

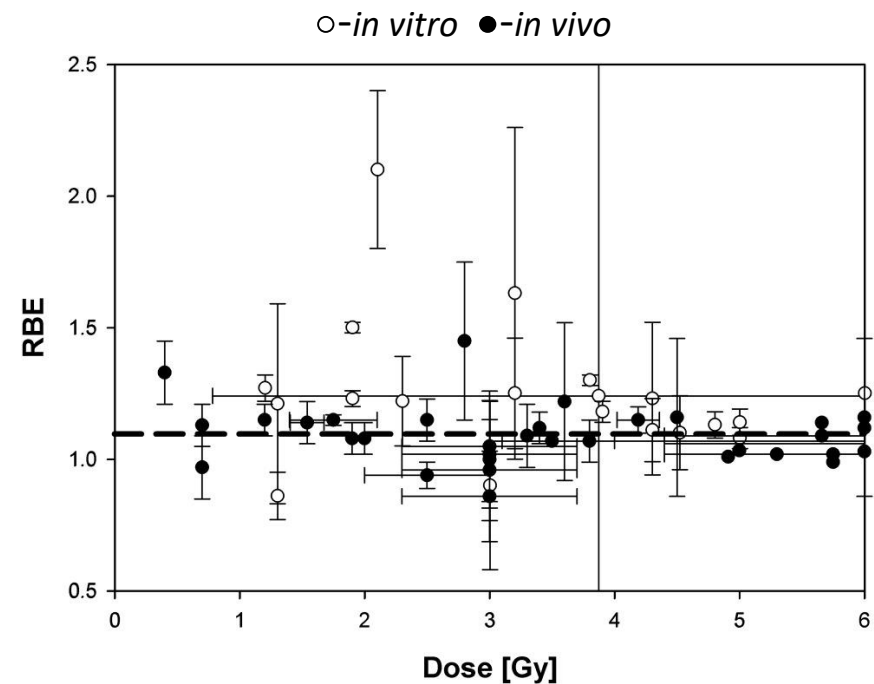
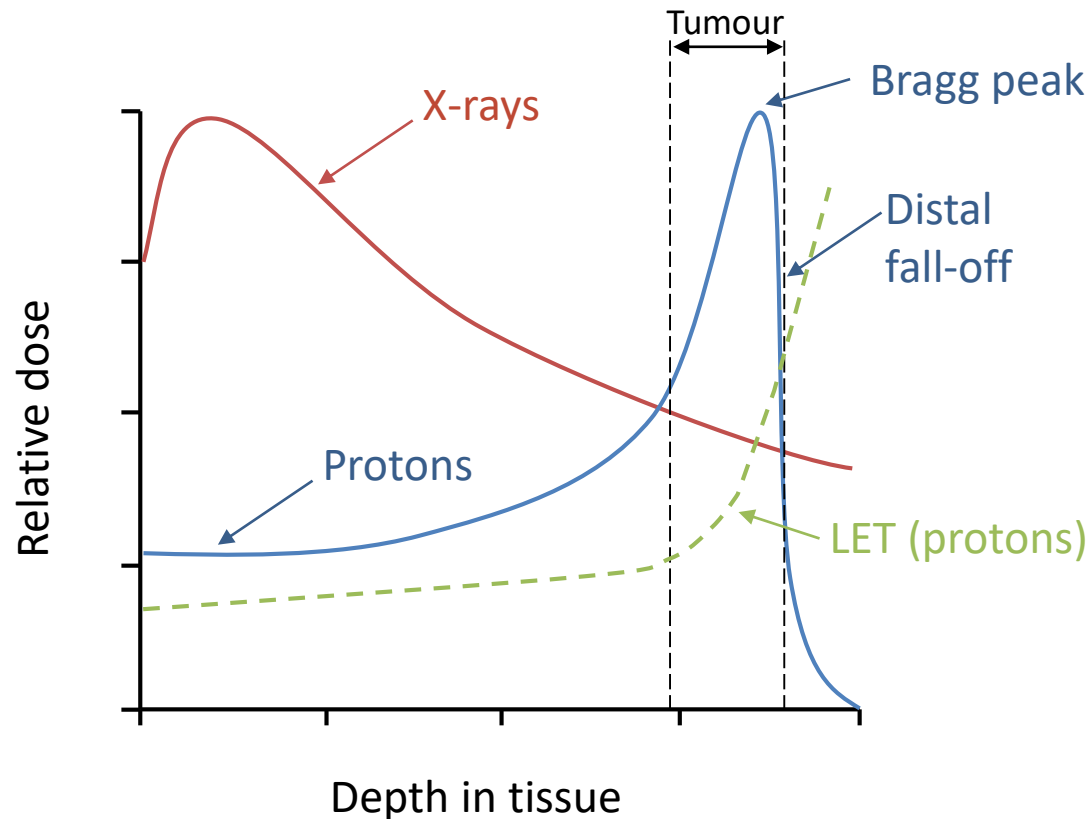


