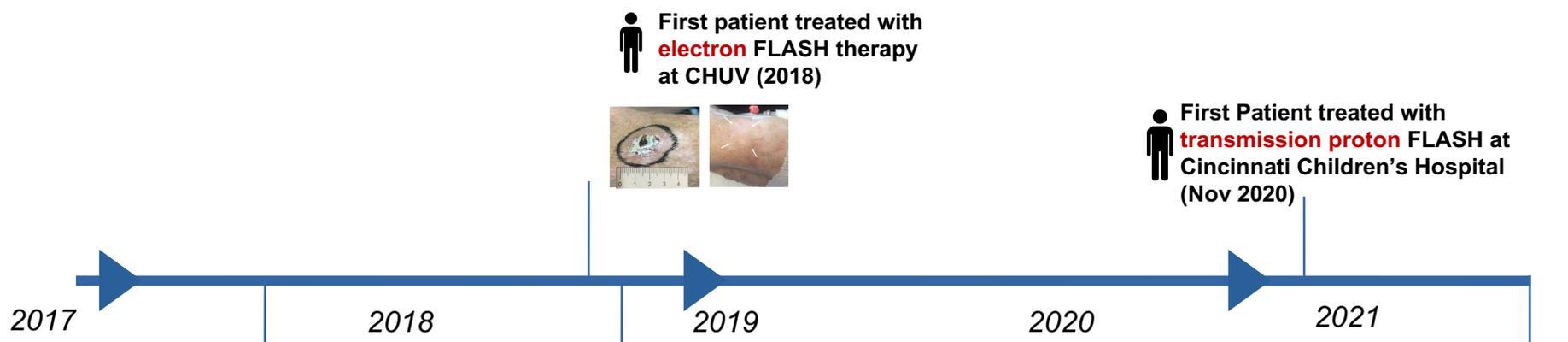
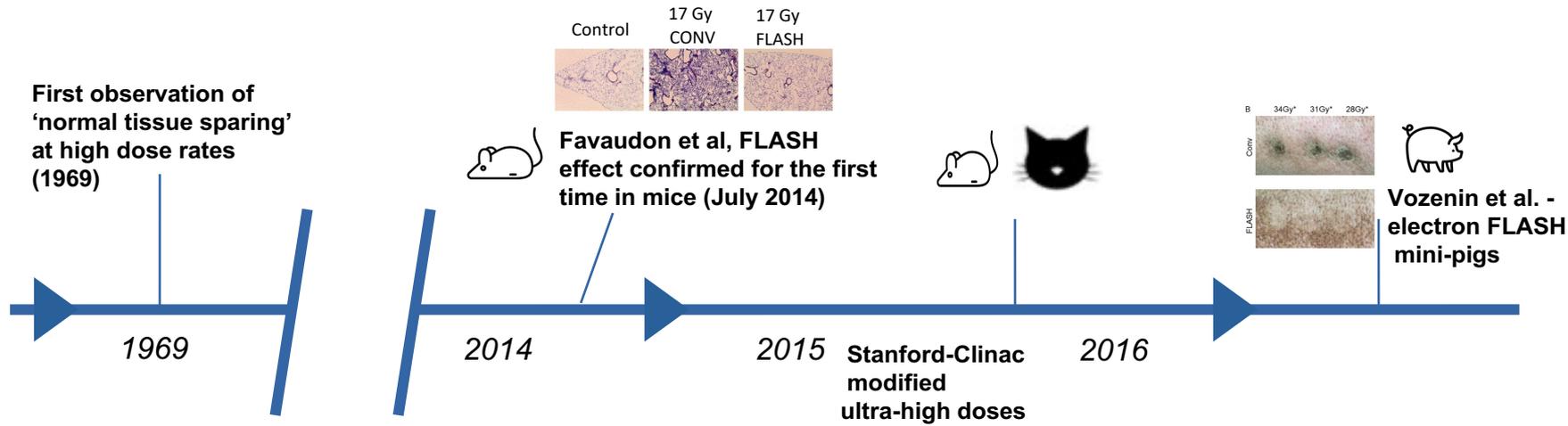
< 200 ms

Full dose is delivered by a beam of electrons in less than 200 ms

The CLIC logo is at the top left. Below it is a yellow arrow graphic. The FLASH section features a yellow lightning bolt icon and a blue shield icon. The 'More healthy tissue spared' section features a blue heart icon with a white pulse line and a yellow shield icon.

