

# Overview Molecular Imaging

## MRI and MPI

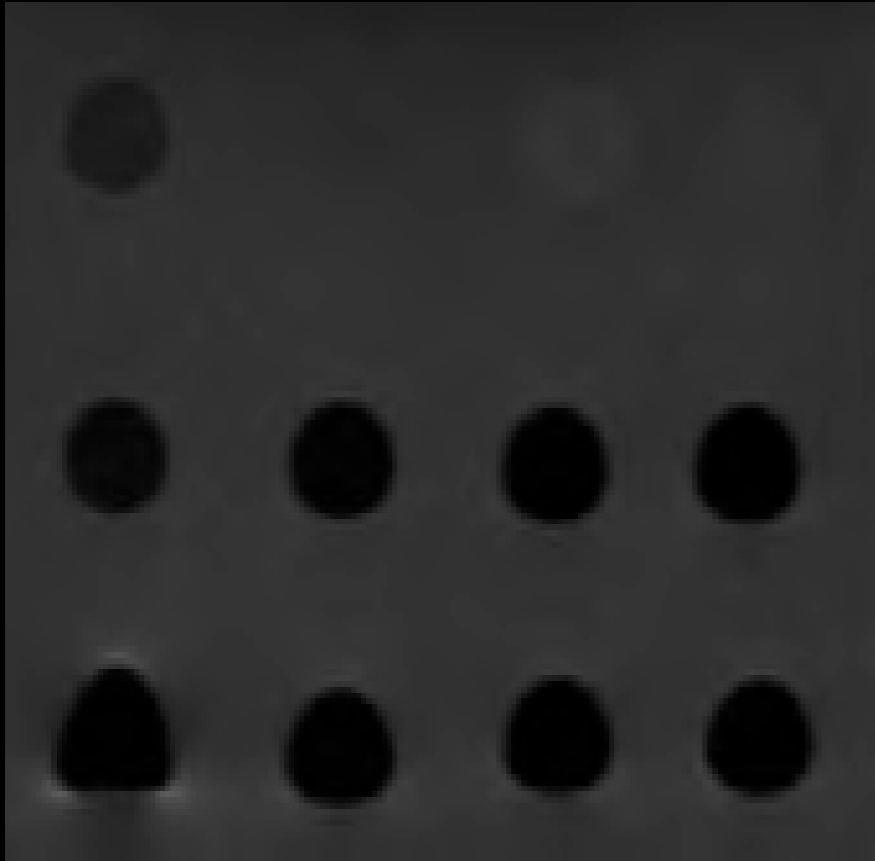
M. Taupitz  
Dept. Radiology  
Charité

# Molecular Imaging Using Magnetic Probes

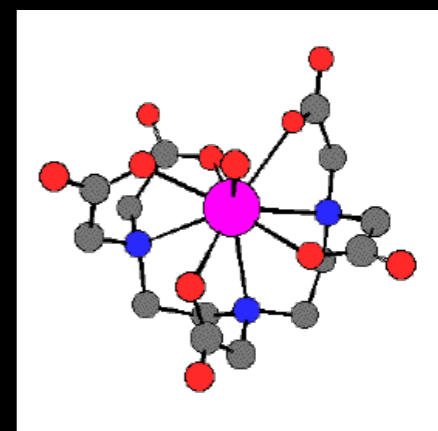
**MRI** - Magnetic Resonance Imaging

**MPI** - Magnetic Particle Imaging

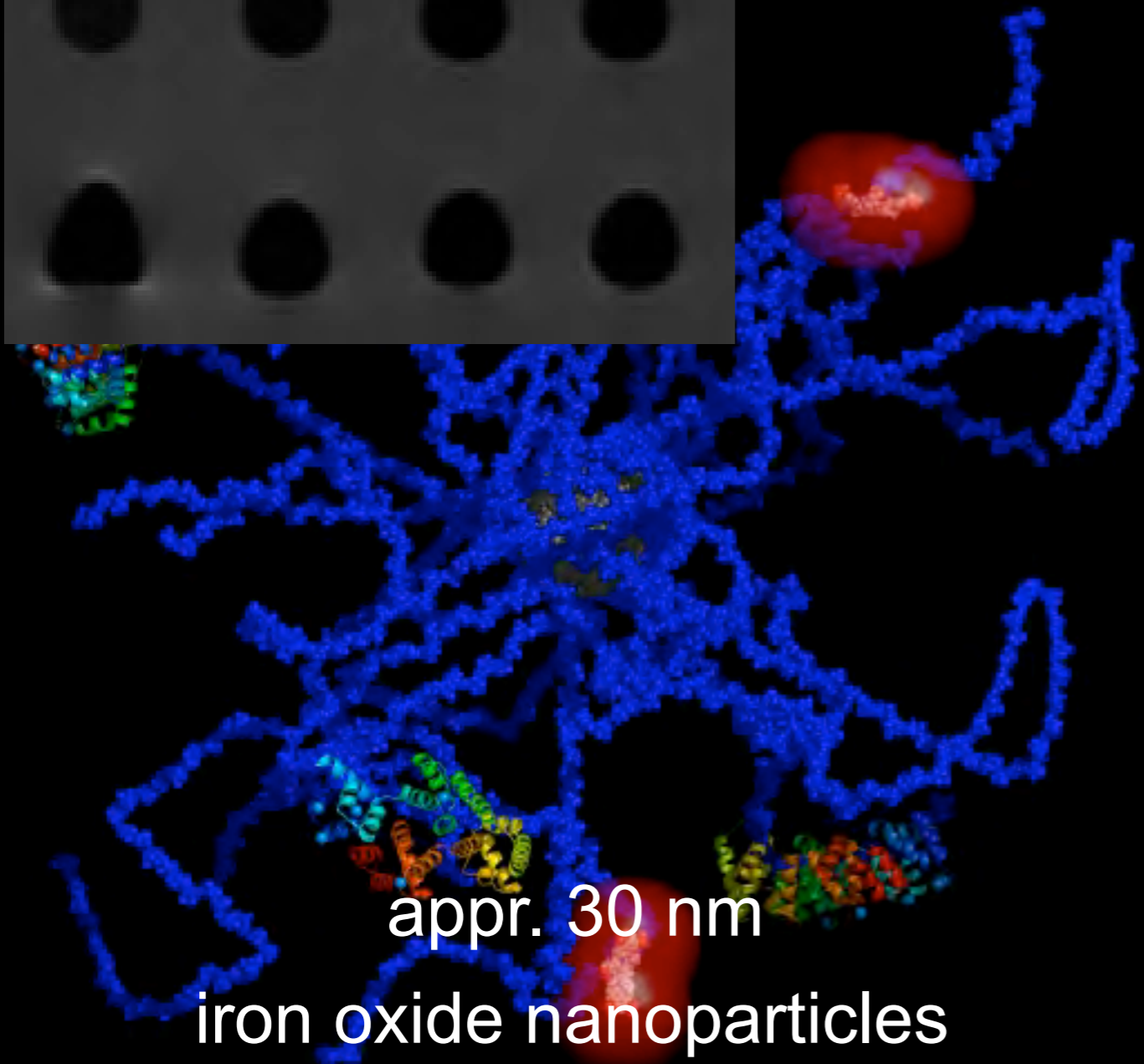
# Magnetic Probes



molecules

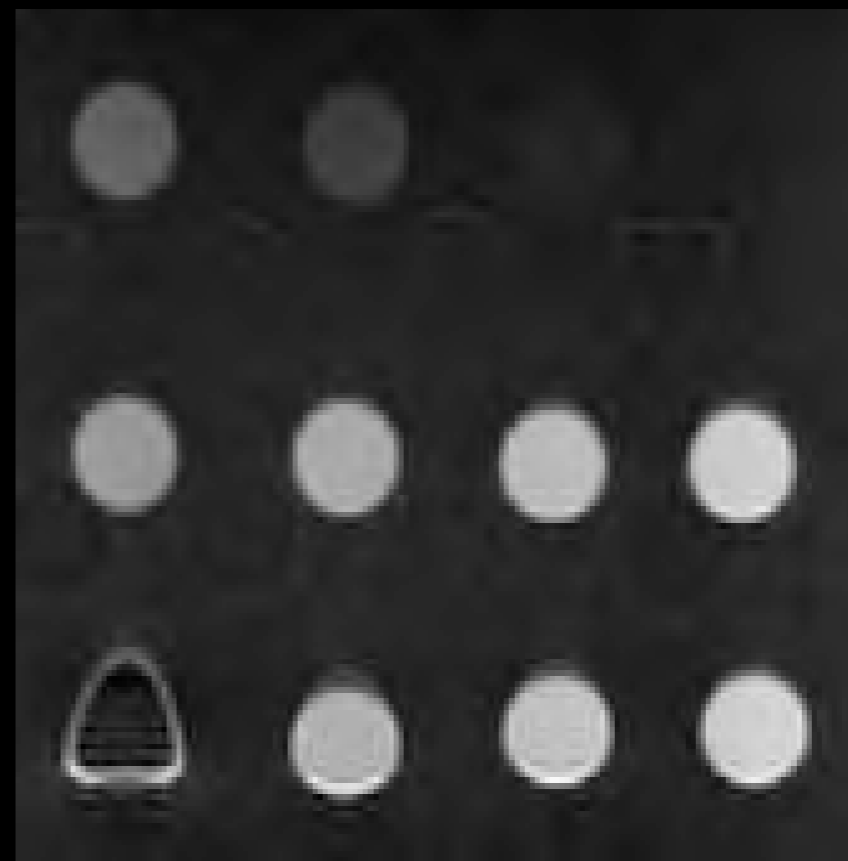


Gd chelates



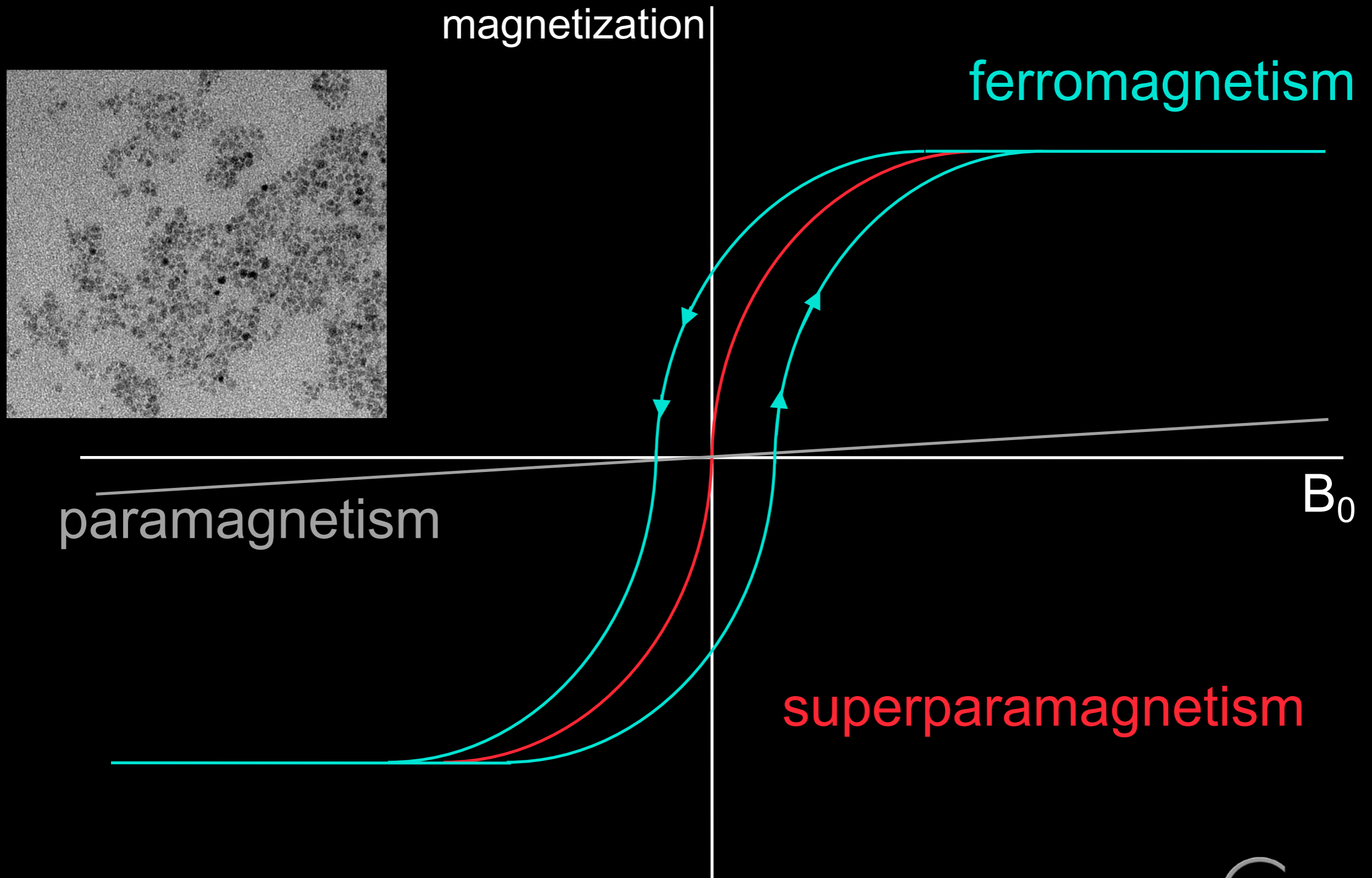
appr. 30 nm

iron oxide nanoparticles  
SPIO/USPIO



es:  
clerosis  
ation

# Superparamagnetism



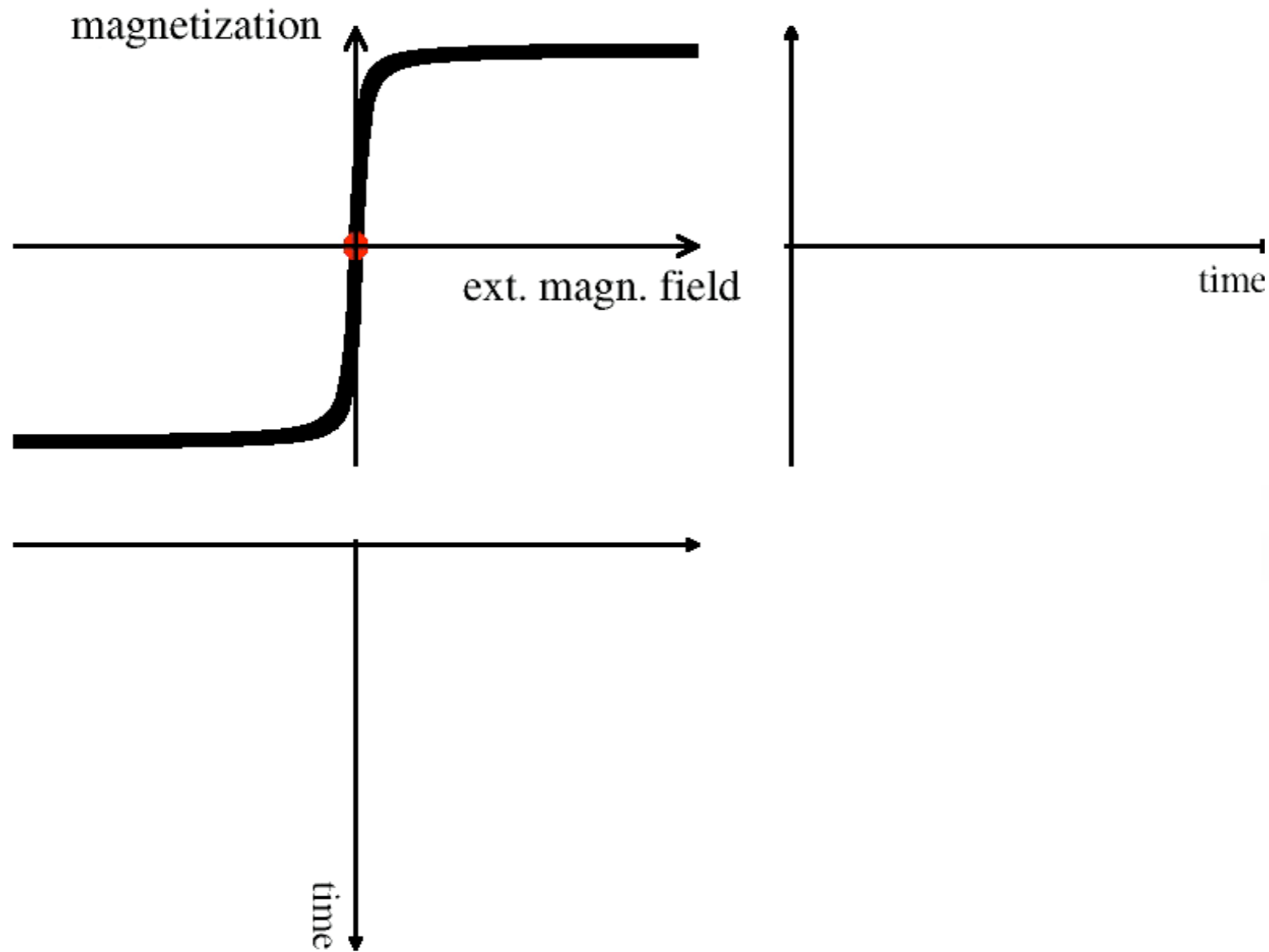
# Molecular Imaging Using Magnetic Probes

MRI - Magnetic Resonance Imaging

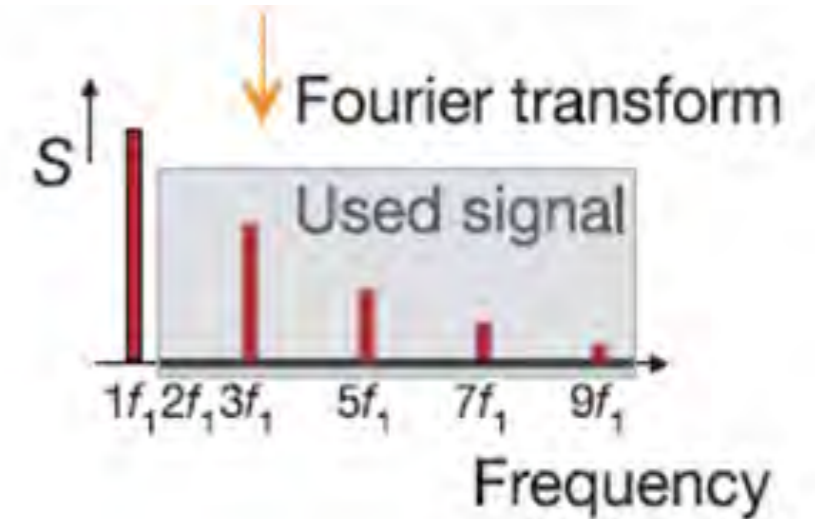
MPI - Magnetic Particle Imaging  
basic principle

# signal generation

Gleich & Weizenecker, Nature 2005



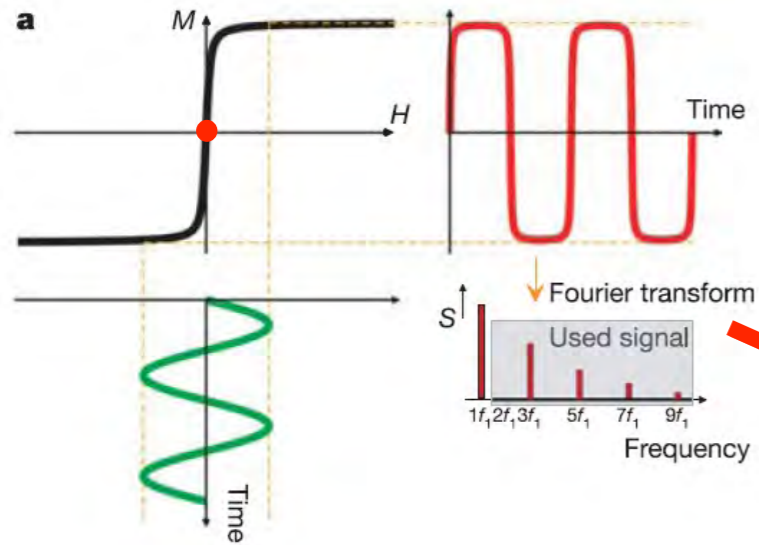
magnetic response



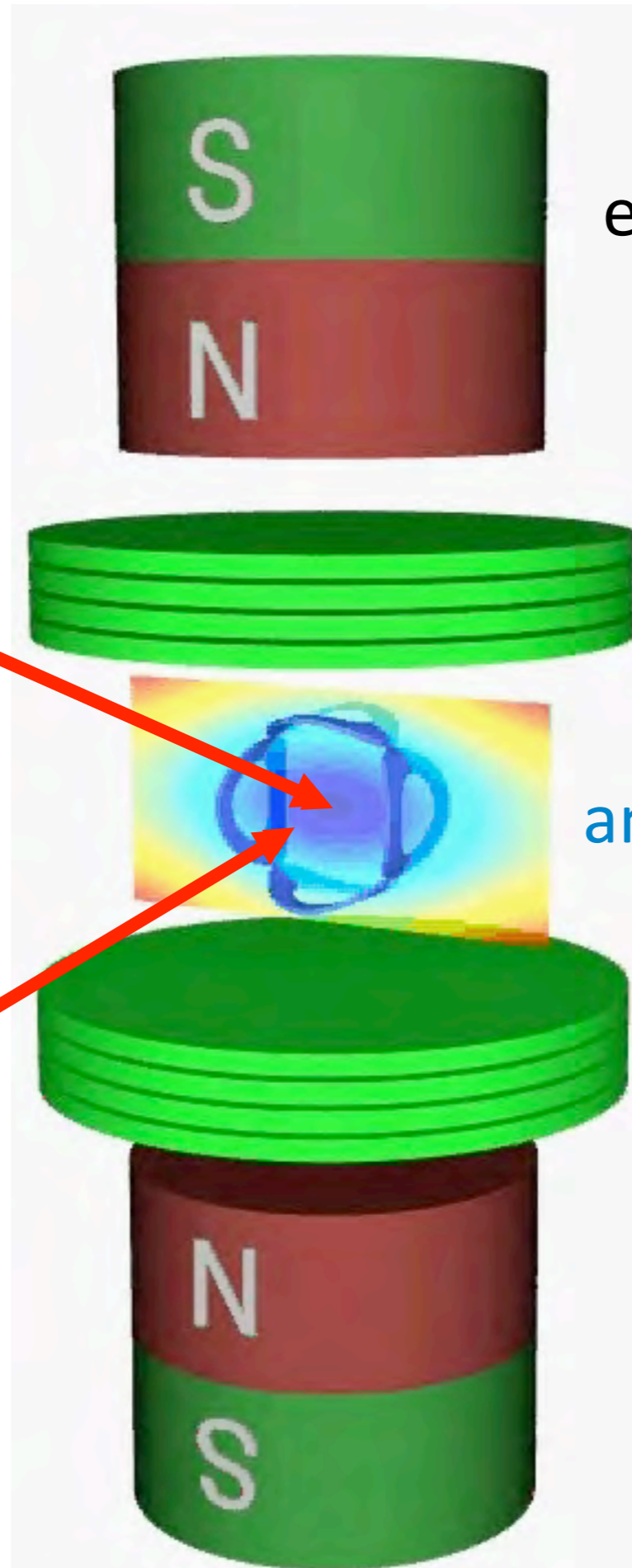
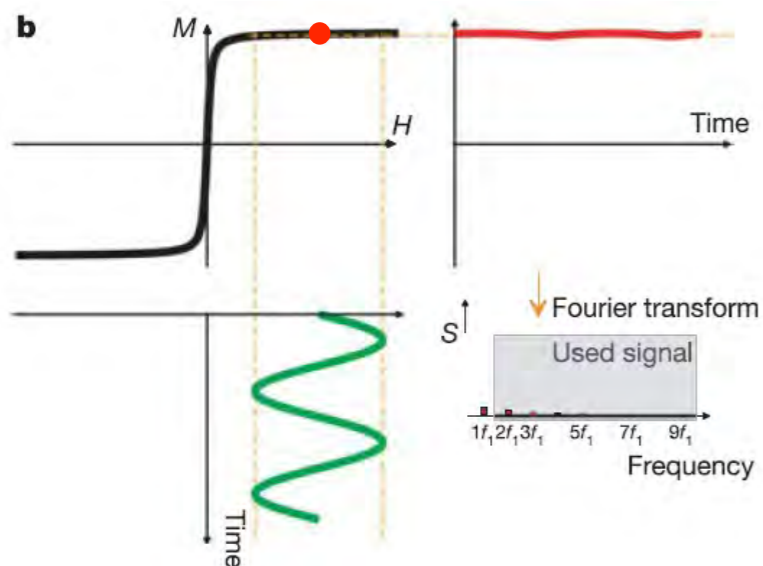
MPI raw data: time domain  $\rightarrow$  frequency spectra

