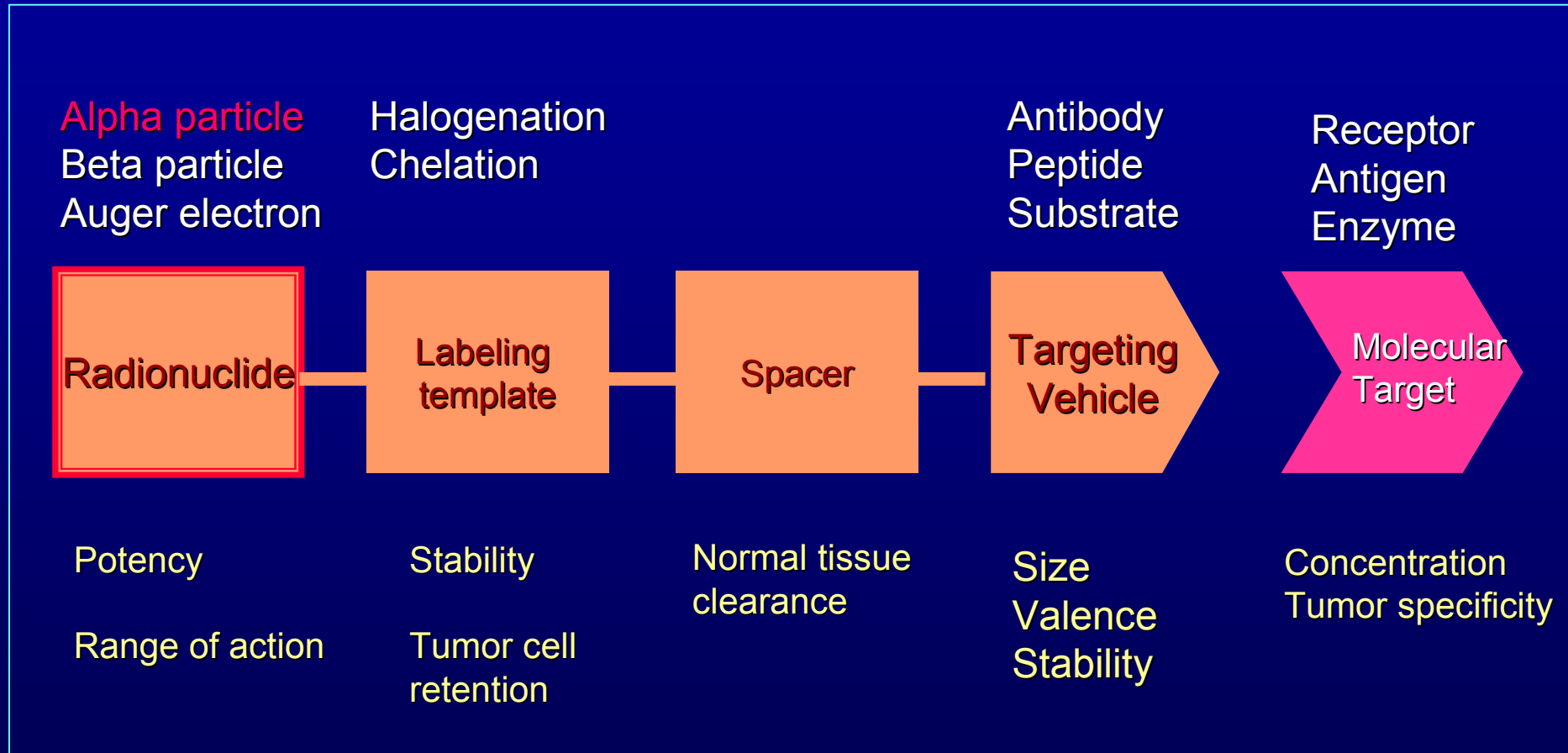


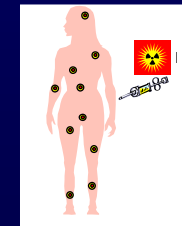
# Targeted Radiotherapeutics



*The characteristics of the radioactive drug can be varied to optimize the treatment of a particular type of cancer and ultimately, the needs of an individual patient*

# Radionuclides for Targeted Radiotherapy

Decay Mode	Range	LET	Example
Beta	Multi-cellular 0.5-15 mm	Low 0.2 keV/ $\mu\text{m}$	$^{131}\text{I}$
Alpha	Cellular 30-80 $\mu\text{m}$	High 100 keV/ $\mu\text{m}$	$^{211}\text{At}$
Auger electron	Subcellular <0.1 $\mu\text{m}$	High/Low	$^{125}\text{I}$



# Rationale for $\alpha$ Emitters: Particle Range

*Minimum residual disease settings are where targeted radiotherapy has the best opportunity of having a meaningful clinical impact*

500  $\mu\text{m}$  radius tumor

.....  $\Phi =$

$^{90}\text{Y}$   $\rightarrow$  0.097

$^{131}\text{I}$   $\rightarrow$  0.54

$^{211}\text{At}$   $\rightarrow$  0.90

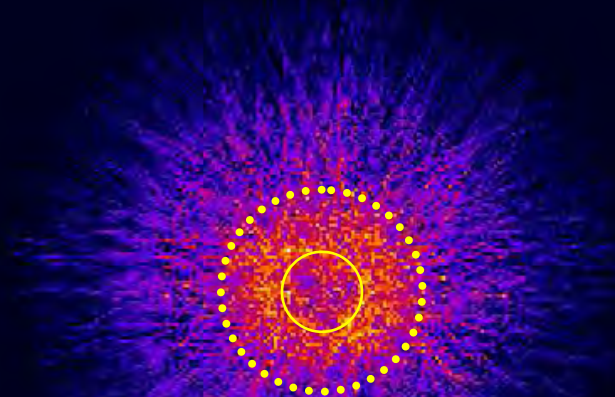
100  $\mu\text{m}$  radius tumor

$\Phi =$  \_\_\_\_\_

0.015  $\leftarrow$   $^{90}\text{Y}$

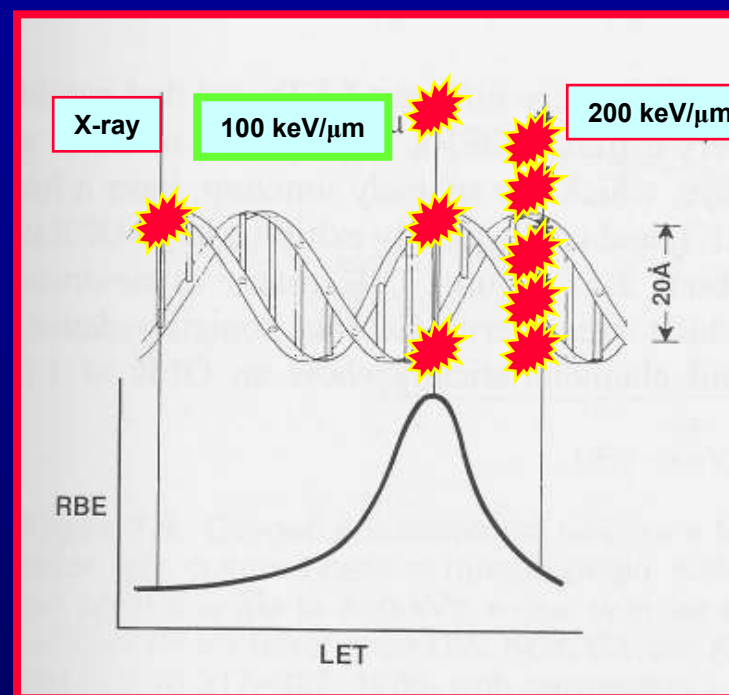
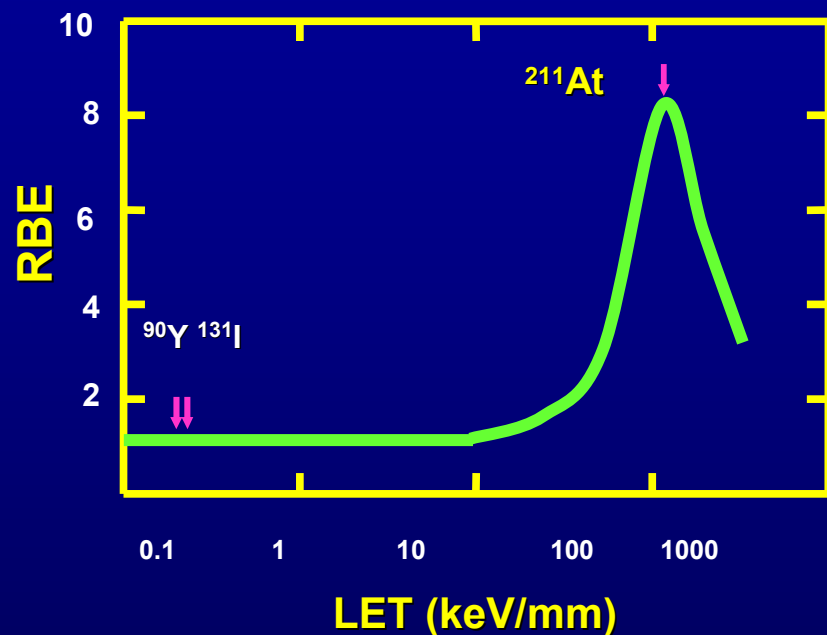
0.17  $\leftarrow$   $^{131}\text{I}$

0.50  $\leftarrow$   $^{211}\text{At}$



Particularly for smaller tumors, use of short range alpha particles is optimal

# Rationale for $\alpha$ Emitters: LET

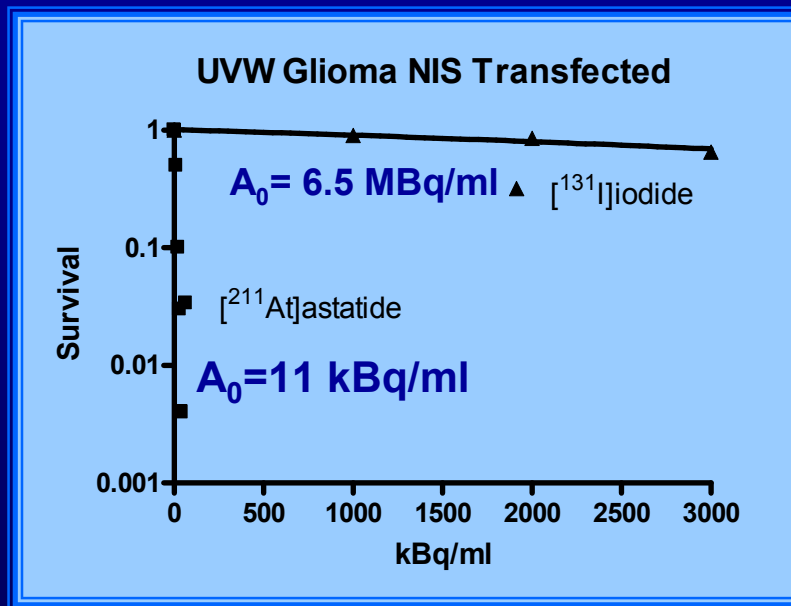
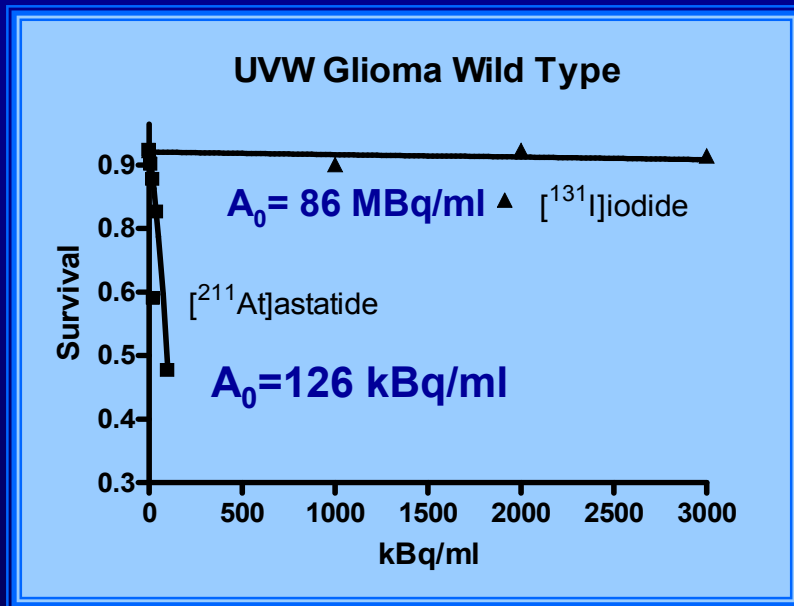


- RBE is highest at about 100 keV/mm
- the average distance between ionizing events is about the same as diameter of DNA double helix
- Highest probability of DNA double strand breaks

# Alpha Particles Are More Effective in Killing Glioma Cells than Beta Particles

*Increased cytotoxicity mediated  
By NIS specific uptake*

## Based on Radioactivity Concentration



## Based on Radiation Dose

	$^{131}\text{I}$ (Gy)	$^{211}\text{At}$ (Gy)	Toxicity Ratio
UVW	5.27	0.27	19.5
NIS6	4.75	0.28	17.0

*Carlin et al. JNM, 2003*

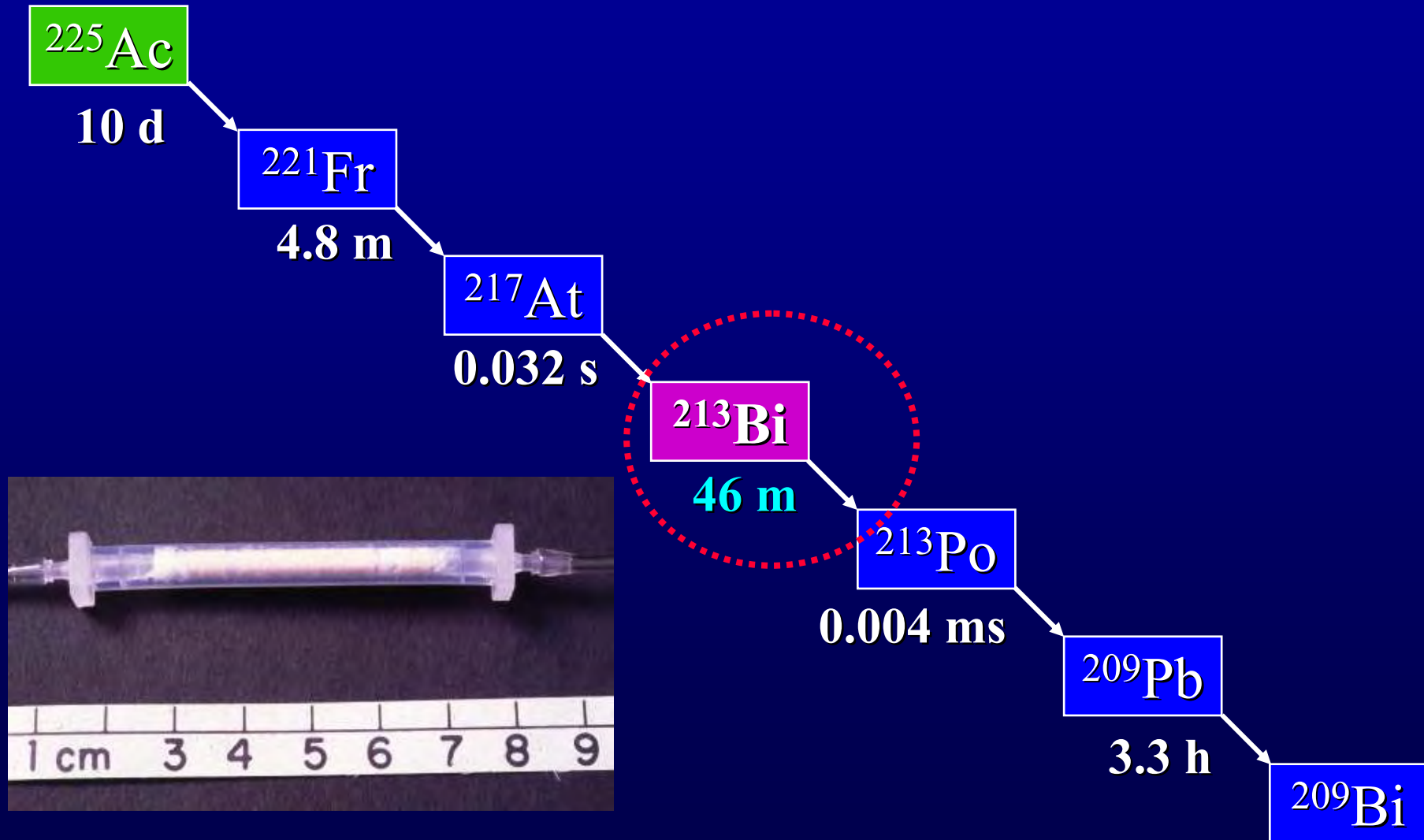
## Selected $\alpha$ -Particle Emitting Radionuclides

Radionuclide	Daughters	Half-life	$\alpha$ -particle Energy (MeV)	Yield per 100 decays
<b><math>^{149}\text{Tb}</math></b>		4.15 h	3.97	17
<b><math>^{211}\text{At}</math></b>	$^{211}\text{Po}$	7.21 h 516 msec	5.87 7.44	42 58
<b><math>^{212}\text{Bi}</math></b>	$^{212}\text{Po}$	61 min 298 nsec	6.05 8.78	36 64
<b><math>^{213}\text{Bi}</math></b>	$^{213}\text{Po}$	45.6 min 4.2 sec	5.84 8.38	36 64
<b><math>^{225}\text{Ac}</math></b>	$^{221}\text{Fr}$ $^{217}\text{At}$ $^{213}\text{Bi}$ $^{213}\text{Po}$	10 days 4.9 min 32 msec 45.6 min 4.2 sec	5.75 6.36 7.07 5.84 8.38	100 100 100 2 98

