

Production d'isotopes innovants

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GUERTIN Arnaud

Subatech Laboratory – UMR 6457 CNRS Research Officer



Classer les frontières IN2P3

Institut national de physique nucléaire et de physique des particules

Nuclear data for applications in nuclear medicine

A. Guertin and F. Haddad







Outline

- # Conventional imaging, therapy and nuclear medicine
- # Challenges address to nuclear physicists
- # Examples of what can be done
- # Conclusions

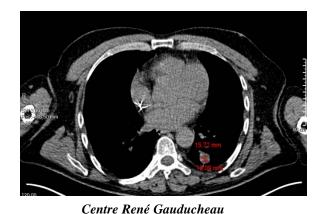


Conventional imaging in oncology

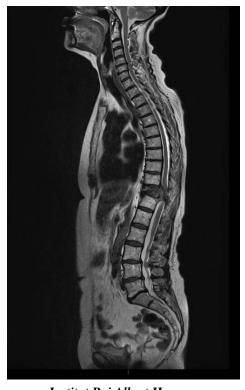
Visualize and localize tumors, measure them and evaluate the response to treatments



Centre François Baclesse
Radiography



Computerized Tomography
Scanner



Institut Roi Albert II

Magnetic Resonance

Imaging

These techniques allow to get accurate information on the morphology but give limited information on the metabolism

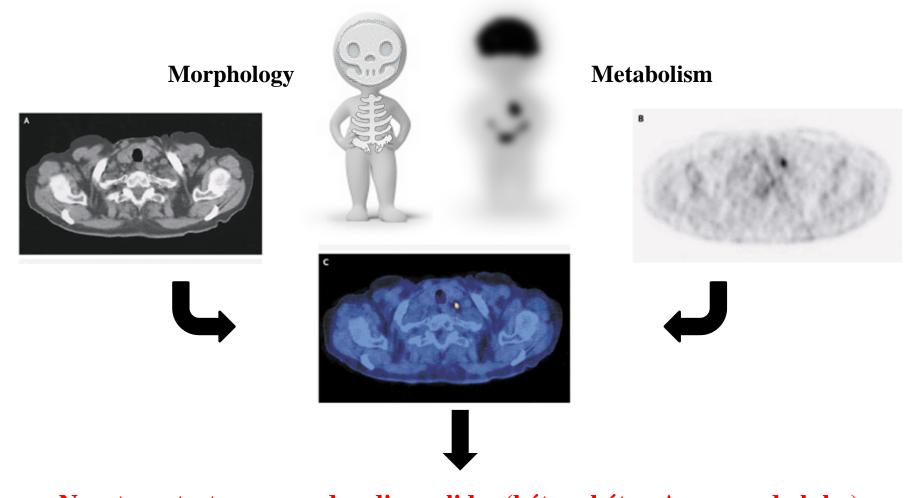
A gain can be obtain by coupling them with nuclear medicine technique (SPECT or PET) which gives these information



Great progress in the last ten years

18FDG PET: whole body 3D mapping of a biomarker, non invasive

Multimodality: SPECT/CT, PET/CT then PET/MR



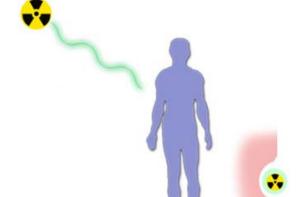
New targets, tracers and radionuclides (béta+, béta-, Auger and alpha)



Conventional radiotherapy

External beam radiotherapy:

- X rays, gamma, electrons
- Hadrontherapy



Brachytherapy Curietherapy



Institut de cancérologie de l'Ouest



ProteusOne, IBA



Institut de cancérologie de l'Ouest

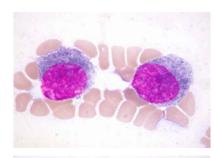
These techniques are very efficient to treat a localized disease

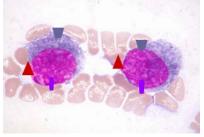
Limit: does not target disseminated disease or residual disease

This can be address by nuclear medicine techniques

Nuclear medicine

Molecular targeting





From Pr Kraeber-Bodéré

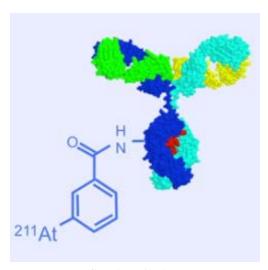
- Receiver: SMS

- Antigen: CEA

- Carrier: GLUT1

- ...

Radiopharmaceutical



GIP ARRONAX

- Peptide
- Antibody
- NorA analog
- Glucose

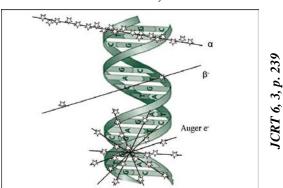
- ...



Gamma: scint, SPECT/CT



Béta +: PET, PET/CT



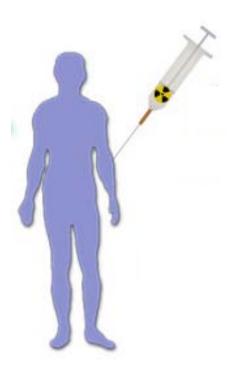
Alpha, béta-, Auger e-: therapy



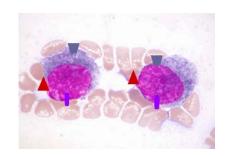
Imaging and molecular radiotherapies

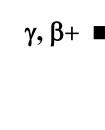
Detect the disease

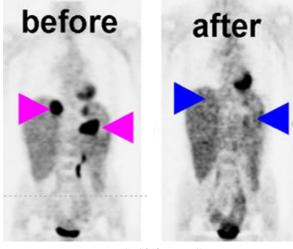
Inject a tracer



Target a tumor marker

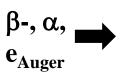




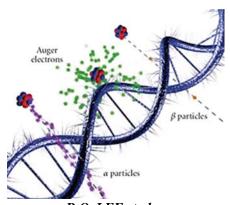


NIRS, Shiba, MIC

AREVA Med



Treat the disease



B.Q. LEE et al.