# prinicple of MPI

within FFP: no saturation



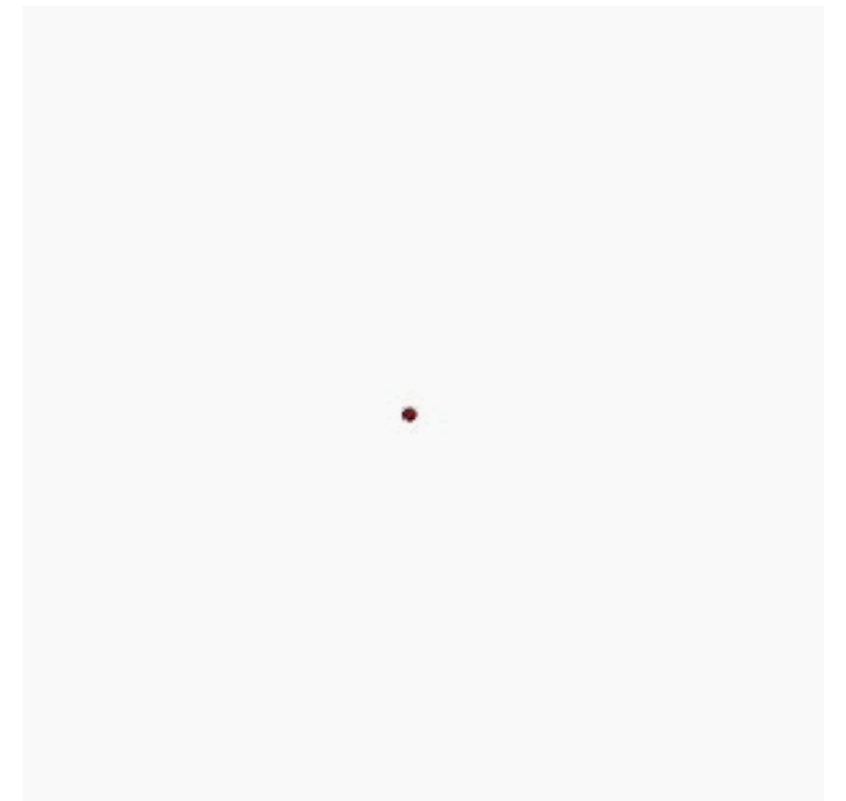
outside FFP: saturation



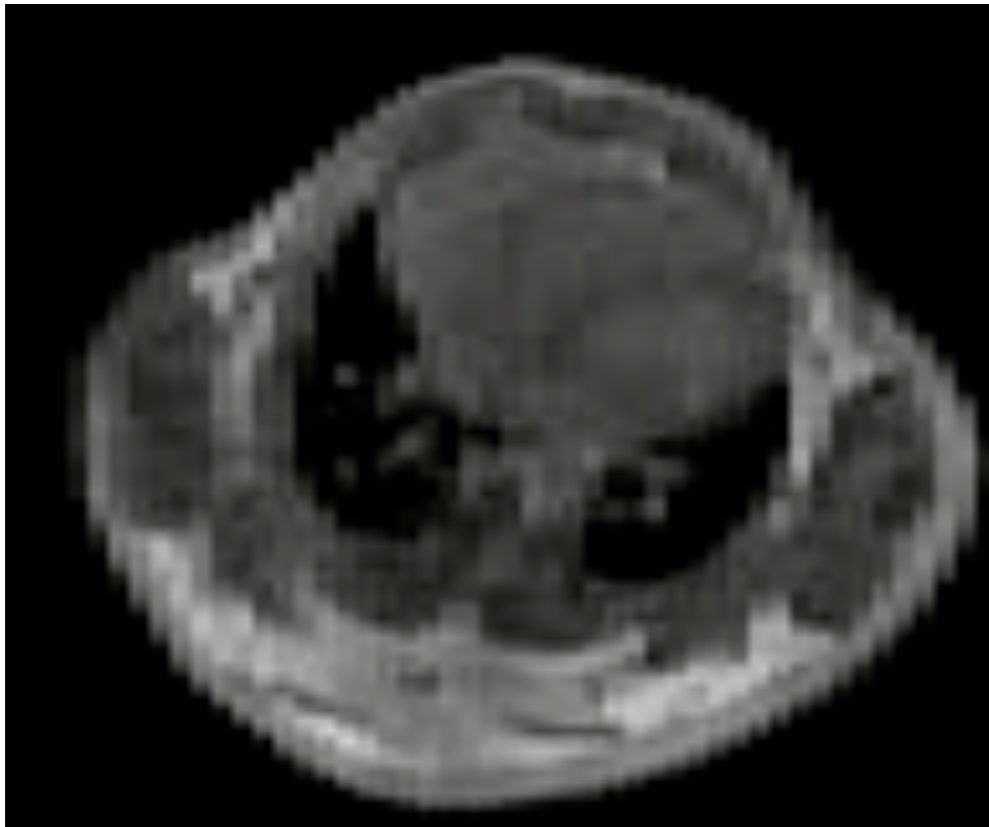
encoding magnets

transmit-coils

antenna



# Magnetic Particle Imaging (MPI)



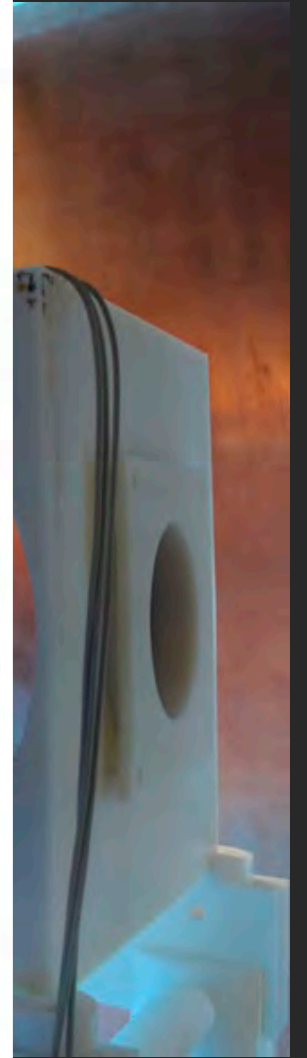
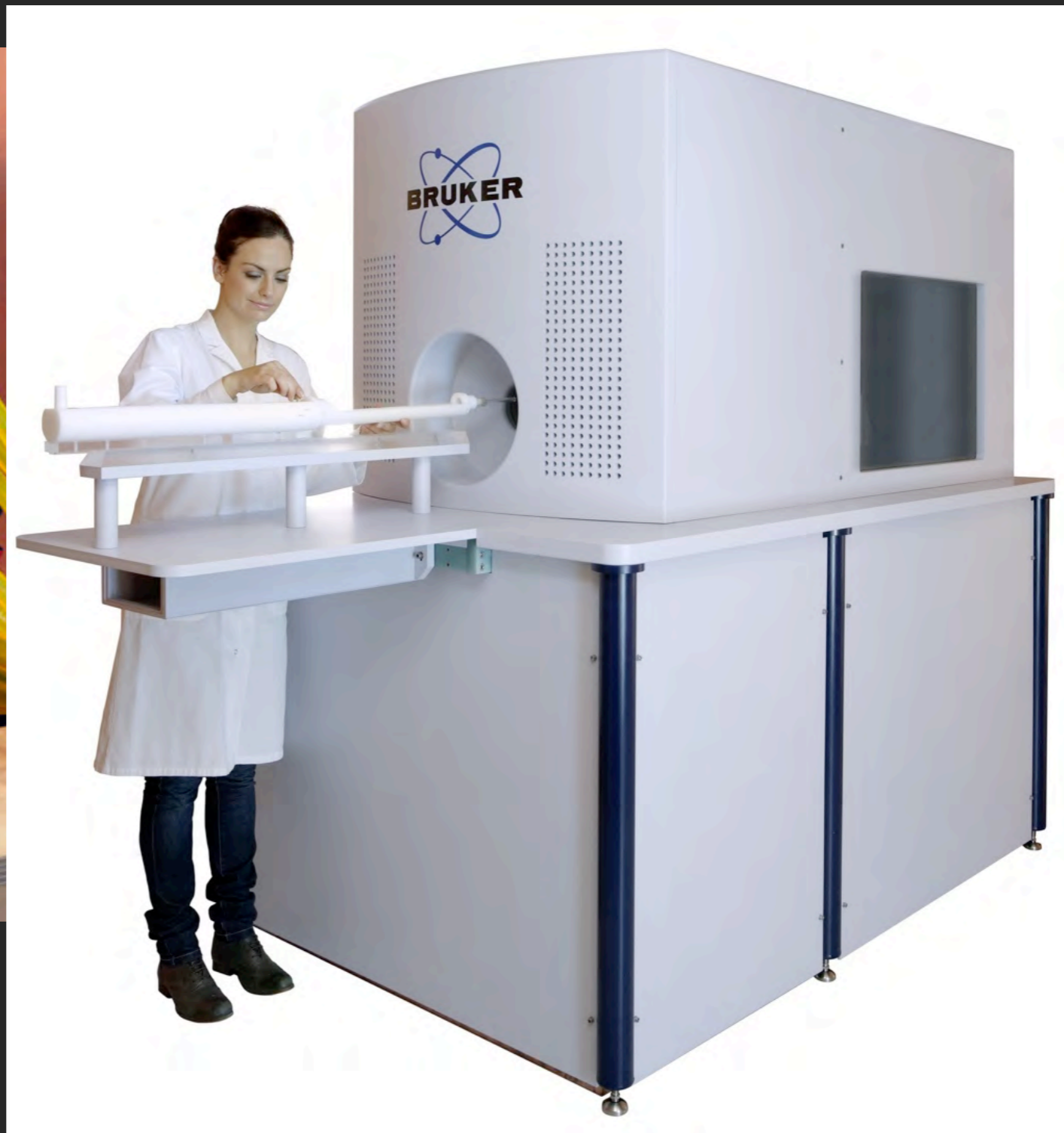
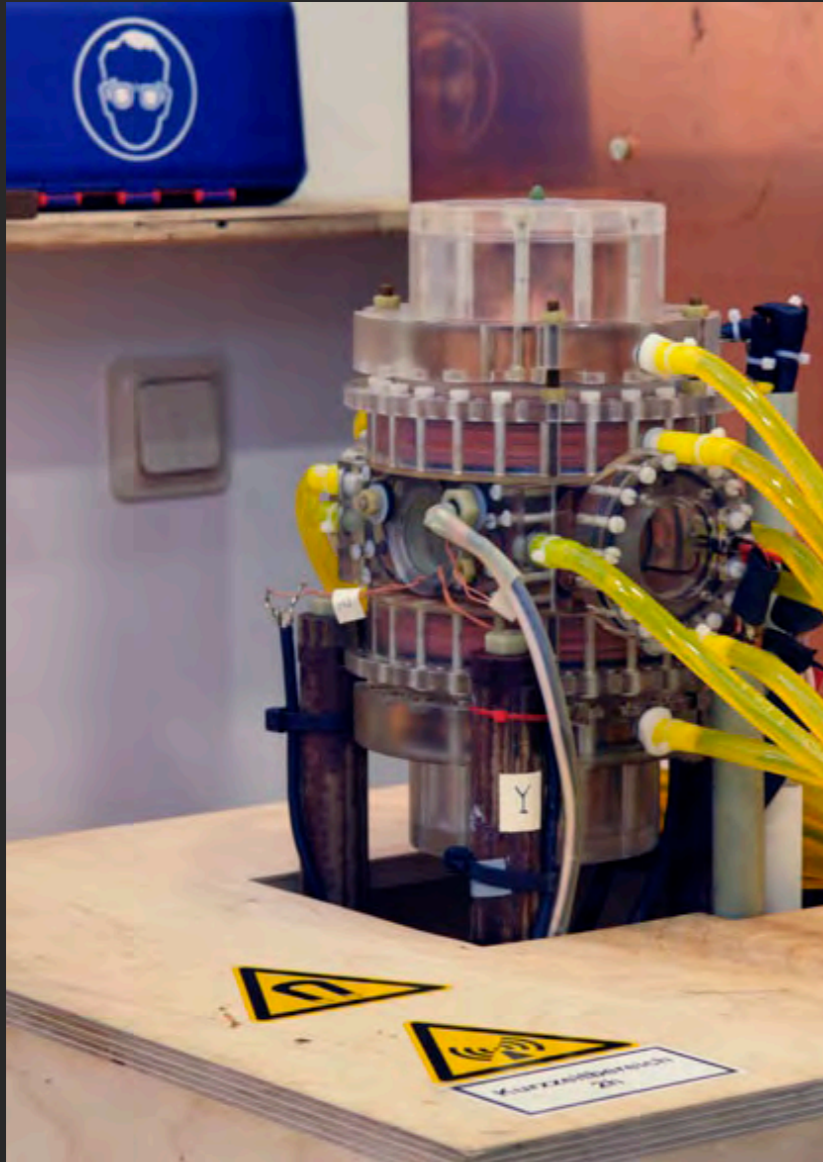
- quantitative
- sensitivity: 10 - 1000 x > MRI
- 3D acquisition
- 46 frames/sec
- 45  $\mu\text{mol Fe/kg}$  Resovist as i.v. Bolus
- no background signal, no morphologic information



# Magnetic Particle Imaging

## possible applications

- vascular imaging
  - quantitative perfusion imaging
  - guided interventions
- molecular imaging



## DFG - Major Equipment Initiative 2012

successful application with joint project (approx. 4 mio €)

Charité - Physikalisch Technische Bundesanstalt



	Radiation Used	Spatial Resolution	Temporal Resolution	Sensitivity	Quantity of contrast agent used	Summary / Comments
Positron Emission Tomography (PET)	High Energy $\gamma$ -rays	1-2 mm	10sec to minutes	$10^{-11}$ - $10^{-12}$ Mole/L	Nanograms	Sensitive Quantitative Needs cyclotron
Single Photon Emission Tomography	Low Energy $\gamma$ -rays	1-2 mm	minutes	$10^{-10}$ - $10^{-11}$ Mole/L	Nanograms	Many available probes
Computed Tomography	X- rays	50-200 $\mu$ m	minutes	Not well characterized	Not Applicable	Good for bone, tumor but nor for soft tissues
Magnetic Resonance Imaging (MRI)	Radiowaves	25-100 $\mu$ m	Minutes to hours	$10^{-3}$ - $10^{-5}$ Mole/L	Micrograms to Milligrams	Highest resolution; Morphological and functional imaging Low sensitivity Slow
<b>Magnetic Particle Imaging (MPI)</b>	<b>Radiowaves</b>	200-500 $\mu$ m	Seconds to minutes	$10^{-11}$ - $10^{-12}$ Mole/L	Nanograms	<b>Quantitative</b> <b>Good sensitivity</b> <b>Fast</b> <b>Good resolution</b> <b>No tissue contrast</b>

adapted from Krishnan, IEEE Trans Magn, Vol. 46, No. 7, 2010, 2523-2558, by M. Kuhn

availability of an appropriate MPI tracer is **conditio sine qua non**

molecular

metabol.

physiology

anatomy

CT

US

nuclear med

MRI

NIRF

bio-  
luminescence

molecular    metabol.    physiology    anatomy

CT

US

nuclear med

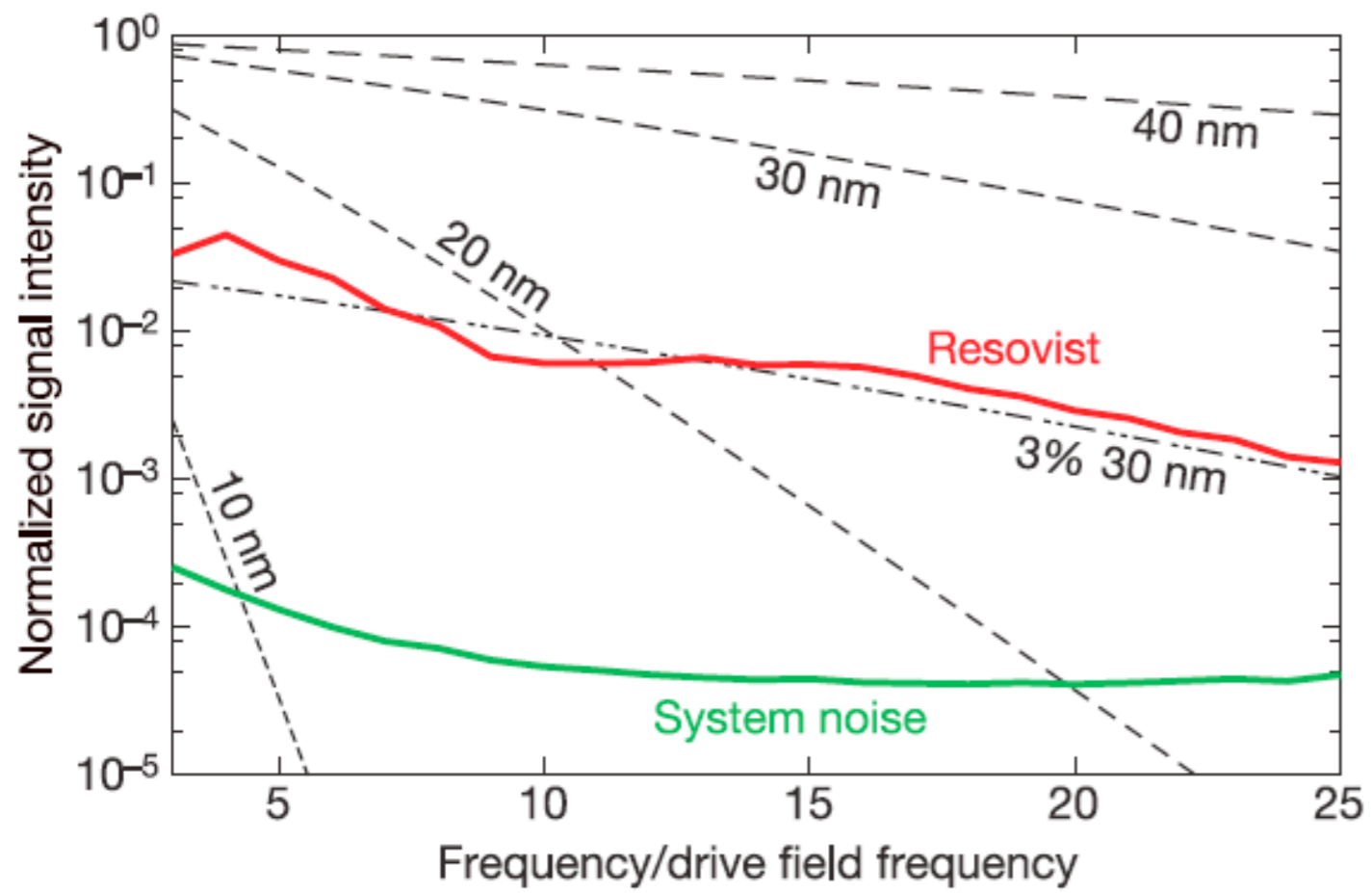
MRI

NIRF

bio-  
luminescence

MPI

???



# Experimental Radiology - Nanoparticles



## BMBF - project MAPIT

development of optimized MPI nanoparticles  
→ approx. 4 x more effective than Resovist,  
biocompatible

# Molecular Imaging Using Magnetic Probes

MRI - Magnetic Resonance Imaging

MPI - Magnetic Particle Imaging  
basic principle

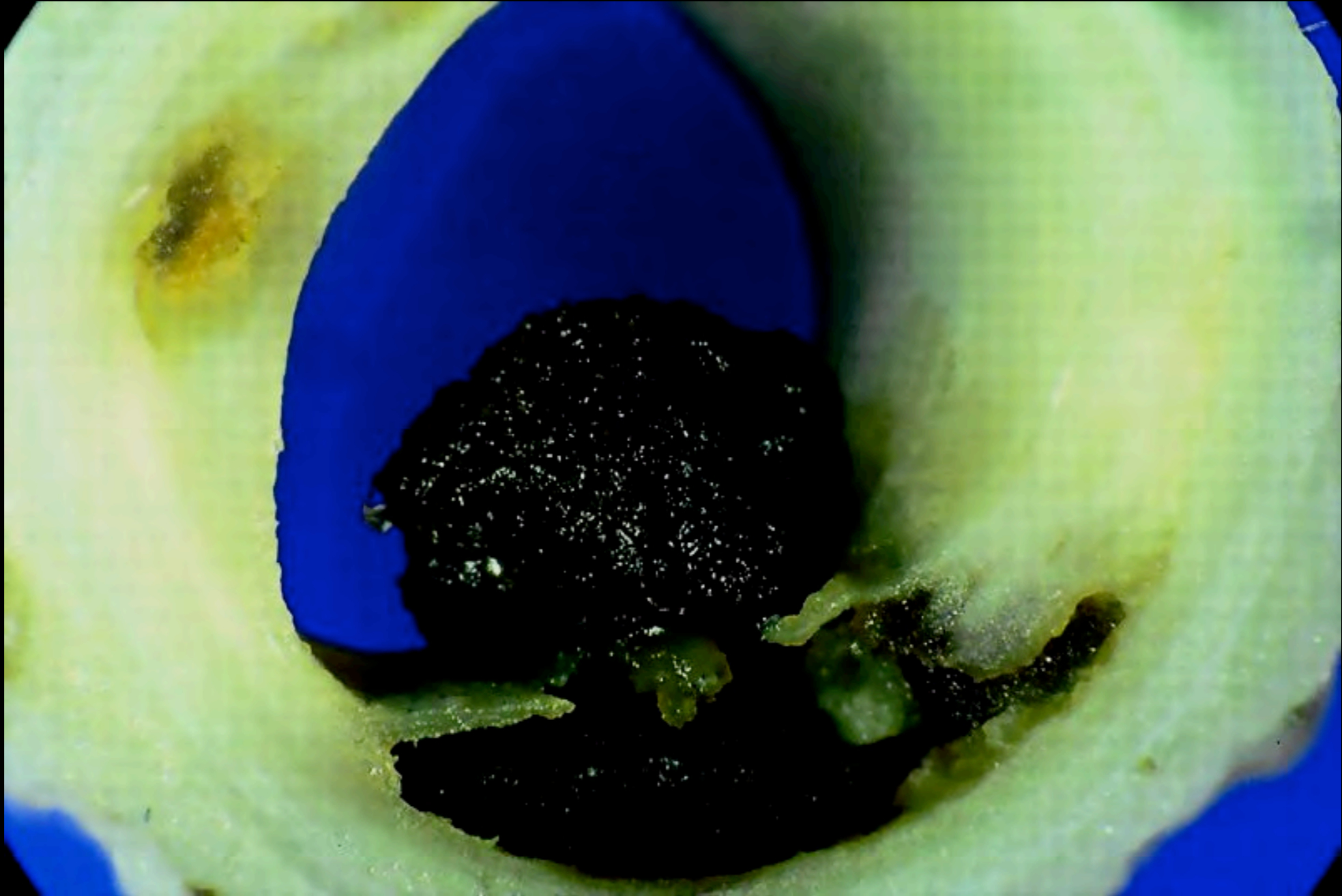


# Molecular MRI

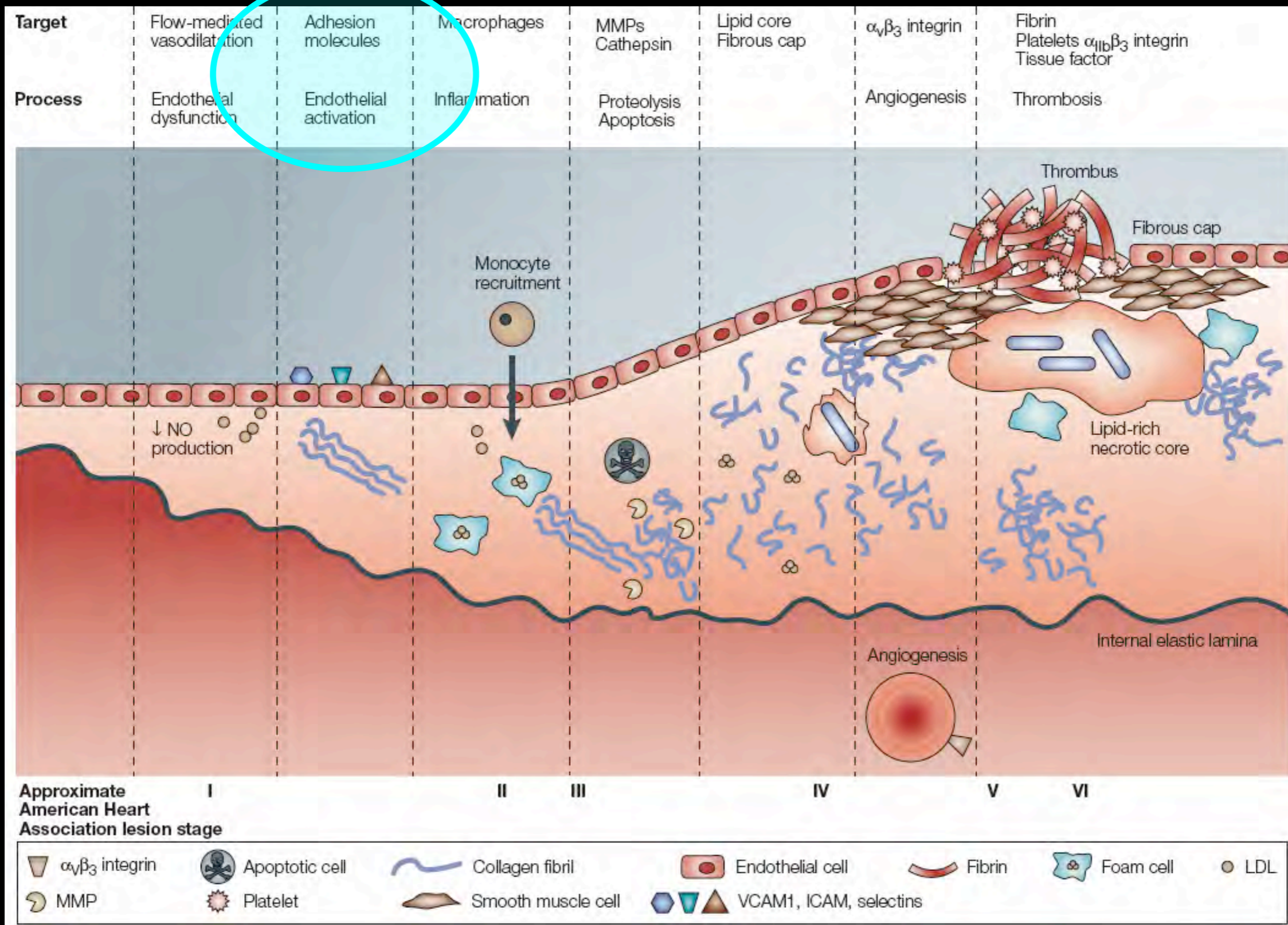
## Disease Specific MRI

### Pathologies:

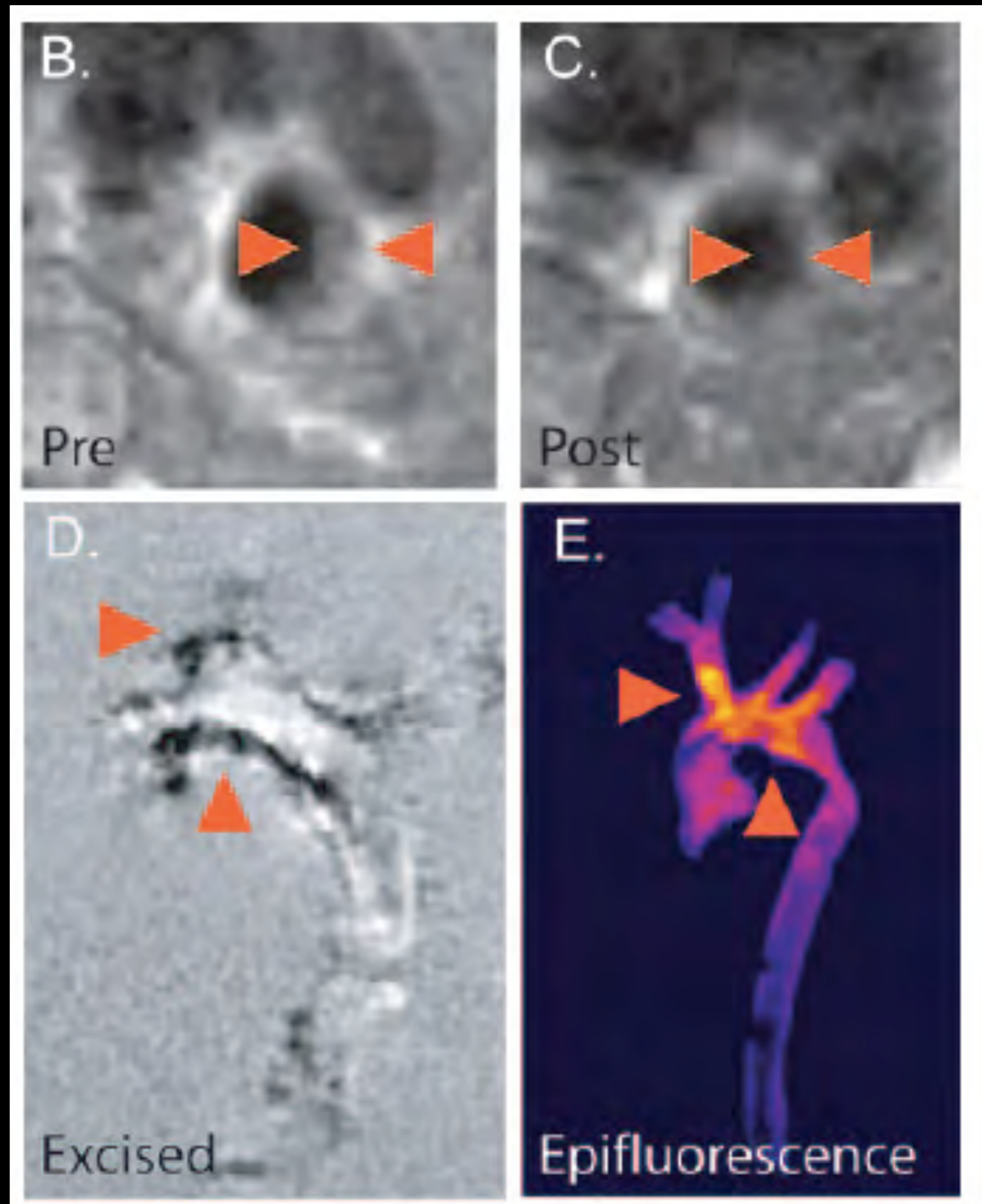
- atherosclerosis
- tumor
- inflammation
- .....