LhARA: Summary and Outlook

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The advantages but also biological uncertainties following proton beam therapy



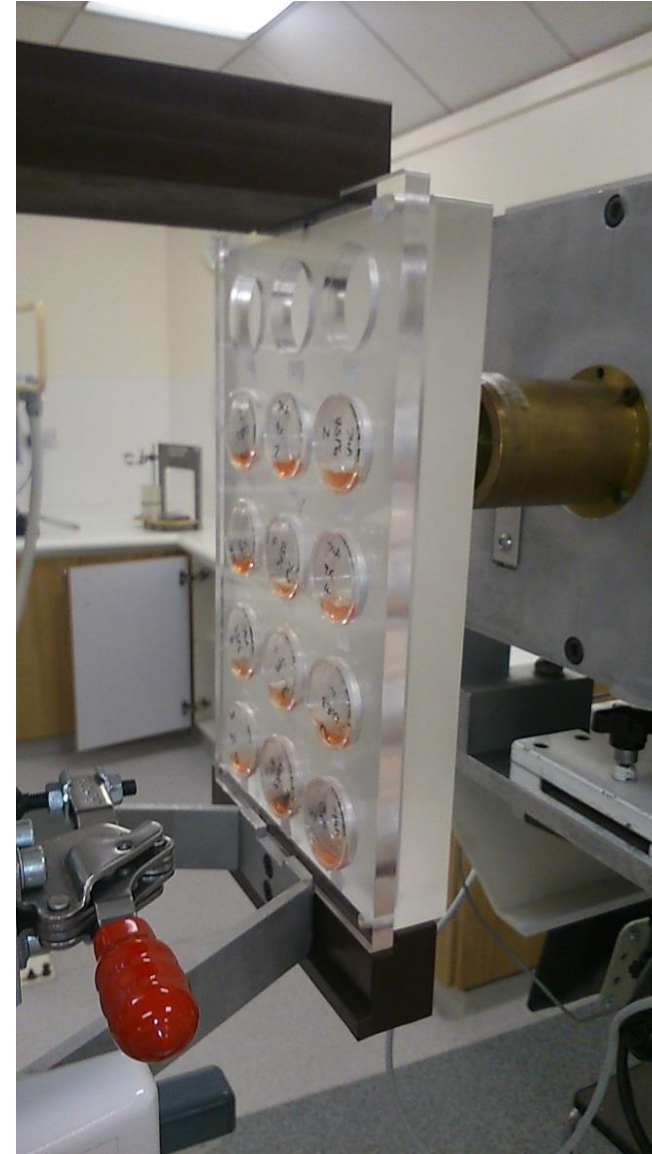
Taken from Paganetti and van Luijk (2013) *Sem Rad Oncol*

- Further research exploiting the biological impact of PBT is vital for establishing biological effectiveness (RBE) and optimal clinical treatment for tumours.

