



Radiofrequency and microwave hyperthermia I: working principles, clinical results, and technical equipment.

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Introduction

"Illnesses which cannot be healed by herbs, can be cured by iron, what cannot be cured by iron can be cured by fire, and what cannot be healed by fire has to be considered as incurable".

Hyppocrates (c. 460 BC - 377 BC)







- Medical aspects of microwave thermotherapy
- Clinical modes of microwave hyperthermia





State of the art – medical applications of EM field

EM fields are used in several well-established medical applications already

- Computer Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- <u>Oncology</u> (cancer treatment) certain tumor cells are very sensitive to higher temperature heating of the tumor region at temperatures of 41 - 45 °C can selectively destroy tumor cells.
- <u>Physiotherapy</u> (treatment of rheumatic and skeletal diseases). Like in HT therapeutic effect is caused on the principle of heating of biological tissue, but to lower temperatures usually only up to 41 °C. It is used for treating pain in certain rheumatic and degenerative diseases and also for the treatment of chronic inflammations resistant to antibiotics. Often used in rehabilitation and physical therapy as well.
- <u>Urology</u> (BPH treatment) Microwave thermocoagulation heating up to temperatures usually around 70 °C. As an example can be given the microwave treatment of Benign Prostate Hyperplasia
- <u>Cardiology</u> (arrhythmia and fibrillations treatment, microwave angioplastics). Cardiac catheter thermal ablation is now standard of care for a variety of cardiac arrhythmia.
- <u>Surgery</u> (microwave scalpel, growing implants).
- <u>Ophthalmology</u> (retina corrections).
- <u>Neurology</u> (strol¹) identifies





State of the art – medical applications of EM field

- <u>Diathermia</u>: heating up to 41 °C (clinical application in physiotherapy).
- <u>Hyperthermia</u>: heating to the interval of 41-45 °C (clinical application in oncology).
- <u>Thermoablation</u>: over 45 °C (clinical application in urology, cardiology, etc.).





Basic description of biological and clinical effects of the hyperthermia

- The effect of hyperthermia is strongly dependent on the achieved tumor temperatures and heating time:
 - cell killing effect doubles every centigrade, e.g. one hour at 42 °C is equivalent to half an hour at 43 °C.
- Hypoxic tumors are more resistant to ionizing radiation than well oxygenated tumors, while hyperthermia is particularly effective in hypoxic tumors:
 - Large solid tumors often contain hypoxic areas due to heterogeneous vascularization, which makes hyperthermia a useful addition to radiotherapy.
- The complementary effect of hyperthermia to radiotherapy:
 - cells in the S-phase of the cell cycle are more sensitive to HT as compared to the G1- phase.
- Blood flow is increased during hyperthermia:
 - This improves tumor oxygenation and thereby probably enhances radiosensitivity. The increased blood flow also improves the uptake of cytostatics in tumor cells.
- Hyperthermia also induces radiosensitisation and chemosenstisation. Repair of DNA damage caused by radiotherapy is inhibited by hyperthermia.





Referencies	Tumour type	Treatment	Patients	Endpoint	Effect	Effect
		modality	(lesions)		with HT	without HT
Valdagni et al., 1993	Lymphnodes of head & neck tumours	FRT+/-HT	41 (44)	CR	83%	41%
				5-yrlocal control	69%	24%
				5-yr survival	53%	0%
Overgaard et	Melanoma	RT+/-HT	70 (138)	CR rate	62%	35%
al.,1995				2-yr local control	46%	28%
Vernon et al., 1996	Breast	RT+/-HT	306	6CR	59%	41%
EL Jones et al., 2005	Breast	RT+/-HT	108	CR	66%	42%
				Local control	48%	25%
Van der Zee et	Bladder, cervix	RT+/-HT	358	CR	55%	39%
al.,2000	and rectum			3-yr survival	30%	24%
Van der Zee et	Cervix	RT+/-HT	114	CR	83%	57%
al.,2000			3-yr survival		51%	27%
Datta et al.,1997	Cervix	RT+/-HT	64	CR	55%	31%
Harima et al., 2001	*** EVROPSK * * Evropské s Operační p	Á UNIE trukturální a investiční fo rogram Výzkum, vývoj a	ndy vzdělávání MINISTE	ERSTVO ŠKOLSTVÍ, ZE A TĚLOVÝCHOVY	85%	50%

Referencies	Tumour type	Treatment modality	Patients (lesions)	Endpoint	Effect with HT	Effect without HT	
Berdov et al.,1990	Rectum	RT+/-HT preoperativ e	115	5-yr survival	36%	7%	
You Q-S et al.,1993	Rectum	RT+/-HT preoperativ e	122	CR	23%	5%	
Colombo et al., 2003	Bladder	CT+/-HT postoperati ve	83	2-yr relapse free survival	82%	38%	
Colombo et al., 2010 (Follow up)	Bladder	CT+/-HT postoperati ve	83	10-yr disease- free survival	53%	15%	
Issels et al., 2010	Soft	CT+/-HT	341	Response	28,80%	12,70%	
	tissue sarcoma			2-yr local progression	76%	61%	
				4-yr local	66%	55%	
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Clinical modes of microwave hyperthermia