# Atherosclerosis: Biological Processes/Targets

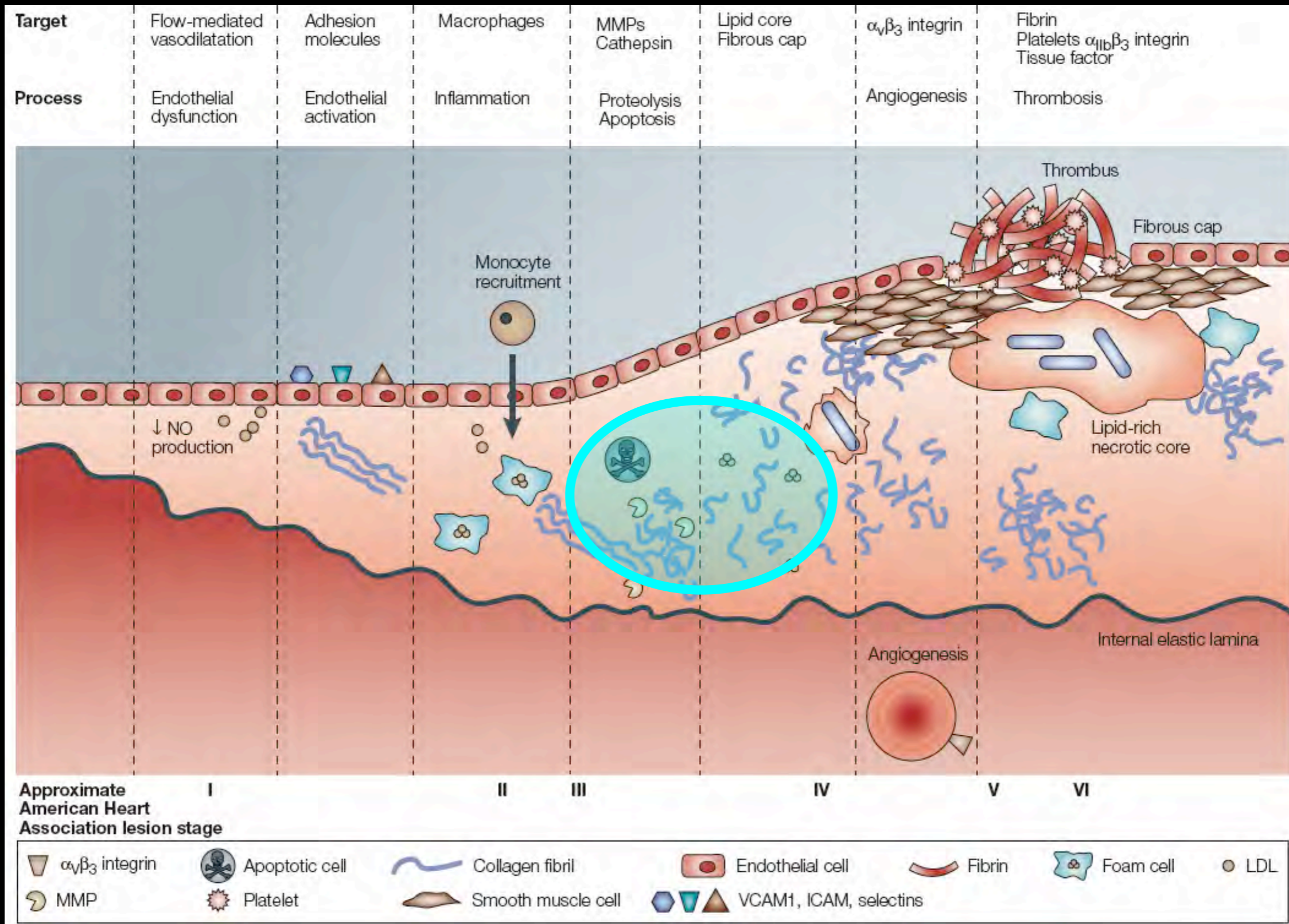


# Target: Adhesion Molecules

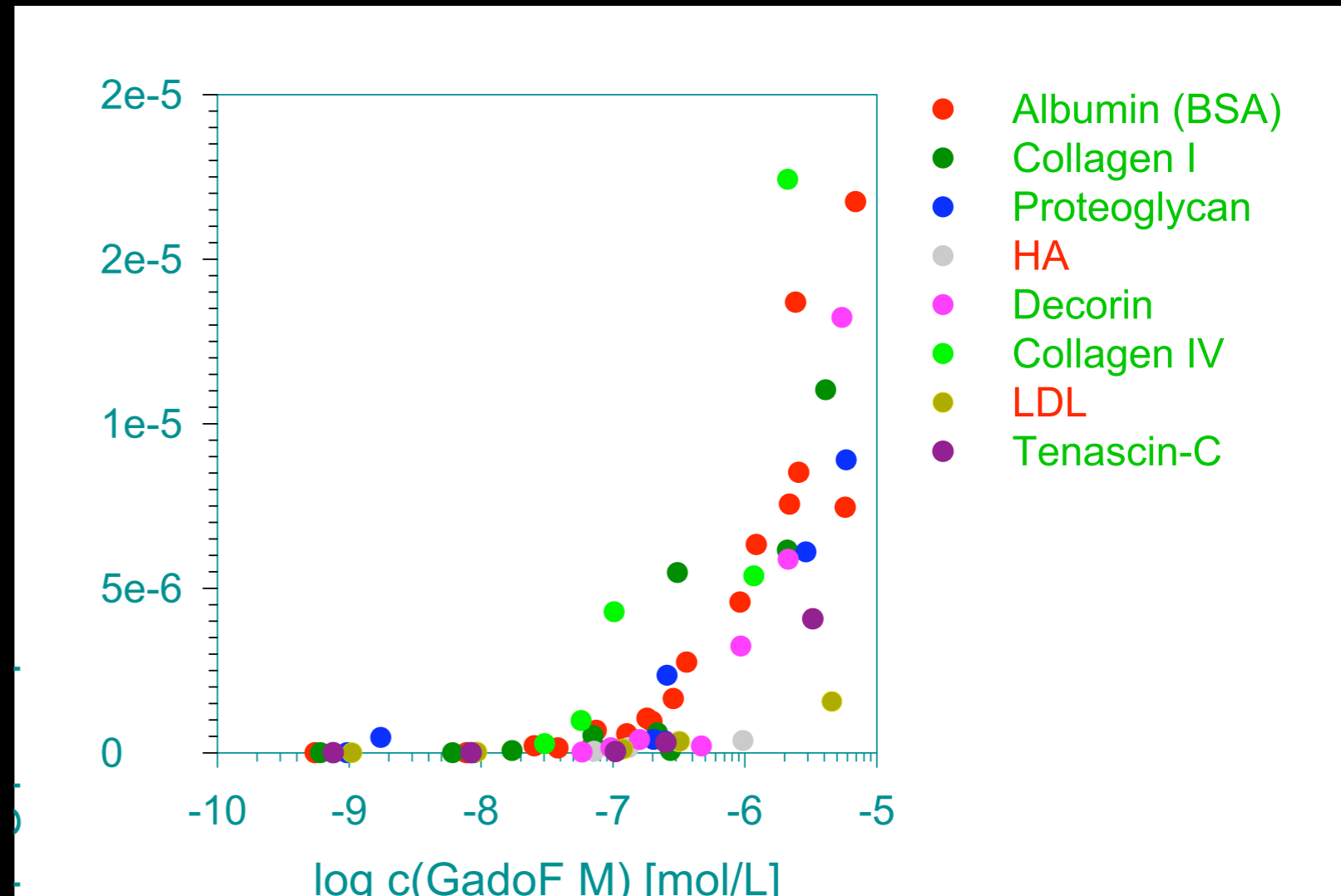
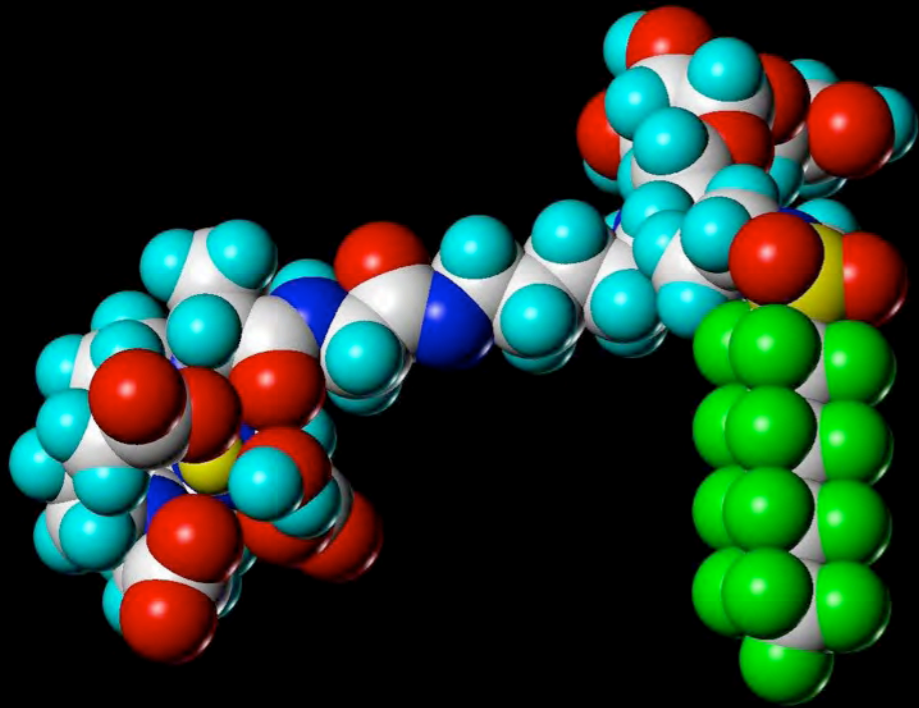


VCAM-1 directed iron oxide nanoparticles  
Angiogenesis-Targeting  
sufficient contrast 24 h p.i.

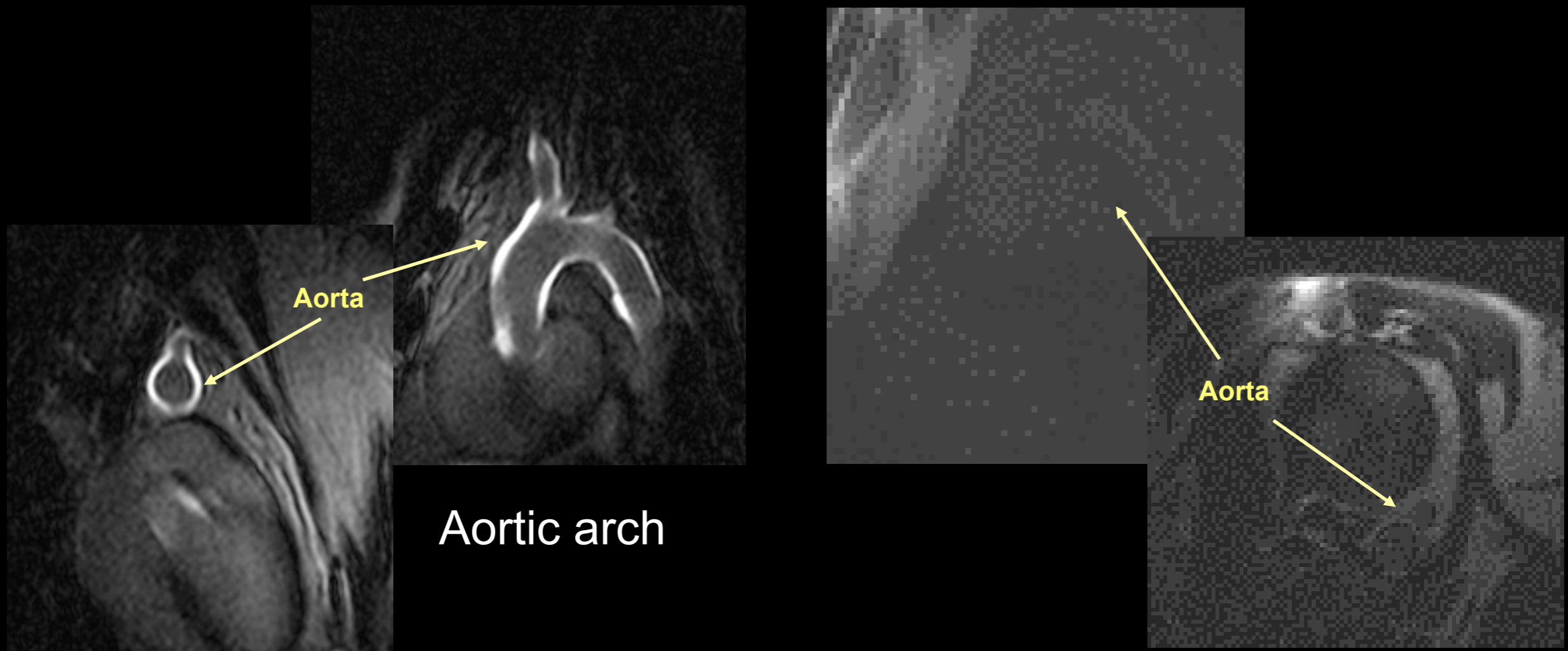
# Atherosclerosis: Biological Processes/Targets



# Binding of Gd-153-GadoF M to BSA



# Gadofluorin M



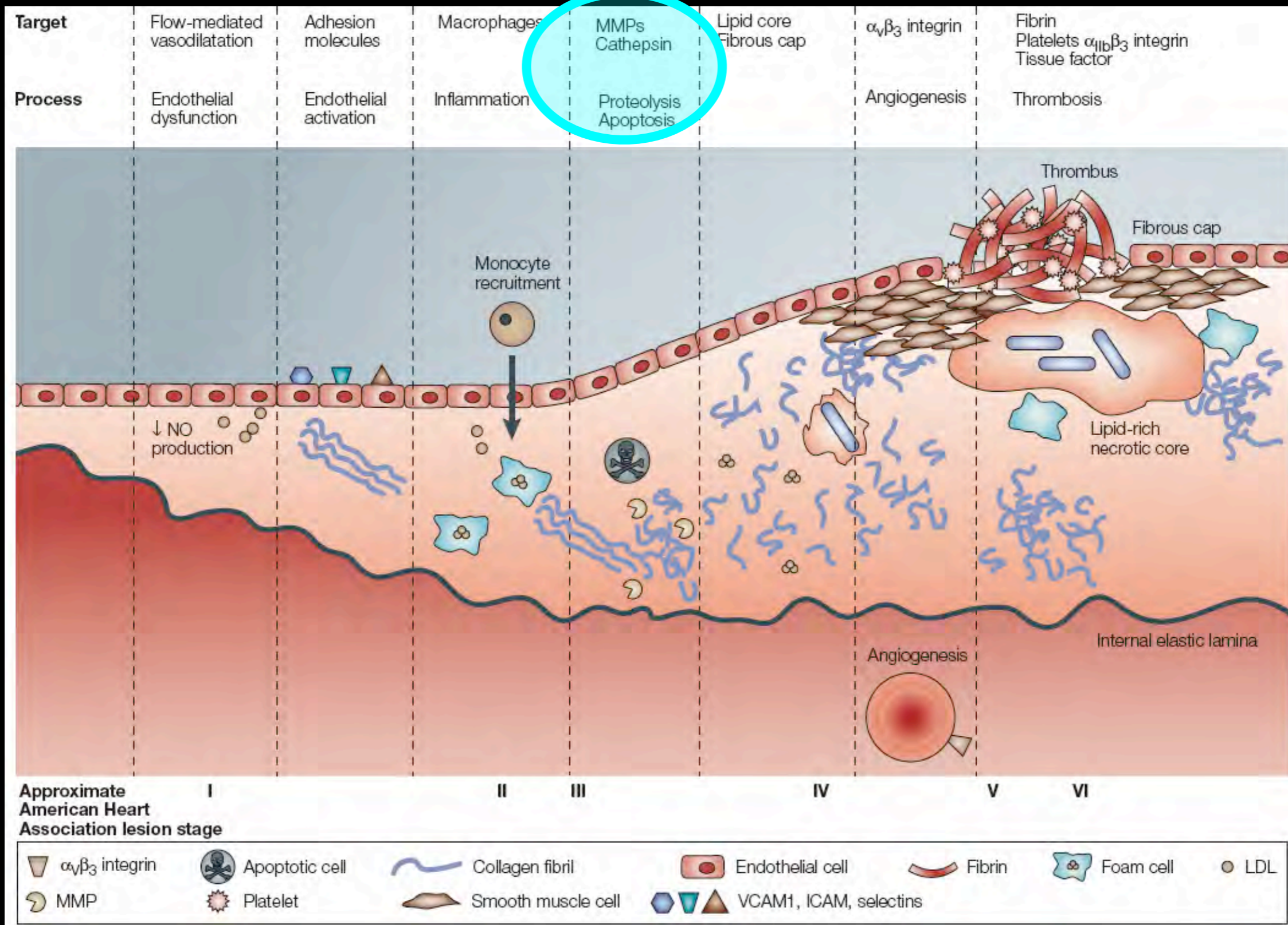
Atherosclerotic WHHL rabbit

Normal New Zealand White

Dose: 50  $\mu\text{mol/kg}$  bw

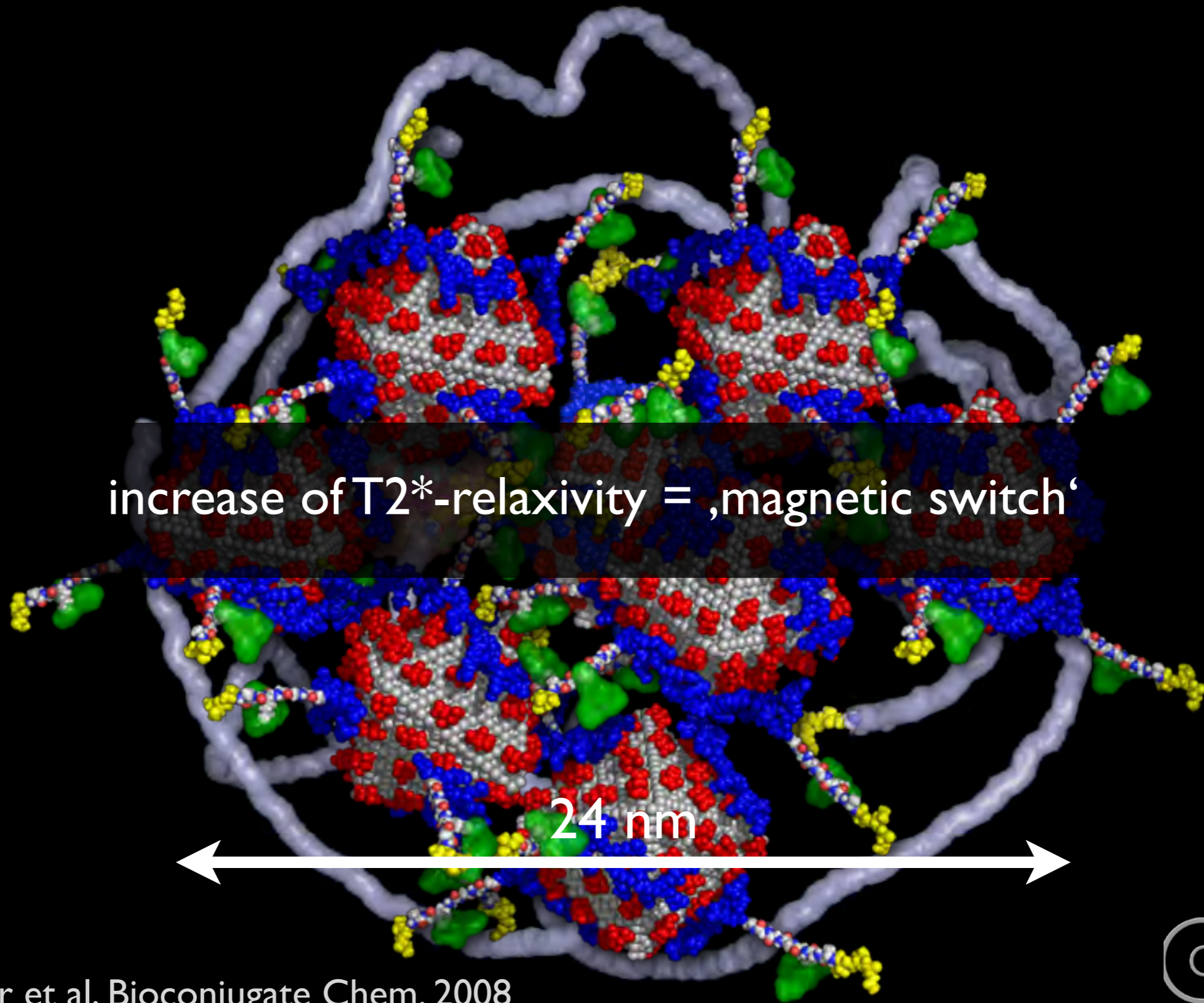
MRI: ~24 h p.i. in vivo; 1.5 T; IR-tfl; untriggered; Acq. time: ~3.5 min

# Atherosclerosis: Biological Processes/Targets

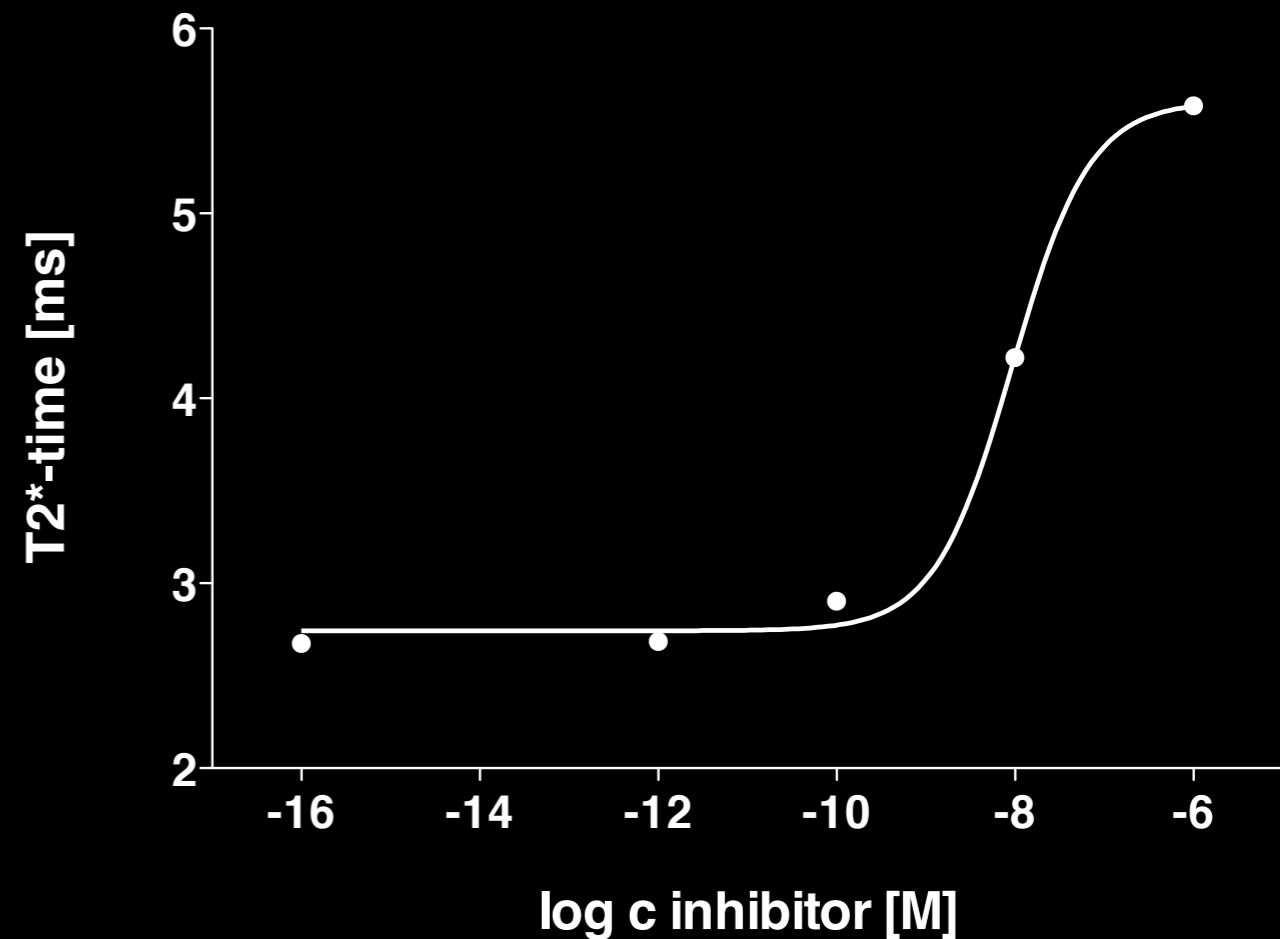
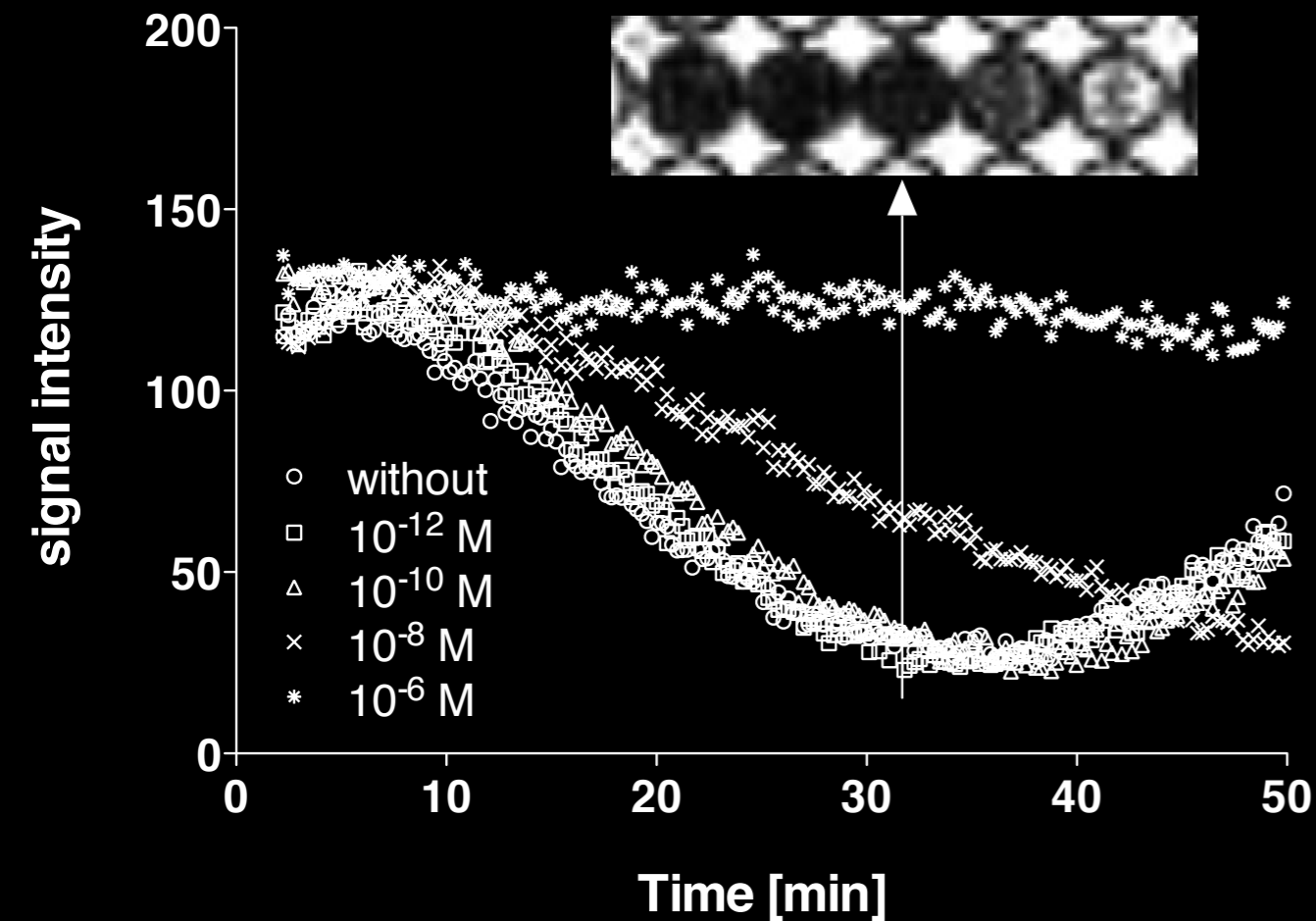




