



University of California  
San Francisco

Department of Radiology  
& Biomedical Imaging

*Role of Multiparametric  $^1\text{H}$  and Hyperpolarized  $^{13}\text{C}$   
Metabolic Imaging in the Personalized Care of  
Prostate Cancer Patients*

*Osher Mini Medical School for the Public*

*John Kurhanewicz, Ph.D.*

*Professor of Radiology and Biomedical Imaging, Urology, and  
Pharmaceutical Chemistry, UCSF/UCB Bioengineering  
University of California San Francisco*

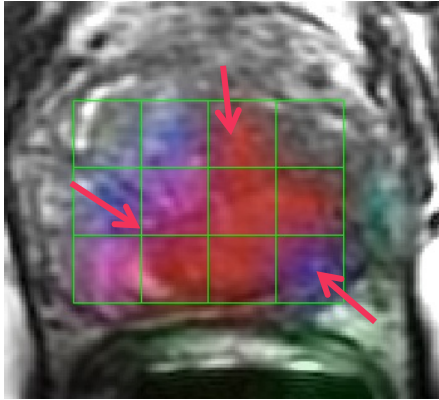
*National Research Council explains:* Precision Medicine refers to the tailoring of medical treatment to the individual characteristics of each patient.

*Topic of this lecture:* Hyperpolarized  $^{13}\text{C}$  MR imaging and its combination with mp- $^1\text{H}$  MRI and PET to tailor the treatment of individual prostate cancer patients.



# Multiparametric (mp) - $^1\text{H}$ MRI

*"one picture is worth ten thousand words" \**



*mp- $^1\text{H}$  MRI and hyperpolarized  $^{13}\text{C}$  MRI*

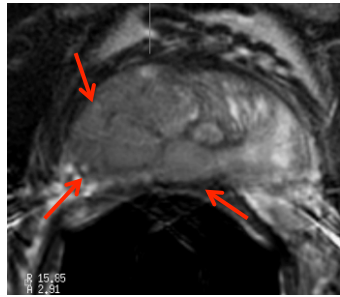
*\* 1926 Time Magazine advertisement for a children's encyclopedia*

*"Multiple concordant pictures – provide the most confident identification and characterization of prostate cancer in individual patients." \**

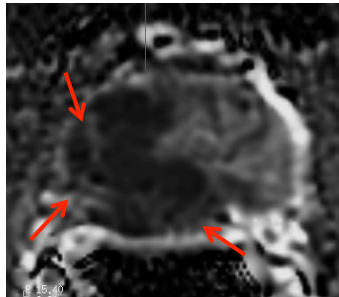
- 24 years of continuous NIH funding - multiparametric  $^1\text{H}$  MRI
- Integration with PET – PET/MRI
- Over 200 publications
- $\approx$  1,200 patients scanned in 2017
- Targeted biopsies and therapy

*\* UCSF approach to imaging prostate cancer*

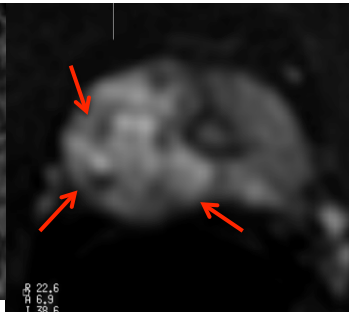
# Multiparametric $^1\text{H}$ MRI + PET



