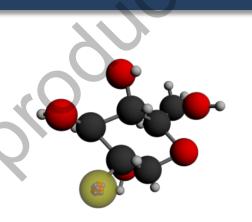


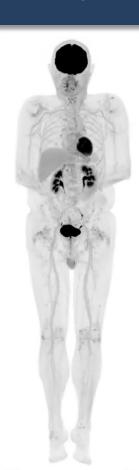
Molecular Imaging and Total-Body PET:
The Basics



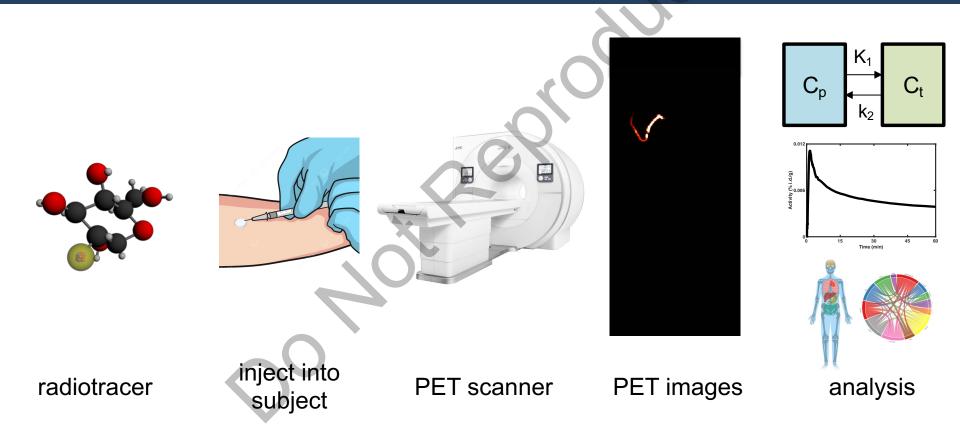
Departments of Biomedical Engineering and Radiology, UC Davis



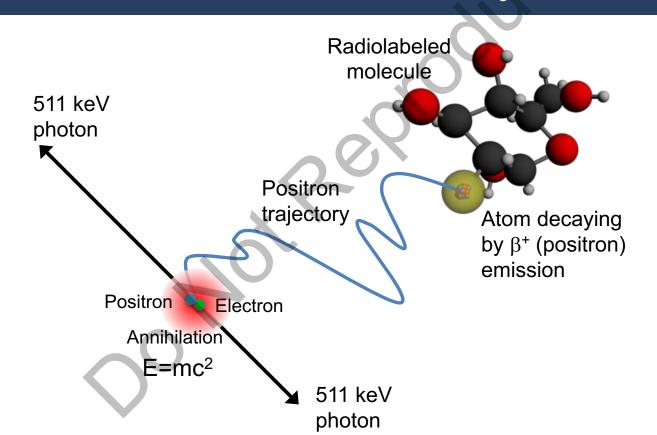




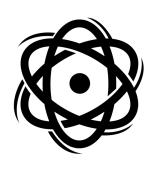
Positron Emission Tomography



Positron Emission Tomography A Beautiful Piece of Physics

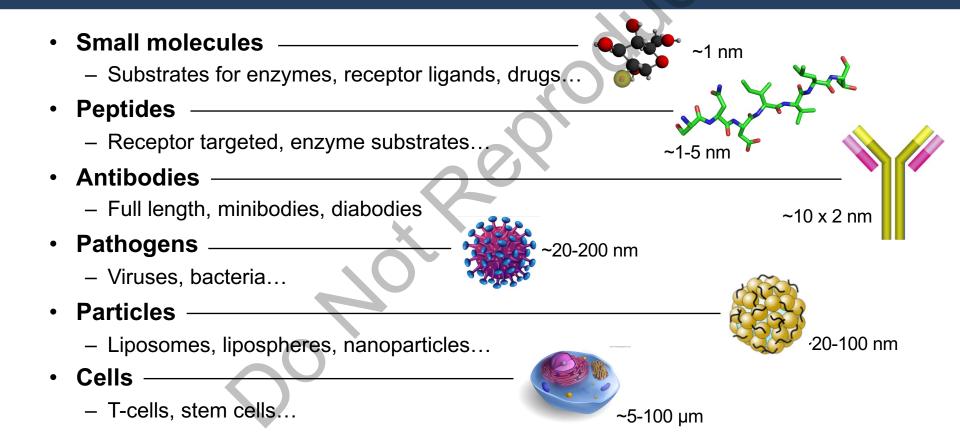


Positron-Emitting Radionuclides

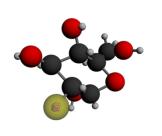


Isotope	Halflife	β + fraction	Max. Energy
C-11	20.4 mins	0.99	0.96 MeV
N-13	9.96 mins	1.00	1.20 MeV
O-15	123 secs	1.00	1.74 MeV
F-18	110 mins	0.97	0.63 MeV
Ga-68	68.3 mins	0.88	1.90 MeV
Rb-82	78 secs	0.96	3.15 MeV
Zr-89	3.3 days	0.22	0.90 MeV
I–124	4.18 days	0.22	3.16 MeV

