

# New developments in radiotherapy treatment planning with particle beams:

## *Advancing in Biological Treatment Planning*

Emanuele Scifoni



Trento Institute for  
Fundamental Physics  
and Applications



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# Outline

- **Basics of Biological Treatment Planning with Particle beams**
- **Latest Advancements:**
  - **Multifraction/Multifraction**
  - **NTCP based planning**
  - **FLASH planning (outlook)**

# Biological-based treatment planning

- Bio-TPS for ion beams aims to include as much as possible biological effect information in the planning strategy.
- Relevant for plan recalculation but ideally needed for **inverse** planning.
- Substantial e.g., for assessing differential benefits of different irradiation modalities and selecting the most suitable choice for a given patient case.
- **Additional physics data** needed, since the different components (E,Z) of the mixed field in a beam should be properly accounted in order to get a proper overall biological effect.

# Dose modifying factors

- in general a „dose modifying factor“ (DMF) is defined as a ratio of doses compared to normal conditions (*n.c.*) giving a **Same biological effect**

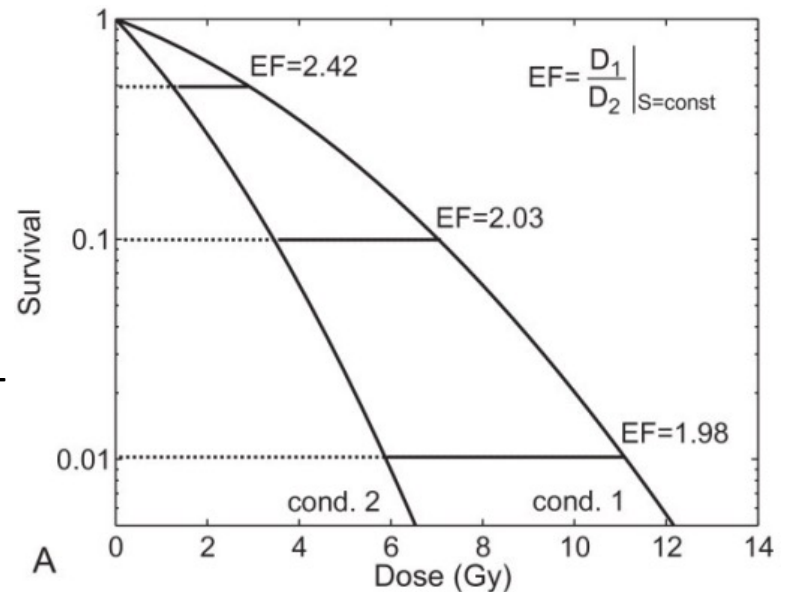
-more properly called `Dose effectiveness factor (DEF)-

$$DEF = \frac{D_{special\ conditions}}{D_{n.c.}} \Bigg|_{same\ effect(S)} ; \quad DEF([C]) = \frac{D([C])}{D_{n.c.}} \Bigg|_{same\ effect(S)}$$

- Can be a radiation quality related feature like **RBE**, or a more target related property (like e.g. **OER**)
- it is called properly a „dose modifying factor“ if independent on S (or D)

Depending on several parameters, in particular LET

$$DEF(LET, [C]) = \frac{D(LET, [C])}{D_{n.c.}} \Bigg|_{same\ effect(S)}$$



Wenzl&Wilkins 2011

# The Optimization problem

Optimal particle numbers  $\vec{N}_{opt}$  for all rasterpoints in order to obtain a 3D dose distribution that respects the constraints imposed.

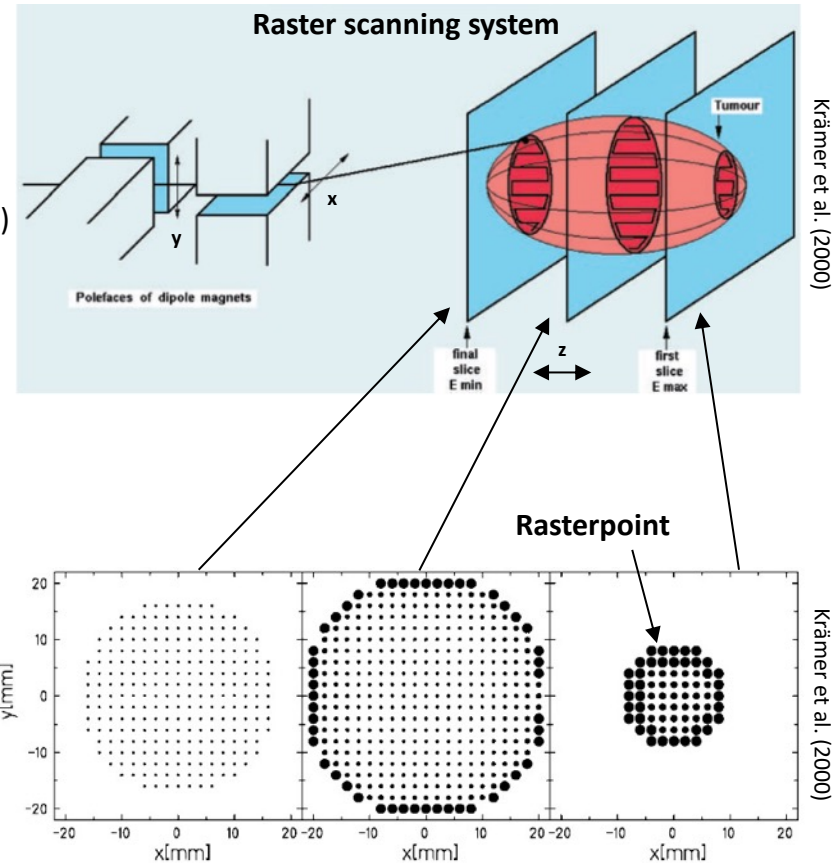
TRiP98 cost function  $\rightarrow$  formalizes the treatment goals:

$$\chi^2(\vec{N}) = (w_t)^2 \sum_{i=1}^{N_T} \frac{(D_{pre} - D_i(\vec{N}))^2}{\Delta D_{pre}^2} \quad \leftarrow \text{Target (uniform dose)}$$

$$+ (w_{OAR}^{Dmax})^2 \sum_{i=1}^{N_{OAR}^{Dmax}} \frac{(D_{max} - D_i(\vec{N}))^2}{\Delta D_{max}^2} \cdot \theta(D_i(\vec{N}) - D_{max}) \quad \leftarrow \text{OAR (maximum dose)}$$

Where in order to account for bio effects, the “bio” dose is obtained through scaling the physical dose by the specific DMF

**Aim:** searching the **minimum** of  $\chi^2(\vec{N})$  for all fields simultaneously (multiple field optimization).



# Treatment Planning Codes for Particles

Some examples including  $Z > 1$ :

## *Analytical*

- TRiP98: first for  $Z > 1$
- MatRad
- FROG (GPU based)
- RPLANIT/PLANKIT

## *Monte Carlo*

- FRED (GPU based)
- FLUKA
- TOPAS
- RayStation (comm.)

# Nanodosimetry based treatment planning

*Research Article*

## Nanodosimetry-Based Plan Optimization for Particle Therapy

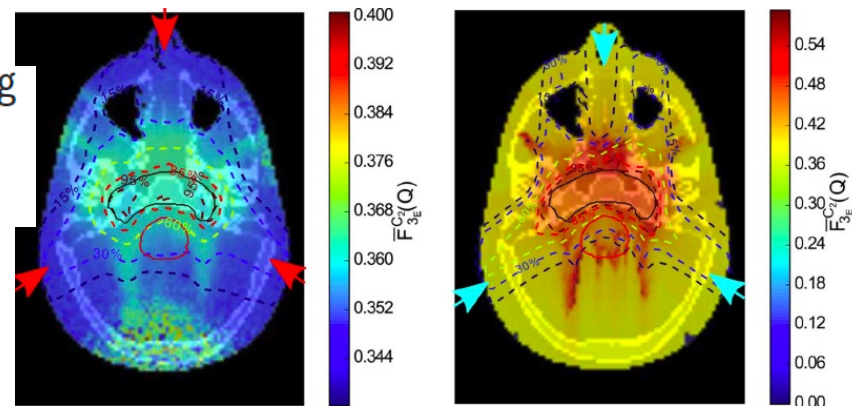
Margherita Casiraghi<sup>1</sup> and Reinhard W. Schulte<sup>2</sup>

*Comp Math Meth Med 2015*

Fast calculation of nanodosimetric quantities in treatment planning of proton and ion therapy

José Ramos-Méndez<sup>1,5</sup>, Lucas N Burigo<sup>2,3</sup>, Reinhard Schulte<sup>4</sup>, Cynthia Chuang<sup>1</sup> and Bruce Faddegon<sup>1</sup>

*PMB 2018*



### TOPICAL REVIEW

Applications of nanodosimetry in particle therapy planning and beyond

Antoni Rucinski<sup>1,\*</sup>, Anna Biernacka<sup>2</sup> and Reinhard Schulte<sup>3</sup>

*PMB 2021*

# The kill painting basic idea

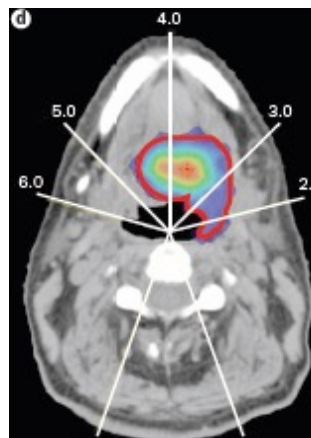
- Absorbed Dose
- Biologically effective Dose (RBE weighted)
- Biologically isoeffective Dose in the local microenvironment (OER weighted)

optimized quantity:

