

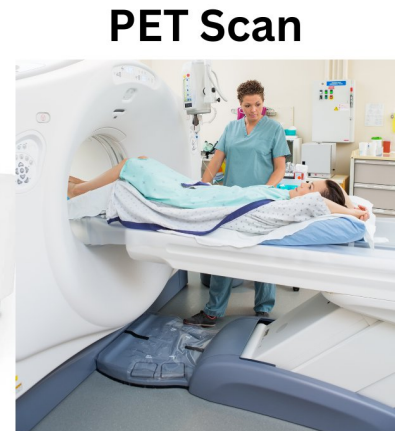
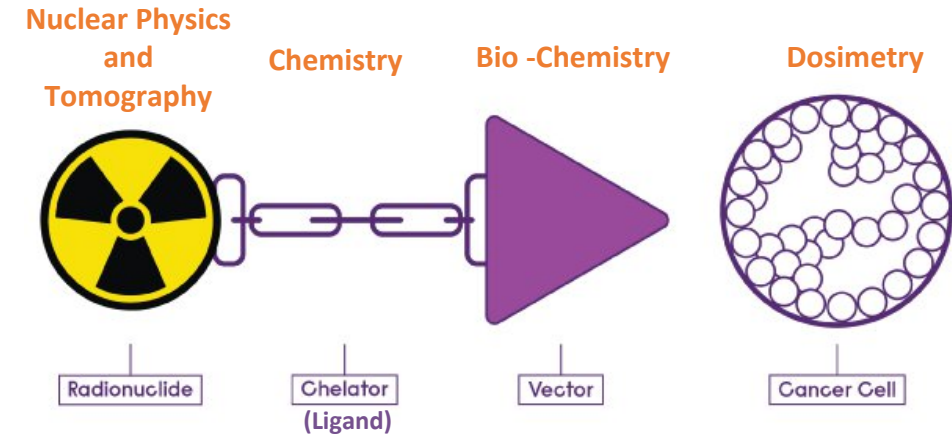
SPECT Imaging and Dosimetry of ^{155}Tb and ^{161}Tb and Evaluation of the Impact of ^{156}Tb Contamination

Mohammed Hussein and Marc-Antoine Verdier.

- Radiotherapy uses ionizing radiation to damage tumour cells while sparing normal tissues as much as possible.
- Internal radiotherapy:
 - The radioactive source is injected inside the body.
 - Dose is delivered closer to disease and supports targeted oncology.
 - High LET low dose rate.

Why VIR ?

- High precision, personalized treatment, targeting diffused tumors.
- Vectorized: need of imaging for treatment planning, estimating the injected dose and following the bio distribution (**Theranostic** approach).
- Requires development of more specific radiopharmaceuticals and adapted imaging systems (SPECT, PET and gamma camera).
- Some available theranostic pairs:
 $^{64}\text{Cu}/^{67}\text{Cu}$, $^{44}\text{Sc}/^{47}\text{Sc}$, $^{86}\text{Y}/^{90}\text{Y}$.





- Terbium (Tb): promising theranostic element with four isotopes¹.
- Interest in ¹⁵⁵Tb-¹⁶¹Tb potential theranostic pair (~similar $t_{1/2}$).
- Challenge: medical cyclotron production ($p < 30$ MeV) of ¹⁵⁵Tb from ¹⁵⁵natGd induces co-production of ¹⁵⁶Tb (and some ¹⁵⁴Tb) emitting high energy γ -rays.

Isotope	Diagnosis	Therapy	1/2 life
¹⁴⁹ Tb	? β^+ 14.2%, γ	✓ (α)	4.12 h
¹⁵² Tb	✓ (β^+)		17.48 h
¹⁵⁵ Tb	✓ (γ)		5.32 d
¹⁶¹ Tb	? Low energy γ	✓ (β^-)	6.96 d

SPECT

γ - rays energy (keV)		
¹⁵⁵ Tb (5.32 d)	¹⁵⁶ Tb (5.35 d)	¹⁶¹ Tb (6.96 d)
86.54 (32%) 105.3 (25.1%) 180.1 (7.5%) 262.3 (5.3%)	88 (18%) 199.2 (41%) 356.3 (13.6%) 534.3 (67%) 1065.1 (10.8%) 1154.1 (10.4%) 1222.4 (31%) 1421.7 (12%)	48.9 (17.0%) 74.6 (10.2%)

- PRALINE project: Production RAdioisotopes et Ligands pour l'Imagerie Nucléaire
 - Integrated project aims to develop new methodologies of radioisotopes production availability in large quantity with high chemical and isotopical purities and new ligands, and develop approaches and methods for nuclear imaging.

¹ Naskar N, Lahiri S. Theranostic Terbium Radioisotopes: Challenges in Production for Clinical Application. Front Med (Lausanne). 2021 May 31;8:675014.



- Evaluate by simulation the impact of contamination of ^{156}Tb on ^{155}Tb SPECT images to determine acceptable contamination limit, in terms of:
 - Quantitative SPECT imaging.
 - Dosimetry.
- Evaluate capabilities of ^{161}Tb in terms of imaging and dosimetry

How?

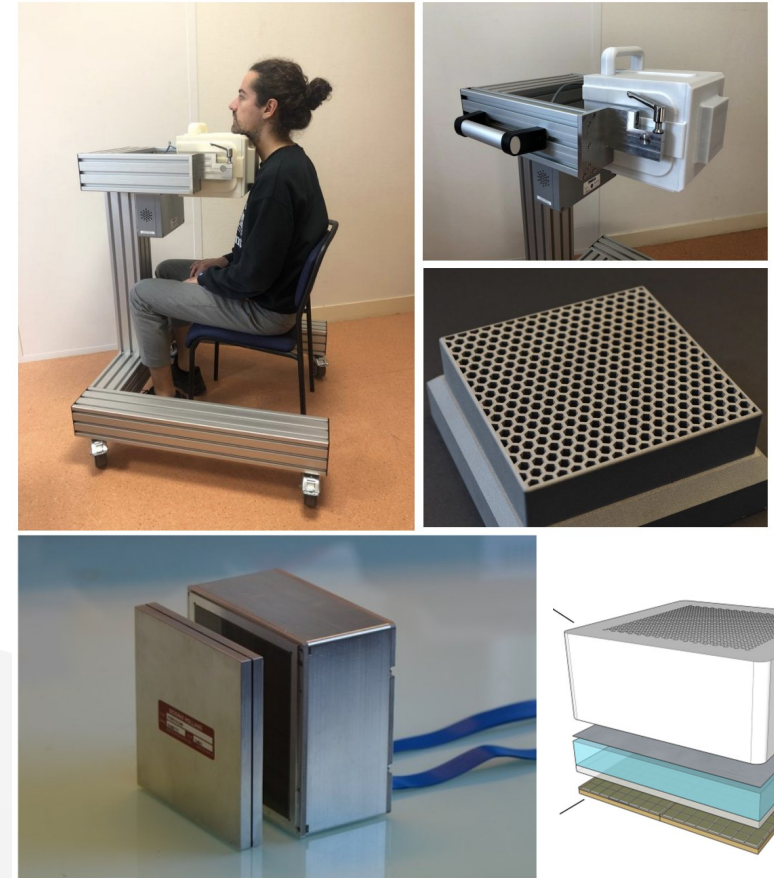
- SPECT imaging Monte Carlo simulation **experimentally validated** of ^{155}Tb phantom contaminated with 0-10% ^{156}Tb using:
 - Low energy camera: ALBIRA (BRUKER).
 - Medium energy camera: THIDOS (homemade high performance camera).
 - Geometric preclinical phantom NEMA NU-4 2008.
- SPECT imaging of ^{161}Tb in geometric phantom
- Dosimetry using mouse phantom simulation with exp. bio-kinetic data (not addressed in this presentation).



Material and methods

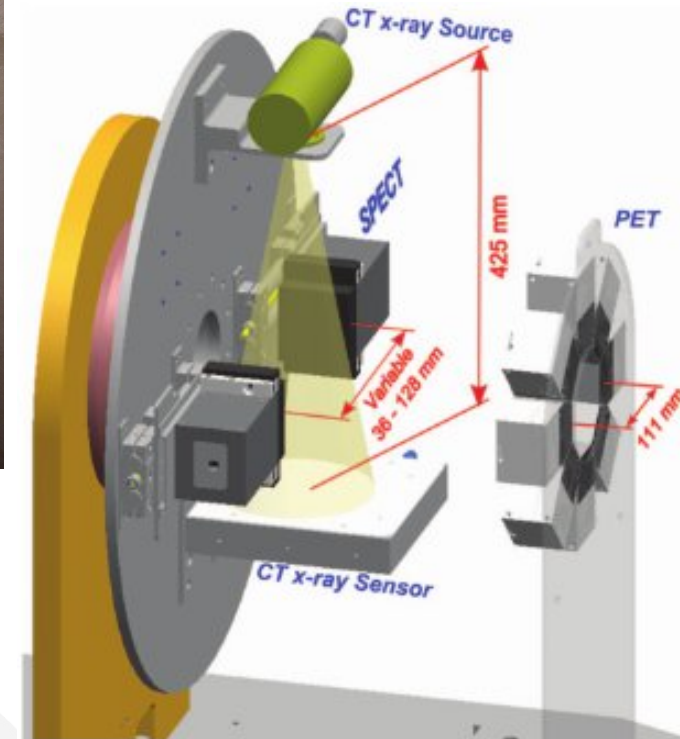
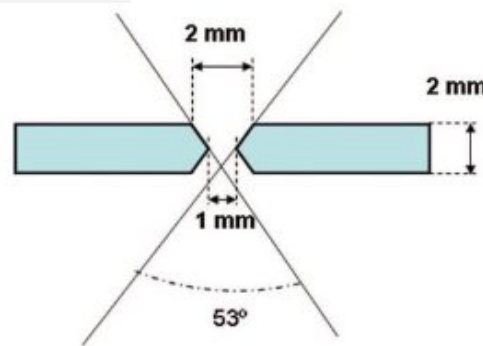
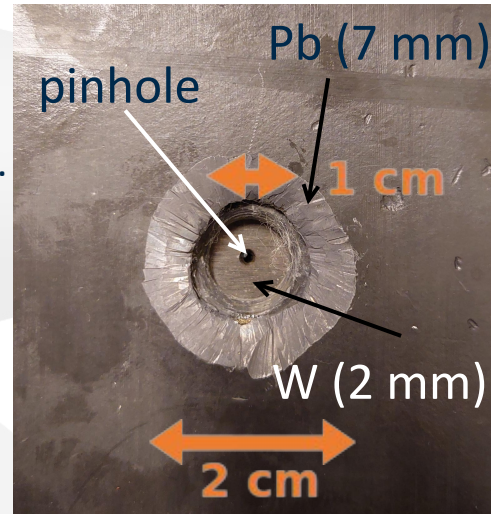


- Medium energy gamma camera - 364 keV ¹³¹I - molecular radiotherapy of thyroid diseases.
 - Developed completely in REV group - Health pole - IJCLab.
 - Detector:
 - 10×10×1 cm³ CeBr₃ scintillator
 - Coupled to 16×16 SiPM array (256 channels)
 - Collimators: Tungsten parallel-hole collimators
 - high-sensitivity (planning) or high-resolution (post-treatment)
 - Shielding: Optimized tungsten + lead for high energy gamma rays.
 - Performance:
 - Spatial resolution: 1.15 mm FWHM (intrinsic)
 - Energy resolution: 8% at 356 keV
- Used in the simulation as SPECT head camera.



¹A High-Resolution Portable Gamma-Camera for Estimation of Absorbed Dose in Molecular Radiotherapy, Théo Bossis et al.

- Detector: ALBIRA S108 small animal PET/SPECT/CT (industrial) imaging system (BRUKER)¹ at CHUV, Lausanne.
- 2 rotating SPECT heads, 30 positions/camera (6°).
 - Camera optimized for ^{99m}Tc (140 keV).
 - Single pinhole collimator (2 mm W).
 - Spatial res.(FWHM) : ~1.5 mm (BRUKER).
 - Energy res.(FWHM): 17% at 140 keV (BRUKER).
- Shielding and collimation adapted for ~ 140 keV
 ➔ high potential scattering and penetration for high energy gamma rays.
- Tomo-Reconstruction program implemented.
- Study and understand camera performance, include corrections in reconstruction.



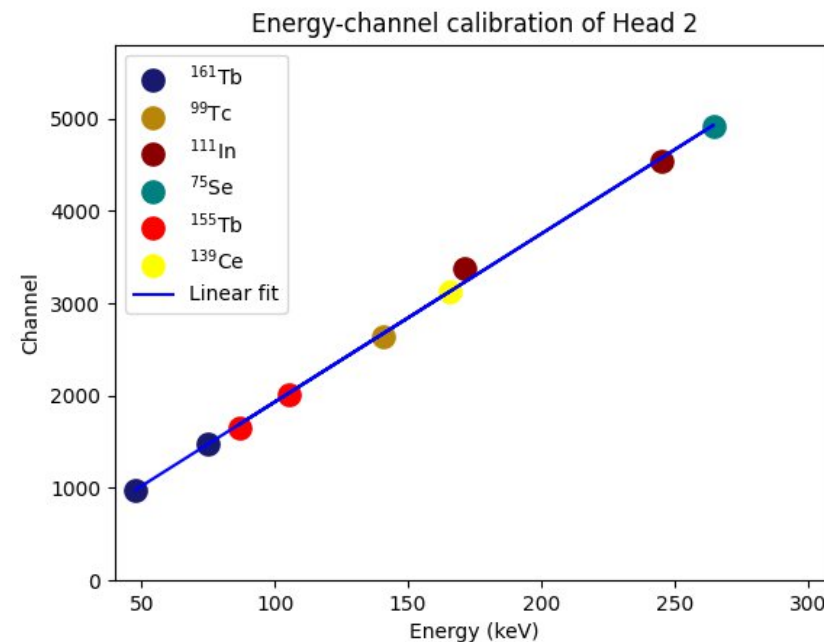
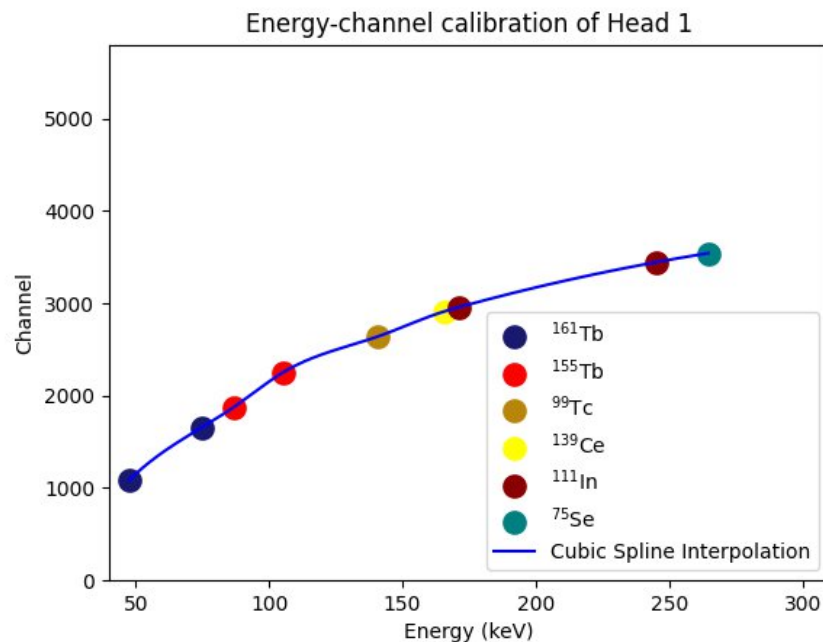
¹ Sánchez et al. Med. Phys, 40, No. 5, May 2013.



