1	Synthesis and preclinical characterization of the				
2	PSMA-targeted hybrid tracer PSMA-I&F				
3	for nuclear and fluorescence imaging of prostate cancer				
4					
5	Margret Schottelius ^{*1} , Alexander Wurzer ¹ , Katharina Wissmiller ¹ , Roswitha Beck ¹ , Maximilian Koch ² ,				
6	Dimitrios Gkorpas ² , Johannes Notni ¹ , Tessa Buckle ³ , Matthias N. van Oosterom ³ , Katja Steiger ⁴ , Vasilis				
7	Ntziachristos², Markus Schwaiger⁵, Fijs W.B. van Leeuwen³, Hans-Jürgen Wester¹				
8					
9 10	¹ Chair for Pharmaceutical Radiochemistry, Technische Universität München, Walther-Meissner- Strasse 3, 85748 Garching, Germany				
11 12 13	² Chair for Biological Imaging (CBI), Technische Universität München, Trogerstr. 9, 81675 Munich, and Institute for Biological and Medical Imaging (IBMI), Helmholtz Centre Munich, Ingolstaedter Landstraße 1, 85764 Oberschleißheim, Germany				
14 15	³ Interventional Molecular Imaging Laboratory, Department of Radiology, Leiden University Medical Center, Albinusdreef 2, 2333 ZA Leiden, The Netherlands				
16 17	 ⁴ Institute for Pathology, Klinikum rechts der Isar, Technische Universität München, Ismaningerstr. 22, 81675 Munich, Germany 				
18 19	⁵ Department of Nuclear Medicine, Klinikum rechts der Isar, Technische Universität München, Ismaningerstr. 22, 81675 Munich, Germany				
20	* to whom correspondence should be addressed				
21 22 23 24 25 26 27 28 29 30	Prof. Dr. Margret Schottelius Chair for Pharmaceutical Radiochemistry Technische Universität München Walther-Meissner-Strasse 3 85748 Garching, Germany <u>m.schottelius@tum.de</u> Phone 0049 89 289 12258 Fax 0049 89 289 12204				
31 32 33	Running title: Optical/nuclear imaging using PSMA-I&F Word count (w/o abstract): 5878				
34 35 36	Immediate Open Access: Creative Commons Attribution 4.0 International License (CC BY) allows users to share and adapt with attribution, excluding materials credited to previous publications. License: https://creativecommons.org/licenses/by/4.0/ .				

37 Details: <u>http://jnm.snmjournals.org/site/misc/permission.xhtml</u>.

1 ABSTRACT

The PSMA-targeted radiotracers ⁶⁸Ga/¹⁷⁷Lu-PSMA-I&T and ^{99m}Tc-PSMA-I&S are currently successfully employed for clinical PET imaging, radionuclide therapy and radioguided surgery of metastatic prostate cancer. To additionally exploit the high sensitivity and spatial resolution of fluorescence imaging for improved surgical guidance, a first PSMA-I&T-based hybrid tracer, PSMA-I&F (DOTAGA-k(Sulfo-Cy5)-y-nalk-Sub-KuE), has been developed and evaluated.

7 The in vitro PSMA-targeting efficiency of PSMA-I&F, the reference PSMA-I&T and their corresponding ^{nat}Ga-/⁶⁸Ga- and ^{nat}Lu/¹⁷⁷Lu-counterparts was determined in LNCaP cells via competitive binding assays 8 9 (IC₅₀), dual-tracer radioligand- and fluorescence internalization studies. Biodistribution and small-animal 10 PET imaging studies were performed in CB17-SCID and LNCaP xenograft bearing SHO mice, respectively, 11 and complemented by intraoperative far-red fluorescence imaging using a clinical laparoscope. 12 Additionally, fully automated serial cryosectioning and fluorescence imaging of one tumor-bearing animal 13 as well as PSMA immunohistochemistry (IHC) and fluorescence microscopy of organ cryosections (tumor, 14 kidney, spleen) were also performed.

15 Compared to the parent PSMA-I&T analogs, the PSMA-affinities of PSMA-I&F and its ^{nat}Ga-/^{nat}Lu-16 complexes remained high and unaffected by dye conjugation (7.9<IC₅₀<10.5 nM for all ligands). The same 17 was observed for the internalization of ⁶⁸Ga- and ¹⁷⁷Lu-PSMA-I&F. In vivo, blood clearance of ⁶⁸Ga- and ¹⁷⁷Lu-PSMA-I&F was only slightly delayed by high plasma protein binding (94-95%), and very low 18 19 accumulation in non-target organs was observed already at 1h p.i.. Dynamic PET imaging confirmed PSMA-20 specific (as demonstrated by coinjection of 2-PMPA) uptake into the LNCaP xenograft (4.5±1.8%iD/g) and the kidneys (106±23%iD/g). Tumor/background ratios of 2.1, 5.2, 9.6 and 9.6 for blood, liver, intestines 21 and muscle, respectively, at 1h p.i. led to excellent imaging contrast in ⁶⁸Ga-PSMA-I&F PET and in 22 23 intraoperative fluorescence imaging. Furthermore, fluorescence imaging of tissue cryosections allowed 24 high-resolution visualization of intraorgan PSMA-I&F distribution in vivo and its correlation with PSMA 25 expression as determined by IHC.

- 1 Thus, with its high PSMA-targeting efficiency and favorable pharmacokinetic profile, ⁶⁸Ga/¹⁷⁷Lu-PSMA-I&F
- 2 serves as an excellent proof-of-concept compound for the general feasibility of PSMA-I&T-based hybrid
- 3 imaging. The PSMA-I&T scaffold represents a versatile PSMA-targeted lead structure, allowing relatively
- 4 straightforward adaptation to the different structural requirements of dedicated nuclear or hybrid imaging
- 5 agents.
- 6

7 KEYWORDS

8 PSMA, prostate cancer, fluorescence, hybrid tracer, intraoperative guidance

1 INTRODUCTION

Triggered by the introduction of ⁶⁸Ga-PSMA-11 PSMA PET in 2012 (*1*) for the diagnosis and staging of prostate cancer (*2-3*), PSMA-targeted diagnostic imaging and subsequently developed therapeutic approaches (*4-6*) have become valuable new tools in the clinical management of prostate cancer (*7*).

5 The rapid success of this translational effort is based on the availability of powerful PSMA-targeted 6 tracers for all relevant clinical applications (SPECT/PET/targeted radionuclide therapy) (7-9). Tracer 7 development, in turn, has been facilitated by the relative tolerance of the most commonly used central 8 PSMA binding motif, EuX (glutamate-urea-X, with X=lysine, glutamate or cysteine), towards diverse and 9 even bulky chemical modifications (1, 4, 10). This allows relatively straightforward adjustment of the tracer 10 structure to the requirements for the respective labeling strategy (^{99m}Tc, ¹⁸F, diagnostic and therapeutic 11 M³⁺ radiometals) without compromising PSMA targeting efficiency and has thus also promoted the rapid expansion of PSMA-targeted theranostics towards alpha therapy using ²¹³Bi (11-12) or ²²⁵Ac (13). 12 13 Furthermore, the flexibility of EuX-based tracers towards modification also supports the implementation 14 of chemical strategies for the finetuning of their pharmacokinetic profile (5, 14-15) and the generation of 15 suitable fluorescent probes (16-18).

16 Recently, the existing "classical" theranostic concept comprising diagnostic imaging and targeted radionuclide therapy has been expanded by the use of ¹¹¹In-PSMA-I&T (19) and ^{99m}Tc-PSMA-I&S (for 17 imaging and surgery) (20) for PSMA-targeted radioguided surgery of soft-tissue metastases in 18 19 oligometastatic recurrent prostate cancer (21-23). A practical disadvantage of relying on intraoperative 20 radioguidance alone is the acoustic and numeric surgical guidance provided by gamma probes, which, although highly sensitive, have a limited spatial resolution. As an alternative, the use of fluorescent tracers 21 22 has been proposed (24). Although fluorescence imaging supports real-time visual image guidance, it 23 suffers from severe attenuation in tissue and thus is not suitable to detect metastases in deeper lying 24 lymph nodes (25).

In this context, the use of multimodal, or rather, hybrid tracers that combine gamma emission and
 fluorescence in one (targeted) molecule merges the best of both modalities. The unquestionable utility of
 such a hybrid approach has initially been established by the introduction of the hybrid sentinel lymph node
 tracer ICG-^{99m}Tc-nanocolloid (ICG: indocyanine green) (*26*) in different cancer types. The various prostate
 cancer related studies performed with this tracer have demonstrated how a hybrid tracer design can help
 improve radioguidance procedures (*27*), thereby triggering the recent development of various dedicated
 hybrid nuclear/fluorescence-probes (*28-33*).

8 Given the potential demonstrated by PSMA-targeted radioguided surgery, it is a logical next step 9 to study if this procedure, similar to SLN biopsy procedures, can benefit from a hybrid fluorescent/nuclear 10 guidance concept. First examples of PSMA-targeted hybrid tracers, either small-molecule inhibitors (31-11 32) or antibodies (33), have recently been evaluated preclinically and demonstrate the general feasibility 12 of such an approach. While most tracers for fluorescence guided surgery include the commercially available near-infrared (NIR) dye IRDye800CW (λ_{ex} =773nm, λ_{em} =792nm), the far-red cyanine dye Cy5 13 14 (λ_{ex} =640nm, λ_{em} =656nm) has also been found to be of utility in surgical guidance (34-35). Furthermore, 15 the superiority of Cy5 over the NIR dyes Cy7 (λ_{ex} =760nm, λ_{em} =780nm) and ICG (λ_{ex} =800nm, λ_{em} =820nm) with respect to detection sensitivity (0.05 µM vs 3.15 µM for ICG), tissue penetration (9 mm vs 6 mm for 16 17 ICG) and brightness (quantum yield: 28% vs 0.3% for ICG) has recently been reported (36). Additionally, it was shown that the disulfonated analog of Cy5, Sulfo-Cy5 (λ_{ex} =646nm, λ_{em} =662nm), in addition to being 18 19 substantially more hydrophilic, displays even more favorable characteristics with respect to optical stability and brightness ($51 \cdot 10^3$ vs $23 \cdot 10^3 \cdot M^{-1} \cdot cm^{-1}$ for Cy5) (37). 20