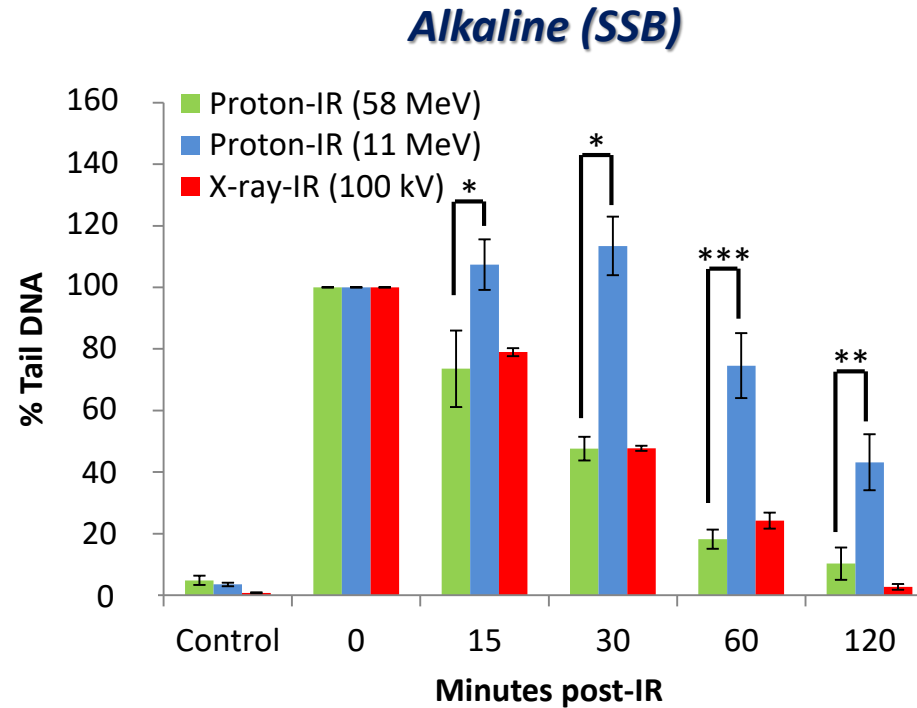
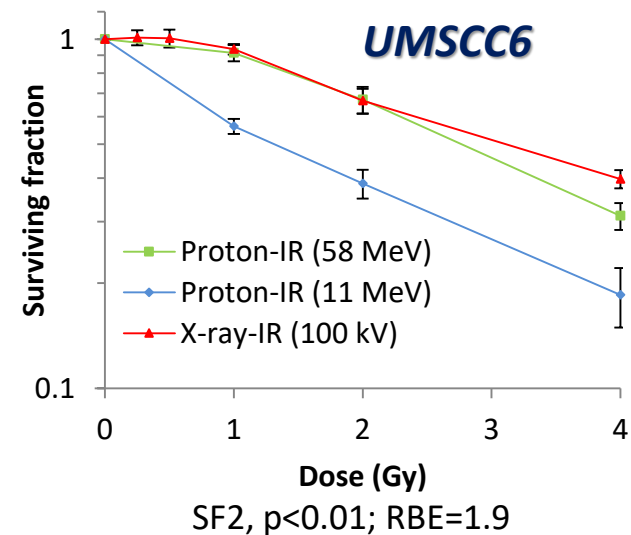
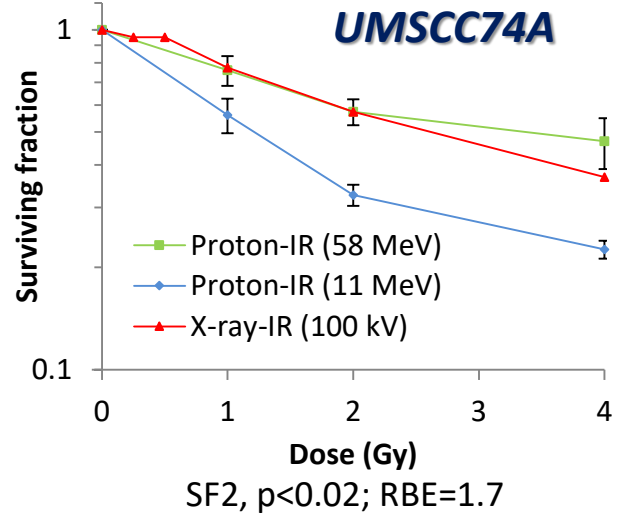
Realizing the radiobiological impact of protons and high-LET particles in head and neck cancer and glioblastoma models

- Multi-Centre award spanning the Universities of Liverpool, Birmingham, Oxford and Glasgow.
- Determine the biological effects of protons and high-LET radiation compared to x-rays on normal versus HNSCC and GBM models, and how this can be optimized for clinical use.

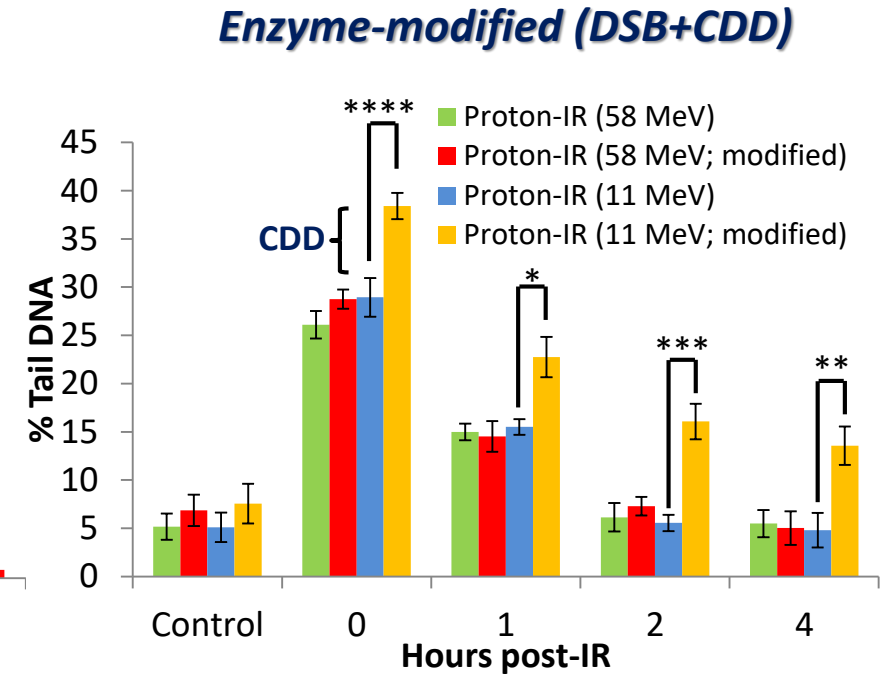
Proton beam and radiobiology facilities at the Clatterbridge Cancer Centre (CCC)



