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# **Hyperthermia:**

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Erasmus MC Cancer Institute

*formerly Erasmus MC Daniel den Hoed Cancer Center*

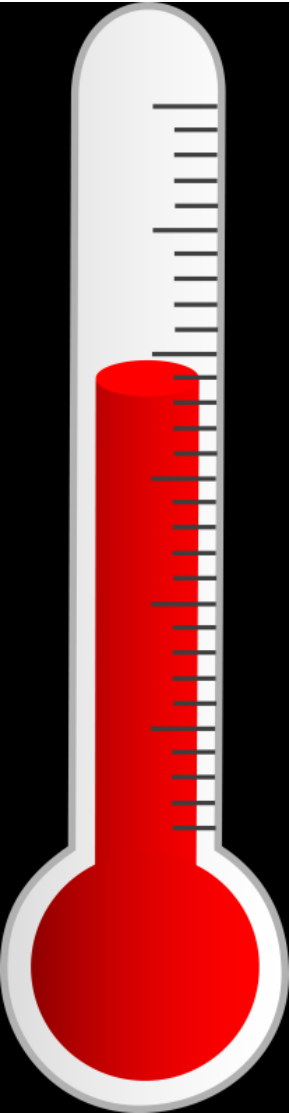


# Holland PTC: Erasmus MC – TU Delft – LUMC





# Thermal therapy



**Thermal Ablation:** High Temperatures  $>65^{\circ}\text{C}$   
Short duration: 5-15 min  
Single fraction

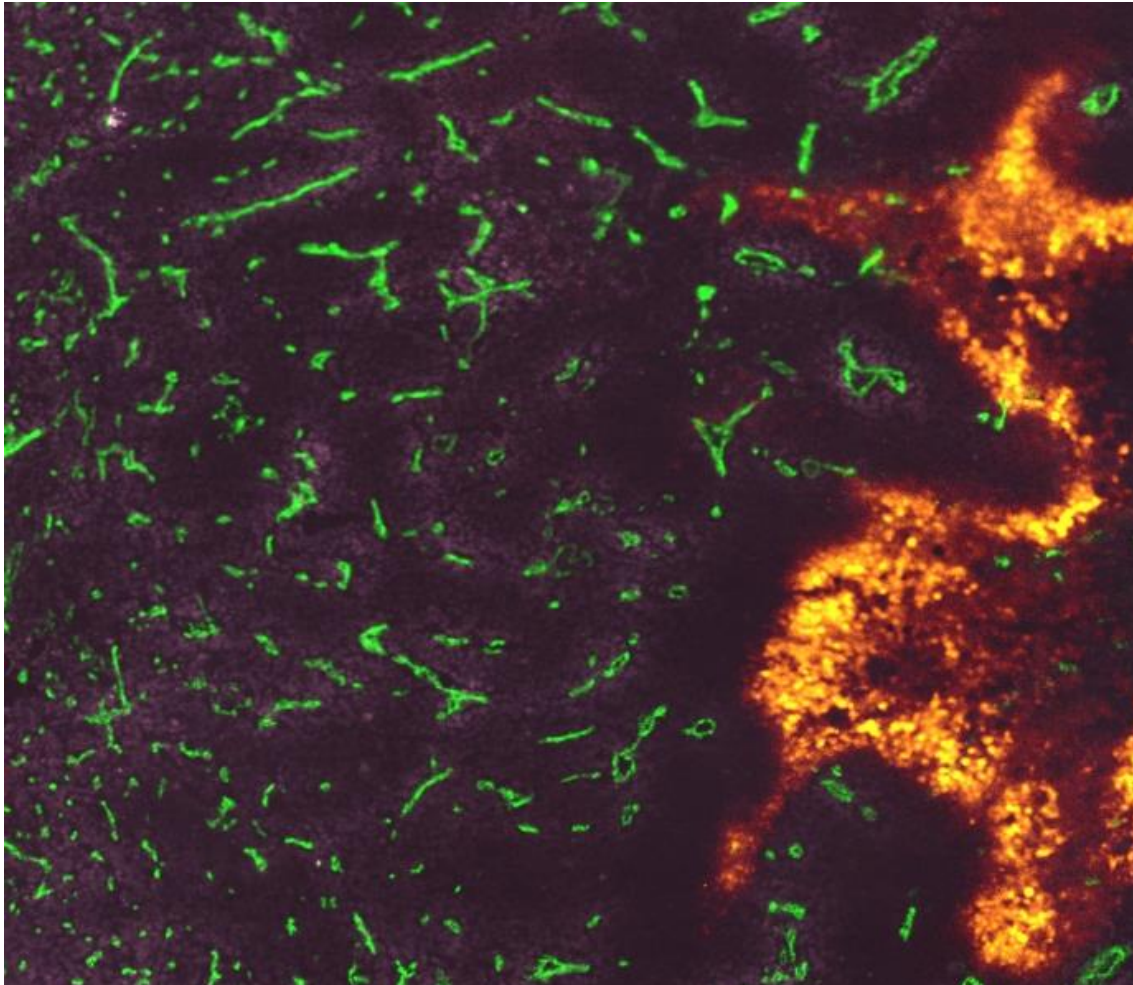
Direct Cell Kill

**Hyperthermia (mild):** Mild Temperatures  $40-44^{\circ}\text{C}$   
Duration: 60-90 min  
