

# PATHOPHYSIOLOGY AND MECHANISMS OF RADIOPHARMACEUTICAL LOCALIZATION

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*The Pathophysiological basis of Nuclear Medicine 2<sup>nd</sup> ed. Springer.*

# The mechanisms of radioisotope localization

1. Isotope dilution                      In vivo, MUGA, RBC scan
2. Capillary blockade                      MAA lung perfusion
3. Physicochemical adsorption              MDP bone scan
4. Cellular migration and sequestration      WBC scan, denatured RBC spleen scan
5. Membrane transport                      Xe-133 ventilation
  - Simple diffusion
    - Diffusion and intracellular metabolism/binding      HMPAO/ECD brain perfusion scan
    - Diffusion and mitochondrial binding      Tc-99m MIBI
    - Diffusion and increased capillary and plasma membrane permeability      Gallium
  - Facilitated diffusion      FDG, IDA derivatives
  - Active transport      Radioiodine, pertechnetate, TlCl, Rb +
  - Phagocytosis      SC
  - Receptor-mediated endocytosis      Gallium
6. Metabolic Substrates and Precursors      FDG
  - Precursors: Radiolabeled Amino Acids      Amino acids
7. Tissue Hypoxia      F-MISO

8. Cell Proliferation      Ribonucleic acids, ex: F-18 FLT

9. Specific Receptor Binding

- Radiolabeled Peptides      SST analogues, VIP
- Steroid Hormone Receptors
- Adrenergic Presynaptic Receptors and Storage
- LDL Receptors
- Radiolabeled Antibodies

10. Imaging Gene Expression

# Specific Receptor Binding

- Radiolabeled Peptides
  - SST receptors
  - VIP receptors
- Steroid Hormone Receptors
- Adrenergic Presynaptic Receptors and Storage
- LDL Receptors
- Radiolabeled Antibodies

# Specific Receptor Binding— Steroid hormone receptors

- Steroid, cholesterol, adrenocortical hormones
  - Application of steroid hormone imaging agents
    - Breast cancer
  - ER & PR agents
    - $^{16}\alpha$ -F-18 fluoro- $^{17}\beta$ -estradiol (FES): ER
    - $^{21}$ F-18 fluoro- $^{16}\alpha$ -ethyl- $^{19}$ -norprogesterone (FENP): PR
    - I- $^{123}$  cis- $^{11}\beta$ -methoxy- $^{17}\alpha$ -iodovinylestradiol (Z-[ $^{123}$ I]MIVE): ER, in breast cancer
- Passive diffusion, bind to steroid receptors in the nucleus

# Steroid, cholesterol & adrenocortical hormones

## 一類化合物 ■ Steroid

- An organic compound of a characteristic **four cycloalkane rings**
- Cycloalkane 環烷烴
  - Cyclic alkane (通式:  $C_nH_{2(n+1-g)}$ , n: 碳原子個數, g: 環數)
  - Alkane 烷烴
    - A **saturated** hydrocarbon compound, consisting only of **hydrogen** and **carbon** atoms and all bonds are single bonds. (通式:  $C_nH_{2n+2}$  , n: 碳原子個數)
    - Methane 甲烷, Ethane 乙烷, Propane 丙烷, Butane 丁烷, Pentane 戊烷, Hexane 己烷...

直鏈烷與環烷，相對應的命名

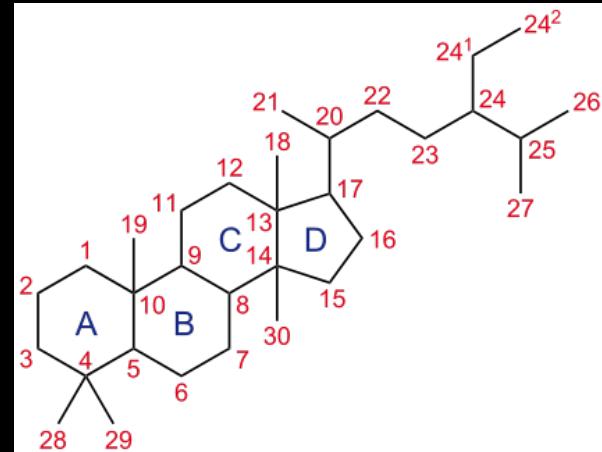


Propane 環丙烷, Butane 環丁烷, Pentane 環戊烷, Hexane 環己烷

# Steroid, cholesterol & adrenocortical hormones

## ■ Steroid (cont.)

- 17 carbon, four cycloalkane: three **cyclohexane** rings (A, B and C rings) and one **cyclopentane** ring (the D ring)
- Examples of steroid:
  - Lipid cholesterol
  - Sex hormones (estradiol, testosterone)
  - Bile acids
  - Drugs (ex: dexamethasone)