Theranostic radiopharmaceuticals



Predictive imaging, companion diagnostic

Targeted therapy



THERAN®STICS

E

WANTED

An adequate therapeutic nuclide

A corresponding positron emitter

= (Available matched) pair of therapeutic and PET nuclides WANTED

Molecules = targeting vectors

Identical or similar radiolabelling chemistry

Pharmaceuticals 2017, 10(2), 56



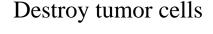
Personalized nuclear medicine

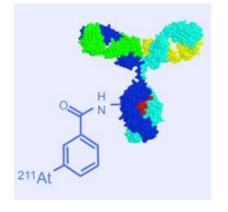
Imaging and diagnosis

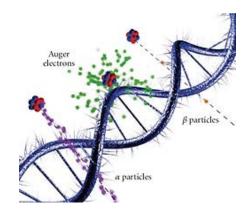
Therapy

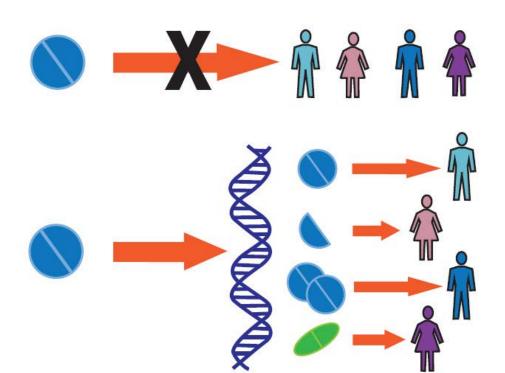
Choose the best treatment

Evaluate its efficacy









The Right Drug **To The Right Patient** For The Right Disease At The Right Time With The Right Dosage



Challenges address to nuclear physicists

¹⁸**FDG PET**: whole body 3D mapping of a biomarker, non invasive

Multimodality: SPECT/CT, PET/CT then PET/MR

In biology, **new vectors**: peptides, humanized antibodies, nanobodies ...

New radionuclides are needed to match with these new vectors

A large set of radioisotopes with very different characteristics is suitable:

- Radiation type for the different applications
- Half-life to match the **bio-distribution** time
- Chemical properties to attach to the **vector molecule**
- Production yields to get the **purest product**
- Production capacities to envisaged **large scale use**



Role of the physicist

The nuclear physicist could have crucial contribution:

- Identify production route and define production process even large scale production (reactors, accelerators by spallation, fission or activation)
- Identify and quantify contaminants
- Define waste management process
- Help scientists working in a pluridisciplinary team (nuclear physicists are use to do that)
- Discuss with physicians to promote its use

Over the last years, several radionuclides have emerged:

- Béta+: Cu-64, Ga-68, Zr-89 ...
- Gamma: Sn-117m ...
- Béta-: Ho-166, Lu-177 ...
- Alpha: At-211, Bi-212, Bi-213, Ra-223, Ac-225 ...
- Theranostic: Sc-44/Sc-47, Cu-64/Cu-67, Ga-68/Lu-177 ...

Terbium quadruplet Tb-149, 152, 155, 161

- Auger: Sn-117m, Tb-155 (at the research level for the moment)

To do so, we possess facility (will possess) available for irradiations equipped with experimental techniques such as the stacked-foil technique



Stacked-foil technique

Stacked-foil technique:

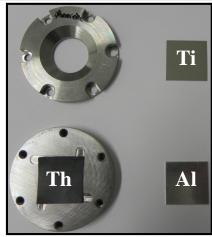
- Target/monitor/degrader **pattern**
- Thin foils:

E loss small and constant

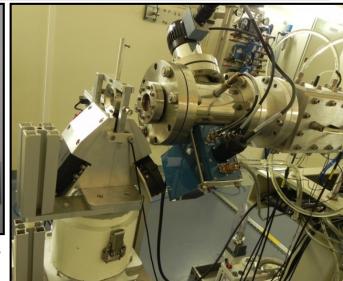
- One cross section value per foil

Activity and cross section:

$$\sigma = \frac{\text{Act.A}}{\chi.\Phi.\mathcal{N}_{A}.\rho.e.(1 - e^{-\lambda.t})}$$



Capsule and foils



Irradiation station and beam line

Use of a Faraday cup:

- Beam dump placed at the end of the stack to control the intensity during the irradiation

Use of a monitor foil:

$$\sigma = \sigma'. \frac{\chi'. \operatorname{Act}. A. \rho'. e'. (1 - e^{-\lambda'.t})}{\chi. \operatorname{Act}'. A'. \rho. e. (1 - e^{-\lambda.t})}$$

- error on e, e': $\leq 1\%$
- error on t: negligible

IAEA recommended cross sections:

- 8 reactions available for protons
- ²⁷Al (2), ^{nat}Ni, ^{nat}Ti and ^{nat}Cu (4)
- 5 reactions available for deuterons
- ²⁷Al (2), ^{nat}Fe, ^{nat}Ni and ^{nat}Ti
- 6 reactions available for alpha-particles
- ²⁷Al (2), ^{nat}Ti and ^{nat}Cu (3)

