

# NEW APPLICATIONS OF POSITRON-EMITTING NUCLEI IN MEDICAL IMAGING AND TREATMENT AT GSI

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**GSI, Darmstadt, Germany**



The 19th International Conference on Electromagnetic Isotope Separators and Related Topics (EMIS 2022)

Daejeon, South Korea, 3 to 7 October 2022

# HEAVY ION RADIOTHERAPY: SHORT HISTORY

**1946**

Robert Wilson first  
proposed heavy  
ions for cancer  
treatment

**1957 –1992**

Lawrence Berkeley  
National Lab, US  
Radiotherapy with H  
and heavier ions up  
to Ne

**1990-2005**

GSI, Germany  
Clinical trials of Radiotherapy  
with C  
Raster magnetic scanning  
system  
PET range verification

**1994 - present**

National Institute of  
Radiological Sciences  
(NIRS), Japan  
Radiotherapy with  
C at HIMAC

**2009 - present**

Heidelberg ion-  
beam therapy  
centre (HIT),  
Germany

## MEDICAL APPLICATIONS OF RADIOACTIVE ION BEAMS

**1980 –1992**

Lawrence Berkeley  
National Lab, US  
Positron emitting RIB  
As low dose probe  
beam

**1990 - 1992**

GSI, Germany  
Investigations on PET  
imaging using  
radioactive ion-  
beam was

**2000 - present**

National Institute of  
Radiological  
Sciences (NIRS),  
Japan  
Investigations on  
Positron emitting  
isotopes of C & O

**2015 - present**

CERN-ISOLDE ,  
KU Leuven, Belgium &  
Med Austron, Austria  
mass separated  
11Carbon for PET-  
aided hadron therapy



**2021 - present**

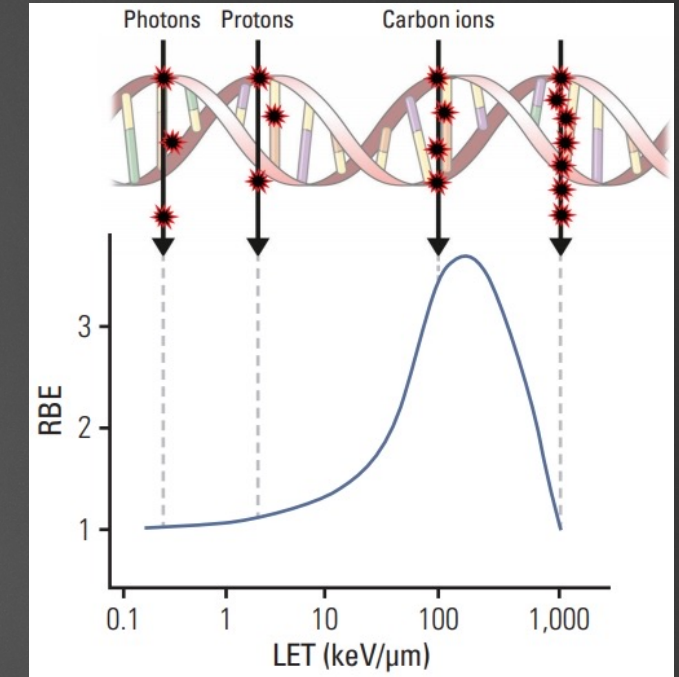
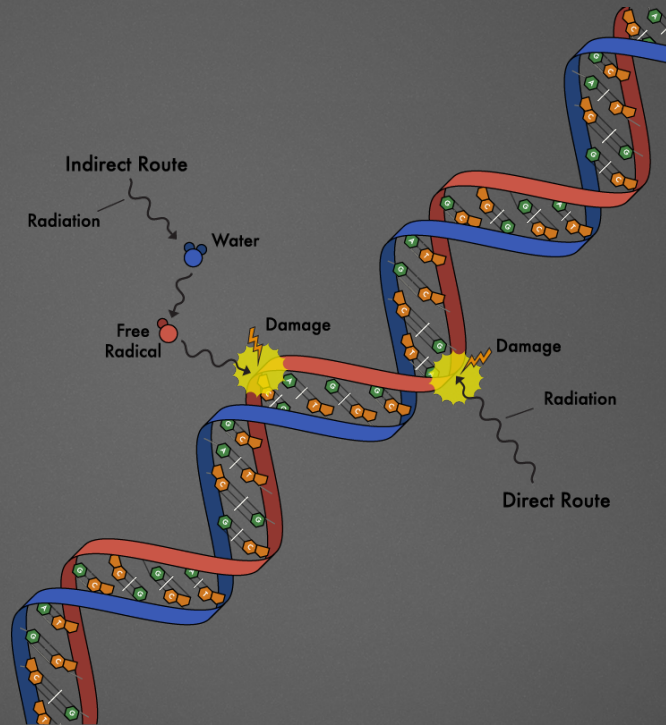
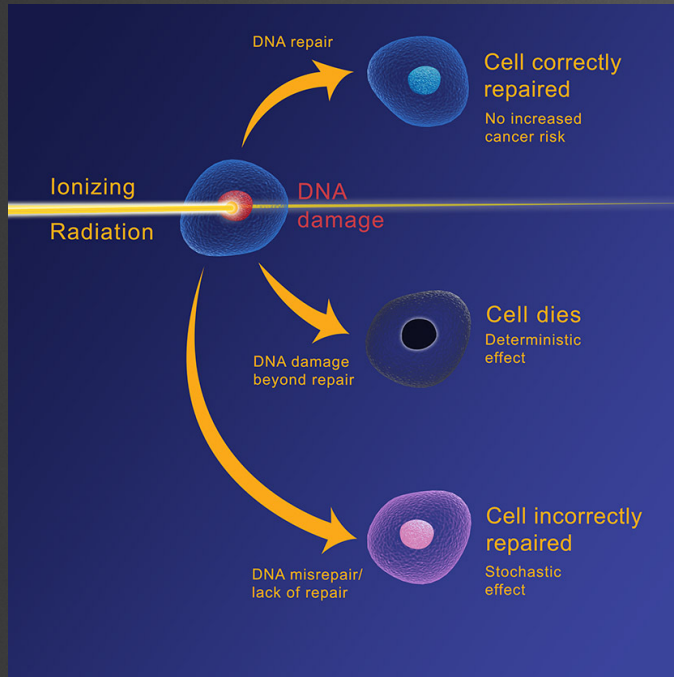
GSI, Germany  
Biomedical  
Applications of  
Radioactive ion Beams  
ERC Advanced Grant





## Treatment of cancerous tumors using ionizing radiation

- Direct and indirect interaction with DNA



**High Linear Energy Transfer (LET)** ➤ ionizes water into H and OH radicals over a very short track  
Heavy ions ➤ predominantly direct effect ➤ less dependent on free radical production and oxygen concentrations.



# ERC ADVANCED GRANT BARB

## BIOMEDICAL APPLICATIONS OF RADIOACTIVE ION BEAMS

### OBJECTIVES

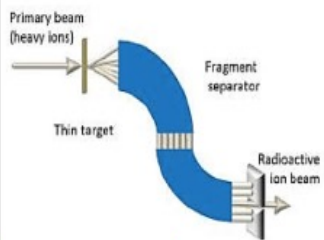
### METHODOLOGY

### OUTCOMES

Measure maximum achievable intensity for  $^{12}\text{C}$ - and  $^{16}\text{O}$ -derived RIB



Produce light RIB using fragment separator at FAIR

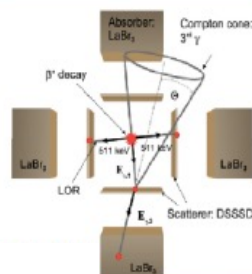


Production of high-intensity RIB for first-time therapeutic use

Design hybrid  $\gamma$ -PET detector superior to state-of-the-art PET



Development of hybrid  $\gamma$ -PET detector through collaboration with LMU

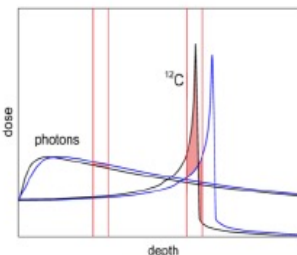


Real-time imaging and monitoring of high-intensity RIB

Select best high-intensity RIB for therapy



Conduct biophysical dosimetric studies in phantoms and mammalian cells

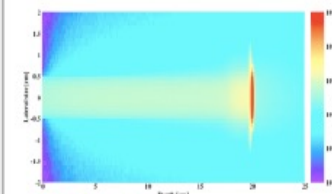


Identification of RIB suitable for therapeutic applications

Define maximum accuracy and resolution for RIB CPT

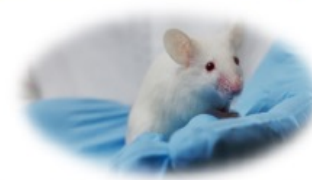


Visualize RIB using BASTEI PET camera and hybrid  $\gamma$ -PET detector



Unprecedented imaging accuracy for therapeutic beam delivery

Validate therapeutic potential of RIB in animals



Assess tumour growth post-irradiation in soft-tissue sarcoma model



Improved precision of RIB CPT for cancer and other indications



M. Durante  
Principal investigator



K. Parodi  
Co-PI/WPL: Imaging

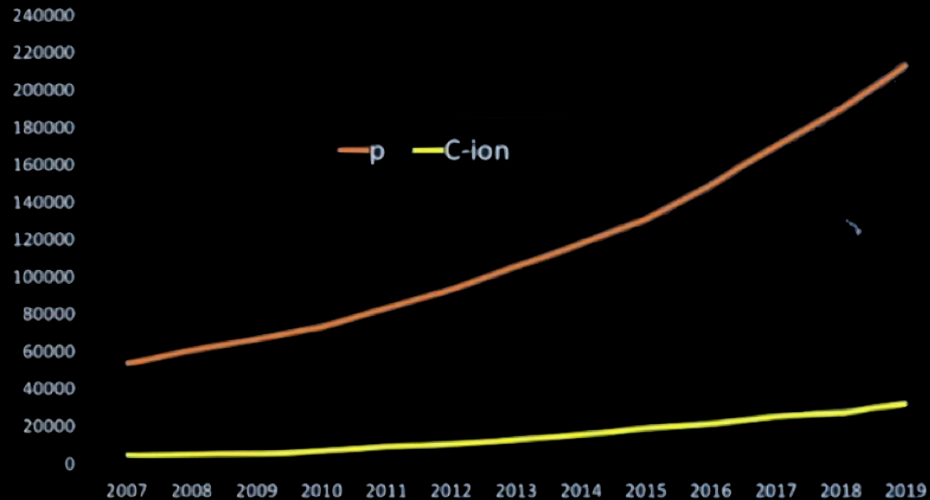
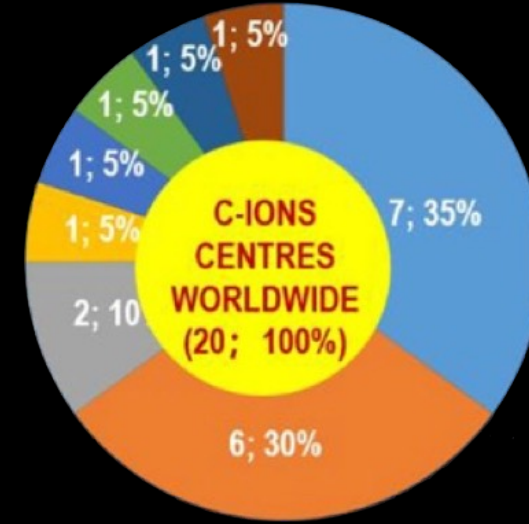
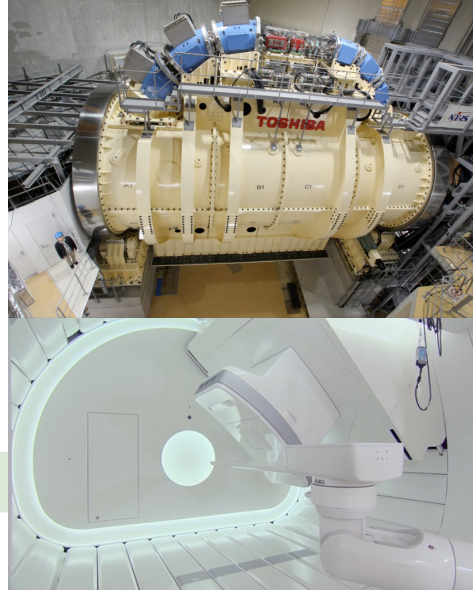
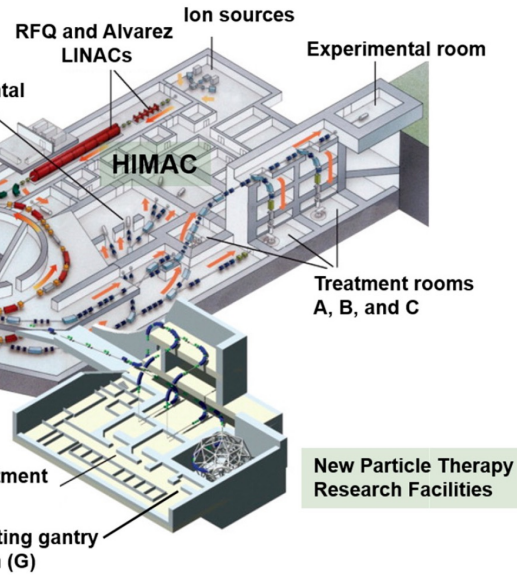


C. Scheidenberger  
WPL: RIB production



# HEAVY ION MEDICAL ACCELERATORS

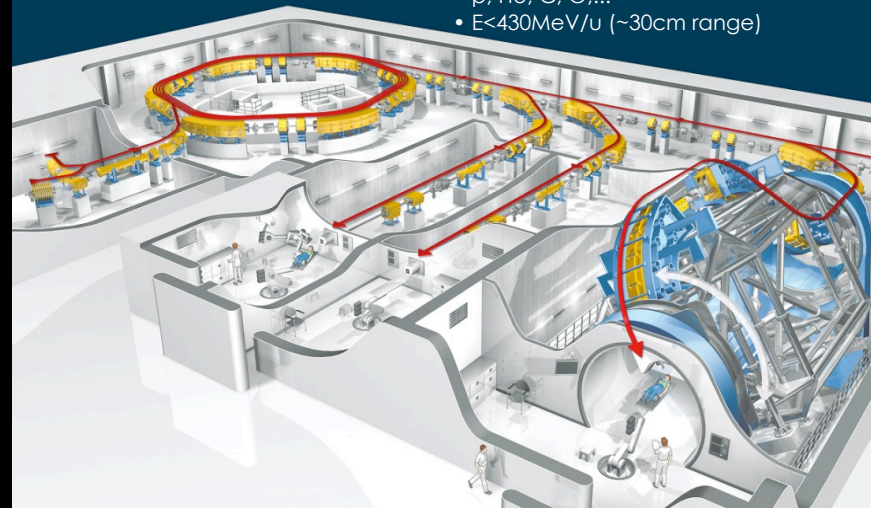
## Chiba (HIMAC) Japan



Patients treated with protons and C-ions worldwide

## Heidelberg (HIT) Germany

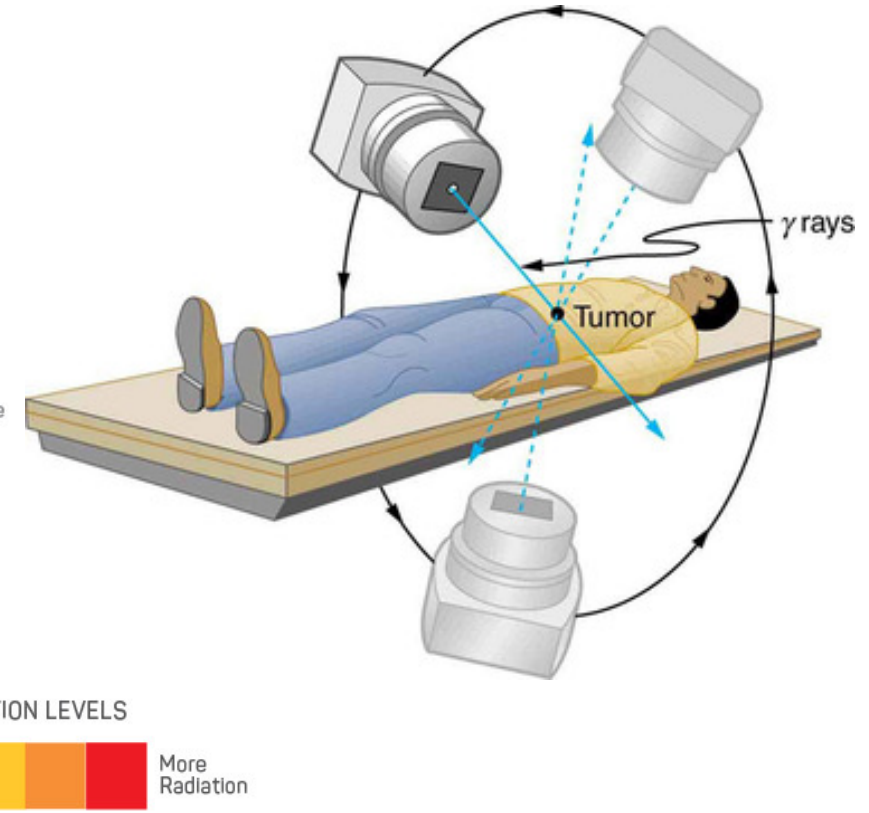
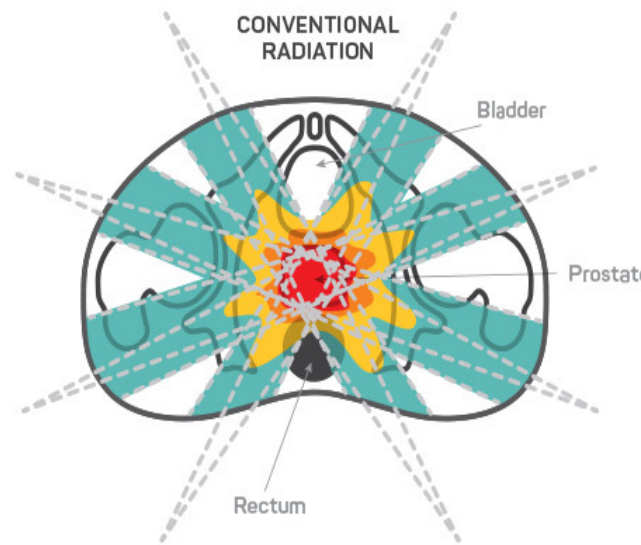
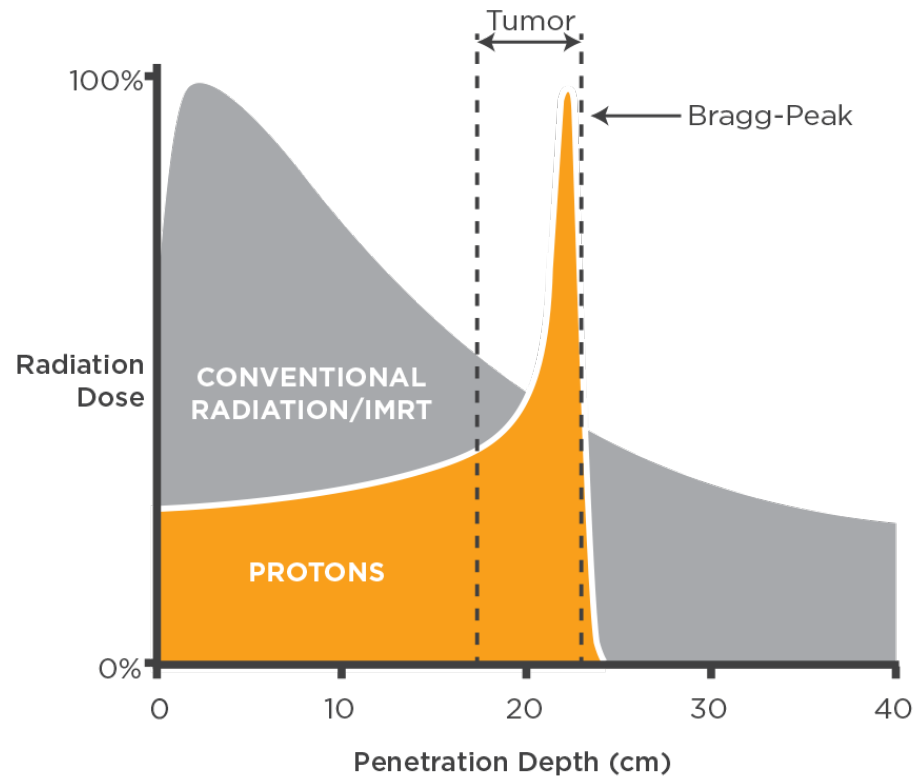
- Compact Synchrotron
- 2 Horizontal beams
- ScanningGantry
- QA- Room
- p, He, C, O,...
- $E < 430 \text{ MeV/u}$  (~30cm range)



