



Project co-financed by the European Regional Development Fund through the Competitiveness Operational Programme  
"Investing in Sustainable Development"



Extreme Light Infrastructure-Nuclear Physics  
(ELI-NP) - Phase II



*Combining immunotherapy with radiology, new  
pathways of research supported by neutrons provided  
high-power laser system in the future*

K. M. Spohr<sup>1,2</sup>

Laser-Driven Experiments Department

<sup>1</sup>Extreme Light Infrastructure (ELI-NP), Str. Reactorului no.30, P.O. box MG-6, Bucharest - Măgurele, Romania

<sup>2</sup>University of the West of Scotland, High St. Paisley, Scotland, PA2 0TX

[klaus.spohr@eli-np.ro](mailto:klaus.spohr@eli-np.ro)

*New opportunities and challenges in nuclear physics with high-  
power lasers*

ECT\*

EUROPEAN CENTRE FOR THEORETICAL STUDIES  
IN NUCLEAR PHYSICS AND RELATED AREAS

ECT\* Workshop 1-5 July 2024  
Trento, Italy




# Some truths about Cancer & How to fight it

- Cancer is the ultimate parasite, a weak system of cells that went astray and need healthy cells to support their growth
- Humans are a 'young' species ('Commissioning run') and have, compared to other mammals a very restricted set of natural defense mechanism
- 1/3 of us will develop a form of cancer during our lifetime
- There are no cures for any cancer, but there are a lot of treatments that may help
- Efficient treatments live out the rest of their life and die of other causes Success in treatment rates varies from 99% down to 0% (specific form of very rare lung cancer)
- Cancer is an overarching term, in reality, it describes a variety of different diseases
- Techniques: cut, poison, and irradiate (smart irradiation?) AND now even vaccinate!
  - Presentation of a new form of patented delivery agents for a high payload of boron for (Boron Neutron Capture Therapy (BNCT). Slow Therapy that induces targeted short-range ion therapy fitting the dimension of a compromised cell ideally!

# Optimism before and **gained** from the Workshop

- BNCT is an upcoming FDA-approved treatment procedure with 33 dedicated BNCT radiation systems (New accelerator type facilitating slow neutrons produced by linear accelerators) being built or in commission ( Several in Japan, China, Finland, UK, D in preparation, 2 in Italy)
- Rather harmless slow neutrons that induce nuclear decay of  $^{10}\text{B}$
- As ranges of reaction products" alpha particle and lithium ion is curtailed to  $< 9$  mm, minimized impacts on surrounding healthy tissue
- Conceptualization of ultra-effective boron carrier in the form of various T-cells with core patents granted in June 2024!
- Successful creation of 'T-cell Ninjas' by ONCOGEN, Timisoara, Prof. Virgil Paunescu
  - Cells produced with high boron payload ( $4 \times 10^8$ ), cells are healthy, survive transport, & multiply!
- First successful BNCT proof *in vitro* with neutrons from ICN Pitesti's TRIGA reactor
- Successful experiment for pulse compression at the CLPU Salamanca, 4-5 fold pulse compression at Joule-level  $\rightarrow t_p$  from 30 fs to 6 fs  $\rightarrow$  4-5 fold increase of HPLS power  $\rightarrow$  enhancing achievable neutron yield,  $Y_n$  (Gabriel Bleotu)
- **Yogo:  $Y_n \propto I_L^4$  & efficient neutron moderation to epithermal energies!**
- **Siegfried's and Ishay's progress in targetry and mJ laser systems to be useable for neutron creation!!!!!!!!!!**
- **Dream of very compact and cost-effective laser-based neutron generators for hospitals**

