

# Enhanced Tumor Cure Rates by Combination of Heat and Irradiation with a One Day Interval An Experimental Study

L. van den BOOGAARD

Radiobiological Institute TNO, 151, Lange Kleiweg, 2280 HV Rijswijk, The Netherlands

**Abstract**—The effects of combining heat and radiation with a 1 day interval were investigated. The results from more than 500 animals indicate that a time period between heat and irradiation may be advantageous. With heat treatment at 42.5°C for 2 hr, 1 day before irradiation, a thermal enhancement ratio of 1.4 for tumor cure rate was found. The  $TCD_{50}$  of heated and irradiated animals was 41.1 Gy (38.6–43.7) and the  $TCD_{50}$  for animals irradiated only was 59.8 Gy (55.8–68.4).

## INTRODUCTION

A GROWING number of reports indicates that a combination of hyperthermia and radiation gives a greater effect on normal and tumor tissue than irradiation alone in the same dosages [1–12]. This is of therapeutic interest only when the effects on the tumor tissue are more enhanced by heat than those on normal tissue.

Most publications show that the greatest enhancement effect is found when heat and radiation are applied with a very short time-interval between treatments [3, 4, 10, 13–15]. On the subject of extended time between heating and radiation, Overgaard found [8, 9, 16] in an *in vivo* animal tumor system no difference in enhancement with intervals up to 24 hr. There was also no influence of the sequence of the two treatments. Experiments on normal tissue damage by Myers and Field [6], with stunting of growth of baby rat tails as an endpoint, revealed that the effect of heat on radiation induced cartilage damage was only slightly enhanced when the interval between heat and X-rays was 6 hr or more. For skin damage, the results of Stewart and Denekamp [10] gave the same indications: after an interval of 3–6 hr between heat and radiation, the heat induced radiation sensitization was considerably reduced.

Okumura and Reinhold [17, 18] investi-

gated the influence of heat on the rat skin. With heat doses at temperatures up to 43°C for 1 hr, there was no or hardly any visible damage to the skin. In combination with X-rays (20 Gy), the radiation reaction was enhanced. However, when the interval was 6 hr or more, no enhancement was found. Based on these results, a series of experiments was designed to investigate the influence of heat on the radiation effect in an experimental tumor system. A heat level of 42.5°C for 2 hr was selected because this temperature results in a minimal effect [5, 17, 18] on skin. Irradiation was performed on the following day. The assay included a total number of over 500 treated animals.

## MATERIALS AND METHODS

### Materials

Male albino rats of the WAG/Rij strain 6–8 weeks of age were used. The tumor was a rhabdomyosarcoma which is isogeneous in this strain of rats. It is considered nonimmunogenic and fairly radioresistant [19]. The tumor was grown in the subcutis of the rat. Treatment was started when the tumor had reached a diameter of approximately 6 mm. The tumor was then in its exponential growth phase and had a volume doubling time of about 2 days.

### Hyperthermia

For heating, the same system as described for the skin sensitivity tests [17, 18] was used. The animals were anaesthetised with hypnorm (fluanisone and phentanyl citrate, Philips Duphar) in a dose of 0.15 mg/100 g body weight. The anaesthesia was maintained with 1–2 additional doses of 0.05 mg/100 g body weight. The hair of the back was clipped and air was injected below the dorsal skin, separating the tumor bearing area of the skin from the visceral part. The result was an air pouch with a small tumor in the peripheral outside layer. The animals were placed with this dorsal air pouch in a water bath with precision controlled temperature (Fig. 1). The temperature of some tumors during the bath was measured with thermocouple needles of 0.5 mm thickness. Tumor temperature ranged from 42.0° to 42.4°C (usually 42.3°C). The water temperature was  $42.5 \pm 0.1^\circ\text{C}$ . The air pouch prevents the body temperature of the animals from becoming too high. Rectal temperature rises slowly during the bath to about 39°C.