# RADIATION DOSE: PHOTON VS. IONS

## Photons

Exponential absorption of dose with depth

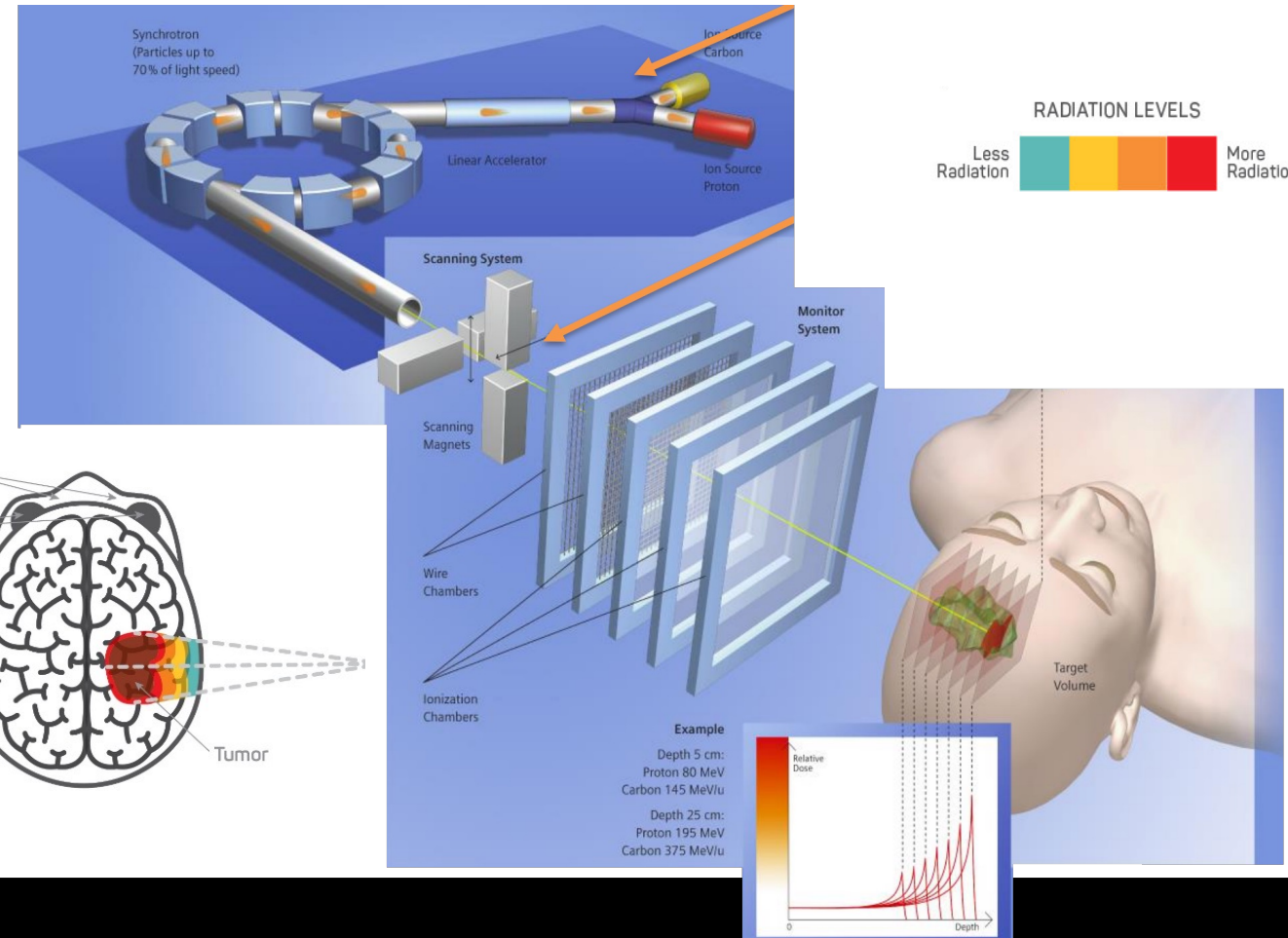
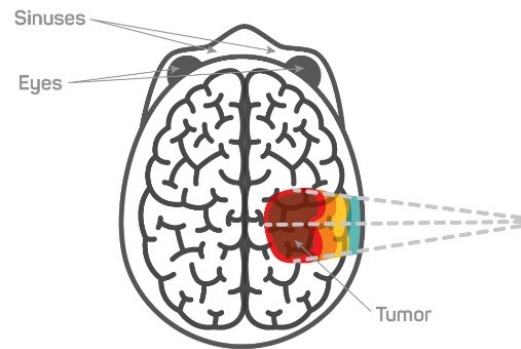
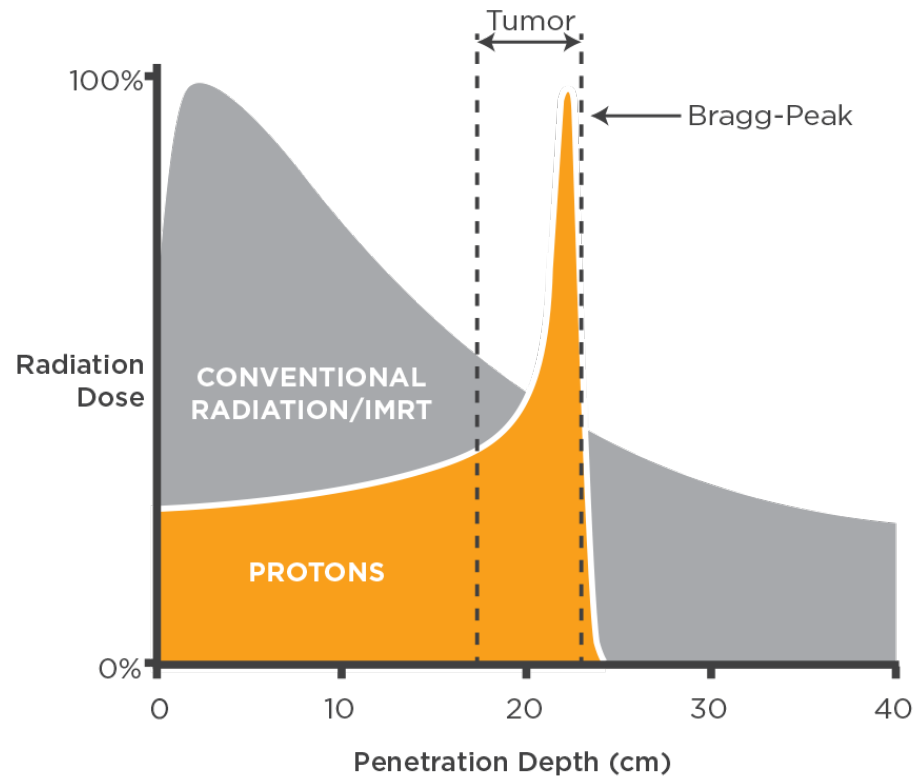




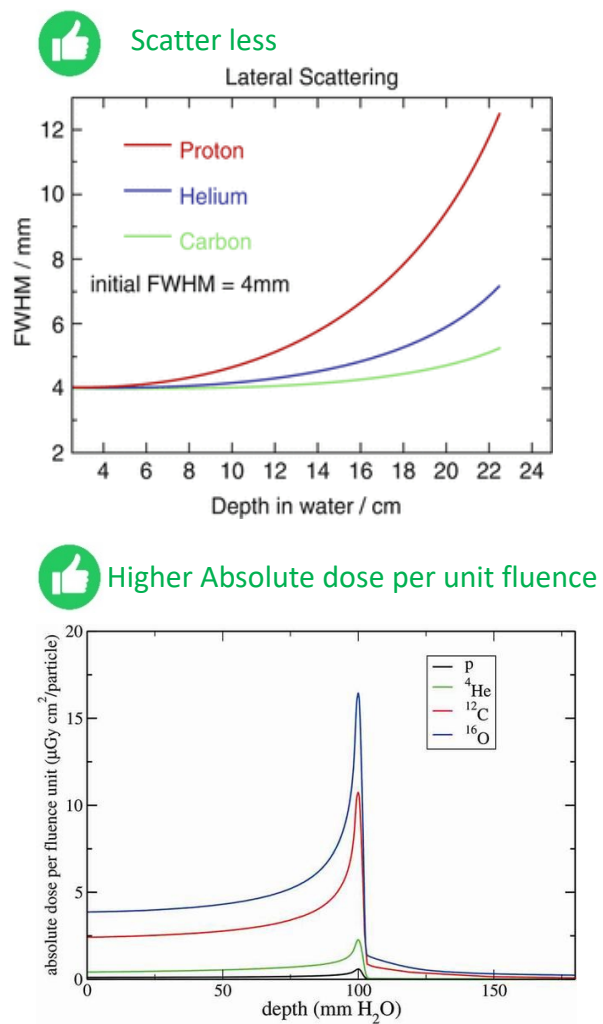
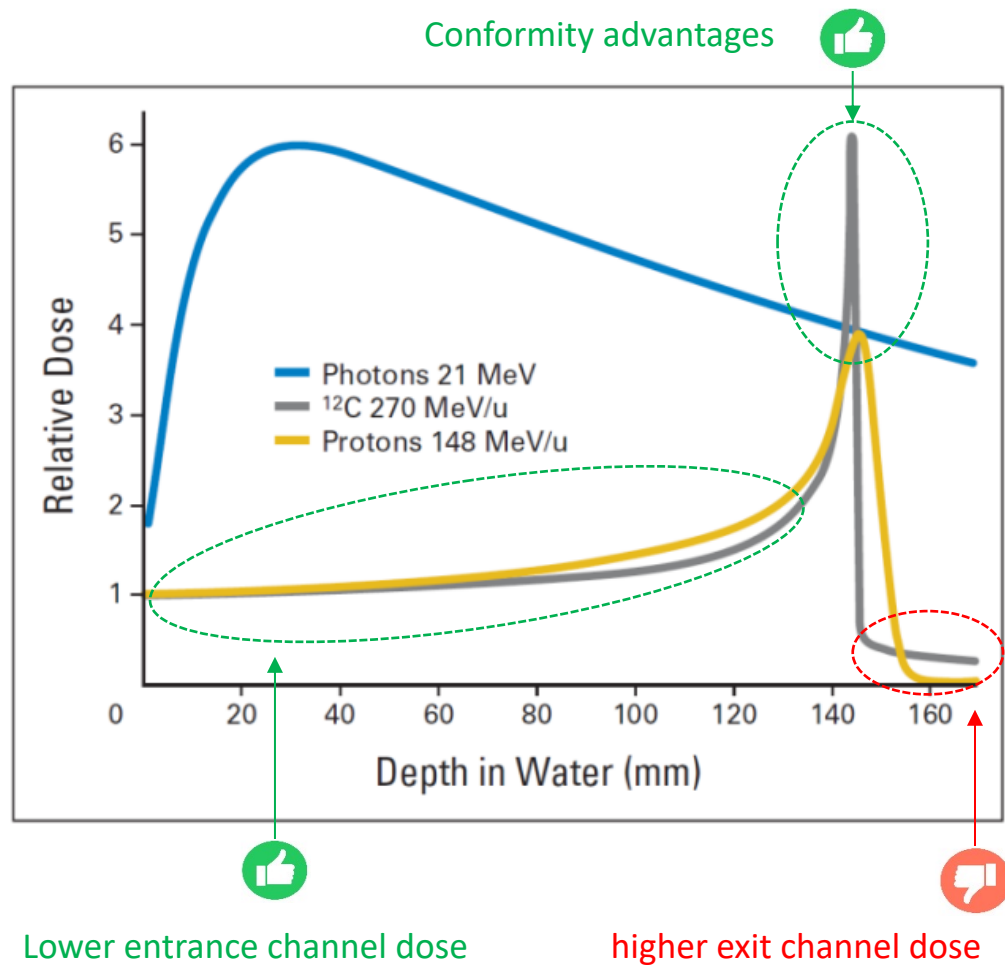
# RADIATION DOSE: PHOTON VS. IONS

## Ion beams

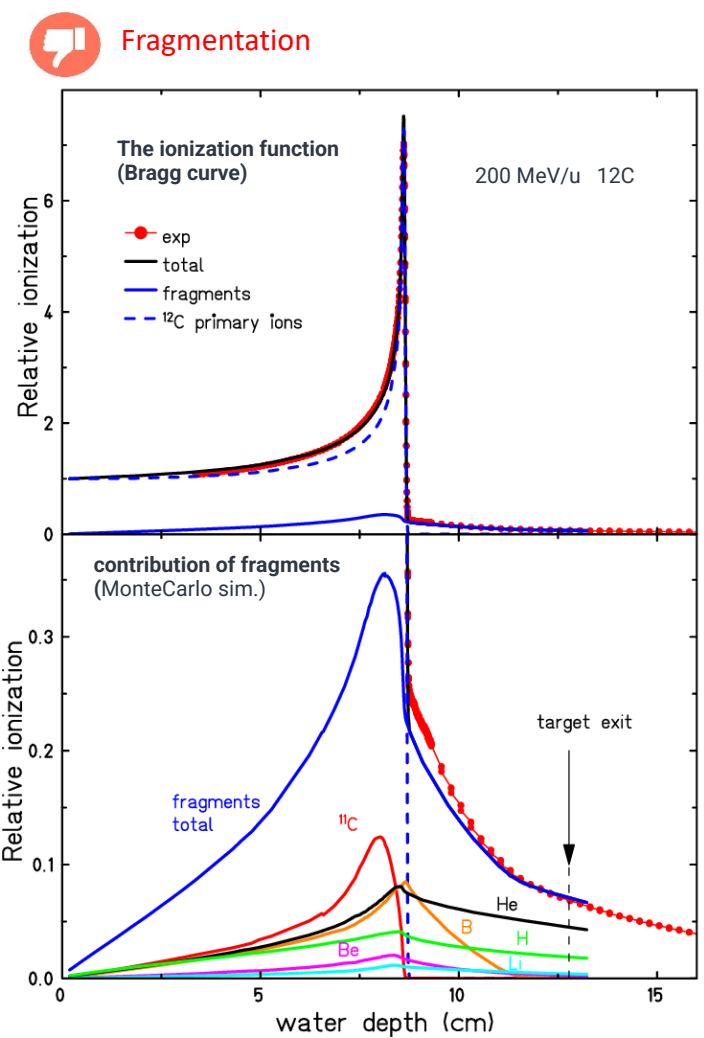
Increase in energy deposition with penetration depth up to the sharp maximum at the end of their range



