Receptor kinetics

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Overview

- What goes on in the blood?
- What goes on in the brain?
 - Some useful concepts from biochemistry
- Kinetic modeling of PET / SPECT data
- Compare outputs from our kinetic models to in vitro analyses
- Emphasize on some assumptions please don't violate.









Established nomenclature for PET / SPECT

Journal of Cerebral Blood Flow & Metabolism (2007) 27, 1533–1539
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www.jcbfm.com

Review Article

Consensus nomenclature for in vivo imaging of reversibly binding radioligands

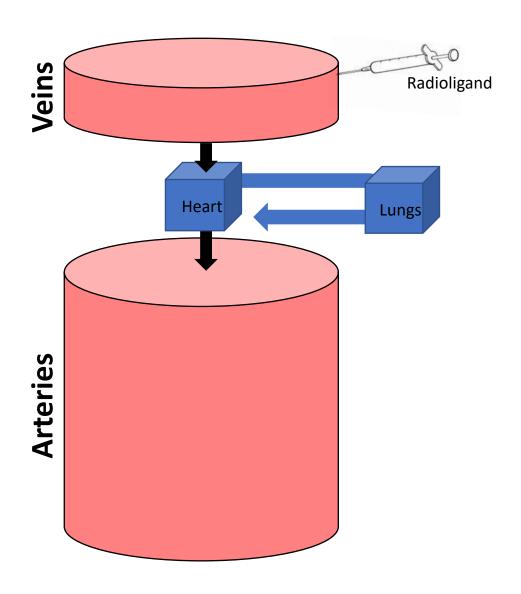
Robert B Innis¹, Vincent J Cunningham², Jacques Delforge³, Masahiro Fujita¹, Albert Gjedde⁴, Roger N Gunn⁵, James Holden⁶, Sylvain Houle⁷, Sung-Cheng Huang⁸, Masanori Ichise⁹, Hidehiro Iida¹⁰, Hiroshi Ito¹¹, Yuichi Kimura¹², Robert A Koeppe¹³, Gitte M Knudsen¹⁴, Juhani Knuuti¹⁵, Adriaan A Lammertsma¹⁶, Marc Laruelle², Jean Logan¹⁷, Ralph Paul Maguire¹⁸, Mark A Mintun¹⁹, Evan D Morris²⁰, Ramin Parsey⁹, Julie C Price²¹, Mark Slifstein⁹, Vesna Sossi²², Tetsuya Suhara¹¹, John R Votaw²³, Dean F Wong²⁴ and Richard E Carson²⁵

