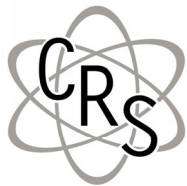


PAUL SCHERRER INSTITUT



CENTER FOR  
RADIOPHARMACEUTICAL  
SCIENCES  
ETH PSI USZ



Cristina Müller :: Research Group Leader :: Paul Scherrer Institute

## Strategies to Improve Radiotheragnostic Concepts:

Ligand Design Optimization and Application of the “Next-Generation” Radionuclides

Colloquium of the Particle Physics Group at PSI – 3 November 2022





CENTER FOR  
RADIOPHARMACEUTICAL  
SCIENCES  
ETH PSI USZ

Head of CRS: Prof. Roger Schibli



**ETH**

Eidgenössische Technische Hochschule Zürich  
Swiss Federal Institute of Technology Zurich

Institute of Pharmaceutical  
Sciences, D-CHAB

PAUL SCHERRER INSTITUT  
**PSI**

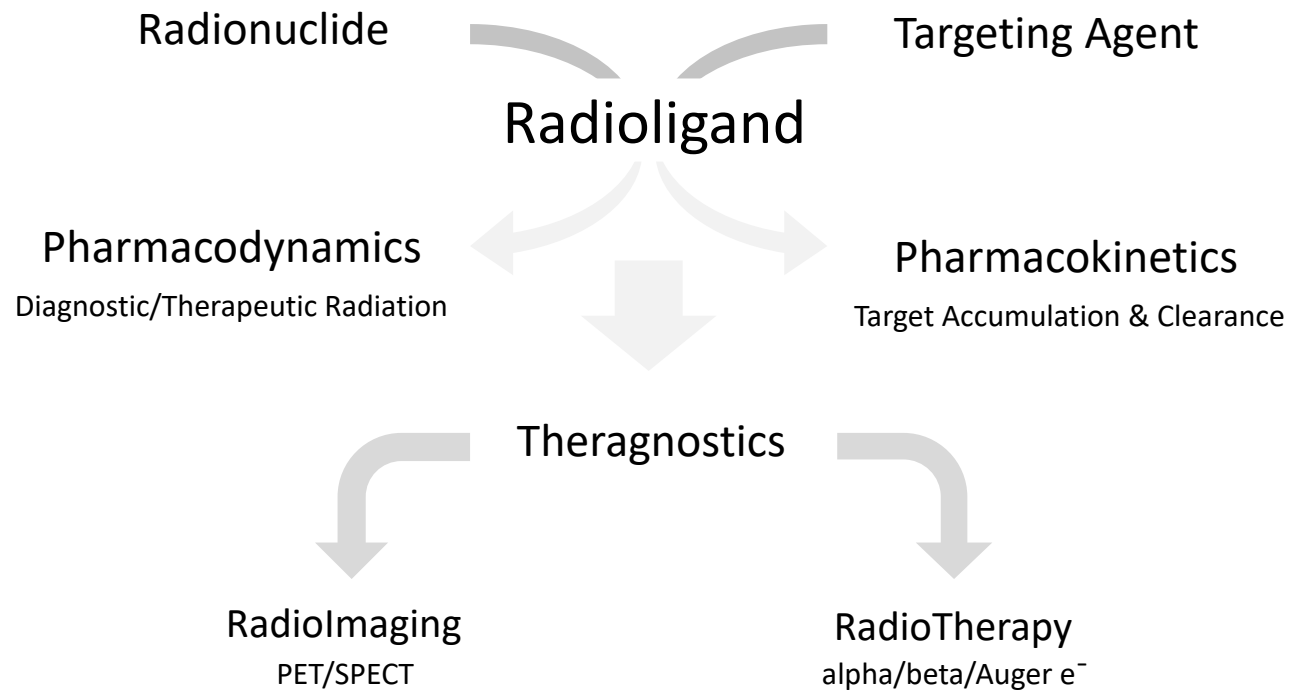
BIO Division

## “Nuclide Chemistry Group”

S. Cohrs, A. K. Mapanao, C. Müller, C. Vaccarin, F. Sozzi-Guo



V. Tschan, L. Deberle, D. Beyer, R. Wallimann, S. Busslinger,  
F. Flühmann, R. Mayer



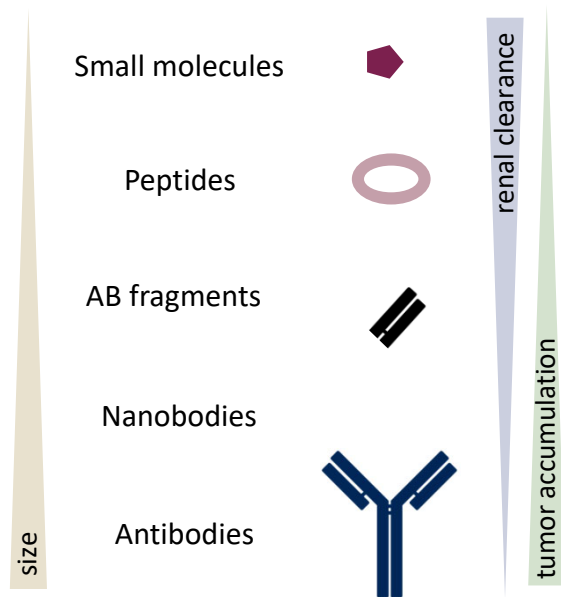


# Optimization of the Targeting Agent

# Design of Radiometal Conjugates

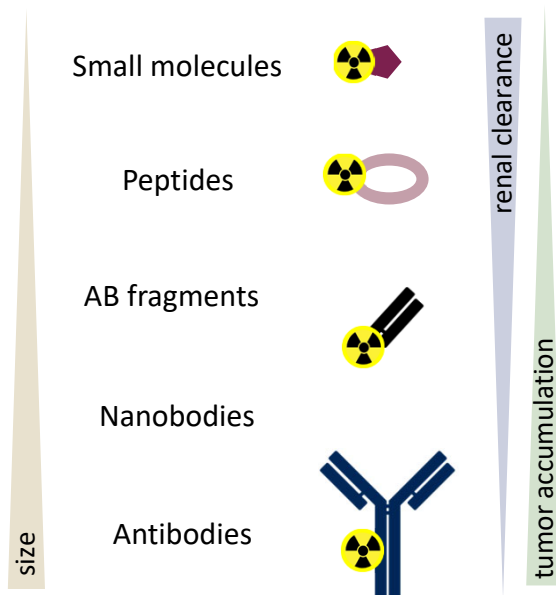


## Targeting Agent



# Design of Radiometal Conjugates

## Radiometal conjugates



## Small molecular weight radioligands

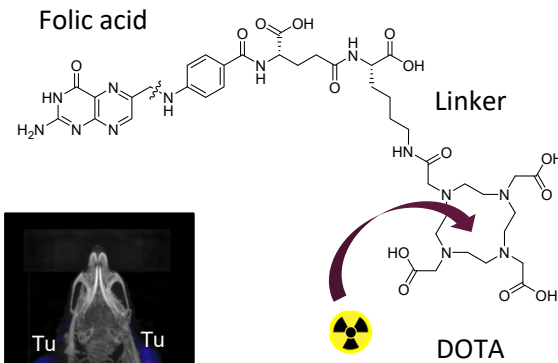
- Easy and cost-effective production
- Simple and fast radiometalation procedure
- Easy accessibility for chemical modifications
- GMP-production (Good Manufacturing Procedure)

## Radioimmunoconjugates

- Relatively long blood circulation
- High tumor accumulation
- Negligible kidney clearance

# Folic Acid Radioconjugate

## Example “Folate radioconjugates”



## Small molecular weight radioligands

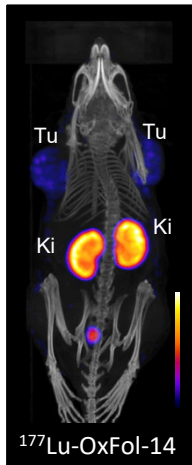
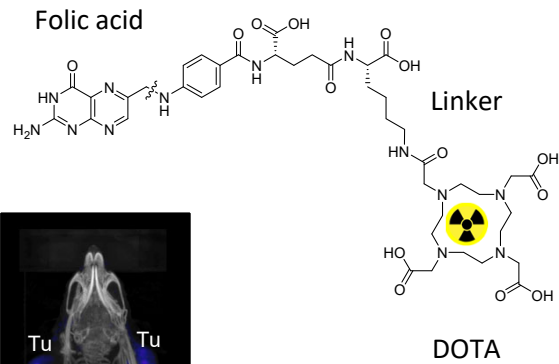
- Easy and cost-effective production
- Simple and fast radiometalation procedure
- Easy accessibility for chemical modifications
- GMP-production (Good Manufacturing Procedure)

## Radioimmunoconjugates

- Relatively long blood circulation
- High tumor accumulation
- Negligible kidney clearance

# Can Fast Blood Clearance be Prevented?

## Example "Folate radioconjugates"



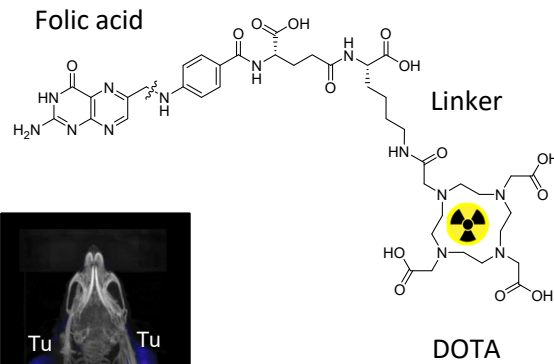
## "Albumin binder concept"

Is it feasible to enhance the blood circulation time of small molecules to increase the tumor uptake?



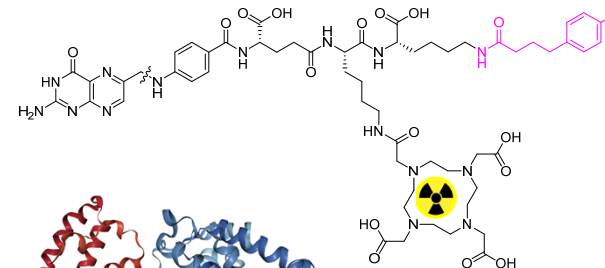
# Modification with an Albumin-Binding Entity

## Example "Folate radioconjugates"

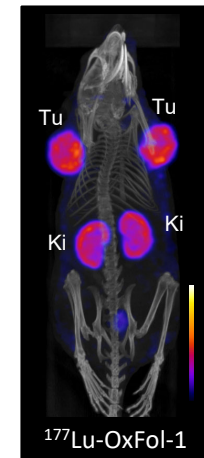
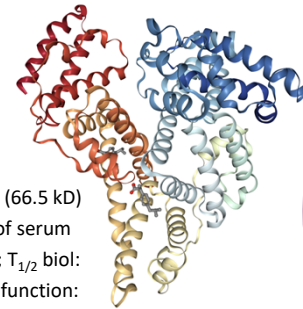


## "Albumin binder concept"

Is it feasible to enhance the blood circulation time of small molecules to increase the tumor uptake?



**Albumin** (66.5 kD)  
55-60% of serum proteins;  $T_{1/2}$  biol: 19 days; function: oncotic pressure; transport of molecules



Müller et al. 2013 J Nucl Med 54:124.

Albumin binder library

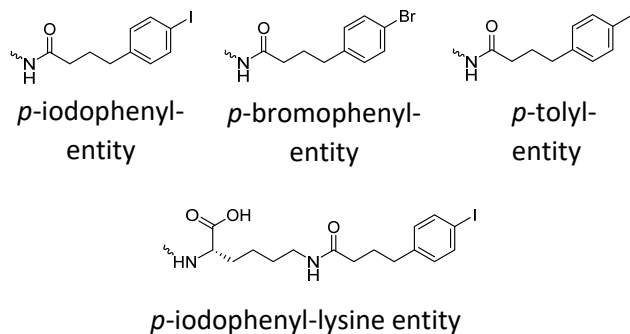
## Communications

## Protein Binding

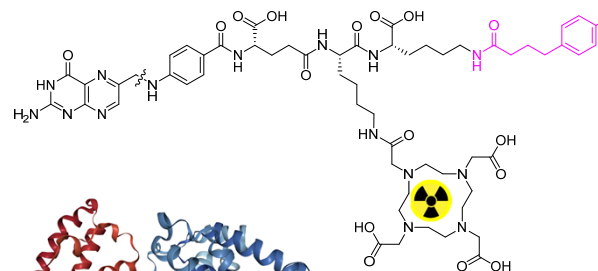
DOI: 10.1002/anie.200704936

**A Portable Albumin Binder from a DNA-Encoded Chemical Library\*\***

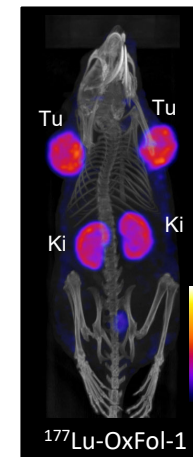
Christoph E. Dumelin, Sabrina Trüssel, Fabian Buller, Eveline Trachsel, Frank Bootz, Yixin Zhang, Luca Mannocci, Susanne C. Beck, Mihaela Drumea-Mirancea, Mathias W. Seeliger, Christof Baltes, Thomas Müggler, Felicitas Kranz, Markus Rudin, Samu Melkko, Jörg Scheuermann, and Dario Neri\*

Dumelin et al. **2008** Angew Chem Ed Int 47:3196."Albumin binder concept"

Is it feasible to enhance the blood circulation time of small molecules to increase the tumor uptake?

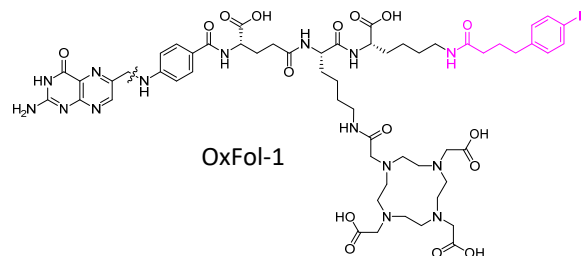


**Albumin** (66.5 kD)  
 55-60% of serum proteins;  $T_{1/2}$  biol: 19 days; function: oncotic pressure; transport of molecules

Müller et al. **2013** J Nucl Med 54:124.

