

# LhARA Science Consultation Plan

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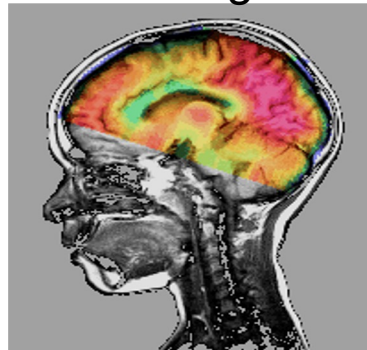
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# The Evolution of Technology to Increase Therapeutic Index

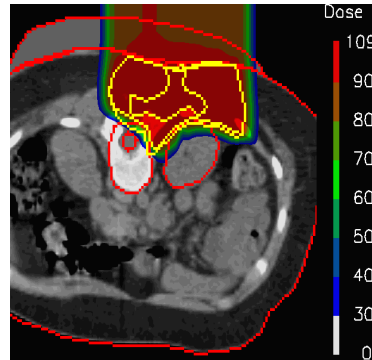
First Linac



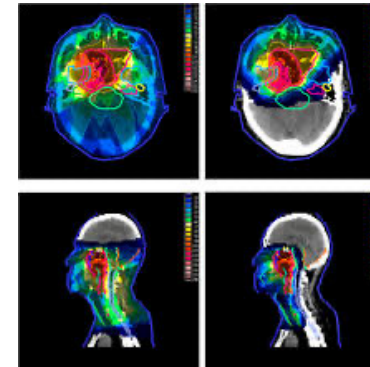
MRI & PET Scanning



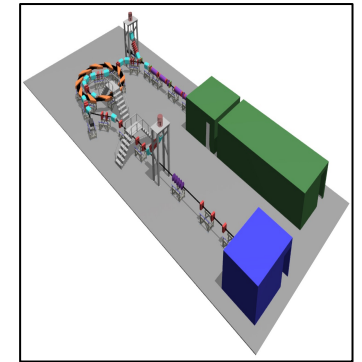
Proton Therapy



Hadron Therapy



LhARA



1960

1970

1980

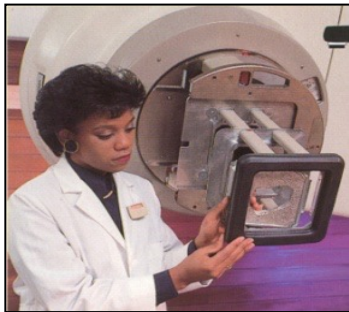
1990

2000

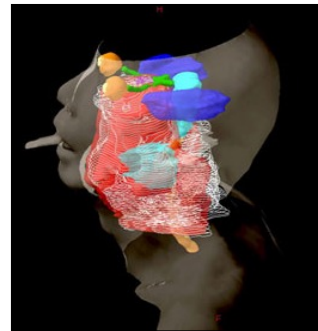
2010

2020

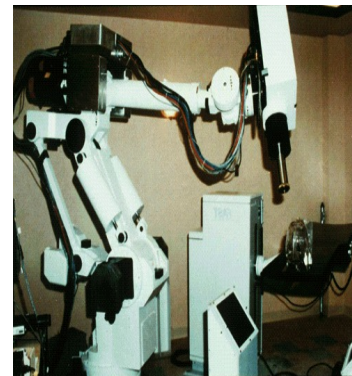
2028



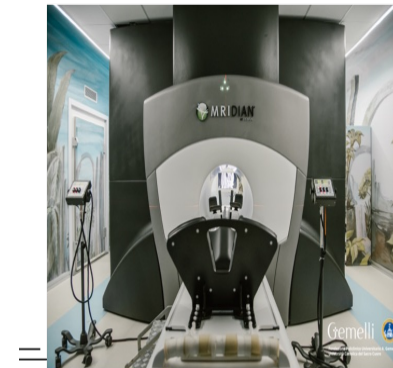
Shaped Electron Fields



Intensity Modulated Radiotherapy



SBRT



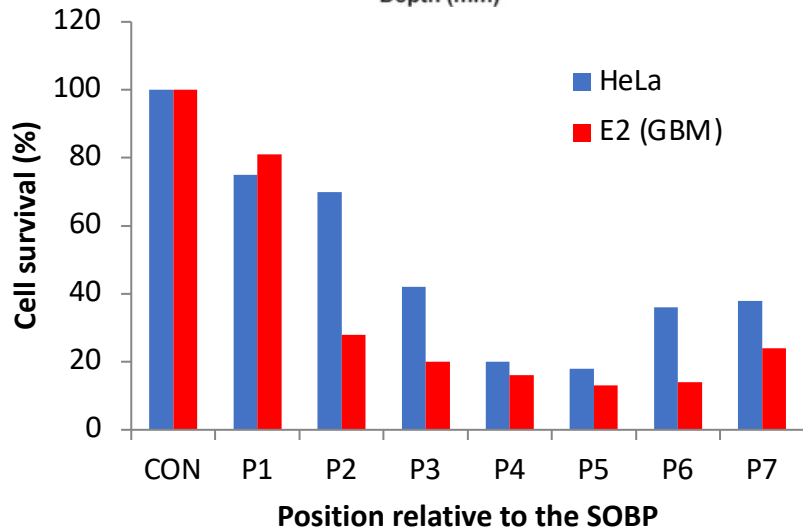
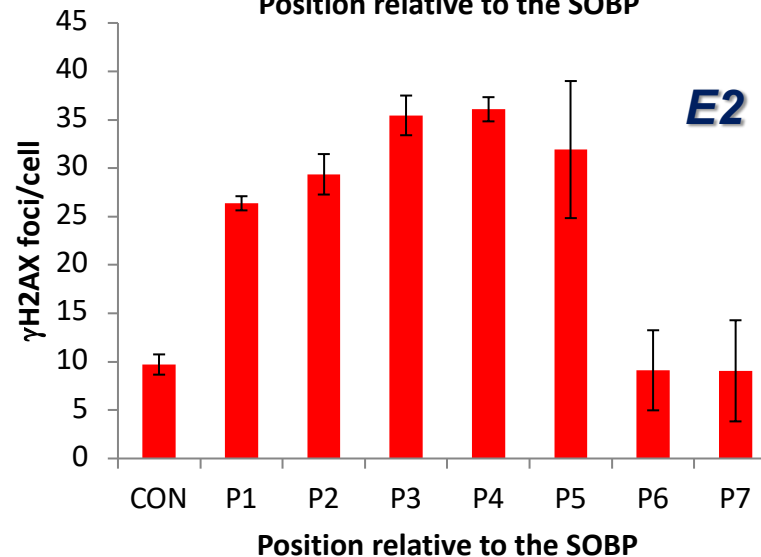
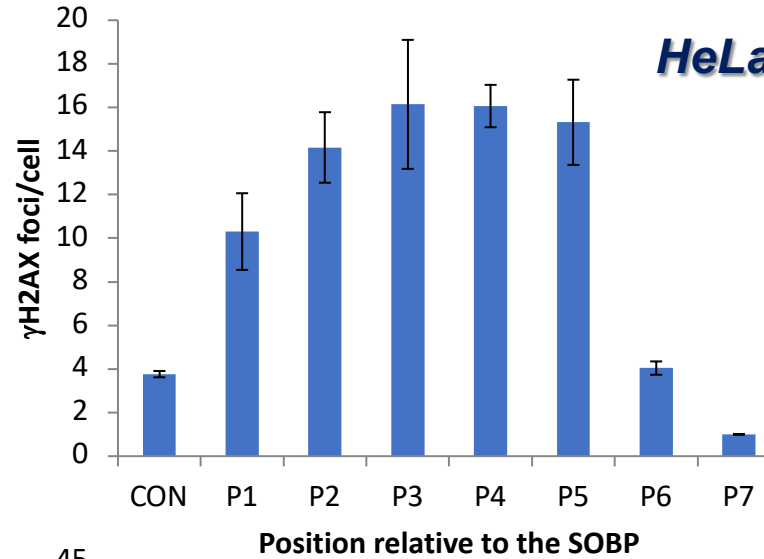
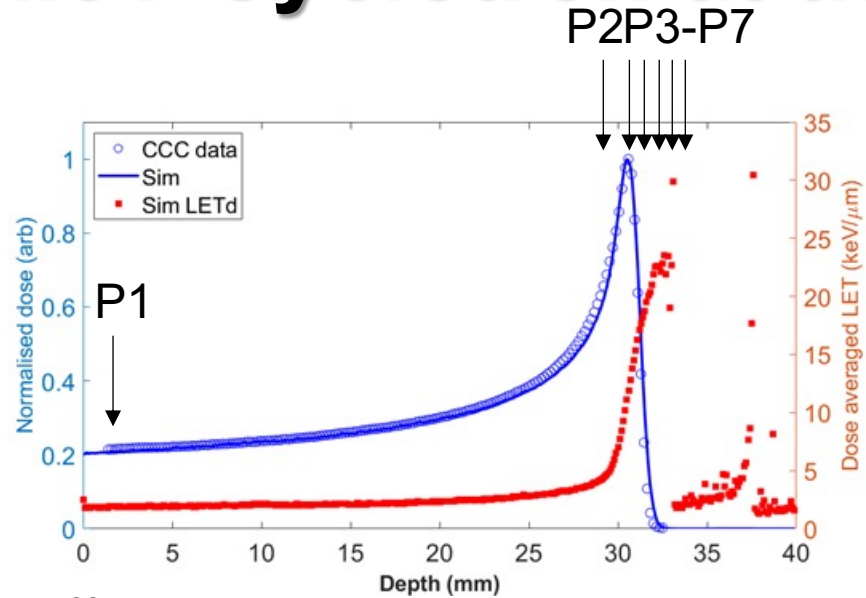
Adaptive Radiotherapy