# Clinical Settings for $\alpha$ -Particle Radiotherapy

- Minimal Residual Disease
  - Location of tumor difficult to detect (XRT difficult)
  - Smaller size minimizes heterogeneity problems
- Compartmentally-Spread Cancers
  - Neoplastic meningitis
  - Ovarian cancer
  - Non-resected tumor margins

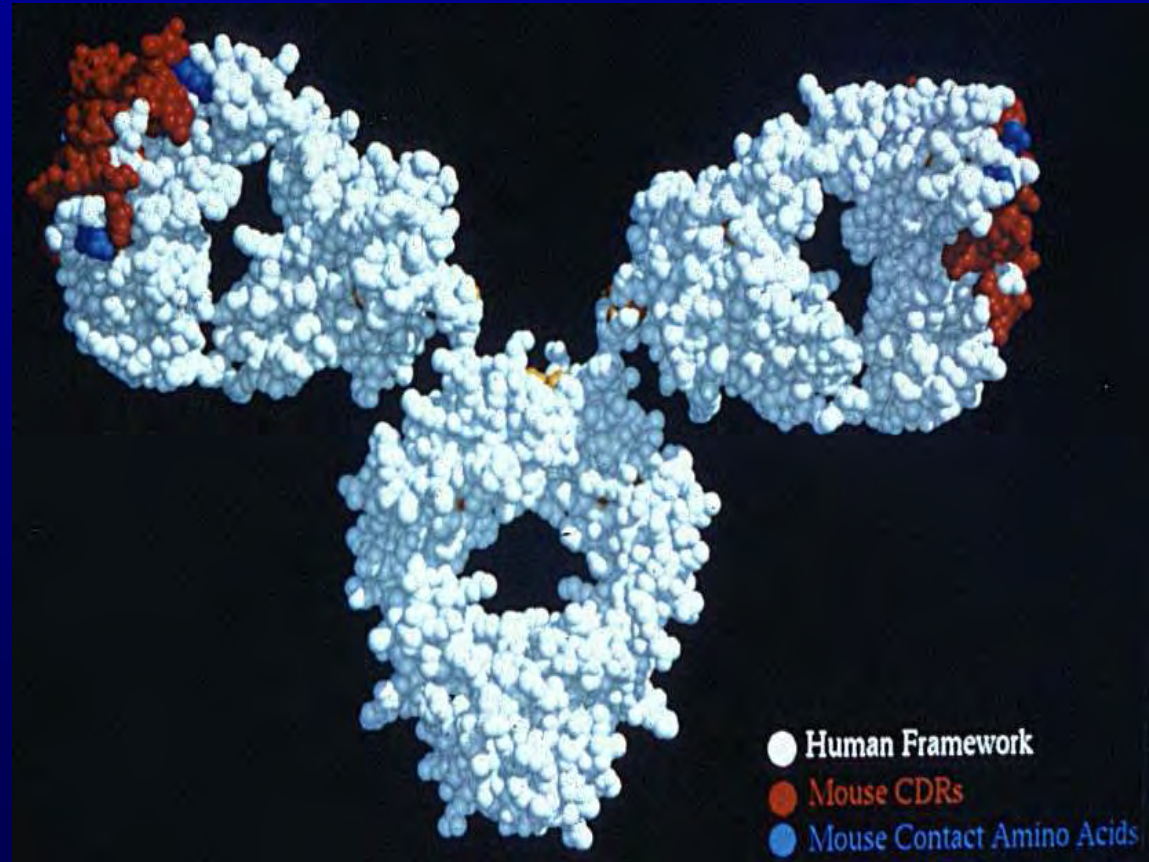
# Bismuth-213





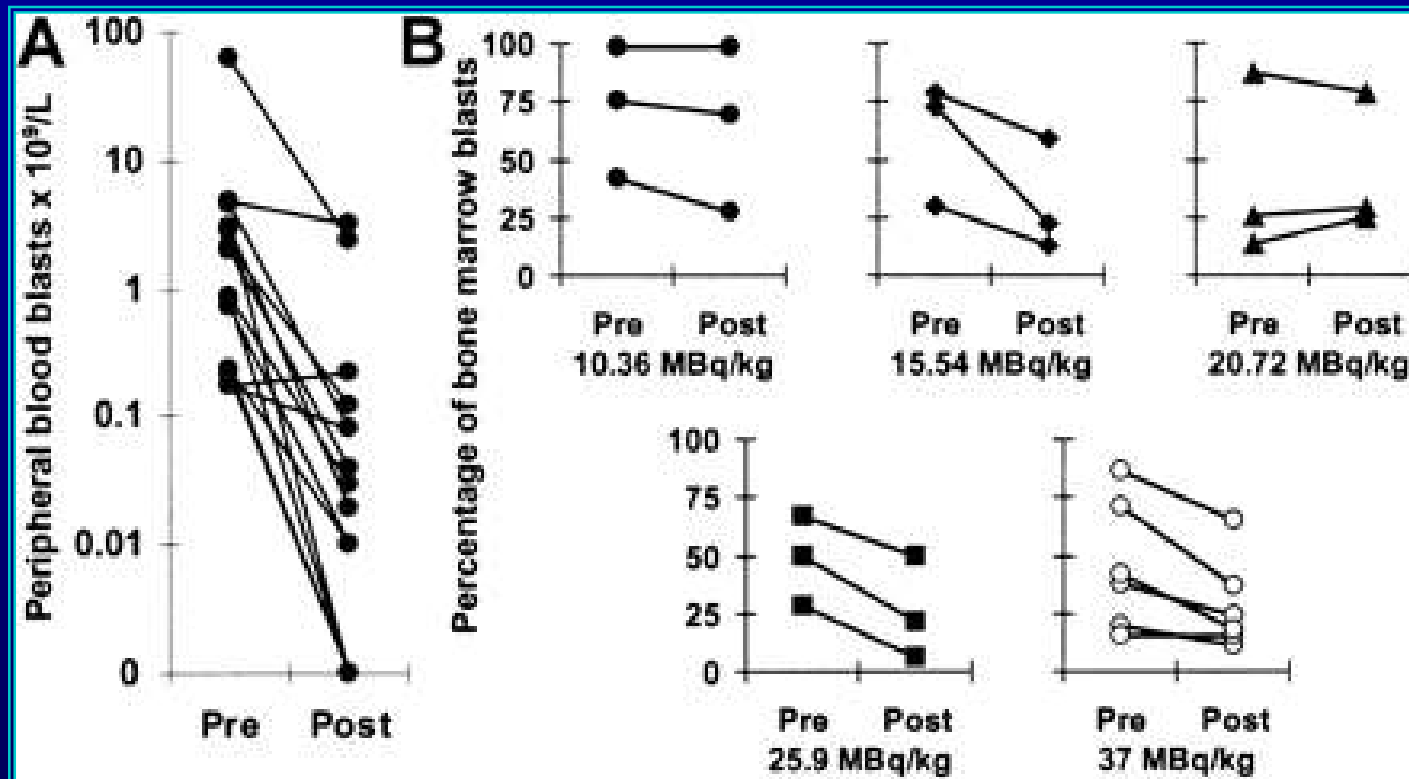
# Bi-213-Labeled Hu195

- Reacts with CD33 antigen over expressed on acute myelogenous leukemia
- CHX-A-DTPA chelate



*Scheinberg, MSKCC*

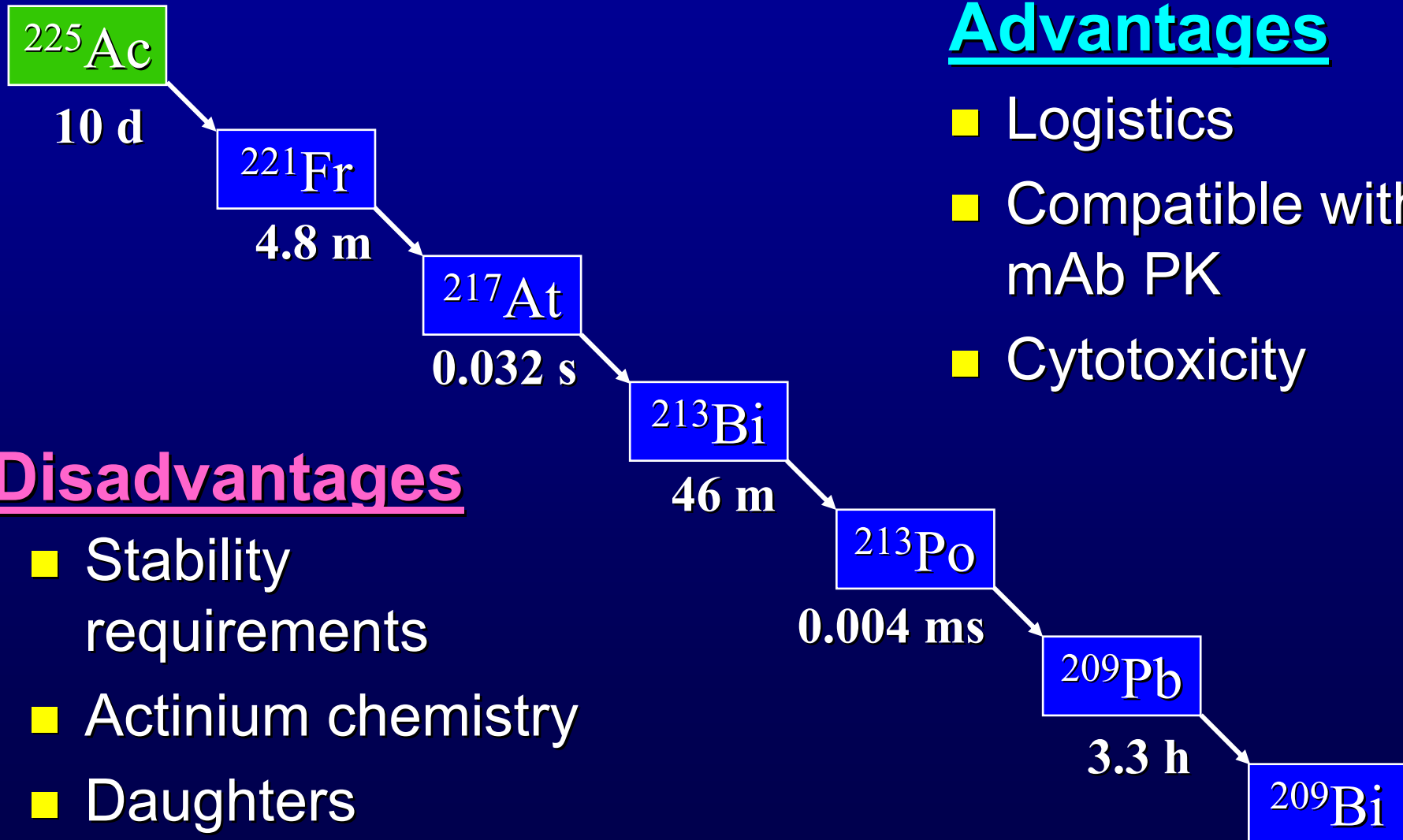
# Anti-Leukemic Effects of $^{213}\text{Bi}$ -Hu195



**A) 14 of 15 evaluable patients had reduction in the number of peripheral blood blasts**

**B) 14 of 18 patients had reductions in the percentages of bone marrow leukemia cells after 7 to 10 days**

# Actinium-225



## Advantages

- Logistics
- Compatible with mAb PK
- Cytotoxicity

## Disadvantages

- Stability requirements
- Actinium chemistry
- Daughters

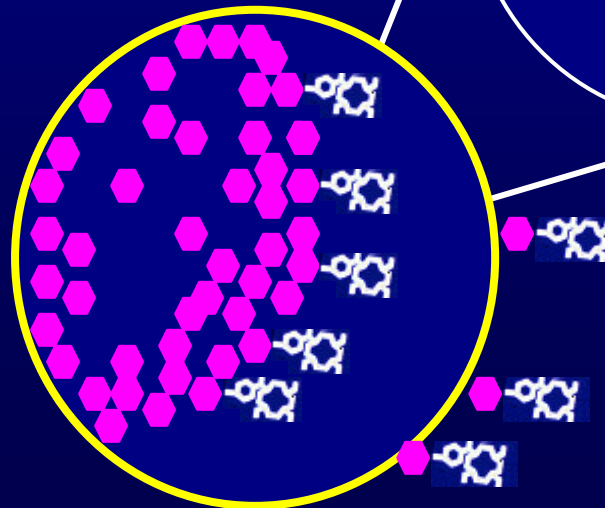
# Targetable Atomic Nanogenerators

Targetable  
Nanogenerator

“Generator”

