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THE UNIVERSITY OF TEXAS  
**MD ANDERSON**  
**CANCER CENTER**

*Making Cancer History™*

# The Future Trends in Molecular Imaging



# ***Molecular And Genetic Imaging of Cancer***

## **Early & Accurate Diagnosis**

- To follow Biomarker Screening (blood genomics and proteomics)
- Develop Imaging of Biomarkers (tumor localization, sensitivity)

## **Tumor Phenotyping**

- Tumor Profiling (receptors & signal transduction, invasiveness, metabolism, proliferation, apoptosis, etc.)
- Stroma Profiling (angiogenesis, tissue re-organization, etc.)

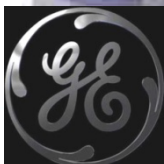
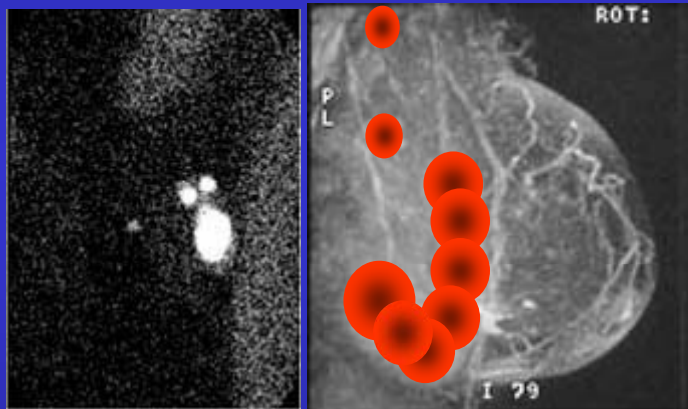
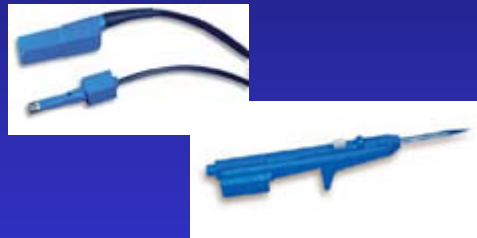
## **Imaging for Selection & Monitoring of Therapy**

- Drug Target Expression & Activity
- Dose Optimization
- Early Response Evaluation (Rx adjustment)
- Short-term & Long Term Prognosis
- Monitoring Contained/Chronic Disease status
- Early Detection of Relapse

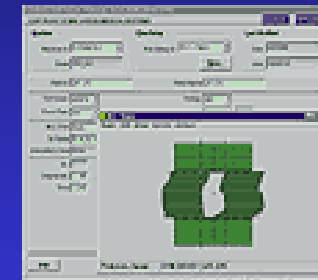


# Image-Guided Biopsy, Surgery and Radiotherapy

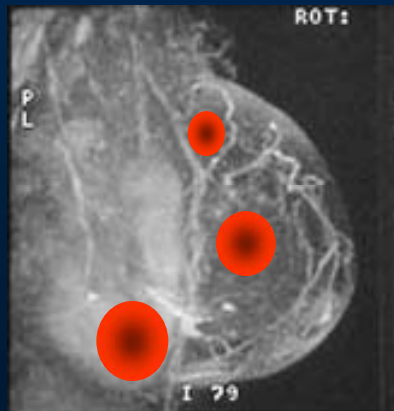
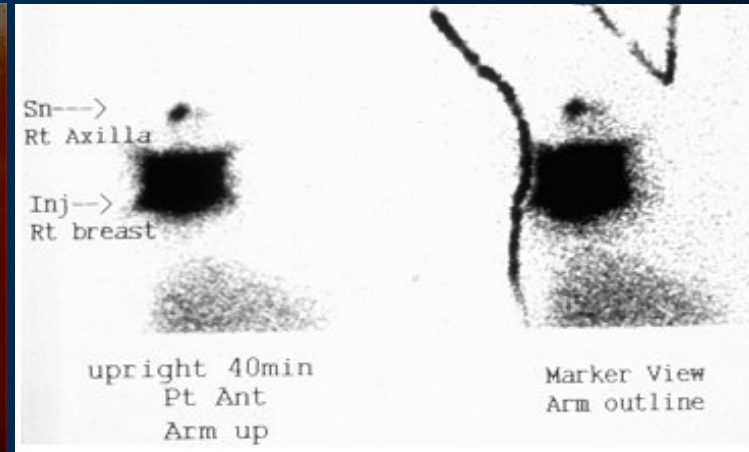
## Image-Guided Biopsy



## Image-Guided Radiotherapy

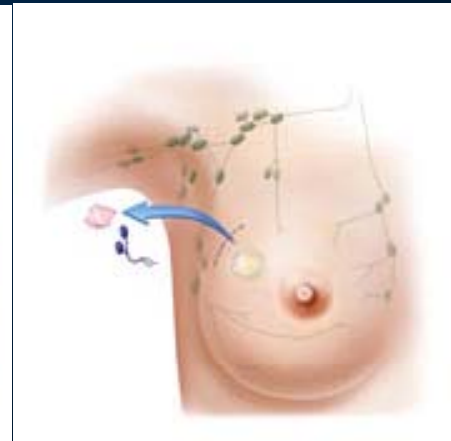
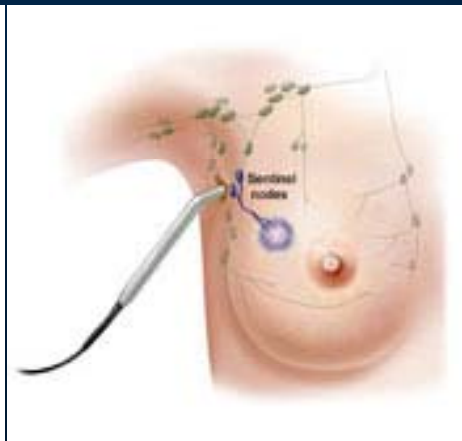
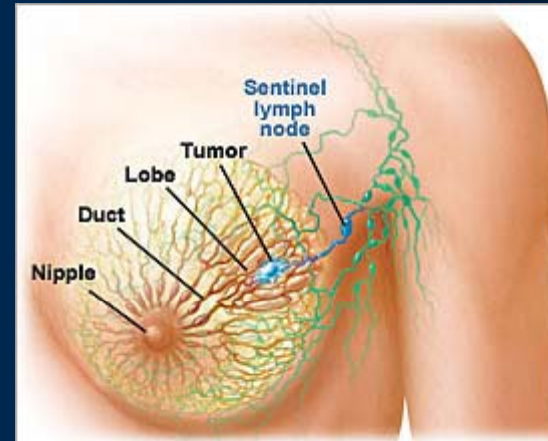


# Sentinel lymph node mapping in breast carcinoma patients

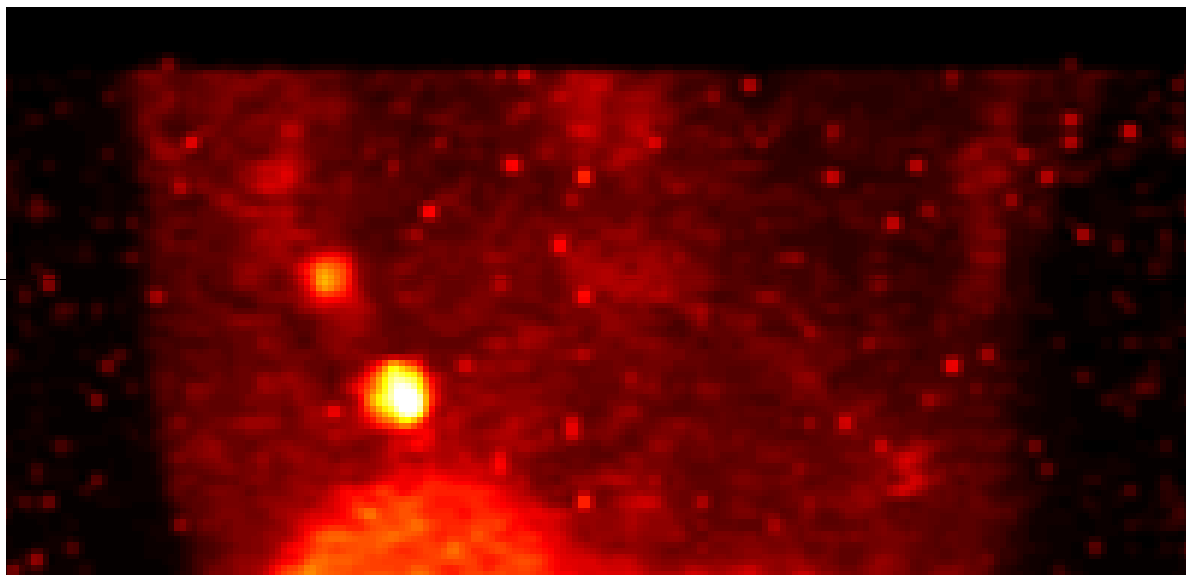




# Sentinel lymph node mapping in breast carcinoma patients



# Imaging of angiogenesis in breast tumor

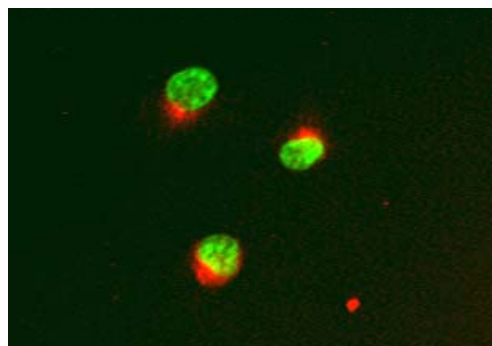
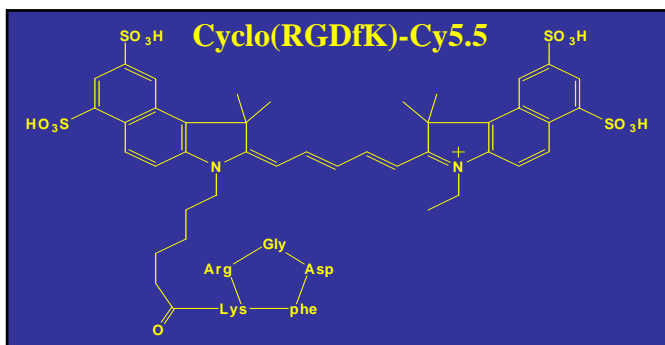


SPECT imaging after injection of  $^{99m}\text{Tc}$ -RGD peptide

Potential for earlier assessment of response to chemotherapy

- Avoid unnecessary cost and toxicity
- Switch to alternative treatment sooner

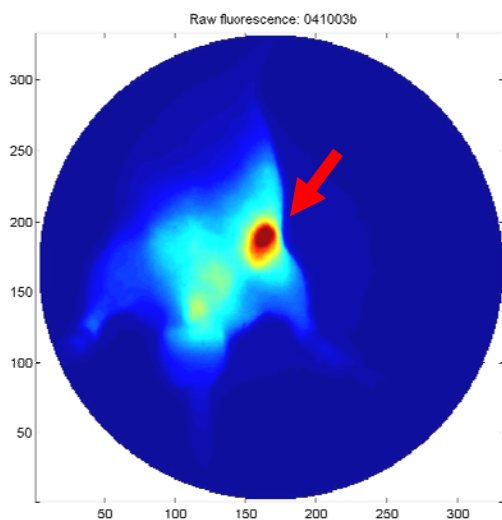
# Approaches to Optical Imaging of Integrins in Neo-Angiogenesis



Our pipeline:

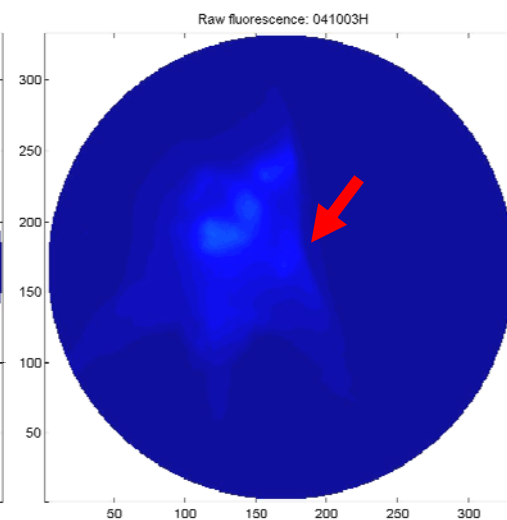
- MMP9
- EGFR
- PDGFR
- IL11R $\alpha$

**RGD-Cy5.5**



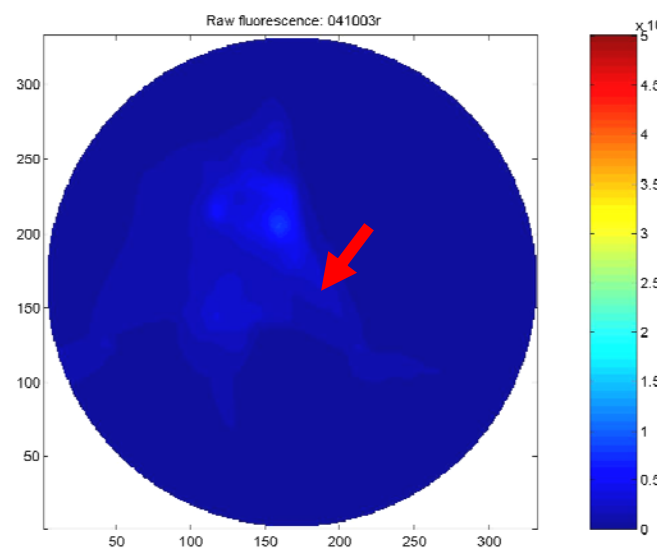
**6 nmol/mouse**

**RGD + RGD-Cy5.5  
1 hr interval**

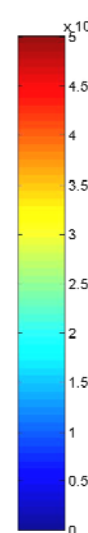


**600 nmol + 6 nmol**

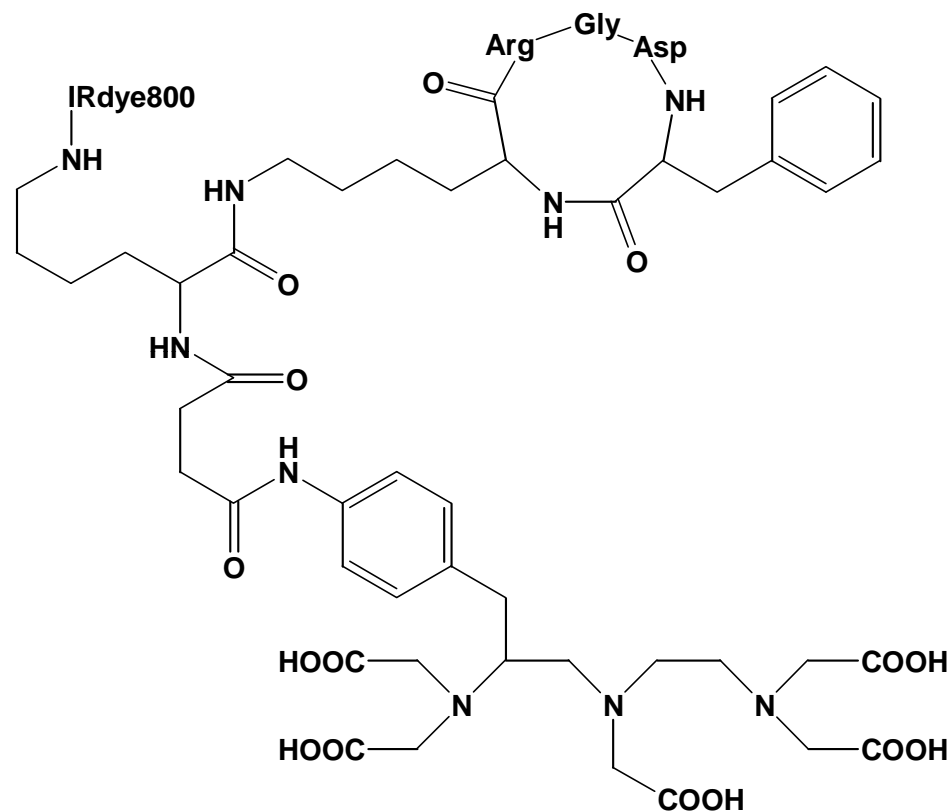
**Cy5.5**



**30 nmol**

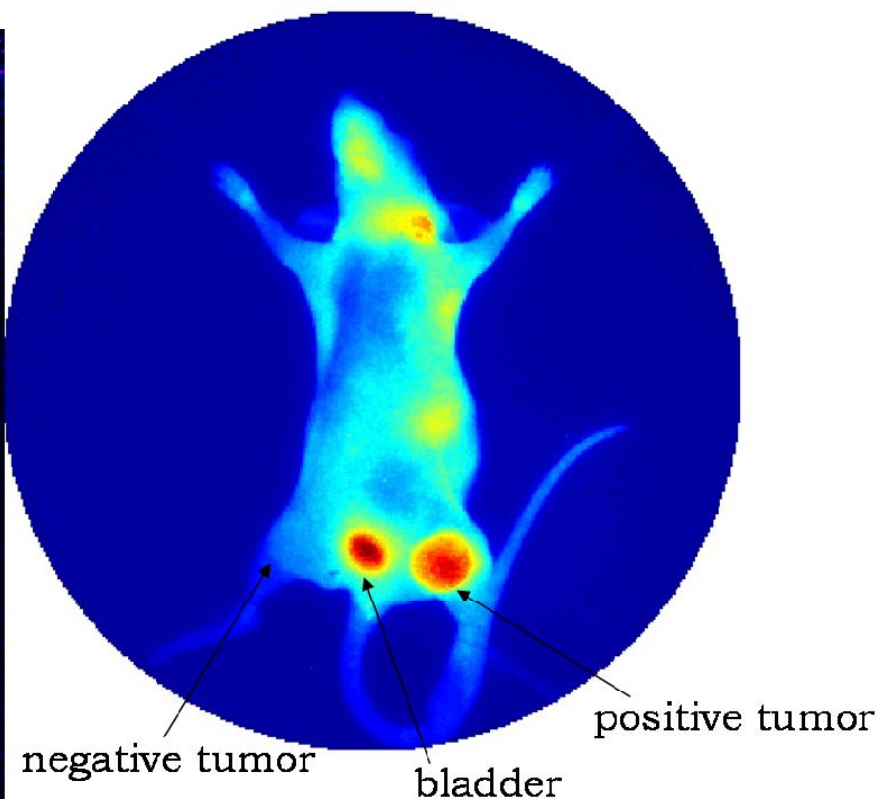
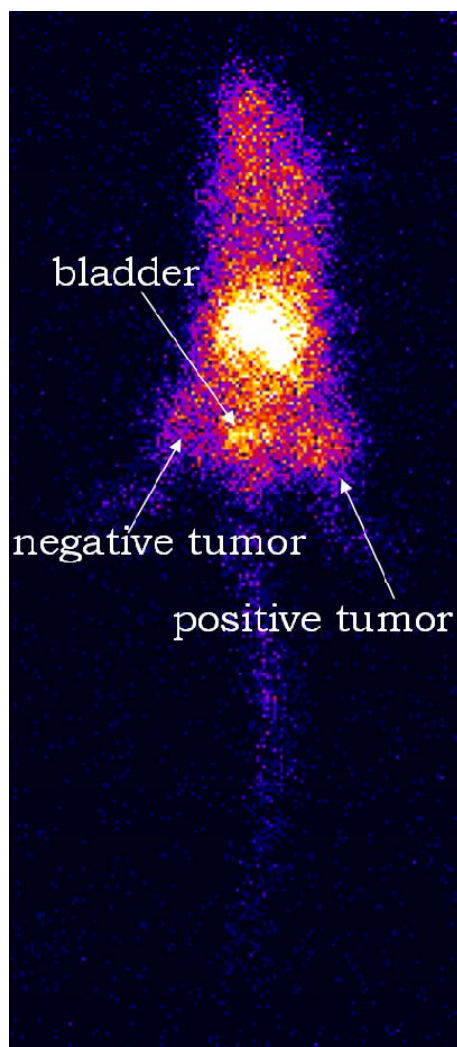


# Structure of $^{111}\text{In}$ -DTPA-K(IRDye800)-c(KRGDf).



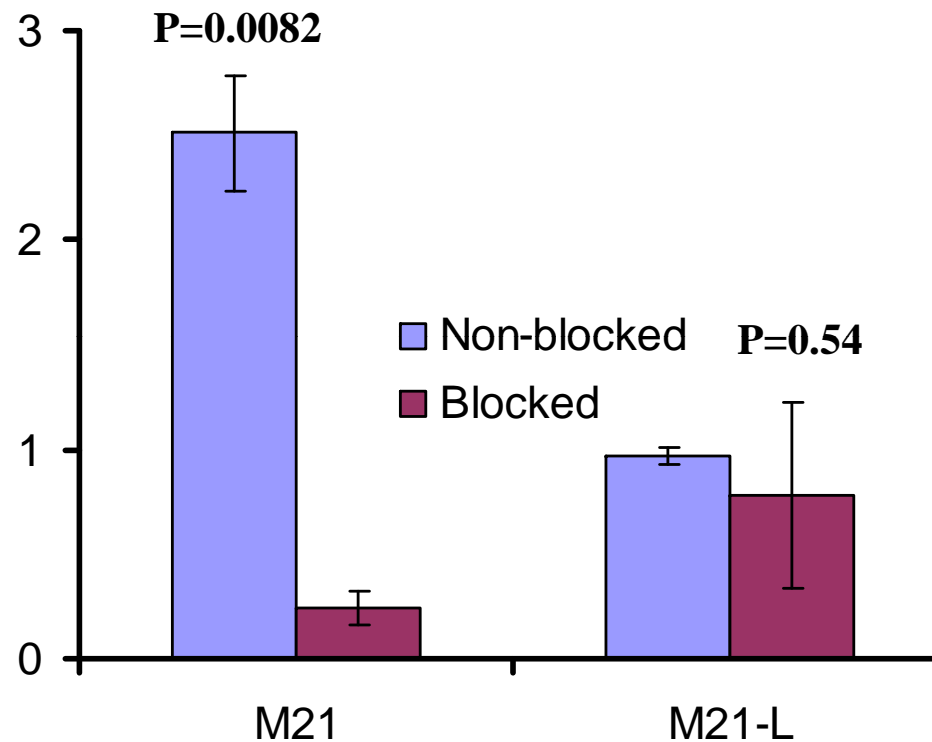


## Gamma and near-infrared imaging of $^{111}\text{In}$ -DTPA-K(IRDye800)-c(KRGDf) in nude mice bearing s.c. human melanoma.



