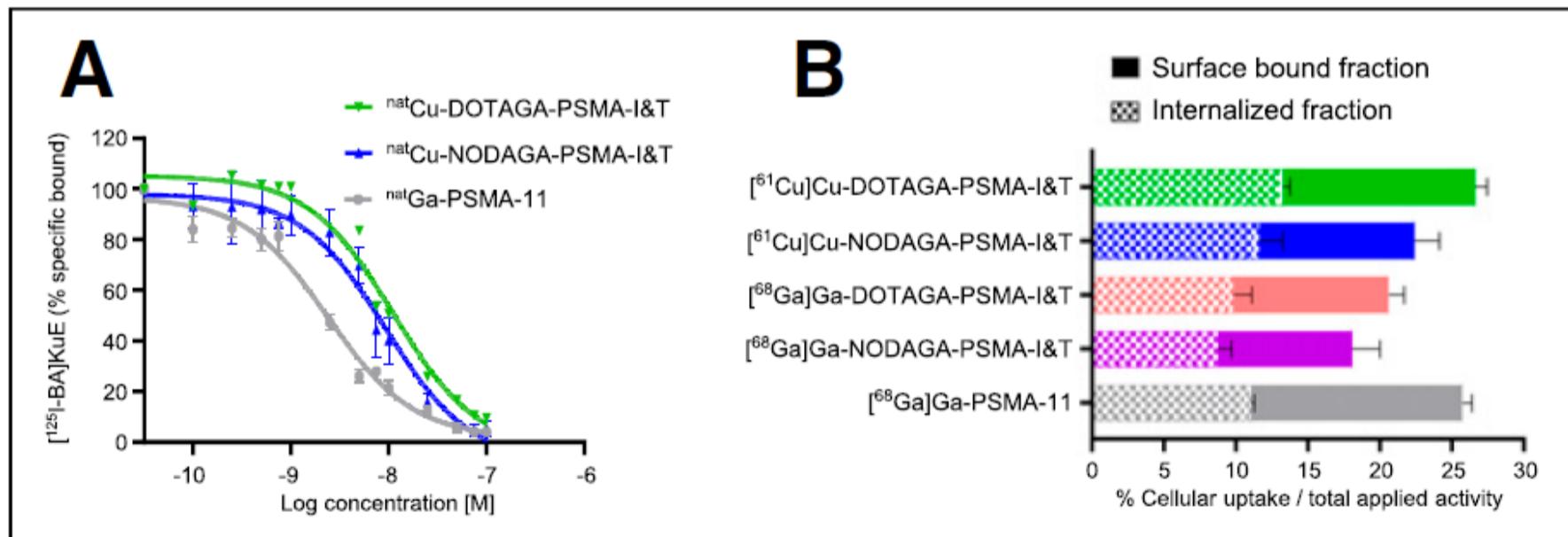


## **<sup>61</sup>Cu-PSMA-Targeted PET for Prostate Cancer: From Radiotracer Development to First-in-Human Imaging**

Tais Basaco Bernabeu<sup>1</sup>, Rosalba Mansi<sup>1</sup>, Luigi Del Pozzo<sup>1</sup>, Sandra Zanger<sup>1</sup>, Raghuvir H. Gaonkar<sup>1</sup>, Lisa McDougall<sup>1</sup>, Francesco De Rose<sup>2</sup>, Leila Jaafar-Thiel<sup>2</sup>, Michael Herz<sup>3,4</sup>, Matthias Eiber<sup>3,4</sup>, Gary A. Ulaner<sup>5,6</sup>, Wolfgang A. Weber<sup>3,4</sup>, and Melpomeni Fani<sup>1</sup>

<sup>1</sup>Division of Radiopharmaceutical Chemistry, University Hospital Basel, Basel, Switzerland; <sup>2</sup>Nuclidium AG, Basel, Switzerland;

<sup>3</sup>Department of Nuclear Medicine, Technical University of Munich, Munich, Germany; <sup>4</sup>Bavarian Cancer Research Center, Munich, Germany; <sup>5</sup>Molecular Imaging and Therapy, Hoag Family Cancer Institute, Irvine, California; and <sup>6</sup>Departments of Radiology and Translational Genomics, University of Southern California, Los Angeles, California



## Abstract

The demand for PET tracers that target prostate-specific membrane antigen (PSMA) continues to increase. Meeting this demand with approved 68Ga- and 18F-labeled PSMA tracers is challenging outside of major urban centers. This is because the short physical half-life of these radionuclides makes it necessary to produce them near their sites of usage. To overcome this challenge, we propose cyclotron-produced 61Cu for labeling PSMA PET tracers. 61Cu can be produced on a large scale, and its 3.33-h half-life allows shipping over considerably longer distances than possible for 68Ga and 18F. Production of true theranostic twins using 61Cu and the  $\beta^-$ -emitter 67Cu is also feasible.

