

The Application of Unconventional PET Tracers in Nuclear Medicine

Amir Reza Jalilian; PharmD, PhD

Nuclear Medicine Research Group, Agricultural,
Medical and Industrial Research School (AMIRS),
Karaj, Iran

(Received 21 September 2008, Revised 9 March 2009, Accepted 19 March 2009)

ABSTRACT

The production and application of PET tracers has been a unique step in the progress of nuclear medicine in last two decades. The most important PET tracers include F-18, C-11 and N-13 radioisotopes and many nuclear medicine centers throughout the globe are using them. However some new tracers are under their way to the mass administration, currently being in the clinical trials or preliminary studies. Gallium-66 and 68 tracers such as Ga-DOTANOC and Ga-DOTANIC are currently being used in many neuroendocrine tumor studies in human in Europe and North America, and global application of these tracers remain to the cheaper and easier providence of $^{68}\text{Ge}/^{68}\text{Ga}$ generators. Copper tracers such as $^{61,62,64}\text{Cu}$ -ATSM and $^{61,62,64}\text{Cu}$ -PTSM are the most important unconventional tracers used in hypoxia and perfusion studies respectively using PET technology. Copper tracers can easily be produced using a medium cyclotron with simple chemistry. Many other interesting PET radioisotopes such as Tc-94m (HL. 52 min), I-124 (HL. 100h), Y-86 (HL. 14.7) and rubidium tracers are being studied in some research centers in the world. This review article would describe the properties, mechanisms, production routes and problems of unconventional PET tracers with a look to the future of some important drug candidates.

Key Words: Nuclear medicine, PET tracer, Gallium, Copper, Tc-94m

Iran J Nucl Med 2009; 17(1): 1-11

Corresponding author: Dr. Amir Reza Jalilian, Agricultural, Medical and Industrial Research School (AMIRS), Karaj, Iran. P.O.Box: 31485-498
E-mail: ajalilian@nrcam.org

INTRODUCTION

The molecular imaging revolution in medicine has opened an ultimate view in various fields of sciences, including physics, chemistry, molecular biology and medicine resulting into production and evaluation of new tools in nuclear medicine.

In mid-80s the facile production routes for the most widely used PET tracer, FDG, was introduced and in less than a decade many other ^{18}F -tracers as well as ^{13}N - NH_3 , ^{15}O - H_2O and ^{11}C -simple molecules made their way to clinical trials in nuclear medicine. By the end of 1990s the four important PET radionuclides (C-11, N-13, O-15 and F-18) were known to all medical society and this trend is still ongoing. However, apart from these radioisotopes, many other PET radionuclides were prepared and some of them entered the human application phase due to the need of tracing the related elements in human diseases and conditions. Some other was used in radiolabeled form and demonstrated interesting diagnostic tools in various biological phenomena. In this review, we will focus on the physiochemical properties, production and application of these unconventional PET radioisotopes in nuclear medicine and biology. The present paper can lead the interested readers to widen their knowledge beyond ^{18}F , ^{11}C , ^{15}O and ^{13}N radiotracers borders. There is a great chance that some of the introduced tracers in this manuscript would be important radiopharmaceuticals in next decade especially copper tracers.

Gallium radiotracers

The positron-emitting Ga(III) radionuclides, ^{68}Ga and ^{66}Ga , have been proposed for applications in positron emission tomography imaging (PET).

Gallium-68: ^{68}Ga , a generator-produced positron-emitting isotope is an alternative radionuclide for somatostatin receptor imaging using PET (1, 2). There are better

physical properties for ^{68}Ga over ^{66}Ga for imaging studies like higher ^{66}Ga positron energy and lower positron decay.

1,4,7,10-tetraazacyclododecane-1,4,7,10-tetraacetic acid (DOTA) is increasingly used as a versatile chelator that binds a large number of main group and transition metal ions as well as Ga with high stability constants (3). Classes of biomolecules to which DOTA may be conjugated include macromolecules such as antibodies (4) or antibody fragments, or small peptides, peptidomimetics or nonpeptide receptor ligands (5).

The most interesting DOTA-based ^{68}Ga -radiotracer i.e. ^{68}Ga -DOTATOC (Fig. 1) is clearly superior to the other DOTA-somatostatin analogs as well as OctreoscanTM as indicated by its uniquely high tumor-to non-target tissue ratio (6). In particular, radiogallium isotopes labeled with somatostatin analogues may give us the opportunity for diagnosis, dosimetry and therapy of SSTR positive tumors. Other ^{68}Ga small molecules have been prepared and used for their possible diagnostic value. For instance, based on malignant suppressive effects of Ga-oxine complex (7), ^{68}Ga -labeled oxine (Fig. 1) has been prepared and used for tumor imaging as well as RBC labeling since 1977 (8).

Gallium-66: Unavailability of Ga target systems for ^{68}Ge production to prepare the $^{68}\text{Ge}/^{68}\text{Ga}$ generator as well as international limitations in buying the generator from external vendors, made many groups to produce ^{66}Ga for their preliminary studies.

^{66}Ga ($T_{1/2} = 9.49$ h, E_γ : 833.5, 1039.3 keV; β^+ :56.5%, $E_{\max}\beta^+$:4.153 MeV; E.C:43.5%) (9, 10) is an intermediate-lived radionuclide that is potentially suitable for positron emission tomography imaging of biological processes with intermediate to slow target tissue uptake (11, 12). Various nuclear reactions have been used for the production of this PET radionuclide such as $^{63}\text{Cu}(^4\text{He},n)^{66}\text{Ga}$ and $^{66}\text{Zn}(p,n)^{66}\text{Ga}$ (13, 14).

