

# OLD SCIENCE

## IONIZING RADIATION

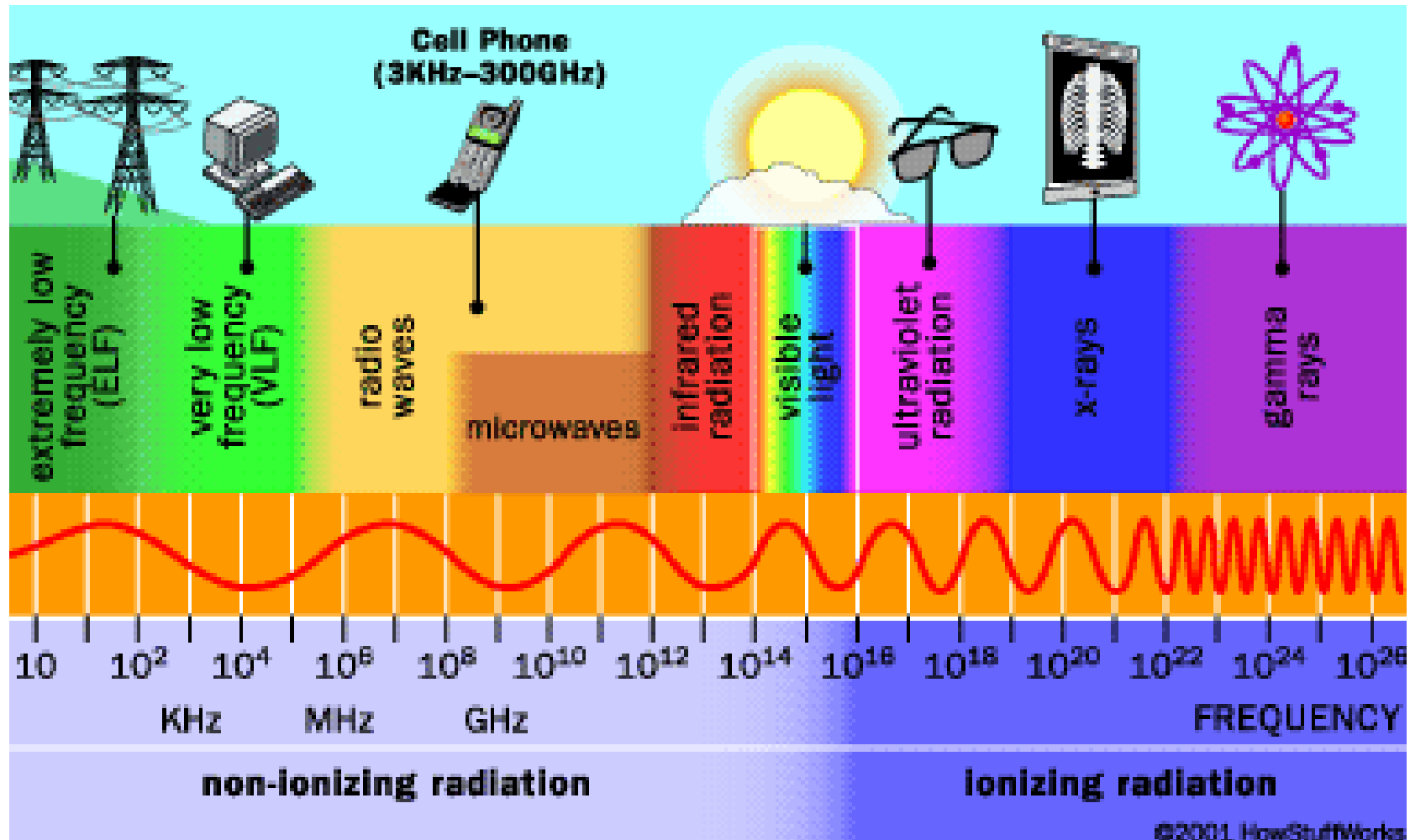
**“..... DURING ABSORPTION CAUSES EJECTION OF AN ORBITAL ELECTRON .....”**

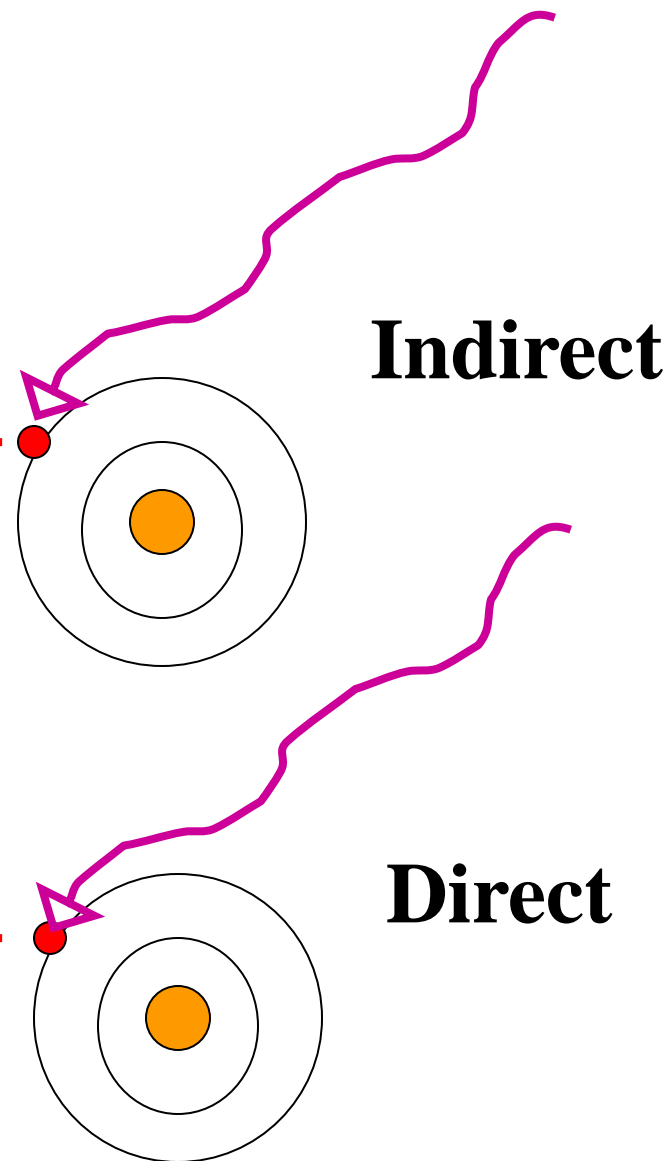
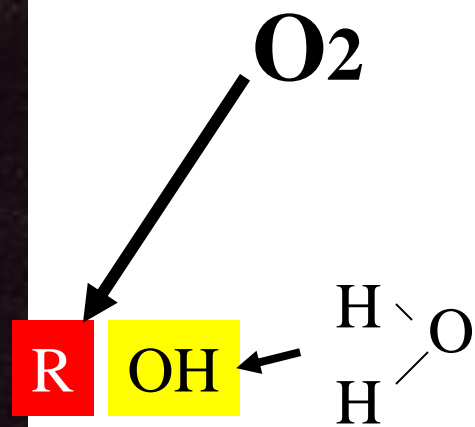
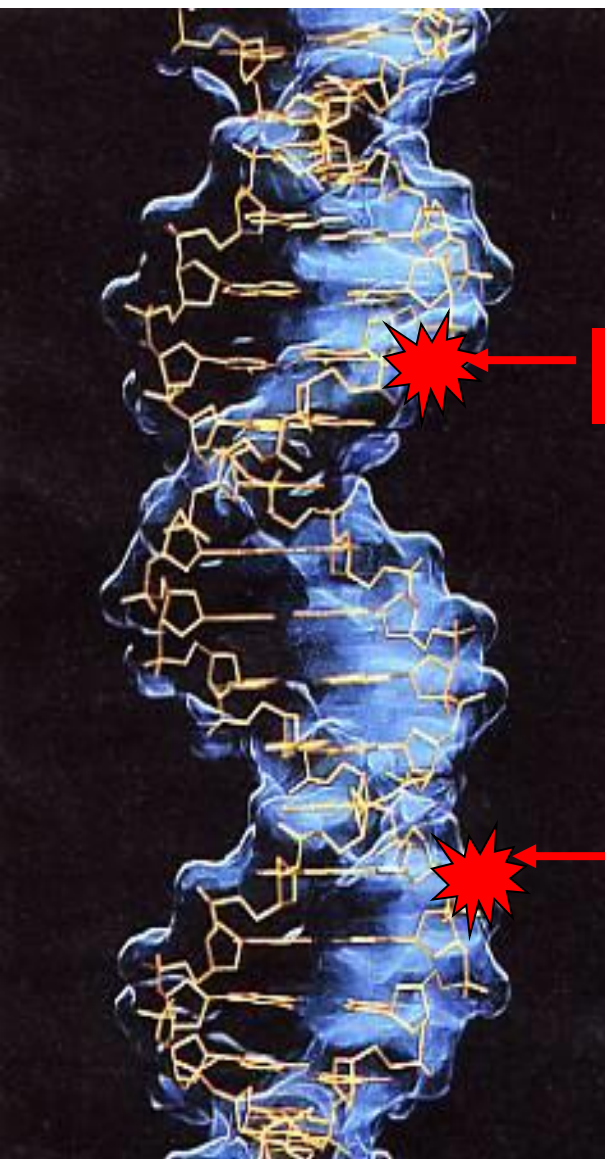