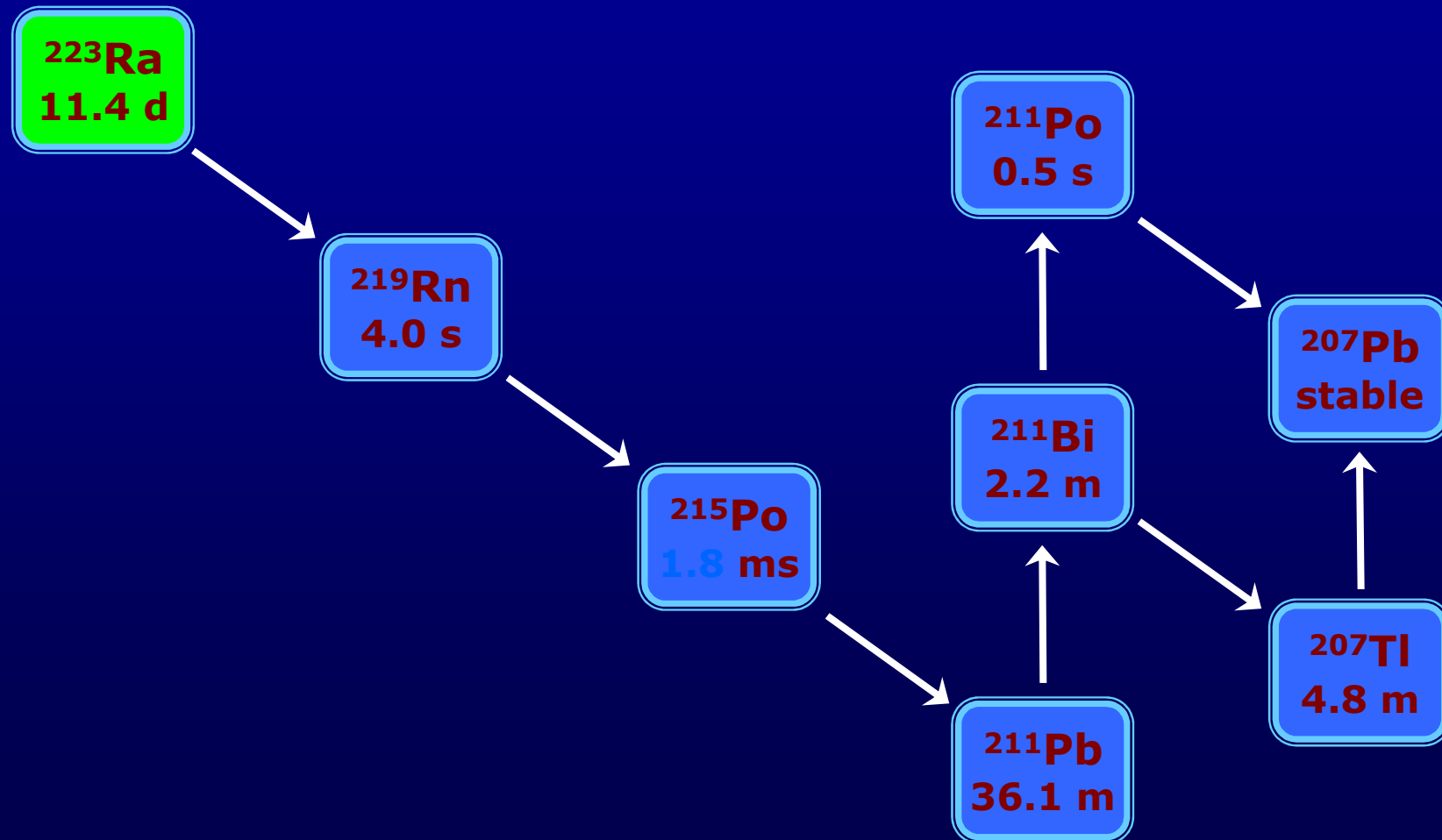
Cell

Internalization as a  
strategy for trapping  
daughter  
radionuclides



*Scheinberg, MSKCC*

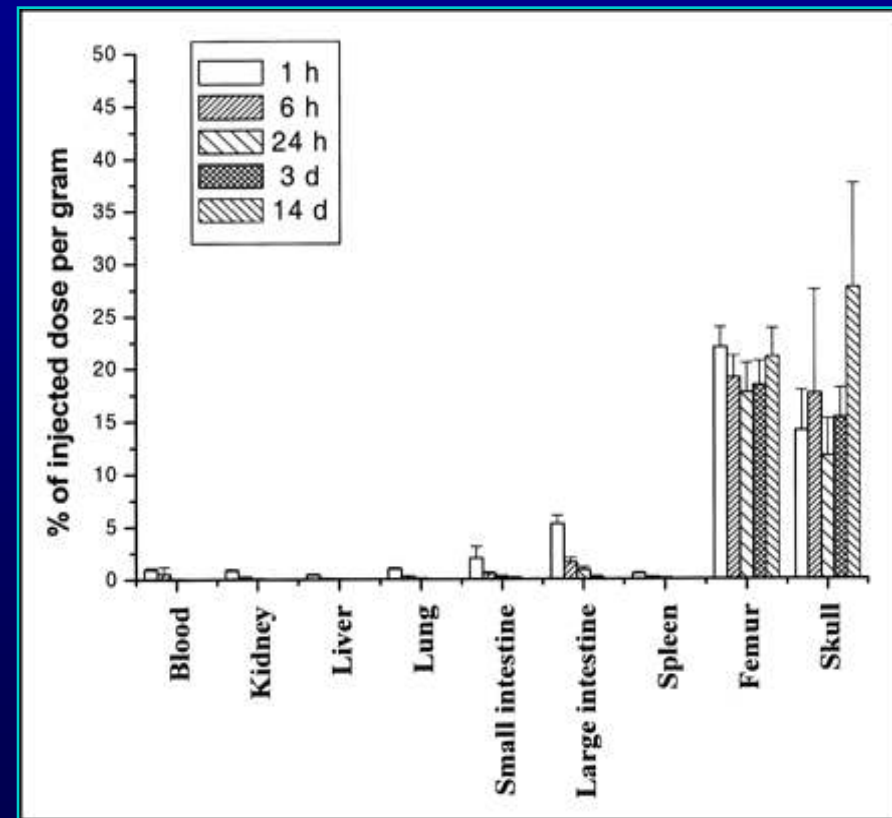
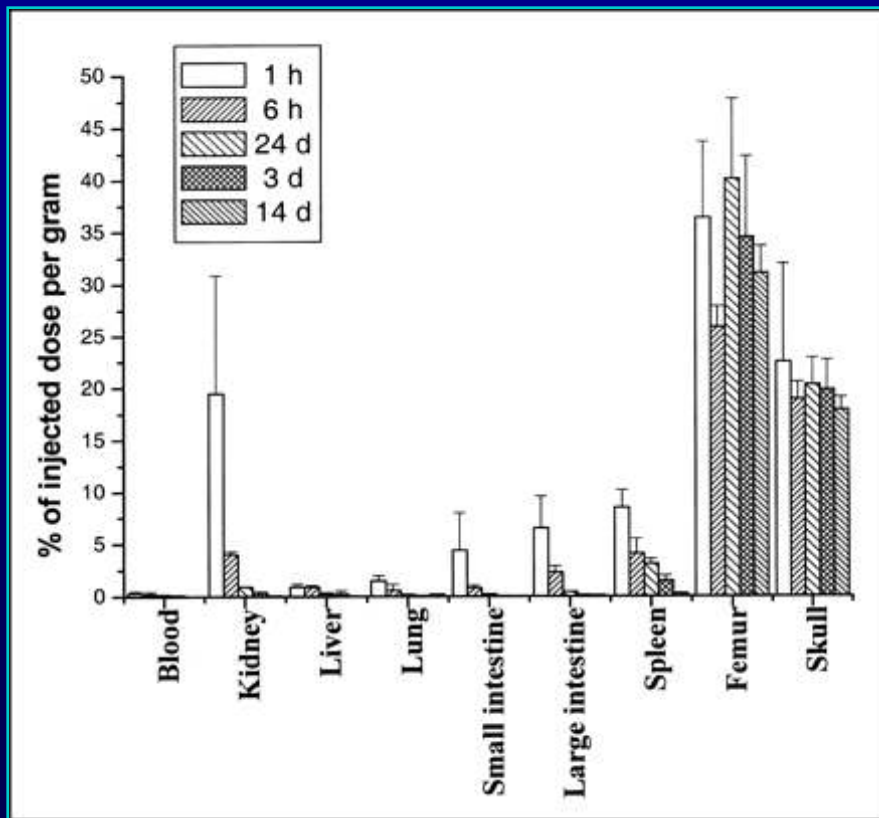
# Radium-223 Decay Cascade



# Tissue Distribution of $^{223}\text{RaCl}_2$ and $^{89}\text{SrCl}_2$ in Mice

$^{223}\text{Ra}$

$^{89}\text{Sr}$



# Completed phase I clinical study with Alpharadin ( $^{223}\text{RaCl}_2$ )

- *Experimental Design:* 15 prostate and 10 breast cancer patients enrolled in a phase I trial received a single iv. injection of  $^{223}\text{Ra}$ .
- Five patients were included at each of the dosages; 46, 93, 163, 213 or 250 kBq/kg and followed for 8 weeks.
- Palliative response was evaluated according to the pain scale of the EORTC-QLQ C30 questionnaire at baseline and at 1, 4 and 8 weeks after injection.

# Results from $^{223}\text{Ra}$ phase I clinical trial

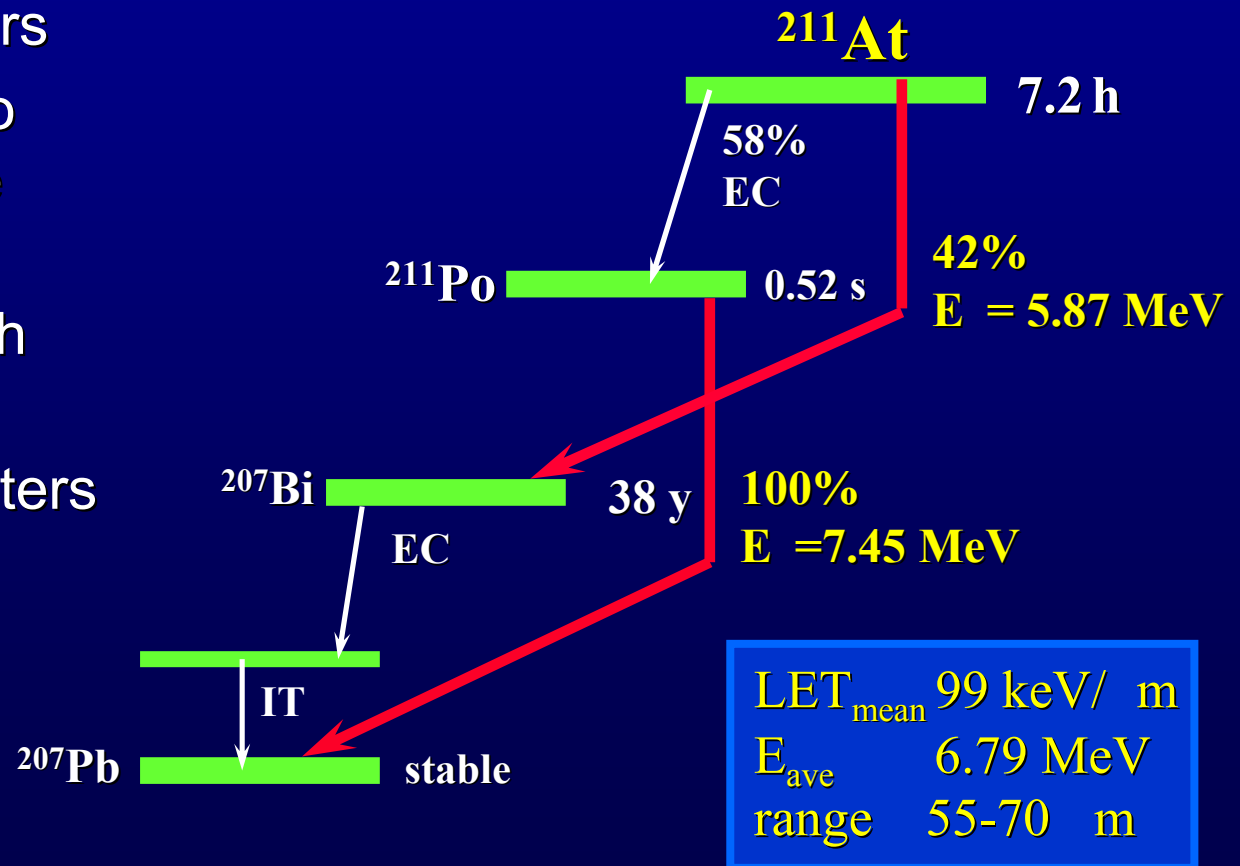
- Rapid blood clearance observed
- No dose limiting toxicity
- Strong reduction in ALP levels, particularly in patients with elevated levels due to osteoblastic metastases (ALP-alkaline phosphatase, a biomarker often elevated due to skeletal metastases)
- Responses in the form of pain reduction and/or reduction in ALP levels observed in the majority of the patients
- No significant reduction in quality of life due to the treatment



# Astatine-211

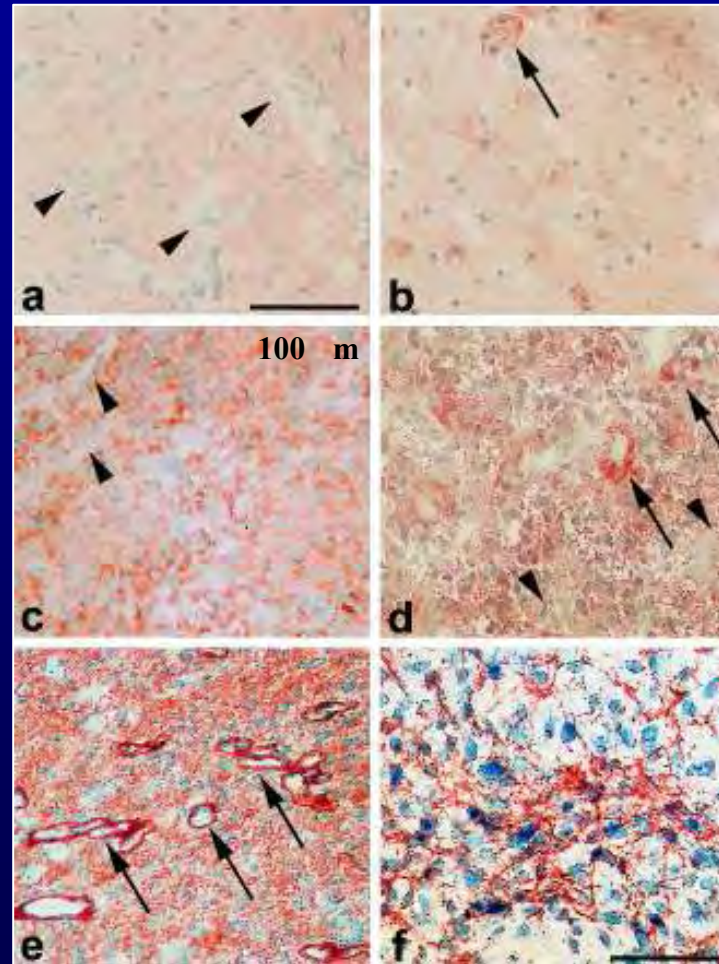
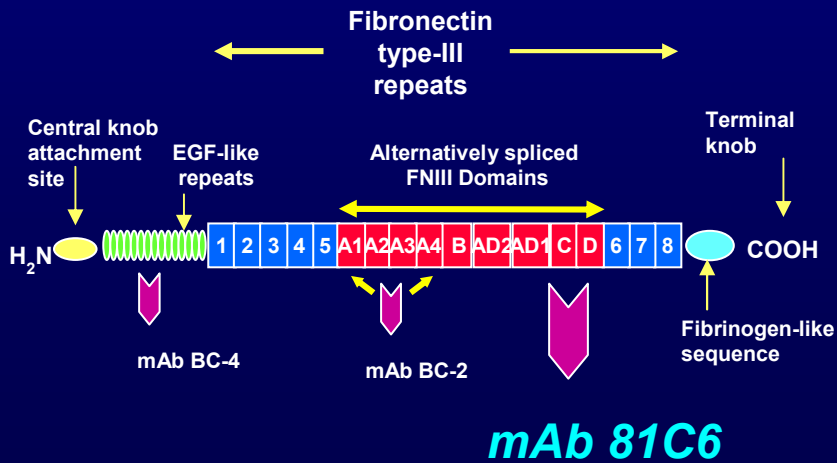
## Rationale

- 7.2 hr half-life compatible with variety of carriers
- Chemically similar to iodine but with more metallic character
- $\alpha$ -emission with each decay
- No long-lived daughters
- Po K x-rays permit imaging



# Tenascin Expression in Brain Tumors

- Extracellular matrix glycoprotein
- Expressed on >95% of GBM
- Hexamer with 200-300 kDa arms



WHO Grade II

Perivascular  
11/25

WHO Grade III

Perivascular  
9/13

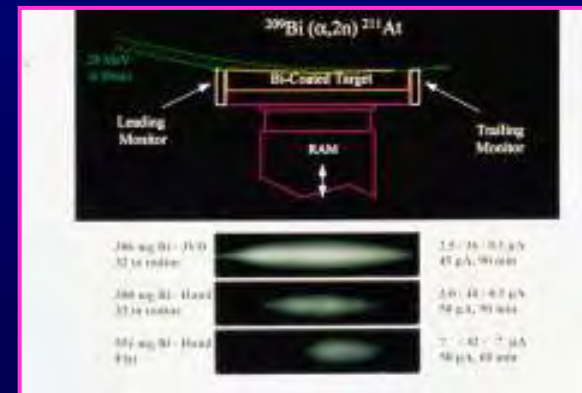
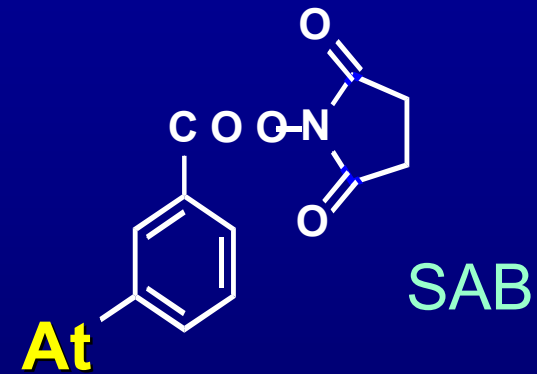
WHO Grade IV

Perivascular  
48/48

Herold-Mende,  
2002

# Hurdles to Initiating Clinical Trials with $^{211}\text{At}$ -labeled mAbs

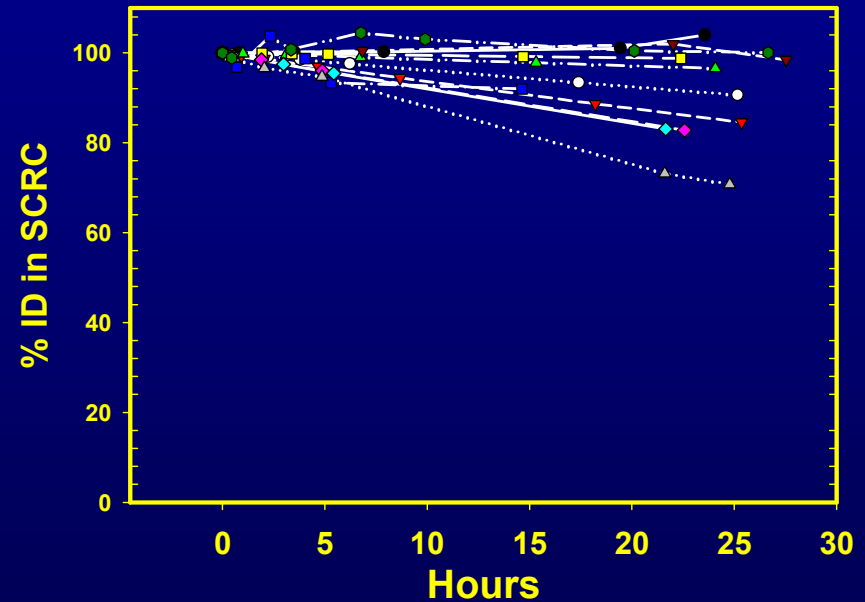
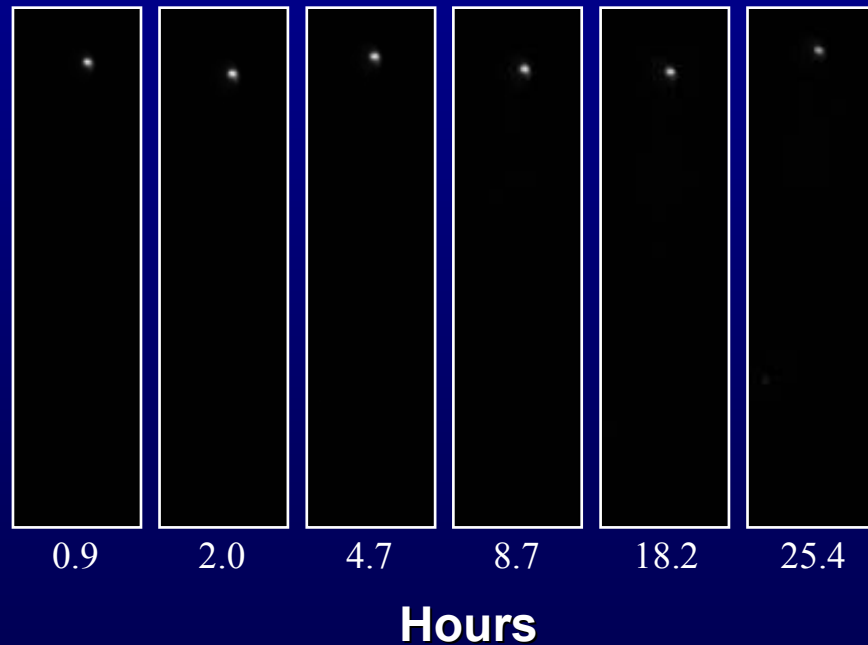
- Labeling method yielding good *in vivo* stability
- Develop capability for high level  $^{211}\text{At}$  production and chemistry
- Determination of chronic and acute radiotoxicity