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



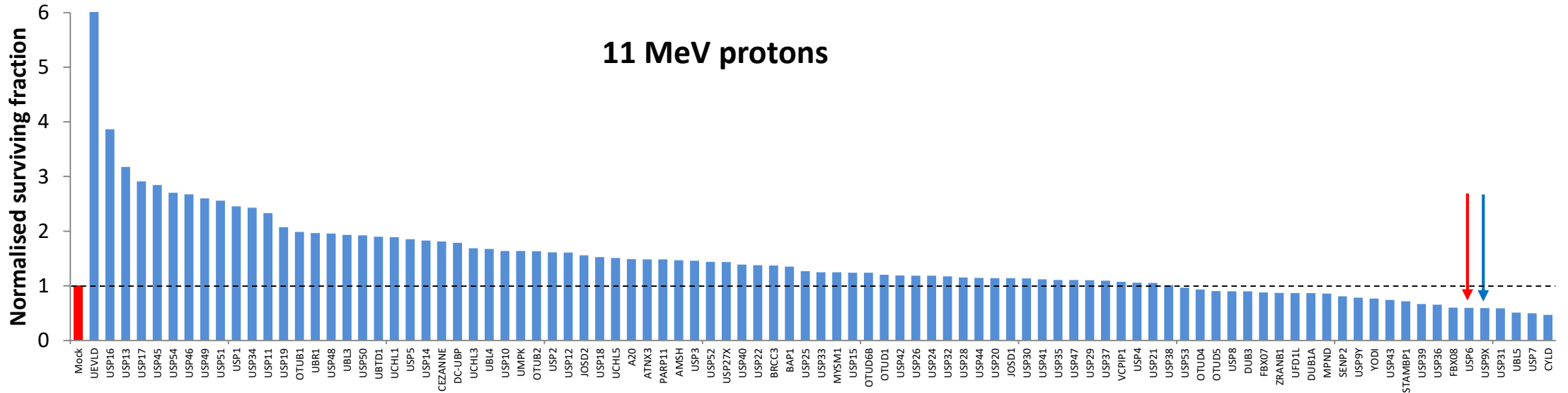
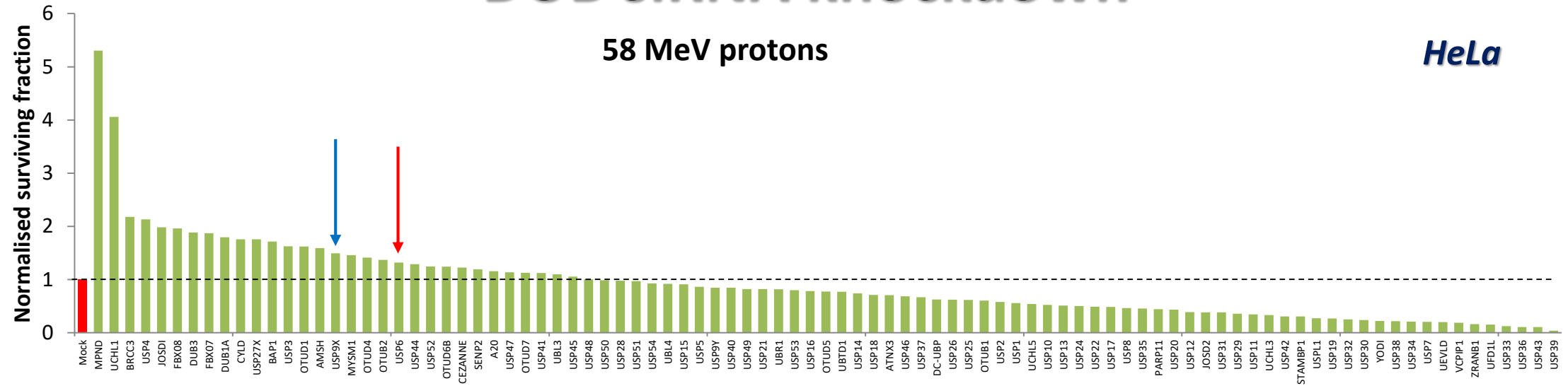
* $p < 0.005$, ** $p < 0.002$, *** $p < 0.001$