**PHOTON: A WAVE OR QUANTUM OF ENERGY CONSIDERED TO INTERACT AS A PARTICLE**

# Old Science

## IONIZING RADIATION

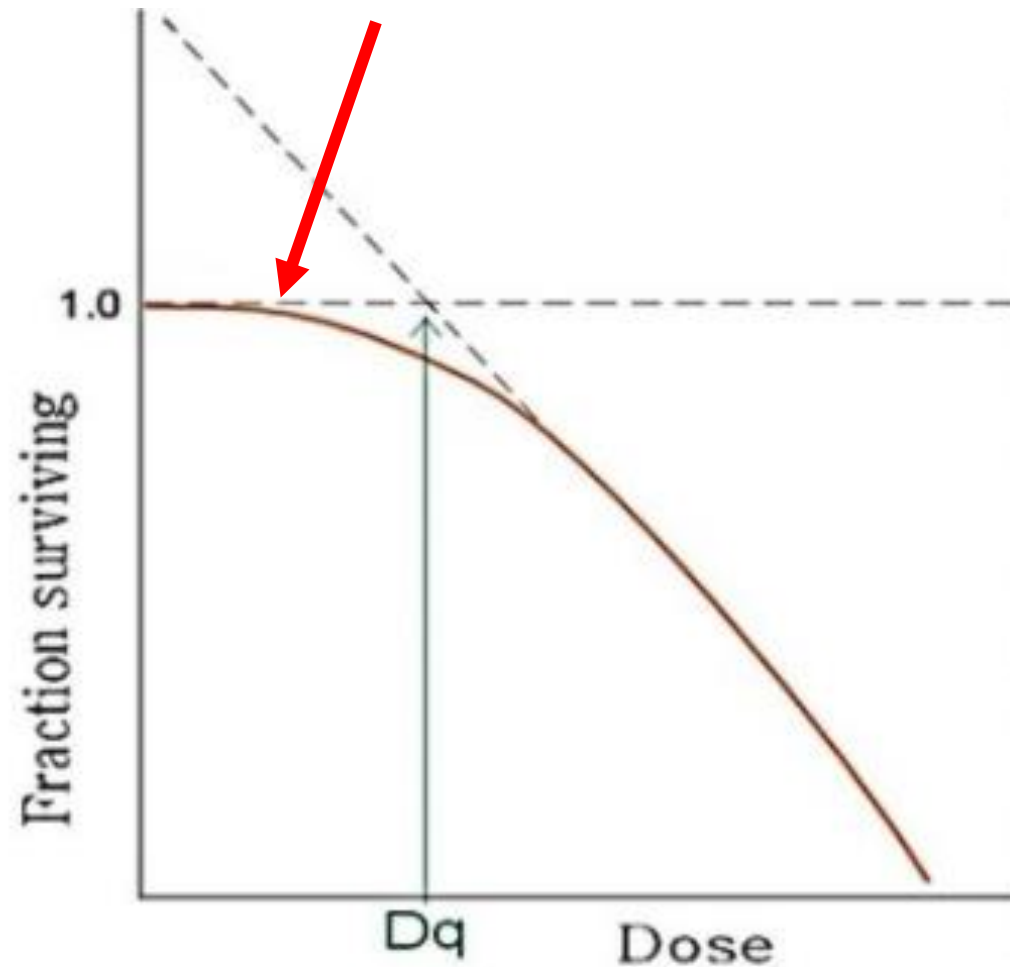
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# Radiation cell survival curve

