

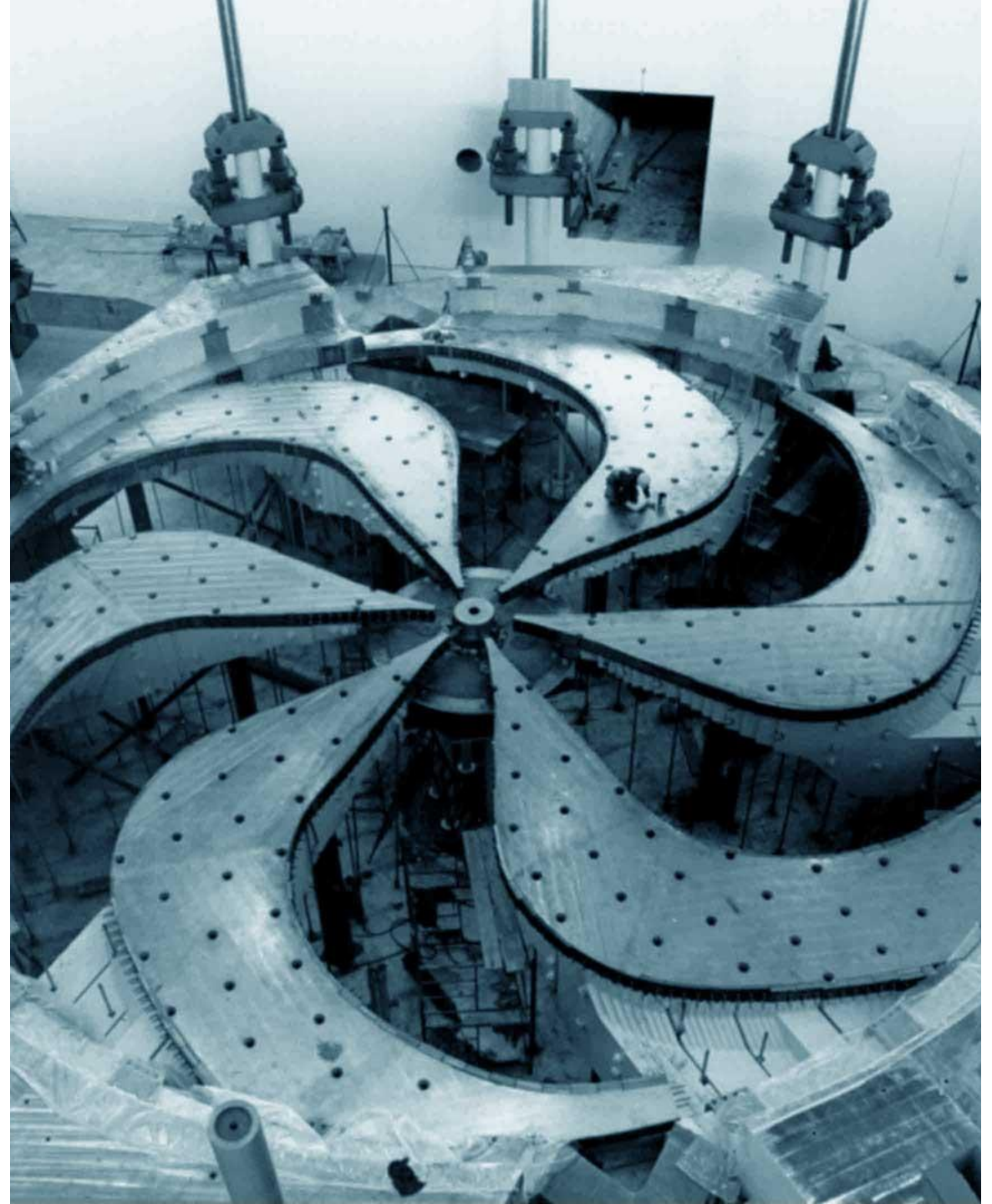
TRIUMF's Role in a Canada-Wide Effort to Transform Cancer Therapy with Rare Isotopes

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Assistant Professor

Chemistry | Simon Fraser University

Life Sciences | TRIUMF



Rare Isotopes to Transform Cancer Therapy

By the numbers

6

years of funding
(2023 - 2029)

23.8

million dollars

17

principal
investigators
(+ 6 collaborators)

>30

trainees

15

institutions across
Canada and Europe

Our NFRF-T Team

François Bénard (NPI)

BC Cancer | UBC

Dean Regier

BC Cancer | UBC

Kuo-Shyan Lin

BC Cancer

Carlos Uribe

BC Cancer

David Perrin

UBC

Gregor Reid

UBC | BC Children's



Caterina Ramogida (Co-PI)

