

Personalised Radiotherapy: Organs at risk: How to individualise?

Dirk De Rysscher, MD, PhD

Radiation Oncologist

University Hospitals Leuven/ KU Leuven

Leuven, Belgium

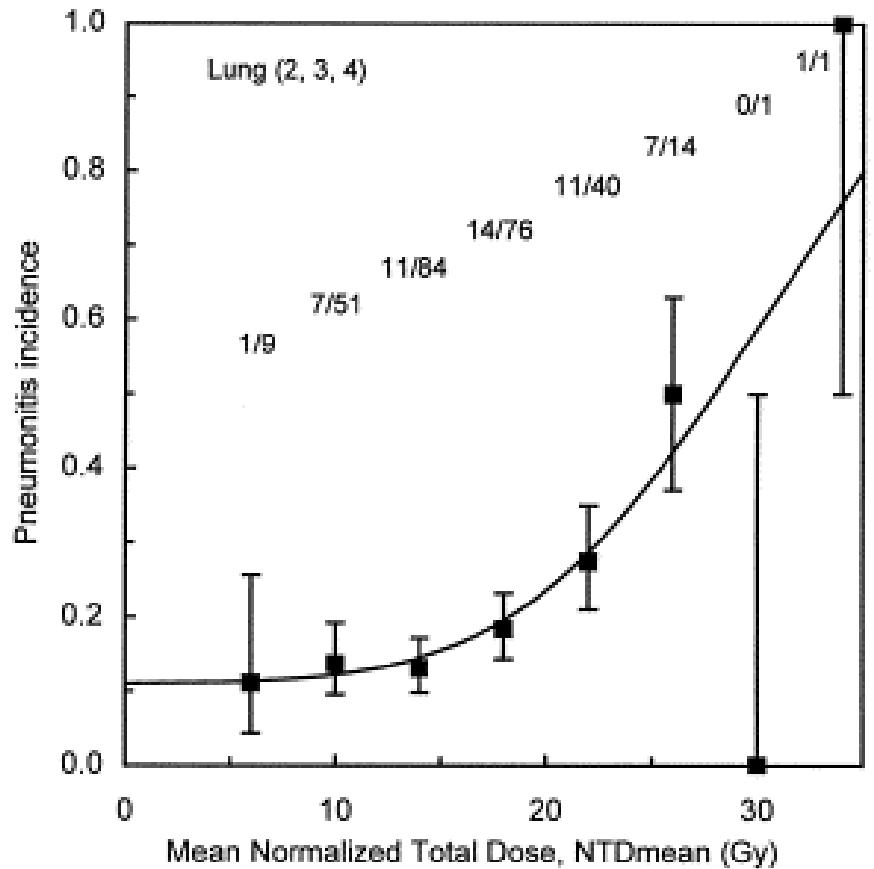
Possible ways to individualise

1. Physical (dose-volume) parameters
2. Characteristics of OAR on imaging
3. Genetics (“Radiogenomics”)

