

Radionuclides for medical applications

Ulli Köster

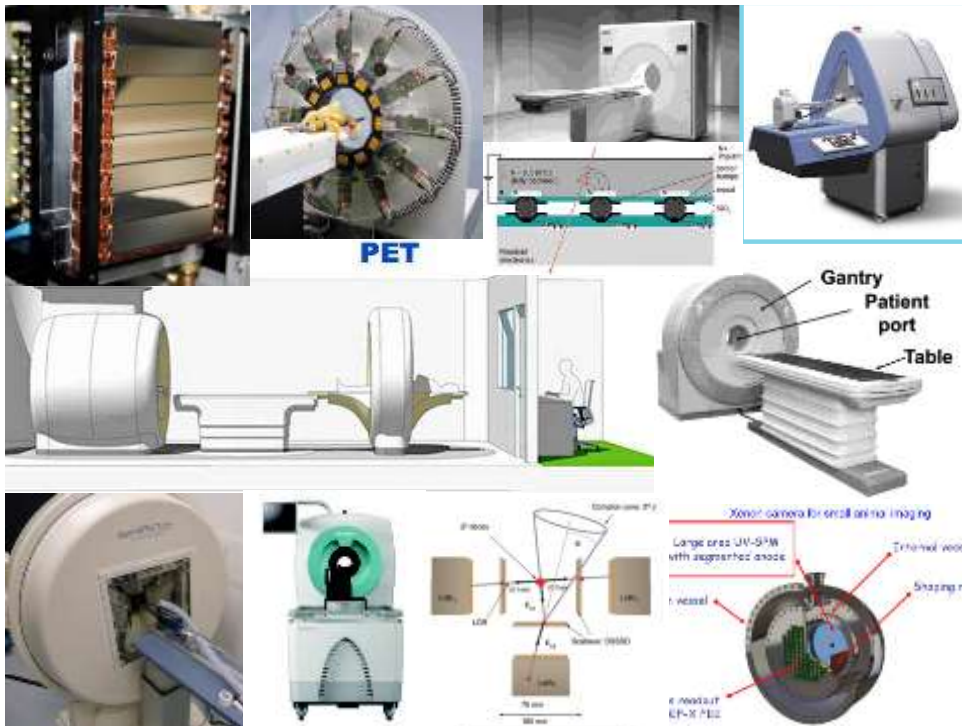
Institut Laue-Langevin, Grenoble



EuNPC

1 September 2015



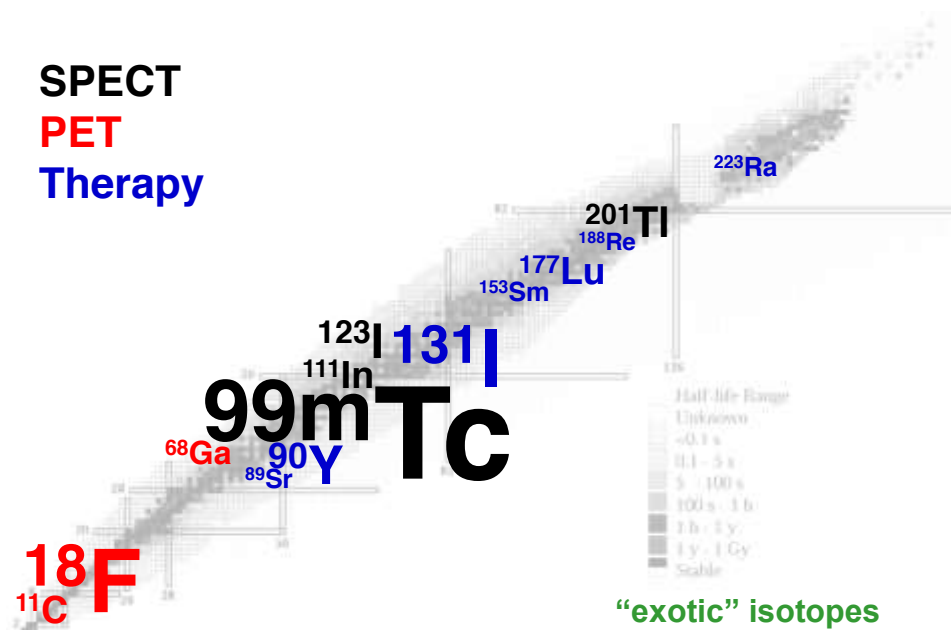


Don't forget the fuel!

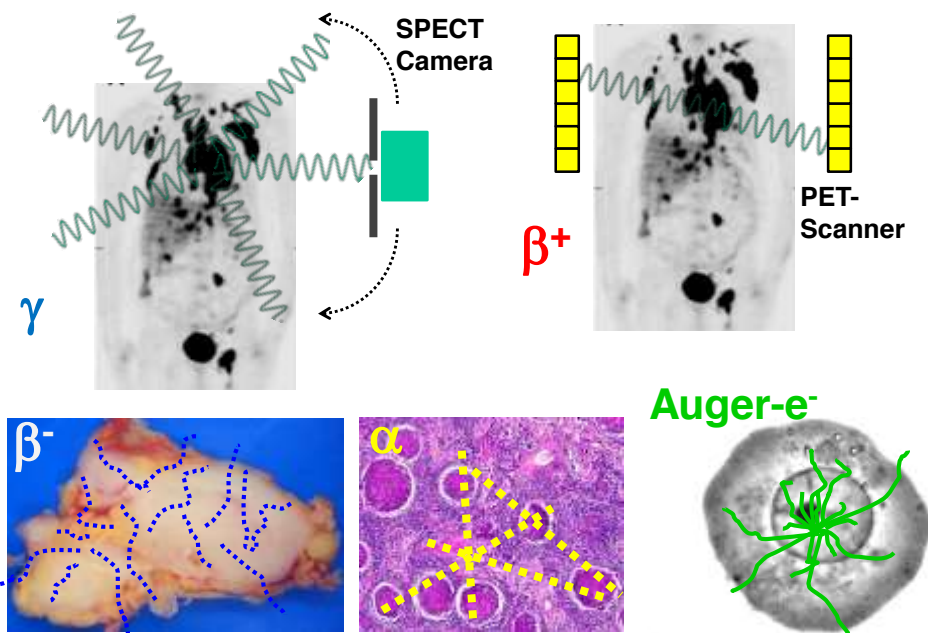


Radioisotopes: the “fuel” for nuclear medicine

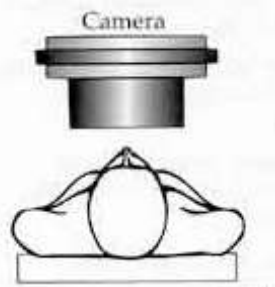
The chart of nuclides: nuclear medicine perspective



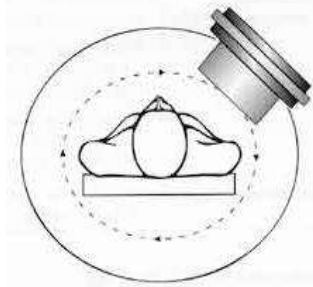
The Nuclear Medicine Alphabet



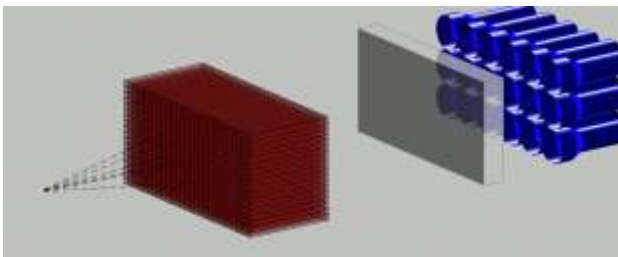
Scintigraphy and SPECT



2D: planar scan
(Gamma camera)