Multiple (4-6) fraction

Direct Cell Kill  
Thermal sensitization

# Normal tissue vs tumor tissue

*difference in vasculature leads to large differences in perfusion*

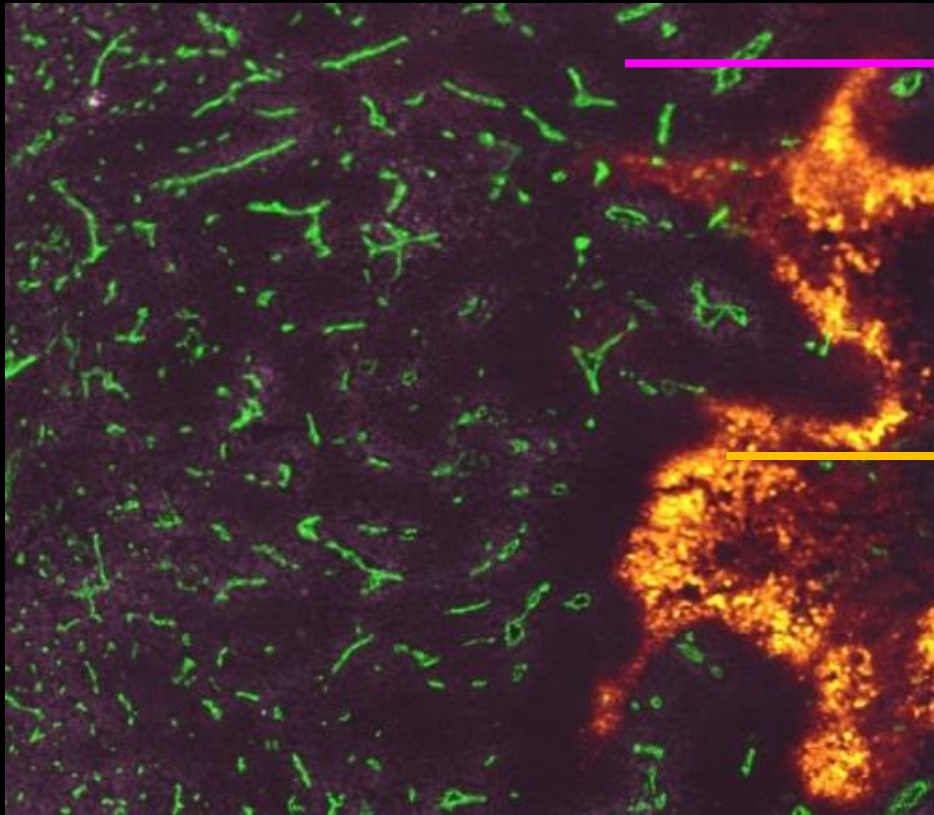


■ High perfusion

■ Low perfusion

■ Vessels

# Radiotherapy en/or chemotherapy plus hyperthermia: complementary effects



tumor; well perfused  
\* radiosensitive  
\* reachable for drugs

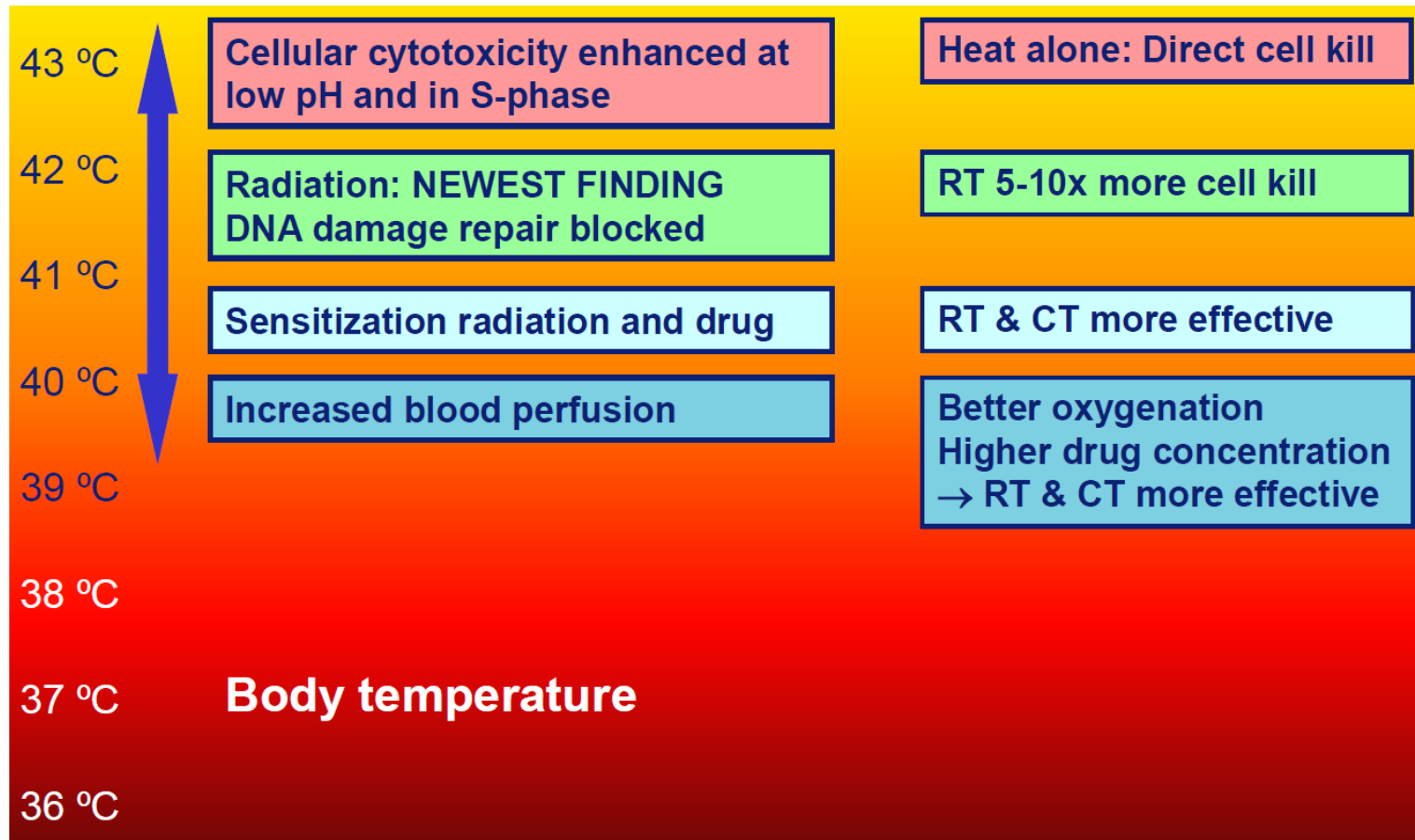
tumor; badly perfused  
\* radioresistant  
\* poorly reachable for drugs  
\* sensitive to hyperthermia

