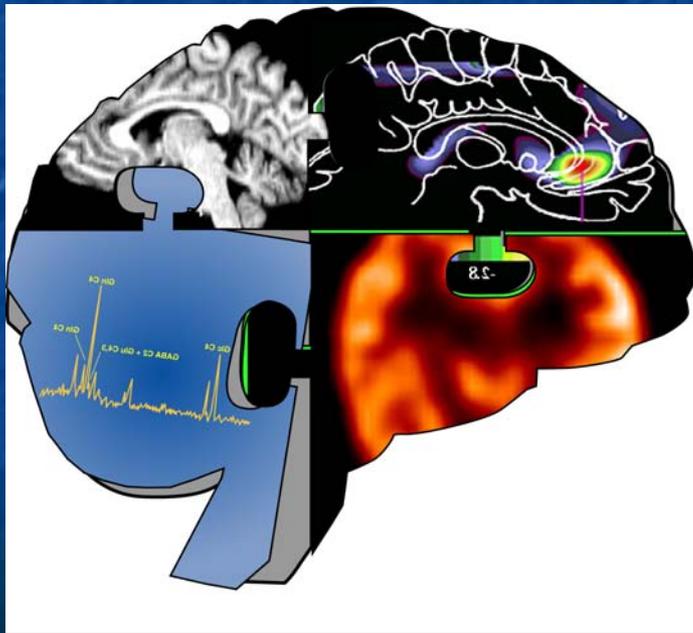


# Positron Emission Tomography (PET) Imaging of Efflux Transporters



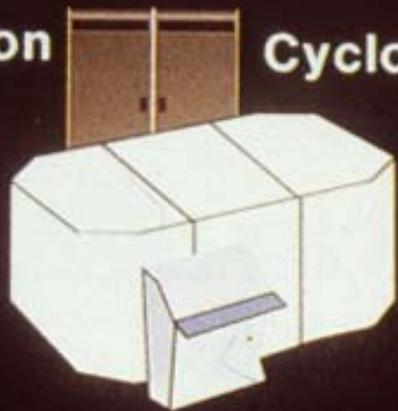
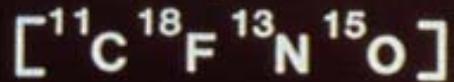
**Robert B. Innis, MD, PhD**  
**Molecular Imaging Branch**  
**MIB: “Men In Black”**  
**NIMH**

# Outline of Talk

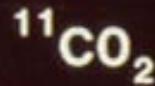
- \* PET: high sensitivity and specificity
- \* Many PET ligands already exist to measure density of transporters – e.g., dopamine transporter in Parkinson's disease
- \* P-gp blocks brain entry of many drugs
- \* [ $^{11}\text{C}$ ]loperamide: avid P-gp substrate but has radiometabolite; measures function
- \* [ $^{11}\text{C}$ ]desmethyl-loperamide: metabolite is better than parent

# Imaging of neuroreceptors by PET

Isotope production



Cyclotron

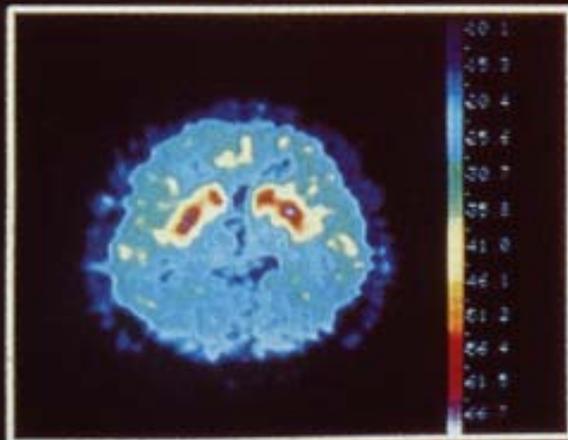


Radio chemistry

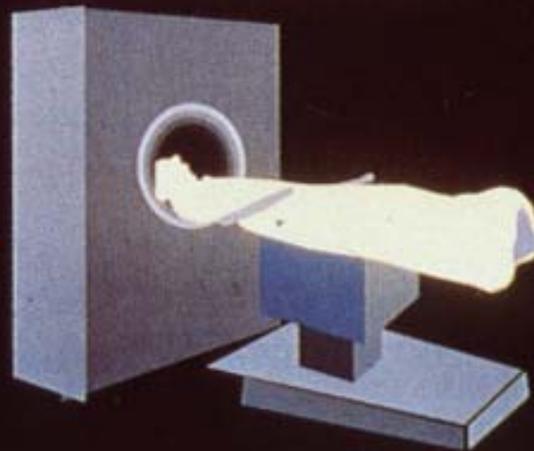


Precursor

Image of  
ligand distribution  
in brain



Positron camera



${}^{11}\text{C}$ -ligand

# Positron Emission Tomography

Positron Emission Tomography

Simon R. Cherry, Ph.D.  
Center for Molecular and Genomic Imaging  
University of California-Davis



# PET vs. MRI

	PET	MRI
Spatial Resolution	2 – 6 mm	$\ll 1$ mm
Sensitivity	$10^{-12}$ M	$10^{-4}$ M
Temporal Resolution	minutes	$< 1$ sec

Radionuclide ( $^{11}\text{C}$ ): high sensitivity

Ligand (raclopride): high selectivity

Radioligand [ $^{11}\text{C}$ ]raclopride: high sensitivity & selectivity

# **Radioligand = Drug + Radioactivity**

## **1. Drug administered at tracer doses**

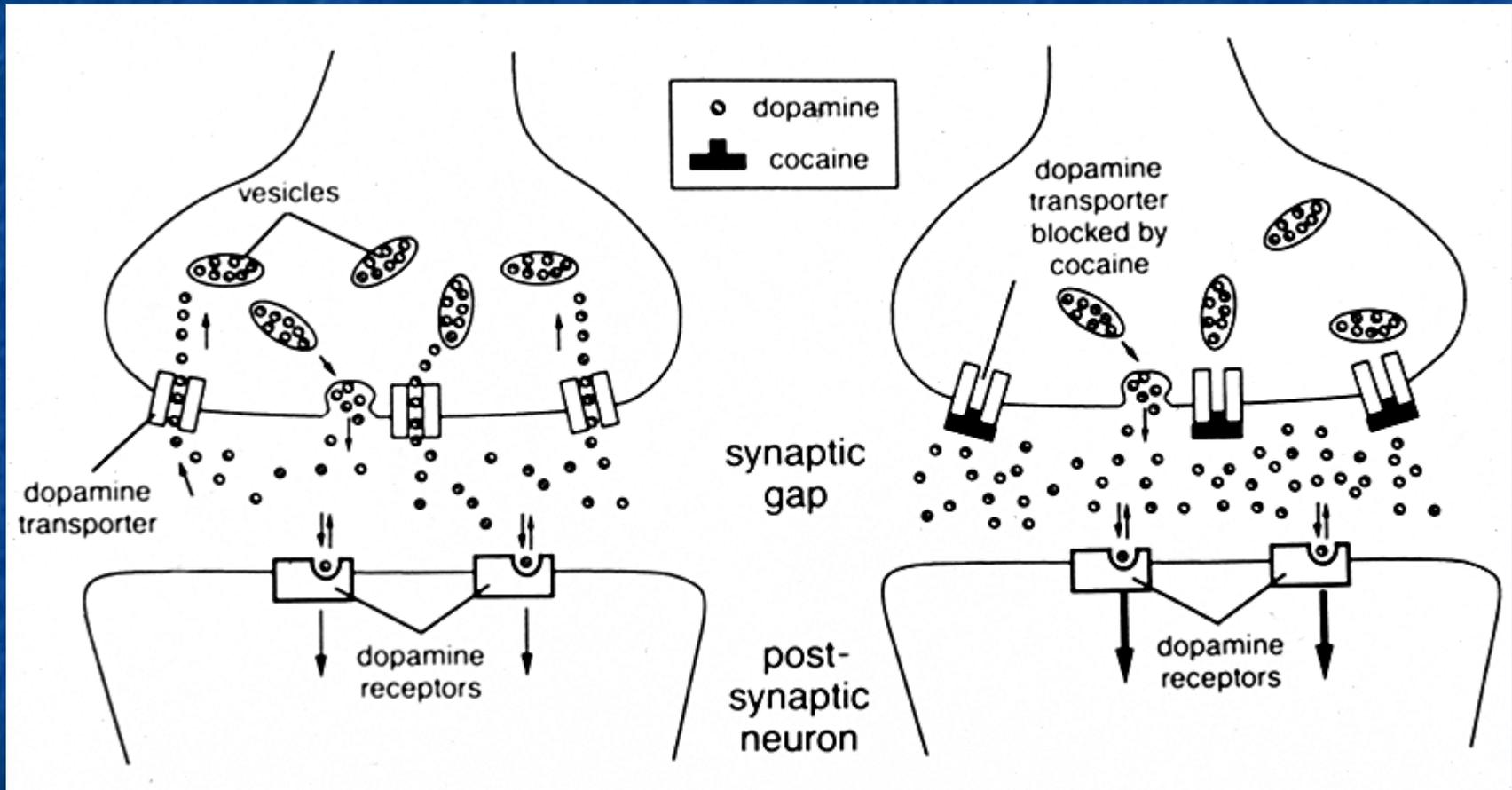
- a) No pharm effects
- b) Labels  $<1\%$  receptors
- c) Labeled subset reflects entire population

## **2. Radioligand disposed like all drugs**

- a) Metabolism & distribution

## **3. Radiation exposure**

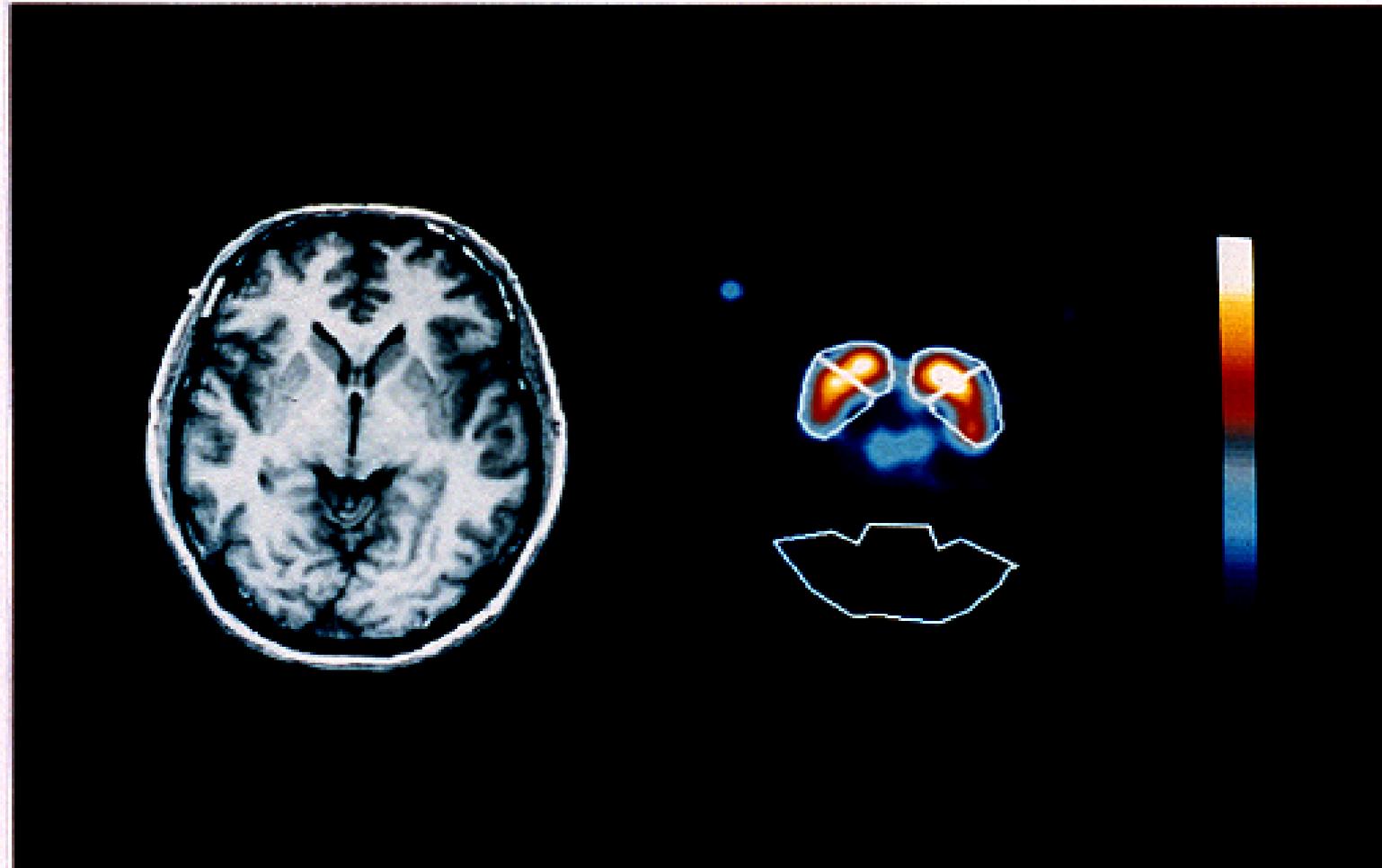
# Dopamine Transporter: Located on DA Terminals Removes DA from Synapse