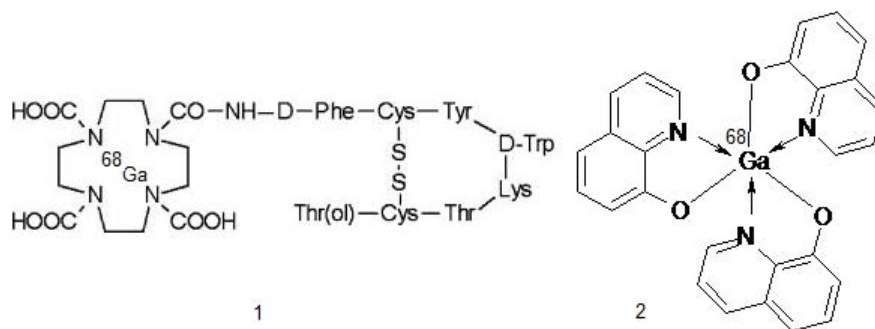


Figure 1. structure formula for ^{68}Ga -DOTATOC (left) and ^{68}Ga -Oxine (right) (7)

Table 1. Physical properties of PET copper radionuclides (9, 24)

Radionuclide	$T_{1/2}$	β^- MeV (%)	β^+ MeV (%)	E.C. (%)	γ keV(%)
Cu-64	12.7 h	0.5787 (39%)	0.65308 (17.4%)	43.6%	1345.77 (0.473%) 511 (34.79%)
Cu-62	9.7 min	---	2.927 (97.2%)	2.8%	511 (194.86%) 1173.02 (0.342%)
Cu-61	3.333 h	---	1.2164 (51%) 1.1489 (2.3%) 0.9334 (5.5%) 0.5604 (2.6%)	38.6%	656.008 (10.77%) 511 (120.87%) 373.05 (2.10%) 282.956 (12.2%) 67.412 (4.20%)
Cu-60	23.7min	---	3.7719 (5%) 2.9456 (15%) 2.4784 (2.8%) 1.9805 (49%) 1.9105 (11.6%) 1.8352 (4.59%)	12.01%	3124.1 (4.8%) 2158.90 (3.34%) 1861.6 (4.8%) 1791.6 (45.4%) 1332.501 (88%) 1035.2 (3.7%) 826.4 (21.7%) 511 (185.19%) 467.3 (3.52%)

^{66}Ga has been used as a suitable nuclide for radiolabeling of monoclonal antibodies (15) in the detection of cardiac diseases, staging of neuroendocrine tumors and other lesions after dosimetric studies (16), as well as the radiolabelling of red blood cells (17).

We have recently reported the production of ^{66}Ga (18) and some of its radiolabeled compounds such as ^{66}Ga -bleomycin for possible PET oncologic applications (19) as well as ^{66}Ga -Oxinate for cell radiolabeling (20), but gallium-66 tracers remain the tools for research purposes.

Copper tracers

The radio-coppers have attracted considerable attention since they include isotopes which, due to their emission properties, offer themselves as agents of both diagnostic imaging (^{60}Cu , ^{61}Cu , ^{62}Cu and ^{64}Cu) and *in vivo* targeted radiation therapy (^{64}Cu and ^{67}Cu) (21, 22).

The properties and availability of these radionuclides affect the exact applications where they can be employed. The physical properties of copper radionuclides are summarized in Table 1.

In this section, the copper radiotracers and radiopharmaceuticals are categorized according to the ligands used for radiolabeling and the possible therapeutic and/or diagnostic applications are also presented.

Cu-diacetyl-bis(N^4 -methylthiosemicarbazone) (Cu-ATSM):

Hypoxia is an important determinant for biological behavior of malignant solid tumors. *In vitro* and *in vivo* studies have shown that tumor hypoxia is associated with an increased likelihood of local recurrence and distant metastasis, as well as resistance to radiation therapy and certain types of chemotherapy (23).

In continuation of bis-thiosemicarbazone biological evaluation, Fujibayashi and his colleagues developed radiocopper-labeled diacetyl-bis(N^4 -methylthiosemicarbazone) (Cu-ATSM) for imaging hypoxic tissue with PET (25-29). Preclinical studies have shown that Cu-ATSM accumulates avidly in hypoxic cells, but washes out rapidly from normoxic cell. Human absorbed dose has been estimated for Cu-ATSM based on animal biodistribution data extrapolated to humans and an image-based radiation dosimetry study of ^{60}Cu -ATSM in patients with non-small-cell lung cancer (NSCLC) where organ activity concentrations were measured by longitudinal PET studies (30). Due to its multiple decay modes, ^{64}Cu can be used for the production of therapeutic

radiopharmaceutical, ^{64}Cu -ATSM that has potential as a radiotherapy agent with an option of real-time PET monitoring.

