

# National Institutes of Health Clinical Center

## How to Become a Molecular Imager

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## Greatest Engineering Achievements of the 20<sup>th</sup> Century


<ol style="list-style-type: none"> <li>1. <u>Electrification</u></li> <li>2. <u>Automobile</u></li> <li>3. <u>Airplane</u></li> <li>4. <u>Water Supply and Distribution</u></li> <li>5. <u>Electronics</u></li> <li>6. <u>Radio and Television</u></li> <li>7. <u>Agricultural Mechanization</u></li> <li>8. <u>Computers</u></li> <li>9. <u>Telephone</u></li> <li>10. <u>Air Conditioning and Refrigeration</u></li> </ol>	<ol style="list-style-type: none"> <li>11. <u>Highways</u></li> <li>12. <u>Spacecraft</u></li> <li>13. <u>Internet</u></li> <li>14. <u>Imaging</u></li> <li>15. <u>Household Appliances</u></li> <li>16. <u>Health Technologies</u></li> <li>17. <u>Petroleum and Petrochemical Technologies</u></li> <li>18. <u>Laser and Fiber Optics</u></li> <li>19. <u>Nuclear Technologies</u></li> <li>20. <u>High-performance Materials</u></li> </ol>	
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## The Nobel Prize in Physiology or Medicine 2003

“for their discoveries concerning magnetic resonance imaging.”



Paul C. Lauterbur

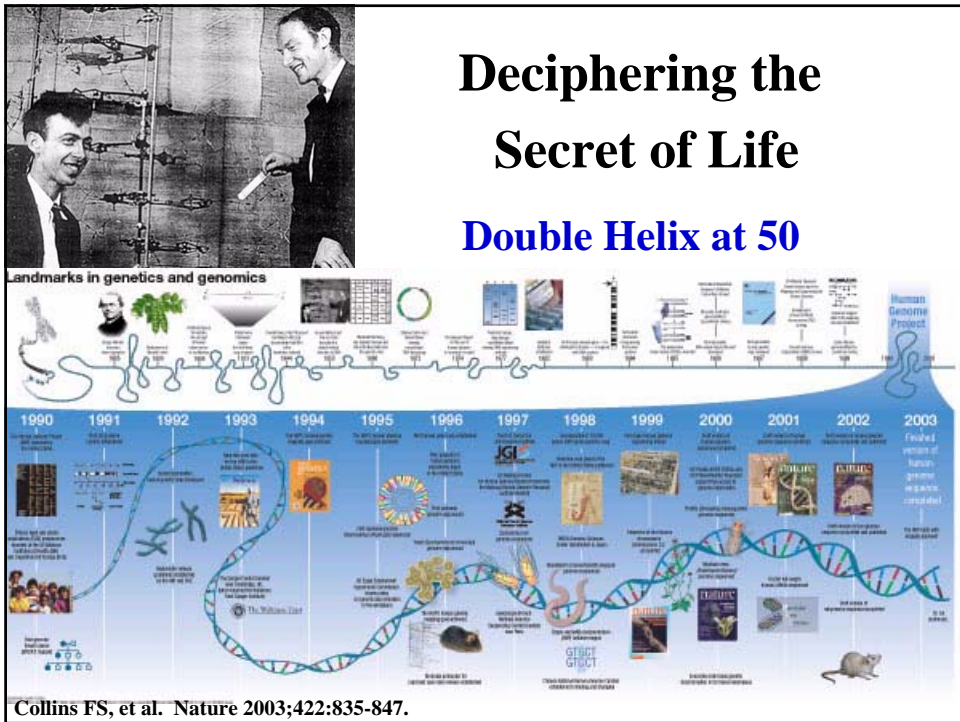
University of Illinois  
Urbana, IL, USA



Sir Peter Mansfield

University of Nottingham  
Nottingham, UK

www.Nobel.se/medicine/laureates/2003



## Learning Objectives

- To learn why radiologists should care about molecular imaging.
- To learn the basic process of becoming a molecular imager.
- To learn how imaging is a key component in the world of “molecular” and “personalized” medicine.