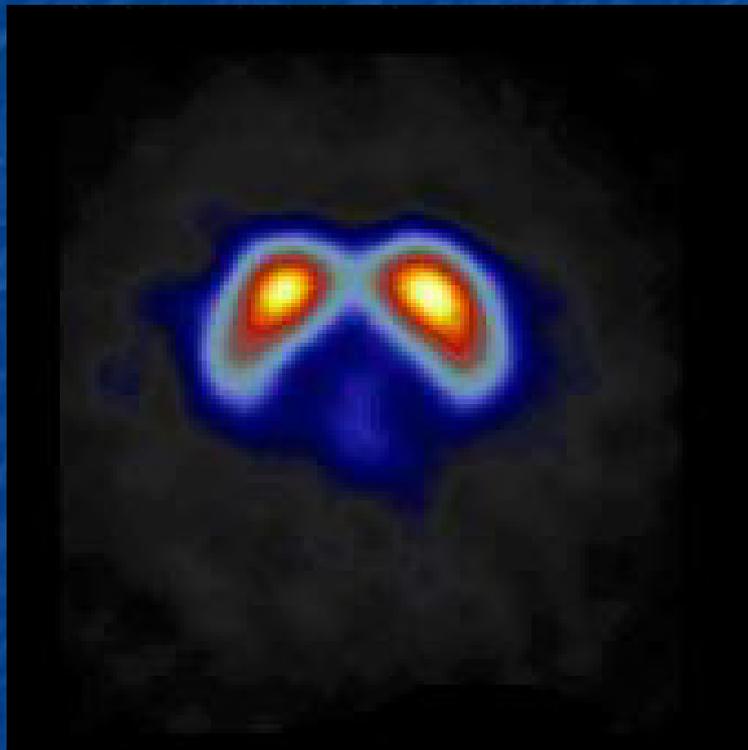
# SPECT Imaging of Dopamine Transporter in Caudate and Putamen of Human Brain