# PROTON VS. HEAVIER IONS



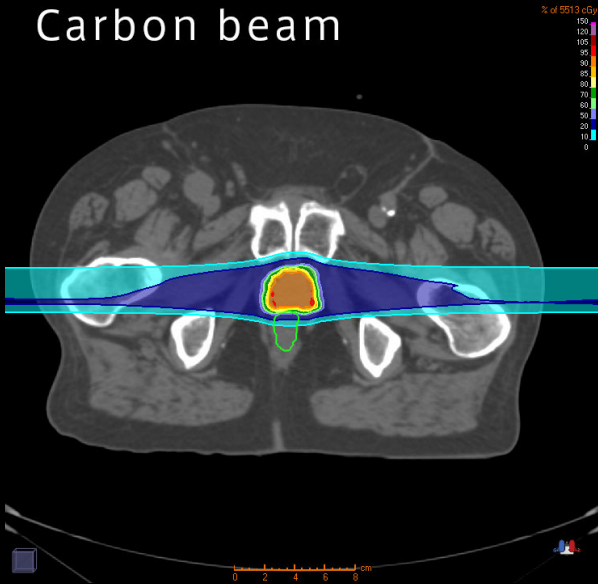
## heavier masses



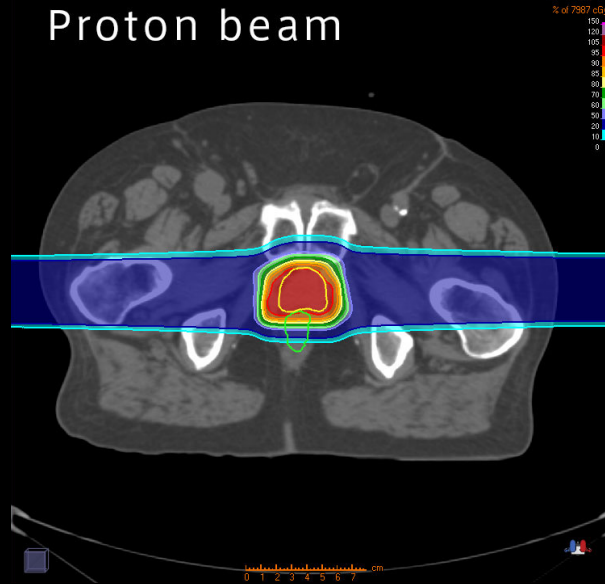


# CARBON BEAM RADIOTHERAPY

Carbon beam

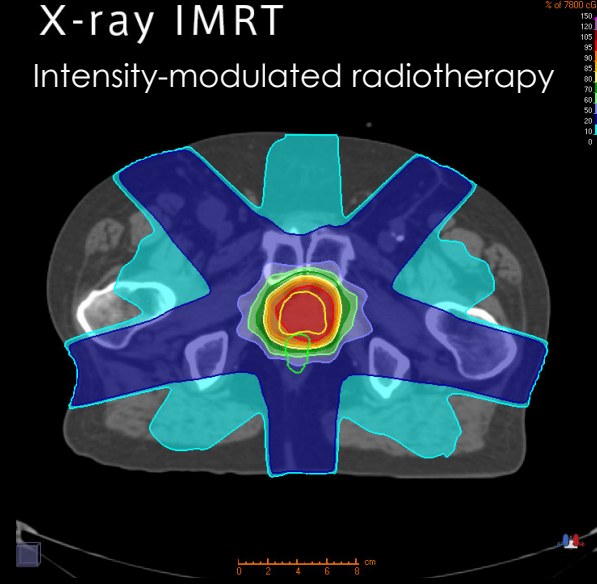


Proton beam



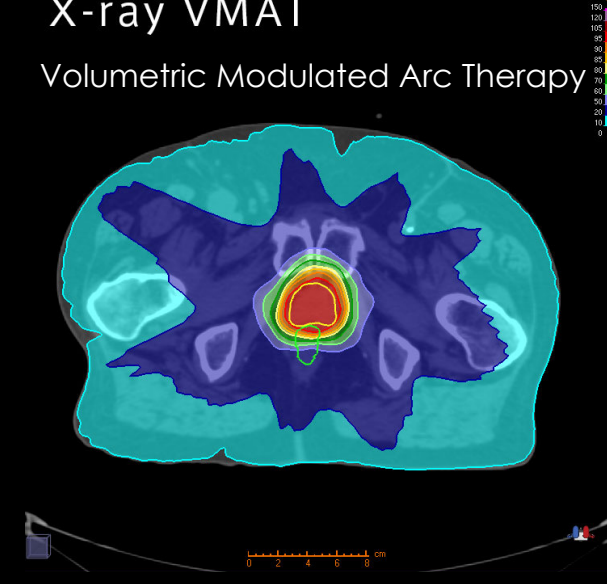
X-ray IMRT

Intensity-modulated radiotherapy



X-ray VMAT

Volumetric Modulated Arc Therapy



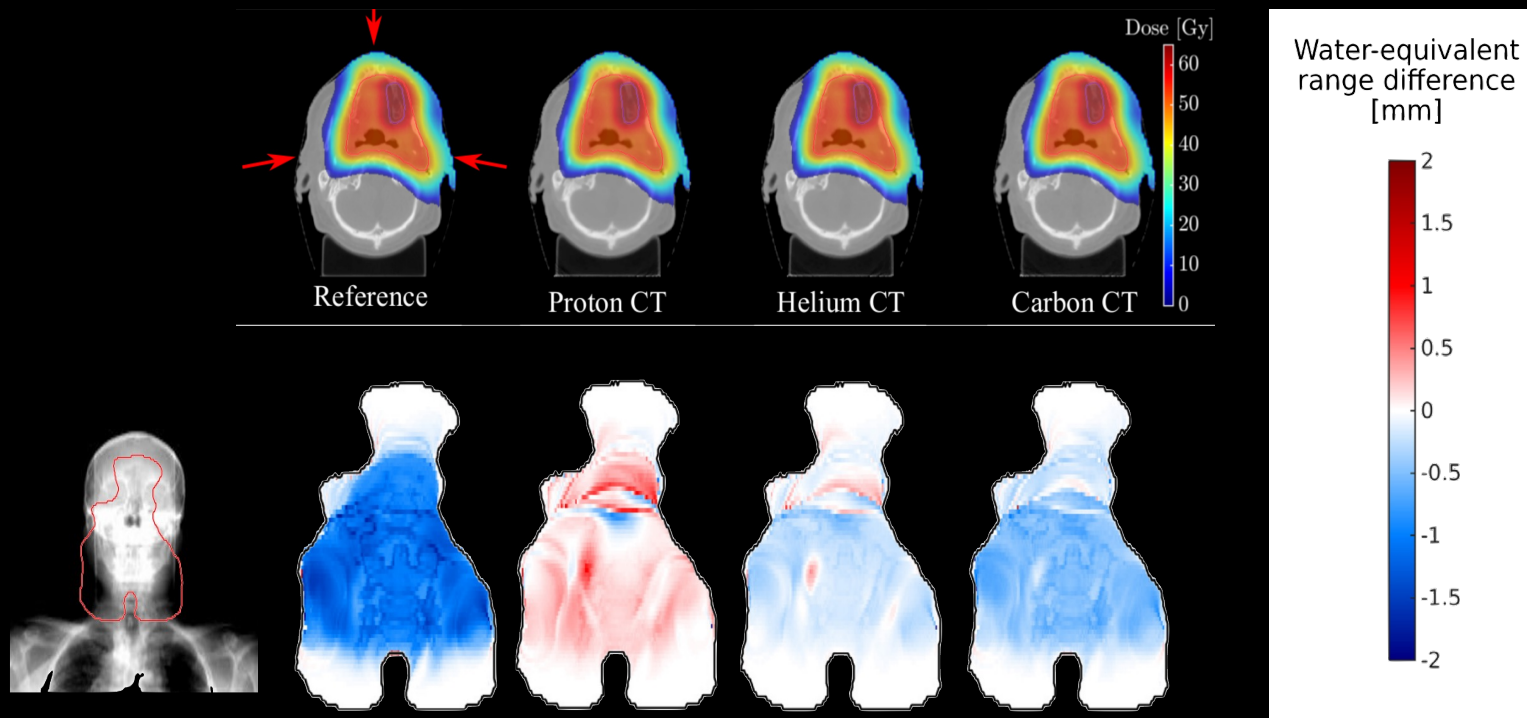
- High tumor dose, normal tissue sparing
- Effective for radioresistant tumors
- Effective against hypoxic tumor cells
- Increased lethality in the target because cells in radioresistant (S) phase are sensitized

# ION BEAM THERAPY : CHALLENGES

## Range uncertainties

Highly conformal ► Low tolerance for treatment planning error

- Inherent uncertainties in the conversion from X-ray CT data to particle range
- Anatomical changes



water-equivalent proton range variations for recalculation based on iCTs and xCT with respect to the optimized dose using the reference plan



# RANGE UNCERTAINTIES: WAY FORWARD

## Tumor tracking & Treatment verification

### Tumor tracking

- 4D CT

#### Motion detection

- X-ray stereo projections
- External surrogates combined with adaptive correlation models
- Soft-tissue imaging (ultrasound, MRI)
- Particle radiography

#### Motion tracking

- Lateral compensation (magnet steering)
- Depth compensation (moving degrader vs static degrader)

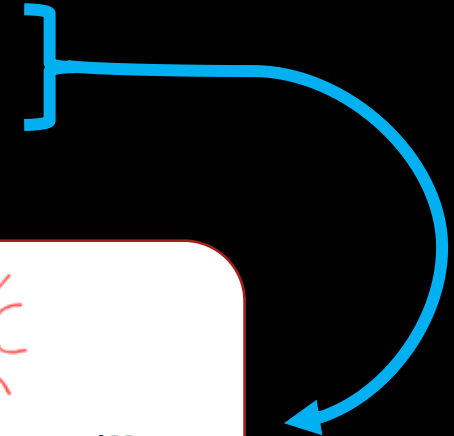
### Treatment verification

Range verification with RIB of positron emitters and Positron emission tomography (PET)

- Off-line PET dosimetry
- In-beam PET dosimetry
- Prompt radiation measurement

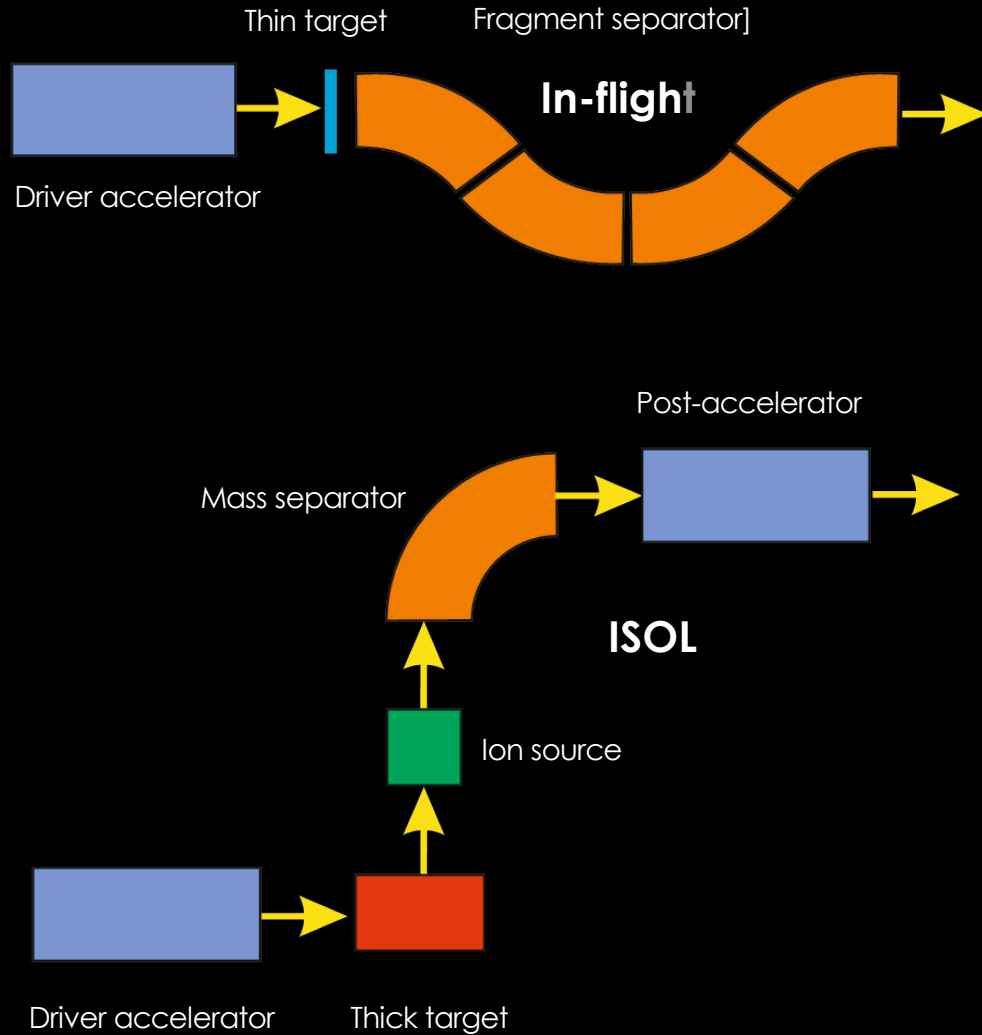


**Radiotherapy with positron emitters**  
e.g.  $^{11}\text{C}$ ,  $^{10}\text{C}$ ,  $^{15}\text{O}$ ,  $^{14}\text{O}$

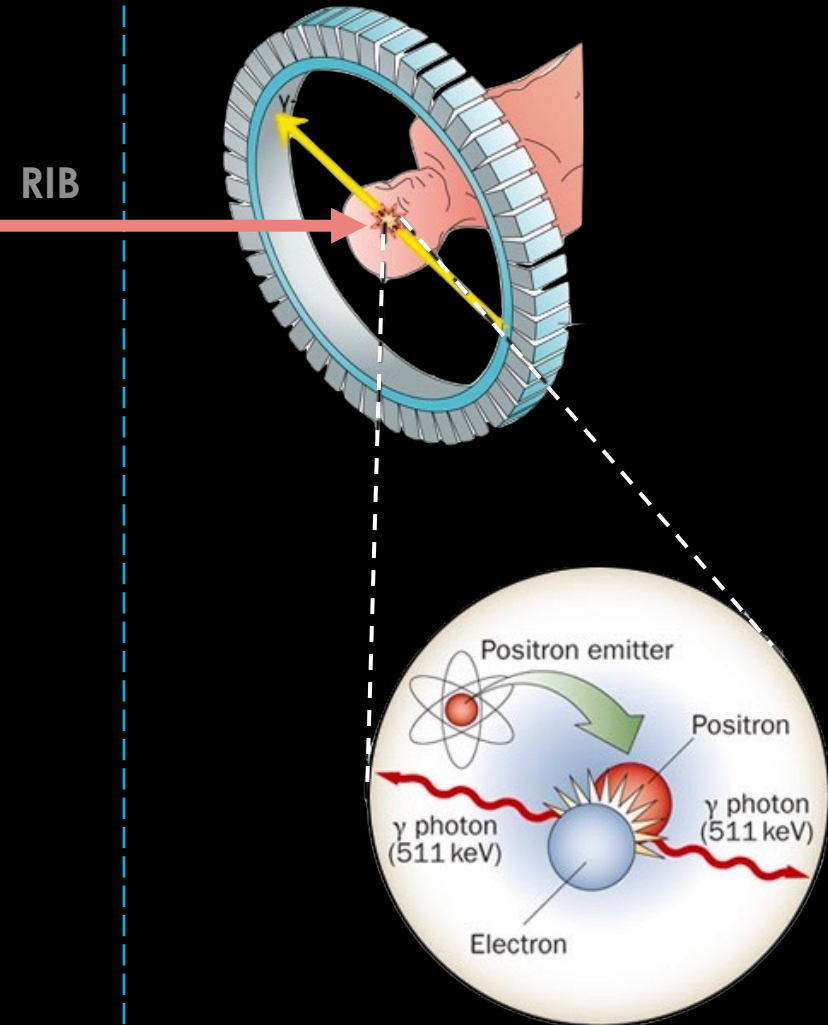


# RADIOTHERAPY WITH POSITRON EMITTERS

## Production of RIB of Positron emitters

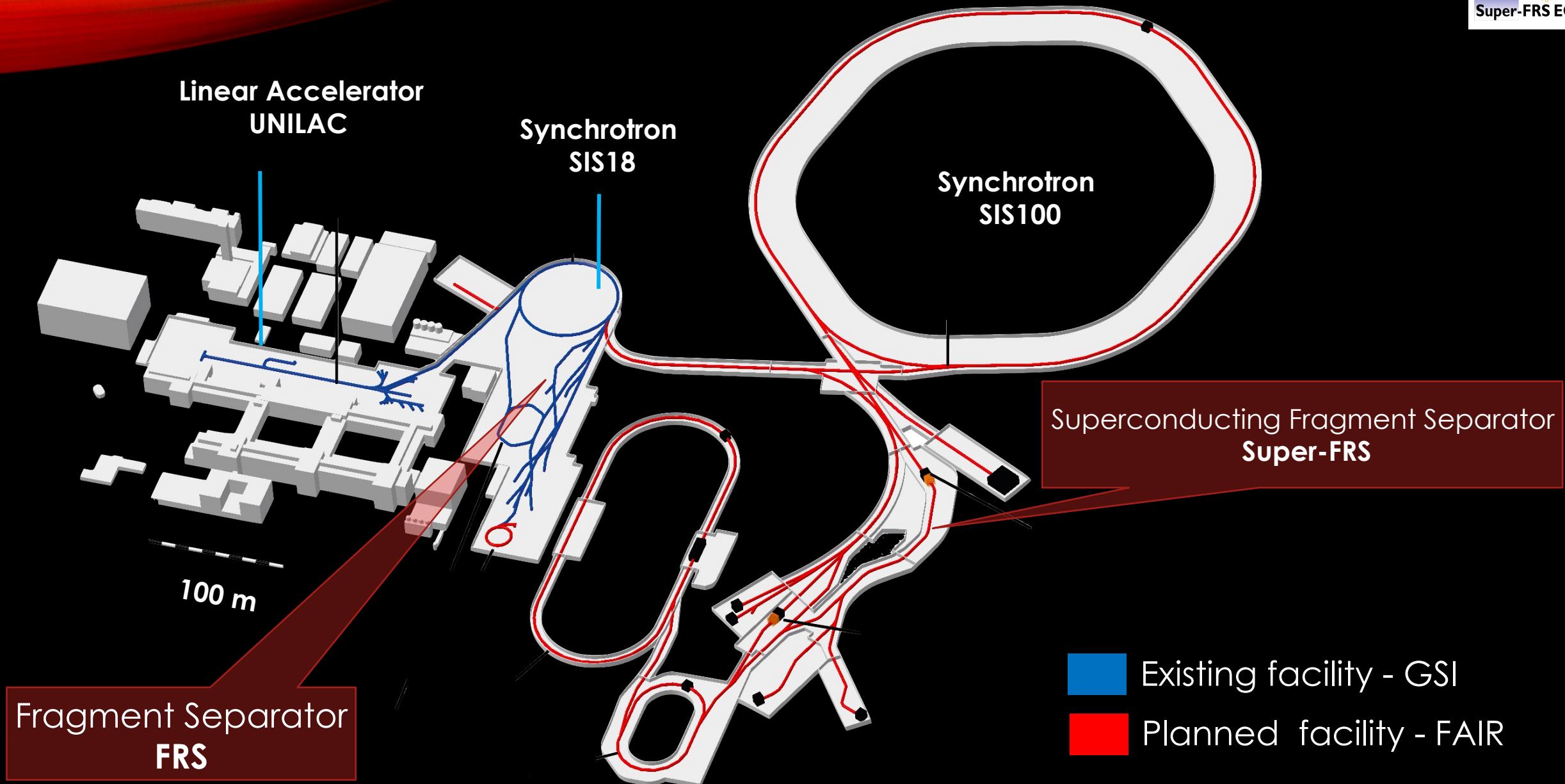


## Positron Emission Tomography (PET)



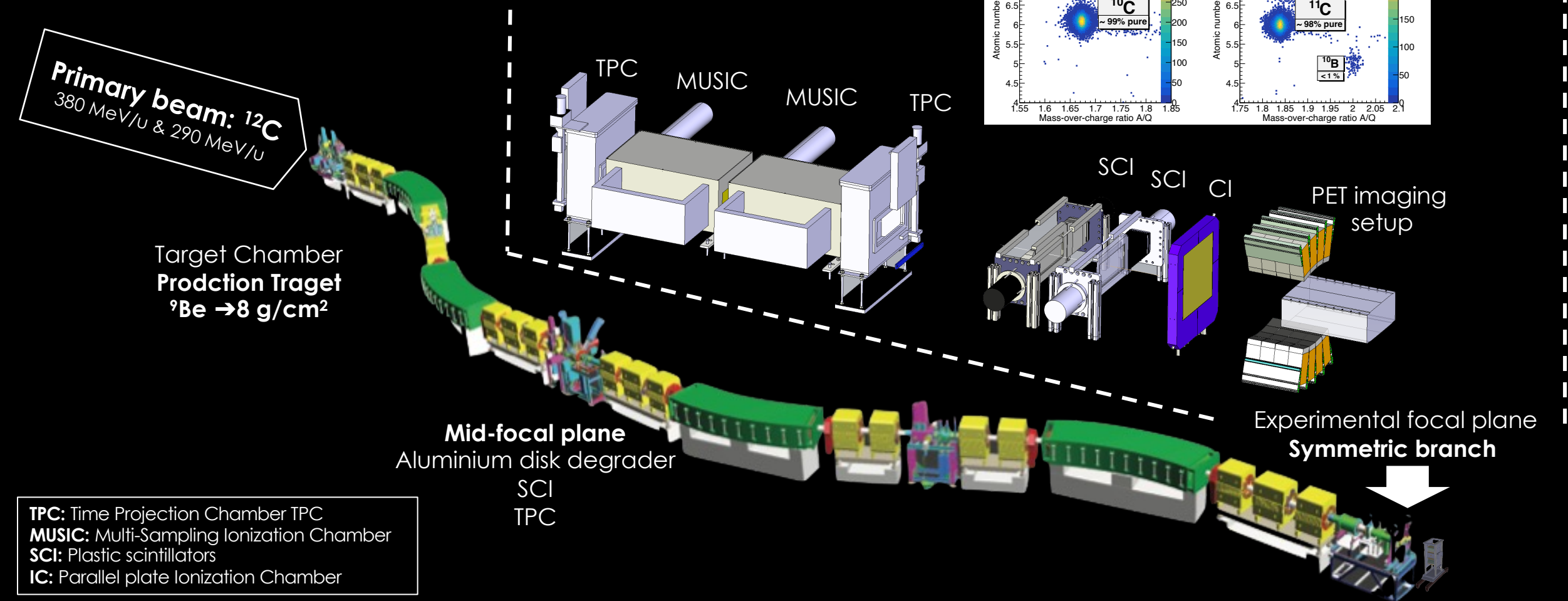


# RADIOACTIVE ION BEAMS AT GSI AND FAIR



# PRESENT EXPERIMENTS AT FRS

- Low intensity run to obtain particle ID using FRS detectors
- High intensity irradiation for PET imaging





