Essential elements
Food
Mineral supplements
e.g. F, Ca, Fe, Co (vit B12)
Zn, Se

Therapeutic agents
(e.g. Li, V, As, Ru,
Ag, Pt, Au)

Radiopharmaceuticals
Therapeutic (e.g.^{188}Re)
Diagnostic (e.g. ^{99m}Tc)

Metallomics
Transport and signalling pathways
Genomic codes for elements

Medicinal Inorganic Chemistry

Protein/enzyme regulators
e.g metalloproteinases,
angiotensin-converting enzyme
O_2, CO, NO

Chelation therapy
Overload diseases (e.g. Fe, Cu)
Removal of radionuclides

Enzyme mimics
Synzymes (e.g. for SOD)

Contrast agents
MRI (e.g. Gd, Mn, Fe)
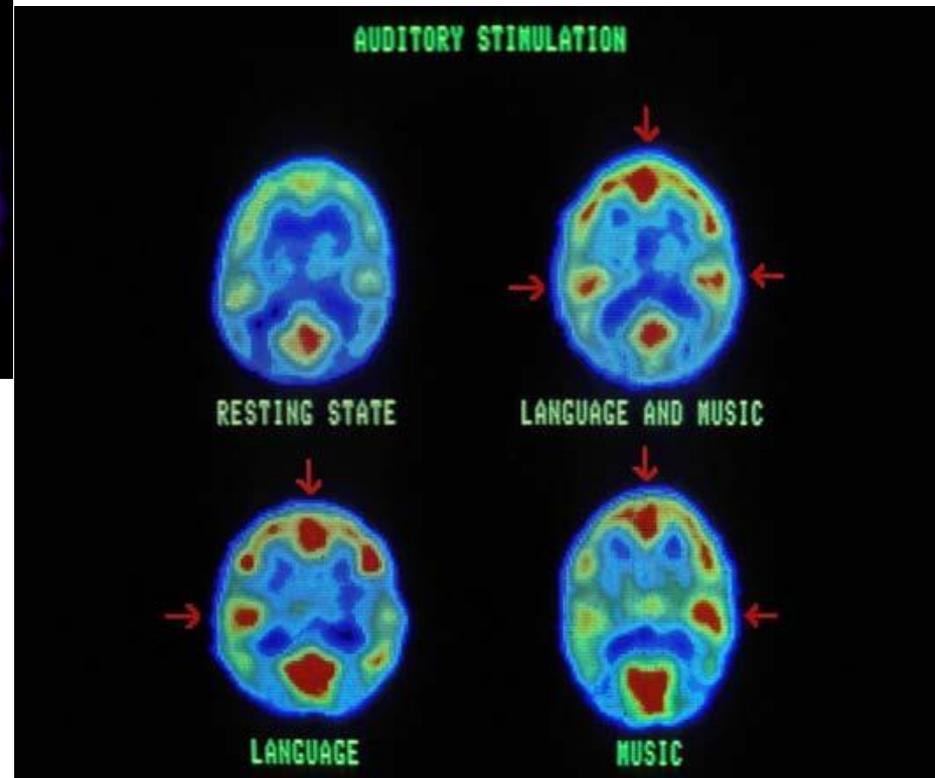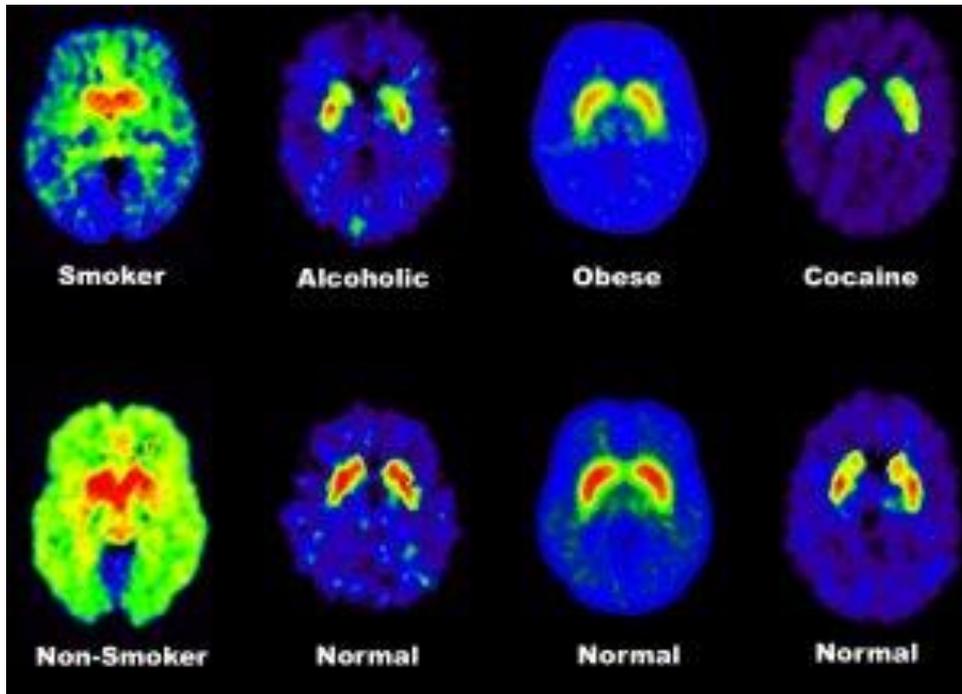*X-ray (e.g. I)*

Imaging with Metal Compounds

Cellular level (*molecular imaging*)

Whole-body level (*anatomic or structural imaging* provides *functional information*)

Definition of molecular imaging (2007): *molecular imaging concerns the visualization, characterization, and measurement of biological processes at the molecular or cellular level in humans or other living organisms*.

Molecular Imaging
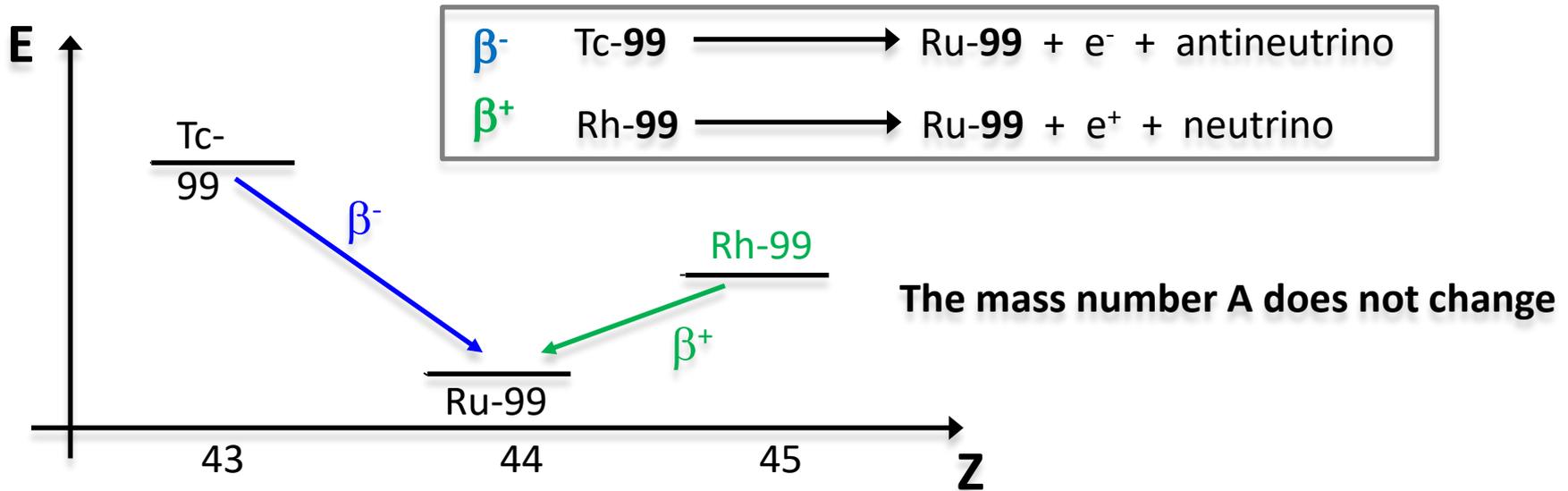
Spontaneous processes in radioactive nuclei

- Emission of particles (α, β-, β+)

- Electron capture (EC or ε)

- Emission of radiation (X, γ ray)

Both β+ emission and electron capture formally transform a proton into a neutron.

