



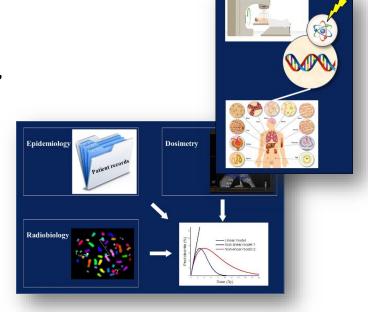




Stockholm workshops series

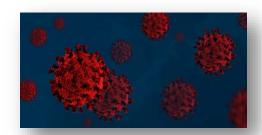
2014 Biological basis of radiotherapy: where do we stand?

2016 Risk of second cancer following radiotherapy



2018 Current challenges of patient re-irradiation

2020 Individual response to ionizing radiation

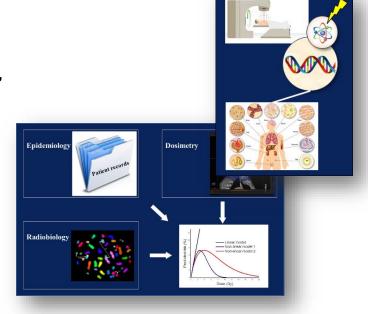




Stockholm workshops series

2014 Biological basis of radiotherapy: where do we stand?

2016 Risk of second cancer following radiotherapy



2018 Current challenges of patient re-irradiation

2022 Individual response to ionizing radiation



Thursday Se	ptember 1 2022 – Normal tissue effect	
ntroductory I	ecture	
09:00-09:30	Can and should radiological protection be individualised?	Simon Bouffler
	Factors influencing the risk of tissue effects Pamela Akuwudike	
09:30-10:00	Incidence and mechanisms of normal tissue reactions to radiotherapy	Claudia Rübe
10:00 – 10:30	Coffee break	
10:30-11:00	Use of GWAS to predict individual patient response	Catharine West
11:00-11:30	Functional assays to predict individual patient response	Michel Bourguignon
11:30-12:00	How much can radiotherapy benefit from biomarkers of normal tissue response to radiotherapy?	Navita Somaiah
12:00-13:00 L	unch break	
	actors influencing the risk of late and stoch Milagrosa Lopez-Riego	nastic effects
13:00-13:30	Genetic factors influencing individual risk of radiogenic cancer	Preetha Rajaraman
13:30-14:00	Life-style factors influencing individual risk of radiogenic cancer and risk transfer between populations	Andrzej Wojcik
14:00-14:30	Age-related variation in radiogenic cancer risk (including childhood CT studies)	Michael Hauptmann
14:30-15:00 (Coffee break	
15:00-15:30	Sex-related variation in radiogenic cancer risk	Kyoji Furukawa
15:30-16:00	Individual risk of radiogenic non-cancer effects	Nobuyuki Hamada
16:00-17:00	General discussion	Moderator: Simon Bouffle

Normal tissue



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09:00-09:30	Individual tumour response – current challenges and opportunities	Iuliana Toma-Dasu
	ntrinsic tumour response - molecular and g Mattias Hedman	enetic assays
09:30-10:00	Radiobiological assays for individual tumour response	Iuliana Toma-Dasu
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	ndividual tumour radiosensitivity assays Emely Kjellsson Lindblom	
Chairperson:		Marta Lazzeroni
Chairperson: 13:00-13:30	Emely Kjellsson Lindblom Role of functional imaging in assessing the individual tumour radiosensitivity Genome-based models for individualising the radiotherapy dose	Marta Lazzeroni Gabriel O. Sawakuchi
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Tumour



Individual tumour response – current challenges and opportunities

What does it mean "Individual response to ionizing radiation" when we refer to tumours?

Individual tumour response = Tumour radiosensitivity?

Or do we have to look for a systemic response?



Individual tumour response = Tumour radiosensitivity

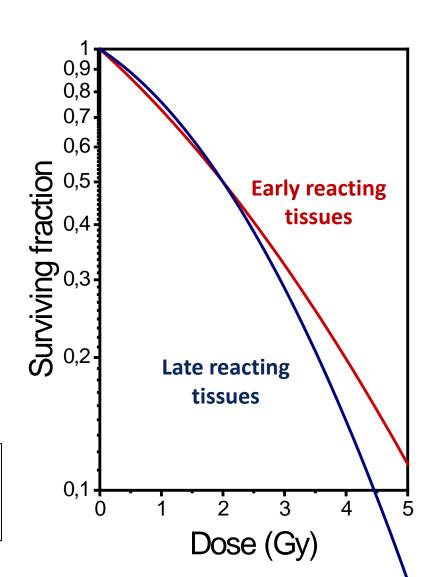
- How can it be determined/measured?
- Knowing it, does it have a *clinical value*?
- What would the future bring?