## Introduction

- **Why should clinical radiologists learn about “Molecular Imaging” now?**
- **Assumption: It will take years and multi-million dollars to develop new imaging probes and equipment. By the time “Molecular Imaging” is clinically applicable, most radiologists practicing today will be financially independent and happily retired.**



### What makes medical imaging clinically useful?

- **To be of clinical value a diagnostic test needs to provide useful information that would affect therapeutic decisions.**
- **A diagnostic test decoupled from therapeutic decisions is not clinically useful.**

### What changes can we expect in therapeutics?

- **“Molecular Medicine”**
- **“Genomic Medicine”**
- **“Personalized Medicine”**



### Molecular Medicine: The Herceptin Example

- **Herceptin™** (Genentech, Inc.) approved in 1998 for treatment of **HER2 positive** metastatic breast cancer.
- Molecular signature of diseased tissue is critical in patient selection of treatment.

### Molecular Medicine: The Gleevec Example

- **Gleevec™** (Novartis, Inc.) approved in 2001 and is designed to specifically block an abnormal protein Bcr-Abl tyrosine kinase which is found in chronic myeloid leukemia (CML) cells with a **Bcr-Abl translocation**.



## •Breakthrough cancer treatment Avastin receives first approval in the US

### •*First anti-angiogenesis treatment approved for cancer*

•Roche today announced that Genentech has received approval from the US Food and Drug Administration (FDA) for Avastin (bevacizumab, rhuMab-VEGF), an innovative new cancer drug, to be used with intravenous 5-Fluorouracil-based chemotherapy as treatment for patients with previously untreated metastatic cancer of the colon or rectum (first-line treatment). Genentech will market Avastin in the US and expects it to be shipped within three days.

•The US approval is based on data from a pivotal Phase III study in over 900 metastatic colorectal cancer patients which demonstrated that patients treated with Avastin plus IFL chemotherapy had a median survival advantage close to five months, compared to patients on chemotherapy alone (20.3 months versus 15.6 months). This represents the largest improvement in survival time reported in a Phase III clinical study attributable to the addition of a single targeted therapy to conventional chemotherapy.

[http://www.eurekalert.org/pub\\_releases/2004-02/rc-bct022704.php](http://www.eurekalert.org/pub_releases/2004-02/rc-bct022704.php)

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## A Multigene Assay to Predict Recurrence of Tamoxifen-Treated, Node-Negative Breast Cancer

Soonmyung Paik, M.D., Steven Shak, M.D., Gong Tang, Ph.D.,  
Chungyeul Kim, M.D., Joffre Baker, Ph.D., Maureen Cronin, Ph.D.,  
Frederick L. Baehner, M.D., Michael G. Walker, Ph.D., Drew Watson, Ph.D.,  
Taesung Park, Ph.D., William Hiller, H.T., Edwin R. Fisher, M.D.,  
D. Lawrence Wickerham, M.D., John Bryant, Ph.D.,  
and Norman Wolmark, M.D.

### CONCLUSIONS

The recurrence score has been validated as quantifying the likelihood of distant recurrence in tamoxifen-treated patients with node-negative, estrogen-receptor-positive breast cancer.

N ENGL J MED 351:27 WWW.NEJM.ORG DECEMBER 30, 2004



### Clinical Definition of a “Molecular Imager”

- **A practitioner of medical imaging in the era of “Molecular Medicine”.**
- **The definition is designed to be all inclusive so that we don’t get tunnel vision.**

### Stages of Development of a “Molecular Imager”

<b>Stage 1</b>	<b>See morphology think molecular biology</b>
<b>Stage 2</b>	<b>Combine imaging &amp; molecular diagnostics information</b>
<b>Stage 3</b>	<b>Obtain molecular information using imaging</b>
<b>Stage 4</b>	<b>Personalizing Rx with combined imaging &amp; Rx</b>



## Stage 1. See morphology think molecular biology

- Biomedical information is widely available to everyone. The onus is on medical practitioners to know more about new developments in biomedicine than our patients.
- To many radiologists, molecular biology is easier to learn than MR physics.
- Once there is understanding of the molecular basis of the disease processes, it is not difficult to use it in our daily practice.