ESTRO 38

# Radiobiological Research Directions for LhARA

- Characterising the key biophysical characteristics of laser-driven ions compared to conventional ions by interrogating the response of different models. Specially those enriched in stem-cell populations.
- Assessing the impact of oxygenation levels on DNA damage and immune responses in response to different temporal and spatial patterns.
- Identify the impact of genetic mutations where ion beams would be effective.
- Test the impact ultra-high dose-rate and spatially delivered ions on cell killing using in vivo mouse models and probe the impact of clinically relevant fractionation schedules.

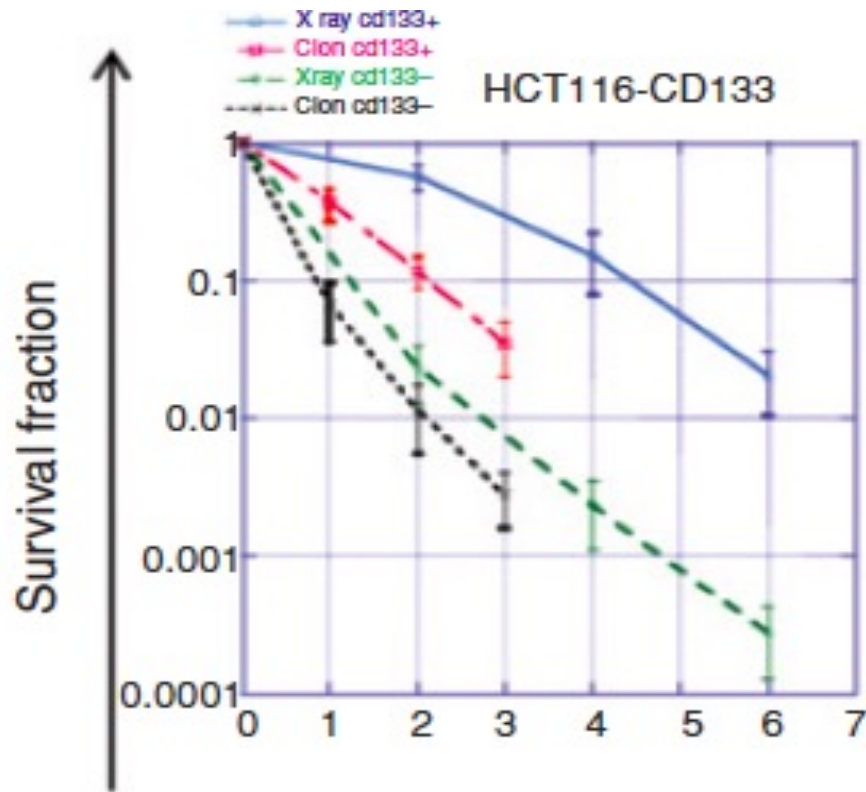
# Detailed Radiobiological Characterisation of the 60 MeV Cyclotron at the Clatterbridge Cancer Centre



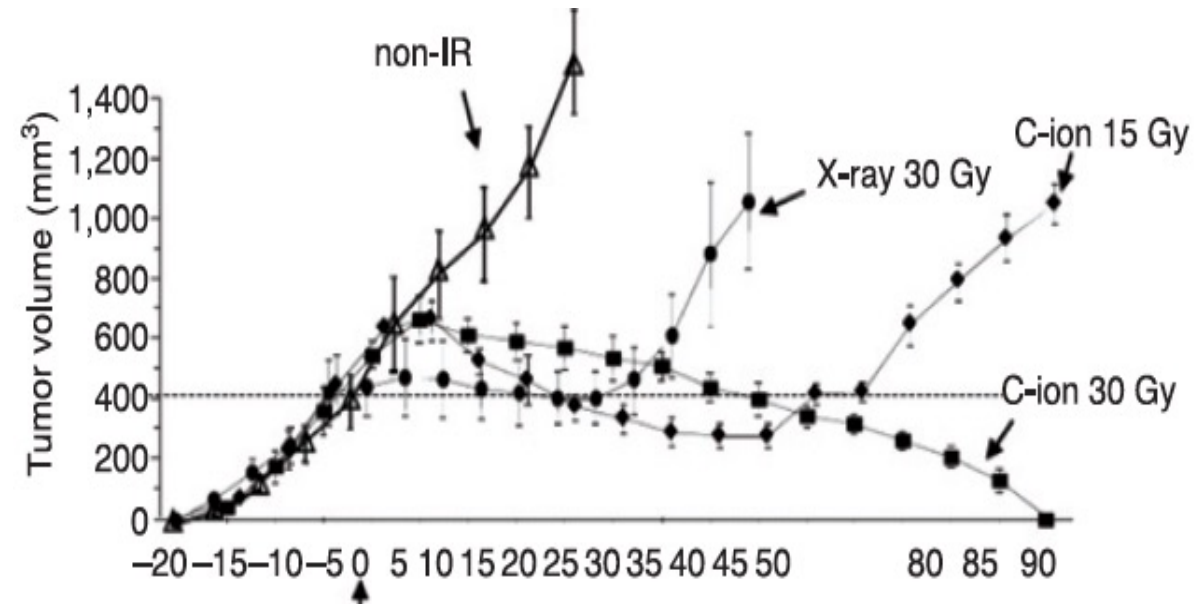
Cell survival and DNA damage/repair data will now be compared to the profile acquired using the MC40 cyclotron in Birmingham

