

PTCOG 47
Jacksonville, Florida
(2008.05.22)

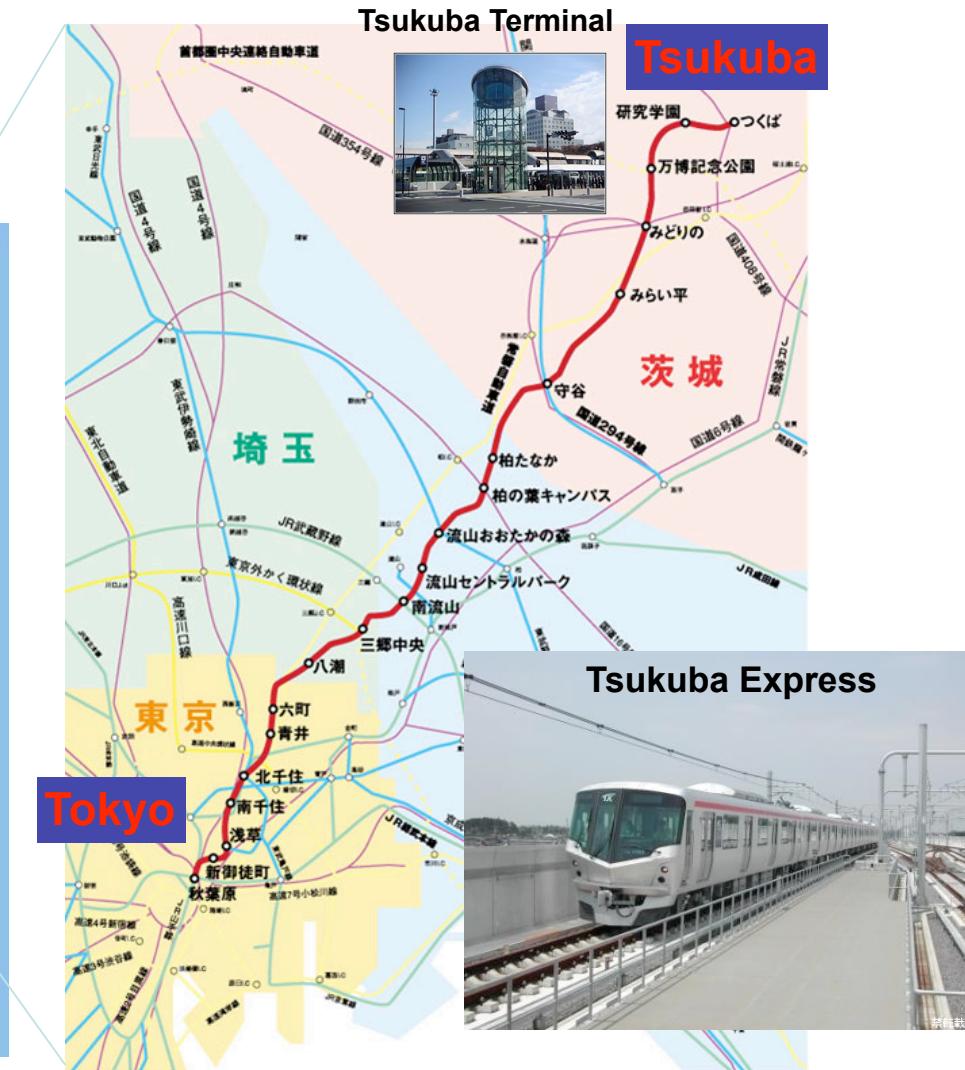
Five Years Comprehensive Experience in Proton Radiotherapy in PMRC Tsukuba



Koji Tsuboi M.D., Ph.D.
Proton Medical Research Center,
University of Tsukuba,
JAPAN

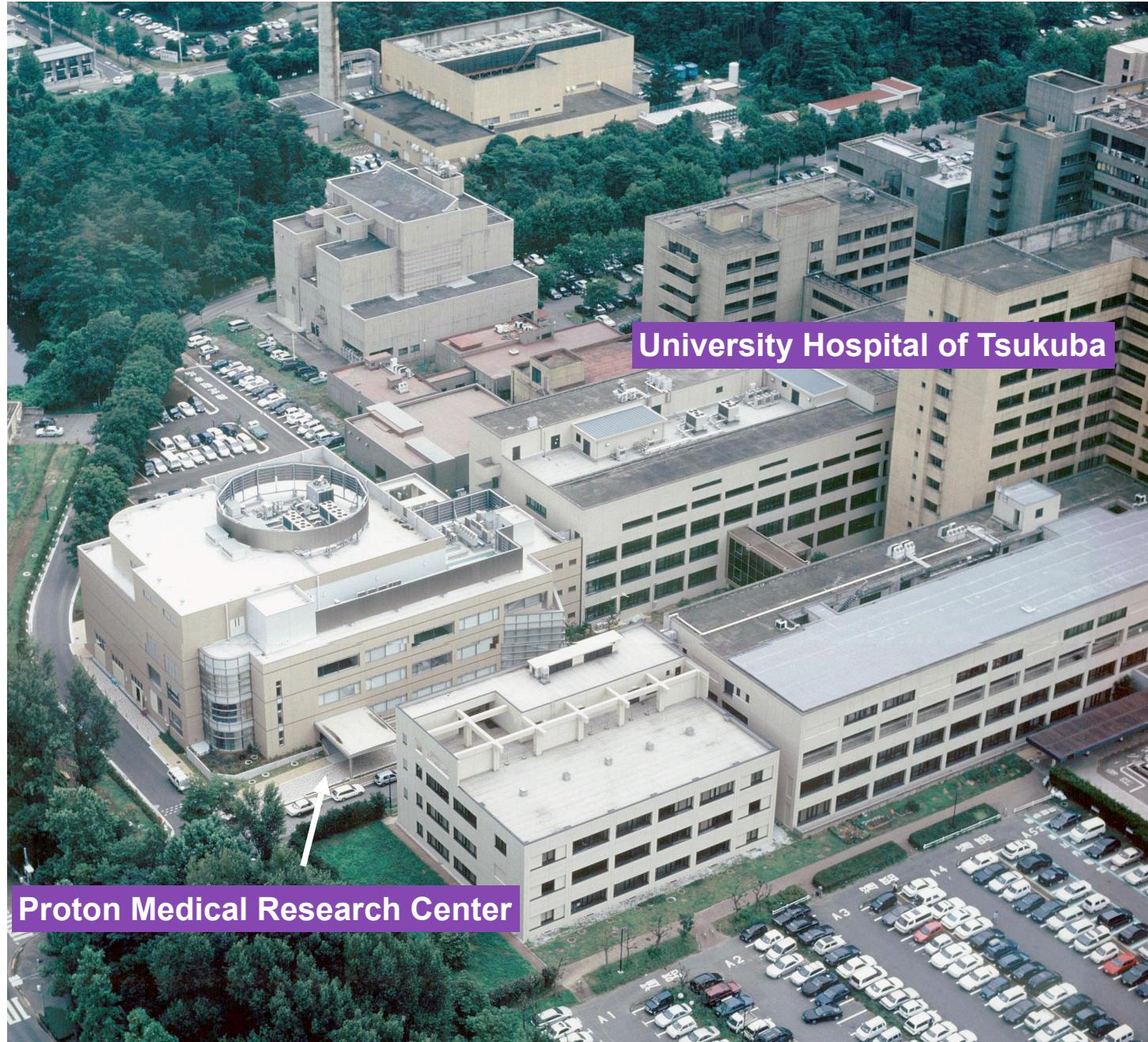


Where is Tsukuba ?

