

**PSI** Center for  
Life Sciences

# $^{161}\text{Tb}$ Therapies for Clinical Trials

## Experiences

David Schmid, Responsible Person  
Clinical Drug Supply Group

Villigen, 4. September 2024

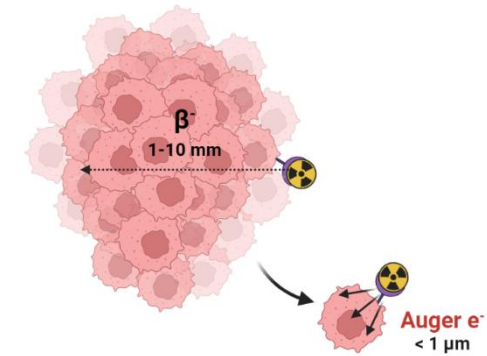
- 1 Why using  $^{161}\text{Tb}$  in radio ligand therapy (RLT)?
- 2 Translation of established research isotope  $^{161}\text{Tb}$  to a novel clinical radioactive precursor
- 3 Manufacturing of drug products
- 4 Current clinical studies with  $^{161}\text{Tb}$  in Switzerland

# Novel Radioisotope $^{161}\text{Tb}$ vs $^{177}\text{Lu}$

<b>Tb 161</b>
6.95 d
$\beta^-$ 0.5, 0.6...
$\gamma$ 26, 49, 75...
$e^-$

<b>Lu 177</b>
6.647 d
$\beta^-$ 0.5...
$\gamma$ 208
$e^-$ 414
$e^-$ 3.2
$\alpha$ 1000

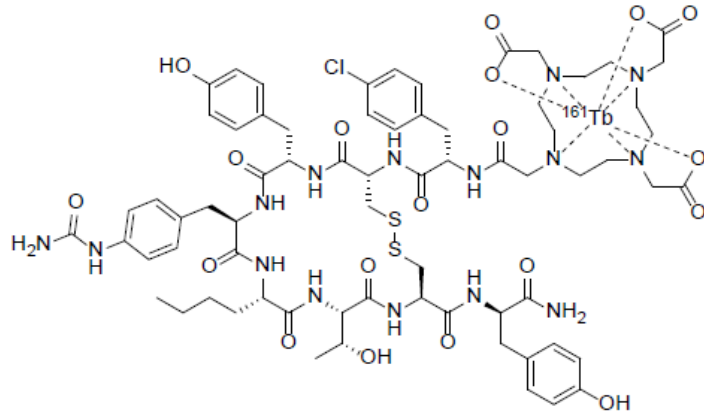
<b>Half-life</b>	6.95 d	6.65 d
<b>Decay mode</b>	$\beta^-$ (154 keV), <b>Auger</b> and <b>conversion <math>e^-</math></b>	$\beta^-$ (134 keV)
<b>Photon emission for imaging</b>	Yes	Yes
<b>Main application</b>	$\beta^-$ therapy	$\beta^-$ therapy
<b>Decay to</b>	Stable $^{161}\text{Dy}$	Stable $^{177}\text{Hf}$
<b>Formation of stable DOTA complex</b>	Yes	Yes



<b>Type of radiation</b>	$\beta^-$	<b>Auger <math>e^-</math></b>
<b>Linear Energy Transfer (LET)</b>	ca. 0.2 keV/ $\mu\text{m}$	4–26 keV/ $\mu\text{m}$
<b>Range in tissue</b>	1–10 mm	< 1 $\mu\text{m}$
<b>Best suited for treatment of</b>	Tumor masses	Single cancer cells, micro metastases

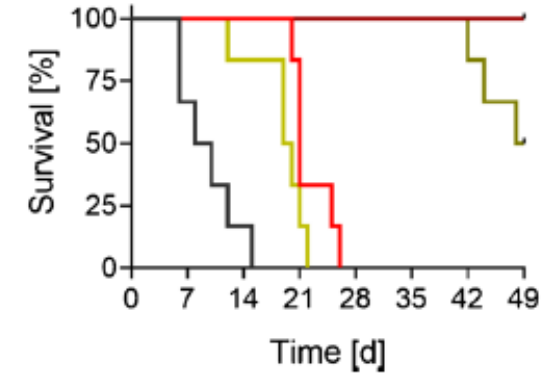
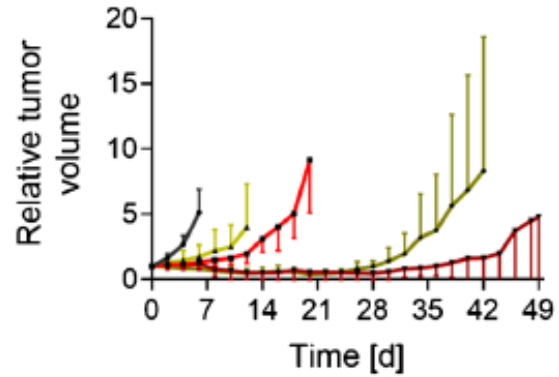
**Hypothesis:  $^{161}\text{Tb}$  more powerful than  $^{177}\text{Lu}$ ?**

# Pre-Clinical Data of [<sup>161</sup>Tb]Tb-DOTA-LM3



## [<sup>161</sup>Tb]Tb-DOTA-LM3

Somatostatin receptor antagonist for the treatment of neuroendocrine neoplasms



- Group A: Vehicle
- Group B: [<sup>161</sup>Tb]Tb-DOTATOC
- ▲ Group C: [<sup>177</sup>Lu]Lu-DOTATOC
- ▼ Group D: [<sup>161</sup>Tb]Tb-DOTA-LM3
- ◆ Group E: [<sup>177</sup>Lu]Lu-DOTA-LM3

