

MOLECULAR IMAGING

Functional Imaging Methods Multi-Modality

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Overview

- What do we call molecular imaging and why?
- What can we exploit to obtain molecular imaging data?
- Research-oriented molecular imaging methodologies (in general)
- Clinical application possibilities of molecular imaging (screening, diagnostics, personalized therapy, monitoring/follow-up)
- Most actually important methods in M.I., outlook for tomorrow
PET, SPECT, MRI, Planar Fluorescence, Optical Tomographies)
- Correlation of functional and morphological information
- PACS and clinical relevance of image segmentation/registration



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- Molecular Biology + In-Vivo Non-Invasive Imaging?
"Imaging is the extraction of information in time and space at all levels of biological organization"

(Dr. Elias Zerhouni, XIVth NIH Director)

"Molecular imaging is the **visualization**, **characterization**, and **measurement** of **biological** processes at the molecular and cellular levels in humans and other living systems."

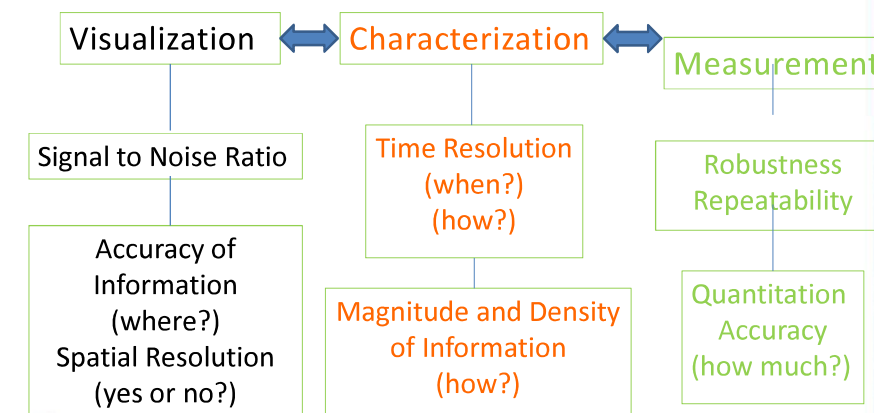
(definition by the U.S. Society of Nuclear Medicine and Molecular Imaging)



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Molecular Imaging Ideals:

B i o l o g i c a l



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Molecular Sensitivity

- This quality of any given imaging modality is to be used upon decision of its application

MOLECULAR SENSITIVITY in water" (Levin 2008)=

$$1 + (n \cdot N \cdot f \cdot V_{\text{roi}} \cdot [S^*k] \cdot t \cdot E_{\text{system}}) / A \cdot Bgr$$

n: cell concentration

N: number of targeted molecules

f: proportion of the contrast material reaching our target volume to the injected amount

S*k: Specific activity corrected for decay

t: time

E: detection efficiency

V: Volume of our Region of Interest

A: Injected activity

Bgr: Background activity



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BUT....How all this can be interesting for a Medical Student?



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Drug Development

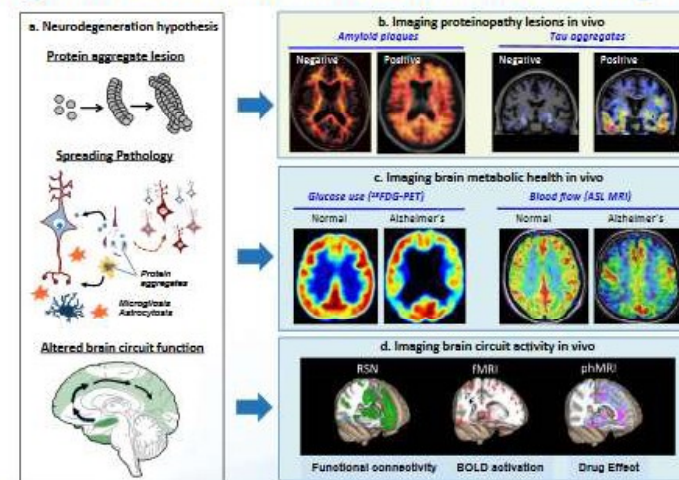
Drug development:
How to increase probability of success

- **Begin with disease-relevant biology**
- **Obtain rapid, robust human proof of concept (POC)**
 - De-risk late stage development costs
 - Pursue anti-sense oligonucleotide (ASO) or antibody approaches if target is amenable
- **Develop biomarker capabilities to overcome key challenges**
 - Biological (genetic) heterogeneity
 - Clinical heterogeneity
 - Inability to measure target engagement or the desired biological response
 - Inadequate measurements of disease progression



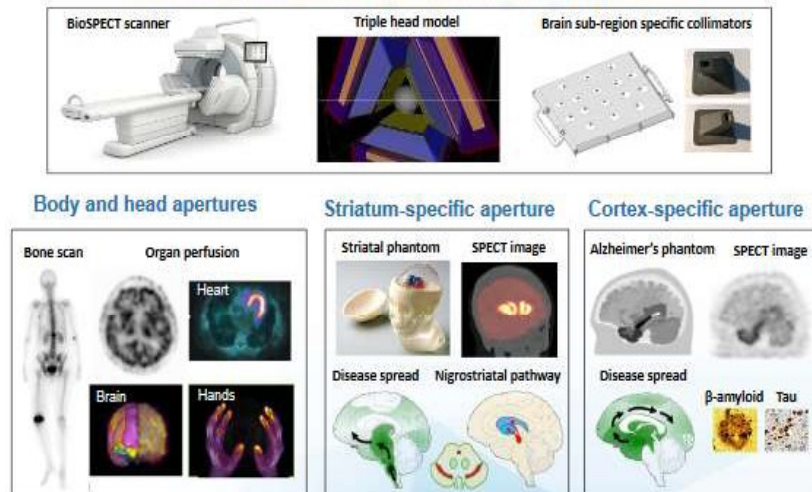
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Biogen is de-constructing neurodegeneration using molecular and functional neuroimaging



