

An Introduction to Nuclear Medicine In Oncological Molecular Imaging



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Introduction

- WHO reported more than 10 million new cases of cancer annually
- Cancer has recently become the leading cause of death in high income countries ¹
- Nuclear medicine :
 - utilizes radiation from the disintegration of unsealed radionuclides, plays a pivotal role in cancer diagnosis and treatment
 - Provide information about the physiology and biochemical condition of organs at the cellular and molecular level.

1. Deneux CH, Laxou M, Rangwani S, Lucas K, Lopez-Jaramillo P, et al. The Lancet. (2019).

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CONT'

- REQUIREMENTS :
- Better diagnostic techniques for staging and following up therapy for individual patients : personalized medicine trend
- Combination of treatment strategy with diagnostics : Theragnostics
 - identifies patients most likely to benefit or be harmed by a new medication,
 - target drug therapy
- Monitor the treatment responses
- Eliminate unnecessary treatment of patients :
 - resulting in cost savings to the healthcare system
 - Improving the quality of life of the patients.

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- Nuclear Medicine provides tools to fulfil the requirements
- The basis of nuclear medicine imaging in oncology is the use of radiotracers/ radiopharmaceuticals to detect pathological activity.
- They emit gamma and positron particles.
- The images are obtain by detection the radiotracer emission *in vivo* on a cellular and molecular level by using
 - Single Photon Emission Tomography (SPECT)
 - Positron Emission Tomography (PET)
- These signals are then processed digitally to provide images

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SINGLE PHOTON EMISSION TOMOGRAPHY (SPECT)

- SPECT Imaging in oncology purposes:**
 - detection, differential diagnosis, staging, assessment of recurrence and therapy response
- Combined with computed tomography (SPET/CT) : anatomical location precision
- Radiotracers :**
 - Technetium 99m (^{99m}Tc), 6.02 hours, 142 KeV
 - Radioiodine (^{131}I and ^{123}I), 8.03 days, 13.22 hours, 364 KeV, 159 KeV,
 - Inium-111 (^{111}In), 2.80 days, 171 and 245 KeV
- The radiopharmaceuticals used with SPECT to image cancers in various parts of the body .
- Bone scintigraphy and thyroid scintigraphy are the most widely used SPECT imaging technologies used in oncology.

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Radiopharmaceutical

- Radiopharmaceutical is radionuclide which bonded with**
 - drugs or biologically active molecules such as antibody or antigen.
 - It has a specific role in the metabolism of the organ targeted and are administrated intravenously.
 - Radiopharmaceuticals : accumulate in tumour tissue in an abnormal fashion due to changes in vascularity, metabolic rate, receptor expression or changes of permeability.

Radionuclides	Half-life	Energy
^{99m}Tc	6.02 hours	142 KeV
^{131}I	8.03 days	364 KeV
^{123}I	13.22 hours	159 KeV
^{111}In	2.80 days	171 and 245 KeV
$^{67}\text{Ga/67}\text{Cu/67}\text{Mn/67}\text{Nb}$	6.2 hours	220 KeV
$^{18}\text{F/18}\text{F/18}\text{O/18}\text{N/18}\text{C/18}\text{O}$	110 minutes	511 KeV
^{153}Sm	45.5 days	59.5 KeV
^{138}Cs	2.86 years	664 KeV

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SPECT technology imaging techniques used in oncology^[1,2,3]

	Scintigraphy	Magnetic Resonance	Computerized Tomography	Positron Emission Tomography	Therapy	Using	Immunotherapy	Biostimulation
Bone scintigraphy	✓							
Chemical scintigraphy	✓							
Breast SPECT	✓							
Myeloid SPECT	✓							
Neurological SPECT	✓							
Cardiac SPECT	✓							
Obstetrics/gynaecology SPECT	✓							

1. LaF EJ. Principles and Practice of Nuclear Medicine and Computed Medical Imaging. Lippincott Williams & Wilkins, Philadelphia, 2012. pp.1-17
2. Miller FA, Goldman M. Essential of Nuclear Medicine Imaging. Elsevier, Philadelphia, 2012. pp.3-17
3. Hauck SR, Underberg MR, More E, Turbale S, Cheyne P, Kondeti KA. Nucl Med Commun 33, 349-363 (2012)

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- Up to 70% of prostate and breast cancer metastases are skeletal.
- Bone scintigraphy is the most commonly utilized diagnostic procedure for bone metastases.
- Radiopharmaceuticals : Technetium-99m Methylene Diphosphonate ($^{99m}\text{Tc-MDP}$)
- It has high sensitivity in detecting metastatic foci even in lesions with as little as 5–10% bone loss.
- Bone scintigraphy can detect abnormalities much earlier than x-ray radiography.
- Weakness : Not specific, the assessment needs to be done in clinical context.