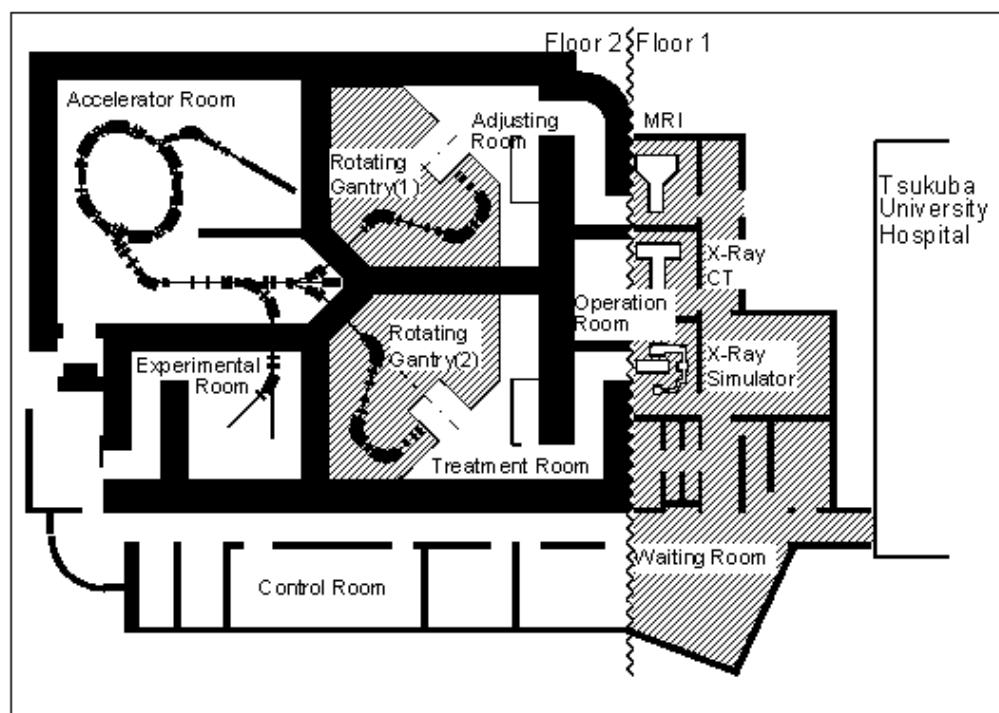


Mt. Tsukuba and Tsukuba Science City





Layout of the proton therapy facility



Cases treated at PMRC during the last 5 years (2003.1 – 2007.12)

224
212
209
194
185*

*

Cases treated at PMRC during the last 5 years (2003.1 – 2007.12)



1024

Hepatocellular carcinoma (HCC)

