



# Hadrontherapy at in2p3

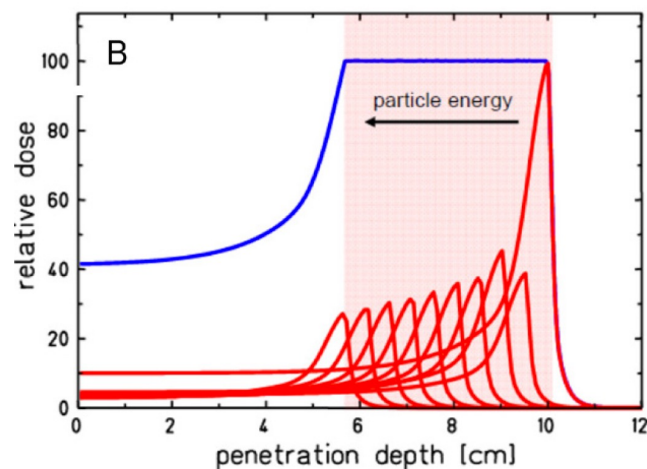
Marie Vanstalle (IPHC) on behalf of the community  
IN2P3 Scientific Council – 08/07/2025



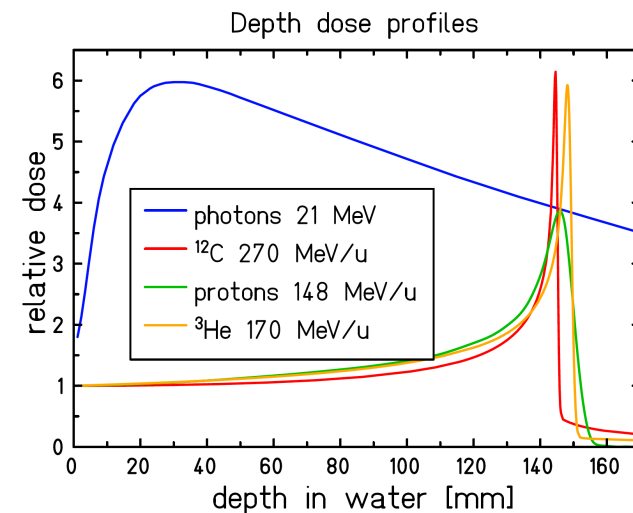


# Why nuclear physics for health?

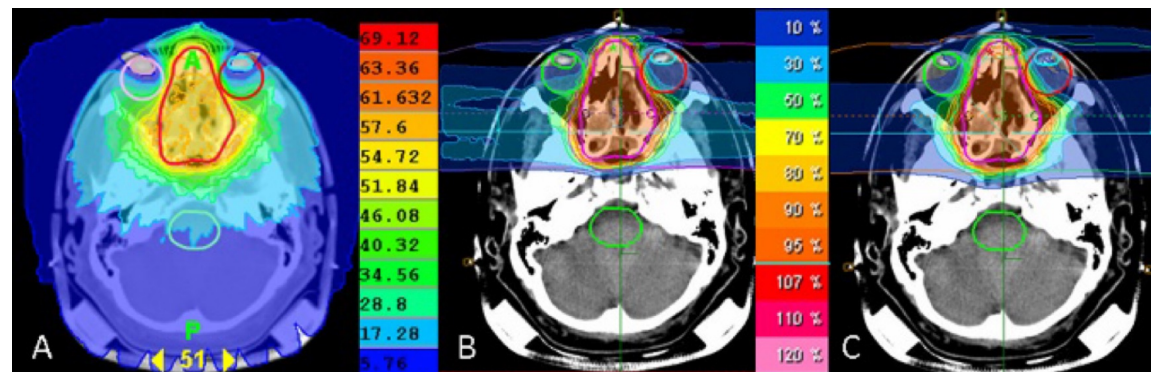
- **Hadrontherapy:** accelerated ion beams (cyclotrons or synchrotrons) for cancer therapy
- **Ion types:**  $^1\text{H}$ ,  $^4\text{He}$ ,  $^{12}\text{C}$ ,  $^{16}\text{O}$  between 80 and 400 MeV/u
- **Interest:** ballistic advantage of charged particles (Bragg Peak) + potential biological advantage



From Durante and Paganetti, *Nuclear physics in particle therapy: a review*, Rep. Prog. Phys. (2016).



From Kraemer et al., *Helium ions for radiotherapy? Physical and Biological verifications of a novel treatment modality*, Med. Phys. (2016).



From Kosaki et al., *Comparison of intensity modulated radiotherapy (IMRT) with intensity modulated particle therapy (IMPT) using fixed beams or an ion gantry for the treatment of patients with skull base meningiomas*, Rad. Onc. (2012).

What scientists see...



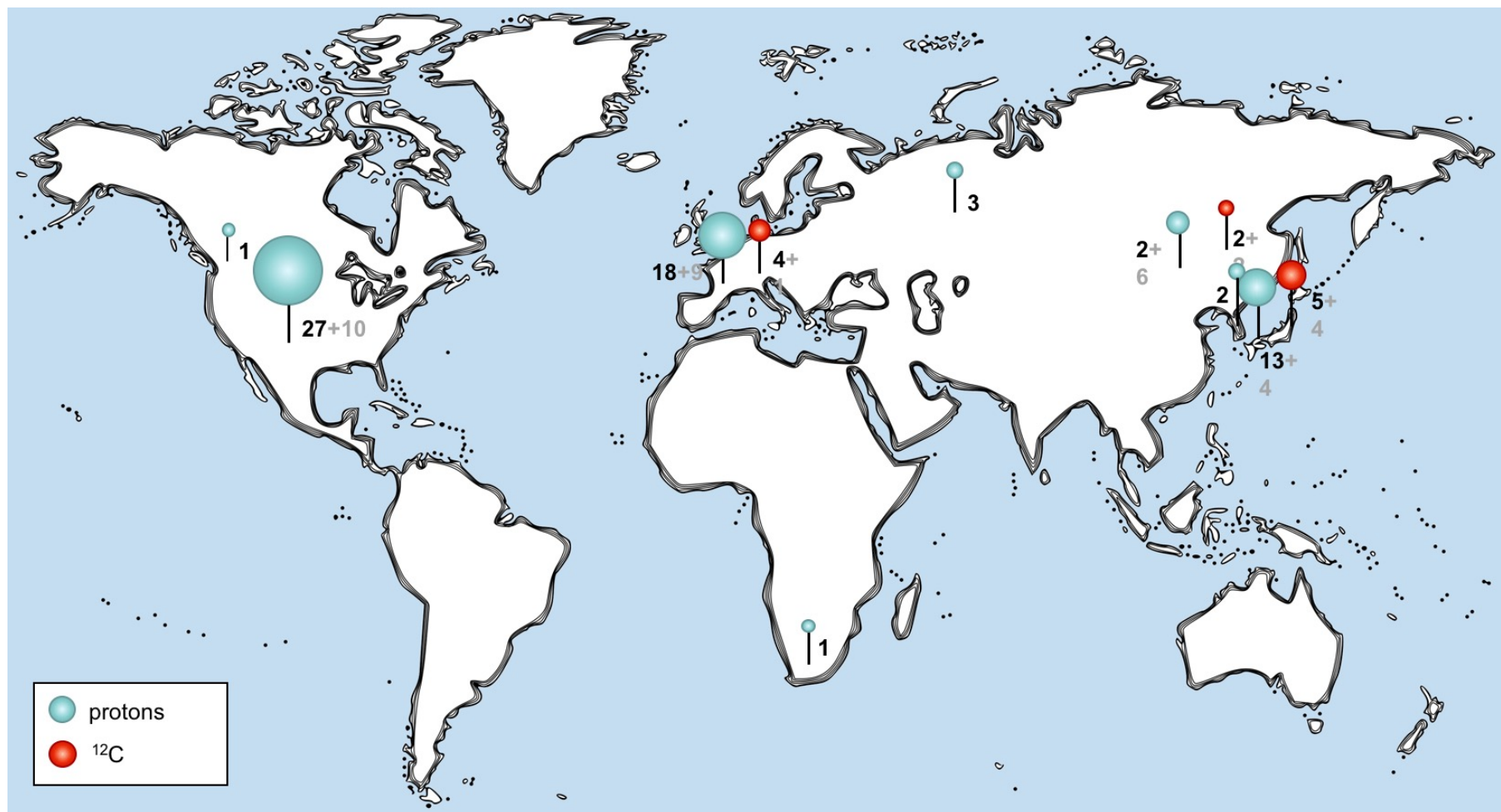
What patients see...



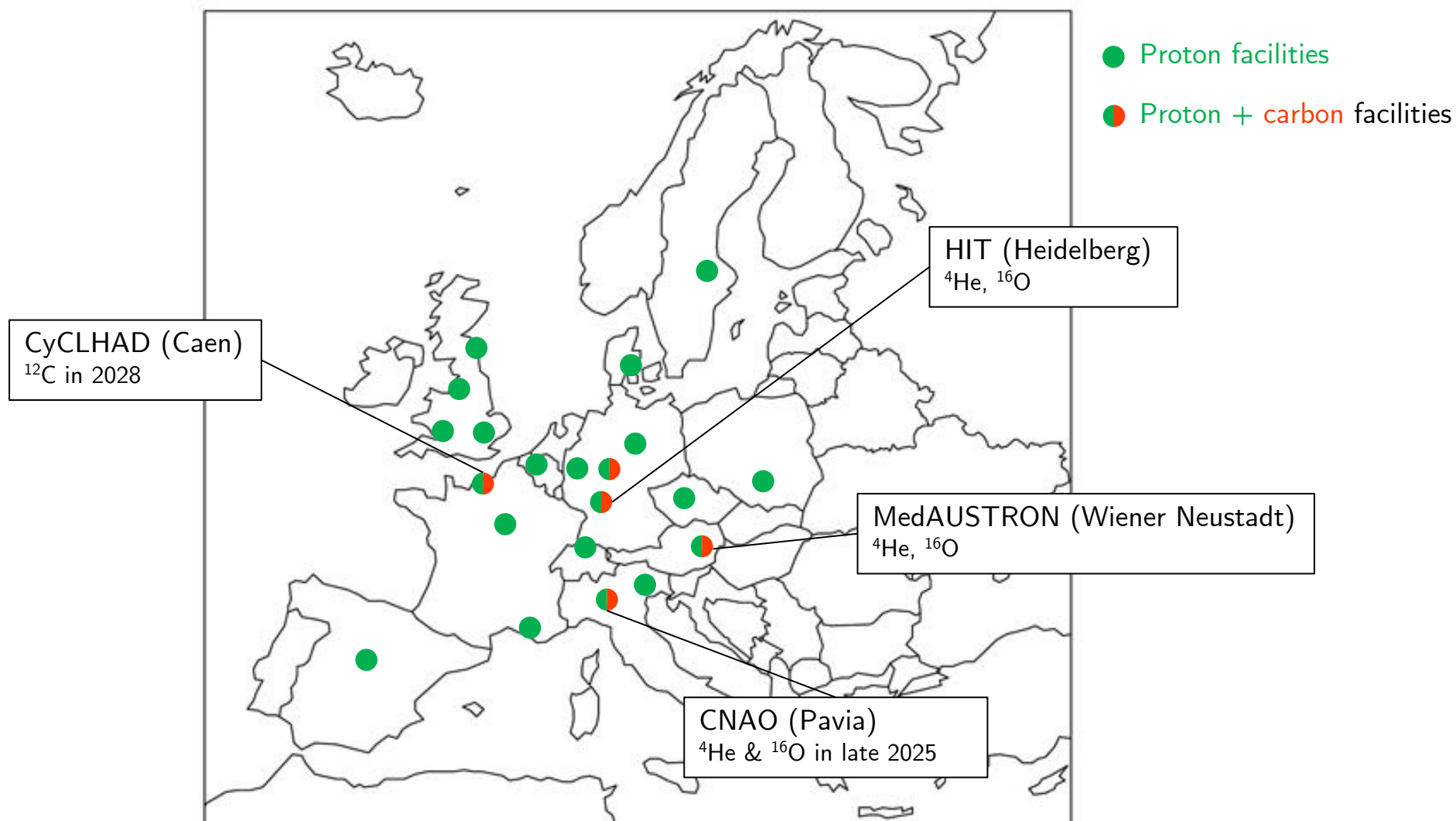
# Hadrontherapy facilities in the world

More than 300,000 patients treated with protontherapy in the world  
50,000 with  $^{12}\text{C}$  therapy  
(Statistics from PTCOG website, up to 2022)

**Main indications:** pediatric cancers, head & neck cancers, deep-seated tumors,...

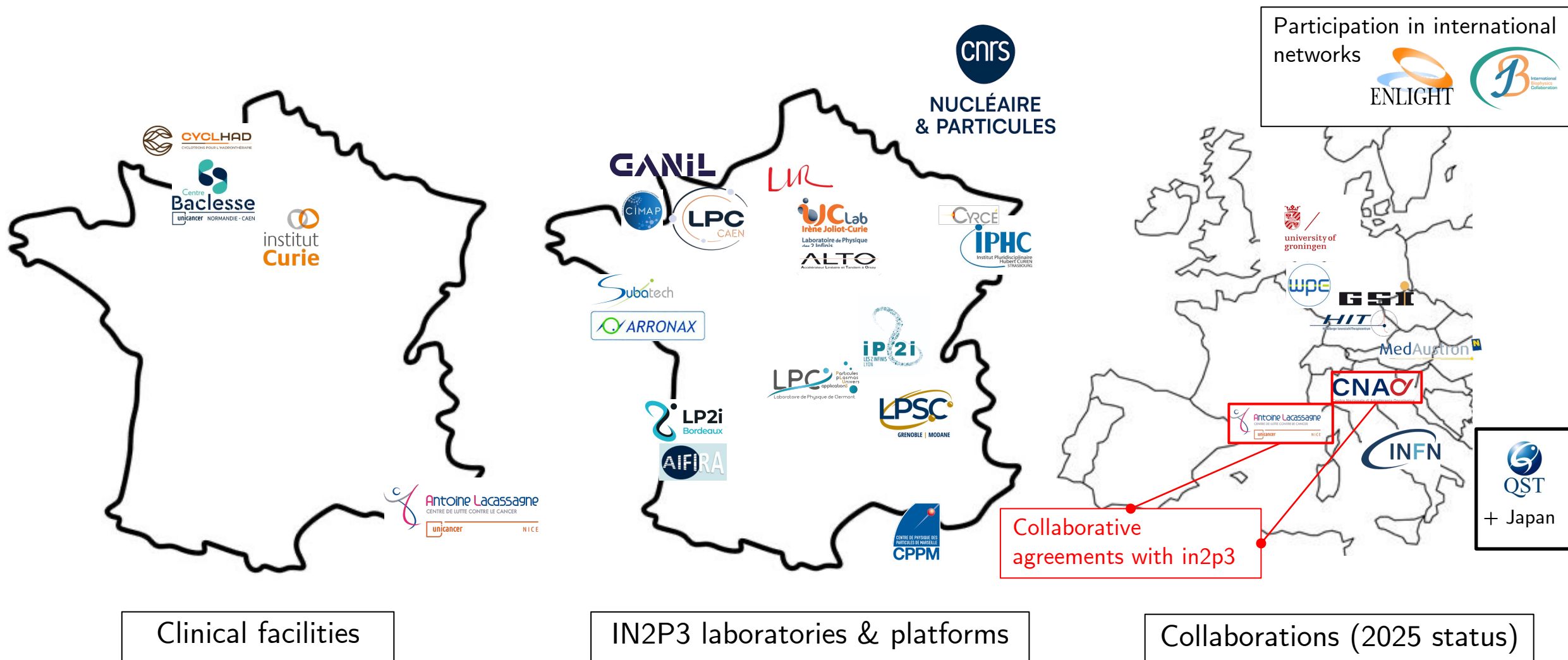


# Hadrontherapy facilities in Europe





# Hadrontherapy in France

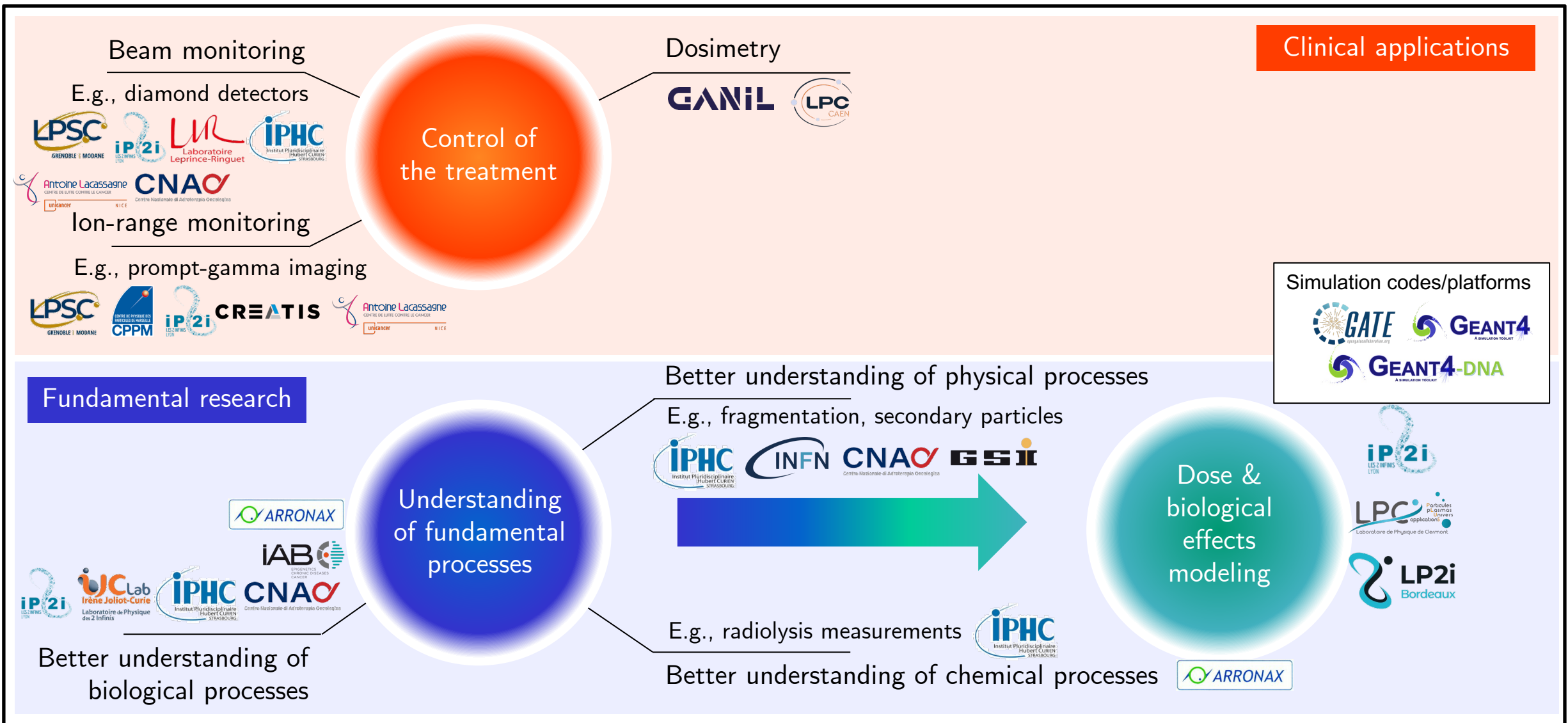


# Hadrontherapy @ in2p3

Final goal: improvement of  
hadrontherapy treatments



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& PARTICULES



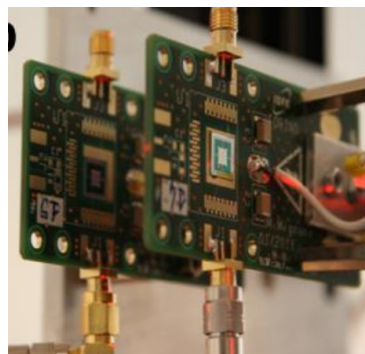
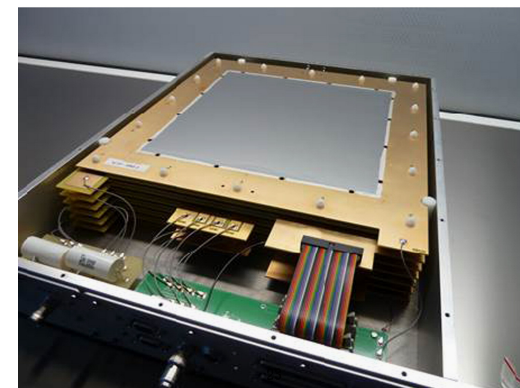
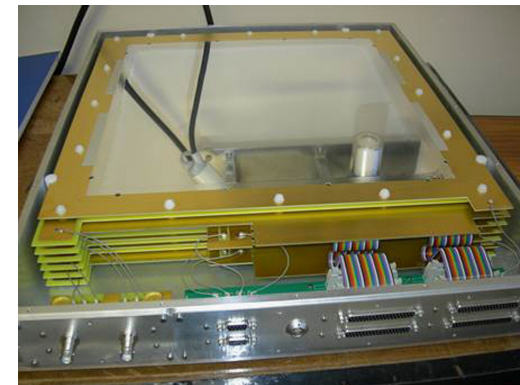


# Control the dose delivery – beam monitor

Clinical  
application

- **Beam monitoring** is crucial in hadrontherapy for beam control during treatment + for many experiments
- **Mostly used technology:** ionization chambers, usually integrated in the nozzle
- Limitations: aging of ionizing chambers + slow collection time of gaz detectors  
⇒ difficult to use in fast mode, or for moving targets
- **Challenges for beam monitoring in hadrontherapy**
  - Providing a direct information on the dose/energy/fluence of the in-coming beam
  - Radiation hardness
  - High fluences of FLASH therapy ( $>40$  Gy/s), pulsed accelerators
  - Low material-budget

⇒ new implementations based on **solid-state detectors** (e.g., ultra-fast silicon detectors, diamonds,...)



