## PREOPERATIVE THERAPY IN INVASIVE BREAST CANCER

Reviewing the State of the Science and Exploring New Research Directions

# **Research Issues: Imaging**

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

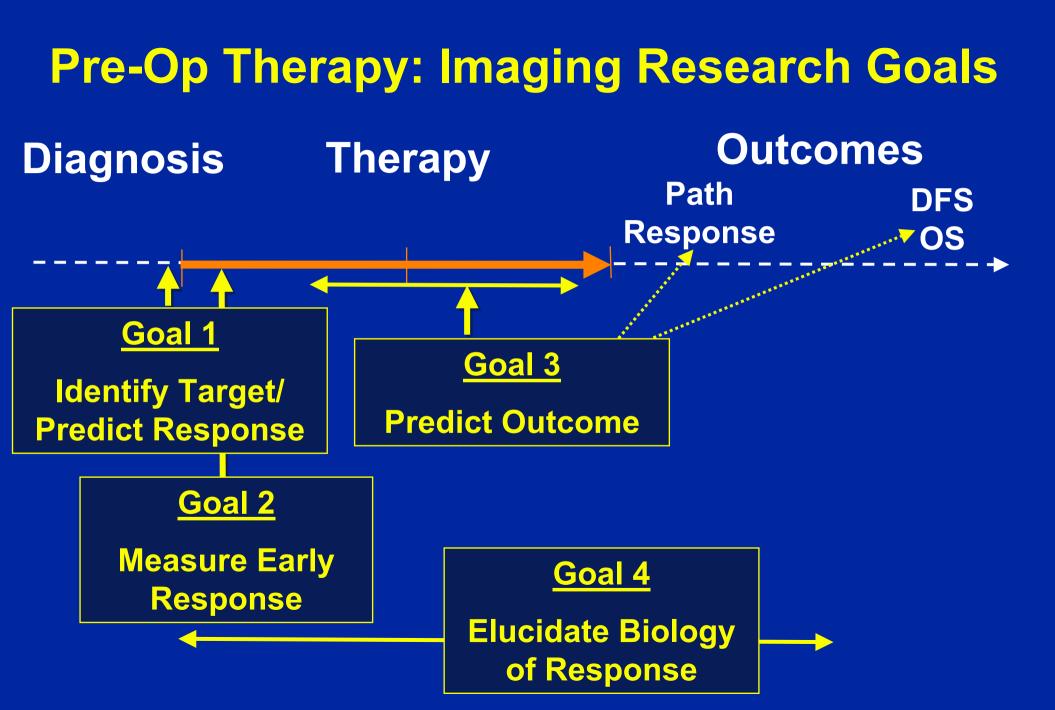
Vational Institutes of Newlife

## Imaging Research in Pre-Operative Therapy: Outline

- Research Goals
- What imaging tests are available?
- Examples of research imaging results
  - Target identification
  - Early response
  - Predicting cancer outcomes
  - Insights into biology of pre-op Rx
- Future Directions

## **Cautions**

- Most of the imaging methods presented are considered investigational
- Discussion of results and possible applications is not a claim of clinical efficacy

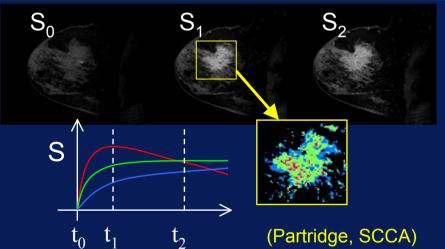


## **Imaging Modalities**

- X-ray transmission Computed Tomography (CT)
- Magnetic Resonance (MR)
  - Magnetic Resonance Imaging (MRI)
  - Magnetic Resonance Spectroscopy (MRS)
- Radionuclide imaging
  - Positron Emission Tomography (PET)
  - Single-Photon Emission Computed Tomography (SPECT)
- Ultrasound (U/S)
- Optical imaging

## **Imaging Modalities: MRI**

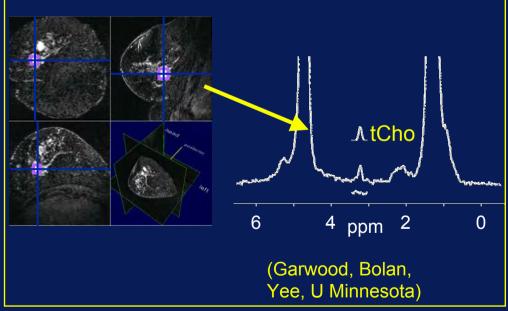
- Creates 3D image related to proton environment
- Contrast can be made using atoms like Gd and Fe
- Novel measures possible e.g., diffusion imaging
- Capability influenced by field strength current clinical maximum 3T
  S<sub>0</sub> S<sub>1</sub> S<sub>2</sub>
- Advantages
  - High spatial resolution
  - No radiation dose
- Disadvantages