normal tissue dose limiting

and... : 1) Increase perfusion

2) Inhibition of DNA damage repair (in the tumor)

# Hyperthermia



**Summary of complete local tumor control reported by randomized or nonrandomized two arm clinical studies for various tumor sites with radiotherapy ( $\pm$  chemotherapy) versus radiotherapy ( $\pm$  chemotherapy) and loco-regional hyperthermia.**

*Datta et al CTR 2015*

**Breast** CR: RT (88/181, 48.6%) vs. RT + HT (122/198, 61.6%), Odds ratio = 2.10 (95% CI, 1.34–3.30),  $p = 0.001$

**Cervix** CR: RT (173/263, 65.7%) vs. RT + HT (200/251, 79.6%), Odds ratio = 2.19 (95% CI, 1.45–3.32),  $p < 0.001$

**H & N** CR: RT (183/364, 50.3%) vs. RT + HT (266/353, 75.3%), Odds ratio = 3.71 (95% CI, 2.55–5.38),  $p < 0.001$

**Rectum** CR: RT (16/205, 7.8%) vs. RT + HT (36/208, 17.3%), Odds ratio = 2.15 (95% CI, 1.10–4.20),  $p = 0.025$

**Bladder** CR: RT (35/86, 40.6%) vs. RT + HT (69/118, 58.4%), (Odds ratio = 2.40 (95% CI, 1.25–4.62),  $p = 0.009$

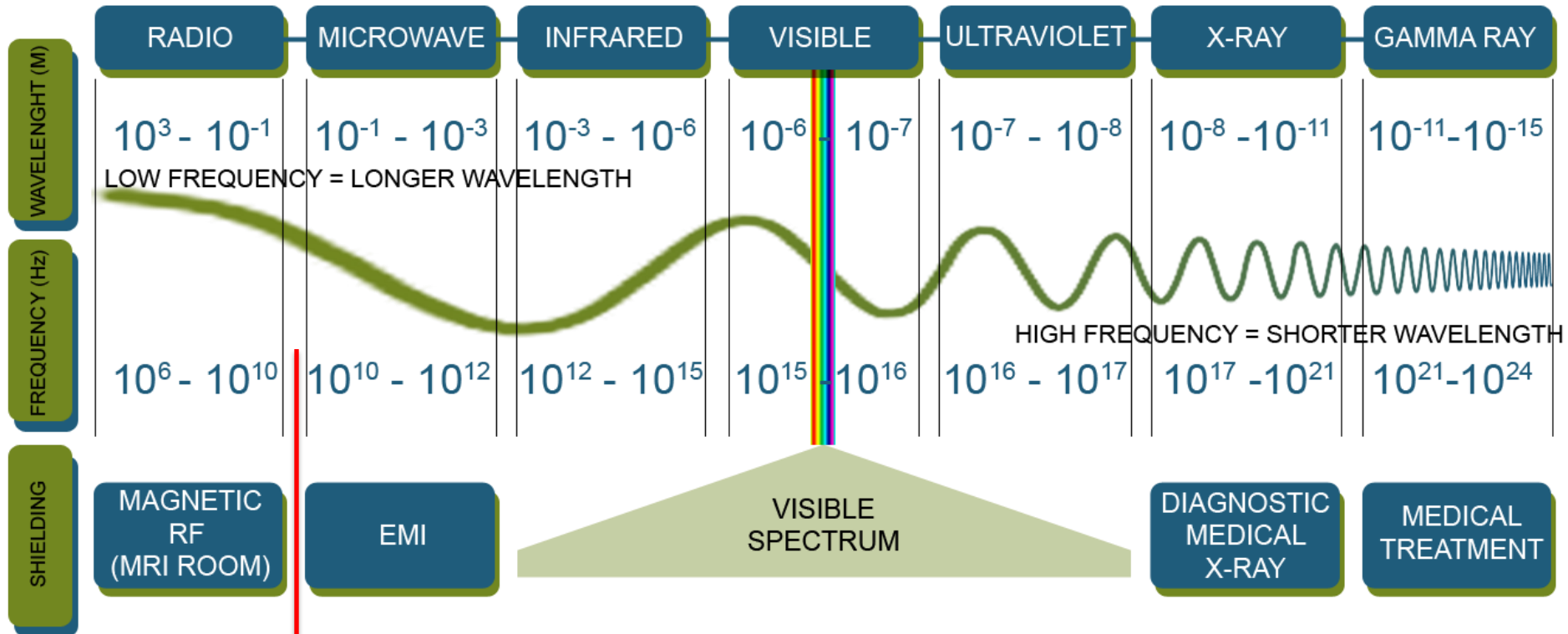
**Oes.** CR: RT (24/132, 18.2%) vs. RT + HT (47/162, 29%), Odds ratio = 2.64 (95% CI, 1.34–5.20),  $p = 0.005$