3D: SPECT: Single Photon Emission
Computer Tomography



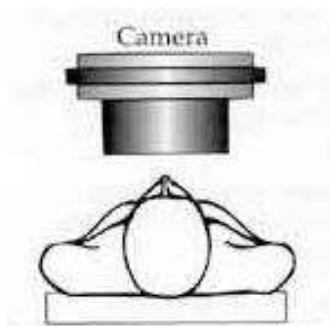
$E_{\gamma} > 60 \text{ keV}$
 $E_{\gamma} < 400 \text{ keV}$

^{99m}Tc : ideal for SPECT and gamma cameras

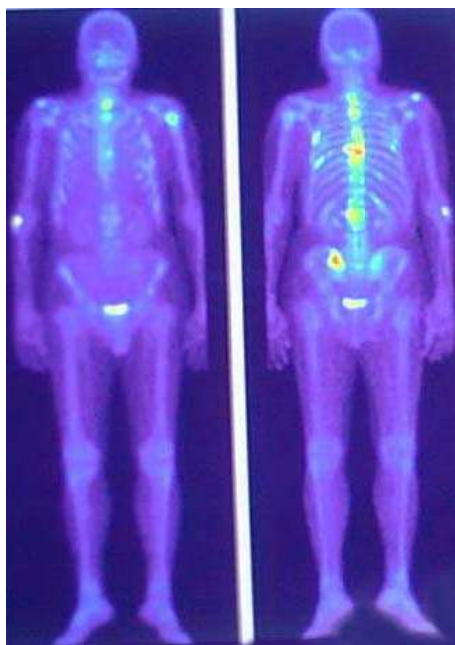
Ru 98 1.87 $\sigma < 8$	Ru 99 12.76 $\sigma 4$	Ru 100 12.60 $\sigma 5.8$	Ru 101 17.06 $\sigma 5$	Ru 102 31.55 $\sigma 1.2$
Tc 97 92.2 d $4.0 \cdot 10^6 \text{ a}$ β^- (97) σ	Tc 98 $4.2 \cdot 10^6 \text{ a}$ $\beta^- 0.4$ $\gamma 745; 652$ $\sigma 0.9 + ?$	Tc 99 6.0 h $2.1 \cdot 10^5 \text{ a}$ β^- (99) $\gamma 141$ $\sigma 89$	Tc 100 15.8 s $\beta^- 3.4$ $\epsilon 540; 591$	Tc 101 14.2 m $\beta^- 1.3$ $\gamma 307; 545$
Mo 96 16.68 $\sigma 0.5$	Mo 97 9.56 $\sigma 2.5$ $\sigma_0, \alpha 4E-7$	Mo 98 24.19 $\sigma 0.14$	Mo 99 66.0 h $\beta^- 1.2$ $\gamma 740; 182;$ 778... m; g	Mo 100 9.67 $1.15 \cdot 10^{19} \text{ a}$ $2\beta^-$ $\sigma 0.19$

- IT with 89% 140.5 keV gamma ray, $T_{1/2} = 6 \text{ h}$
- decays to quasi-stable daughter
- ^{99m}Tc fed in 88% of β^- decays of ^{99}Mo , $T_{1/2} = 66 \text{ h}$
- produces nearly carrier-free product

Bone metastases

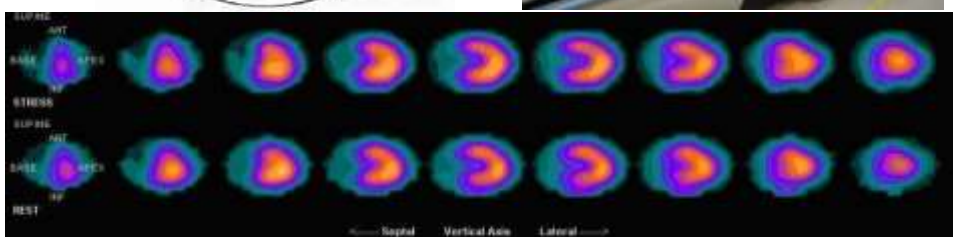
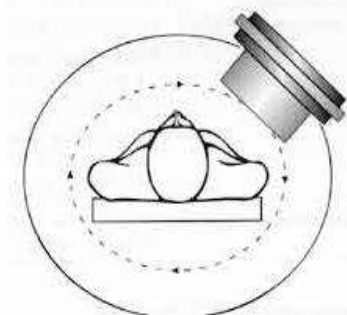


- planar or SPECT scan for bone metastases
- differentiate between local and generalized disease
- decide on treatment options: surgery or radiation therapy versus systemic therapy

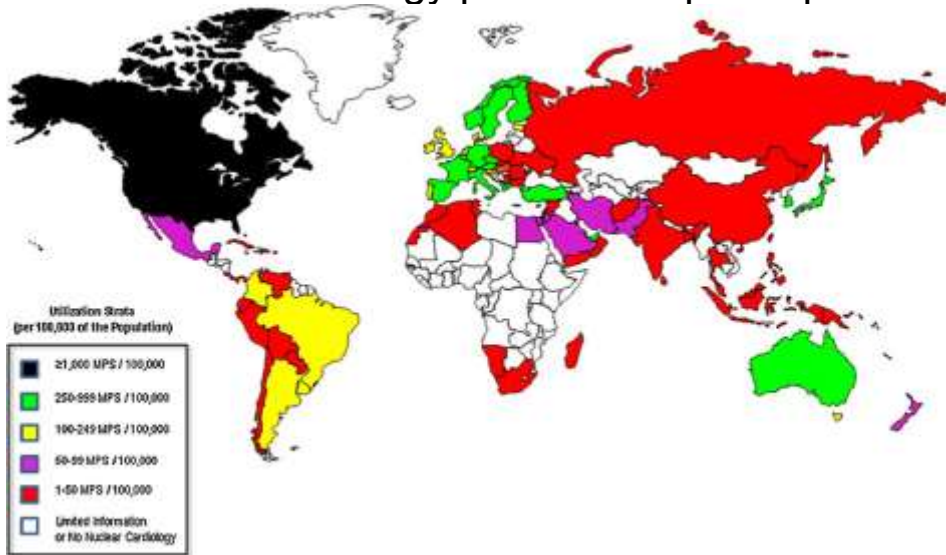


Ischemic heart disease

- diagnose by ECG and cardiac stress/rest test with SPECT
- treatment by medication, angioplasty or bypass surgery