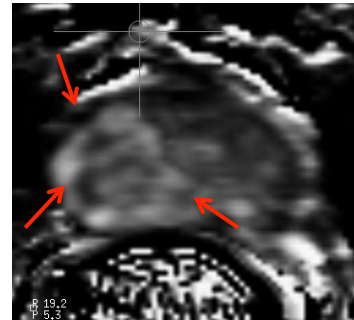
T2 wt. MRI



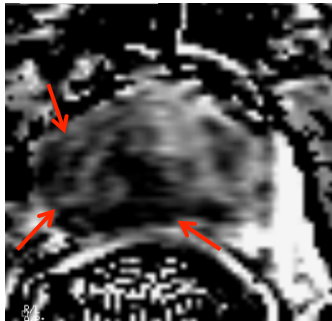
ADC



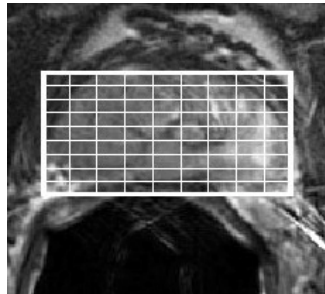
High-b DWI



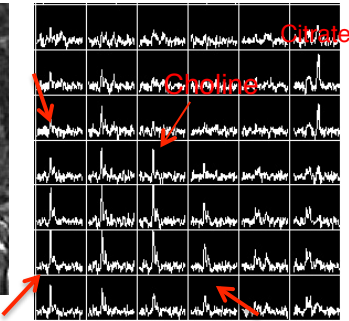
DCE Uptake



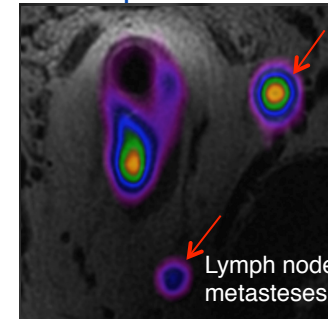
DCE Wash-out



T2 +  $^1\text{H}$  MRSI grid



$^1\text{H}$  Magnetic Resonance Spectroscopic Imaging



PSMA -PET

- mp- $^1\text{H}$  MRI primary approach to assessing localized disease
- PET - assessing metastatic disease ( $^{68}\text{Ga}$  and  $^{18}\text{F}$  PSMA,  $^{18}\text{F}$  and  $^{11}\text{C}$  choline,  $^{68}\text{Ga}$  citrate)
- Addition of HP  $^{13}\text{C}$  MRI

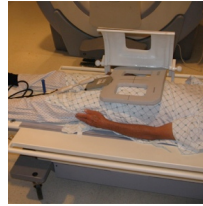
# Hyperpolarized (HP) $^{13}\text{C}$ MRI

- DNP polarization  $\Rightarrow \geq 10^5$  signal enhancement relative to conventional MRI  $\Rightarrow$  measure real time metabolism in patients<sup>1,2</sup>
- Use clinical MRI scanner with multi-nuclear capabilities (hardware and RF coils)
- Injected i.v. like other contrast agents
- Fast HP  $^{13}\text{C}$  imaging + mp- $^1\text{H}$  MRI in prostate cancer patients<sup>3</sup>

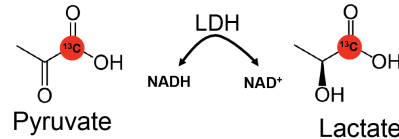
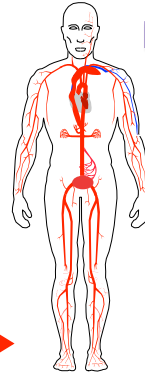
[1- $^{13}\text{C}$ ]pyruvate  
40,000 increase in  
MR signal at 3T<sup>1</sup>



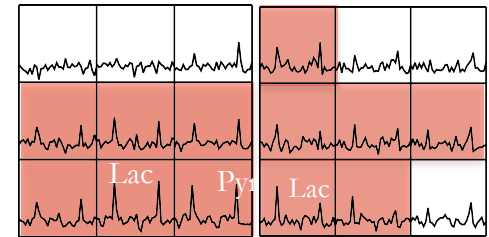
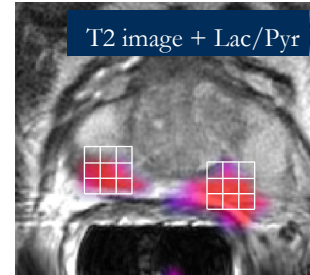
Clinical MR  
Scanner



Inject i.v. –  
Fast  $^{13}\text{C}$  MRI



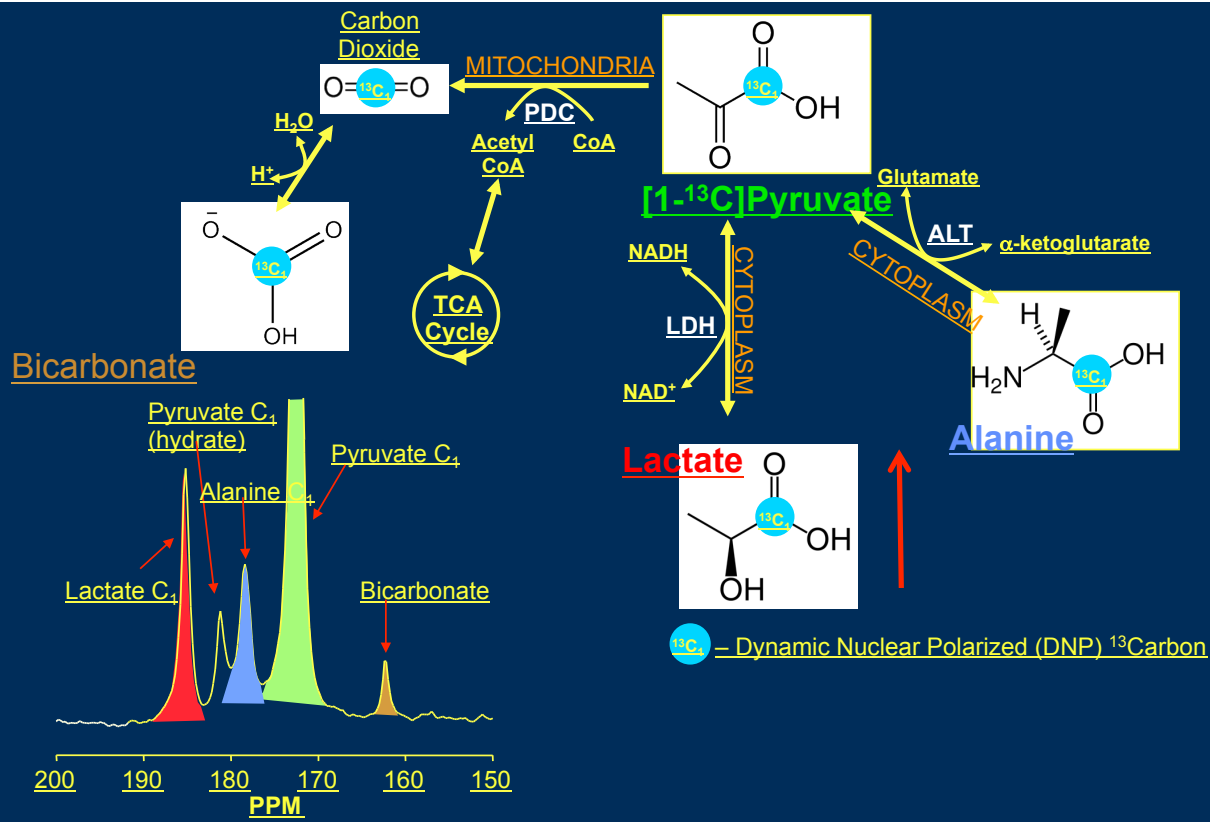
Volume  $^{13}\text{C}$  MRI in 10's  
of secs<sup>3</sup>



