

# $^{18}\text{F}$ -AV-1451 PET in movement disorders



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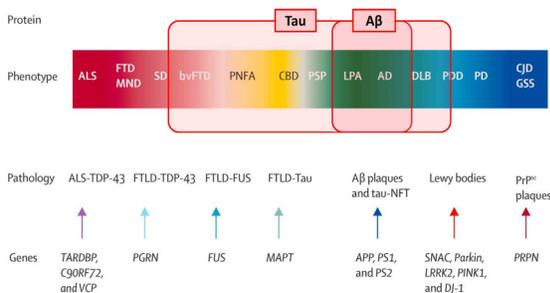
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## Outline of Talk

1. Background and brief summary of new radiotracers for tau
2. Distinct  $^{18}\text{F}$ -AV-1451 binding pattern in PSP and CBS
3. Tau accumulation in Lewy body diseases spectrum
4. Age-related iron accumulation and  $^{18}\text{F}$ -AV-1451 binding in basal ganglia
5.  $^{18}\text{F}$ -AV-1451 PET as new biomarker for differential diagnosis of parkinsonism

## Development of radiotracers for tau PET imaging

## Clinical, genetic, and pathological spectrum of neurodegenerative diseases with the accumulation of misfolded protein



Villemagne VL, *Lancet Neurol* 2015;14:114

## Tau isoforms for specific diseases

Tauopathy	Histopathology	
	Light microscopy	Electron microscopy
<b>Type 1</b>		
3R and 4R isoform	Alzheimer's disease	Neurofibrillary tangles
3R and 4R isoform	Down's syndrome	Neurofibrillary tangles
3R and 4R isoform	Chronic traumatic encephalopathy	Neurofibrillary tangles
3R and 4R isoform	Niemann-Pick disease type C	Neurofibrillary tangles
<b>Type 2</b>		
4R isoform	Corticobasal degeneration	Astrocytic plaques
4R isoform	Progressive supranuclear palsy	Globose tangles; tufted astrocytes
4R isoform	Argyrophilic grain disease	Limbic argyrophilic grains; oligodendroglial coiled bodies
<b>Type 3</b>		
3R isoform	Pick's disease	Pick's bodies
<b>Type 4</b>		
Short ON3R isoform	Myotonic dystrophy	Neurofibrillary tangles
		NA

Villemagne VL, *Lancet Neurol* 2015;14:114

**<sup>18</sup>F-FDDNP binds to both  $\beta$ -amyloid and tau protein.**

The figure shows the chemical structure of <sup>18</sup>F-FDDNP, which consists of a naphthalene ring system with a 2-cyanoethylamino group and a 2-(2-dimethylaminoethyl)ethylamino group. To the right, PET brain scans are shown for Healthy Control (HC) and Alzheimer's Disease (AD) patients. For each group, scans for <sup>11</sup>C-PIB and <sup>18</sup>F-FDDNP are displayed in coronal and transaxial views. The AD scans show significantly higher uptake of <sup>18</sup>F-FDDNP compared to HC, indicating binding to both  $\beta$ -amyloid and tau protein.

Talboom N, J Nucl Med 2009;50:191

**<sup>18</sup>F-FDDNP PET in PSP patients showed increased binding in striatum, thalamus, subthalamus, midbrain, and cerebellar WM.**

The figure displays PET brain scans for four PSP patients (PSP3, PSP4, PSP2, PD5) in coronal and transaxial views. The scans show increased uptake of <sup>18</sup>F-FDDNP in the striatum, thalamus, subthalamus, midbrain, and cerebellar white matter. A color scale at the bottom indicates log<sub>10</sub> graphical analysis with cerebellar gray matter as the reference region, with a range from 0.0 to 1.0.