- According to ESHO guidelines following classification of different clinical modes of microwave hyperthermia (or thermotherapy in general) can be made:
- Local hyperthermia Medical indications for local hyperthermia include:
 - chest wall recurrences
 - superficial malignant melanoma lesions
 - lymph node metastases of head & neck tumors.
- <u>Regional hyperthermia</u> Medical indications for regional hyperthermia include locally advanced and/or recurrent tumors of the pelvis
 - rectal carcinoma
 - cervical carcinoma
 - bladder carcinoma
 - prostate carcinoma
 - soft tissue sarcoma.
- <u>Part-body hyperthermia</u> Heated volume of a body region such as the whole pelvis, the whole abdomen or (if clinically desirable) the upper abdomen or lower thorax or others.





Clinical modes of microwave hyperthermia

- <u>Whole body hyperthermia (WBHT)</u> is a technique to heat the whole body either up to 42 °C for 60 minutes (so-called "Extreme WBHT") or only 39.5 – 41 °C for longer time, e.g. 3 hours (so-called "Moderate WBHT" or "Fever-like WBHT"). For WBHT, the patient is as far as possible thermally isolated, and infra-red radiation with different ranges of wavelengths (for several available systems) is depositing energy in the superficial tissues of the body until the desired temperature is achieved..
- <u>Thermoablation</u> Achieved temperatures are high (up to 90 °C), but the thermal gradients are quite steep and the effective range is 1 2 cm (i.e. lesions with diameters of 3 4 cm are the limit using standard techniques). Liver metastases (number up to 4) are the most frequent indication. The procedures are typically performed under MR control.
- Interstitial hyperthermia an array of interstitial antennas or electrodes is implanted in accessible tumors which might be located in deep or superficial tissues. The distance between the antennas must not exceed 1 2 cm, and therefore lesions with diameters below 5 cm are suitable (in order to limit the number of puncturing tracks).
- <u>Endoluminal hyperthermia</u> uses natural orifices to position various kinds of endocavitary applicators (microwave, radiowave, ultrasound, etc.) in direct contact to a tumor.





Local hyperthermia





Example of the system for local hyperthermia - BSD 500 from PYREXAR Medical (Courtessy of PYREXAR Medical and Dr. Sennewald Medizintechnik, gmbh.)





Depth of EM wave penetration

$$E(z) = E_0 e^{-\alpha z}$$

where *E* is electrical field intensity, E_o is its value at surface of biological tissue, *z* is the depth under the surface and α means the attenuation constant of EM wave in the lossy media.

$$d = \frac{1}{\sqrt{\pi \sigma \mu_0 f}}.$$

The depth of the EM wave penetration d then has its definition in EM field theory based on decrease of amplitude of electrical field intensity E_0/e

Operating frequencies of the applicators 27, 70, 434, 915 and 2450 MHz





The 3D spatial distribution of power P_a absorbed in a biological object

$$P_a(x, y, z) = \frac{\sigma}{2} |\mathbf{E}(x, y, z)|^2.$$

The 3D spatial distribution of Specific Absorption Rate - the SAR [W/kg] indicates the EM energy absorbed in the biological tissue and, as shown by the unit, it is the power absorbed per 1 kg of tissue

$$SAR = \frac{\delta}{\delta t} \left(\frac{\delta W}{\delta m} \right) = \frac{\delta}{\delta t} \left(\frac{\delta W}{\rho \delta V} \right) = \frac{\delta P_a}{\delta m} = \frac{\delta P_a}{\rho \delta V},$$

where W is the electromagnetic energy absorbed in the biological tissue, t is the time and m denotes mass. P_a is the power of the electromagnetic wave that spreads the biological tissue, ρ is the density of the tissue, and V is the volume.





Depth of efficient treatment

In case of microwave hyperthermia the depth of the efficient treatment is given by distribution of temperature in the treated area - it is formulated as 25 % decrease of the SAR value with respect to maximum value of SAR inside the treated area.

Depth of EM wave penetration.

- At given working frequency and given type of biological tissue.
- EM field distribution in the aperture of the applicator.
 - Usually we are trying to create in the aperture of the applicator the distribution of EM field very similar to plane
- Aperture size of the applicator.
 - Bigger aperture size helps to approach better the EM field distribution inside applicator aperture to the case of plane wave.

3D configuration of biological tissues in front of applicator aperture.

 Biological tissues can be very roughly sorted in two categories: either with high or with low water content. Tissues with high water content have higher attenuation than tissues with low water content.

Temperature of water in water bolus

• This water can cool the surface of the area to be treated and thus to improve the temperature profile inside this area.





