



VT Ablation with External Beam Radiotherapy

Amanda J. Deisher, Ph.D.

2020 Joint AAMP|COMP Virtual Meeting
July 16, 2020



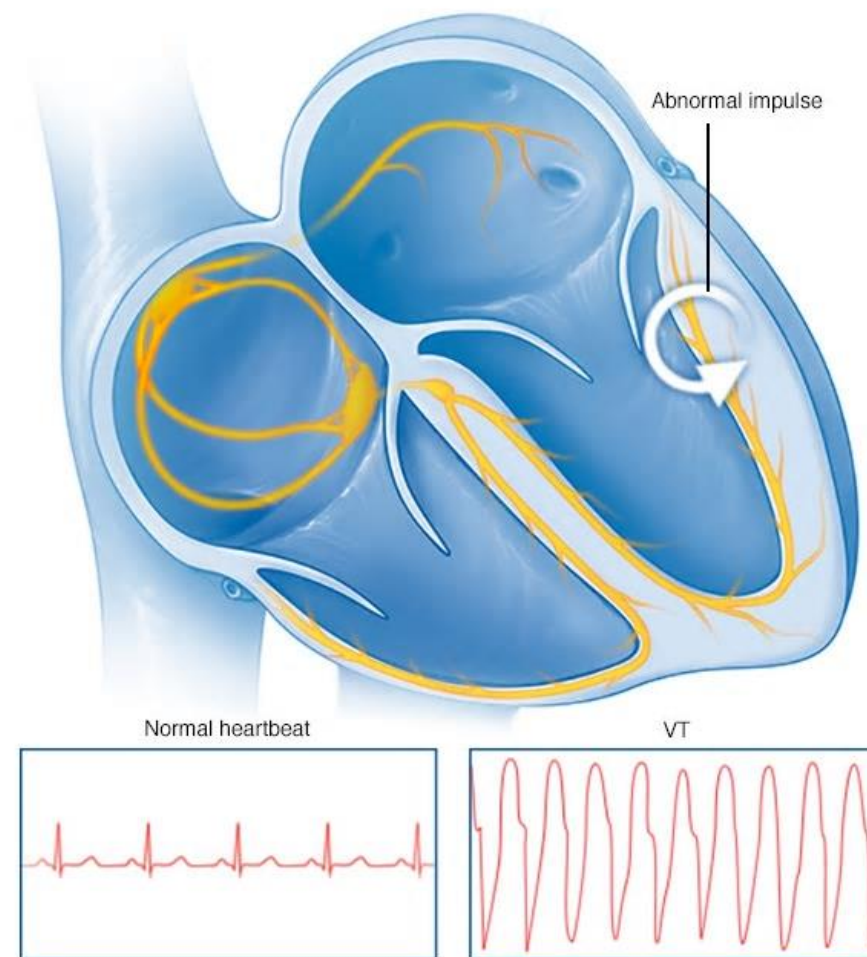
Outline

- Introduction to Ventricular Tachycardia (VT)
- External beam as an alternative
- Review of recent preclinical and clinical
- Clinical workflow – intensive image guidance
- Heating up: future directions



What is Ventricular Tachycardia (VT)?

- Abnormal electrical signal in ventricles
- Heart rate >100 beats per minute
- Symptoms:
 - Dizziness, shortness of breath, lightheadedness, palpitations, chest pain
 - Loss of consciousness
 - Cardiac arrest (sudden death)
- Estimated 180K-450K sudden cardiac deaths/yr in US*