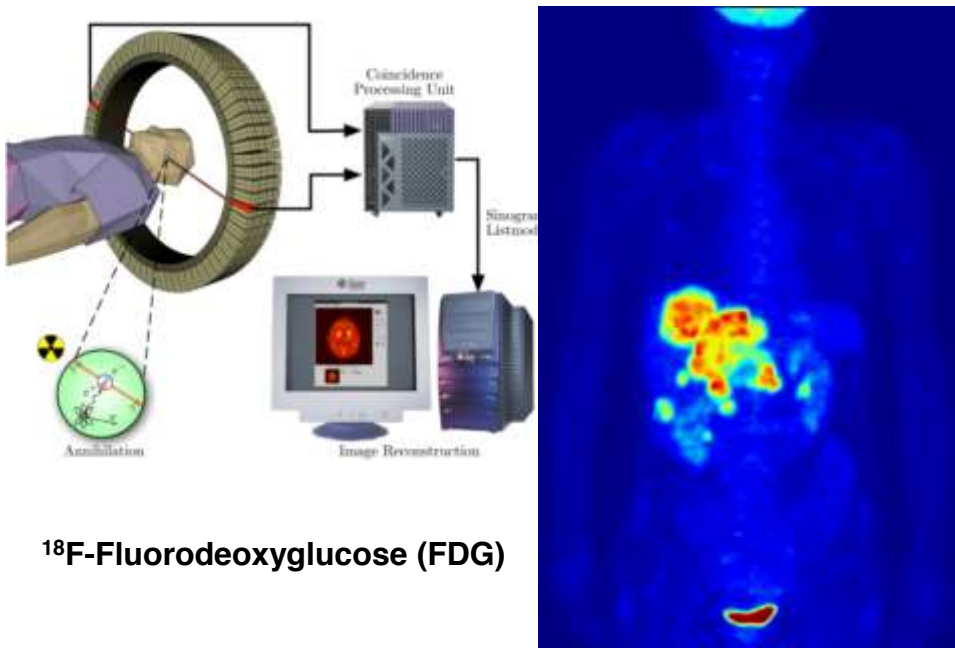


Nuclear cardiology procedures per capita

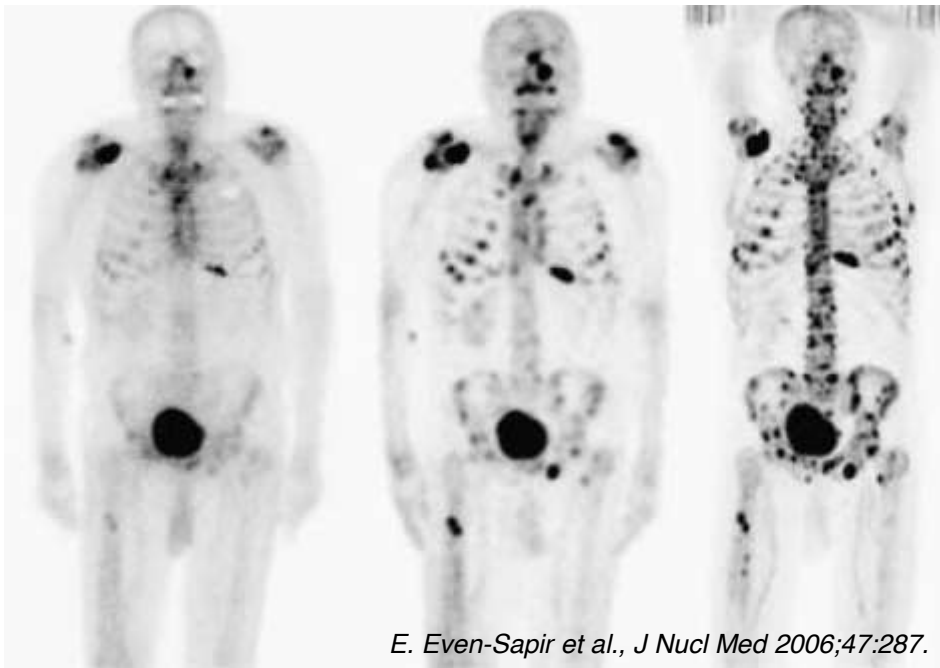


2007: 8.54M myocardial perfusion SPECT procedures reimbursed in the USA
J.V. Vitola et al., J Nucl Cardiol 2009;16:956.

Positron Emission Tomography



^{18}F -Fluorodeoxyglucose (FDG)



E. Even-Sapir et al., J Nucl Med 2006;47:287.

^{99m}Tc-MDP planar

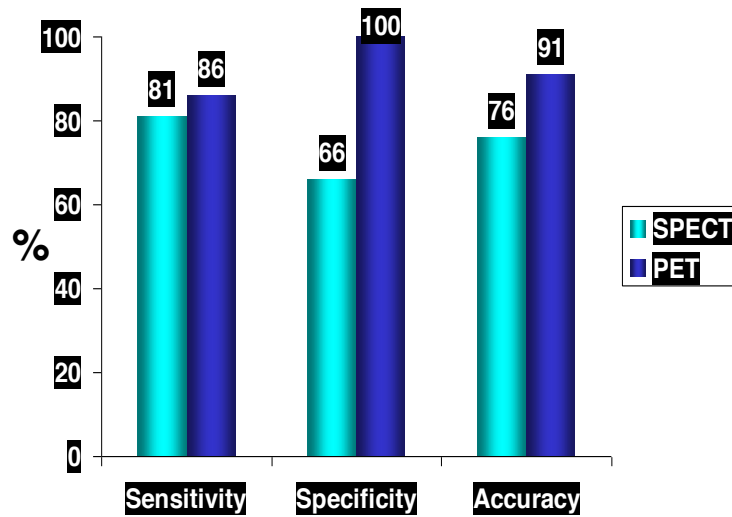
^{99m}Tc-MDP SPECT

¹⁸F- PET

PET isotopes

Radio-nuclide	Half-life (h)	Intensity β ⁺ (%)	E mean (MeV)	Range (mm)
C-11	0.34	99.8	0.39	1.3
N-13	0.17	99.8	0.49	1.8
O-15	0.03	Mother isotope: 271 d 25 d	0.74	3.2
F-18	1.83		0.25	0.7
Ga-68	1.13		0.83	3.8
Rb-82	0.02		3.38	20

Diagnostic Accuracy: ^{82}Rb PET vs $^{99\text{m}}\text{Tc}$ SPECT



Bateman et al, J Nucl Cardiol 2006;13:24.

Facilities producing ^{82}Sr

BNL, USA – 200 MeV, 100 μA

LANL, USA – 100 MeV, 200 μA

INR, Russia – 160 MeV, 120 μA

TRIUMF, Canada – 110 MeV, 70 μA

iThemba, South Africa – 66 MeV, 250 μA



Sr 82 25.34 d 0 no β^+ no γ 0	Sr 83 5.0 s 32.4 h 0 1.23 0.6 + 0.2	Sr 84 0.56 87.7 m 84.859 d 0 0.81 + 0.23	Sr 85 0 0 0 0 0	Sr 86 9.86 0 0 0 0
Rb 81 10.3 m 4.88 h 0 1.00 0.14 0.11 0	Rb 82 0 1.27 m 0 0 0 0 0	Rb 83 66.2 d 0 0 520.530 553 0 0	Rb 84 20.35 m 0 0 0 0 0 0	Rb 85 72.17 0 0 0 0 0 0.06 + 0.38

Facilities producing ^{82}Sr

BNL, USA – 200 MeV, 100 μA

LANL, USA – 100 MeV, 200 μA

INR, Russia – 160 MeV, 120 μA

TRIUMF, Canada – 110 MeV, 70 μA

iThemba, South Africa – 66 MeV, 250 μA

ARRONAX, France – 70 MeV, < 750 μA

SPES, Italy – 70 MeV, < 1000 μA

Zevacor, USA – 70 MeV, < 750 μA

ZDNM, Russia – 70 MeV, < 750 μA



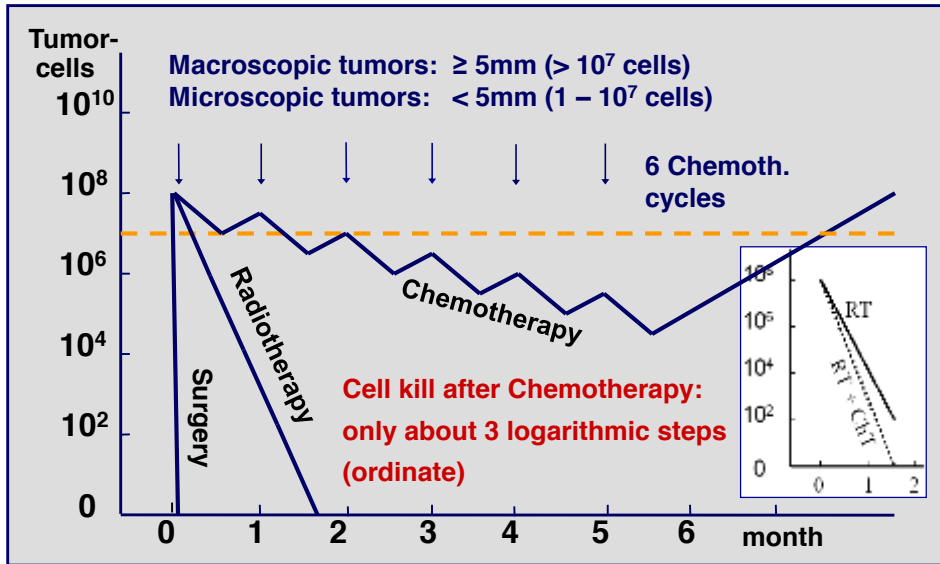
Cancer and efficiency of treatments

At time of diagnosis	Primary tumor	With metastases	Total
Diagnosed	58%	42%	100%
Cured by:			
Surgery	22%		
Radiation therapy	12%		
Surgery + radiation therapy	6%		
All other treatments and combinations incl. chemotherapy		5%	
Fraction cured	69%	12%	45%

Over **one million deaths per year** from cancer in EU.

