

## „History of cancer“

3000-1500 BC, Egyptian papyrus (via Latin, from Greek πάπυρος, papyros)  
(George Ebers, Edwin Smith), Pre Columbian mummies and artefacts

500 BC, Hippocrates (melanoma, *melas*, "dark" and *oma* "tumor")  
Rebecca V.W. et al. Melanoma Res. 2012, 22(2): 114-122.

460 - 370 BC, Hippocrates:

- Wording: "carcinos" (crab or crayfish, Greek)
- Skin, nose, breast

25 BC - 50 AD, Celsus: "cancer" (crab, Latin)

129-199, Galenus: book on oncology

Distinction between benign (oncos) vs malignant (carcinos) tumour

XVII., Adrian Helveticus, surgery

1761, Giovanni Morgagni, Padua: postmortem biopsy

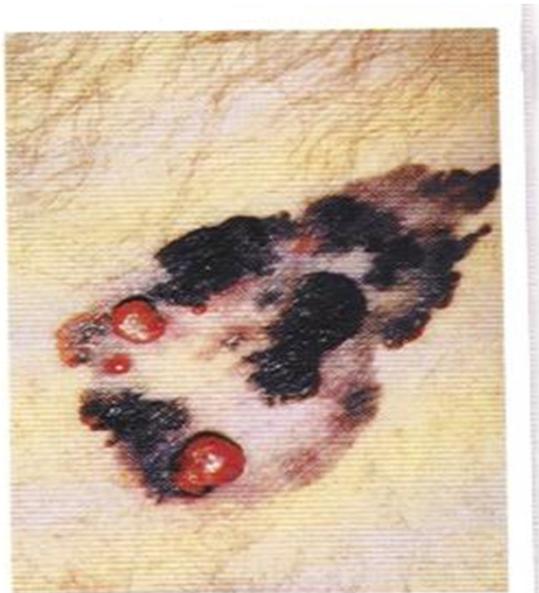
1896, X-ray

## Diagnosis of Tumour

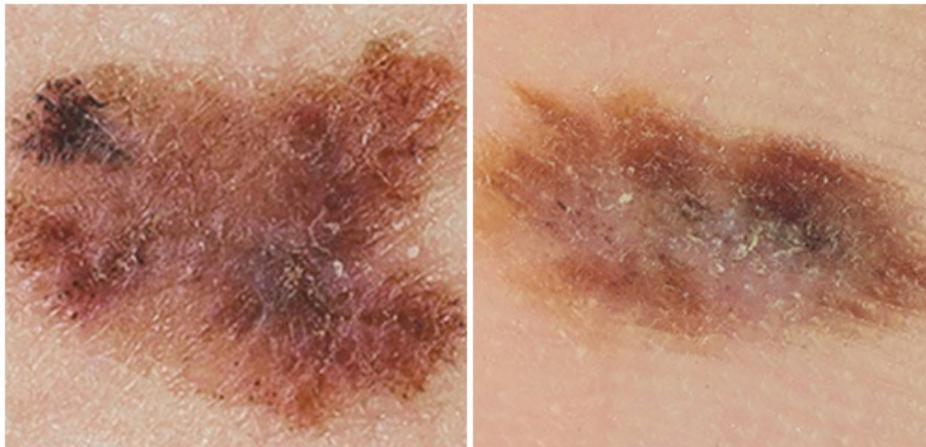
- „if it hurts”
- Perception (detected by the five senses )
- Biopsy, histology
- X-ray (chest, mammography, etc.)
- Scintigraphy ("scint," latin scintilla, spark)
- CT - SPECT (Single photon emission computed tomography)  
contrast material remains in the blood stream
- PET (Positron emission tomography)  
tissue absorption of the labelled (contrast) material
- Immundiagnosis - tumormarkers
- DNS chip/DNS array



# Melanoma, lymphoma, breast cancer



<http://lymphomacancer.co.uk/lymphoma-cancer-types/burkitts-lymphoma-cancer.html>



<http://daganatok.hu/melanoma/>



[http://www.naturalnews.com/051601\\_breast\\_cancer\\_Komen\\_Foundation\\_industry.html](http://www.naturalnews.com/051601_breast_cancer_Komen_Foundation_industry.html)

## 5-year prevalence (%) vs stages in case of breast cancer

Stadium (phase)	5-year relative prevalence
0	100%
I	98%
IIA	88%
IIB	76%
IIIA	56%
IIIB	49%
IV	16%

Source: American Cancer Society  
<https://www.cancer.org/research.html>

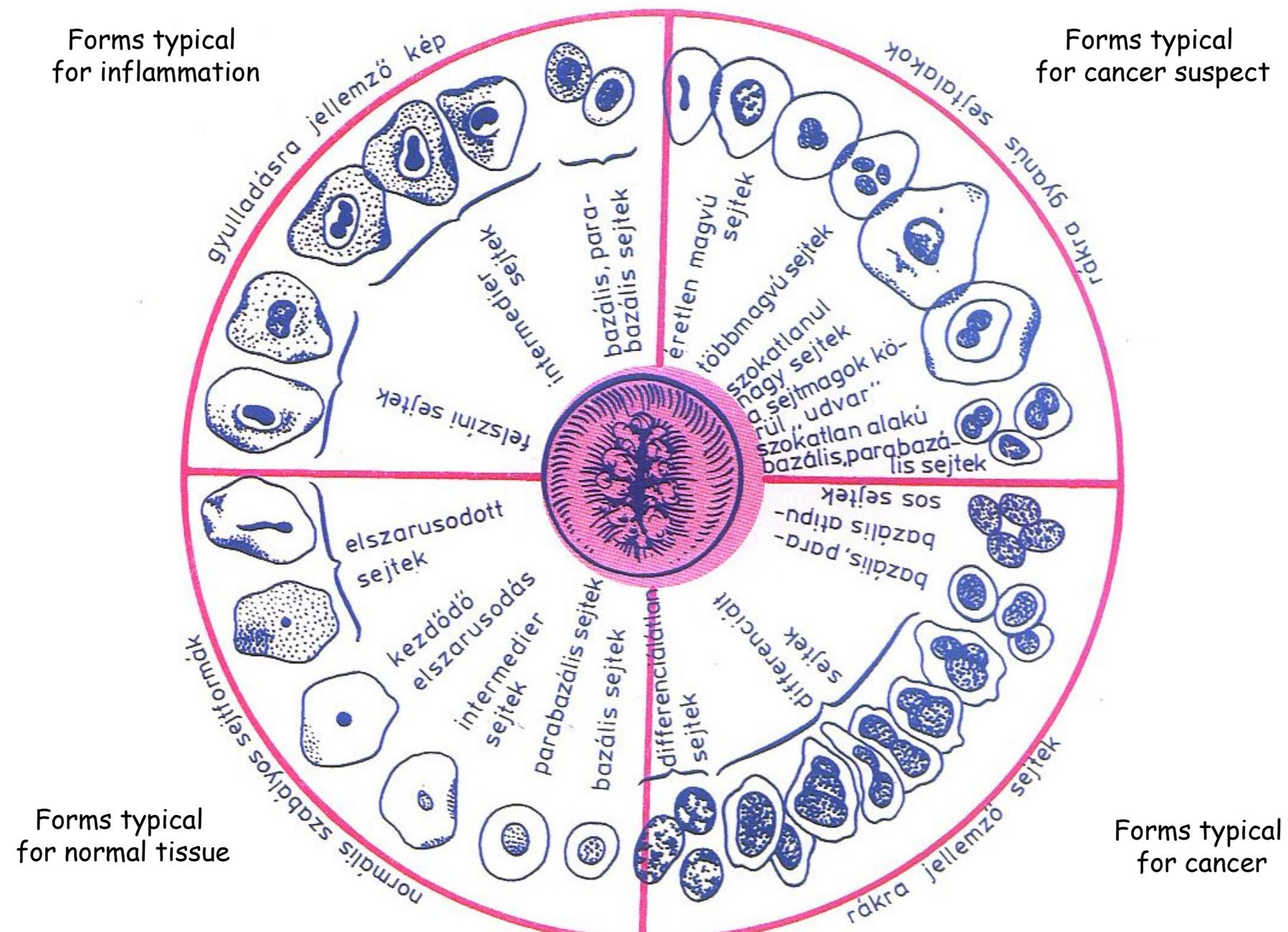
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## Biopsy, histology, histopathology

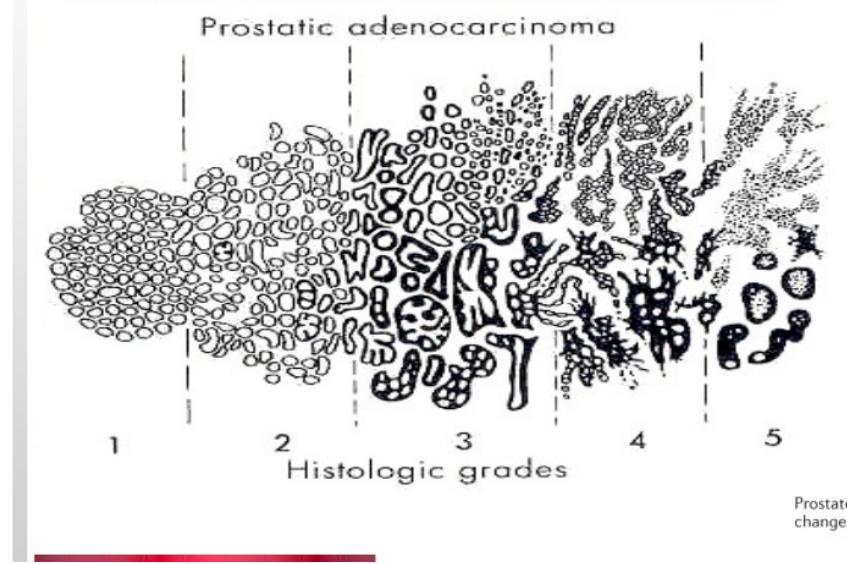
(from Greek *histos*, tissue, *pathos*, suffering and *logos*, study)

- a) Atypical structure of the tissue
- b) Pleomorphism (pleomorphic): Occurring in various distinct forms.
  - In terms of cells, having variation in the **size** and **shape of cells** or their **nuclei**.
  - Different tissue structures within a tumour.
- c) High level of cell division.
- d) Infiltration: Cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues.  
Also called invasive cancer.





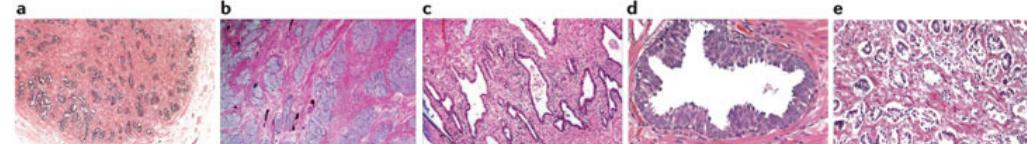
## Gleason Grading & Scoring of Prostatic Ca.



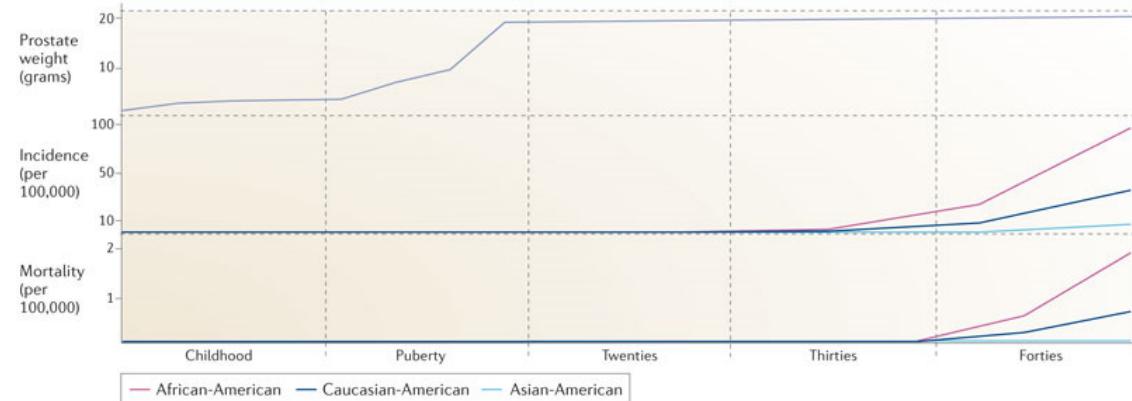
<https://www.slideshare.net/vmshashi/pathology-of-prostate>

### Prostate cancer: is it time to expand the research focus to early-life exposures?

S. Sutcliffe & G. A. Colditz  
Nature Reviews Cancer 13, 208-518  
(March 2013)



- |                                |                                 |  |  |
|--------------------------------|---------------------------------|--|--|
| No studies of prostate lesions | No evidence of prostate lesions | <ul style="list-style-type: none"><li>Proliferative and/or atrophic prostate lesions observed in more than 50% of men</li><li>HGPIN and histological prostate cancer observed in a small proportion of men</li><li>Differences in PSA levels observed by race</li><li>Differences in PSA levels translate to future differences in prostate cancer risk in a few studies</li></ul> | <ul style="list-style-type: none"><li>HGPIN and histological prostate cancer observed in a greater proportion of men</li><li>Differences in PSA levels observed by race</li><li>Differences in PSA levels translate consistently to future differences in prostate cancer risk and mortality</li></ul> |
|--------------------------------|---------------------------------|--|--|

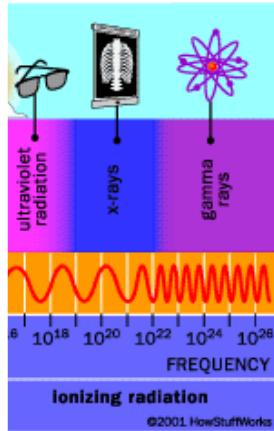


Nature Reviews | Cancer

[http://www.nature.com/nrc/journal/v13/n3/fig\\_tab/nrc3434\\_F1.html](http://www.nature.com/nrc/journal/v13/n3/fig_tab/nrc3434_F1.html)

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## Imaging

1896: W. C. Röntgen: **Cathode rays** (emitted by the negative electrode, or cathode, in a vacuum tube) **for biological and medical imaging** (Nobel prize, 1901)

1903: A. H. Becquerel, M. Skłodowska-Curie, P. Curie:  
Radioactive decay, also known as nuclear decay or **radioactivity**,  
and **isotopes in nature** (Nobel prize, 1903)

1910-15: Gy. Hevesy György:  
**Isotopes as biological labels, „reporters”** (Nobel prize, 1943)

Using particle accelerator (machine that uses electromagnetic fields to propel charged particles to nearly light speed and to contain them in well-defined beams) **for creation of non-natural isotopes**.  
Based on the idea of L. Szilárd, E. O. Lawrence (Nobel prize, 1939)

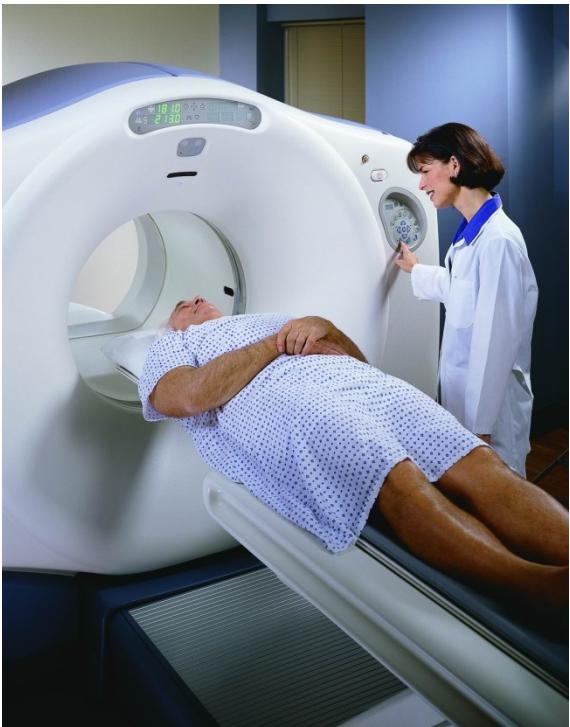


1932: C. D. Anderson: **Discovery of positron** as novel particle (Nobel prize, 1936)

1934: F. Joliot and I. Joliot-Curie: **Discovery of the first non-natural isotope emitting positron** (Nobel prize, 1935)

1970-74: A. M. Cormack and G. N. Hounsfield: **first Computed [Axial] Tomography**,  
CT computerized axial tomography scan (CAT scan) (Nobel prize, 1979)

1975: M.Ter-Pogossian et al.: **the first PET camera**,  $^{18}\text{F}$ -fluoro-desoxy-glucose



# X-ray



## Radiograph

Light/dark, depending on the absorption rates of the various tissues.