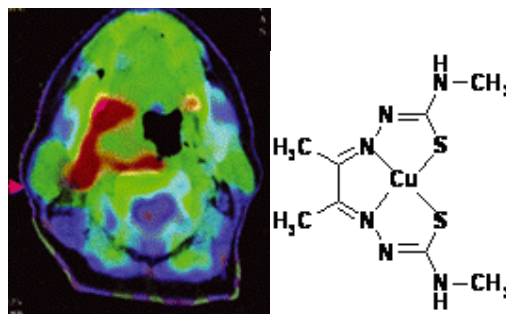


Figure 2. Heterogeneous ^{60}Cu -ATSM intensity within the gross tumour, representing the presence of tumour hypoxia (red-colored region) (31) (left) and structure formula for Cu-ATSM (right)

^{64}Cu -ATSM has been reported as a useful therapeutic agent for colorectal carcinoma using an *in vivo* tumor model (32). ^{64}Cu -ATSM is able to attack hypoxic tumor cells directly, as well as potentially affecting the peripheral non-hypoxic regions indirectly by the particle decay of ^{64}Cu (33). It has also shown significant increase to the survival time of hamsters bearing solid tumors without acute toxicity (32).

Cu-Pyruvaldehyde Bis(N^4 -methyl)thiosemicarbazone (Cu-PTSM):

Cu-PTSM belongs to a class of neutral, lipophilic complexes that have demonstrated rapid diffusion into cells. It can be trapped in many cells as a function of blood circulation around the cells and is often categorized as a perfusion agent. When radiolabeled with PET copper radionuclides, it can be used as an important measure of perfusion. For instance, the generator-produced radiopharmaceutical, ^{62}Cu -pyruvaldehyde Bis(N^4 -methyl)thiosemicarbazone (PTSM), has shown great promise as an agent for cardiac and brain perfusion studies (34, 35) using PET. The availability of this radiopharmaceutical from a generator can greatly increase the number of procedures

performed every year by removing the requirement that a cyclotron must be near the imaging facility.

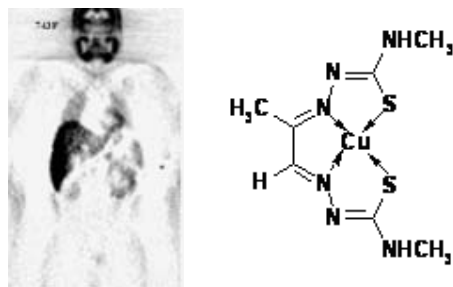


Figure 3. Whole body PET images illustrate the biodistribution of Cu-PTSM (left) (36) and molecular formula of Cu-PTSM

The amount of tracer accumulation in the cells is a function of cell thiol containing compounds such as glutathione and sulfur-containing proteins, due to the reduction capacity of the cell media.

Therefore, in some cases Cu-PTSM can be trapped into tumor cells. In experiments using cultured single-cell suspensions of EMT6 mammary carcinoma cells, 80% of ^{64}Cu -PTSM added was retained within the cells after only 1 min (28). The therapeutic potential of ^{64}Cu -PTSM in inhibiting cancer cell implantation and growth at doses well below the maximum tolerable dose, with no

signs of toxicity to hamsters has been reported (37). In another study at our group, ^{64}Cu -PTSM showed significant bioaccumulation in fibrosarcoma tumors in animal models, showing the potential of therapeutic effects of this tracer (38).

Technetium-94m

Recent progress in both Tc radiopharmaceutical chemistry and the single photon emission computed tomography (SPECT) imaging technique has broadened its applications. However, to quantitate the biodistribution of those radiopharmaceuticals in humans, it would be meaningful to use positron emission tomography (PET) and a positron-emitting Tc isotope. Among Tc positron emitter radioisotopes, $^{94\text{m}}\text{Tc}$ [T_{1/2} 52.5 min], with its relatively high positron branching (72%), medium positron end-point energy (2.47 MeV), and suitable half-life, appears to be most interesting. The bridging of $^{99\text{m}}\text{Tc}$ SPECT and $^{94\text{m}}\text{Tc}$ PET seems to be very relevant for the new generation of $^{99\text{m}}\text{Tc}$ tracers. In an interesting study, an octreotide analog was developed for Tc-94m labeling and used in tumor imaging in animal models (39).

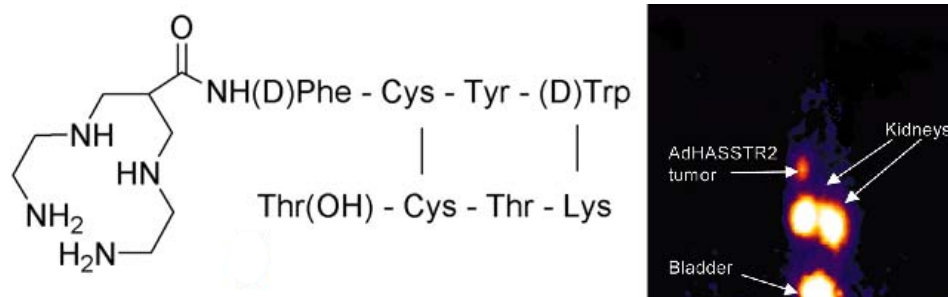


Figure 4. An octreotide analog for $^{94\text{m}}\text{Tc}$ -labeling (left) and a PET scan in tumor-bearing rat (38)

Many other previous $^{99\text{m}}\text{Tc}$ labeled tracers especially cardiac agents were also labeled with $^{94\text{m}}\text{Tc}$ and used in the biological evaluation and animal studies such as methoxyisobutyl isonitrile (MIBI) (40) and teboroxime (41). In a separate study $^{94\text{m}}\text{Tc}$ -

MIBI was employed in multidrug resistance P-glycoprotein transport evaluation (42). The application of $^{94\text{m}}\text{Tc}$ -immunopET for the study of however there are various breakpoints in the cyclotron production and application of this radionuclide, such as;

short half life, molybdenum targetry difficulties and recovery of enriched material.

