



TODAY'S WEBINAR

“Defining the Infectious Etiologies with Imaging”

Tuesday, April 14, 2020
11:00 AM – 12:00 PM EDT

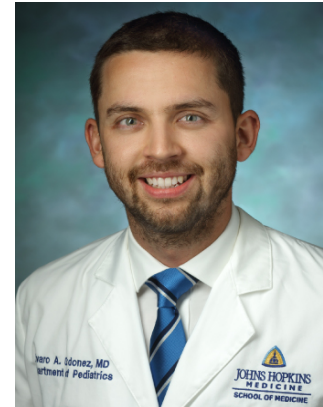
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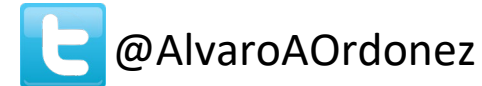
Presenters:



Mark A Sellmyer, MD, PhD
Assistant Professor of Radiology
University of Pennsylvania



Alvaro A. Ordonez, MD
Assistant Professor
Department of Pediatrics
Johns Hopkins University
School of Medicine



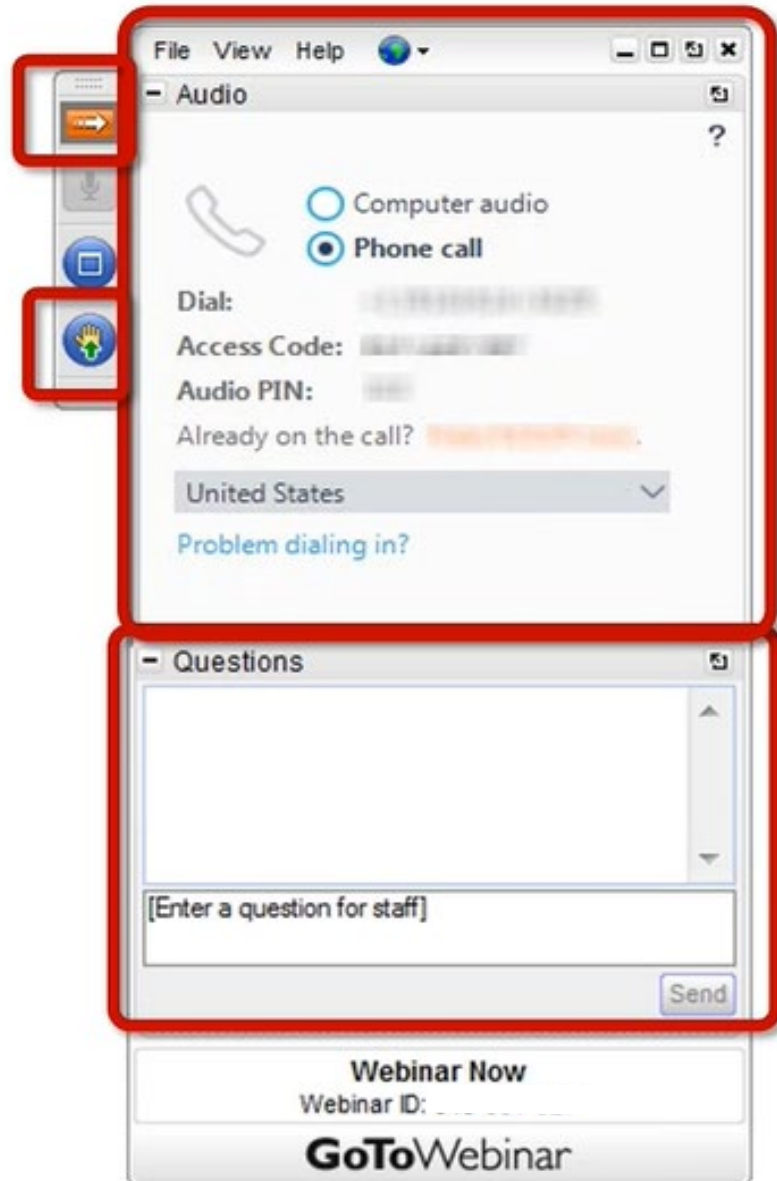
Hosted by:



David Wilson, MD, PhD
Associate Professor
Chief of VA Neuroradiology
T32 Program Associate Director
University of California San
Francisco

<https://radiology.ucsf.edu/research/labs/wilson>

Your Participation



Join audio:

- Choose “Computer audio”
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**All participants are muted for the duration of the webinar*

Questions/Comments:

- Submit questions and comments through the question box in the side panel
- Submit questions/comments throughout the webinar, they will be addressed at the end

Note: Today’s presentation is being recorded and will be emailed in a follow-up email and posted on the WMIS website.

Biography:

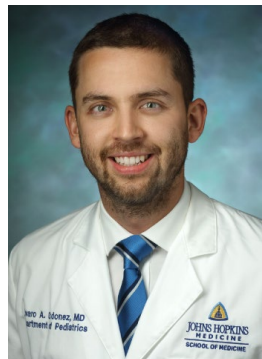


Mark A. Sellmyer, MD PhD
Assistant Professor,
Department of Radiology
Department of Biochemistry
University of Pennsylvania
School of Medicine

- Working at interface of chemical biology and molecular imaging
- New tools for bacterial infection imaging
- Imaging gene and cell therapies including CAR T cells
- Molecular switches for controlling protein expression



@sellmyerlab



Alvaro A. Ordonez, MD
Assistant Professor,
Department of Pediatrics
Johns Hopkins University
School of Medicine

- Working in the development of bacteria-specific PET imaging agents, primarily for tuberculosis
- Development of radiolabeled antibiotics to optimize the dosing of infected patients



@AlvaroAOrdonez



David Wilson, MD PhD
Associate Professor,
Department of Radiology
Chemistry and Chemical
Biology
UCSF

- Metabolism and microenvironment-targeted imaging methods
- Hyperpolarized ¹³C MRI and ¹¹C PET
- Cell-wall targeted probes

<https://radiology.ucsf.edu/research/labs/wilson>

Defining the Infectious Etiologies with Imaging

Mark A. Sellmyer, MD, PhD

Alvaro A. Ordonez, MD

David M. Wilson, MD, PhD



University of California
San Francisco



Penn Medicine



JOHNS HOPKINS
MEDICINE

Defining the Infectious Etiologies with Imaging

- Introduction
- Need for bacteria-specific imaging
- Bacteria-specific imaging agents
 - Metabolism based
 - Antibiotic based
- Immuno-PET
- Q & A panel discussion

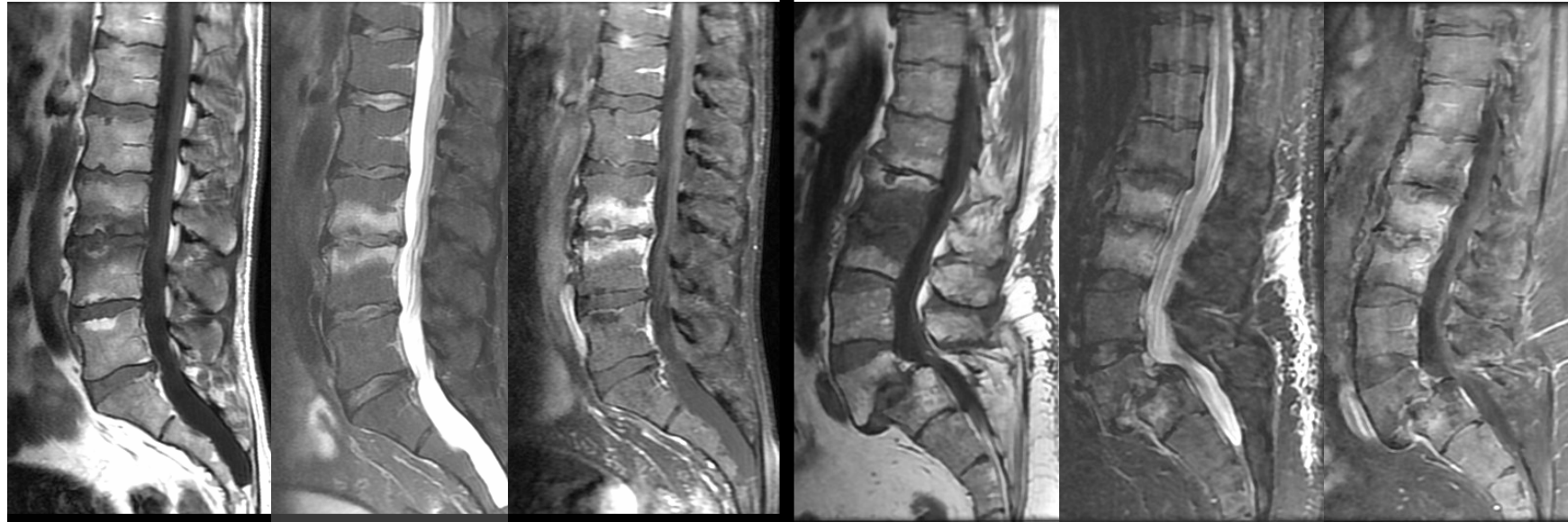
Clinical motivations for Bacteria-Specific Imaging



Diagnosis: Diskitis / Osteomyelitis

- T2: Disc, marrow bright
- T1: Marrow dark
- T1 + gd: Disc, endplate enhance
- End plate destruction
- +/- rim enhancing collection

Main mimic- DJD



T1

T2

T1+

T1

T2

T1+

Degenerative

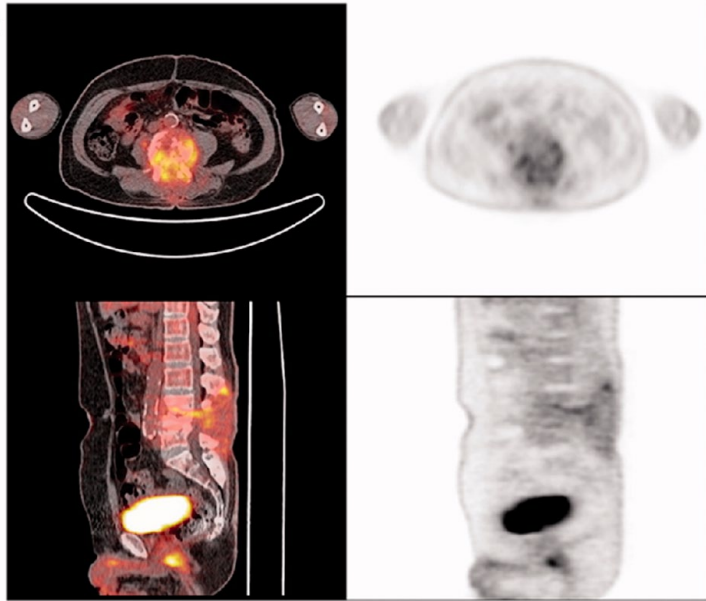
Infection

- Enhancement, T2 common
- Early stage of infection
- Absence of complications- abscess

