

Original Article

Synthesis and evaluation of [⁶⁴Cu]PSMA-617 targeted for prostate-specific membrane antigen in prostate cancer

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Abstract: We radiolabeled a ligand, PSMA-617, of prostate-specific membrane antigen (PSMA) with copper-64 (⁶⁴Cu), to evaluate the metabolism, biodistribution, and potential of [⁶⁴Cu]PSMA-617 for PET imaging of prostate cancer. [⁶⁴Cu]PSMA-617 was synthesized by heating PSMA-617 with [⁶⁴Cu]CuCl₂ in buffer solution at 90 °C for 5 min. *In vitro* uptake was determined in two cell lines of prostate cancer. *In vivo* regional distributions were determined in normal and tumor-bearing mice. High radiolabeling efficiency of ⁶⁴Cu for PSMA-617 yielded [⁶⁴Cu]PSMA-617 with >99% radiochemical purity. *In vitro* cellular uptake experiments demonstrated the specificity of [⁶⁴Cu]PSMA-617 for PSMA-positive LNCaP cells. Biodistribution observations of normal mice revealed high uptake of radioactivity in the kidney and liver. PET with [⁶⁴Cu]PSMA-617 visualized tumor areas implanted by PSMA-positive LNCaP cells in the mice. Two hours after the injection of [⁶⁴Cu]PSMA-617 into mice, a radiolabeled metabolite was observed in the blood, liver, urine, and LNCaP tumor tissues. [⁶⁴Cu]PSMA-617 was easily synthesized, and exhibited a favorable biodistribution in PSMA-positive tumors. Although this radioligand shows slow clearance for kidney and high liver uptake, change of its chelator moiety and easy radiolabeling may enable development of new ⁶⁴Cu or ⁶⁷Cu-labeled PSMA ligands for imaging and radiotherapy.

Keywords: Prostate-specific membrane antigen, ⁶⁴Cu, PSMA-617, [⁶⁴Cu]PSMA-617

Introduction

In western societies, prostate cancer (PCa) is the most common cancer in elderly men and the third most frequent cause of cancer-related mortality: PCa and its complications kill more than 200,000 peoples annually [1, 2]. Innovative diagnostic methods, especially in magnetic resonance imaging, have improved the specificity and sensitivity of PCa diagnosis. However, detecting lymph metastasis noninvasively remains challenging. Nowadays, lymph node dissection is the only reliable staging method [3].

Prostate specific membrane antigen (PSMA) is a type II glycoprotein with an extensive extracellular domain (44-750 amino acids); this protein plays a significant role in prostate carcino-

genesis and progression [4]. PSMA restricts its expression to the surface of PCa, particularly in androgen-independent, advanced, and metastatic disease. Low-level PSMA expression occurs in primary renal tumors and transitional cell carcinoma of the bladder [5, 6]. PSMA is also expressed within the endothelium of most solid tumors [7].

PSMA was identified as the antigen of the monoclonal antibody 7E11-C5. Indium-111 (¹¹¹In)-labeled 7E11-C5 recognizes the intracellular domain of PSMA; this radiolabelled antibody (commercially known as ProstaScint) is a radiopharmaceutical for the PSMA-targeted treatment of PCa [8]. In addition, radiolabelled huJ591, an antibody labeled with yttrium-90, ¹¹¹In, or lutetium-177 (¹⁷⁷Lu) that recognizes the extracellular portion of PSMA, was successfully

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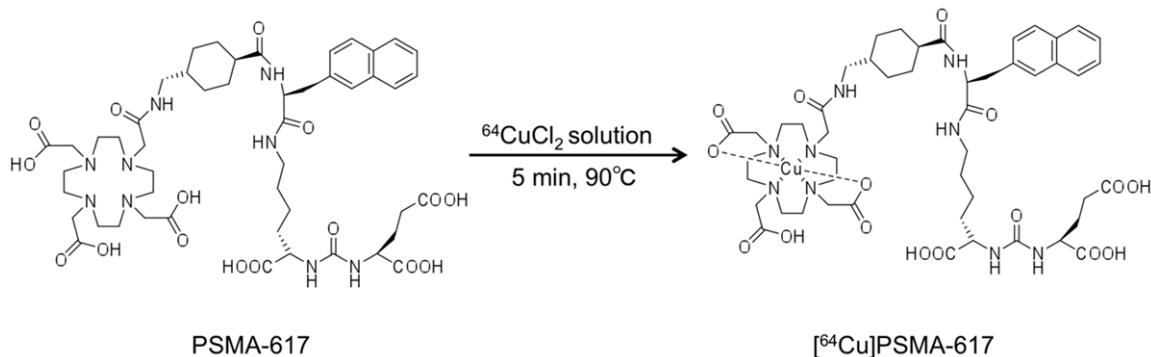


Figure 1. Synthesis of [⁶⁴Cu]PSMA-617 from PSMA-617 and [⁶⁴Cu]CuCl₂.

translated into clinical trials [9]. However, because the large sizes of 7E11-C5 and huJ591 tend to prolong clearance, access to all of the tumor portions is typically restricted, especially for viable cells with intact membranes.

Radioligands with low molecular weights often exhibit imaging pharmacokinetics superior to those of radiolabeled antibodies, due to relatively short circulation times and rapid clearance from non-target tissues. A variety of low-molecular-weight PCa-imaging radioligands have been developed [10-12]. Among them, radiolabeled urea-based PSMA inhibitors were found to be useful for imaging or radiotherapy of PCa [13-16]. Recently, 2-[3-(1-carboxy-5-{3-naphthalen-2-yl-2-[(4-[[2-(4,7,10-tris-carboxymethyl-1,4,7,10-tetraazacyclododec-1-yl)acetylamino]methyl)cyclohexanecarbonyl]amino}propionylamino}pentyl)ureido]-pentanedioic acid (PSMA-617), Glu-urea-Lys-2-naphthyl-L-Ala-cyclohexane conjugated with 1,4,7,10-tetraazacyclododecane-N,N',N',N'-tetraacetic acid (DOTA), has been developed as a novel PSMA ligand [17, 18]. The PSMA-617 radioligand labeled with gallium-68 (⁶⁸Ga), scandium-44, ¹⁷⁷Lu, or ¹¹¹In exhibits significant benefits in biodistribution and efficiency towards solid tumor in mice and humans [17-22].

