



# The Promise of Protons in Cancer Therapy

Nancy Price Mendenhall, M.D.  
American Association of Physics Teachers  
Jacksonville, Florida January 12, 2011



# A Neutron Walks Into a Bar...

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A neutron walks into a bar and asks:  
“Hey, how much for a beer?”



# A Neutron Walks Into a Bar...

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A neutron walks into a bar and asks:

**“Hey, how much for a beer?”**

The bartender says, “For you, no charge.”

source: <http://www.jokebuddha.com/Proton#ixzz1A150LTyf>



# A Proton Walks Into a Bar...

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A proton walks into a bar, sits down and orders a drink. After finishing the drink, the bartender says, "Would you like another drink?".



# A Proton Walks Into a Bar...

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The proton says, "No, thanks."



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**The proton says, "No, thanks."**

A few minutes later, the bartender approaches the proton again and says, "Are you sure you don't want another drink?"



# A Proton Walks Into a Bar...

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A proton walks into a bar, sits down and orders a drink. After finishing the drink, the bartender says, "Would you like another drink?".

The proton says, "No, thanks."

A few minutes later, the bartender approaches the proton again and says, "Are you sure you don't want another drink?"

To which the proton says, "I'm positive."  
(Protons know when to stop!!)

source: <http://www.jokebuddha.com/Proton#ixzz1Al50LTyf>



# Objectives

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- Cancer
- Radiation Therapy Basics
  - Mechanism of Action
  - Non-specific Effects
  - Therapeutic Ratio
  - Dose distribution
- The Promise of Protons
- The University of Florida Project
- Clinical Applications





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# Cancer



# The Cancer Problem

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- Cancer affects 1 in every 3 to 4 Americans
- 2<sup>nd</sup> leading cause of death in US
- Affects men, women, children, all races and ages



# The Nature of Cancer

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- Most cancers arise from a single cell that has mutated.
- The main clinical characteristic of cancer is its aberrant growth pattern.



# Cancer Growth

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- Cancer grows **locally**, *beyond the usual normal tissue boundaries, compressing or destroying adjacent tissues.*
- In addition, most cancers can **metastasize** *by shedding cells into the bloodstream, lymphatic fluid, or other body fluids that can travel to and colonize a distance site.*



# Cancer Therapies

## CANCER Therapies

Except in leukemia, systemic therapy rarely sufficiently effective to eradicate local disease.

Systemic

Local

Chemotherapy

Hormonal

Immunotherapy

Surgery

Radiation



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# Radiation Therapy



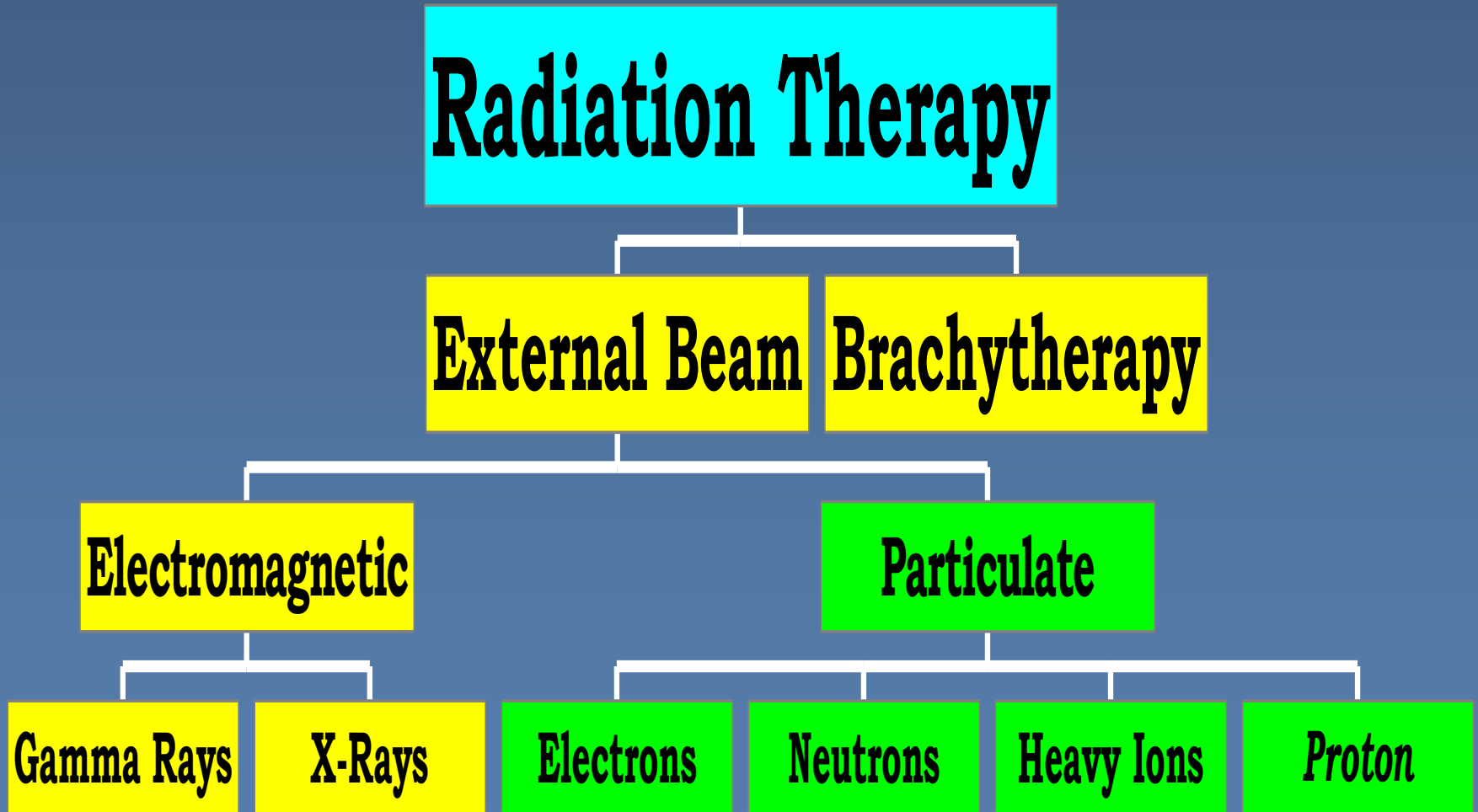
# Radiation Therapy

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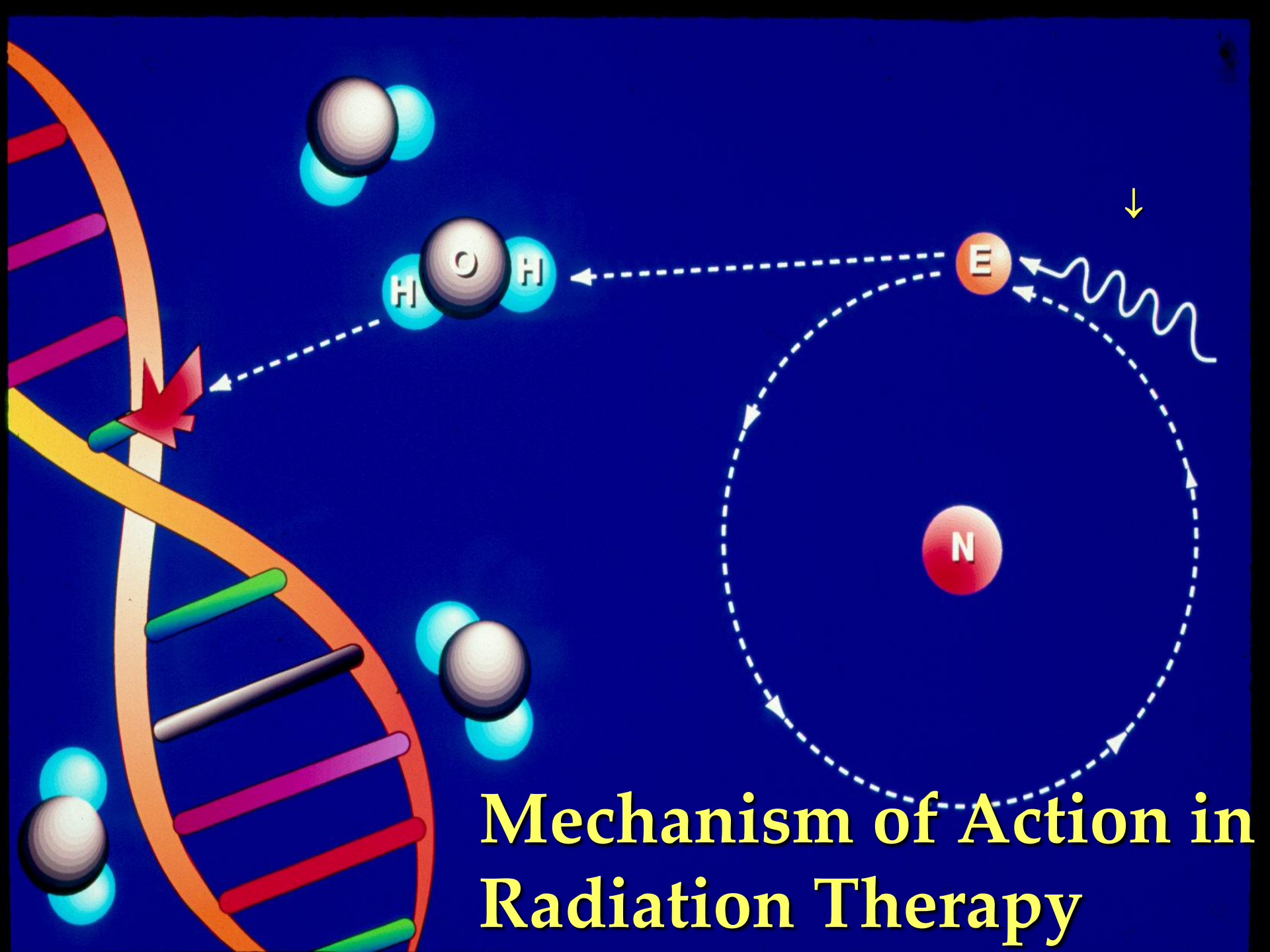
- Radiation is used
  - alone or with surgery
  - for cure or palliation
  - in most types of cancers
- ~50% all cancer patients
- ~2 m radiation treatments in Fl/yr



# Types of Radiation







**Mechanism of Action in Radiation Therapy**



# Radiation Therapy Basics

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- Radiation damage is non-specific.
- Response\* probability *dose-related* and *volume-related*.
- Dose distribution key to outcome.

\*Cancer control and normal tissue damage.



# Radiation Therapy



In radiation oncology, dose distribution is the main challenge. . .

*Oftentimes* radiation doses are limited to avoid toxicity. *Sometimes* the price of cure is a complication.



# Conventional Radiation in Head & Neck Cancers

Site	Dose	Local Control	Gr. 3-4 Toxicity	Therapeutic Ratio
Vocal Cord*	63 Gy	94%	<1	>94
Sinus**	~75 Gy	79% SX + RT 49% RT alone	27% unilateral blindness 5% bilateral blindness	1.8-15.8

\*Small volume tumor with no critical structures around.

\*\*Large volume tumor close to visual apparatus.



# The Therapeutic Ratio

- **Radiation dose distribution is key to improving therapeutic ratio**



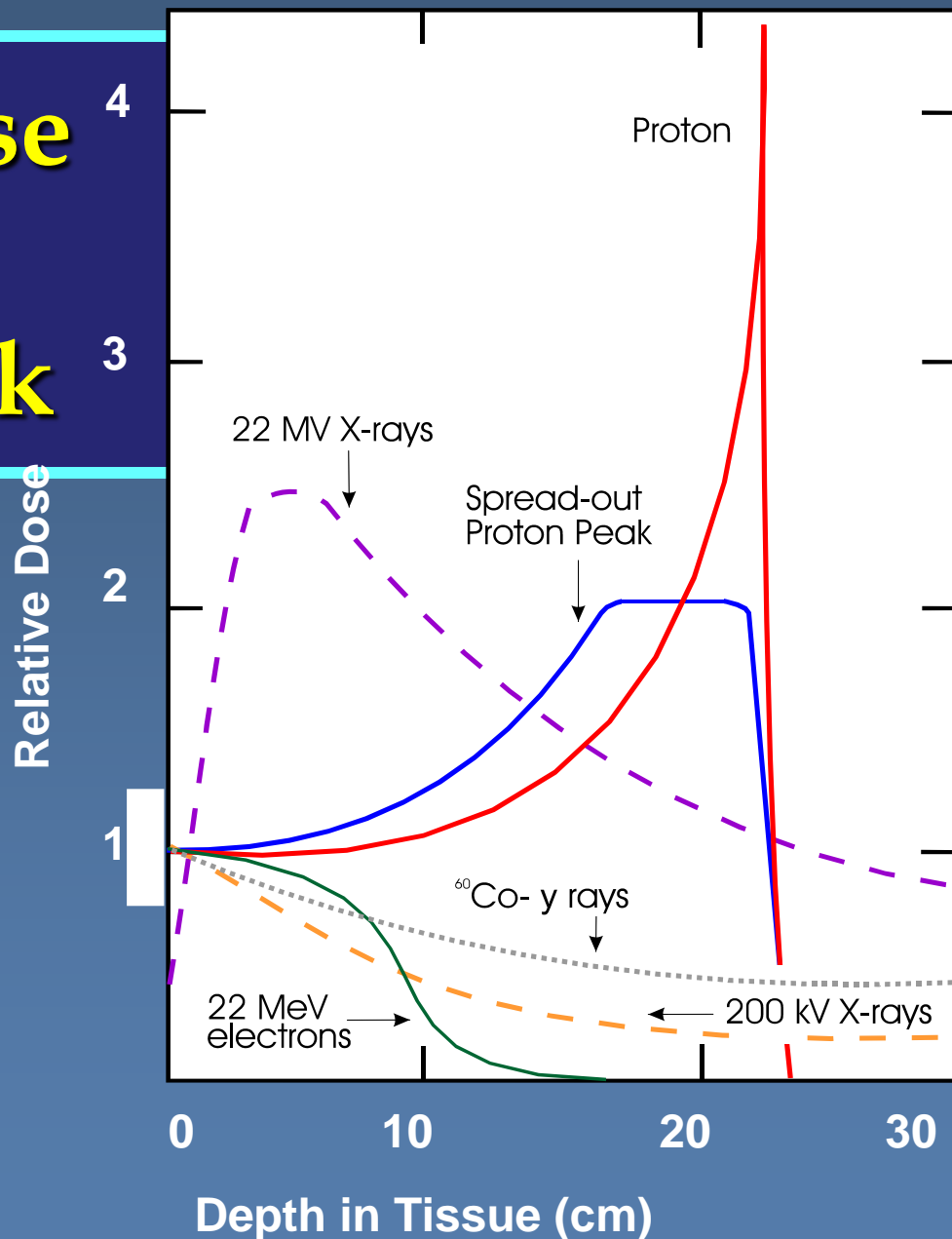
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# Promise of Protons



# Radiation Dose Distribution: The Bragg Peak

- 200 KV
- 60Cobalt
- 22 MV X-rays
- 22 MEV Electrons
- Proton Bragg Peak
- Spread Out Proton Peak





# The Promise of Proton Therapy

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- No exit dose, less entrance dose means less normal tissue damage
- Less normal tissue damage means higher doses to tumor possible
- Higher doses to tumor means higher cure rates





# The Promise of Protons

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- Less toxicity.
- Higher cure rates.
- Potential reduction in health care costs.