<sup>1</sup>Ardenkjaer-Larsen et al. *PNAS*. 2003

<sup>2</sup>Kurhanewicz et al. *Neoplasia*, 2011

# Hyperpolarized $^{13}\text{C}$ Metabolic Imaging

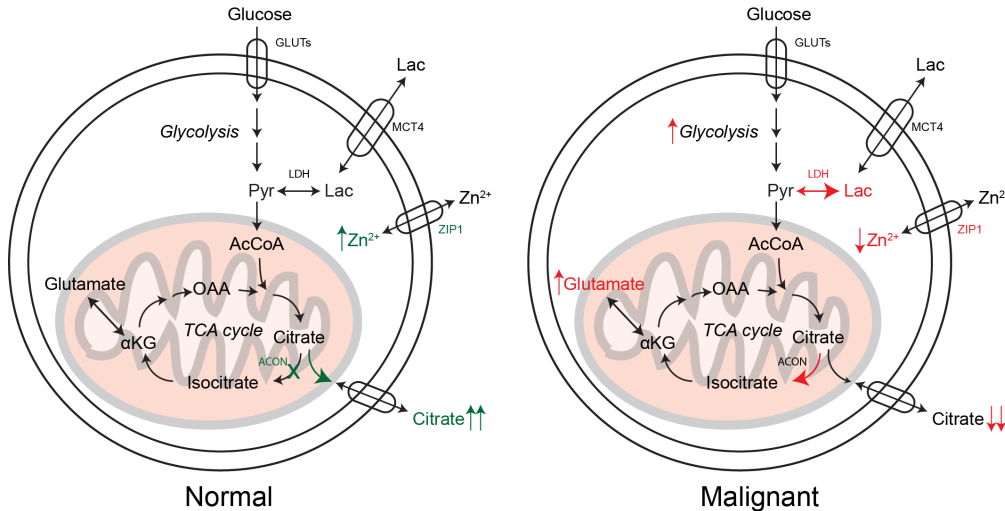


# Metabolic Reprogramming – Prostate Cancer

## Prostate cancer metabolism

- Both Benign and malignant prostate exhibits high glycolytic metabolism limiting FDG PET imaging<sup>1-3</sup>
- Fundamental switch in prostate cancer is the utilization of carbons not the uptake of Glucose.

Glucose Metabolic Reprogramming in Malignant Prostate cells



- Use fast <sup>13</sup>C MR of HP <sup>13</sup>C pyruvate to measure this metabolic switch and its relationship to cancer aggressiveness and therapeutic response.