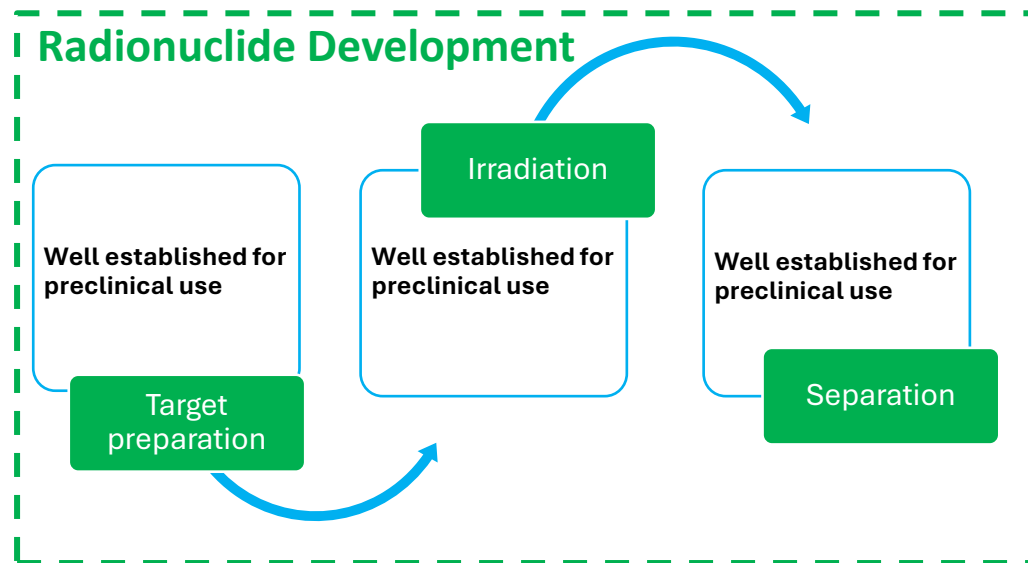
Results:

Superior efficacy in preclinical therapy studies compared to “gold-standard”

- ✓ [<sup>161</sup>Tb]Tb-DOTATOC > [<sup>177</sup>Lu]Lu-DOTATOC
- ✓ [<sup>177</sup>Lu]Lu-DOTA-LM3 >> [<sup>177</sup>Lu]Lu-DOTATOC
- ✓ [<sup>161</sup>Tb]Tb-DOTA-LM3 >>> [<sup>177</sup>Lu]Lu-DOTATOC

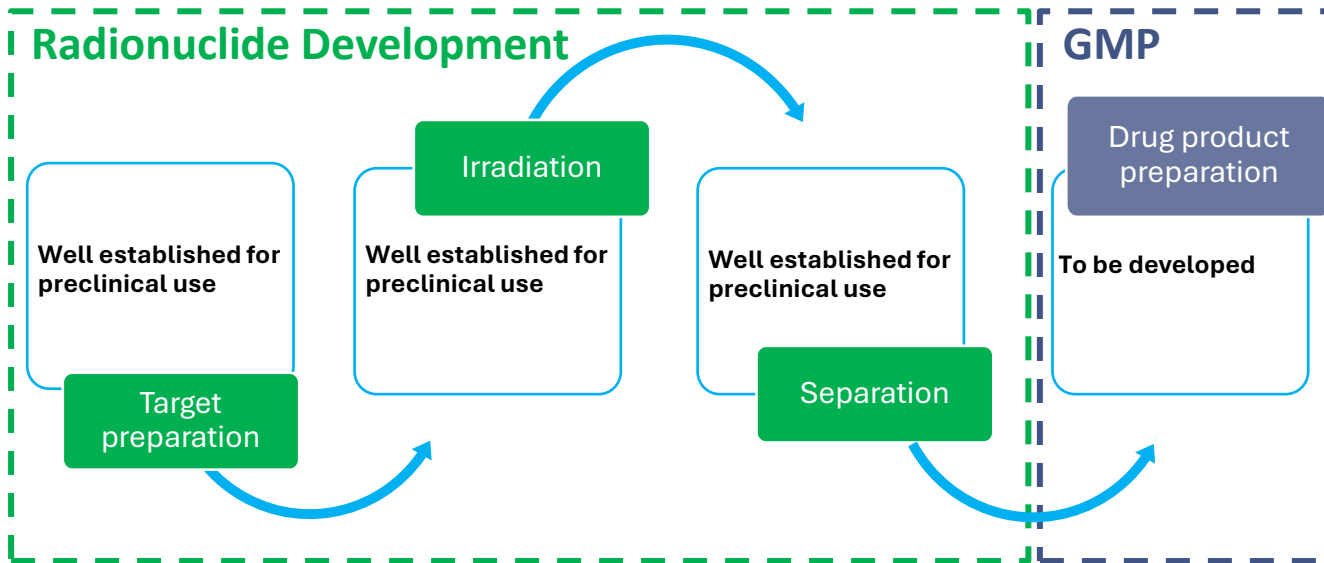
# Manufacturing Strategy $^{161}\text{Tb}$