### Irradiation

For irradiation, a 300 kV X-ray machine was used (Philips-Mueller MG 300, HVL 3 mm Cu, exposure dose rate about 380 R/min, SSD about 18 cm). The animals were irradiated one day after heating. They were anaesthetized with Nembutal (pentobarbital, 6 mg/ml, 1 ml/100 g body weight). The dorsal skin was again insufflated with air. The tumor and neighbouring skin were irradiated bilaterally. The air pouch conveniently prevented the essential normal structures, e.g., the dorsal myelum, from being irradiated. A

dose range of 22–53 Gy was used for heated and 27–66 Gy for unheated tumors.

## RESULTS

### Skin

On the day following a heat exposure of 2 hr at 42.5°C, the skin is edematous and hyperemic. This reaction disappears in 2 or 3 days. The regrowth of the clipped hair is delayed after this heat dose [17, 18]. No further effects are obvious. When the heat treatment is given one day before the irradiation, the degree of desquamation is similar to the one observed after X-rays alone (27 Gy and higher). However, in the case of preceding heat treatment, the skin reaction starts earlier and lasts longer. The reactions with and without heat are not completely comparable due to the different time courses. This means that an accurate 'thermal enhancement ratio' for desquamation cannot be derived. The only conclusion is that there seems to be a slightly more intense reaction of normal tissue to radiation after heat application, even after a 24-hr interval.

The skin of 'cured' animals, at 100–150 days after treatment, shows no apparent difference between heated plus irradiated and irradiated only rats. We are presently investigating the influence of this treatment on skin reactions separately, especially with regard to possible late effects.

### Irradiation only

After a dose of radiation below 54 Gy, the tumor volume continues to increase for a few days. Then, the tumor stops growing and slowly regresses, sometimes becoming unde-

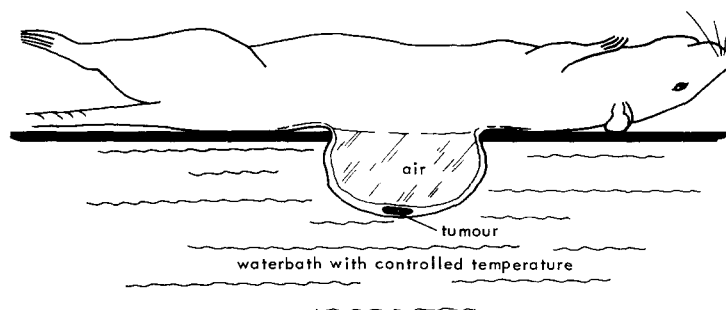


Fig. 1. Technique of heating. The dorsal skin with the tumor is immersed in the bath. The air prevents the body temperature from becoming too high. The tumor temperature is about 0.2°C lower than the water temperature.

tectable. When no cure is achieved, the tumor again increases in volume after some time, usually at a slower rate than before irradiation.

#### Heat only

After treatment with 42.5°C for 2 hr, the tumor stops growing immediately. There is no or only a slight decrease in volume and the tumor starts to grow again after a few days. About 6 days after treatment, the starting volume is reached and the tumor resumes growth at the same rate as without therapy (Fig. 2).

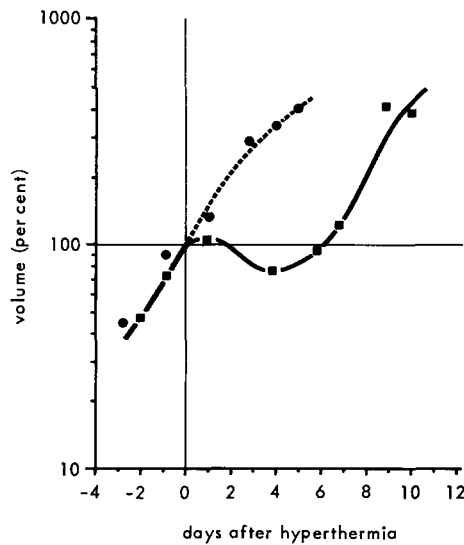


Fig. 2. Delay in tumor growth following heat treatment. Untreated tumors reach 200% of their starting volume in about 2 days. Tumors treated with 42.5°C for 2 hr reach 200% of their starting volume in about 8 days. (●---●) controls; (■—■) heated tumors.