MRI

SPECT



# $^{123}\text{I}$ - $\beta$ -CIT Dopamine Transporter SPECT: Decreased in Parkinson's Disease

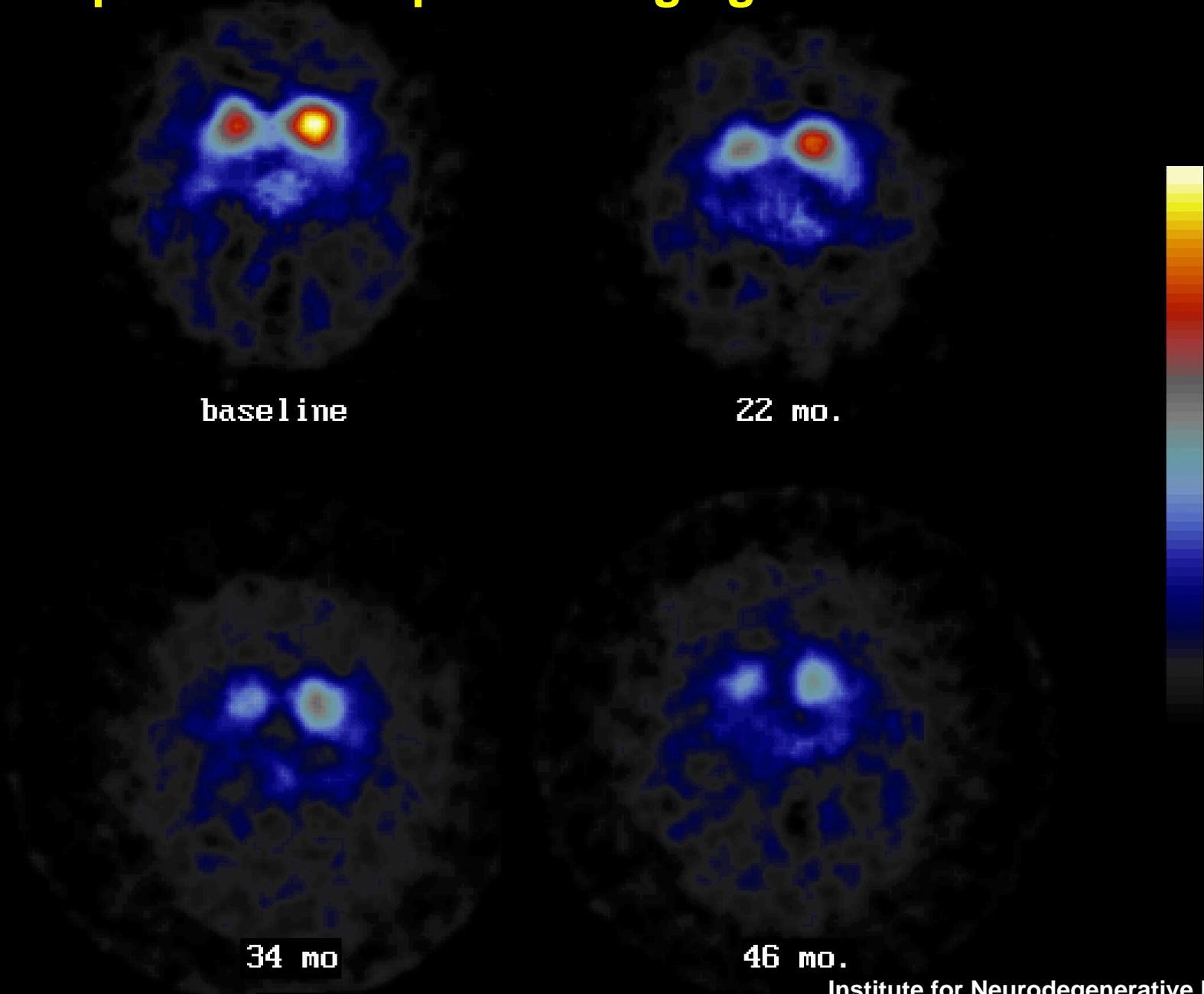


Healthy



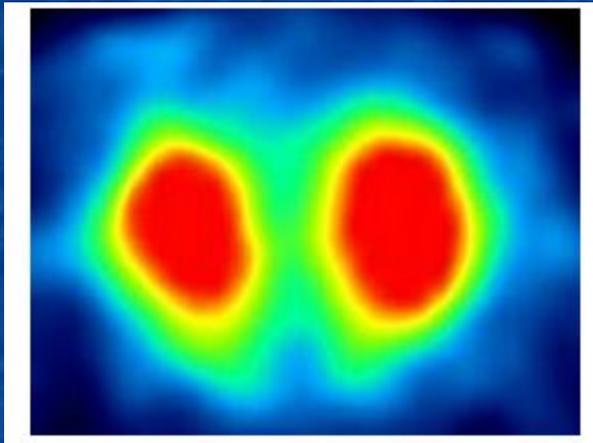
Parkinson  
Stage 1

# Serial Dopamine Transporter Imaging in a Parkinsons Patient

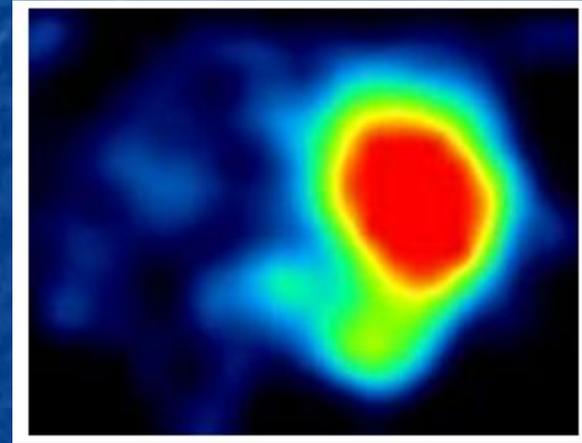


# PET Imaging to Monitor Embryonic Stem Cell Treatment of “Parkinson Disease” in Rats

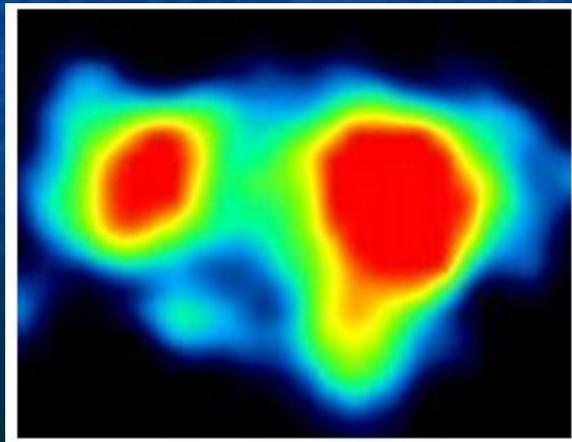
Normal



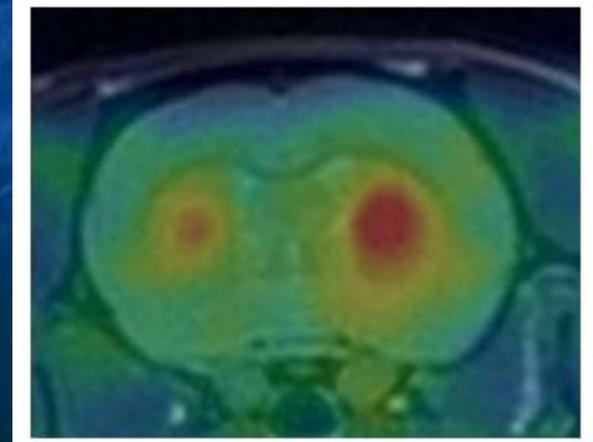
Unilateral Lesion



Embryonic Stem Cells



PET & MRI

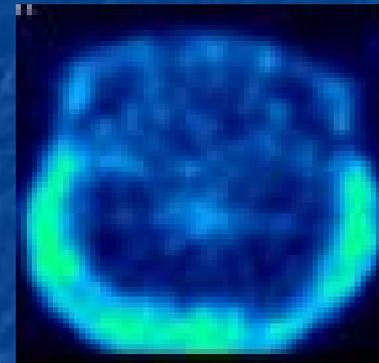


# [<sup>11</sup>C]RWAY Rat Brain

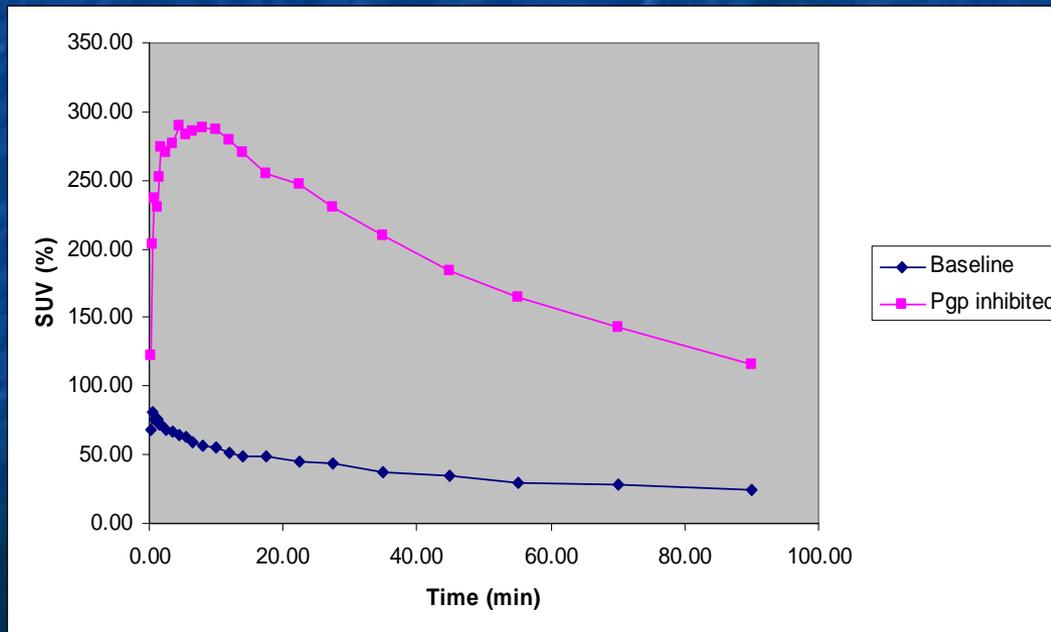
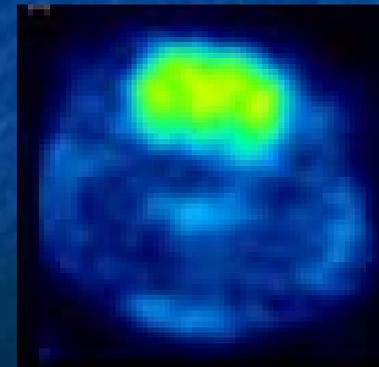
## P-gp Inhibition Increases Uptake

- \* P-glycoprotein efflux pump: removes many drugs from brain
- \* P-gp Inhibition: Cyclosporin-A given 30 min before tracer

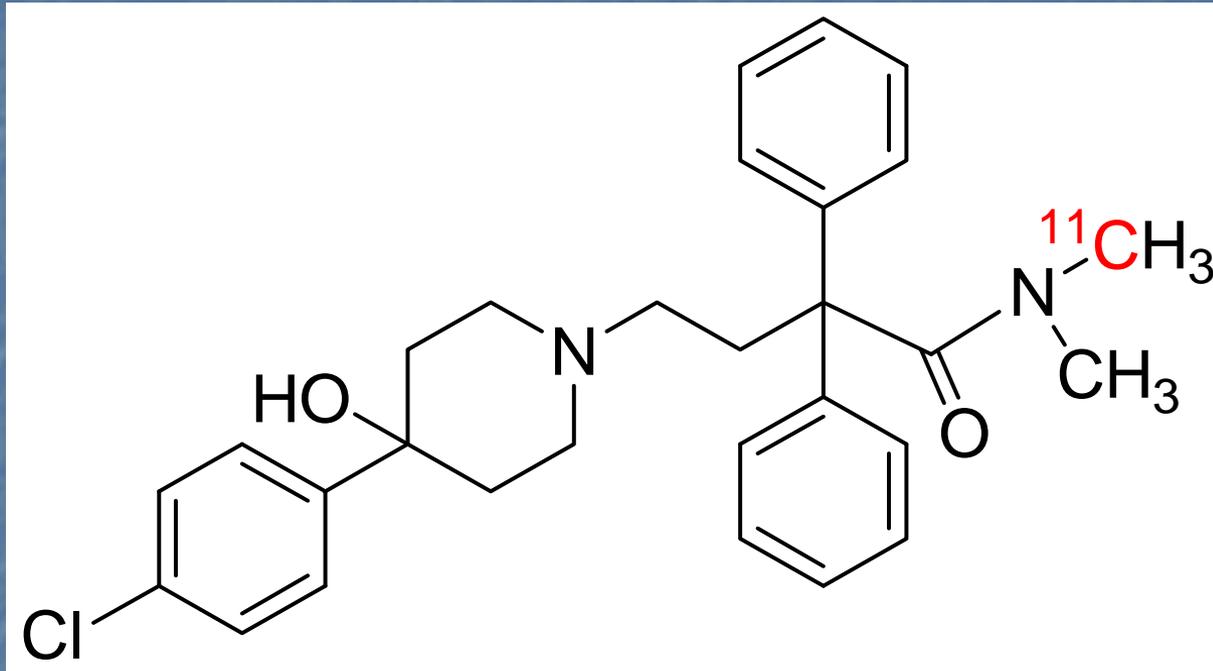
Baseline



Pgp blocked

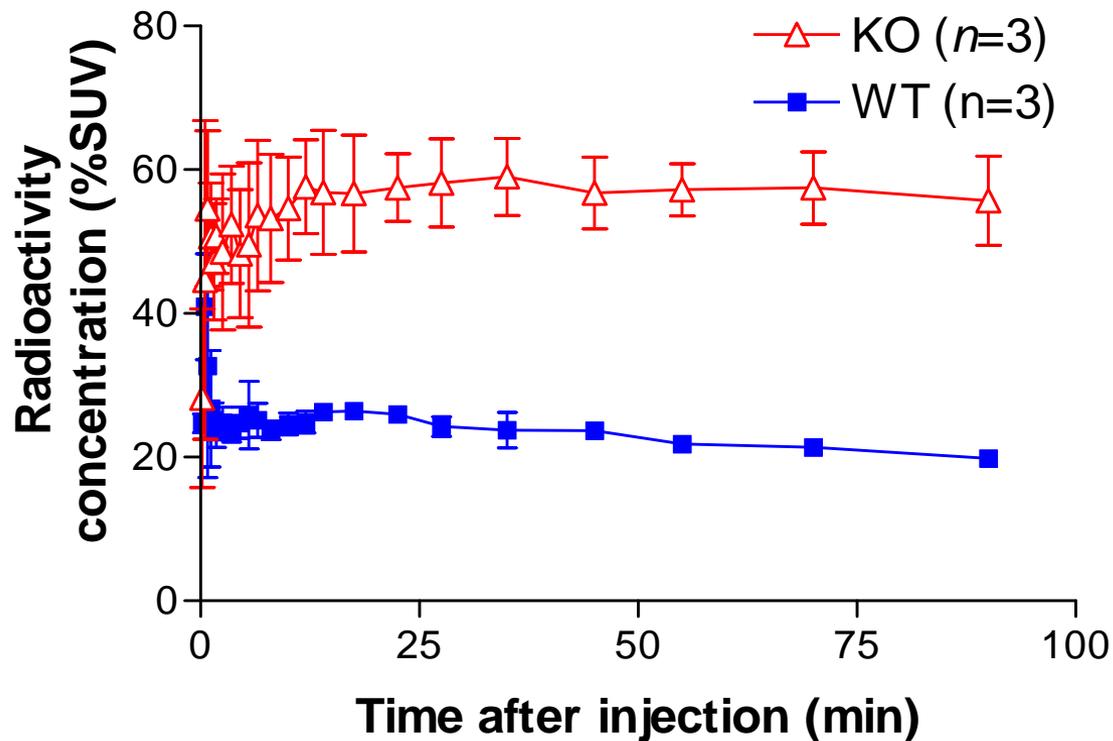


# [<sup>11</sup>C]Loperamide: Substrate for P-gp

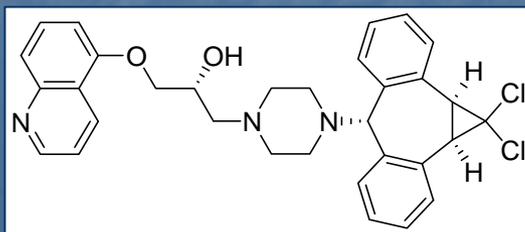
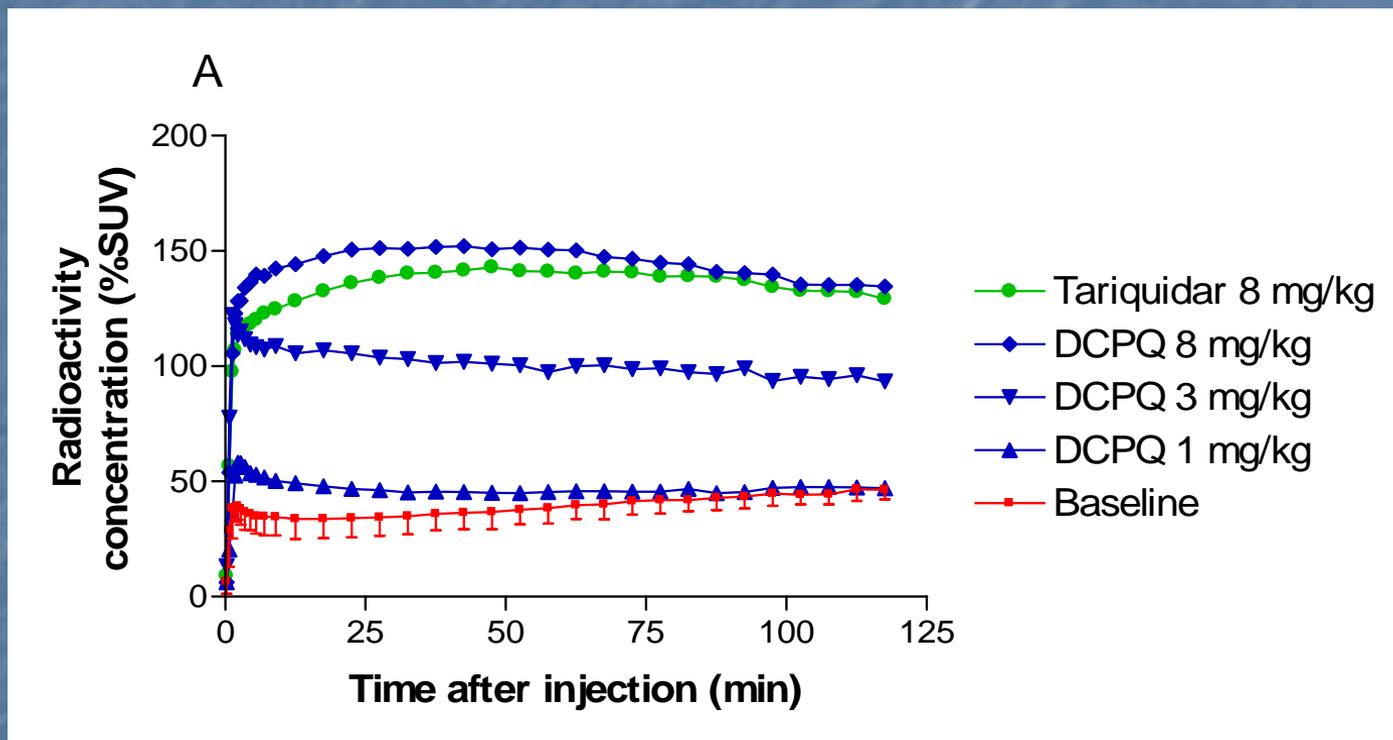


- \* Opiate agonist: antidiarrheal drug (Imodium<sup>®</sup>)
- \* Drug acts via opiate receptors on intestinal smooth muscle
- \* No drug CNS effects; P-gp blocks brain entry
- \* Easily labeled