- Well established process for manufacturing of  $^{161}\text{Tb}$  for preclinical use



# Manufacturing Strategy <sup>161</sup>Tb

- Well established process for manufacturing of <sup>161</sup>Tb for preclinical use
- Requirement to manufacture [<sup>161</sup>Tb]Tb-DOTA-LM3 under Good Manufacturing Practice (GMP) for clinical trial



[https://health.ec.europa.eu/medicinal-products/eudralex/eudralex-volume-4\\_en](https://health.ec.europa.eu/medicinal-products/eudralex/eudralex-volume-4_en)



## EudraLex - Volume 4 - Good Manufacturing Practice (GMP) guidelines

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Introduction

### Annexes

Annex 1 [New - Manufacture of Sterile Medicinal Products](#) <sup>EN</sup> <sup>\*\*\*</sup> - The deadline for coming into operation of Annex 1 is 25 August 2023, except for point 8.123 which is postponed until 25 August 2024

[Manufacture of Sterile Medicinal Products](#) <sup>EN</sup> <sup>\*\*\*</sup> (previous version)

Annex 2 [New - Manufacture of Biological active substances and Medicinal Products for Human Use](#) <sup>EN</sup> <sup>\*\*\*</sup> (into operation since 26 June 2018)

Annex 2 is no longer applicable to Advanced Therapy Medicinal Products to which applies the Commission guideline on Good Manufacturing Practice for Advanced Therapy Medicinal Products, published in Part IV of Eudralex Volume 4 and operational as of 22 May 2018.

Annex 3 [Manufacture of Radiopharmaceuticals](#) <sup>EN</sup> <sup>\*\*\*</sup>

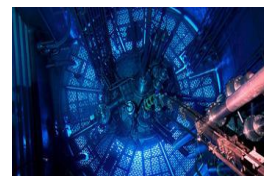
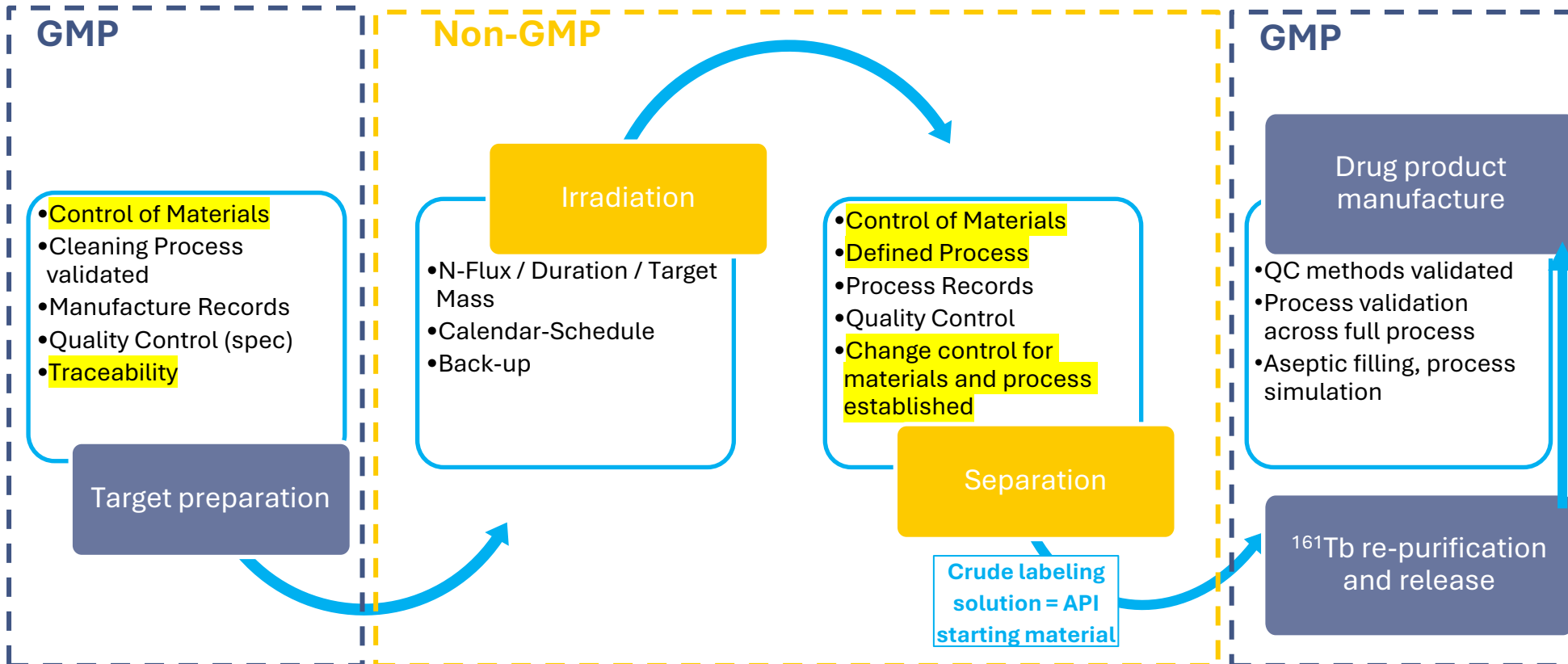
Annex 4 [Manufacture of Veterinary Medicinal Products other than Immunological Veterinary Medicinal Products](#) <sup>EN</sup> <sup>\*\*\*</sup>

Type of manufacture	Non - GMP *	GMP part II & I (Increasing) including relevant annexes			
Radiopharmaceuticals PET Radiopharmaceuticals Radioactive Precursors	Reactor/Cyclotron Production	Chemical synthesis	Purification steps	Processing, formulation and dispensing	Aseptic or final sterilization
Radionuclide Generators	Reactor/Cyclotron Production	Processing			

\* Target and transfer system from cyclotron to synthesis rig may be considered as the first step of active substance manufacture.