- Calibration:

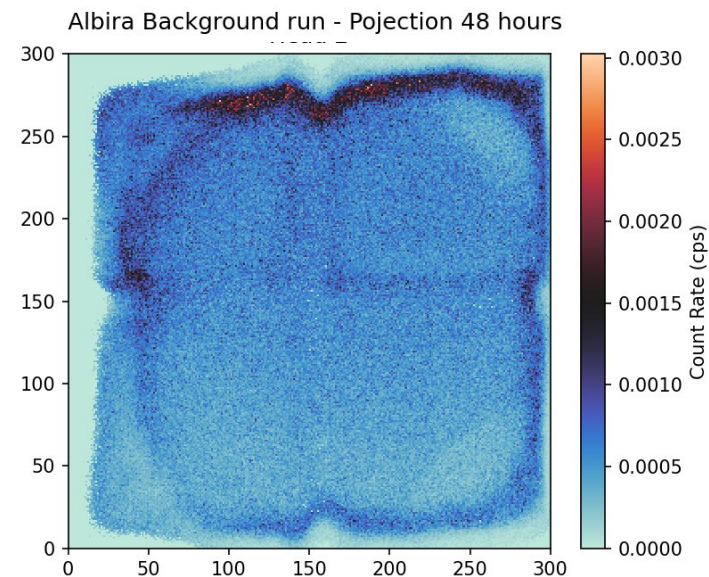
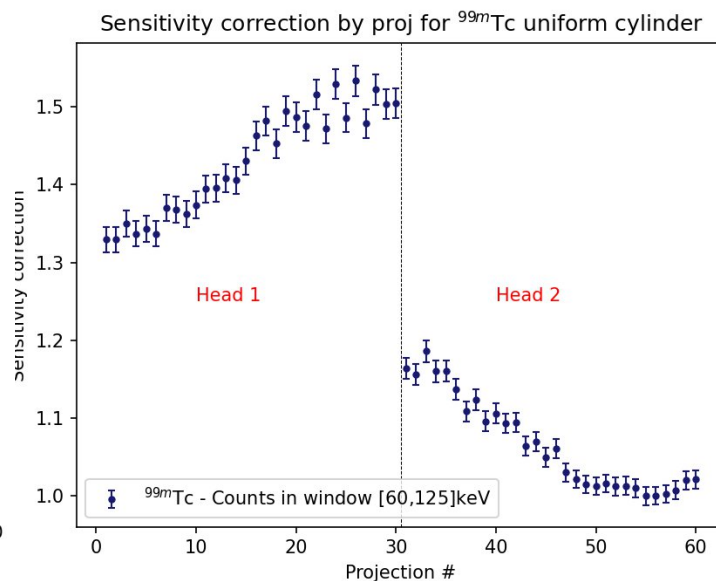
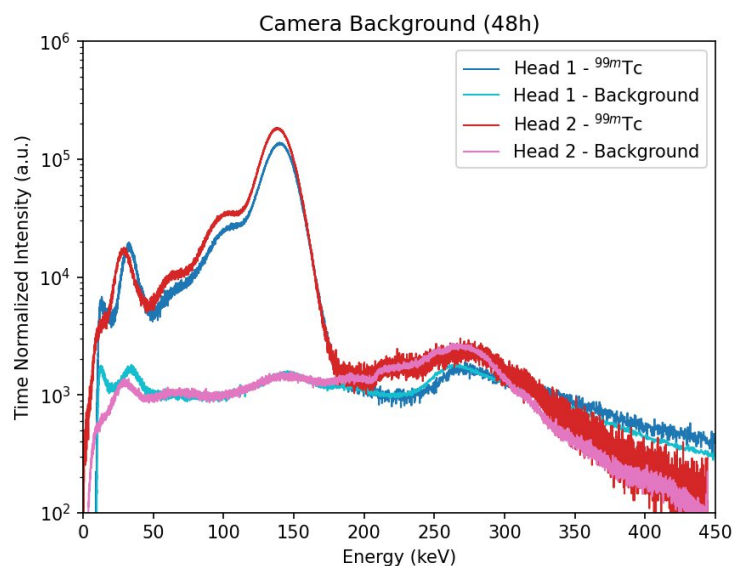
- Current calibration optimized for ^{99m}Tc only (BRUKER) $\rightarrow$ need improvement.
- New calibration, different acquisition with various isotopes performed.
- Unlike head 2, calibration of head 1 is non-linear $\rightarrow$ Complicate treatment and analysis ! (to present only Head 2)

➤ An external reconstruction performed to include all these corrections.

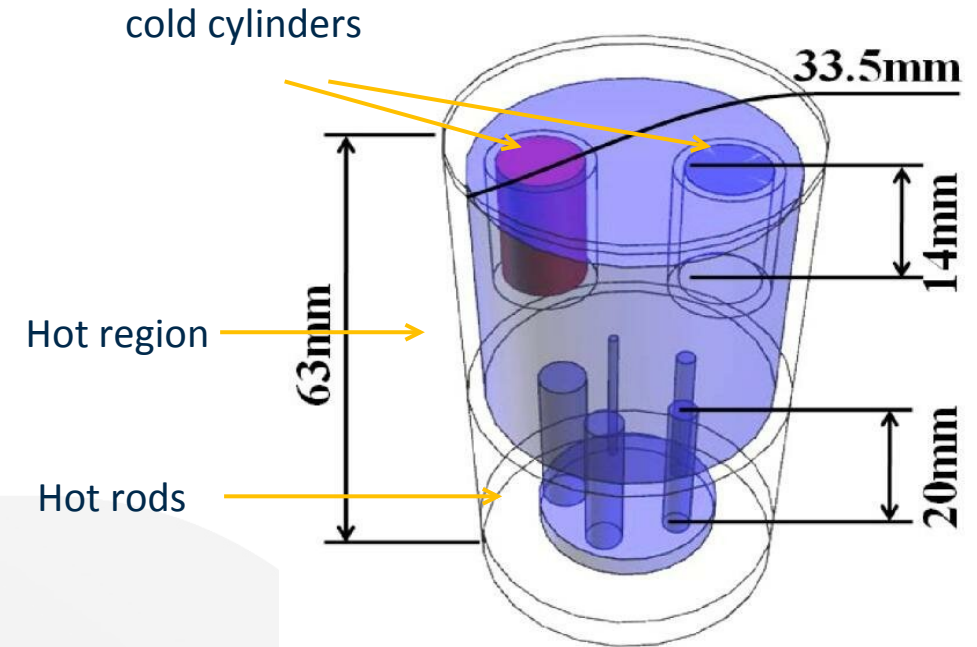




- Background studying → **count rate 30-40 cps (negligible).**
- Sensitivity disparity between the two heads + geometrical effect → **corrected for each projection.**
- Sensitivity drop below ~ 50 keV, and above ~ 200 keV.
- Measured energy resolution : ~~13.5~~ 17% at 140 keV.
- Projection image in-uniformity cause artifacts in reco images and lower SNR !



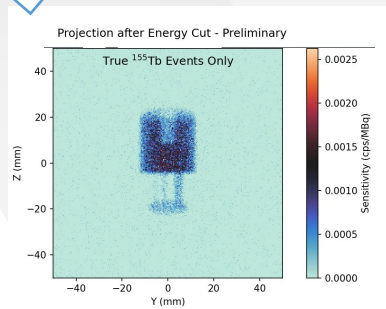
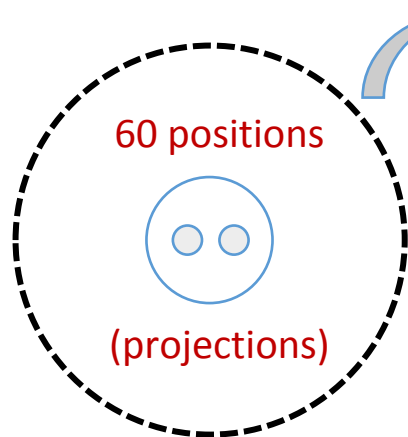
- **Phantom:** NEMA NU 4-2008, a standard small-animal imaging phantom designed for quantitative performance evaluation.¹
 - Includes rods (1–5 mm) for spatial resolution testing.
 - Cold and uniform regions for contrast, uniformity, and SNR analysis.



¹ NEMA Standards Publication NU 4-2008 Performance Measurements of Small Animal Positron Emission Tomographs National Electrical Manufacturers Association 1300 N. 17th Street, Suite 1752 Rosslyn, VA 22209.



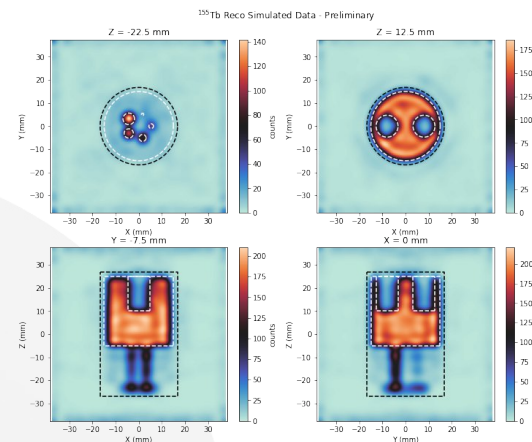
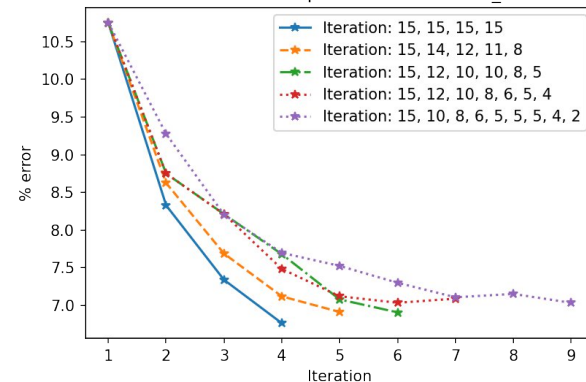
- **Tomographic SPECT reconstruction** performed using CASToR platform.¹
- Data converted from GATE 10 form to CASToR form.
- Ordered Subset Expectation Maximization (OSEM) algorithm, an MLEM variant.
- Camera geometry defined, correction added and parameters optimized.



A 2D Projection

3D image
reconstruction
(OSEM)

Reconstruction errors for multiple iterations with N_subsets tot = 60



3D
reconstructed
image

¹ CASToR: a generic data organization and processing code framework for multi-modal and multi-dimensional tomographic reconstruction, Thibaut Merlin et al., 2018.



Quantification

To quantify the reconstructed images, multiple factors were calculated:

- Integral uniformity [%]:

$$IU = \frac{\sigma_N}{\bar{N}}$$

- Signal to noise ratio:

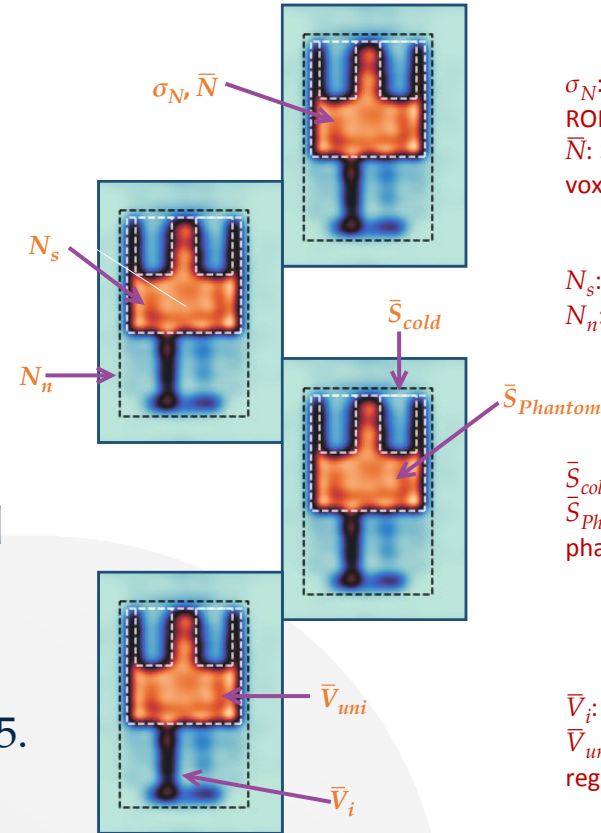
$$SNR = \frac{|N_s - N_n|}{N_n}$$

- Contrast factor of the cold cylinders [%]:

$$Q_{cold} = \left[1 - \frac{\bar{S}_{cold}}{\bar{S}_{Phantom}} \right]$$

- Recovery coefficients:

$$RCs = \frac{\bar{V}_i}{\bar{V}_{uni}}, i = 1, \dots, 5.$$



σ_N : Standard deviation of voxels values in ROI.
 $\bar{N}$: Sum of counts in ROI averaged by # of voxels.

N_s : # of counts considered as signal in ROI.
 N_n : # of counts considered as noise in ROI.

$\bar{S}_{cold}$: average counts in the cold cylinder.
 $\bar{S}_{Phantom}$: average counts in the ROI of the phantom.

$\bar{V}_i$: mean voxel value in the rods.
 $\bar{V}_{uni}$: mean voxel value in the uniform region of the phantom.

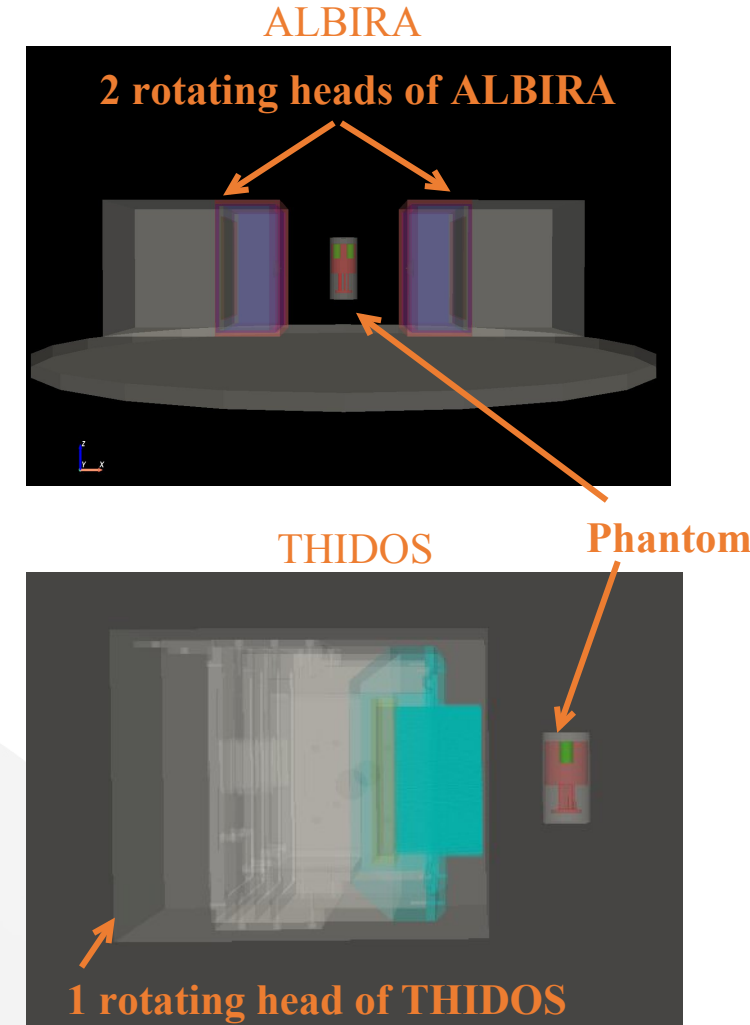
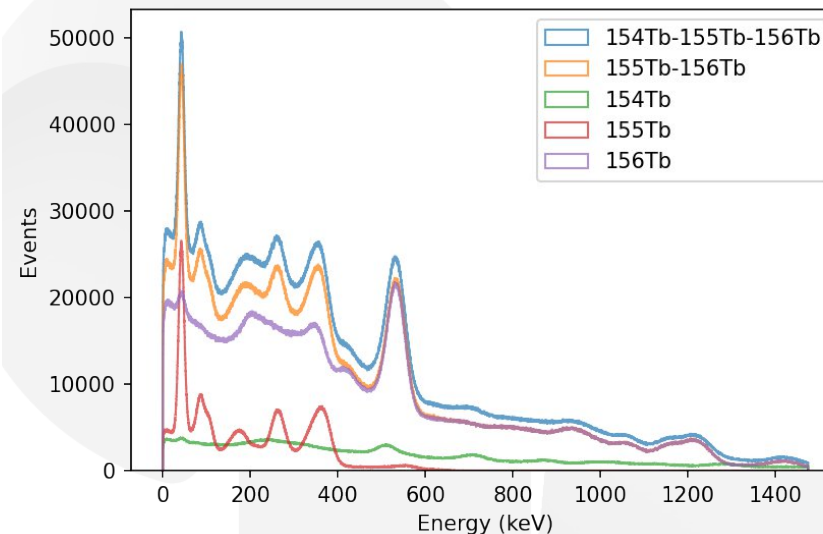
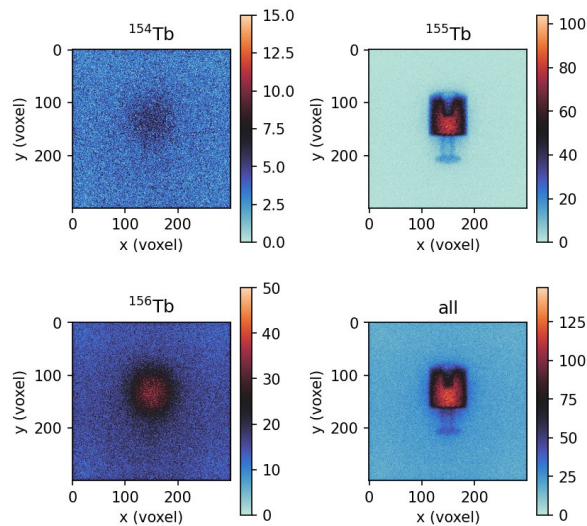


- 3 experiments performed at CHUV, Lausanne for simulation validation (Thanks to PRISMAP program):
 - 7 MBq of ^{155}Tb phantom (12 h acquisition) – Produced by MEDICIS/CERN, contaminated with ^{139}Ce .
→ Subtracted by ^{139}Ce only later acquisition.
 - 32.4 MBq (~89%-8%) ^{155}Tb - ^{156}Tb phantom (12 h acquisition) – Produced by PSI. (+3% ^{154}Tb).
 - 12 MBq of ^{161}Tb phantom (4 h acquisition) – Produced by PSI.