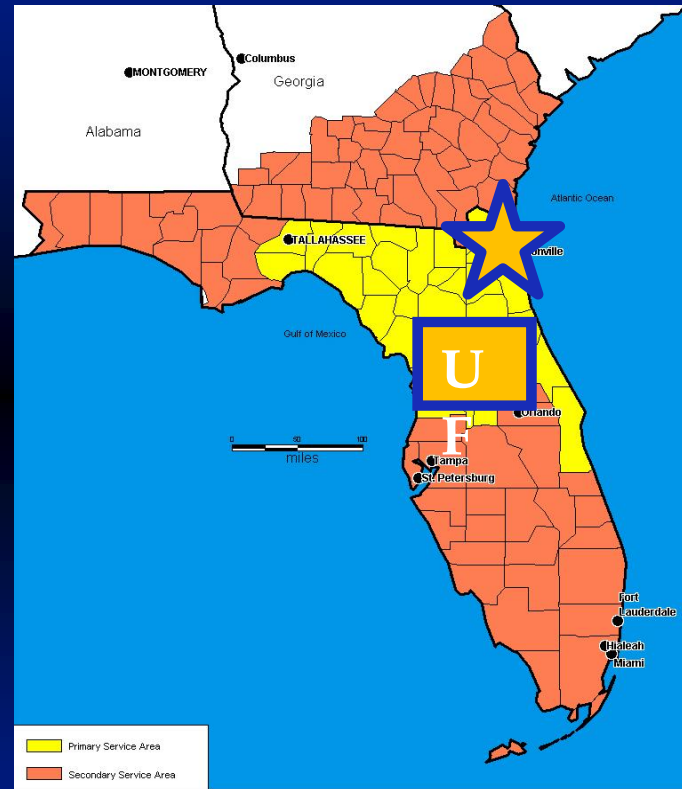


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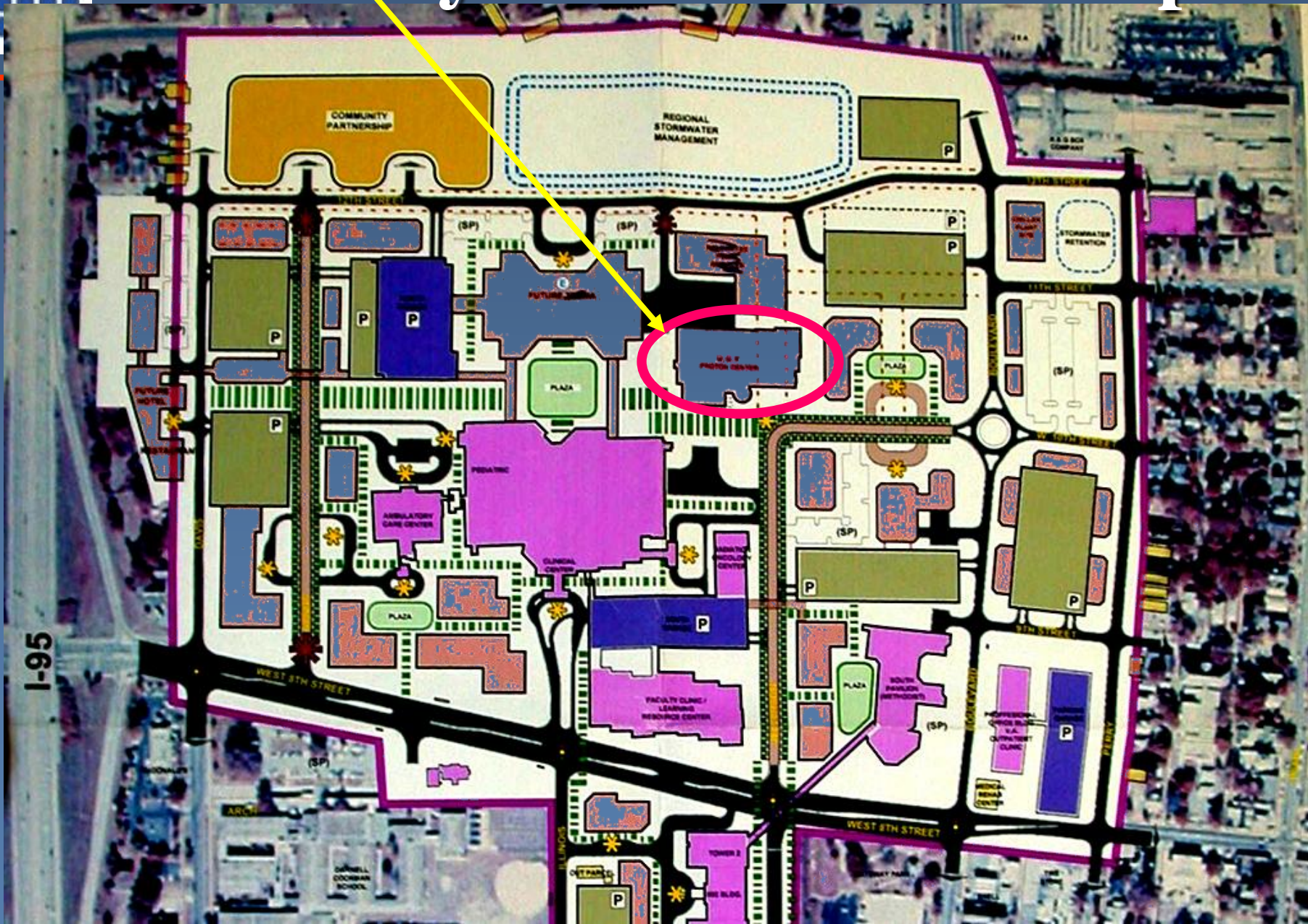
# University of Florida Proton Therapy Institute

# University of Florida Proton Therapy Institute Site Selection

- UFPTI to serve Florida & SE US.
- UF has two healthcare campuses: Gainesville and Jacksonville.
- JAX strategically located with international air and sea ports and interstate highway.
- Strong long-visioned and principle-guided city and state legislative support for UFPTI.
- UFPTI sited adjacent to UF affiliated tertiary hospital, ambulatory diagnostic radiology, and close to pediatric hospital.

