

Molecular Imaging in RCC

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Molecular imaging

- Non-invasive technique for depicting and quantifying biological processes in tumors at the molecular and cellular level
- PET and SPECT are among the most sensitive molecular imaging techniques

Metabolic profiling and imaging in RCC

Genetic Basis of RCC:

- RCCs are characterized by mutations in metabolic pathway genes, including:
 - **Oxygen sensing:** VHL (von Hippel–Lindau)
 - **Tricarboxylic acid (TCA) cycle:** FH (*fumarate hydratase*), SDHB (*succinate dehydrogenase B*)
 - **Energy & nutrient sensing:** MTOR (*mammalian target of rapamycin*)

Metabolic Differences Between RCC and Benign Tumors:

- Distinct metabolic profiles due to genetic mutations
- Changes in oxygen sensing, energy metabolism, and nutrient signaling

Role of Metabolic Radiotracers in RCC Imaging:

- Radionuclide-labeled metabolites selectively accumulate in tumors
- Enables non-invasive tumor detection and characterization

Clinical Potential of Metabolic Radiotracers:

- Identify tumor proliferation and metabolic heterogeneity
- Improve diagnosis and prognostic assessment of RCC

FDG PET tracers in RCC

18F-FDG PET-CT in RCC

- **Mechanism:** Glucose analogue transported via GLUT proteins
- **Diagnostic Value:**
 - Limited for **primary RCC** (Sensitivity: 47–89%, Specificity: 67–87%)
 - **Comparable** to conventional imaging for **recurrent/metastatic RCC**
- **Clinical Findings:**
 - **104 RCC patients (94 ccRCC):** Sensitivity 74%, Specificity 80%
 - **125 ccRCC patients:** Effective in distinguishing WHO–ISUP high-grade ccRCC
 - **Positive uptake** associated with **high progression risk**
- **Advantages over CT/MRI:**
 - **Low nephrotoxicity, no allergy risk** → Suitable for renal insufficiency
 - **Effective for:** FH-deficient RCCs, high-grade ccRCCs, pRCCs

11C-Acetate PET-CT in RCC

- **Mechanism:** Reflects acetate metabolism → Acetyl-CoA synthesis
- **Current Use:** Mainly in **prostate cancer, glioma**
- **Findings in RCC:**
 - **High heterogeneity in uptake** limits differentiation of benign vs. malignant renal masses
 - **70% uptake in RCCs** (13 ccRCCs, 1 pRCC in 20-patient study)
 - **Oncocytomas** show **higher uptake** than RCCs

FDG PET tracers

Dual-Tracer PET-CT (18F-FDG + 11C-Acetate)

- **Metabolic Profiles (48 RCC Patients + 10 AMLs):**
 - AMLs: 18F-FDG-negative, 11C-acetate-positive
 - High-grade ccRCCs: High 18F-FDG uptake
 - Low-grade ccRCCs: High 11C-acetate uptake
 - chRCC: 11C-acetate uptake only
 - pRCC: 18F-FDG uptake only
- **Potential for RCC Subtype Differentiation**
 - **Combined imaging** could improve diagnosis & classification

CD70: A Novel Target for ccRCC Imaging

CD70 Expression in ccRCC:

- CD70, a TNF superfamily member, is aberrantly expressed in **~80% of ccRCC cases** but absent in normal kidney tissue.
- High CD70 expression correlates with **tumor differentiation, necrosis, metastasis, and survival outcomes**.
- Immunohistochemistry is the current method for CD70 detection, but whole-body imaging is needed.

Potential Applications:

- **Diagnostic Marker:** Differentiates ccRCC from other RCC subtypes.
- **Therapeutic Target:** CD70 expression enables immune evasion and T cell suppression, making it a promising target.
- **Theranostic Approach:** Molecular imaging can guide CD70-targeted treatments.

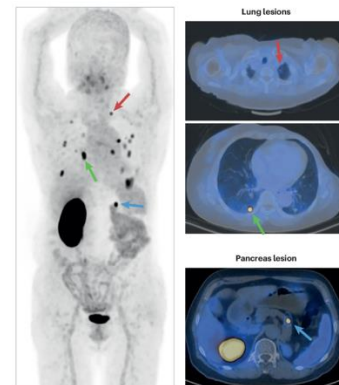
CD70: A Novel Target for ccRCC Imaging

Advantages of CD70-targeted Imaging:

- **Non-invasive & Whole-body Detection:** Overcomes immunohistochemistry limitations.
- **Uses Single-Domain Antibody (sdAb) Tracers:** Small size (~15kDa), high affinity, rapid clearance.
- **Preferred Radiolabels:** ^{68}Ga ($T_{1/2} = 68$ min) & ^{18}F ($T_{1/2} = 109.8$ min) for efficient clinical imaging.