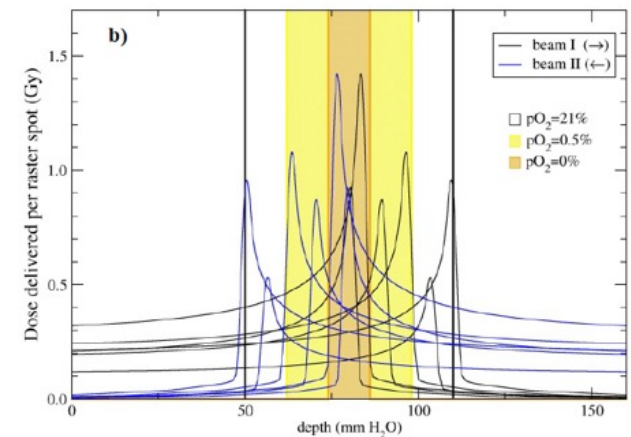
SCIENTIFIC REPORTS

OPEN Kill-painting of hypoxic tumours in charged particle therapy

Walter Tinganelli<sup>1,2</sup>, Marco Durante<sup>1,2</sup>, Ryoichi Hirayama<sup>2</sup>, Michael Krämer<sup>1</sup>, Andreas Maier<sup>1</sup>, Wilma Kraft-Weyrather<sup>1</sup>, Yoshiya Furusawa<sup>2</sup>, Thomas Friedrich<sup>1</sup> & Emanuele Scifoni<sup>2</sup>  
Received: 03 July 2015



Intra-tumour Heterogeneity revealed by functional imaging e.g. CT/PET(FMISO) Horsman NRCO 211

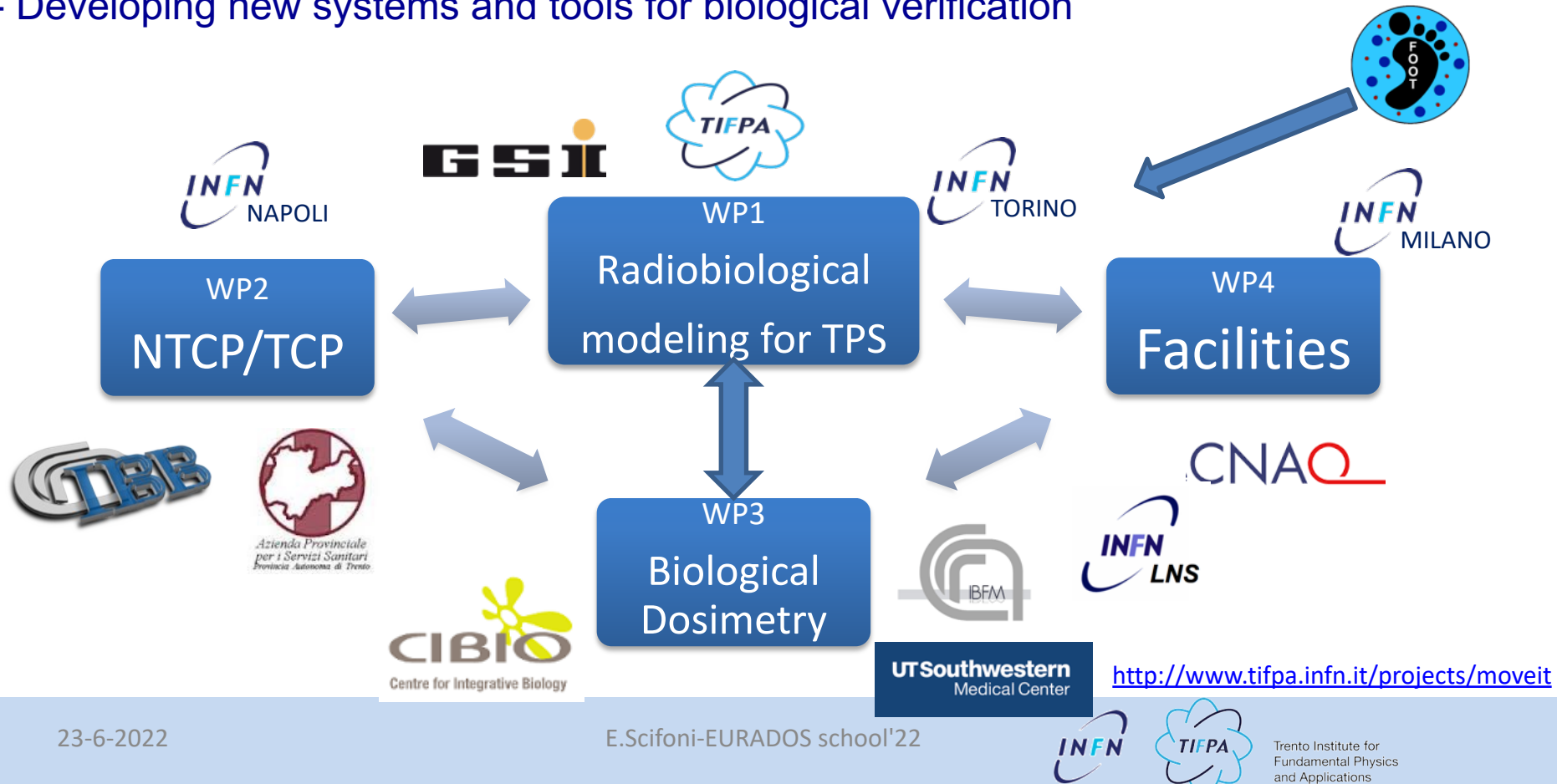


Tinganelli et al. Sci Rep. 2015



INFN Network - Call group V - funded 2017-2020- Coordinator: E. Scifoni

- Advancing biological treatment planning (e.g. impact of full nuclear spectra (including target fragments from FOOT) on RBE, hypoxia, intra-tumour heterogeneities)
- Developing new systems and tools for biological verification



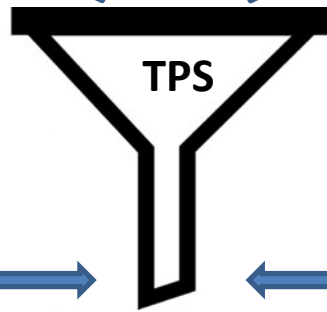
#### Physics

- Depth dose distributions
- Nuclear fragment spectra (including target)
- Stopping power data

#### Radiobiology

(= Biological effects + micro/nanoscale physics)

- RBE (eg. LEMx, MKM)
- OER
- any other DMF...

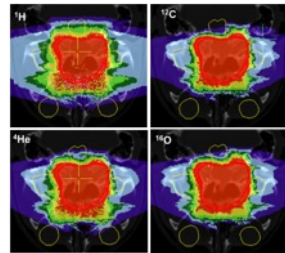


Beamline specifics

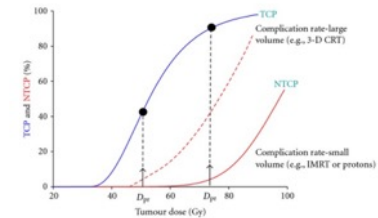
Patient Imaging data

Including intratumor heterogeneity

Effective Dose profile



Clinical Impact

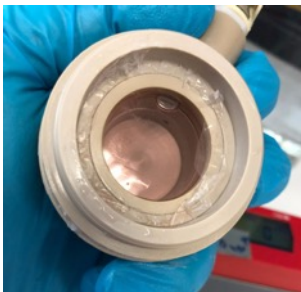
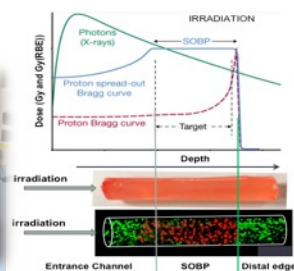


TCP/NTCP

#### Verification

advanced beam monitoring

"Bio"-dosimetry



# Biological impact of fragmentation

Comparison of plans including target fragments with experimental *in vitro* data



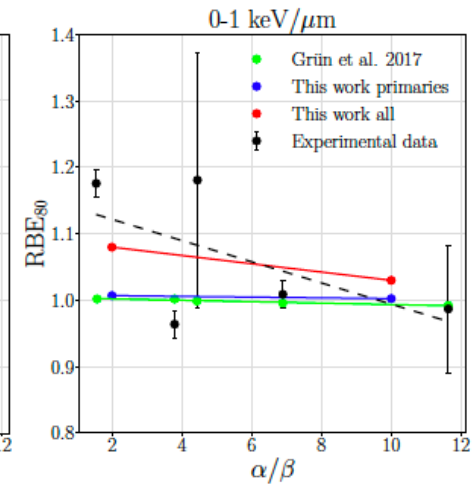
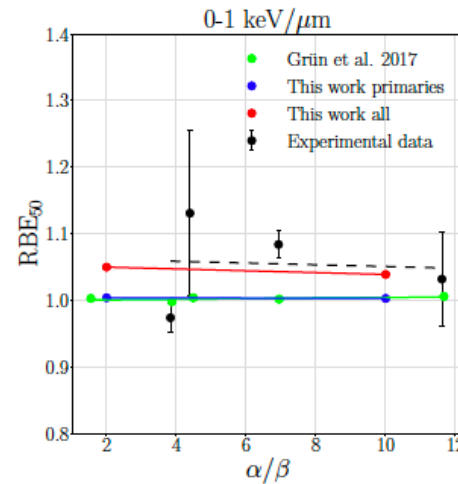
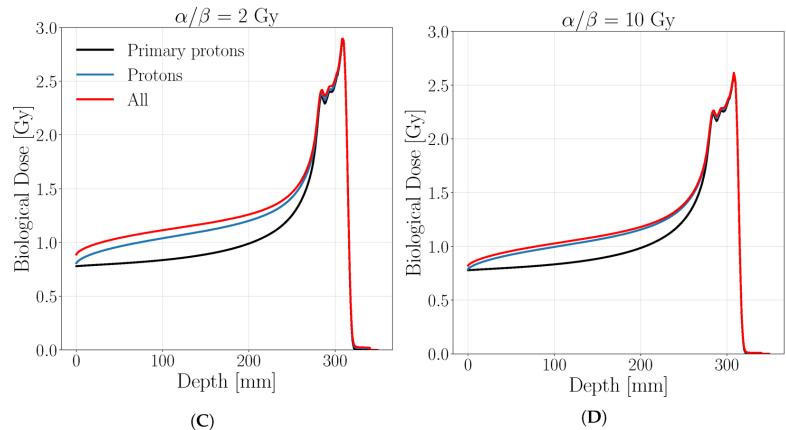
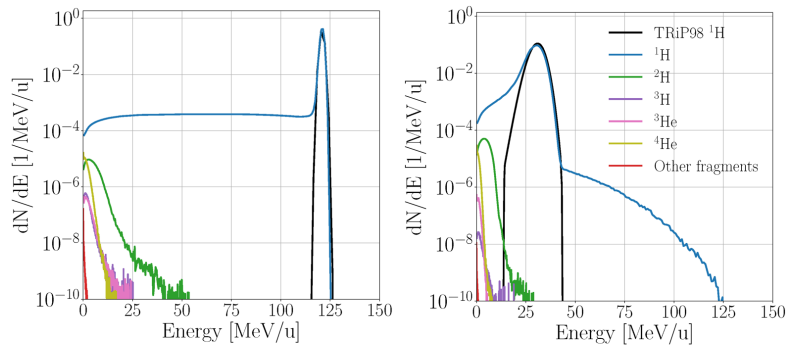
cancers 2021



