

# Discussant for Protons in Lung Cancer

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# Disclosure



# Objectives of Radiation Therapy

- Primary: Maximize local tumor control
- Secondary: Minimize normal tissue effects

# Maximize tumor control - lung

## ■ X-rays

- Local control is poor with 60-66 Gy
- Are recent applications better?
  - Dose escalation
  - IMRT
  - IGRT

## ■ Protons

- Unknown local control vs x-rays
- Greater uncertainty of dose hitting target

# Minimize toxicity - Lung

## ■ X-rays

- Known normal tissue tolerances
- Lung is fairly sensitive to low doses of XRT

## ■ Protons

- Probably advantageous for normal tissue avoidance
- Except for tissues that are near the distal falloff!

# Stage I NSCLC - ASTRO 2009

## ■ Local control rates

- SBRT photon (Cooperative group data) = >90%  
at 2 years
- Proton/Carbon ion = 83% at 3 years

Prospective trials are important!

# Uncertainties of proton dose in lung

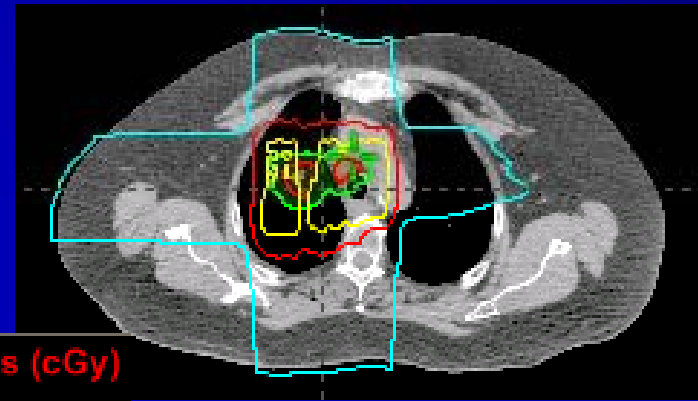
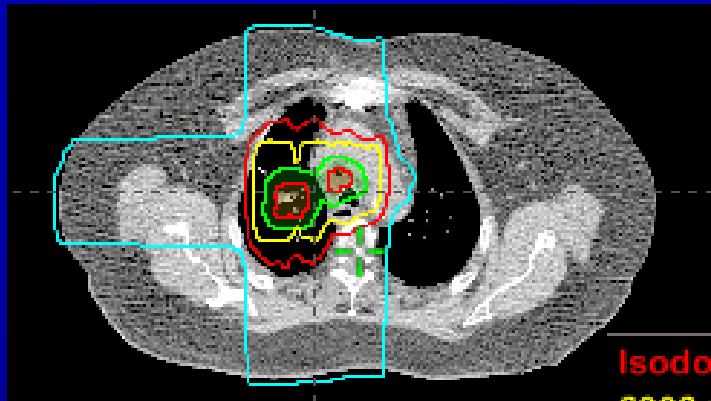
- Tissue-air interfaces
  - Tumors near mediastinum and liver
  - Too much dose to esophagus?
- Target changes
  - Tumor Motion
  - Tumor Response
    - Shrinkage, central necrosis, etc.

# CTV coverage drops from 99% to 92.3% with proton but not in IMRT

Planned

Week 7

proton



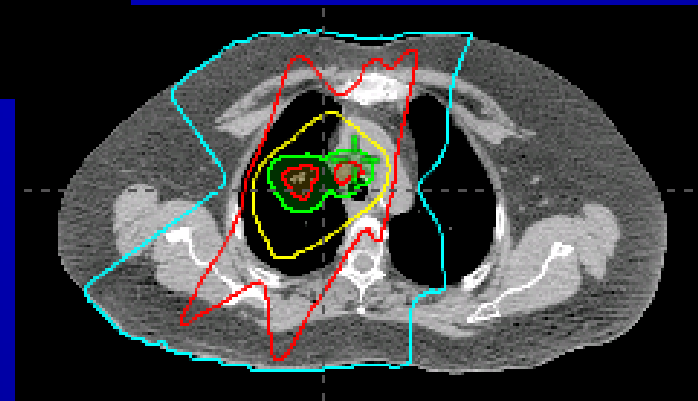
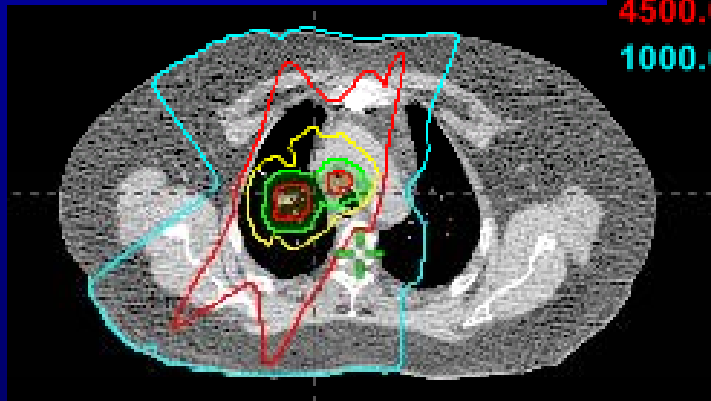
Isodoses (cGy)