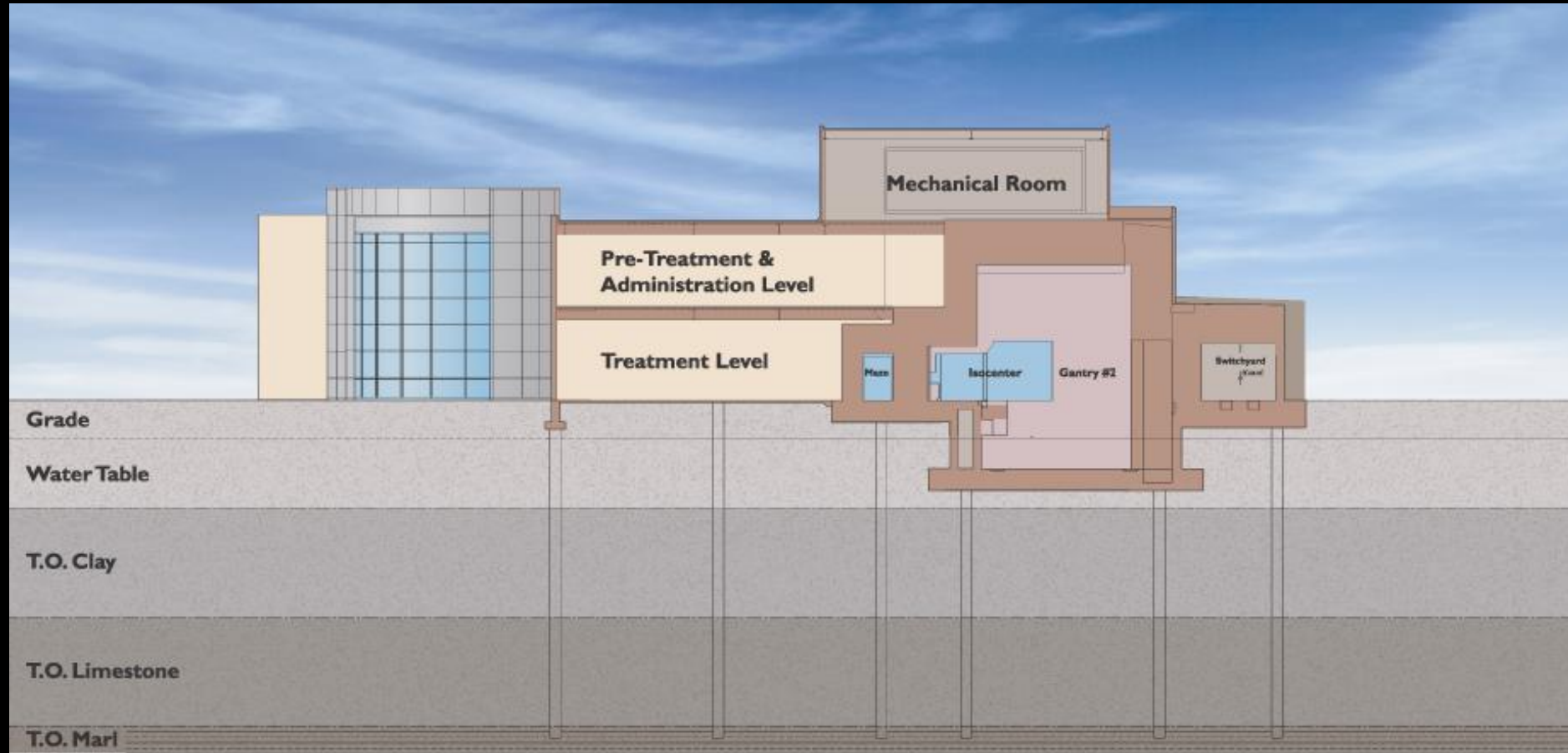


# Proton Facility-Shands JAX Campus

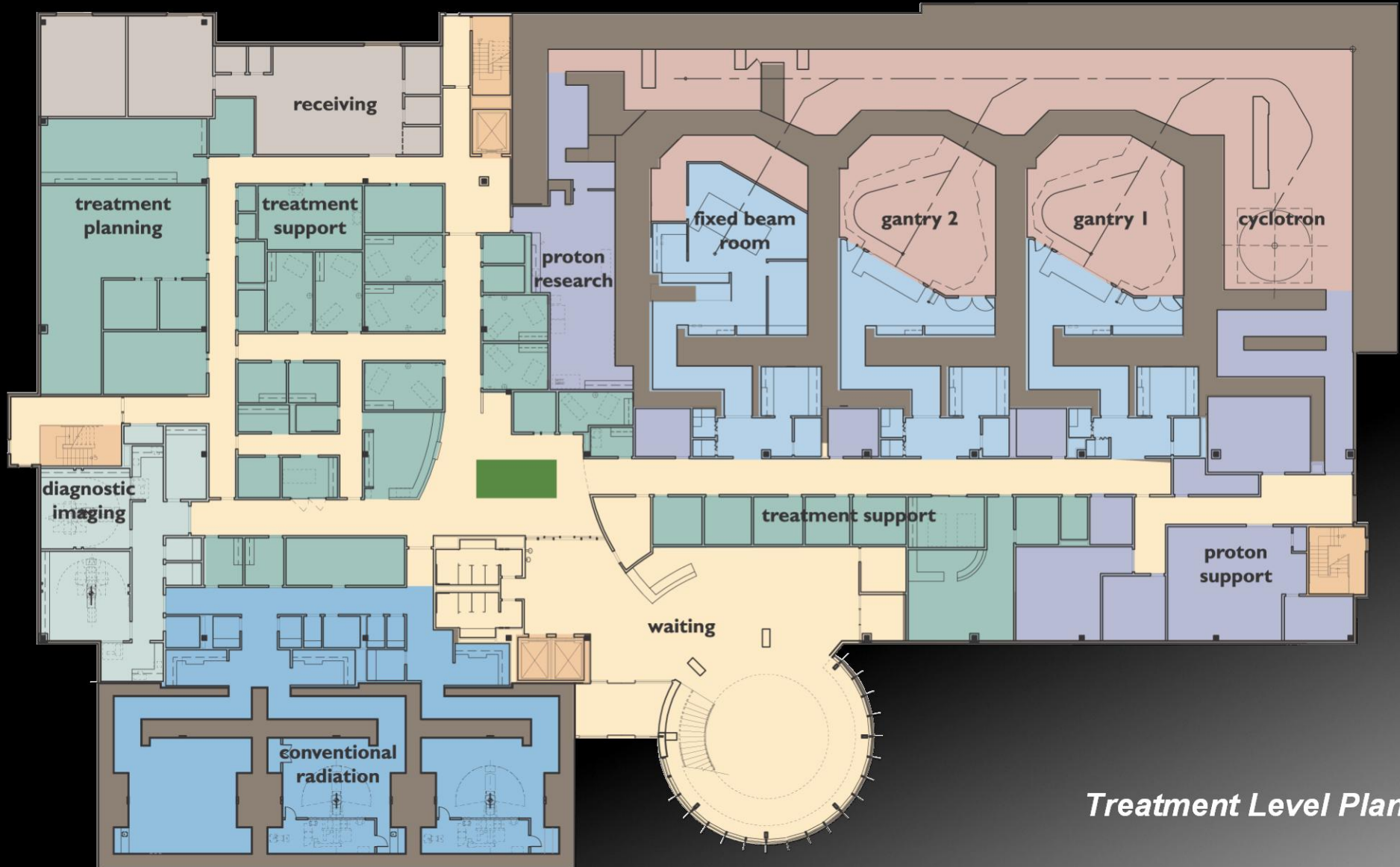




# University of Florida Cancer Center



# University of Florida Cancer Center



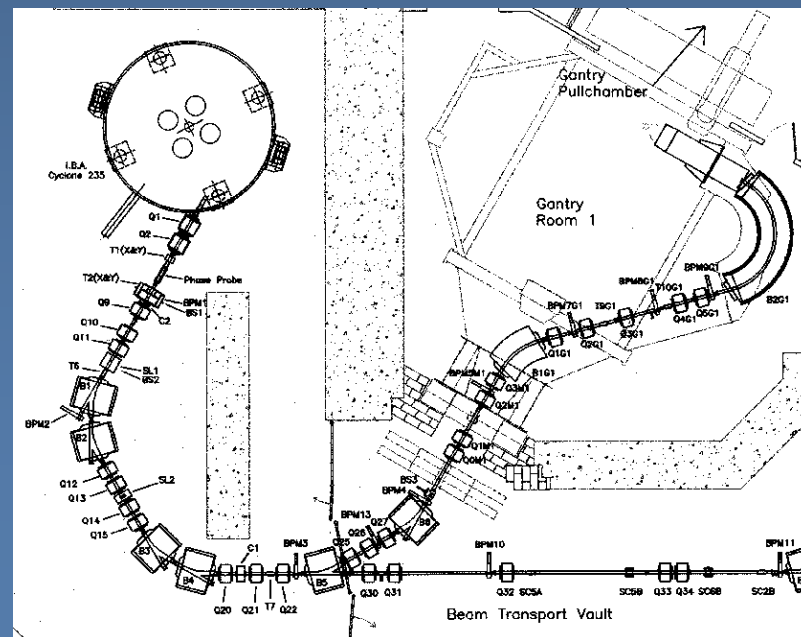
*Treatment Level Plan*





# Production of Proton Beams

- Cyclotron: 230 MeV proton beams (~33 cm depth in water)
- Energy degrader: reduce energy to the desired value
- Beam line: guide the proton beam to the treatment room
- At the end of the beam line, the proton beam is
  - Small and narrow
  - Monoenergetic (almost)







# Production of Clinically-Useful Proton Beams

## Proton Accelerators - CYCLOTRON

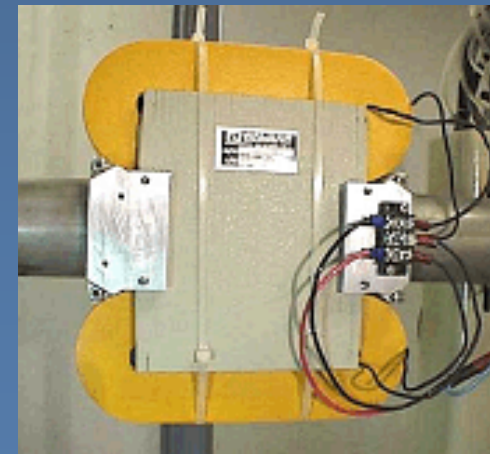




# Production of Clinically-Useful Proton Beams

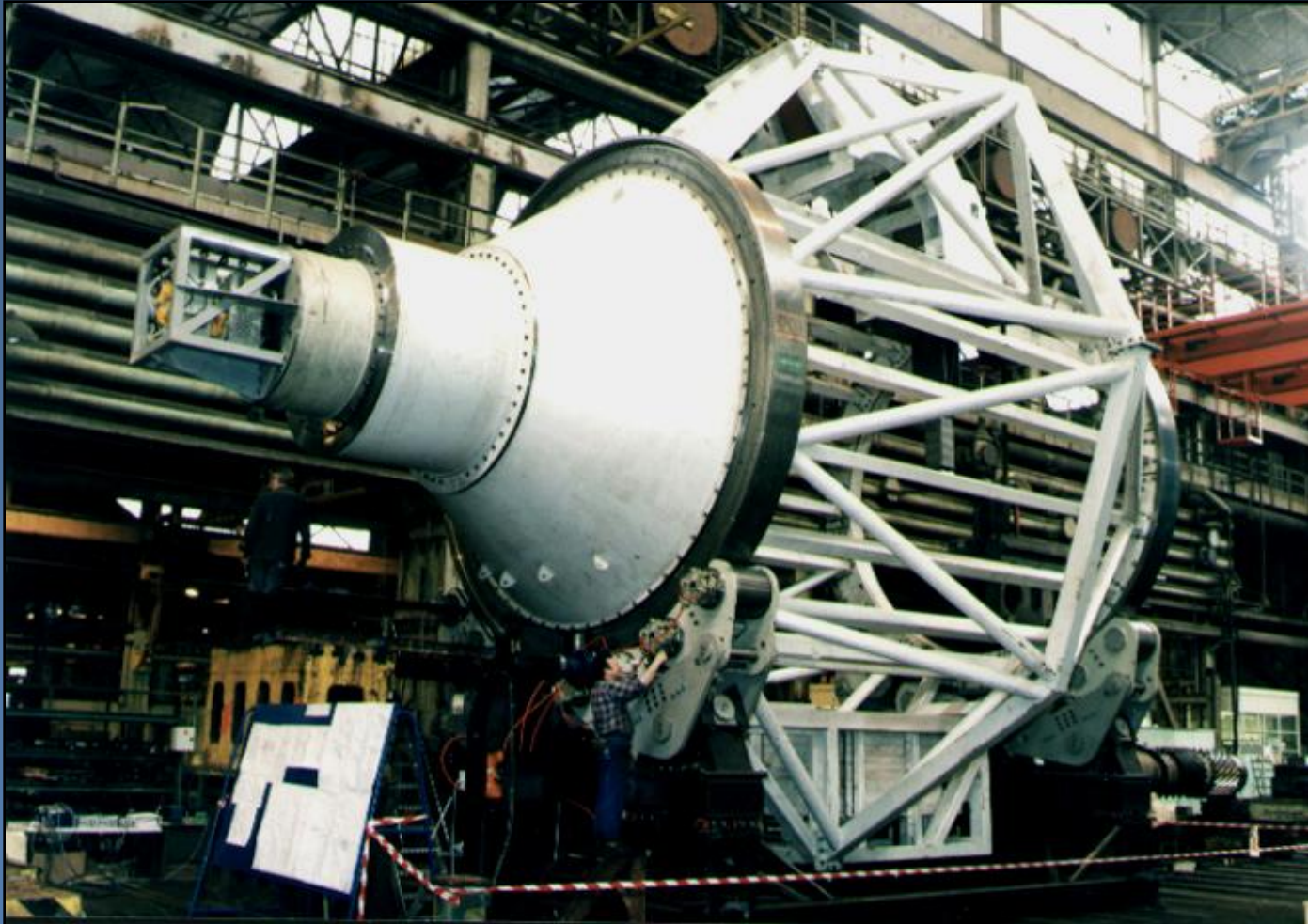
## Beam Line

- **Protons are Charged Particles**
  - **Dipoles** – Bend, guide the proton beam
  - **Quadrupoles** – Focus the proton beam
  - **Steering Coils** – Fine-tune direction of beam





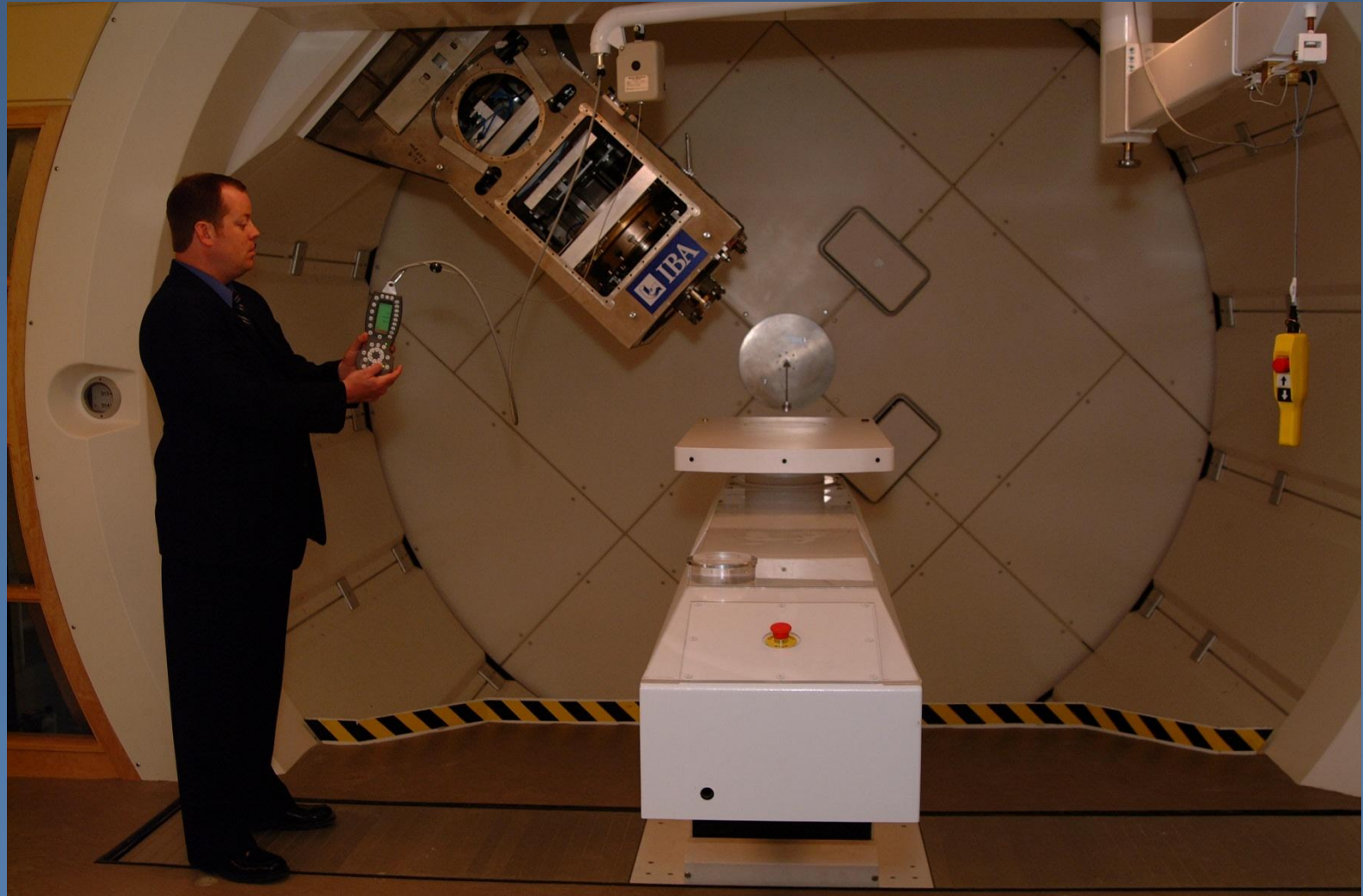
# IBA Isocentric Gantry

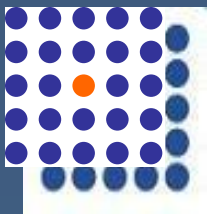






# Gantry in Motion



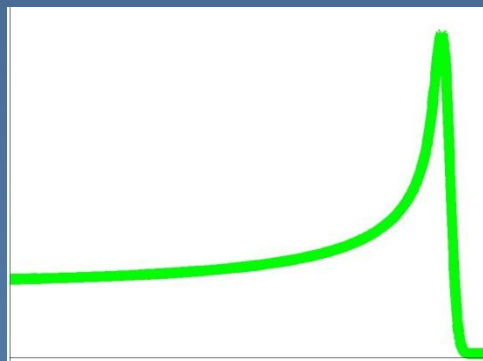
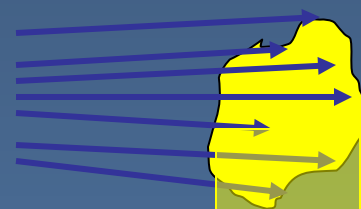


# Nozzle

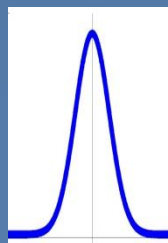
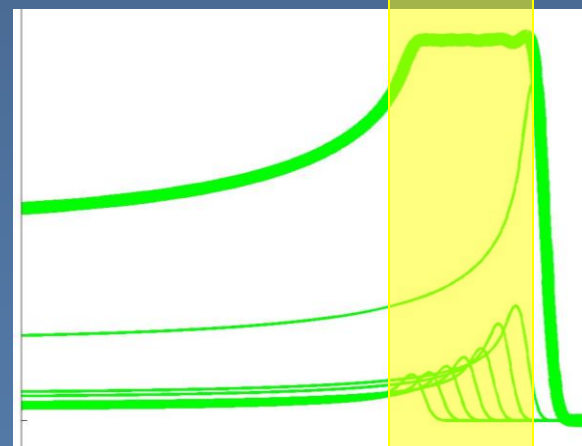
Mono-energetic pencil beam