SFU | TRIUMF

Hua Yang

TRIUMF

Valery Radchenko

TRIUMF

Cornelia Hoehr

TRIUMF

Paul Schaffer

TRIUMF



Jean-Mathieu Beauregard

U. Laval



Brigitte Guérin

U. de Sherbrooke

Leonard Luyt

Western



Raymond Reilly

U. Toronto

Ralf Schirmacher

Frank Wuest

U Alberta

sck: cen

Belgium

PAUL SCHERRER INSTITUT



Switzerland



NEUTRONS
FOR SOCIETY

France

Erasmus MC

Universitair Medisch Centrum Rotterdam



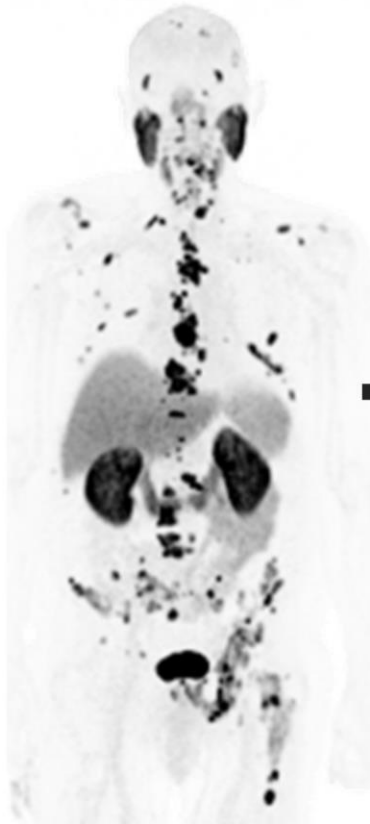
Netherlands

Radiopharmaceutical Therapy

THE PROBLEM: Mortality remains high for patients with metastatic cancers

THE SOLUTION: Radiopharmaceutical Therapy (RPT) can transform the outcome of patients with metastatic cancer

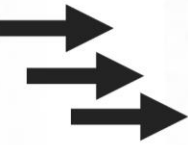
4



PET Imaging

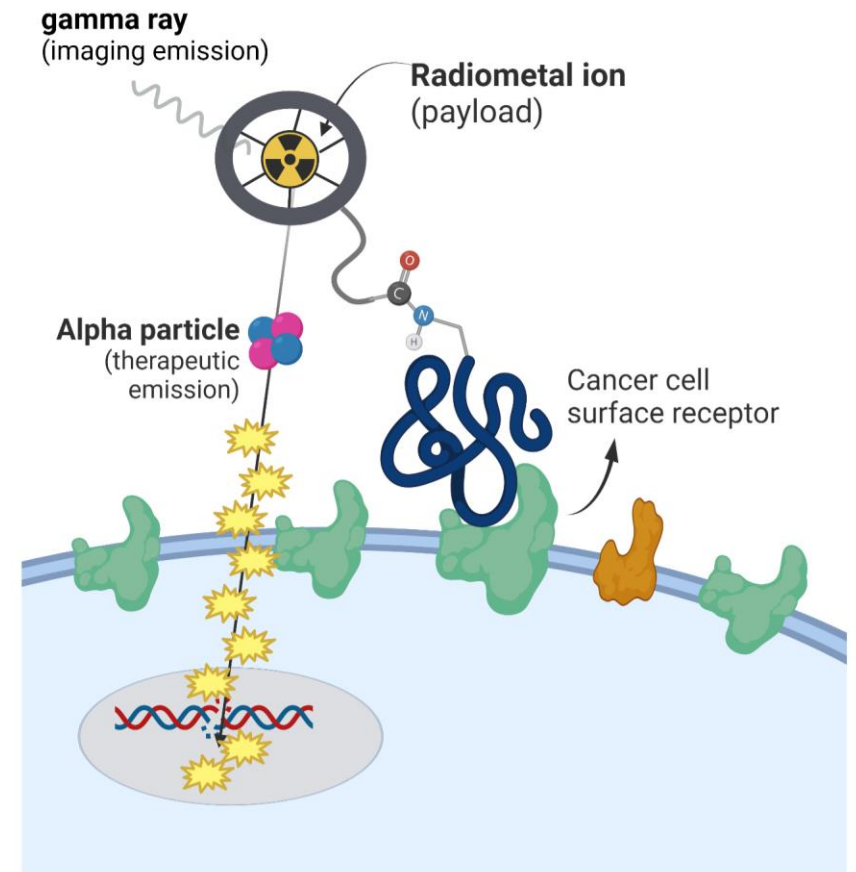


1st dose



6th dose

¹⁷⁷Lu-SPECT (treatment doses)



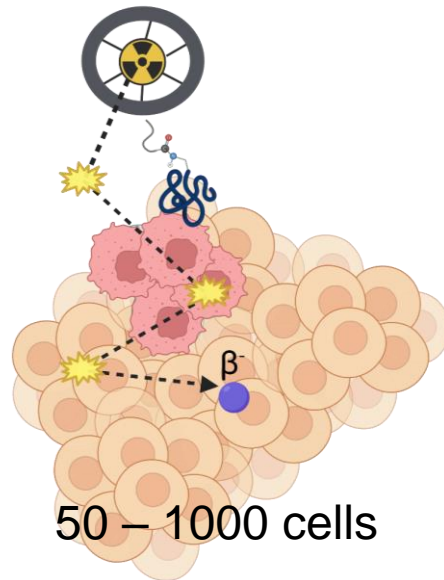
Radiopharmaceutical Therapy & Theranostics

