

Positron Emission Tomographic (PET) Imaging of Efflux Transporters

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Outline of Talk

PET: high sensitivity and specificity

Many PET ligands already exist to measure density of transporters – e.g., dopamine transporter in Parkinson disease

P-gp: efflux transporter “protects” organs like brain and testis from some toxins and drugs

[¹¹C]loperamide: avid P-gp substrate but has radiometabolite; measures function

[¹¹C]desmethyl-loperamide (dLop): metabolite is better than parent

After P-gp blockade, [¹¹C]dLop has high brain uptake that is dependent on flow

[¹¹C]dLop in humans: no brain uptake at baseline and slightly increased by P-blockade

Imaging of neuroreceptors by PET

Flow Chart showing isotope production via cyclotron, radio chemistry on precursor to generate ^{11}C -ligand, and positron camera to image ligand distribution in brain

Positron Emission Tomography

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emgi
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NIH Rodent PET Camera

¹⁸F bone uptake rat

PET image of rat skeleton

Developed By: Mike Green & Jurgen Seidel

PET vs. MRI

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

Radionuclide (^{11}C): high sensitivity

Ligand (raclopride): high selectivity

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

Radioligand = Drug + Radioactivity

Drug administered at tracer doses

No pharm effects

Labels <1% receptors

Labeled subset reflects entire population

Radioligand disposed like all drugs

Metabolism & distribution

Radiation exposure

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

Graphic illustration of a dopaminergic neuronal synapse.

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

SPECT Imaging compared to MRI imaging of human brain.

^{123}I - β -CIT Dopamine Transporter SPECT: Decreased in Parkinson's Disease

Comparison between images of a healthy brain and a brain with Parkinson Stage 1

Serial Dopamine Transporter Imaging in a Parkinsons Patient

Comparison of images at baseline with 22 months, 34 months and 46 months

Institute for Neurodegenerative Disorders

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

Comparison of PET images and uptake in normal rats and rats with unilateral brain lesion, outcome of embryonic stem cells transplant and overlapping PET & MRI

P-glycoprotein (P-gp) Efflux Transporter

Transports drugs out of cells in many locations – e.g., brain and testes

Specific component of blood-brain barrier

Loperamide (Imodium®) is a potent opiate that acts on gut to slow motility – but no actions in brain.

Over expressed in 40% of tumors resistant to chemotherapy

[¹¹C]Loperamide: brain uptake much higher in P-gp KO than in wild type mice

MRI compared with Wild Type and KO mice.

Graph showing Conc Activity (%SUV) over time (min)

Injection of [¹¹C]Loperamide in P-gp Knockout and Wild Type Mice

Chart comparing concentration (%SUV) with % Brain Activity of radiochemical species

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

PROBLEM of [¹¹C]Loperamide Radiometabolite (desmethyl) enters brain

Chemical structure of [¹¹C] Loperamide

Solution: Remove the nonradioactive methyl group

**[¹¹C]Desmethyl-loperamide: Better
radioligand?
Demethylation product does not enter
brain**

Chemical Structure

$[^{11}\text{C}]\text{dLop}$: brain uptake much higher in P-gp KO than in wild type mice

Comparison of MRI and PET images in WT, and P-gp KO mice

Graph showing Conc Activity (%SUV) over time (min)

Injection of [11C]N-desmethyl-Loperamide in P-gp Knockout and Wild Type Mice

Chart

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

DCPQ or Tariquidar Increases Brain Uptake of Radioactivity in Monkey Given [¹¹C]Loperamide

Graph showing radioactivity concentration (%SUV) over time after injection (min)

[¹¹C]dLop in Monkey Brain

Images of baseline (of brain and pituitary) compared to P-gp blocked

[¹¹C]dLop in Monkey Brain: Radioligand does not bind to opiate receptors

Graph of radioactivity concentration (%SUV) over time after injection (min)
in the following:

Frontal cortex
Anterior cingulated
Temporal cortex
Parietal cortex
Hippocampus
Occipital cortex
Putamen
Cerebellum

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

Is P-gp function uniformly distributed in brain?

Graph showing concentration (%SUV) over time for FC, AC, TE, PA, HP, OC, PU, and CE

**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 probably dependent on blood flow.

Graph comparing baseline with DCPQ

Concentration (%SUV) over time (min)

P-glycoprotein removes lipophilic substrates directly from the plasma membrane

Graphic illustration

Brain uptake depends on blood flow and single pass extraction.

Illustration of blood flow (K_1 and k_2) into brain

K_1 = rate brain entry

K_1 = flow · extraction

$K_1 = F \cdot E$

Example

Flow of drug 100 μg per min

Extraction is 2%

$K_1 = 2 \mu\text{g}$ per min

Single Pass Extraction of [11C]dLop >50%

Measure K_1 from brain and plasma data of [11C]dLop

Measure blood flow with [15O]H₂O

Calculate Extraction (E)

$$E = K_1 \text{ over } F$$

$$K_1 > 0.25 \text{ mL per cm}^3 \text{ per min}$$

$$F = 0.5 \text{ mL per cm}^3 \text{ per min}$$

$$E > 0.5 = 50\%$$

After correction for relative blood flow, [^{11}C]dLop uptake is uniform among brain regions

Graphs comparing concentration (%-SUV) with no flow correction with flow correction over time for FC, AC, TE, PA, HP, OC, PU and CE

**FC=Frontal Cortex, AC=Anterior Cingulate Gyrus, TE=Temporal Cortex ,
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Conclusions

[¹¹C]dLop: avoids metabolite problem of [¹¹C]loperamide

After P-gp blockade, single pass uptake of [¹¹C]dLop into brain is high and, therefore, shows dependence on blood flow

Implies function of P-gp at baseline is rapid and has high capacity

[11C]dLop: Distribution of radioactivity in healthy male

Whole body PET images at 3, 20, and 100 minutes after dosing.

P-gp Transport in Human Body

Graphic illustration of P-gp in brain, intestine, liver, lung, kidney, MDR tumor, testis, and placenta.

**Summed early images
(0 – 3 min) show
blood pool.**

Whole body PET image in human subject.

**Minimal brain uptake of [11C]dLop
in healthy human brain**

Comparison of PET, Fused PET/MRI, and MRI.

Graph showing Conc radioactivity (%SUV) over time after injection (min) (comparing whole brain with whole brain – vascular corrected)

Graph showing plasma composition (%) over time after injection (min) comparing parent and radiometabolites)

What is it?

PET, fused PET/MRI and MRI images of human brain

**Extended summed images (0 – 10 min) show
blood pool and tissue accumulation.**

PET image of same in human brain

DCPQ or Tariquidar Increases Brain Uptake of Radioactivity in Monkey Given [¹¹C]Loperamide

Graph showing radioactivity concentration (%SUV) over time after injection (min).

**Renal Cell Carcinoma:
Tariquidar increases uptake of ^{99m}Tc -Sestamibi
in metastasis of thigh**

Baseline PET images compared to after Tariquidar at 1 hour, 2 hours and 3 hours

Future Directions

BRAIN: Potential dysfunction of P-gp at blood-brain barrier:
Alzheimer's disease, Parkinson's disease, epilepsy

ONCOLOGY: P-gp function in tumor cells transplanted into mice

Develop radiolabeled inhibitor to measure density, rather than
function, of P-gp

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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 [¹¹C]loperamide.

PET can monitor the *in vivo* metabolism of radioligands. By measuring P-gp function, PET can also monitor drug distribution.