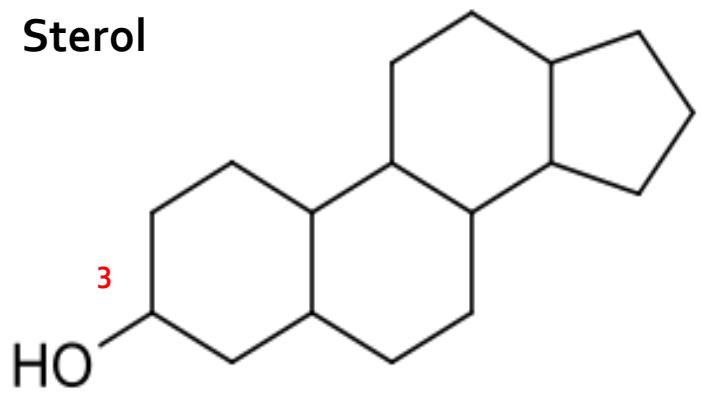
# Steroid, cholesterol & adrenocortical hormones

一類化合物

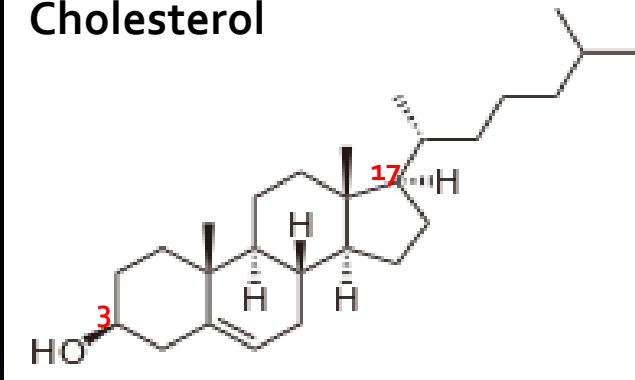
- Sterol (a.k.a. steroid alcohols) 留醇
  - A subgroup of steroids with an -OH group at the 3-position of the A-ring
  - occur naturally in **plants, animals, and fungi**, with the most familiar type of animal sterol being **cholesterol**
- Cholesterol
  - It is a **sterol** and is biosynthesized by **all animal cells** because it is an essential structural component of animal **cell membranes** that is required to maintain both membrane structural integrity and fluidity
  - C-17: functional group
  - Precursors of sex hormones