# Manufacturing Strategy $^{161}\text{Tb}$

- Set-up of EudraLex-compliant manufacturing strategy approved by Swiss health authority

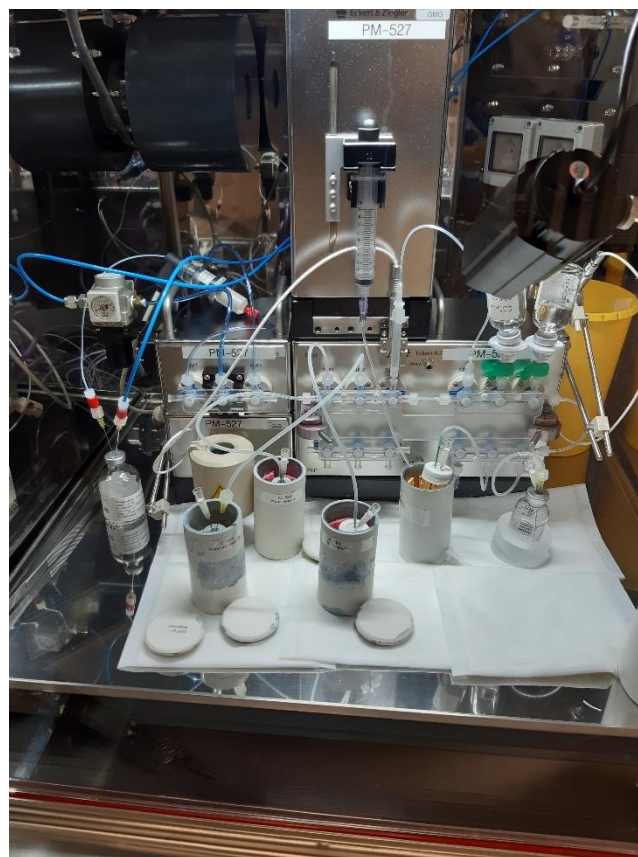
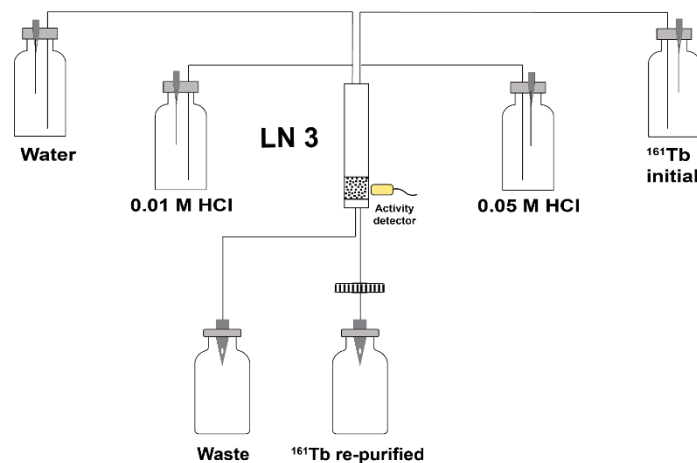
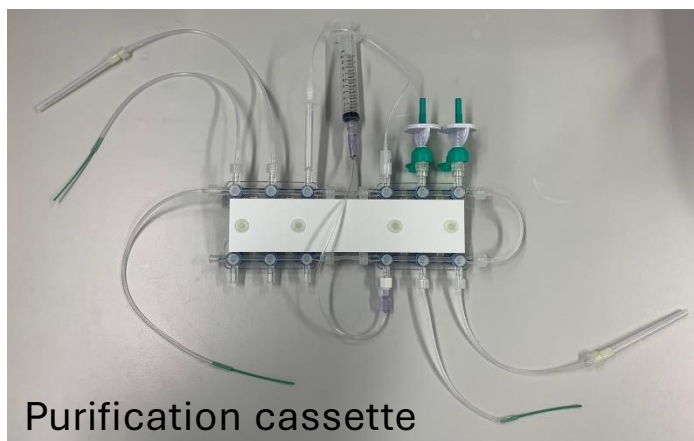


$^{160}\text{Gd}(n,\gamma)^{161}\text{Gd} \rightarrow ^{161}\text{Tb}$



# $^{161}\text{Tb}$ re-Purification

- **Automated** purification process of crude  $^{161}\text{Tb}$  labeling solution in grade C clean room, to give GMP-compliant, re-purified  $^{161}\text{Tb}$  labeling solution