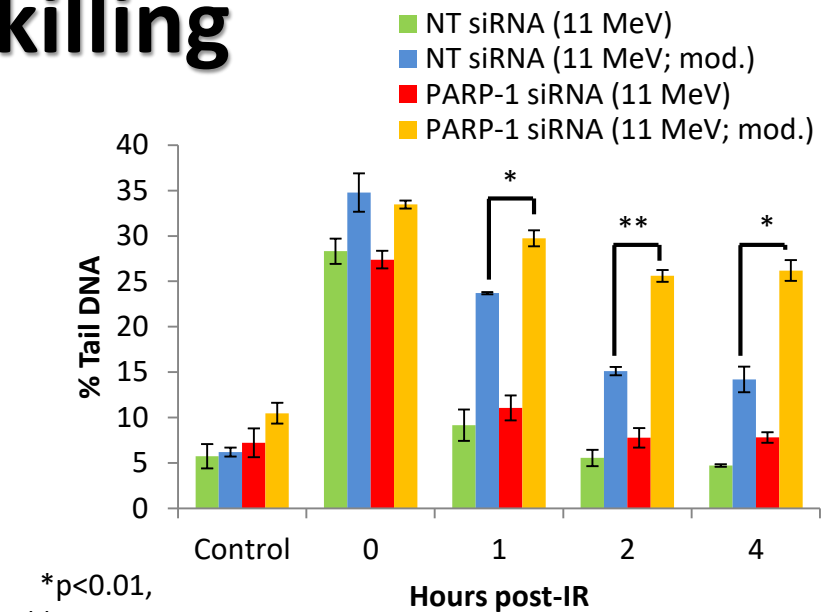
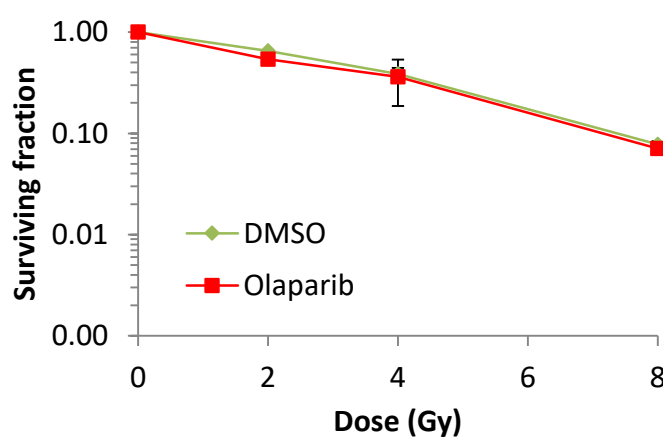
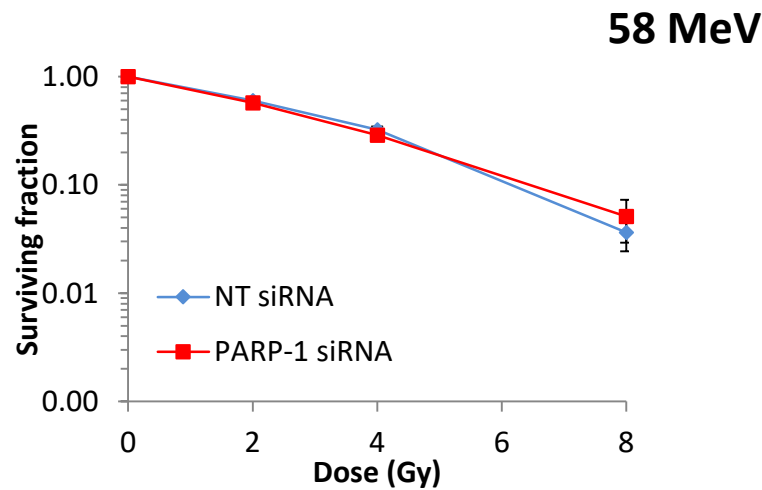
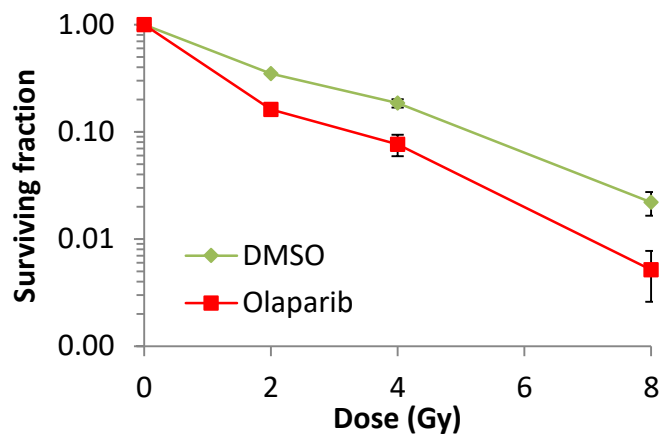
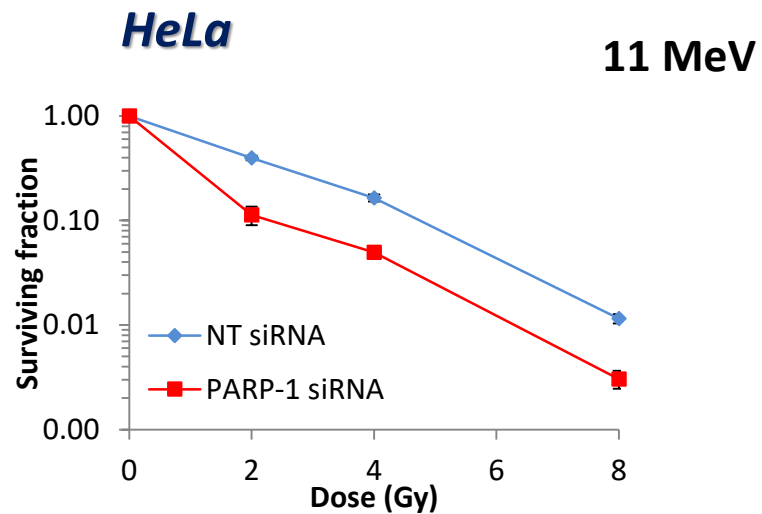
* $p < 0.02$, ** $p < 0.01$, *** $p < 0.005$, **** $p < 0.001$