一種化合物

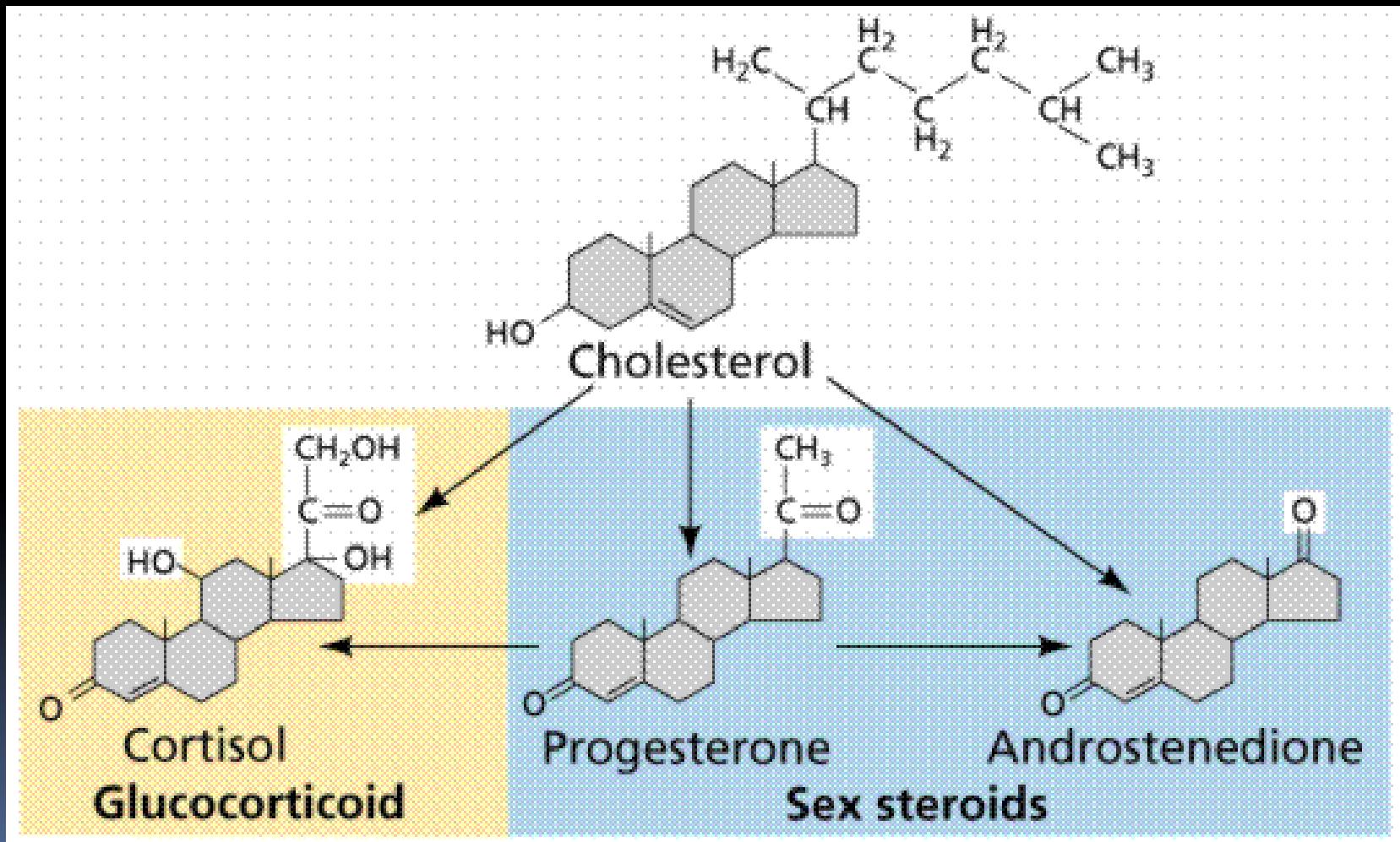
**Sterol**



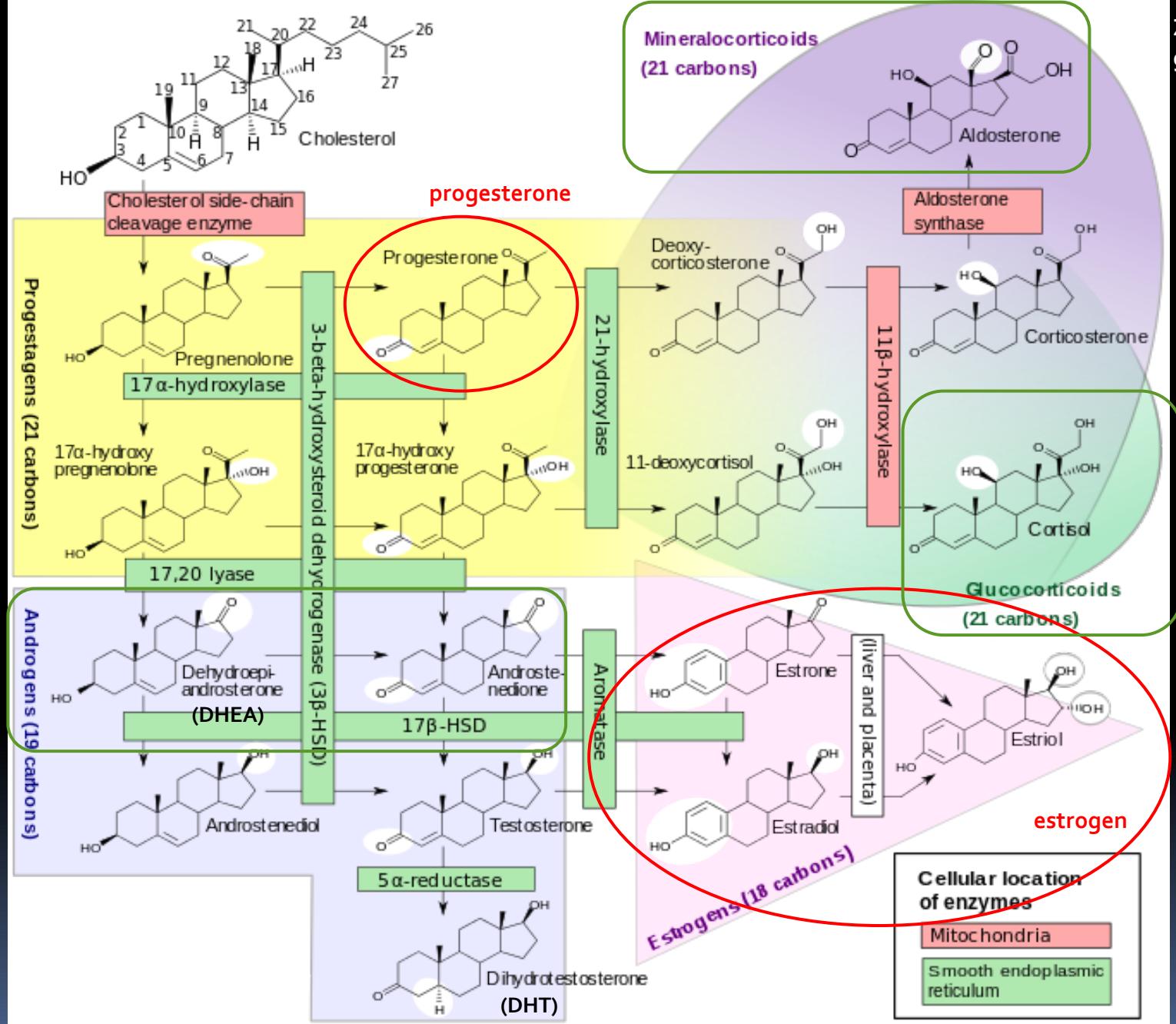