# Historic Remarks, Immunotherapy & Radiology

- Using the boy's own defense mechanism and associated cells to suppress and cure cancer!
- Immunology & Radiology are strongholds in cancer therapy, emerging almost in parallel, **but** almost naturally on very different pathways
- **Radiology**
  - X-rays 1895 Röntgen, just 3 days (!) after application of X-rays for cancer treatment (Ludlam)
  - Nuclear decay (Becquerel 1896) → Radiumtherapy (**Curietherapy**) ~ 1900
  - Protontherapy: Wilson (1946), first treatments 1950's, prominence 1990's (accelerator-based)
  - Boron Neutron Capture Therapy (BNCT), Sweet MIT (1954), MIT research reactor [[Led81](#)]
- **Immunotherapy** (tremendous recent successes!)
  - Purposeful viral inoculation to prevent smallpox disease, 3<sup>rd</sup> century B.C. (China), Jenner (1798)
  - Cancer Immunotherapy: Coley, 1<sup>st</sup> harness immune system treatment (1891) '**Coley's Toxins**'
  - 'The Breakthrough': J. P. Allison and T. Honjo: Cancer therapy by inhibition of negative immune regulation **Keytruda** (book by C. Graeber [[Gra18](#)])
- **Radioimmunotherapy (RIT)** bringing it together (Goldenberg (1978) [[GDK+78](#)]), personalized treatment
  - Personalized cancer treatment, combining radiation therapy with the precise targeting ability of immunotherapy
  - First commercial: **Ibritumomab tiuxetan** (FDA) in 2002 (types of non-Hodgkin lymphoma)
  - **Combining BNCT with low-energetic neutrons provided by an HPLS with allogenic  $\gamma\delta$  CAR-T cells, laden with boron-nanoparticles or any other favorable isotope (e.g. radio-tracer)** 

# Core Idea & Nobel Prize Ceremony 2018

Core to our idea:

- **Immunotherapy** and the use of  $\gamma\delta$  CAR-T cells as effective delivery agents ('nanorobots') for sufficient amounts of radiotherapeutic isotopes
- High precision delivery of epithermal (slow) neutrons from a pulsed source for **Boron Neutron Capture Therapy (BNCT)**, herein high-power laser-plasma systems (HPLS), e.g. the 1 PW and 10 PW flagship installations at ELI-NP will become game changers (G. Mourou & D. Strickland)



Fig. – The 2018 Nobel Prize Award Ceremony

# Boron Neutron Capture Therapy (BNCT)

- BNCT is scalable = the higher the boron concentration the less demand on neutron flux on patient
- BNCT is in clinical phase trials, worldwide ~ 3000 treatments (Jp,China,USA,Fin,Swe) [KMK+09]
- As of 2023 33! accelerator-driven centers build
- $^{10}\text{B}$  is a stable component of  $^{\text{nat}}\text{B}$ , ~ 20% abundance, , non-radioactive,  $m(70\text{ kg})_{\text{body}} \sim 1.8 \times 10^{-5}\text{ kg}$
- Nuclear reaction:



- Capture process has for thermal and epithermal neutrons ( $\sim 0.025\text{ eV}$ ) a very high cross-section  $\sigma = 3850\text{ mb}$  [COH+06]- That's good, very good
- Per cell only 20 fg needed in cell for 99.99% of destruction if cell exposed to  $10^{12}\text{ N}_n(\text{epi})$ , for 0.1 nGy in **total** one gets 0.3  $\mu\text{Gy}$  **per** boron-loaden cancerous cell! Dose rate:  $\leq 70\text{ Gy}$  will allow  $V_{\text{sol.tum.}} \sim \text{cm}^3$
- Reaction products are themselves ions! So, BNCT is a short-range ion therapy  $\rightarrow$  **BNCT is selective!**
  - DNA damage by the electronic energy loss  $S_{e-}$  of  $\alpha = ^4\text{He}$  and  $^7\text{Li}$  ions
  - DNA damage only localized in cellular dimension, big big + compared to ion-based and X-ray-based therapies, NO surrounding healthy tissue is harmed
- **Only acts within the malignant cell, or in its direct vicinity if IDEAL SELECTIVE CARRIER can be found (range:  $5\text{ }\mu\text{m}$  to  $8\text{ }\mu\text{m}$ )  $\sim \varnothing(\text{cell})$ , Minimal radiation damage to surrounding cells**

# BNCT, Selective & Steerable!

- As  $^{10}\text{B}$  is stable, the nuclear reaction can be fully controlled with *e.g.* step-wise switch on/off function AT ANY OPPORTUNE TIMING and steered by clinicians. No background radiation after treatment!
- Find an ultra-precise delivery agent: genetically modified  $\gamma\delta$  CAR-T cells (allogenic)
  - Infusion of boron nanoparticles together with cytotoxins to enhance the therapeutic function
  - Most commonly used: boronophenylalanine (BPA), limited enhancement cancer-to-healthy: 4-to-1

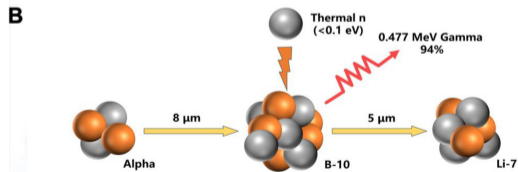
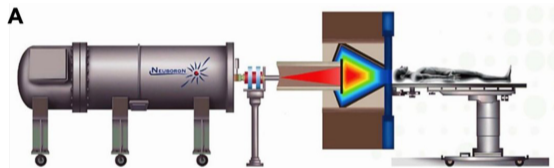


