



**HEIDELBERG**  
UNIVERSITY  
HOSPITAL



„high-specific-activity“

$^{153}\text{Sm}$ -FAPI-46

Dr. Clemens Kratochwil

[clemens.kratochwil@med.uni-heidelberg.de](mailto:clemens.kratochwil@med.uni-heidelberg.de)

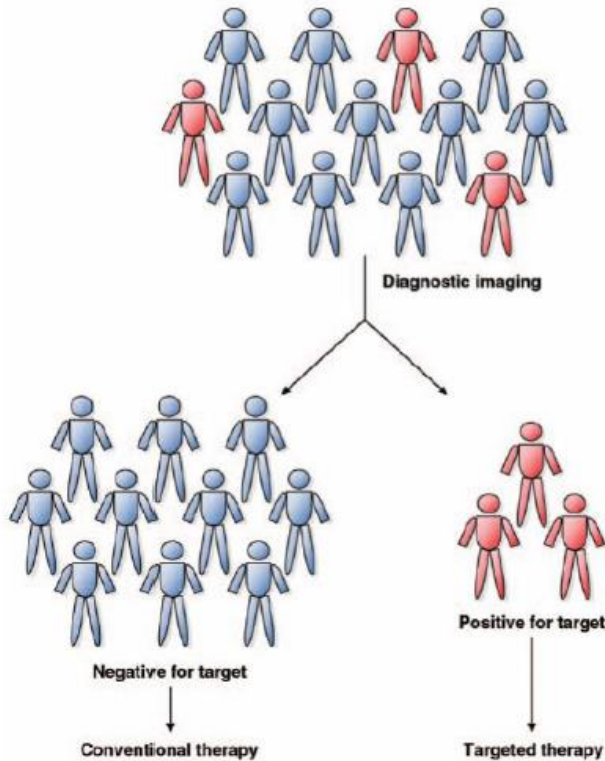
University Hospital Heidelberg, Department of Nuclear Medicine, Im Neuenheimer Feld 400, 69120 Heidelberg, Germany



# Program

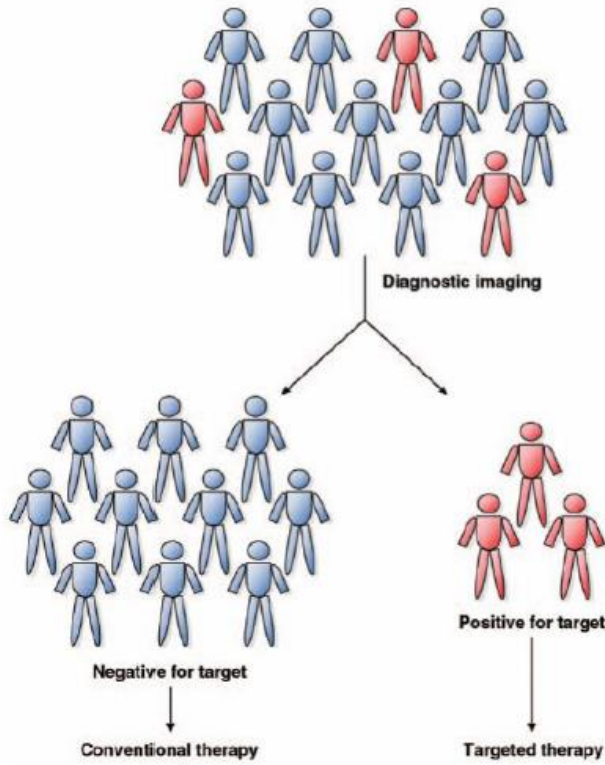
- Background on “thera(g)nostics” and “targeted radio-ligand therapy”
  - Dosimetry
  - Pharmacokinetics of shuttle-molecule and physical characteristics of radio-label
- Where do we stand? Own work with radio-labeled FAPI-46
  - Why high-specific activity  $^{153}\text{Sm}$ -FAPI-46?
  - Challenges of Sm-153

# Thera(g)nostics: similar ligand for targeted therapy and diagnostics imaging

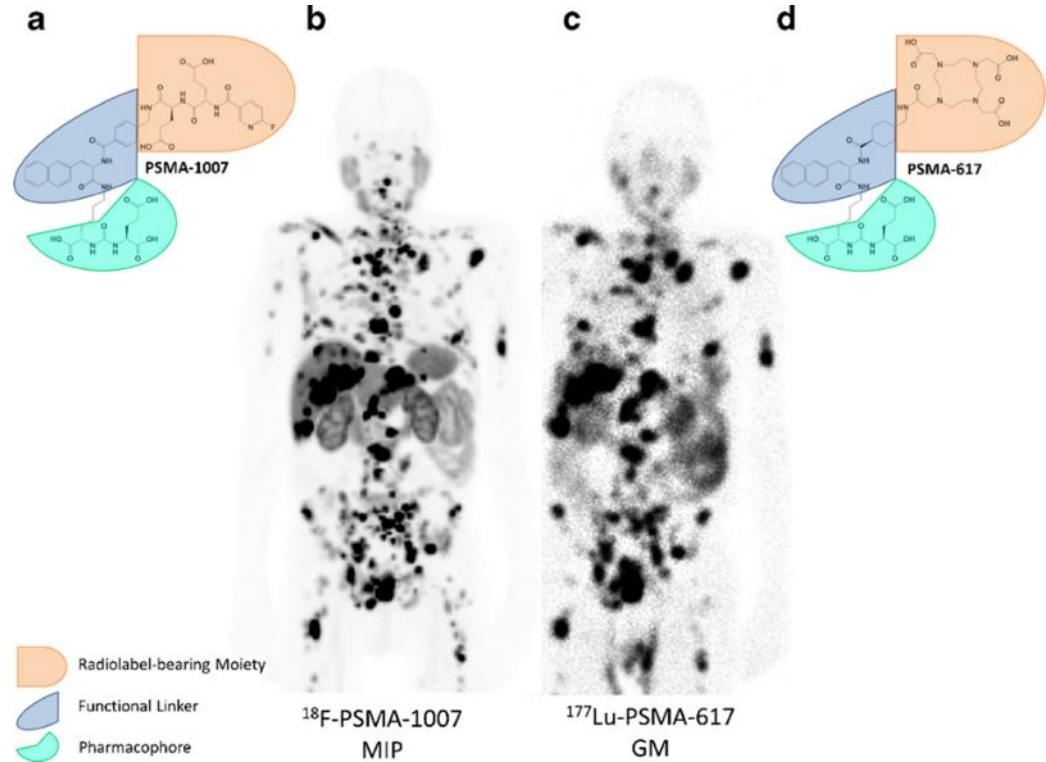


- Tracer dose of a therapeutic radionuclide with co-emission of gamma photons (e.g. radioiodine-test)
- Identical molecule but different isotope (I-123, I-131)
- Shuttle-molecule tagged with a chelator that can be labeled with various diagnostic and therapeutic radio-metals (e.g. Ga-68, Lu-177, Tb-161, Ac-225)
- Surrogate imaging using an (often faster) ligand binding to the identical target molecule

# Thera(g)nostics: similar ligand for targeted therapy and diagnostics imaging

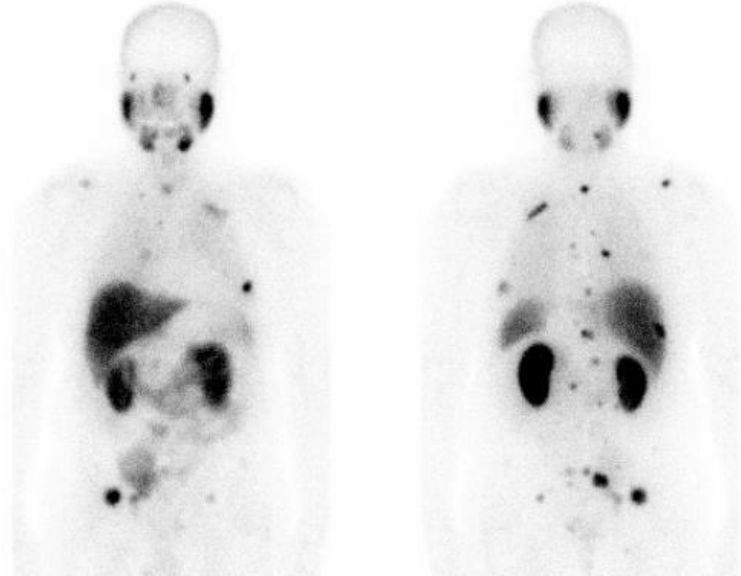
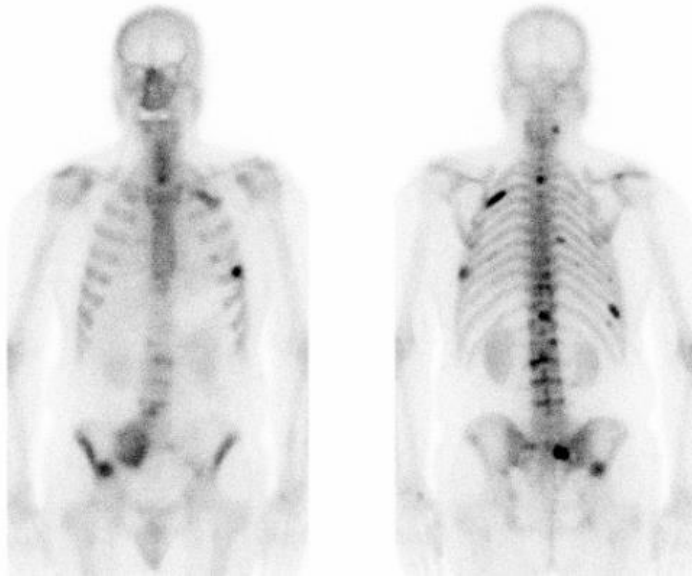


D.Y. Lee, AJR 1997



Giesel FL, Kratochwil C, et al. EJMMI 2016

# Thera(g)nostics: Diagnostic imaging as surrogate for treatment dosimetry?



No.	Reference	Tumor Gy / GBq	Osteogenic cells Gy / MBq	Red marrow Gy / GBq
1	Andreou M et al. JoPhysics 2011	22	6,8	1,5