**Cholesterol**



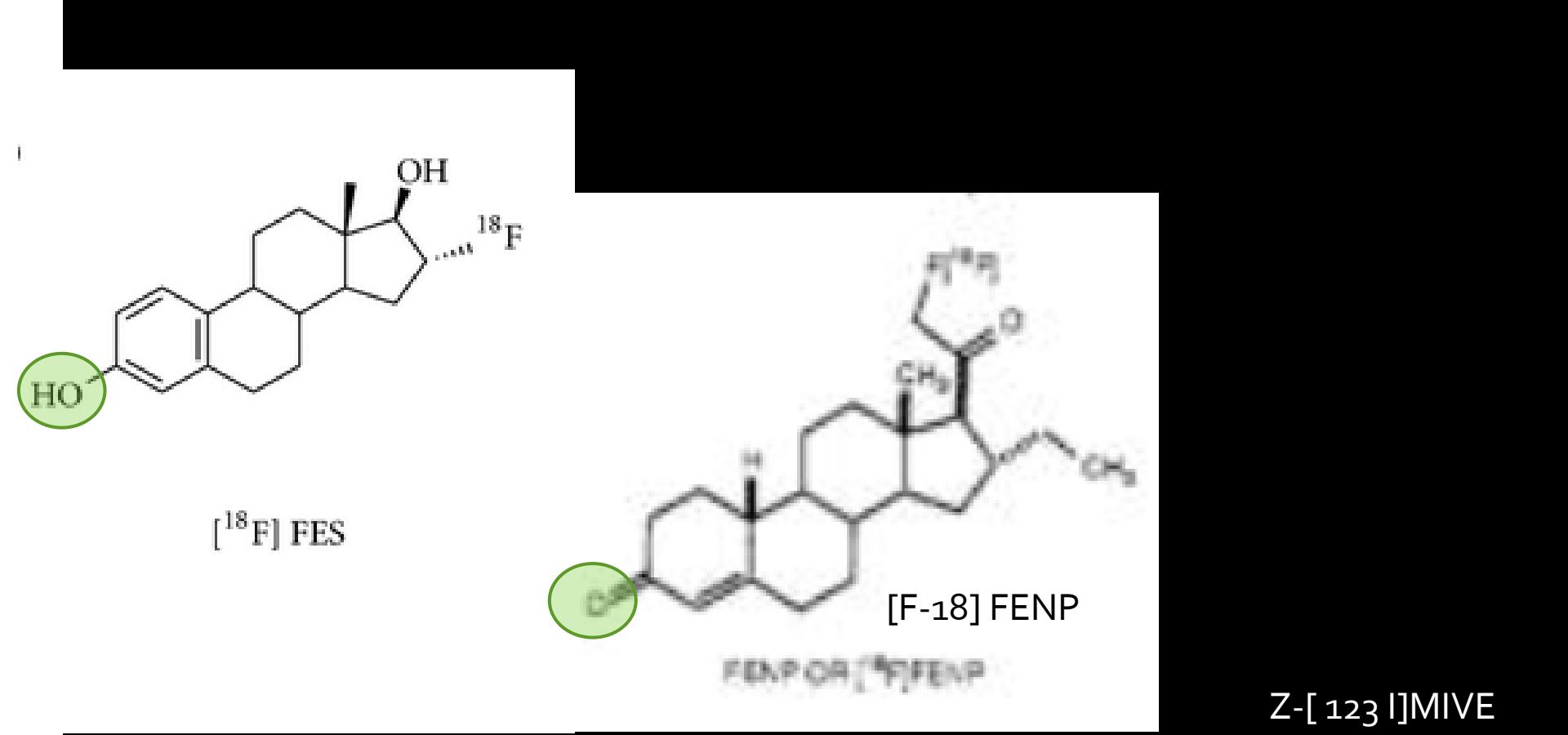
# Relationship between: Steroid, cholesterol and adrenocortical hormones