# Carbon Ions are More Effective In Killing Cancer Stem Cells

In vitro clonogenic survival

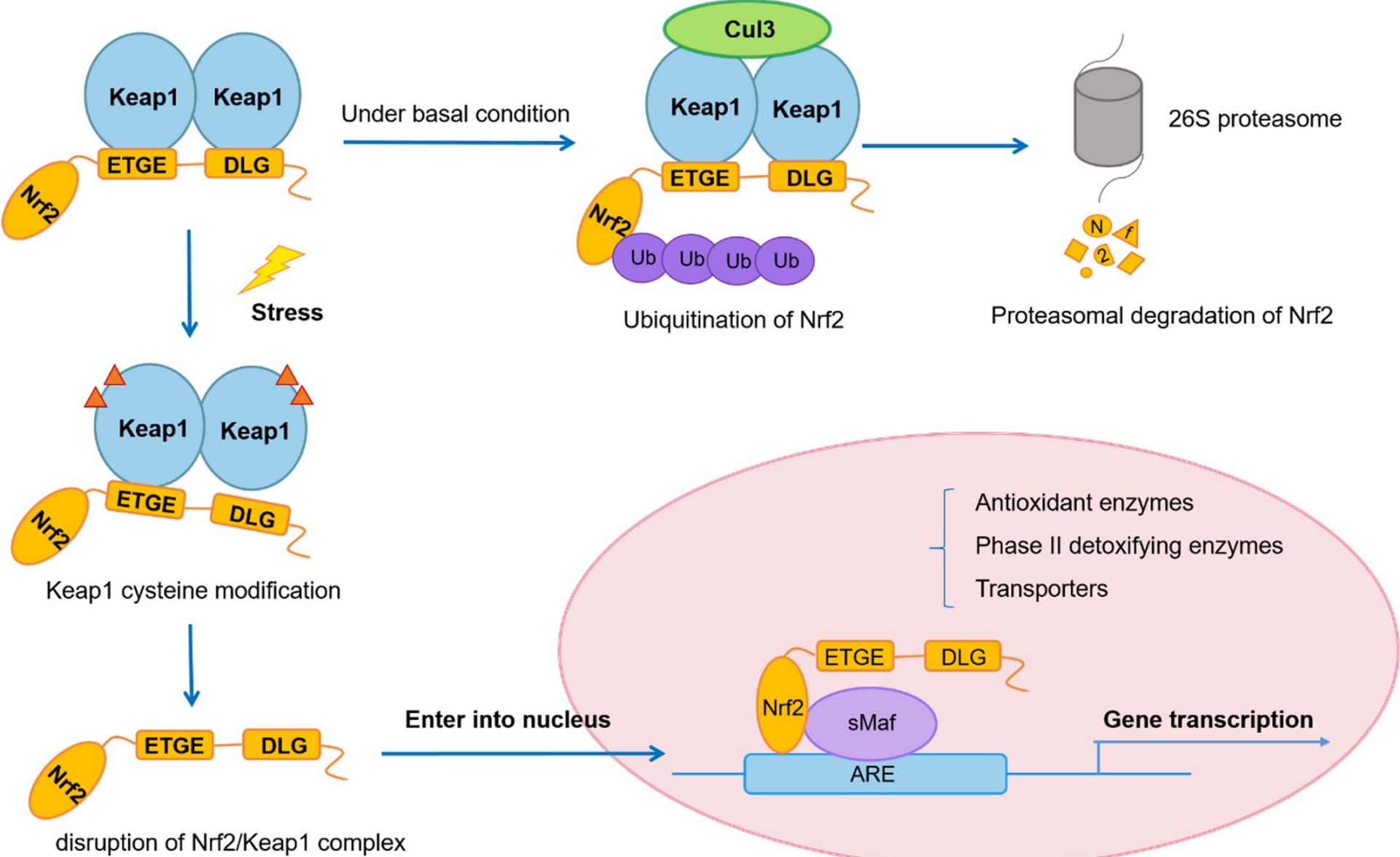


In vivo growth by beam type and dose



# Genetic Pathways Potentially Benefiting from LhARA

## Nrf2-Keap1 Pathway

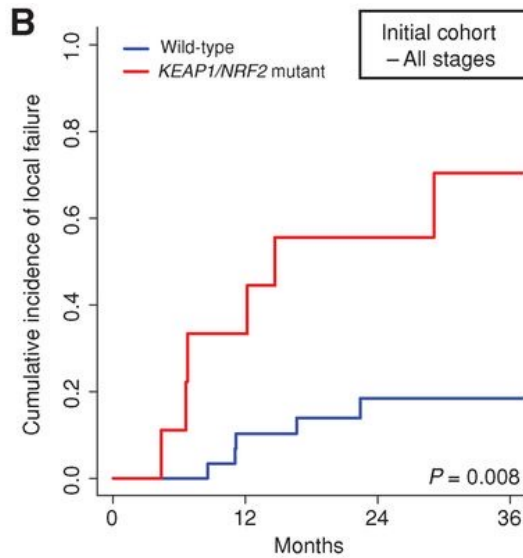


# KEAP1/NRF2 Mutation Status Predicts Local Failure after Radiotherapy in Human NSCLC

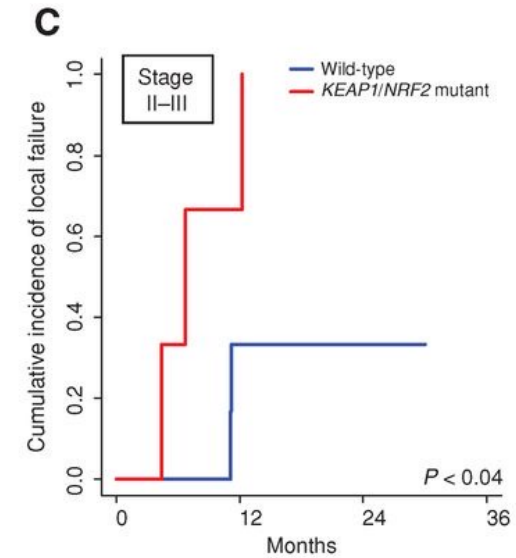
**A**

		Wild-type (n = 33)	KEAP1/NRF2 mutant (n = 9)	P
Sex	M	9 (27%)	5 (56%)	0.23
	F	24 (73%)	4 (44%)	
Median age, years (range)		70 (42–91)	66 (56–91)	0.45
Median follow-up, mo. (range)		24 (6–53)	25 (7–63)	0.47
Histology	SCC	5 (15%)	1 (11%)	0.85
	Adenoca	25 (76%)	7 (78%)	
	Other	3 (9%)	1 (11%)	
Stage	I	22 (67%)	5 (56%)	0.54
	II	6 (18%)	1 (11%)	
	III	5 (15%)	3 (33%)	
Median tumor volume, mL (range)		16.2 (0.8–569.8)	16.1 (1.0–218.5)	0.48
Radiation type	SABR	25 (76%)	6 (67%)	0.68
	CFRT	8 (24%)	3 (33%)	
Chemotherapy	Yes	7 (21%)	3 (33%)	0.66
	No	26 (79%)	6 (67%)	

**B**



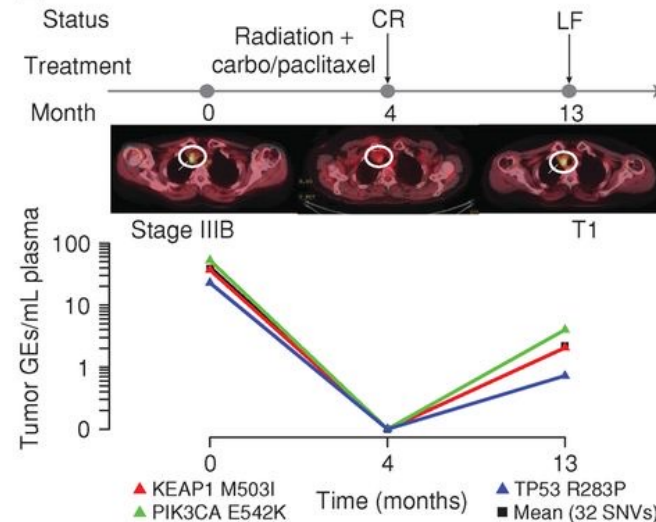
**C**



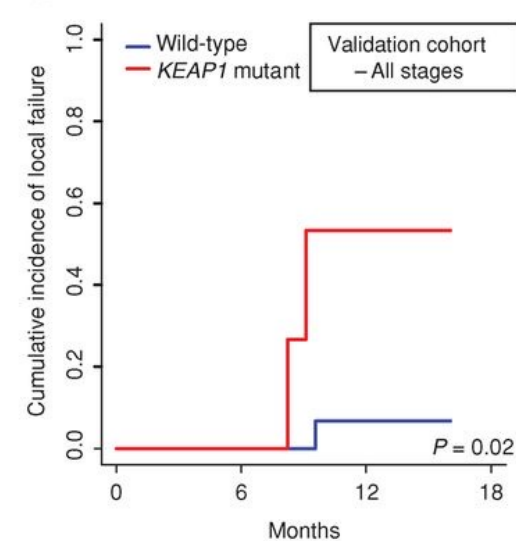
**D**

Patient	Age	Sex	Stage	KEAP1 mutations	
				Tumor variant	ctDNA variant (%AF)
T1	56	F	IIIB	M503I	M503I (3.38%)
T2	56	F	IIIB	R483C	R483C (0.44%)
T11	46	F	IIA	Wild-type	Wild-type
T13	81	F	IB	Wild-type	Wild-type
T14	78	M	IB	Wild-type	Wild-type
T23	51	F	IIIA	Wild-type	Wild-type
T35	48	F	IIIB	Wild-type	Wild-type