**Bone-Seekers:**  
Tumor to Red Marrow 15 : 1

<sup>153</sup>Sm-EDTMP, <sup>223</sup>RaCl<sub>2</sub>

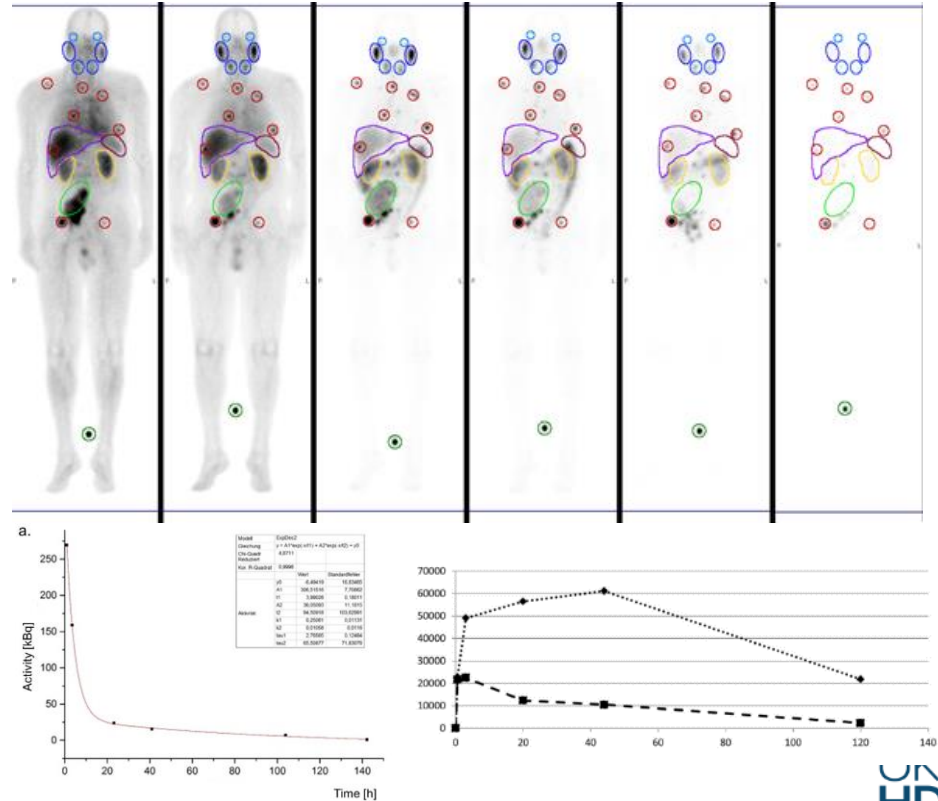
No.	Reference	Tumor Gy/GBq	Red marrow Gy/GBq	Kidney Gy/GBq	Salivary Gl. Gy/GBq
1	Kabasakal L, et al. EJNMMI. 2015;42:1976-83		0,03	0,88	1,17
2	Delker A, et al. EJNMMI. 2016;43:42-51	13,1	0,01	0,6	1,4
Mittelwert		6,00	0,03	0,74	1,26

**PSMA-RLT:**  
Tumor to Red Marrow 150 : 1

<sup>177</sup>Lu-PSMA-617

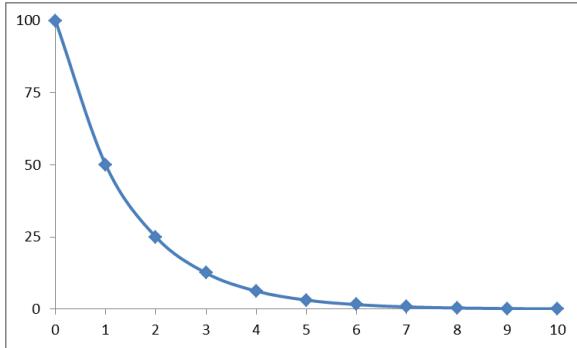
# A magic bullet would have perfect tumor vs. normal-organ dosimetry

- Serial imaging and blood sampling
- Segmentation of organs and tumors. TAC fitting. Integration of number of decays in target volume.
- Segmentation of target mass per CT
- OLINDA calculates organ and tumor (Sphere model) absorbed dose [Gy]
- Dose-limiting organs:  
Red-marrow: 1-3 Gy  
Kidneys: 23-30 Gy  
Tumor: > 80 Gy needed

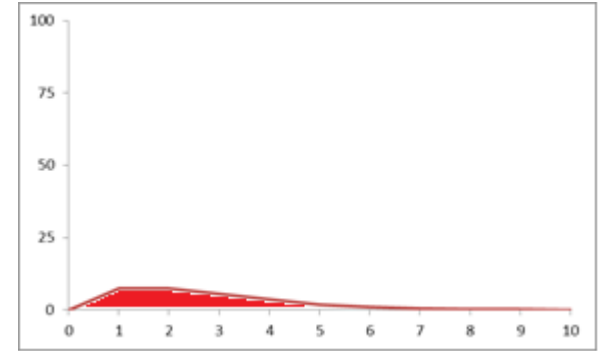
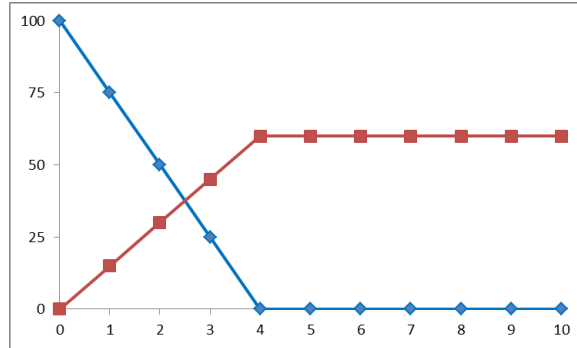


# Radiopharmaceuticals: Understanding the basics

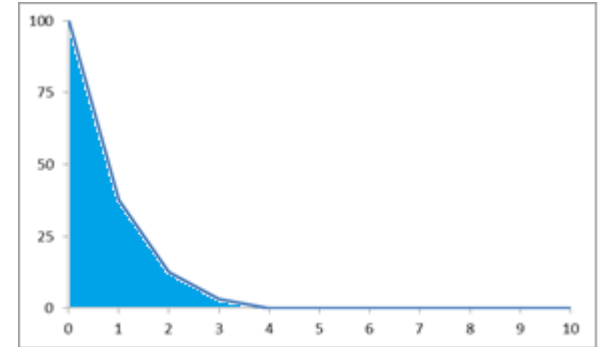
## Physical half-life



## Pharmacokinetics



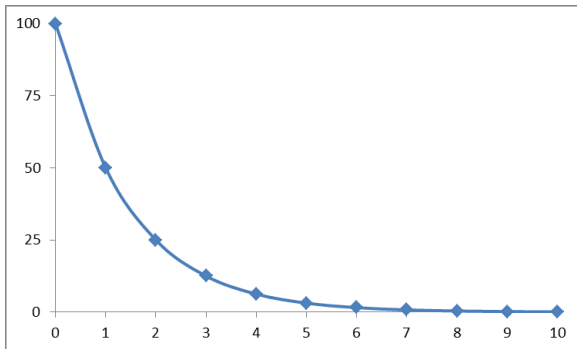
## Tumor absorbed dose



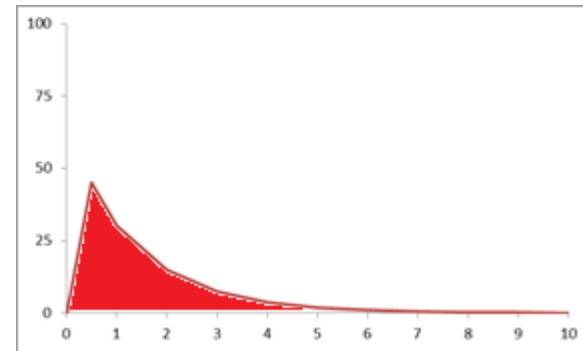
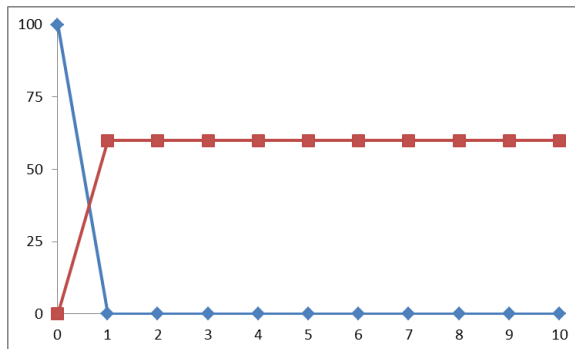
## Blood / marrow dose

# Radiopharmaceuticals: Understanding the basics

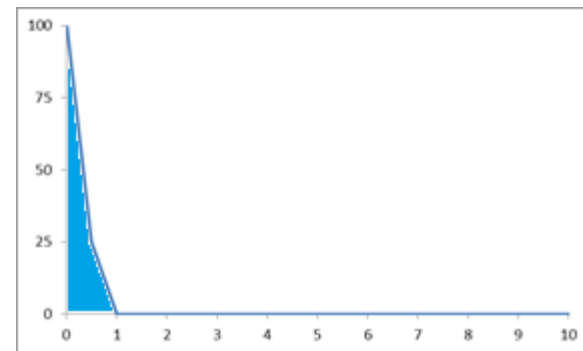
## Physical half-life



## Pharmacokinetics



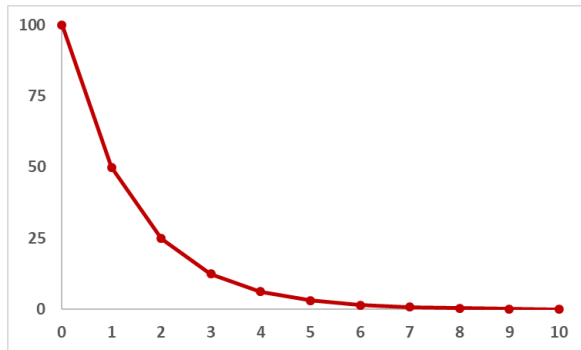
Tumor absorbed dose



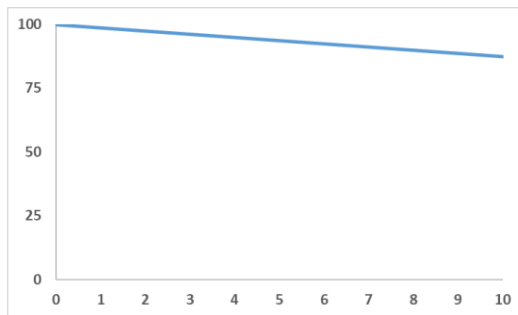
Blood / marrow dose



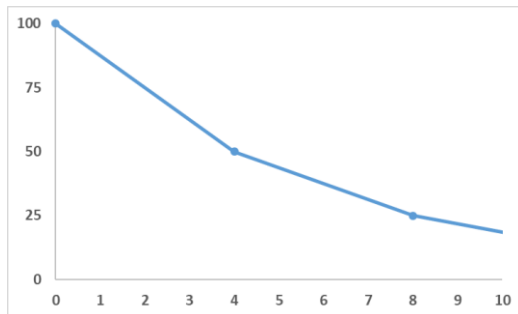
# Radiopharmacology: Understanding the basics



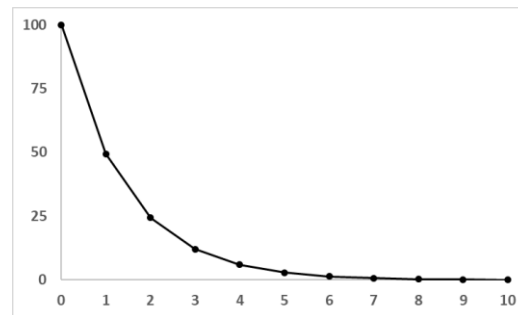
Biological half-life (tumor)