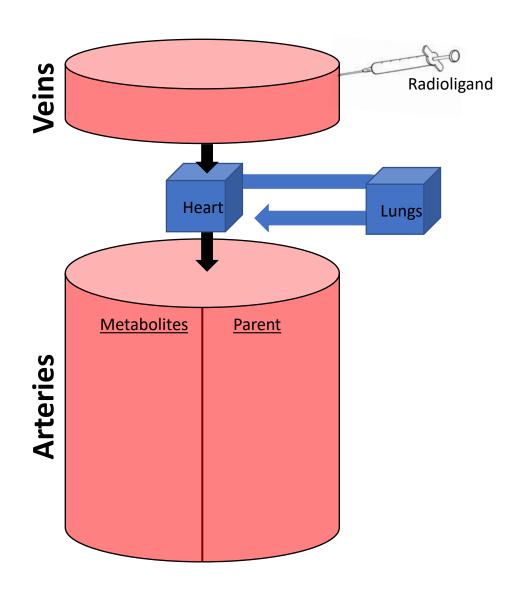


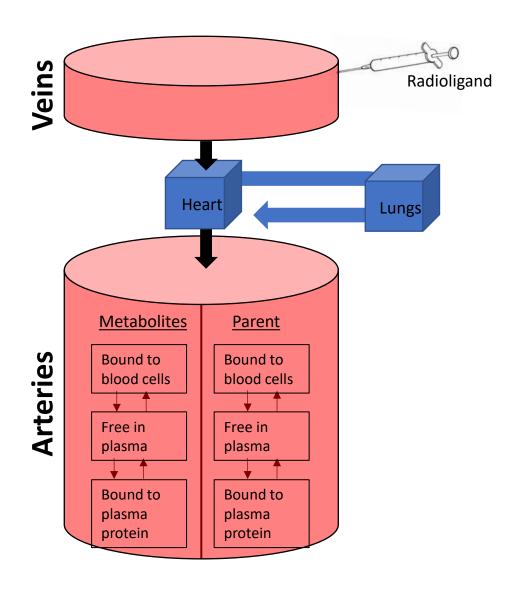


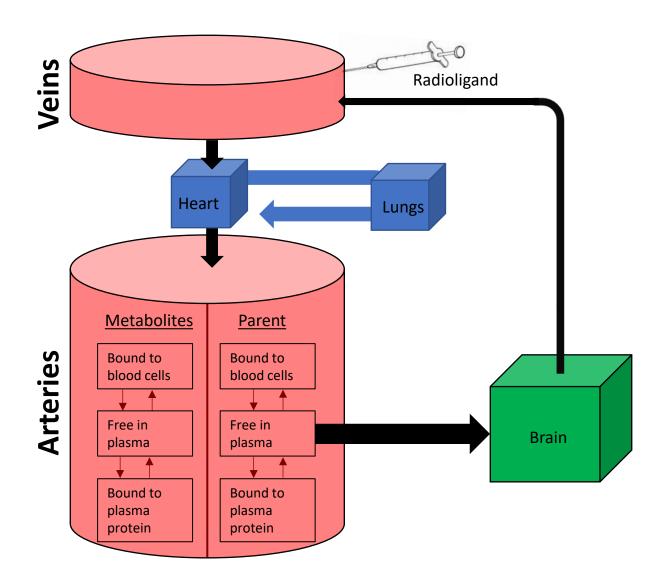


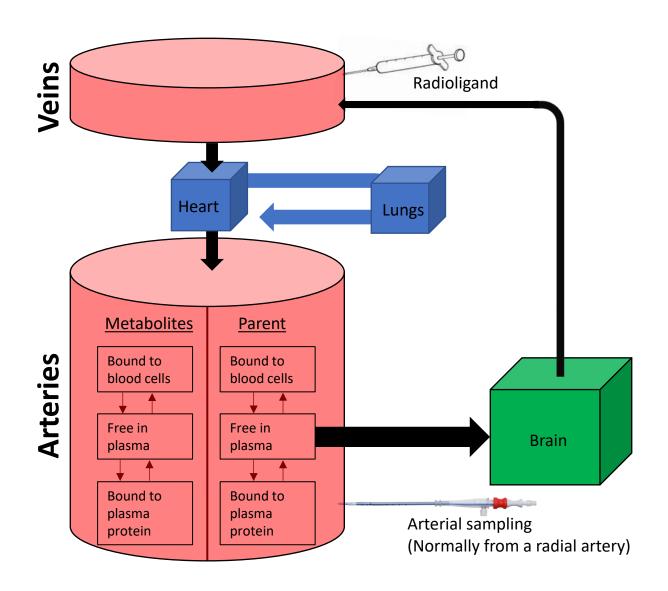












Single binding site model

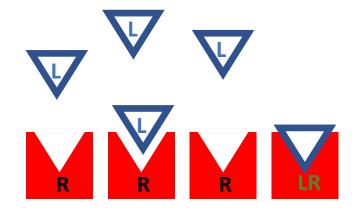
[RL]: Conc. of bound receptor-ligand complexes

[L]: Conc. of free ligand

$$[L] + [R] \stackrel{k_{on}}{\underset{k_{off}}{\rightleftharpoons}} [RL]$$

Dissociation constant

$$K_D = \frac{k_{off}}{k_{on}}$$
 Affinity = 1/ K_D



Binding potential

$$BP = \frac{[RL]}{[L]} = \frac{"bound"}{"free"}$$







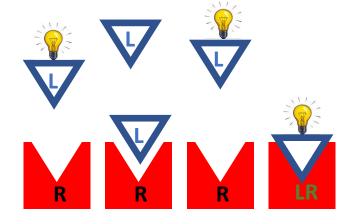


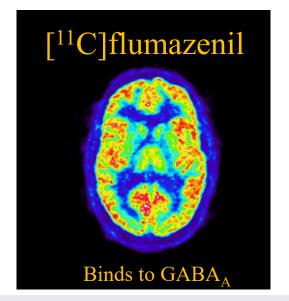
Single binding site model

[L] + [R]
$$\overset{k_{on}}{\underset{k_{off}}{\rightleftharpoons}}$$
 [RL]

$$K_D = \frac{k_{off}}{k_{on}}$$
 $BP = \frac{[RL]}{[L]}$

What would we ideally want from a PET experiment?













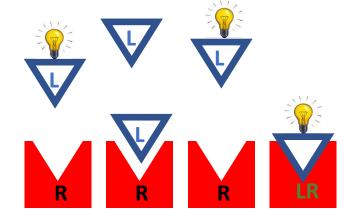
Single binding site model

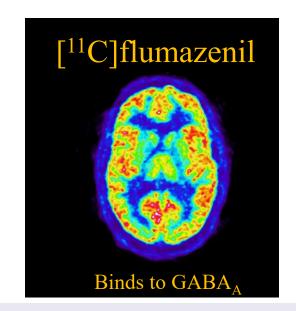
[L] + [R]
$$\overset{k_{on}}{\underset{k_{off}}{\rightleftharpoons}}$$
 [RL]

$$K_D = \frac{k_{off}}{k_{on}}$$
 $BP = \frac{[RL]}{[L]}$

What would we ideally want from a PET experiment?

Probably we want to estimate the number of receptors, [R] $(B_{max} \text{ or } B_{avail})$











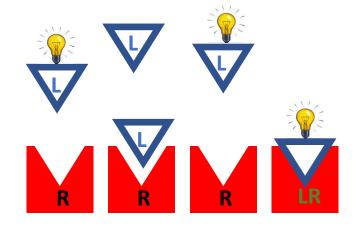


Single binding site model

We want to estimate the number of receptors, [R] $(B_{max} \text{ or } B_{avail})$



$$BP = \frac{[RL]}{[L]}$$



$$[RL] = \frac{[R][L]}{[L] + K_D}$$







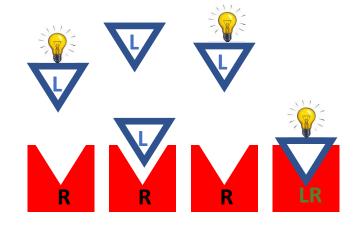


Single binding site model

We want to estimate the number of receptors, [R] $(B_{max} \text{ or } B_{avail})$



$$BP = \frac{[RL]}{[L]} = \frac{[R][L]}{[L]([L] + K_D)}$$



$$[RL] = \frac{[R][L]}{[L] + K_D}$$



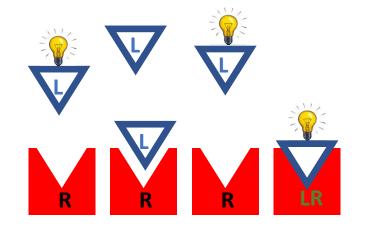






Single binding site model

We want to estimate the number of receptors, [R] $(B_{max} \text{ or } B_{avail})$



$$[L] + [R] \underset{k_{off}}{\overset{k_{on}}{\rightleftharpoons}} [RL]$$

$$K_D = \frac{k_{off}}{k_{on}}$$

$$[RL] = \frac{[R][L]}{[L] + K_D}$$

$$BP = \frac{[RL]}{[L]} = \frac{[R][L]}{[L]([L] + K_D)}$$
 Tracer doses:

Tracer doses:
$$([L] \ll K_D)$$



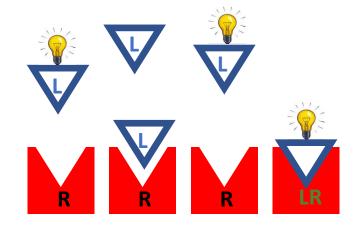






Single binding site model

We want to estimate the number of receptors, [R] $(B_{max} \text{ or } B_{avail})$



$$[L] + [R] \underset{k_{off}}{\rightleftharpoons} [RL]$$

$$K_D = \frac{k_{off}}{k_{on}}$$

$$[RL] = \frac{[R][L]}{[L] + K_D}$$

$$BP = \frac{[RL]}{[L]} = \frac{[R][L]}{[L]([L] + K_D)}$$
 Tracer doses: $([L] \ll K_D)$