- Confined environment, high magnetic field
- Contrast possibilities limited by concentration needs and need for elements like Gd or Fe

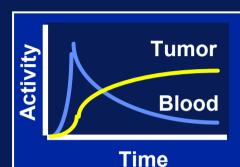
## **Imaging Modalities: MRS**

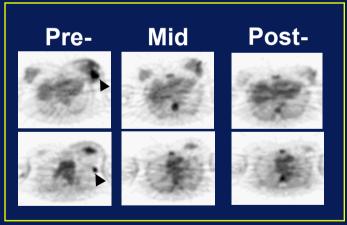
- Collects spatially localized MR spectra
- Calculates regional concentrations e.g., choline
- With higher field strength, 3D voxel sets (i.e., images) possible
- Advantages
  - No contrast needed
  - Wide range of mols.
  - Many mols. at same time
- Disadvantages
  - Limited spatial resolution
  - Challenging data analysis



# **Imaging Modalities: PET and SPECT**

- Detects emission of administered radionuclides
  - SPECT: <sup>99m</sup>Tc, <sup>123</sup>I
  - PET: <sup>11</sup>C, <sup>18</sup>F
- 3D image of radionuclide concentration
- Dynamic imaging possible
- Advantages
  - Sensitive tracer conditions
  - Quantification esp. PET
  - Wide range of mols. esp PET
- Disadvantages

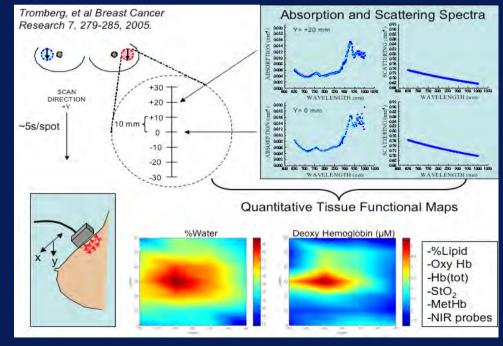




- Limited spatial resolution/anatomy (PET/CT helps)
- Some radiation dose (< diagnostic CT)</li>

## **Imaging Modalities: Optical**

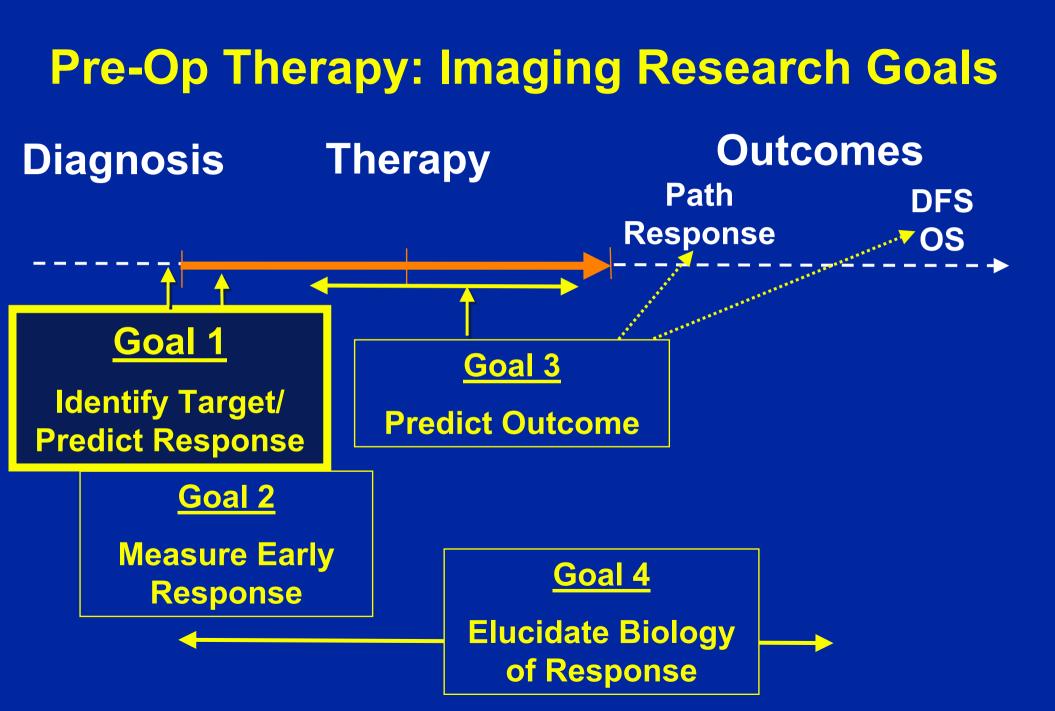
- Imaging based upon visible light
- Can use transmitted or reflected light
- Can use light emitted by contrast agent or embedded molecule - bioluminescence, near-infrared
  Spectroscopy
- Advantages
  - Highly portable
  - Inexpensive
  - Minimally invasive
  - Molecular contrast agents
- Disadvantages
  - Limited penetration



