

FMU-ICRP Workshop on
Radiological Protection in Medicine
“Current Status in Radionuclide Therapy”

Tuesday, October 3, 2017

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Kindai University Faculty of Medicine, Osaka, Japan



Current Status in Radionuclide Therapy

- Prologue
- Conventional RNT
- Radium-223 dichloride
- Theranostic approach
 - ✓ Somatostatin Receptor Radionuclide Therapy
 - ✓ Prostate-specific membrane antigen (PSMA ligands)
 - ✓ Hematology
 - ✓ Hypoxia (Cu-64 ATSM)
- Targeted Alpha-Particle Immunotherapy
- Pretargeting: how to enhance tumor-to-normal



Kawamata town, Fukushima

Population: 15,352 (as of May 1, 2011)

Industry: Silk Products, Chicken, IT Products

Collaboration with Kindai University for
Reconstruction from Disaster and Protection of
Children

Silk Products



Chicken



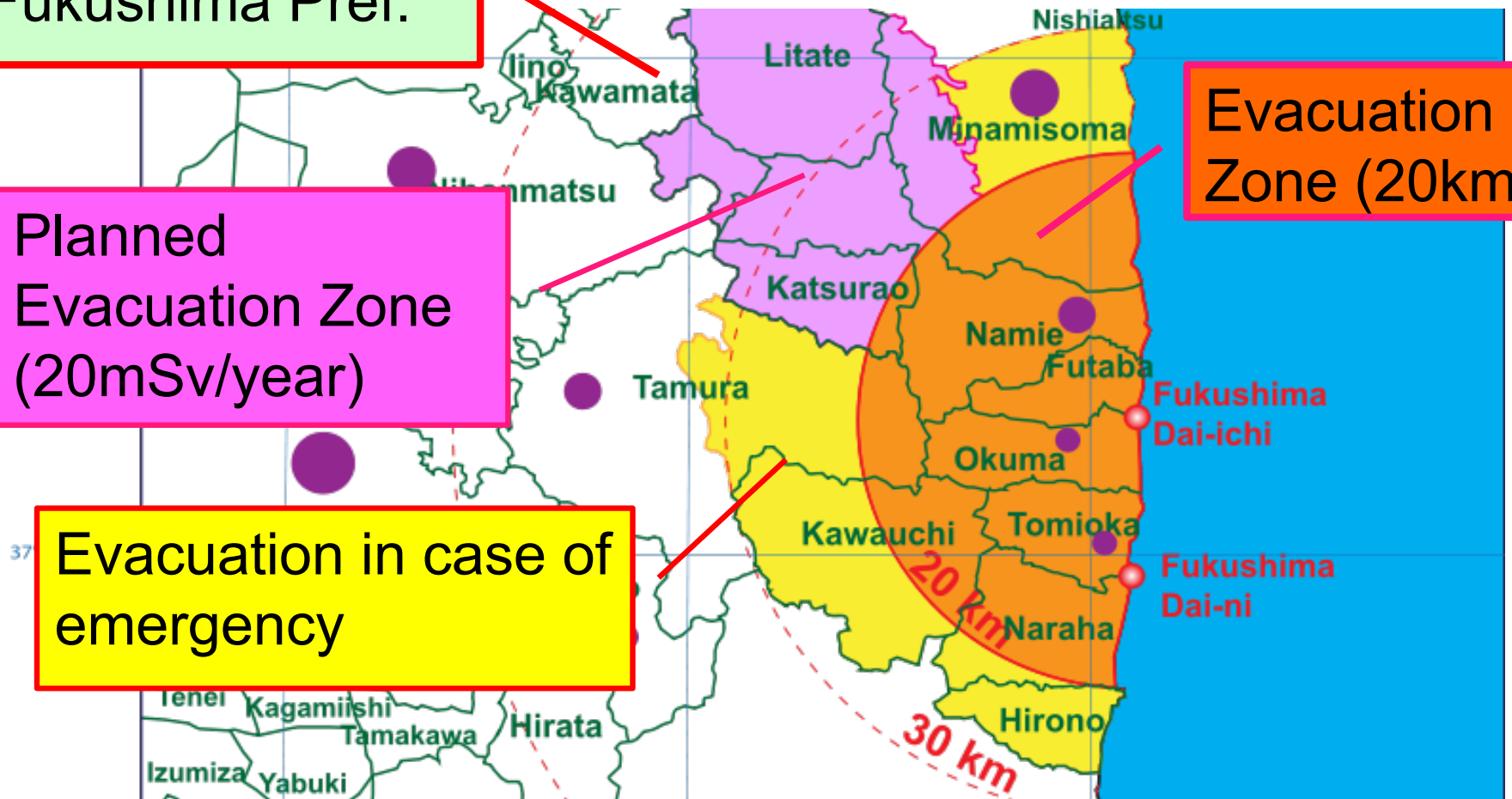
Kawamata town

Kawamata town,
Fukushima Pref.

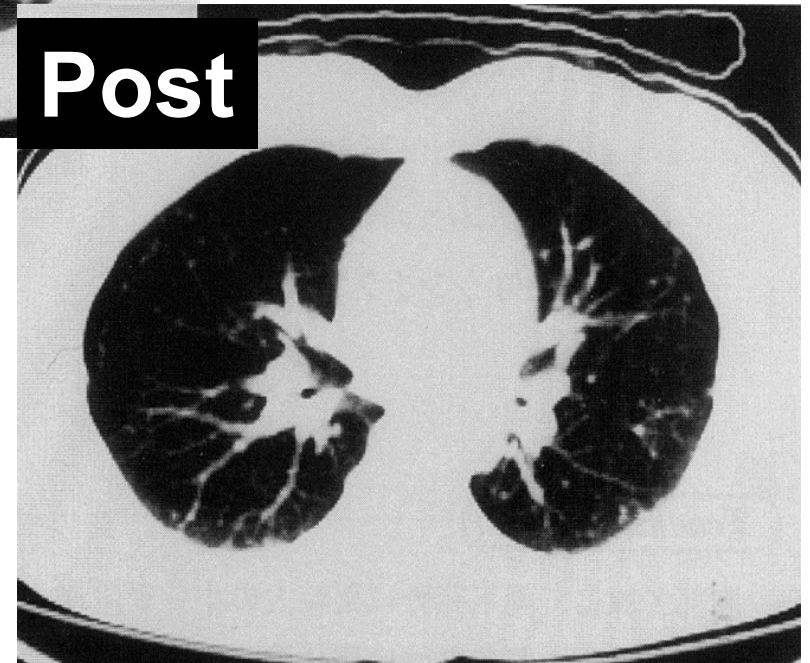
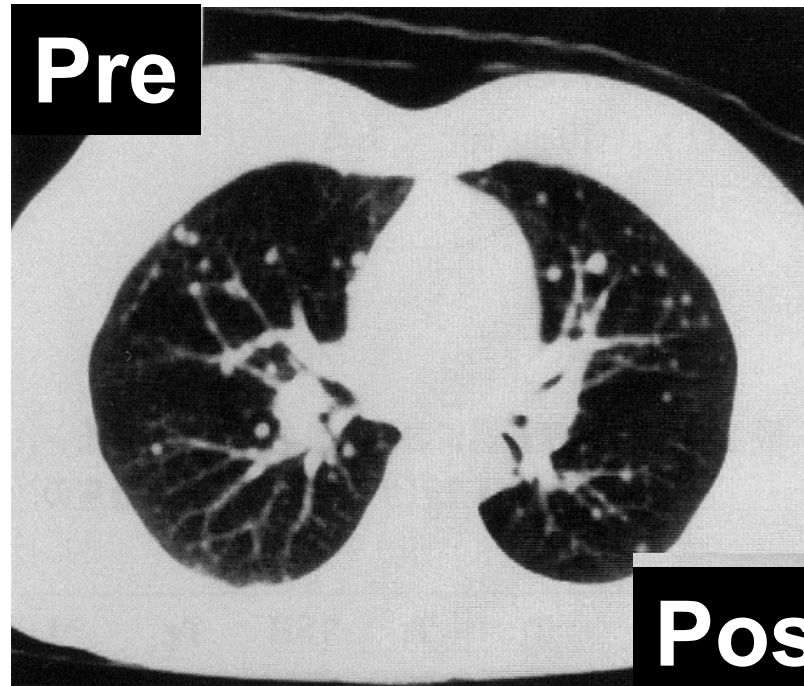
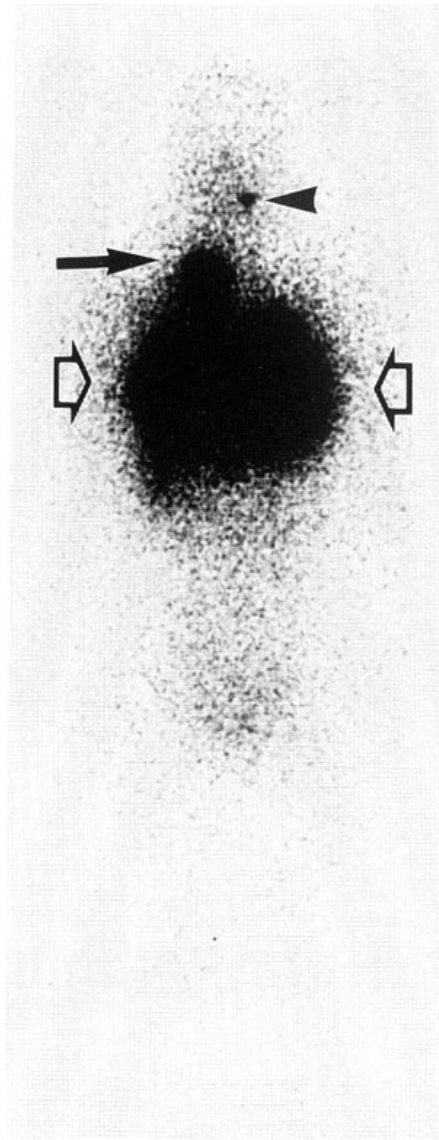
Planned
Evacuation Zone
(20mSv/year)

Evacuation in case of
emergency

Evacuation
Zone (20km)



^{131}I Therapy for Thyroid Cancer



^{131}I Therapy in Shanghai Hospitals



Radium-223 Dichloride for Treatment of Bone Metastases

Radium is alkaline earth as Calcium.