# IN-FLIGHT SEPARATED POSITRON EMITTERS AT FRS

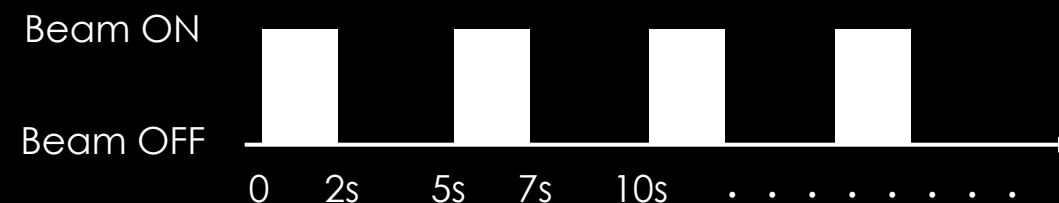
**Beam time: 2020 February**

Stable primary beam:  $10^9$  ions/spill  $^{12}\text{C}$   
Secondary beams :  $^{11}\text{C}$ ,  $^{10}\text{C}$   
Secondary beam purity: 94 to 99%  
Secondary beam intensity:  $10^6$ - $10^7$  ions/spill

## High energy irradiation

Primary beam energy: 390 MeV/u  
 $\Delta p/p$  of secondary beam : 0.13 to 0.42%

## Spill structure



## Low energy irradiation

Primary beam energy: 280 MeV/u  
 $\Delta p/p$  of secondary beam : 0.25 to 0.74%

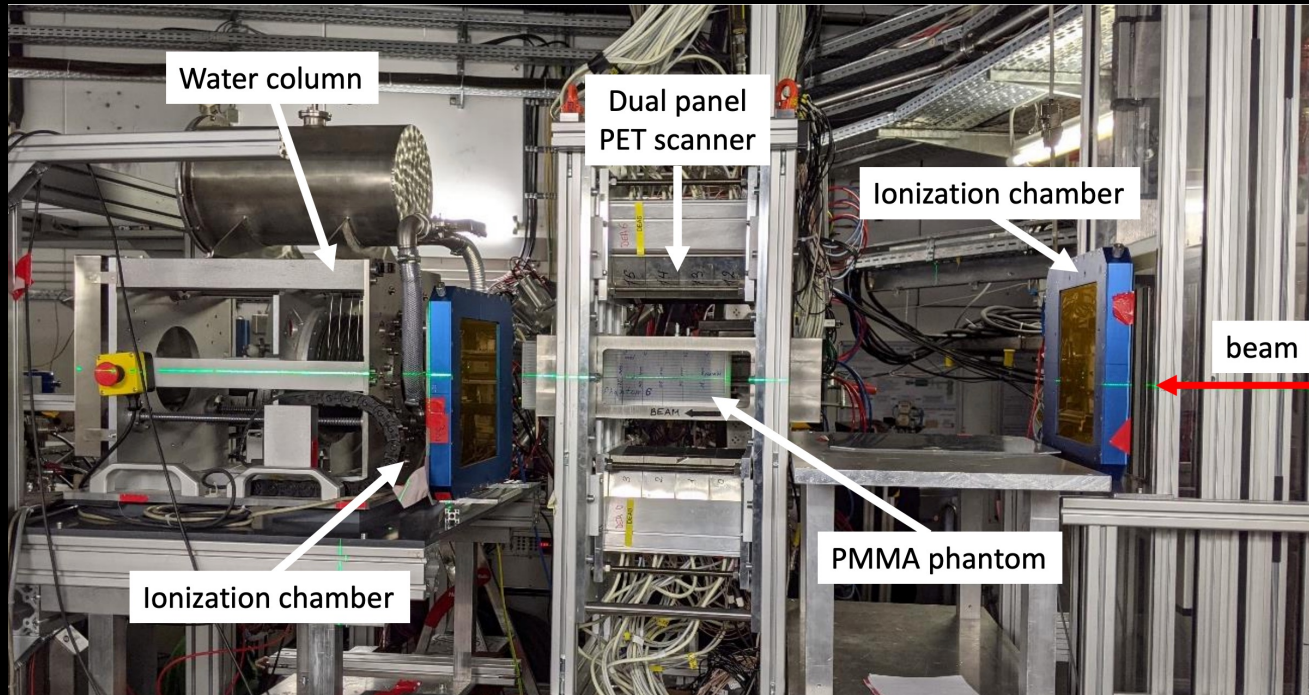
isotope	half-life[min.]	Energy [MeV/u]	Expected Range in water [mm]
$^{12}\text{C}$	stable	138.8	45
$^{11}\text{C}$	20.4	146.71	45
$^{10}\text{C}$	0.321	155.75	45
$^{12}\text{C}$	stable	240.2	120
$^{11}\text{C}$	20.4	258.49	120
$^{10}\text{C}$	0.321	272.53	120

# DEPTH DOSE PROFILES MEASUREMENTS

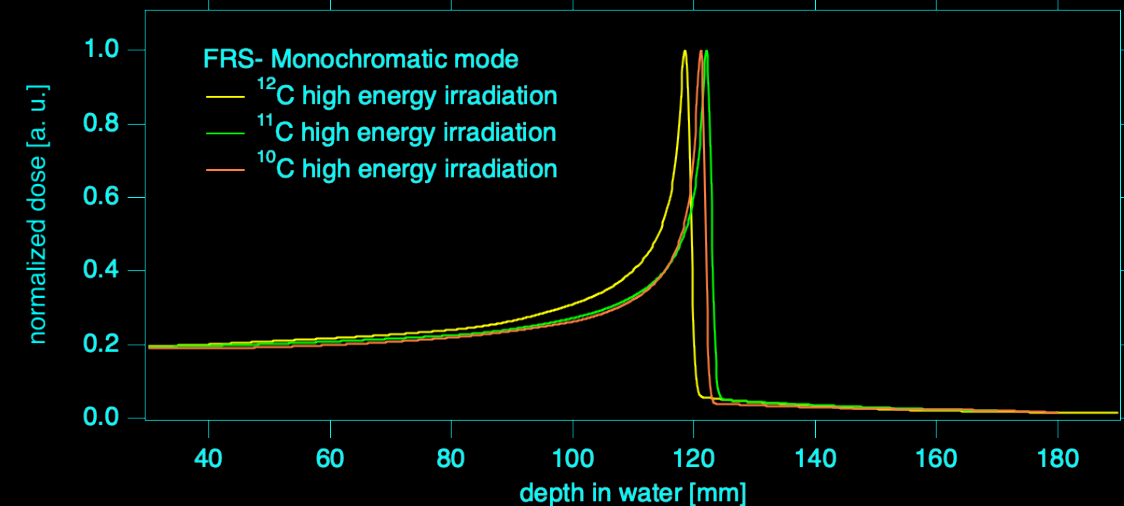
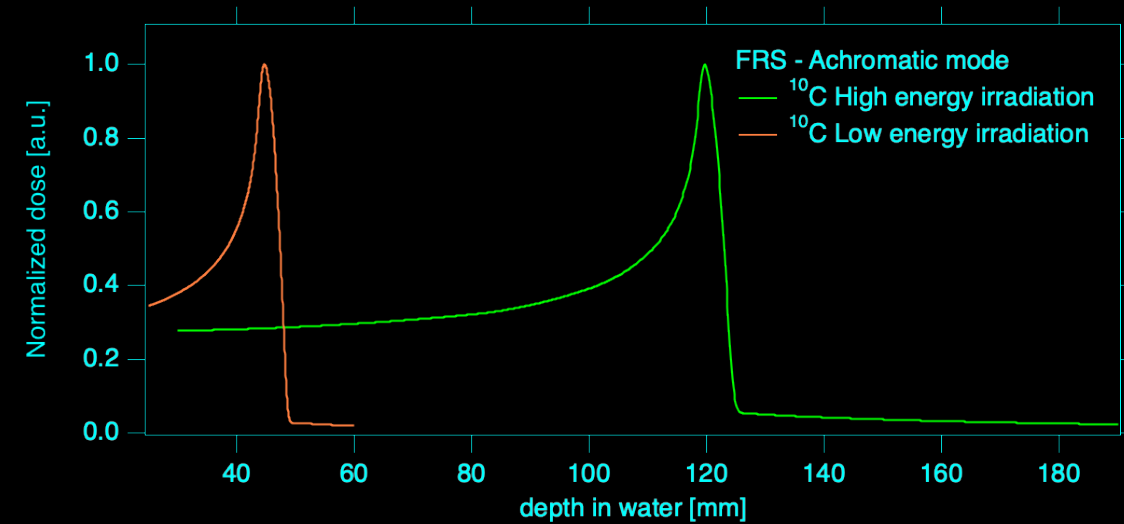
PET imaging: Dual panel PET scanner: Uni. Groningen

Range and Bragg curve measurements : GSI-Biophysics variable thickness water column

BARB Prompt gamma and PET detector test: LMU

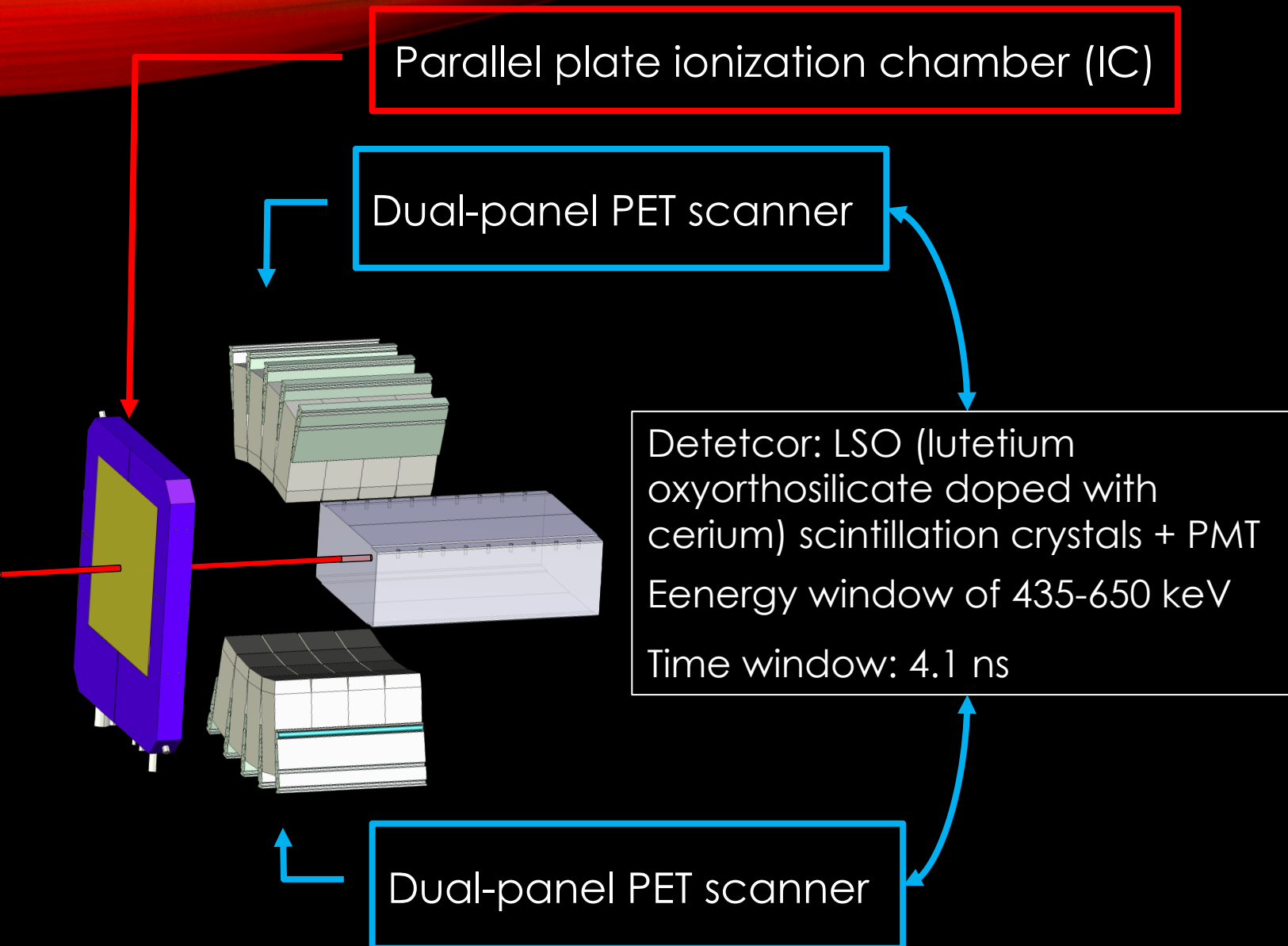


Boscolo, D., Kostyleva, D., Schuy, C., Weber, U. et al., *NIMA*, 167464.





# INTENSITY MONITORING AND PET IMAGING



Parallel plate ionization chamber (IC)

Dual-panel PET scanner

Detector: LSO (lutetium oxyorthosilicate doped with cerium) scintillation crystals + PMT  
Energy window of 435-650 keV  
Time window: 4.1 ns

Dual-panel PET scanner

**Parallel plate ionization chamber (IC)**

Gas filled IC with high rate capability

**Biophysics, GSI**

**PET SCANNER**

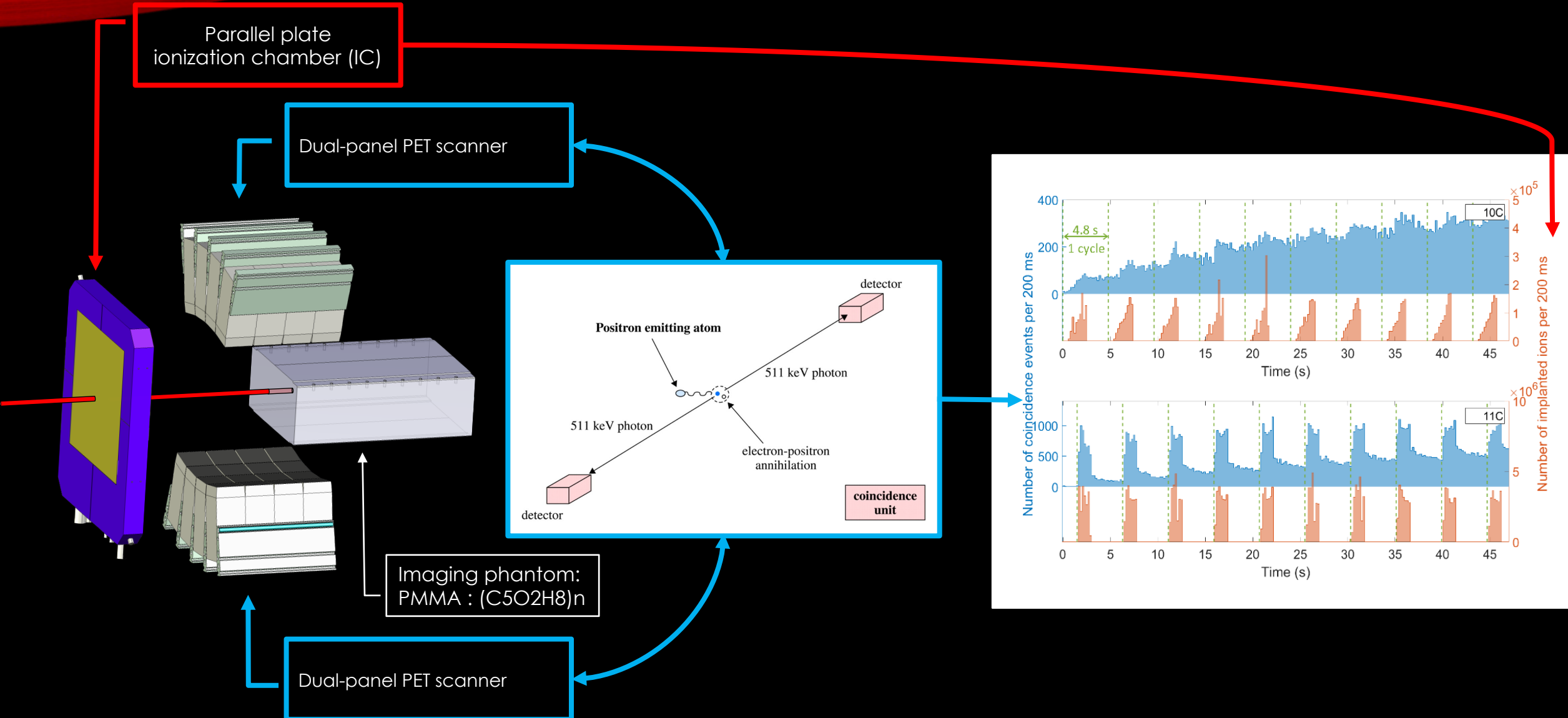
1/6<sup>th</sup> of a SiemensBiograph mCT clinical scanner