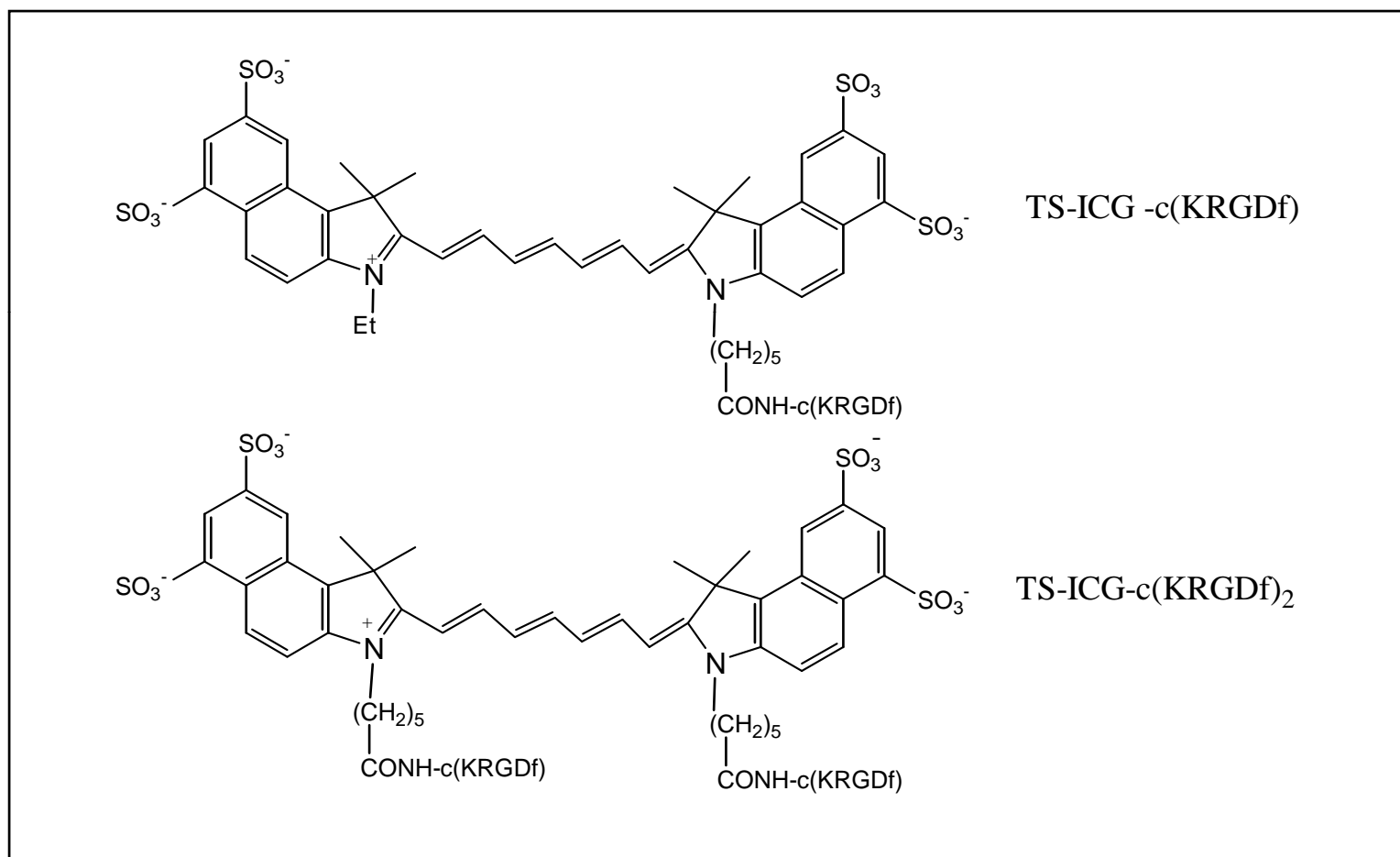
M21 tumor is positive in integrin  $\alpha\text{V}\beta 3$  expression, while M21-L tumor is negative in  $\alpha\text{V}\beta 3$  expression.

## Selective accumulation of $^{111}\text{In}$ -DTPA-K(IRDye800)-c(KRGDf) in M21 melanoma tumors that express integrin $\alpha\text{V}\beta 3$ .



Accumulation of the radiotracer in M21 tumor can be blocked by the parent RGD peptide. On the other hand, preinjection of the parent RGD peptide do not cause significant reduction in the uptake of  $^{111}\text{In}$ -DTPA-K(IRDye800)-c(KRGDf) in  $\alpha\text{V}\beta 3$ -negative M21-L tumors.

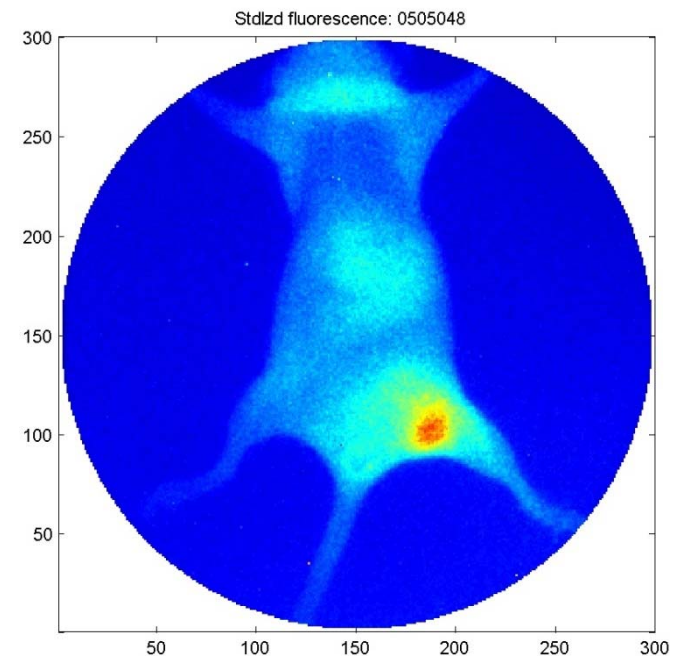
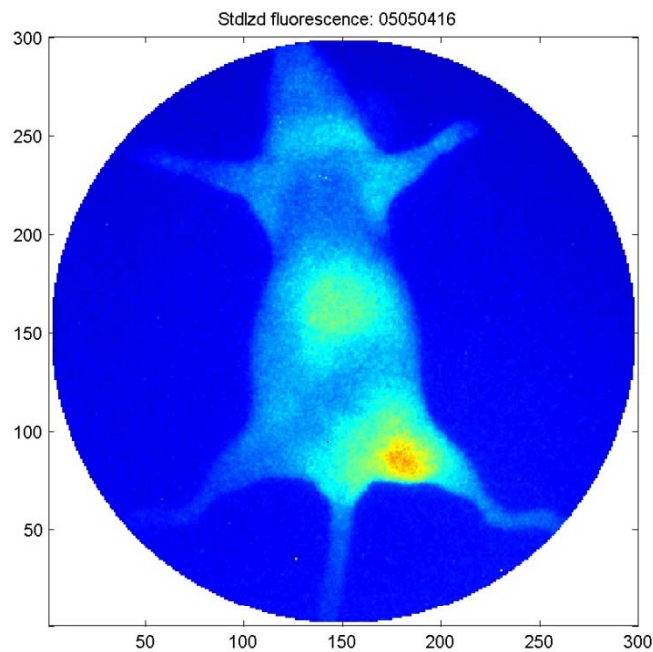
# Development of NIR Imaging Probe for Clinical Applications: RGD Conjugates with TS-ICG Dyes



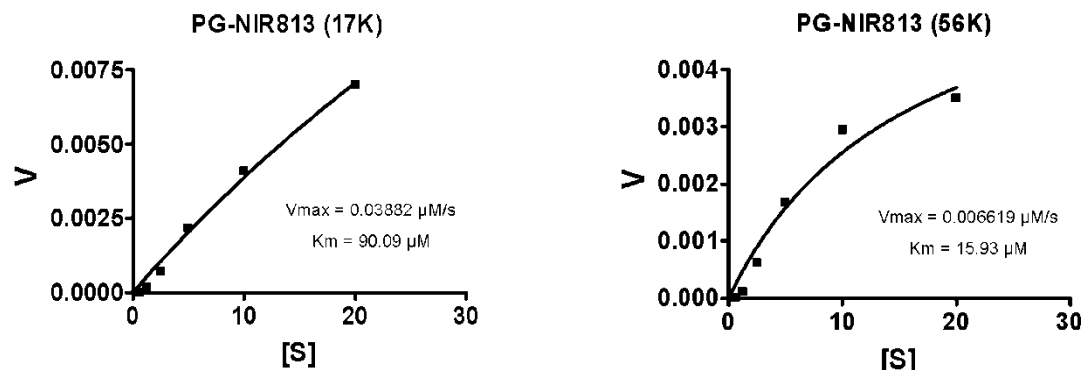
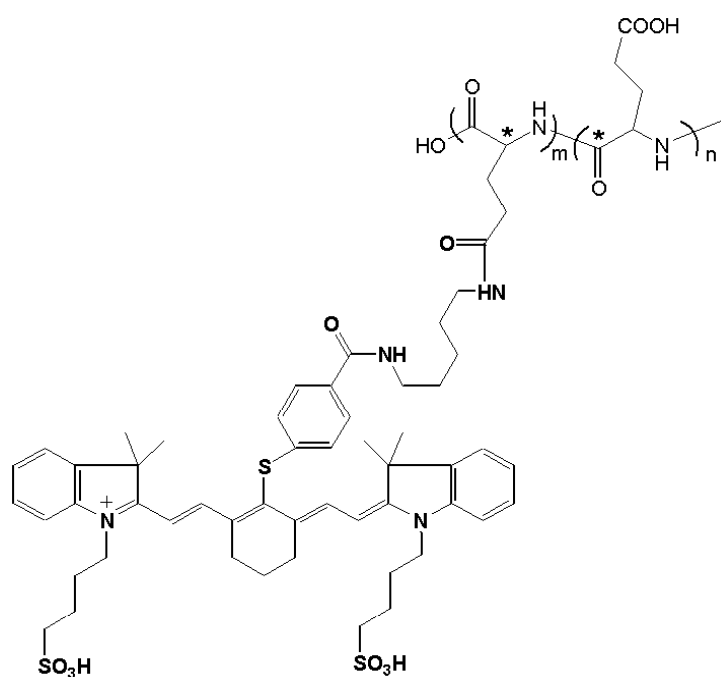
**Structures of conjugates of TS-ICG containing one and two molecules of c(KRGDf) peptide. Ex/Em: 765/796 nm**

# NIR Imaging using Monomeric and Dimeric RGD Conjugates

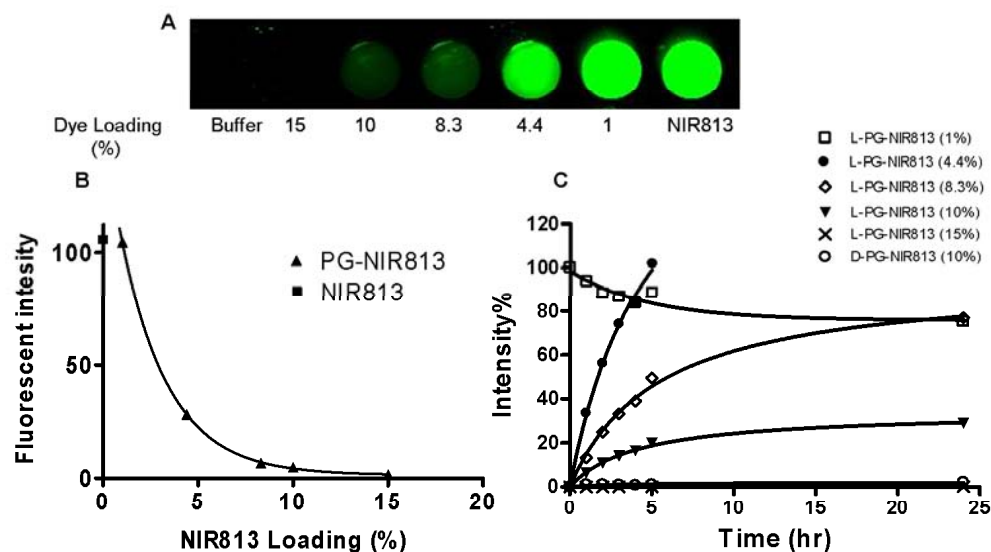
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## Chemical structure of L-PG-NIR813 or D-PG-NIR813. L- and D-PG-NIR813 differ in their stereoisomeric carbon center (\*).



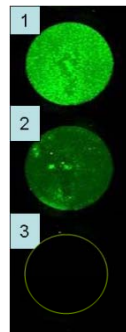
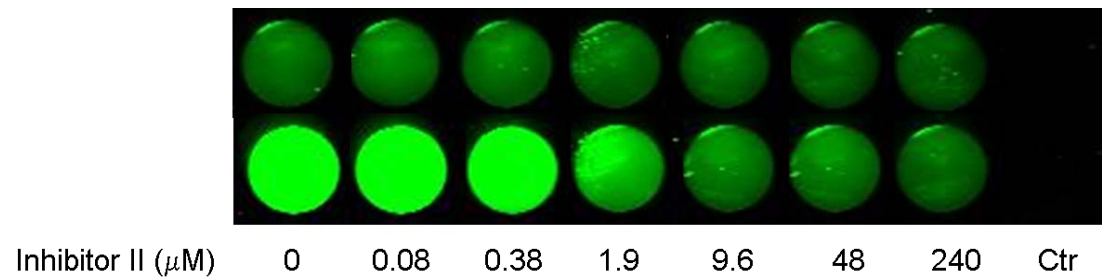
Michaelis-Menten constant  $s$  ( $K_m$ ) of the reaction of CB on L-PG-NIR813 with L-PG molecular weight of 17 KD (A) and 56 KD (B).



1. Quenching efficiency increased with increasing loading of NIR813 (Fig. 2A&B);
2. D-PG-NIR813 and L-PG-NIR813 containing 15% NIR813 could not be activated with CB (Fig. 2C);
3. The optimal loading of NIR813 in L-PG-NIR813 is between 4.4% and 10%.

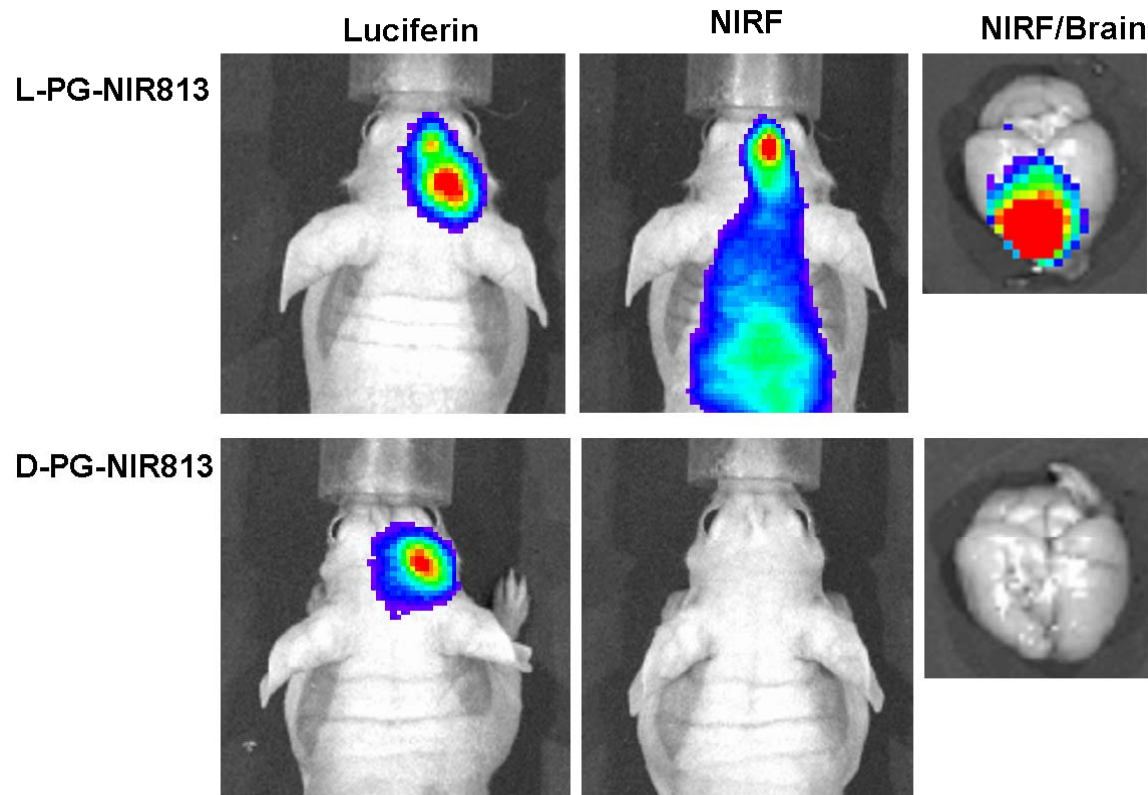


## Dose-dependent inhibition of CB-mediated degradation of L-PG-NIR813 by specific CB inhibitor (Inhibitor II).



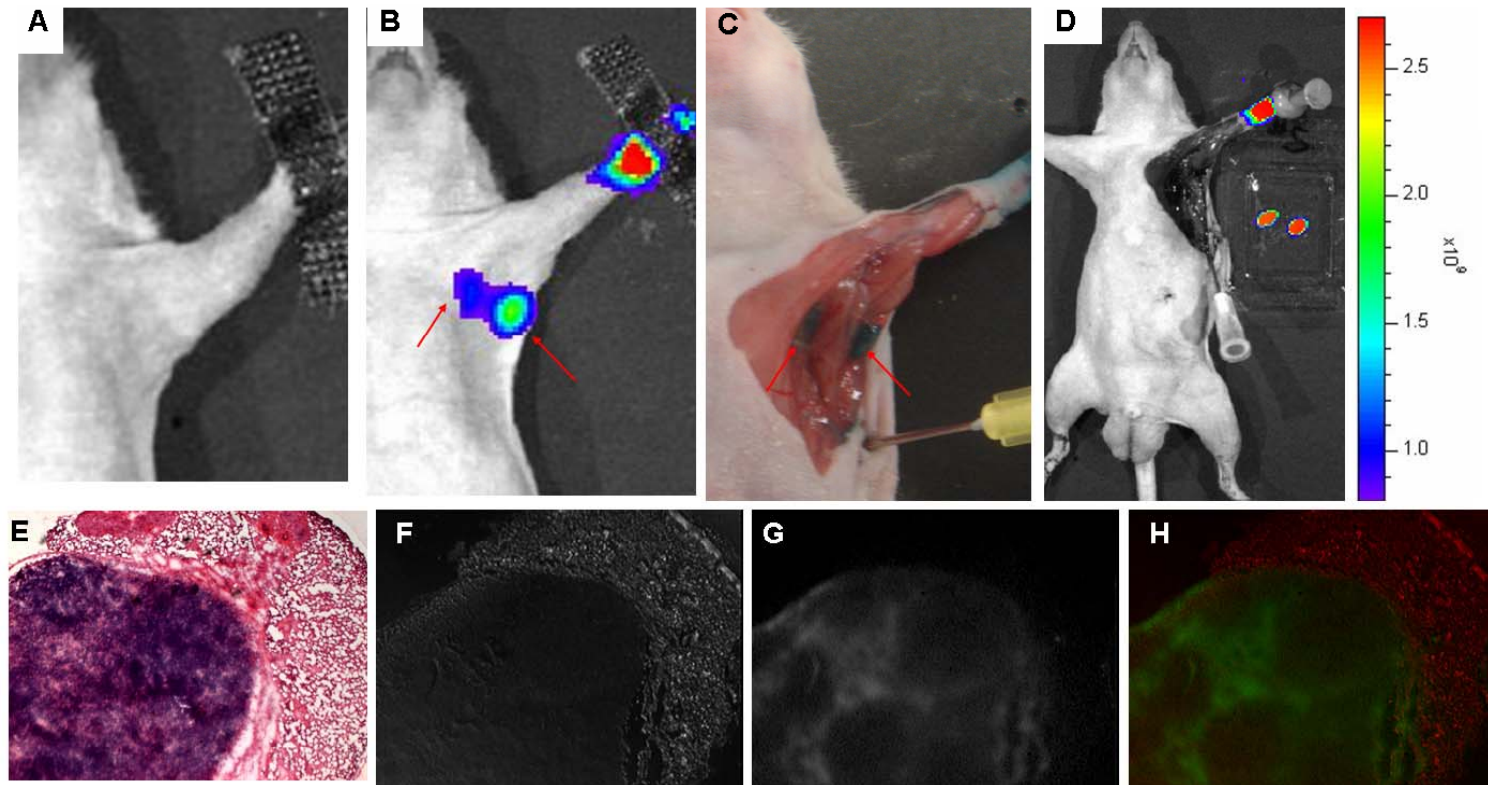
Degradation of PG-NIR813 (8.3% loading) by U87 cells culture for 24 hr (1) and 0 hr (2). Culture medium without cells was used as a control (3).