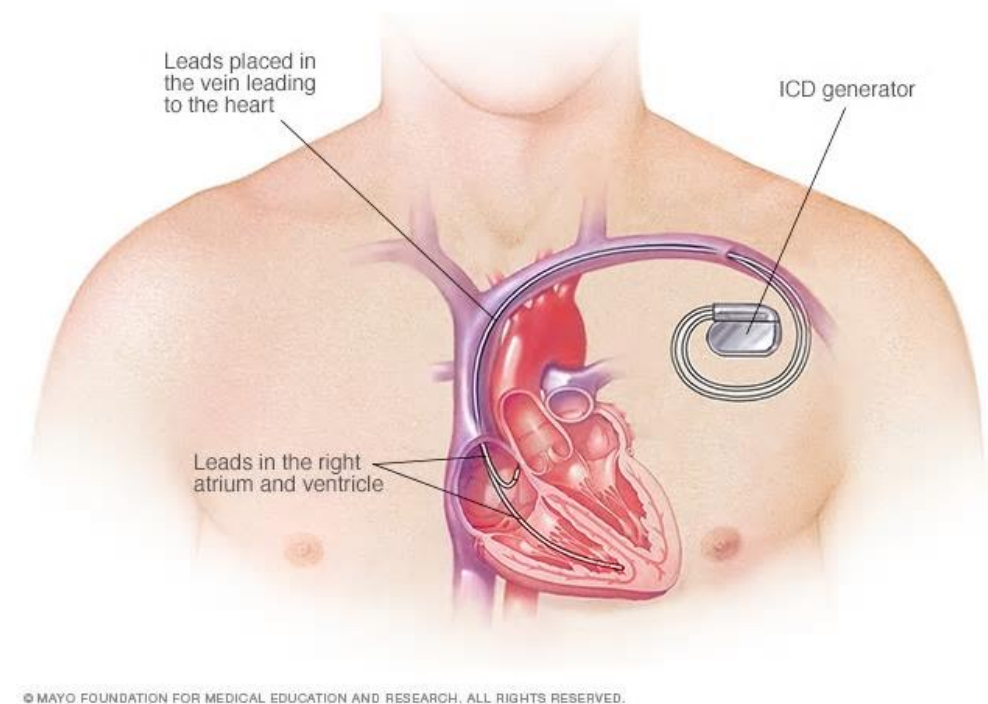
© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

*Deo R, Albert CM. Epidemiology and genetics of sudden cardiac death. *Circulation*. 2012;125(4):620-637. doi:10.1161/CIRCULATIONAHA.111.023838