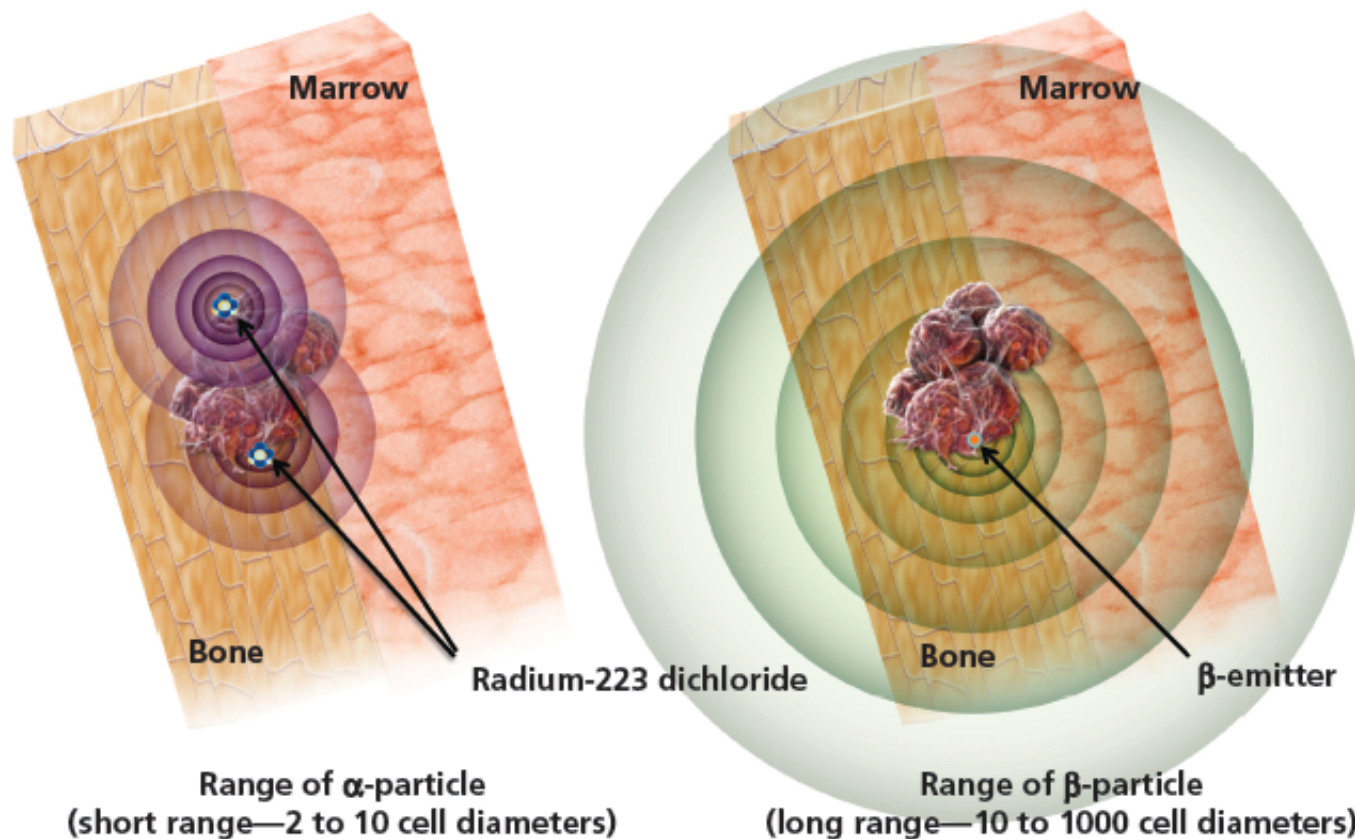
Periodic Table of the Elements

Legend:

- hydrogen
- alkali metals
- alkaline earth metals
- transition metals
- poor metals
- nonmetals
- noble gases
- rare earth metals

1 H																	2 He	
3 Li	4 Be											5 B	6 C	7 N	8 O	9 F	10 Ne	
11 Na	12 Mg											13 Al	14 Si	15 P	16 S	17 Cl	18 Ar	
19 K	20 Ca	21 Sc	22 Ti	23 V	24 Cr	25 Mn	26 Fe	27 Co	28 Ni	29 Cu	30 Zn	31 Ga	32 Ge	33 As	34 Se	35 Br	36 Kr	
37 Rb	38 Sr	39 Y	40 Zr	41 Nb	42 Mo	43 Tc	44 Ru	45 Rh	46 Pd	47 Ag	48 Cd	49 In	50 Sn	51 Sb	52 Te	53 I	54 Xe	
55 Cs	56 Ba	57 La	72 Hf	73 Ta	74 W	75 Re	76 Os	77 Ir	78 Pt	79 Au	80 Hg	81 Tl	82 Pb	83 Bi	84 Po	85 At	86 Rn	
87 Fr	88 Ra	89 Ac	104 Unq	105 Unr														108 Unk
		58 Ce	59 Pr	60 Nd	61 Pm	62 Sm	63 Eu	64 Gd	65 Tb	66 Dy	67 Ho	68 Er	69 Tm	70 Yb	71 Lu			
		90 Th	91 Pa	92 U	93 Np	94 Pu	95 Am	96 Cm	97 Bk	98 Cf	99 Es	100 Fm	101 Md	102 No	103 Lr			

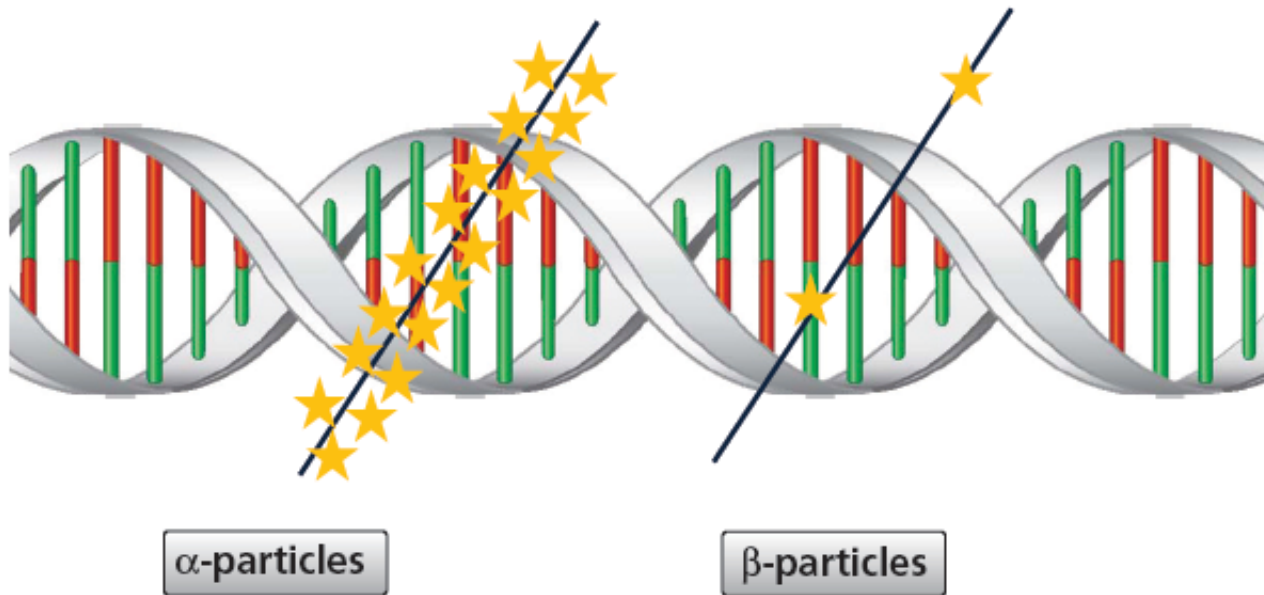
Comparison of Radium-223 and Beta-Emitting Radioactive Therapeutic Agents



Note: image portrays relative ranges of alpha- and beta-particles, which are not drawn to scale.

Alpha-particles have a much shorter range of action than beta-particles (such as strontium-89 and samarium-153), permitting more selective cancer cell killing and less bone marrow toxicity

Radiation Effects of Alpha-Particles Versus Beta-Particles on DNA



α -particles

- High linear-energy transfer
- Double-strand DNA breaks
- Lethal, difficult to repair