## Methods:

PSMA-I&T (DOTAGA-(I-y)fk(sub-KuE)) and its derivative in which the DOTAGA chelator was replaced by NODAGA (NODAGA-(I-y)fk(sub-KuE)), herein reported as DOTAGA-PSMA-I&T and NODAGA-PSMA-I&T, respectively, were labeled with 61Cu and compared with [68Ga]Ga-DOTAGA-PSMA-I&T, [68Ga]Ga-NODAGA-PSMA-I&T, [68Ga]Ga-PSMA-11, and [18F]PSMA-1007. In vitro (lipophilicity, affinity, cellular uptake, and distribution) and in vivo (PET/CT, biodistribution, and stability) studies were performed in LNCaP cells and xenografts. Human dosimetry estimates were calculated for [61Cu]Cu-NODAGA-PSMA-I&T. First-in-human imaging with [61Cu]Cu-NODAGA-PSMA-I&T was performed in a patient with metastatic prostate cancer.

## Results:

[61Cu]Cu-DOTAGA-PSMA-I&T and [61Cu]Cu-NODAGA-PSMA-I&T were synthesized with radiochemical purity of more than 97%, at an apparent molar activity of 24 MBq/nmol, without purification after labeling. In vitro, natural Cu (natCu)-DOTAGA-PSMA-I&T and natCu-NODAGA-PSMA-I&T showed high affinity for PSMA (inhibitory concentration of 50%,  $11.2 \pm 2.3$  and  $9.3 \pm 1.8$  nM, respectively), although lower than the reference natGa-PSMA-11 (inhibitory concentration of 50%,  $2.4 \pm 0.4$  nM). Their cellular uptake and distribution were comparable to those of [68Ga]Ga-PSMA-11. In vivo, [61Cu]Cu-NODAGA-PSMA-I&T showed significantly lower uptake in nontargeted tissues than [61Cu]Cu-DOTAGA-PSMA-I&T and higher tumor uptake ( $14.0 \pm 5.0$  percentage injected activity per gram of tissue [%IA/g]) than [61Cu]Cu-DOTAGA-PSMA-I&T ( $6.06 \pm 0.25$  %IA/g,  $P = 0.0059$ ), [68Ga]Ga-PSMA-11 ( $10.2 \pm 1.5$  %IA/g,  $P = 0.0972$ ), and [18F]PSMA-1007 ( $9.70 \pm 2.57$  %IA/g,  $P = 0.080$ ) at 1 h after injection. Tumor uptake was also higher for [61Cu]Cu-NODAGA-PSMA-I&T at 4 h after injection ( $10.7 \pm 3.3$  %IA/g) than for [61Cu]Cu-DOTAGA-PSMA-I&T ( $4.88 \pm 0.63$  %IA/g,  $P = 0.0014$ ) and [18F]PSMA-1007 ( $6.28 \pm 2.19$  %IA/g,  $P = 0.0145$ ). Tumor-to-nontumor ratios of [61Cu]Cu-NODAGA-PSMA-I&T were superior to those of [61Cu]Cu-DOTAGA-PSMA-I&T and comparable to those of [68Ga]Ga-PSMA-11 and [18F]PSMA-1007 at 1 h after injection and increased significantly between 1 and 4 h after injection in most cases. Human dosimetry estimates for [61Cu]Cu-NODAGA-PSMA-I&T were similar to the ones reported for 18F-PSMA ligands. First-in-human imaging demonstrated multifocal osseous and hepatic metastases.

## Conclusion:

[61Cu]Cu-NODAGA-PSMA-I&T is a promising PSMA radiotracer that compares favorably with [68Ga]Ga-PSMA-11 and [18F]PSMA-1007, while allowing delayed imaging.

