

International Atomic Energy Agency Scientific Forum

A Decade of Action on **Cancer Control** and the Way Forward



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Vienna International Centre
Board Room D, C Building, 4th Floor

**Impact of radiopharmaceutical
development on the
management of cancer**

Mike Sathekge

University of Pretoria & Steve Biko Academic Hospital



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
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Acknowledgments

IAEA

Morgenstern A, Bruchertseifer F, Betti M

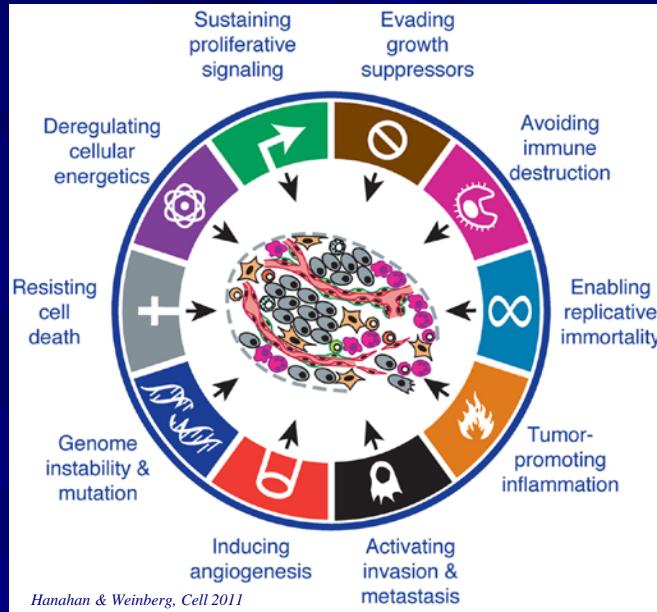
Vorster M, Lawal I, Knoesen O, Lengana T, Mahapane J,
Davis C, Boshomane T, Mokoala K, Mokgoro N, Kaoma C,
Corbert C, Kratchowil C, Giesel F, NTP

NM UP/SBAH

Nonjola L, Ebenhan T, Mahlangu Z, D Van Wyk, L Boshoff,
C van Raven, AM Koegelenberg, M Mekwa, Kleynhans J,
Zeevaart JR & NECSA radiochemist staff, Maes A, Van de
Wiele C, Buscombe J

Radiopharmaceuticals: Targeting of the Hallmarks of Cancer

- Metabolism
 - Glucose
 - Cell membrane
 - Proteins
 - Bone
- Tumor specific agents
- Proliferation
- Angiogenesis
- Apoptosis
- Vascularization
- Hypoxia