Radiolabeled Agents for PET Imaging



PET Radiotracers



Physiology

Blood Flow H₂¹⁵O, ¹¹C-butanol Blood Volume ¹¹CO, ¹⁸F-human serum albumin (HSA)

Metabolism

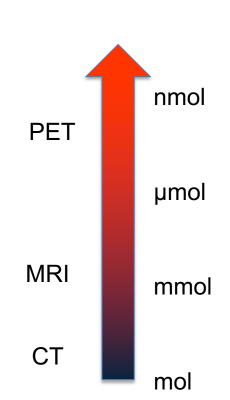
Oxygen ¹⁵O₂ Glucose ¹⁸F-fluorodeoxygluose (FDG) Fatty Acid ¹¹C-palmitate

Receptor/Protein Binding

Dopamine ¹¹C-raclopride Prostate Specific Membrane Antigen (PSMA) e.g. ¹⁸F-piflufolastat CD8 (T-cells) e.g. ⁸⁹Zr-Df-Crefmirlimab Beta-amyloid e.g. ¹⁸F-florbetapir

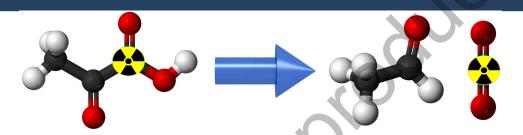
PET is Highly Sensitive

- PET radiotracers are synthesized with molar activity as high as 100-1000 GBq/µmol
- Typical administrations of small molecules are in the range 2.5 – 25 nmol (0.1 – 10 μg)
- PET is a tracer technique generally no pharmacological effect
- Biodistribution may change with mass level may want to add additional mass of cold compound



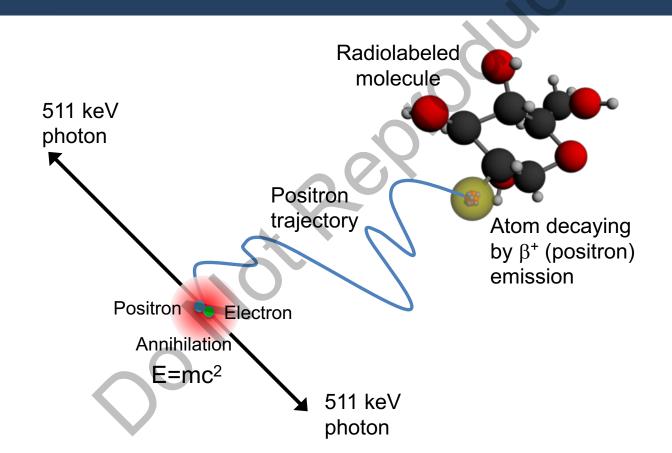
Luurtsema et al, EJNMMI Radiopharmacy and Chemistry 6; 34 (2021)

One Important Caveat – Metabolites!



- PET images the distribution of the radioisotope
- PET cannot distinguish radiolabeled metabolites from parent compound
- Important to know fate of radiotracer in the body over the imaging time
- Careful tracer design (native vs analog)
- May require metabolite correction/analysis to properly interpret images

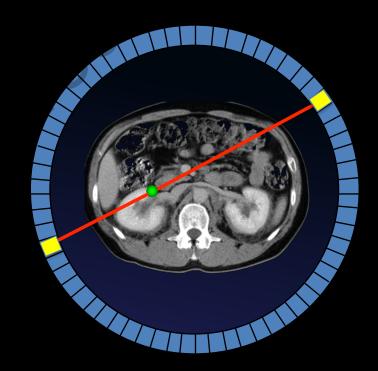
Positron Emission Tomography



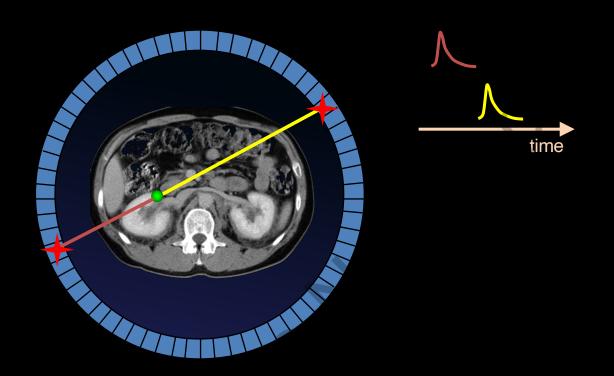
PET Scanner

Rings of scintillation detectors

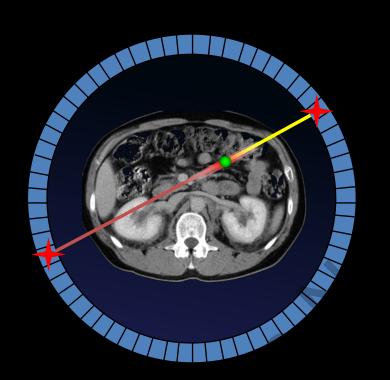
Very dense material to effectively absorb 511 keV photons