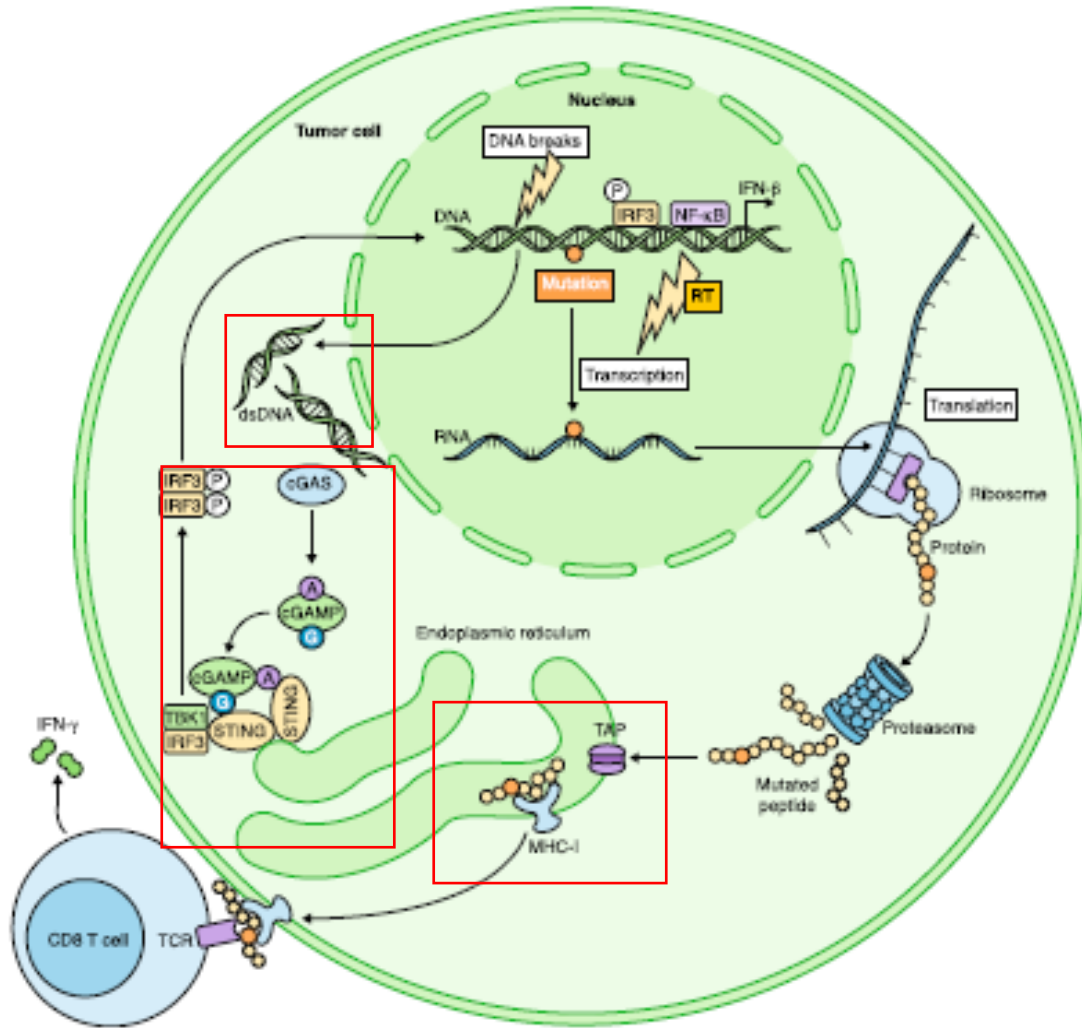
**E**



**F**



# Immune Effects of RT



After RT:

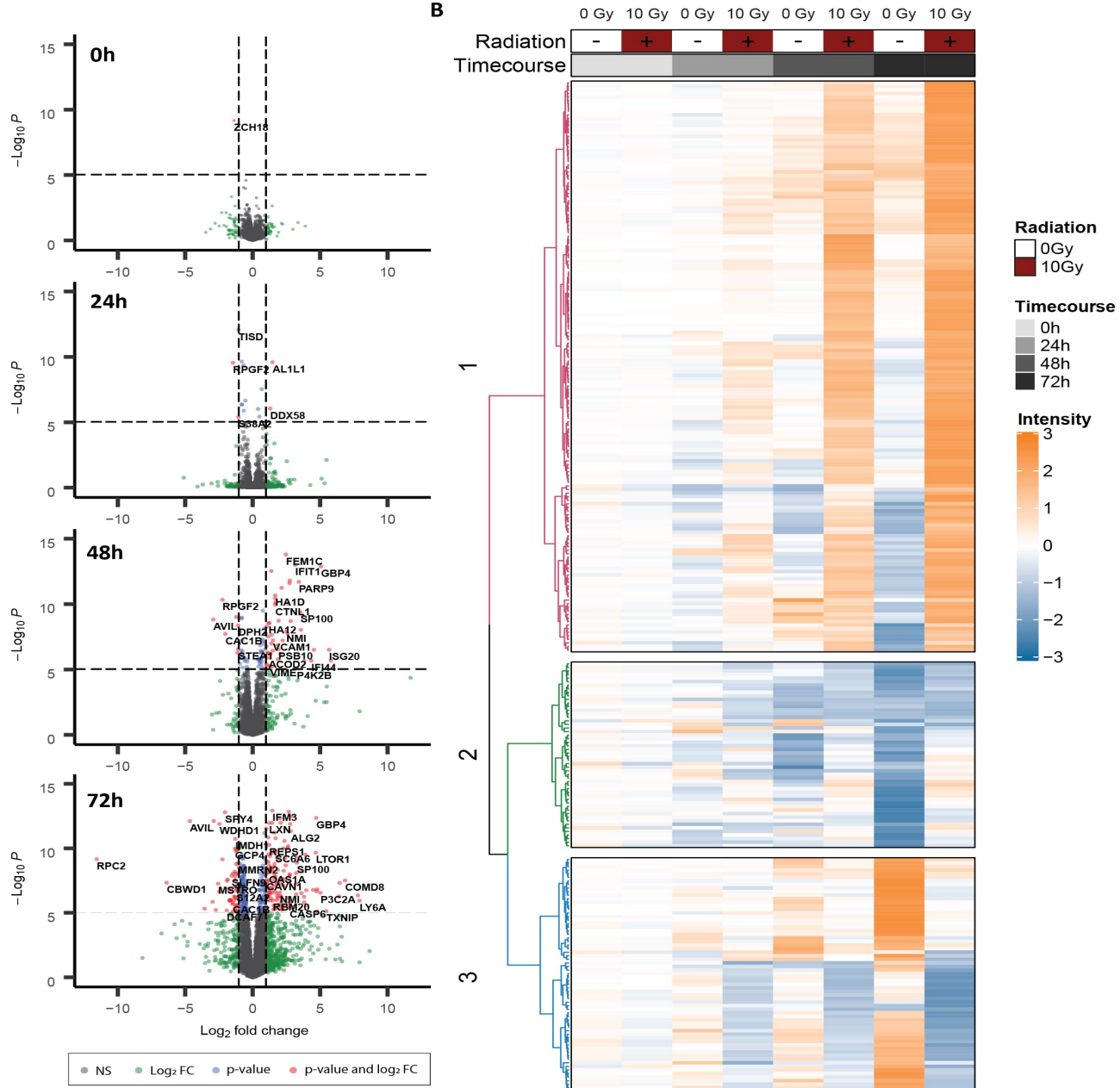
- DNA damage results in genome instability and an increase in cytosolic DNA
- Cytosolic DNA can activate the cGAS/STING pathway which results in the transcription of type I interferons