**Superf** CR: RT (57/169, 33.7%) vs. RT + HT (75/175, 42.8%), Odds ratio = 1.48 (95% CI, 0.94–2.32),  $p = 0.091$

**Lung** CR: RT (2/70, 2.8%) vs. RT + HT (7/59, 11.8%), Odds ratio = 2.69 (95% CI, 0.51–14.22),  $p = 0.243$



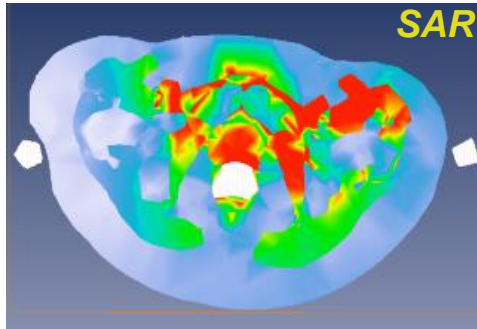
# ELECTROMAGNETIC SPECTRUM



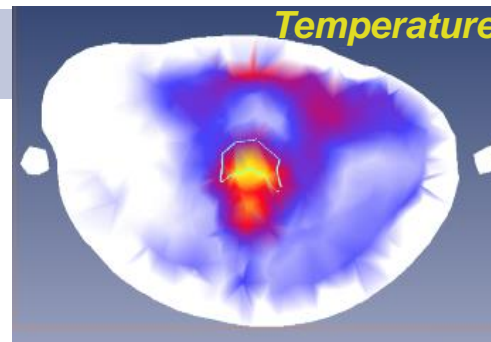
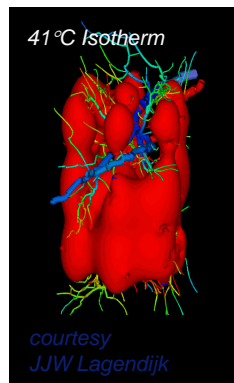
**EM Hyperthermia usually between: 500 kHz - 1 GHz**

# Temperature: two stage rocket

## 1: Energy application



## 2: Energy removal

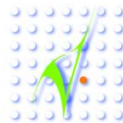


# Deep radiofrequency (RF) hyperthermia

*Current equipment*



Hyperthermia in the NLs:



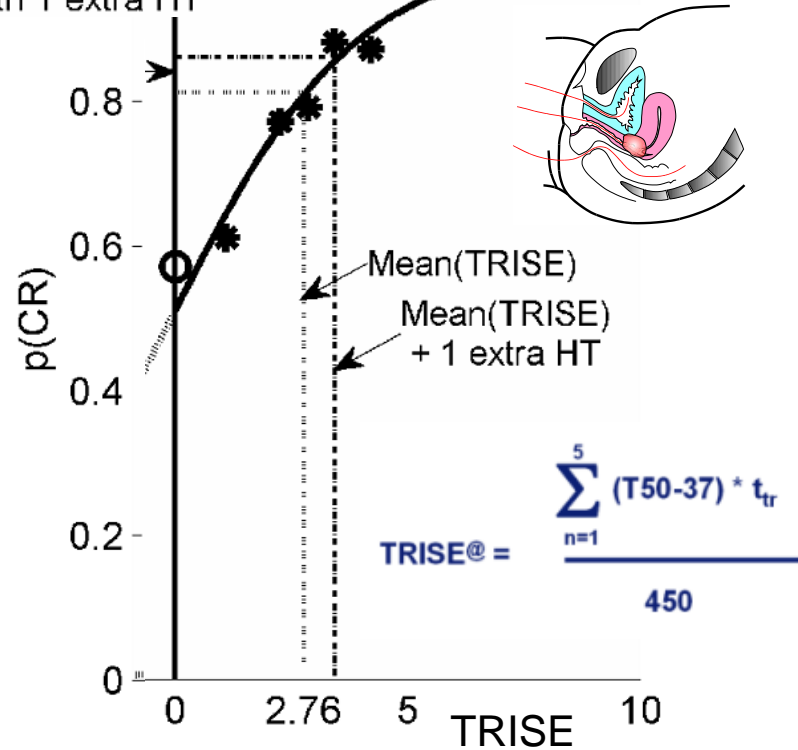
Instituut Verbeeten



## Thermal dose effect relationship

*Franckena et al., 2009 European J Cancer*

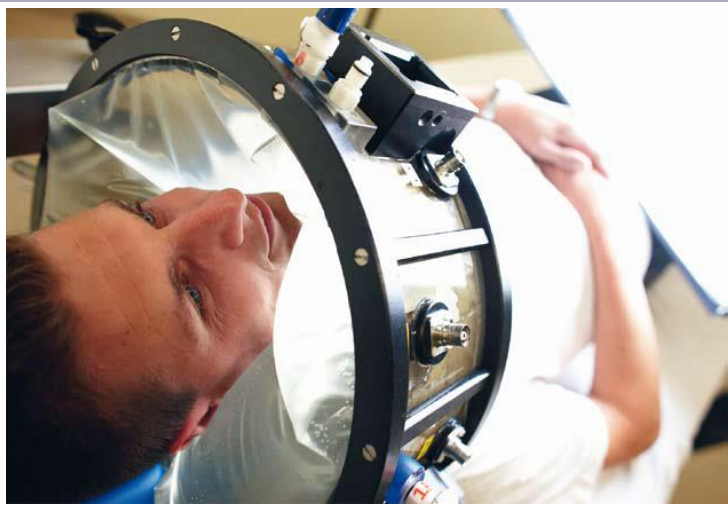
Estimated p(CR) increase  
with 1 extra HT



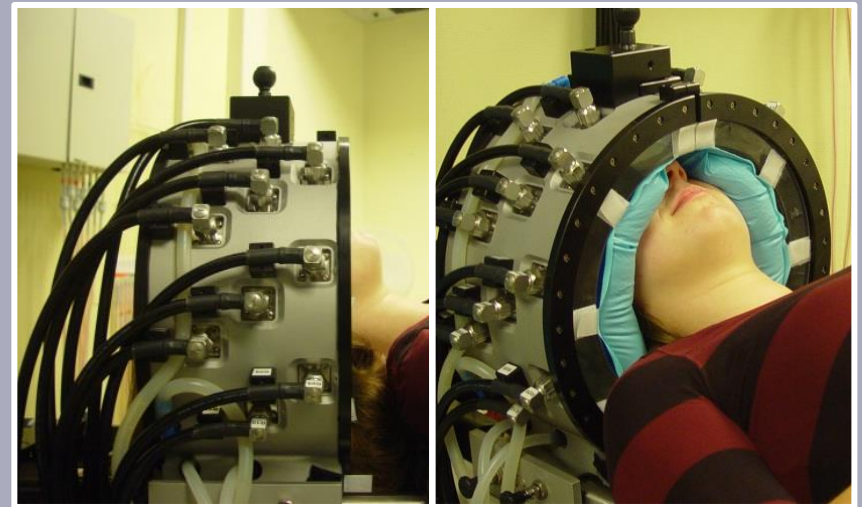


# HYPERcollar to HYPERcollar3D

HYPERcollar



HYPERcollar3D



12 antennas

1 waterbolus

*2007-2014: 46 patients*

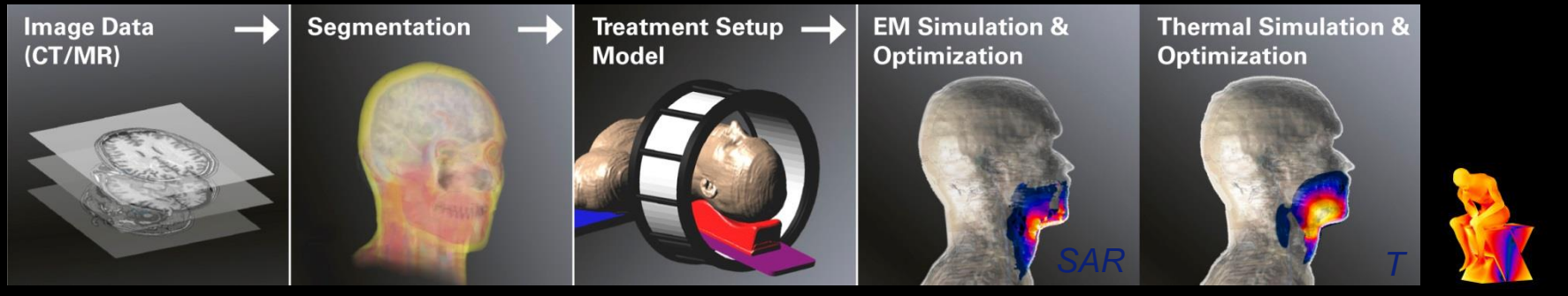
20 antennas

4 waterboli (2 replaceable)