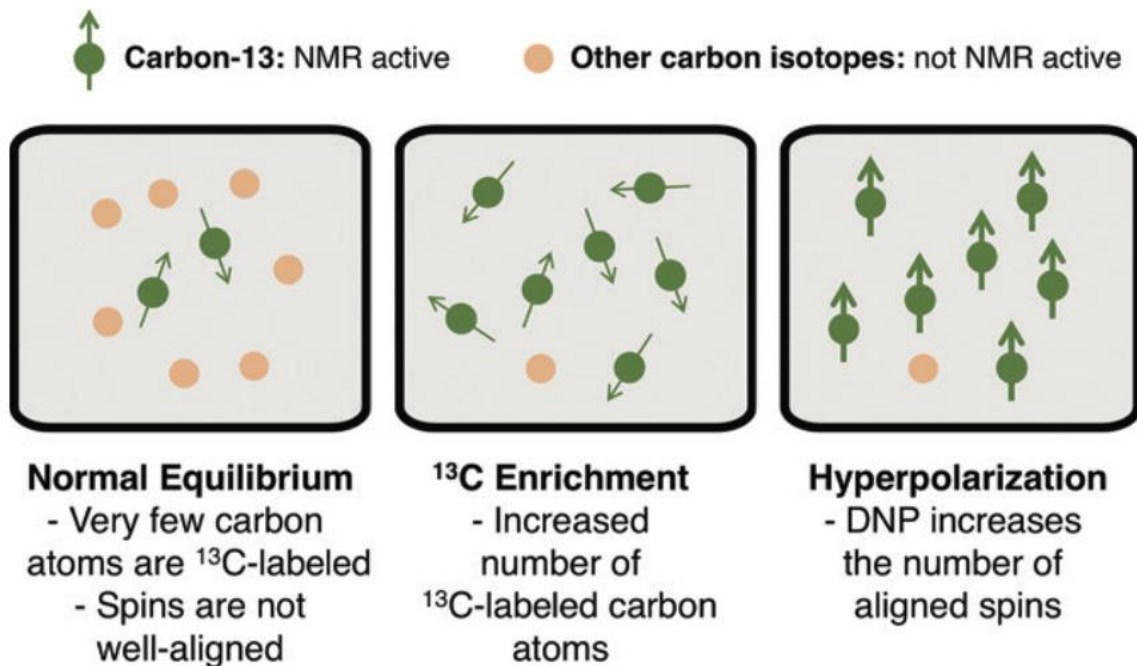
Key Findings from Clinical Studies:

- **[^{18}F]RCCB6 PET-CT:** Higher tumor-to-background ratio, detected more metastases than CT/ ^{18}F -FDG PET-CT.
- **[^{68}Ga]Ga-NOTA-RCCB6:** Accurately identified metastases in various organs.
- **Clinical Utility:** Staging, restaging, metastasis identification, therapy response monitoring, and post-treatment surveillance.