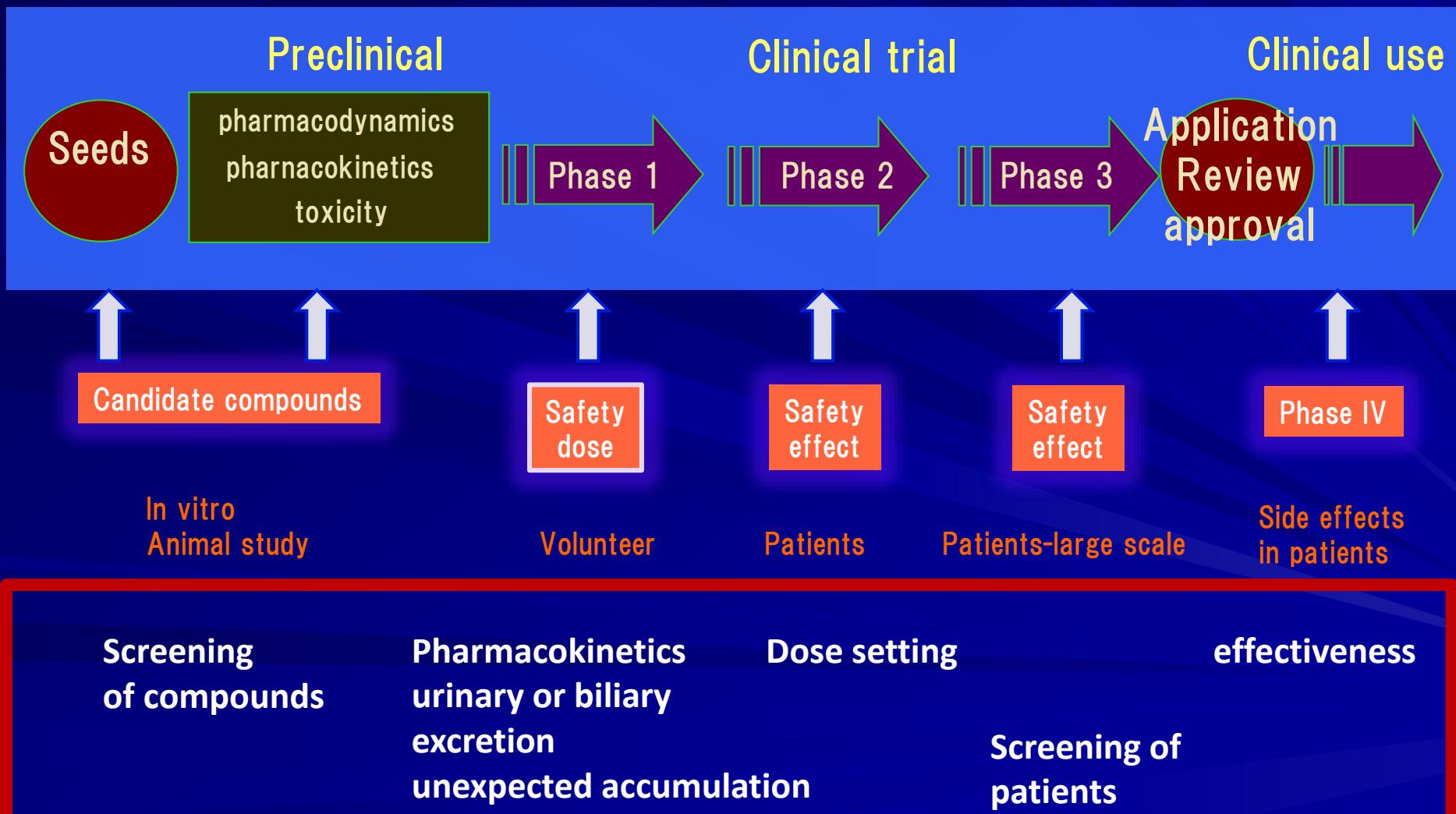
- ✓ Characterization of tumor biology - image-based “biomarker”
- ✓ Identification of therapy targets - Theranostics and treatment planning
- ✓ Early Indicator of Tumor Response - patient-specific effect on outcome

Process of New Drug Development

Duration of new drug development: 12 years

Cost of new drug development: ???>R800million

Successful compounds: only 8% of candidate compounds



THERANOSTIC PAIRS

Targeted Molecular Imaging and Therapy

The Key-Lock Principle

Schematic Representation of a Drug for Imaging and Targeted Therapy

pharmacokinetics/biodistribution modifier



Targets

- Antigens
e.g. CD20, HER2)
- GPCR e.g. SSTR
- Enzymes & inhibitors
e.g. PSMA
- Transporters

