

PSI Center for
Life Sciences

Preclinical Development of ^{161}Tb -based Radiopharmaceuticals for Radioligand Therapy

PRISMAP Radiolanthanide Workshop

3-5 September 2024, Paul Scherrer Institute, Switzerland

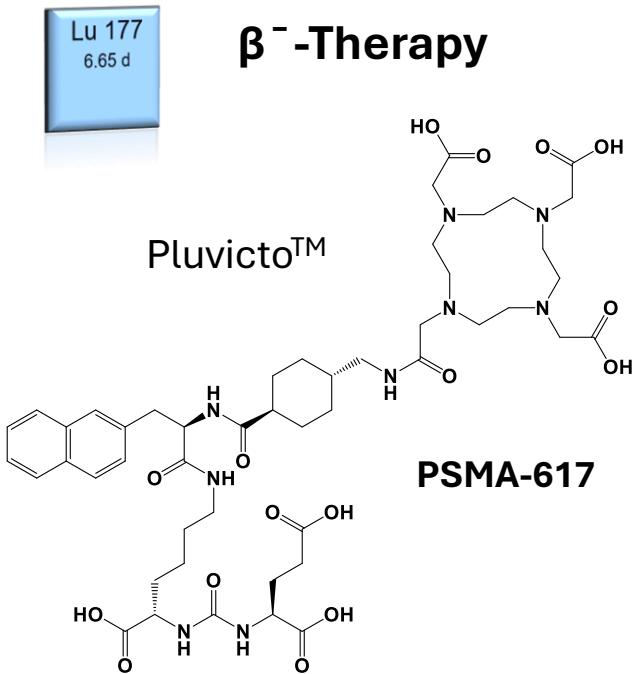
Cristina Müller, PhD

Research Group Leader at PSI, adjunct Prof. at ETH Zurich, Switzerland

^{177}Lu -based Radioligand Therapy



PSMA-targeting radioligand

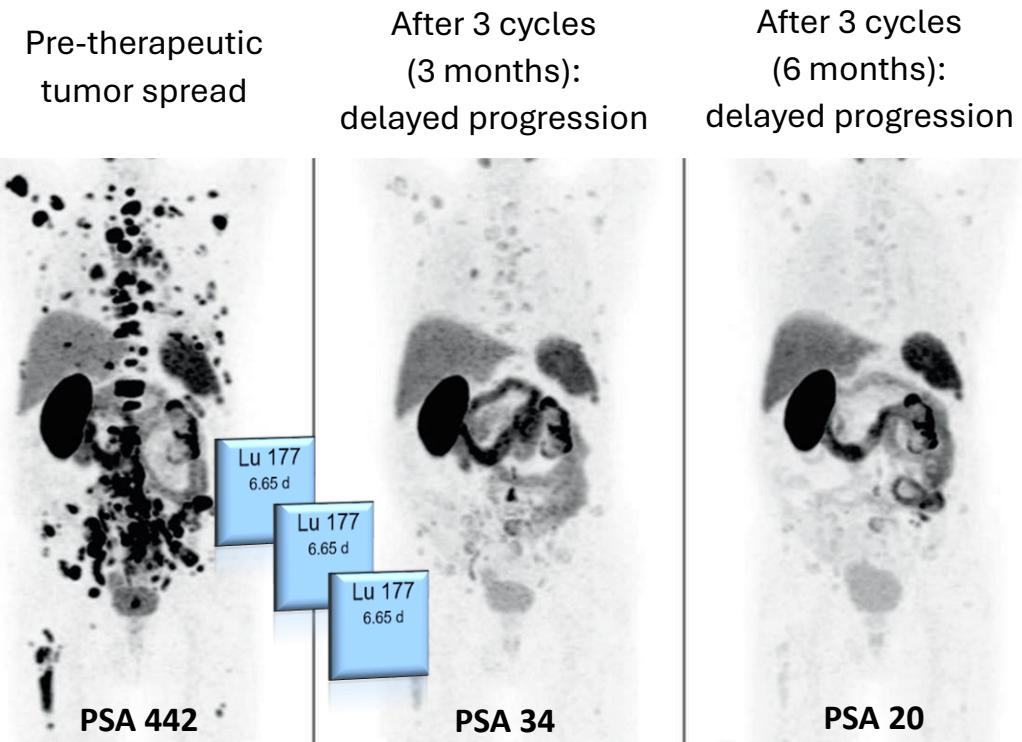
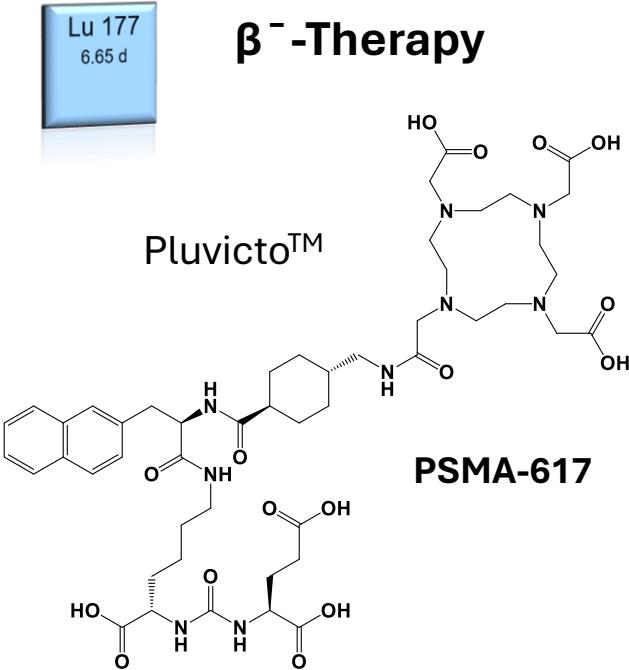


FDA approved in March 2022

PSMA = prostate-specific membrane antigen

^{177}Lu -based Radioligand Therapy

PSMA-targeting radioligand



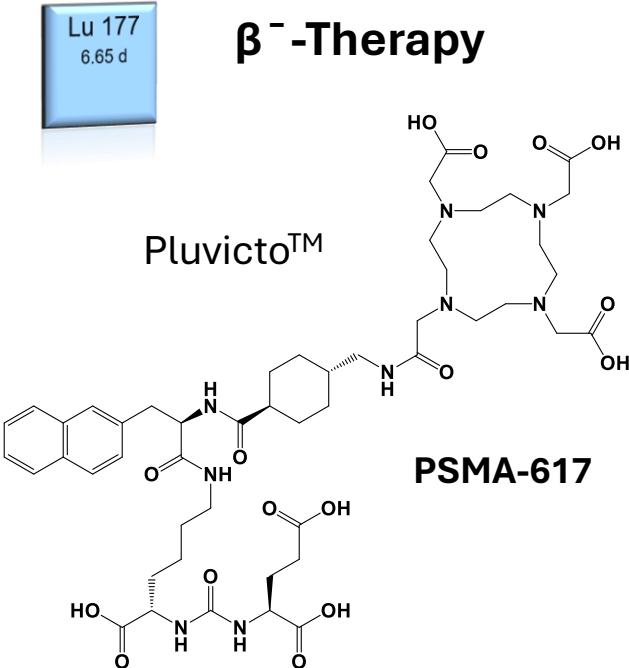
Iravani et al. 2020 Prostate Cancer and Prostatic Diseases, 23:38.

PSMA = prostate-specific membrane antigen

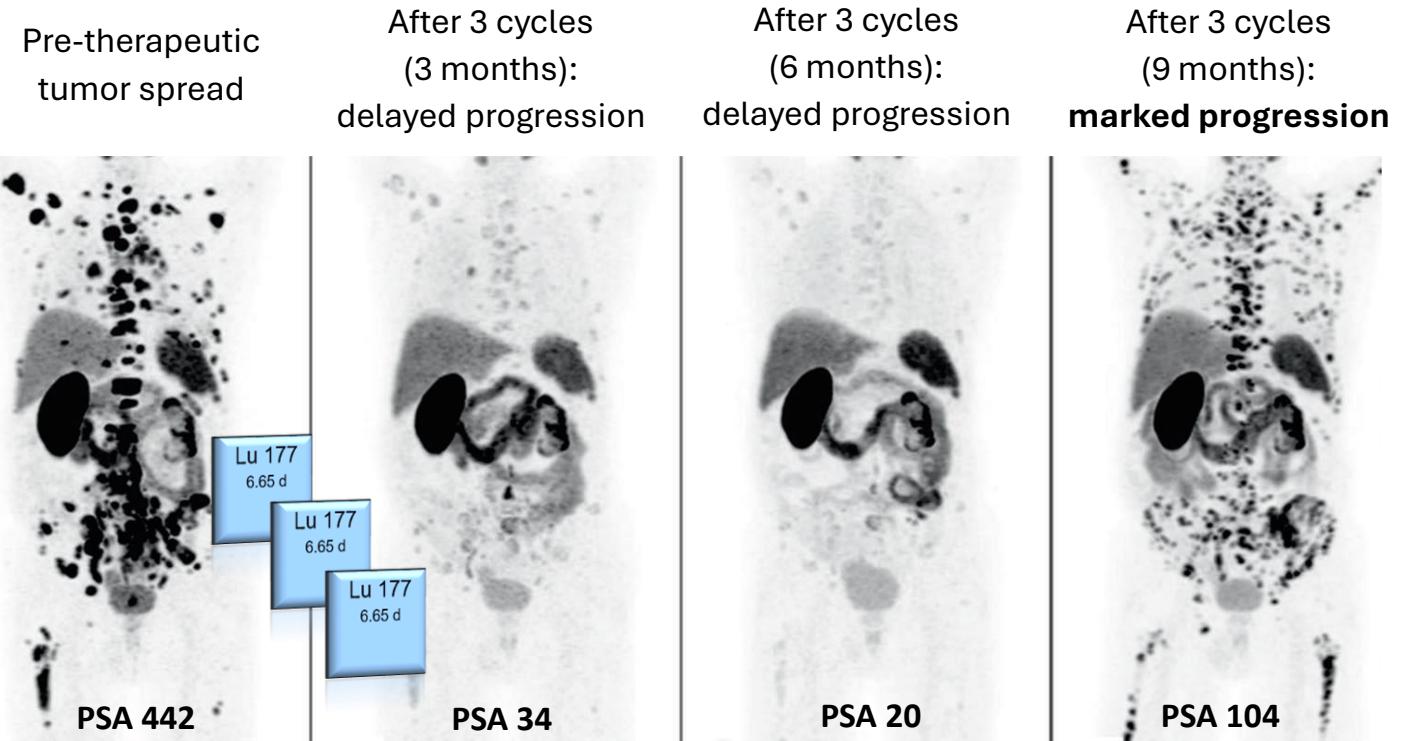
^{177}Lu -based Radioligand Therapy



PSMA-targeting radioligand



FDA approved in March 2022



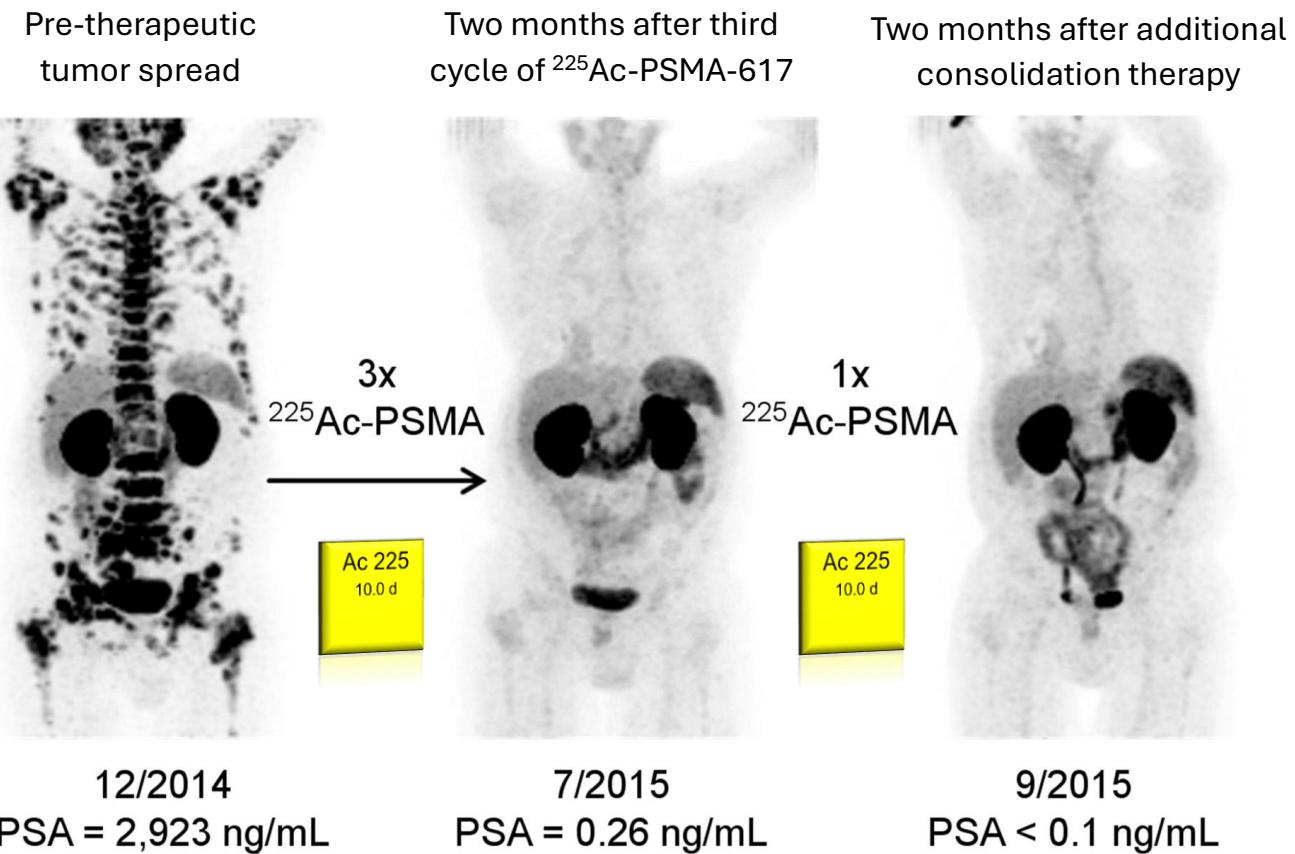
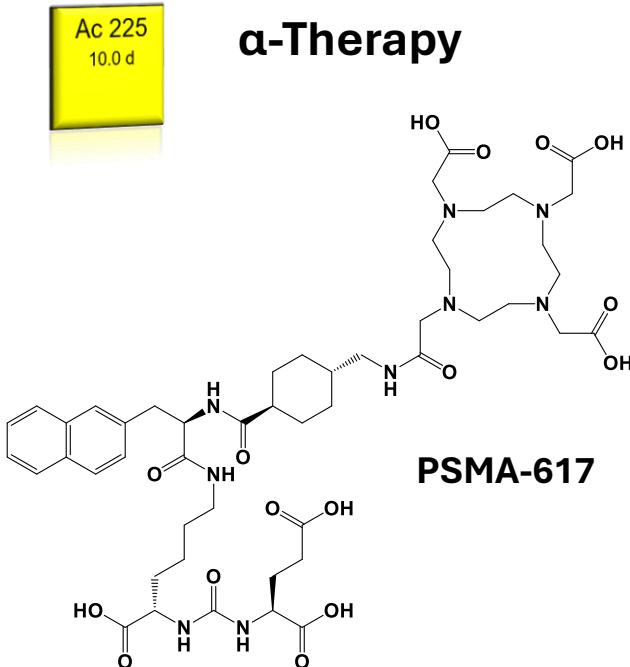
Iravani et al. 2020 Prostate Cancer and Prostatic Diseases, 23:38.

^{177}Lu is not sufficiently effective to eliminate single cancer cells and cancer cell clusters.

^{225}Ac -based Radioligand Therapy



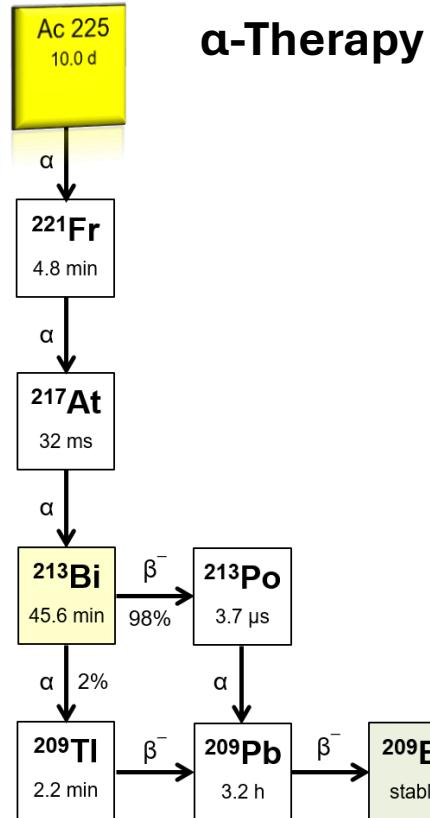
PSMA-targeting radioligand



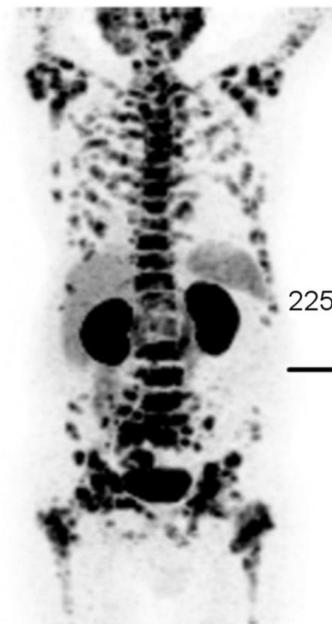
Kratochwil et al. 2016, J Nucl Med Mol Imaging 57:1941.