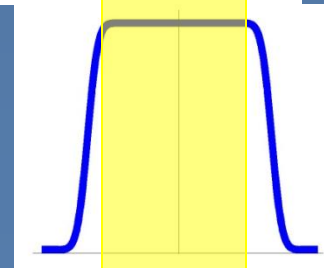
3D dose distribution

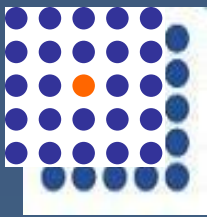


Depth Dose Distribution

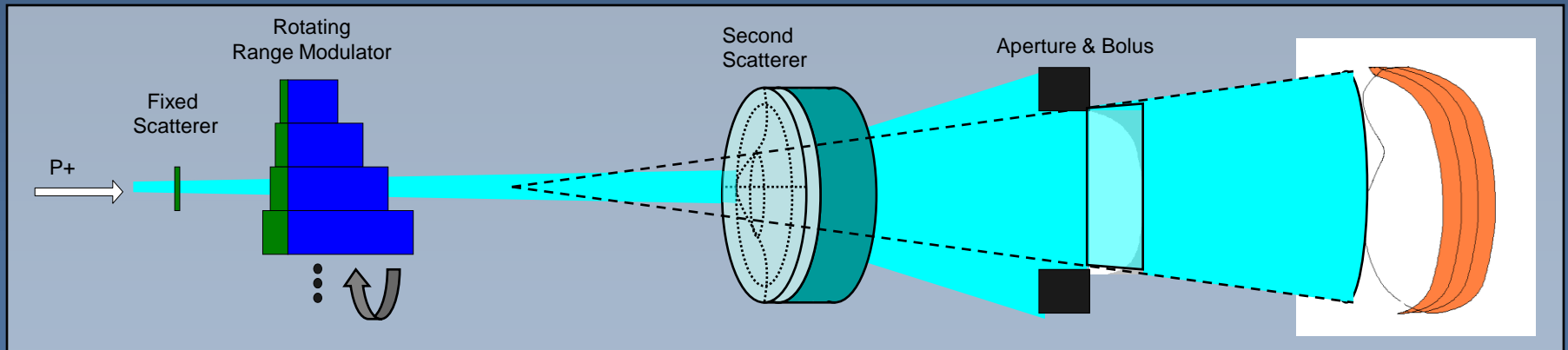


Lateral Dose Distribution

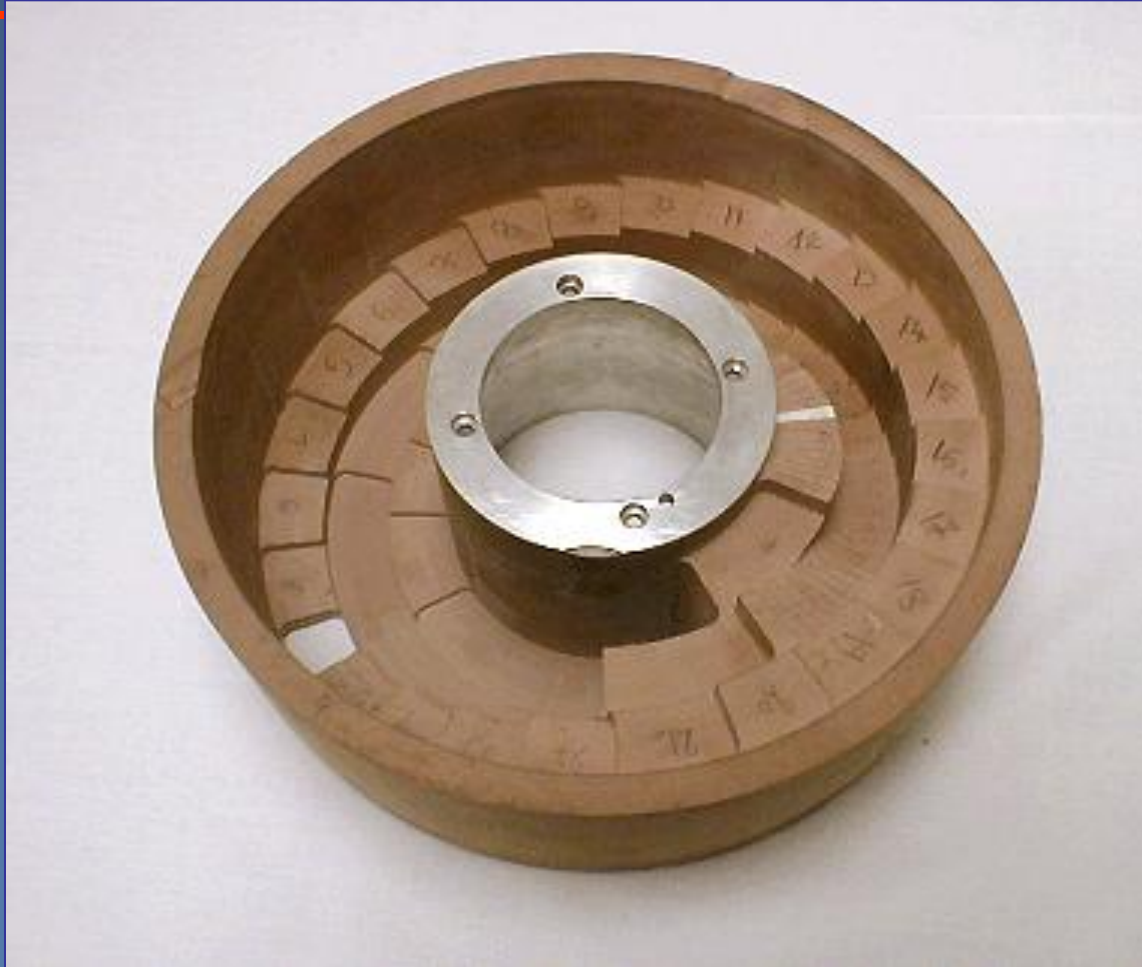




# Double Scattering



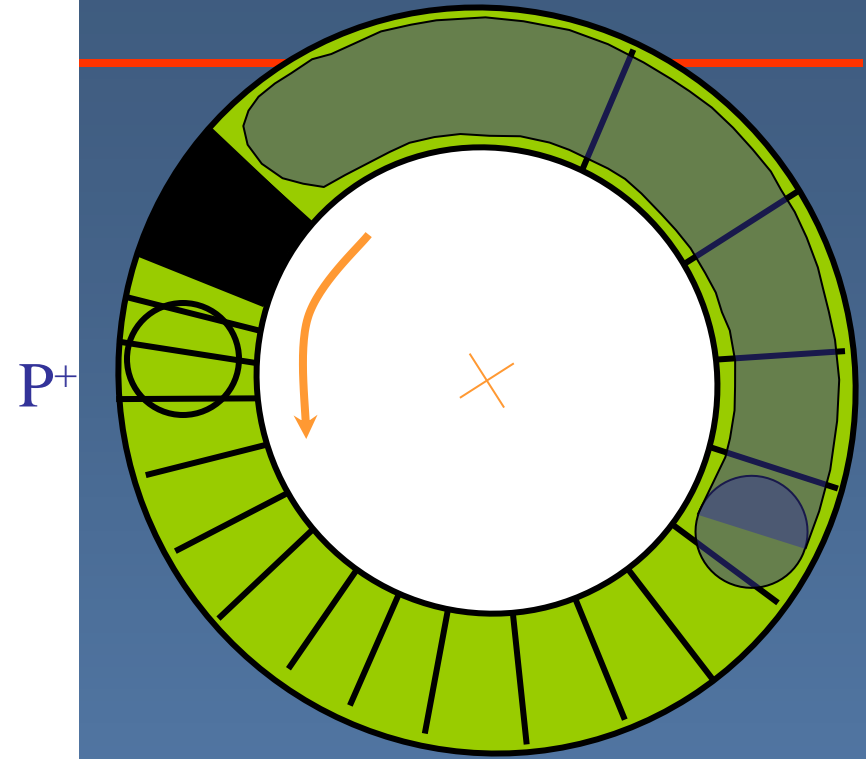
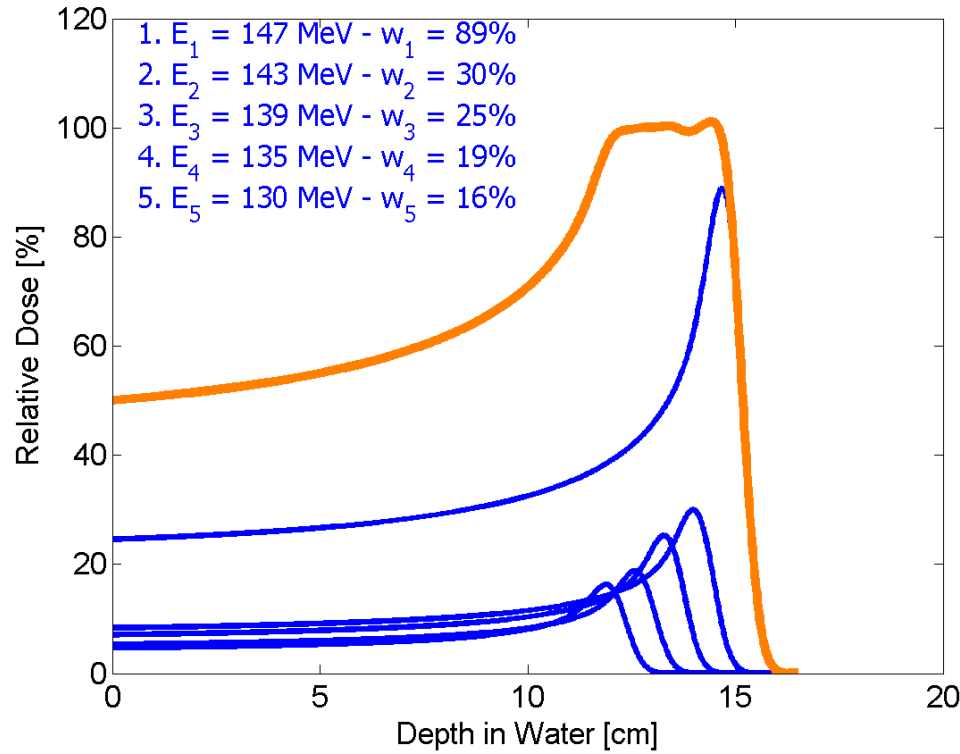
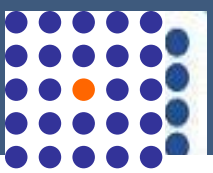
# Range modulation / RM wheels



IBA design (3 tracks on single wheel, gating used to adjust modulation)

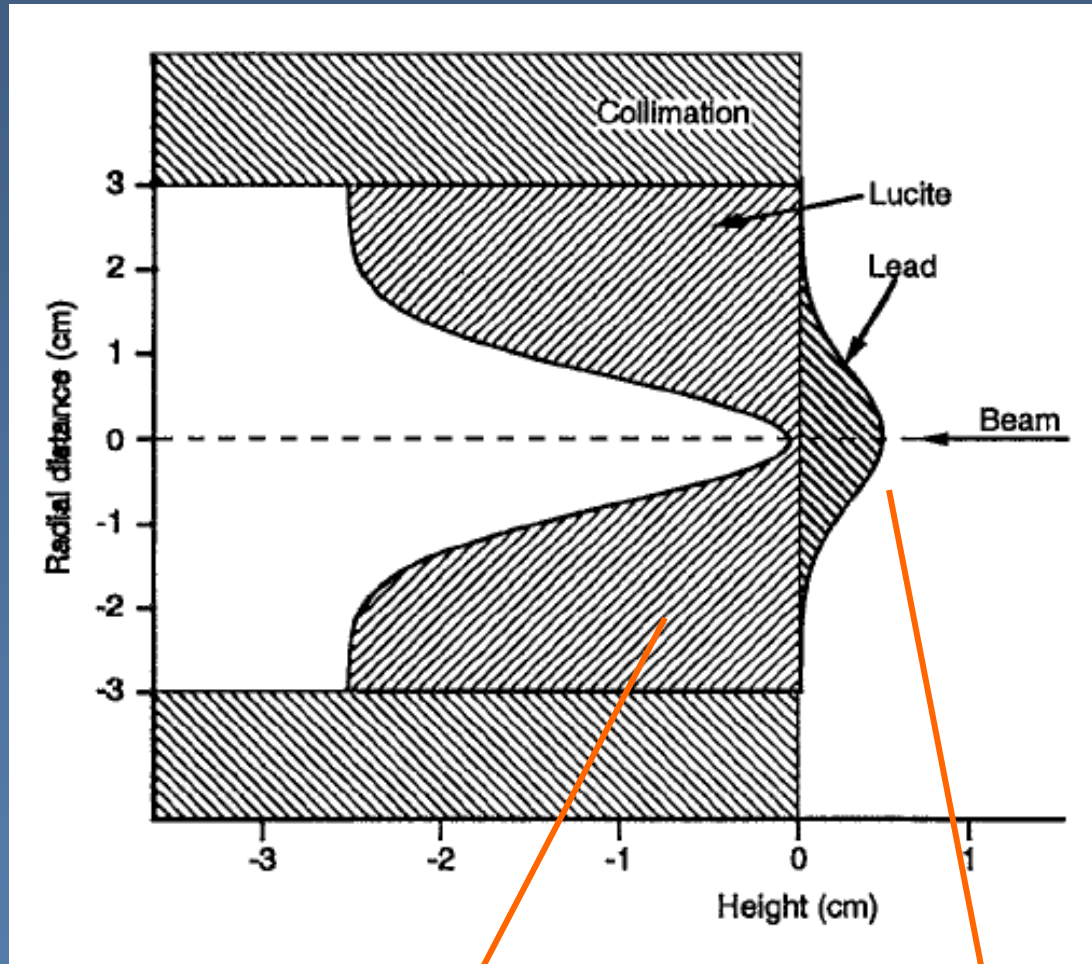


# Range modulation / RM wheel



<u>Step#</u>	<u>thickness</u>	<u>angular width</u>
1	1.8 cm.H2O	76 deg
2	2.3 cm.H2O	27 deg
3	2.9 cm.H2O	20 deg
4	3.4 cm.H2O	14 deg
5	4.0 cm.H2O	11 deg