Nuclear Imaging

Single-photon emission computed tomography (SPECT) – γ (gamma) ray
Positron emission tomography (PET) – β^+ (positron)

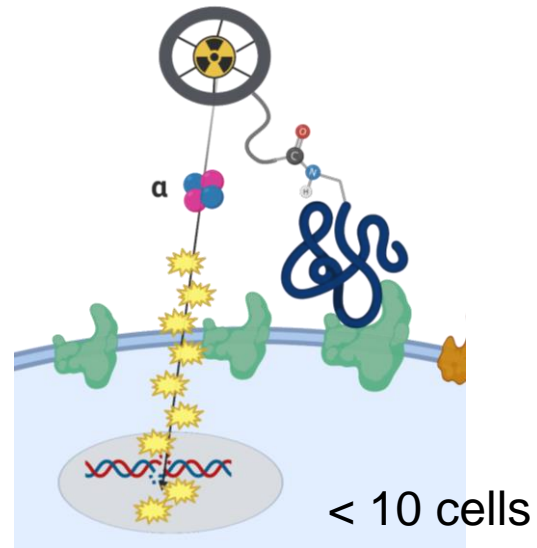
Therapy

Beta (β^-)
LET 0.2 keV/ μ m



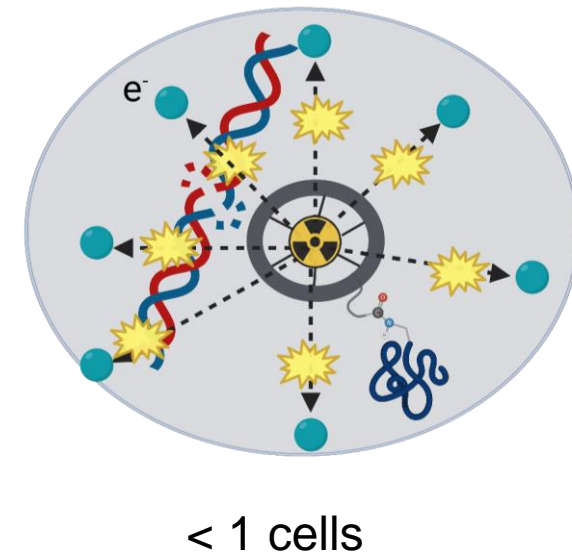
VS.

Alpha (α)
LET 50 – 230 keV/ μ m



VS.

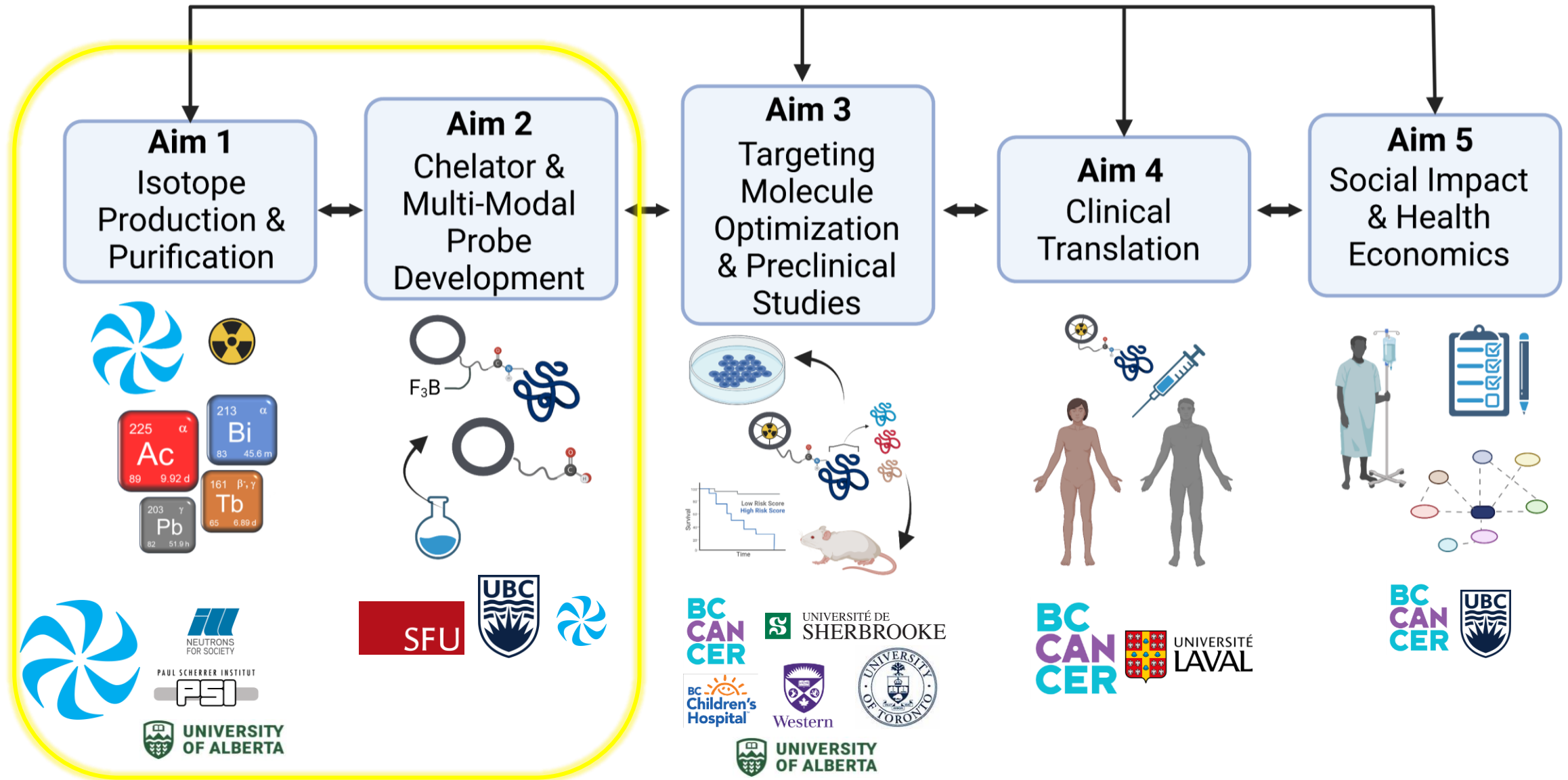
Meitner-Auger electron (MAE)
LET 4 – 26 keV/ μ m