Purification set-up

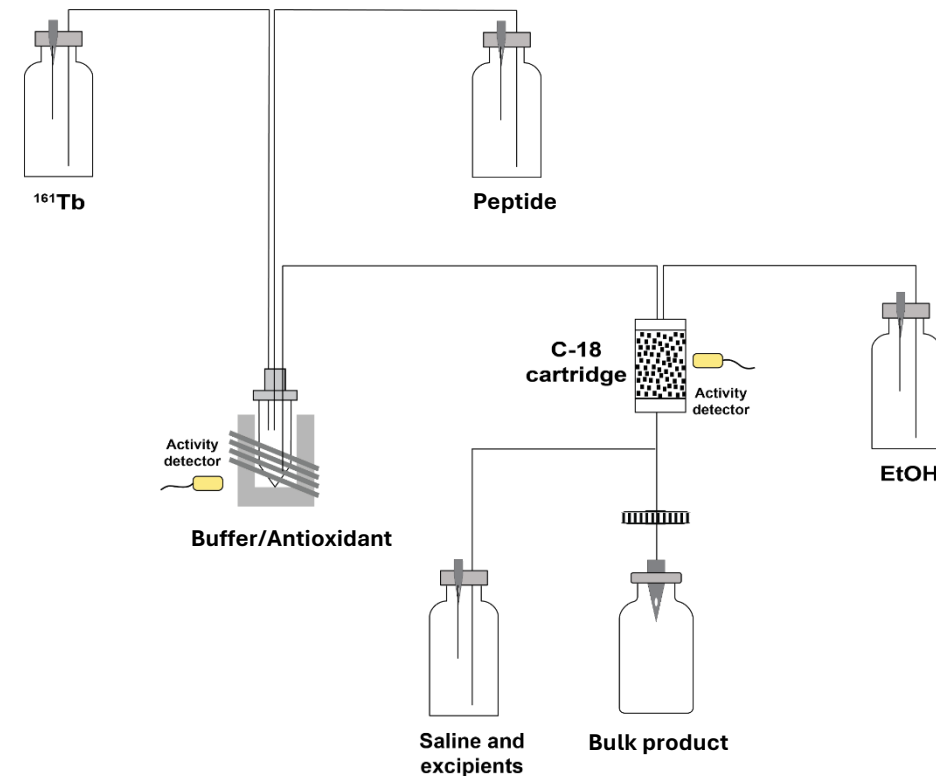
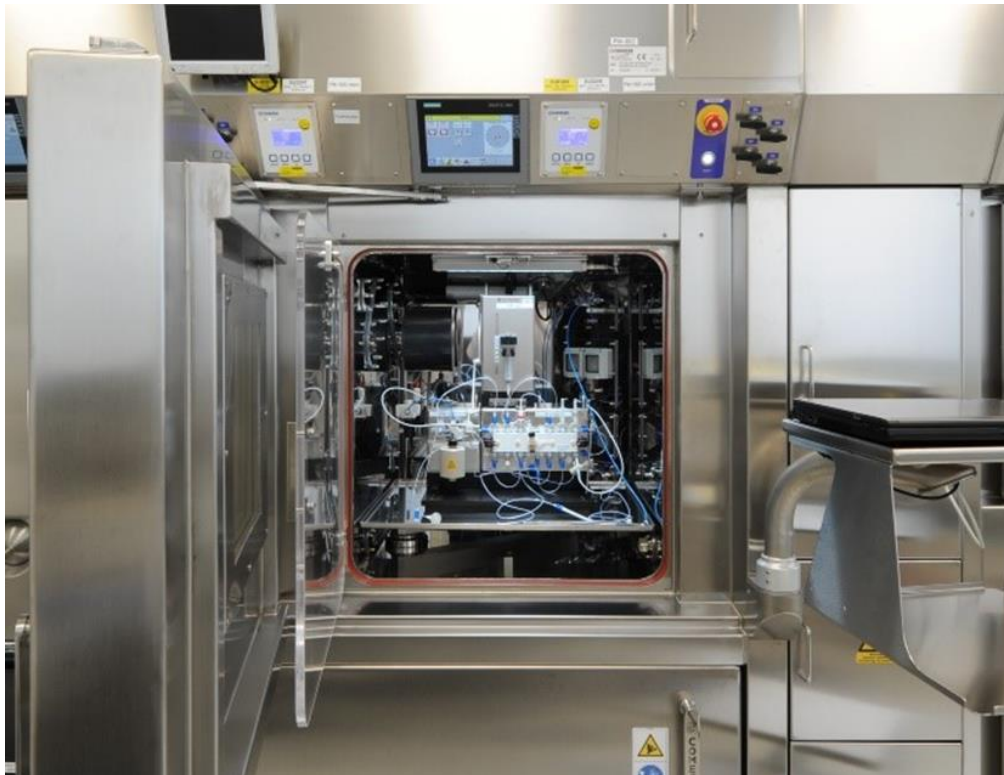
## Re-purification 0.5 – 50 GBq $^{161}\text{Tb}$

Elution flow rate	0.06 mL/min
Process time	2.5 h
Purification yield	ca. 90%
Final solution	$^{161}\text{Tb}$ ]Tb <sup>3+</sup> in 0.05 M HCl
Final volume	ca. 1.2 mL
Final pH	1 – 2



# Manufacture of Drug Product

- Production of drug product in grade C clean room, using automated synthesis module and disposable cassettes
- Transfer of bulk product to dispensing hot cell (grade A), followed by sterile filtration and aseptic dispensing of patient vial



# Quality Control of Drug Product

- Quality control
  - Appearance
  - Chemical purity/identity (HPLC)
  - Ethanol content (GC)
  - pH
  - Endotoxins
  - Radionuclidic identity
  - Radioactivity concentration
  - Filter integrity test
  - Radionuclidic purity (post release test)
- Release of drug product for application and shipment to clinical site