**University Medical Center Groningen**



# PET IMAGING EXPERIMENT AT FRS

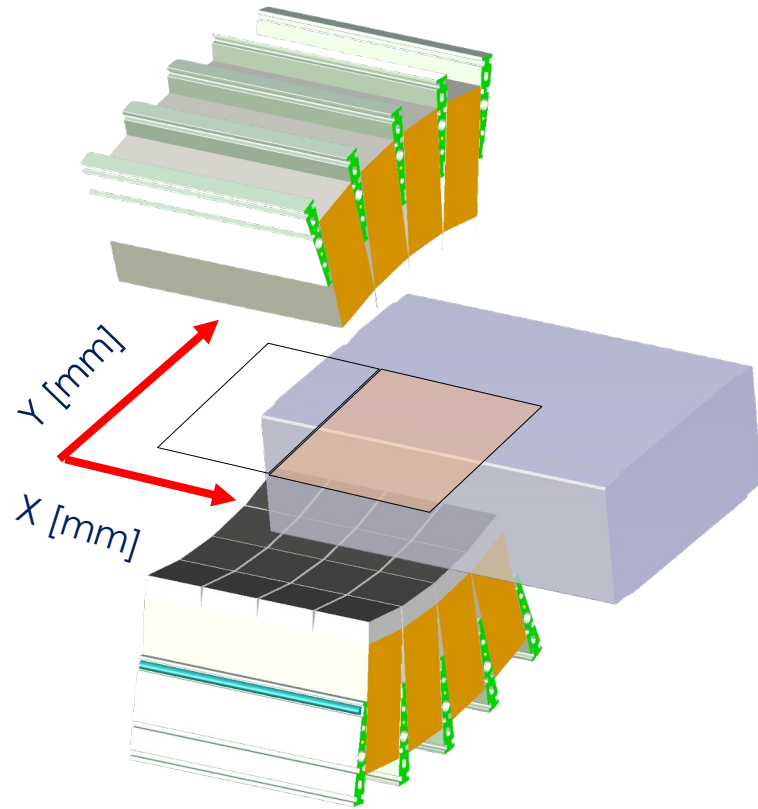
D. Kostyleva, S. Purushothaman, P. Dendooven, E. Haettner, C. Scheidenberger et al., Phys. Med. & Bio. (Submitted)



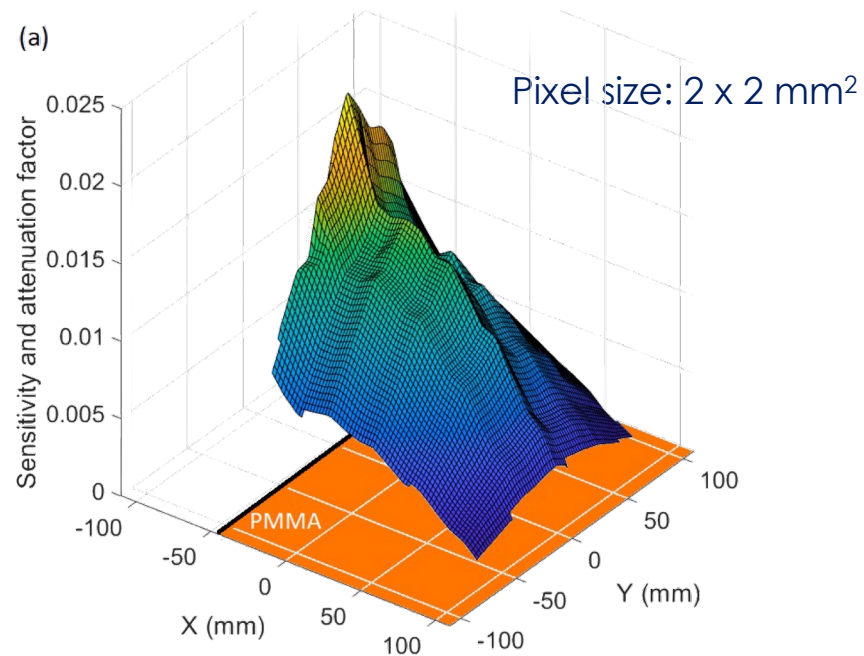


# IMAGE RECONSTRUCTION

Image plane

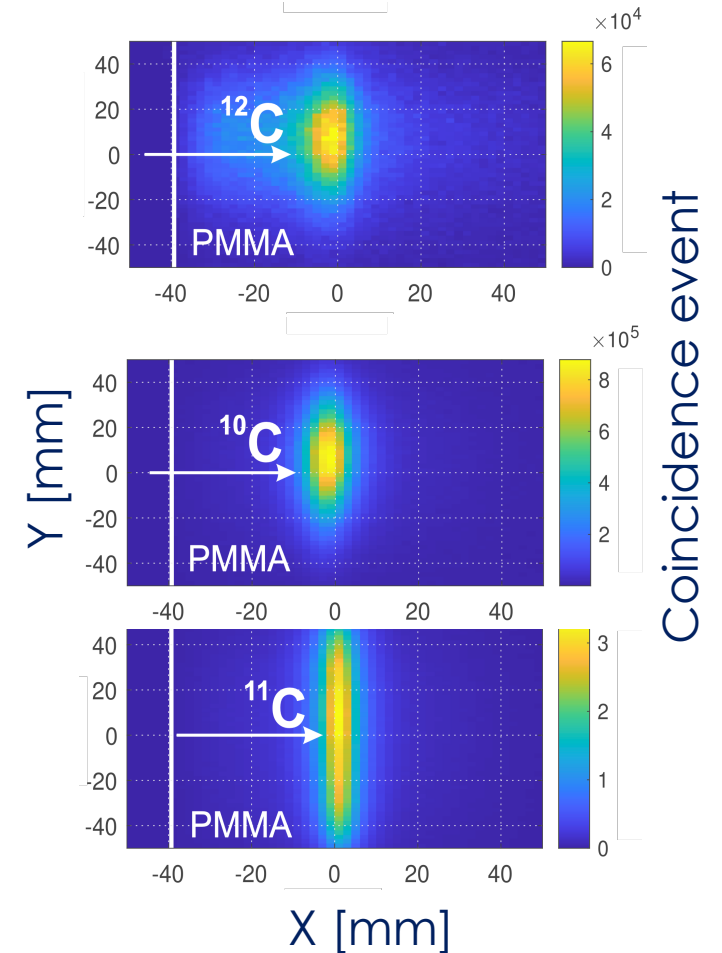


2D Sensitivity correction



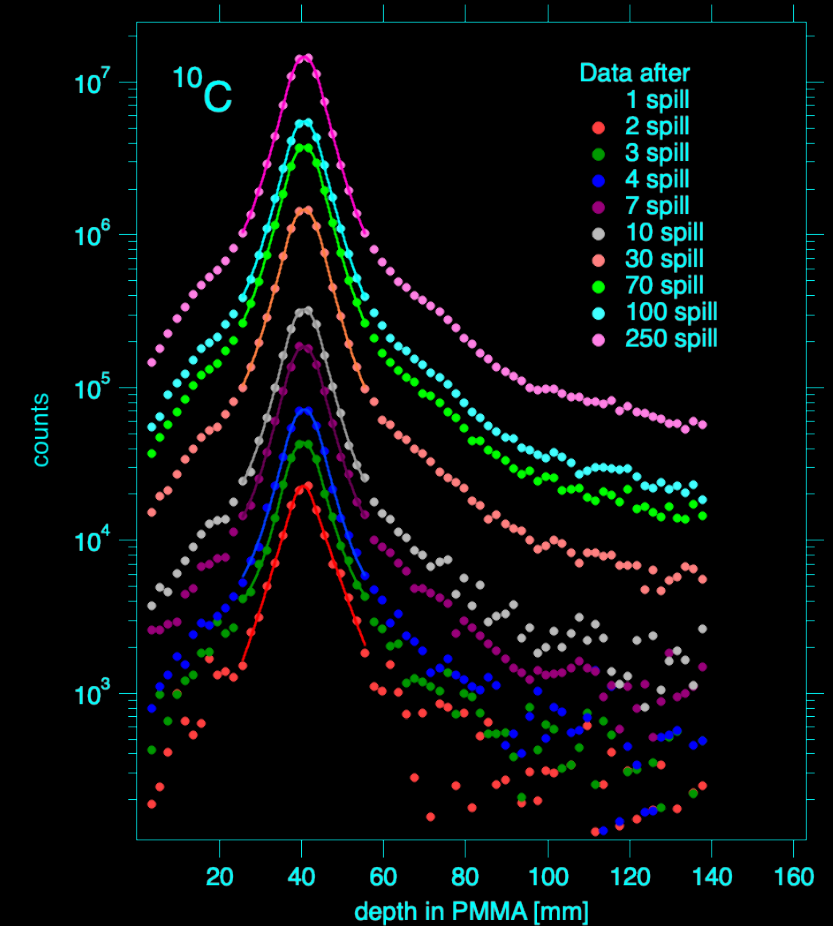
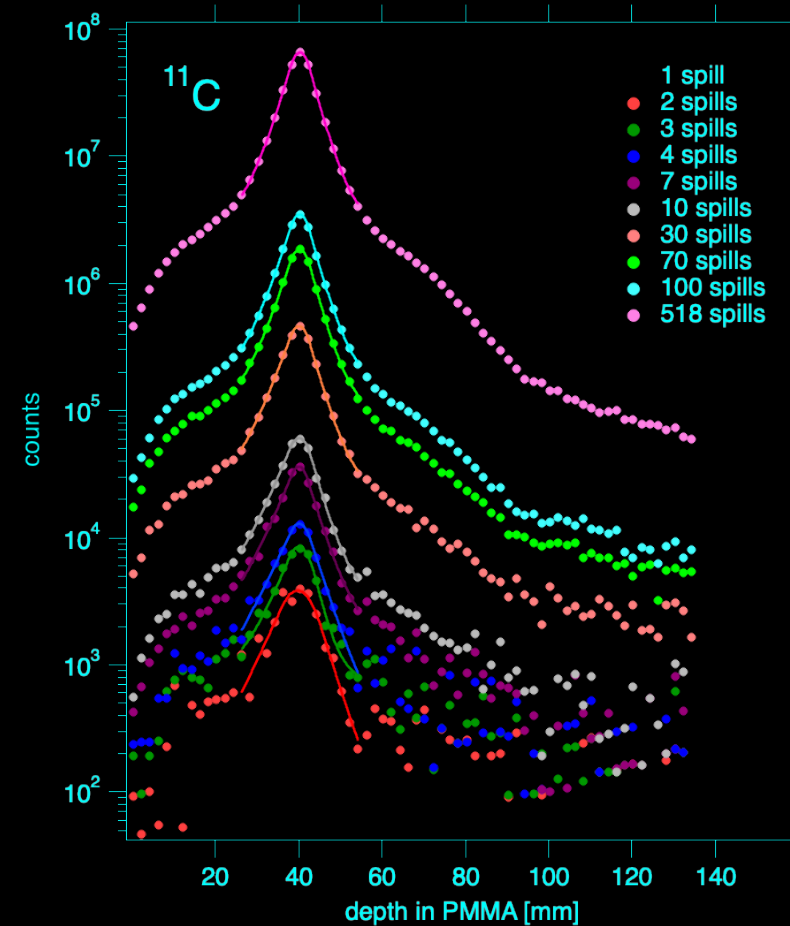
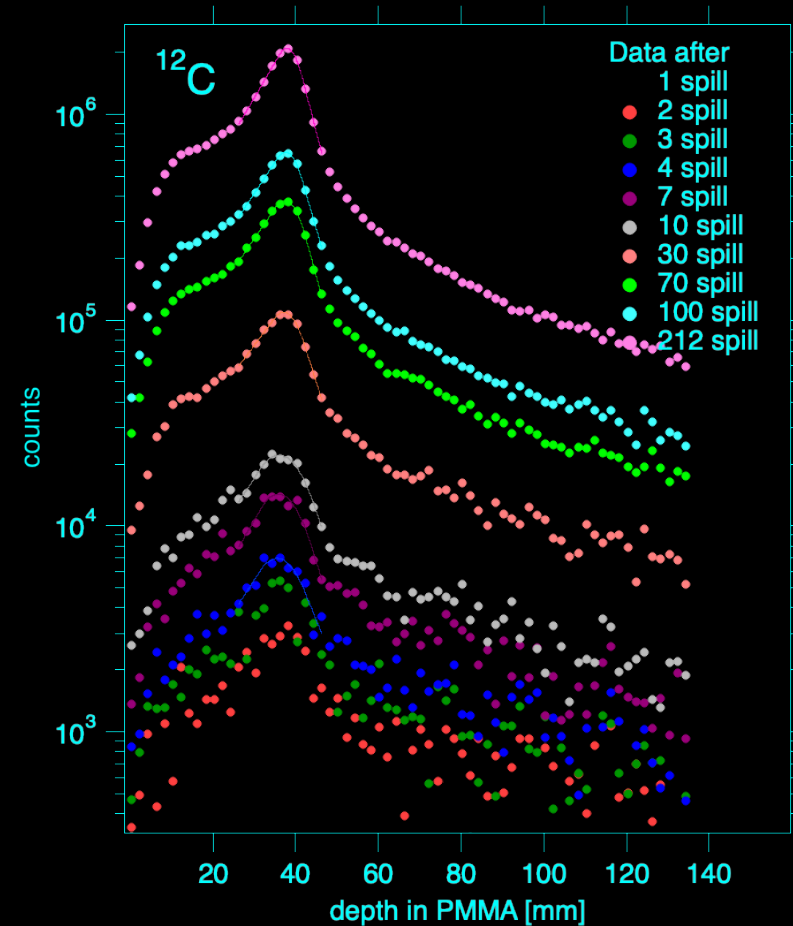
$^{12}\text{C} \rightarrow 138.8 \text{ MeV/u}$  (achromatic)  
 $^{11}\text{C} \rightarrow 146.71 \text{ MeV/u}$  (monoenergetic)  
 $^{10}\text{C} \rightarrow 155.75 \text{ MeV/u}$  (achromatic)

2D PET image



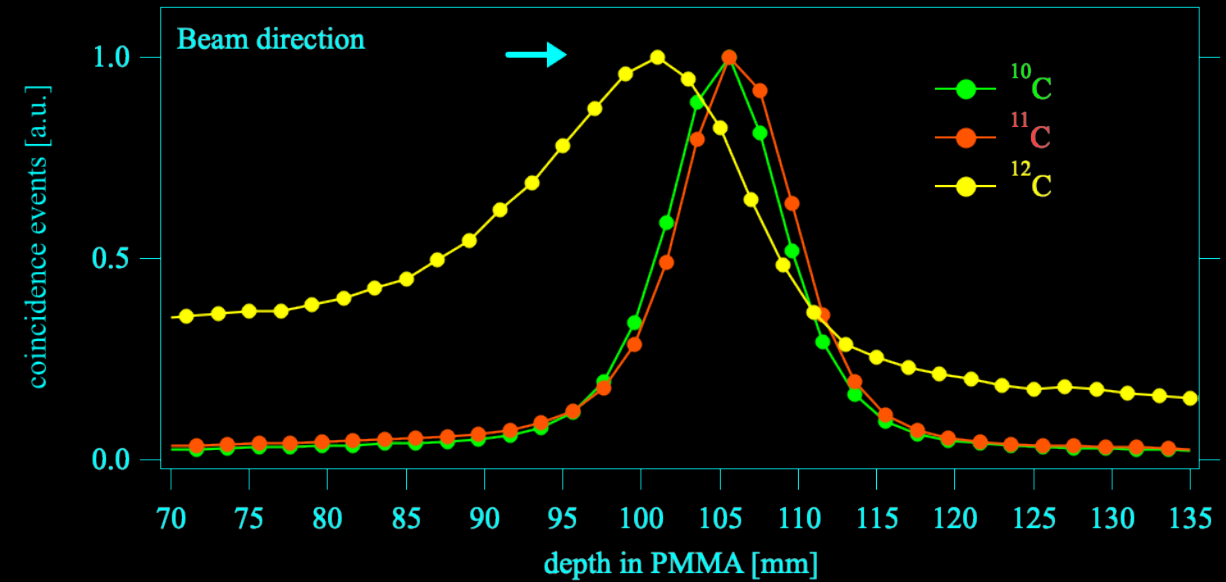
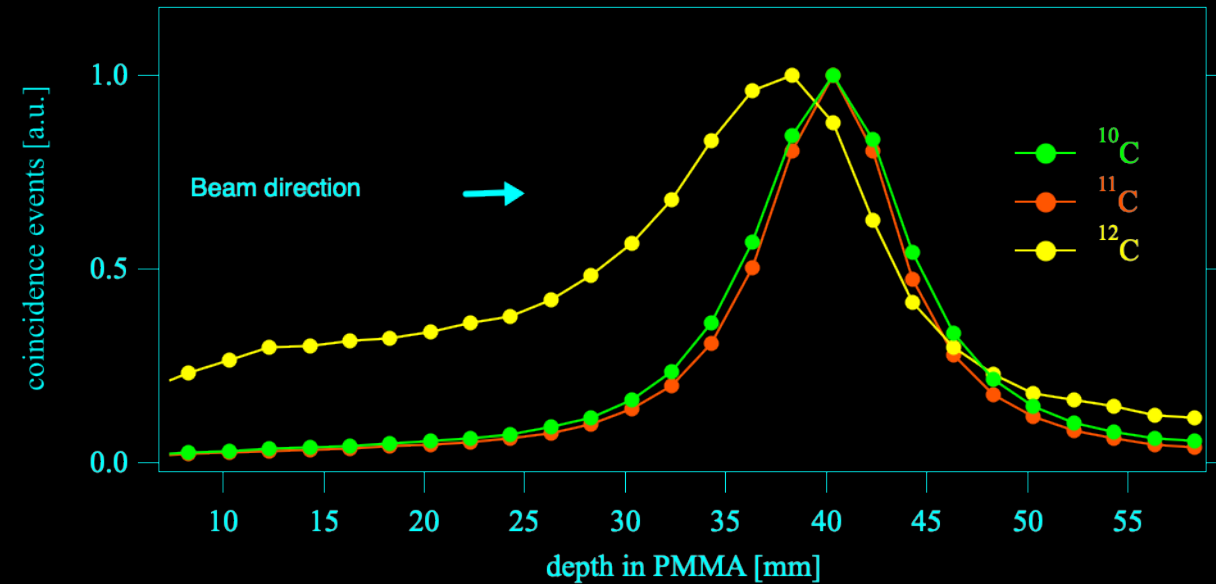
# EVOLUTION OF PET PROFILE DURING IRRADIATION