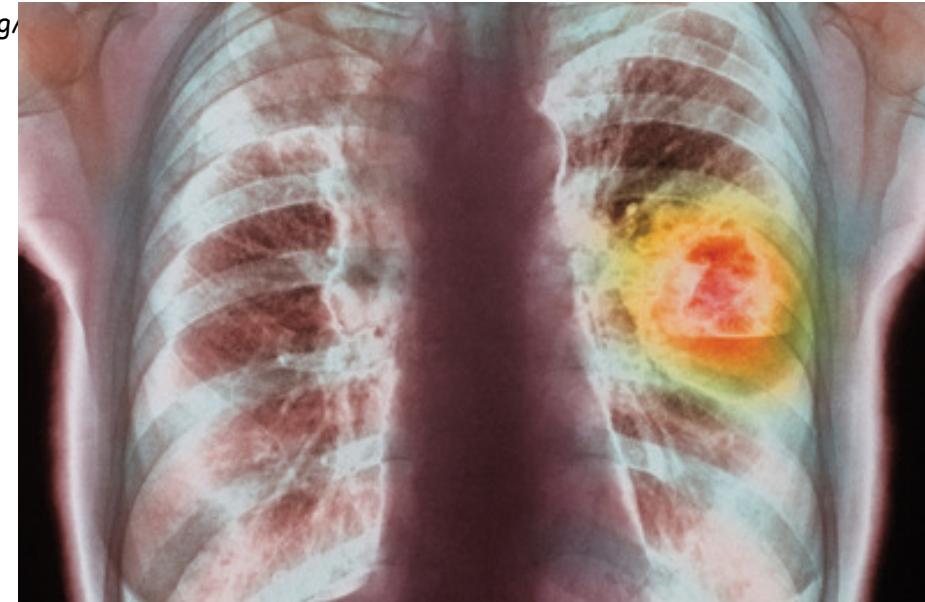
Dense materials (e.g. bone): white,  
Soft materials (e.g. fat, muscle):  
in varying shades of gray.

<http://www.ibn-tv.com/2011/10/x-ray-not-good-for-lung-cancer-screening/>

Originally, X-rays for imaging bones,  
**Today**, improvements:

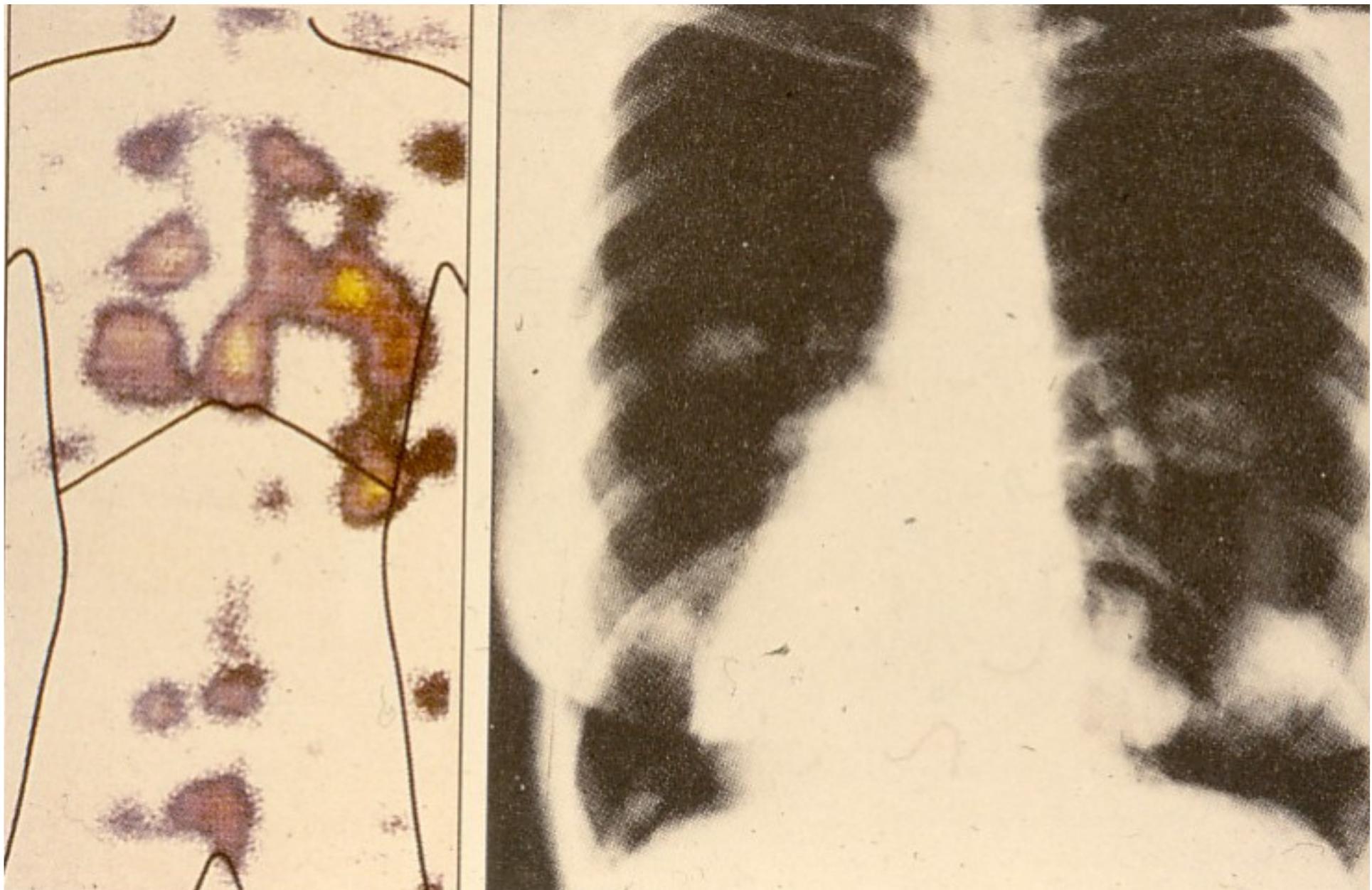
- better photographic films,
- more accurate focusing systems
- more sensitive detection

At lower-exposure levels,  
fine detail and subtle differences  
in tissue density.

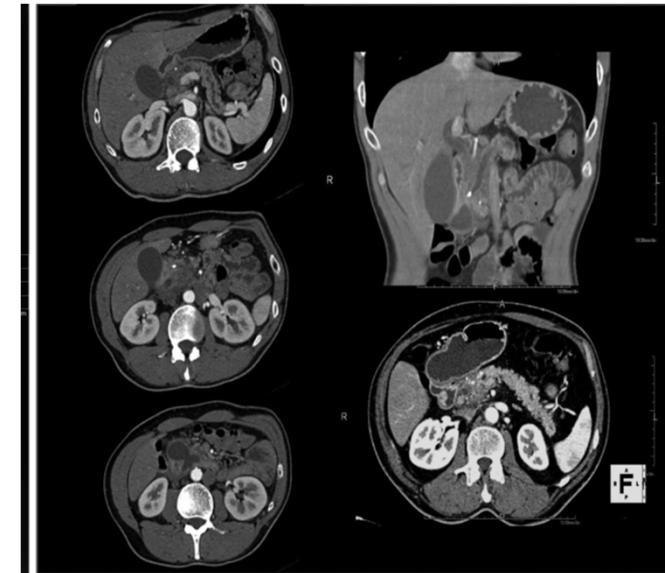
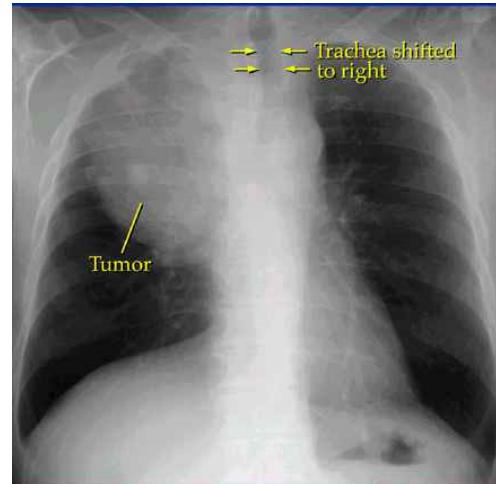
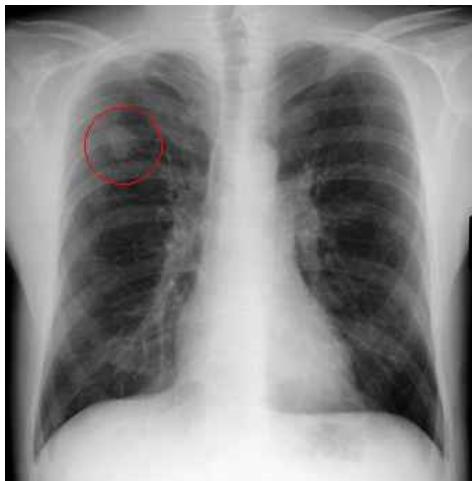


<http://www.gponline.com/lung-cancer-missed-gps-unable-access-x-rays/article/1148662>

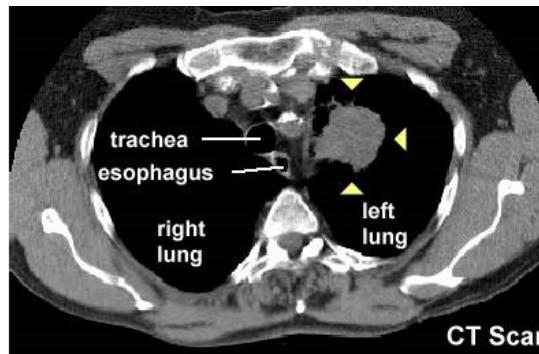
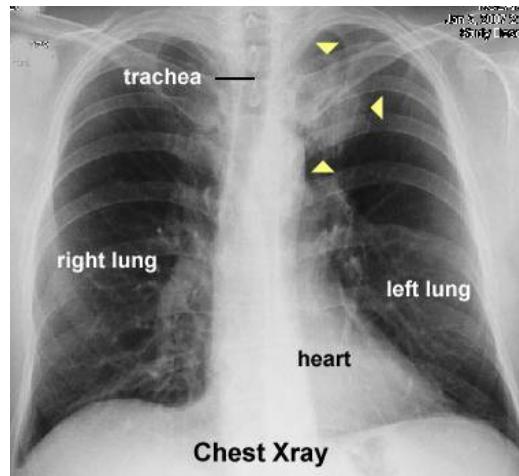
## Diagnosis of lung cancer - comparison



## Computed tomography (CT): combines multiple X-ray images into a 3D model



Small (A) and large (B) tumor in the upper right lung



**Left Upper Lobe Cancer**  
note how much more obvious the tumor is  
on the CT scan compared to chest Xray

<http://emergencymdsc.com/ct-scans/>



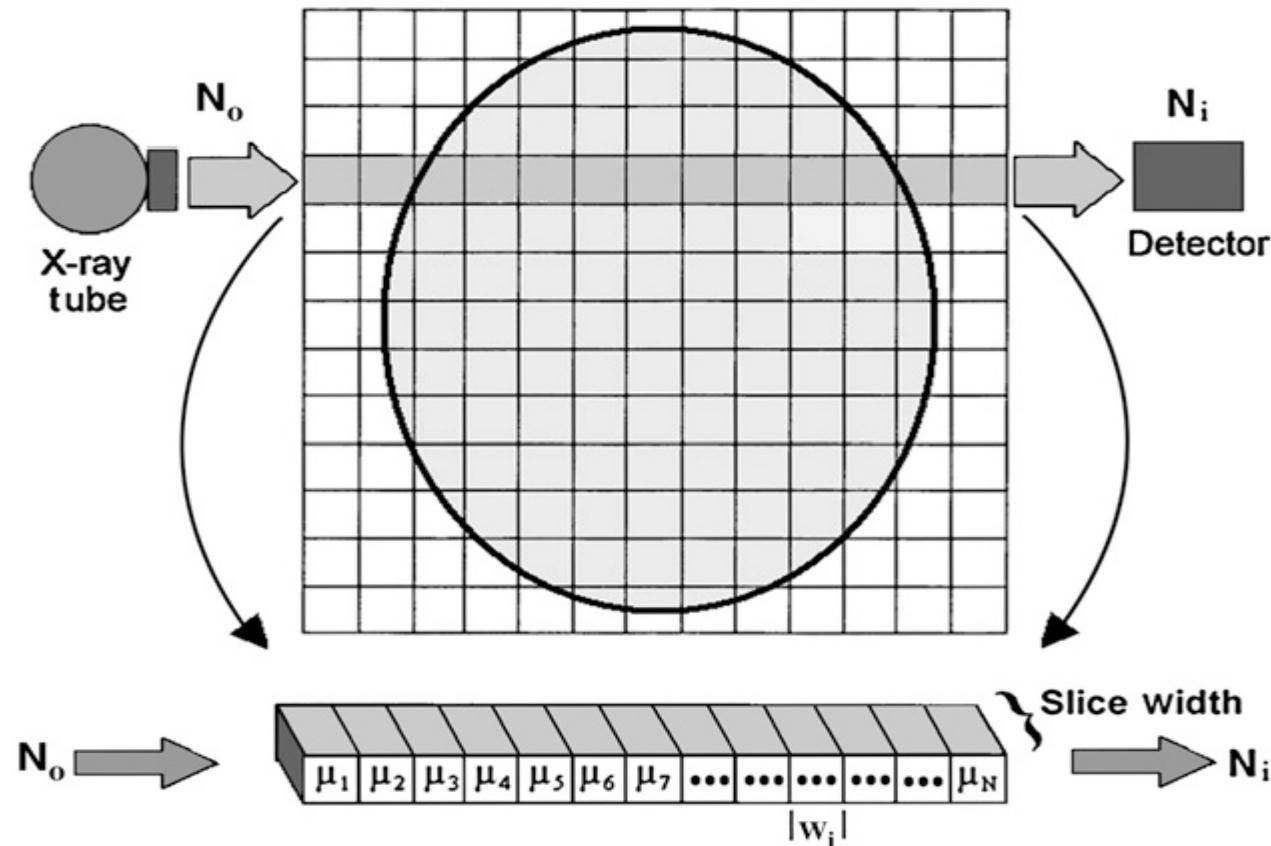
rotating X-ray

Slices: 1-10 millimeters thick.

