

From Antimatter to Disease Detection: The Use of Radioisotopes in the Life Sciences

Part 2: PET radioisotopes

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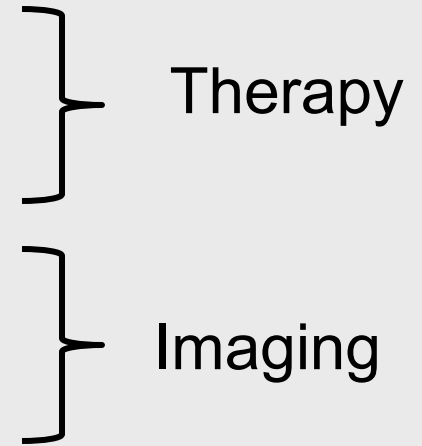
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Washington University

Types of Radioactive Decay

- α – emission of a He nucleus
- β^- – electron emission
- β^+ – positron emission
- γ – gamma emission



Diagnostic medicine: Look into the body to see what is happening



Rembrandt - anatomy lesson

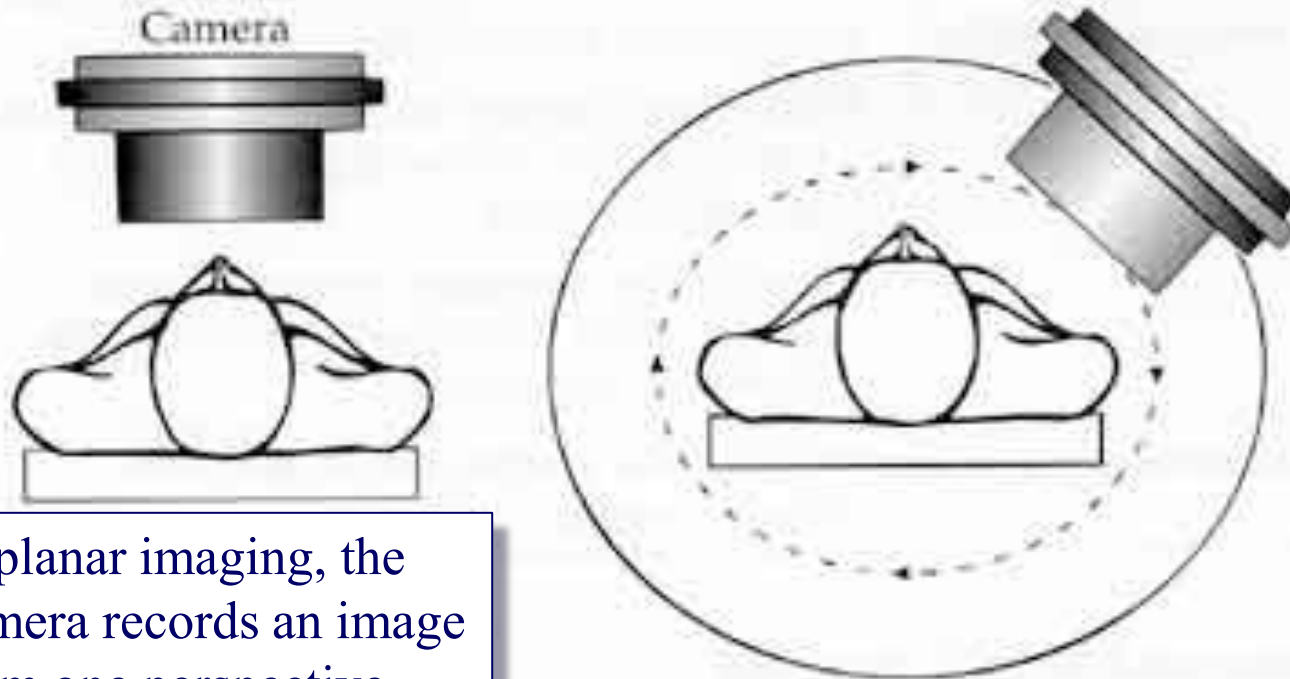
How can we probe the human body without a knife?

Nuclear Imaging

SPECT: Single Photon Emission
Computed Tomography

PET: Positron Emission Tomography

Imaging with γ emitters



In planar imaging, the camera records an image from one perspective

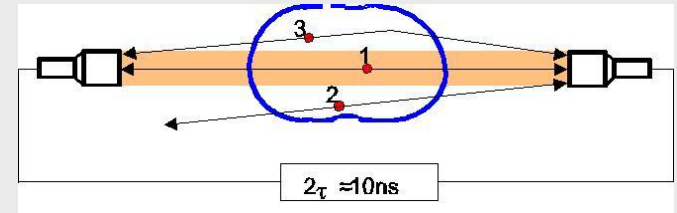
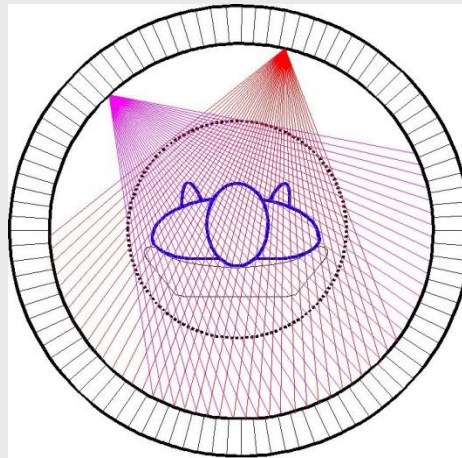
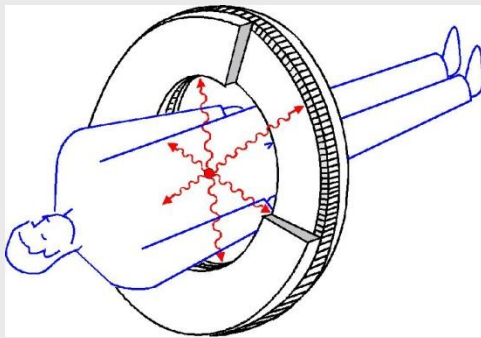
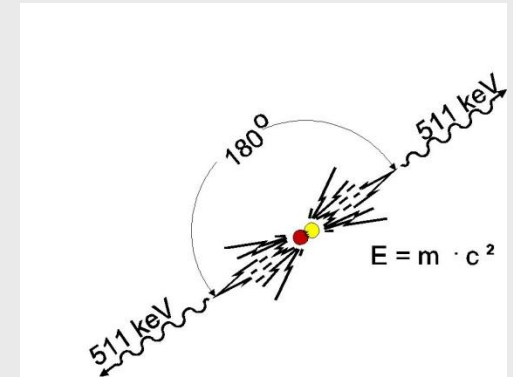
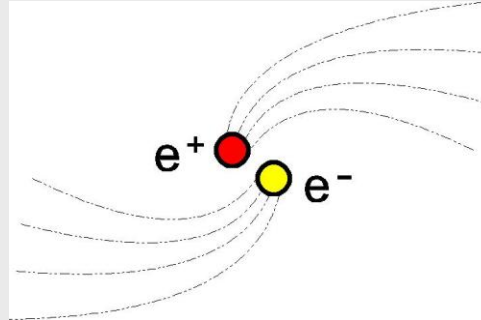
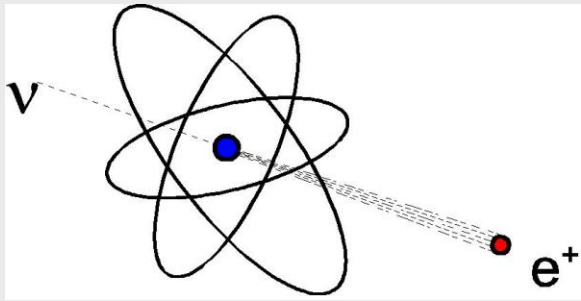
In SPECT imaging, the camera rotates around the patient, recording multiple images that are then reconstructed into a three-dimensional data set by a computer

Why Use PET Imaging?

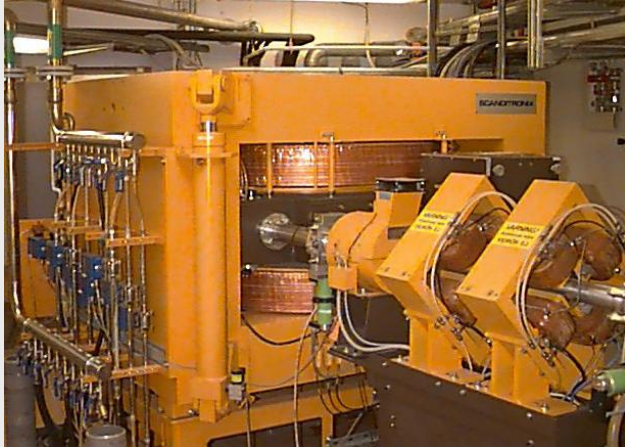
- PET imaging is capable of providing quantitative information about biochemical and physiological processes, *in vivo*.

Basic Principles of Positron Emission Tomography (PET)

- Based on tracer principle.
- Tracer labeled with positron emitting radioisotope.
- Positron decay.
- Coincidence detection of annihilation radiation.



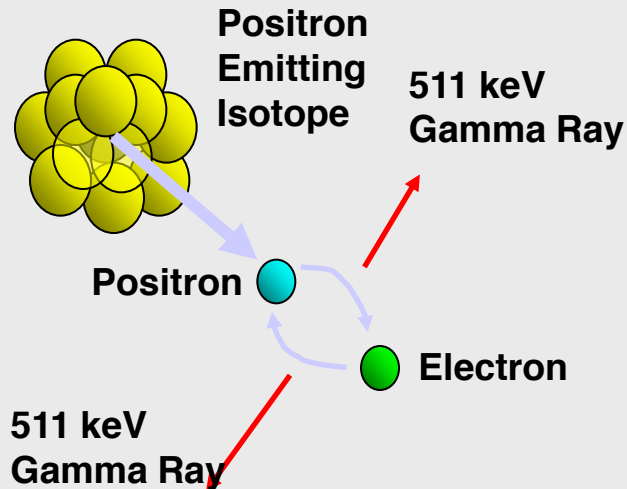
Principle of PET Imaging (1)



⇒ Positron-emitting isotopes produced on cyclotrons or generators

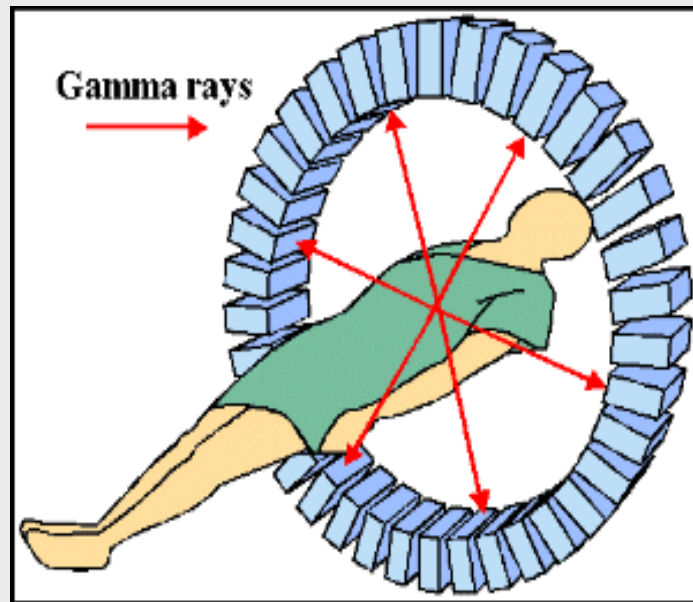
⇒ Injection of a tracer compound labeled with a positron-emitting radionuclide

⇒ The radionuclide in the radiotracer decays and the resulting positrons subsequently annihilate on contact with electrons after traveling a short distance (~ 1-10 mm) within the body

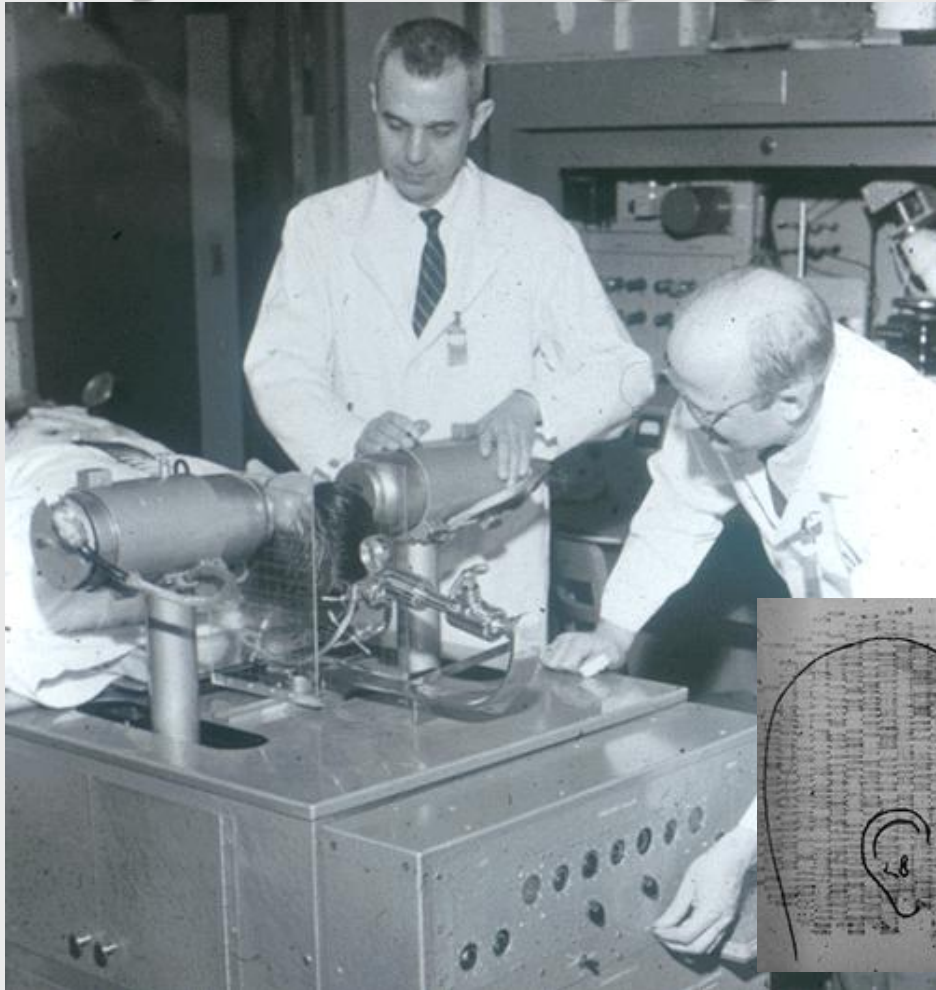


Principle of PET Imaging (2)