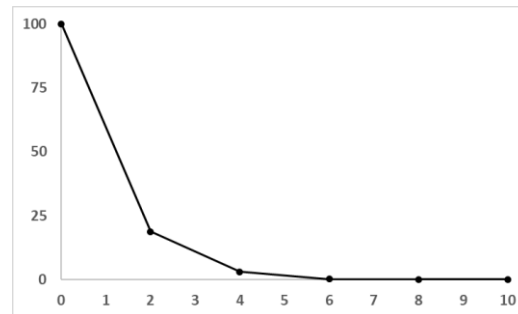
$$\text{HWZ}_{\text{phys}} = 40 \times \text{HWZ}_{\text{biol}}$$



$$\text{HWZ}_{\text{phys}} = 4 \times \text{HWZ}_{\text{biol}}$$

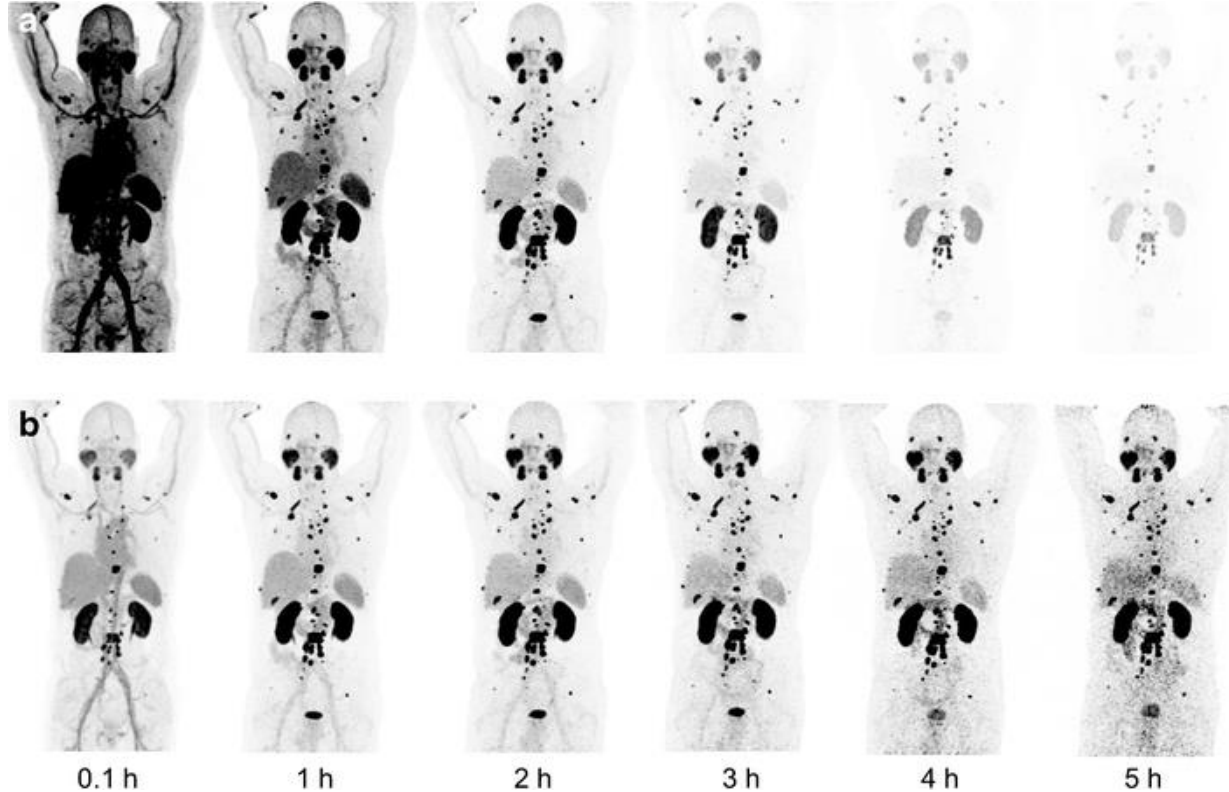


Tumor absorbed dose



Tumor absorbed dose

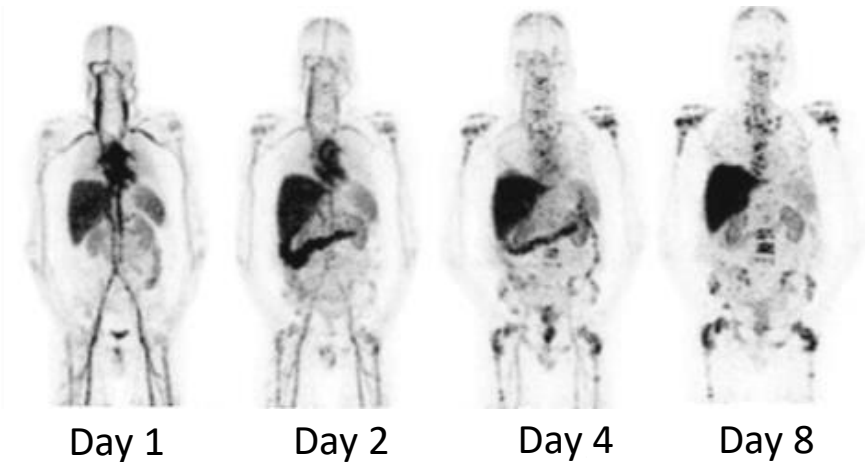
# Radiopharmacology: Understanding the basics



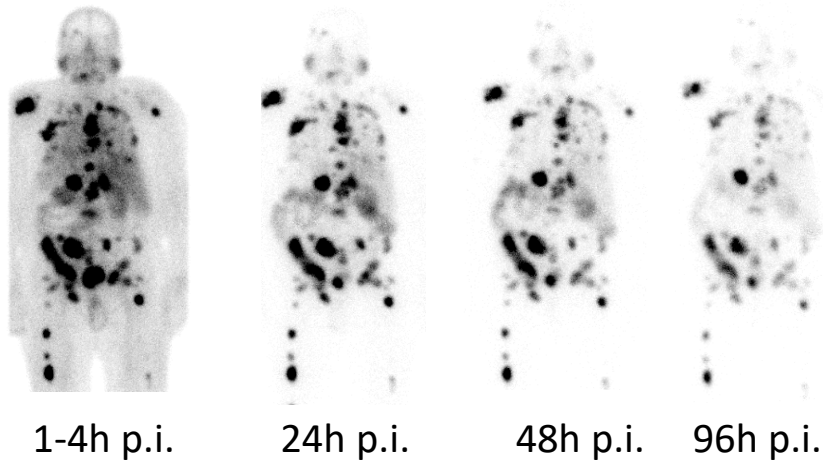
a)  $^{213}\text{Bi}$ -PSMA617 (HL 47 min) vs. b)  $^{225}\text{Ac}$ -PSMA617 (HL 9.9 d)  
(quantitatively correct reconstructed images normalized to 2h p.i.)

# Radio-Ligand-Therapy $\neq$ Radio-Immuno-Therapy 2.0

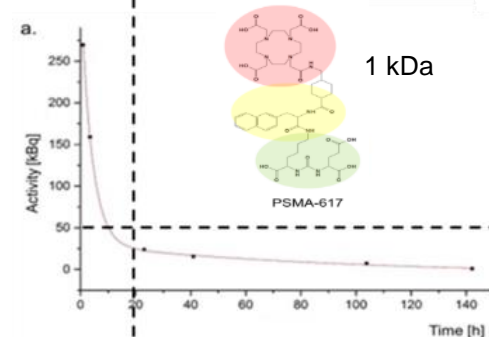
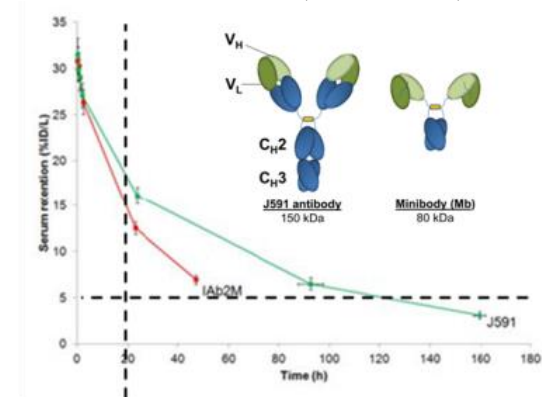
hu591



PSMA-617

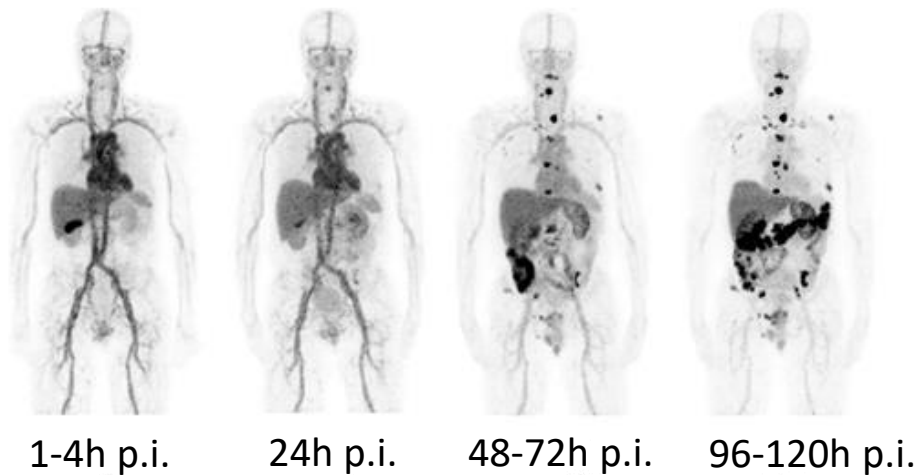


Pandit-Taskar, et al. JNM, 2016

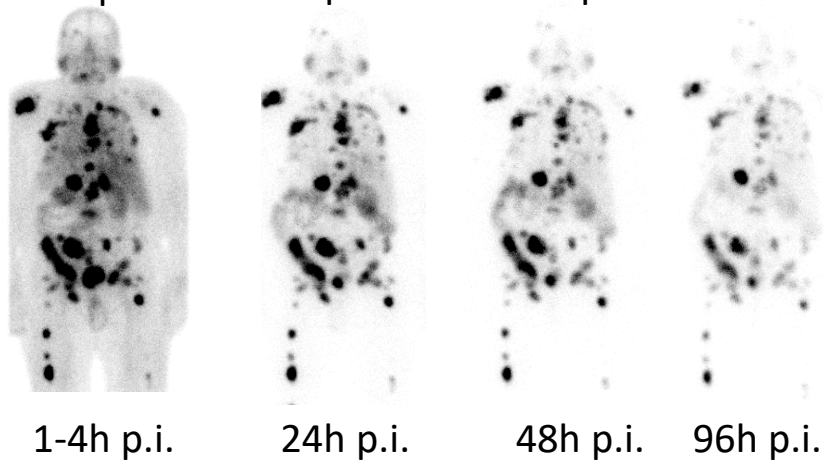


# Radio-Ligand-Therapy $\neq$ Radio-Immuno-Therapy 2.0

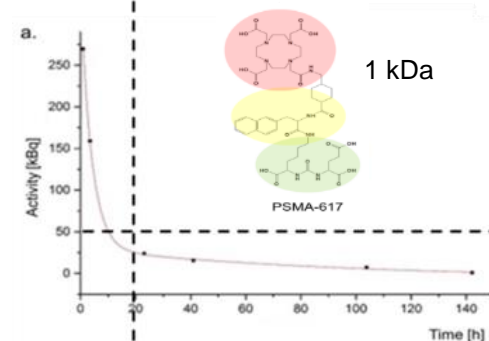
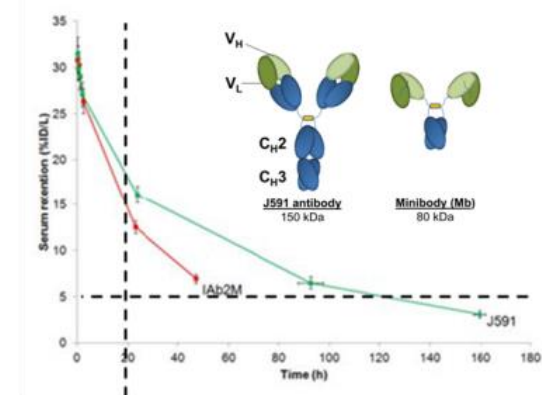
IAB2M