# Range-compensated contoured scatterer

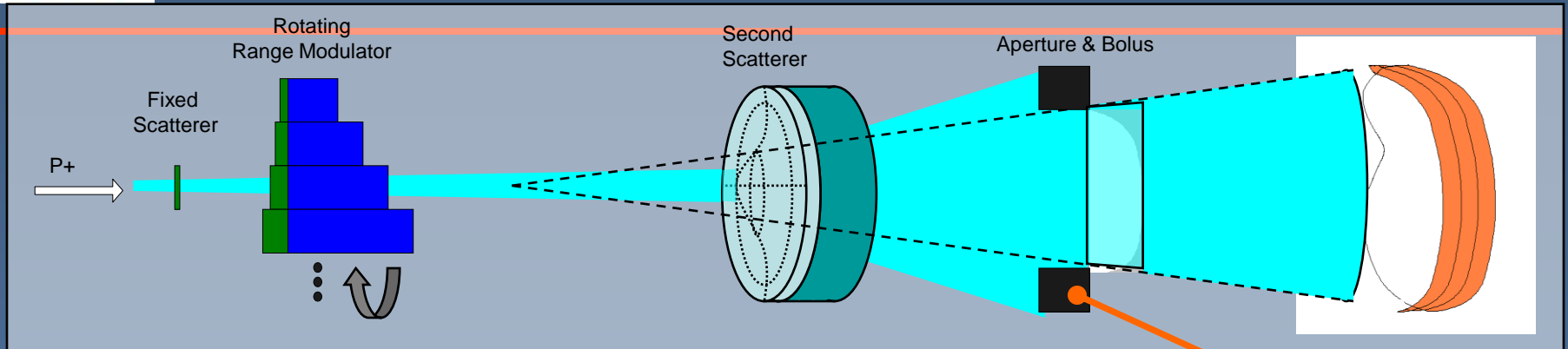


low Z material

high Z material

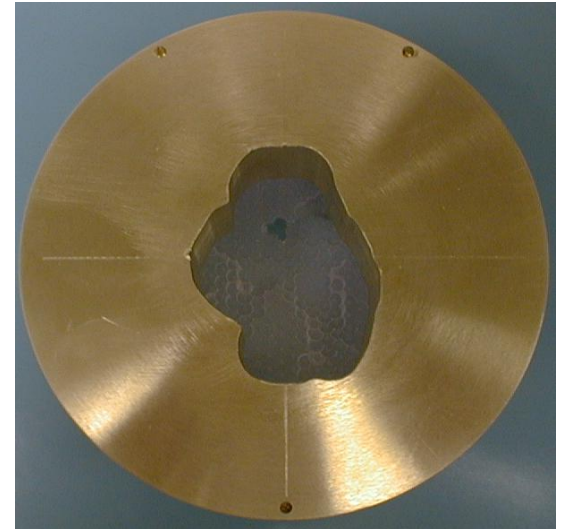


# Double Scattering



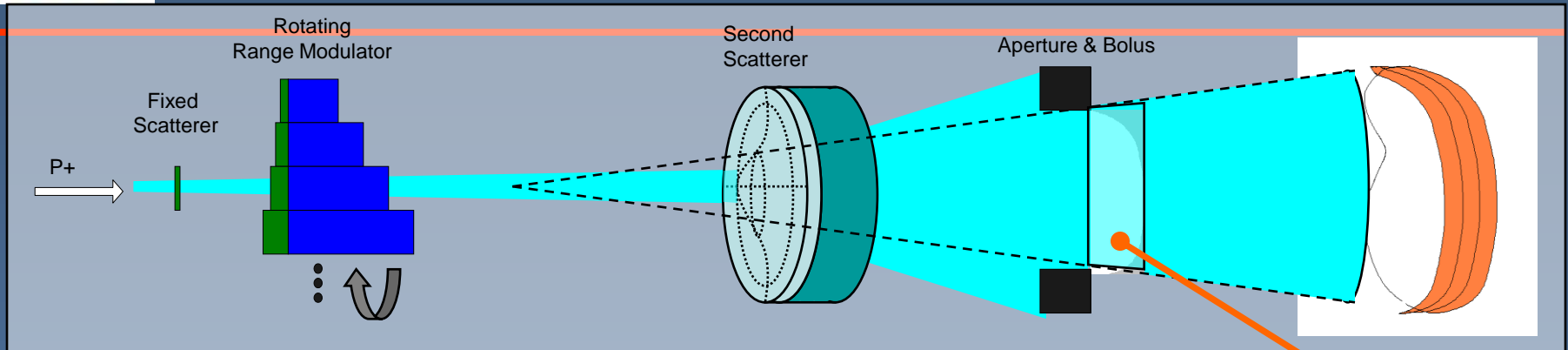
## Field-specific aperture:

- Used to conform the dose to the lateral shape of the target
- Brass
- 2-6.5 cm thickness
- Positioned as close to the patient as possible



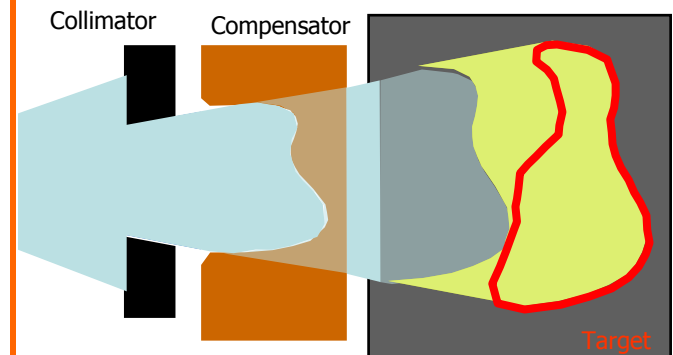


# Double Scattering



## Field-specific range compensator

- Used to conform the dose to the distal end of the target
- Lucite
- 0-15 cm thickness
- Positioned as close to the patient as possible (2 cm from skin)





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# Applications for Proton Therapy



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# Brain Tumors: Craniopharyngioma



# Craniopharyngioma

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# Craniopharyngioma

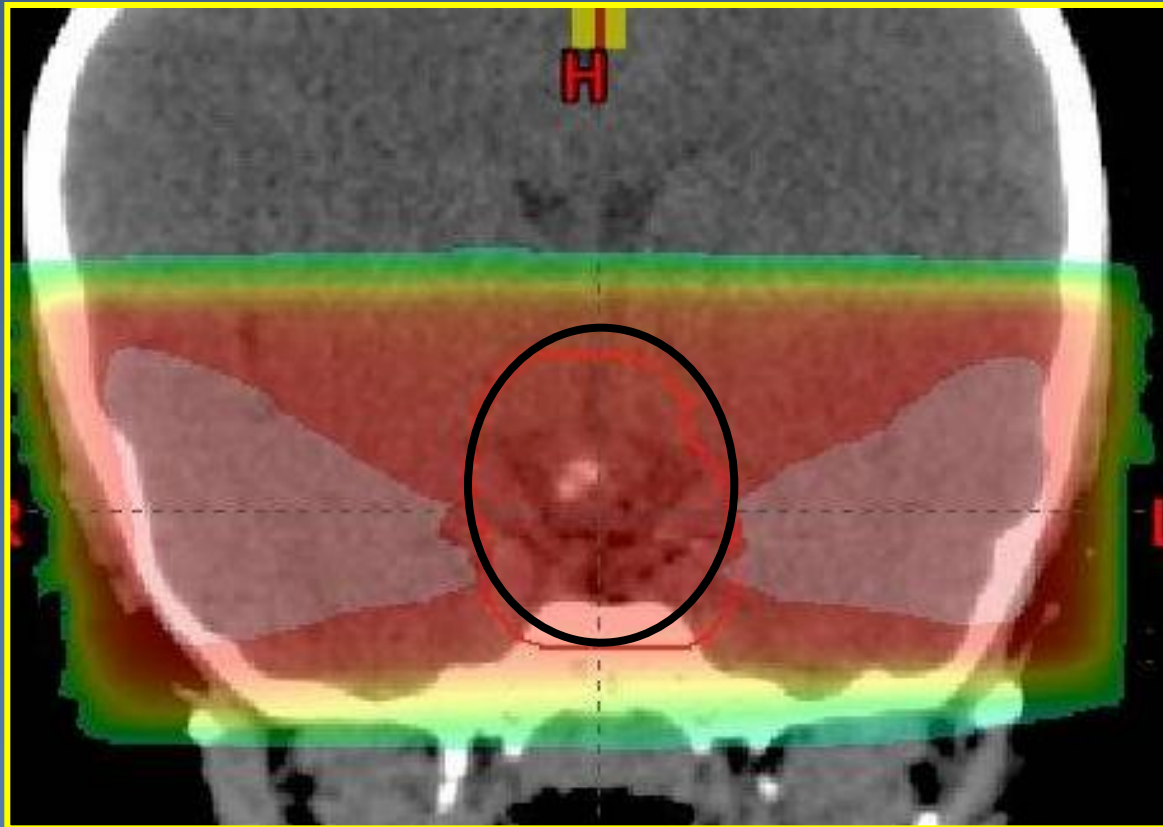
Colorwash  
Representation of  
Radiation Dose:

Range from ~105% (pink)  
to ~20% (aqua)

Desired target dose is  
100% (red)

Target outlined in thin  
black line

X rays~1980

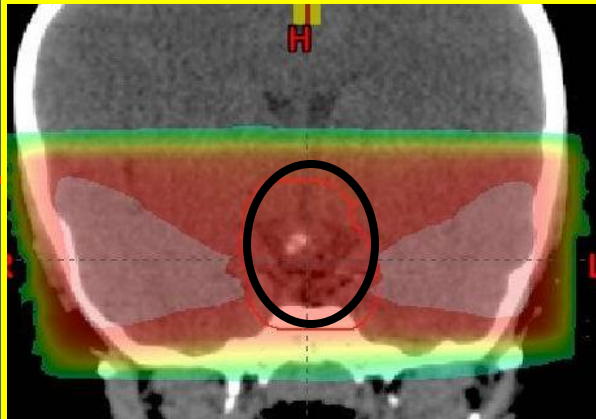


Courtesy:  
D Louis,  
D Yeung,  
Z Li, C Li

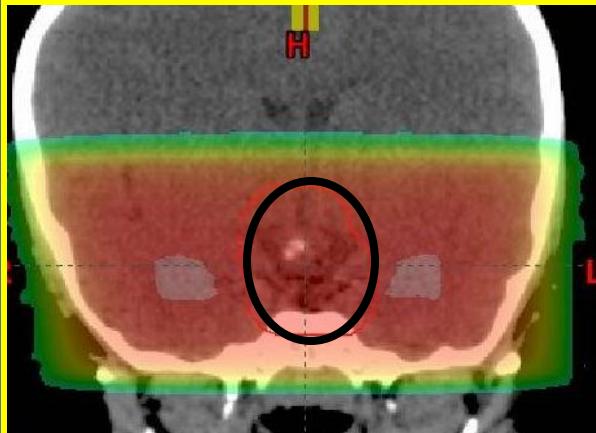


# Radiation Therapy Progress

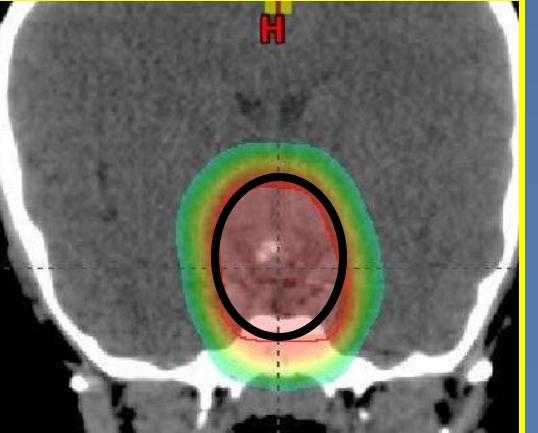
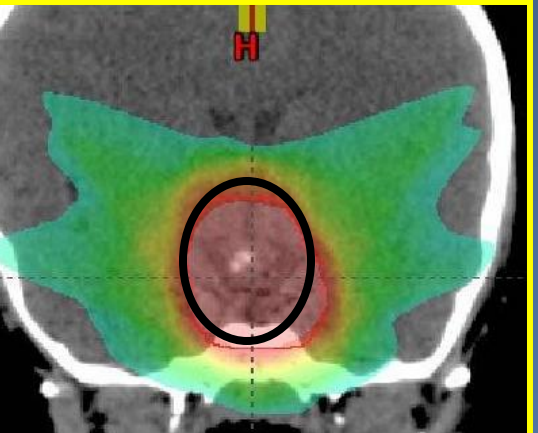
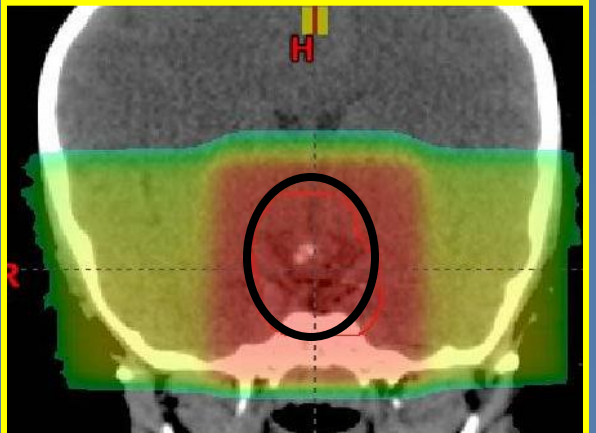
Opp 6X  
~1980