⇒ Each annihilation produces two 511 keV photons traveling in opposite directions (180°) which are detected by the detectors surrounding the subject

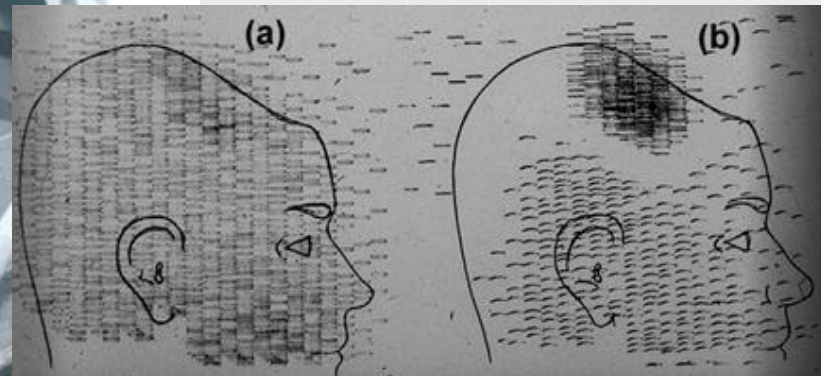


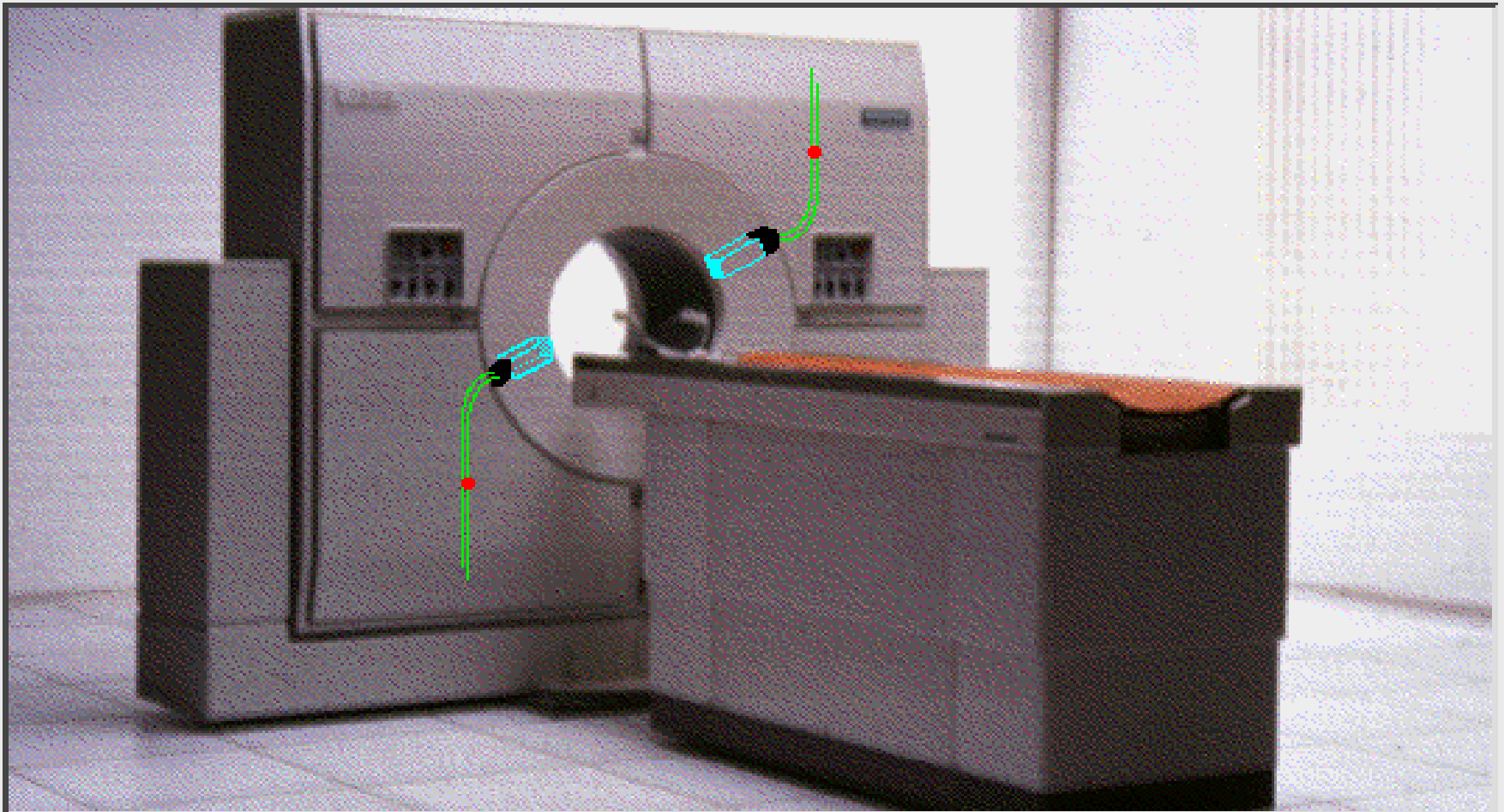
Early PET Imaging



1951:

Gordon L. Brownell
and colleagues at the
Massachusetts
General Hospital





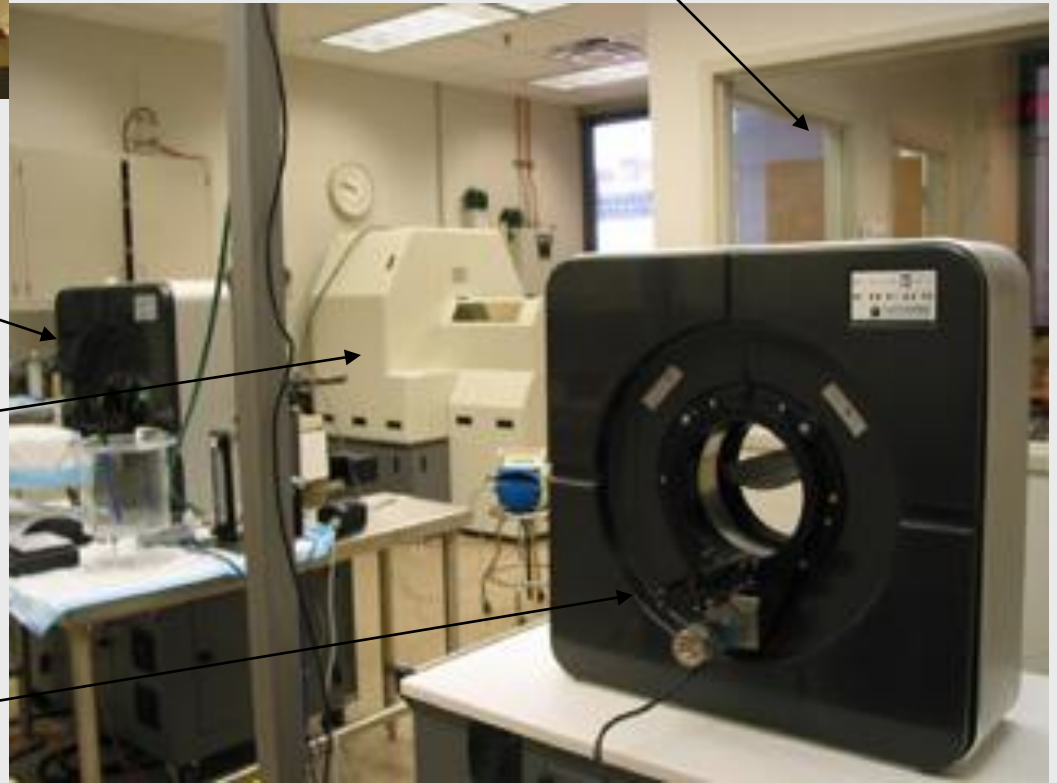
Preclinical Imaging



Small Animal Imaging Suite



Control room
Separated from scanners

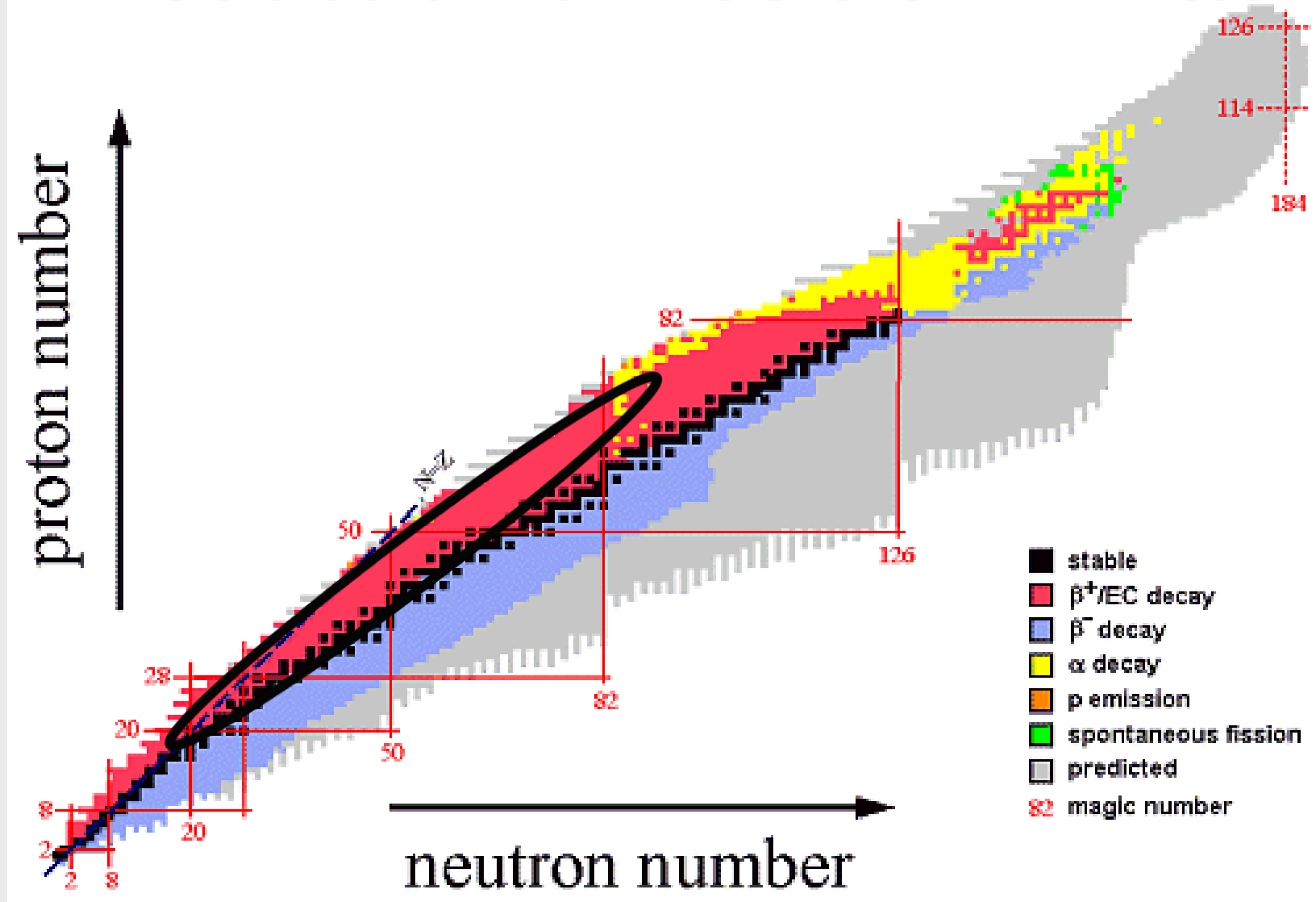


microPET Focus

microCT

microPET Focus

Production of Positron Emitters

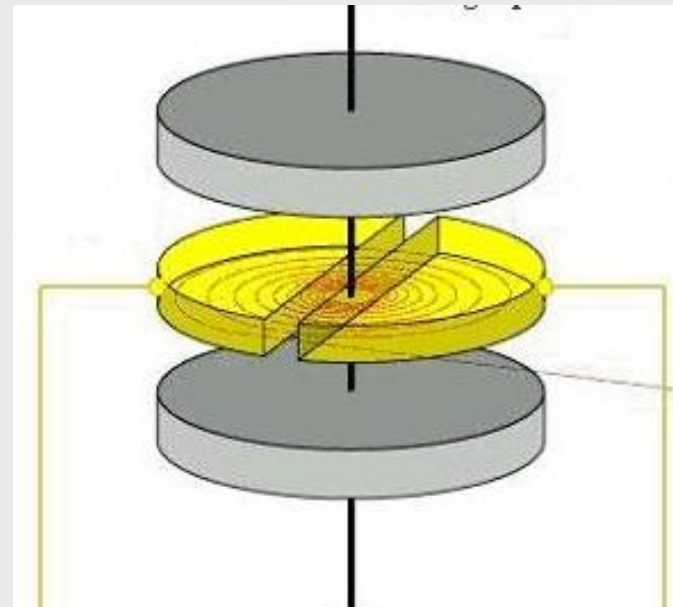


Production of PET isotopes

- β^+ isotopes are proton rich
- For use in imaging we typically would like short lived isotopes (minutes to hours)
- Produced by proton induced reactions: (p,n) , (p,α) , $(p,2n)$