## In vivo imaging after intravenous injection of L-PG-NIR813 into U87(TGL) nude mice.



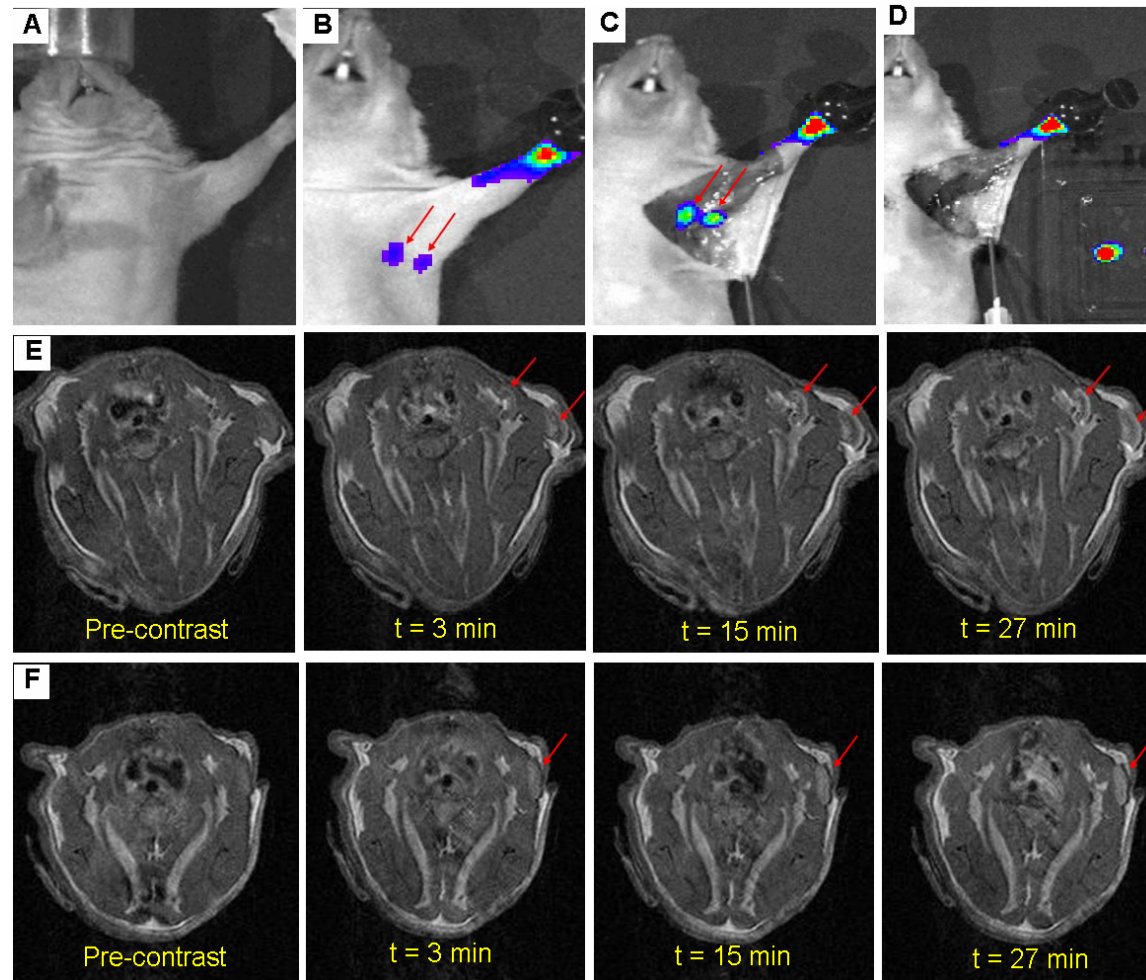
NIRF Images were acquired at 24 hr after i.v. injection of PG-NIR813 (50 nmol/mouse, 17 KD, 8.3 % loading). Note the mouse injection with L-PG-NIR813, but not the mouse injected with D-PG-NIR813, exhibits strong NIRF signal.

## Co-localization of PG-GdDTPA-NIR813 with isosulfan blue (A-D).



Microphotographs of representative resected lymph node confirming the uptake of PG-GdDTPA-NIR813 in the LN (E-H). E: H&E stained tissue section. F: DIC image. G: NIRF image. H: Overlay of the DIC and NIRF images. NIRF signal is pseudocolored green, and DIC pseudocolored red. Original magnification: 50x.

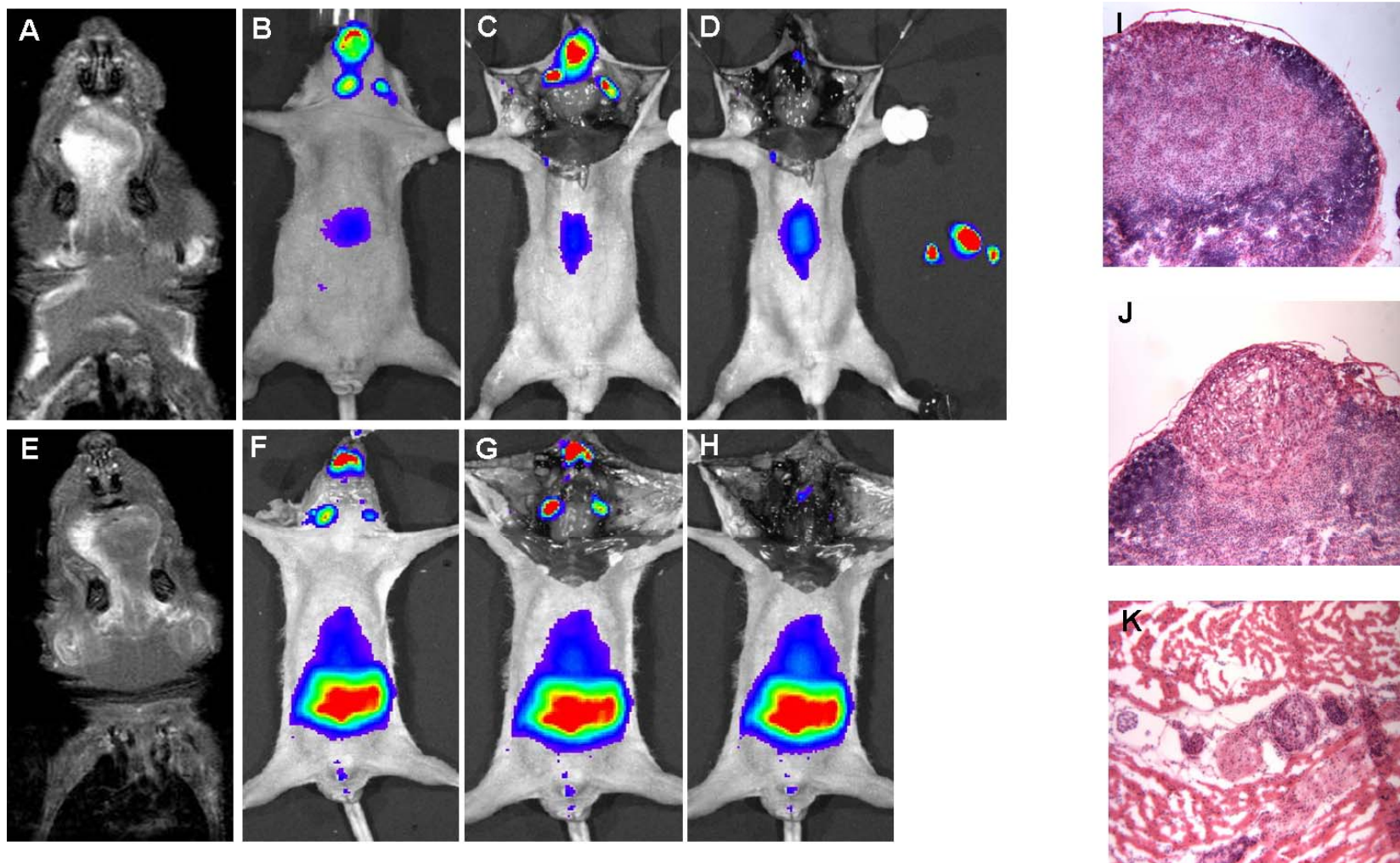
## Dual MR/optical imaging of the axillary and branchial lymph nodes in normal athymic nude mice.



(A) Pre-contrast overlay of white light and NIRF images. (B) Overlay of white light and NIRF images 1 hr after injection of PG-GdDTPA-NIR813 (0.002 mM/L Gd/kg). (C) NIRF image of the same mouse without skin. (D) Resected lymph nodes showed bright fluorescence signal. E-F: Representative T1-weighted axial MR images at different times. PG-GdDTPA-NIR813 was injected at a dose of 0.02 mmol Gd/kg (E) and 0.002 mmol Gd/kg (F). The arrows indicate SLN.



## Visualization of cervical lymph nodes after interstitial injection of PG-GdDTPA-NIR813

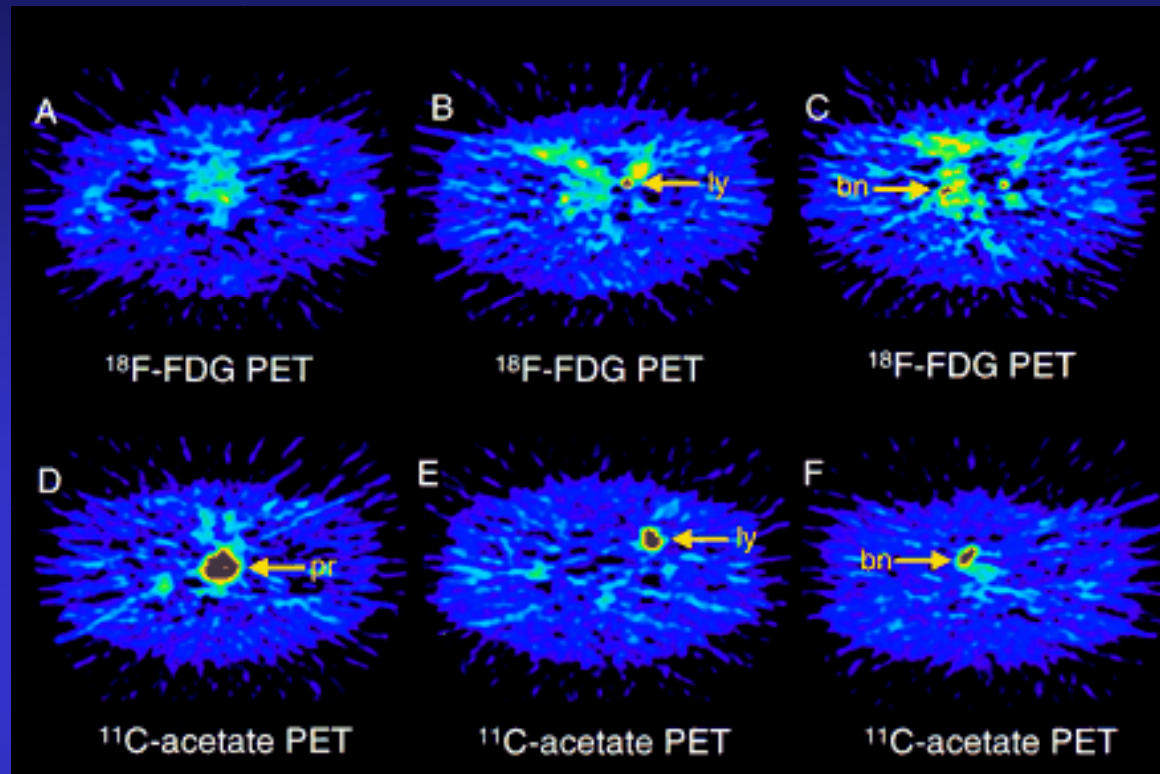




# Detection of Tumors by Molecular Imaging of Metabolic Shifts



## Comparative PET Imaging of Prostate Carcinomas with $^{18}\text{F}$ -FDG and $^{11}\text{C}$ -Ac



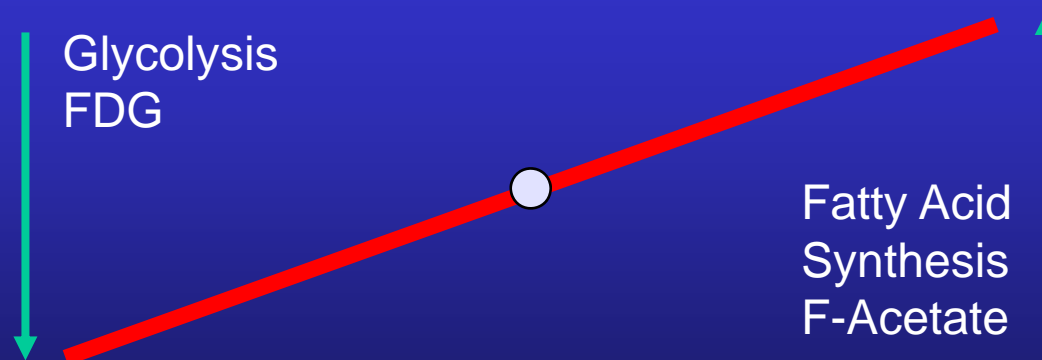
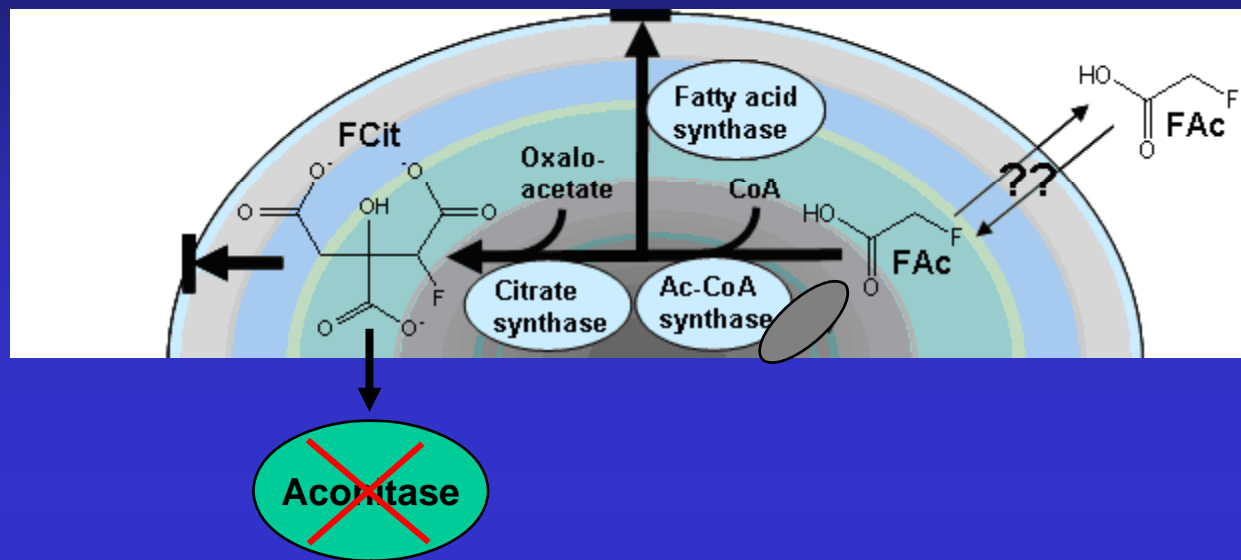
PET images of prostate, lymph node, and bone metastases obtained using  $^{18}\text{F}$ -FDG and  $^{11}\text{C}$ -Ac from 73-y-old man with poorly differentiated (Gleason sum 7) adenocarcinoma of prostate.

(A)  $^{18}\text{F}$ -FDG PET shows low uptake in prostate, with SUV of 2.87.

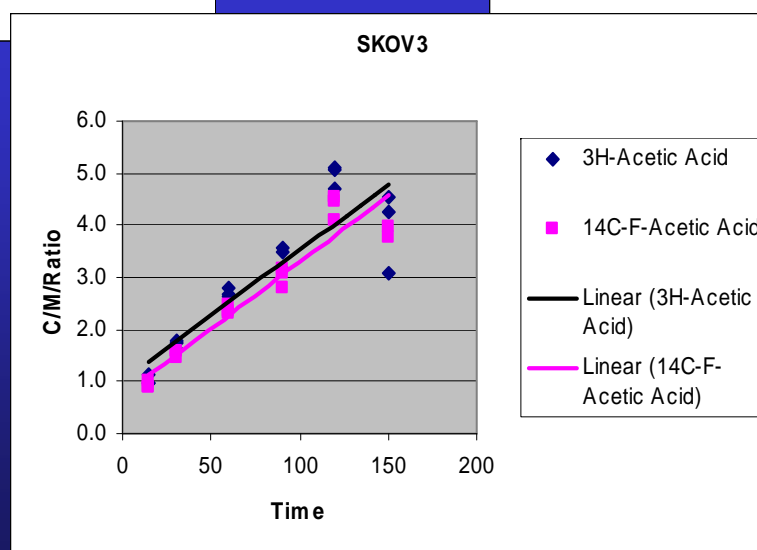
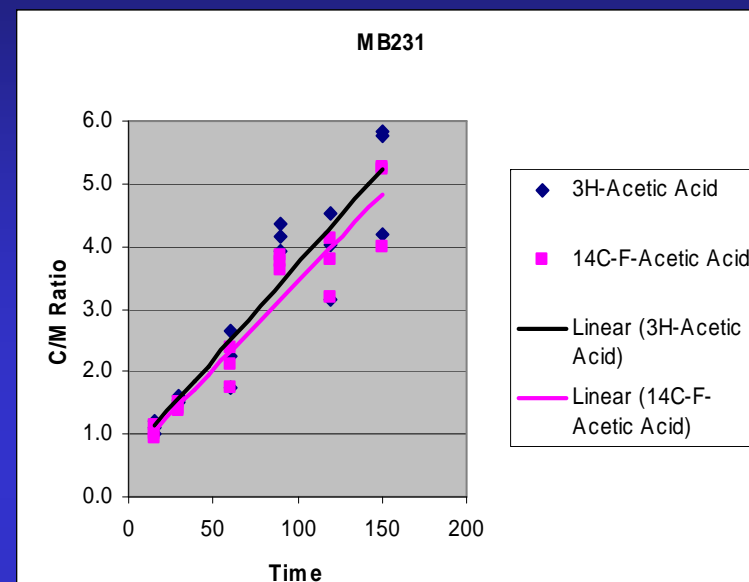
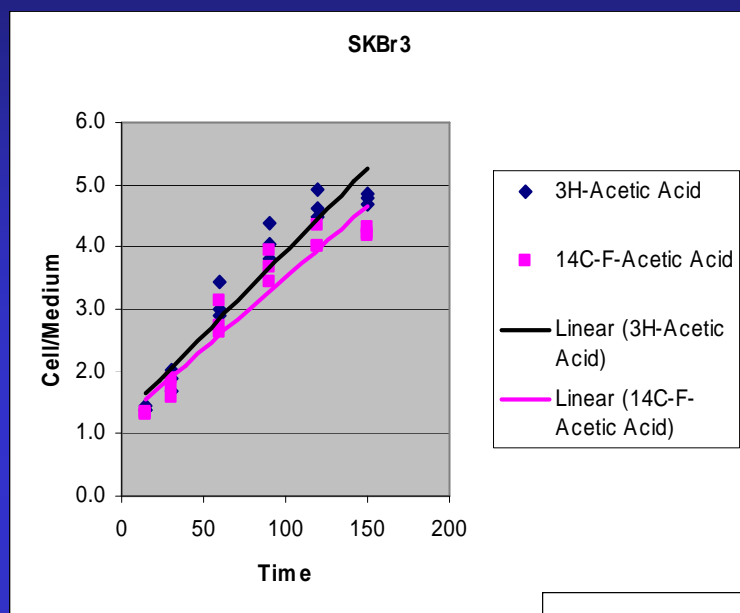
(B and C)  $^{18}\text{F}$ -FDG uptake in left iliac lymph node metastatic lesion (B) and right pubic bone metastatic lesion (C).