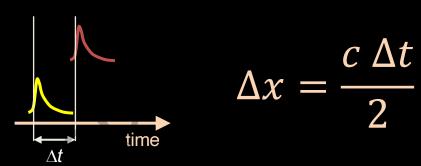


Time of Flight PET



Time of Flight PET





Timing resolution
$$\Delta t = \sim 200 \text{ ps}$$
 $\Delta x = 3 \text{ cm}$

Time of flight information not sufficient to directly localize events

Image Reconstruction

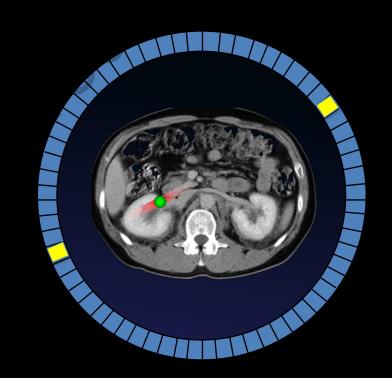
Sophisticated iterative methods

List mode time-of-flight

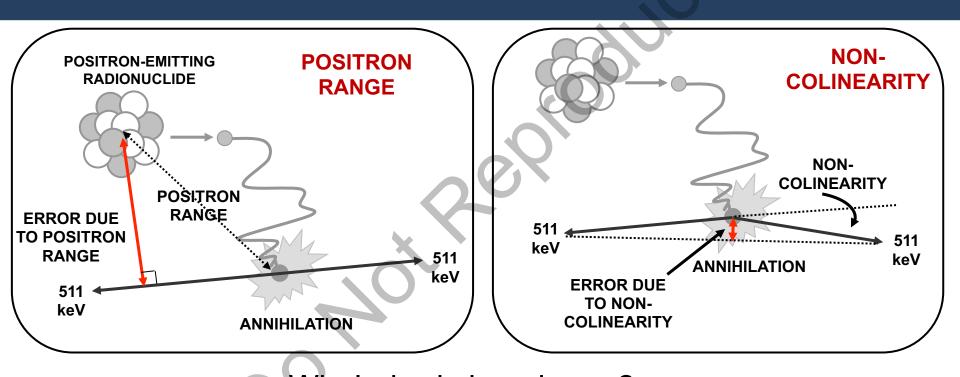
Ordered subsets, expectation maximization (OSEM)

Point spread function (PSF) modeling may be applied

Post smoothing may be applied



The Spatial Resolution of PET is Limited



Whole-body imaging ~ 2 mm
Brain imaging ~ 1 mm

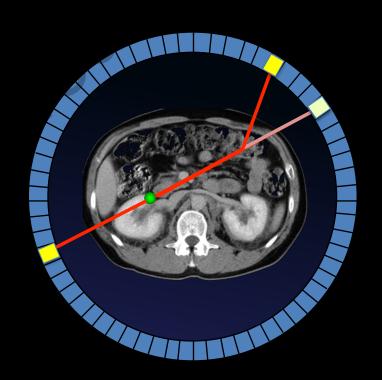
Data Corrections

Detector efficiency

Accidental (random) events

System deadtime

Photon attenuation and scatter (using CT or MRI information)

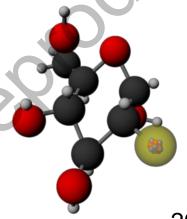


Clinical Use of PET Scanning





[18F]-fluoro-2deoxy-D-glucose (FDG)





Clinical Use (2016 figures):

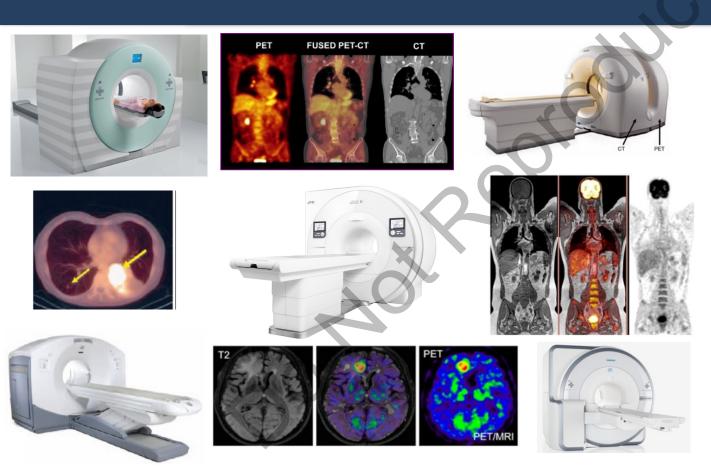
5.76 million scans per year at ~5,700 sites in the world