58 MeV (1 keV/μm); 11 MeV (12 keV/μm)

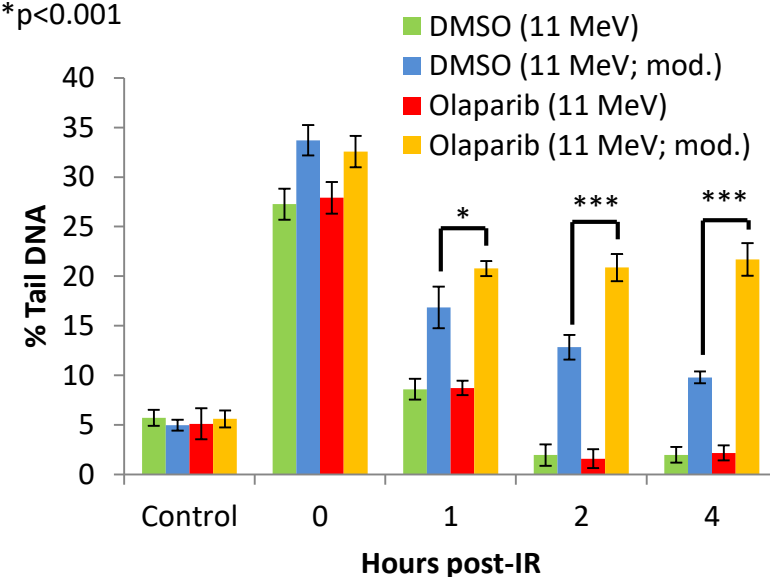
Modulation of proton-induced cellular sensitivity following DUB siRNA knockdown