*Lhuillier et al. Genome Medicine (2019)*

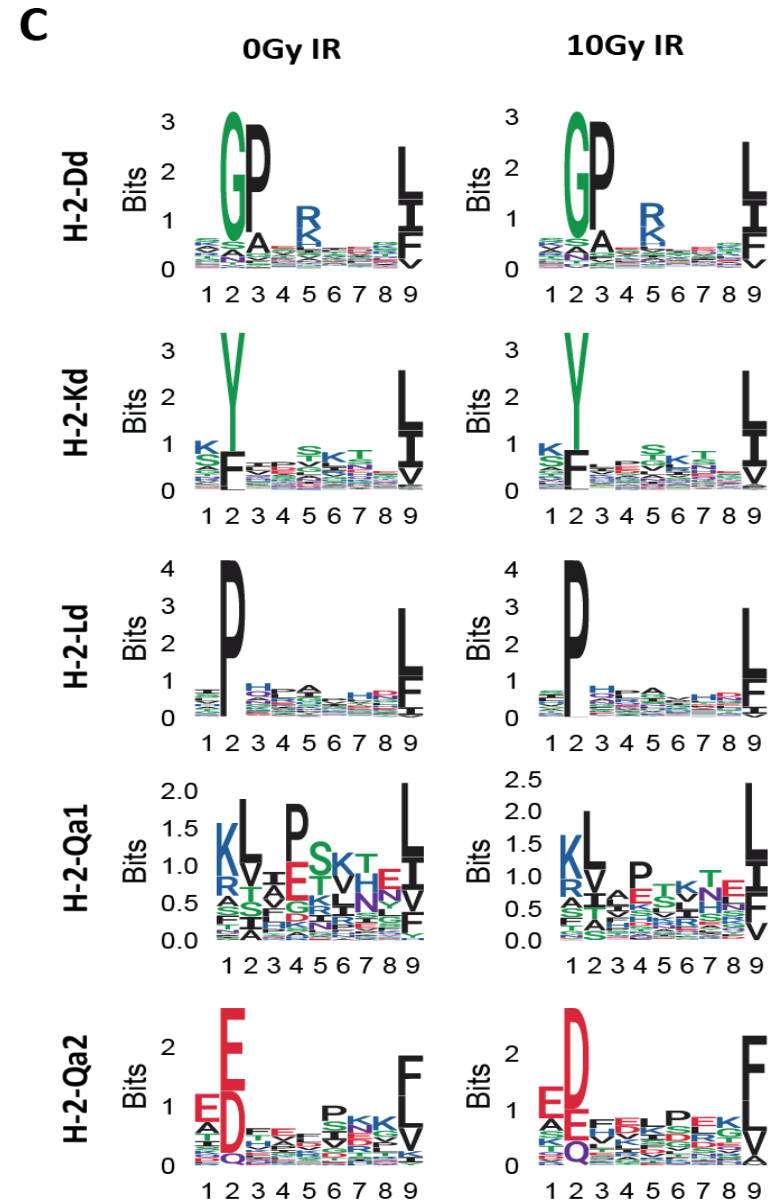
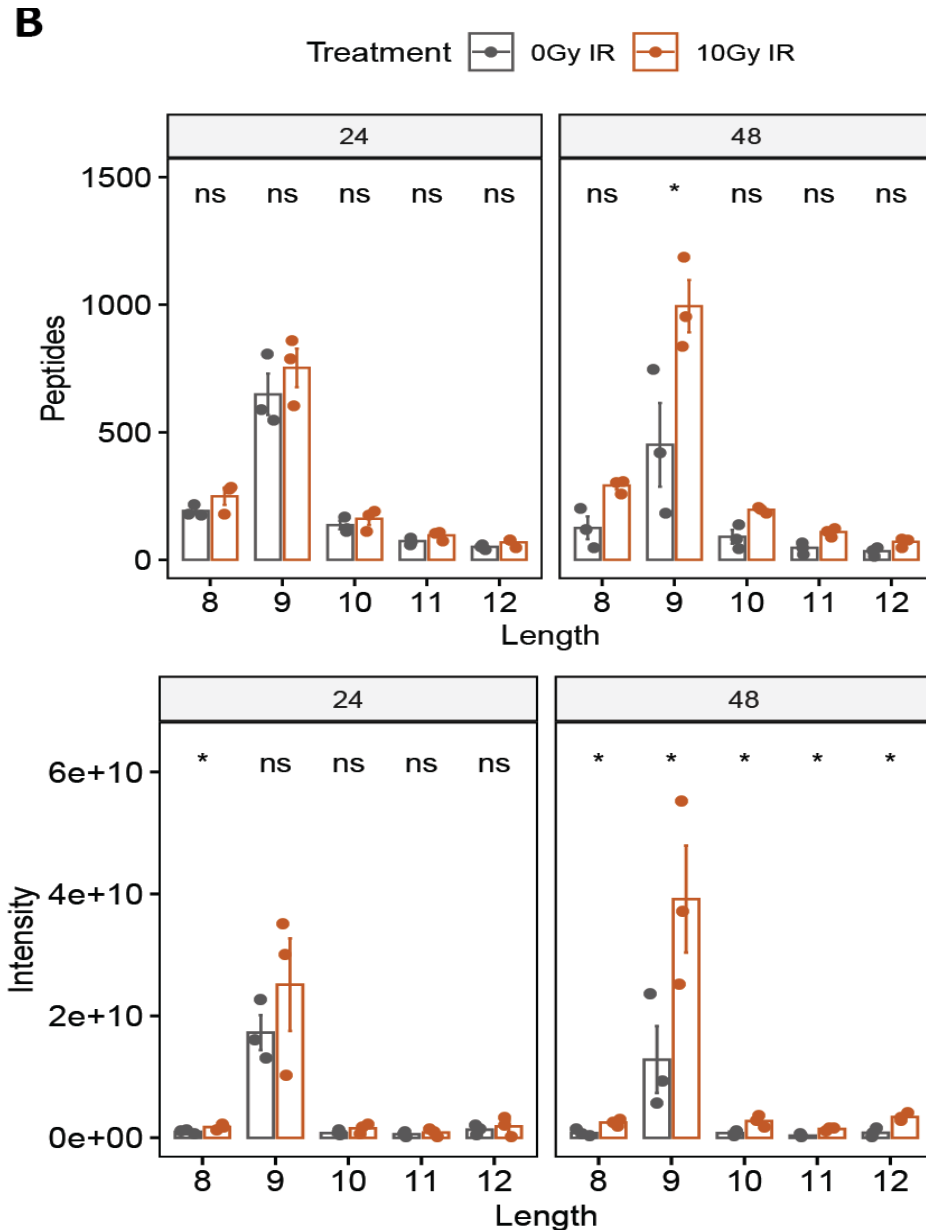
*Lhuillier et al. J Clin Invest (2021)*



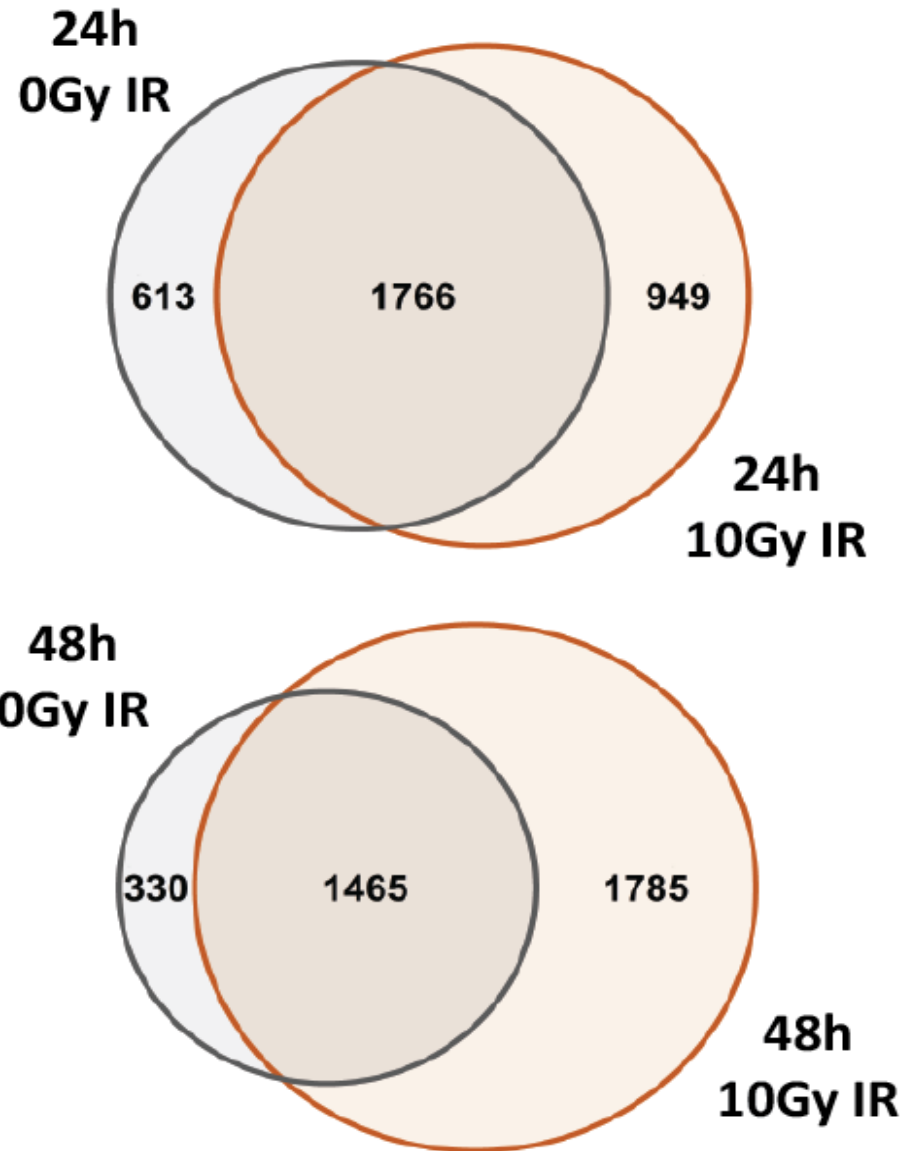
# Analysis of Proteomic Changes after RT