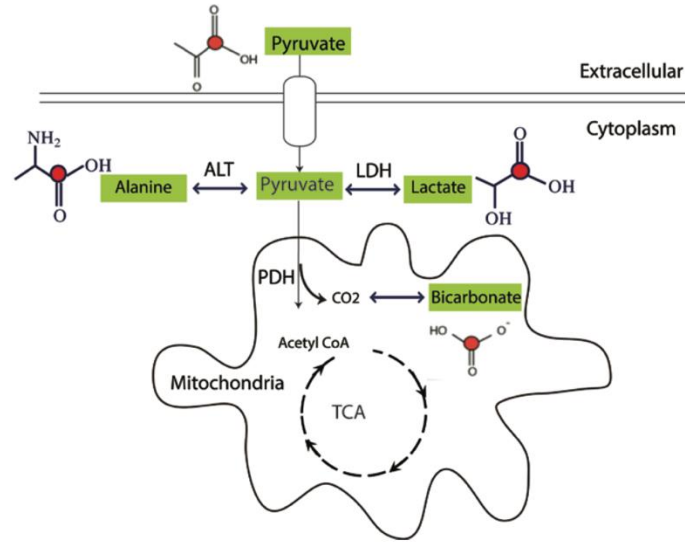


Hyperpolarized C13 MRI in RCC

- HP ^{13}C MRI is a novel tool allowing **rapid, noninvasive**, and **pathway-specific investigation of dynamic metabolic and physiologic processes** that were previously inaccessible to imaging.
- Hyperpolarization increases sensitivity (>10,000-fold signal increase) for imaging ^{13}C -enriched biomolecules that are endogenous, nontoxic, and nonradioactive.
- ^{13}C pyruvate is the most widely studied HP probe to date given its position at a critical branch point of multiple pathways, including glycolysis, the tricarboxylic acid cycle, and amino acid biosynthesis

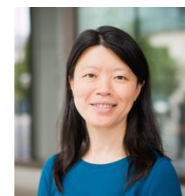


Processes for increasing MRI signal of carbon 13 (^{13}C) nuclei.
DNP = dynamic nuclear polarization, *NMR* = nuclear magnetic resonance.






Multiple preclinical studies have shown the ability of HP ^{13}C pyruvate MRI to monitor the increased pyruvate-to-lactate conversion that occurs with aggressive cancers and to provide a rapid assessment of treatment response

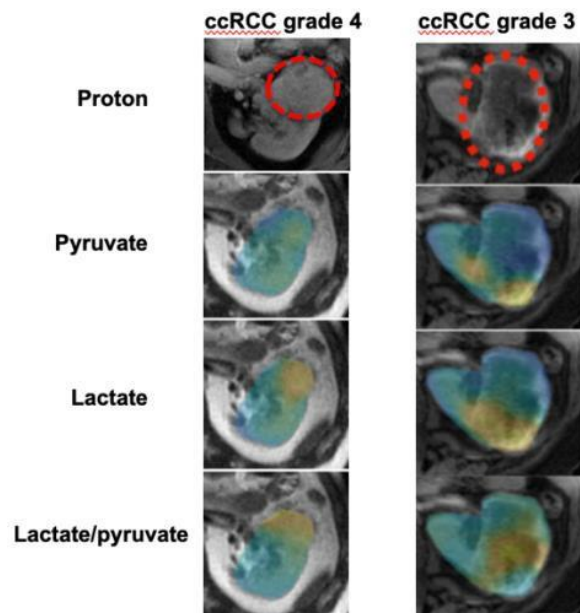
Studies in localized RCC



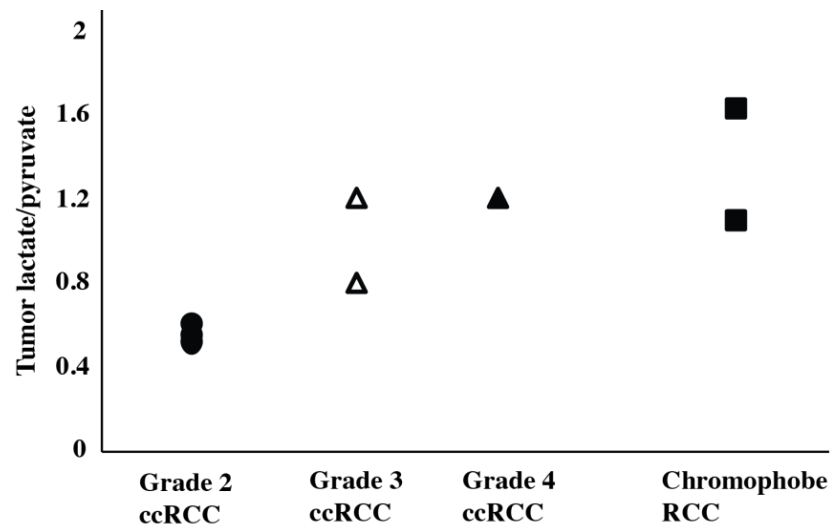
Metabolic Imaging With Hyperpolarized ^{13}C Pyruvate Magnetic Resonance Imaging in Patients With Renal Tumors—Initial Experience

Shuyu Tang, PhD ^{1,2}; Maxwell V. Meng, MD³; James B. Slater, RPh, PhD¹; Jeremy W. Gordon, PhD ¹;
Daniel B. Vigneron, PhD^{1,2}; Bradley A. Stohr, MD, PhD⁴; Peder E. Z. Larson, PhD ^{1,2}; and Zhen Jane Wang, MD¹

- Feasibility of using HP ^{13}C in localized kidney cancer
- There was a trend toward a higher lactate-to-pyruvate ratio in high-grade ccRCCs compared with low-grade ccRCCs.
- Chromophobe RCCs had relatively high lactate-to-pyruvate ratios.