UFSD developed by INFN (Torino)

Extracted from **Vignati et al.**, *A new detector for the beam energy measurement in proton therapy: a feasibility study*, Phys. Med. Biol, 2020.

Ionization chamber IC2/3 developed by LPCC in collaboration with IBA

Extracted from **Courtois et al.**, *Characterization and performances of a monitoring ionization chamber dedicated to IBA-universal irradiation head for Pencil Beam Scanning*, Nuclear Instruments and Methods A, 2014

# Beam monitoring @ in2p3



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Clinical  
application

- Beam monitoring projects: PEPITES, DIAMANT, MATRIX
- Collaborative projects with clinical facilities (CAL, CNAO, WPE) and experimental facilities (ARRONAX)
- 5-years prospects
  - Adaptation of the monitors **on clinical facilities** (e.g., PEPITES @ CNAO, DIAMANT @ CAL)
  - Possible installation of beam monitors on experimental platforms (BioALTO, ARRONAX)
  - Application to **FLASH conditions** (high dose rates)

⇒ More details on technical developments in *Instrumentation* presentation from E. Testa

**CNAO**  
Centro Nazionale di Adroterapia Oncologica

Gold strips 50 nm (0V), e- emitters

Gold strips 50 nm (100V), e- collectors

Membrane CP1™ 1.5 μm

Beam

2023.11 Premiers faisceaux Carbone

**PEPITES**

PEPITES @ CNAO

**ARRONAX**

**IPHC**

**MATRIX**

**anr**

GaN for monitoring: radiation hardness, fast detectors, high efficiency, big surfaces achievable

**Antoine Lacassagne**  
CENTRE DE LUTTE CONTRE LE CANCER

**DIAMANT**

**ARRONAX**

Diamond detector for monitoring: radiation hardness, fast detectors, high efficiency

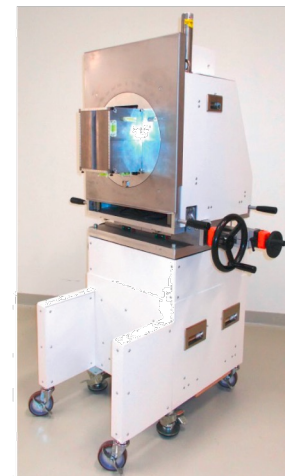
Up to 100 MHz

| Resolution diamant monocristallin |               |
|-----------------------------------|---------------|
| Entries                           | 19961         |
| Constant                          | 314.1 ± 2.9   |
| Mean                              | -91.97 ± 0.87 |
| Sigma                             | 118.7 ± 0.7   |

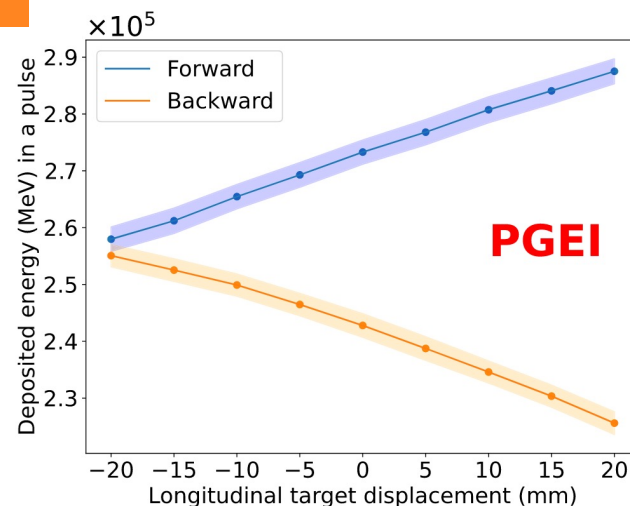
< 100 ps time resolution achieved!

# Control the dose delivery – ion-range monitor

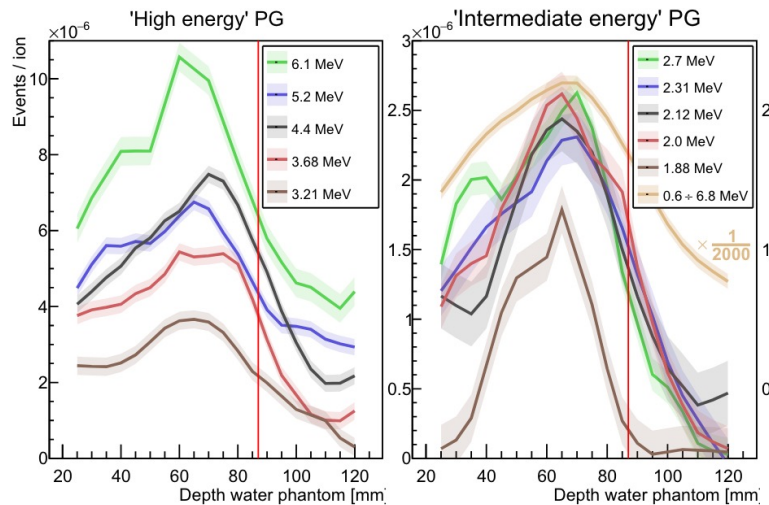
- **Goal of ion-range monitoring:** to determine Bragg peak/SOBP position during irradiation to perform corrections in TPS if needed
- **Detection of secondary particles during treatment**
  - $\beta^+$  emitters ( $^{11}\text{C}$ ,  $^{15}\text{O}$ )
  - **Prompt-gammas**  $\Rightarrow$  one of the most advanced monitoring technique: gamma imaging (collimated camera,...), prompt-gamma energy measurement, prompt-gamma timing
  - Secondary protons (IVI - Ion Vertex Imaging)



Clinical application



Extracted from **Everaere et al.**, *Prompt gamma energy integration: a new method for online-range verification in proton therapy with pulsed-beams*, Frontiers in Physics, 2024



Extracted from **Bello et al.**, *Prompt gamma spectroscopy for absolute range verification of  $^{12}\text{C}$  ions at synchrotron-based facilities*, Phys. Med. Biol., 2020



Extracted from **Richter et al.**, *First clinical application of a prompt gamma based in vivo proton range verification system*, Radiotherapy and Oncology, 2016.



# Ion-range monitoring @ in2p3



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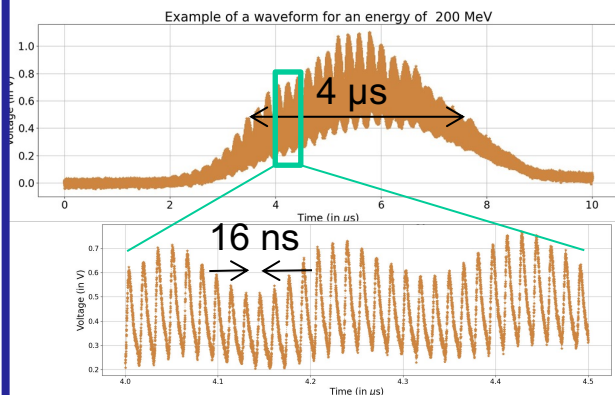
- Ion-range monitoring projects: TIARA, CLaRyS
- Collaborative projects with clinical facilities (CAL, CNAO)
- 5-years prospects:
  - Tests of clinical feasibility of prototypes
  - Extension to larger projects on online control
  - Extension to carbon-therapy facilities (e.g. CNAO)
  - Potential collaboration with Cyclhad

⇒ More details on technical developments in *Instrumentation* presentation from E. Testa

Clinical  
application

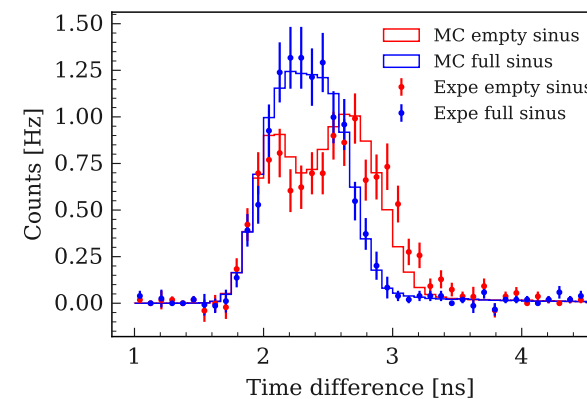
CLaRyS

Online control of pulsed medical beam  
of synchrotron Proteus One

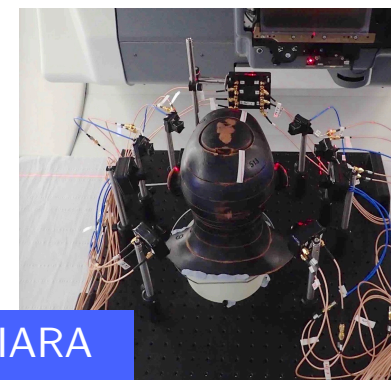


Beam measurement at CAL-Proteus One  
with diamond detector

**Method:** Use of integrated  
signals of small amount of  
detectors (adaptation of  
PGPI method) in PbWO<sub>4</sub>



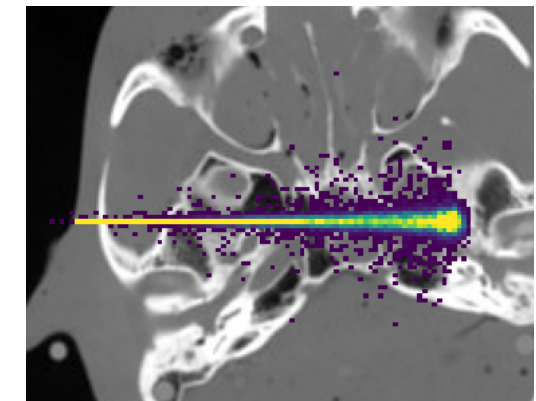
Detection of anatomical variations  
with the TIARA setup



TIARA

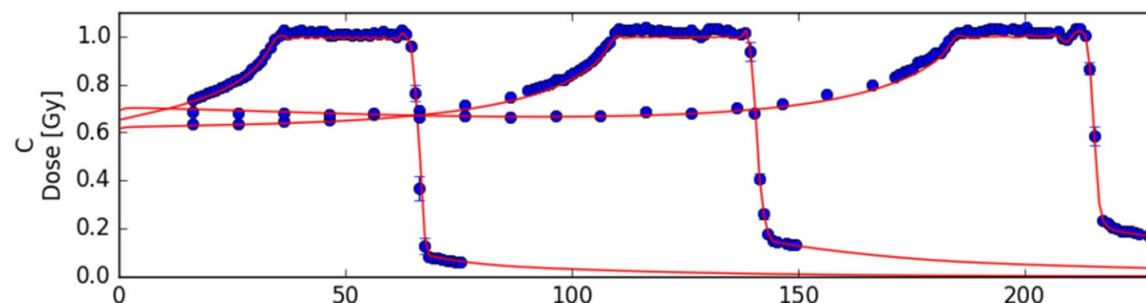


$$TOF = t_{stop} - t_{start} = T_{proton}(\mathbf{r}_v, \mathbf{v}_p) + T_{\gamma}(\mathbf{r}_v, \mathbf{r}_d)$$

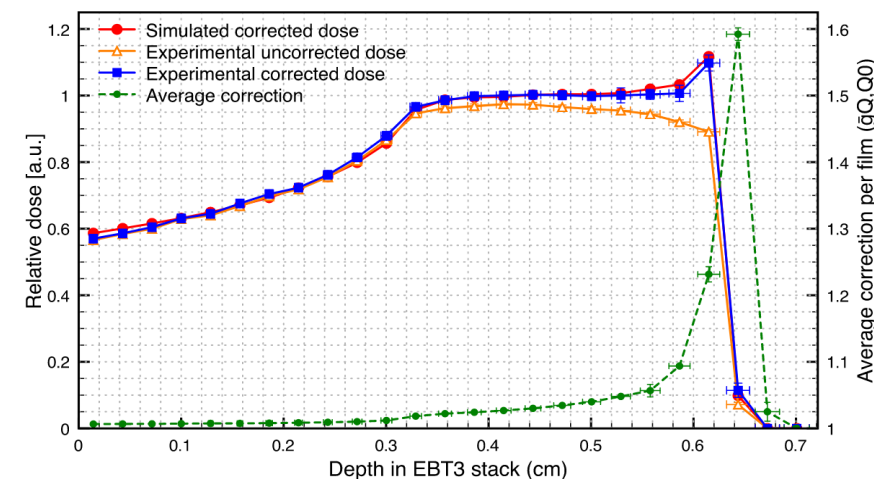


# Control the dose delivery – dosimetry

- Dosimetry in hadrontherapy centers mainly performed with **ionizing chambers** and **passive detectors** (gafchromic films)
- **Challenges in dosimetry for hadrontherapy:**
  - Better understanding of the dose deposition both laterally and in depth
  - Control of the TPS simulation at the patient position
  - Dosimetry for low-energy beam lines (e.g. BioALTO, ARRONAX, Cýrcé...)



Extracted from **Tessonier et al.**, *Dosimetric verification in water of a Monte Carlo treatment planning tool for proton, helium, carbon and oxygen ion beams at the Heidelberg Ion Beam Therapy Center*, Phys. Med. Biol., 2017.



Extracted from **Fiorini et al.**, *Under-response correction for EBT3 films in the presence of proton spread out Bragg peaks*, Physica Medica, 2014.

# Dosimetry @ in2p3

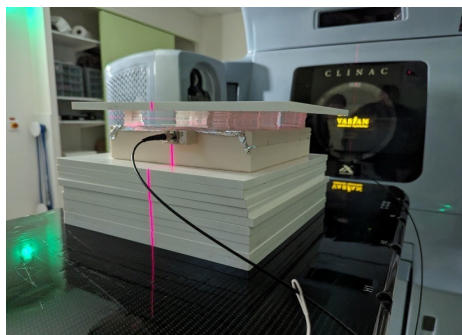
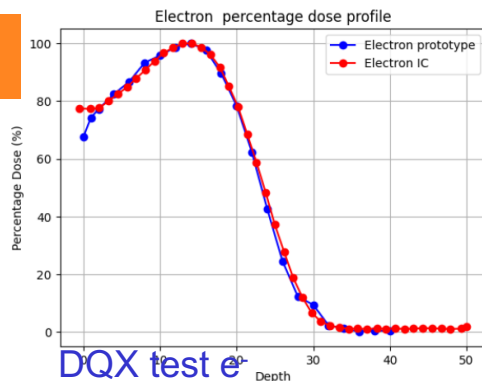
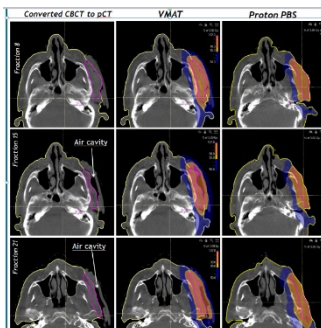


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- Projects: SCICOPRO, DeCuPro
- 5-years prospects:
  - New tests @ ARRONAX facility
  - Finalizing the DeCuPro ionization chamber in 2026

## DeCuPro

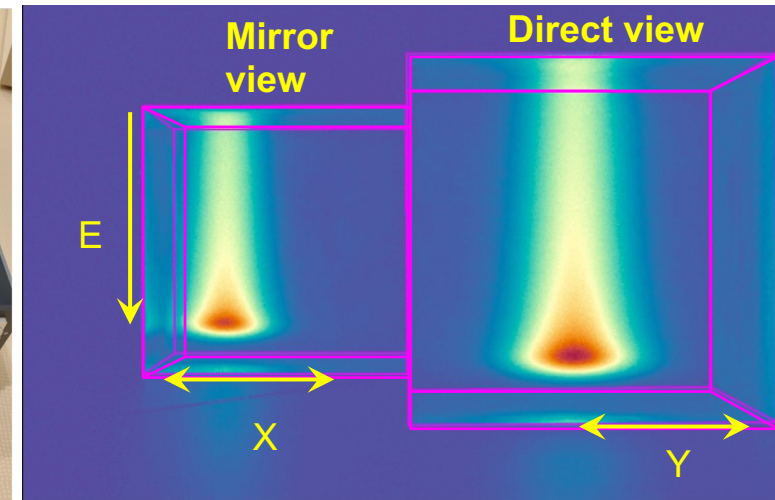
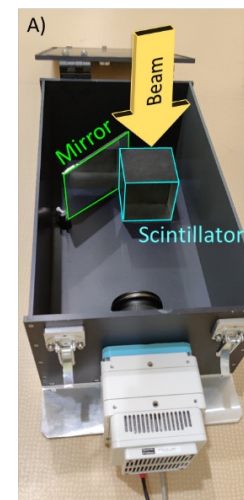
Skin dose evaluation for the treatment of non-melanoma skin cancers (NMSCs) in conventional radiotherapy and proton therapy  $\Rightarrow$  DQX scintillation dosimeter ProtoV2 under  $e^-$ /X-ray testing



## Measurements of dose rates for Pencil Beam Scanning (PBS) in protontherapy

SCICOPRO

- Spatiotemporal dose deposition in PBS and its correlation with biological effects
- Characterization of dose and dose-rate maps in PBS treatments
- Dose maps