MOTIVATION

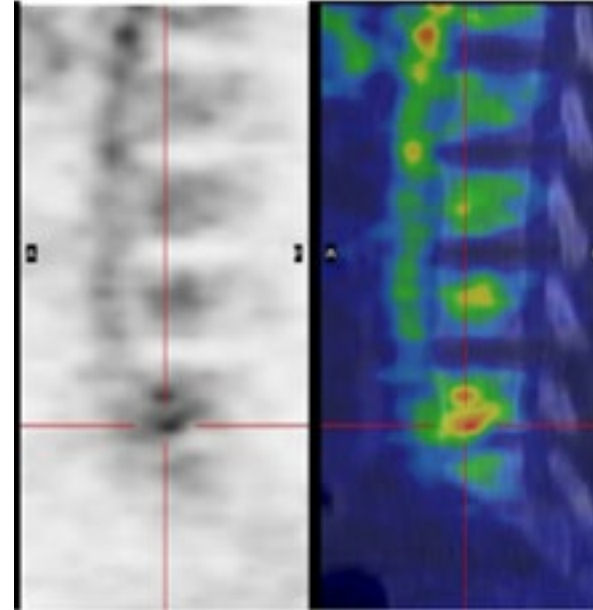
Current Imaging Tools

^{18}F -FDG



Nakahara et al. 2015

$^{67/68}\text{Ga}$ -cit



Nanni et al. 2010

^{111}In -



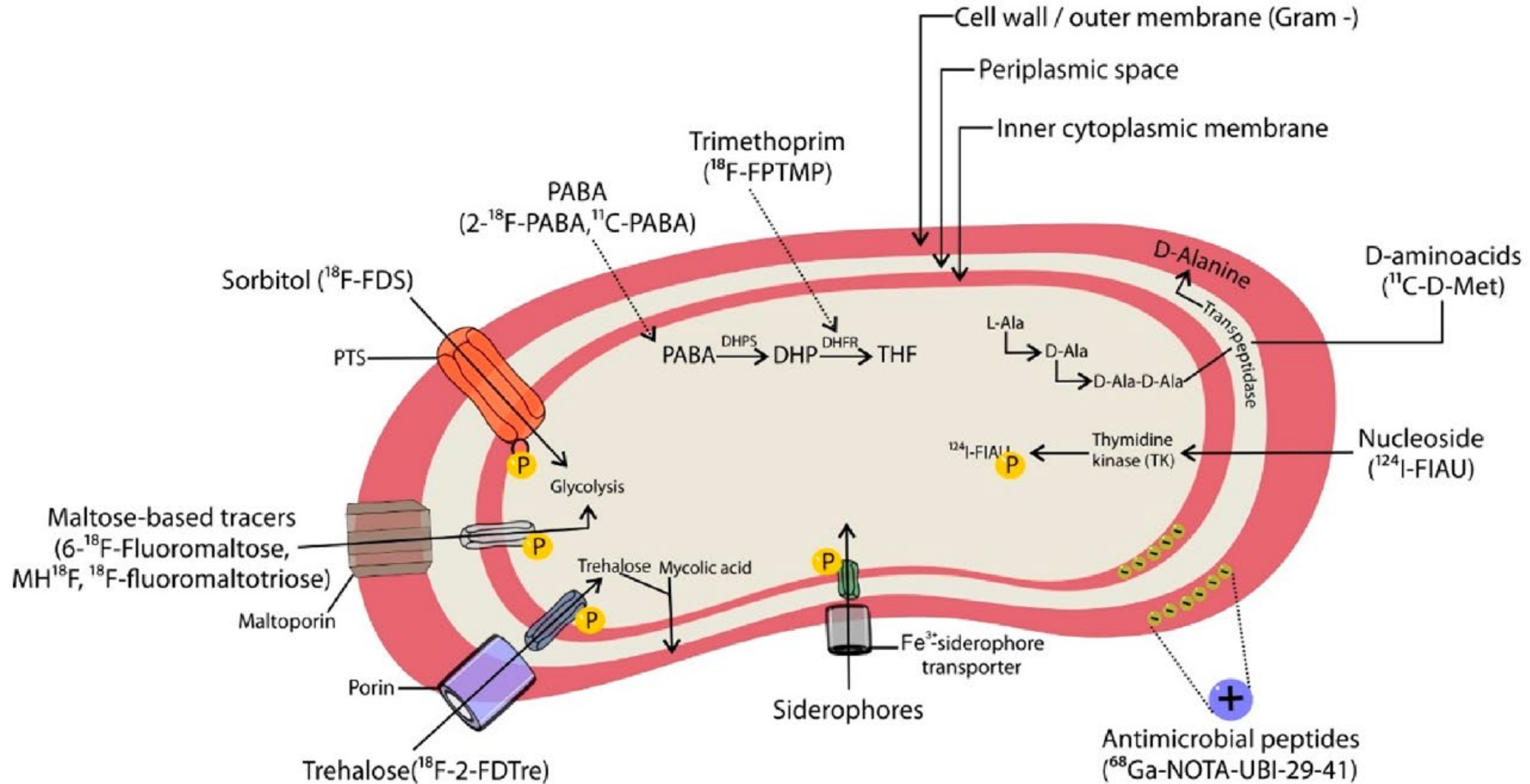
Palestro et al. 1991

- Include Iodinated and gadolinium-based contrast for CT and MR, FDG PET, Gallium, and tagged WBC scans.
- *Limitations:* Host immune response, modulation with therapy, immunocompromised patients

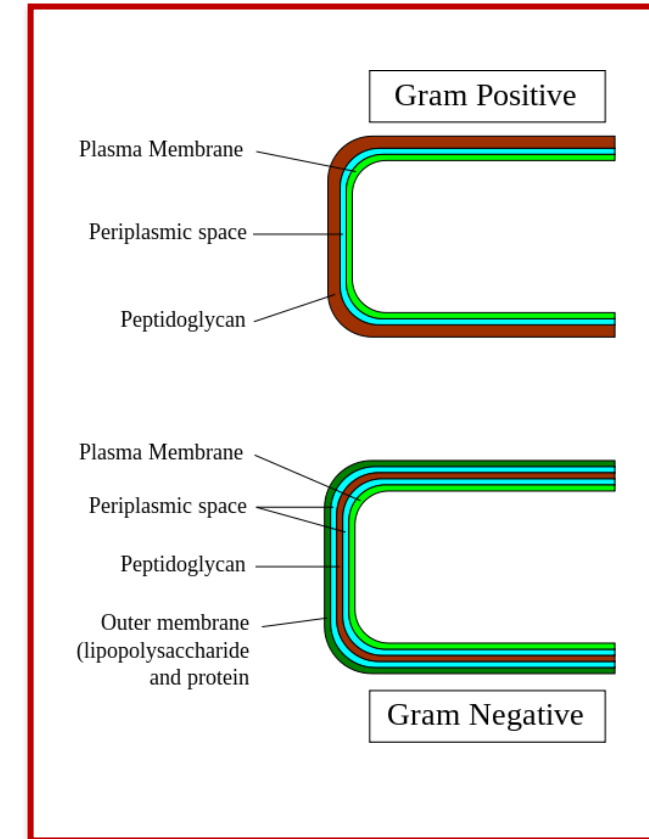
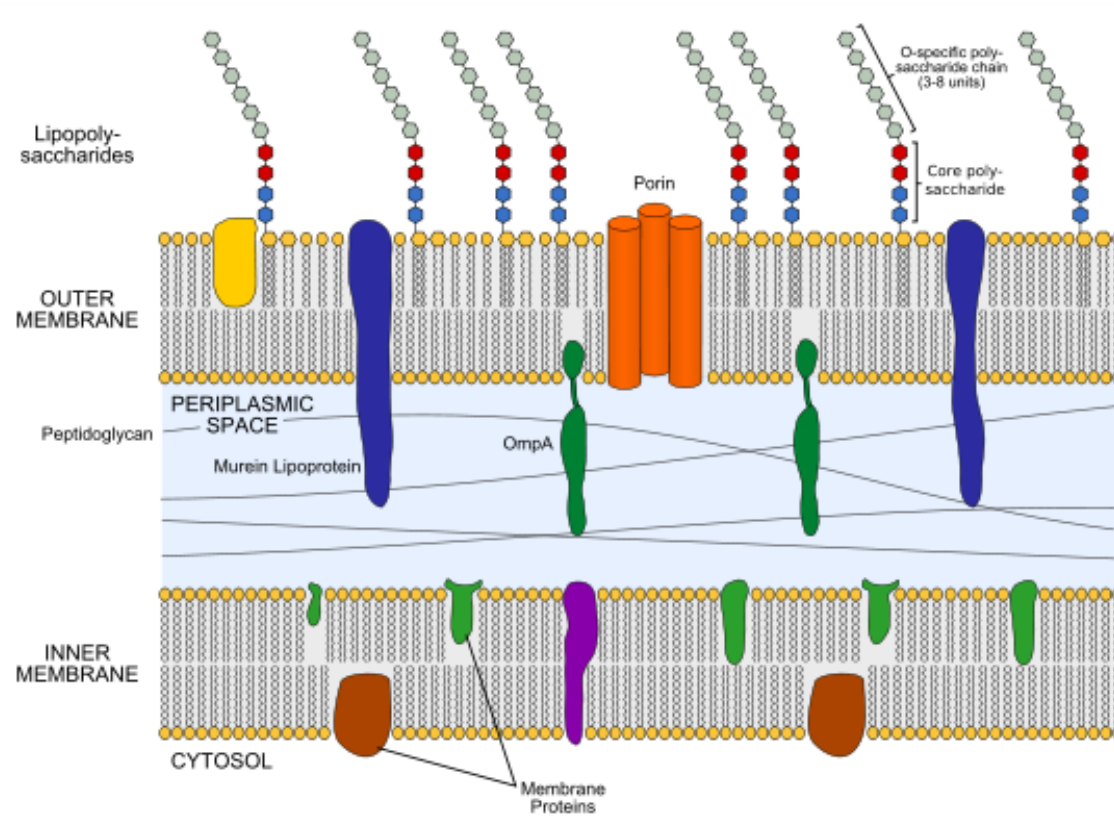
KEY GOALS: Bacteria-specific PET

- Determine if this experiment can work
- Broad sensitivity Gram+/- ^{18}F tracer
- Specificity bacteria > human metabolism/
microbiome
- Ease of experiment
- Working together- multicenter trials,
picking the right patients

Molecular targets for Bacteria-specific PET



Bacterial cell wall structure



Courtesy of wikimedia.org

- Peptidoglycan- basis for “Gram staining.”
- Both gram-negatives and gram-positives have peptidoglycan
- 90% versus 10% dry-weight

SENSITIVITY

Newer approach: D- ^{11}C Ala

A

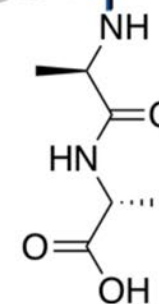
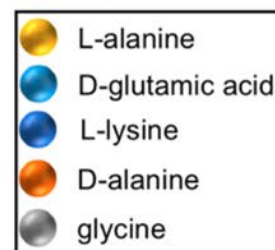
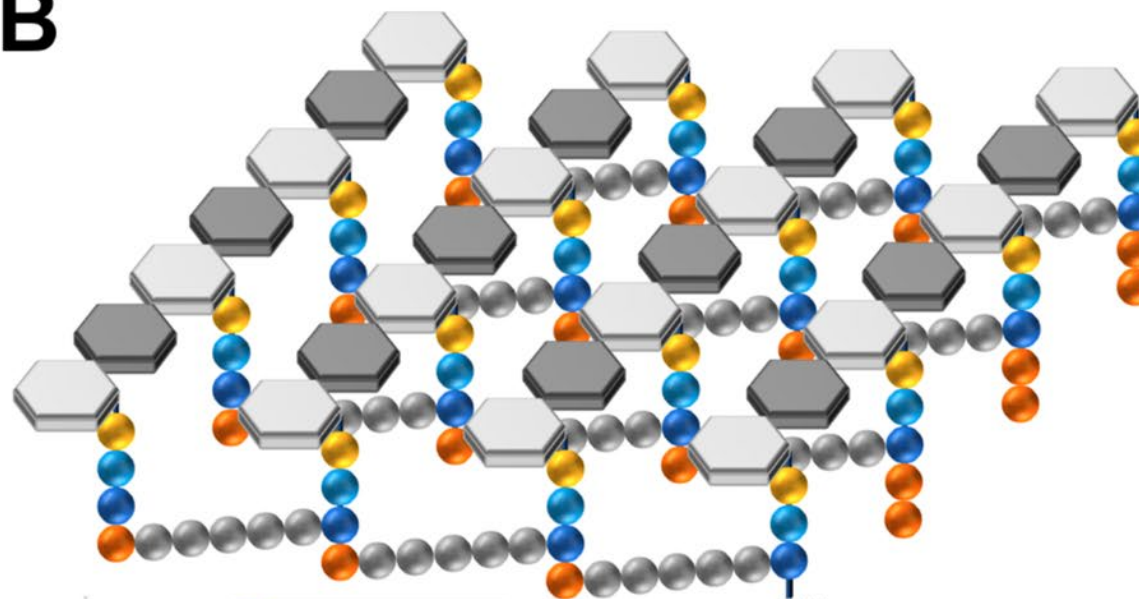
Peptidoglycan
Periplasmic
Plasma membrane
Cytosol