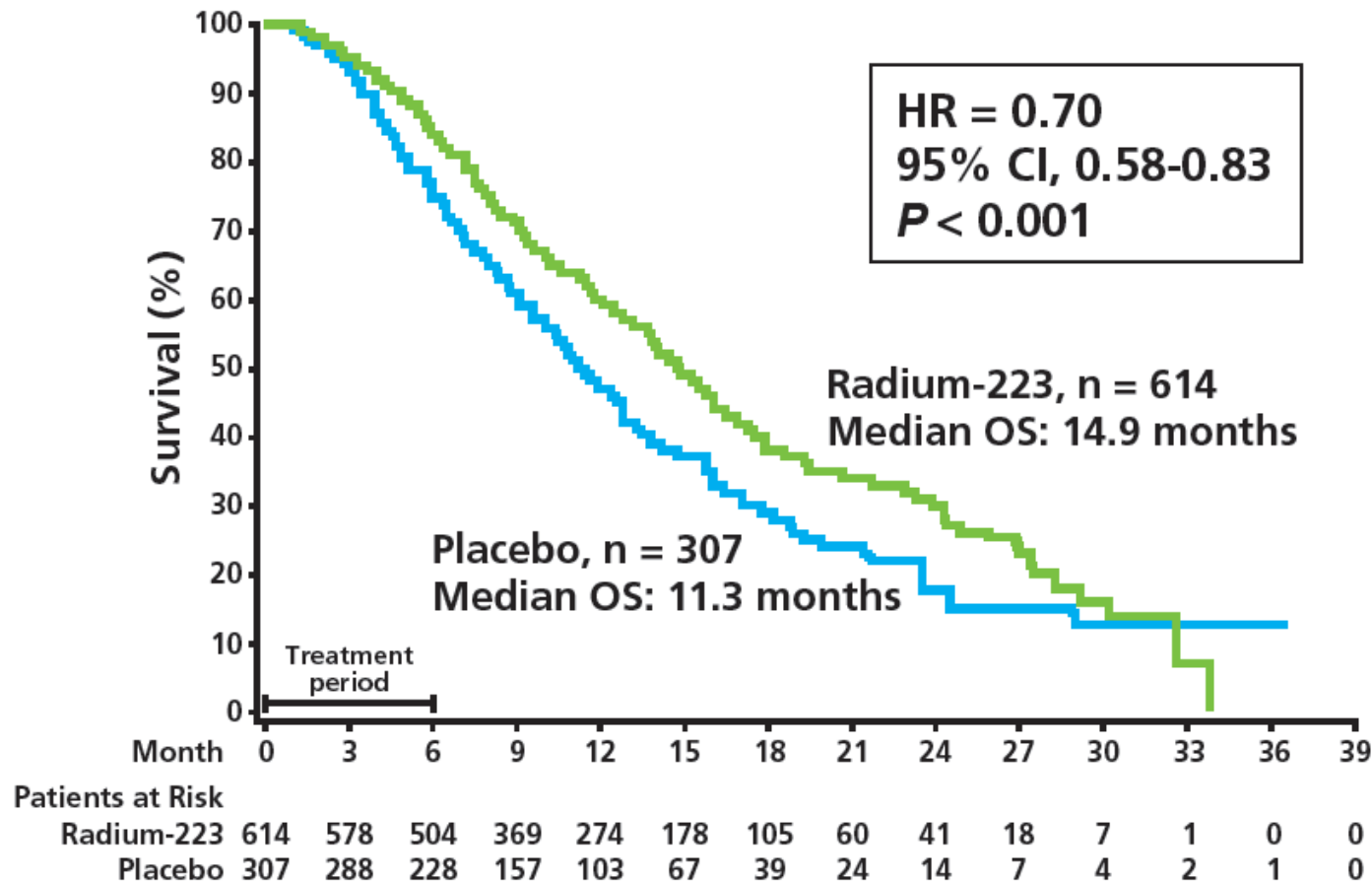
β -particles

- Low linear-energy transfer
- Single-strand DNA breaks
- Repairable

The high linear-energy transfer (LET) radiation produced by alpha-particles induces double-strand DNA breaks in adjacent tumor cells and is more effective at killing cancer cells than the low-LET radiation produced by beta-particles

ALSYMPCA

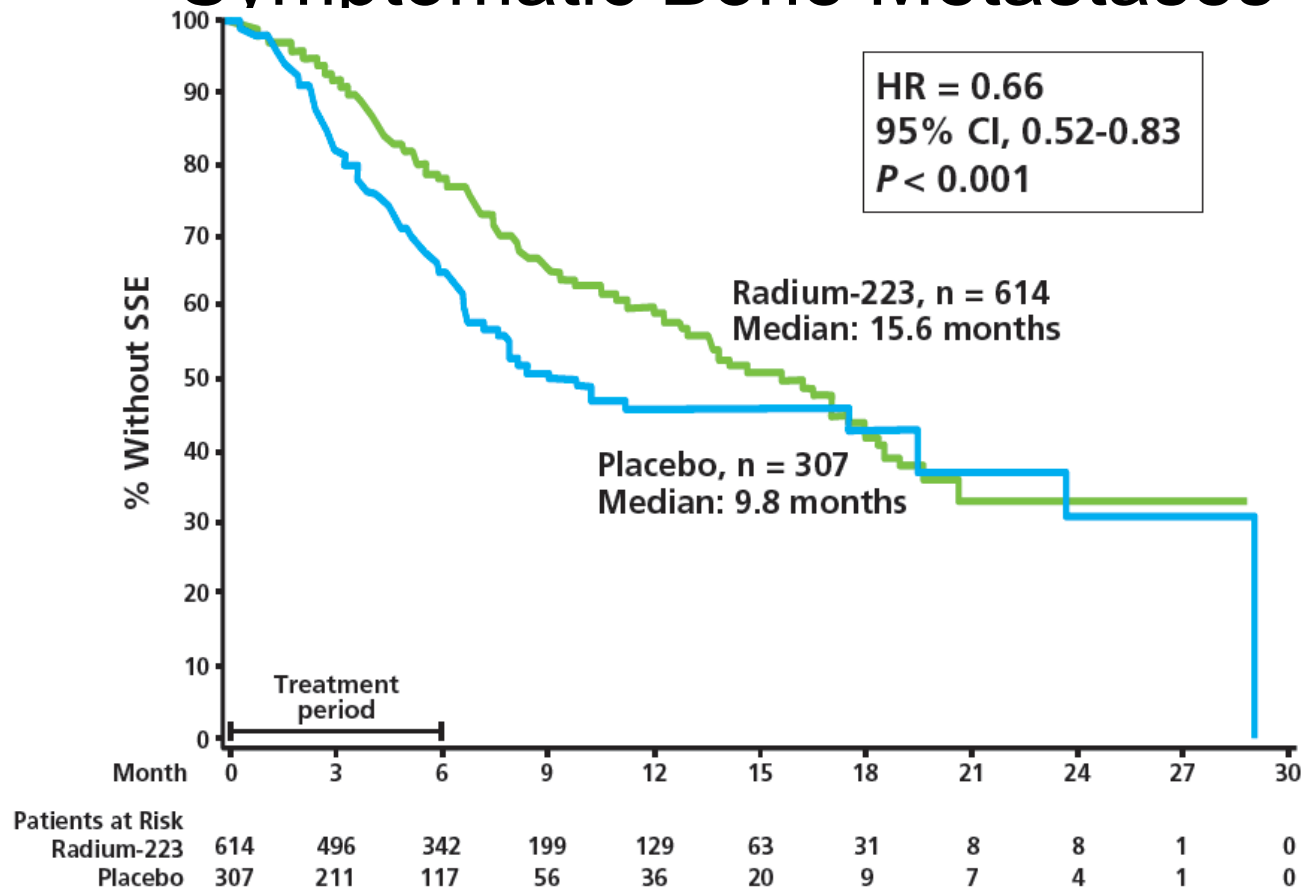
Overall Survival in Patients with CRPC and Symptomatic Bone Metastases



In an updated analysis of ALSYMPCA, radium-223 significantly improved OS by 3.6 months versus placebo

ALSYMPCA

Time to First SSE in Patients With CRPC and Symptomatic Bone Metastases



- In ALSYMPCA, radium-223 significantly improved time to first symptomatic skeletal event (SSE) versus placebo
- SSEs included only clinically relevant pathologic bone fractures, not asymptomatic compression fractures

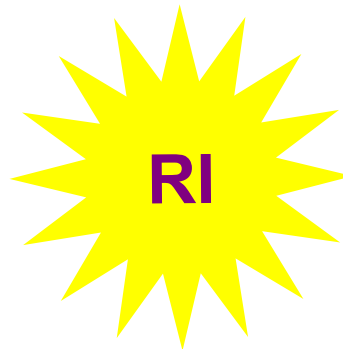
P value is for descriptive purpose only.