#### Combination

The most striking effect after combination therapy is the rapid decrease in volume (Fig. 3). Most tumors become hardly detectable or not detectable at all. The rate of regression of tumor volume after combination therapy is consistently increased, as compared with that of tumors treated with radiation only. The mean starting volume is reached on a later day. There is a wide variation in the time of starting regrowth both with and without hyperthermia. The growth delay therefore cannot be calculated accurately. 'Cure' was defined as the absence of palpable growth 100 days after treatment. In earlier experiments [19], it was established that recurrence after 100 days was rare. Below doses of 35 Gy, very

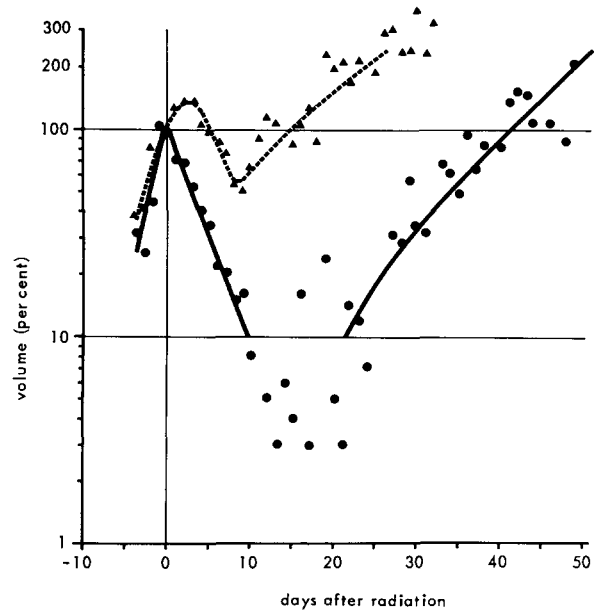


Fig. 3. Regression in tumor volume after radiation with or without heat. After a dose of 26.6 Gy, 1 day after 42.5°C for 2 hr, there is a sharp decrease in volume. The average starting volume is again reached at 38 days; without heat, this occurs after 13 days. (▲---▲) 26.6 Gy at day 0; (●—●) 42.5°C day -1, 26.6 Gy day 0.

few animals were cured. With higher doses, significantly more animals were cured after hyperthermia and irradiation than after irradiation only.

The data were subjected to probit analysis. Fifty per cent cure rate without heat was found at 59.8 Gy (95% confidence limits: 55.8–68.4), with heat at 41.1 Gy (95% confidence limits: 38.6–43.7). From these data, a thermal enhancement ratio of  $59.8/41.4 = 1.45$  could be derived (Fig. 4).

#### Histological observations

Immediately after hyperthermia in the dosage used, the skin shows hyperemia, with a network of distended vessels around the tumor. The tumor has a bluish appearance due to hemorrhages. Edema develops soon after treatment and reaches its peak at one day. This reaction disappears during the next few days. When the tumor is excised and sliced shortly after heat treatment, cellular destruction can already be seen. Changes are extensive on the next day. There is interstitial edema and the cells have shrunk and show condensed nuclei and vacuolisation. Very few cells seem to be unaffected. These observations are in accord with those of Overgaard [7]. The healthy appearing cells are distributed throughout the entire tumor.