PSMA-617

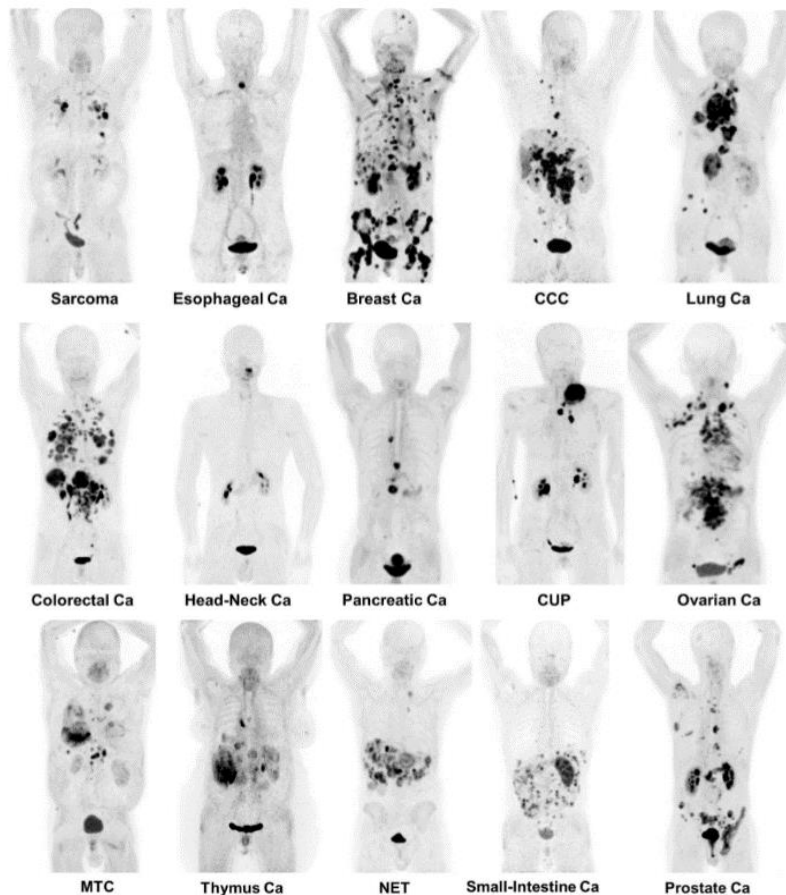


Pandit-Taskar, et al. JNM, 2016



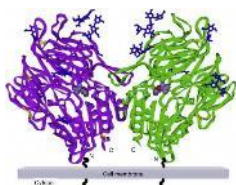
# How to construct a magic bullet – FAPI-46

- **Multi tumor targeting molecule**
- **Tumor specific, high uptake (SUV >10)**
- Large extra-cellular domain
- Ligand-induced internalization
- Post-Proline-Cleaving-Protease Inhibitor
- Rapid kinetics of low-molecular-weight ligand
- Universal DOTA-Chelator

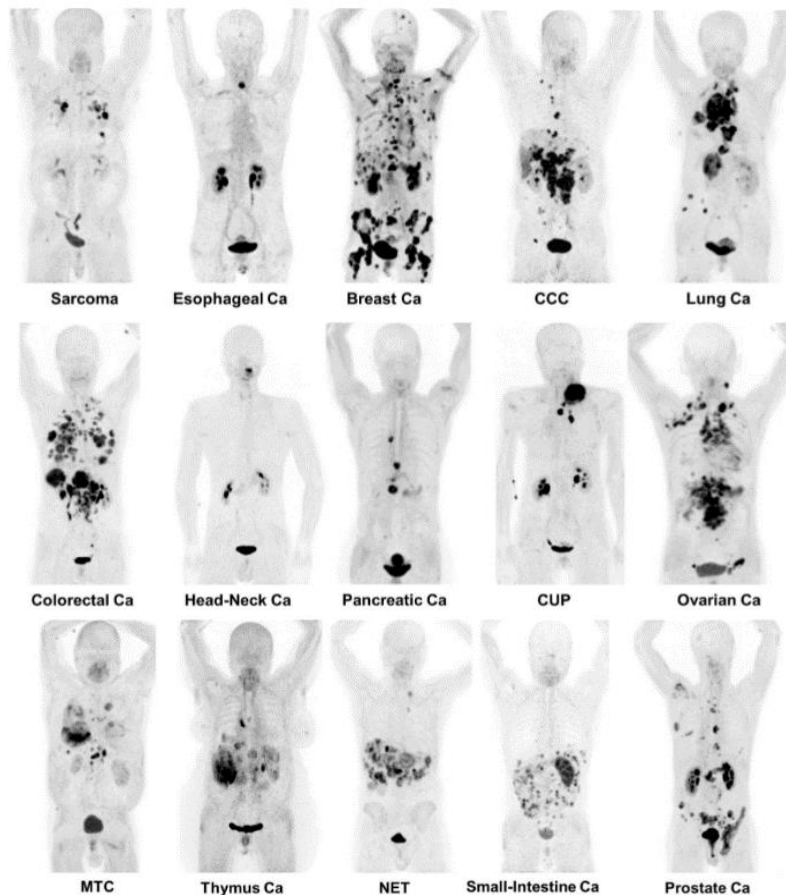


<sup>68</sup>Ga-FAPI-04 PET/CT 1 h p.i.

# How to construct a magic bullet – FAPI-46

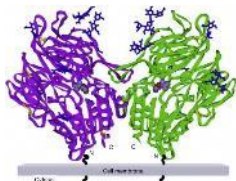
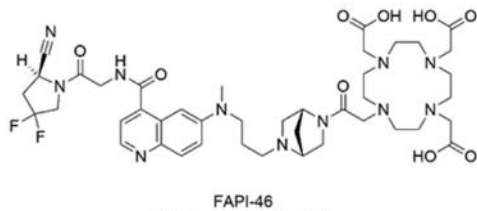


- **Multi tumor targeting molecule**
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- **Large extra-cellular domain**
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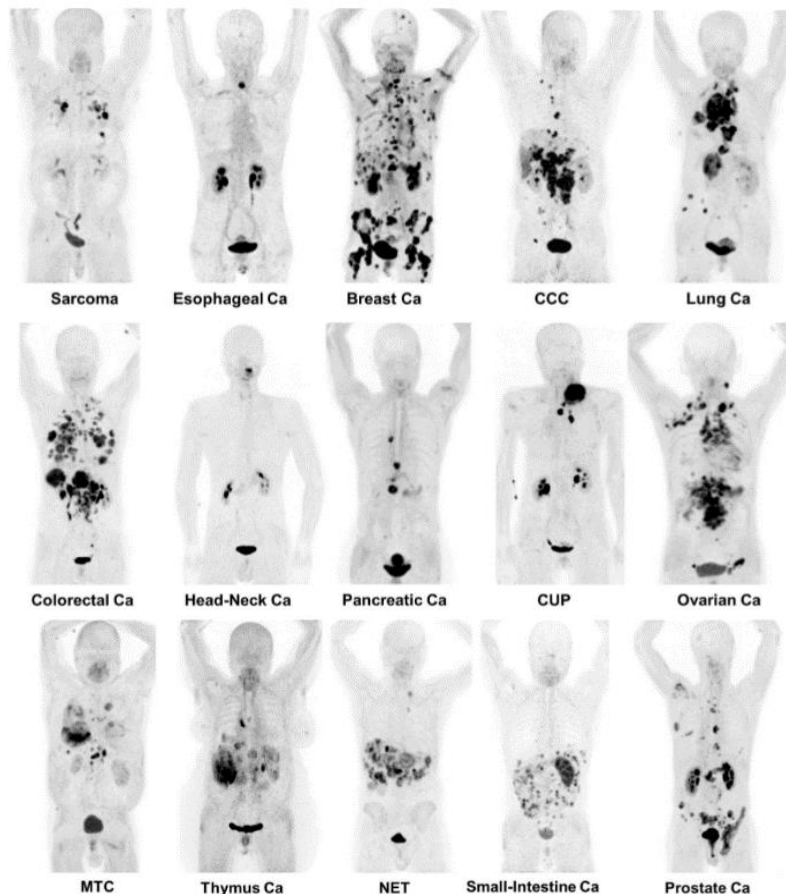


<sup>68</sup>Ga-FAPI-04 PET/CT 1 h p.i.

# How to construct a magic bullet – FAPI-46



- **Multi tumor targeting molecule**
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$^{68}\text{Ga}$ -FAPI-04 PET/CT 1 h p.i.

## FEATURED BASIC SCIENCE ARTICLE

### Development of Fibroblast Activation Protein–Targeted Radiotracers with Improved Tumor Retention

Anastasia Loktev<sup>1,2</sup>, Thomas Lindner<sup>1</sup>, Eva-Maria Burger<sup>1</sup>, Annette Altmann<sup>1,2</sup>, Frederik Giesel<sup>1</sup>, Clemens Kratochwil<sup>1</sup>, Jürgen Debus<sup>3,4</sup>, Frederik Marmé<sup>5</sup>, Dirk Jäger<sup>6</sup>, Walter Mier<sup>1</sup>, and Uwe Haberkorn<sup>1,2,7</sup>

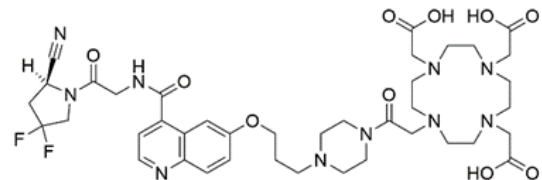
<sup>1</sup>Department of Nuclear Medicine, University Hospital Heidelberg, Heidelberg, Germany; <sup>2</sup>Clinical Cooperation Unit Nuclear Medicine, German Cancer Research Center, Heidelberg, Germany; <sup>3</sup>Department of Radiation Oncology, University Hospital Heidelberg, Heidelberg, Germany; <sup>4</sup>Clinical Cooperation Unit Radiation Oncology, German Cancer Research Center, Heidelberg, Germany; <sup>5</sup>Department of Gynecologic Oncology, National Center for Tumor Diseases and Department of Obstetrics and Gynecology, University Women's Clinic, University Hospital Heidelberg, Heidelberg, Germany; <sup>6</sup>Department of Medical Oncology, National Center for Tumor Diseases, Heidelberg, Germany; and <sup>7</sup>Translational Lung Research Center Heidelberg, German Center for Lung Research, Heidelberg, Germany