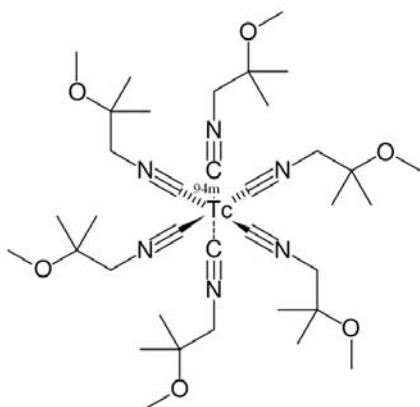


Figure 5. ^{94m}Tc -MIBI formula (43)

Iodine-124

An interesting PET radionuclide is I-124 ($t_{1/2}=100.3$ h), which based on its natural

accumulation in thyroid gland, its most important application would be thyroid related malignancies using PET scan after administration of ^{124}I -NaI. Figure 5. (left) demonstrates a PET scan of differentiated thyroid cancer in a human subject (43).

One of the candidate positron emitters for PET with tumour-seeking MABs (immuno-PET) is ^{124}I , as its physical half-life is compatible with the time needed for MABs to achieve optimal tumour-to-non-tumour ratios (2–4 days for intact MABs).

Thus far, no definite preclinical or clinical proof has been provided that ^{124}I -immuno-PET can be used in the above-mentioned scouting approach, taking into account that such an approach demands fully congruent uptake of the radioiodinated MABs in tumour and normal organs (44).

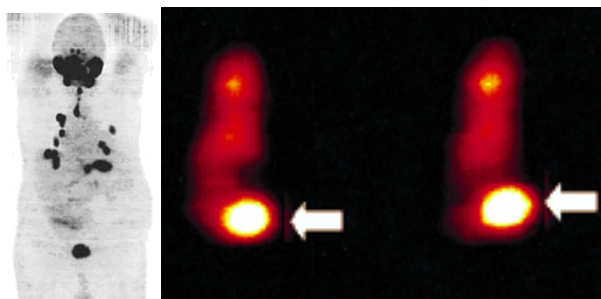


Figure 6. ^{124}I PET scan in poorly differentiated thyroid cancer patient (42) (left) and Immuno-PET images of ^{124}I -huA33 in BALB/c nude mice bearing SW1222 colorectal cancer xenografts (45) (right)

An interesting application of I-124 in radiolabeling of polypeptides is the use of ^{124}I -annexin for the detection of apoptosis in various human diseases involving cell death (46).

The use of this nuclide is still limited due to the low number of production methods and centers however based on the suitable half-life and the existing radioiodination experiences around the globe, we should be expecting progress in the application of I-124.

Yttrium-86

Yttrium-90 ($t_{1/2}=64.1$ h, $\beta^+=100\%$, $E_{\beta^+}=1.3$ MeV) is one of the most widely used radionuclides for therapy with radiolabeled antibodies. However, because Y-90 emits only beta- particles, accurate dosimetry is difficult.

Therefore, the positron-emitting ^{86}Y ($t_{1/2}=14.7$ h, $\beta^+=33\%$, $E_{\beta^+}=1.2$ MeV) has been proposed for use as a quantitative PET imaging agent for in vivo determination of biodistribution and dosimetry of therapeutic

⁹⁰Y pharmaceuticals for individual patients (47, 48).

Rubidium radionuclides

Among Group IA elements in periodic table any radioisotope can more or less mimick potassium cation in Na⁺/K⁺ ATPase pump especially in myocardial cell surface. Rubidium is an interesting element due to the existence of various medically applicable radionuclides. These radioisotopes have been used in nuclear cardiology. Rubidium-81 has been used in diagnosis of ischaemic heart disease (49), coronary stenosis (50) and noninvasive myocardial imaging (51).

Since 1980, Lambrecht and colleagues showed that Rb-82m can be a useful radionuclide for cardiac imaging, while the other rubidium radionuclide (52), *i.e.* Rb-82, used as a radiotracer for nuclear cardiology

(53), has a very short half life (1.27 min) (54), and its use has not been reported widely.

Rb-82m can be a good substitute for cardio-PET clinical studies due to its suitable physical properties (Table 2). This radionuclide decays to the stable krypton-82 isotope and as mentioned above is potassium analog for like other Rb isotopes (55). With respect to the increasing importance of positron emitters in clinical studies, use of PET rubidium nuclides have come to a great importance (56, 57).

In one study, Rb-82m was produced, purified and formulated as a PET radiopharmaceutical in our group in the country. Preliminary imaging studies were carried out using a dual head SPECT system, equipped with a co-incidence camera (58).

Table 2. Physical characteristics of Rubidium radionuclides

Radioisotope	Nuclear Reaction	Half-life	Decay Mode (%)	Maximum β ⁺ energy	Gamma Energies(keV)
Rb-81	⁸² Kr(p,2n) ⁸¹ Rb	4.576 h	β ⁺ (27.2), E.C.(72.8)	2.1 MeV	190.38 (64.0%) 456.76 (3.02%) 446.15 (23.2%) 510.31 (5.3%) 537.60 (2.23%)
Rb-82	⁸² Kr(p,n) ⁸² Rb	1.273 m	β ⁺ (95.5), E.C.(4.5)	3.38 MeV	776.517 (13%)
Rb-82m	⁸² Kr(p,n) ^{82m} Rb	6.472 h	β ⁺ (26), E.C.(74)	0.8 MeV	776.517 (84%) 554 (64%) 619 (38%) 698.374 (26.3%) 1474.88 (15.53%) 1044.002 (32.00%) 619.106 (37.975%) 1317.473 (23.7%) 554.348 (62.4%) 827.828 (21.0%) 1007.59 (7.17%)

Selenium-73

The nuclear properties of ⁷³Se (t_{1/2}=7.1 h; β⁺=65%; EC=35%; E_{β⁺}=1.32 MeV) suggest

that it may be a more useful radioselenium label for *in vivo* medical applications using positron emission tomography (PET). For

instance, a comparison of the calculated radiation doses to the liver from ^{73}Se and ^{75}Se in the case of seleno-methionine shows an approximate ratio of 1:50 (59, 60).