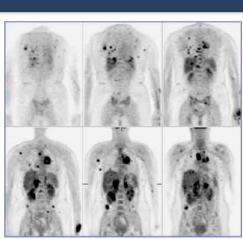
Oncology: staging, response to therapy

Cardiology: perfusion, viability

Neurology: amyloid imaging in AD

PET/CT and PET/MR Scanners

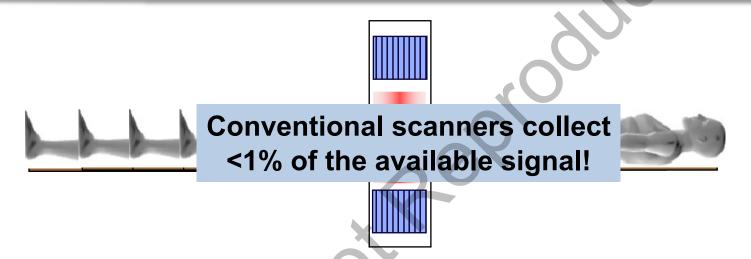








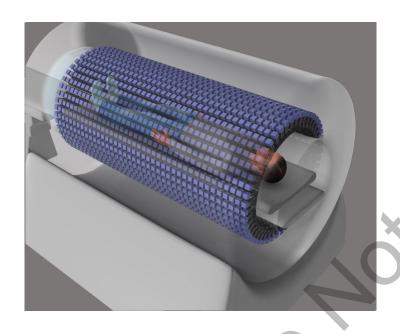
Signal Collection in PET



- PET provides the most sensitive non-invasive molecular assay of the human body
 - All PET studies are limited by low signal, radiation dose, or both



Total-Body PET



Ctotale Bloodyal
PET RETSC Inner

Opportunities:

- All organs/tissues in field of view
- High geometric collection efficiency
- Leads to ~20-60 fold higher signal for whole-body imaging





uEXPLORER Scanner



Performance:

174 kcps/MBq sensitivity* (<20 kcps/MBq industry standard)

2.9 mm spatial resolution*

509 psecs time of flight

11.7% energy resolution



*NEMA NU 2-2018 protocol

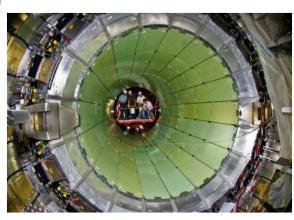


EXPLORER vs CMS EM Calorimeter









of crystals: 564,480

of photodetectors: 53,760

of electronic channels: 53,760

Mass: ~11,000 kg

of crystals: 75,848

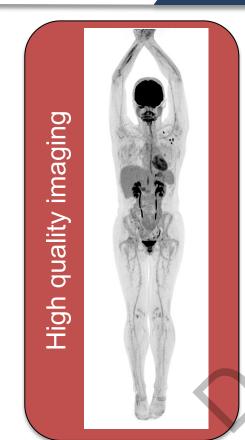
of photodetectors: 137,048

of electronic channels: 75,848

Mass: ~100,000 kg



Capabilities of Total-Body PET



sec scan 30 mage quickly:





Total-Body and Long PET Scanners

United Imaging uEXPLORER (194 cm)

~3 mm spatial resolution total-body coverage ~500 ps time-of-flight









Siemens Vision Quadra (106 cm) ~220 ps time-of-flight



Total-Body PET: A Scientific Measurement Instrument



Scanner

Calibration/QC Normalization Attenuation Scatter

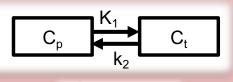
Randoms Deadtime

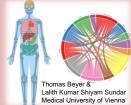
Background/Other y's



Subject

Motion
Dietary Prep
Time of Day
Room Temperature
Exercise, Stress



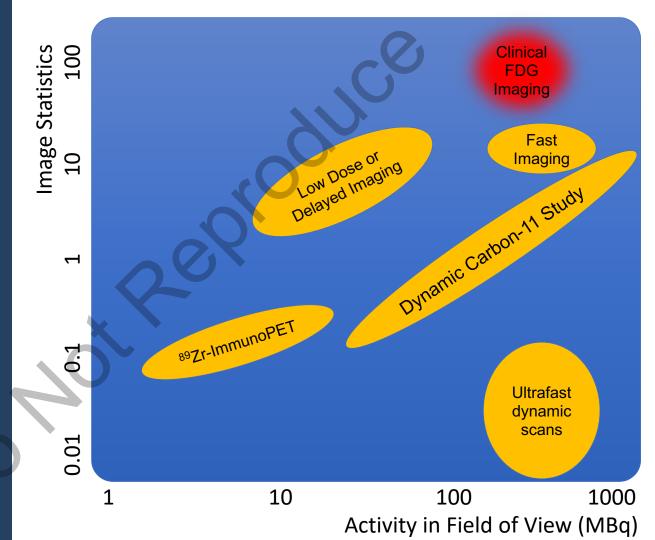


Modeling/Analysis

Motion Correction
Segmentation, AI tools
Biological Understanding
TB Kinetic Modeling
Connectomics



Need to be accurate and precise over 3-4 orders of magnitude!