- ⇒ improve early diagnosis
- ⇒ improve systemic treatments

Comparison of Therapies



(Molls, TU München; according to Tannock: Lancet 1998, Nature 2006)



Klinik und Poliklinik für Strahlentherapie und Radiologische Onkologie

Prof. Molls

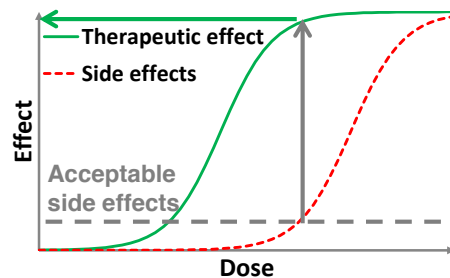
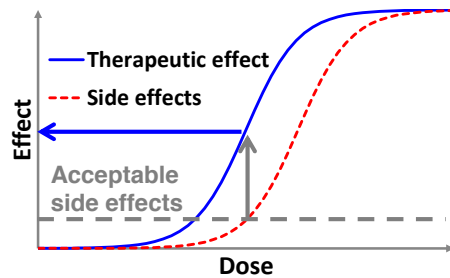


Targeted therapies



Paracelsus (1493-1541)

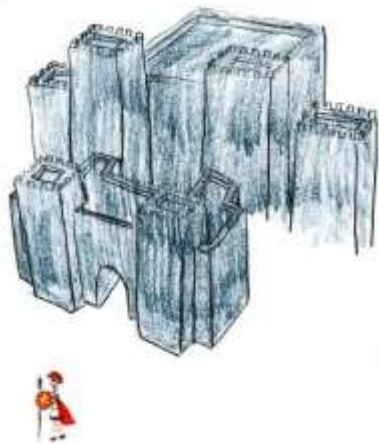
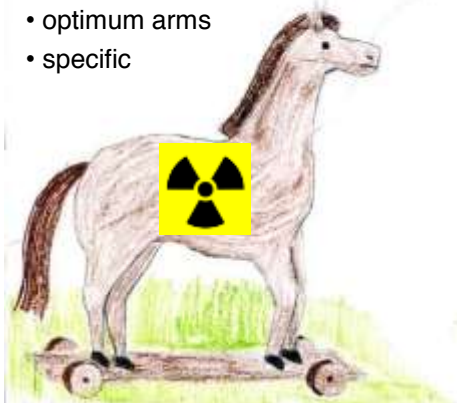
“All things are poison, and nothing is without poison; only the dose permits something not to be poisonous.”



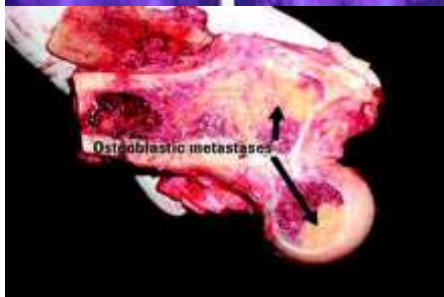
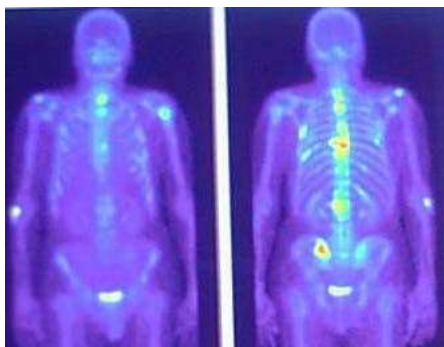
Selective targeting is essential to widen the therapeutic window!

The principle of targeted therapies

- “attractive” vector > high uptake by the target
- transportable
- good in-vivo stability
- warriors “not visible”
- delayed uptake > suitable half-life
- limited space > high specific activity
- optimum arms
- specific



Metabolic targeting



Thyroid cancer

$^{123}\text{I}^-$ for imaging
 $^{131}\text{I}^-$ for therapy

Bone metastases

1.5 million patients world-wide

$^{99\text{m}}\text{Tc}$ -MDP for SPECT imaging

^{18}F for PET imaging

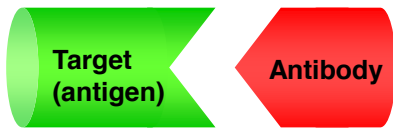
Therapy

^{153}Sm -EDTMP (Quadramet)

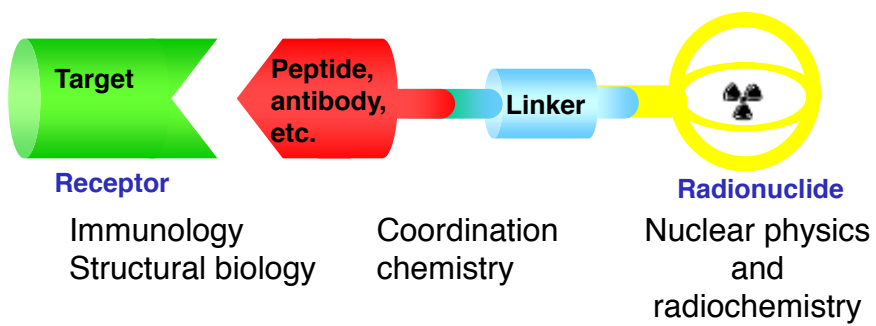
$^{89}\text{Sr}^{2+}$ (Metastron)

$^{223}\text{Ra}^{2+}$ (Xofigo/Alpharadin)

Immunology approach

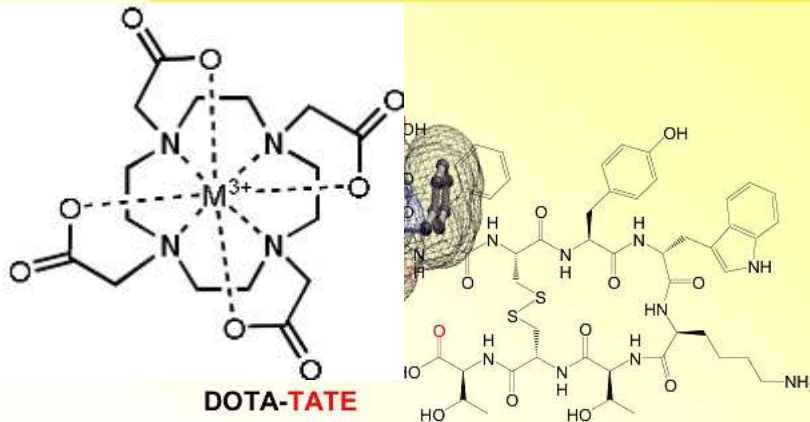


Multidisciplinary collaboration to fight cancer



Nuclear medicine and medical physics

Structural Formula of DOTA-TOC/TATE



1,4,7,10-tetraazacyclododecantetraacetate

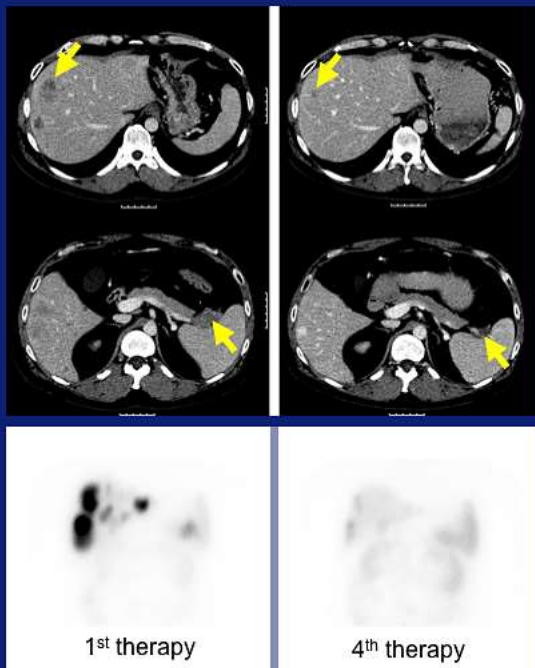
^{111}In ^{90}Y

^{67}Ga ^{177}Lu

^{68}Ga ^{213}Bi

$\text{IC}_{50} (\text{Y}^{\text{III}}) = 1.6 \pm 0.4 \text{ nM}$

Helmut Maecke, EANM-2007.