[http://www.aboutcancer.com/lung\\_xrays\\_abnormal.htm](http://www.aboutcancer.com/lung_xrays_abnormal.htm)

G. N. Hounsfield: The first CT built (1971)

A. M. Cormack: Theoretical background (1963-64)

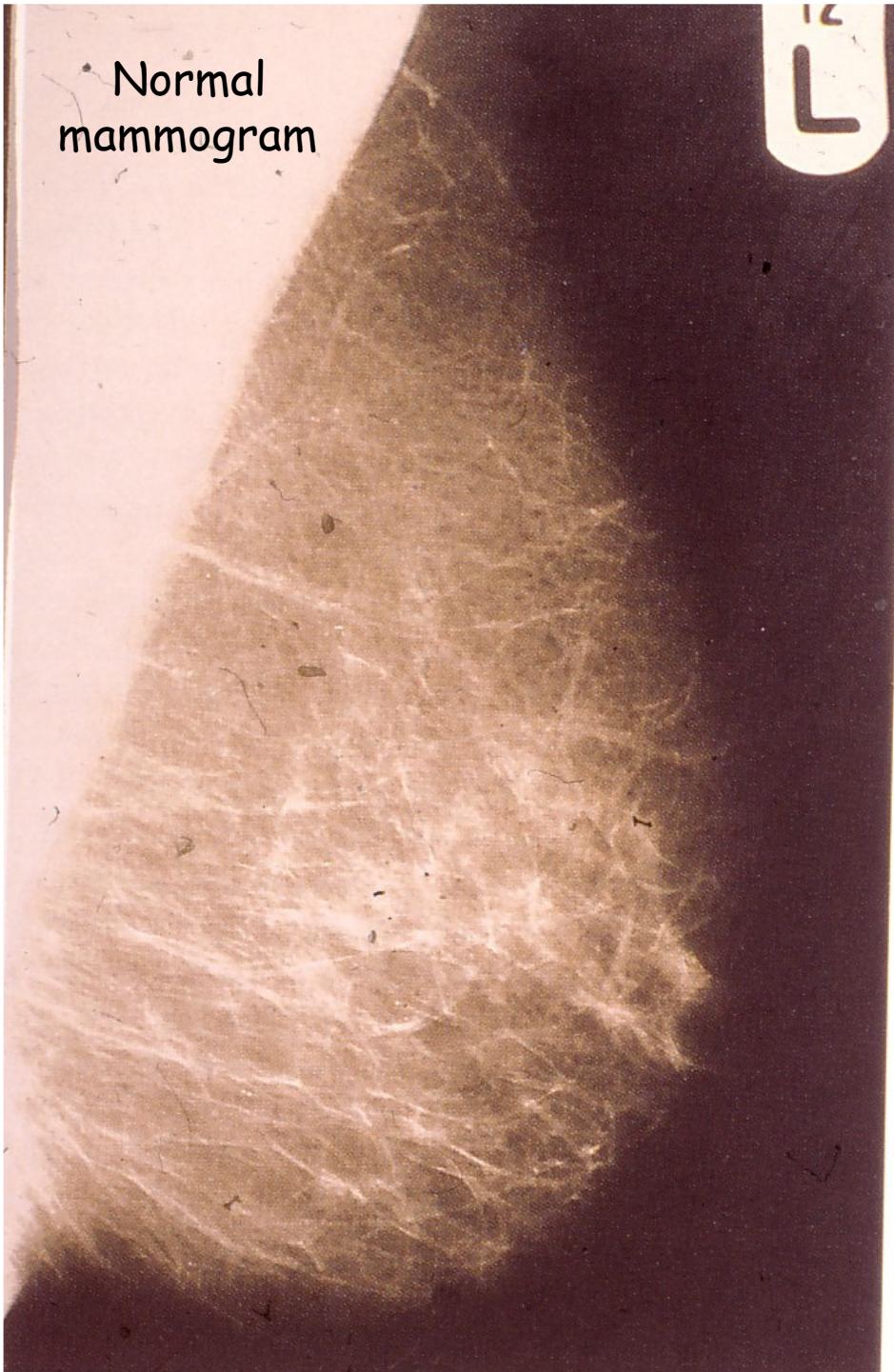


- Moving X-ray source and detector
- Covering of the whole body
- 1 sec scanning time

The Nobel Prize in Physiology  
or Medicine 1979

<http://www.nobelprize.org>

Normal  
mammogram



Mammogram showing carcinoma

Oncology in Practice p.4, 3/1994

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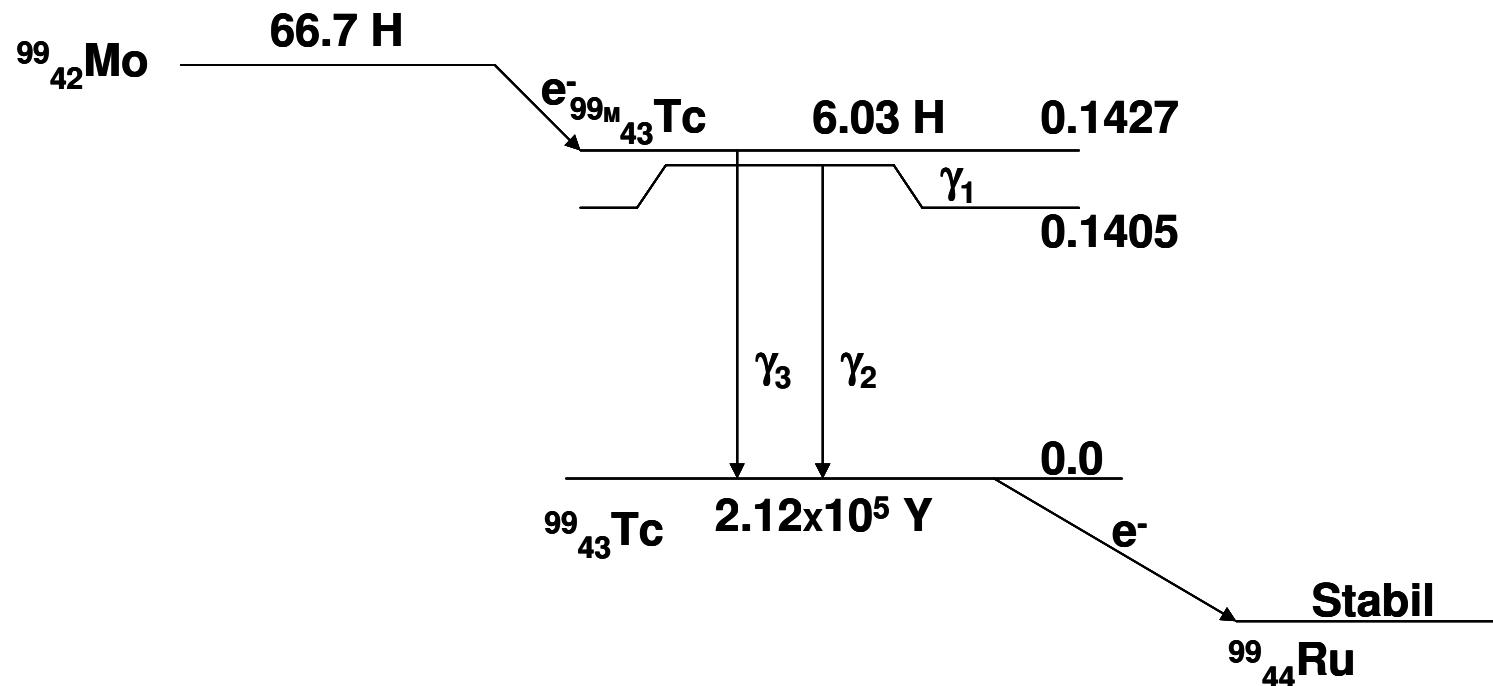
# Bone scintigraphy

Phosphorus metabolism disorders are the result of abnormal serum phosphate levels. caused by defects in the intake, excretion and cellular utilization of phosphate.

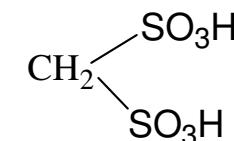
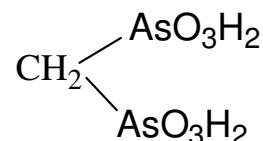
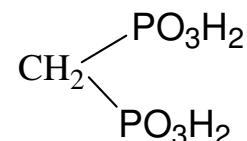
Increased phosphor metabolism in tumouros bone tissues

Increased incorporation of phosphor derivatives.

Application of  $^{99m}\text{Tc}$ -labelled phosphoric acid.



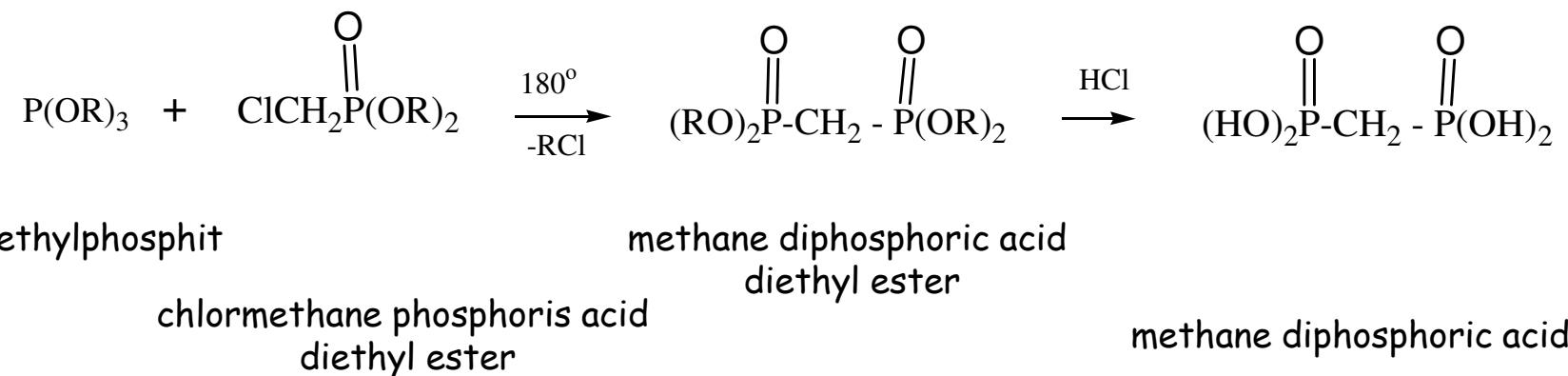
# Bone scan (bone scintigraphy) with $\text{Tc}^{99}\text{-jelzett}$ phosphoric acid derivatives



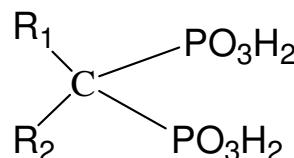
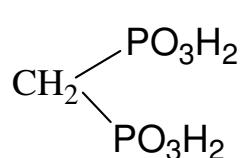
Methane-diphosphonic acid (MDP)  
Synthesis: J. Chem. Soc. 1465 (1947)  
Application: J. Nucl. Med. 14, 640 (1973)

1980

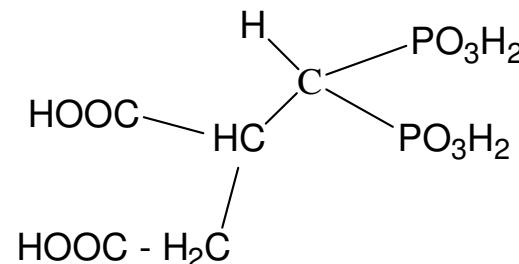
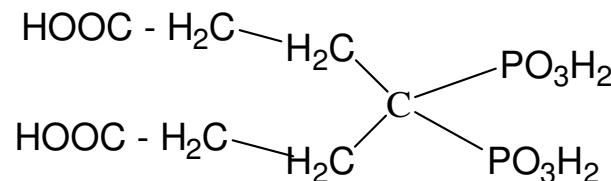
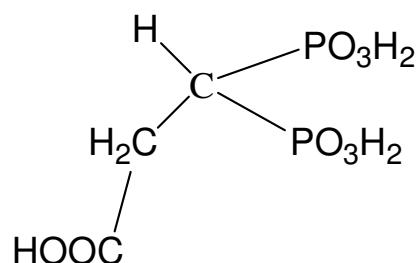
### Michaelis-Arbusov reaction ( R = ethyl)



# Bone scan (bone scintigraphy) with Tc99-jelzett phosphoric acid derivatives

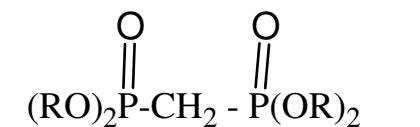


MDP

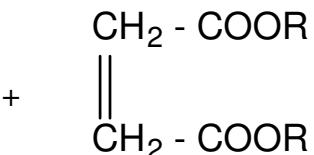


3,3-diphosphono-1,2-propane dicarboxylic acid, DPD

Synthesis ( $\text{R} = \text{ethyl}$ )