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Dose-effect for RILD



Maximal

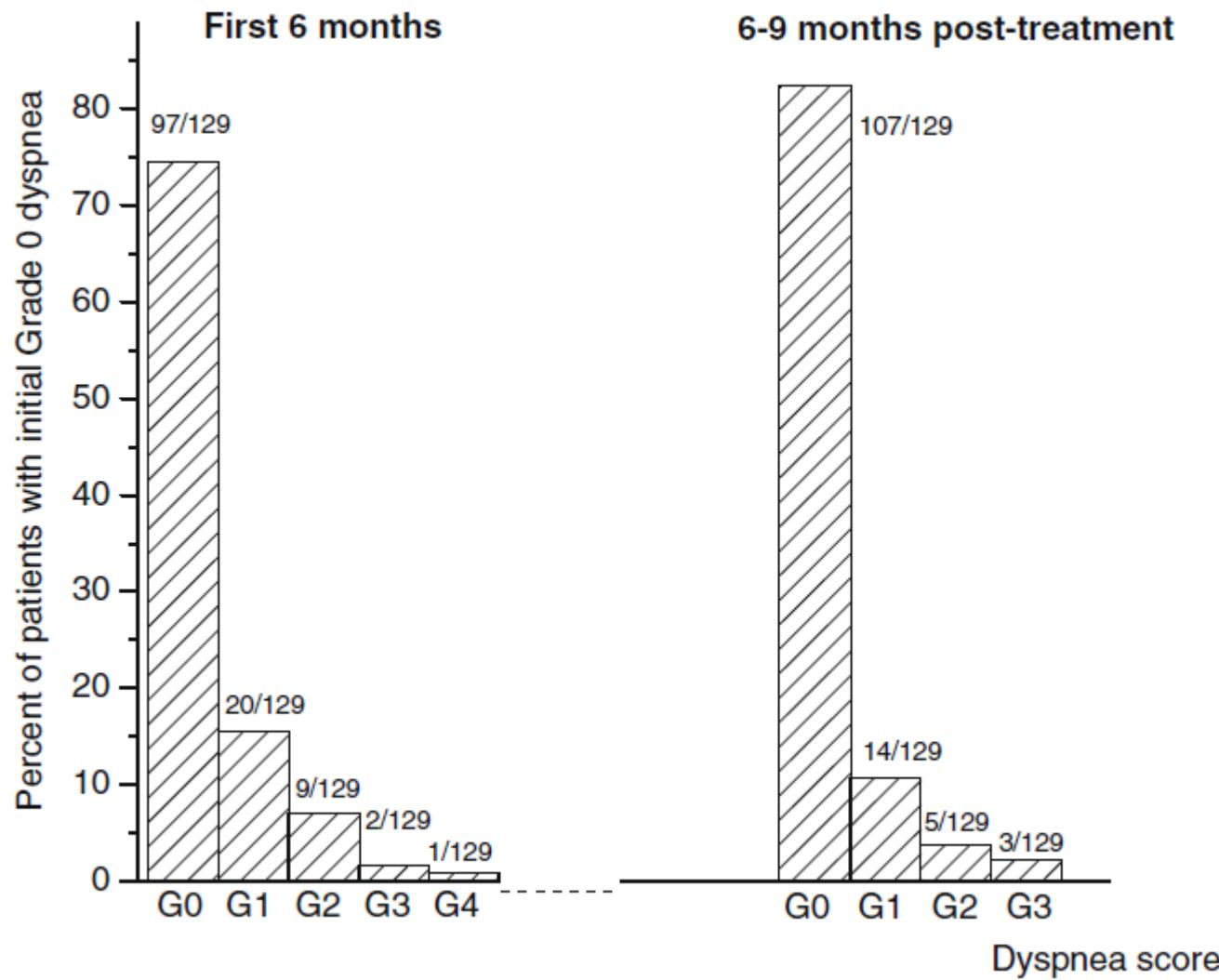
$MLD = 20 \text{ Gy}$

$V_{20} = 35 \%$

Below $MLD = 20 \text{ Gy}$ and $V_{20} = 35 \%$ no clear dose-response relation

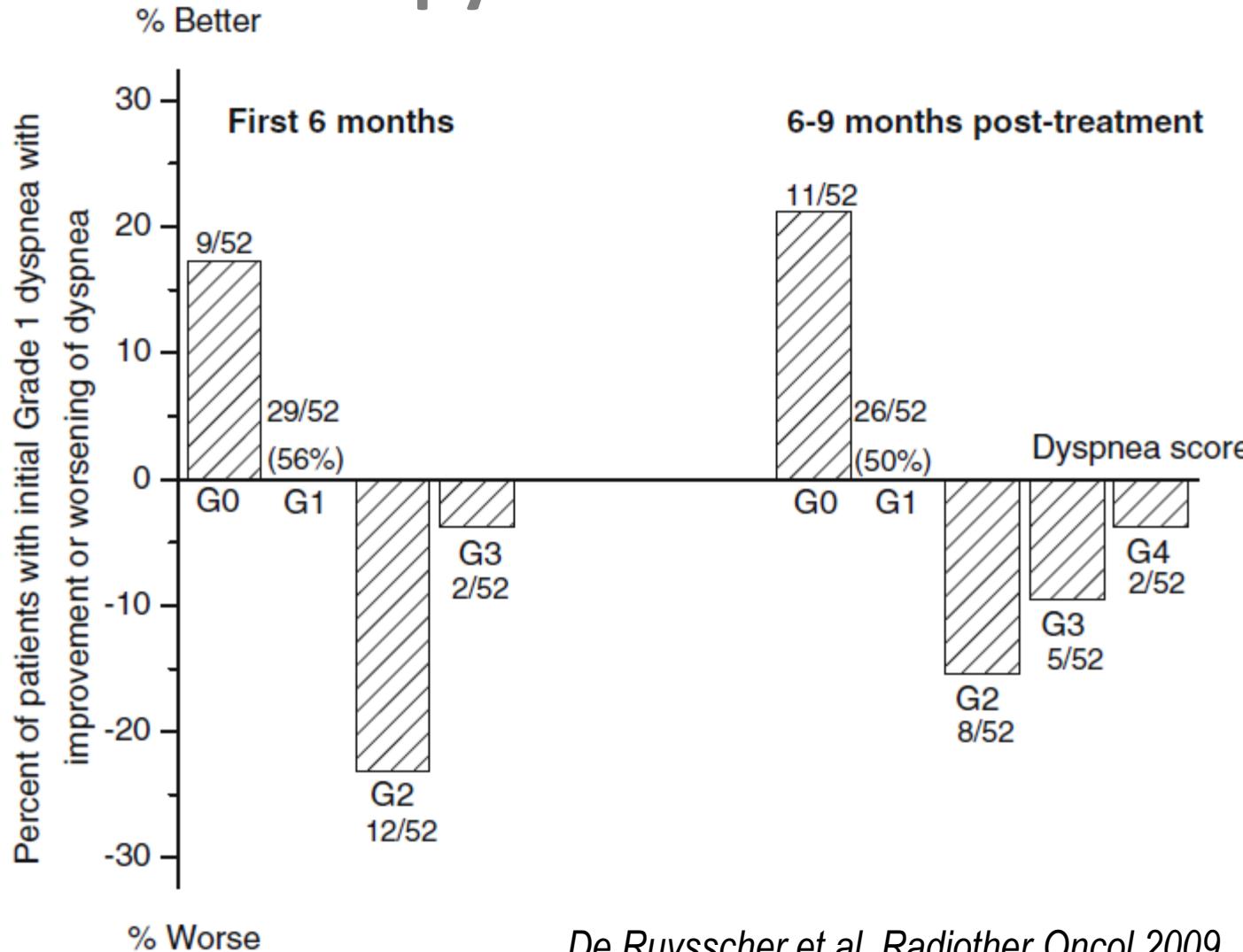
Kwa et al. *Int J Radiat Oncol Biol Phys* 1998; Dehing et al. *Radiother Oncol* 2009