Fig. – Schematics of BNCT [DYB<sup>+</sup>22]

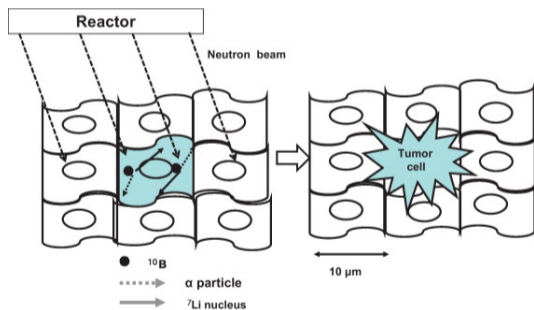


Fig. – Boron implanted cancerous cell in healthy cell environment [YTFH19]

# In Vitro Sonoporation of $\gamma\delta$ CAR-T cells with (boron) nanoparticles

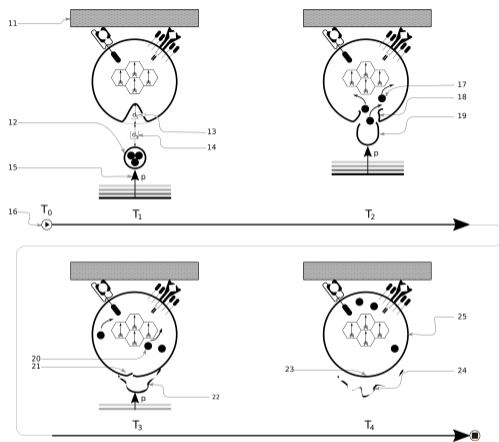


Fig. – Sonoporation of boron nanoparticle with microbubbles

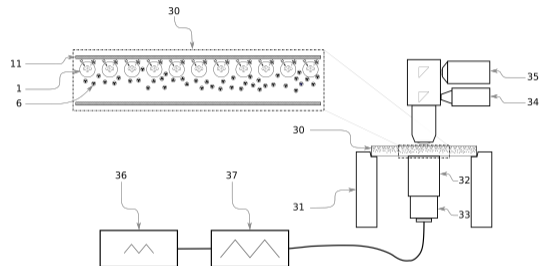


Fig. – Sketch of sonoporation scheme with ultrasound and microscope surveillance

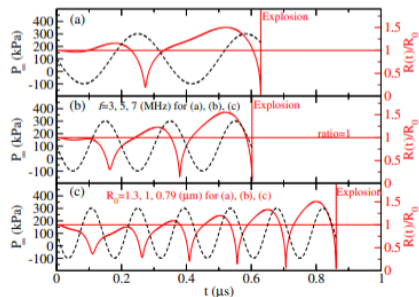


# In Vitro Sonoporation of $\gamma\delta$ CAR-T cells, Rayleigh-Plesset Formula

## Rayleigh-Plesset Equation

$$R(t) \frac{d^2 R(t)}{dt^2} + \frac{3}{2} \left( \frac{dR(t)}{dt} \right)^2 + \frac{4\nu_L}{R(t)} \frac{dR(t)}{dt} + \frac{2\gamma}{\rho_L R} + \frac{\Delta P(t)}{\rho_L} = 0, \quad (1)$$

- Finding optimum parameters of pressure  $P(t)$ , frequency  $f$ , and bubble diameter
- Softest possible approach to sonoporation NOT to destroy or compromise complex T cells
- K. M. Spohr *et al.* Rom. Rep. Phys 75, 601 (2023) (successful PED Grant)



$f_{res}$ /MHz	$R_0^{min}$ / $\mu\text{m}$	$R_0^{max}$ / $\mu\text{m}$	$R_0^{opt}$ / $\mu\text{m}$	$T_{expl}$ / $\mu\text{s}$
3	0.87	2.28	1.29	0.63
4	1.02	1.19	1.08	0.73
5	0.90	1.04	0.99	0.59
6	0.83	0.90	0.88	0.67
7	0.77	0.80	0.79	0.86
8	0.718	0.719	0.719	3.00

Table 1.