Molecular Address

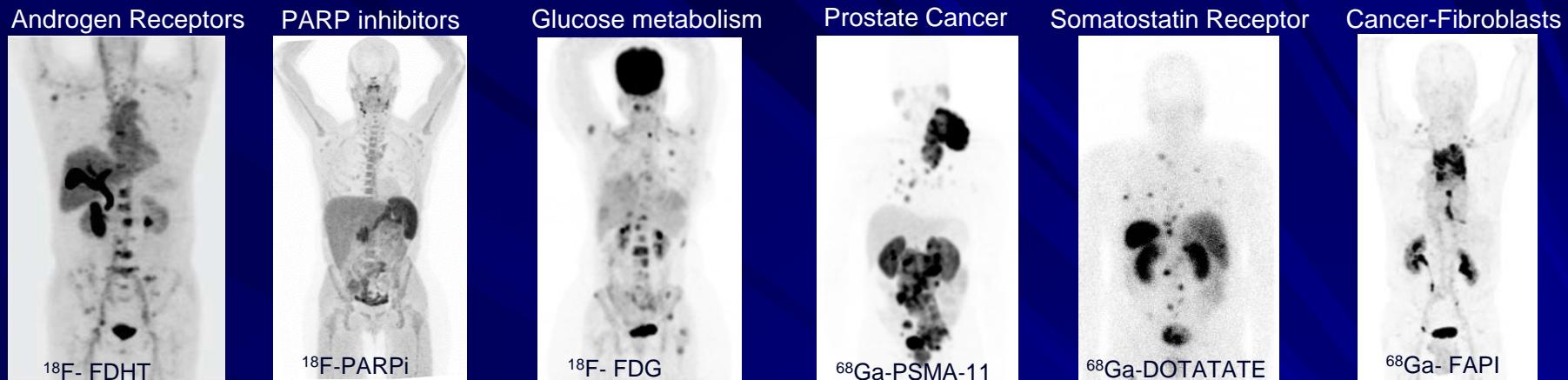
- Antibodies, minibodies,
Affibodies, aptamers
- Regulatory peptides
(agonists & antagonists)
- Amino Acids

Reporting Unit

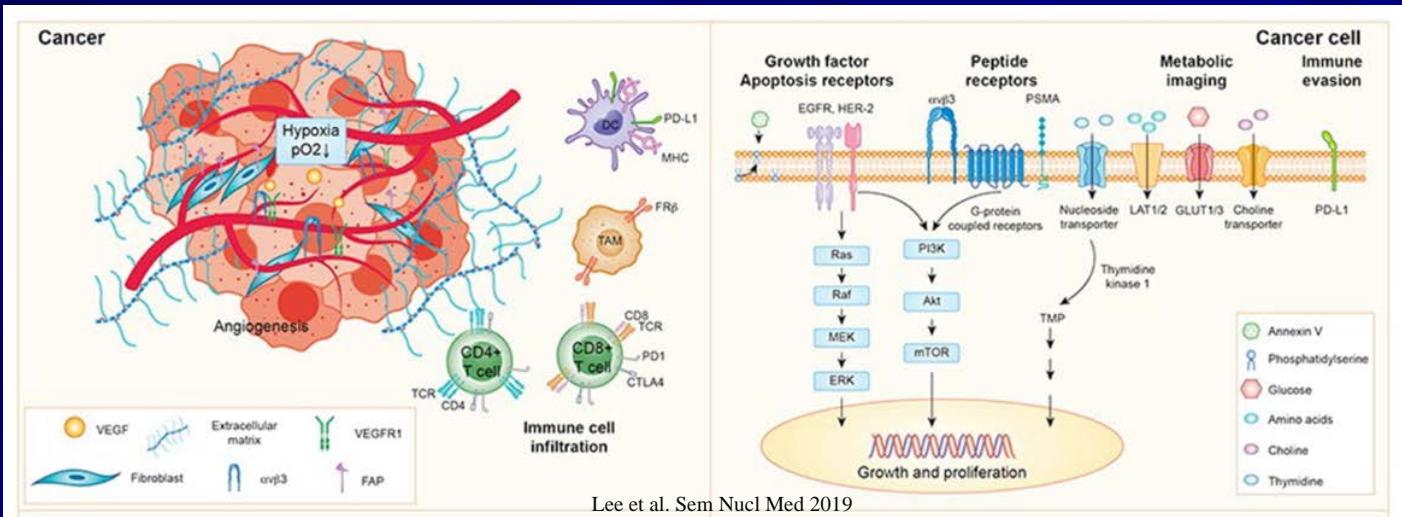
- $^{99\text{m}}\text{Tc}$, ^{111}In , ^{67}Ga
- ^{64}Cu , ^{18}F , ^{68}Ga
- Gd^{3+}