Isotope	Half life
^{154}Tb	21.5 h
^{155}Tb	5.32 d
^{156}Tb	5.35 d
^{161}Tb	6.96 d
^{139}Ce	160.xx d



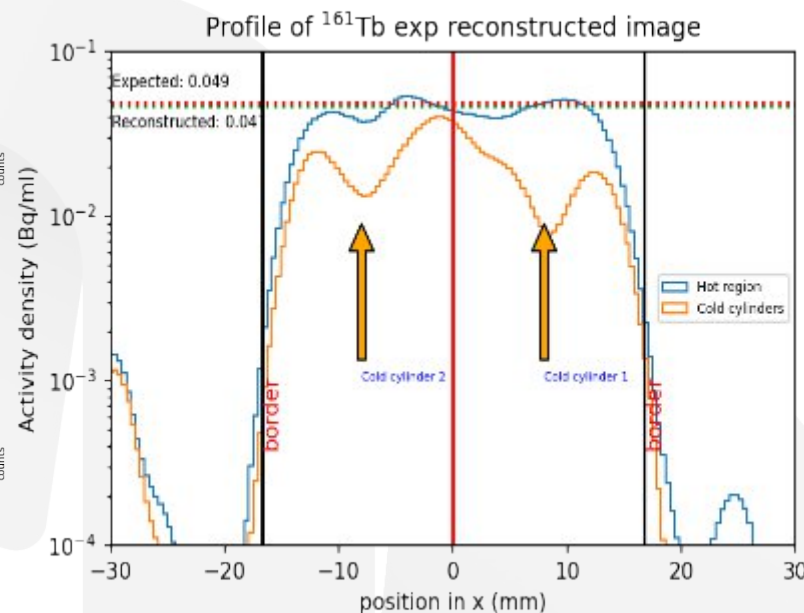
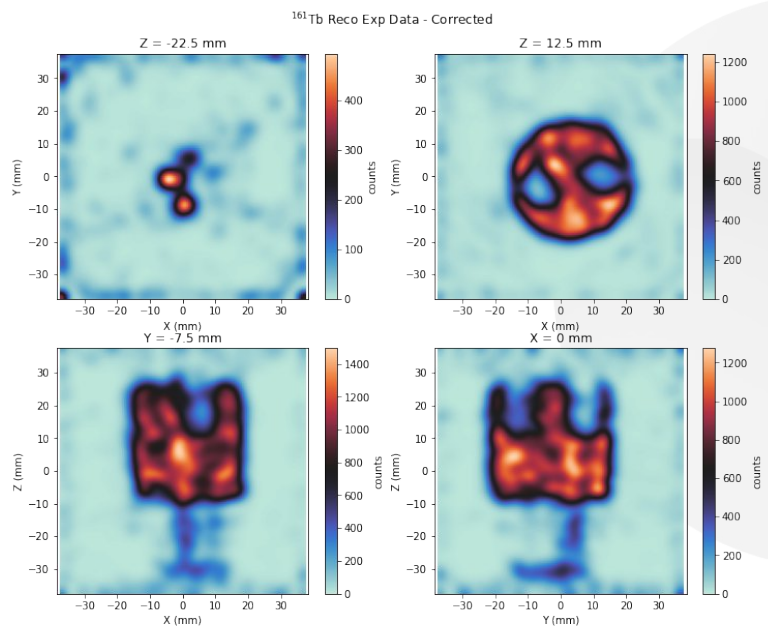
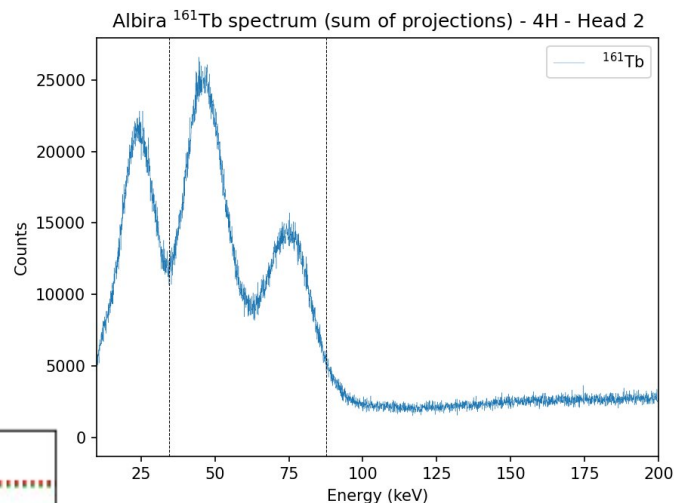
- **Monte Carlo simulation** performed GATE 10 Platform (Geant4 based) for both imaging and dosimetry.
- With GATE 10: Reproduced cameras parts and movement, phantom and all sources (isotopes and contaminants).





- 2 γ peaks (48.9 keV, 74.6 keV) utilizable for SPECT tomographic reconstruction.
- Despite the notable in homogeneity & BG, largest rods reconstructed & high SNR.

→ Strong potential of ^{161}Tb in imaging clinical application (THERANOSTIC by itself).



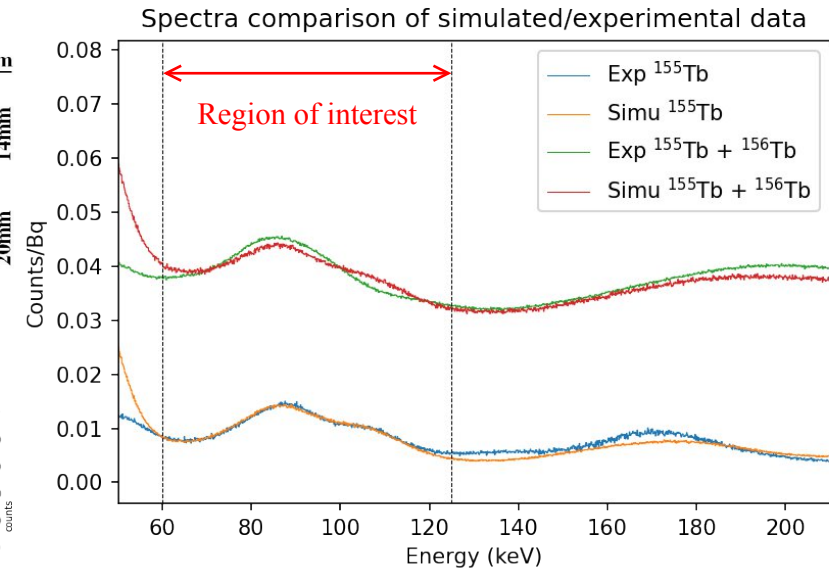
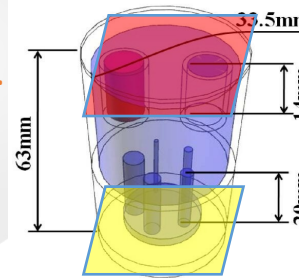
Quantification factor	^{161}Tb Pure
SNR	104.5
IU (%)	16.31
Q_{cold} (%)	88.97



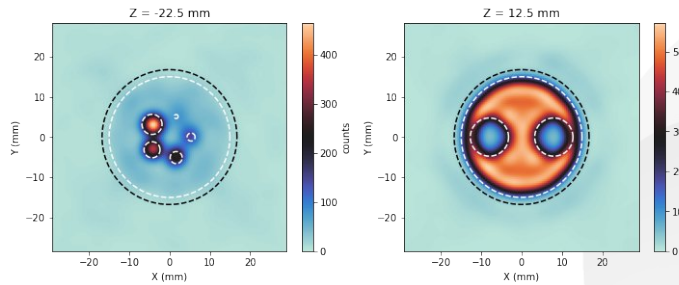


➤ Simulation validation :

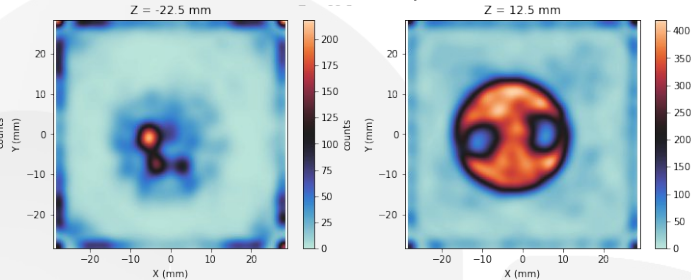
- Agreement between spectra in [60,125] keV window.
- Some discrepancies between experiment and simulation due to residual artifacts.



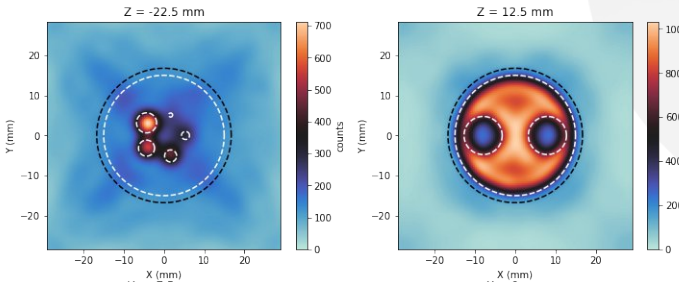
^{155}Tb Reco Simulated Data



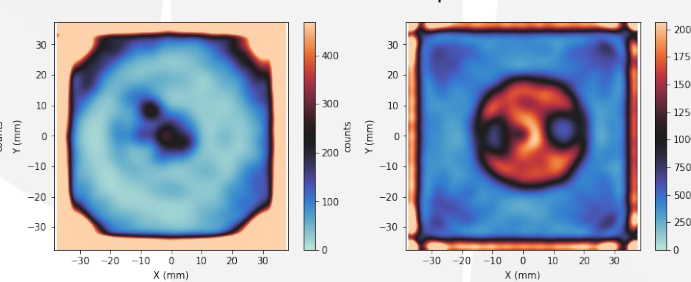
^{155}Tb Reco Exp Data



$^{155} - ^{156}\text{Tb}$ Reco Simulated Data



$^{155} - ^{156}\text{Tb}$ Reco Exp Data



Quantification factor	^{155}Tb exp	$^{155}\text{Tb} + 8\% ^{156}\text{Tb}$ exp	^{155}Tb simu	$^{155}\text{Tb} + 8\% ^{156}\text{Tb}$ simu
SNR	50.86	7.12	103.9	15.86
IU (%)	8.39	7.54	4.49	4.08
Q_{cold} (%)	84.48	63.19	89.73	83.93



Simulation Results

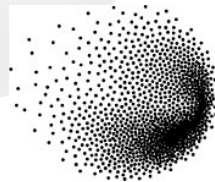


- ^{161}Tb imageable with LE SPECT camera using its LE γ emissions.
- ^{156}Tb strongly degrades ^{155}Tb SPECT images, especially with LE collimation/shielding.
- ^{156}Tb contamination limit is system dependent; not only affected by activity contribution.
 - For LE imaging systems: acceptable ^{156}Tb limit: about 1–2% to limit the loss in SNR.
 - For ME imaging systems even a 10% ^{156}Tb contamination is tolerated if the system is well collimated.

Perspectives:

- A dedicated collimator could be optimized for the mixed $^{155}\text{Tb}/^{156}\text{Tb}$, as a quality/sensitivity trade-off.
- To study how to extend ^{161}Tb for clinical imaging.
- Dosimetric study of ^{156}Tb contamination.

Thank You



M. Hussein
C.-O. Bacri
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M.-A. Duval
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L. Menard
V. Sladkov
M.-A. Verdier

C. Duchemin

S. Gnesin
S. Medici
D. Viertl

N. van der Meulen
Z. Talip

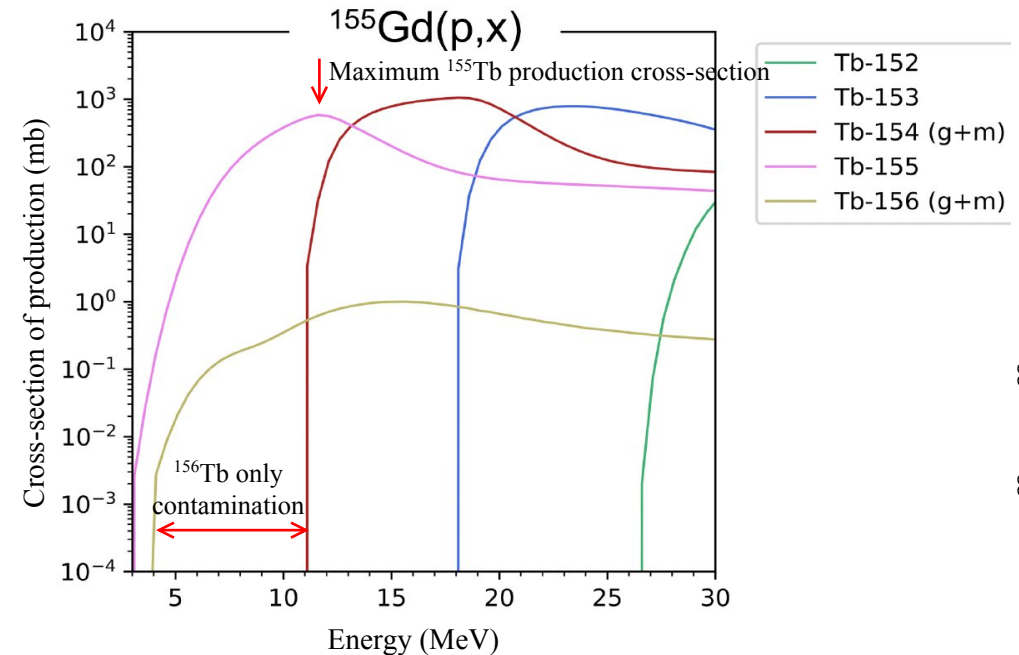
M. Meyer
S. Brandes

J.-C. Chambron

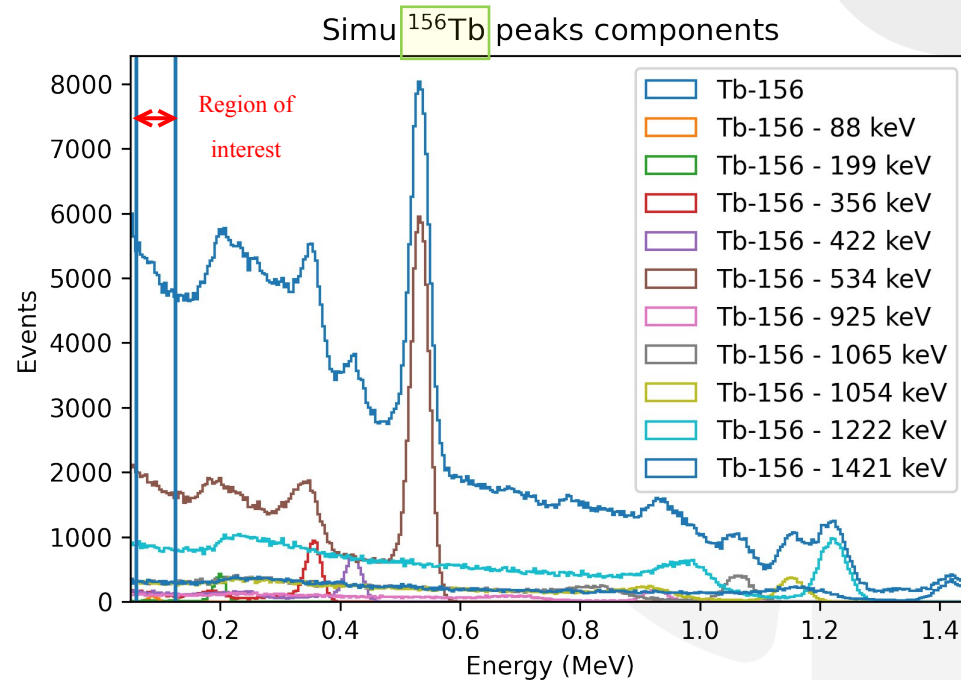
This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101008571 (PRISMAP) and from CNRS MITI.