# Changes in Immunopeptidome after RT

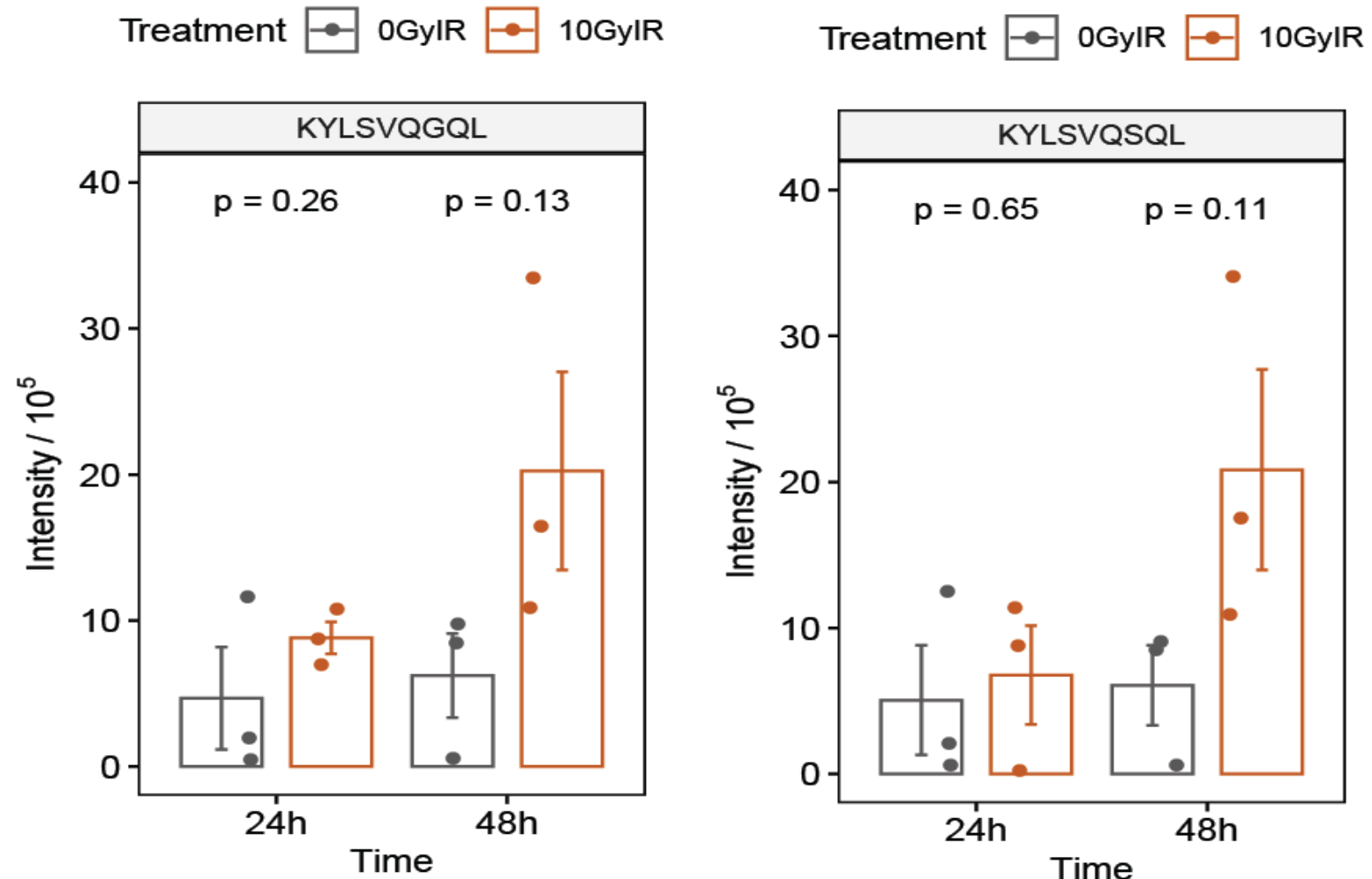


# A Doubling of Peptides Bound to MHC after RT

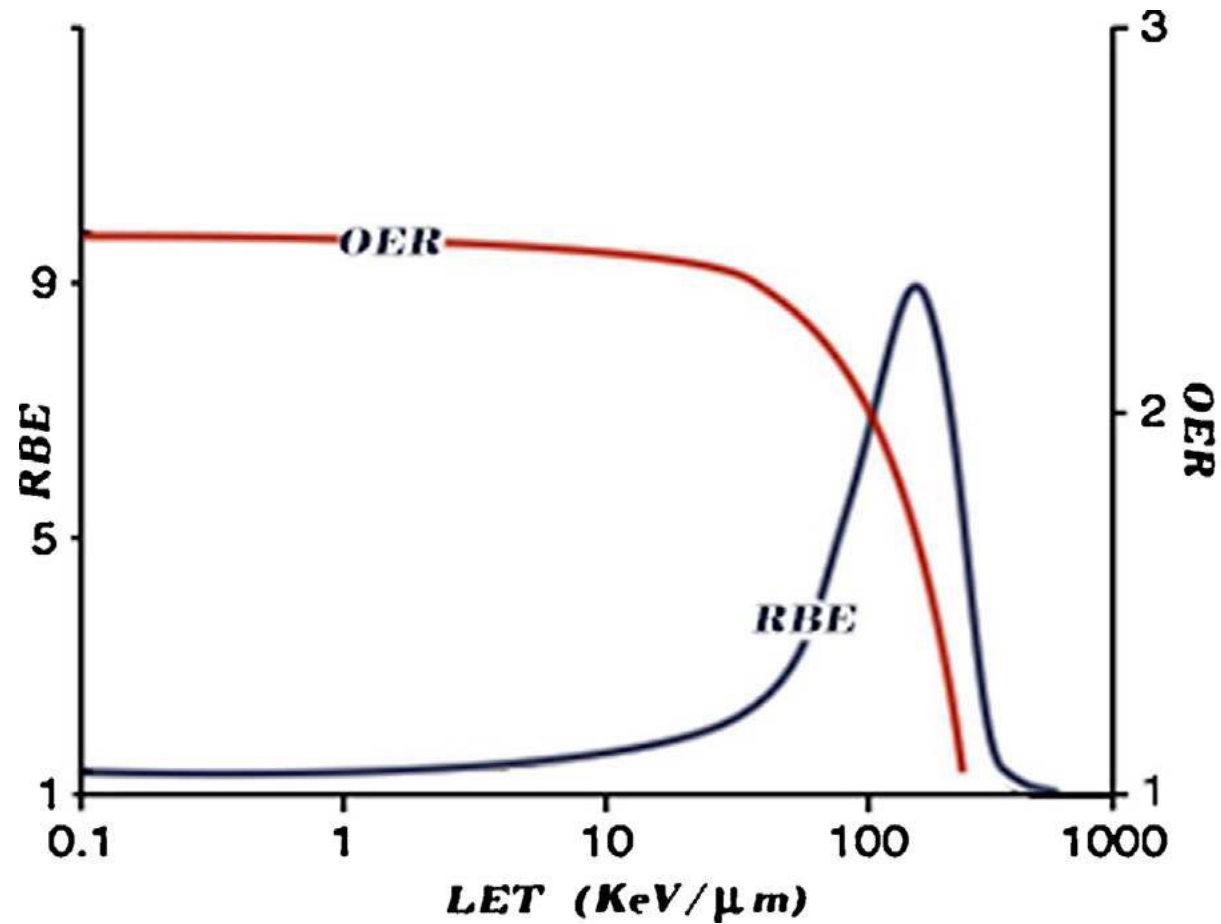


# Example of a Unique Radiation Induced Peptide

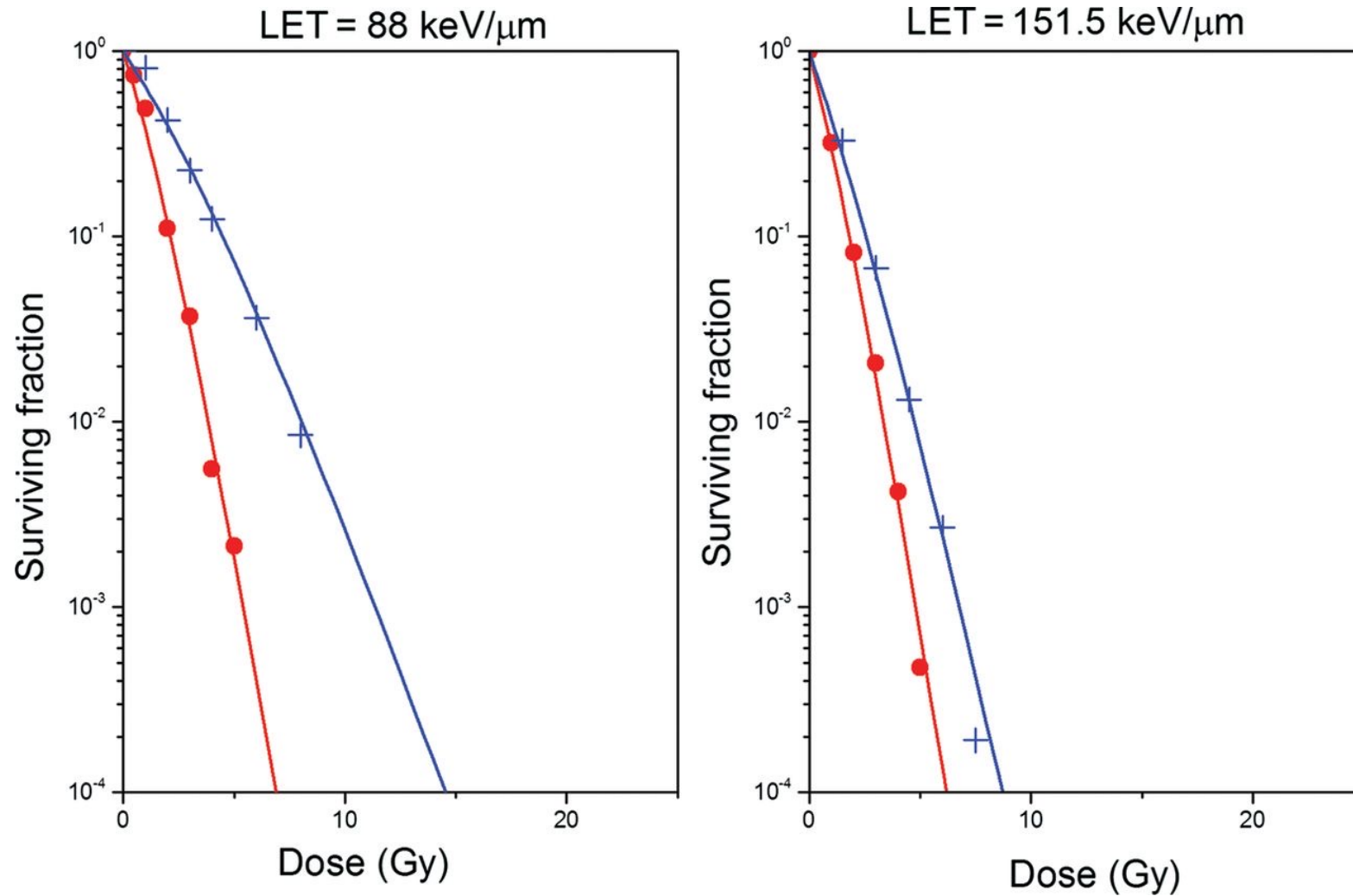
E



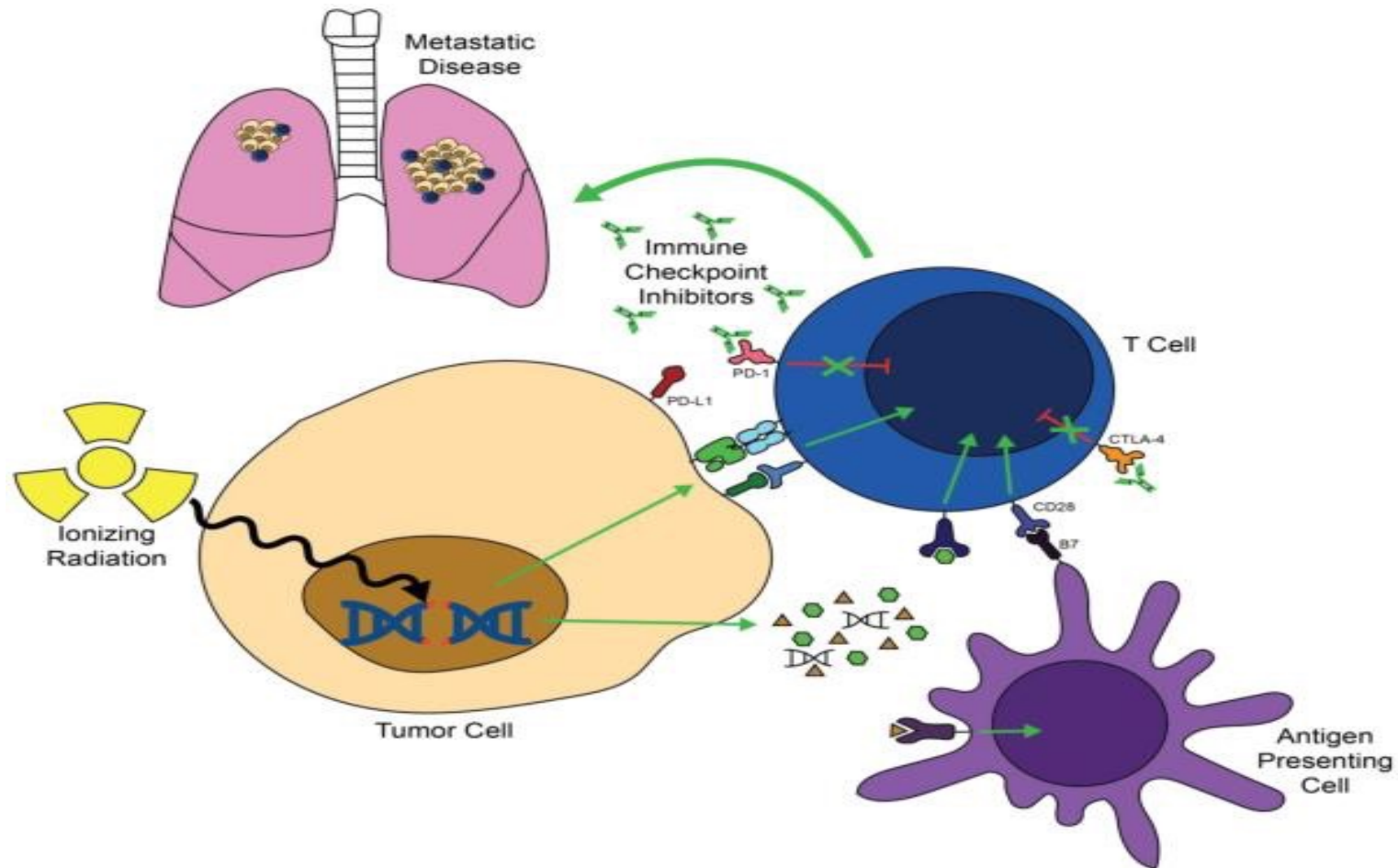