Cytotoxic Unit

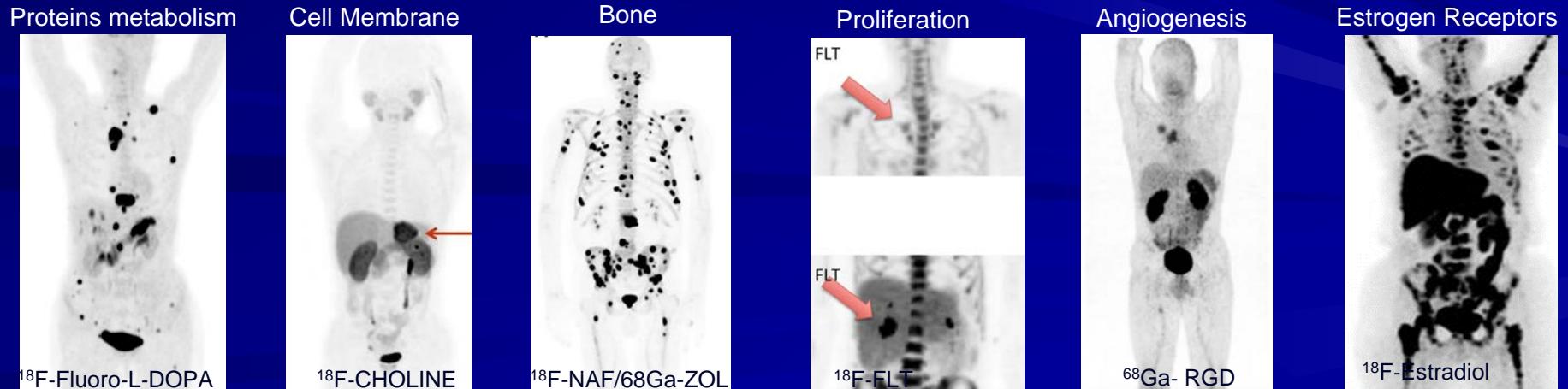
- ^{225}Ac , ^{177}Lu , ^{213}Bi , ^{131}I
- ^{105}Rh , ^{67}Cu , ^{188}Re , ^{90}Y



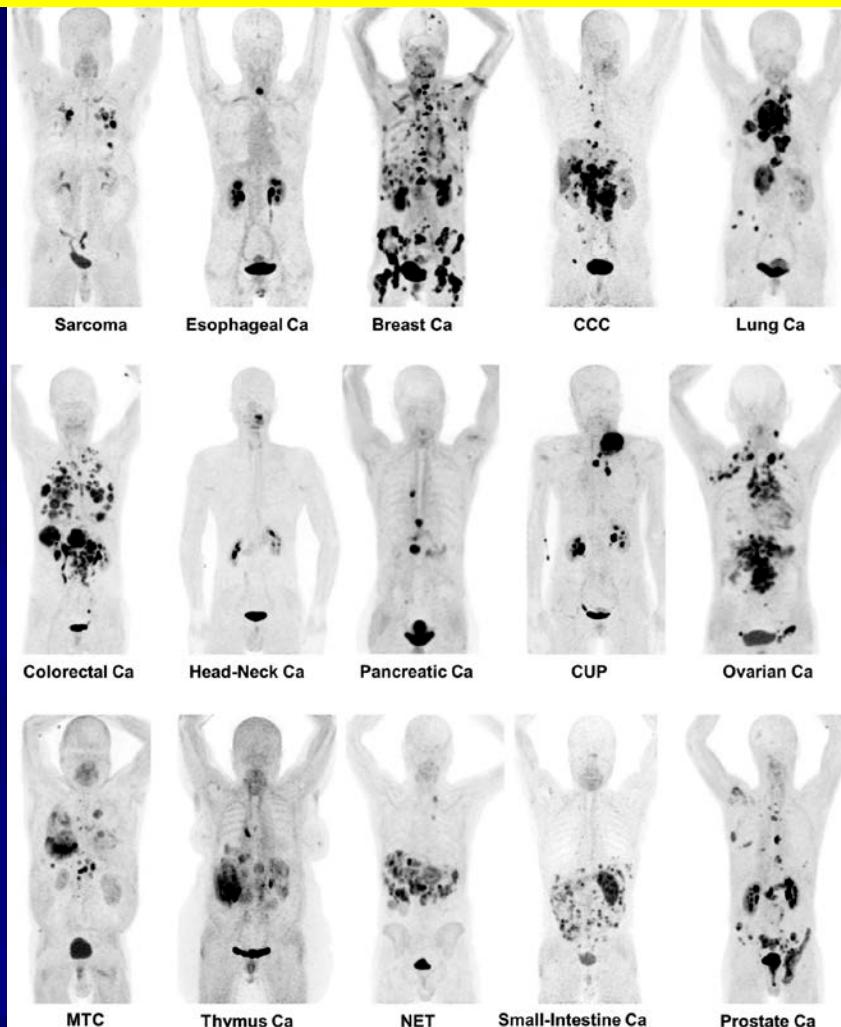
- Tumor**
- Detection
 - Staging
 - Recurrence