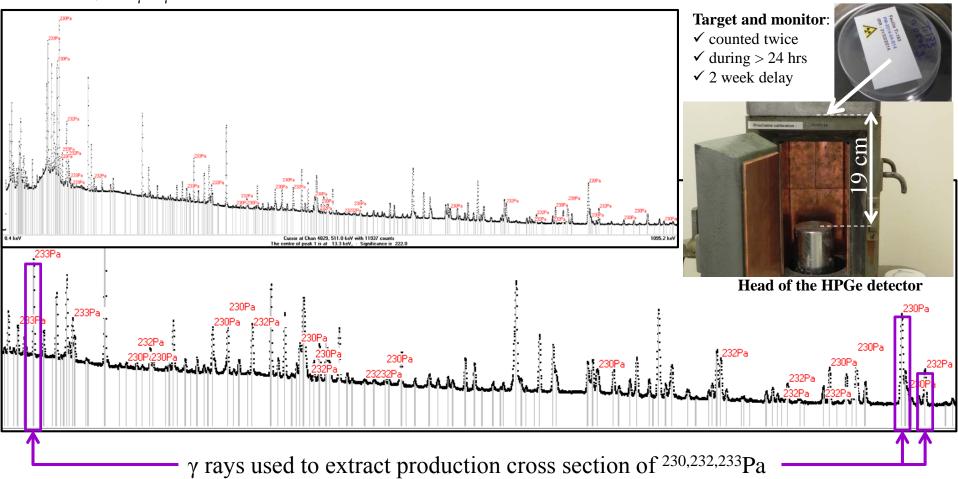


Stacked-foil technique

Gamma spectroscopy

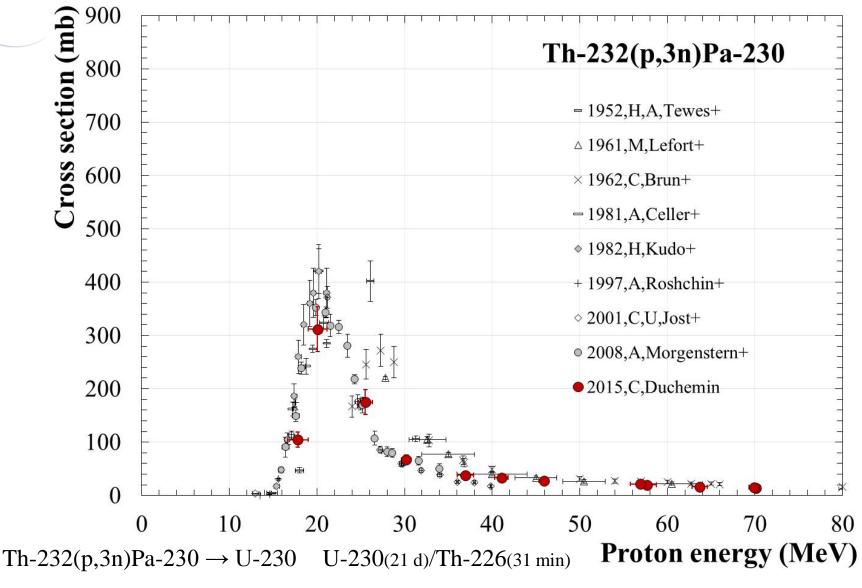
- **HPGe** coaxial detector
- Dead time: < 10% (sum peak)
- Activity values: FitzPeaks
- $T_{1/2}$, E_{γ} , I_{γ} : Lund/LBNL, NNDC

- γ spectra recorded on **8192 channels**
- FWHM:1.04 keV at 122 keV (⁵⁷Co)
- 1.97 keV at 1332 keV (⁶⁰Co)
- Energy and efficiency calibrations: Co and Eu





Novel therapeutic nuclide



α RIT for leukaemia treatment

 4α cascade of 27.7 MeV

C. Duchemin et al., Phys. Med. Biol. 60 (2015) 931-946

TALYS



Code for the simulation of nuclear reactions

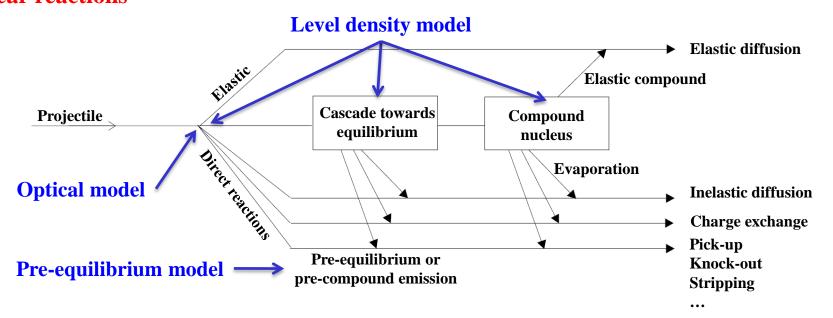
Projectiles : n, p, d, t, He-3, α particles

Many state-of-the-art nuclear models

Energy: 1 keV to 1 GeV

Provide a complete description of all reactions channels and observables Z = 3 to 110

Nuclear reactions



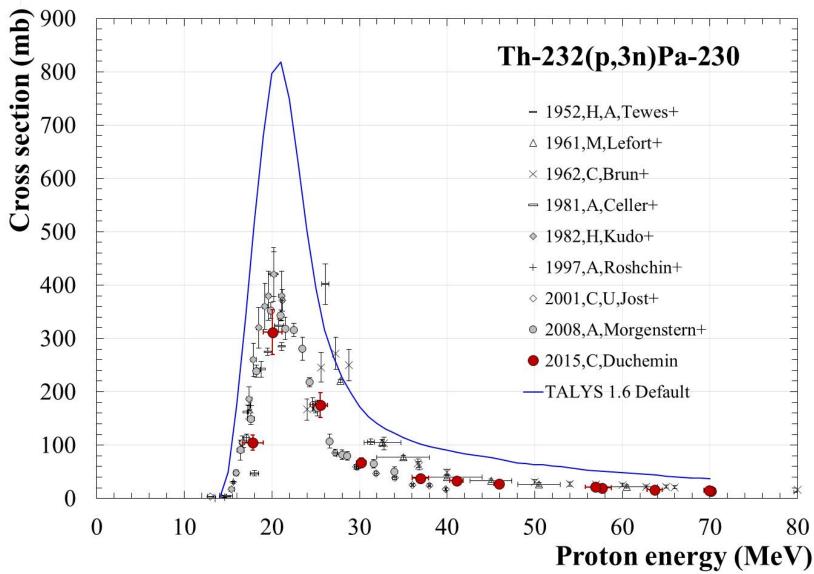
⇒ Influence on the calculated production cross section values

Adapted from S. Benck, PhD thesis, 1999

Koning A.J. and Rochman D., Nucl. Data Sheets, 113, 2012



Novel therapeutic nuclide



C. Duchemin et al., Phys. Med. Biol. 60 (2015) 931-946

CITS IN2P3 Les deux infinis

TENDL2015

TENDL2015

Nuclear data library based on both default and adjusted TALYS calculations and data from other sources



By A.J. Koning¹, <u>D. Rochman</u>², J. Kopecky³, J.Ch. Sublet⁴, M. Fleming⁴, E. Bauge⁷, S. Hilaire⁷, P. Romain⁷, B. Morillon⁷, H. Duarte⁷, S.C van der Marck⁶, <u>S. Pomp</u>⁵, <u>H. Sjostrand</u>⁵, <u>R. Forrest</u>¹, H. Henriksson⁸, O. Cabellos⁹, S. Goriely¹⁰, J. Leppanen¹¹, H. Leeb¹², A. Plompen¹³, and R. Mills¹⁴

¹ IAEA, ² PSI, ³ JUKO Research, ⁴CCFE, ⁵Uppsala Univ., ⁶NRG, ⁷CEA, ⁸Vattenfall, ⁹NEA, ¹⁰ULB, ¹¹VTT, ¹²ATI, ¹³IRMM, ¹⁴NNL.

TENDL2015 contains evaluations for :

seven types of incidents particles (n, p, d, t, He-3, alpha-particle, gamma ray)

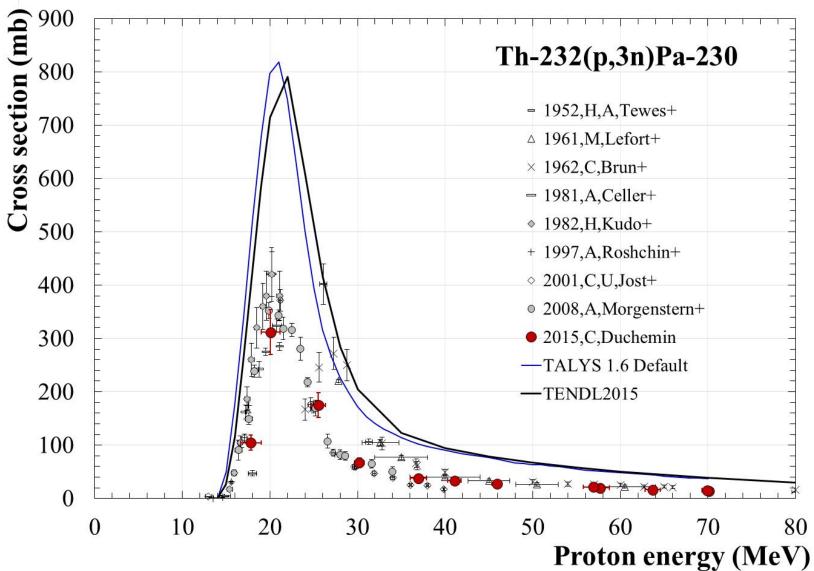
all isotopes living more than 1 second (~ 2800 isotopes)

all files are original except 15 (natural carbon from JENDL-4.0, ^{1,2,3}H, ^{2,3}He, ^{6,7}Li, ^{10,11}B, ⁹Be, ^{14,15}N, ¹⁶O and ¹⁹F from ENDF/B-VII.1)