^{225}Ac -based Radioligand Therapy

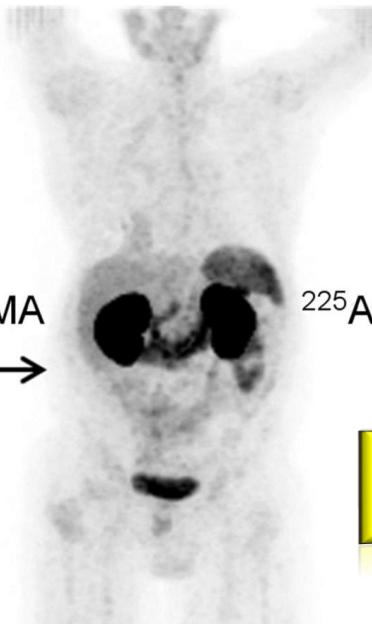
^{225}Ac decay chain



Pre-therapeutic
tumor spread



Two months after third
cycle of ^{225}Ac -PSMA-617



Two months after additional
consolidation therapy



12/2014
 $\text{PSA} = 2,923 \text{ ng/mL}$

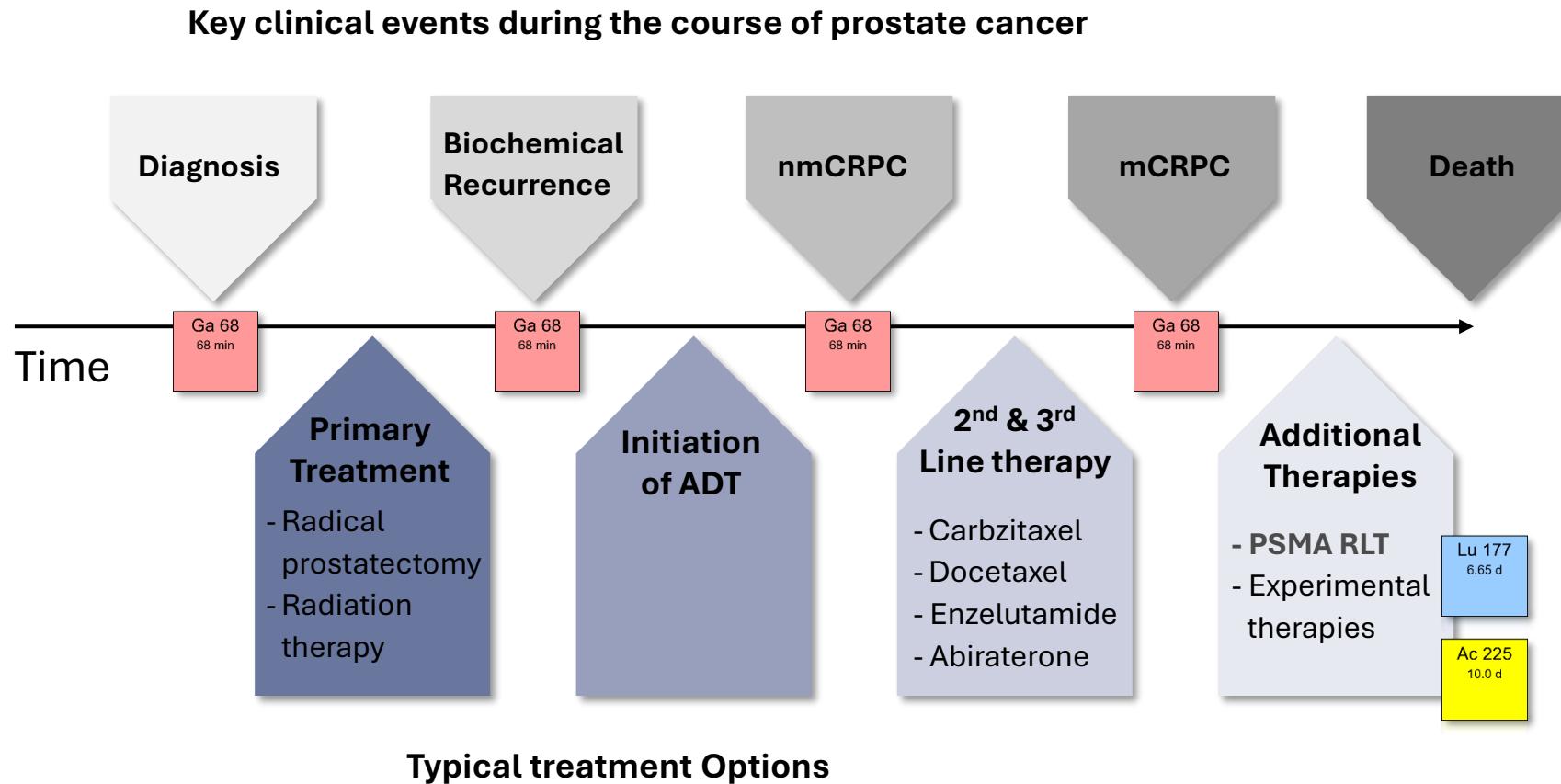
7/2015
 $\text{PSA} = 0.26 \text{ ng/mL}$

9/2015
 $\text{PSA} < 0.1 \text{ ng/mL}$

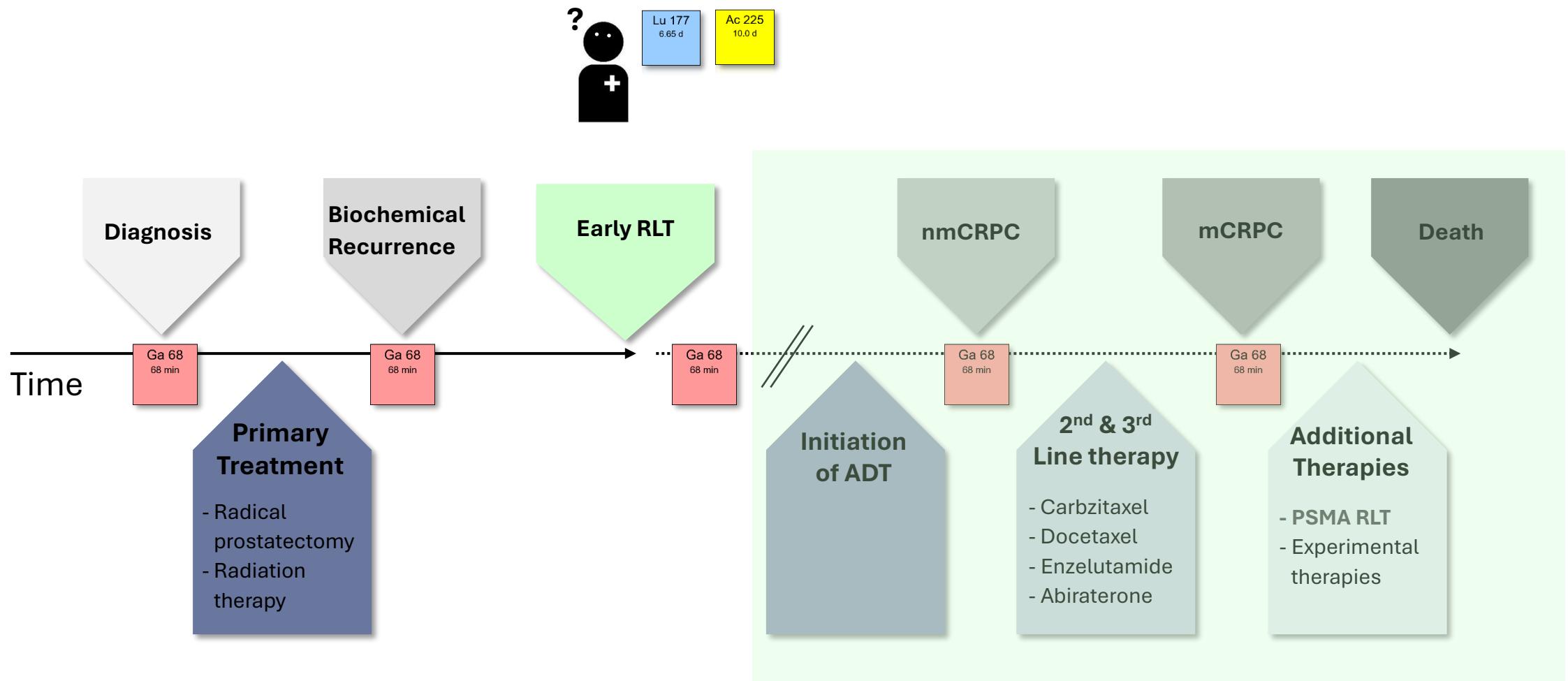
Kratochwil et al. 2016, J Nucl Med Mol Imaging 57:1941.

 ^{225}Ac is effective to eliminate micrometastases but may cause severe side effects.

Current Application of PSMA Radioligands

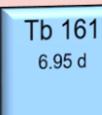


Application of RLT at an Earlier Disease Stage



Comparison of ^{161}Tb and ^{177}Lu

Decay characteristics

Nuclide	$T_{1/2}$	β^- -energy (mean)	γ radiation; energy (%)	Conversion & Auger electrons
 ^{177}Lu 6.65 d	6.65 days	134 keV	54 keV (4%) 113 keV (6%) 208 keV(10%)	No
 ^{161}Tb 6.95 d	6.95 days	154 keV	45 keV (18%) 49 keV (17%) 75 keV (10%)	Yes!

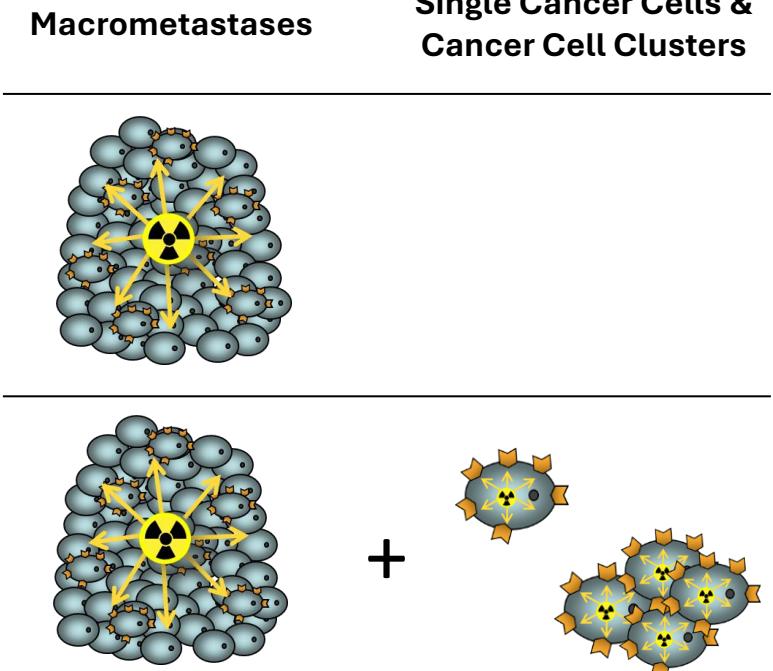
*Auger electrons: energy: 20 eV-1 keV; tissue range: 2-500 nm; LET: 4-26 keV/ μm

Treatment of Macro- and Micrometastases

Decay characteristics

Nuclide	$T_{1/2}$	β^- -energy (mean)	γ radiation; energy (%)	Conversion & Auger electrons
Lu 177 6.65 d	6.65 days	134 keV	54 keV (4%) 113 keV (6%) 208 keV(10%)	No
Tb 161 6.95 d	6.95 days	154 keV	45 keV (18%) 49 keV (17%) 75 keV (10%)	Yes!

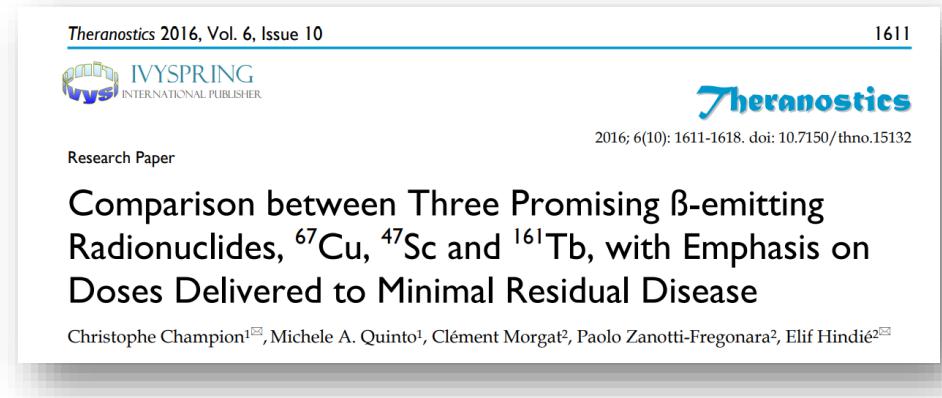
Hypothesis



*Auger electrons: energy: 20 eV-1 keV; tissue range: 2-500 nm; LET: 4-26 keV/ μ m

Theoretical Dose Calculations

Dose calculations



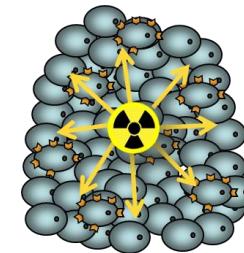
Theoretical dose calculations:

The absorbed dose in single cancer cells or cell monolayers is 3-4-fold increased when using ^{161}Tb as compared to ^{177}Lu .

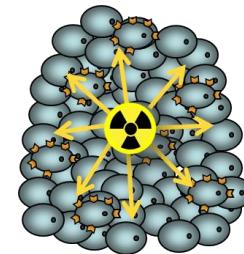
Champion et al. 2016, Theranostics

Hypothesis

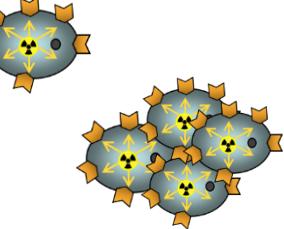
Macrometastases



Single Cancer Cells & Cancer Cell Clusters



+



More than a Decade of Preclinical Work with ^{161}Tb



Müller et al.
 ^{149}Tb -, ^{152}Tb -,
 ^{155}Tb -, ^{161}Tb -
folate
JNM 2012

Müller et al.
 ^{161}Tb -folate &
 ^{177}Lu -folate:
Therapy
EJNMMI 2014

Müller et al.
 ^{161}Tb -PSMA-617:
Therapy
EJNMMI 2019

Baum et al.
 ^{161}Tb -DOTATOC:
First-in-human
JNM 2021

Tschan et al.
 ^{161}Tb -SibuDAB &
 ^{161}Tb -PSMA-I&T:
Therapy
JNM 2023

Fricke et al.
 ^{161}Tb -DOTA-LM3
Clinical Image
EJNMMI 2024

Busslinger et al.
 ^{161}Tb -DOTA-LM3 &
 ^{161}Tb -DOTATATE
Tolerability
EJNMMI 2024

EANM'18
Düsseldorf

2011 2012

2014

2016

2018

2020

2022

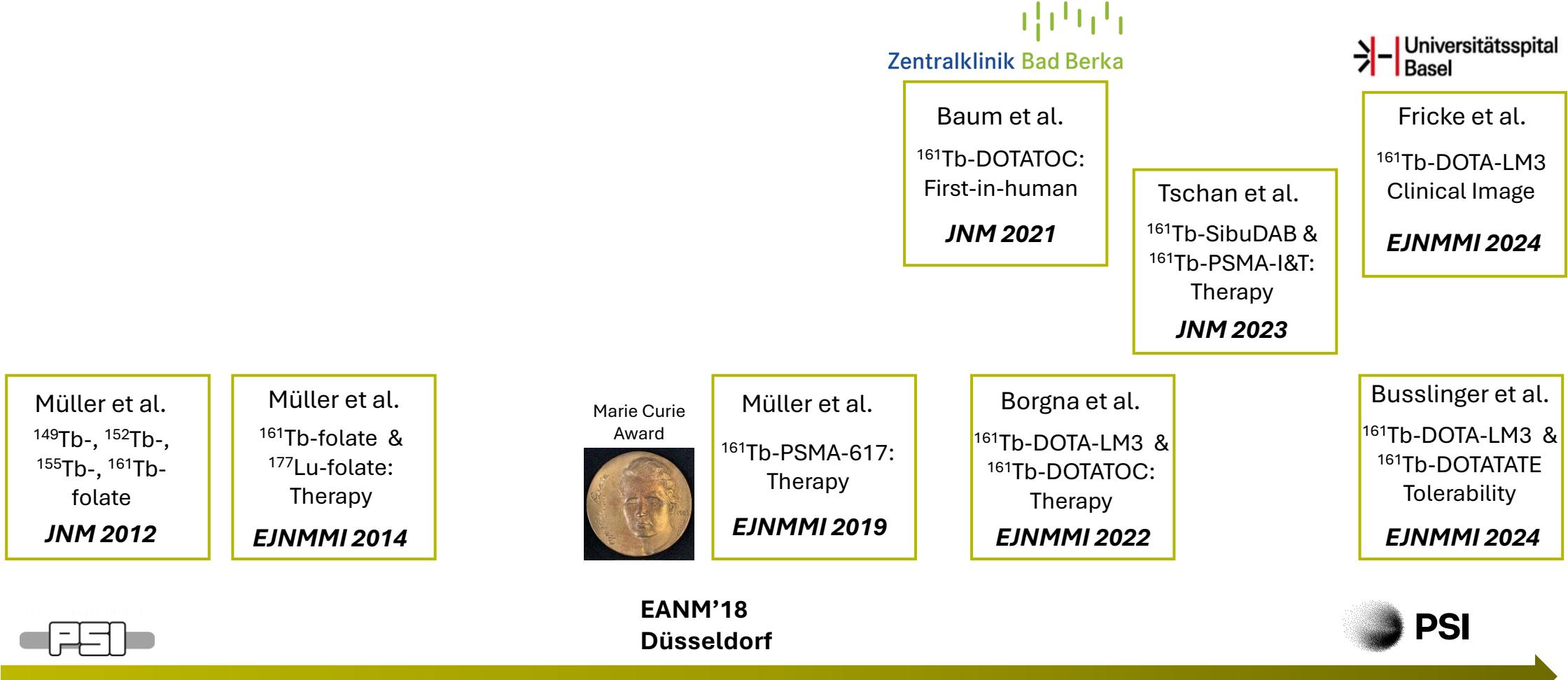
2023

2024



The articles mentioned above are a selection; additional articles about production and preclinical research have been published.