# Important Clinical Questions

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- **At Diagnosis** - Identification of indolent versus aggressive disease – *individualized therapeutic selection*
- **Advanced Disease** - Therapeutic response and development of therapeutic resistance – *selection of new therapeutic approaches at a earlier more effective time point*

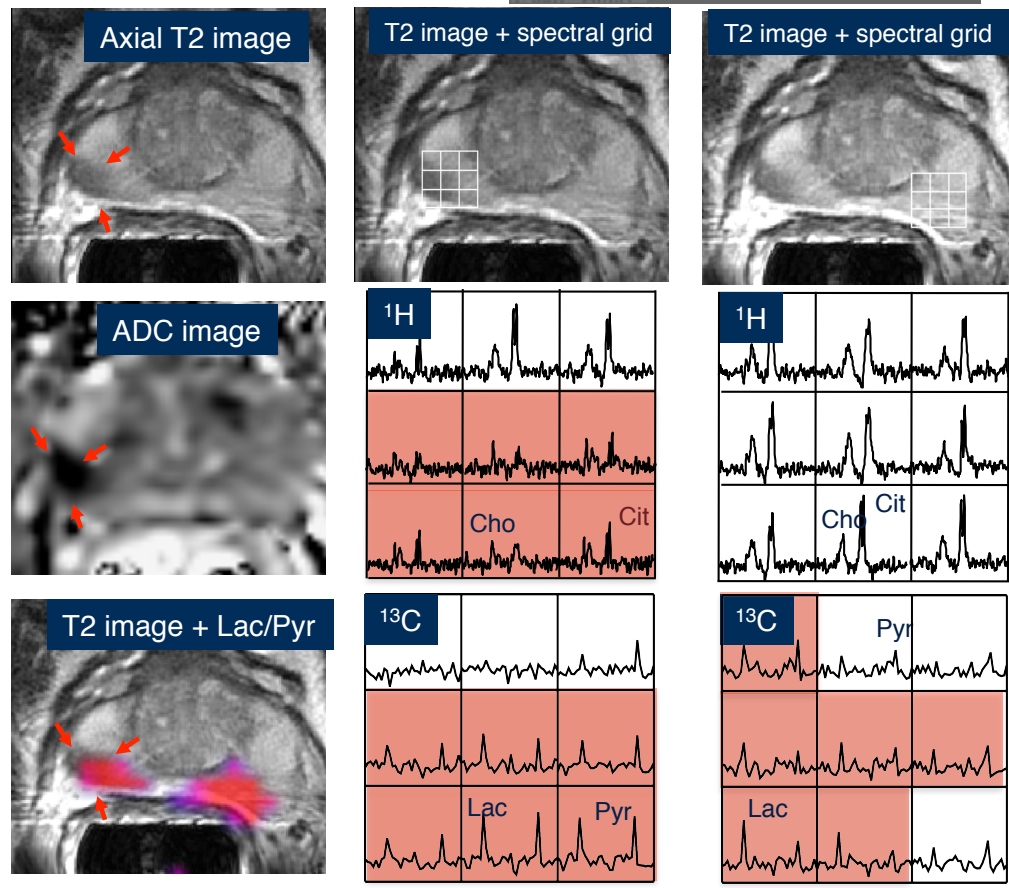


"It's interpret-your-own-test-results day today."

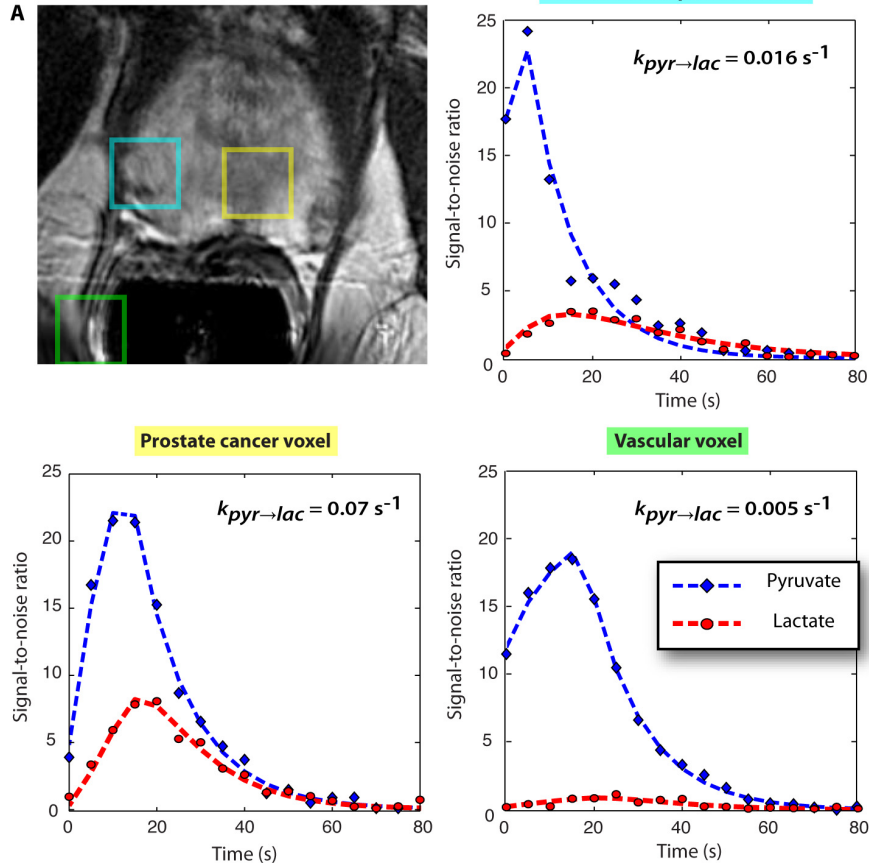


# UCSF Phase 1 Trial of $^{13}\text{C}$ Pyruvate in Localized Prostate Cancer

- Dose escalation safety and imaging feasibility study – *Demonstrated Safety and Feasibility*
- 3D single time point HP  $^{13}\text{C}$  MRI - identified cancer missed on mp- $^1\text{H}$  MRI – *need for full pathologic correlations*