β+ emission occurs when ΔE_{pf} > 1.022 MeV
Electron capture occurs when ΔE_{pf} < 1.022 MeV

Radioactivity: Why are nuclei unstable?

a chemical **energy scheme**

β⁻   Tc-**99** ⟶ Ru-**99** + e⁻ + antineutrino

β⁺   Rh-**99** ⟶ Ru-**99** + e⁺ + neutrino

E

Tc-99

β⁻

Rh-99

The mass number A does not change

β⁺

Ru-99

43   44   45
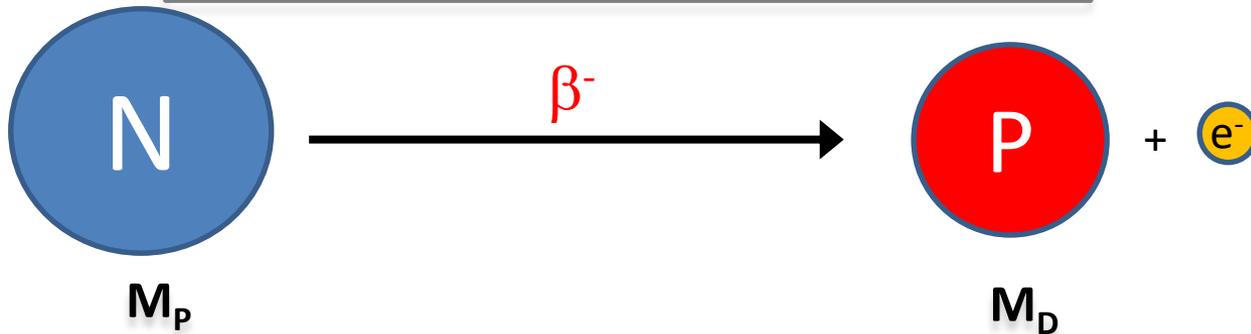
Z

➡Isobars have the **same number** of internucleon interactions

➡One combination n-p ; p-p ; n-n must be **the most favorable one**, hence the most stable nucleus

➡All other combinations n/p are higher in energy, **hence unstable**

Radioactivity: Decay modes

➡️ **stability** on the atomic nucleus scale **means MASS**, hence, **the lighter the more stable**

Neutron:	m_n	$= 1.0086647$ a.u.
Proton:	m_p	$= 1.007276$ a.u.
(Electron):	m_e	$= 5.485799 \cdot 10^{-4}$ a.u.

$$N \xrightarrow{\ \beta^- \ } P + e^-$$

M_P M_D

the proton is by 0.0013887 amu **lighter than a neutron**

⬇️

the mass of an electron is 0.0005485799 amu

⬇️

The mass difference $\Delta m = m_n - (m_p + m_e)$ is thus 0.000840121 amu corresponds to 0.78MeV energy

⬇️

Thus, a **free neutron decays** into a proton and an electron (and an antineutrino)

is exactly what is **experimentally found** $n \rightarrow p^+ + e^- + (_0^0 \overline{\nu})$ ($t_{\frac{1}{2}} = 10.4$ min, $\beta^- = 0.78$MeV)

A model decay

The β⁻, β⁺ and the ε decay (relevant for radiopharmacy)

e⁻ a K-shell electron

e⁻

N P   → β⁺ →   N N   + e⁺

M_P M_D

the new nucleus looses a shell electron with m_e = 0.0005485 amu

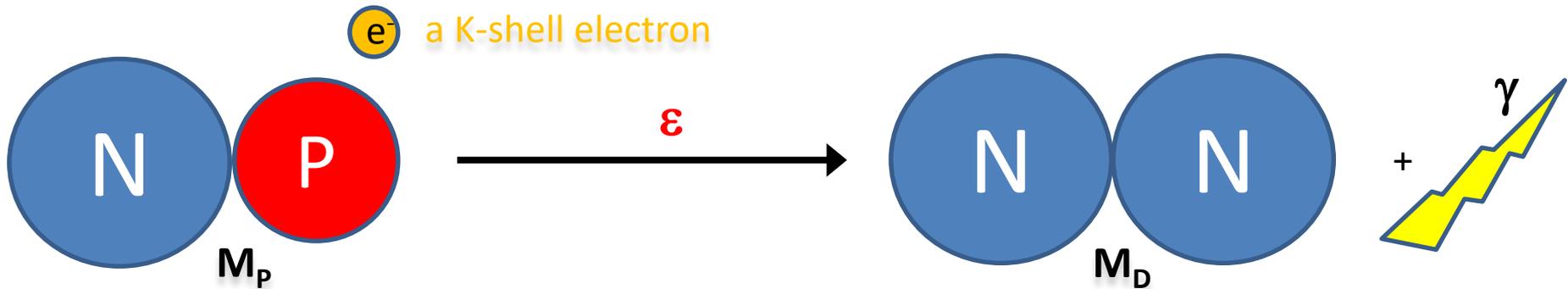in addition, **we generate a** β⁺ **particle with** m = 0.0005485 amu

in total, **we generate a mass** = 0.001097 amu = 1.022MeV

Thus, if the new nucleus has **less than 1.022MeV additional binding energy,** the β⁺ decay is uphill and **will not happen**

Radioactivity: Decay modes

The β^-, β^+ and the ε decay (relevant for radiopharmacy)

an electron from the K-shell **is trapped** by a proton **inside the nucleus**

Thus neither a positron nor an electron are lost

The decay energy Q is equivalent to M_P-M_D in form of a γ-**quant**

if Q < 1.022MeV, **exclusively ε-decay,** if larger, both β^+ and ε-decays may **occur in parallel**

Electron capture (EC) can produce Auger electrons

Auger

Phenomena following up the decay

After the β (and α) decay, the daughter nucleus is generally **in an excited state**

the excited state goes into the ground state by

emitting one (or more) γ-quants

or

by emitting electrons from the shell

➡ **Auger electrons**

Radiopharmaceuticals

Radiodiagnostics

γ-emitters (**SPECT**)
positron-emitters (β^+) (**PET**)
$10^{-6} - 10^{-8}$ M

Radiotherapeutics

α or β^- emitters

Selection of **appropriate** radionuclides

Diagnosis / Imaging	➡ **pure γ- emitting** nuclides are preferred since …
	particulate radiations (such as α or β) **increase the dose** to the patient but are non-penetrating and therefore do not contribute to the image.
Therapy	➡ particulate radiation **and** γ-emitters are preferred

Preparation of a radiopharmaceutical, step 1: the radionuclide

Radio-isotopes can be obtained:
- By decay of longer half-life radionuclides in a **generator**
- Via a **cyclotron** by bombarding an appropriate element or its compound with accelerated charged particles, typically protons or deuterium nuclei
- By nuclear bombardment with neutrons in a **nuclear reactor**

- Purification from parent isotope and by-products (also depends on isotopic purity of target nucleus)
- Incorporation into a compound, often via a polydentate chelator
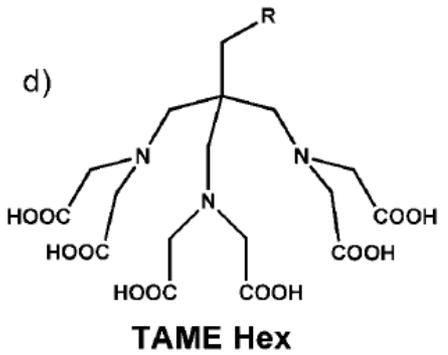
Most-common chelators

Diethylenetriamino-
pentaaceticacid

Targeted Approach
(*Trojan horse*)

Bifunctional Chelator
Secures metal for safe biological transport

Radiometal
Source of desired radiation

Linker
Joins radioactive and targeting moieties

Bioconjugate
Ensures drug accumulates at target

(targeting vector)

Targeting molecules: monoclonal antibodies, peptides, vitamins, carbohydrates,..

SPECT: Single Photon Emission Computed Tomography
γ emitters, 100 – 250 keV

Myocardial perfusion

Main radionuclides for SPECT

Radionuclide	Half life	Energy of main γ emission (keV)
^{67}Ga (γ)	78 h	93, 185, 300
^{99m}Tc (γ)	6 h	140
^{111}In (γ)	67 h	171, 245
^{131}I (β, γ)	8 d	364

^{99m}Tc: the *workhorse* of radioimaging
(used in >80% of diagnostic scans, more than 25 M in 2007)

Obtained from fission of
^{235}U or from ^{98}Mo upon
(n, γ) reaction

$[^{99}MoO_4]^{2-}$

β^-, γ, $t_{1/2}$= 66h
(87%)

β^-, γ, $t_{1/2}$= 66h
(13 %)