More than a Decade of Preclinical Work with ^{161}Tb



2011 2012

2014

2016

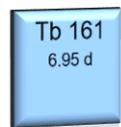
2018

2020

2022

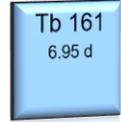
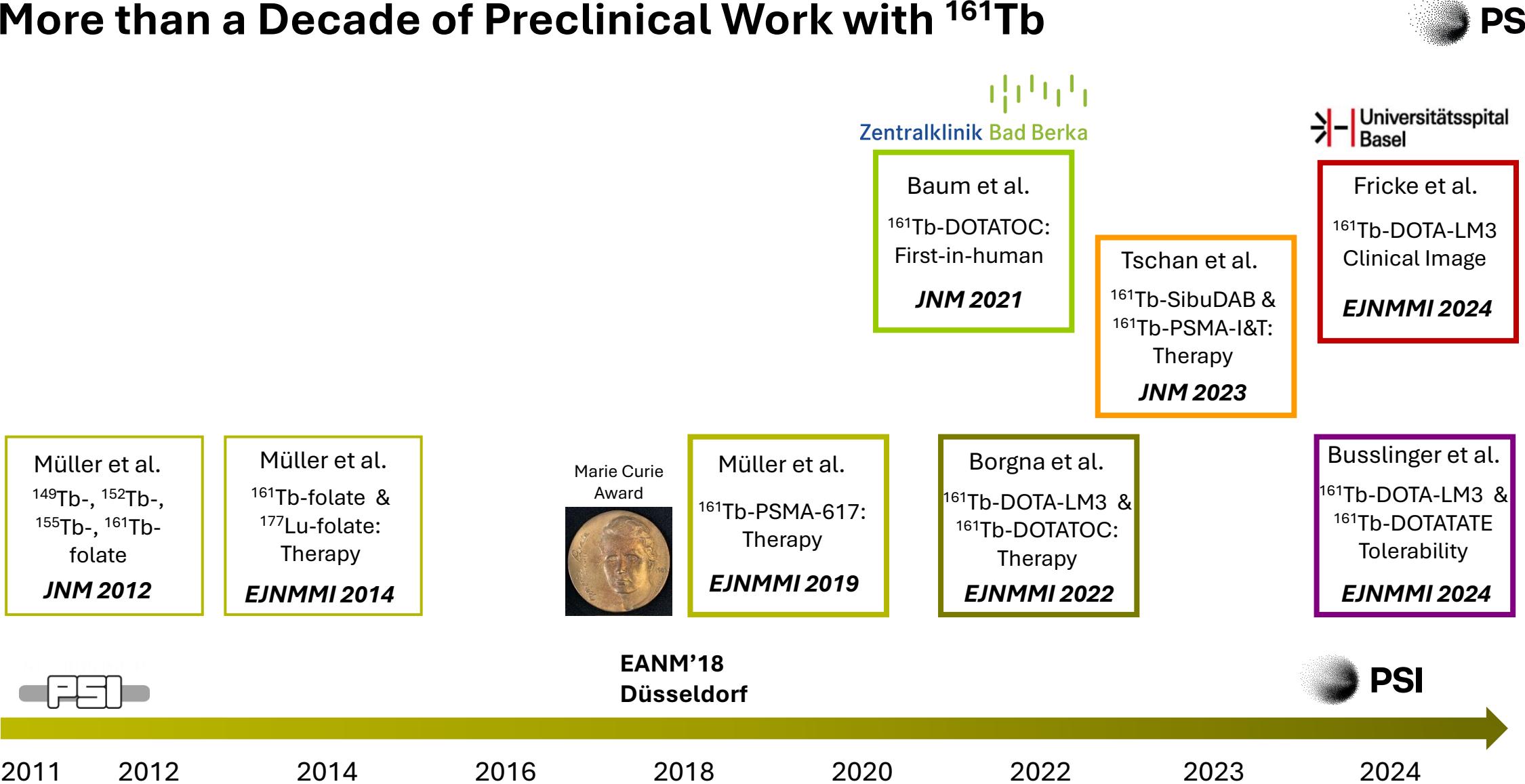
2023

2024



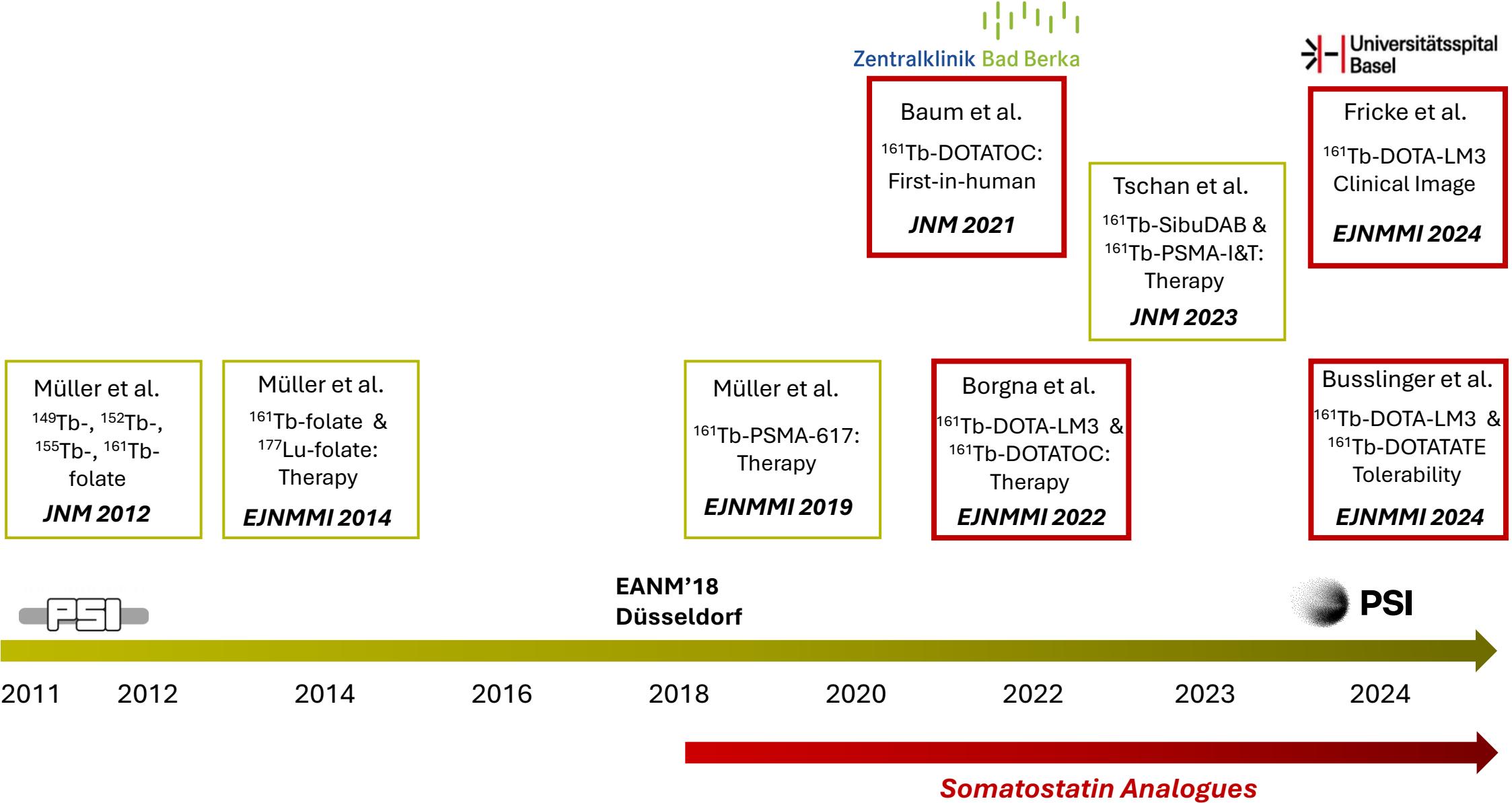
The articles mentioned above are a selection; additional articles about production and preclinical research have been published.

More than a Decade of Preclinical Work with ^{161}Tb

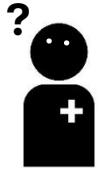


The articles mentioned above are a selection; additional articles about production and preclinical research have been published.

Preclinical Work with ^{161}Tb : Somatostatin Analogues



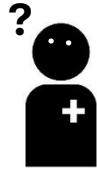
Application of ^{161}Tb with Somatostatin Analogues



Application of ^{161}Tb in combination
with somatostatin analogues?



NET Research Foundation Grant for ^{161}Tb Research



Application of ^{161}Tb in combination
with somatostatin analogues?



NETRF Petersen Award 2018 to investigate the
utility of ^{161}Tb in combination with DOTATOC



R. Schibli
R.P. Baum
N.P. van der Meulen
C. Müller



Goal: Further development of ^{161}Tb and translation
of ^{161}Tb -DOTATOC to a first-in-human application.

First Patient Image of a ^{161}Tb -based Radiopharmaceutical



“First-in-human” application

R. Baum P. Bernhardt



Zentralklinik Bad Berka, Germany

Patient with NEN (600 MBq ^{161}Tb -DOTATOC)



Baum & Singh et al. 2021, J Nucl Med 62:1391.

NETRF Petersen Award 2018 to investigate the utility of ^{161}Tb in combination with DOTATOC



R. Schibli
R.P. Baum
N.P. van der Meulen
C. Müller

Goal: Further development of ^{161}Tb and translation of ^{161}Tb -DOTATOC to a first-in-human application.

Application of ^{161}Tb with Somatostatin Receptor Antagonists?

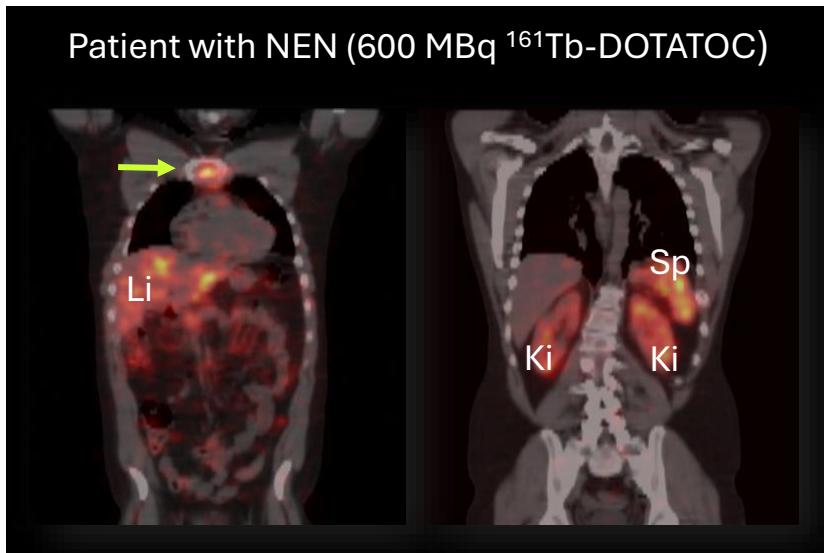


“First-in-human” application

R. Baum P. Bernhardt



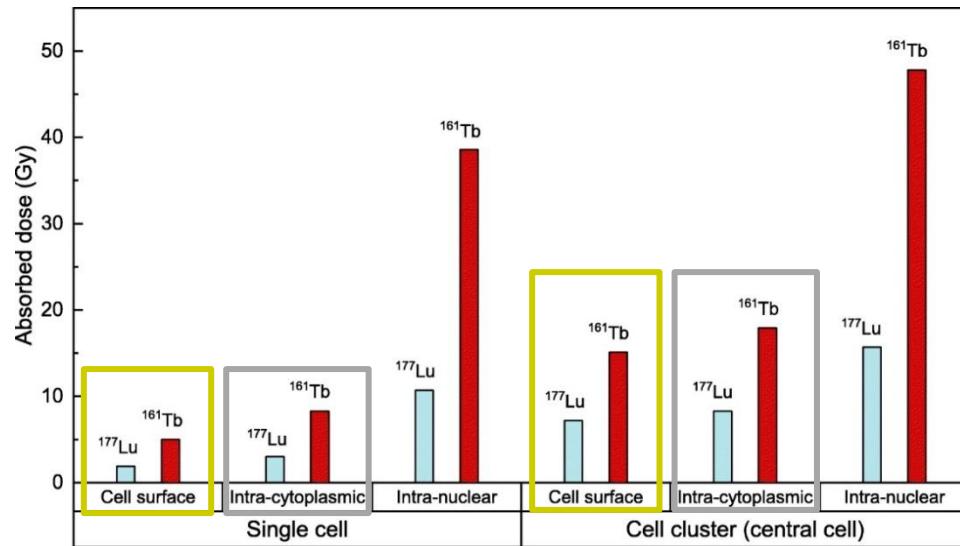
Zentralklinik Bad Berka, Germany



Application of ^{161}Tb in combination with SST receptor **antagonists**?

^{161}Tb Outperforms ^{177}Lu also when Localized at the Membrane

“Dose calculations”



→ ^{161}Tb should be a better candidate than ^{177}Lu for irradiating single tumor cells and micrometastases, **regardless of the radionuclide distribution**.

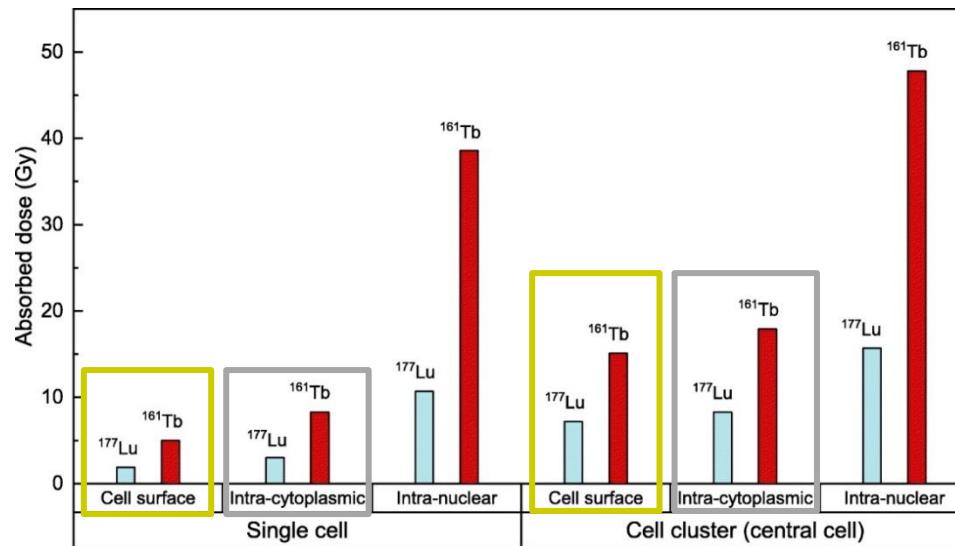


Application of ^{161}Tb in combination with SST receptor **antagonists?**

^{161}Tb Outperforms ^{177}Lu also when Localized at the Membrane



“Dose calculations”



Enhancement factor (single cell)

	Cell surface	Intra-cyto-plasmatic	Whole cell	Intra-nuclear
^{177}Lu	1.9	3.0	5.8	10.7
^{161}Tb	5.0	8.3	19.5	38.6
$^{161}\text{Tb}/^{177}\text{Lu}$	2.6	2.8	3.4	3.6

→ ^{161}Tb should be a better candidate than ^{177}Lu for irradiating single tumor cells and micrometastases, **regardless of the radionuclide distribution.**

The Use of SSTR Antagonists with ^{161}Tb makes Sense



Application of ^{161}Tb in combination with
SST receptor **antagonists**?