Article

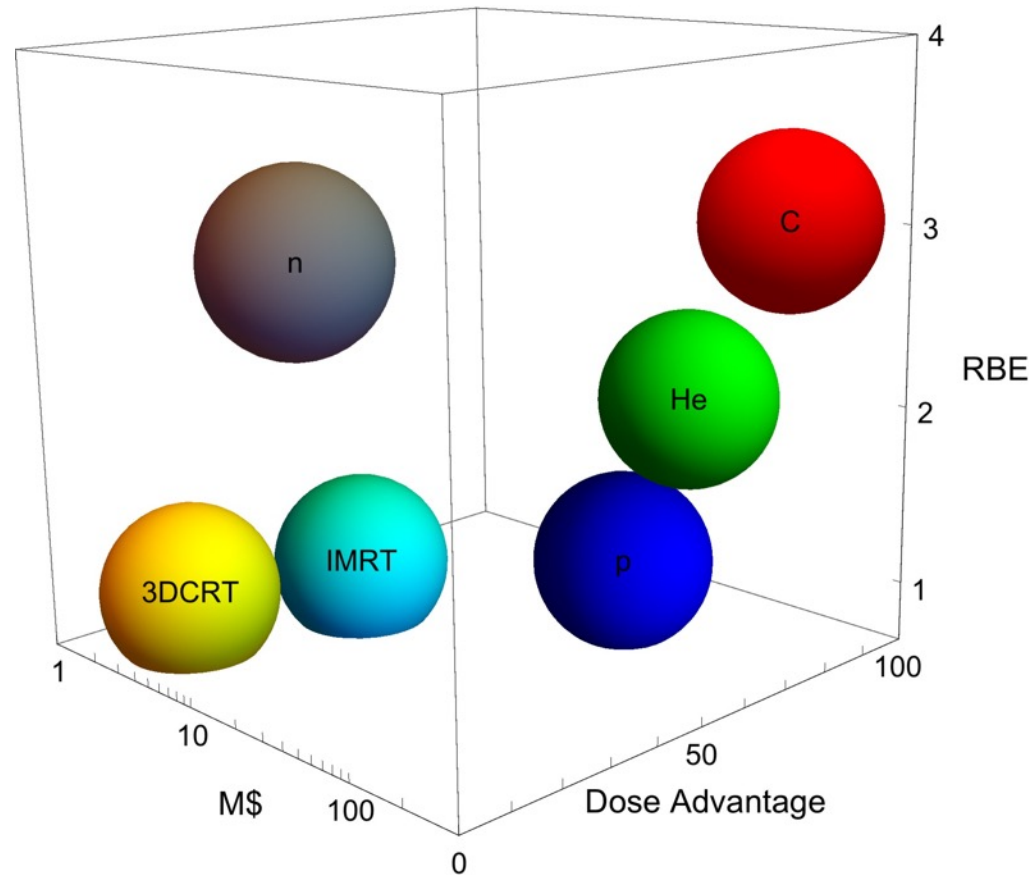
## Biological Impact of Target Fragments on Proton Treatment Plans: An Analysis Based on the Current Cross-Section Data and a Full Mixed Field Approach

Elettra Valentina Bellinzona <sup>1,2</sup>, Leszek Grzanka <sup>3</sup>, Andrea Attili <sup>4</sup>, Francesco Tommasino <sup>1,2</sup>, Thomas Friedrich <sup>5</sup>, Michael Krämer <sup>5</sup>, Michael Scholz <sup>5</sup>, Giuseppe Battistoni <sup>2</sup>, Alessia Embriaco <sup>6</sup>, Davide Chiappara <sup>7,†</sup>, Giuseppe A. P. Cirrone <sup>7</sup>, Giada Petringa <sup>7,†</sup>, Marco Durante <sup>5,8</sup> and Emanuele Scifoni <sup>1,2,\*</sup>



# What's the best ion?

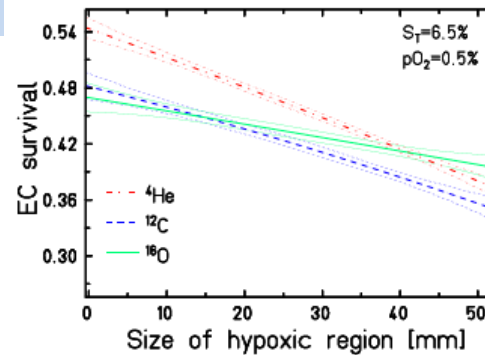
- What means the best?
- Most probably no unique choice
- The choice depend on morphological and biological features
- We need specific (Bio)-TPS studies



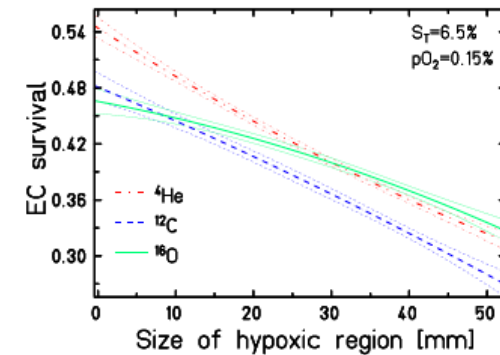
# Kill painted plans with different ions

*Sokol et al. PMB 2017*

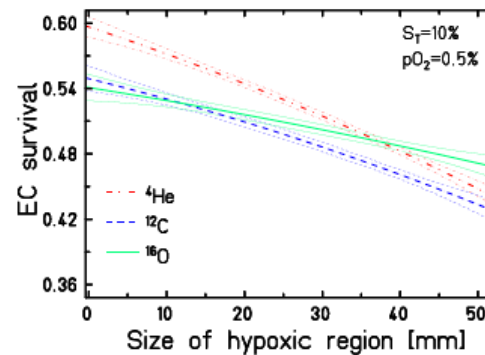
- In case of hypoxia, proper optimization accounting for OER may lead to **Inverted peak-to-entrance ratios** as compared to a normoxic case
- Trade off analysis (peak-to entrance survival ratio) among different optimized ions, first time considering explicit oxygenation
- Trade-off between better **LET distribution** and worse **Fragmentation** in entrance and tail



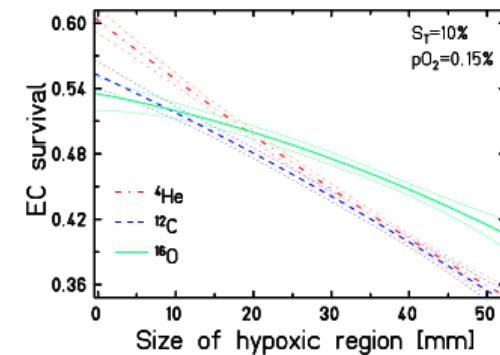
(a)



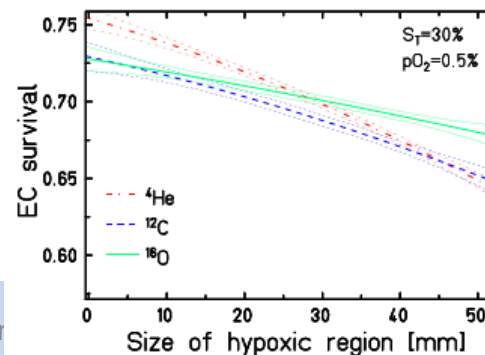
(b)



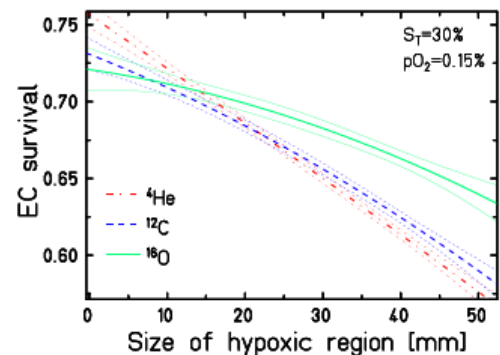
(c)



(d)



