



Development of Tracers and Theranostics: Nanoparticles

August 30 – September 1, 2018



Natascha Drude

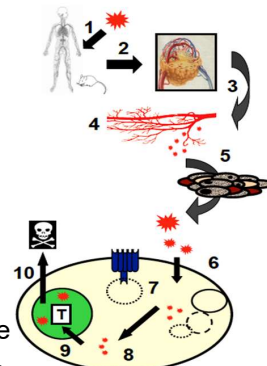
Dept. of Nanomedicine and Theranostics, RWTH Aachen
Dept. of Nuclear Medicine, RWTH Aachen



Drug Delivery to Tumors

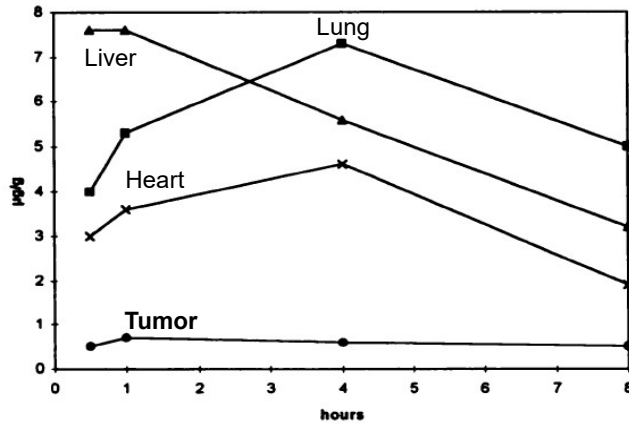
In order to be effective, a chemotherapeutic agent has to...

- be soluble and stable
- be readily available in systemic circulation
- reach the tumor microcirculation
- extravasate into the tumor interstitium
- distribute across the tumor interstitium
- cross the cellular membrane
- localize to the correct cellular compartment
- reach high concentrations at the target site
- remain there for sufficiently long periods of time
- avoid accumulation in healthy off-target tissues



Drug Delivery to Tumors

Doxorubicin distribution upon i.v. injection in mice



Bosslet et al, Cancer Res (1998)

Drug Delivery to Tumors -Barriers

Barriers to drug delivery to tumors

| Chemical barriers | Biological barriers | Physical barriers | Clinical barriers |
|------------------------------|----------------------------------|----------------------|--------------------------|
| Low solubility | Renal filtration | Vascular endothelium | Low efficacy |
| Low stability | Hepatic degradation | Perivascular space | High toxicity |
| Low molecular weight | High tumor cell density | Cellular membrane | Need for hospitalization |
| Large volume of distribution | High interstitial fluid pressure | Nuclear membrane | Frequent administration |
| Charge interactions | Drug efflux pumps | Blood brain barrier | Low cost-effectiveness |

Drug Delivery to Tumors –Drug Delivery System

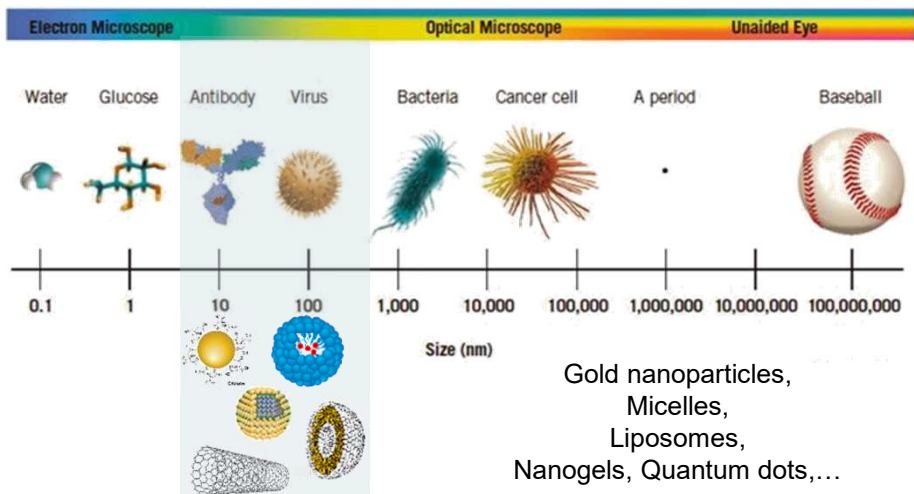
Aim : Increase the efficacy and reduce the toxicity of a drug by altering its pharmacokinetic and biodistributional parameters



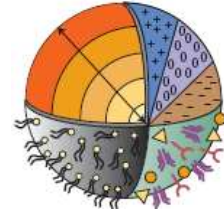
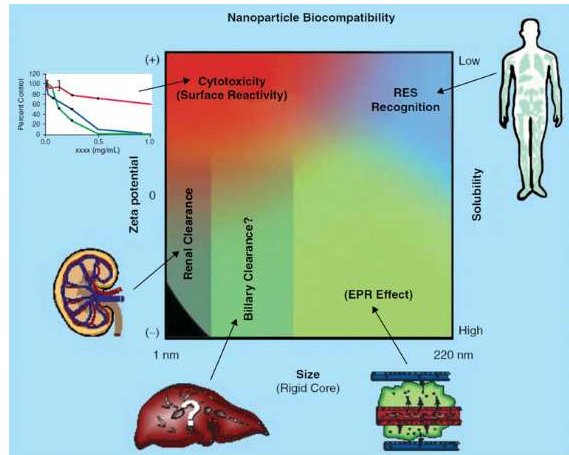
2 Different Faces :