 ionization

Range in tissue

Our Approach



Aim 1 – Medical Isotope Production @TRIUMF

Thorium spallation on BL1A
 $^{232}\text{Th} + p \rightarrow x$

H																	P	S	Ar
Be																			
Na	Mg																		
K	Ca	Sc			V	Cr	Mn	Fe	Co	Ni	Cu	Zn	Ga	Ge	As	Se	Br	Kr	
Rb	Sr	Y	Zr	Nb	Mo	Tc	Ru	Rh	Pd	Ag	Cd	In	Sn	Sb	Te	I	Xe		
Cs	Ba			Hf	Ta	W	Re	Os	Ir	Pt	Au	Hg	Tl	Pb	Bi	Po	At	Rn	
Ra																			

La	Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Ho	Er	Tm	Yb	Lu
Ac	Th	Pa	U											

$^{225}_{89}\text{Ac}$ α
 9.92 d

Alpha therapy
 Clinical scale
 150 MBq/week

$^{213}_{83}\text{Bi}$ α
 45.6 m

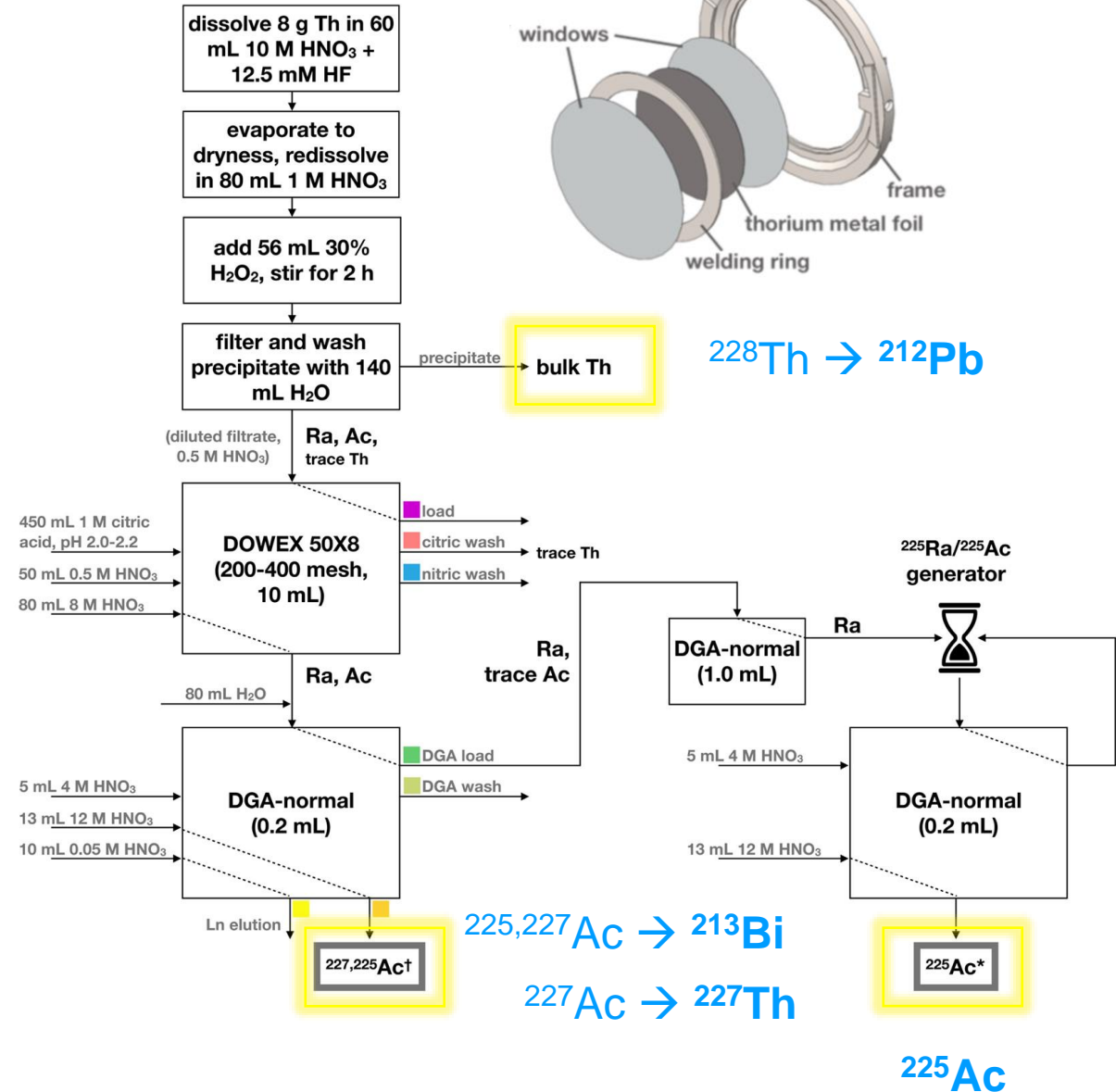
Alpha therapy
 Clinical scale
 (Generator)
 3 GBq/3 hr