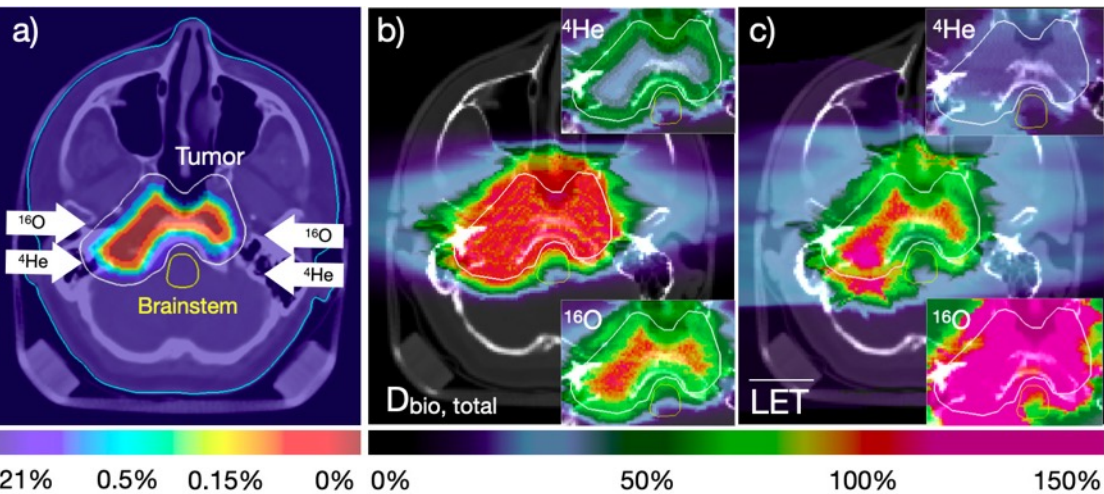
(e)



(f)

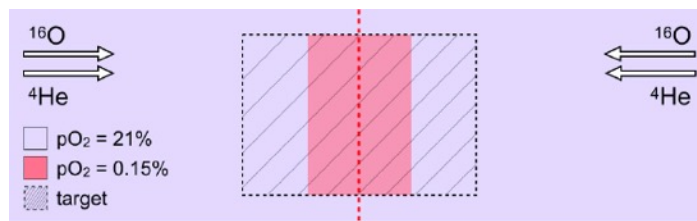
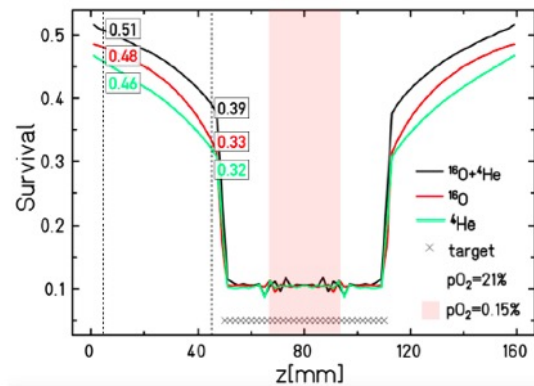


# Exploiting degrees of freedom in Biological Ion beam TPS: Multiple ions



21% 0.5% 0.15% 0% 0%

50% 100% 150%



Physics in Medicine & Biology 2019



PAPER

Kill painting of hypoxic tumors with multiple ion beams

O Sokol<sup>1</sup>, M Krämer<sup>1</sup>, S Hild<sup>2,3</sup>, M Durante<sup>1,4</sup> and E Scifoni<sup>2</sup>

## Towards Multiple Ion Applications in Particle Therapy

- |                                                                                                                      |                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Taku Inaniwa</b><br>National Institutes for Quantum and Radiological Science and Technology (QST)<br>Chiba, Japan | Heidelberg, Germany                                                                                          |
| <b>Andrea Mairani</b><br>Heidelberg Ion-Beam Therapy Center (HIT)<br>Heidelberg, Germany                             | <b>Michael Krämer</b><br>GSI Helmholtz Centre for Heavy Ion Research<br>Darmstadt, Germany                   |
| <b>Benedikt Kopp</b><br>Heidelberg Ion-Beam Therapy Center (HIT)<br>Heidelberg, Germany                              | <b>Oiga Sokol</b><br>GSI Helmholtz Centre for Heavy Ion Research<br>Darmstadt, Germany                       |
| <b>Stewart Mein</b><br>Heidelberg Ion-Beam Therapy Center (HIT)                                                      | <b>Emmanuele Scifoni</b><br>TIFPA Trento Institute for Fundamental Physics and Applications<br>Trento, Italy |

T&F chapter submitted



# Exploiting degrees of freedom in Ion beam TPS: Multi-fraction TPS

## ...Planning different fractions differently

Physics in Medicine & Biology



PAPER

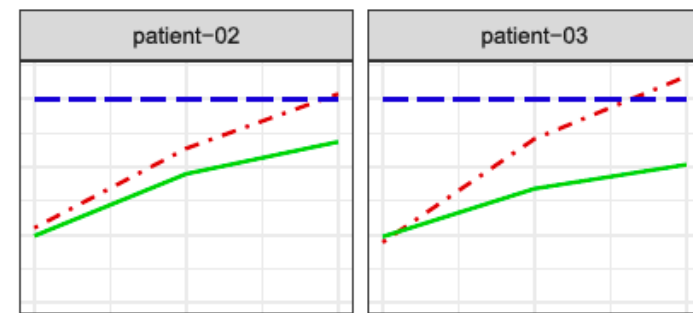
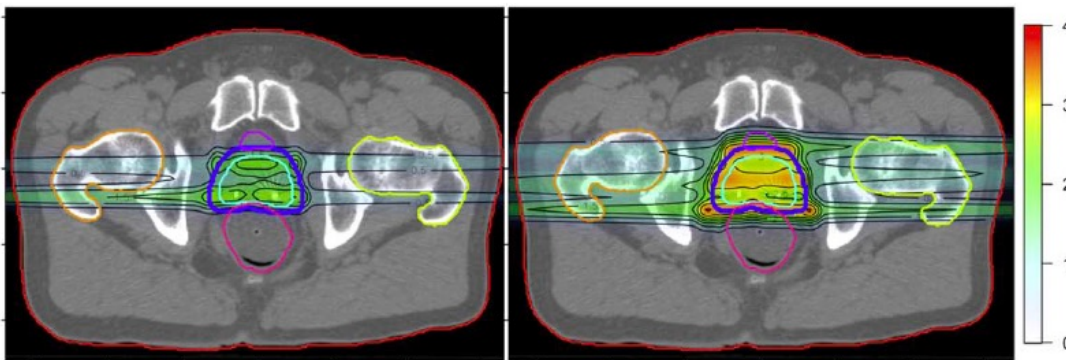
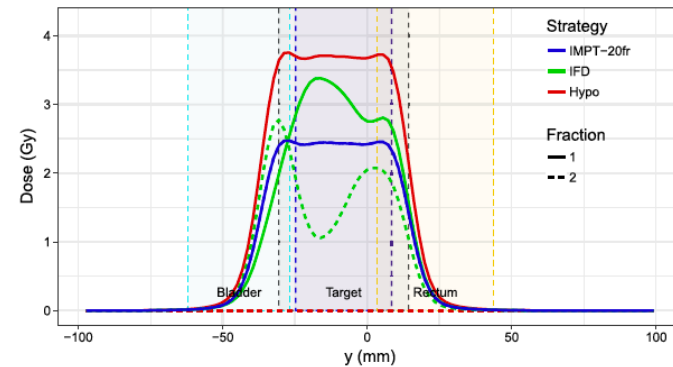
### Spatiotemporal optimisation of prostate intensity modulated proton therapy (IMPT) treatments

2022

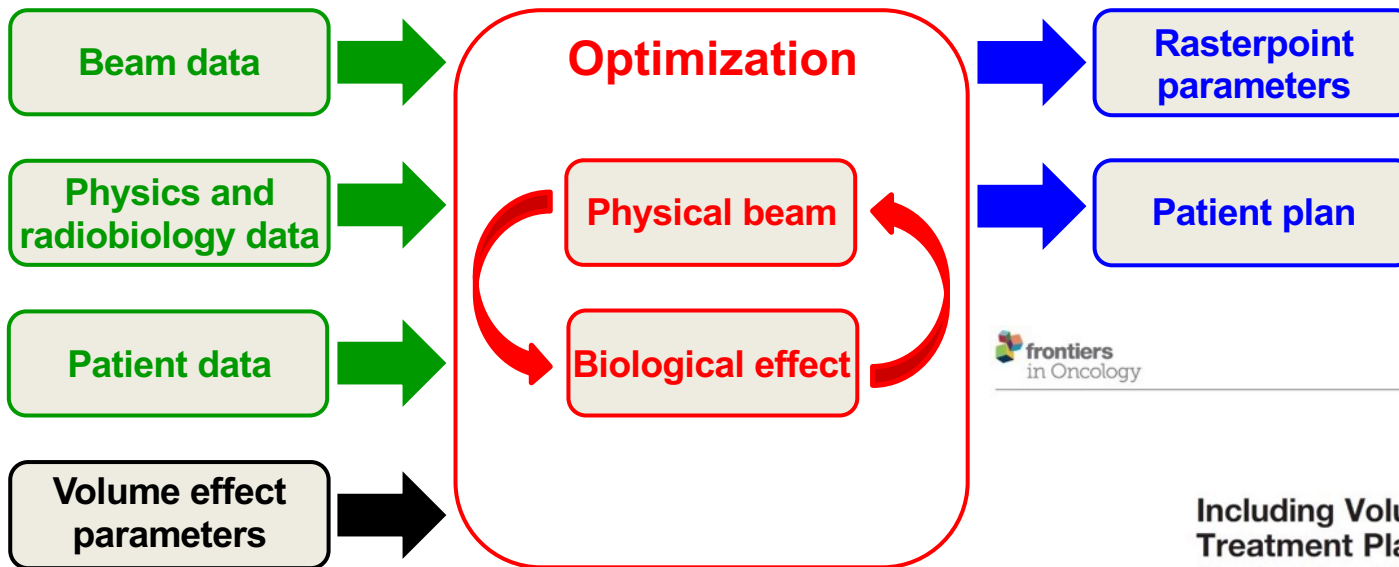
L Manganaro<sup>1,2,3,4,5</sup>, A Attili<sup>4</sup>, T Bortfeld<sup>1,2</sup> and H Paganetti<sup>1,2</sup>

<sup>1</sup> Department of Radiation Oncology, Massachusetts General Hospital (MGH), Massachusetts, United States of America

