

Evaluation of ^{225}Ac -anti-VLA-4 for targeted α -therapy for treatment of metastatic melanoma

Background.

Very late antigen 4 (VLA-4; also called integrin $\alpha 4\beta 1$) is overexpressed in melanoma tumors with an active role in tumor growth, angiogenesis, and metastasis. This makes VLA-4 an ideal antigenic target for targeted alpha therapy. The expression of VLA-4 on primary melanomas in human correlates with the development of metastasis and has been associated with high risk of metastasis and tumor progression. Furthermore, up-regulation of VLA-4 in melanoma is associated with a more aggressive, metastatic phenotype. Here in we evaluated an ^{225}Ac -anti-VLA-4 conjugate as well as its ^{111}In -labeled companion imaging agent for targeted radiotherapy in an aggressive mouse melanoma model.

Methods.

An anti-VLA-4 antibody was conjugated to DOTA for ^{225}Ac -labeling and DTPA for ^{111}In -labeling. The resulting agents, ^{225}Ac - or ^{111}In -labeled anti-VLA-4 were evaluated in vitro, including binding affinity, internalization, and clonogenic assays as well as in vivo biodistribution studies. Furthermore, the therapeutic efficacy of ^{225}Ac -anti-VLA-4 was evaluated in a subcutaneous and disseminated disease mouse model of melanoma.

Results.

^{111}In -DTPA-anti-VLA-4 demonstrated high affinity for VLA-4 in B16F10 cells, having a K_d of 0.18 ± 0.05 nM and approximately 20% internalized at 8 hours. For delivery of an α -emitting radionuclide to VLA-4 positive tumor cells, the DOTA conjugate was labeled with ^{225}Ac with specific activity of 3.5 MBq/nmol and >95% radiochemical purity, and demonstrated selective uptake in VLA-4 positive B16F10 cells. Clonogenic assays demonstrated a decrease in the surviving fraction of B16F10 cells treated with ^{225}Ac -DOTA-anti-VLA-4 compared to controls. Biodistribution studies demonstrated uptake in the VLA-4 positive tumor in addition to VLA-4 rich organs. A blocking dose highlighted the potential of blocking uptake in VLA-4 rich organs without a significant impact on tumor uptake. Therapeutic efficacy studies demonstrated significant increases survival in mice treated with ^{225}Ac -DOTA-anti-VLA-4 compared to saline and cold antibody controls. In addition, a single mouse (subcutaneous model) remained tumor-free until the study end-point, 6-months post-treatment.

Conclusion.

^{111}In - and ^{225}Ac -labeled anti-VLA-4 antibody conjugates are capable of selectively delivering radionuclides for SPECT imaging and targeted alpha therapy to melanoma tumor cells that overexpresses VLA-4. The biodistribution studies highlighted the uptake in VLA-4 rich organs, including the spleen and bone, could be potentially reduced without significantly impacting the uptake in the tumor. The agents presented here with future dose optimization have the potential to identify and treat patients who have metastatic melanoma.

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