Male

36 years of age

Small cell pancreatic
neuroendocrine
tumour

Liver metastases

Ki-67 index 10-15%
(liver biopsy)

4 cycles with ^{177}Lu -
octreotate and
capecitabine

Partial remission

Roelf Valkema, EANM-2008.

What success does PRRT offer?

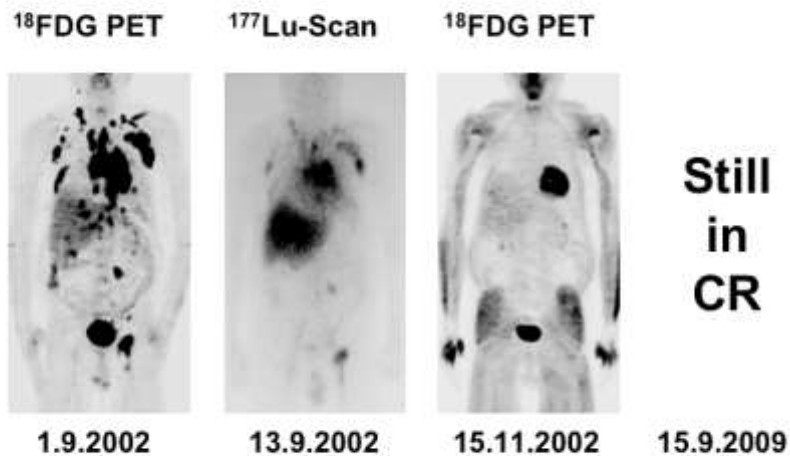
- ✓ CR+ PR + MR in about 50% of patients: **YES**
- ✓ Reduce symptoms and improve quality of life: **YES**
- ✓ Increase survival time: **YES**
- ✓ Safety and tolerability: **YES**

Roelf Valkema, EANM-2008.



Lymphoma therapy: RITUXIMAB+¹⁷⁷Lu

E.B., 1941 (m): UPN 6



F. Forrer et al., J Nucl Med 2013;54:1045.



University Hospital Basel, CH



Radionuclides for targeted radionuclide therapy

Radio-nuclide	Half-life (d)	E mean (keV)	E _γ (B.R.) (keV)	Range	
Y-90	2.7	934 β	-	12 mm	Established isotopes
I-131	8.0	182 β	364 (82%)	3 mm	
Lu-177	6.7	134 β	208 (10%) 113 (6%)	2 mm	Emerging isotope

Production of ¹⁷⁷Lu

Ta 175 10.5 h	Ta 176 8.1 h	Ta 177 56.6 h	Ta 178 0.25 m	Ta 179 665 d	Ta 180 0.012	Ta 181 99.988
Hf 174 0.16	Hf 175 70.0 d	Hf 176 5.26	Hf 177 1.1 s	Hf 178 4.0 s	Hf 179 13.62	Hf 180 5.9 h
Lu 173 1.37 a	Lu 174 3.31 s	Lu 175 97.41	Lu 176 2.59	Lu 177 6.71 d	Lu 178 22.7 m	Lu 179 4.6 h
Yb 172 21.83	Yb 173 16.13	Yb 174 31.83	Yb 175 4.2 d	Yb 176 12 s	Yb 177 6.5 s	Yb 178 74 m
Tm 171 1.92 a	Tm 172 63.6 h	Tm 173 8.2 h	Tm 174 5.4 m	Tm 175 15.2 m	Tm 176 1.9 m	Tm 177 85 s

^{177m}Lu creates waste problem for hospitals!

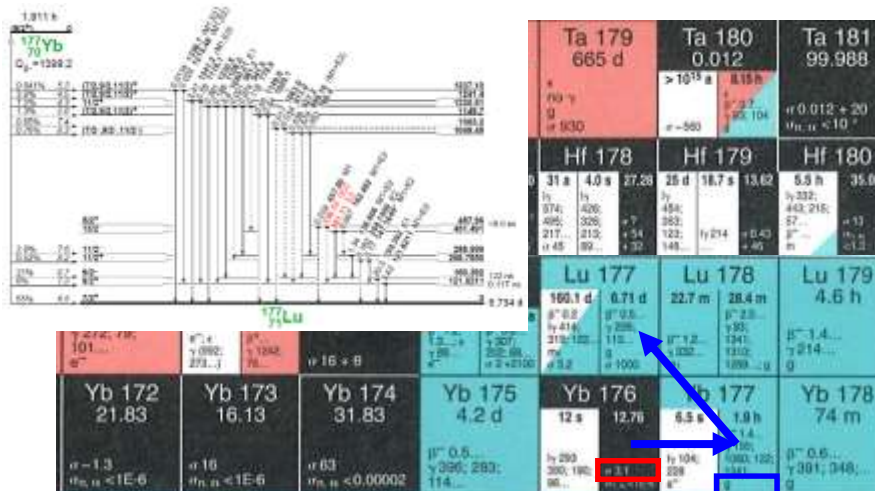
R. Henkelmann et al., Eur. J. Nucl. Med. Mol. Imag. 36 (2009) S260.

The curse of the K-isomer !



"So it'll pollute the lake. It will also make the fish glow in the dark when we go night-fishing !"

"Clean" production route to ^{177}Lu



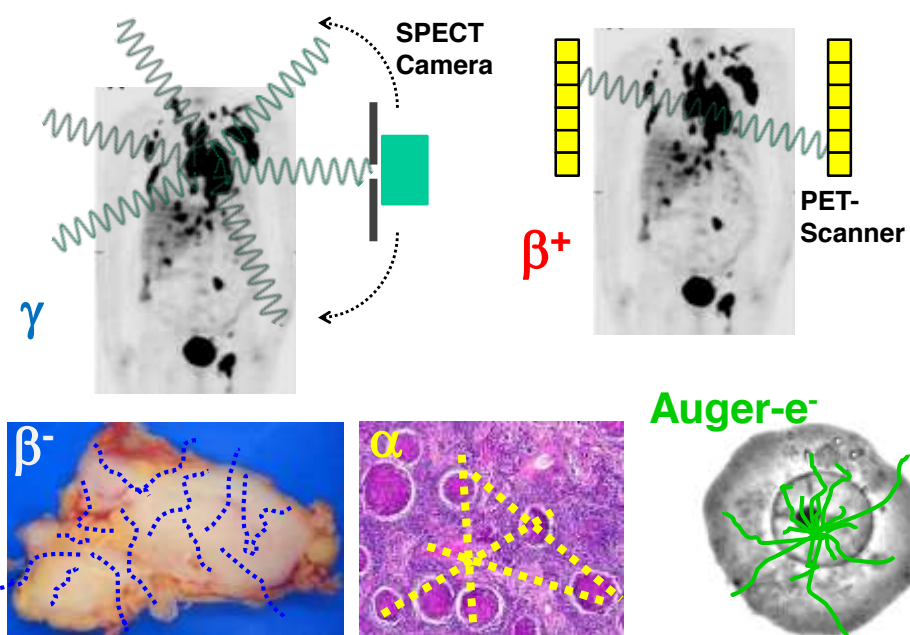
- Free of long-lived isomer
- Non-carrier-added quality
- Requires high-flux reactor and advanced radiochemistry



