

Preclinical assessment of ¹⁸F-LW223; a novel TSPO radiotracer for the detection of inflammation using PET

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Introduction

- Upregulation of TSPO occurs during inflammation, most widely studied in neuroinflammation, but also in cardiovascular disease.
- The most vastly studied TSPO radiotracer is [¹¹C]-PK11195; however, it is limited by:
 - Short half-life isotope
 - High non-specific binding in vivo
- To date, the use of 2nd generation radiotracers have been complicated by inter-individual differences in binding affinity. This is dependant on the rs6971 genetic polymorphism¹, unlike PK11195 which is unaffected.
- From a library of compounds based on the structure of PK11195, we have developed ¹⁸F-LW223 which is the first TSPO targeted ¹⁸F-ligand not susceptible to the genetic polymorphism.

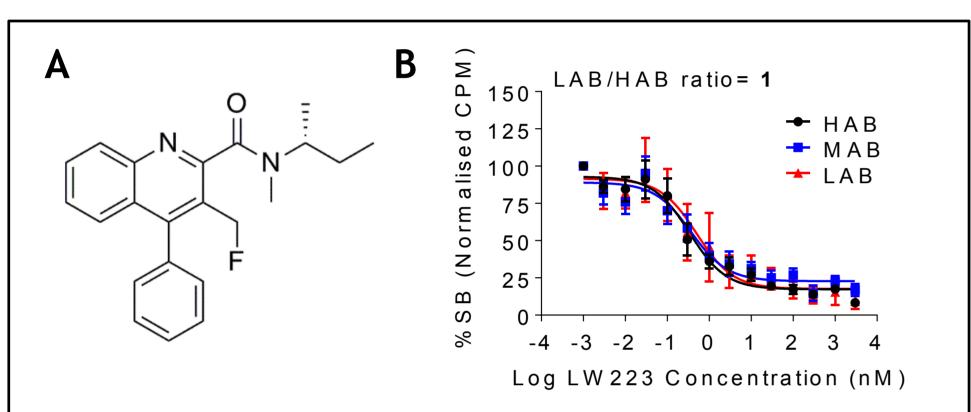


Figure 1. The structure of **A)**¹⁸F-LW223 and **B)** its insensitivity to the rs6971 genetic polymorphism.

Aims

The aims of this study were to:

- 1. Assess the *in vivo* characteristics of ¹⁸F-LW223 and its suitability for clinical translation.
- 2. Evaluate the ability of ¹⁸F-LW223 to target human neuro/cardiovascular inflammation.

