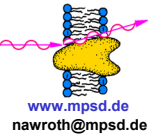


Indirect Radiation Therapy of Cancer with Synchrotron Radiation at the K-Edges of Heavy Metal Complexes and Target-Nanoparticles

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Indirect radiation therapy and therapeutic imaging

PAT/PXT: $\text{Lu, Gd} + \gamma \rightarrow n\text{-e}^- \text{ Auger-electrons} \Rightarrow \text{R}^* \text{ radicals} \Rightarrow \text{DNA inactivation @ tumor}$

Fig.1: Photon activation therapy PAT (PXT) inactivates cancer cells by secondary radiation products after specific absorption of synchrotron X-ray photons at the K-edge of the target material.

Therapy of cancer and specific imaging can be extended by indirect radiation therapy IRT using heavy metal targets with synchrotron X-ray radiation, as shown in figure 1, or neutrons (Gd).

The healing effect of indirect radiation therapy, cell inactivation by secondary radiation products after specific beam absorption, is superimposed by unspecific radiation absorption elsewhere, which may cause radiation damages. In our concept the ratio of healing to damage effects is improved with target nanoparticles which are based on two principles (figure6,7): **slow diffusion** and **magnetism**

- concentration of about 1000,000 target atoms in nanoparticles
- local enrichment of the nanoparticles by magnetic forces at the tumor site

We use target nanoparticles, which can be locally concentrated, as shown in figure3: i) target liposomes (magnetic), which bear the water soluble target in the entrapped lumen, and ii) double-shell poly-Ferrofluids, containing the target in a surface layer. Our target nanoparticles are biocompatible. The heavy metal is applied as extremely stable metal-chelate complex, e.g. Lutetium-DTPA (fig.3, no metabolism; Gd-DTPA is usual in MRI imaging (2g)).

The healing effect of indirect radiation therapy, cell inactivation by secondary radiation products after specific beam absorption by the target metal, is superimposed by unspecific radiation absorption elsewhere, which may cause radiation damages. A therapy quality factor R_{TB} can be defined, which is given by the relation of the radiation absorption contributions of therapeutic target (T, specific) and body (B, unspecific), and the corresponding doses D and quality factors Q (Equ.1) [1]. The dose can be precisely estimated and predicted by transmission measurements under therapy conditions, i.e. above and below the absorption K-edge (contrast imaging, tomography). This leads us to a therapeutic imaging postulate, at least for adjuvant therapy, which tries to cure cancer completely.

Postulate: Relative therapy effect $R_{TB} = D_T \cdot Q_T / D_B \cdot Q_B$ (equ.1)

An effective (adjuvant) cancer therapy target should be visible by *in vivo* contrast imaging (therapeutic imaging)

Absorption - dose calculation : human head with a brain tumor

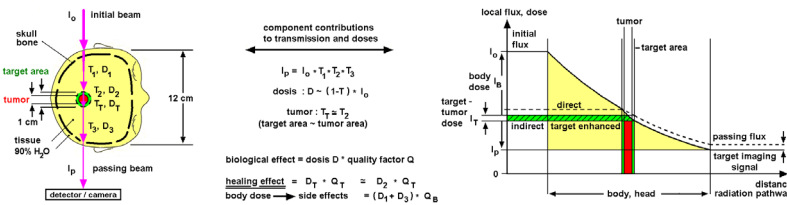


Fig.2: Dose-transmission calculation for a human head with a brain tumor (1cm) and Lutetium-target (2cm).

Therapeutic imaging test : dummy experiment with a rat skull + water

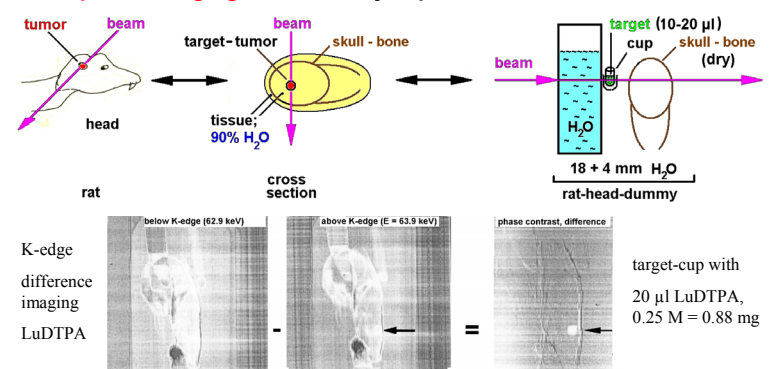


Fig.3,4: A rat head with a brain tumor and Lutetium-target (4 mm) was simulated by a water-rat-skull dummy. The phase-contrast projection image yielded the detection limit and the suitable therapy conditions.

Therapeutic imaging : first in vivo treatment (rat brain)

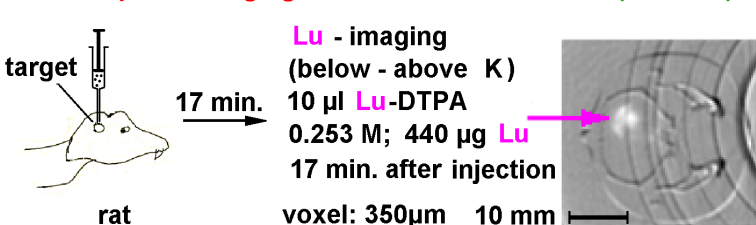


Fig.5: A rat was subjected to therapeutic imaging after intracranial injection of 10 µl Lutetium-target (0.44 mg) during anaesthesia. The animal survived during subsequent tomography experiments (target kinetics; 5h).