In the present study, we sought to label PSMA-617 with copper-64 (⁶⁴Cu), and to evaluate the potential of [⁶⁴Cu]PSMA-617 (**Figure 1**) as a PET ligand for imaging PSMA in PCa. ⁶⁴Cu-labeled ligands are useful in PET studies because of the clinically suitable nuclear properties of ⁶⁴Cu ($t_{1/2} = 12.7$ h, β^+ 17.4%, $E_{\text{max}} = 0.656$ MeV, β^- 39%, $E_{\text{max}} = 0.573$ MeV) and its availability at high specific activity. The longer physical half-life of ⁶⁴Cu relative to conventional carbon-11

and fluorine-18 enables imaging at delayed time points. This property allows sufficient time for clearance of non-specific radioactivity from background tissues to increase image contrast, particularly for antibodies and nanoparticles, which require long times to circulate throughout the whole body [23]. Moreover, ⁶⁴Cu-labeled ligands are demonstrably effective for radioimmunotherapy [23].

In this study, we radiosynthesized [⁶⁴Cu]PSMA-617 for the first time. We performed metabolite analysis, biodistribution studies, and PET scans of normal and tumor-bearing mice using this radioligand. The specificity of [⁶⁴Cu]PSMA-617 for LNCaP was demonstrated in the tumor cells and the tumor-bearing mice.

Materials and methods

PSMA-617 was purchased from ABX (Radeberg, Germany). All chemicals were from Wako Pure Chemical Industries (Osaka, Japan) and Sigma-Aldrich (St. Louis, MI, USA). ⁶⁴Cu was produced at the National Institute of Radiological Science (Chiba, Japan) with 98% radionuclidic purity [24]. All radio-HPLC analysis for [⁶⁴Cu]PSMA-617 was performed using a JASCO HPLC system (JASCO, Tokyo, Japan) coupled with an X-Terra C-18 column (4.6 mm i.d. × 150 mm, 5 μm, Waters, Milford, MA, USA). A flow rate of 1 mL/min was used with a linear mobile phase gradient. The gradient started with 90% solvent A (0.1% trifluoroacetic acid [TFA] in water) and 10% solvent B (0.1% TFA in acetonitrile [MeCN]), and 10 min later, ended with 0% solvent A and 100% solvent B. Effluent radioactivity was measured using a NaI (TI) scintillation detector system (Ohyo Koken Kogyo, Tokyo, Japan). A 1480 Wizard autogamma counter (PerkinElmer,

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Waltham, MA, USA) was used to measure radioactivity, as expressed in counts of radioactivity per minute (cpm), accumulating in cells and animal tissues. A dose calibrator (IGC-7 Curimeter; Aloka, Tokyo, Japan) was used for the other radioactivity measurements.

Preparation of [⁶⁴Cu]PSMA-617

We mixed 10 µL each of PSMA-617 (5 nmol, 0.5 mM in 0.1 M ammonium citrate buffer [pH = 5.5]) with [⁶⁴Cu]CuCl₂ (37-222 MBq, 3.7-22.2 MBq/µL in the same buffer). The reaction mixture was heated at 90°C for 5 min. The radiolabeling efficiency and radiochemical purity were analyzed using reversed-phase HPLC. The specific activity of [⁶⁴Cu]PSMA-617 was calculated by comparing the obtained radioactivity to the total mass of PSMA-617 used for labeling. To determine the radiochemical stability, the product was incubated at 37°C for 24 h, and its radiochemical purity was subsequently analyzed by radio-HPLC.

Cell line and animals

Two human prostate carcinoma cell lines, LNCaP (PSMA-positive) and PC-3 (PSMA-negative), were used in the present study. Both cell lines were maintained and passaged in a humidified CO₂ incubator (37°C/5% CO₂). LNCaP (RIKEN BRC Cell Bank, Ibaraki, Japan) was maintained and passaged in RPMI 1640 medium containing 4.5 g/L glucose with 10% fetal bovine serum. PC-3 (JCRB Cell Bank, Osaka, Japan) was maintained and passaged in Ham's F-12K medium with 8% fetal bovine serum. Both media were supplemented with antibiotics (penicillin/streptomycin).

Male BALB/c *nu/nu* mice and ICR mice (7 week old) were purchased from Japan SLC (Shizuoka, Japan). All animals received humane care, and the Animal Ethics Committee of the National Institute of Radiological Sciences approved all experiments. All experiments were carried out according to the recommendations of the Committee for the Care and Use of Laboratory Animals, National Institute of Radiological Sciences.

Tumor-bearing models using BALB/c *nu/nu* mice were prepared via a left flank subcutaneous injection of 100 µL of an 1:1 mixture of LNCaP cell suspension and Matrigel basement

membrane matrix (5 × 10⁶ cells/mouse; Becton Dickinson, Franklin Lakes, NJ, USA). Ten days later, PC-3 cell suspension was injected into the right flank (7 × 10⁶ cells/mouse). Tumor-bearing mice were used for studies when tumor diameters reached 5-10 mm.

Cellular uptake and inhibition experiment

PC-3 and LNCaP cells in 24-well plates (1 × 10⁵ cells/well) were maintained for 48 h (37°C/5% CO₂). The medium was removed, and each well was washed three times with phosphate buffered saline (PBS). [⁶⁴Cu]PSMA-617 in medium (74 kBq/1 mL) was added to each well, and the plates were incubated at 37°C for 5 min, 1 h, and 2 h. After incubation, the reaction solution was removed, and each well was washed three times with PBS and the cells were lysed with 0.5 mL NaOH (0.2 mol/L). Radioactivity in cell lysate was measured with the autogamma counter. The protein content of cell lysate was quantified using a Bio-Rad protein assay kit (Bio-Rad, Hercules, CA, USA). Cellular uptake was calculated as a percentage of incubated radioactivity per milligrams of protein.

Binding inhibition assay was performed using LNCaP cells. PSMA-617 (final concentration: 0, 0.2, 2, 20, 200, or 2000 nmol/L) and [⁶⁴Cu]PSMA-617 (74 kBq/1 mL) in medium were added to each well, and the plates were incubated at 37°C for 1 h. After the incubation, cells were treated as they had been for the *in vitro* uptake assay. Specific binding was calculated by subtracting nonspecific binding (residual binding of radioligand in presence of 2 µmol/L of unlabeled PSMA-617) from total binding (without addition of unlabeled PSMA-617).