Cancer-associated fibroblasts constitute a vital subpopulation of the tumor stroma and are present in more than 90% of epithelial carcinomas. The overexpression of the serine protease fibroblast activation protein (FAP) allows a selective targeting of a variety of

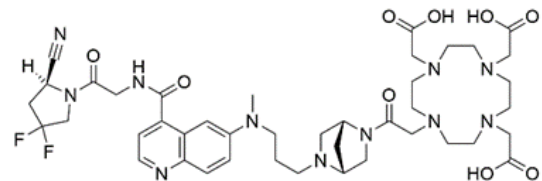
**Key Words:** fibroblast activation protein; PET/CT; theranostics; FAP inhibitor; tracer development

**J Nucl Med 2019; 60:1421–1429**

DOI: 10.2967/jnumed.118.224469



FAPI-04  
(Lindner et al. 2018, [11])



FAPI-46  
(Loktev et al. 2019, [13])



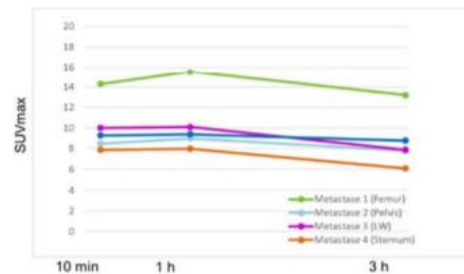
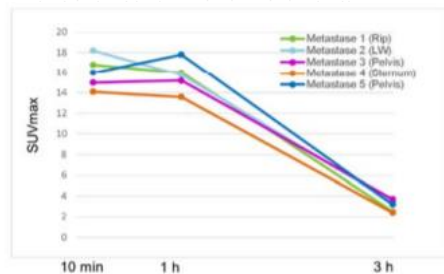
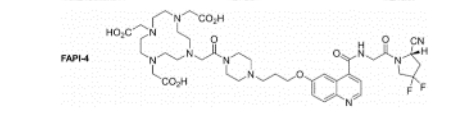
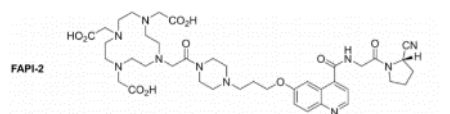
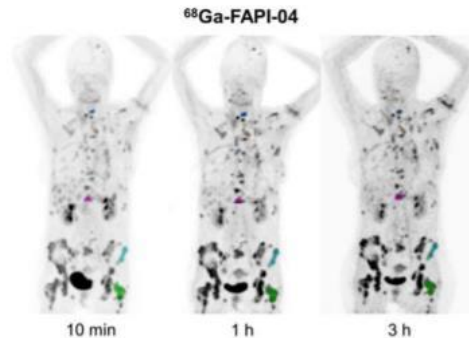
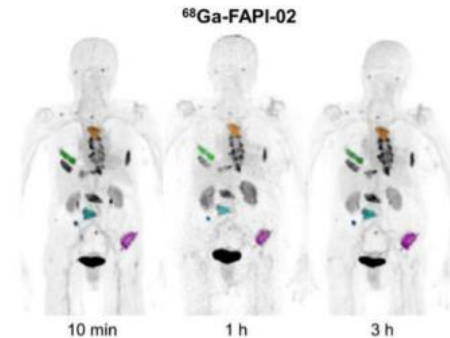
# FAPI-46 – Optimization of PK

- Very short tumor retention time**

(FAPI-02: ~ 2h,

FAPI-04: ~8h,

FAPI-46: ~16h)



# FAP-46 – Optimization of PK

## Radiation Dosimetry and Biodistribution of $^{68}\text{Ga}$ -FAP-46 PET Imaging in Cancer Patients

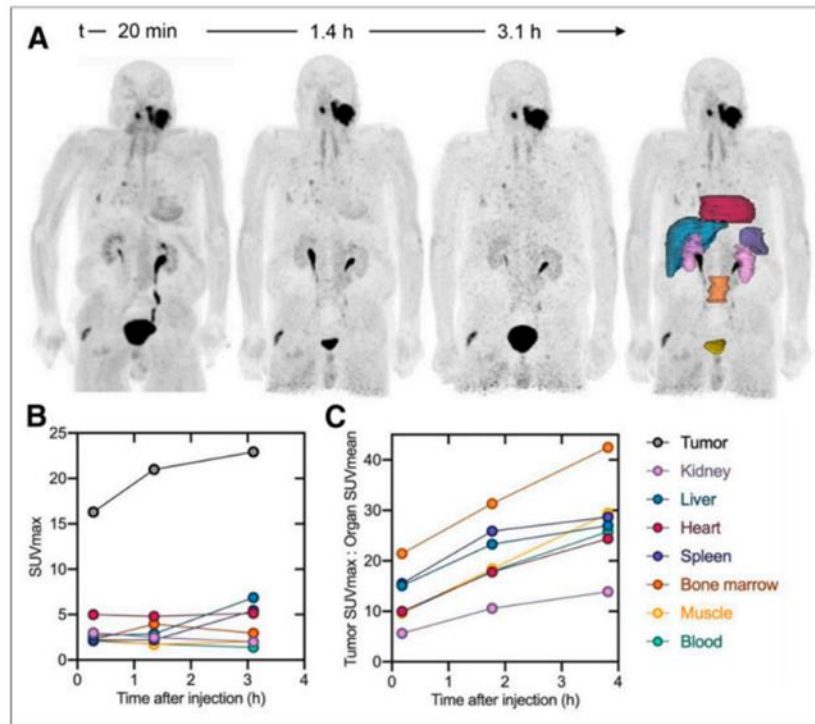
Catherine Meyer<sup>1,2</sup>, Magnus Dahlbom<sup>1,2</sup>, Thomas Lindner<sup>3</sup>, Sebastien Vauclin<sup>4</sup>, Christine Mona<sup>2</sup>, Roger Slavik<sup>1,2,5</sup>, Johannes Czernin<sup>2,6,7</sup>, Uwe Haberkorn<sup>3,7,8</sup>, and Jeremie Calais<sup>1,2,5,6</sup>

<sup>1</sup>Physics and Biology in Medicine Interdepartmental Graduate Program, David Geffen School of Medicine, UCLA, Los Angeles, California; <sup>2</sup>Ahmanson Translational Theranostics Division, Department of Molecular and Medical Pharmacology, UCLA, Los Angeles, California; <sup>3</sup>Department of Nuclear Medicine, University Hospital Heidelberg, Heidelberg, Germany; <sup>4</sup>DOSIsoft SA, Cachan, France; <sup>5</sup>Jonsson Comprehensive Cancer Center, UCLA, Los Angeles, California; <sup>6</sup>Institute of Urologic Oncology, UCLA, Los Angeles, California; <sup>7</sup>Clinical Cooperation Unit Nuclear Medicine, DKFZ Heidelberg, Heidelberg, Germany; and <sup>8</sup>Translational Lung Research Center Heidelberg, German Center for Lung Research, Heidelberg, Germany

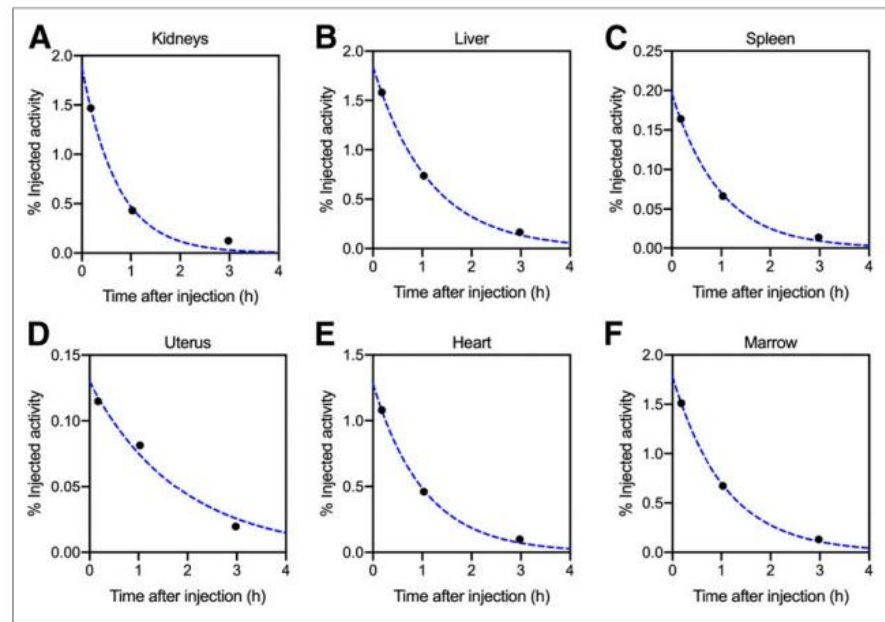
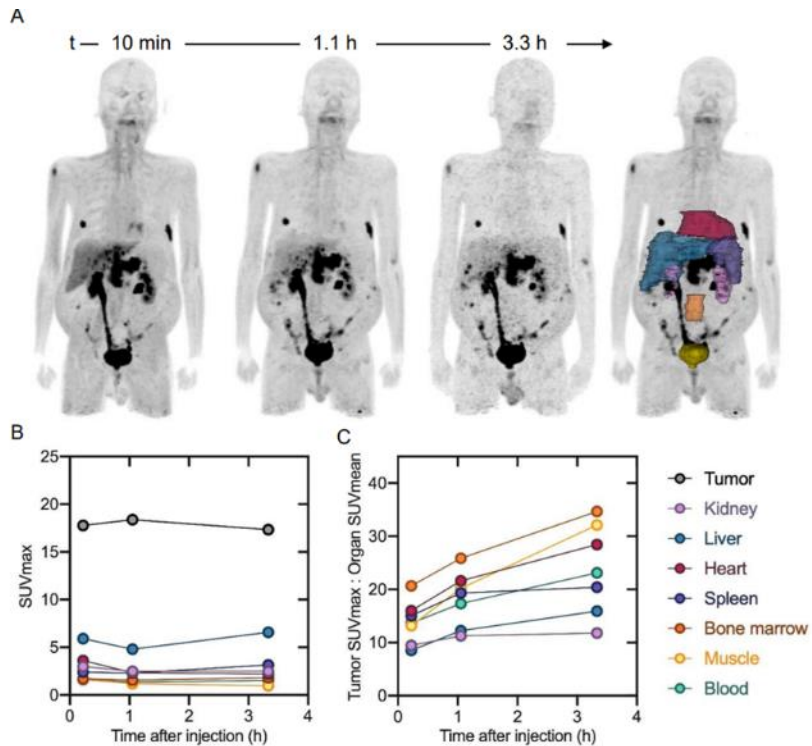
Targeting cancer-associated fibroblasts (CAFs) has become an attractive goal for diagnostic imaging and therapy because they can constitute as much as 90% of a tumor mass. The serine protease fibroblast activation protein (FAP) is overexpressed selectively in

**Key Words:** FAPI; PET/CT;  $^{68}\text{Ga}$ ; dosimetry; biodistribution

**J Nucl Med 2020; 61:1171–1177**  
DOI: 10.2967/jnumed.119.236786



# FAPI-46 – Optimization of PK



**FIGURE 2.** Percentage injected activity curves for patient 3 are shown for various source organs. Solid circles are measured values, and dotted lines are monoexponential functions fit to data.