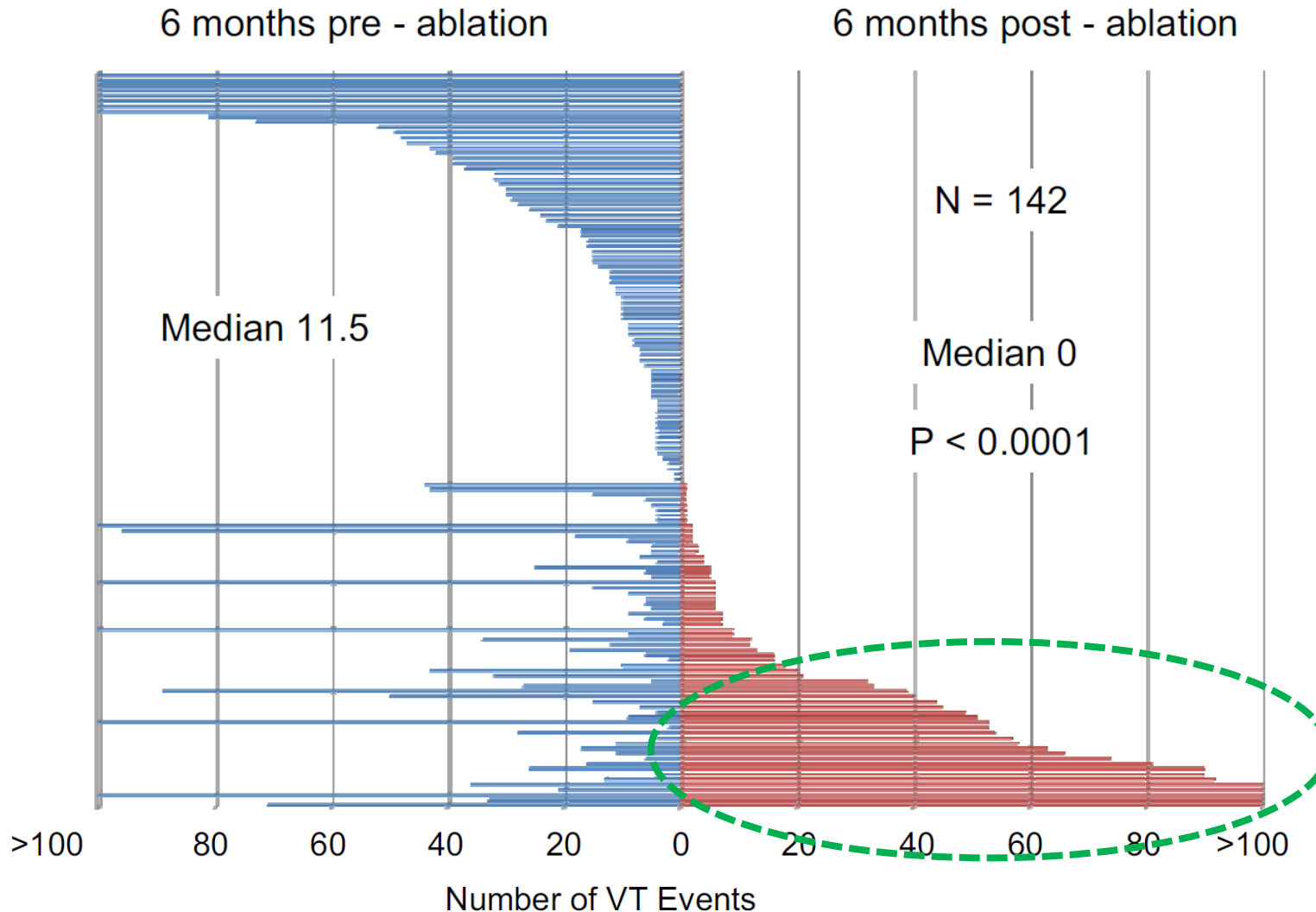


Current VT Treatment Paradigm

- Implanted Cardioverter Defibrillator (ICD)
 - 10K/month implanted in US*
- Antiarrhythmic medication
- Recurrent VT → VT Ablation
 - Source identification
 - Anatomic Substrate Imaging: MR, CT
 - Electrical mapping
 - Invasive electroanatomic mapping
 - 12-lead Holter monitoring
 - Body surface mapping (ECGi)
 - Catheter-based treatment w/challenges
 - **thickness of LV wall**



Cather-based VT Treatment Outcomes



Stevenson, William G et al. "Irrigated radiofrequency catheter ablation guided by electroanatomic mapping for recurrent ventricular tachycardia after myocardial infarction: the multicenter thermocool ventricular tachycardia ablation trial." *Circulation* vol. 118,25 (2008): 2773-82. doi:10.1161/CIRCULATIONAHA.108.788604



External Beam Radiation as an Alternative

- Advantages
 - Non-invasive
 - Fast
 - Homogeneous dose to any volume
- Challenges
 - Target definition
 - Respiratory and cardiac motion
 - Delay to effect
 - Proximity to critical normal structures
- Choice of external beam
 - X-rays
 - Particle beams (protons, carbon, ...)



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.



(Some) Preclinical Data

- Can focused radiation create a isolated lesion in cardiac tissue?

CyberHeart™ in intact porcine model Sharma, A. *et al.* Non-invasive stereotactic radiosurgery (CyberHeart) for creation of ablation lesions in the atrium. *Heart Rhythm* 2010 (7) 802-810.

- If the lesion includes an AV node, is there a dose that creates AV block?

3D conformal AV node ablation in intact porcine model Blanck, O. *et al.* Dose-Escalation Study for Cardiac Radiosurgery in a Porcine Model. *Int J Radiat Oncol Biol Phys* 2014 (89) 590-598.

VMAT AV node ablation in intact porcine model Lehmann, H Immo *et al.* "External Arrhythmia Ablation Using Photon Beams: Ablation of the Atrioventricular Junction in an Intact Animal Model." *Circulation. Arrhythmia and electrophysiology* vol. 10,4 (2017): e004304. doi:10.1161/CIRCEP.116.004304

External beam radiation delivered in a single fraction of ≥ 25 Gy causes electrophysical and structural myocardial ablation effects.