Metabolite analysis

ICR mice (n = 3 for each time point) were sacrificed by cervical dislocation at 1 h and 2 h after the injection of [⁶⁴Cu]PSMA-617 (3.7 MBq/200 µL). At each time point, the blood and urine samples were quickly obtained by cardiac and urinary bladder puncture from each mouse. Also liver sample was removed quickly. Each urine or blood sample was collected in a test tube containing acetonitrile/water (1:1, 500 µL). The mixture was vortexed, and subsequently centrifuged at 15000 rpm for 15 min. Liver sample was homogenized in an ice-cooled acetonitrile/H₂O solution (1:1, 2 mL) using a

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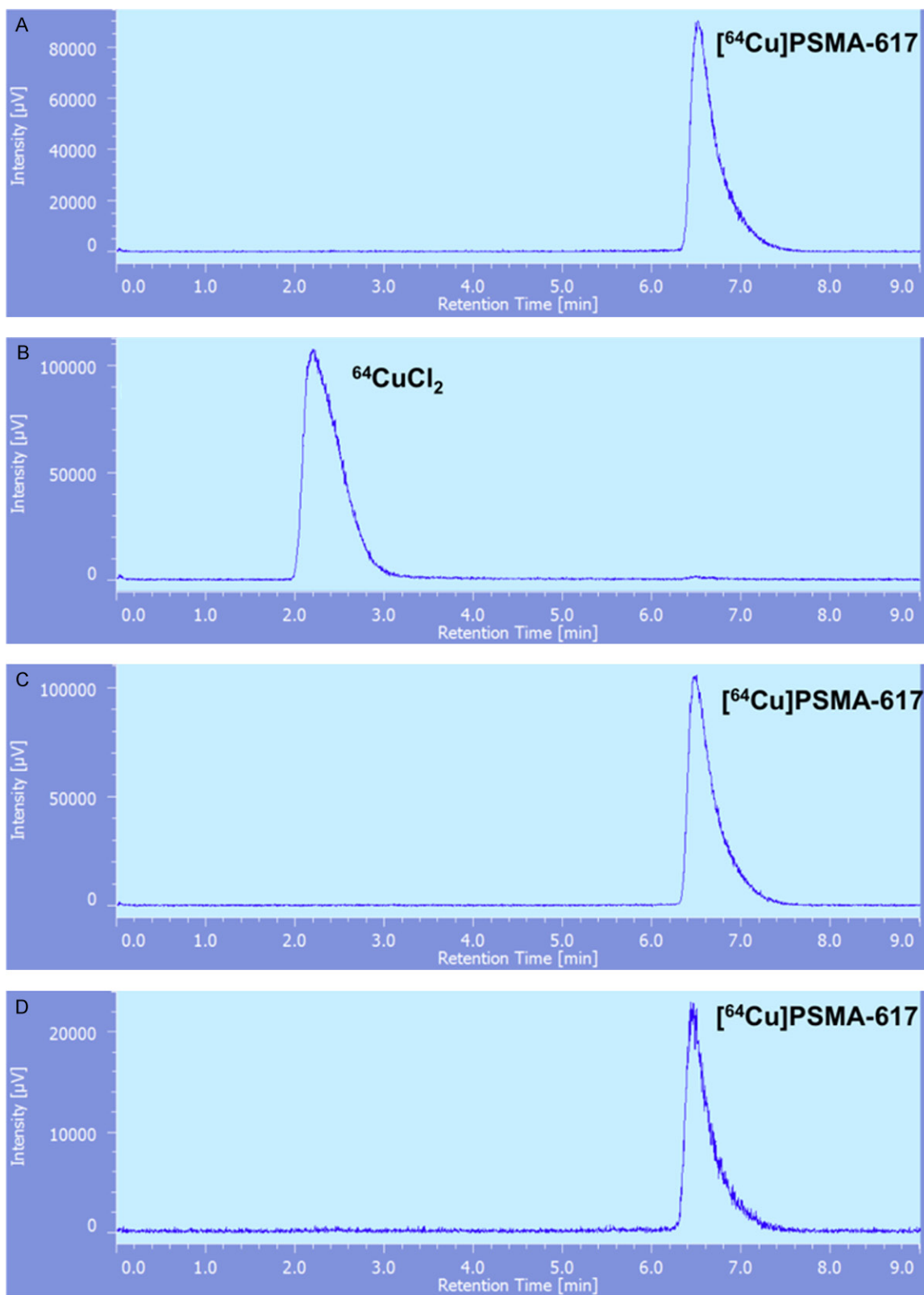


Figure 2. Analytical radio-HPLC chromatograms of (A) $[^{64}\text{Cu}]\text{PSMA-617}$ yielded from radiolabeling 20 nmol PSMA-617; (B) $[^{64}\text{Cu}]\text{CuCl}_2$ as a comparison; (C) $[^{64}\text{Cu}]\text{PSMA-617}$ yielded from radiolabeling 5 nmol PSMA-617; (D) Radiochemical stability of $[^{64}\text{Cu}]\text{PSMA-617}$ after 24 h incubation at 37 °C.

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Silent Crusher S homogenizer, and centrifuged at 15000 rpm for 15 min. The supernatant of each sample was collected, mixed with an equal volume of acetonitrile, and centrifuged again at the same conditions for 20 min. An aliquot of the supernatant (0.1-1.0 mL) obtained from the urine, blood, or liver homogenate was injected into the HPLC system and analyzed. The percentage ratio of [⁶⁴Cu]PSMA-617 ($t_R = 6.2-6.4$ min) to total radioactivity on the HPLC chromatogram was calculated as % = (peak area for [⁶⁴Cu]PSMA-617/total peak area) × 100.

To examine the metabolite of [⁶⁴Cu]PSMA-617 in LNCaP tumor, the tumor-bearing mice ($n = 3$) were sacrificed by cervical dislocation at 2 h after the injection of [⁶⁴Cu]PSMA-617 (17 MBq/100 μ L). The LNCaP tumor tissues were cut from the mice and treated as above.

Biodistribution

A saline solution of [⁶⁴Cu]PSMA-617 (0.74 MBq/200 μ L) was injected into ICR mice via the tail vein. Four mice were sacrificed by cervical dislocation at 0.5, 1, 2, 12, and 24 h after injection. Major organs, including the heart, liver, lung, spleen, pancreas, kidneys, stomach, duodenum (including contents), muscle, and blood were quickly harvested and weighed. The radioactivity in these organs was measured using the autogamma counter. The results are expressed as the percentage of injected dose per gram of wet tissue (% ID/g). All radioactivity measurements were decay-corrected.