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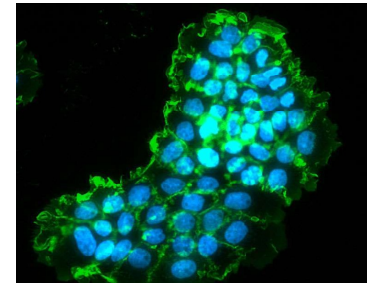
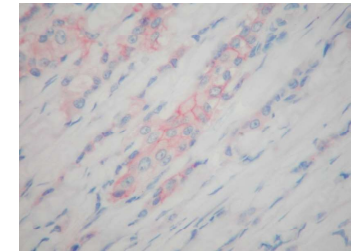
Novel scanner features for brain specific imaging applications



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Microscopy: Immunohistochemistry, immunofluorescence

IHC: Targeted antibody reacts with somatostatin 2a receptors over-expressed in insulinoma (300x, H&E counterstain, reaction is RED)

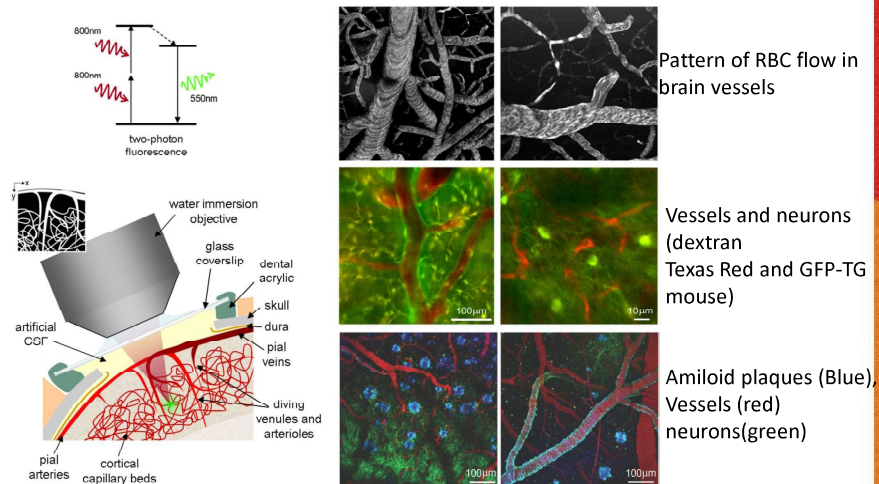


A431 epithelial cc. tumor cells, nuclei stained with Hoechst-blue, PHOSPHORILATED EGF receptors in cell membrane are GREEN using an antibody coupled to 488 nm emission DyLight fluorescent stain



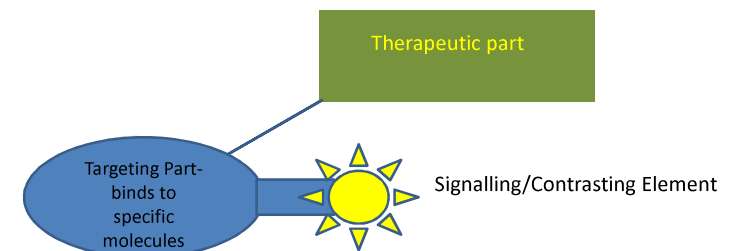
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High definition methods in live animals: in vivo dual photon microscopy
better S/N ratio
increased resolution



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General Structure of a Molecular Probe



Small Molecules
Peptides
Proteins/Subunits
Antibodies/Subunits

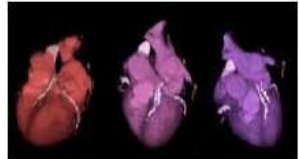

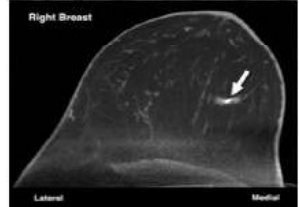
Chemical Nature:
PET/SPECT: isotopes (radioactivity)
Optical/Acoustic: Fluorescent Dyes
MRI: Gd, Fe
CT: iodine, Barium sulphate
Nano/microparticles:
Optical: quantum dot, carbon nanotubes, Au particles
MRI: iron and Mn-oxide particles
CT: golden particles



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| Modalitás | Előnyei | Hátrányai | Fontos kontrasztanyag/jel | Klinikai alkalmazás példái |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|
| CT | Any image depths Good time resolution Percs kép-idők Közepesen drága Anatómiai módszer | Sugárterhelés Rossz lágyrészt kontraszt Jelenleg csak anatómiai és funkcionális képalk. | Ba, I, Kr, Xe | Tumor perfúzió, |
| PET | Bármilyen mélységű kép Egésztest-képkalkotás Kvantitatív mérések Kombinálható CT/MRI-vel | Sugárterhelés Drága Milliméteres felbontás Hosszabb képidő (perc-óra) | C-11, F-18, Ga-68, Cu-64, Zr-89 | FDG-PET tumor staging, különböző betegségek diagnosztikája |
| SPECT | Bármilyen mélységű kép Egésztest-képkalkotás Kvantitatív mérések Multiplex Teragnosztika Kombinálható CT-vel | Sugárterhelés Szubmilliméteres-milliméteres felbontás Hosszabb képidők | Tc-99m, I-123, In-111, Lu-177 | Molekuláris diagnosztika Radioterápia (NHL, NET, pm. cc.) |
| MRI | Bármilyen mélységű kép Egésztest-képkalkotás Nincs ionizáló sugárzás Kitudó lágyrészt kontraszt | Drága Hosszú képidők Korlátozott érzékenység | Gd ³⁺ , vas-oxid részecskék (SPIO, USPIO) | Prostata daganat nycs. met. Fokális májleziók Szív perfúzió |
| MRS | Nincs ionizáló sugárzás Egésztest-képkalkotás | Drága Hosszú képidők Kis érzékenység | Kolin, laktát, kreatin, lipidek, N-acetil-aszpartát | Agytumorok anyagcsereje Alzheimer-kór követése |
| UH | Nincs ionizáló sugárzás Rövid/valós idejű képkalkotás Nagy térbeli felbontás Olcsóság Nagy érzékenység | Egésztest-képkalkotás nincs Kontrasztanyagok csak az érrendszerre Operátor-függő | Mikro-buborékok | Fokális májleziók, echokardiográfia, Tumor perfúzió |
| Optikai módszerek | Nincs ionizáló sugárzás Rövid/valós idejű képkalkotás Nagy térbeli felbontás Olcsóság Nagy érzékenység, kvantitatív Multiplex | Korlátozott áthatolóképesség (1 cm) Nincs egésztest-képkalkotás | Fluoreszcens molekulák és festékek, fény-elnyelő nanorészecskék | OCT-érelmeszesedés, retinopathiák, kolonoszkópia |