GANIL



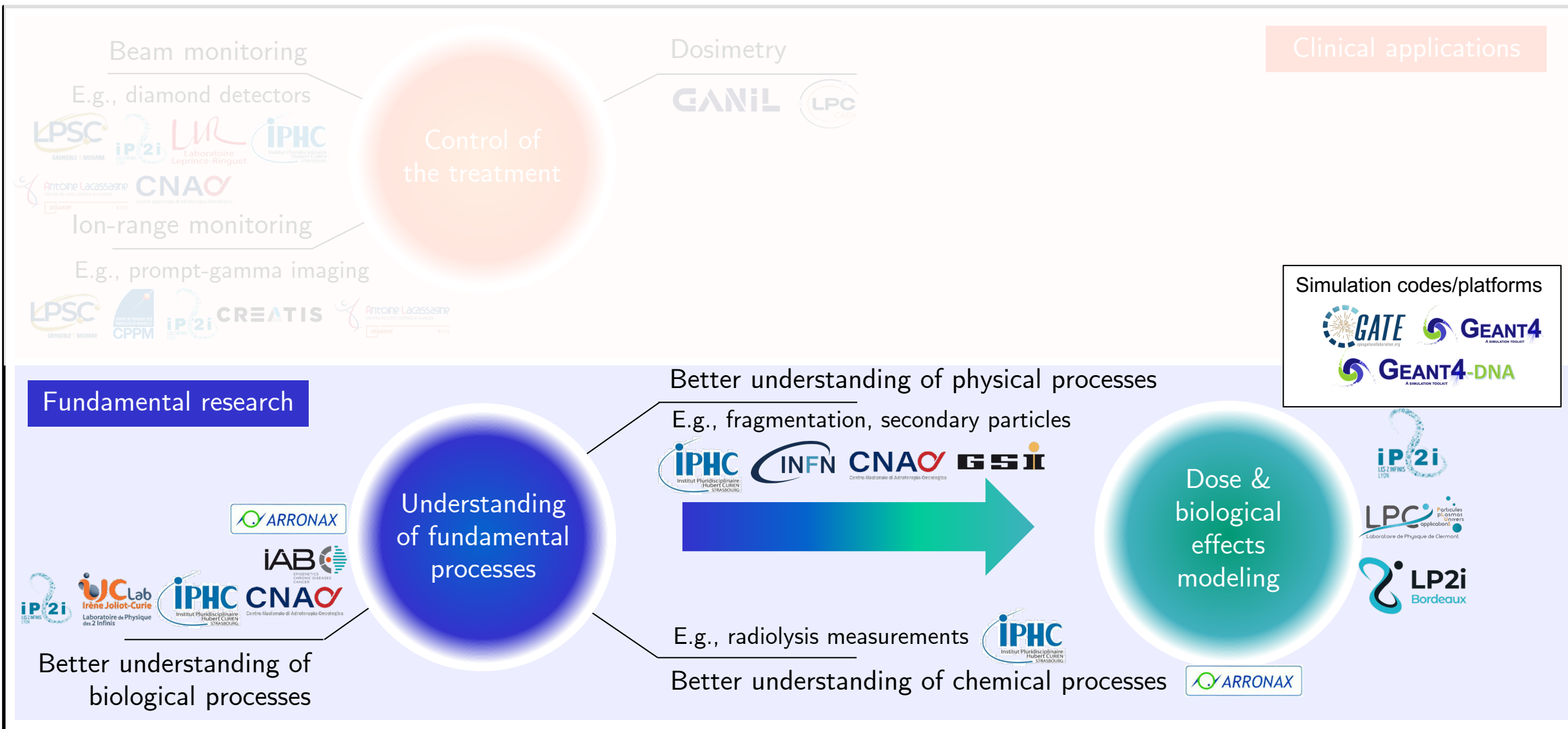


# Hadrontherapy @ in2p3

Final goal: improvement of  
hadrontherapy treatments

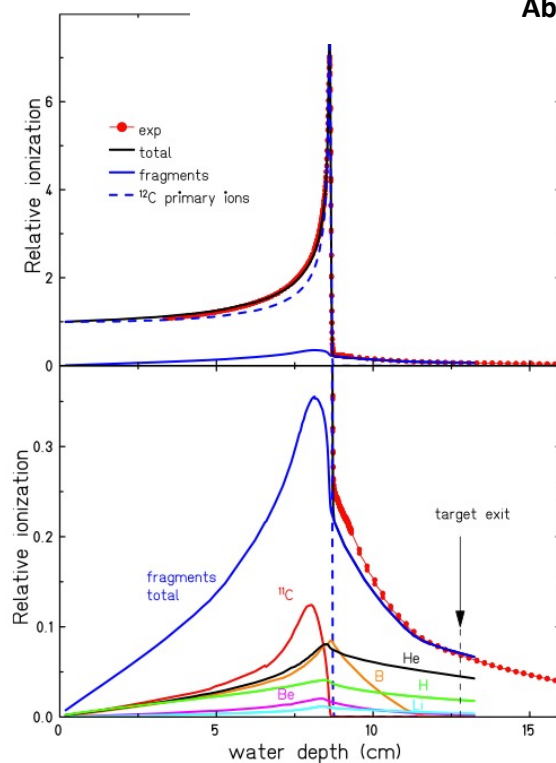
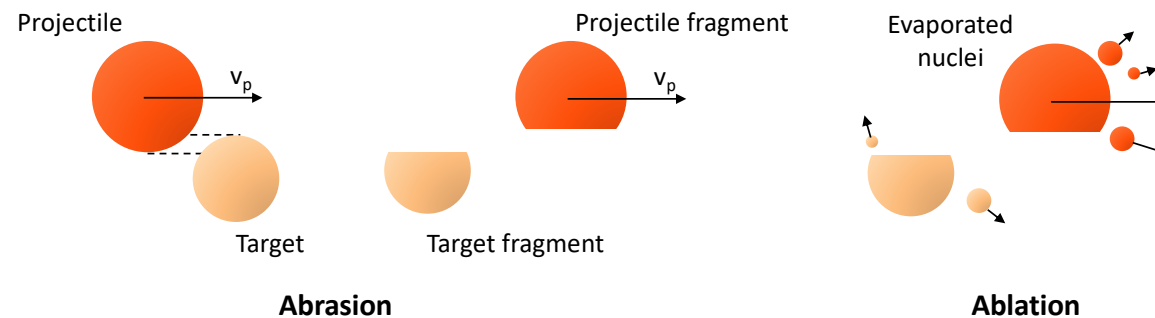


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& PARTICULES



# Nuclear processes for hadrontherapy

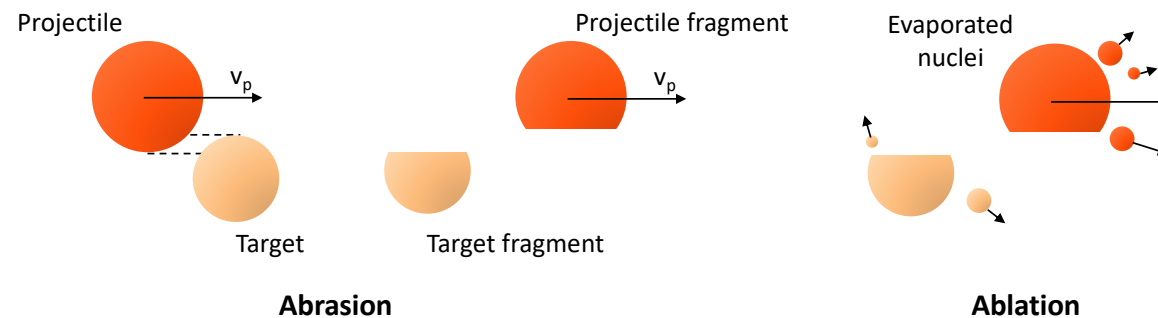
Fundamental  
research



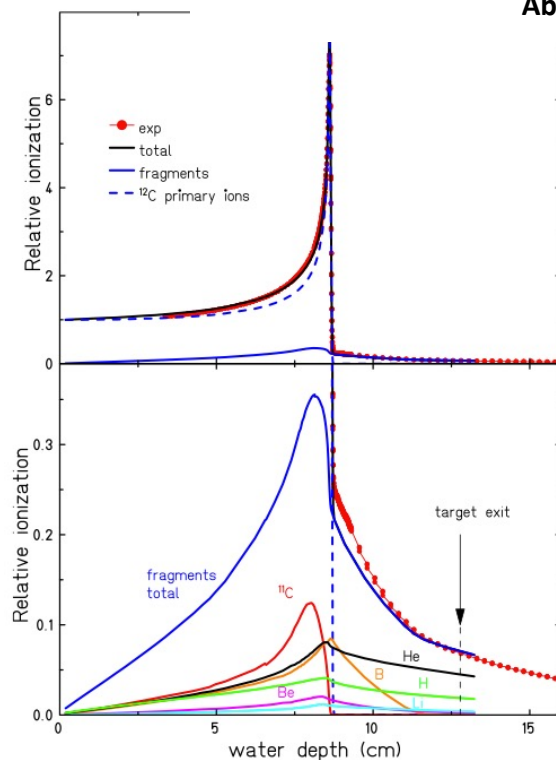
Bragg curve of a 200 MeV/u  $^{12}\text{C}$  ion beam in water.  
Extracted from **Gunzert-Marx et al.**, *Secondary beam fragments produced by 200MeV/u  $^{12}\text{C}$  ions in water and their dose contributions in carbon ion radiotherapy*, New Journal of Physics, 2008.

# Nuclear processes for hadrontherapy

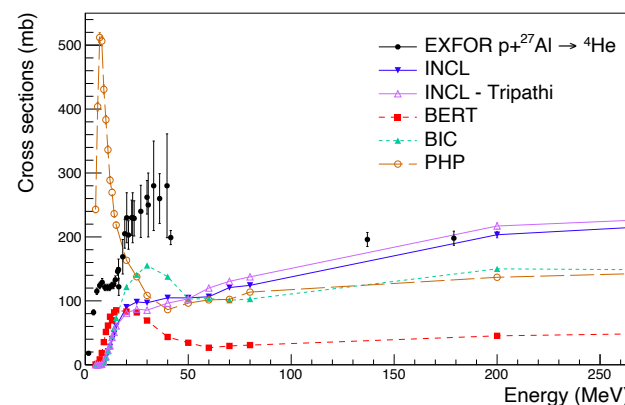
Fundamental  
research



Extracted from  
**Dudouet et al.,**  
*Benchmarking  
GEANT4 nuclear  
models for hadron  
therapy with 95  
MeV/nucleon  
carbon ions,*  
Physical Review C,  
2014



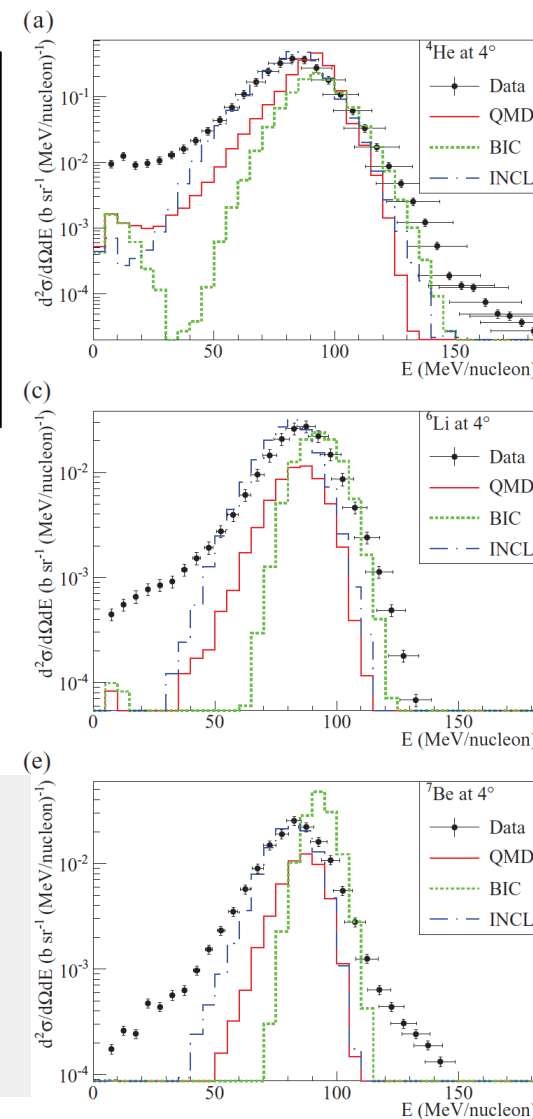
## Fragmentation



Bragg curve of a 200 MeV/u  $^{12}\text{C}$  ion beam in water.  
Extracted from **Gunzert-Marx et al.,** *Secondary beam fragments produced by 200MeV/u  $^{12}\text{C}$  ions in water and their dose contributions in carbon ion radiotherapy,* New Journal of Physics, 2008.

**It doesn't matter how  
beautiful your theory is,  
it doesn't matter how  
smart you are. If it  
doesn't agree with  
experiment, it's wrong.**

RICHARD FEYNMAN





# Nuclear processes for hadrontherapy @ in2p3

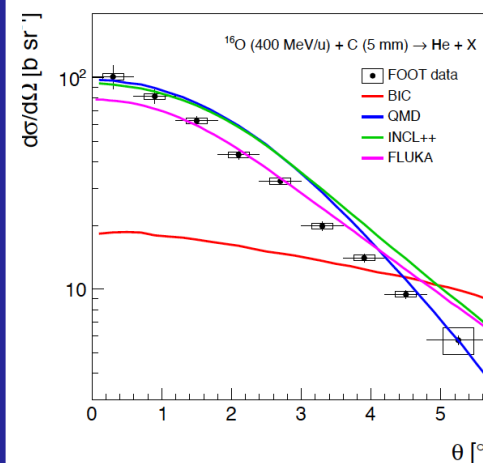
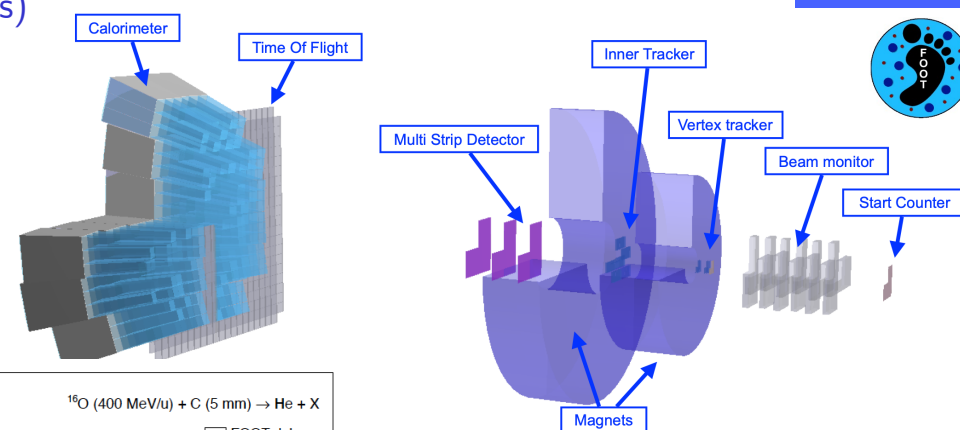


NUCLÉAIRE  
& PARTICULES

- Projects: FOOT, CLINM
- 5-years prospects:
  - FOOT: Measuring **double differential cross-sections** for hadrontherapy with 5% accuracy
  - CLINM: measuring **secondary particles coupled with radiolysis** measurement
  - **Strengthenink links with the Geant4 collaboration**
  - Data in EXFOR database

Types of beams:  $^4\text{He}$ ,  $^{12}\text{C}$ ,  $^{16}\text{O}$ , ( $^{56}\text{Fe}$ )  
Targets: C,  $\text{C}_2\text{H}_4$ , PMMA, Al

Nuclear data for hadrontherapy (differential cross-sections)

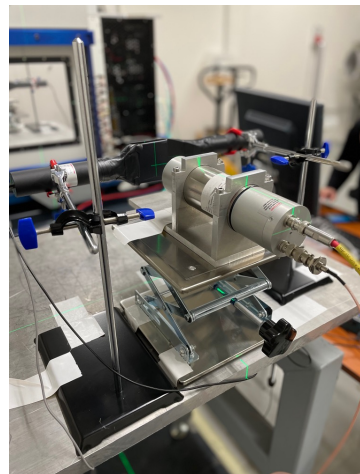


Multi-detector setup  
International collaboration  
with INFN laboratories

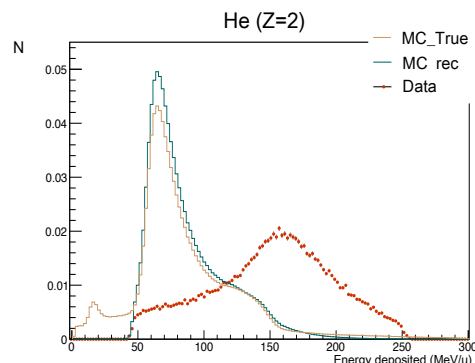


CLINM

Measurements of secondary particles physical properties (energy, charge)

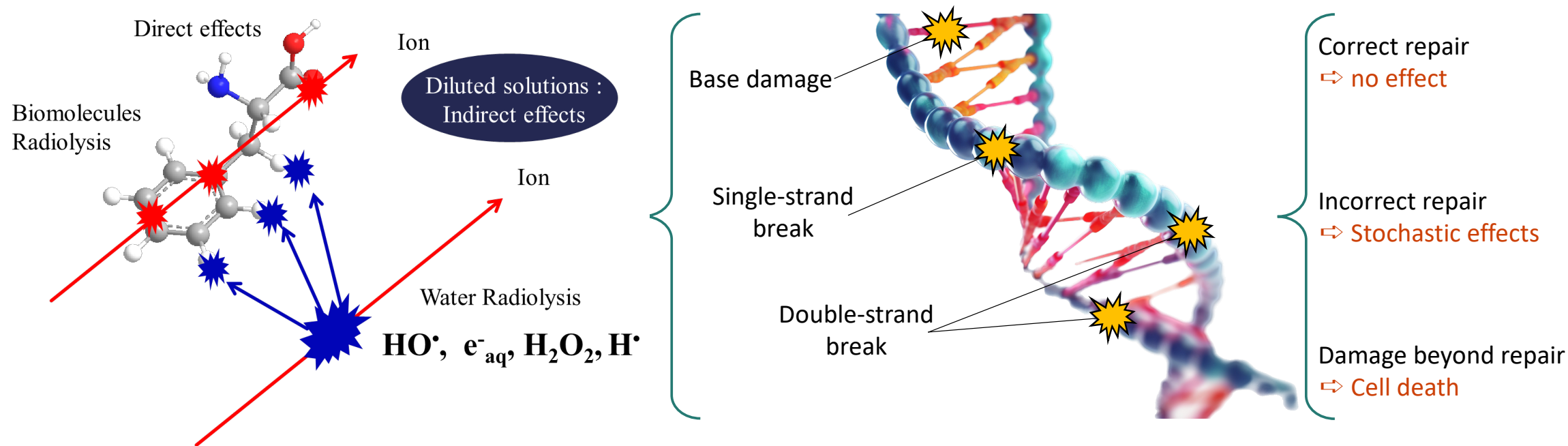


$\Delta E$ -E/ $\Delta E$ -ToF setup for characterizing secondary particles produced in thick targets



# Chemical processes for hadrontherapy

- **Indirect effects** responsible for an important part of damages on biomolecules inside the cells (between 30-70%)



# Chemical processes for hadrontherapy @ in2p3



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& PARTICULES

- Projects: biomolecules radiolysis, CLINM
- 5-years prospects:
  - Fragments data with  $^4\text{He}$ ,  $^{12}\text{C}$ ,  $^{16}\text{O}$  beams
  - Dose rates effects studies (FLASH) and oxygen effects
  - Experimental validation of Geant4-DNA

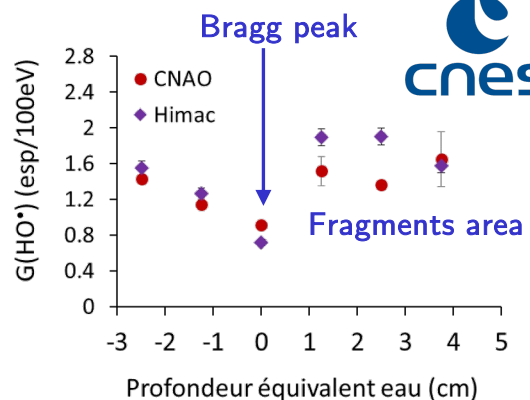
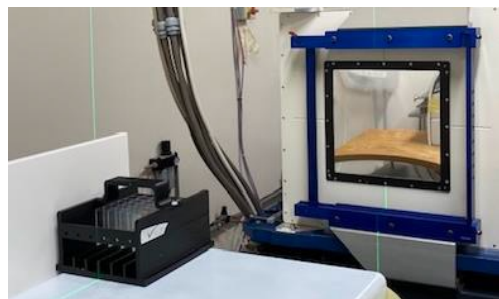
Types of beams:  $^4\text{He}$ ,  $^{12}\text{C}$ ,  $^{16}\text{O}$ , ( $^{56}\text{Fe}$ )

Fundamental  
research

CLINM

Study of radiolysis products in the fragments area  
(after the Bragg peak) and impact of secondary  
particles on indirect effects

anr<sup>®</sup>



IPHC  
Institut Pluridisciplinaire  
Hubert CURIE  
STRASBOURG

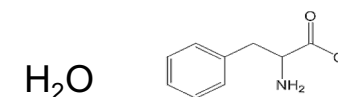
CNAO  
Centro Nazionale di Adroterapia Oncologica

cnes

Study of LET effects, dose rate effects, oxygen effects on radiolysis  
of biomolecules + comparison to simulations