- **PRALINE** project: **P**roduction **RA**dioisotopes et **L**igands pour l'**I**magerie **N**ucléair**E**
 - Aims to develop new methodologies of radioisotopes production availability in large quantity with high chemical and isotopical purities and new ligands, and develop approaches and methods for nuclear imaging.
- Production part:
 - Determination of the optimal parameters for the isotopes production.
- Chemical part:
 - Chelator development & Physico-chemical properties
- Imaging part:
 - Develop approaches and methods for nuclear imaging.
 - Investigate contamination effect of produced radionuclides for imaging and Dosimetry.

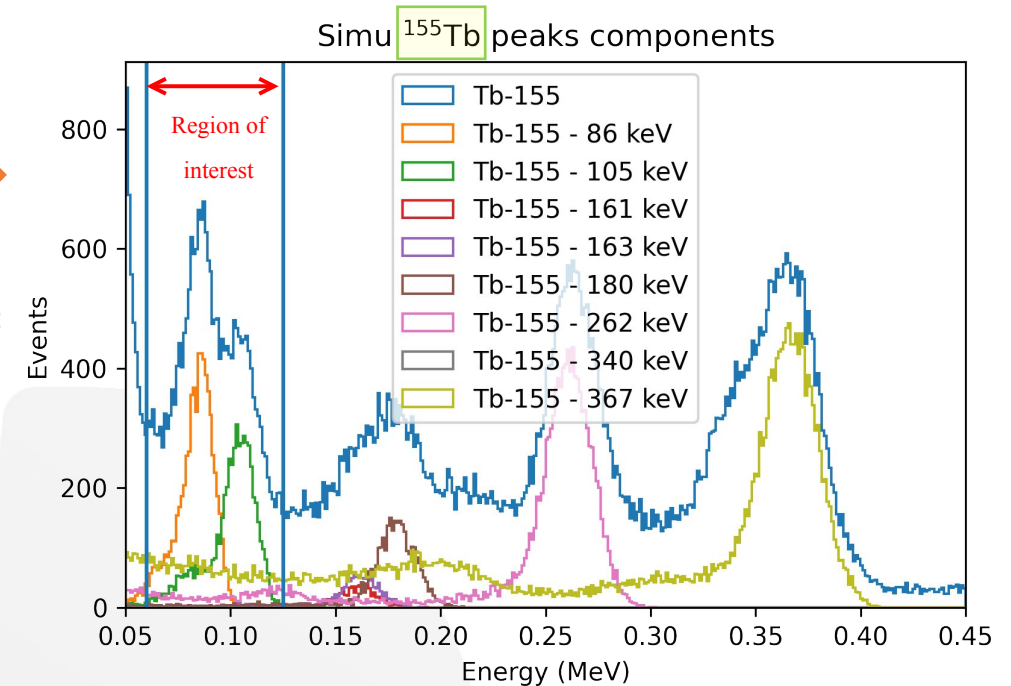


- We can dissemble rays contribution for each isotope in simulation.
- High contribution of ^{156}Tb high energy rays within region of interest (figures for ALBIRA).

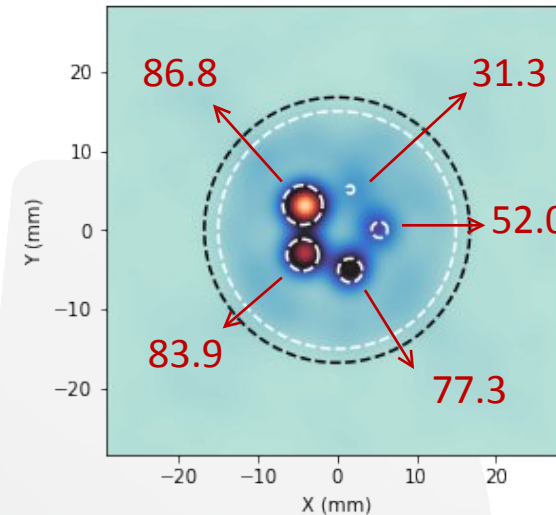
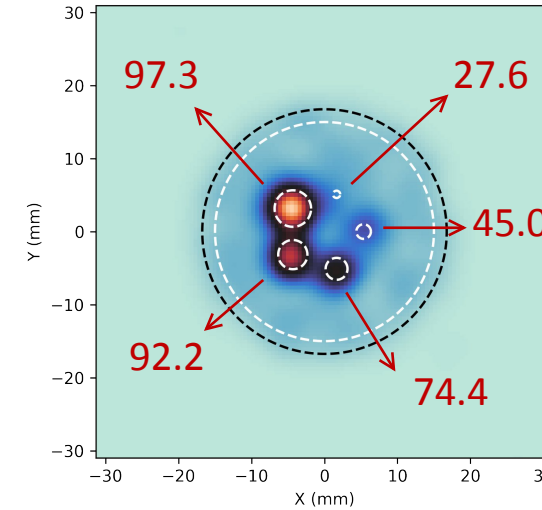


↔

Careful!
Different
Scales



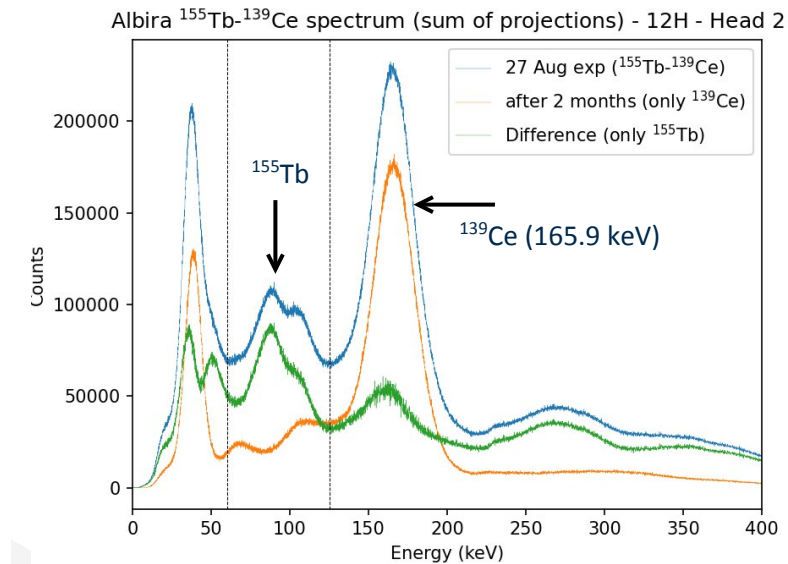
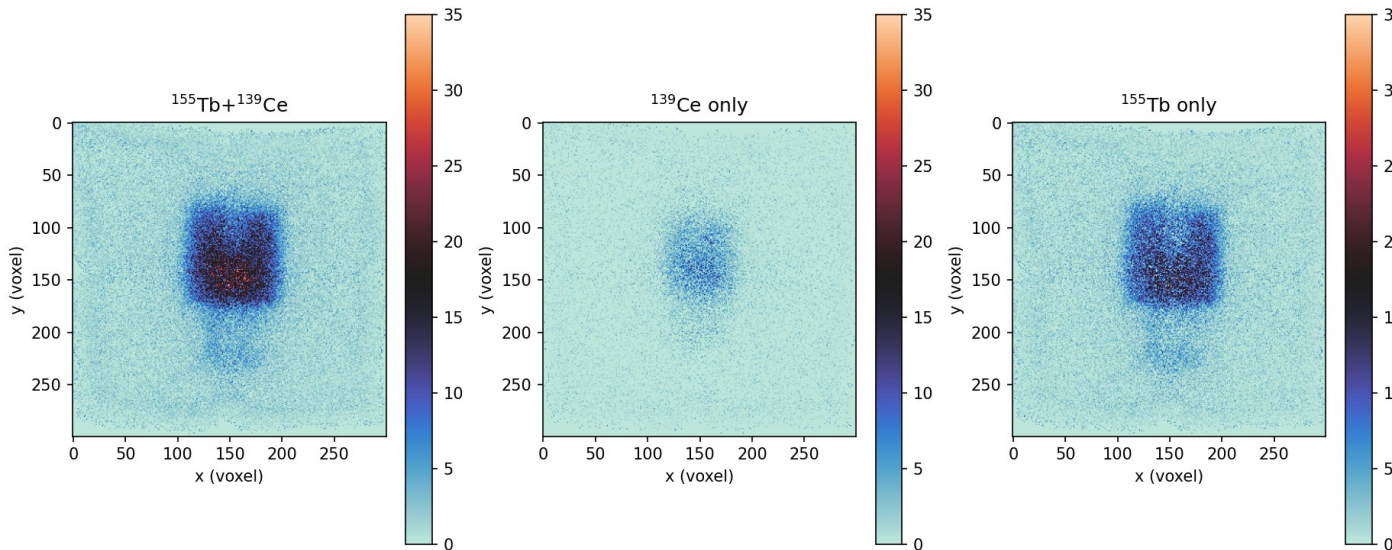
- Recovery coefficients (RCs) for the 3–5 mm rods are relatively high and close for both systems (slightly higher for THIDOS).
- Estimated spatial resolution of 3 mm.
- As contamination increases, ALBIRA shows a rise in RCs → consistent with contamination derived counts biasing the measured rod activity.
- THIDOS shows only a modest increase in RCs with contamination → stronger blocking of contamination contribution





- Produced by MEDICIS:
 - ^{155}Tb (5.9 MBq, $T_{1/2}$: 5.32 d).
 - Contaminated by ^{139}Ce (11.9 MBq, 137.64 d).
- Only ^{139}Ce acquisition performed after ^{155}Tb decay (2 months after).
- Simple subtraction performed → to optimize subtraction method (ongoing).

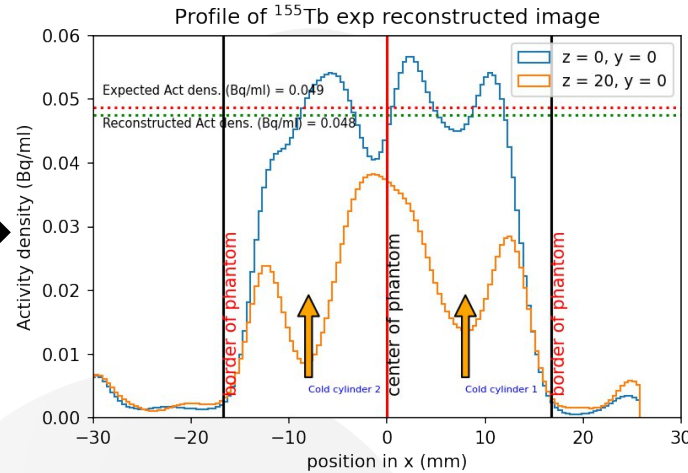
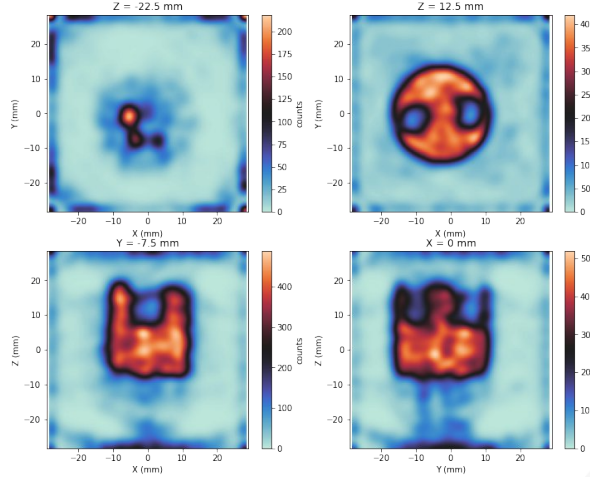
1 2D projection comparison





^{155}Tb - ^{154}Tb - ^{155}Tb - ^{156}Tb experimental results

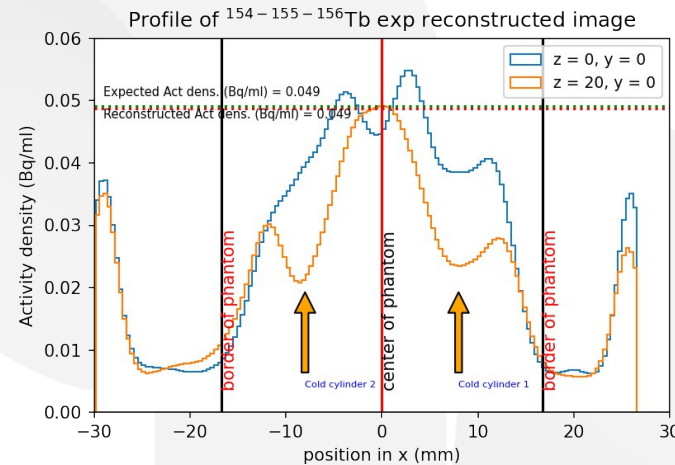
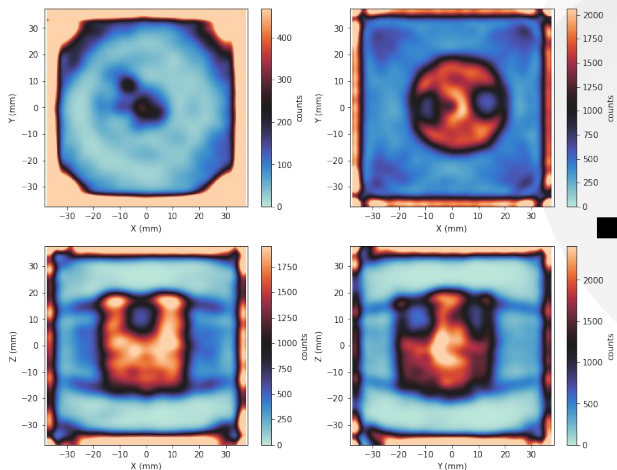
^{155}Tb Reco Exp Data - subtracted and corrected



Quant. factor	^{155}Tb exp	^{154}Tb - ^{155}Tb - ^{156}Tb exp
SNR	50.86	7.12
IU (%)	8.39	7.54
Q_{cold} (%)	84.48	63.19

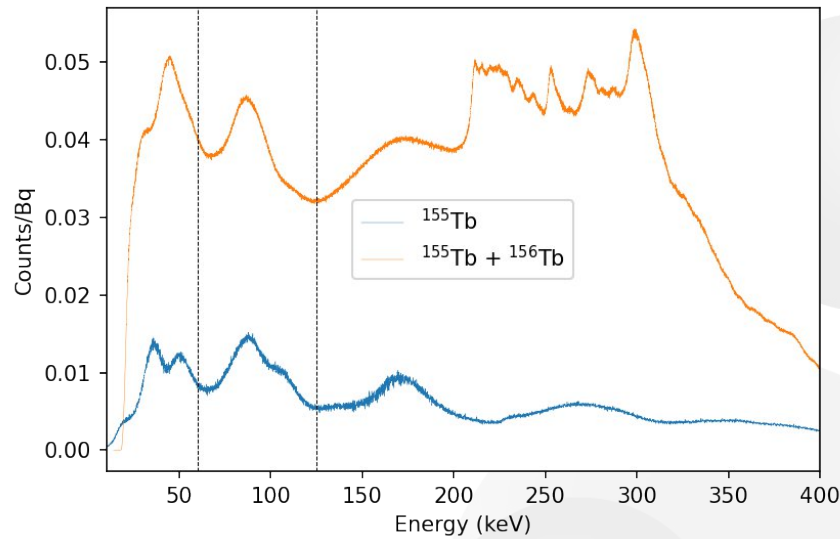
→ ~ 7 times worse

^{154}Tb - ^{155}Tb - ^{156}Tb Reco Exp Data

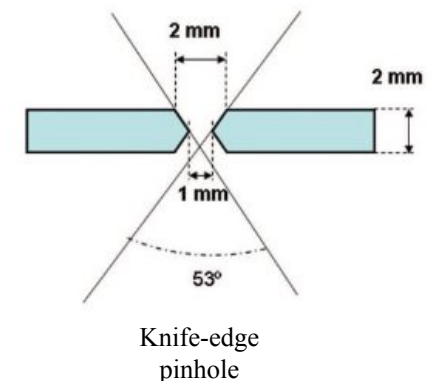
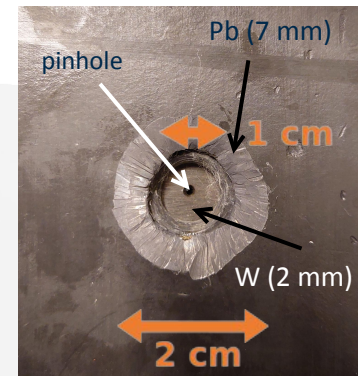
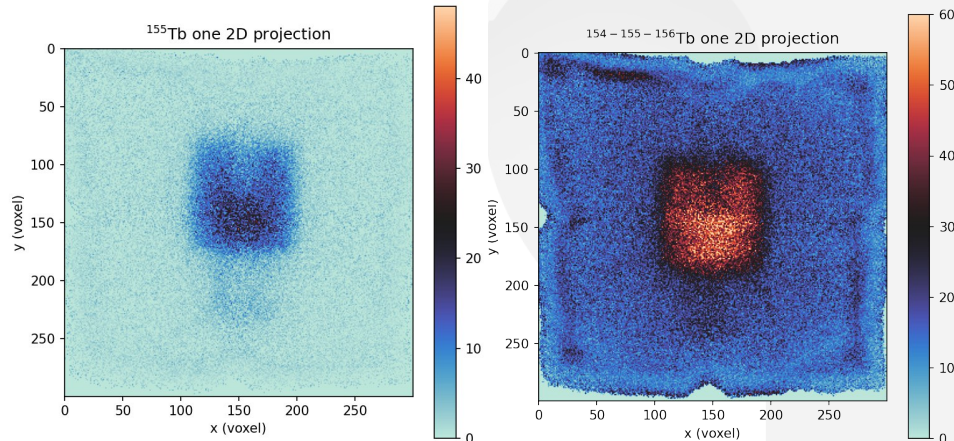


- Pure ^{155}Tb is eligible for SPECT imaging.
- Image immensely polluted with ^{156}Tb , could not be reconstructed.
→ Shielding and collimation ?