(D–F)  $^{11}\text{C}$ -Acetate PET shows high uptake in prostate (D), with SUV of 5.45; in left iliac lymph node metastatic lesion (E); and in right pubic bone metastatic lesion (F). bn = bone; ly = lymph node; pr = prostate.

# Metabolism of Fluoro-Acetate

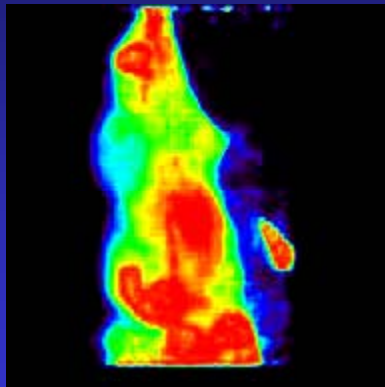


# In vitro $^3\text{H}$ -Acetate and $^{14}\text{C}$ -Fluoroacetate Dual-Label Radiotracer Accumulation Studies in Breast Carcinoma Cell Lines

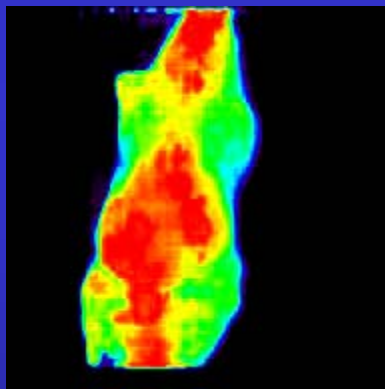


# $^{18}\text{F}$ -Fluoroacetate in a Multi-Tumor Model

#1

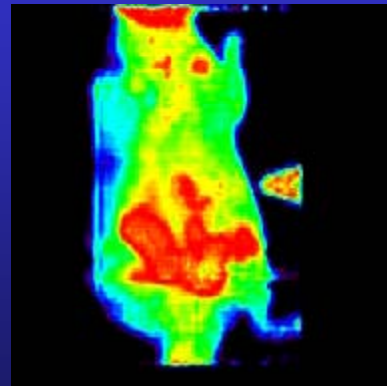


#2

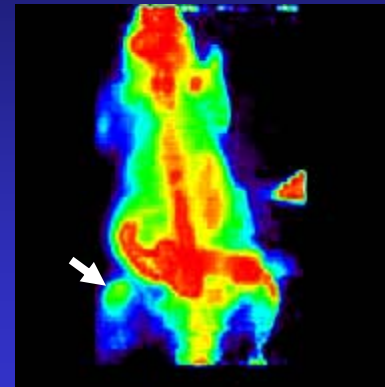


15 min

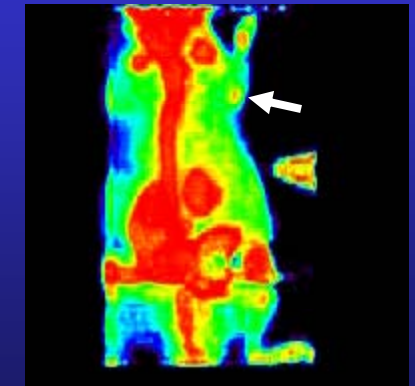
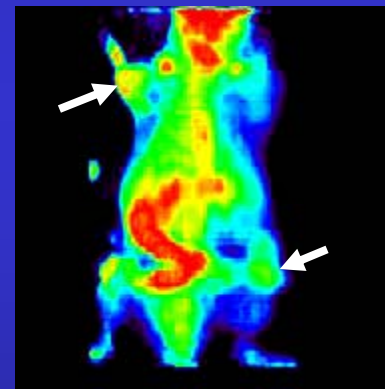
#3



40 min



60 min



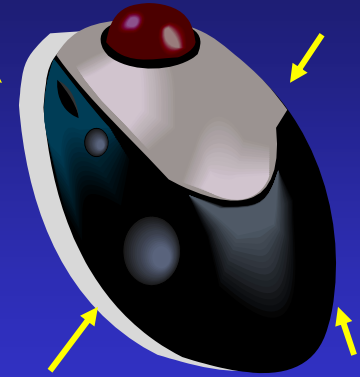
120 min

PC3

SKBr3

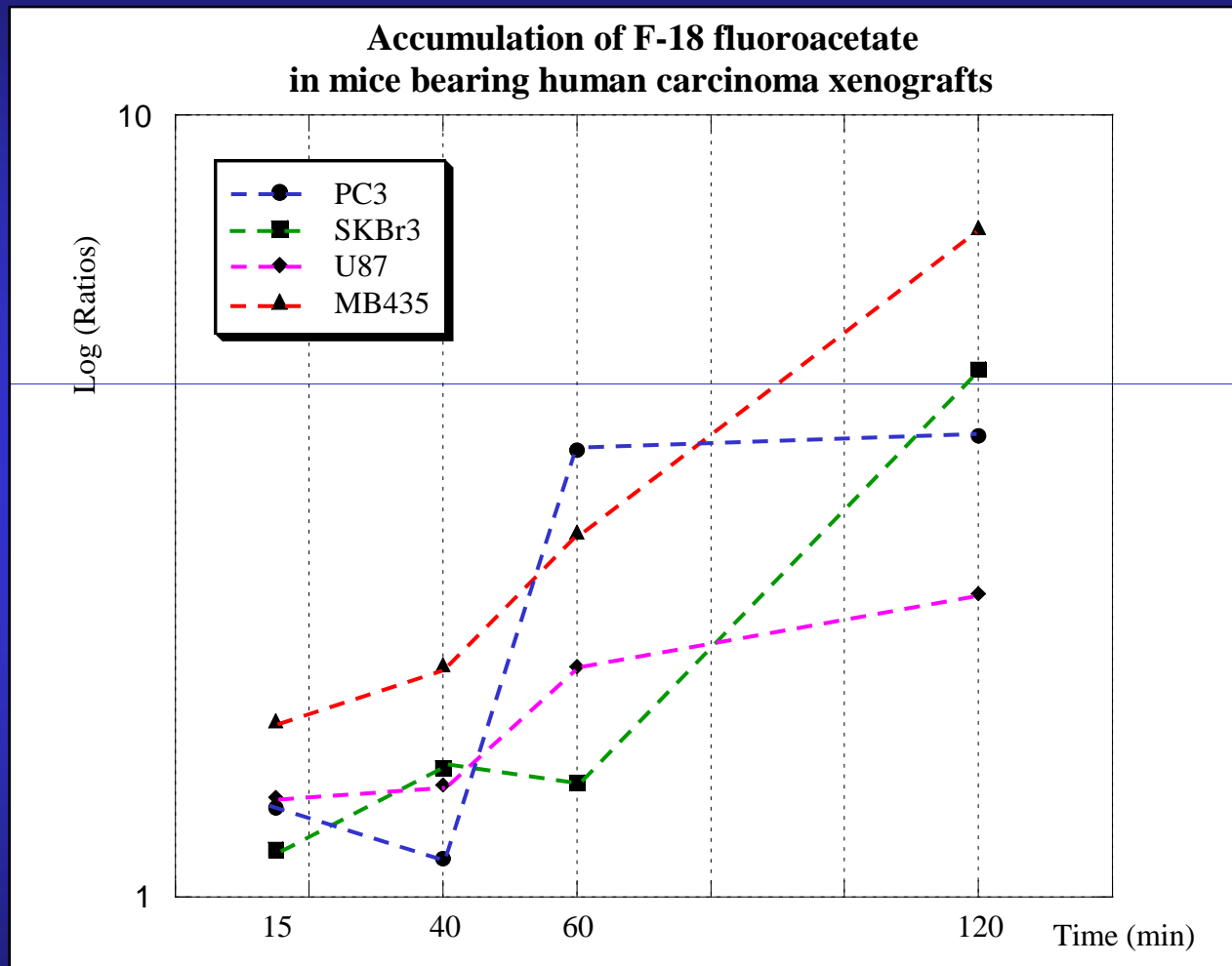
U87

MB435

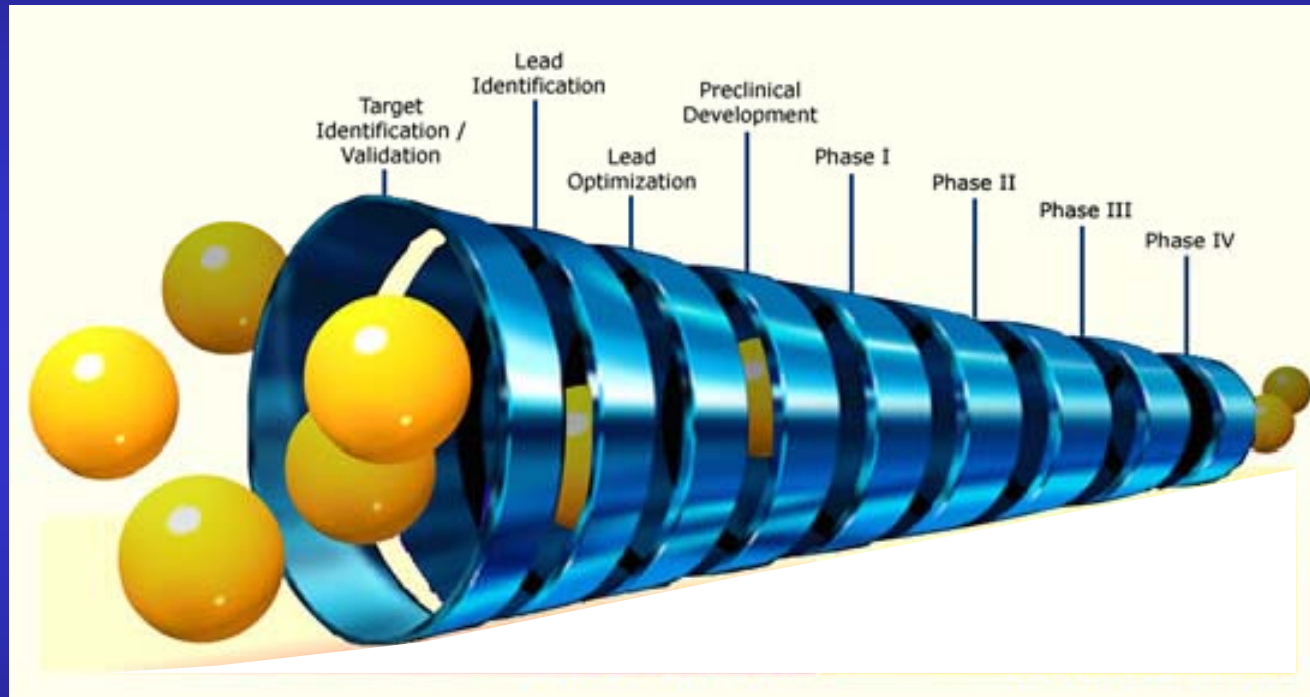




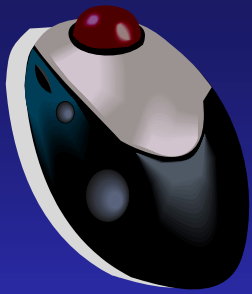
## Kinetics of [ $^{18}\text{F}$ ]-FAc derived radioactivity accumulation (tumor/muscle ratio) in different tumors



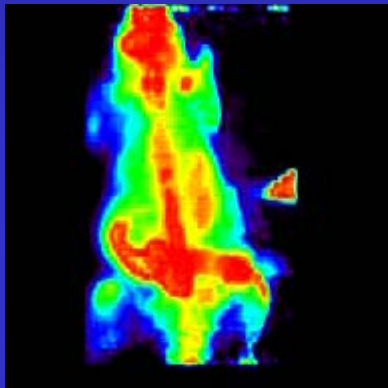
# STAGES OF IMAGING AGENT DEVELOPMENT



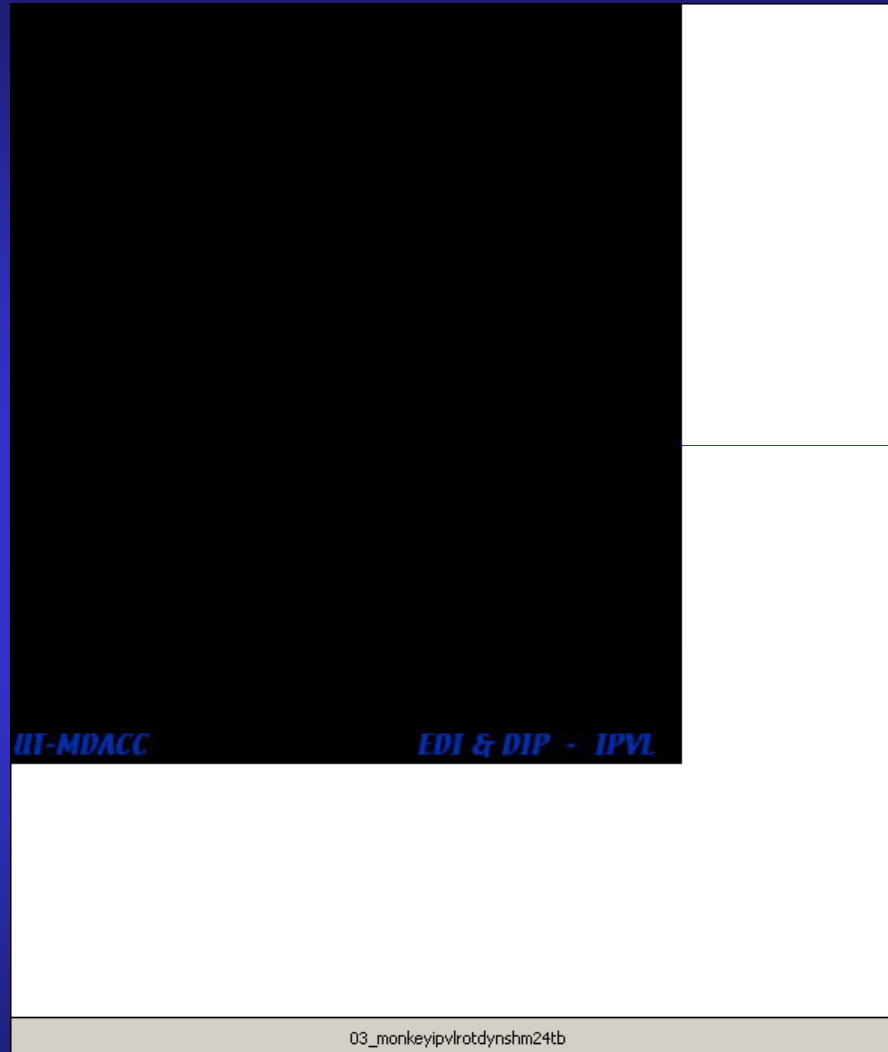
# Dynamic PET/CT Imaging of [ $^{18}\text{F}$ ]-FA