Dyspnea evolution after radiotherapy: No baseline dyspnea



De Ruysscher et al. Radiother Oncol 2009

Dyspnea evolution after radiotherapy: Baseline dyspnea grade 1: 20 % no dyspnea after radiotherapy



Parameters related to RILD

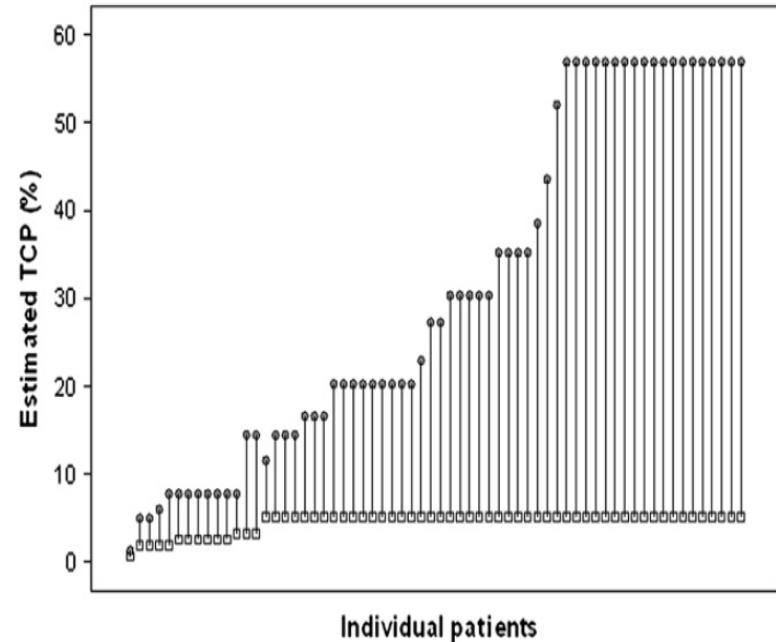
- **NOT:** concurrent administration of cisplatin, vinorelbine, etoposide; careful with docetaxel
- NTCP models
- DVH parameters (highly correlated with each other)
 - Mean dose
 - V_{20}
 - V_5
 - Smoking: *less* RILD

De Ruysscher et al. J Clin Oncol 2010

Palma DA et al. Int J Radiat Oncol Biol Phys 2013

INDividualised Accelerated Radiotherapy (INDAR)

- Escalate the dose to the maximum tolerance
- Delivered in a short overall treatment time
- Directed to areas that are ¹⁸F-deoxyglucose (FDG) positive



Van der Wel et al. *Int J Radiat Oncol Biol Phys* 2005

De Ruysscher et al. *Radiother Oncol* 2005

De Ruysscher et al. *Int J Radiat Oncol Biol Phys* 2005

De Ruysscher et al. *Int J Radiat Oncol Biol Phys* 2008

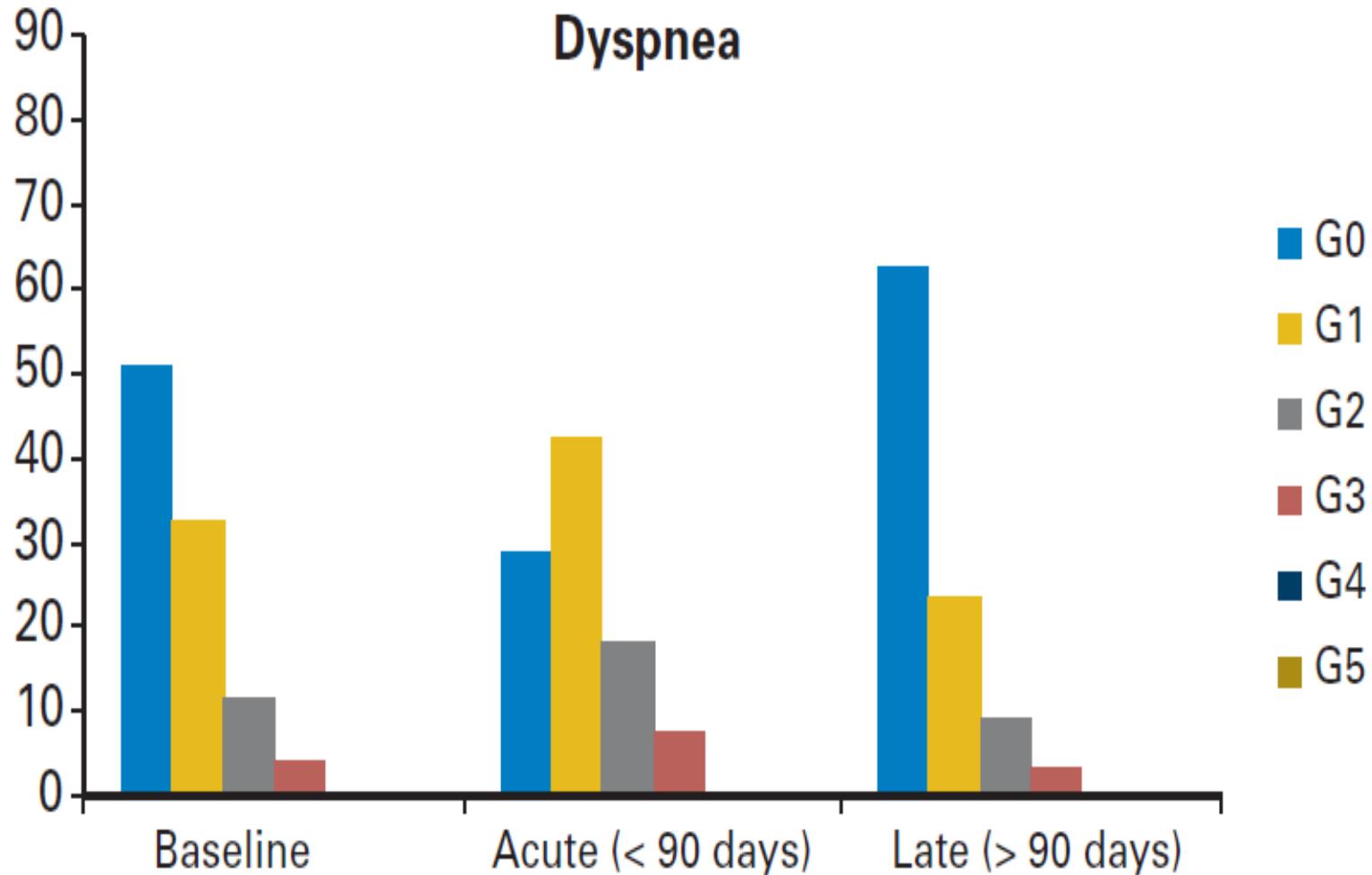
Van Baardwijk et al.