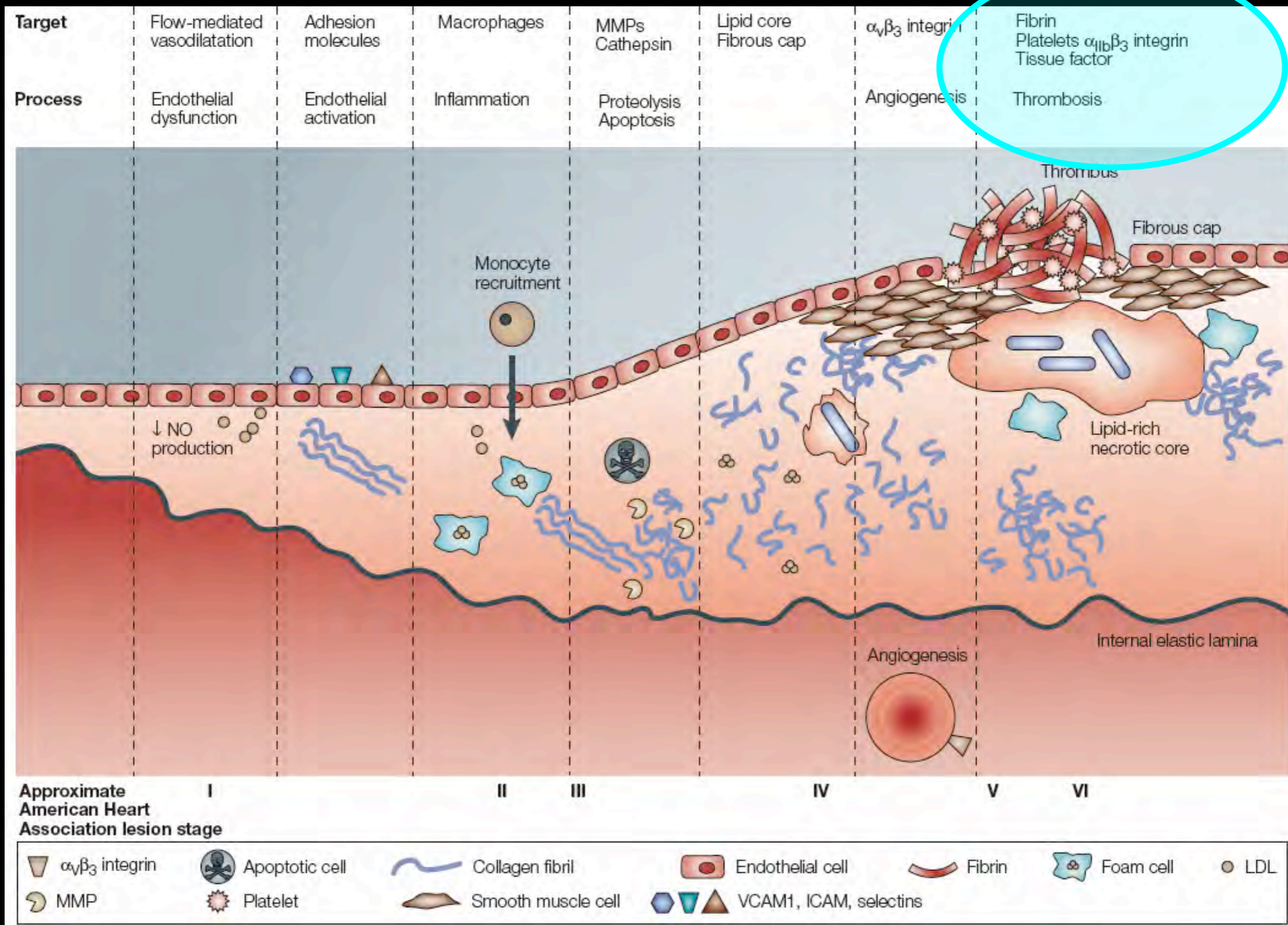
# MMP-9 activable particles



# *In vitro* MRI after Activation by MMP-9 and MMP-9-Inhibition (T2\*-weighted)



# Atherosclerosis: Biological Processes/Targets



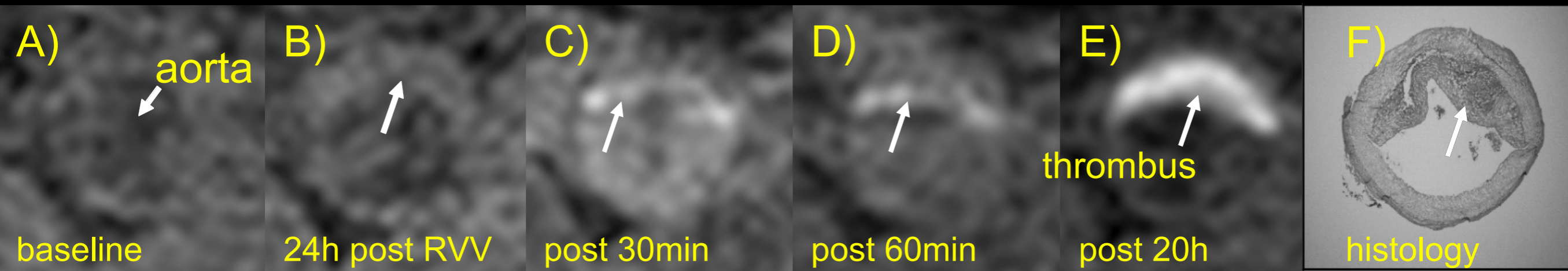
# Plaque Rupture and Thrombus Formation

„fibrin targeting“

EP-1873, Peptid-bound Gd-chelate  
100 % sensitive und specific

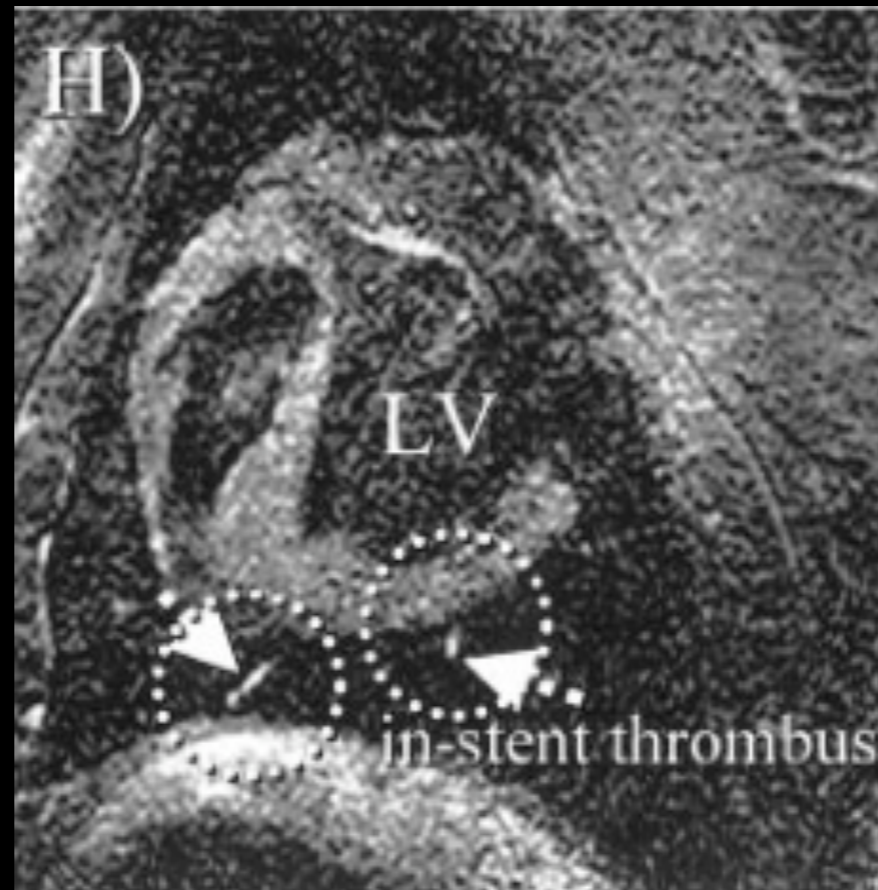
precontrast

fibrin-targeted Gd-probe

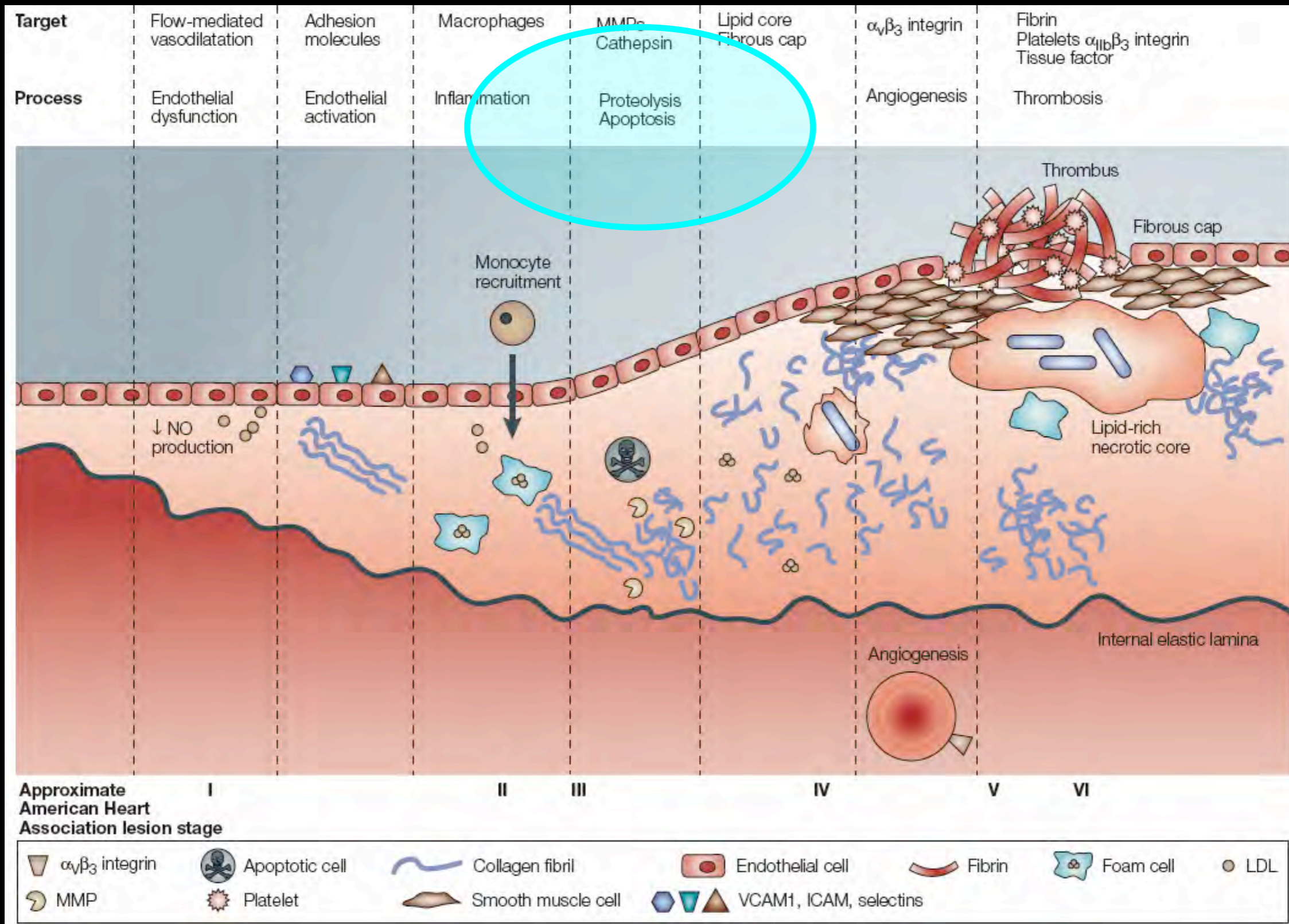


# Plaque Rupture and Thrombus Formation

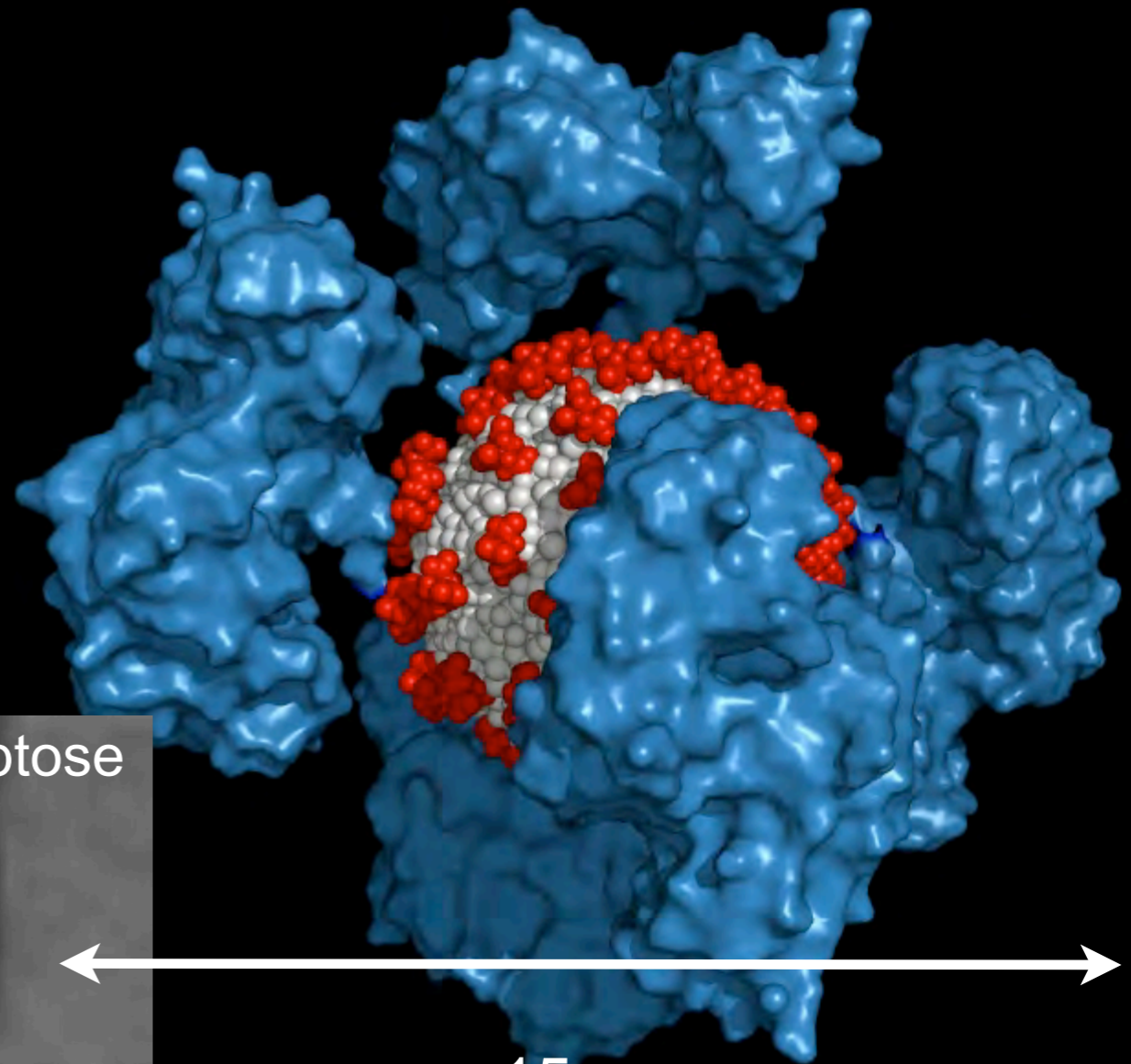
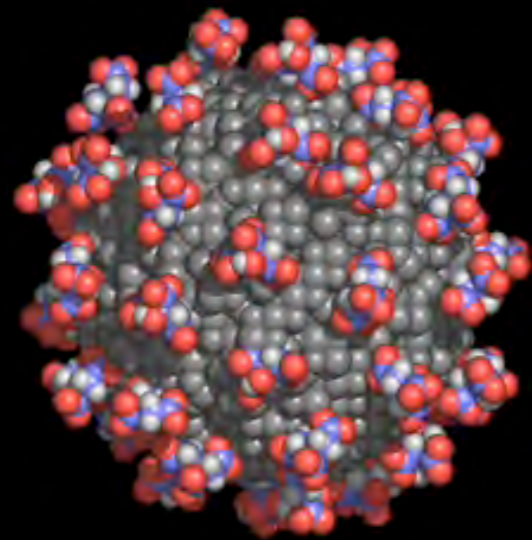
„fibrin targeting“



# Atherosclerosis: Biological Processes/Targets

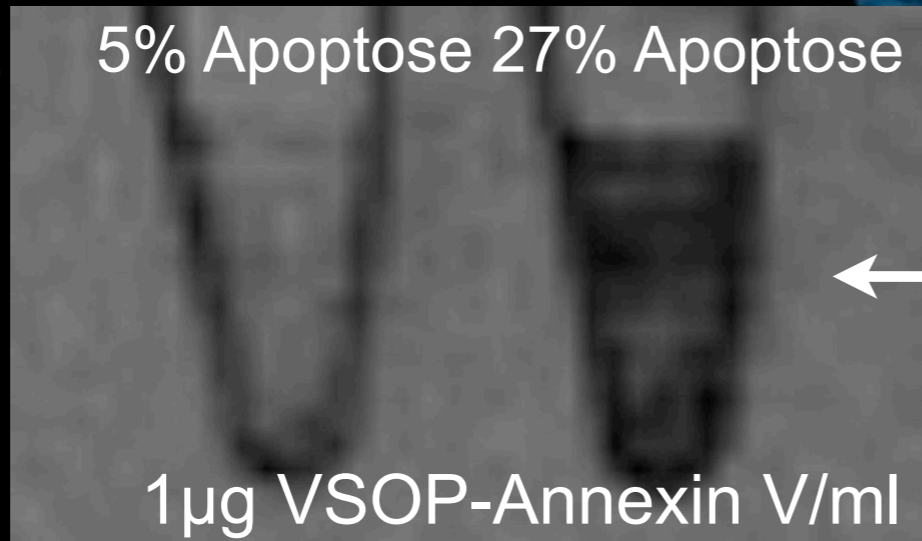


# Functionalizing VSOP with Annexin V for MRI of Apoptosis



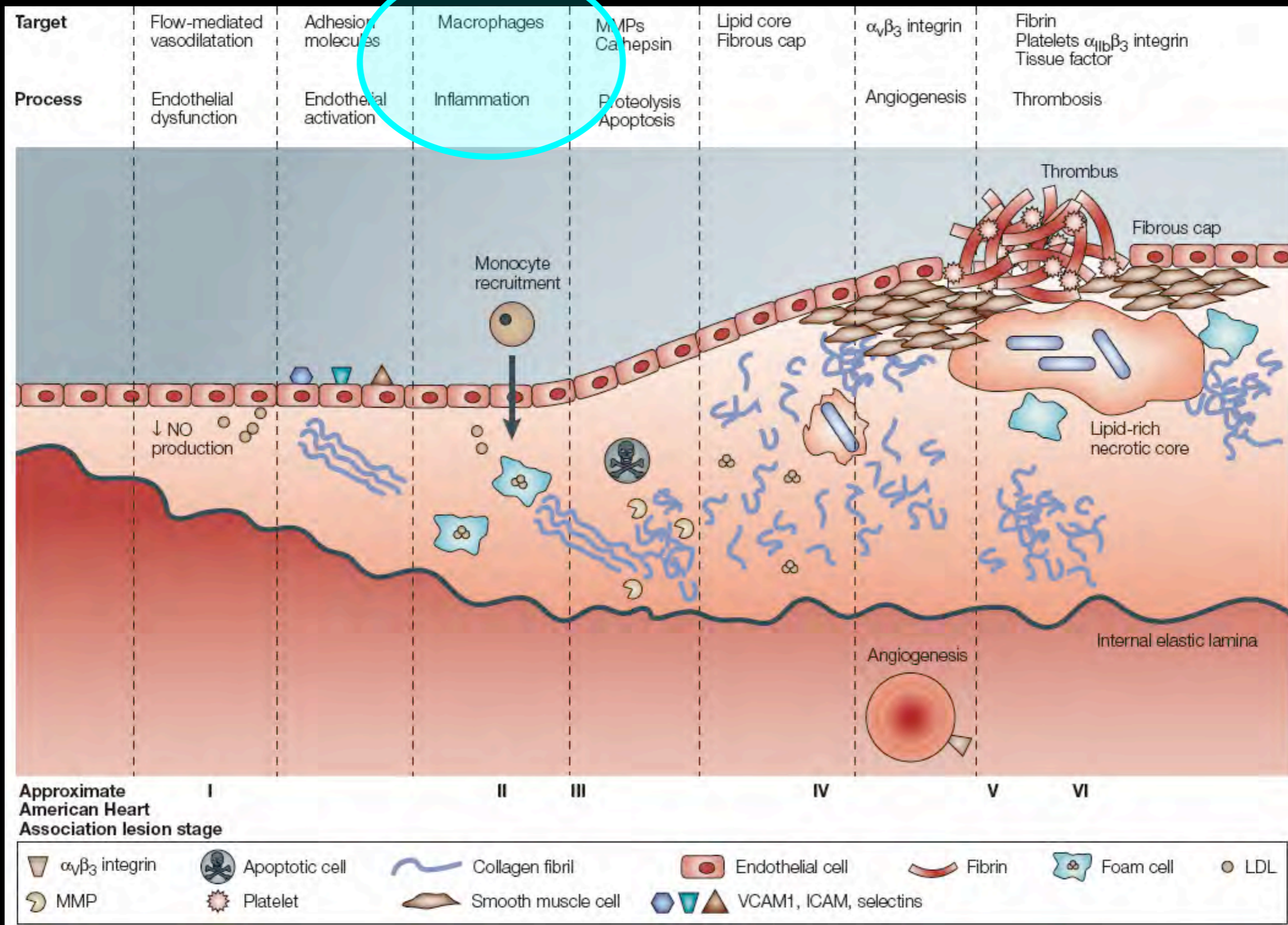
1,5 T  
GRE, TE=15ms  
Jurkat T-Cells

5% Apoptose 27% Apoptose



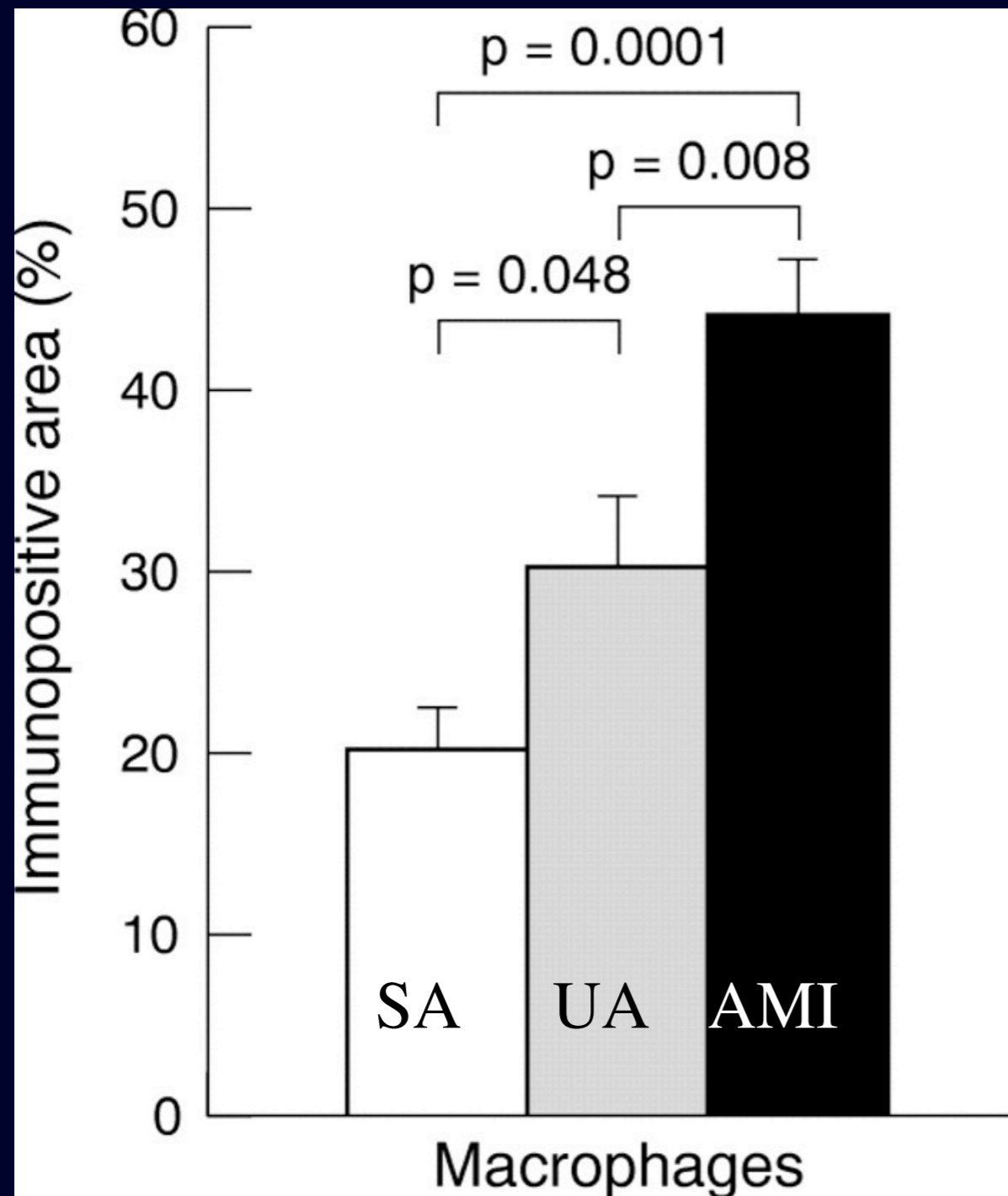
1  $\mu$ g VSOP-Annexin V/ml

# Atherosclerosis: Biological Processes/Targets





# Macrophage Content in Human Coronary Plaques



SA: stable CHD  
UA: unstable AP  
AMI: acute MI

# Atherosclerotic Plaque

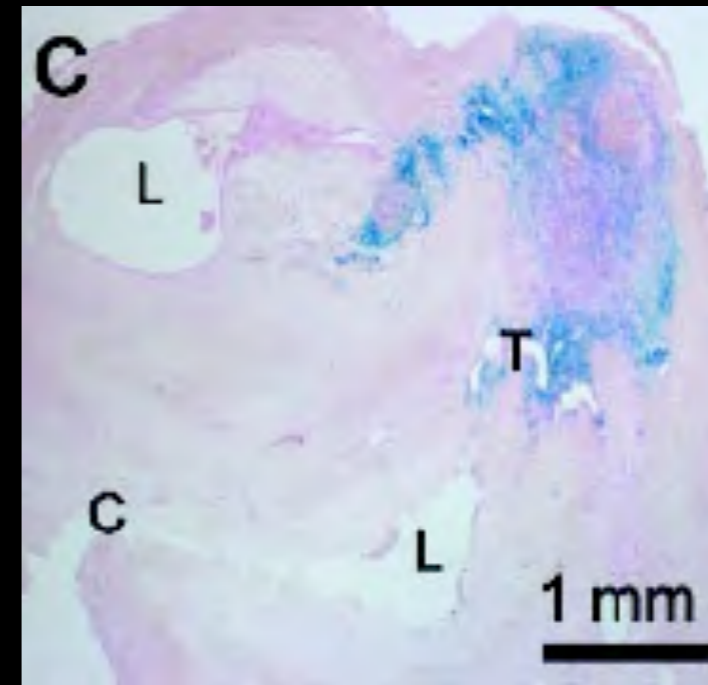
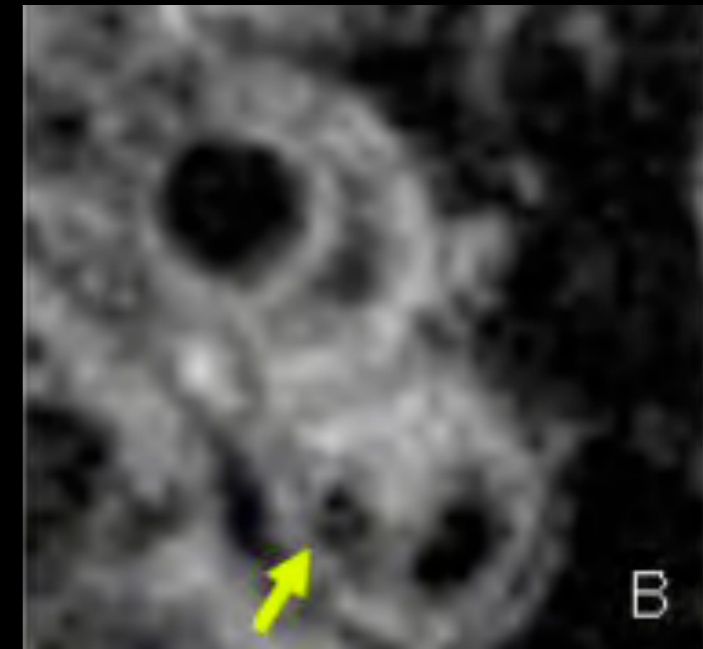
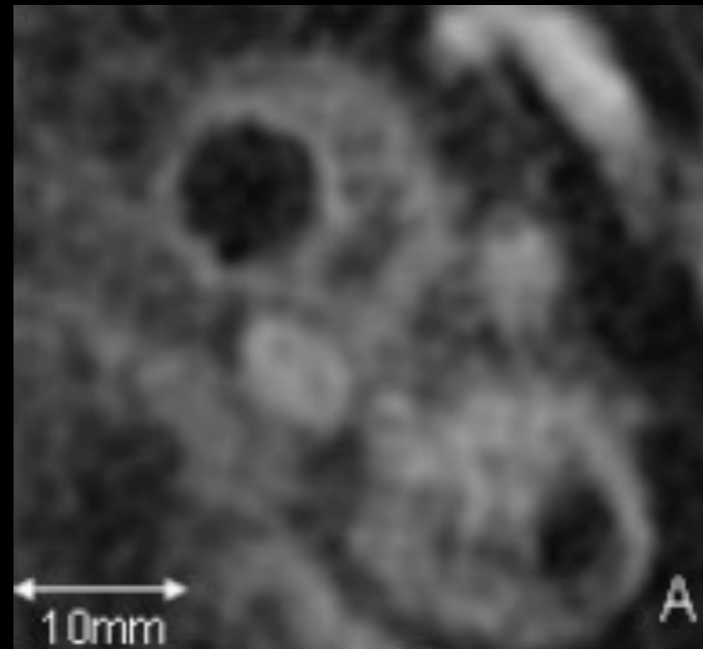
**USPIO: AMI 227**  
**dextran coated particles**  
**carotic bifurcation**

signal decrease correlates with

- local USPIO content
- macrophage density
- plaque rupture or plaque instability

sufficient effect 1-2 days p.i.