1) 66 GyE / 10 fractions

Solitary tumor

10 cm or less in diameter

2 cm away from the port hepatis or the GI tract

Child-Pugh A or B

→ 51 cases

2) 72.6GyE / 22 fractions

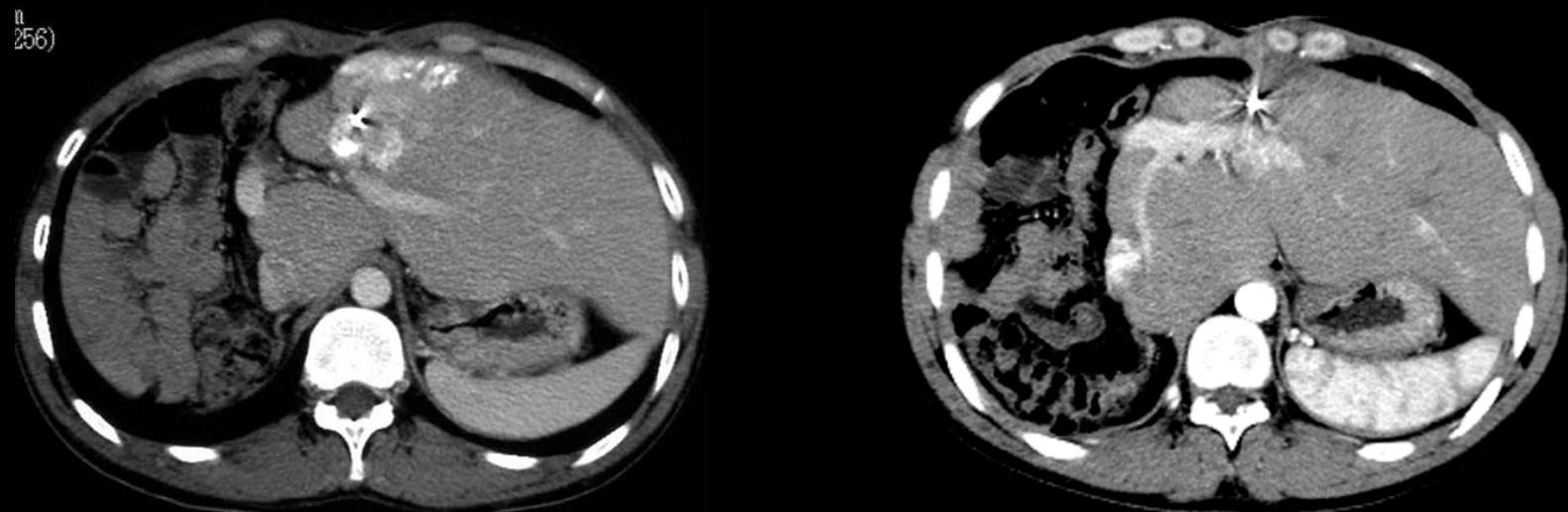
Within 2 cm from the port hepatis

→ 53 cases

3) 70.0 GyE / 35 fractions

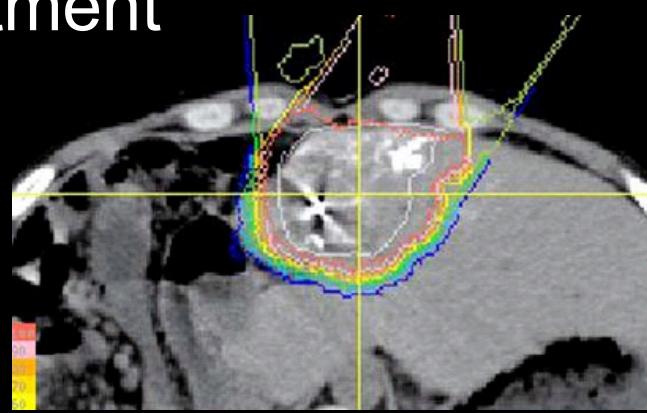
within 2 cm from the GI tract

26 y.o. man 66 GyE/10 fractions



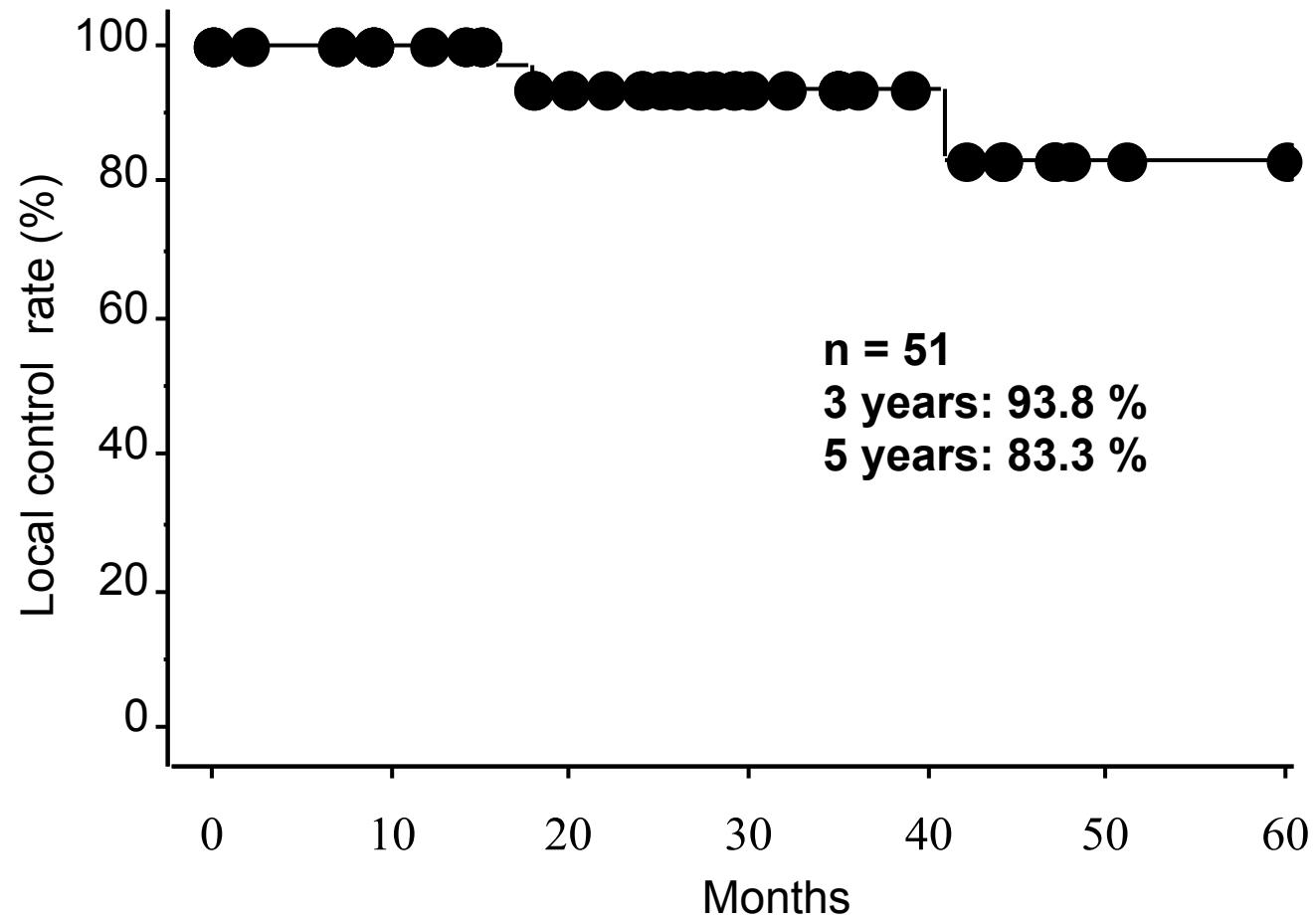
Pre-treatment

38 months later

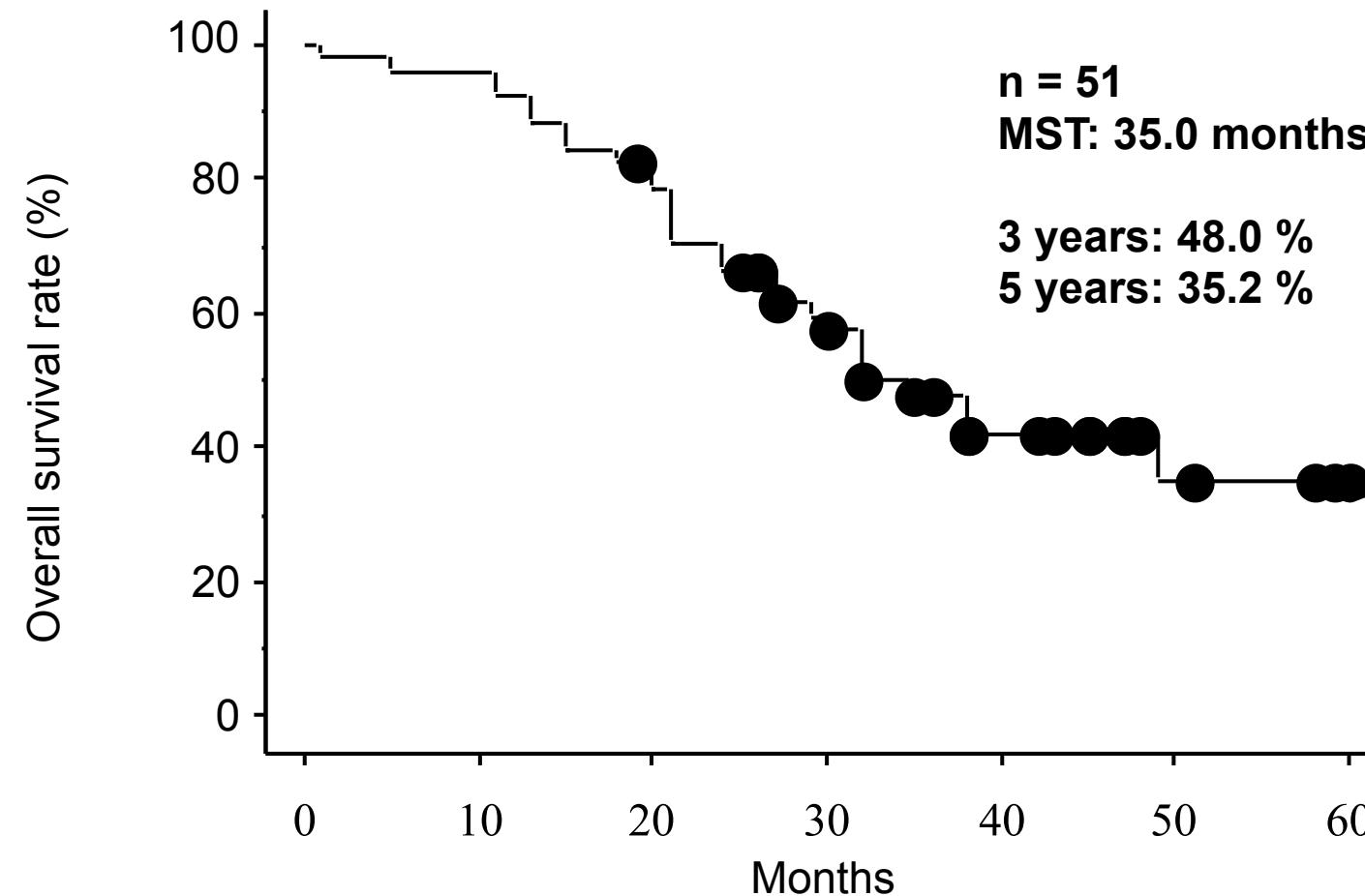


Planning

Local Control Rate of Patients Treated by 66 GyE/10 fractions



Overall Survival of Patients Treated by 66 GyE/10 fractions



Hepatocellular carcinoma (HCC)