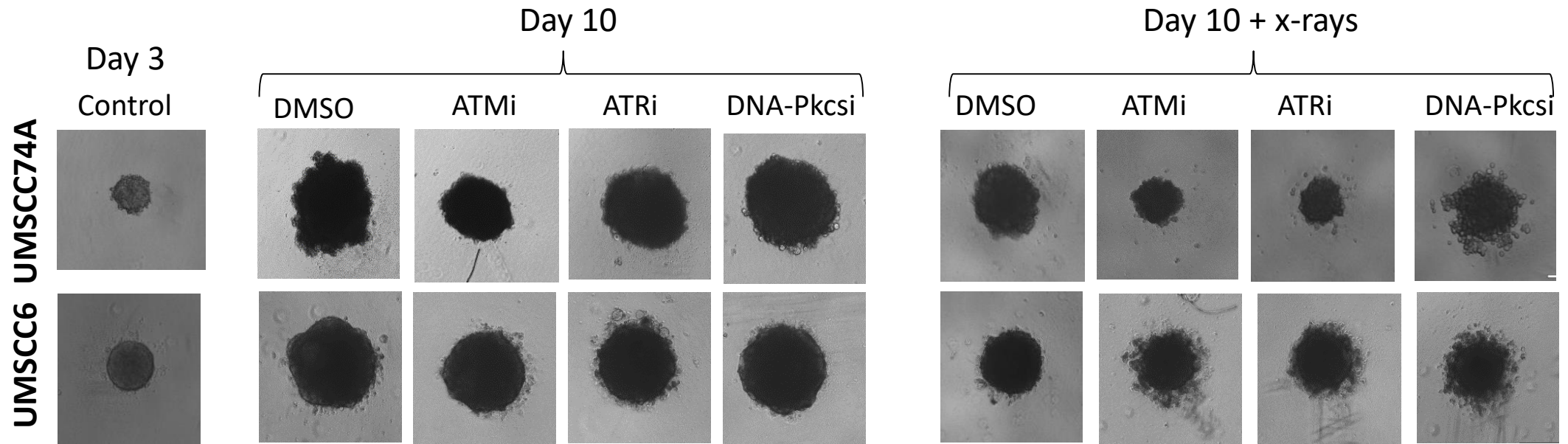
Targeting PARP-1 synergies with relatively high-LET protons in promoting cancer cell killing



*p<0.01,
**p<0.005,
***p<0.001

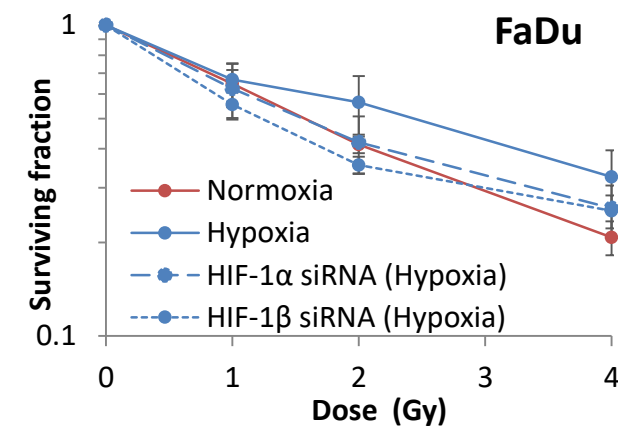
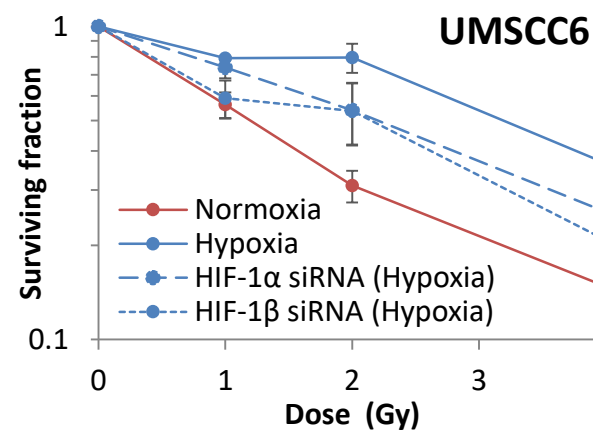
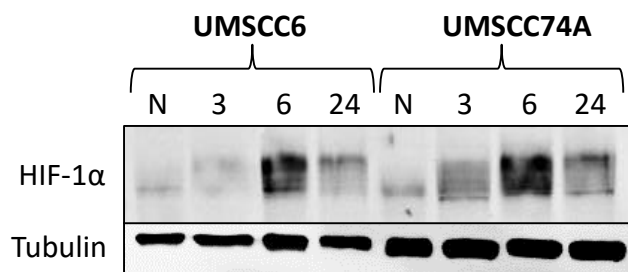
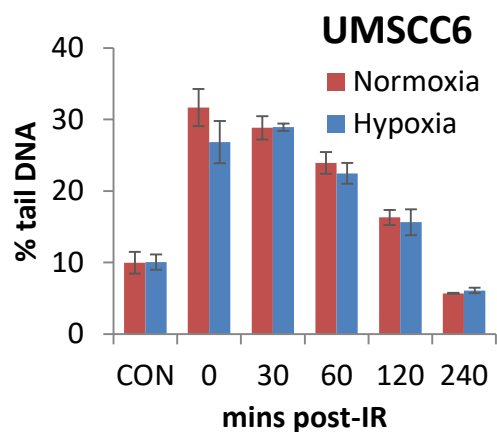
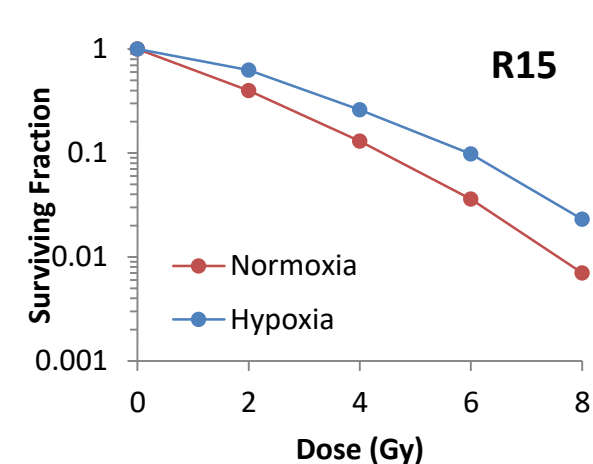
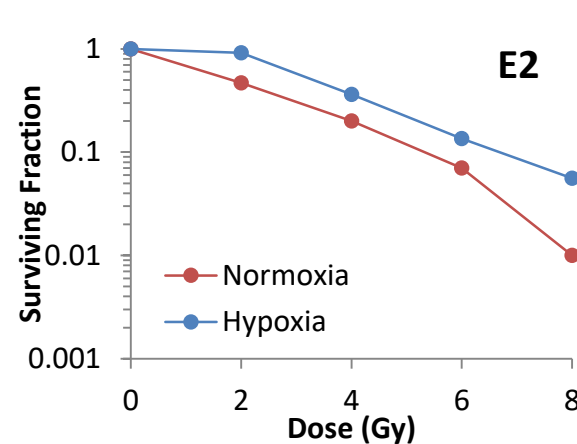
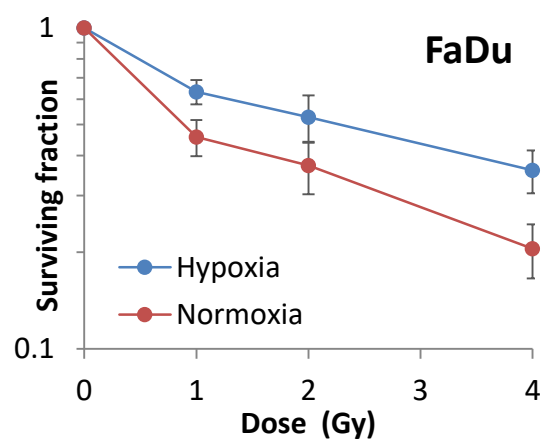
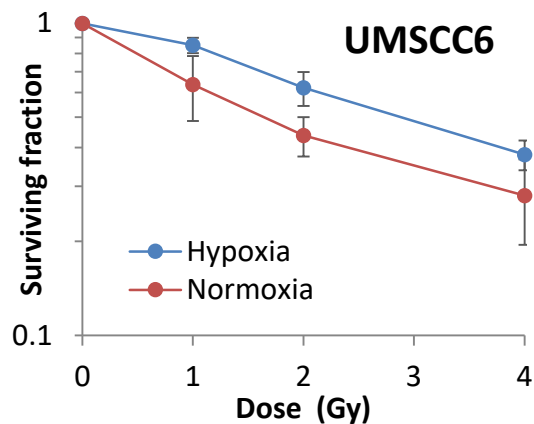