- Tumor**
- Biology
 - Targets
 - Response



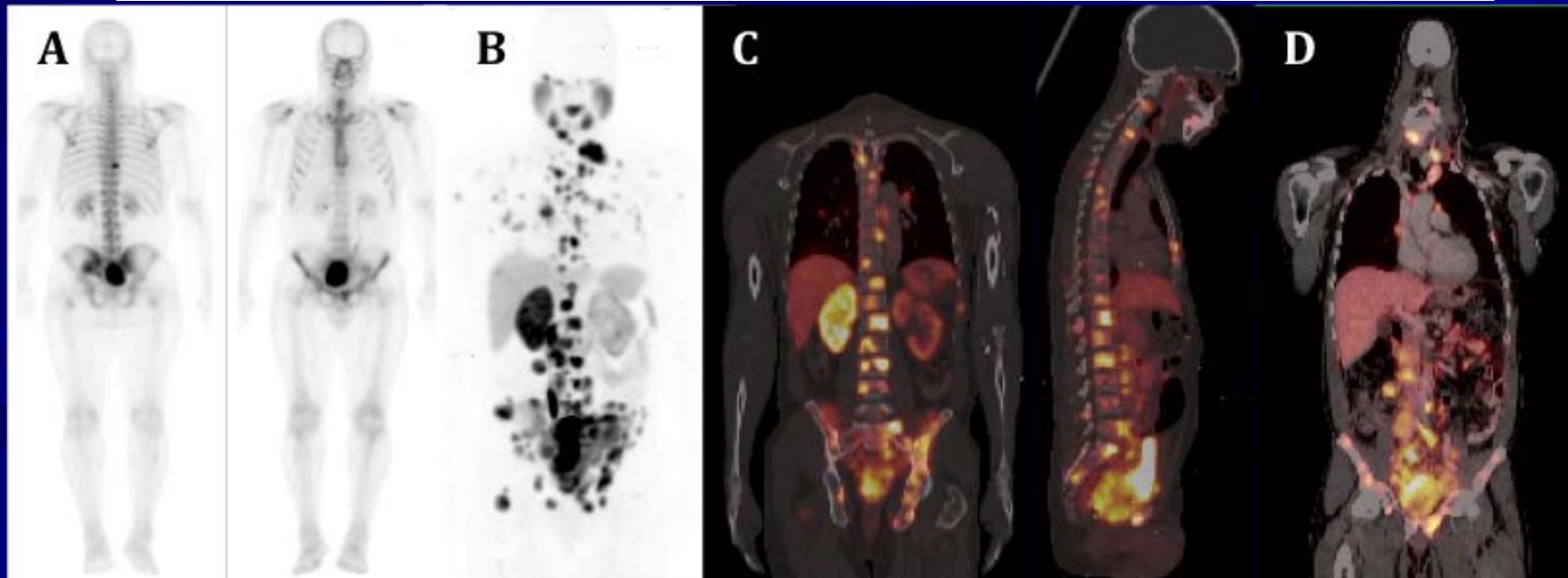
68Ga-FAPI PET/CT in patients reflecting 15 different Cancers