Cumulative evolution of data during irradiation : PET profiles



# COMPARISON: 12C VS 11,10C PET IMAGE PROFILES

- Experiments at therapy relevant implantation depths
- Beam energy tuned to have same ranges for 12, 11 and 10C



## 10 and 11C PET image peak

- Peak position defined by mean range of projectiles

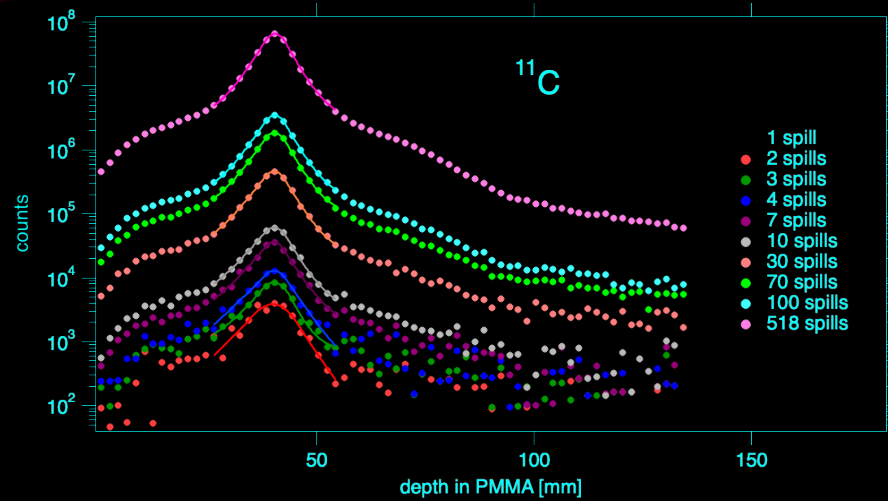
## 12C PET image peak

- Peak position defined by projectile fragments
- Mismatch between PET image Peak and projectile range
- Image intensity defined by fragmentation cross-section
  - 1 order of magnitude lower than 11C
  - 2 orders of magnitude lower than 10C

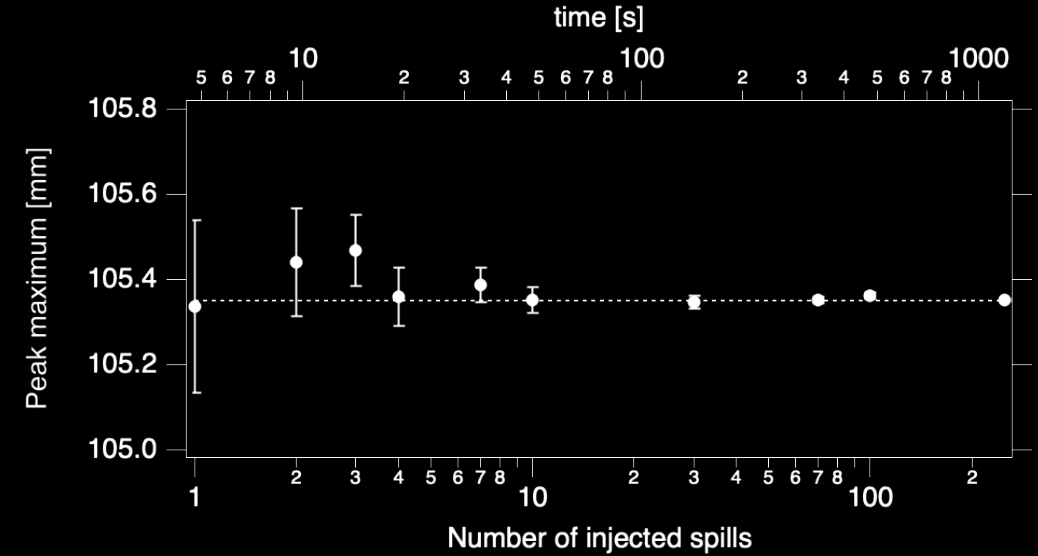


# DATA ANALYSIS PROCEDURE

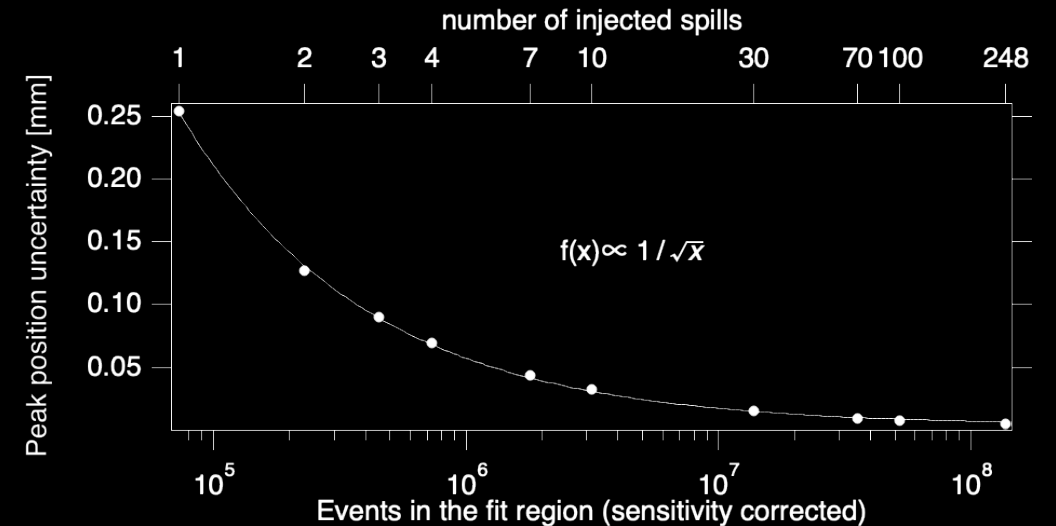
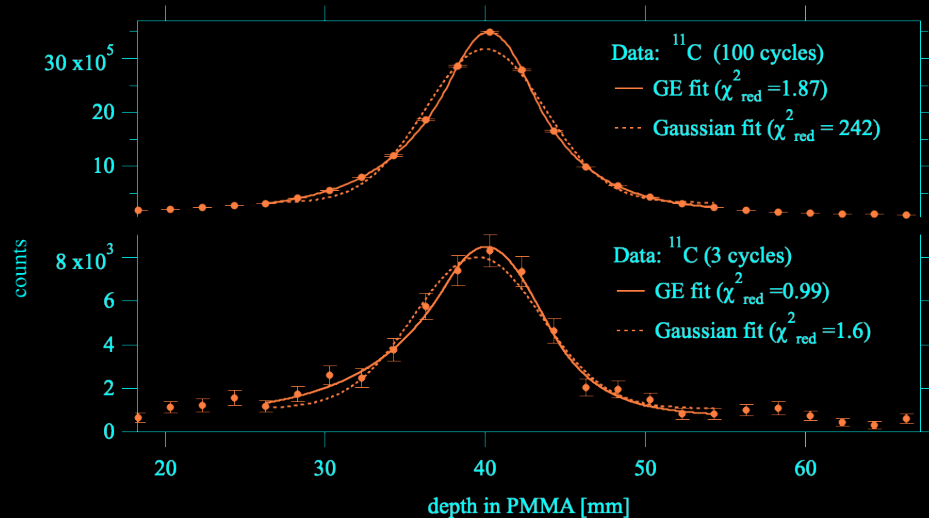
## Extract time evolution of PET image profiles



## Evolution of peak position and uncertainties



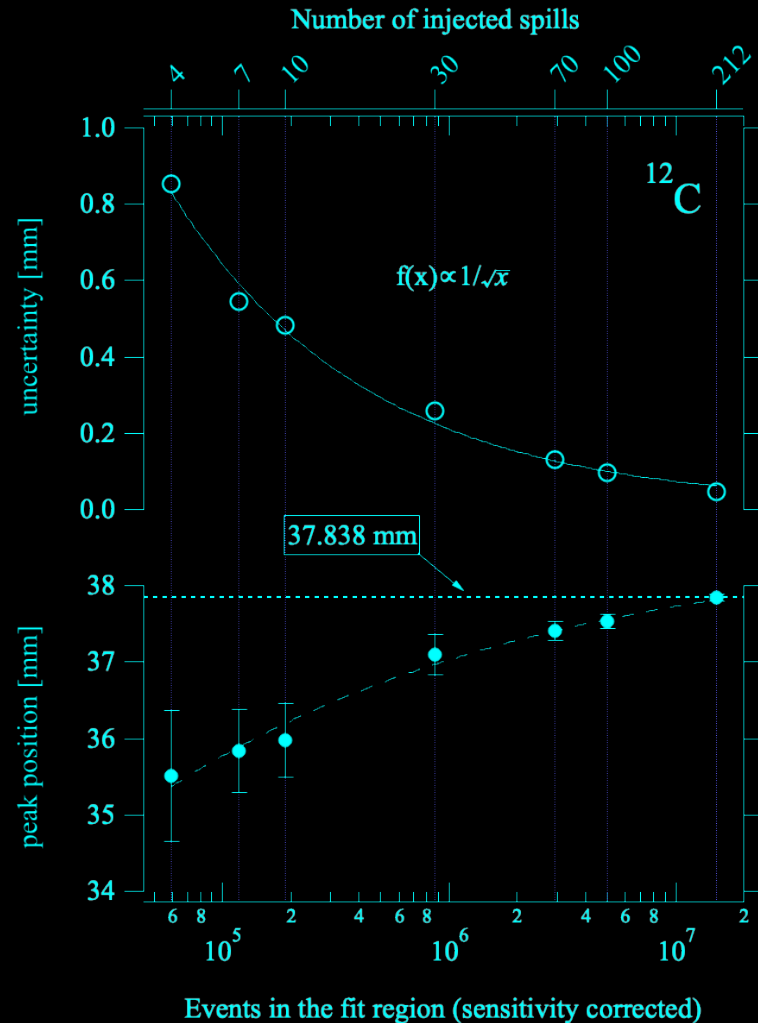
## Peak shape analysis to extract peak position and uncertainty



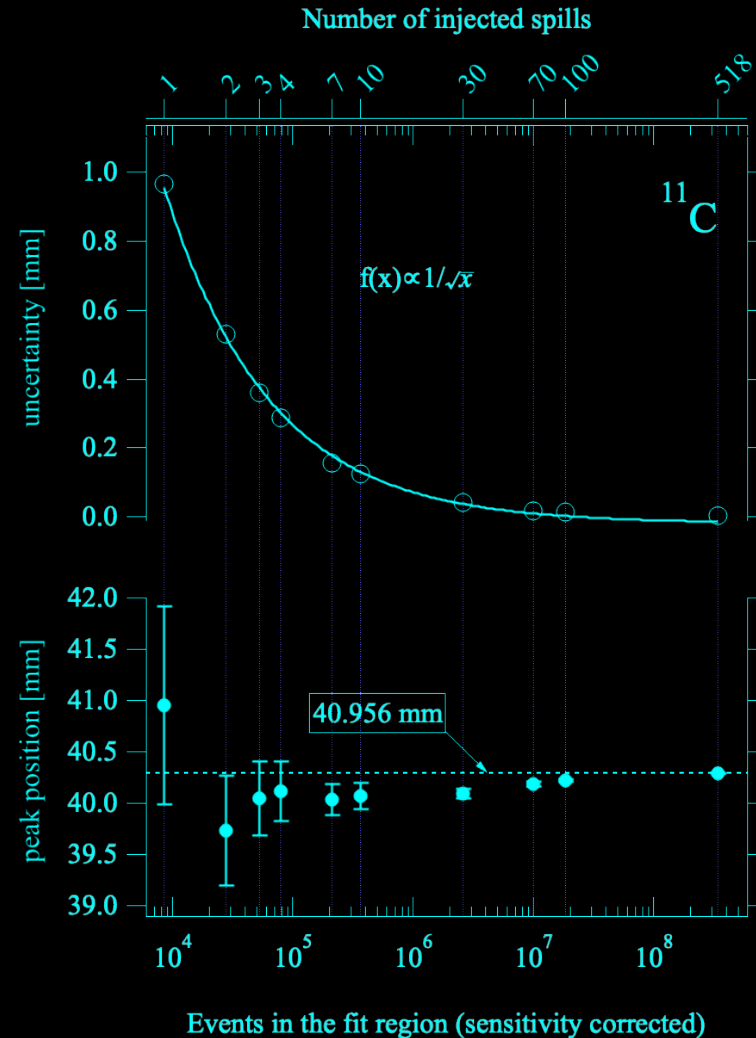
# EVOLUTION OF PET PROFILE DURING IRRADIATION

Cumulative evolution of data during irradiation: positions and associated uncertainties