Radiolysis

⇒ Measurement of yields of radiolysis species

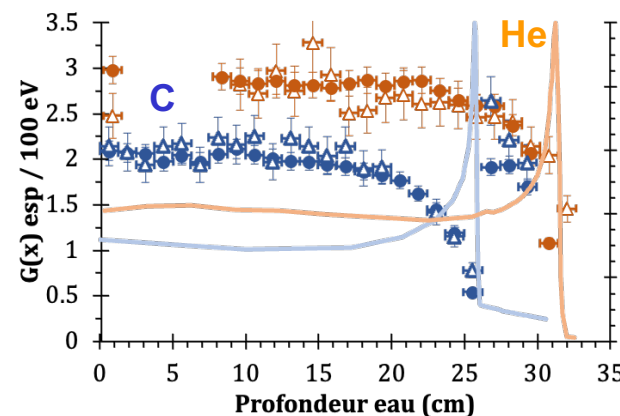


Water

Amino acids

Peptides

Proteins



iCANS  
ALLIANCE CLIC-ENR

ICU3E Aerial

CNAO  
Centro Nazionale di Adroterapia Oncologica

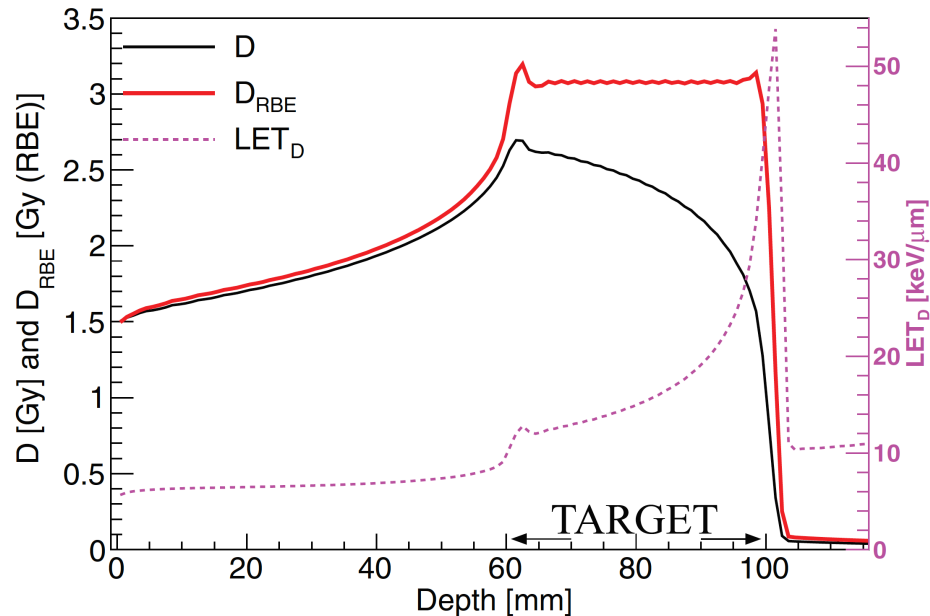
QST

IPHC  
Institut Pluridisciplinaire  
Hubert CURIE  
STRASBOURG

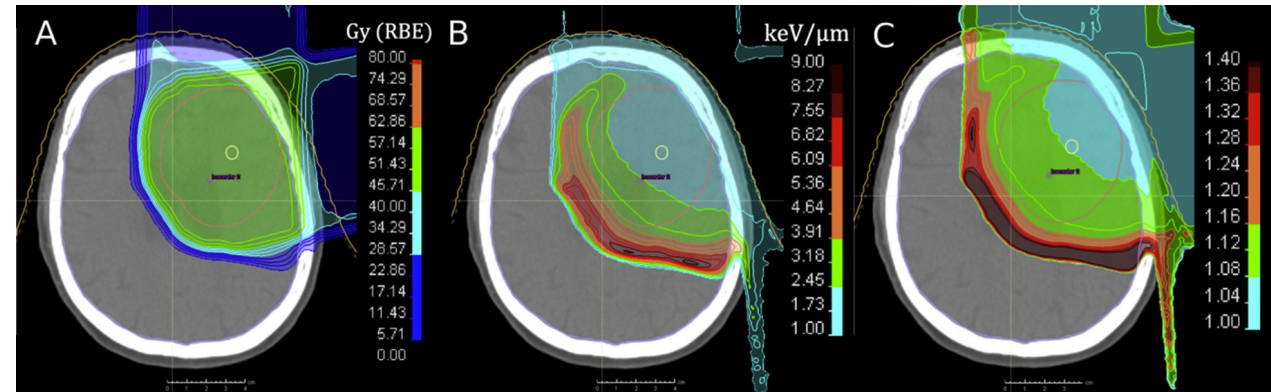


# Biological processes for hadrontherapy

- Understanding of biological response of cells to ionizing particles essential for hadrontherapy
- Optimization of TPS **regarding biological dose**  $\Rightarrow$  necessity to correctly modelize biological effects
- Better characterization of the **biological advantage** of ions for **radioresistant** and **hypoxic** tumors
- Potentialization of hadrontherapy with other treatments? (chemotherapy, immunotherapy,...)



Mairani et al. *Biologically optimized helium ion plans: calculation approach and its in vitro validation*. Phys. Med. Biol., 2016.



Extracted from Luehr et al., *Relative biological effectiveness in proton beam therapy: Current knowledge and future challenges*. Clinical and Translational Radiation Oncology, 2018.

**Final goal: to deliver biologically-optimized treatments to patients**

# Biological processes for hadrontherapy @ in2p3



NUCLÉAIRE  
& PARTICULES

- Projects: BioHADRON, MODERATO, PROTOVEC
- 5-years prospects:
  - MODERATO: Tests in different environments (normoxia/hypoxia), with/without nanoparticles, 3D spheroids, irradiation with protons (BioALTO, Inst. Curie, Gustave Roussy)
  - BioHADRON: Impact of ion radiation on tumor metabolism, immune response, and metastasis ; validation of in-ovo cellular model
  - PROTOVEC: Impact of proton FLASH, potentialization with  $\alpha$ -particle

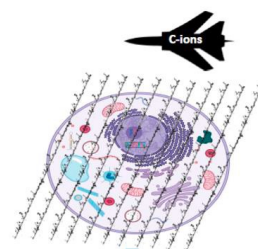
## BioHADRON

Characterization of the biological responses of tumoral cells (2D and 3D models) and pre-clinical models (in-ovo or in-vivo irradiations) to ions (protons, heliums, carbons)



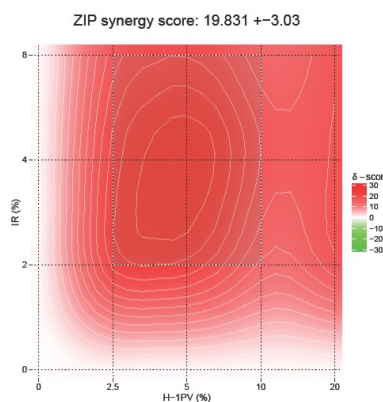
### Main goals

- Improvement of biological dose calculations in simulations (NaNOx, Geant4-DNA)
- Better characterization of biological advantage of particle therapy



## PROTOVEC

Potentialization of protontherapy with immunotherapy using protoparvoviruses on rodents

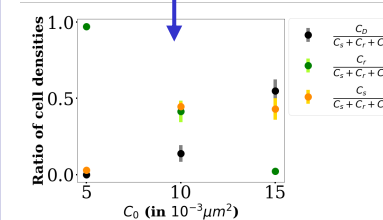
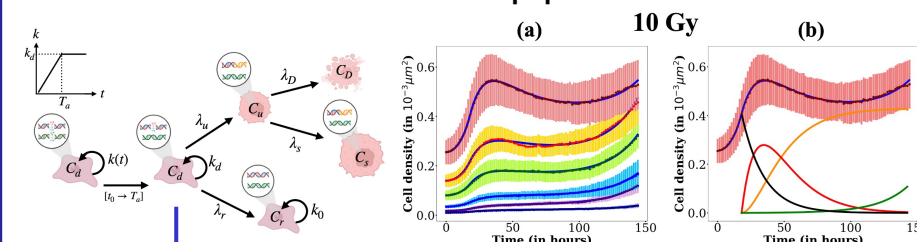


## MODERATO



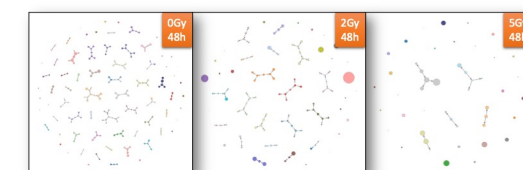
Multi-scale biophysical modeling of the effects of irradiation on cells in their environment

Mathematical models describing the modulation of the effects of radiation on cell populations



$\Rightarrow$  strong dependency on the initial cell density of the surviving fraction,  $C_r$

Development of a tracking software to analyze the fate of individual cells: obtention of individual cell lineage trees.



Billoir M. et al (2025) The temporal response of a glioma cell population to irradiation: modeling the effect of dose and cell density, Royal Society Open Science, 12 (4), 241917

# Dose modeling

- Geant4/Geant4-DNA platforms to reproduce physical/chemical/biological response to irradiation
- OpenGATE platform

Open-access codes

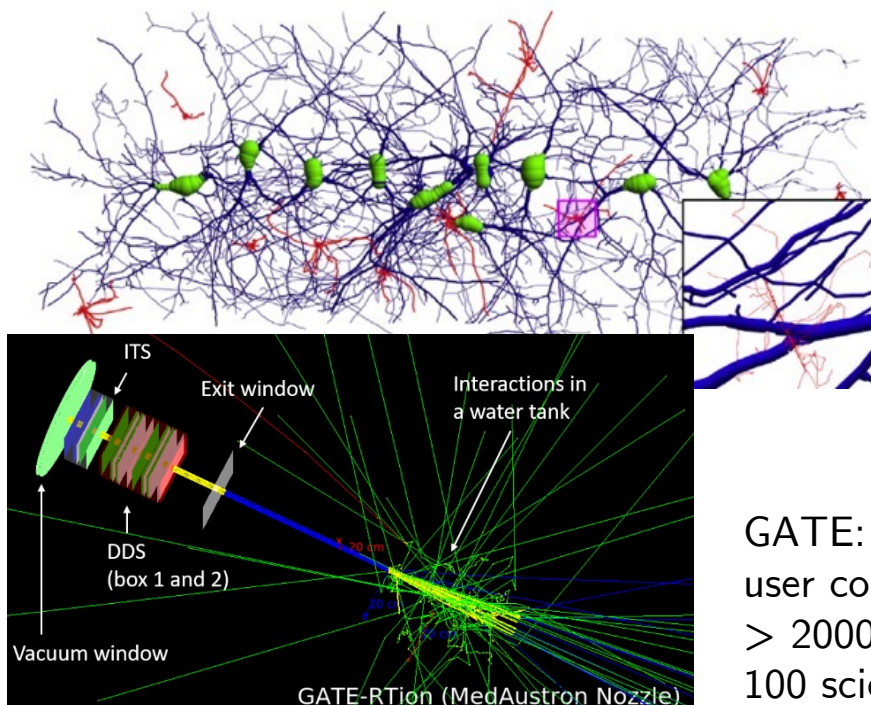


International Journal of Modeling, Simulation, and Scientific Computing | VOL. 01, NO. 02

## THE GEANT4-DNA PROJECT

S. INCERTI, G. BALDACCHINO, M. BERNAL, R. CAPRA, C. CHAMPION, Z. FRANCIS, P. GUËYE, A. MANTERO, B. MASCIALINO, P. MORETTO, P. NIEMINEN, C. VILLAGRASA, and C. ZACHARATOU

<https://doi.org/10.1142/S1793962310000122>



GATE: important user community  
> 2000 users,  
100 scientists  
trained each year

Numerical twins of the irradiation beam lines



## The collaboration

23 laboratories, companies, clinics  
developing and validating an open source  
platform

Spokesperson: Lydia Maigne  
(LPCA)

Technical coordinator: David Sarrut  
(Creatis)

## Europe

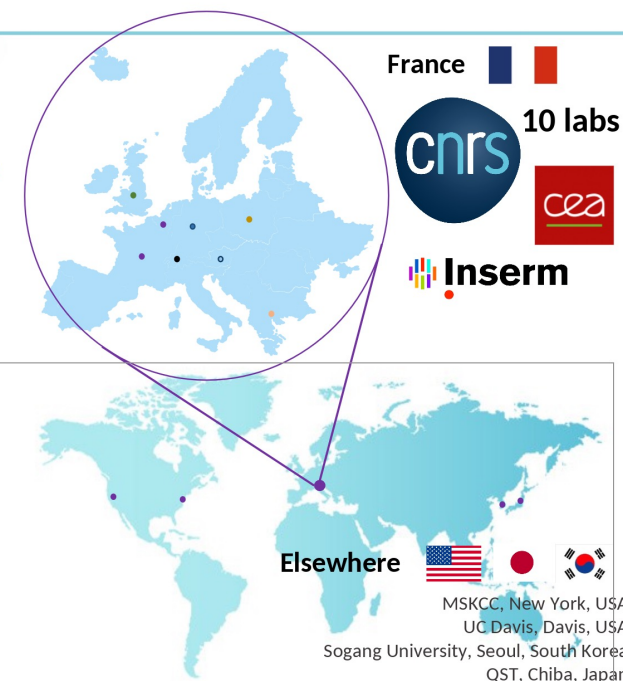


FH Aachen, University of Applied Sciences, Julich, Germany  
Medisip, Ghent University, Belgium  
Medical University of Vienna, Wiener Neustadt, Austria  
MedAustron, Wiener Neustadt, Austria  
Christie Medical Physics & Engineering, Manchester, UK  
Institute of Nuclear Physics Polish Academy of Sciences, Poland  
Univ. of Patras, Dept of Med. Phys., Greece  
BioemTech, Athens, Greece  
Paul Scherrer Institute (PSI), Switzerland

France



10 labs





# Hadrontherapy @ in2p3 – Master-project



NUCLÉAIRE  
& PARTICULES

- Structuring hadrontherapy activities in 1 master-project Hadrontherapy

## WP1

Modeling physical dose and  
clinical-biological response

*Coordinator:*  
*Juliette Thariat (LPC, Caen)*

- NanOx/GATE
- Moderato
- PMRT

## WP2

Nuclear and chemical data  
measurements

*Coordinator:*  
*Marie Vanstalle (IPHC, Strasbourg)*

*Nuclear data*

- CLINM
- FOOT

*Chemical data*

- Radiolysis

## WP3

Dose delivery control

*Coordinator:*  
*Sara Marcatili (LPSC, Grenoble)*

*Ion-range monitoring*

- CLaRyS-S2C2
- TIARA
- Xemis2

*Dosimetry*

- DOSADO
- Micro-dosimeter

*Beam monitoring*

- Diamant
- PEPITES
- Dose profiler BioALTO
- Matrix

## WP4

Effects on living-tissues  
Experimental hadronbiology

*Coordinator:*  
*Claire Rodriguez-Lafrasse (IP2I, Lyon)*

*Radiosensitization*

- KRAS inhibitor

*Multi-scale radiobiology*

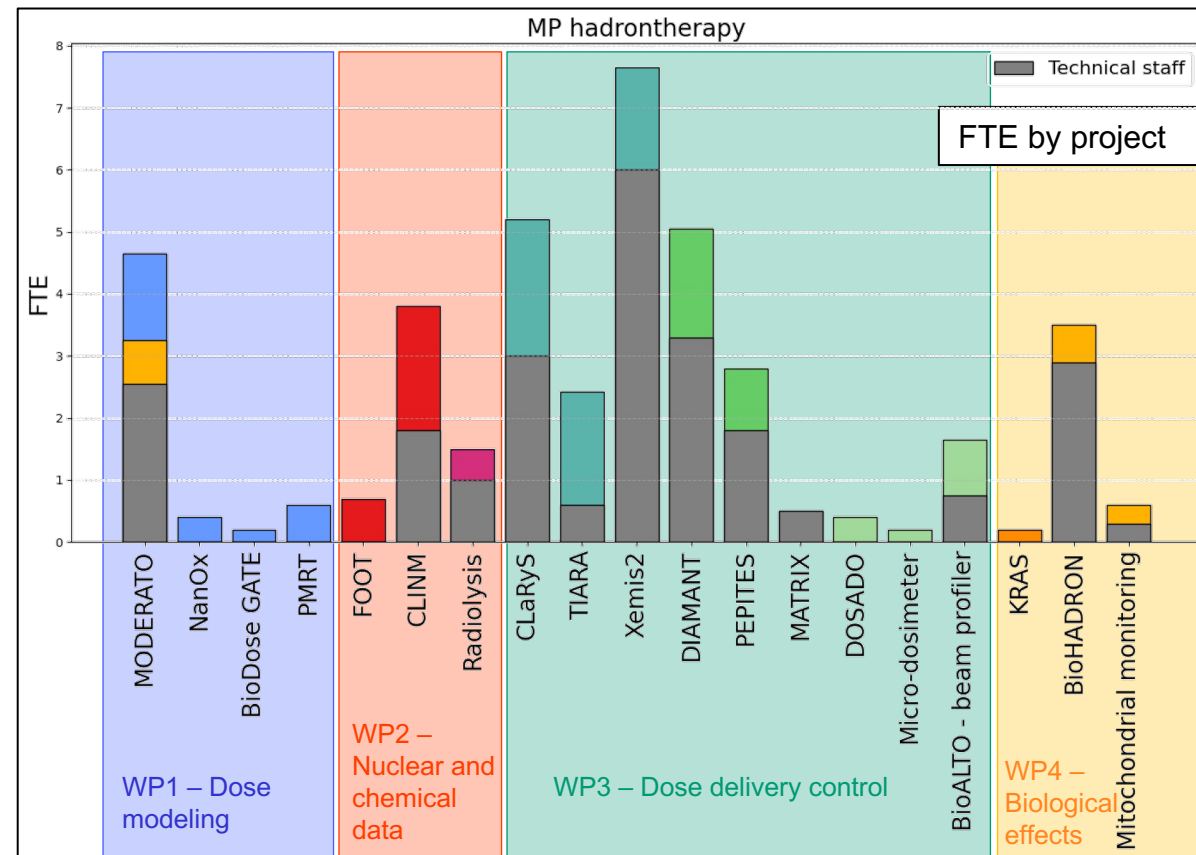
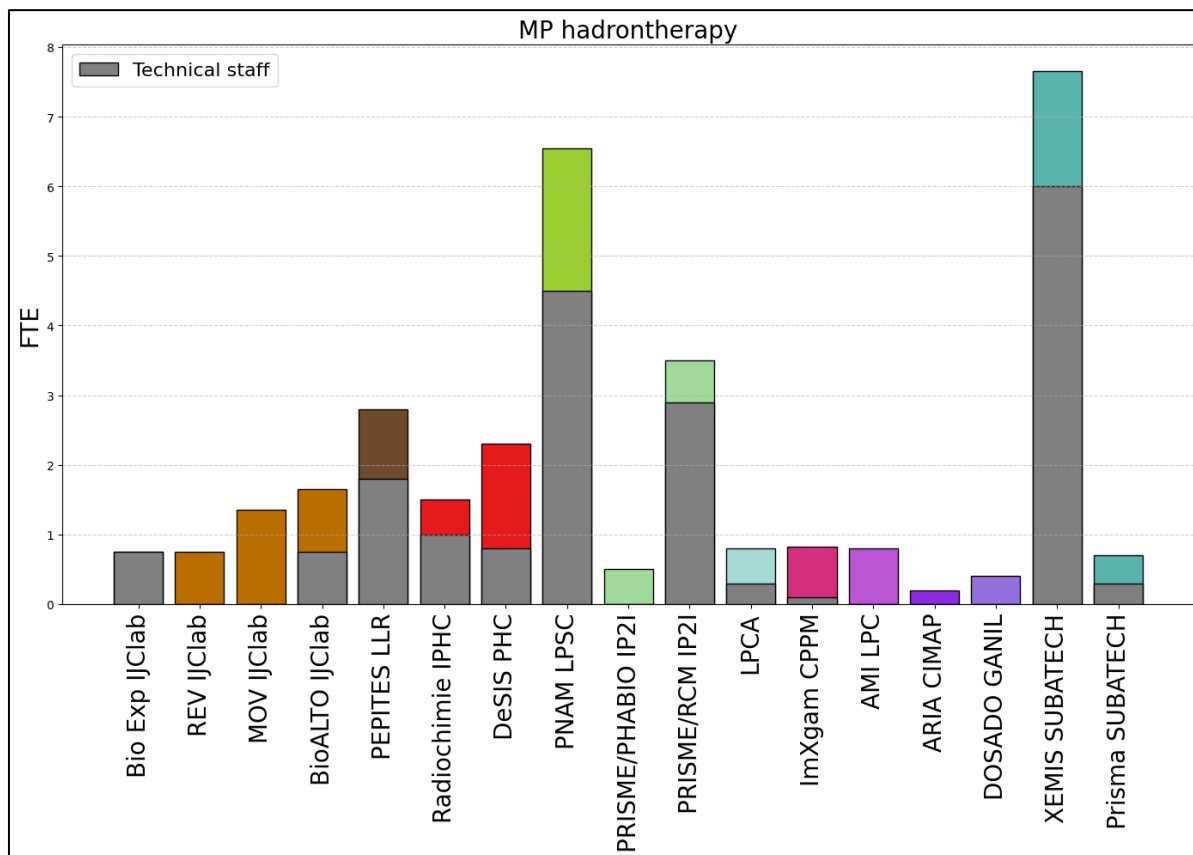
- BioHADRON
- Moderato