Gram-positive

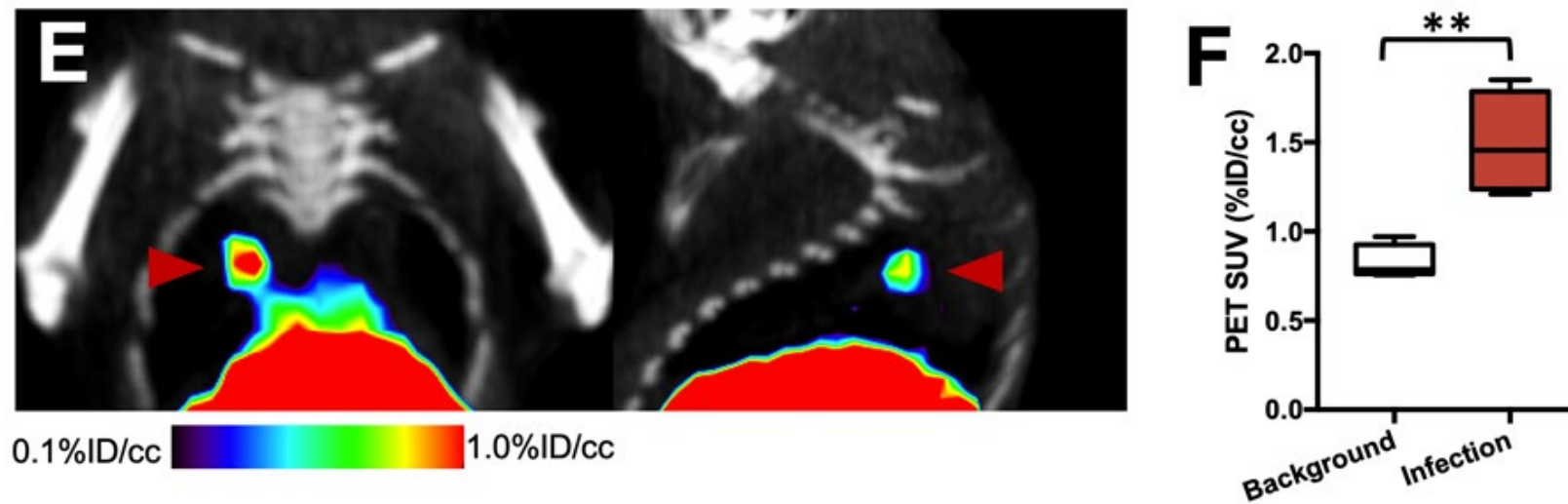
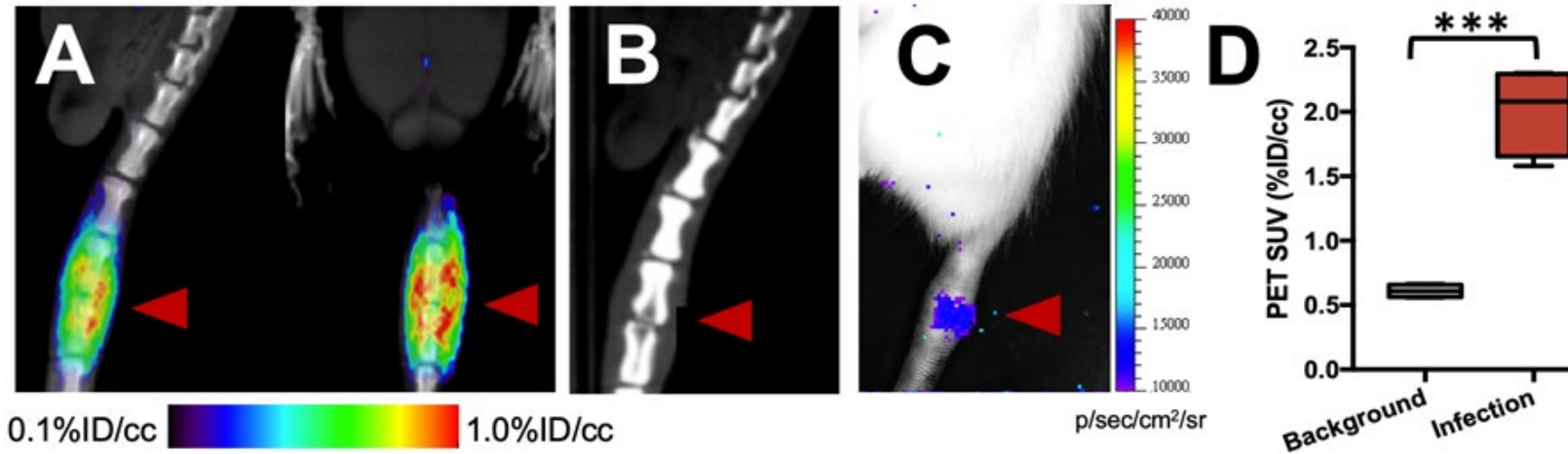
Gram-negative

Cytosol
Plasma membrane
Periplasmic
Peptidoglycan
Periplasmic
LPS and protein

B

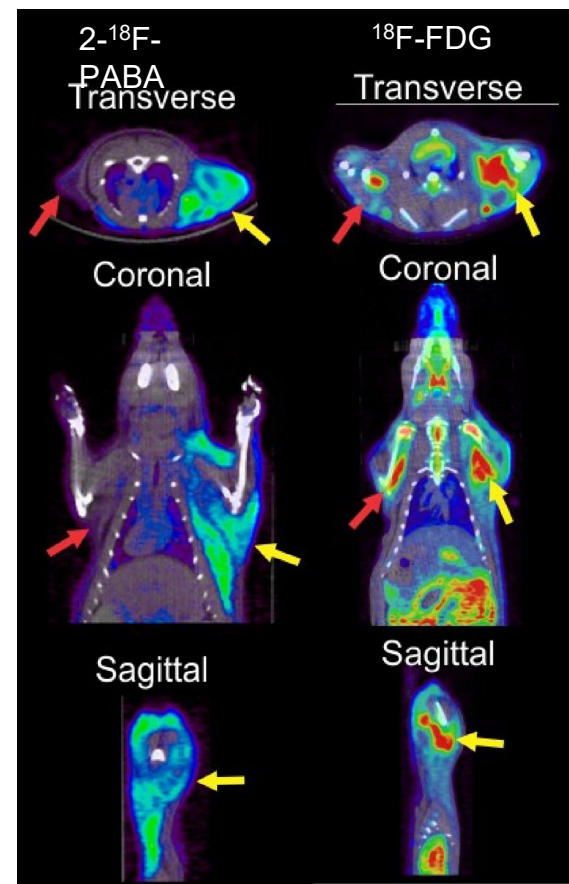
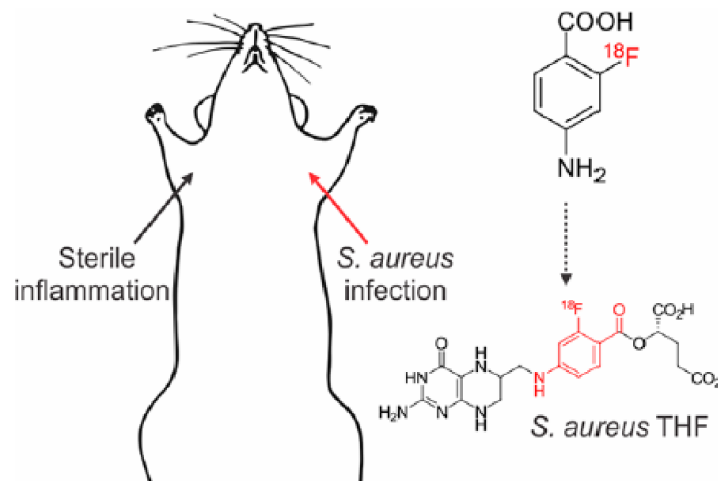
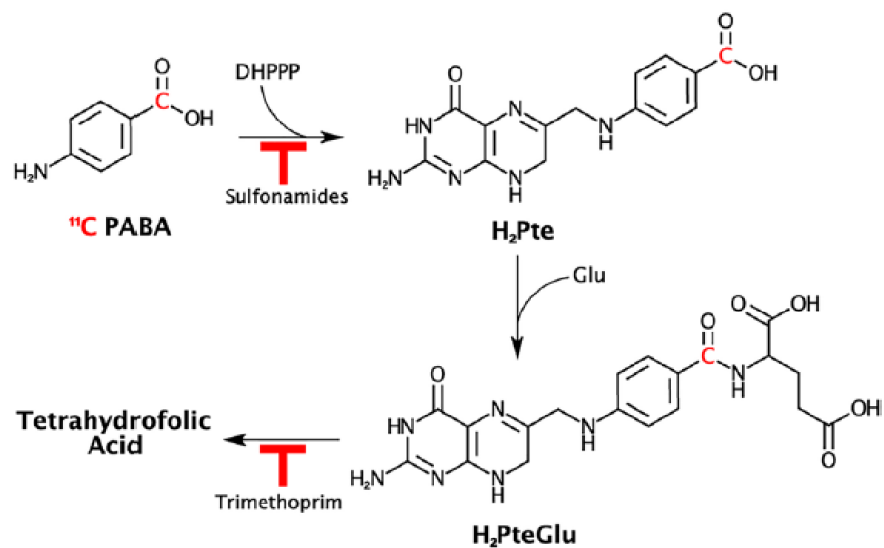


Results: D-[¹¹C]Ala



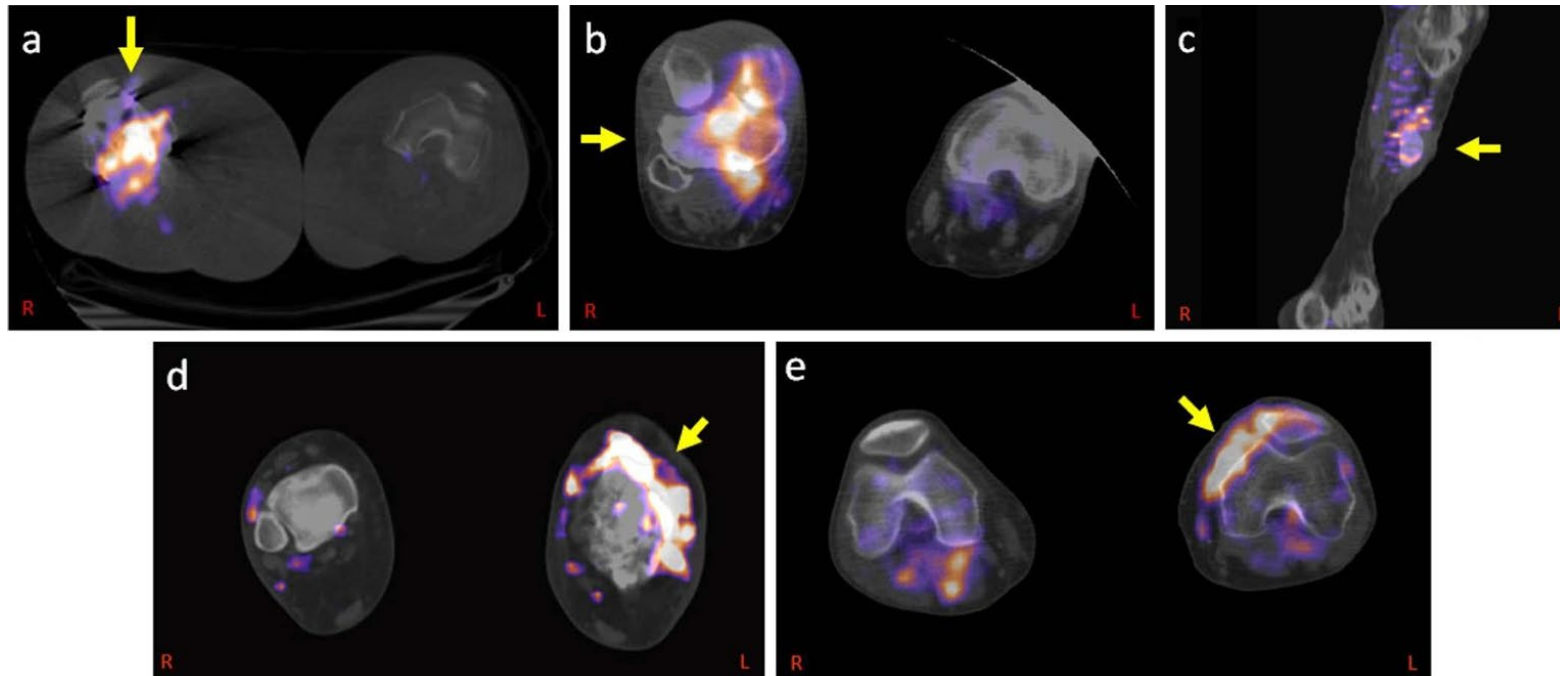
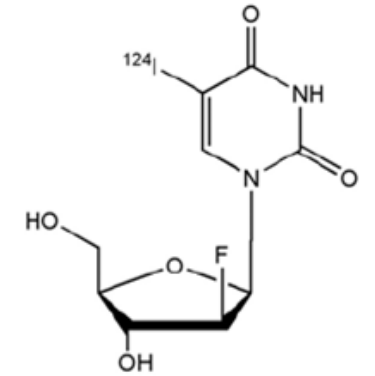
Targeting the Bacterial Folate Synthesis