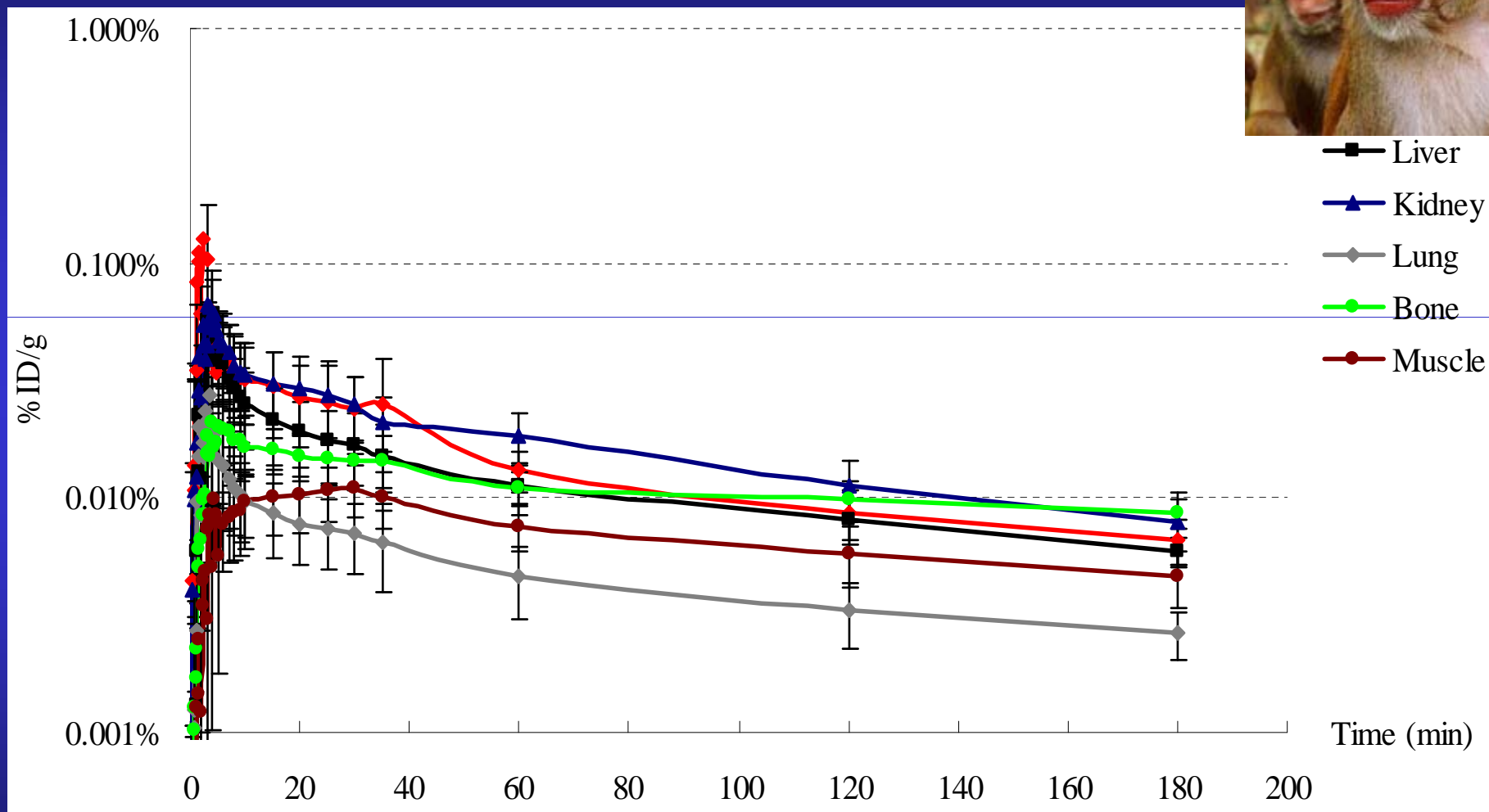
Mouse



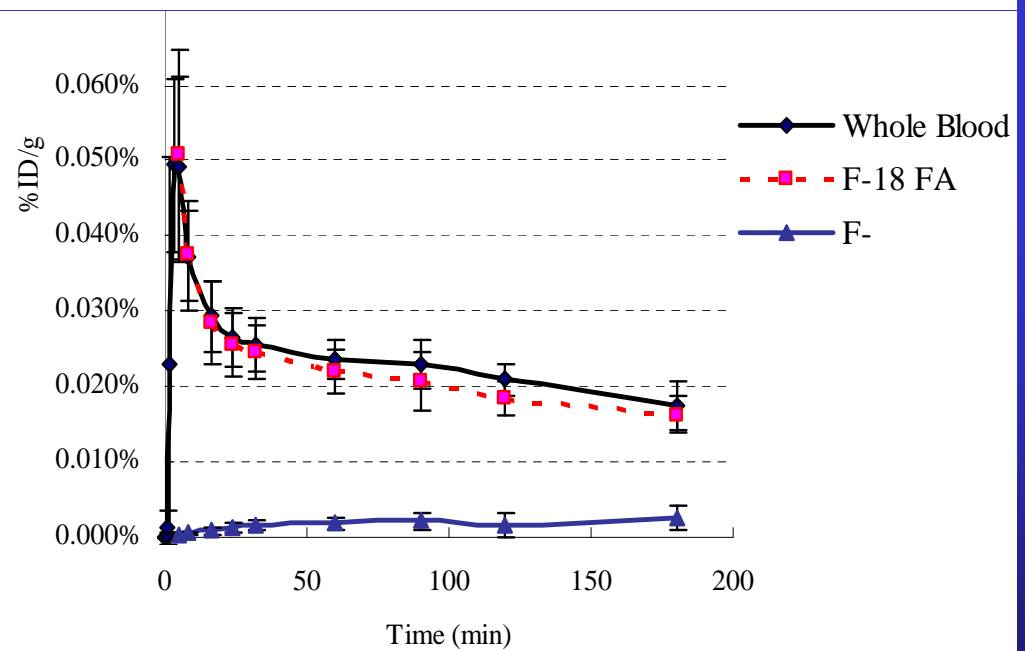
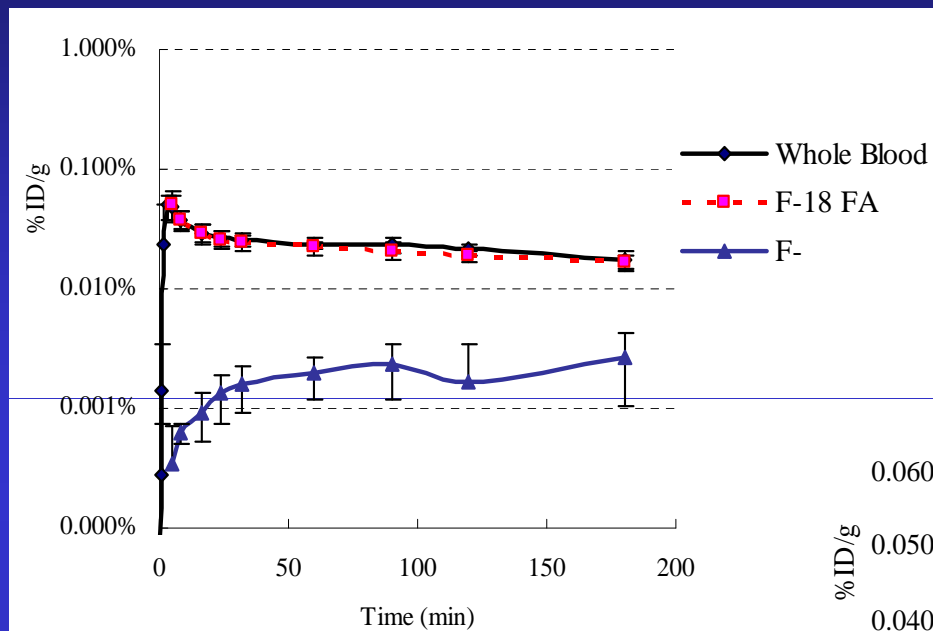
Macaque



# Kinetics of Biodistribution of $^{18}\text{F}$ -FAc in Monkeys



# Analysis of Blood Plasma Metabolites





## Pharmacological Dose Estimates for [ $^{18}\text{F}$ ]Fluoroacetate

### Calculated Specific Activity and Mass.

The total mass per dose and specific activity of  $^{18}\text{F}$ -fluoroacetate prepared via no-carrier added synthesis were calculated as follows:

Avogadro's Number	6.02E+23
1Ci in Bq	3.70E+10
Lambda (decay constant)	0.000105022

Molecular weight of the compound	78
Isotope T1/2 (sec)	6600
Dose in mCi	10

N of atoms per dose	3.52306E+12
Moles per dose	5.85E-12
Total weight per dose (g)	4.56E-10

Calculated Sp.Act. (Ci/mol)	1.71E+09
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The fluoroacetate used for imaging may have a mass of **0.456 ng** which is about 1/1000 of fluoroacetate that may be present in a cup of tea.



# Phase I study using PET/CT with $^{18}\text{F}$ -FAcetate in Tumors that don't avidly accumulate FDG

- Prostate carcinoma, lymph node mets
- Breast carcinoma, lobular, lymph node mets
- Brain tumors, GBM

**30 patients (10 patients per tumor type)**

## **Primary objectives:**

Pharmacokinetics  
Radiolabeled metabolites  
Biodistribution  
Radiation dosimetry  
Dose optimization

## **Secondary objectives:**

Feasibility of tumor detection  
as compared to CT and MRI or biopsy



**TUMOR DETECTION:  
NEW IMAGING AGENTS  
FOR  
STROMAL BIOMARKERS**

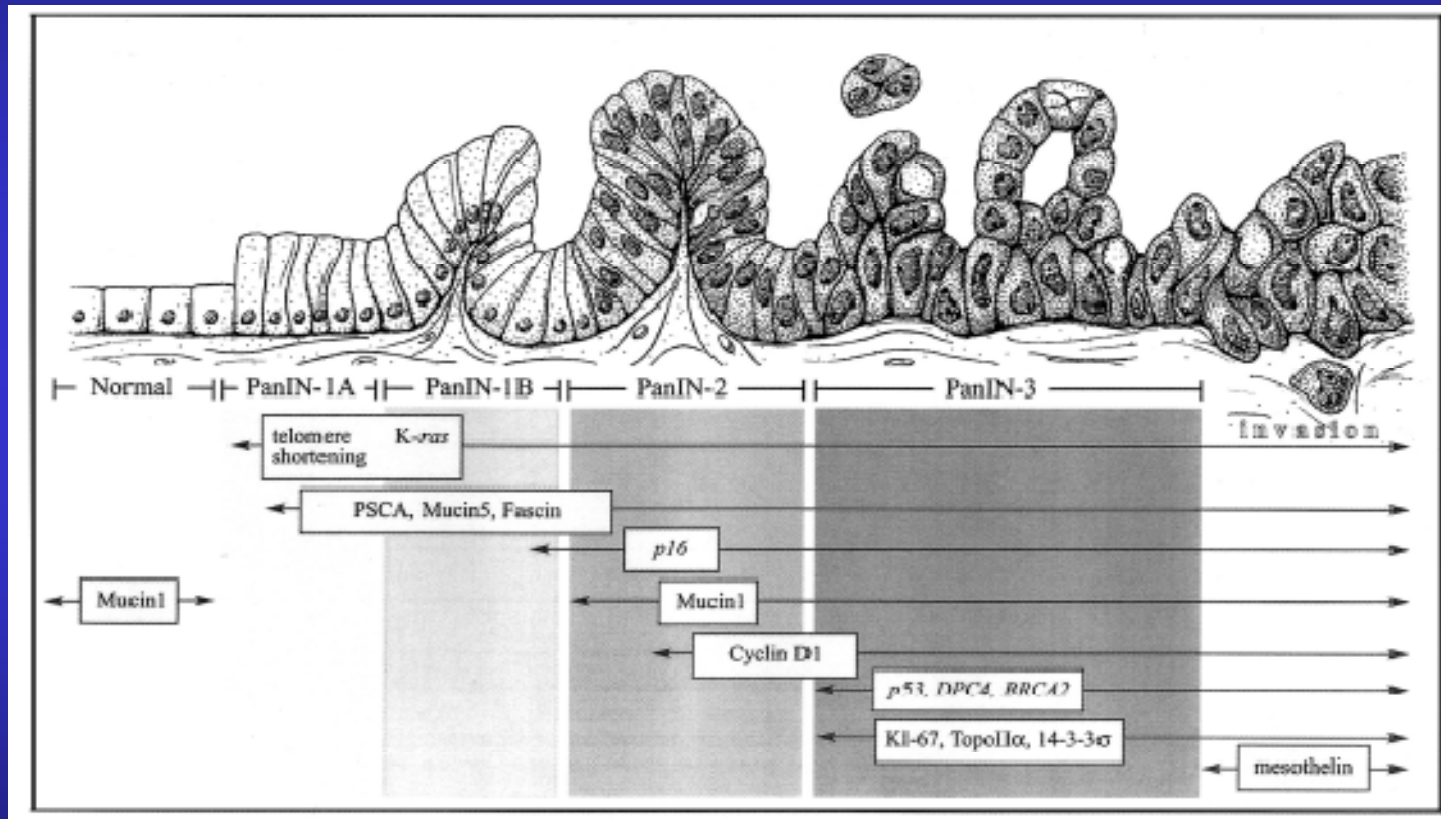


# Pancreatic Carcinoma: Problems in Diagnosis & Therapy

- Pancreatic cancer patients seldom exhibit disease-specific symptoms until late in the course of the disease process
- Despite significant advances in the treatment of many other human tumors, the 5-year survival rate in pancreatic cancer remains <5%.
- At present, no imaging modality is sensitive for visualization of early stage pancreatic carcinomas or small metastases in the lymph nodes, peritoneum, and on the surface or within the liver.
- Novel biomarker screening and diagnostic imaging methods for potential earlier detection and localization of pancreatic carcinomas must be developed in conjunction with new image-guided therapies that would eradicate early neoplastic lesions if survival from this disease is to be improved.

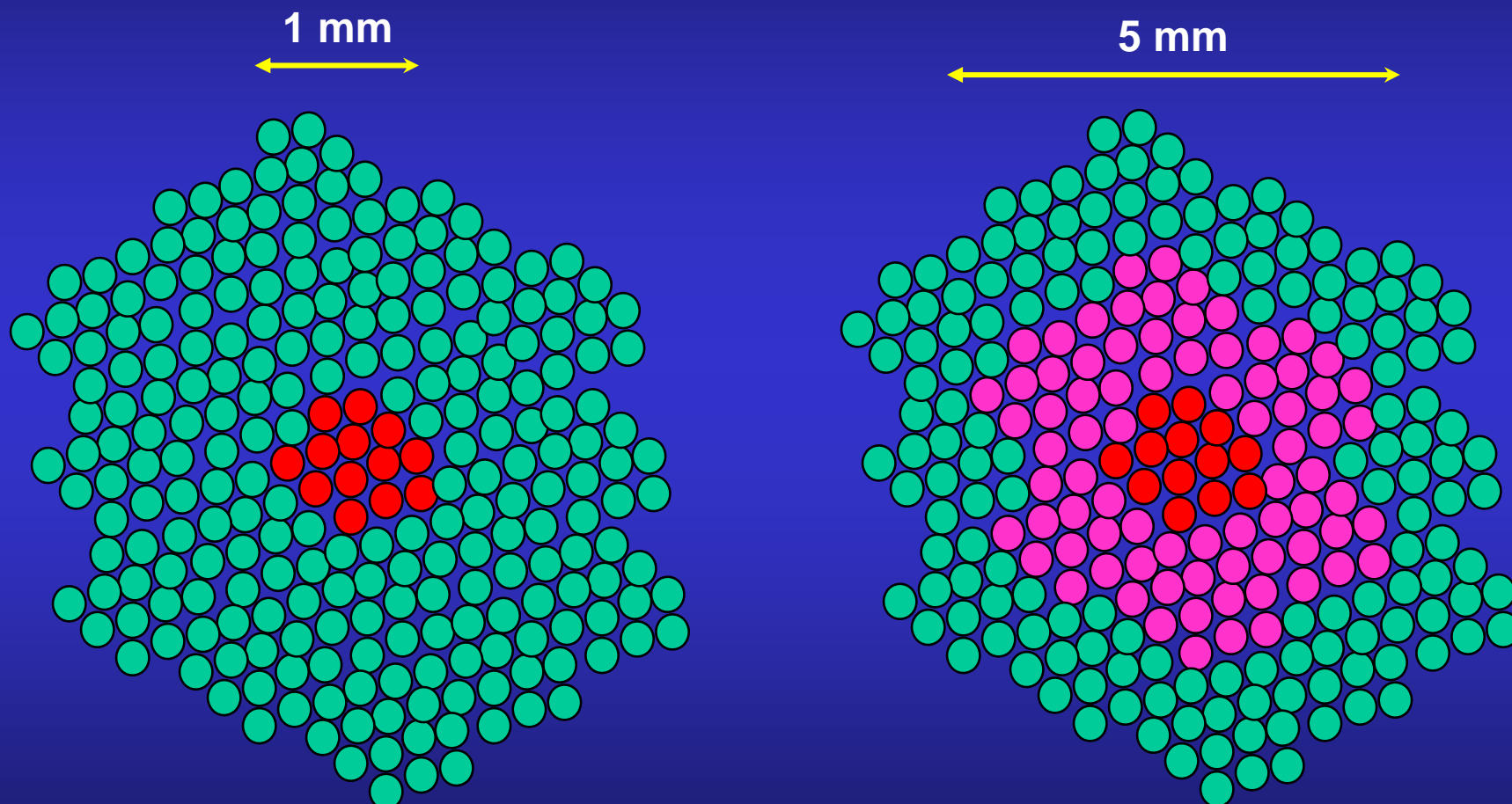


# Current understanding of the molecular changes in the multi-step progression model of pancreatic adenocarcinoma





## Molecular Imaging of Stromal Biomarkers: Volume Amplification Approach



- Intraepithelial Neoplasia
- Peritumoral Tissue
- Normal Tissue

# Gene Expression in parenchyma adjacent to infiltrating pancreatic ductal adenocarcinoma and chronic pancreatitis

(Fukushima, et al. Mod Pathol 18, 779-787, 2005)

Gene bank	Gene name	PC (fold change) compared to	
		NP-P	CP-P
(1) NM_002580.1	Pancreatitis-associated protein (HIP/PAP)*	130.6	9.9
(2) NM_002343.1	Lactotransferrin (LTF)*	40.6	3.1
(3) M80927.1	Human Cartilage glycoprotein-39 (HC-gp39)*	18.2	6.8
(4) NM_006507.1	Regenerating islet-derived 1 beta (pancreatic stone protein, pancreatic thread protein) (REG1B)	17.3	7.1
(5) NM_006508.1	Rat regenerating islet-derived-like, human homolog (REGL)	14.8	15.2
(6) NM_018295.1	<i>Homo sapiens</i> hypothetical protein FLJ11000 (FLJ11000)	10.7	8.5
(7) NM_018234.1	<i>Homo sapiens</i> hypothetical protein FLJ10829 (FLJ10829)	7.7	3.6
(8) NM_021871.1	Fibrinogen, A alpha polypeptide (FGA), transcript variant alpha	7.3	8.5
(9) NM_020997.1	Left-right determination, factor B (LEFTB)	6.7	4.2
(10) NM_001085.2	Serine (or cysteine) proteinase inhibitor, clade A (alpha-1 antiproteinase, antitrypsin), member 3 (SERPINA3)	6.2	3.6
(11) NM_000715.1	Complement component 4-binding protein, alpha (C4BPA)*	5.6	4.1
(12) NM_001022.1	Ribosomal protein S19 (RPS19)	5	4.4
(13) NM_001871.1	Carboxypeptidase B1 (tissue) (CPB1)	5	3.3
(14) NM_003761.1	Vesicle-associated membrane protein 8 (endobrevin) (VAMP8)	4.6	6.6
(15) BC006134.1	<i>Homo sapiens</i> , clone MGC:13053	4.3	11.3
(16) NM_015849.1	Pancreatic elastase IIB (LOC51032)	3.8	6.7
(17) NM_006994.2	Butyrophilin, subfamily 3, member A3 (BTN3A3)	3.6	4.3
(18) NM_000096.1	Ceruloplasmin (ferroxidase) (CP)	3.5	3.3
(19) NM_017422.2	Calmodulin-like skin protein (CLSP)	3.3	4.3
(20) AB018580.1	hluPGFS (3-alpha hydroxysteroid dehydrogenase, type II)	3.3	3.6

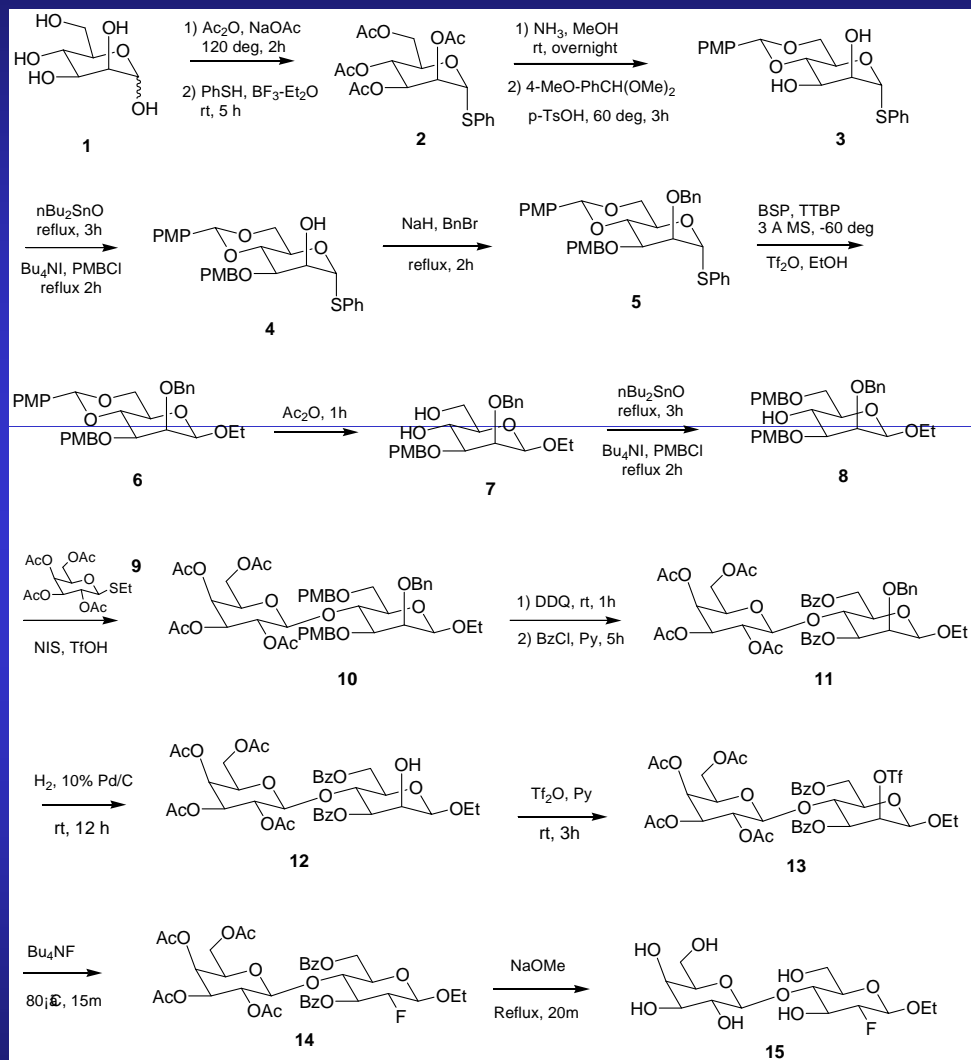
\*The results were confirmed by quantitative RT-PCR.

CP-P: parenchyma adjacent to chronic pancreatitis; NP-P: parenchyma from normal pancreas; PC: pancreatic cancer.