Sulfo-Cy5 was therefore selected as the fluorescent dye of choice for the implementation of a firstgeneration hybrid concept based on the PSMA-I&T scaffold (Fig. 1). Using this established backbone has the advantage of allowing an exact assessment of the influence of linker branching and dye conjugation on the pharmacokinetic properties of the novel tracer compared to the parent compounds ⁶⁸Ga-PSMA-

I&T and ¹⁷⁷Lu-PSMA-I&T, based on already existing data sets (4). Here, we present the in-depth preclinical 1 evaluation of the novel hybrid analog, ⁶⁸Ga/¹⁷⁷Lu-PSMA-I&F (Fig. 1), with respect to PSMA-targeting 2 3 efficiency and overall performance as a hybrid nuclear/fluorescent probe for the sensitive in vivo imaging of PSMA-expression. Of course, the high-energy gamma emission of ⁶⁸Ga-PSMA-I&F (and also of its ¹⁷⁷Lu-4 5 labeled analog) severely challenges their clinical application in radio/fluorescence guided surgery, both 6 with respect to spatial resolution during surgery and to patient dosimetry. It is important to note, however, 7 that PSMA-I&F was specifically designed as a first proof-of-concept compound to demonstrate the general 8 suitability of the underlying tracer design (PSMA-I&T-based) for the generation of tailored PSMA-ligands for a broad spectrum of multimodal applications. Our previous experience with ^{99m}Tc-PSMA-I&S has 9 10 demonstrated the relative ease of adapting the labeling chemistry and pharmacokinetic profile of the 11 PSMA-I&T-scaffold to a dedicated application in radioguided surgery (20). Thus, a swift transfer of the insights gained in this proof-of-concept study to a next generation of corresponding ^{99m}Tc-labeled Sulfo-12 13 Cy5-PSMA-ligands with potential for a rapid transfer into the clinical/surgical setting may be anticipated.

1 MATERIALS AND METHODS

2 Precursor Synthesis and Radiolabeling

3	The synthesis of PSMA-I&F (DOTAGA-D-Lys(N $_{\epsilon}$ -Sulfo-Cy5)-D-(3-iodo)Tyr-D-(3-iodo)Tyr-D-Lys(N $_{\epsilon}$ -Sub-KuE),			
4	Fig. 1) was performed in analogy to a previously published protocol (38) (see supplemental data). ⁶⁸ Ga-			
5	labeling of PSMA-I&F (5 nmol, 800 μ l 2.7M HEPES) was carried out as described previously (39) using an			
6	automated system (GallElut ⁺ by Scintomics, Germany), and labeling with ¹⁷⁷ LuCl ₃ (itm, Garching, Germany)			
7	was performed manually using a standard protocol (2 nmol precursor, 10% (v/v) 1M NH ₄ OAc; for details			
8	see supplemental data). The radioiodinated reference ligand (¹²⁵ I-BA)KuE ((S)-1-carboxy-5-(4-(- ¹²⁵ I-ioc			
9	benzamido)pentyl)-carbamoyl)-L-glutamic acid) was prepared as described (38).			
10				
11	Determination of lipophilicity and plasma protein binding			
12	The lipophilicity of ⁶⁸ Ga- and ¹⁷⁷ Lu-PSMA-I&F was determined via a modified shake-flask method as			
13	described (38). Plasma protein binding of both tracers was determined using two alternative methods, i.e.			
14	incubation in fresh human plasma and subsequent ultrafiltration (20) and a previously established gradient			
15	HPLC method for the quantification of HSA binding (40-41).			
16				
17	In vitro evaluation			
18	Competitive binding experiments (IC_{50}) were carried out in analogy to a previously published protocol (38)			
19	using LNCaP cells and (¹²⁵ I-BA)KuE as standard radioligand. Internalization kinetics of ⁶⁸ Ga-PSMA-I&F and			
20	¹⁷⁷ Lu-PSMA-I&F (2nM) were investigated in dual tracer internalization assays using PSMA expressing LNCaP			
21	cells and (¹²⁵ I-BA)KuE (0.1nM) as an internal reference. For normalization, ⁶⁸ Ga-PSMA-I&T and ¹⁷⁷ Lu-PSMA-			
22	I&T (2nM) were re-assayed under these conditions. For fluorescence microscopy, PSMA-positive LNCaP			
23	and PSMA-negative PC3 cells (seeded on glass cover slips) were incubated with the respective PSMA-I&F			
24	analog (100 nM, 37°C) for 5 and 60 min, respectively, and ligand internalization was visualized using a			

25 Keyence BZ-9000 fluorescence microscope. Details are provided in the supplemental data.

1 In vivo evaluation

- All animal experiments were conducted in accordance with the German Animal Welfare Act (Deutsches
 Tierschutzgesetz, approval no. 55.2-1-54-2532-71-13).
- 4

5 <u>Biodistribution studies</u>

6 The biodistribution of ¹⁷⁷Lu-PSMA-I&F was investigated in non-tumor-bearing male CB-17 SCID mice. In 7 the case of ⁶⁸Ga-PSMA-I&F, biodistribution studies were carried out using LNCaP xenograft bearing SHO mice (supplemental data). Mice were injected intravenously with ¹⁷⁷Lu-PSMA-I&F (9.3 MBq) or ⁶⁸Ga-PSMA-8 9 I&F (13.2 MBg; the amount of injected peptide was kept constant at 0.2 nmol/mouse in all experiments) 10 under isoflurane anaesthesia and were sacrificed at 1h (⁶⁸Ga-PSMA-I&F, ¹⁷⁷Lu-PSMA-I&F) and 6h (¹⁷⁷Lu-11 PSMA-I&F) p.i. (groups of n=5, respectively). The organs of interest were dissected, and the activity 12 concentration in weighed tissue samples was quantified using a 2480 Automatic Gamma Counter 13 (PerkinElmer).

14

15 <u>PET imaging</u>

16 Small animal PET imaging was performed on a Siemens Inveon small-animal PET system. Under isoflurane 17 anesthesia, LNCaP xenograft bearing SHO mice were injected intravenously with 0.19- 0.25 nmol (2-7 MBg) of ⁶⁸Ga-PSMA-I&F. For competition studies, 1 µmol of 2-PMPA (2-phosphonomethyl pentanedioic 18 19 acid; 226 µg/mouse) was coadministered. Dynamic imaging was performed after on-bed injection for 90 20 minutes. Static images were acquired 1h after tracer injection with an acquisition time of 15 minutes. 21 Images were reconstructed as single frames using Siemens Inveon software, employing a three-22 dimensional ordered subset expectation maximum (OSEM3D) algorithm without scatter and attenuation 23 correction.

1 <u>Ex vivo fluorescence microscopy</u>

LNCaP xenograft bearing CB-17 SCID mice were injected with 2 nmol of PSMA-I&F in 100 μl of PBS via the
tail vein. At 1h p.i., mice were sacrificed, the tissues of interest were removed, embedded in Tissue-Tek
(Sakura Finetek Europe B.V., Netherlands) and frozen to -18°C. Cryosections (10 μm) were prepared using
a Leica CM1950 cryostat (Leica, Wetzlar, Germany), and fluorescence microscopy was performed on a
Keyence BZ-9000 fluorescence microscope equipped with a Cy5 filter. Images were processed using the
BZ-9000 analyzer software.

8

9 *Histopathology and PSMA immunohistochemistry*

Hematoxylin-Eosin staining was performed on deparaffinized 2 µm sections of mouse tissues with Eosin
and Mayer's Haemalaun according to a standard protocol. Immunohistochemistry was performed using a
BondMax RXm system (Leica, Wetzlar, Germany, all reagents from Leica) with a primary antibody against
PSMA (abcam, Cambridge, UK, ab133579, diluted 1:100 in antibody diluent). For details see supplemental
data.

15

16 *Whole-body cryosectioning and fluorescence imaging*

17 A LNCaP xenograft bearing SHO mouse (the same animal that had been used for the static PET scan two 18 days previously) was injected with 2 nmol of ^{nat}Ga-PSMA-I&F, sacrificed at 1h p.i., embedded in a mixture 19 of Tissue-Tek and black ink (7.41% v/v) and frozen. Whole-body cryosectioning and fluorescence imaging 20 was performed using a Leica CM 3500 cryostat at 80 µm steps. Details on the fluorescence imaging 21 protocol and the instrumentation are provided in the supplemental data. The serial sectioning and imaging 22 system was fully automated, using custom software implemented in LabView (National Instruments, 23 Austin, USA) (42). Post-processing was performed using MATLAB (Mathworks, Natick, USA), and Amira (FEI 24 Visualization Sciences Group, Burlington, USA) was used for cross-sectional and longitudinal visualization 25 of the acquired data and for three-dimensional representation of the fluorescence data.

1 Intraoperative fluorescence imaging

2 Fluorescence imaging (intraoperative/ex vivo) of LNCaP xenografts in CB17-SCID mice (1h p.i.) was 3 performed using two different instrumental setups: A) a Dino-lite handheld digital microscope for Cy5 4 (Dino-Lite Edge AM4115T-DFRW, AnMo Electronics Corporation, Hsinchu, Taiwan) and DinoCapture 2.0 5 software (AnMo Electronics Corporation), and B) a 0° Firefly laparoscope that is compatible with the 6 surgical robotic da Vinci Si system (Intuitive Surgical Inc., Sunnyvale, California, USA), using a Karl Storz 7 fluid light cable for target illumination (495 FR; KARL STORZ Endoskope GmbH&Co.KG, Tuttlingen, 8 Germany) and an Edmund Optics bandpass filter (Edmund Optics Inc., Barrington, NJ, USA) to isolate the 9 Cy5 emission. Images were captured from the unprocessed Firefly video feed. For instrumental details see 10 supplemental data.

1 **RESULTS**

2 Synthesis and Radiolabeling

PSMA-I&F was synthesized via a mixed solid phase/solution phase synthetic strategy, with coupling of
Sulfo-Cy5-COOH to the fully deprotected, DOTAGA-functionalized backbone as the last step. PSMA-I&F
was obtained in >96% purity (UV absorption at 214 nm) and 28% yield for dye conjugation.

Radiolabeling was carried out using standard automated (⁶⁸Ga) or manual (¹⁷⁷Lu) procedures, yielding ⁶⁸GaPSMA-I&F and ¹⁷⁷Lu-PSMA-I&F in isolated radiochemical yields of 74% and 98%, respectively (decay
corrected). The specific activities of ⁶⁸Ga-PSMA-I&F and ¹⁷⁷Lu-PSMA-I&F were 61 and 55 GBq/μmol,
respectively, and radiochemical purity as determined by radio-TLC was >98% for both compounds.