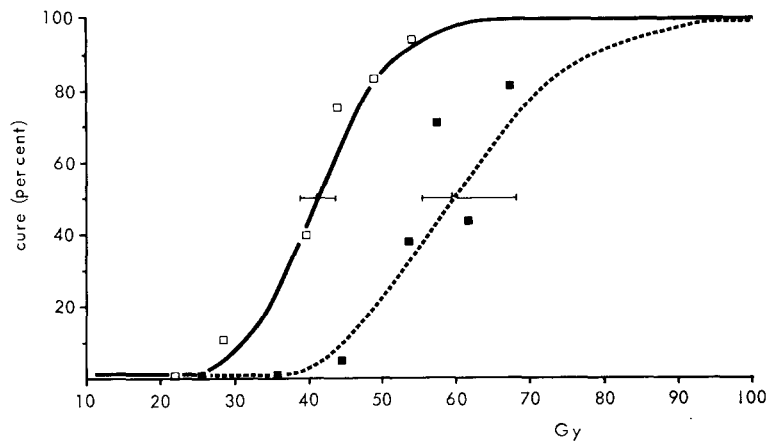


Fig. 4. Cure rates with hyperthermia plus radiation and radiation only. The percentages of cured animals for each dose are plotted. (□—□) with 42.5°C for 2 hr at day -1; (■---■) without heat. Calculated  $TCD_{50}$  (probit analysis) is 41.1 (38.6–43.7) Gy with hyperthermic pretreatment and 59.8 (55.8–68.4) without heat.

Proliferation starts again very soon. On the third day after heating, many histologically viable appearing cells can already be seen.

If the sequence is reversed and the tumor is first irradiated and heated one day later, there is also a gain in tumor reaction. Tumor volume regresses steeply as found in the first heating experiment. However, this treatment results in definitely more recurrences with tumors heated after irradiation than with tumors heated before. The treatment results in a  $TCD_{50}$  of 49.6 Gy (46.5–54.2). This gives a thermal enhancement ratio of only 1.2.

#### Lower temperature

With a heat dose of 42°C for 2 hr one day before irradiation, regression seems somewhat less steep than with the 42.5°C experiments. The cure rate is higher than with irradiation alone, as indicated by a 50% cure rate ( $TCD_{50}$ ) of 48.3 Gy (95% confidence limits: 44.5–54.0), which gives a thermal enhancement ratio for cure of 1.2. At 42°C there is hardly any evidence of edema of the skin. Modification of the irradiation skin damage is not apparent.

### DISCUSSION

The observations indicate that there is a definite gain in tumor reaction by adding heat to radiation with an interval of 1 day. Tumors

treated by combination therapy show faster regression and the recurrence free interval is longer than of those treated by irradiation only. There is also a greater percentage of cures than with the same dosages of irradiation without heat,  $TCD_{50}$  respectively, 41.4 and 59.8 Gy. This indicates that more tumor cells are killed with combined treatment than with irradiation only.

There are at least two possible explanations for these results. When treatments are additive, cells could be killed by either modality and in this way hyperthermia killed cells will contribute to the total number of killed cells. On the other hand, heat could potentiate the killing effect of irradiation, for example, by influencing the environment of tumor cells or by interfering with repair mechanisms [2, 5, 14, 20]. Obviously, a combination of the two may also occur. As a third possibility, there can be an indirect effect of heat on tumor growth due to changes in vascularity in the tumor bed. That the first explanation is likely to be the case is shown by histologic study: a great number of cells are killed by heat alone. This does not rule out the possibility that the second phenomenon may be operative on those cells that have escaped destruction by heat. When treatments are purely additive, one would expect the enhancing effect of a fixed heat dose to become less on increasing the dose of irradiation. The present results do not point in that direction. The enhancement

ratio (cure) seems to remain more or less the same for the different dosages tested. It is conceivable that the interaction of heat and irradiation is

more complicated than can be explained by just one effect.