^{11}C -PABA and $2\text{-}^{18}\text{F}$ -PABA



Targeting the Bacterial Metabolism

Nucleoside Analog - FIAU



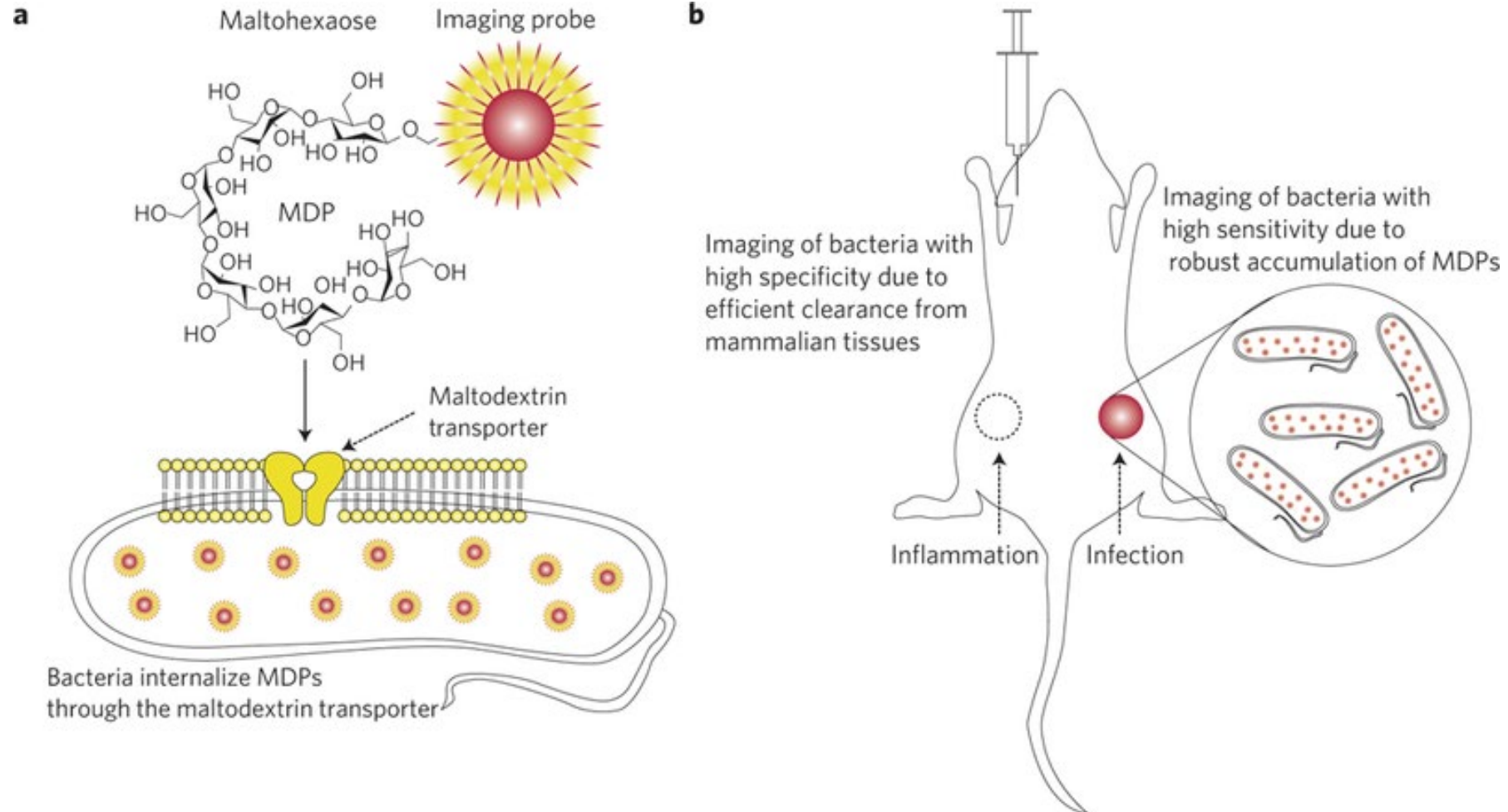
Bettegowda et al. PNAS 2005

Pullambhatla et al. Am J Nucl Med Mol Imaging 2012

Diaz Jr et al. PLoS ONE 2007

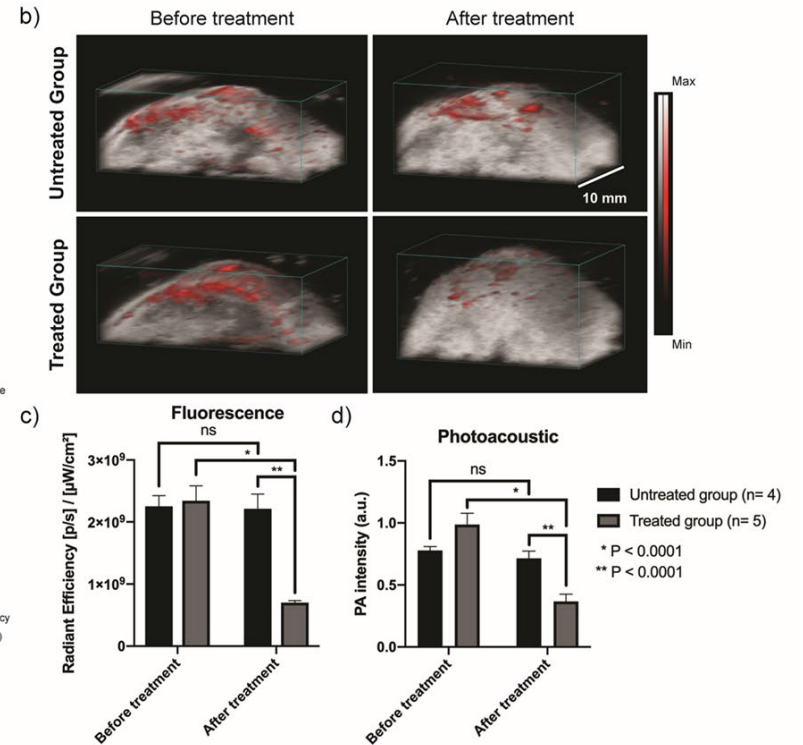
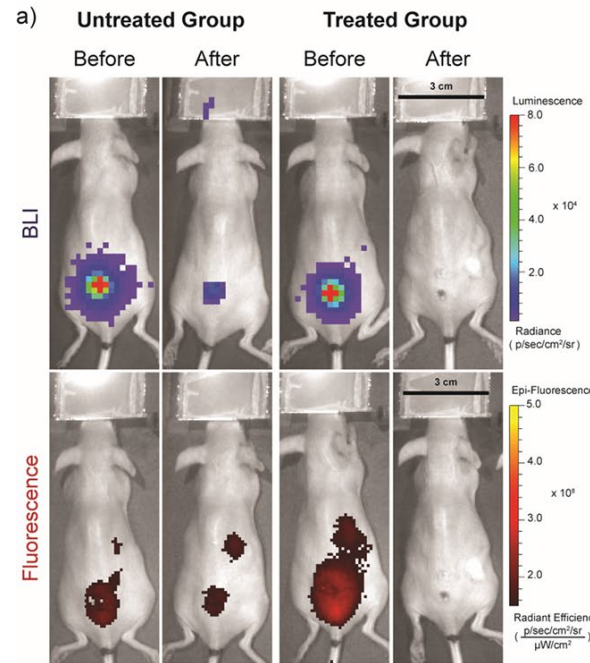
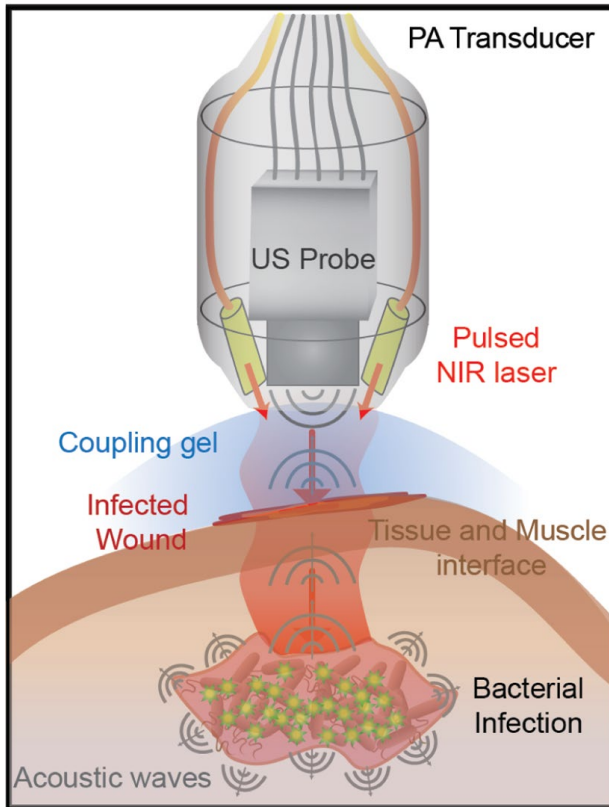
Targeting the Bacterial Metabolism

Maltodextrin-based probes



Targeting the Bacterial Metabolism

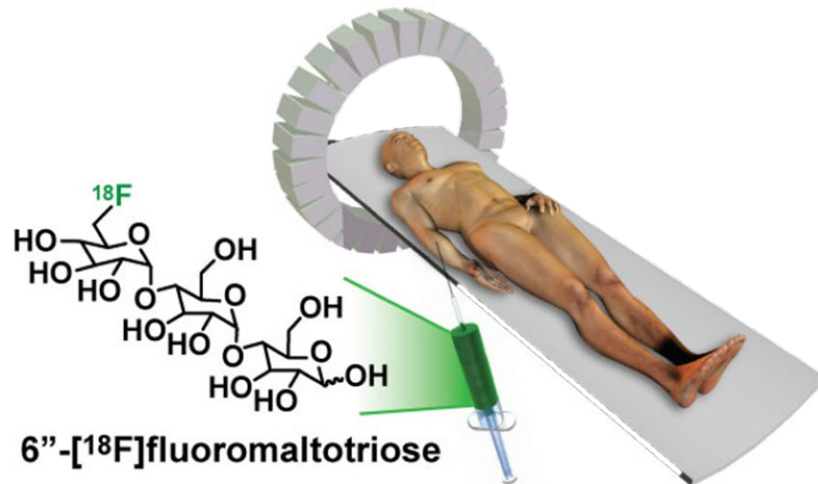
Maltodextrin-based probes – Optoacoustic Imaging