# FAP-46 – Optimization of PK

FAP-46  $HL_{\text{biol}}(\text{Tu})$ : 16 h

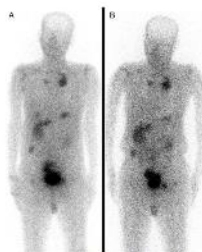
FAP-46  $HL_{\text{biol}}(\text{KM, Nieren})$ : 2 h

Nuclide	$HL_{\text{phys}}$	$HL_{\text{eff}}(\text{Tu})$	$HL_{\text{eff}}(\text{KM, Ni})$
Re-188	16 h	8,0 h	1,8 h
<b>Sm-153</b>	<b>46 h</b>	<b>12,4 h</b>	<b>1,9 h</b>
<b>Y-90</b>	<b>64 h</b>	<b>12,8 h</b>	<b>1,9 h</b>
Lu-177	161 h	14,5 h	2,0 h

## Feasibility and Therapeutic Potential of $^{177}\text{Lu}$ -Fibroblast Activation Protein Inhibitor-46 for Patients With Relapsed or Refractory Cancers

### A Preliminary Study

Majid Assadi, MD,\* Seyed Javad Rekapour, MD,† Esmail Jafari, MSc,\* GhasemAli Divband, MD,‡§  
Babak Nikkholgh, MD,§ Hamidreza Amini, MD,§ Hassan Kamali, MSc,|| Sakineh Ebrahimi, MD,¶  
Nader Shakibzad, MD,\*\* Narges Jokar, MSc,\* Iraj Nabipour, MD,†† and Hojjat Ahmadzadehfard, MD, MSc,‡‡



**FIGURE 3.** A 60-year-old man with metastatic colon cancer with a prior history of surgery and chemotherapy underwent a restaging with a diagnostic dose of  $^{177}\text{Lu}$ -FAPI-46 that revealed multiple foci and lesions in the lung, lymph nodes (bone, left lung) (A). The patient underwent 2 cycles of PET/CT with  $^{177}\text{Lu}$ -FAPI-46 (1.1 Ci) per cycle, resulting in stable disease. The patient was still alive after follow-up 5.5 (B).

presented in Table 1. Figures 2 and 3 indicate the PET/CT images.

0.03 Gy/GBq red-marrow  
0.89 Gy/GBq kidneys

### Initial clinical experience with $^{90}\text{Y}$ -FAPI-46 radioligand therapy for advanced stage solid tumors: a case series of nine patients

**Running title:**  $^{90}\text{Y}$ -FAPI therapy for advanced cancer

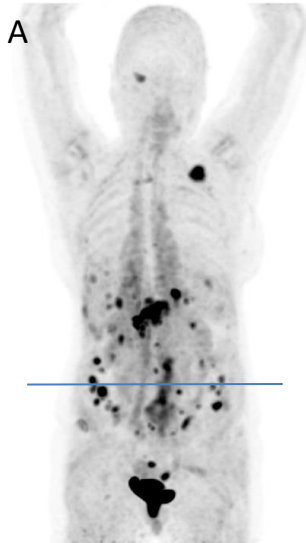
Justin Ferdinandus<sup>1,2</sup>, Pedro Frago Costa<sup>1,2</sup>, Lukas Kessler<sup>1,2</sup>, Manuel Weber<sup>1,2</sup>, Nader Hirmas<sup>1,2</sup>, Karina Kostbade<sup>2,3</sup>, Sebastian Bauer<sup>2,3</sup>, Martin Schuler<sup>2,3</sup>, Marit Ahrens<sup>4</sup>, Hans-Ulrich Schildhaus<sup>2,5</sup>, Christoph Rischpler<sup>1,2</sup>, Hong Grafe<sup>1,2</sup>, Jens T. Siveke<sup>3,6,7</sup>, Ken Herrmann<sup>1,2</sup>, Wolfgang P. Fendler<sup>1,2\*</sup>, Rainer Hamacher<sup>2,3\*</sup>

<sup>1</sup> Department of Nuclear Medicine, West German Cancer Center, University of Duisburg-Essen and German Cancer Consortium (DKTK)-University Hospital Essen, Essen, Germany

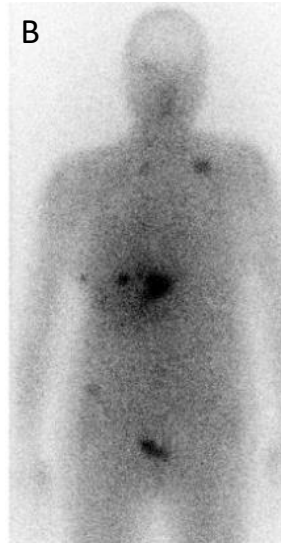
<sup>2</sup> German Cancer Consortium (DKTK), Partner Site University Hospital Essen, and German Cancer Research Center (DKFZ), Essen, Germany.

0.04 Gy/GBq red-marrow  
0.52 Gy/GBq kidneys  
1.28 Gy/GBq tumor/metastasen

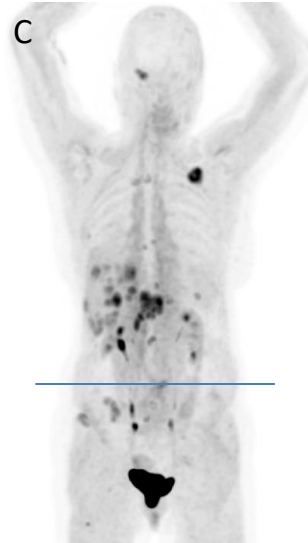
# $^{90}\text{Y}$ -FAPI-46 – Case from Heidelberg



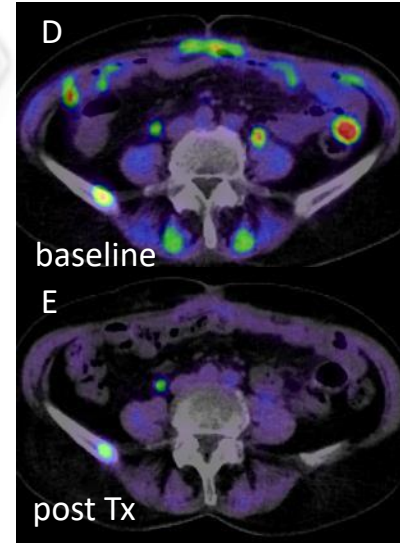
Baseline PET/CT  
 $^{68}\text{Ga}$ -FAPI-04



7,4 GBq  
 $^{90}\text{Y}$ -FAPI-46



Week-6 PET/CT  
 $^{68}\text{Ga}$ -FAPI-04



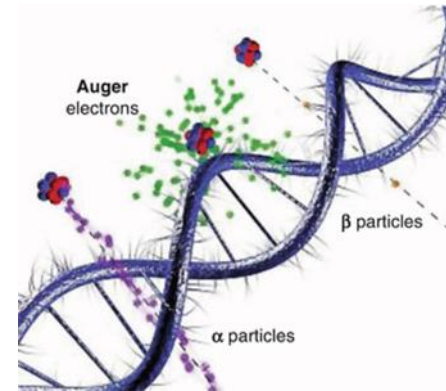
# Theoretical advantage of $^{153}\text{Sm}$ -FAPI-46

Table 1. Comparison of decay properties of  $^{177}\text{Lu}$  and  $^{153}\text{Sm}$ .

	$^{177}\text{Lu}$	$^{153}\text{Sm}$
Half-life (days)	6.7	1.9
$\beta$ -yield (particle/nt)	1	1
$\beta$ -energy	498 (79%)	808 (18%)
	385 (9%)	705 (50%)
	176 (12%)	635 (32%)
$\beta$ -energy (keV/nt)	133	224
$\beta$ -av. energy (keV/particle)	133	224
IC electrons yield (particle/nt)	0.15	0.81
IC electrons energy (keV/nt)	14	40
IC electrons av. energy (keV/particle)	87	50
AM electrons yield (particle/nt)	1.12	6.58
AM electrons energy (keV/nt)	1	6
AM electrons av. energy (keV/particle)	1	0.9
AM and IC electrons yield (particle/nt)	1.27	7.38

Table adapted with permission from Uusijärvi et al. [1] and ICRP Publication 107—Nuclear Decay Data for Dosimetry Calculations [8]. Nt = nuclear transformation, IC = internal conversion, AM = Auger–Meitner.

**In addition to its more favorable half-life (dose-rate benefit over Lu-177), Sm-153 benefits from higher co-emission of IC- and Auger electrons.**



# $^{153}\text{Sm}$ -FAPI-46 – Case from Heidelberg

European Journal of Nuclear Medicine and Molecular Imaging  
<https://doi.org/10.1007/s00259-021-05273-8>

IMAGE OF THE MONTH



## $^{153}\text{Sm}$ Samarium-labeled FAPI-46 radioligand therapy in a patient with lung metastases of a sarcoma

Clemens Kratochwil<sup>1</sup> · Frederik L. Giesel<sup>1</sup> · Hendrik Rathke<sup>1</sup> · Rebecca Fink<sup>1</sup> · Katharina Dendl<sup>1</sup> · Jürgen Debus<sup>2</sup> · Walter Mier<sup>1</sup> · Dirk Jäger<sup>2</sup> · Thomas Lindner<sup>1</sup> · Uwe Haberkorn<sup>1,4,5</sup>

Received: 10 February 2021 / Accepted: 18 February 2021  
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### Image of the month

Fibroblast activation protein is overexpressed by cancer-associated fibroblasts (CAFs) in the stroma of several tumor entities and provides anti-immunogenic effects [1]. It can be targeted with radiolabeled small-molecule inhibitors (FAPIs) [2].