Theranostic approach

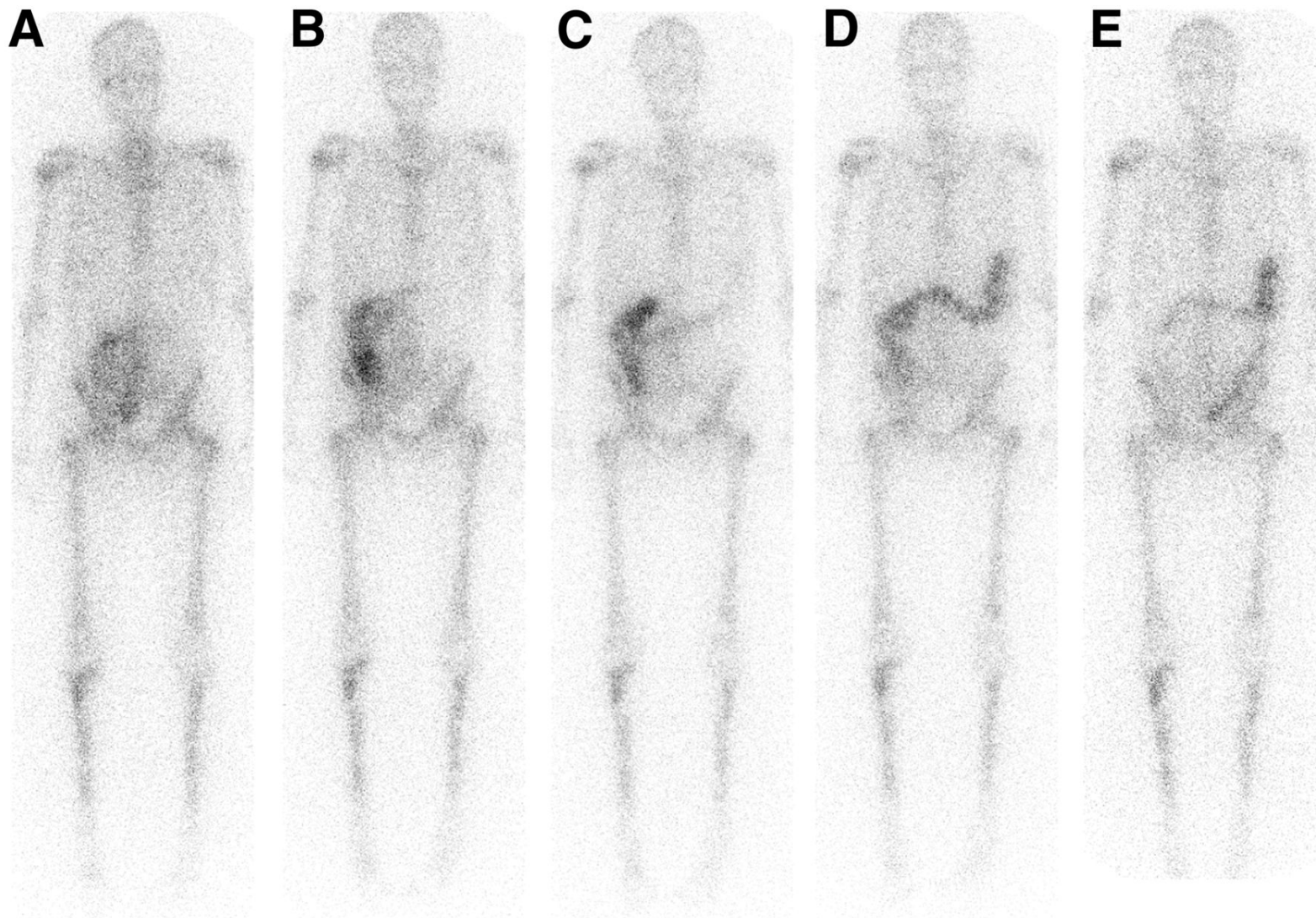
Imaging, RNT, and Imaging



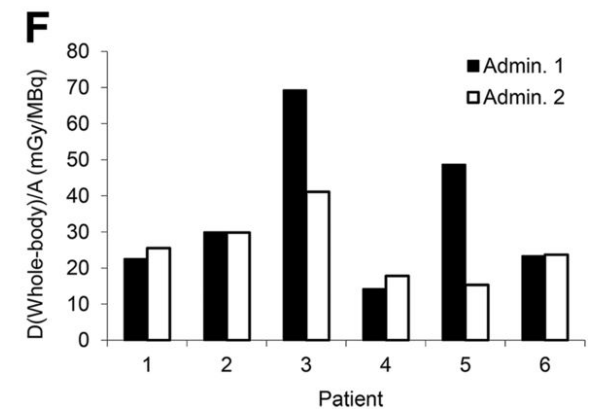
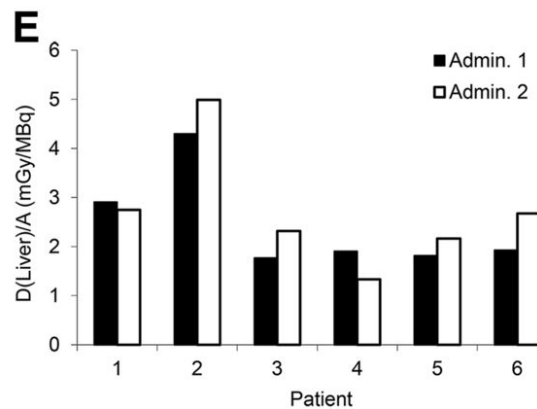
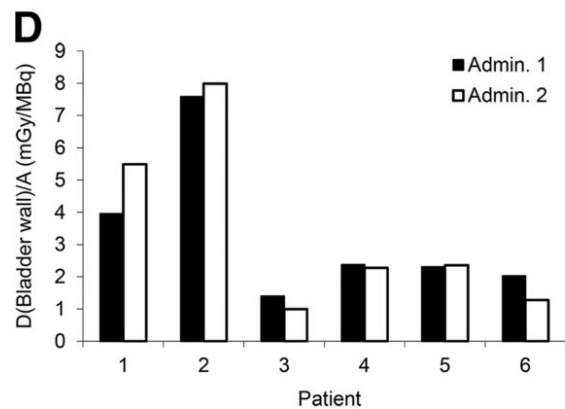
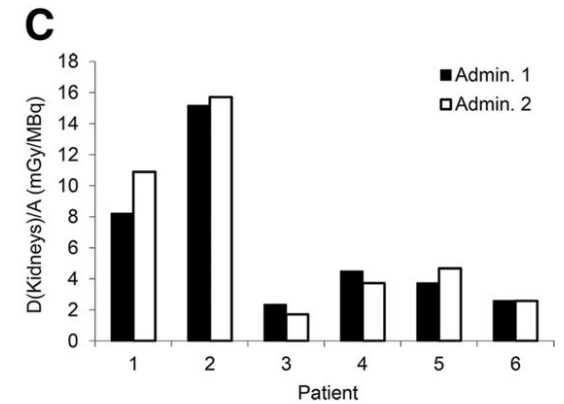
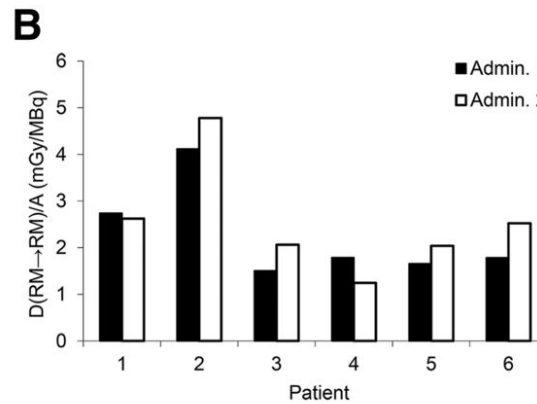
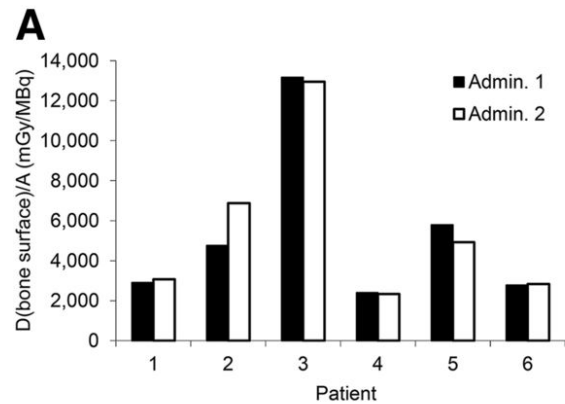
PET/CT



SPECT or SPECT/CT



Whole-body anterior images for patient 3 acquired at 4 (A), 24 (B), 48 (C), 72 (D), and 144 h (E) after administration. Sarah J. Chittenden et al. J Nucl Med 2015;56:1304-1309



Now: Standard 55kBq/kg x 6 injections (every 4 weeks)
 Future: Individualized protocol based on dosimetry

Absorbed dose (in mGy/MBq) for bone surfaces (A), red marrow from blood (B), kidneys (C), bladder wall (D), liver (E), and whole body (F). Sarah J. Chittenden et al. J Nucl Med 2015;56:1304-1309

Somatostatin Analogs for Treatment of Neuroendocrine Tumors

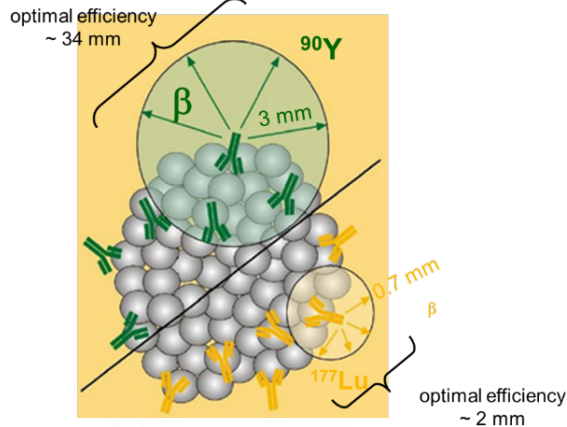
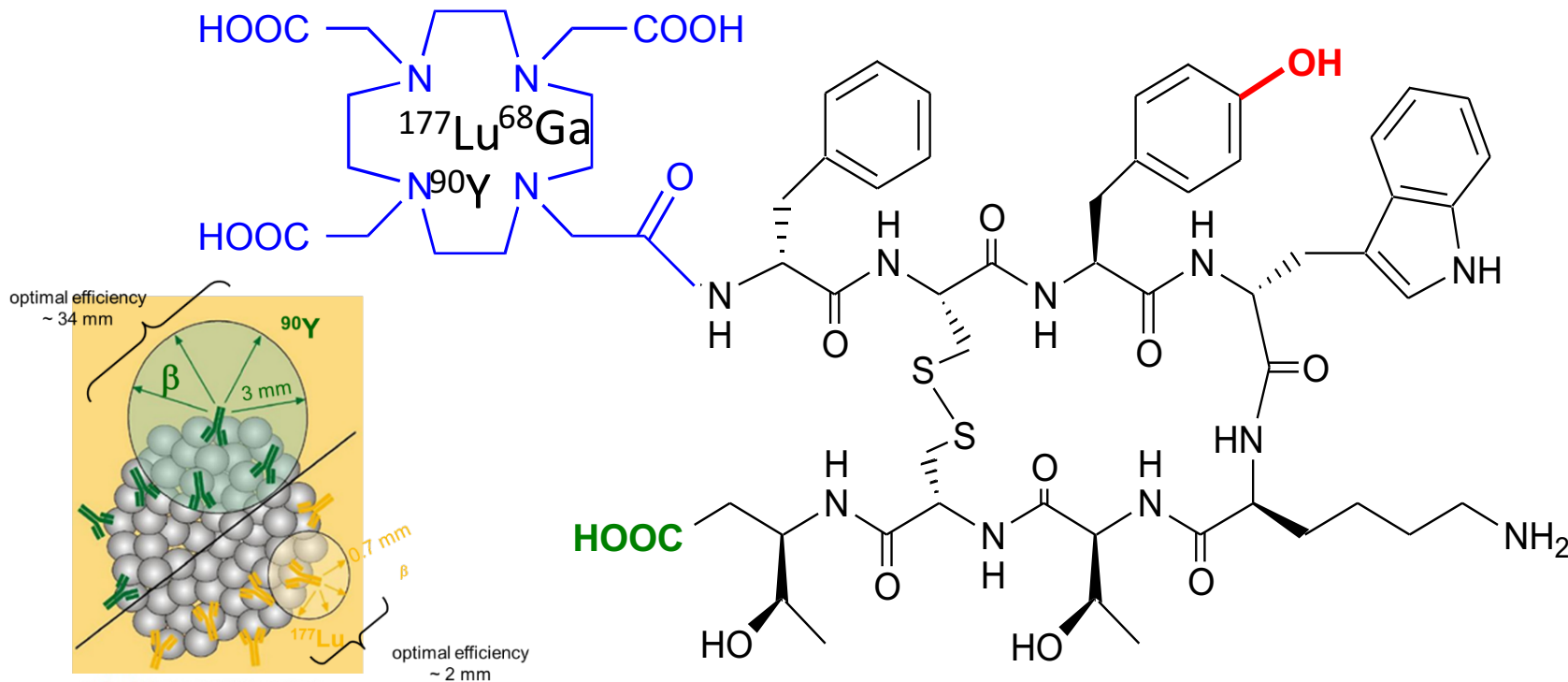
DOTA-OC

DOTA-TOC

DOTA-TATE

P. Powell and H.R. Mäcke

^{111}In -DTPA-octreotide: FDA approval in 1994



Universitätsspital
Basel

➡ Imaging: $^{99\text{m}}\text{Tc}$, ^{111}In , ^{68}Ga etc.

➡ Therapy: ^{177}Lu , ^{90}Y , ^{213}Bi etc.