Distribution varies over time and with different tracers



¹⁸F-FDG

89Zr-Df-Crefmirlimab

¹⁸F-Florbetaben



Subject volume can vary by > 10x



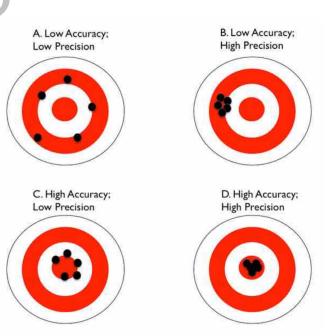
10 kg - 150 kg



Quantitative Accuracy and Precision

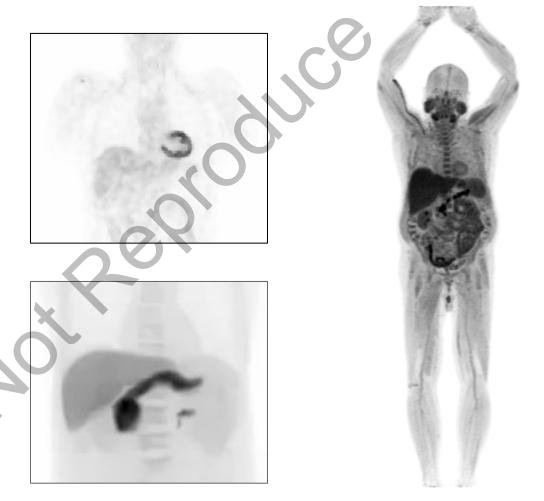
PET measures radiotracer concentration (kBq/cc)

- Precision (# of counts)
- Accuracy (data corrections)
- How good is it? ~ 5-10%
 - (ignoring biological variability)
- How good can it be?





Motion occurs during scanning



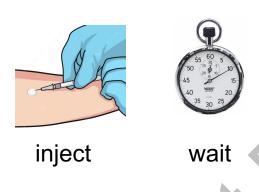
Xuezhu Zhang, Eric Berg and Yasser Abdelhafez



Static vs Dynamic Imaging

scan

Static imaging

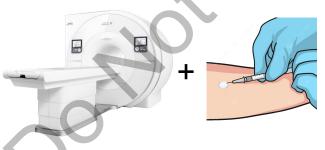


image

Simple Short time

in scanner

Dynamic imaging



position subject in scanner, imaging starts just before injection



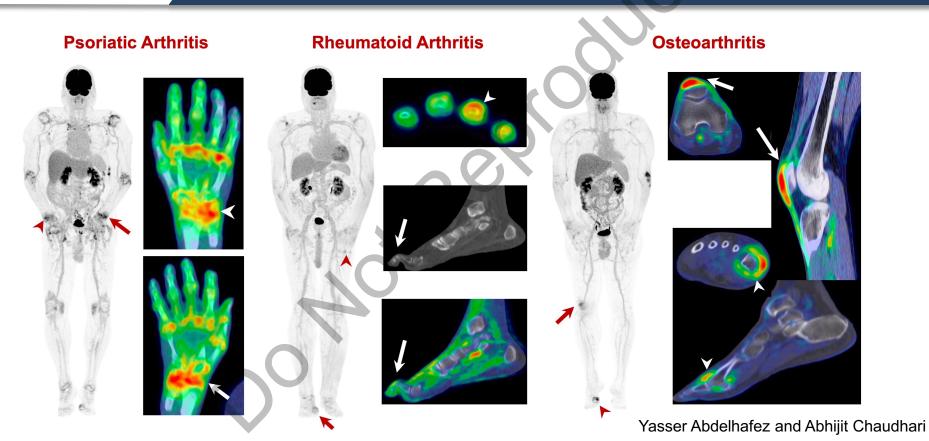
of images

More time in scanner

More information



Total-Body PET in Arthritis





Metrics from Static Scans

Standardized Uptake Value (SUV)

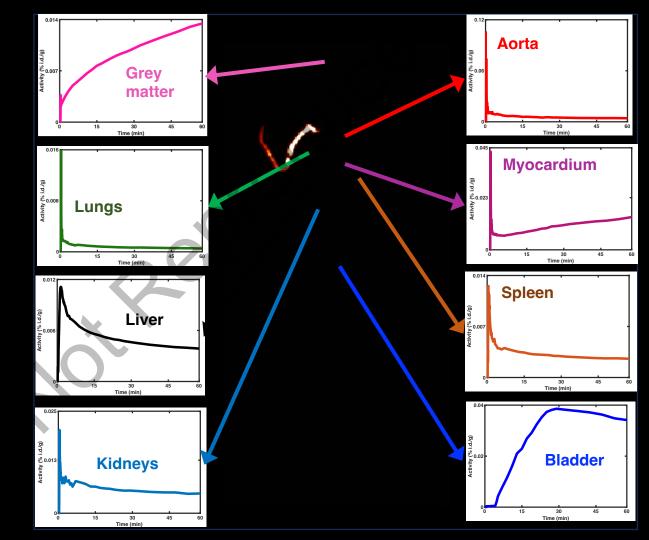
$$SUV (g/mI) = \frac{C_{tissue}(kBq/mI)}{A(kBq) / w(g)}$$