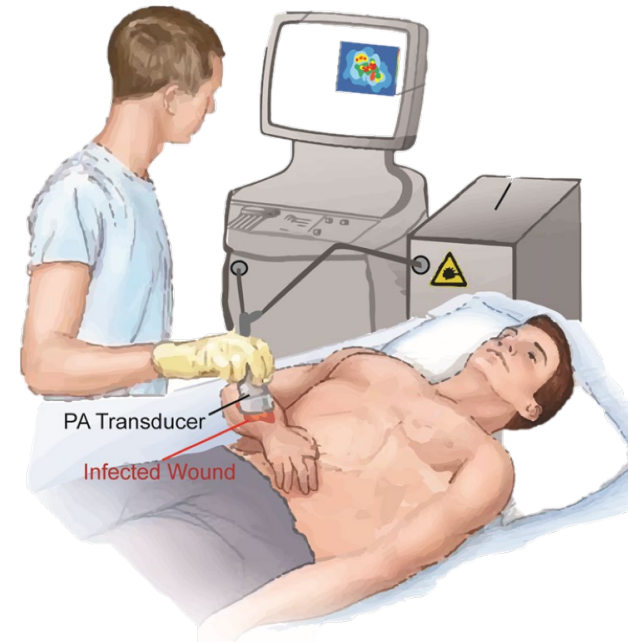
Targeting the Bacterial Metabolism

Maltodextrin-based probes – Optoacoustic Imaging

**Whole Body Imaging
(PET/CT, MRI, PET/MRI)**

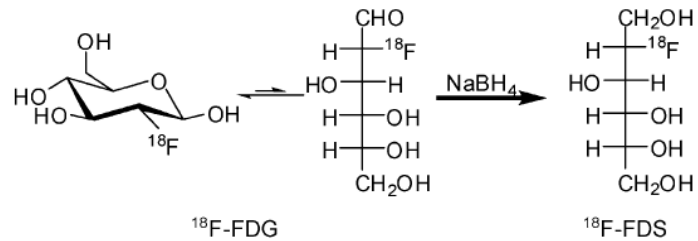


**Real Time Imaging (Ultrasound, Fluorescence
and Photoacoustic Imaging)**

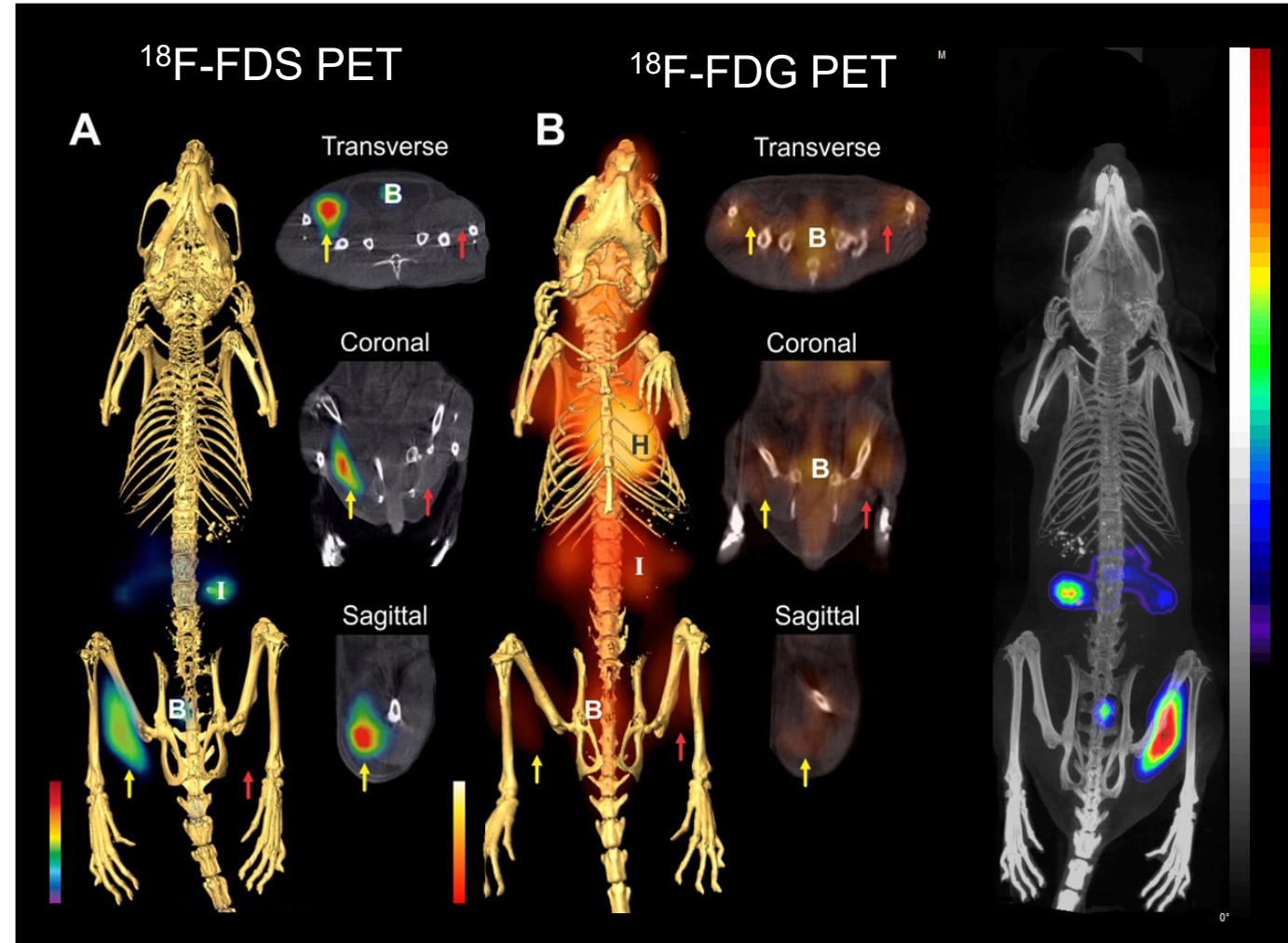
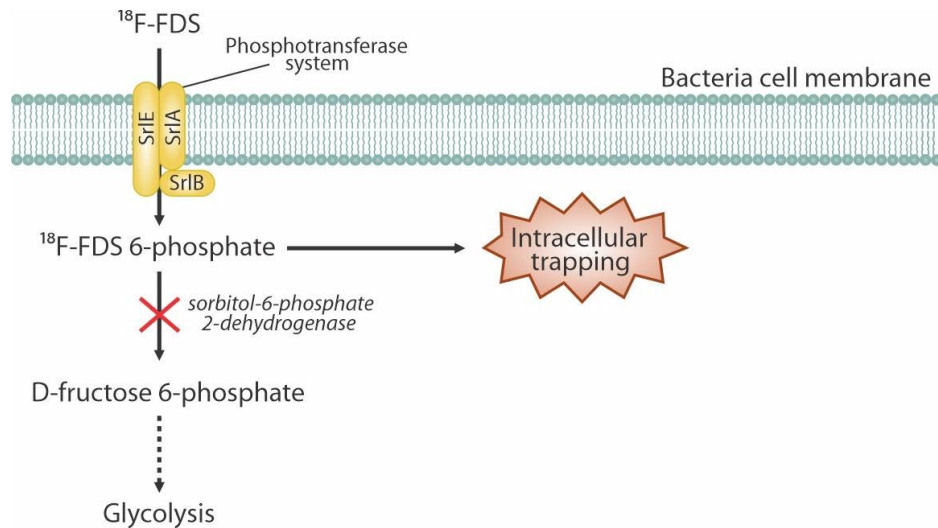


Targeting the Bacterial Metabolism

¹⁸F-Fluorodeoxysorbitol (FDS)

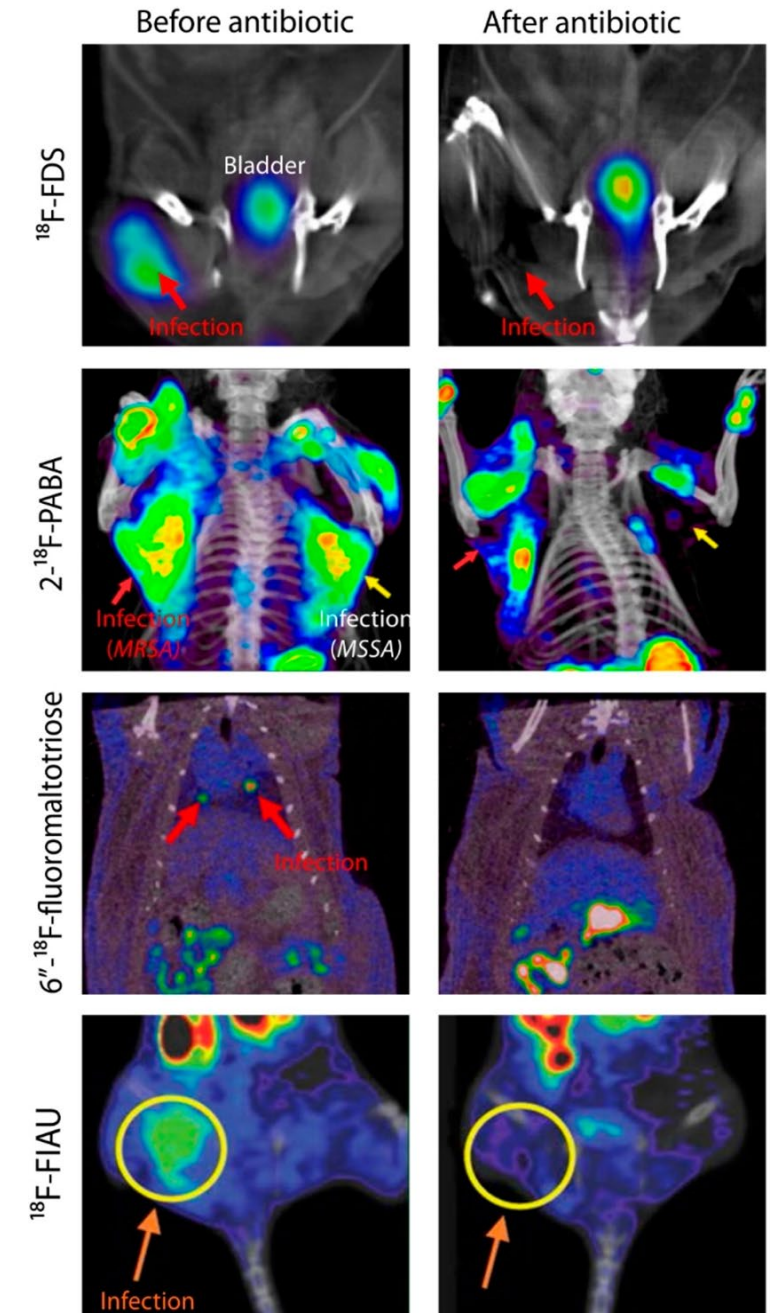


Li et al. *Mol Imaging Biol* 2008



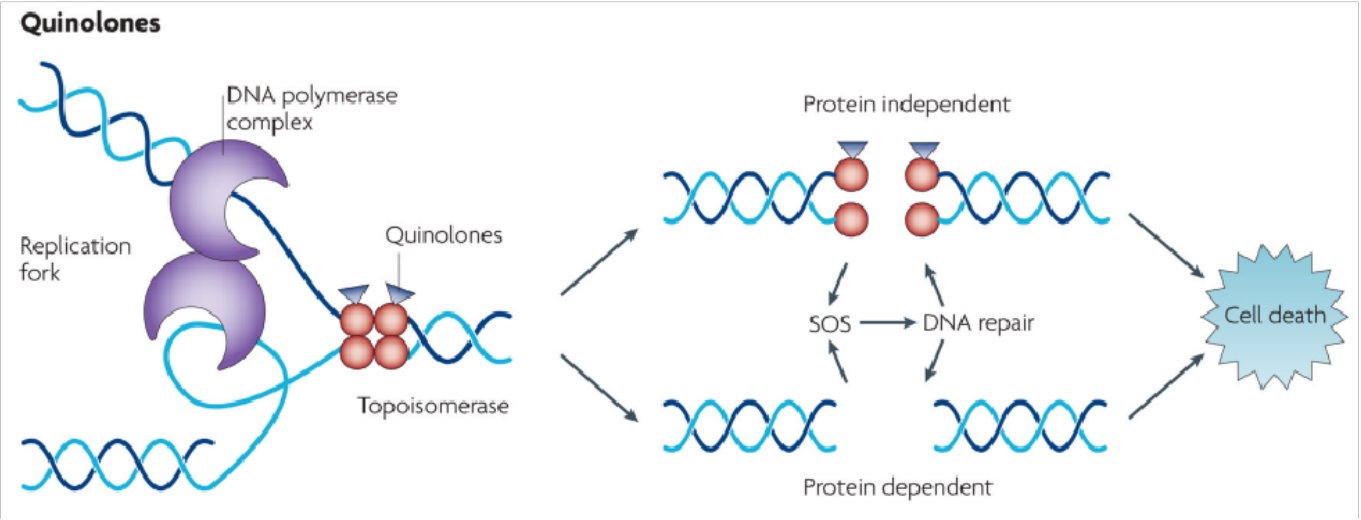
Monitoring Antibiotic Response with PET

- Antibiotics are the mostly commonly used drugs
- How long do we need to treat patients?
- Could some patients get better with much shorter antibiotic courses?
- Why do some patients fail treatment even though they received appropriate antibiotics? Can we identify them early on?

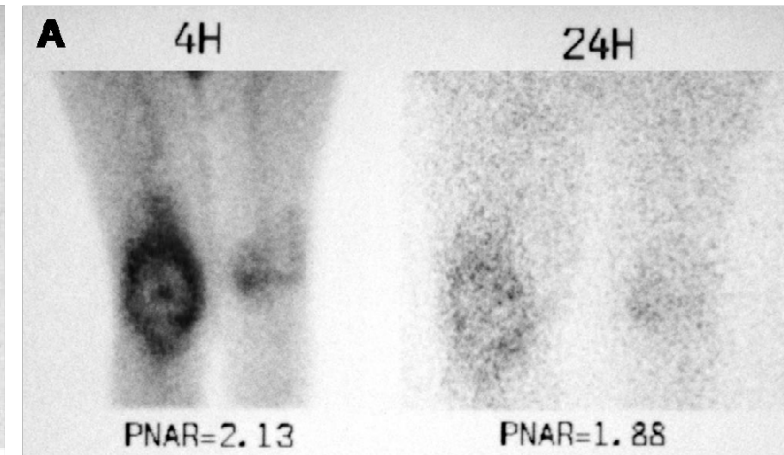
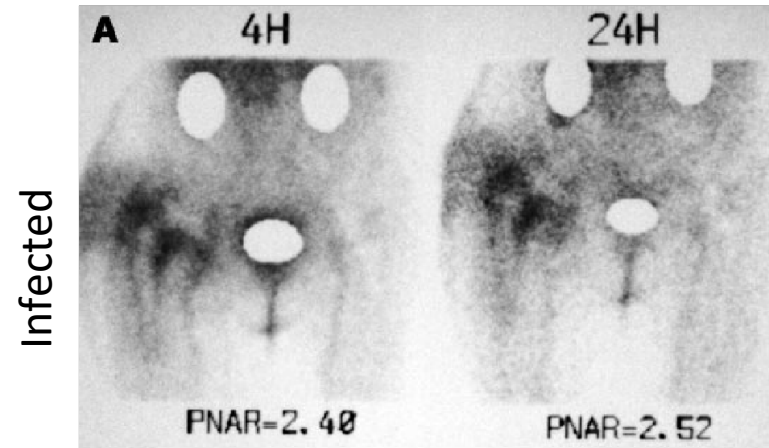
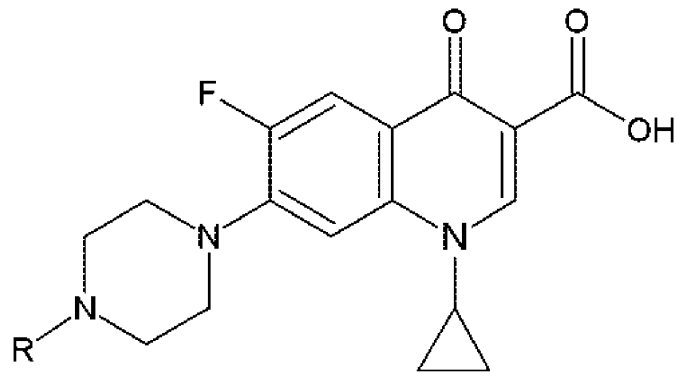