Theranostic Approach

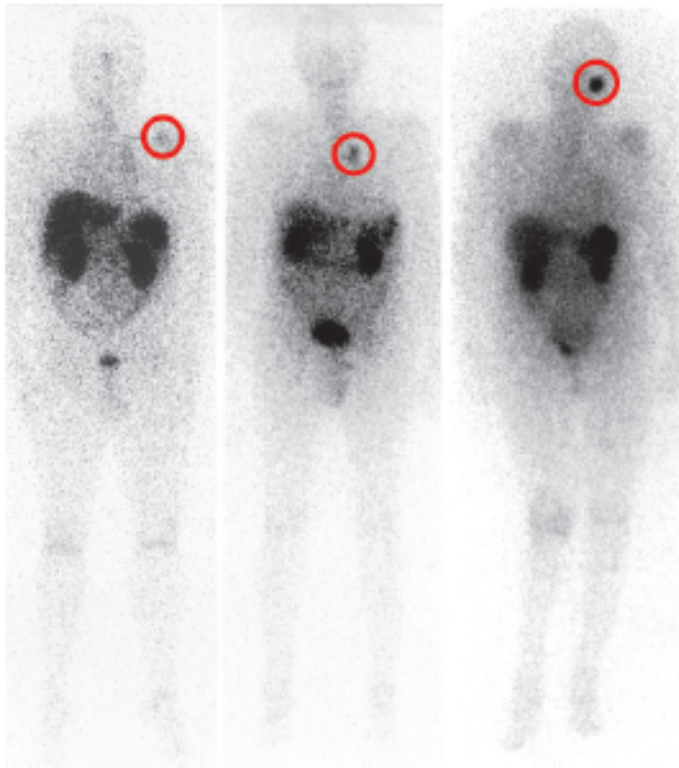
2 x ^{90}Y -DOTATOC in NETs (Theranostic approach)

Large open label phase II study, N = 1109

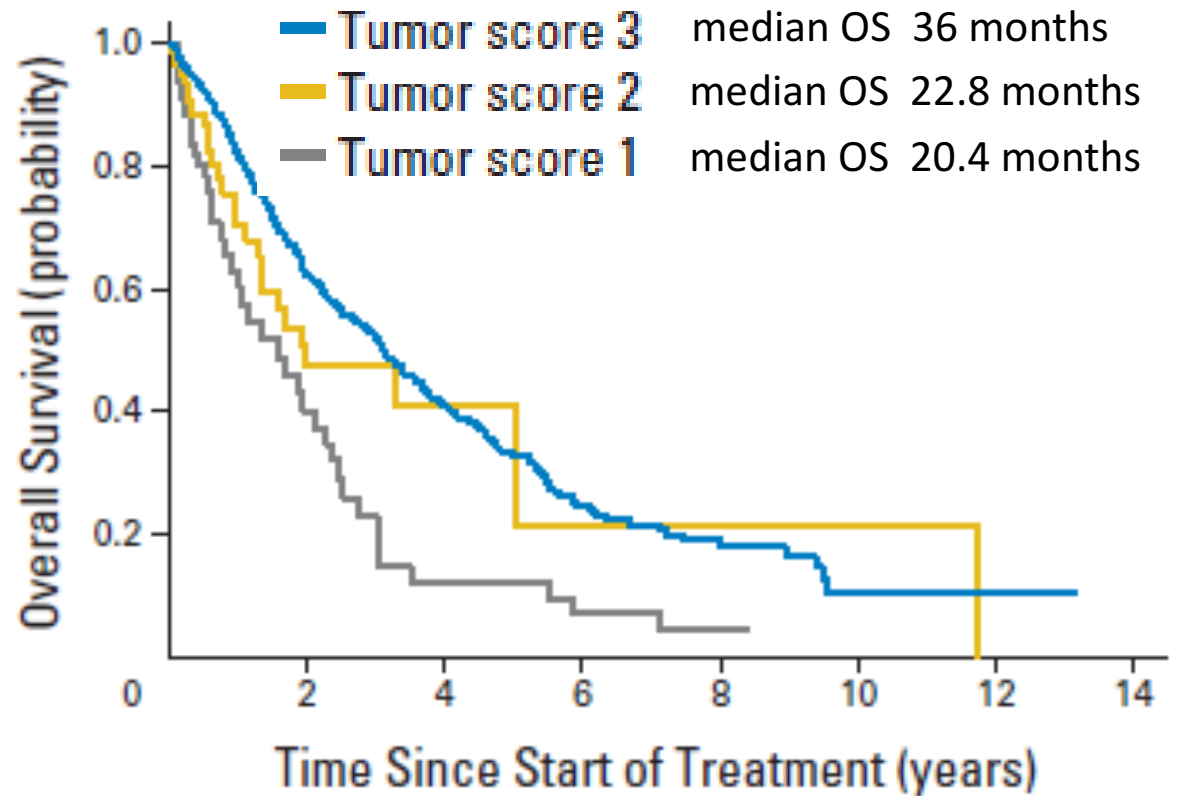
Tumor score 1
lower than liver

Tumor score 2
equal to liver

Tumor score 3
higher than liver



Overall Survival



NETTER-1 study

TREATMENT AND ASSESSMENTS

Baseline and
Randomization

n= 115

dose 1

dose 2
8 WEEKS

dose 3
8 WEEKS

dose 4
8 WEEKS

Lutathera

+ Sandostatin LAR 30 mg

8 WEEKS

4 administrations of 7.4 GBq

Lutathera every 8 weeks

n= 115

Sandostatin LAR Arm

60 mg Octreotide LAR treatment every 4 weeks

PROGRESSION FREE SURVIVAL BY RECIST EVERY 12 WEEKS

5 - yr Follow up



Progression-Free Survival

N = 229 (ITT)
Number of events: 90
•¹⁷⁷Lu-Dotatate: 23
•Oct 60 mg LAR: 67

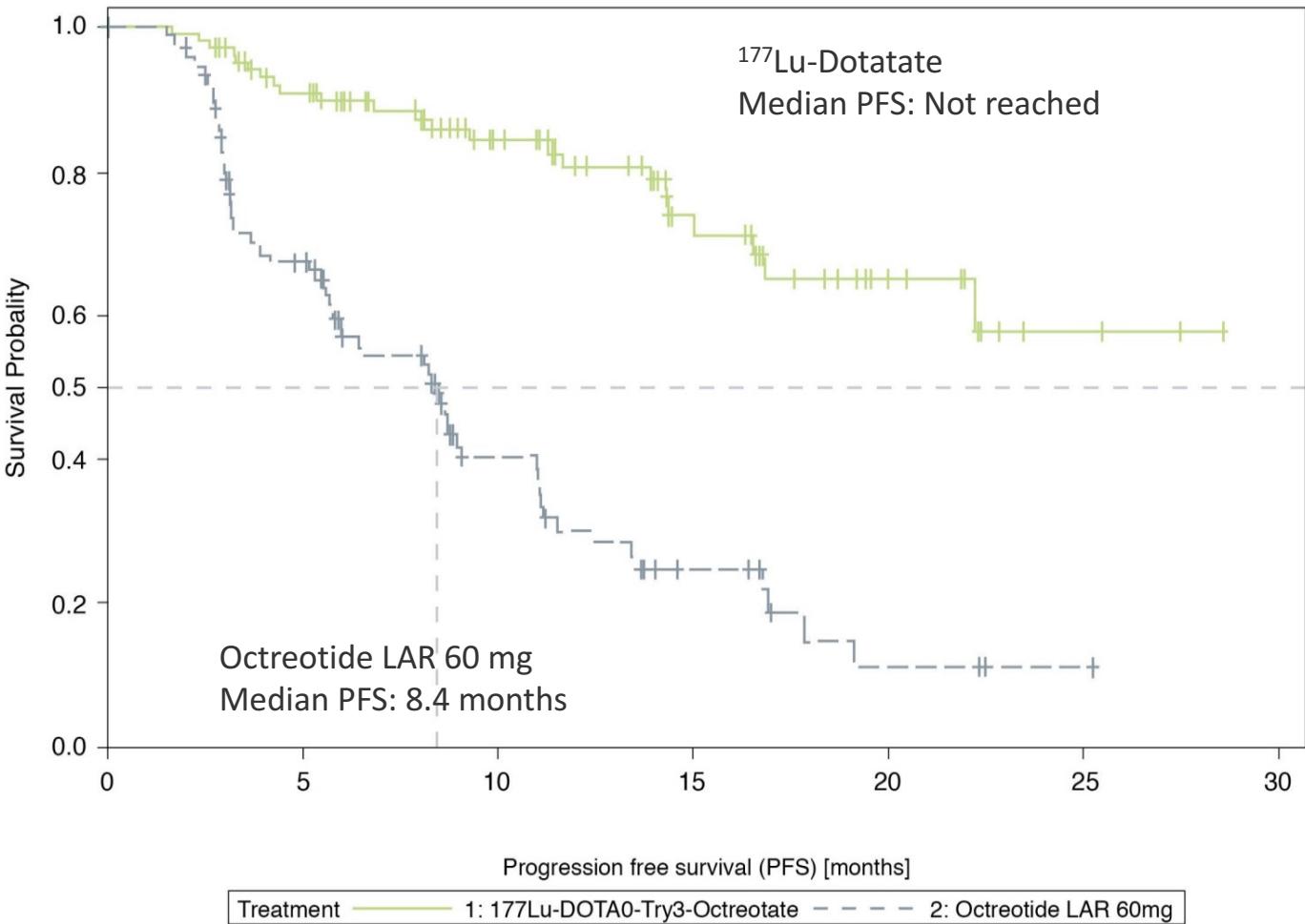
Hazard ratio : **0.21** [0.129 – 0.338] **p < 0.0001**



79% reduction in the risk of disease progression/death



Estimated Median PFS in the ¹⁷⁷Lu-Dotatate arm **≈ 40 months**



All progressions centrally confirmed and independently reviewed for eligibility (SAP)

Prostate cancer

- Antitumour activity of ^{177}Lu -PSMA617 in metastatic hormone-refractory prostate cancer by Kratochwil and coworkers from the University of Heidelberg.
- A total of 30 patients have undergone three treatment cycles in intervals of 2 months each. After a third treatment cycle, reduction in PSA levels was $>50\%$ in more than 70% of patients, indicating highly effective tumour cell kill.