Opp 15X  
~1985



3 Field  
~1990



Pink = 105%  
Red = 100%  
Yellow = 90%  
Green = 50%  
Aqua = 20%

3D-C  
~1995

IMRT  
~2005

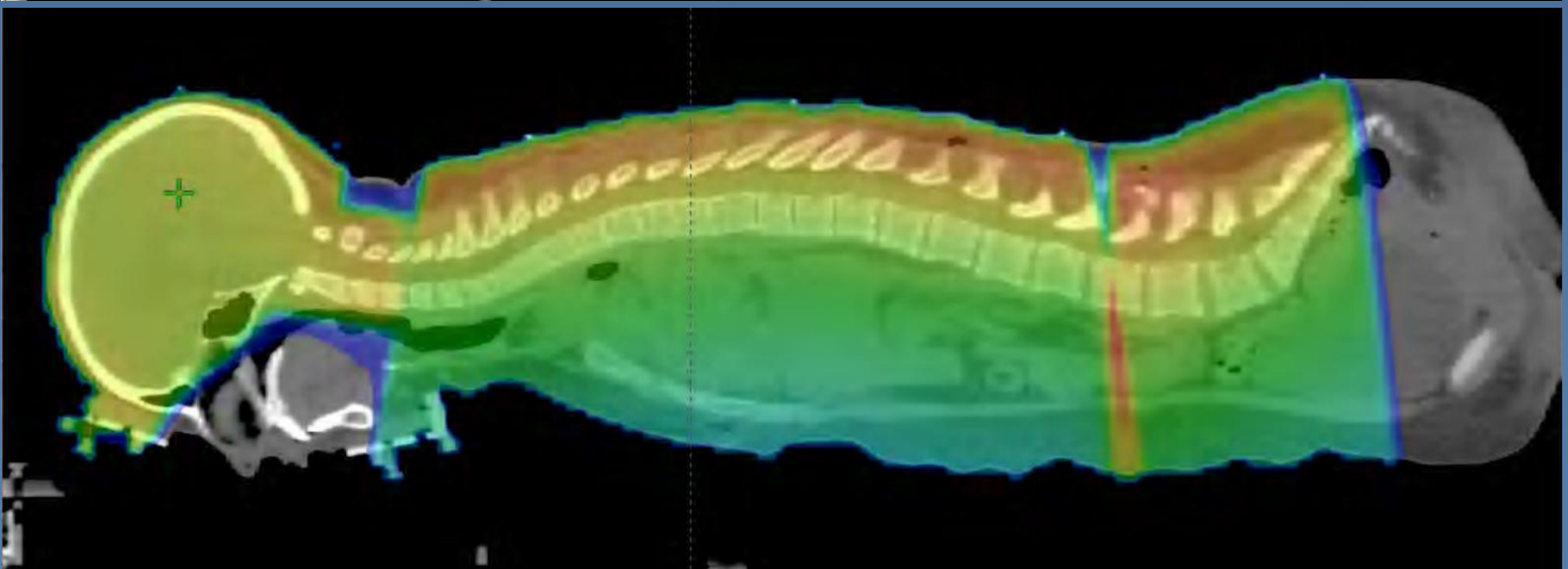
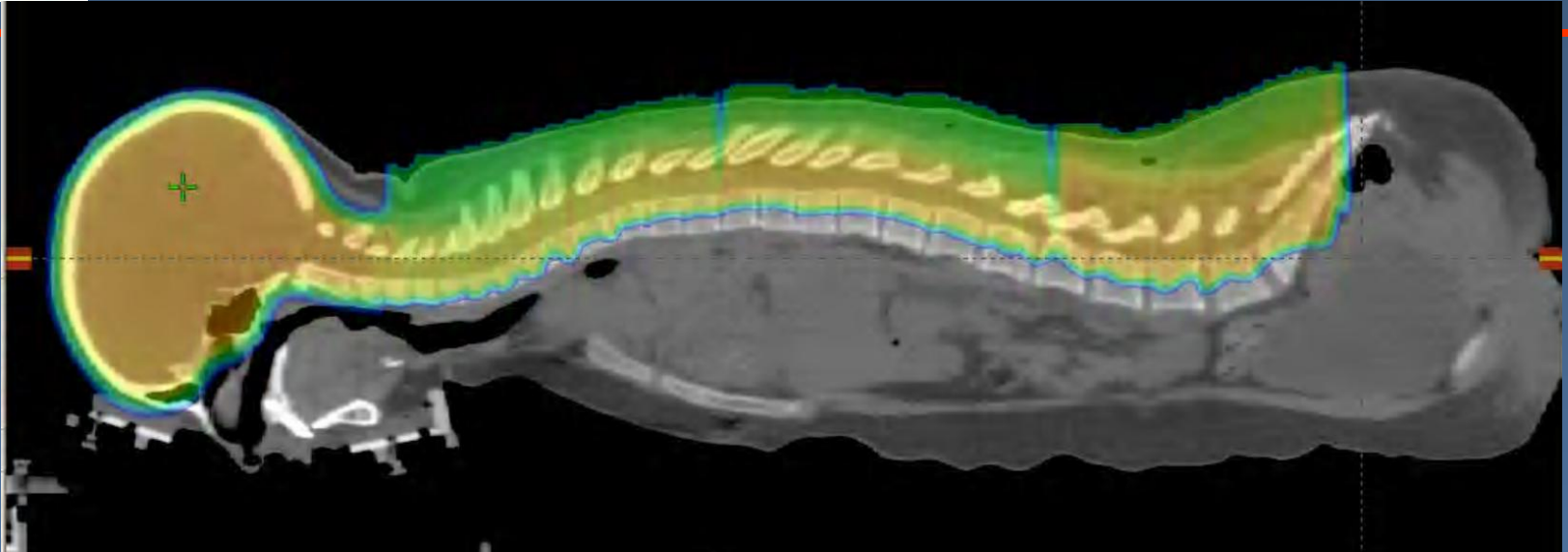
Proton  
~2009

Courtesy:  
D Louis, D Yeung,  
Z Li, C Li  
N Mendenhall

V20 = 22%  
for IMRT vs  
5.6% for  
protons



# Craniospinal Axis Irradiation for CNS Tumors





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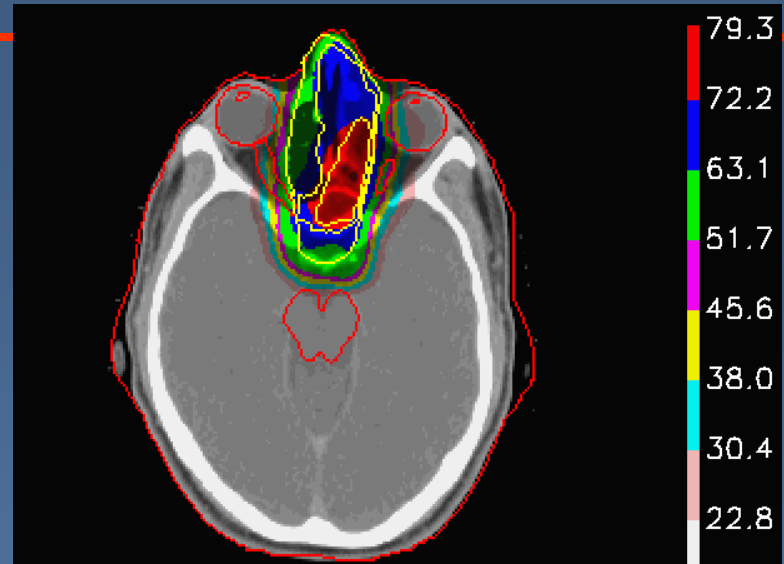
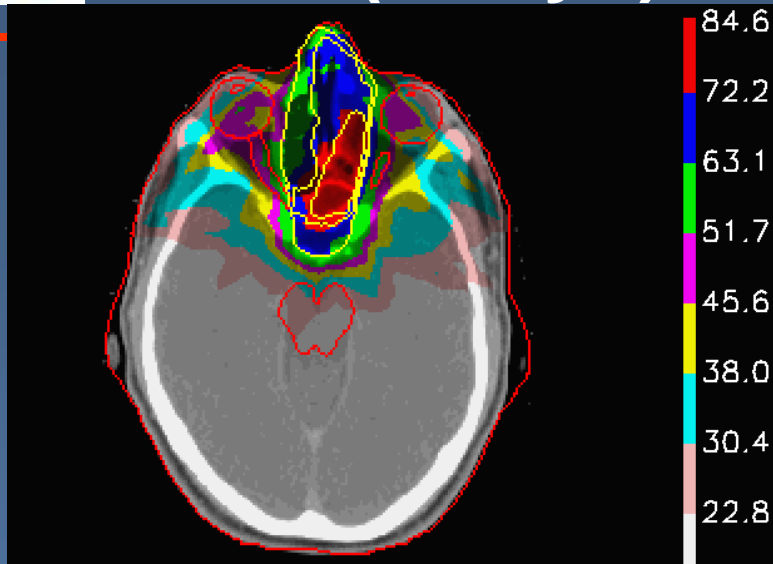
# Paranasal Sinus Tumor



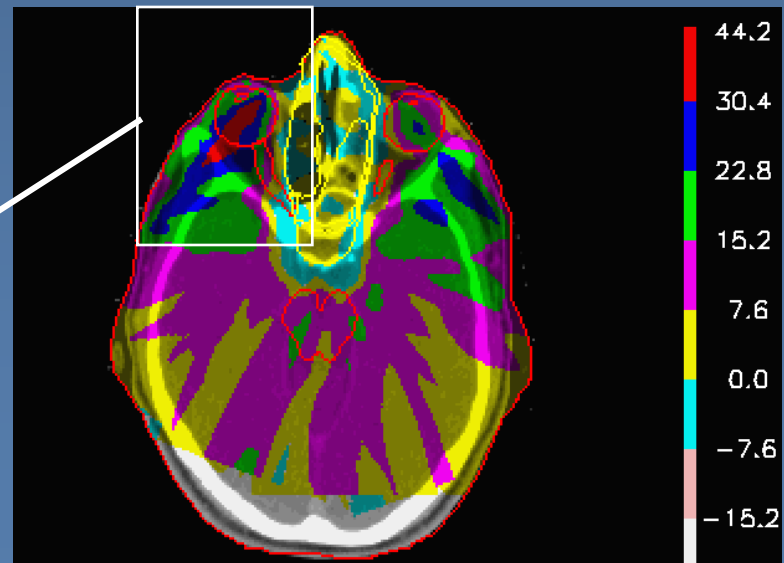
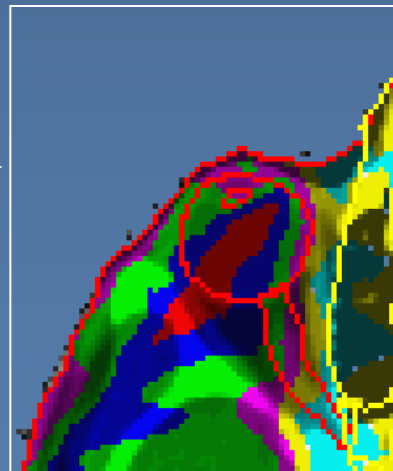
# Paranasal Sinus

## IMXT (X rays)

## Protons



Dose  
Difference →



PSI



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# Prostate Cancer



# Prostate Cancer: bPFS and Grade 3+ GI Toxicity in Dose Escalation Studies

	Dose	d/Fx	bPFS	Gr 3+GI
Dutch <sup>1</sup>	78	2	66	5
MRC <sup>2</sup>	74	2	71	6
MDA <sup>3</sup>	78	2	73	7
PROG <sup>4</sup>	79.2	1.8	91 <sup>4</sup>	1
UFPTI*	78-82	2	--	<0.5

<sup>1</sup>Peeters et al, 2006; <sup>2</sup>Dearnaley et al, 2007; <sup>3</sup>Kuban et al, 2008; <sup>4</sup>Zeitman et al, 2010, for low risk disease bPFS was 97%; UFPTI PR010203 2 Y.



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# Lung Cancer



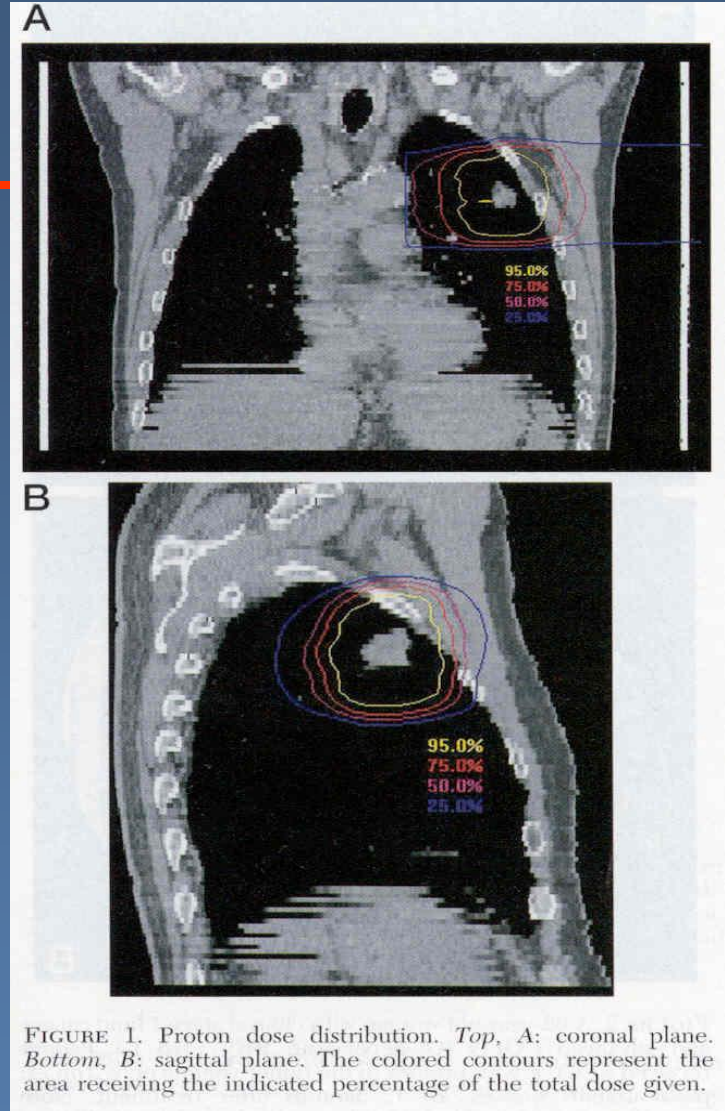
# Proton Beam Results in Lung Cancer

Stage I/II

\*87% Local Control

\*63 % Disease Free

**Bush et al, CHEST, 1999.**



Treatment given intensely over 2 weeks rather than traditional 8 weeks, increasing effectiveness and reducing costs.