Routes to specific imaging of bacterial infection

Metabolic	Receptor Targeted/ Antibiotic	Bacterial Surface
FDS	Quinolones	Ubiquitidin
D-Met	Cephalosporins	Mini-nanobodies
FIAU	Vancomycin	
	TMP	



Precedent: Labeled Ciprofloxacin



Sarda, L. et al. *J. Nucl. Med.* **44**, 920–926 (2003)

Siaens, R. H., Rennen, H. J., Boerman, O. C., Dierckx, R. & Slegers, G. J. *Nucl. Med.* **45**, 2088–2094 (2004)

Precedent: technetium-99m-labeled ceftriaxone

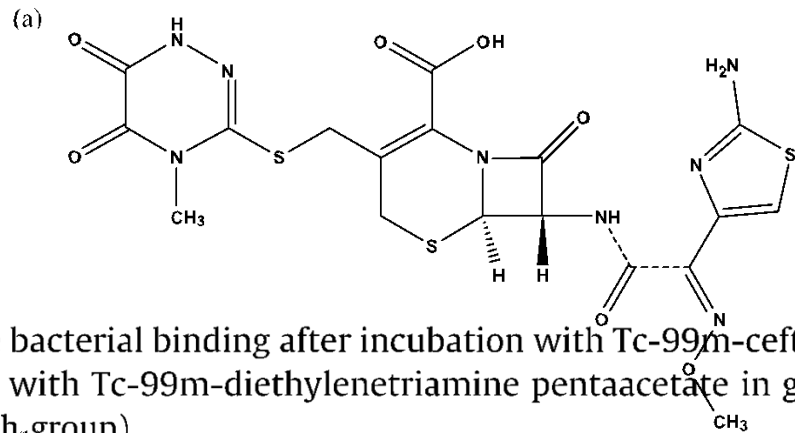
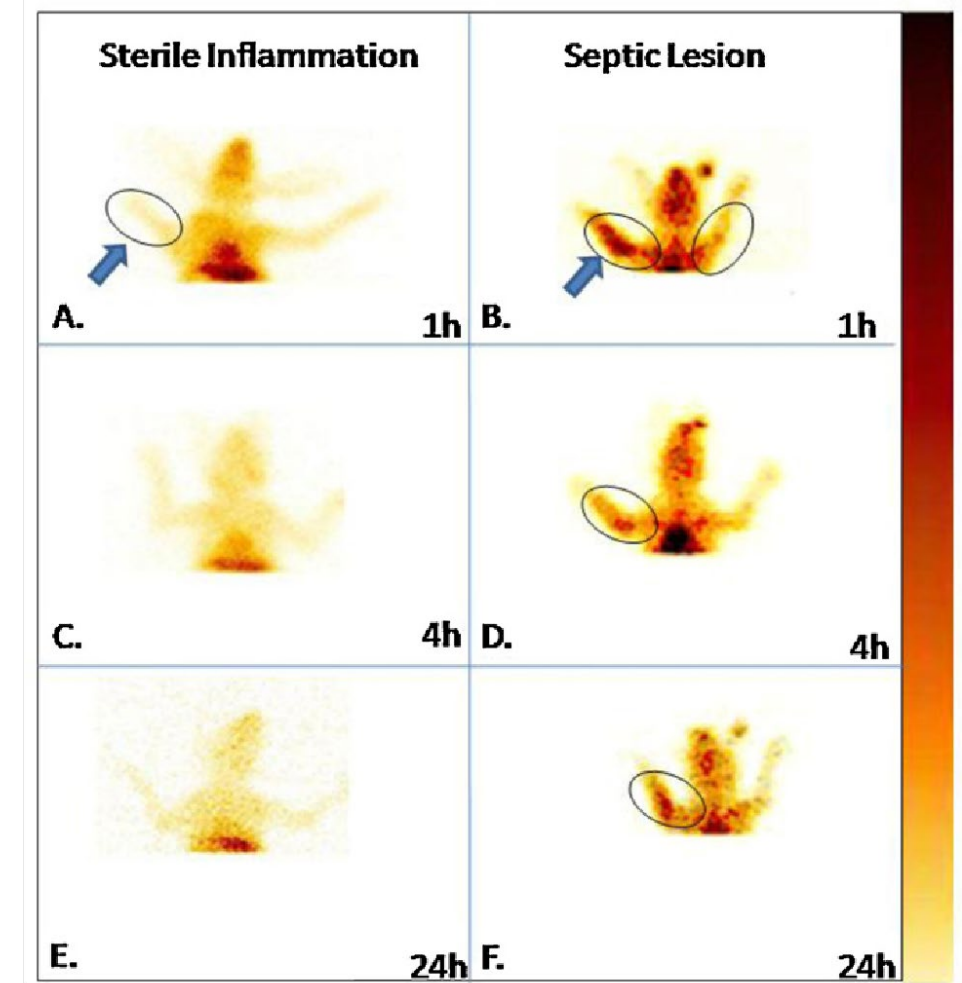


Table 2

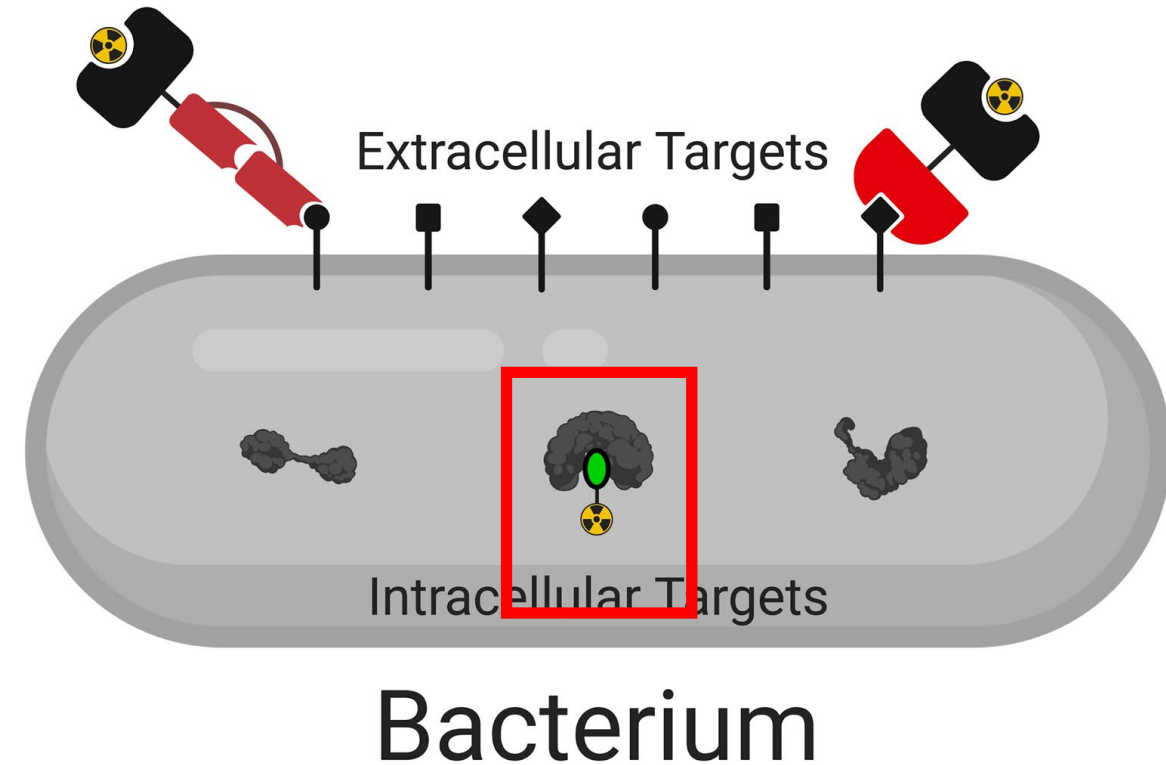
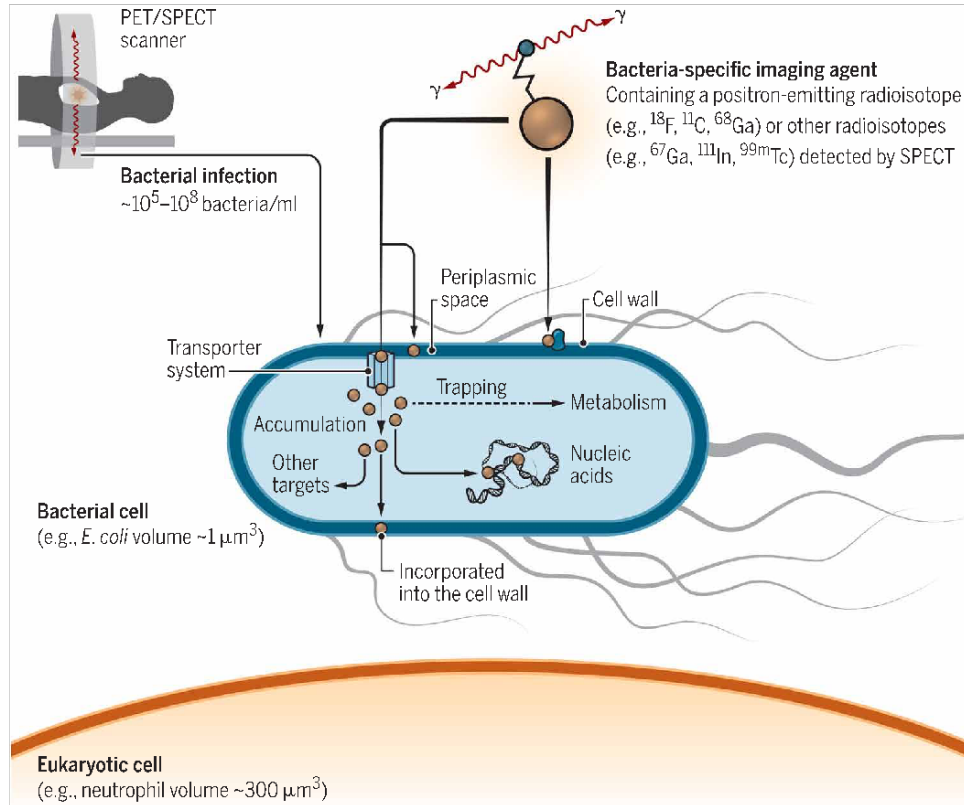
Percentage bacterial binding after incubation with Tc-99m-ceftriaxone in groups B and C, and with Tc-99m-diethylenetriamine pentaacetate in group D (\pm SD of six vials in each group)

Group		% binding
Live-bacteria (group B), Tc-99m-CRO		4.35 ± 1.16
Heat-killed bacteria (group C), Tc-99m-CRO		3.31 ± 0.86
Live-bacteria (group D), Tc-99m-DTPA		0.49 ± 0.22

CRO, ceftriaxone; DTPA, diethylenetriamine pentaacetate.



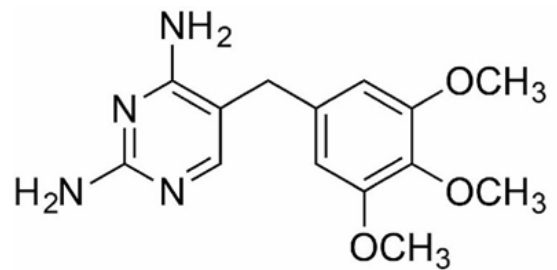
Intracellular v Extracellular Targets



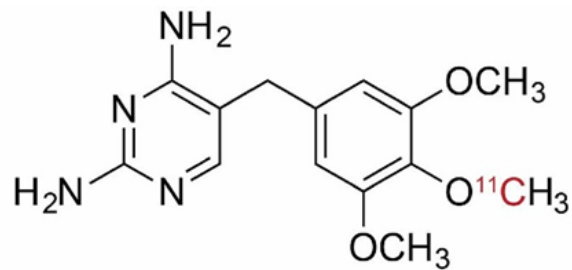
Ordenez, A., Sellmyer, M., Gowrishankar, G., Ruiz-Bedoya, C., Tucker, E., Palestro, C., Hammoud, D., Jain, S. (2019). Science Translational Medicine 11(508), eaax8251.

Northrup, J., Mach, R., Sellmyer, M. (2019). IJMS 20(22), 5808.