Nanobiotechnológiai és In Vivo Képkalkotó Központ

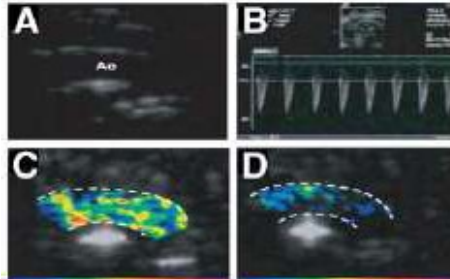

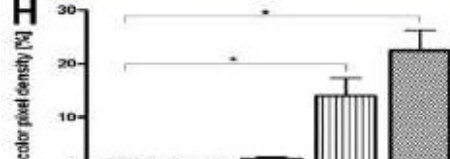
| CT | 3D Attenuation Map of X-Rays | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Advantages | Any Imaging Depth Good Resolution Simple Medium-Priced Sub-minute scan times |  |
| Disadvantages | Radiation Dose Soft Tissue C. Just anatomical and functional images Any imaging depth Good Resolution WB Imaging Minute Scanning Time Semi-Expensive Anatomy |  |
| Contrast Materials | Ba, I, Kr, Xe, Au |  |
| Clinical Use | Tumor perfusion, Ca-score, Ventilation | |
| Voxel Sizes, Cells Per Voxel | 1x1x1 mm 1 million | |



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Nanobiotechnológiai és In Vivo Képkalkotó Központ

| UltraSound | 3D differences in echo and spreading of sound waves | |
|------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Advantages | No ionizing radiation Fast/RT imaging High Sensitivity High Resolution Cheap |  |
| Disadvantages | No WB img. Only vascular contrast materials Operator dependency | |
| Contrast Materials | Micro-Bubbles |  |
| Clinical Use | Focal liver lesions, Echocardiography, Blood perfusion...Rare, Prostate Cancer VEGF Expression (Phase III BR55) |  |
| Voxel Sizes, Cells Per Voxel | 1x1x1 mm 1 million | |

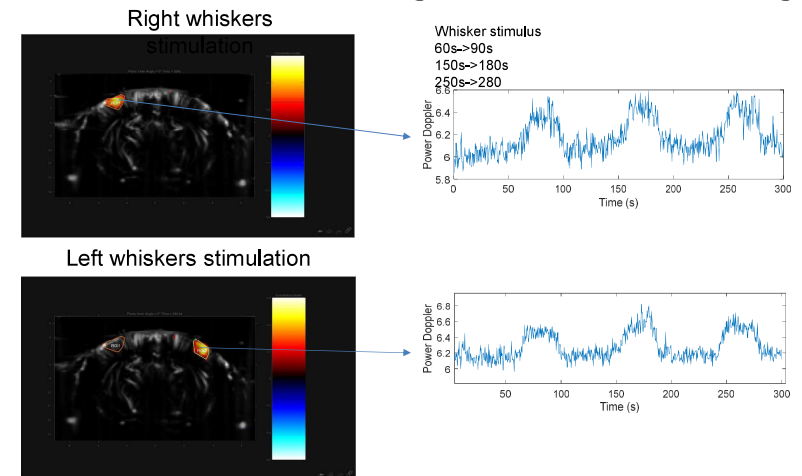


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Nanobiotechnológiai és In Vivo Képkalkotó Központ

Ultrahigh Resolution Ultrasound Doppler Microscopy Mouse brain blood flow images – Human Cardiac Images

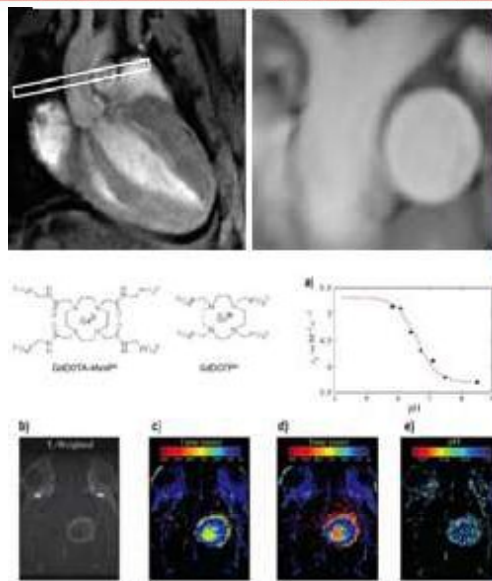


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Nanobiotechnológiai és In Vivo Képalkotó Központ

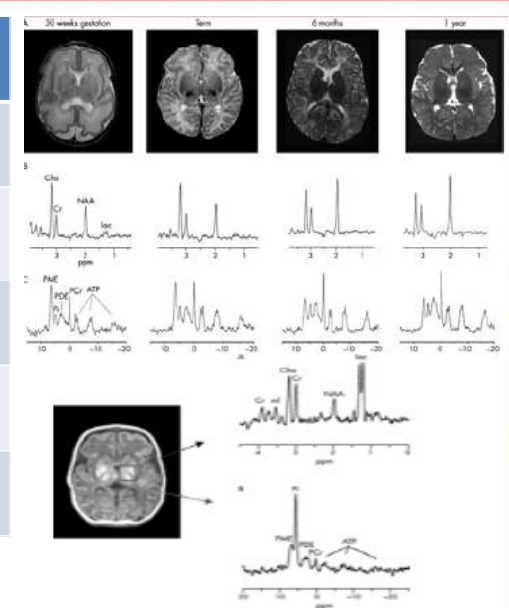
| MRI (IRM...) | 3D / 2D Image of Proton Spins |
|------------------------------|-------------------------------------------------------------------------------------------------|
| Advantages | Any Imaging Depth and Plane WB Imaging No ionizing radiation High Soft Tissue Contrast |
| Disadvantages | Expensive Low Sensitivity Long imaging time |
| Contrast Materials | Gd3+, iron-oxide particles (SPIO, USPIO) |
| Clinical Use | Liver, Brain Lesions, Cardio-MRI |
| Voxel Sizes, Cells Per Voxel | 1x1x1 mm 10 ¹³ |