# Modification of the Linker

## Lead compound



molecular  
pharmaceutics

pubs.acs.org/molecularpharmaceutics

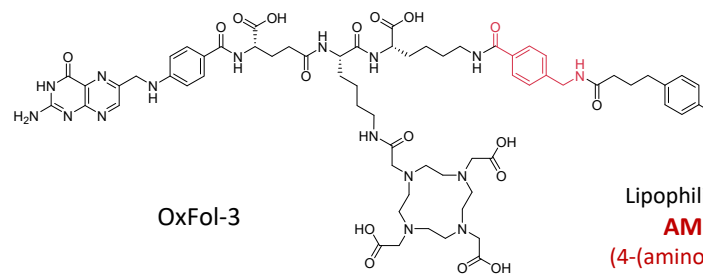
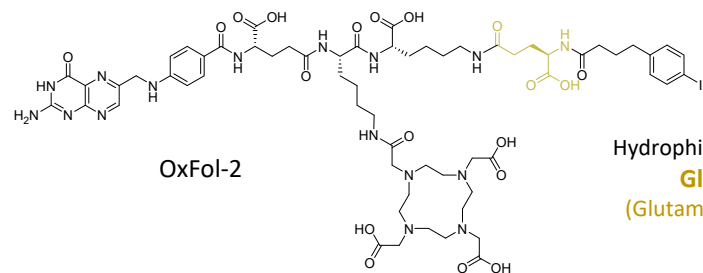
Article

### Design and Evaluation of Novel Albumin-Binding Folate Radioconjugates: Systematic Approach of Varying the Linker Entities

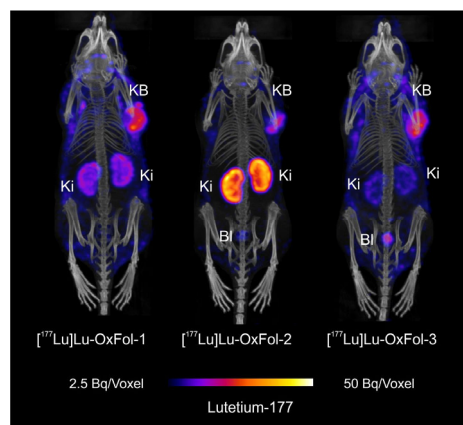
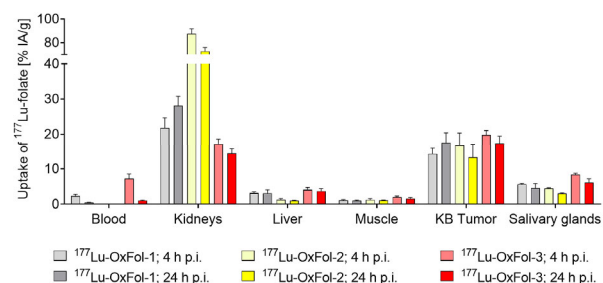
Martina Benešová, Patrycja Guzik, Luisa M. Deberle, Sarah D. Busslinger, Tanja Landolt, Roger Schibli, and Cristina Müller\*

Benešová et al. 2022 Mol Pharm 19:963.

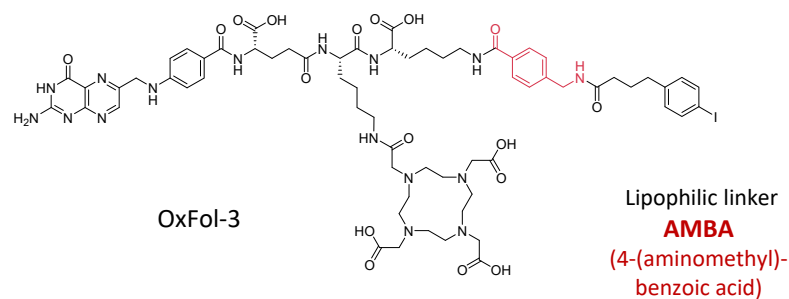
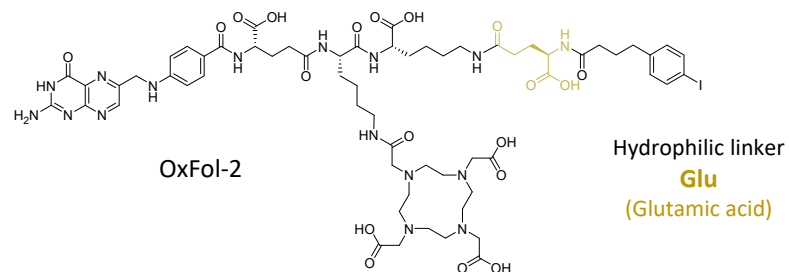
## Modification of the linker



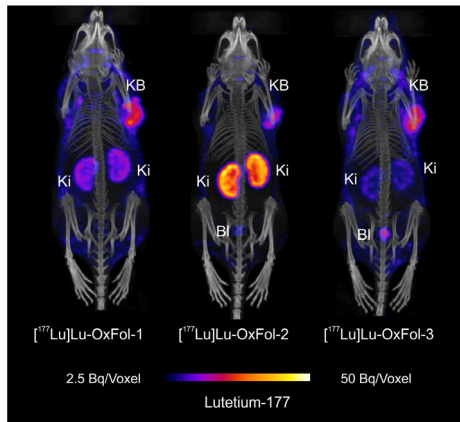
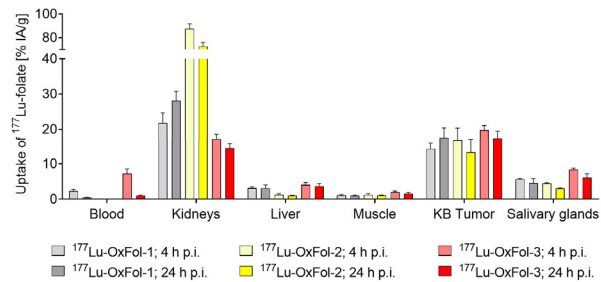
## <sup>177</sup>Lu-OxFol-2 and <sup>177</sup>Lu-OxFol-3



## Modification of the linker



## $^{177}\text{Lu}$ -OxFol-2 and $^{177}\text{Lu}$ -OxFol-2



## Conclusion: Folate radioconjugates

- The ***p*-iodophenyl-butanoate** entity improved the tissue distribution of folate radioconjugates dramatically.
- Variation of **the linker** entity had an impact on the tissue distribution profile of the folate radioconjugate.
- Enhancing the albumin-binding properties resulted in **increased blood retention** which has to be kept in mind with regard to a therapeutic application of folate radioconjugates.
- The challenge is to identify a design that leads to a sufficiently long blood circulation time of the radioconjugate to **achieve high tumor uptake and a balance between kidney and blood retention** to avoid off site toxicity.
- The «perfect» folate radioconjugate has not yet been identified even after 20 years of intense research.

PAUL SCHERRER INSTITUT

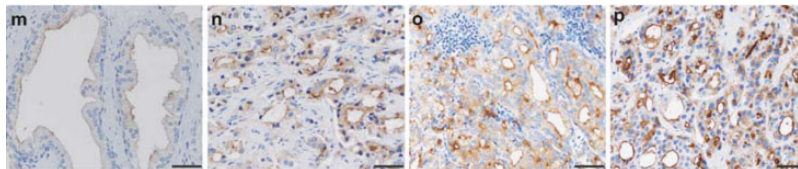


# Development and Optimization of Radioligand Therapy (RLT) of Prostate Cancer

## Characteristics

- PSMA transcript was found in **prostate, brain, kidney, small intestine**, liver, spleen, trachea, spinal cord, and fetal liver and kidney.
- Expression is highest in the prostate.
- PSMA is expressed in over 80% of **prostate cancer** and its expression correlates with the stage of the disease (more advanced, more PSMA).

## PSMA expression

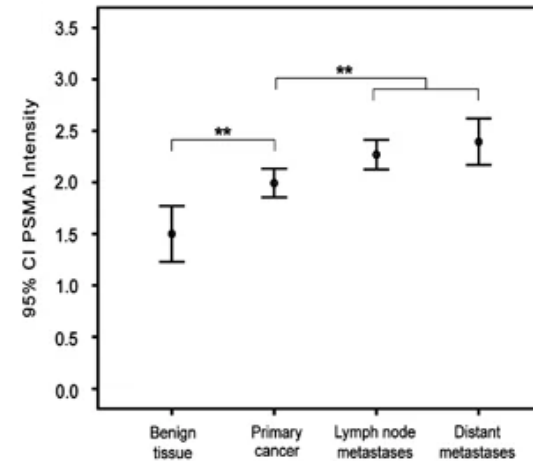


benign prostatic tissue

Primary prostate cancer

Lymph node metastasis

Distant metastasis

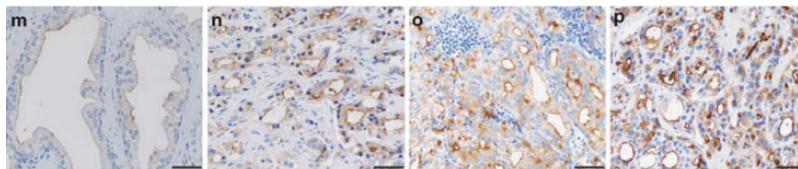


# Prostate-Specific Membrane Antigen (PSMA)

## Characteristics

- PSMA transcript was found in **prostate, brain, kidney, small intestine**, liver, spleen, trachea, spinal cord, and fetal liver and kidney.
- Expression is highest in the prostate.
- PSMA is expressed in over 80% of **prostate cancer** and its expression correlates with the stage of the disease (more advanced, more PSMA).

## PSMA expression



benign prostatic tissue

Primary prostate cancer

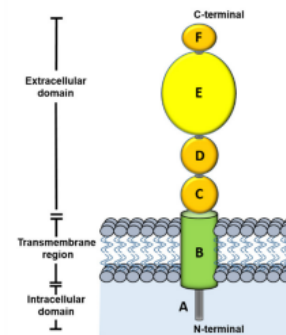
Lymph node metastasis

Distant metastasis

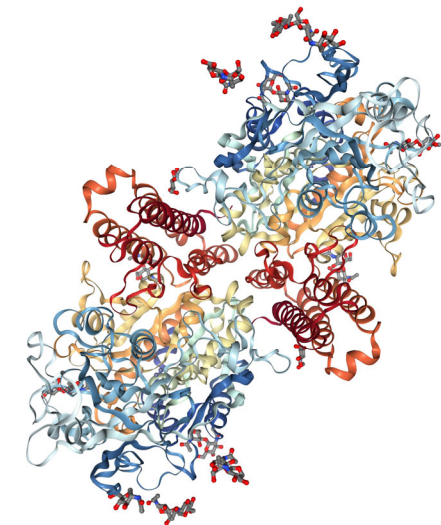
Queisser et al. 2015 Modern Pathol 28:138.

## Synonyms and functions

- Glutamate carboxypeptidase 2, N-acetylated-alpha-linked acidic dipeptidase I (NAALAdase)
- Enzyme that cleaves glutamate residues from folate-polyglutamates and from NAAL in the brain



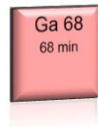
Thesis A. Schmidt, TUM



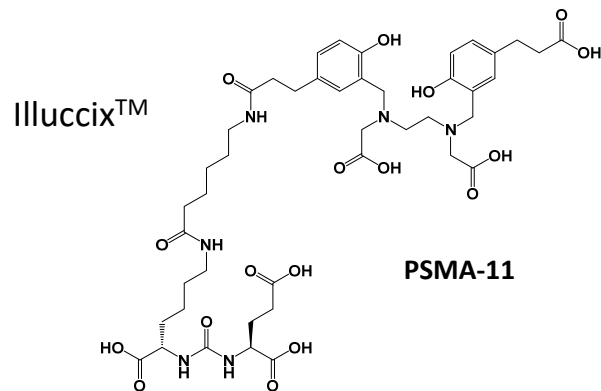
<https://www.sinobiological.com/resource/psma/proteins>



## PSMA targeting



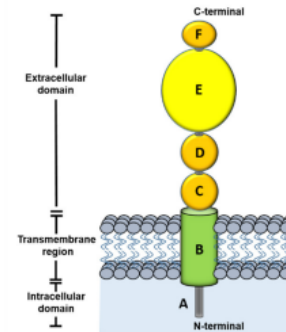
## PET Imaging



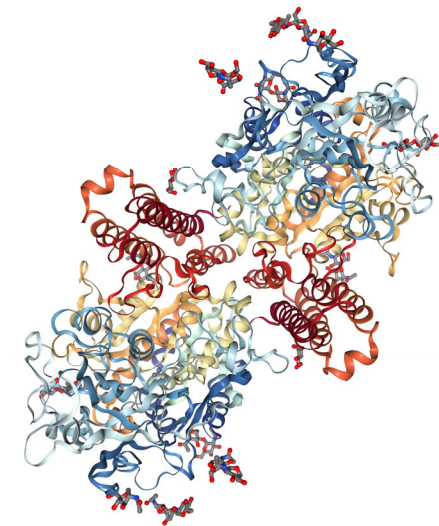
FDA-approved in Dec 2020

## Synonyms and functions

- Glutamate carboxypeptidase 2, N-acetylated-alpha-linked acidic dipeptidase I (NAALadase)
- Enzyme that cleaves glutamate residues from folate-polyglutamates and from NAAG in the brain



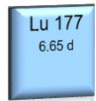
Thesis A. Schmidt, TUM



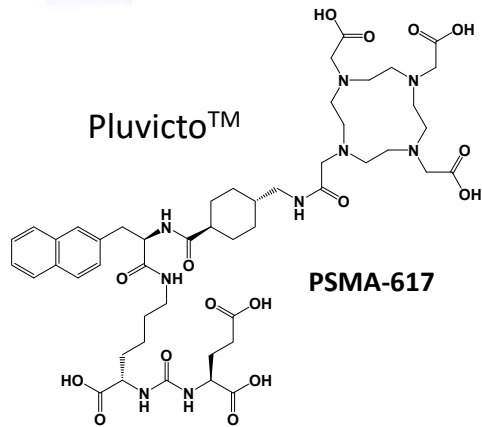
<https://www.sinobiological.com/resource/psma/proteins>