<sup>2</sup> Harvard Medical School, Massachusetts, United States of America



# Including Volume effects



frontiers  
in Oncology

ORIGINAL RESEARCH  
published: 21 March 2022  
doi: 10.3389/fonc.2022.826414



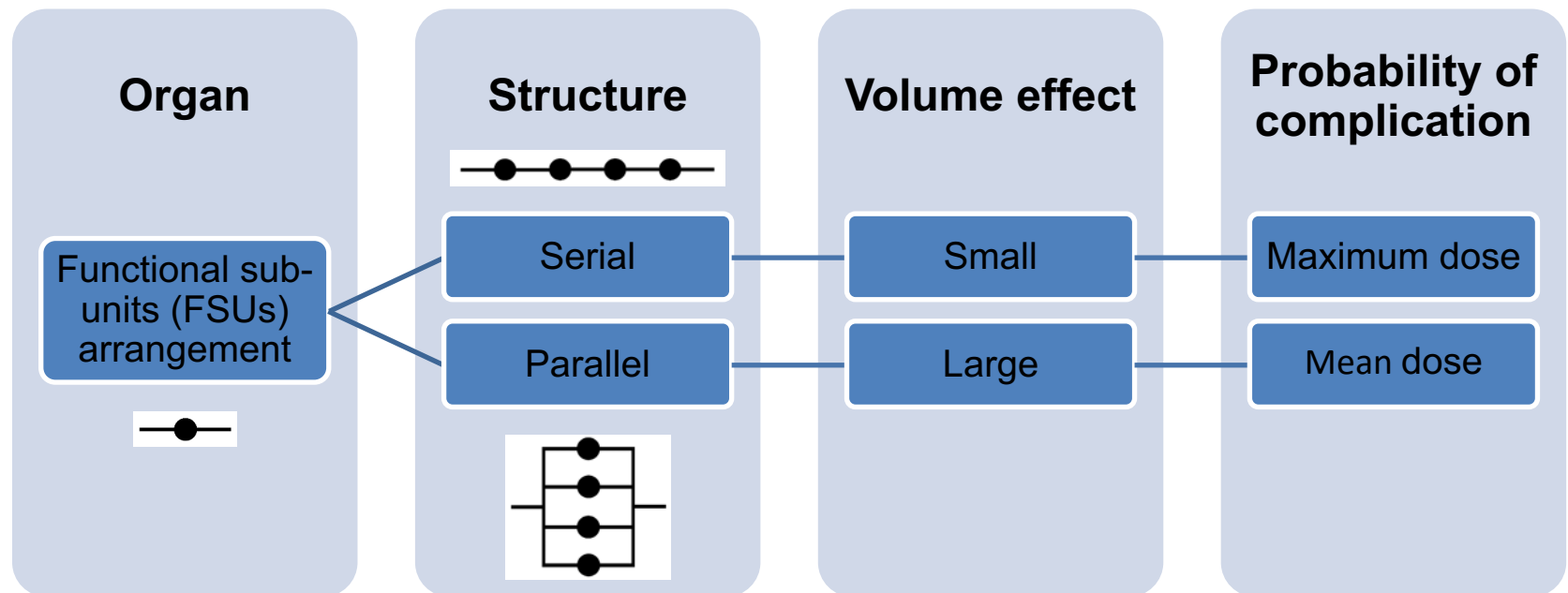
## Including Volume Effects in Biological Treatment Plan Optimization for Carbon Ion Therapy: Generalized Equivalent Uniform Dose-Based Objective in TRiP98

Marco Battestini<sup>1,2</sup>, Marco Schwarz<sup>2,3\*</sup>, Michael Krämer<sup>4</sup> and Emanuele Scifoni<sup>2</sup>

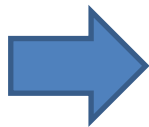
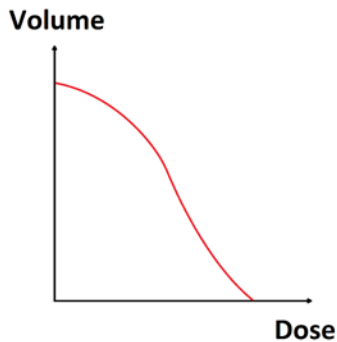
<sup>1</sup> Department of Physics, University of Trento, Trento, Italy, <sup>2</sup> Trento Institute for Fundamental Physics and Applications (TIFPA), Istituto Nazionale di Fisica Nucleare (INFN), Trento, Italy, <sup>3</sup> Trento Proton Therapy Center, Azienda Provinciale per i Servizi Sanitari (APSS), Trento, Italy, <sup>4</sup> Biophysics Department, GSI - Helmholtzzentrum für Schwerionenforschung, Darmstadt, Germany



# What is the volume effect?



# Generalized Equivalent Uniform Dose (gEUD)



Niemierko (1999)

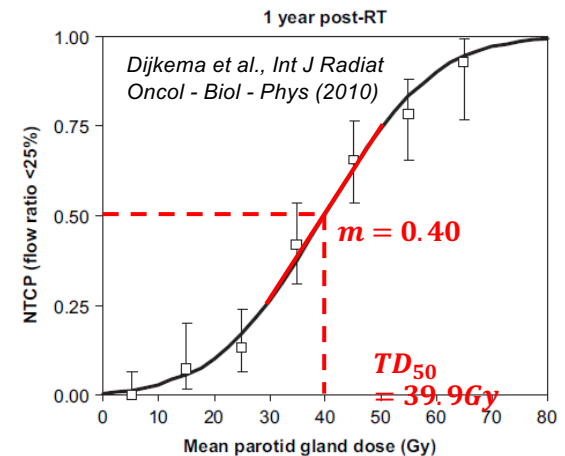
$$gEUD[Gy] = \left( \frac{1}{M} \sum_{i=1}^N D_i^a \right)^{\frac{1}{a}} = \begin{cases} D_{min} & a \rightarrow -\infty \\ D_{mean} & a = 1 \\ D_{max} & a \rightarrow +\infty \end{cases} \begin{matrix} \\ \text{Large volume effect} \\ \text{Small volume effect} \end{matrix}$$



Lyman–Kutcher–Burman (LKB) model (1989)

$$NTCP(u) = \frac{1}{\sqrt{2\pi}} \int_{-\infty}^u e^{-t^2/2} dt$$

$$u = \frac{gEUD - TD_{50}}{m \cdot TD_{50}}$$



# New optimization approach

## TRiP98 cost function

$$\chi^2(\vec{N}) = (w_t)^2 \sum_{i=1}^{N_T} \frac{(D_{pre} - D_i^{bio}(\vec{N}))^2}{\Delta D_{pre}^2} \quad \leftarrow \text{Target (uniform dose)}$$

$$+ (w_{OAR}^{Dmax})^2 \sum_{i=1}^{N_{OAR}^{Dmax}} \frac{(D_{max} - D_i^{bio}(\vec{N}))^2}{\Delta D_{max}^2} \cdot \theta(D_i(\vec{N}) - D_{max}) \quad \leftarrow \text{OAR (maximum dose)}$$

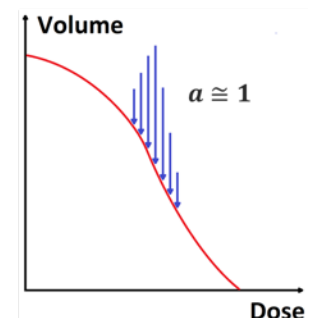
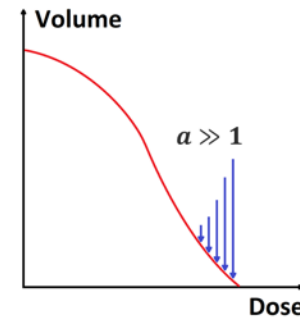
$$+ (w_{OAR}^{gEUD_0})^2 \frac{(gEUD_0 - gEUD(\vec{N}))^2}{\Delta gEUD_0^2} \cdot \theta(gEUD(\vec{N}) - gEUD_0)$$

OAR (gEUD)  $\rightarrow$

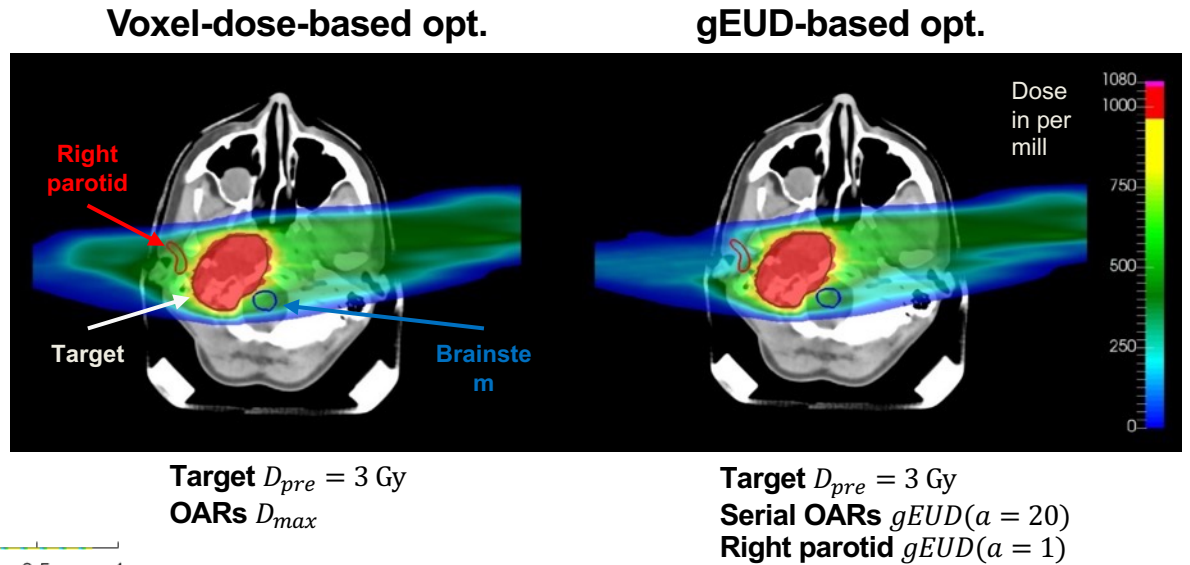
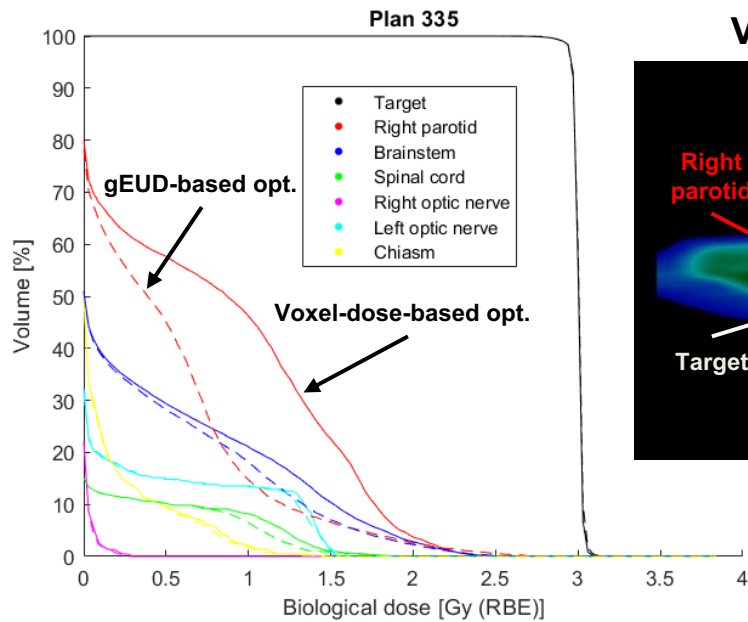
$$D_i^{bio}(\vec{N}) = D_i^{phys}(\vec{N}) \cdot RBE_i(\vec{N})$$