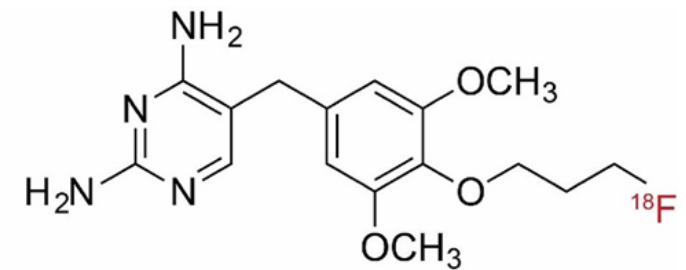
Radiotracers based on TMP for bacterial imaging



TMP



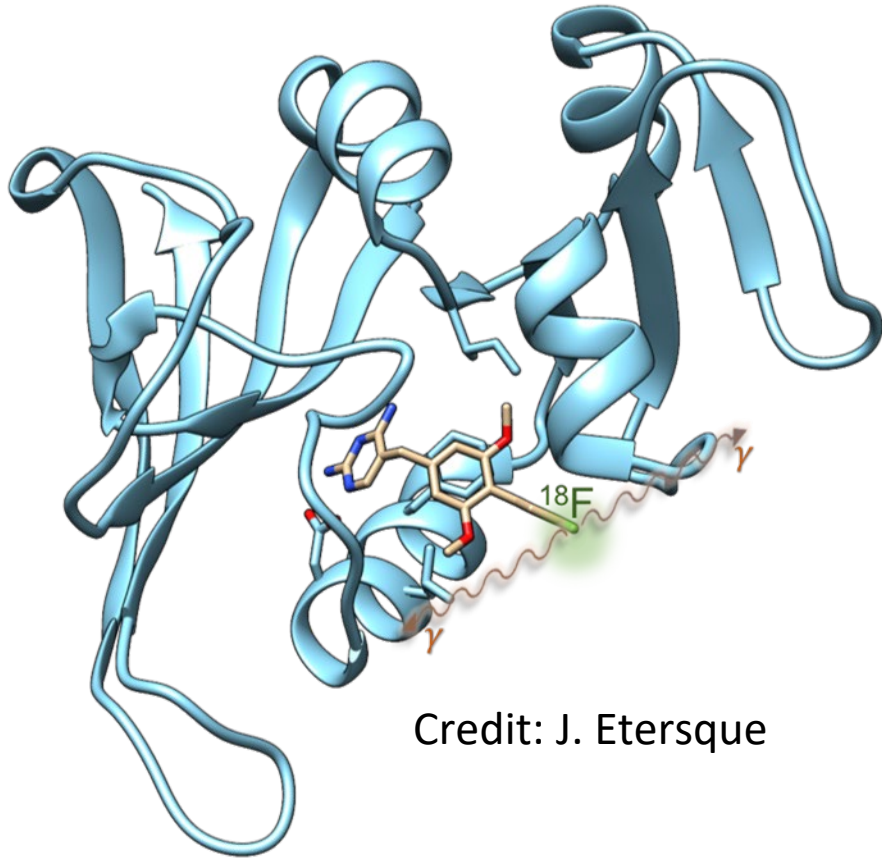
[¹¹C]TMP



[¹⁸F]FPTMP

Stay tuned for new tracers coming out...

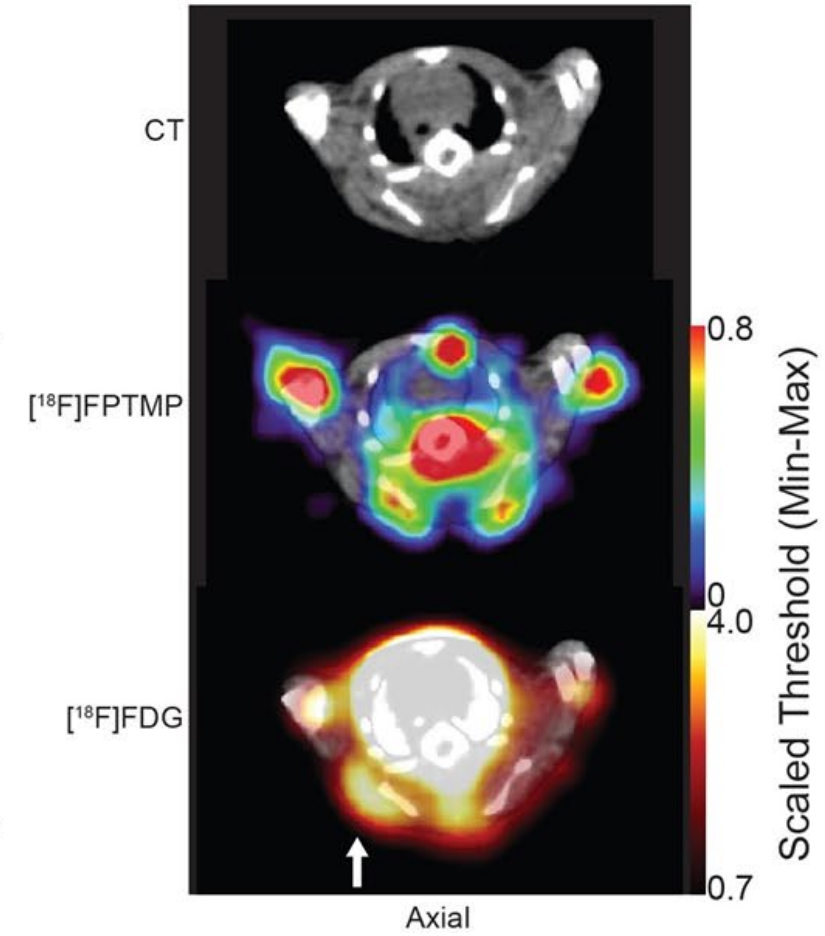
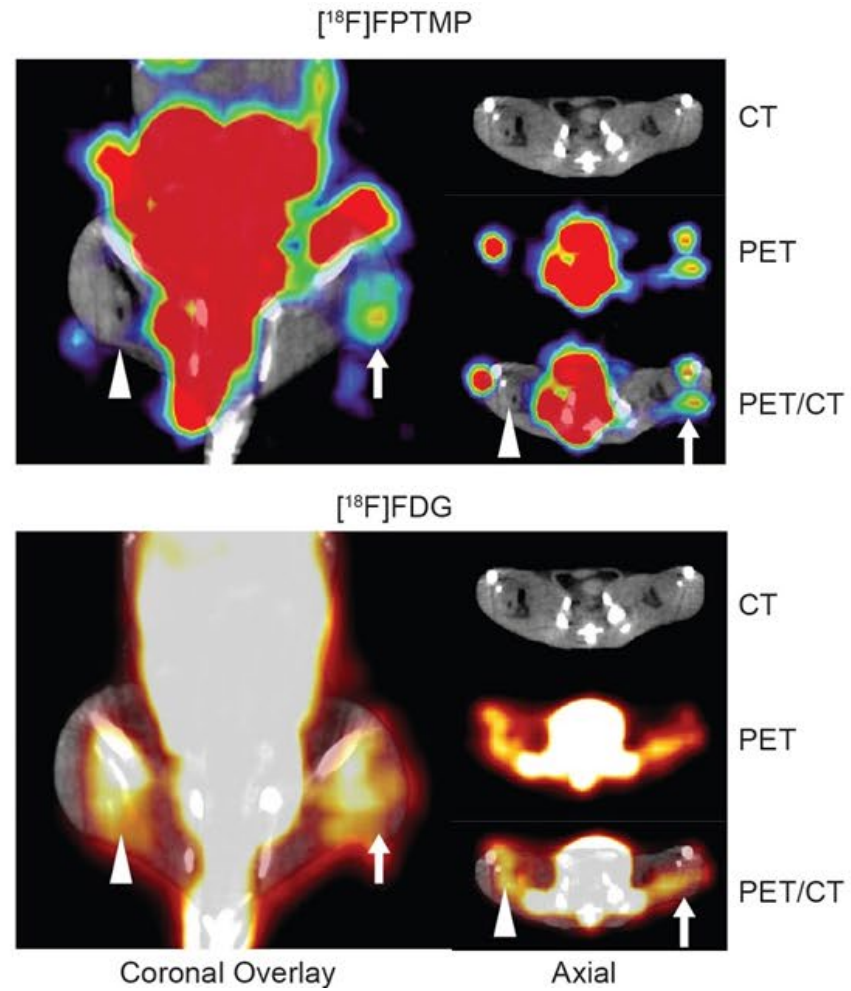
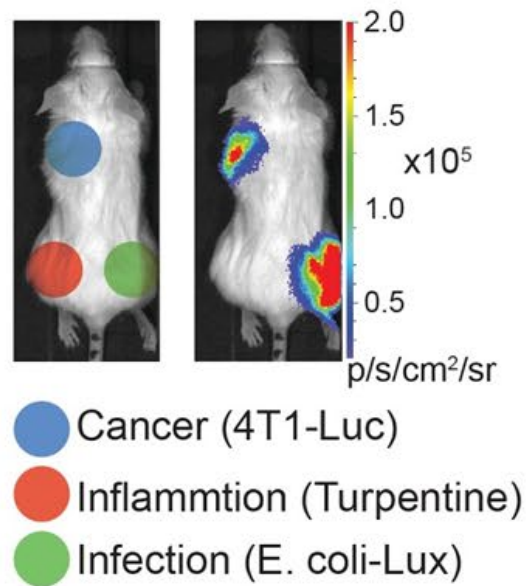
eDHFR as a target for PET imaging



Credit: J. Etersque

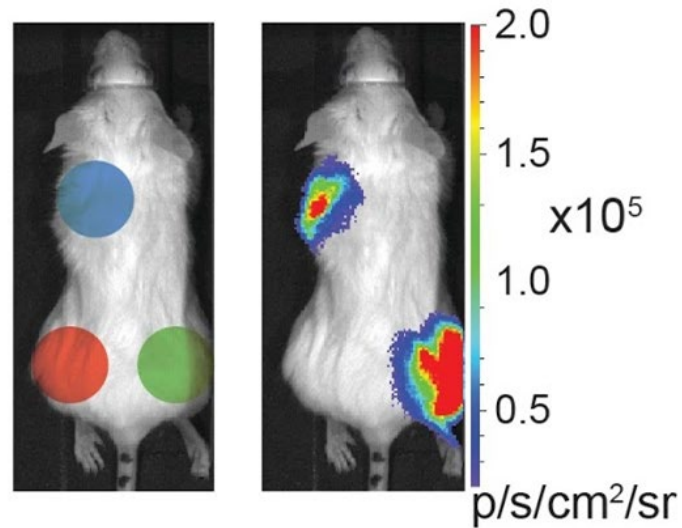
- Well-studied
- Small 18kDa, genetically portable (159 AA)
- Inhibitor trimethoprim (TMP) has 30,000-fold selectivity for the bacterial enzyme over human

Infection v Cancer v Inflammation

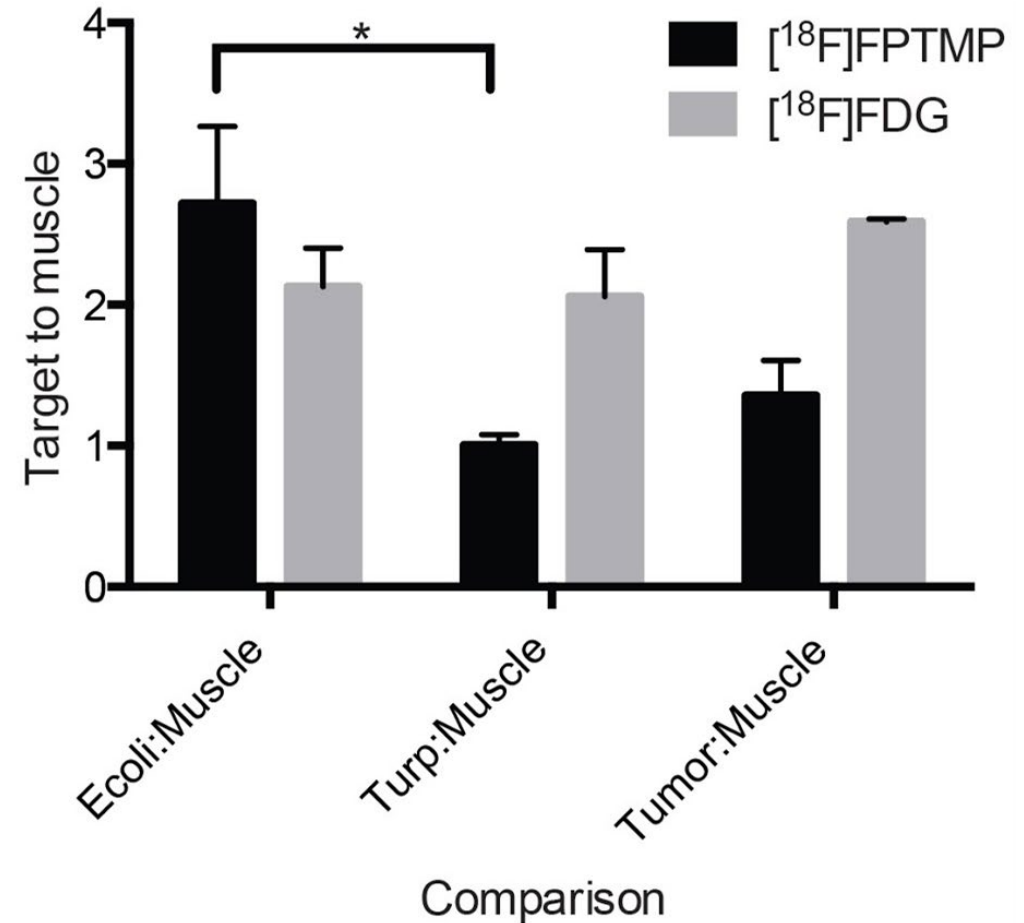


- Uptake at the site of bacterial infection and NOT inflammation or cancer

Infection v Cancer v Inflammation



- Cancer (4T1-Luc)
- Inflammation (Turpentine)
- Infection (E. coli-Lux)