Nano-therapy : target concentration and local enrichment

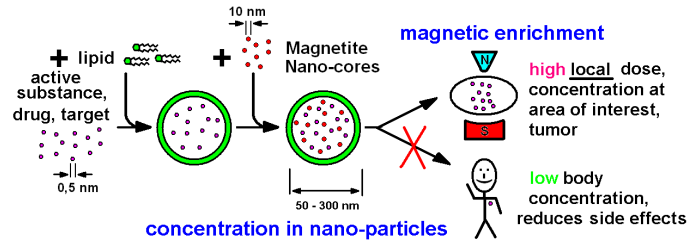


Fig.6: Nanotherapy improves the effect of molecular active substances (drug, target) twice: ~1,000,000 molecules are concentrated in nanoparticles, which are enriched at the tumor locally. Thus unfavorable side effects of conventional therapy are reduced, the healing dose is increased.

a) magnetic target liposome b) target poly-Ferrofluid c) biocompatible target

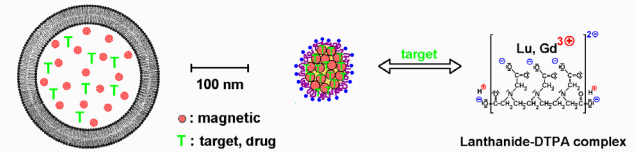


Fig.7: Magnetic and target entities (T) for nanotherapy can be introduced in magnetic liposomes (a), or in double-shell poly-Ferofluids (b). The Lanthanide-DTPA complexes are biocompatible.

Target materials and properties

Table1:	Z	E _K [keV]	d _{1/2} [cm] in H ₂ O	1-T _{H2O} 1 cm @ K-edge	1-T _{H2O} 12 cm @ head	Physiol. possible concentr.	1-T _T target-tumor d=1 cm, metal-c= Colocal	R _{TB} = I _T /I _B , (6+6) cm H ₂ O-head dummy, 1 cm tumor-target
I Iodine	53	33.17	0.93	0.525	0.9998	1 M	~0.6	0.007; before tumor!
Pt cis-Platinum	78	78.39	11.4	0.059	0.718	0.001 M	~0.0006	~0.0008; conc. low
Hf Hafnium	72	65.35	6.6	0.100	0.516	?(0.2 M)	?(~0.12)	?(0.1) tox. unknown
La Lanthanum	57	38.92	1.4	0.370	0.996	0.25 M+	~0.2 (calc.)	0.013 // 2x6 cm H ₂ O
Gd Gadolinium	64	50.24	3.0	0.206	0.938	0.25 M+	0.239, see fig.4	0.063 // 2x6 cm H ₂ O
Lu Lutetium	71	63.31	6.0	0.109	0.750	0.25 M+	0.154, see fig.5	0.098 // 2x6 cm H ₂ O

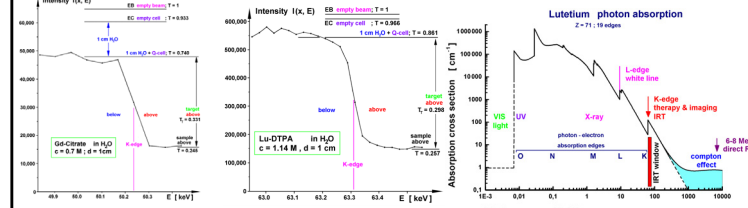


Fig.8-10: Stable Lanthanide-DTPA complexes are suitable for IRT and therapeutic imaging due to their biocompatibility and high solubility. The best absorbing is Lutetium; E_K = 63 keV; d_{1/2} = 6 cm.

The comparison of possible target materials in table 1 indicates three important properties: **biocompatibility** (non toxic), **high target solubility** and suitable **K-energy** range, which result in a sufficient **half-path absorption length d_{1/2} in body**. Thus trials with I and Pt were interrupted.

- The most specifically absorbing are the rare earth elements **Lutetium**, to **Gadolinium** (fig.8-10).
- Target-irradiation and biocompatibility **cell tests** with living bacteria (*Micrococcus luteus*) and rat 9L & F98 tumor cells (not shown), we were successful in therapeutic imaging and treatment.
- Model calculations** (fig.6) indicated, that only highly concentrated targets of high Z fulfill the therapeutic imaging postulate. The heaviest element is Lutetium-DTPA (biocompatible)
- **Dummy tests** with a water-rat-skull target system (fig.3,4) yielded the phase contrast detection limit of 10 µl solution of 25 mM LuDTPA, and were the pre-requisite for the *in vivo* experiments
- The first *in vivo* treatment and therapeutic imaging with a rat (fig.5) was successful.
- First **cancer treatment tests** with tumor rats (fig.11) resulted in prolonged survival after treatment.

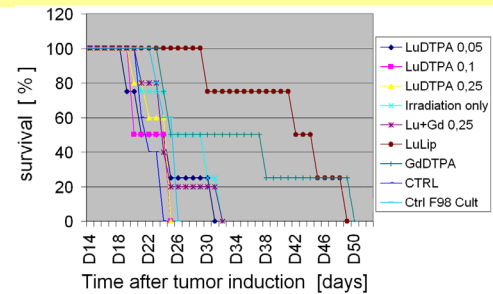


Fig.11: First successful cancer treatment tests with rats bearing brain-tumors from F98 cells.

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Abbreviations: NCT = Neutron Capture Therapy; PAT = Photon Activation Therapy; PXT = Photodynamix X-ray Therapy; DTPA = Di-ethylene-Triamine-Penta-Acetic acid (Complexon V); Gd-&Lu-DTPA was produced by the STS method

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