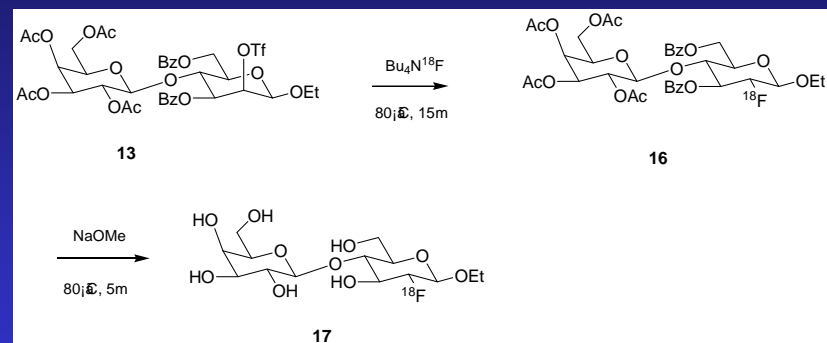


# Synthesis of [ $^{18}\text{F}$ ]-Lactose

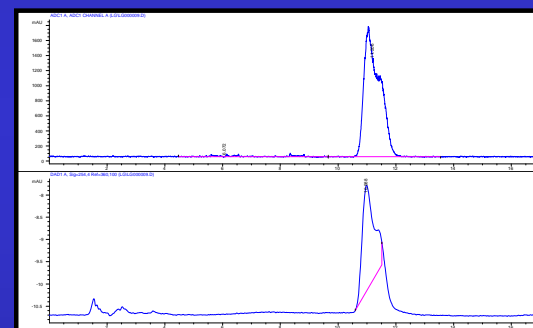
## Synthesis of a precursor



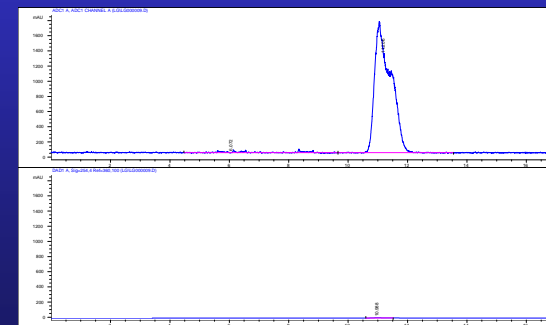
## Radiolabeling of [ $^{18}\text{F}$ ]-Lactose



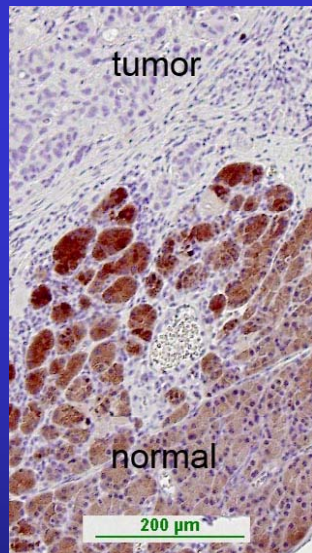
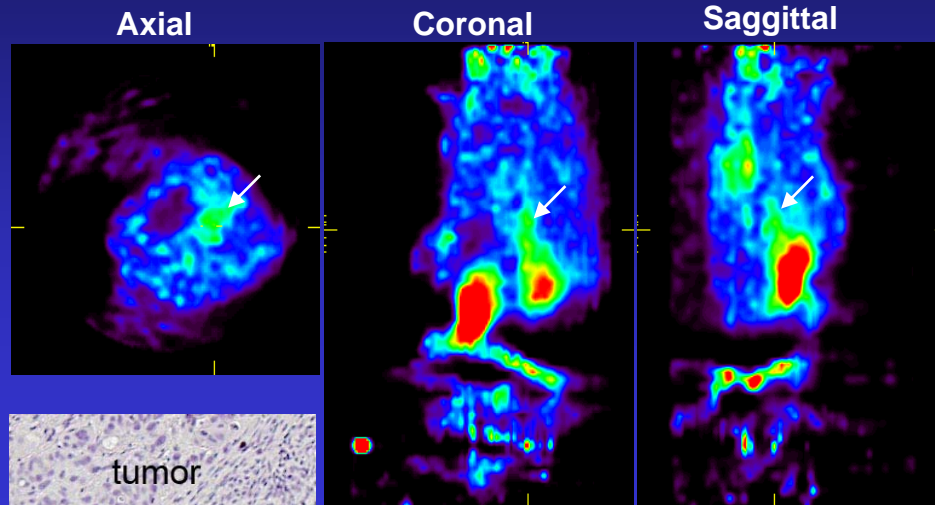
## Co-injection of purified 16 with cold version of 14



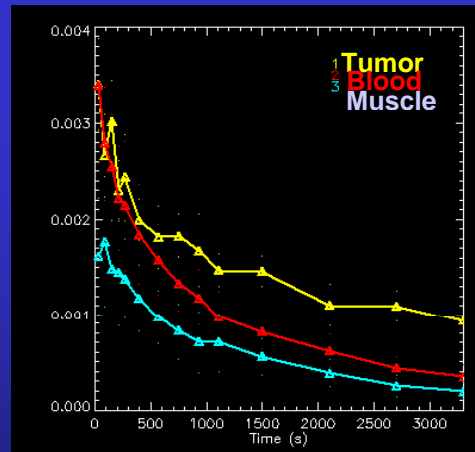
## QC Chromatogram of compound 17



# PET imaging of pancreatic carcinoma



PAP immunostain provided by  
Dr. Craig Logsdon, MDACC



Time-activity curves

PET imaging of mice bearing orthotopic MPanc96 human pancreatic carcinoma xenografts demonstrated higher retention of  $[^{18}\text{F}]\text{FDL}$  (100  $\mu\text{Ci}$  i.v.) in the tumor-invaded pancreas, which corresponded with high levels of HIP/PAP protein expression in the peritumoral pancreatic tissue, as evidenced by comparative immunohistochemical analysis in situ. The  $[^{18}\text{F}]\text{FDL}$  was eliminated via the renal clearance.

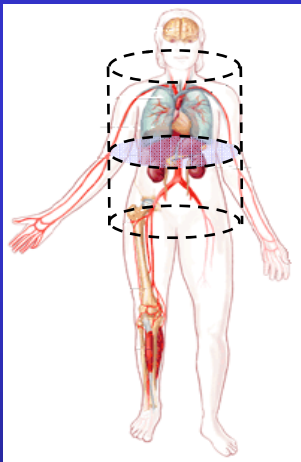
# Molecular Imaging of Drug Target Expression-Activity: Selection of Therapy





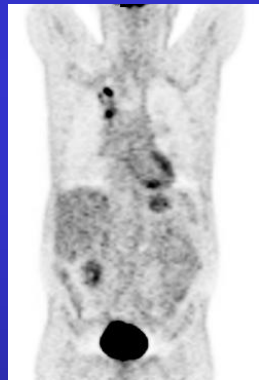
# Current Diagnostic – Therapeutic Paradigm

PET/CT

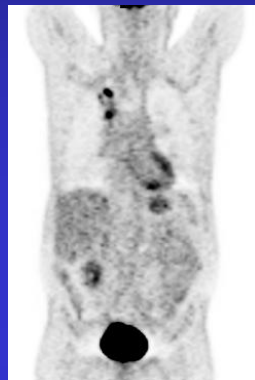


24 - 48 hours

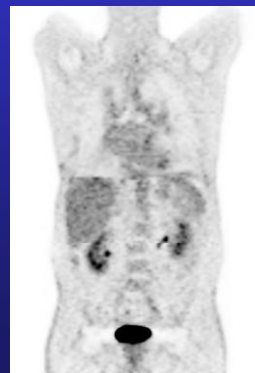
Therapy "A"



Therapy "B"



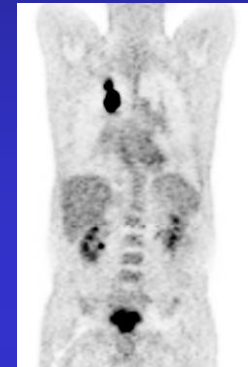
FDG, FLT



2 months

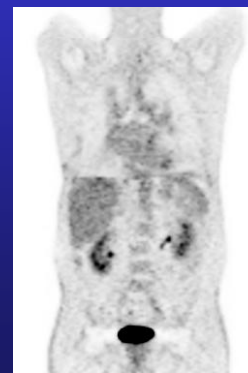
Therapy "A"

X

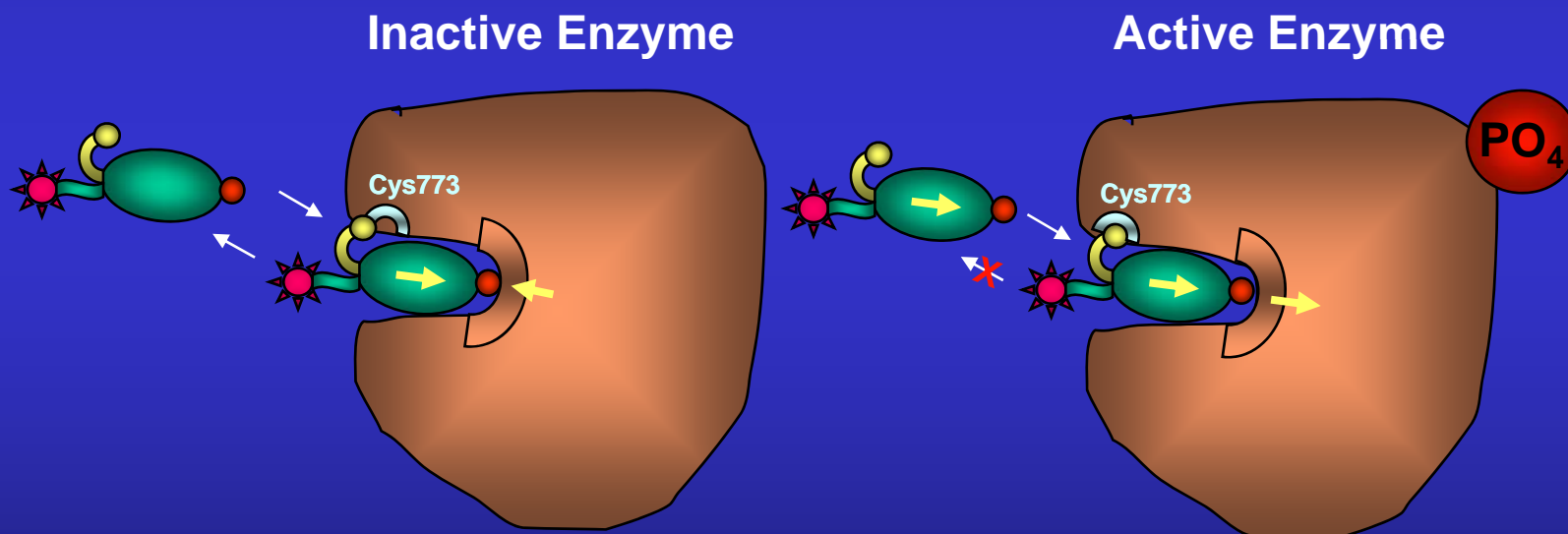
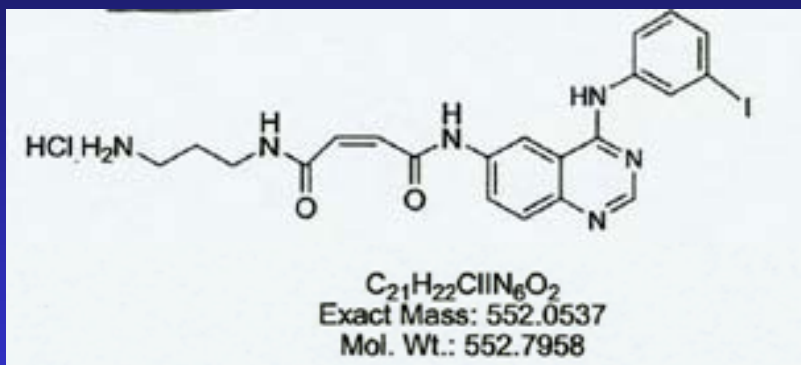


Therapy "B"

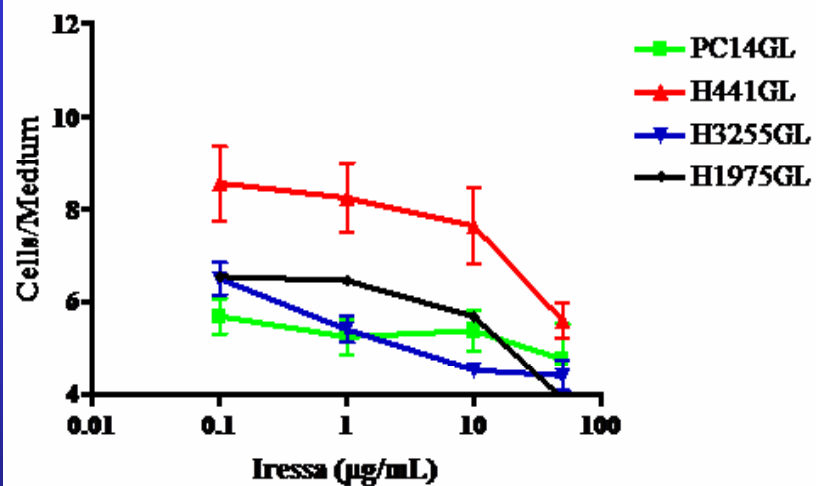
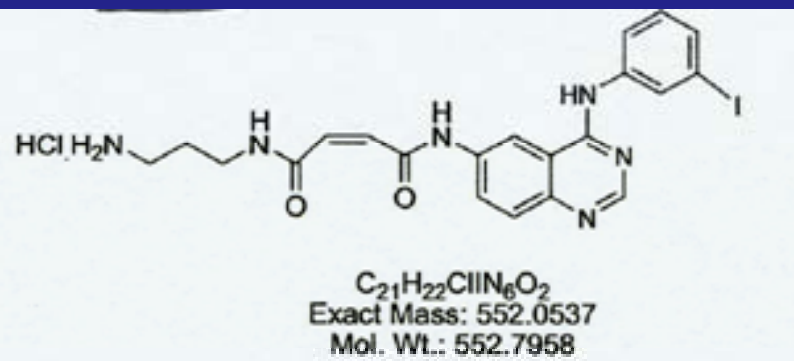
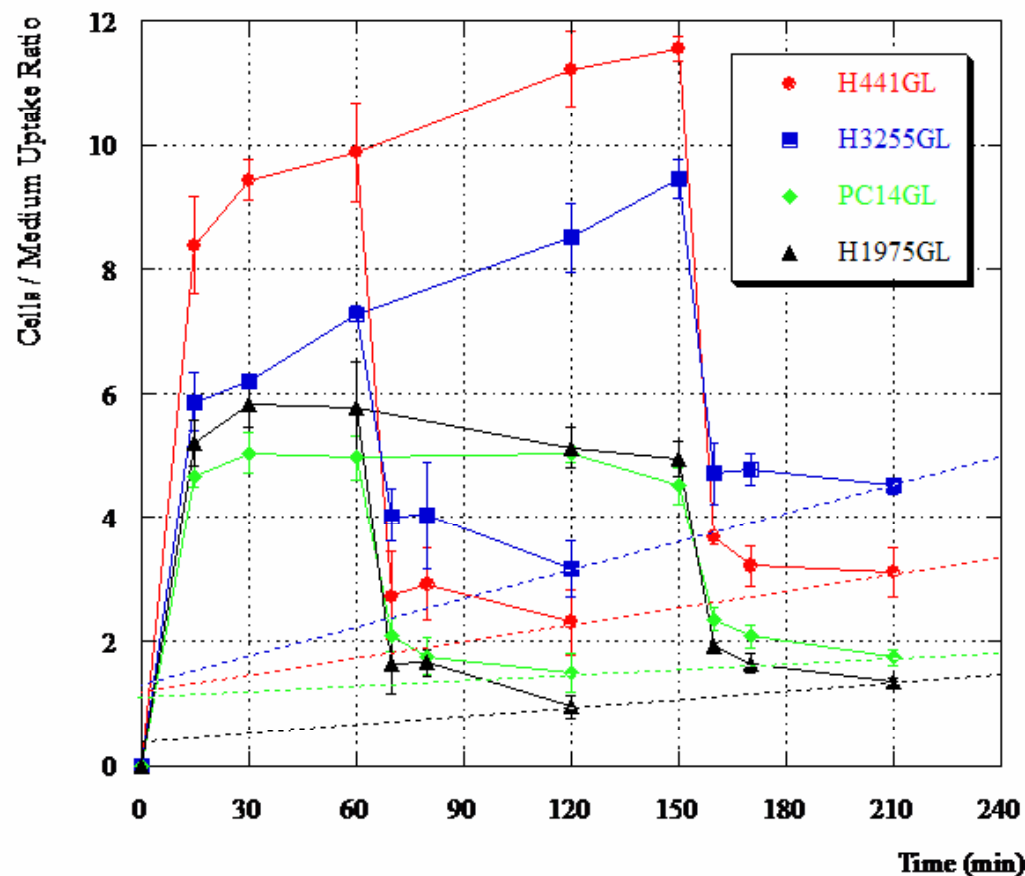
Therapy "B"

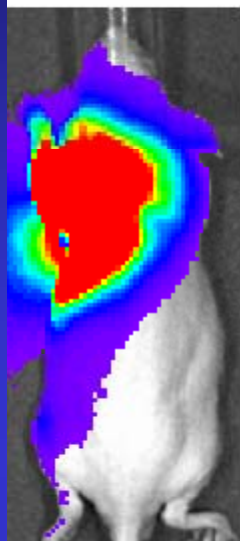


## Mechanisms of selectivity of EGFR kinase imaging agent

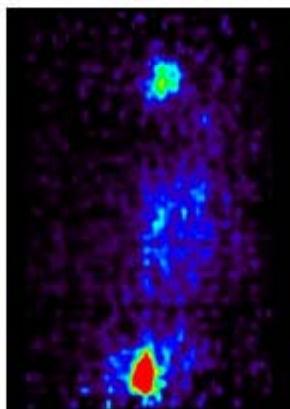
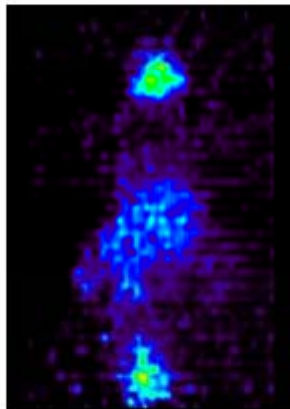
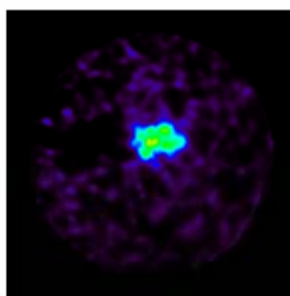
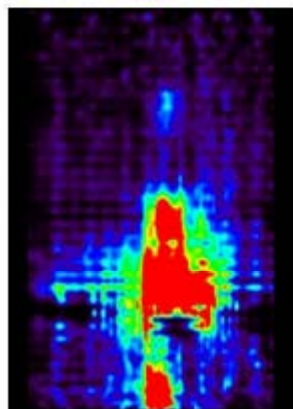
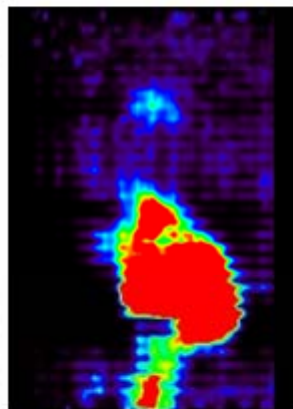
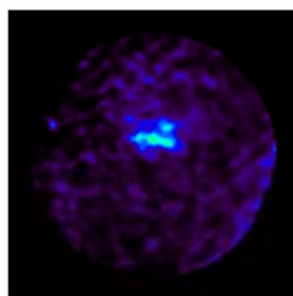