10

11 In vitro characterization

12 All in vitro data obtained for PSMA-I&F and its corresponding (radio)metal-chelates are summarized in 13 Table 1; data for the respective PSMA-I&T reference compounds (4) are included for comparison. Overall, linker extension and conjugation with Sulfo-Cy5 dye lead to slightly increased lipophilicities of ⁶⁸Ga- and 14 15 ¹⁷⁷Lu-PSMA-I&F compared to the PSMA-I&T parent compounds, resulting in stronger non-specific binding 16 to human serum albumin. However, these structural modifications have no detectable influence on the 17 PSMA-affinity (IC₅₀) of PSMA-I&F compared to PSMA-I&T (4, 38). Furthermore, and as observed for PSMA-18 I&T, PSMA-affinity of PSMA-I&F also remains entirely unaffected by (radio)metal chelation. The same applies to the internalization efficiency of ⁶⁸Ga-PSMA-I&F and ¹⁷⁷Lu-PSMA-I&F into LNCaP prostate 19 carcinoma cells compared to ¹⁷⁷Lu-PSMA-I&T, with all three compounds showing identical tracer 20 internalization after 1h incubation time (37°C). Only ⁶⁸Ga-PSMA-I&T displayed unexpectedly high 21 internalization efficiency compared to the reference (¹²⁵I-BA)KuE under these conditions. 22

1 Fluorescence microscopy of ligand internalization

The PSMA-mediated internalization of PSMA-I&F and its ^{nat}Ga/^{nat}Lu-analogs into LNCaP cells was also 2 3 investigated using fluorescence microscopy (Fig. 2). As shown exemplarily for ^{nat}Lu-PSMA-I&F in Fig. 2, ligand binding and internalization are highly PSMA-specific, since virtually no background Cy5-fluorescence 4 5 was detected for the PSMA-negative PC-3 cells under the same conditions. While natLu-PSMA-I&F 6 fluorescence was primarily membrane-associated after 5 min, efficient ligand internalization into the cells 7 was observed within 60 min at 37°C. At that time point, Cy5-fluorescence was found to almost entirely co-8 localize with LysoTracker Green[®], demonstrating rapid shuttling of ^{nat}Lu-PSMA-I&F along the endosomal 9 pathway into the lysosomes (supplemental Fig. 2A). Furthermore, a comparative internalization assay 10 demonstrated highly efficient and identical ligand internalization for PSMA-I&F, natGa-PSMA-I&F and natLu-11 PSMA-I&F, even at lower ligand concentrations (25 nM) (supplemental Fig. 2B), which is in accordance 12 with the radioligand internalization data (Table 1).

13

14 In vivo biodistribution studies

Since the physicochemical and *in vitro* targeting characteristics of ⁶⁸Ga- and ¹⁷⁷Lu-PSMA-I&F were found to 15 16 be nearly identical, both compounds were assumed to also display very similar in vivo biodistribution profiles. Due to the longer half-life of ¹⁷⁷Lu, which facilitates in vivo studies at later time points, ¹⁷⁷Lu-PSMA-17 18 I&F was selected to determine the general biodistribution and clearance kinetics of PSMA-I&F-based 19 ligands in non tumor-bearing SCID mice at 1 and 6h p.i. (Table 2). Surprisingly, despite high plasma protein binding (Table 1), ¹⁷⁷Lu-PSMA-I&F shows relatively fast background clearance within 6h, with very low 20 21 accumulation in the gastrointestinal tract and other non-target organs. However, the PSMA-mediated 22 tracer uptake in the kidneys is high and persistent.

Although displaying a slightly higher blood concentration at 1h p.i., ⁶⁸Ga-PSMA-I&F shows an identical distribution pattern in almost all tissues, with the only exception of an increased renal uptake compared to ¹⁷⁷Lu-PSMA-I&F. Uptake in the LNCaP xenograft lies in the expected range (*4, 20*), leading to

reasonable tumor/background ratios of 2.1, 5.2, 9.6 and 9.6 for blood, liver, intestines and muscle,
 respectively, at 1h p.i..

3

4 Small animal PET imaging

5 That these target/non-target ratios are sufficient for high-contrast imaging of PSMA-expressing tumors 6 was confirmed by ⁶⁸Ga-PSMA-I&F-PET (Fig. 3). Furthermore, a competition study (coinjection of an excess of 2-PMPA) demonstrated the pronounced PSMA-specificity of ⁶⁸Ga-PSMA-I&F uptake in tumor and kidney 7 8 and blockable tracer uptake in the salivary glands. A dynamic PET scan (0-90 min p.i.) revealed fast 9 background clearance kinetics (blood and muscle) with no indication of unwanted tracer retention as well 10 as steadily increasing tracer accumulation in PSMA-expressing tissues (tumor, kidney) over time. 11 Interestingly, ⁶⁸Ga-PSMA-I&F showed no retention in the salivary glands, but washout at a slightly slower 12 rate than observed for muscle.

13

14 Whole-body cryosectioning and fluorescence imaging

15 Results from fluorescence imaging (Cy5) of single whole-body cryosections 1h after i.v. administration of 16 ^{nat}Ga-PSMA-I&F and subsequent 3D reconstruction of the 2D data are summarized in Fig. 4. Fluorescence 17 images show accumulation of ^{nat}Ga-PSMA-I&F in tumor, kidney and the salivary glands with relative fluorescence intensities that correlate closely with the respective tracer uptake observed in the PET 18 19 imaging studies using ⁶⁸Ga-PSMA-I&F (Fig. 3). Additionally, due to its superior spatial resolution and 20 sensitivity, which surpasses that of nuclear imaging techniques by orders of magnitude, fluorescence imaging reveals considerable inhomogeneity of ^{nat}Ga-PSMA-I&F uptake in the tumor xenograft as well as 21 22 the restriction of renal ^{nat}Ga-PSMA-I&F uptake to the kidney cortex. Furthermore, homogenous 23 accumulation in the salivary glands (Figs. 4, A and B) and faint, but discernible ligand uptake in PSMA-24 positive thoracic paravertebral ganglia, that has also been documented in humans (43-45), were observed 25 (Fig. 4A).

1 Immunohistochemistry and fluorescence microscopy

To investigate the dependence of PSMA-I&F uptake in different mouse organs (tumor, kidney, spleen) on *in vivo* PSMA expression, PSMA immunohistochemistry was performed on tissue samples of LNCaP xenograft bearing CB-17 SCID mice, and immunohistochemistry data were compared to the results obtained by fluorescence microscopy of tissue cryosections 1h p.i. of PSMA-I&F in the same tumor model (Fig. 5).

7 PSMA immunohistochemistry revealed intense and homogenous membrane staining of all tumor cells in 8 the LNCaP tumor xenograft, whereas spleen tissue was found to be essentially PSMA negative. Only very 9 weak membranous staining of single vascular endothelial cells as well as single lymphocytes within the red 10 pulp of the spleen was observed. In kidney, intense PSMA staining was detected in parietal cells of the 11 Bowman capsule and the proximal convoluted tubules (luminal membrane), alongside with gradually 12 decreasing PSMA expression in the more distal parts of the renal tubules. The same distribution pattern 13 with moderate to high locally restricted uptake of PSMA-I&F in the renal cortex was observed in 14 fluorescence microscopy, indicating PSMA-specific accumulation in the tubules and glomeruli. However, 15 in contradiction to the virtually non-existent PSMA expression in spleen, fluorescence microscopy reveals 16 homogenous membrane binding of PSMA-I&F to spleen tissue. Also in tumor, PSMA-I&F uptake does not 17 consistently correlate with the immunohistochemistry data. While PSMA expression is very high 18 throughout the entire tumor specimen, accumulation of PSMA-I&F is inhomogeneous. In contrast to 19 spleen, however, PSMA-I&F fluorescence is not only membrane-associated but also seems to be 20 internalized into tumor cells, as suggested by high cytosolic ligand uptake.

21

22 Fluorescence guided surgery

To demonstrate the suitability of PSMA-I&F as a targeted probe for the intraoperative detection and fluorescence guided resection of PSMA expressing prostate carcinoma tissue, and to investigate the general compatibility of a Cy5-conjugated fluorescent probe with clinically used fluorescence cameras

such as the Firefly laparoscope, proof-of-concept intraoperative and ex vivo fluorescence imaging using
 PSMA-I&F was performed in a LNCaP tumor bearing mouse (Fig. 6). Both experimental settings allowed
 the sensitive in vivo detection of the PSMA-I&F positive tumor xenograft with good contrast to the
 surrounding tissue.

5

6 **DISCUSSION**

7 The results obtained in the preclinical evaluation of the novel PSMA-targeted hybrid compound, 8 ⁶⁸Ga/¹⁷⁷Lu-PSMA-I&F, supply convincing evidence for the validity of the major working hypothesis, on 9 which the design of this proof-of-concept compound was based, i.e. that the PSMA-I&T scaffold is a 10 versatile PSMA-targeted molecular platform for the generation of structurally diverse nuclear and hybrid 11 probes.

This is primarily supported by two findings: the nearly identical PSMA-targeting efficiency observed for PSMA-I&F and its ⁶⁸Ga- and ¹⁷⁷Lu-labeled analogs compared to the respective PSMA-I&T reference compounds (Fig. 1, Table 1), both in vitro and in vivo, and the comparably small effect of linker extension and dye conjugation on the pharmacokinetics and in vivo performance of PSMA-I&F.

16 In contrast, for other structurally similar hybrid PSMA inhibitors such as ¹¹¹In-DOTA-Lys(N_ε-17 IRDye800CW)-Sub-KuE (31) or IRDye800CW-⁶⁸Ga-HBED-CC-KuE (32), both dye conjugation and metal chelation were found to have considerable impact on PSMA affinity and/or internalization efficiency as 18 well as in vivo biodistribution and clearance kinetics. While for ¹¹¹In-DOTA-Lys(N_e-IRDye800CW)-Sub-KuE, 19 20 PSMA-affinity was found to remain essentially unaffected by dye conjugation (10, 31), its background 21 clearance was substantially delayed compared to the parent compound ⁶⁸Ga-DOTA-Lys-Sub-KuE (10), as 22 indicated by a 5-fold increased blood activity concentration at 1h p.i.. Consequently, tracer uptake in the 23 excretion organs and the tumor xenograft (PC-3 PIP) were also increased by a factor of 2-4.