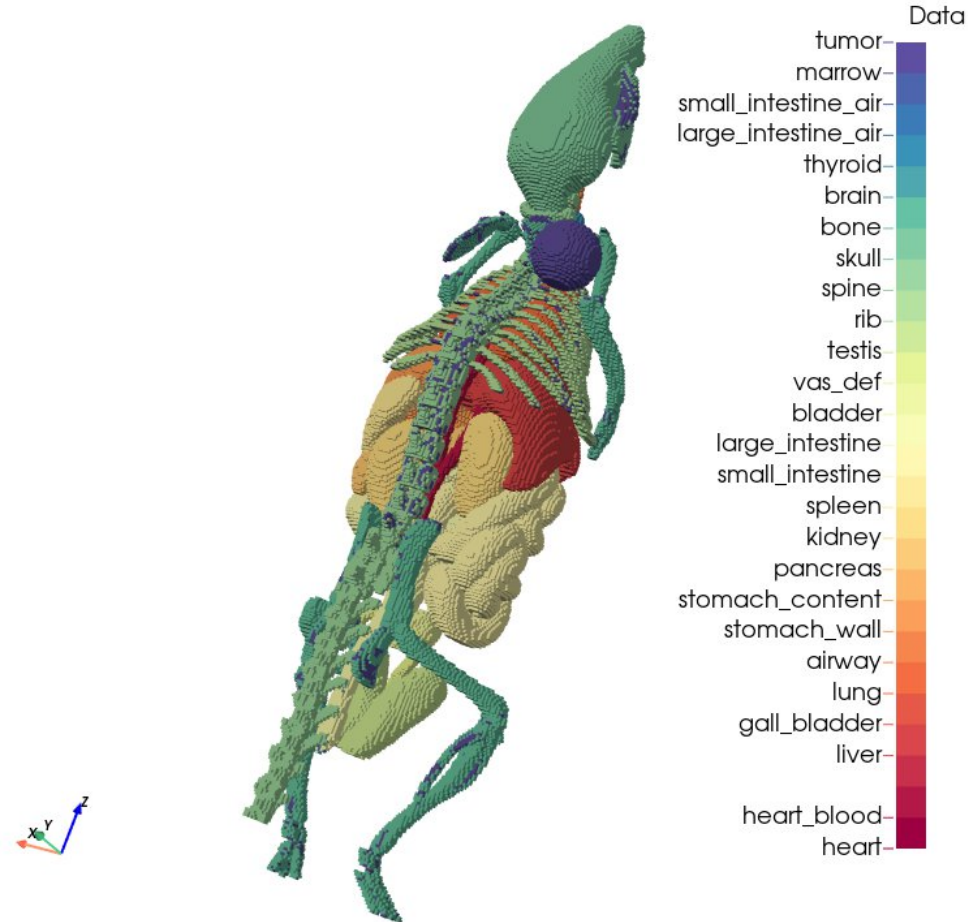
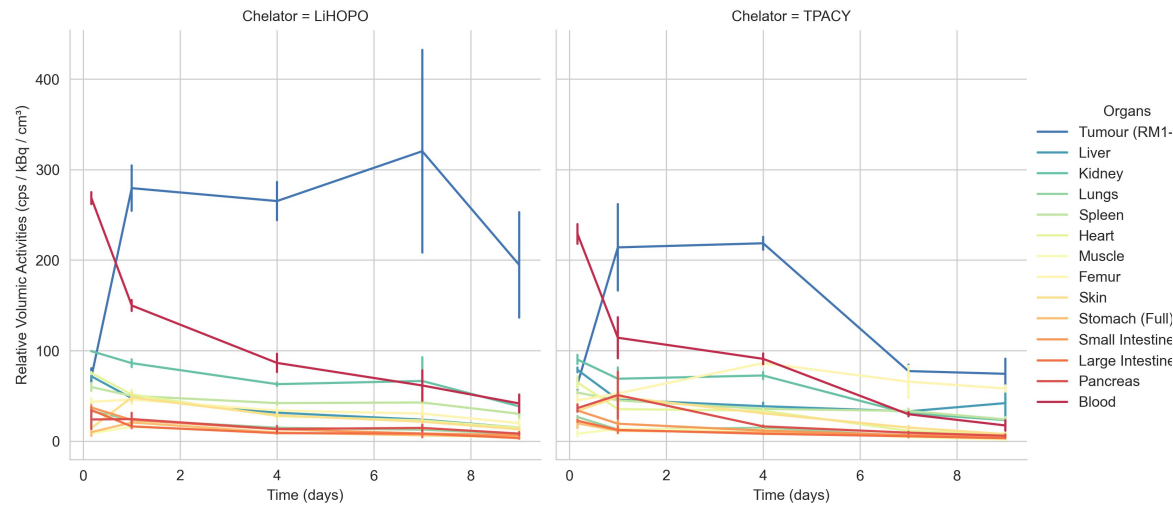
SPECT Terbium spectra comparison (12h acq.)



- 79.8% ^{156}Tb detected counts in ROI for 8% activity cont.
 - Shielding and collimation not adapted for these high energies.
 - We are not able to reconstruct well the images due to dense scattering and septal penetration.
- ➔ To study it using simulation.



- Ongoing dosimetric study for:
 - ^{161}Tb (β^- , γ).
 - ^{155}Tb + ^{156}Tb contamination (γ).
- Combining simulation (GATE 10) of a voxelized phantom with experimental biokinetic data from real mice taken place at CHUV, Lausanne.





- Aim: To evaluate dosimetric effect of:
 - ^{161}Tb (β^- , γ).
 - ^{155}Tb + ^{156}Tb contamination (γ).
- Dosimetry: measurement, calculation and assessment of the ionizing radiation dose absorbed by an object
- Unit: Gray (Gy) = kJ/kg
- Medical Internal Radiation Dosimetry (MIRD) equation: 

$\bar{D}$: mean absorbed dose
 $\bar{D}_{t \leftarrow s} = S_{t \leftarrow s} \tilde{A}_s$ source (s) and target (t) organ
S-values: mean absorbed dose in unit t per cumulated activity in s
 $\tilde{A}$: cumulated activity $\tilde{A} = \int A(t) dt$ $\tilde{A}_s = \int A_s \exp(-(\lambda_p + \lambda_b)t) dt$
time integral of the activity

$$\bar{D}_{t \leftarrow s} = S_{t \leftarrow s} \int A_s \exp(-(\lambda_{\text{phys}} + \lambda_{\text{biol}})t) dt$$

MIRD:

→ S factors
→ $T_{1/2}$

PET:

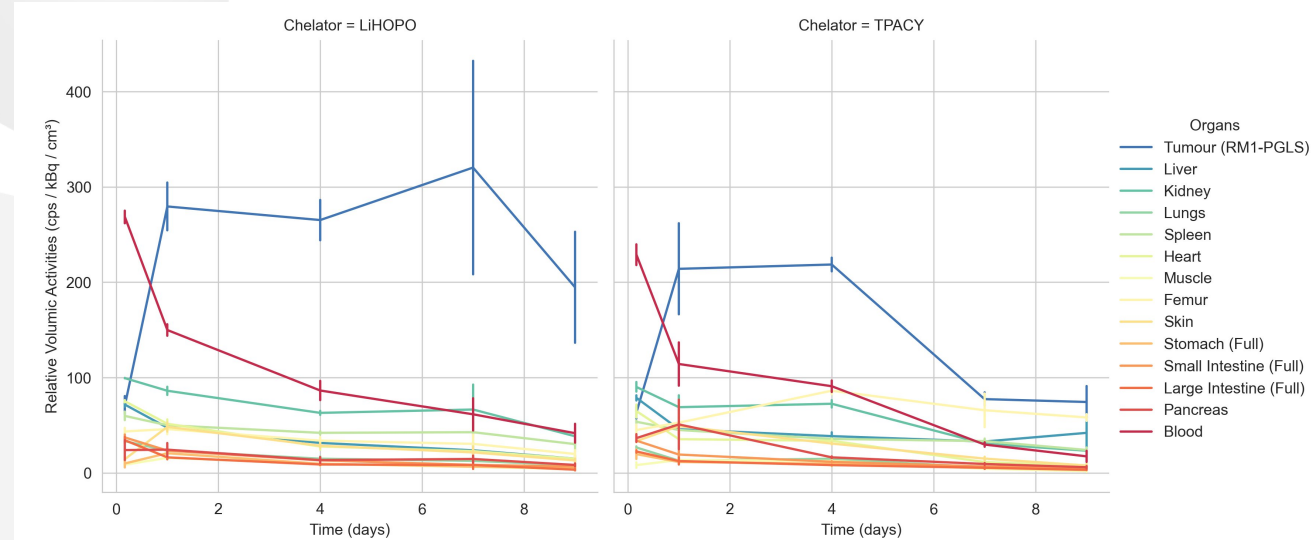
absolute activity in source organ
→ (Bq / ml)

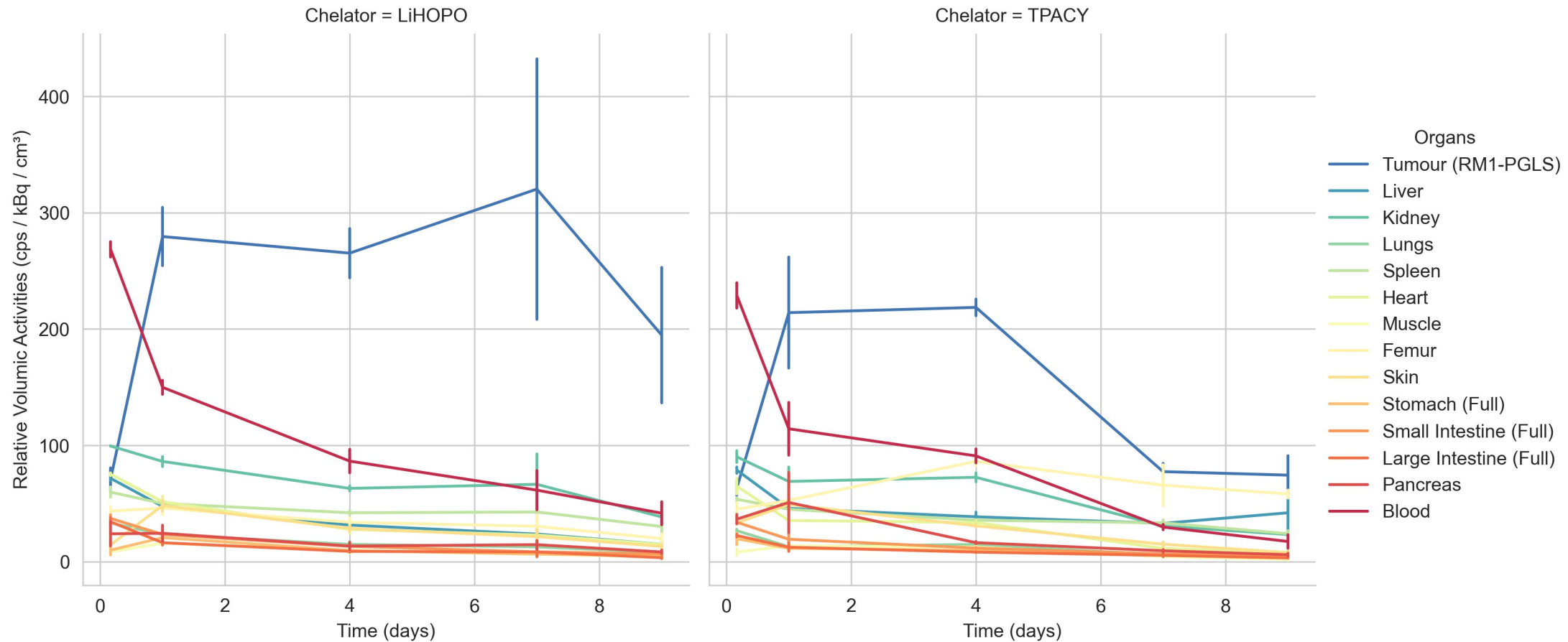
PET:

uptake kinetics
→ (Bq / ml / min)



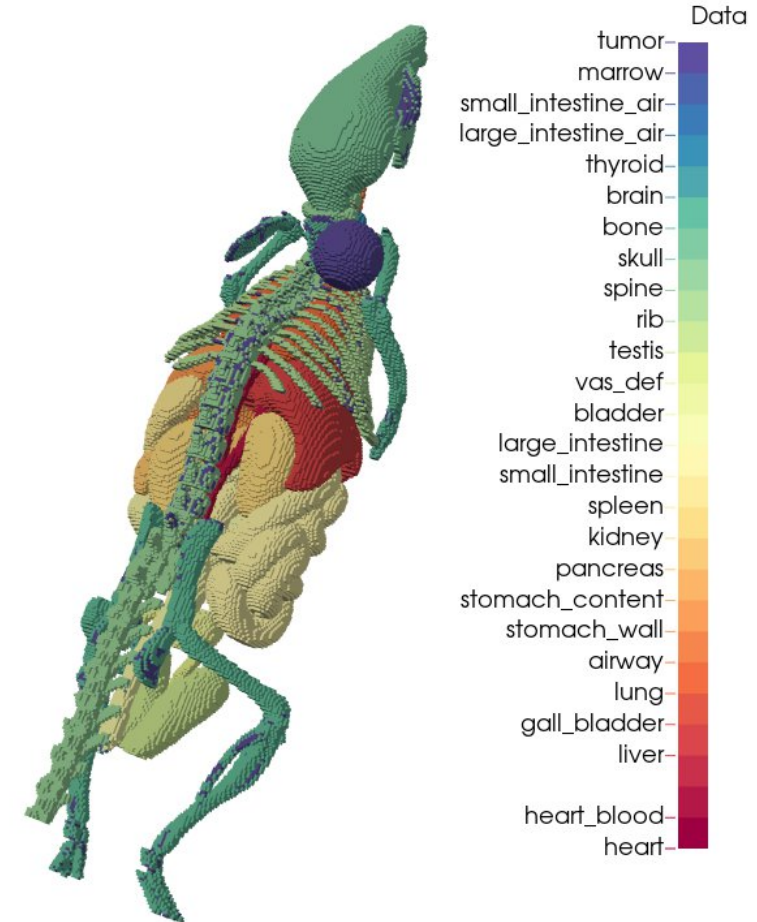
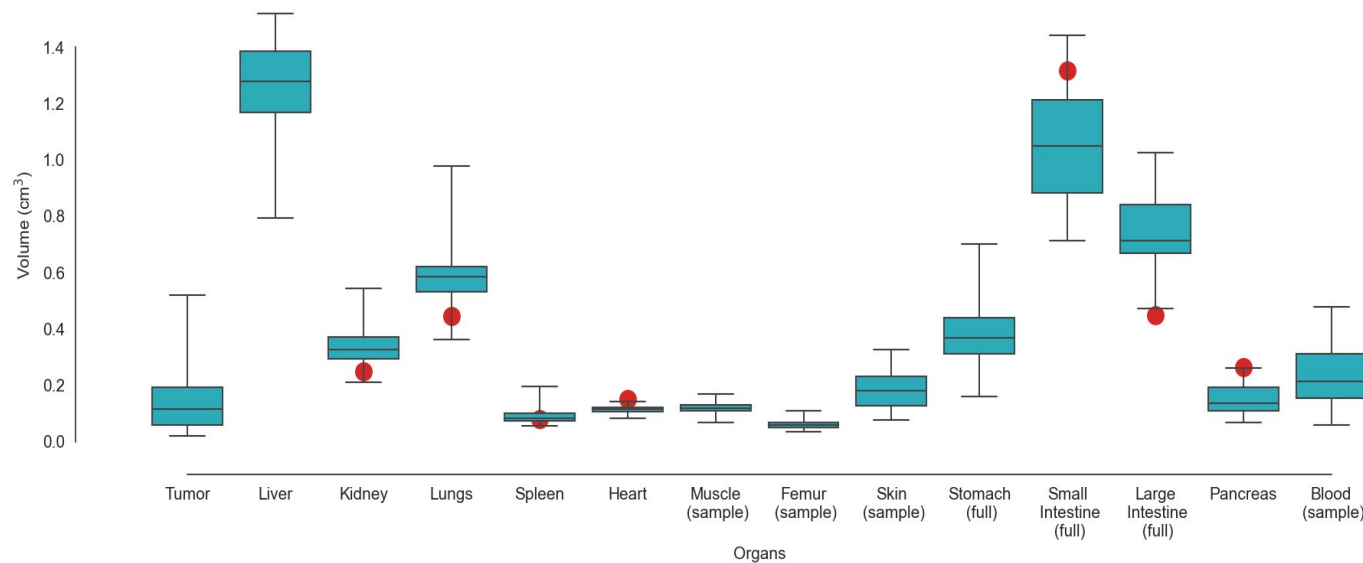
- Simulation combined with experimental biokinetic data taken place at CHUV, Lausanne with collaboration with ICMUB Dijon.
- PSMA vector with 2 different chelators:
 - LiHOPO
 - TPACY
- Black 6 male mice (12 weeks).
- 9 days of ^{161}Tb dose.
- 3 mice sacrificed / time point / chelator !
- Extract dose/(vol.Bq) & use it to evaluate time activity curves (TACs) for each organ.