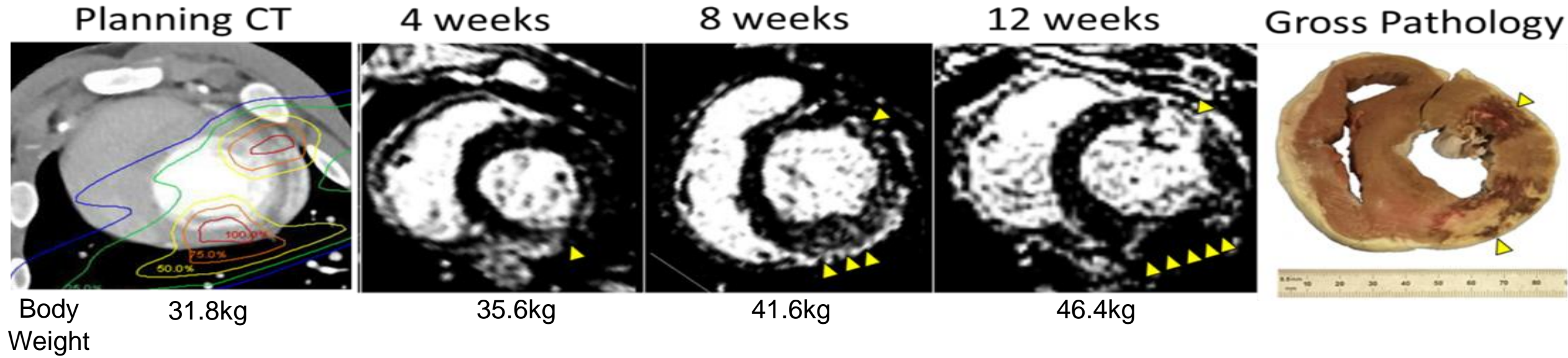
- If we target the left ventricle, what is the effect on cardiac tissue and function?

Proton LV ablation in intact porcine model Hohmann, Stephan *et al.* "Left ventricular function after noninvasive cardiac ablation using proton beam therapy in a porcine model." *Heart rhythm* vol. 16,11 (2019): 1710-1719. doi:10.1016/j.hrthm.2019.04.030

...