- 1 : Site-specific drug delivery**
→ Improve antitumor activity
- 2 : Site-avoidance drug delivery**
→ Reduce systemic side effects

Drug Delivery to Tumors –“Nano“-Drug Delivery System



Drug Delivery to Tumors –“Nano“-Drug Delivery System

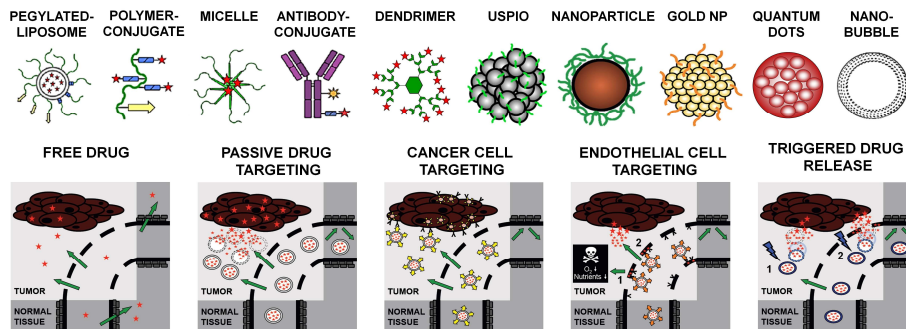


- Size: 10-100(0) nm
- Hydrophilicity
- **Charge:** neutral, anionic, cationic
- Modification for radiolabeling
- **Targeting by Bioligands**

M.A. Hahn et al., *Anal Bioanal Chem*, 2011, 399, 3-27.

Drug Delivery to Tumors –Nanomedicine

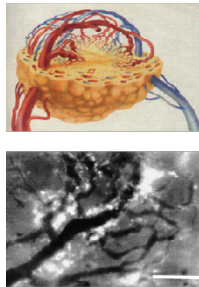
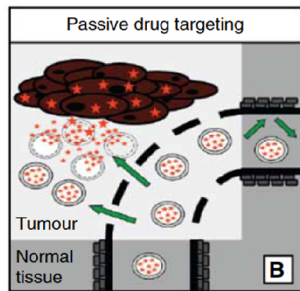
- 1-100(0) nm-sized carrier materials
- **Protects drug from body** ↔ **protects body from drug**
- Improve efficacy and reduce toxicity



Drug Delivery to Tumors –Nanomedicine

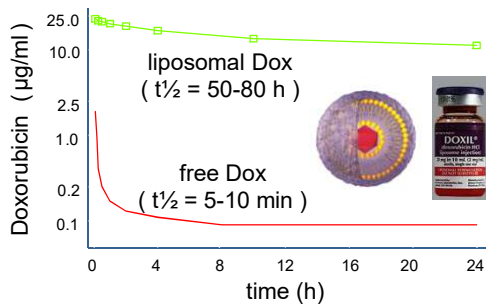
- High blood vessel density +
- High vascular permeability +
- Lack of lymphatic drainage

→ Enhanced Permeability and Retention (**EPR**) Effect



Efficient accumulation
of **long-circulating**
drug delivery systems

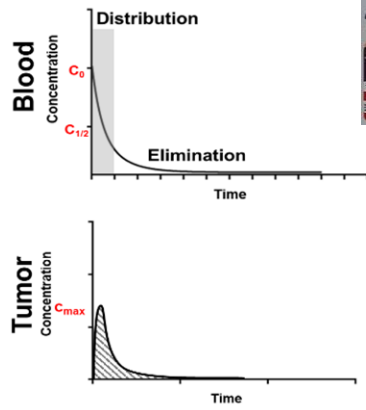
Drug Delivery to Tumors –Passive Targeting



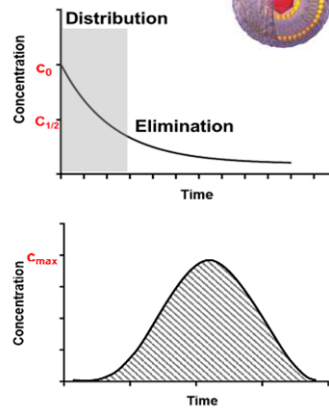
Gabizon et al, Cancer Res (1994)

Drug Delivery to Tumors –Passive Targeting

Low molecular weight drug



Nanodrug



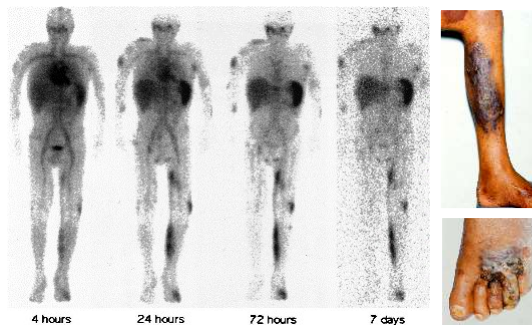
Golombek et al, Adv Drug Deliv Rev. 2018