AUC images from $HP^{13}C$ pyruvate MRI of patients with high grade (grade 3 and 4) ccRCC demonstrate increased tumoral lactate-to-pyruvate ratio



Tumor lactate-to-pyruvate ratio in 8 patients, stratified by tumor histology and grade.

Applications in metastatic RCC

- Assess treatment response of a TKI in metastatic kidney cancer
 - Regimens with high primary Progressive disease (belzutifan, Ipi/nivo)
 - HLRCC –Reliance on glycolytic pathway
 - Chromophobe RCC
- Pilot study at UCSF to assess early treatment response in metastatic RCC

Pilot study evaluating early treatment response in RCC

- To determine whether there is an early (4–6-week post treatment initiation with a TKI) change in tumor ^{13}C pyruvate metabolism when compared to baseline HP ^{13}C MRI scans
- To compare changes in tumor ^{13}C pyruvate metabolism between patients with disease control versus those with disease progression as defined by RECIST criteria on subsequent clinical CT scan at 3 months and this will be exploratory in nature

Systemic
Therapies

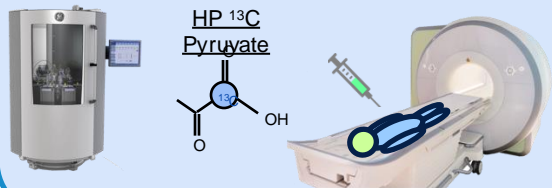


Week 0

Week 3-4

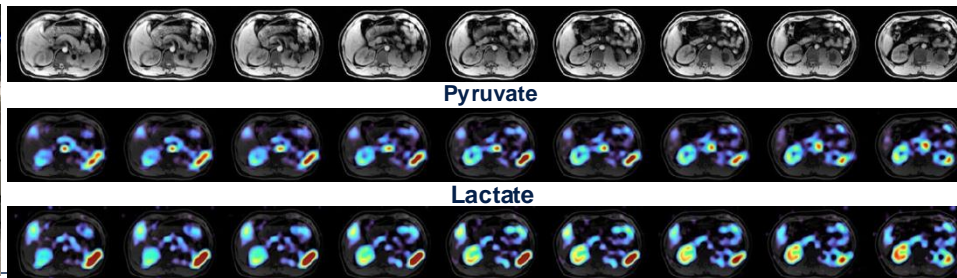
Week 12-14

HP $^{13}\text{C}/^1\text{H}$ MRI of Advanced
Renal Cancer (Baseline)



HP $^{13}\text{C}/^1\text{H}$ MRI
(Early Follow Up)

Clinical
Restaging Scan



Workflow diagram to detect early treatment response in RCC

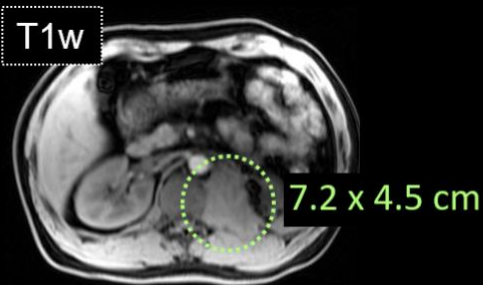
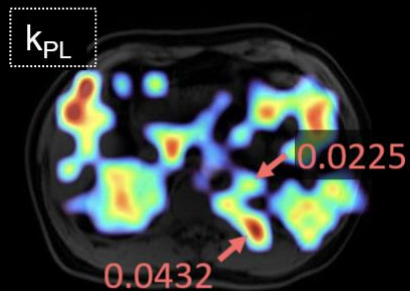