Left ventricle lesion development

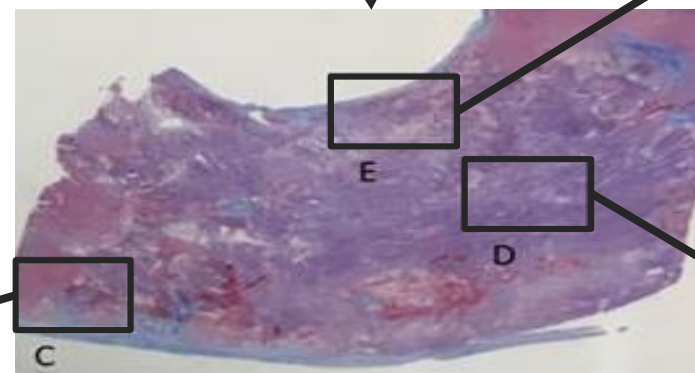
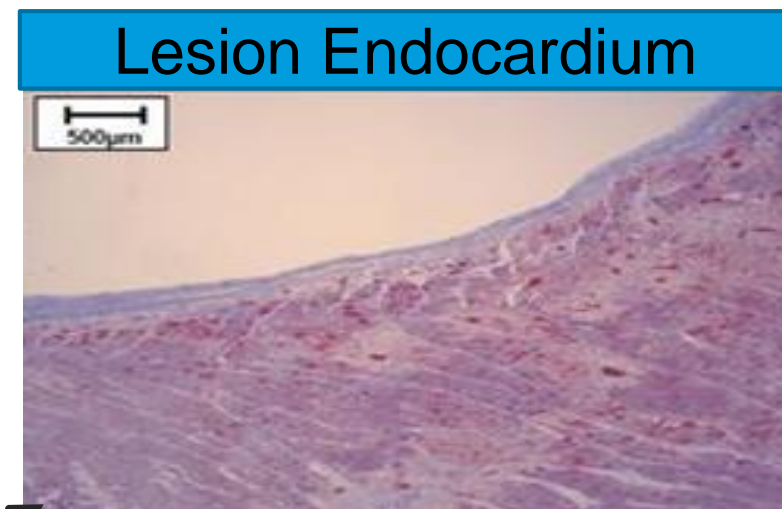
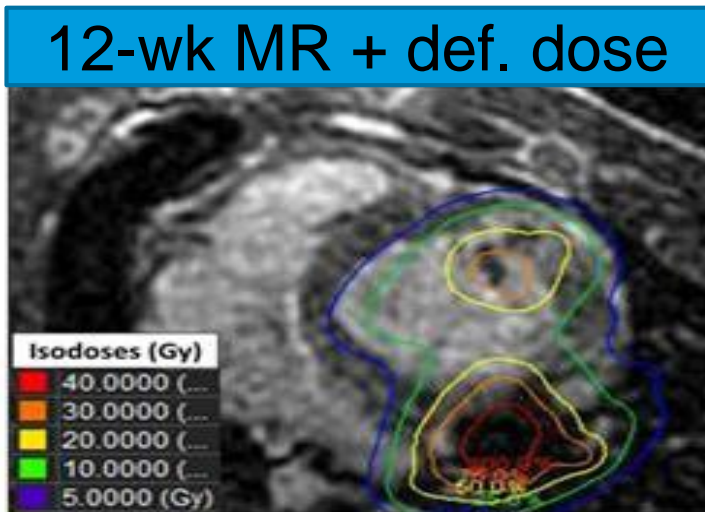


Isodoses (Gy)	
■	40.0000 (...)
■	30.0000 (...)
■	20.0000 (...)
■	10.0000 (...)
■	5.0000 (Gy)