# PSMA-Targeting Therapeutic Agent

## PSMA targeting



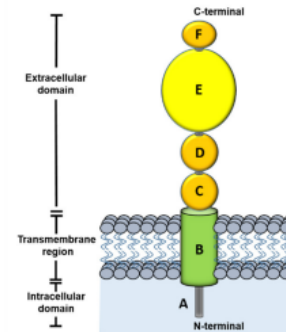
$\beta^-$ -Therapy



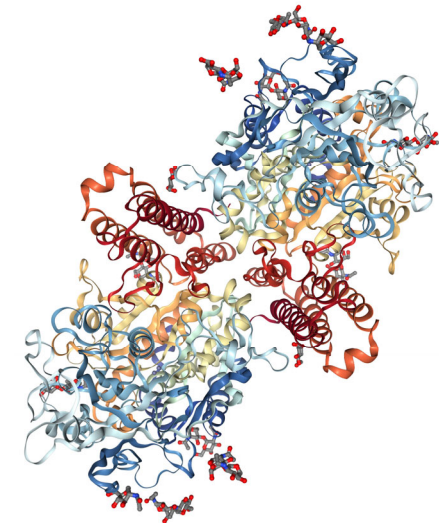
FDA-approved in March 2023

## Synonyms and functions

- Glutamate carboxypeptidase 2, N-acetylated-alpha-linked acidic dipeptidase I (NAALAdase)
- Enzyme that cleaves glutamate residues from folate-polyglutamates and from NAAG in the brain



Thesis A. Schmidt, TUM



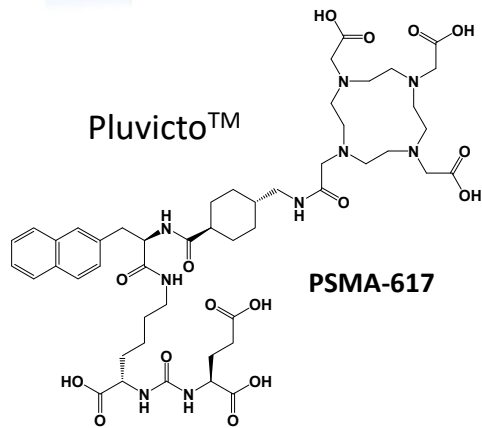
<https://www.sinobiological.com/resource/psma/proteins>

# <sup>177</sup>Lu-Based Radioligand Therapy

## PSMA targeting

Lu 177  
6.65 d

$\beta^-$ -Therapy

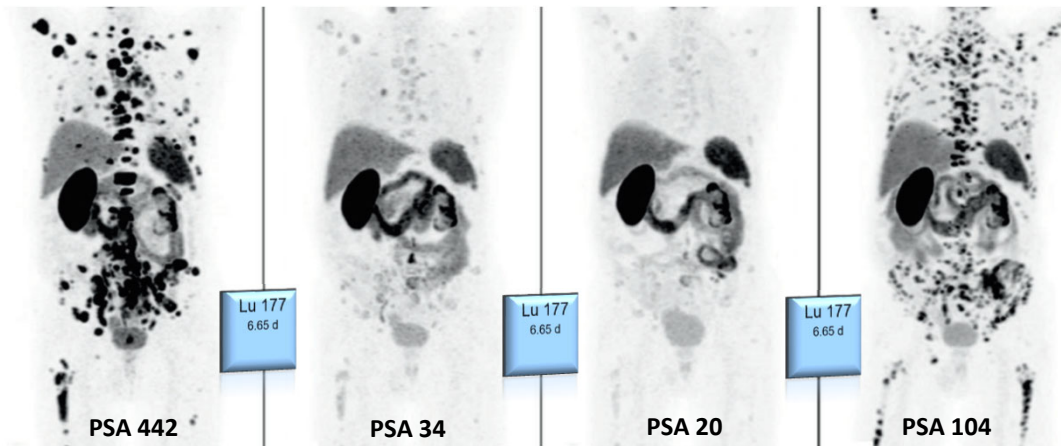


Pre-therapeutic  
tumor spread

After 1 cycles  
(3 months):  
delayed progression

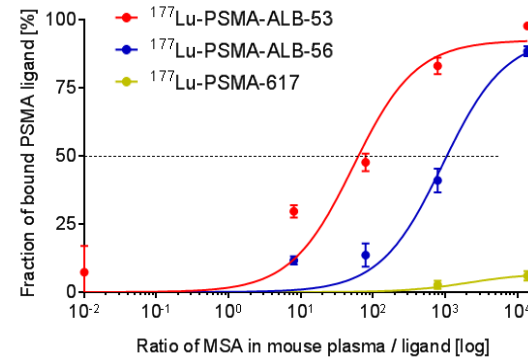
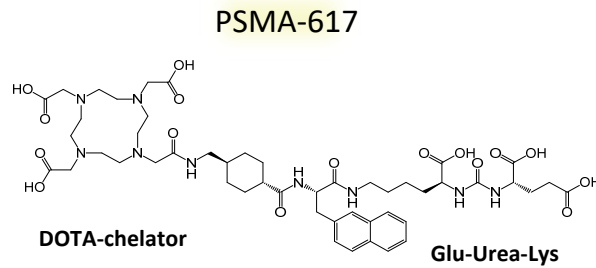
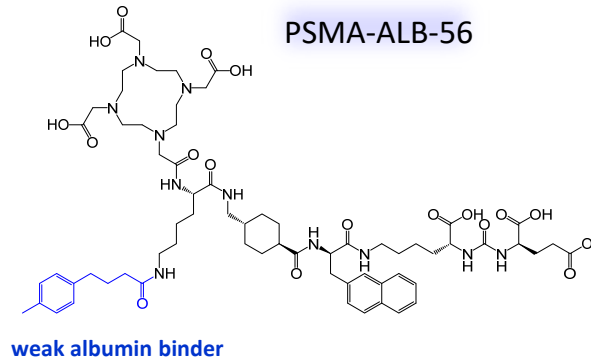
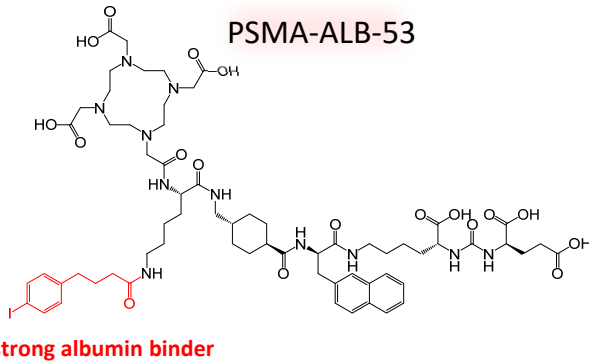
After 2 cycles  
(6 months):  
delayed progression

After 3 cycles  
(9 months):  
**marked progression**



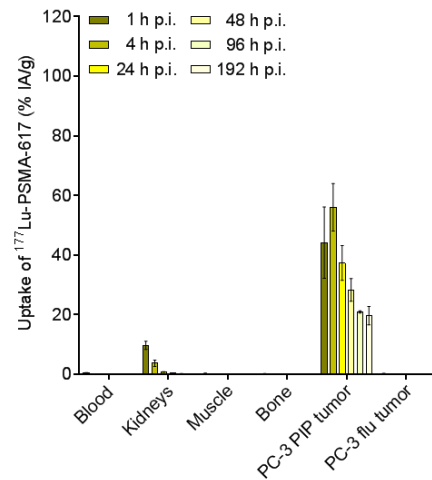
Iravani et al. 2020 Prostate Cancer and Prostatic Diseases, 23:38.

# Modification of the PSMA Ligand Design

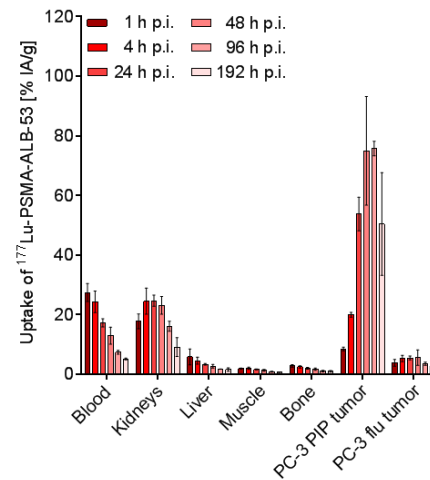


# Biodistribution Data of PSMA Radioligands

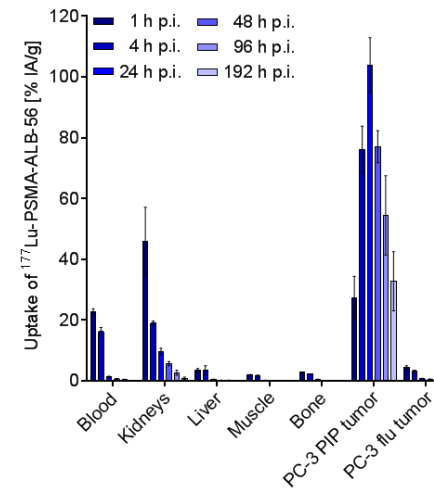
<sup>177</sup>Lu-PSMA-617



<sup>177</sup>Lu-PSMA-ALB-53



<sup>177</sup>Lu-PSMA-ALB-56

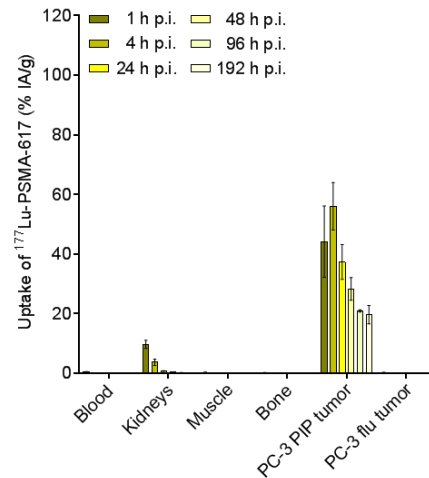


Balb/c nude mice:

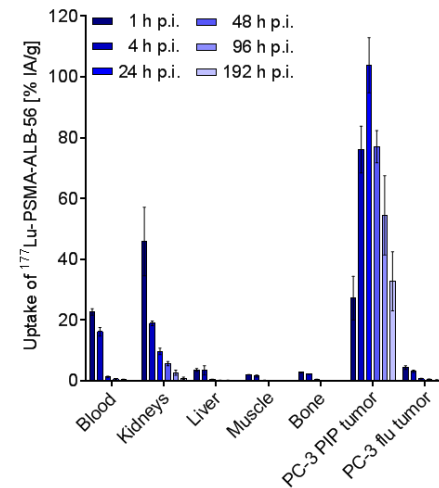
- PC-3 PIP tumor xenografts (PSMA-positive) on the right shoulder
- PC-3 flu tumor xenografts (PSMA-negative) on the left shoulder

# Biodistribution of $^{177}\text{Lu}$ -PSMA-ALB-56

$^{177}\text{Lu}$ -PSMA-617



$^{177}\text{Lu}$ -PSMA-ALB-56



Balb/c nude mice:

- PC-3 PIP tumor xenografts (PSMA-positive) on the right shoulder
- PC-3 flu tumor xenografts (PSMA-negative) on the left shoulder

# Therapy Study Design

**Study Design:** BALB/c nude mice (n = 6)

Control (PBS)	<sup>177</sup> Lu-PSMA-617	<sup>177</sup> Lu-PSMA-ALB-56
PC-3 PIP (PSMA+)	PC-3 PIP (PSMA+)	PC-3 PIP (PSMA+)
-	5 MBq	5 MBq

### Follow-up over 12 weeks:

Measuring the tumor volume and body mass every second day

### Endpoints that required euthanasia:

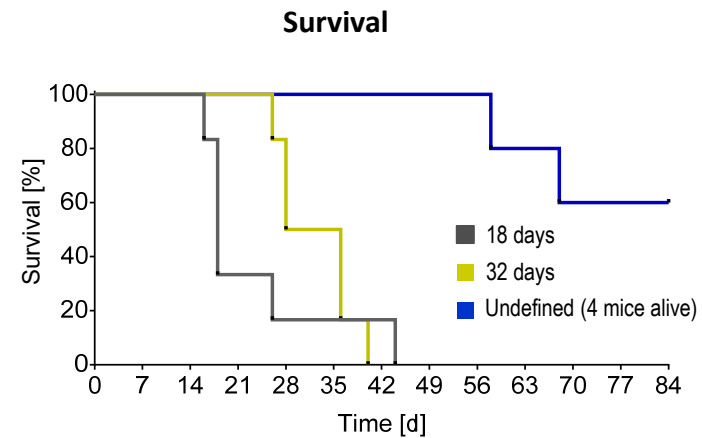
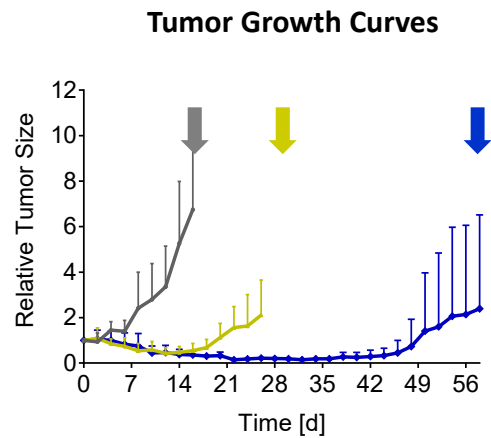
- Tumor volume > 800 mm<sup>3</sup> OR body mass loss > 15%
- Tumor volume > 700 mm<sup>3</sup> AND body mass loss > 10%
- Signs of unease and/or pain

### Therapy assessment

- Tumor growth curves and survival curves (median survival of each group)



# Therapy Study using $^{177}\text{Lu}$ -PSMA-ALB-56



■ Control (untreated) ■  $^{177}\text{Lu}$ -PSMA-617 (5 MBq) ■  $^{177}\text{Lu}$ -PSMA-ALB-56 (5 MBq)

Balb/c nude mice:

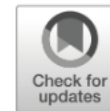
- PC-3 PIP tumor xenografts (PSMA-positive) on the right shoulder





European Journal of Nuclear Medicine and Molecular Imaging (2021) 48:893–903  
<https://doi.org/10.1007/s00259-020-05022-3>

ORIGINAL ARTICLE



Further optimization of the PSMA ligand design will be necessary to increase the therapeutic window.