Int J Radiat Oncol Biol Phys 2008

Van Baardwijk et al.

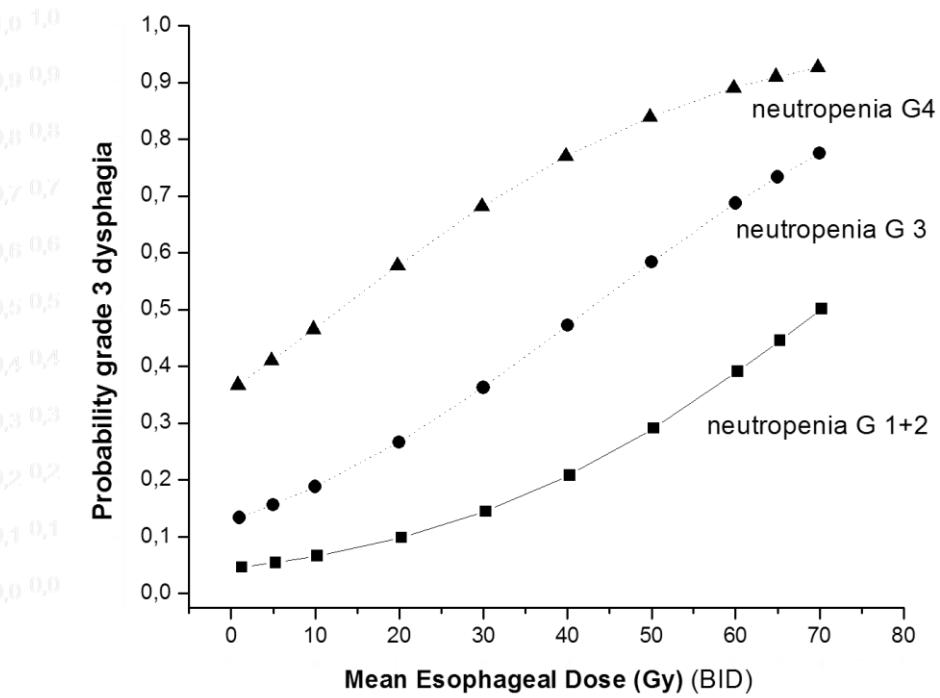
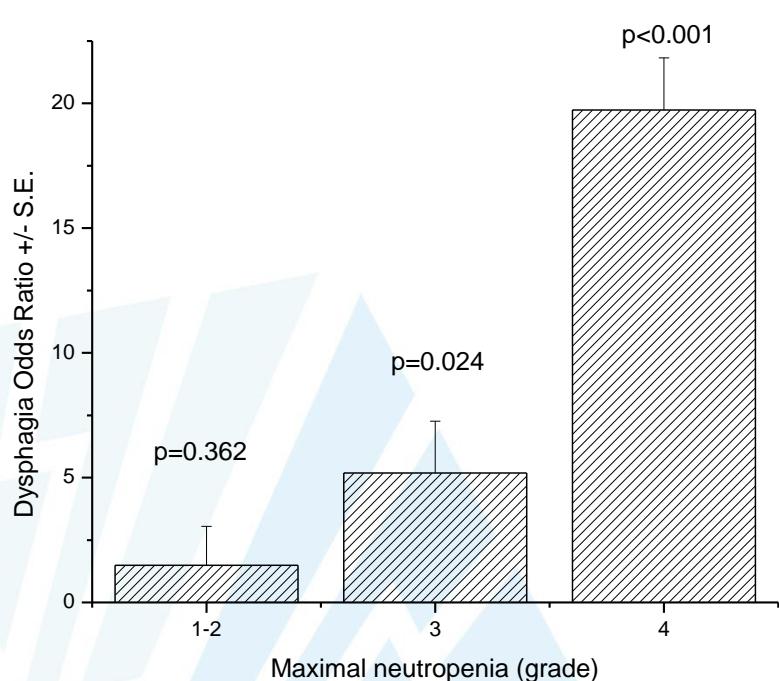
Int J Radiat Oncol Biol Phys 2008

Dyspnea evolution after individualised radiotherapy: 10 % less patients with dyspnea



Correlation between acute esophagitis and neutropenia.