Twelve week follow-up of animal with 3 targets/ 40 Gy



Macroscopic pathology at 12 weeks



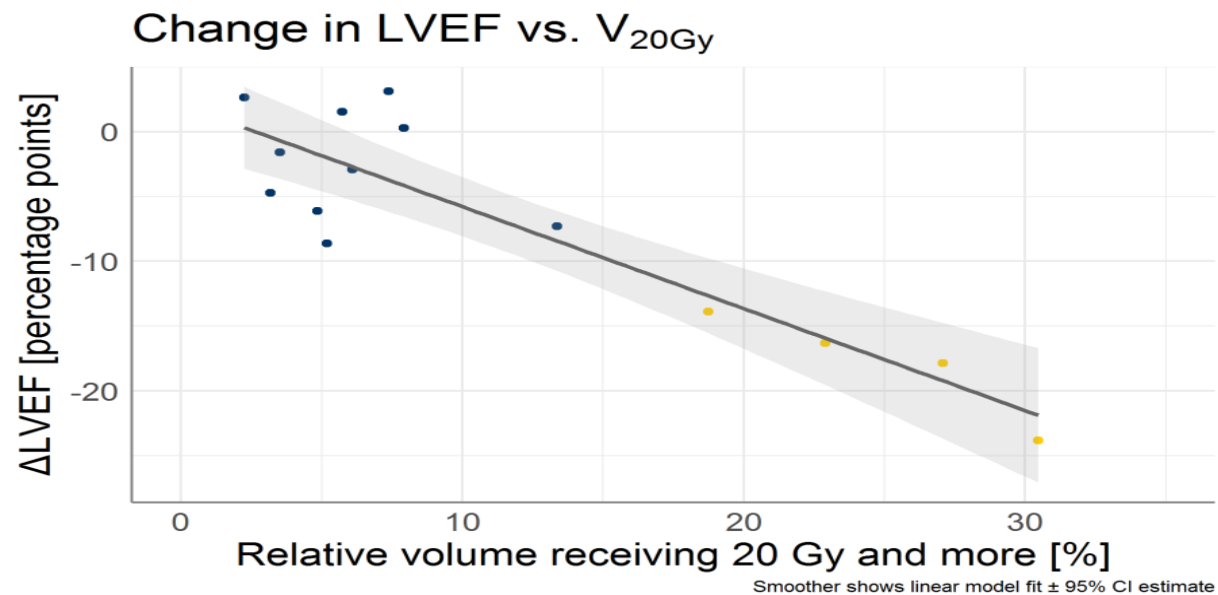
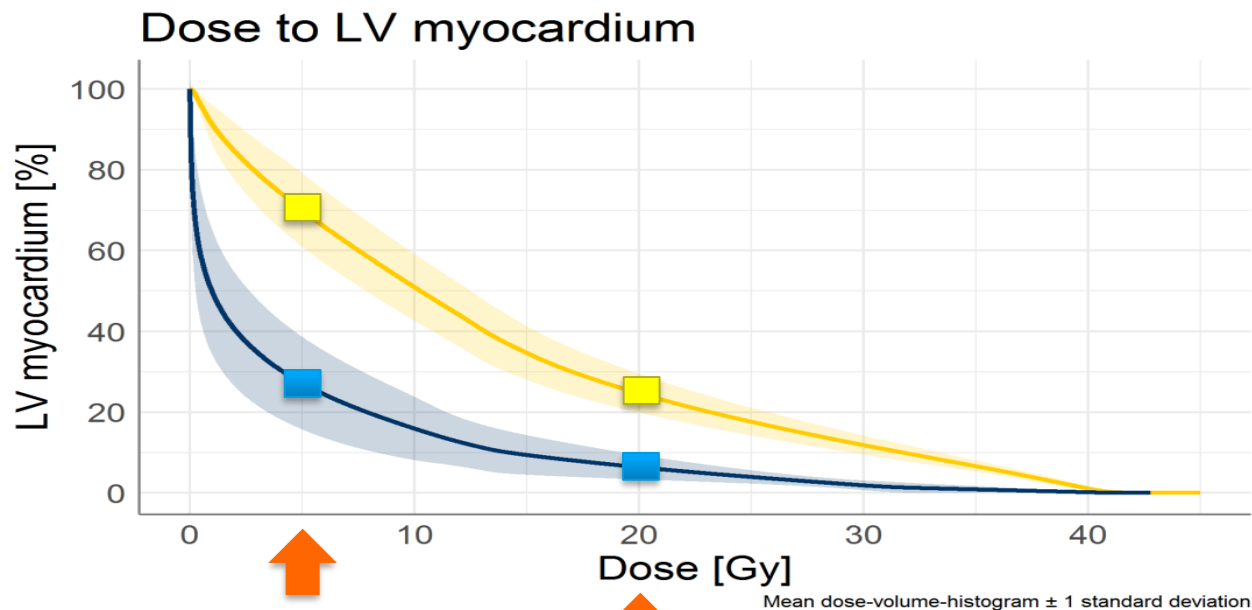
Suzuki A et al. Preliminary investigation of time-course MRI assessment for lesion maturation created by a newly proposed scanned proton beam catheter-free ablation in the porcine left ventricle. *Circulation* 2017;136:A15876. In preparation for publication.