# PET with [ $^{11}\text{C}$ ]Loperamide: Brain Uptake in P-gp Knockout Mice is Twice that in Wild Type Mice

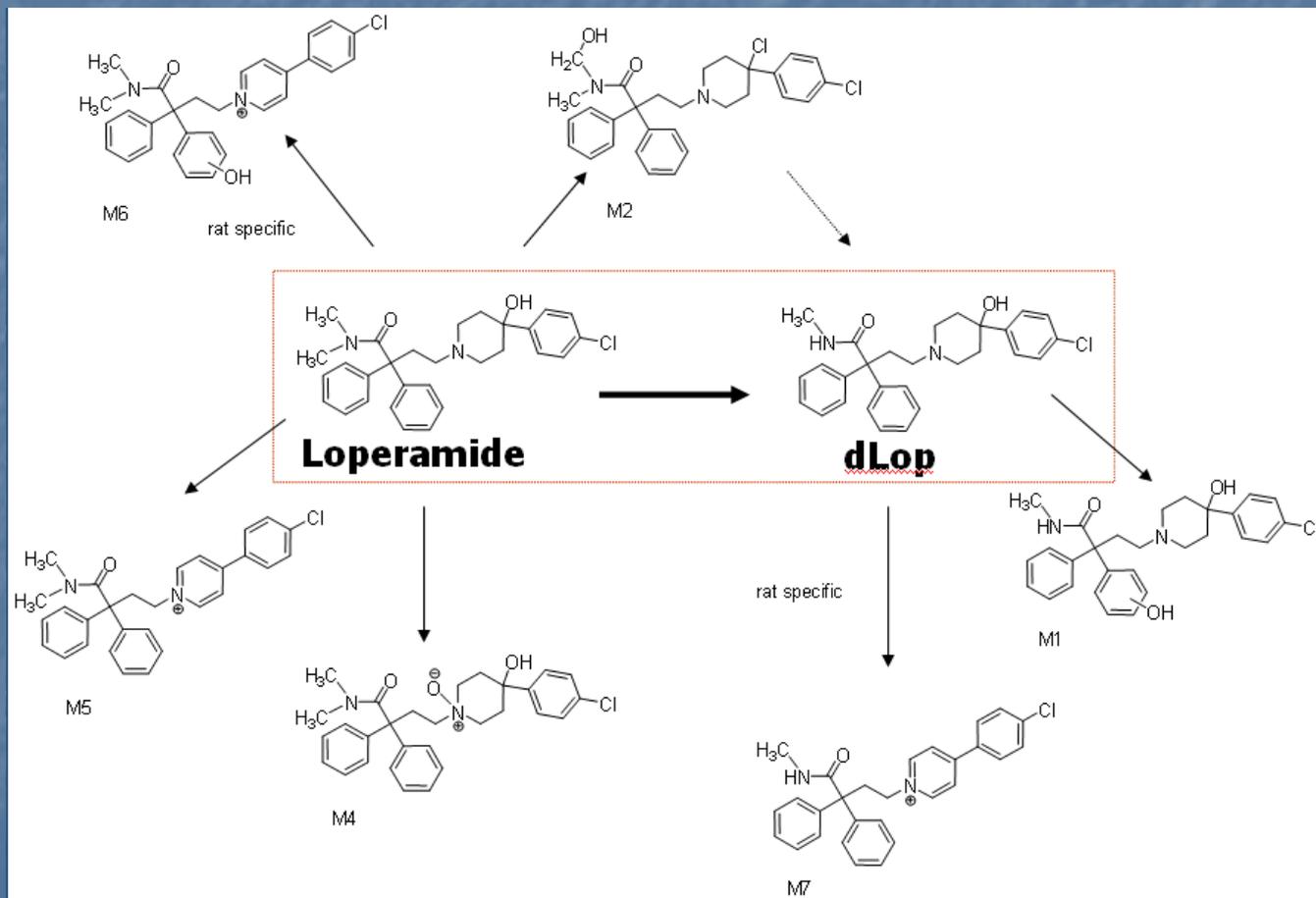


# DCPQ or Tariquidar Increases Brain Uptake of Radioactivity in Monkey Given [<sup>11</sup>C]Loperamide



DCPQ,  $K_i = 0.053 \mu\text{M}$   
*Mol. Pharmacol.* **61**: 974, 2002

# Major Metabolites of Loperamide in Rat and Human Liver Microsomes



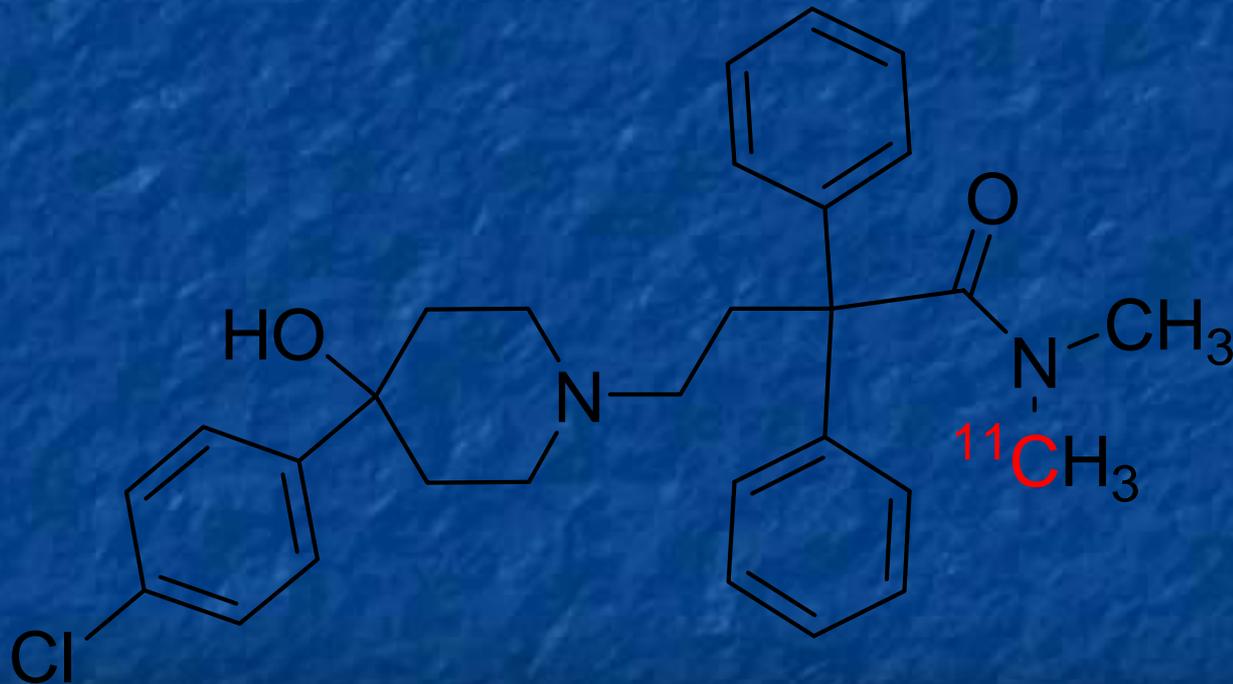
# Injection of [<sup>11</sup>C]Loperamide in P-gp Knockout and Wild Type Mice

Radiochemical Species	Brain		
	Concentration (%SUV)		% Brain Activity
	KO	WT	KO
[ <sup>11</sup> C]Loperamide	25	2	<b>50%</b>
[ <sup>11</sup> C]dLop	12	1	24%
Metabolites	14	11	26%
Total	51	14	100%

Five P-gp KO and five WT mice were killed 30 min after injection of [<sup>11</sup>C]loperamide.

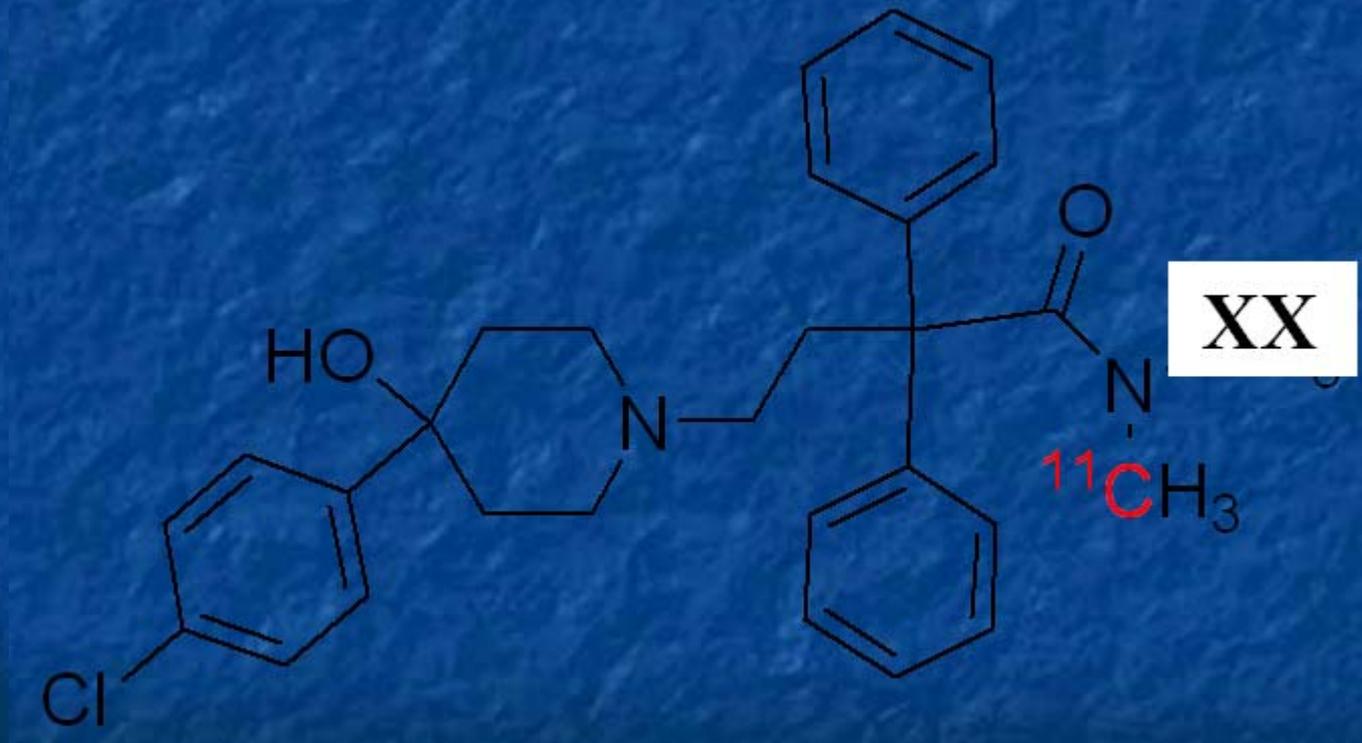
# PROBLEM of [<sup>11</sup>C]Loperamide Radiometabolite (desmethyl) enters brain

[<sup>11</sup>C]Loperamide



**Solution: Remove the nonradioactive methyl group**

# [<sup>11</sup>C]Desmethyl-loperamide: Better radioligand? Demethylation product does not enter brain



# [<sup>11</sup>C]dLop as a Prospective PET Radiotracer of P-gp Function

- \* Our study of [<sup>11</sup>C]loperamide shows [<sup>11</sup>C]dLop is an avid substrate for P-gp
- \* dLop, as a metabolite of loperamide (Imodium), would be safe to give to human subjects
- \* dLop is extensively metabolized by demethylation. Thus, [<sup>11</sup>C]dLop might be expected to give mainly polar one-carbon radiometabolites