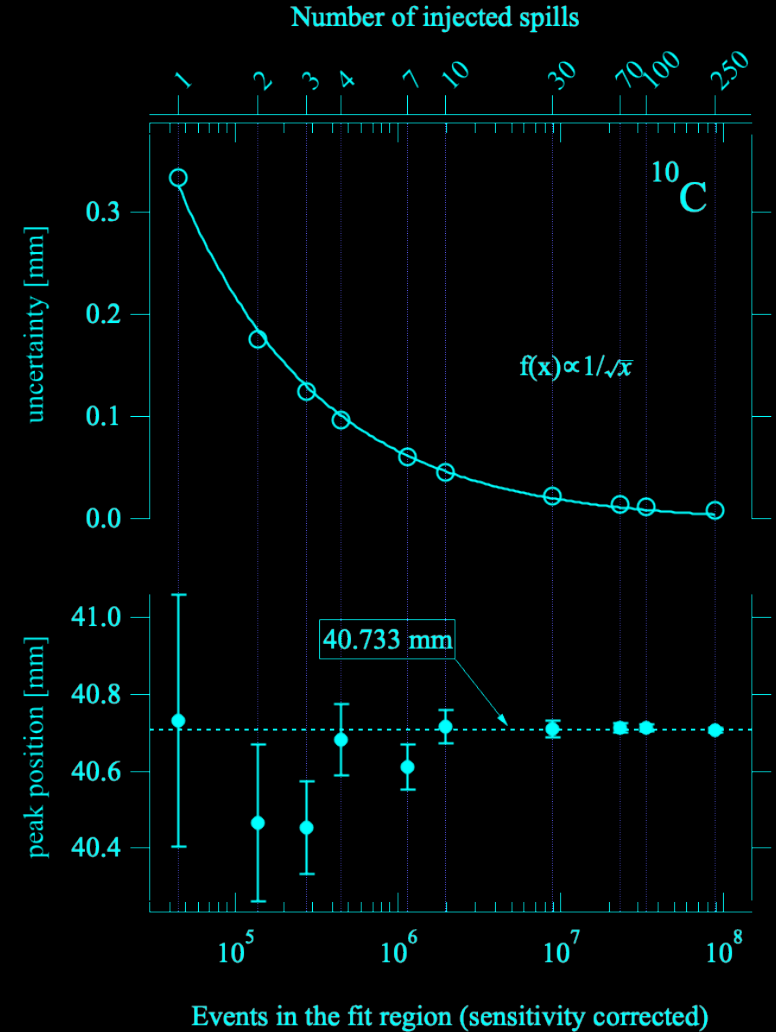
$^{12}\text{C}$



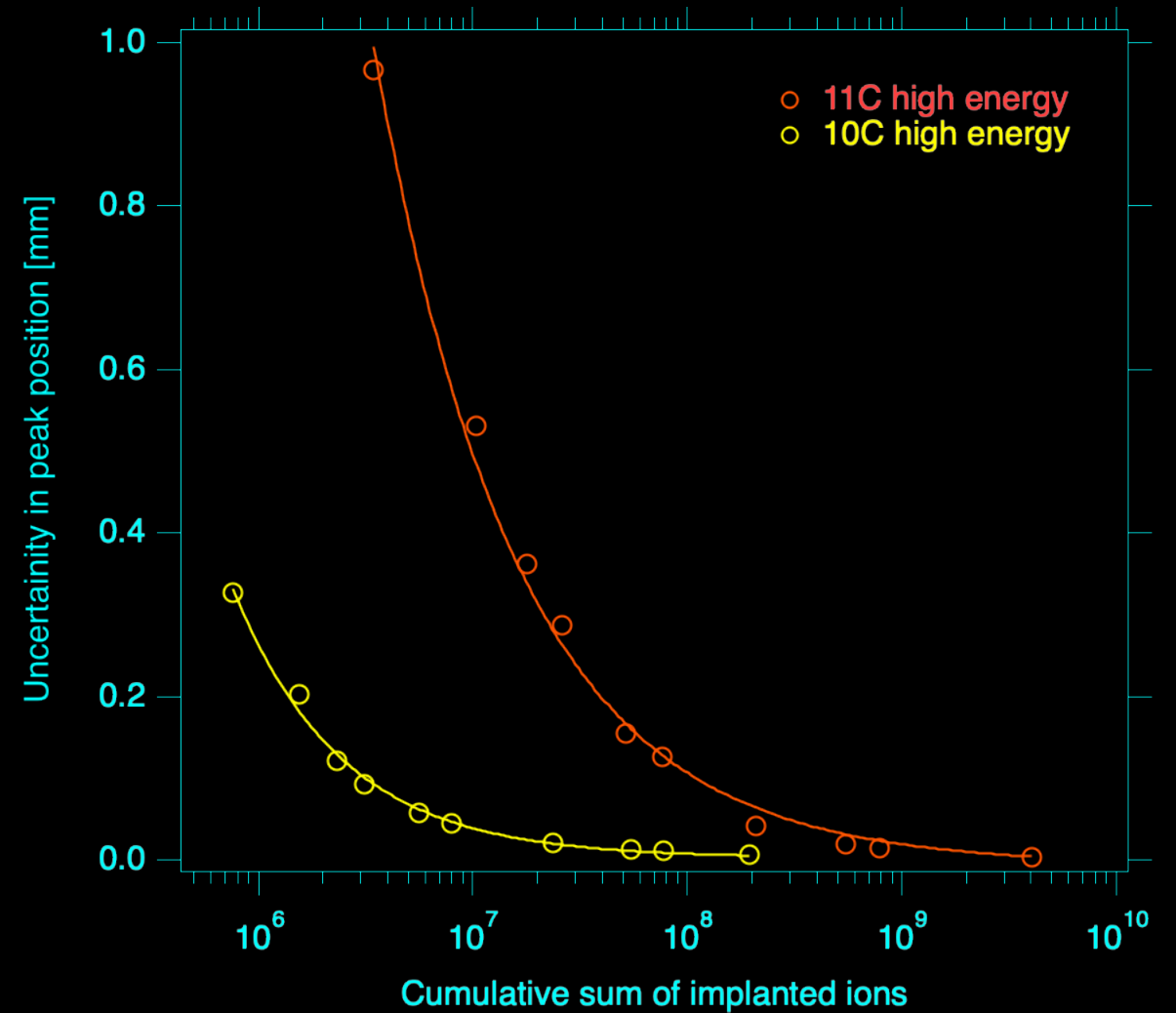
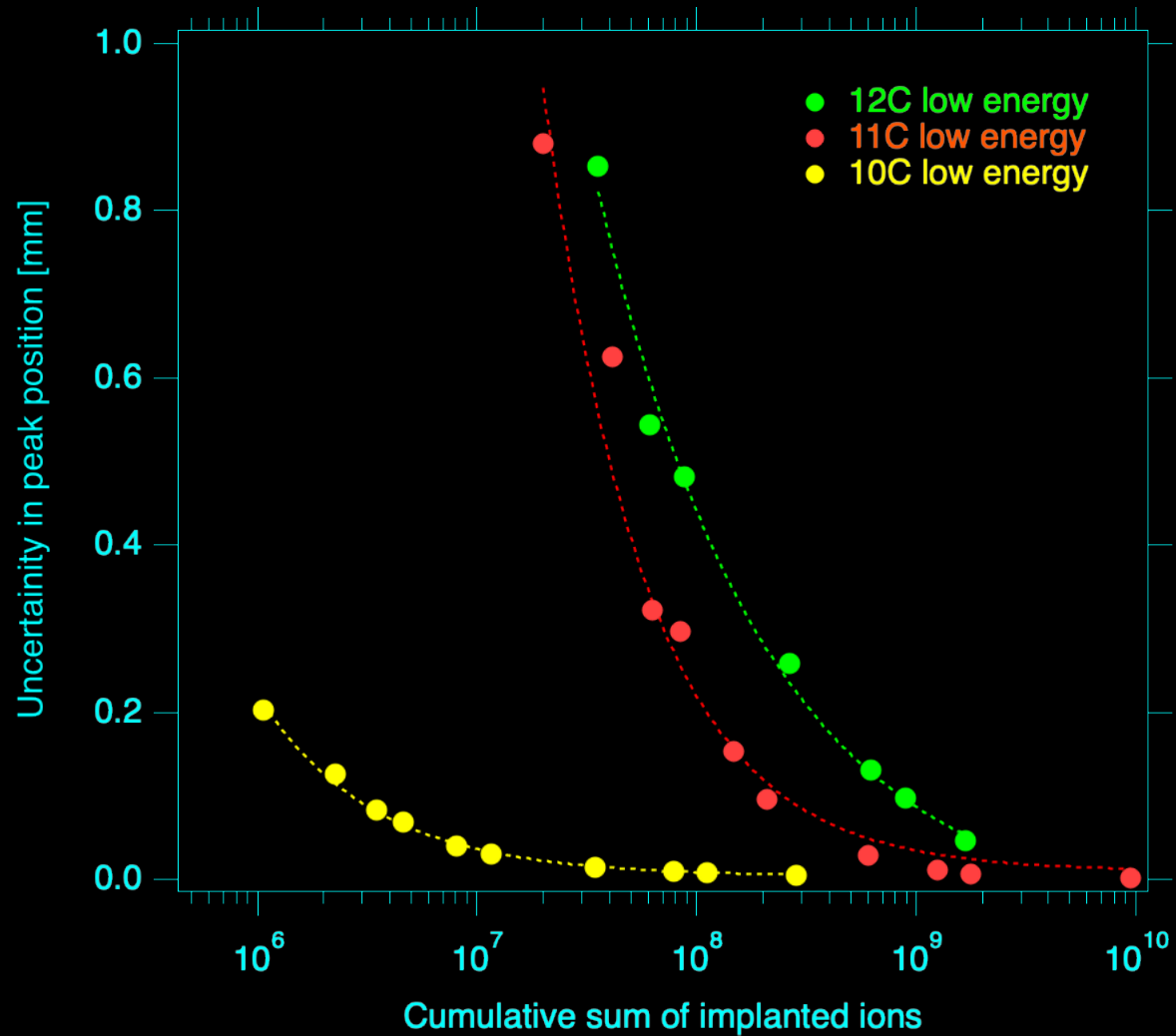
$^{11}\text{C}$



$^{10}\text{C}$



# DATA ANALYSIS: SUMMARY





# CONCLUSIONS AND OUTLOOK

## 10C

- ⇒ Accurate range verification with a single spill
- ⇒ Best candidate for “**real-time**” PET range verification
- ⇒ Range uncertainty dominated by systematic error ( $\sim 1$  mm)
- ⇒ Lower production cross-section ⇒ High intensity primary beam

## 11C

- ⇒ ISOL type production feasible ⇒ Easier technical realization (?)
- ⇒ Longer half life requires higher dose (compared to 10C) before reliable range verification

## 12C

- ⇒ Mismatch between PET peak and range
- ⇒ Time evolving PET image peak ⇒ Not a candidate for real time PET range verification

# THANKS



Daria  
Kostyleva



Peter  
Dendooven



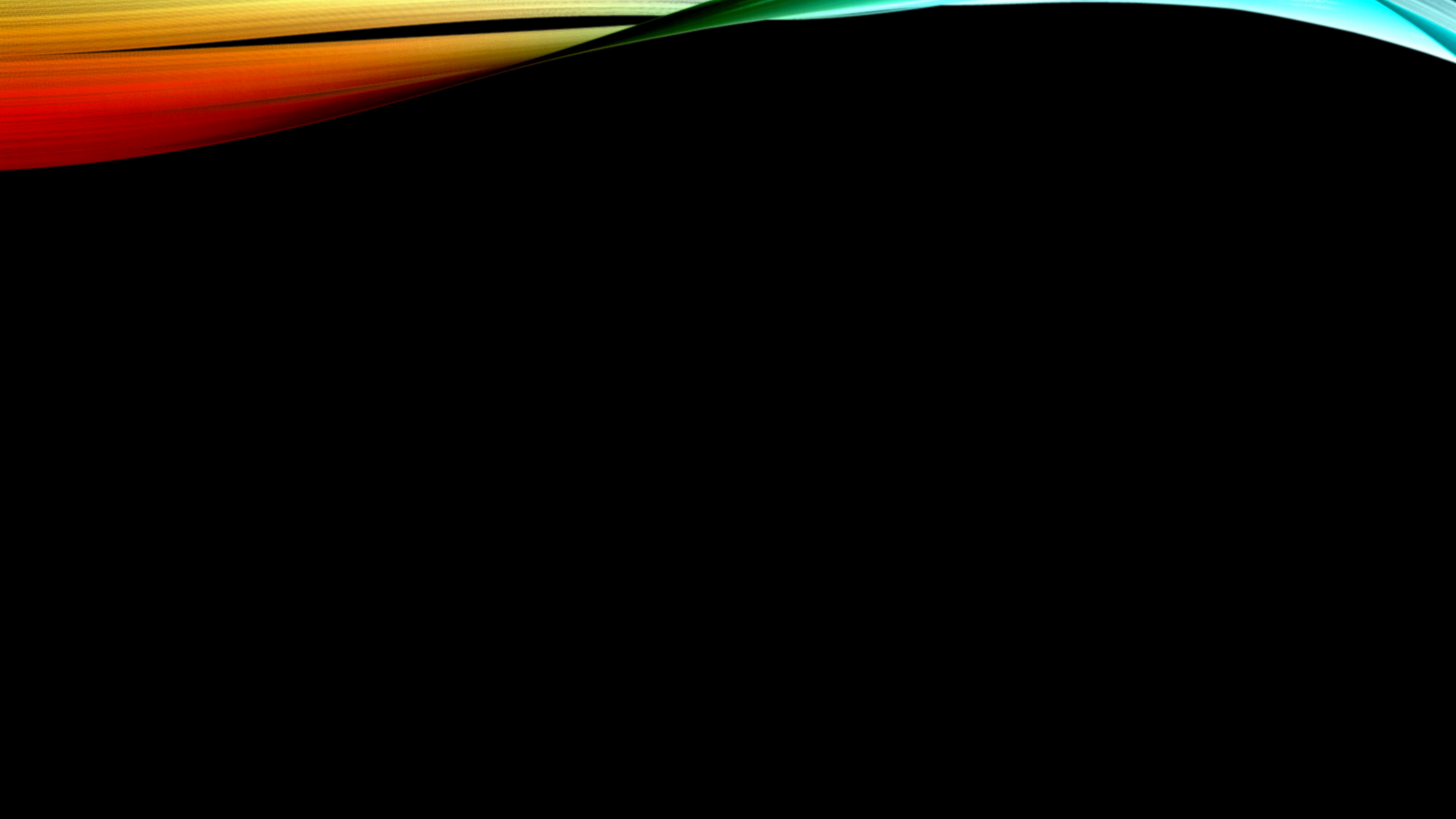
Emma  
Haettner



Christoph  
Scheidenberger

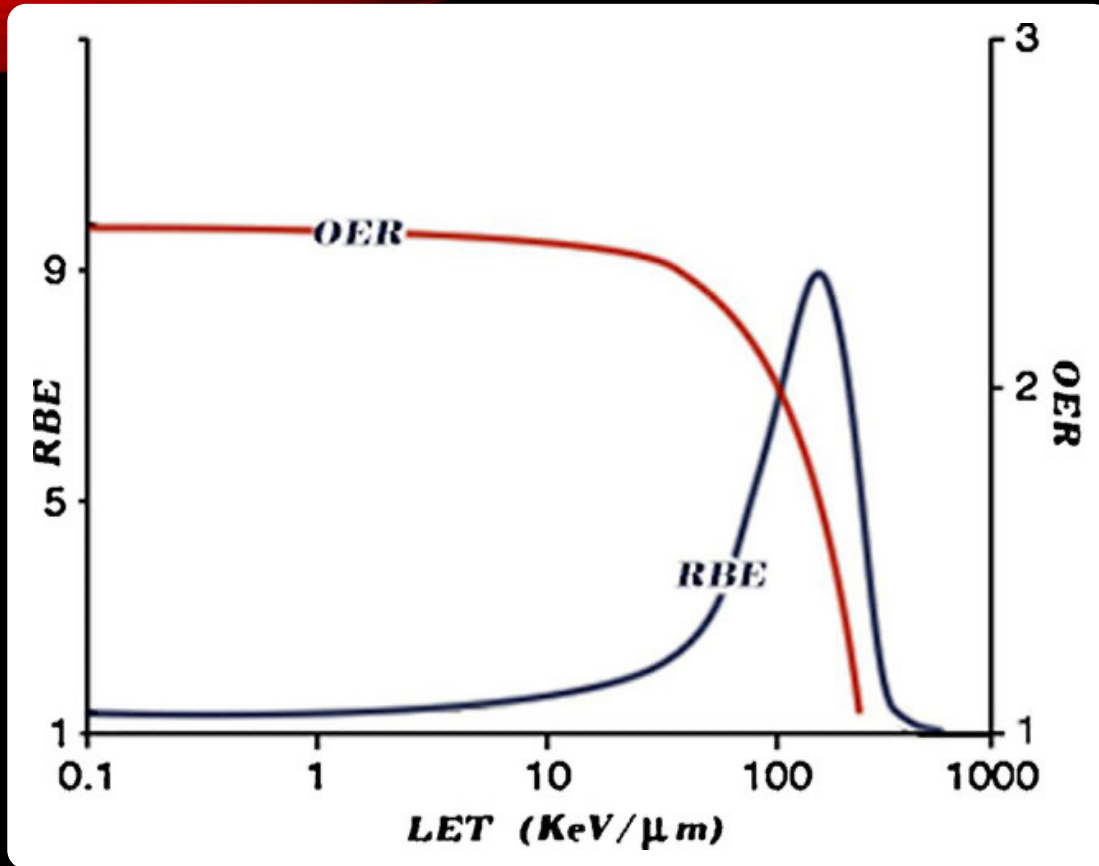


H. Geissel, I. Ozoemelum, C. Schuy  
U. Weber D. Boscolo, T. Dickel, V. Drozd, C. Graeff,  
B. Franczak, C. Hornung, F. Horst, E. Kazantseva,  
N. Kuzminchuk-Feuerstein I. Mukha C. Nociforo  
S. Pietri C.A. Reidel H. Roesch, Y.K. Tanaka,  
H. Weick J. Zhao, M. Durante , K. Parodi  
&  
**Super-FRS Experiment Collaboration**





# RADIATION THERAPY: BIOLOGICAL QUALIFIERS



**LET** = Linear Energy Transfer  
**D** = Distance between ionization

## Low LET

$< 20 \text{ keV}/\mu\text{m}$  ►  $D > \text{DNA size}$

## High LET

$> 20 \text{ keV}/\mu\text{m}$  ►  $D < \text{DNA size}$

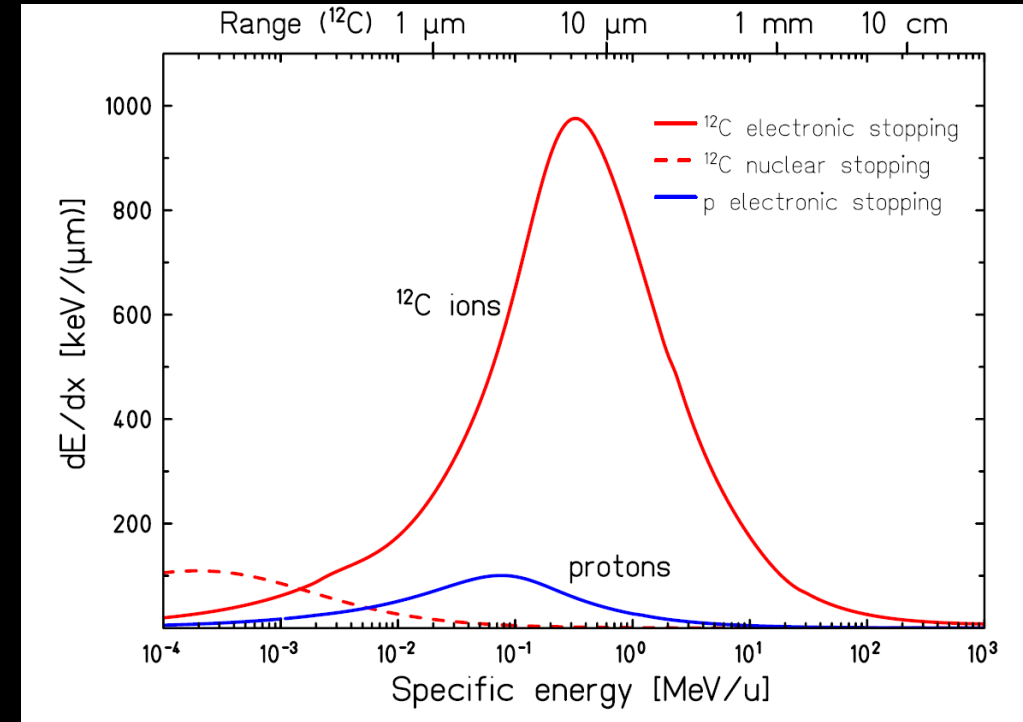
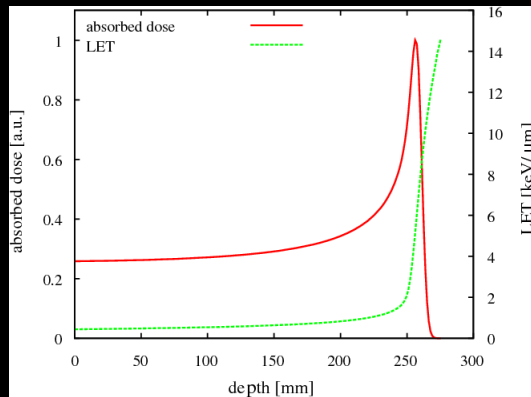
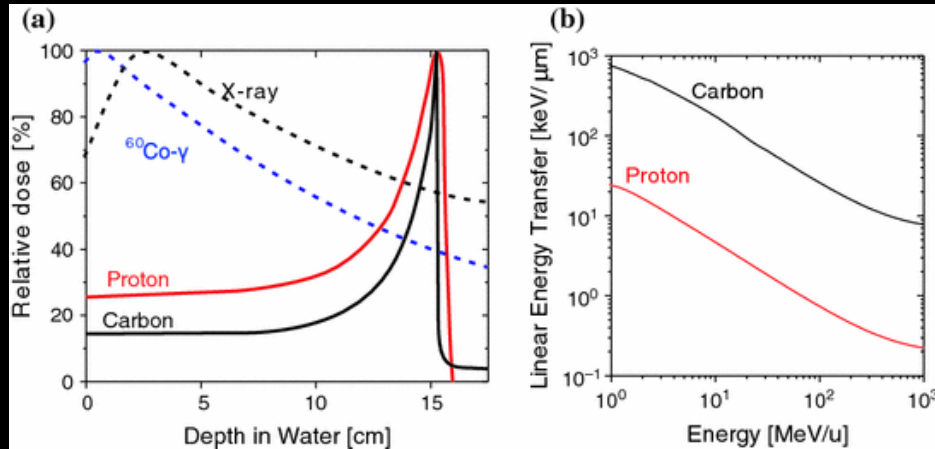
## Very high LET

$> 1000 \text{ keV}/\mu\text{m}$  ►  $D < \text{DNA size} + \text{excess energy}$

Particle	Cobalt gamma rays	protons	Heavy ions
Maximum LET	10 keV/μm	100 keV/μm	1000 keV/μm

# ENERGY DEPOSITION MECHANISM: IONS

Charged particles demonstrate an increase in energy deposition with penetration depth up to the sharp maximum at the end of their range, known as a Bragg peak.