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Nanobiotechnológiai és In Vivo Képalkotó Központ

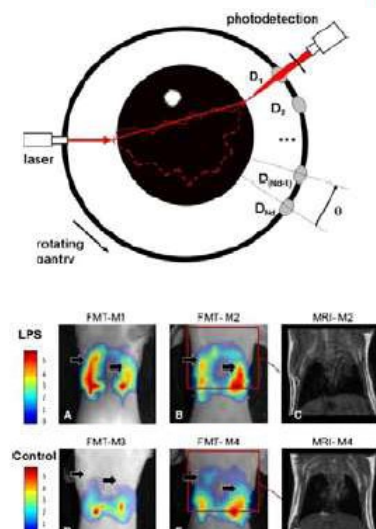
| MRS | Recorded Electromagnetic Resonance Spectrum |
|------------------------------|-------------------------------------------------------------------------------|
| Advantages | No ionizing radiation WB Imaging |
| Disadvantages | Expensive Very low sensitivity External Calibration / Special Knowledge |
| Contrast Materials | Cholin, Lactate, Creatin, Lipids, N-Ac-Aspartate |
| Clinical Use | Brain Tumor Stratification, Stroke |
| Voxel Sizes, Cells Per Voxel | N.A. |



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Nanobiotechnológiai és In Vivo Képalkotó Központ

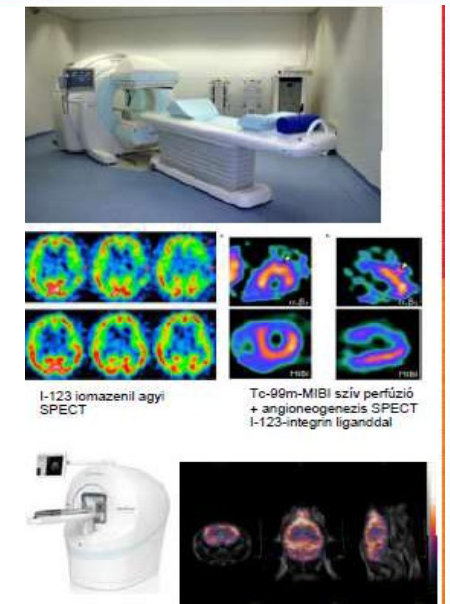
| Optical Methods | Visible/NIR Light Transmission/Reflectance/Emission/ Scatter in 2D, 3D |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Advantages | No ionizing radiation Short/RT Imaging High Spatial Resolution Very Sensitive, Semi-Quantitative Multiplex |
| Disadvantages | Limited Transparency No WB imaging |
| Contrast Materials | Fluorescent molecules, Light-emitting reactions, Dyes, QD-s, NP-s |
| Clinical Use | Experimental, Sentinel Ln., Image-Guided Surgery, Retinopathies (OCT), Mammary screening (LumaGem) |
| Voxel Sizes, Cells Per Voxel | 2D: 0.01 mm ² 3D: 0.8x0.8x0.8 cm 10 ³ (2D), 10 ¹³ (3D): cca.10 ⁴⁻⁵ per cell |



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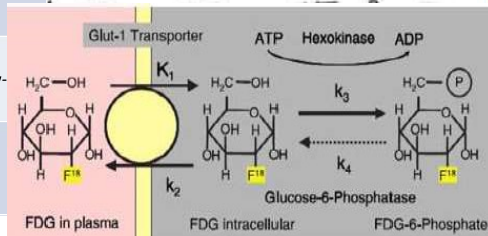
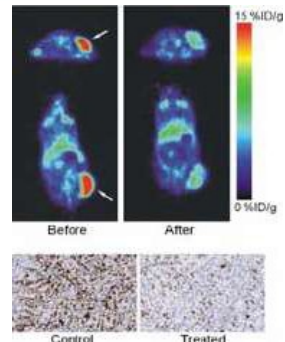
Nanobiotechnológiai és In Vivo Képalkotó Központ

| SPECT | 3D Gamma-ray Source Array in Tissue |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Advantages | Any imaging depth WB Imaging Quantitative Good resolution Multiplexing Theragnostics Combination w/CT |
| Disadvantages | Radiation Dose Sub-mm Resol. Long imaging times |
| Contrast Materials | Tc-99m, I-123, In-111, Lu-177, Ho-166, Tl-201 |
| Clinical Use | Nuclear Cardiology, Brain Perfusion, Oncology (AB, Peptides), Receptor T. |
| Voxel Sizes, Cells Per Voxel | Clinical: 0.8 x 0.8 x 0.8 mm Small A: 0.3 x 0.3 x 0.3 mm 2 pM / voxel 1/10 atom per cell |



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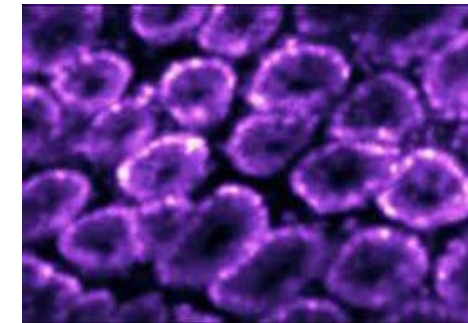
| | |
|------------------------------|---------------------------------------------------------------------------------------|
| PET | 3D 511 keV Gamma-ray Source Array in Tissue |
| Advantages | Any imaging depth WB Imaging Quantitative Anatomical Co-registration CT, MRI |
| Disadvantages | Radiation Dose PRICE Resolution Longer imaging times |
| Contrast Materials | C-11, F-18, Ga-68, Cu-64, Zr-89 |
| Clinical Use | FDG Patient Staging+Follow- |
| Voxel Sizes, Cells Per Voxel | 5 x 5 x 5 mm 0.6 x 0.6 x 0.6 mm 0.02 pM/voxel 1/100 atom per cell |