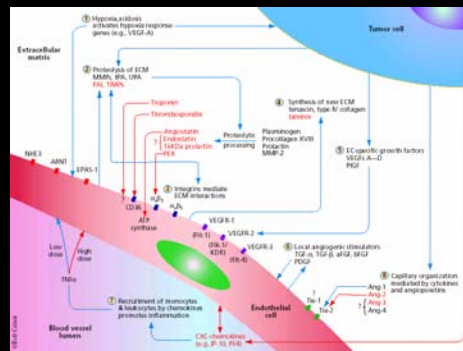


Arterial Phase MRI



Venous Phase MRI

**DDx: HCC, hypervascular liver metastasis:** thyroid, melanoma, breast, renal, neuroendocrine (carcinoid, pancreatic islet cell), and sarcoma metastasis



Vicki Brower. Tumor angiogenesis-new drugs on the block. Nature Biotechnology 1999; 17:963-968.



## Stage 2. Combine imaging & molecular diagnostics information

### The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812      OCTOBER 23, 2003      VOL. 349 NO. 17

#### Prognostic Value of Myeloperoxidase in Patients with Chest Pain

Marie-Luise Brennan, Ph.D., Marc S. Penn, M.D., Ph.D., Frederick Van Lente, Ph.D., Vijay Nambi, M.D., Mehdi H. Shishohbor, D.O., Ronnier J. Aviles, M.D., Marlene Goormastic, M.P.H., Michael L. Pepoy, B.S., Ellen S. McElearn, M.S.N., Eric J. Topol, M.D., Steven E. Nissen, M.D., and Stanley L. Hazen, M.D., Ph.D.

ABSTRACT

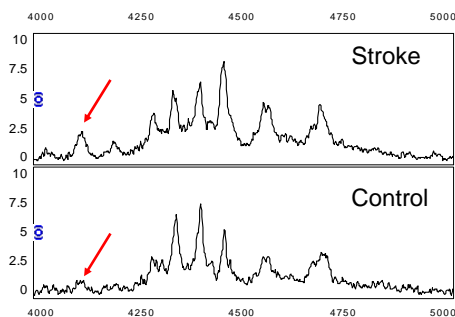
**CONCLUSIONS**

A single initial measurement of plasma myeloperoxidase independently predicts the early risk of myocardial infarction, as well as the risk of major adverse cardiac events in the ensuing 30-day and 6-month periods. Myeloperoxidase levels, in contrast to troponin T, creatine kinase MB isoform, and C-reactive protein levels, identified patients at risk for cardiac events in the absence of myocardial necrosis, highlighting its potential usefulness for risk stratification among patients who present with chest pain.

## Stroke Plasma Biomarkers

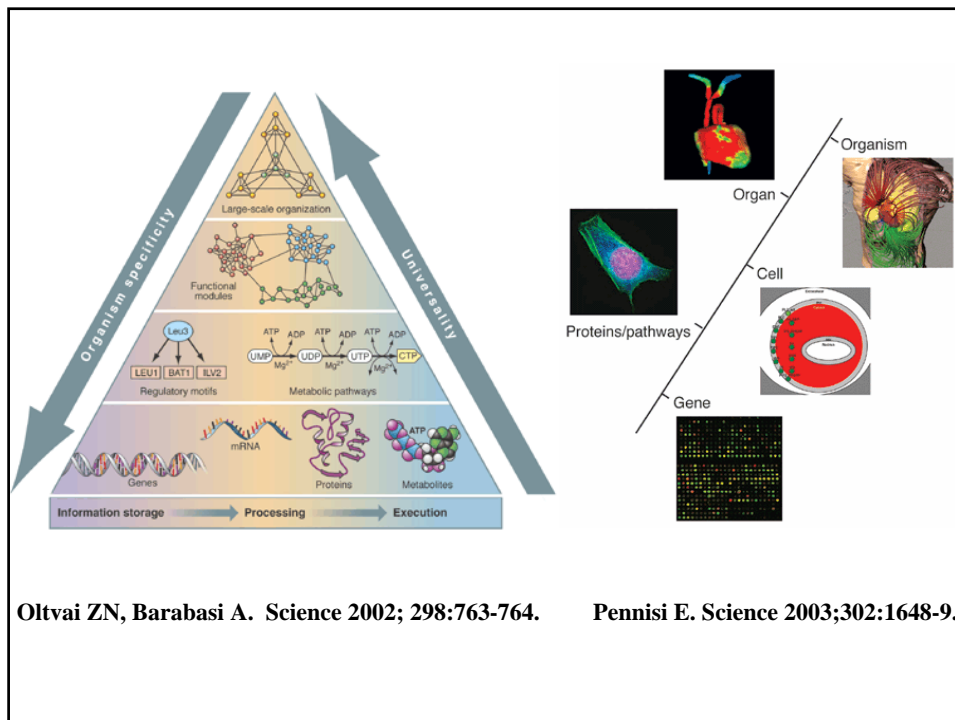
- Plasma collected from stroke and normal control subjects was run on H50 protein chip arrays (Ciphergen Biosystems, Fremont, CA)
- Multiple peaks were identified in the spectra from stroke patients that were statistically different from controls ( $p < 0.05$ ).