Small-animal PET study

PET scans were conducted using an Inveon PET scanner (Siemens Medical Solutions, Knoxville, TN, USA), which provides 159 transaxial slices with 0.796-mm (center-to-center) spacing, a 10-cm transaxial field of view, and a 12.7-cm axial field of view. Normal ICR and tumor-bearing BALB/c *nu/nu* mice were kept in the prone position under anesthesia with 1-2% (v/v) isoflurane during the scan. [⁶⁴Cu]PSMA-617 (7-17 MBq/100 μ L) was injected via a preinstalled tail vein catheter. Immediately after the injection, a dynamic scan in 3D list mode was acquired for 60 min (ICR normal mice, $n = 6$; tumor-bearing mice, $n = 6$). Maximum intensity projection (MIP) images were obtained for ICR normal and tumor-bearing mice, respectively.

PET dynamic images were reconstructed by filtered back projection using Hanning's filter with a Nyquist cutoff of 0.5 cycle/pixel, which were summed using analysis software (ASIPro VM, Siemens Medical Solutions). Volumes of interest, including the heart, kidneys, liver, lung, bone, and tumors, were placed using the ASIPro software. The radioactivity was decay-corrected for the injection time and expressed as the standardized uptake value (SUV). SUV = (radioactivity per mL tissue/injected radioactivity) × body weight.

Immunohistochemical staining assay

After the tumor-bearing mice were sacrificed, tumors, liver, and kidney were quickly harvested and frozen. Frozen samples were cut in-house into 5- μ m-thick slices, using a cryotome (HM560, Carl Zeiss, Oberkochen, Germany). Sections were fixed with cold acetone and dried. After washing with PBS, the sections were incubated with rabbit anti PSMA antibody (1:400, Cell Signaling Technology, Danvers, MA, USA) overnight at 4°C. Following the first immunoreaction, the sections were incubated with fluorophore-conjugated goat anti-rabbit IgG secondary antibody (1:500; Invitrogen, Camarillo, CA, USA) for 1 h at room temperature. The sections were washed with PBS and mounted using ProLong Gold Antifade Mountant with DAPI (Life Technologies, Eugene, OR, USA). Fluorescent images were captured using a fluorescence microscope (BZ-9000, Keyence, Osaka, Japan).

Statistics

All measurements are expressed as means \pm standard deviations (SD). Statistical analyses were performed using the GraphPad Prism 5 software (GraphPad Software, La Jolla, CA, USA).

Results and discussion

Radiochemistry

Radioligand [⁶⁴Cu]PSMA-617 was synthesized by labeling PSMA-617 with [⁶⁴Cu]CuCl₂ in buffer solution (**Figures 1** and **2**). PSMA-617 (20 nmol) with ⁶⁴Cu exhibited >99% radiolabeling efficiency at 90°C for 30 min, as shown in the radio-HPLC chromatogram for the reaction mixture (**Figure 2A**). The retention time (t_R) of [⁶⁴Cu]

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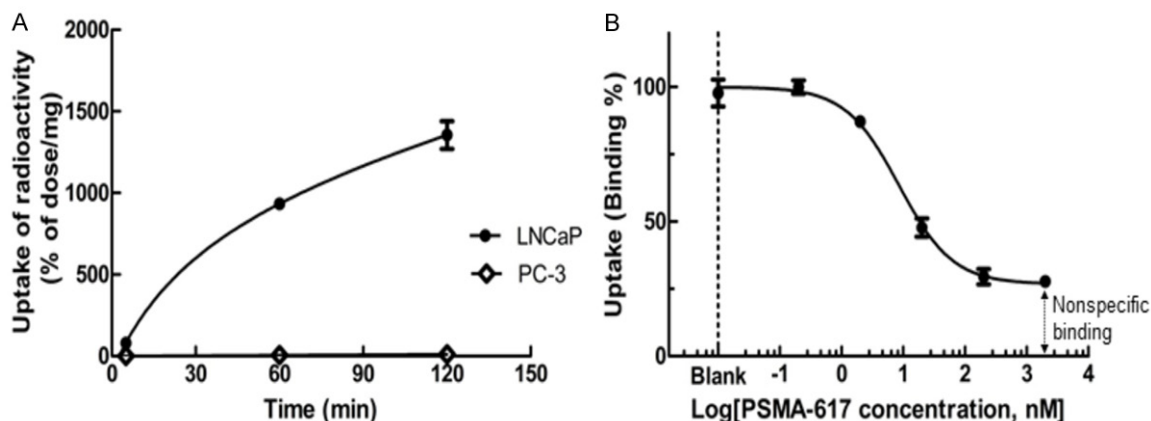


Figure 3. A: Uptake of [⁶⁴Cu]PSMA-617 into LNCaP and PC-3 cells. B: Inhibition curve for the uptake of [⁶⁴Cu]PSMA-617 by LNCaP cells at various concentrations of unlabeled PSMA-617; a nonlinear regression curve fit the data with $R^2 = 0.9794$.

PSMA-617 was 6.4 min, while that of free [⁶⁴Cu]Cu²⁺ as a comparison was 2 min (**Figure 2B**). Decreasing the reaction time to 10 min also achieved the same labeling efficiency. To minimize the influence of unreacted PSMA-617 on the binding and imaging experiments as much as possible, the amount of PSMA-617 used was optimized for radiolabeling. When the amount of PSMA-617 was decreased to 5 nmol, a 10 min radiolabeling reaction achieved >99% efficiency. Even when the reaction was performed for 5 min at 90°C (**Figure 2C**) or room temperature, the efficiencies also remained at 99%. However, when the amount of PSMA-617 was further decreased to 1 nmol, the labeling efficiency was reduced to 90%. Reactions of 1 nmol PSMA-617 performed for 5 min at 90°C or room temperature only attained markedly reduced efficiencies.

After optimizing the reaction conditions, radiolabeling was carried out with the use of 5 nmol PSMA-617 at 90°C for 5 min to produce [⁶⁴Cu]PSMA-617 with the best labeling efficiency. Because of this reaction's efficiency and low amount of PSMA-617 used, the desired product was directly obtained from the reaction mixture without purification. This labeling experiment started with 222 MBq [⁶⁴Cu]CuCl₂ solution and yielded ~ 200 MBq [⁶⁴Cu]PSMA-617 (n = 6) as an animal-injectable solution. In the final product, we did not find significant peak of unreacted [⁶⁴Cu]Cu²⁺. The specific activity of [⁶⁴Cu]PSMA-617 was estimated to be 8.0-48.1 GBq/μmol. At 24 h after retaining this product at 37°C, its radiochemical purity remained

greater than 95% (**Figure 2D**). This product did not exhibit radiolysis, indicating its radiochemical stability for at least one day. The analytical results of [⁶⁴Cu]PSMA-617 were in compliance with our in-house quality control/assurance specifications for radiopharmaceuticals.