Drug Delivery to Tumors –Passive Targeting

Kaposi sarcoma :
Improved efficacy vs. ABV

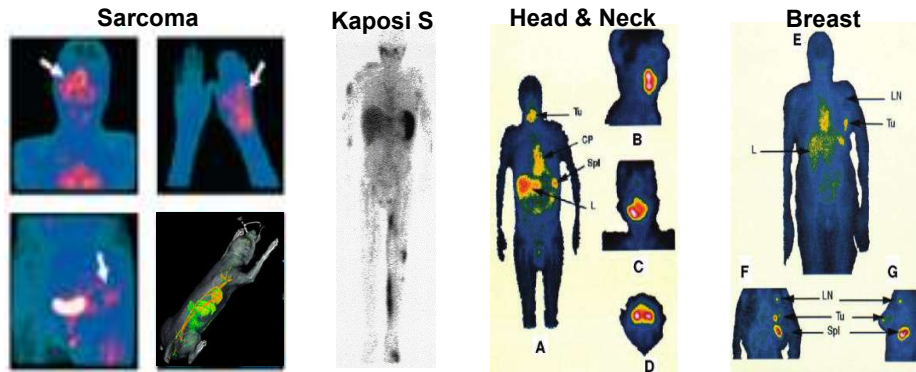
→ 1 CR + 60/133 PR vs.
31/125 PR

Better tolerability
→ **Less cardiomyopathy,
nausea, alopecia**



Harrington et al, Clin Cancer Res (2001)
Gabizon et al, Cancer Res (1994)

EPR is highly variable



Koukourakis et al, *Acta Oncol* (2000)

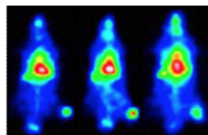
Harrington et al, *Clin Cancer Res* (2001)

Hansen et al, *ACS Nano* (2015)

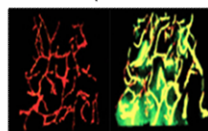
EPR

enhancing

con + RT + HT

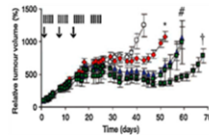


sonoporation

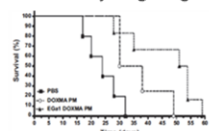


combining

nano + radiochemo

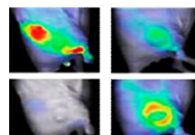


nanobody targeting

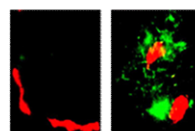


bypassing

vascular targeting

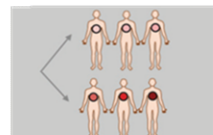


intravascular release

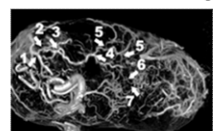


imaging

direct : personalisation

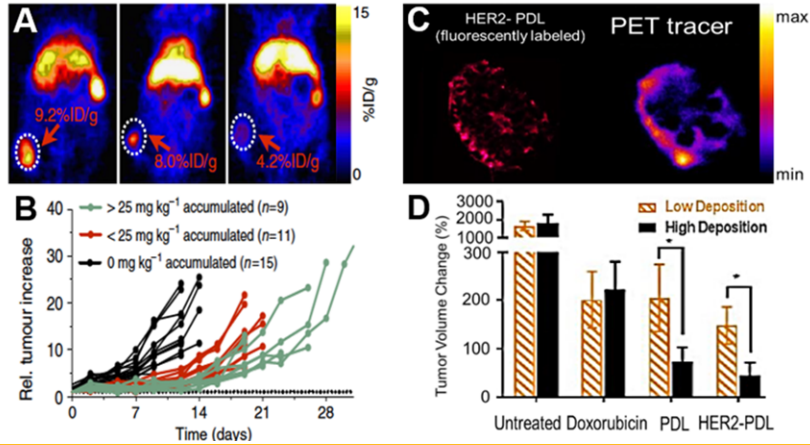


indirect : understanding



How to Overcome Heterogeneity in EPR-mediated Tumor Targeting

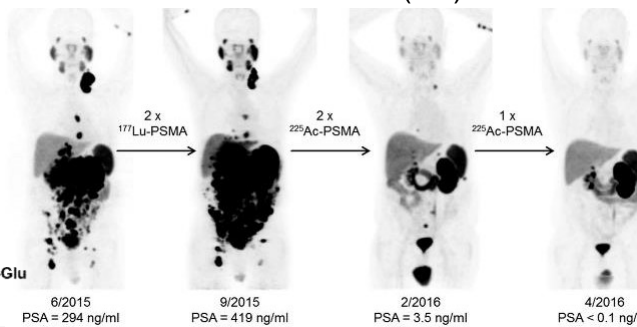
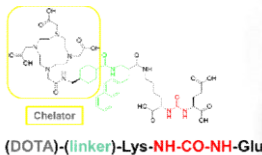
Imaging EPR