Tracer doses:
$$([L] \ll K_D)$$

$$=\frac{B_{max}}{K_D}$$





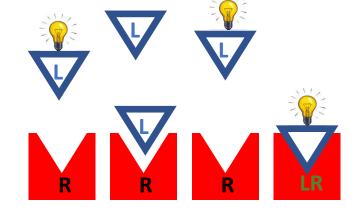


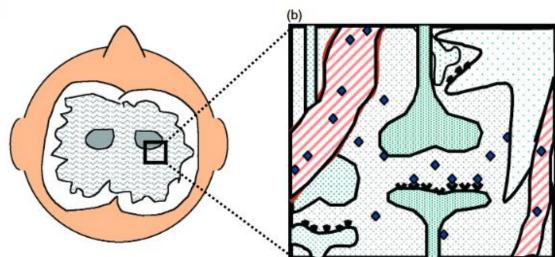


Single binding site model

What would we ideally want from a PET experiment?

$$BP = \frac{bound}{free} = \dots = \frac{B_{max}}{K_D}$$







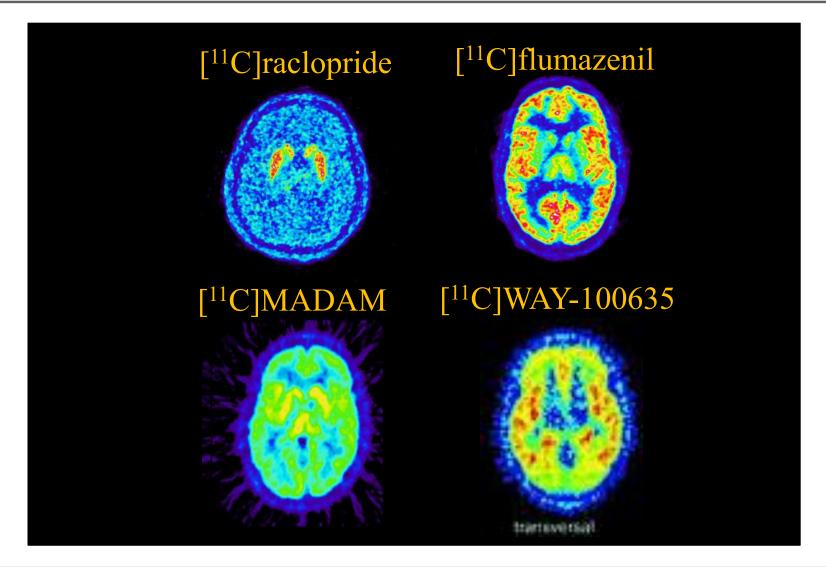








PET/SPECT data quantification



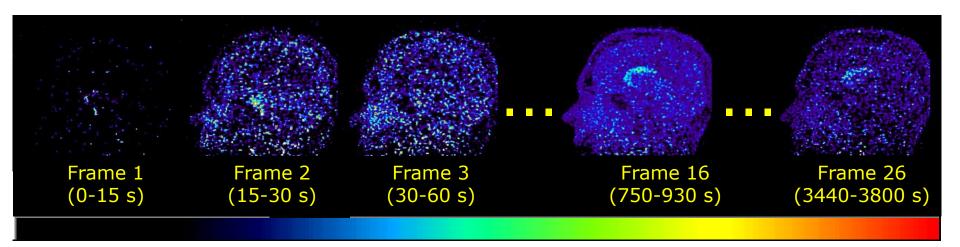






Time frames of a PET image

time



low

Increasing frame durations (why?)
Each voxel (pixel) has a value, what's the unit?
Very noisy
Very little spatial information



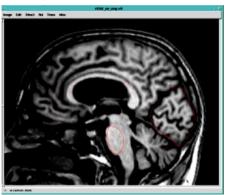


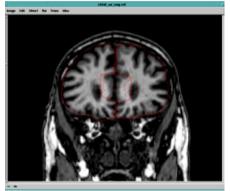


Regions of Interests (ROI)

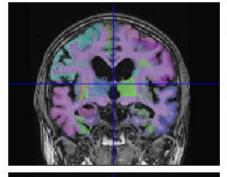
Manual ROIs

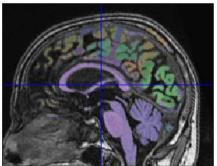


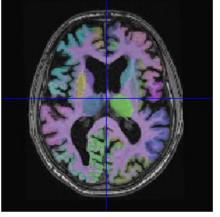




Automatic ROIs







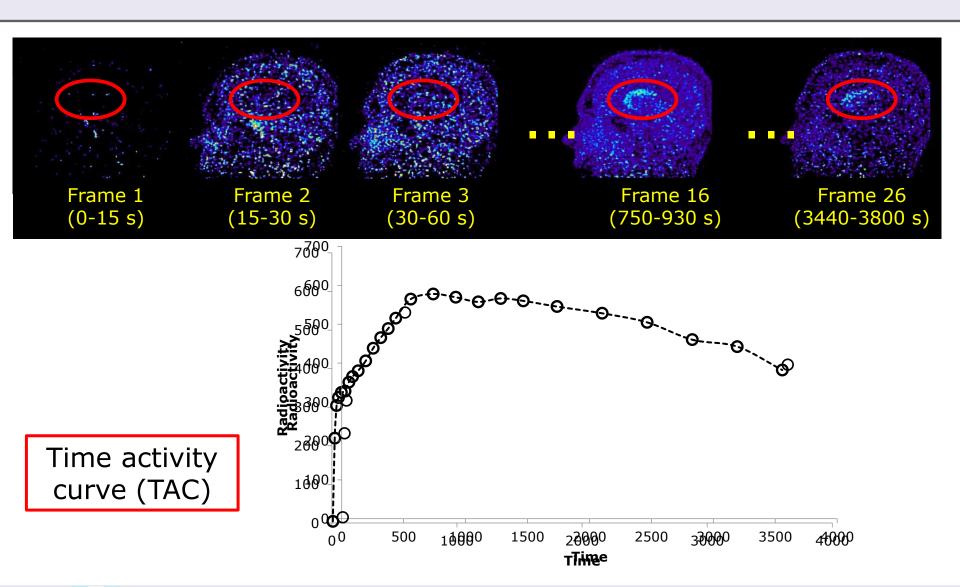








Time frames of PET / SPECT images

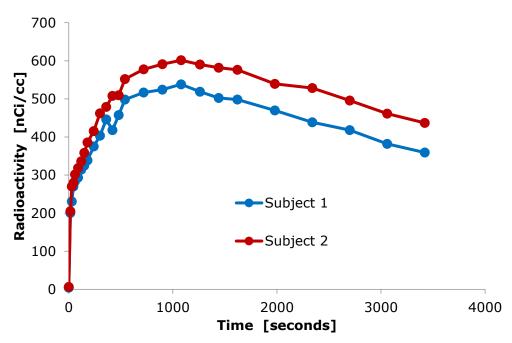








Quantification of dynamic PET / SPECT data



Subject 2 has a higher density of Dopamine D2 receptors ?!?

