

AlphaMet - Metrology for emerging targeted alpha therapies at NCNR RC POLATOM

EURAMET project No. 22HLT03



R. Broda, Z. Tyminiński, P. Saganowski, J. Marganec-Gałązka, N. Lisowska, D. Cacko, M. Czudek, A. Kamiński, E. Lech, A. Listkowska, E. Kołakowska & AlphaMet consortium
Laboratory of Radioactivity Standards, National Centre for Nuclear Research, Radioisotope Centre POLATOM, Otwock, Poland

Drivers and needs

EUROPE'S BEATING CANCER PLAN ENCOURAGES THE DEVELOPMENT OF PERSONALISED RADIATION THERAPIES



- $^{223}\text{RaCl}_2$ is the first and only α -emitter with marketing authorisation → its success led to **increased investment in targeted alpha therapies (TAT)** → other α -emitters are undergoing clinical trials **showing promising outcomes** in patients not responding to β -emitters
- However**, robust radioactivity standards, methods to quantify the activities and absorbed doses in tumours and organs at risk are not available → **no traceability, unknown uncertainties, accuracy and reproducibility of measurements in TAT**, in contrast to ICRU96 recommendations
- The Basic Safety Standards (BSS) EC Directive 2013/59/EURATOM **mandates dosimetry** for TAT

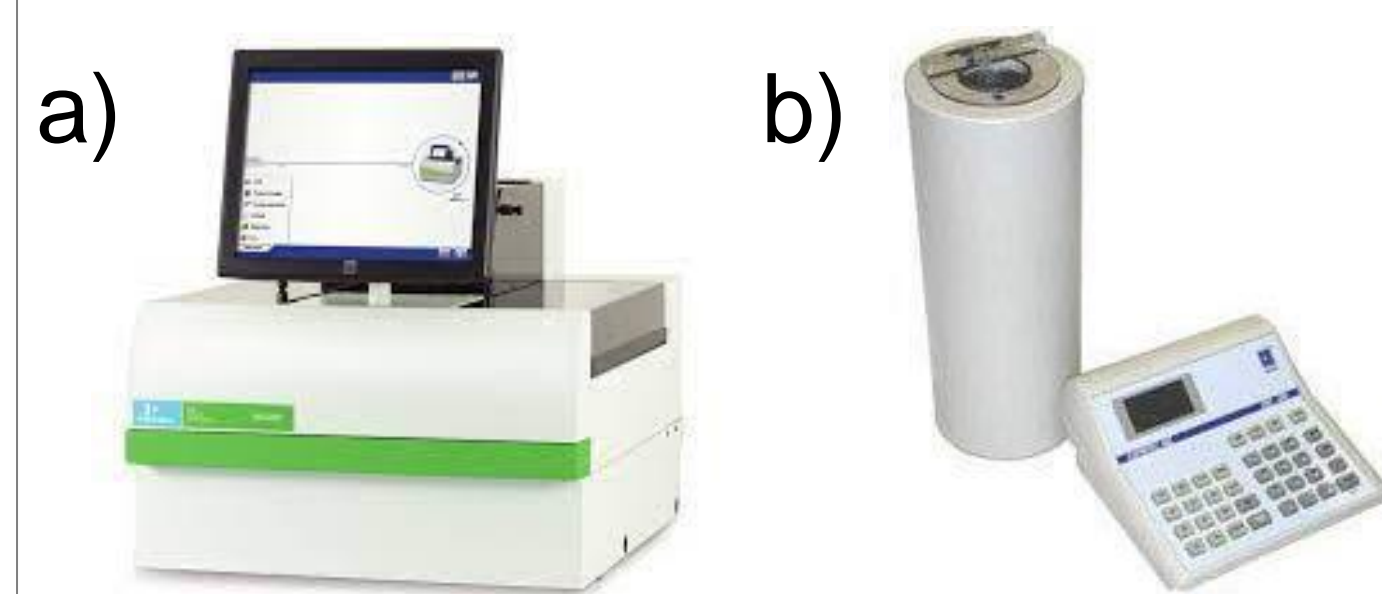
WP1: Activity standards and nuclear data

CURRENT STATE OF THE ART

- Revision of ^{223}Ra standards found that patients were being injected with 9% more activity than intended. No fully validated standards available for emerging α -emitters
- Recommended activity accuracies $< \pm 5\%$, however presently unknown

Activity measurement instrumentation:

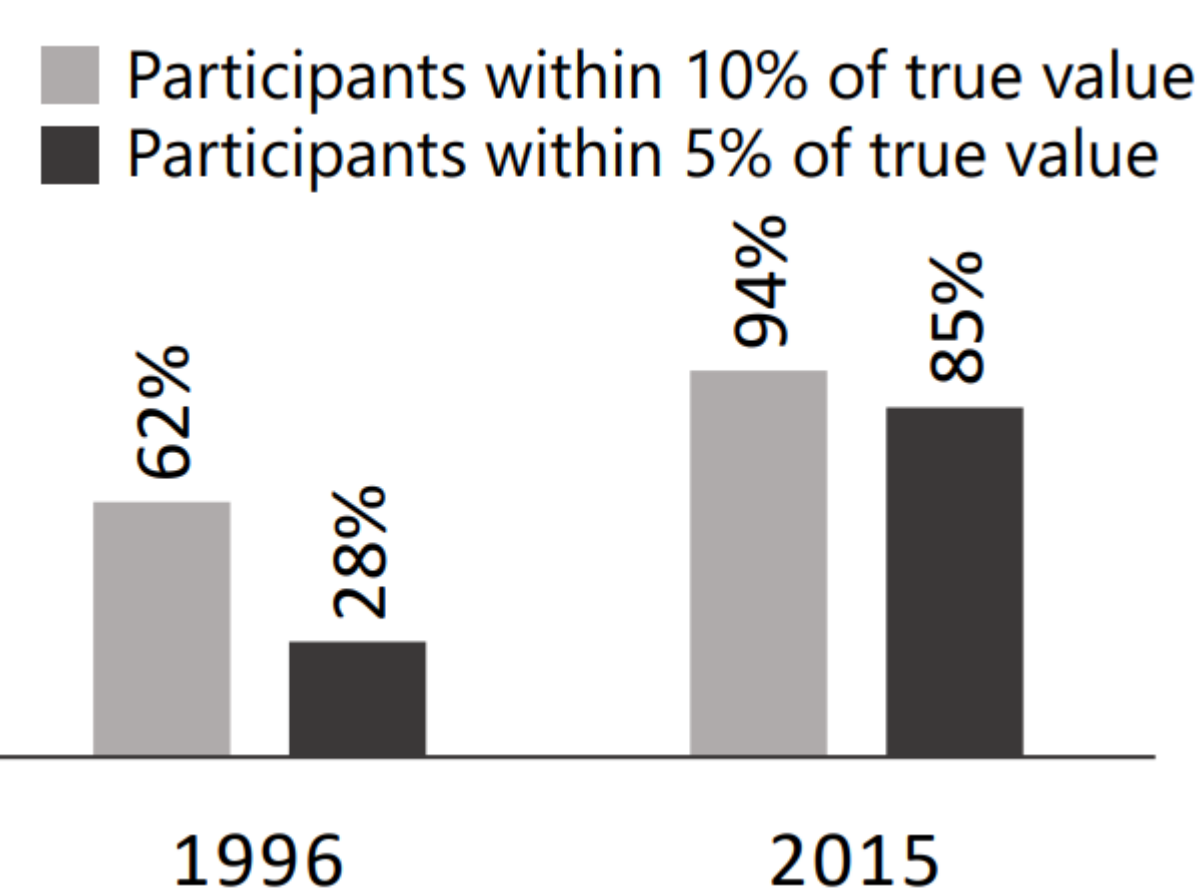
- (a) Gamma counter
- (b) Radionuclide calibrator



BEYOND STATE OF THE ART

- Development and dissemination of standards for ^{225}Ac , ^{212}Pb and ^{211}At
- Intercomparison of activity measurement capabilities in preclinical centres and hospitals to assess user needs

