Contribution ID: 28 Type: not specified

Increased uptake of At-211 in thyroid gland by the preparation with ascorbic acid for targeted alpha therapy of thyroid cancer

Objectives: A statine-211 (<sup>211</>sup>At) is an alpha-emitting radionuclide suitable for targeted alpha therapy. Because At is a heavier homolog of iodine, a statide ion (At $^-$) is expected to be applied to the treatment of thyroid cancer. In this study, <sup>211</>sup>At was treated by ascorbic acid (AA) as reducing agent to prepare At $^-$. We aimed to evaluate the uptake change in the thyroid after the preparation of <sup>211</>sup>At solutions with AA and demonstrate the treatment effect in the differentiated thyroid cancer xenograft mice.

Method: Astatine-211 was produced in the $\langle \sup 209 \langle \sup Bi(\alpha, 2n) \rangle$ reaction and supplied through Shortlived RI Supply Platform. Produced $\langle \sup 211 \langle \sup At \rangle$ was then separated from the target materials by a dry distillation method and dissolved in pure water. The aliquot of $\langle \sup 211 \langle \sup At \rangle$ solution was mixed with 1% AA solution to prepare At⁻. The radiochemical yield was checked by radio-TLC. The crude $\langle \sup 211 \langle \sup At \rangle$ solution or $\langle \sup 211 \langle \sup At \rangle$ with AA solution was administered to normal rats (n=3 for both solution) through tail vein under isoflurane anesthesia. In vivo imaging of $\langle \sup 211 \langle \sup At \rangle$ in the normal rats was then carried out using a gamma camera at 0.5, 3, 6 and 24 hrs after administration. The $\langle \sup 211 \langle \sup At \rangle$ solution with AA was also administered to mice with implanted K1 cells (human papillary thyroid carcinoma) expressing sodium iodide symporter (NIS). Mice were divided into 4 groups according to the injected dose [1 MBq (n=6), 0.4 MBq (n=6), 0.1 MBq (n=6), control (n=6)]. Distribution of $\langle \sup 211 \langle \sup At \rangle$ administered in the mice was investigated at 3 and 24 hrs after administration by the gamma camera.

Results: The radiochemical yield of At $^-$ checked by radio-TLC increased from approximately 20% to 90% after treatment of the crude <code>²¹¹At</code> solution with AA. In vivo imaging of <code>²¹¹At</code> in the normal rats showed high uptakes in the thyroid, the stomach, and the bladder. Uptake of At with AA in thyroid gland was 2–3 times higher compared to crude <code>²¹¹At</code> solution. In the xenograft mice, there was a stable accumulation in the thyroid tumor at 3 and 24 hrs post administration (23 \pm 11 %ID and 13 \pm 7 %ID, respectively). Tumor growth was immediately inhibited after administration of <code>²¹¹At</code> in a dose-dependent manner. Suppression of tumor growth was maintained until 17, 31, and 41 days after administration of <code>²¹¹At</code> in 0.1, 0.4, and 1 MBq groups, respectively.

Conclusion: Uptake of ²¹¹At can be enhanced in the normal thyroid by increasing the radio-chemical purity of At⁻. The administered ²¹¹At showed good treatment effect in thyroid cancer xenograft, suggesting that ²¹¹At solution with AA is promising for the targeted alpha therapy for the thyroid cancer.

Email Address

ooe@tracer.med.osaka-u.ac.jp

Presentation Type

Contributed Oral

Primary author: Dr OOE, Kazuhiro (Department of Nuclear Medicine and Tracer Kinetics, Osaka University Graduate School of Medicine)

Co-authors: Dr SHINOHARA, Atsushi (Department of Chemistry, Graduate School of Science, Osaka University); Dr TOYOSHIMA, Atsushi (Institute for Radiation Sciences, Osaka University); Dr SHIMOSEGAWA, Eku (Department of Molecular Imaging in Medicine, Osaka University Graduate School of Medicine); Dr HATAZAWA, Jun (Department of Nuclear Medicine and Tracer Kinetics, Osaka University Graduate School of Medicine); Dr KANEDA-NAKASHIMA, Kazuko (Project Research Center for Fundamental Sciences, Graduate School of Science, Osaka University); Dr FUKUDA, Mitsuhiro (Rsearch Center for Nuclear Physics, Osaka University); Dr WATABE, Tadashi (Department of Nuclear Medicine and Tracer Kinetics, Osaka University Graduate School of Medicine); Dr SHIRAKAMI, Yoshifumi (Department of Nuclear Medicine and Tracer Kinetics, Osaka University Graduate School

of Medicine); Ms LIU, Yuwei (Department of Nuclear Medicine and Tracer Kinetics, Osaka University Graduate School of Medicine)

Presenter: Dr OOE, Kazuhiro (Department of Nuclear Medicine and Tracer Kinetics, Osaka University Graduate School of Medicine)