Kepe V, JAD 2013;36:145

**New tau-selective radiotracers**

The figure presents several new tau-selective radiotracers with their chemical structures and key properties:

- <sup>18</sup>F-THK523: tau  $K_D = 1.67$  nM, AB  $K_D = 20.7$  nM
- <sup>11</sup>C-PBB3: tau/AB selectivity > 40 - 50x
- <sup>18</sup>F-T807: tau  $K_D = 21.7$  nM, tau/AB selectivity > 30x
- <sup>18</sup>F-T808: tau  $K_D = 14.5$  nM, tau/AB selectivity > 30x
- <sup>18</sup>F-THK5105: tau  $K_D = 1.45$  nM, AB  $K_D = 35.9$  nM
- <sup>18</sup>F-THK5117
- <sup>18</sup>F-THK5351

**Characteristics of tau PET ligands**

Pros and cons	
<sup>18</sup> F-THK523	high WM uptake, lower affinity difficult to discriminate specific binding from background visually
<sup>18</sup> F-THK5105	high WM uptake, high brainstem uptake
<sup>18</sup> F-THK5117	high WM uptake, high brainstem uptake
<sup>18</sup> F-THK5351	much lower WM uptake than other THKs high brainstem uptake may bind to various forms of tau or non-specificity
<sup>18</sup> F-AV-1451 ( <sup>18</sup> F-flortaucipir) ( <sup>18</sup> F-T807)	very low non-specific white matter binding high contrast between background and specific binding rare skull uptake due to defluorination high affinity to AD tau, intermediate to FTD tau, and low to PSP or CBD tau "off-target" binding in the striatum, substantia nigra, and choroid plexus unstable kinetics and unstable SUVR
<sup>18</sup> F-T808	stable kinetics and stable SUVR frequent defluorination and high skull uptake
<sup>11</sup> C-PBB3	high retention in the venous sinus contamination of brain by large amount of radiometabolites