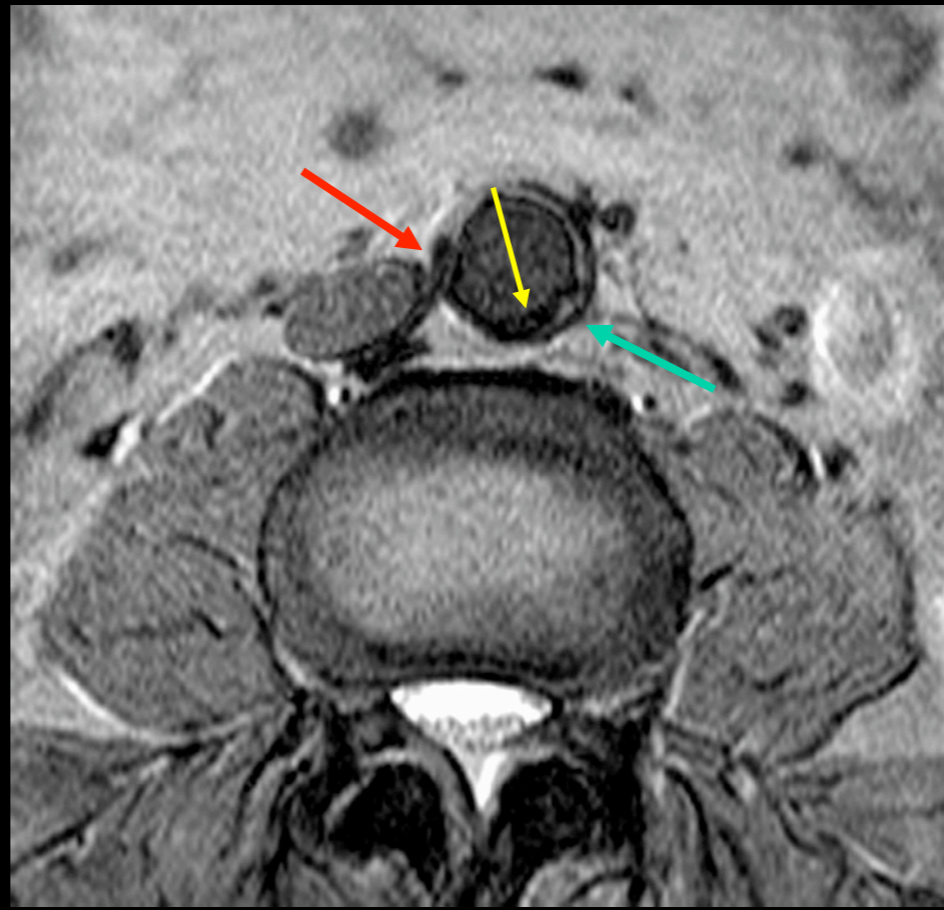
Kooi et al., Circulation 2003



# Atherosclerotic Plaque



T2-GRE pre



24 - 48 h p.i.

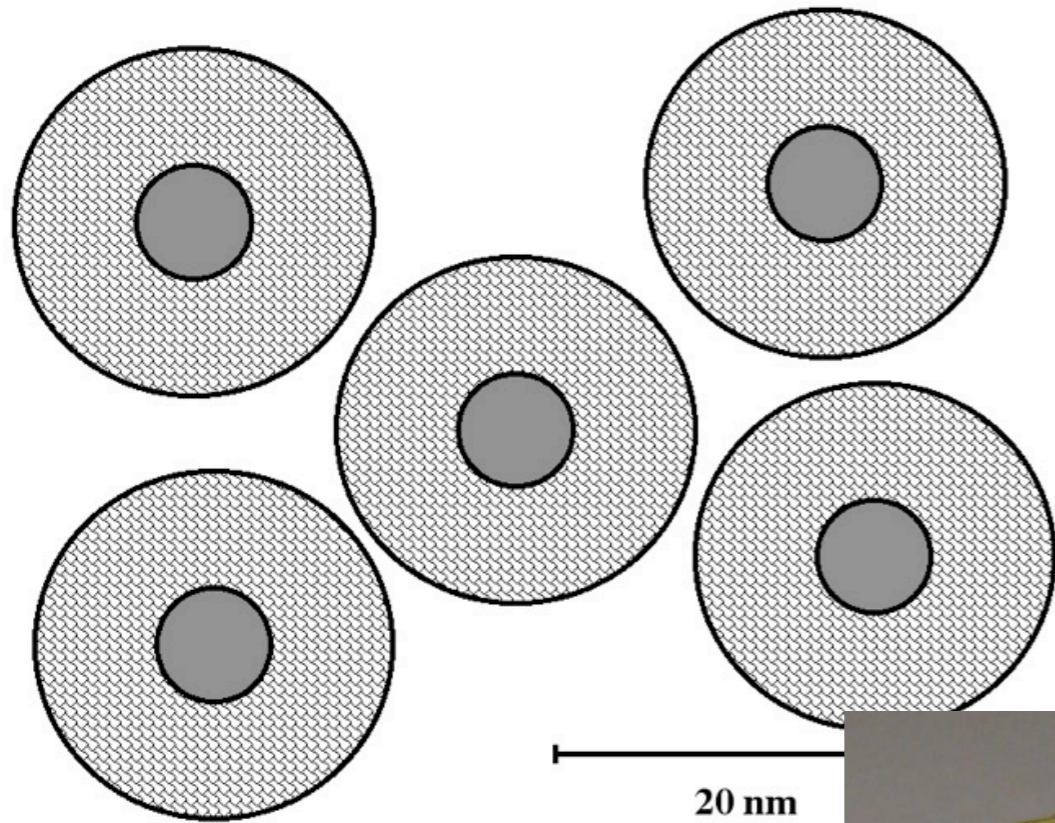
AMI 227

Intima

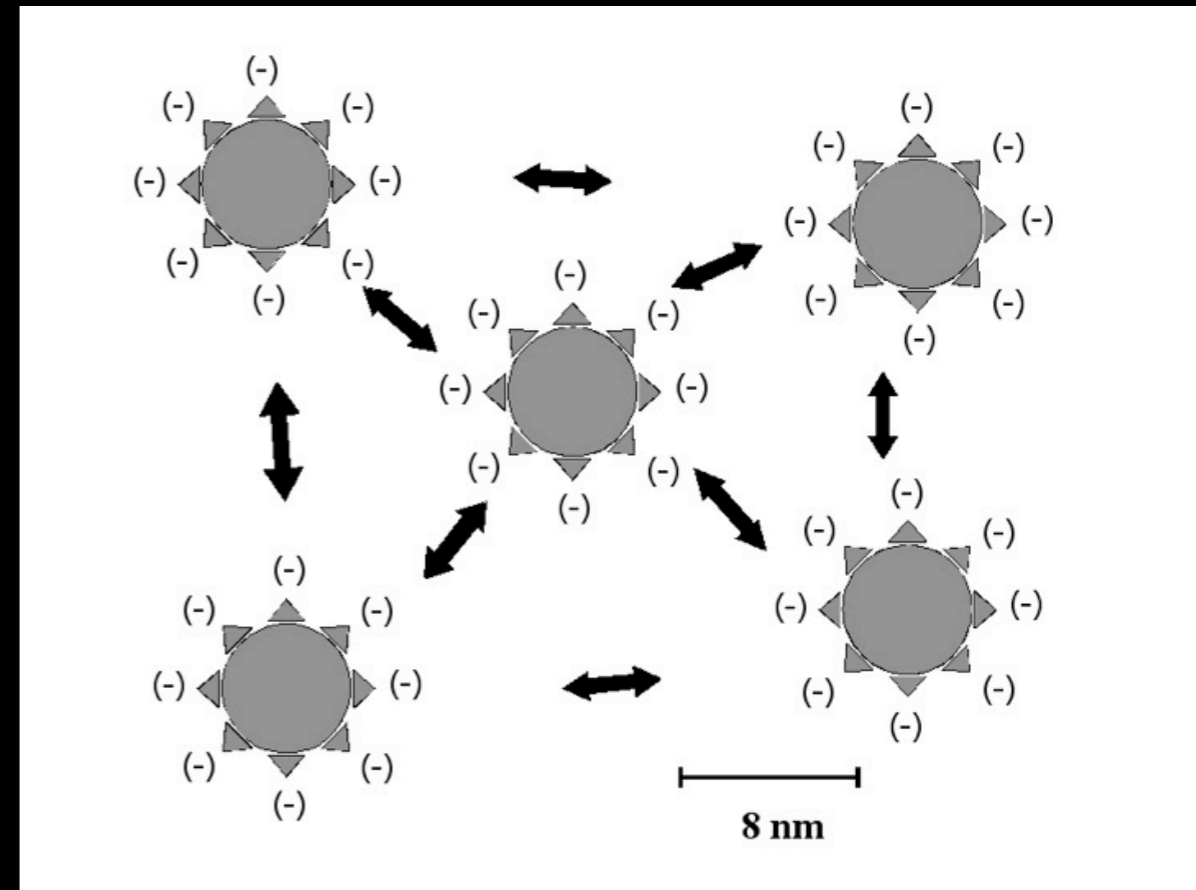
Media

Adventitia

# Stabilization of Magnetic Nanoparticles



steric stabilisation  
with polymeres  
(USPIO)



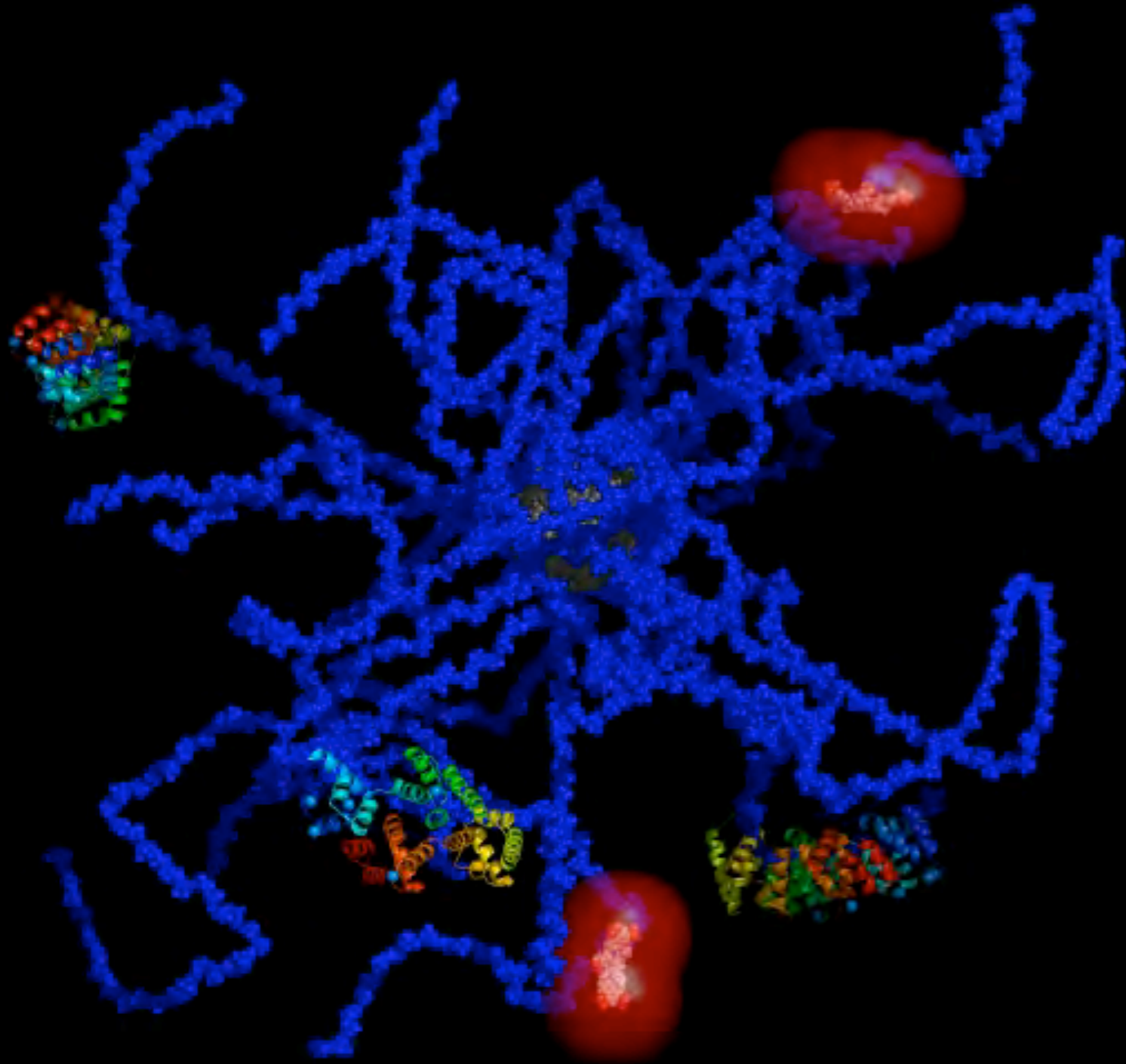
electrostatic stabilisation with  
charged molecules

Massart et al, J Magn Magn Mater 1995

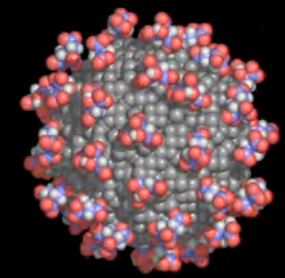
not suited for biomedical  
applications

Lacava et al, J Magn Mag Mat, 1999

# In House development of VSOP

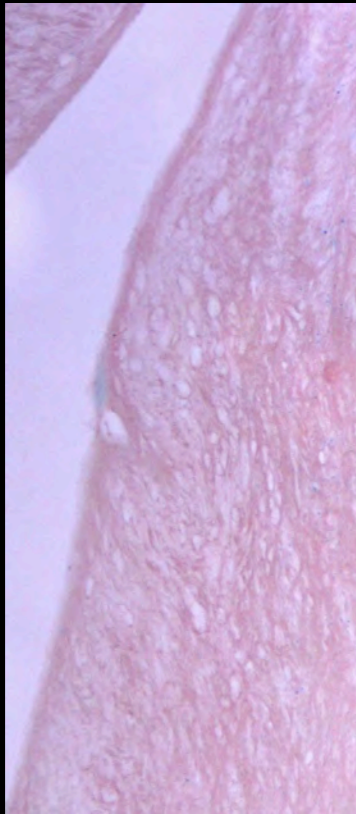


USPIO



Very Small Iron  
Oxid Particles  
VSOP

# Vulnerable Plaque



Green Tea

Kavantzas et al, Vasc Pharmacol 2006

plain

5 min p.i.

# Atherosclerotic plaque - inflammatory activity

Plaque, no VSOP



non inflammatory plaque, VSOP



inflammatory plaque, VSOP

without therapy



Simvastatin p.o., 4 weeks

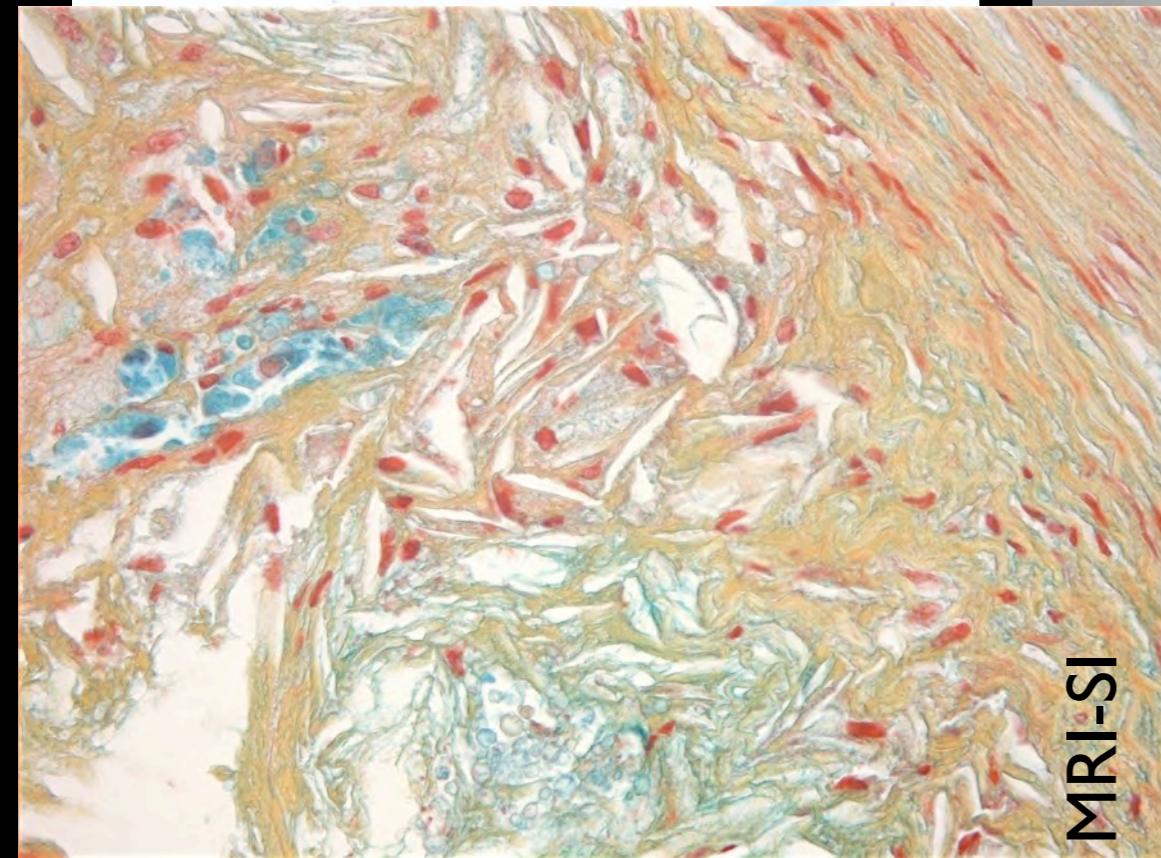


green tea\* p.o., 4 weeks

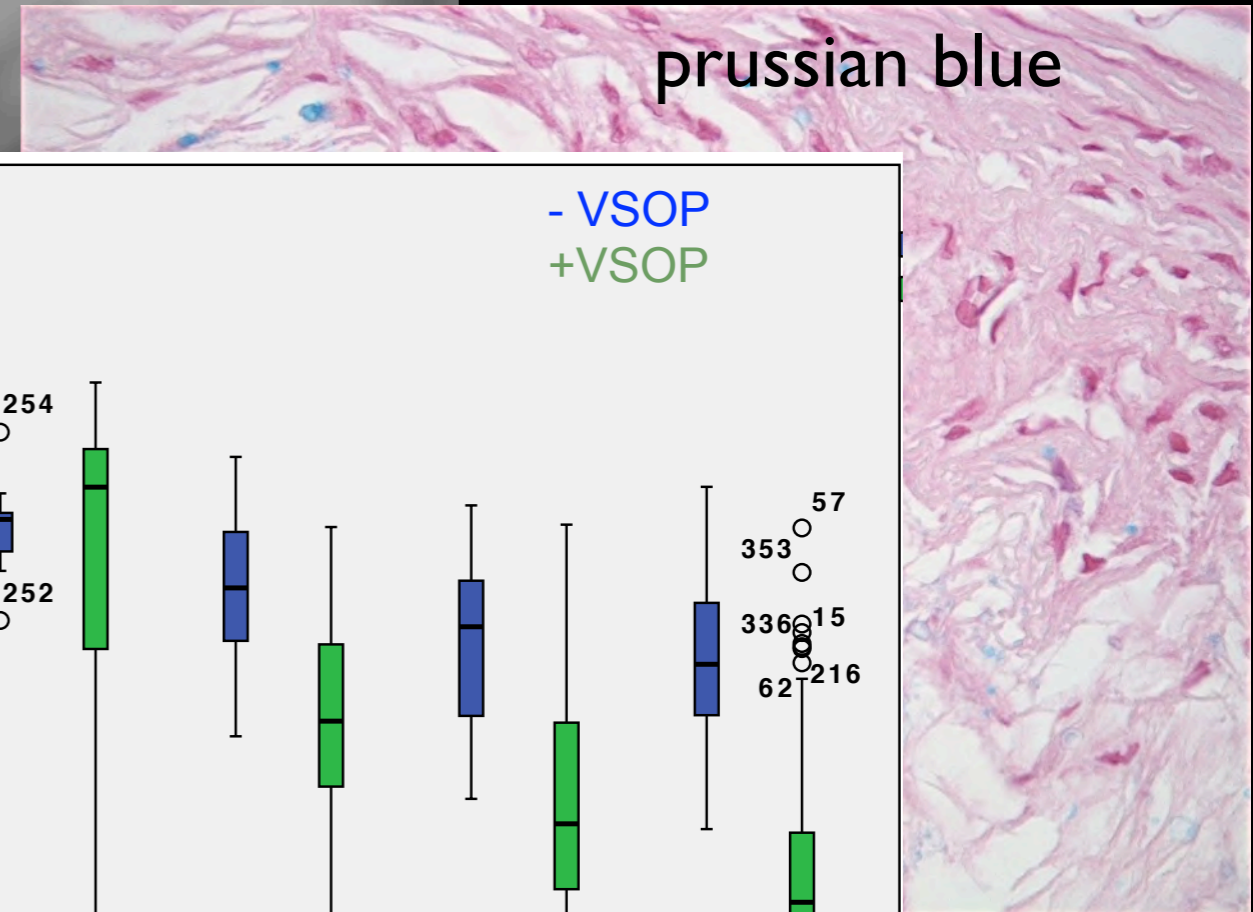


\*Kavantzias et al, Vasc Pharmacol 2006

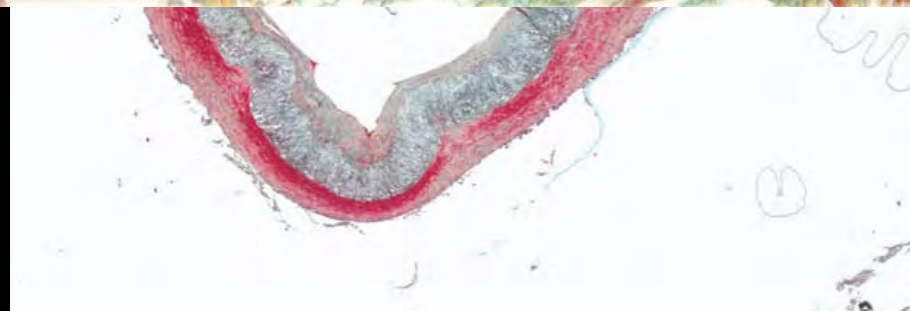
# Imaging of Atherosclerosis using VSOP



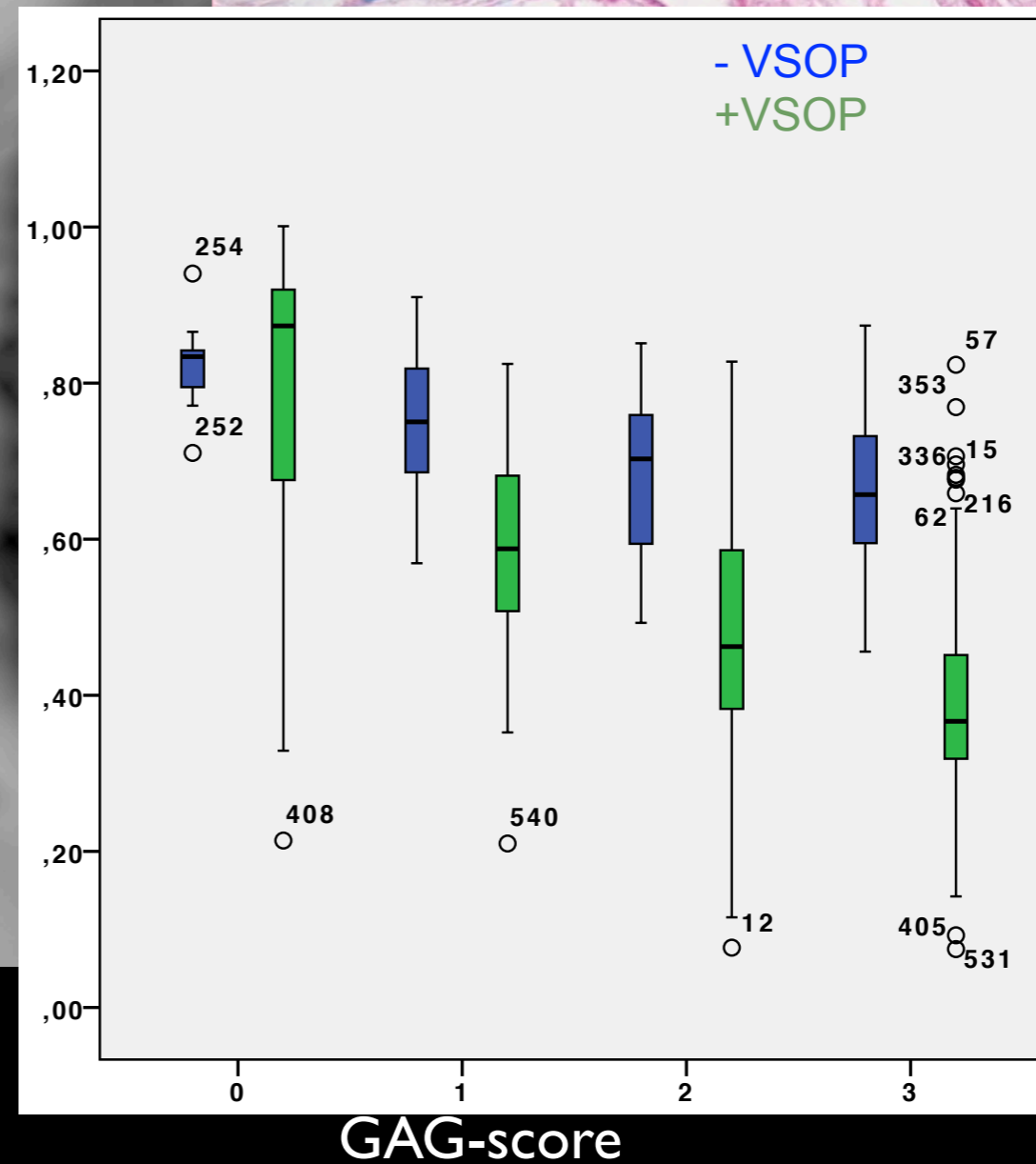
MRI-SI



prussian blue



Movat Pentachrome



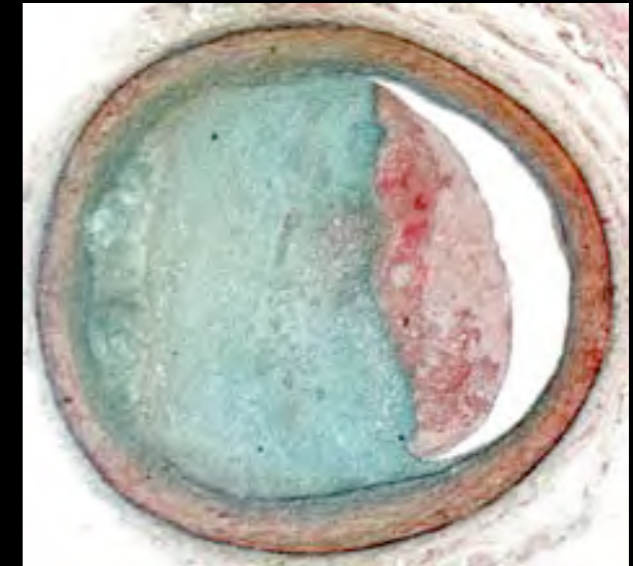
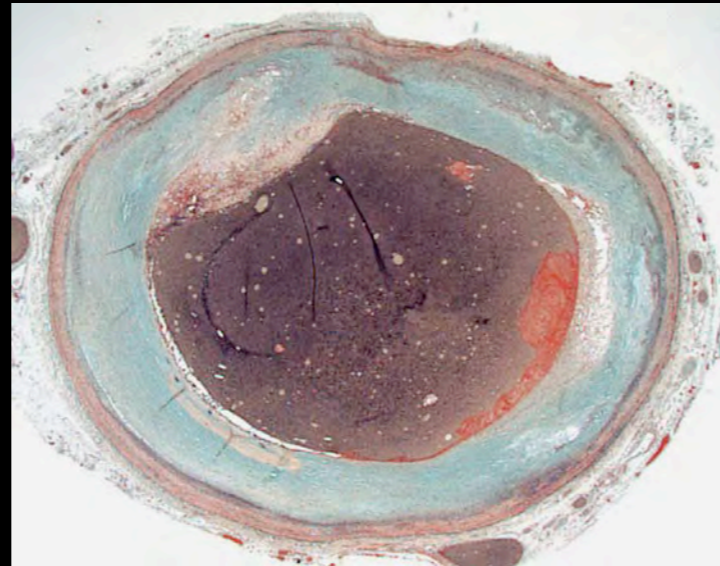
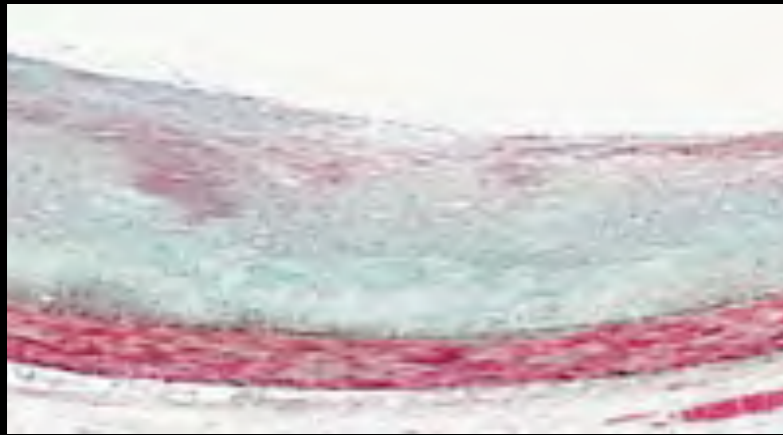
rabbit plaque model