Nelson, Kurhanewicz, Vigneron et al. Science Translation Medicine, 2013; 5(198).



## Phase 1 Trial - Localized Prostate Cancer

- Quantitative measurements of cancer metabolism in individual patients
- High metabolic flux of [1-<sup>13</sup>C]pyruvate to [1-<sup>13</sup>C]lactate ( $k_{pL}$ ) in prostate cancer
- Is  $k_{pL}$  pathologic grade dependent ?

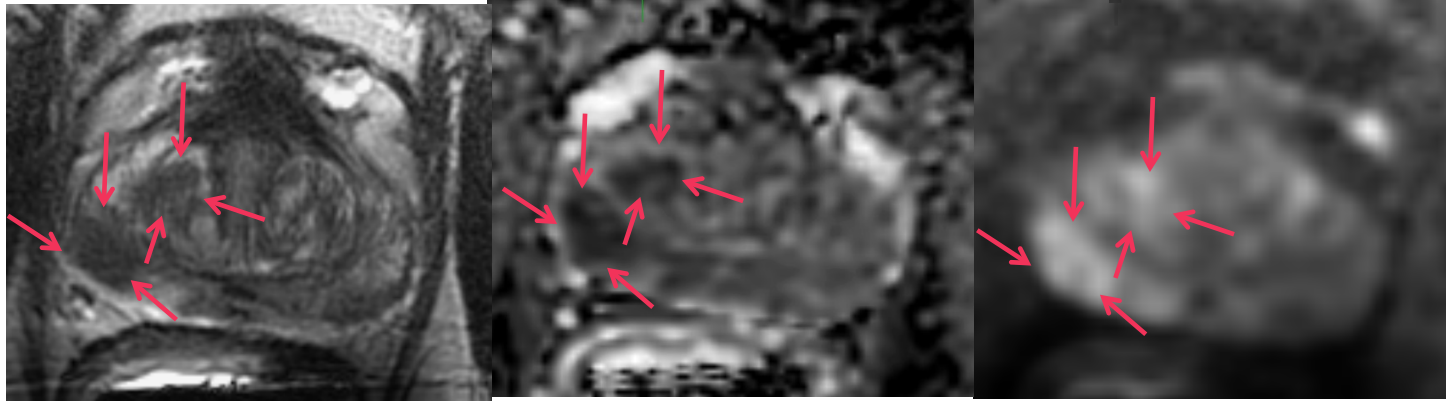
# Phase II study of HP $^{13}\text{C}$ pyruvate imaging to Detect High Grade Prostate Cancer

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**Pre-Radical Prostatectomy (50 patients):** Correlate 3D HP  $^{13}\text{C}$  MRI biomarkers with whole-mount step-section pathology in order to:

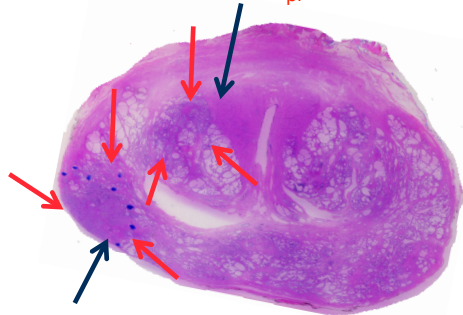
- Investigate the association between HP pyruvate-to-lactate conversion with histologic grade of prostate cancer
- Investigate the association between HP pyruvate-to-lactate conversion and clinical outcomes - extracapsular extension, positive nodal involvement, and failure to achieve undetectable PSA nadir following prostatectomy.