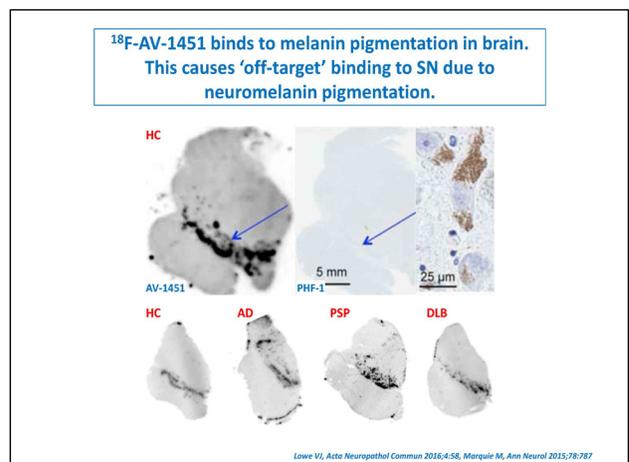
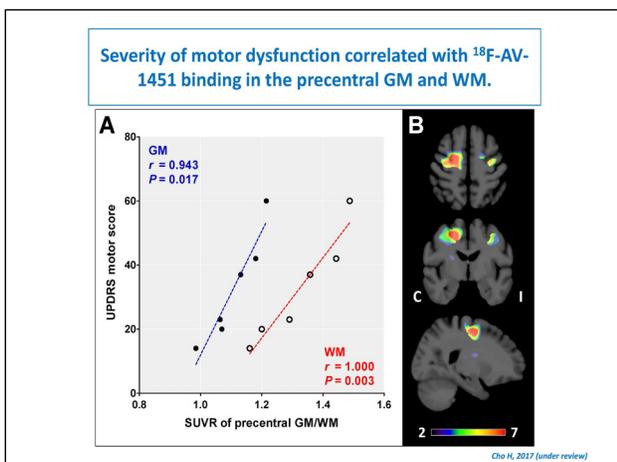
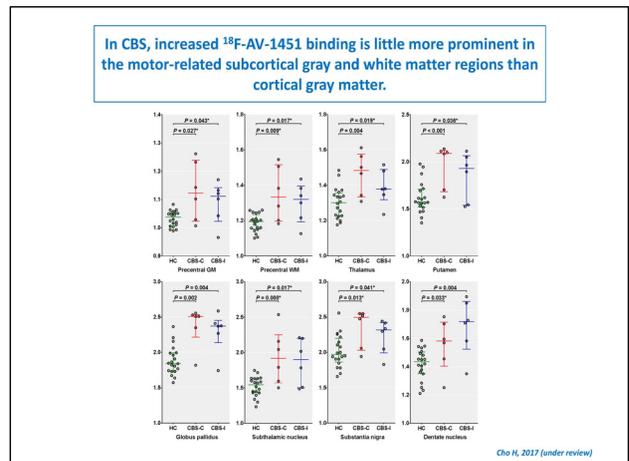
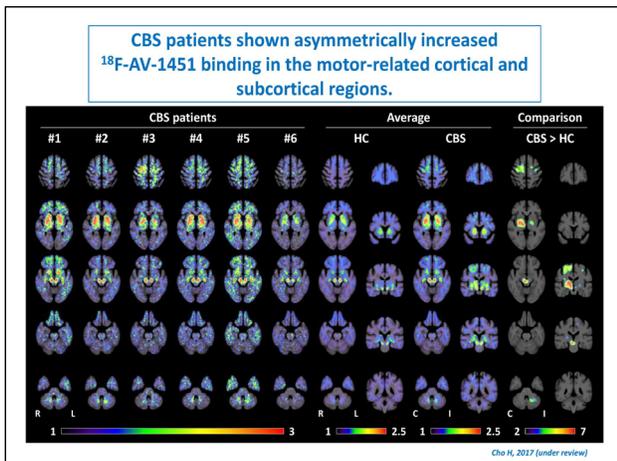
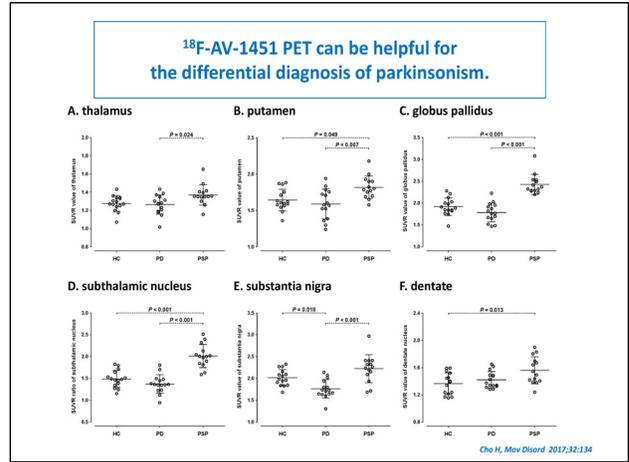
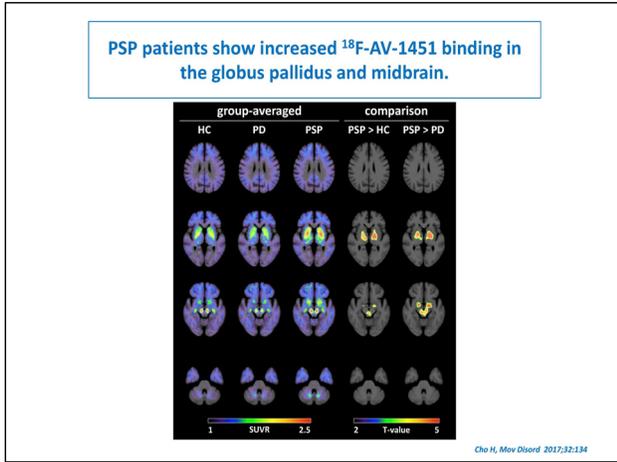
**<sup>18</sup>F-AV-1451 PET studies in parkinsonian diseases**