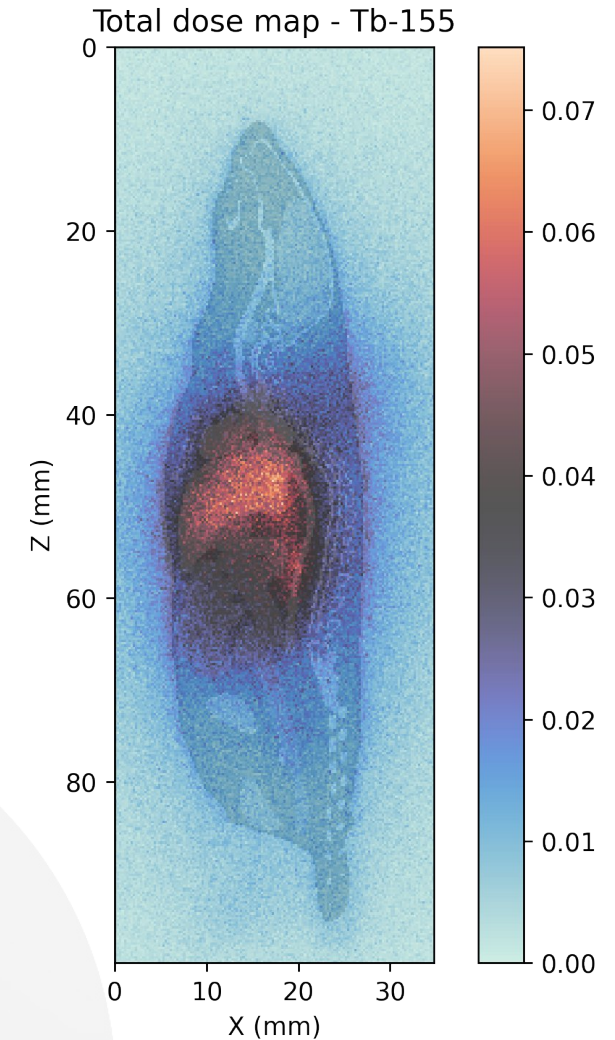
- Dosimetry **GATE 10** study using a voxelized mouse phantom (MOBY):

- 140 x 140 x 400 voxels, 0.25 mm size
- Added tumour manually.
- Re-scaled to mimic experimental organs volumes.
- Output: 3D dose map/voxel in Gy + uncertainties (dose actor).



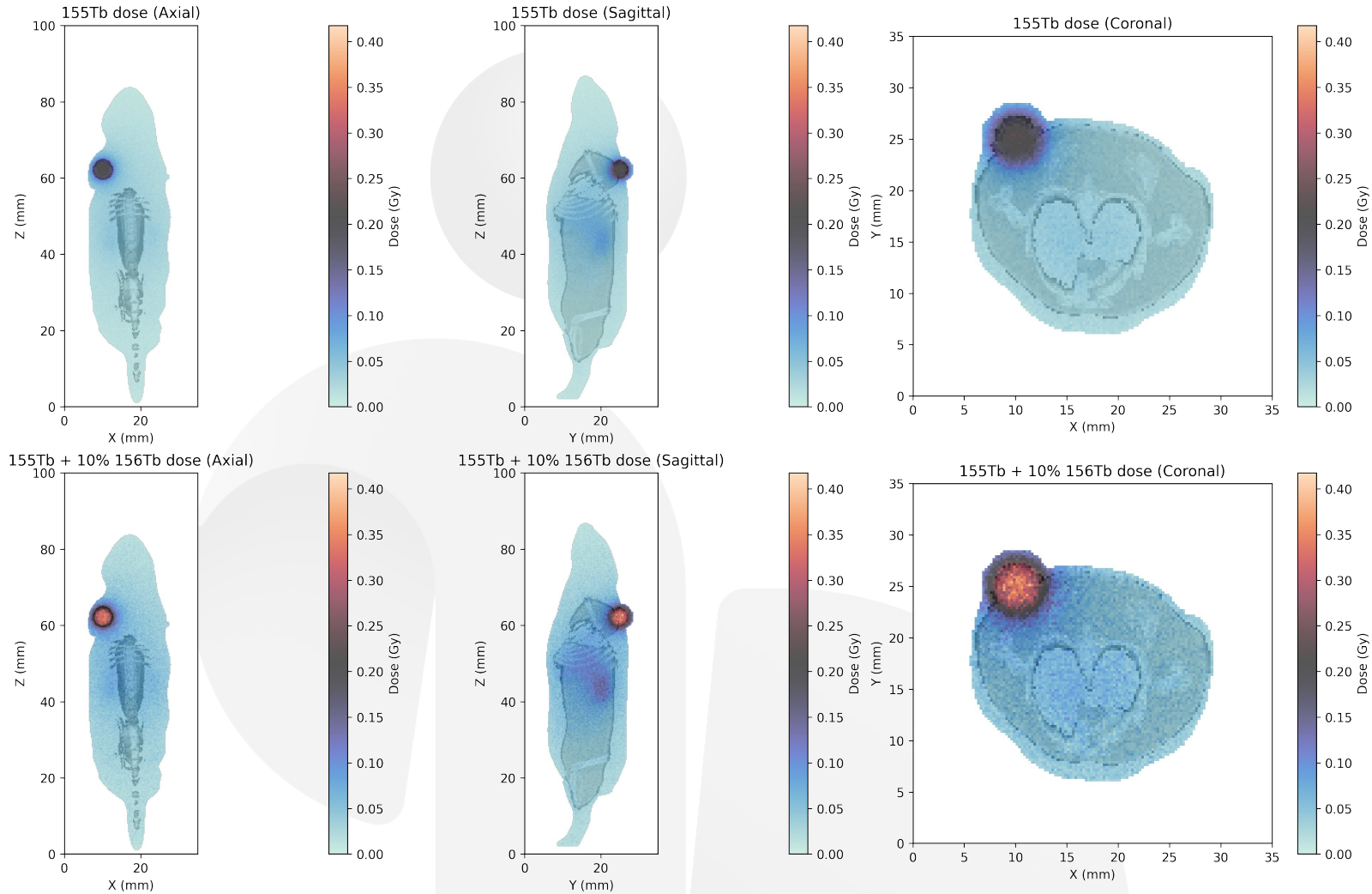


- Different mouse organs simulated using biokinetic information for TACs, to evaluate the effect of contamination on dosimetry.
- Local (self) dosimetry: coming from activity in the organ itself.
- Global (total) dosimetry: coming from activity in all organs.
- Most of the dose is distributed globally as it is only from gammas.
- Large organs → Larger total deposited energy.
- Close organs → Larger volumic deposited energy.