1) 66 GyE / 10 fractions

Solitary tumor

10 cm or less in diameter

2 cm away from the port hepatis or the GI tract

Child-Pugh A or B

→ 51 cases

2) 72.6GyE / 22 fractions

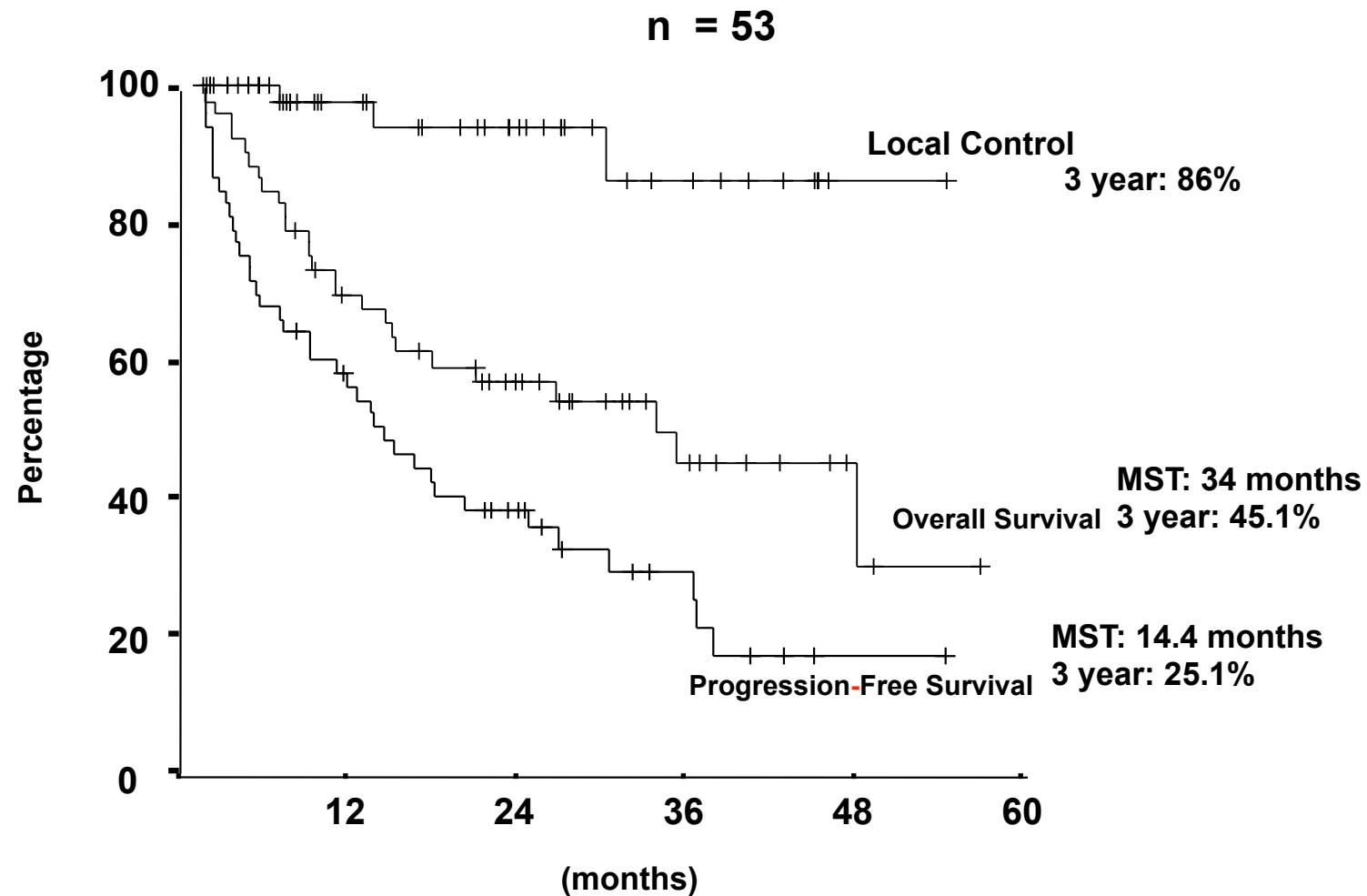
Within 2 cm from the port hepatis

→ 53 cases

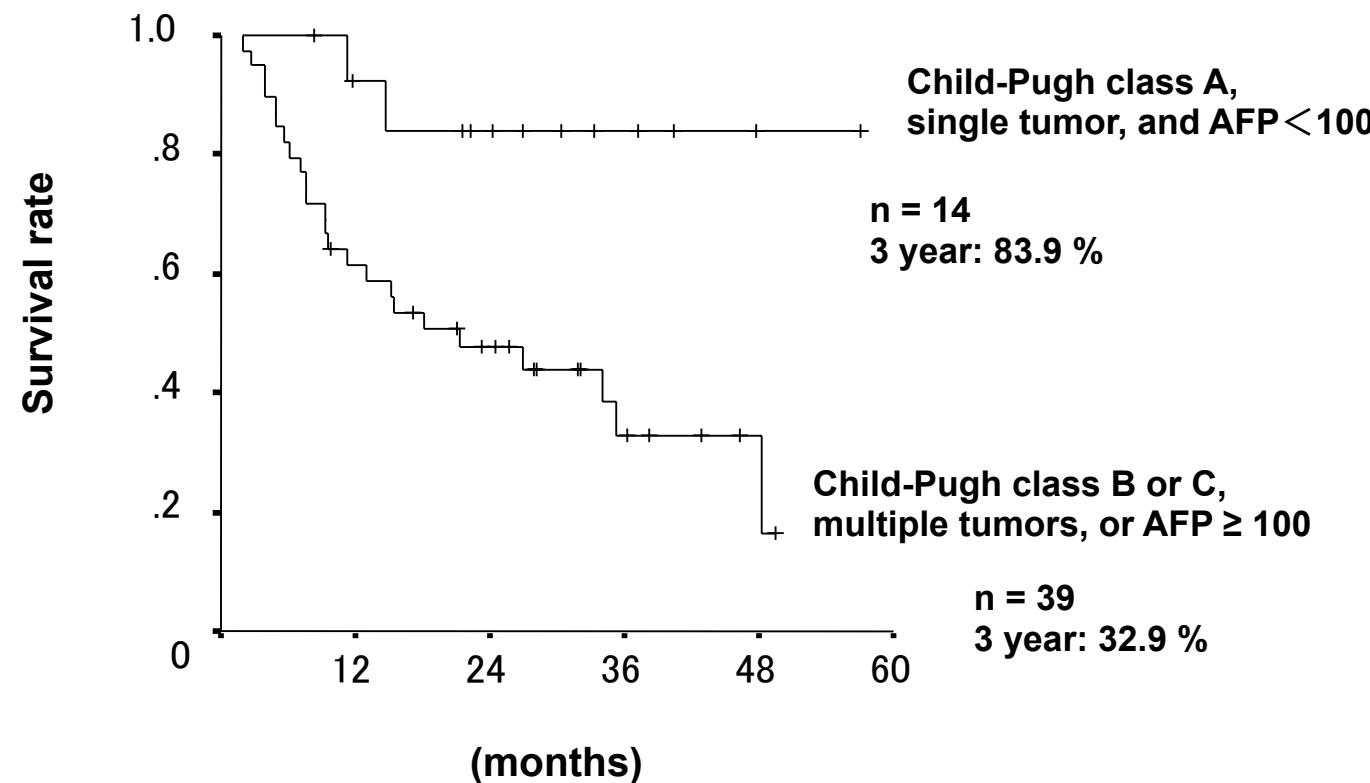
3) 70.0 GyE / 35 fractions

within 2 cm from the GI tract

Survival of cases with 72.6GyE/ 22 fractions

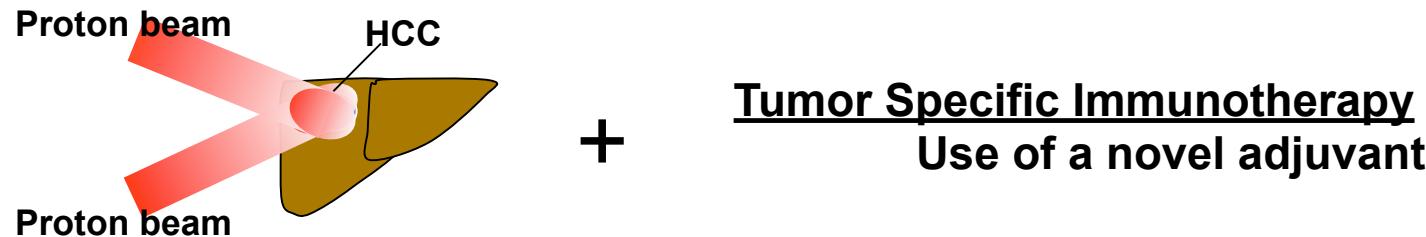


Overall survival of cases with 72.6GyE/ 22 fractions



A current clinical trials in HCC

1) Phase I-IIa trial of combination of proton radiotherapy and novel immunological adjuvant therapy



2) Phase II clinical trial of proton radiotherapy for HCC with portal vein tumor thrombus.