Koning A.J. et al., https://tendl.web.psi.ch/tendl_2015/tendl2015.html Koning A.J. and Rochman D., Nucl. Data Sheets, 113, 2012



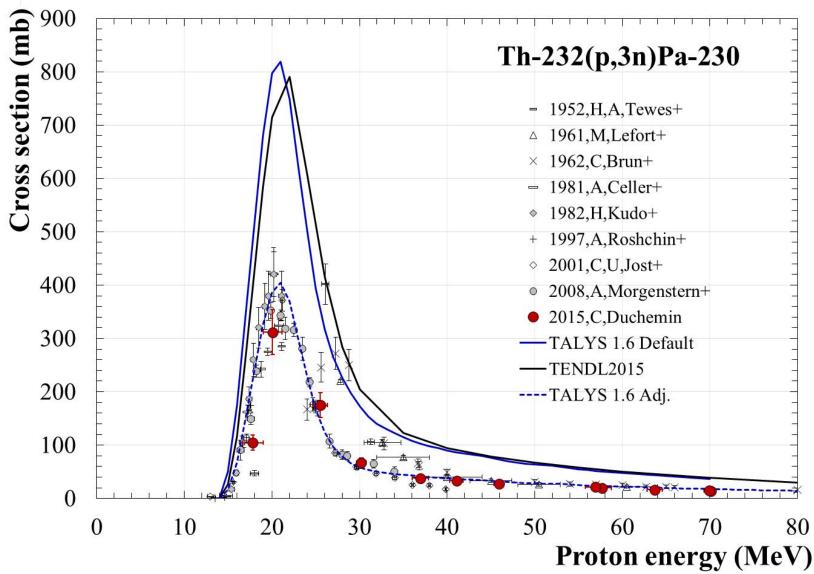
Novel therapeutic nuclide



C. Duchemin et al., Phys. Med. Biol. 60 (2015) 931-946



Novel therapeutic nuclide



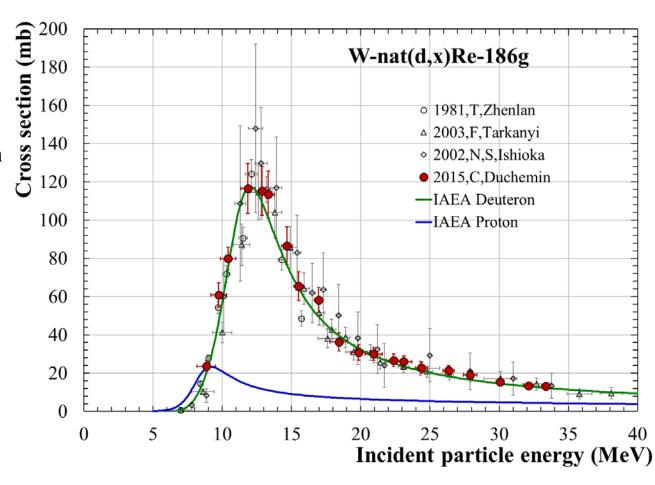
C. Duchemin et al., Phys. Med. Biol. 60 (2015) 931-946

Re-186g: proton/deuteron production route

Re-186g ($T_{1/2} = 3.7 d$)

β- emitter used in clinical trials for the palliation of painful bone metastases resulting from prostate and breast cancer

Deuteron induced reaction has clearly a highest Re-186g production cross section



C. Duchemin et al., Appl. Radiat. Isot. 97 (2015) 52-58



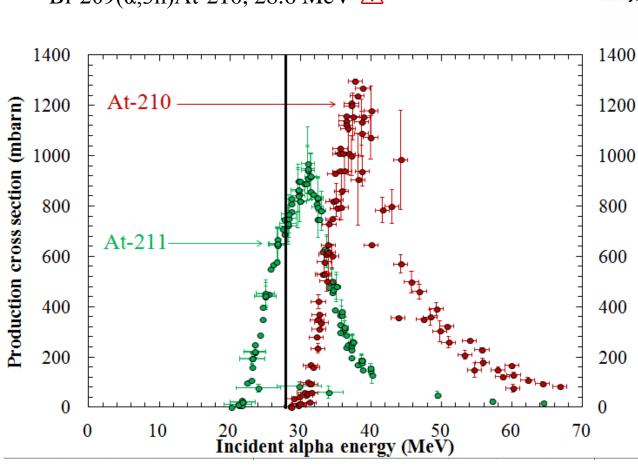
At-211: direct / indirect production

Targeted alpha-particle radiotherapy



Bi-209(α ,2n)At-211, 20.7 MeV

Bi-209(α ,3n)At-210, 28.6 MeV \triangle



Current Radiopharmaceuticals (2008) 1. ²¹¹At At-211 α particles 7.2 h LET_{mean}= 99 keV/μm 58% Eave = 6.79 MeV EC range = 55-70 μm Imaging: 0.52 s ²¹¹Po K X-rays (EC decay; 77-92 keV) 100% 38 y EC E₀=7.45 MeV 1400 1200

At-210, $T_{1/2}$ 8.1 h decays at 99.8% by EC to **Po-210** (138.4 days) and at 0.2% by α emission to Bi-206 (6.2 days)