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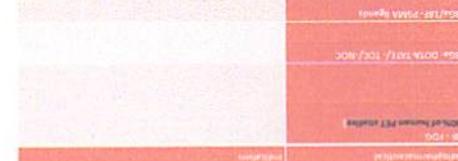
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- PET images provide information about malignant nodules in the body.¹
- a sensitivity of 95% and a specificity of 82% in the diagnosis of malignant nodules.
- ¹⁸F-FDG PET :
 - Localizes tumors for subsequent invasive diagnostic methods.
 - Detects a previously unknown primary tumor.
 - Differentiates between benign and malignant tumors.
 - Diagnoses recurrence.
 - Staging (detect distant metastases).

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Radiopharmaceuticals are commonly used for PET imaging



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- PET imaging uses nucleotides that emit positron emissions.
- PET is generally combined with computed tomography (PET/CT).
- It can detect thyroid tissue remnants or metastases in well-differentiated thyroid cancer.
- Radiopharmaceuticals evenly distributed in a normal thyroid gland
- Hot nodule : more radiopharmaceutical than the surrounding tissue
- Cold nodule : absorbs less radiopharmaceutical than the surrounding tissue
- A position will collide with an electron, causing annihilation reaction occurs that generates two gamma photons (511 KeV) which travel 180° from each other.
- Fluorine-18 (¹⁸F), 115 mins
- Gallium-68 (⁶⁸Ga), 68 mins



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Thyroid scintigraphy

- Around 10-30% cold nodule are associated with malignancy.^[2]
- Warm nodules have no significant clinical value
- Surrounding tissue : significantly different than the malignant nodule
- Cold nodule : more radiopharmaceutical than the surrounding tissue
- Detects more radiopharmaceutical than the surrounding tissue
- Hot nodule : less radiopharmaceutical than the surrounding tissue
- A position will collide with an electron, causing annihilation reaction occurs that generates two gamma photons (511 KeV) which travel 180° from each other.
- PET/CT or magnetic resonance imaging (PET/MRI).
- PET is generally combined with computed tomography (PET/CT).
- It can detect thyroid tissue remnants or metastases in well-differentiated thyroid cancer.
- Radiopharmaceuticals evenly distributed in a normal thyroid gland
- Hot nodule : more radiopharmaceutical than the surrounding tissue
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- ^{68}Ga has become more popular for PET imaging in oncology diagnostics.
- The advantage of ^{68}Ga is it can be produced from a long half-life parent isotope using a generator (contrast to ^{18}F which requires cyclotron production).
- ^{68}Ga is able to label:
 - Biological macromolecules as well as nano, micro particles.
 - Receptors, enzymes, and antigens and can definitely proliferation, apoptosis, hypoxia, glycosylas, and angiogenesis.

CONT'

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- Nuclear Medicine provides the oncologist with many more weapons than the traditional radiation therapy.
- A modern army general depends on the intelligence ministry to determine the position and activities of the enemy
- The modern oncologist now can use SPECT/CT and PET/CT to pinpoint a pathologic lesion in body.
- SPECT and PET can intelligence network which provides reports about progress (like an intelligent therapy results and forecast the disease's individual patient). (Personalized Medicine)
- This allows the oncologist to tailor cancer management to the best treatment.
- Improve patient outcomes and quality of life
- Cost effective by avoiding unnecessary financing

CONCLUSIONS

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- PET imaging provides a functional assessment at the molecular level.
- The radiotracer ^{18}F -FDG is trapped intracellularly in proportion to glucose metabolism rate which allows imaging of the distribution of in both normal and abnormal tissues.
- Weakness : ^{18}F -FDG uptake is also accumulate in many benign inflammatory processes leading to a false-positive diagnosis.
- Not tumor specific
- Also accumulate in many benign inflammatory processes leading to a false-positive diagnosis.

CONT'

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CONCLUSIONS

CERTIFICATE



3rd International Conference on Nuclear Energy Technologies and Sciences

This certificate is proudly presented to

Aisyah Elliyanti

in recognition of his/her valuable contribution as

Presenter

Convention Hall - Universitas Andalas
Padang, September 19, 2019



Dr. Geni Rina Sunaryo, M. Sc.
Director of Center for Nuclear Reactor
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