- Tumor thrombus at the main portal vein and its first branches
- 72.6GyE / 22 fractions

Non-small cell lung cancers

Stage I: 37 cases Phase II trial

Peripheral: Tumors in the zone outside of the proximal bronchial tree :
24 cases

CTV = GTV + 5 -10 mm

PTV = CTV + 5 -10 mm

66GyE/ 10 fractions

Proximal: Tumors in the zone of the proximal bronchial tree defined in RTOG 0618

13 cases

CTV = GTV + 5 -10 mm

PTV = CTV + 5 -10 mm

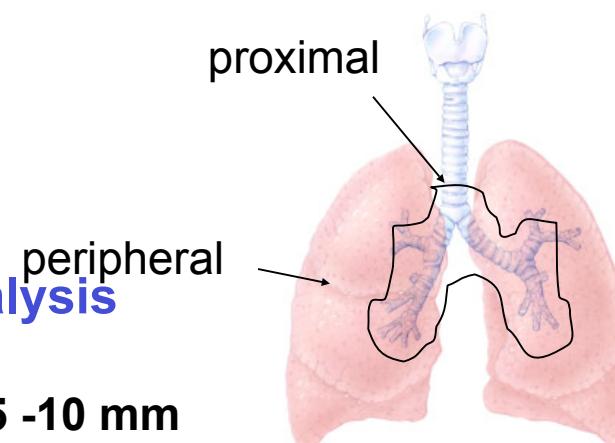
72.6 GyE/22 fractions

Stage II-III: 34 cases Retrospective analysis

CTV1 = GTV1 (primary) + 5 -10 mm

CTV2 = GTV2 (LN) + 5 -10 mm

PTV= CTV1 + CTV2 + 5 -10 mm



Local control of stage I peripheral type

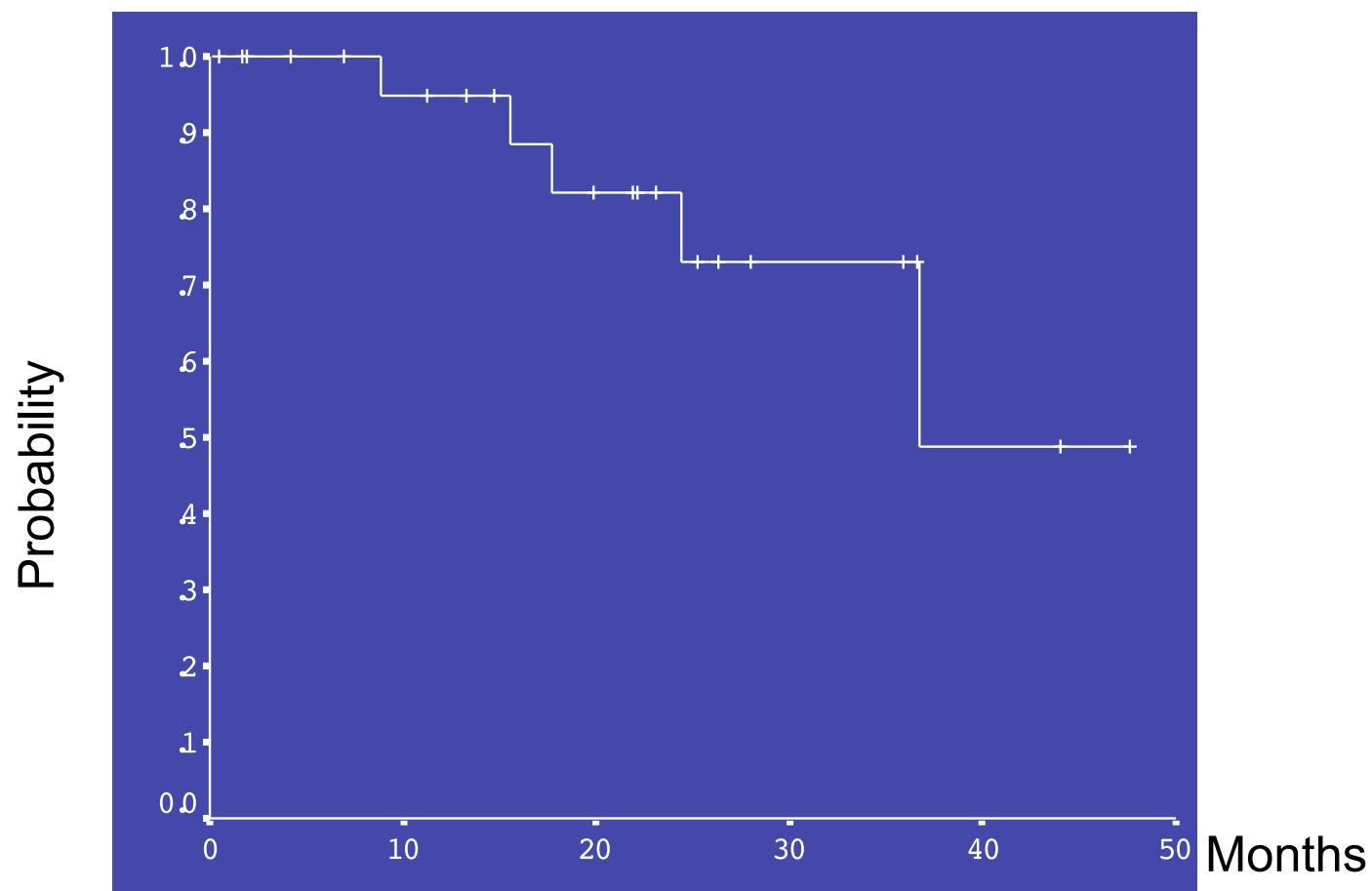
CR: 79.1% (19/24)