## Biodistribution and dosimetry of a single dose of albumin-binding ligand [<sup>177</sup>Lu]Lu-PSMA-ALB-56 in patients with mCRPC

Vasko Kramer<sup>1,2</sup> · René Fernández<sup>1</sup> · Wencke Lehnert<sup>3,4</sup> · Luis David Jiménez-Franco<sup>3</sup> · Cristian Soza-Ried<sup>1</sup> · Elisabeth Eppard<sup>2</sup> · Matias Ceballos<sup>1</sup> · Marian Meckel<sup>5</sup> · Martina Benešová<sup>6,7</sup> · Christoph A. Umbricht<sup>6</sup> · Andreas Kluge<sup>3</sup> · Roger Schibli<sup>6,7</sup> · Konstantin Zernosekov<sup>5</sup> · Horacio Amaral<sup>1,2</sup> · Cristina Müller<sup>6,7</sup>

Tissue	<sup>177</sup> Lu-PSMA-617*		<sup>177</sup> Lu-PSMA-ALB-56
Tumor	2.80-4.60 Gy/GBq	<	6.64 Gy/GBq
Red Bone Marrow	0.01-0.11 Gy/GBq	<	0.29 Gy/GBq
Kidneys	0.39-0.61 Gy/GBq	<	2.54 Gy/GBq
Salivary Glands	0.51-1.41 Gy/GBq	=	0.86 Gy/GBq

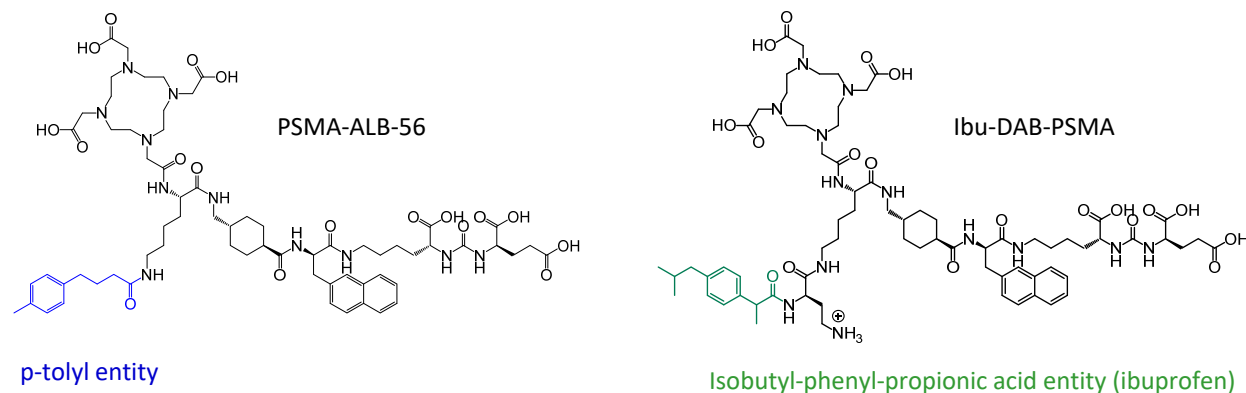
Patients	Mice
1.8-fold increased	<b>2.3-fold</b>
4.8-fold increased	<b>6.5-fold</b>
5.1-fold increased	<b>8.2-fold</b>
0.9-fold increased	

\*Delker et al. **2016**, Eur J Nucl Med Mol Imaging 43:42; Scarpa et al. **2017** Eur J Nucl Med Mol Imaging 44, 788; Violet et al. **2019**, J Nucl Med

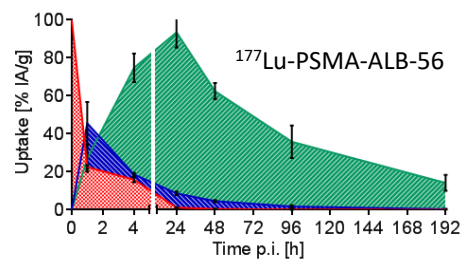
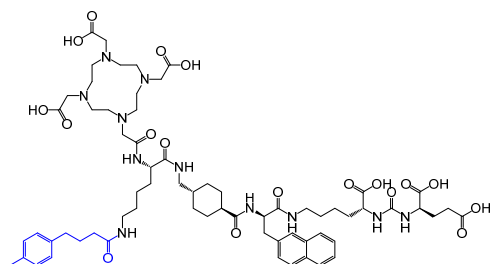
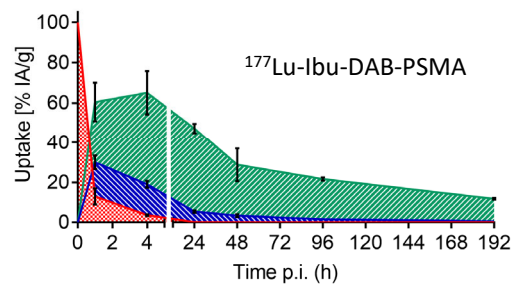
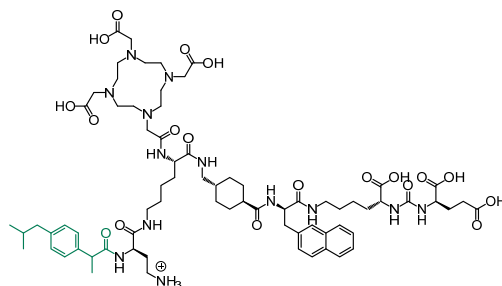
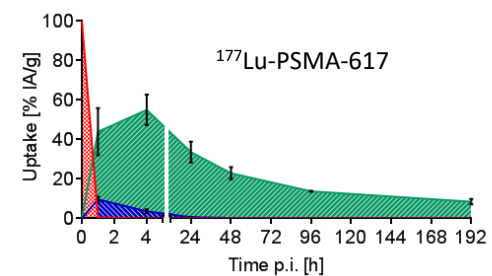
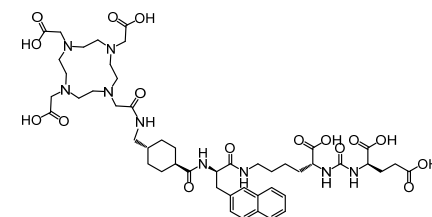
Kramer et al. **2020**, Eur J Nucl Med Mol Imaging 48:893.

## Development of a new class of PSMA radioligands comprising ibuprofen as an albumin-binding entity

Luisa M. Deberle<sup>1,2\*</sup>, Martina Benešová<sup>1,2\*</sup>, Christoph A. Umbricht<sup>2</sup>, Francesca Borgna<sup>2</sup>, Manuel Büchler<sup>2</sup>, Konstantin Zhernosekov<sup>3</sup>, Roger Schibli<sup>1,2</sup>, Cristina Müller<sup>1,2</sup>✉



## Ibuprofen-Modified PSMA Ligands

**<sup>177</sup>Lu-PSMA-ALB-56****<sup>177</sup>Lu-Ibu-DAB-PSMA****<sup>177</sup>Lu-PSMA-617**

**Study Design:** BALB/c nude mice (n = 6)

Control (PBS)	<sup>177</sup> Lu-Ibu-DAB-PSMA	<sup>177</sup> Lu-PSMA-617	<sup>177</sup> Lu-PSMA-ALB-56
PC-3 PIP (PSMA+)	PC-3 PIP (PSMA+)	PC-3 PIP (PSMA+)	PC-3 PIP (PSMA+)
-	5 MBq or 10 MBq	5 MBq or 10 MBq	5 MBq or 10 MBq

### Follow-up over 12 weeks:

Measuring the tumor volume and body mass every second day

### Endpoints that required euthanasia:

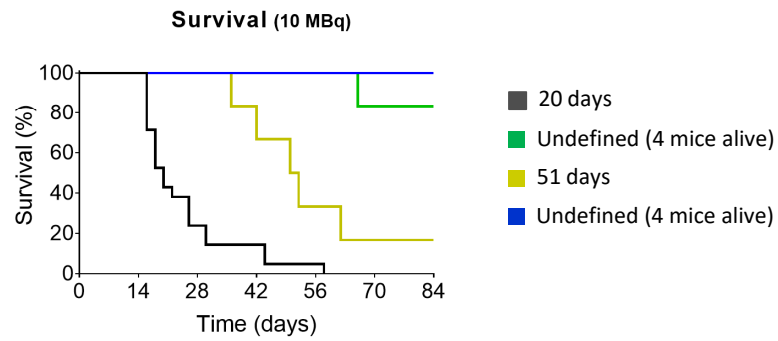
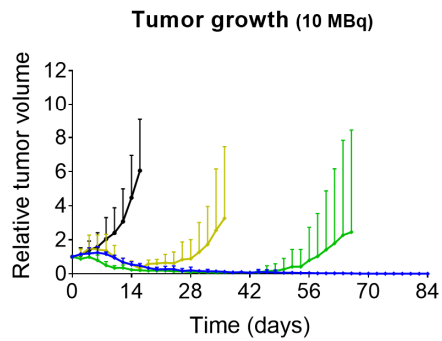
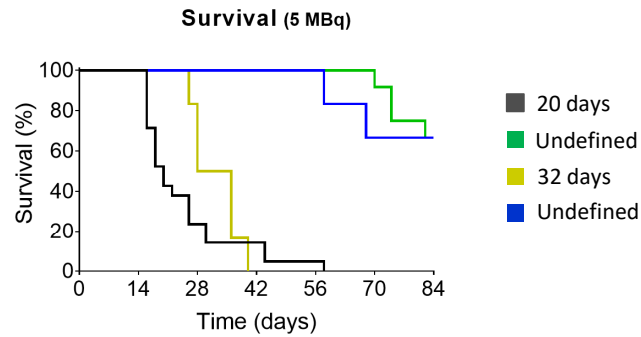
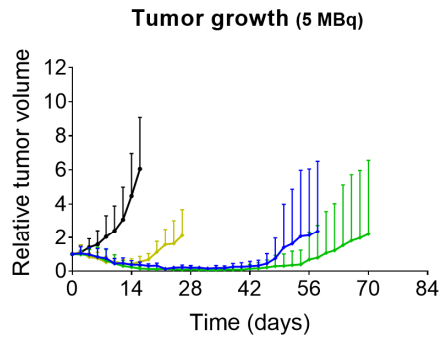
- Tumor volume > 800 mm<sup>3</sup> OR body mass loss > 15%
- Tumor volume > 700 mm<sup>3</sup> AND body mass loss > 10%
- Signs of unease and/or pain



### Therapy assessment

- Tumor growth curves and survival curves (median survival of each group)

# Therapy Study: Comparison of PSMA Radioligands



Vehicle
  <sup>177</sup>Lu-PSMA-617
  <sup>177</sup>Lu-Ibu-DAB-PSMA
  <sup>177</sup>Lu-PSMA-ALB-56



Balb/c nude mice with PC-3 PIP tumors (n = 6)

# Study Design: Potential Effects to Normal Tissue

**Study Design:** FVB, immunocompetent mice (n = 4)

Control (PBS)	<sup>177</sup> Lu-Ibu-DAB-PSMA	<sup>177</sup> Lu-PSMA-617	<sup>177</sup> Lu-PSMA-ALB-56
no tumor	no tumor	no tumor	no tumor
none	30 MBq	30 MBq	30 MBq

## Follow-up:

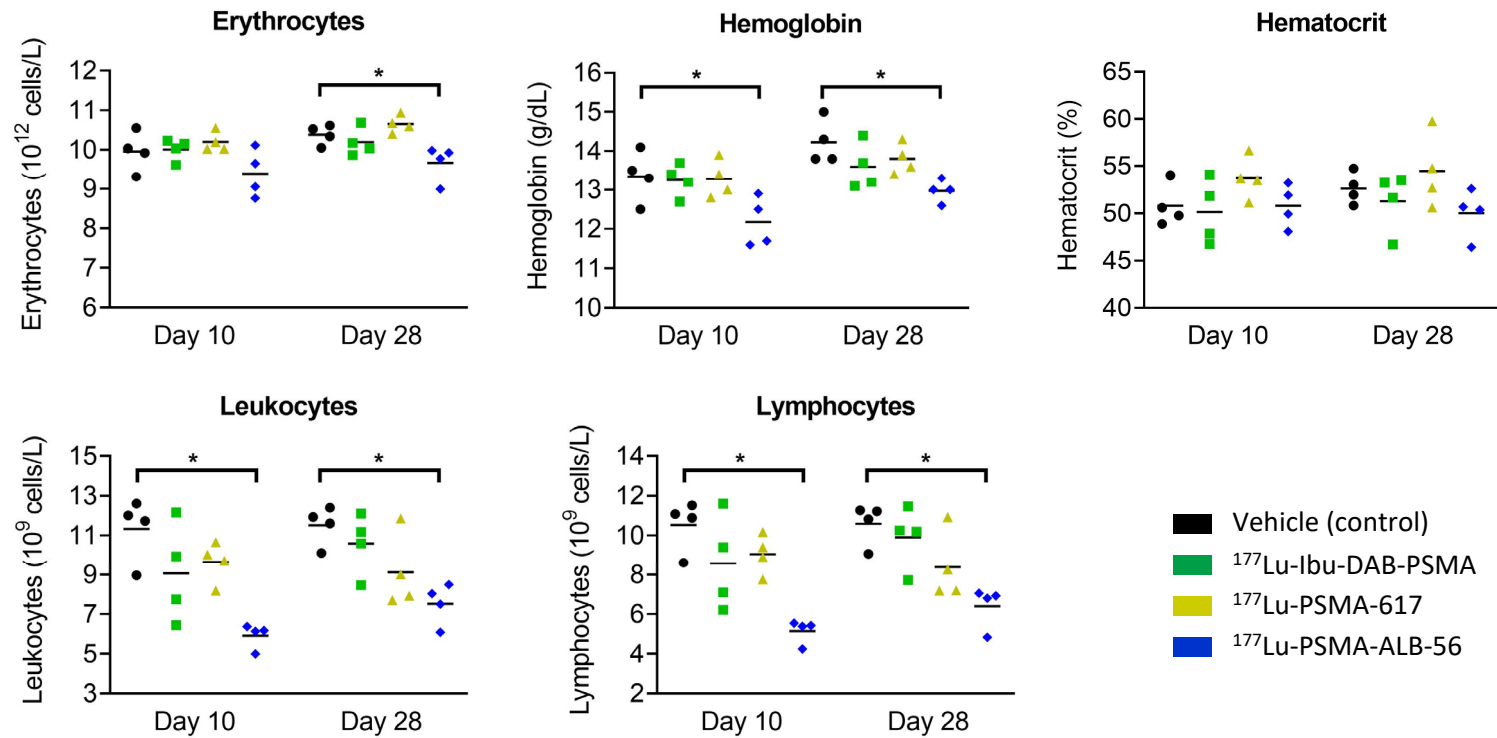
Determination of diverse parameters on Day 10 and Day 28 after therapy

## Parameters

- Determination of blood plasma parameters (BUN/ALP/TBIL/ALB)
- Histological investigation of kidneys, spleen and bone marrow

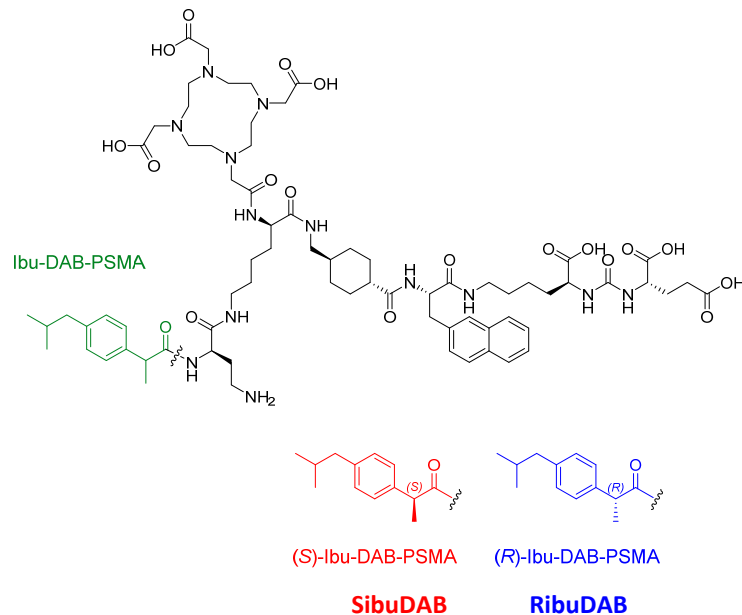


# Tolerability: Blood Cell Counts



# (S)- and (R)-Isomers of $^{177}\text{Lu}$ -Ibu-DAB-PSMA

## Stereochemistry of ibuprofen



### Clinical investigations

Clinical investigations of  $^{177}\text{Lu}$ -SibuDAB are on-going in Santiago de Chile to estimate the absorbed dose to tumors and normal tissue and investigate the safety.