In the case of the fluorescently labeled ⁶⁸Ga-HBED-CC-KuE analogs (*32*), conjugation with NIR dyes
 lead to a loss in PSMA-affinity, but also an unexpected increase in internalization efficiency. Again, tracer

clearance from the circulation and from the background was markedly delayed, but accumulation in the
 LNCaP tumors was also threefold increased.

These effects were not observed for ⁶⁸Ga-PSMA-I&F. In our study, attachment of Sulfo-Cy5 conveys a slight increase in lipophilicity and plasma protein binding (Tab. 1), leading to slightly delayed clearance kinetics of ⁶⁸Ga-PSMA-I&F compared to ⁶⁸Ga-PSMA-I&T. Only a negligible effect on tracer accumulation in the excretion organs is observed (Tab. 2), ultimately providing interchangeable PET imaging results using ⁶⁸Ga-PSMA-I&F (Fig. 3) and ⁶⁸Ga-PSMA-I&T (*4*).

Interestingly, although the observed effects of the respective fluorescent dye on PSMA-targeting,
clearance kinetics and the biodistribution pattern of ¹¹¹In-DOTA-Lys(N_ε-IRDye800CW)-Sub-KuE,
IRDye800CW-⁶⁸Ga-HBED-CC-KuE and ⁶⁸Ga-PSMA-I&F are fundamentally different, the tumor/background
ratios for the three compounds are very similar (t/blood, t/liver, t/intestines and t/muscle: 1.4, 5.8, 7.7
and 11.6 (¹¹¹In-DOTA-Lys(N_ε-IRDye800CW)-Sub-KuE (*31*)), 4.5, 4.9, 5.7 and 4.8 (IRDye800CW-⁶⁸Ga-HBEDCC-KuE (*32*)) and 2.1, 5.2, 9.6 and 9.6 (⁶⁸Ga-PSMA-I&F), respectively).

14 Overall, however, using the PSMA-I&T scaffold in combination with the comparably small Sulfo-Cy5 dye has the distinct advantage of providing PSMA-I&F as a hybrid probe with reliable PSMA-targeting 15 properties and a suitable biodistribution pattern. Additionally, the general utility of the far-red dye Sulfo-16 17 Cy5 for sensitive ex vivo and in vivo fluorescence imaging is supported by the imaging data obtained with 18 PSMA-I&F (Figs. 4, 5 and 6). Particularly noteworthy in this context is the compatibility of Sulfo-Cy5 with 19 not only dedicated preclinical fluorescence cameras, but also with the clinical Firefly laparoscope (Fig. 6), 20 which was able to detect the PSMA-I&F accumulating LNCaP xenograft with high sensitivity. With world-21 wide > 4000 installs of surgical robots equipped with this camera (Source: Intuitive Surgical Inc.), the 22 general translational potential of Sulfo-Cy5-conjugated targeted hybrid probes for intraoperative guidance 23 is thus greatly enhanced.

1	A relatively surprising result from our fluorescence microscopy studies (Fig. 5) that is worth
2	mentioning is the limited accordance of PSMA-I&F accumulation in tumor, kidney and spleen with the
3	corresponding PSMA-expression level. Only in kidney, excellent co-localization of focal tubular PSMA-
4	expression and PSMA-I&F uptake was detected. These data accurately reflect the human situation, where
5	endogenous tubular PSMA expression (46) is primarily held responsible for the generally high renal uptake
6	of PSMA-targeted radiotracers. However, given the comparably low overall renal PSMA-expression
7	compared to tumor (Fig. 5), the observed >20-fold higher (and only partly blockable (Fig. 3)) uptake of
8	⁶⁸ Ga-PSMA-I&F in kidney compared to the LNCaP xenograft is strongly indicative of alternative, non-PSMA-
9	mediated uptake mechanisms such as megalin/cubilin mediated tubular reabsorption (47) being involved
10	in the renal handling of PSMA-targeted tracers.
11	In tumor, tracer uptake was substantially lower and less homogenous that what would have been
12	expected from the consistently very high PSMA-expression throughout the entire specimen. Here, limited
13	perfusion of the fast-growing xenograft seems the most probable reason for the observed inhomogeneous
14	PSMA-I&F uptake.
15	For spleen, the most contradictory results were obtained. The observed absence of PSMA
16	expression in mouse spleen is in agreement with data from the literature, reporting PSMA expression in
17	mouse spleen on the mRNA-level (48), but not on the protein level (49). However, homogenous membrane
18	binding of PSMA-I&F was observed, resulting in the observed high uptake of ⁶⁸ Ga-PSMA-I&F in the spleen
19	(Table 2). Thus, although being efficiently blockable by an excess of 2-PMPA (20), the splenic uptake of
20	PSMA-I&T based ligands in mice seems to be mediated by a PSMA-independent process, and further
21	studies, also with respect to the significance of these observations for the human situation, are required.
22	

23 CONCLUSION

The preclinical evaluation of PSMA-I&F and its ⁶⁸Ga- and ¹⁷⁷Lu-labeled analogs has conclusively demonstrated the general feasibility of a PSMA-I&T-based hybrid tracer concept using the far-red

fluorescent dye Sulfo-Cy5. Despite substantial structural changes compared to the parent compound 6⁸Ga/¹⁷⁷Lu-PSMA-I&T, ⁶⁸Ga/¹⁷⁷Lu-PSMA-I&F maintains an unchanged, high PSMA-targeting efficiency and a favorable pharmacokinetic profile, allowing for sensitive and high-contrast detection of PSMAexpression in vivo via nuclear (PET/SPECT) and optical imaging methods (intraoperative imaging/in vivo and ex vivo fluorescence microscopy). Thus, the PSMA-I&T scaffold has once more been shown to represent a versatile PSMA-targeted molecular platform, which allows relatively straightforward adaptation to the different structural requirements of dedicated nuclear or hybrid imaging agents.

8

9 DISCLOSURE STATEMENT

10 This study was financially supported by the Deutsche Forschungsgemeinschaft (SFB824; subproject Z1). 11 Hans-Jürgen Wester is founder and shareholder of Scintomics GmbH. Vasilis Ntziachristos serves as 12 consultant for SurgVision BV, and Maximilian Koch is an employee of Bracco Imaging Germany GmbH. No 13 other potential conflict of interest relevant to this article was reported.

14

15 ACKNOWLEDGMENTS

The authors thank Sven Hintze and Sarah Glasl for their excellent technical support. We are also indebted to Sybille Reder and Markus Mittelhäuser for their valuable contribution with respect to small animal PET imaging. Material support for this work was provided by Intuitive Surgical (Intuitive Surgical Inc., Sunnyvale, California), supplying the authors with a stand-alone Firefly fluorescence laparoscope system for laboratory experiments.

1 **REFERENCES**

Eder M, Schafer M, Bauder-Wust U, et al. ⁶⁸Ga-complex lipophilicity and the targeting property of
 a urea-based PSMA inhibitor for PET imaging. *Bioconjug Chem.* 2012;23:688-697.

Afshar-Oromieh A, Holland-Letz T, Giesel FL, et al. Diagnostic performance of ⁶⁸Ga-PSMA-11
 (HBED-CC) PET/CT in patients with recurrent prostate cancer: evaluation in 1007 patients. *Eur J Nucl Med Mol Imaging.* 2017;44:1258-1268.

Rauscher I, Duwel C, Haller B, et al. Efficacy, Predictive Factors, and Prediction Nomograms for
 ⁶⁸Ga-labeled Prostate-specific Membrane Antigen-ligand Positron-emission Tomography/Computed
 Tomography in Early Biochemical Recurrent Prostate Cancer After Radical Prostatectomy. *Eur Urol.* 2018;73:656-661.

Weineisen M, Schottelius M, Simecek J, et al. Ga-68- and Lu-177-Labeled PSMA I&T: Optimization
 of a PSMA-Targeted Theranostic Concept and First Proof-of-Concept Human Studies. *J Nucl Med.* 2015;56:1169-1176.

Benesova M, Schafer M, Bauder-Wust U, et al. Preclinical Evaluation of a Tailor-Made DOTA Conjugated PSMA Inhibitor with Optimized Linker Moiety for Imaging and Endoradiotherapy of Prostate
 Cancer. J Nucl Med. 2015;56:914-920.

Heck MM, Retz M, Tauber R, Knorr K, Kratochwil C, Eiber M. PSMA-targeted radioligand therapy
 in prostate cancer. *Urologe A*. 2017;56:32-39.

Virgolini I, Decristoforo C, Haug A, Fanti S, Uprimny C. Current status of theranostics in prostate
 cancer. *Eur J Nucl Med Mol Imaging.* 2018;45:471-495.

8. Eiber M, Fendler WP, Rowe SP, et al. Prostate-Specific Membrane Antigen Ligands for Imaging and
 Therapy. J Nucl Med. 2017;58:67S-76S.

23 9. Lutje S, Heskamp S, Cornelissen AS, et al. PSMA Ligands for Radionuclide Imaging and Therapy of
 24 Prostate Cancer: Clinical Status. *Theranostics*. 2015;5:1388-1401.

Banerjee SR, Pullambhatla M, Byun Y, et al. ⁶⁸Ga-labeled inhibitors of prostate-specific membrane
 antigen (PSMA) for imaging prostate cancer. *J Med Chem.* 2010;53:5333-5341.

Nonnekens J, Chatalic KL, Molkenboer-Kuenen JD, et al. ²¹³Bi-Labeled Prostate-Specific Membrane
 Antigen-Targeting Agents Induce DNA Double-Strand Breaks in Prostate Cancer Xenografts. *Cancer Biother Radiopharm.* 2017;32:67-73.

Sathekge M, Knoesen O, Meckel M, Modiselle M, Vorster M, Marx S. ²¹³Bi-PSMA-617 targeted
 alpha-radionuclide therapy in metastatic castration-resistant prostate cancer. *Eur J Nucl Med Mol Imaging*.
 2017;44:1099-1100.

13. Kratochwil C, Bruchertseifer F, Giesel FL, et al. ²²⁵Ac-PSMA-617 for PSMA-Targeted alpha-Radiation
 Therapy of Metastatic Castration-Resistant Prostate Cancer. J Nucl Med. 2016;57:1941-1944.