Was the same amount of radioactivity injected both subjects? Did they have the same body weight? Did the radioligand metabolise in the exact same way? Did they have the same degree of non-specific binding? Etc...





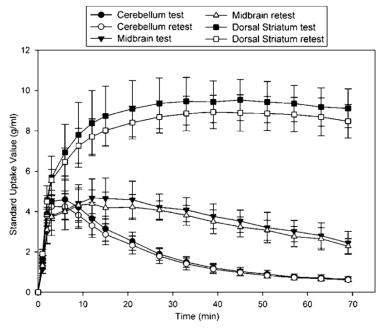




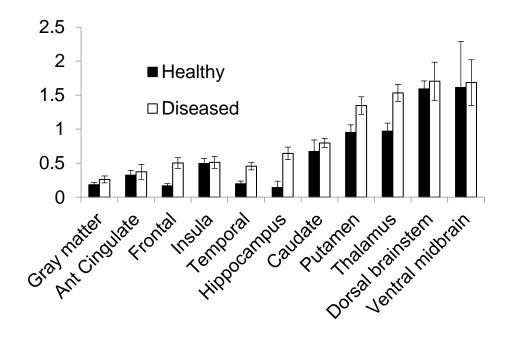
Standardized uptake value

$$SUV(t) = \frac{TAC(t)}{ID/weight}$$

$$AUC_{SUV} = \int_{0}^{t_{end}} SUV(t)dt$$



SUV curves, [11C]PE2I. Hirvonen et al., JCBFM 2008



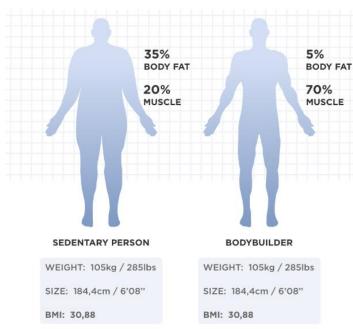








Example where SUV may be inappropriate



https://bodysculptdoc.co.za/bmi-calculator/

Revisiting Weight-Normalized SUV and Lean-Body-Mass-Normalized SUV in PET Studies

Ismet Sarikaya1, Ahmed N. Albatineh2, and Ali Sarikaya3

- Inject 105 MBq in each
- 5x more uptake in brain than in "background"
- Volume in which tracer is distributed
 - Sedentary: 105kg*0.65 = 68.25kg
 - Bodybuilder: 105kg*0.95 = 99.75kg
- · Amount of "background" radioactivity per kilo lean mass
 - Sedentary: 105MBq/68.25kg = 1.5 MBq/kg
 - Bodybuilder: 105Mbq/99.75kg = 1.05 MBq/kg
- · Uptake in brain
 - Sedentary = 5*1.5MBq/kg = 7.5 MBq/kg
 - Bodybuilder = 5*1.05MBq/kg = 5.25 MBq/kg
- SUV:

$$SUV = \frac{\textit{Uptake in brain}}{\textit{injected dose}/\textit{bodyweight}}$$

- Sedentary: 7.5 / 105MBq/105kg = 7.5
- Bodybuilder: 5.25 / 105MBq / 105kg = 5.25



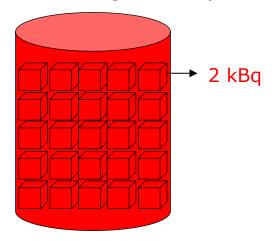




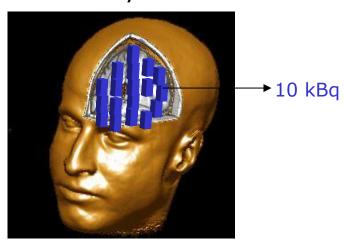
¹Department of Nuclear Medicine, Faculty of Medicine, Kuwait University, and Mubarak Al-Kabeer Hospital, Jabriya, Kuwait; ²Department of Community Medicine and Behavioral Sciences, Faculty of Medicine, Kuwait University, Safat, Kuwait; and ³Department of Nuclear Medicine, Faculty of Medicine, Trakya University, Edirne, Turkey

Total distribution volume, V_T

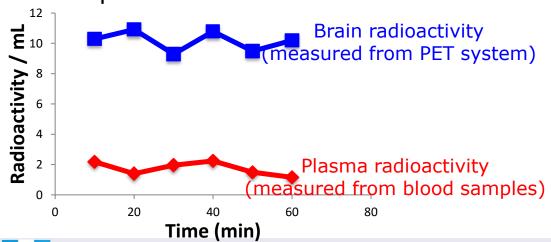
Parent radioligand in plasma



Radioactivity in brain



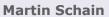
If equilibrium:



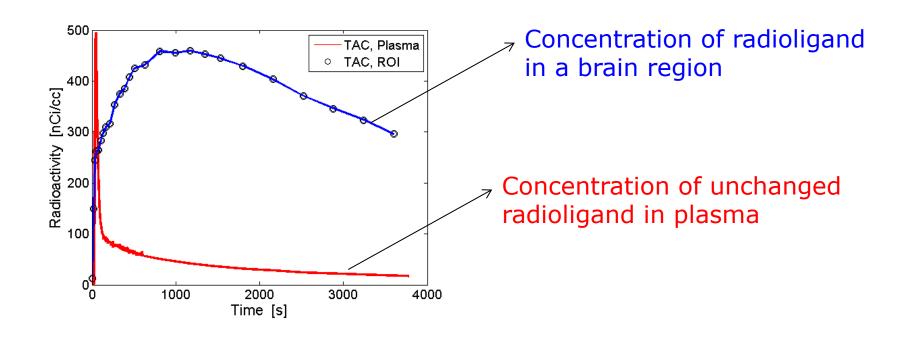
While at equilibrium, $V_T = \frac{\text{brain}}{\text{plasma}}$







The volume of plasma required to account for the measured radioactivity in tissue.