### Preclinical studies

Further preclinical studies are on-going to investigate  $^{161}\text{Tb}$ -SibuDAB also with regard to potential undesired side effects.



### Clinical study planned

A clinical study to investigate  $^{161}\text{Tb}$ -SibuDAB is foreseen for the near future.



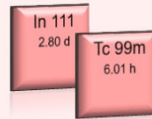


# Application of the «Next Generation» Theragnostic Radionuclides

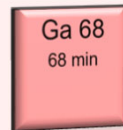
# «Matched Pairs» of Nuclides for RadioTheragnostics

## Clinically Applied

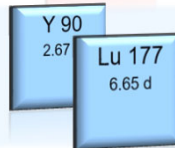
SPECT ( $\gamma$ )



PET ( $\beta^+$ )

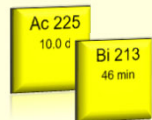


$\beta^-$ -Therapy



Auger- $e^-$  Therapy

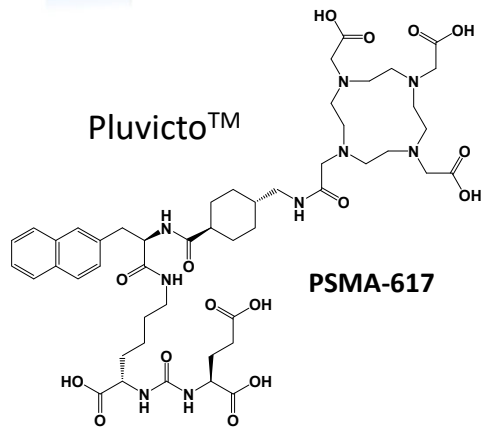
$\alpha$ -Therapy



# <sup>177</sup>Lu-Based Radioligand Therapy

## β<sup>-</sup>-Therapy

Lu 177  
6.65 d

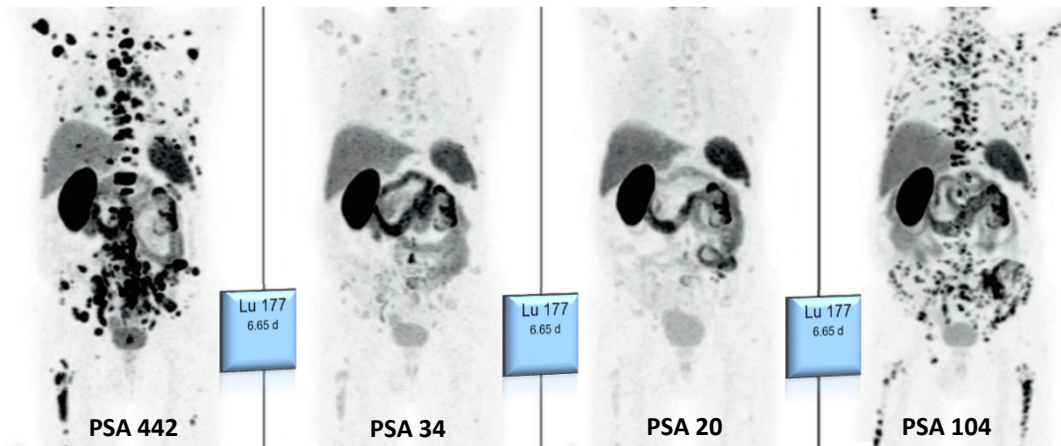


Pre-therapeutic  
tumor spread

After 1 cycles  
(3 months):  
delayed progression

After 2 cycles  
(6 months):  
delayed progression

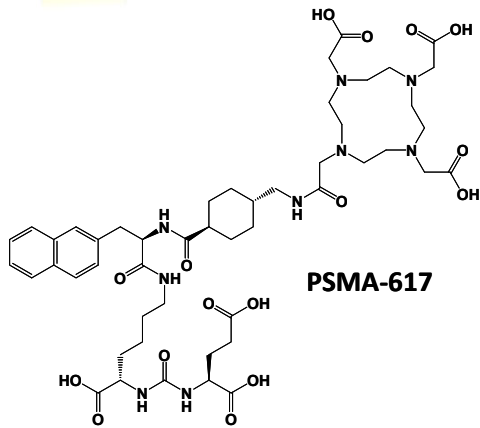
After 3 cycles  
(9 months):  
**marked progression**



Iravani et al. 2020 Prostate Cancer and Prostatic Diseases, 23:38.

# Actinium-225 for Alpha Therapy

## α-Therapy

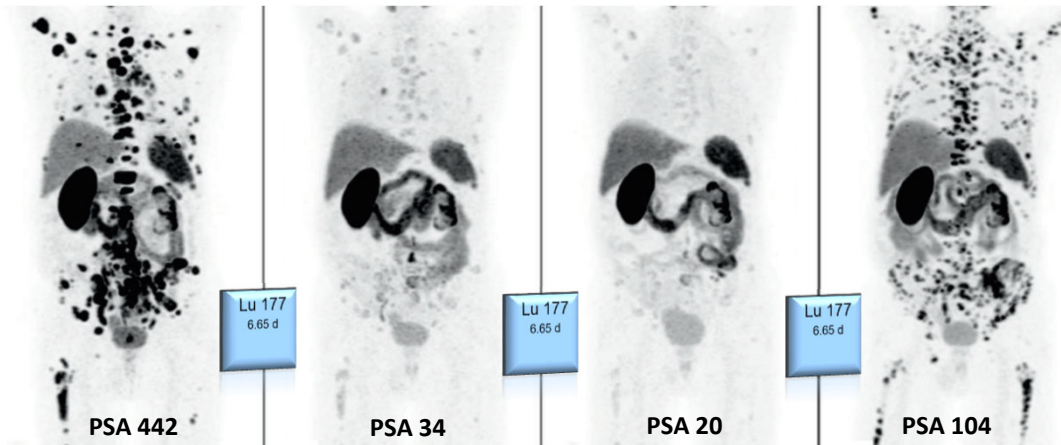


Pre-therapeutic  
tumor spread

After 1 cycles  
(3 months):  
delayed progression

After 2 cycles  
(6 months):  
delayed progression

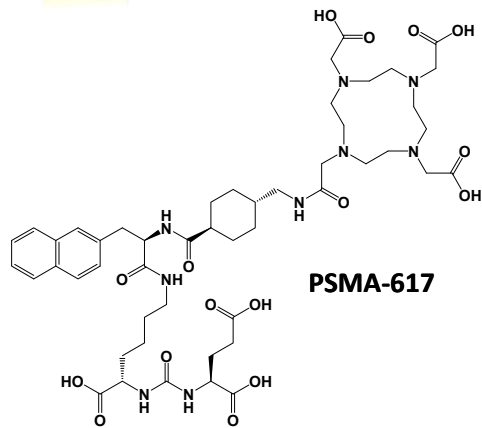
After 3 cycles  
(9 months):  
**marked progression**



Iravani et al. 2020 Prostate Cancer and Prostatic Diseases, 23:38.

# <sup>225</sup>Ac-based Radioligand Therapy

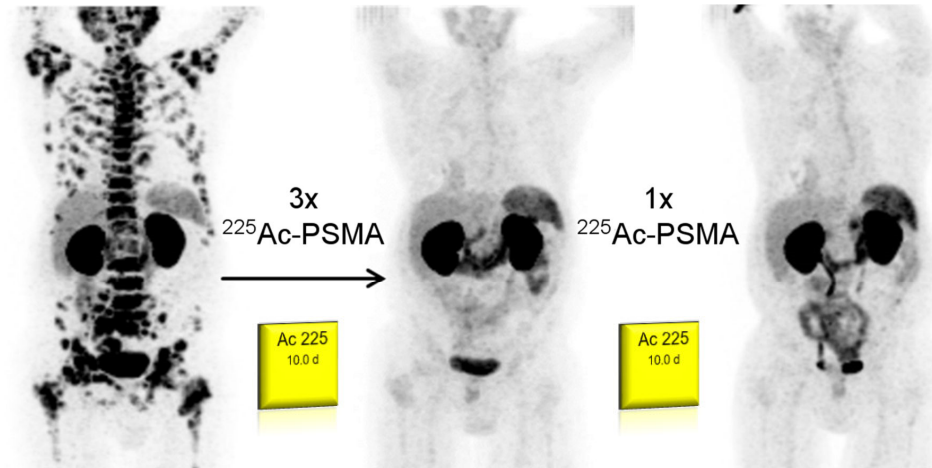
## α-Therapy



Pre-therapeutic  
tumor spread

Two months after third  
cycle of <sup>225</sup>Ac-PSMA-617

Two months after additional  
consolidation therapy



12/2014

PSA = 2,923 ng/mL

7/2015

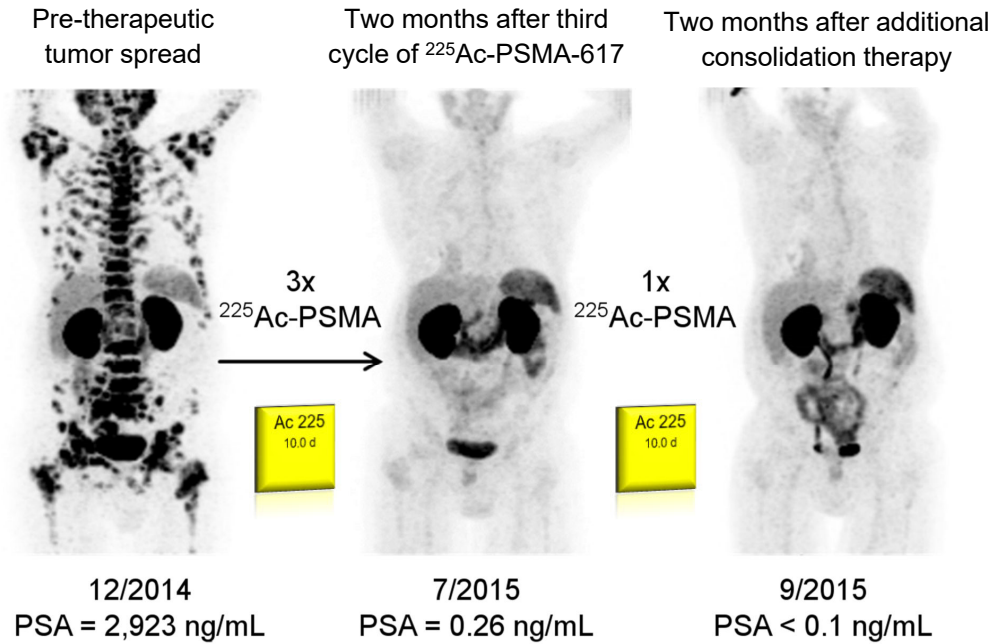
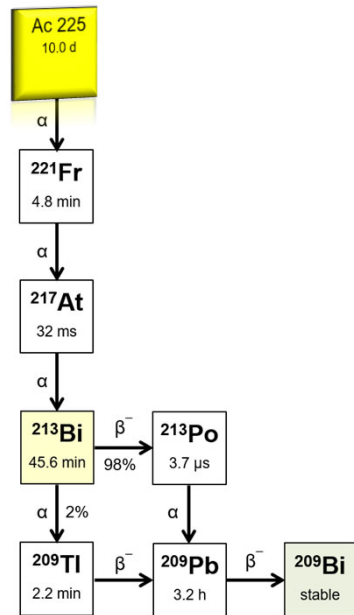
PSA = 0.26 ng/mL

9/2015

PSA < 0.1 ng/mL

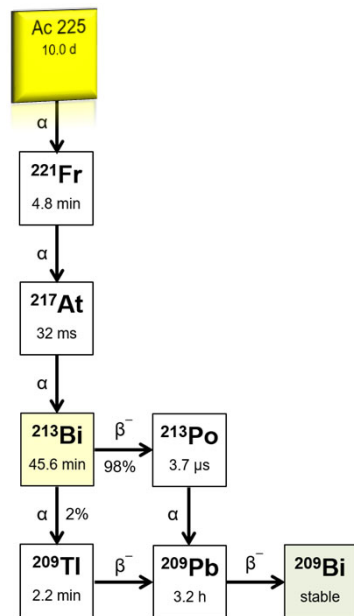
Kratochwil et al. 2016, J Nucl Med Mol Imaging 57:1941.