Theranostics

Theranostic pairs in Nuclear Medicine: ⁶⁸Ga/ (⁹⁰Y) ¹⁷⁷Lu/ ²²⁵Ac

PSMA-617



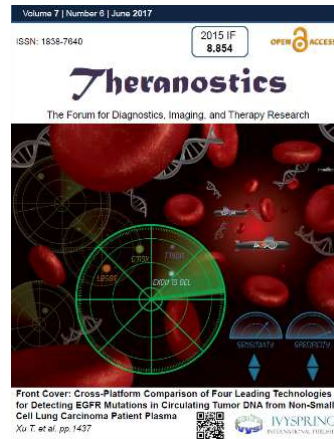
⁶⁸Ga (89% β⁺) t_{1/2} = 68min

¹¹¹In (>99.9 % EC) t_{1/2} = 67.9 h

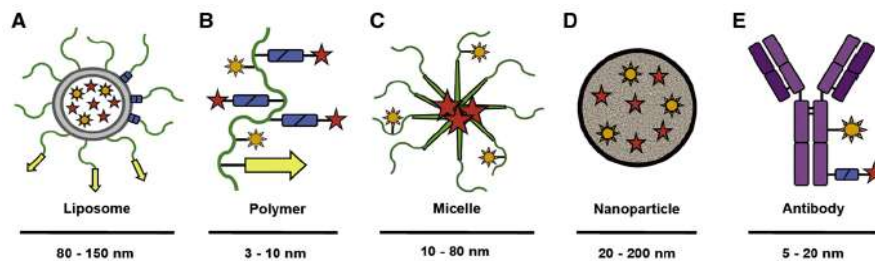
¹⁷⁷Lu(β⁻ / γ) t_{1/2} = 6.7d

⁹⁰Y (> 99% β⁻) t_{1/2} = 64h

²²⁵Ac (α) t_{1/2} = 10d



- Important advantage of nanomedicine formulations is that they **enable the combination of drugs and imaging agents** within a single formulation

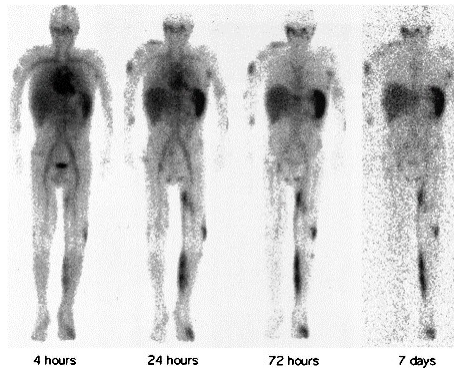


Lammers et al, Acc Chem Res (2011)

- **Monitoring tumor targeting to predict therapeutic outcome**

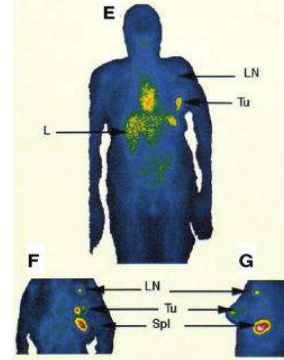
Doxil® in Kaposi Sarcoma

high EPR → high efficacy



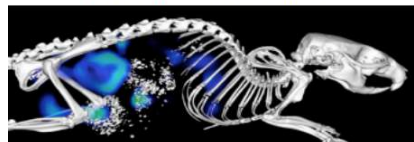
Doxil® in Breast Cancer

low EPR → low efficacy

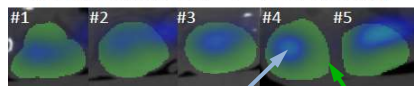


Tumor accumulation correlates with antitumor efficacy

low tumor accumulation

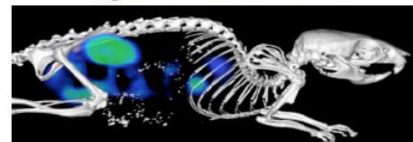


low accumulation => poor efficacy

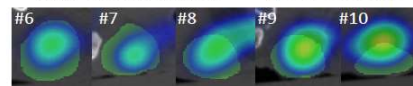


tumor accumulation tumor size

high tumor accumulation



high accumulation => good efficacy



Shi et al, *ACS Nano* (2015)
Theek et al, *J Control Release* (2016)

Imaging Nanoprobe for Prediction of Outcome of Nanoparticle Chemotherapy by Using Mammography¹

Radiology

BIOENGINEERING

Predicting therapeutic nanomedicine efficacy using a companion magnetic resonance imaging nanoparticle

Miles A. Miller,^{1,2*} Suresh Gadde,^{3*} Christina Pfirschke,¹ Camilla Engblom,¹ Melissa M. Sprachman,¹ Rainer H. Kohler,^{1,2} Katherine S. Yang,¹ Ashley M. Laughney,¹ Gregory Wojtkiewicz,¹ Nazila Kamaly,³ Sushma Bhonagiri,³ Mikael J. Pittet,^{1,2} Omid C. Farokhzad,^{3,4†} Ralph Weissleder^{1,2,5†}



ARTICLE

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DOI: 10.1038/ncomms11838

OPEN

Nanoreporter PET predicts the efficacy of anti-cancer nanotherapy

Carlos Pérez-Medina^{1,2,3}, Dalya Abdel-Atti⁴, Jun Tang⁴, Yiming Zhao¹, Zahi A. Fayad¹, Jason S. Lewis^{4,5,6}, Willem J.M. Mulder^{1,7} & Thomas Reiner^{4,5}

Karathanasis et al, *Radiology* (2009)
Miller et al, *Science Transl Med* (2015)
Perez-Medina et al, *Nat Commun* (2016)



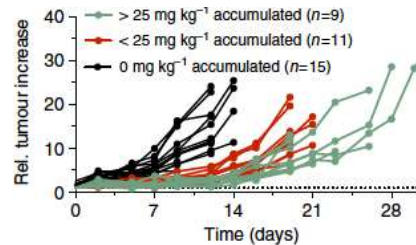
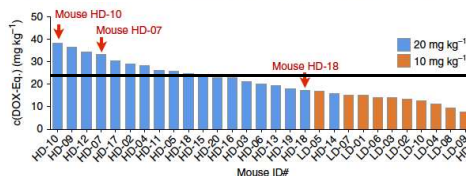
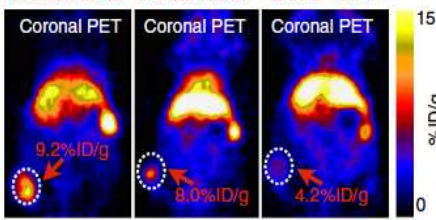
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Tumor accumulation correlates with antitumor efficacy