Dose Response: LVEF after 100 days

Two groups with different LV myocardium doses

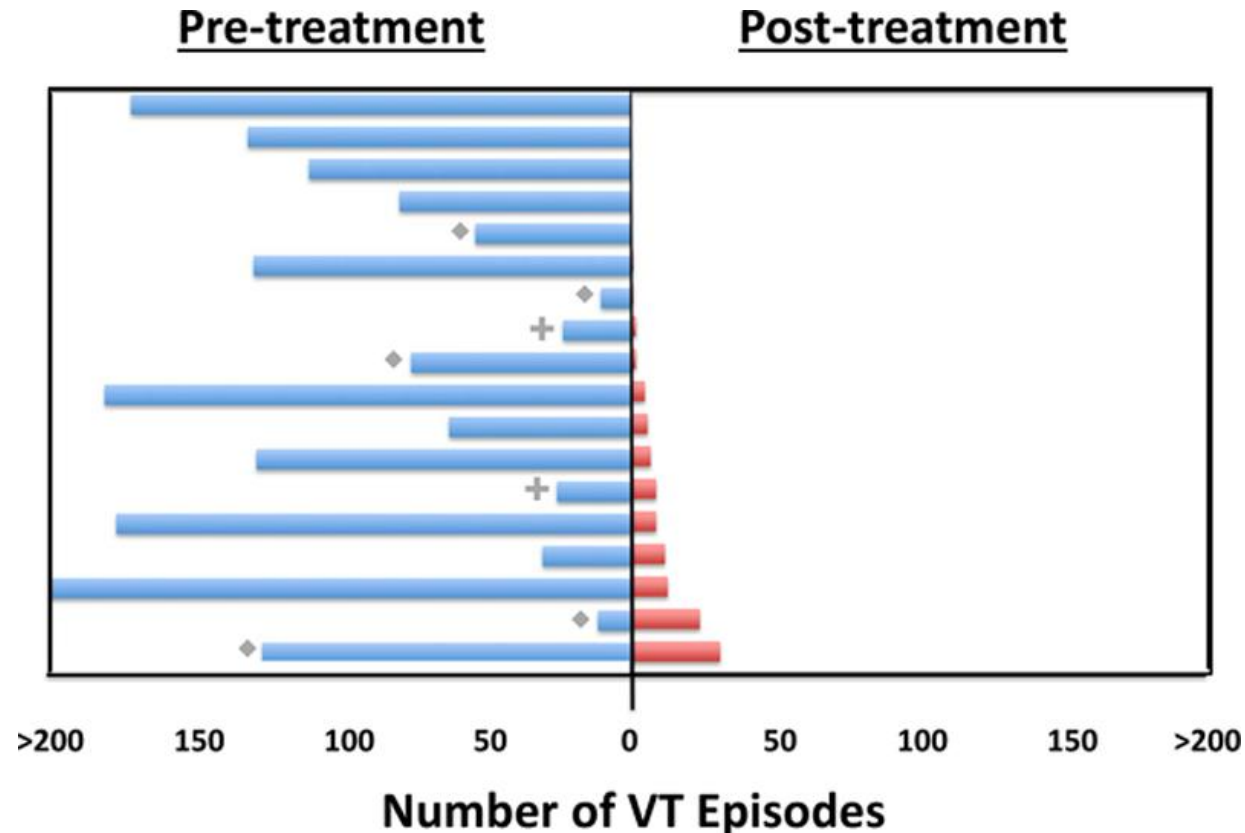
- High dose: 3 targets to 40 Gy
- Low dose: 1 target to 30 or 40 Gy, 2 targets to 30 Gy