The width of the shoulder  
reflects capacity of cell to repair



Normal cells repair  
DNA damage better  
than cancer cells

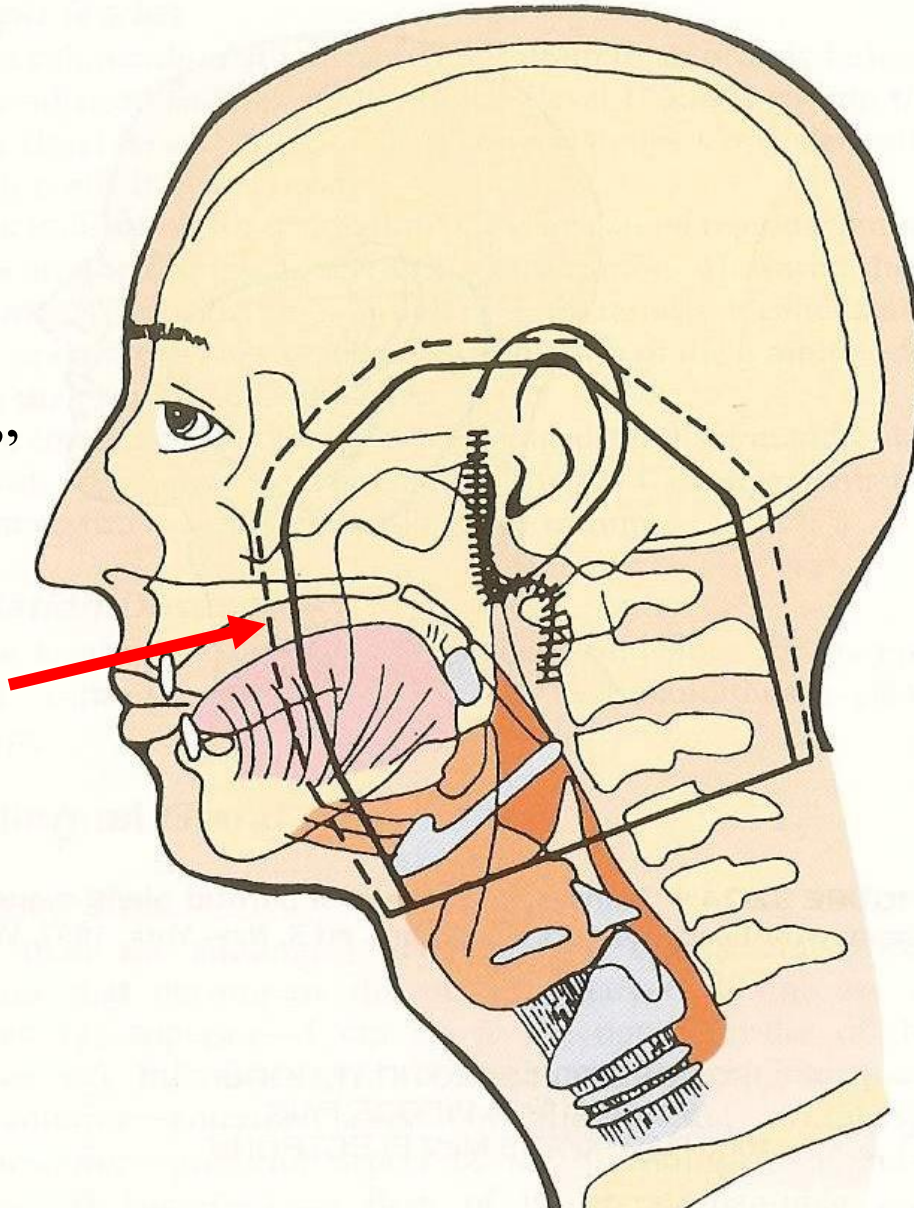
Normal cells have a  
wider 'shoulder'



By breaking the dose into daily fractions we recreate the shoulder on the curve each day