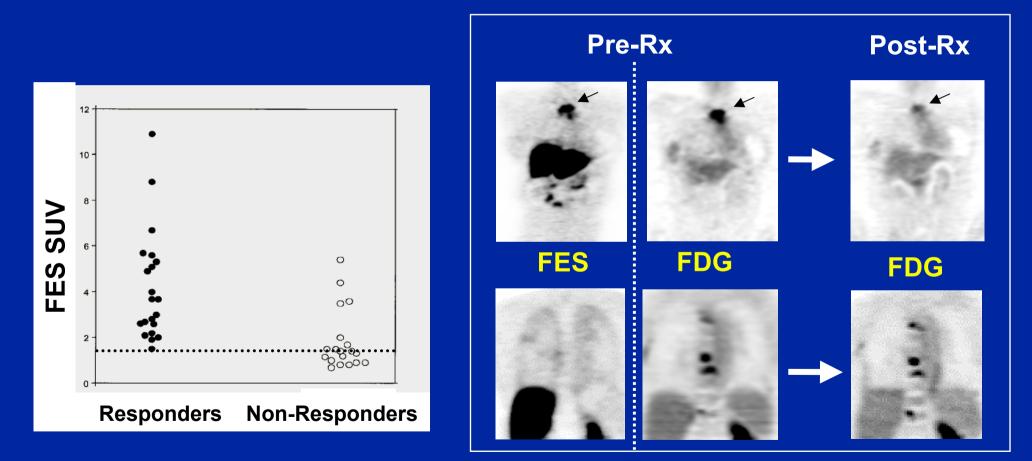
(Tromberg, UCI)

## **Imaging Studies: Burden to Patient**

Study	Time	Other
MRI	30 - 60 min	IV, closed space
MRS	15 - 30 min	closed space
PET/SPECT	30 - 90 min	IV, radiation
Ultrasound	15- 30 min	
Optical	5 - 30 min	



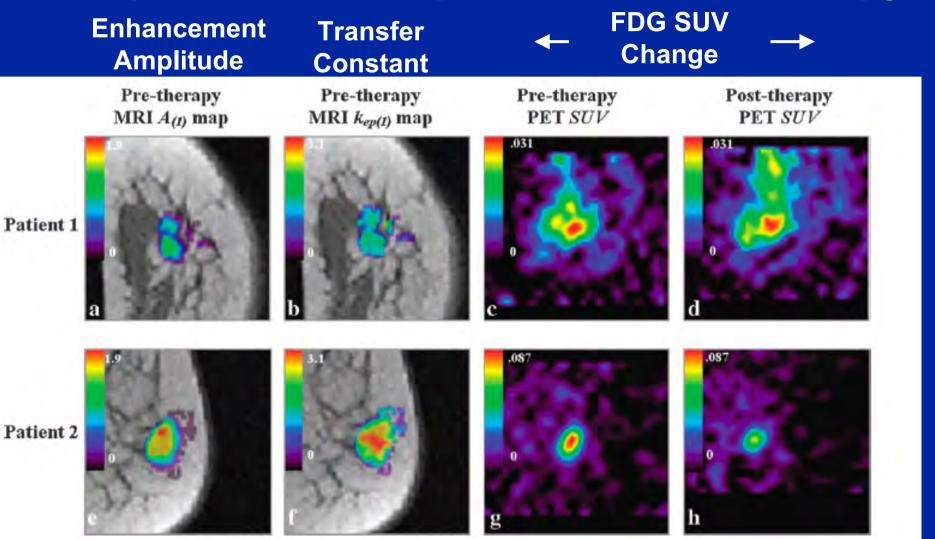
### <sup>18</sup>F-Fluorestradiol (FES) PET Measures Target for Endocrine Therapy