$[^{99m}TcO_4]^-$

γ (140 keV), $t_{1/2}$= 6h
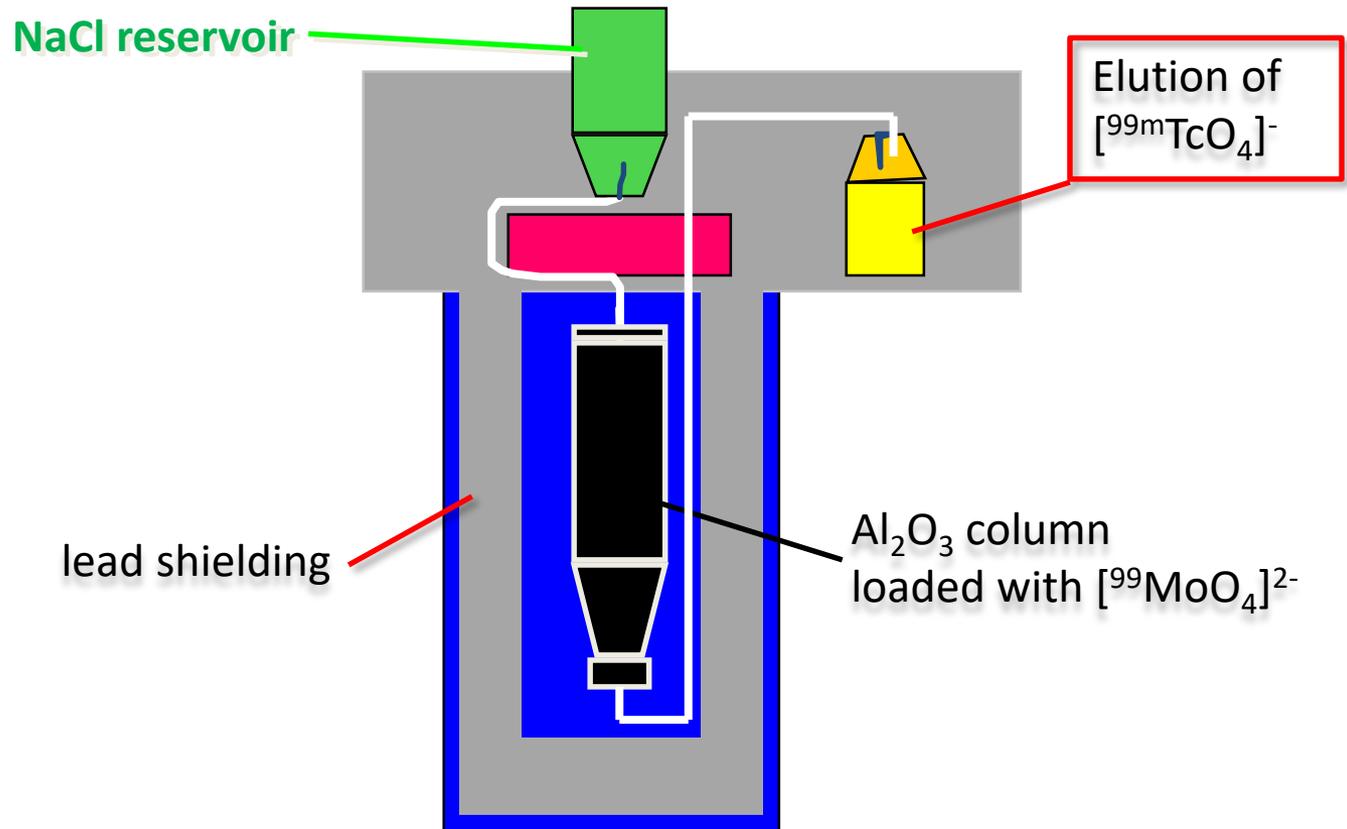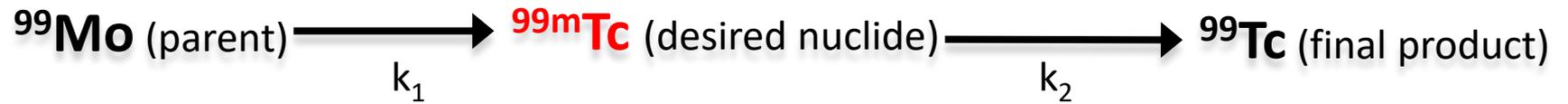
$[^{99}TcO_4]^-$

Pure β-emitter

- Ideal physical decay properties
- Readily available at low cost
- Many oxidation states (+7 – -1)
- Various coordination geometries (4 – 9)
- *Cold* Re for characterization (matched-pair approach)

nuclear spin forbidden: compare to **spin forbidden transitions** in the electron shell ➡ **phosphorescence**

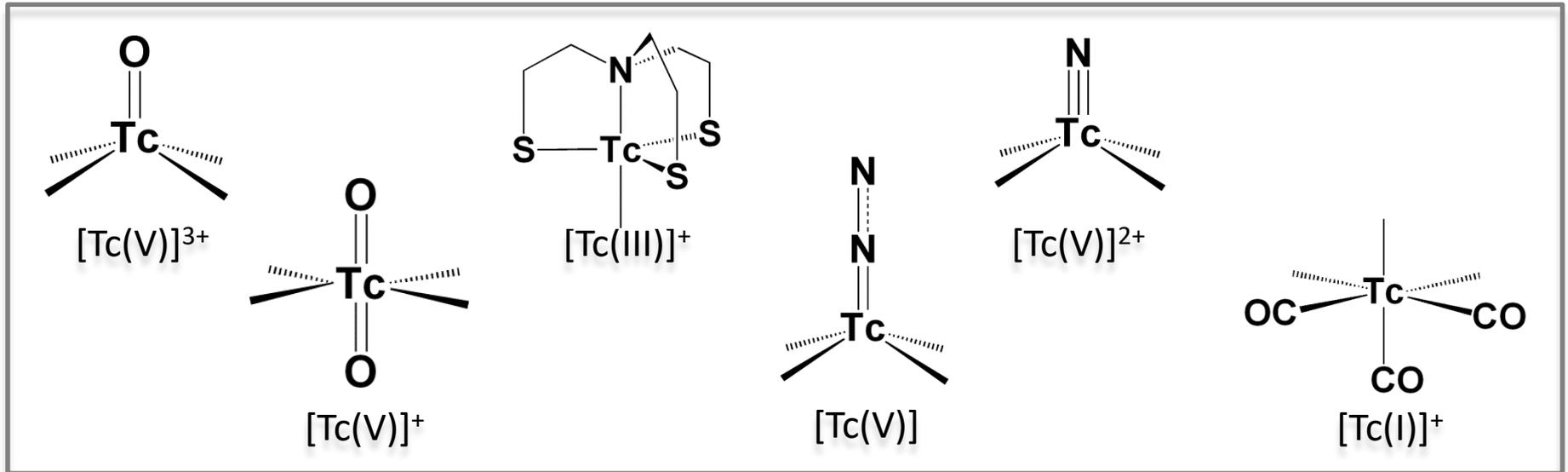# $^{99m}TcO_4^-$ generator

^{99}Mo (parent) $\xrightarrow{k_1}$ ^{99m}Tc (desired nuclide) $\xrightarrow{k_2}$ ^{99}Tc (final product)

NaCl reservoir

Elution of $[^{99m}TcO_4]^-$

lead shielding

Al_2O_3 column loaded with $[^{99}MoO_4]^{2-}$

Preparation of radiopharmaceuticals: "*Shake and bake*" principle

- Preparation has to be done "on site" in clinics (kits)
- Yields must be > 98% (even at very low metal ion concentration)
- Compound must be ready for administration
- No lenghty purification or separation
- Saline aqueous solutions
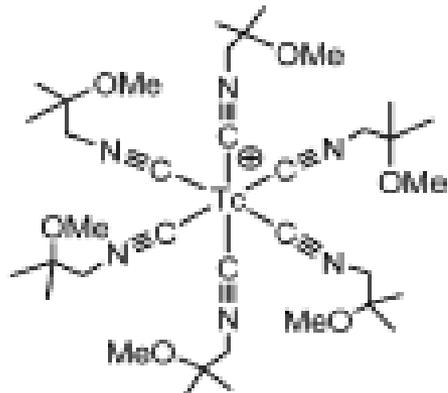- Non-toxic reagents (e.g. Sn(II) componds as reducing agents) and byproducts

Most relevant oxidation states and core structures

$[Tc(V)]^{3+}$

$[Tc(V)]^{+}$

$[Tc(III)]^{+}$

$[Tc(V)]$

$[Tc(V)]^{2+}$

$[Tc(I)]^{+}$

➡ "vacant sites must be occupied by **stable / inert** ligands

➡ synthesis from $[^{99m}TcO_4]^{-}$ **in 0.9% NaCl solution**
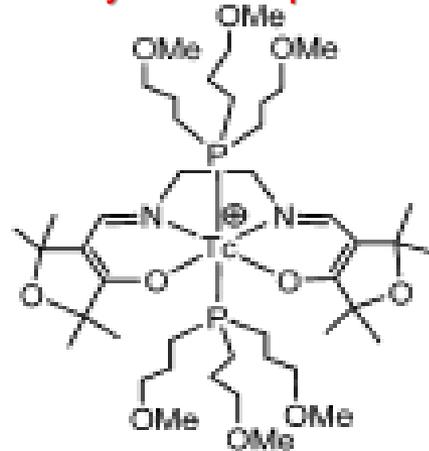
First generations ^{99m}Tc agents

cardiac imaging **myocardial perfusion** **cardiac imaging**

^{99m}Tc-Sestamibi

^{99m}Tc-Tetrofosmin

Q12

^{99m}Tc-Teboroxime

^{99m}TcN-NOET

^{99m}Tc-HMPAO

^{99m}Tc-Bicisate

^{99m}Tc-MAG$_3$

myocardial perfusion **cereberal perfusion** **brain imaging** **renal imaging**

^{99m}Tc-sestamibi

+ Localizes in mithocondria

Baseline | **4 months**

Stress / Rest (Anterior, Septal, Inferior) — 0% 50% 100%

- Cardiac imaging (uptake proportional to blood flux)
- Cancer diagnosis (breast cancer)
- Thyroid imaging (adenoma)

$[^{99m}TcO_4]^-$ $\xrightarrow[\text{H}_2\text{O / 10min 98}^\circ \text{C}]{[S_2O_4]^{2-} \text{ / Cu(CNR)}_4^+}$ $\left[\begin{array}{c} \text{CN-R} \\ \text{R-NC} \cdots \text{Tc} \cdots \text{CN-R} \\ \text{R-NC} \quad \text{CN-R} \\ \text{CN-R} \end{array} \right]^{\oplus}$ yield > 98%   R =

Chemistry is difficult, **redox chemistry** involved

$[^{99m}TcO_4]^-$ **Tc^{VII}** $\longrightarrow$ **Tc^{I}** $[^{99m}Tc(CNR)_6]^+$ **6 electrons**

➡ quantitative yield (**> 98%**)

➡ water as solvent, **boiling**
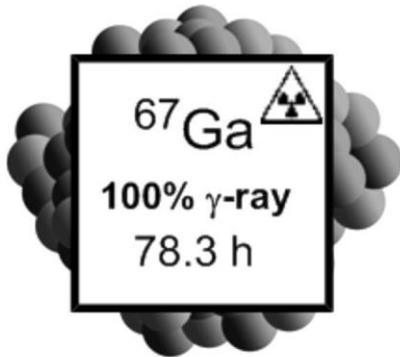
➡ high dilution, **kinetic** reaction **control**

Cardiolite®
Kit for the Preparation of Technetium Tc99m Sestamibi for Injection
See package insert for full prescribing
Rx only.
Store at 15-25 °C.