Internal Target for  $^{211}\text{At}$

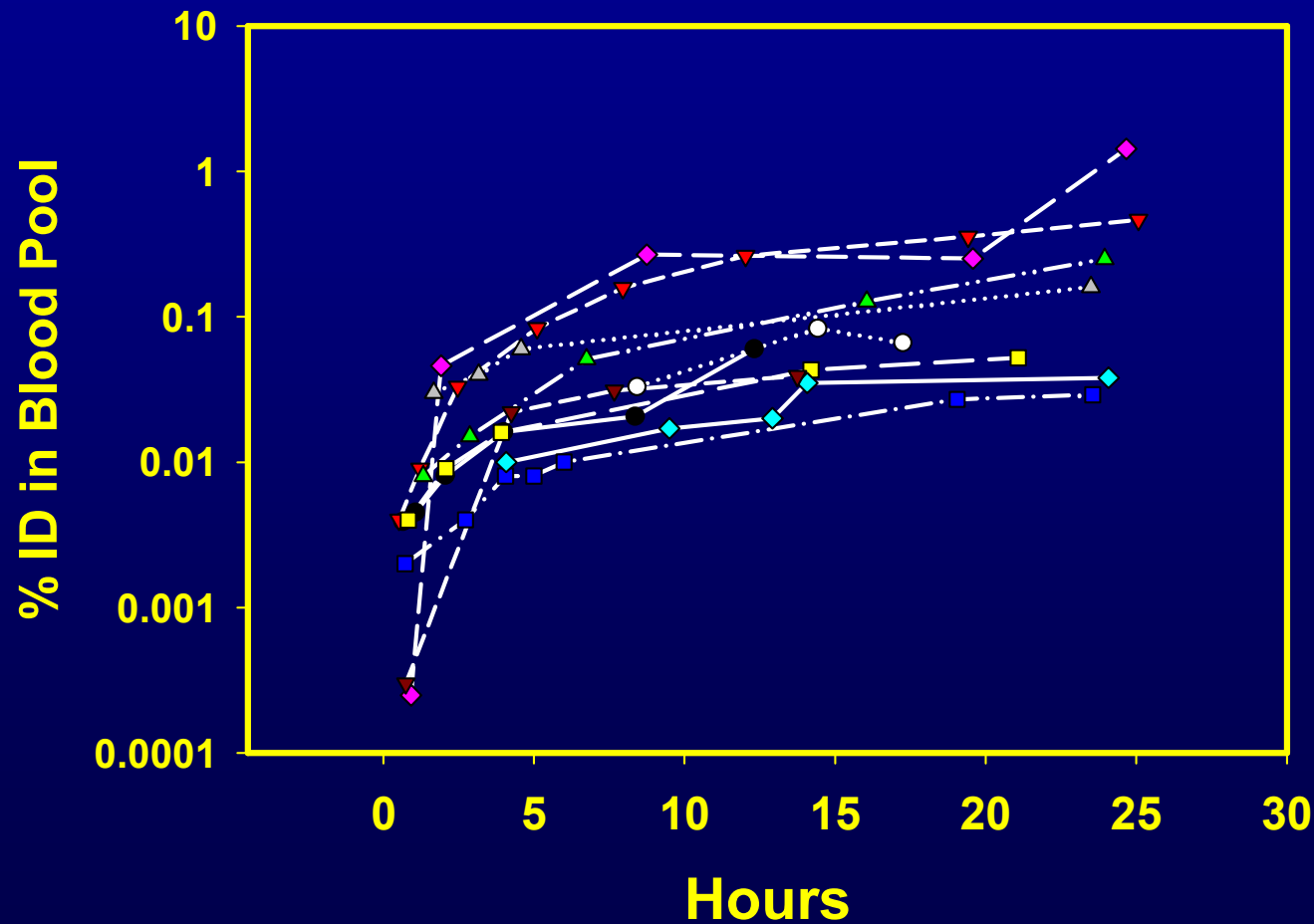
# Clearance of $^{211}\text{At}$ from the SCRC

Patient #1



**$96.7 \pm 3.6\%$   $^{211}\text{At}$  decays occur in the SCRC**

# Blood Pool Activity following Injection of $^{211}\text{At}$ -Labeled Chimeric 81C6 mAb via the SCRC

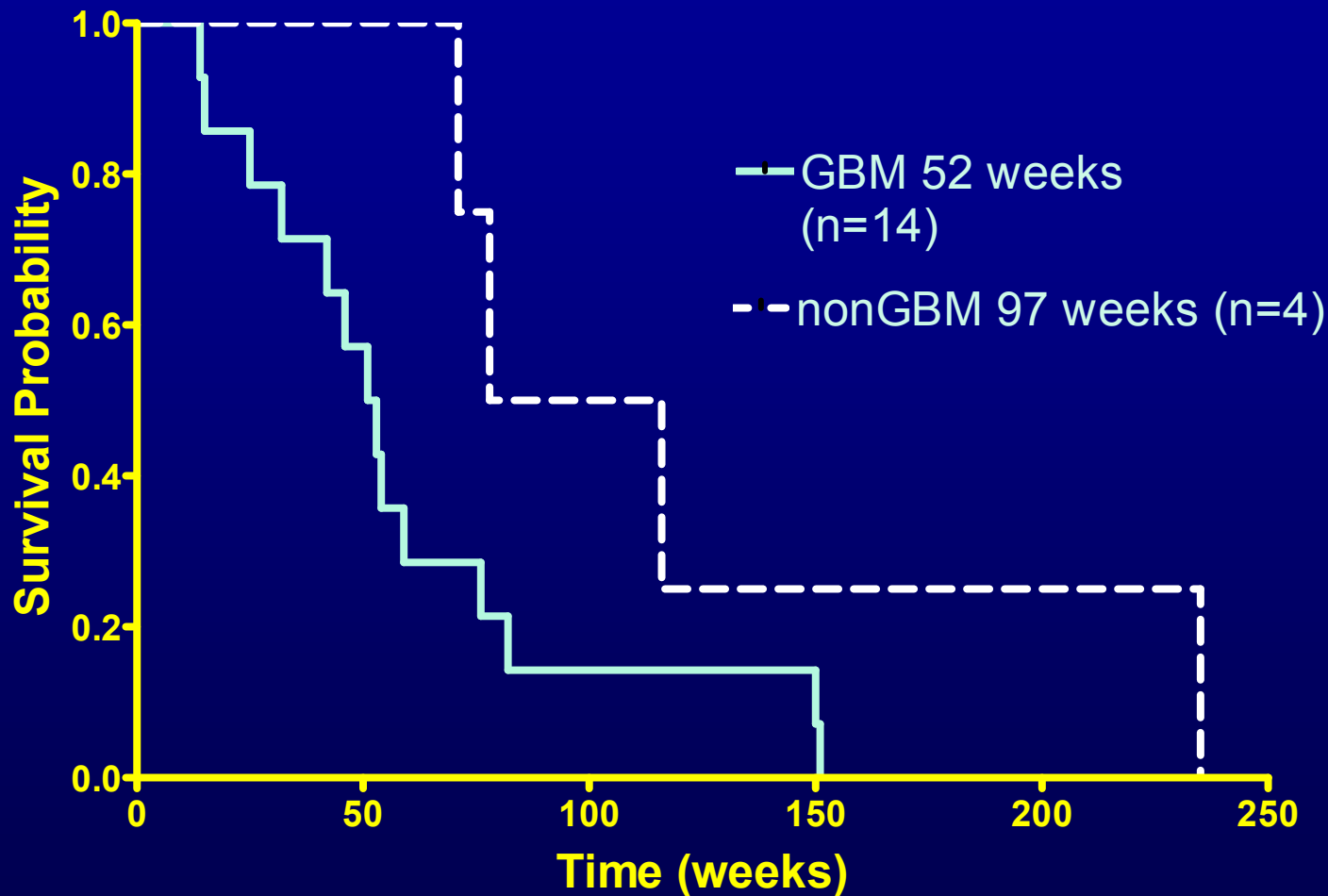


**% ID in Blood Pool**

<u>Time</u>	<u>mean <math>\pm</math> SD</u>
6 h	$0.044 \pm 0.043$
12 h	$0.067 \pm 0.069$
max	$0.258 \pm 0.432$

**$N = 10$**

# Phase 1 $^{211}\text{At}$ -Labeled Chimeric 81C6 in Recurrent Brain Tumor Patients: Outcome



*Historical Control: GBM 31 weeks  
Brem et al. 1995*

# Impediments to the Development of $^{211}\text{At}$ -Labeled Targeted Radiotherapeutics: Radiochemistry

- Decline in labeling yield at higher activity levels observed in clinical trial
- Decline in labeling yields with time of day
- At-211 shipped from one site to another exhibits poor reactivity

## *Implications:*

- *Preparation of clinical doses unreliable at >350 MBq*
- *Commercialization not feasible*

# Radiolysis

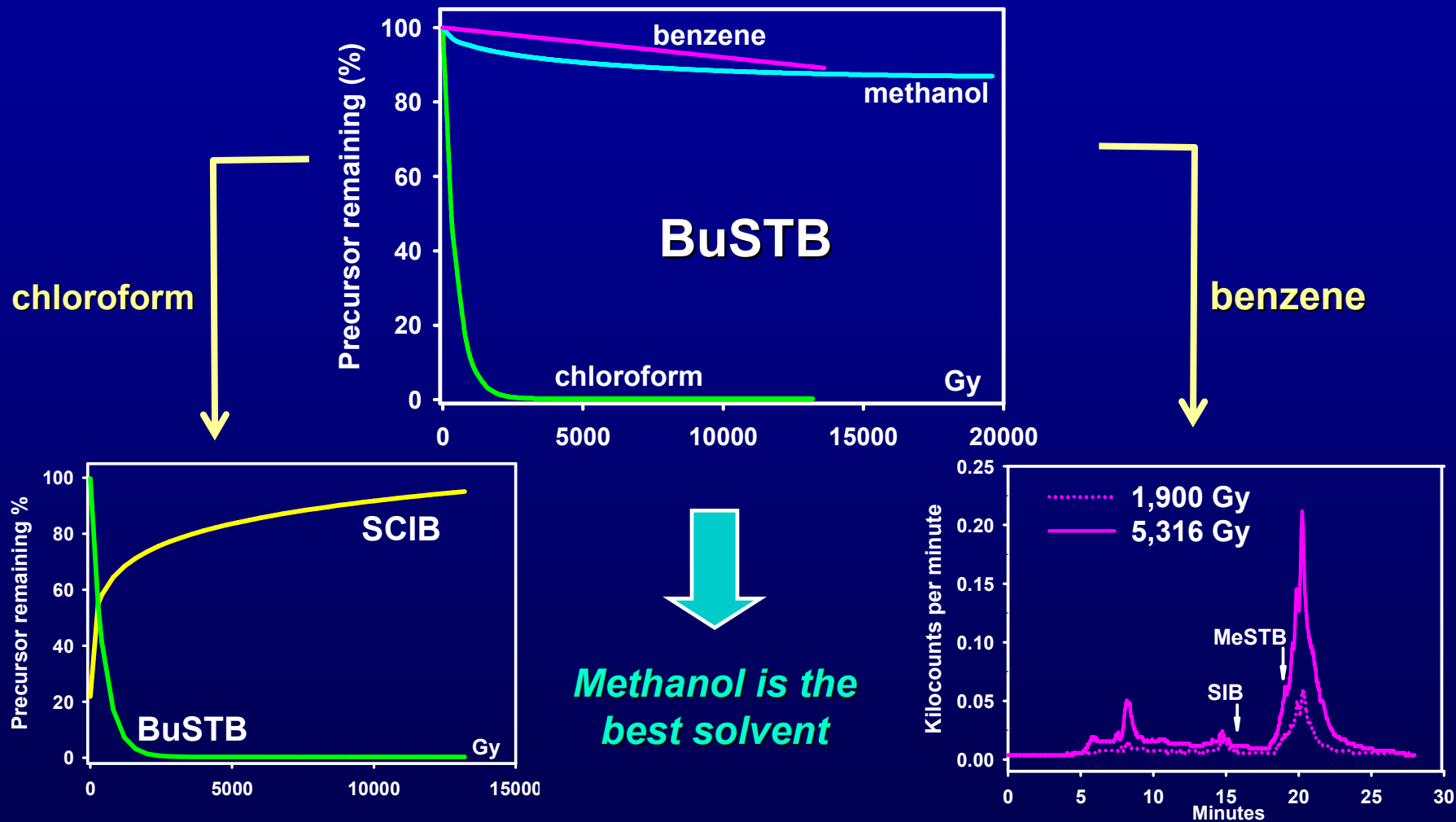
- Radiation induced decomposition of molecules, generating ions, free radicals and other molecules
- Complex process with product spectrum dependent on type of radiation, dose rate, trace components ( $O_2$ ,  $H_2O$ )
- Can alter redox conditions

## *Implications for $^{211}At$ chemistry:*

- ☠ Decomposition of reaction components
- ☠ Reaction of  $^{211}At$  with other species
- ☠ Alteration in  $^{211}At$  oxidation state