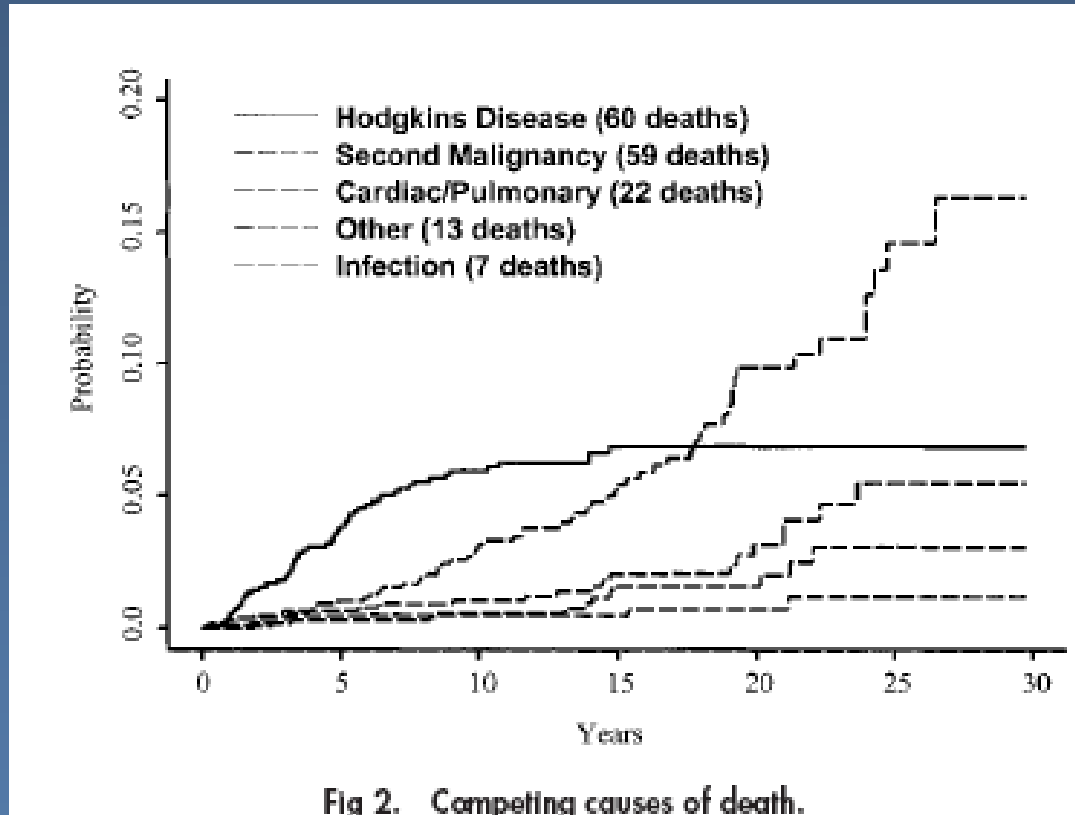


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# Hodgkin's Lymphoma



# Background- General



Ng JCO 2002

Childhood Cancer Survivor Study- Oeffinger et al NEJM 2006

HL survivors (as a group) were: highest risk of severe or life threatening chronic health conditions (highest risk of second cancer and heart disease)

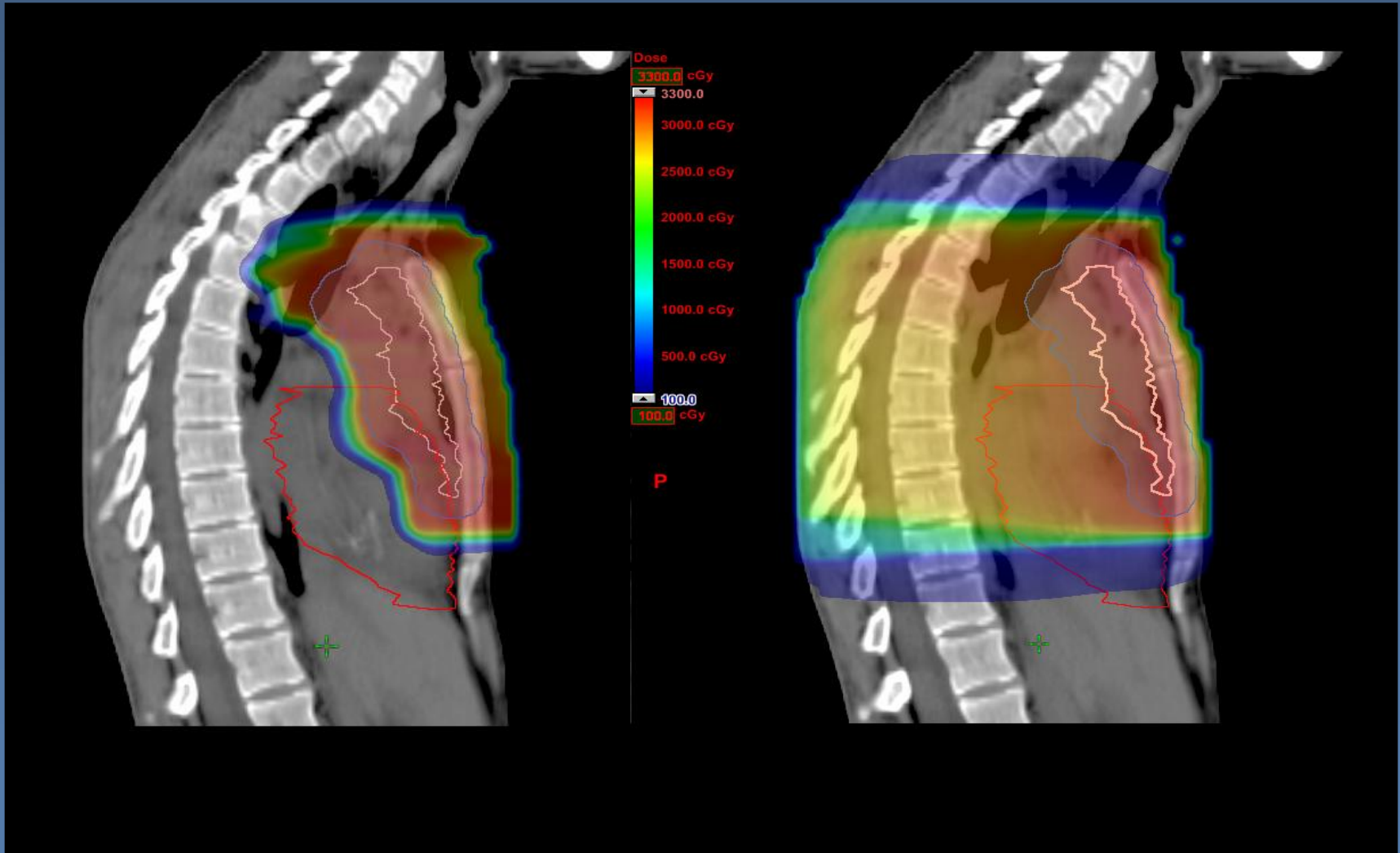


# RT dose & late effects HL survivors

Author	Disease	Dose	RR
Travis et al 2002	Breast Cancer	$\geq 4$ Gy	3.2
Travis et al 2003	Lung Cancer	$\geq 5$ Gy	5.9
Van Den Belt-Dusebout 2009	Gastric Cancer	$\geq 11$ Gy	3
Mulrooney et al 2009	CHF	$\geq 15$ Gy	2.2
	MI	$\geq 15$ Gy	2.4
	Pericardial	$\geq 15$ Gy	2.2
	Valvular	$\geq 15$ Gy	3.3

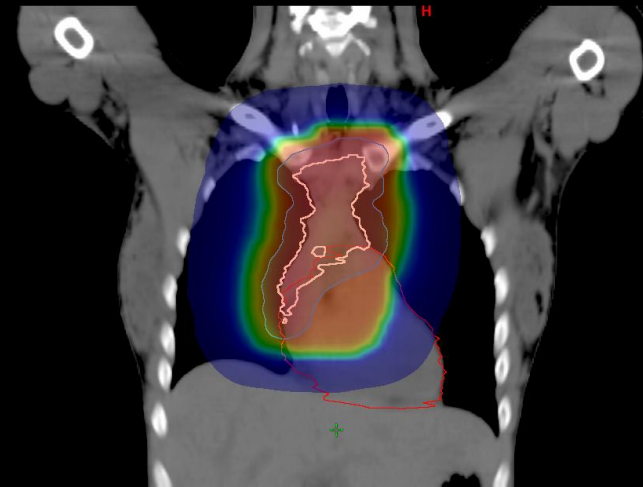
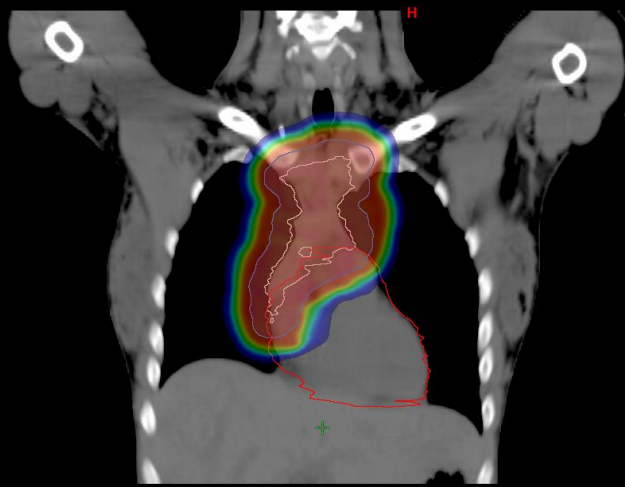
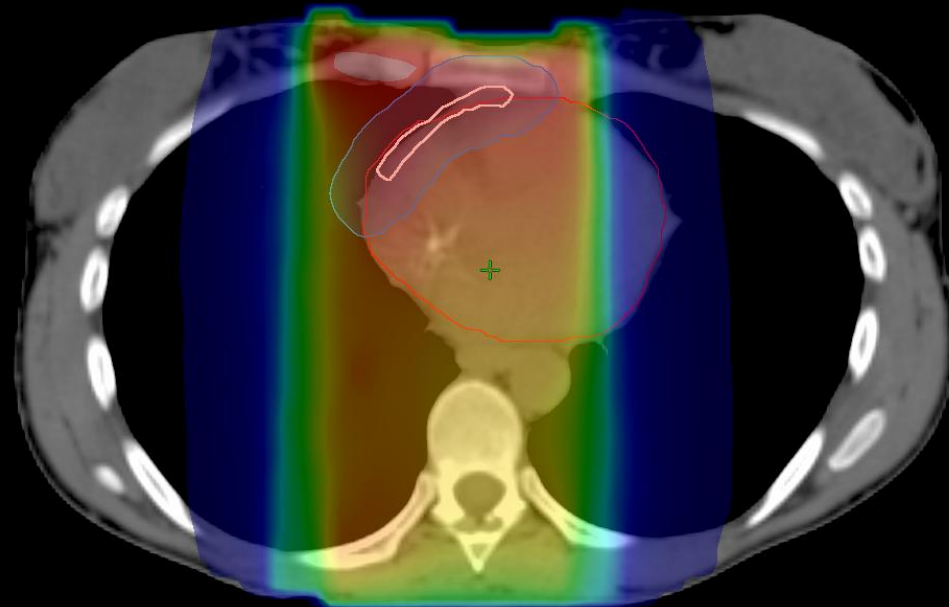
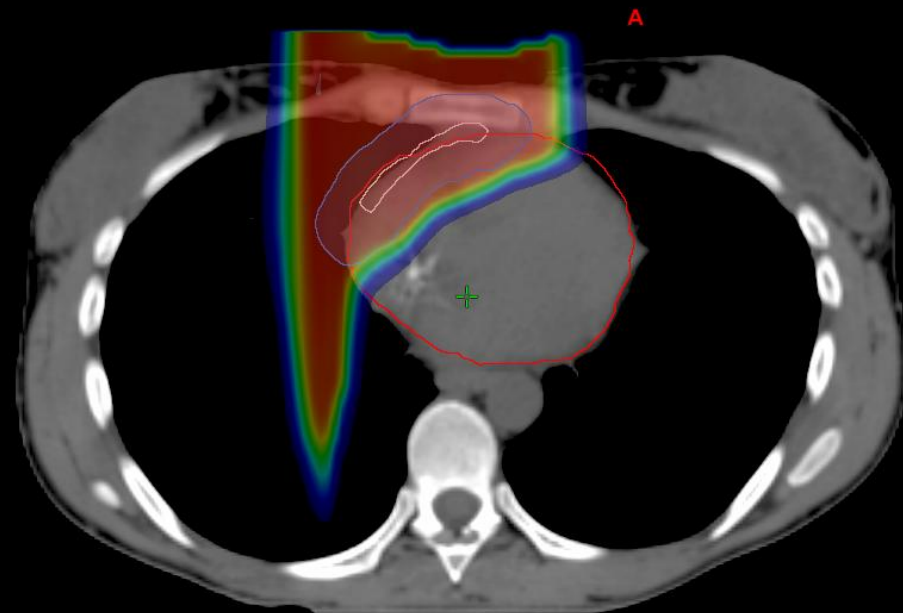