Fig. – Summary of sonoporation simulations for SonoVue bubbles

Fig. – Rayleigh-Plesset equation for SonoVue bubbles

# Boron-loaden $\gamma\delta$ CAR-T cells, envisaged *modus operandi*

- Genetically modified, allogenic-produced!, boron-loaden  $\gamma\delta$  CAR-T cells find their way to cancerous cells for attack, initially bloodbourne
- ONLY docking to malignant cells due to receptors, but NOT docking to healthy cells, due to the customized receptors
- Infusing cytotoxins & boron nanoparticles ONLY into malignant cells via **Kiss of Death**
- Due to the localized nature of the boron decay, approaching the malignant cell is sufficient for BNCT to work (very different from mRNA treatment!)
- Control and survey of BNCT process via pulsed neutron impact from ultra-fast, switchable neutron source provided by an HPLS (ELI-NP)

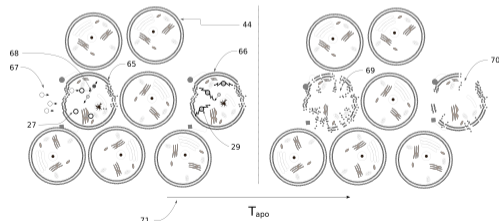
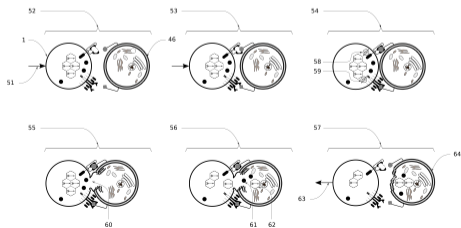


Fig. – *Modus Operandi* of boron-loaden  $\gamma\delta$  CAR-T's

Fig. – Boron-loaden cancer cells in BNCT

# Extreme Light Infrastructure - Nuclear Physics (ELI-NP) in Bucharest

- A 320 m€ investment by EU our 10 PW, HPLS with highest peak power laser in the world!
- Ideal provider of strong, pulsed neutron sources for *prima faci* studies, with 10 PW and 1 PW stations in the future (dedicated neutron source program)
  - 10 PW? = 250 J of energy in laser light delivered in ultra-short timespan 25 fs
  - Accelerating protons to  $\sim 65\%$  speed of light ( $\sim 1$  GeV)  $\rightarrow$  efficient neutron production
  - Laser-induced neutrons come with short pulse durations ( $\mu\text{s}$ ) and small source sizes  $\mu\text{m}^3$   $\rightarrow$  temporal and spatial control, for optimizing the neutron fluxes for BNCT

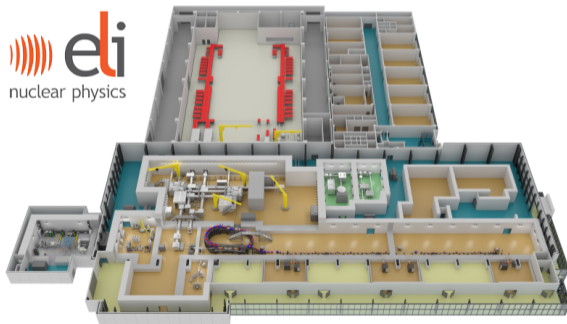


Fig. – Layout of the ELI-NP facility in Bucharest-Măgurele

# ELI-NP, Impressions - 10 PW HPLS commissioning at E1 (2023)

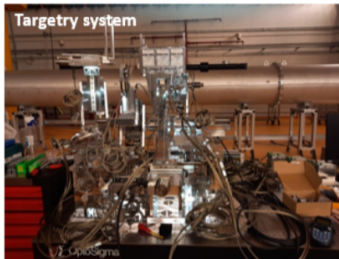
10 PW E1 experimental area commissioning (from 26 Sept 2022)