Tumour radiosensitivity

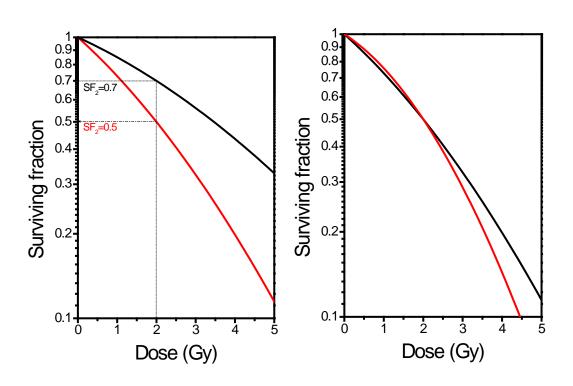
- Late responding tissues:
 - i.e. kidney, CNS
 - low α/β ratio
 - slowly proliferating tissues
- Early responding tissues:
 - i.e. skin, mucosa
 - tumours (with some exceptions)
 - high α/β ratio
 - rapidly proliferating tissues

But α/β is not a measure of the radiosensitivity *per se*, but a measure of the sensitivity to fractionation!





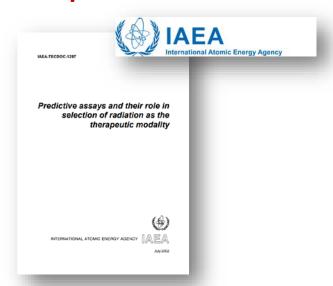
Tumour radiosensitivity



- Radiosensitivity is the radiation dose required to produce a defined level of cell inactivation.
- Radiosensitivity is usually indicated by the surviving fraction at 2 Gy (SF₂)



- Radiobiological assays for individual tumour response
 - Promising/Inconclusive ≠ Reliable
 - Time consuming ≠ Efficient
 - Expensive ≠ Cost effective
 - etc.



- Molecular and genetic biomarkers of tumour response
- From in vitro cell line radiosensitivity to the response of in vivo tumours



Individual response to ionizing radiation = Tumour radiosensitivity

- How can it be determined/ measured?
- Knowing it, does it have a clinical value?
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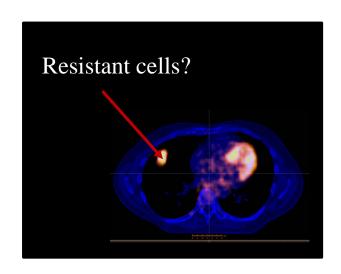


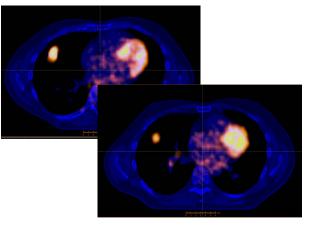
Individual <u>response</u> to ionizing radiation = Tumour radiosensitivity

- Local recurrence is related to resistant foci not eradicated by the currently prescribed and delivered doses.
- Functional imaging allows mapping the target in terms of *radioresistance*.

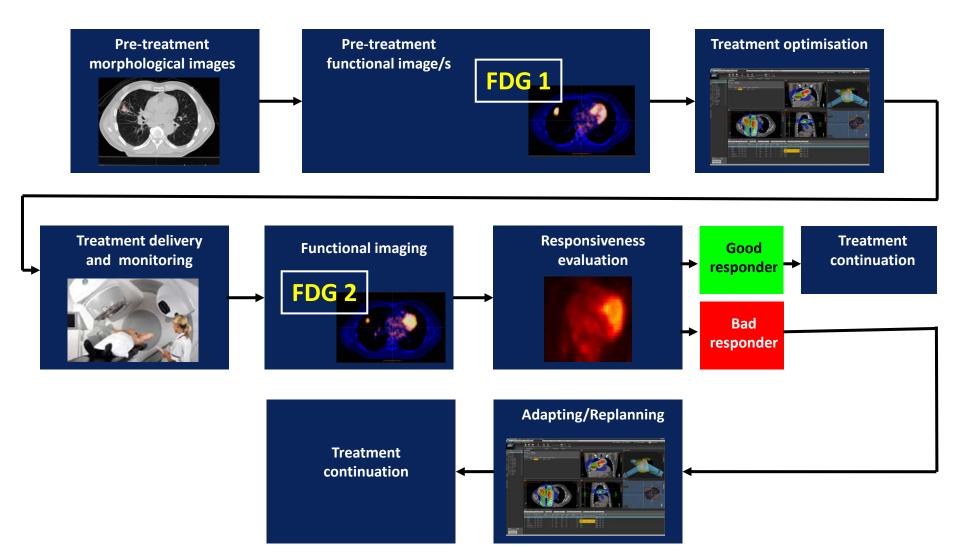
Hypothesis:

Repeated functional images allow mapping the tumour in terms of treatment *responsiveness*.