Therapy beam energy evolution direction

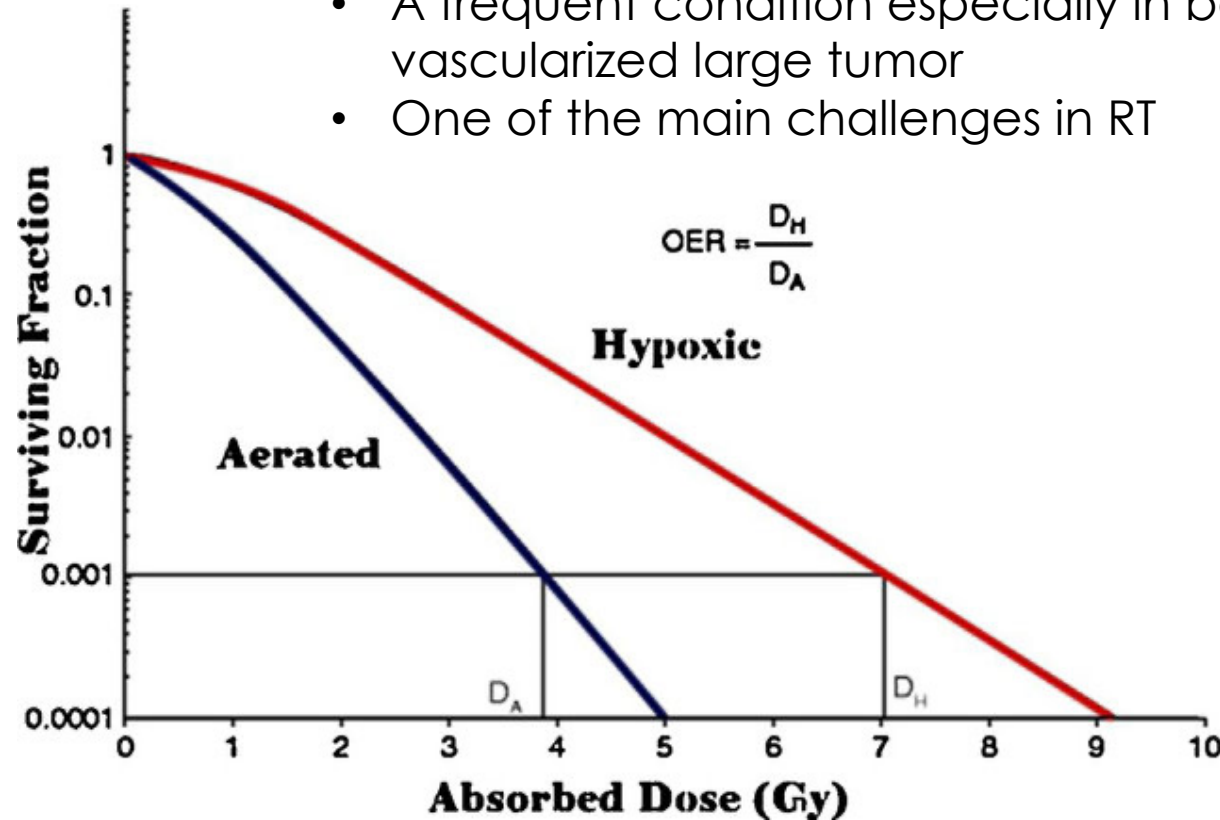
## Linear Energy Transfer (LET)

Energy that an ionizing particle transfers to the material traversed per unit distance

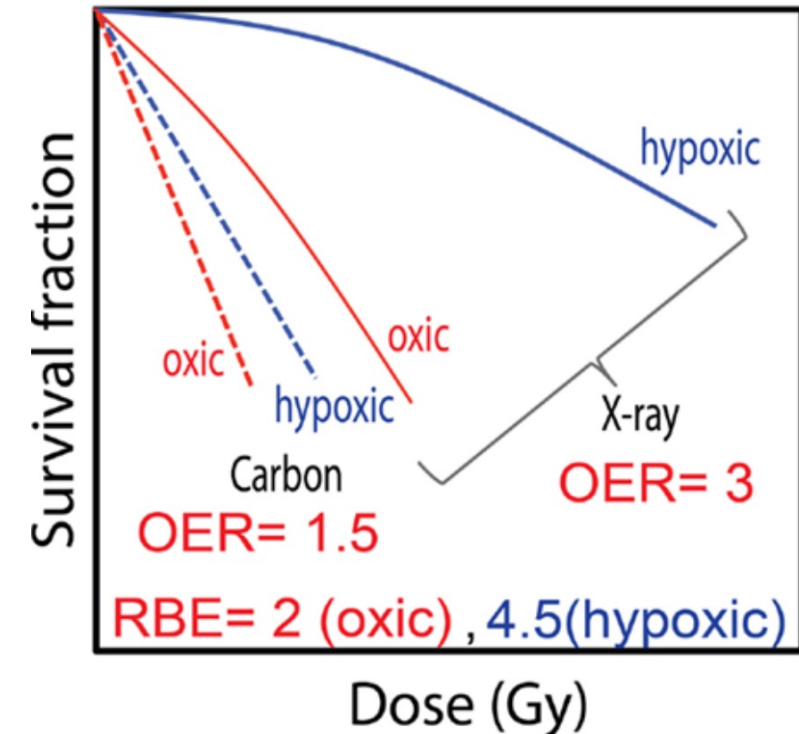
# OXYGEN ENHANCEMENT RATIO (OER)

**Additional oxygen abundance creates additional free radicals and increases the damage to the target tissue.**

- A frequent condition especially in badly vascularized large tumor
- One of the main challenges in RT



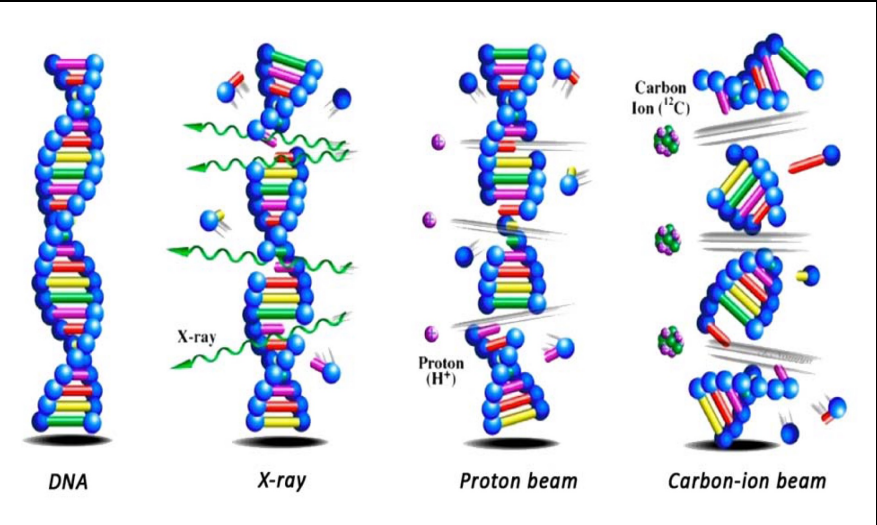
## Photon vs. Carbon ions





# RADIOTHERAPY CANDIDATES

**LET** = Linear Energy Transfer  
**D** = Distance between ionization



**Low LET**

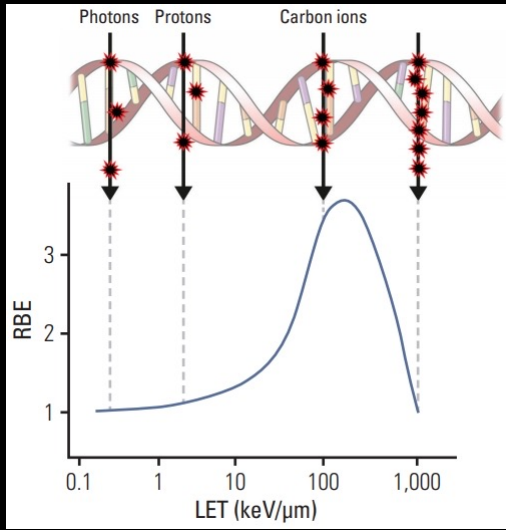
$< 20 \text{ keV}/\mu\text{m}$  ►  $D > \text{DNA size}$

**High LET**

$> 20 \text{ keV}/\mu\text{m}$  ►  $D < \text{DNA size}$

**Very high LET**

$> 1000 \text{ keV}/\mu\text{m}$  ►  $D < \text{DNA size} + \text{excess energy}$



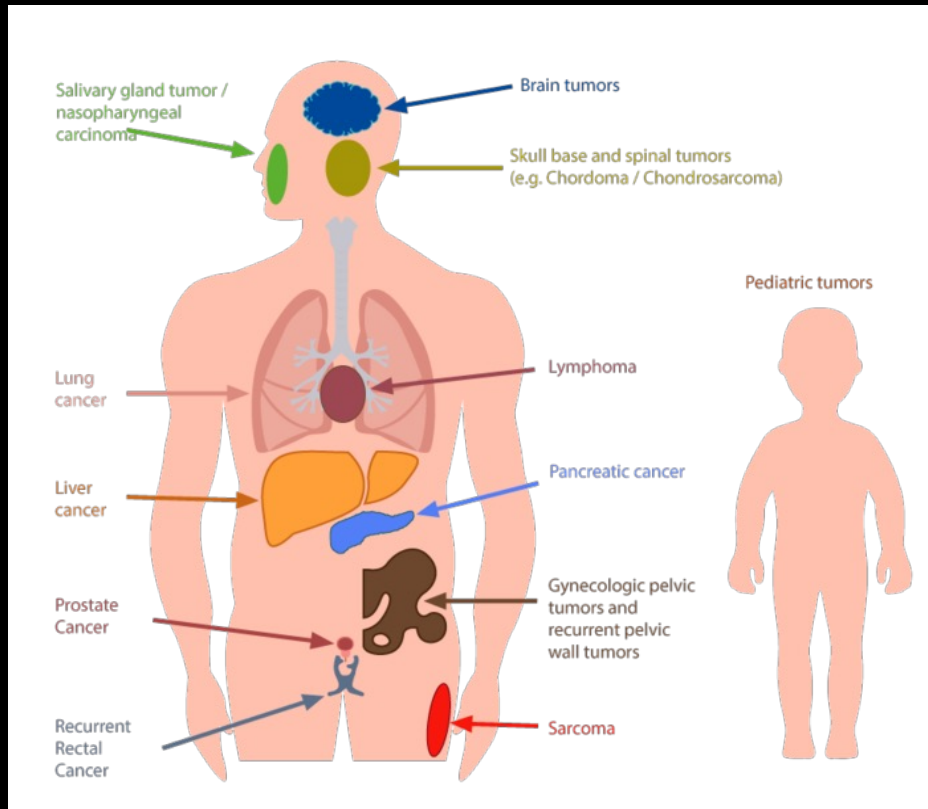
Particle	$^{60}\text{Co}$ gamma rays/bremsstrahlung photons	protons	Heavy ions
Maximum LET	$10 \text{ keV}/\mu\text{m}$	$100 \text{ keV}/\mu\text{m}$	$1000 \text{ keV}/\mu\text{m}$

- High LET** ► ionizes water into H and OH radicals over a very short track
- Heavy ions ► predominantly direct effect ► less dependent on free radical production and oxygen concentrations.

# ION BEAM RADIOTHERAPY: STATUS

**Proton Therapy:** By the end of 2017, a total of ~175,000 patients had been treated

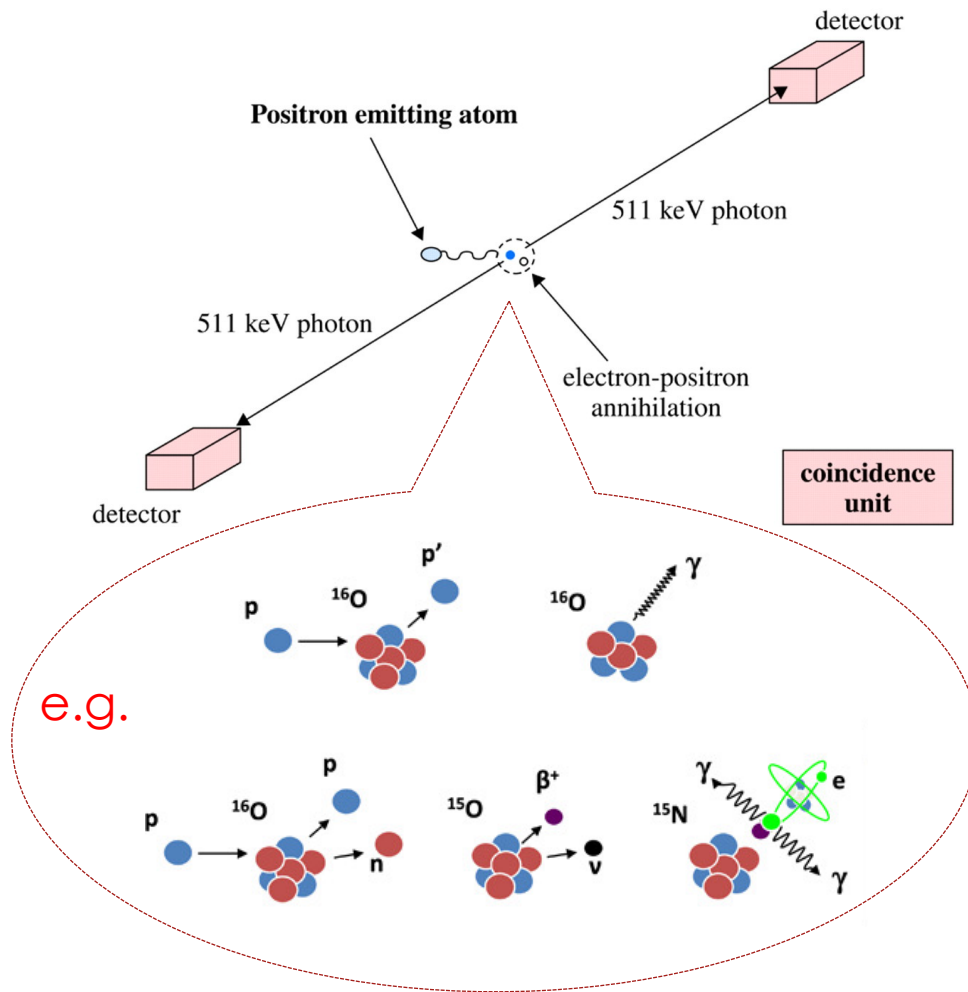
**Carbon beam therapy:** By mid 2017, more than 15,000 patients have been treated



Cancers for which ion radiation is favorable, especially deeply placed tumors that can be treated effectively or those where particular care is necessary for the surrounding tissues

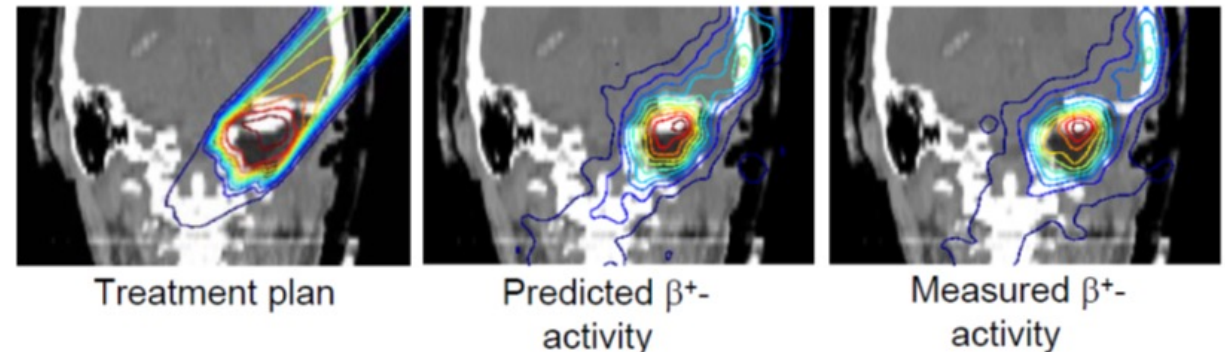
# RANGE VERIFICATION

## Range verification by positron-emission tomography (PET)



### PET isotopes produced by Fragmentation of tissue and therapy ions

Positron emitting nuclide	Half-life	Yield (%)	Percentage of total yield (%)
${}^{11}\text{C}$	20min	13.437	71.14
${}^{10}\text{C}$	19s	1.681	8.9
${}^{15}\text{O}$	121.8s	2.375	12.57
${}^{14}\text{O}$	91s	0.359	1.9
${}^{13}\text{N}$	10min	0.806	4.27
${}^{12}\text{N}$	11ms	0.213	1.13
${}^8\text{B}$	770ms	0.017	0.09



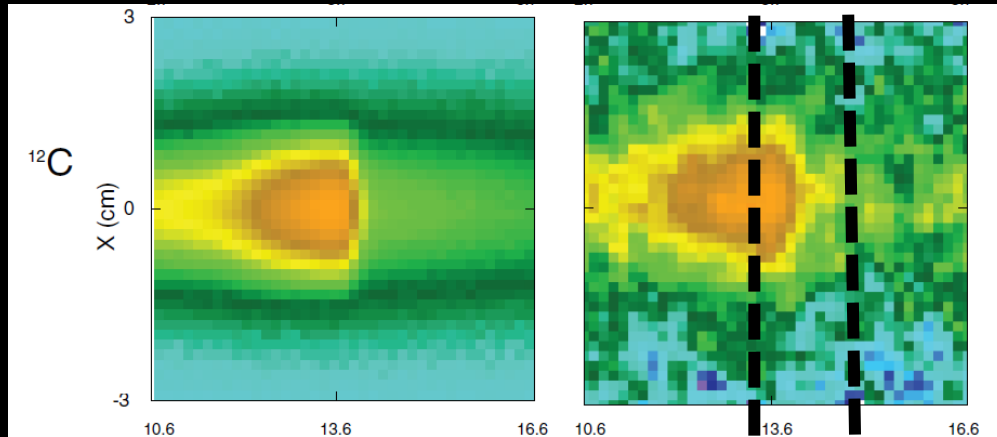


# NEXT GENERATION HEAVY-ION THERAPY: POSITRON EMITTING ION BEAMS

- 3D reconstruction by back projection
- Positron emitter distribution neither proportional nor equivalent to the dose distribution

PET peak      Bragg peak

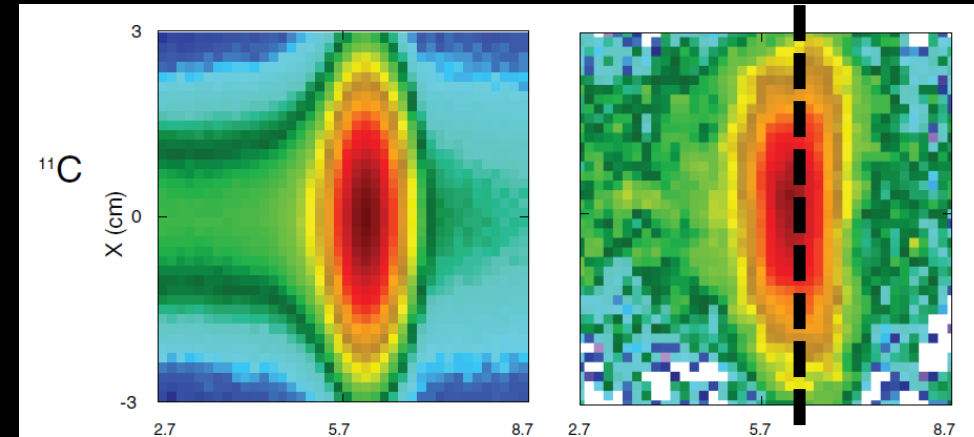
Matching  
PET activity & Bragg peak



Monte Carlo simulation

Experiment

**Stable  $^{12}\text{C}$  ion beam stopped in  
tissue equivalent material**



Monte Carlo simulation

Experiment

**Radioactive positron emitting  $^{11}\text{C}$  ion beam  
stopped in tissue equivalent material**

# RADIOTHERAPY OPTIMIZATION PROCESS