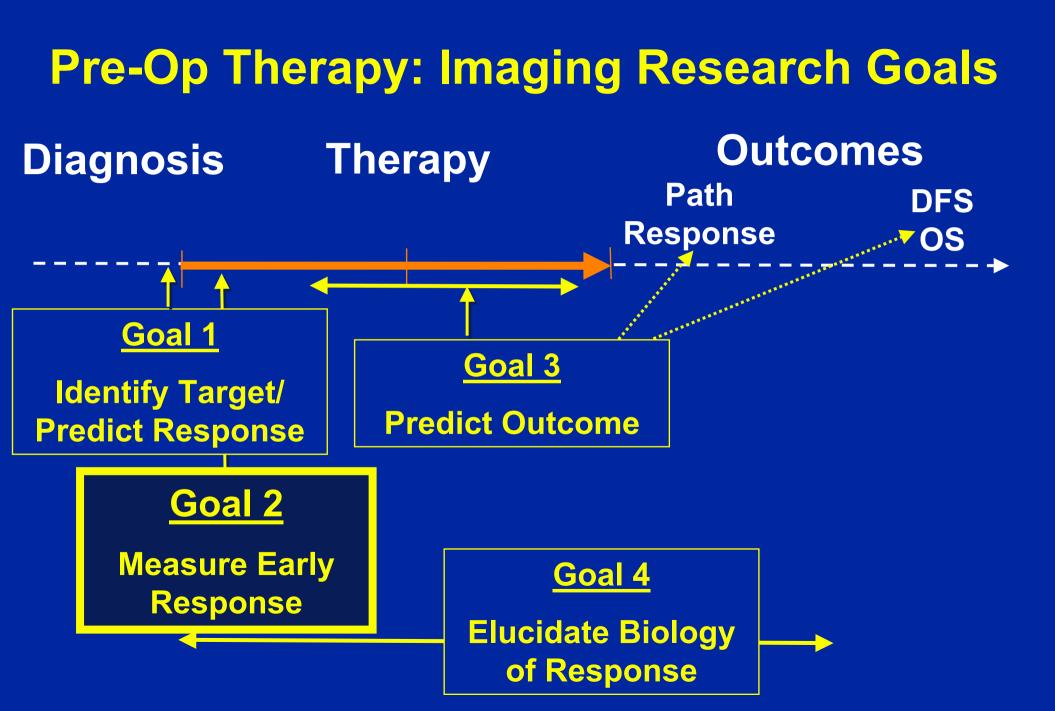
(Mortimer, J Clin Onc, 19: 2797, 2001)

(Linden, J Clin Onc, 24: 2793, 2006)

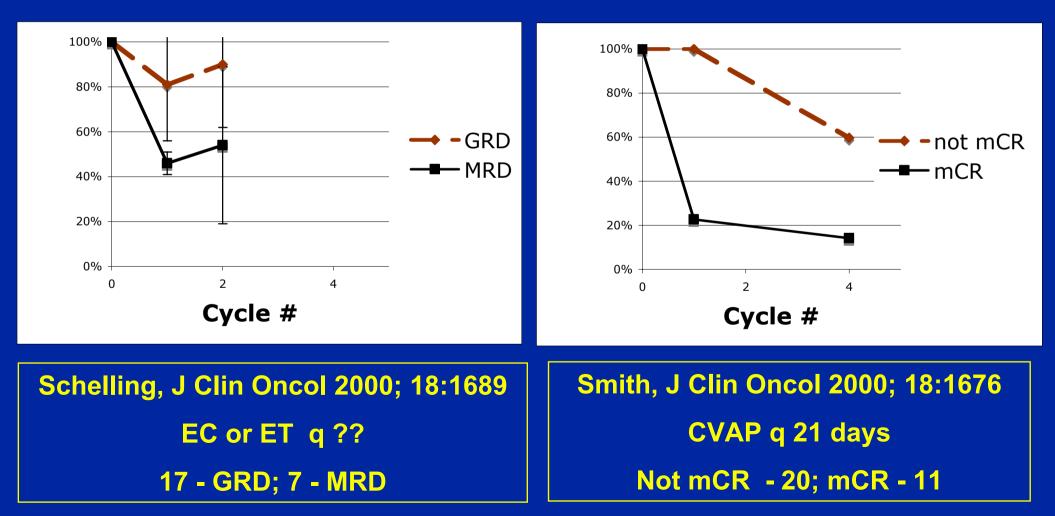
### Vascular Parameters from DCE-MRI MRI Predict Response to Pre-Operative Chemotherapy