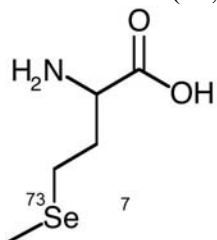


Figure 7. The structure of ^{73}Se -selenomethionine (60)

Cobalt-55

Cobalt offers a selection of radionuclides suitable for imaging as well as tracing techniques (9). The most commonly used cobalt PET radionuclide, ^{55}Co , ($t_{1/2}$: 17.53 h) provide suitable physical properties for diagnostic purposes using PET imaging. A couple of studies using ^{55}Co - CoCl_2 compounds have been reported in the detection of carotid artery disease (61), vascular dementia (62), renographic studies (63) and stroke (64).

Zinc-62

^{62}Zn (HL=6.9 h, EC: 3 %, β^+ : 97%) is a rather long-half life PET radioisotope mostly used in preparation of $^{62}\text{Zn}/^{62}\text{Cu}$ generators (65), but its direct use has not been reported in labeling or imaging studies. [^{62}Zn] labeled bleomycin preparation had been once reported without further biological studies (66).

Bromine-86

One possible long-lived positron-emitting label for mAbs and their fragments is ^{76}Br . This nuclide has a half-life of 16.2 h and decays by emitting positrons (54%). The use of the $^{76}\text{Se}(p,n)^{76}\text{Br}$ nuclear reaction and enriched Cu_2Se targets enables the production of useful quantities of ^{76}Br using 16-MeV cyclotrons, which are available at many PET centers (67). Alternatively, this nuclide could be used in a satellite PET

center in combination with regional production (68). The imaging and quantification properties of ^{76}Br have been carefully studied (69); it has been demonstrated that despite its relatively high positron energy ($E_{\beta^+max}=3.9$ MeV), resolution degradation is minor compared to that of ^{18}F . There are reports regarding the use of simple ^{76}Br bromide for malignancy scans in brain tumors (70) however the most important future use of this radionuclide would be in radioimmunoscintigraphy.

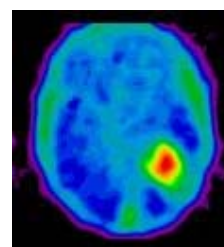


Figure 8. A PET scan of ^{76}Br -bromide in a brain tumor (70)

CONCLUSION

Gallium-68 tracers are the most important unconventional PET tracers but for most of countries production and/or application of the $^{68}\text{Ge}/^{68}\text{Ga}$ generator is bothersome. ^{68}Ga -DOTANOC and ^{68}Ga -DOTANOC are widely used in PET scan of neuroendocrine tumors with high quality and many human studies are under progress. PET copper radionuclides, *i.e.* copper 60, 61, 62 and 64 are more or less used in the production of two important tracers; Cu-PTSM, a perfusion agent and Cu-ATSM a hypoxia imaging agents and many studies are being performed in some countries. Bromine-76 and iodine-124 are 2 radiohalogen that can be used in immunoPET studies and considerable works are focused on I-124. other tracers including Co-55, Se-73, Rb-82,... are at the research level and are considered at the study level in many academic research centers.