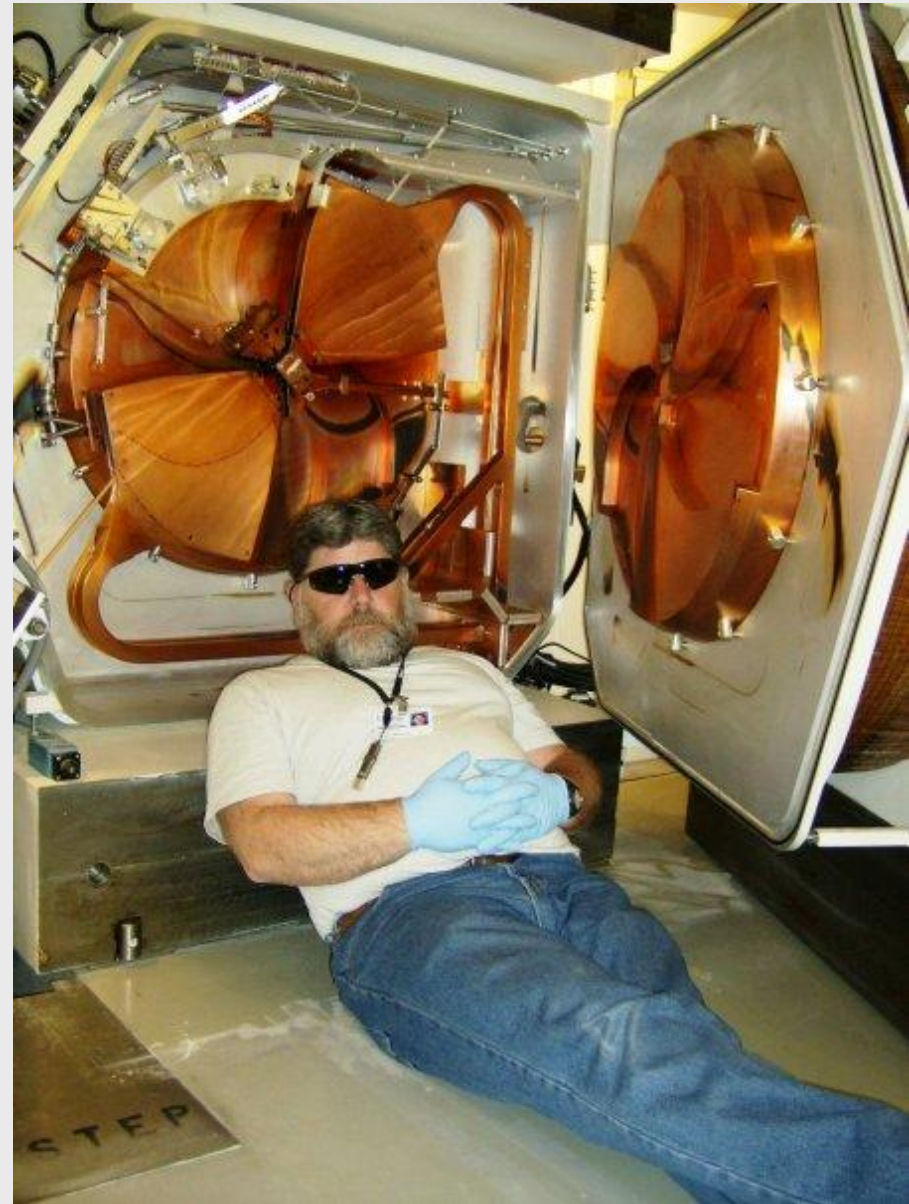
Cyclotrons

- Cyclic or repetitive application of force
- Allows small force to be used many times
- Smaller device
- Higher power

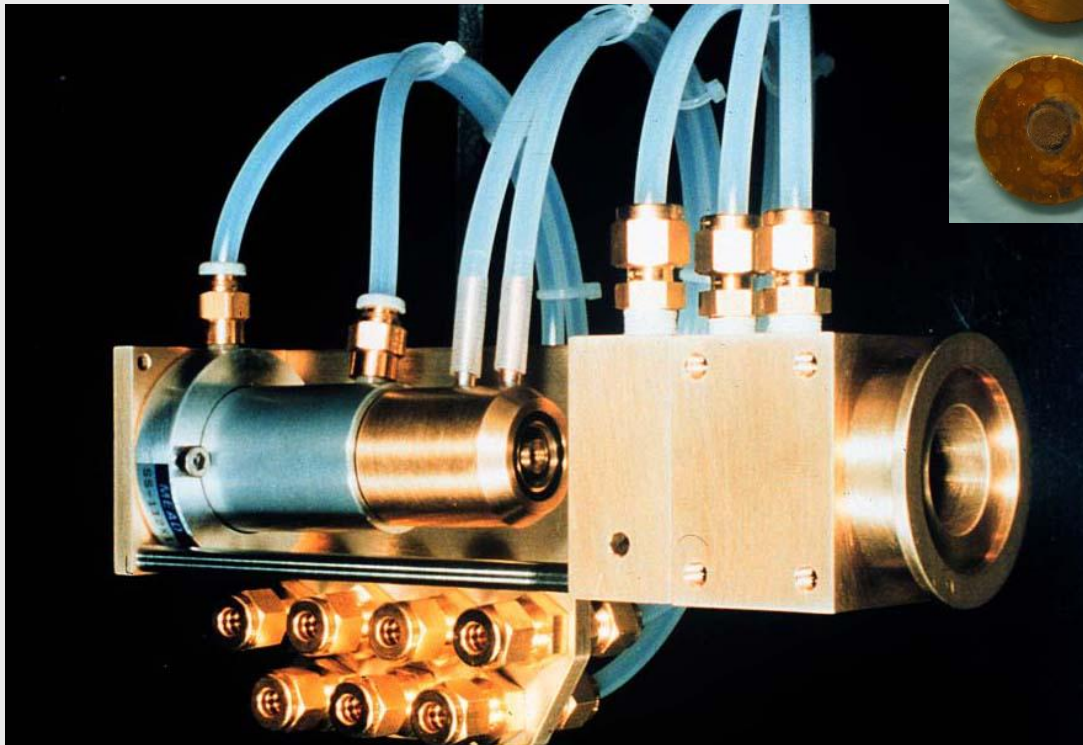


Medical Cyclotrons

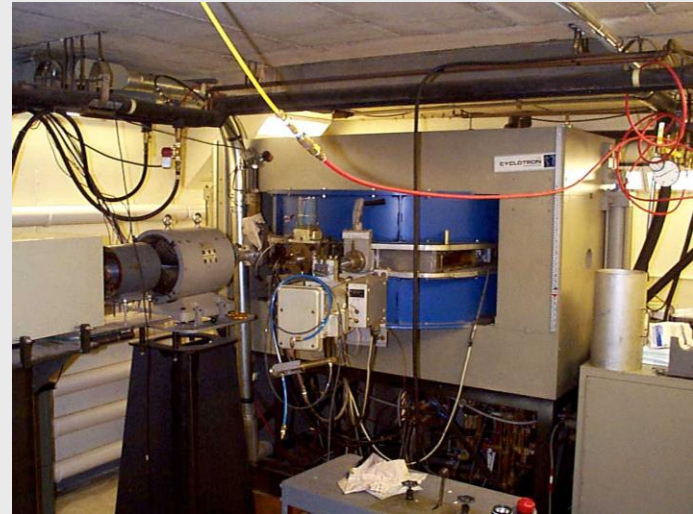
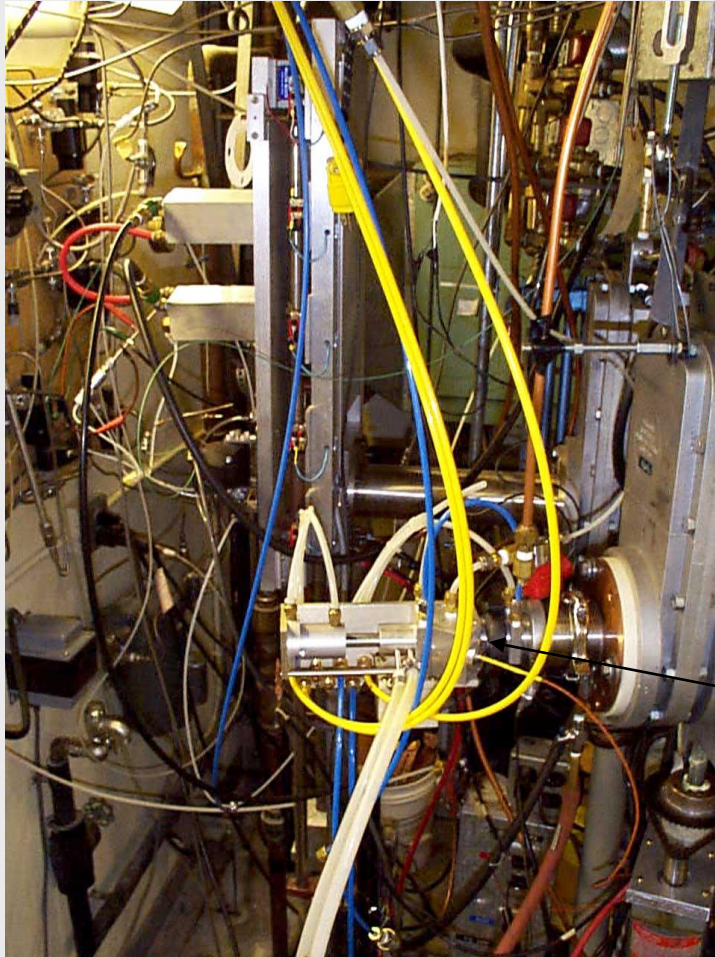
- 11-24 MeV protons
- 10 – 500 μA
- Several hundred in operation in the US



Targetry for cyclotron-produced radionuclides



CS-15 Cyclotron and Target Stations



Isotopes.....