# <sup>225</sup>Ac-based Radioligand Therapy



Kratochwil et al. 2016, J Nucl Med Mol Imaging 57:1941.

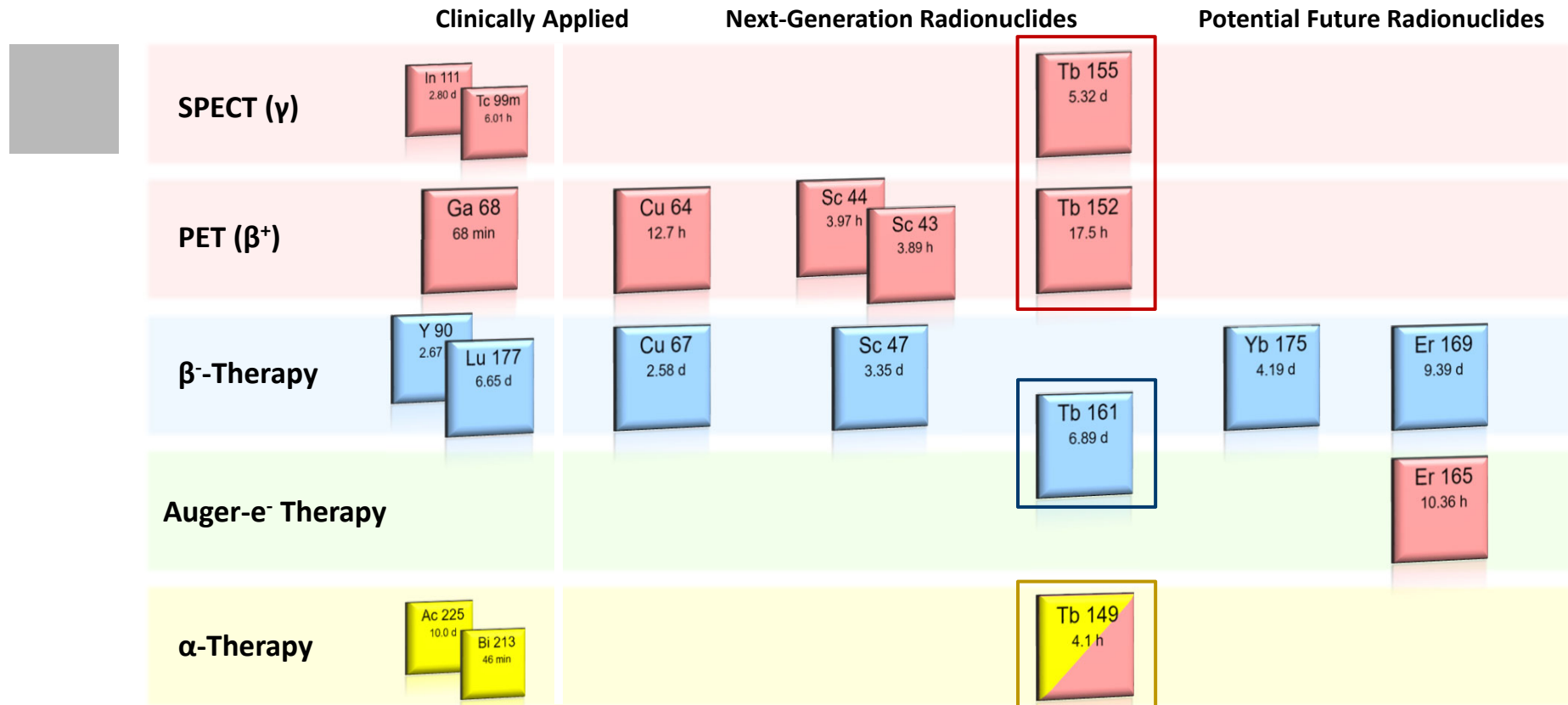
## $^{225}\text{Ac}$ -based RLT: Critical Aspects



*$^{225}\text{Ac}$  is effective to eliminate micrometastases  
but may cause severe side effects.*

*Therefore,  $^{225}\text{Ac}$  is currently only employed for  
end-stage patients.*

# «Matched Pairs» of Nuclides for RadioTheragnostics

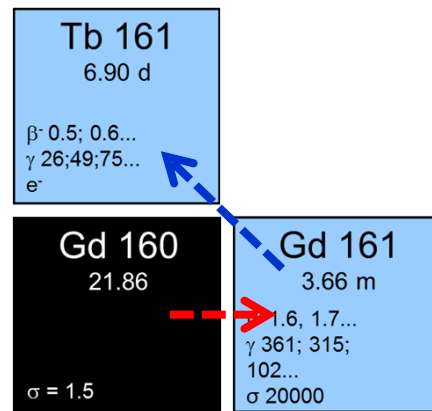




# Production of $^{161}\text{Tb}$ in Analogy to $^{177}\text{Lu}$ (n.c.a.)

## $^{161}\text{Tb}$ production

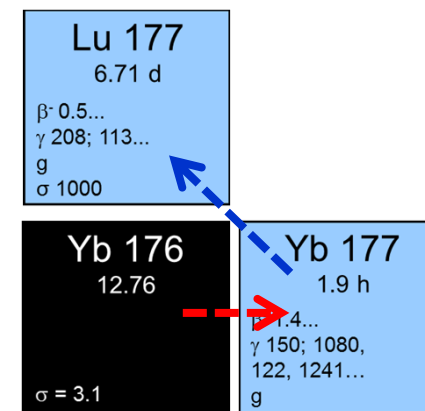
PSI (SINQ); ILL, France (Reactor); Necsa, South Africa (Reactor)



(n, $\gamma$ )-Reaction

## $^{177}\text{Lu}$ production

ITM Medical Isotopes SE, Munich

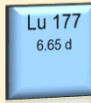
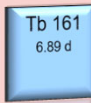


(n, $\gamma$ )-Reaction

Gracheva et al. **2019** EJNMMI Radiopharm Chem. 4:12.; Lehenberger et al. **2011** Nucl Med Biol. 38:917;  
Duran et al. **2020** Appl Radiat Isot. 159:109085; Nedjadi et al. **2020** Appl Radiat Isot. 166:109411.

# Treatment of Micro- & Macrometastases

## Decay characteristics

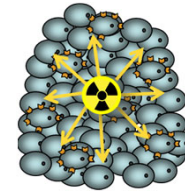
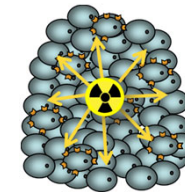
Nuclide	$T_{1/2}$	$\beta^-$ -energy (mean)	$\gamma$ radiation; energy (%)	Conversion & Auger electrons
 Lu 177 6.65 d	6.65 days	134 keV	54 keV (4%) 113 keV (6%) 208 keV (10%)	No
 Tb 161 6.89 d	6.89 days	154 keV	45 keV (18%) 49 keV (17%) 75 keV (10%)	<b>Yes!</b>

\*Auger electrons: energy: 20 eV-1 keV; tissue range: 2-500 nm; LET: 4-26 keV/ $\mu$ m

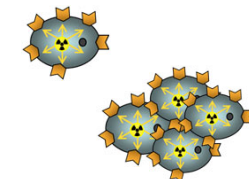
## Hypothesis

Macrometastases

Single Cancer Cells & Cancer Cell Clusters



+



## Dose calculations

*Theranostics* 2016, Vol. 6, Issue 10

1611



2016; 6(10): 1611-1618. doi: 10.7150/thno.15132

Research Paper

### Comparison between Three Promising $\beta$ -emitting Radionuclides, $^{67}\text{Cu}$ , $^{47}\text{Sc}$ and $^{161}\text{Tb}$ , with Emphasis on Doses Delivered to Minimal Residual Disease

Christophe Champion<sup>1\*</sup>, Michele A. Quinto<sup>1</sup>, Clément Morgat<sup>2</sup>, Paolo Zanotti-Fregonara<sup>2</sup>, Elif Hindic<sup>2\*</sup>

#### Theoretical dose calculations:

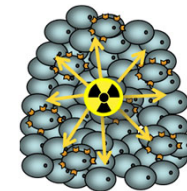
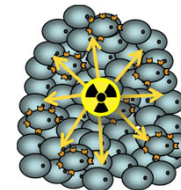
The absorbed dose of single cancer cells or cell monolayers is 3-4-fold increased when using  $^{161}\text{Tb}$  as compared to  $^{177}\text{Lu}$ .

*Champion et al. 2016, Theranostics*

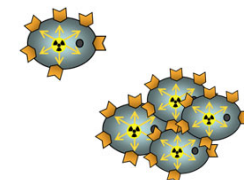
## Hypothesis

Macrometastases

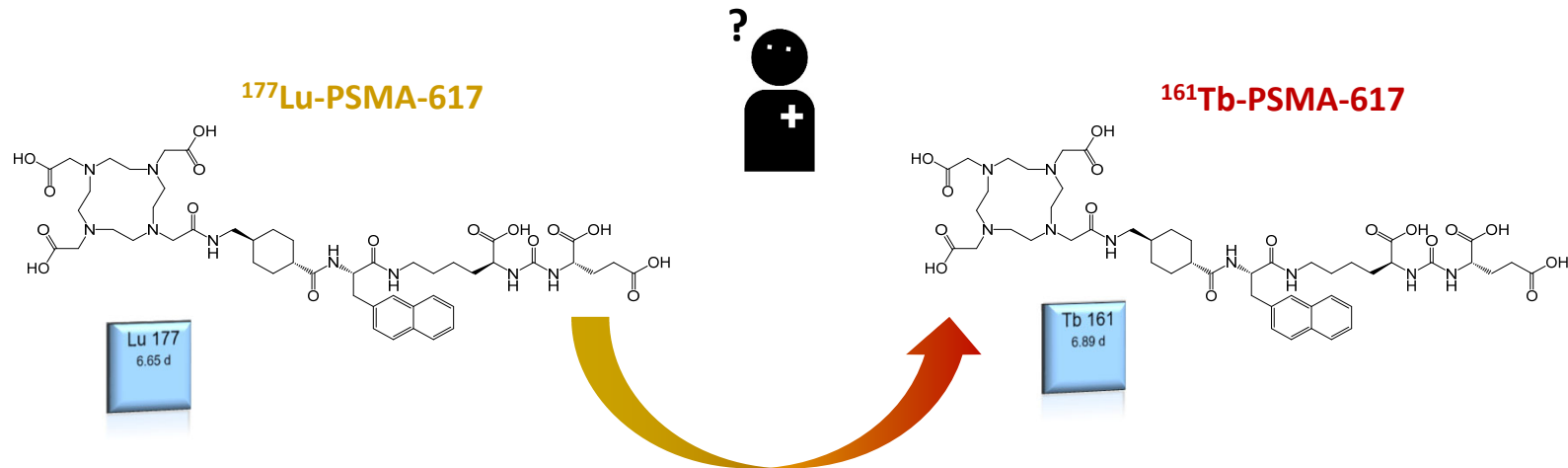
Single Cancer Cells & Cancer Cell Clusters



+



Our goal is to develop a next generation RLT that is potent to eliminate micrometastases but safe to be applied at an early disease stage.



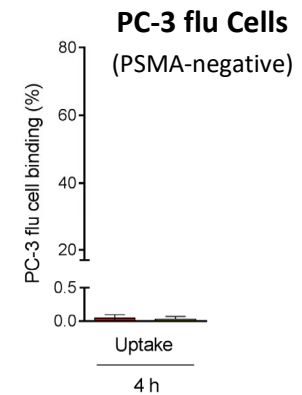
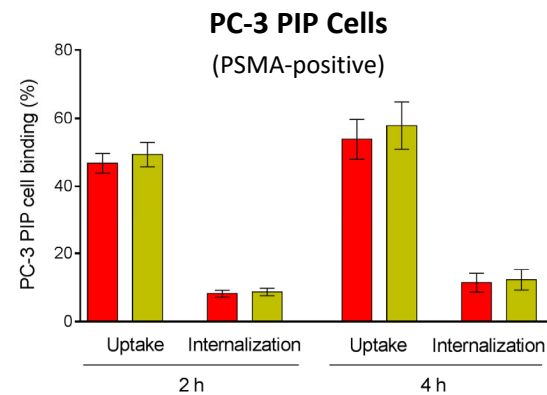
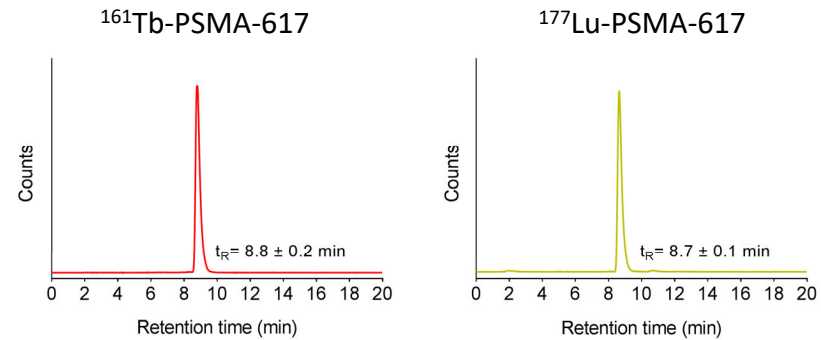
# In Vitro Evaluation of $^{161}\text{Tb}$ - & $^{177}\text{Lu}$ -PSMA-617

Radiolabeling of PSMA-617 achieved with  $^{161}\text{Tb}$  and  $^{177}\text{Lu}$  at molar activities up to

**100 MBq/nmol with >98% radiochemical purity**

**PSMA-specific uptake and internalization** of  $^{161}\text{Tb}$ -PSMA-617 and  $^{177}\text{Lu}$ -PSMA-617 demonstrated in vitro