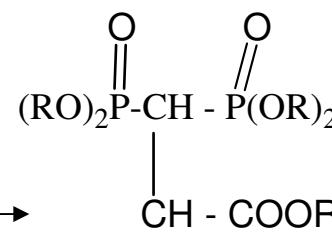


MDP-tetraalkyl ester

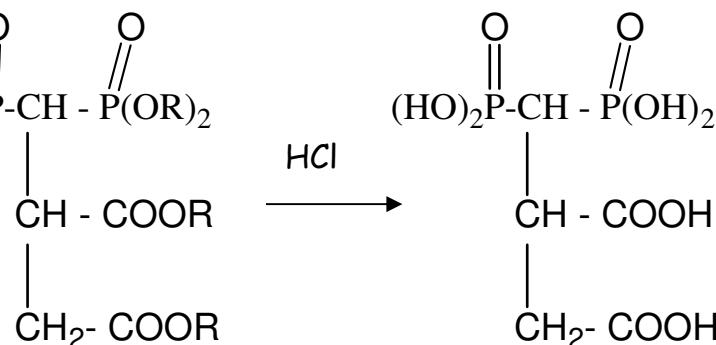


Maleic acid-dialkyl ester

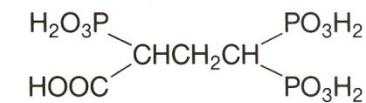
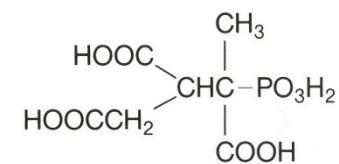
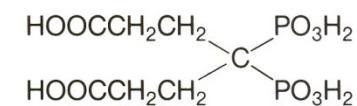
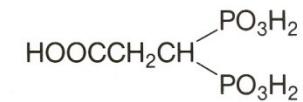
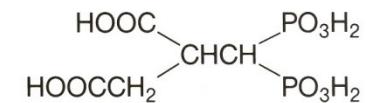
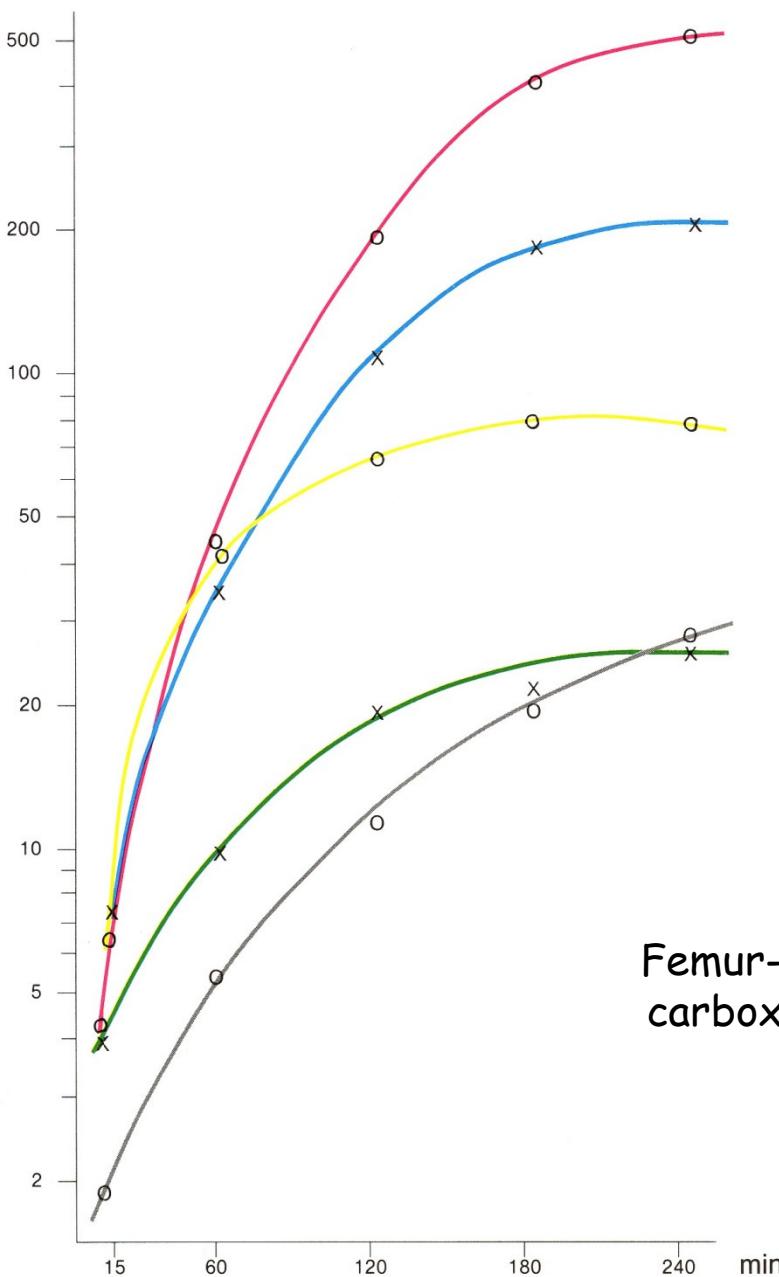
$\xrightarrow{\text{RONa}}$



$\xrightarrow{\text{HCl}}$

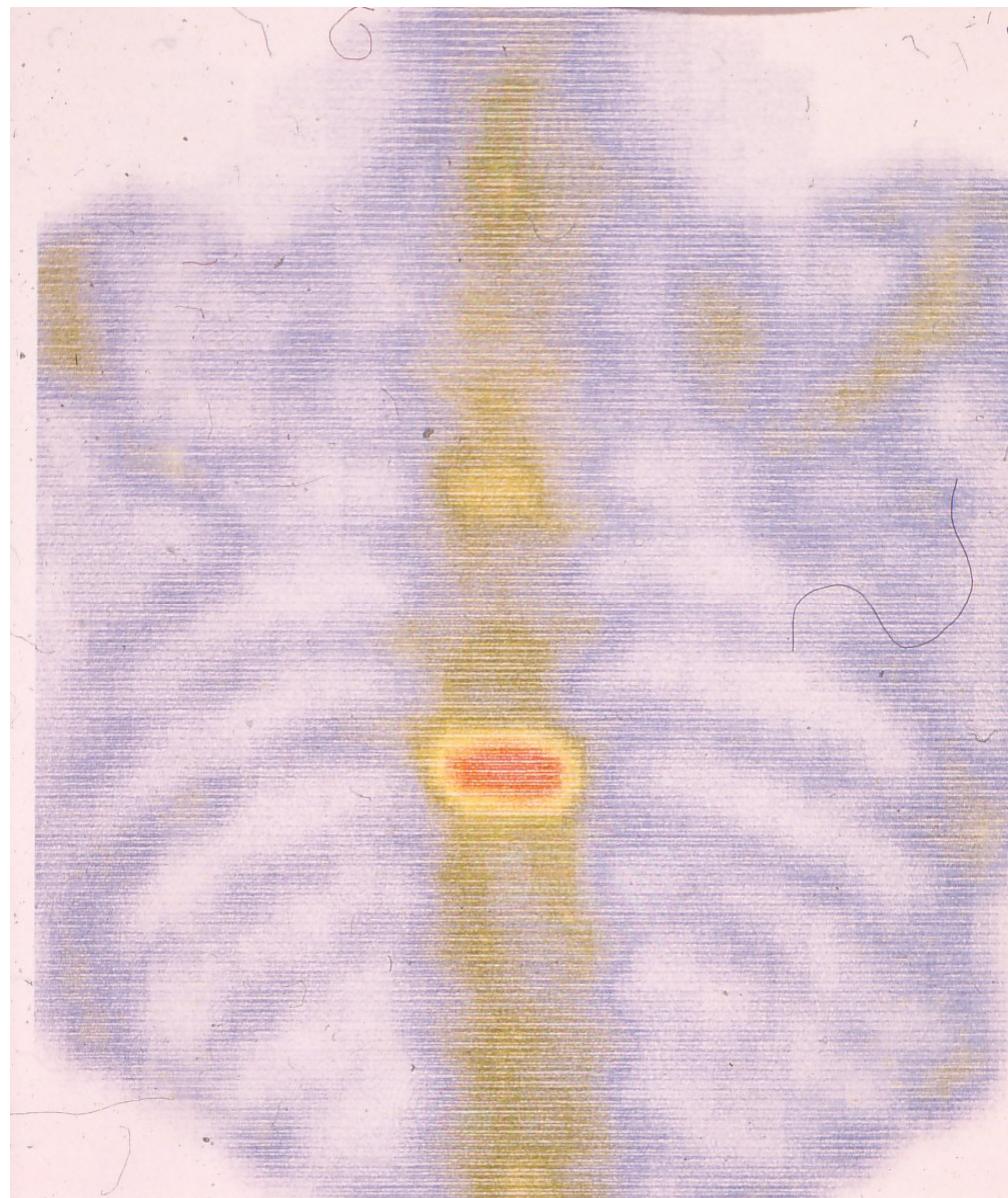


Q Percent gram femur/ml blood

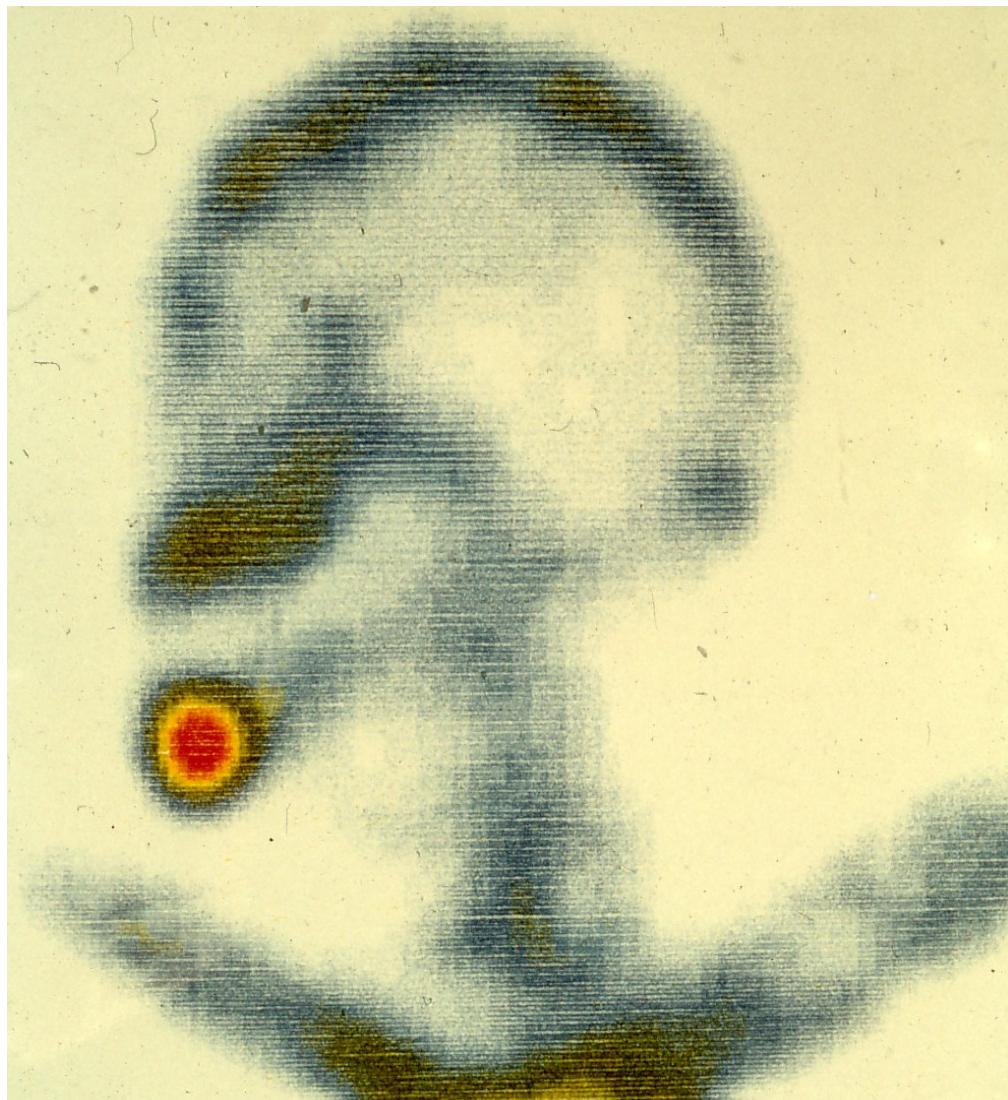


Femur-to-blood uptake ratio (Q) of  $\text{Tc}^{99m}$  carboxyphosphonates as function of time after i.v. in the rat.

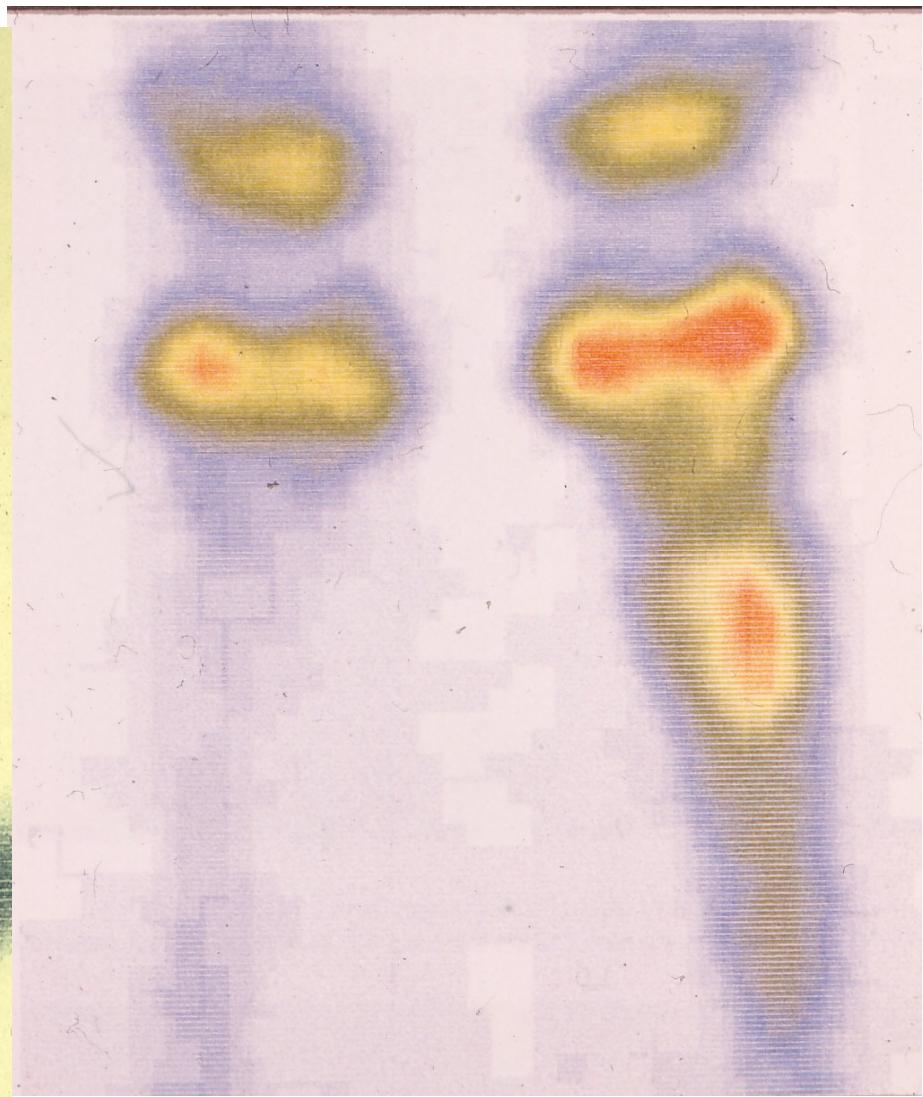
## Detection of bone metastasis (breast cancer)



Detection of bone metastasis (carcinoma)



Bone inflammation (periostitis)



Tc99<sup>m</sup> - 3,3-diphosphono-1,2-propane dicarboxylic acid (DPD)