>500 M$ per year

^{67}Ga ⚠
100% γ-ray
78.3 h

Electron Capture

(p, 2n)

Cyclotron

93 keV (36%)
185 keV (20%)
300 keV (16%)

imaging of inflammatory processes and tumors

^{68}Zn
stable

^{67}Zn
stable

Radio-immuno-scintigraphy

Somatostatin

Octreotide

^{111}In-DTPA-Octreotide

Somatostatin is a polypeptide hormone that regulates the endocrine system and cell growth and proliferation. Somatostatin receptors are trans-membrane proteins that are overexpressed in many types of **neuroendocrine tumors**. Octreotide is similar to somatostatin.

^{111}In-DTPA-Octreotide (OctreoScan®)

PET: Positron Emission Tomography

PET/CT: combination of imaging techniques (structural and functional)

PET

CT

PET + CT

Liver metastasis
CT normal

PET imaging and hybrid modalities

PET

Functional imaging

High sensitivity - Target specific

MRI

Anatomic / physiologic imaging

High resolution - Soft tissue contrast

PET/MRI

Improved clinical accuracy

Reduced radiation dose

Broader pathologic scope

Most relevant radionuclides for PET

Table 1. Physical Properties of Commonly Used Positron-Emitting Radionuclides

nuclide	half-life (min)	maximum energy (MeV)	mode of decay (%)	theoretical specific activity (GBq/μmol)
^{18}F	110	0.64	$\beta+$ (97%) EC^a (3%)	6.3×10^4
^{11}C	20.3	0.97	$\beta+$ (99%)	3.4×10^5
^{13}N	10	1.20	$\beta+$ (100%)	7.0×10^5
^{15}O	2	1.74	$\beta+$ (100%)	3.4×10^6
^{76}Br	972	4.0	$\beta+$ (57%) EC (43%)	7.2×10^3
^{124}I	60 192	2.14	$\beta+$ (25%) EC (75%)	1.15×10^3
^{68}Ga	68.1	1.90	$\beta+$ (89%) EC (11%)	1.02×10^5
^{64}Cu	762	0.655	$\beta+$ (19%) EC (41%) $\beta+$ (40%)	9.13×10^3

^{a} EC: electron capture.

Radionuclide half-life and biodistribution half-life

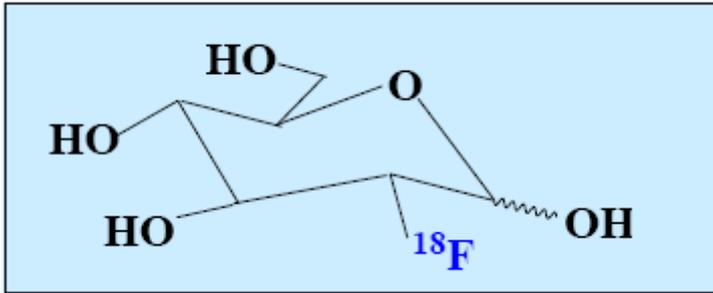| Short in vivo half-life | 2 h | 2 - 4 h | | 4 - 12 h | | 24 - 120 h | | Long in vivo half-life |

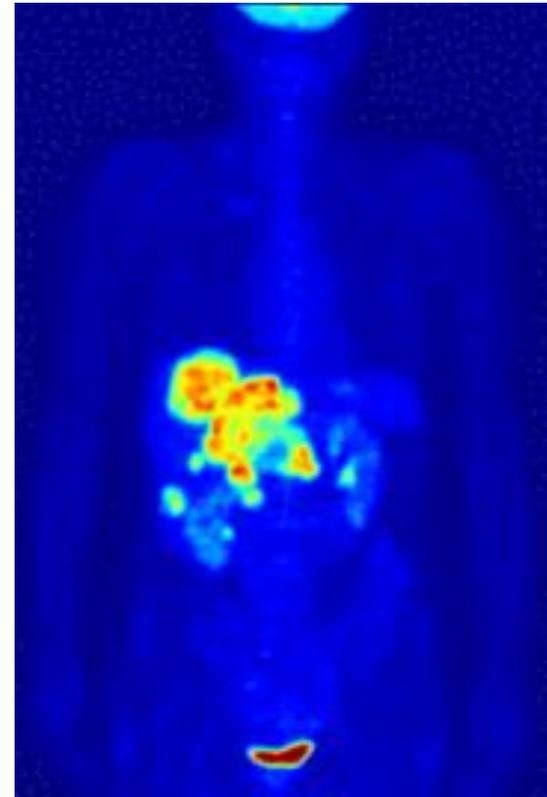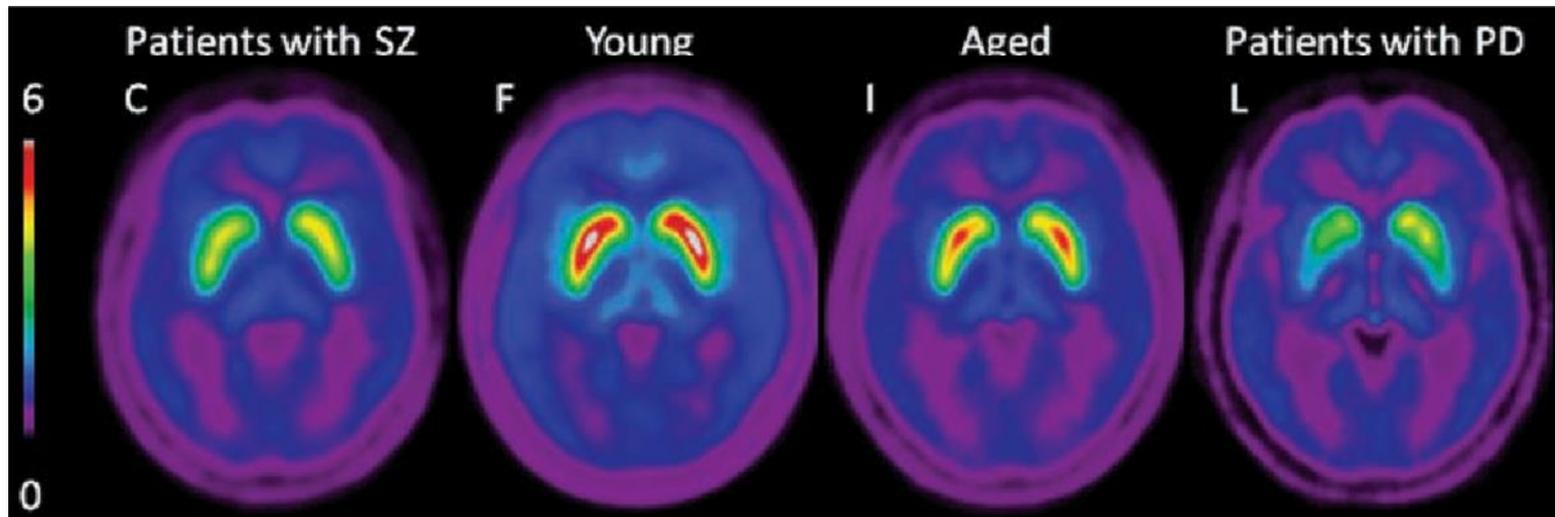| Short radionuclide half-life								Long radionuclide half-life
^{63}Zn $t_{1/2}$= 0.6 h	^{94m}Tc $t_{1/2}$= 0.9 h	^{45}Ti $t_{1/2}$= 3.1 h	^{99m}Tc $t_{1/2}$= 6 h	^{64}Cu $t_{1/2}$= 12.6 h	^{90}Nb $t_{1/2}$= 14.6 h	^{55}Co $t_{1/2}$= 17.5 h	^{89}Zr $t_{1/2}$= 78 h	^{52}Mn $t_{1/2}$= 134 h
					^{188}Re (359 keV) $t_{1/2}$ = 17 h	^{104}Rh (566 keV) $t_{1/2}$ = 35 h	^{67}Cu (580 keV) $t_{1/2}$ = 62 h	^{186}Re (791 keV) $t_{1/2}$ = 89 h

PET SPECT β⁻

Fluorodeoxyglucose ([^{18}F] FDG)

bio-isosteric substitution

glucose metabolism
tumor localization

6-[^{18}F]FDOPA,

DOPA is the precursor of the neurotransmitter dopamine.
The neurotracer 6-[^{18}F]FDOPA is a powerful tool in PET imaging of neuropsychiatric diseases, movement disorders and brain malignancies. More recently, it also demonstrated good results in the diagnosis of other malignancies

Example of nucleophilic direct fluorination ($^{18}F^-$)

$$^{18}O_{(from\ H_2O)}(p, n)^{18}F$$

Fluorination performed in absolute absence of water

Prostetic groups for ^{18}F labeling of biomolecules

Inorganic fluoruration (B, Si, Al…)

Na^{18}F
pH 4

Al–F > 670 kJ mol^{-1} vs 480 kJ mol^{-1} for C–F
Lower activation energy

ocreotide

Clinical study for PET imaging a lung cancer

PRGD2

Cyclic RGD peptides have high affinity and selectivity for the integrin receptor $\alpha_v\beta_3$