# *The Relationships of RBE and OER vs LET.*



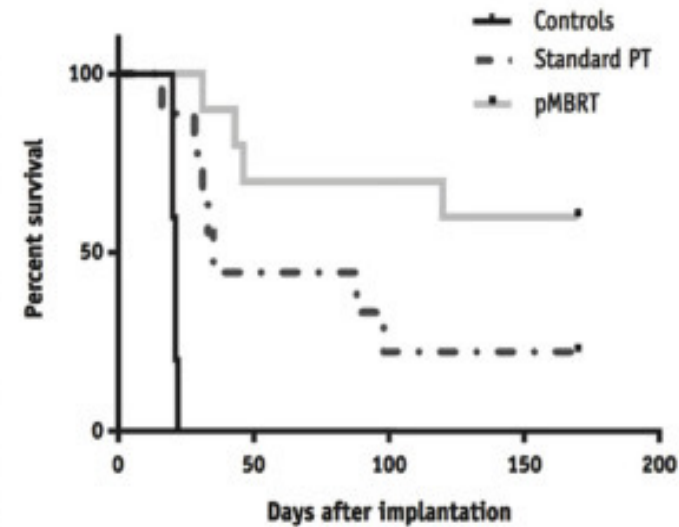
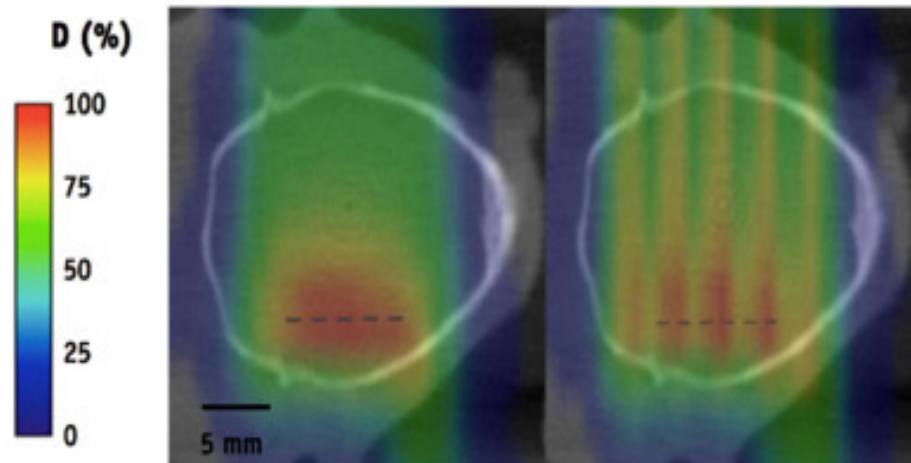
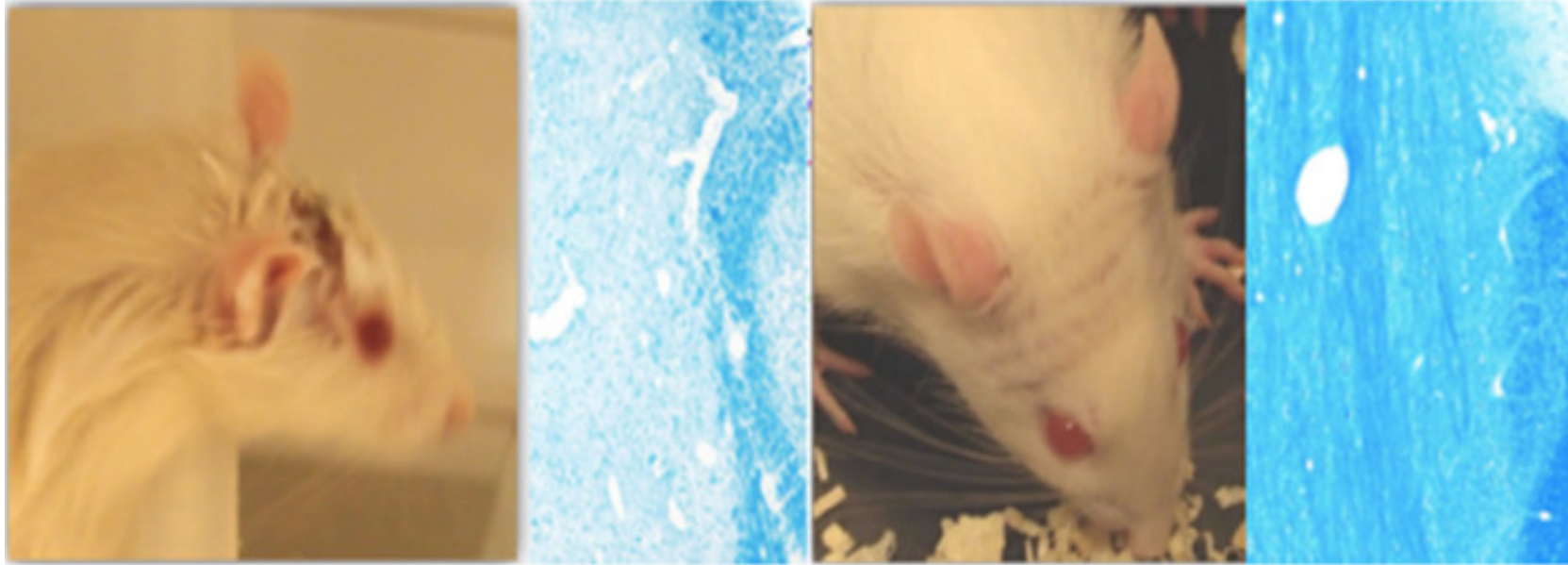
# Survival of Cells Irradiated with Carbon Ions in Oxidic (red curves) and Hypoxic conditions (blue curves) for Two Different LETs