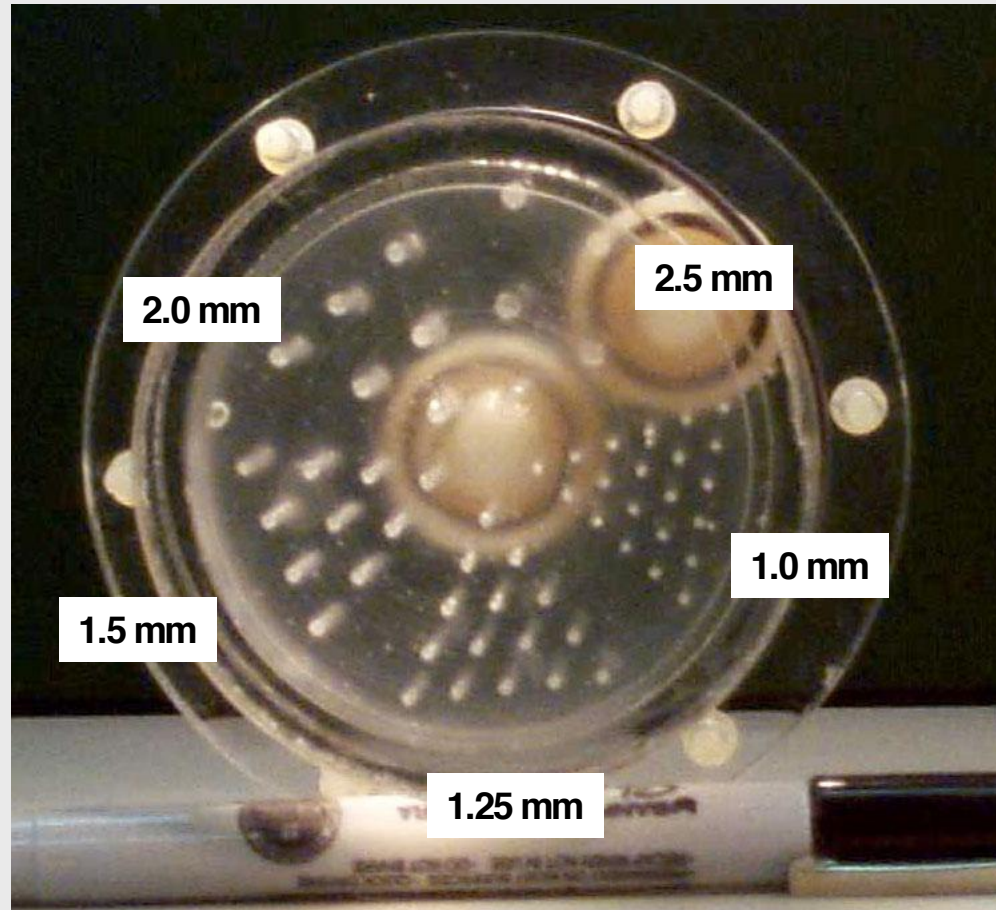


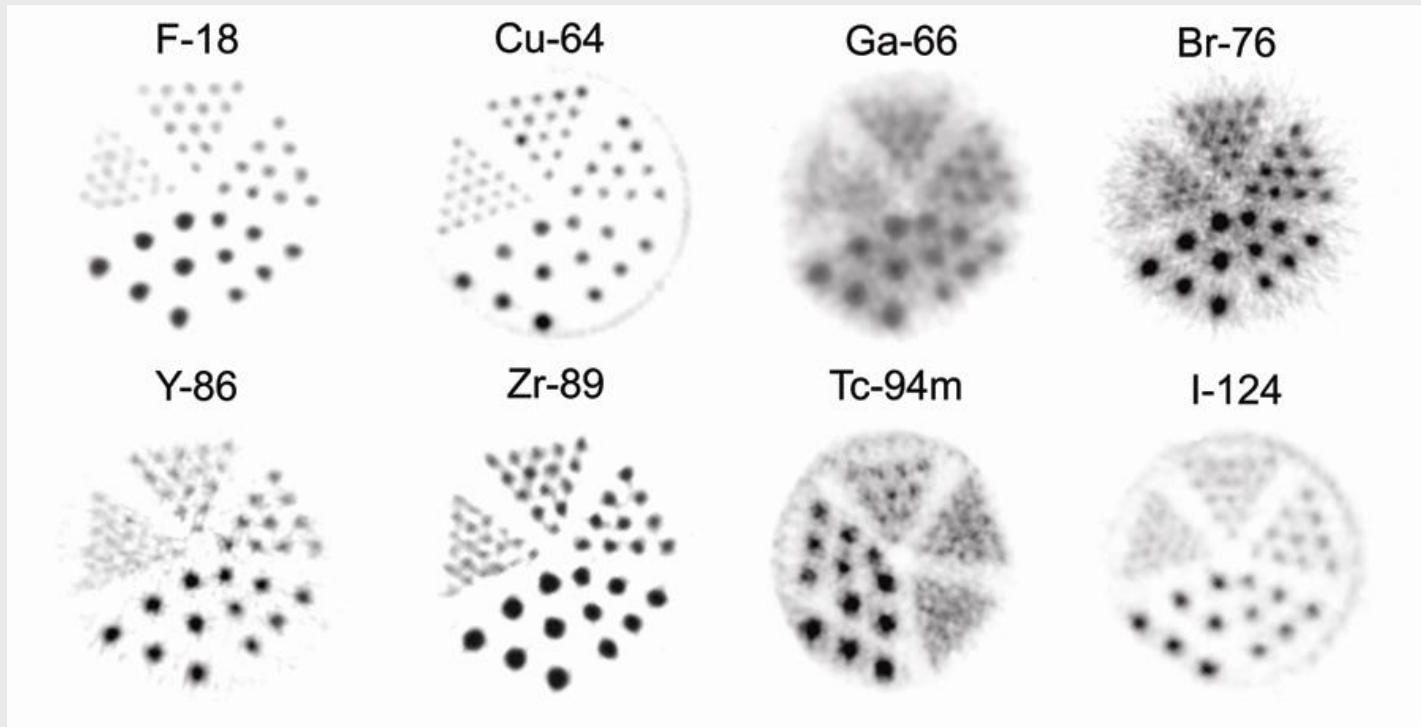
Characteristics of non-standard PET Radionuclides

Isotope	Half-life	Decay modes/ %	Max β^+ energy (MeV)	Reaction	Natural abundance of target isotope
⁷⁶ Br	16.2 h	β^+ /58.2* EC/41.8	3.98	⁷⁶ Se(p,n)	9.1%
¹²⁴ I	4.18 d	β^+ /22.0* EC/78.0	2.15	¹²⁴ Te(p,n)	4.8%
⁸⁶ Y	14.74 h	β^+ /34.0 EC/66.0	3.15	⁸⁶ Sr(p,n)	9.9%
^{94m} Tc	52.0 min	β^+ /72.0 EC/28.0	2.47	⁹⁴ Mo(p,n)	9.3%
⁶⁸ Ga	68 min	β^+ /88	1.9	⁶⁸ Ge/ ⁶⁸ Ga generator	n/a
⁶⁶ Ga	9.49 h	β^+ /56.5 EC/43.5	4.15	⁶⁶ Zn(p,n)	27.8%
⁶⁰ Cu	23.7 min	β^+ /93.0 EC/7.0	3.92	⁶⁰ Ni(p,n)	26.1%
⁶⁴ Cu	12.7 h	β^+ /17.8* EC/43.8 β^- /38.4	0.66	⁶⁴ Ni(p,n)	1.16%
⁸⁹ Zr	78.5 h	β^+ /22.8 EC/77.2	0.40	⁸⁹ Y(p,n)	100%

*Qaim et al. Radiochimica Acta 2007; 95:67-73

Derenzo Phantom





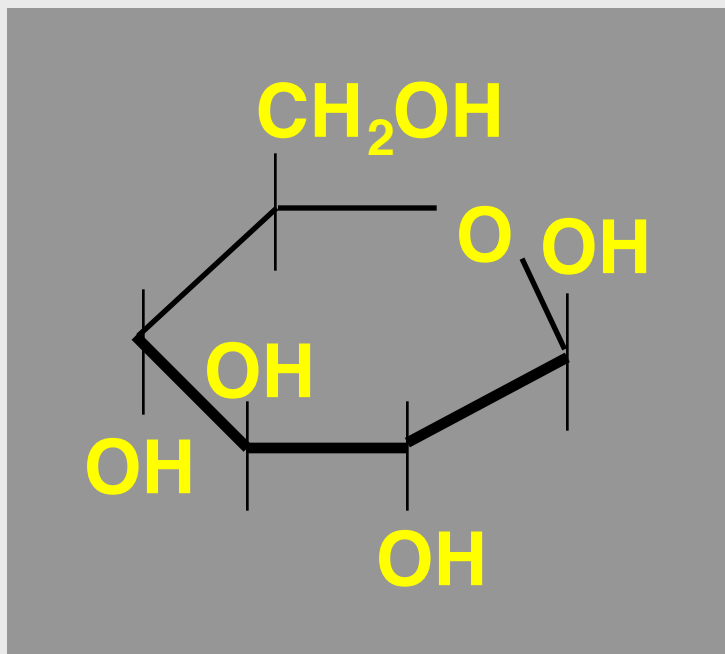
A mini Derenzo phantom filled with various radionuclide imaged on a microPET- Focus scanner (Siemens Medical Systems). This phantom consists of radioactive rods of specified diameter (1.0, 1.25, 1.5, 2.0 and 2.5 mm) separated by four times the diameter. In these images the images were reconstructed utilizing the filtered back projection. It is seen that the nuclides with higher energy positrons and prompt gamma rays produce the image that are degraded compared to those with a single low energy positron (for example, ^{64}Cu and ^{18}F). It is important to note that although this degradation is noted with small animal PET scanners with high resolution (1- 2 mm), this degradation is often not seen with clinical scanners with 4-5 mm resolution. New reconstruction algorithms can also be used to enhance image quality.

PET in Oncology...

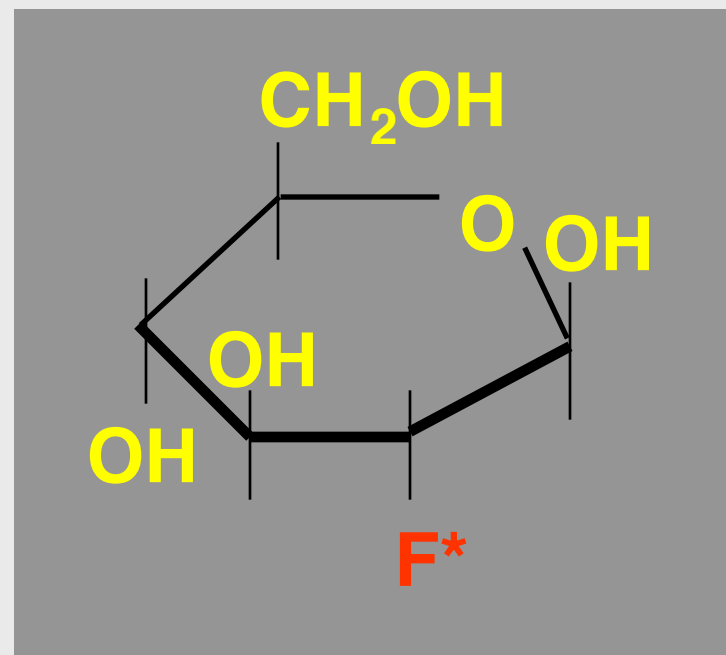
- **diagnosis**
 - location and extent of disease
 - general (FDG) or tumour-specific probes
- **prognosis**
 - size, stage, grade of disease
 - proliferation (FLT) and/or hypoxia (EF5, etc)
- **“real-time” therapy evaluation**
 - customizing treatment could increase efficacy, decrease toxicity, and improve economics

FDG:

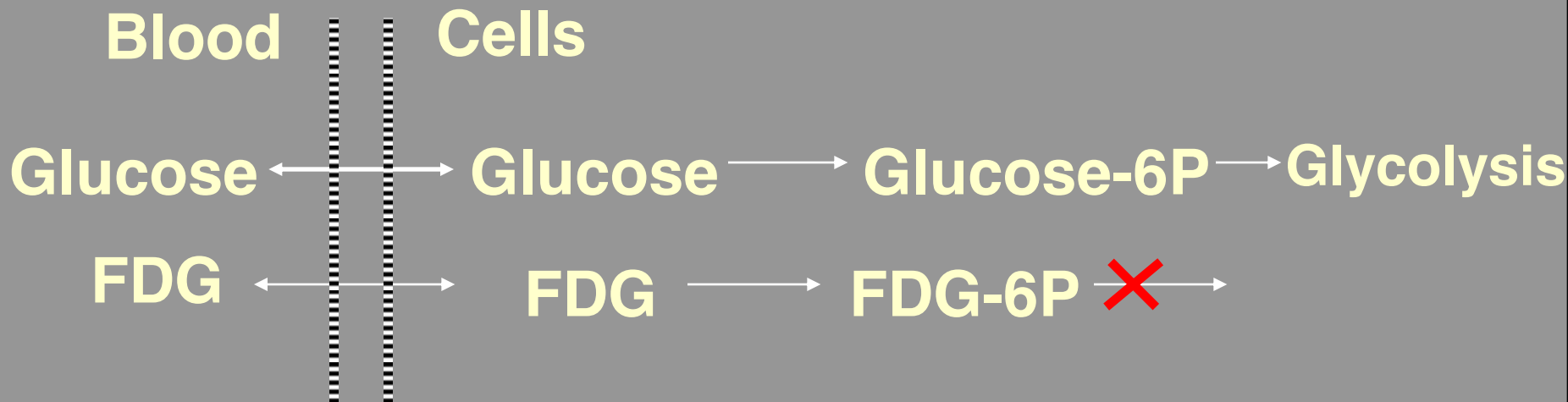
Glucose

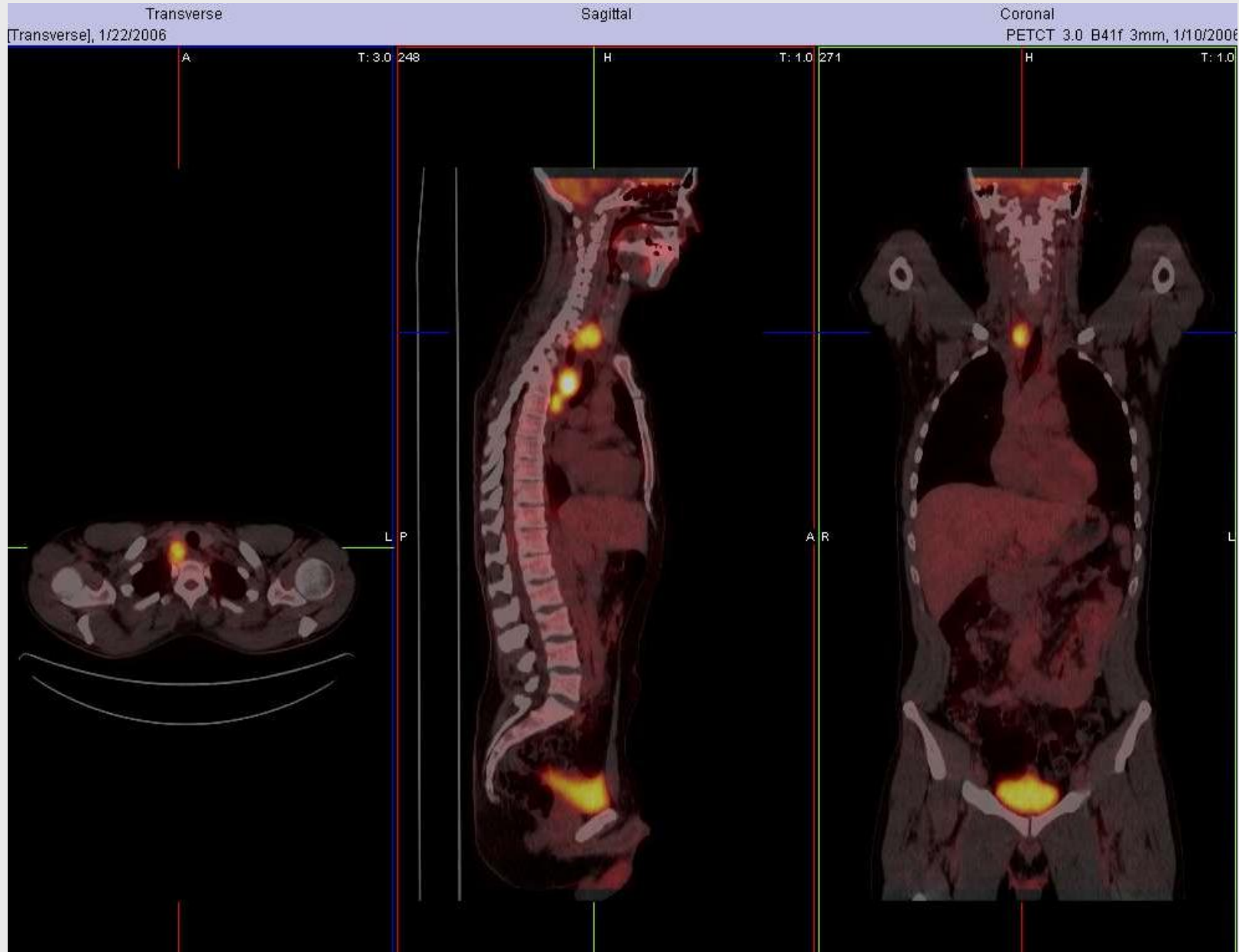


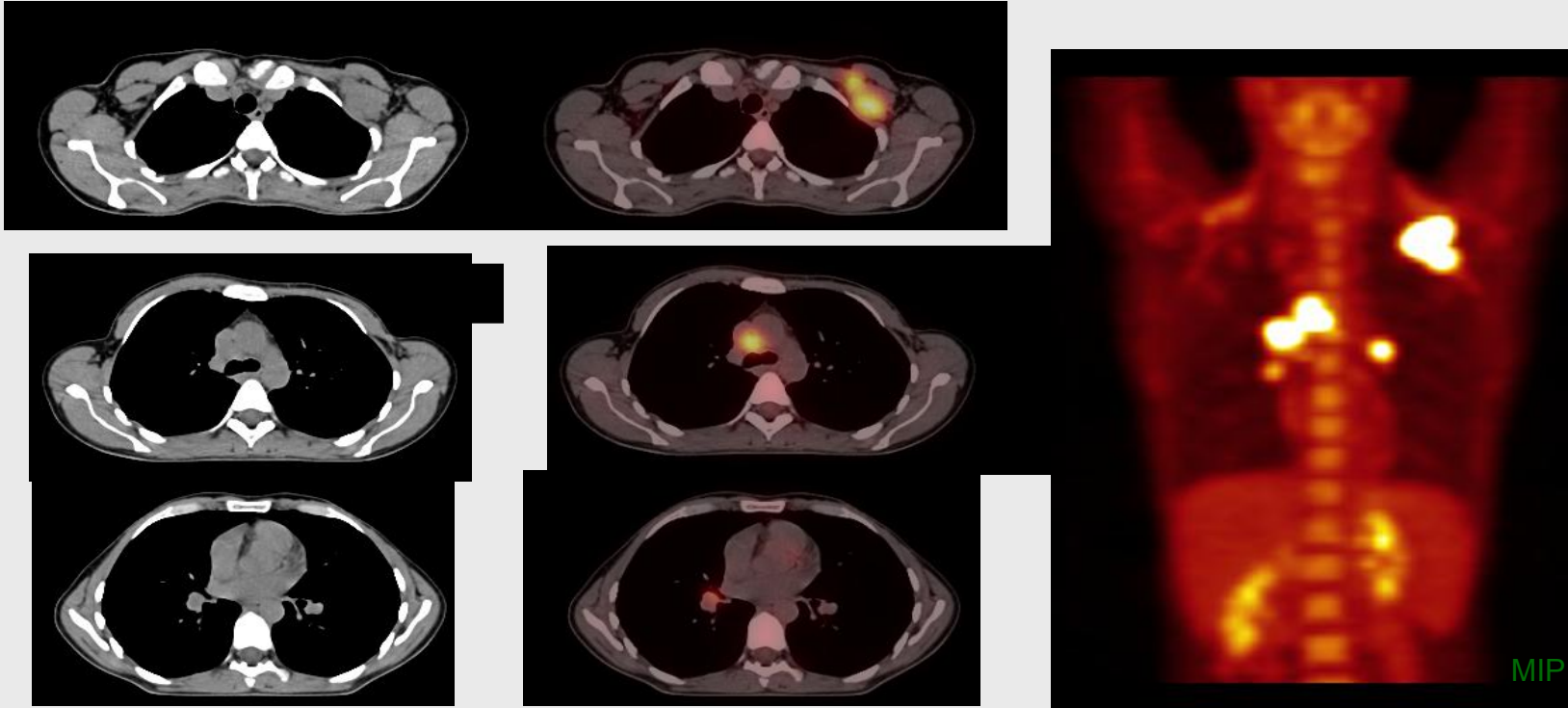
Fluorodeoxyglucose (FDG)



FDG Uptake and Retention





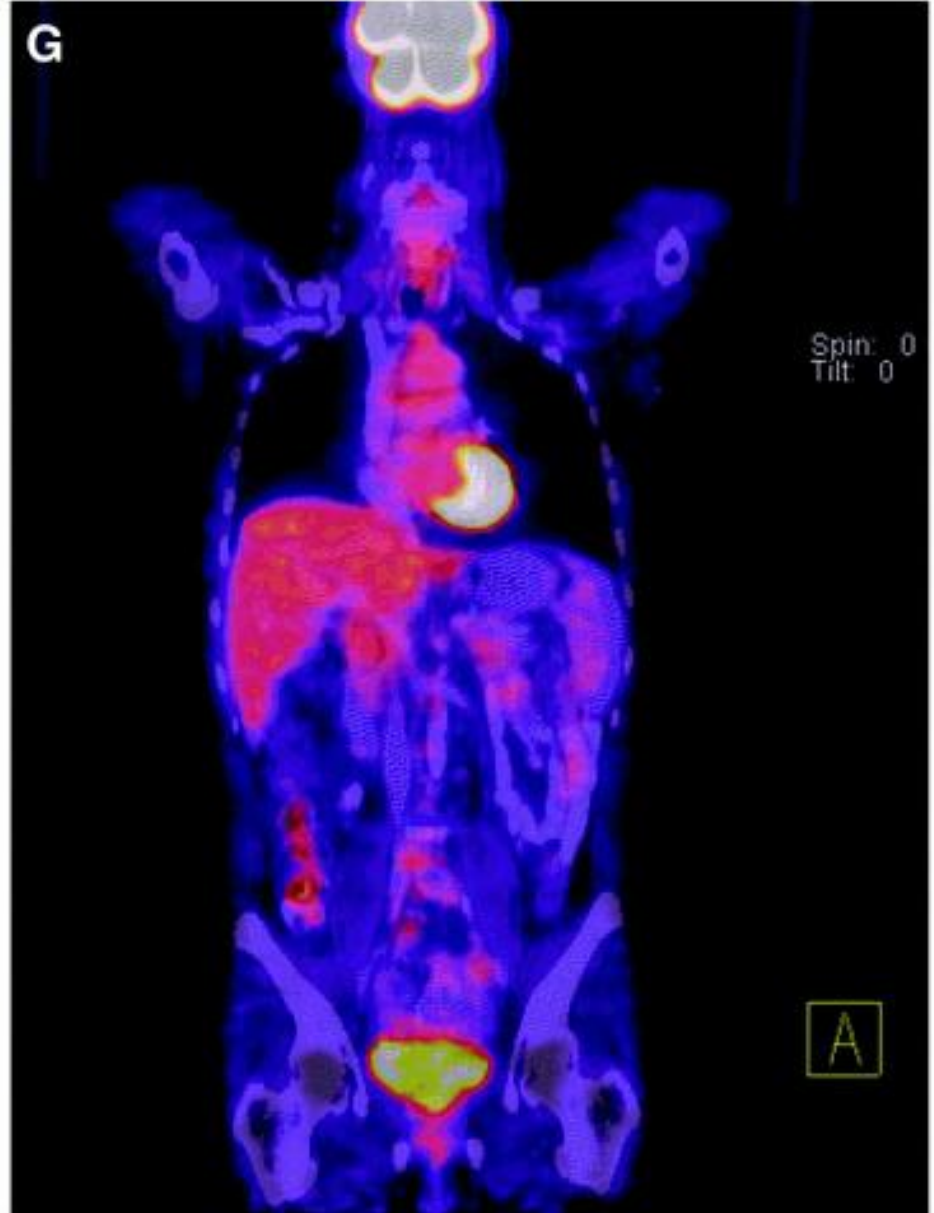


Breast Cancer

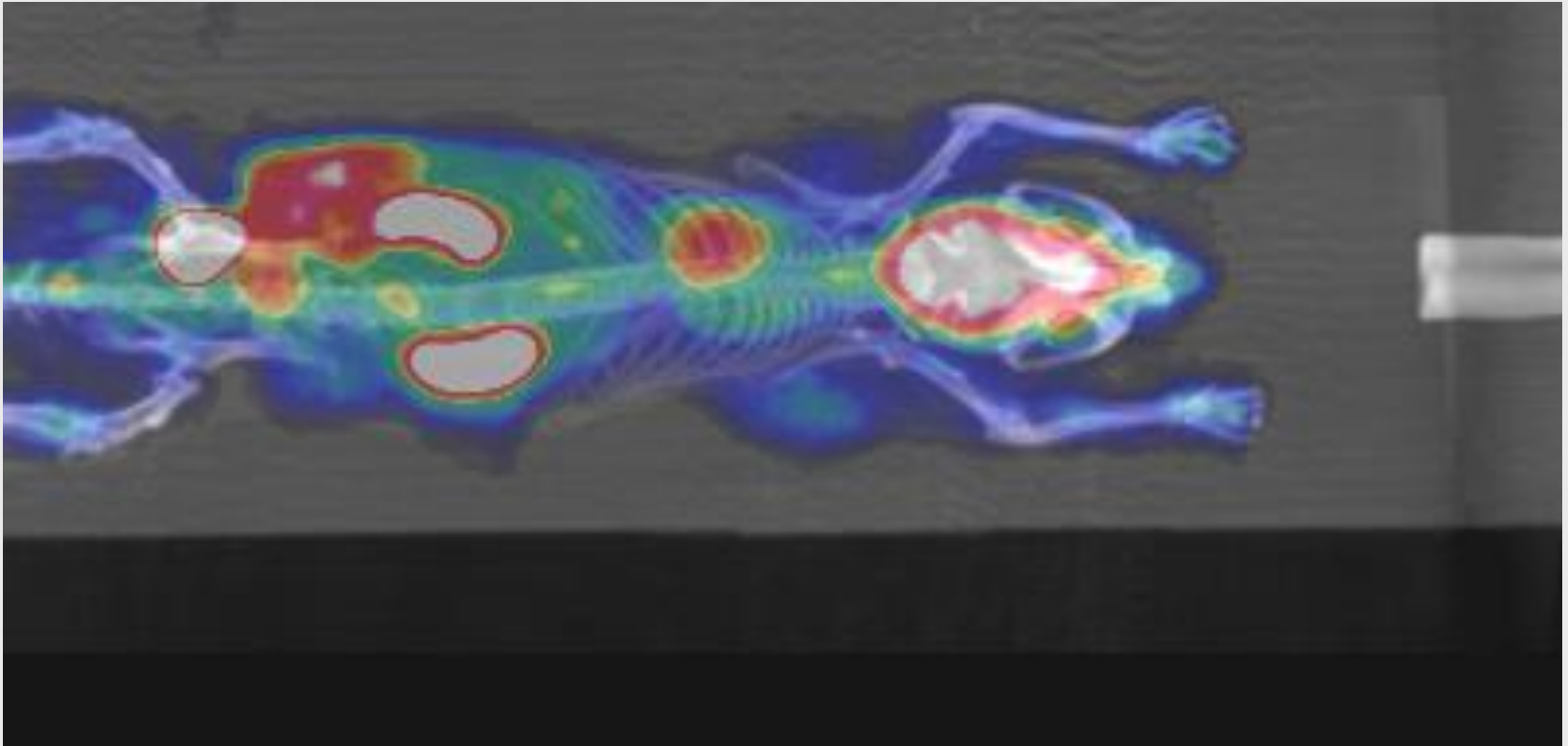
37 year old female (53 kg) with history of metastatic breast cancer, for restaging.
biograph Sensation 16 demonstrates multiple areas of increased uptake consistent with metastatic disease, in the mediastinum, bilateral pulmonary hila, left upper lateral chest wall.

Scan protocol: CT 140 mAs, 120 kV, 5 mm slices

PET 400 MBq FDG, 167 min p.i, 5 min/bed, 4+2 beds, 30 min scan time



^{18}F FDG - micro PET



^{64}Cu (ATSM): Why Image Hypoxia?