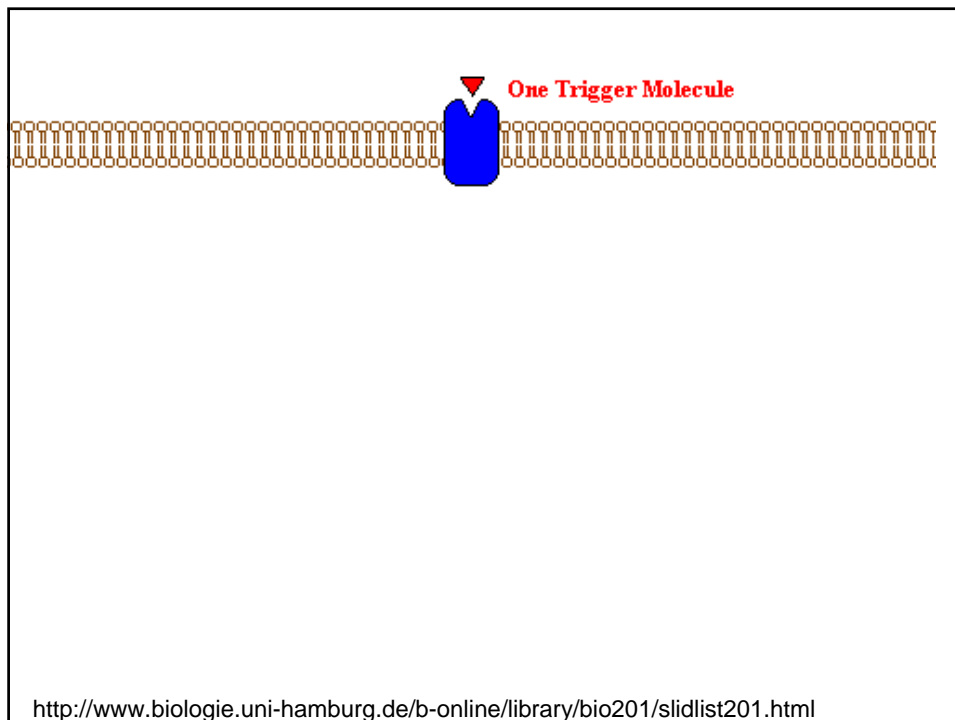
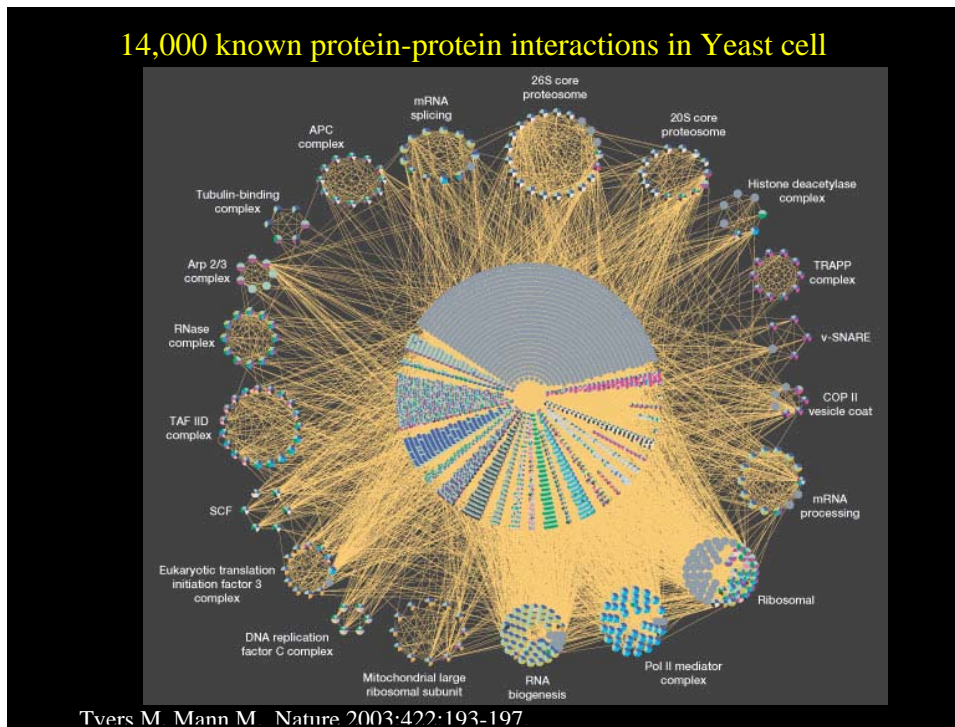
Figure: SELDI-TOF-MS spectra from the plasma of a stroke and normal control. The region between 4000 and 5000 Da is shown. The mass spectrum from the stroke patient contains a more intense peak (arrow) at a mass/charge ratio of 4125 Daltons.