In vitro uptake into LNCaP and PC-3 cells

Figure 3A shows *in vitro* uptakes of [⁶⁴Cu]PSMA-617 into PSMA-positive LNCaP and PSMA-negative PC-3 cell lines. These two PCa cell lines are used often for PSMA studies [25]. When exposed to LNCaP cells, [⁶⁴Cu]PSMA-617 started to accumulate into these cells (80.1 ± 6.4% of dose/mg at 5 min after the incubation); the radioactivity level had increased to 1355.0 ± 170.2% of dose/mg by 2 h. On the other hand, the uptake of [⁶⁴Cu]PSMA-617 by PC-3 was only 0.7 ± 0.2% of dose/mg at 5 min after the incubation, and 11.5 ± 2.1% of dose/mg at 2 h. Protein amounts were measured 0.071 ± 0.008 mg/well for LNCaP, and 0.076 ± 0.002 mg/well for PC-3 cells. At corresponding time points, the PC-3 cell uptakes were significantly lower than the LNCaP uptake values (P<0.0001).

To confirm the specific binding of [⁶⁴Cu]PSMA-617 to PSMA, unlabeled PSMA-617 at various concentrations was used to carry out inhibition experiments for the uptake of radioactivity in the PSMA-positive LNCaP cells at 60 min after the incubation (**Figure 3B**). Addition of unlabeled PSMA-617 reduced the uptake of [⁶⁴Cu]PSMA-617 in a dose-dependent order. Specific binding amounted to about 73% of total radio-

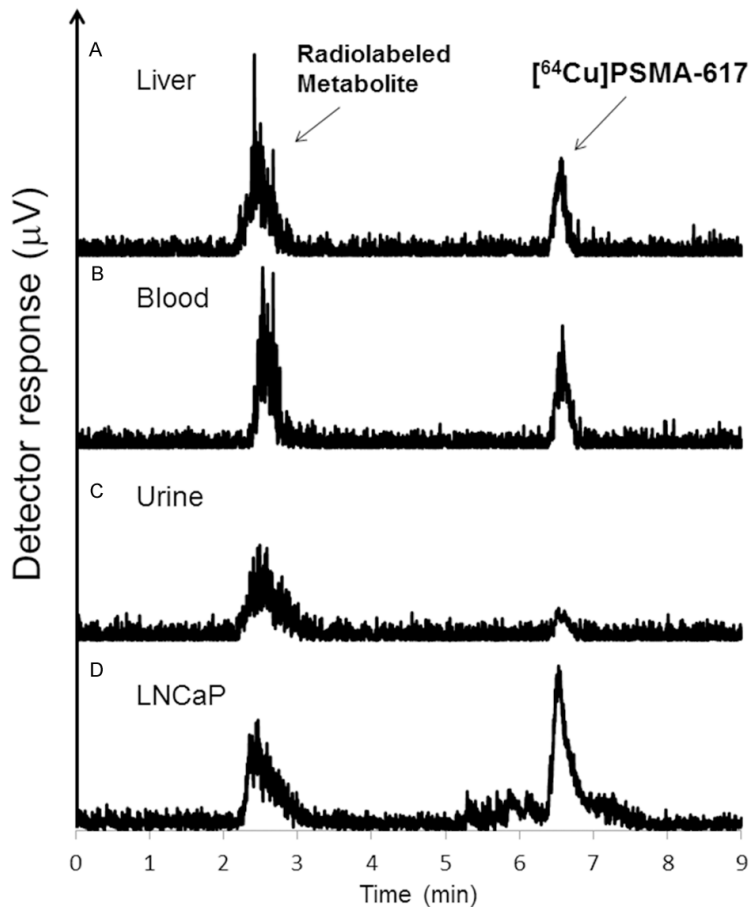


Figure 4. Radio-HPLC chromatograms for in vivo metabolite analysis of the liver (A), blood (B), urine (C), and LNCaP tumor (D) samples at 2 h after the injection of [⁶⁴Cu]PSMA-617.

activity uptake by LNCaP cells. When PSMA-617 was added to the incubation mixture at a total concentration of 8.56 nM (5.63-13.01 nM, 95% confidence interval), the radioactivity level decreased to 50% of the control cellular uptake. This experiment indicated that [⁶⁴Cu]PSMA-617 has a high binding affinity for PSMA, and significant specificity for the PSMA-positive LNCaP. It was assumed that the efflux of [⁶⁴Cu]PSMA-617 might be from the cell surface-bound activity and may be similar to the efflux of ⁶⁸Ga-labeled PSMA-617 analogs [26].

Metabolite analysis in normal mice and tumor-bearing mice

To investigate the stability of [⁶⁴Cu]PSMA-617 in vivo, metabolite analysis was performed on the mice. One hour after the injection of [⁶⁴Cu]PSMA-617 into mice, only unchanged [⁶⁴Cu]PSMA-617 was observed in the blood, liver, and

urine. As shown in the radio-HPLC chromatograms (Figure 4) of the liver homogenate (A), blood (B), urine (C), and LNCaP tumor (D) at 2 h, the fraction corresponding to unchanged [⁶⁴Cu]PSMA-617 ($t_R = 6.2-6.4$ min) had decreased to 28.0% in liver, 20.1% in blood and 5.2% in urine. The polar radiolabeled metabolite ($t_R = 2.1-2.8$ min) was observed in the HPLC charts for the all analyzed samples. This radiolabeled metabolite may have been a ⁶⁴Cu-conjugator formed in the liver by ⁶⁴Cu-transchelation with superoxide dismutase [27]. At 2 h after the injection of [⁶⁴Cu]PSMA-617, a radiolabeled metabolite was observed with 54.7% in the LNCaP tumor tissues, in addition to the intact form (Figure 4D).