Sensitive to uptake time, tracer delivery, scanner/dose calibrator calibration etc. 10-15% variability in within-subject test-retest studies

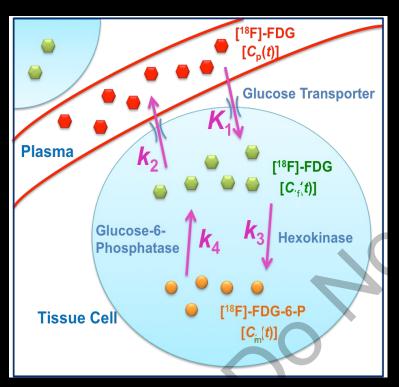
Standardized Uptake Value Ratio (SUVR)

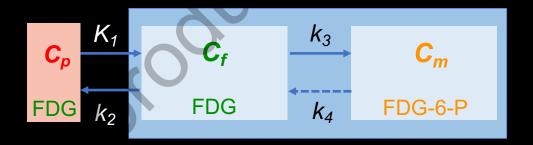
Total-Body Dynamic Imaging

Time-activity curves (TACs)



Total-Body Kinetic Modeling





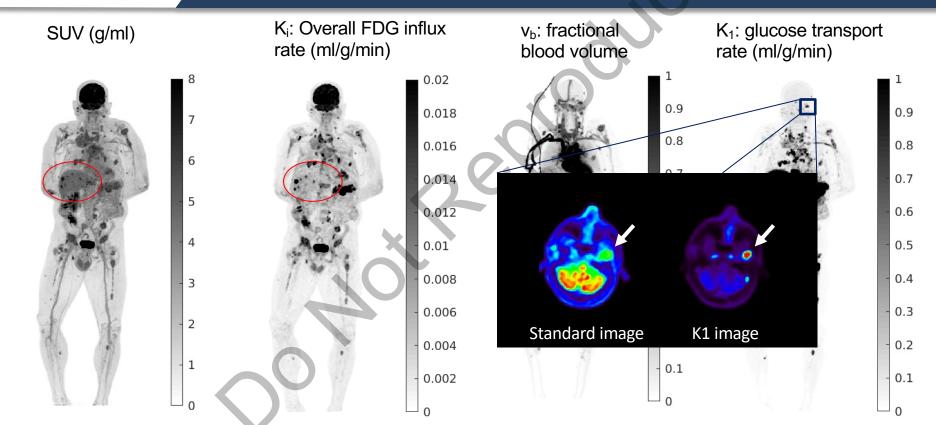
$$\frac{dC_f}{dt} = K_1 C_p - (k_2 + k_3) C_f + k_4 C_m$$

$$\frac{dC_m}{dt} = k_3 C_f - k_4 C_m$$

$$C_{PET}(t) = (1 - v_b)(C_f(t) + C_m(t)) + v_bC_p(t)$$

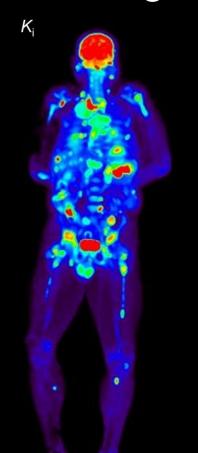


Parametric Imaging with ¹⁸F-FDG



Courtesy of Dr. Guobao Wang, UC Davis

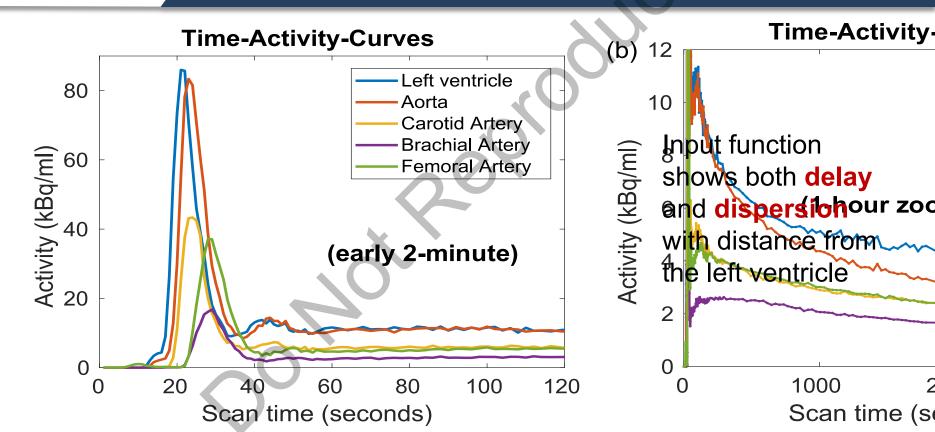
Challenges and Limitations in Kinetic Modeling