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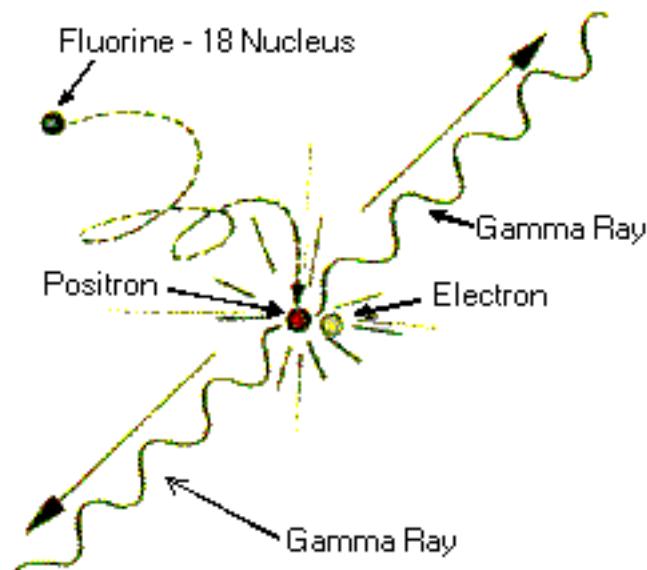
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# Comparison

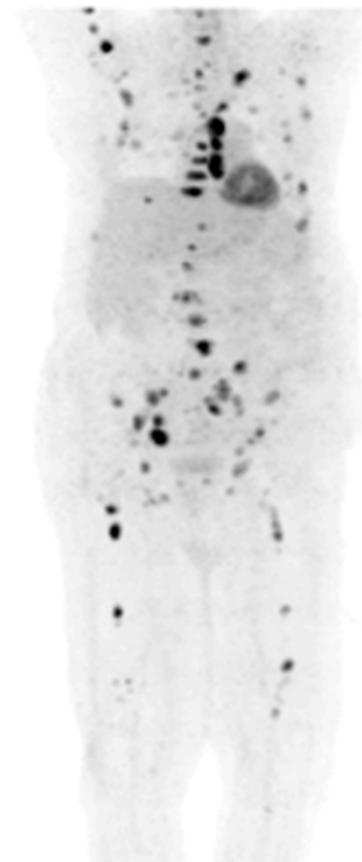
	MRI	CT	SPECT	PET
Principle	Nuclear magnetic resonance	X-ray transmission	photon emission	pozitron emission
Frequent isotopes			Tc	Ga
Target	structure	structure	function	function
Resolution	< 1 mm	1 mm	4-5 mm	2,8 mm
Data collection	20 min	2 min	15 min	20 min
Exposure (mSv)		2-8	6-10	2-10

# PET - Positron emission tomography

## Positron Emission Tomography



## Photon-pair detection



## P(béta<sup>+</sup>)ET radionuclides commonly used in oncology

Radionuclide		Half-life	Used to measure
<sup>15</sup> O <sub>2</sub>	C <sup>15</sup> O <sub>2</sub> , H <sub>2</sub> O, O <sub>2</sub> butanol	2 min	Blood flow Oxygen metabolism
<sup>13</sup> N	<sup>13</sup> NH <sub>3</sub>	10 min	Blood flow
<sup>11</sup> C	<sup>11</sup> C-Met, <sup>11</sup> C-Tyr <sup>11</sup> C-glucose <sup>11</sup> C-thymidine <sup>11</sup> C-somatostatin	20 min	Amino acid uptake Glucose utilisation Proliferation Somatostatin receptor
<sup>68</sup> Ga	<sup>68</sup> Ga-EDTA	68 min	Blood-brain barrier
<sup>18</sup> F	<sup>18</sup> F-deoxyglucose (FDG) <sup>18</sup> F-deoxyuridine <sup>18</sup> F-fluorouracil <sup>18</sup> F-estradiol <sup>18</sup> F-DOPA	110 min	Glucose utilisation Pyridine uptake Drug uptake Estrogen receptors Monoclonal antibodies
<sup>124</sup> I		4 days	

Wells, P. et al. Clin.Oncol, 1996

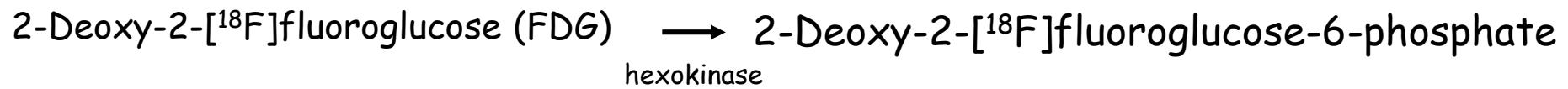
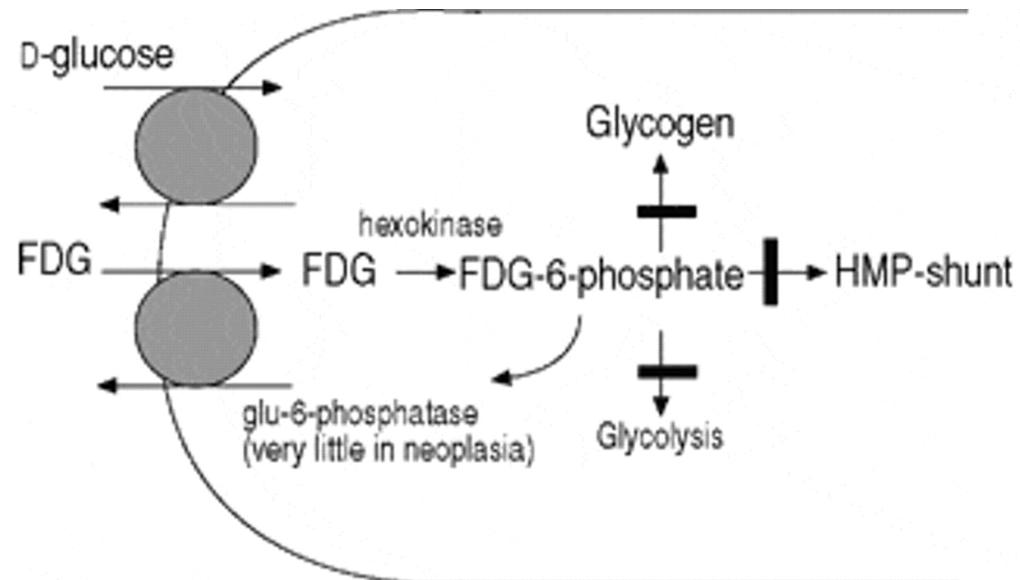
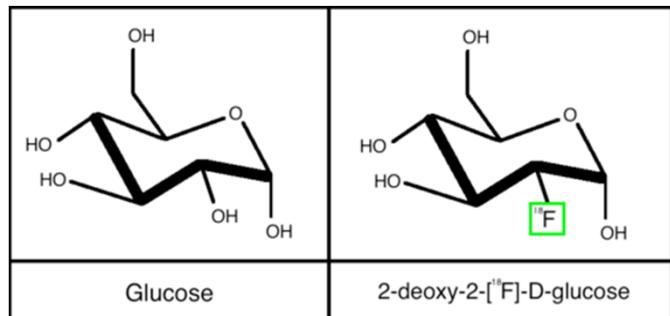
## Production and characterization of P(beta<sup>+</sup>)ET isotopes

Isotope	Distance	Half-life	Max energy	Reaction
<sup>15</sup> O	8 mm	2 min	1,74 MeV	$^{14}\text{N}(\text{d},\text{n}) - ^{15}\text{O}$
<sup>13</sup> N	5 mm	10 min	1,20 MeV	$^{12}\text{C}(\text{d},\text{n}) - ^{13}\text{N}$
<sup>11</sup> C	4 mm	20 min	0,97 MeV	$^{14}\text{N}(\text{p},\text{a}) - ^{11}\text{C}$
<sup>18</sup> F	2 mm	110 min	0,64 MeV	$^{18}\text{O}(\text{p},\text{n}) - ^{18}\text{F}$

## Radilabelled **drugs** for use in PET

Radilabelled drugs	Use
$^{13}\text{N}$ -cisplatin	kinetic studies
$^{13}\text{N}$ or $^{11}\text{C}$ -carmustine	kinetics in normal brain and glioma
( $^{11}\text{C}$ -N-methyl)temozolomide	<i>in vivo</i> mechanism of action
$^{11}\text{C}$ -adriamycin	<i>in vivo</i> quantify MDR
$^{57}\text{Co}$ -bleomycin	tumour and normal tissue kinetics
16- $\alpha$ -( $^{18}\text{F}$ )-fluoroestradiol-17- $\beta$	measurements of receptor concentration
$^{18}\text{F}$ -5-fluorouracil	kinetics, predicting response

## Radiolabelled FDG for use in PET



- a glucose analog,
- taken up by high-glucose-using cells such as brain, kidney, and **cancer cells**
- phosphorylation prevents the glucose from being released from the cell

J.F. Vansteenkiste, S.G. Stroobants Eur. Respir. J. 2001;17:802-820  
Review: Conti PS et al. Nucl.Med.Biol. 23, 717, 1996



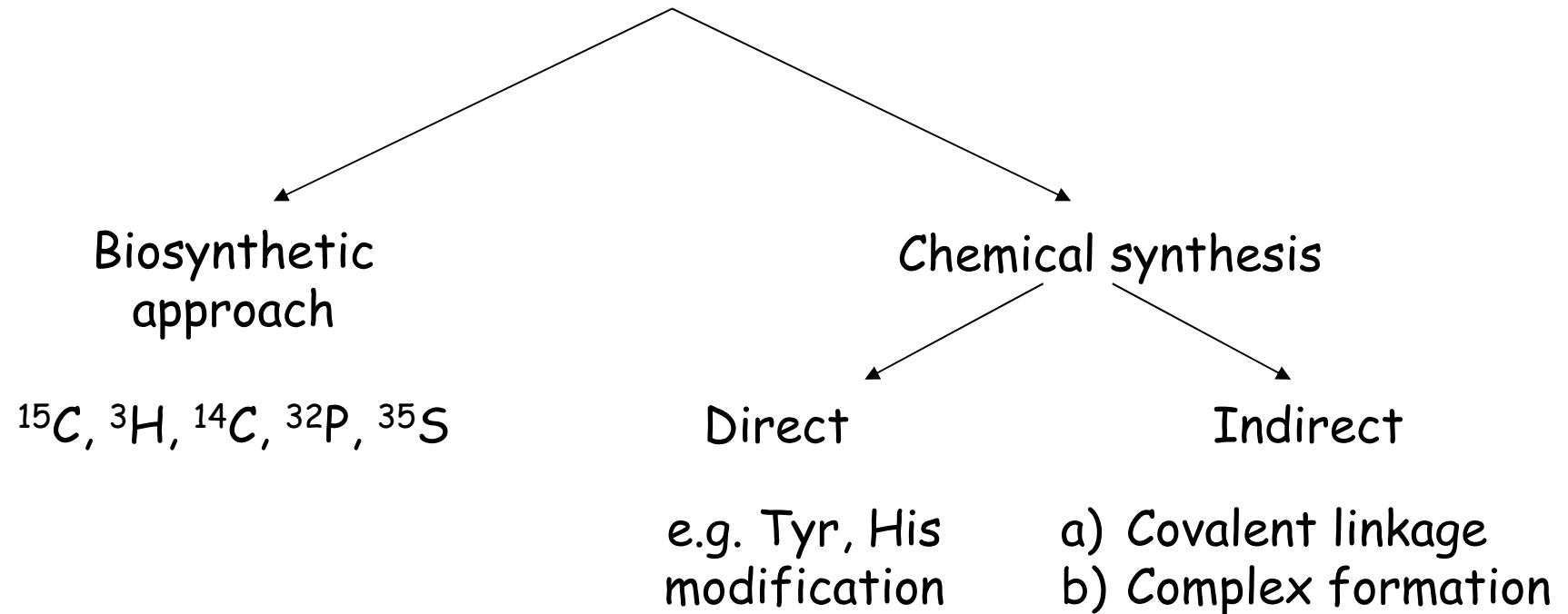
Detection of lung cancer:  $^{18}\text{F}$ -deoxyglucose - PET

Lymph node metastasis - brain/bladder (normal)



C.S.Brock et al. Eur.J.Nucl.Med. 24: 691 (1997)

# Radioactive isotope conjugates



## Considerations

Example:  $^{125}\text{I}$ ,  $^{131}\text{I}$

(17 iodine, 13 bromine-, 6 chlorine-, 2 fluor isotopes  $t_{\frac{1}{2}} > 3 \text{ min}$ )

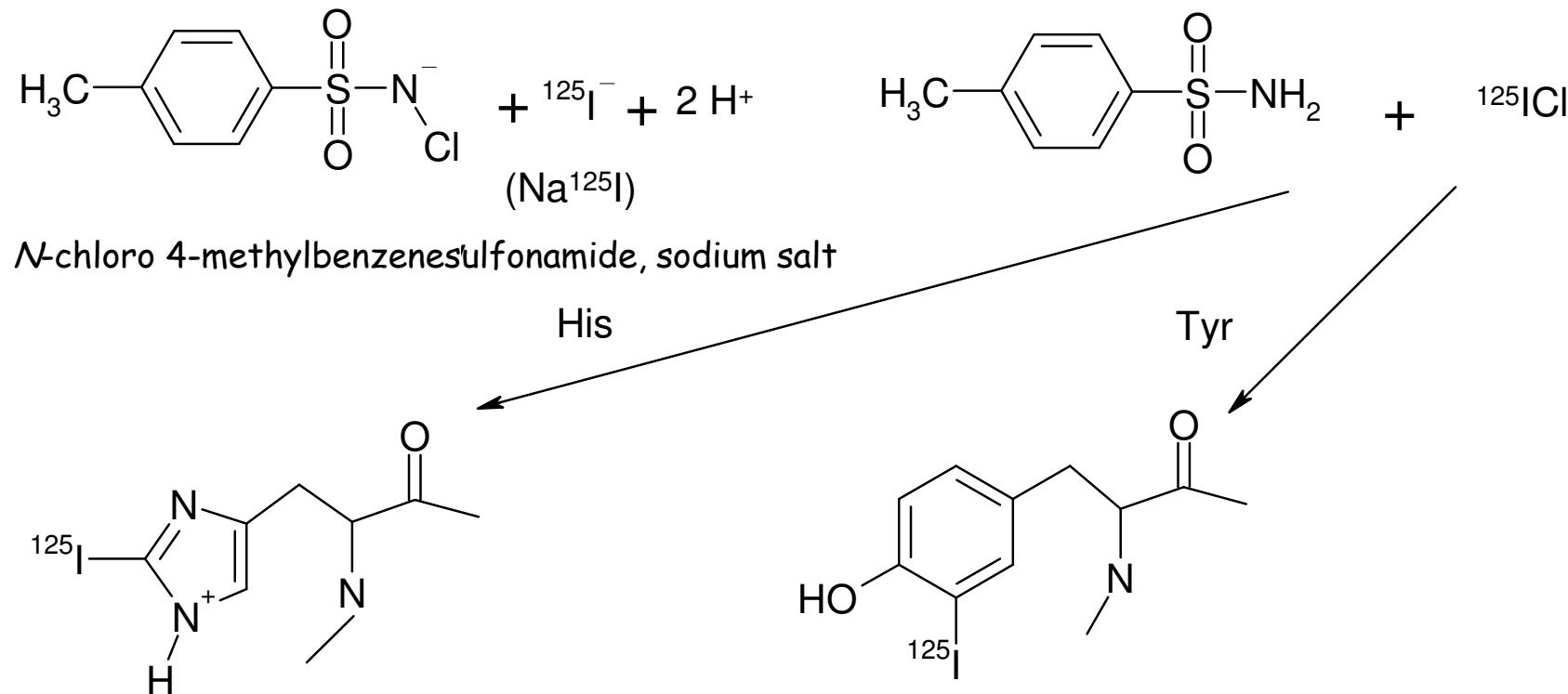
- In vitro
  - Long half-lifetime
  - Low energy emission (photon)
- In vivo „IMAGING“
  - X-ray or  $\gamma$ -emission
  - SPECT, PET
  - $\gamma$ -camera
  - Relatively high energy, short half life
- In vivo THERAPY
  - No optimal combination (high energy: threat)
  - Low energy, long half-life