The comparison of SST receptor agonists (internalizing peptide) and SST receptor antagonists (non-internalizing peptide) with terbium-161 makes sense.

Enhancement factor (single cell)

	Cell surface	Intra-cyto-plasmatic	Whole cell	Intra-nuclear
^{177}Lu	1.9	3.0	5.8	10.7
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$^{161}\text{Tb}/^{177}\text{Lu}$	2.6	2.8	3.4	3.6

Comparison of ^{161}Tb and ^{177}Lu with DOTATOC and DOTA-LM3



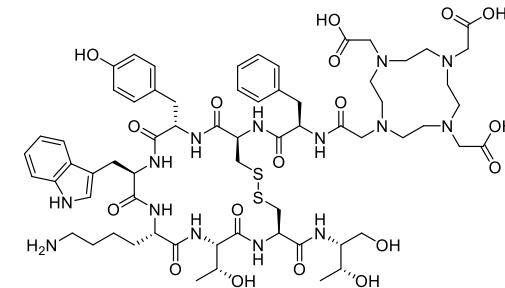
Application of ^{161}Tb in combination with
SST receptor **antagonists**?



The comparison of SST receptor agonists (internalizing peptide) and SST receptor antagonists (non-internalizing peptide) with terbium-161 makes sense.

DOTATOC

Cell-internalizing SSTR agonist

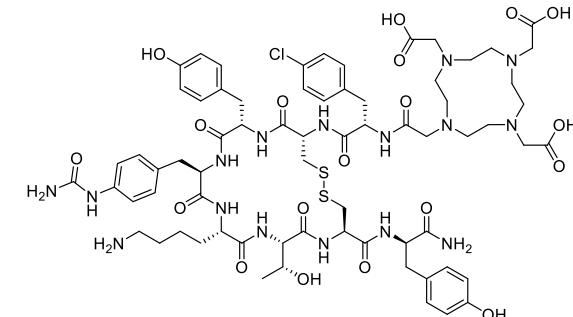


Tb 161
6.89 d

Lu 177
6.65 d

DOTA-LM3

Non-internalizing SSTR antagonist



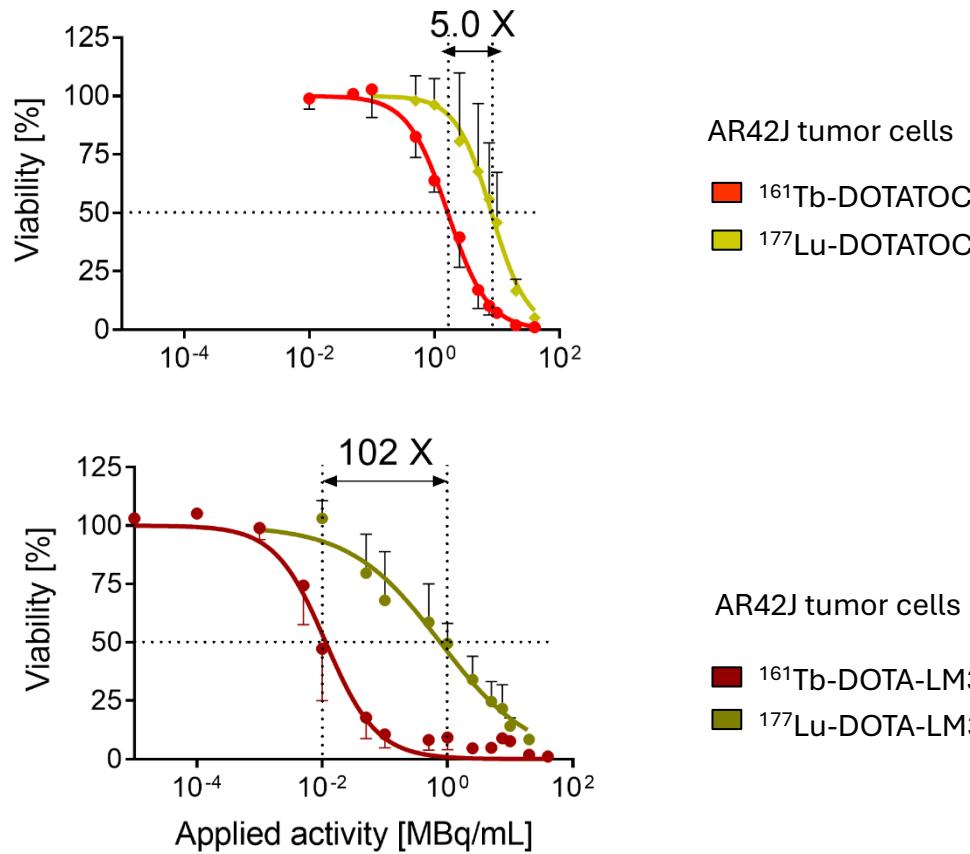
Tb 161
6.89 d

Lu 177
6.65 d

In Vitro Cell Viability Study: ^{161}Tb vs. ^{177}Lu

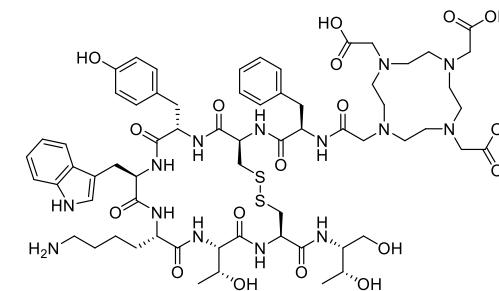


Tumor cell viability (MTT)



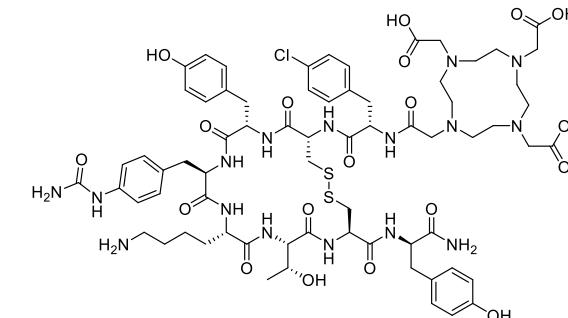
DOTATOC

Cell-internalizing SSTR agonist



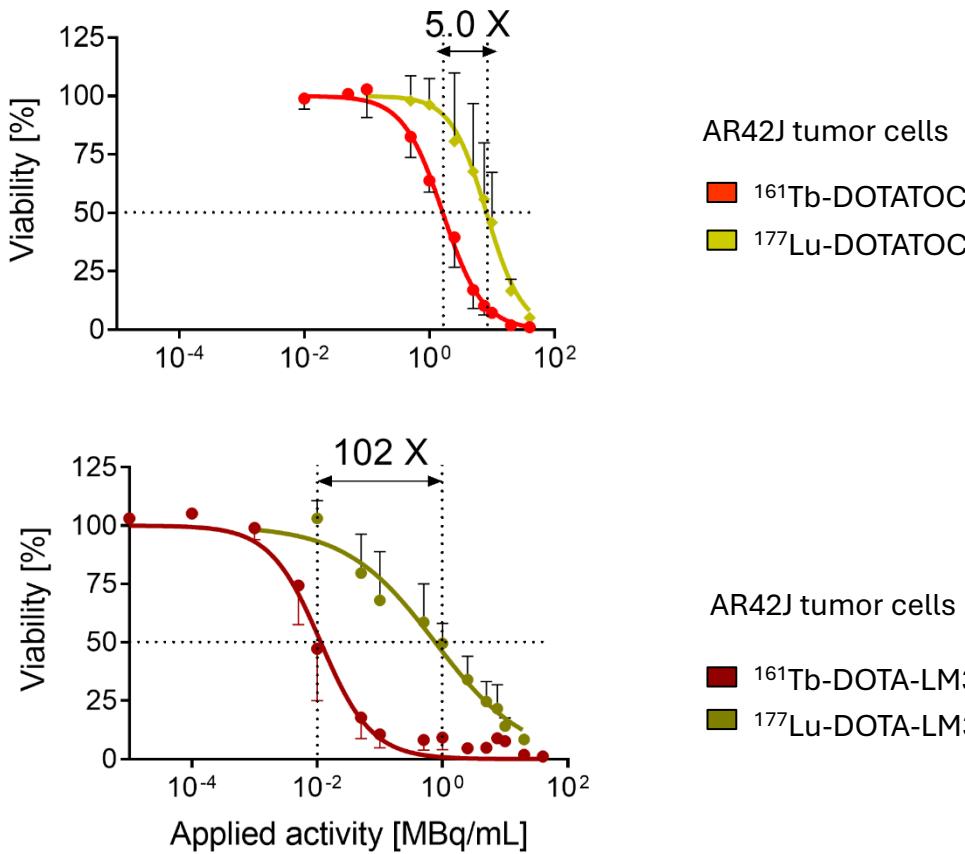
DOTA-LM3

Non-internalizing SSTR antagonist

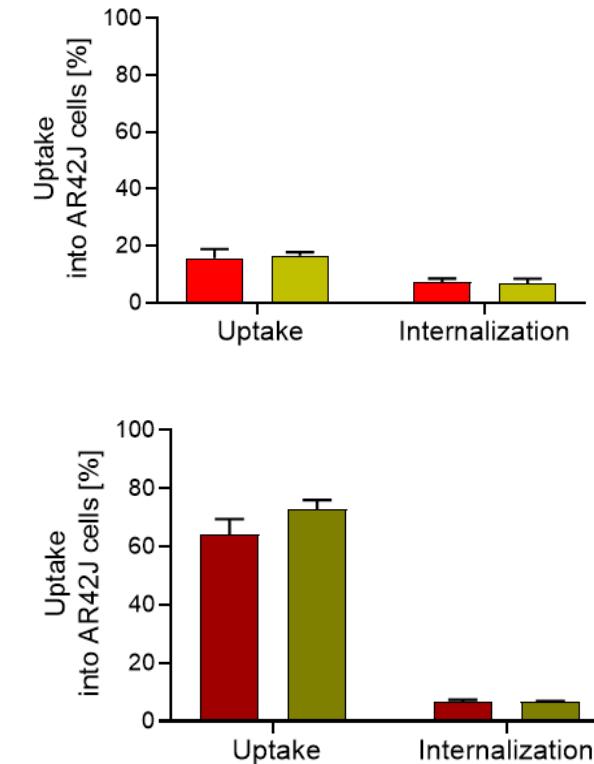


In Vitro Cell Uptake Study: Agonist vs. Antagonist

Tumor cell viability (MTT)



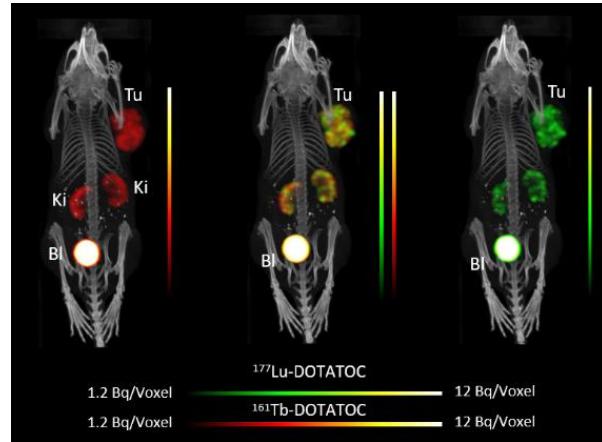
Cell uptake & internalization



Equal Tissue Distribution of ^{161}Tb - & ^{177}Lu -based Radiopeptides

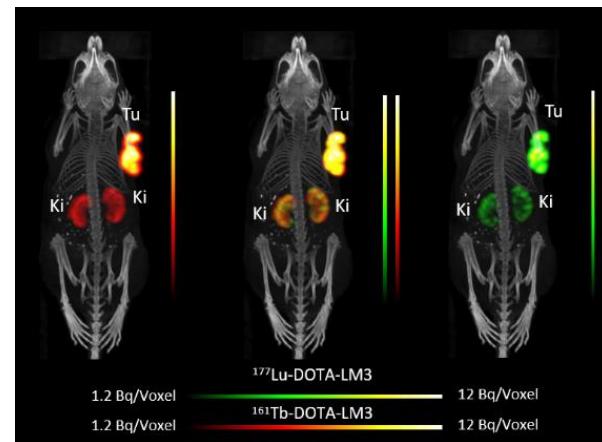


Dual-isotope SPECT imaging



DOTATOC

15 MBq ^{161}Tb
& 15 MBq ^{177}Lu ;
1 nmol/mouse

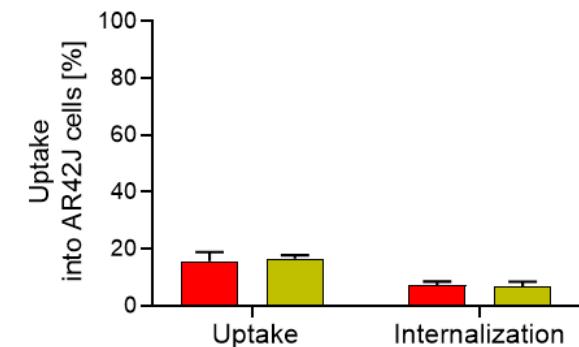


DOTA-LM3

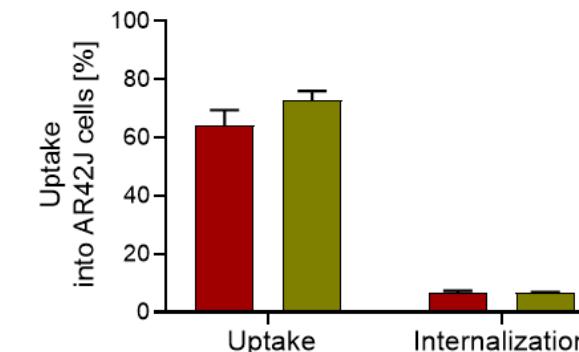
15 MBq ^{161}Tb
& 15 MBq ^{177}Lu ;
1 nmol/mouse

AR42J tumor
bearing mice

Cell uptake & internalization



■ ^{161}Tb -DOTATOC
■ ^{177}Lu -DOTATOC

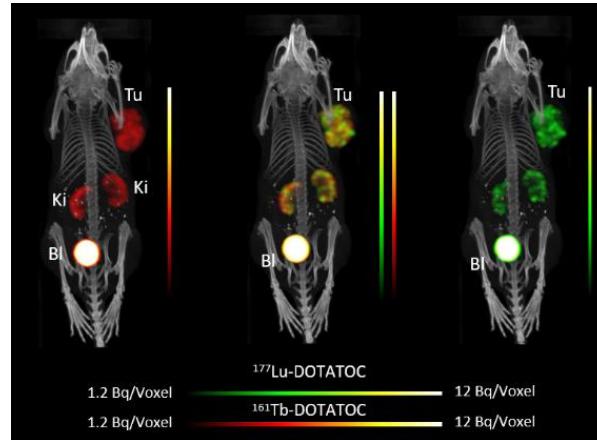


■ ^{161}Tb -DOTA-LM3
■ ^{177}Lu -DOTA-LM3

Preclinical Therapy – ^{161}Tb vs. ^{177}Lu & Agonist vs Antagonist

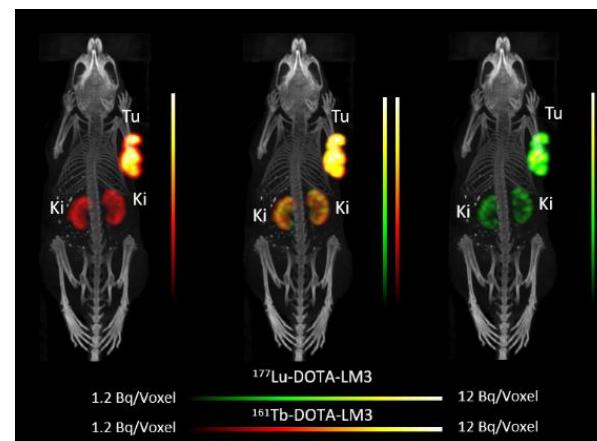


Dual-isotope SPECT imaging



DOTATOC

15 MBq ^{161}Tb
& 15 MBq ^{177}Lu ;
1 nmol/mouse



DOTA-LM3

15 MBq ^{161}Tb
& 15 MBq ^{177}Lu ;
1 nmol/mouse

AR42J tumor
bearing mice



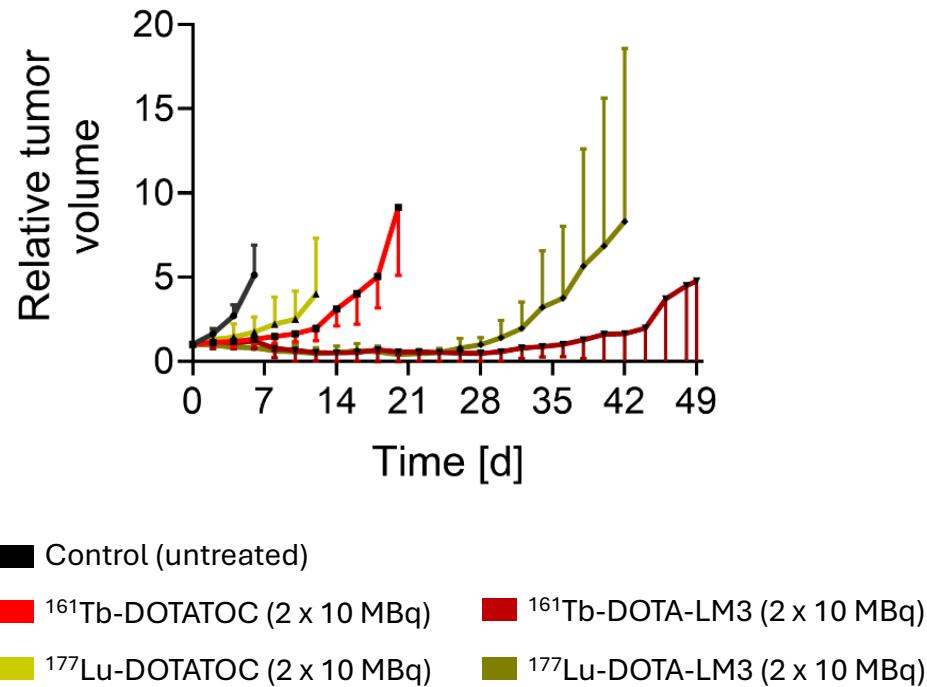
How does ^{161}Tb perform compared to
 ^{177}Lu for SST receptor targeted therapy?