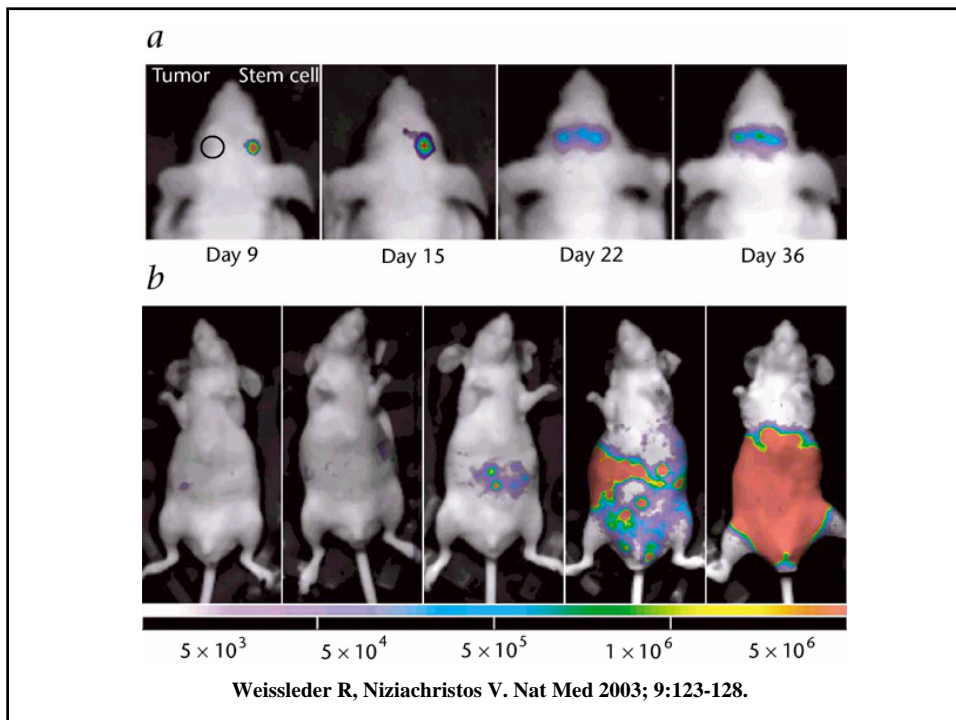
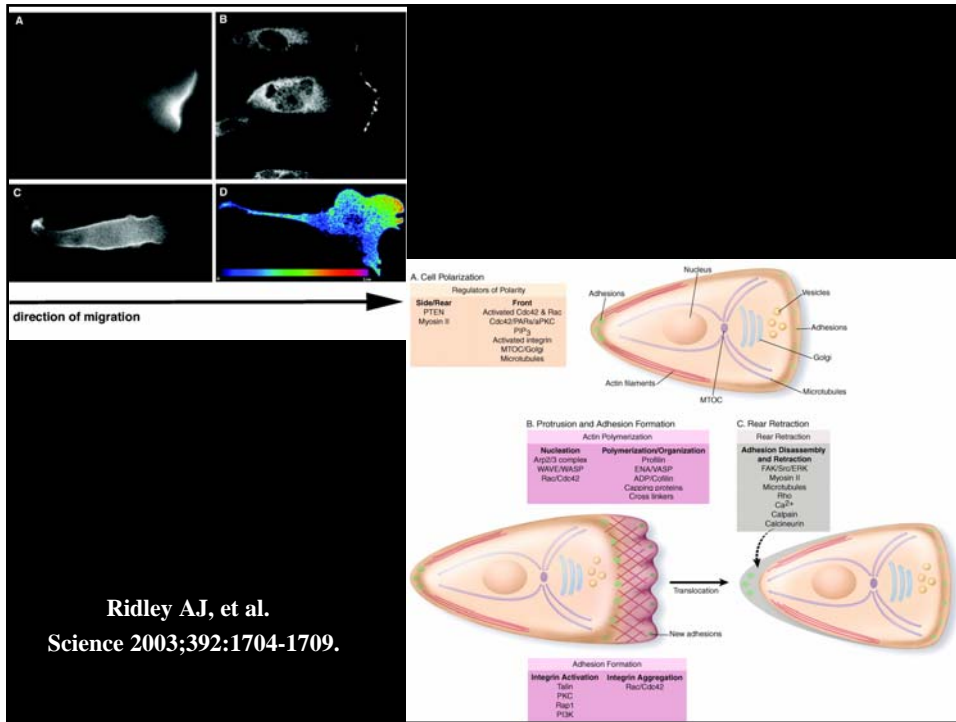