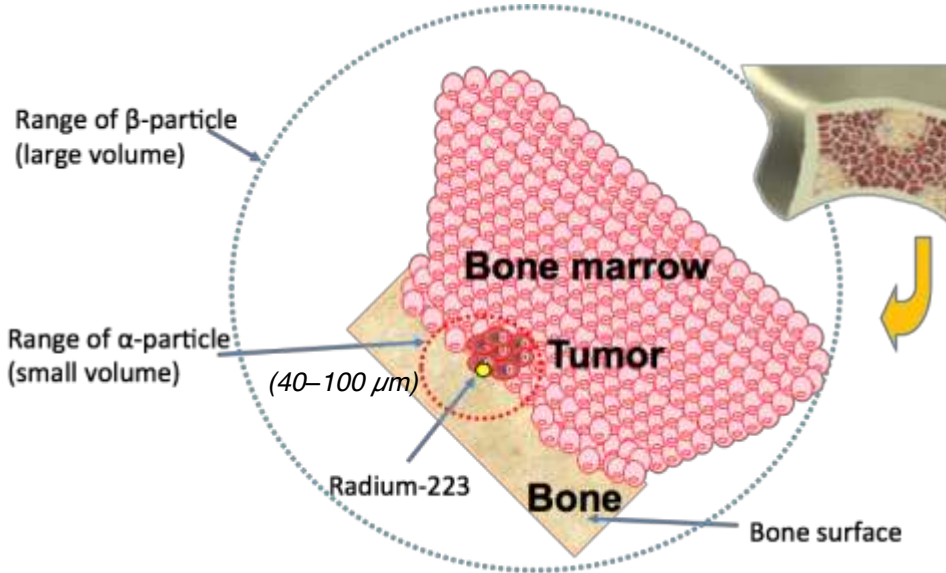
The rising star
for therapy



The Nuclear Medicine Alphabet



Alpha versus beta for therapy



Xofigo: $^{223}\text{RaCl}_2$

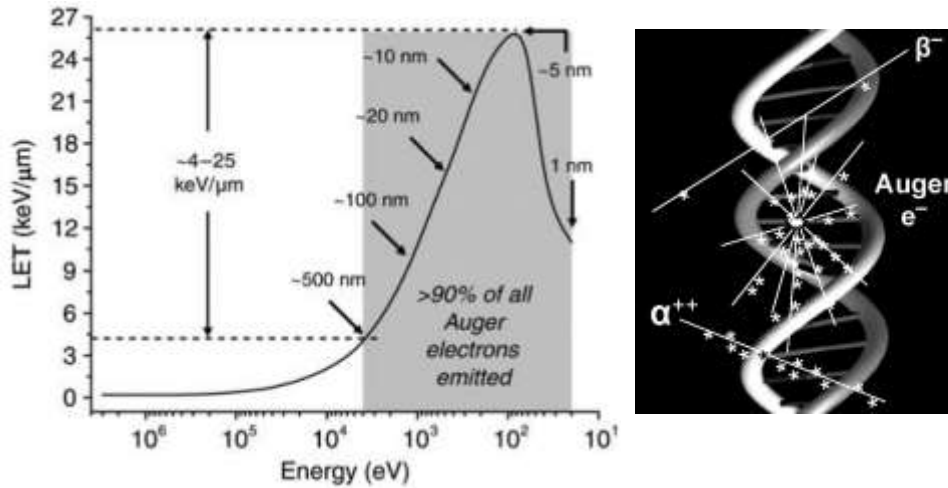
Radionuclides for RIT and PRRT

Radio-nuclide	Half-life	E mean (keV)	E γ (B.R.) (keV)	Range
Y-90	64 h	934 β	-	12 mm
I-131	8 days	182 β	364 (82%)	3 mm
Lu-177	7 days	134 β	208 (10%) 113 (6%)	2 mm
Tb-161	7 days	154 β 5, 17, 40 e $^-$	75 (10%)	2 mm 1-30 μm
Tb-149	4.1 h	3967 α	165,..	25 μm
Ge-71	11 days	8 e $^-$	-	1.7 μm
Er-165	10.3 h	5.3 e $^-$	-	0.6 μm

cross-fire
↑ Established isotopes
↑ Emerging isotopes
↑ R&D isotopes: supply-limited!
↓ localized

Modern, better targeted bioconjugates require shorter-range radiation \Rightarrow need for **adequate (R&D) radioisotope supply**.

Radiobiological effectiveness of Auger electrons



A.I. Kassis, *Rad. Prot. Dosimetry* 2011;143:241.

Auger therapy ?

Pt 194 32.967 n 0.1 + 1.1 σ _n < 5E-6	Pt 195 4.02 d h 99% 130... e ⁻	Pt 196 33.832 n 28 σ _n < 3 · 10 ⁻⁶
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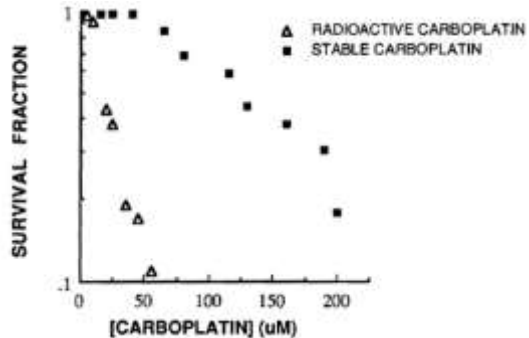
$^{194}\text{Pt}(n,g)^{195m}\text{Pt}$ < 0.1 b
 $^{195m}\text{Pt}(n,X)$ 13000 b
 <50 MBq/mg with thermal n

about 30 Auger electrons/decay

M.T. Azure et al., *AAPM Symp* 1992;8:336.

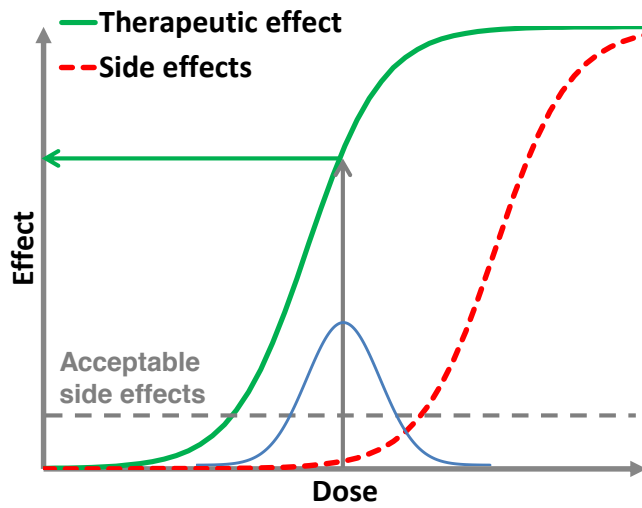
J.D. Willins, G. Sgouros, *J Nucl Med* 1995;36:315.

Cancer cell survival

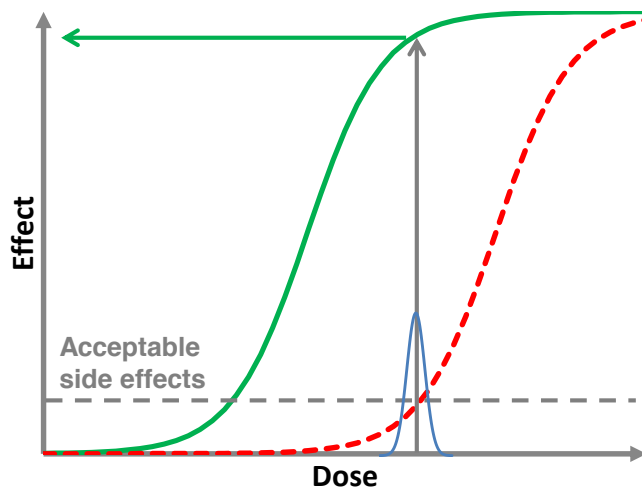


Combined chemo-radiotherapy may overcome resistance to chemotherapy!