\*Wagner et al, IJNM 2013



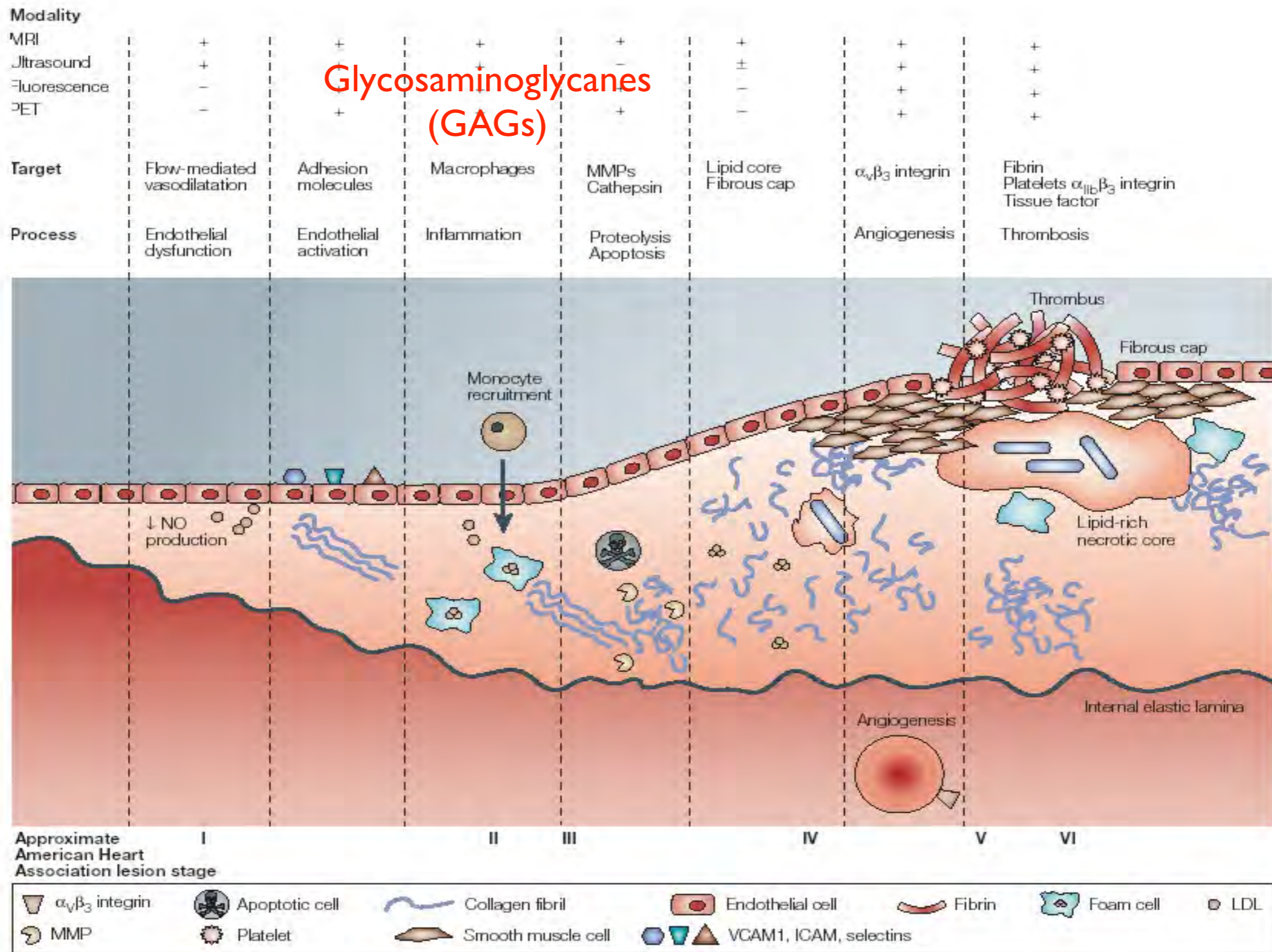
# GAGs in Pathologien

## Atherosclerosis - Chondroitinsulfate, Keratansulfate



Virmani, Summit 2009 American College of Cardiology

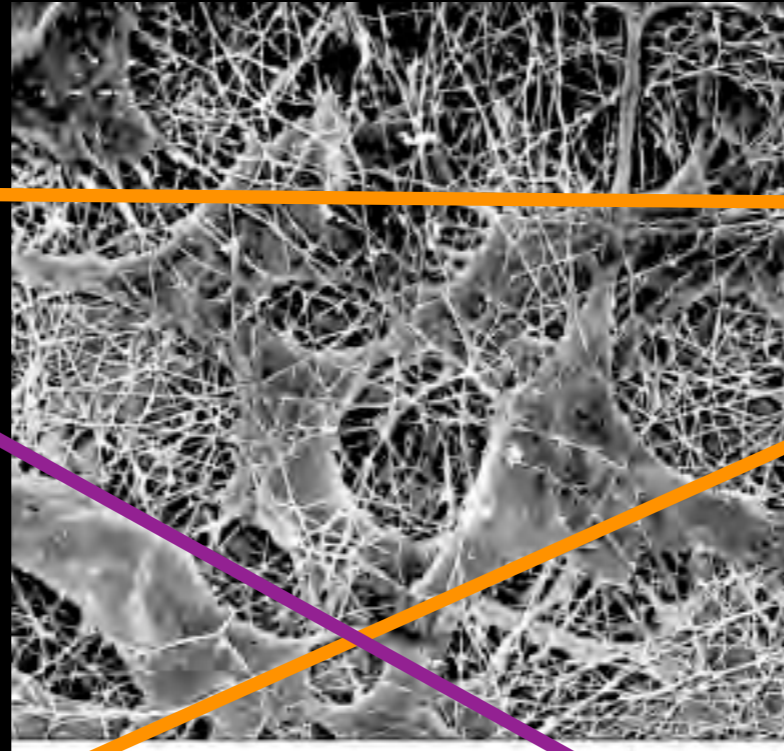
# Atherosclerosis: Biological Processes/Targets



# Extracellular Matrix

## structural

stiffness  
elasticity



proteins  
glycoproteins

< 60% carbohydrate

collagen

elastin

fibronectin

laminin

proteoglycans

up to 95% carbohydrate

decorin, biglycan, versican

glycosaminoglycans

hyaluronan, chondroitin-sulfate, dermatan-sulfate

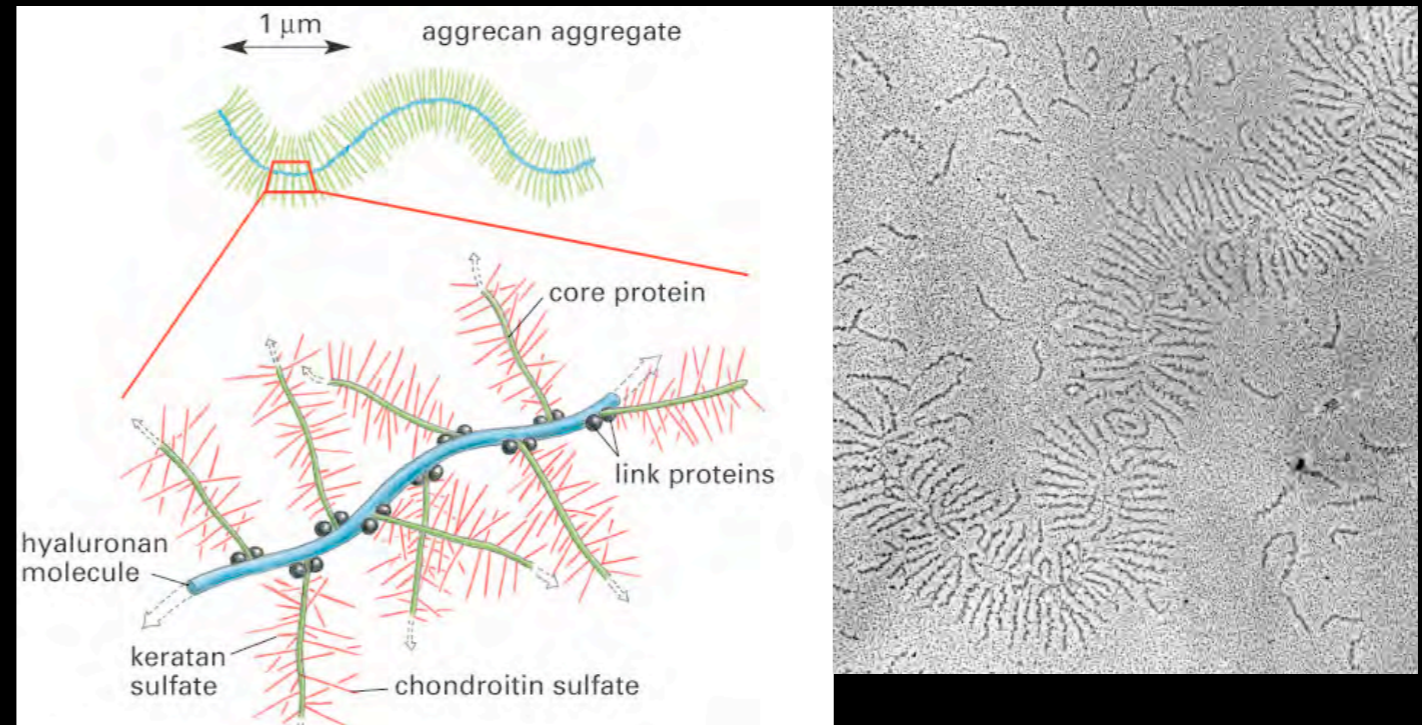
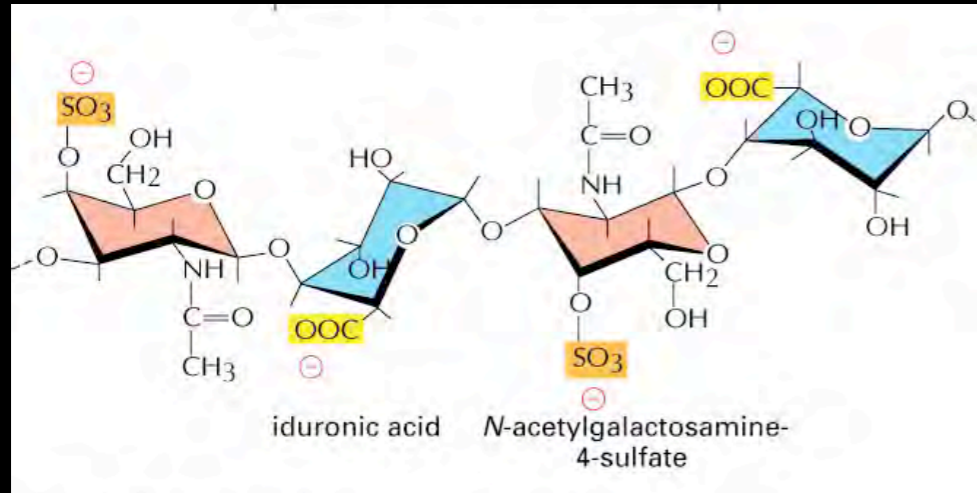
keratan sulfate, heparan sulfate, heparin

## functional

water, electrolyte, pH  
cell adhesion, migration,  
growth, signaling

anabolic and catabolic ECM enzymes

# Glycosaminoglycans - GAGs



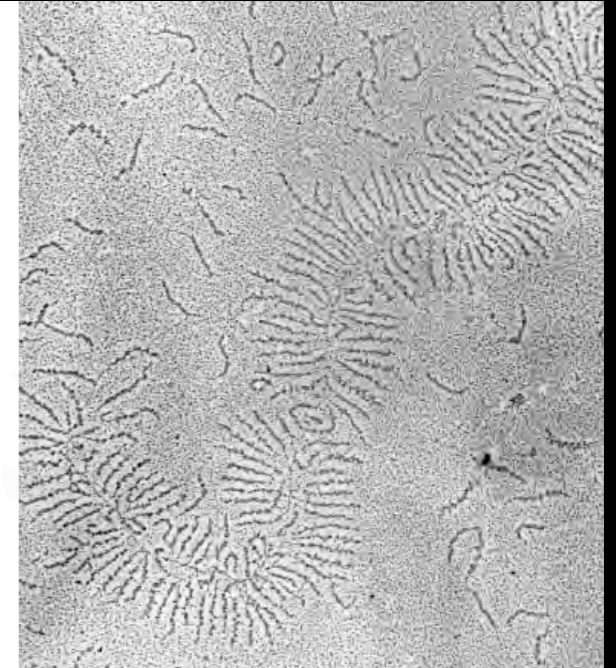
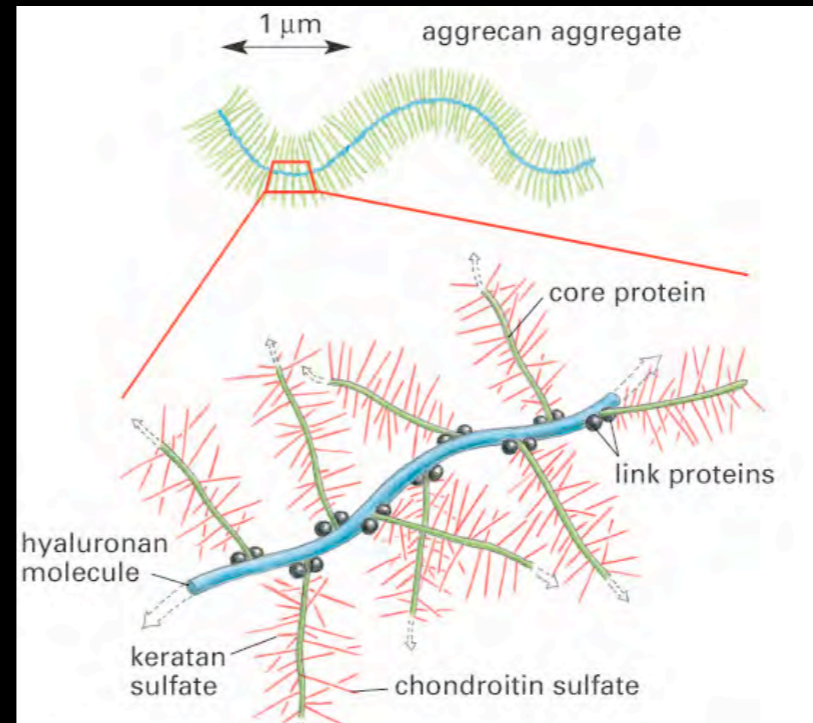
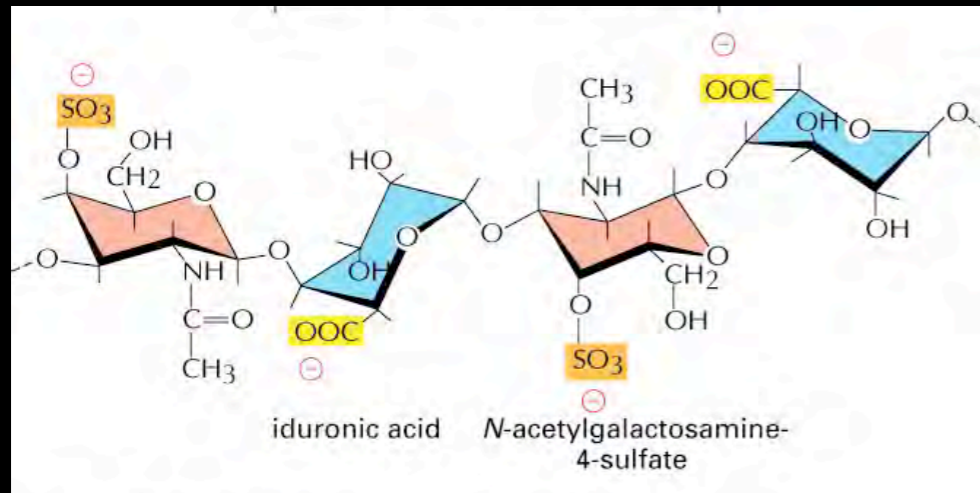
## GAGs

Hyaluronan, Chondroitinsulfate, Dermatan sulfate, Keratansulfate, Heparin, Heparansulfate

## Proteoglykanes - PG

Aggrecan, Biglycan, Decorin, Versican, Syndecan, Perlecan, Betaglycan, Neurocan, Fibromodulin, Lumican, Testican .....

# Glycosaminoglykans - GAGs

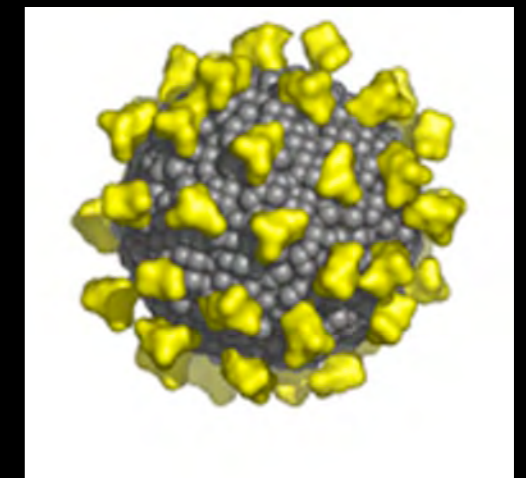


**IMPORTANT:**

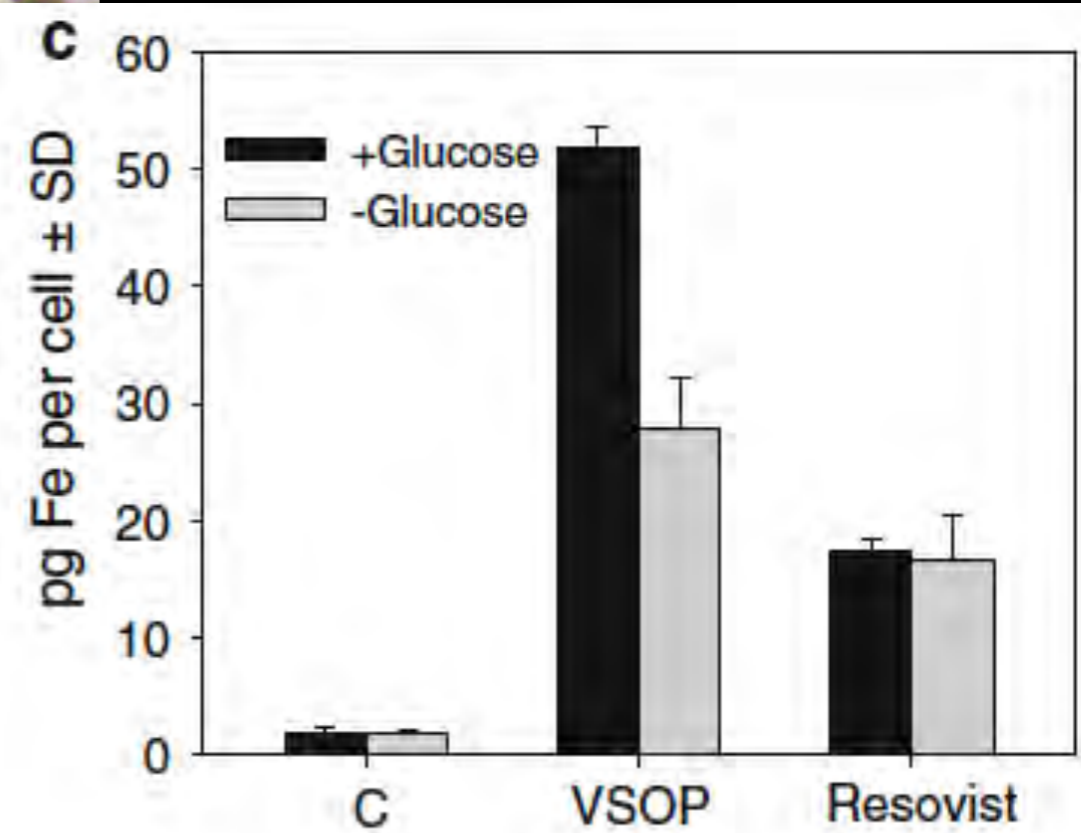
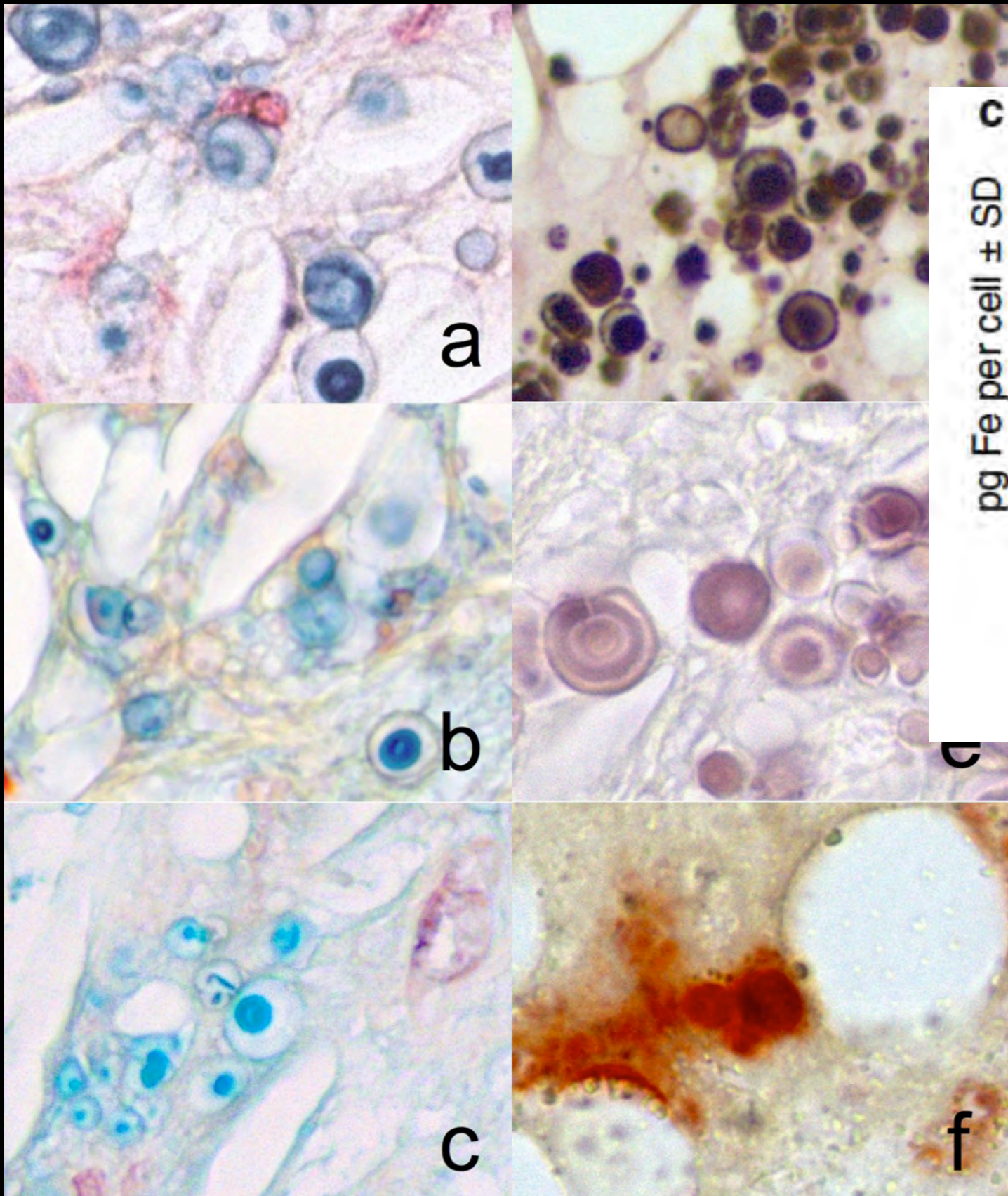
**GAG-content is substantially increased**

- inflammation
- tumor invasion
- tissue damage

**AND: GAGs are strong chelators**



# GAGs - Target for VSOP



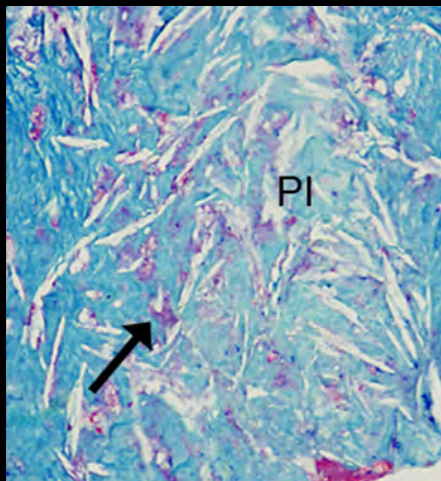
Wagner et al. IJNM 2013  
Ludwig et al, Basic Res Cardiol 2013

# Microvesicles - Target for VSOP



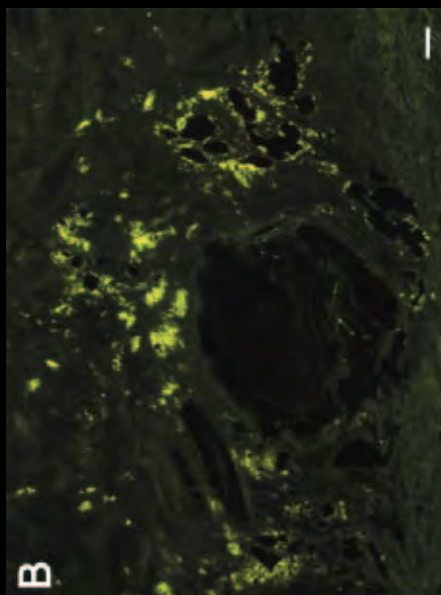
Active Tissue Factor - Microvesicle highly thrombogenicous