Confocal Laser Endomicroscopy



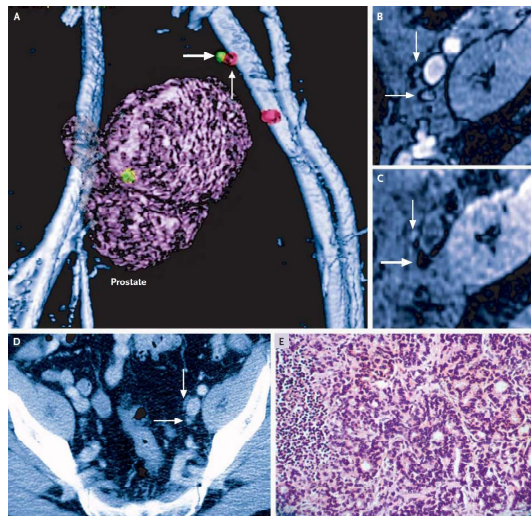
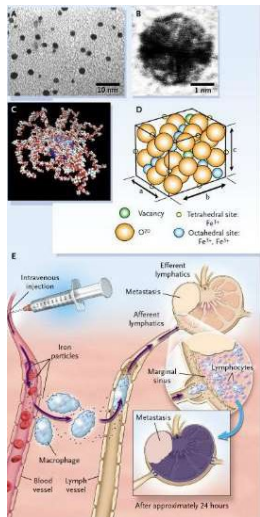
Oesophagus, stomach, bile ducts, ileal/colonic mucosa examined on cell level using fiber optic confocal microscope at autofluorescence emission/excitation wl-s



In vivo real time image of a patient's colonic crypts



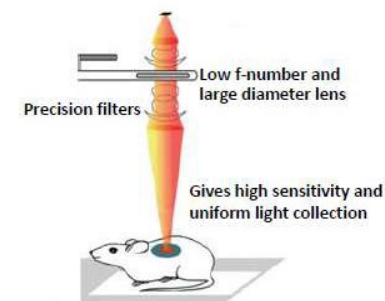
Diagnostics-USPIO MRI



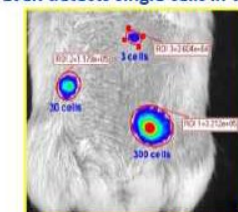
BIOLUMINESCENCE

Energy-dependent multi-event reporter imaging
Firefly, Jellyfish – TG animals

Cooled (-90C) camera with large CCD chip area for high sensitivity



Resolves multiple bioluminescent reporters
Even detects single cells *in vivo*



Rabinovich *et al.* (2008)
PNAS 105(38): 14342-6

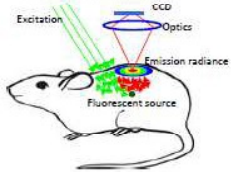
In vivo imaging of s.c. implanted T cells transduced with optimized firefly luciferase (left) and a 'single' 4T1 breast cancer cell (right)



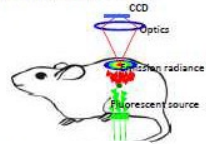
FLUORESCENCE IMAGING

Cooled (-90C) camera with large CCD chip area for high sensitivity and a choice of imaging modes for maximal flexibility, e.g., transmission for deep tissues.

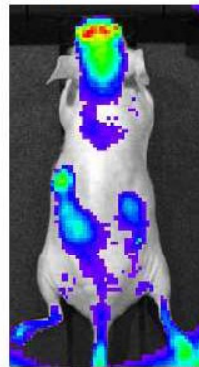
Reflectance



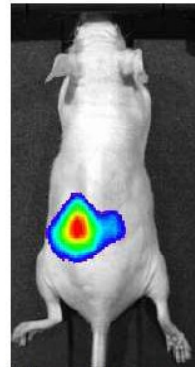
Transmission



Epi-Illumination



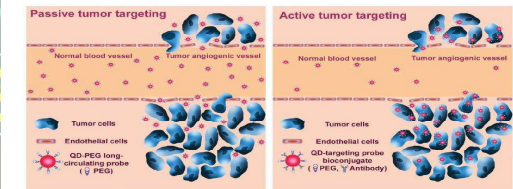
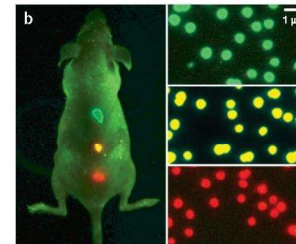
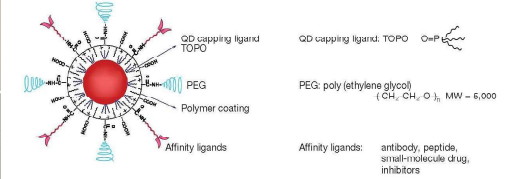
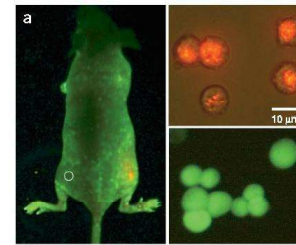
Transillumination



Pillow implanted medial to left kidney, 1x1015 molecules

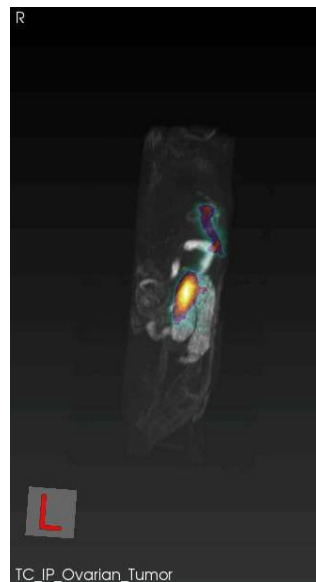
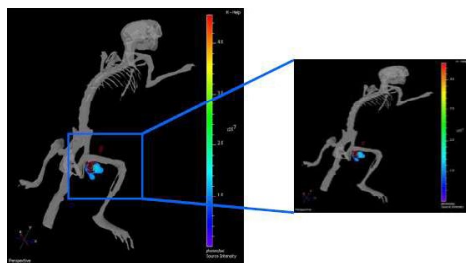