## Selection of nuclei

Nuclei	Availability	Cost	Half life	Gamma energy (keV)
$^{123}\text{I}$	low	high	13 hr	159
$^{131}\text{I}$	good	low	8 day	364
$^{111}\text{In}$	good	medium	67 hr	173 247
$^{67}\text{Ga}$	good	medium	78 hr	185 300
$^{99\text{m}}\text{Tc}$	good	low	6 hr	141

## Direct incorporation

Incorporation of iodine isotope into protein  
1. Chloramine-T method

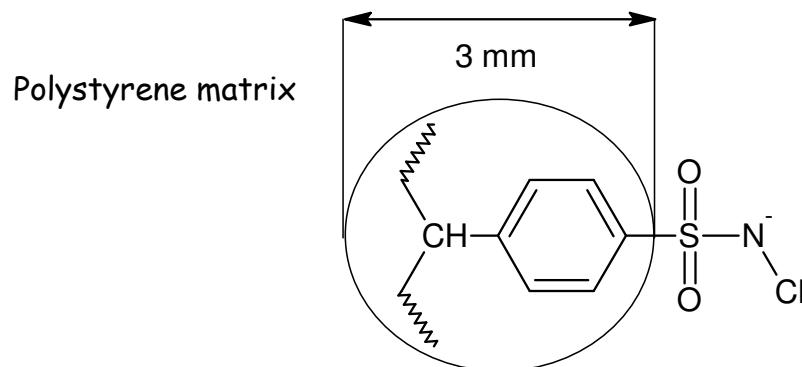


- 30 s - 30 min
- water-soluble
- pH 7 phosphate buffer 0.05 M

Greewood, FC et al. Biochem J 89 114 (1963)  
Wilbur, DS Bioconjugate Chem 3 433 (1992)

## 2. Immobilised Chloramine-T (IODO-BEADS)

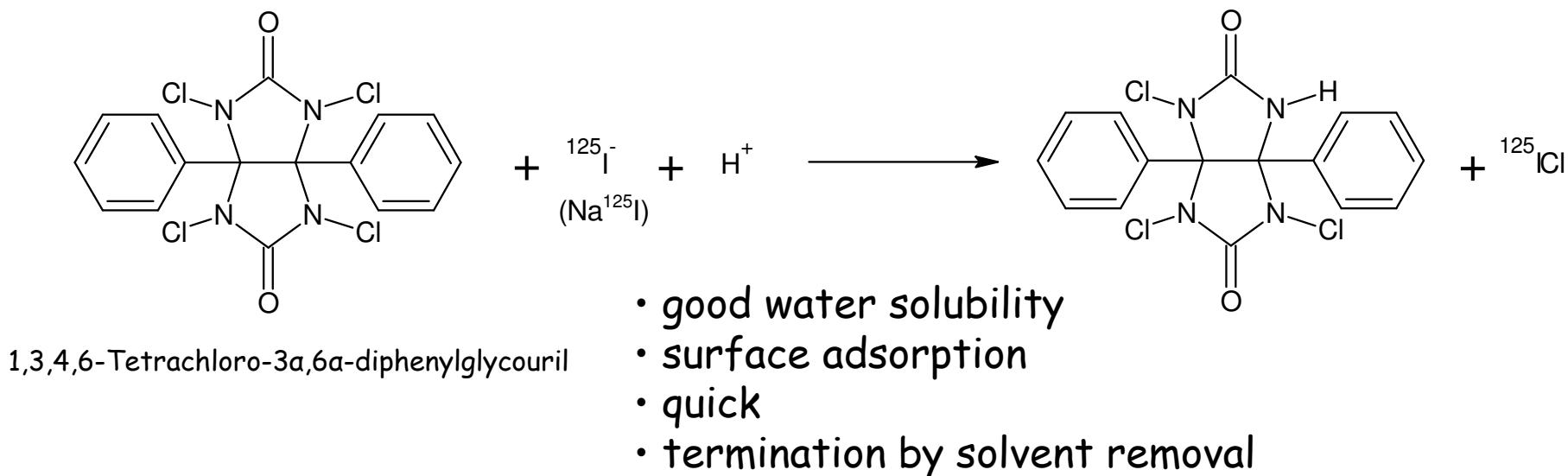
U.S. Patent 4448764 és 4436718



- 2 - 5 min
- good protein recovery
- mild conditions
- pH 7.2 - 8.4

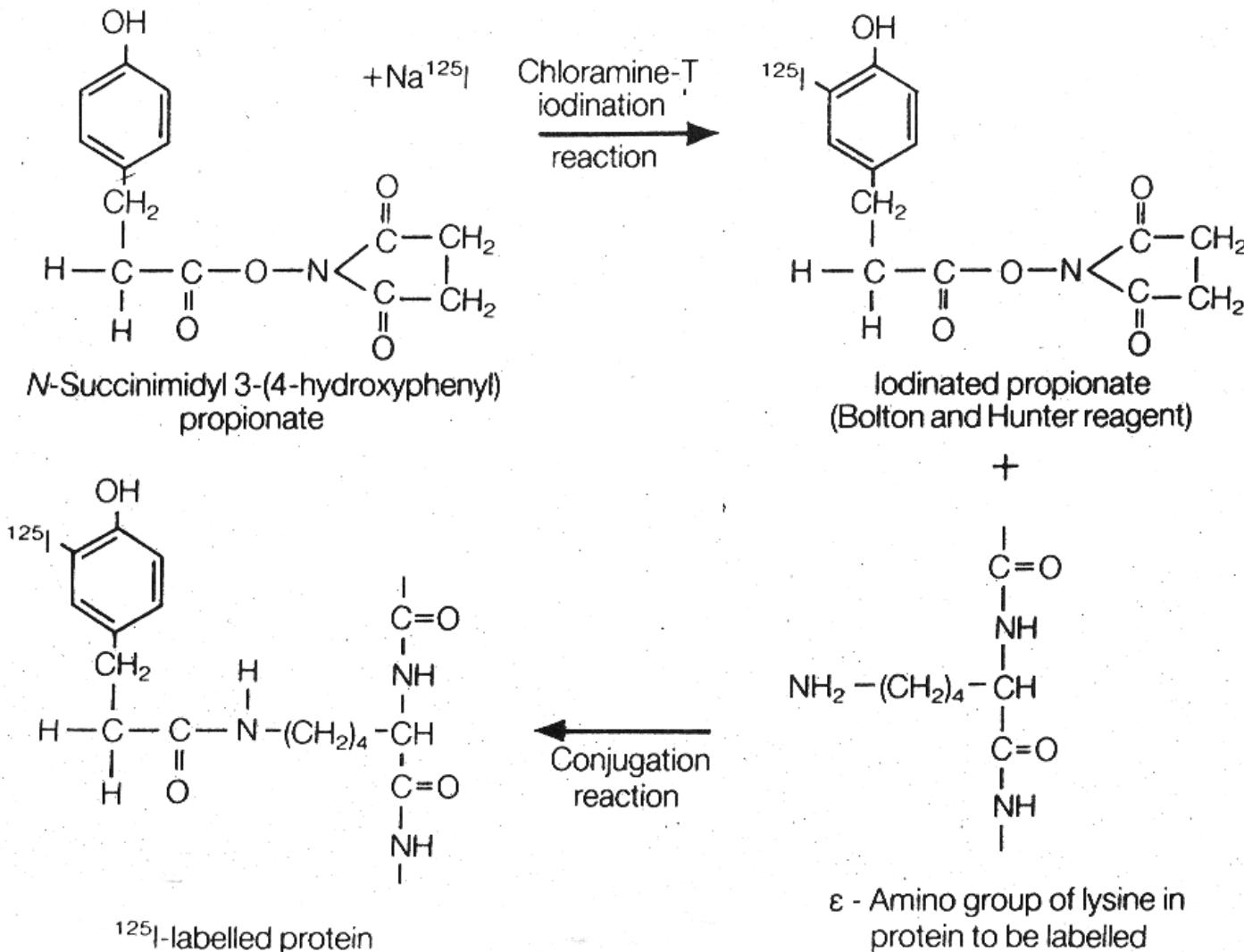
## 3. IODO-GEN

Fraker, PJ és Speck, JC BBRC 80 849 (1978)



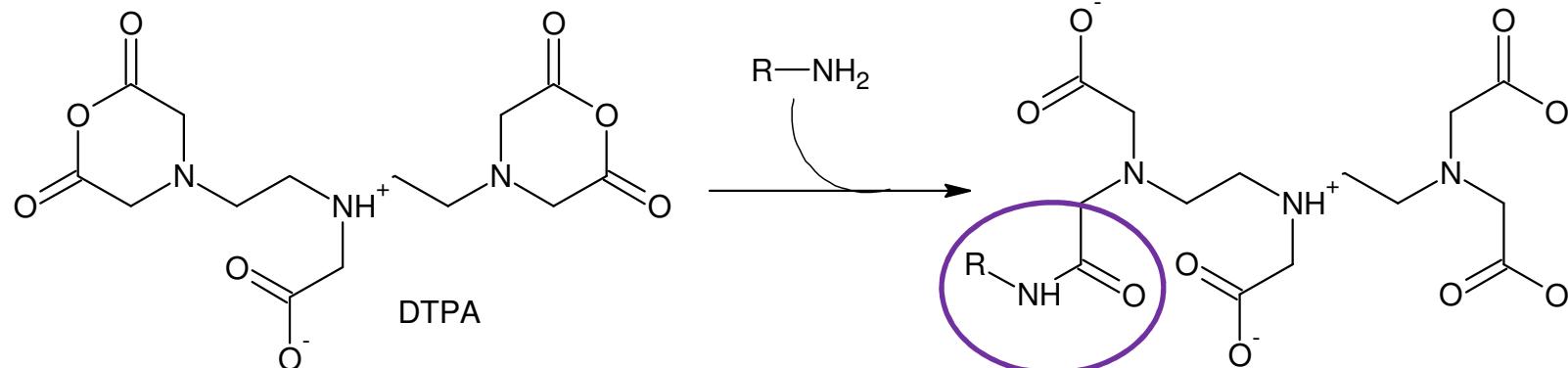
## Indirect incorporation

Preparation of conjugates with radiolabel - The Bolton-Hunter reagent

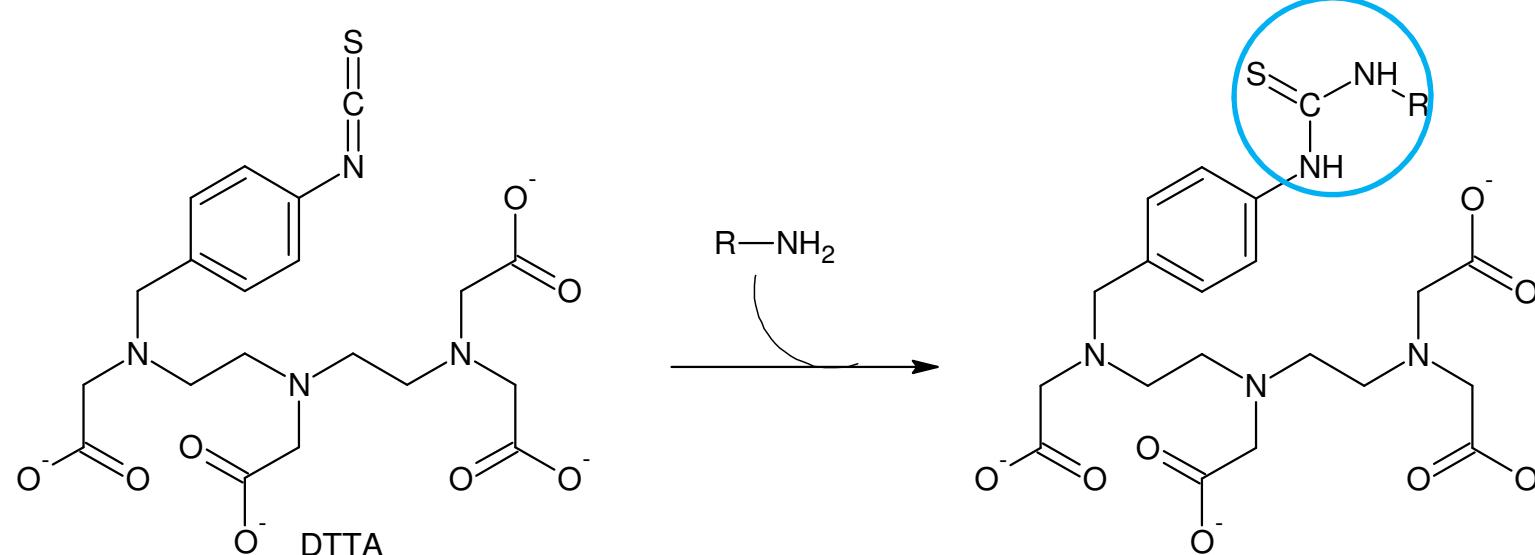


## Indirect incorporation by chelators

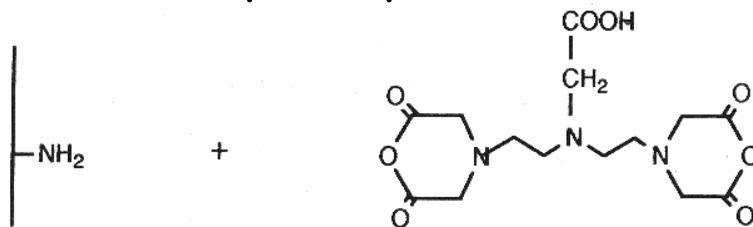
### Linear chelators



Diethylenetriamine pentaacetic acid (DTPA)