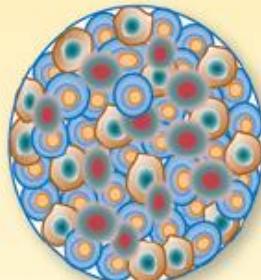
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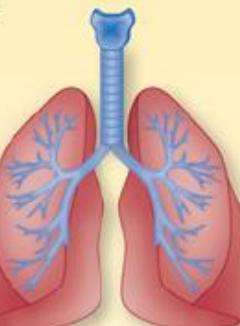
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Individual image-based tissue characterization:
Possible prognostic and predictive use



Tumor



Normal tissues (e.g., lungs, heart)

- Tumor cells:
e.g., genetic instability, mutation status, resistance
 - Microenvironment:
e.g., hypoxia
 - Malignant potential:
e.g., undetermined pulmonary nodules
- At screening or staging

e.g., ventilation and perfusion heterogeneity

Selection of systemic treatment
Most appropriate drugs, dose,
and sequence

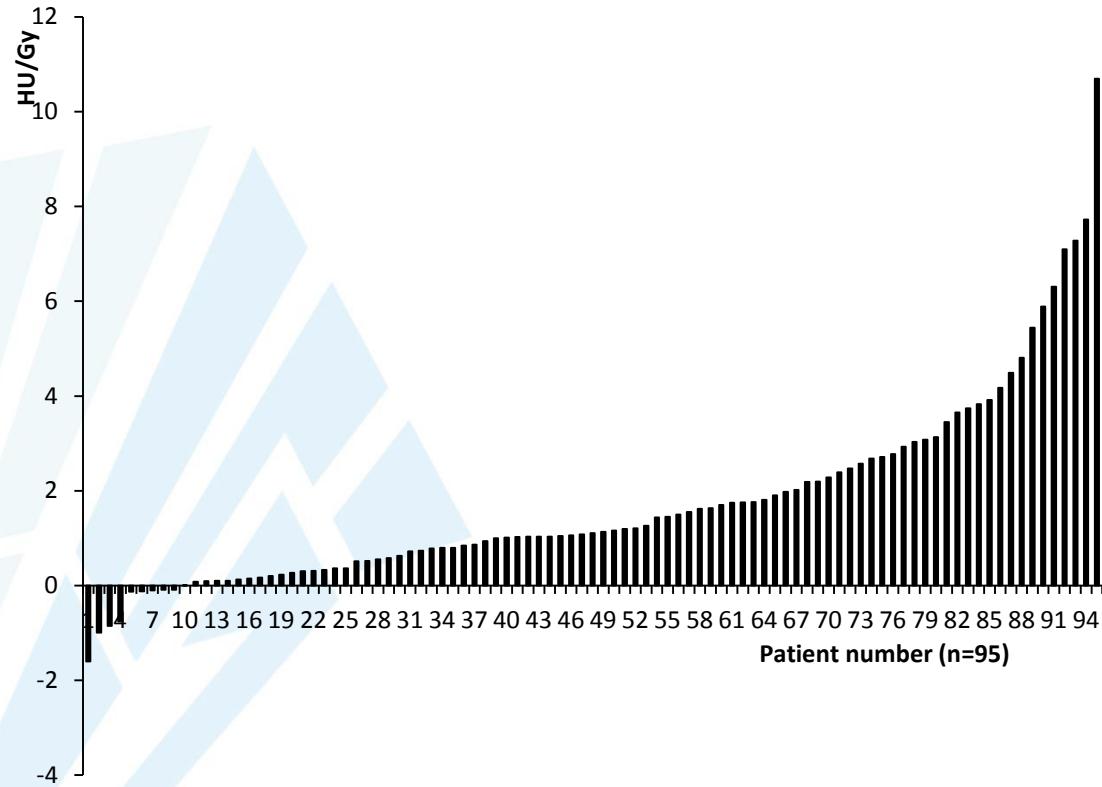
Selection of local therapy
Determination of best radiation dose:
escalation or deescalation
Selective avoidance of most susceptible
parts of healthy organs

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HU changes 3 months after radiotherapy

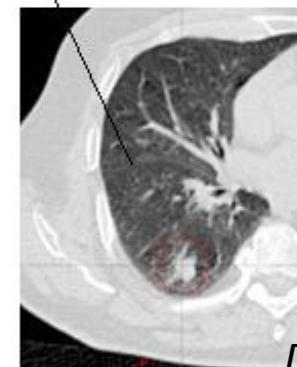
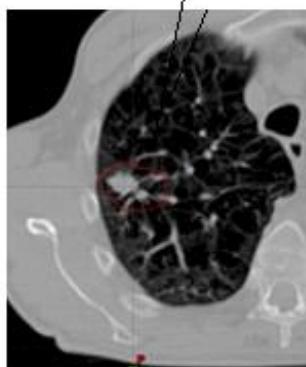
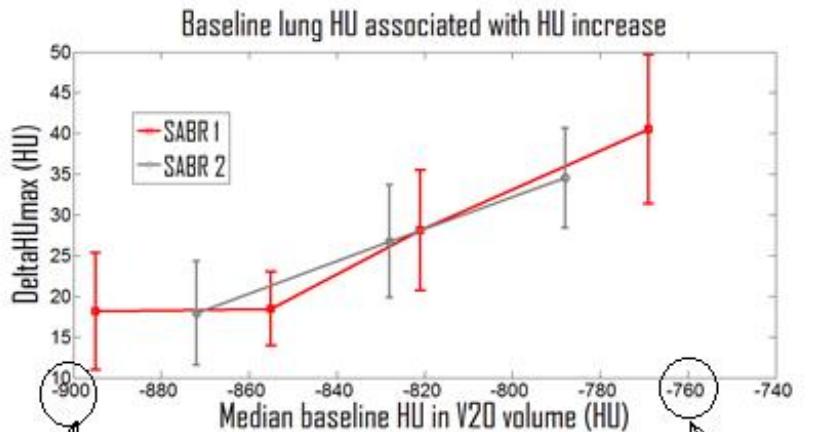
Change in Hounsfield Units ($\text{HU}_{3\text{M}} - \text{HU}_0$) per Gy for each individual patient:

- continuous scale
- >10-fold difference in radiosensitivity



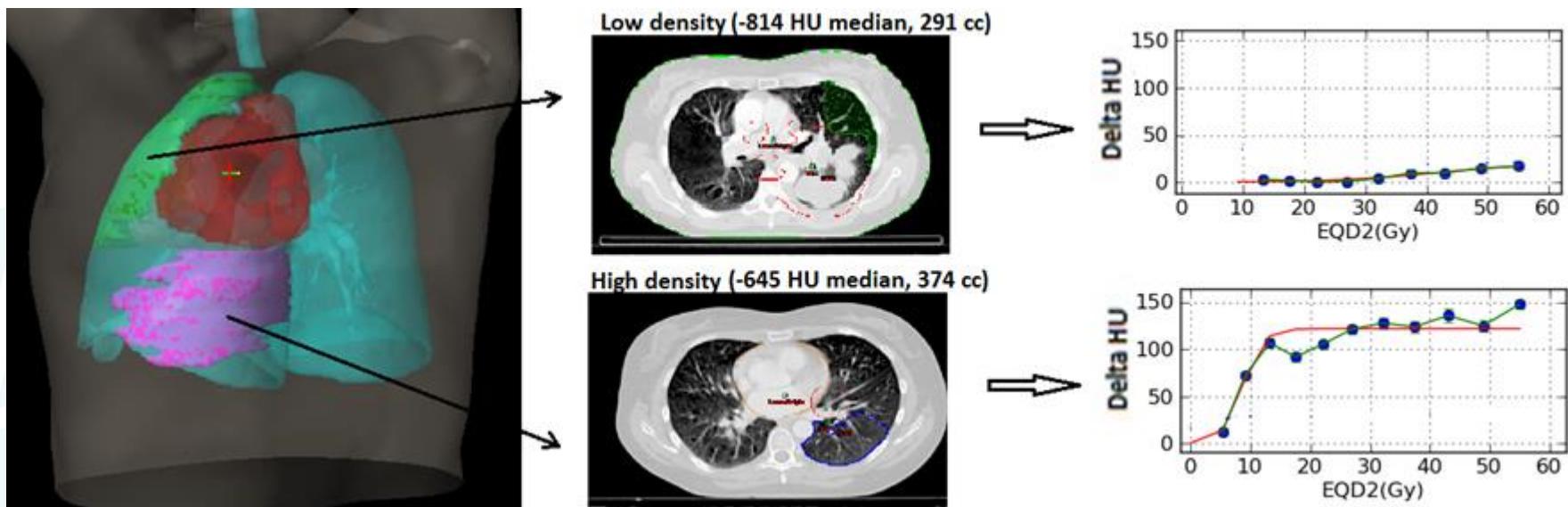
Individual dose-response relation

- SABR datasets
 - Saturation level ΔHU_{max} is a function of the baseline HU_0
 - Significant in SABR1 group (multivariate p<0.001)
 - AUC=0.77 for model predicting $\Delta HU_{max} > 30HU$