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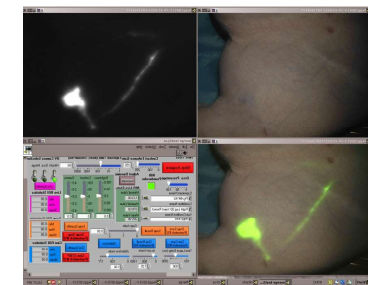
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3D Optical Tomography



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Image guided surgery

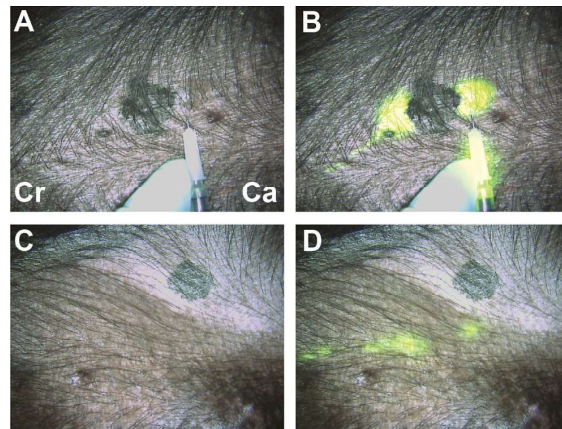


John Frangioni FLARE Harvard



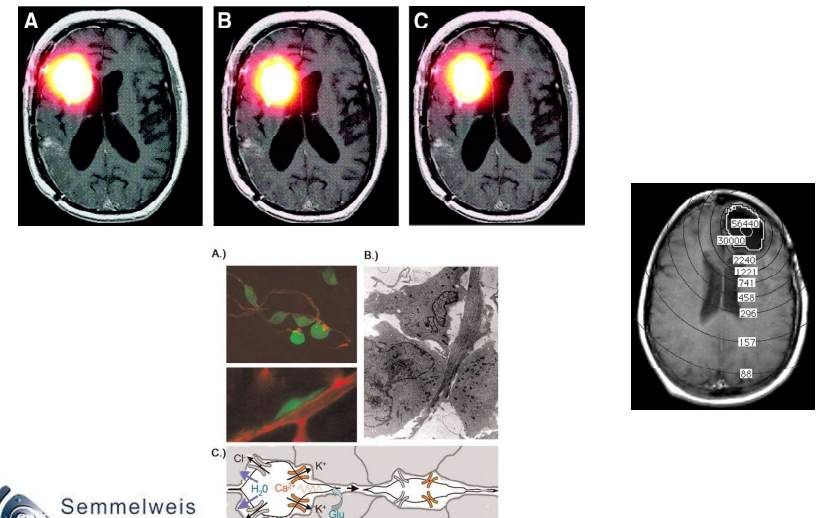
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Planar Fluorescence In the Clinic

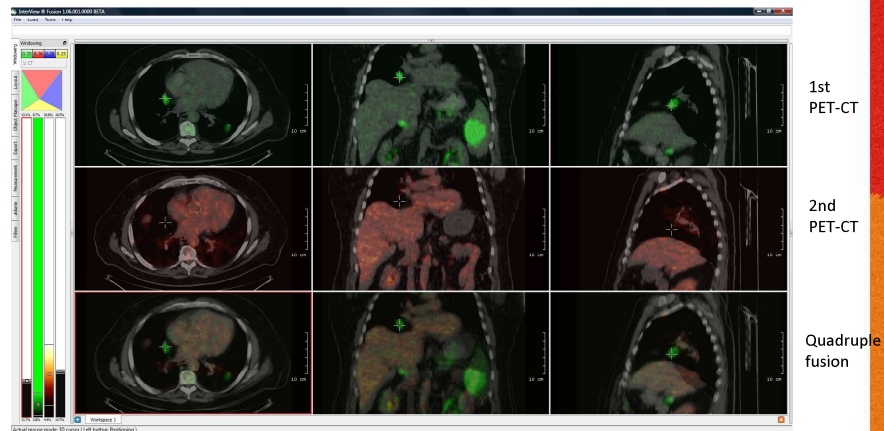


Melanoma, ICG-Albumine particle

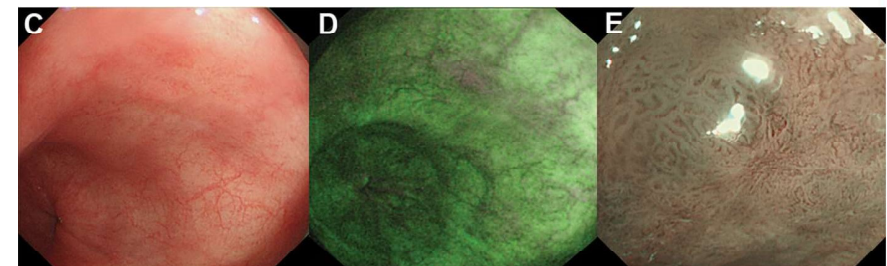
Personalized Targeted Therapy: SPECT/MRI/RNT



Monitoring with FDG-PET



Planáris autofluoreszcencia-endoszkópia



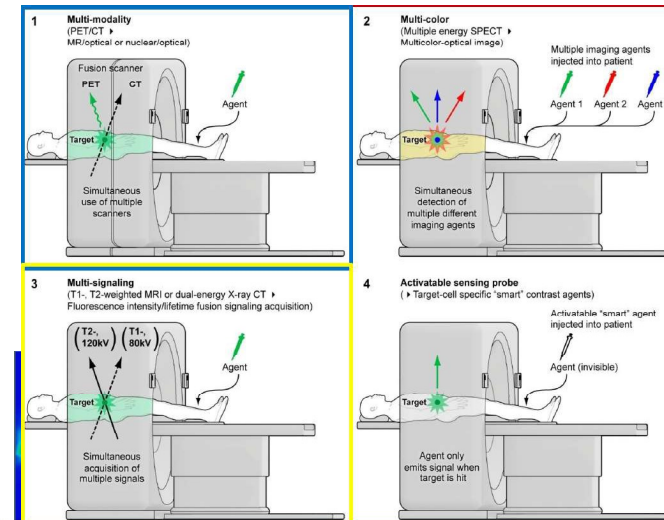
C: Barrett-oesophagus endoszkópia, D: autofluoreszcencia (lila) E: nagyfelbontású endoszkópia-irreguláris mintázat. A biopszia adenoc.-t igazolt.