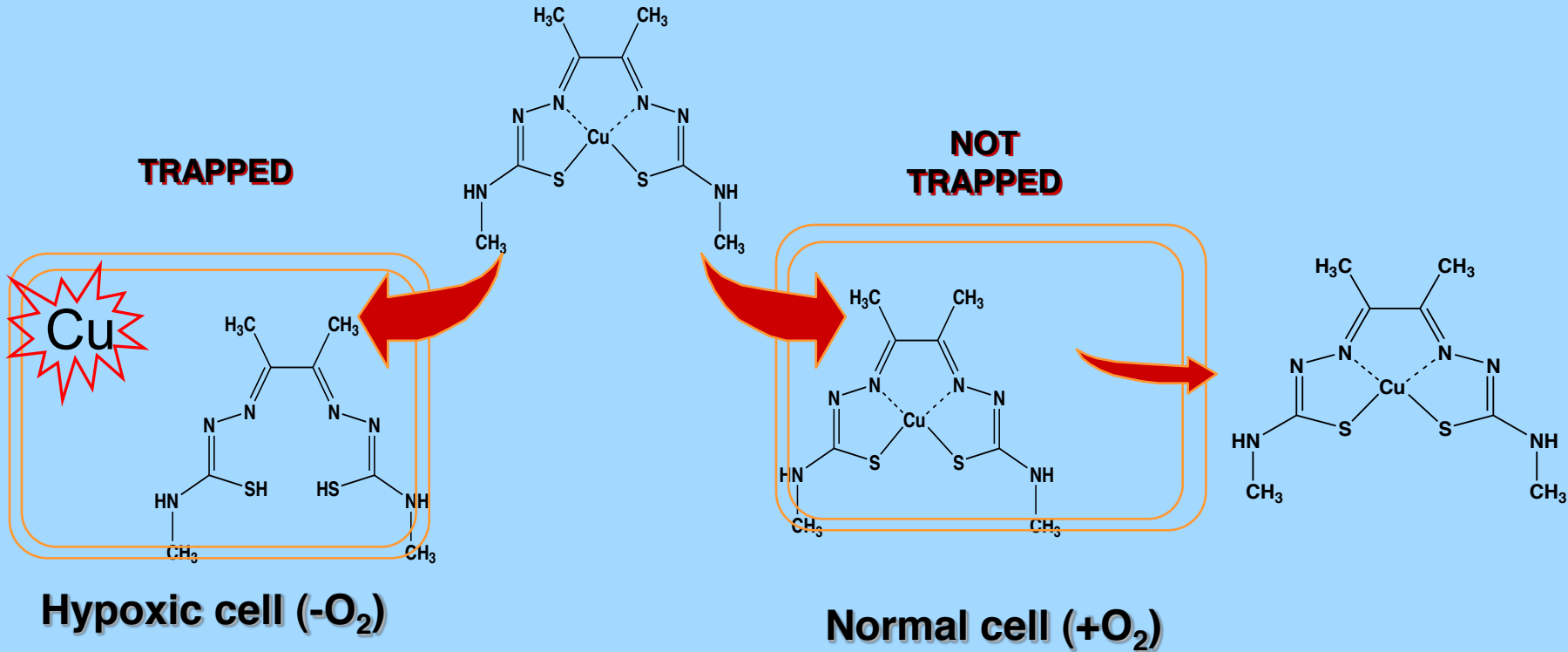
⇒ Hypoxia influences response to treatment:

- (1) Radiotherapy - hypoxic cells are protected from lethal effects of conventional ionizing radiation therapy
- (2) Chemotherapy - effect of hypoxia on special genes and drug delivery

⇒ Imaging of hypoxia is required in order to predict response to traditional therapies

⇒ Imaging of hypoxia in the brain, heart and cancer have been explored

PET Imaging Agents – Cu(ATSM)



^{64}Cu -ATSM in Cancer of the Uterine Cervix

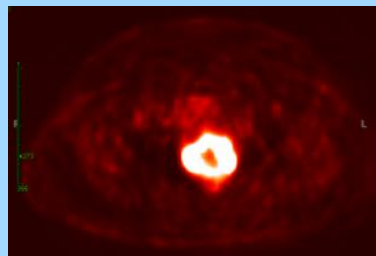
Responder

Non-Responder

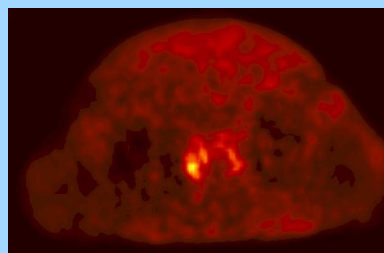
A



CT

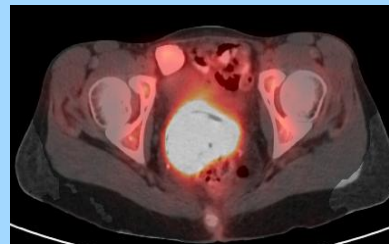


FDG-PET

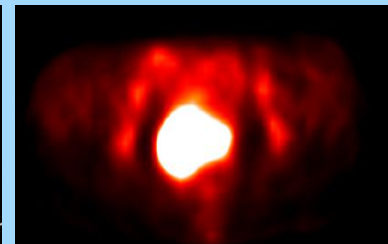


^{64}Cu -ATSM-PET
T/M = 4.4

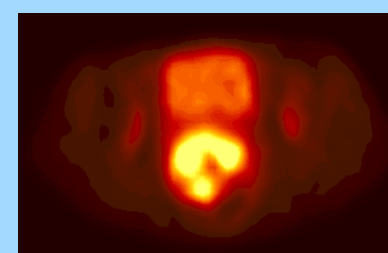
B



Fused PET/CT



FDG-PET



^{64}Cu -ATSM-PET
T/M = 10.3

Ca Cervix - Clinical Outcome

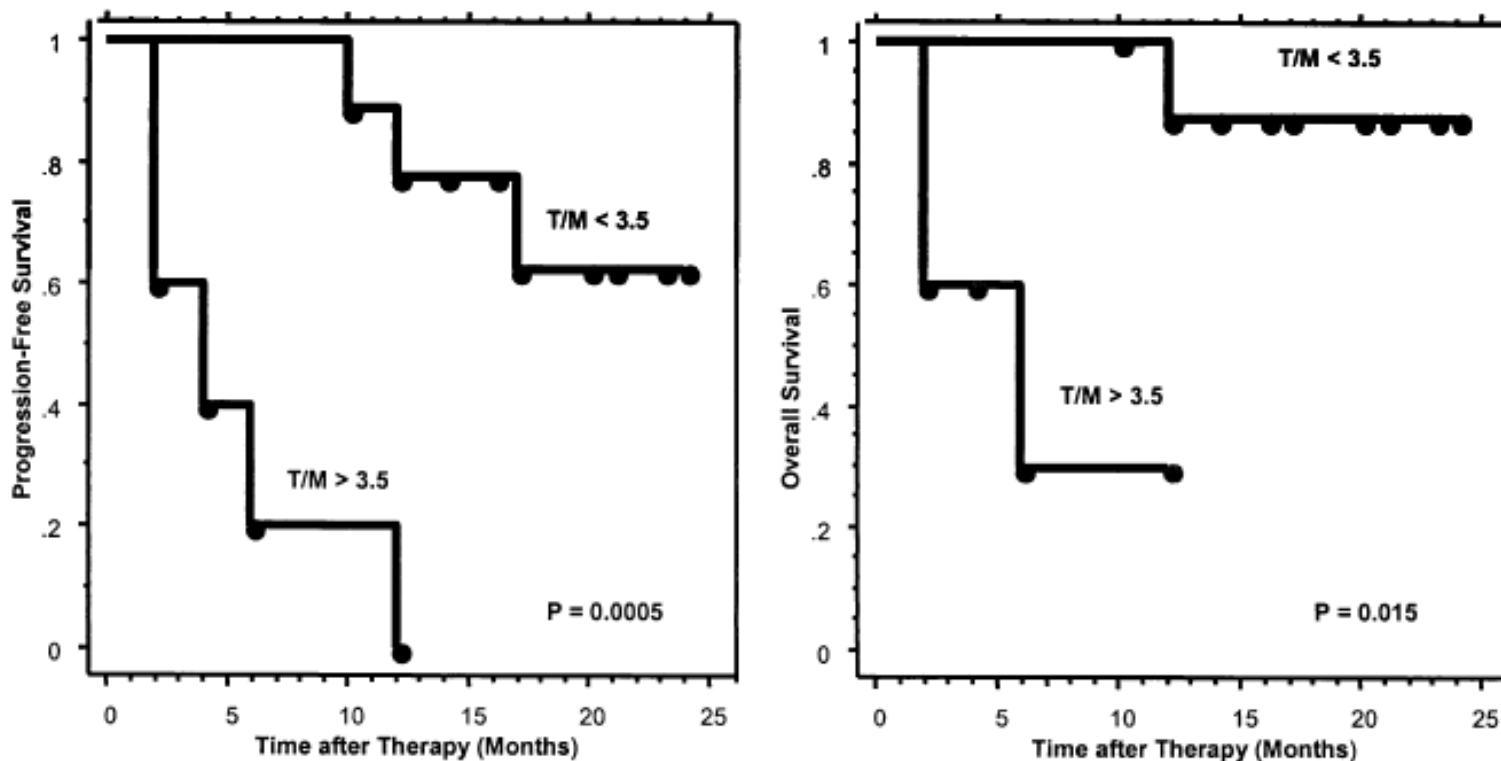
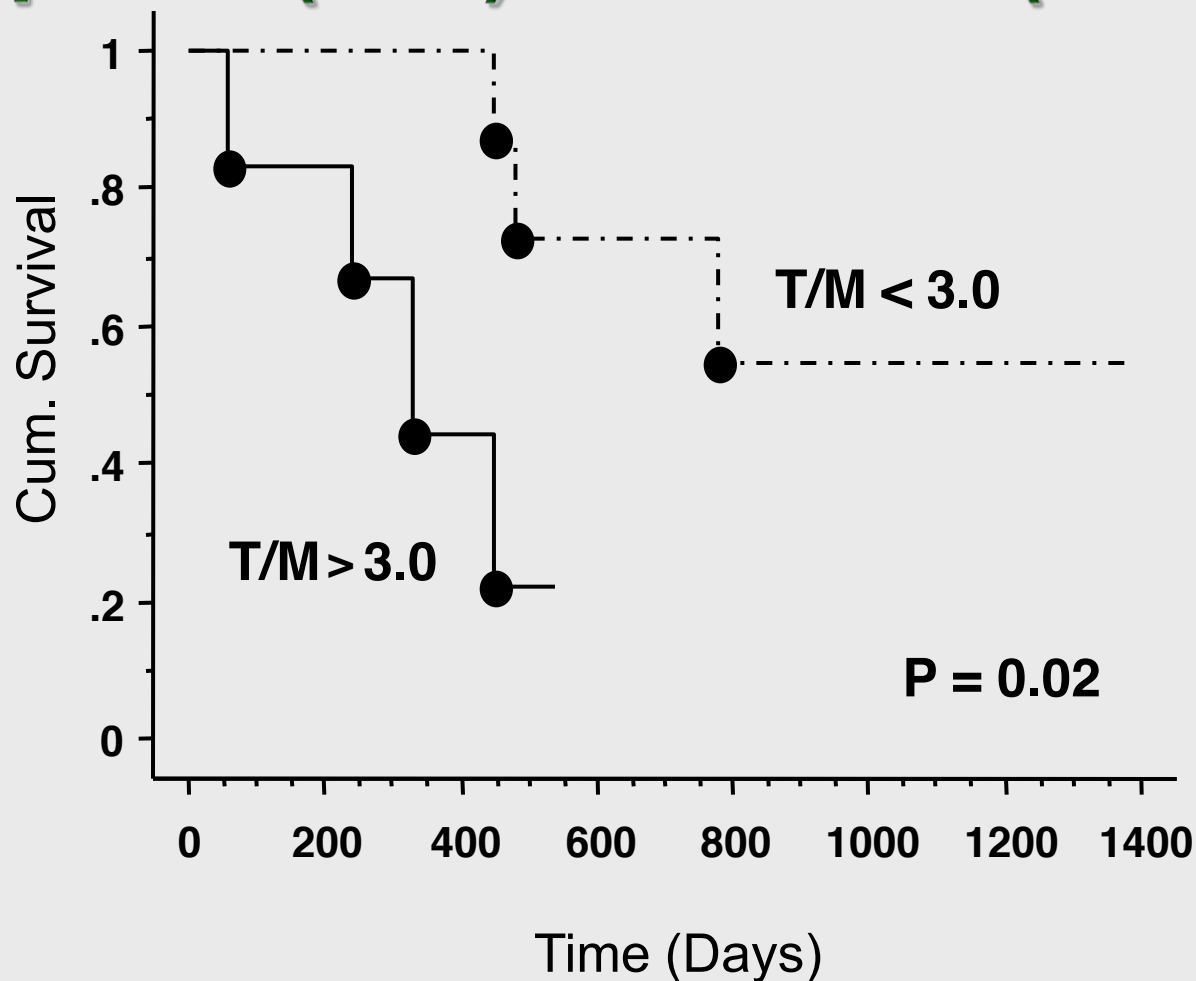


Fig. 2. Progression-free survival and overall survival based on ^{60}Cu -ATSM uptake using Kaplan-Meier method. Patient survival has an inverse relationship with tumor uptake of ^{60}Cu -ATSM assessed by tumor-to-muscle activity ratio ($p = 0.0005$ and $p = 0.015$, respectively).