- Delay and dispersion of the blood input function
- Input function measures C_{wb} not C_p
- Model selection and special cases
 - Blood, liver, lungs etc...
- Correcting for metabolites
- Selecting appropriate model complexity
 - What can the data support?
 - Identifiability analysis
- Effects of motion

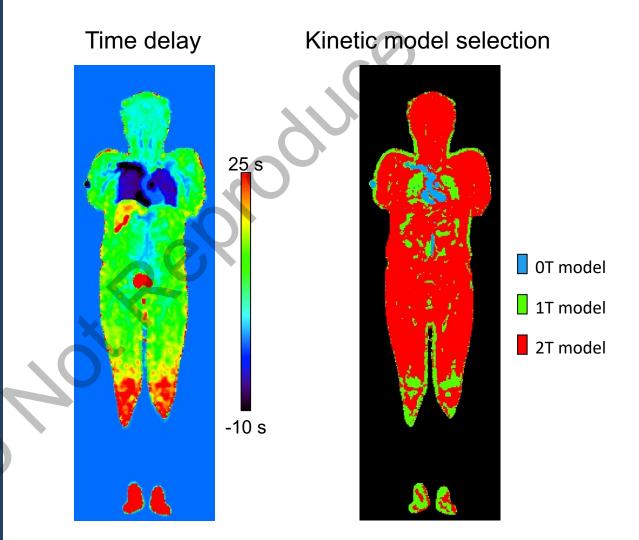


Image-Derived Input Function



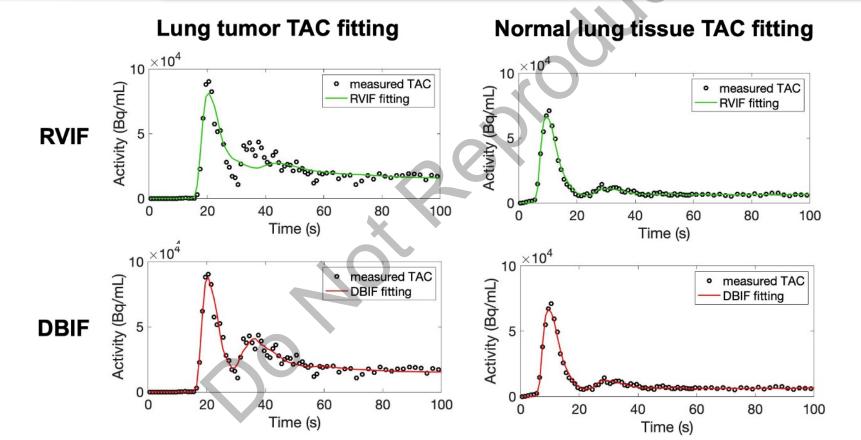


Time delay and model selection maps

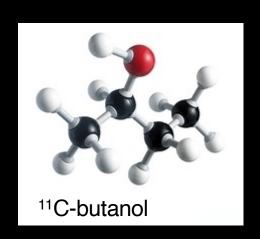


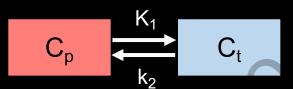


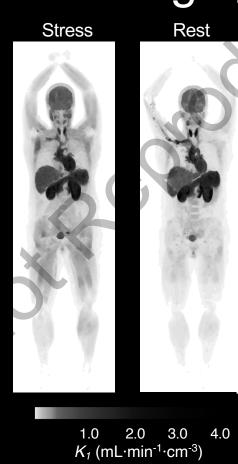
Dual Blood Input Function - Lung

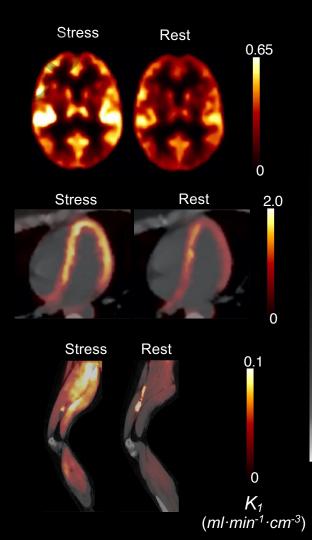


Total-Body Perfusion Imaging

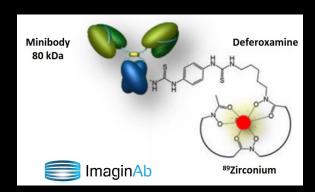








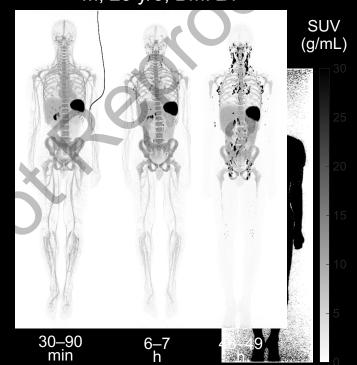
Targeted Imaging of CD8+ T cells

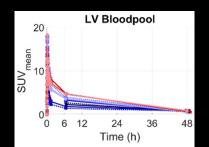


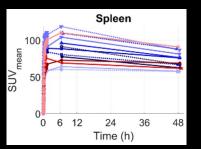
Crefmirlimab is a minibody with high affinity to human CD8

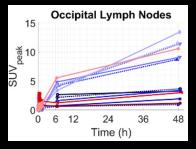
0.5 mCi (18 MBq) of 89Zr-Df-Crefmirlimab-Berdoxam

Control M, 25 y/o, BMI 21









New models needed!



Considerations in Study Design

- Radiotracer selection
- Subject selection
- Imaging protocol (static/dynamic)
- Reconstruction protocol