# Effect of Solvent on Radiolysis Induced Loss of Tin Precursor

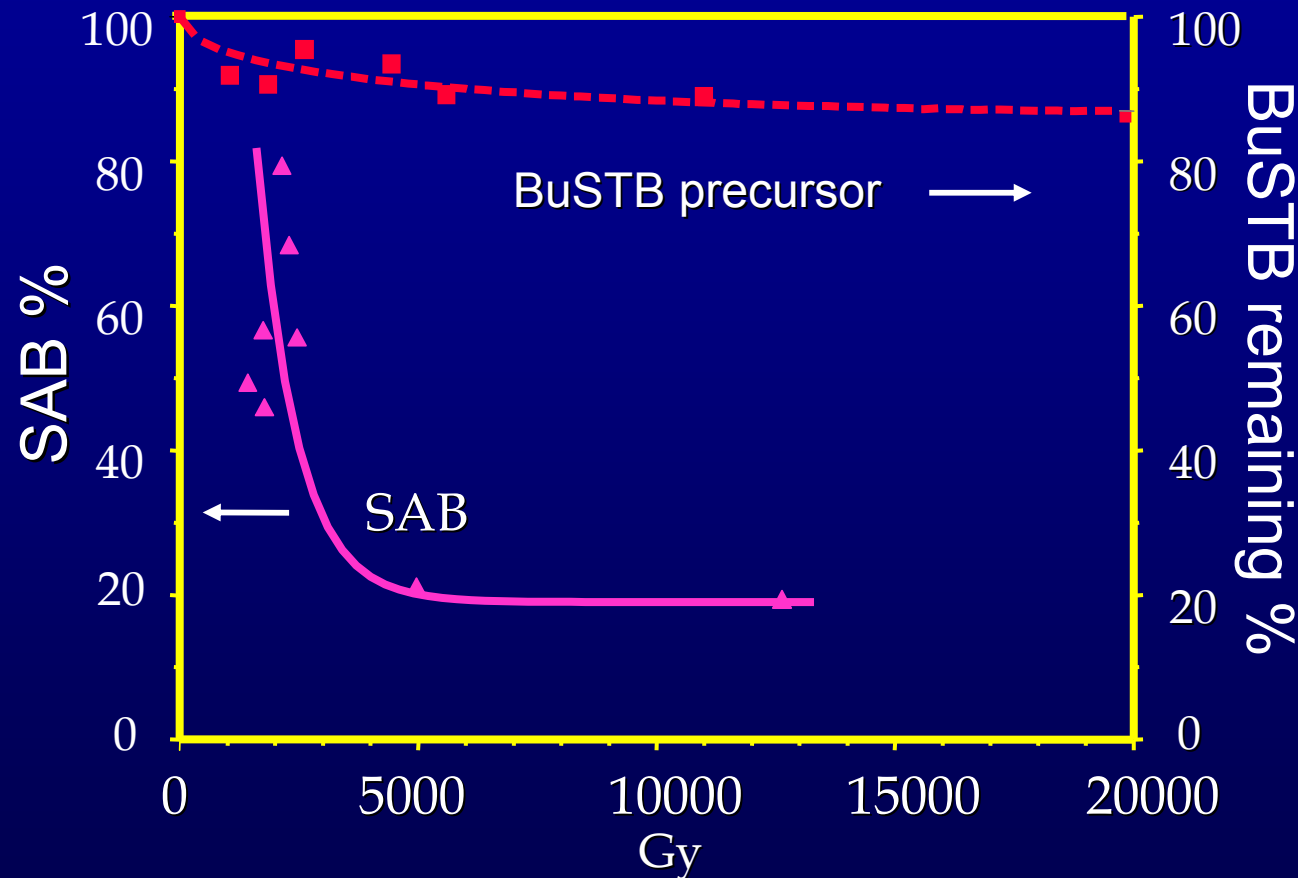


In chloroform, a cold byproduct is formed

*Methanol is the best solvent*

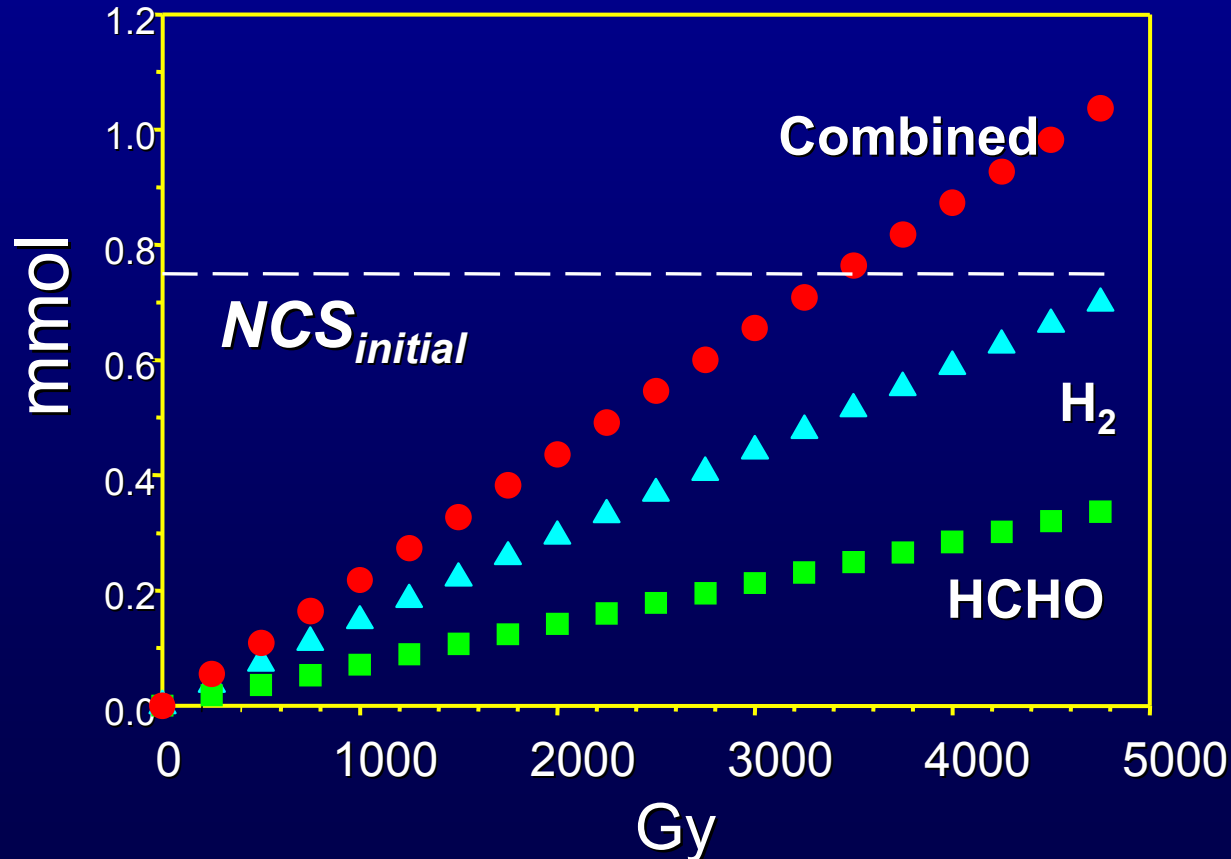
BuSTB is stable in benzene but SAB could not be synthesized; instead lipophilic  $^{211}\text{At}$ -labeled species was formed.

# Even in Methanol, SAB Yields Decline at Higher Radiation Doses



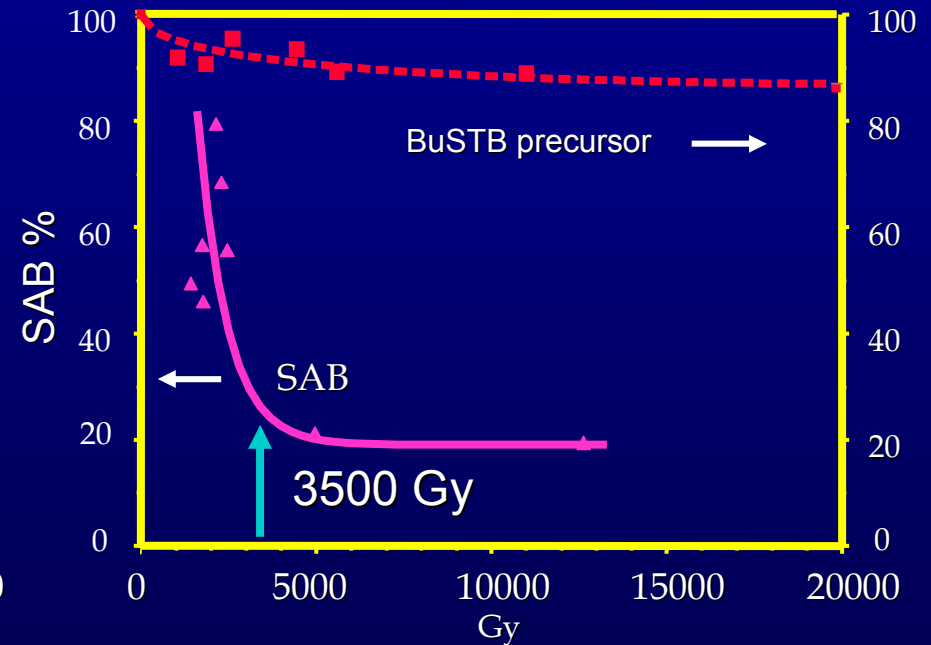
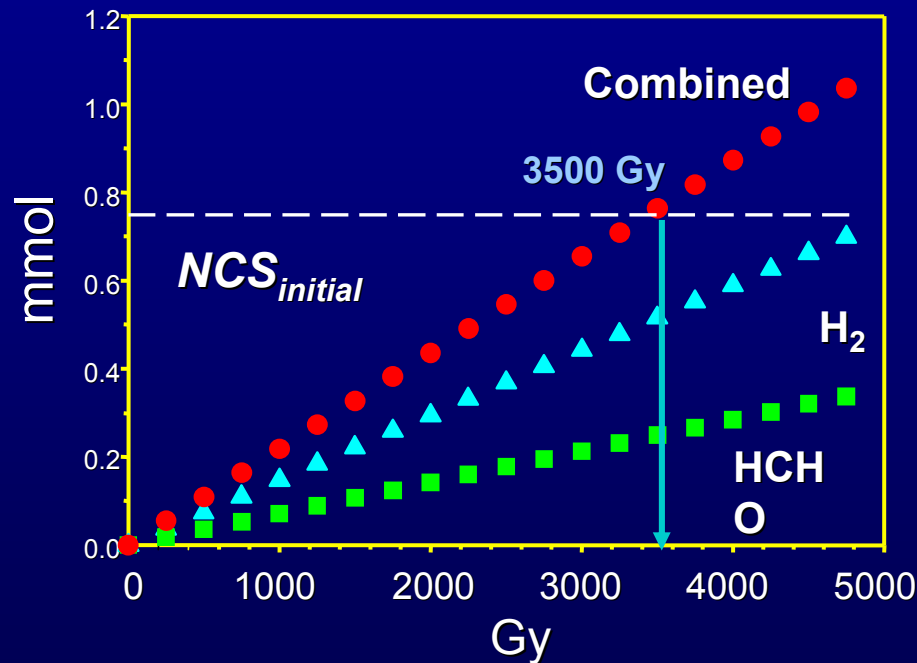
*If the decline in SAB yield can not be attributed to degradation of the tin precursor, what factors are responsible?*

# Hypothesis: Radiation-Induced Alterations in Astatine Oxidation State is the Cause of Reduced SAB Yields at High Activity



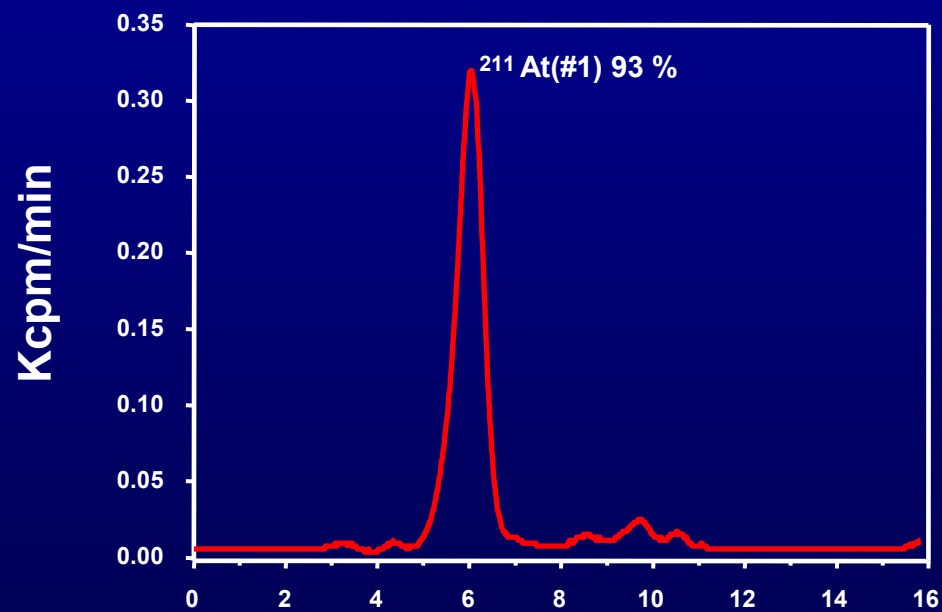
*Calculated production of hydrogen and formaldehyde by radiolysis during 20-min reaction in MeOH*

# Hypothesis: Radiation-Induced Alterations in Astatine Oxidation State is the Cause of Reduced SAB Yields at High Activity

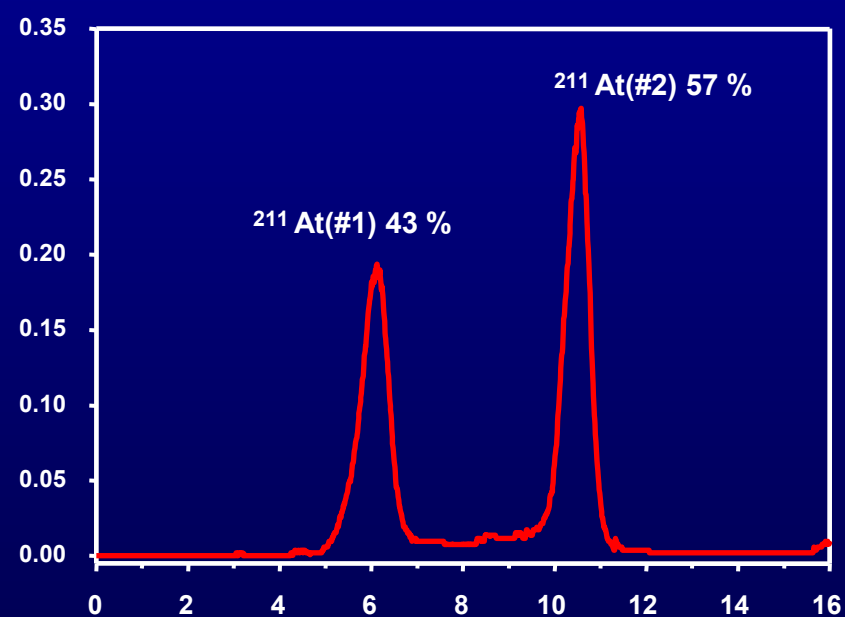


# At-211 Species Present in Methanol at Different Radiation Doses

1330 Gy

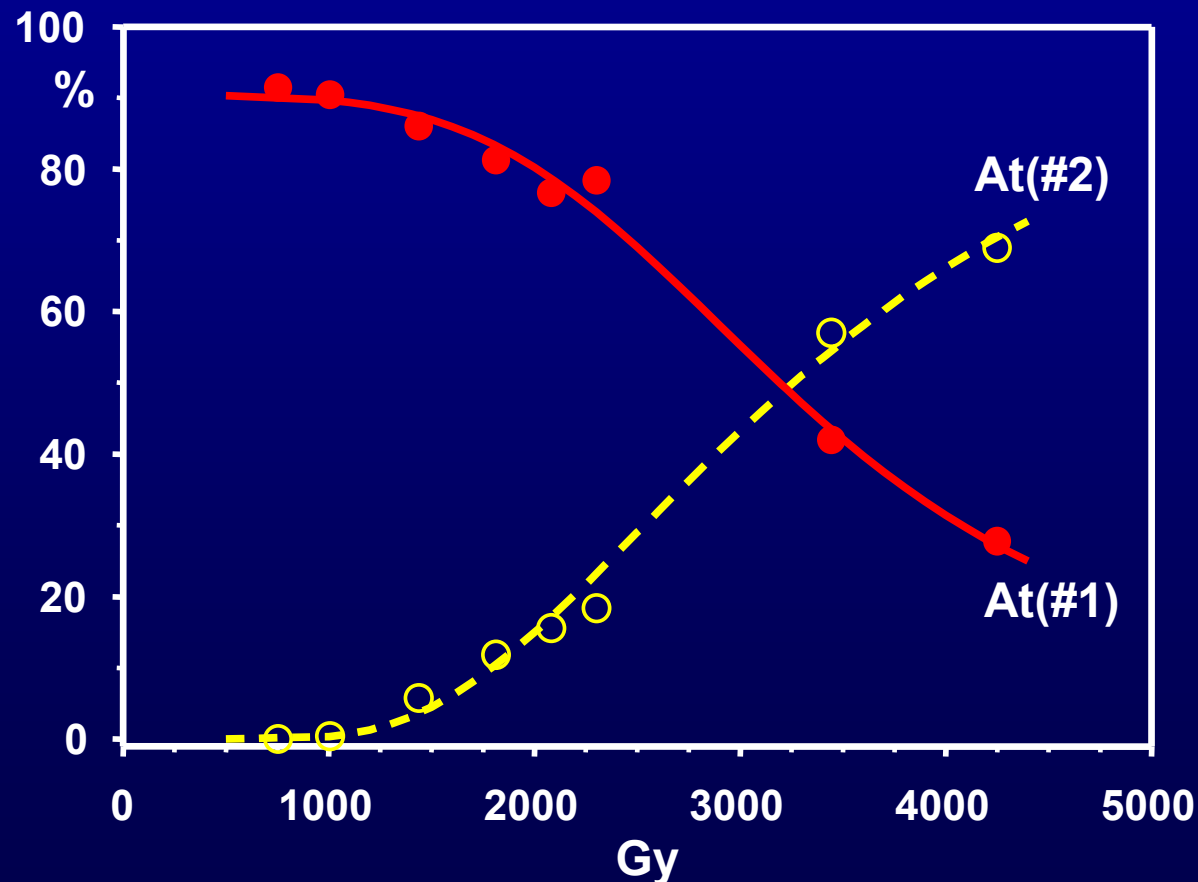


3630 Gy



Minutes

# Astatine Species in MeOH as a Function of Radiation Dose

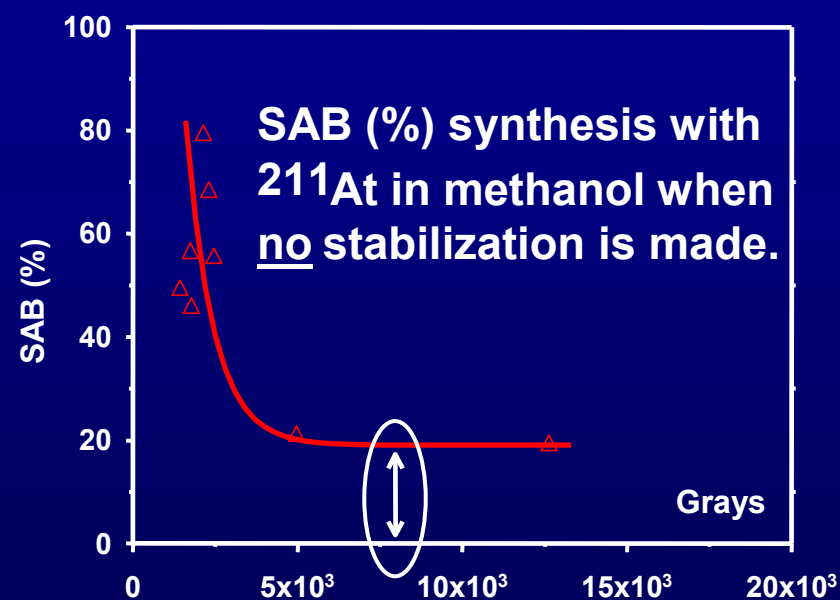
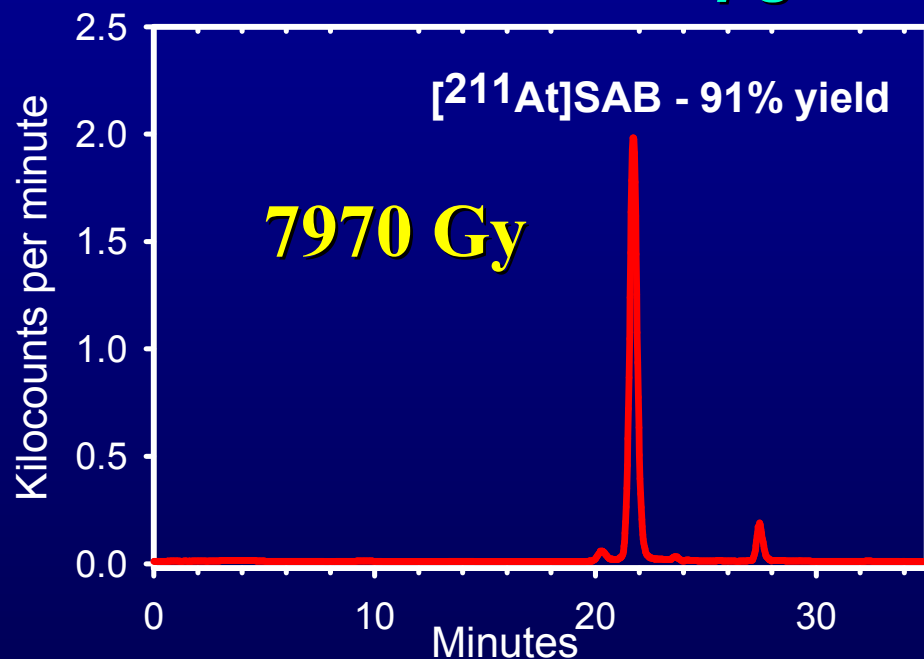