# Molecular Imaging Agent for Imaging EGFR kinase expression/activity

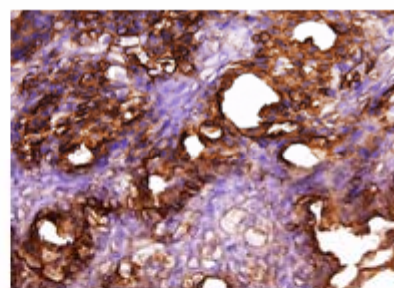




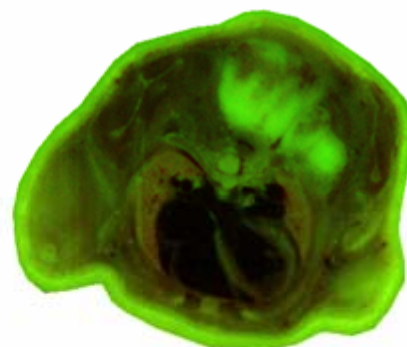
**BLI**



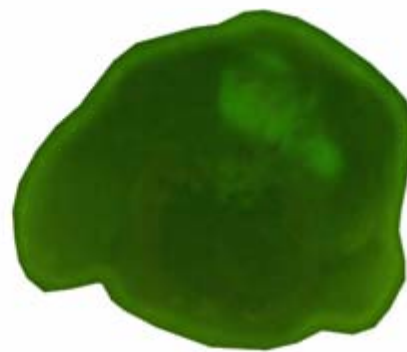
**3hr    PET    24hr**



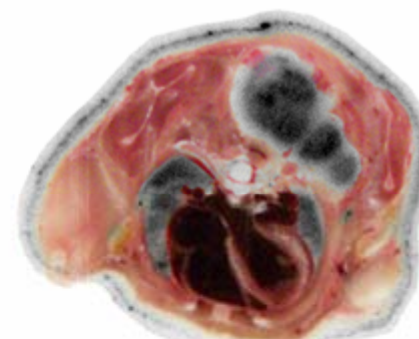
**phospho-EGFR  
expression**



**GFP / visible fusion**



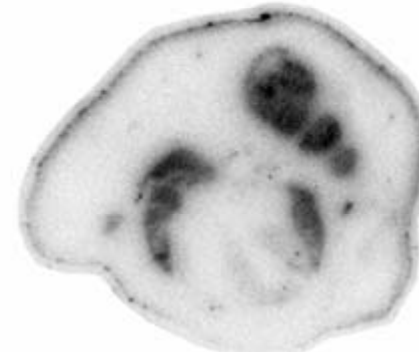
**GFP fluorescence**



**Autoradiography /  
visible fusion**

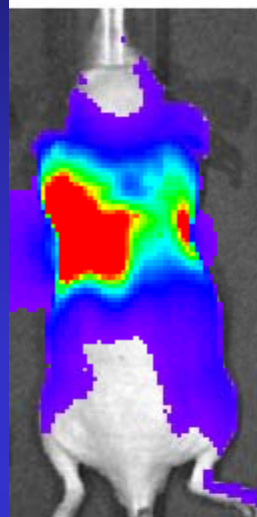


**Visible**

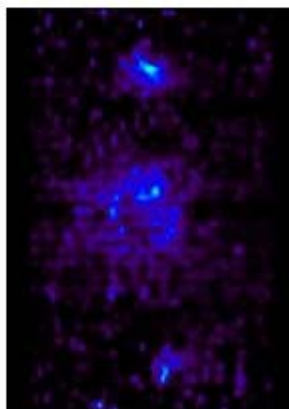
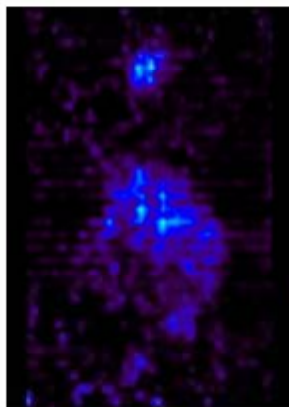
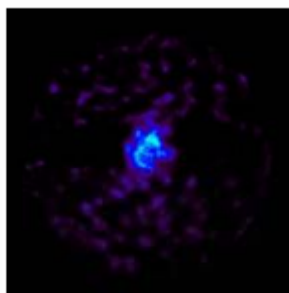
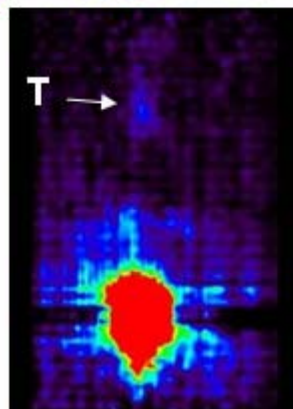
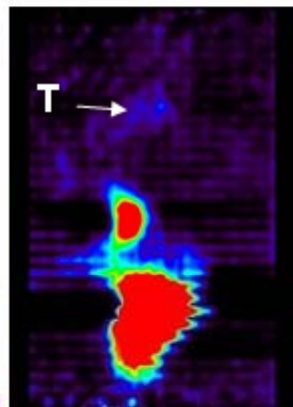
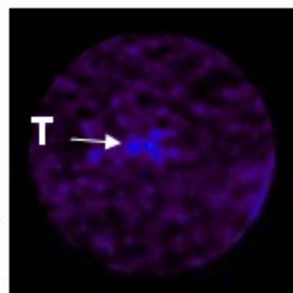


**Autoradiography**

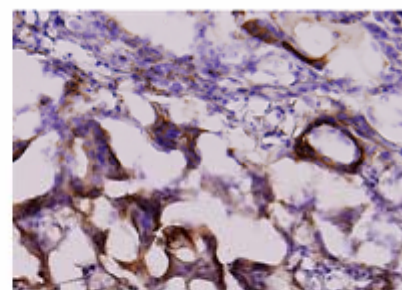




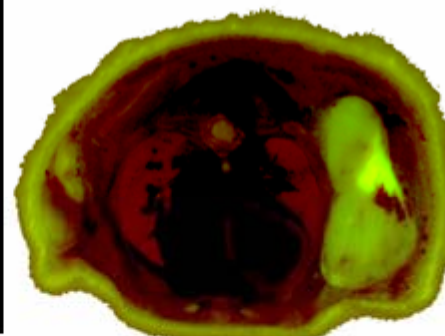
BLI



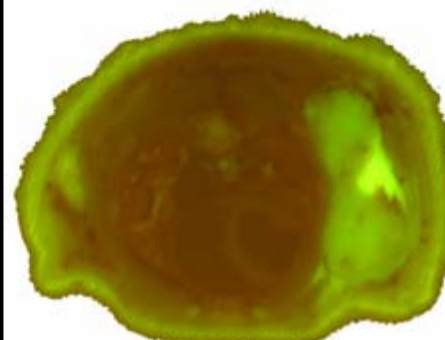
3hr PET 24hr



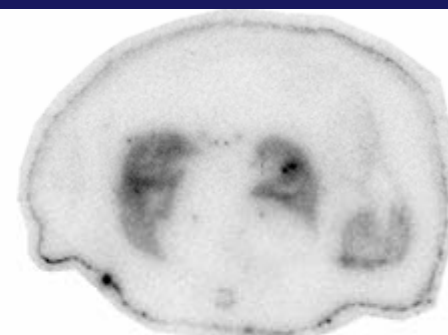
phospho-EGFR expression



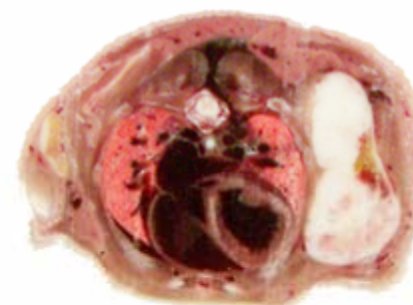
GFP / visible fusion



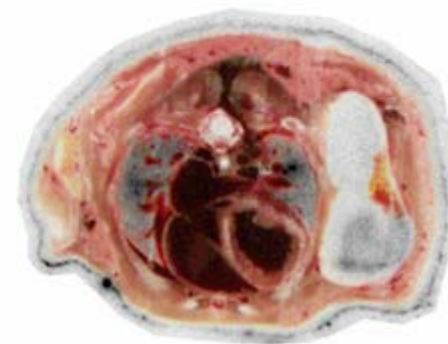
GFP fluorescence



Autoradiography / visible fusion



Visible

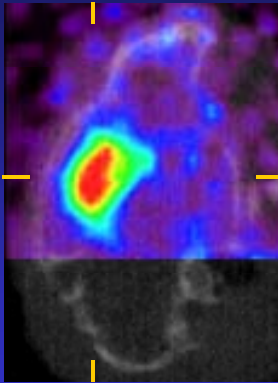


Autoradiography

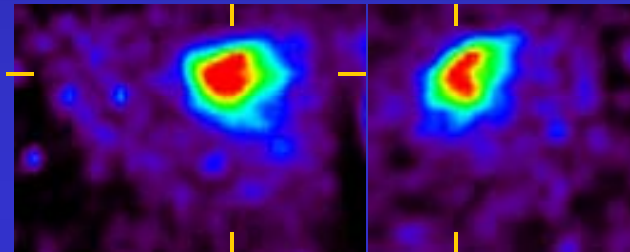
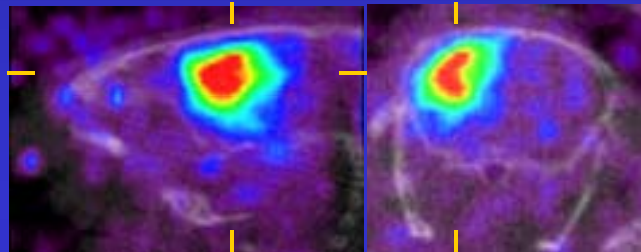
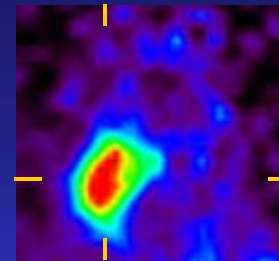


# Non-invasive molecular imaging of EGFR expression-activity with $^{124}\text{I}$ -mIPQA PET/CT in orthotopic U87 glioma xenografts in mice

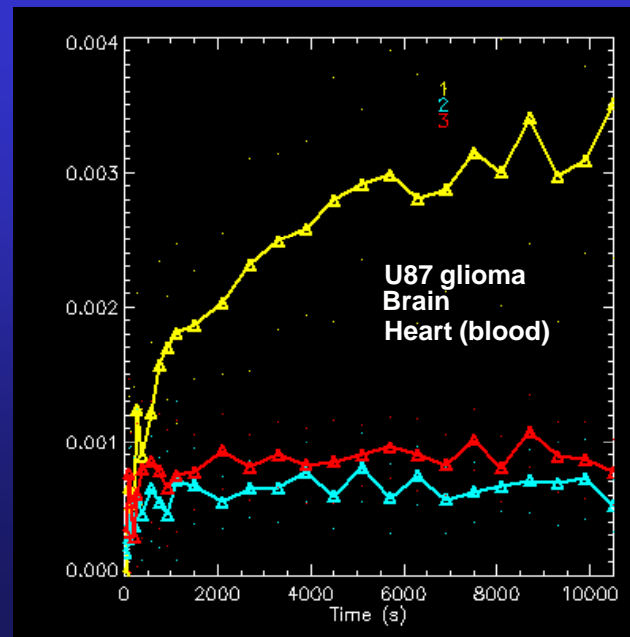
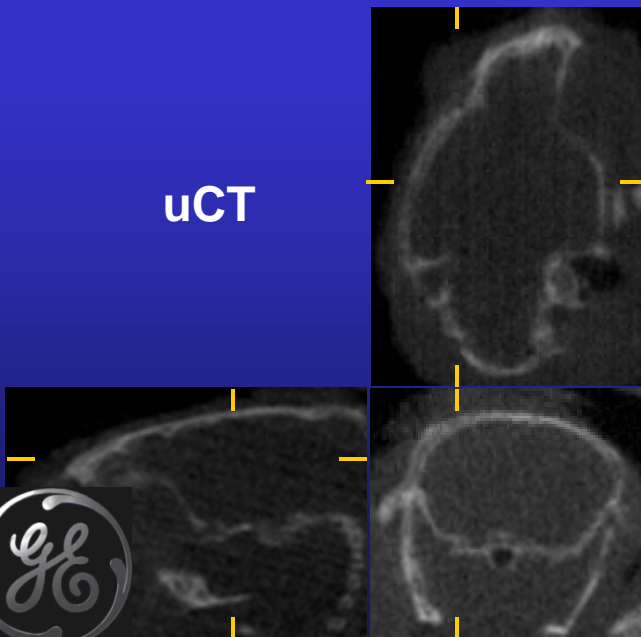
uPET/uCT



uPET

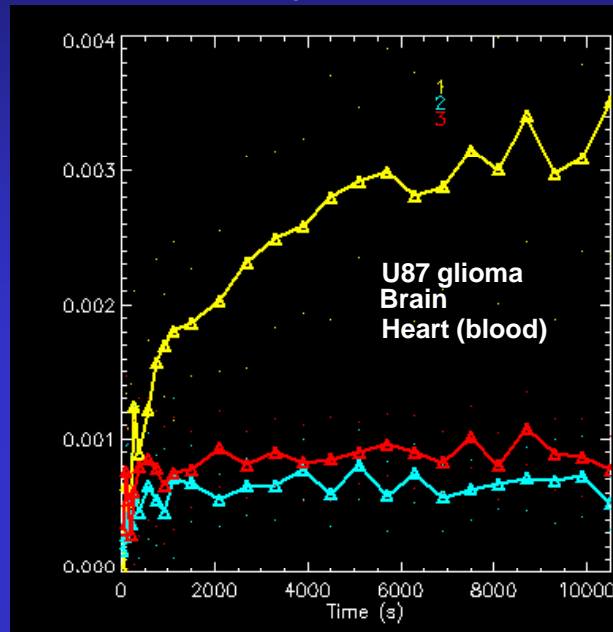


uCT

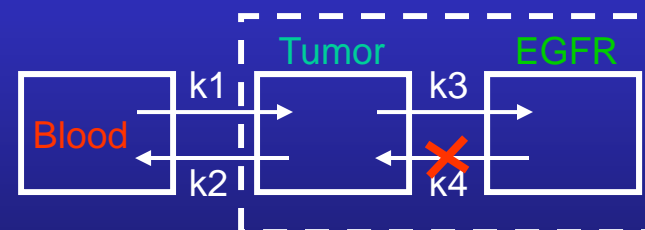
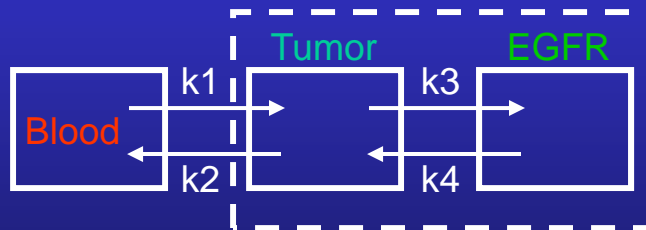
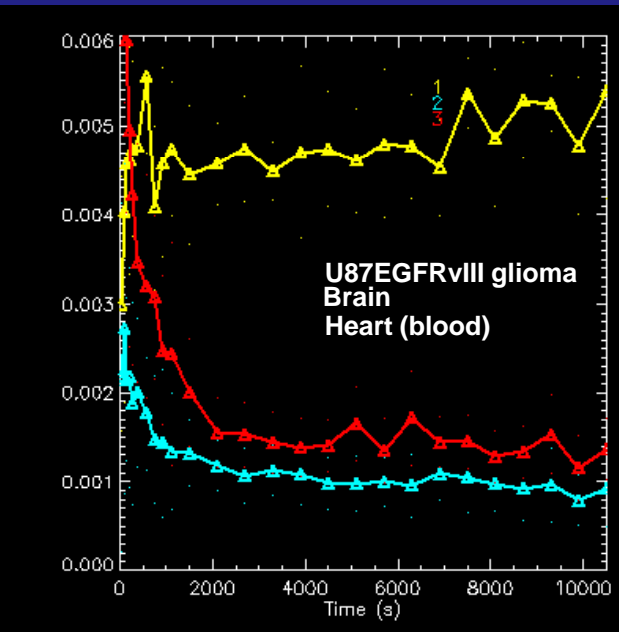


# Non-invasive molecular imaging of EGFR expression-activity with $^{124}\text{I}$ -mIPQA PET/CT in intracerebral U87 glioma xenografts in mice

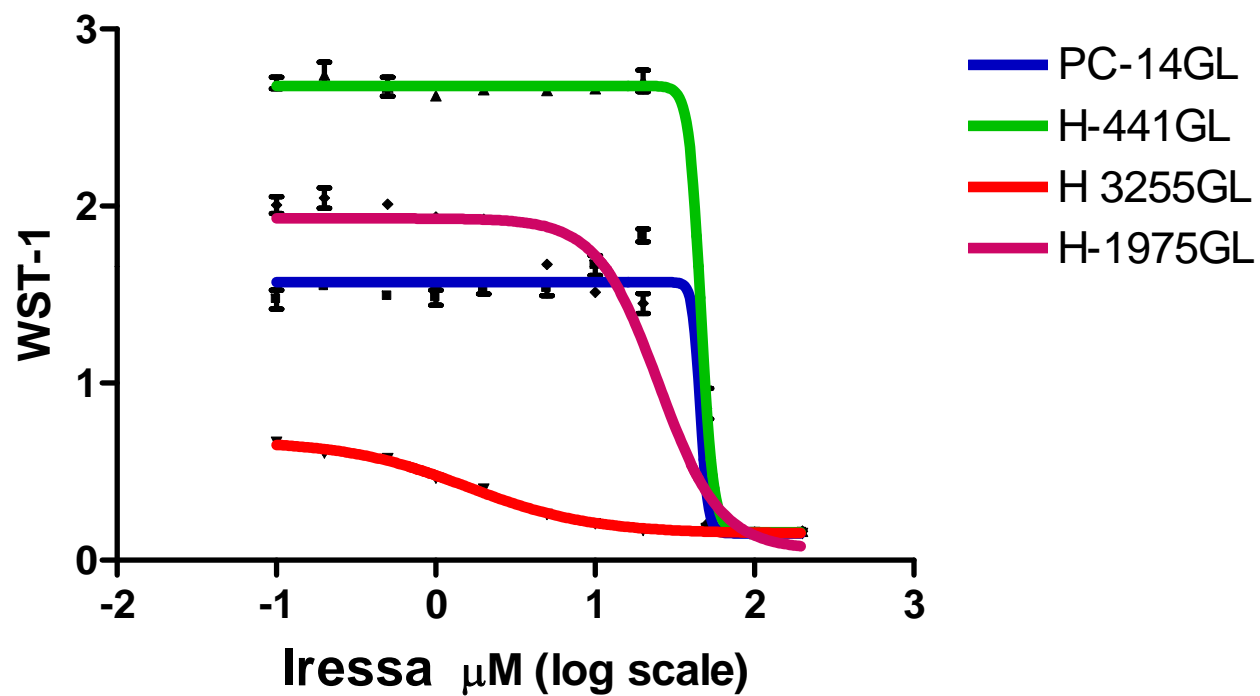
Wild-type EGFR



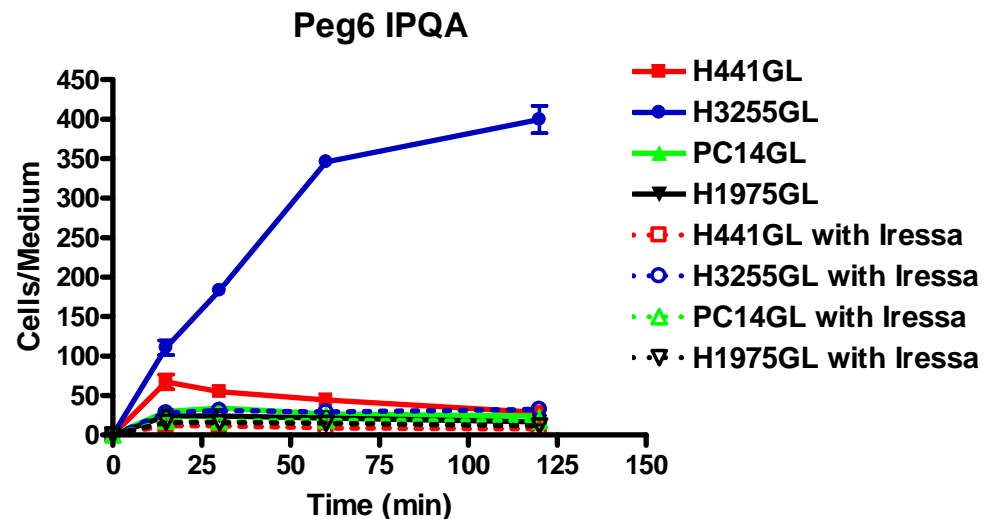
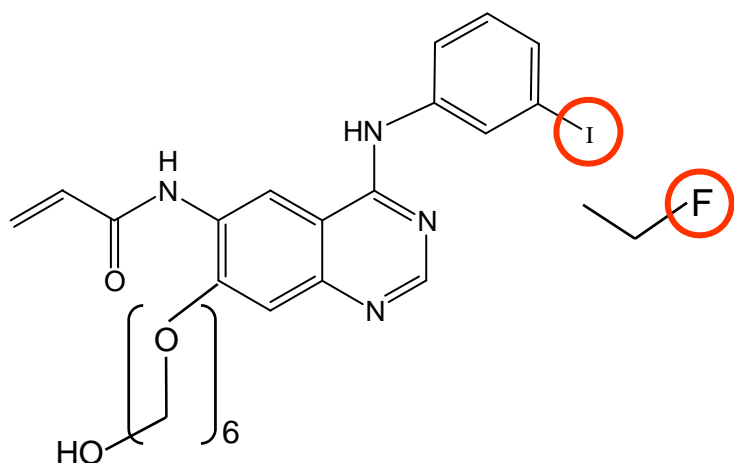
+ EGFRvIII mutant