PR: 16.7% (4/24)

SD: 4.0% (1/24)

PD: 0% (0/24)

Progression free survival of stage I peripheral type



1 year

94.7%

2 years

82.1%

3 years

73.0%

4 years

48.7%

Overall survival of stage I peripheral type

Median observation time: 22.9 months

Alive 23

Dead 1

83.3 y.o. woman cT1NOMO

Died of NSCLC at 39.9 months

Non-small cell lung cancers

Stage I: 37 cases Phase II clinical study

Peripheral: Tumors in the zone outside of the proximal bronchial tree :
24 cases

$$\text{CTV} = \text{GTV} + 5 - 10 \text{ mm}$$

$$\text{PTV} = \text{CTV} + 5 - 10 \text{ mm}$$

66GyE/ 10 fractions

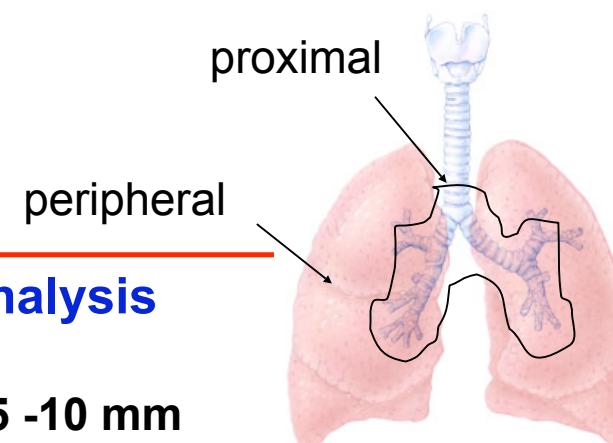
Proximal: Tumors in the zone of the proximal bronchial tree defined in RTOG 0618

13 cases

$$\text{CTV} = \text{GTV} + 5 - 10 \text{ mm}$$

$$\text{PTV} = \text{CTV} + 5 - 10 \text{ mm}$$

72.6 GyE/22 fractions



Stage II-III: 34 cases Retrospective analysis

$$\text{CTV1} = \text{GTV1 (primary)} + 5 - 10 \text{ mm}$$

$$\text{CTV2} = \text{GTV2 (LN)} + 5 - 10 \text{ mm}$$

$$\text{PTV} = \text{CTV1} + \text{CTV2} + 5 - 10 \text{ mm}$$

Local control rate of stage I proximal type

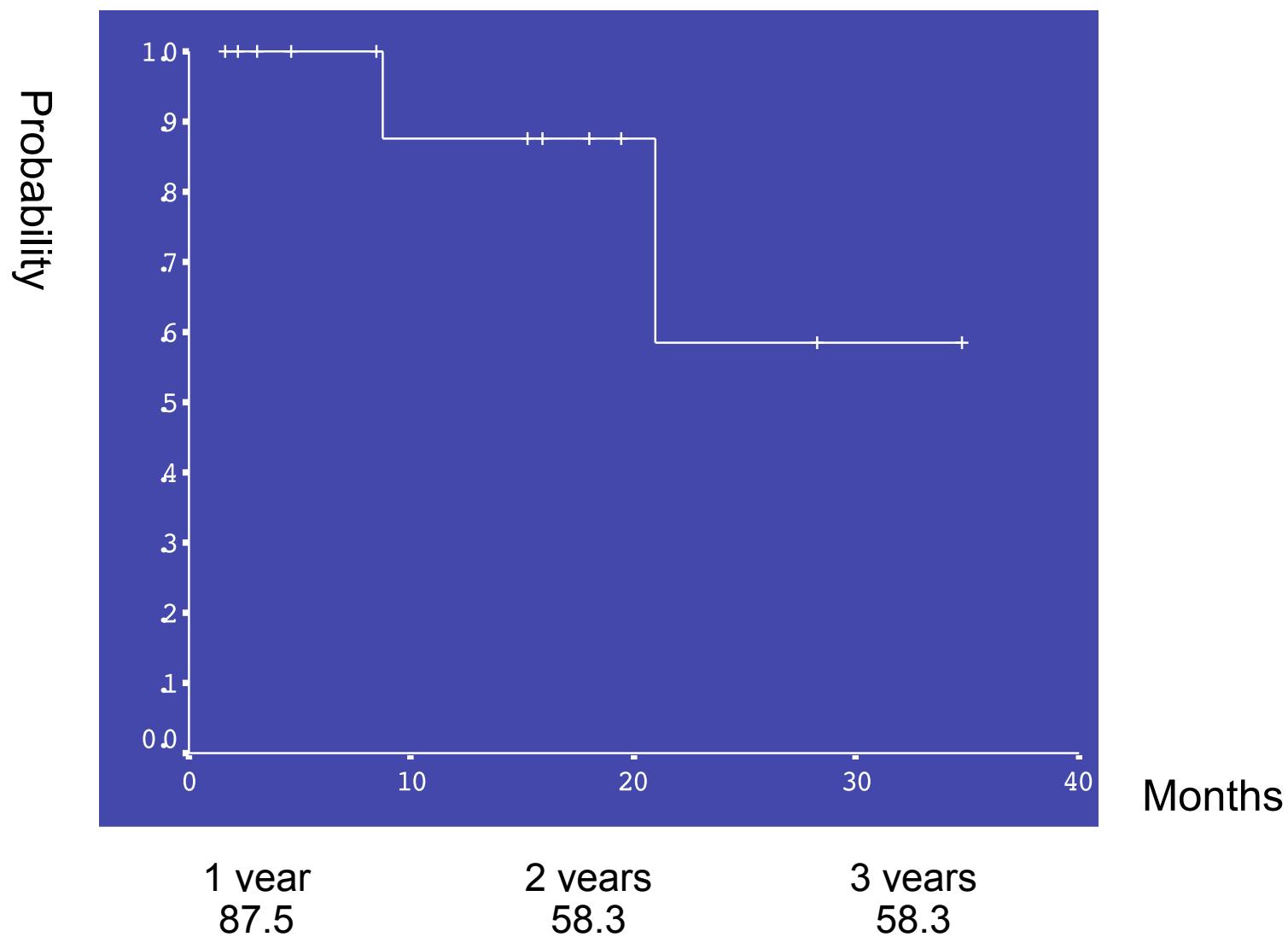
CR: 69.2% (9/13)

PR: 15.4% (2/13)

SD: 7.6% (1/13)

PD: 7.6% (1/13)

Progression free survival of stage I proximal type



Overall survival of stage I proximal type

Median observation time: 15.2 months

Alive: 13 cases

Dead: none

Non-small cell lung cancers

Stage I: 37 cases

Peripheral: Tumors in the zone outside of the proximal bronchial tree :
24 cases

CTV = GTV + 5 -10 mm
PTV = CTV + 5 -10 mm
66GyE/ 10 fractions

Proximal: Tumors in the zone of the proximal bronchial tree defined in
RTOG 0618

13 cases

CTV = GTV + 5 -10 mm
PTV = CTV + 5 -10 mm
72.6 GyE/22 fractions

Stage II-III: 34 cases

These patients did not undergo surgery and chemotherapy for some reasons.