REFERENCES

1. Henze M, Schuhmacher J, Hipp P, Kowalski J, Becker DW, Doll J et al. PET imaging of somatostatin receptors using [⁶⁸Ga]DOTA-D-Phe1-Tyr3-octreotide: first results in patients with meningiomas. *J Nucl Med* 2001; 42 (7): 1053–1056.
2. Hofmann M, Boerner AR, Fitschen J, Otto D, Weckesser E, Knoop B et al. Quantitative [Ga-68]-DOTATOC SMS receptor PET and planar [Ga-67]-DOTATOC SMS receptor scintigraphy in the pre-therapeutical dosimetry of neuroendocrine tumors. *J Nucl Med* 2001; 42: 312P (abstract).
3. Li M, Meares CF. Synthesis, metal chelate stability studies, and enzyme digestion of a peptide-linked DOTA derivative and its corresponding radiolabeled immunoconjugates. *Bioconjug Chem* 1993; 4(4): 275–283.
4. Jalilian AR, Mirsadeghi L, Haji-Hosseini R, Khorami A, Shahidi F. Preparation, quality control and biodistribution studies of [⁶⁷Ga]-DOTA-anti-CD20. *Radiochimica Acta* 2008; 96: 167-174.
5. Liu S, Edwards DS. Bifunctional chelators for therapeutic lanthanide radiopharmaceuticals. *Bioconjug Chem* 2001; 12(1): 7–34.
6. Froidevaux S, Heppeler A, Eberle AN, Meier AM, Häusler M, Beglinger C et al. Preclinical comparison in AR4-2J tumor bearing mice of four radiolabeled 1,4,7,10-tetraazacyclododecane-1,4,7,10-tetraacetic acid somatostatin analogs for tumor diagnosis and internal radiotherapy. *Endocrinology* 2000; 141(9):3304–3312.
7. Collery P, Lechenault F, Cazabat A, Juvin E, Khassanova L, Evangelou A et al. Inhibitory effects of gallium chloride and tris (8-quinolinolato) gallium III on A549 human malignant cell line. *Anticancer Res* 2000; 20(2A): 955-958.
8. Welch MJ, Thakur ML, Coleman RE, Patel M, Siegel BA, Ter-Pogossian M. Gallium-68 labeled red cells and platelets: new agents for positron tomography. *J Nucl Med* 1977; 18(6): 558-562.
9. Firestone RB, Shirley VS, Baglin CM, Zipkin J. Table of isotopes, 8th ed. New York: John Wiley & Sons Inc. 1996.
10. Graham MC, Pentlow KS, Mawlawi O, Finn RD, Daghighian F, Larson SM. An investigation of the physical characteristics of ⁶⁶Ga as an isotope for PET imaging and quantification. *Med Phys* 1997; 24(2): 317-326.
11. Lewis MR, Reichert DE, Laforest R, Margenau WH, Shefer RE, Klinkowstein RE et al. Preparation of tumor-targeting radiopharmaceuticals. *Nucl Med Biol* 2002; 29(6):701-706.
12. Goethals P, Lemahieu I, Agon P. ⁶⁶Ga-a promising isotope for positron emission tomography. *Acta Radiol Suppl* 1991; 376: 61.
13. Goethals P, Coene M, Slegers G, Agon P, Deman J, Schelstraete K. Cyclotron production of carrier-free ⁶⁶Ga as a positron emitting label of albumin colloids for clinical use. *Eur J Nucl Med* 1988; 14(3): 152-154.
14. Szelecsényi F, Tárkányi F, Kovacs Z, Bergman J, Heselius SJ, Solin O. Production of ⁶⁶Ga and ⁶⁷Ga at a compact cyclotron. *Acta Radiol Suppl* 1991; 376: 62-63.
15. Goethals P, Coene M, Slegers G, Vogelaers D, Everaert J, Lemahieu I et al. Production of carrier-free ⁶⁶Ga and labeling of antimyosin antibody for positron imaging of acute myocardial infarction. *Eur J Nucl Med* 1990; 16(4-6): 237-240.
16. Ugur O, Kothari PJ, Finn RD, Zanzonico P, Ruan S, Guenther I et al. Ga-66 labeled somatostatin analogue DOTA-DPhe1-Tyr3-octreotide as a potential agent for positron emission tomography imaging and receptor mediated internal radiotherapy of somatostatin receptor positive tumors. *Nucl Med Biol* 2002; 29(2):147-157.
17. Ellis BL, Sharma HL. Co, Fe and Ga chelates for cell labelling: a potential use in PET imaging? *Nucl Med Commun* 1999; 20(11): 1017-1021.
18. Sabet M, Rowshanfarzad P, Jalilian AR, Ensaf MR, Rajamand AA. Production and quality control of ⁶⁶Ga radionuclide. *Nukleonika* 2006; 51(3): 147–154.
19. Jalilian AR, Rowshanfarzad P, Sabet M, Novinrooz A, Raisali G. Preparation of [⁶⁶Ga]Bleomycin complex as a possible PET radiopharmaceutical. *J Radioanal Nucl Chem* 2005; 264(3): 617-621.
20. Jalilian AR, Rowshanfarzad P, Rahiminejad A, Rajamand AA. Development of [⁶⁶Ga]Oxine Complex: a Possible PET Tracer. *Nukleonika* 2006; 51(3):155–159.
21. Blower PJ; Lewis JS, Zweit JJ. Copper radionuclides and radiopharmaceuticals in nuclear medicine. *Nucl Med Biol* 1996; 23(8): 957-980.
22. Anderson CJ, Green MA, Fujibayashi Y. Chemistry of copper radionuclides and radiopharmaceutical products. In: Welch MJ, Redvanly CS. Handbook of radiopharmaceuticals. England: Wiley West Sussex; 2003. p. 401-422.
23. Höckel M, Knoop C, Schlenger K, Vorndran B, Baussmann E, Mitze M et al. Intratumoral pO₂ predicts survival in advanced cancer of the