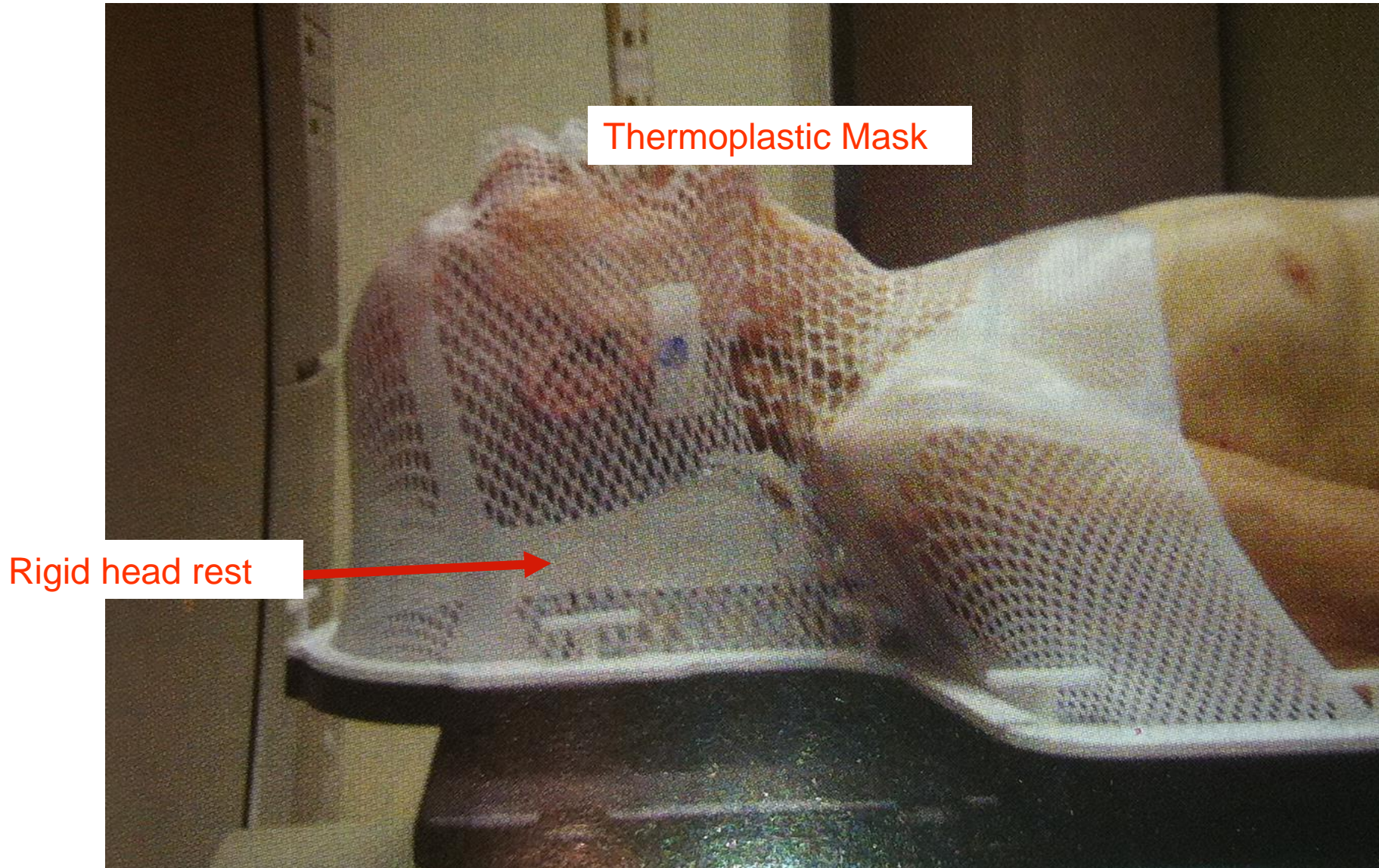
2D: State of the Art Therapy 1970s and early  
1980s  
Parotid Tumour:

The shape “drawn”  
by the doctor **on**  
**the patient’s skin**  
is where  
the radiation goes