*In MeOH under acidic conditions,  $^{211}\text{At}(\#2)$  predominates (>95%) even at doses below 1000 Gy*

*$^{211}\text{At}(\#2)$  was identified as  $^{211}\text{At}$  (astatide)*

# Synthesis of SAB with Stabilized $^{211}\text{At}$

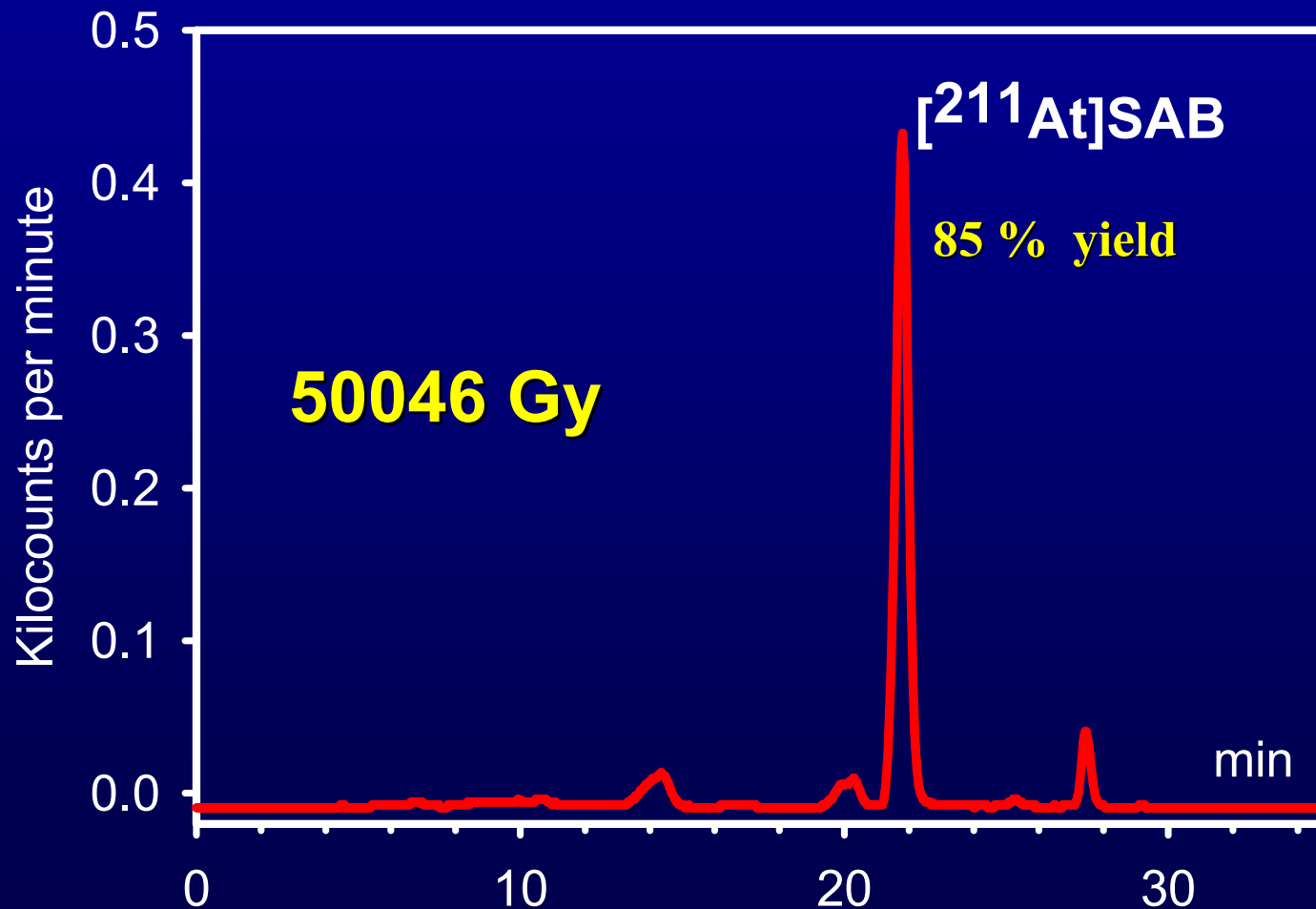
## Stabilization with 200 $\mu\text{g}$ NCS



Stabilized  $^{211}\text{At}$  permits much high SAB yields at elevated radiation doses: 91% vs  $< 20\%$

# SAB Synthesis with Stabilized $^{211}\text{At}$ at Radiation Dose Equivalent to 280 mCi Initial $^{211}\text{At}$ activity

Synthesis made without acetic acid





# Implications of $^{211}\text{At}$ stabilization

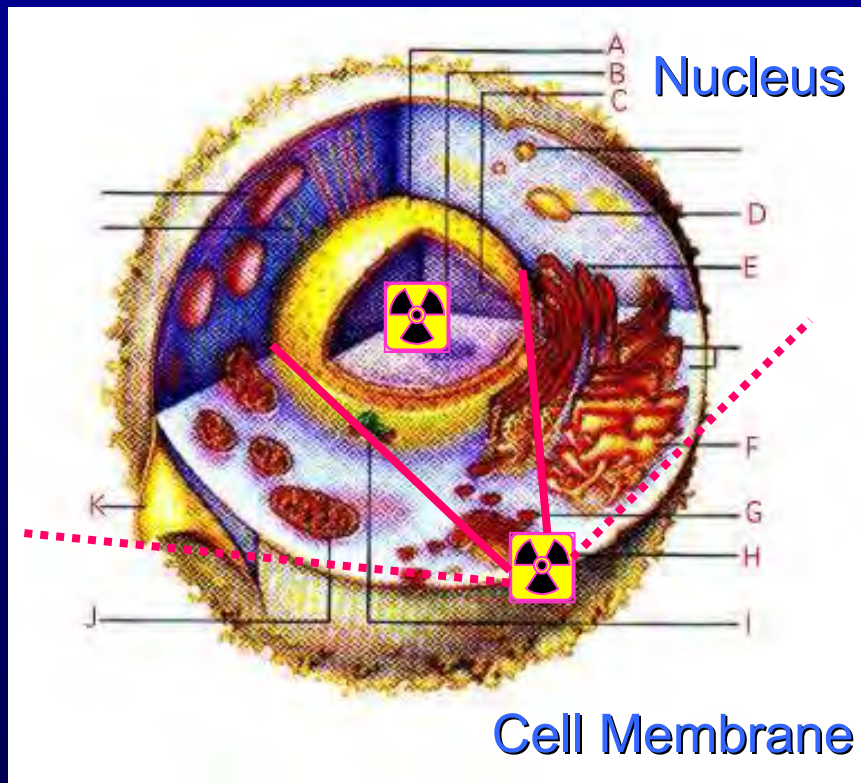
	Cyclotron irradiation time (hr) @55 $\mu\text{A}$	GBq on target	GBq distilled	GBq of SAB obtained	SAB % yield	GBq of mAb obtained	Coupling % yield
Previous (2001)	4.5	6.44	3.74	0.784	21	0.444	80
With stabilized $^{211}\text{At}$	1	1.29	0.8	0.67	84	0.439	73

**Total time for procedure: 3¼ hours**

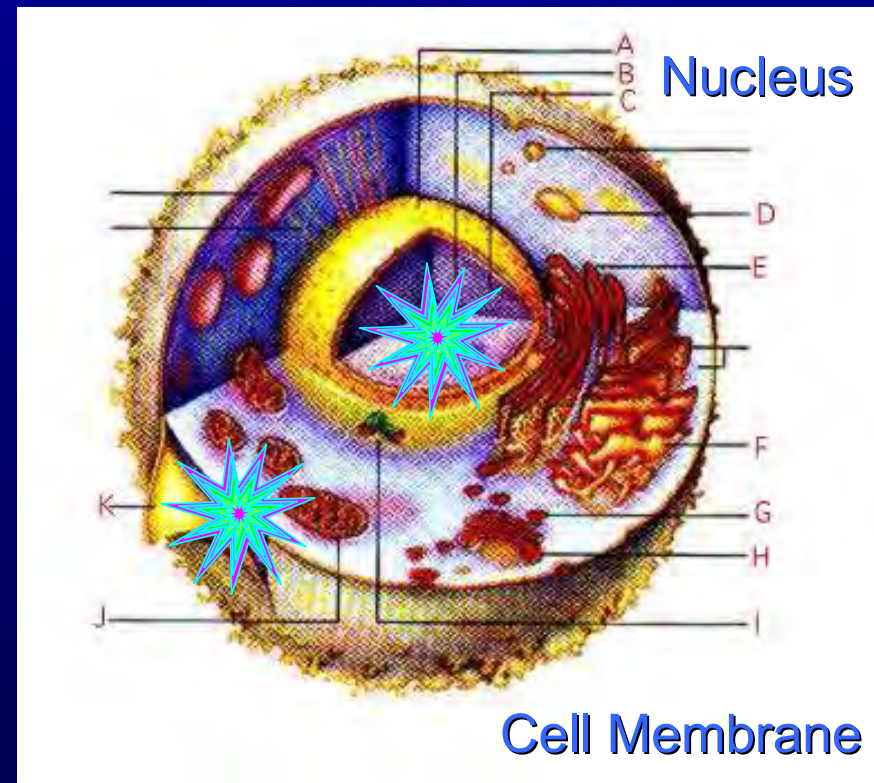
- With  $^{211}\text{At}$  stabilization, only 1 hr cyclotron irradiation needed to produce clinical dose of  $^{211}\text{At}$ -labeled mAb
- The production cost is reduced by almost a factor of five
- This approach is independent of the molecule to be labeled. Multiple molecules can be labeled with  $\text{At}^+$  from the same batch
- The astatine remains reactive for at least 24 hr so shipping to remote sites is feasible

# Rationale for Nuclear Site of $\alpha$ -Particle Decay

Solid Angle Effect



$\alpha$ -Recoil Nucleus Effect



$\alpha$ -Recoil Nucleus: range  $< 100$  nm  
LET  $\sim 1000$  keV/ $\mu$ m

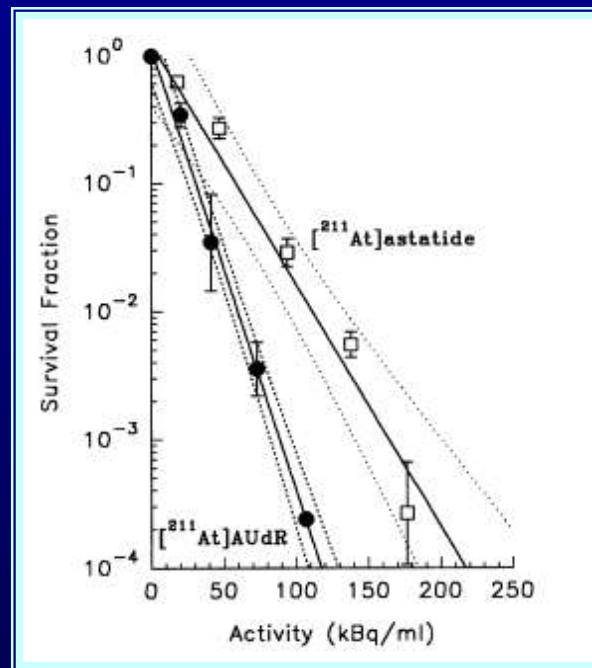
# 5-[<sup>211</sup>At]astato-2'-deoxyuridine



[<sup>211</sup>At]AUdR

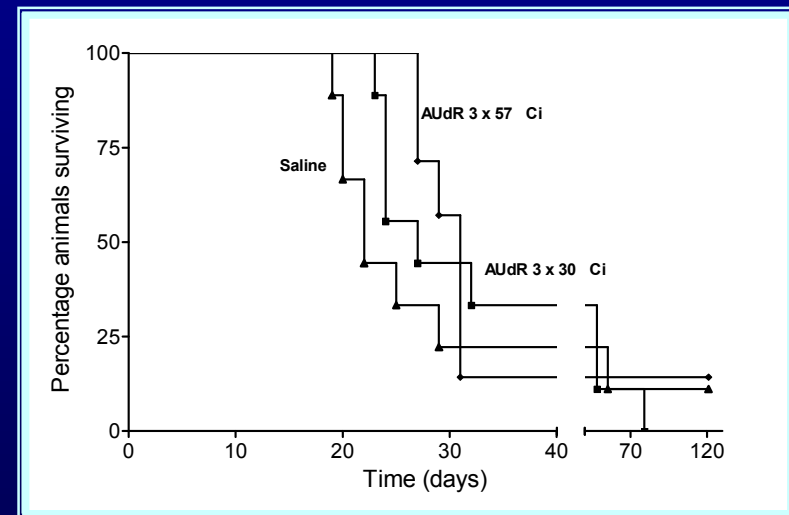
- Synthesized in 80-90% yield from trimethylstannyl precursor
- Undergoes DNA incorporation

D247 MG glioma  
20 hr incubation



$D_0$  1-3  $\alpha$  traversals/cell

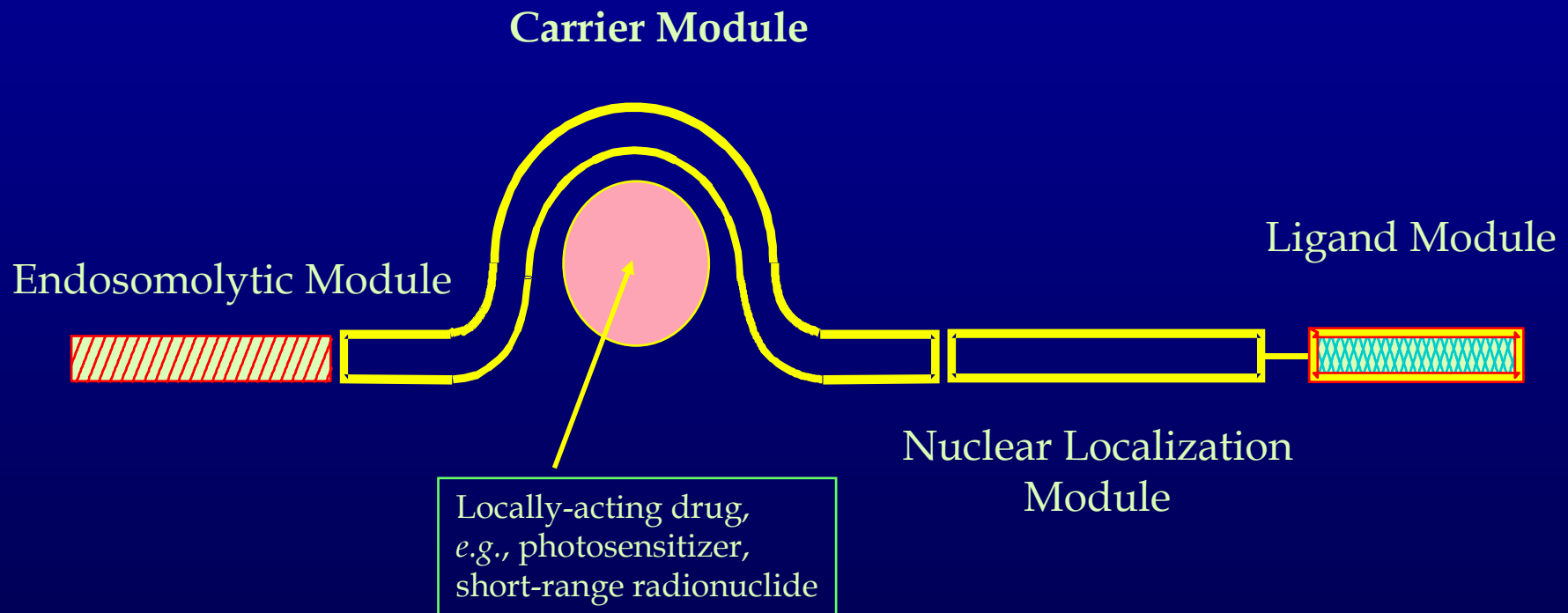
- Intrathecal therapy of D341 Med medulloblastoma
- 17% S-phase fraction *in vitro*