- Analysis methods



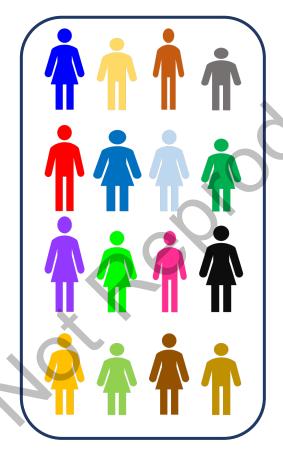
Function is Highly Variable

- Brain anatomy¹
 - Grey matter volume
 - Between-subject variability: 8.9%

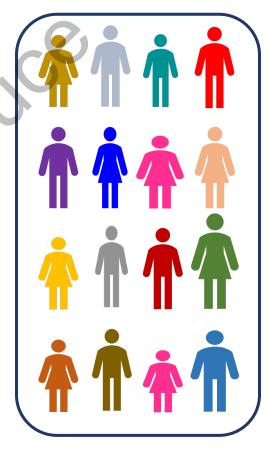
- Brain function²
 - Cerebral perfusion
 - Between-subject variability: 16.2%
 - Within-subject variability: 4.8%
- 1. Nobis et al, Neuroimage 2019; 23: 101904
- 2. Henriksen et al, J Magn Reson Imaging 2012; 35: 1290-1299.



Acrosssubject Design



Control Group



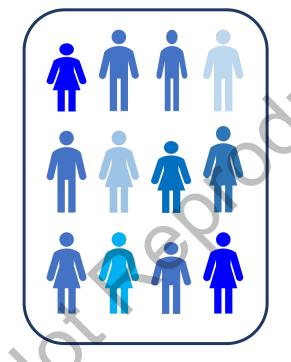
Disease Group

Requires large numbers of subjects

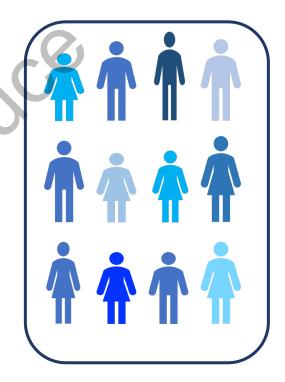


Matched Acrosssubject Design

gender, age, BMI, ethnicity, etc...





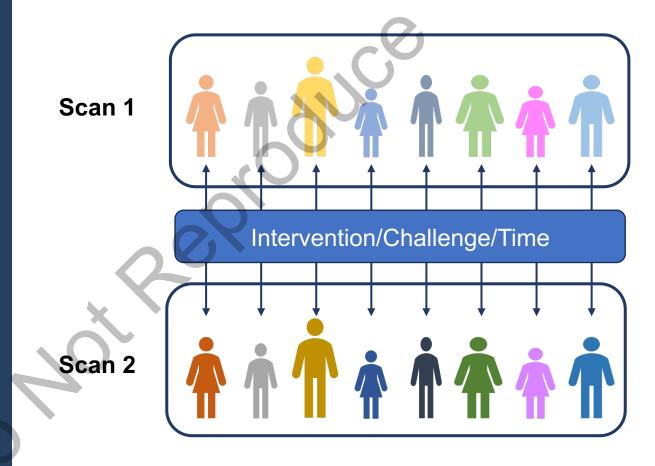


Disease Group

Reduce number of subjects Cohorts may be less diverse and representative



Withinsubject Design



Each subject serves as their own control



Summary

- PET is a highly sensitive technique that can quantitatively measure physiology, metabolism and molecular targets.
- Advanced total-body PET scanners enable radiotracer pharmacokinetics to be measured in the entire human body with good signal-tonoise ratio.
- Total-body PET offers new opportunities for studying the human body as a system in health and disease