RBE-weighted dose  
 $gEUD$

$$= \left( \frac{1}{M} \sum_{i=1}^N (D_i^{bio}(\vec{N}))^a \right)^{\frac{1}{a}}$$



# Optimization results

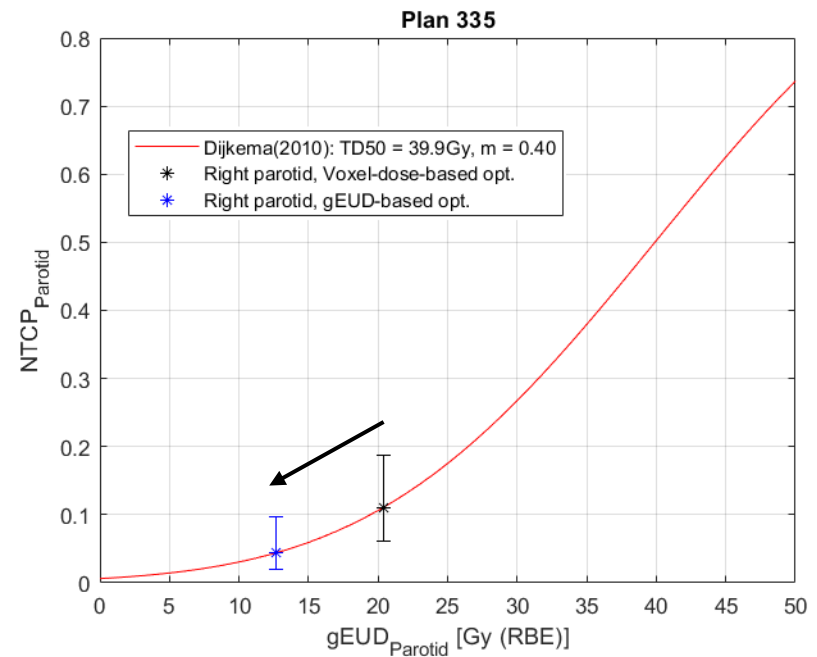


Battestini et al., *Front. Oncol.* (2022)

# Normal Tissue Complication Probability (NTCP)

Parameter	Voxel-dose-based opt.	gEUD-based opt.
	<b>Right parotid</b>	
$gEUD$ ( $a = 1$ )	0.82 Gy	0.50 Gy
NTCP	11.09 %	4.37 %
$D_{max}$	2.51 Gy	2.80 Gy

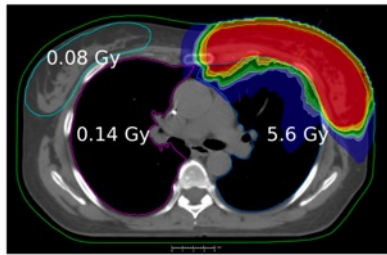
*Battestini et al., Front. Oncol. (2022)*



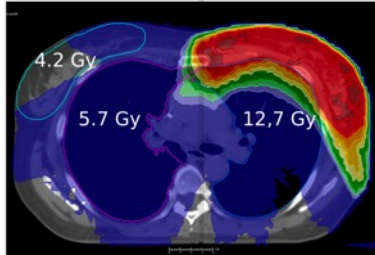
# Secondary Cancer risk modeling: particles vs X-rays

- Dosimetric studies : strong reduction of Excess Relative Risk (EAR) in **p** vs **X**-rays plans according to different models

Protons



x-rays



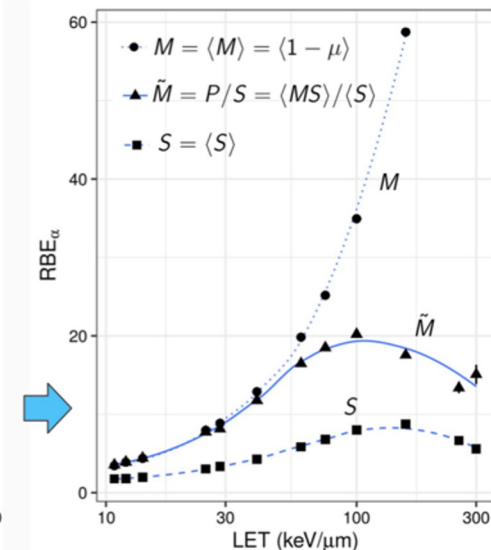
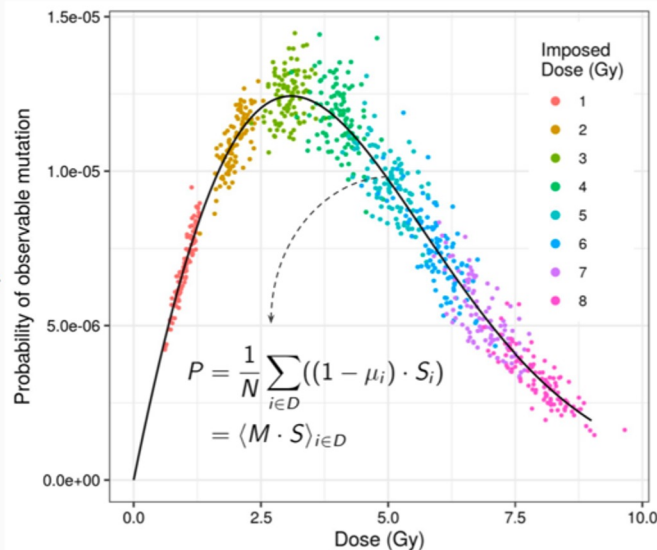
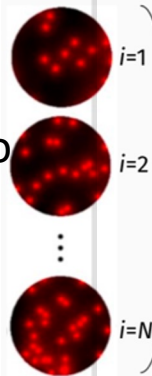
% 50 Gy

EAR(cases/10000 persons/year: VMAT	VMAT			PT		
	Linear	Lin-exp	Lin-plat	Linear	Lin-exp	Lin-plat
Ipsilateral Lung	131±17	40±3	37±3	63±5	20±3	18±2
Contralateral Lung	55±8	35±3	30±2	2±2	1±1	1±1
Contralateral Breast	44±6	35±4	31±3	0±0	0±0	0±0

*Cartechini et al. Radiot. Oncol.2020*

- Biophysical modeling:  
New **MKM** based model for **Mutation Induction RBE** ( $RBE_M$ ) of particles versus X-rays in analogy to the standard RBE for clonogenic survival ( $RBE_S$ )

Simulated Irradiated cells:



*Attili et al. PTCOG 2021, PMB 2022 subm.*

# Secondary Cancer risk modeling: proton versus carbon

Modeling Radiation-Induced Neoplastic Cell Transformation *In Vitro* and  
Tumor Induction *In Vivo* with the Local Effect Model

Antonia Hufnagl<sup>1</sup>, Michael Scholz and Thomas Friedrich<sup>2</sup>

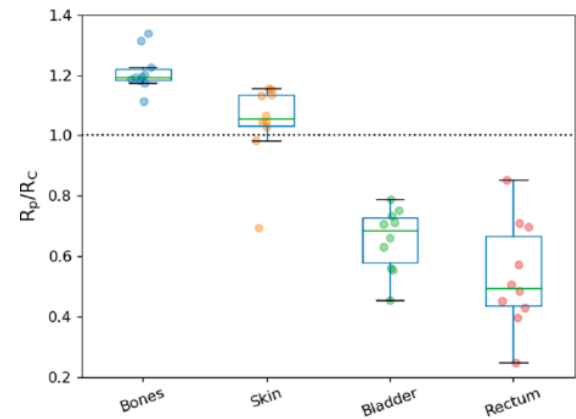
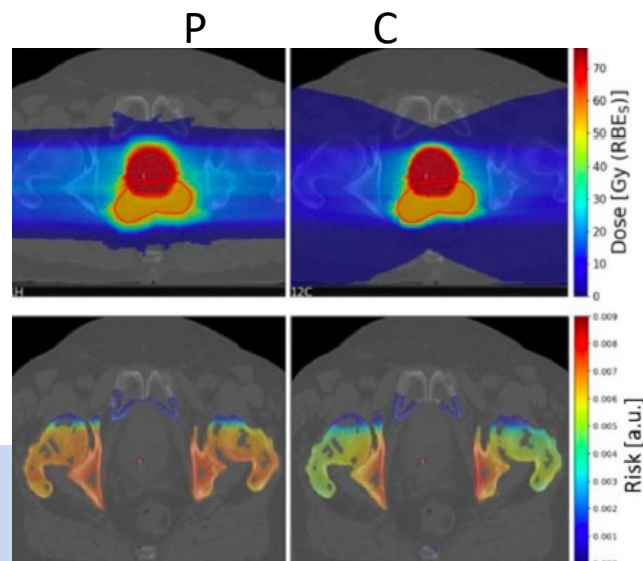
Rad Res 2021