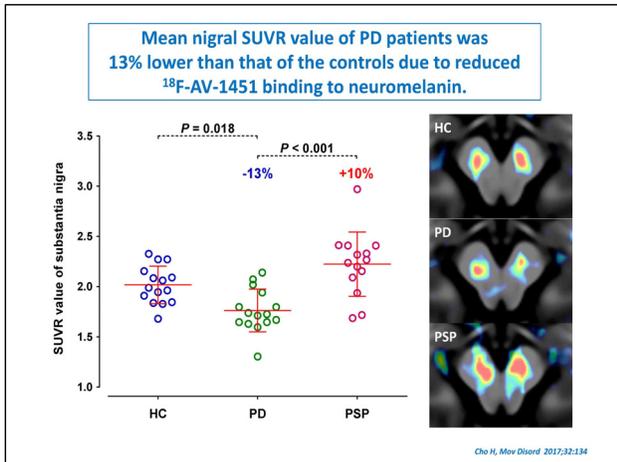
**Topographical pattern of tau pathology in different clinical phenotypes of PSP**

The figure illustrates the topographical pattern of tau pathology in different clinical phenotypes of PSP. It includes a key to anatomical structures (A) and six brain sections (B-F) showing the distribution of tau pathology:

- A Key to anatomical structures:** Frontal lobe, Caudate, Putamen, Substantia nigra, Globus pallidus, Dentate nucleus, Cerebellar white matter, Parietal lobe, Amygdala, Hypothalamus, Pituitary, TBN.
- B PSP-P or PAFG:** Shows tau pathology in the striatum and midbrain.