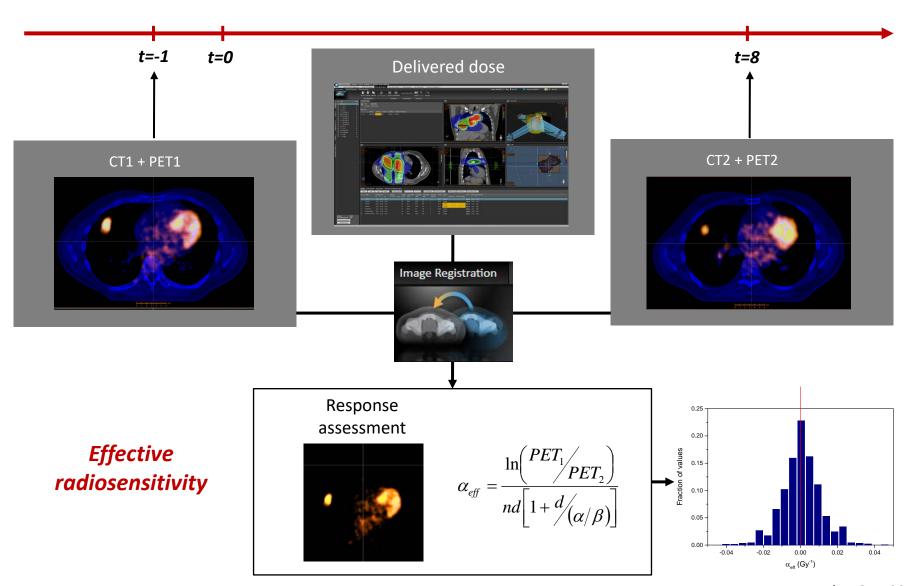








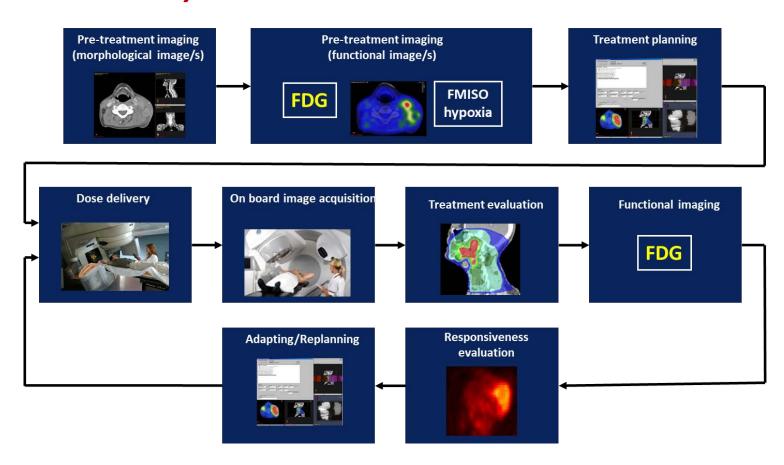




I. Toma-Dasu et al IJROBP 2015



Role of functional imaging in assessing the individual tumour radiosensitivity





Role of functional imaging in assessing the individual tumour radiosensitivity

IMAGING

- Choice of the tracer
- Method for quantification of tracer uptake
- Optimal imaging time
- Spatial resolution
- Partial volume effects
- Image reproducibility
- Temporal artefacts
- Movement artefacts

etc.

RADIOBIOLOGY

- Definition of the BTV
- Choice of the model for interpreting the tracer uptake
- Choice of dose prescription function or level
- Accounting for the dynamics of the system
- etc.

TREATMENT DELIVERY

- Need for delivering highly heterogeneous dose distributions
- High gradients in the dose
- Penumbra issues
- Need for re-planning or adaptive treatment
- etc.



- Genome-based models for individualising the radiotherapy dose
- Role of radiogenomics in the individualisation of tumour response

- Radiobiological modelling of individual radiosensitivity
- Individual tumour response to therapy
 photons versus particles

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16:00-17:00	General discussion	Moderator: Iuliana Toma-



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- Radiobiological modelling of individual radiosensitivity
- Individual tumour response to therapy
 photons versus particles

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Focus Issue of

Physica Medica –
European Journal of Medical Physics