# Hadrontherapy @ in2p3 – Master-project



NUCLÉAIRE  
& PARTICULES

- FTE in the Hadrontherapy Master-project of in2p3



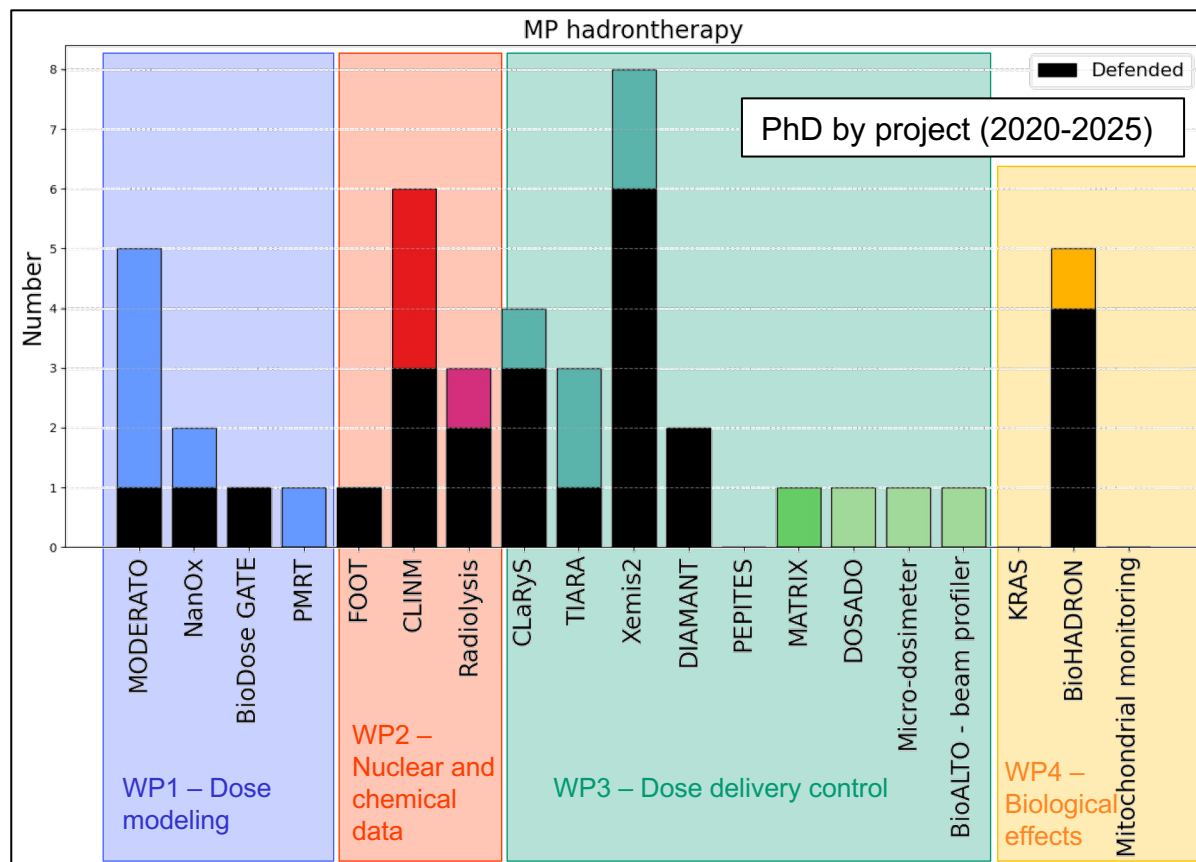
Total FTE in Hadrontherapy MP: 15.33 researchers, 19.60 technical staff

# Hadrontherapy @ in2p3 – Master-project

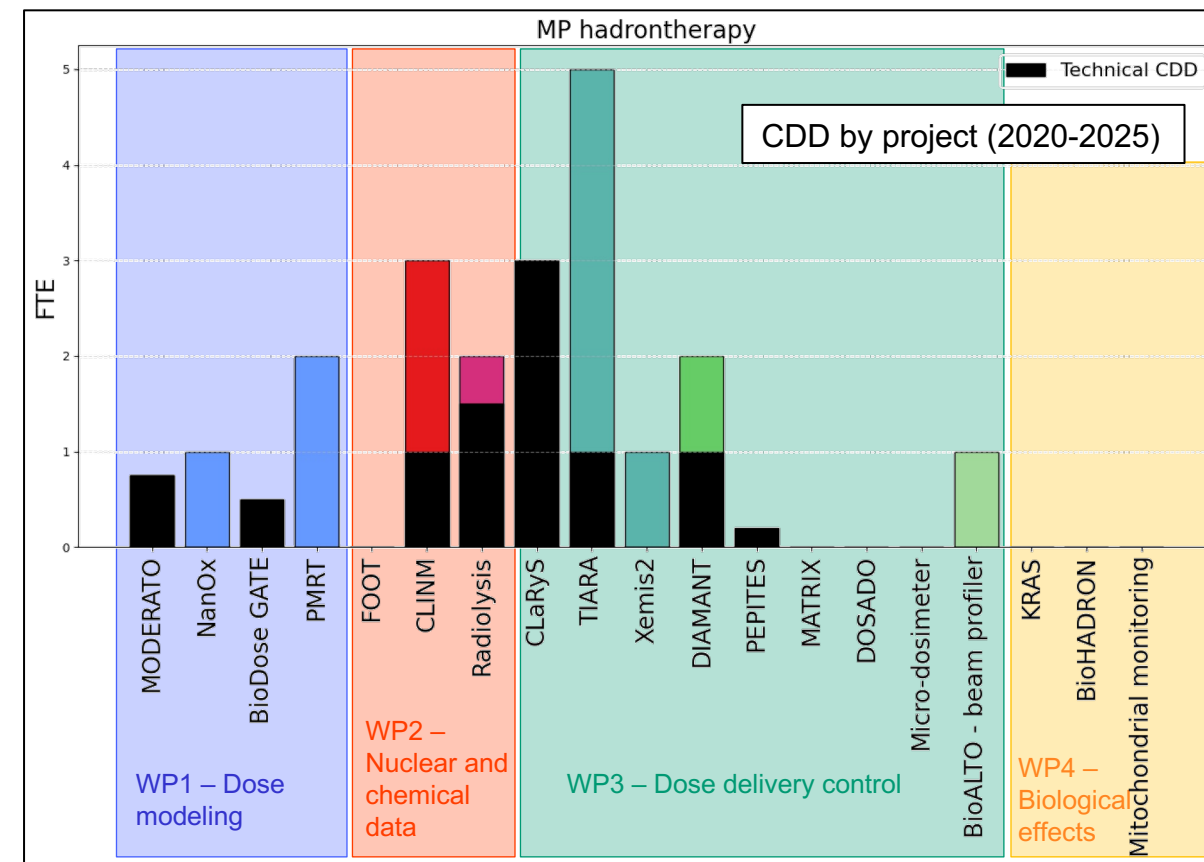


NUCLÉAIRE  
& PARTICULES

- FTE in the Hadrontherapy Master-project of in2p3



Total PhD in Hadrontherapy MP: 27 defended, 20 on-going



Total CDD in Hadrontherapy MP: 11.20 FTE researchers, 9 FTE technical staff

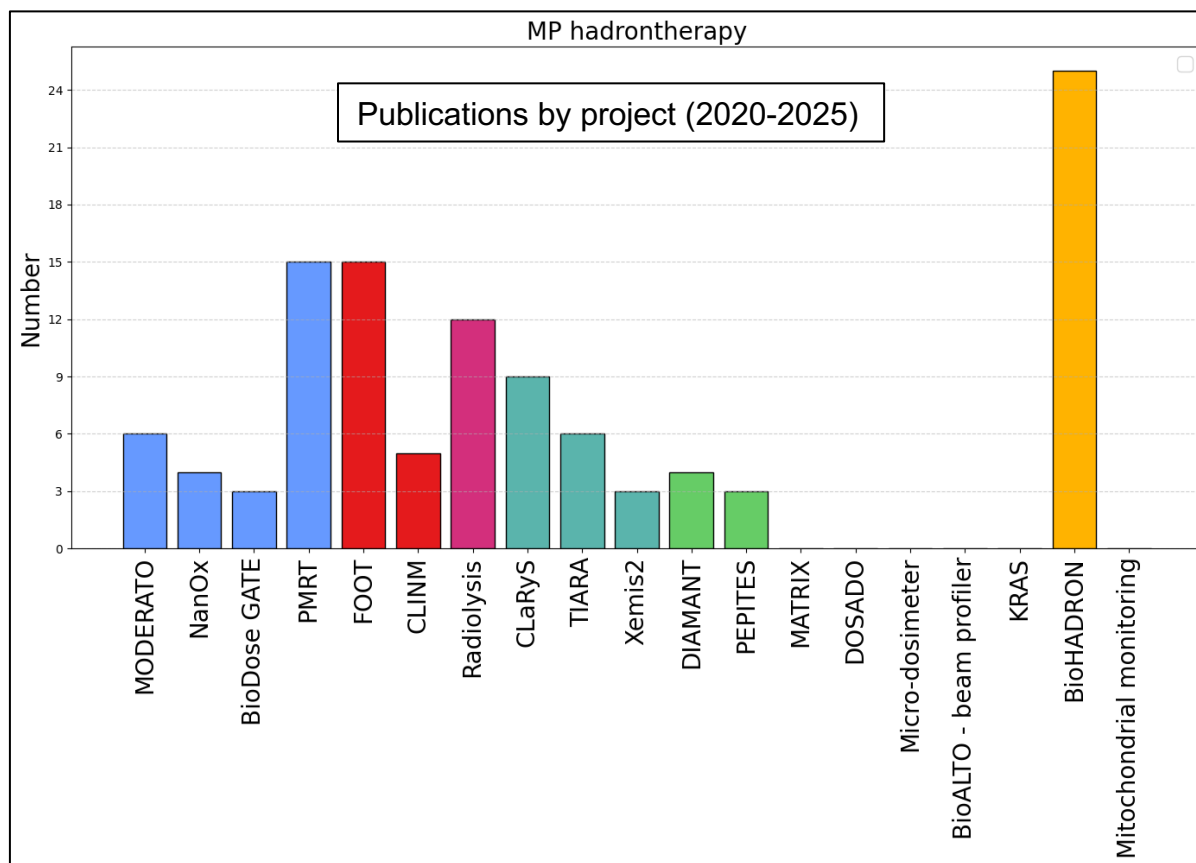


# Hadrontherapy @ in2p3 – Master-project

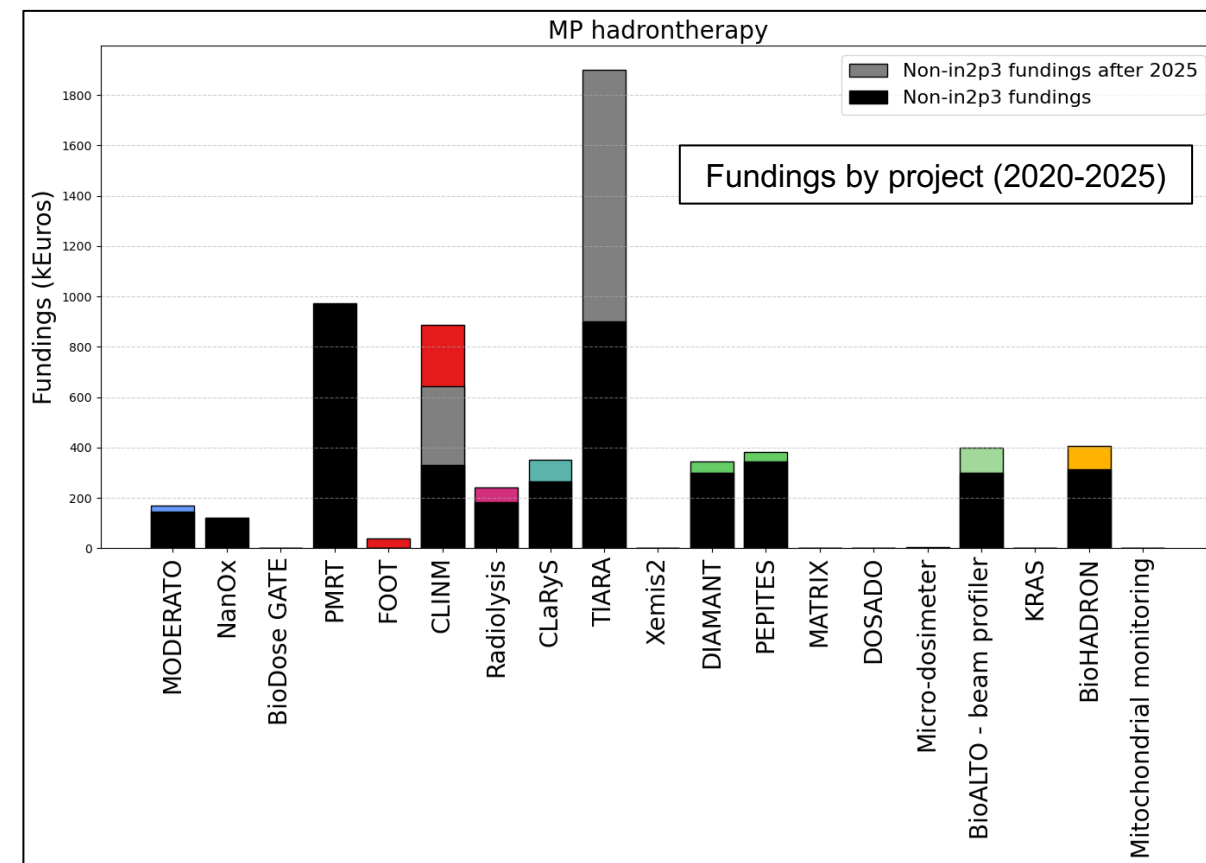


NUCLÉAIRE  
& PARTICULES

- Publications and fundings



Total publications in Hadrontherapy MP: 111



Total fundings in Hadrontherapy MP: 1039 kEuros in2p3, 4058 kEuros non-in2p3

# Hadrontherapy @ in2p3 - SWOT



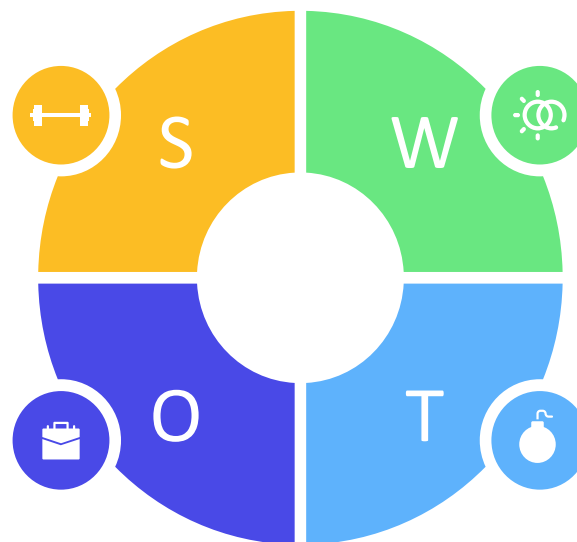
NUCLÉAIRE  
& PARTICULES

## Strengths

- Highly interdisciplinary projects
- Unique set of irradiation platforms for multidisciplinary research
- Access to experimental and clinical facilities (CNAO, CAL, GANIL)
- **Strong partnerships with leading national and international institutions** (CNAO, INFN, GSI, GANIL...)
- **High success to competitive funding agencies**
- Important expertise of the teams in instrumentation and modeling
- Strong contribution and leadership in highly-used open-source code
- **Strong links with INSERM**

## Opportunities

- Collaborative works with many national institutions (INSERM, CNES, clinical facilities) and regional structures
- Possible transfer to industry or clinical routine (e.g., online monitoring)
- Commissioning of the C-400
- New accelerators techniques (e.g. laser)



## Weaknesses

- Difficulty securing external funding for long-term projects
- Human Resources
- Dependence on external irradiation facilities
- **High dependence on radionuclide availability slowing-down TRT research projects**

## Threats

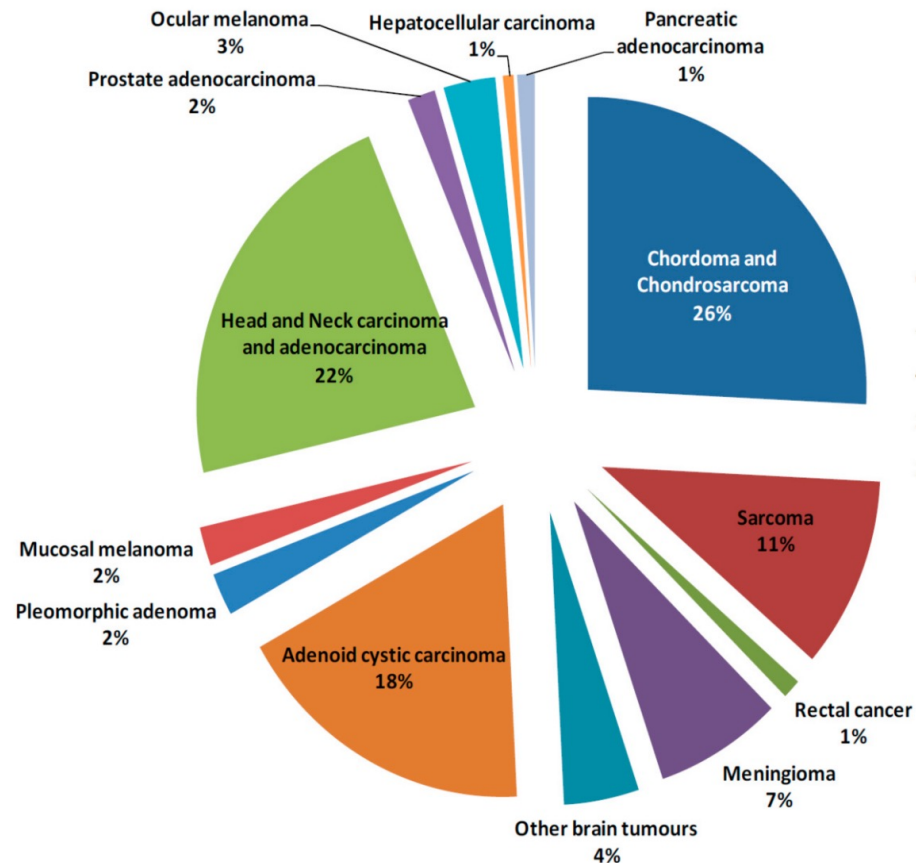
- Strong competition for fundings in the fields of radiation biology and radiotherapy
- Risk of project slow-down due to staff turnover or lack of recruitment
- Regulatory and logistical constraints associated with international beam time access
- Uncertainty in long-term institutional or political support for interdisciplinary research
- Lack of attractiveness due to low amount of permanent positions in the field
- Cost of access to clinical beam

# Appendix

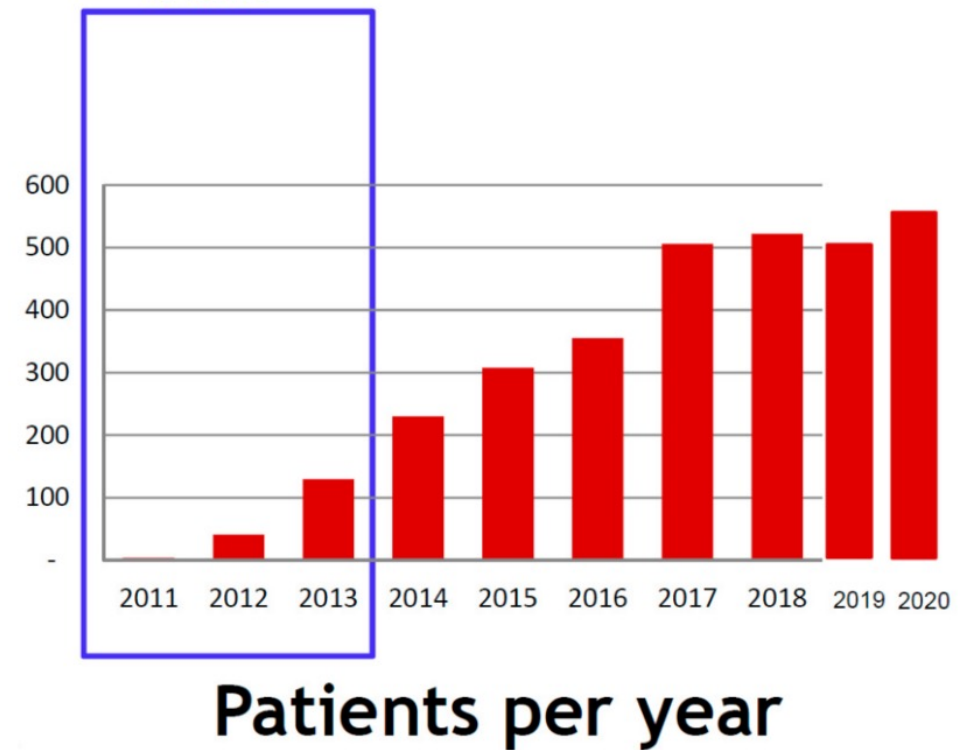
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# Hadrontherapy in Europe

- Which tumors are treated with hadrontherapy?  $\Rightarrow$  the CNAO example



## CE clinical trials



Extracted from S. Rossi, *Hadron Therapy Achievements and Challenges: The CNAO Experience*, Physics, 2022.