# Phase II study of HP $^{13}\text{C}$ pyruvate imaging to Detect High Grade Prostate Cancer

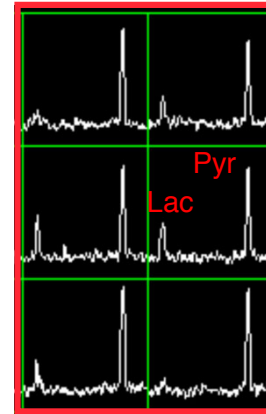
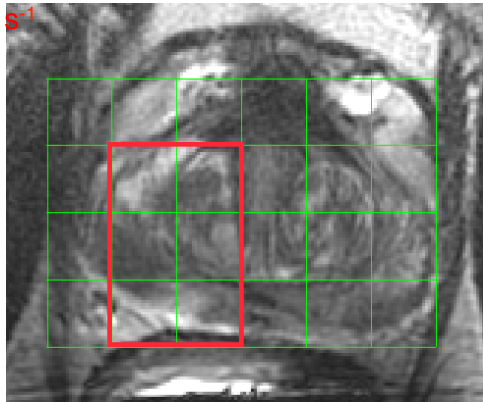


Correlation of 1 Section out of 3D MRI volume

Gleason 3+3 -  $K_{pl} = 0.02 \pm 0.005 \text{ s}^{-1}$

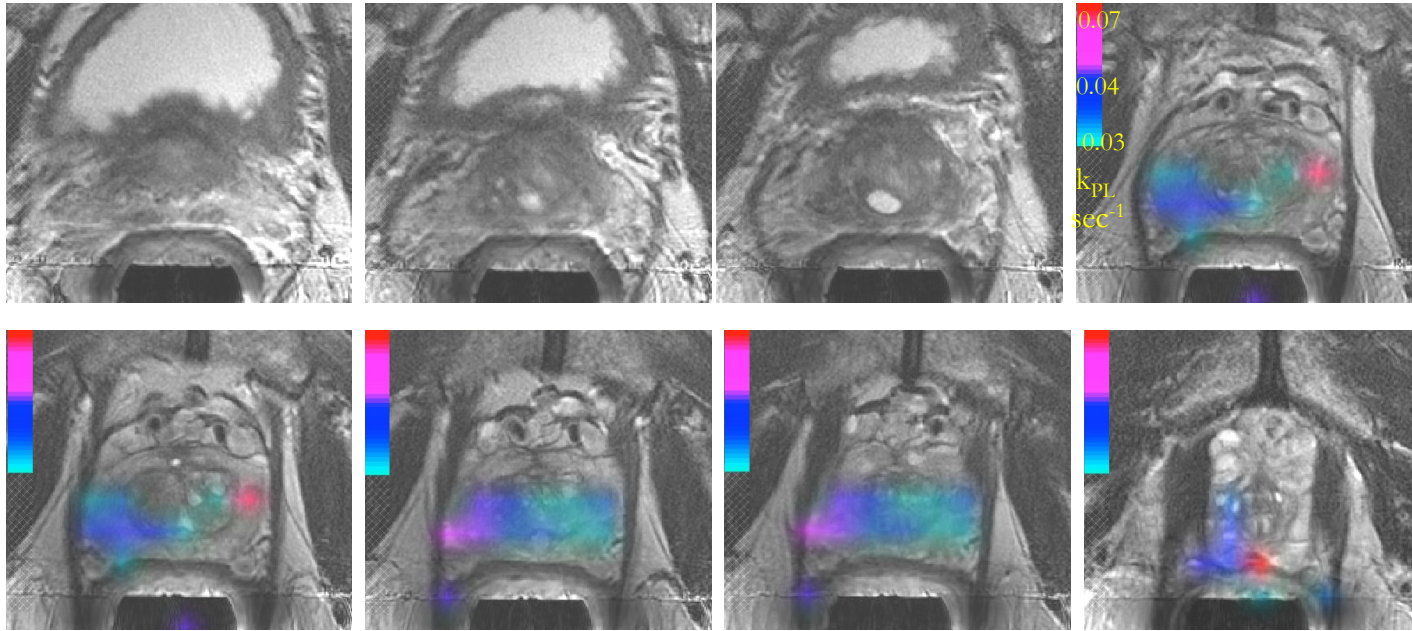


Gleason 4+3 -  $K_{pl} = 0.04 \pm 0.003 \text{ s}^{-1}$



Pathologic Correlations on 16/50 patients thus far

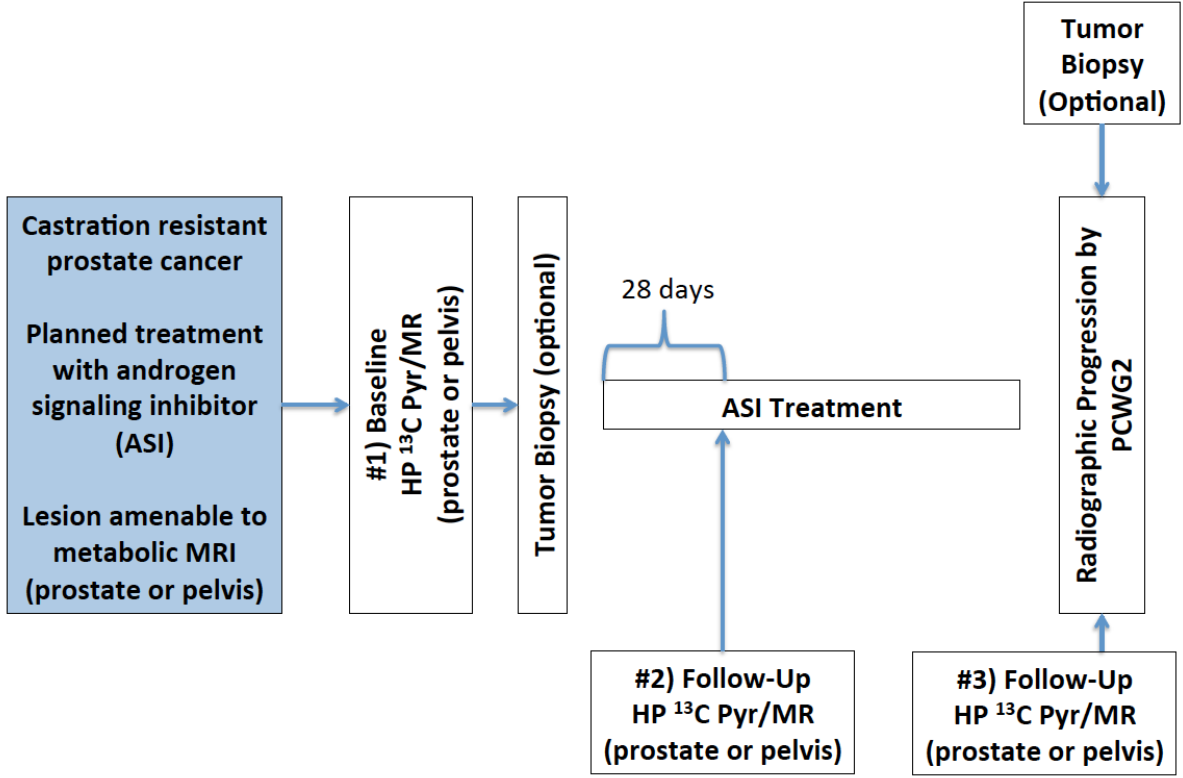
# Phase 2 Trial – Detection of High Grade Cancer



Regions of **Gleason 4+4 - 4+3** cancer correlated with area of high  $k_{pl}$  (pink to red on the overlays), whereas regions of Gleason 3+4 and 3+3 cancer correlated with the lower  $k_{pl}$  (dark to light blue on the overlays).