Visualizing and quantifying this integrin makes it possible to assess the neo-vascularization of a tumor and determine whether it is likely to respond to anti-angiogenic therapy

Metal radionuclides for PET

Table 1. Physical Properties of Some Common PET Radiometals[a]

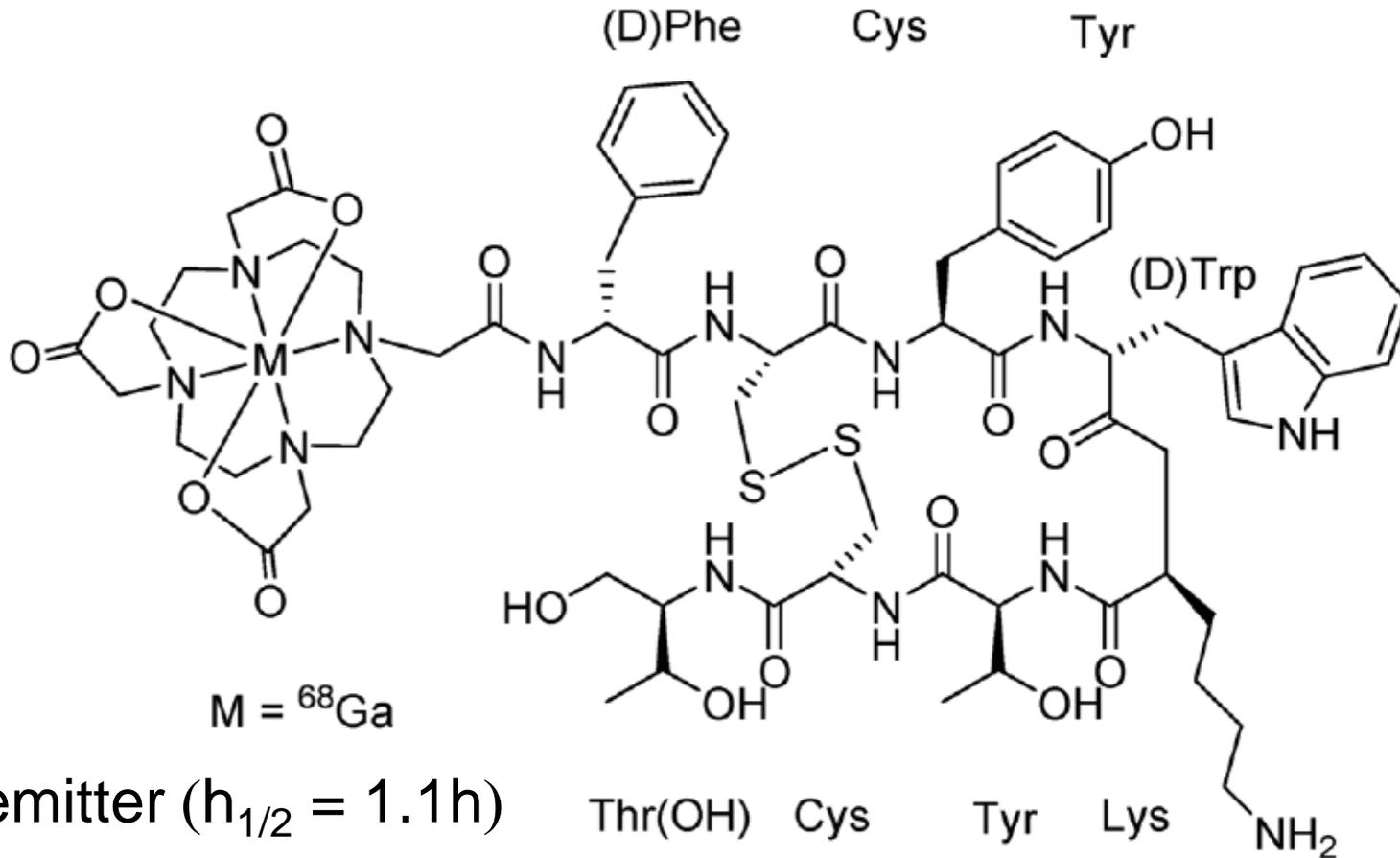| isotope	half-life/h	source	production reaction	decay mode (% branching ratio)	E_{β^+}/keV	abundance, $I_{\beta+}$/%	E_γ/keV (intensity, I_γ/%)	relevant oxidation states	common coordination numbers
^{64}Cu	12.7	cyclotron	^{64}Ni(p,n)^{64}Cu	$\varepsilon + \beta^+$ (61.5) β^+ (17.6) β^- (38.5)	278.2(9)	17.60(22)	511.0 (35.2)	1+, 2+	4, 5, 6
^{68}Ga	1.1	generator	^{68}Ge/^{68}Ga	$\varepsilon + \beta^+$ (100) β^+ (89.1)	836.02(56)	87.94(12)	511.0 (178.3)	3+	4, 5, 6
^{86}Y	14.7	cyclotron	^{86}Sr(p,n)^{86}Y	$\varepsilon + \beta^+$ (100) β^+ (31.9)	535(7)	11.9(5)	443.1 (16.9) 511.0 (64) 627.7 (36.2) 703.3 (15) 777.4 (22.4) 1076.6 (82.5) 1153.0 (30.5) 1854.4 (17.2) 1920.7 (20.8)	3+	8, 9
^{89}Zr	78.4	cyclotron	^{89}Y(p,n)^{89}Zr	$\varepsilon + \beta^+$ (100) β^+ (22.7)	395.5(11)	22.74(24)	511.0 (45.5) 909.2 (99.0)	4+	8

^{68}Ga-DOTA-tyr3-Octreotide

(^{68}Ga-DOTATOC, FDA-approved 2016)
High resolution PET imaging of neuroendocrine tumors

(D)Phe   Cys   Tyr   (D)Trp

M = ^{68}Ga

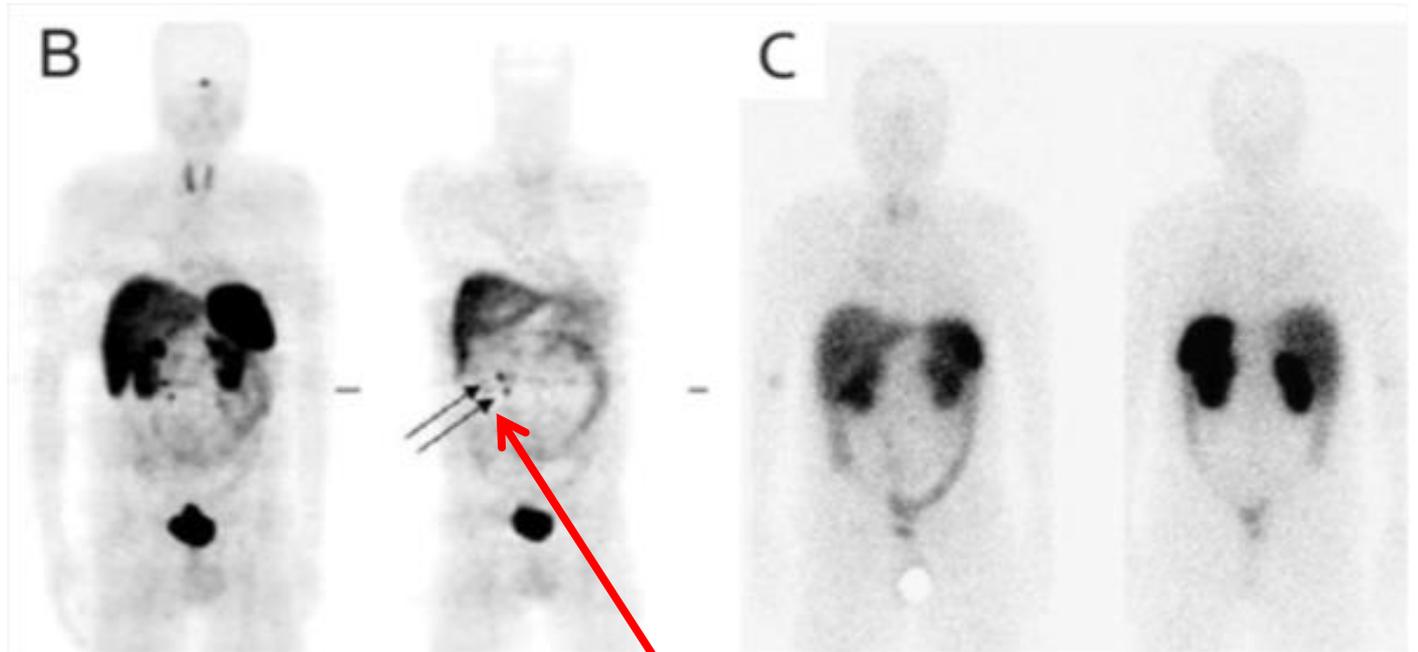β^+ emitter ($h_{1/2}$ = 1.1h)   Thr(OH) Cys   Tyr   Lys

^{68}Ga is obtained in a generator from ^{68}Ge through EC.