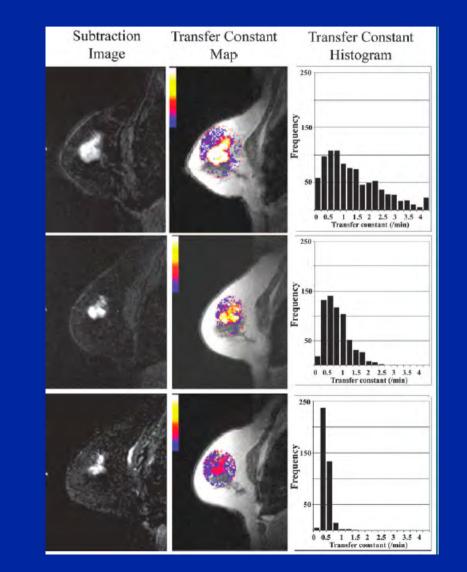
(Semple, Annals Oncol, 17: 1393, 2006)



### Early Response to Neo-Adjuvant Chemotherapy of Breast Cancer FDG PET



## Changes in DECE-MRI Enhancement Kinetics Predict Response



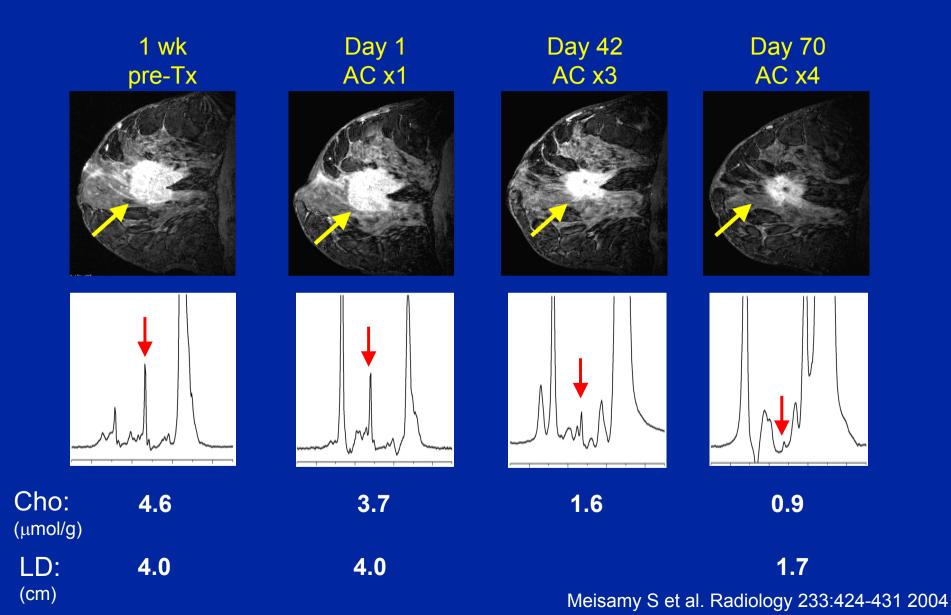
(Padhani, Radiology, 239: 361, 2006)

### **Pre-Rx**

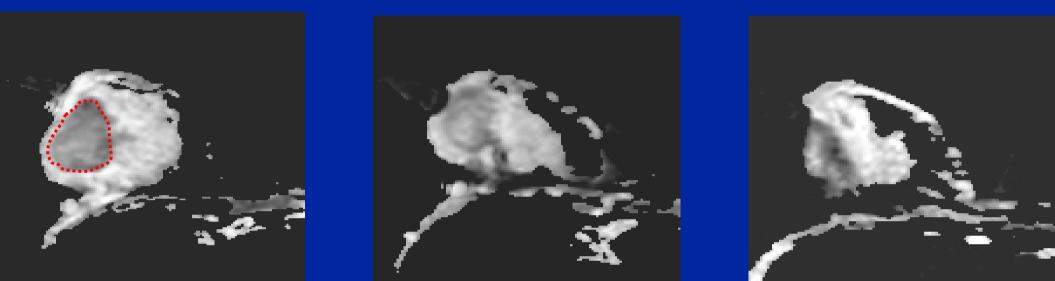
1 Cycle

2 Cycles

### Chemotherapy Response by MRI & MRS University of Minnesota



### Diffusion MRI: ADC Map of Breast Cancer Therapy



**Pre-therapy** 

#### **II NACT**

**III NACT** 

	ADC	Water mobility
Normal	+	<b>†</b>
Pre therapy	+	+
Post therapy	+	<b>+</b>

NR Jagannathan AIIMS, New Delhi

# Monitoring Chemotherapy: MRI/Optics

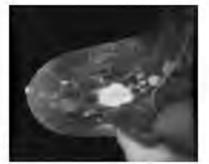
B. Tromberg, N. Hylton et al. J. Biomed. Opt. 10, 051503 (2005)