- Pyruvate to lactate flux images ( $k_{pl}$ ) images overlaid on anatomic images of a patient with multi-focal prostate cancer

# HP <sup>13</sup>C pyruvate MRI as a Biomarker of Response/Resistance to Androgen Signaling Inhibition



- 75 patients prior Androgen Deprivation Therapy



# Phase 2 Trial - [1-<sup>13</sup>C]pyruvate as a Biomarker of Response/Resistance to Androgen Signaling Inhibition

T2 wt. Image

ADC Image

Overlaid  $k_{PL}$  Image

HP <sup>13</sup>C spectral Array

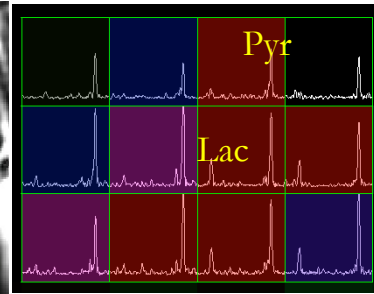
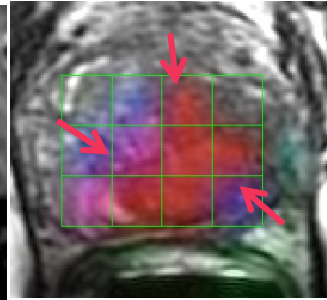
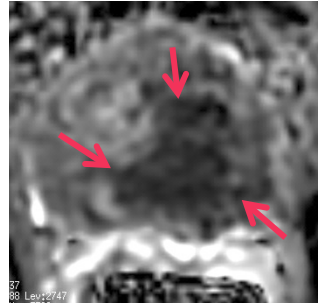
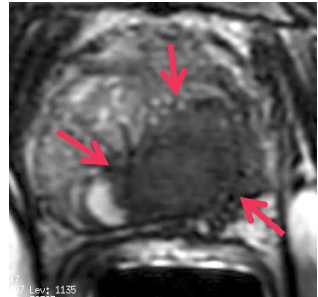
$k_{PL}$   
sec<sup>-1</sup>