PET vs SPECT imaging of an endocrinous tumor

^{68}Ga-DOTATOC
(PET)

^{111}In-DPTA-ocreotide
(SPECT)

abdominal lymphnodes

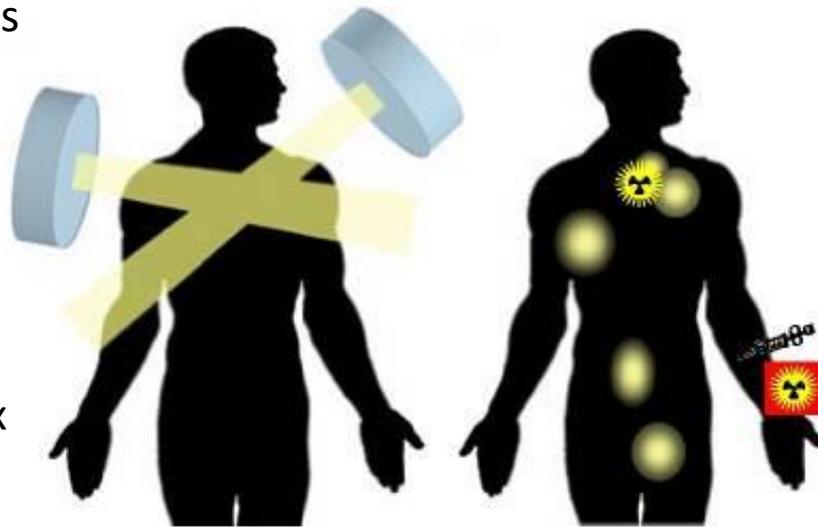# Targeted Radiotherapy (*Radio(immuno)therapy*)

External Beam **Targeted Radionuclide**

Required radiation dosages

- lymphomas:
  1500–2000 cGy
- solid tumors:
  3500–10000 cGy

Required Therapeutic Index

- TI > 10 for kidney and lung
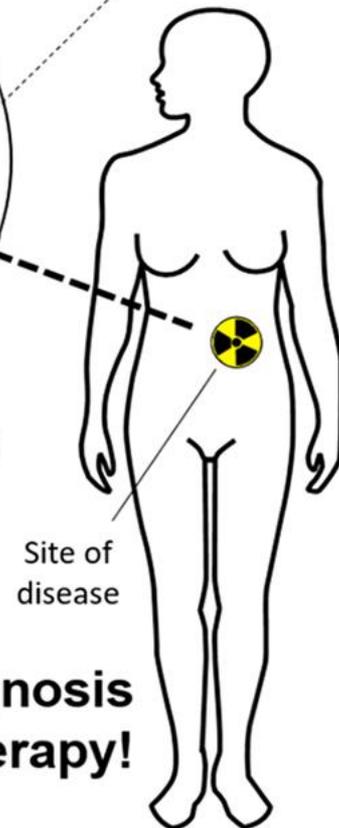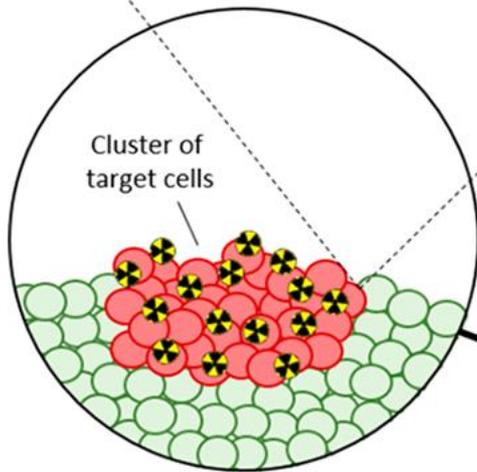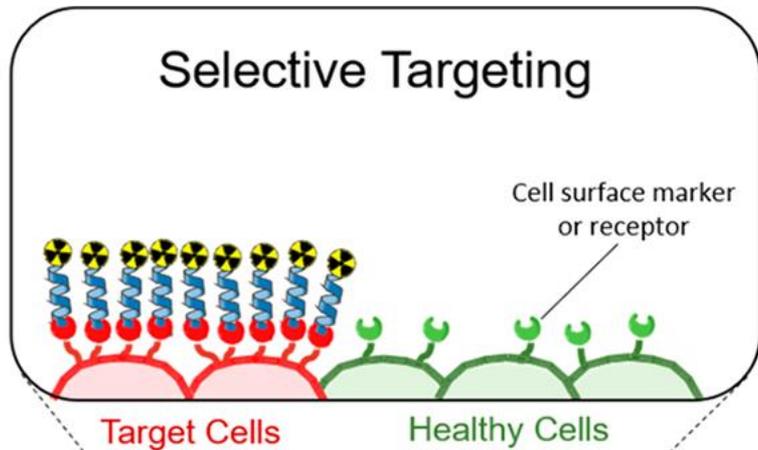- TI > 50 for spinal cord

systemic treatment

Requires knowledge of tumor location

Requires knowledge of tumor biology

TI = therapeutic index

Selective Targeting

Cell surface marker or receptor

Target Cells   Healthy Cells

Cluster of target cells

Localized Radiation

Site of disease

Targeted Diagnosis and/or Therapy!

Penetrating power of α and β particles

Alpha Particle
50-80-micron range
5-8 MeV

LET ca. 80 KeV/μm

Beta Particle
1-10-mm range
0.1-1 MeV

LET ca. 0.2 KeV/μm

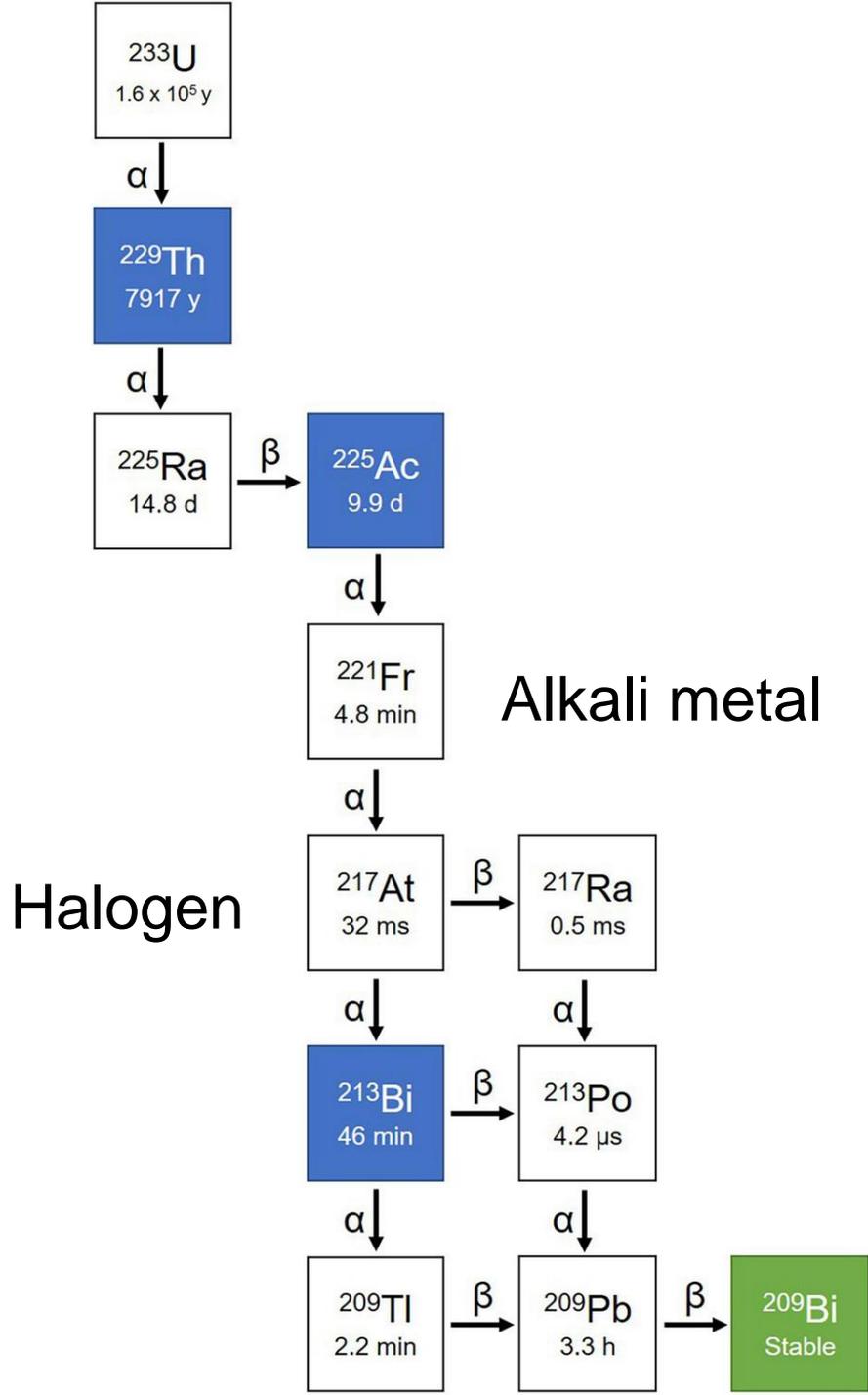*linear energy transfer* (LET, KeV/μm)