Mallat et al. Circulation 1999



amount of calcifying microvesicles is associated with myokardial infarctions

Li et al. Atherosclerosis 2011



calcifying microvesicles are cytotoxic

Li et al. FASEB, 2006



**Clinical Phase II, MRA of coronary arteries**

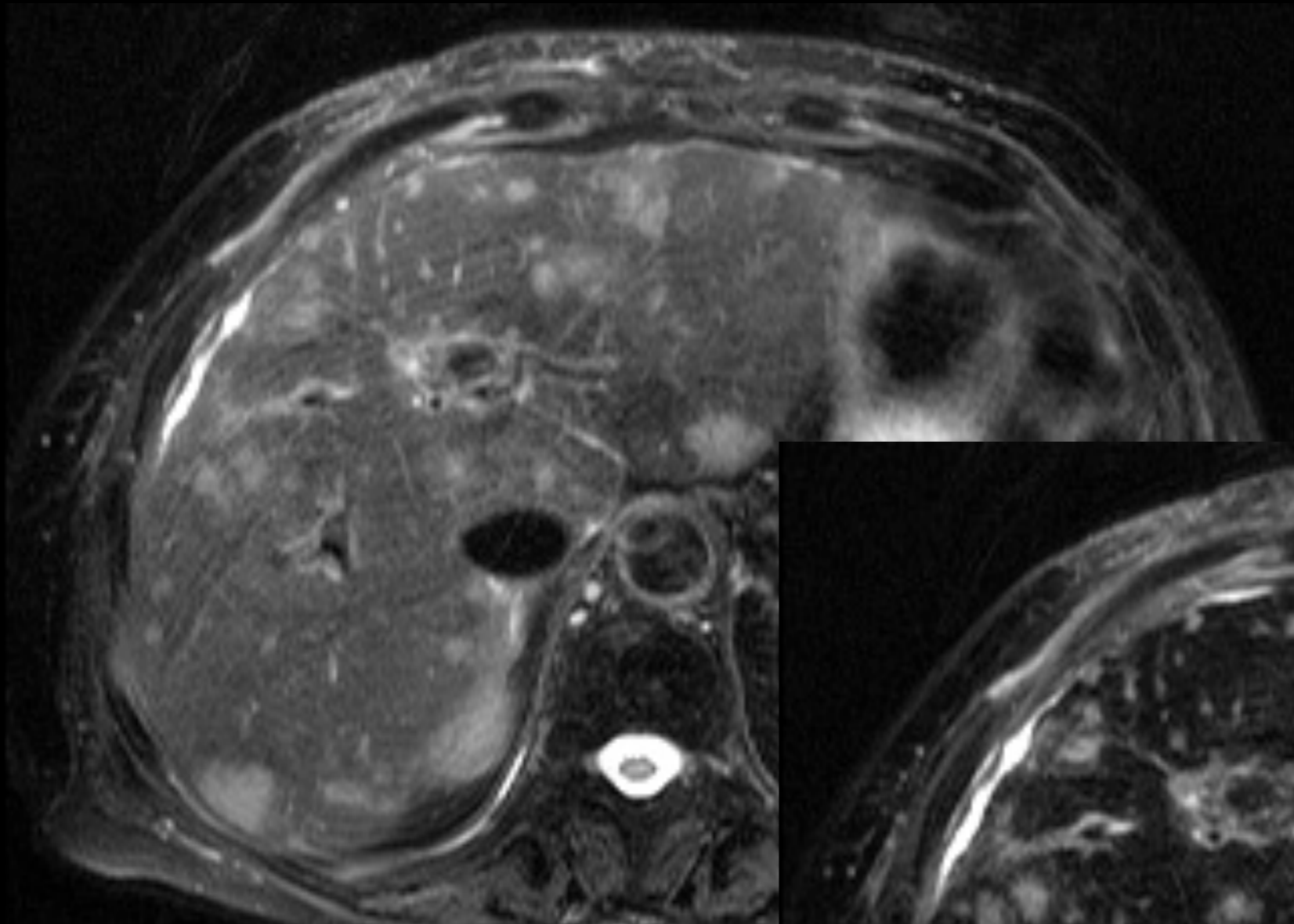
male, 58 y

angina pectoris since 3 months

Wagner M et al, JMRI 2011

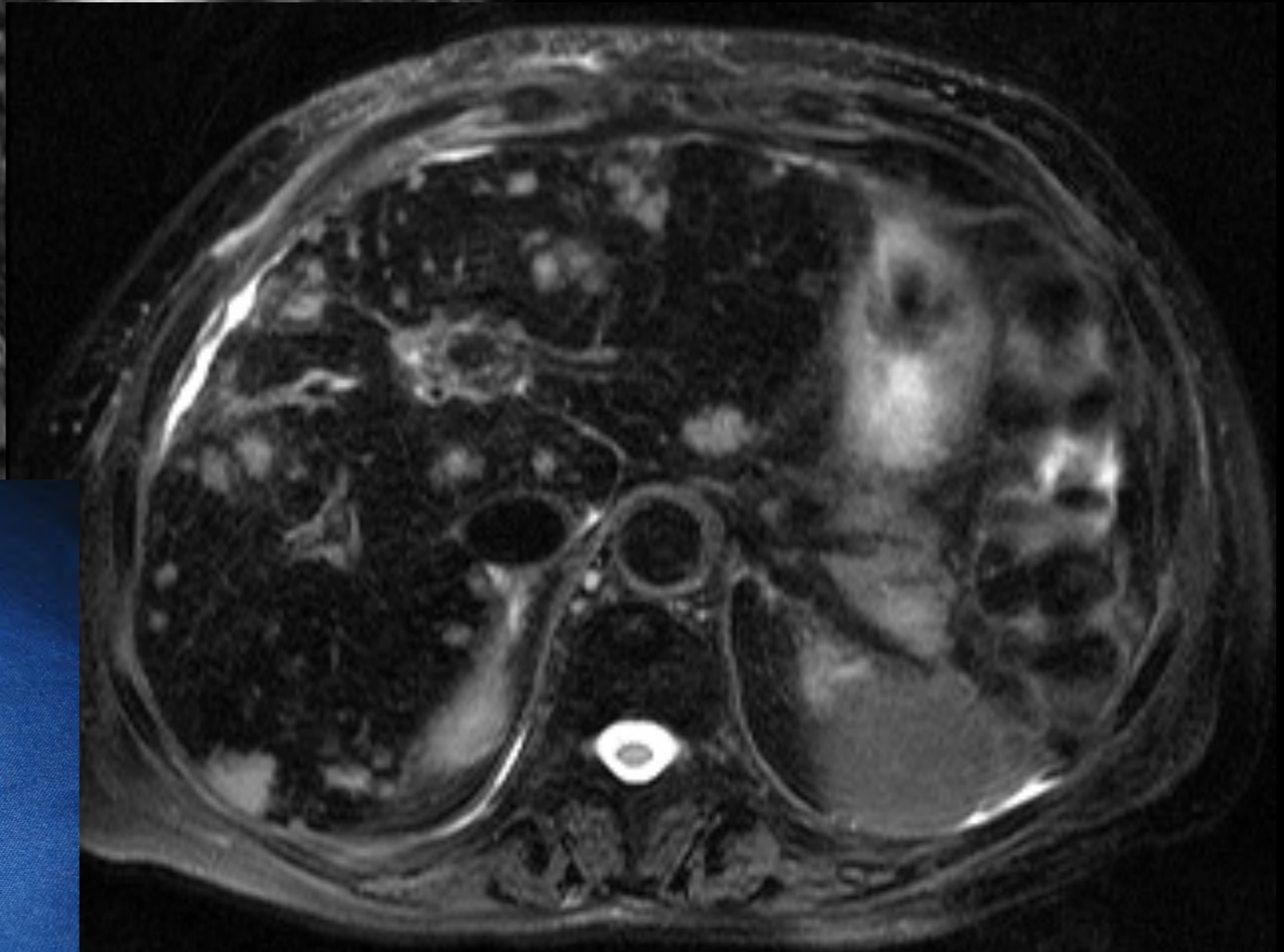
40 min p.i.  
60  $\mu\text{mol Fe/kg}$  VSOP-C184  
accumulation in plaque

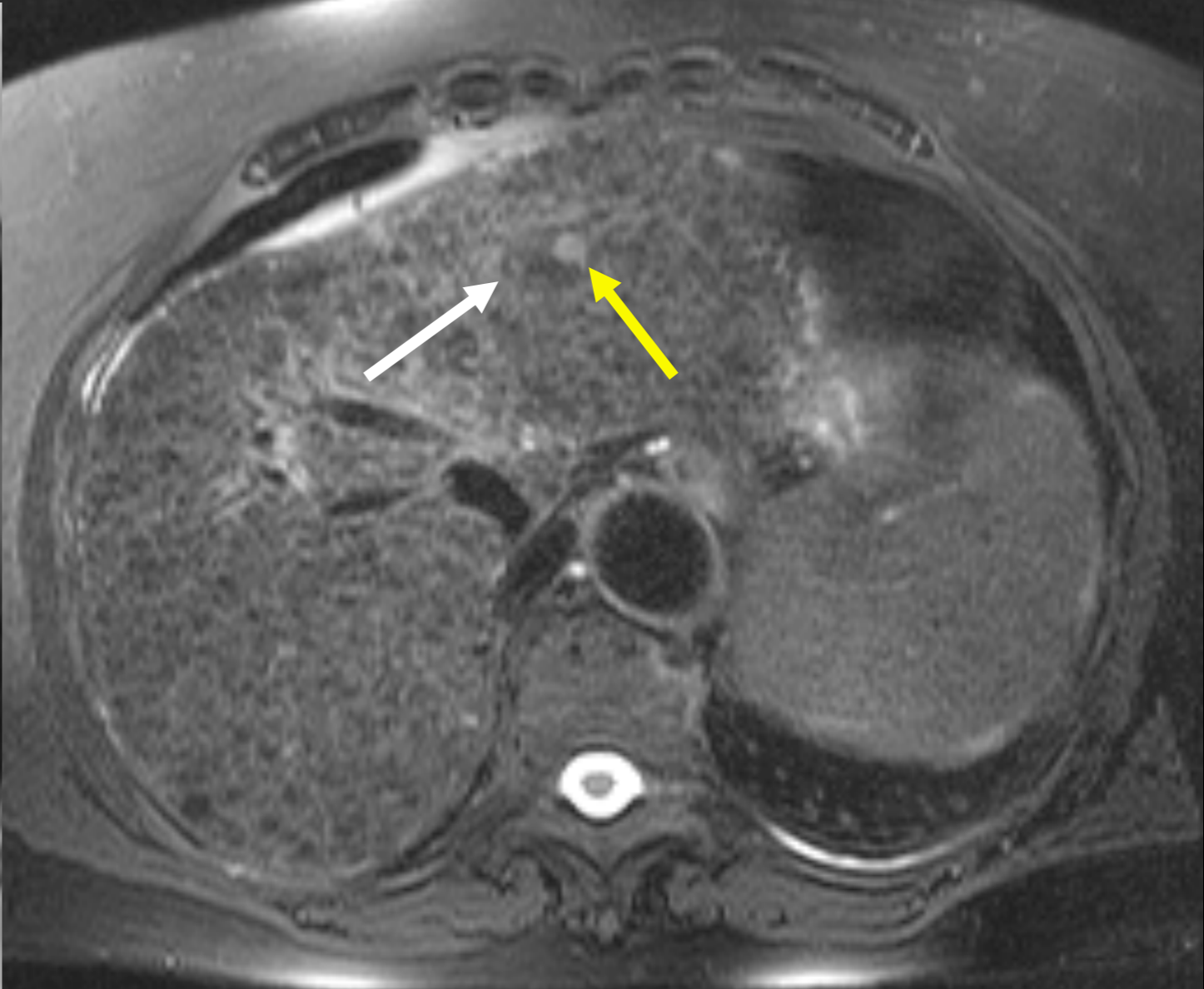
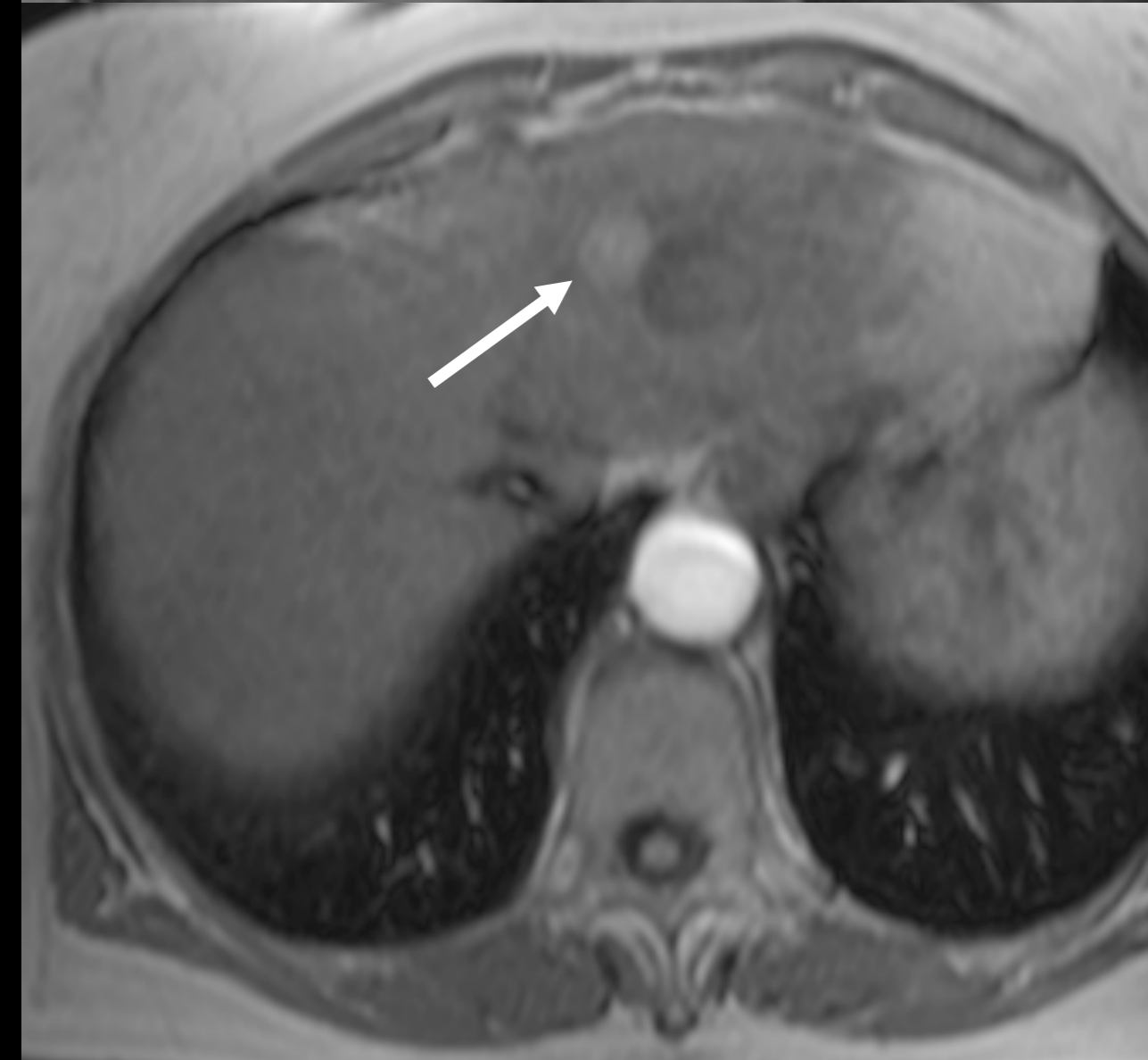
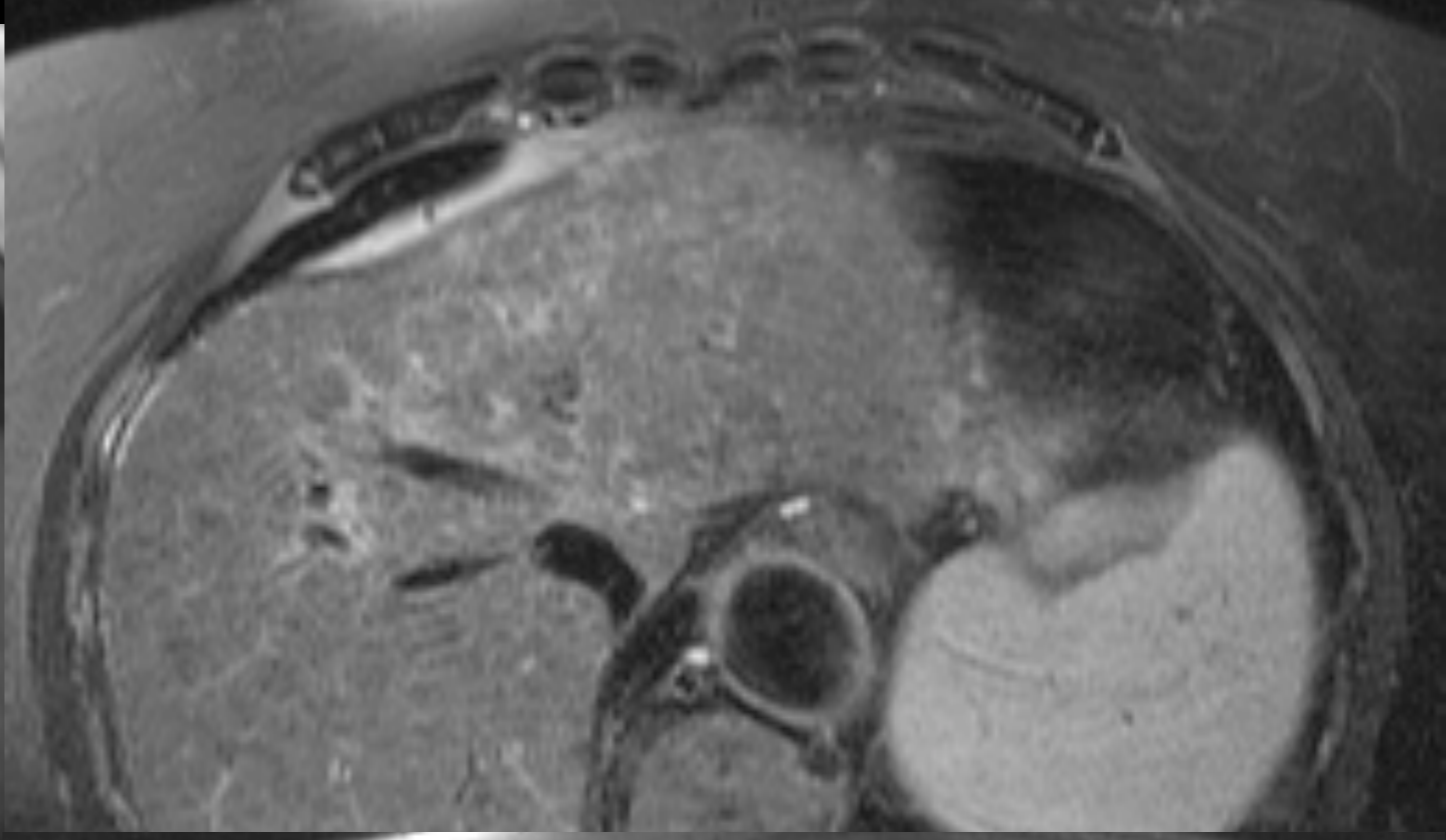
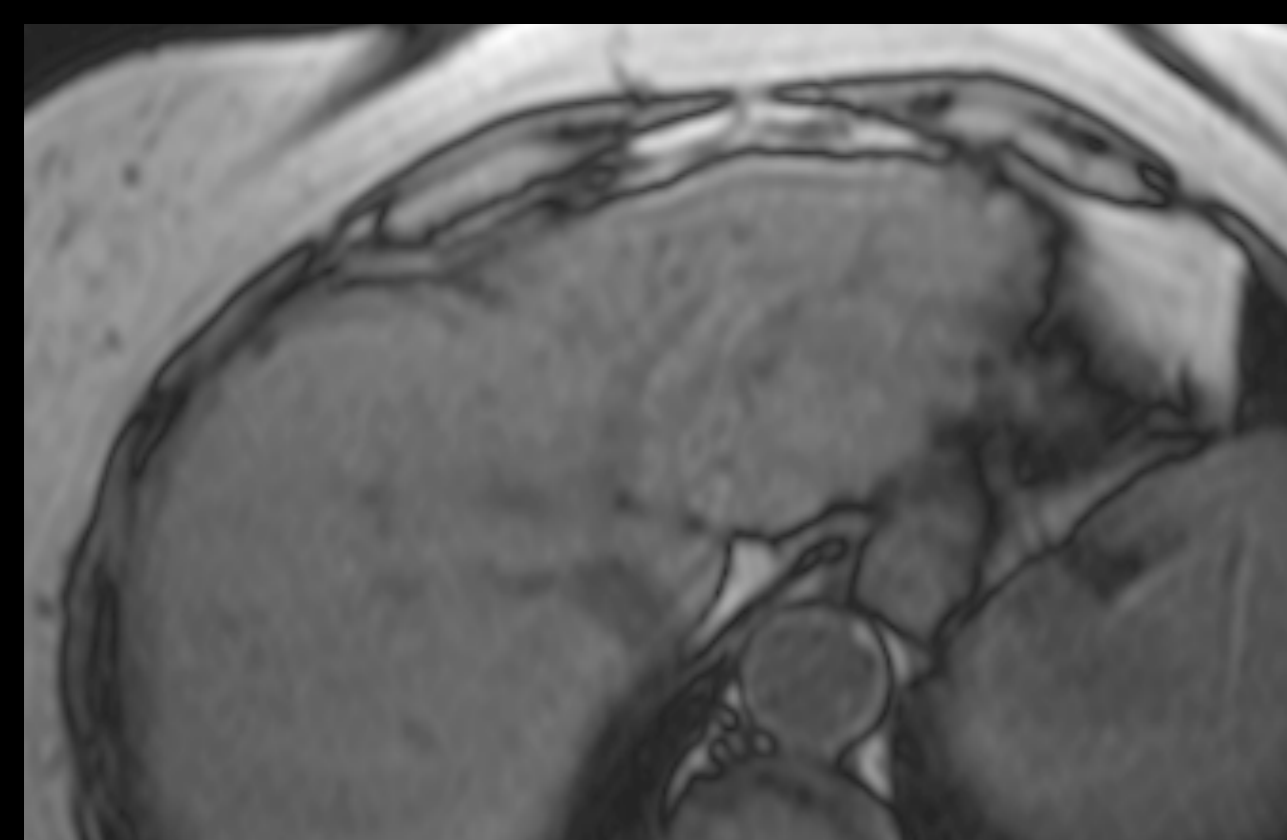


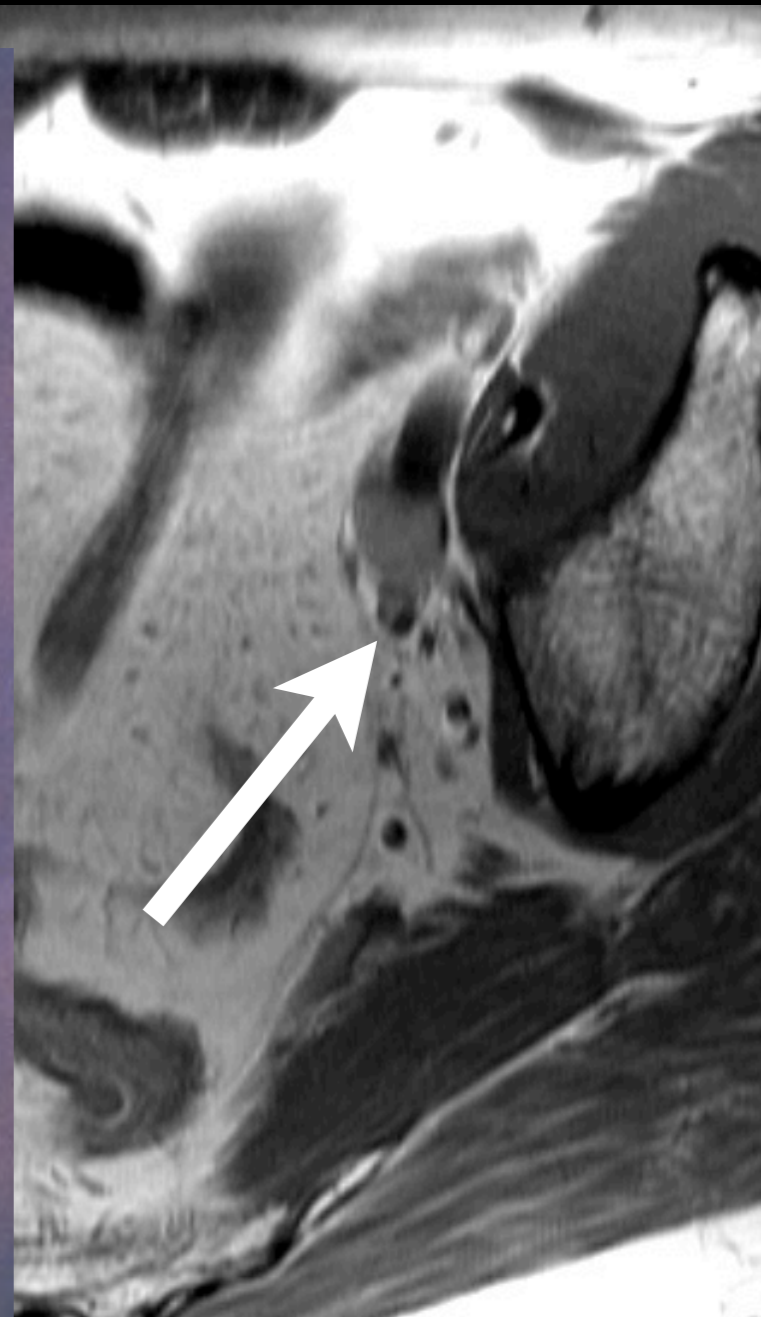
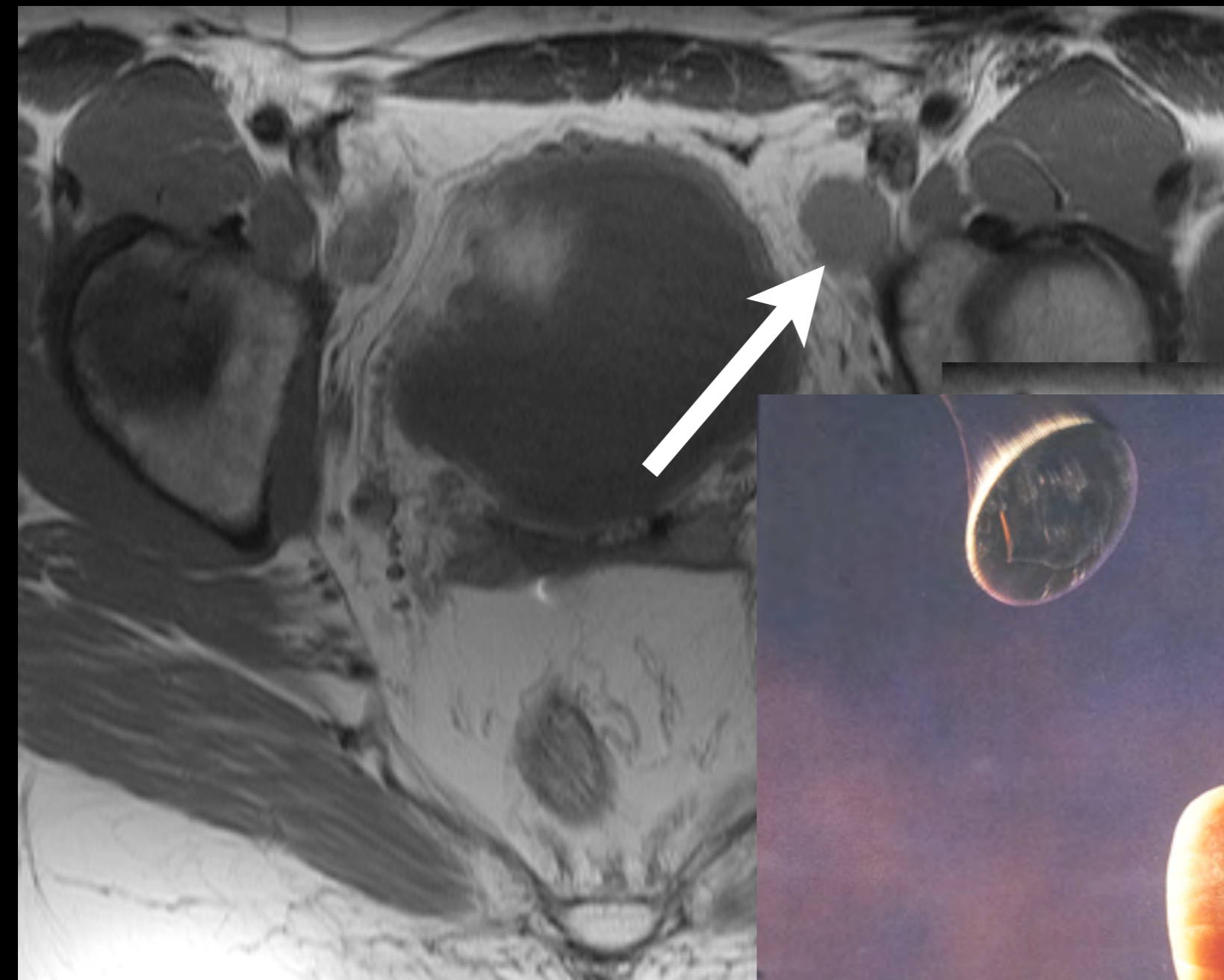