- A significant reduction in  $k_{PL}$  predicted therapeutic response

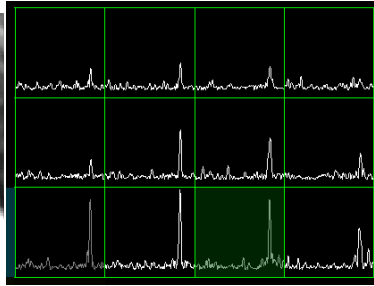
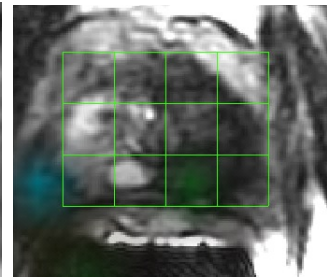
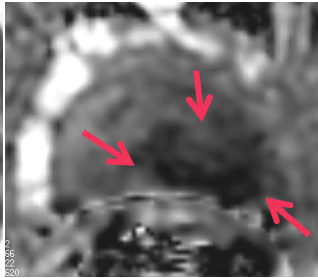
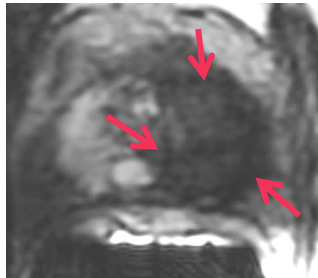
0.06

0.04

0.004



3 months post ADT (Lurpon + Casodex) + Doxycetaxel



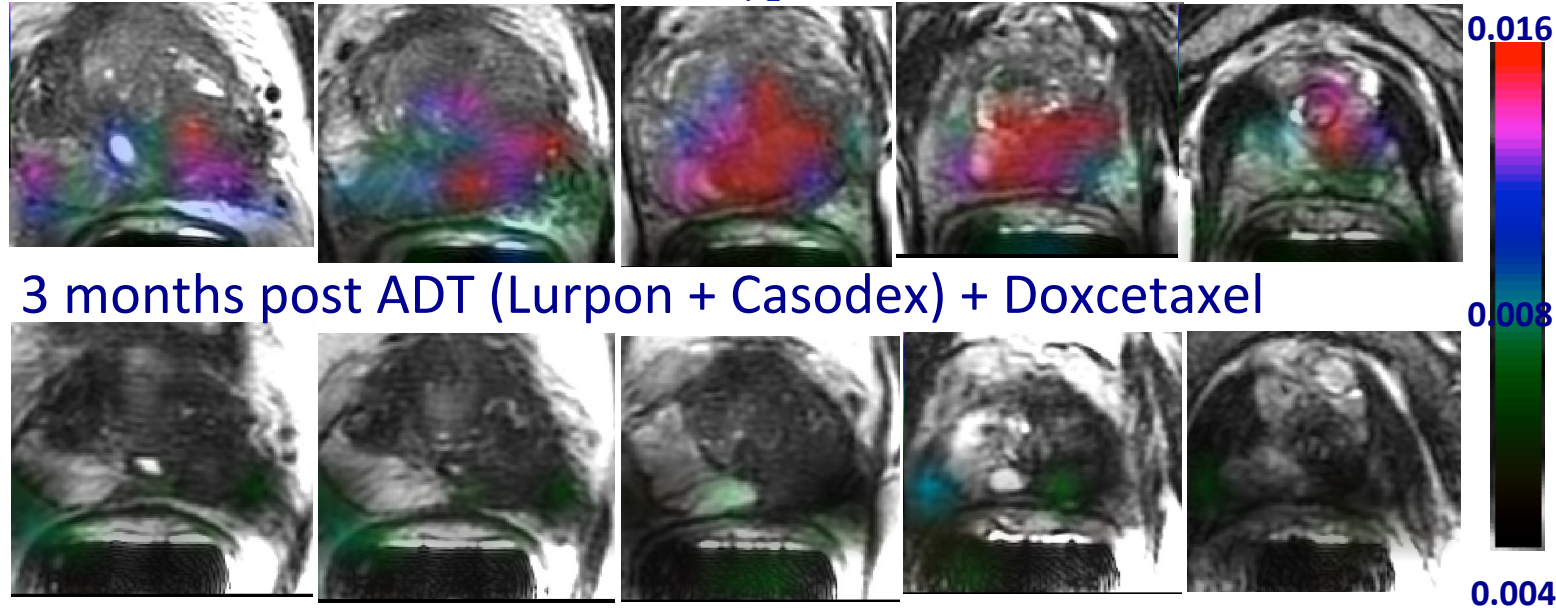
Patient with Gleason 4+5 cancer and lymph node metastases



# Phase 2 Trial - [1-<sup>13</sup>C]pyruvate as a Biomarker of Response/Resistance to Androgen Signaling Inhibition

Pre-treatment

Overlaid  $k_{PL}$  Images



3 months post ADT (Lurpon + Casodex) + Doxetaxel

- After treatment PSA decreased from 25.7 to 0.78 and 1 year out the patient's PSA remains undetectable

# THANK YOU!

**Acknowledgments:** This translational research required a large diverse team of research faculty and students, clinicians from Radiology, Oncology, Urology and Pharmacy, and scientists and engineers from industry.

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## Pre-Clinical Studies



## Clinical Studies