Preclinical therapy study in AR42J-tumor-bearing mice injected with 2 x 10 MBq of the respective SST analogue.

Preclinical Therapy – Tumor Growth Curves

Tumor growth curves



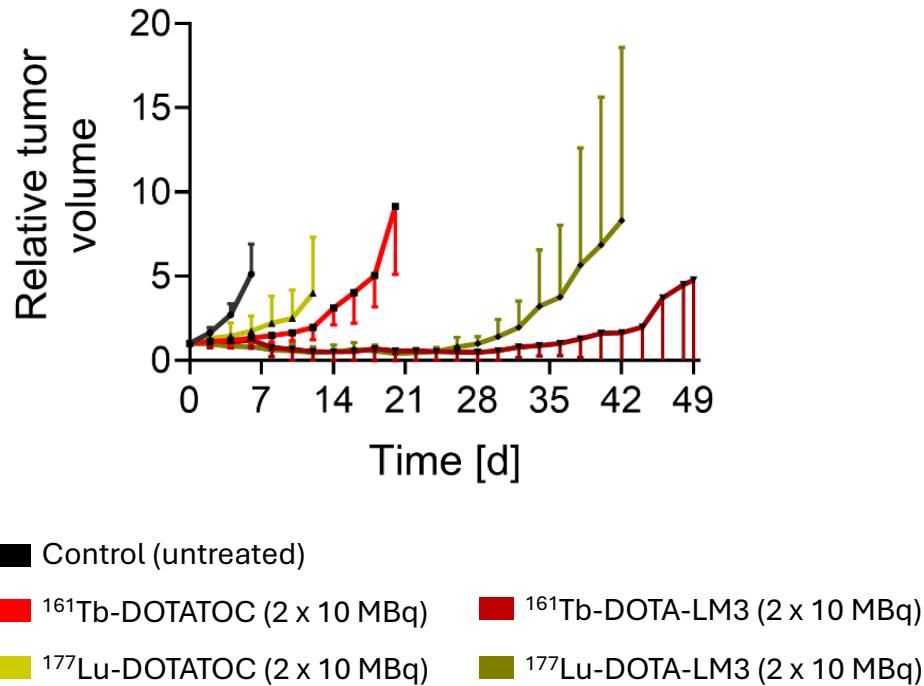
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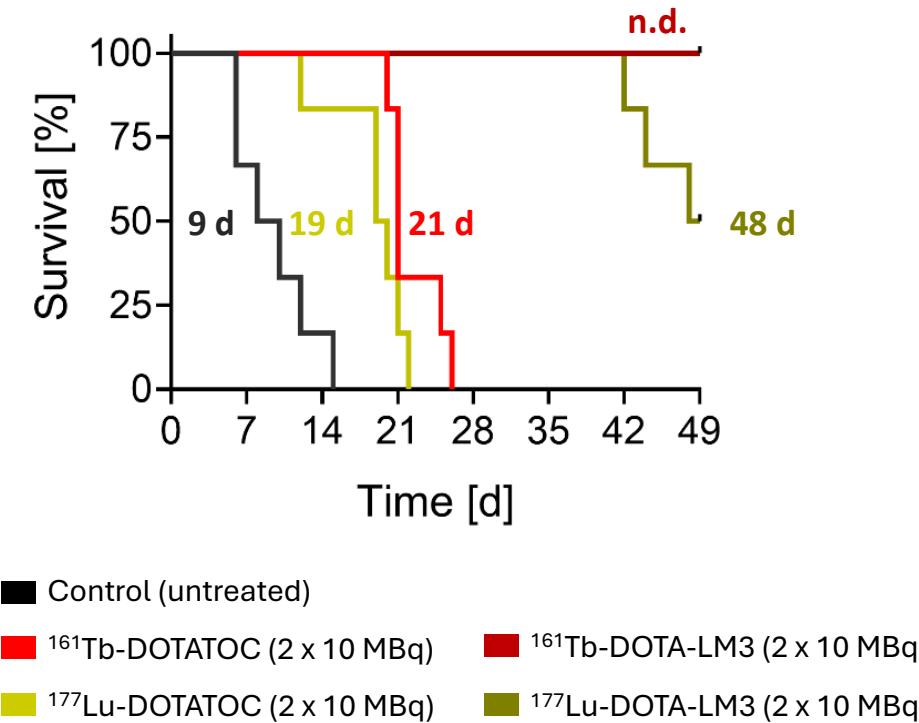
Preclinical therapy study in AR42J-tumor-bearing mice injected with 2 x 10 MBq of the respective SST analogue.

Preclinical Therapy – Survival Curves

Tumor growth curves



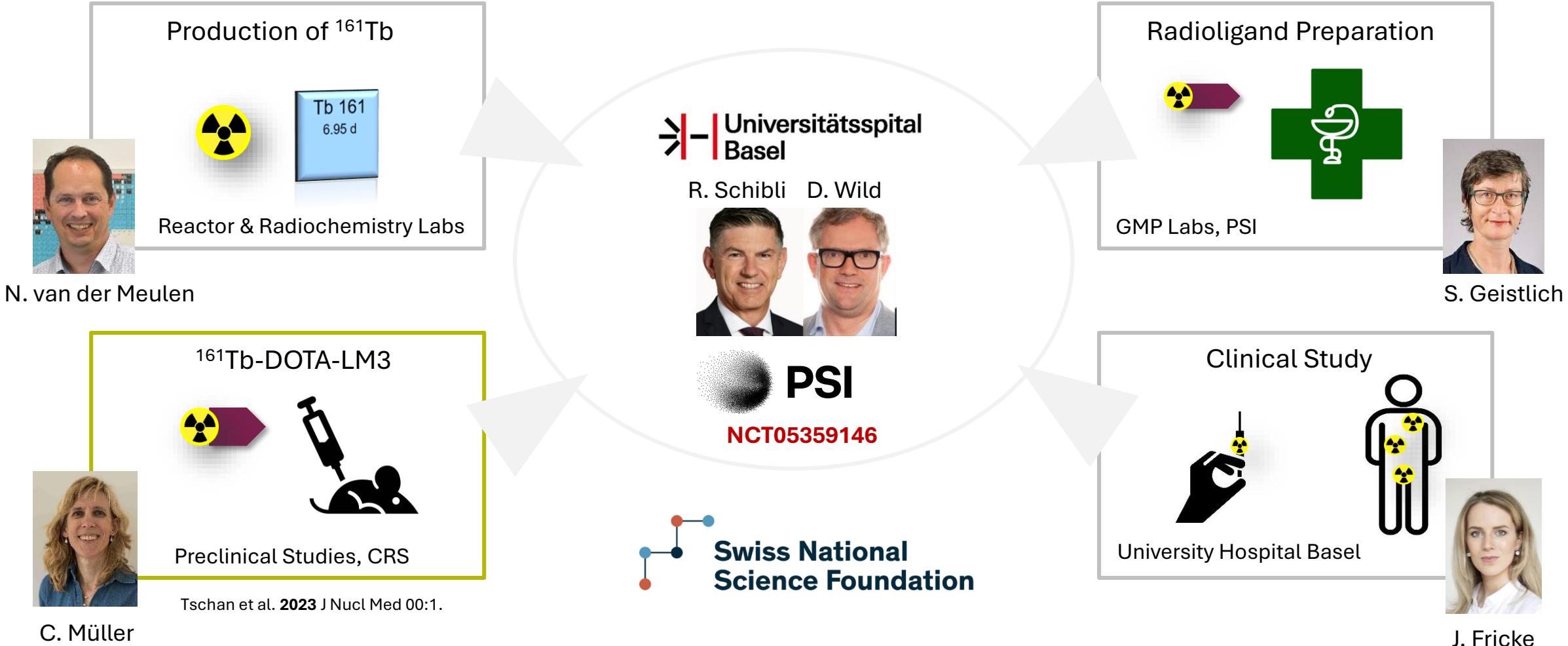
Survival curves



«BETA PLUS» Clinical Translation of ^{161}Tb -DOTA-LM3



Combined Beta- Plus Auger Electron Therapy Using a Novel Somatostatin Receptor Subtype 2 Antagonist
Labelled with Terbium-161 (^{161}Tb -DOTA-LM3)



Tolerability Study in Mice (without Tumors)



Study design

Immunocompetent, female mice (FVB)

- Control (untreated)
- ^{161}Tb -DOTA-LM3 (20 MBq)
- ^{161}Tb -DOTATATE (20 MBq)

Peptide mass: 0.2 nmol peptide per mouse

- Blood was taken from the sublingual vein to determine blood cell counts and prepare blood smears at:
Day 10, Day 28 and Day 56 after application
- At Day 56, full necropsy was performed:
 - Mass of liver, kidneys, spleen and brain and respective ratios
 - blood plasma parameters (BUN, ALP, TBIL, ALB)

Tolerability Study: Blood Cell Counts

Study design

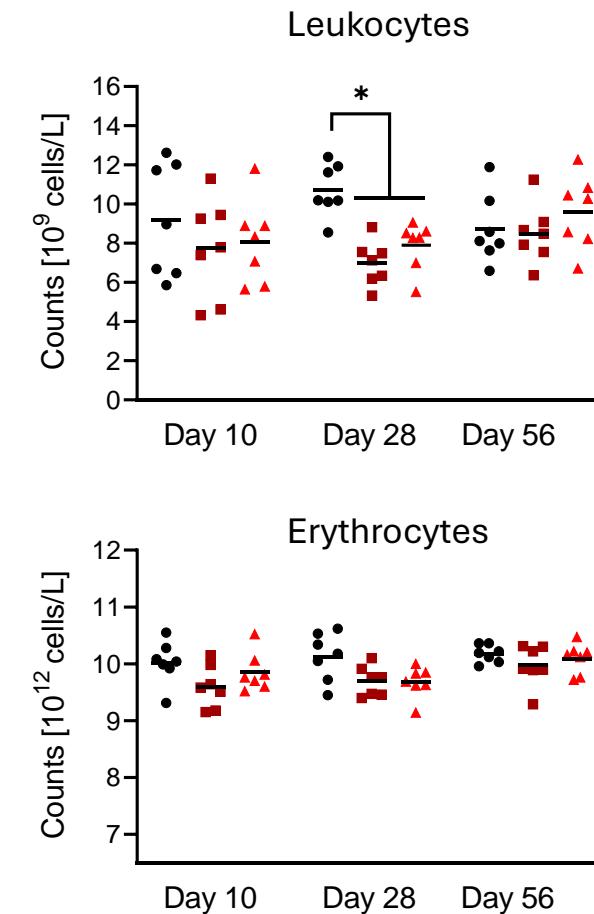
Immunocompetent, female mice (FVB)

- Control (untreated)
- ^{161}Tb -DOTA-LM3 (20 MBq) ■ ^{161}Tb -DOTATATE (20 MBq)

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Blood cell counts



Tolerability Study: Blood Cell Counts

Study design

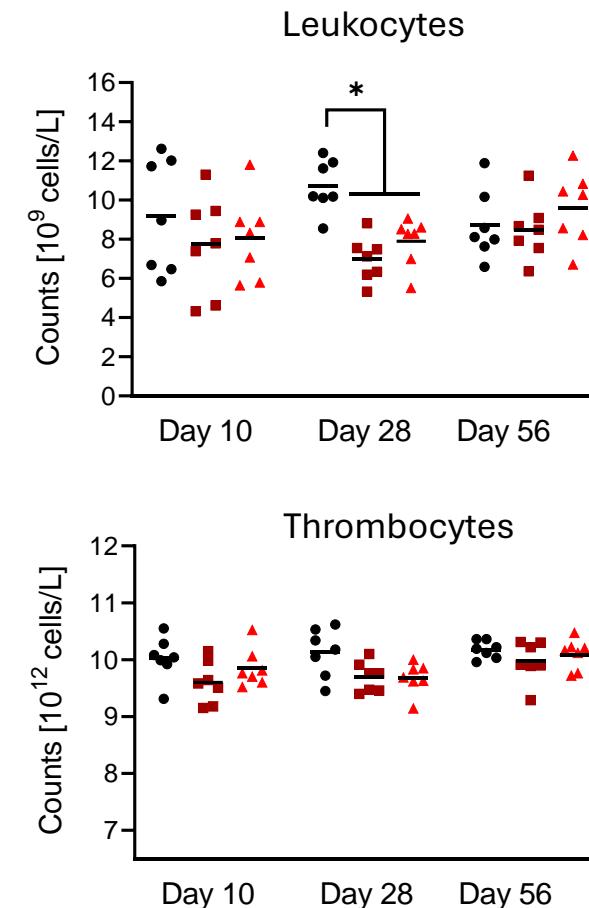
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Blood cell counts

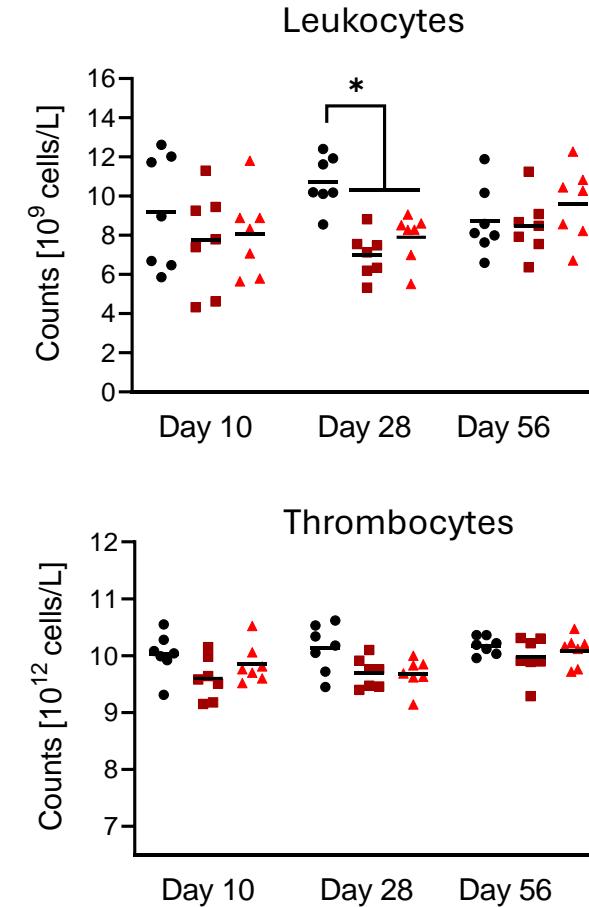


Conclusions of the Tolerability Study

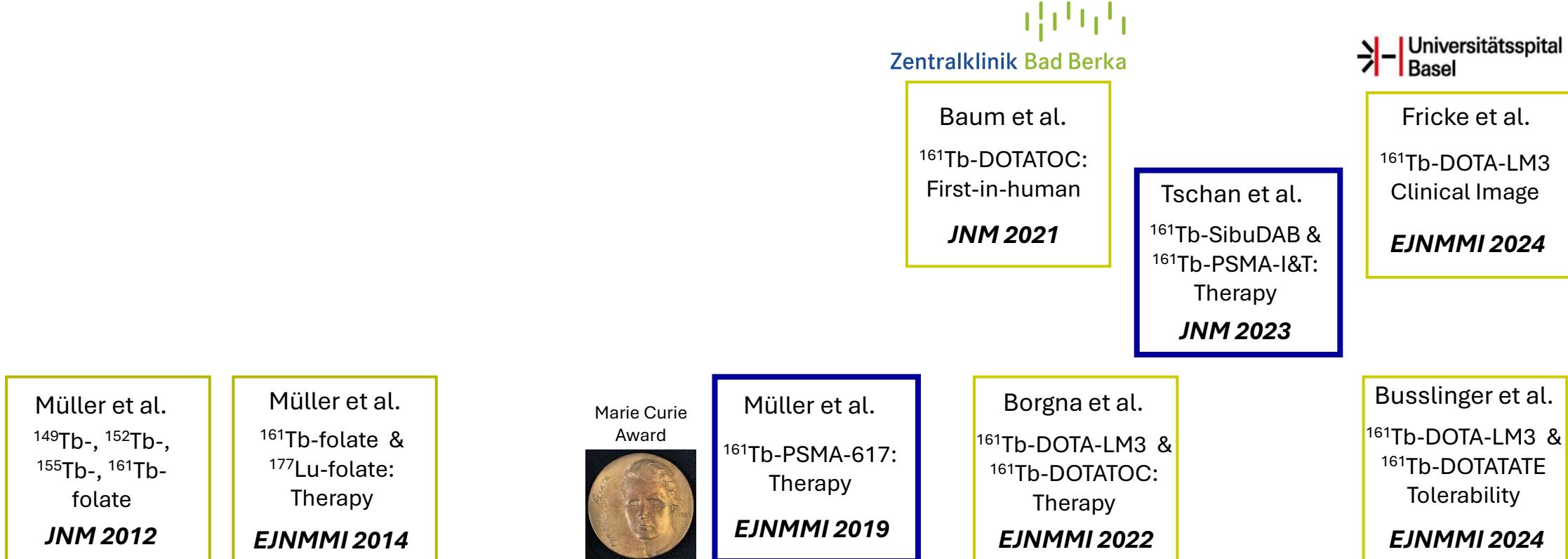
Conclusion:

- At **20 MBq** radiopeptide per mouse, no changes were determined as compared to control mice.
- At **100 MBq** radiopeptide per mouse, the blood cell counts dropped, but mostly recovered over time.
- The drop was more pronounced for the **antagonist than for the agonist** irrespective of the radionuclide.
- **^{161}Tb -labeled radiopeptides seemed to be well tolerated.**
- Based on this study, it can be assumed that **^{161}Tb -DOTA-LM3 can be used at equal activities as ^{177}Lu -DOTA-LM3** (which is lower than for the agonists)

Blood cell counts



Preclinical Work with ^{161}Tb : PSMA Ligands



2011 2012

2014

2016

2018

2020

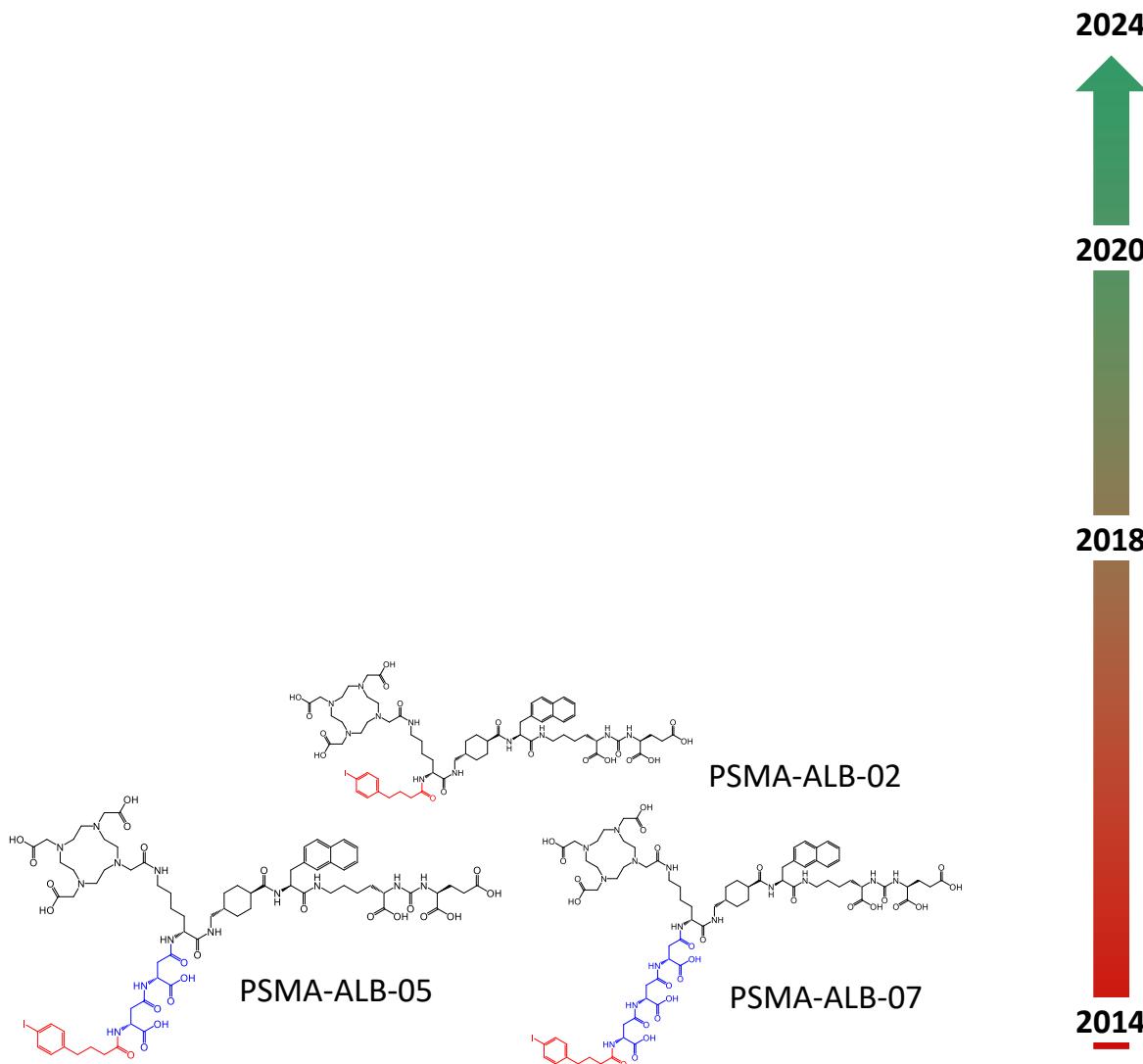
2022

2023

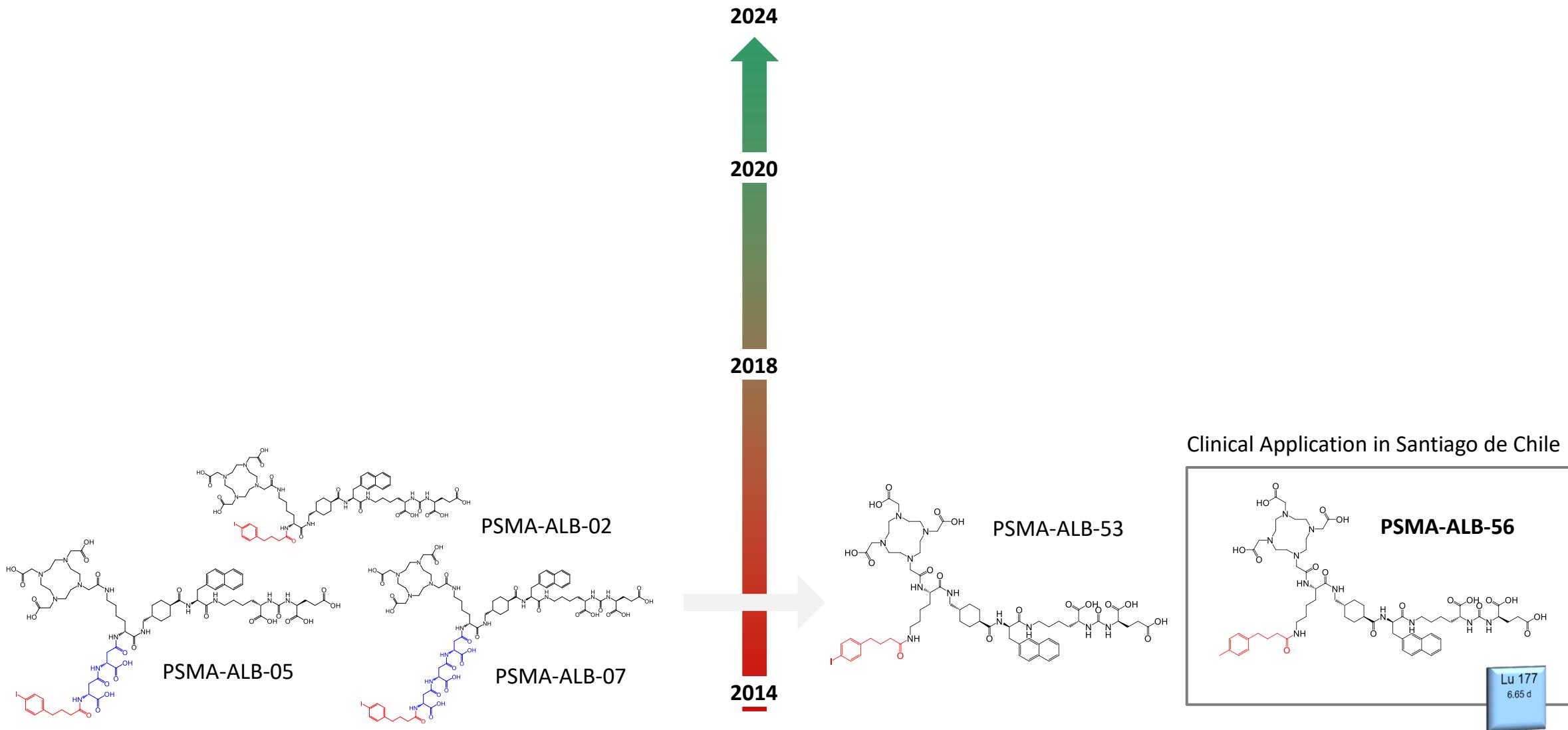
2024

PSMA Ligands

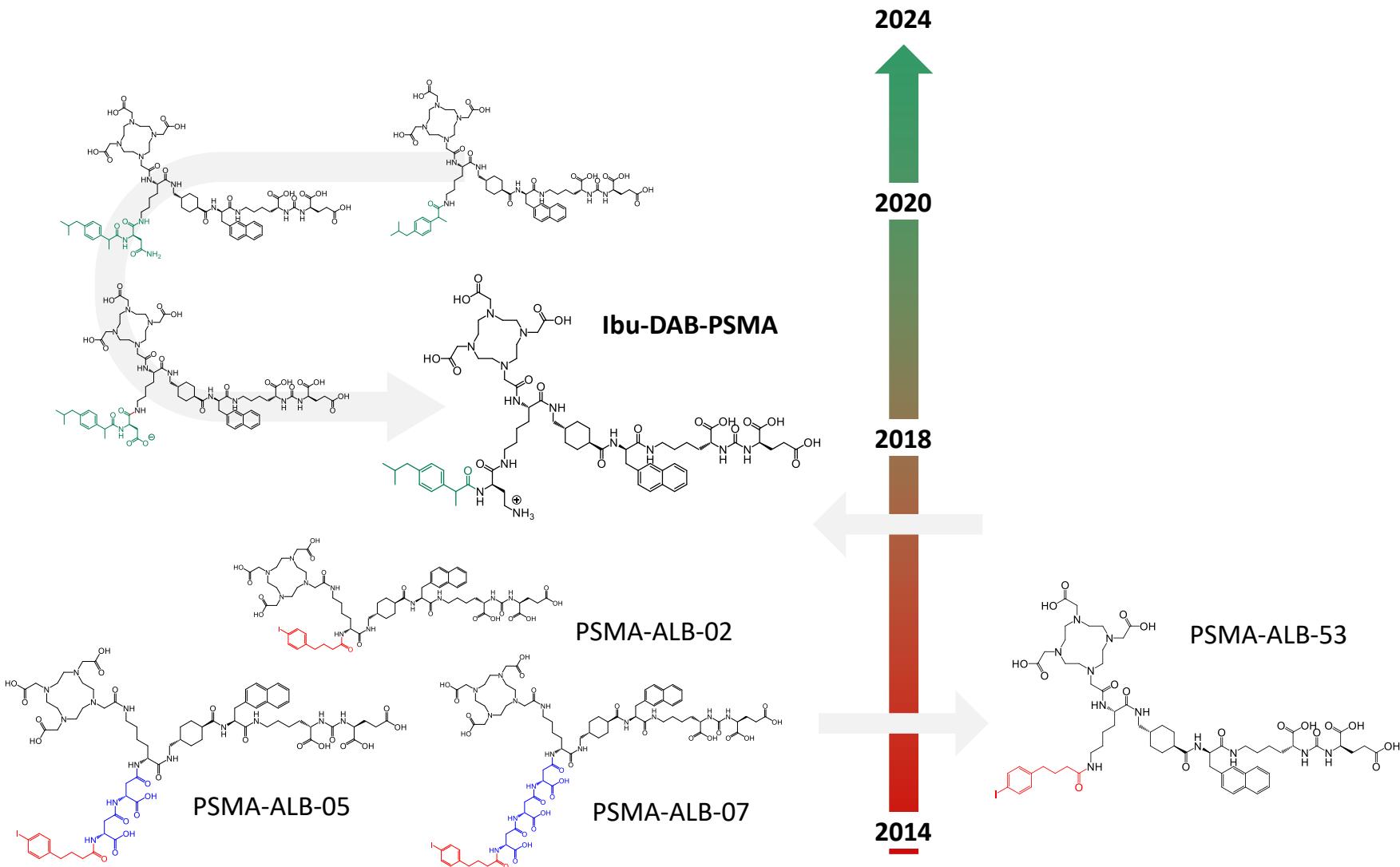
Development of New PSMA Ligands



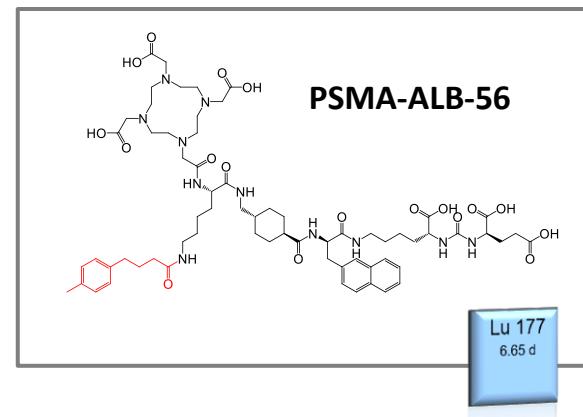
Development of New PSMA Ligands



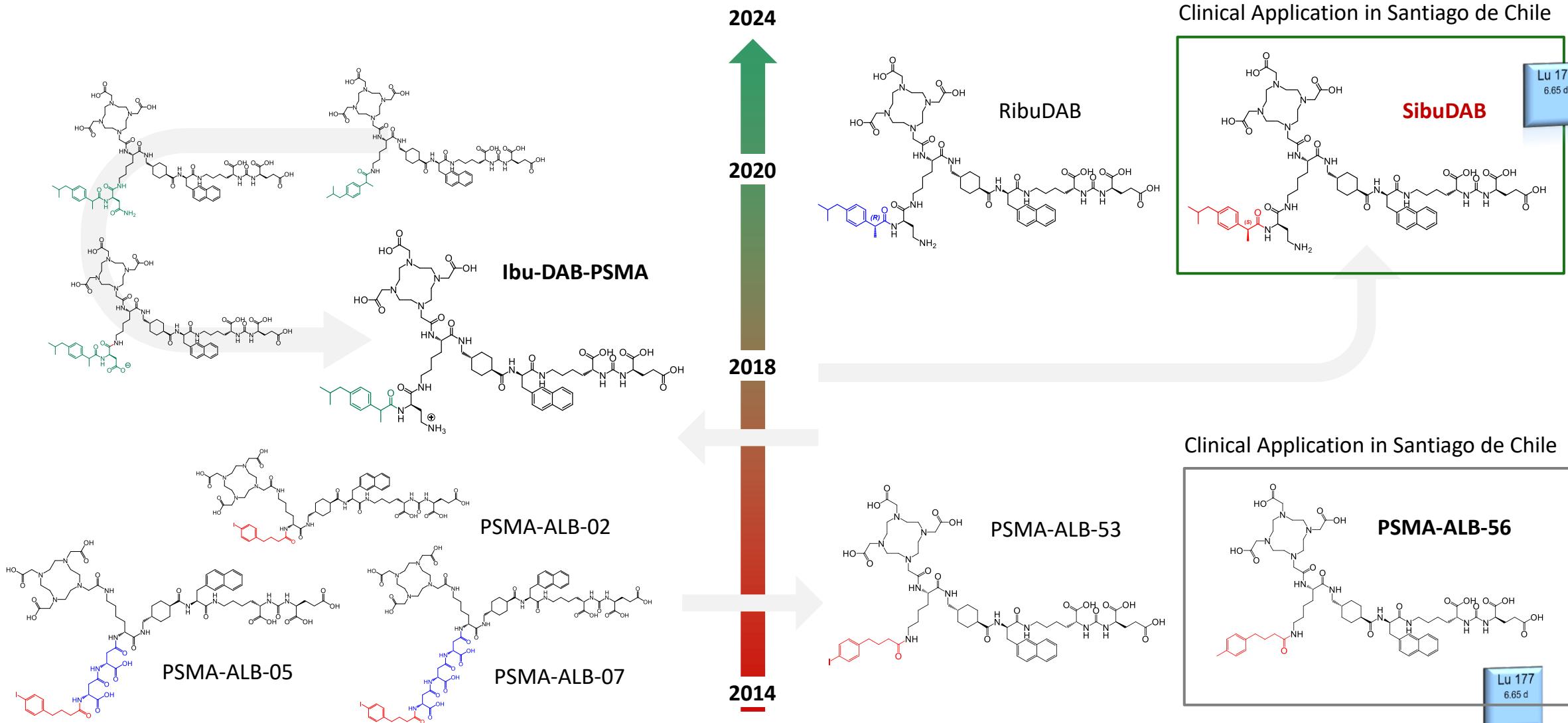
Development of New PSMA Ligands



Clinical Application in Santiago de Chile



Development of New PSMA Ligands



Development of New PSMA Ligands

European Journal of Nuclear Medicine and Molecular Imaging (2022) 49:470–480
<https://doi.org/10.1007/s00259-021-05446-5>