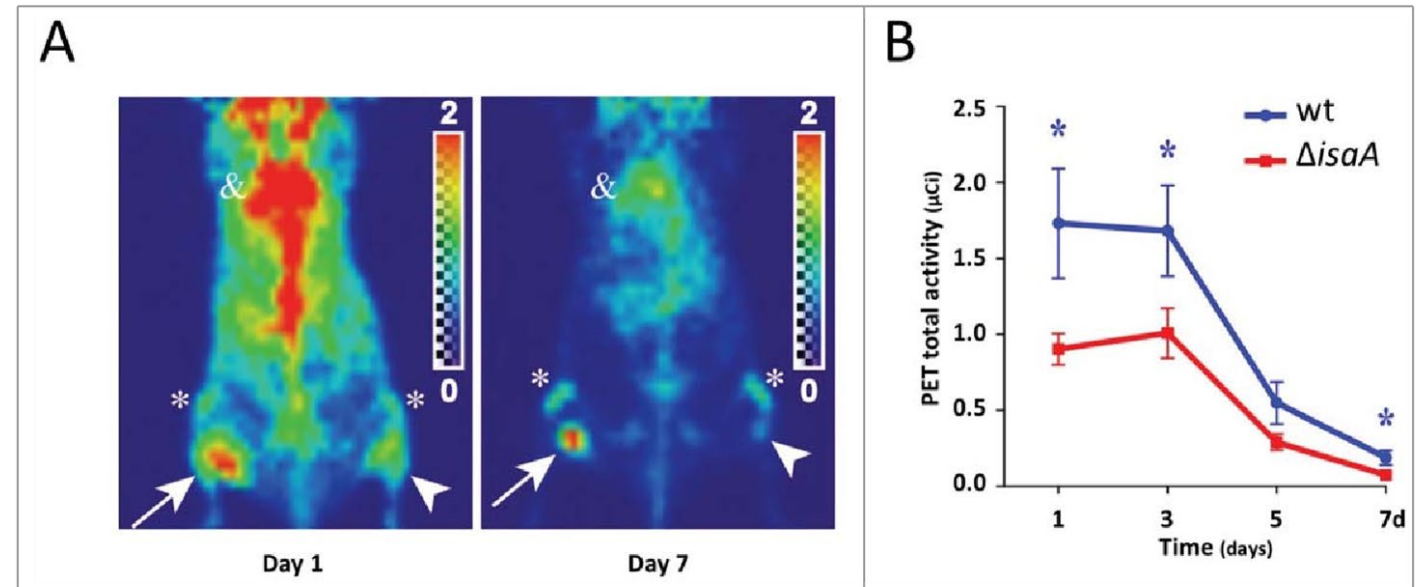
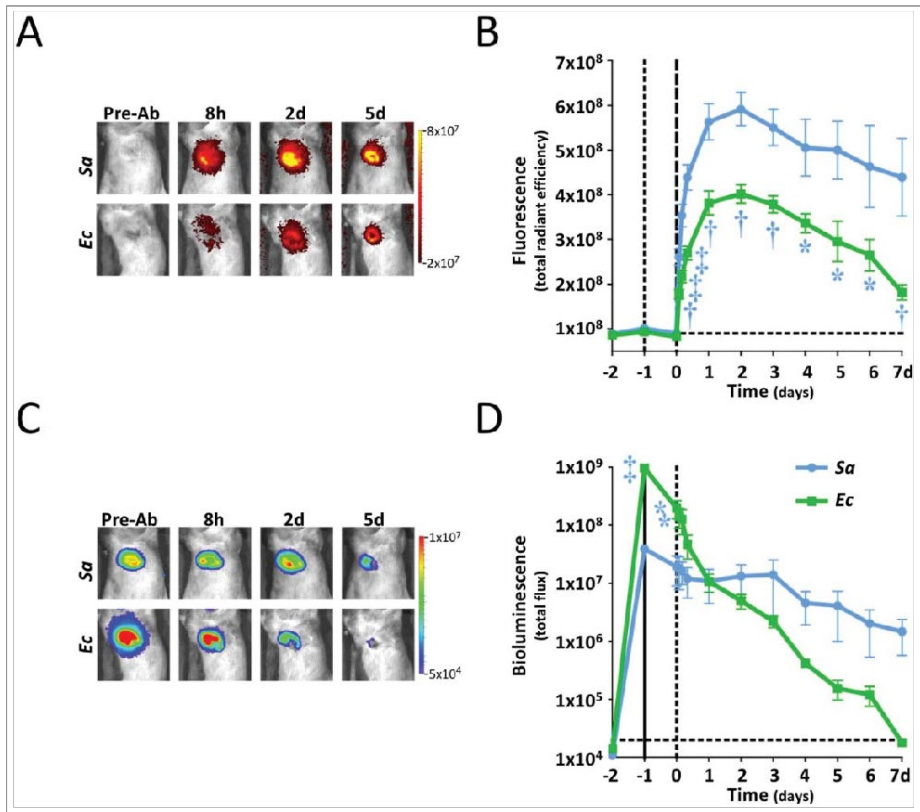


-Specificity for bacterial infection compared to FDG

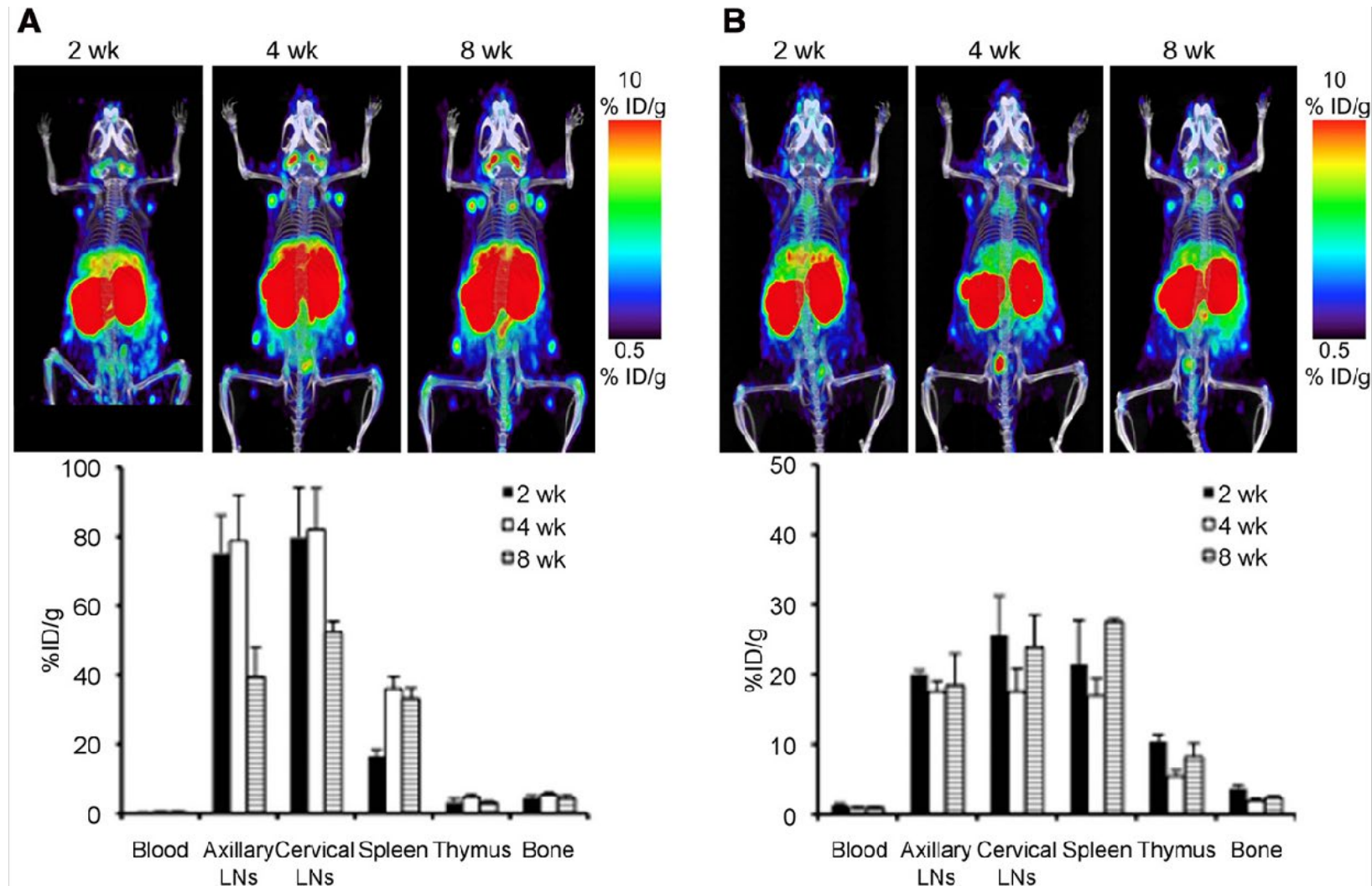
Many immuno-PET approaches for cell surface markers: Bacterial and immune cell

- Rubin, R.H.; Young, L.S.; Hansen, W.P.; Nedelman, M.; Wilkinson, R.; Nelles, M.J.; Callahan, R.; Khaw, B.A.; Strauss, H.W. Specific and nonspecific imaging of localized fisher immunotype 1 pseudomonas aeruginosa infection with radiolabeled monoclonal antibody. *J. Nucl. Med.* **1988**, *29*, 651–656. [PubMed]
- Hotze, A.L.; Briele, B.; Overbeck, B.; Kropp, J.; Gruenwald, F.; Mekkawy, M.A.; Von Smekal, A.; Moeller, F.; Biersack, H.J. Tc-99m-Labeled Antigranulocyte Antibodies in Suspected Bone-Infections. *J. Nucl. Med.* **1992**, *33*, 526–531.
- Bitkover, C.Y.; Gardlund, B.; Larsson, S.A.; Aberg, B.; Jacobsson, H. Diagnosing sternal wound infections with Tc-99m-labeled monoclonal granulocyte antibody scintigraphy. *Ann. Thorac. Surg.* **1996**, *62*, 1412–1416. [CrossRef]
- ***Pastrana, F.R.; Thompson, J.M.; Heuker, M.; Hoekstra, H.; Dillen, C.A.; Ortines, R.V.; Ashbaugh, A.G.; Pickett, J.E.; Linszen, M.D.; Bernthal, N.M.; et al. Noninvasive optical and nuclear imaging of staphylococcus-specific infection with a human monoclonal antibody-based probe. Virulence 2018, 9, 1–12. [CrossRef]***
- Pickett, J.E.; Thompson, J.M.; Sadowska, A.; Tkaczyk, C.; Sellman, B.R.; Minola, A.; Corti, D.; Lanzavecchia, A.; Miller, L.S.; Thorek, D.L. Molecularly specific detection of bacterial lipoteichoic acid for diagnosis of prosthetic joint infection of the bone. *Bone Res.* **2018**, *6*, 1–8. [CrossRef]
- Welling, M.; Feitsma, H.I.J.; Calame, W.; Ensing, G.J.; Goedemans, W.; Pauwels, E.K.J. Optimized localization of bacterial infections with technetium-99m labelled human immunoglobulin after protein charge selection. *Eur. J. Nucl. Med.* **1994**, *21*, 1135–1140. [CrossRef] [PubMed]
- Calame, W.; Welling, M.; Feitsma, H.I.J.; Goedemans, W.T.; Pauwels, E.K.J. Contribution of phagocytic cells and bacteria to the accumulation of technetium-99m labelled polyclonal human immunoglobulin at sites of inflammation. *Eur. J. Nucl. Med.* **1995**, *22*, 638–644. [CrossRef] [PubMed]

Human monoclonal *S. aureus* Immuno-PET



CD4 and CD8 Imaging – Cis-diabody



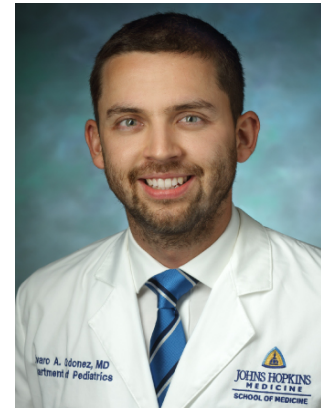


Questions? Type them into the question box

“Defining the Infectious Etiologies with Imaging”



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T32 Program Associate Director
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Francisco

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<https://radiology.ucsf.edu/research/labs/wilson>