- uterine cervix. *Radiother Oncol* 1993; 26(1):45-50.
24. Nuclear Data Evaluation Lab. Korea Atomic Energy Research Institute, <http://atom.kaeri.re.kr/ton/>.
 25. Fujibayashi Y, Cutler CS, Anderson CJ, McCarthy DW, Jones LA, Sharp T et al. Comparative studies of Cu-64-ATSM and C-11-acetate in an acute myocardial infarction model: ex vivo imaging of hypoxia in rats. *Nucl Med Biol* 1999; 26(1):117-121.
 26. Fujibayashi Y, Taniuchi H, Yonekura Y, Ohtani H, Konishi J, Yokoyama A. Copper-62-ATSM: a new hypoxia imaging agent with high membrane permeability and low redox potential. *J Nucl Med* 1997; 38(7): 1155-1160.
 27. Lewis JS, Sharp TL, Laforest R, Fujibayashi Y, Welch MJ. Tumor uptake of copper-diacetyl-bis(N(4)-methylthiosemicarbazone): effect of changes in tissue oxygenation. *J Nucl Med* 2001; 42(4): 655-661.
 28. Lewis JS, McCarthy DW, McCarthy TJ, Fujibayashi Y, Welch MJ. Evaluation of ⁶⁴Cu-ATSM in vitro and in vivo in a hypoxic tumor model. *J Nucl Med* 1999; 40(1): 177-183.
 29. Jalilian AR, Sabet M, Rowshanfarzad P, Kamalidehghan M, Akhlaghi M, Mirzaii M. Optimization of the production of [⁶⁴Cu]Diacetyl-bis(N4-methylthiosemicarbazone) for PET studies. *J Radioanal Nucl Chem* 2006; 269(1): 147-154.
 30. Laforest R, Dehdashti F, Lewis JS, Schwarz SW. Dosimetry of 60/61/62/64Cu-ATSM: a hypoxia imaging agent for PET. *Eur J Nucl Med Mol Imaging* 2005; 32(7):764-770.
 31. Chao KS, Bosch WR, Mutic S, Lewis JS, Dehdashti F, Mintun MA et al. A novel approach to overcome hypoxic tumor resistance: Cu-ATSM-guided intensity-modulated radiation therapy. *Int J Radiat Oncol Biol Phys* 2001; 49(4): 1171-82.
 32. Lewis J, Laforest R, Buettner T, Song S, Fujibayashi Y, Connett J et al. Copper-64-diacetyl-bis(N4-methylthiosemicarbazone): An agent for radiotherapy. *Proc Natl Acad Sci U S A* 2001; 98(3): 1206-1211.
 33. Obata A, Kasamatsu S, Lewis JS, Furukawa T, Takamatsu S, Toyohara J et al. Basic characterization of ⁶⁴Cu-ATSM as a radiotherapy agent. *Nucl Med Biol* 2005; 32(1):21-28.
 34. Herrero P, Hartman JJ, Green MA, Anderson CJ, Welch MJ, Markham J et al. Regional myocardial perfusion assessed with generator-produced copper-62-PTSM and PET. *J Nucl Med* 1996; 37(8): 1294-1300.
 35. Tadamura E, Tamaki N, Okazawa H, Fujibayashi Y, Kudoh T, Yonekura Y et al. Generator-produced copper-62-PTSM as a myocardial PET perfusion tracer compared with nitrogen-13-ammonia. *J Nucl Med* 1996; 37(5): 729-735.
 36. www.proportionaltech.com/cuptsm.htm
 37. Lewis JS, Connett JM, Garbow JR, Buettner TL, Fujibayashi Y, Fleshman JW et al. Copper-64-pyruvaldehyde-bis(N(4)-methylthiosemicarbazone) for the prevention of tumor growth at wound sites following laparoscopic surgery: monitoring therapy response with microPET and magnetic resonance imaging. *Cancer Res* 2002; 62(2): 445449.
 38. Jalilian AR, Rowshanfarzad P, Kamrani YY, Shafaii K, Mirzaii M. Production and tumour uptake of [⁶⁴Cu]Pyruvaldehyde-bis (N4-methylthiosemicarbazone) for PET and/or therapeutic purposes. *Nucl Med Rev Cent East Eur* 2007; 10(1): 6-11.
 39. Rogers BE, Parry JJ, Andrews R, Cordopatis P, Nock BA, Maina T. MicroPET Imaging of Gene Transfer with a Somatostatin Receptor-Based Reporter Gene and ^{94m}Tc-Demotate. *J Nucl Med* 2005; 46 (11): 1889-1897.
 40. Stone CK, Christian BT, Nickles RJ, Perlman SB. Technetium 94m-labeled methoxyisobutyl isonitrile: dosimetry and resting cardiac imaging with positron emission tomography. *J Nucl Cardiol* 1994; (5 Pt 1):425-433.
 41. Nickles RJ, Nunn AD, Stone CK, Christian BT. Technetium-94m-teboroxime: synthesis, dosimetry and initial PET imaging studies. *J Nucl Med* 1993; 34(7):1058-1066.
 42. Bigott HM, Prior JL, Piwnica-Worms DR, Welch MJ. Imaging multidrug resistance P-glycoprotein transport function using microPET with technetium-94m-sestamibi. *Mol Imaging* 2005; 4(1):30-39.
 43. Tuttle RM, Grewal RK, Larson SM. Radioactive iodine therapy in poorly differentiated thyroid cancer *Nature Clin Pract Oncol* 2007; 4(11): 665-668.
 44. Verel I, Visser GW, Vosjan MJ, Finn R, Boellaard R, van Dongen GA. High-quality ¹²⁴I-labelled monoclonal antibodies for use as PET scouting agents prior to ¹³¹I-radioimmunotherapy. *Eur J Nucl Med Mol Imag* 2004; 31(12):1645-1652.
 45. Lee FT, Hall C, Rigopoulos A, Zweit J, Pathmaraj K, O'Keefe GJ et al. Immuno-PET of human colon xenograft-bearing BALB/c nude mice using ¹²⁴I-CDR-grafted humanized A33 monoclonal antibody. *J Nucl Med* 2001; 42(5):764-769.
 46. Dekker B, Keen H, Shaw D, Disley L, Hastings D, Hadfield J. Functional comparison of annexin V analogues labeled indirectly and directly with iodine-124. *Nucl Med Biol* 2005; 32(4):403-413.