- ✓ Fibroblast activation protein (FAP) is overexpressed in cancer associated fibroblasts of several tumor entities (15).
- ✓ 90% of the gross tumor-mass can consist from stromal but not tumor cells
- ✓ FAPI-tracers contain the universal DOTA-chelator: theranostic approach

^{68}Ga -PSMA PET/CT Replacing Bone Scan in the Initial Staging of Skeletal Metastasis in Prostate Cancer: A Fait Accompli?

Thabo Lengana,¹ Ismaheel O. Lawal,¹ Tebatso G. Boshomane,¹
Gbenga O. Popoola,² Kgomotso M.G. Mokoala,¹ Evelyn Moshokoa,³
Alex Maes,^{1,4} Neo P. Mokgoro,¹ Christophe Van de Wiele,^{1,5} Mariza Vorster,¹
Mike M. Sathekge¹



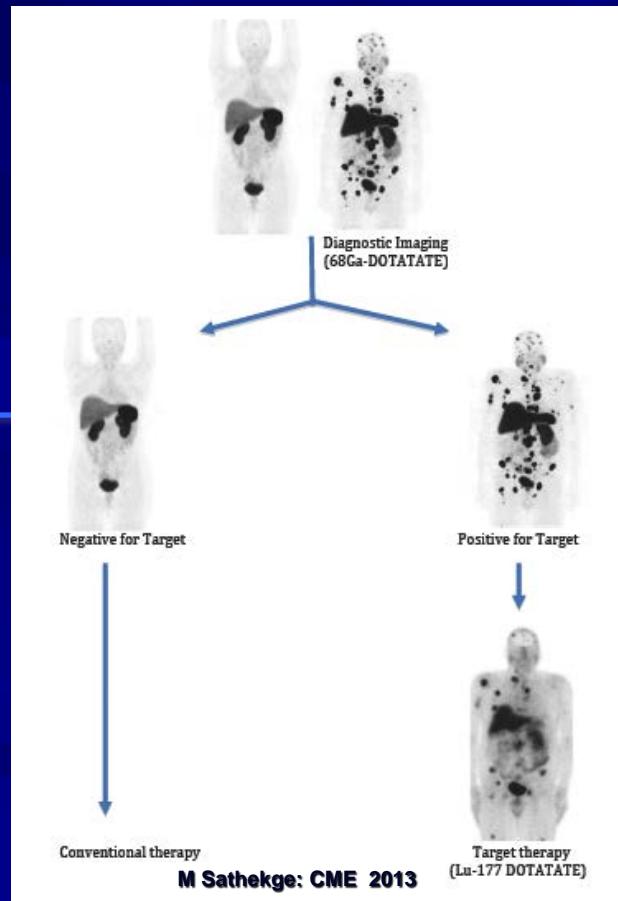
Planned clinical management altered in 52%