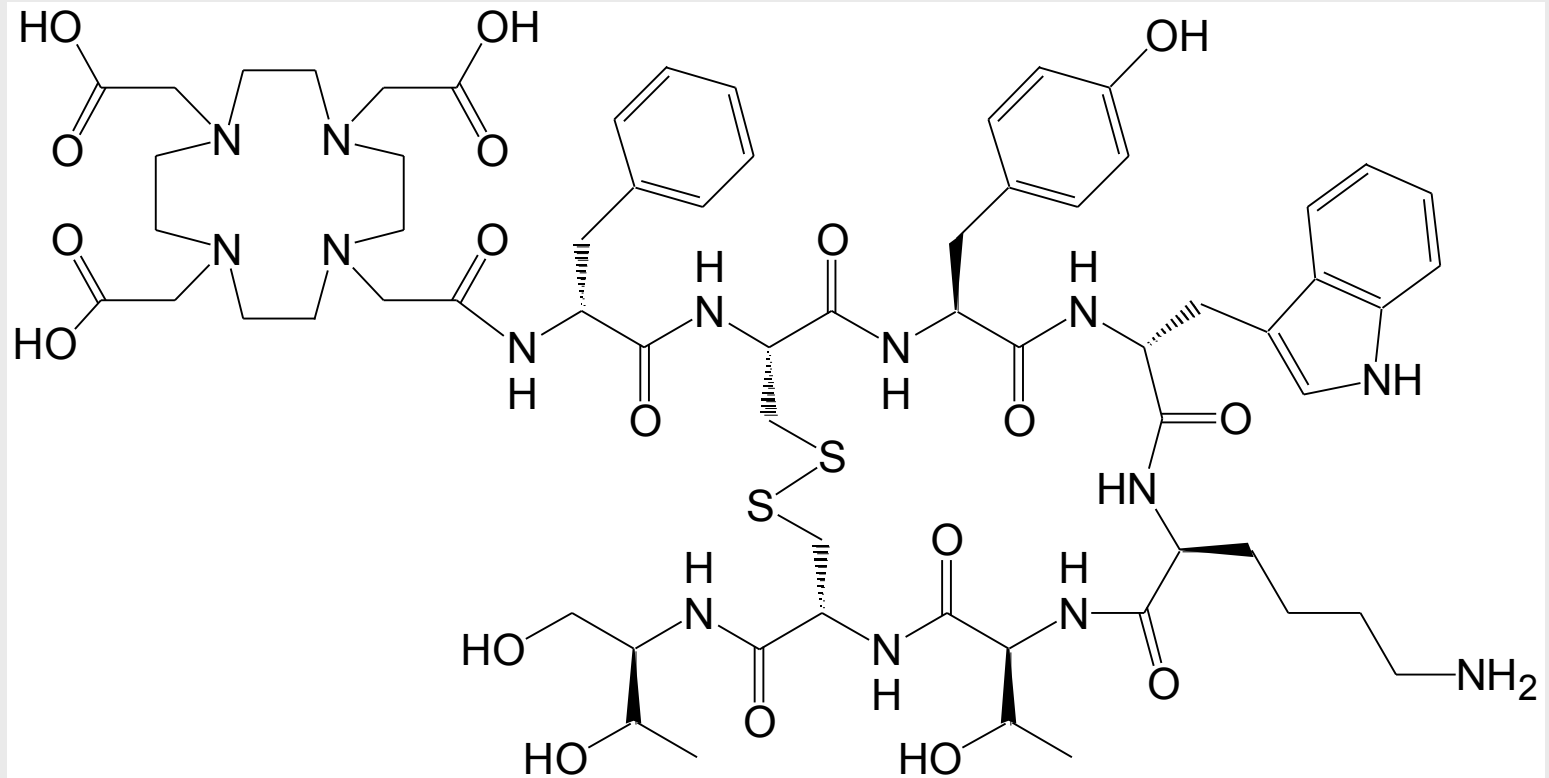
- 5/14 pt's tumors were characterized as hypoxic
- All pts with hypoxic tumors developed recurrent disease
- 6/9 pts with normoxic tumors disease free at end of study

Overall Survival Based on ^{60}Cu -ATSM Uptake (T/M) in NSCLC (n=14)

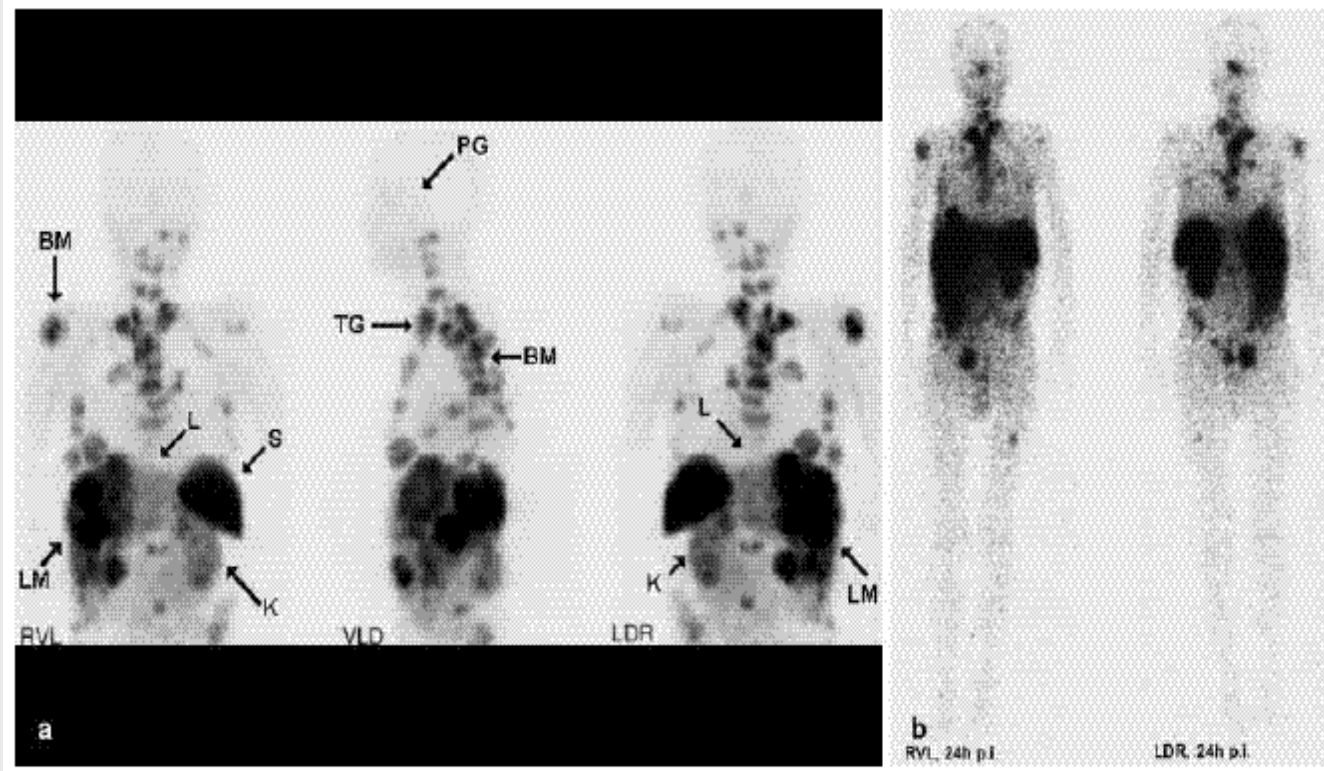


European Journal of Nuclear Medicine and Molecular Imaging Vol. 30, No. 6, June 2003

DOTA-Y3-OC (DOTATOC)



⁶⁸Ga-DOTA-TOC and PET in Patients with Carcinoid Tumors

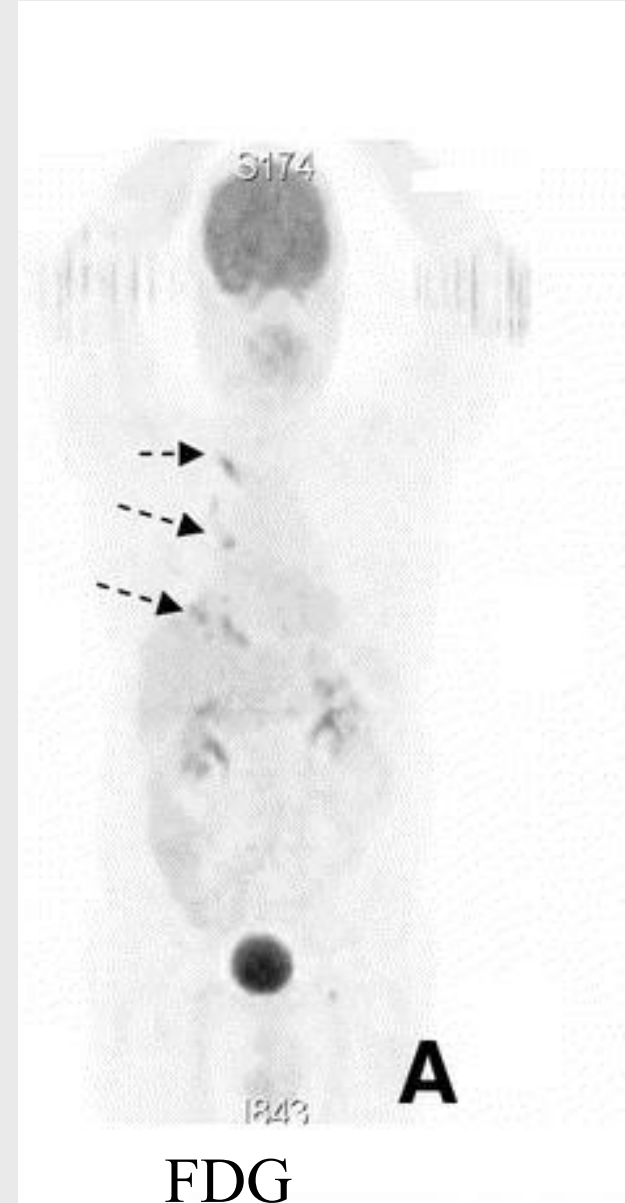


⁶⁸Ga-DOTA-TOC and PET (left; 90 min post-injection) vs ¹¹¹In-DTPA-OC gamma scintigraphy (right; 24 h post-injection)

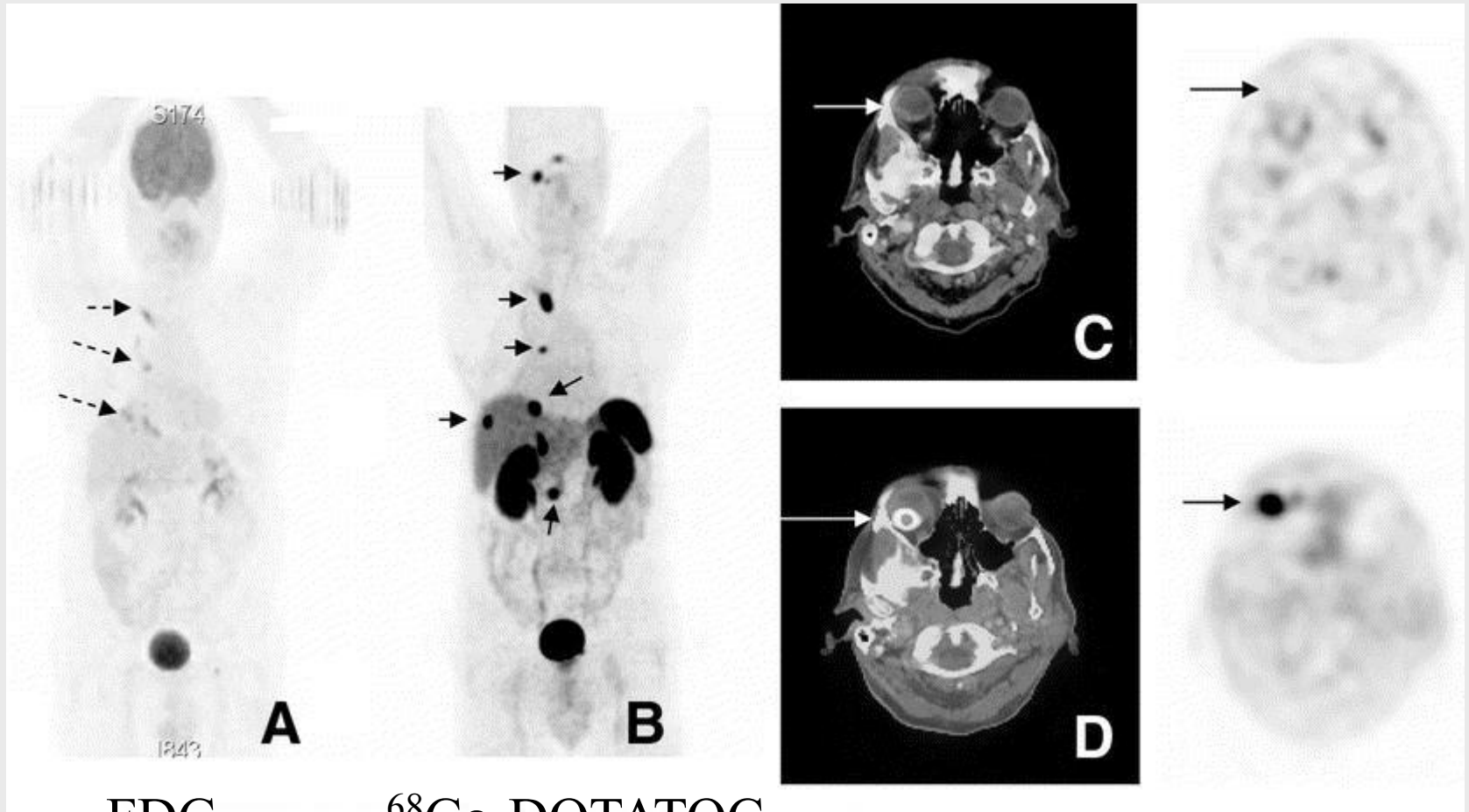
Eur J Nucl Med (2001) 28:1751–1757

Case Study

- A 61-year-old man presented with the sudden onset of vision problems of the right eye
- Ophthalmoscopy and MRI were suspicious for a choroidal melanoma
- A subsequent FDG PET showed no FDG accumulation