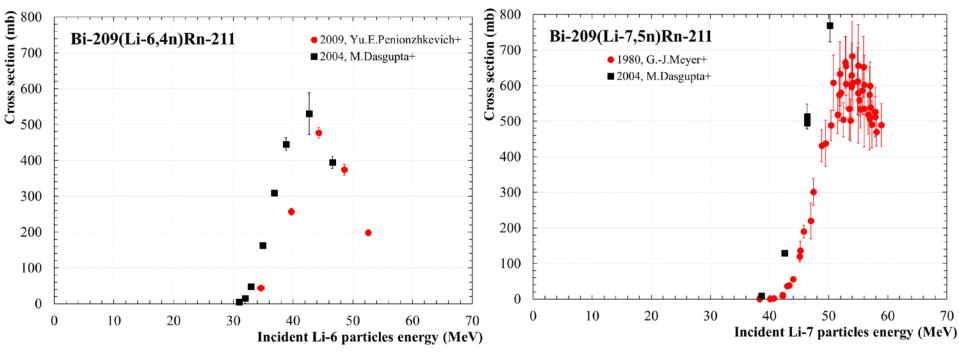


At-211: direct / indirect production

Indirect production with lithium beams



Bi-209(Li-7,5n)Rn-211, 36.1 MeV

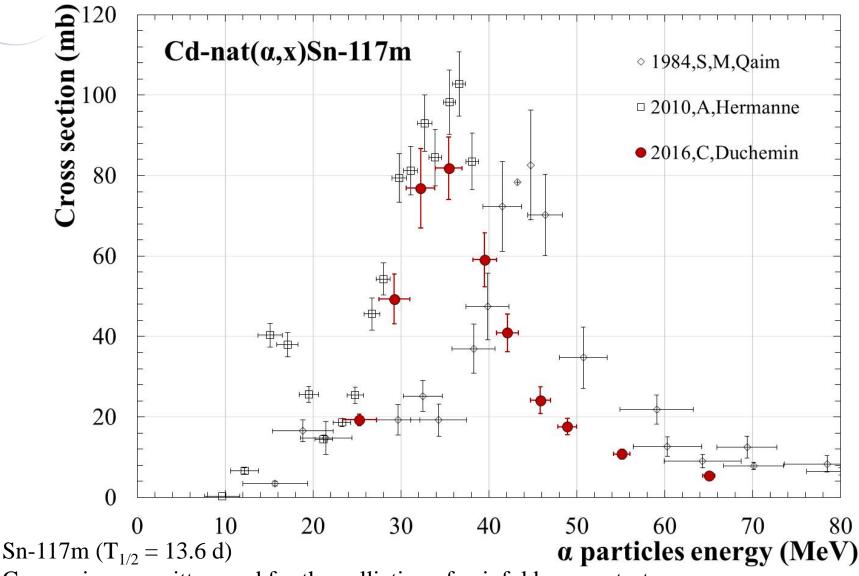


Rn-211 decays at 72.6% by EC to At-211 and by α decay to Po-207 with a 14.6 h half-life Rn-210 decays at 3% by EC to At-210 and at 96% by α decay to Po-206, $T_{1/2}$ 8.8 d \triangle

Astatine can be also available through the Rn211/At211 generator



Novel therapeutic and imaging nuclide



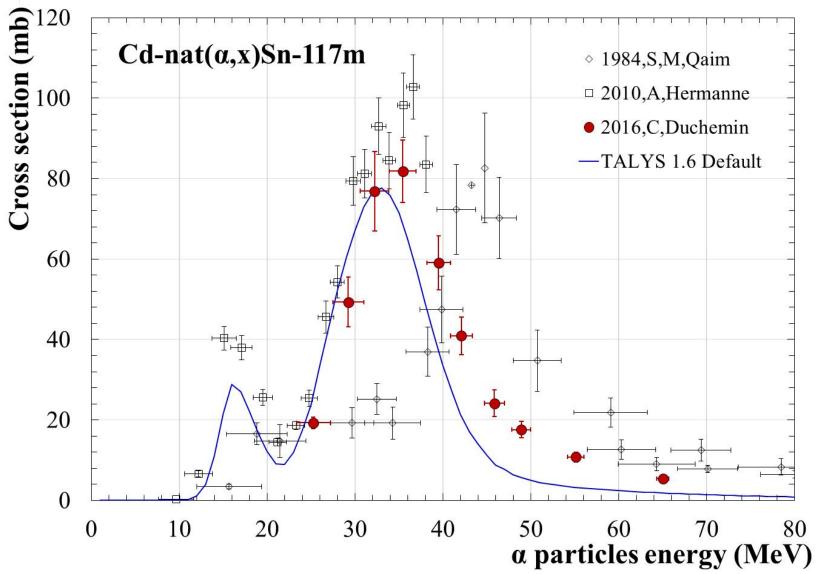
Conversion e- emitter used for the palliation of painful bone metastases