Mouse HD-10 Mouse HD-07 Mouse HD-18



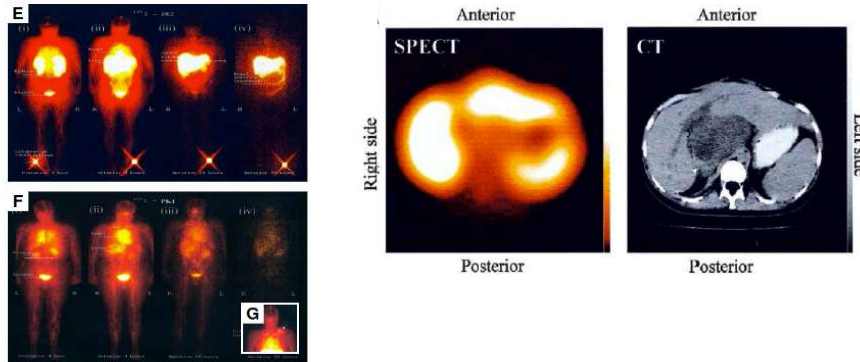
Perez-Medina et al, *Nat Commun* (2016)



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- **Galactosamine-targeted pHPMA-GFLG-doxorubicin (PK2)**
 - Efficient liver localization, but not always good tumor accumulation
 - Exemplifies how **imaging** can be used to **pre-select patients** in clinical trials
- Seymour et al, J Clin Oncol (2001)*

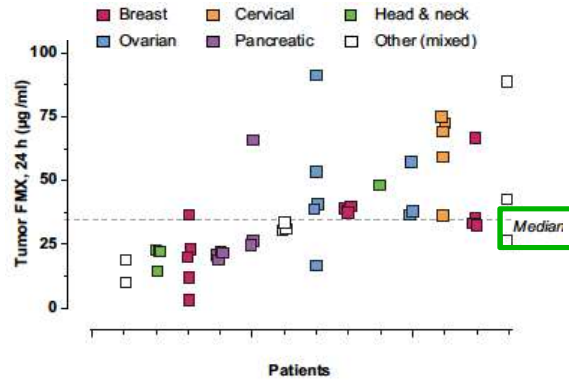
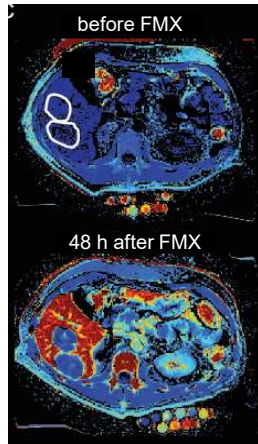


- Lung accumulation/distribution of radiolabeled viral NP in cystic fibrosis (CF) patients
 - Patient pre-selection in clinical trials on the basis of non-invasive imaging
- Image courtesy: Uta Griesenbach*

Nanotheranostics : Clinical Proof-of-concept



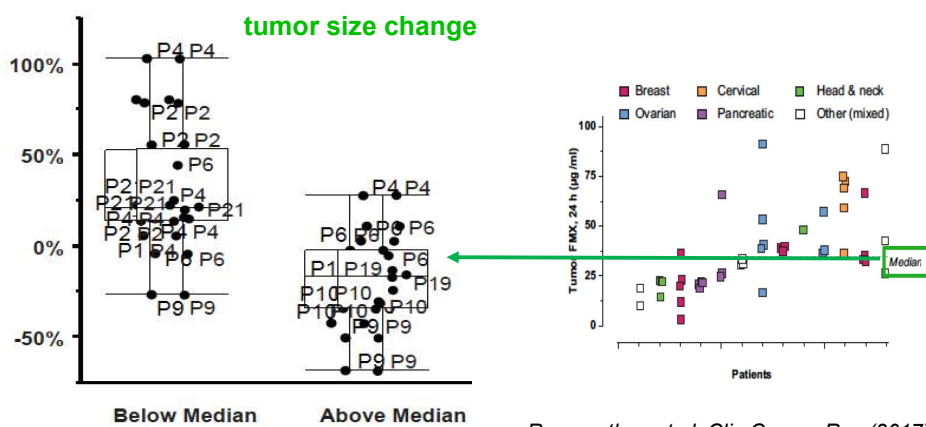
Companion diagnostic approach : iron oxide NP (Feraheme®)



Ramanathan et al, Clin Cancer Res (2017)