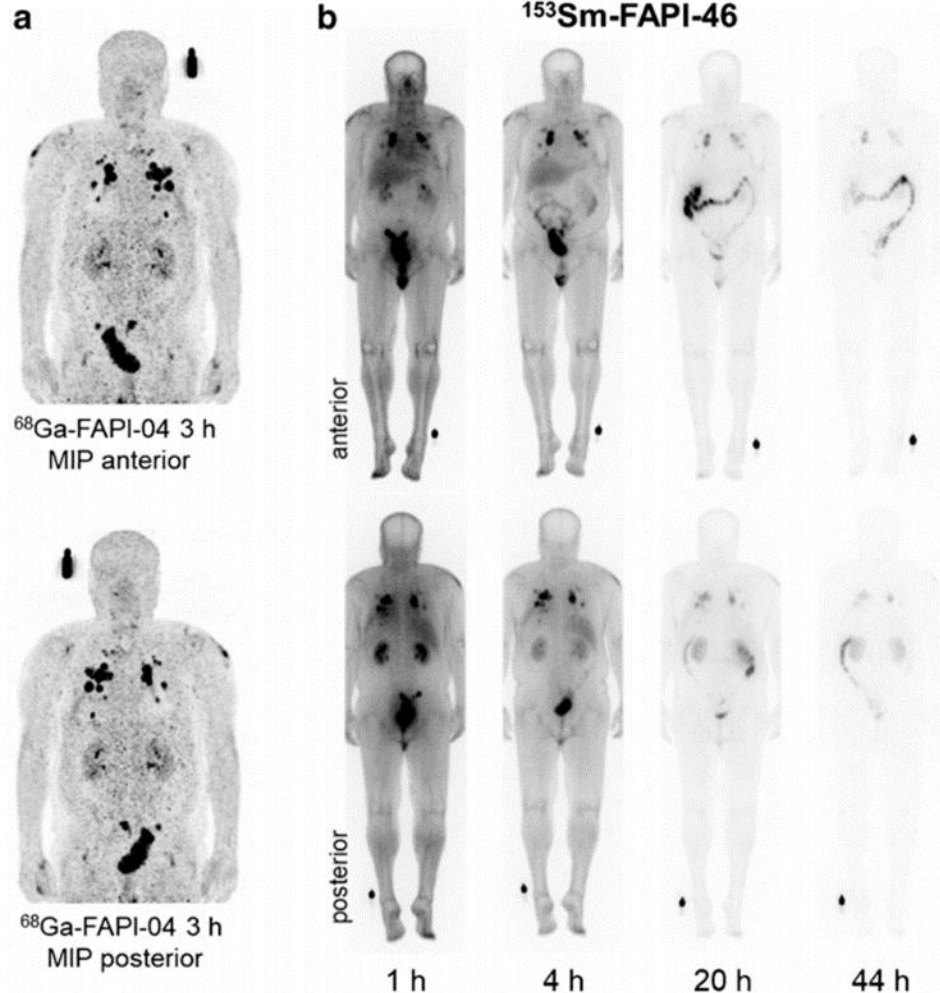
This image demonstrates a patient with progression of lung metastatic, fibrous spindle cell soft tissue sarcoma. Primary tumor located between bladder and rectum as well as early generations of oligo-focal metastases had previously been treated by resection and external-beam radiotherapy. In systemic stage, mutanom-based vaccination [3],

cyclophosphamide, and pazopanib had already been used but the patient was considered inappropriate for standard chemotherapy with anthracyclines. An interdisciplinary tumor conference considered experimental FAPI-RLT a promising option for this therapy-refractory patient to serve as a “can opener” for succeeding immunotherapy.

FAPI-PET/CT demonstrated target positive tumor phenotype (a). Due to the relatively short biological tumor half-life of quinoline-based FAPI-46 [1], it was labeled with short physical half-life (46.3 h)  $^{153}\text{Sm}$ . Emission scans during therapy demonstrate tumor targeting up to 44 h p.i. and rapid clearance from normal organs (b). Three cycles with cumulative 20 GBq  $^{153}\text{Sm}$ - and 8GBq Y-90-FAPI-46 ( $^{153}\text{Sm}$  was not available with sufficiently high specific activity) were well tolerated and achieved stable disease for 8 months (c). Next treatment lines were pembrolizumab, experimentally enhanced with oncolytic parvovirus [4], and nab-naloxone. Under both therapies, the patient progressed

This article is part of the Topical Collection on Image of the month

✉ Clemens Kratochwil  
Clemens.Kratochwil@med.uni-heidelberg.de





# $^{153}\text{Sm}$ -FAPI-46 – Case from Heidelberg

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IMAGE OF THE MONTH

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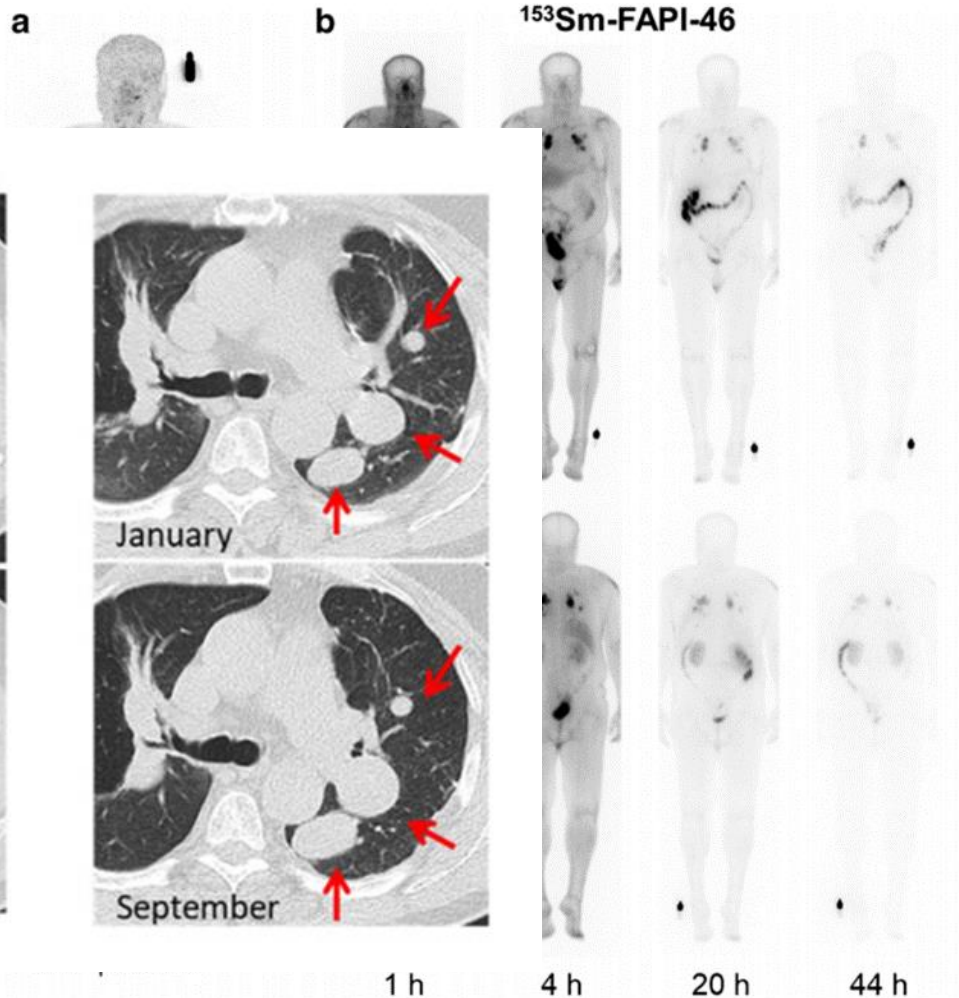
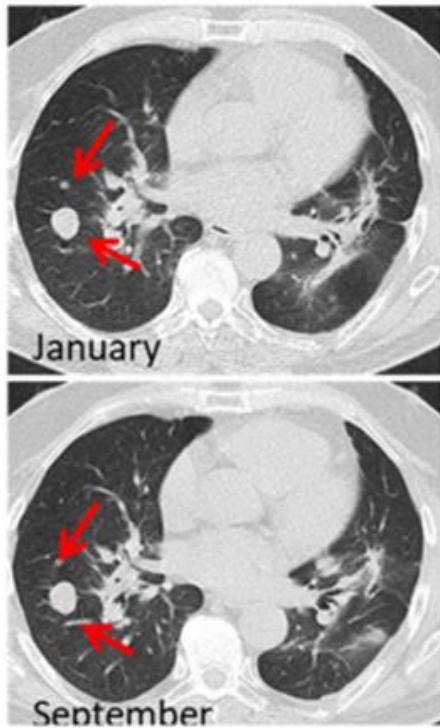
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✉ Clemens Kratochwil  
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# <sup>153</sup>Sm-FAPI-46 – the issue of “specific activity”

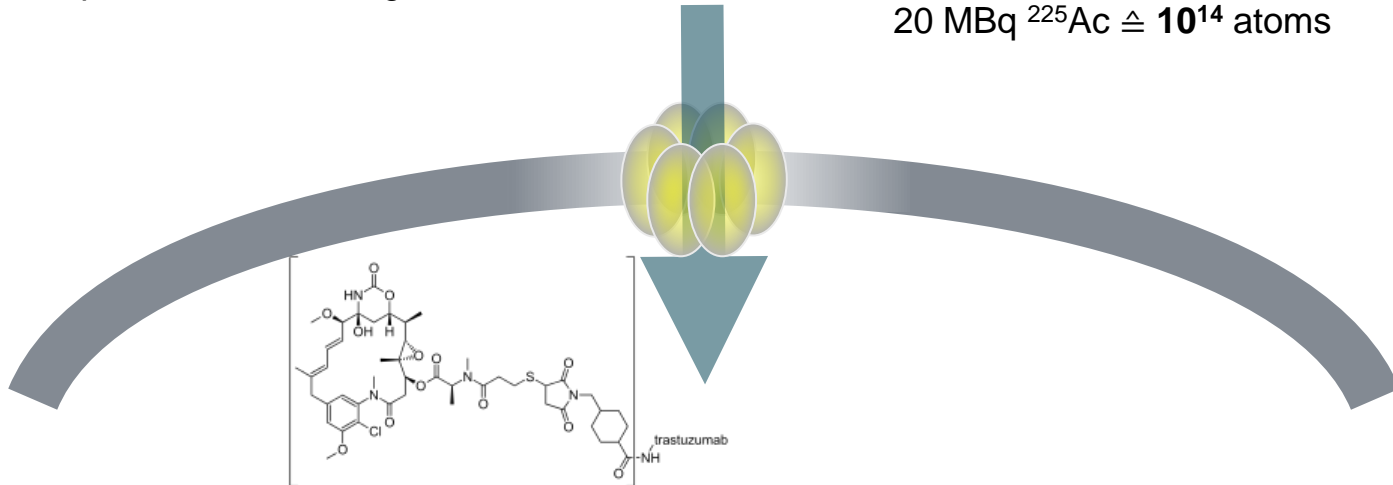
## TUMOR SPECIFIC UPTAKE: TARGET NUMBERS

### RECEPTOR NUMBER

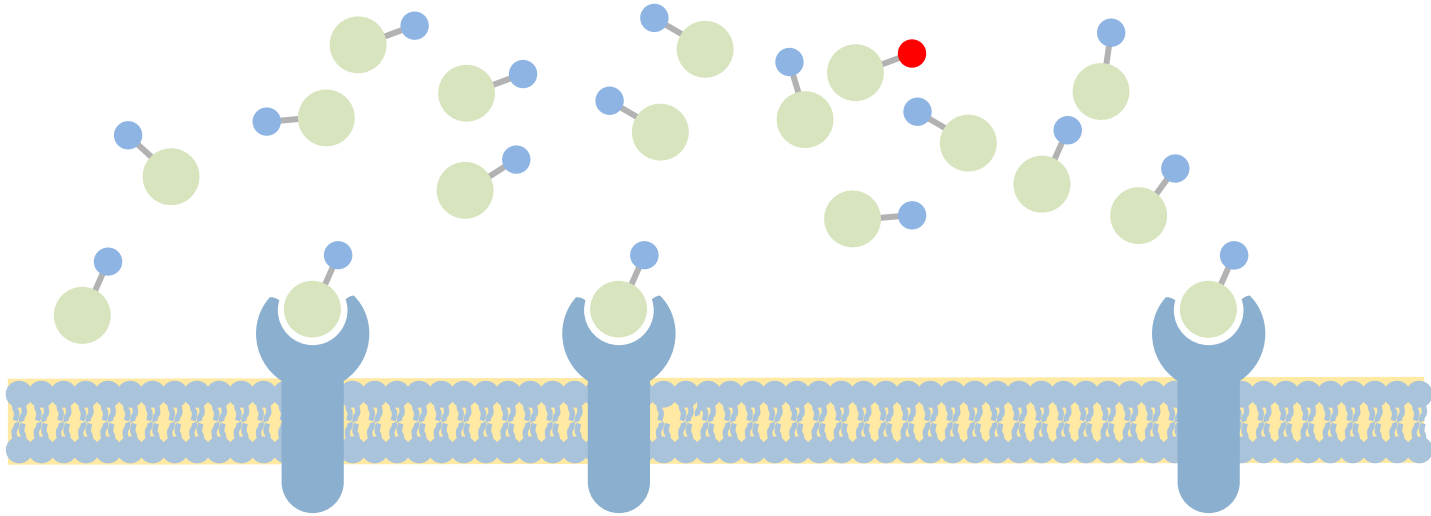
typical example:  
10 g tumor  $\triangleq$   $10^{10}$  cells  
 $10^5$  receptors per cell  
patient:  **$10^{15}$**  binding sites