ORIGINAL ARTICLE

Impact of the mouse model and molar amount of injected ligand on the tissue distribution profile of PSMA radioligands

Viviane J. Tschan¹ · Francesca Borgna¹ · Roger Schibli^{1,2} · Cristina Müller^{1,2} 

Theranostics 2020, Vol. 10, Issue 4

2024

2022

2020

2018



Research Paper

Development of a new class of PSMA radioligands comprising ibuprofen as an albumin-binding entity

Luisa M. Deberle^{1,2*}, Martina Benešová^{1,2*}, Christoph A. Umbricht², Francesca Borgna², Manuel Büchler², Konstantin Zhernosekov³, Roger Schibli^{1,2}, Cristina Müller^{1,2} 



 Cite This: Mol. Pharmaceutics 2018, 15, 934–946

Albumin-Binding PSMA Ligands: Optimization of the Tissue Distribution Profile

Martina Benešová,^{†,‡} Christoph A. Umbricht,[†] Roger Schibli,^{†,‡} and Cristina Müller^{*,†,‡} 

[†]Center for Radiopharmaceutical Sciences ETH-PSI-USZ, Paul Scherrer Institut, 5232 Villigen-PSI, Switzerland

[‡]Department of Chemistry and Applied Biosciences, ETH Zurich, 8093 Zurich, Switzerland



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Article

Preclinical Investigations to Explore the Difference between the Diastereomers [¹⁷⁷Lu]Lu-SibuDAB and [¹⁷⁷Lu]Lu-RibuDAB toward Prostate Cancer Therapy

Francesca Borgna,[§] Luisa M. Deberle,[§] Sarah D. Busslinger, Viviane J. Tschan, Laura M. Walde, Anna E. Becker, Roger Schibli, and Cristina Müller^{*}

European Journal of Nuclear Medicine and Molecular Imaging (2021) 48:893–903
<https://doi.org/10.1007/s00259-020-05022-3>

ORIGINAL ARTICLE



Biodistribution and dosimetry of a single dose of albumin-binding ligand [¹⁷⁷Lu]Lu-PSMA-ALB-56 in patients with mCRPC

Vasko Kramer^{1,2}  · René Fernández¹ · Wencke Lehnert^{3,4} · Luis David Jiménez-Franco³ · Cristian Soza-Ried¹ · Elisabeth Eppard² · Matias Ceballos¹ · Marian Meckel⁵ · Martina Benešová^{6,7} · Christoph A. Umbricht⁶ · Andreas Kluge³ · Roger Schibli^{6,7} · Konstantin Zhernosekov⁵ · Horacio Amaral^{1,2} · Cristina Müller^{6,7}



 Cite This: Mol. Pharmaceutics 2018, 15, 2297–2306

Article

Preclinical Development of Novel PSMA-Targeting Radioligands: Modulation of Albumin-Binding Properties To Improve Prostate Cancer Therapy

Christoph A. Umbricht,[†] Martina Benešová,^{†,‡} Roger Schibli,^{†,‡} and Cristina Müller^{*,†,‡} 

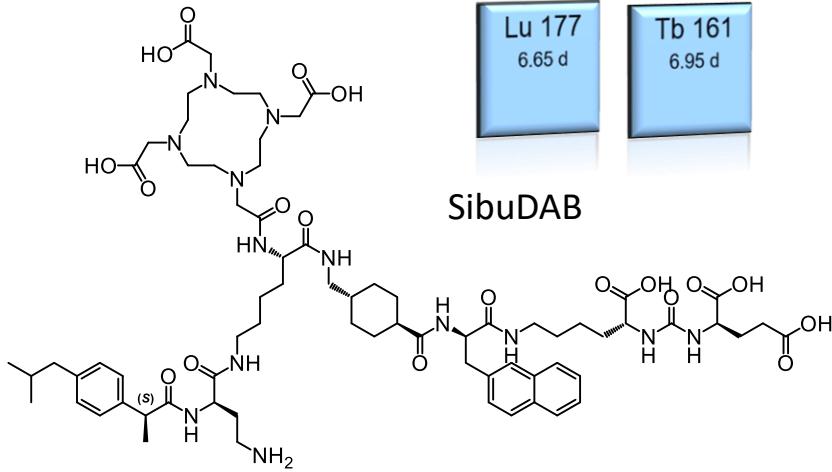
[†]Center for Radiopharmaceutical Sciences ETH-PSI-USZ, Paul Scherrer Institut, 5232 Villigen-PSI, Switzerland

[‡]Department of Chemistry and Applied Biosciences, ETH Zurich, 8093 Zurich, Switzerland

SibuDAB in Combination with ^{161}Tb and ^{177}Lu



SibuDAB

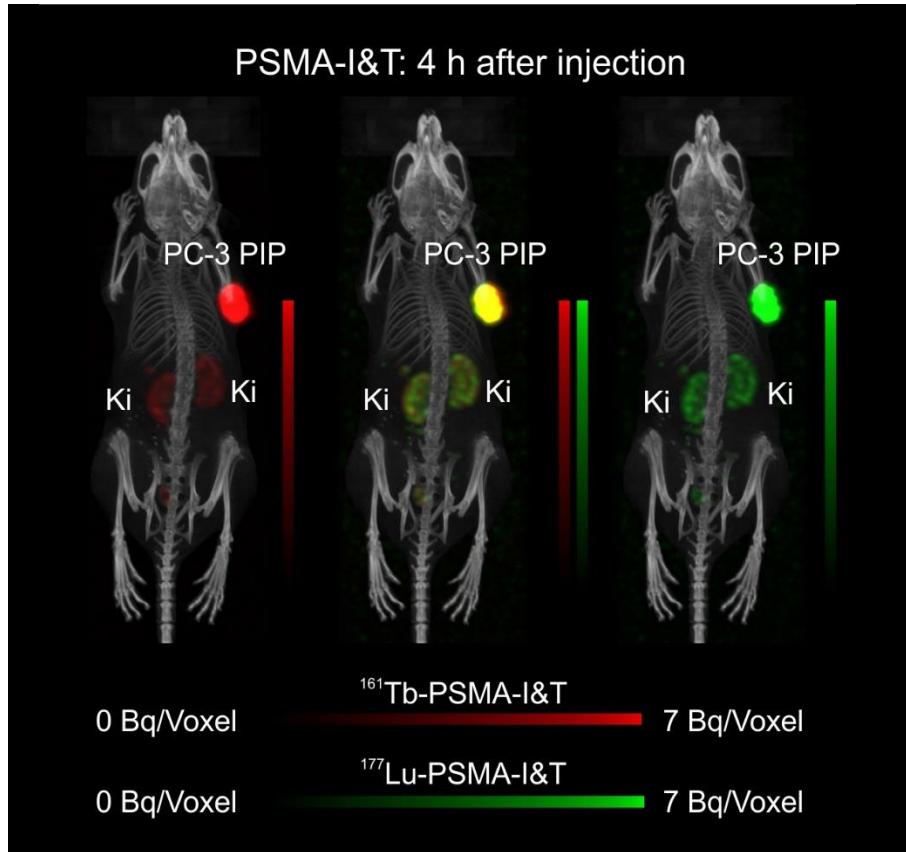


Are ^{161}Tb and ^{177}Lu interchangeable?

Equal Biodistribution of ^{161}Tb - and ^{177}Lu -based PSMA Ligands



PSMA-I&T

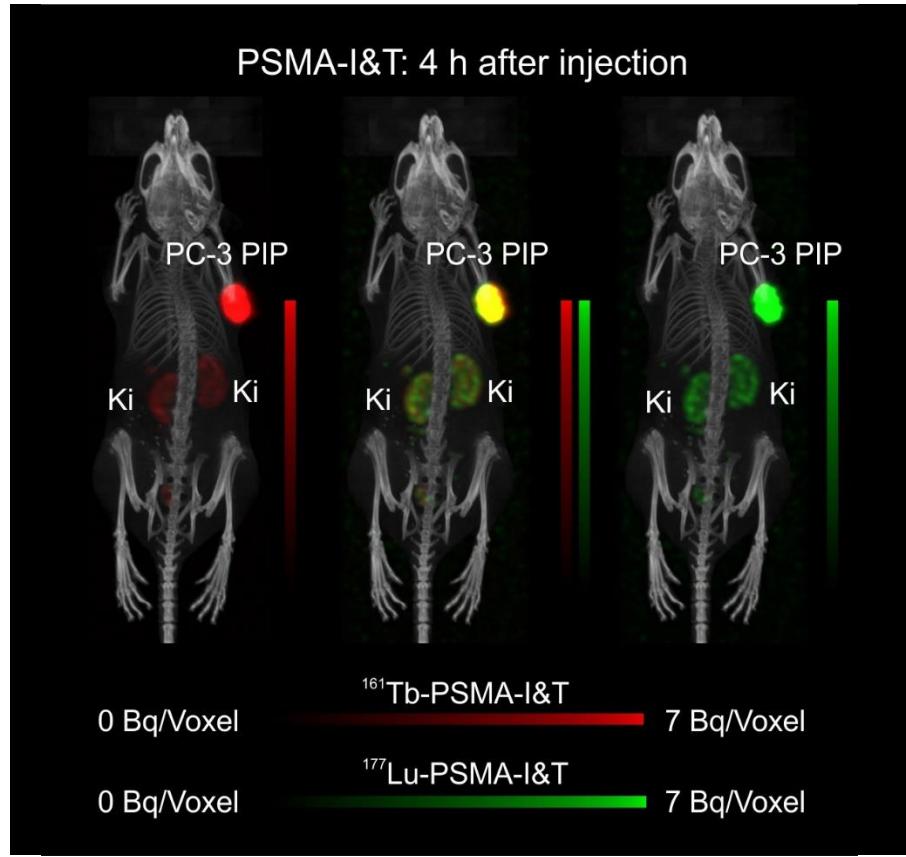


Are ^{161}Tb and ^{177}Lu interchangeable?

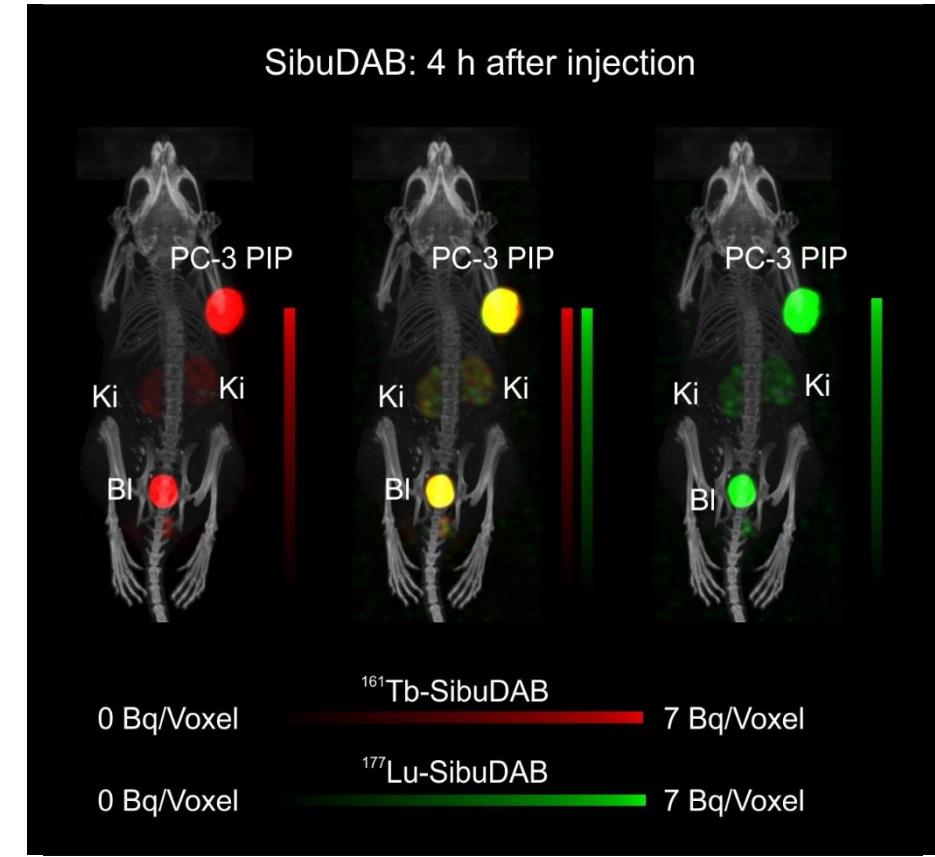
Equal Biodistribution of ^{161}Tb - and ^{177}Lu -based PSMA Ligands



PSMA-I&T



SibuDAB

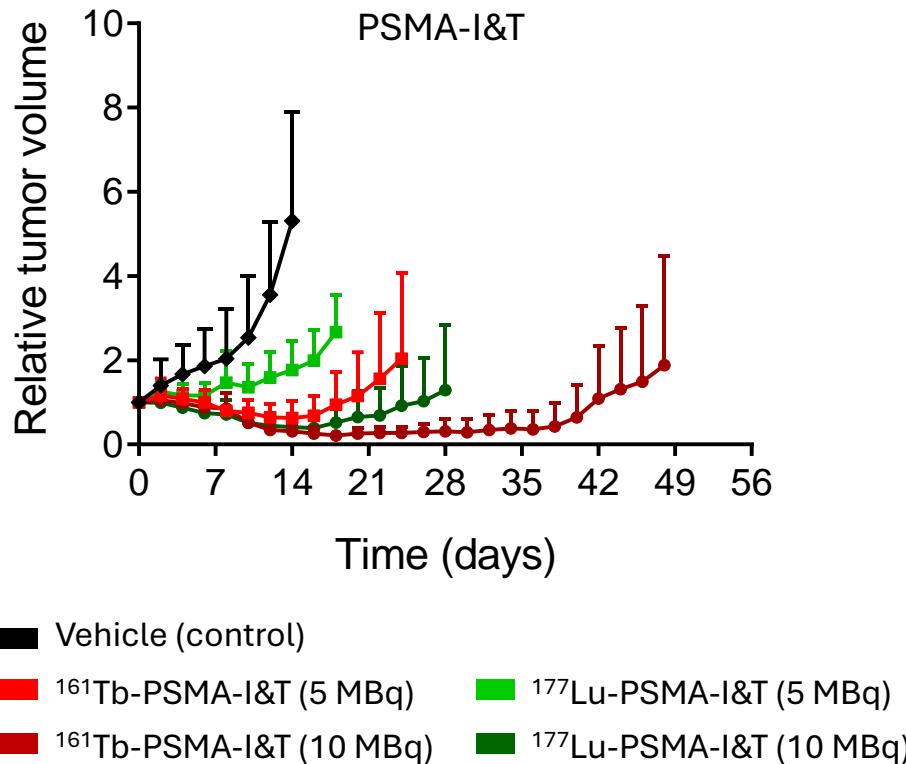


PSMA-I&T and SibuDAB: Tumor Growth Curves



Tumor growth curves

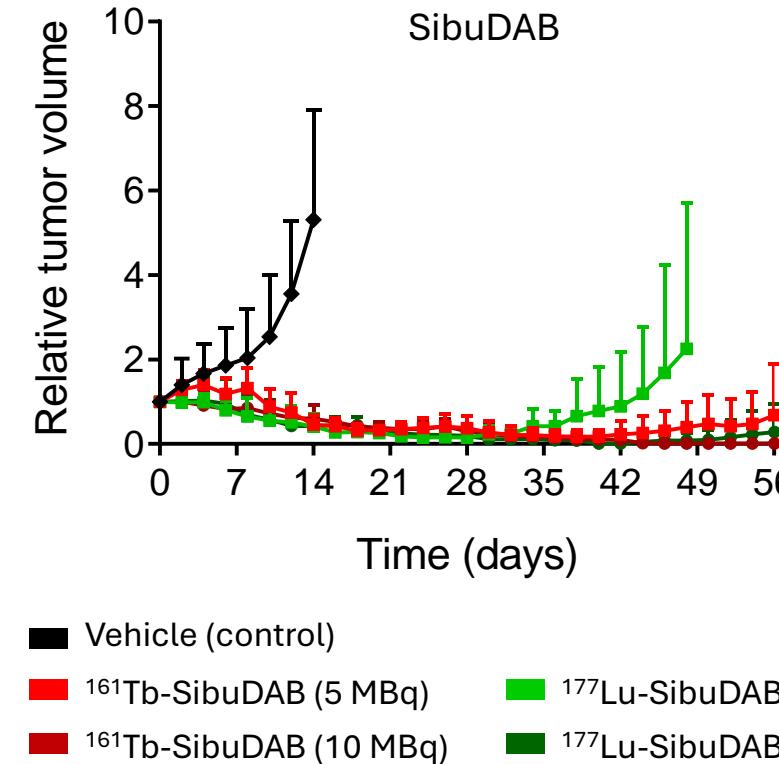
(PC-3 PIP tumor-bearing nude mice)



Tschan et al. 2023 J Nucl Med, 65:1625.