Nanotheranostics : Clinical Proof-of-concept

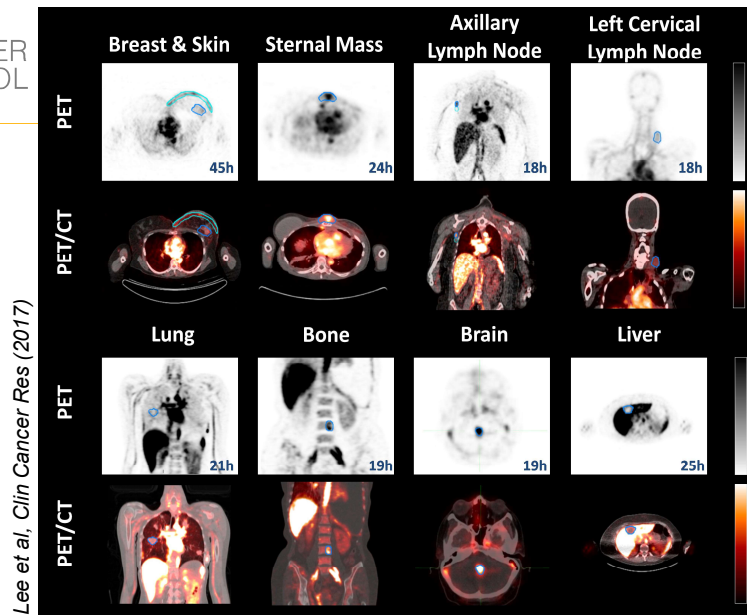
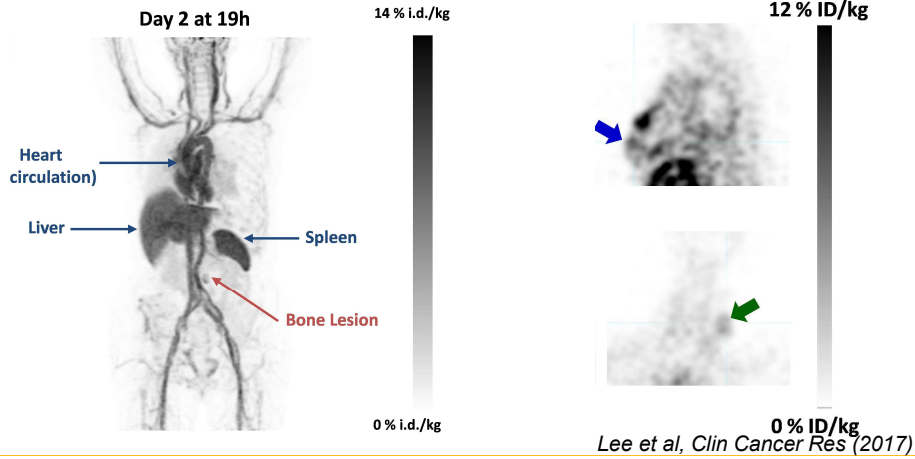
Companion diagnostic approach : iron oxide NP (Feraheme®)



Ramanathan et al, Clin Cancer Res (2017)

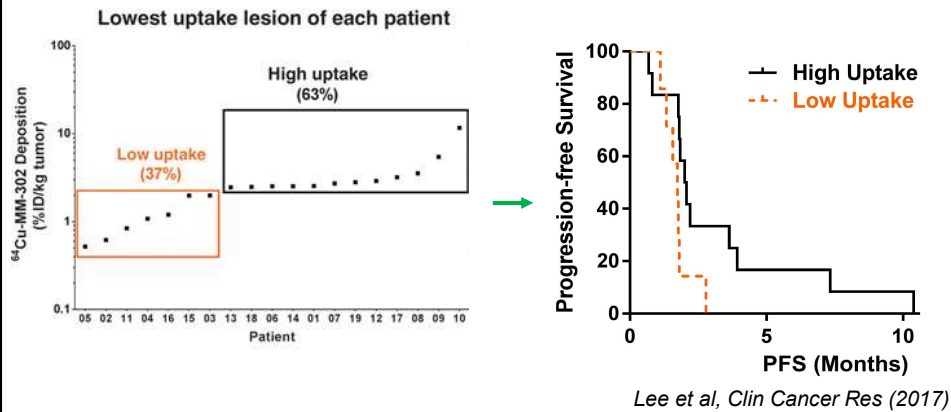
Nanotheranostics : Clinical Proof-of-concept

Theranostic approach : ^{64}Cu -labeled Dox-liposomes



Nanotheranostics : Clinical Proof-of-concept

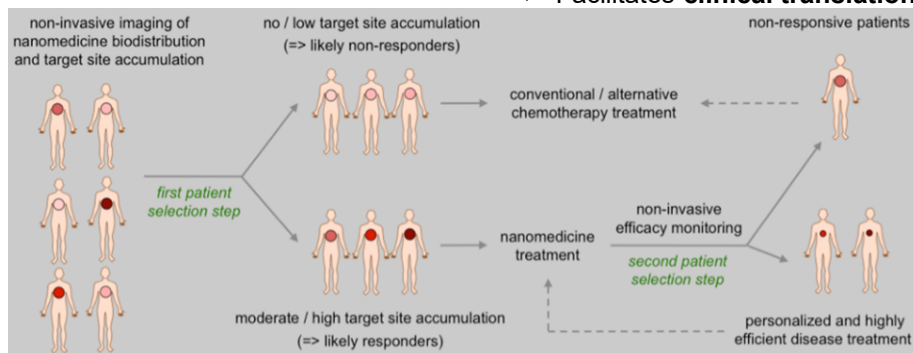
Theranostic approach : ^{64}Cu -labeled Dox-liposomes