## Stage 3. Obtain Molecular Information using Imaging

- This has been done in Nuclear Medicine and PET for years.
- Why is this attracting so much more attention in recent years?

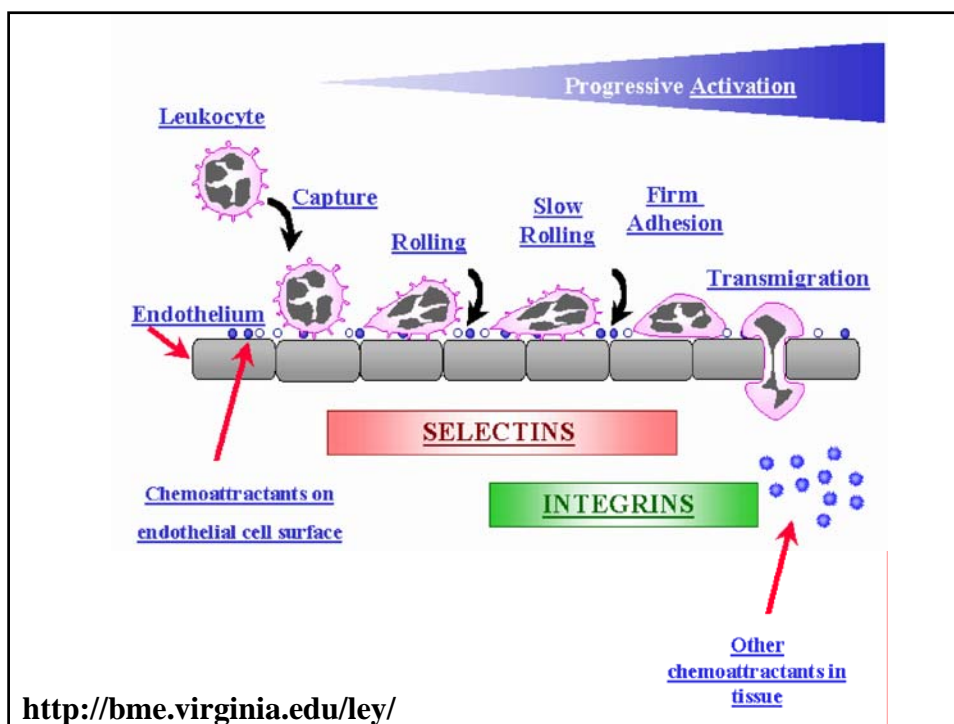


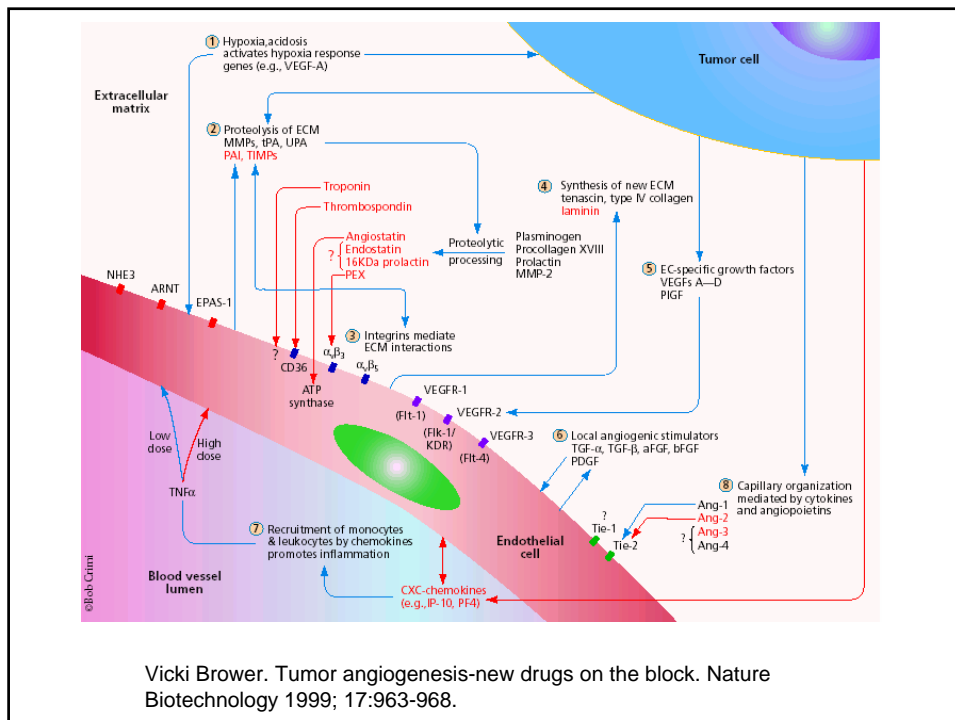
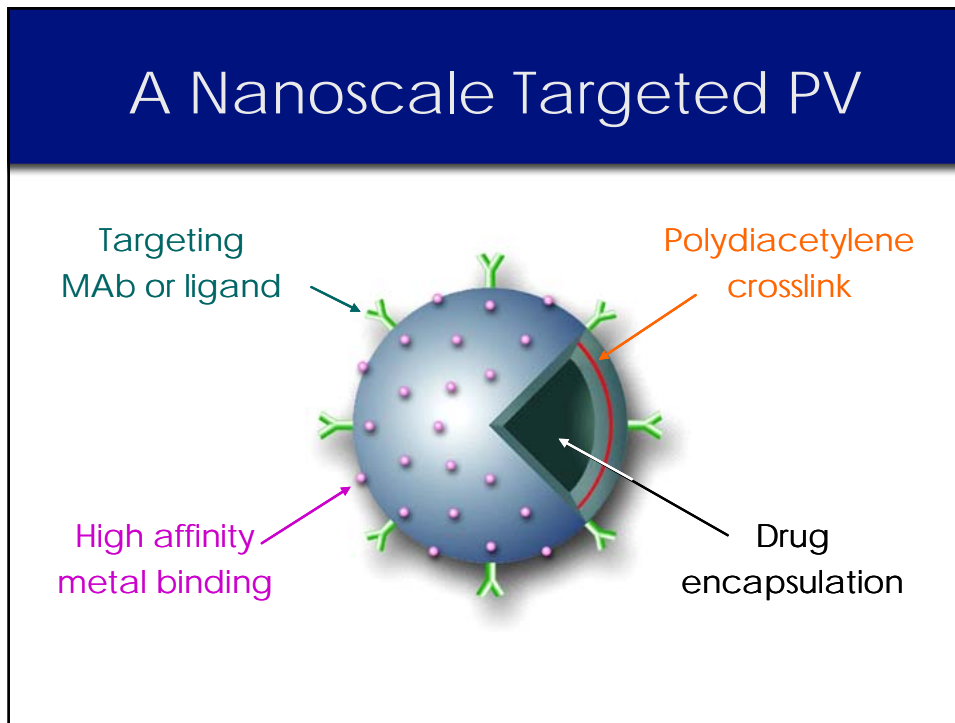