Parameter	Test / Limit	Result	PASS / FAIL
<b>Properties</b>			
Appearance (Solution)	Clear and colourless to slightly yellow solution, free of visible particles	Clear and colourless to slightly yellow solution, free of visible particles	PASS
pH (Test strips)	4.0 - 8.0	6.0	PASS
Minimum product volume	12 mL	16 mL	PASS
<b>Identity</b>			
Radionuclidic identity of <sup>161</sup> Tb	Typical gamma lines: 74.6 ± 1 keV 87.9 ± 1 keV 103.1 ± 1 keV 106.1 ± 1 keV	Complies	PASS
Retention time of [ <sup>161</sup> Tb]Tb-DOTA-LM3	Complies	Complies	PASS
<b>Purity</b>			
Radiochemical purity of [ <sup>161</sup> Tb]Tb-DOTA-LM3	≥ 95%	100%	PASS
Limit Test of DOTA-LM3 and metal complexes	≤ 100 µg/patient dose	Complies	PASS
Limit Test of every unknown chemical impurity	≤ 100 µg/patient dose	Complies	PASS
<b>Excipient</b>			
Limit Test Ethanol	≤ 7%	Complies	PASS
<b>Microbiological Tests</b>			
Bacterial endotoxins	≤ 175 EU/patient dose	< 81 EU/patient dose	PASS
<b>Content</b>			
Radioactivity concentration at EOS [ <sup>161</sup> Tb]Tb-DOTA-LM3	28 – 92 MBq/mL	70 MBq/mL	PASS
<b>Filter Integrity</b>			
Bubble point test	≥ 2.86 bar (matrix based) <b>OR</b>	3.37 bar (matrix based)	PASS
	≥ 3.45 bar (water based)	N/A bar (water based)	

# Clinical Trial with [<sup>161</sup>Tb]Tb-DOTA-LM3 - Beta Plus Study

## Phase 0A: Dosimetry

Comparator: [<sup>177</sup>Lu]Lu-DOTATOC

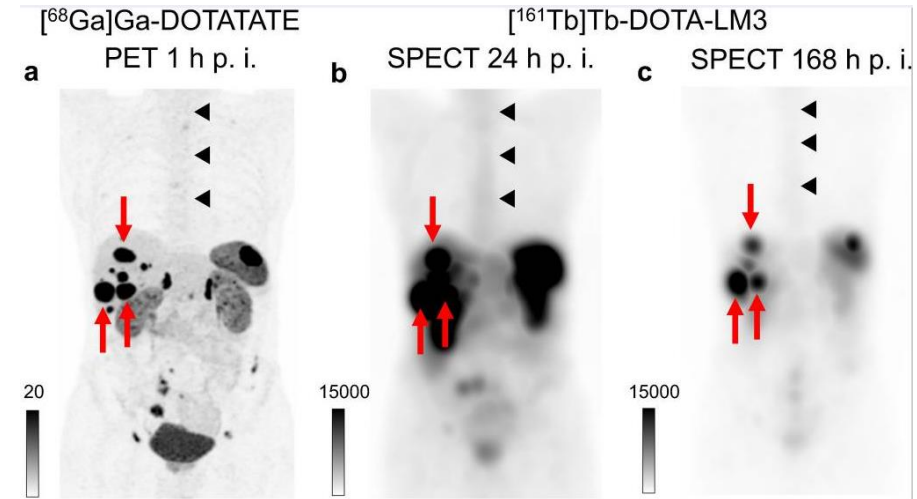
- 1 GBq, max. 100 µg peptide
- 8 patients
- First patient: 17.04.2023
- Last patient: 27.02.2024



## Phase 0B: Dose escalation/peptide mass scaling

- 2–3 GBq, max. 100 µg peptide
- 2–3 GBq, 300–400 µg peptide
- Planned: 4–8 patients
- 4 treatment cycles
- Expected start: Q3/2024

ClinicalTrials.gov Identifier: NCT05359146



Fricke et al., Eur J Nucl Med Mol Imaging, 51, 2517-2519, 2024

# Clinical Trial with [<sup>161</sup>Tb]Tb-SibuDAB - PROGNOSTICS Study



PeRsOnalized theraGNOstics of metaStaTIC proState cancer

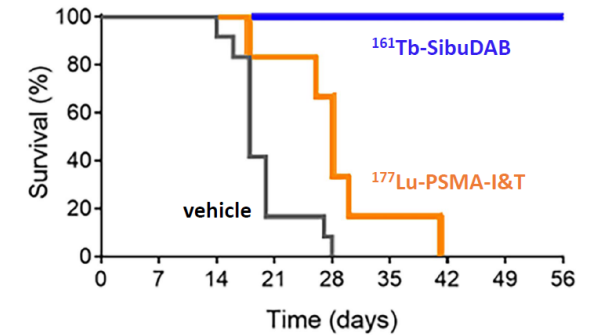
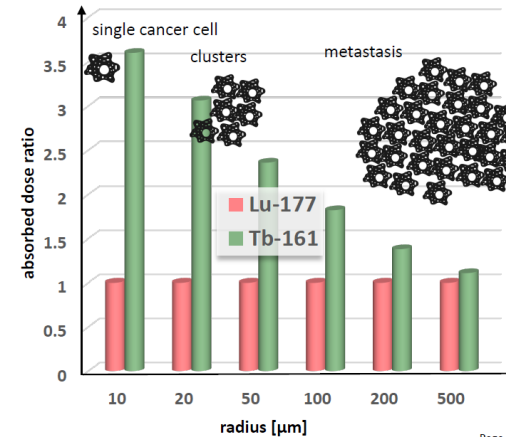
## Phase 1A: Dosimetry