OCT (optical coherence tomography)

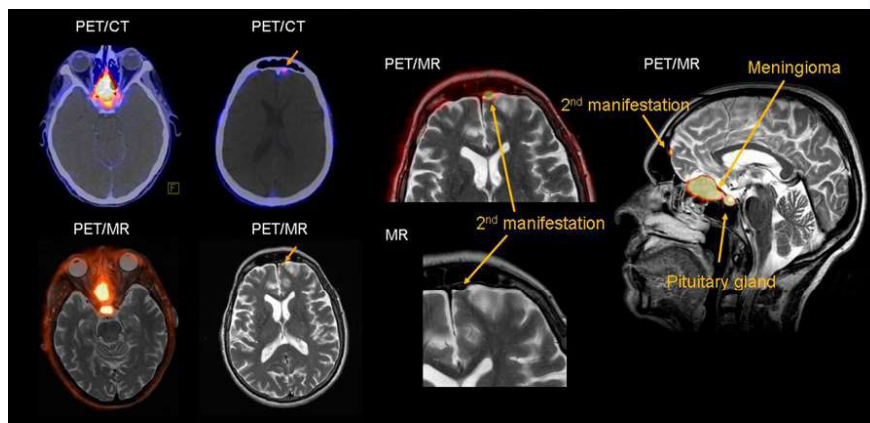
- Retina:
- Mucosae
- Cartilage
- Blood Flow
- Mm penetration
- Micron resolution
- Real time imaging