Lutje S, Slavik R, Fendler W, Herrmann K, Eiber M. PSMA ligands in prostate cancer - Probe
optimization and theranostic applications. *Methods.* 2017;130:42-50.

Benesova M, Umbricht CA, Schibli R, Muller C. Albumin-Binding PSMA Ligands: Optimization of the
 Tissue Distribution Profile. *Mol Pharm.* 2018;15:934-946.

Chen Y, Pullambhatla M, Banerjee SR, et al. Synthesis and biological evaluation of low molecular
weight fluorescent imaging agents for the prostate-specific membrane antigen. *Bioconjug Chem.*2012;23:2377-2385.

42 17. Bao K, Lee JH, Kang H, Park GK, El Fakhri G, Choi HS. PSMA-targeted contrast agents for 43 intraoperative imaging of prostate cancer. *Chem Commun (Camb).* 2017;53:1611-1614.

44 18. Wang X, Huang SS, Heston WD, Guo H, Wang BC, Basilion JP. Development of targeted near-45 infrared imaging agents for prostate cancer. *Mol Cancer Ther.* 2014;13:2595-2606.

46 19. Schottelius M, Wirtz M, Eiber M, Maurer T, Wester HJ. [(111)In]PSMA-I&T: expanding the 47 spectrum of PSMA-I&T applications towards SPECT and radioguided surgery. *EJNMMI research.* 2015;5:68. Robu S, Schottelius M, Eiber M, et al. Preclinical Evaluation and First Patient Application of ^{99m}Tc PSMA-I&S for SPECT Imaging and Radioguided Surgery in Prostate Cancer. J Nucl Med. 2017;58:235-242.

3 21. Maurer T, Schwamborn K, Schottelius M, et al. PSMA Theranostics Using PET and Subsequent
4 Radioguided Surgery in Recurrent Prostate Cancer. *Clin Genitourin Cancer*. 2016;14:e549-e552.

5 22. Rauscher I, Duwel C, Wirtz M, et al. Value of ¹¹¹In-prostate-specific membrane antigen (PSMA)-6 radioguided surgery for salvage lymphadenectomy in recurrent prostate cancer: correlation with 7 histopathology and clinical follow-up. *BJU Int.* 2017;120:40-47.

8 23. Rauscher I, Horn T, Eiber M, Gschwend JE, Maurer T. Novel technology of molecular radio-guidance
9 for lymph node dissection in recurrent prostate cancer by PSMA-ligands. *World J Urol.* 2018.

Neuman BP, Eifler JB, Castanares M, et al. Real-time, near-infrared fluorescence imaging with an
 optimized dye/light source/camera combination for surgical guidance of prostate cancer. *Clin Cancer Res.* 2015;21:771-780.

13 25. van Leeuwen FW, van der Poel HG. Surgical Guidance in Prostate Cancer: "From Molecule to Man"
 14 Translations. *Clin Cancer Res.* 2016;22:1304-1306.

Brouwer OR, Buckle T, Vermeeren L, et al. Comparing the hybrid fluorescent-radioactive tracer
 indocyanine green-^{99m}Tc-nanocolloid with ^{99m}Tc-nanocolloid for sentinel node identification: a validation
 study using lymphoscintigraphy and SPECT/CT. *J Nucl Med.* 2012;53:1034-1040.

KleinJan GH, van den Berg NS, de Jong J, et al. Multimodal hybrid imaging agents for sentinel node
 mapping as a means to (re)connect nuclear medicine to advances made in robot-assisted surgery. *Eur J Nucl Med Mol Imaging*. 2016;43:1278-1287.

21 28. Bugby SL, Lees JE, Perkins AC. Hybrid intraoperative imaging techniques in radioguided surgery:
22 present clinical applications and future outlook. *Clin Transl Imaging*. 2017;5:323-341.

23 29. Gambini JP, Quinn TP. Hybrid tracers and devices for intraoperative imaging: the future for 24 radioguided surgery ? *Clin Transl Imaging.* 2016;4:343-351.

25 30. Lutje S, Rijpkema M, Helfrich W, Oyen WJ, Boerman OC. Targeted radionuclide and fluorescence
26 dual-modality imaging of cancer: preclinical advances and clinical translation. *Mol Imaging Biol.*27 2014;16:747-755.

Banerjee SR, Pullambhatla M, Byun Y, et al. Sequential SPECT and optical imaging of experimental
models of prostate cancer with a dual modality inhibitor of the prostate-specific membrane antigen.
Angew Chem Int Ed Engl. 2011;50:9167-9170.

32. Baranski AC, Schafer M, Bauder-Wust U, et al. PSMA-11 Derived Dual-labeled PSMA-Inhibitors for
 Preoperative PET Imaging and Precise Fluorescence-Guided Surgery of Prostate Cancer. *J Nucl Med.* 2017.
 33. Lutje S, Rijpkema M, Franssen GM, et al. Dual-Modality Image-Guided Surgery of Prostate Cancer
 with a Padialabeled Elyappeart Anti-PCMA Managlanal Anti-Padia. *J Nucl Mad.* 2014/55:005-1001.

with a Radiolabeled Fluorescent Anti-PSMA Monoclonal Antibody. *J Nucl Med.* 2014;55:995-1001.
34. Burggraaf J, Kamerling IM, Gordon PB, et al. Detection of colorectal polyps in humans using an

36 intravenously administered fluorescent peptide targeted against c-Met. *Nat Med.* 2015;21:955-961.

35. Buckle T, van Willigen DM, Spa SJ, et al. Tracers for fluorescence-guided surgery: how elongation
of the polymethine chain in cyanine dyes alters the pharmacokinetics of a (bimodal) c[RGDyK] tracer. J *Nucl Med.* 2018;59:986-992.

40 36. van Willigen DM, van den Berg NS, Buckle T, et al. Multispectral fluorescence guided surgery; a
41 feasibility study in a phantom using a clinical-grade laparoscopic camera system. *Am J Nucl Med Mol*42 *Imaging.* 2017;7:138-147.

43 37. Spa SJ, Hensbergen AW, van der Wal S, Kuil J, Van Leeuwen FW. The influence of systematic
44 structure alterations on the photophysical properties and conjugation characteristics of asymmetric
45 cyanine 5 dyes. *Dyes and Pigments.* 2018;in press.

46 38. Weineisen M, Simecek J, Schottelius M, Schwaiger M, Wester HJ. Synthesis and preclinical 47 evaluation of DOTAGA-conjugated PSMA ligands for functional imaging and endoradiotherapy of prostate

48 cancer. *EJNMMI research*. 2014;4:63.

1 39. Notni J, Simecek J, Hermann P, Wester HJ. TRAP, a powerful and versatile framework for gallium-2 68 radiopharmaceuticals. *Chemistry*. 2011;17:14718-14722.

40. Valko K, Nunhuck S, Bevan C, Abraham MH, Reynolds DP. Fast gradient HPLC method to determine
compounds binding to human serum albumin. Relationships with octanol/water and immobilized artificial
membrane lipophilicity. *J Pharm Sci.* 2003;92:2236-2248.

6 41. Schottelius M, Osl T, Poschenrieder A, et al. [¹⁷⁷Lu]pentixather: Comprehensive Preclinical
 7 Characterization of a First CXCR4-directed Endoradiotherapeutic Agent. *Theranostics*. 2017;7:2350-2362.

8 42. Symvoulidis P, Perez CC, Schwaiger M, Ntziachristos V, Westmeyer GG, Serial sectioning and
9 multispectral imaging system for versatile biomedical applications. In 2014 IEEE 11th International
10 Symposium on Biomedical Imaging (ISBI), 2014;890-893.

Kanthan GL, Hsiao E, Vu D, Schembri GP. Uptake in sympathetic ganglia on ⁶⁸Ga-PSMA-HBED
 PET/CT: A potential pitfall in scan interpretation. *J Med Imaging Radiat Oncol.* 2017;61:732-738.

Rischpler C, Beck TI, Okamoto S, et al. ⁶⁸Ga-PSMA-HBED-CC uptake in cervical, coeliac and sacral
 ganglia as an important pitfall in prostate cancer PET imaging. *J Nucl Med.* 2018.

45. Werner RA, Sheikhbahaei S, Jones KM, et al. Patterns of uptake of prostate-specific membrane
 antigen (PSMA)-targeted ¹⁸F-DCFPyL in peripheral ganglia. *Ann Nucl Med.* 2017;31:696-702.

46. Silver DA, Pellicer I, Fair WR, Heston WD, Cordon-Cardo C. Prostate-specific membrane antigen
expression in normal and malignant human tissues. *Clin Cancer Res.* 1997;3:81-85.

47. Vegt E, Melis M, Eek A, et al. Renal uptake of different radiolabelled peptides is mediated by
megalin: SPECT and biodistribution studies in megalin-deficient mice. *Eur J Nucl Med Mol Imaging.*2011;38:623-632.

48. Hlouchova K, Navratil V, Tykvart J, Sacha P, Konvalinka J. GCPII variants, paralogs and orthologs.
 Curr Med Chem. 2012;19:1316-1322.

24 49. Bacich DJ, Pinto JT, Tong WP, Heston WD. Cloning, expression, genomic localization, and enzymatic

25 activities of the mouse homolog of prostate-specific membrane antigen/NAALADase/folate hydrolase.

26 *Mamm Genome*. 2001;12:117-123.

27



Figure 1 Structure of PSMA-I&T (4) and its Sulfo-Cy5 conjugated hybrid analog, PSMA-I&F





iejt p	uner
r ight	panel

 ⁶⁸Ga-PSMA-I&F-PET of LNCaP xenograft bearing SHO mice (MIP, static scan, 1h p.i.) without (left mouse) or with (right mouse) coinjection of excess 2-PMPA.
 Time activity curves for selected organs 0-90min p.i. of ⁶⁸Ga-PSMA-I&F (0.2 nmol) in a LNCaP xenograft bearing SHO mouse.





A: Color and fluorescence images of whole-body cryosections of a LNCaP xenograft bearing SHO mouse 1h p.i. of 2 nmol ^{nat}Ga-PSMA-I&F. Upper row: representative section of the salivary glands, middle row: representative section of the tumor region, lower row: representative section of the kidneys. Please note that images are scaled to the same visual intensity. On the right the maximum intensity projection (MIP) at the xz plane. The orange lines correspond to the exact locations of the representative sections shown to the left.