## Innovative Radiation Therapy with Electrons

Produrrà fasci di elettroni di “alta” energia (VHEE) fra 100 e 200 MeV di durata inferior 100-200ms, basandosi sulla tecnologia usata per CLIC (Compact Linear Collider), permettendo il trattamento di tutti i tipi di cancro fino ad una profondità di 20 cm usando la tecnica FLASH.

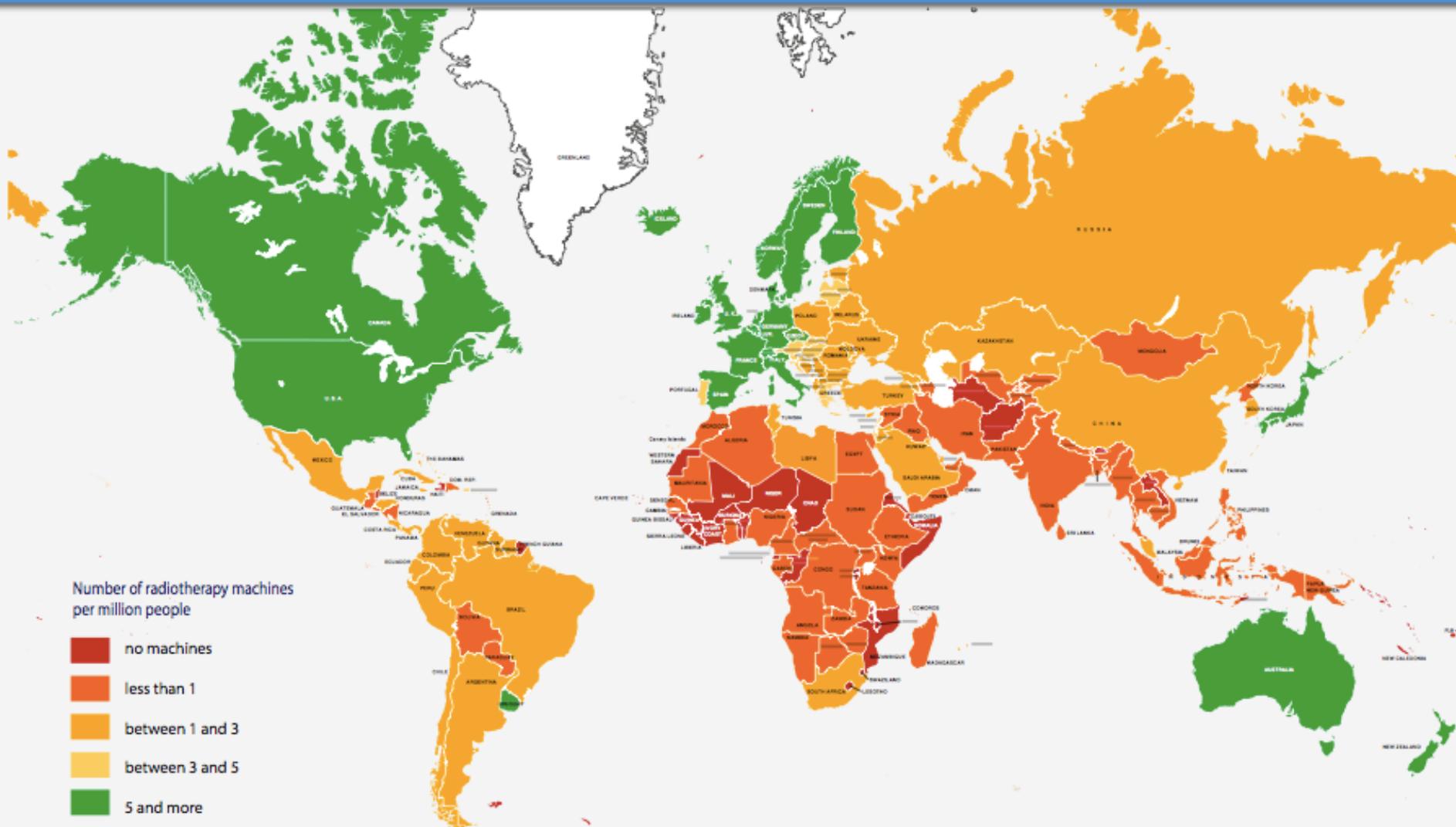


# Collaborazione per lo sviluppo.....

# Availability of **RADIATION THERAPY**

Number of Radiotherapy Machines per Million People