## Stage 4. Personalizing Rx with combined imaging & Rx

- Zevalin™ (IDEC Pharmaceuticals) is a radioimmunotherapy approved for treatment of some forms of B-cell non-Hodgkin's lymphoma.
- $^{111}\text{In}$ -labeled Zevalin scan is used for patient selection and dosimetry prior to the  $^{90}\text{Y}$ -Zevalin Rx.





### The Two Faces of Angiogenesis

Vessel overgrowth can contribute to a variety of diseases (right panel) that could be treated with angiogenesis inhibitors. Conversely, other disorders (left panel) could benefit from proangiogenic agents able to stimulate vessel development.

**WHEN EXTRA BLOOD VESSELS COULD HELP ...**

**BALDNESS**  
New hair cells depend on a good blood supply

**NEURODEGENERATIVE ILLS**  
As increased blood supply could minimize neuronal damage in the brain

**HEART ATTACK\***  
New coronary vessels could help repair an damaged heart

**LEVER FRACTURES**  
New blood vessels could help repair broken bones

**BLOOD CLOTS IN LEGS\***  
Angiogenesis could dissolve clots and improve circulation

**WHEN BLOOD VESSELS ARE PART OF THE PROBLEM ...**

**RETINAL DISEASE\***  
Angiogenesis inhibitors could help clear abnormal blood vessels from the eye

**BREAST (AND OTHER) CANCER\***  
Stopping growth of a blood supply could help starve a cancerous tumor

**ATHEROSCLEROSIS**  
The plaques that plug vessels may stop growing (and blood supply)

**ENDOMETRIOSIS**  
Angiogenesis inhibitors could prevent the growth of uterine tissue outside the uterus


**OBESITY**  
Fat requires miles of blood vessels, which could be cut down by angiogenesis inhibitors

\* Human trials are ongoing for these conditions.


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Jain RK, Carmeliet PF. Sci Am 2001;285:38-45.

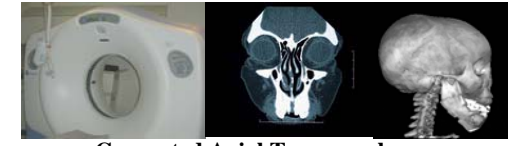
## Modern Medical Imaging




**Magnetic Resonance Imaging**



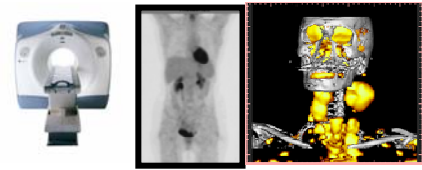
**Digital Radiography and Angiography**




**Computed Axial Tomography**



**Ultrasonography**



**Positron Emission Tomography**



**Interventional Radiology**