■  $^{161}\text{Tb}$ -PSMA-617  
■  $^{177}\text{Lu}$ -PSMA-617

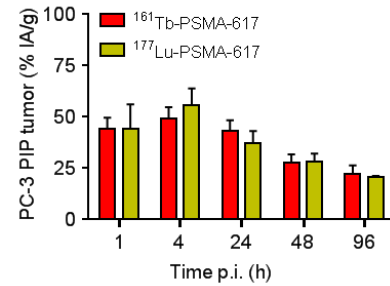


# Equal Pharmacokinetic Profiles

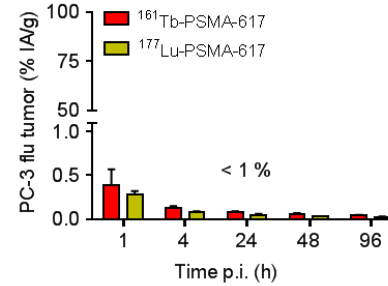


■  $^{161}\text{Tb}$ -PSMA-617  
■  $^{177}\text{Lu}$ -PSMA-617

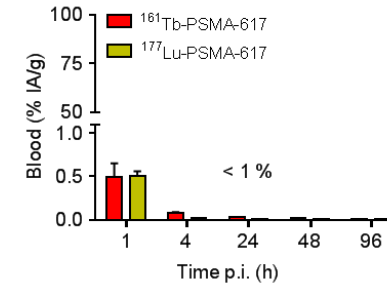
**PC-3 PIP tumor**



**PC-3 flu tumor**

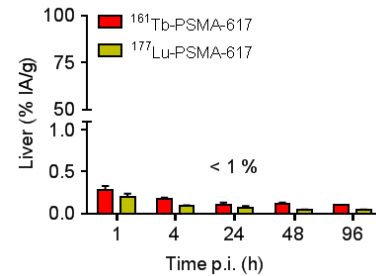


**Blood**

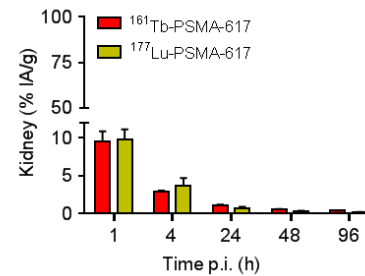


■  $^{161}\text{Tb}$ -PSMA-617  
■  $^{177}\text{Lu}$ -PSMA-617

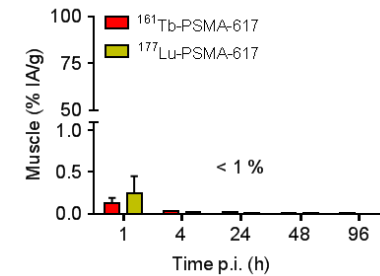
**Liver**



**Kidney**



**Muscle**



# Tumor Cell Viability: $^{161}\text{Tb}$ vs. $^{177}\text{Lu}$ -PSMA-617

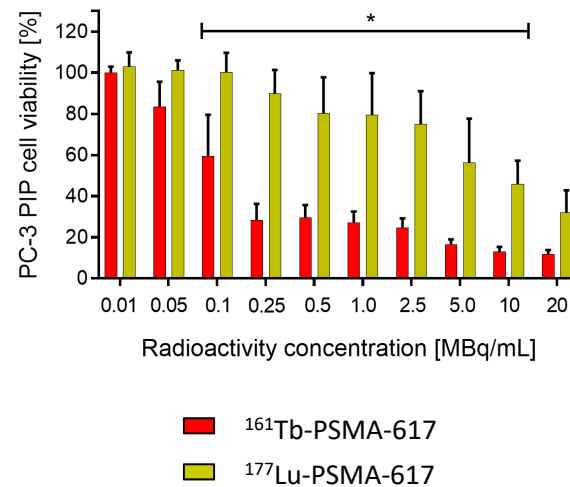
## Theoretical dose calculations:

The absorbed dose of single cancer cells or cell monolayers is 3-4-fold increased when using  $^{161}\text{Tb}$  as compared to  $^{177}\text{Lu}$ .

*Champion et al. 2016, Theranostics*

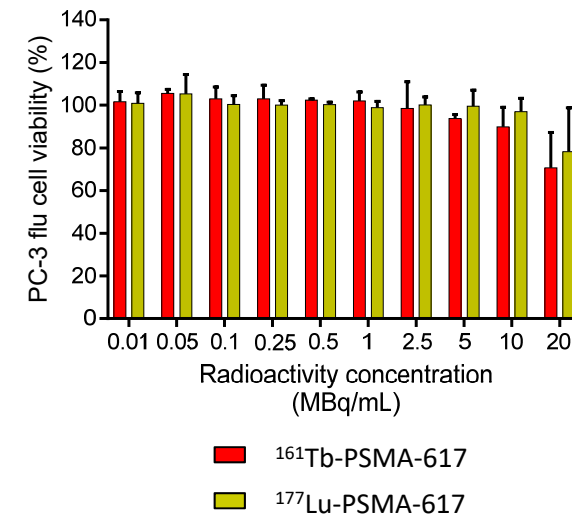
## Cell Viability Assay (MTT)

PC-3 PIP tumor cells  
(PSMA-positive)

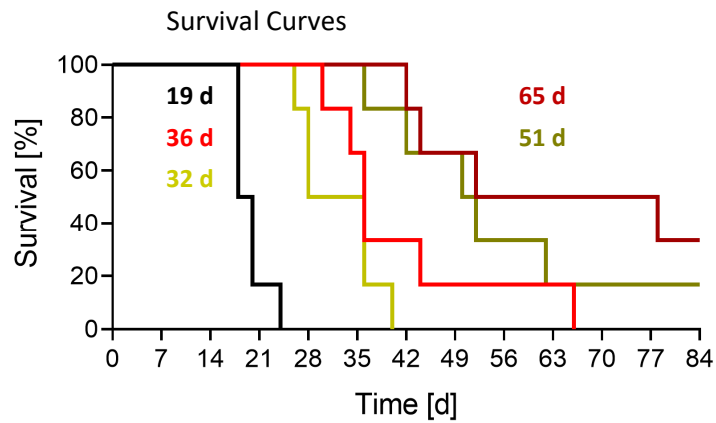


## Cell Viability Assay (MTT)

PC-3 flu tumor cells  
(PSMA-negative)



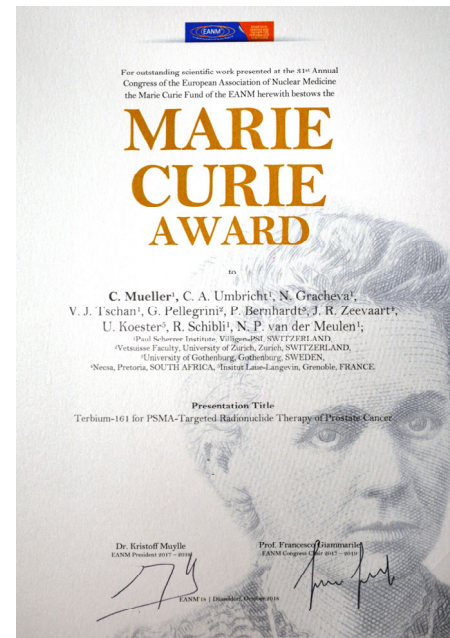
## In vivo therapy



### PC-3 PIP tumor-bearing nude mice

- Vehicle (control)
- $^{161}\text{Tb}$ -PSMA-617 (5 MBq)
- $^{161}\text{Tb}$ -PSMA-617 (10 MBq)
- $^{177}\text{Lu}$ -PSMA-617 (5 MBq)
- $^{177}\text{Lu}$ -PSMA-617 (10 MBq)

Müller et al. **2019** Eur J Nucl Med Mol Imaging 46:1919 & unpublished data.



European Association of Nuclear Medicine (EANM)

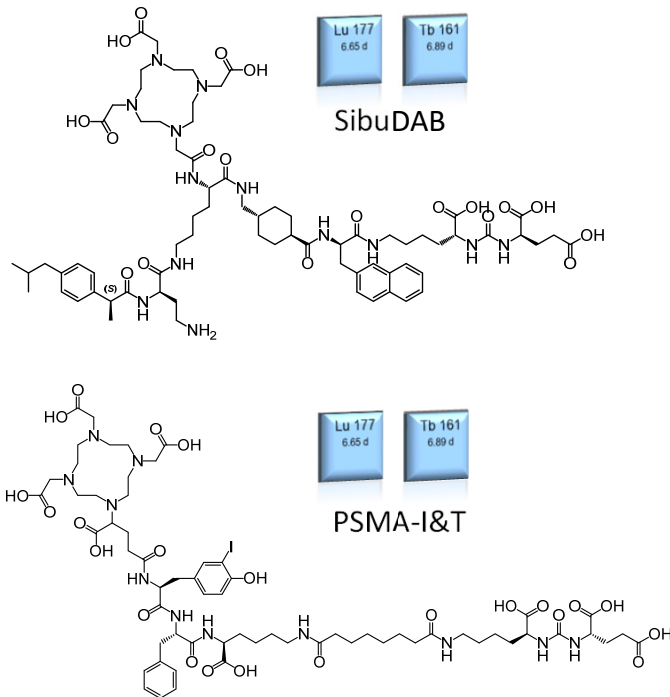


Annual Conference of the EANM 2018



# Nest Steps: Clinical Translation of $^{161}\text{Tb}$

## Outlook



### Clinical investigations

Clinical investigations of  $^{177}\text{Lu}$ -SibuDAB are on-going in Santiago de Chile to estimate the absorbed dose to tumors and normal tissue and investigate the safety.



### Preclinical studies

Further preclinical studies are on-going to investigate  $^{161}\text{Tb}$ -SibuDAB also with regard to potential undesired side effects.



### Clinical study planned

A clinical study to investigate  $^{161}\text{Tb}$ -SibuDAB is foreseen for the near future.

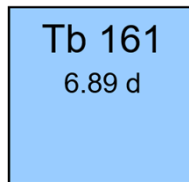


### Clinical study planned

A clinical study to investigate  $^{161}\text{Tb}$ -PSMA-I&T is in the planning phase.



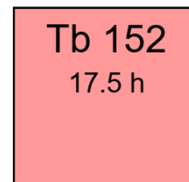
# The “Terbium Sisters”



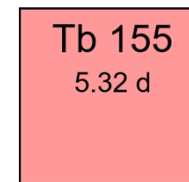
Beta Therapy<sup>PLUS</sup>



Alpha Therapy

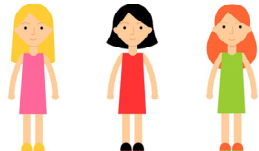


PET

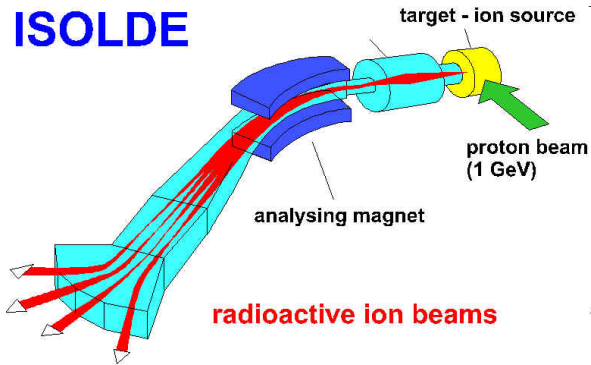


SPECT

# Production of $^{152}\text{Tb}$ , $^{155}\text{Tb}$ & $^{149}\text{Tb}$

  
17.5 h    5.3 d    4.1 h

## Production

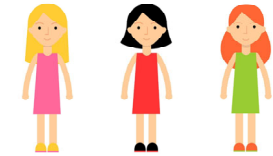


Spallation of tantalum target with high energy protons following online mass separation



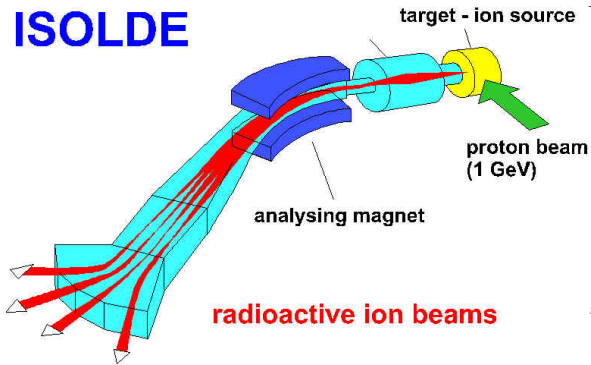
ISOL = Isotope Separation On-Line

# Production of $^{152}\text{Tb}$ , $^{155}\text{Tb}$ & $^{149}\text{Tb}$

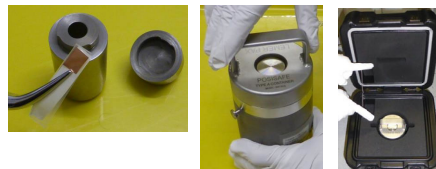


17.5 h   5.3 d   4.1 h

## Production



Spallation of tantalum target with high energy protons following online mass separation



ISOL = Isotope Separation On-Line

## Chemical Separation

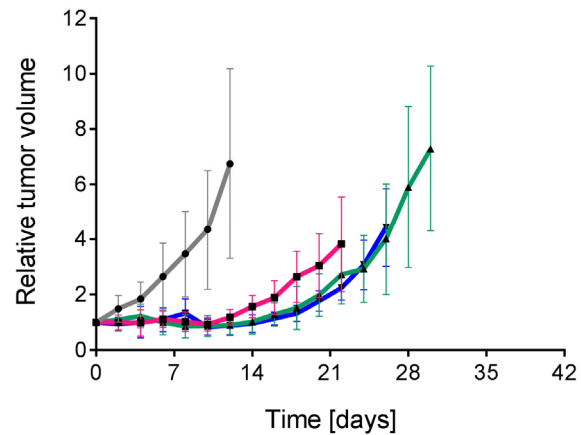
Chemical separation using chromatography



Müller et al. 2012 J Nucl Med 53:1951



## Tumor growth curves

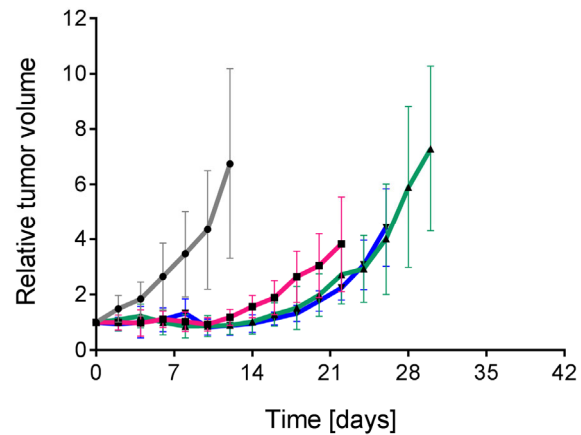


TGDI<sub>2</sub>

● Control (saline)	1.0
■ 1 x 6 MBq (Day 1)	3.0
▲ 2 x 3 MBq (Day 1 and Day 2)	3.6
▼ 2 x 3 MBq (Day 1 and Day 4)	3.6