$^{227}_{90}\text{Th}$ α
 18.7 d

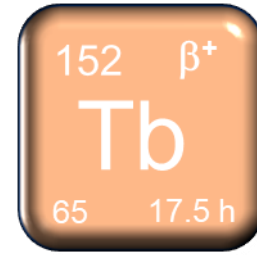
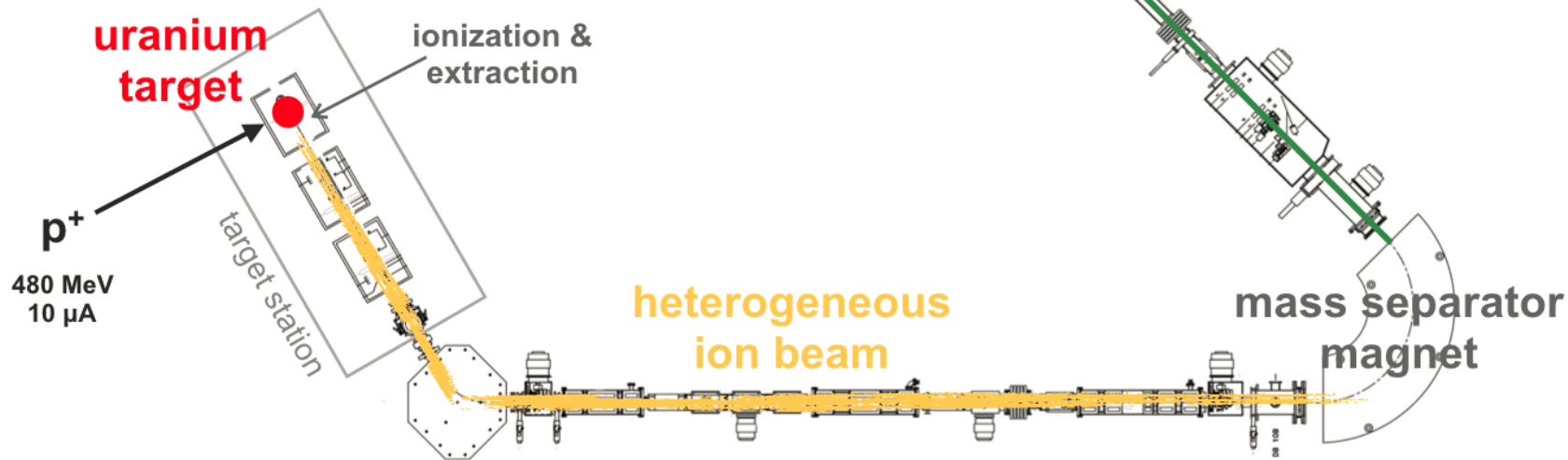
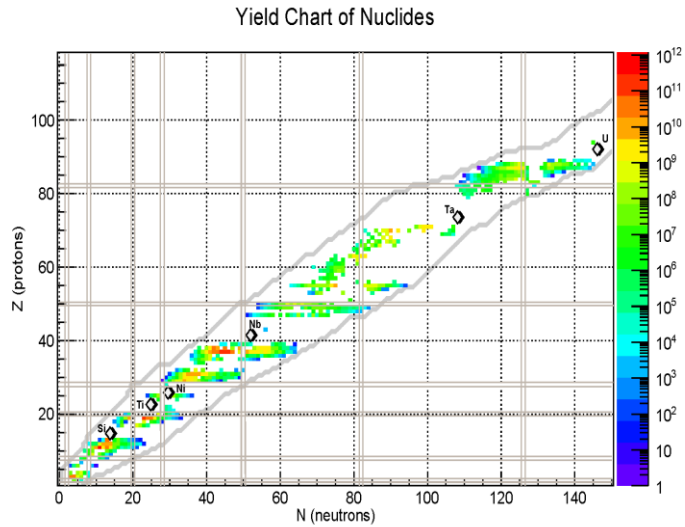
Alpha therapy
 Clinical scale
 (Generator)
 3 MBq/week