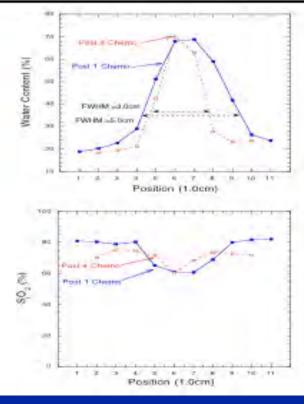
Post 1 cycle

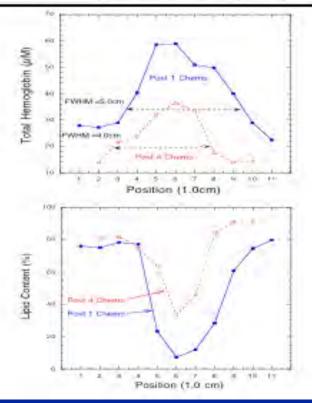
Post 4 cycles

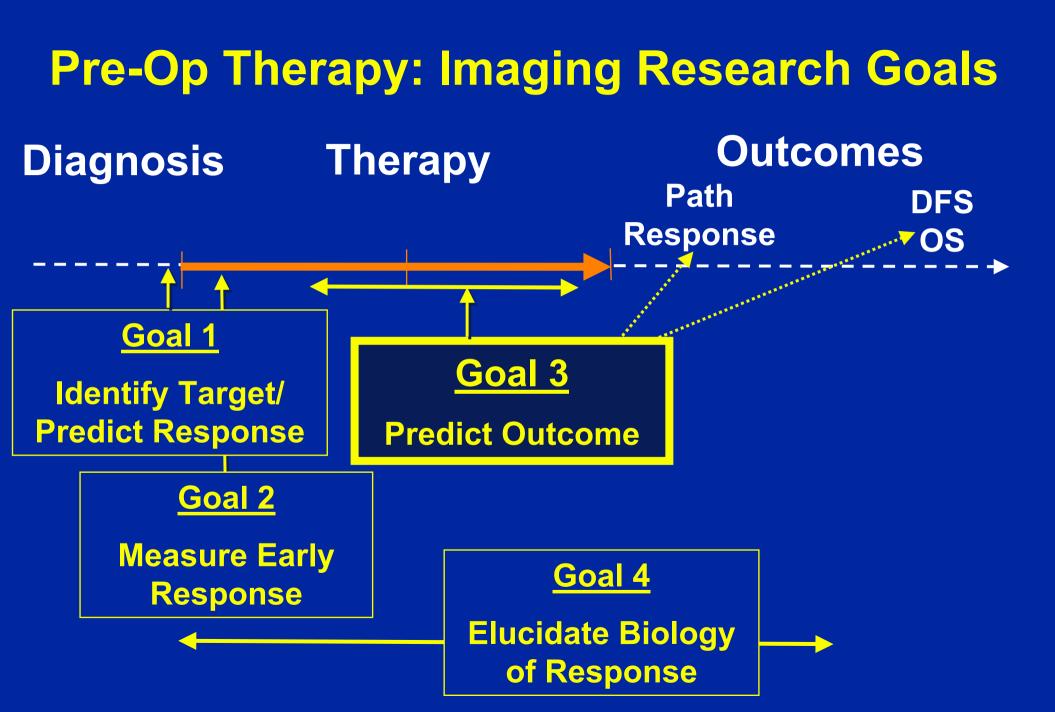


#### **Optical Line Scan**



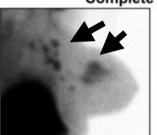


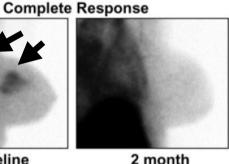




### Functional Imaging Predicts Outcome 99mTc-MIBI Serial Imaging **Residual Uptake**

### **Change in Uptake Predicts Response**

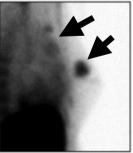




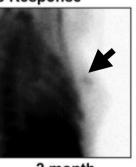
Α

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Baseline Non-complete Response