Theranostics

Find



Fight



Follow-up



68Ga-DOTATATE/PSMA

Lu-177/Bi213 DOTATATE/PSMA

68Ga- DOTATATE/PSMA

Theranostics: Personalized Medicine

Table I Overview of theranostic agents

Theranostic molecule	Iodine	mIBG	SSA	PSMA-ligands	Benzamide/arylcarboxamide
Target	Thyroid cancer cells	Neurosecretory granules	SSTR, especially the subtype SSTR2	PSMA	Melanin
Planar imaging/ SPECT or PET	¹³¹ I and ¹²³ I ¹²⁴ I	[¹³¹ I]I-mIBG, [¹²³ I]I-mIBG [¹²⁴ I]I-mIBG	SSA labeled with indium-111	[¹²³ I]I-MIP-1072	[¹²³ I]I-BA52
Therapeutic agent	¹³¹ I	[¹³¹ I]I-mIBG	[⁶⁸ Ga]Ga-DOTA-TATE [⁶⁸ Ga]Ga-DOTA-TOC [⁶⁸ Ga]Ga-DOTA-NOC	[⁶⁸ Ga]Ga-PSMA-11 [⁶⁸ Ga]Ga-PSMA-617	[¹⁸ F]F-ICF15002
Indication	Thyroid cancer	Neuroblastomas, pheochromocytomas, paragangliomas, medullary thyroid carcinomas, and other NEN	NEN, especially GEP-NEN	Metastatic prostate cancer	Metastatic melanoma

Abbreviations: mIBG, metaiodobenzylguanidine; SSA, somatostatin analogs; SSTR, somatostatin receptors; NEN, neuroendocrine neoplasia; GEP, gastroenteropancreatic system; SPECT, single photon emission computed tomography; PET, positron emission tomography.

Cancer type	Radioconjugate	Patients	Reference
Leukemia	²¹³ Bi-HuM195mAb	49	[38,39]
	²²⁵ Ac-HuM195mAb	36	[40]
Lymphoma	²¹³ Bi-anti-CD20-mAb	12	[41]
Melanoma	²¹³ Bi-9.2.27mAb	54	[42-44]
Bladder Cancer	²¹³ Bi-anti-EGFR-mAb	12	[32,45]
Glioma	²¹³ Bi-Substance P	68	[46-48]
	²²⁵ Ac-Substance P	19	[48]
Neuroendocrine tumors	²¹³ Bi-DOTATOC	25	[4]
	²²⁵ Ac-DOTATOC	39	[49]
Prostate cancer	²²⁵ Ac-PSMA-617	190	[5,50,51]

Yordanova et al 2017

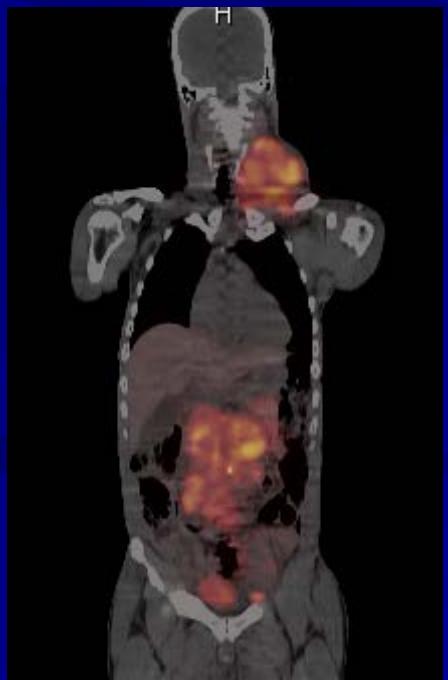
A Morgernstern et al. 2018

Remission for
26 Months

Post-Tx



Pre-Tx



Radiopharmaceuticals: Targeting of the Hallmarks of Cancer

	Pretoria cohort	Heidelberg cohort	Munich cohort	
Castrate-resistant	70 % (51/73) 29% CR PFS 15.2 mo	8/8/8 MBq	63% (24/38) 13% CR PFS 7.0 mo	
Chemo naive	88% (15/17) 41% CR	8/6/4-6 MBq	63% (19/30) 10% CR	
		6/6/6 MBq	44% (7/16) 12% CR	
		4 GBq Lu / 4 MBq Ac	76% (13/17) 0% CR	
		Ac post Lu	62 % (21/34) 3% CR PFS 4.0 mo	Ac post Lu 33% (5/15) 0% CR
	Sathkege..... Morgenstern & Bruchertseifer	Kratochwil	Heck.....	

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