2012

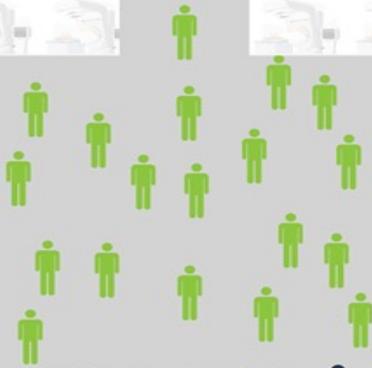
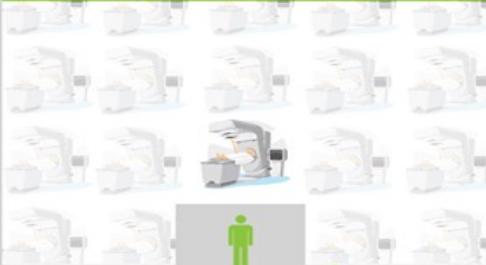


Source: DIRAC (Directory of Radiotherapy Centres), 2012 / IAEA

For more information: <http://www-naweb.iaea.org/nahu/dirac/>  
[dirac@iaea.org](mailto:dirac@iaea.org)

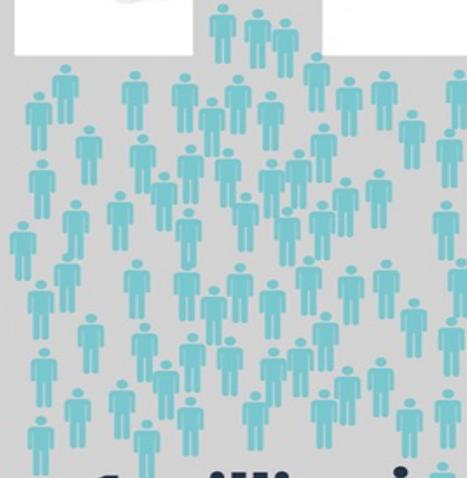
# Radiotherapy in Cancer Care

## In high income countries



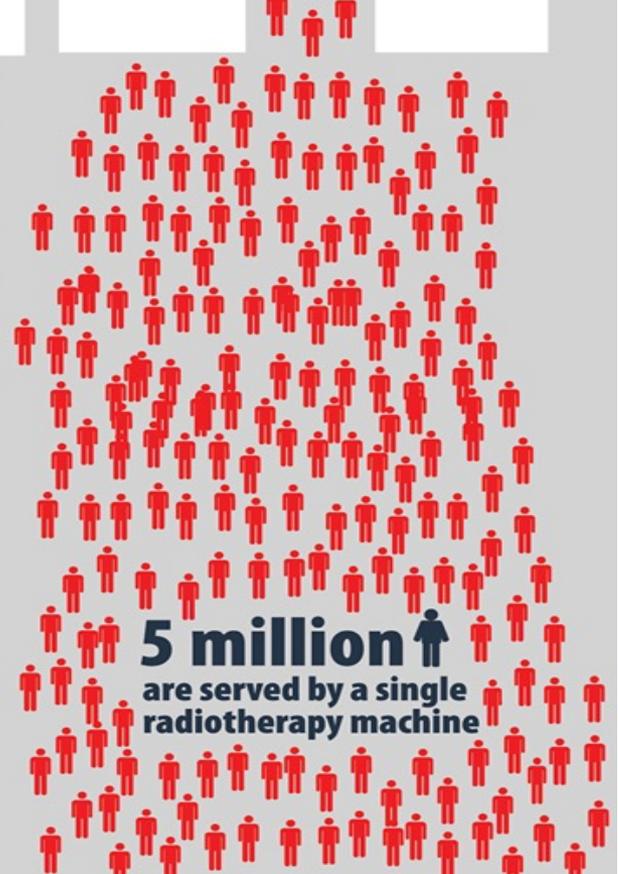
**120,000**   
are served by a single  
radiotherapy machine