Comparator: [<sup>177</sup>Lu]Lu-PSMA-I&T

- 1 GBq, ~ 200 µg peptide
- Planned: 10 patients
- First patient: 20.03.2024

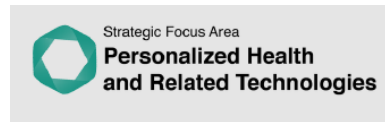
## Phase 1B: Dose escalation

- 2–5 GBq (tbd), ~ 200 µg peptide
- Planned: up to 15 patients
- 4 treatment cycles



## Hypotheses

- ❖ Disseminated micrometastases are not killed by <sup>177</sup>Lu-based RLT because of insufficient radiation dose deposition, leading to poor outcome
- ❖ Sibu-DAB combined with <sup>161</sup>Tb will kill micrometastases due to
  - > 3-times higher tumor accumulation than Pluvicto™
  - > 3-times higher radiation dose deposition due to <sup>161</sup>Tb



ETH zürich



Universitätsspital Basel

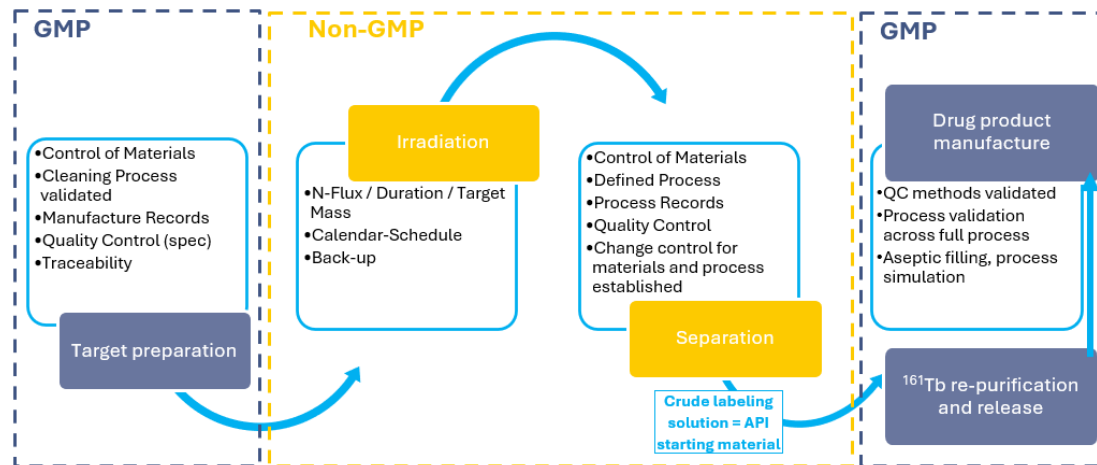


ClinicalTrials.gov Identifier: NCT06343038

Tschan et al., J Nucl Med., 64(10), 1625-1631, 2023

# Conclusion

- Manufacturing strategy for clinical  $^{161}\text{Tb}$ -radiotracers developed and approved by national health authority



- $^{161}\text{Tb}$  re-purification, to yield GMP-compliant labeling solution, developed and validated
- Manufacturing of [ $^{161}\text{Tb}$ ]Tb-DOTA-LM3 and [ $^{161}\text{Tb}$ ]Tb-SibuDAB established for use in clinical studies (Beta Plus and PROGNOSTICS study)

# Acknowledgement



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Pascal Grundler  
Colin Hillhouse

**Nuclide Chemistry group**

Prof. Cristina Müller  
Susan Cohrs  
Fan Sozzi-Guo

**Radionuclide-Production and Maintenance group**

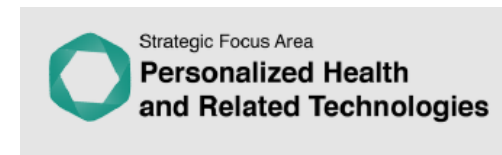
Roger Geissmann  
Muhamet Djelili



Prof. Damian Wild

**Nuclear Medicine Department**

Julia Fricke  
Alin Chirindel



# Backup Slides



# Overview Logistics and Operations



Target manufacture



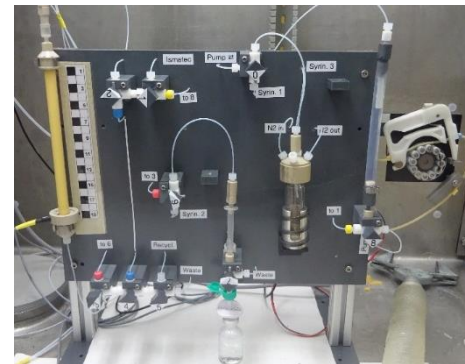
Transport cold target to irradiation site



$^{160}\text{Gd}(n,\gamma)^{161}\text{Gd} \rightarrow ^{161}\text{Tb}$   
for 7 to 14 days (reactor/neutron flux)