$$\Delta\text{LVEF vs. } V_{20Gy} = -0.66 \text{ (} p = 0.01 \text{)}$$

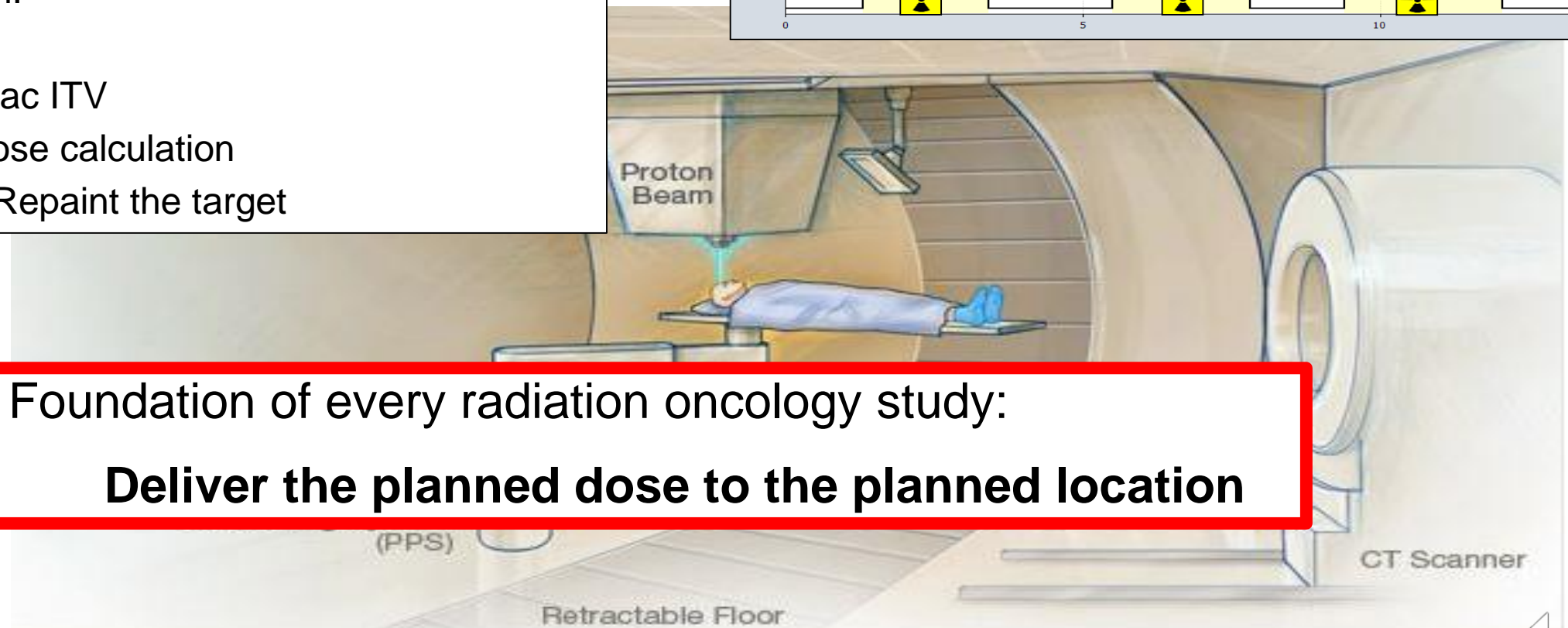
Recent Clinical Data: VT ablation with photons

- 5 patient series in New England Journal of medicine Cuculich, PS et al. Noninvasive cardiac radiation for ablation of ventricular tachycardia. *N Engl J Med*. 2017; 377:2325–2336. doi: 10.1056/NEJMoa1613773
- ENCORE-VT Phase I/II follow-up Robinson, Clifford G et al. “Phase I/II Trial of Electrophysiology-Guided Noninvasive Cardiac Radioablation for Ventricular Tachycardia”. *Circulation* 139, 3 (2019): 313-321. doi:10.1161/CIRCULATIONAHA.118.038261



Clinical Workflow – Motion Management Strategy

- Respiratory motion:
 - Image & treat at end-expiration
- Cardiac motion:
 - Planning:
 - Cardiac ITV
 - 4D dose calculation
 - Delivery: Repaint the target



Foundation of every radiation oncology study:

Deliver the planned dose to the planned location



Clinical Workflow - Intensive Image Guidance

Target Definition

- Non-contrast respiratory 4DCT
- Non-contrast cardiac 4DCT (end-exhale)
- Contrast cardiac 4DCT (end-exhale)



- Delayed Contrast MR
- Previous Electroanatomical Mapping
- Current ECGi

Day of Treatment

- 2D/3D matching to bones and ICD leads
- Volumetric imaging (gated CBCT or 4DCT)
- Fluorography confirmation of ICD leads during respiratory and cardiac cycles

Follow-up

- Delayed Contrast MR to monitor lesion development and LVEF changes



Heating Up: Future Directions

- Several open questions for VT ablation
 - Mechanism of effect
 - Duration of effect
 - Risk to adjacent myocardium
- Preclinical work and clinical trials will both play a part
- Opportunity for innovation
 - Improved workflows for integrating EP and RadOnc systems
 - Cardiac gating
 - Increased image-guidance capabilities
 - 4D – dose calculation

Goal: Develop a safe, effective non-invasive treatment for cardiac arrhythmia

