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（資料）

医学物理国際スクール

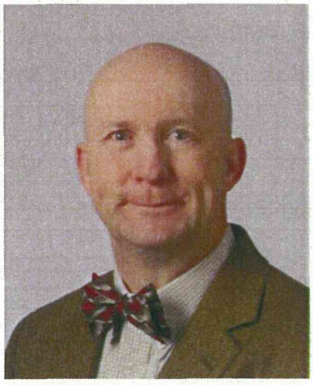
第106回日本医学物理学会学術大会
JSPS 先端研究拠点事業「医学物理研究教育拠点の形成」
文部科学省「がんプロフェッショナル養成基盤推進プラン」

医学物理国際スクール
＆第11回医学物理セミナー

テーマ： 粒子線治療とその周辺

Theme: Medical physics around particle therapy and the related fields

海外講師



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Dr. Neil Estabrook
インディアナ大学医学部
医師

日時：平成25年9月17日（火）– 18日（水）

場所：大阪大学コンベンションセンター　MOホール／会議室2

※ 参加申し込みは不要です

主催　日本医学物理学会
日本学術振興会　先端研究拠点事業
文部科学省 がんプロフェッショナル養成基盤推進プラン
共催　厚生労働科学研究費補助金
「第3次対がん総合戦略研究事業」（H22-3次がん－一般－043）

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The 106th meeting of JSMP
JSPS Core-to-Core program
MEXT educational program for professions of cancer care

Medical Physics International School & the 11th Medical Physics Seminar

- Medical physics around particle therapy and the related fields -

September 17 (Tue.)

9:00 - 10 :00 Meeting Room 2

"Overview of carbon ion radiotherapy at NIRS" T. Kamada (NIRS)

10:00 - 11:00 Meeting Room 2

"Rationale of charged particle therapy - treatment with protons and heavier particles -"
T. Inaniwa (NIRS)

14:00 - 15:00 Meeting Room 2

"Clinical trial of total marrow irradiation in patients with high risk hematological malignancies"
Y. Takahashi (U. of Minnesota)

"Skin dose of proton scanning techniques" N. Estabrook (Indiana U.)

International Educational Lectures

15:00 - 18:00 MO hall

"Novel challenges in treatment planning in the era of particle therapy"
K. McMullen (Indiana U.)

"Bone, marrow and radiation: emerging translational research models"
S. Hui (U. of Minnesota)

"Developments in planning, delivery and QA of radiotherapy for head and neck cancer (HNC)"
E. Korevaar (UMCG)

September 18 (Wed.)

9:00 - 10:00 Meeting Room 2

"Optimization of robust beam direction against patient setup errors in charged particle therapy"
H. Arimura (Kyushu U.)

15:00 - 16:00 Meeting Room 2

"The role of particle therapy on cancer treatment" N. Fuwa (HIBMC)

16:00 - 17:00 Meeting Room 2

"Radiation physics and the simulation in particle radiotherapy"
T. Yamashita (HIBMC)

Bone, Marrow and Radiation: Emerging Translational Research Models

Susanta K Hui, PhD, DABR,
Masonic Cancer Center,
University of Minnesota, Minneapolis

JSPS International School in Osaka University, September 16---18 2013

Although external beam therapy is advancing with image guided conformal therapy, total body irradiation (TBI) for hematological malignancies has remained empirical and essentially unchanged over the past 50 years. Disease recurrence is the major cause of treatment failure. The solution to this problem mandates (a) the development of novel treatment approaches, (b) basic understanding of bone and marrow microenvironment and response to radiation and chemotherapy.

We are developing novel multi-modality image-guided adaptive and highly conformal total marrow irradiation (TMI) for selective radiations of desired target for entire body to reduce dose to all critical organs. While these developments gave us the foundation for targeted dose escalation to improve clinical outcomes that more effectively eradicate disease, while having minimal impact on regimen related toxicity. We further investigated integrated responses of bone and marrow in a laboratory rodent model undergoing therapeutic radiation. We acknowledged that further technological developments and scientific understanding are necessary for moving this multidisciplinary translational research to successful clinical trial. We will illustrate this with examples from our recent research and clinical studies on TMI.

We will cover following topics to provide a translational research point of view of this work.

- Total Body Irradiation (TBI) and its clinical application
- Dosimetric and biologic Limitation of TBI
- Emerging TMI technology to overcome limitations of TBI and its challenges
- A perspective to develop inter-disciplinary and translation science

Introduction: In the late fifties, Dr. Thomas introduced the total body irradiation (TBI) in the preparative regimen for allogeneic bone marrow transplantation. For this new approach he was awarded the Nobel Prize in 1990. The total body irradiation (TBI) treatment has been accepted as an important radiotherapy treatment for hematological malignancies (leukemia, lymphoma, and multiple myeloma) and used in conjunction with chemotherapy as a conditioning regimen for bone marrow transplantation (BMT) or peripheral blood stem cell transplantation. TBI serves two major purposes – (a) provides immunosuppression allowing subsequent engraftment of the transplanted stem cells and (b) contributes to eradicating a modest number of radiosensitive tumor cells, clearing the host marrow to allow repopulation with donor marrow cells.

Current bone marrow transplant treatment is far from perfect treatment to cure patients. Despite the efficacy of allogeneic hematopoietic cell transplantation (allo-HCT), approximately 30% of patients are expected to suffer disease recurrence. Although a few initial studies have indicated that higher dose may reduce relapse, dose escalation has not been feasible due to enhanced radiation toxicity to critical organs such as the liver, lungs, heart and kidneys.

Increased radiation kills radiosensitive leukemia cells and thus, it is expected to enhance leukemia control [1]. A higher biological effective dose (BED) was significantly correlated with reduced leukemia relapse, better disease free survival (DFS) [2], and increased survival at TBI doses >13 Gy [3]. Proof of both the benefit and toxicity of higher dose TBI was demonstrated by Clift et al. (Figure 1). A higher radiation dose (15.75 Gy vs 12 Gy TBI) resulted in a reduced risk of relapse. However, higher radiation dosage also increased TRM, resulting in equivalent survival [4-6].

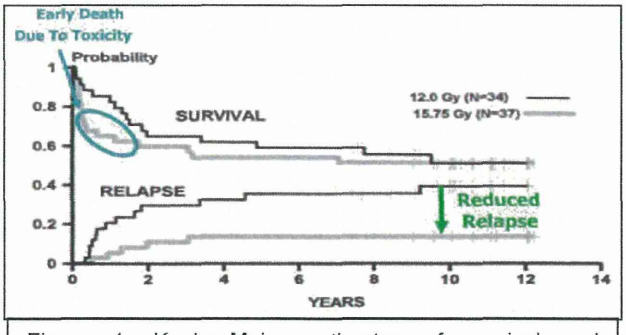

Figure 1. Kaplan-Meier estimates of survival and cumulative incidence of relapse for patients conditioned for HLA-identical marrow transplantation by 120 mg/kg cyclophosphamide and 12.0 Gy or 15.75 Gy of fractionated TBI. This figure is taken from the publication reported by Clift et al. in 1998.