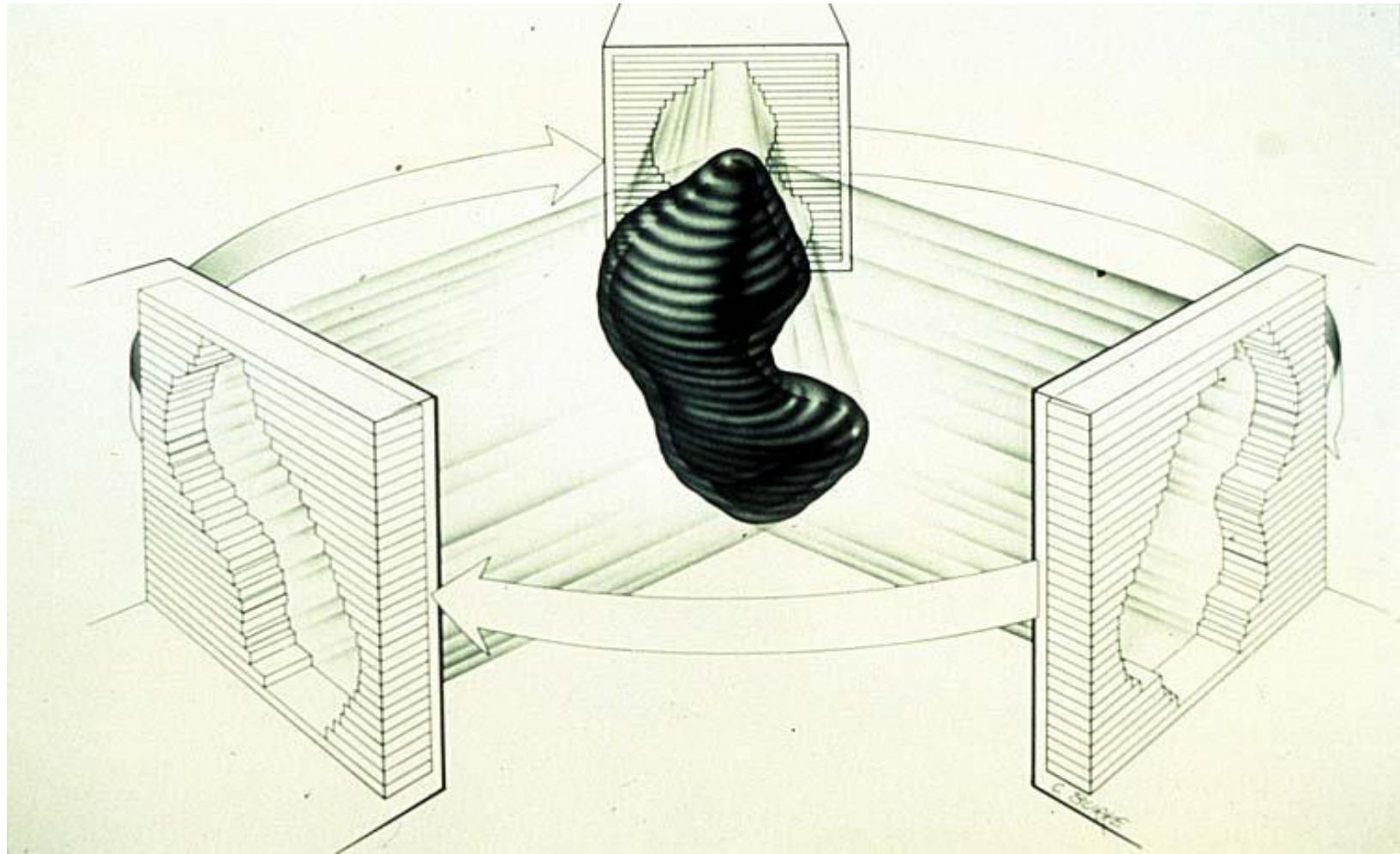


The beginning of the new: Late 1980s the age of computers



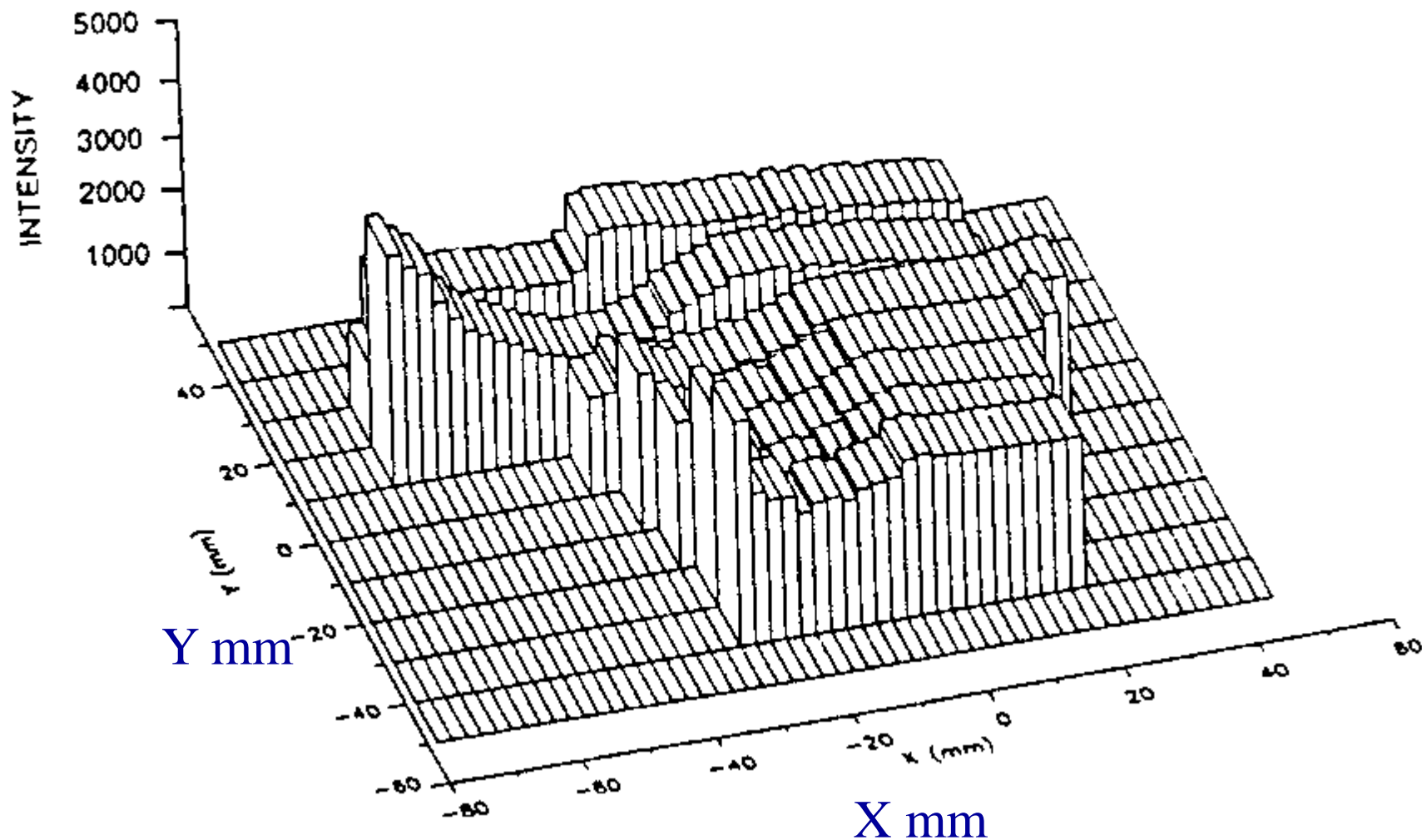


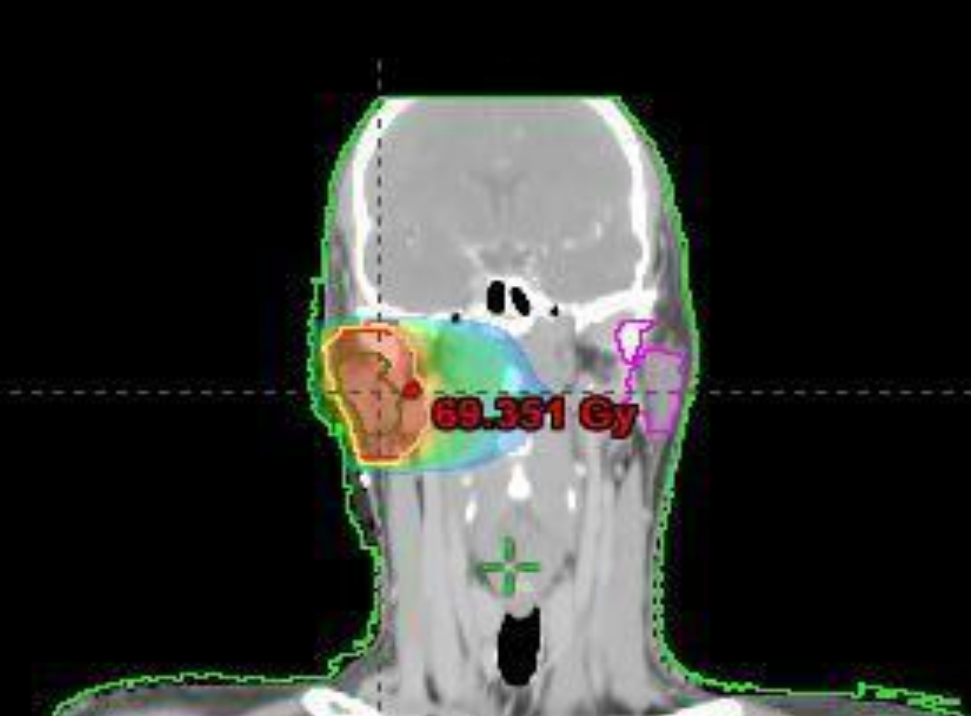
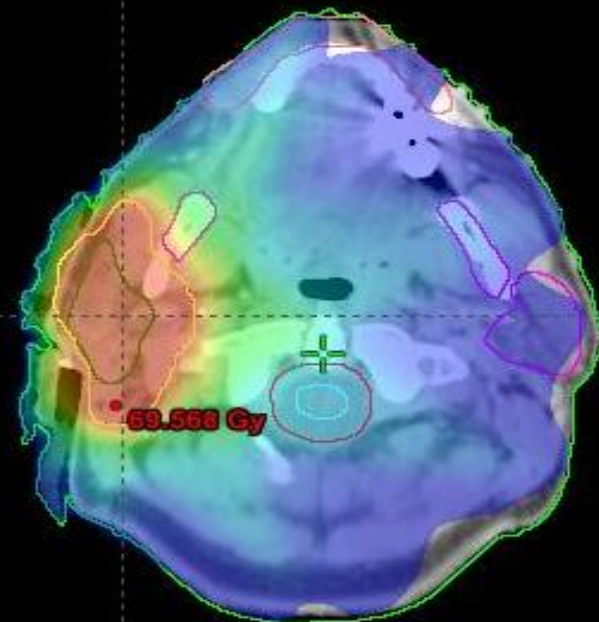
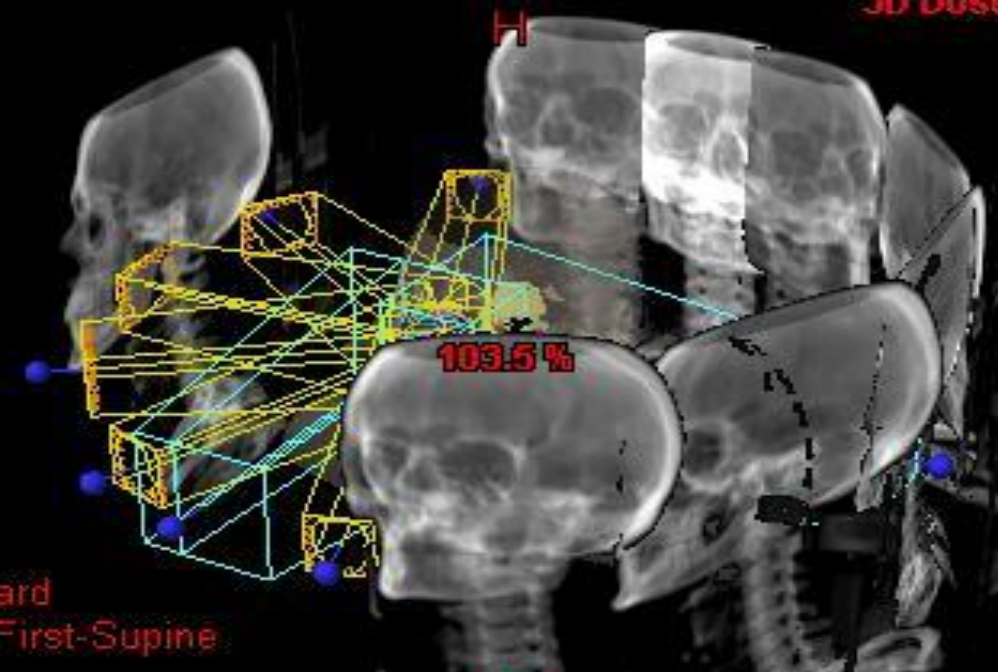
# 3-Dimensional Conformal Radiation Therapy = 3-DCRT



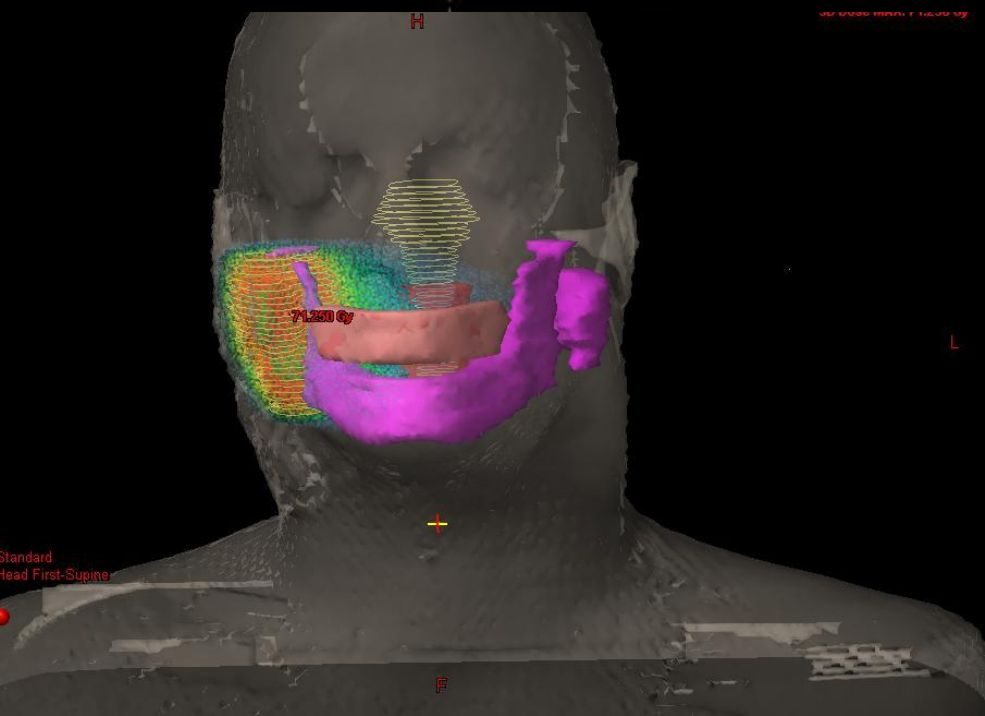
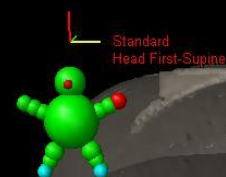


# Intensity Profile for RAO for Prostate Cancer





R



# New Biology

Radiation exposes unique antigens to immune system



- Melanoma
- Ipilimumab no effect
- Local RT planned
- Progression axilla
- RT short course
- Eradication in field
- Then eradication out of field