B: 3D-rendering of Sulfo-Cy5 fluorescence images obtained for consecutive 2D whole-body cryosections (as in B) of a LNCaP xenograft bearing SHO mouse 1h p.i. of 2 nmol ^{nat}Ga-PSMA-I&F.



Figure 5

Upper two rows: PSMA immunohistochemistry of mouse tissue sections (paraffin embedded, 2 μm); first row: whole organ; second row: kidney and tumor 10x, spleen 20x magnification. Lower two rows: Tissue distribution of PSMA-I&F (2 nmol, 1h p.i.) observed by Sulfo-Cy5 fluorescence microscopy of mouse tissue cryosections (10 μm). Third row: 4-fold magnification, fourth row: 20fold magnification. Please note that Images have been scaled to a comparable visual fluorescence intensity. Exposition times during fluorescence microscopy: 2s for kidney, 12s for spleen and tumor, respectively.



4

5

7

Left panel: White light visualization and in vivo intraoperative fluorescence imaging of the tumor in an LNCaP xenograft bearing CB-17 SCID mouse 1h p.i. of 2 nmol PSMA-I&F. Sulfo-Cy5 fluorescence was detected using a hand-held Dino-Lite digital microscope. Right panel: ex vivo Sulfo-Cy5 fluorescence imaging of the same (excised) LNCaP tumor using a clinical Firefly laparoscope. 1 2

Table 1

PSMA affinities, internalization and lipophilicity of Ga- and Lu-PSMA-I&T (4) and of the respective unlabeled and labeled PSMA-I&F analogs.

Ligand	IC₅₀ (nM)		Specific internalization (% of reference)*	Lipophilicity (log P _{ow})	Plasma Protein Binding (%)§
PSMA-I&T	10.2±3.5				
Ga-PSMA-I&T	9.3±3.3	⁶⁸ Ga-PSMA-I&T	206±16	-4.30	52.0 (84.2)
Lu-PSMA-I&T	7.9±2.4	¹⁷⁷ Lu-PSMA-I&T	114±8	-4.12	78.6 (82.1)
PSMA-I&F	10.3±0.7				98.3
Ga-PSMA-I&F	10.5±2.1	⁶⁸ Ga-PSMA-I&F	103±9	-3.40	93.7 (94.0)
Lu-PSMA-I&F	9.6±1.7	¹⁷⁷ Lu-PSMA-I&F	106±2	-3.53	95.0 (98.9)

3 * Specific internalization (total internalization corrected by internalization in the presence of 10 μM 2-PMPA) of the reference

4 5 6 7 8 compound ([1251]IBA)KuE was determined in the same experiment (dual tracer study) and used for data normalization. Data represent specific internalization at 1h incubation time.

[§] Numbers represent HSA binding of the non-radioactive compounds determined via chromatography; numbers in paren-theses

represent plasma protein binding determined using fresh human plasma and the corresponding radiolabeled analogs

Table 2 Biodistribution of ¹⁷⁷Lu-PSMA-I&F and ⁶⁸Ga-PSMA-I&F in CB-17 SCID and LNCaP xenograft bearing SHO mice, respectively (n=4-5). Data are given in %iD/g and are means±SD. Data for ⁶⁸Ga-PSMA-I&T from a previous publication (4) are included for comparison.

organ	[¹⁷⁷ Lu]F	PSMA-I&F	68Ga-PSMA-I&F	68Ga-PSMA-I&T
	1h p.i.	6h p.i.	1h p.i.	1 h p.i.
blood	1.4±0.2	0.29±0.03	2.1±0.4	0.5±0.2
heart	0.8±0.1	0.24±0.04	1.0±0.1	0.3±0.1
lung	2.0±0.3	0.81±0.18	2.1±0.5	1.5±0.4
liver	1.4±0.5	0.58±0.08	0.9±0.1	1.0±0.4
spleen	14.6±3.9	5.71±0.60	12.8±6.5	3.9±1.5
pancreas	0.8±0.2	0.23±0.04	0.7±0.1	0.5±0.2
stomach	0.6±0.1	0.28±0.06	0.7±0.1	0.4±0.1
intestines	0.4±0.1	0.29±0.10	0.5±0.2	0.3±0.1
kidneys	76.9±4.2	72.62±5.88	105.8±22.7	53.3±9.0
muscle	0.4±0.1	0.11±0.03	0.5±0.1	0.4±0.1
LNCaP tumor	-	-	4.5±1.8	4.9±1.6

Downloaded from jnm.snmjournals.org by on October 29, 2018. For personal use only.

Supplemental data

to

Synthesis and preclinical characterization of the

PSMA-targeted hybrid tracer PSMA-I&F

for nuclear and fluorescence imaging of prostate cancer

Margret Schottelius^{*1}, Alexander Wurzer¹, Katharina Wissmiller¹, Roswitha Beck¹, Maximilian Koch²,

Dimitris Gorpas², Johannes Notni¹, Tessa Buckle³, Matthias N. van Oosterom³, Katja Steiger⁴, Vasilis

Ntziachristos², Markus Schwaiger⁵, Fijs W.B. van Leeuwen³, Hans-Jürgen Wester¹

- ¹ Chair for Pharmaceutical Radiochemistry, Technische Universität München, Walther-Meissner-Strasse 3, 85748 Garching, Germany
- ² Chair for Biological Imaging (CBI), Technische Universität München, Trogerstr. 9, 81675 Munich, and Institute for Biological and Medical Imaging (IBMI), Helmholtz Centre Munich, Ingolstaedter Landstraße 1, 85764 Oberschleißheim, Germany
- ³ Department of Radiology, Leiden University Medical Center, Albinusdreef 2, 2333 ZA Leiden, The Netherlands
- ⁴ Institute for Pathology, Klinikum rechts der Isar, Technische Universität München, Ismaningerstr.
 22, 81675 Munich, Germany
- ⁵ Department of Nuclear Medicine, Klinikum rechts der Isar, Technische Universität München, Ismaningerstr. 22, 81675 Munich, Germany

Synthesis

<u>General</u>

Protected amino acid analogs and 2-Chloro-tritylchloride polystyrene (2-CTC) resin (100-200 mesh; loading: 1.6 mmol/g) were purchased from Iris Biotech (Marktredwitz, Germany) or Bachem (Bubendorf, Switzerland). Fmoc-3-iodo-D-Tyrosine was obtained from Chemimpex (Wood Dale, IL, USA), and Sulfo-Cy5 free carboxylic acid was purchased from Lumiprobe GmbH (Hannover, Germany). All other organic reagents and solvents were from SigmaAldrich (Munich, Germany) or VWR (Ismaning, Germany). Solid phase peptide synthesis (SPPS) was carried out manually using an Intelli-Mixer syringe shaker (Neolab, Heidelberg). Analytical reversed-phase high performance liquid chromatography (RP-HPLC) was performed on a Nucleosil 100 C 18 (5µm, 125 x 4.0 mm) column (CS GmbH, Langerwehe, Germany) and preparative RP-HPLC using a Multospher 100 RP 18-5 (250 x 20 mm) column (CS GmbH, Langerwehe, Germany). Analytical RP-HPLC was performed on a Shimadzu Prominence HPLC system (Shimadzu Germany, Neufahrn, Germany) equipped with a diode array detector, and preparative RP-HPLC was performed on a Sykam gradient HPLC System (Sykam GmbH, Eresing, Germany) equipped with a 206 PHD UV-Vis detector (Linear[™] Instruments Corporation, Reno, USA). All compounds were eluted using linear gradients of acetonitrile (0.1% TFA, Solvent B) in 0.1 % TFA (v/v) (Solvent A) at a constant flow of 1 mL/min (analytical RP-HPLC) or 10 mL/min (semi-preparative purification). The specific gradients and retention times $t_{\rm R}$ are cited in the text.



Supp. Fig. 1 Synthesis Scheme for PSMA-I&F (6)

Synthesis of the carboxyl-protected Lys-urea-Glu (KuE) binding motif (1)

The synthesis of $(tBu)KuE(tBu)_2(1)$ was performed as described previously (1,2).

HPLC (40-100% B in 15 min): *t_R* = 8.0 min

Calculated mass for $1 (C_{24}H_{45}N_3O_7)$: 487.6

ESI-MS : m/z = 488.4 [M+H]⁺, 510.4 [M+Na]⁺.

Synthesis of the protected OPfp-Sub-KuE derivative (3)

*Sub(OPfp)*₂ (**2**): Suberic acid (2.00 g, 11.5 mmol, 1 eq) was dissolved in 40 mL tetrahydrofurane (THF), and 2.78 mL (34.4 mmol, 3 eq) of pyridine and 7.12 mL (45.9 mmol, 4 eq) *N*,*N*[']-diisopropylcarbodiimide (DIC) were added. To this mixture, a solution of pentafluorophenol (8.45 g, 45,9 mmol, 4 eq) in 12 mL THF was added. After stirring for 2 h at room temperature (RT), the solvent was evaporated *in vacuo* and the crude product was purified by silica gel column chromatography (Petroleum ether (PE)/Ethylacetate (EtOAc), 9/1, (v/v)) to yield **2** as a white crystalline solid (3.99 g; 68% yield).

HPLC (10-100% B in 15 min): *t_R* = 18.3 min.

*OPfp-Sub-(tBu)KuE(tBu)*² (**3**): A solution of **1** (341 mg, 700 µmol, 1 eq) and 239 µL *N,N*diisopropylethylamine (DIPEA) (1.4 mmol, 2 eq) in 60 mL THF was added dropwise (within 30 min) to a cooled (0°C) solution of **2** (1.4 g, 2.8 mmol, 4 eq) in 20 mL THF. The mixture was then stirred for 2 h at RT. The solvent was evaporated to dryness and the crude product was purified via silica gel column chromatography (PE/EtOAc, 10% to 100 % EtOAc, (v/v)) to yield **3** as a white solid (377 mg; 68% yield).

HPLC (40-100% B in 15 min): *t_R* = 17 min

Calculated mass for OPfp-Sub-(tBu)KuE(tBu)₂ (3) (C₃₈H₅₆F₅N₃O₁₀): 809.39

ESI-MS : m/z = 810.4 [M+H]⁺, 832.6 [M+Na]⁺.