Results: ¹⁸F-LW223 selectively targets TSPO

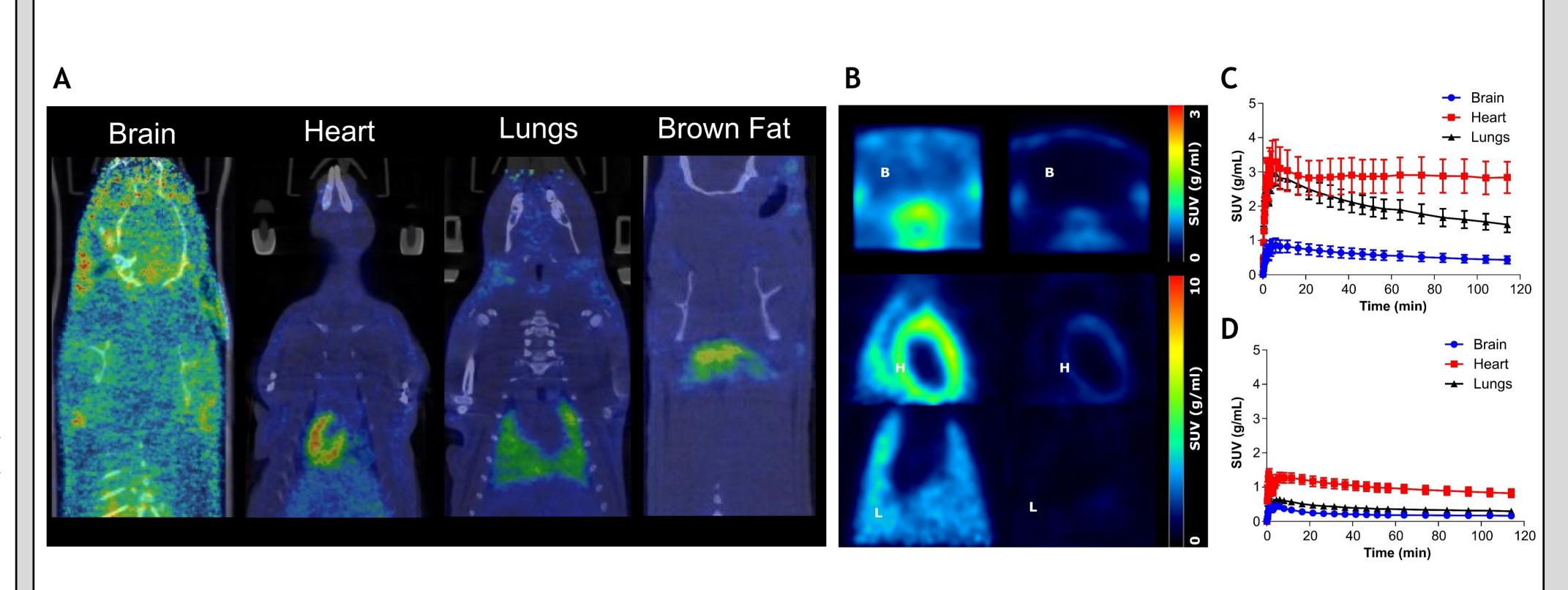


Figure 2. A) The in vivo distribution of ¹⁸F-LW223. **B)** SUV sum images of ¹⁸F-LW223 uptake before and after administered of PK11195 (1 mg/kg). **C)** Time activity curves for the major source organs at baseline and D) following PK11195 blockade. Results represent the mean ±SEM, n=3. Legend: B=brain, H=heart and L=lungs.

Results: ¹⁸F-LW223 is slowly metabolised and has a safe dosimetric profile

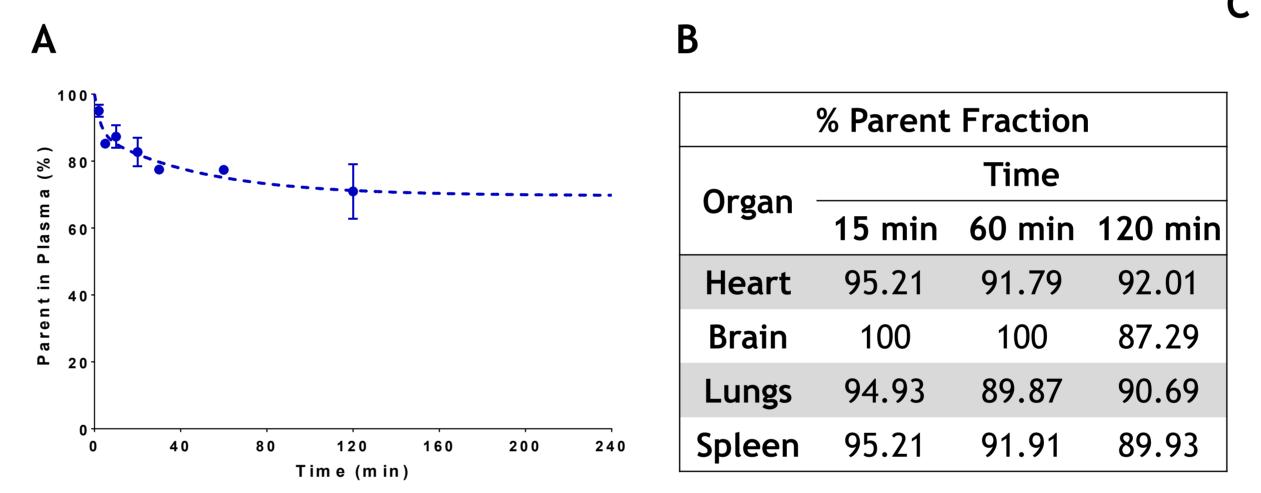


Figure 3. A) Blood kinetics of ¹⁸F-LW223 showing the % parent fraction within plasma. B) % Parent fraction within organs. Results represent the mean ±SEM, n=3. C) Radiation absorbed dose estimates, LLI= lower large intestine, ULI= upper large intestine.

Estimated Absorbed Dose (mGy/MBq)		
Adrenals	3.72E-02	4.38E-02
Brain	7.01E-03	8.38E-03
Breasts	9.21E-03	1.16E-02
Gallbladder Wall	2.42E-02	2.80E-02
LLI Wall	1.28E-02	1.61E-02
Small Intestine	3.38E-02	3.97E-02
Stomach Wall	1.23E-02	1.54E-02
ULI Wall	1.52E-02	1.89E-02
Heart Wall	3.07E-02	3.96E-02
Kidneys	2.38E-02	2.67E-02
Liver	1.56E-02	2.04E-02
Lungs	3.57E-02	4.52E-02
Muscle	1.02E-02	1.27E-02
Ovaries	1.40E-02	1.71E-02
Pancreas	1.35E-02	1.68E-02
Red Marrow	1.02E-02	1.25E-02
Osteogenic Cells	1.54E-02	2.01E-02
Skin	7.82E-03	9.71E-03
Spleen	1.19E-02	1.51E-02
Testes	9.46E-03	-
Thymus	1.16E-02	1.47E-02
Thyroid	1.02E-02	1.19E-02
Urinary Bladder Wall	1.37E-02	1.51E-02
Uterus	-	1.67E-02
Total Body	1.12E-02	1.40E-02
Effective Dose (mSv/MBq)	1.53E-02	1.84E-02