PET imaging of normal mice

The biodistribution and pharmacokinetics of [⁶⁴Cu]PSMA-617 in normal mice were determined by small-animal PET scans (Figure 5). Figure 5A shows typical PET MIP images of whole mice bodies at several time points following injection of [⁶⁴Cu]PSMA-617. Figure 5B shows [⁶⁴Cu]PSMA-617 time-activity curves (TACs) of mice for the first 60 min following injection. The injected dosing solution was carried through the vena cava to the heart, which distributed to the whole body. The radioactivity rapidly peaked in the lung, heart and kidneys by 0.5 min, and was subsequently eliminated from these organs. About 20% of the initial uptake remained in the kidneys 60 min after the injection. The radioactivity level in the liver, initially decreased to 1 SUV and remained within the range of 1-2 SUV.

These PET scans enabled visualization of mice livers, kidneys, and urinary bladders. The renal uptake of radioactivity may be partially due to the expression of PSMA in mouse proximal renal tubules [28]. The duodenum, colon, and urinary bladder reportedly express PSMA [28], which probably contributes to the radioactivity

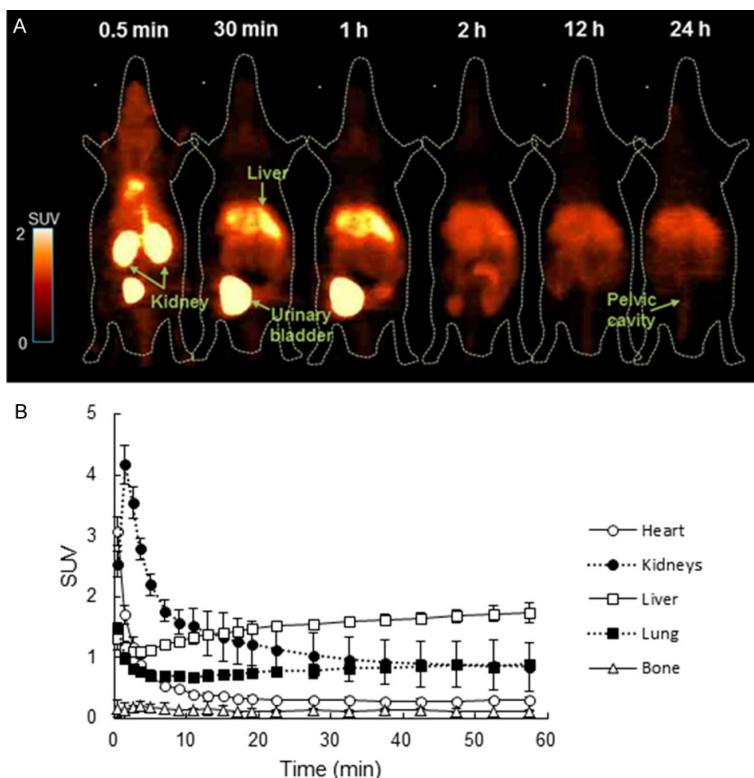


Figure 5. PET study of [⁶⁴Cu]PSMA-617 in ICR normal mice. MIP images (A) and 60-minute-long TACs (B) for heart, lung, bone, liver, and kidneys were exhibited.

uptake by these tissues to some extent. In addition to the uptake reflecting the PSMA expression, the high uptakes and pharmacokinetics in the kidneys and urinary bladder may reflect a rapid and main excretion route of radioactivity through the kidneys to urine. On the other hand, the low *in vivo* stability of [⁶⁴Cu]PSMA-617 may mainly contribute to the high radioactivity retained by the liver. Some ⁶⁴Cu-DOTA ligands are associated with trans-chelation of ⁶⁴Cu by other proteins endogenous to the liver [29-31].

Ex vivo biodistribution in normal mice

To further investigate its pharmacokinetics, we characterized *ex vivo* distribution of [⁶⁴Cu]PSMA-617 in mice. **Table 1** shows the uptake of radioactivity in selected organs at 0.5, 1, 2, 12 and 24 h after radioligand injection. At 0.5 h, a high uptake (>3% ID/g) was observed in the lung ($4.6 \pm 1.1\%$ ID/g), liver ($12.7 \pm 0.8\%$ ID/g), and kidneys ($29.4 \pm 12.5\%$ ID/g). After the initial increments, the radioactivity decreased in the liver and kidneys.

The distribution pattern of radioactivity in this experiment was consistent with PET data. The initial renal uptake of radioactivity was highest among all tissues, and decreased to $4.0 \pm 0.7\%$ ID/g at 24 h post-injection. In the non-targeted organs with low or no PSMA expression such as the blood, heart, spleen, and pancreas, similarly low levels of radioactivity (<2% ID/g) were retained at 24 h.

PET imaging of tumor-bearing mice

PET imaging study with [⁶⁴Cu]PSMA-617 was performed on the tumor-bearing mice. PSMA-positive LNCaP cells and PSMA-negative PC-3 cells were implanted into the left and right flanks of mice, respectively. **Figure 6A** shows MIP images taken 2 min, 10 min, 30 min, 60 min, 2 h, and 24 h after radioligand injection.

Figure 6B shows the TACs of [⁶⁴Cu]PSMA-617 for the two tumor areas and main organs over the first 60 min following administration. A considerable uptake of radioactivity was observed for the LNCaP tumor area with a definite level within 60 min; low uptake was observed for the PC-3 area. Significant uptakes were also observed in the kidneys and liver, as determined in the TACs. The renal radioactivity in the tumor-bearing mice was much higher than in the normal mice, while the liver uptake for the tumor mice was not significantly different from that of normal mice.

Quantitative analysis of the PET static images revealed that LNCaP uptake at 2 min following administration was 0.67 ± 0.12 SUV. An increased LNCaP uptake was observed at 60 min (0.99 ± 0.26), while a low and stable PC-3 uptake occurred over the same 60 min period (0.15 ± 0.08 SUV at 2 min and 0.14 ± 0.07 SUV at 60 min). The SUV of LNCaP at 2 h was 0.93 ± 0.25 , higher than that of PC-3 (0.16 ± 0.09 SUV). A similar result was observed at 24 h (LNCaP: 0.83 ± 0.23 SUV to PC-3: 0.25 ± 0.15 SUV). The LNCaP uptake of [⁶⁴Cu]PSMA-617

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Table 1. Biodistribution (% ID/g) of radioactivity in ICR mice (n = 4) after the injection of [⁶⁴Cu]PSMA-617