Linear Energy Transfer (LET) refers to the amount of energy transferred by an ionizing particle to the material it passes through per unit distance traveled. It essentially quantifies the energy deposited by radiation into matter, with **higher LET generally leading to more damage in biological systems**
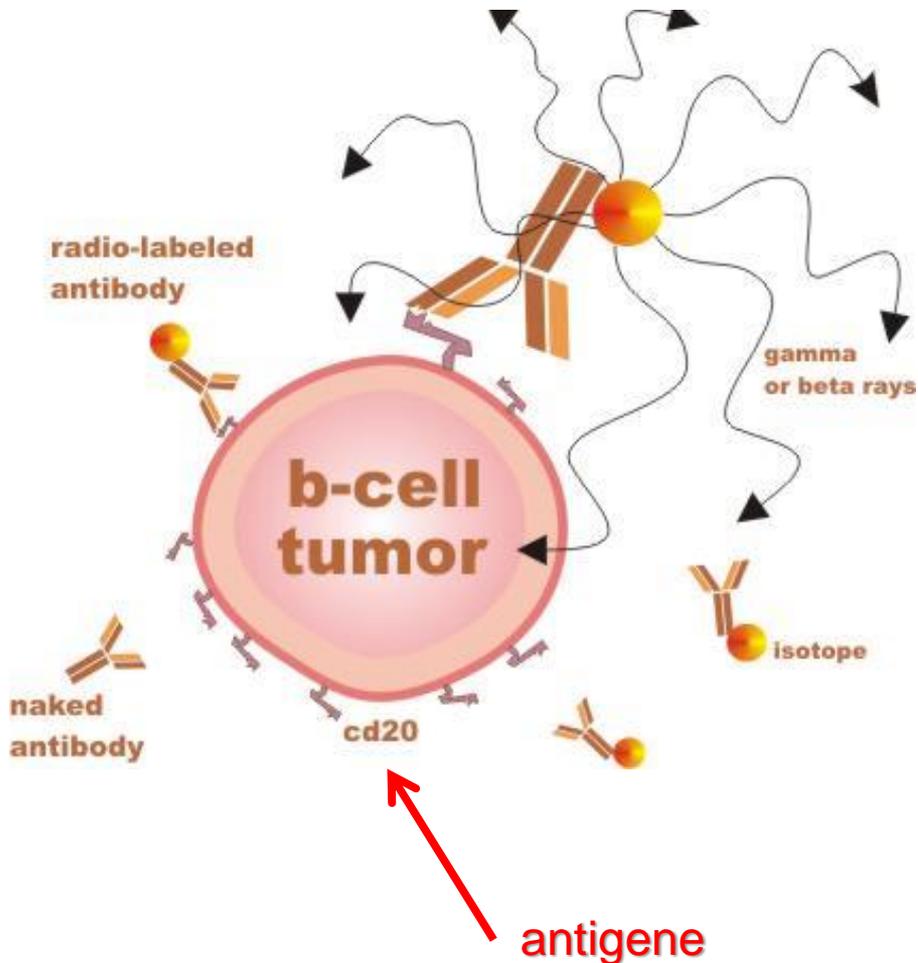
Main radionuclides for Targeted Radiotherapy

Radionuclide	Half life	Average energy of decay particle (KeV)
^{67}Cu (β, γ)	62 h	
^{90}Y (β)	64 h	934
^{153}Sm (β, γ)	46 h	
^{131}I (β, γ)	8 d	
^{177}Lu (β, γ)	6.6 d	134
^{188}Re (β, γ)	17 h	
^{213}Bi (α, β, γ)	1 h	
^{225}Ac ($5\alpha + 3\beta$)	10 d	5800 - 8400

Due to the different energy, the average tissue penetration of β particles is ca. 2 mm for ^{177}Lu *vs* 11 mm for ^{90}Y

Treatment of B-cell non-Hodgkin's limphoma

radio-labeled antibody

gamma or beta rays

b-cell tumor

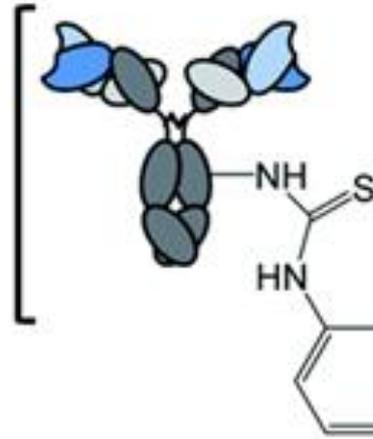isotope

naked antibody

cd20

antigene

ideal antigen:
- highly expressed with uniform density on the surface of all tumor cells (> 10^5 sites per cell),
- not to be expressed (or much less) in healthy cells,
- antigen-antibody affinity in the nanomolar order
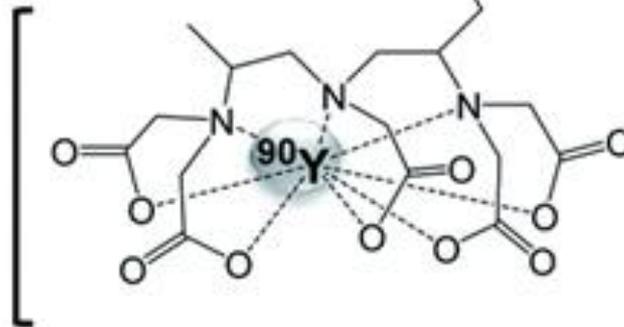- internalization

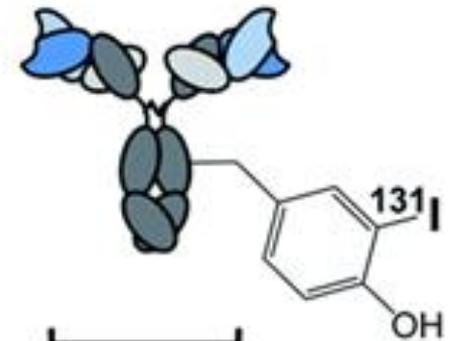# FDA approved

(a) ^{90}Y-ibritumomab tiuxetan (Zevalin®)

Anti-CD20 monoclonal antibody
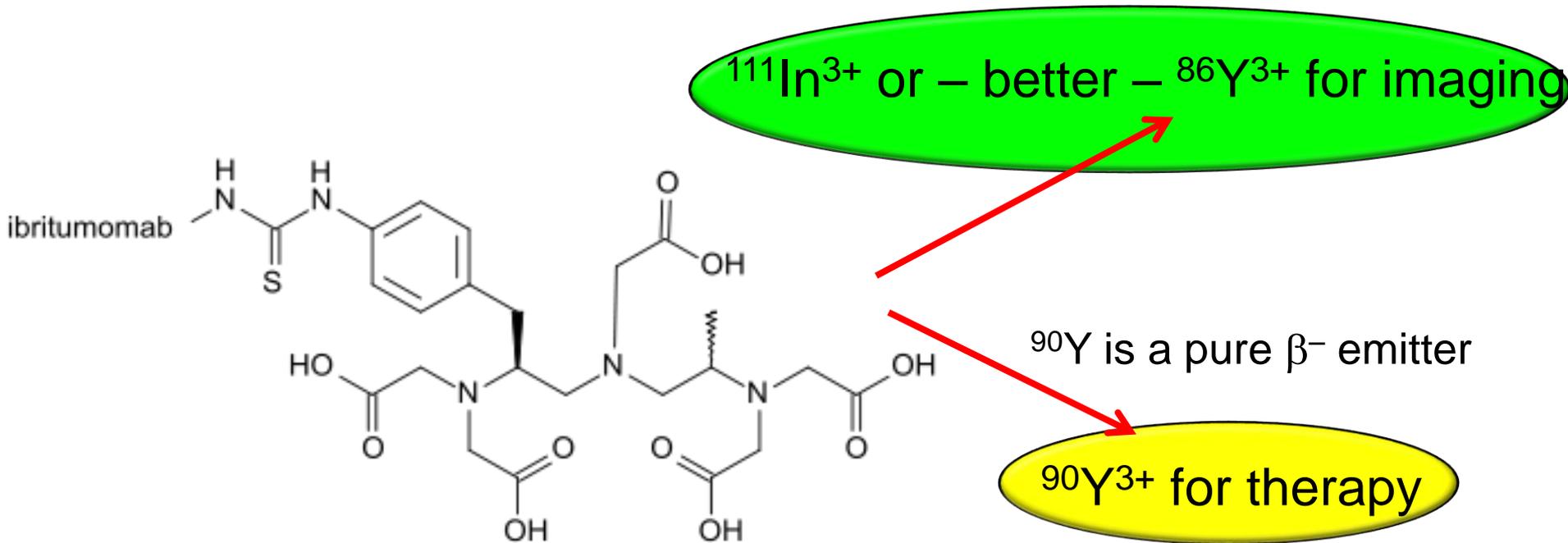
DTPA chelating moiety

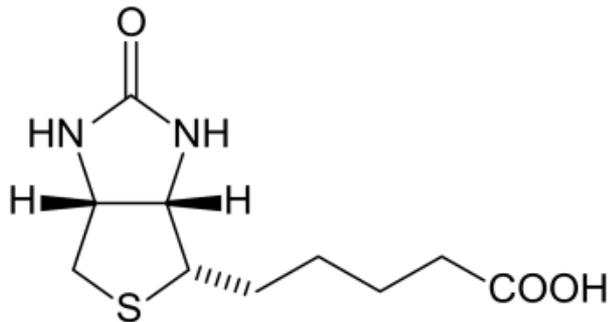(b) ^{131}I-tositumomab (Bexxar®)