PSMA Ligands

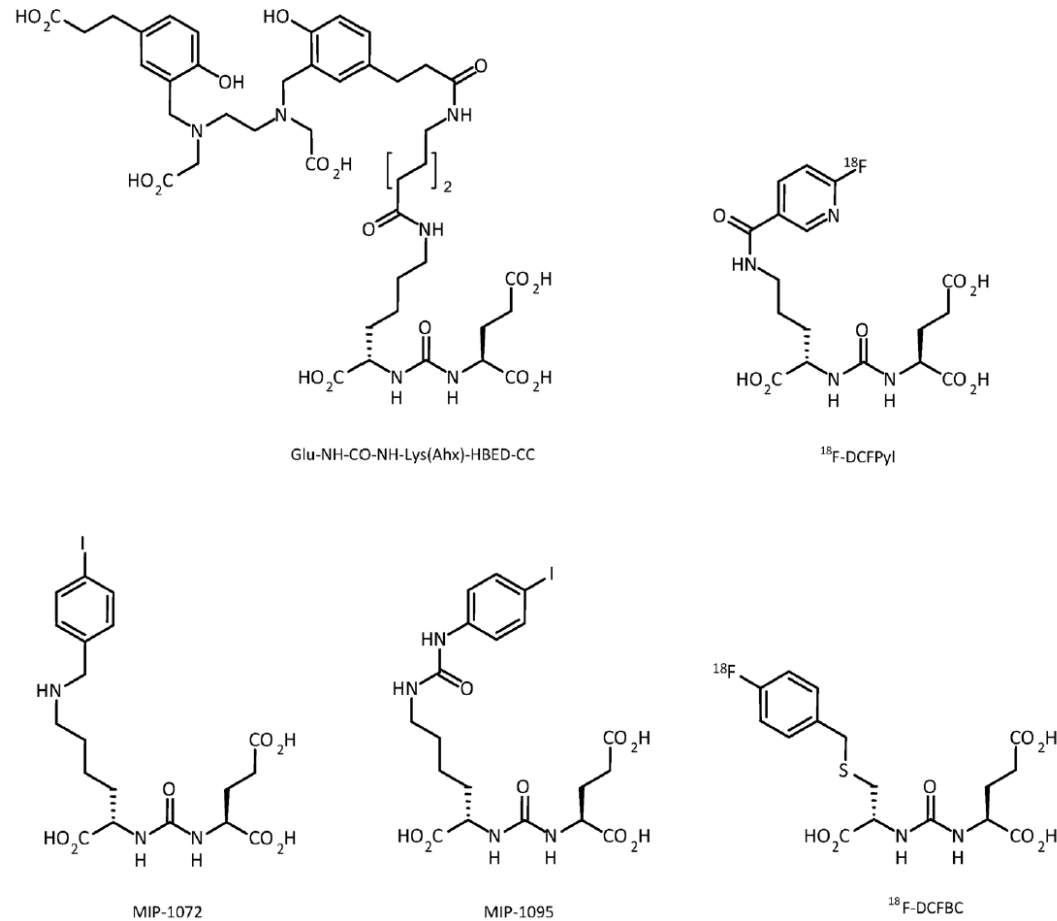
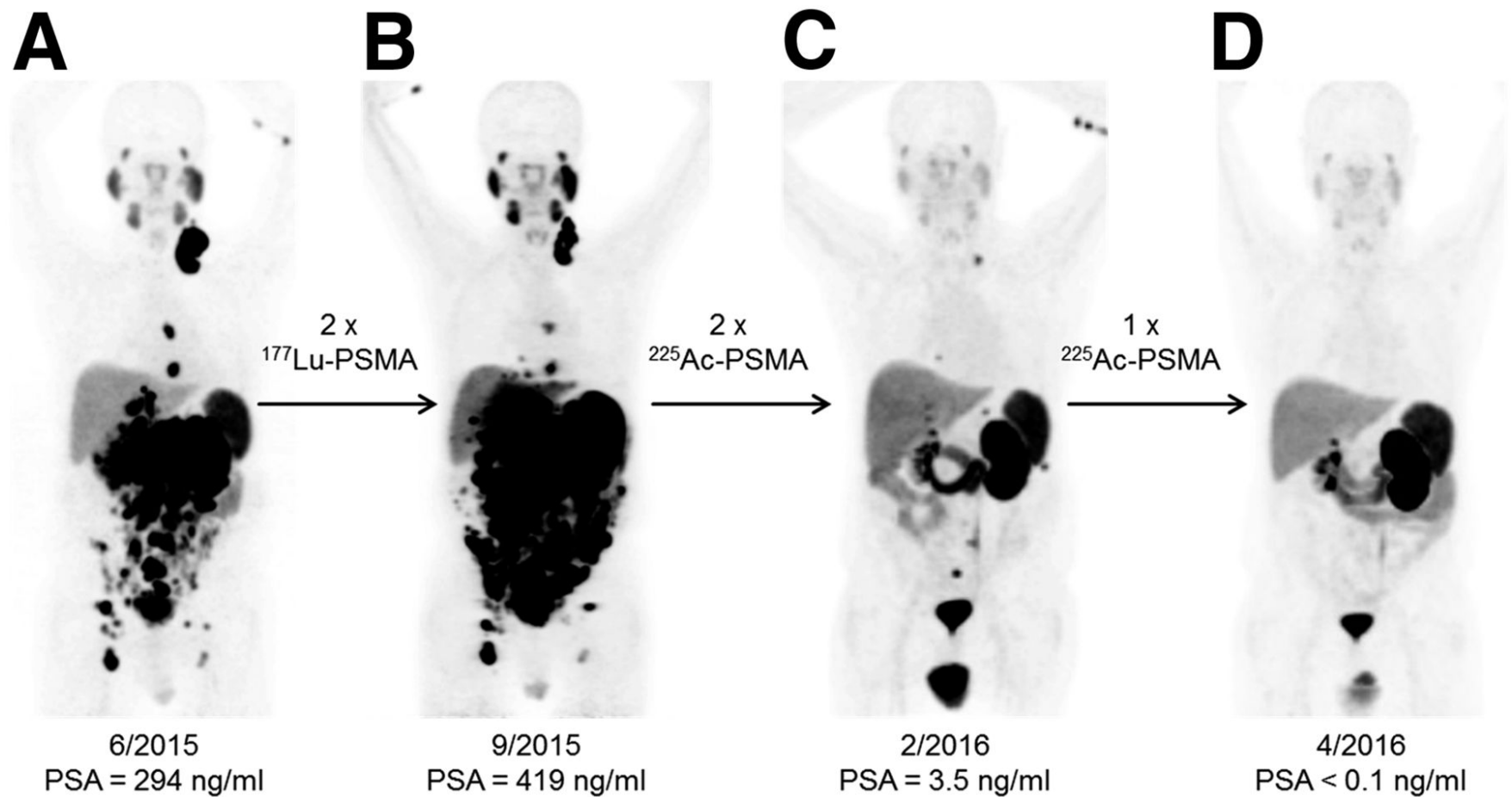


Figure 2: Small-molecule PSMA ligands currently being investigated for PCa imaging in clinical settings. All possess the characteristic glu-urea-lys core.

^{225}Ac -PSMA-617 Therapy for Prostate Cancer (^{68}Ga -PSMA-11 PET)

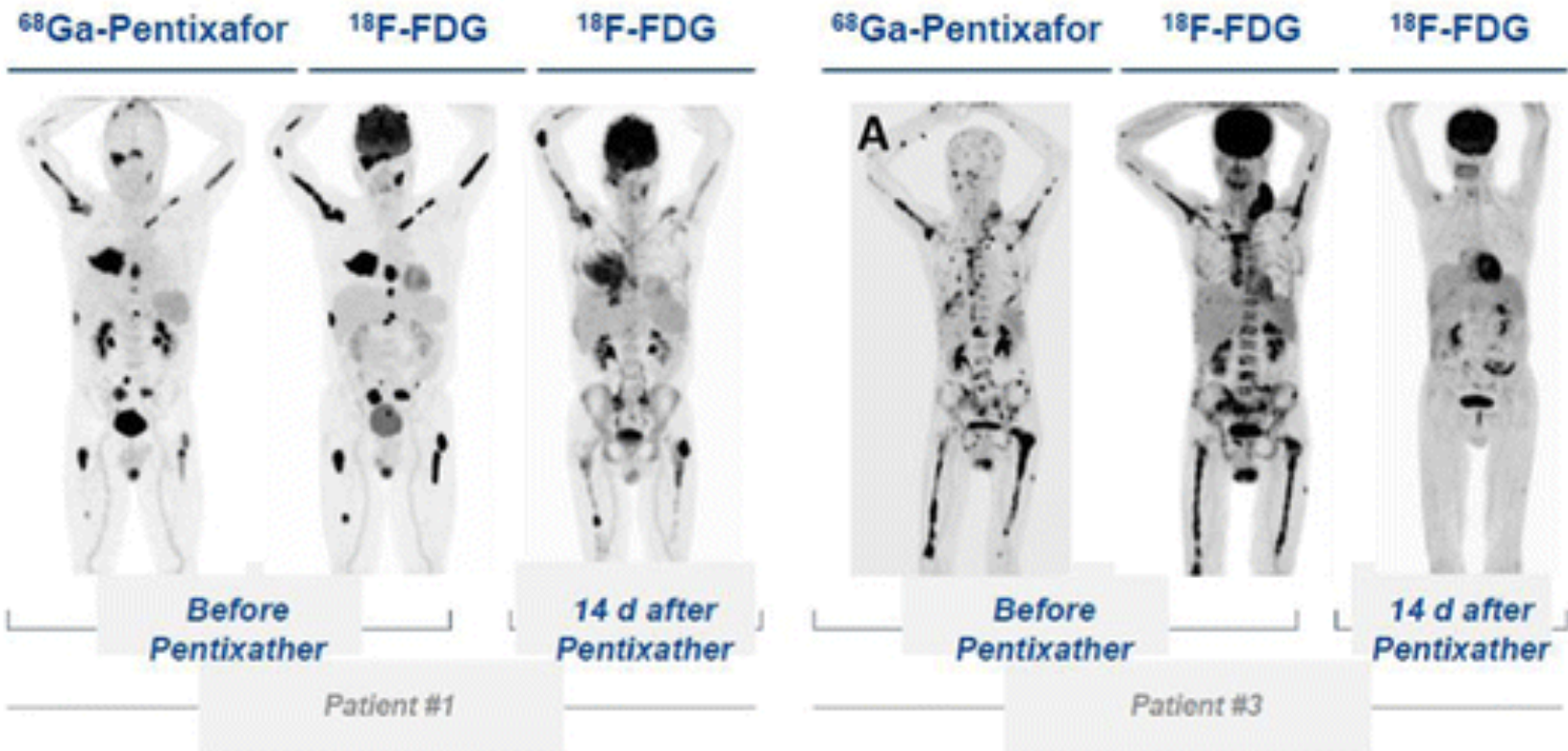


^{68}Ga -PSMA-11 PET/CT scans of patient B. In comparison to initial tumor spread (A), restaging after 2 cycles of β -emitting ^{177}Lu -PSMA-617 presented progression (B). Clemens Kratochwil et al. J Nucl Med 2016;57:1941-1944

Multiple Myeloma

^{177}Lu - or ^{90}Y -labelled CXCR4-specific ligands (Pentixather®)