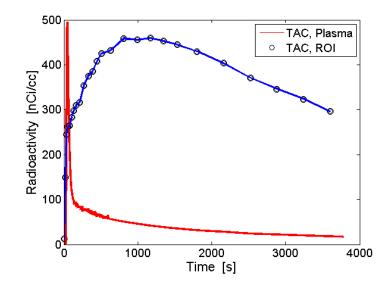








The volume of plasma required to account for the measured radioactivity in tissue.



$$V_{T} = \frac{\int_{0}^{\infty} TAC(t)dt}{\int_{0}^{\infty} plasma(t)dt}$$



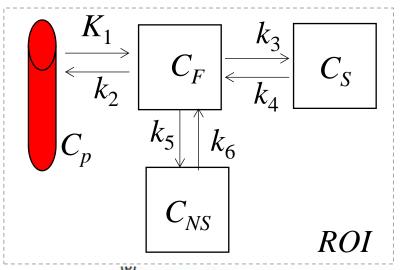


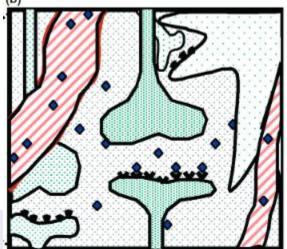




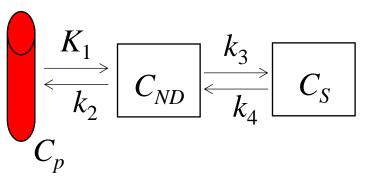
What can we assume about the kinetic behaviour of the tracer?

3 tissue compartment model

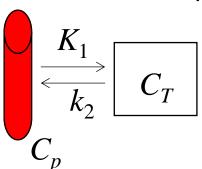




2 tissue compartment model



1 tissue compartment model











What can we assume about the kinetic behaviour of the tracer?

$$C_T(t) = C_p(t) \otimes K_1 e^{-k_2 t}$$

$$V_T = \frac{\int_0^\infty TAC(t)dt}{\int_0^\infty plasma(t)dt} = \frac{\int_0^\infty C_T(t)dt}{\int_0^\infty C_p(t)dt} = \dots = \frac{K_1}{K_2}$$











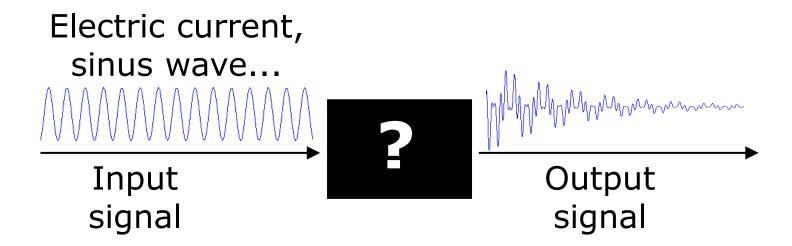








Synthesizer

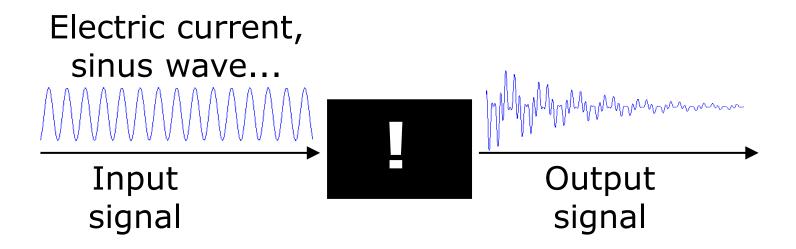








Synthesizer



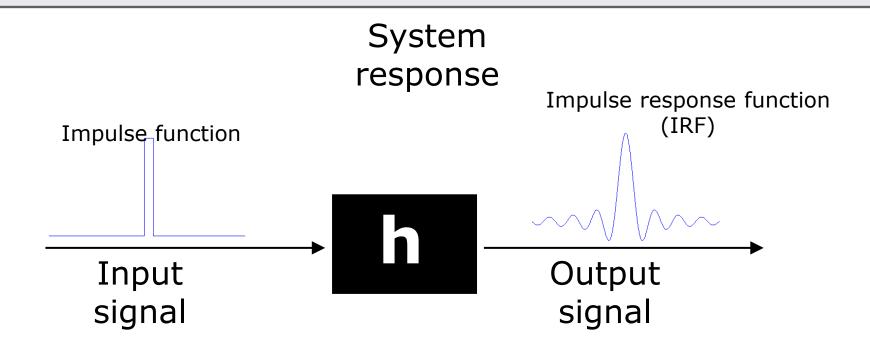
Modify input signal + Study output signal → Understand the system (!)











Impulse response function "defines" the system!

For any input signal $f_i(t)$, the corrsponding output signal $f_o(t)$ is given by

$$f_o(t) = f_i(t) \otimes IRF$$









Convolution

Convolution of two square functions. The convolution (black line) at any time is the size of the joint area (yellow field) of the two functions at that time.

Convolution of a square input function and a "response function". The convolved signal will be the output in this "model".



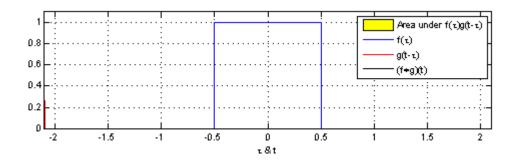






Convolution

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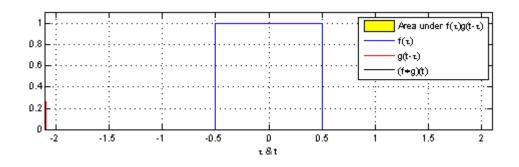




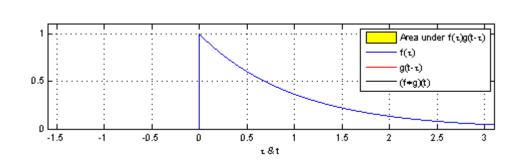


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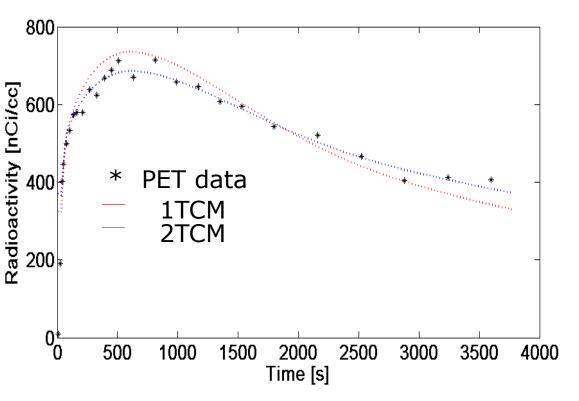


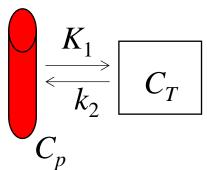


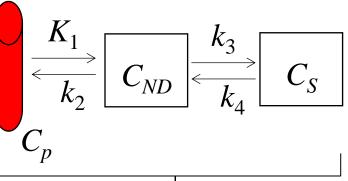


$$C_T(t) = C_p(t) \otimes K_1 e^{-k_2 t}$$

$$V_T = \frac{\int_0^\infty C_T(t)dt}{\int_0^\infty C_p(t)dt} = \dots = \frac{K_1}{k_2}$$













Question?