Anti-CD20 monoclonal antibody

Zevalin®

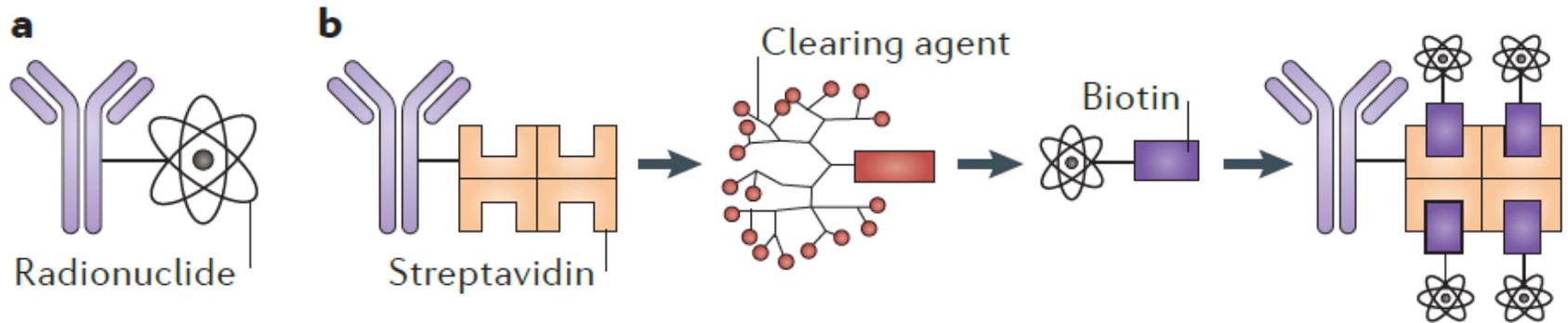Ibritumomab (MC antibody) covalently conjugated to the ^{90}Y chelator tiuxetan

$^{111}In^{3+}$ or – better – $^{86}Y^{3+}$ for imaging

^{90}Y is a pure β^- emitter

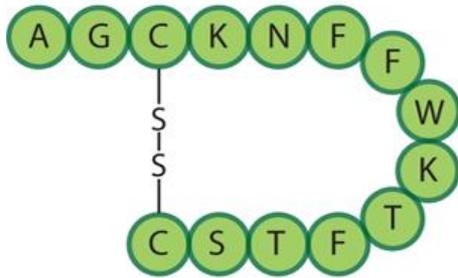$^{90}Y^{3+}$ for therapy

Example of the matched-pair approach

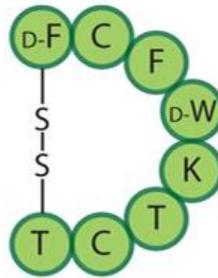# multi-step pre-targeted radio-immunotherapy (PRIT)

Biotin
The **streptavidin-biotin** binding constant is in the order of 10^{14} mol L^{-1}
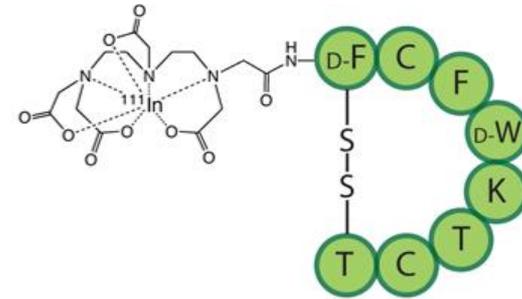
Radio-immunotherapy of neuroendocrine tumors

Somatostatin

Octreotide

^{111}In-DTPA-Octreotide

SPECT imaging
of neuroendocrine
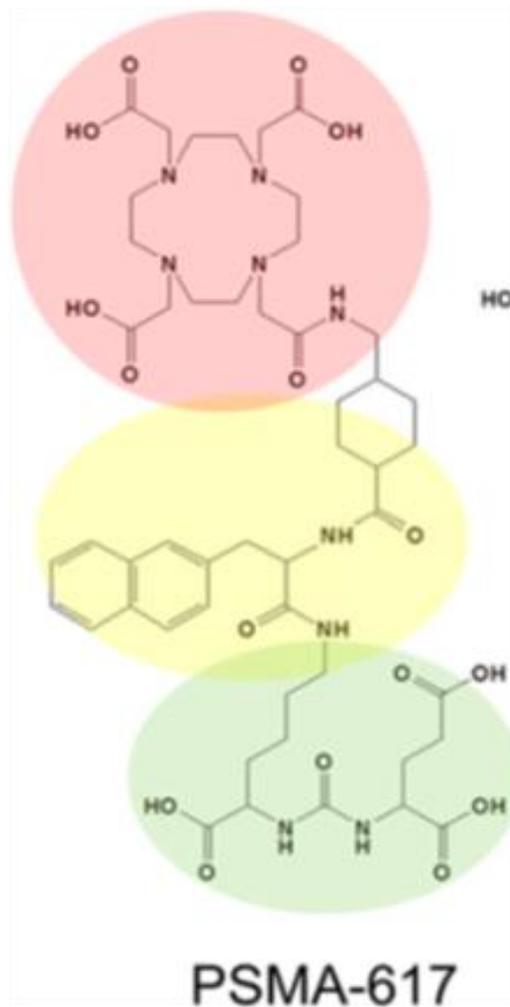tumors

^{68}Ga-DOTATOC for PET imaging

^{90}Y-DOTATOC and ^{177}Lu-DOTATATE for radiotherapy

^{177}Lu-DOTATATE (*Lutathera*) FDA approved in 2018
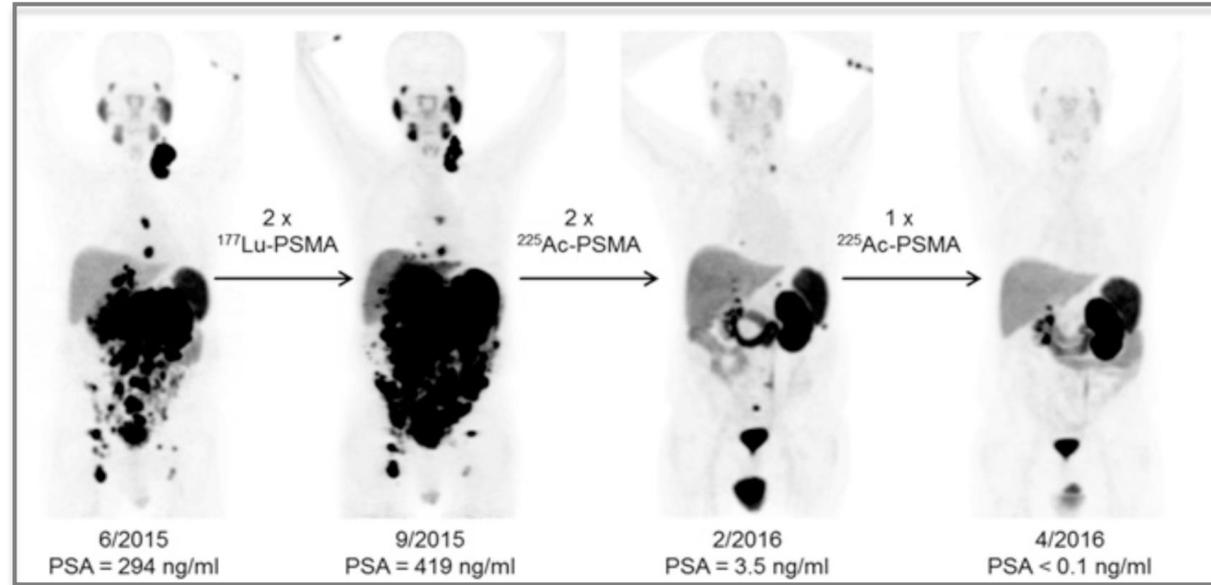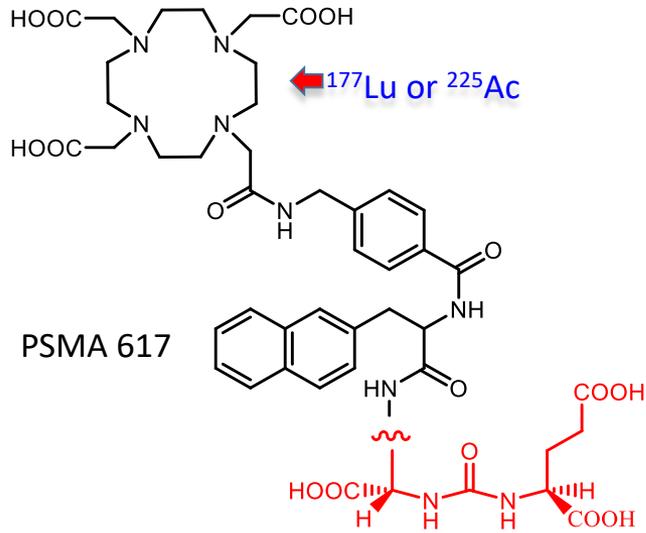for treatment of neuroendocrine pancreatic tumors

¹⁷⁷Lu-PSMA-167

^{177}Lu-PSMA-167

PSMA-617

Linker

Peptidomimetic

PSMA = *prostate-specific membrane antigen*

The Concept of Radiopharmaceutical Production: α-emitters

An example for ^{225}Ac PSMA617 α-emitters in radiotherapy

PSMA 617

^{177}Lu or ^{225}Ac

➡️ Patient **did not respond** to [^{177}Lu]LUPSMA-617 radionuclide treatment

➡️ PCa showed continued **progression** after two rounds of ^{177}Lu

➡️ Three cycles of [^{225}Ac]AcPSMA-617 treatment led to **complete response**

Kratochwil *et al.*, *J. Nucl. Med.*, **2016**, *57*, 1170