Regional hyperthermia





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Regional & part-body treatment system





Applicator Sigma 60 on the left side & Sigma Eye 3D on the right side from PYREXAR Medical





Anatomical models for treatment planing



Thelonious, 6-Year-Old Boy, Physiological Data:					
Sex	male				
Туре	child				
Age [Years]	6				
Height [m]	1.17				
Weight [kg]	19.3				
BMI [kg/m²]	14.0				
Number of Tissues	76				







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http://www.itis.ethz.ch/services/anatomical-models



Dielectric properties of biological tissue

Interaction of EM field with biological tissue is thus influenced to a great extent by tissue complex permittivity ε .

$$\boldsymbol{\varepsilon} = \varepsilon' - j\varepsilon'' = \varepsilon'(1 - j\tan\delta), \ \tan\delta = \frac{\omega\varepsilon' + \sigma}{\omega\varepsilon'}.$$





Treatment planning of clinical application of thermotherapy









Companies developing hyperthermia systems

- <u>ALBA Hyperthermia Systems</u> (<u>http://www.albahyperthermia.com/</u>)
- Alba Hyperthermia System offers two hyperthermia systems now, one for local and another one for regional treatment:
- ALBA ON 4000 is a hyperthermia system for superficial treatment (working frequency 434 MHz, output power 200 W).
- ALBA 4D was presented in the year 2015. It is hyperthermia system with applicator created by 4 waveguides working at 70 MHz. ALBA 4D generates 4 RF signals each independently controlled both in amplitude and phase. Varying these parameters it is possible to focus the EM power at depth in the treated area.
- c) <u>Capacitive systems for thermotherapy</u>
- There are several companies which offer of microwave hyperthermia (or thermotherapy in general) systems with capacitive type of applicators. It should be told, that such systems have no capability to focus EM power into tumors especially in case of deep local or regional treatment. They can cause many treatment complications mainly overheating of fat tissue. This claim can be easily supported by basic rules known from the theory of EM field.





Regional Hyperthermia Systems ALBA 4D





Size of elliptical phantom: 36 x 24 x 100 cm³

muscle parameters:

 σ = 0.55 Sm⁻¹; ϵ_r = 75 @70 MHz; ρ = 1000 kg/m⁻³ fat layer thickness 1 cm:

 σ = 0.06 Sm⁻¹; ε_r = 10 @70 MHz; ρ = 888 kg/m⁻³

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HYPERTHERMIA TREATMENT FACILITIES, NAME AND LOCATION



ALBA Hyperthermia System ON 4000 (Oncology)

 ALBA Hyperthermia System ON 1000 (not Oncology) used by Football Clubs

ALBA Hyper
Oncology)





Treatment Planning in Regional Hyperthermia Systems

🣣 optim Volba parametru.

2. Aplikator

0.66791 0.70958

0

1. Aplikato

Amplituda

Faze

Amplituda Faze

* pi [rad]

2

w

n



Numerical model of Applicator



Different test scenarios



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Aplikato

Amplitude

Faze

200

180

160

140

120

100

80

60

40

0

50

100

150

1

2

0





GUI of a simple 2D treatment planning system









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History of hyperthermia in the Czech Republic





Example of hyperthermia treatment









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Example of treatment planning in a real patient





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Example of patient treatment









Example of patient treatment









Example of patient treatment







Hyperthermia in Czech Republic

Complete response (CR)	230 patients	47%	
Partial response (PR)	140 patients	29%	
Succesful treatment (CR+PR)	370 patients	76%	
No response (NR)	120 patients	24%	





Hyperthermia in Czech Republic



Léčba laboratorní myší kmene C57BL/6 (vlevo), Balb/cJ (střed) a B+DNK1.1neg (vpravo). Fotografie byly pořízeny během experimentu ve Státním zdravotním ústavu.





Hyperthermia in Czech Republic

Tabulka 3: Hodnoty nastaveného výkonu regulovaného v závislosti na růstu teploty v jednotlivých oblastech.								
Myš	$0~\mathrm{min}~[\mathrm{W}]$	$3 \min [W]$	$6 \min [W]$	$9~\mathrm{min}~[\mathrm{W}]$	$12 \min [W]$	15 min [W]	18 min [W]	$21~\mathrm{min}~[\mathrm{W}]$
1	50	50	50	75	75	65	60	40
2	75	75	75	50	30	30	25	25
3	75	75	50	50	20	25	25	25
4	75	75	75	50	50	40	30	30
5	75	75	75	75	75	75	50	50
6	75	75	75	75	75	75	50	50
7	75	75	50	30	30	40	40	40
8	75	75	75	75	75	75	75	75
9	75	75	75	75	75	75	75	75
10	75	75	75	100	100	100	100	100
11	100	100	100	100	100	100	50	50
12	100	100	100	100	100	60	60	60







B+D-NK1.1neg





Elektrické parametry biologických tkání

- Různé biologické tkáně vykazují odlišné elektrické parametry
- Jedním z hlavních faktorů, určující hodnoty elektrických parametrů biologických tkání je obsah vody
 - tkáně s vyšším obsahem vody vykazují vyšší hodnoty permitivity a vodivosti







VRBA, Jan. *Lékařské aplikace mikrovlné techniky*. Praha: Nakladatelství ČVUT, 2007 dotisk. ISBN 978-80-01-02705-9.