$^{212}_{82}\text{Pb}$ β^-/α
 10.6 h

Alpha therapy
 Pre-clinical
 (Generator)
 50 MBq/week

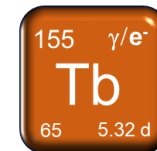


Aim 1 – Medical Isotope Production @TRIUMF



PET imaging
Likely clinical scale
101 MBq/h

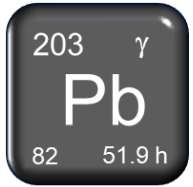
Previously isolated:



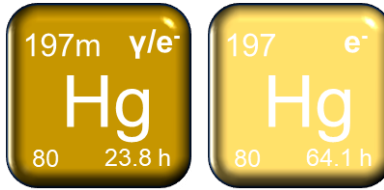
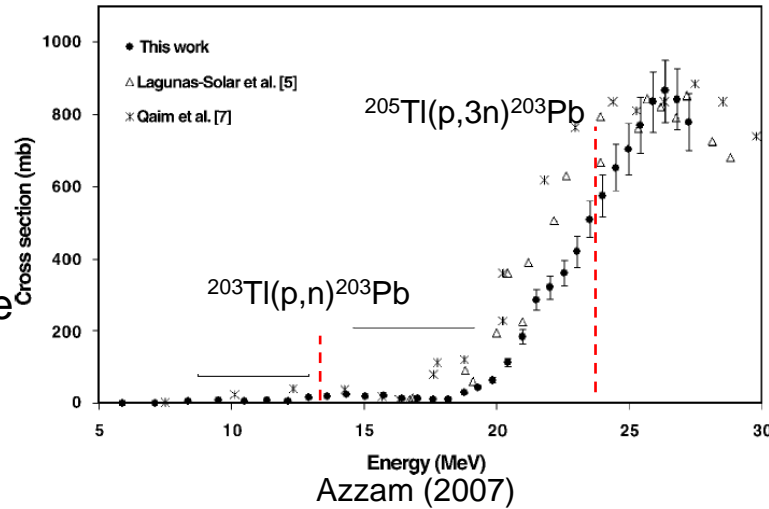
SPECT imaging
Pre-clinical scale
5.5 MBq/h

Aim 1 – Medical Isotope Production @TRIUMF

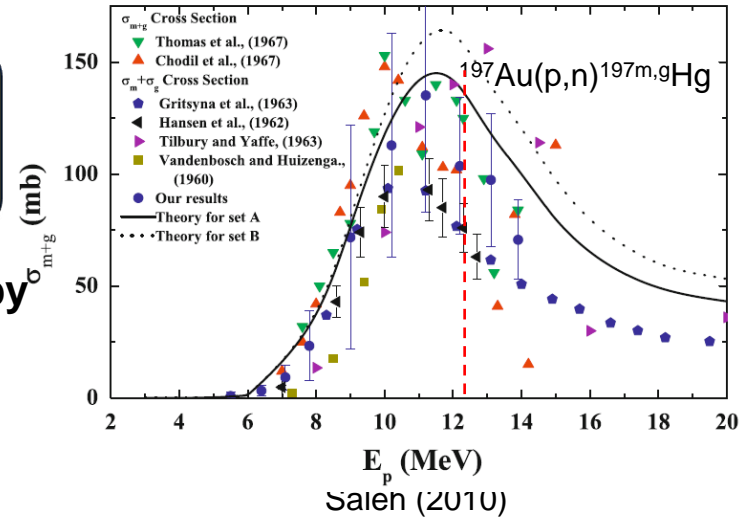
13 MeV, 24 MeV



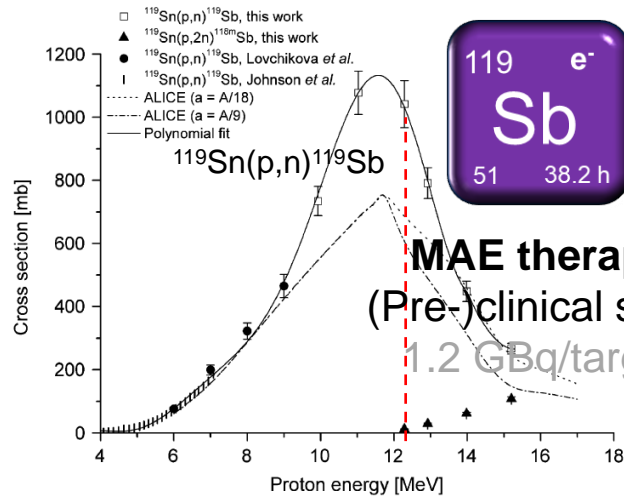
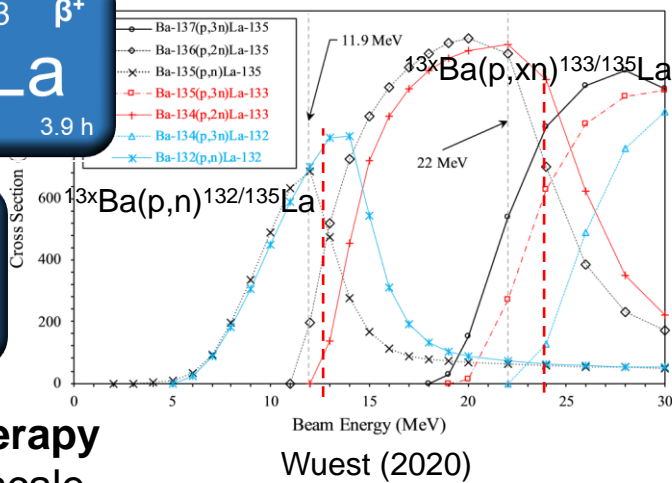
SPECT Imaging
(Pre-)clinical scale
500 MBq/target