- > 50% decrease in ratio involved/uninvolved serum FLC as response to Pentixather



- PET/CT: PR ($\Delta\text{SUVmax} > 35\%$, #1) and CR (#3)
- OS: 6 months (#1) and 3 months (#3)

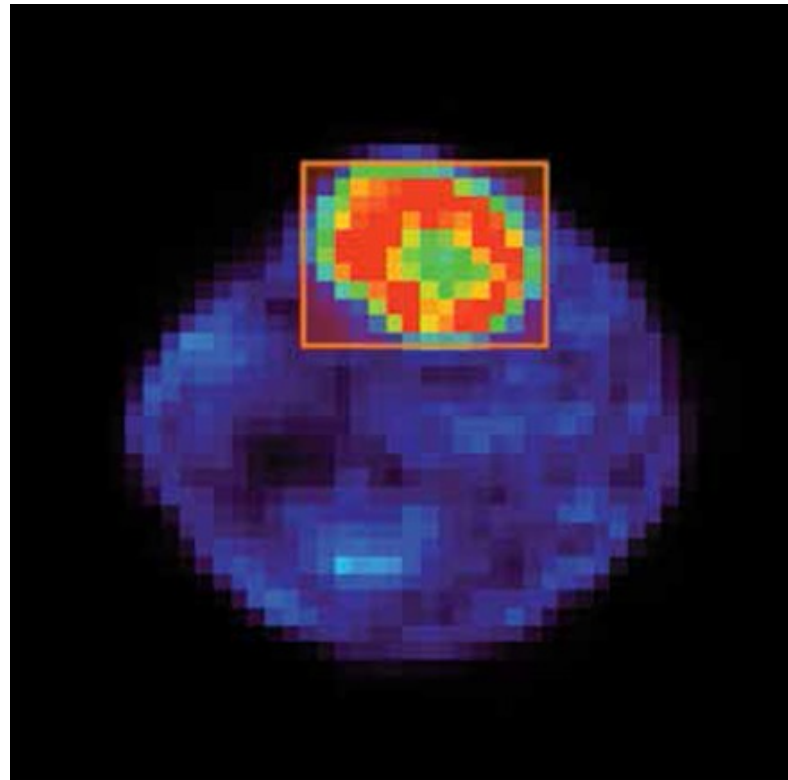
EANM2015

Cu-64 ATSM

Cu-diacetyl-bis(N 4-methylthiosemicarbazone)

Hypoxia Targeting

β^+ particles: PET imaging & Therapy



Sanghera et al. Mol Imaging Radionucl Ther. 2016 Feb; 25(1): 19–25.

Targeted Alpha-Particle Immunotherapy for Acute Myeloid Leukemia

Isotope	Particle(s) Emitted	Half-Life	Particulate Energy (KeV)	Mean Range of Emission (mm)
Beta-emitters				
Iodine-131	Beta, gamma	8.1 d	610	0.8
Yttrium-90	Beta	2.5 d	2,280	2.7
Rhenium-188	Beta, gamma	17 h	2,100	2.4
Alpha-emitters				
Bismuth-213	1 Alpha, 2 beta, 1 gamma	46 min	8,400	0.05-0.08
Actinium-225	4 Alpha, 2 beta, 2 gamma	10 d	6,000-8,400	0.04-0.08
Astatine-211	1 Alpha, 1 gamma	7.2 d	6,800	0.04-0.10

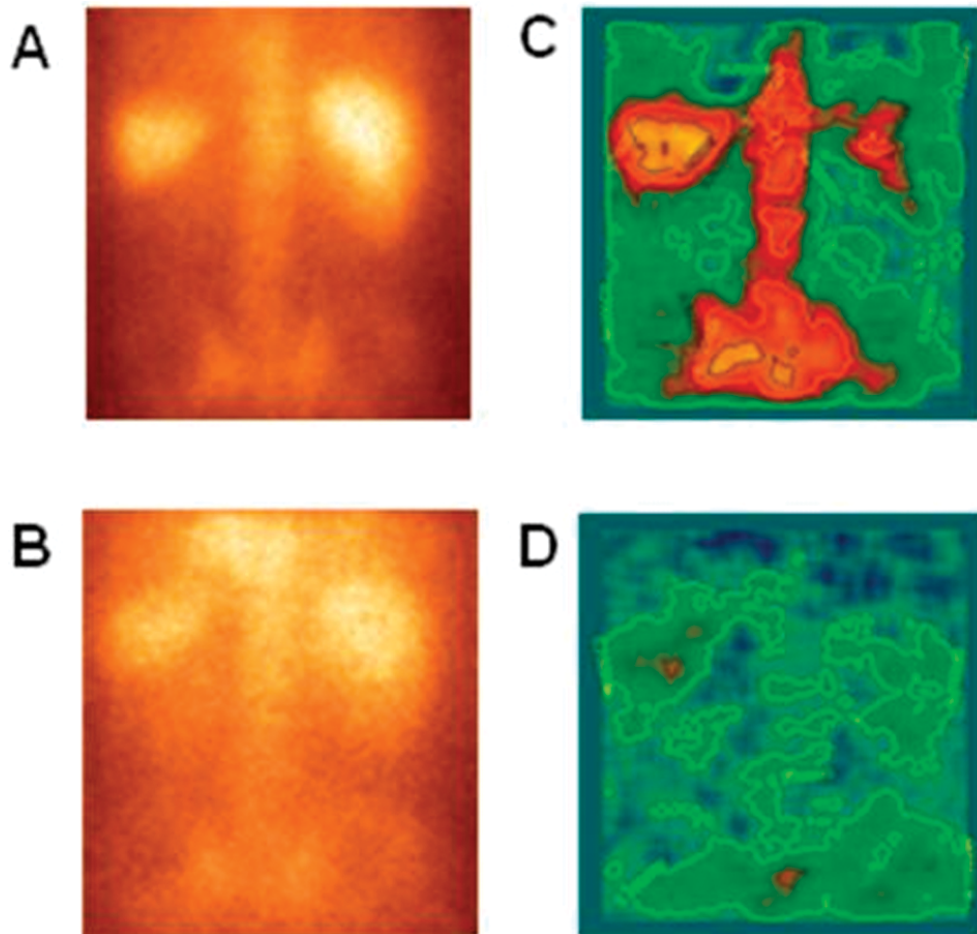
Abbreviations: d, days; h, hours; min, minutes.

Author	Year	Phase of Study	Agent	Dose	Additional Therapy	Disease Status	No. of Patients	Outcomes
Jurcic ¹⁵	2002	I	²¹³ Bi-lintuzumab	0.28-1 mCi/kg	None	Relapsed/refractory	18	14 patients with reductions in marrow blasts
Rosenblat ¹⁶	2010	I/II	²¹³ Bi-lintuzumab	0.5-1.25 mCi/kg	Cytarabine	Untreated > 60 yrs, relapsed/refractory	31	2 CRs, 2 CRp, 2 PRs
Jurcic ²⁰	2011	I	²²⁵ Ac-lintuzumab	0.5-4 μ Ci/kg	None	Relapsed/refractory	18	10 patients with reductions in marrow blasts; 3 with \leq 5%
Jurcic ²¹	2013	I/II	²²⁵ Ac-lintuzumab	1-2 μ Ci/kg (in 2 fractions)	LDAC	Untreated \geq 60 yrs	7	4 patients with reductions in marrow blasts (mean, 58%) after cycle 1

Abbreviations: LDAC, low-dose cytarabine; CR, complete remission; CRp, CR with incomplete platelet recovery; PR, partial remission.


Jurcic and Rosenblat, Am Soc Clin Oncol Educ Book.
2014:e126-31. doi: 10.14694/EdBook_AM.2014.34.e126.

Targeted Alpha-Particle Immunotherapy for Acute Myeloid Leukemia



- **FIG 1. Gamma camera images after partial cytoreduction of leukemic burden with cytarabine show targeting of ^{213}Bi to marrow, liver, and spleen after the first injection (A) and blood pooling after the last (B). Rate images show uptake of ^{213}Bi by bone marrow, liver, and spleen over 1 hour after the first injection (C) and clearance after the last (D), indicating saturation of CD33 sites within target organs. Originally published by the American Association for Cancer Research (Rosenblat TL et al. *Clin Cancer Res.* 2010;16:5303-5311.).**

Bi-213&Ac-225 Abs for Acute Myeloid Leukemia



Actinium Pharmaceuticals, Inc.

CONTACT SITEMAP

About Products Markets **Investors** Careers

f t YouTube w in

Profile

Business Description

Actinium Pharmaceuticals, Inc. (www.actiniumpharma.com) is a New York-based biopharmaceutical company developing innovative targeted payload immunotherapeutics for the treatment of advanced cancers. Actinium's targeted radiotherapy products are based on its proprietary delivery platform for the therapeutic utilization of alpha-emitting actinium-225 and bismuth-213 and certain beta emitting radiopharmaceuticals in conjunction with monoclonal antibodies. The Company's lead radiopharmaceutical product candidate lomab-B is designed to be used, upon approval, in preparing patients for hematopoietic stem cell transplant, commonly referred to as bone marrow transplant. The Company plans to conduct a single, pivotal, multicenter Phase 3 clinical study of lomab-B in refractory and relapsed AML patients over the age of 55 with a primary endpoint of durable complete remission. The Company's second product candidate, Actimab-A, is continuing its clinical development in a Phase 1/2 trial for newly diagnosed AML patients over the age of 60 in a single-arm multicenter trial.