What if you think that the fits obtained from 1TCM and 2TCM are equally good?

Occam's razor Parsimony Principle









Example I

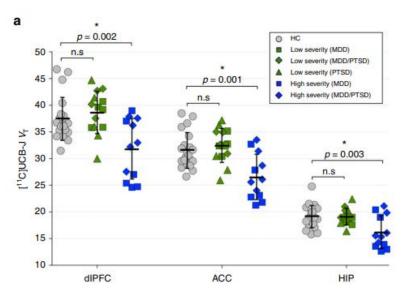
ARTICLE

https://doi.org/10.1038/s41467-019-09562-7

OPEN

Lower synaptic density is associated with depression severity and network alterations

Sophie E. Holmes on 1, Dustin Scheinost², Sjoerd J. Finnema 1, Mika Naganawa 2, Margaret T. Davis 1, Nicole DellaGioia 1, Nabeel Nabulsi 2, David Matuskey 1, Gustavo A. Angarita 1, Robert H. Pietrzak 1, Ronald S. Duman 1, Gerard Sanacora 1, John H. Krystal 1, Richard E. Carson 2 & Irina Esterlis 1, and S. Duman 2, Gerard Sanacora 3, John H. Krystal 1, Richard E. Carson 3, Richard E



Discussion

This is the first study to investigate radioligand binding to SV2A in MDD and PTSD, and the first in vivo evidence of lower synaptic density in association with depressive symptoms in these disorders. Findings suggest that lower synaptic density con-

PET image analysis. The primary outcome measure was total volume of distribution (V_T) , computed parametrically using the 1 tissue (1T) compartment model and a metabolite-corrected arterial input function, as validated previously⁷⁰. Distribution volume (V_T) is the tissue-to-plasma concentration ratio at equilibrium and reflects total uptake (specific plus nonspecific binding) of the radioligand.



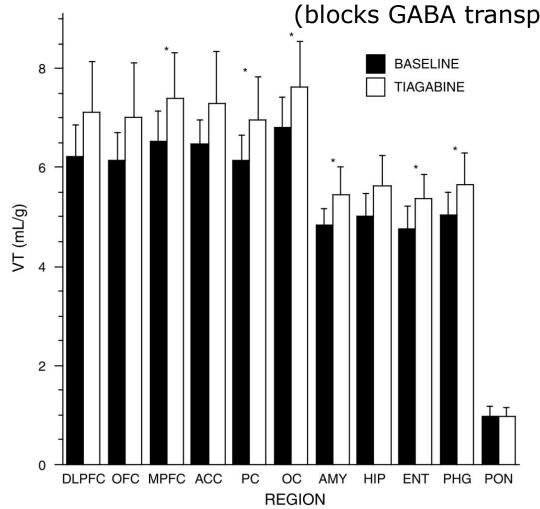


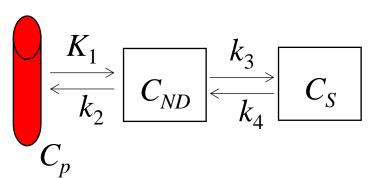




Example II

[11 C]Flumazenil V_T before and after treatment with Tiagabine (blocks GABA transporter).





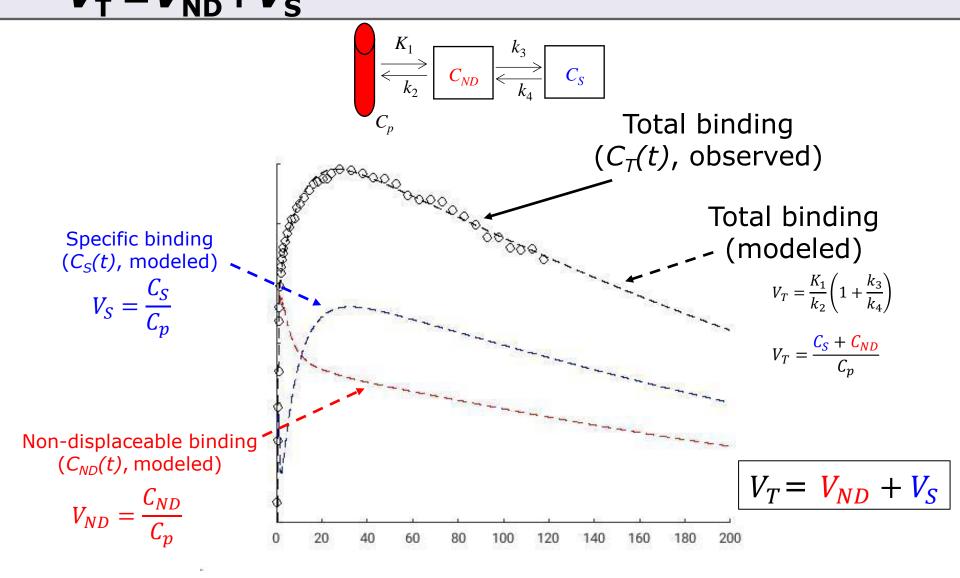
Frankle et al, Neuropsychopharmacology (2009)







Distribution volume, V_T $V_T = V_{ND} + V_S$









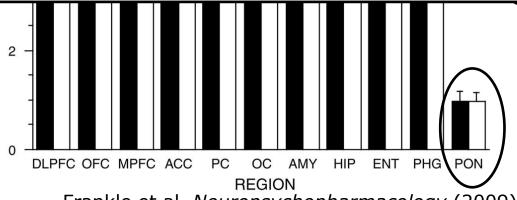


Example II

[11 C]Flumazenil V_T before and after treatment with Tiagabine (blocks GABA transporter).

The results of this study are consistent with the hypothesis that the acute increases in extracellular cortical GABA can be detected as an increase in the binding of the BDZ site-specific radiotracer, [11C]flumazenil. The principle underlying this hypothesis is the 'GABA shift'—the enhancement in BDZ-receptor affinity for BDZ site substrates resulting from the increased GABA (Tallman *et al*, 1978; Braestrup *et al*, 1982). It is widely accepted that

Derivation of BDZ parameters was based upon the following assumptions: (1) because of the low density of BDZ in the pons (Abadie et al, 1992; Price et al, 1993), pons V_T was assumed to be representative of equilibrium nonspecific binding, V_{ND} ; (2) the nonspecific binding did not vary significantly between regions.