CTV1 = GTV1 (primary) + 5 -10 mm
CTV2 = GTV2 (LN) + 5 -10 mm
PTV= CTV1 + CTV2 + 5 -10 mm

Prescribed doses to stage II-III

(Retrospective analysis)

66 GyE/10 frac **3 cases**
($\alpha/\beta=3$, 108 GyE)

72.6 GyE/22 frac **9 cases**
($\alpha/\beta=3$, 83.2 GyE)

77 GyE/35 frac **14 cases**
($\alpha/\beta=3$, 80.1 GyE)

83.6 GyE/38 frac **8 cases**
($\alpha/\beta=3$, 86.9 GyE)

Local control rate of stage II-III

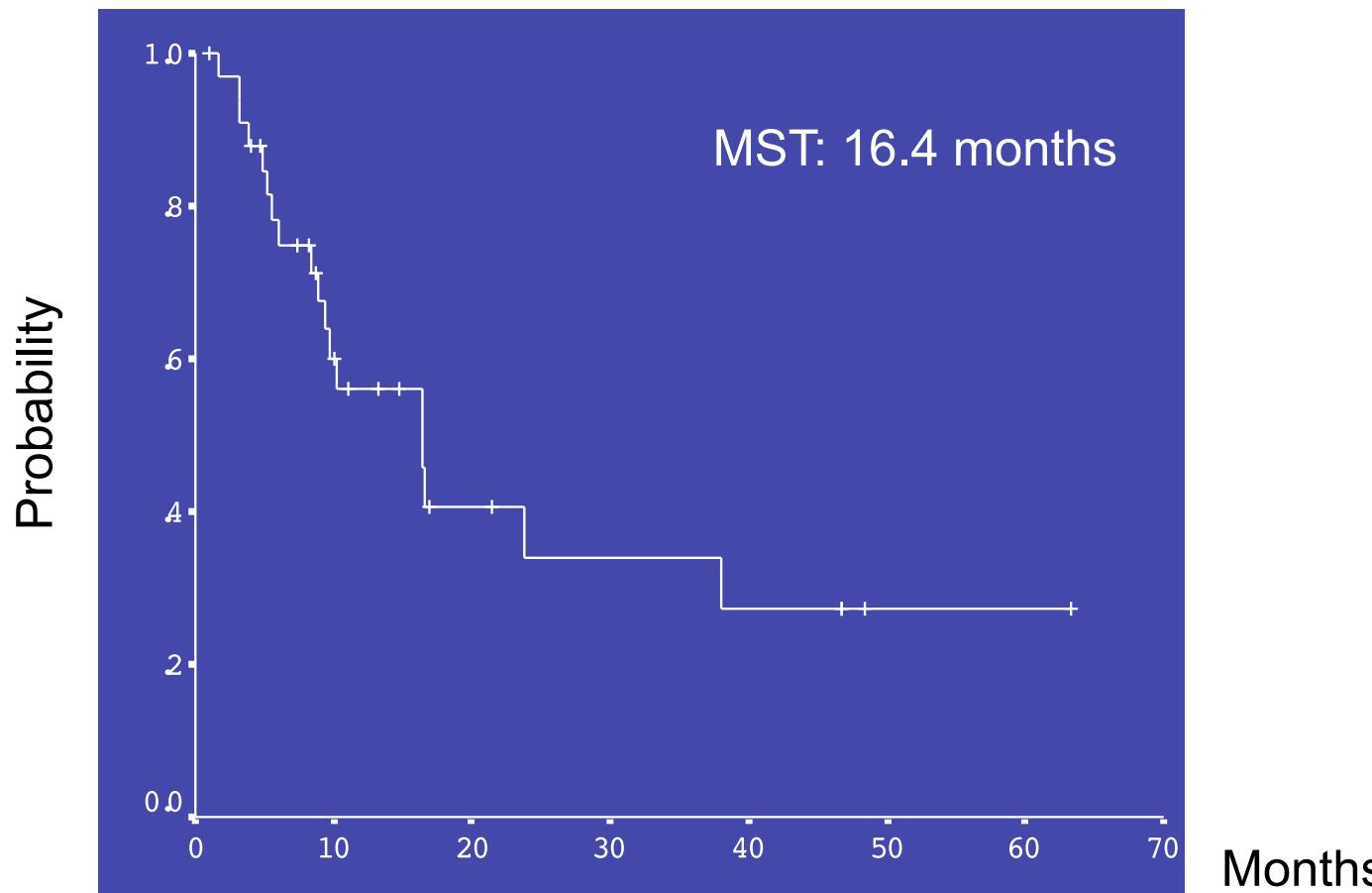
CR: 14.7% (5/34)

PR: 52.9% (18/34)

SD: 17.6% (6/34)

PD: 29.4% (5/34)

Progression free survival of stage II-III



1 year	2 years	3 years	4 years	5 years	
56.0	34.0	34.0	27.2	27.2	No chemotherapy No surgery

A current clinical trials in NSCLC

Phase I/II clinical trial of proton radiotherapy with concurrent chemotherapy for stage II, IIIA and IIIb NCSLC

- Dose escalation form 74GyE/37 frac to 78GyE/39 frac
- Concurrent administration of cisplatin and vinorelbine

Intracranial lesions

Malignant gliomas

Meningiomas

Neurinomas



Proton therapy for AVM in PMRC (1990-1999)

- **33 cases, M/F =23/10, Age: 35.6 y.o.**
 - Treatment
 - SRS: 28 cases
 - SRT: 5 cases (2 frac: 2, 3 frac:2, 15 frac:1)
 - Dose : 17Gy-25Gy (Av. 22.5Gy)
 - 3 – 6 ports
 - Results
 - Complete cure 21 / 25 (75%)
 - Decrease in size 3 / 25 (11%)
 - No change 2 / 25 (7%)
 - Enlargement 2 / 25 (7%)
 - hemorrhage 1 / 25 (4%)
 - Necrosis 2 / 25 (7%)

18 cases with AVM ≥ 3 cm at Tsukuba

Modality	Proton	γ -knife
Number	11	7
Re-bleeding	1 (9.1%)	2 (28.6%)
Cure after 3 years	7 (63.7%)	1 (14.3%)
Nidus remaining after 3 years	4 (36.4%)	6 (85.7%)
Radiation necrosis	1 (9.1%)	1 (14.3%)

α/β -values for AVM cure

Kocher M, et al. (2004)

3.54 (>3.5 cm)

4.6-6.4 (<3.5 cm)