## REFERENCES

1. E. BEN-HUR, M. M. ELKIND and B. V. BRONK, Thermally enhanced radioresponse of cultured Chinese hamster cells. Inhibition of repair of sublethal damage and enhancement of lethal damage. *Radiat. Res.* **58**, 38 (1974).
2. E. BEN-HUR, M. M. ELKIND and E. RIKLIS, The combined effects of hyperthermia and radiation in cultured mammalian cells. In *Cancer Therapy by Hyperthermia and Radiation*. (Edited by Chr. Streffer, D. Van Beuningen, F. Dietzel, E. Röttinoer, J. E. Robinson, E. Scherer, S. Seeber and K. R. Trott) p. 29. Urban & Schwarzenberg, Munich (1978).
3. G. CRILE, JR., The effects of heat and radiation on cancer implanted on the feet of mice. *Cancer Res.* **23**, 372 (1963).
4. E. W. HAHN, A. A. ALGIEZI and J. H. KIM, Increased cures using fractionated exposures of X-irradiation and hyperthermia in the local treatment of the Ridgway osteogenic sarcoma in mice. *Radiology* **113**, 199 (1974).
5. S. P. HUME, M. A. ROGERS and S. B. FIELD, Quantitative histochemical evidence of increased acid phosphate activity in mouse spleen following moderate hyperthermia. In *Cancer Therapy by Hyperthermia and Radiation*. (Edited by Chr. Streffer, D. Van Beuningen, F. Dietzel, E. Röttinger, J. E. Robinson, E. Scherer, S. Seeber and K. R. Trott) p. 225. Urban & Schwarzenberg, Munich (1978).
6. R. MYERS and S. B. FIELD, The response of the rat tail to combined heat and X-rays. *Brit. J. Radiol.* **50**, 581 (1977).
7. K. OVERGAARD and J. OVERGAARD, Investigations on the possibility of a thermic tumour therapy. I. Short-wave treatment of a transplanted isologous mouse mammary carcinoma. *Europ. J. Cancer* **8**, 65 (1972).
8. K. OVERGAARD and J. OVERGAARD, Investigations on the possibility of a thermic tumour therapy. II. Action of combined heat-Roentgen treatment on a transplanted mouse mammary carcinoma. *Europ. J. Cancer* **8**, 573 (1972).
9. K. OVERGAARD and J. OVERGAARD, Radiation sensitizing effect of heat. *Acta Radiol. (Stockh.)* **13**, 501 (1974).
10. F. A. STEWART and J. DENEKAMP, Sensitization of mouse skin to X-irradiation by moderate heating. *Radiology* **123**, 195 (1977).
11. H. D. SUIT, Hyperthermic effects on animal tissues. *Radiology* **123**, 483 (1977).
12. A. YERUSHALMI, Cure of a solid tumor by simultaneous administration of microwaves and X-ray irradiation. *Radiat. Res.* **64**, 602 (1975).
13. H. B. KAL, Effectiveness of combined hyperthermia and radiation treatments on cells from a murine sarcoma. *Radiat. Biol.* **29**, 183 (1976).
14. G. C. LI, R. G. EVANS and G. M. HAHN, Modification of repair of potentially lethal X-ray damage by hyperthermia. *Radiat. Res.* **67**, 491 (1976).
15. J. E. ROBINSON, M. J. WIZENBERG and W. A. MCCREADY, Radiation and hyperthermic response of normal tissue *in situ*. *Radiology* **113**, 195 (1974).
16. J. OVERGAARD, The effect of sequence and time intervals of combined hyperthermia and radiation treatment of a solid mouse mammary carcinoma *in vivo*. *Brit. J. Radiol.* **50**, 763 (1977).
17. Y. OKUMURA and H. S. REINHOLD, Heat sensitivity of rat skin. In: *Cancer Therapy by Hyperthermia and Radiation*. (Edited by Chr. Streffer, D. Van Beuningen, F. Dietzel, E. Röttinger, J. E. Robinson, E. Seeber and K. R. Trott) p. 220. Urban & Schwarzenberg, Munich (1978).
18. Y. OKUMURA and H. S. REINHOLD, Heat sensitivity of rat skin. *Europ. J. Cancer* **14**, 1161 (1978).
19. H. S. REINHOLD, Stralingsgevoeligheid van tumoren. *Een Experimenteel Onderzoek bij de Rat*. Thesis, Rotterdam. Rijswijk, Radiobiologisch Instituut TNO (1967).
20. R. J. R. JOHNSON, Radiation and hyperthermia. In *Cancer Therapy by Hyperthermia and Radiation* (Ed. Chr. Streffer, D. Van Beuningen, F. Dietzel, E. Röttinger, J. E. Robinson, E. Scherer, S. Seeber and K. R. Trott) p. 89. Urban & Schwarzenberg, Munich (1978).