Zona  
glomerulosa



From: Wikipedia, steroid



Z-[ $^{123}\text{I}$ ]MIVE

ER

PR

ER

F-18 FES PET

Potential for detecting ER(+) metastatic foci of breast ca.

SPECT

# Specific Receptor Binding— Adrenergic presynaptic receptors & storage

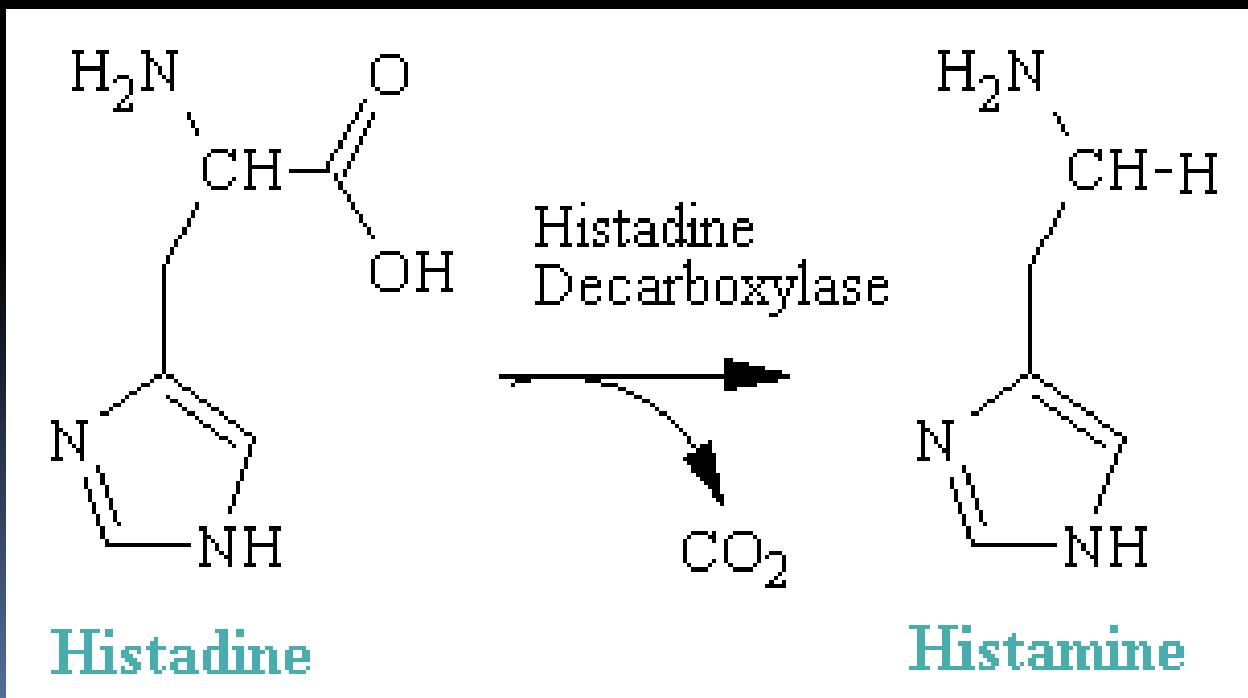
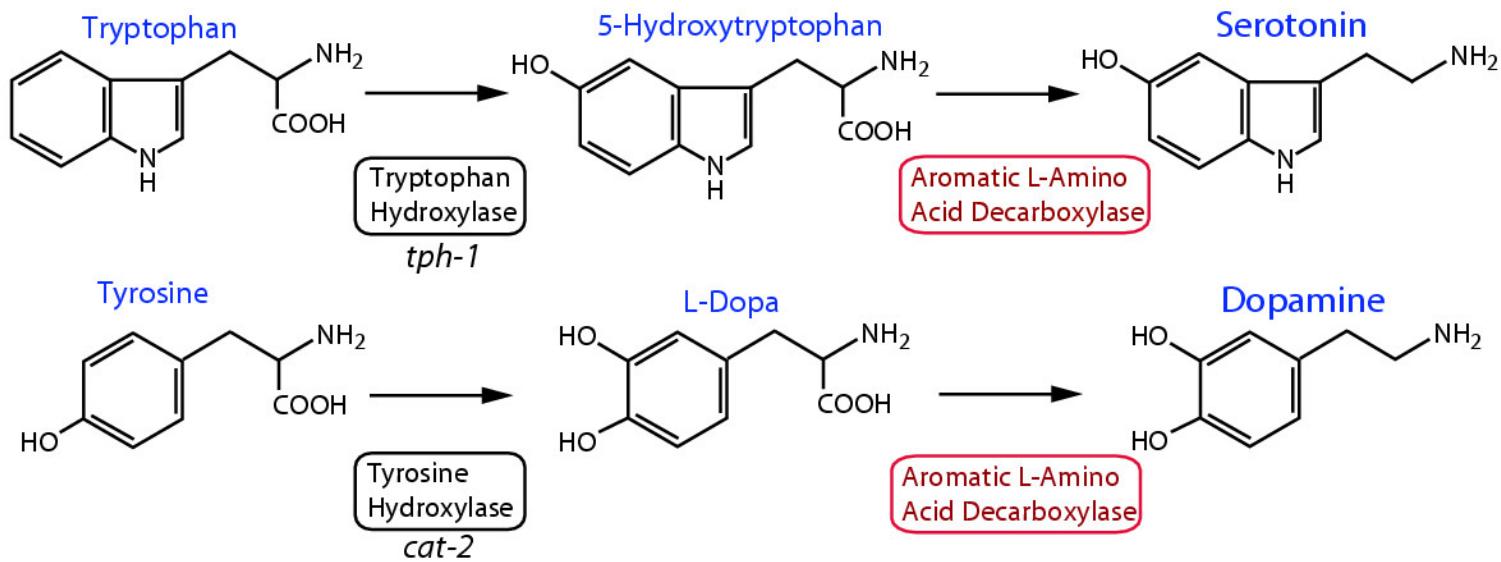
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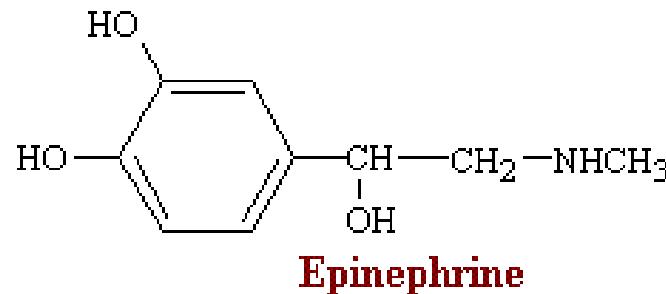
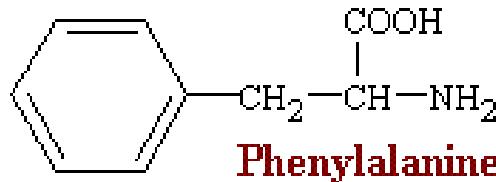
- APUD: amine precursor uptake and decarboxylation
- a group of cells of common embryonic origin that secrete most of the body's hormones, with the exception of steroids. APUD cells comprise both specialized neurons and other endocrine cells. These cells synthesize structurally related polypeptides and biogenic amines. The acronym APUD derives from the fact that polypeptide production is linked to the uptake of a precursor amino acid and its decarboxylation in the cell to produce an amine.
- Peptide hormones, ex: insulin, ACTH, glucagon and antidiuretic hormone
- Amine hormones, ex: dopamine, norepinephrine, serotonin and histamine