 C_{p}

Reference region – negligible density of target $C_s=0$

Frankle et al, Neuropsychopharmacology (2009)

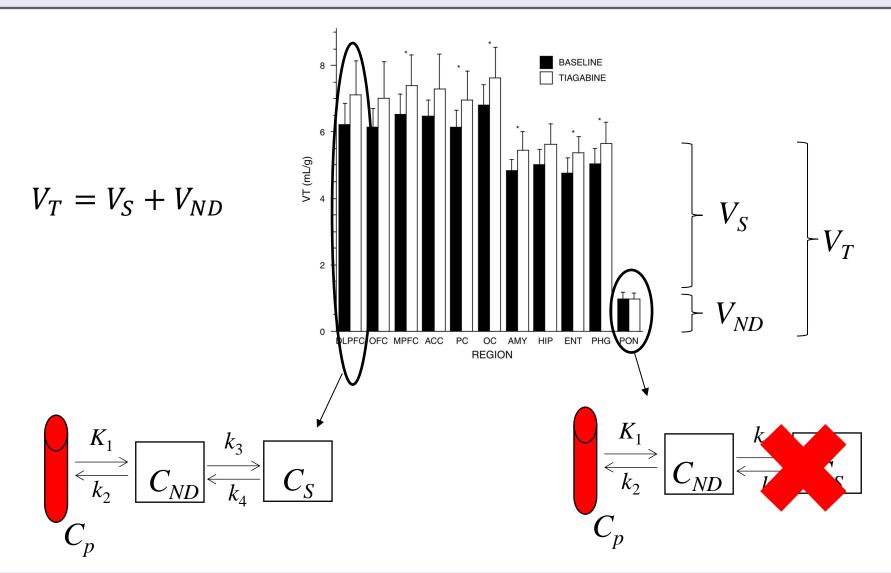






Fundamental assumption of PET:

V_{ND} doesn't change











How can we estimate V_{ND} ?

If there is a reference region:

Your answer here...

If there is not a reference region:

Your answer here...









How can we estimate V_{ND} ?

If there is a reference region:

Apply your kinetic model to the reference region TAC. The V_T you get will be V_{ND}

If there is not a reference region:

Your answer here...









How can we estimate V_{ND} ?

If there is a reference region:

Apply your kinetic model to the reference region TAC. The V_T you get will be V_{ND}

If there is not a reference region:

No established way exists...







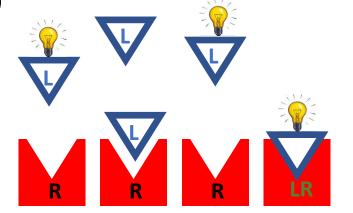


Some useful concepts from biochemistry

Single binding site model (equilibrium)

$$[L] + [R] \underset{k_{off}}{\overset{k_{on}}{\rightleftarrows}} [RL]$$

$$K_D = \frac{k_{off}}{k_{on}}$$
 $BP = \frac{[RL]}{[L]} = \frac{B_{max}}{K_D}$



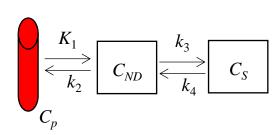
 f_{ND} : fraction of free tracer in ND compartment

 f_p : fraction of free tracer in plasma

 $[RL]: C_S$

 $[L]: f_{ND}C_{ND}$

 $[L]: f_{\mathcal{P}}C_{\mathcal{P}}$











Three approaches to estimate in vitro BP

Approach 1a (relative to free conc in plasma)

$$BP = \frac{[RL]}{[L]} = \frac{B_{max}}{K_D}$$

$$[L]: f_{ND}C_{ND}$$

$$[L]: f_pC_p$$

$$[RL]: C_S$$

 f_{ND} : fraction of free tracer in ND compartment

 f_p : fraction of free tracer in plasma

 C_n : Concetration of tracer in plasma

Approach 1a: "Free" means "free in plasma"

(i.e., conc. of free in plasma = conc. of free in tissue)

$$BP = \frac{[RL]}{[L]} = \frac{C_S}{f_p C_p} = \frac{\frac{C_S}{c_p}}{\frac{C_p}{f_p} \frac{C_p}{c_p}} = \frac{V_S}{f_p} = \frac{V_T - V_{ND}}{f_p} = \frac{B_{max}}{K_D} = BP_F$$









Three approaches to estimate in vitro BP

Approach 1b (relative to concentration in plasma)

$$BP = \frac{[RL]}{[L]} = \frac{B_{max}}{K_D}$$

$$[L]: f_{ND}C_{ND}$$

$$[L]: f_pC_p$$

 $[RL]: C_S$

 f_{ND} : fraction of free tracer in ND compartment

 f_p : fraction of free tracer in plasma

 C_p : Concetration of tracer in plasma

Approach 1b: "Free" means "total in plasma"

(Conc. of free in tissue = conc. of total in plasma - e.g., f_p doesn't change across groups)

$$BP = \frac{[RL]}{[L]} = \frac{C_S}{C_p} = V_S = V_T - V_{ND} = f_p \frac{B_{max}}{K_D} = BP_P$$









Three approaches to estimate BP

Approach 2 (relative to ND)

$$BP = \frac{[RL]}{[L]} = \frac{B_{max}}{K_D}$$

$$[L]: f_{ND}C_{ND}$$

$$[L]: f_pC_p$$

 f_{ND} : fraction of free tracer in ND compartment

 f_p : fraction of free tracer in plasma

 C_n : Concetration of tracer in plasma

Approach 2: "Free" means "free in non-displaceable compartment"

$$\frac{[RL]}{[L]} = \frac{c_S}{f_{ND}c_{ND}} = \frac{c_S/c_p}{f_{ND}c_{ND}/c_n} = \frac{v_S}{f_{ND}v_{ND}} \to \frac{v_T - v_{ND}}{v_{ND}} = f_{ND}\frac{B_{max}}{K_D} = BP_{ND}$$









Binding potential!