- C Richardson's syndrome, PSP-P, or PAFG:** Shows tau pathology in the striatum, midbrain, and cerebellar white matter.
- D Richardson's syndrome, PSP-P, or PAFG:** Shows tau pathology in the striatum, midbrain, and cerebellar white matter.
- E Richardson's syndrome:** Shows tau pathology in the striatum, midbrain, and cerebellar white matter.
- F Richardson's syndrome:** Shows tau pathology in the striatum, midbrain, and cerebellar white matter.

Williams DR, Lancet Neurol 2009;8:270

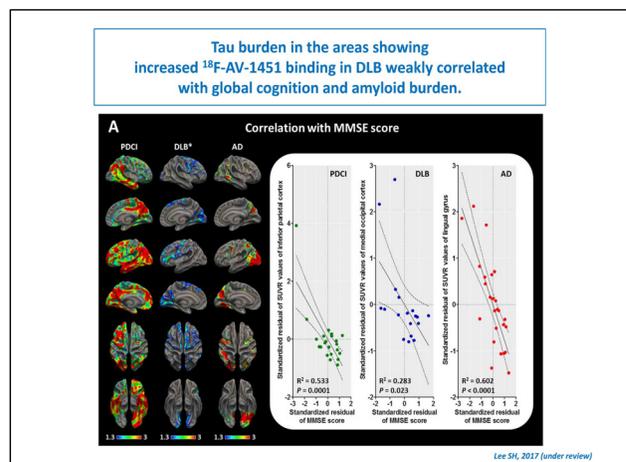
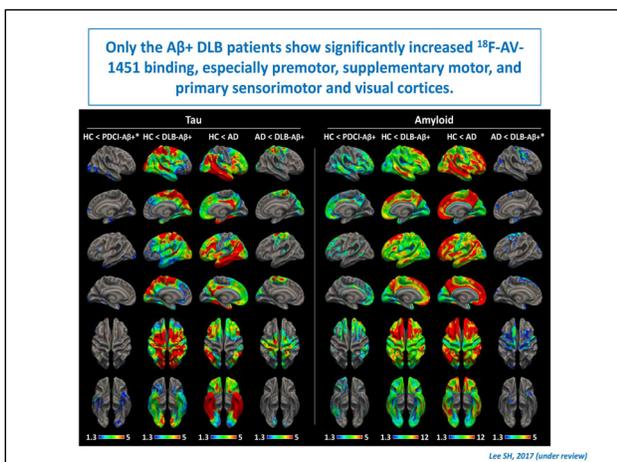
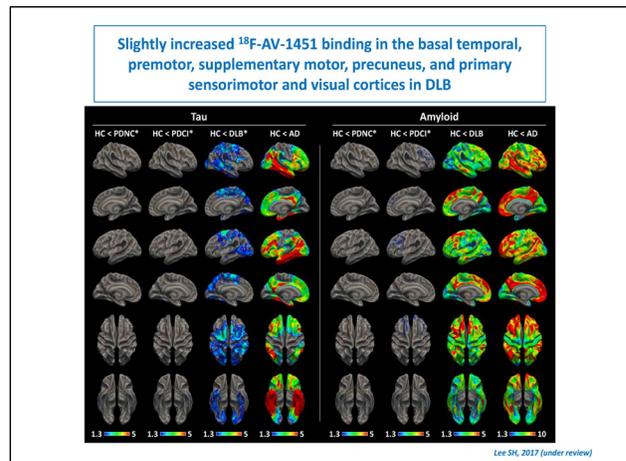
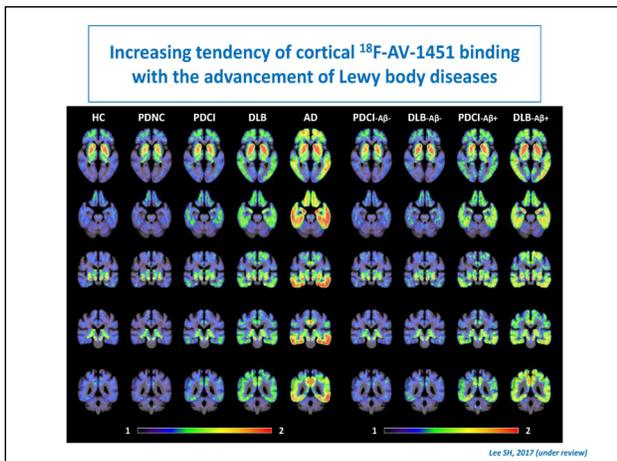