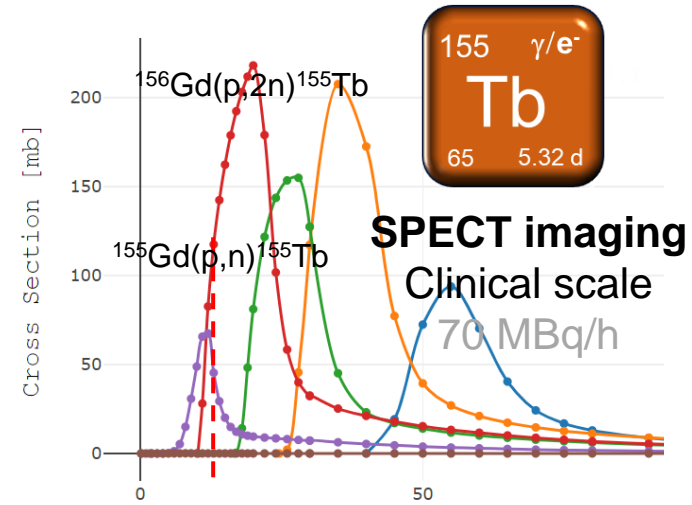
SPECT / MAE therapy
Likely clinical scale
2.7 GBq/target



PET / MAE therapy
(Pre-)clinical scale
700 MBq/target



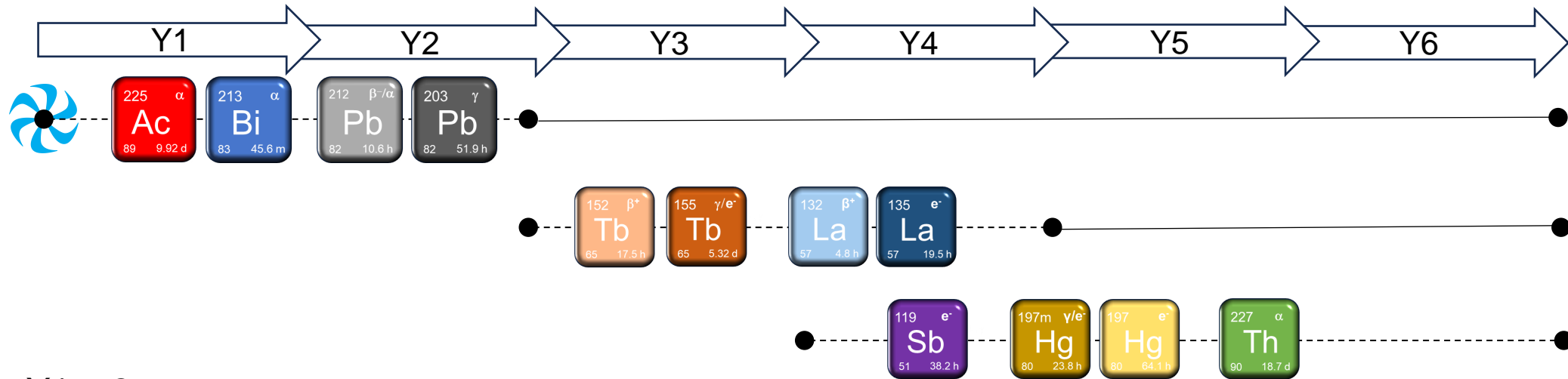
MAE therapy
(Pre-)clinical scale
1.2 GBq/target