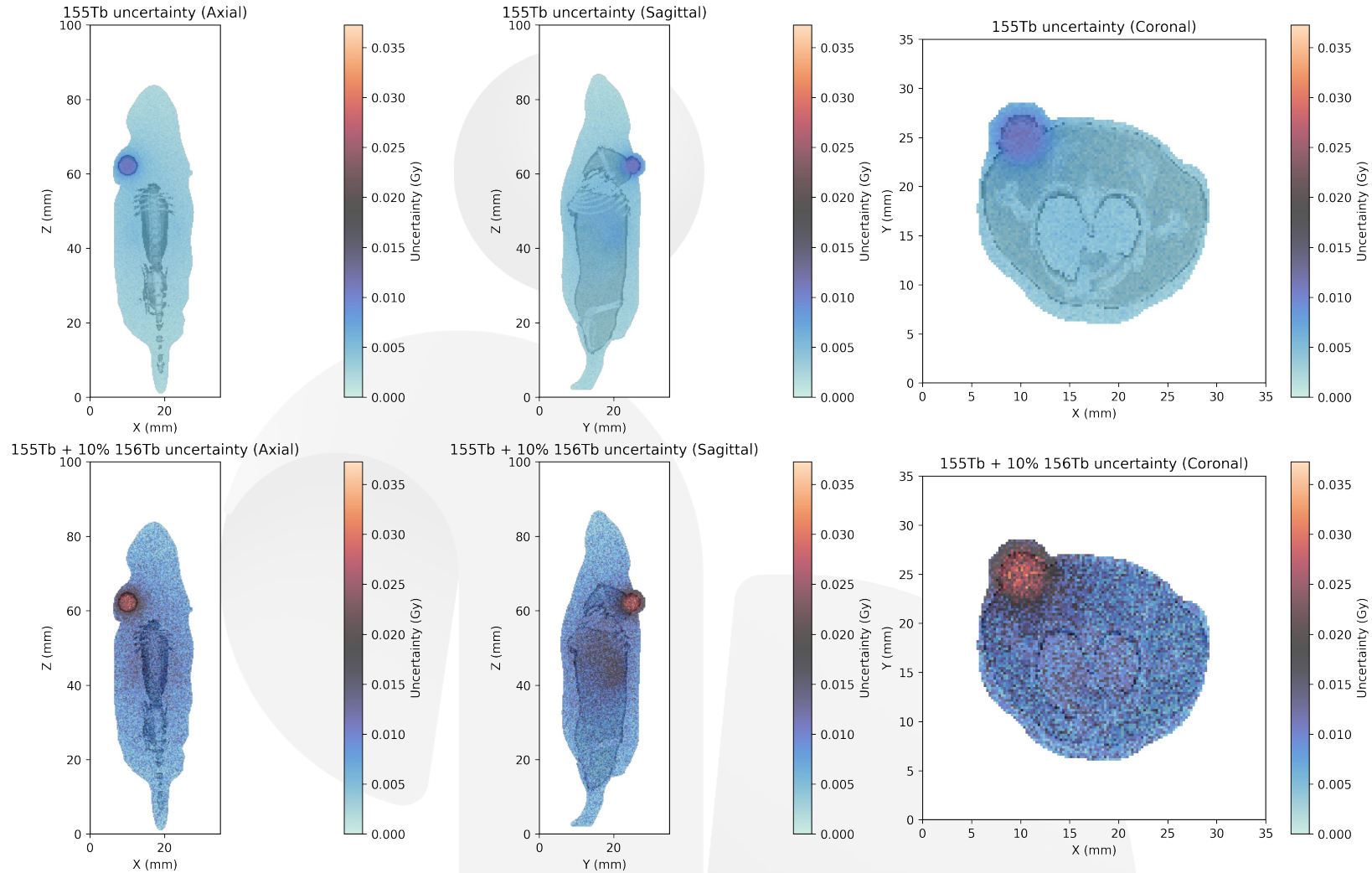


Dosimetry Map: Tumour Slice



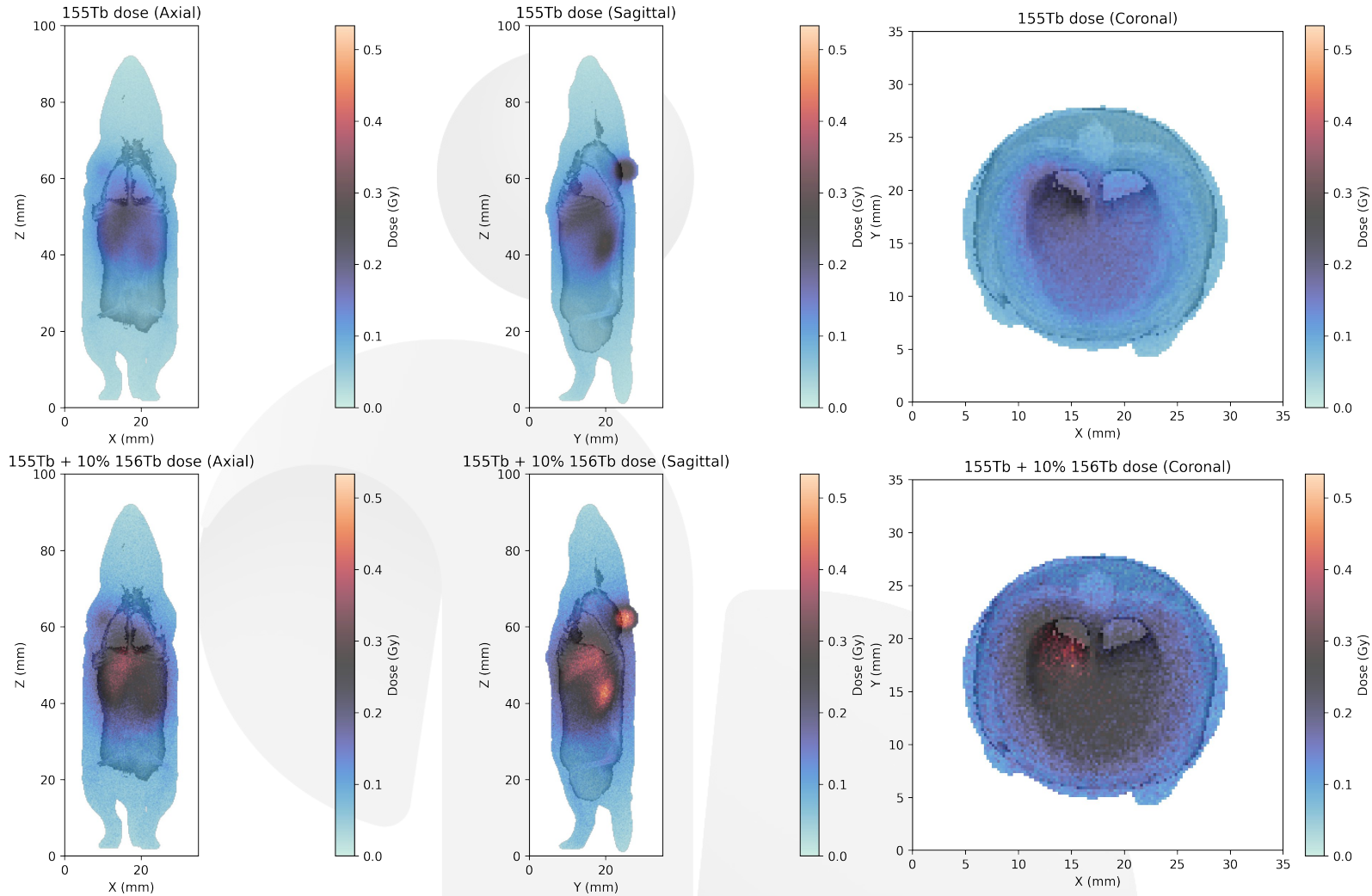


Dosimetry Uncertainty Map: Tumour Slice



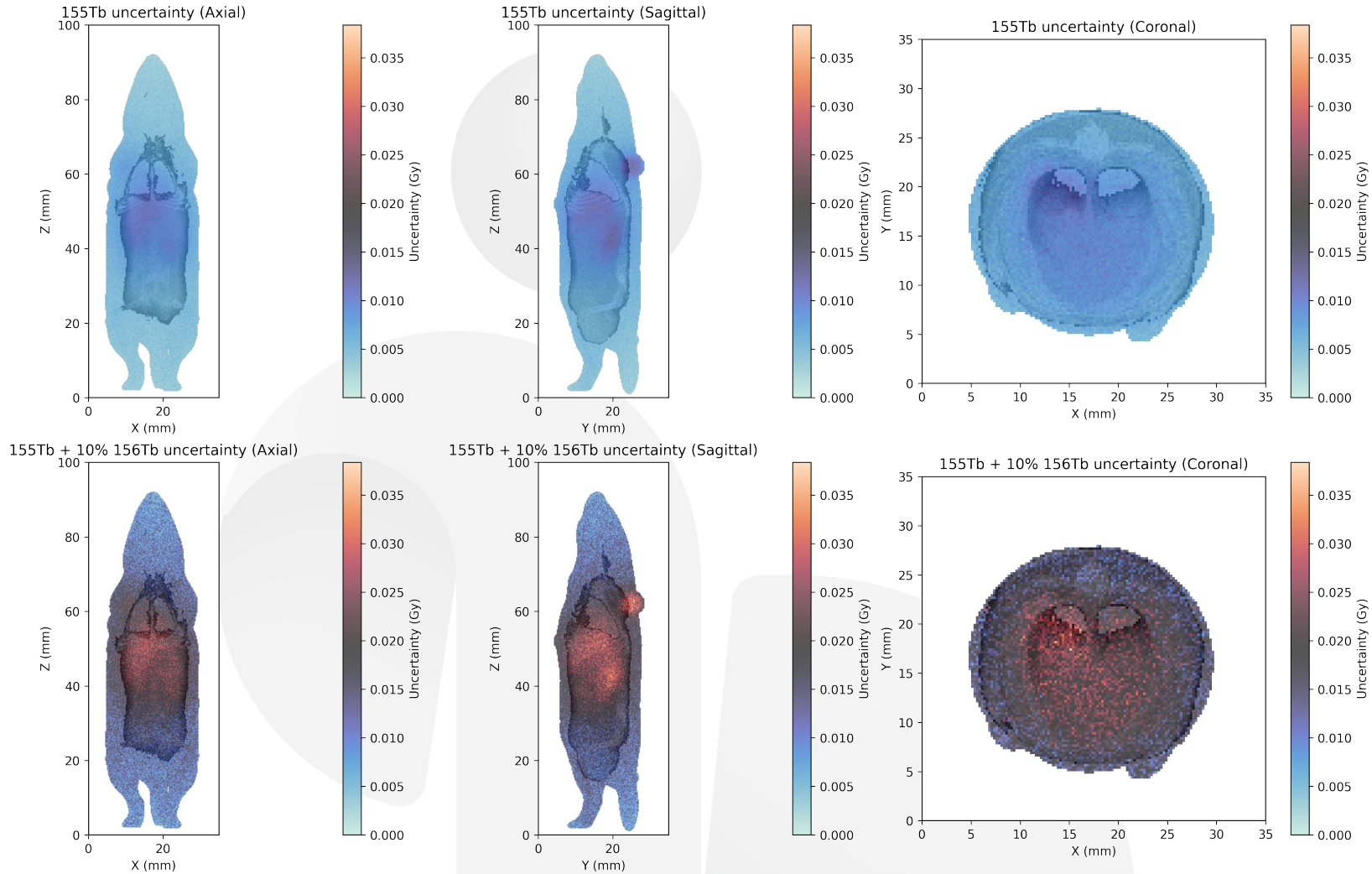


Dosimetry Map: Liver Slice



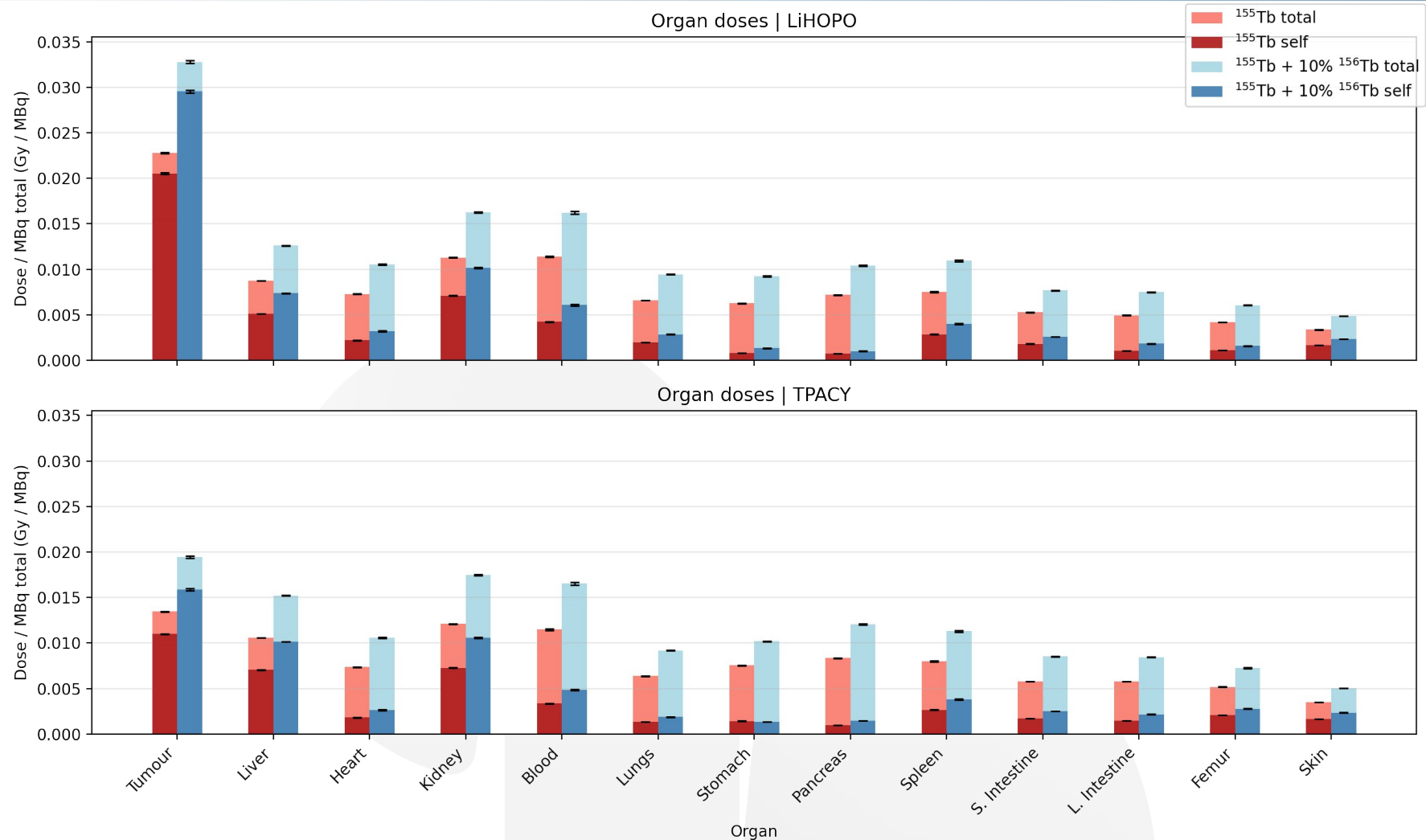


Dosimetry Uncertainty Map: Liver Slice



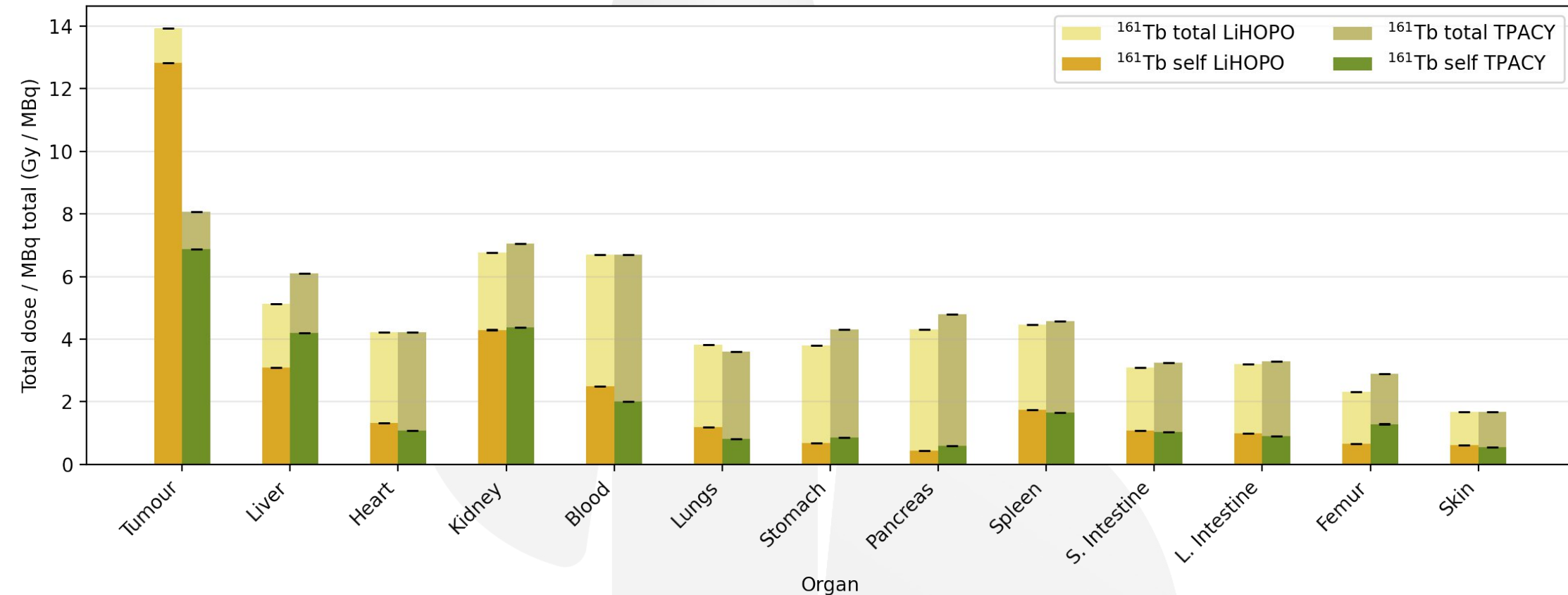


Total Dosimetry by Organ ^{155}Tb - ^{156}Tb





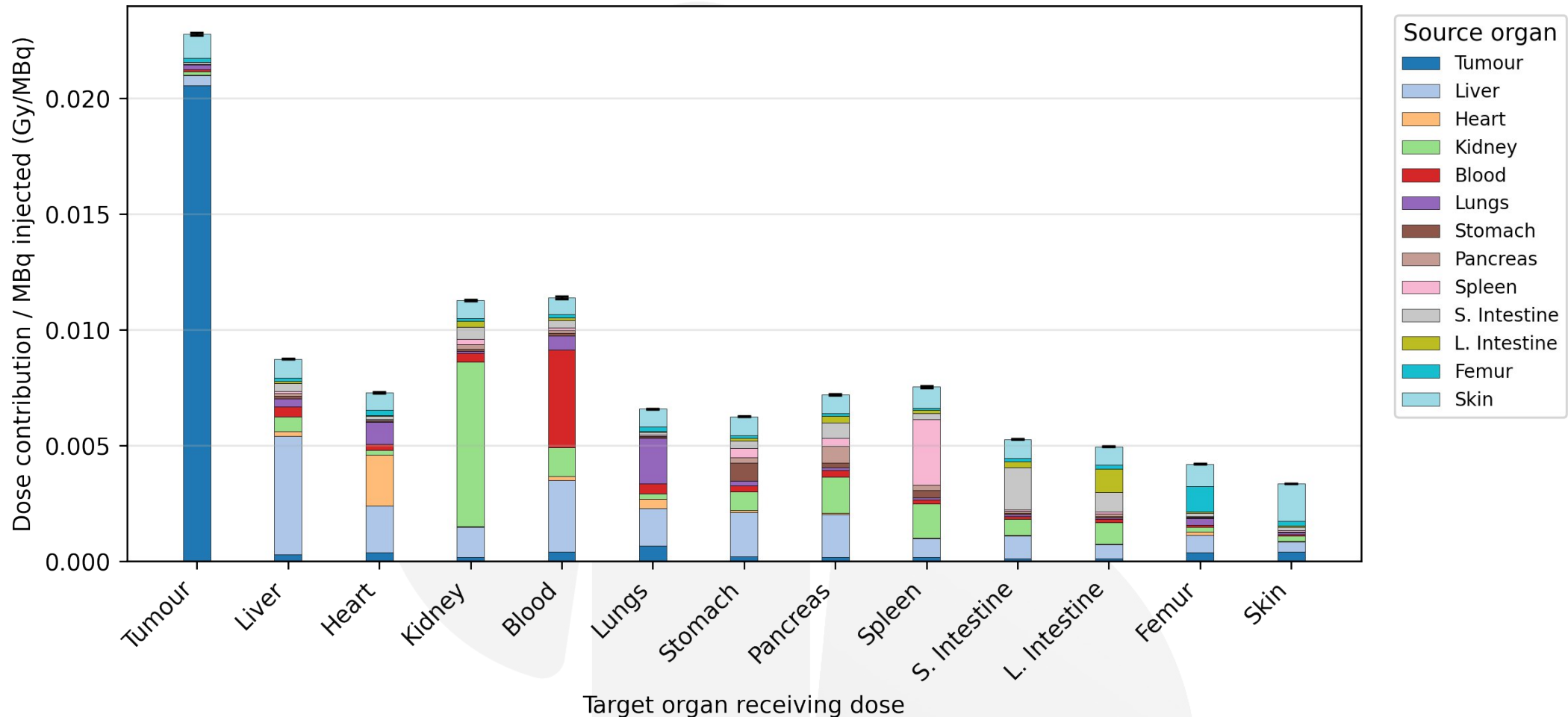
Organ doses: self vs total, ^{161}Tb LiHOPO vs TPACY





Dosimetry source by Organ ^{155}Tb - LiHOPO

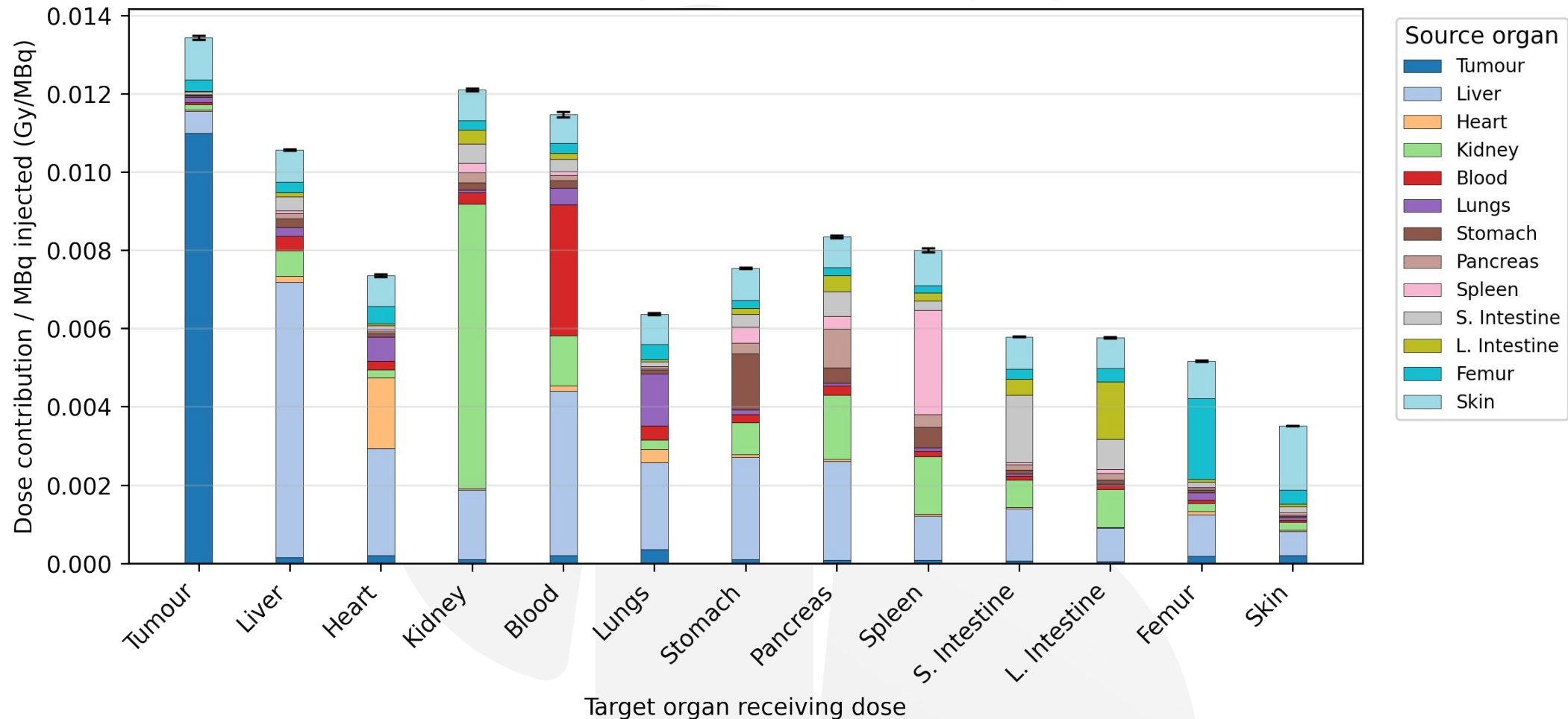
^{155}Tb LiHOPO: source organ contributions to target organ dose