# How do we choose an ion for hadrontherapy?

## Oxygen enhancement ratio

- Reduced oxygen concentration in cell (hypoxic cell) reduce radiation effectiveness

$$\text{OER} = \frac{\text{radiation dose in hypoxia}}{\text{radiation dose in air}}$$

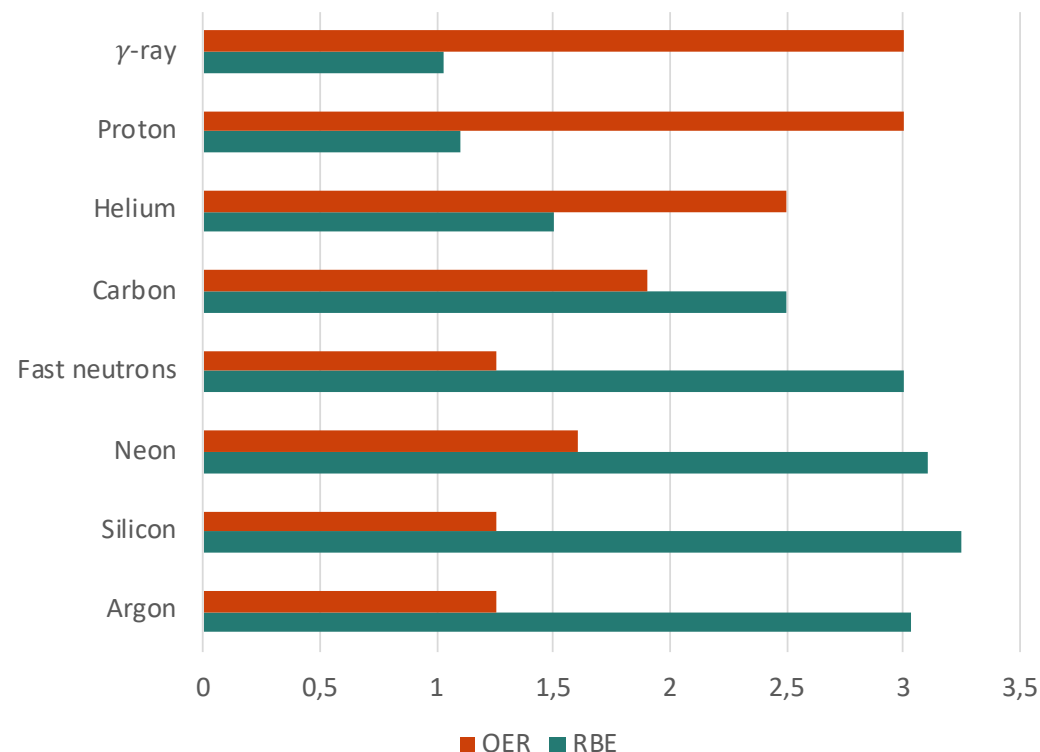
## Relative biological effectiveness

- Take into account radiation type
- Based on cellular survival curves

$$\text{RBE} = \frac{D_{\text{Xray}}}{D_{\text{ion}}}$$

Reference dose with X-ray therapy

Dose under investigation yielding equivalent cellular survival

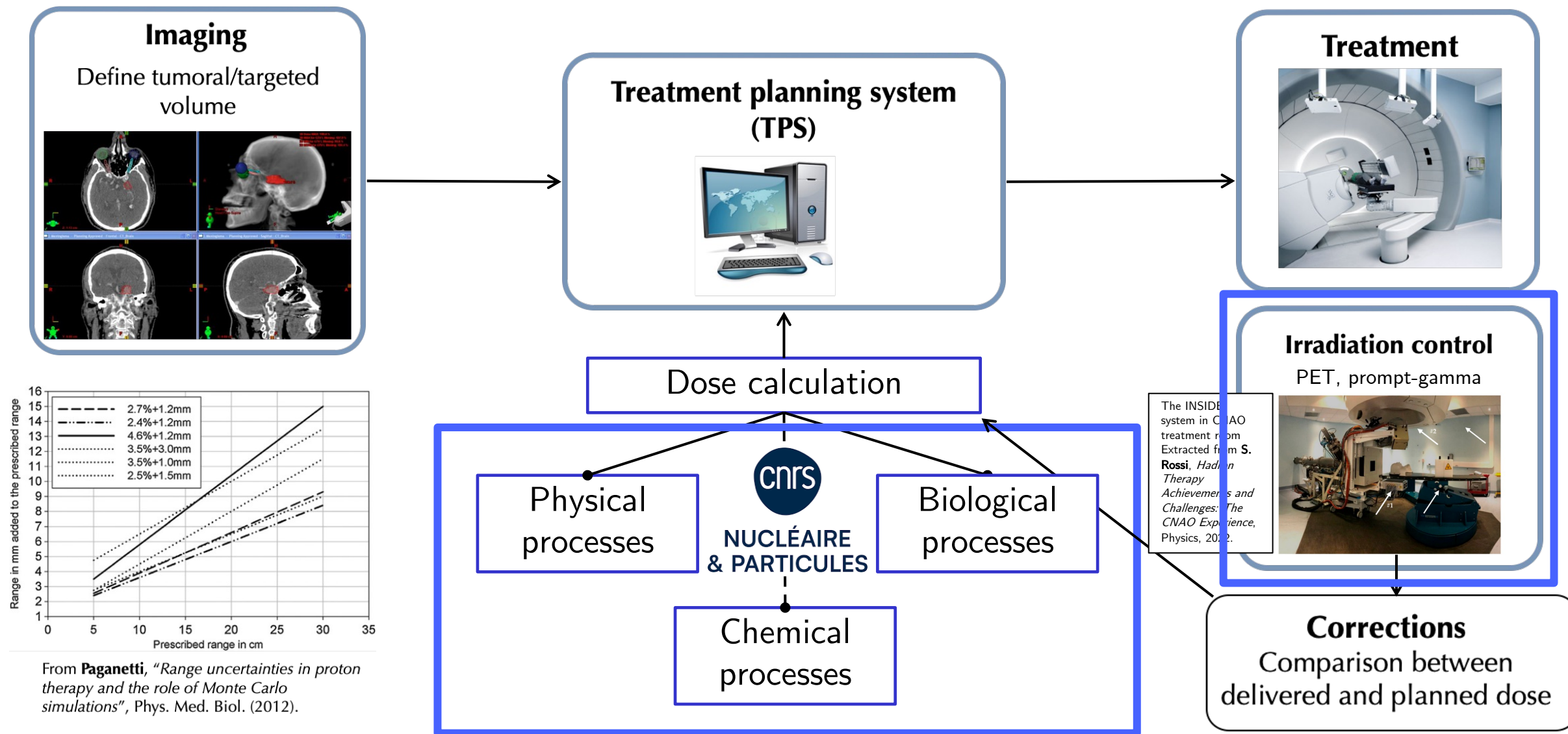


High RBE  
=  
Lot of damages

Low OER  
=  
Low resistance  
of hypoxic cells

Courtesy of L. Gesson

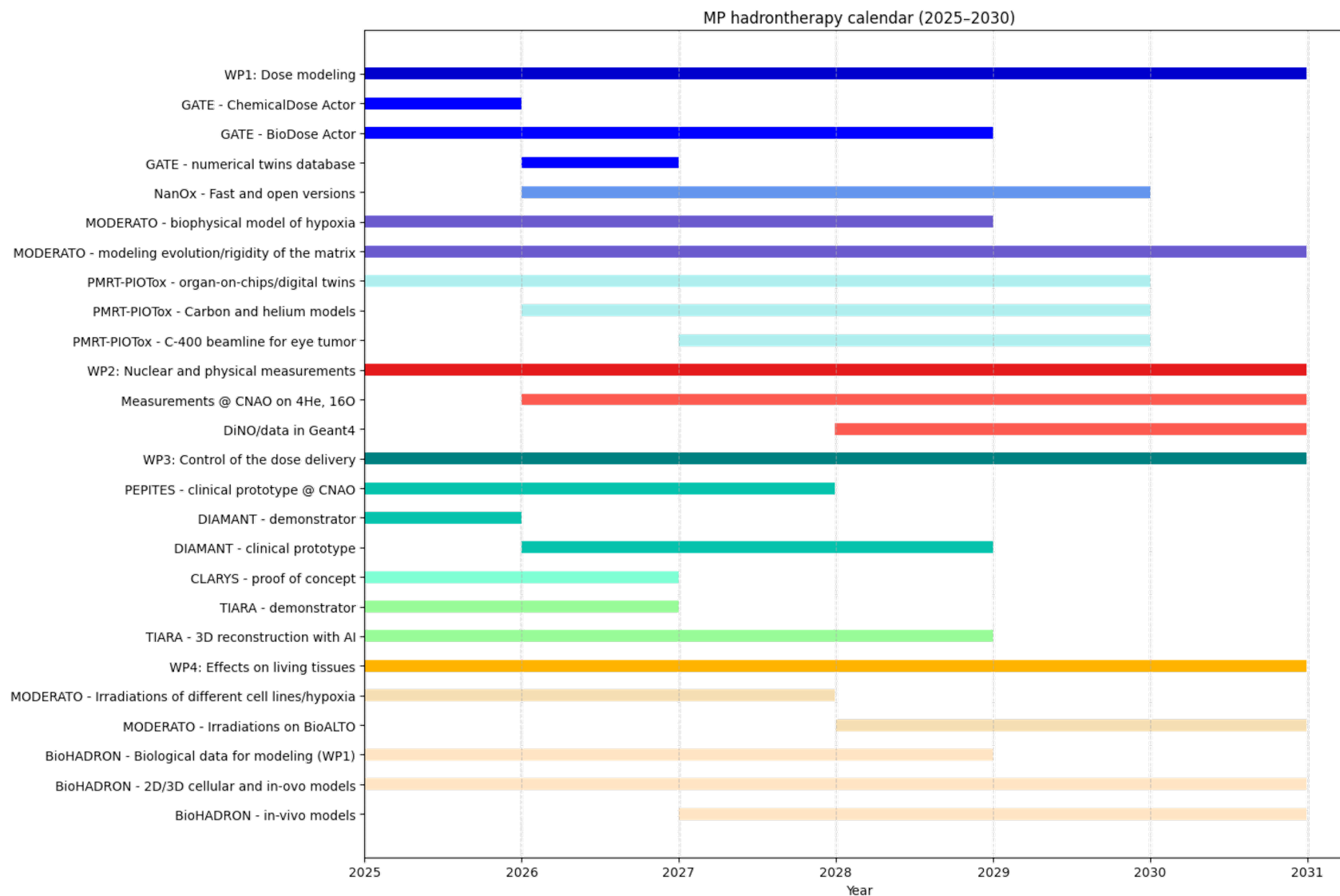
# Why nuclear physics for health?



# Hadrontherapy @ in2p3 – Master-project



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# WP1 projects

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## Dose modeling

Resp.: Juliette Thariat (LPC Caen)



# Modélisation Des Effets RAdiobiologiques in ViTrO (MODERATO)



NUCLÉAIRE  
& PARTICULES

Objective: Multi-scale biophysical modeling of the effects of irradiation on cells in their environment

## Data production and image analysis

- Different cell lines
- Different irradiation (photons, protons, e- etc) at Inst. Curie, Bioalto, Inst. G. Roussy
- Different environment (high/low cell density, normoxia/hypoxia, different elasticity of the matrix, migration promoted or not etc)

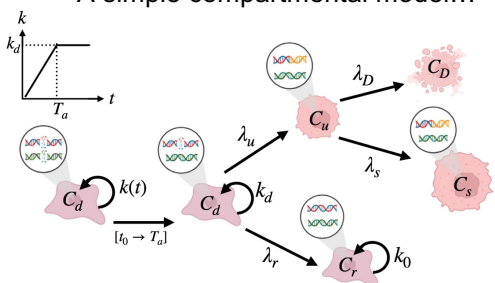
- With/without nanoparticles
- 2D and 3D (spheroids)
- Cell transfection (nucleus or cytoplasm)
- Imaging (video microscopy)
- Image analysis (software development)

5 year-projection  
Done already

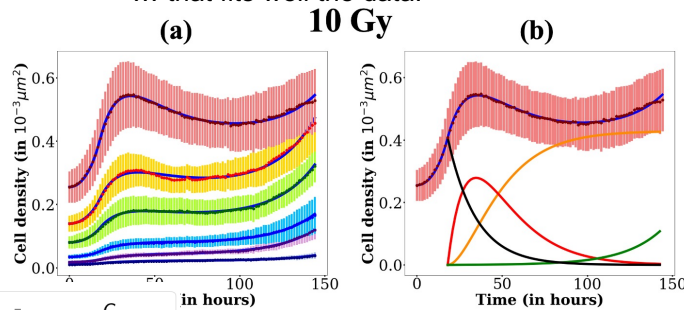
## Modeling and tracking

### Mathematical models describing the modulation of the effects of radiation on cell populations

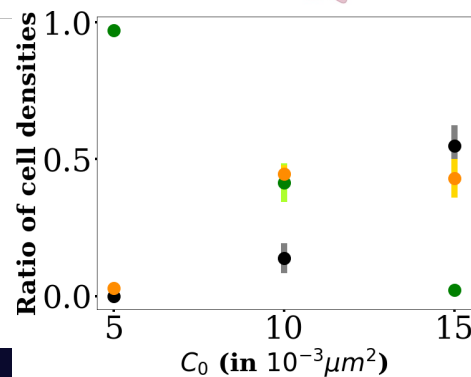
A simple compartmental model...



... that fits well the data.



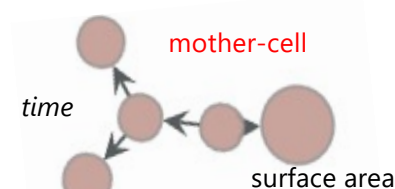
Experimental data  
(with 6 different initial densities): points with error bars  
 $C_d$ : damaged cells  
 $C_u$ : unrepaired cells  
 $C_r$ : repaired cells  
 $C_s$ : senescent cells  
 $C_D$ : dead cells  
 $C = C_d + C_u + C_r + C_s$



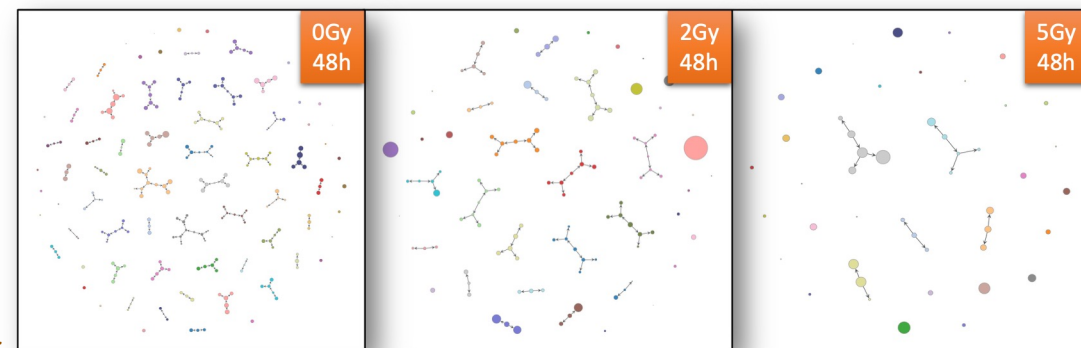
The model reveals a **strong dependency on the initial cell density of the surviving fraction,  $C_r$**  (but also  $C_s$  senescent and  $C_D$  death cells), 6 days after irradiation)

Billoir M. et al (2025) The temporal response of a glioma cell population to irradiation: modeling the effect of dose and cell density, Royal Society Open Science, 12 (4), 241917

### Development of a tracking software to analyze the faith of individual cells: obtention of **individual cell lineage trees**.



Exemples of lineage trees of MCF7 cells treated with different Xray doses

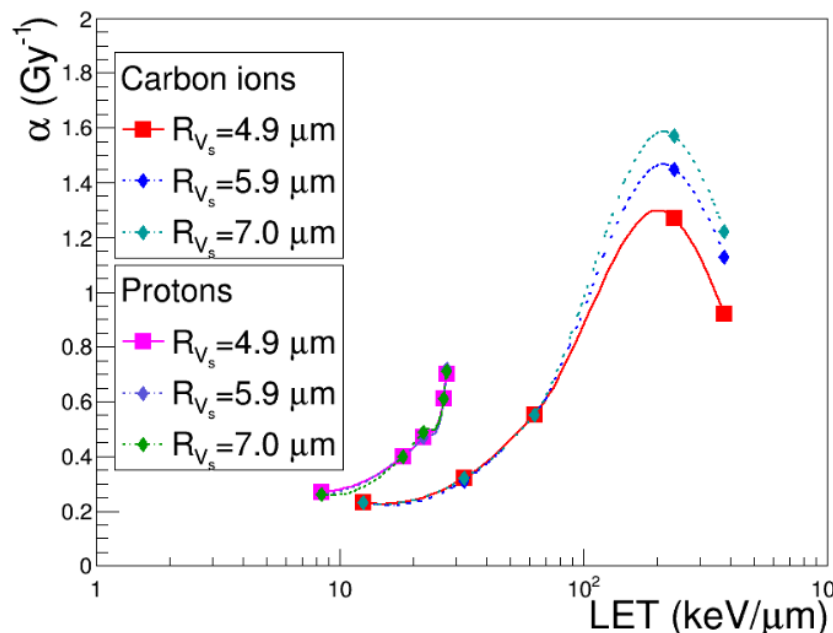
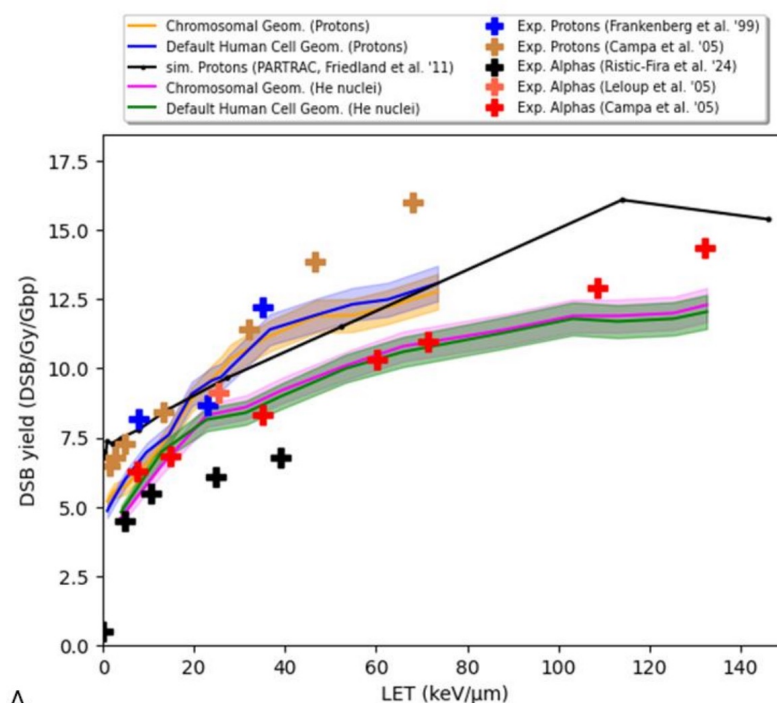


# Dose modeling @ in2p3



NUCLÉAIRE  
& PARTICULES

- Important implication of IN2P3 in Geant4/Geant4-DNA/GATE
- Development of the NanOx model



A

Modeling

From Chatzipapas et al., *Development of a novel computational technique to create DNA and cell geometrical models for Geant4-DNA*, Physica Medica, 2024.