## In middle income countries



**1 million**   
are served by a single  
radiotherapy machine

## In low income countries



**5 million**   
are served by a single  
radiotherapy machine

# Great strides have been made in the fight against cancer

## But there are dramatic disparities in Access

Country	LINACs	Population	People per LINAC
Ethiopia	1	115 M	115,000,000
Nigeria	7	206 M	29,000,000
Tanzania	5	59.7 M	11,900,000
Kenya	11	53.9 M	4,890,000
Morocco	42	36.9 M	880,000
South Africa	97	59 M	608,000
UK	357	67 M	187,000
Switzerland	83	8.6 M	103,000
US	3727	331 M	88,000

Italy has 436 LINACS for 59 M = 136,000

**Africa: 420 MV RT units for around 1.4 billion people**

**1 machine per 3.5 million people**

**UK: 359 MV RT units for around 68 million people**

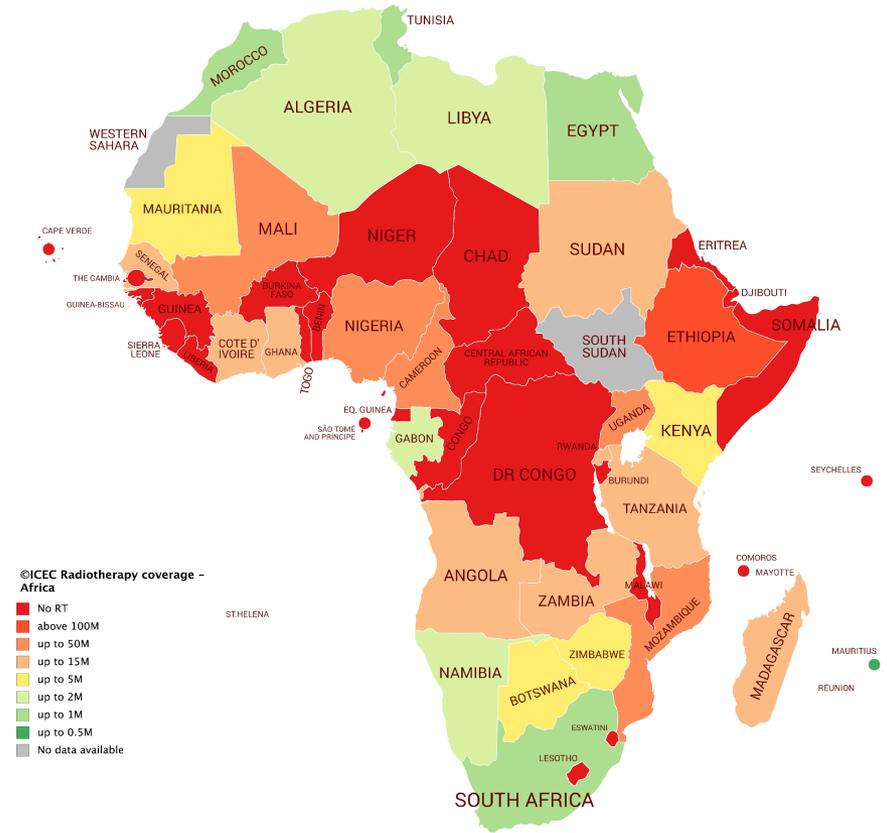
**1 machine per 190,000**

**Switzerland: 84 MV for 8.7 million people**

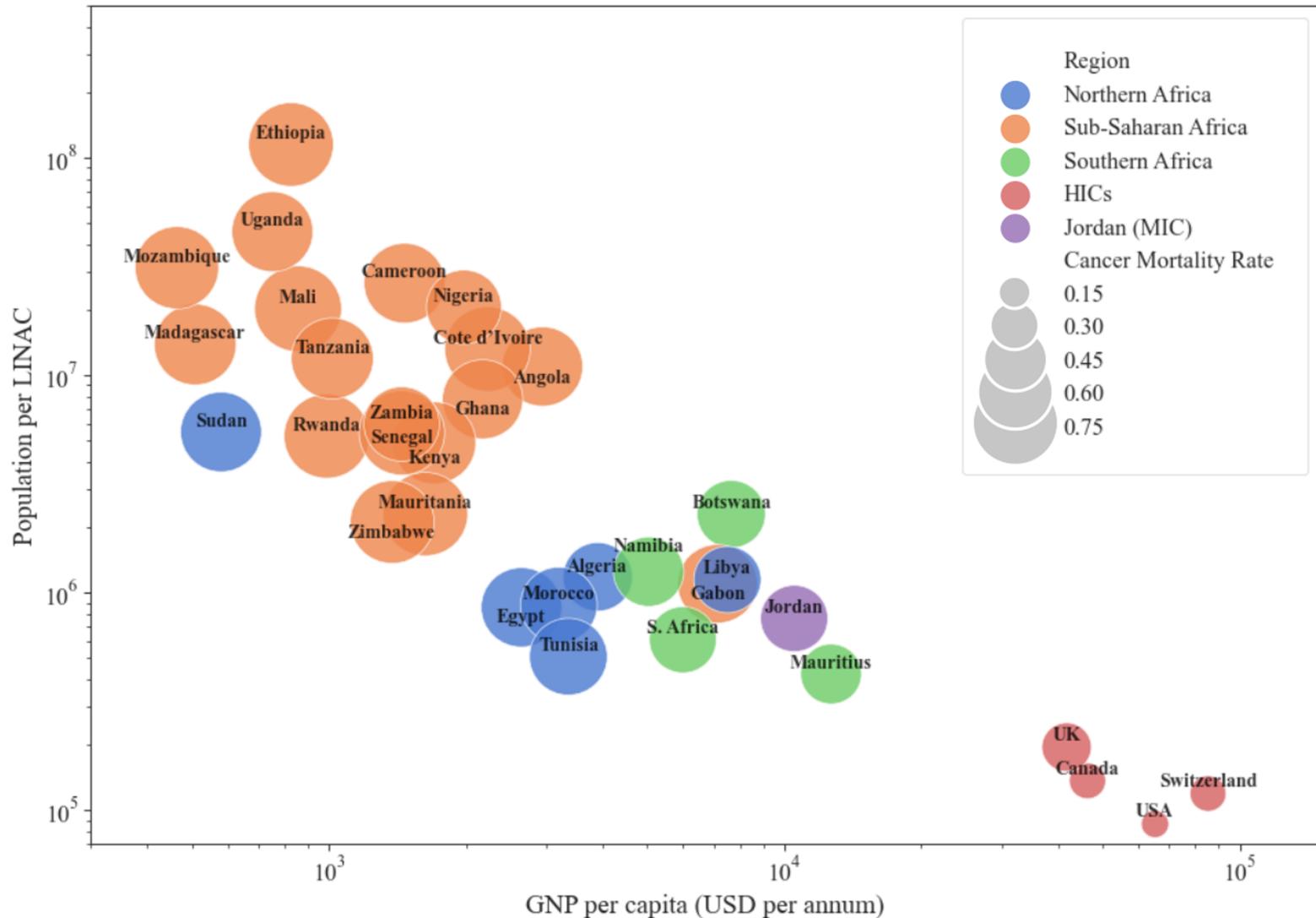
**1 machine for 100,000**

**US: 3854 MV for around 330 million people**

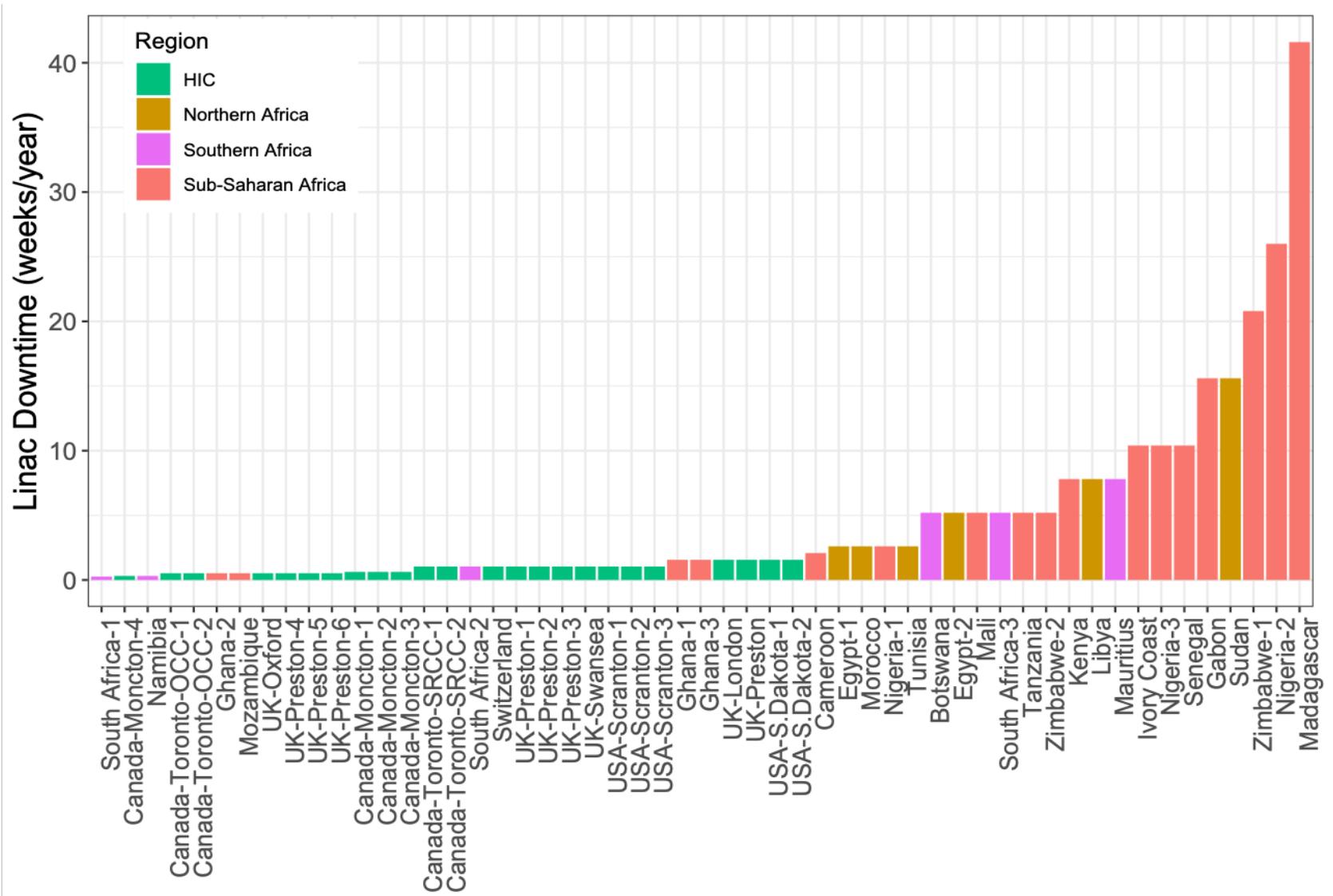