47. Herzog H, Rösch F, Stöcklin G, Lueders C, Qaim SM, Feinendegen LE. Measurement of pharmacokinetics of yttrium-86 radiopharmaceuticals with PET and radiation dose calculation of analogous yttrium-90 radiotherapeutics. *J Nucl Med* 1993; 34(12): 2222–2226.
48. Pentlow KS, Finn RD, Larson SM, Erdi YE, Beattie BJ, Humm JL. Quantitative imaging of yttrium-86 with PET: the occurrence and correction of anomalous apparent activity in high density regions. *Clin Positron Imaging* 2000; 3(3):85–90.
49. Shea MJ, Wilson RA, deLandsheere CM, Deanfield JE, Watson IA, Kensett MJ et al. Use of short- and long-lived rubidium tracers for the study of transient ischemia. *J Nucl Med* 1987; 28(6): 989-997.
50. Stoll HP, Huwer H, Vollmar B, Bialy J, Schmitt M, Peters JW et al. Experimental validation of a new coronary guide wire labeled with rubidium 81/krypton 81m for continuous assessment of myocardial blood flow. *J Nucl Cardiol* 2000; 7(3): 255-262.
51. Cherry SR, Carnochan P, Babich JW, Serafini F, Rowell NP, Watson IA. Quantitative in vivo measurements of tumor perfusion using rubidium-81 and positron emission tomography. *J Nucl Med* 1990; 31(8):1307-1315.
52. Lambrecht RM, Gallagher BM, Wolf AP, Bennett GW. Cyclotron isotopes and radiopharmaceuticals--XXIX. $^{81,82m}\text{Rb}$ for positron emission tomography. *Int J Appl Radiat Isot* 1980; 31(6):2836-2842.
53. Marwick TH, Shan K, Patel S, Go RT, Lauer MS. Incremental value of rubidium-82 positron emission tomography for prognostic assessment of known or suspected coronary artery disease. *Am J Cardiol* 1997; 80(7):865-870.
54. Murata K. Usefulness and limitations of myocardial scintigraphy at present. *J Cardiol* 1989; 19(2):593-597.
55. McGowan RL, Welch TG, Zaret BL, Bryson AL, Martin ND, Flamm MD. Noninvasive myocardial imaging with potassium-43 and rubidium-81 in patients with left bundle branch block. *Am J Cardiol* 1976; 38(4):422-428.
56. Pirich C, Schwaiger M. The clinical role of positron emission tomography in management of the cardiac patient. *Rev Port Cardiol* 2000; 19:89-100.
57. Vom Dahl J. Assessing myocardial perfusion with positron emission tomography. *Z Kardiol* 2001; 90(11):835-847.
58. Jalilian AR, Rowshanfarzad P, Kiyomarsi M, Sabet M, Mirzaii M, Shadanpour N et al. Production and quality control of ^{82m}Rb and primary PET scans using its radiopharmaceutical for heart examinations, *Iran J Nucl Med* 2003; 11(20): 13-19.
59. Lathrop KA, Johnston RE, Blau M, Rothschild EO. Radiation dose to humans from ^{75}Se -L-selenomethionine. *J Nucl Med*. 1972; 6:Suppl 6:7-30.
60. Guillaume M, Lambrecht RM, Wolf AP. Cyclotron isotopes and radiopharmaceuticals--XXVII. ^{73}Se . *Int J Appl Radiat Isot* 1978; 29: 411-417.
61. De Reuck J, Paemeleire K, Santens P, Strijckmans K, Lemahieu I. Cobalt-55 positron emission tomography in symptomatic atherosclerotic carotid artery disease: borderzone versus territorial infarcts. *Clin Neurol Neurosurg* 2004; 106(2):77–81.
62. De Reuck J, Santens P, Strijckmans K, Lemahieu I. Cobalt-55 positron emission tomography in vascular dementia: significance of white matter changes. *J Neurol Sci* 2001 193: (1)1–6.
63. Goethals P, Volkaert A, Vandewielle C, Dierckx R, Lameire N. ^{55}Co -EDTA for renal imaging using positron emission tomography (PET): a feasibility study. *Nucl Med Biol* 2000; 27 (1):77–81.
64. Stevens H, Jansen HM, De Reuck J, Lemmerling M, Strijckmans K, Goethals P et al. ^{55}Co (Co) as a PET-tracer in stroke, compared with blood flow, oxygen metabolism, blood volume and gadolinium-MRI. *J Neurol Sci*. 1999; 171(1): 11-18.
65. Green MA, Mathias CJ, Welch MJ, McGuire AH, Perry D, Fernandez-Rubio F et al. Copper-62-labeled pyruvaldehyde bis(N4-methylthiosemicarbazonato)copper(II): synthesis and evaluation as a positron emission tomography tracer for cerebral and myocardial perfusion. *J Nucl Med* 1990; 31(12): 1989-1996.
66. Neirinckx RD. Excitation function for the $^{60}\text{Ni}(a, 2n)^{62}\text{Zn}$ reaction and production of ^{62}Zn bleomycin. *Int J Appl Radiat Isot* 1977; 28: 808-809.
67. Tolmachev V, Löfqvist A, Einarsson L, Schultz J, Lundqvist H. Production of ^{76}Br by a low-energy cyclotron. *Appl Radiat Isot* 1998; 49(12):1537–40.
68. Tolmachev V, Carlsson J, Lundqvist H. A limiting factor for the progress of radionuclide based diagnostics and therapy; availability of suitable radionuclides. *Acta Oncol* 2004; 43(3):264–275.
69. Löfqvist A, Lundqvist H, Lubberink M, Tolmachev V, Carlsson J, Sundin A. Kinetics of ^{76}Br -labeled anti-CEA antibodies in pigs; aspects of dosimetry and PET imaging properties. *Med Phys* 1999 26(2): 249–258.
70. http://zrw.web.psi.ch/research/pet_tracer/pet_tracer/ametamay/tumour_hypoxia_neu%20.html