Investor Relations

- Overview
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- **Company Information**
 - Profile
 - Presentations
 - Management Team
 - Contacts
 - Analyst Coverage
 - FAQ
- Financial Information
- Stock Data
- SEC Filings
- Corporate Governance

Quick Links

- Email Alerts
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- Contacts
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Company Info

Address:
275 Madison Avenue
7th Floor
New York, NY 10016 US

Telephone:
(646) 459-4201

Email:
investorrelations@actiniumpharma.com

Industry Classifications

Sector:
Healthcare

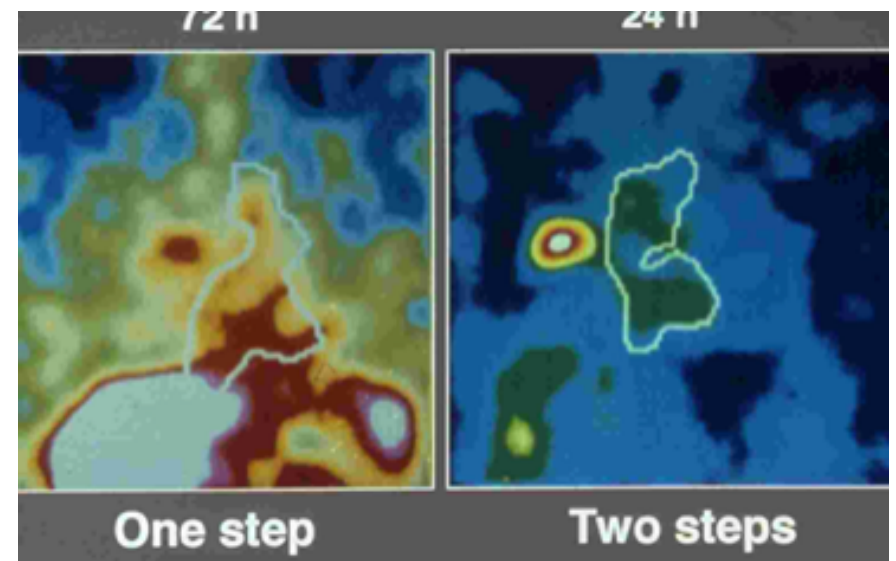
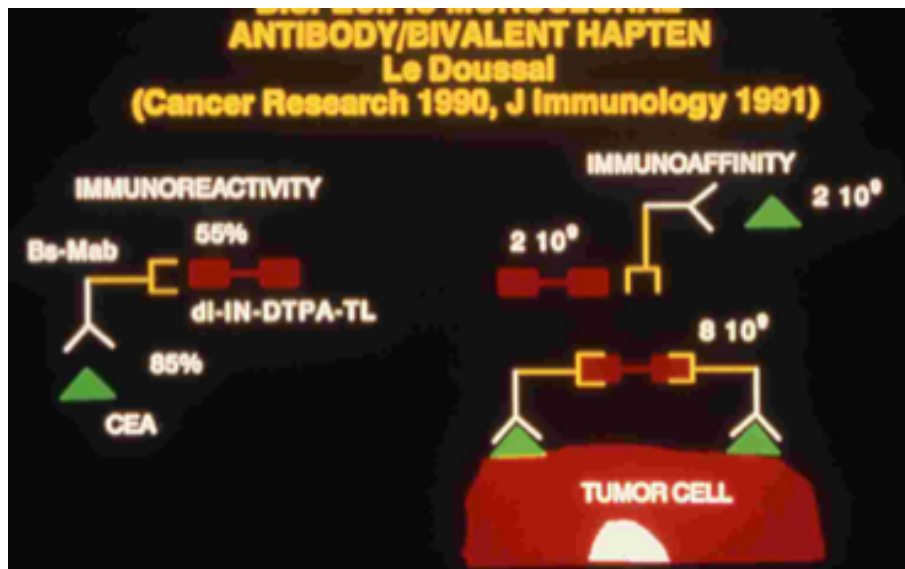
Industry:
Biotechnology

NAICS:
Pharmaceutical Preparation Manufacturing (325412)

SIC:
Pharmaceutical Preparations (2834)

Pretargeting

Bispecific antibody+radiolabeled hapten
Higher tumor-to-normal

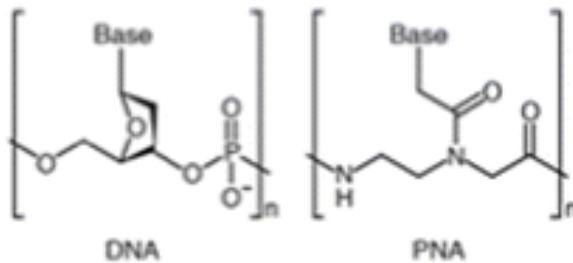
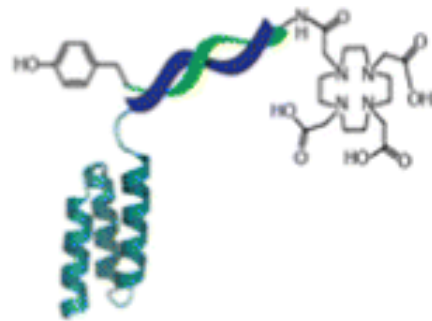


Le Doussal et al. Cancer Research 1990
Hosono, Chatal et al. JNM 1997, 1998

Pretargeting

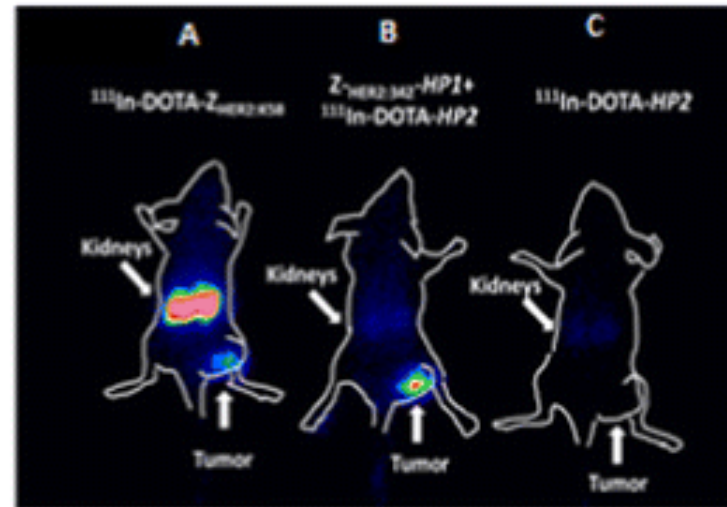


Feasibility of Affibody molecule-based PNA-mediated pre-targeting



Hedís Honarver¹, Kristine
Westerlund², Mohamed Altai¹,
Mattias Sandström¹, Anna Orlova¹,
Vladimir Tolmachev¹, Amelie
Eriksson Karlström²

Gamma-camera imaging of nude mice bearing
HER2-expressing SKOV-3 xenografts at 1 h after
injection of ¹¹¹In-labelled agents



- Conventional Affibody molecule ¹¹¹In-DOTA-Z_{HER2-342};
- ¹¹¹In-DOTA-HP2 injected 4 h after pre-injection of Z_{HER2-342}-HP1;
- ¹¹¹In-DOTA-HP2 injected without pre-injection of Z_{HER2-342}-HP1.

Fukushima Medical University Fukushima Global Medical Science Center Targeted Alpha Therapy



Global Trends for Targeted Alpha Therapy

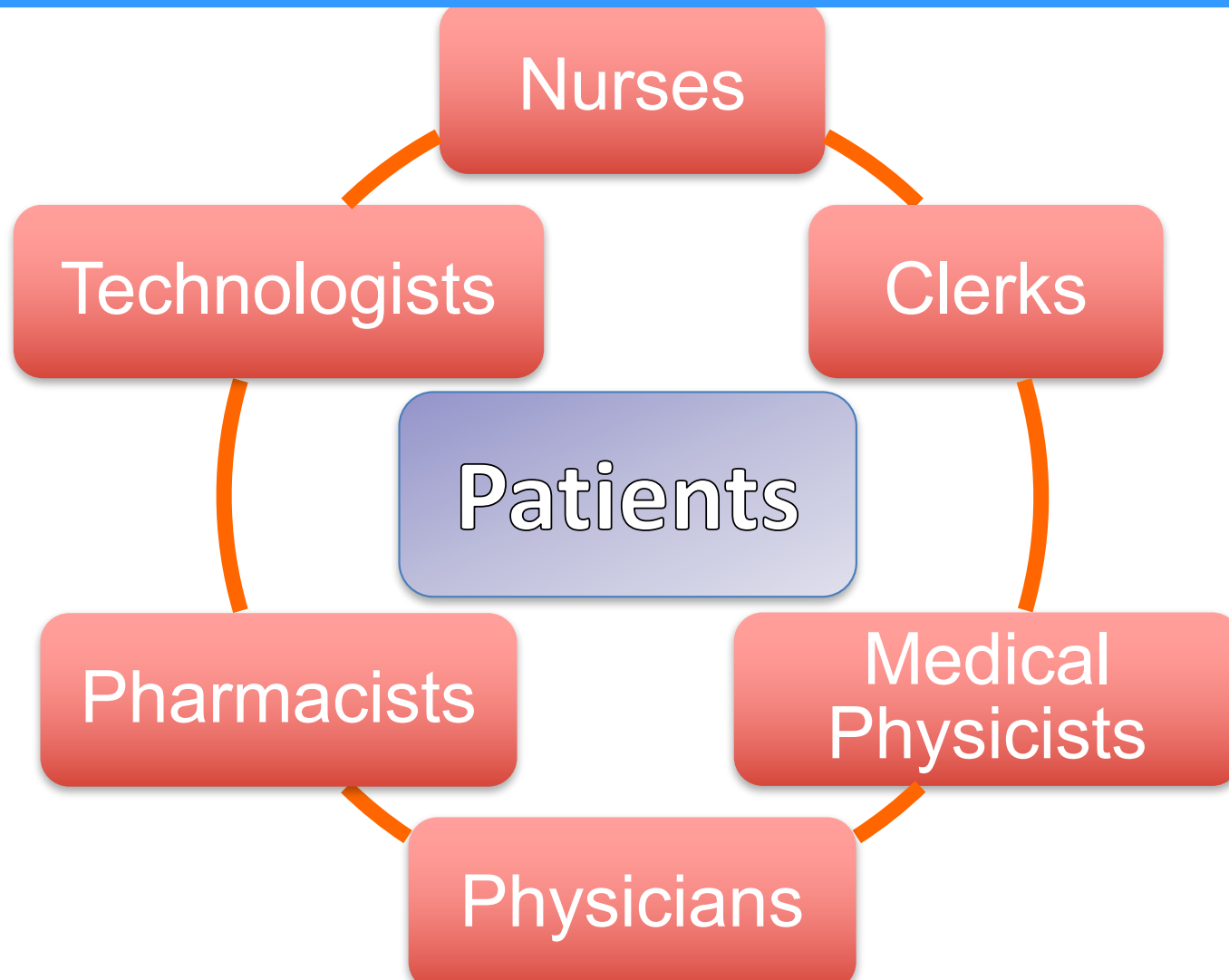
TAT-10

10th International Symposium on
Targeted Alpha Therapy



May 30-June 1, 2017, Kanawaza, Japan

RNT practices as a multidisciplinary team



Summary

- RNT procedures with alpha-emitting or beta emitting nuclides are making remarkable progress across the globe.
- We should present radiological protection guidelines to disseminate and facilitate new technologies of RNT.

Thank you very much