Downloaded from <http://>

Modelling secondary cancer risk ratios for proton vs. carbon ion beam therapy: A comparative study  
based on the Local Effect Model

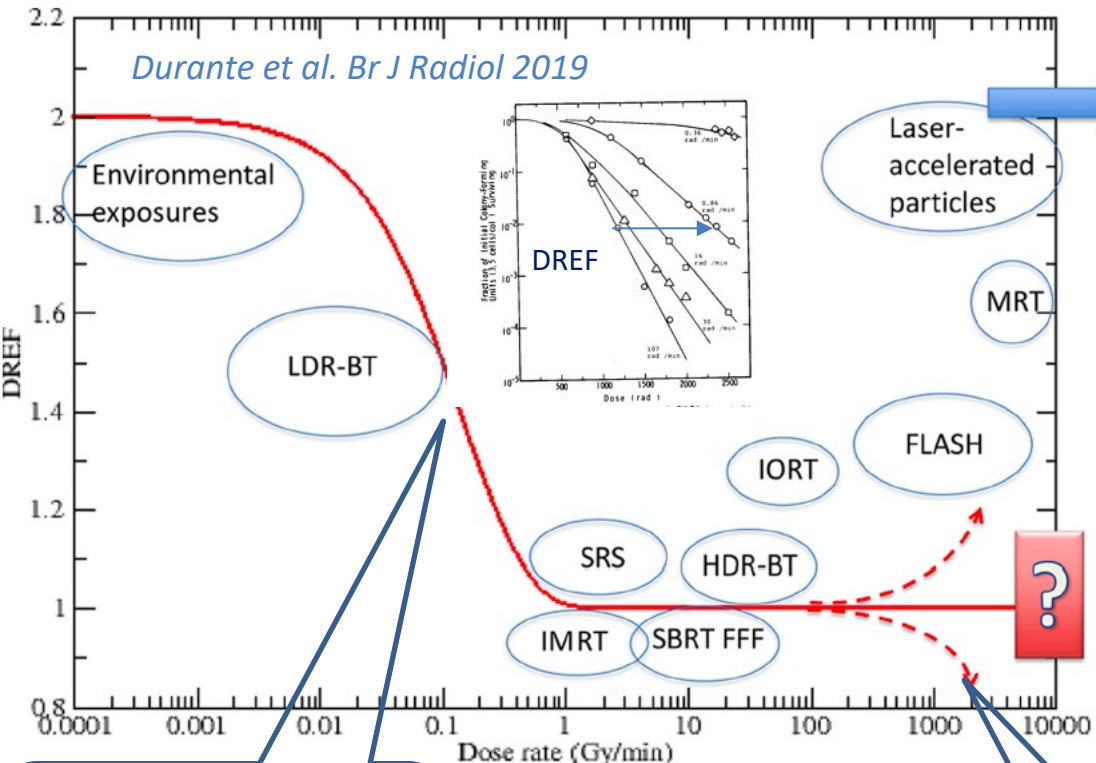
Antonia Hufnagl<sup>1</sup>, Gracinda Johansson<sup>2</sup>, Albert Siegbahn<sup>2,3</sup>, Marco Durante<sup>1,4</sup>, Thomas Friedrich<sup>1</sup>,  
Michael Scholz<sup>1,\*</sup>

Med Phys 2022



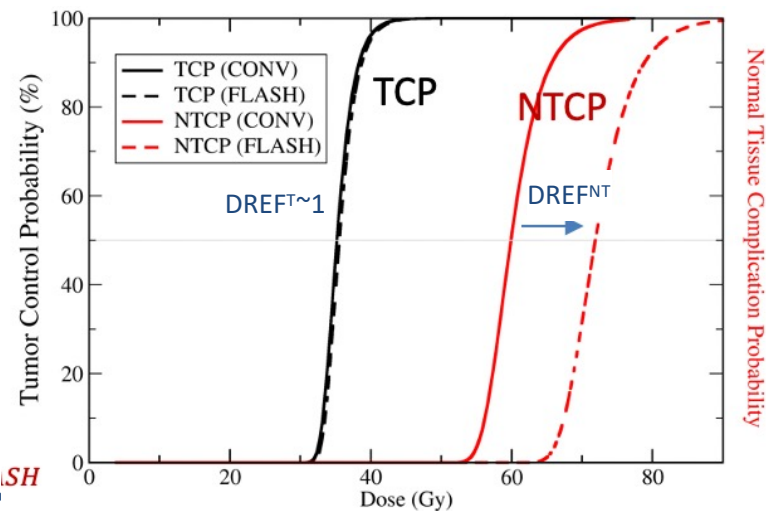


# Ultrahigh Dose Rate Response and FLASH

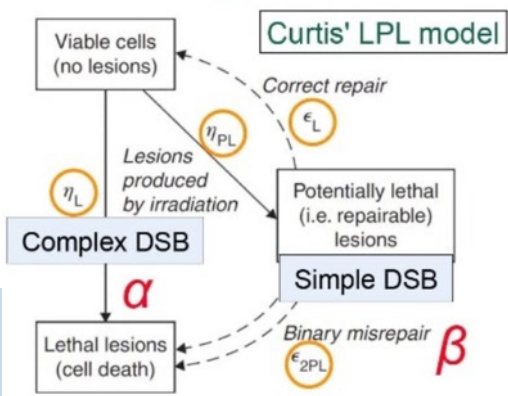


$$DREF = \frac{D(\dot{D})}{D(\dot{D}_{ref})} \Bigg|_{\text{same effect}}$$

Dose-Rate Effectiveness Factor



This we understand (sublethal damage repair etc..) e.g.:



This we presently **DON'T** understand

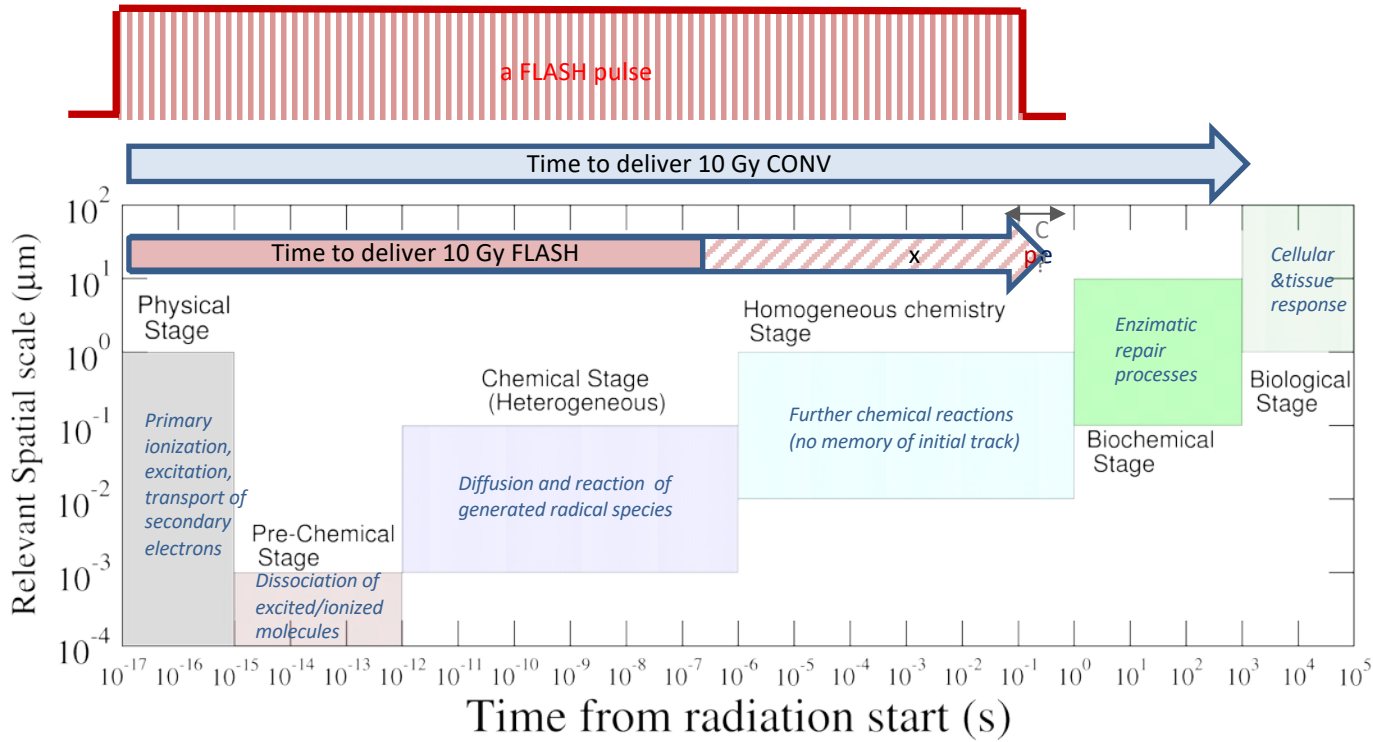
Despite plenty of accumulating exp evidence....



# FLASH Basic questions:

- **WHY** this happens?
- How is it possible to justify an “inverse” protective effect with increasing dose rate?
- How is it possible to justify having it selectively for NT while maintaining unchanged tumor control?
  
- **WHEN** (for which irradiation parameters) this happens?
- **HOW** can we optimize it in a plan?