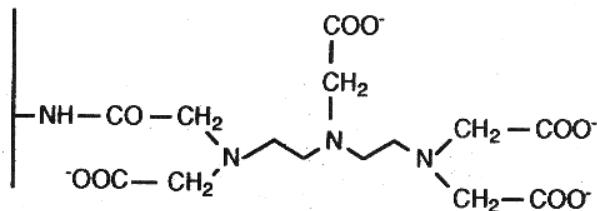
## The principle



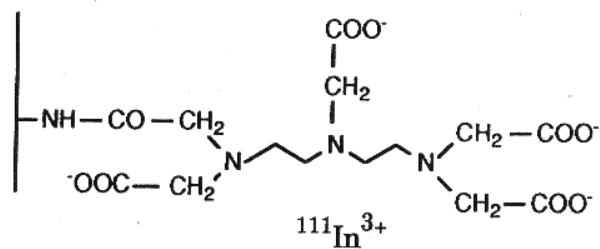
D.J.Hnatowich et al., Science 220,613,1983



pH 8.2, 0.05 M NaHCO<sub>3</sub>

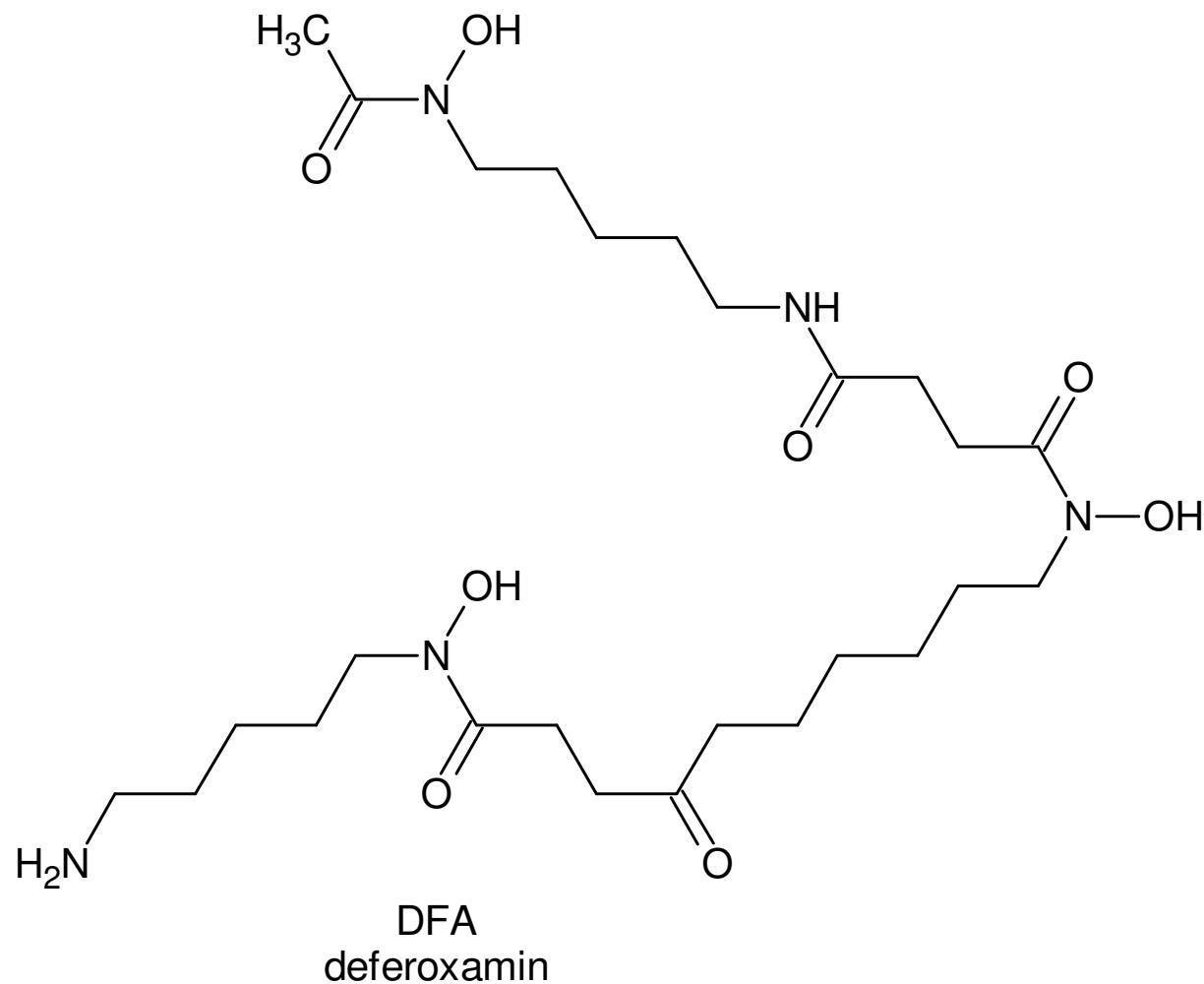


<sup>111</sup>In<sup>3+</sup>

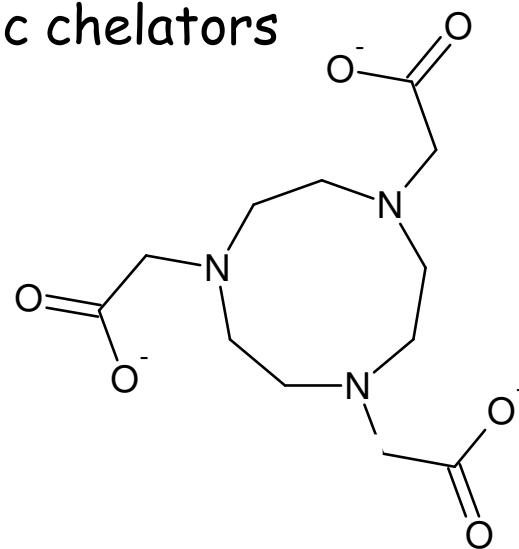


pK<sub>s</sub> = 28.4

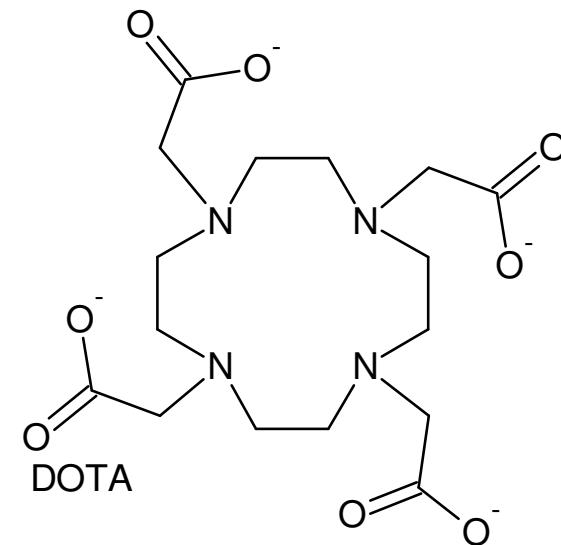
## Linear chelators



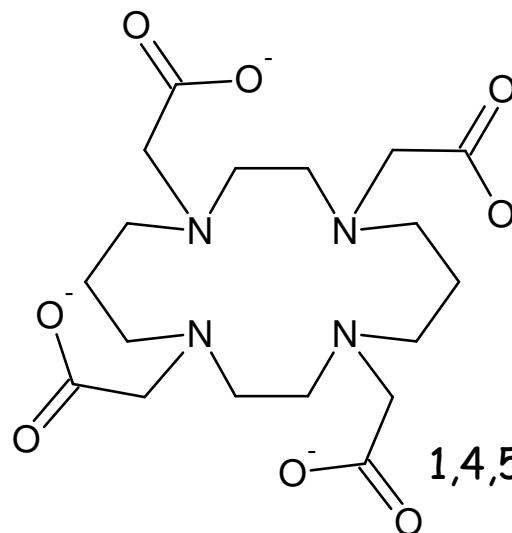
## Cyclic chelators



1,4,7-triazacyclononane-1,4,7-triacetic acid



1,4,7,10-tetraazacyclododecane-1,4,7,10-tetraacetic acid



1,4,5,11-tetraazacyclotetradecane-1,4,8,11-tetraacetic acid

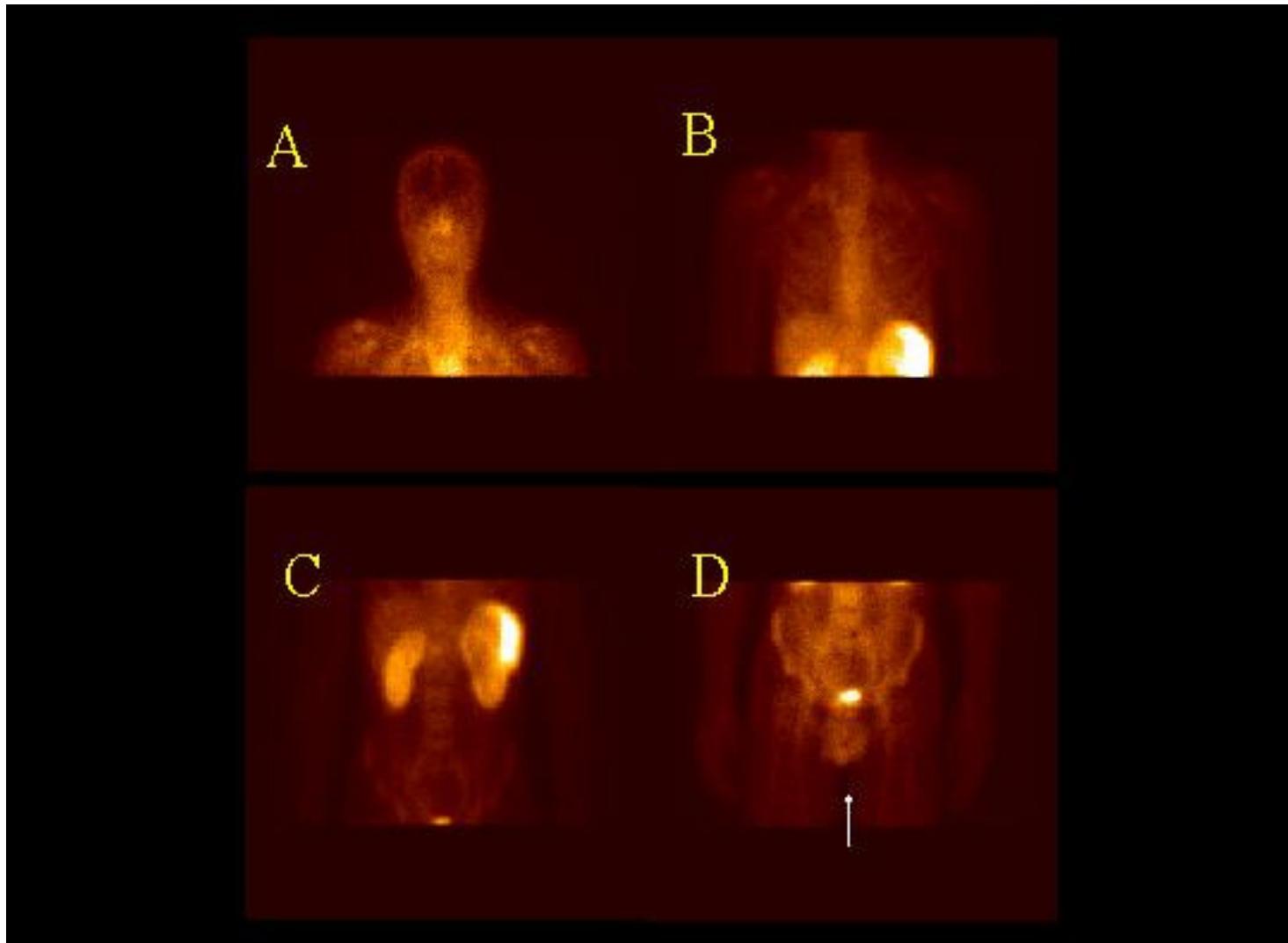
## FDA\* approved monoclonal antibody conjugates

Abbreviation	Specificity	Type	Indication	Year
Mylotarg	CD33 toxin-linked	humanized	acute myeloid leukemia	2000
Zevalin	CD20 radioligand-linked	mouse	non-Hodgkin lymphoma	2002

\*Food and drug administration

Nature Med. 9:129 (2003)

Tc99-radiolabeled mAb against the cellular membrane of the Raji cell component of B cell lymphoma of patients with non-Hodgkin's B-cell lymphoma.



41 year old showing relatively normal distribution of tracer  
A) Nasopharynx  
B) Heart  
C) Liver, Spleen, and Kidney  
D) Testicles, Bladder and Bone Marrow

## Diagnosis of Tumour

- „if it hurts”
- Perception (detected by the five senses )
- Biopsy, histology
- X-ray (chest, mammography, etc.)
- Scintigraphy ("scint," Latin scintilla, spark)
- CT - SPECT (Single photon emission computed tomography)  
contrast material remains in the blood stream
- PET (Positron emission tomography)  
tissue absorption of the labelled (contrast) material
- **Immundiagnosis - tumormarkers**
- DNS chip/DNS array

# Tumour markers

## Tumour **associated** antigens

In healthy tissue as well  
Less on normal cells

e.g. Carcinoembryonic antigens  
(CEA)

## Tumour **specific** antigens

Only in tumour tissue (cells)

Induced by carcinogens  
(chemical, physical or virus)

### **In serum**

Antigens: CEA (1965), alpha-fetoprotein, CA19-9, CA125, CA15-3 glycoproteins, prostate/-specific antigen (PSA)

Hormones: human chorionic gonadotropin (HCG), insulin, calcitonin, ACTH

Enzymes: Acid phosphatase (ACP), alkaline phosphatase (ALP), cathepsin D

Adhesion molecules: ICAM-1, integrin, cadherin

### **In urine**

(bladder cancer) - Mcm5 protein, nuclear matrix protein 22 (NMP22) etc.