### TRACER NUMBER

86 mg Doxorubicin  $\triangleq$   $10^{20}$  molecules  
3.5 mg Vinchristin  $\triangleq$   $10^{18}$  molecules  
270 mg Kadcylla  $\triangleq$   $3 \times 10^{17}$  molecules  
6 GBq <sup>177</sup>Lu  $\triangleq$   $5 \times 10^{15}$  atoms  
20 MBq <sup>225</sup>Ac  $\triangleq$   **$10^{14}$**  atoms



# $^{153}\text{Sm}$ -FAPI-46 – the issue of “specific activity”



- Sm-152 (stable) > 99 %
- Sm-153 (active) < 1 %

# $^{153}\text{Sm}$ -FAPI-46 – the issue of “specific activity”

Applied Radiation and Isotopes 188 (2022) 110386

## Limitations of reactor produced $^{153}\text{Sm}$ :

- Eu-152 and Eu-154 impurities (half-life > 8 y)



Contents lists available at ScienceDirect

Applied Radiation and Isotopes

journal homepage: [www.elsevier.com/locate/apradiso](http://www.elsevier.com/locate/apradiso)

Europium radionuclides in samarium-153-Ethylene Diamine Tetramethylene phosphonic acid ( $^{153}\text{Sm}$ -EDTMP) radiopharmaceutical waste

S.G. Mishra<sup>a,\*</sup>, D.K. Sawant<sup>a</sup>, A.S. Chindarkar<sup>a</sup>, A.N. Thamke<sup>b</sup>, B. Sanjeev Kumar<sup>c</sup>, A.C. Dey<sup>d</sup>, M.S. Kulkarni<sup>a</sup>

**Table 1**

Europium radionuclide and its method of formation in a nuclear reactor.

Radionuclide	$T_{1/2}$	Nuclear reaction
$^{152}\text{Eu}$	13.537 y	$^{151}\text{Eu} (n,\gamma) ^{152}\text{Eu}$
$^{154}\text{Eu}$	8.593 y	$^{153}\text{Sm} (\beta, T_{1/2} 46.3 \text{ h}) \rightarrow ^{153}\text{Eu} (n,\gamma) ^{154}\text{Eu}$
$^{155}\text{Eu}$	4.76 y	$^{153}\text{Sm} (n,\gamma) ^{154}\text{Sm} (n,\gamma) ^{155}\text{Sm} (\beta, T_{1/2} 22.1 \text{ m}) \rightarrow ^{155}\text{Eu}$
$^{156}\text{Eu}$	15.19 d	$^{155}\text{Eu} (n,\gamma) ^{156}\text{Eu}$

# $^{153}\text{Sm}$ -FAPI-46 – the issue of “specific activity”

Applied Radiation and Isotopes 188 (2022) 110386

## Limitations of reactor produced $^{153}\text{Sm}$ :

- Eu-152 and Eu-154 impurities (half-life > 8 y)
- Sm-152 : Sm-153 is 120 : 1



ORIGINAL RESEARCH  
published: 19 July 2021  
doi: 10.3389/fmed.2021.6757271

## Production of Sm-153 With Very High Specific Activity for Targeted Radionuclide Therapy

Michiel Van de Voorde<sup>1\*</sup>, Charlotte Duchemin<sup>2,3</sup>, Reinhard Heinke<sup>2,3</sup>, Laura Lambert<sup>3</sup>, Eric Chevallay<sup>3</sup>, Thomas Schneider<sup>4</sup>, Miranda Van Stenis<sup>4</sup>, Thomas Elias Coccolios<sup>2</sup>, Thomas Cardinaels<sup>1,5</sup>, Bernard Ponsard<sup>1</sup>, Maarten Ooms<sup>1</sup>, Thierry Stora<sup>3</sup> and Andrew R. Burgoyne<sup>1\*</sup>



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# $^{153}\text{Sm}$ -FAPI-46 – the issue of “specific activity”

Applied Radiation and Isotopes 188 (2022) 110386

## Limitations of reactor produced $^{153}\text{Sm}$ :

- Eu-152 and Eu-154 impurities (half-life > 8 y)
- Sm-152 : Sm-153

**These issues have already been eliminated by mass separation (CERN-MEDICIS):**

**(135 GBq/ml -> 1.87 TBq/ml (max. 16.4 TBq/ml))**



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## Production of Sm-153 With Very High Specific Activity for Targeted Radionuclide Therapy

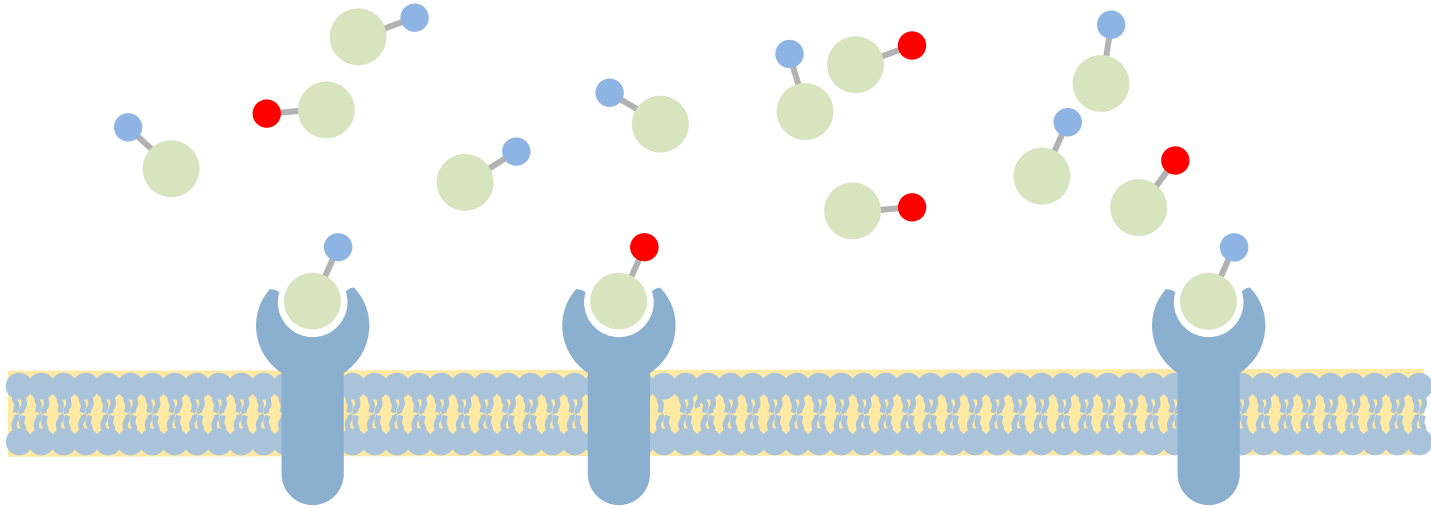
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# $^{153}\text{Sm}$ -FAPI-46 – the issue of “specific activity”



- Eu-153 (stable)
- Sm-153 (active)

Eu 151 7.8	Eu 152 96m 9.3h 13,33a	Eu 153 52.2	Eu 154 45.8 m 8.8 a	Eu 155 4.96 a
Sm 150 7.4	Sm 151 93 a	Sm 152 26.7	Sm 153 46.75 h	Sm 154 22.7

Time dependent  
(logistic challenge)

# Current development: Chemical separation of Sm-153 / Eu-153

Separation of samarium and europium by solvent extraction with an undiluted quaternary ammonium ionic liquid: towards high-purity medical samarium-153†



[Michiel Van de Voorde](#), <sup>ab</sup> [Karen Van Hecke](#), <sup>a</sup> [Koen Binnemans](#) <sup>b</sup> and [Thomas Cardinaels](#)

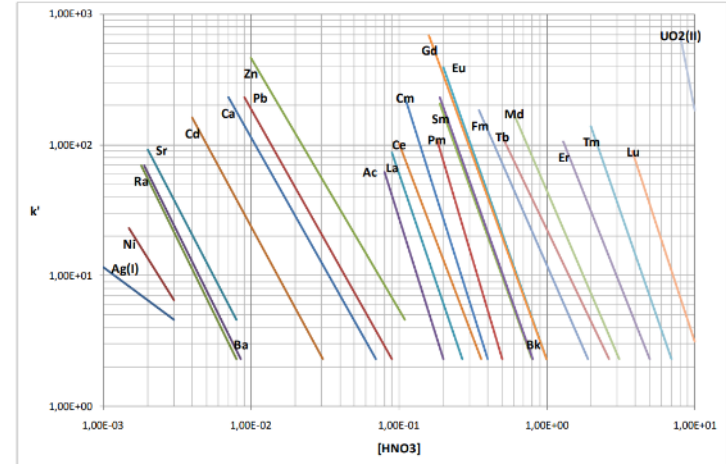
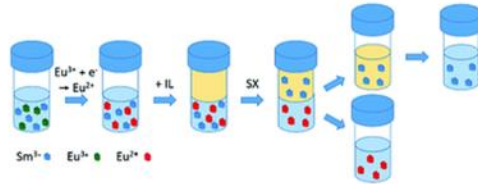


Abb 2. : Affinität verschiedener Elemente für das LN Resin in Funktion der HNO<sub>3</sub> Konzentration (Horwitz 1975)<sup>1</sup>



## Summary

- FAP is a very promising target for radioligand therapy of multiple tumor entities.
- Physical half-life of Sm-153 (1.9d = 46h) presents a perfect match for the pharmacokinetics of the FAPI-46 shuttle molecule.
- Issues of (c.a.) low specific activity Sm-152 / Sm-153 and long half-life Eu-152 and Eu-154 impurities after reactor production have been solved by MEDICIS.
- “In-growth” of Eu-153 by beta-decay of Sm-153 is still an issue that cannot be solved with mass separation. Chemical separation is challenging but improving.
- Saturation of tumor binding sites allows for approx. 250 µg of FAPI-46 precursor (estimated from n=1 Heidelberg patient). Yet, 1000 µg precursor was needed for labeling of test-activity HSA Sm-153.
- Future factor-4 improvement in labeling-efficacy appears very reasonable.

(HSA)  $^{153}\text{Sm}$ -FAP $\alpha$ -46



**Thanks to all my collaborators...**

**... and for your excellent questions...**

**... and the fruitful discussion!**