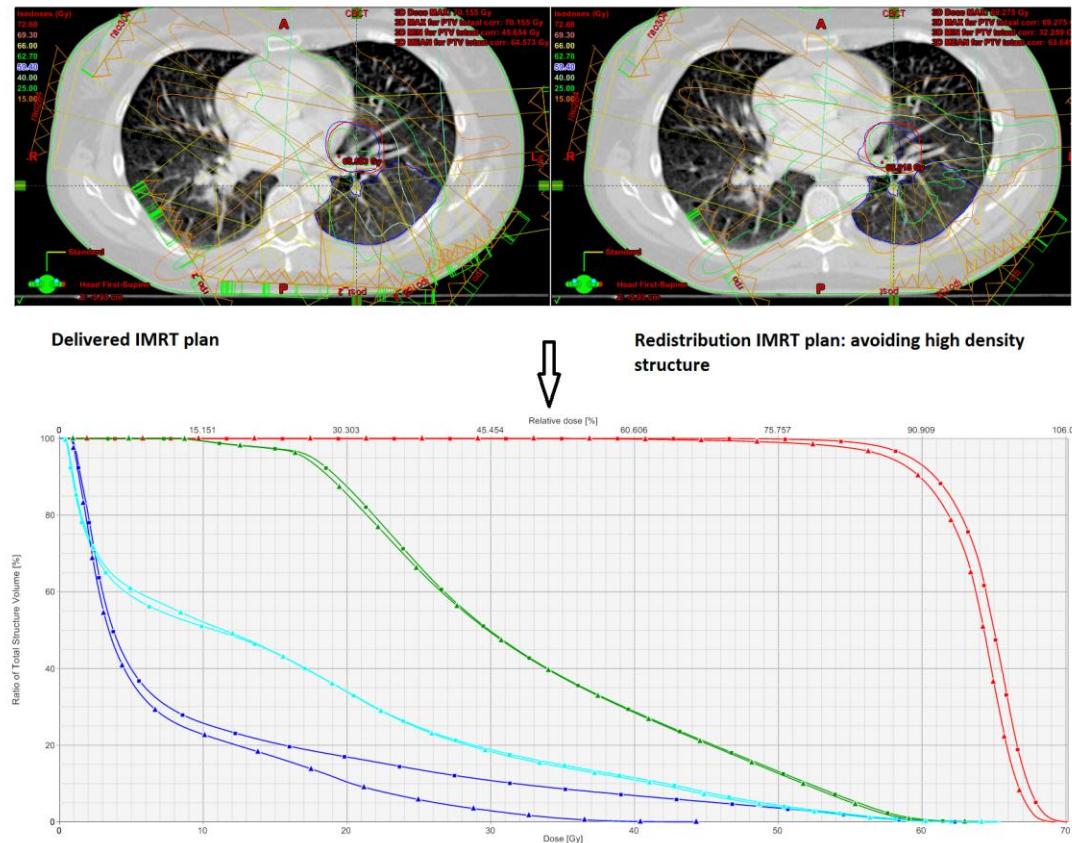
Heterogeneity within one lung

- Concept
 - Hypothesis: denser regions more prone to damage
 - Manually defined subregions maximally differing in density on planning CT
 - Lower lobe more radiosensitive



Redistribution of radiation dose

- Maximally sparing high-risk subregion
- Same PTV and OAR constraints (identical MLD!)



- High-risk subregion: mean dose reduction of 6.6 Gy

Possible ways to individualise

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Individual susceptibility on a genetic basis? Conflicting results in the past

VOLUME 27 · NUMBER 20 · JULY 10 2009

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Single Nucleotide Polymorphism at rs1982073:T869C of the *TGF β 1* Gene Is Associated With the Risk of Radiation Pneumonitis in Patients With Non-Small-Cell Lung Cancer Treated With Definitive Radiotherapy

Xianglin Yuan, Zhongxing Liao, Zhensheng Liu, Li-E Wang, Susan L. Tucker, Li Mao, Xin Shelley Wang,
Mary Martel, Ritsuko Komaki, James D. Cox, Luka Milas, and Qingyi Wei

Radiotherapy and Oncology 105 (2012) 296–298



Contents lists available at SciVerse ScienceDirect

Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com



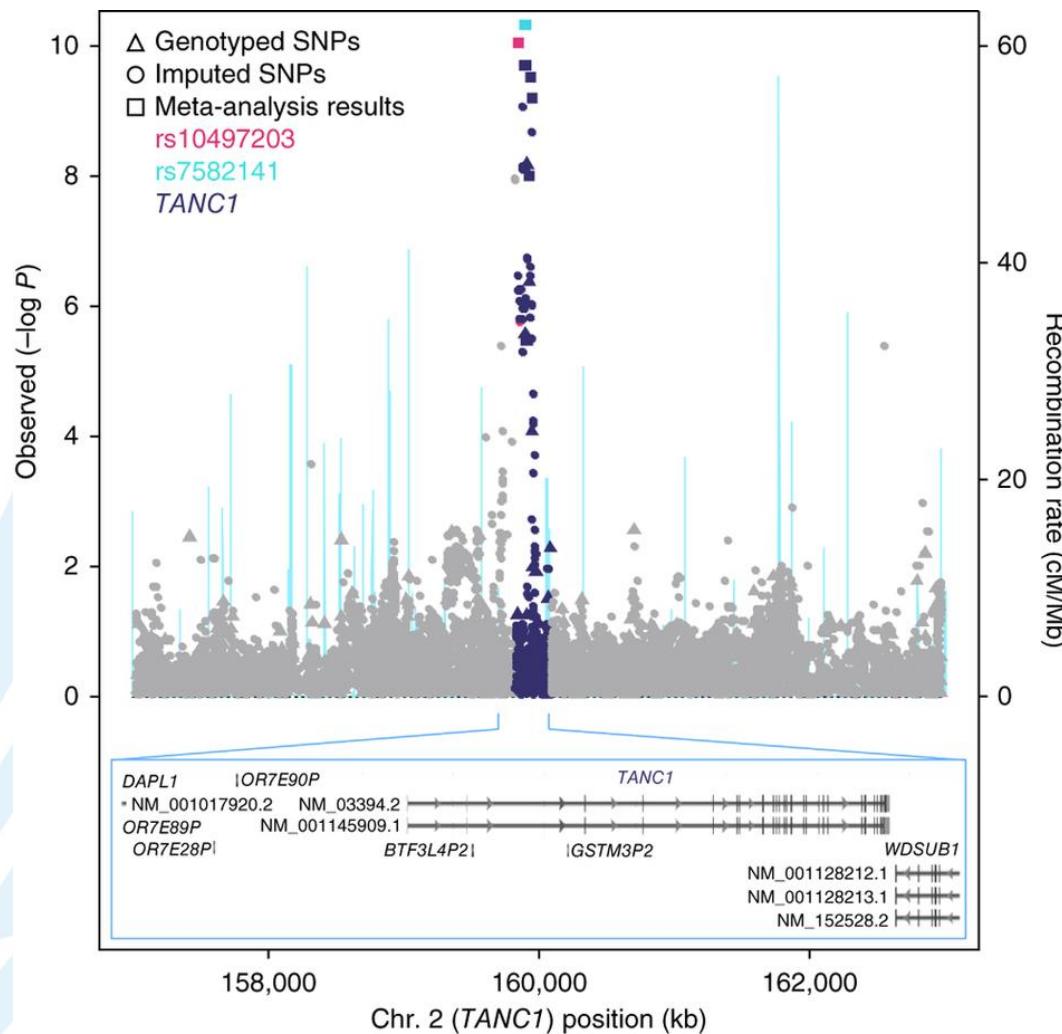
Clinical radiogenomics

No association between TGF- β 1 polymorphisms and radiation-induced lung toxicity in a European cohort of lung cancer patients