Week 0

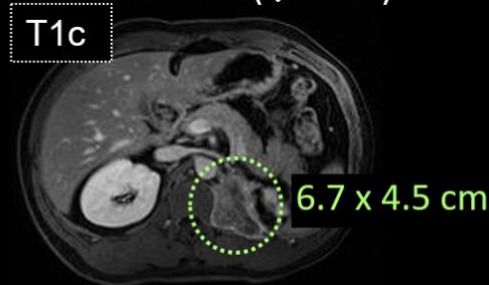
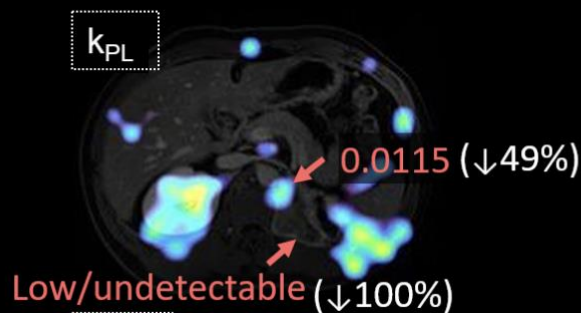
Week 4

Week 14

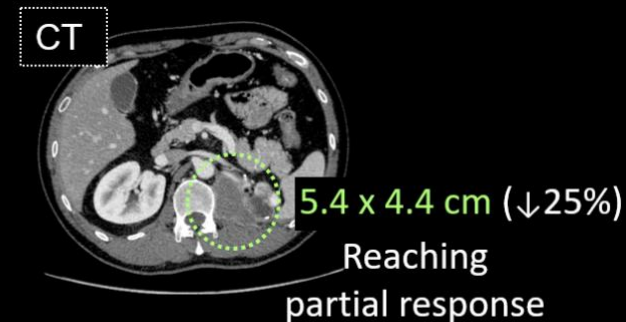
Baseline HP ^{13}C MRI

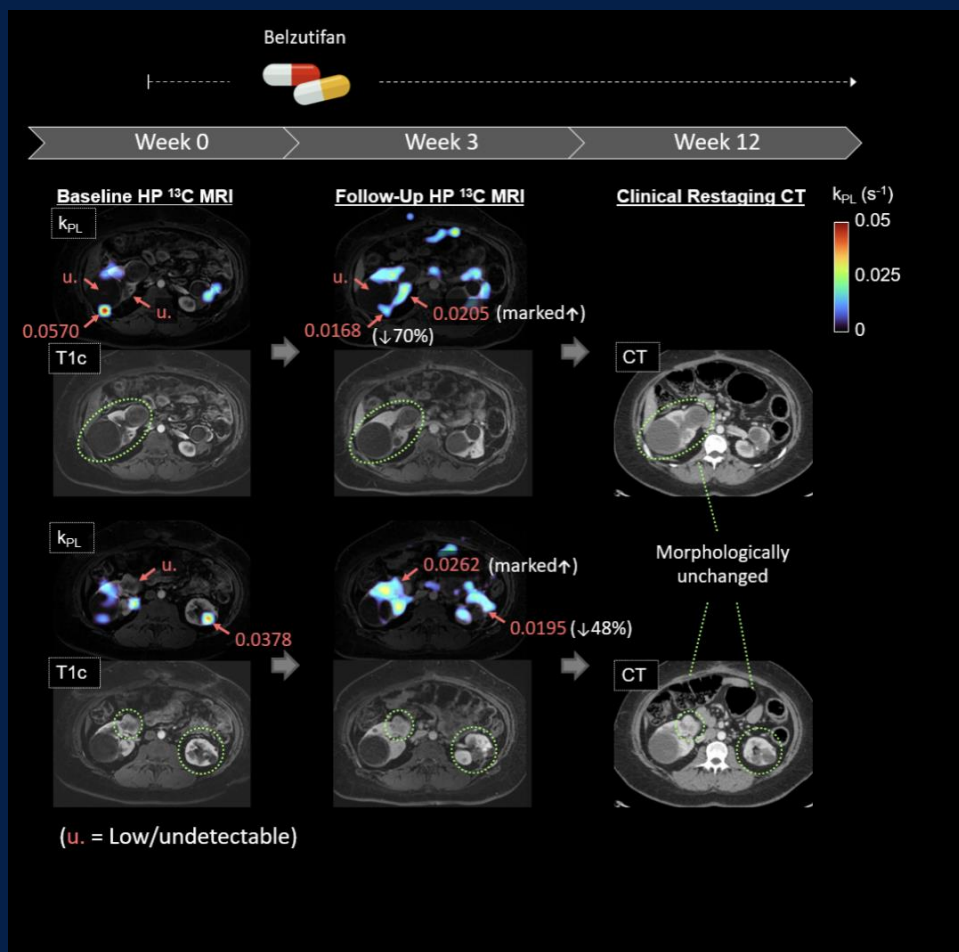


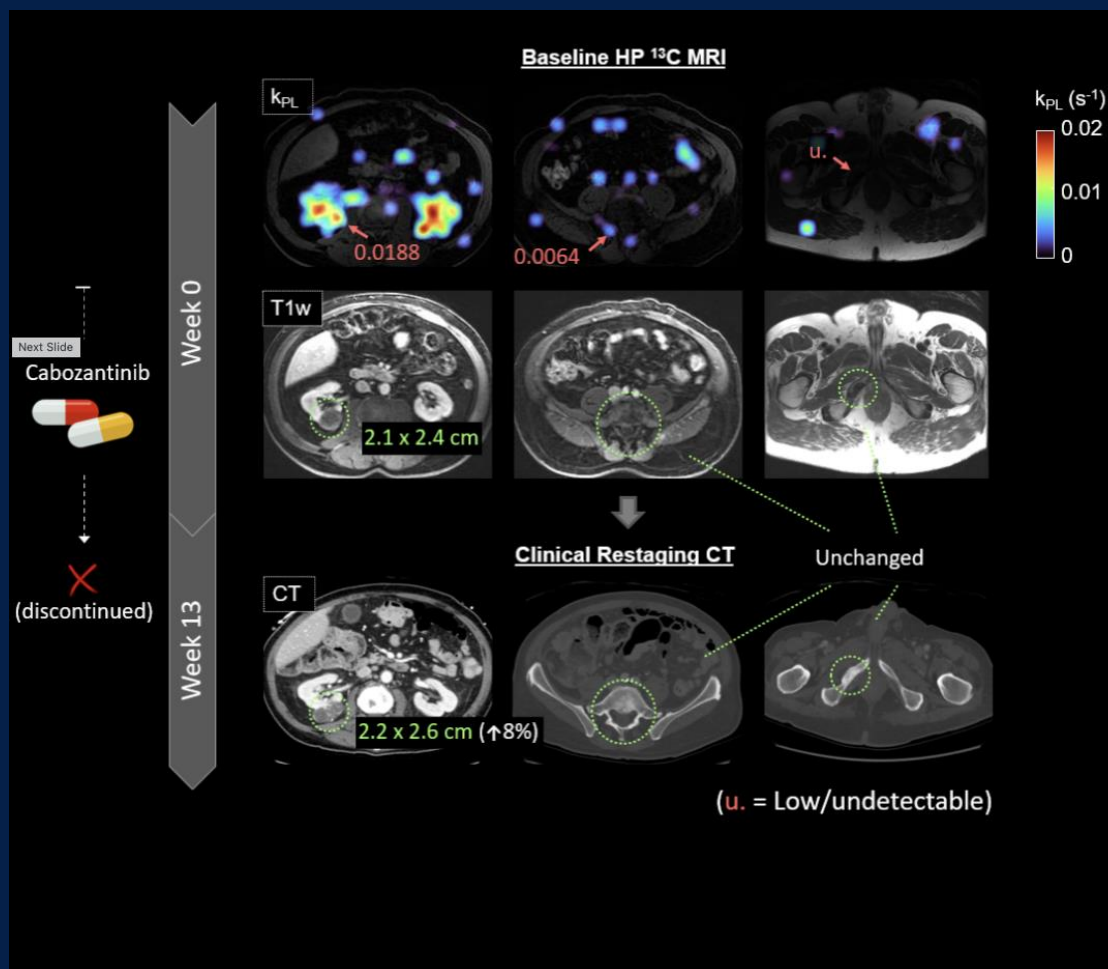
Follow-Up HP ^{13}C MRI



Clinical Restaging CT







Key Takeaways:

- **Molecular Imaging vs. Conventional Imaging:**

- Nuclear medicine imaging detects biomarker expression and metabolic processes, providing **cellular & molecular-level insights**.
- Enables **better diagnosis, staging, stratification, and therapy response assessment** in ccRCC.

Clinical Evidence & Future Needs:

- **CD70-targeted imaging** shows promise in diagnosis, surveillance, and treatment monitoring.
- **Further clinical trials** are needed to validate diagnostic and therapeutic applications.
- **Optimizing radiopharmaceuticals** will improve RCC detection and enable theranostic applications.
- **Collaborative efforts** are crucial to integrating molecular imaging into clinical guidelines and advancing RCC management.

UCSF Helen Diller Family
Comprehensive
Cancer Center