158 keV gamma ray suitable for SPECT imaging

C. Duchemin et al., Appl. Radiat. Isot. 115 (2016) 113-124



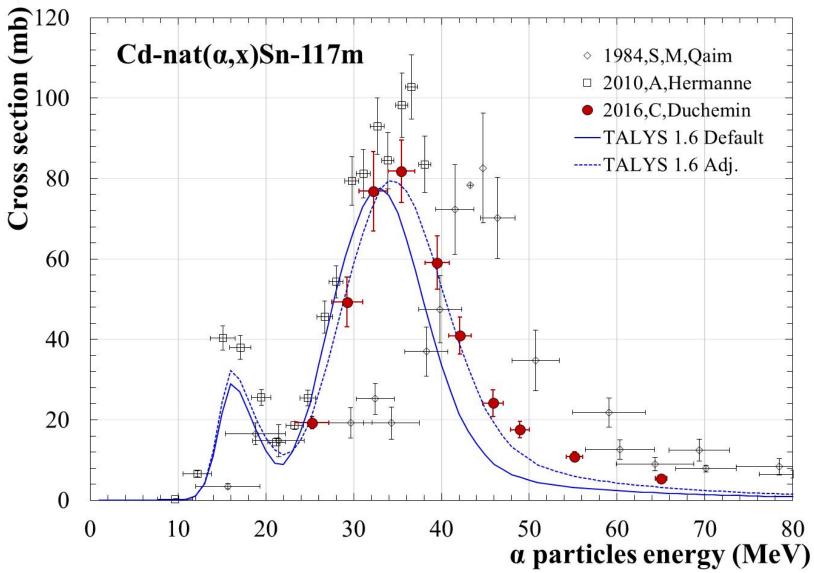
Novel therapeutic and imaging nuclide



C. Duchemin et al., Appl. Radiat. Isot. 115 (2016) 113-124

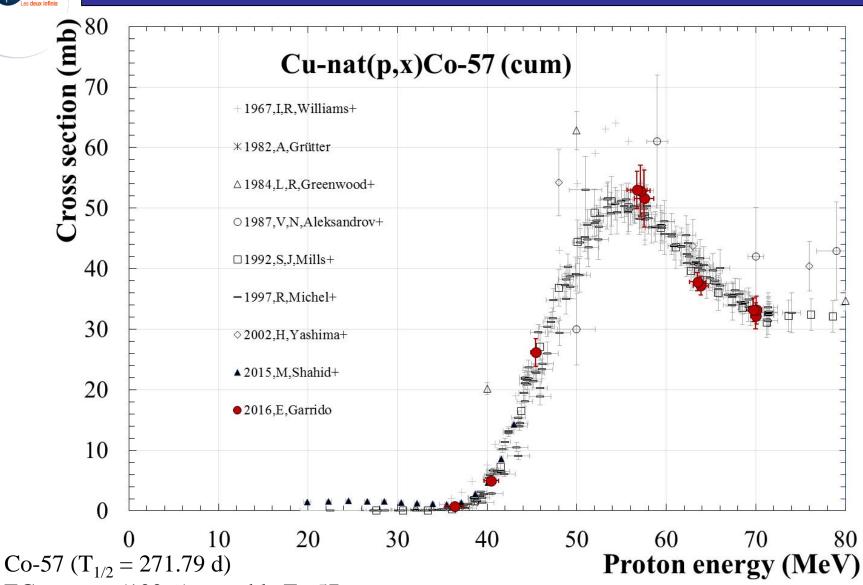


Novel therapeutic and imaging nuclide



C. Duchemin et al., Appl. Radiat. Isot. 115 (2016) 113-124

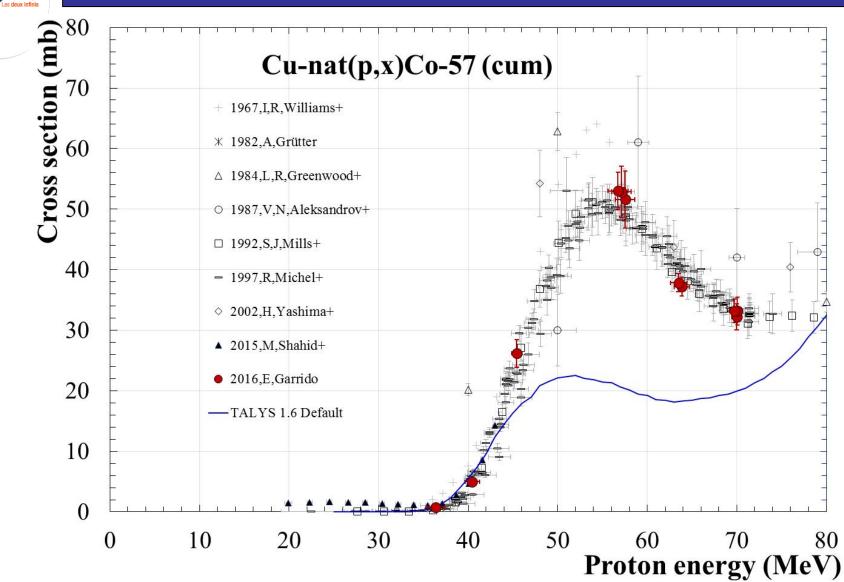




EC process (100%) to stable Fe-57 Suitable for proton monitor reaction

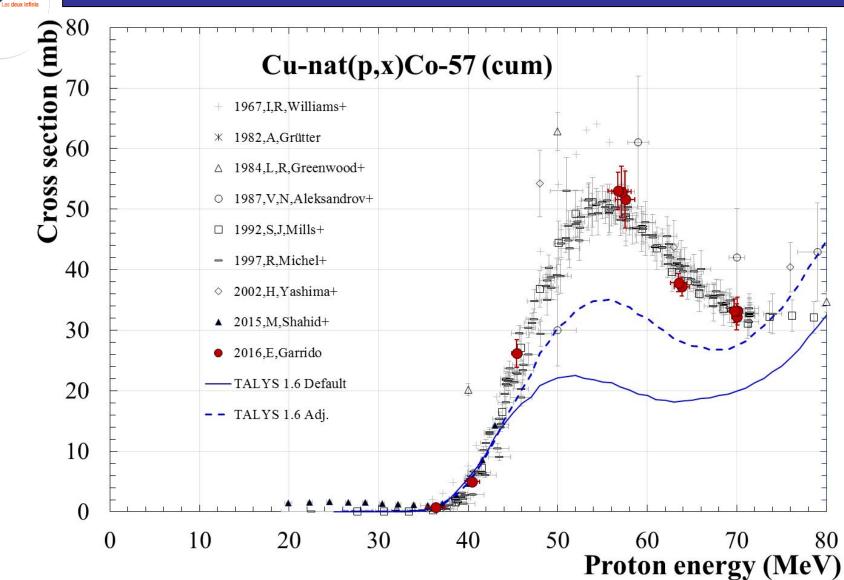
E. Garrido et al., Nucl. Instr. Meth. Phys. Res. B 383 (2016) 191-212





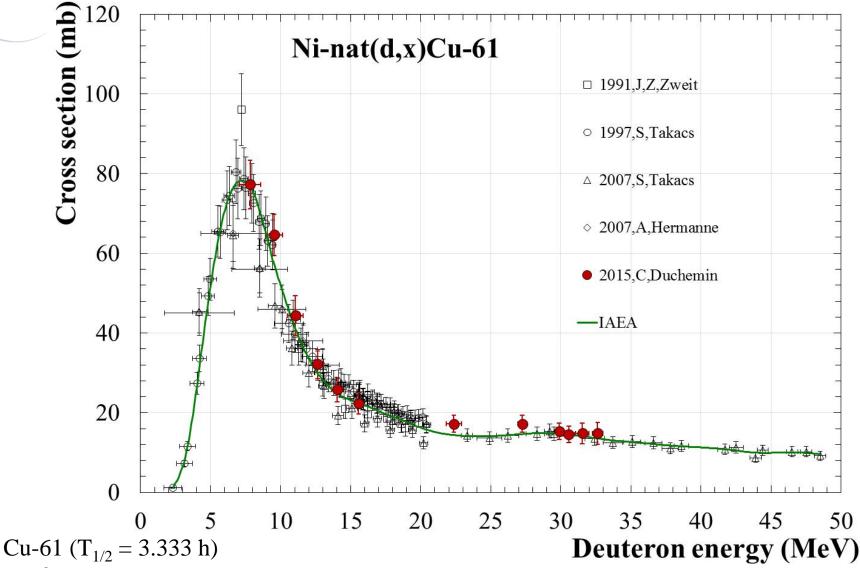
E. Garrido et al., Nucl. Instr. Meth. Phys. Res. B 383 (2016) 191-212