Synthesis of the peptidic spacer and DOTAGA functionalization

DOTAGA-D-Lys(Dde)-D-(3-iodo)Tyr-D-(3-iodo)Tyr-D-Lys-OH (DOTAGA-k(Dde)-(i-y)-(i-y)-k) (4):

Dry 2-CTC resin was suspended in a solution of Fmoc-D-Lys(Boc)-OH (2.8 eq with respect to reactive functional groups on the resin) and 3.75 eq of DIPEA in dry dichloromethane (DCM) under vigorous stirring. After 90 min at RT, 3 mL MeOH were added to cap unreacted tritylchloride groups of the resin. Subsequently, the resin was filtered, washed twice with DCM, DMF and MeOH and dried *in vacuo*, and the final loading of the resin with Fmoc-D-Lys(Boc)-OH was calculated. Solid-phase peptide synthesis of the peptide sequence was carried out using a standard Fmoc strategy in NMP using HOBt (1.5 eq) and TBTU (1.5 eq) as coupling reagents and DIPEA (4.5 eq) as a base. After final Fmoc-deprotection using 20% piperidine in DMF, the tetrapeptide linker was cleaved from the resin using a mixture of DCM/trifluoroethanol (TFE)/acetic acid (6/3/1; (v/v/v)) under retention of the acid labile Boc protecting group. Upon evaporation of the solvents *in vacuo*, and the crude dry peptide (H₂N-D-Lys(Dde)-D-(3-iodo)Tyr-D-Lys(Boc)-OH) was redissolved in DMF, and 2 eq of DOTAGA anhydride and 10 eq of triethylamine were added. Quantitative formation of the DOTAGA-conjugated peptide linker was usually obtained within 1 h at RT. The product was then precipitated using diethyl ether, washed and dried *in vacuo*.

HPLC (10-90% B in 15 min): t_R = 6.85 min

Calculated mass for DOTAGA-k(Dde)-(i-y)-(i-y)-k (4) (C₅₉H₈₄I₂N₁₀O₁₈): 1474.4

ESI-MS : m/z = 1475.6 [M+H]⁺, 738.6 [M+2H]²⁺

<u>Conjugation of DOTAGA-k(Dde)-(i-y)-(i-y)-k with the KuE binding motif and deprotection (5)</u>

To a solution of **4** (82 mg, 56 μ mol, 1 eq) and Triethylamine (TEA) (60 μ L, 420 μ mol, 7.5 eq) in 500 μ L DMF, a solution of 50 mg **3** (62 μ mol, 1.1 eq) in 250 μ L DMF was added The reaction mixture was stirred for 1h at RT, and quantitative product formation was confirmed using RP-HPLC.

HPLC (10-90% B in 15 min): t_R = 10.84 min

Calculated mass for DOTAGA-k(Dde)-(i-y)-(i-y)-k-Sub-(tBu)KuE(tBu)₂ (C₉₁H₁₃₀I₂N₁₃O₂₇): 2101.0

ESI-MS : m/z = 1051.0 [M+2H]²⁺

For *in situ* Dde-deprotection, 40 μ l of hydrazine hydrate were added to the reaction mixture. After 10 min at RT, the crude product was precipitated using diethyl ether, washed and dried *in vacuo*.

HPLC (10-90% B in 15 min): t_R = 9.77 min

Calculated mass for DOTAGA-k-(i-y)-(i-y)-k-Sub-(tBu)KuE(tBu)₂ (C₈₁H₁₂₇I₂N₁₃O₂₅): 1936.8

ESI-MS : m/z = 1936.6 [M+H]⁺, 968.8 [M+2H]²⁺

For removal of remaining tBu-protecting groups, crude DOTAGA-k-(i-y)-(i-y)-k-Sub-K(tBu)-u-E(tBu)₂ was then dissolved in 1 mL of TFA. After 45 min at RT, the fully deprotected product DOTAGA-k-(i-y)-(i-y)-k-Sub-KuE (5) was precipitated using diethyl ether and purified using semipreparative RP-HPLC.

HPLC (10-90% B in 15 min): t_R = 5.93 min

Calculated mass for DOTAGA-k-(i-y)-(i-y)-k-Sub-KuE (5) (C₆₉H₁₀₃I₂N₁₃O₂₅): 1768.5

ESI-MS : m/z = 1769.2 [M+H]⁺, 884.7 [M+2H]²⁺

Conjugation with Sulfo-Cy5 (6)

Sulfo-Cy5 free acid (3 mg, 4.5 µmol) and HATU (2.6 mg, 6.75 µmol, 1.5 eq) were dissolved in 200 µL DMF, and 2.3 µL DIPEA (13.5 µmol, 3 eq) were added. The mixture was allowed to stand at RT for 5 min and was then slowly added to a solution of **5** (8.8 mg, 5 µmol, 1.1 eq) in 200 µL of DMF. After 20 min at RT, quantitative reaction was confirmed using RP-HPLC. The final product PSMA-I&F (DOTAGA-k(Sulfo-Cy5)-(iy)-(i-y)-k-Sub-KuE, **6**) was purified using semipreparative RP-HPLC (3.3 mg, 28% yield based on DOTAGA-k-(i-y)-(i-y)-k-Sub-KuE).

HPLC (15-45% B in 15 min): t_R = 10.79 min

Calculated mass for PSMA-I&F (6) $(C_{101}H_{140}I_2N_{15}O_{32}S_2)$: 2392.7

ESI-MS : m/z = 1197.7 [M+2H]²⁺, 798.4 [M+3H]³⁺

The ^{nat}Ga- and ^{nat}Lu-complexes of PSMA-I&F were prepared by dissolving 200-500 µg of peptide either in 20 mM GaNO₃ or LuCl₃ in 0.01 M HCl to yield a final peptide concentration of 1 mM. After heating to 95°C for 30 minutes in a sealed tube, RP-HPLC analysis revealed quantitative complex formation. The product solutions were used as such for the preparation of dilution series for binding or internalization studies.

Calculated mass for Ga-PSMA-I&F ($C_{101}H_{138}I_2N_{15}O_{32}S_2Ga$): 2459.7

ESI-MS : m/z = 1230.5 [M+2H]²⁺, 820.8 [M+3H]³⁺

Calculated mass for Lu-PSMA-I&F ($C_{101}H_{137}I_2N_{15}O_{32}S_2Lu$): 2564.7

ESI-MS : m/z = 1283.6 [M+2H]²⁺, 856.0 [M+3H]³⁺

Radiolabeling

68 Ga-labeling

The non-processed eluate of a ⁶⁸Ge/⁶⁸Ga-generator with SnO₂ matrix (by IThemba LABS, SA; 1.25 mL, eluent: 1 M aq. HCl, total ⁶⁸Ga activity: 500 MBq) was adjusted to pH 2 by adding HEPES buffer (950 μ L of a 2.7 M aq. solution) and used for labelling of 5.0 nmol of PSMA-I&F for 5 minutes at 95 °C. The labeled product was isolated by passing the reaction mixture through a C8 light solid phase extraction cartridge (SepPak), which was then purged with water (10 mL), followed by elution of 68Ga-PSMA-I&F using 2 mL 50% aqueous ethanol. After removal of the organic solvent *in vacuo*, the product solution was diluted with PBS to the desired activity concentration for use in the *in vitro* and *in vivo* studies.

¹⁷⁷Lu-labeling

For ¹⁷⁷Lu-labeling according to a standard procedure (3), PSMA-I&F was dissolved in DMSO to yield a 1 mM solution. Of this solution, the required volume was added to ¹⁷⁷LuCl₃ in 0.04 M HCl (ITG/ITM, Garching, Germany; activity concentration: 370 MBq/500 μ l) to achieve a precursor-to-¹⁷⁷Lu-activity ratio of 1 nmol precursor per 225 MBq ¹⁷⁷LuCl₃. To this mixture, 1 M NH₄OAc was added (calculated to be 10% of total reaction volume), and the mixture was heated to 95°C for 20 min. After cooling and determination of the radiochemical purity (usually >98%), the reaction mixture was diluted with PBS to the desired activity concentration and used as such for *in vitro* and *in vivo* studies.

Radiochemical purity of ⁶⁸Ga-PSMA-I&F and [¹⁷⁷Lu]PSMA-I&F was determined using radio-TLC. Radio-TLC was carried out using Agilent iTLC silica gel impregnated chromatography paper (Agilent, Waldbronn, Germany) and two different mobile phases, i.e. A) 0.1 M aq. sodium citrate and B) a 1:1 (v/v) mixture of 1 M aq. NH₄OAc and MeOH. TLC-strips were analyzed using a Bioscan TLC analyzer.

In vitro evaluation

Cell culture

PSMA overexpressing LNCaP (human prostate carcinoma) cells were grown in DMEM/Nutrition Mix F-12 with Glutamax-I (1:1) (Invitrogen, Life Technologies, Darmstadt, Germany) supplemented with 10% FCS. For IC₅₀ determination, approximately 150.000 cells/well were seeded on 24-well plates one day prior to the experiment. For internalization studies, 125.000 cells/well in PLL-coated 24-well plates were used. Cell counting was carried out using a Countesse automated cell counter (Invitrogen, Carlsbad, USA).

Internalization studies

LNCaP cells were incubated with the respective radioligands for different time points up to 120 min at 37°C. The supernatant was removed, cells were washed with assay medium, and an acid wash (50 mM NaOAc in saline, pH 4.5) was performed to remove membrane-associated activity. Cells were then lysed using 1N NaOH, and internalized activity was quantified using a γ -counter. Data were corrected for non-specific internalization in the presence of 10 μ M 2-PMPA (2-(Phosphonomethyl)pentane-1,5-dioic acid; Tocris Bioscience, Bristol, UK) and normalized to the specific internalization observed for the radioiodinated reference compound in the same experiment. Data represent means ± SD (n=3).

Fluorescence microscopy

LNCaP cells (100.000 cells/well) were seeded in 24 well plates on glass cover slips (12 mm diameter) one day before the microscopy experiment. On the next day, the culture medium was replaced by incubation medium (DMEM (5% BSA)), and the adherent cells were incubated with the respective PSMA-I&F analog (100 or 25 nM) in the absence (total binding/internalization) or presence (non-specific binding/internalization) of 10 μ M 2-PMPA at 37 °C for 5 min or 60 min. Hoechst 33342 (final concentration: 2 μ g/ml) and LysoTracker Green (Life technologies, Carlsbad, California; final concentration: 100 nM) were added 2 min before the end of incubation. To end incubation, the cover slips were removed from the incubation medium, washed with PBS and fixed in 4 % Histofix solution.