Theranostics

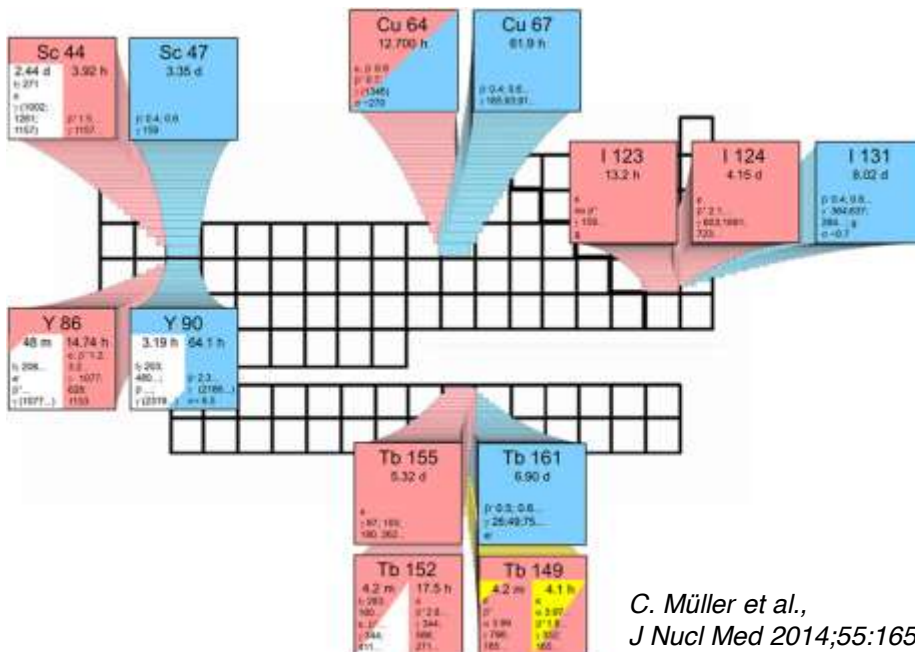


Theranostics



Accurate dosimetry is essential for optimum use of the therapeutic window.

Matched pairs for theranostics



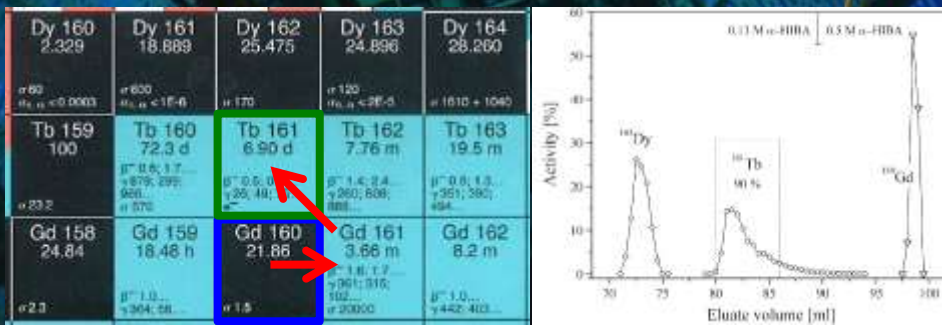
C. Müller et al.,
J Nucl Med 2014;55:1658.

Terbium: a unique element for nuclear medicine



Dy 150 7.2 h	Dy 151 17 m	Dy 152 2.4 h	Dy 153 0.09 h	Dy 154 3.0 · 10 ⁴ a	Dy 156 0.0 h	Dy 156 0.090	Dy 157 8.1 h	Dy 158 0.095	Dy 158 144.4 d	Dy 160 2.329	Dy 161 18.889	Dy 162 21.475
Tb 149 4.1 h	Tb 150 10.4 h	Tb 151 1.6 h	Tb 152 1.7 h	Tb 153 2.34 d	Tb 154 1.1 h	Tb 155 5.32 d	Tb 156 1.1 h	Tb 157 1.1 h	Tb 158 1.1 h	Tb 159 1.1 h	Tb 160 72.3 d	Tb 161 6.90 d
Gd 143 74.6 a	Gd 145 9.06 d	Gd 150 1.8 · 10 ⁴ a	Gd 151 1.0 d	Gd 152 0.20	Gd 153 230.47 d	Gd 154 2.18	Gd 155 14.20	Gd 156 20.47	Gd 157 15.50	Gd 158 24.84	Gd 159 10.49 h	Gd 160 21.86

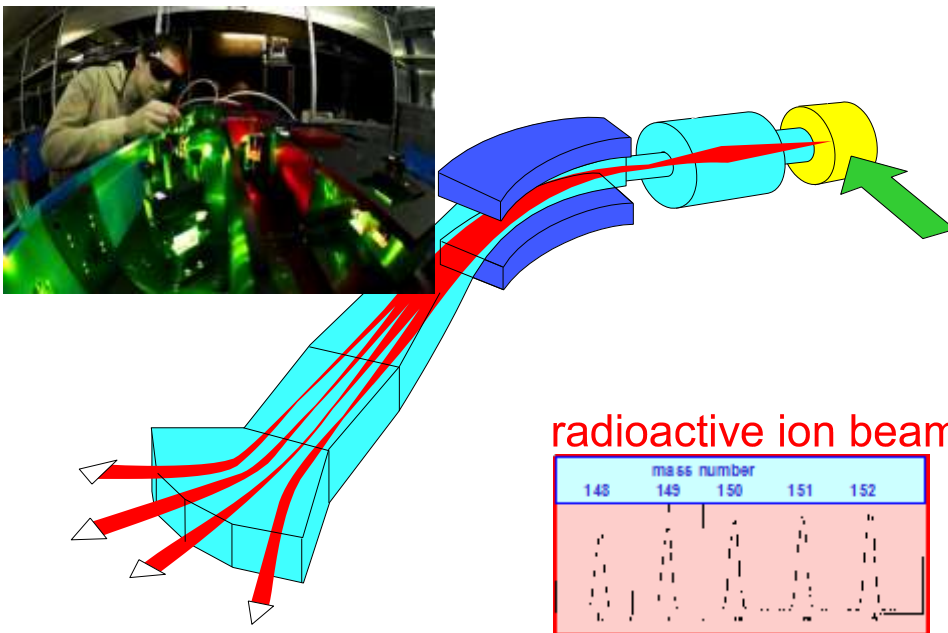
Production of non-carrier-added ^{161}Tb



Irradiation in high flux reactor, then chemical separation

S. Lehenberger et al., Nucl. Med. Biol. 38 (2011) 917.

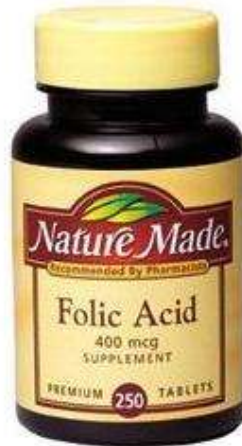
$^{149,152,155}\text{Tb}$ from CERN-ISOLDE



Folate-receptor positive cancers

Frequent overexpression of folate receptor in cancer of:

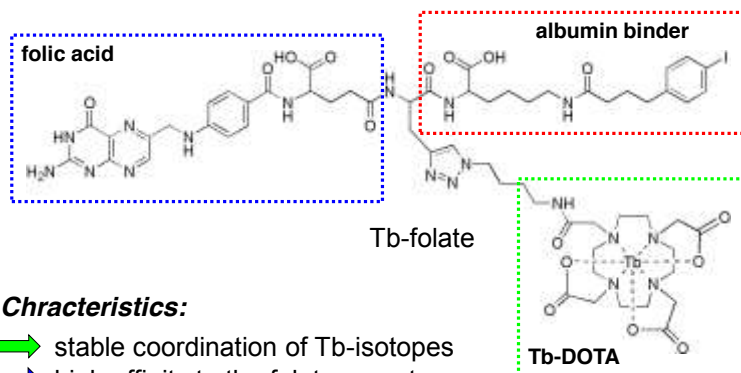
- ovaries
- cervix uteri
- lung
- kidney
- brain
- colon
- breast
- leukemia



foliac acid = vitamine B9

C. Müller, Curr. Pharmaceut. Design 2012;18:1058.

Tumor Tageting Agent for Tb-Coordination Chemical Structure with 3 Functionalities