Personalized Nanomedicine

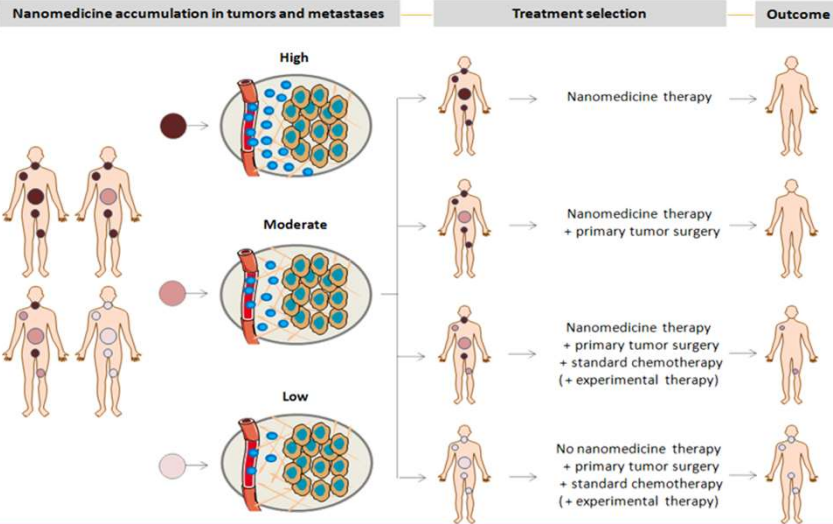
Combination of drug targeting + imaging

- Enables patient **pre-selection**
- Facilitates **clinical translation**



Lammers et al, Clin Cancer Res (2012)

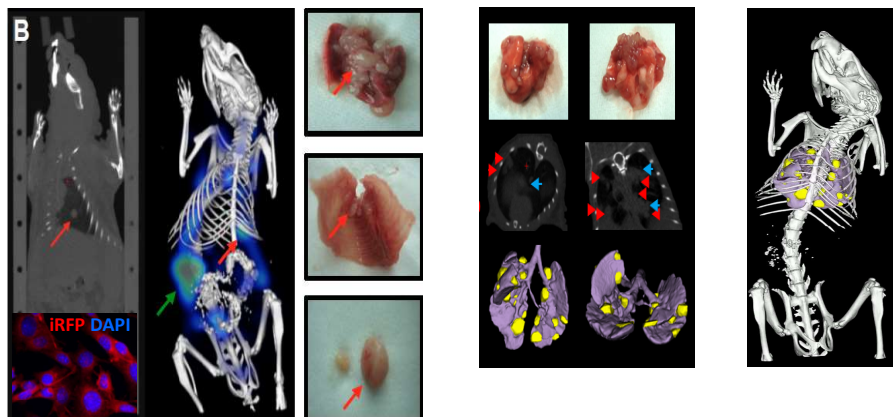
Beyond Solid Tumor Targeting



Ojha et al, *Exp Opin Drug Deliv* (2015)

Beyond Solid Tumor Targeting -Targeting Metastasis

Hybrid CT-FMT imaging of iRFP-transfected 4T1 tumors and metastases



Rizzo et al (in prep)

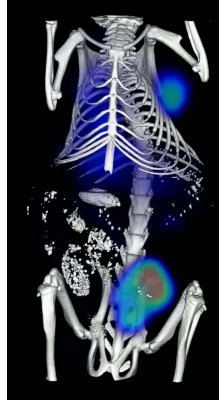
Beyond Solid Tumor Targeting -Targeting Metastasis

Accumulation of polymeric micelles in tumors and metastases

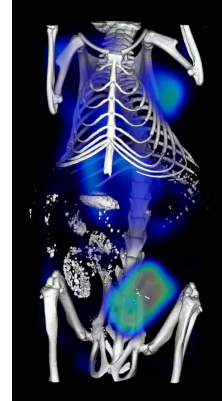
Organs (CT)



Cancer cells (FMT₆₈₀)



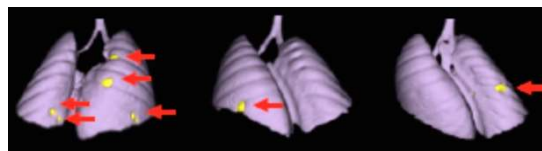
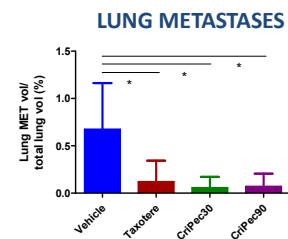
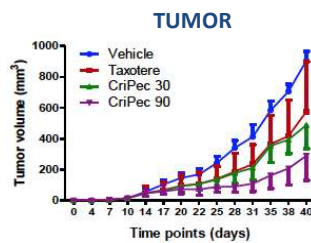
Micelles (FMT₇₅₀)



Rizzo et al (in prep)

Beyond Solid Tumor Targeting -Targeting Metastasis

Efficacy of docetaxel-loaded polymeric micelles (CriPec®) in metastatic TNBC



Rizzo et al (in prep)



Pipeline

Currently, four programs are in various stages of (non)clinical development as indicated in the pipeline overview.

| PROPRIETARY PROGRAMS | INDICATION | DISCOVERY | POC | PRECLINICAL | PHASE I | PHASE IIA |
|-------------------------|-----------------------|-----------|------------|-------------|------------|---------------|
| CriPec docetaxel | solid tumours | [red bar] | | | [blue bar] | [green arrow] |
| CriPec dexamethasone | inflammation | [red bar] | | | | |
| CriPec ATN | solid tumours | [red bar] | [blue bar] | | | |
| CriPec oligonucleotides | various | [red bar] | [blue bar] | | | |
| COLLABORATIVE PROGRAMS | | | | | | |
| CriPec peptide | partner solid tumours | [red bar] | [blue bar] | | | |
| CriVac antigen | solid tumours | [red bar] | [blue bar] | | | |