**1 machine for 86,000**



# GNP per Capita and the Ratio of Inhabitants to RT Machines and Cancer Mortality Rates



# Downtime in weeks comparison African and HICs



# Obiettivi Finali

- Macchine Robuste, modulari, affidabili e semplici da usare
- Che siano "convenienti"
  - ✓ **Ridurre** il costo dell'investimento di capitale
  - ✓ **Ridurre** i costi delle operazioni
  - ✓ **Ridurre** i costi delle manutenzioni
  - ✓ **Ridurre** il numero di esperti necessari
  - ✓ **Aumentare** il numero di pazienti trattati per anno
- **Con lo scopo di**
  - ✓ **Migliorare** i flussi di pazienti (patient through-put)
  - ✓ **Aumentare** l'efficacia
  - ✓ **Ridurre** i costi delle operazioni, di personale e delle macchine
  - ✓ **Espandere** le possibilità di accesso alla Radioterapia

# Grazie!!



The ambitious vision of RT for all is not possible without global partnerships and collaboration, a multi-faceted approach with all interested colleagues specially LMICs



[cern.ch/virtual-hadron-therapy-centre](https://cern.ch/virtual-hadron-therapy-centre)



European NoVel Imaging Systems  
for ION therapy

# Interactive Material

- From particle physics to medicine  
[www.youtube.com/watch?v=WhgDZKr9GQQ](http://www.youtube.com/watch?v=WhgDZKr9GQQ)
- Imaging and hadron therapy animation  
<http://cds.cern.ch/record/1611721?ln=en>  
<http://cds.cern.ch/record/2002120>
- Interactive virtual visit to a hadrotherapy centre:  
<http://www.cern.nymus3d.nl/maps#>
- PARTNER Marie Curie  
<http://cds.cern.ch/record/1384426?ln=en>  
<http://cds.cern.ch/record/1327668>
- ENERVISION Marie Curie  
<http://cds.cern.ch/record/1541891>
- FLASH An innovative electron radiotherapy technology  
<https://videos.cern.ch/record/2762058>  
<https://videos.cern.ch/record/2295068>

# Articles

1. Dosanjh, M.K., [From Particle Physics to Medical Applications](http://iopscience.iop.org/book/978-0-7503-1444-2/chapter/bk978-0-7503-1444-2ch1), IOP Publishing, e-book, <http://iopscience.iop.org/book/978-0-7503-1444-2/chapter/bk978-0-7503-1444-2ch1>
2. <https://cerncourier.com/a/the-changing-landscape-of-cancer-therapy/>