# APUD system

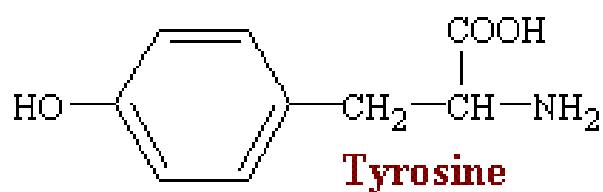
- A morphologic and functional subgroup of the endocrine system, encompassing:
  - C-cells of the thyroid
  - Type-I cells of the carotid body and paraganglia → release noradrenalin
  - Norepinephrine and epinephrine-producing cells of the adrenal medulla
  - Melanoblasts
  - Pineal gland
  - Posterior pituitary cells
- APUD cells take up tryptophan, converting it to 5-HT (serotonin), which is converted to mono-amine oxidase (MAO) 5HIAA
- The term APUD system is little used in the working parlance and has been replaced by **neuroendocrine system**

## Serotonin & Dopamine Biosynthesis

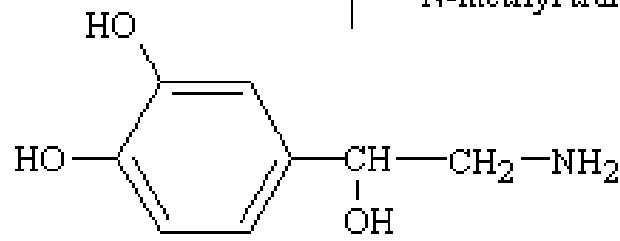




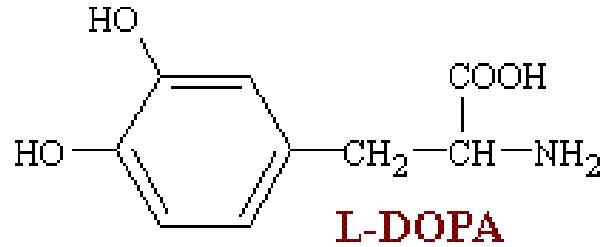
↓  
Phenylalanine  
hydroxylase



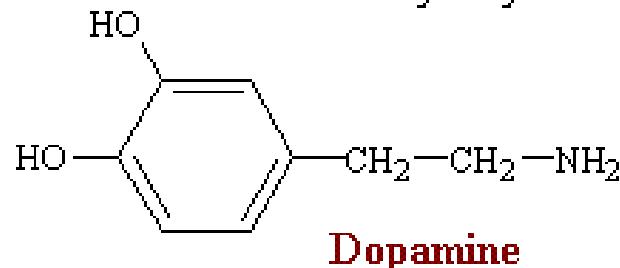
↑  
Norepinephrine  
N-methyl transferase



↓  
Tyrosine Oxidase



↑  
Dopamine-  
 $\beta$ -hydroxylase



↓  
Aromatic L-amino acid  
Decarboxylase

# Specific Receptor Binding— Adrenergic presynaptic receptors & storage

- I-131 meta-iodobenzyl-guanidine (I-131 MIBG)
  - An analog of noradrenaline
  - accumulate in catecholamine storing chromophil cells of adrenal medulla
  - is believed to be transported into the cell by the **reuptake pathways of the adrenergic presynaptic neurons**. Within the cells, MIBG is transported into the **catecholamine-storing** granules by means of the ATPase-dependent proton pump. The major difference bt MIBG and noradrenaline is that MIBG dose not bind to postsynaptic adrenergic receptors
  - Reduced uptake if using: labetalol, CCBs, antipsychotic & sympathomimetic agents

MIBG因為結構類似 norepinephrine，必須緩慢注射以免引起高血壓的危險性。藥物注射後，建議請受檢者在檢查室休息半小時後，無異狀再離開\_\_CGMH protocol

# Specific Receptor Binding— Adrenergic presynaptic receptors & storage

- I-131 meta-iodobenzyl-guanidine (I-131 MIBG) (cont.)

initially, used in...

- Pheochromocytoma... from adrenal medulla
- Paraganglioma (extra-adrenal pheochromocytoma)... extra-adrenal adrenergic system (special chemoreceptors, chiefly in carotid body, aortic body and may also be located along major arteries)