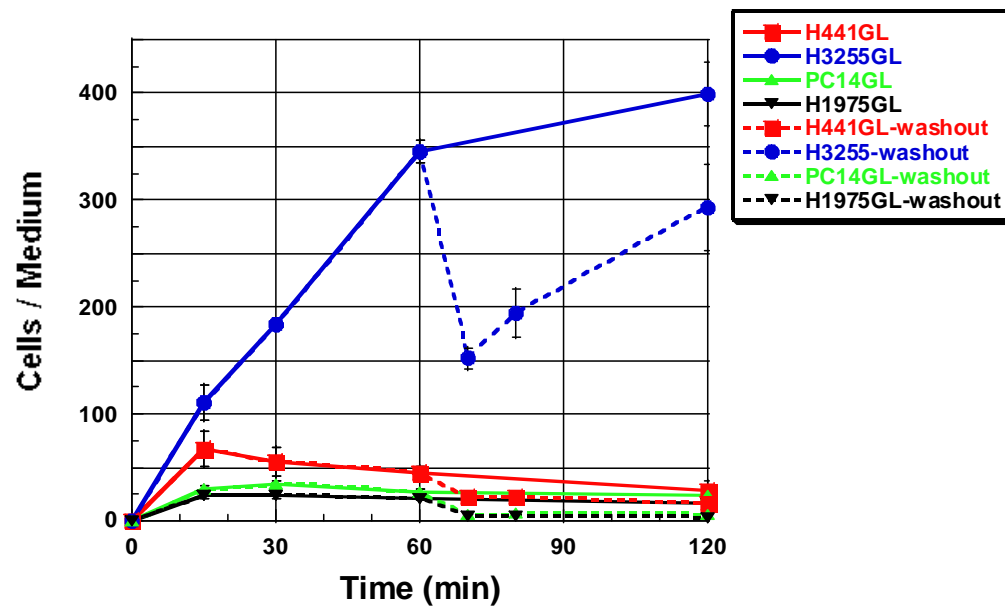
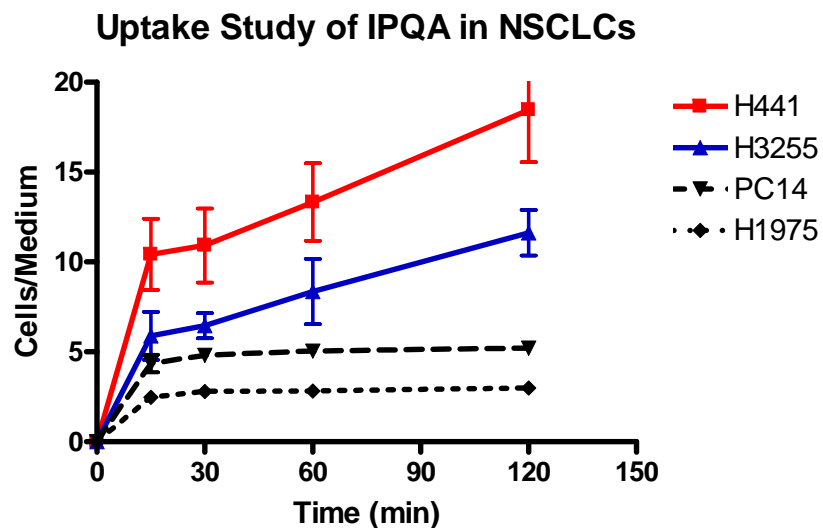
## NSCLCs - GL with Iressa

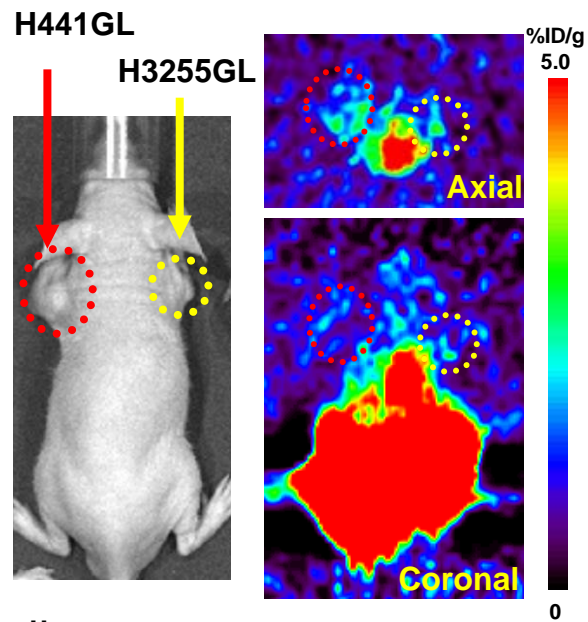


	PC-14GL	H-441GL	H 3255GL	H-1975GL
EC50	45.84	46.19	1.598	25.09

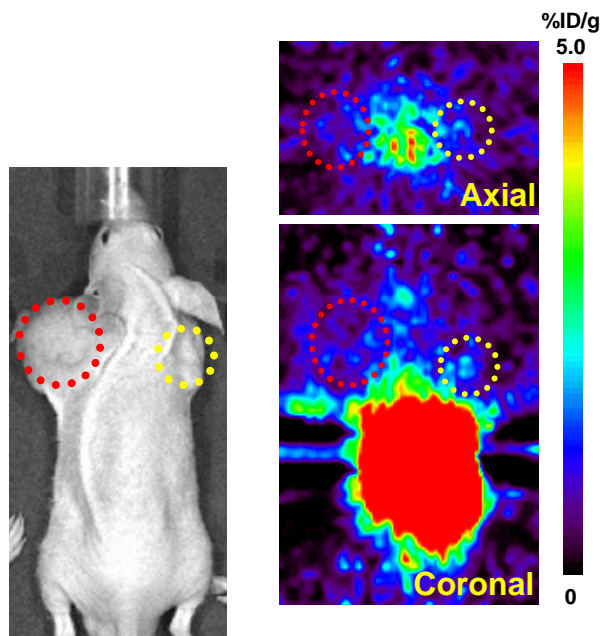
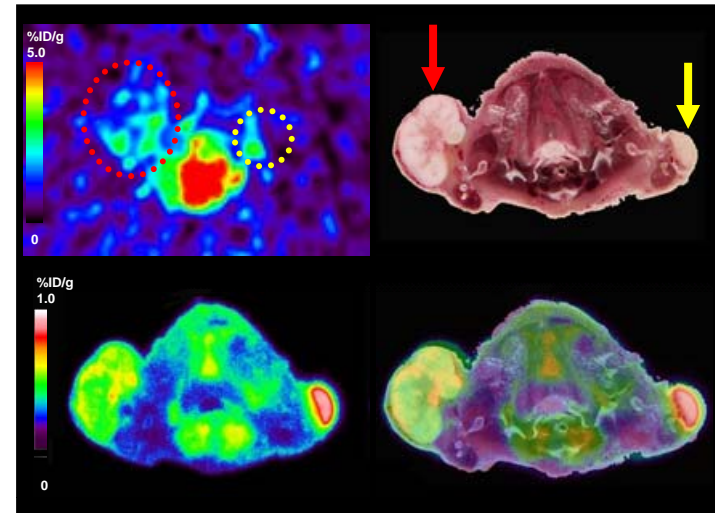


### In-Vitro Uptake and Washout Study of I-Peg6-IPQA in NSCLCs



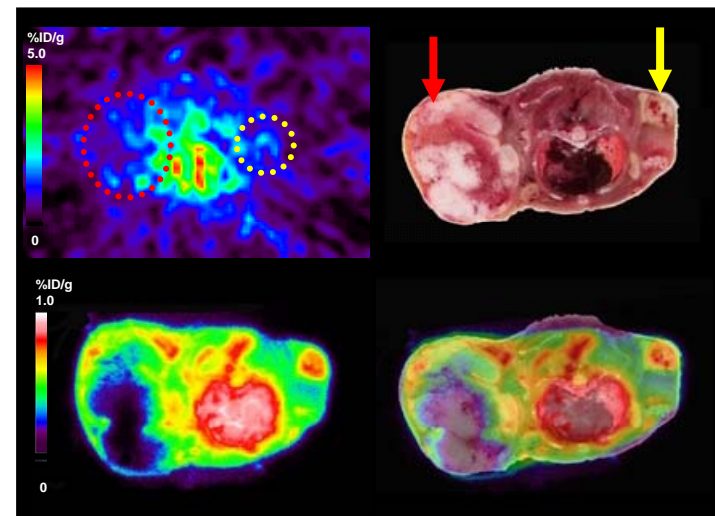


Baseline



With Inhibitor

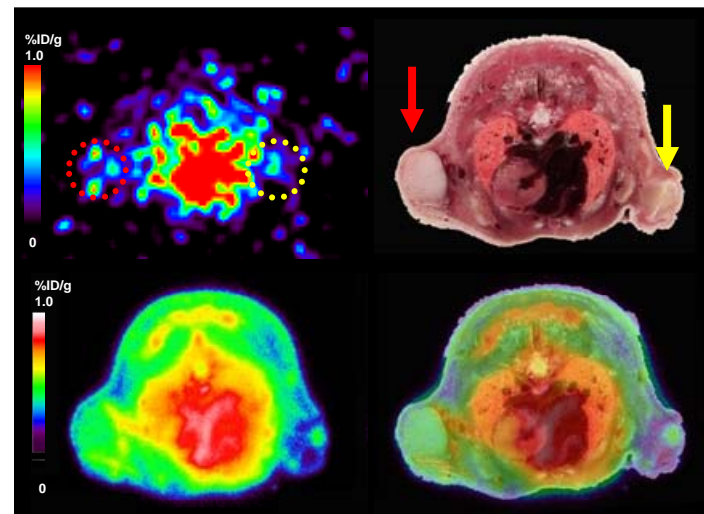
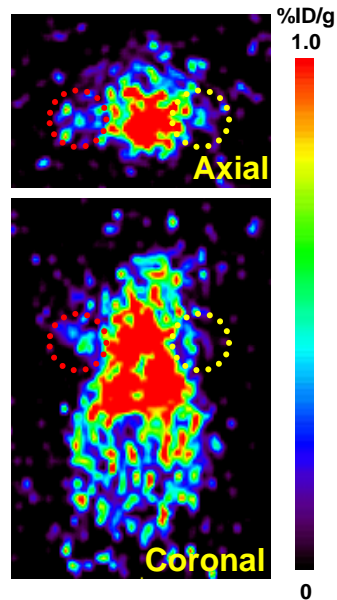
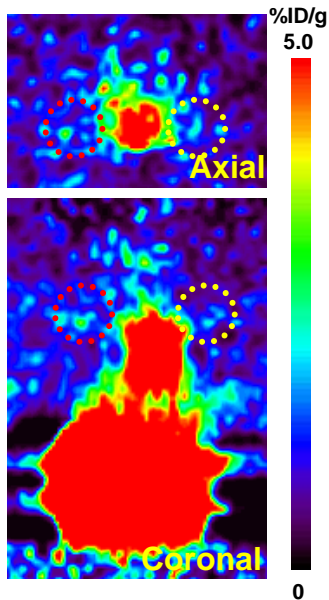
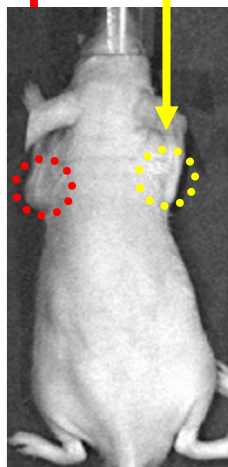
3h



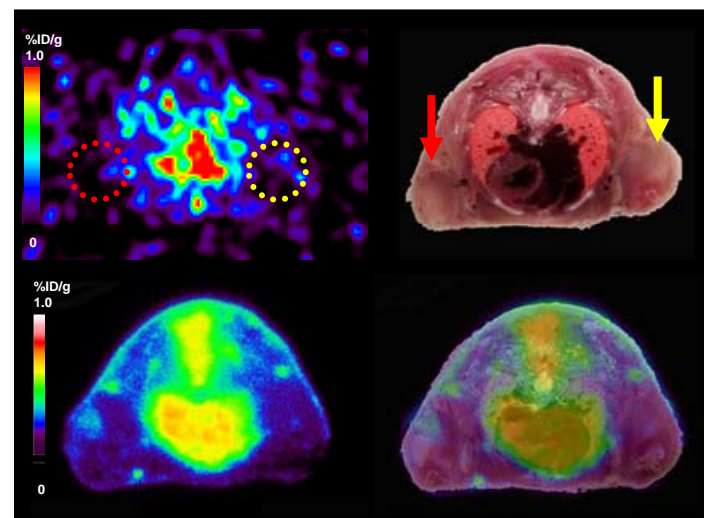
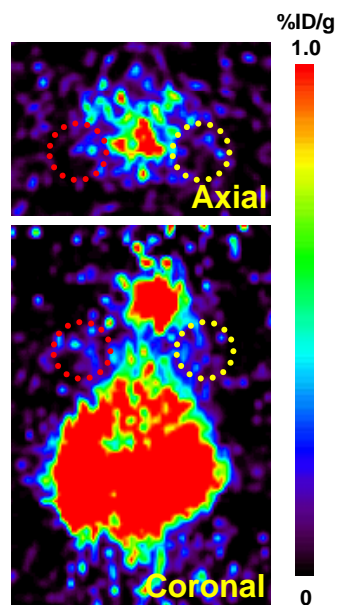
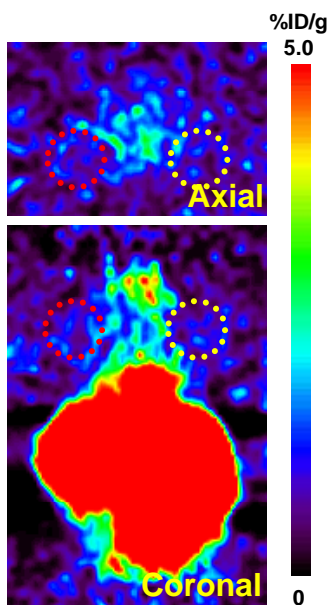
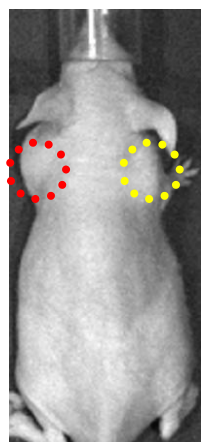
Inhibitor: gefitinib, 100mg/kg,i.p.  
1h prior to the radiotracer



H441GL  
H3255GL



Baseline



Inhibitor: gefitinib, 100mg/kg, i.p.  
1h prior to the radiotracer

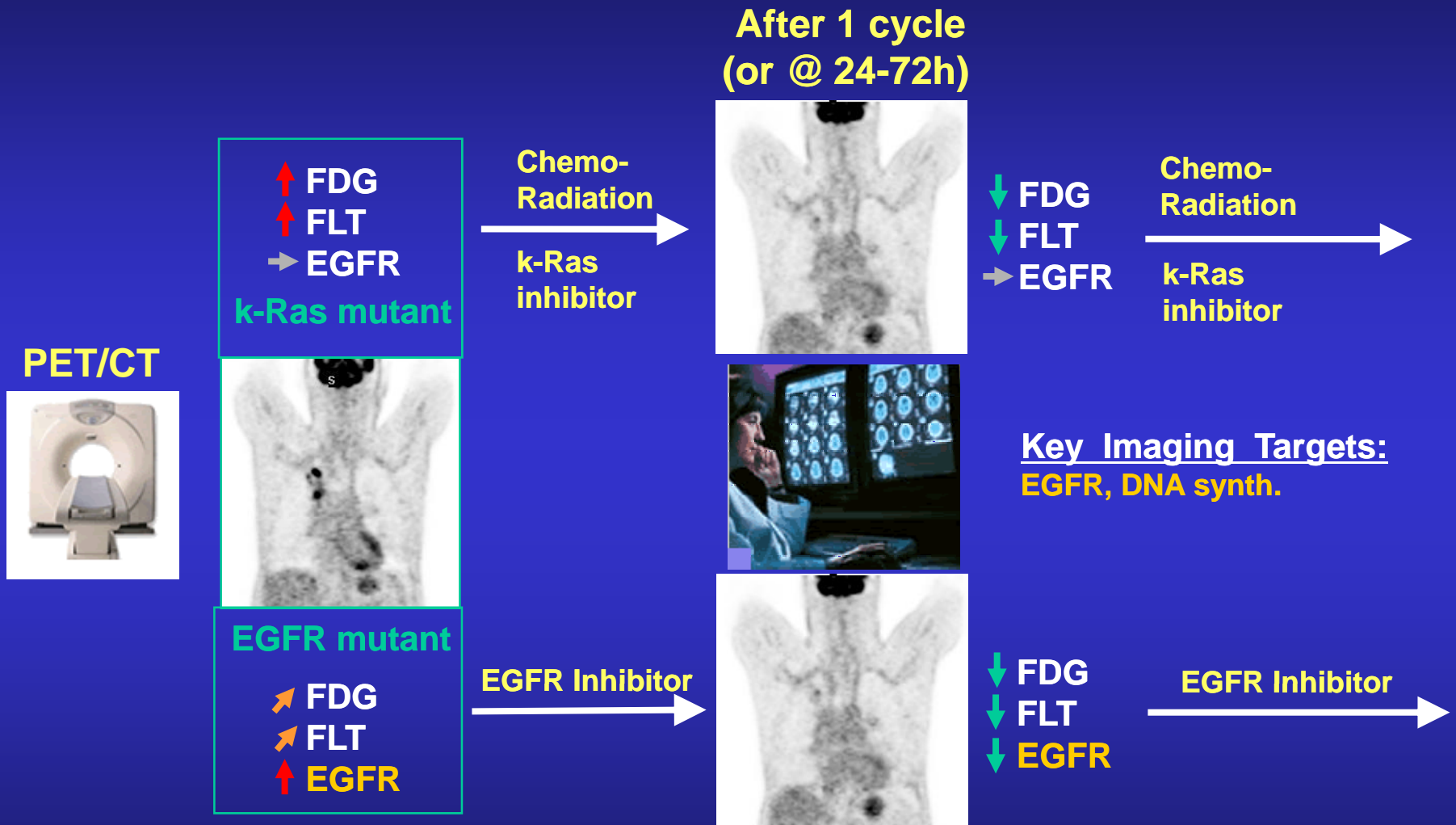
With Inhibitor

3h

24h



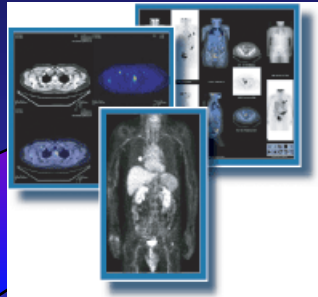
# A Paradigm for Therapy Selection and Monitoring by Imaging (Part II)



# Integration of Molecular Imaging, Interventional Radiology, and Tumor Biomarkers



PET/CT Imaging

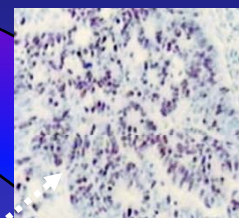


PK/PD Modeling  
Parametric Imaging

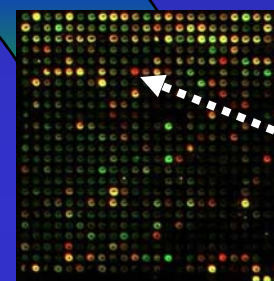


Parametric Image-Guided  
Biopsy (or Intraoperative)

HISTOPATHOLOGY  
Immunohistochemistry



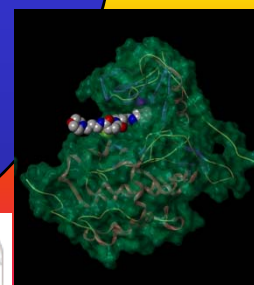
Tumor Lysate  
Arrays



Drug Target

GENOMICS

Structural  
Biochemistry



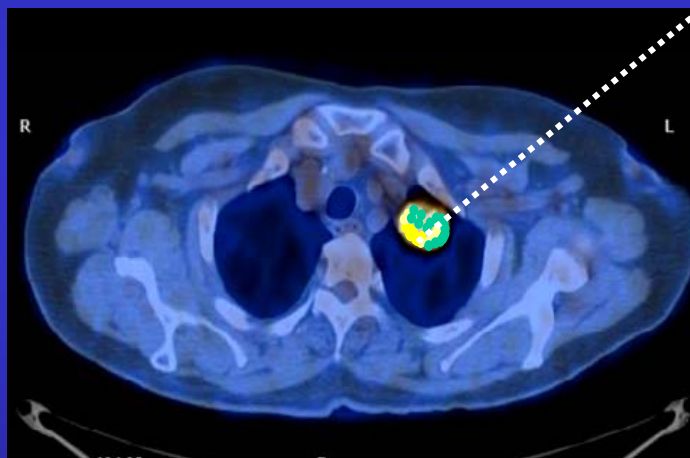
*In Silico* Modeling



microPET/CT Imaging



Radiolabeling



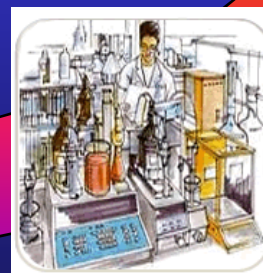
Cyclotron  
Radionuclide



Radiotracer  
Precursors



HT/HC Screening



New Chemistry