Methods

PET Imaging Studies:

- Adult male Sprague-Dawley rats were used for all experiments, apart from dosimetry studies where mice were used.
- ¹⁸F-LW223 distribution, kinetics and dosimetry were assessed using dynamic PET imaging.
- Radiotracer kinetics in the blood was assessed by automatic blood sampling.
- Radiometabolite studies were carried out using arterial blood samples and analysed by High Performance Liquid Chromatography (HPLC).
- Blocking experiments were carried out following administration of PK11195 (1mg/kg).

Ex-Vivo Human ¹⁸F-LW223 Binding:

- Diseased coronary vessels were obtained from sudden cardiac death patients.
- Brain tissue was obtained from subjects which had suffered a haemorrhagic stroke.
- Sections were exposed to ¹⁸F-LW223 for 1 hour at room temperature, and imaging plates developed.

Results: ¹⁸F-LW223 selectively binds to inflammatory tissue

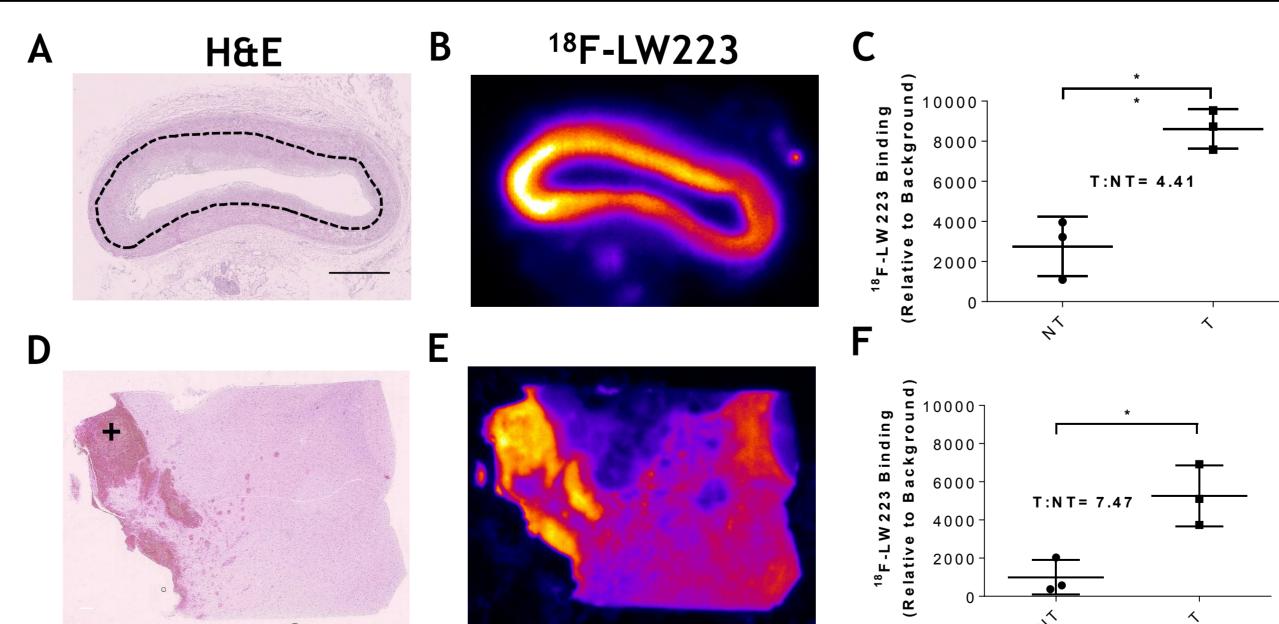


Figure 4. A) H&E staining of diseased coronary vessel with neointimal remodeling (dotted line) correlating with B) ¹⁸F-LW223 binding. C) Target (T) to Non-Target (NT) ratios of ¹⁸F-LW223 in diseased vessel. D) H&E staining of hemorrhagic stoke tissue (+) correlating with E) ¹⁸F-LW223 binding. F) T:NT of ¹⁸F-LW223 in stoke tissue. Results represent the mean ±SEM, n=3, *=p<0.05, **=p<0.01 using unpaired t test.

Conclusions

- We have demonstrated that ¹⁸F-LW223 selectively binds to TSPO in vivo, has a favourable kinetic profile, slow metabolism and safe dosimetric profile.
 - These findings support further clinical translation
- Additionally, our promising *ex-vivo* human binding results warrant further preclinical study of ¹⁸F-LW223 in models of neurological and cardiovascular disease.

References

1. Owen, D. R. et al. J. Cereb. Blood Flow Metab. 32, 1-5 (2012).

Acknowledgements

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