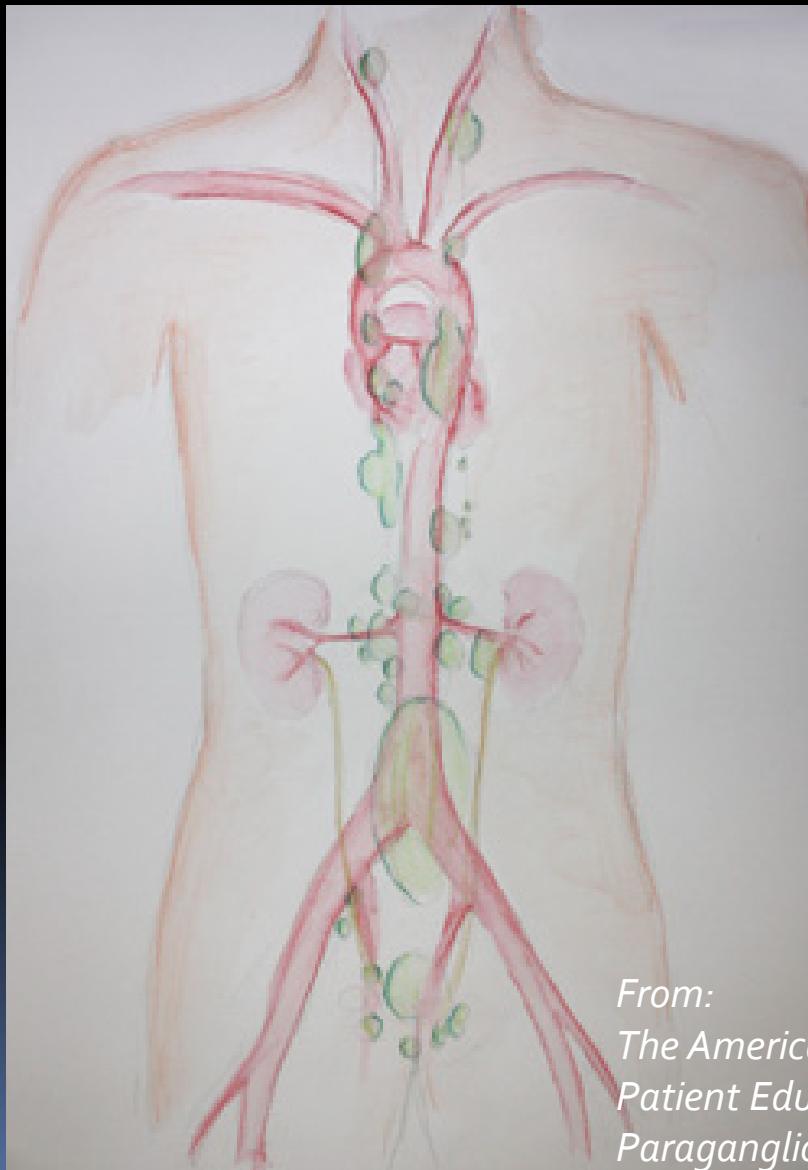
laterally, used in...

- Medullary thyroid carcinoma
- Retinoblastoma
- Melanoma
- Bronchial carcinoma

From:

*The American Association of Endocrine Surgeons  
Patient Education Site  
Paraganglioma*

# Possible sites of Paraganglioma



Artwork by  
Elizabeth Chabot

*From:*  
*The American Association of Endocrine Surgeons*  
*Patient Education Site*  
*Paraganglioma*

# Specific Receptor Binding— LDL receptors

- $^{131}\text{I}$ -6 $\beta$ -iodomethyl-19-norcholesterol (NP-59)
- $^{131}\text{I}$ -6-iodocholesterol (Ioderin)
- $^{75}\text{Se}$ - $\beta$ -iodomethyl-19-norcholesterol (Scintadren)
- Mechanism of uptake:
  - transported by plasma LDL and are accumulated in the adrenal cortex via LDL receptors
  - esterified like cholesterol and stored intracellularly without further metabolism or incorporation into adrenocortical steroid hormones

# NP-59 Adrenal Cortical Scintigraphy

- 利用NP-59檢查時有不同的步驟：
  - 當懷疑是庫辛氏症時直接注射NP-59檢查即可，藉著影像表現的不同來判斷是ACTH依賴型或是非依賴型
  - 若懷疑是原發性醛固酮過多症則必須先以dexamethasone(DS)進行抑制ACTH分泌再注射NP-59
- 適應症：
  - 1、診斷原發性醛固酮過多症是腺瘤或是腎上腺皮質增生所引起
  - 2、當CT、MRI、超音波發現腎上腺有腫塊時可以鑑定腫塊的功能及特性
  - 3、診斷庫辛氏症(Cushing's syndrome)是ACTH依賴型或是非依賴型
  - 4、診斷女性多毛症或無月經是否因腎上腺雄性素分泌過高引起

- Thanks your attention.