Utilising 3D models of HNSCC with photons and protons



Collaboration with Else Driehuis and Hans Clevers

Hypoxia induces significant radioresistance in HNSCC and GBM cells in a HIF-dependent manner



Examining the radiobiology of FLASH high-LET radiation.

- Using ultra high-dose rates (>40 Gy/s; versus ~5 Gy/min).
- FLASH stimulates normal tissue sparing.
- Mechanism of action unclear (oxygen, radicals or metabolism?).
- Opportunity for utilisation of FLASH protons/particles.



Favaudon et al (2014) *Sci Trans Med*

Vozenin et al (2018) *Clin Cancer Res*

Collaborations with Stuart Green, Tzany Wheldon, Ben Phoenix and Kristoffer Petersson
Bourhis et al (2019) *Radiother Oncol*

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).
- 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.

Summary

Biological questions to be addressed

- More substantial investigations into the radiobiology of particle ions in defined 2D/3D preclinical normal/tumour model systems.
- Uniquely positioned to investigate novel beam delivery (e.g. FLASH and minibeam) and to define the biology behind these phenomena.
- Enable clinically-relevant dose fractionation experiments in preclinical models.
- Investigate combinatorial treatments (e.g. targeted DDR/IO drugs and inhibitors, stimulate high-throughput screening experiments).

More effective and efficient translation of radiobiology research into particle ions from the lab and into the clinic for patient benefit.