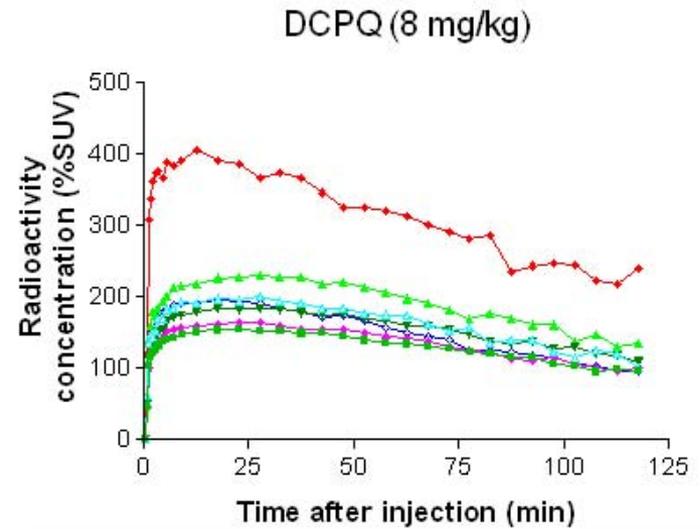
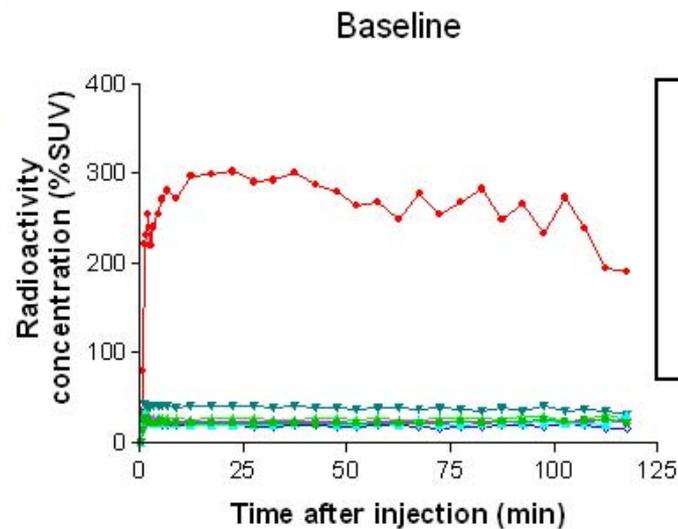
# Injection of [<sup>11</sup>C]*N*-desmethyl-Loperamide in P-gp Knockout and Wild Type Mice

Radiochemical Species	Brain		% Brain Activity
	Concentration (%SUV)		
	KO	WT	KO
[ <sup>11</sup> C] dLop	36	2	<b>92 %</b>
Metabolites	3	3	8 %
Total	39	5	100 %

*Three P-gp KO and three WT mice were killed 30 min after i.v. injection of [<sup>11</sup>C]dLop.*