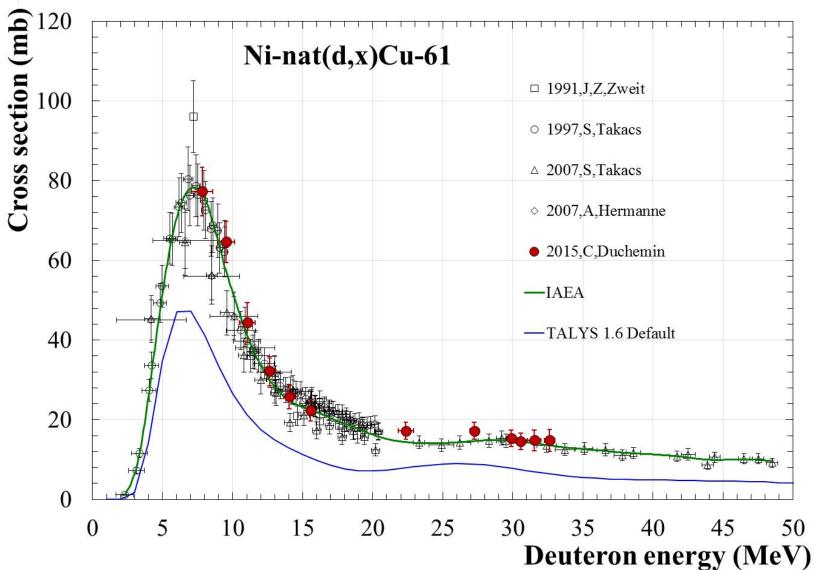
E. Garrido et al., Nucl. Instr. Meth. Phys. Res. B 383 (2016) 191-212