From Monini et al., *Study of the Influence of NanOx Parameters*, Cancers, 2018.

⇒ More details on simulation platforms in *Instrumentation* presentation from E. Testa

# Dose modeling

- Geant4/Geant4-DNA platforms to reproduce physical/chemical/biological response to irradiation
- OpenGATE platform

Open-access codes



Computing | VOL. 01, NO. 02

J.N, Z. FRANCIS, P. GUËYE, A. MANTERO, B. MASCIALINO, P. MORETTO, P. NIEMINEN,



collaboration  
s, companies, clinics  
d validating an open source

Spokesperson: Lydia Maigne  
(LPCA)

Technical coordinator: David Sarrut  
(Creatis)

Europe

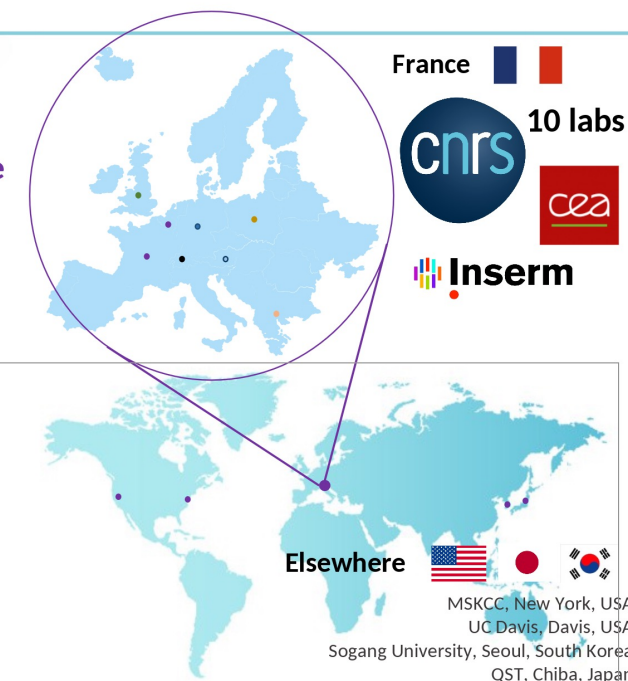


FH Aachen, University of Applied Sciences, Julich, Germany  
Medisip, Ghent University, Belgium  
Medical University of Vienna, Wiener Neustadt, Austria  
MedAustron, Wiener Neustadt, Austria  
Christie Medical Physics & Engineering, Manchester, UK  
Institute of Nuclear Physics Polish Academy of Sciences, Poland  
Univ. of Patras, Dept of Med. Phys., Greece  
BioemTech, Athens, Greece  
Paul Scherrer Institute (PSI), Switzerland

France



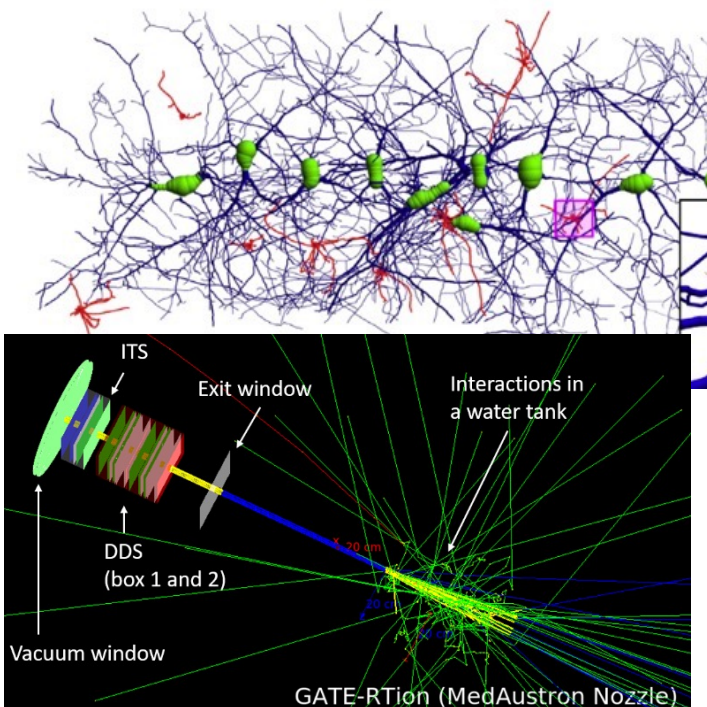
10 labs  
cnrs  
cea  
Inserm



Elsewhere



MSKCC, New York, USA  
UC Davis, Davis, USA  
Sogang University, Seoul, South Korea  
QST, Chiba, Japan



GATE: important  
user community  
> 2000 users,  
100 scientists  
trained each year

Numerical twins of the irradiation  
beam lines

Modeling

# WP2 projects

---

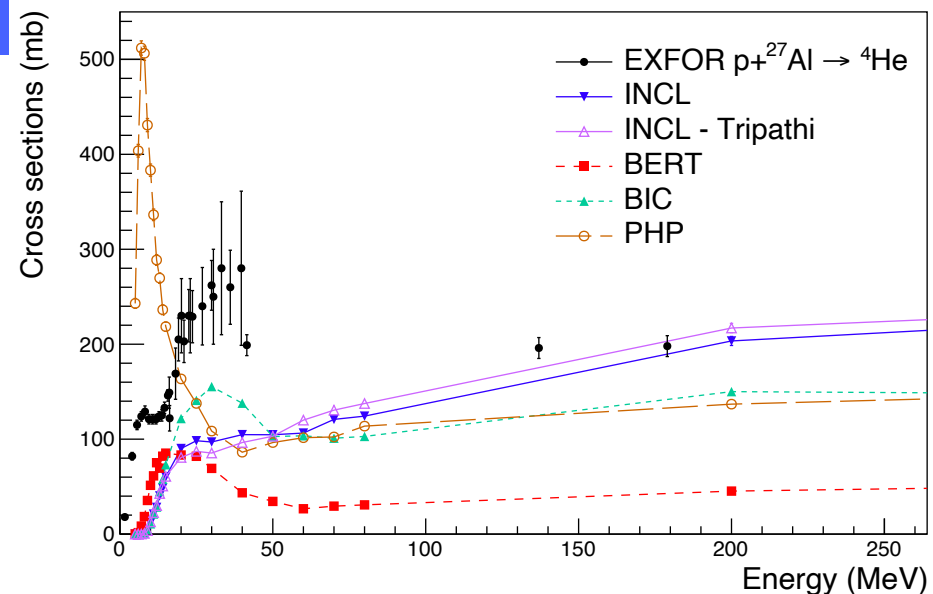
## Nuclear and chemical data

Resp.: Marie Vanstalle (IPHC Strasbourg)



# Nuclear processes for hadrontherapy

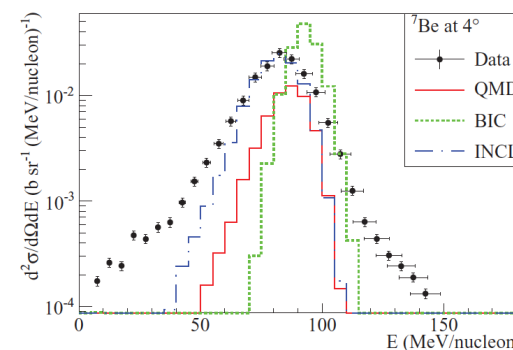
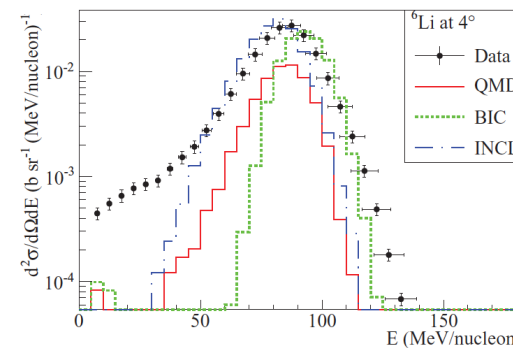
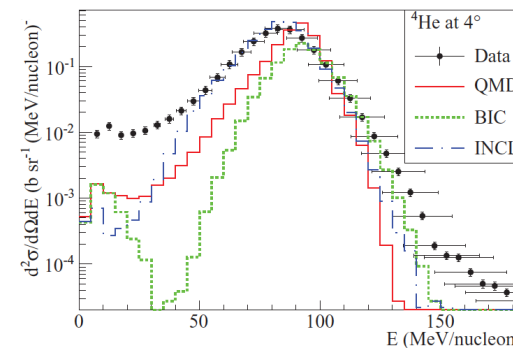
- Important discrepancies between models and data



What accuracy do we need on cross-sections for radiobiology & radiation protection?

$$\frac{d\sigma}{dE} \sim 10\% \quad \frac{d^2\sigma}{dEd\Omega} \sim 5\%$$

$$\sigma_Z \sim 2\% \quad \sigma_A \sim 5\%$$



Necessity to measure the missing cross-sections in order to improve constraints on the models

Extracted from Dudouet et al.,  
*Benchmarking GEANT4 nuclear models for hadron therapy with 95 MeV/nucleon carbon ions*, Physical Review C, 2014

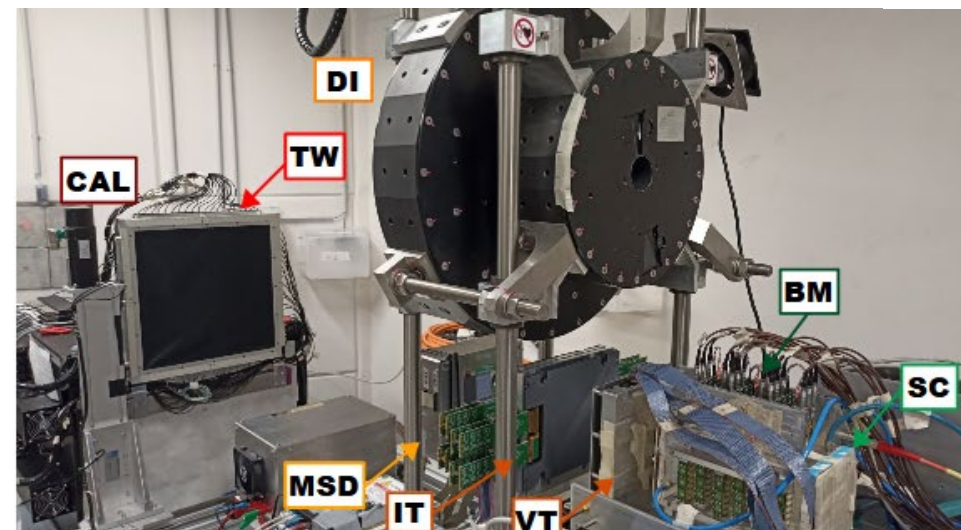
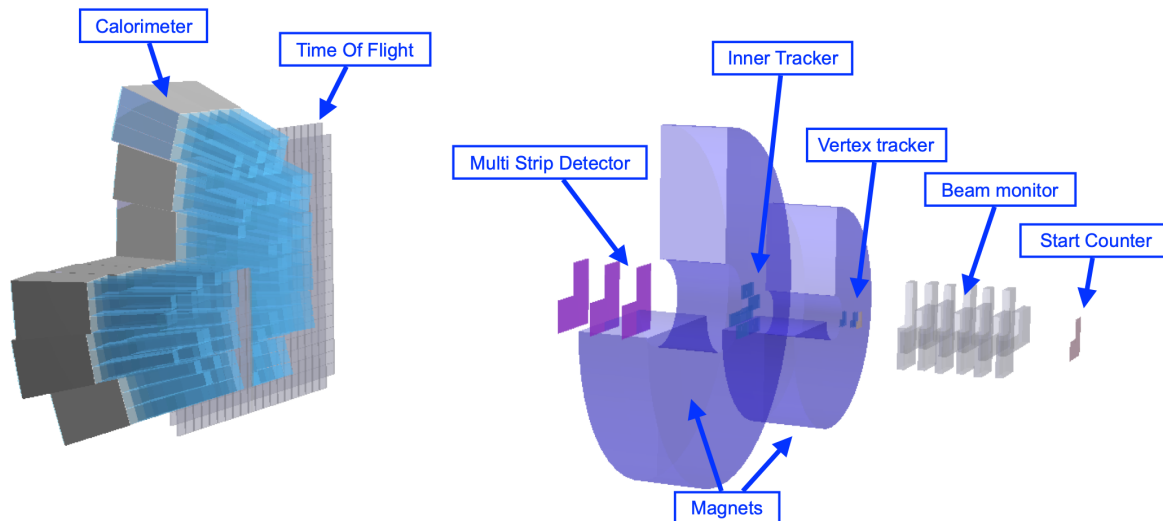
It doesn't matter how beautiful your theory is, it doesn't matter how smart you are. If it doesn't agree with experiment, it's wrong.

RICHARD FEYNMAN

# The FOOT experiment

- FOOT (FragmentatiOn Of Target) : double differential cross-sections measurements of  $^{12}\text{C}$ ,  $^{16}\text{O}$ ,  $^4\text{He}$ ,  $^{56}\text{Fe}$  @200-700 MeV/u on C,  $(\text{C}_2\text{H}_4)_n$ , PMMA target
  - Goal: cross-sections measurements with 5% of accuracy (double differential)
  - Ground-based experiments at GSI and CNAO
- Z identification  $\Rightarrow$  Start counter (SC) + ToF wall (TW)
- A identification  $\Rightarrow$  magnetic spectrometer: beam monitoring (BM) + vertex detector (VTX) + inner tracker (IT) + multi-strip detector (MSD)
- Total energy  $\Rightarrow$  calorimeter (CAL)

Direct + inverse  
kinematic approach



+ emulsion setup to measure fragments of  $Z < 3$  and up to 70°

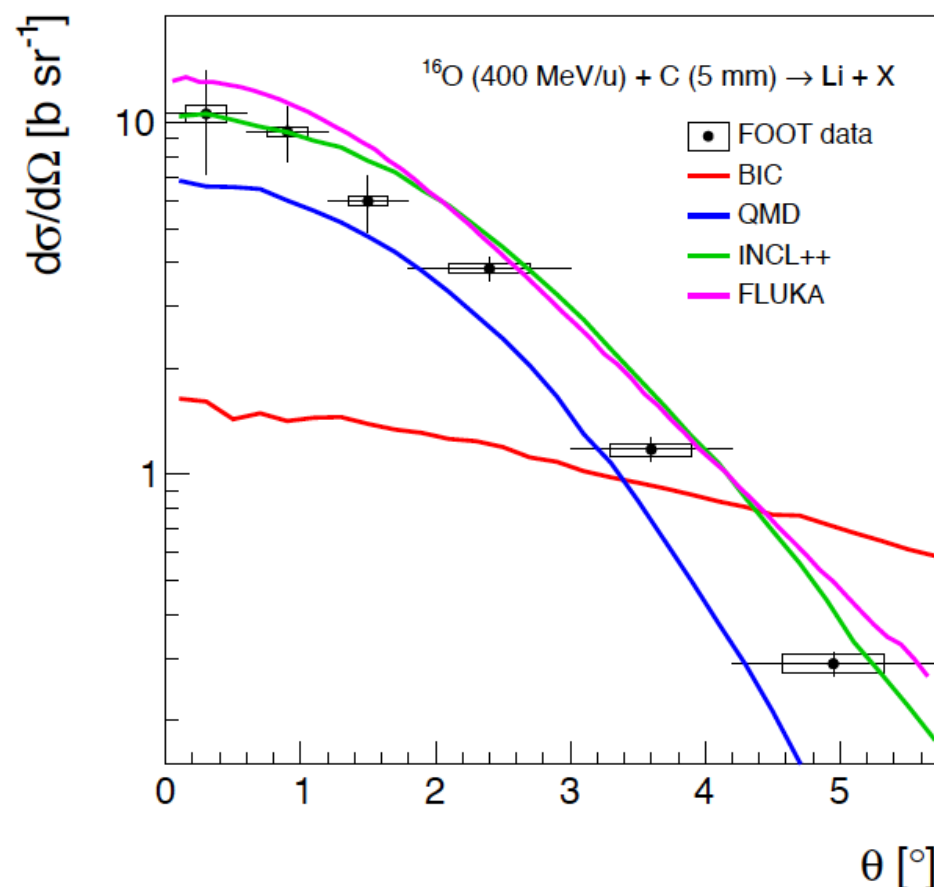
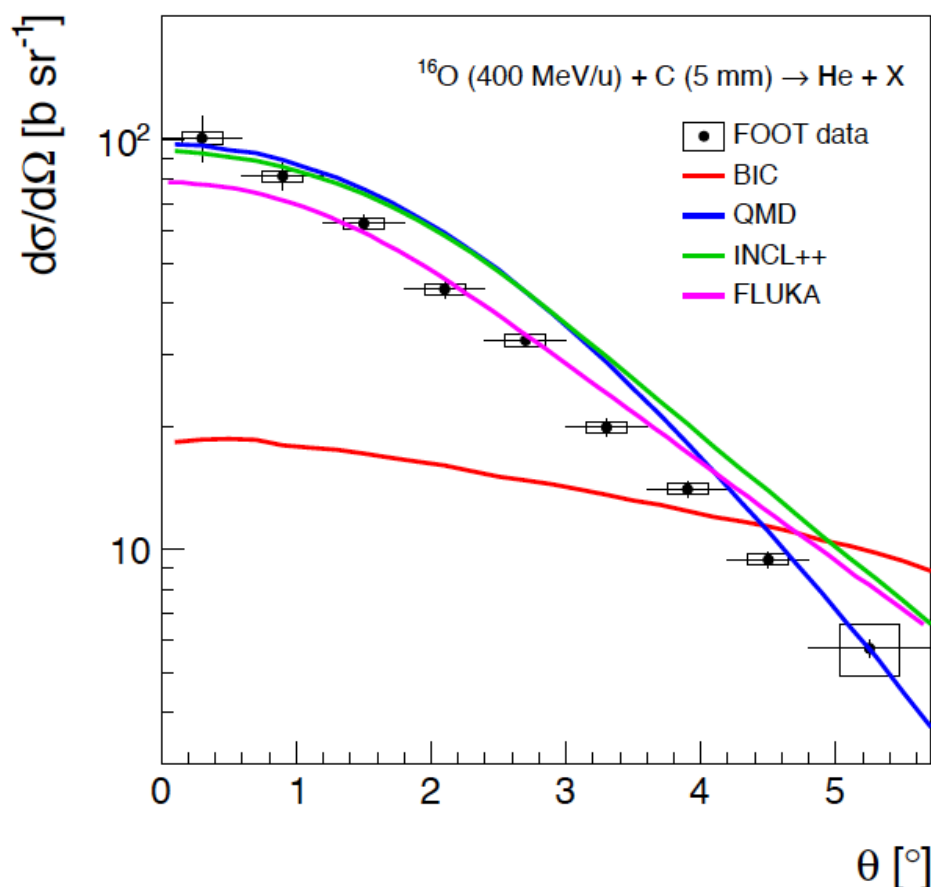
What performances do we want?