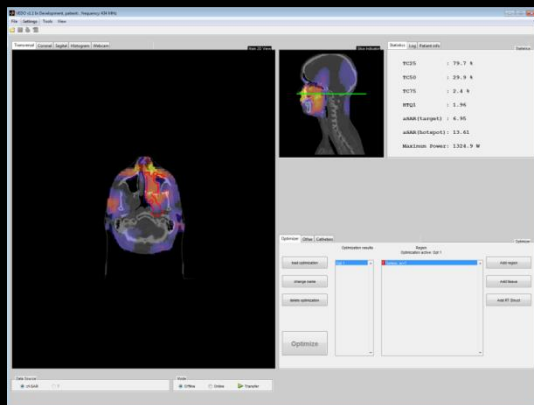
*2014-2017: 17 patients*

# Simulation guided H&N hyperthermia

## Pre-treatment planning



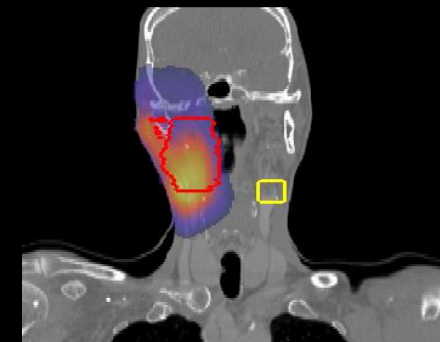
## Real-time adaptive HT



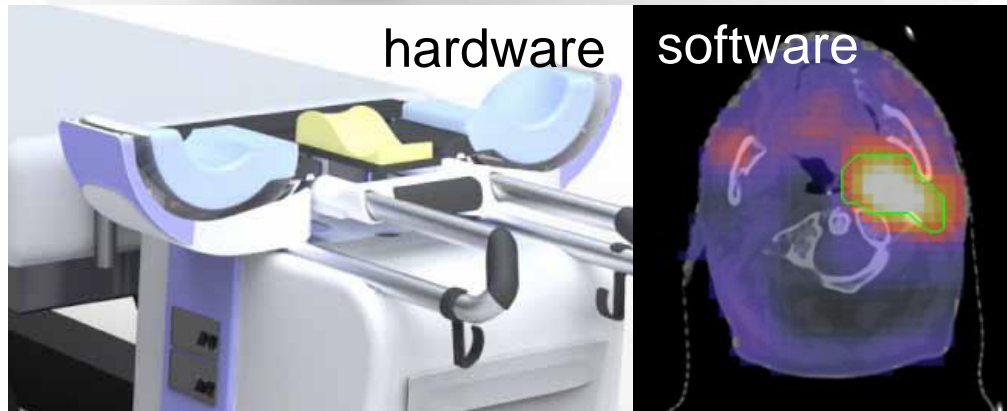
Pre-treatment settings



Adapted setting



# Commercialisation of the HYPERcollar3D



Patent: PCT/NL2011/050569

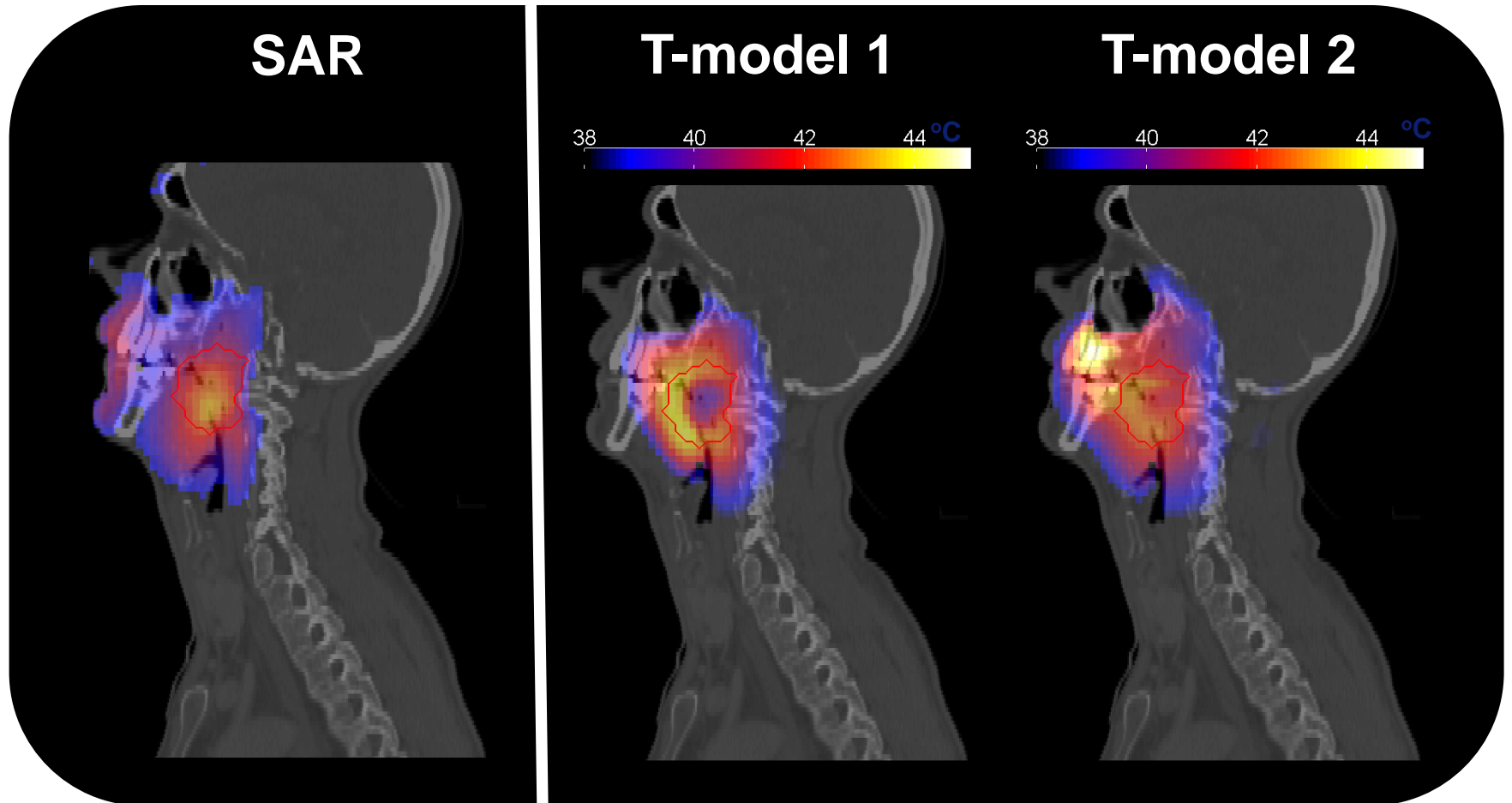