Microscopy was performed on a Keyence BZ-9000 fluorescence microscope equipped with Cy5 (620/60 nm excitation, 700/75 nm emission), DAPI-BP (370/50 nm excitation, 447/60 nm emission) and GFP-BP (472.5/30 nm excitation, 520/35 nm emission) filters. Images were processed using the BZ-9000 analyzer software.

In vivo Evaluation

Tumor model

To induce tumor growth, a suspension of LNCaP cells (approx. 5×10^6 cells/mouse) in 200 µl of a 1:1 mixture of serum-free DMEM and Matrigel (BD Biosciences) was injected subcutaneously into the right shoulder of male SCID Hairless Outbred (SHO) mice (Charles River Laboratories, Sulzfeld, Germany). After 2-4 weeks, tumor size reached 4-8 mm in diameter and the mice were used for the in vivo studies.

Histopathology and PSMA immunohistochemistry

Mouse tissues were fixed in 10% neutral-buffered formalin solution for min. 48 h, dehydrated under standard conditions (Leica ASP300S, Wetzlar, Germany) and embedded in paraffin. Serial 2µm-thin sections prepared with a rotary microtome (HM355S, ThermoFisher Scientific, Waltham, USA) were collected and subjected to histological and immunohistochemical analysis. Hematoxylin-Eosin (H.-E.) staining was performed on deparaffinized sections with Eosin and Mayer's Haemalaun according to a standard protocol. Immunohistochemistry was performed using a BondMax RXm system (Leica, Wetzlar, Germany, all reagents from Leica) with a primary antibody against PSMA (abcam, Cambridge, UK, ab133579, diluted 1:100 in antibody diluent). Briefly, slides were deparaffinized using deparaffinization solution, pretreated with Epitope retrieval solution 1 (corresponding to citrate buffer pH=6) for 20 minutes. Antibody binding was detected with a polymer refine detection kit without post primary reagent and visualized with DAB as a dark brown precipitate. Counterstaining was done with hematoxyline. Murine organs and tumor tissue were evaluated by an experienced pathologist (KS). PSMA expression intensity was scored using a 4-tier score (0= absent, 1= slight, 2= moderate, 3= intense).

Ex vivo Evaluation

Whole-body cryosectioning and fluorescence imaging

A LNCaP xenograft bearing SHO mouse (the same animal that had been used for the static PET scan two days previously) was injected with 2 nmol of ^{nat}Ga-PSMA-I&F, sacrificed at 1h p.i., embedded in a mixture of Tissue-Tek and black ink (7.41% v/v) inside a cylinder of 3.5 cm diameter, and placed into the -80°C freezer overnight. Before sectioning the specimen was placed into the cryostat at -17°C for two hours.

Cryosections were prepared using a Leica CM 3500 cryostat (Leica, Wetzlar, Germany) at a slice thickness of 20 µm. The temperature during slicing was adjusted to -17°C. A highly sensitive fluorescence imaging system was mounted onto the cryostat and imaged the specimen after every 4 slices. The imaging protocol consisted of the acquisition of three reflectance images at 630/60 nm (red channel), 535/38 nm (green channel), and 460/50 nm (blue channel) for color imaging and one fluorescence image at 670/10 nm, which is close to the maximum emission of the sulfo-Cy5 (i.e. 662 nm). We employed a halogen light source (KL2500, Schott, New York, USA) coupled to fiber bundles and a motorized filter-wheel (FW102C, Thorlabs, New Jersey, USA) to illuminate the specimen. Reflectance images were enabled by white-light illumination (i.e. no light source filtering), whereas bandpass filter (ET620/60X, Chroma Technology, Rockingham, Vermont, United States) was placed in the filter-wheel to enable sulfo-Cy5 excitation.

Images were recorded by an iXon electron multiplying charge-coupled device (EMCCD, DV8201-BV, Andor Technology, Belfast, Northern Ireland). A Leica Z16 Apo Macroscope was coupled to the camera, allowing manual adjustments of zoom, focus, and fields of view (FOV). In the lens-camera path a 25-positions filterwheel was placed with mounted three bandpass filters (D630/60M, D535/38M, and D460/50X, Chroma Technology) for reflectance acquisition and one bandpass filter (D670/10X, Chroma Technology) for fluorescence acquisition. Supp. Fig. 1 depicts a schematic of the system.

The serial sectioning and imaging system was fully automated using custom software implemented in LabView (National Instruments, Austin, USA) to control sectioning and trigger image acquisition (4). Gain

of the EMCCD was maintained constant during sectioning at 2, 10 and 20 for the red, green and blue channels, and at 300 for fluorescence imaging, while exposure time was automatically adjusted per imaged slice and ranged from 0.001 s to 20 s depending on the per slice amount of the reflected or emitted light. Post-processing involved normalization of the acquired data to their corresponding exposure time, reconstruction of the color images from the red, green, and blue channels, and longitudinal alignment of the three-dimensional stack of imaged slices for optimal resolution. These processes were implemented in MATLAB (Mathworks, Natick, USA), while Amira (FEI Visualization Sciences Group, Burlington, USA) was used for cross-sectional and longitudinal visualization of the acquired data, and three-dimensional representation of the fluorescence data.



Supp. Fig. 2. The serial sectioning and imaging system. A halogen lamp is employed to deliver illumination onto the imaged specimen. Reflectance and fluorescence images are acquired by a highly sensitive electron multiplying charge-coupled device (EMCCD) at specific spectral bands defined by filter-wheels at both the excitation and detection illumination paths. Left inset depicts the slicing procedure, which is repeated 4 times with a step of 20 μm before imaging the sample (resulting to 80 μm imaging step). All CAD optomechanical components are courtesy of Thorlabs (www.thorlabs.com).

Intraoperative fluorescence imaging

Fluorescence imaging (intraoperative/ex vivo) of LNCaP xenografts in CB17-SCID mice (1h p.i.) was performed using two different instrumental setups. First, a Dino-lite handheld digital microscope for Cy5 (Dino-Lite Edge AM4115T-DFRW, AnMo Electronics Corporation, Hsinchu, Taiwan) was used. Acquisition was performed at λ_{exmax} 620 nm, and λ_{emmax} 650 nm and at a magnification range of 20-220x. Images were captured using DinoCapture 2.0 software (AnMo Electronics Corporation). Second, a 0° Firefly laparoscope that is compatible with the surgical robotic da Vinci Si system (Intuitive Surgical Inc., Sunnyvale, California, USA) was employed. For excitation, the red light-emitting diode (LED) (λ_{exmax} at 636 nm) of the Firefly light source was isolated using LED-controller software provided by Intuitive Surgical. For practical reasons, a Karl Storz fluid light cable was used to illuminate the target (495 FR; KARL STORZ Endoskope GmbH & Co. KG, Tuttlingen, Germany). An Edmund Optics bandpass filter (center wavelength λ_{emmax} 692 nm, full width at half maximum 47 nm; Edmund Optics Inc., Barrington, NJ, USA) was used to isolate the Cy5 emission. Images were captured from the unprocessed Firefly video feed.

RESULTS



Supp. Fig. 3A) Fluorescence microscopy of the internalization of [natGa]PSMA-I&F (100 nM) into LNCaP
prostate carcinoma cells after 60 min at 37°C (a) (Cy5-filter; overlay with nuclear blue
fluorescence acquired using the DAPI filter (Hoechst 33342)). Images acquired using the GFP
filter show uptake of the lysosomal dye LysoTracker (b). An overlay of all three channels is shown
on the right (c).

B) Fluorescence microscopy of the internalization of PSMA-I&F (free DOTAGA), [^{nat}Ga]PSMA-I&F and [^{nat}Lu]PSMA-I&F (25 nM) into LNCaP prostate carcinoma cells after 60 min at 37°C.

1. Weineisen M, Simecek J, Schottelius M, Schwaiger M,Wester HJ. Synthesis and preclinical evaluation of DOTAGA-conjugated PSMA ligands for functional imaging and endoradiotherapy of prostate cancer. *EJNMMI research*. 2014;4:63.

2. Robu S, Schottelius M, Eiber M, Maurer T, Gschwend J, Schwaiger M, et al. Preclinical Evaluation and First Patient Application of 99mTc-PSMA-I&S for SPECT Imaging and Radioguided Surgery in Prostate Cancer. *J Nucl Med.* 2017;58:235-242.

3. Breeman WA, De Jong M, Visser TJ, Erion JL,Krenning EP. Optimising conditions for radiolabelling of DOTA-peptides with 90Y, 111In and 177Lu at high specific activities. *Eur J Nucl Med Mol Imaging*. 2003;30:917-920.

4. Symvoulidis P, C. C. Perez, Schwaiger M, Ntziachristos V,Westmeyer GG, Serial sectioning and multispectral imaging system for versatile biomedical applications. In *2014 IEEE 11th International Symposium on Biomedical Imaging (ISBI)*, 2014; pp 890-893.

The Journal of NUCLEAR MEDICINE

Synthesis and preclinical characterization of the PSMA-targeted hybrid tracer PSMA-I&F for nuclear and fluorescence imaging of prostate cancer

Margret Schottelius, Alexander Wurzer, Katharina Wissmiller, Roswitha Beck, Maximilian Koch, Dimitrios Gkorpas, Johannes Notni, Tessa Buckle, Matthias N. van Oosterom, Katja Steiger, Vasilis Ntziachristos, Markus Schwaiger, Fijs W.B. van Leeuwen and Hans-Jürgen Wester

J Nucl Med. Published online: September 20, 2018. Doi: 10.2967/jnumed.118.212720

This article and updated information are available at: http://jnm.snmjournals.org/content/early/2018/09/20/jnumed.118.212720

Information about reproducing figures, tables, or other portions of this article can be found online at: http://jnm.snmjournals.org/site/misc/permission.xhtml

Information about subscriptions to JNM can be found at: http://jnm.snmjournals.org/site/subscriptions/online.xhtml

JNM ahead of print articles have been peer reviewed and accepted for publication in JNM. They have not been copyedited, nor have they appeared in a print or online issue of the journal. Once the accepted manuscripts appear in the JNM ahead of print area, they will be prepared for print and online publication, which includes copyediting, typesetting, proofreading, and author review. This process may lead to differences between the accepted version of the manuscript and the final, published version.

The Journal of Nuclear Medicine is published monthly. SNMMI | Society of Nuclear Medicine and Molecular Imaging 1850 Samuel Morse Drive, Reston, VA 20190. (Print ISSN: 0161-5505, Online ISSN: 2159-662X)