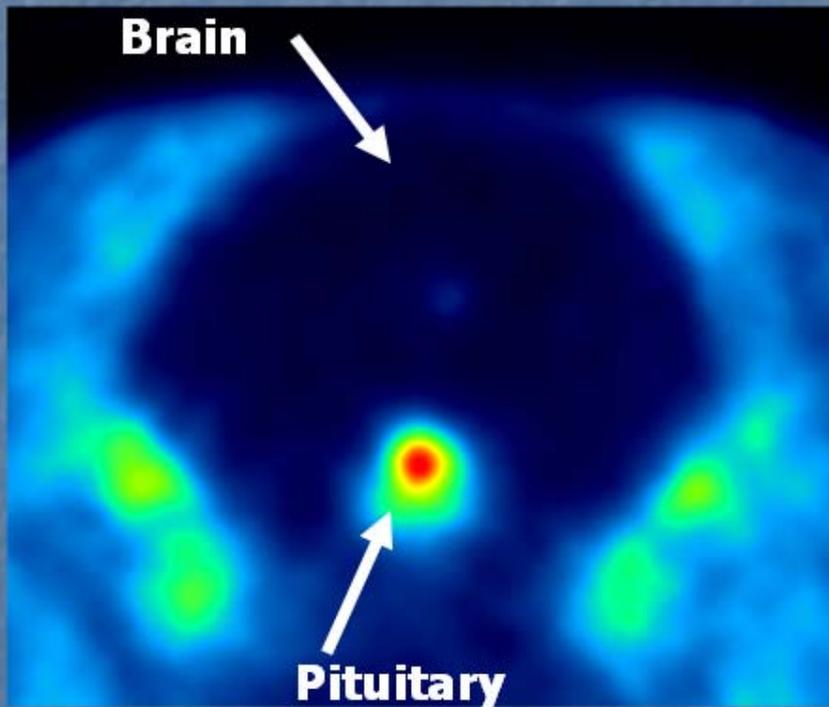
# [<sup>11</sup>C]dLop in Rhesus Monkey

under Baseline and P-gp Blocked Conditions

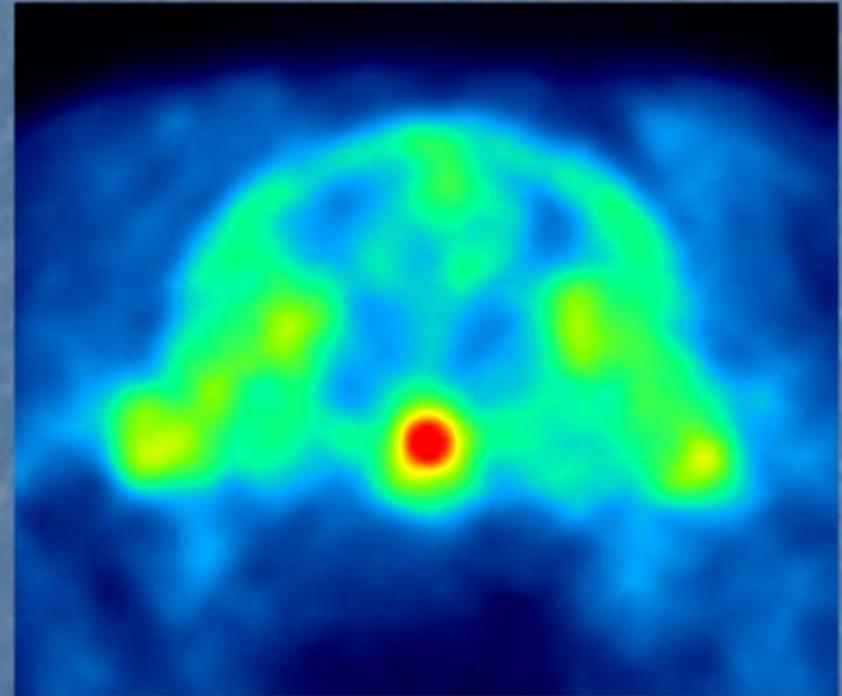


# [<sup>11</sup>C]dLop in Rhesus Monkey

Baseline

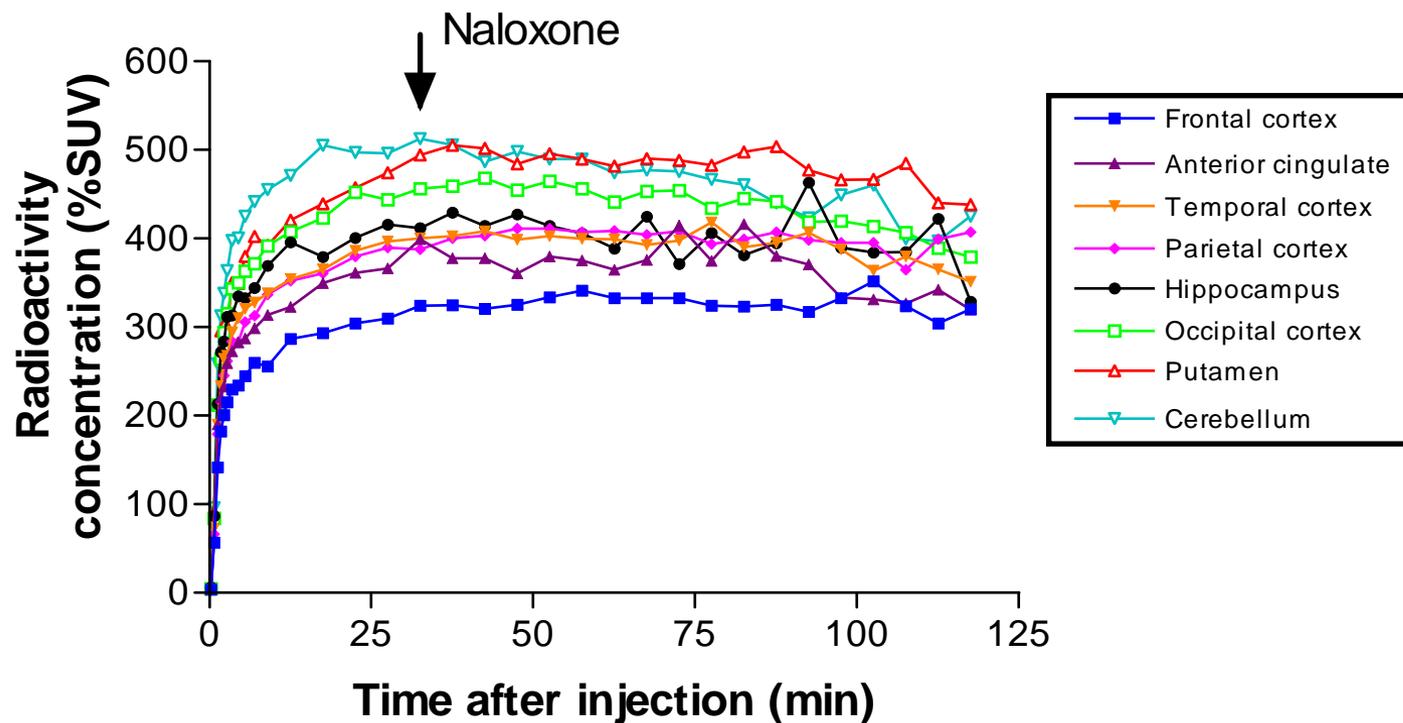


P-gp blocked



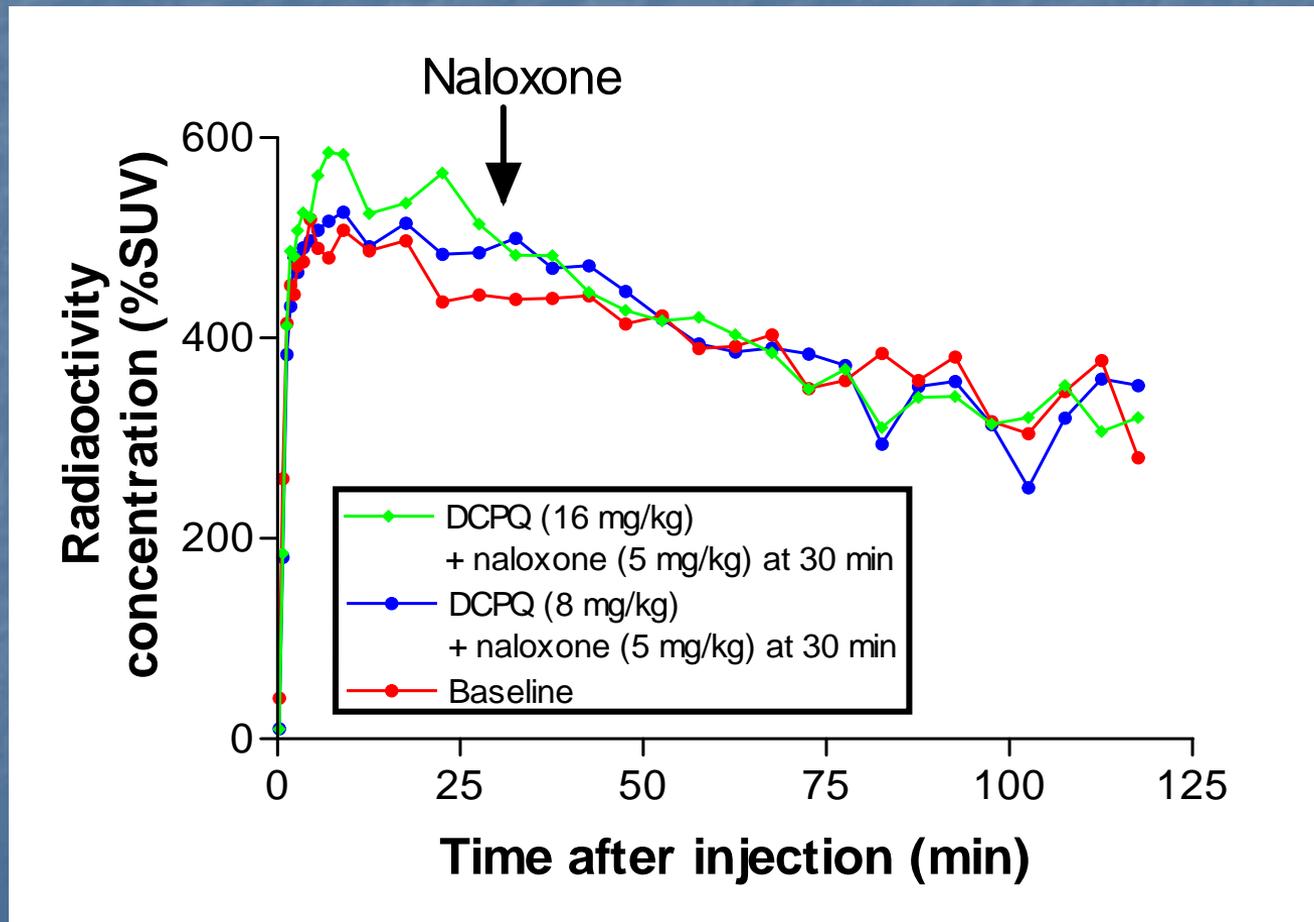
P-gp blocked with DCPO

# [<sup>11</sup>C]dLop in Monkey: P-gp Blockade Followed by Naloxone



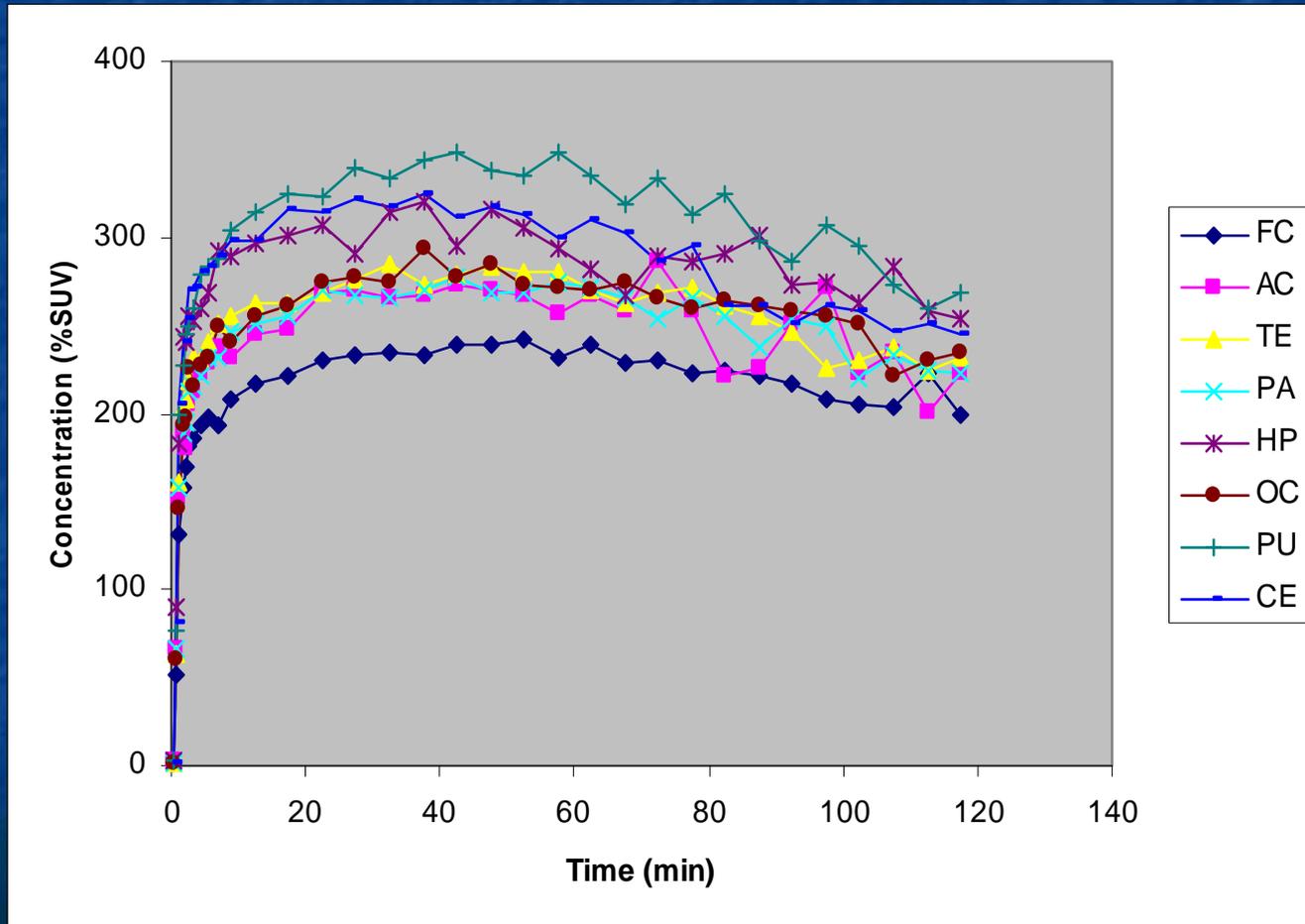
DCPQ 16 mg/kg, Naloxone 5 mg/kg (30 min after injection)

# [<sup>11</sup>C]dLop: High Uptake in Pituitary is not Increased by DCPQ or Displaced by Naloxone



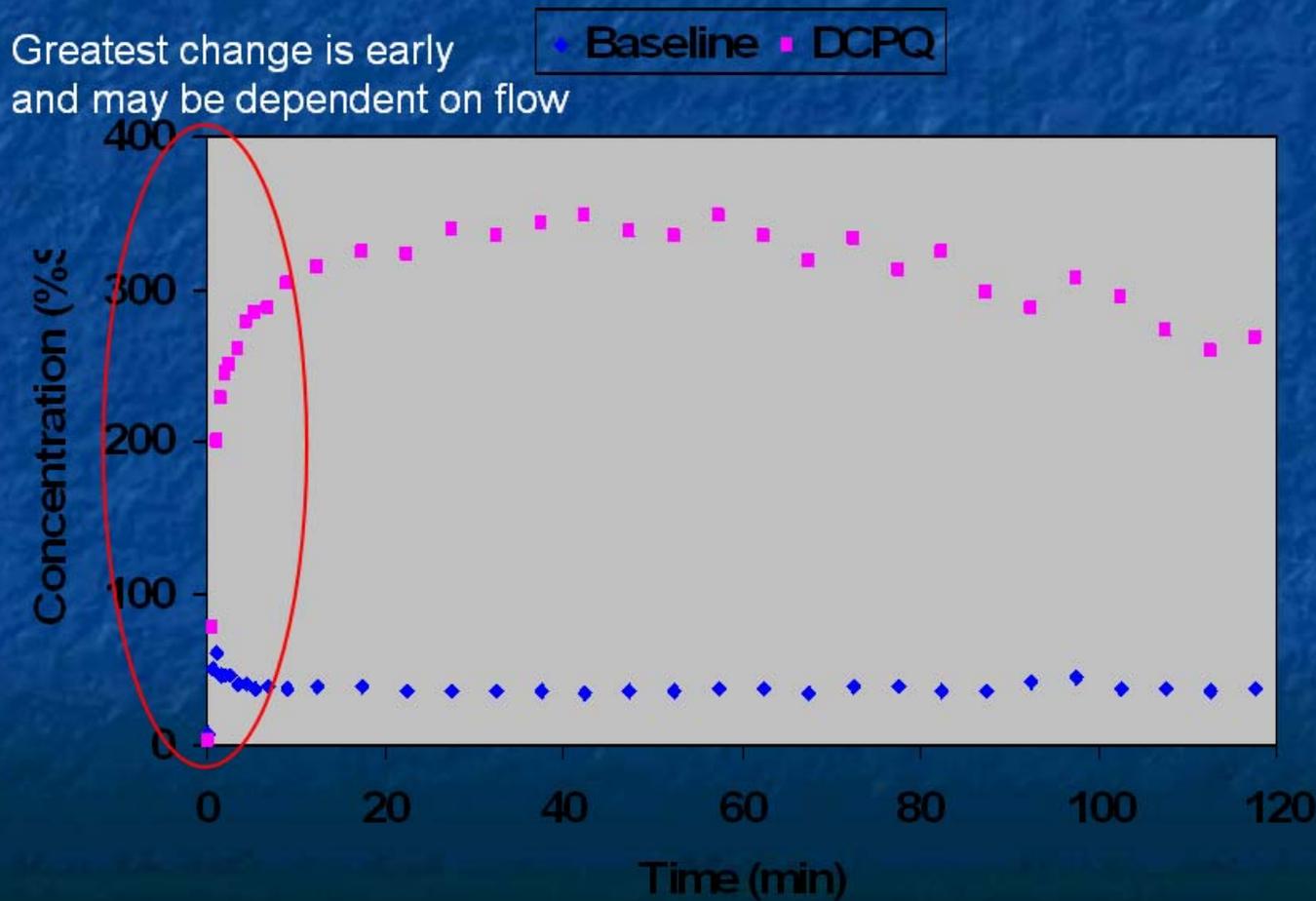
# Is P-gp function uniformly distributed in the brain?

[<sup>11</sup>C]dLop time activity curves in rhesus monkey brain by region

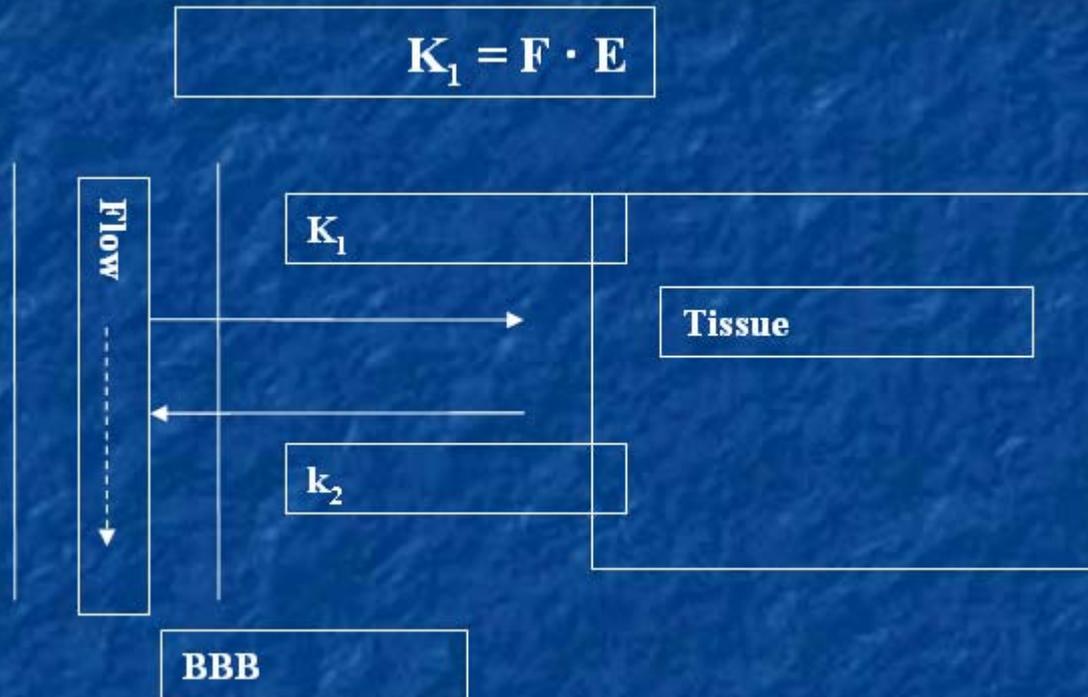


FC=Frontal Cortex, AC=Anterior Cingulate Gyrus, TE=Temporal Cortex, PA=Parietal Cortex, HP=Hippocampus, OC= Occipital Cortex, PU=Putamen, CE=Cerebellum