An M. Voets^a, Cary Oberije^a, Robin B. Struijk^a, Bart Reymen^a, Kim De Ruyck^b, Hubert Thierens^b,
Katrien Vandecasteele^c, Wilfried De Neve^c, Ruud Houben^a, Dirk De Ruysscher^a, Hubert J.M. Smeets^a,
Philippe Lambin^{a,*}

^a Maastricht University, The Netherlands; ^b Ghent University; and ^c Ghent University Hospital, Belgium

At present: Robust results (not yet RILD)

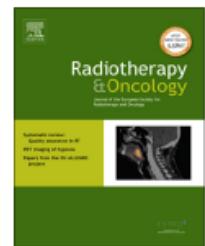




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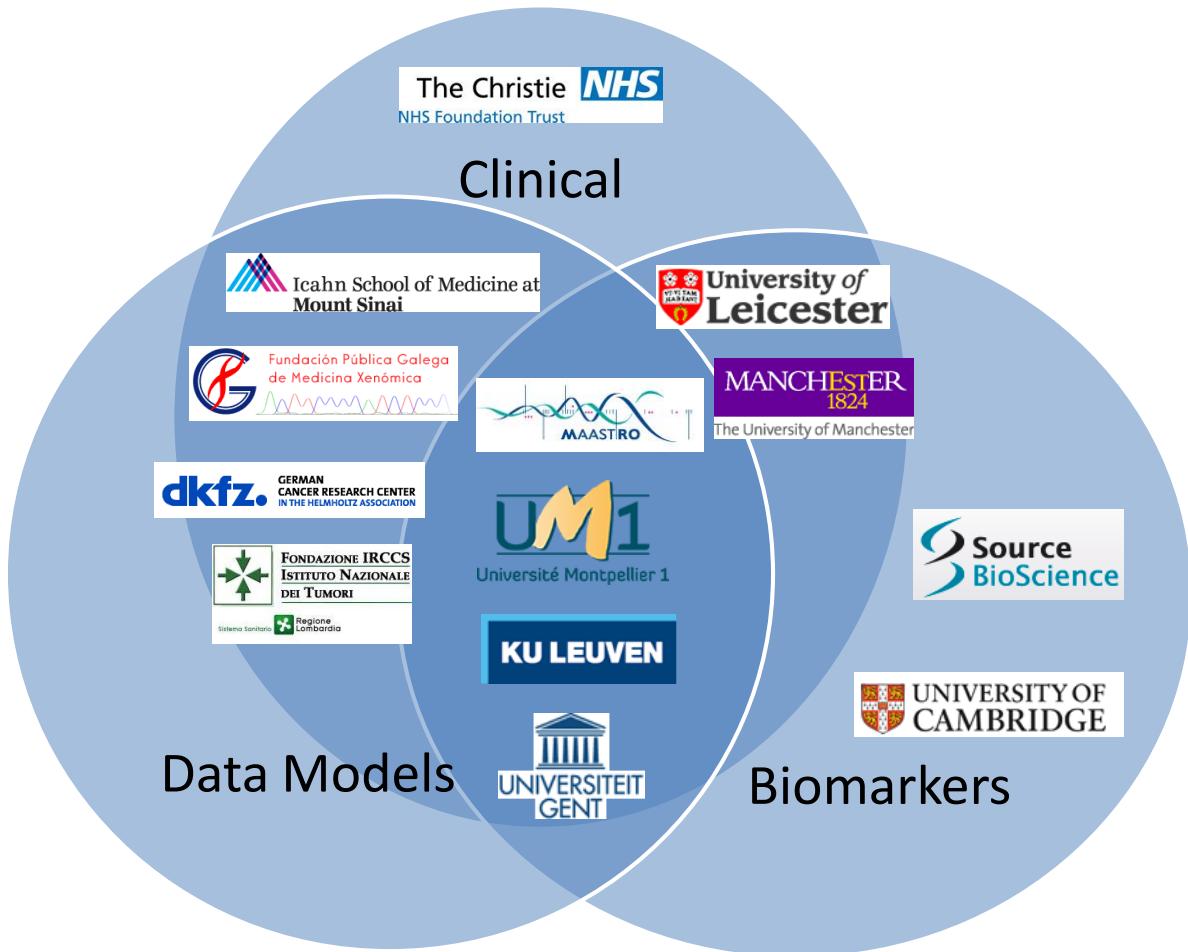
journal homepage: www.thegreenjournal.com



Review

STROGAR – STrengthening the Reporting Of Genetic Association studies in Radiogenomics

Sarah L. Kerns ^{a,b,c}, Dirk de Ruysscher ^d, Christian N. Andreassen ^e, David Azria ^f, Gillian C. Barnett ^g, Jenny Chang-Claude ^h, Susan Davidson ⁱ, Joseph O. Deasy ^j, Alison M. Dunning ^k, Harry Ostrer ^{b,c}, Barry S. Rosenstein ^a, Catharine M.L. West ^l, Søren M. Bentzen ^{m,*}



Great future ...