3. Pistenmaa, D., Coleman, C.N., and Dosanjh, M.K.; Developing medical linacs for challenging regions: <http://cerncourier.com/cws/article/cern/67710> (2017)
4. Dosanjh, M.K., Amaldi, U., Mayer, R. and Poetter, R.; ENLIGHT: European Network for Light Ion Hadron Therapy. DOI: 10.1016/j.radonc.2018.03.014  
<https://www.sciencedirect.com/science/article/pii/S0167814018301464>
5. Ugo Amaldi, et al . South East European International Institute for Sustainable Technologies (SEEIIST) Front. Phys., January 2021 | <https://doi.org/10.3389/fphy.2020.567466>
6. Angal-Kalinin D, Burt G and Dosanjh M. *Linacs to narrow radiation therapy gap*, CERN Courier, December 2021 <https://cerncourier.com/a/linacs-to-narrow-radiotherapy-gap/>
7. Manjit Dosanjh, Collaboration, the force that makes the impossible possible. [Advances in Radiation Oncology](#) 7(6):100966 DOI: [10.1016/j.adro.2022.100966](https://doi.org/10.1016/j.adro.2022.100966)

# Many thanks

- U. Amaldi, CERN & TERA
- E. Blakely, LBNL, USA
- M Durante, GSI, Germany
- ENLIGHT Community
- HIT, CNAO, MedAustron, PSI and HITRIplus colleagues
- Medipix
- MARS BioImaging Ltd
- KT group at CERN