# Brain uptake is rapid and stable at baseline and after blockade with the P-gp inhibitor DCPQ



# [<sup>11</sup>C]dLop has high single pass extraction (E)



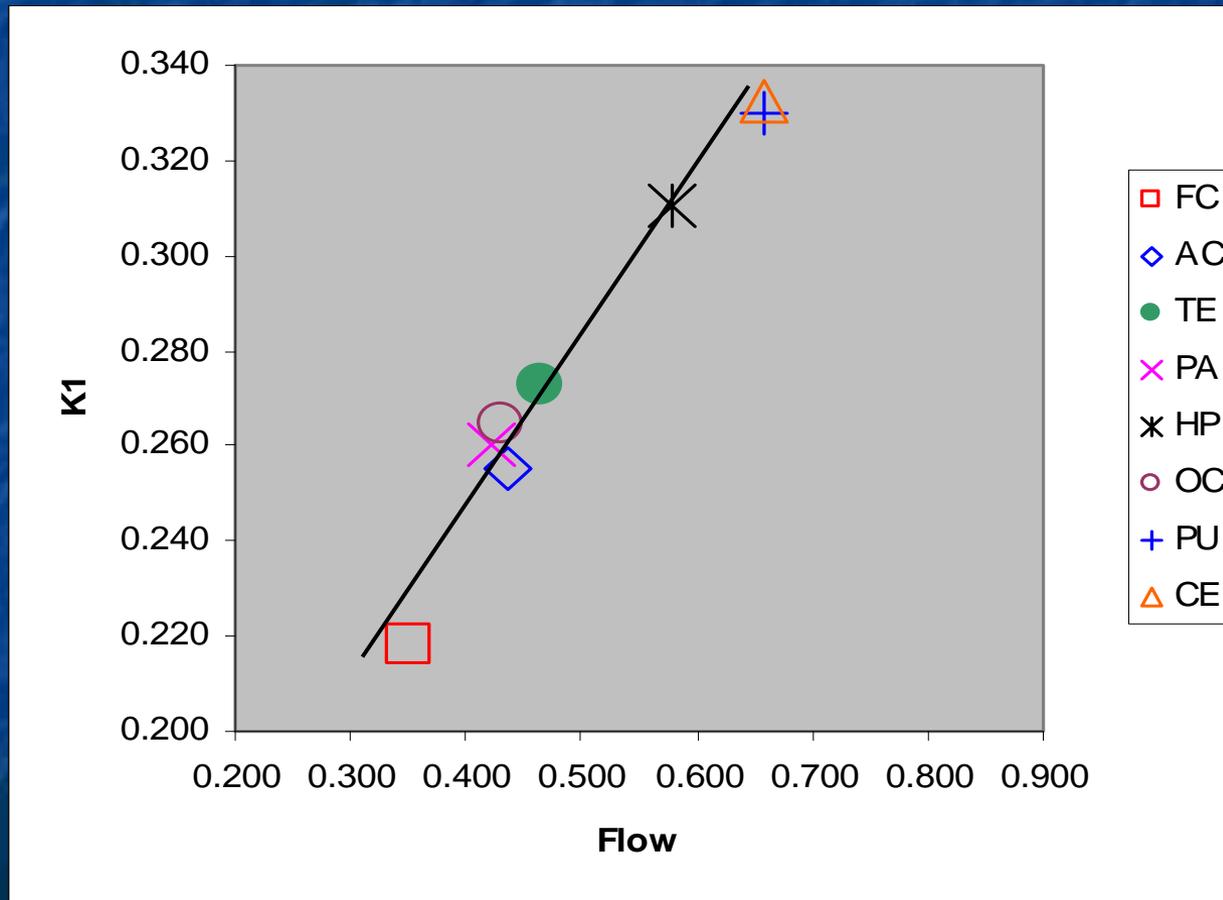
Flow (F) for anesthetized monkey =  $0.5 \text{ mL} \cdot \text{g}^{-1} \cdot \text{min}^{-1}$

Mean measured  $K_1 = 0.28 \text{ mL} \cdot \text{mL}^{-1} \cdot \text{min}^{-1}$

So, single pass Extraction (E) = 56%

# Regional $K_1$ increases linearly with relative blood flow

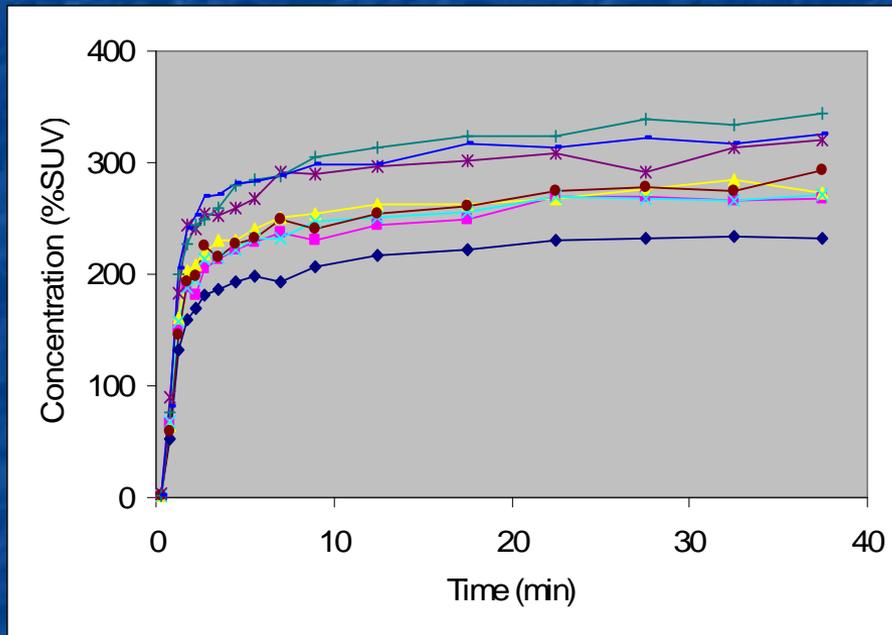
## $K_1$ versus Flow



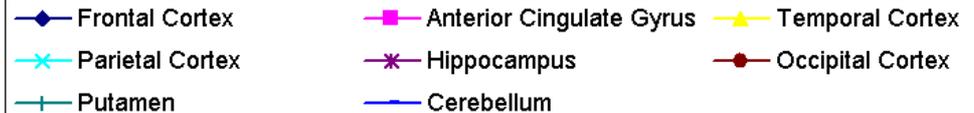
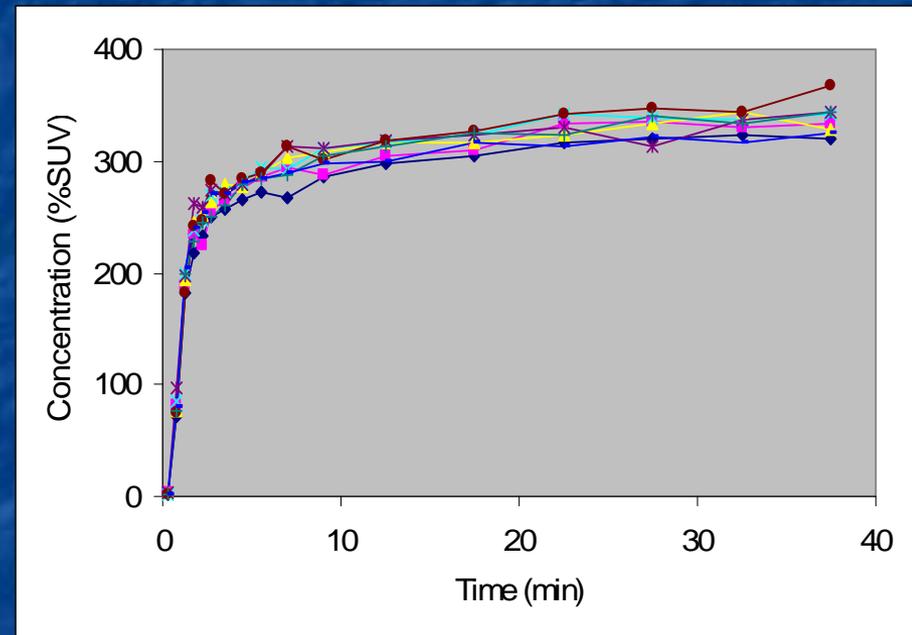
FC=Frontal Cortex, AC=Anterior Cingulate Gyrus, TE=Temporal Cortex, PA=Parietal Cortex, HP=Hippocampus, OC= Occipital Cortex, PU=Putamen, CE=Cerebellum

# After correction for relative blood flow, $[^{11}\text{C}]d\text{Lop}$ uptake is uniform among brain regions

## No Flow Correction



## With Flow Correction



# Conclusions

- \* **[<sup>11</sup>C]Loperamide: avid P-gp substrate**
- \* **[<sup>11</sup>C]dLop is also P-gp substrate & measures function**
- \* **[<sup>11</sup>C]dLop: avoids one metabolite problem of [<sup>11</sup>C]loperamide**
- \* **After P-gp blockade, single pass uptake of [<sup>11</sup>C]dLop into brain is high and, therefore, shows dependence on blood flow**

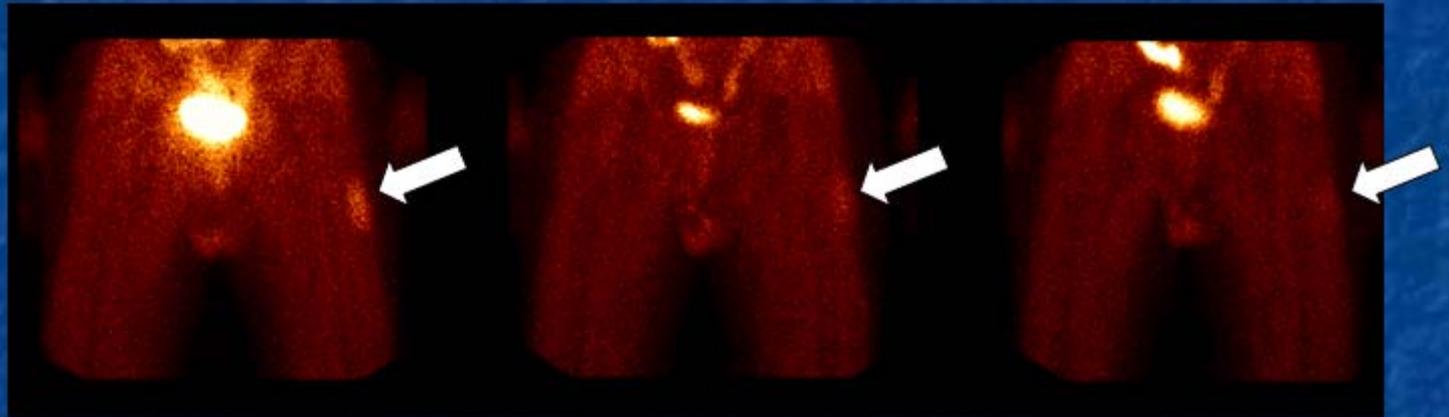
# Future Directions

- \* BRAIN: Potential dysfunction of P-gp at blood-brain barrier: epilepsy, Alzheimer's disease
- \* PERIPHERY: P-gp over expression in multidrug resistance in cancer

# Renal Cell Carcinoma

## $^{99m}\text{Tc}$ -Sestamibi Uptake in Left Thigh Metastasis Effect of Tariquidar

Baseline



1 hour

2 hours

3 hours

After  
Tariquidar



# Future Directions

- \* Radioligands for P-gp are useful biomarkers for brain and periphery
- \* Biomarkers Consortium: FDA, NIH, and industry collaborate to develop biomarkers to facilitate therapeutic drug development

# FDA Critical Path Initiative

- \* Approvals for new drugs declining
- \* R&D funding by industry and NIH is increasing
- \* Problem: tools are inadequate for efficient evaluation of new drugs in the “critical path” of development
- \* Still using old tools like liver enzymes and hematocrit to evaluate safety and efficacy
- \* Need new **Product Development Toolkit**

# CRITICAL PATH to New Medical Products

## FDA, March 2004

“There is currently an urgent need for additional **public-private collaborative work** on applying technologies such as ... new imaging technologies.