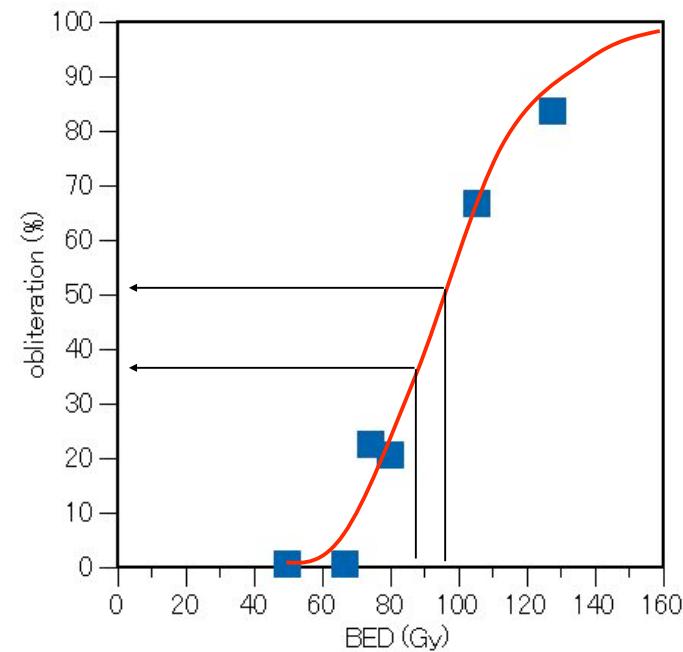
Thus, we assumed that α/β -value for AVM \geq 3 cm obliteration is 3.5.

Reported series of fractionated radiotherapy for large AVM

Author/Year	method	cases	dose/frac	follow	cure (%)
Redekop/1993	LINAC	10	45-50/15-28	4-10.5	20
Kocher/2004	LINAC	40	50/25	>2	5
		5	20/4	>2	0
Venzendaroglu/2004	LINAC	7	42/6	2	83
		23	30/6	3.5	22
Chang/2004	LINAC	33	25-35/4	4.3	66
Silander/2004	Proton	9	20-25/2	3	22
		6	20-25/4	3	0

$$\alpha/\beta = 3.5$$

<u>Fx size</u>	<u>Fx (D)</u>	<u>BED (Gy)</u>	<u>Oblit (%)</u>
8	4 (32)	104.0	66
7	6 (42)	126.0	83
6	4 (24)	65.1	0
5	4 (20)	48.6	0
	6 (30)	72.9	22
2	25 (50)	78.6	20



→ **6 GyE/fx, Total 36 GyE: BED = 97.7 Gy_{3.5}**
3 GyE/fx, Total 45 GyE: BED = 83.6 Gy_{3.5}

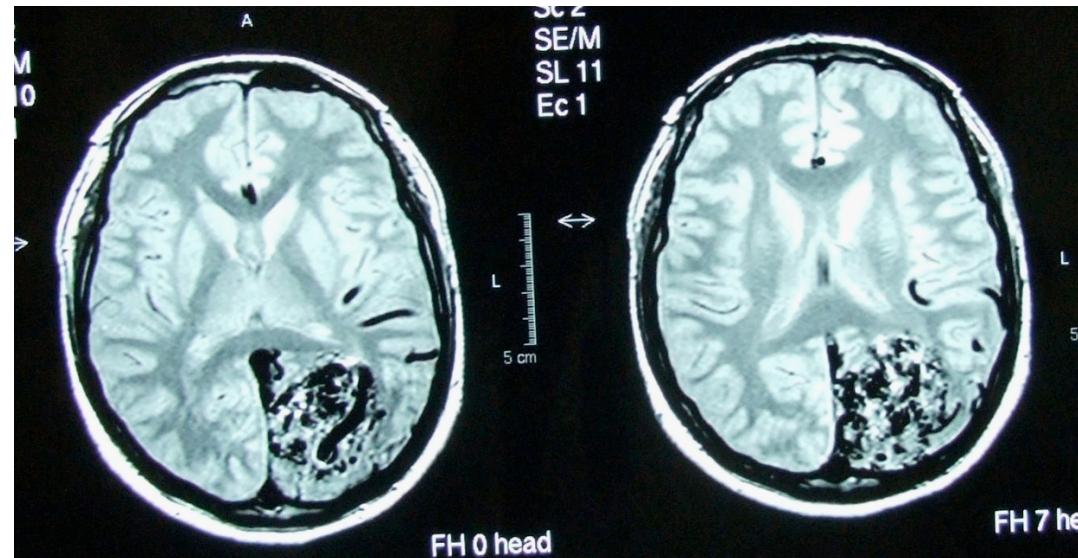
Recent cases

(2008.4.20)

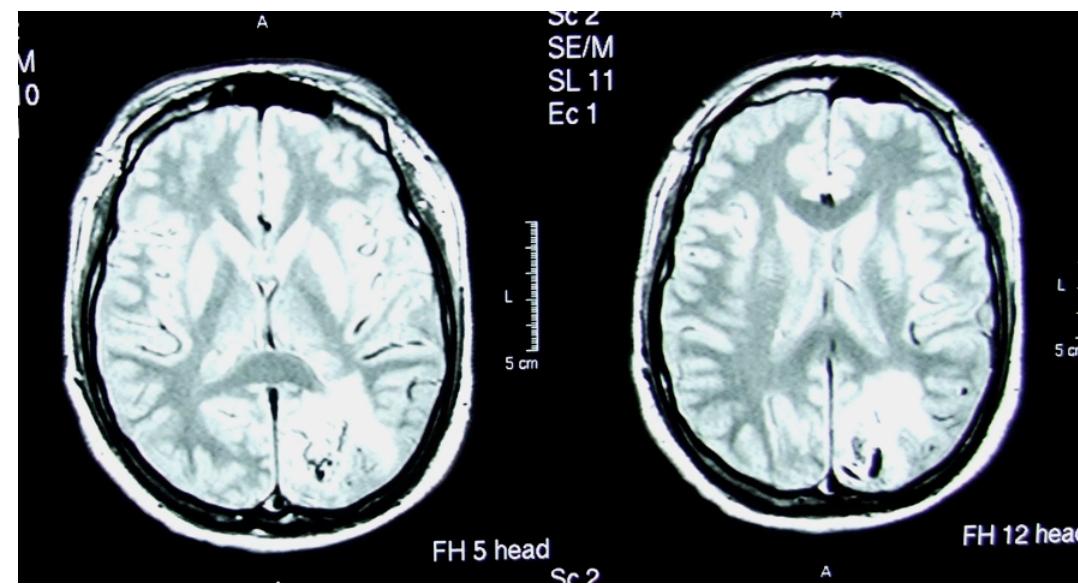
	Age Gender	Size (mm)	S-M Grade	Pre- treatment	Proton	Follow-up
1	23/M	48×45×45	5	Embolix3	6×6	44 months
2	28/M	40×42×38	5	Embolix4	6×6	5 months
3	71/M	35×25×22	4	None	3 ×15	4 months
4	28/F	52×48×36	5	None	6×6	2 months
5	25/F	45×23×30	4	None	6×6	2 months
6	40/M	32×25×20	4	None	6×6	1 month

**23 y.o. man Left occipital AVM with Spezler -Martin grade 5
(48×45×45 mm)**

36 GyE / 6 fractions



36 months later



Acknowledgement

Dr. Koichi Tokuuye

Dr. Hidetsugu Nakayama

Dr. Shinji Sugawara



At the Campus of the University of Tsukuba, Apr. 2008

Thank you for your attention.



筑波大学
University of Tsukuba