$$\frac{\sigma(p)}{p} < 5\% \quad \frac{\sigma(\Delta E)}{E} < 5\% \quad \sigma_{ToF} < 100 \text{ ps}$$

# The FOOT experiment

$^{16}\text{O}$  (400 MeV/u) +  $^{12}\text{C}$   $\rightarrow$   $^4\text{He}$  + X,  $^{16}\text{O}$  (400 MeV/u) +  $^{12}\text{C}$   $\rightarrow$   $^7\text{Li}$  + X (GSI – 2021)

*Angular differential and elemental fragmentation cross sections of a 400MeV/u  $^{16}\text{O}$  beam on a graphite target with the FOOT experiment, accepted in Physical review C*



# Radiolysis measurement

## Radiochemistry team + DeSIS - IPHC, Strasbourg

Goal: to determine radiolysis mechanisms on biomolecules

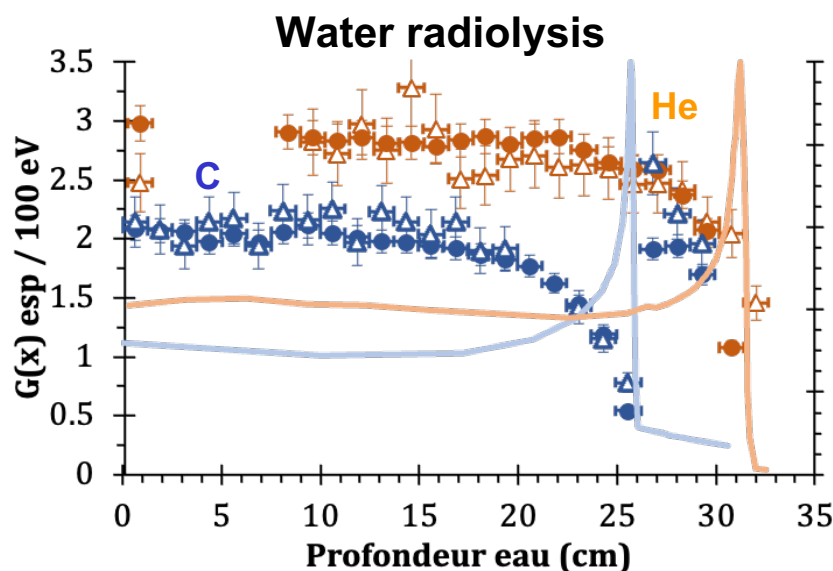
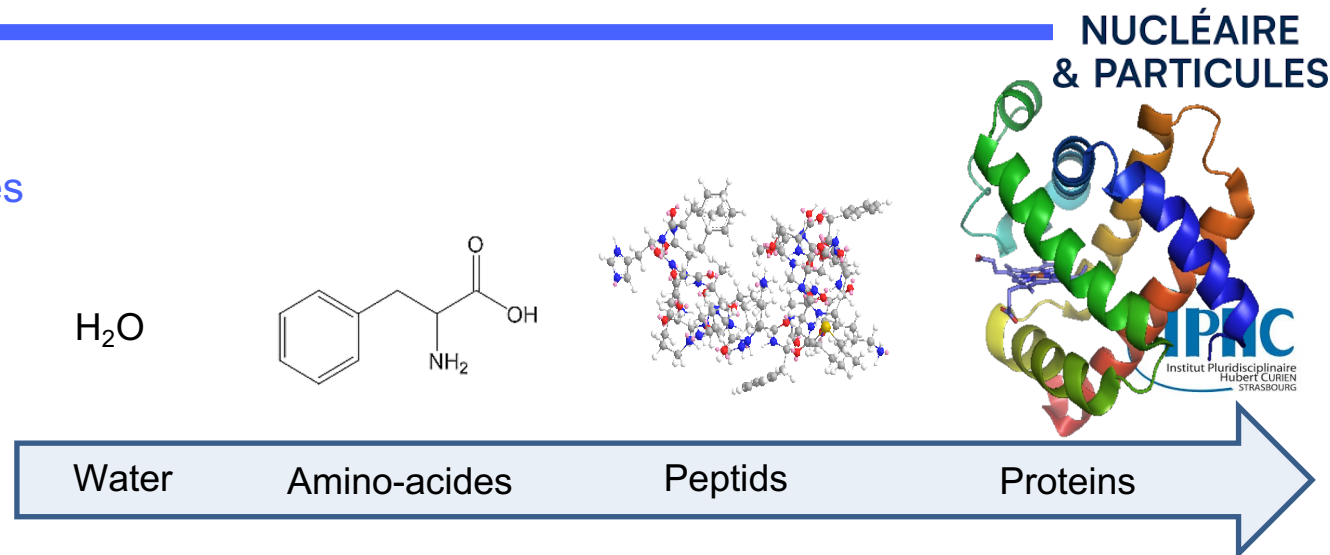
### Molecular scale:

LET effects (ions/RX, e<sup>-</sup>)

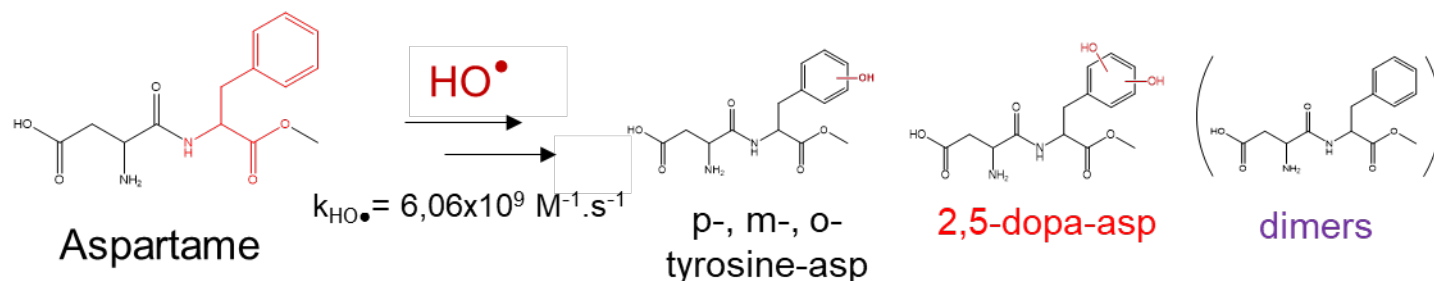
Dose rate effects (FLASH)

Oxygenation effects

Simulations performed with Geant4-DNA (DeSIS team)



HO• and e<sub>aq</sub><sup>-</sup> yields along the ion path



- Determination of normalized yields via  $G(\text{HO}\bullet) \Rightarrow$  independent of LET or dose rate effect on water radiolysis
- Identification and quantification of specific products at high LET and/or high dose rate
- Formation mechanisms



# Nuclear & chemical processes for hadrontherapy @ in2p3



NUCLÉAIRE  
& PARTICULES

## CLINM

- 4 IPHC researchers
  - DeSIS team: N. Arbor, C. Finck, M. Vanstalle
  - Radiochemistry team: Q. Raffy
- 5 IPHC technical staff
  - DeSIS team: S. Chefson, S. Higuere, T.-D. Lê
  - Radiochemistry team: C. Galindo, P. Peaupardin
- PhD:
  - DeSIS team: 2 PhD defended (2022, 2024), 1 ongoing (2024-2028)
  - Radiochemistry team: 1 defended (2023), 1 ongoing (2022-2025)
- Post-doc: 2 from DeSIS team (2022-2024, 2024-2025)
- **Fundings:** IN2P3 (master-project FOOT-Xn), ANR (PRC), CNES (PhD), HITRI+ (in-beam experiment)



## FOOT

- 2 IPHC researchers: C. Finck, M. Vanstalle
- 1 PhD student, defence in 2022 (A. Sécher)
- Non-in2p3 collaborators: 82 researchers from INFN, 3 from GSI
- Extension to more IN2P3 labs? (LPSC,...)
- **Fundings:** IN2P3 (master-project FOOT-Xn), INFN



# WP3 projects

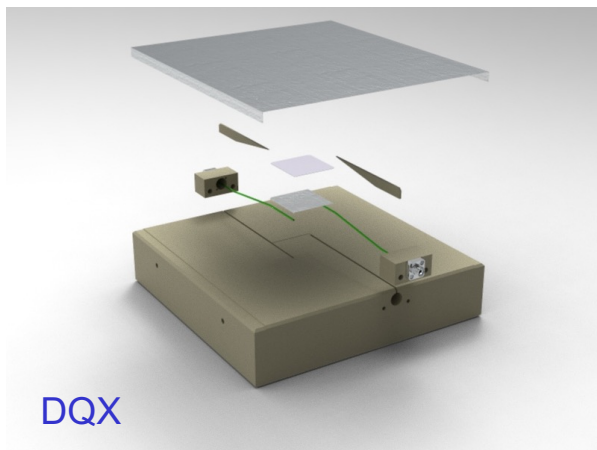
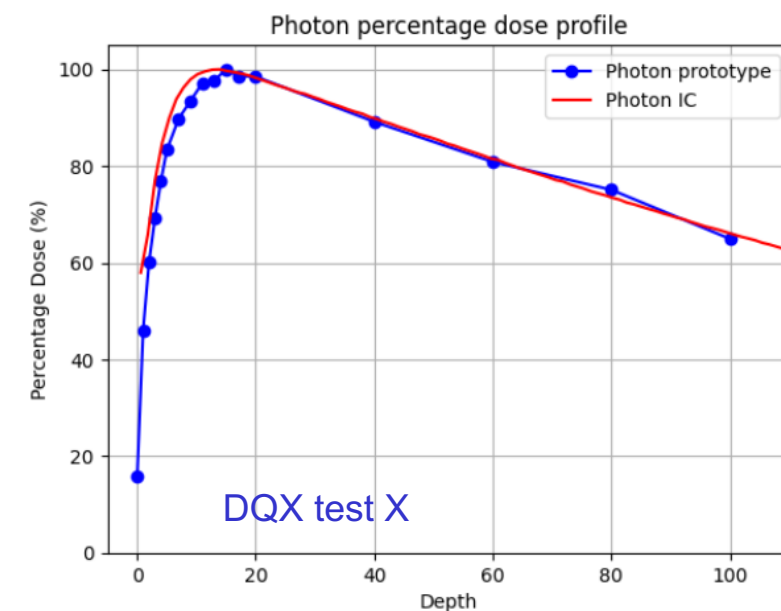
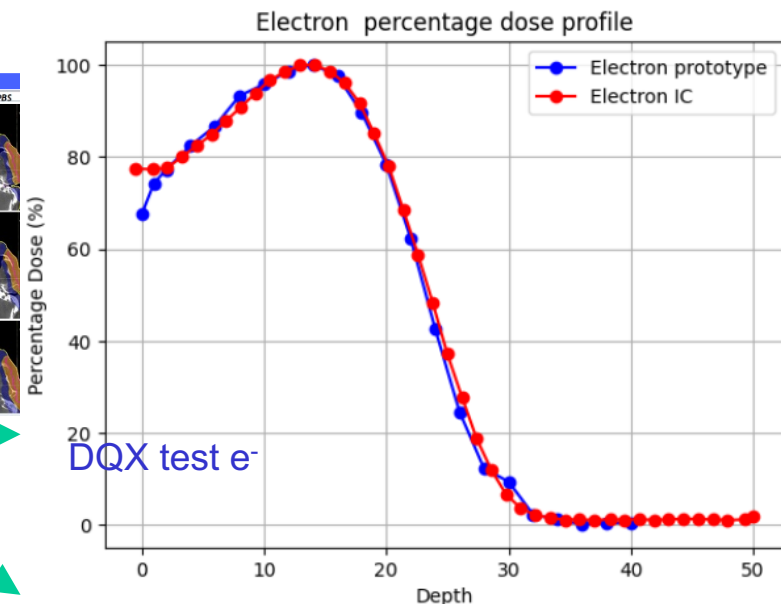
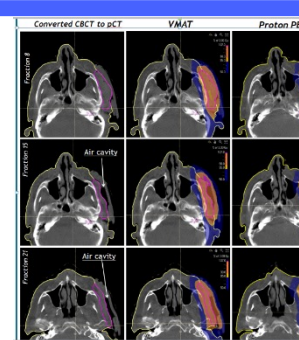
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## Control of the dose delivery

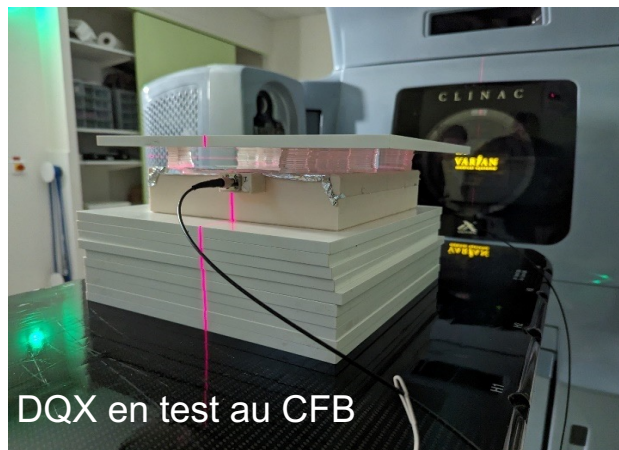
Resp.: Sara Marcatili (LPSC Grenoble)

# DeCuPro @ AMI LPC Caen

- Evaluation de la dose à la peau pour le traitement des **tumeurs cutanées** non mélanocytaire (*TCNMs*) en **radiothérapie** conventionnelle et **protonthérapie**
- Projet en collaboration avec 2 physiciens médicaux du *centre de traitement contre le cancer François Baclesse* (CFB, Caen)
- **Dosimètre à scintillation DQX** ProtoV2 en tests  $e^-/X$
- Comparaisons avec mesures **films** (CFB) et **détecteur diamant** (Le Havre)
- Tests prévus à *ARRONAX* avec table XY+Z fin 2025
- **Chambre Ionisation** prévue pour 2026



DQX



DQX en test au CFB

## PEPITES @CNAO

Accord CNRS/CNAO (04.2024)

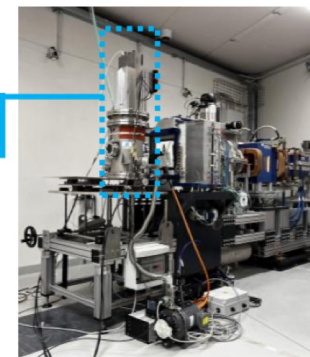
Moniteur 6.5 m en amont du patient : **budget matière crucial !**

- Evaluation de « faisabilité » 

Programme sur 3 ans envisagé pour un moniteur en clinique

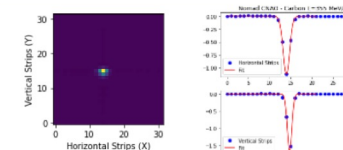
- Étude d'adaptation (ligne et/ou PEPITES)
- Production d'un système complet (détecteur, readout, DAQ)
- Tests

« Nomade »  
Copie du PEPITES d'ARRONAX



2023.11

Premiers faisceaux Carbone



2024.09

Tests anodes hors axe (WET 10  $\mu\text{m}$   $\rightarrow$  5  $\mu\text{m}$ )  
DAQ avec trigger externe CNAO

2025.04

Comparaison DAQ ARRONAX & Nomade  
Mesure taux SEE pour carbone



# Ion-range monitoring @ in2p3



NUCLÉAIRE  
& PARTICULES

## TIARA

- 7 in2p3 permanent staffs
  - **LPSC:** S. Marcatili, M.-L. Gallin Martel, C. Hoarau, J.-F. Mouraz
  - **CPPM:** Y. Boursier, C. Morel, M. Dupont
- Non-in2p3 collaborators: D. Maneval, J. Hérault (CAL)
- 2 PhD on-going (2022-2025), 1 PhD to come (2025-2028)
- 3 post-doctoral contracts on-going
- **Fundings:** IRS from UGA (), PCSI (Physique cancer, 2020-2023), ERC (2022-2027)



## CLaRyS

- 11 in2p3 permanent staffs
  - **LPSC:** D. Dauvergne, M.-L. Gallin Martel, S. Marcatili, L. Gallin-Martel, M. Marton, JF Muraz, Ch Hoareau
  - **CPPM:** Y. Boursier, C. Morel, M. Dupont
- Non-in2p3 collaborators: ??
- 3 PhD defended (2020-2025),
- **Fundings:** MITI, Labex Primes



# WP4 projects

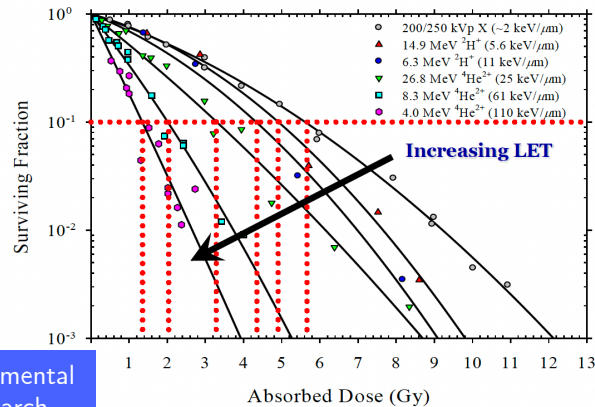
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## Effects on living tissues

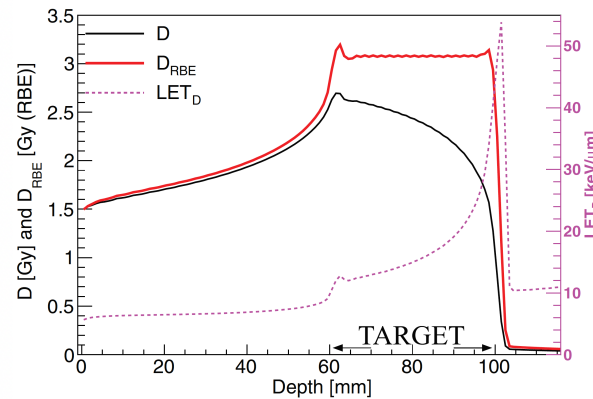
Resp.: Claire Rodriguez-Lafrasse (IP2I Lyon)

# Biological processes for hadrontherapy

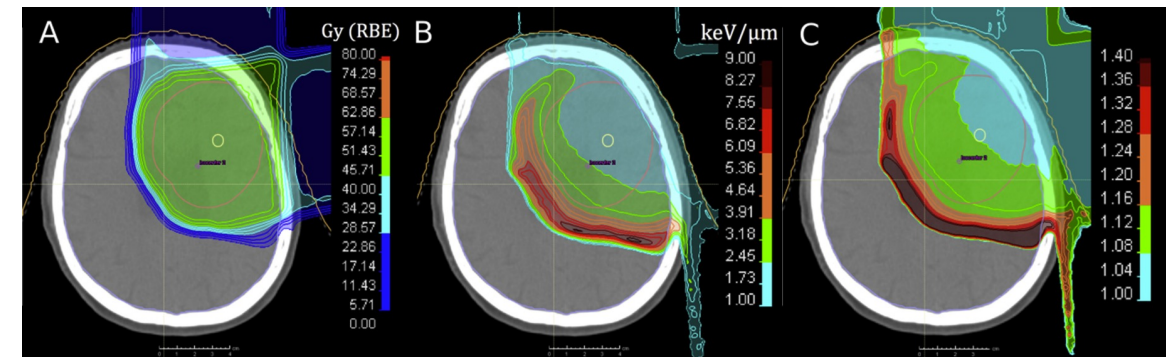
- Understanding of biological response of cells to ionizing particles essential for hadrontherapy
- Optimization of TPS **regarding biological dose**  $\Rightarrow$  necessity to correctly modelize biological effects
- Better characterization of the **biological advantage** of ions for **radioresistant** and **hypoxic** tumors
- Potentialization of hadrontherapy with other treatments? (chemotherapy, immunotherapy,...)



Barendsen *et al.* (1960, 1963, 1964, 1966): *In vitro* cell survival data for human kidney T-1 cells



Mairani *et al.* *Biologically optimized helium ion plans: calculation approach and its in vitro validation.* Phys. Med. Biol., 2016.



Extracted from Luehr *et al.*, *Relative biological effectiveness in proton beam therapy: Current knowledge and future challenges.* Clinical and Translational Radiation Oncology, 2018.

**Final goal: to deliver biologically-optimized treatments to patients**