Opportunity: **Imaging technologies**, such as molecular imaging tools in neuropsychiatric diseases or as measures of drug absorption and distribution, may provide powerful insights into the distribution, binding, and other biological effects of pharmaceuticals.”



## Building Relationships to Advance Scientific Discovery

The Foundation for NIH was established by Congress to maximize the resources available to NIH and to provide the flexibility necessary to address promising new areas for biomedical research as they emerge.

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### NEWS/EVENTS

- ▶  [NIH Director Zerhouni Discusses NIH in the Post-Doubling Era: Realities and Strategies](#)  
(Science Magazine Nov. 17, 2006)

- ▶ [Public-Private Partnership Launched To Determine Therapeutic Benefits of Schizophrenia Medication](#)

Combined Federal Campaign #7109

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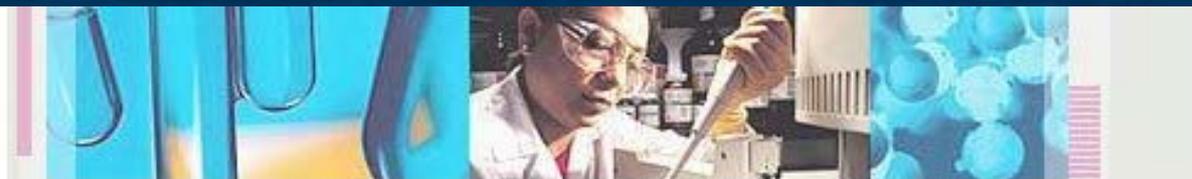
We Accept



### PROGRAM LINKS

- [The Biomarkers Consortium](#)
- [Click Here for Consortium Press Conference Video](#)

# THE BIOMARKERS CONSORTIUM



## HOME PAGE

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Policies and Procedures

Project Concept Submission

FNIH Press Release

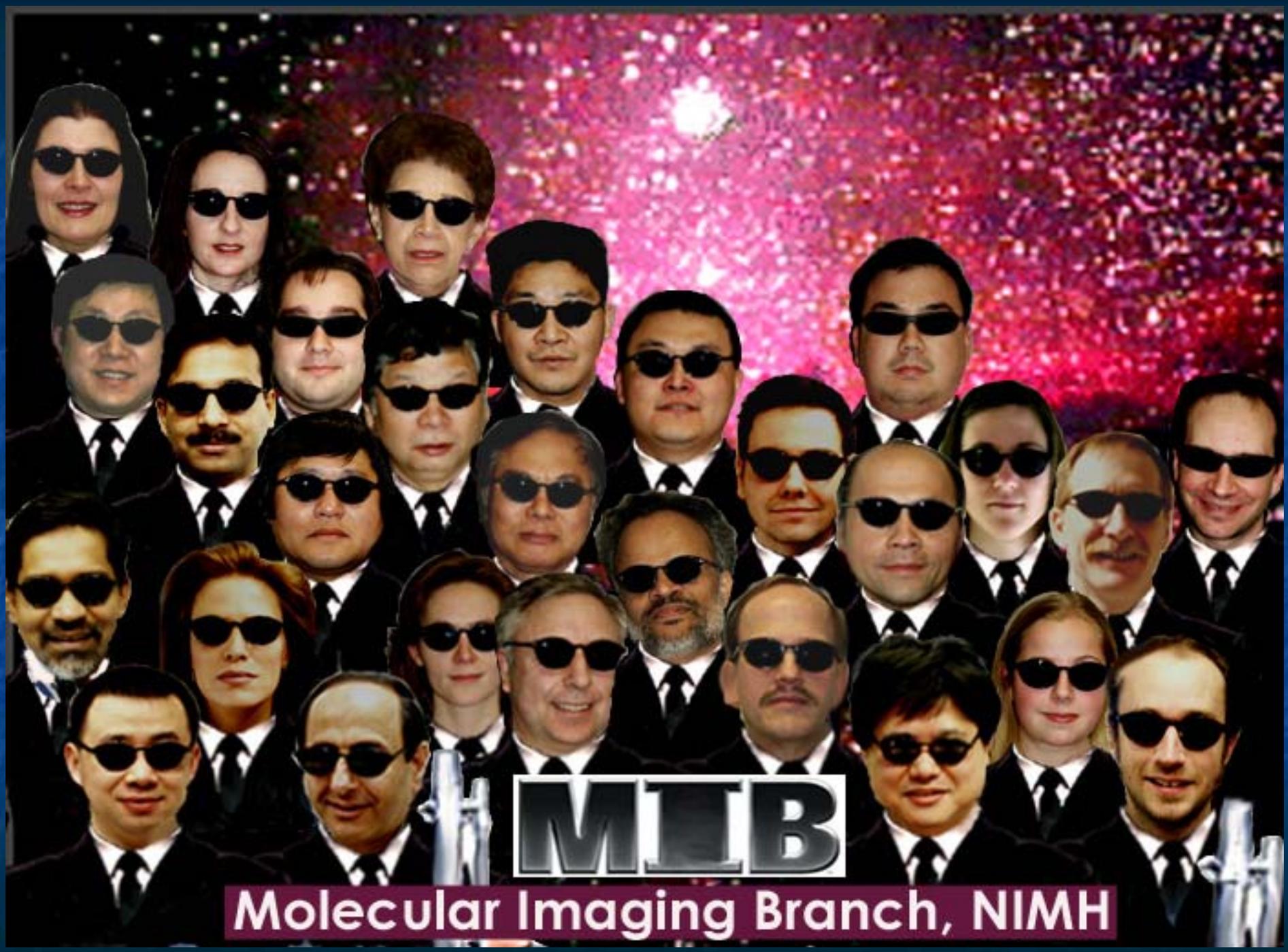
HHS Press Release

- ▶ Backgrounder
- ▶ Executive Committee
- ▶ Experts & Leaders Say
- ▶ Consortium Fact Sheet
- ▶ FDG-PET Fact Sheet
- ▶ FDG-PET Experts Say
- ▶ Media Contacts

## THE BIOMARKERS CONSORTIUM *ADVANCING MEDICAL SCIENCE*

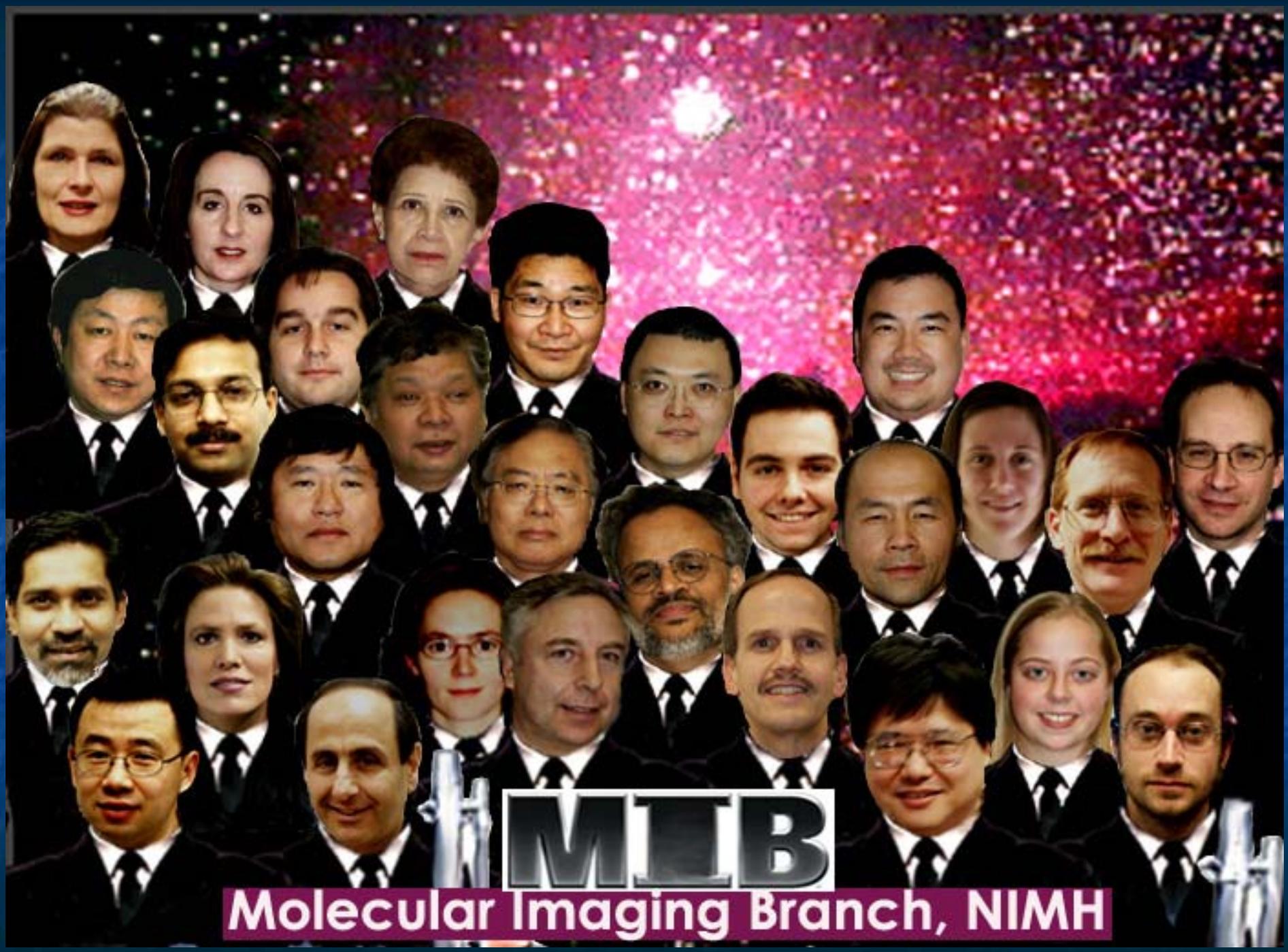
The Biomarkers Consortium is a public-private biomedical research partnership of the Foundation for the National Institutes of Health, Inc. that involves a variety of public and private stakeholders including the National Institutes of Health (NIH); Food and Drug Administration (FDA); Centers for Medicare & Medicaid Services (CMS); the pharmaceutical, biotechnology, diagnostics, and medical device industries; non-profit organizations and associations; and advocacy groups ([News/Events](#)).

The Consortium will search for and validate new biological markers—biomarkers—to accelerate dramatically the competitive delivery of successful new technologies, medicines, and therapies for prevention, early detection, diagnosis, and treatment of disease. Biomarkers are molecular, biological, or physical characteristics that indicate a specific, underlying physiologic state. For example, cholesterol and blood pressure are perhaps the most well known biomarkers; these biomarkers are indicators of cardiovascular health.



**MLIB**

**Molecular Imaging Branch, NIMH**



**MLIB**

**Molecular Imaging Branch, NIMH**

# Self-Assessment Quiz: True or False?

- \* Loperamide, an antidiarrheal drug, lacks central nervous system opiate effects because P-gp (Permeability-glycoprotein) blocks its entry into brain.
- \* Positron emission tomography (PET) can measure the function of P-gp *in vivo* by using a radiolabeled P-gp substrate such as [<sup>11</sup>C]loperamide.
- \* PET can monitor the *in vivo* metabolism of radioligands. By measuring P-gp function, PET can also monitor drug distribution.