## 要旨

前立腺特異膜抗原（PSMA）を標的とするPETトレーサーの需要は増加し続けています。承認済みの<sup>68</sup>Gaおよび<sup>18</sup>F標識PSMAトレーサーでこの需要を満たすことは、大都市圏以外では困難です。これらの放射性核種の物理的半減期が短いため、使用場所の近くで製造する必要があるためです。

この課題を克服するために、我々はサイクロトロン製造の<sup>61</sup>CuをPSMA PETトレーサーの標識として提案します。<sup>61</sup>Cuは大量生産が可能で、半減期が3.33時間であるため、<sup>68</sup>Gaや<sup>18</sup>Fよりもはるかに長距離の輸送が可能です。<sup>61</sup>Cuとβ線放出核種である<sup>67</sup>Cuを用いた真のセラノスティック双胎の作製も実現可能です。

## 方法

PSMA-I&T (DOTAGA-(I-y)fk(sub-KuE)) およびDOTAGAキレート剤をNODAGAに置換した誘導体 (NODAGA-(I-y)fk(sub-KuE)) (以下、それぞれDOTAGA-PSMA-I&TおよびNODAGA-PSMA-I&Tと記す) を<sup>61</sup>Cuで標識し、[<sup>68</sup>Ga]Ga-DOTAGA-PSMA-I&T、[<sup>68</sup>Ga]Ga-NODAGA-PSMA-I&T、[<sup>68</sup>Ga]Ga-PSMA-11、および[<sup>18</sup>F]PSMA-1007と比較した。LNCaP細胞および異種移植片を用いて、in vitro (親油性、親和性、細胞内取り込みおよび分布) およびin vivo (PET/CT、生体内分布および安定性) 研究を実施した。[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tのヒト線量推定値を算出した。転移性前立腺癌患者を対象に、[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tを用いたヒト初回イメージングを実施した。

## 結果

[<sup>61</sup>Cu]Cu-DOTAGA-PSMA-I&Tおよび[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tは、標識後の精製なしに、放射化学純度97%以上、見かけのモル放射能24 MBq/nmolで合成された。試験管内試験において、天然Cu (natCu)-DOTAGA-PSMA-I&TおよびnatCu-NODAGA-PSMA-I&TはPSMAに対して高い親和性を示した (50%阻害濃度：それぞれ $11.2 \pm 2.3$ および $9.3 \pm 1.8$  nM)。ただし、対照薬であるnatGa-PSMA-11 (50%阻害濃度： $2.4 \pm 0.4$  nM) よりも低かった。これらの細胞内への取り込みおよび分布は[<sup>68</sup>Ga]Ga-PSMA-11と同等であった。生体内では、[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tは、[<sup>61</sup>Cu]Cu-DOTAGA-PSMA-I&Tよりも非標的組織への取り込みが有意に低く、注入後1時間で腫瘍への取り込み (組織1グラムあたりの注入活性率 $14.0 \pm 5.0$  [%IA/g]) が[<sup>61</sup>Cu]Cu-DOTAGA-PSMA-I&T ( $6.06 \pm 0.25$  %IA/g, P = 0.0059)、[<sup>68</sup>Ga]Ga-PSMA-11 ( $10.2 \pm 1.5$  %IA/g, P = 0.0972)、[<sup>18</sup>F]PSMA-1007 ( $9.70 \pm 2.57$  %IA/g, P = 0.080) よりも高かった。腫瘍への取り込みも、[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tでは注射後4時間で $10.7 \pm 3.3$ %IA/gとなり、[<sup>61</sup>Cu]Cu-DOTAGA-PSMA-I&T ( $4.88 \pm 0.63$ %IA/g, P = 0.0014) や[<sup>18</sup>F]PSMA-1007 ( $6.28 \pm 2.19$ %IA/g, P = 0.0145) よりも高かった。[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tの腫瘍対非腫瘍比は、注入後1時間では[<sup>61</sup>Cu]Cu-DOTAGA-PSMA-I&Tより優れ、[<sup>68</sup>Ga]Ga-PSMA-11および[<sup>18</sup>F]PSMA-1007と同等であり、ほとんどの場合、注入後1時間から4時間の間に有意に増加した。[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tのヒト線量推定値は、<sup>18</sup>F-PSMAリガンドで報告されたものと同様であった。ヒト初回イメージングでは、多巣性骨転移および肝転移が示された。

## 結論

[<sup>61</sup>Cu]Cu-NODAGA-PSMA-I&Tは、遅延イメージングを可能にしながら、[<sup>68</sup>Ga]Ga-PSMA-11および[<sup>18</sup>F]PSMA-1007に匹敵する有望なPSMA放射性トレーサーである。

## セラヨコ・トーク



今回論文は<sup>61</sup>Cu-PSMAであるが、  
治験を進めようとしている<sup>64</sup>Cu-PSMAの画像はどうか、Ga-PSMA-11と比較してどうか？

遅延相では膀胱への集積が減って局所再発がわかりやすいかも

<sup>18</sup>F-DCFPyL or <sup>18</sup>F-rhPSMA-7.3が日本で認可されたら、狭い日本で需要はあるのか？

何分後撮影が最適か？ 被曝量が多いのではないか？ 配送は昼？ 前日夕方？