## Median Survival

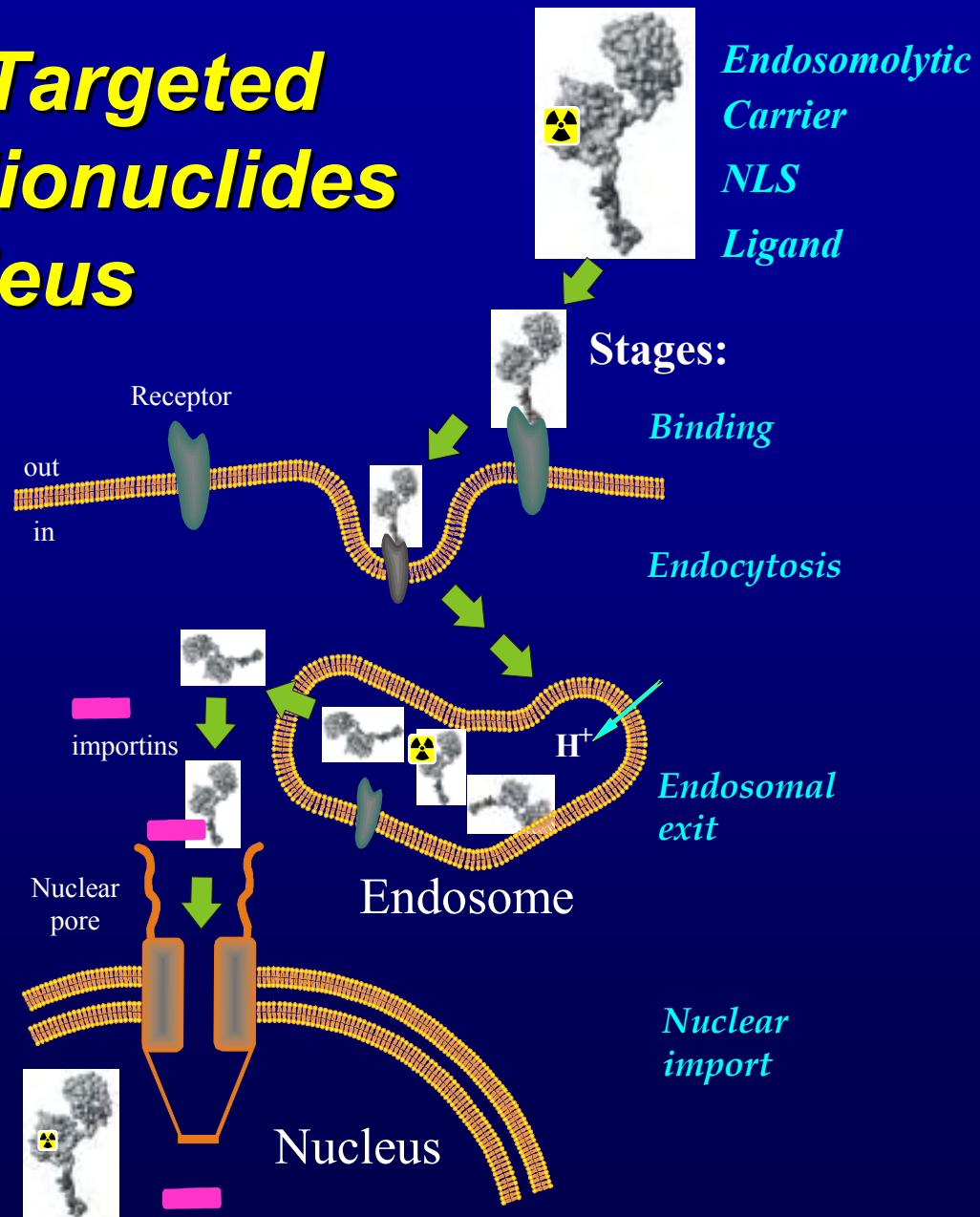
saline (3x)	22 d
AUdR (3x 30 Ci)	27 d
AUdR (3x 57 Ci)	31 d

# *A Scheme for Modular Recombinant Transporter (MRT) for Delivery of “Locally Acting” Drugs*

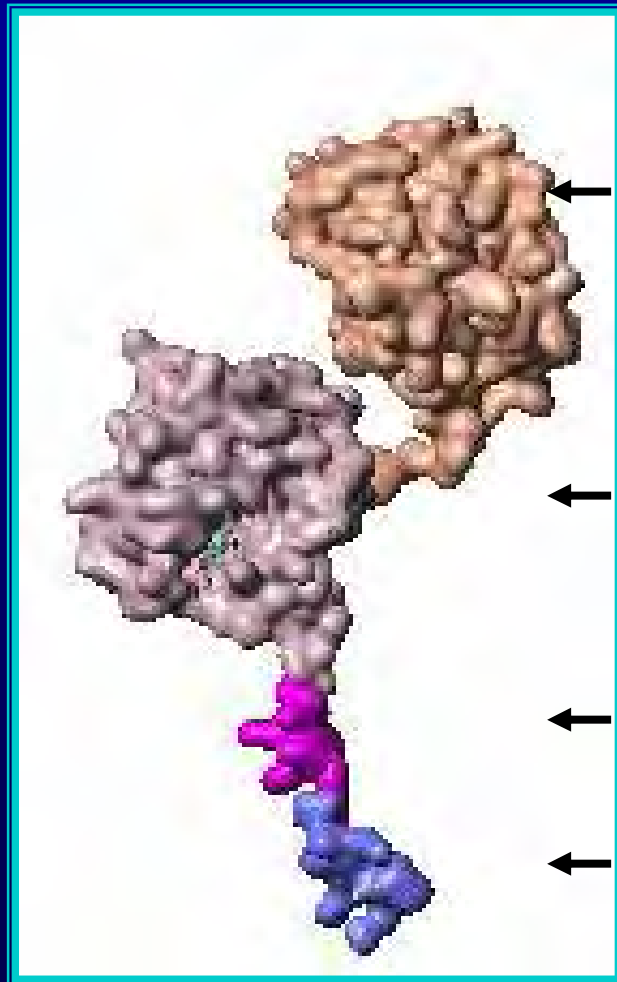


*Sobolev and Rosenkranz, Institute of Gene Biology, Moscow*

# MRT Mediated Targeted Delivery of Radionuclides to the Cell Nucleus



# MRT for Targeting EGFR Expressing Malignancies



*Endosomolytic:* Translocation domain of diphtheria toxin

*Carrier:* E. coli hemoglobin-like protein HMP

*Nuclear Localization:* optimized NLS of SV40 large T-antigen

*Ligand:* epidermal growth factor

# Protein Radioiodination Agents

## Non-Internalizing mAbs

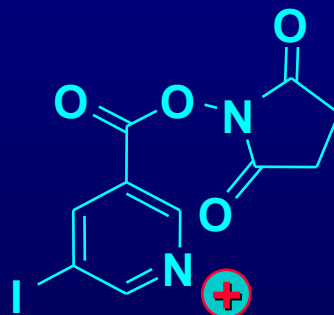
GOAL:  
Dehalogenation resistance



SIB

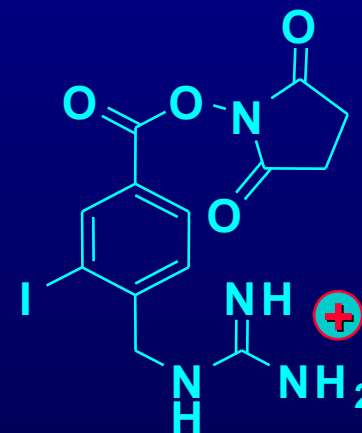
## Internalizing mAbs

GOALS:  
Dehalogenation resistance  
Trapping of labeled catabolites



SIPC

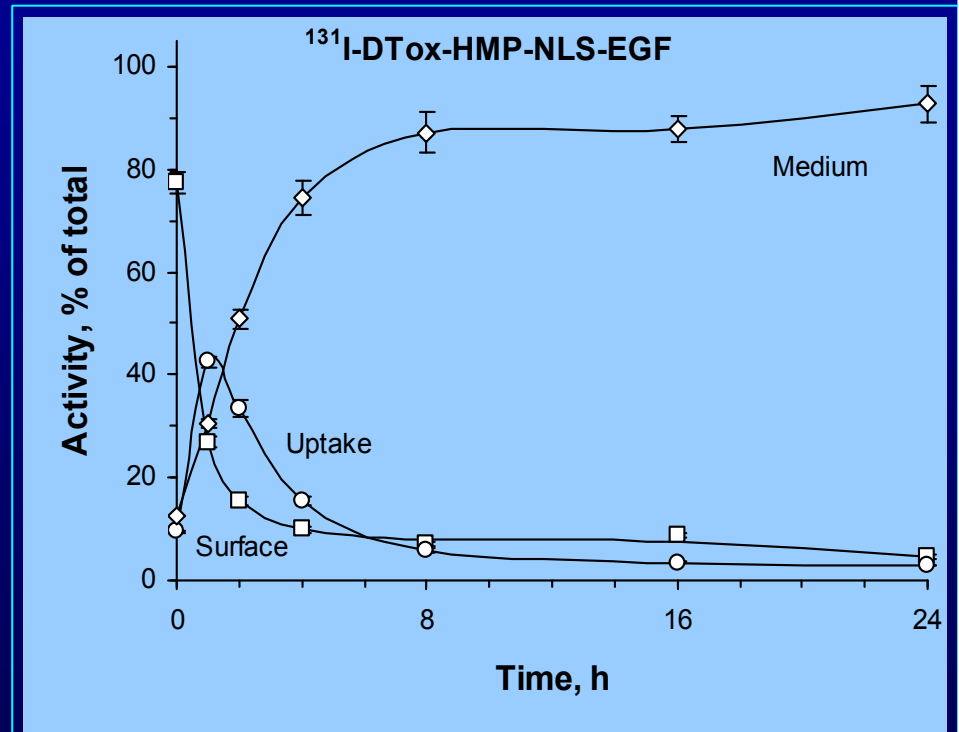
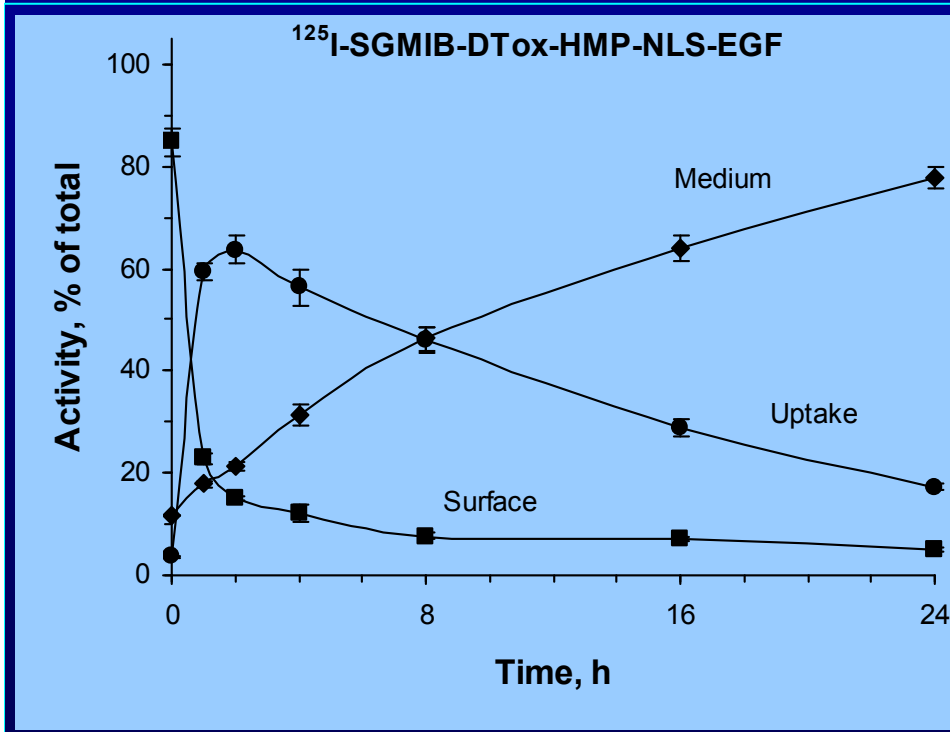
Pyridine nitrogen



SGMIB

Guanidino nitrogen  
more basic

# Paired Label Internalization Assay on A431 Cells with MRT Labeled using SGMIB and Iodogen



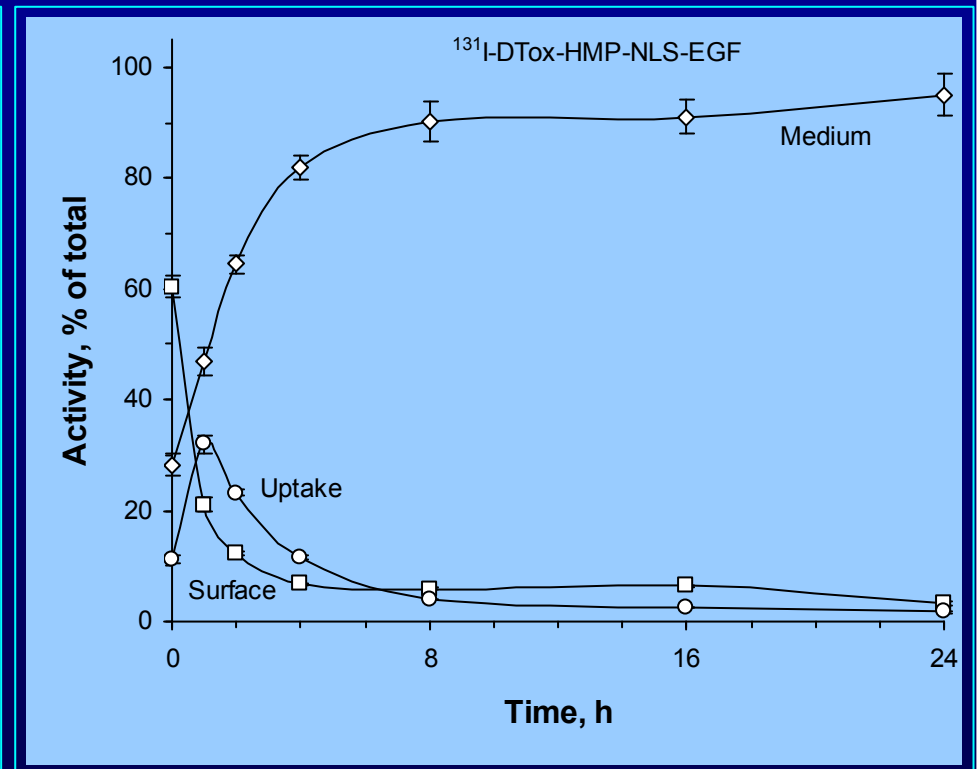
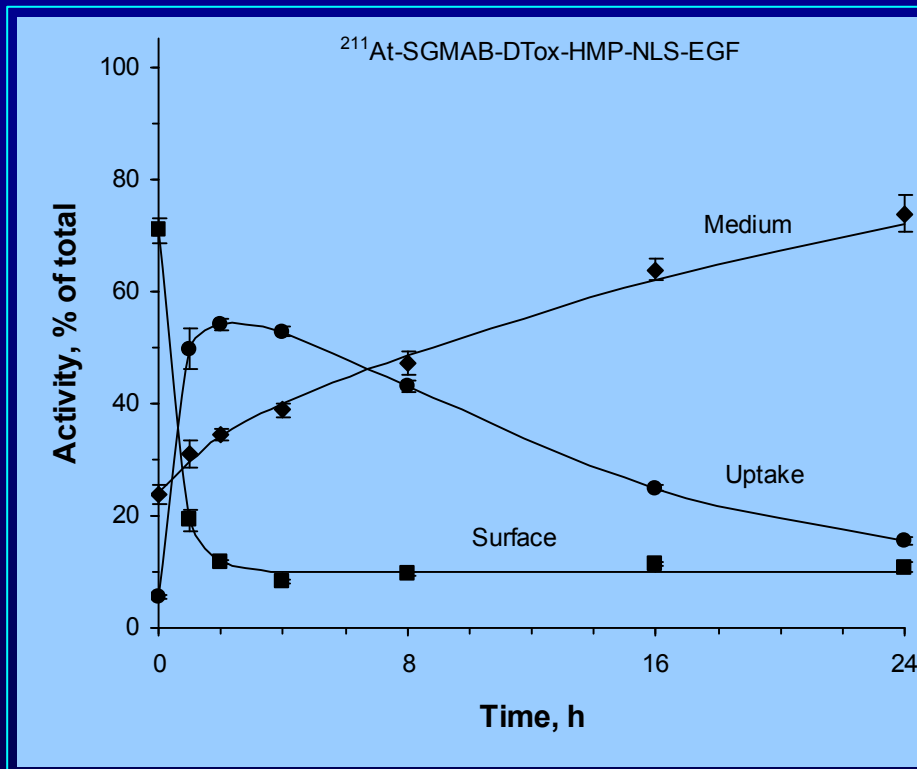
Internalized Activity Present after 4 h:

Iodogen:  $15.5 \pm 0.8\%$

SGMIB  $56.4 \pm 3.6\%$

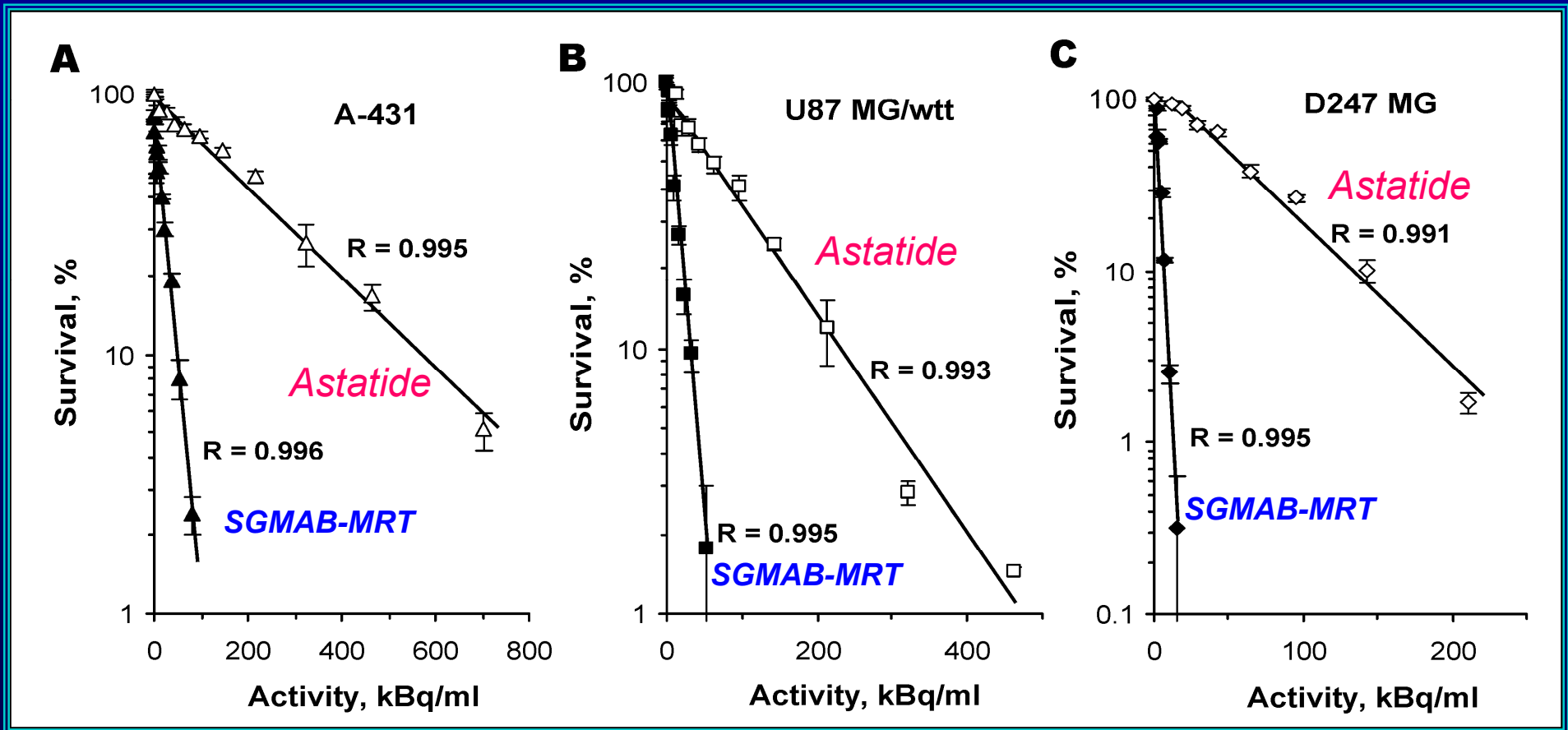


# Paired Label Internalization Assay on A431 Cells with MRT Labeled using SGMAB and Iodogen



Internalized Activity Present after 4 h:  
SGMAB  $52.8 \pm 1.5\%$

# Clonogenic Survival



# Radiolabeled EGFR Targeted MRT: Summary

- Labeling MRT radioiodine and  $^{211}\text{At}$  with retention of EGFR binding capacity
- Labeling method influences intracellular retention
- Specific and efficient killing of EGFR expressing tumor cells (A431, U87 MG, D247 MG) can be achieved with [ $^{211}\text{At}$ ]SGMAB-DTox-HMP-NLS-EGF

## *Next steps:*

Tissue distribution

Efficacy in neoplastic meningitis model

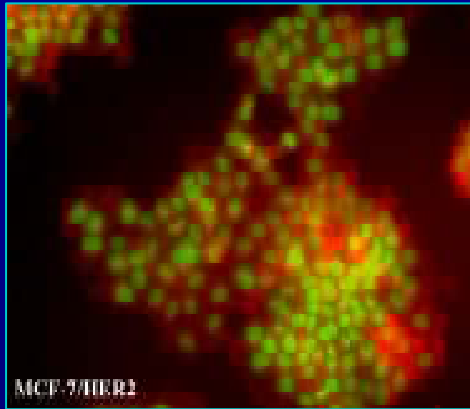
# Heterogeneity is the Bane of Targeted Radiotherapy

- Target molecule expression can vary considerably and include a significant null population
- Binding site barrier can limit binding to interior regions
- Tumor interstitial pressure can impede tumor penetration
- Variations in blood flow, permeability, and diffusion can lead to non-homogeneous delivery

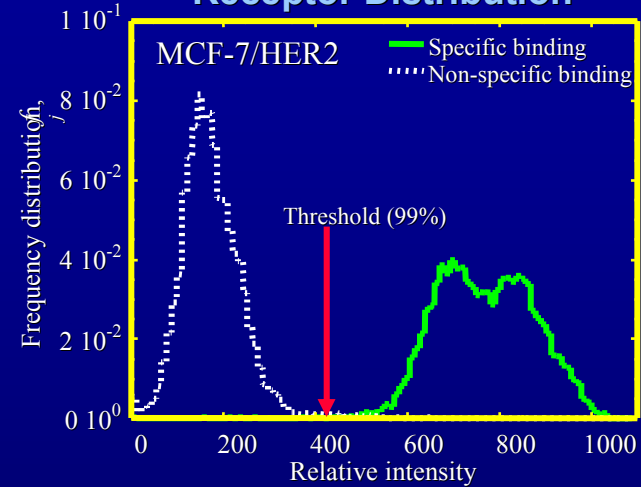
# Heterogeneity of HER2 Expression Effects

## $^{211}\text{At}$ -Herceptin Cytotoxicity

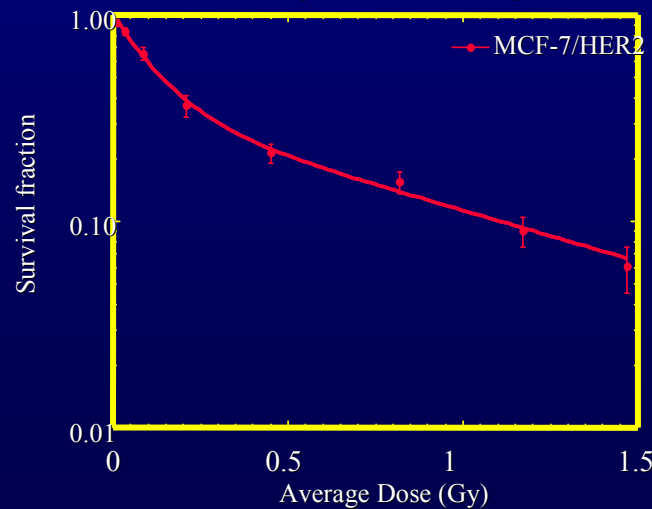
FACS Analysis of mAb Binding



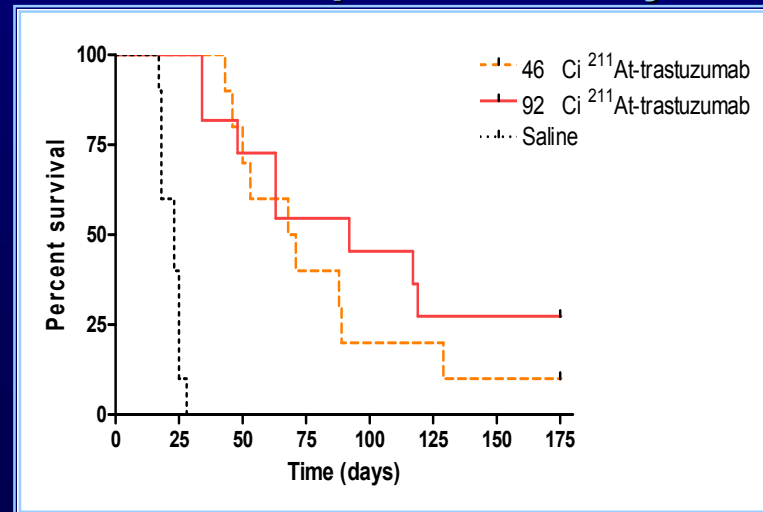
Receptor Distribution



Cytotoxicity



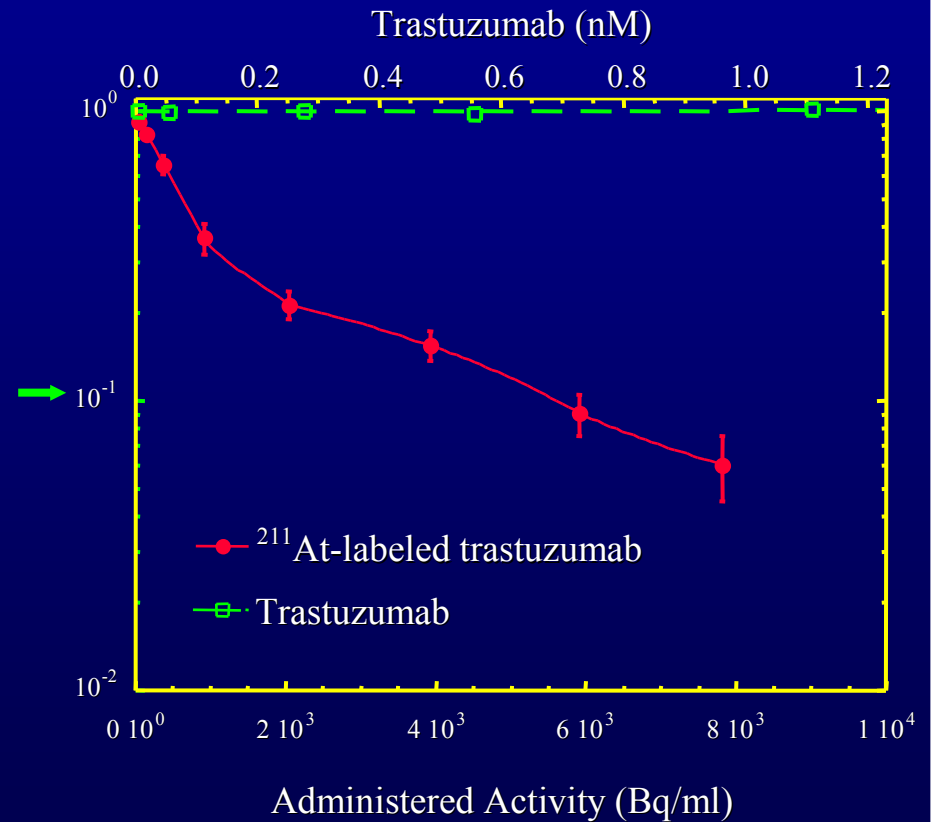
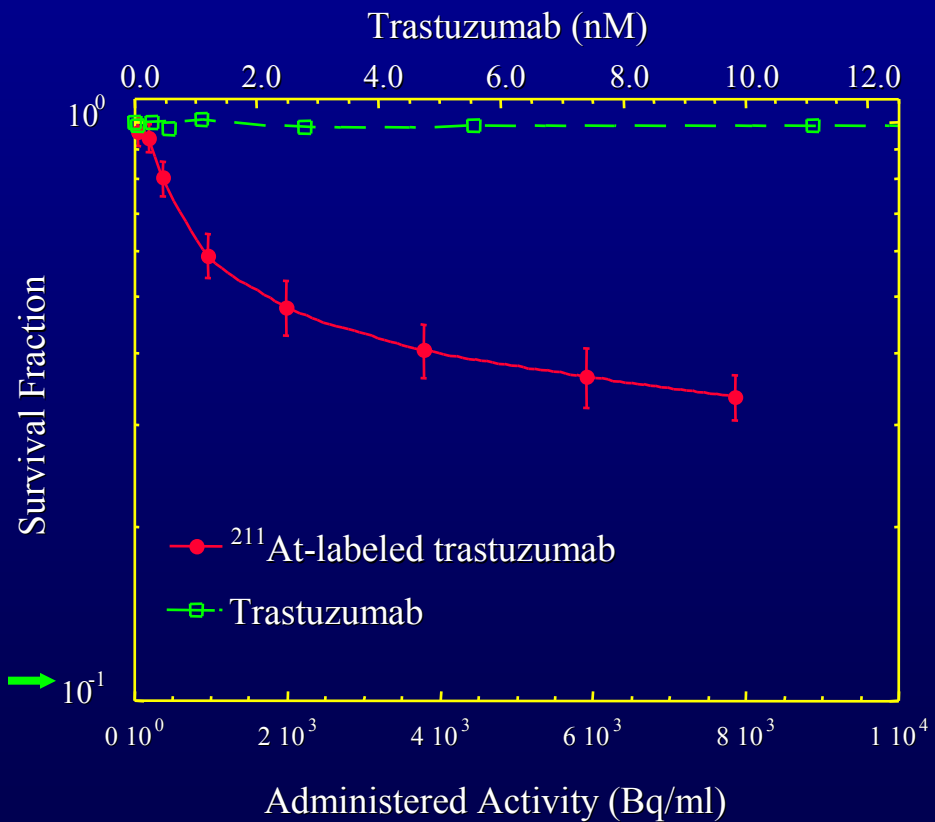
Therapeutic Efficacy



# Effect of Specific Activity on Survival of MCF7/HER2 Cells

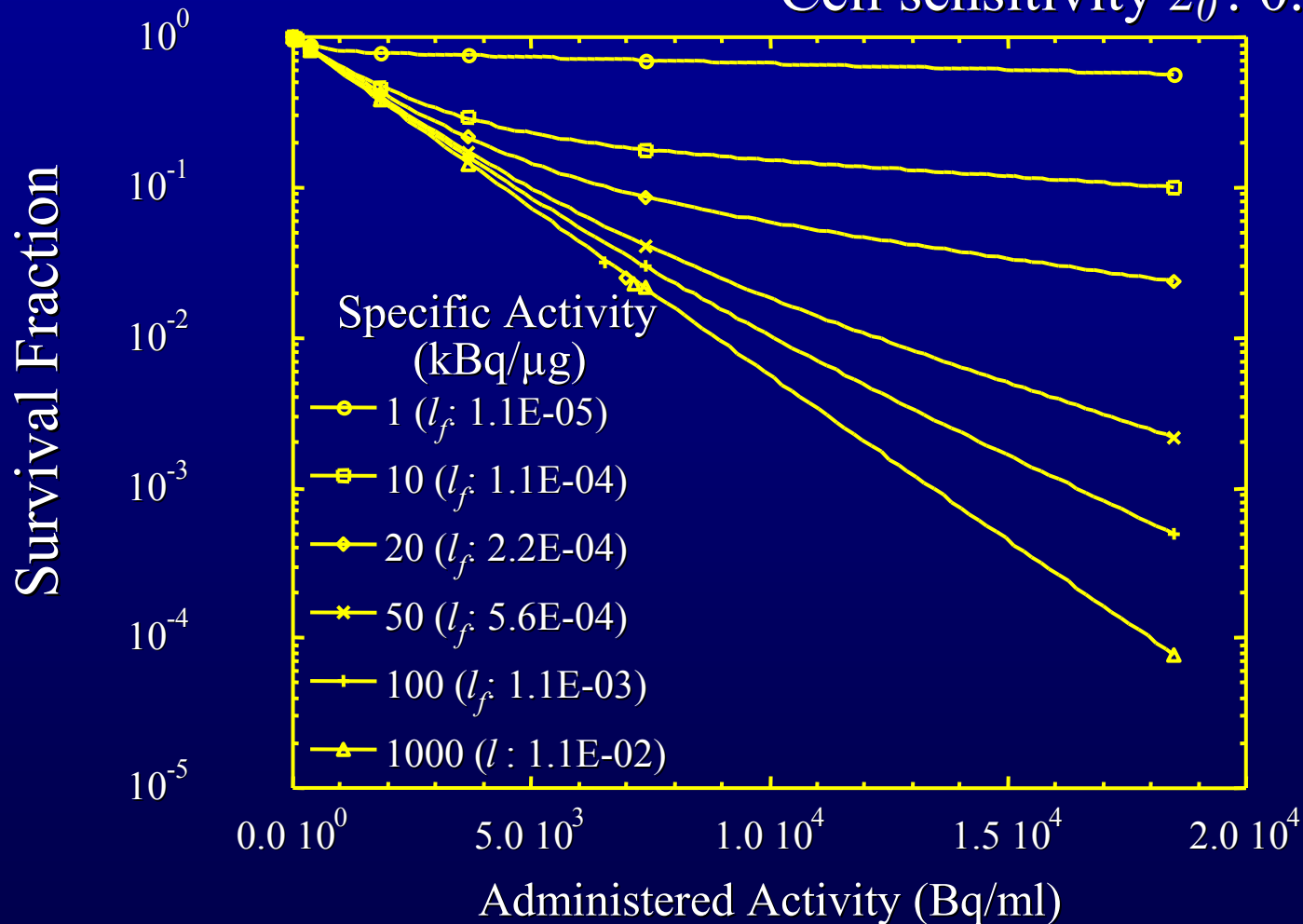
4.44 kBq/ $\mu$ g

45.14 kBq/ $\mu$ g



# PK Model: Effect of Specific Activity on Survival Fraction as a Function of Media Activity

Cell sensitivity  $z_0$ : 0.3 Gy



# Compensating for Heterogeneous Dose Deposition

- Minimum residual disease settings
- Radiotherapeutic cocktails
  - Carrier type (protein, peptide)
  - Molecular target (receptor, enzyme)
  - Radionuclide (alpha, beta, Auger)
  - ❖ Modular Recombinant Transporter
- Vascular Targeting
- Combination with other therapies
  - Example: Gene therapy
- Radiation Induced Biological Bystander Effect



# Targeted Radiotherapy with Alpha Particle Emitting Radionuclides: The Problems

- Radionuclide availability is limited
- Release of long lived daughters
- Specific activity effects on targeting
- Radiolysis effects on labeling chemistry (and integrity)
- Heterogeneous dose deposition
- Calculation of radiation dosimetry is complicated

# Targeted Radiotherapy with Alpha Particle Emitting Radionuclides: The Promise

- Demonstration of more efficient cell kill in compared with beta emitters or XRT
- Radiotoxicity nearly independent of oxygen concentration and cell cycle stage
- Particle range well matched to treatment of minimum residual disease
- Clinical trials are underway in leukemia, ovarian carcinoma, glioma and other cancers
- These trials have demonstrated feasibility with acceptable toxicity and in some patients, encouraging responses have been observed.