# Tumormarkers in clinical practice

Bladder	CEA
Breast	CEA, CA 15-3, ferritin
Cervix uteri	CEA
Colon	CEA, CA 19-9, lactate dehydrogenase
Stomach	CEA, CA 19-9, CA 72-4
Leukemia	ferritin, lactate dehydrogenase
Lymphoma	$\beta$ -2-microglobulin, ferritin, lactate dehydrogenase
Lung (kissejtes)	CEA, bombesin, calcitonin
Ovarium	CA 125, CEA
Thyroid gland	thyreoglobulin, calcitonin
Kidney	erythropoietin, renin
Testis	$\alpha$ -fetoprotein, lactate dehydrogenase

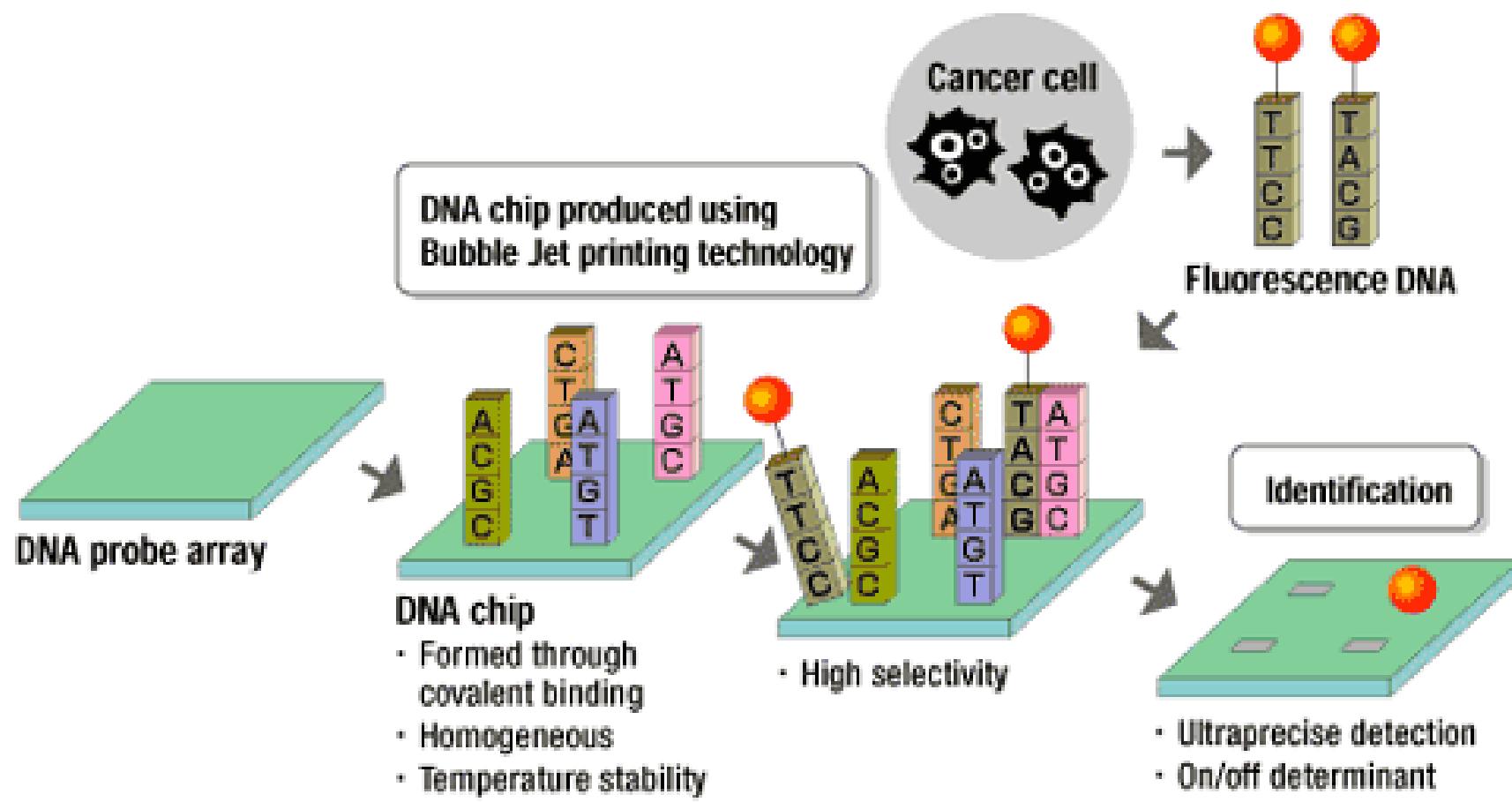
Not suitable for the screening healthy population.

Suitable for monitoring after surgery/treatment to detect relapse.  
„Fingerprint”

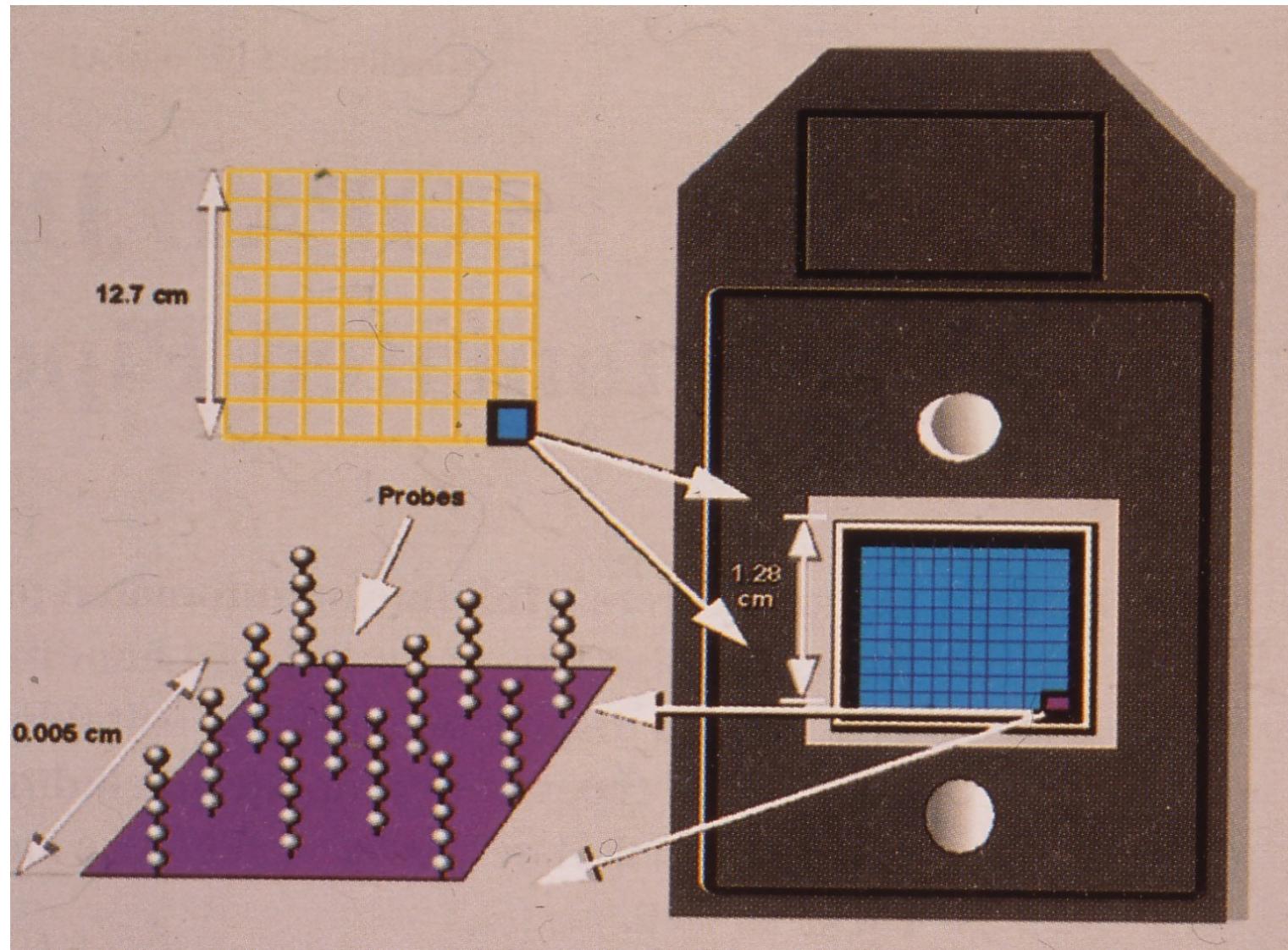
Mucin glycoproteins

## Diagnosis of Tumour

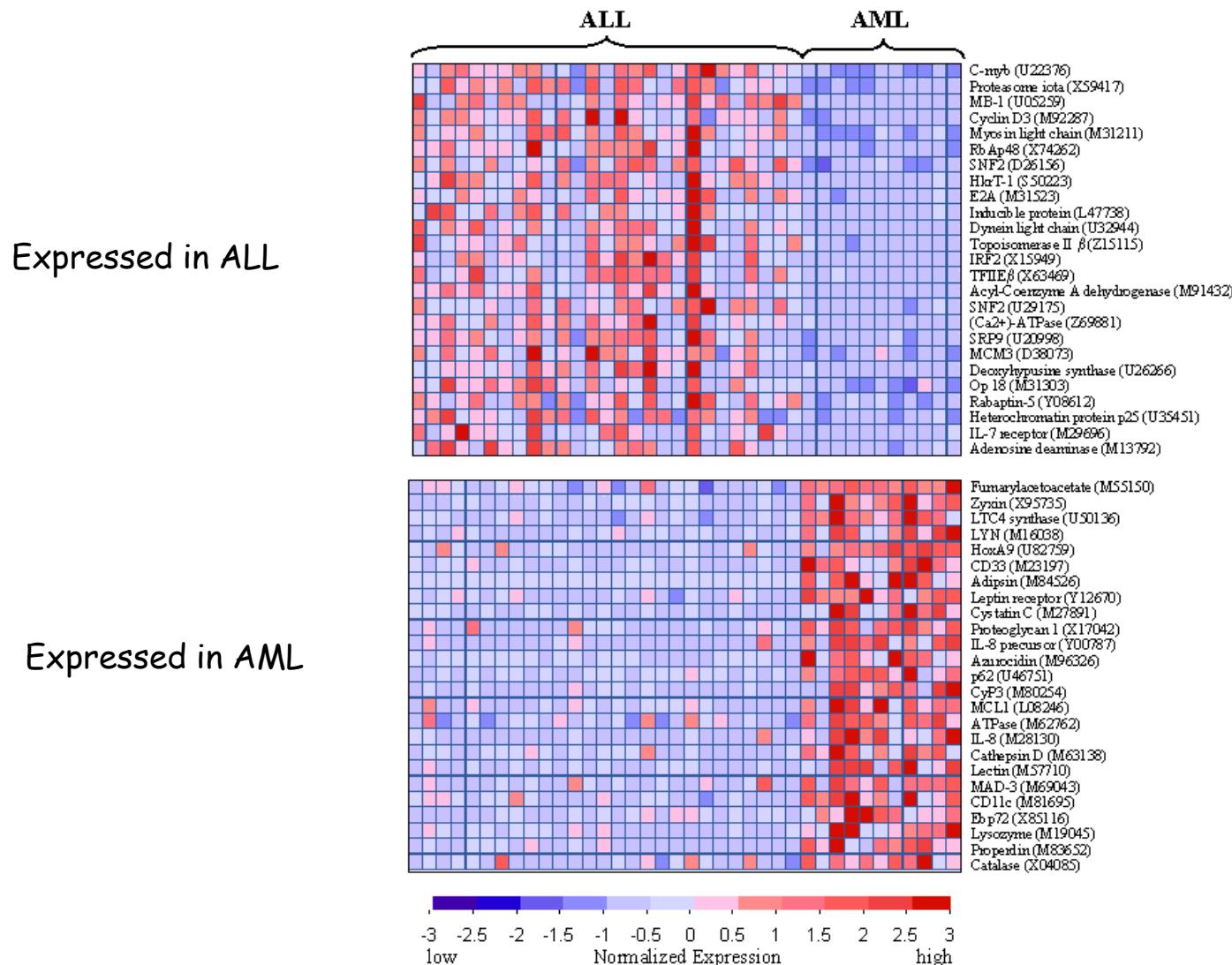
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tissue absorption of the labelled (contrast) material
- Immundiagnosis - tumormarkers
- **DNA chip/DNA array**



# DNA (oligonucleotid) chip



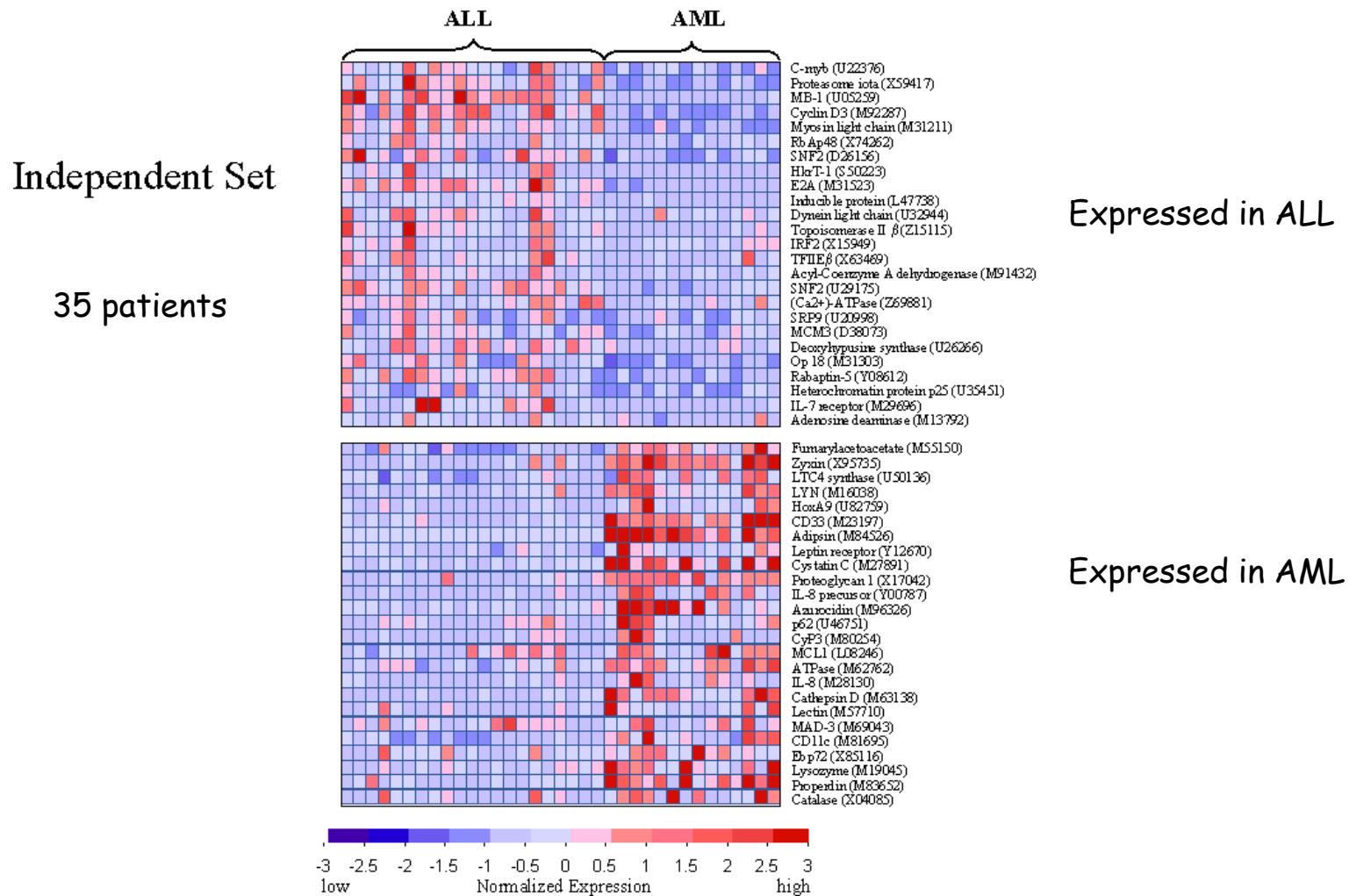
# Expression levels of 50 genes most highly correlated with the acute lymphoblastic leukemia (ALL) and acute myeloid leukemia (AML).



Expression levels greater than the mean: red, below the mean: blue.

TR Golub et al Science 286: 531 (1999)

# Expression levels of predictive 50 genes most highly correlated with the ALL-AML in independent dataset.



Expression levels greater than the mean: red, below the mean: blue.

TR Golub et al Science 286: 531 (1999)