10 PW E1 area overview



Targetry system



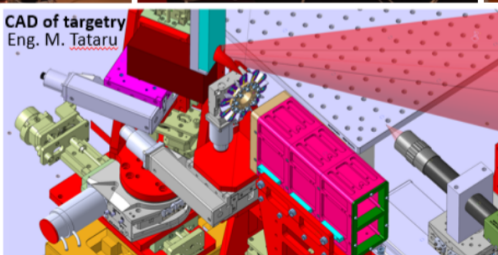
Targetry system



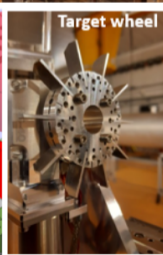
E1 interaction chamber



CAD of targetry  
Eng. M. Tataru



Target wheel



E1 commissioning

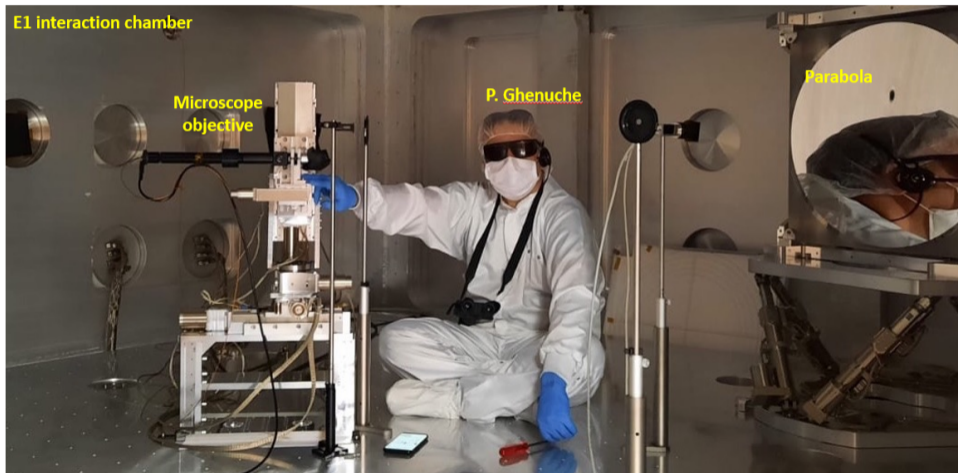


# ELI-NP, Impressions - 10 PW HPLS commissioning at E1 (2023)

10 PW E1 experimental area commissioning (from 26 Sept 2022)



Laser beam alignment and focal spot check



E1 commissioning

# ELI-NP: High-intensity bursts of thermal/epithermal neutrons

- Use of magnetic neutron lenses

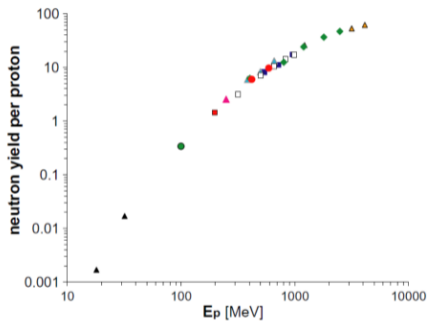


Fig. – Neutron yield per proton reaction as  $f(E_p)$

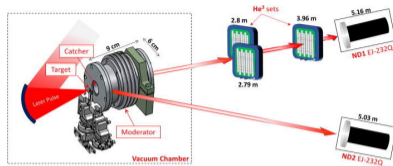


Fig. – Compact neutron moderator, a special feature of HPLS [MAA+17]

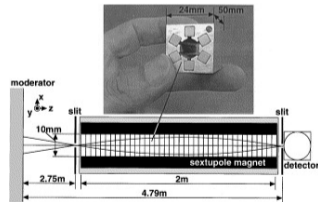


Fig. – Example of a magnetic neutron lens [SOS+00]

# Sketch of future treatment, Multidisciplinary approach is the key!

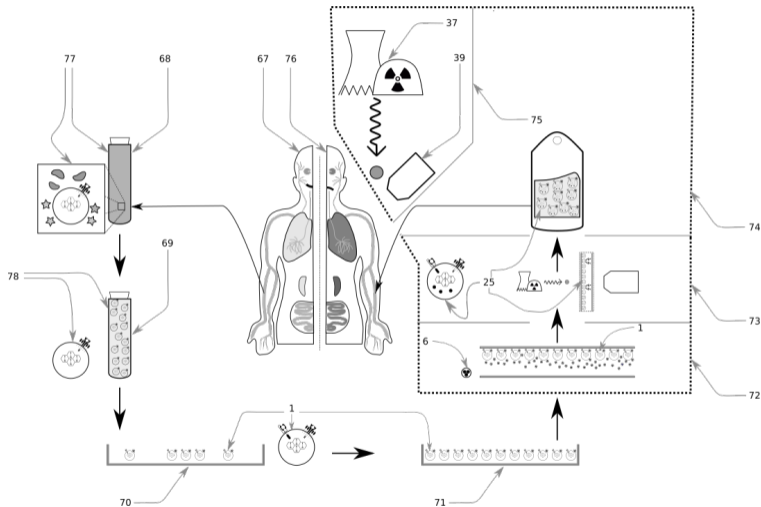






Fig. – Treatment pathway with gen-manipulated & allogenic-produced boron-loaden  $\gamma\delta$  CAR-T cells