GMP:  
1) Final purification  
2) Labeling & formulation



Chemical separation and processing







# Risk Analysis: Potential Risks to Patients and Process

No.	Description	Impact	Probability	Risk	Mitigation	Residual Risk	Status	Responsible	Date	Next Review	Remarks	Status
1	...	...	...	High	...	Medium	...	...	...	...	...	...
2	...	...	...	High	...	Medium	...	...	...	...	...	...
3	...	...	...	High	...	Medium	...	...	...	...	...	...
4	...	...	...	High	...	Medium	...	...	...	...	...	...
5	...	...	...	High	...	Medium	...	...	...	...	...	...
6	...	...	...	High	...	Medium	...	...	...	...	...	...
7	...	...	...	High	...	Medium	...	...	...	...	...	...
8	...	...	...	High	...	Medium	...	...	...	...	...	...
9	...	...	...	High	...	Medium	...	...	...	...	...	...
10	...	...	...	High	...	Medium	...	...	...	...	...	...
11	...	...	...	High	...	Medium	...	...	...	...	...	...
12	...	...	...	High	...	Medium	...	...	...	...	...	...
13	...	...	...	High	...	Medium	...	...	...	...	...	...
14	...	...	...	High	...	Medium	...	...	...	...	...	...
15	...	...	...	High	...	Medium	...	...	...	...	...	...
16	...	...	...	High	...	Medium	...	...	...	...	...	...
17	...	...	...	High	...	Medium	...	...	...	...	...	...
18	...	...	...	High	...	Medium	...	...	...	...	...	...
19	...	...	...	High	...	Medium	...	...	...	...	...	...
20	...	...	...	High	...	Medium	...	...	...	...	...	...
21	...	...	...	High	...	Medium	...	...	...	...	...	...
22	...	...	...	High	...	Medium	...	...	...	...	...	...
23	...	...	...	High	...	Medium	...	...	...	...	...	...
24	...	...	...	High	...	Medium	...	...	...	...	...	...
25	...	...	...	High	...	Medium	...	...	...	...	...	...
26	...	...	...	High	...	Medium	...	...	...	...	...	...
27	...	...	...	High	...	Medium	...	...	...	...	...	...
28	...	...	...	High	...	Medium	...	...	...	...	...	...
29	...	...	...	High	...	Medium	...	...	...	...	...	...
30	...	...	...	High	...	Medium	...	...	...	...	...	...

- In collaboration with Radionuclide Development Group, based on manufacturing strategy
- Identification of relevant risks for patient safety and process reliability → definition of preventive measures

# Regulatory Requirements: GMP

[<sup>161</sup>Tb]Tb-DOTA-LM3 for Phase 0 clinical trial.

- Requirement to manufacture [<sup>161</sup>Tb]Tb-DOTA-LM3 under Good Manufacturing Practice (GMP)

## Annexes

- Annex 1 [New - Manufacture of Sterile Medicinal Products](#) <sup>EN</sup> - The deadline for coming into operation of Annex 1 is 25 August 2023, except for point 8.123 which is postponed until 25 August 2024  
[Manufacture of Sterile Medicinal Products](#) <sup>EN</sup> (previous version)
- 
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- Annex 3 [Manufacture of Radiopharmaceuticals](#) <sup>EN</sup>
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- Annex 4 [Manufacture of Veterinary Medicinal Products other than Immunological Veterinary Medicinal Products](#) <sup>EN</sup>



## Public Health

Home > Medicinal products > Eudralex > EudraLex - Volume 4

## EudraLex - Volume 4 - Good Manufacturing Practice (GMP) guidelines

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[Introduction](#)

Volume 4 of "The rules governing medicinal products in the European Union" contains guidance for the interpretation of the principles and guidelines of good manufacturing practices for medicinal products for human and veterinary use laid down in Commission Directives 91/356/EEC, as amended by Directive 2003/94/EC, and 91/412/EEC respectively.

Type of manufacture	Non - GMP *	GMP part II & I (Increasing) including relevant annexes			
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[https://health.ec.europa.eu/medicinal-products/eudralex/eudralex-volume-4\\_en](https://health.ec.europa.eu/medicinal-products/eudralex/eudralex-volume-4_en)

# Risk Reduction Radionuclidic Impurities

- Pattern depending on the material and separation techniques (!)
- Proportion depending on the ingrowth, i.e. time dependant (!)
- Cannot be tested before releasing the drug product

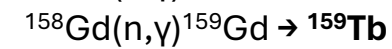
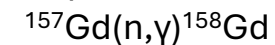
Desired Reaction:  $^{160}\text{Gd}(n,\gamma)^{161}\text{Gd} \rightarrow ^{161}\text{Tb}$

Gd-isotope	Abundance in natural Gd [%]	Abundance in enriched $^{160}\text{Gd}$ [%]*
Gd-152	0.20	< 0.01
Gd-154	2.18	0.03
Gd-155	14.8	0.19
Gd-156	20.47	0.38
Gd-157	15.65	0.31
Gd-158	24.84	1.17
Gd-160	<b>21.86</b>	<b>97.92</b>

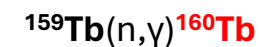
\* Batch #2-96-O

**Additional conversions may occur**

Other Gd isotopes than  $^{160}\text{Gd}$ :



Natural terbium traces:



**$^{160}\text{Gd}_2\text{O}_3$  enrichment grade and impurity profile  
very crucial for radionuclidic purity of  $^{161}\text{Tb}$**

# Risk Reduction Radionuclidic Impurities



- Transparency on the timelines (irradiation, separation), batch-wise
- Control over target material
- Change Control Agreement with Provider  
Ensures that process validation data remain valid over the life-cycle of drug product

**OR**

**Measurement of radionuclidic impurities as a release test for radioactive precursor**