prä

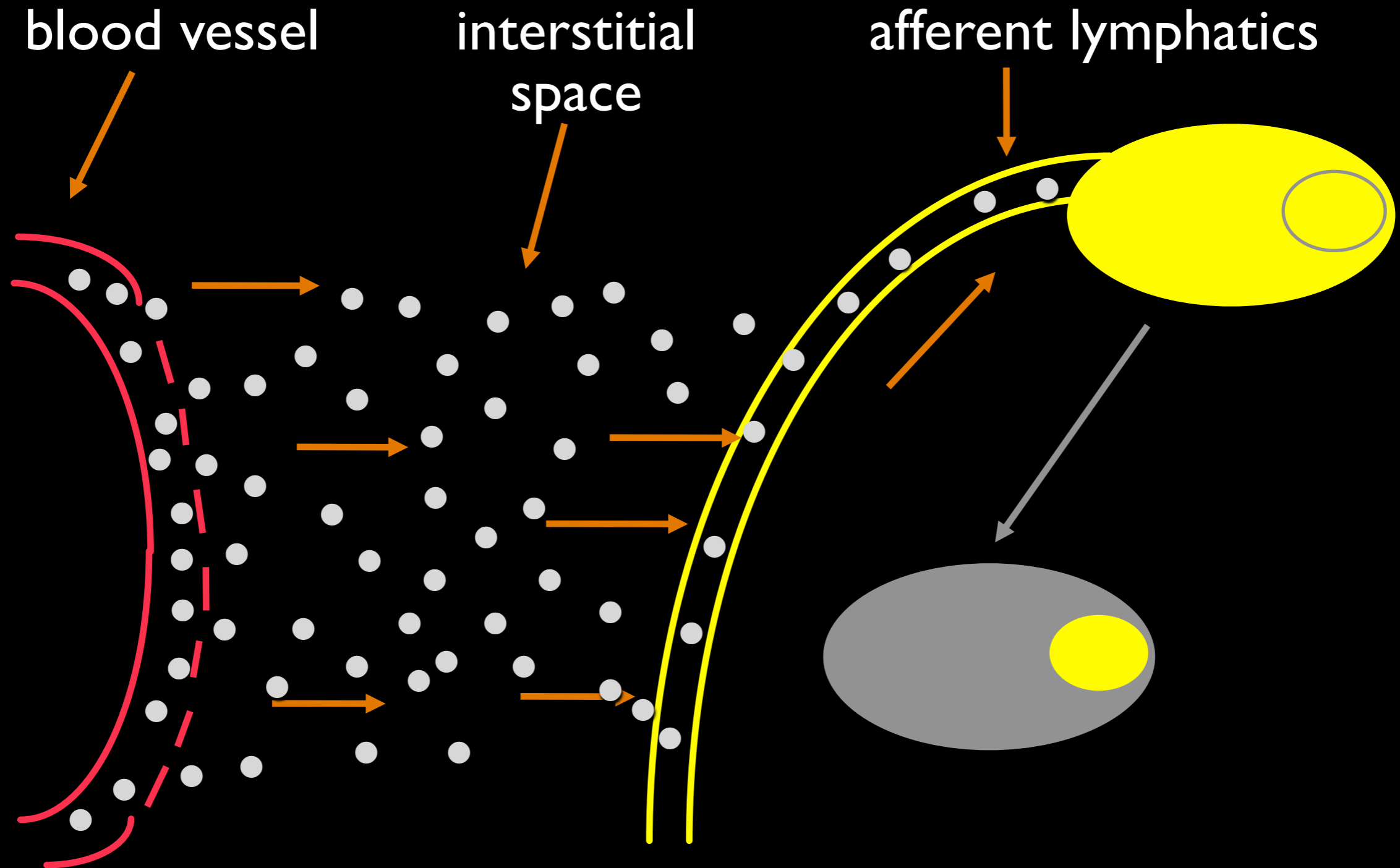
post



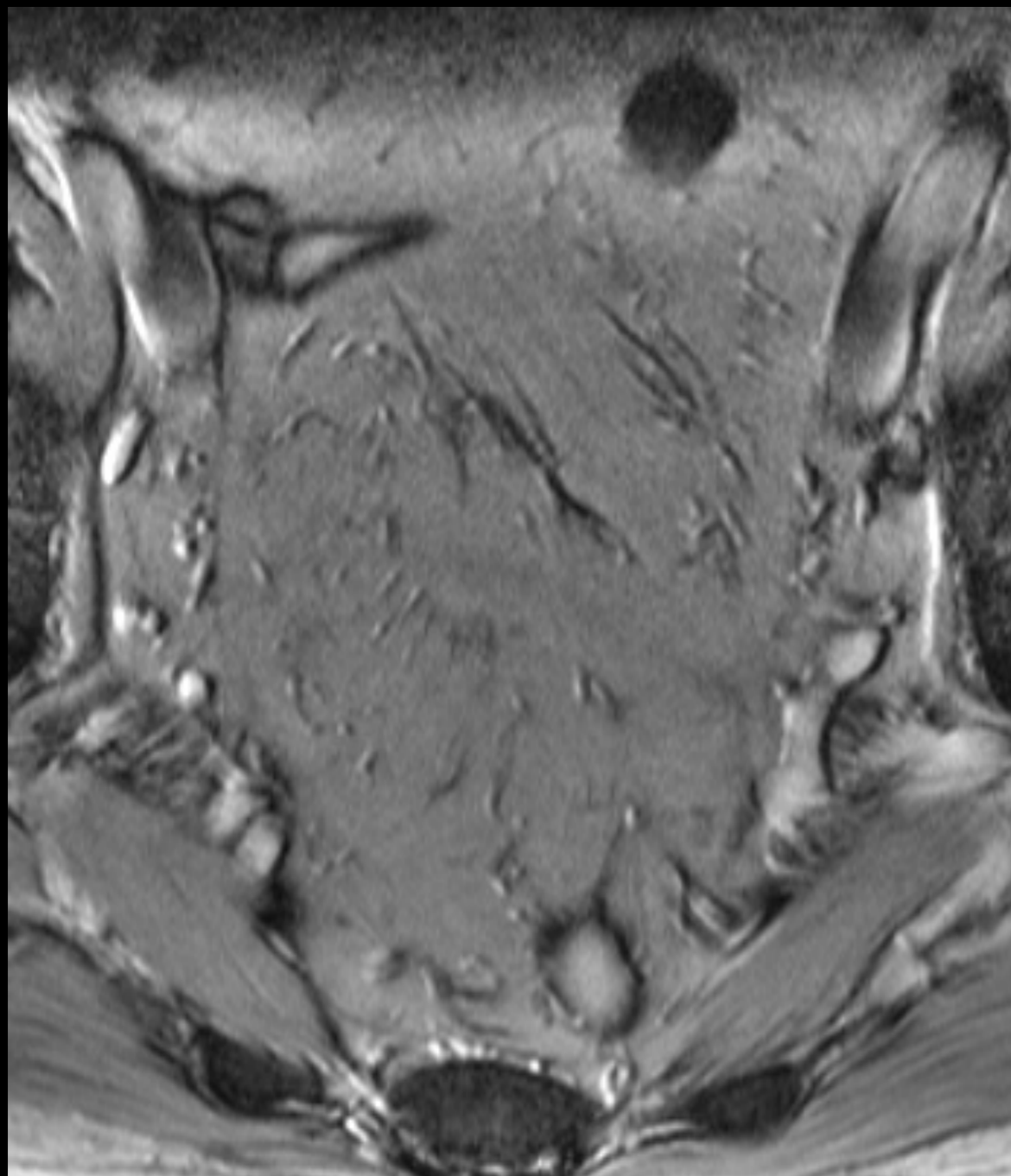




# USPIO-enhanced MR Lymphography

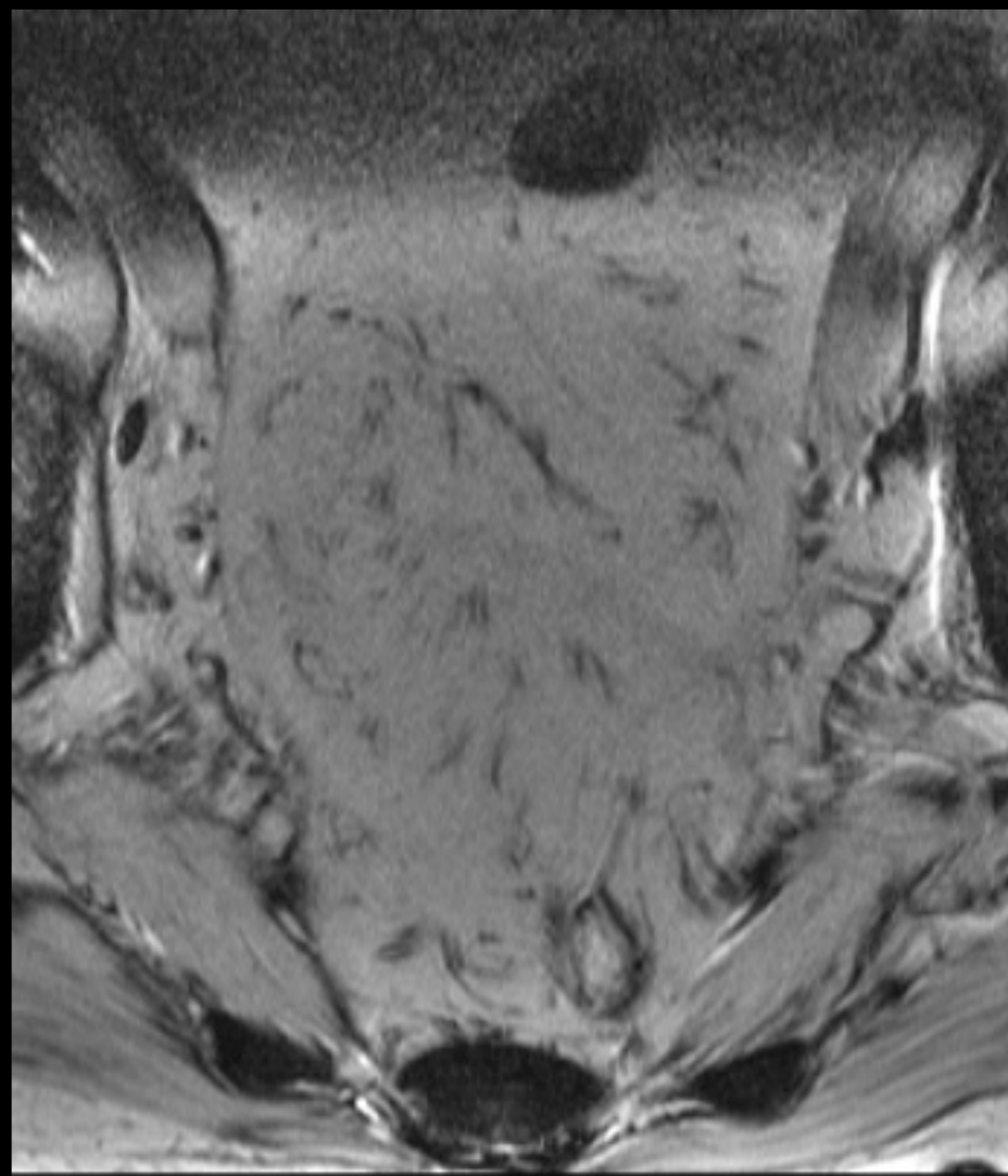


Elste et al, Acad Radiol 1997



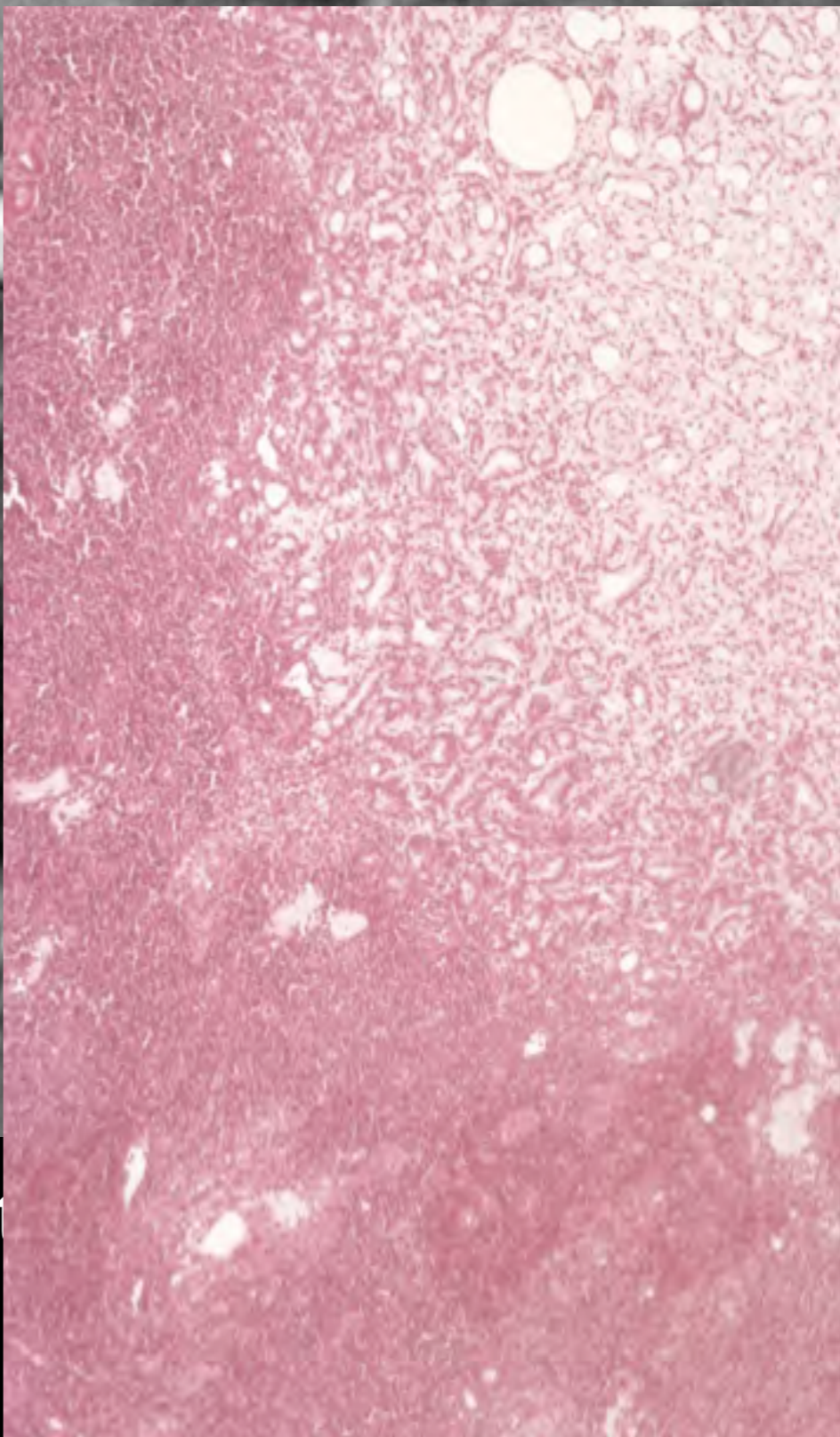
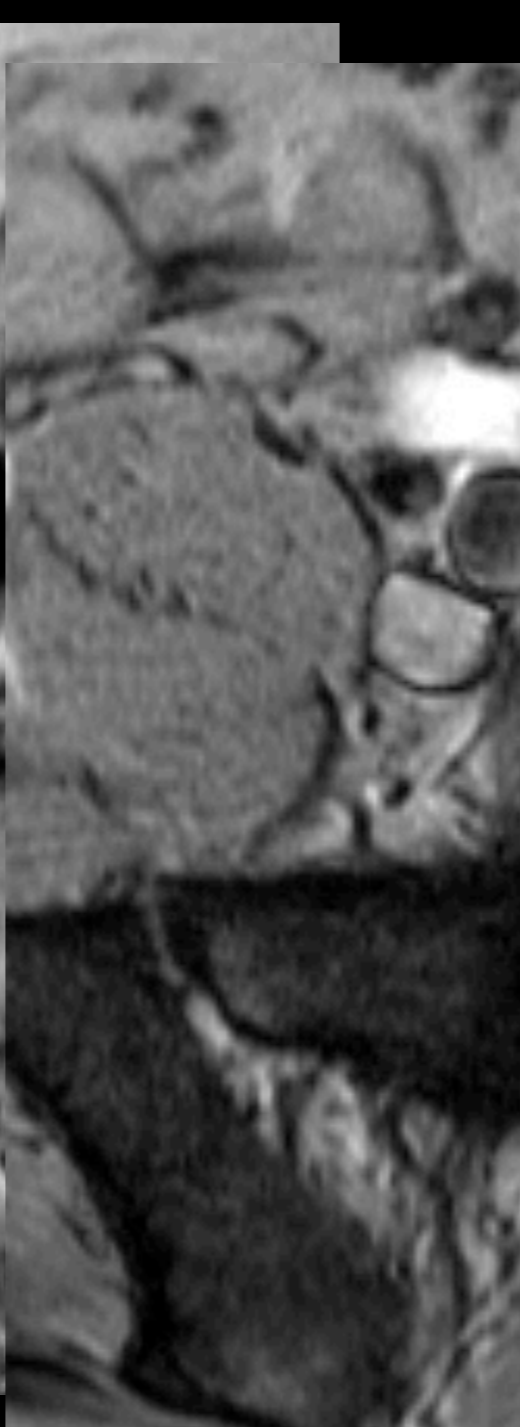
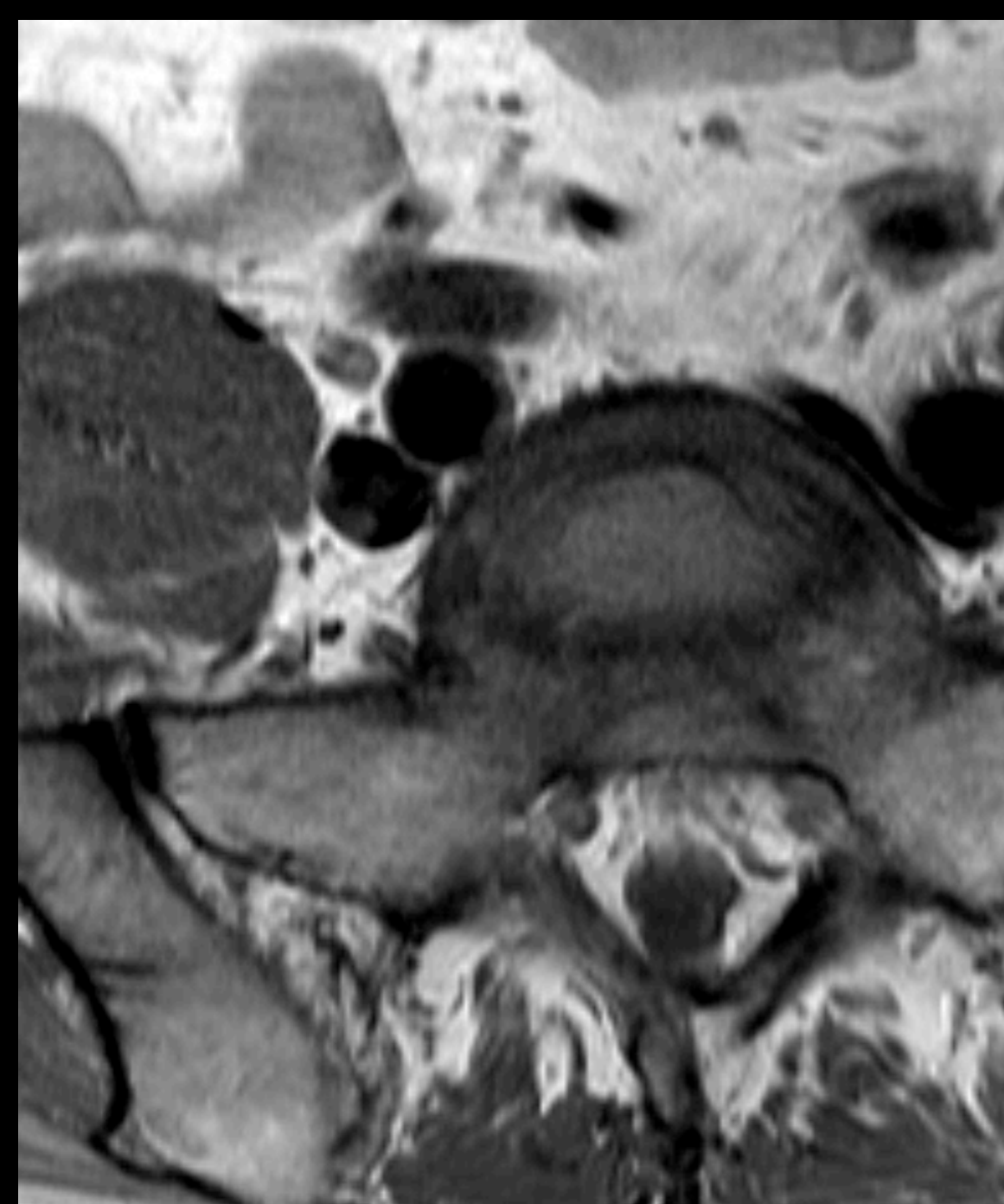
**precontrast**

**T2\*w GRE**



**postcontrast**

**USPIO**



pre

post

**USPIO**

high resolution T2\*w GRE

# Lymph Node MRI with MNP

## Results - Clinical Outcome

n=257 patients

### Change in therapeutic strategy

inclusion vs. MRI: 31 (12.1%)

inclusion vs. Sinerem-enhanced MRI: 64 (24.9%)

P<0.001 (Mc Nemar)

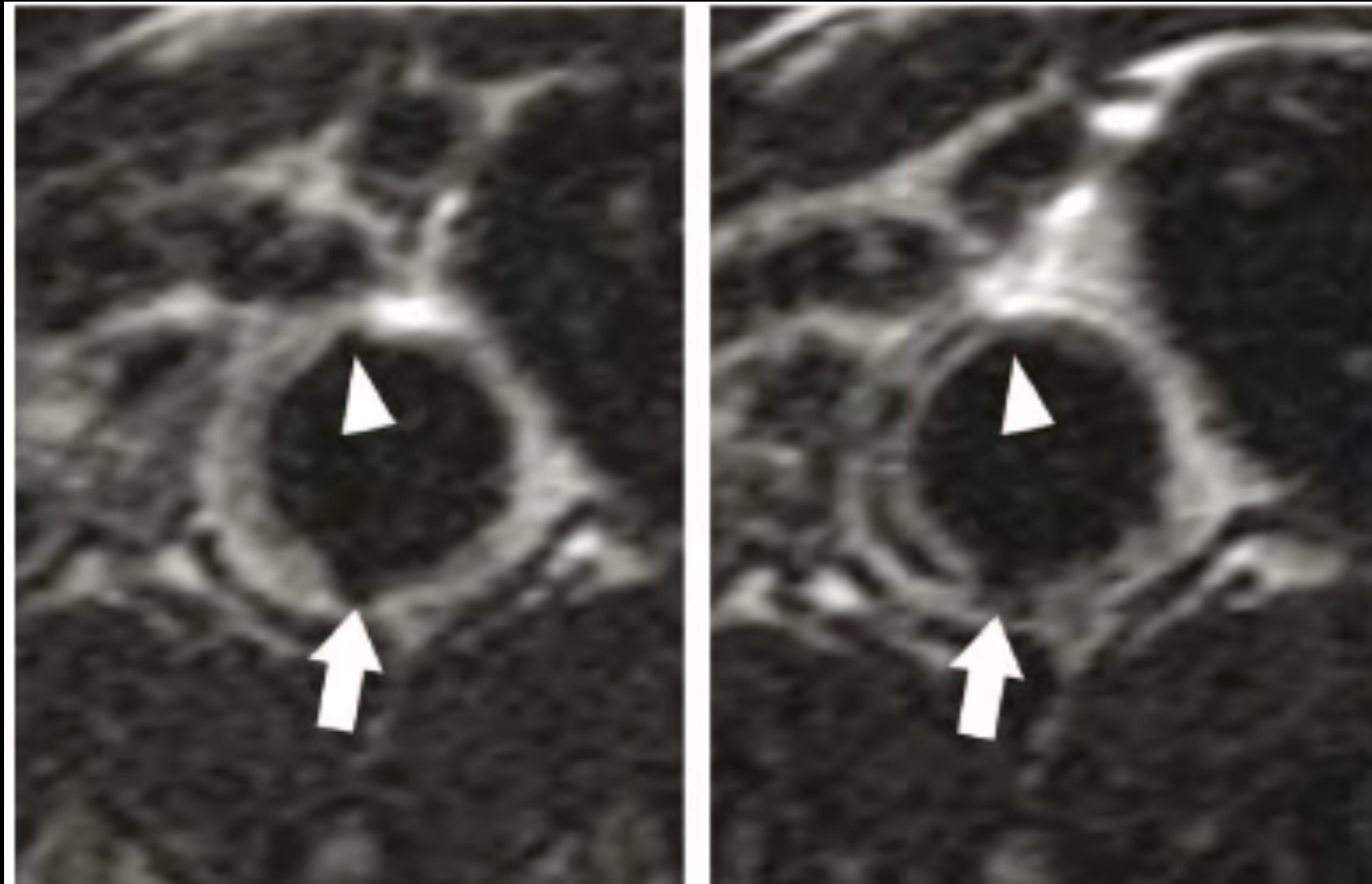
# Molekulare MR-Bildgebung

## Pathologien:

- Atherosklerose
- Tumor
- Entzündung
- .....



# CED - Iron Oxide Nanoparticles

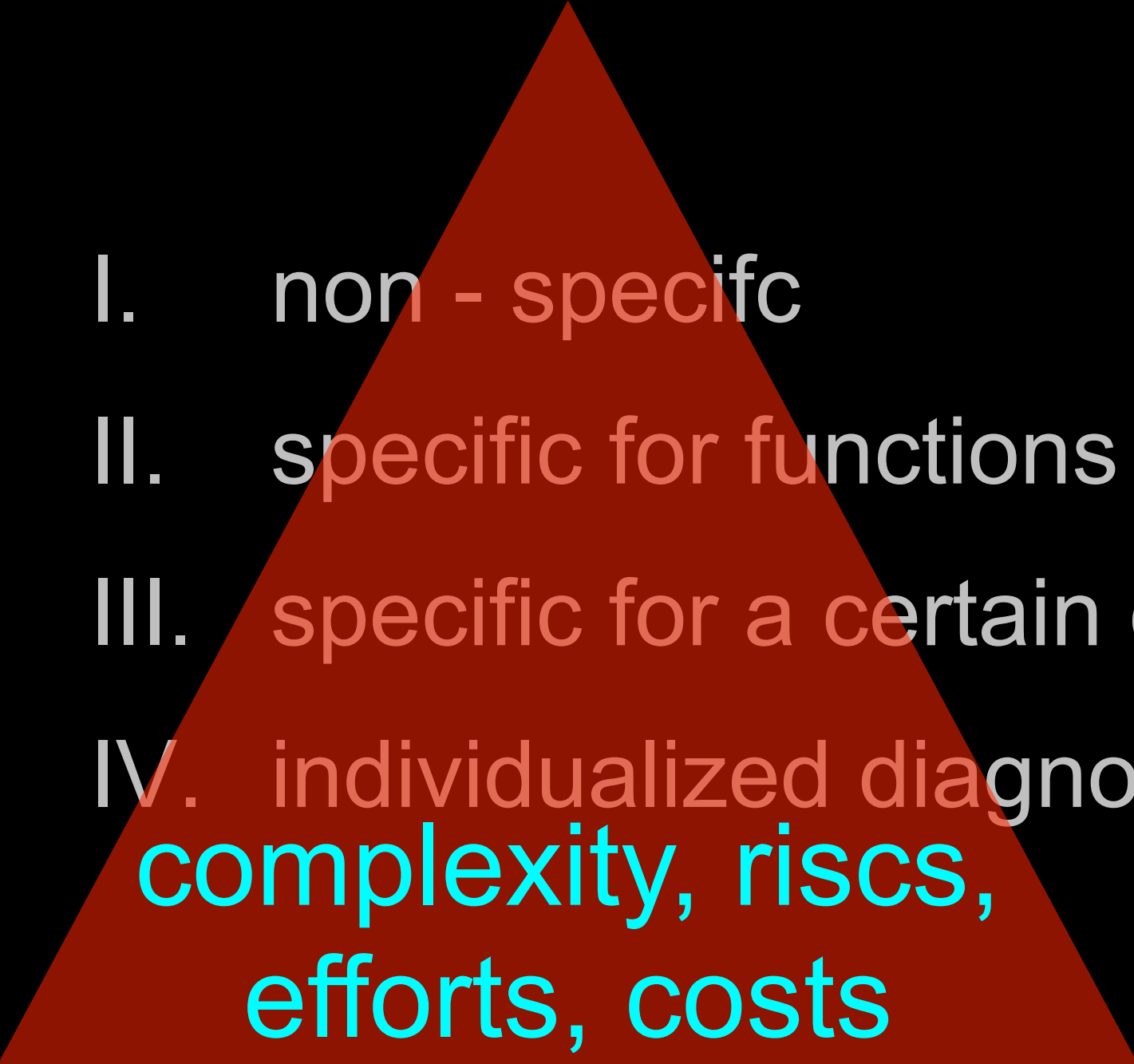


CED in rat, pre and 90 min p.i  
100  $\mu\text{mol Fe/kg}$  SHU 555C

# Levels of Disease Specificity

- I. non - specifc
- II. specific for functions or systems
- III. specific for a certain disease
- IV. individualized diagnostics

# Levels of Disease Specificity

- 
- I. non - specific
  - II. specific for functions or systems
  - III. specific for a certain disease
  - IV. individualized diagnostics  
**complexity, risks,  
efforts, costs**

# Levels of Disease Specificity

I. non - specific

indications,  
market, sales

II. specific for functions or systems

III. specific for a certain disease

IV. individualized diagnostics

complexity, risks,  
efforts, costs

# Research on Imaging Probes - Purposes



- new targets  
- new probes

research on pathomechanisms

experimental research on therapeutics

monitoring in clinical trials for therapeutics

development of diagnostics for clinical use



# Disease Specific Imaging

## MRI (and MPI)

### Summary

- cell directed in vivo MRI clinically possible (liver, lymph nodes, atherosclerosis)
- experimental proof of molecular imaging  
very few clinical developments
- sensitivity of MRI and MPI sufficient
- clinical translation: conflict between  
costs for development  
and  
expected sales numbers



synthesis



chemistry/analytics

- Janni Breinl
- Monika Ebert
- Lena Figge
- Ines Gemeinhardt
- Gesche Genter
- Janna Gläser
- Bernd Hamm
- Akvile Häckel
- Ralf Hauptmann
- Yuske Kobayashi
- Harald Kratz
- Randolf Lindquist
- Franziska Rudloff
- Constantin Scharlach
- Angela Ariza
- Eyk Schellenberger
- Jörg Schnorr
- Ulrich Speck
- Nicola Stolzenburg
- Susanne Wagner



IARITÉ



efficacy



preclinical

DFG: KFO 213  
 BMBF: OTHENA  
 BMBF: MAPIT  
 IBB/TSB