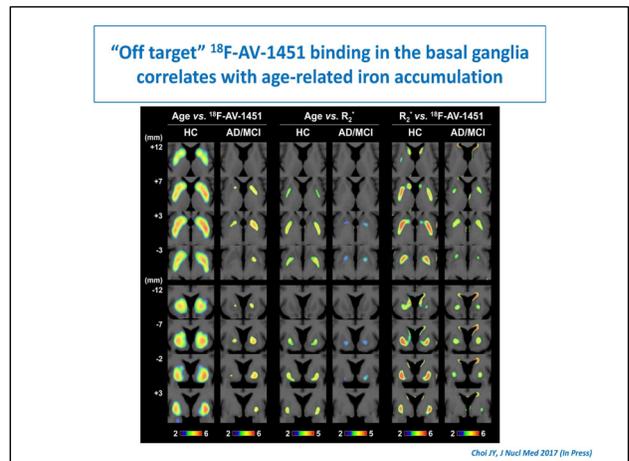
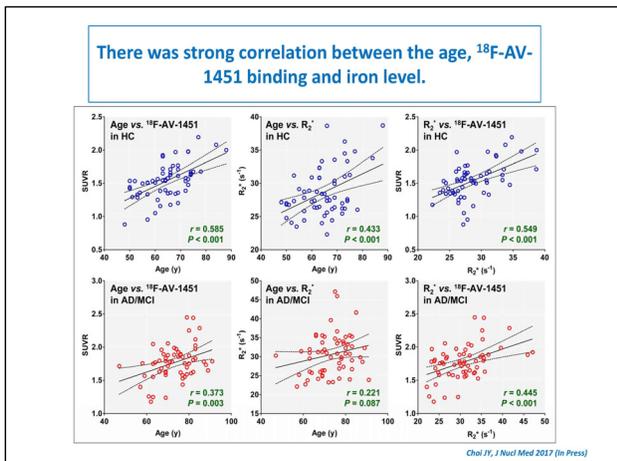
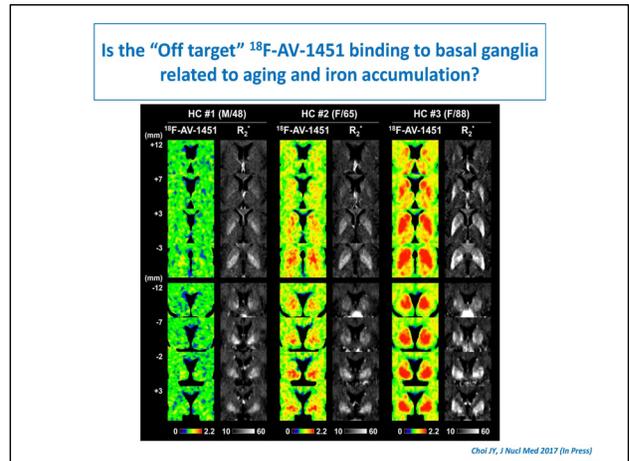
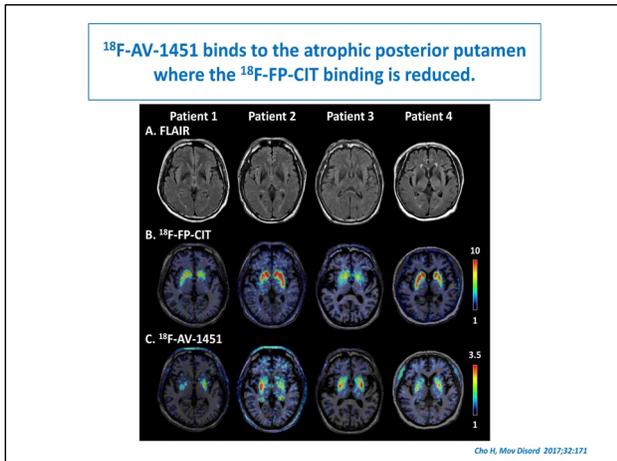
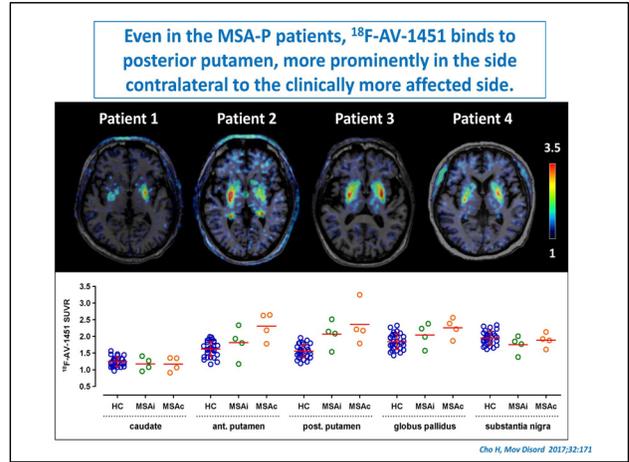
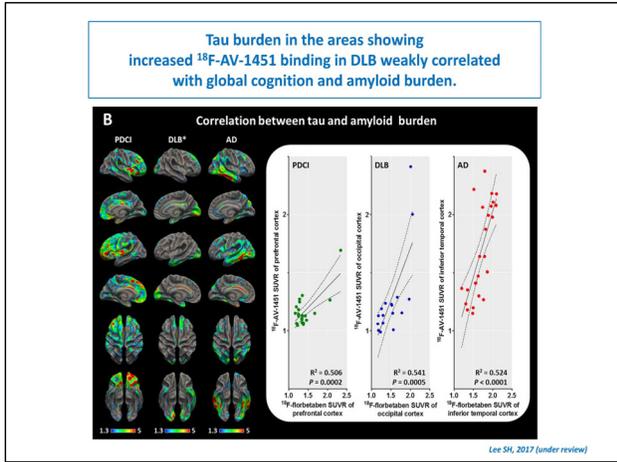