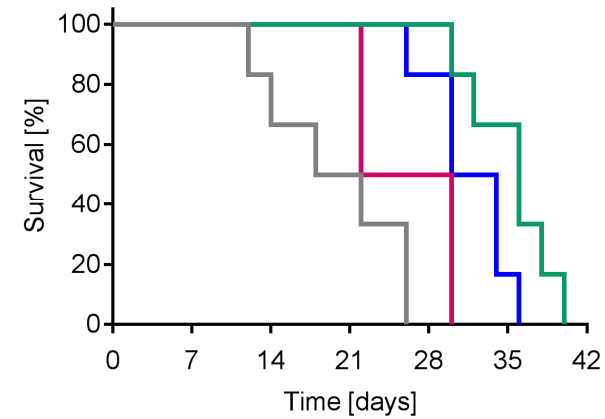
## Tumor growth curves



TGDI<sub>2</sub>

● Control (saline)	1.0
■ 1 x 6 MBq (Day 1)	3.0
▲ 2 x 3 MBq (Day 1 and Day 2)	3.6
▼ 2 x 3 MBq (Day 1 and Day 4)	3.6

## Survival curves

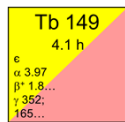


Median Survival

● Control (saline)	20 d
■ 1 x 6 MBq (Day 1)	26 d (+ 30%)
▲ 2 x 3 MBq (Day 1 and Day 2)	36 d (+ 80%)
▼ 2 x 3 MBq (Day 1 and Day 4)	32 d (+ 60%)

# $^{149}\text{Tb}$ : Useful for $\alpha$ -Therapy and PET Imaging

## Terbium-149



- Radiolanthanide for  $\alpha$ -therapy (easy chelation using DOTA)
- Half-life of **4.1 h**
- Low  $\alpha$ -energy of 3.9 MeV
- No  $\alpha$ -emitting daughters



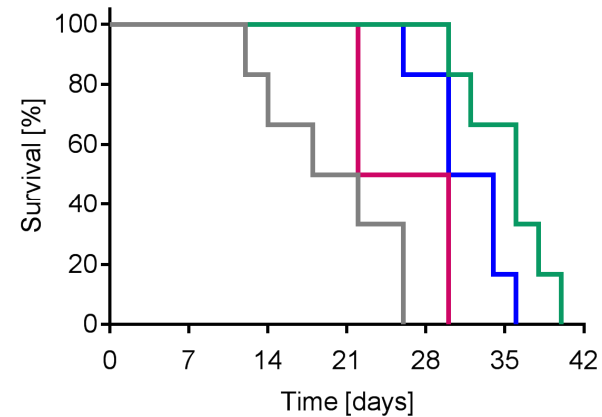
...and suitable for PET imaging?

(Physical decay properties:  
 $E_{\beta^+av} = 730 \text{ keV}$ ,  $I_{\beta^+} = 7.1\%$ )



Umbricht et al. **2019** Sci Report 9:17800

## Survival curves



Median Survival

● Control (saline)	<b>20 d</b>
■ 1 x 6 MBq (Day 1)	<b>26 d (+ 30%)</b>
▲ 2 x 3 MBq (Day 1 and Day 2)	<b>36 d (+ 80%)</b>
◆ 2 x 3 MBq (Day 1 and Day 4)	<b>32 d (+ 60%)</b>

# $^{149}\text{Tb}$ : Useful for $\alpha$ -Therapy and PET Imaging

## Terbium-149

Tb 149
4.1 h
$\epsilon$
$\alpha$ 3.97
$\beta^+$ 1.3...
$\gamma$ 352;
165...

- Radiolanthanide for  $\alpha$ -therapy (easy chelation using DOTA)
- Half-life of **4.1 h**
- Low  $\alpha$ -energy of 3.9 MeV
- No  $\alpha$ -emitting daughters



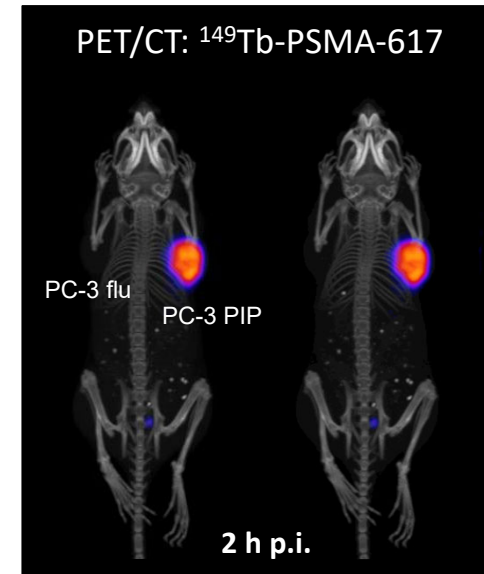
...and suitable for PET imaging?

(Physical decay properties:

$E_{\beta^+av} = 730 \text{ keV}$ ,  $I_{\beta^+} = 7.1\%$ )



Umbricht et al. **2019** Sci Report 9:17800



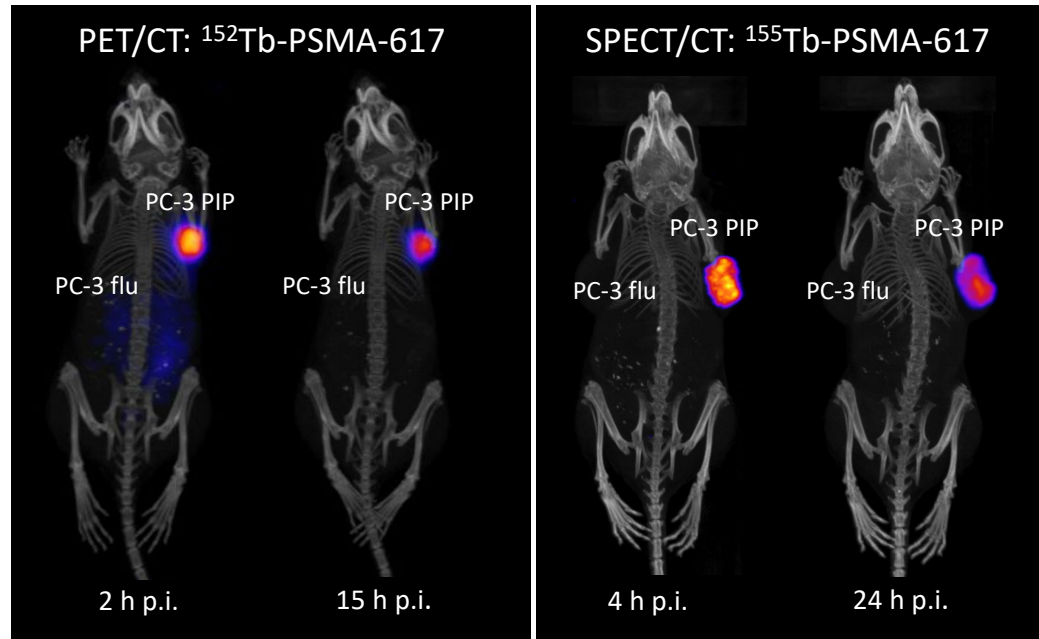
Injected activity:  
5 MBq per mouse



## $^{152}\text{Tb}$ & $^{155}\text{Tb}$ : Diagnostic Sisters



Tb 152  
17.5 h



Tb 155  
5.32 d



- $^{155}\text{Tb}$  and  $^{152}\text{Tb}$  are of interest in combination with long-circulating targeting agents and/or for delayed imaging.
- They are promising for dosimetry prior to radionuclide therapy using  $^{177}\text{Lu}$ ,  $^{161}\text{Tb}$  or  $^{149}\text{Tb}$  (or other radiolanthanides).

Müller et al. **2019** EJNMMI Res 9:68; Favaretto et al. **2021** EJNMMI Radiopharmacy and Chemistry 6:37.

# Whole-Body PET Using $^{152}\text{Tb}$ -PSMA-617



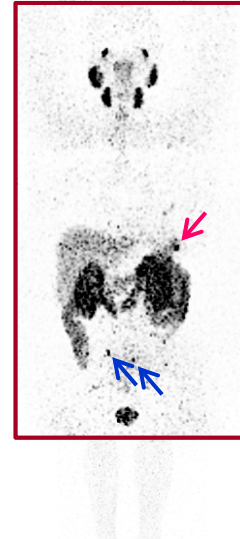
Whole-Body Scan  
50 min p.i.



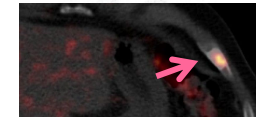
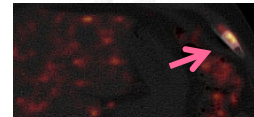
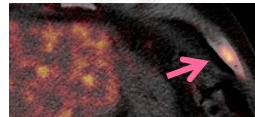
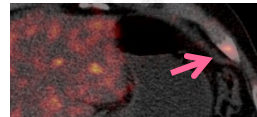
Whole-Body Scan  
2 h p.i.



Whole-Body Scan  
18.5 h p.i.

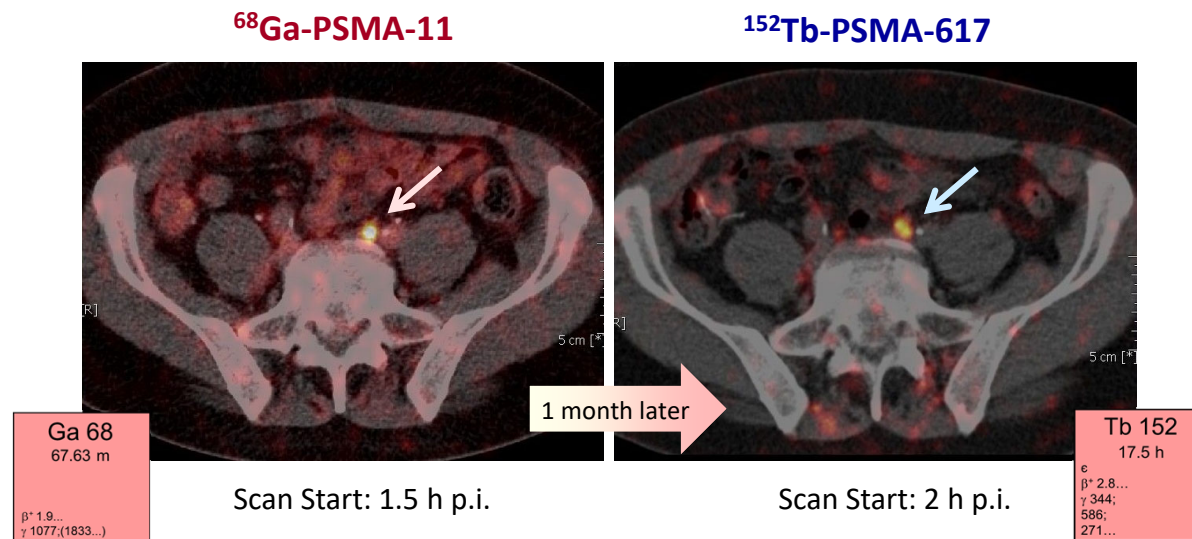


Whole-Body Scan  
25 h p.i.



Müller et al. 2019 EJNMMI Res 9:68

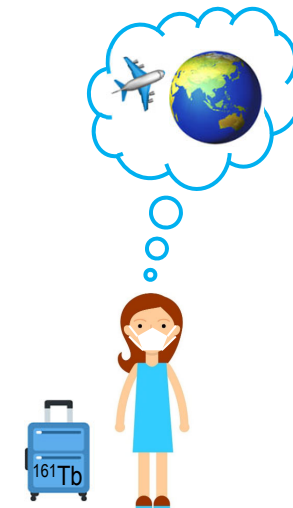
# Comparison of $^{68}\text{Ga}$ - & $^{152}\text{Tb}$ -based PET Images



### $^{161}\text{Tb}$

- $^{161}\text{Tb}$  is well established in terms of production and can be made available in **excellent quality**, but an up-scaling process will be necessary to make it available in quantities sufficient for **clinical translation**.
- Further preclinical investigations are on-going to **explore the advantage of the Auger electron emission** for the treatment of disseminated disease.
- A **clinical study** is planned to investigate  $^{161}\text{Tb}$ -DOTA-LM3 (Collaboration with Prof. Dr. Damian Wild, University Hospital Basel, Switzerland).

<https://clinicaltrials.gov/> (NCT05359146)



Beta Therapy<sup>PLUS</sup>

## Outlook: other Terbium Sisters

### $^{151}\text{Tb}$ , $^{155}\text{Tb}$ and $^{149}\text{Tb}$



PET    SPECT    TAT

- Currently on-going research focuses on the production methods and set-up of new facilities (**TATOOS!**)
- **More preclinical research will be necessary**, in particular with  $^{149}\text{Tb}$ , which is promising for targeted  $\alpha$ -Therapy.



Beta Therapy<sup>PLUS</sup>

# Acknowledgment



**Center for Radiopharm. Sciences (PSI)**

Prof. R. Schibli, Radiation Safety etc.



**Laboratory of Radiochemistry (PSI)**

Dr. N. P. van der Meulen & Group



**ISOLDE CERN, Geneva, Switzerland**

Dr. K. Johnston & Team



**Institut Laue-Langevin, Grenoble, France**

Dr. U. Köster & Team



**Necsa, Pelindaba, South Africa**

Dr. J. R. Zeevaart & Team



**University of Gothenburg, Sweden**

Prof. P. Bernhardt & Team



**ITM Medical Isotopes GmbH, Germany**

Prof. K. Zhernosekov & Team



**Merck & Cie, Switzerland**

Dr. V. Groehn & Team



**Center for Nuclear Medicine & PET/CT Positronmed, Chile**

Prof. H. Amaral & Team; Dr. V. Kramer



**Zentralklinik Bad Berka, Germany**

Prof. R. Baum; Dr. A. Singh & Team



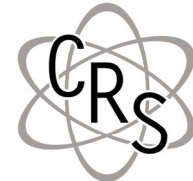
krebsforschung schweiz  
recherche suisse contre le cancer  
ricerca svizzera contro il cancro  
swiss cancer research



PAUL SCHERRER INSTITUT



Thank you for your Attention!



CENTER FOR  
RADIOPHARMACEUTICAL  
SCIENCES  
ETH PSI USZ