**Sensius**

**Challenge:**  
**large uncertainties in thermal tissue properties**





# Challenge: large uncertainties in thermal tissue properties



# Hybrid MRI-BSD-2000/3D system

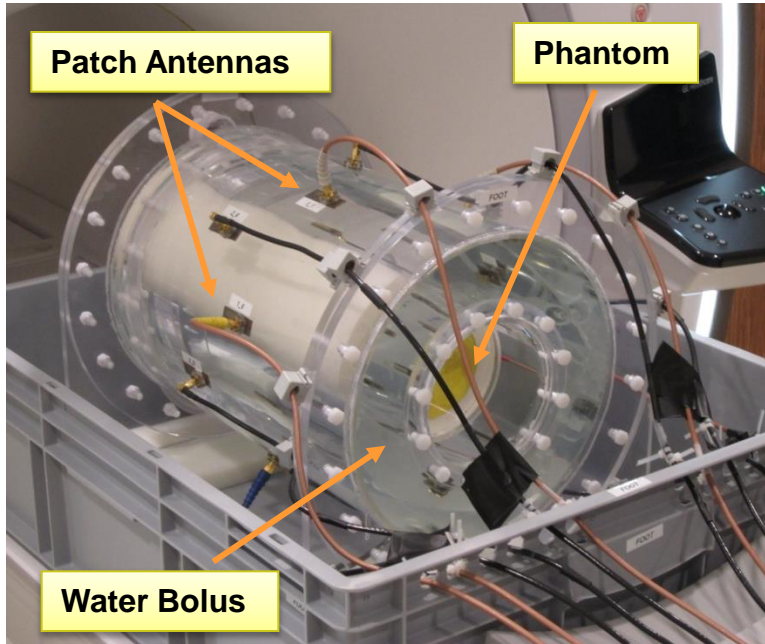
*Installed at Erasmus MC in 2015*



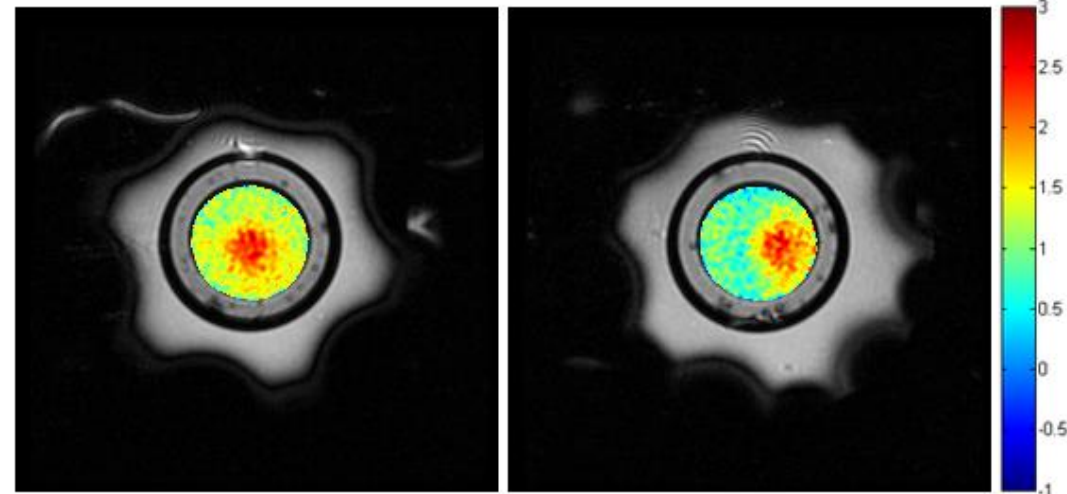
# MR-HT H&N applicator



GE Healthcare  
GE Global Research



## MR Temperature maps (2 settings)



$RMSE = 0.3-0.6^{\circ}C$  (Fat-Referenced)

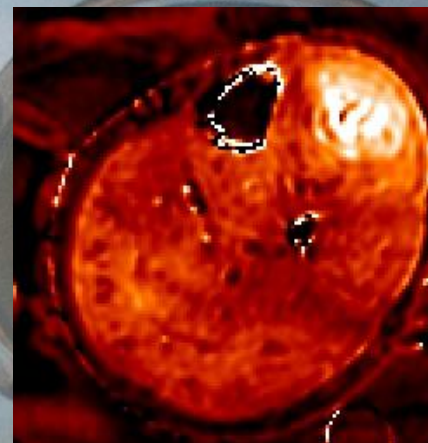
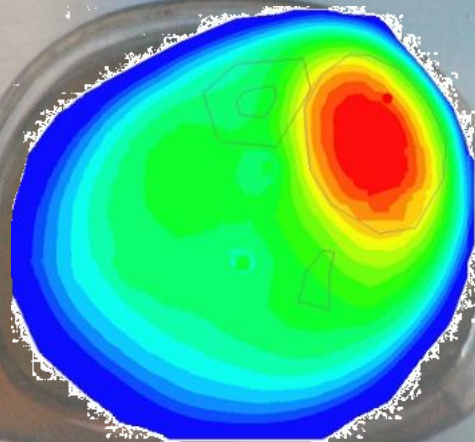