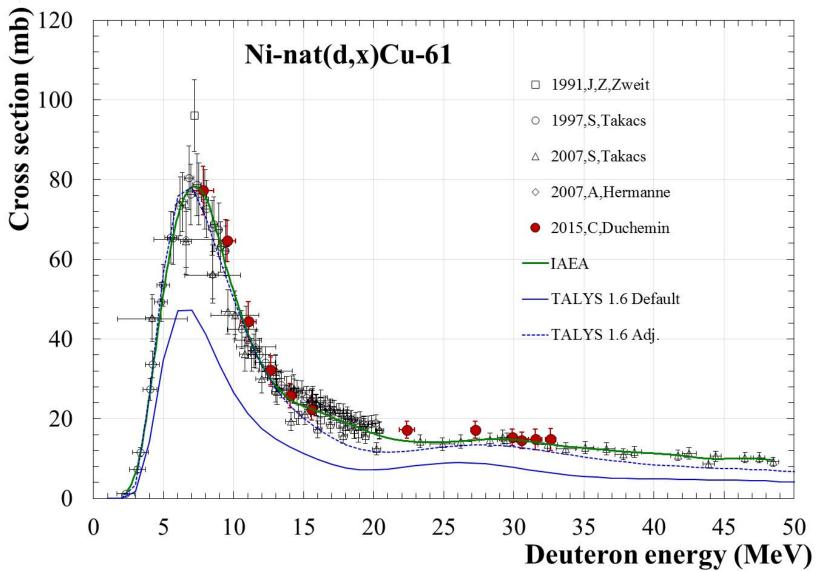


EC β^+ processes to stable Ni-61 Suitable for PET imaging

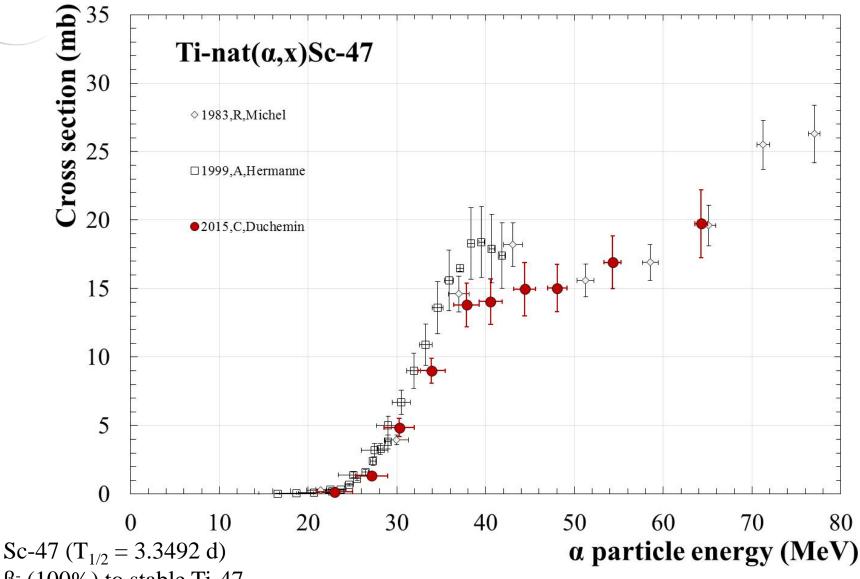








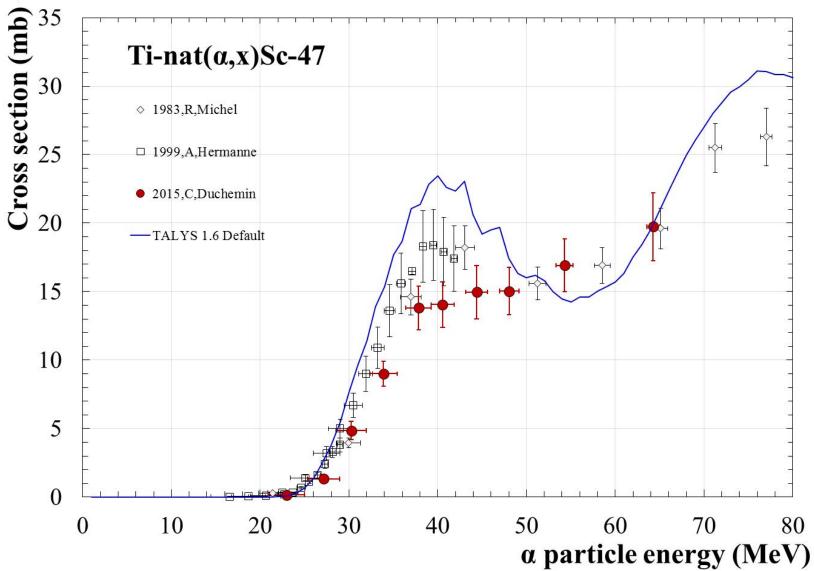




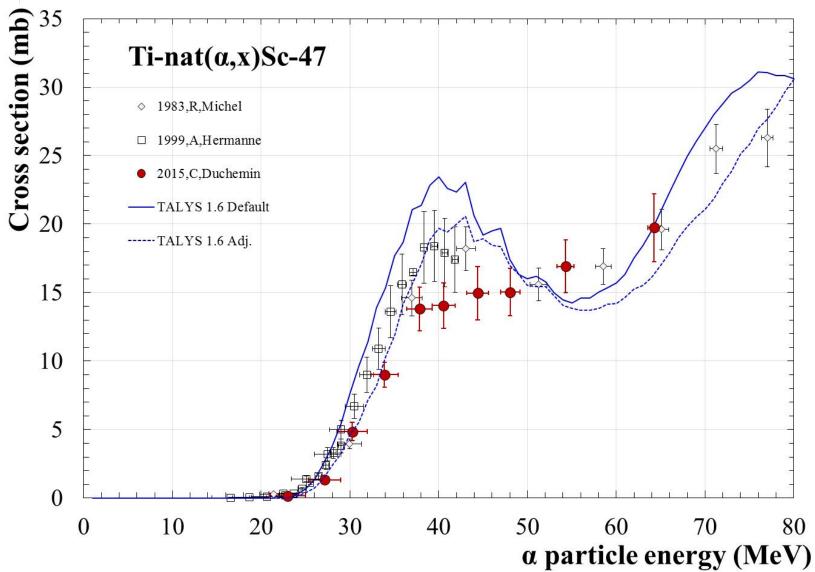
 β - (100%) to stable Ti-47

Suitable for theranostic approach with the Sc-44





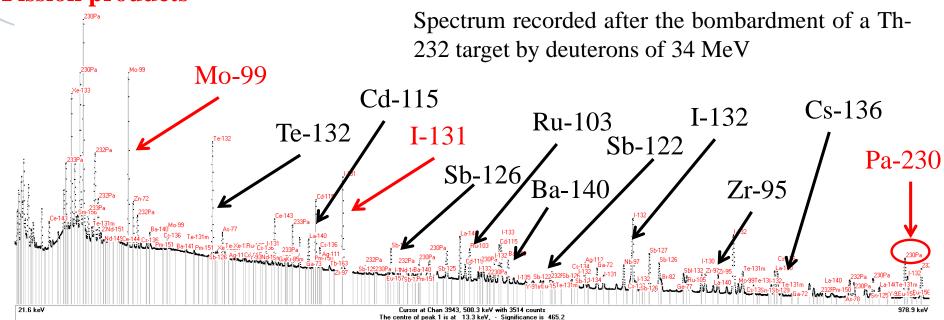






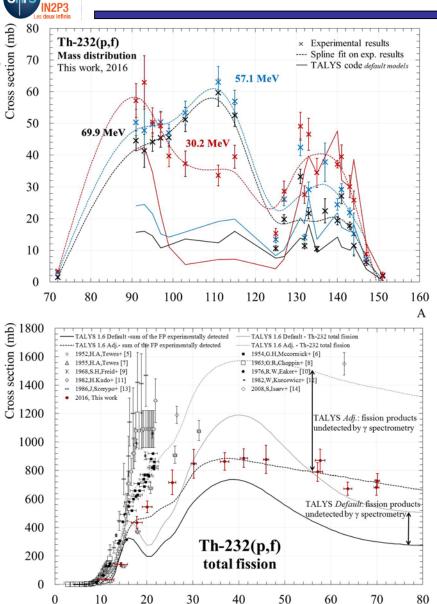
Th-232 induced fission

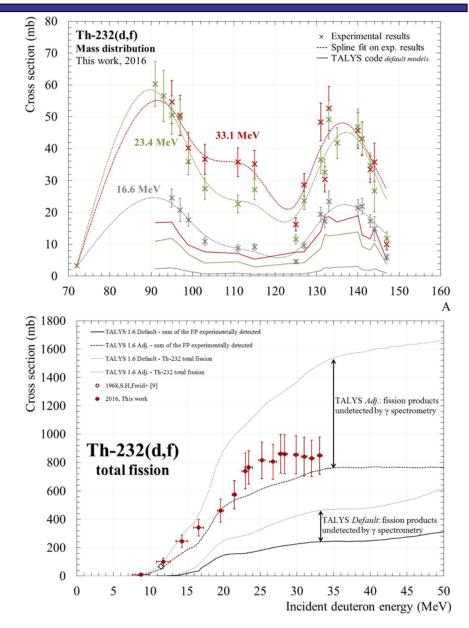
Fission products



Alpha emitters U-230/Th-226	Radionuclide	T _{1/2}	α particle emitted during the disintegration cascade	
	Bi-213	46 mn	1	
Ac-225/Bi-213 Th-227/Ra-223	Ra-223	11 d	3	
	Ac-225	10 d	4	
Proton beam $E_{proton} > 70 \text{ MeV}$	Th-226	30 mn	4	
	Th-227	19 d	4 From C. Duchemin	

Th-232 induced fission





V. Métivier et al., EPJ Web of Conferences 146, 04058 (2017)

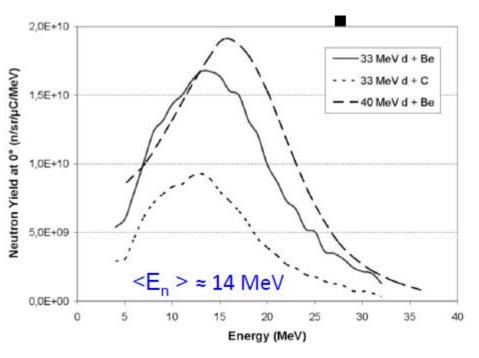
Incident proton energy (MeV)

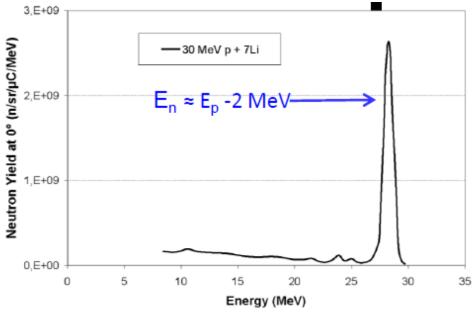


NFS beams

beam	P+	D+	ions	ions
A/Q	1	2	<3	<6 or 7
Max. I (mA)	5	5	1	1
Min. output E (MeV/A)	2	2	2	2
Max output E (MeV/A)	33	20	14.5	8
Max. beam power (kW)	165	200	44	48

P. Bertrand, Proceedings of HB2014





X. Ledoux, SPIRAL2 Training 2015



Conclusions

Nuclear medicine

Cyclotrons and accelerators being used in an increasing number of countries along with reactors

- Diagnosis (γ, β^+)
- Therapy $(\beta^-, \alpha, e_{Auger})$

Many useful / potentially useful isotopes identified for applications in nuclear medicine

- Personalized medicine

The Right Drug To The Right Patient For The Right Disease
At The Right Time With The Right Dosage

Nuclear data

- Accurate and reliable sets of data Statistical + systematic errors < 10%
- Well defined **production routes and decay properties** neutron, light charged particules and ions
- Optimum production of specific radionuclides, minimization / elimination of impurities, realistic dose calculations, monitor reactions

Nuclear codes

Provide a large set of nuclear data in terms of targets, projectiles and energy range to constrain and develop predictive simulation tools of nuclear reactions



NFS Workshop - Medical applications







Thank you for your attention

Acknowledgments to the NFS Workshop organization committee

"Nuclear data for applications in nuclear medicine"

Guertin A.1, Haddad F.1,2

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