PET

B_{max}: Total number of receptors

K_D: Affinity of the radioligand

 f_p : Free fraction of radioligand in plasma

 f_{ND} : Free fraction of radioligand

in non-displaceable compartment

$$\frac{V_T - V_{ND}}{f_p} = \frac{B_{max}}{K_D} = BP_F$$

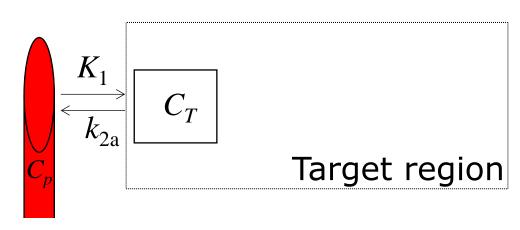
$$BP = \frac{B_{max}}{K_D} \longrightarrow V_T - V_{ND} = \frac{B_{max}}{K_D} f_p = BP_P$$

$$\frac{V_T - V_{ND}}{V_{ND}} = \frac{B_{max}}{K_D} f_{ND} = BP_{ND}$$





Simplified Reference Tissue Model



$$C_T(t) = C_p(t) \otimes K_1 e^{-k_2 t}$$



Summary of (some) assumptions

If you use 2TCM to estimate V_T :

- Assume that the model describes the data well
- Assume that V_{ND} is not different between the groups

If you use 2TCM to estimate $BP_{ND} (V_T-V_{ND})/V_{ND}$:

- Assume that the model describes the data well
- Assume that V_{ND} is the same in all brain regions
- Assume that V_{ND} is not different between the groups

If you use reference tissue modeling to estimate BP_{ND}

- Assume that the model describes the data well
- Assume that V_{ND} is the same in all brain regions
- Assume that V_{ND} is not different between the groups









Summary of (some) assumptions

If you use 2TCM to estimate V_T :

- Assume that the model describes the data well
- Assume that V_{ND} is not different between the groups

If you use 2TCM to estimate $BP_{ND} (V_T - V_{ND})/V_{ND}$:

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If you use reference tissue modeling to estimate BP_{ND}

- Assume that the model describes the data well
- Assume that V_{ND} is the same in all brain regions
- Assume that V_{ND} is not different between the groups









Possible to estimate V_{ND} without reference region?



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Estimation of in vivo nonspecific binding in positron emission tomography studies without requiring a reference region



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Accuracy and reliability of [11C]PBR28 specific binding estimated without the use of a reference region

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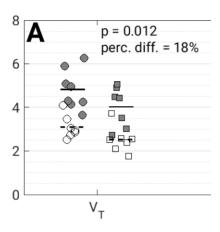


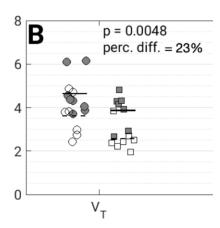






Example where V_{ND} may confound





○ Ctrl (HAB) ○ Ctrl (MAB) ■ AUD (HAB) □ AUD (MAB) — mean (HAB) - - - mean (MAB)

Laurell et al., in Review

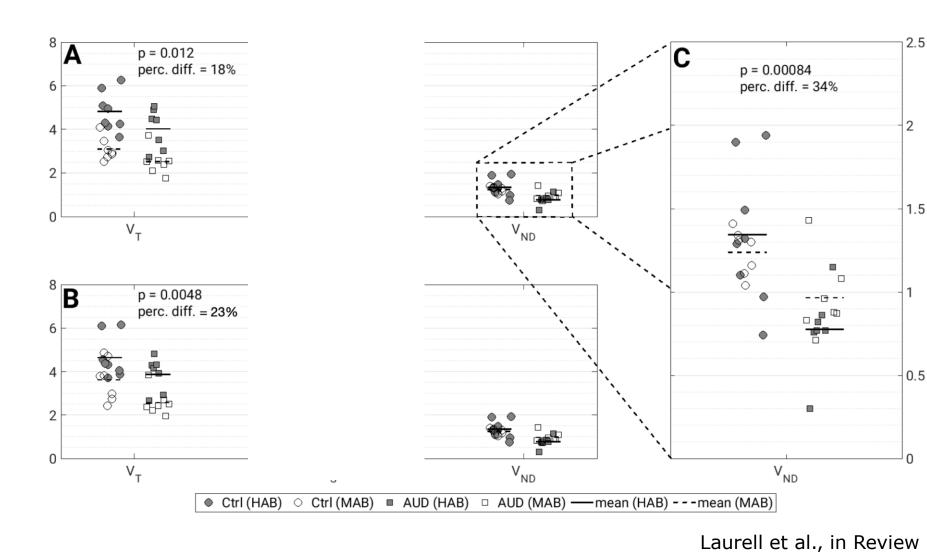








Example where V_{ND} may confound



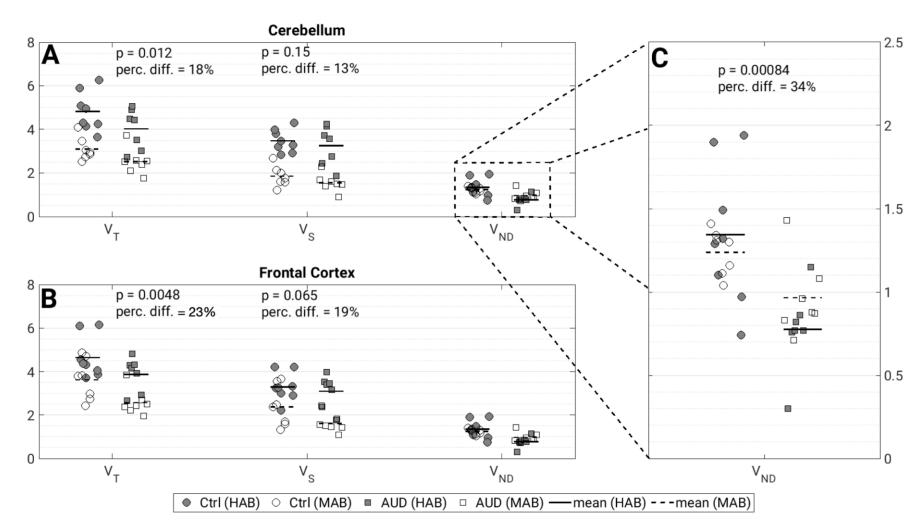


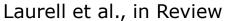






Example where V_{ND} may confound













Summary

- Dynamic PET data = Acquired over time → time activity curves
- Most (not all) radioligands can be described by 1TCM or 2TCM
- 1TCM and 2TCM requires arterial input functions (cumbersome measurement)
- With a TCM, non-linear regression is used to estimate rate constants, which are combined into total distribution volume (V_{T})
- If a reference region exist, non-displaceable distribution volume (V_{ND}) can be estimated \rightarrow estimation of BP
- BP_{ND} , BP_F and BP_P are thought to represent estimates of B_{max} . This relies on a number of assumptions.