Time (h)	0.5	1	2	12	24
Blood	0.94 ± 0.03	0.9 ± 0.21	0.99 ± 0.29	1.20 ± 0.43	0.93 ± 0.32
Heart	1.86 ± 0.3	1.56 ± 0.12	2.23 ± 0.5	2.56 ± 0.66	2.14 ± 0.59
Duodenum	5.55 ± 0.47	5.81 ± 0.48	6.99 ± 2.56	3.42 ± 0.10	2.58 ± 0.70
Kidneys	29.42 ± 12.51	15.96 ± 3.09	7.27 ± 1.17	4.09 ± 0.55	3.95 ± 0.65
Liver	12.65 ± 0.75	11.05 ± 2.12	11.4 ± 1.69	9.51 ± 1.06	9.08 ± 0.57
Lung	4.61 ± 1.05	5.77 ± 0.92	7.19 ± 1.32	5.13 ± 0.66	3.59 ± 0.86
Muscle	0.47 ± 0.16	0.37 ± 0.11	0.45 ± 0.18	0.50 ± 0.15	0.44 ± 0.15
Pancreas	1.20 ± 0.19	1.51 ± 0.33	2.40 ± 0.95	1.58 ± 0.47	1.29 ± 0.21
Spleen	1.18 ± 0.25	1.22 ± 0.42	1.45 ± 0.73	2.59 ± 0.80	1.84 ± 0.51
Stomach	2.51 ± 0.64	3.55 ± 0.23	4.99 ± 1.47	0.74 ± 0.10	1.03 ± 0.44

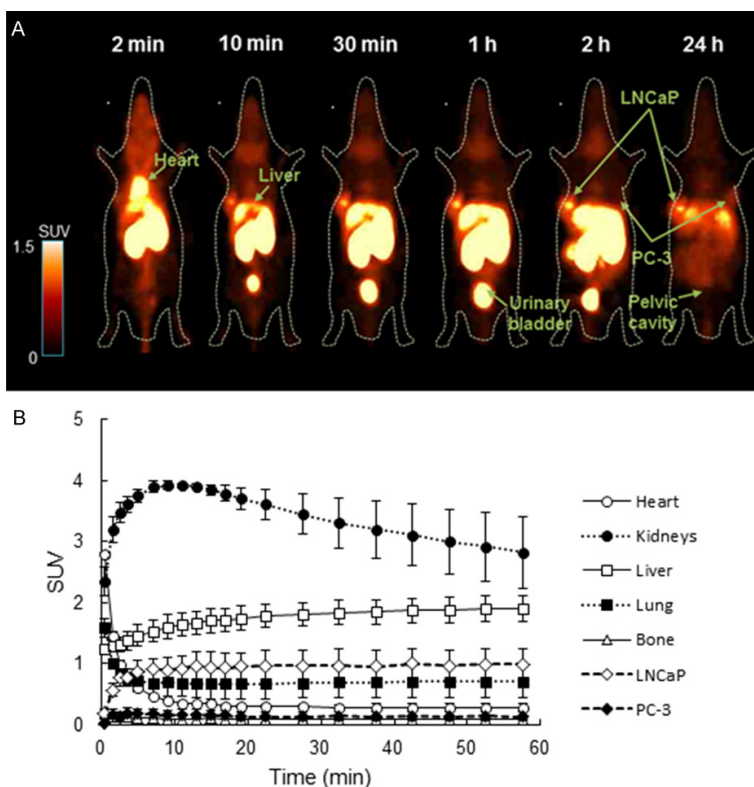


Figure 6. PET study of [⁶⁴Cu]PSMA-617 in tumor-bearing mice. MIP images (A) and 60-minute-long TACs (B) of two tumors (LNCaP and PC-3), heart, lung, bone, liver, and kidneys were exhibited.

was higher than the corresponding uptake by PSMA-negative PC-3 at all time points, which confirmed that *in vivo* uptake of radioactivity examined in the LNCaP tumor was PSMA-mediated.

In the PET experiments, non-targeted organs, such as the heart, lung and bone, exhibited low uptake. Within 1 h after the injection of [⁶⁴Cu]PSMA-617 the renal uptake was greater in the

tumor-bearing mice (**Figure 6**) than in the normal mice (**Figure 5**). The putative reason of this result may be that the tumor-derived exosomes containing PSMA accumulated in the kidneys to produce the additional renal uptake in tumor-bearing mice [32]. Twenty-four hours after the injection of this radioligand, radioactivity had largely cleared from the kidneys, producing high target-to-background contrast. This result is favorable for the PET study of tumors. However, we also observed relatively high nonspecific uptake by the liver, which probably caused noisy signal and radiation damage to the subjects.

Immunohistochemical staining

A strong signal of fluorescence was visualized by immunofluorescence staining of the LNCaP tumor and kidney. PSMA was found to express highly in this tumor and kidney slices (**Figure 7**). Contrary to PSMA expression in LNCaP, PSMA expression and fluorescence was not observed in the PC-3 tumor and liver slices. Point-like fluorescence was detected in kidney cortex, but not found in medulla part. This finding may be related to tumor-derived exosomes containing PSMA accumulated in kidney of tumor-bearing mice as mentioned in the above PET study. These results were consistent with the [⁶⁴Cu]