No sign of cancer 5+ years later



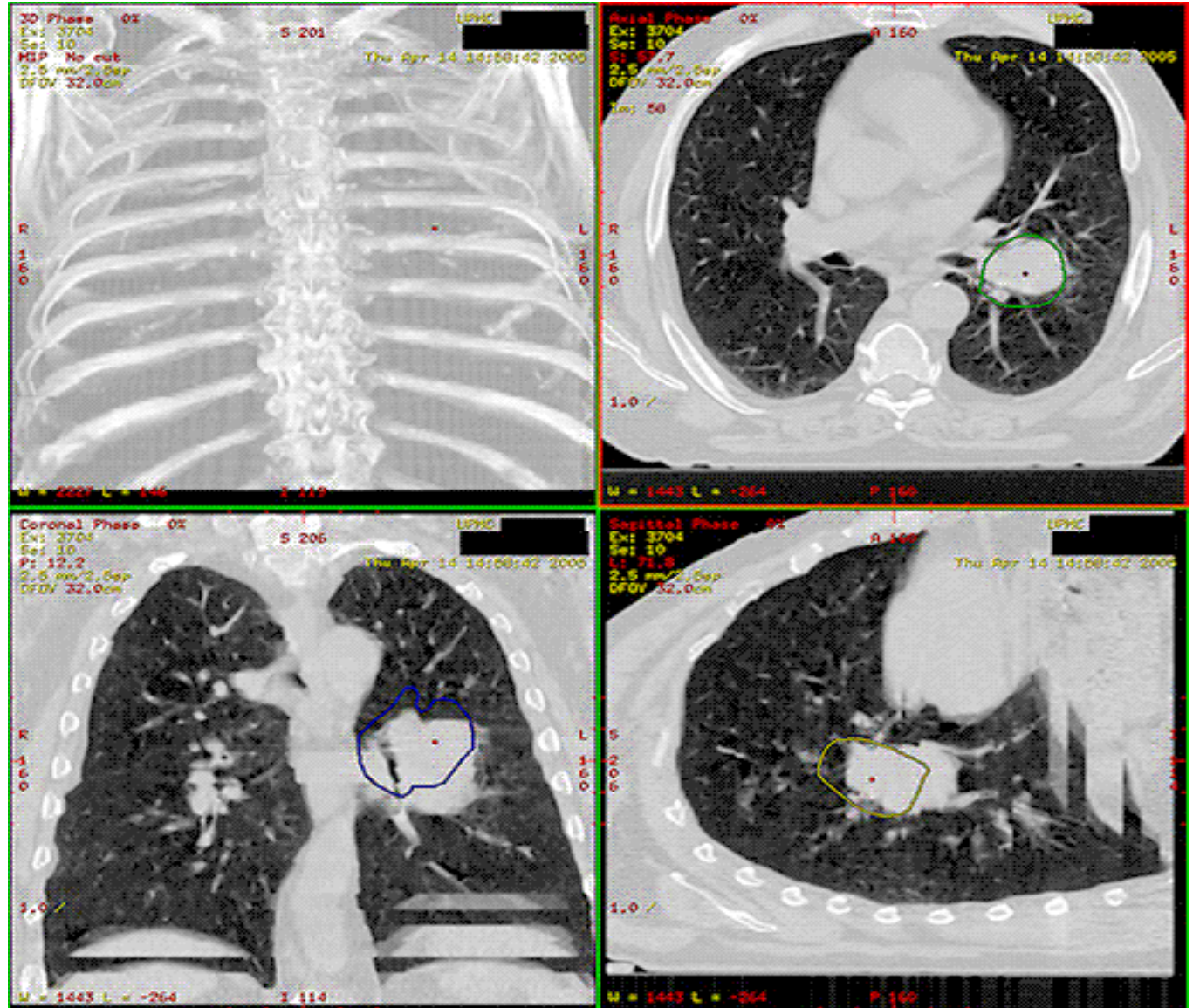
# Stereotactic Radiotherapy

Lung cancer

Primary/metastatic

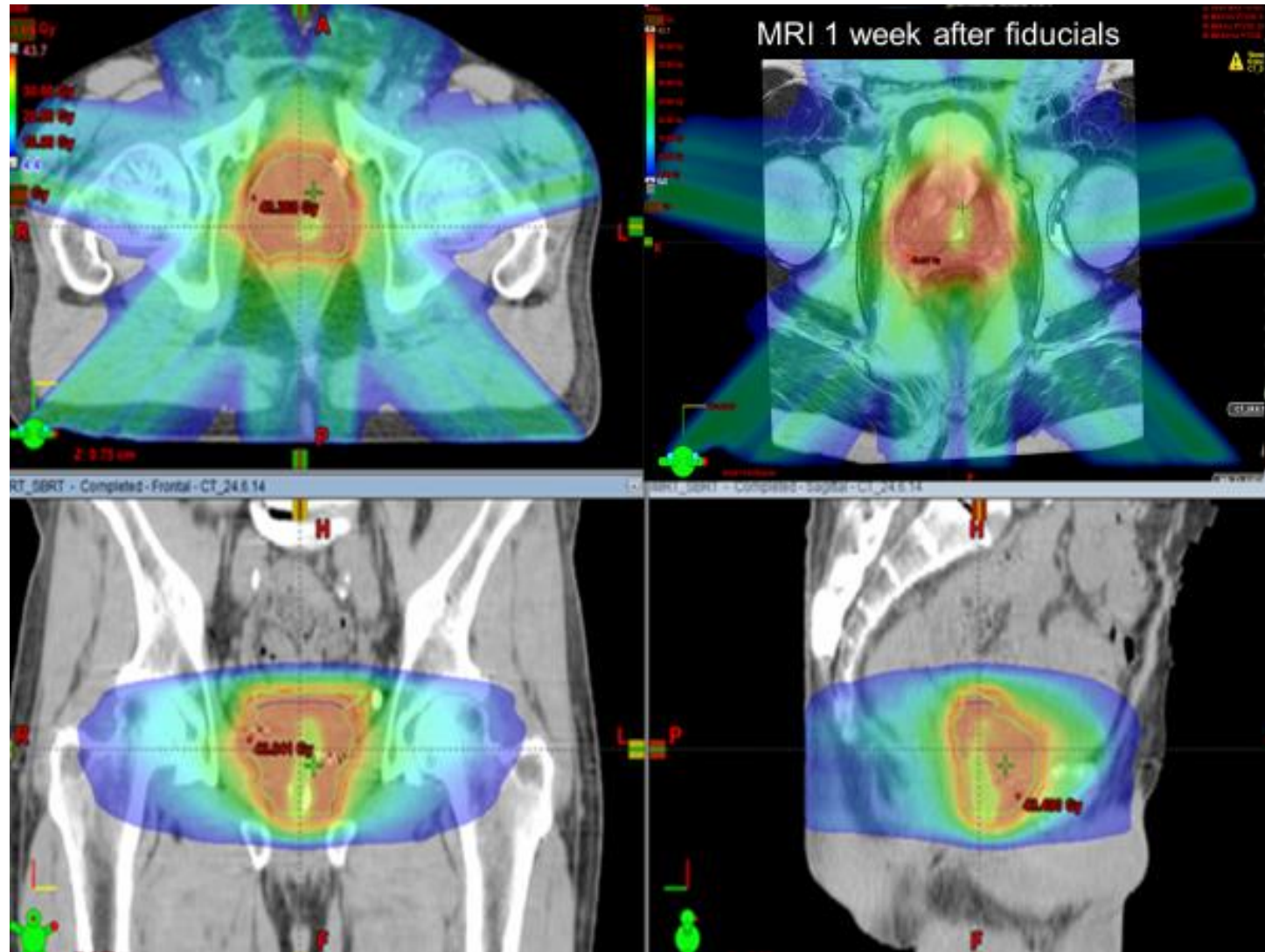
3-5 OPD visits

Medically  
inoperable or  
refuse surgery





# Stereotactic ablative body radiation for prostate cancer **SABR**



# Choosing therapy for localised prostate cancer

## Survival **IDENTICAL** all options

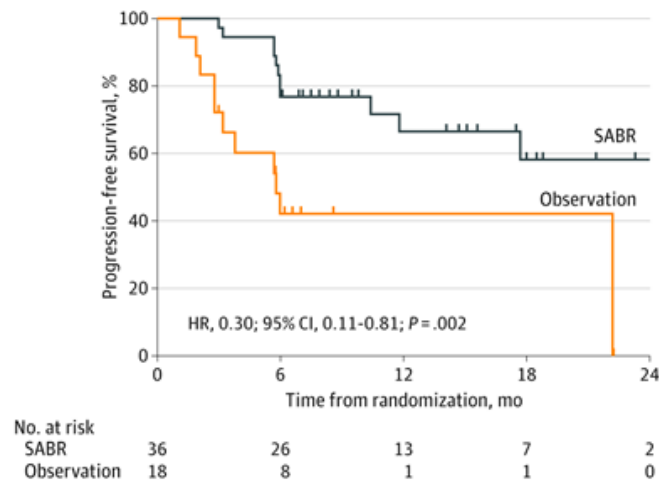
	<b>IMRT</b>	<b>Surgery</b>	<b>Brachy -seeds</b>	<b>SABR</b>
Urinary	Best	Worst	Intermediate	2 <sup>nd</sup> best
Rectal	Worst	Best	Intermediate	Possibly better than IMRT
Sexual Potency Ejaculation	Same Partial	Same None	Same Partial	Very high preservation