# 1 field- AP- Cardiac Sparing



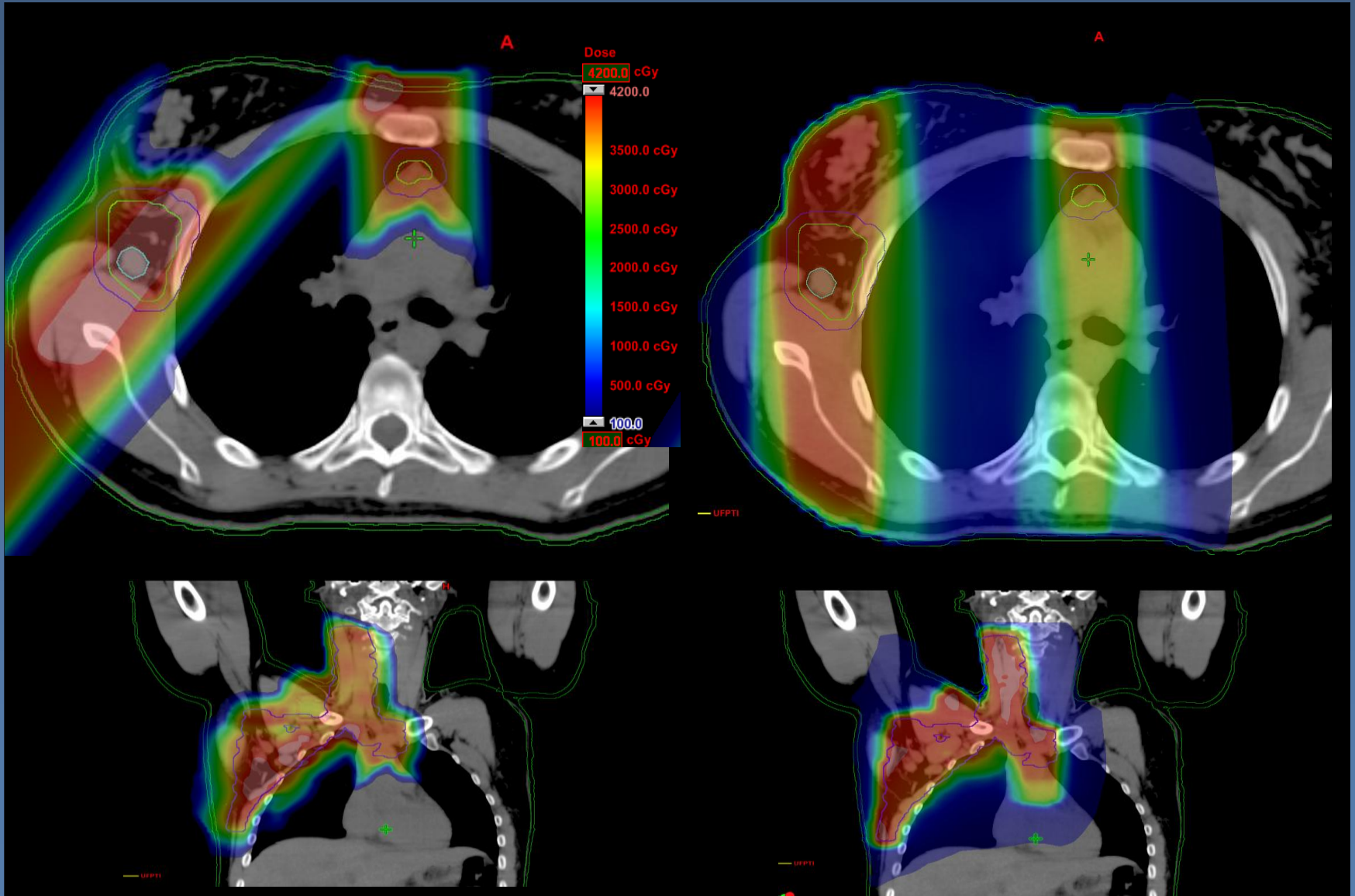


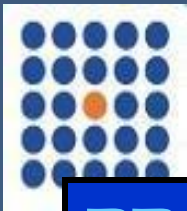
# 1 field- AP- Cardiac Sparing





# Cardiac & Breast Sparing





# UFPTI Clinical Research Protocols

## PROSTATE

*Prostate PR01*

*Prostate PR02*

*Prostate PR03*

Prostate PR04

Prostate PR05

Prostate PR06

Prostate PR08

## PANCREAS

PC01

PC02

## HEAD&NECK

NX 01

PS 01

OX 01

SK01

## SARCOMA

CH01

SA01

SA02

## GENERAL

OT01

## LYMPHOMA

HL01

LUNG

LG01

LG02

## CENTRAL

NERVOUS

SYSTEM

PI01

CN01

SJEP(SJCP)

~95% on  
protocol





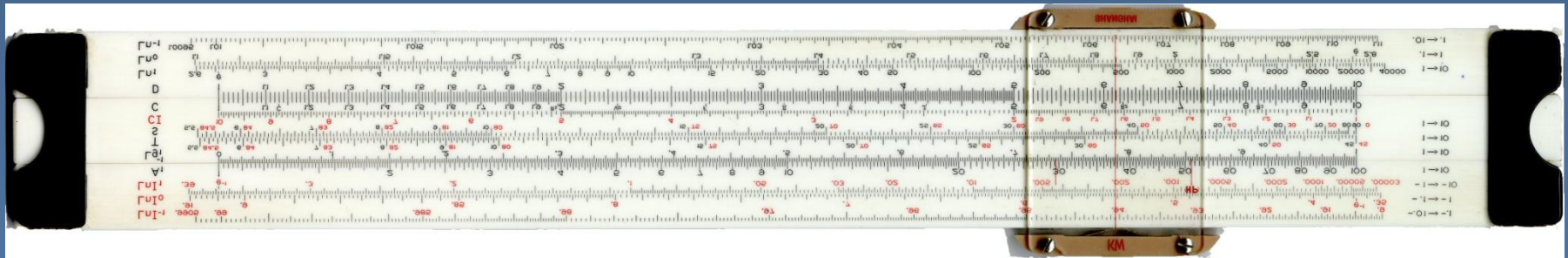
# Promise of Proton Therapy

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- **Reduced toxicity** (brain function, vision preservation, gastrointestinal damage, pulmonary damage, thyroid and reproductive organ function, cardiovascular disease and second malignancy)
- **Increased cure rates** through dose escalation and or intensification.
- **Reduced health care costs** through lowering costs of recurrence and toxicity and reducing overall treatment time.
- **Main barrier** to proliferation of proton facilities for treatment is cost.



# The Slide Rule



**1980: ~\$12.50**



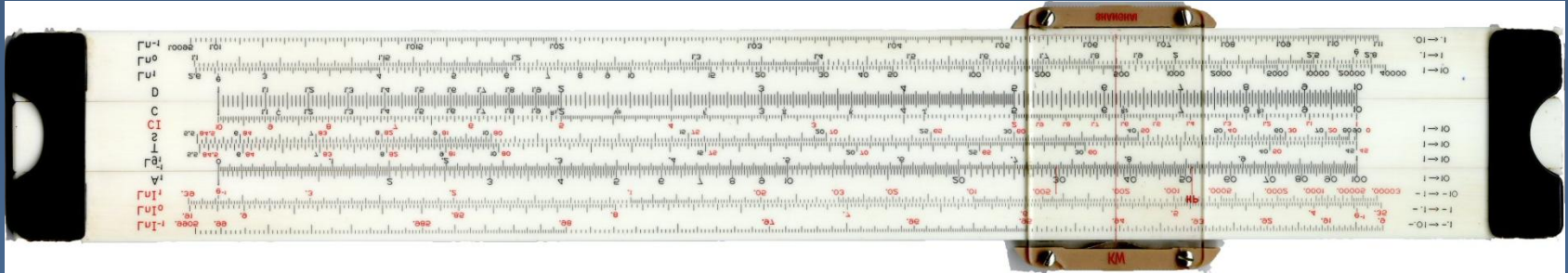
# The Hewlett-Packard HP-35



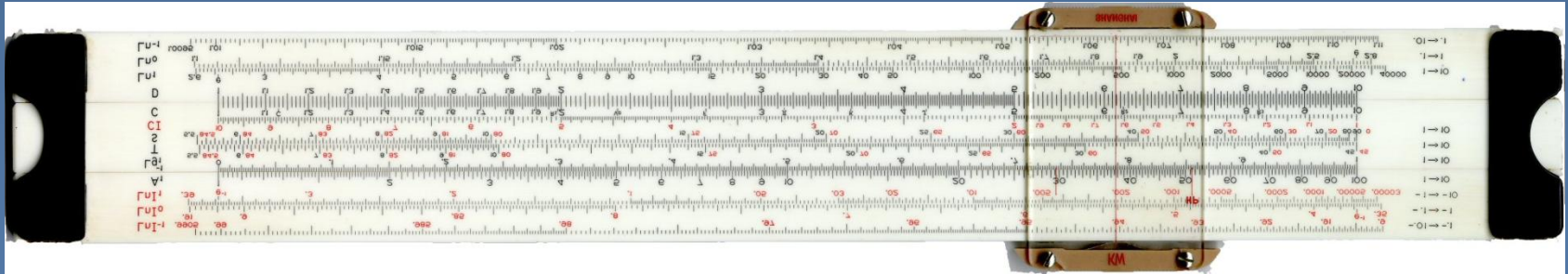
**1980: ~\$399.00**



# The Slide Rule



**1980: ~\$12.50**



**2011: ~\$33.00**



# The Slide Rule and The HP-35

**Accuracy**

**Efficiency**

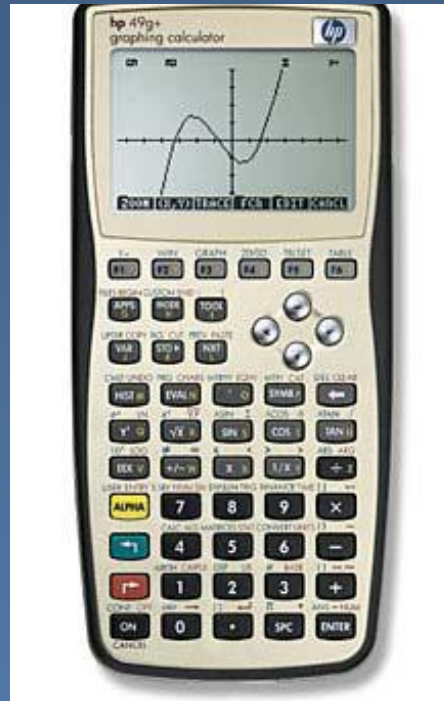
**Increased potential for good**



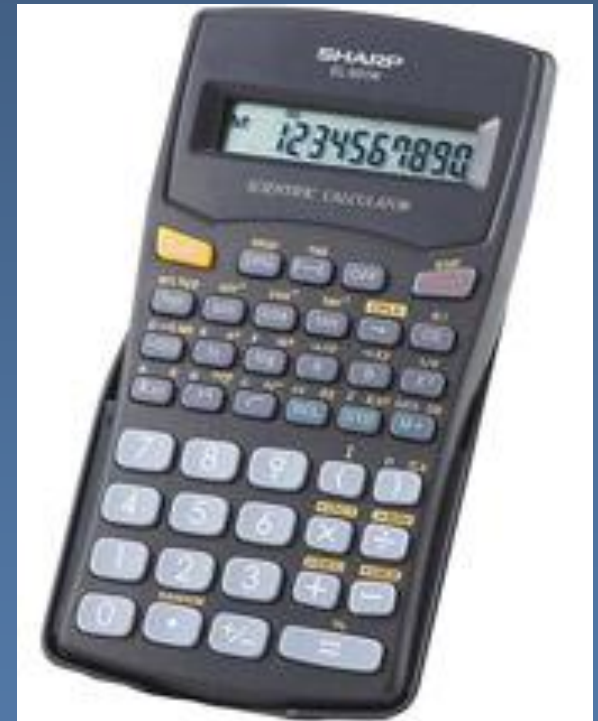
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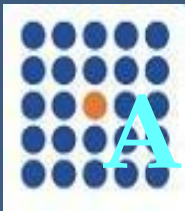
**1980:  
\$399.00**



**2010:  
~\$79.99**



**Walmart Price  
2010: ~\$7.99**



# Acknowledgements



## Clinical JAX

Nancy Price Mendenhall, MD  
 Randy Henderson, MD  
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 Brad Hoppe, MD

## Amy Sapp, RN

Kristi Helow, RN  
 Karen, Bunk, RN,  
 Gail Sarto, RN  
 Marilyn Hatara, RN  
 Maggie Simmons  
 Sheryl Martin  
 Cassie Lee  
 Gerry Troy, MSW  
 Katie Mahoney, MSW  
 Brad Roberts, RTT



## Gainesville Team Paul Okunieff, M.D. Ph.D.

Bob Amdur,  
 Bill Mendenhall  
 Judith Lightsey  
 Robert Zlotecki,  
 Russell Hinerman

**RESIDENTS**  
 Jatinder Palta  
 Chihray Liu  
 Jonathan Li  
 Niranjan Bhandare  
 Darren Kahler  
 Research  
 Dietmar Siemens, RN  
 Biology Team  
 Amanda Prince, RN  
 Cindy Carroll  
 Chris Morris, MS  
 Jessica Kirwan, MA

## Technical

### Zuofeng Li, PhD

Daniel Yeung, PhD \* Rolf Slopsema, MS  
 Stella Flampour, PhD \* Darren Kahler, PhD  
 Wen His, PhD \* Suh Ho, PhD  
 George Zhae, PhD \* Liyong Lin, PhD  
 Shri, PhD \* **Debbie Louis** \* Jeff Glidden  
 David Horne \* Craig McKenzie \* Paula Lawlor  
 Angela Chellini \* Natasha Patel \* Paul Moore  
 Gary Barlow \* Trevor Fleming \* Ernie St John  
 Kristen Morris \* Ashley Moore \* Ashely Bruce  
 Kevin Kirby \* Kim Moriarty \* Matt Carpenter \*  
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 Loren Brown \* Shannon Rodriguez\* Scott  
 Benedict \* Justin Alvarez \*

Courtney Harden\* Olga Childers \* Jonathon  
 Childers \* Jessica Munoz \* Sheila Rosenheimer \*  
 Tom Creenman \* Monica Ferby \* Cindy Haddock  
 \* Donna Best \* Klaida Tafani \* Amy Forbes \* Ray  
 Lewis.

Dr. Gerry Schiebler

Dr. Ken Berns

Dr. Craig Tisher

Dr. John Lombardi

Florida Legislators

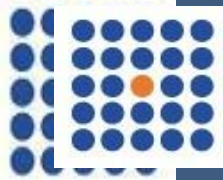
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Holly Mostoller  
 Dwanda Smith  
 Shirley Tomlinson  
 Katie Rice  
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 Christina Leone  
 Tim Buist  
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 Kathy McIntyre  
 Wendy Lawson  
 Sonya Williams  
 Thomas Allen  
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