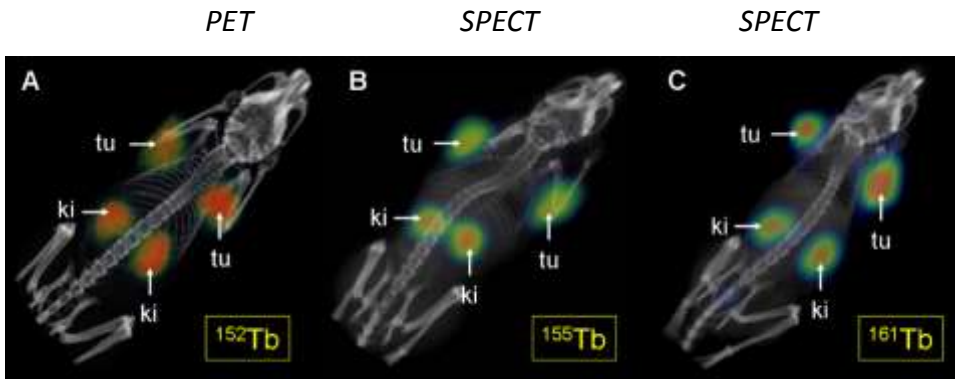


Characteristics:

- ➔ stable coordination of Tb-isotopes
- ➔ high affinity to the folate receptor
- ➔ prolonged blood circulation time

C. Müller et al., J Nucl Med 2012;53:1951.

Theranostics with terbium isotopes



ISOLDE

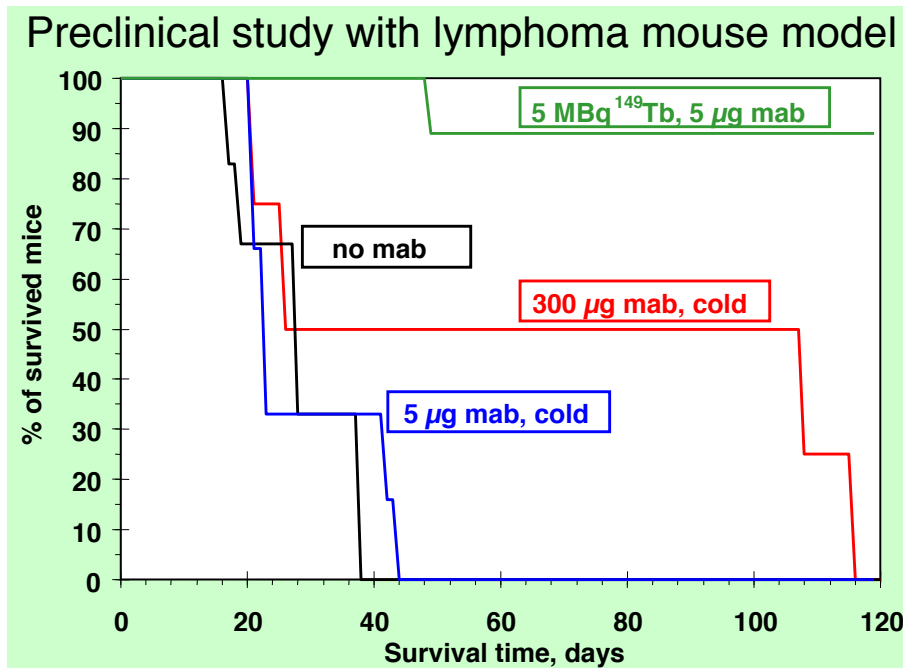


ISOLDE

PAUL SCHERRER INSTITUT
PSI

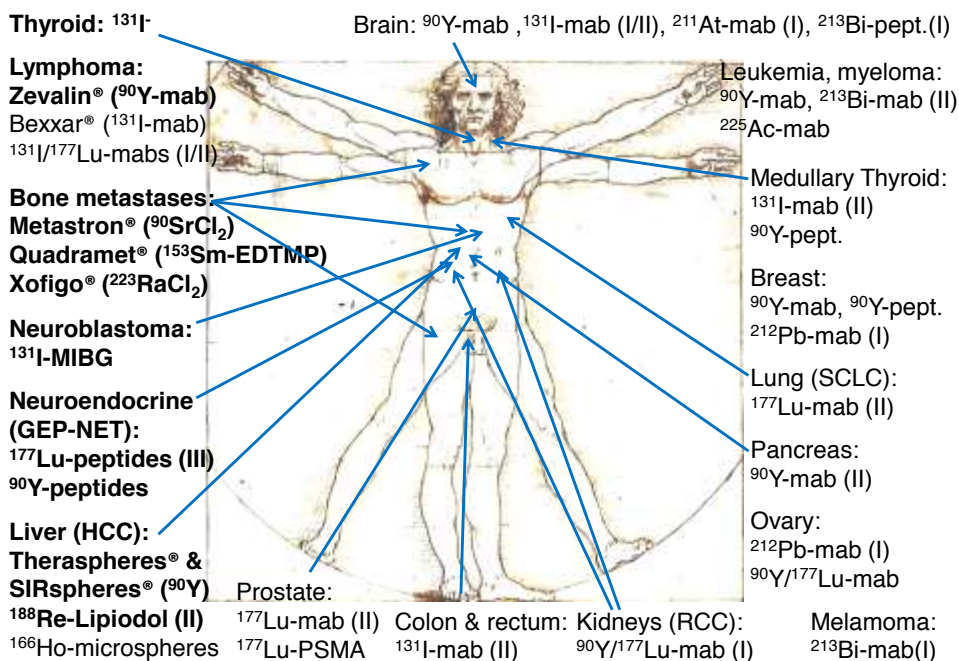
NEUTRONS
FOR SCIENCE

C. Müller et al., *J Nucl Med* 2012;53:1951.



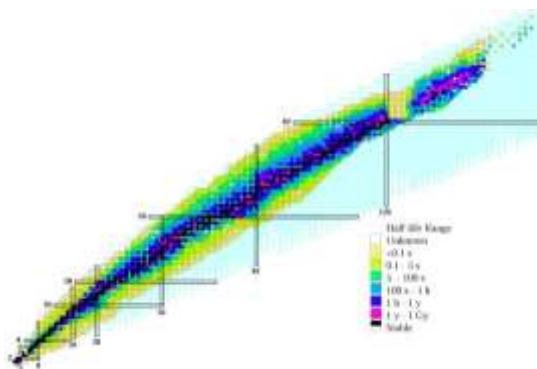
G.J. Beyer et al., *Eur J Nucl Med Molec Imaging* 2004;31;547.

Targeted radionuclide therapies in the clinic



Paracelsus (1493-1541)
 “Many have said of Alchemy, that it is for the making of gold and silver. For me such is not the aim, but to consider only what virtue and power may lie in medicines.”

(Edwardes)



500 years later:
 “Many have said of nuclear physics, that it is for the making of gold and silver (and other elements’) isotopes. For us such is not the only aim, but also to consider what virtue and power may lie in it for medicine.”

Bibliography

- Nuclear Physics for Medicine, NuPECC 2014
<http://www.nupecc.org/npmed/npmed2014.pdf>
- Nuclear Medicine Physics. A Handbook for Teachers and Students, IAEA Vienna 2014, STI/PUB/1617.
- Lectures on Theranostics by Richard Baum:
<https://www.youtube.com/watch?v=Z0TIXH2dVi8>
<https://www.youtube.com/watch?v=S74LNxXOaSw>
- (Free) medical review papers from: <http://pubmed.gov>
- Information on on-going clinical trials: <http://clinicaltrials.gov>



INTERNATIONAL CONFERENCE
ON TRANSLATIONAL RESEARCH IN RADIATION ONCOLOGY

PHYSICS FOR HEALTH IN EUROPE

February 15 – 19, 2016 IMPORTANT DATES
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registration deadline: Oct 16, 2015
Late registration deadline: Jan 18, 2016

<http://cern.ch/ictr-phe16>

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