# FLASH and spatiotemporal scales of Radiation Damage



Weber, Scifoni, Durante Med Phys 2022



# FRIDA - FLASH Radiotherapy with high Dose-rate particle beams project

INFN-CSNV Call 2022-2024

## WPO

### Coordination

A. Sarti

## WP1

### The FLASH mechanism

E. Scifoni (modeling)  
G. Forte (bio experiments)

## WP2

### Beam delivery

A. Mostacci (e-)  
G. A. P. Cirrone (p)

## WP3

### Beam/dose monitoring

A. Vignati (Beam monitoring)  
G. Bisogni (Dose monitoring)

## WP4

### Treatment planning

A. Schiavi (Dose sim/optim.)  
M. Schwarz (Treatment planning)



## units

CT – F. Romano  
LNS – G. Cirrone  
MI – D. Giove  
PI – G. Bisogni  
RMI – A. Sarti  
TIFPA – E. Scifoni  
TO – A. Vignati

Partners:

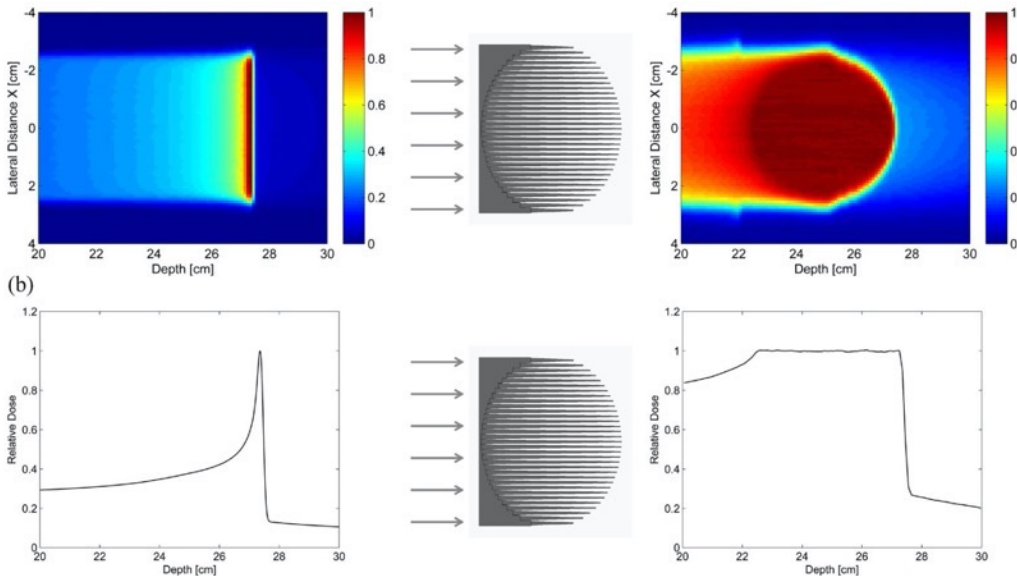


AZIENDA OSPEDALIERO  
UNIVERSITARIA PISANA



Consiglio Nazionale  
delle Ricerche

# 3D Range Modulators

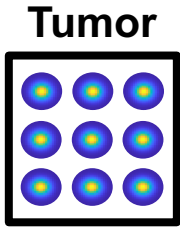
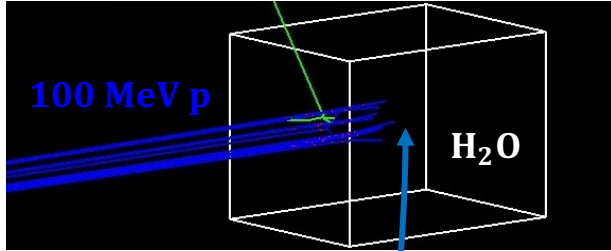


- All pins need to be **optimized**
- Increased number of degrees of freedom required
- Need to control **beam scattering** and **optical divergence**
- Up to several thousands of optimization variables
- Linear combination of **full dose distributions** instead of single depth dose profiles

Y. Simeonev et al, 3D range-modulator for scanned particle therapy: development, Monte Carlo simulations and experimental validation, PMB 2017

# Dose Rate scoring

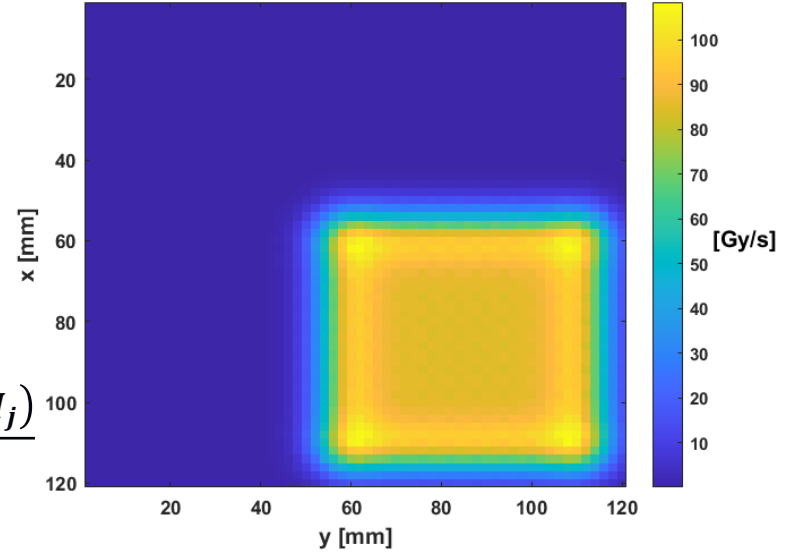
M. Battestini



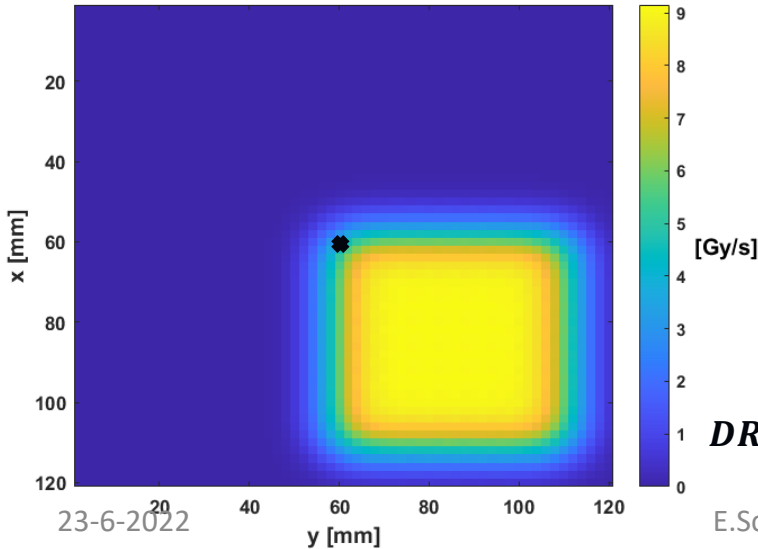
Essential  
for BioTPS

$$DADR_i = \sum_{j=1}^n \frac{(d_{ij}w_j)(d_{ij}BI_j)}{\sum_{j=1}^n d_{ij}w_j}$$

Dose-Averaged Dose Rate



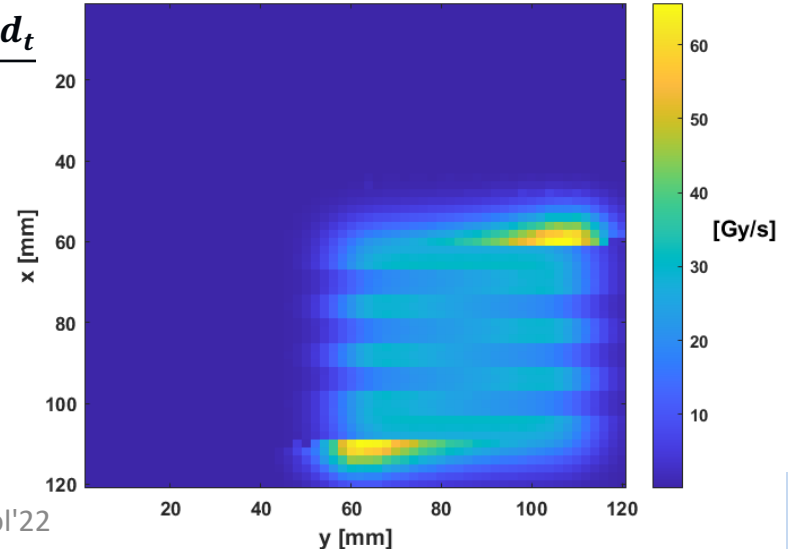
Field Dose Rate



$$DR_i^{PBS} = \frac{D_i - 2d_t}{T_i}$$

$$DR_i^{field} = \frac{D_i}{t_f}$$

PBS Dose Rate (90%)



# Summary

- Biological Treatment planning, BioTPS, i.e. including as much as possible information from physics and biological effects in inverse treatment planning, exploiting beam delivery degrees of freedom is a growing field with many expansion directions
- Biophysical modeling at different scales can help providing insights in mechanism and predictive description of different types of bio-effects (DMFs)
- The different DMFs could be implemented on turn in TPS, as “driving forces” for inverse planning

# BIMeR @TIFPA team



## Bio-Medical Radiation Physics Research Team in Trento

Trento Institute for  
Fundamental Physics  
and Applications



UNIVERSITY  
OF TRENTO



*Azienda Provinciale  
per i Servizi Sanitari  
Provincia Autonoma di Trento*

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- G. Cartechini, PhD student
- E. Pierobon, PhD student
- M. Battestini PhD student
- E. Fogazzi, PhD student
- E. Verroi, Technical Resp Exp Cave

- S. Lorentini Head of Medical Physics staff @ Trento PTC
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V. Patera





# Thanks for your Attention!



**BIMeR**



Trento Institute for  
Fundamental Physics  
and Applications

..and friends