SPECT imaging
Clinical scale
70 MBq/h



TRIUMF's GOALS – Aim 1



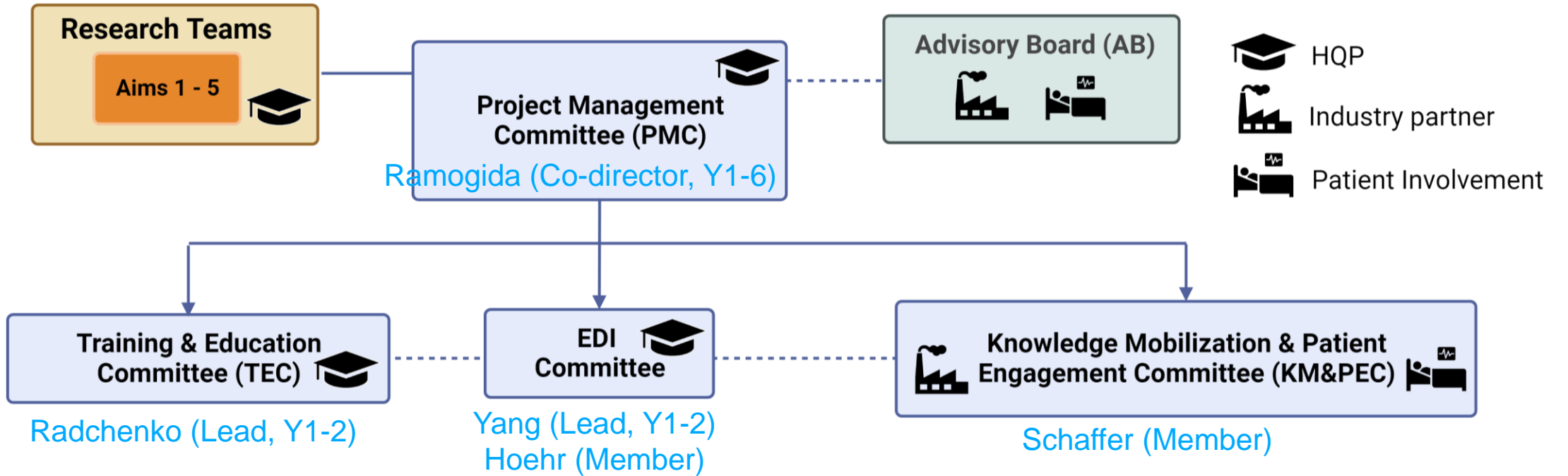
- Y1 – 2:

- Optimize and scale-up ²²⁵Ac/²¹³Bi production.
- Optimize and scale-up ²²⁸Th/²¹²Pb generator.
- Develop waste management plan for sustainable production.

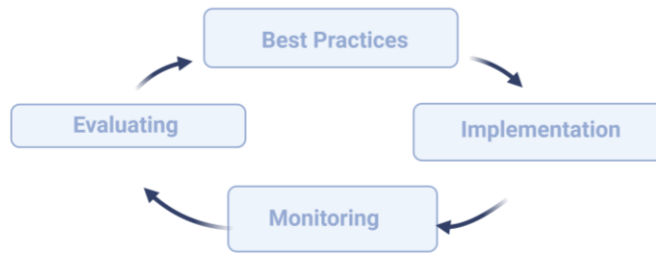
- Y3 – 4:

- Deliver ²²⁵Ac and ²¹²Pb to centers to enable research in Aims 2 – 3 and clinical trials in Aim 4.
- Develop production for ¹⁵⁵Tb, ^{132/135}La via TR13.
- Develop production for ¹⁵²Tb via ISOL.

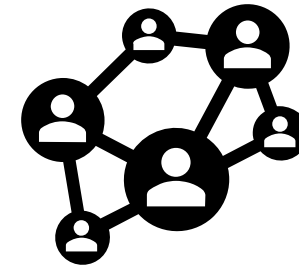
Project Management



Annual symposium & workshop



Commitment to EDI



Canadian nuclear medicine network

What will the effort bring to TRIUMF?

- Est. \$4.8mil over 6 years (in direct and indirect costs)
- Additional support for HQP training (\$40-60K/yr) and EDI initiatives (\$50K/yr)
- Secure TRIUMF as a World-leader in medical isotope production
- Potential for future revenue from knowledge translation of isotope production

What do we need to succeed?

What we have

- Personnel
 - isotope production team (lead by Qing Maio)
- Lab Space
 - Existing space and infrastructure in MHESA basement (shielded fume hoods, hot cells)
- Beam Time
 - BL1A (^{232}Th irradiations for ^{225}Ac , ^{213}Bi , ^{212}Pb , ^{227}Th)
 - TR13 (^{155}Tb , $^{197(\text{m})}\text{Hg}$, ^{119}Sb)
 - TR24 (^{203}Pb , $^{133/135}\text{La}$)
 - ISOL (^{152}Tb)
- Admin Support

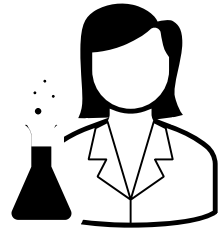
What we still need

- More Lab Space
 - Additional 'hot' lab space (shielded fume hoods and hot cells)
 - Additional 'cold' lab space (chemical fume hoods)
- Office Space
 - HQP desk space
- Admin Support
 - LCH amendment

Impact and Rewards



Health System
Impacts



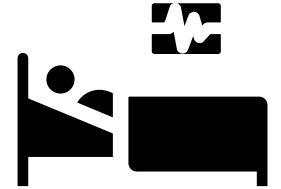
Advancing
Science
Knowledge



Increasing
Canada's
International
Standing



Training and
Education of
HQP



Addressing
Significant
Unmet Patient
Need

Thank you MERCI