“using both eyes to see”

**3D predictions**  
(EM/T models)

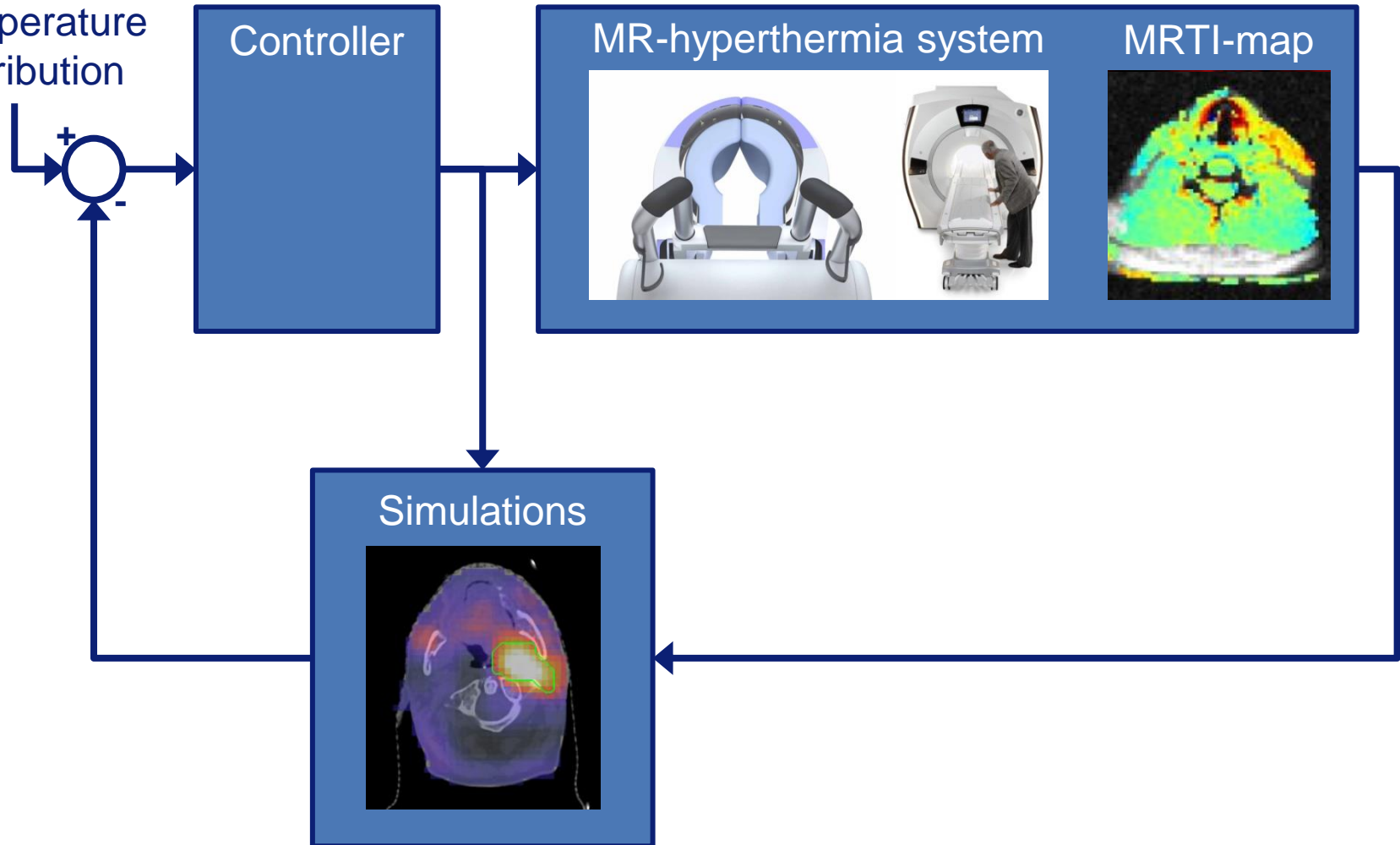
**3D measurements**  
(MR thermometry)





# Combining MRTI with simulations for precise heating

Desired temperature distribution




A background image of a sunset over a dark horizon. The sun is a bright yellow-orange disk just above the horizon, with a gradient of colors from orange to blue in the sky above it.

## Summary

- ❑ Hyperthermia provides many opportunities to improve clinical outcome.
- ❑ The **current** radiofrequency heating is proven technology leading to demonstrated clinical effectiveness.
- ❑ New technology for “**using both eyes**” is being developed to further improve clinical outcome.

*Acknowledgements: members of the HT unit of Erasmus MC (Prof. Van Rhoon), and ...*



Don't tell  
me  
Sky is the limit  
when there are  
footprints  
on the  
moon