# Combining LhARA Ion Therapy with Immune Checkpoint Inhibitors

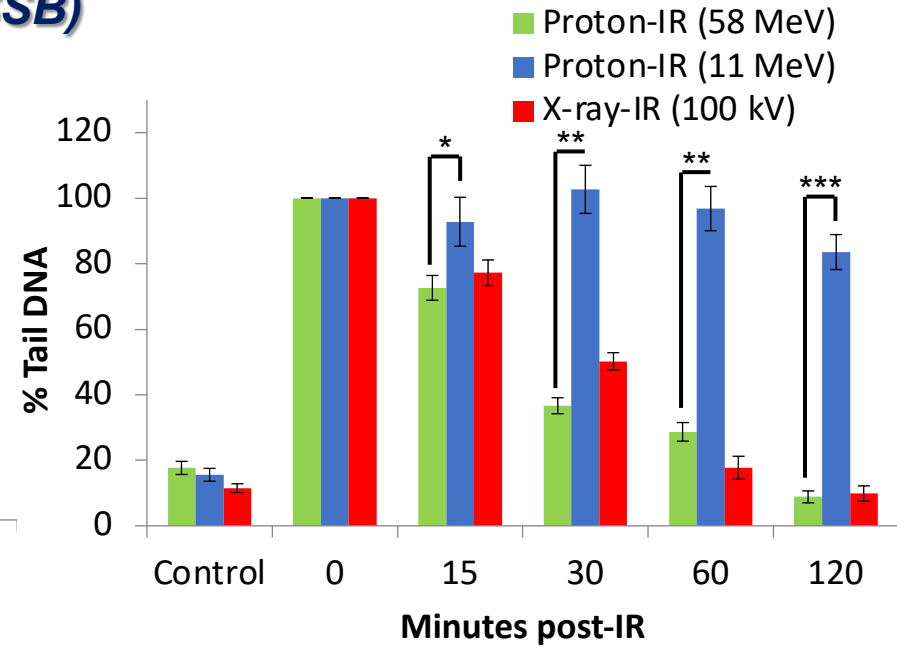
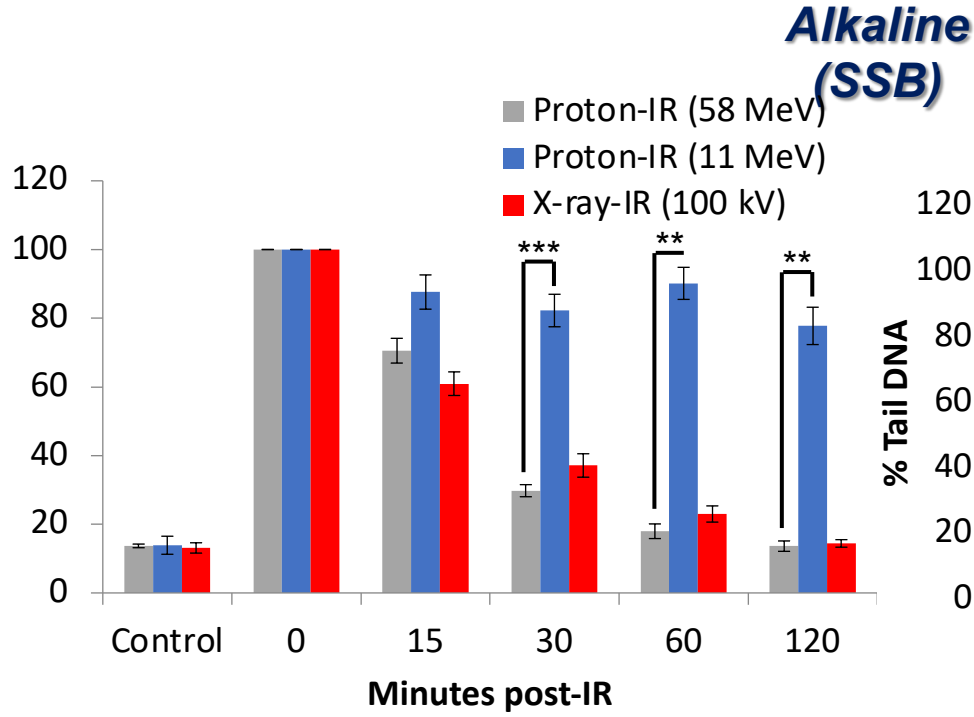
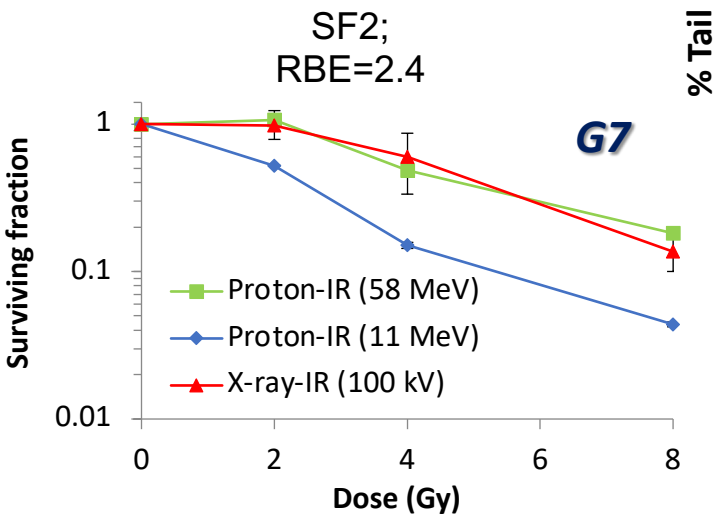
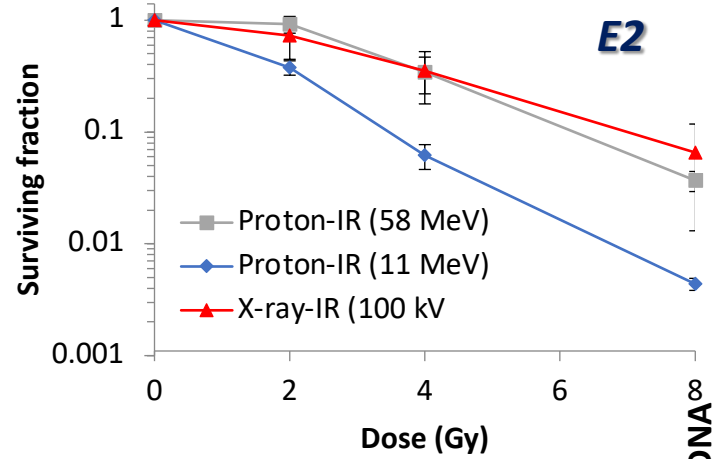


# Response to Proton Minibeam Irradiation





# “Relatively” high-LET protons cause a decrease in GBM cell survival due to CDD formation compared to low-LET protons



\*p<0.02, \*\*p<0.005, \*\*\*p<0.002

**58 MeV (1 keV/μm); 11 MeV (12 keV/μm)**

# Summary

## Technical advantages of the LhARA facility

- Provides a reproducible, stable and reliable beam critical for acquiring accurate radiobiological data, and for performing systematic evaluations of the biological response.
- Beam which is flexible, easily accessible, and potentially high throughput (unlike clinical facilities).
- Ions can be delivered in very short pulses (10-40 ns) and high repetition rates.
- Ability to deliver particle ions at different energies/LET (protons at 15 and 125 MeV; carbon ions at 30 MeV) and at different dose rates (e.g. FLASH).
- *In vitro* and *in vivo* end-stations both for routine cell culture experiments (with automated handling in controlled environments), but also animal irradiations.
- Stimulate the analysis of more complex biological end-points.
- Potential for live cell imaging, rather than single end-point measurements.