**<sup>18</sup>F-AV-1451 PET study in Lewy body diseases**

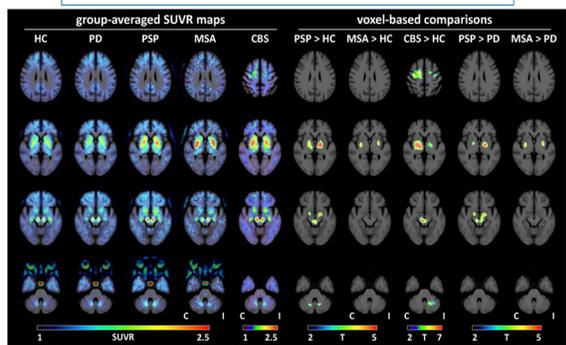
	HC	PDNC	PDCI	DLB	AD
n	25	12	22	18	25
Age (years)	73.2 ± 3.5	67.6 ± 6.3	71.3 ± 6.8	73.3 ± 8.3	74.0 ± 4.0 <sup>b</sup>
Gender (M : F)	10 : 15	7 : 5	7 : 15	11 : 7	2 : 23 <sup>ab</sup>
Education (years)	10.8 ± 5.1	10.5 ± 4.0	8.8 ± 5.4	9.0 ± 4.3	8.8 ± 6.3
Duration (months)	n.a.	42.1 ± 34.9	76.8 ± 60.9	28.3 ± 19.3	42.7 ± 19.3
Clinical symptoms					
Cognitive fluctuation	-	0 (0%)	3 (14%)	14 (78%) <sup>b</sup>	-
Hallucination	-	0 (0%)	5 (23%)	9 (50%) <sup>b</sup>	-
Parkinsonism	-	12 (100%)	22 (100%)	16 (89%) <sup>b</sup>	-
RBD	-	3 (25%)	8 (36%)	15 (83%) <sup>b</sup>	-
Assessments					
MMSE	27.2 ± 2.2	27.2 ± 1.9	22.7 ± 5.8 <sup>a</sup>	19.5 ± 6.2 <sup>ab</sup>	19.4 ± 5.9 <sup>ab</sup>
CDR-SB	0	0	3.3 ± 3.7 <sup>a</sup>	5.4 ± 4.8 <sup>ab</sup>	5.1 ± 2.7 <sup>ab</sup>
UPDRS motor	n.a.	25.8 ± 11.3	32.9 ± 14.6	20.6 ± 14.6	n.a.
ApoE ε4 (%)	6 / 25 (24%)	2 / 12 (17%)	8 / 19 (42%)	7 / 18 (39%)	14 / 23 (61%) <sup>ab</sup>
Amyloid positivity	0 (0%)	0 (0%)	7 (32%)	10 (56%)	25 (100%) <sup>ab</sup>
Treatment					
Use of AchE inhibitor	0 (0%)	0 (0%)	6 (27%) <sup>ab</sup>	17 (94%) <sup>b</sup>	24 (96%) <sup>ab</sup>
Use of memantine	0 (0%)	0 (0%)	2 (9%)	6 (33%)	10 (40%) <sup>ab</sup>
LEDD (mg)	n.a.	471.2 ± 454.8	681.0 ± 476.6	150, 500 <sup>c</sup>	n.a.

Lee SH, 2017 (under review)





In summary, <sup>18</sup>F-AV-1451 PET can be helpful for the differential diagnosis of parkinsonism.



### Summary

1. <sup>18</sup>F-AV-1451 (<sup>18</sup>F-flortaucipir; <sup>18</sup>F-T807), a commercial radiotracer for tau, is currently the most promising <sup>18</sup>F-labeled radiotracer which strongly binds to PHF-tau in AD and weakly binds to straight filament of non-AD tauopathies.
2. In parkinsonisms, disease-specific <sup>18</sup>F-AV-1451 binding patterns reflect the regional distribution patterns of tau pathology and may be helpful for the differential diagnosis (PD: ↓ SN, PSP: ↑ GP, midbrain, CBS: ↑ premotor, motor WM > GM, GP with asymmetry, DLB: ↑ visual, motor, premotor, parietal in amyloid-positive, MSA: ↑ posterior putamen with asymmetry ).
3. Tau accumulation increased with the advancement of Lewy body diseases. Only the amyloid-positive LBD patients showed increased <sup>18</sup>F-AV-1451 binding in the regions distinct from AD.
4. "Off-target" <sup>18</sup>F-AV-1451 binding in the basal ganglia is associated with the age-related increases in iron accumulation.