Tumor growth curves

(PC-3 PIP tumor-bearing nude mice)

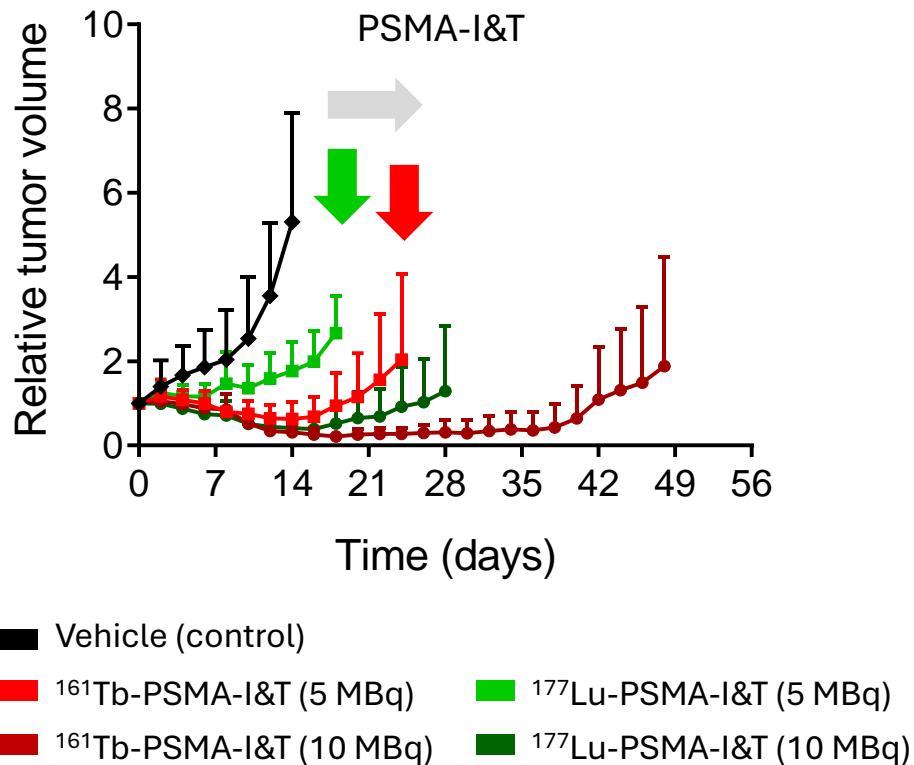


Tschan et al. 2023 J Nucl Med, 65:1625.

PSMA-I&T and SibuDAB: ^{161}Tb versus ^{177}Lu

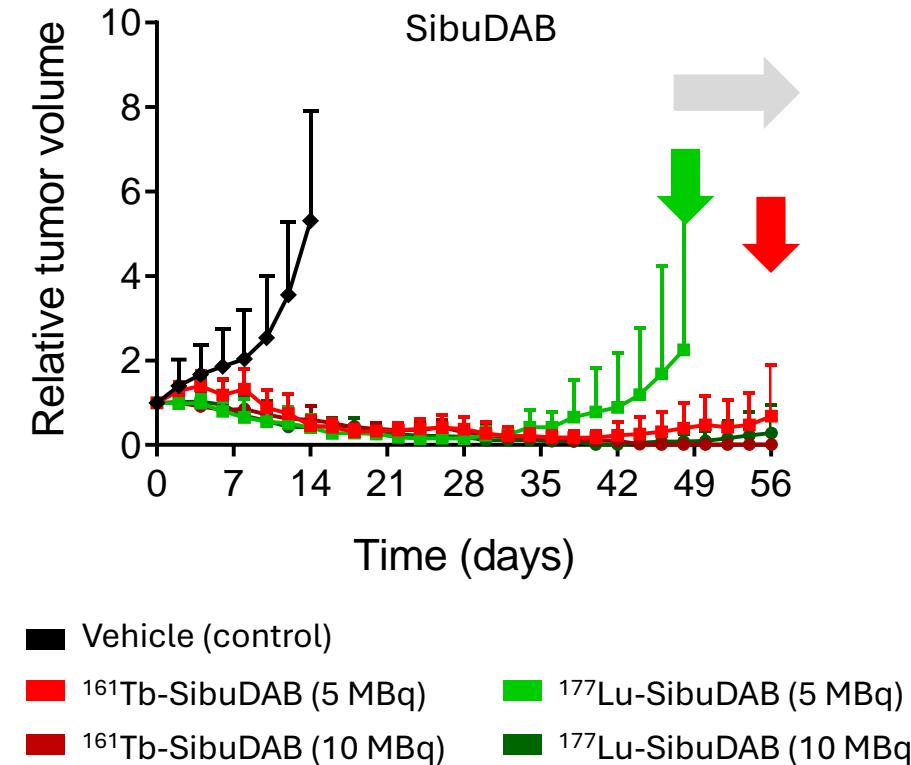
Tumor growth curves

(PC-3 PIP tumor-bearing nude mice)



Tumor growth curves

(PC-3 PIP tumor-bearing nude mice)

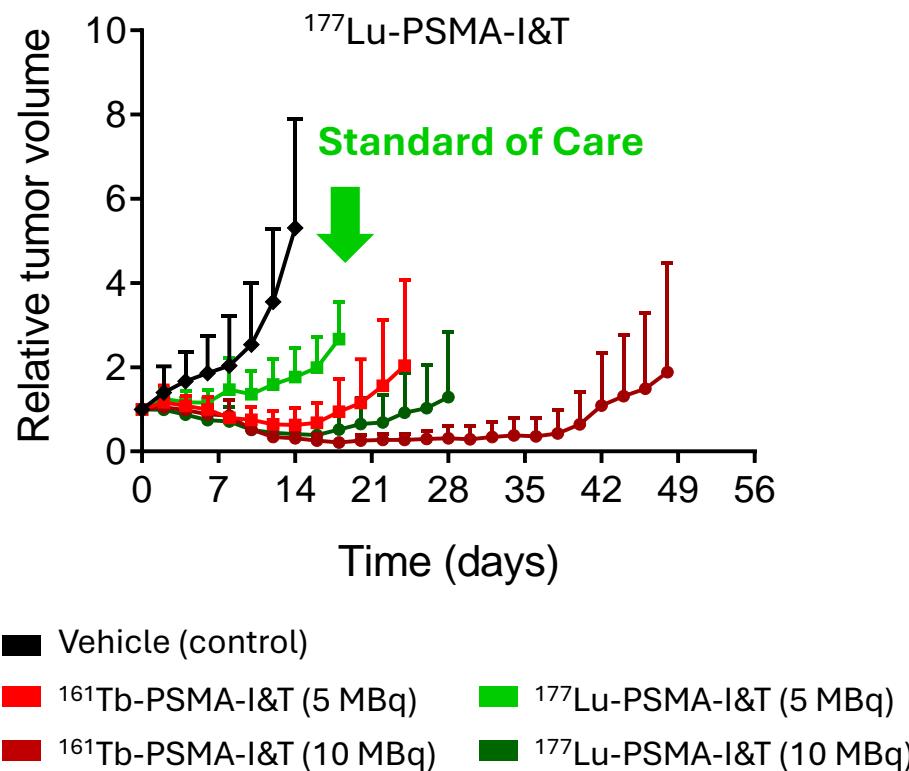


^{177}Lu -PSMA-I&T (Standard) versus ^{161}Tb -SibuDAB



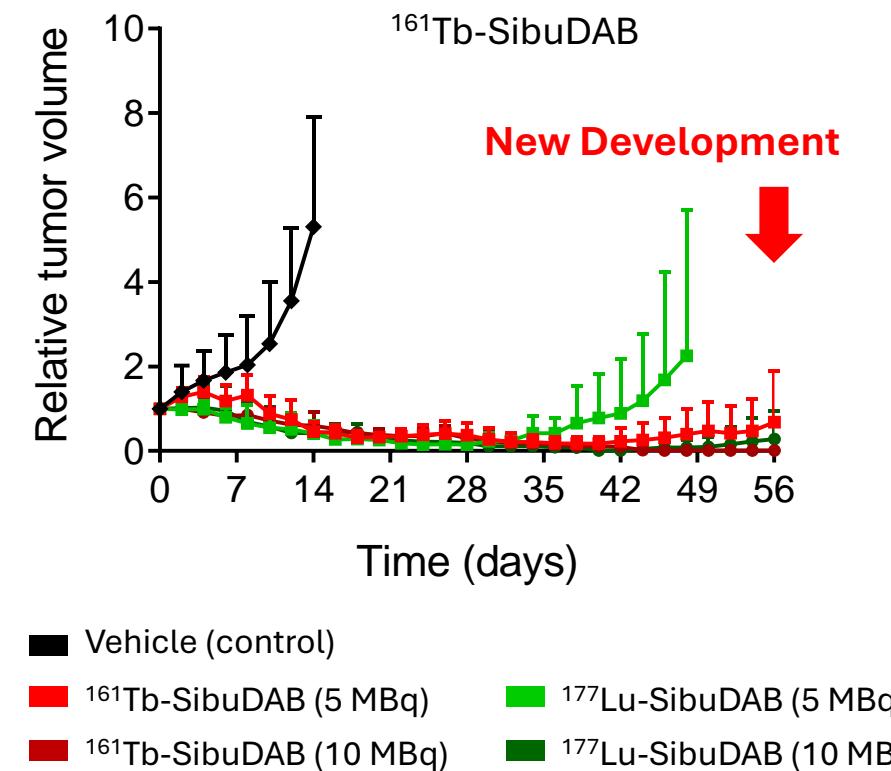
Tumor growth curves

(PC-3 PIP tumor-bearing nude mice)



Tumor growth curves

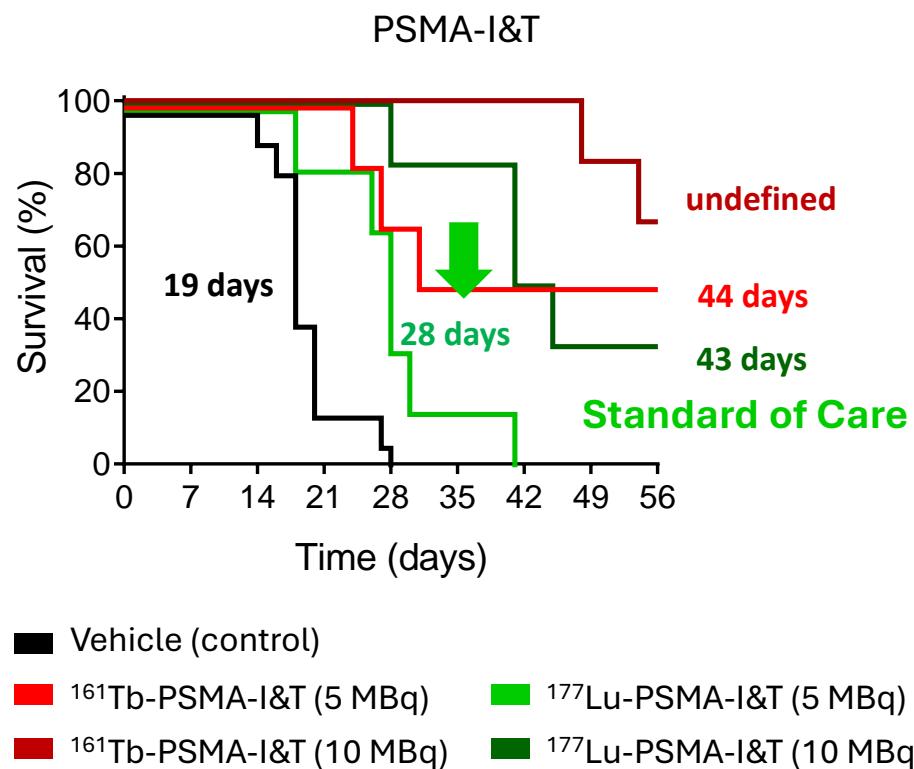
(PC-3 PIP tumor-bearing nude mice)



^{177}Lu -PSMA-I&T (Standard) versus ^{161}Tb -SibuDAB

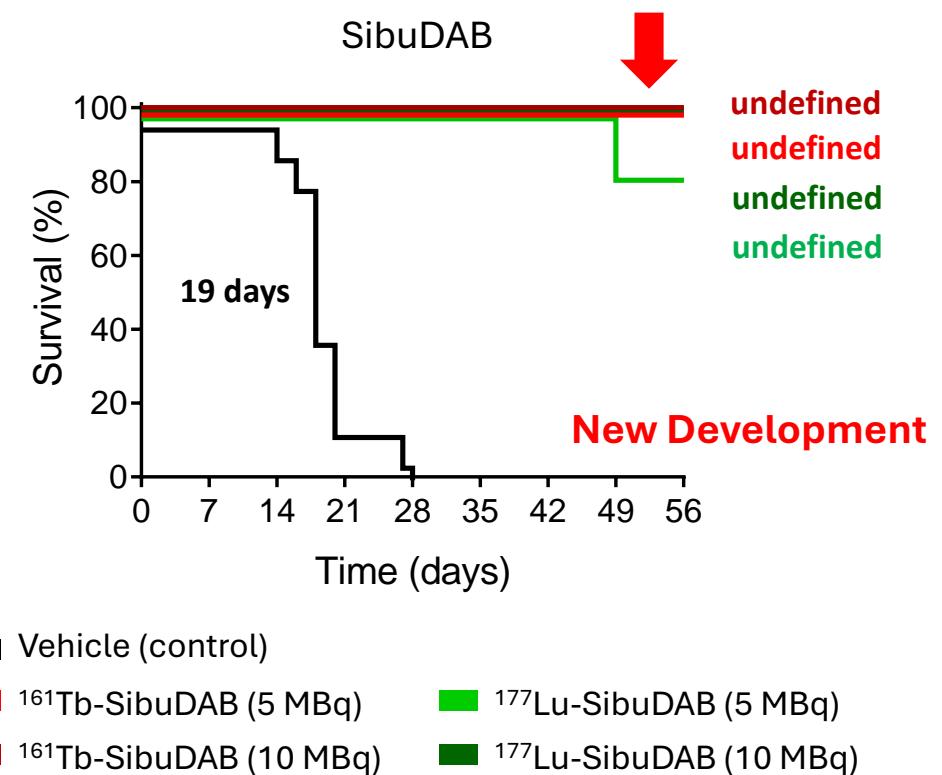
Survival curves

(PC-3 PIP tumor-bearing nude mice)



Survival curves

(PC-3 PIP tumor-bearing nude mice)



«PROGNOSTICS» Clinical Translation of ^{161}Tb -SibuDAB



ETH Zürich

Production of ^{161}Tb



Reactor & Radiochemistry Labs



N. van der Meulen

**Universitätsspital
Basel**

R. Schibli D. Wild N. Aceto



PSI

ETH Zürich

NCT06343038

^{161}Tb -SibuDAB



Preclinical Studies, CRS



C. Müller

Tschan et al. 2023 J Nucl Med 00:1.

Radioligand Preparation



GMP Labs, PSI



D. Schmid

Explorative Investigations



ETH Zurich

Clinical Study



University Hospital Basel



A. Chirindel

Acknowledgment



«Nuclide Chemistry» Group



«Radionuclide Development» Group



krebsforschung schweiz
recherche suisse contre le cancer
ricerca svizzera contro il cancro
swiss cancer research



Acknowledgment

Center for Radiopharm. Sciences (PSI)

Everybody who contributed



Laboratory of Radiochemistry (PSI)

Everybody who contributed



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Necsa, Pelindaba, South Africa

Dr. J. R. Zeevaart & Team



University of Gothenburg, Sweden

Prof. P. Bernhardt & Team



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Positronmed, Chile**

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Zentralklinik Bad Berka, Germany

Prof. R. Baum; Dr. A. Singh & Team



Basel University Hospital, Switzerland

Prof. D. Wild & Team



<https://www.psi.ch/en/zrw/nuclide-chemistry>

PSI Thank you for your Attention!