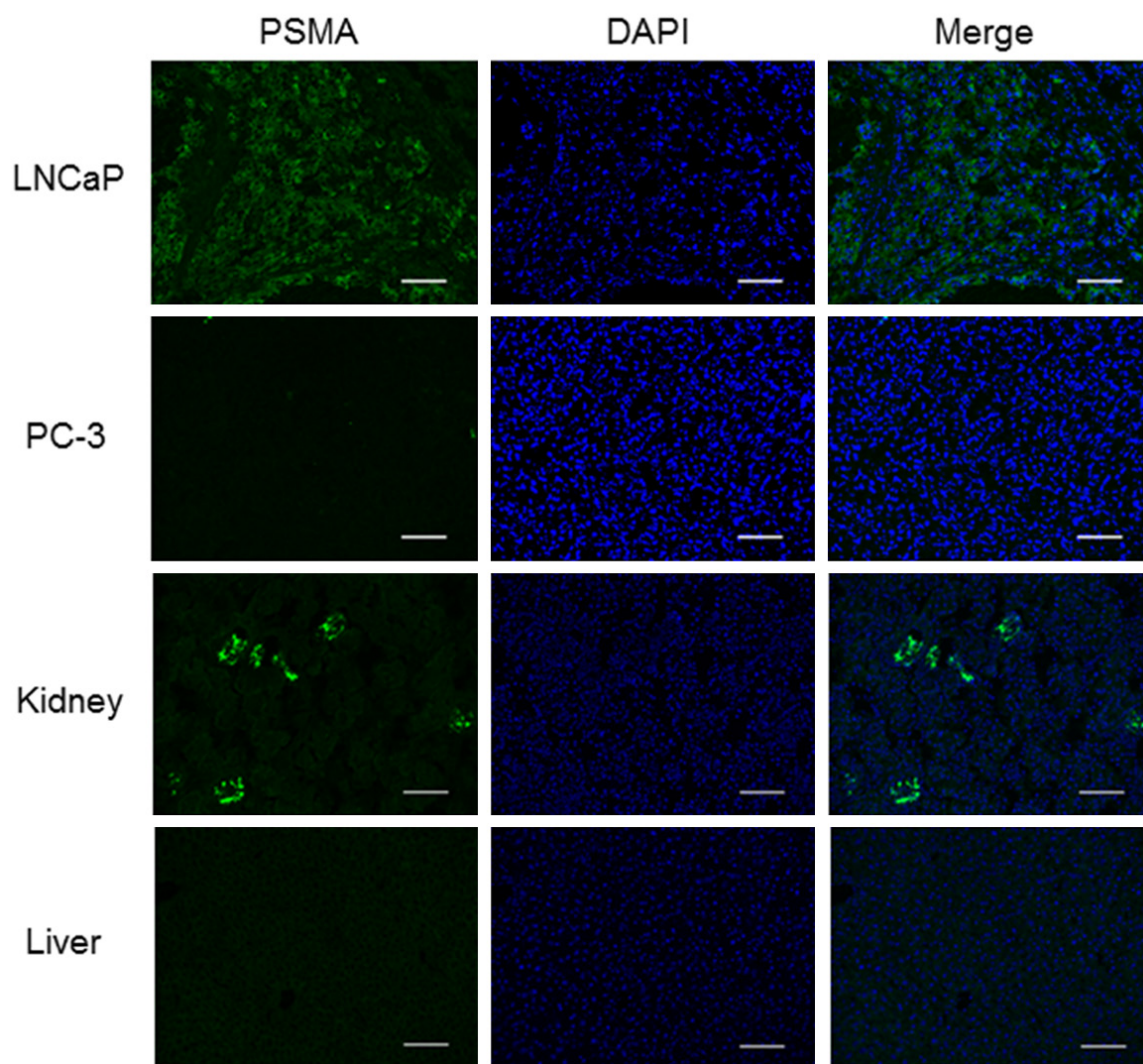


Figure 7. Immunofluorescence staining. PSMA expression is positive in LNCaP tumor and cortex part of kidney tissue sections and negative in PC-3 tumor and liver tissue sections. The cell nuclei were visualized using DAPI. Scale bar: 100 μ m.

PSMA-617 PET findings and with the physiological expression of PSMA in the kidney, which demonstrated that focal uptake of [⁶⁴Cu]PSMA-617 in the LNCaP areas was mainly due to PSMA expression.

The present *in vitro* and *in vivo* evaluation indicated that [⁶⁴Cu]PSMA-617 could be used to visualize PSMA-positive PCa. PET with [⁶⁴Cu]PSMA-617 exhibited relatively high tumor-to-normal tissue ratios. For example, the ratios of LNCaP radioactivity to heart and bone radioactivity were 2.9 and 9.3 at 24 h after the injection, respectively. Very little bone uptake was observed, indicating that this radioligand may find application for the detection of PCa metas-

tases, which are preferentially found in bone. As shown by the PET data for normal and tumor-bearing mice, uptake was extremely low in the pelvic cavity 24 h after radioligand injection (**Figures 5A and 6A**); this characteristic of [⁶⁴Cu]PSMA-617 is favorable for its clinical use. The detection of lymph metastasis of PCa is based on pelvic lymphadenectomy [30]; low pelvic cavity uptake may enable noninvasive detection of lymph metastasis in this tissue.

[⁶⁴Cu]PSMA-617 has a shortcoming. This radioligand is not stable *in vivo*. Because of the trans-chelation of ⁶⁴Cu, a radiolabeled metabolite may be produced and easily accumulated by the liver. Moreover, this radiolabeled metab-

olite was also found in the tumor tissues, which would decrease signals specific to PSMA and increase noisy signals. There was *in vivo* pharmacokinetic difference between [⁶⁴Cu]PSMA-617 and [⁶⁸Ga]PSMA-617. Compared to [⁶⁸Ga]PSMA-617, [⁶⁴Cu]PSMA-617 showed a higher liver uptake and slower clearance of radioactivity from the kidneys in the tumor-bearing mice. High liver uptake is a common phenomenon for some ⁶⁴Cu-DOTA-labeled ligands [27, 29-31]. To improve *in vivo* stability of ⁶⁴Cu-labeled PSMA-617 ligand, it may be worthwhile to substitute DOTA for other chelators. Conjugating the PSMA ligand to an alternative chelator such as 2-[4,7-bis-(carboxymethyl)-[1,4,7]triazonan-1-yl]acetic acid (NOTA) or 4,8,11-tetraazabicyclo[6.6.2]hexadecane-4,11-diacetic acid (CB2-TE2A) in place of DOTA reportedly decreases liver uptake. For example, a decreased liver uptake of N-[4,7-bis(carboxymethyl)octahydro-1H-1,4,7-triazonin-1-yl]acetic acid (NODAGA) or CB-TE2A-conjugated PSMA radioligand has been explained by its higher *in vivo* stability [22, 29, 33, 34].

Conclusion

In this study, we synthesized [⁶⁴Cu]PSMA-617 for the first time, performed the biodistribution, metabolite analysis, and PET studies, and further assessed its usefulness in detecting PSMA-positive PCa. *In vitro* study indicated [⁶⁴Cu]PSMA-617 was taken into the PSMA-positive LNCaP cells and bound specifically to PSMA. PET scans enabled visualization of PSMA-positive PCa. However, the high liver uptake of radioactivity and slow clearance from kidneys due to [⁶⁴Cu]PSMA-617 instability *in vivo* may preclude wide application of this radioligand. Change of the DOTA chelator moiety may enable development of more useful ⁶⁴Cu or ⁶⁷Cu-labeled PSMA ligands for imaging and targeted radiotherapy.

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Disclosure of conflict of interest

None.

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