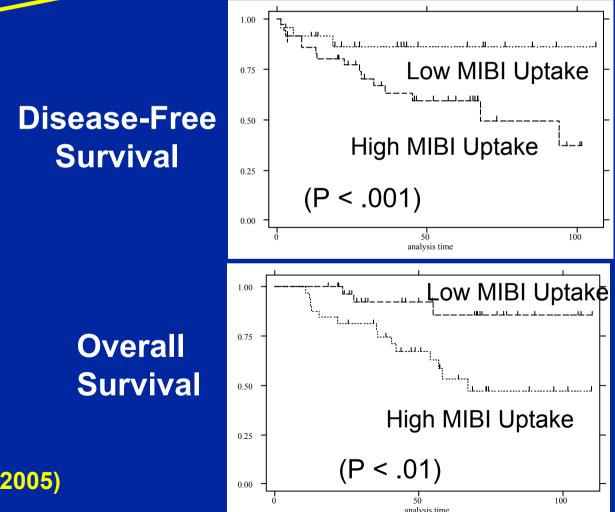


Baseline



2 month

(Dunnwald, Cancer, 103: 680, 2005)



**Predicts Outcome** 

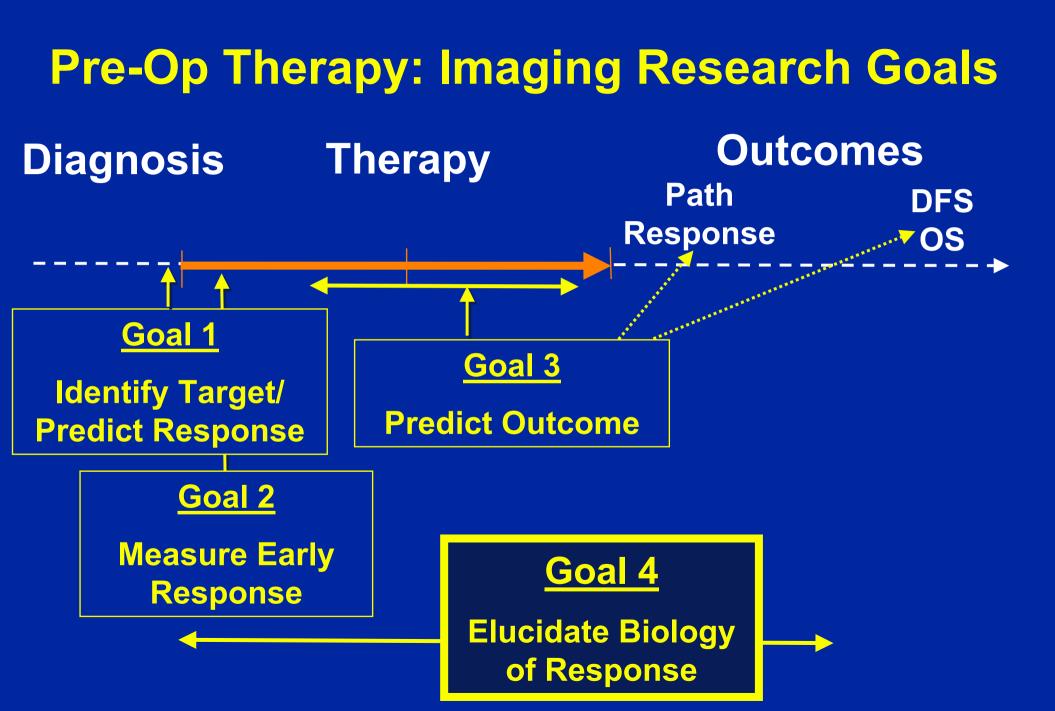
## **Residual MIBI Uptake Versus DFS**

Comparison to Established Markers (Dunnwald, Cancer, 103:680, 2006)

Characteristic	Log-rank P-value	HR
ER Status	0.12	2.0
HER2 Overexpression	0.66	1.2
Ki-67	0.02	3.0
Primary Tumor Path CR	0.05	3.1
Axillary nodes (> 3)	0.19	1.8
Two month MIBI ratio	0.05	1.2**
Final MIBI ratio	0.001*	1.3**