# Strategy of research program




- Efficacy study at any *in vitro* aspect of the  $\gamma\delta$  CAR-T cell supported BNCT
  - Sourcing and expansion of allogenic-produced  $\gamma\delta$  CAR-T cells ( $-80^{\circ}$  fridge network cluster?)
  - Ultrasonic boron-loading process:  $P(t)$ ,  $f(t)$ ,  $N(\gamma\delta \text{ CAR-T})$ ,  $N(^{10}\text{B})$  & type of transducer, selection of microbubbles (SonoVue), Protocols and Quality Control
  - Sonoporation process (loading efficiency,  $\gamma\delta$  CAR-T cell survival,  $\gamma\delta$  CAR-T cell functionality)
  - Efficiency of *in vitro* production
  - Efficiency of 'Kiss of Death' with respect to boron transfer
  - Suitability of *Modus Operandi* of boron-transfer to cancer cells only *in vitro* model
  - Efficiency of BNCT for cancerous cells in a melee of malignant/healthy cells *in vitro* model
  - Cost-effectiveness (A big + : allogenic-sourced  $\gamma\delta$  CAR-T cells)
  - Step towards 'mouse-model'?
  - Further Combination Therapies?
  - First cancer targets of bloodbourne nature, after that, progressing to solid
  - Romania is ideally placed to spearhead this research due to having the key competencies (institutes, facilities & human (power)m resource (young researchers from a pristine educational system of highest standards!))
- Multumesc, Dankeschön, & Thank You



# References I

-  M.B. Chadwick, P. Obložinský, M. Herman, et al., *ENDF/B-VII.0: Next generation evaluated nuclear data library for nuclear science and technology*, Nuclear Data Sheets **107** (2006), no. 12, 2931–3118.
-  Qi Dai, QiYao Yang, Xiaoyan Bao, Jiejian Chen, Min Han, and Qichun Wei, *The development of boron analysis and imaging in boron neutron capture therapy (BNCT)*, Molecular Pharmaceutics **19** (2022), no. 2, 363–377.
-  David M. Goldenberg, Frank DeLand, Euishin Kim, Sidney Bennett, F. James Primus, John R. van Nagell, Norman Estes, Philip DeSimone, and Pam Rayburn, *Use of radiolabeled antibodies to carcinoembryonic antigen for the detection and localization of diverse cancers by external photoscanning*, New England Journal of Medicine **298** (1978), no. 25, 1384–1388.
-  C. Graeber, *The Breakthrough*, Scribe, 2018 (en).
-  Shinji Kawabata, Shin-Ichi Miatake, Toshihiko Kuroiwa, Kunio Yokoyama, Atsushi Doi, Kyoko Iida, Shiro Miyata, Naosuke Nonoguchi, Hiroyuki Michiue, Masatsugu Takahashi, Taisuke Inomata, Yoshio Imahori, Mitsunori Kirihata, Yoshinori Sakurai, Akira Maruhashi, Hiroaki Kumada, and Koji Ono, *Boron neutron capture therapy for newly diagnosed glioblastoma*, Journal of Radiation Research **50** (2009), no. 1, 51–60.

# References II

-  M Lederman, *The early history of radiotherapy: 1895-1939*, Int. J. Radiat. Oncol. Biol. Phys. **7** (1981), no. 5, 639–648 (en).
-  S. R. Mirfayzi, A. Alejo, H. Ahmed, D. Raspino, S. Ansell, L. A. Wilson, C. Armstrong, N. M. H. Butler, R. J. Clarke, A. Higginson, J. Kelleher, C. D. Murphy, M. Notley, D. R. Rusby, E. Schooneveld, M. Borghesi, P. McKenna, N. J. Rhodes, D. Neely, C. M. Brenner, and S. Kar, *Experimental demonstration of a compact epithermal neutron source based on a high power laser*, Applied Physics Letters **111** (2017), no. 4, 044101.
-  H.M. Shimizu, T. Oku, H. Sato, C. Otani, H. Kato, Y. Suda, H. Nakagawa, T. Kamiyama, Y. Kiyonagi, and T. Wakabayashi, *A magnetic neutron lens*, Physica B: Condensed Matter **276-278** (2000), 63–64.
-  Yoshiaki Yura, Shinya Tada, Yusei Fujita, and Masakazu Hamada, *Current treatment, particle radiotherapy, and boron neutron capture therapy for advanced oral cancer in patients*, Oral Science International **16** (2019), no. 2, 49–68.