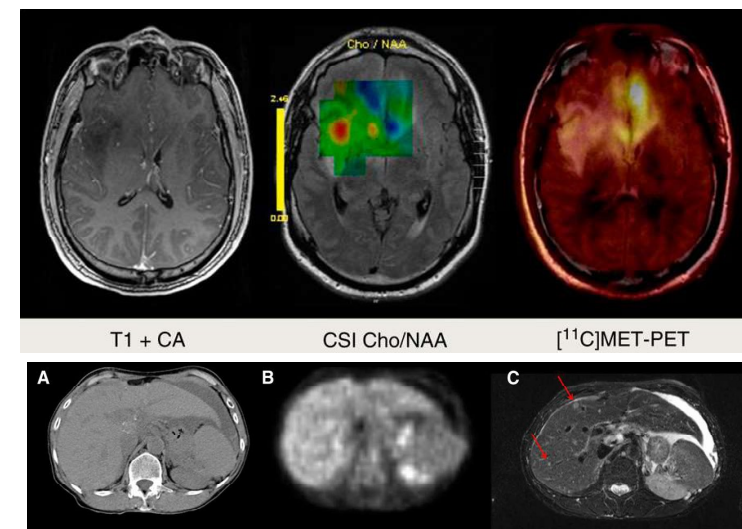
Multimodális rendszerek lehetőségei



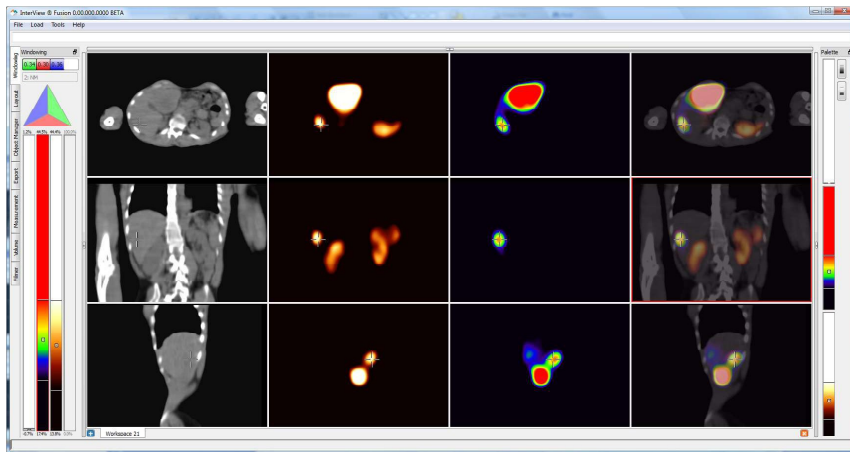
PET/MRI



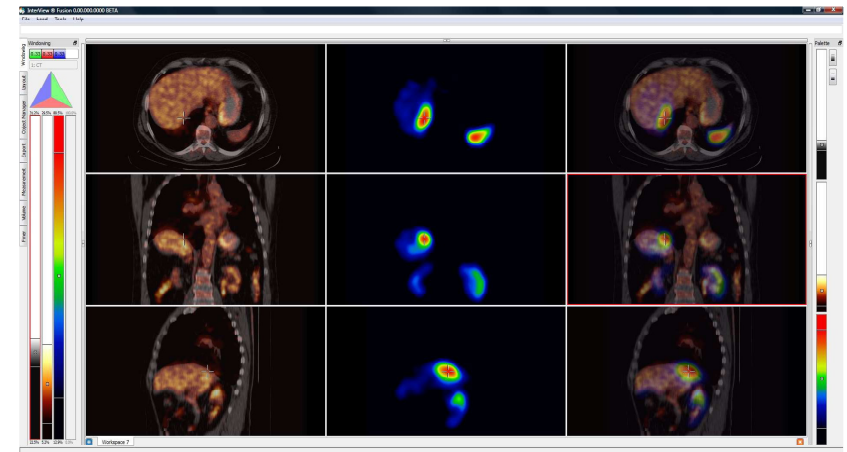
PET/MRI



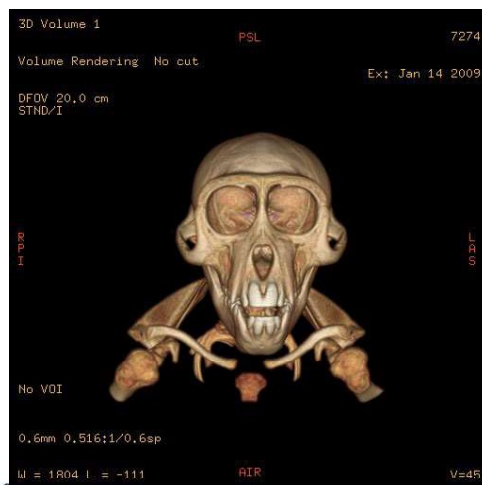
SPECT for neuro-endocrine tumor treatment/assessment



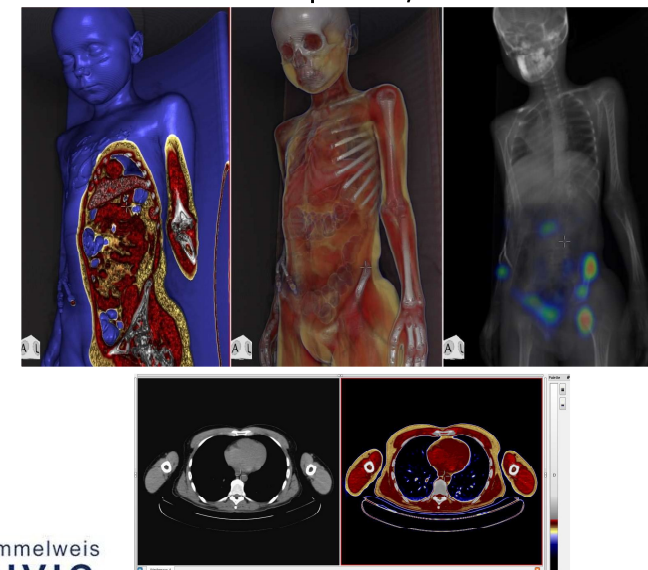
PET/SPECT/CT – Funkcionális és morfológiai információ együtt



Correlation in Functional/Morph info

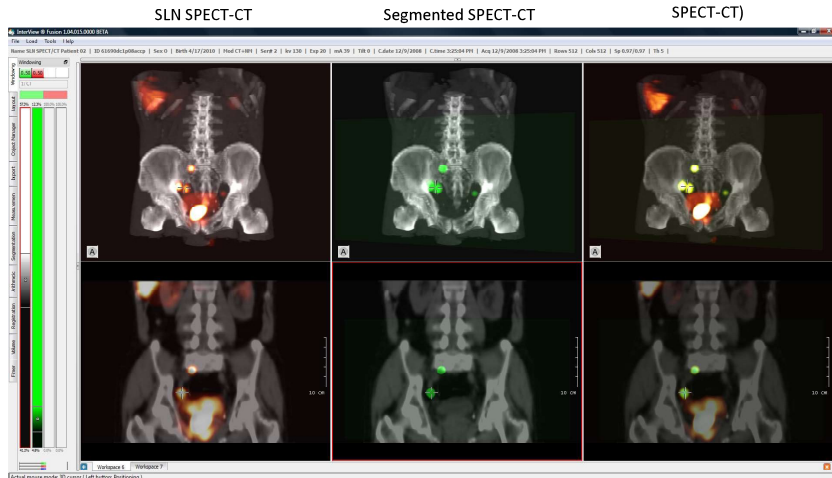


SPECT-CT look-up table/ablakolás



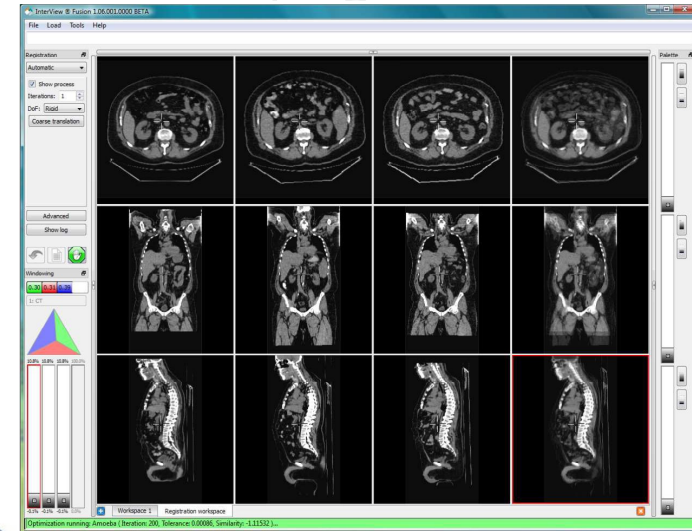
Képszegmentáció

Triple fusion
(Segmented SPECT-
SPECT-CT)



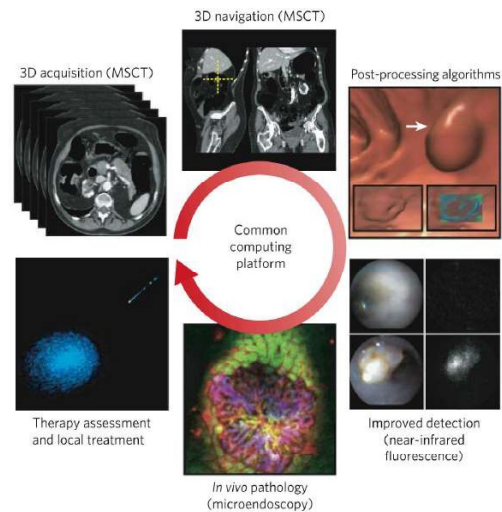
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Képregisztráció



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Imaging in Clinical PACS (MGH)



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Thanks!

- domokos.mathe@cromedresearch.com



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