Dosimetry source by Organ ^{155}Tb - TPACY

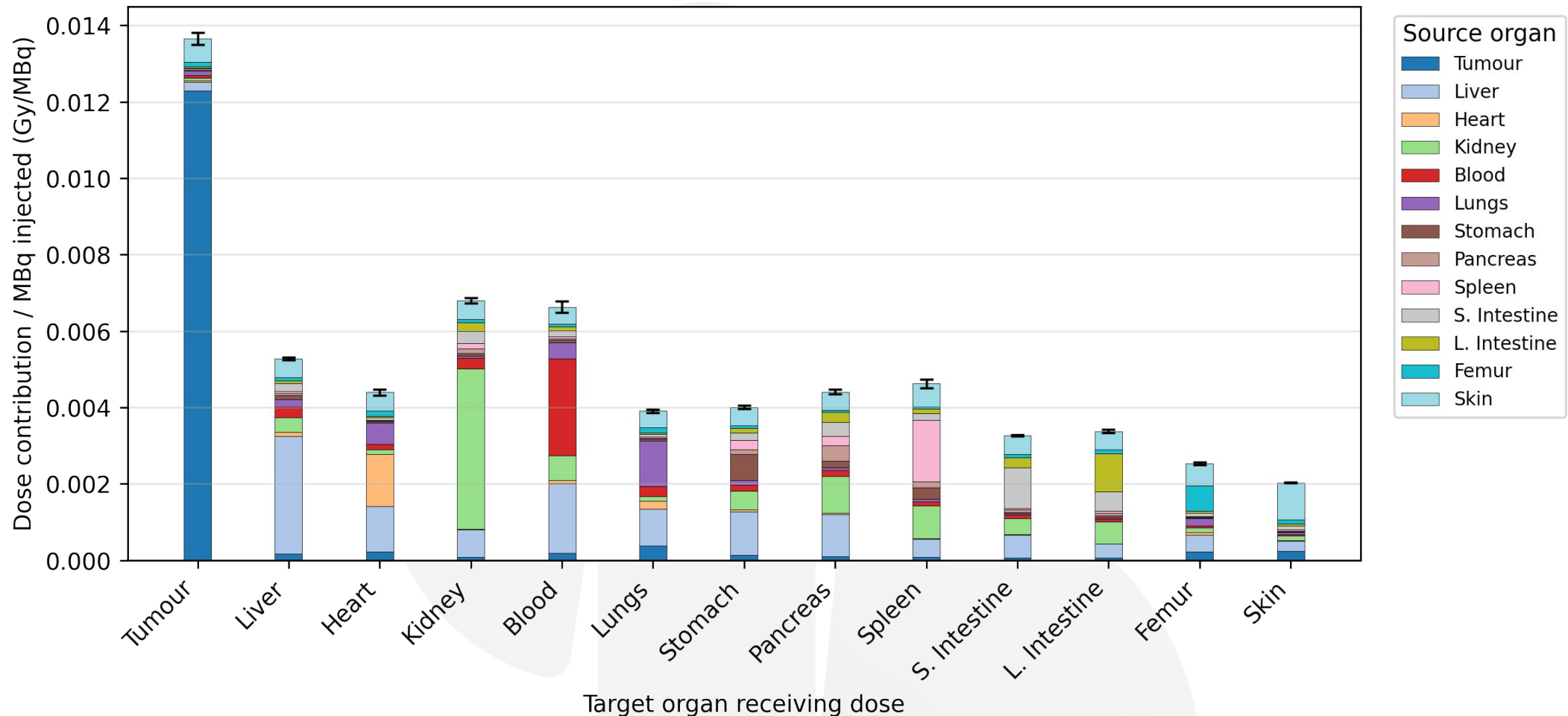
^{155}Tb TPACY: source organ contributions to target organ dose





Dosimetry source by Organ ^{156}Tb - LiHOPO

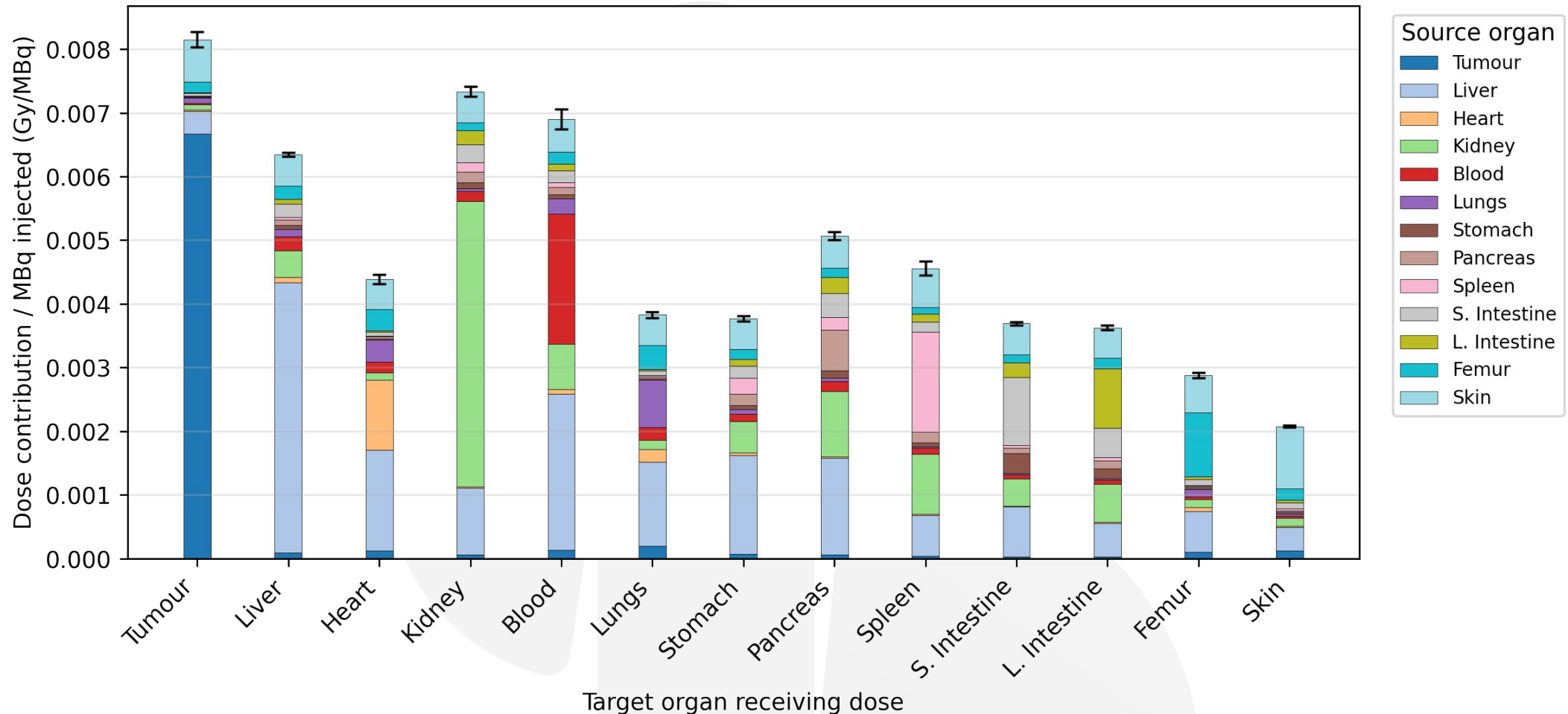
^{156}Tb LiHOPO: source organ contributions to target organ dose





Dosimetry source by Organ ^{156}Tb - TPACY

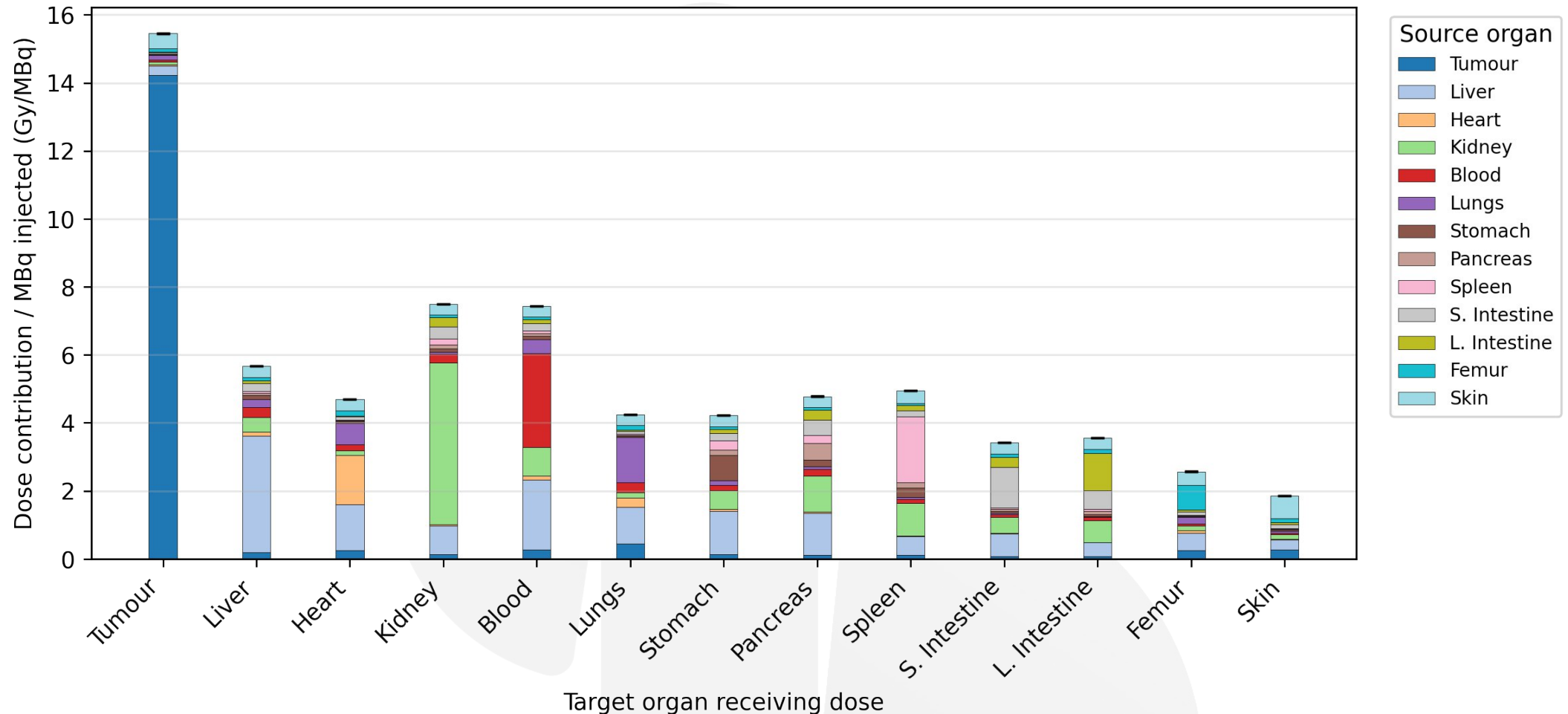
^{156}Tb TPACY: source organ contributions to target organ dose





Dosimetry source by Organ ^{161}Tb - LiHOPO

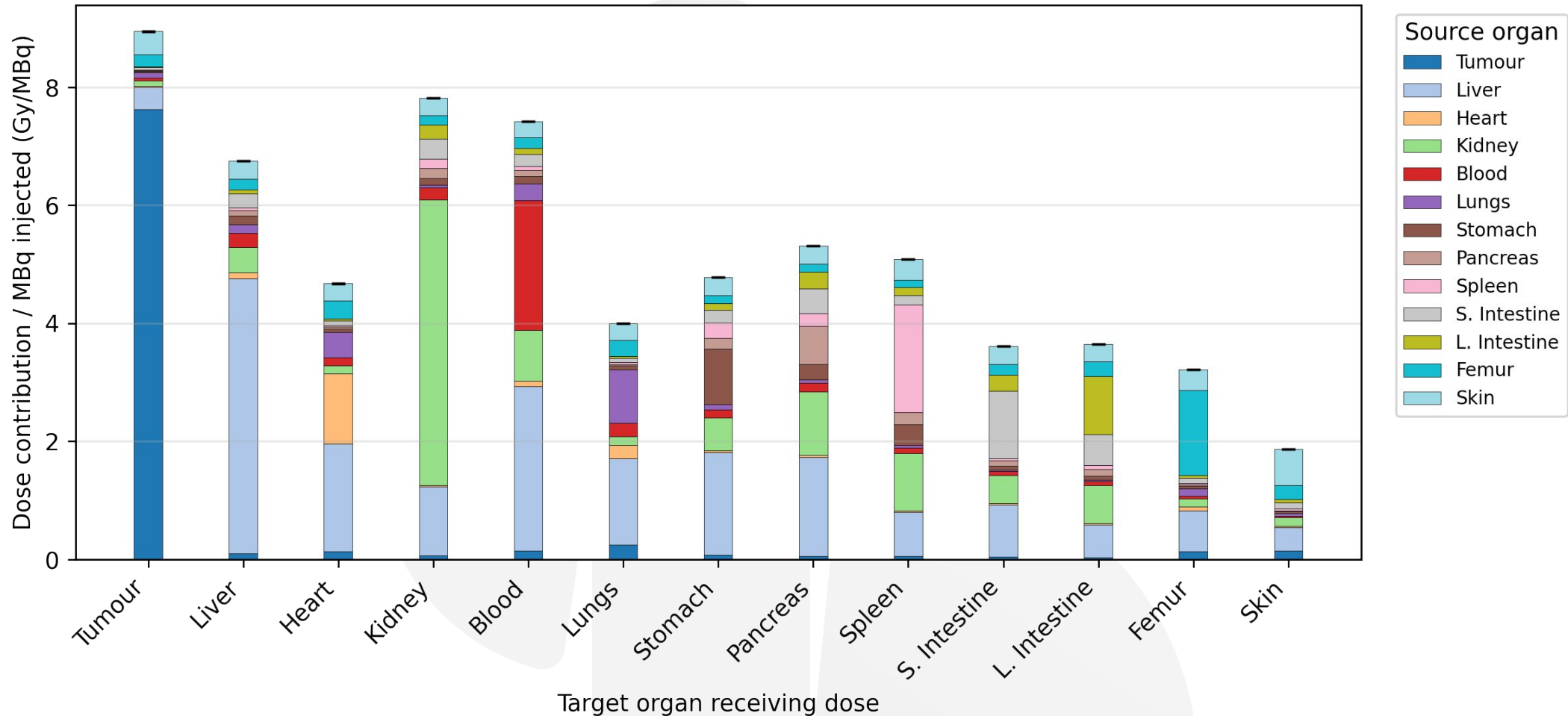
^{161}Tb LiHOPO: source organ contributions to target organ dose





Dosimetry source by Organ ^{161}Tb - TPACY

^{161}Tb TPACY: source organ contributions to target organ dose





- 10% ^{156}Tb lead to $\sim +50\%$ dose
- Dose/Mbq $\sim$ twice as large for LIHOPO compared to TPACY
- Main organs at risk:
 - Kidneys ($\sim 20\text{-}25\text{ Gy}$).
 - Liver ($\sim 25\text{-}30\text{ Gy}$).
 - Bone marrow ($6\text{-}7\text{ Gy}$, sometimes less).
 - Gastrointestinal tract (stomach/small bowel/colon) ($20\text{-}25\text{ Gy}$).
 - Lungs ($\sim 15\text{-}20\text{ Gy}$).
 - Others in some cases.
- Must be compared to dosimetric models (Silvano) and literature