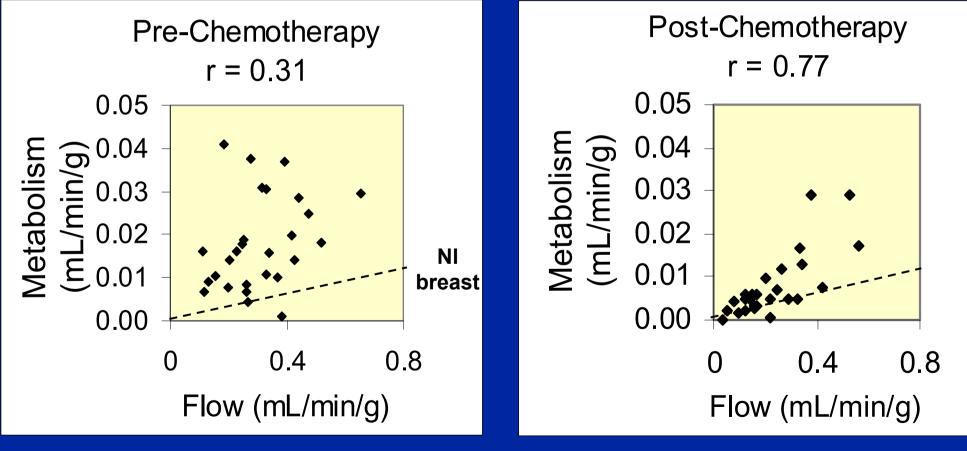
\* Multi-variate model P-value = 0.01

\*\*Continuous variable, HR per unit change



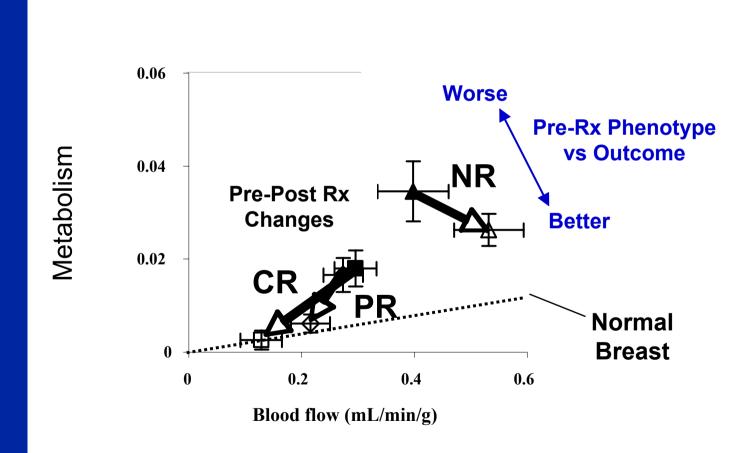
#### **Metabolic Phenotype: Change with Therapy?** Shift Towards More Balanced Substrate Delivery and Utilization

#### Glucose Metabolism (FDG K<sub>i</sub>) vs Blood Flow



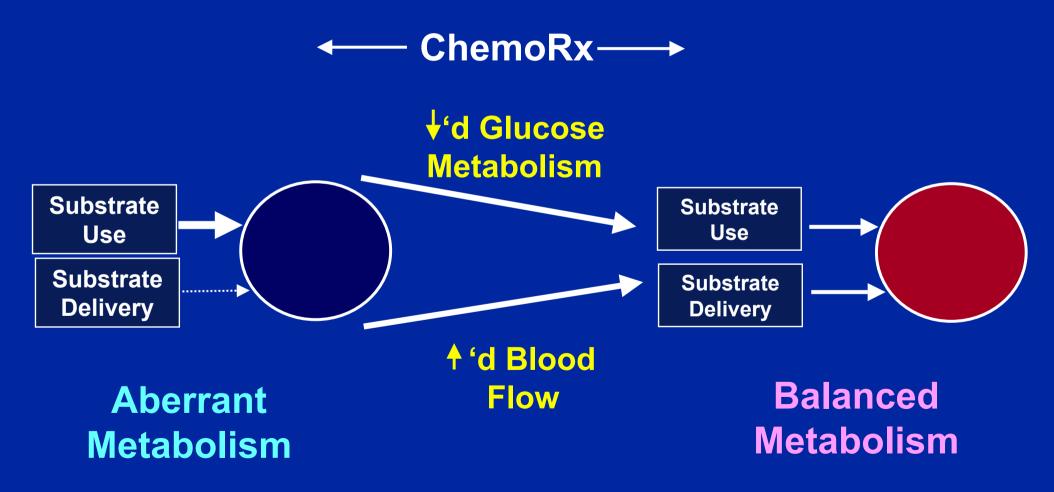
(Tseng, J Nucl Med, 45:1829, 2004)

Blood Flow and Metabolism Patterns of Change with Neo-Adjuvant Chemotherapy Altered Metabolic Phenotype with Rx



(Tseng, J Nucl Med, 45:1829, 2004)

### Changing Metabolic Phenotype in Resistant Br CA Treated with Neo-Adjuvant Chemotherapy



## **Imaging Research: Summary**

### Variety of modalities

 Increasing ability to measure biochemical, molecular, and cellular process

#### Goals - clinical endpoints

- Predict response/guide therapy selection
- Measure response early
- Predict outcome surrogate endpoint
- Goals biologic insights
  - Measure in vivo tumor biology of cancer Rx
  - Translational: Laboratory findings <--> clinical framework