6300.0

4500.0

1000.0

IMRT



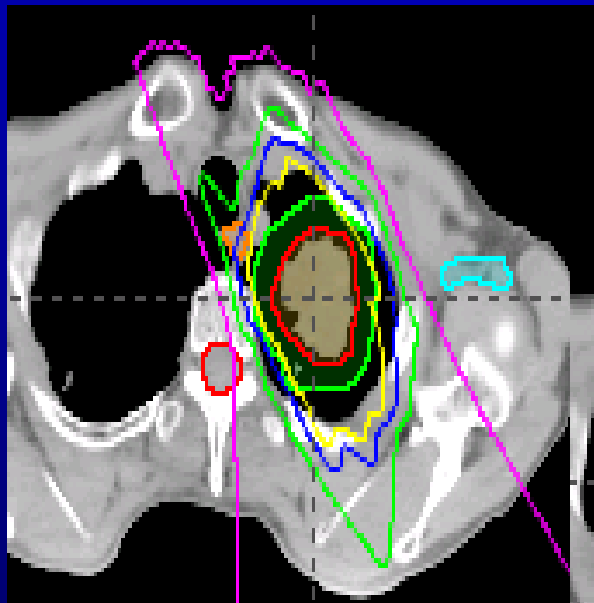
(Hui and Chang et al: Int J Rad Onc Biol Phy. 2008 in press)



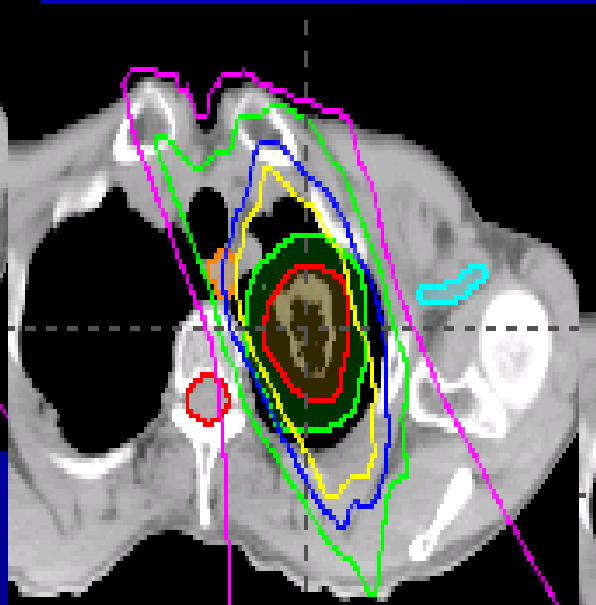
# Adapted proton therapy

87.5 CGE in T2N0M0 NSCLC

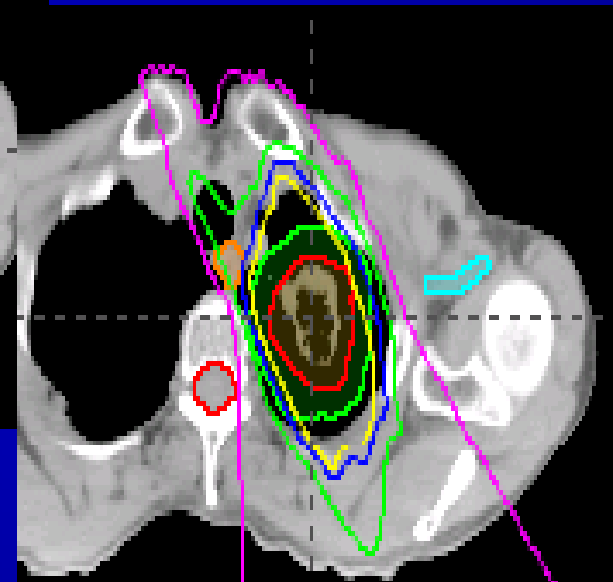
Initial plan



Initial plan  
recalculated based  
on CT after 5 wks  
TX



Re-plan based  
on CT after 5  
wks TX



(Hui and Chang et al: Int J Rad Onc Biol Phy. 2008 in press)

# PTV concept is different for protons

## ■ PTV margins

- Optimally a PTV is generated for each beam
  - Concentric PTV margins are inadequate
  - Lateral margins different than proximal and distal
- Creates problem for dose reporting
  - ICRU recommends different PTV margins for treating vs reporting

# Summary

- X-ray dose uncertainties are fairly well known
  - Trials underway for dose escalation, IMRT, and IGRT
- Protons likely result in lower normal tissue dose (i.e. less toxicity)
- Tissue interfaces, tissue inhomogeneity, and target motion make dose delivery more complicated for protons
  - No satisfying local control results yet
  - Important to perform prospective clinical trials!