

# Non-Invasive Fully Quantitative Positron Emission Tomography Imaging

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## PROJECT ABSTRACT

Positron emission tomography (PET), a nuclear imaging technology for *in vivo* quantification of blood flow, metabolism, and protein distribution, is an invaluable tool for developing novel personalized therapies for high morbidity and mortality brain disorders (Benton *et al.*, 2007; Depression Guideline Panel, 1999; Michalak *et al.*, 2008; Trivedi, 2003; Vogt *et al.*, 1994).

PET gold-standard full quantification involves determining the plasmatic concentration of the injected radioligand, corrected for the fraction that is metabolized in the body (metabolite-corrected input function, cIF), a step essential for all the radioligands used in neuroreceptors studies other than [<sup>18</sup>F]FDG. This invasive and costly procedure, that requires arterial catheter insertion and analysis of several blood samples, is difficult to apply in clinical practice, but it represents the only way to obtain *in vivo* the closest quantification to *in vitro* receptor density, the binding potential (BP<sub>F</sub>) (Innis *et al.*, 2007).

Reference region approaches (RRA) (Cunningham *et al.*, 1991; Ichise *et al.*, 2003; Lammertsma *et al.*, 1996; Logan *et al.*, 1996) avoid arterial sampling by “considering as input” the radioligand activity in a reference region (RR) devoid of the receptors of interest. More precisely, they form an inferred relationship between regions based on the fact that such regions share the cIF, and the assumption that the non-displaceable volume of distribution (V<sub>ND</sub>) of the radioligand, ideally the volume of distribution in a RR devoid of specific binding, is constant throughout the brain. However, RRA

(i) require the identification of a reliable RR (Oquendo *et al.*, 2007; Parsey *et al.*, 2005; Parsey *et al.*, 2010); and

(ii) only estimate the non-displaceable binding potential BP<sub>ND</sub> (Innis *et al.*, 2007; Slifstein *et al.*, 2001), an outcome much less informative than BP<sub>F</sub>.

Thus, measuring cIF is key for many radioligands for which RR is not available (Ginovart *et al.*, 2006; Henriksen *et al.*, 2008), and for correctly interpreting PET binding (Parsey *et al.*, 2006; Parsey *et al.*, 2010).

Tremendous progress has been achieved (Zanotti-Fregonara *et al.*, 2011a) in the effort to reduce or eliminate the amount of arterial blood required, while maintaining quantification accuracy relative to the cIF analysis, including image-derived input function approaches (IDIF) (Zanotti-Fregonara *et al.*, 2011a; Zanotti-Fregonara *et al.*, 2011b). However, none of these so-called non-invasive methods has so far shown the potential to be introduced in the future into clinical practice due to three major limitations (Zanotti-Fregonara *et al.*, 2011a; Zanotti-Fregonara *et al.*, 2011b).

(a) None works effectively for more than one radioligand.

(b) None per se accounts for metabolite correction.

(c) They still require multiple arterial samples for correction/scaling purpose.

Simultaneous estimation (SIME) (Wong *et al.*, 2002) of cIF and tissue kinetic constants has the potential to achieve a truly non-invasive cIF estimation (Zanotti-Fregonara *et al.*, 2011a), given that it (a) is promising for multiple radioligands (Ogden *et al.*, 2010; Zanotti-Fregonara *et al.*, 2011a), and (b) accounts for metabolite correction. Still, the need for one blood sample for scaling the cIF is a major barrier for its use in clinical practice.

We hypothesize that we can predict in each subject the scaling needed for SIME solely on the basis of non-invasive biometric measurements (e.g. net injected dose and mass, body mass index, age), thus solving one of the biggest challenges that hamper the routine use of PET in brain studies, the need for arterial blood. This will be tested on an already acquired rich PET archive, which includes arterial sampling and correlated biometric measurements for several radioligands and subjects.

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