[red bar] achieved [blue bar] ongoing

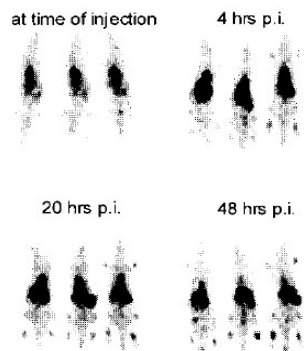
Inflammation

Inflammatory disorders and infections also display "EPR"

¹¹¹In-PEG-PLP-liposomes in RA

¹¹¹In-PEG-Lip in RA

¹¹¹In-PEG-Lip in SA

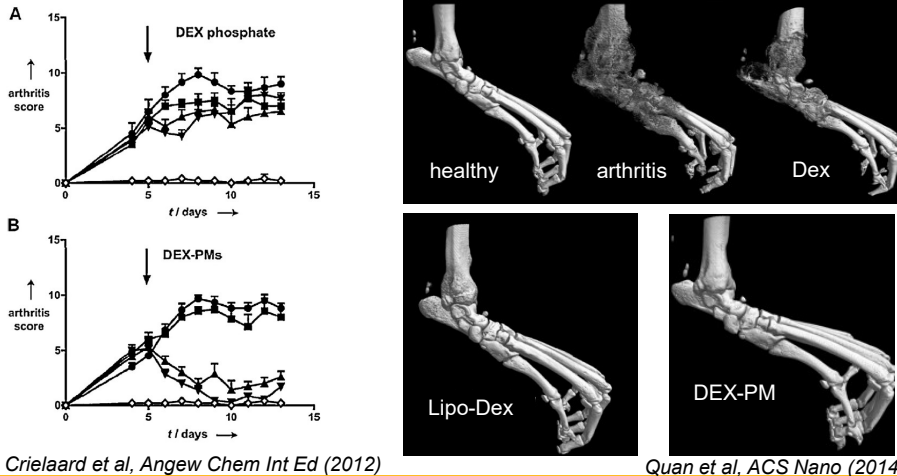


Metselaar et al, *Arthr Rheum* (2003)

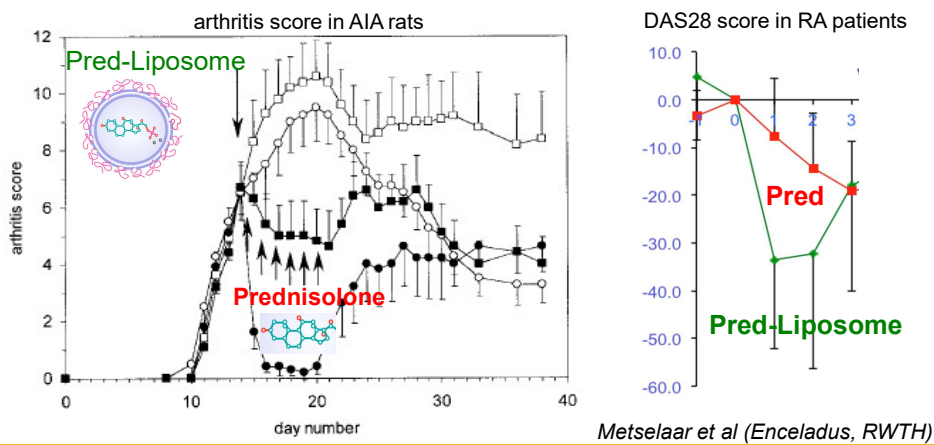
Boerman et al (UMCN)

Van der Geest et al, *JCR* (2015)

Arthritis treatment with dexamethasone-loaded polymeric micelles



Corticosteroid-loaded liposomes



Inflammation

Corticosteroid-loaded liposomes

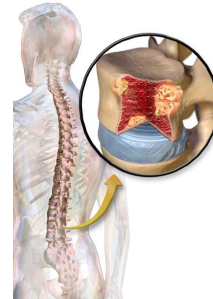
- Phase III:** rheumatoid arthritis
- Phase II:** inflammatory bowel disease
- Phase I:** atherosclerosis
- 03.2017:** multiple myeloma (at RWTH)



RWTH AACHEN
UNIVERSITY

Medizinische Fakultät

Center for Translational & Clinical
Research (CTC-A)



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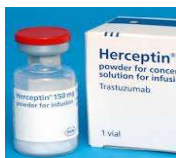
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Summary

- Nanomedicines aim to **improve therapeutic index**
- Nanomedicine rely on “**EPR**”, which is **highly variable**
- Rational concepts are needed to **address heterogeneity**
- **Imaging helps** to individualize and improve nanotherapies

→ **Integrate biomarkers** : like biopsies for molecularly targeted therapeutics



| | with HER2 testing | without testing |
|---------------------------|-------------------|-----------------|
| No. of patients | 470 | 2200 |
| Response rate | 50% | 10% |
| Years of follow-up | 1.6 | 10 |



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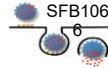
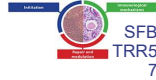
Thank you

ExMI Experimental Molecular Imaging
HELMHOLTZ-INSTITUT FÜR BIOMEDIZINISCHE TECHNIK



STW-KWF

DFG



ndrude@ukaachen.de



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