Cost	Worst	Worst	A little better	Cheapest
Convenience	Worst	Worst	Best	Best

# Oriole Trial: SABR for limited metastatic prostate cancer

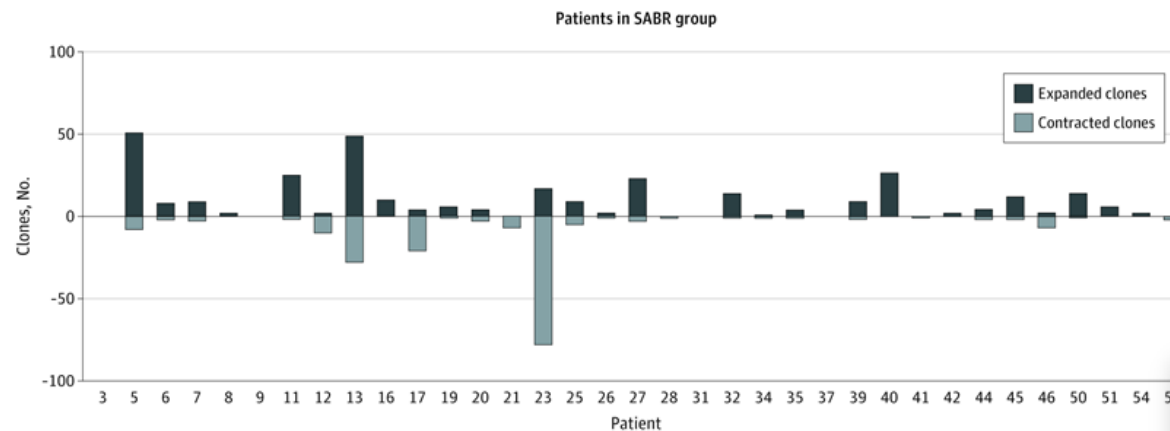
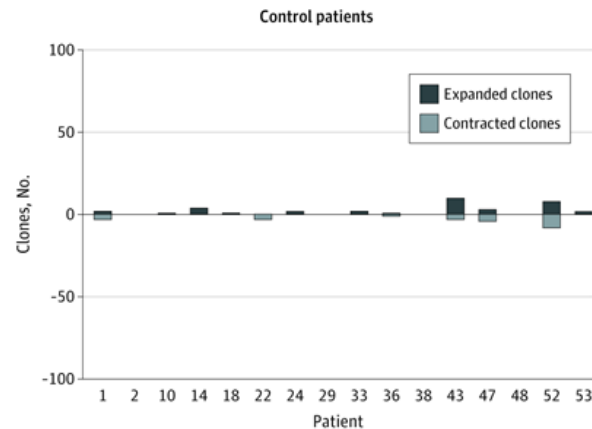
T-cell clonal abundance =  
Switching on the immune system

## Progression-free survival

**A** Composite PFS stratified by study arm



**A** T-cell clonotype abundance



# Radiation Oncology

## Summary

- Technology matters and is constantly developing
- Role as primary treatment of localised cancer – lung, prostate, head and neck, cervix
- Combined with surgery – breast cancer, rectal cancer
- Evolving role in elusive search for cure in metastatic cancer