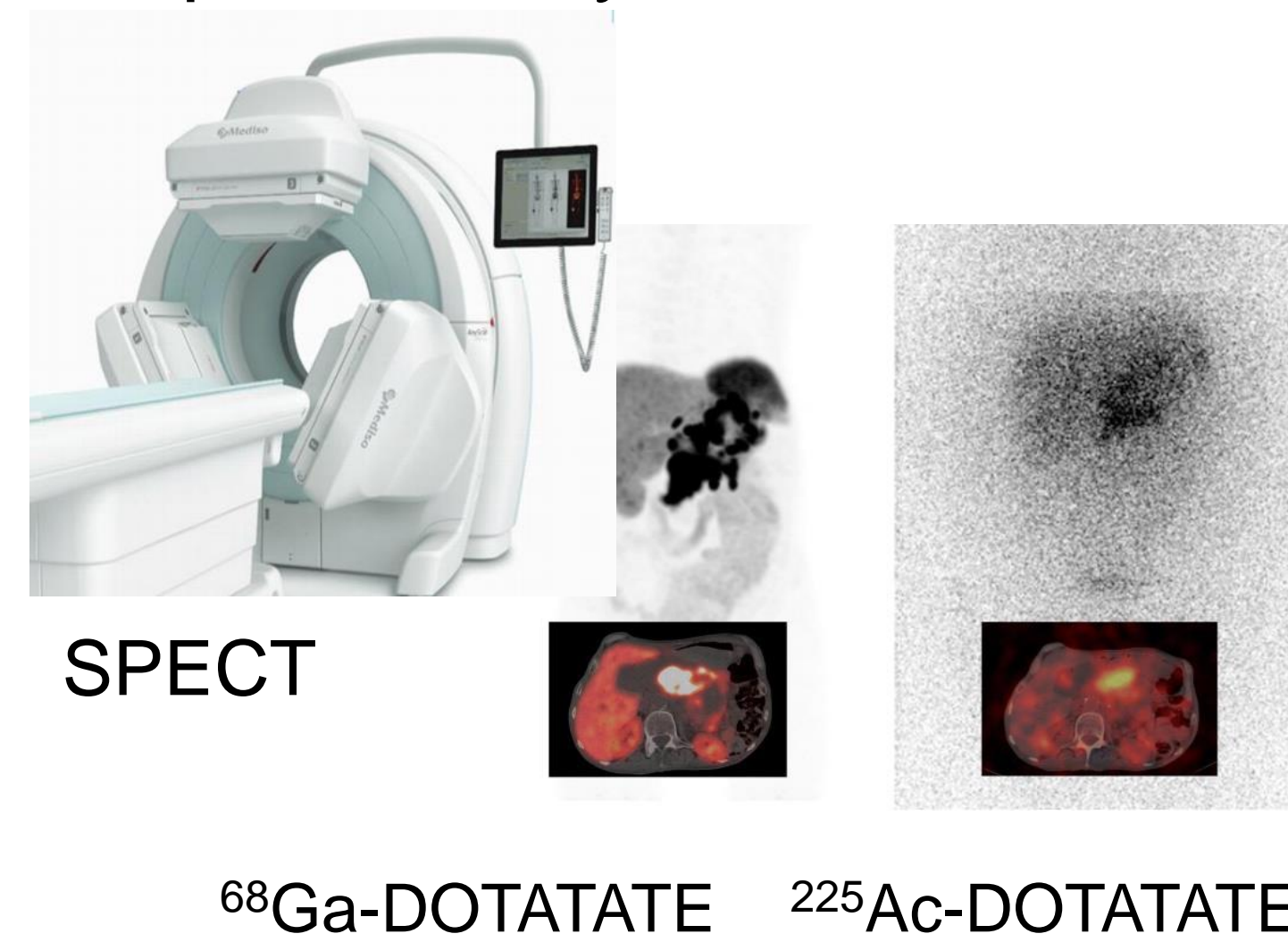
Potential improvements in activity measurement capabilities (e.g. ^{123}I)



WP2: In-vivo SPECT quantification of activities

CURRENT STATE OF THE ART

- 3D quantitative SPECT (QSPECT) imaging is not established for α -emitters, but is essential for post-treatment verification (BSS)
- Low activities → low count / resolution
- Unknown accuracy, reproducibility and uncertainties



BEYOND STATE OF THE ART

- Assess feasibility/practicality of QSPECT for α -emitters (calibration, limits of detectability, quality control)
- Improve QSPECT with advanced processing techniques:

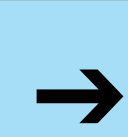
- (a) *In-silico* models for optimisation and generation of ground truth reference data
- (b) Reconstruction algorithms

- Harmonisation of α -QSPECT imaging → multi-centre comparison exercise

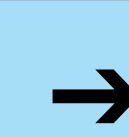
WP5: Creating impact



PROJECT OUTPUTS



OUTCOMES: EARLY IMPACT



LONG-TERM WIDER IMPACT

Eight technical deliverables

Communication and dissemination:

- Project website, newsletters, social media...
- Stakeholder committee, 3 scientific workshops
- At least 9 open access publications and 10 presentations, and training material (ESMPE, ESMIT)
- Engagement with relevant scientific societies, committees and other European consortia

Exploitation of results:

- Uptake of deliverables, and open data by end-users (hospitals, pharmaceutical industry, nuclear medicine instrumentation manufacturers, researchers, etc.)

Uptake by private & public sectors:

- New and improved activity calibration services, and protocols to harmonise imaging and dosimetry in TAT

Standards, technical committees & regulations:

- Metrology: BIPM (international equivalence of standards for ^{225}Ac , ^{212}Pb and ^{211}At), EURAMET ionising radiation committee, DDEP (decay data), ICRM
- International uptake of scientific recommendations by IAEA, EANM, EARL, EFOMP, EURADOS, DICOM
- Support compliance with regulations: EC directive
- 2013/59/EURATOM, 2001/83/EC and 2001/20/EC

New networks/collaborations will be established

New networks/collaborations will be established

- Economic/technical:
- New activity calibration services from NMI/DIs and improved traceability will reduce development costs and accelerate clinical translation:
- TAT market US\$672 millions, to grow 37% by 2027
- AlphaMet will bring TAT a step closer to all other radiation therapy modalities → traceable treatments
- Enable nuclear medicine departments (>1.5k in EU) to meet increasing demand and be cost-effective

Social: Improved quality of life for patients with cancer through traceable personalised dosimetry-based treatments compliant with ionising radiation regulations

Wider: Higher employment rates and wealth for society