Van Riet: Clin Nucl Med, Volume 34(1).January 2009.27-28

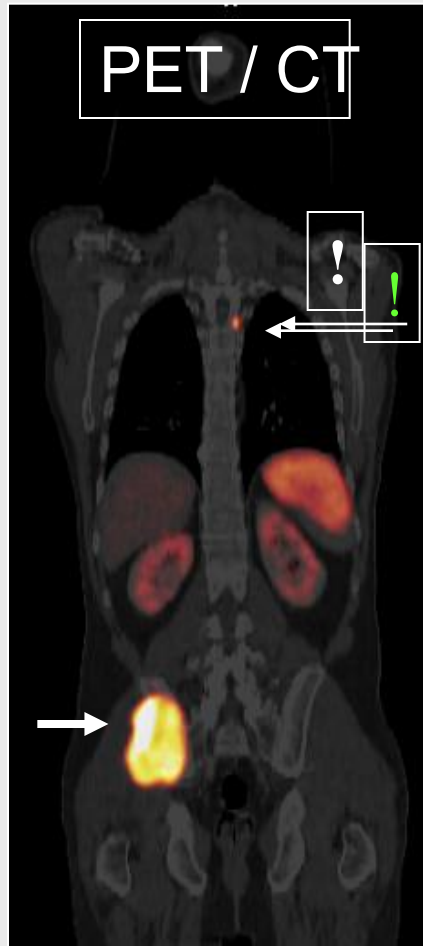
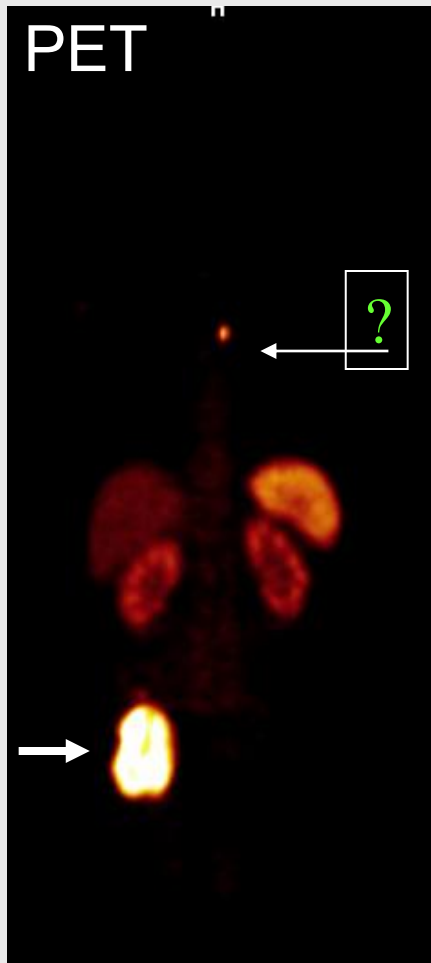


FDG

^{68}Ga -DOTATOC

Van Riet: Clin Nucl Med, Volume 34(1).January 2009.27-28

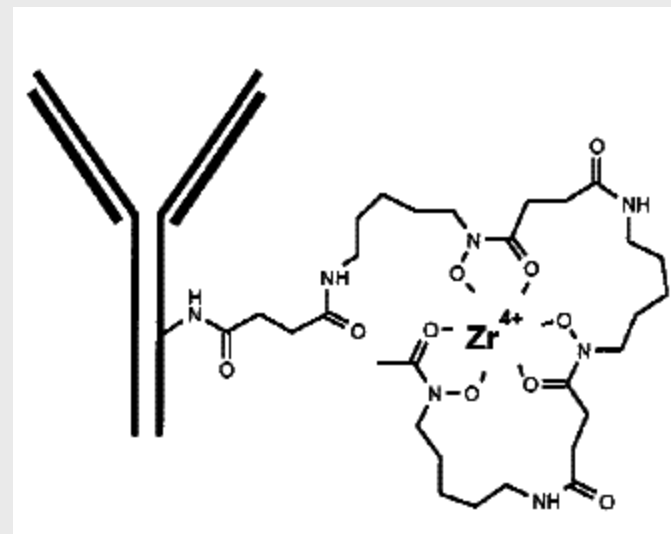
^{68}Ga -DOTATOC and PET/CT Metastatic neuroendocrine tumor



PET + CT

^{89}Zr

- Longer lived metallic radionuclide
- Low positron energy – high quality images
- Produced by $^{89}\text{Y}(p,n)^{89}\text{Zr}$, ^{89}Y – 100% naturally abundant
- Column chromatography separation

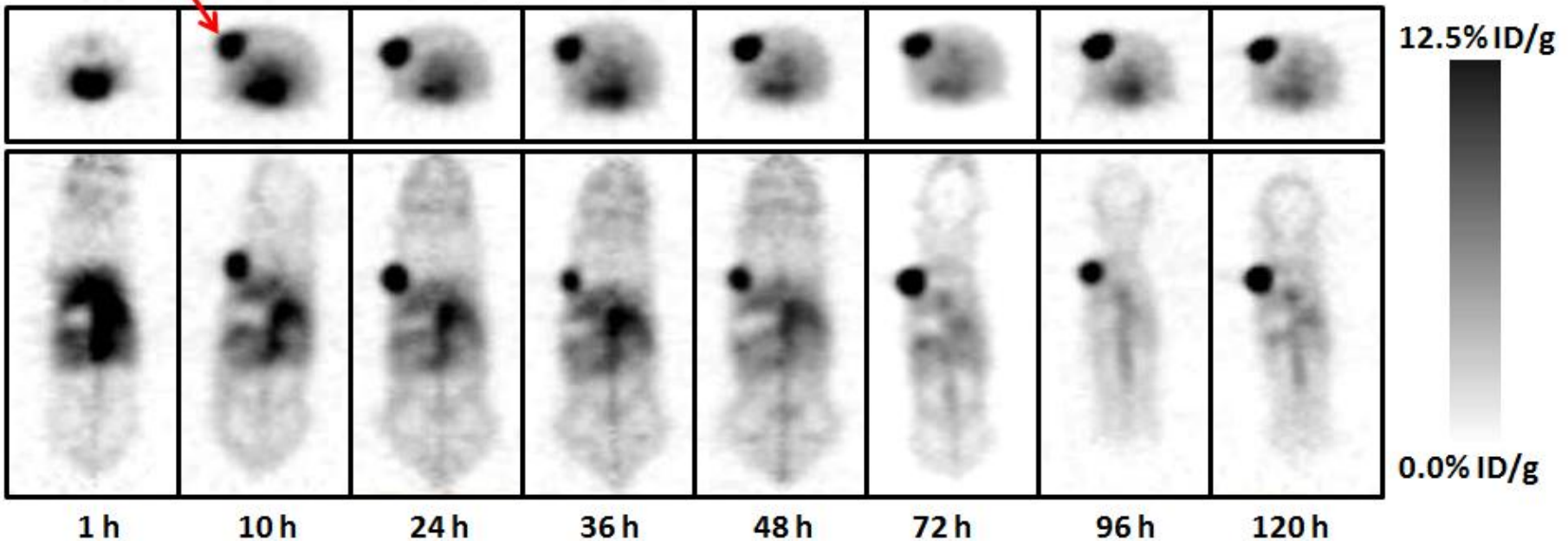


Preclinical ^{89}Zr

^{89}Zr -DFO-Herceptin for ImmunoPET (MSKCC)

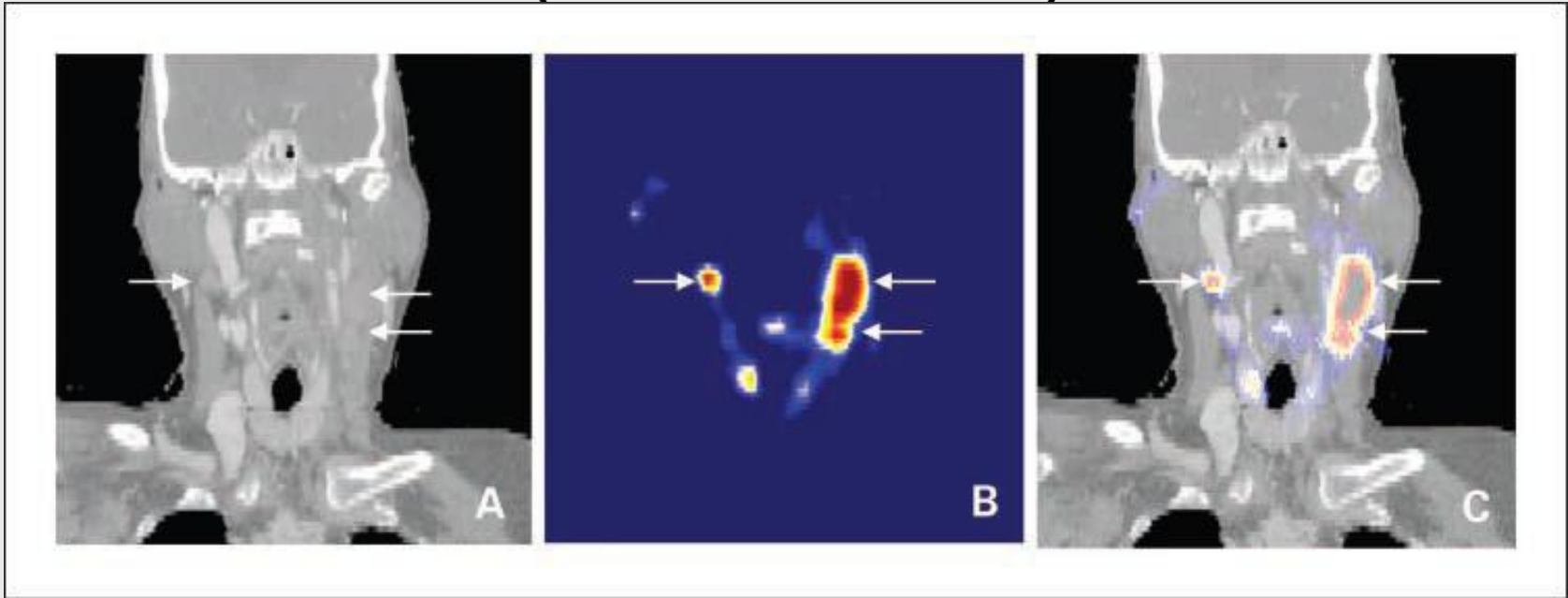
PET imaging using a HER2/*neu* positive tumors

BT-474 tumors (HER2 +)



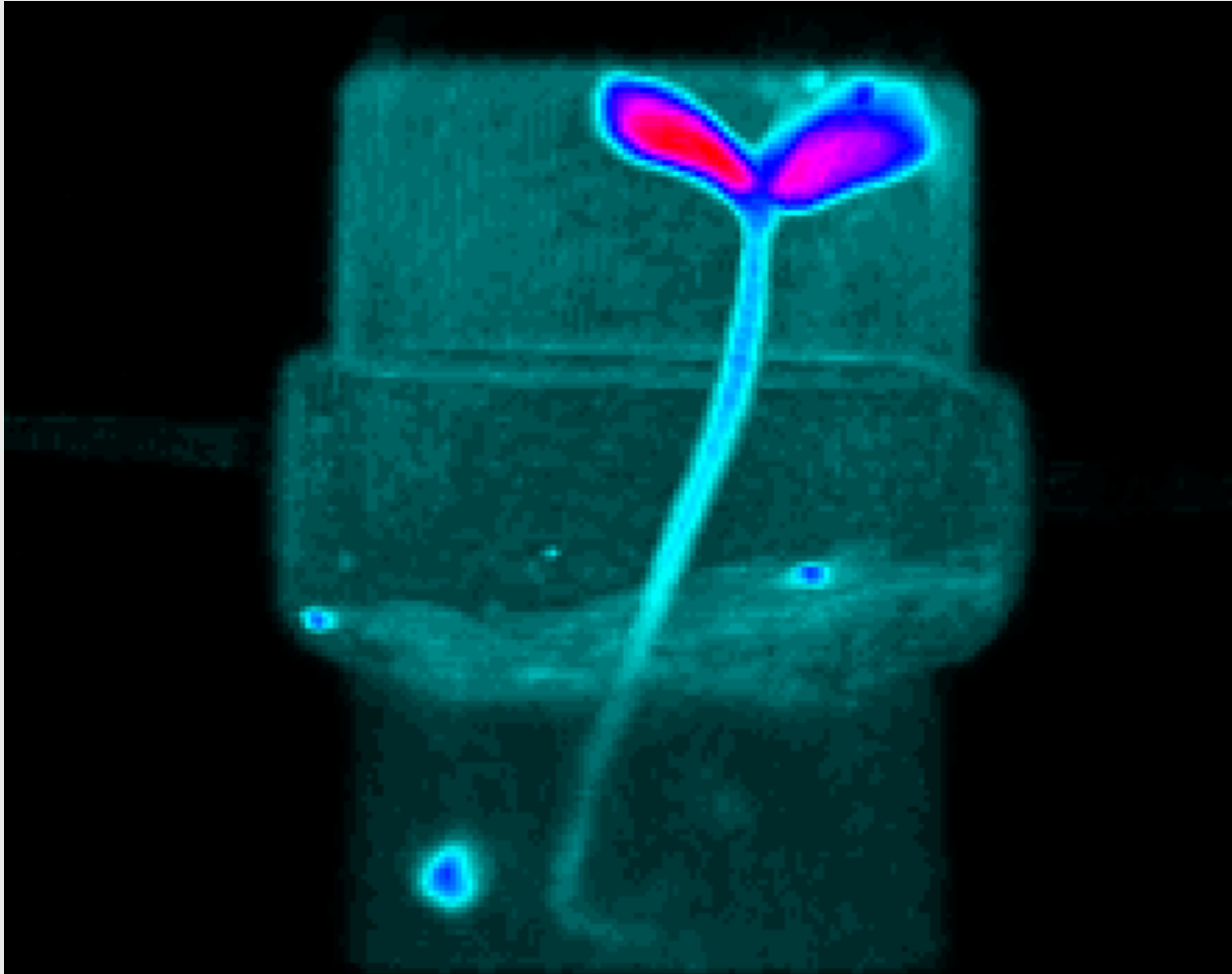
- ImmunoPET images recorded in a female athymic, *nu/nu* mouse with sub-cutaneous BT-474 tumors (300 – 450 mm³)

Clinical ^{89}Zr studies (Netherlands)



ImmunoPositron Emission Tomography with Zirconium-89-Labeled Chimeric Monoclonal Antibody U36 in the Detection of Lymph Node Metastases in Head and Neck Cancer Patients

In other areas:



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