

Advanced Prostate Cancer 2023: New Concepts

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Disclosure of Conflicts of Interest

Oliver Sartor, MD, has the following financial relationships to disclose:

Grant/Research Support - Advanced Accelerator Applications, Amgen, AstraZeneca, Bayer, Constellation, Endocyte, Invitae, Janssen, Lantheus, Merck, Progenics, Tenebio

Consultant: Advanced Accelerator Applications (AAA), Amgen, ArtBio, Astellas, AstraZeneca, Bayer, Blue Earth Diagnostics, Inc., Clarity Pharmaceuticals, Clovis, Constellation, Convergent, Dendreon, EMD Serono, Foundation Medicine, Fusion, Genzyme, Hengrui, Isotopen Technologien Meunchen, Merck, Janssen, Morphimmune, Myovant, Myriad, Noria Therapeutics, Inc., NorthStar, Novartis, Noxopharm, Progenics, POINT Biopharma, Pfizer, Sanofi, Tenebio, Telix, Tessa, Theragnostics

Multi-modality skills to optimally manage prostate cancer

- Surgery
 - Radiation Oncology
 - Hormonal Therapy
 - Chemotherapy
 - Genetics (Germline and Somatic)
 - Molecular Imaging
 - Artificial Intelligence
 - Targeted Therapy
 - Immunotherapy
 - Molecularly Targeted Radiation
- 
- Old
School

Genetics

Inherited DNA-Repair Gene Mutations in Men with Metastatic Prostate Cancer

C.C. Pritchard, J. Mateo, M.F. Walsh, N. De Sarkar, W. Abida, H. Beltran, A. Garofalo, R. Gulati, S. Carreira, R. Eeles, O. Elemento, M.A. Rubin, D. Robinson, R. Lonigro, M. Hussain, A. Chinnaiyan, J. Vinson, J. Filipenko, L. Garraway, M.-E. Taplin, S. AlDubayan, G.C. Han, M. Beightol, C. Morrissey, B. Nghiem, H.H. Cheng, B. Montgomery, T. Walsh, S. Casadei, M. Berger, L. Zhang, A. Zehir, J. N. Schultz, P.W. Kantoff, D. Solit, M. Robson, e Bono, and P.S. Nelson

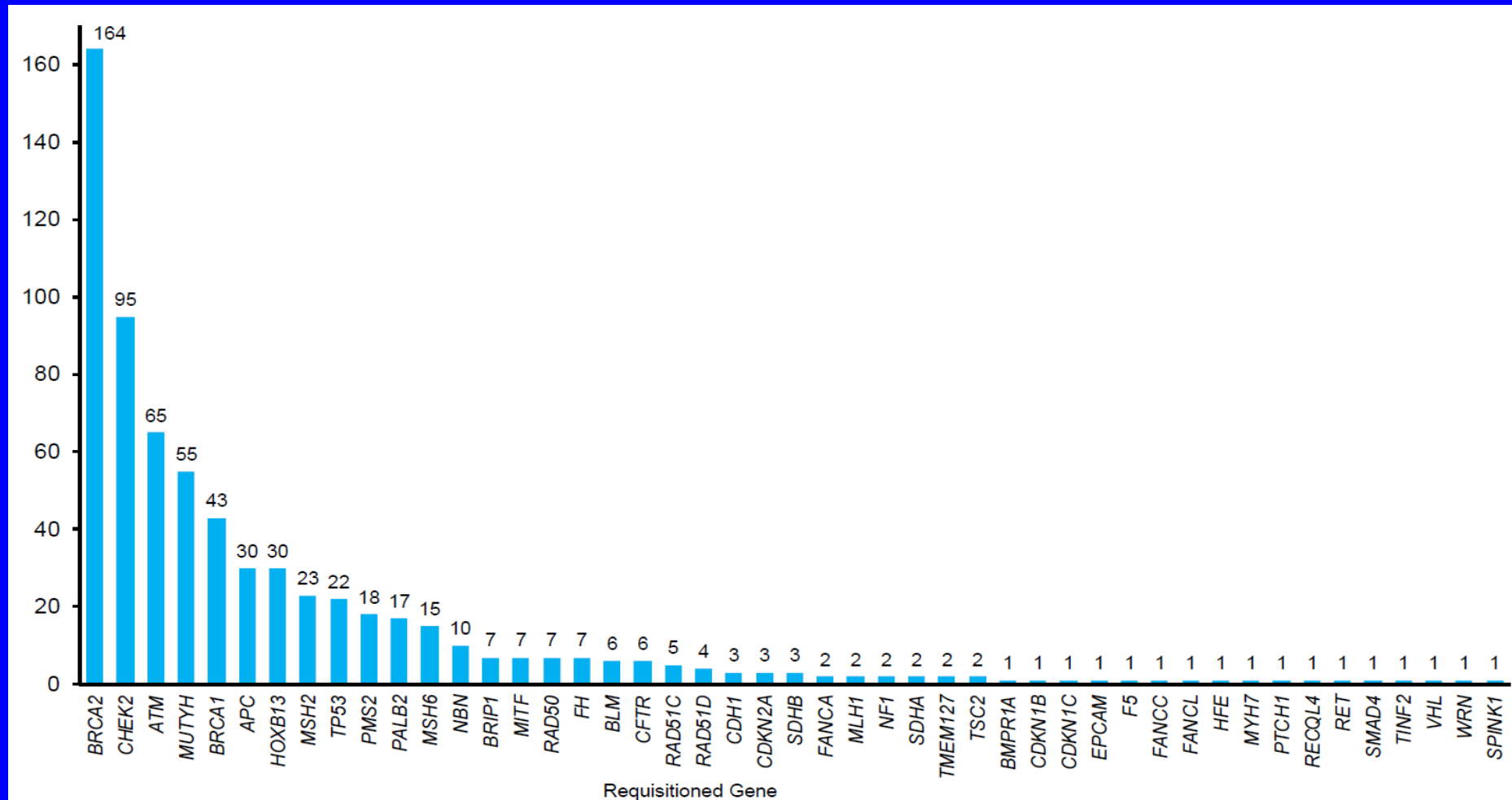
The Germline Proof

NEJM.ORG July 6, 2016

- 11.8% of men with metastatic prostate cancer
 - BRCA2 5.8%
 - CHEK2 1.9%
 - ATM 1.6%
 - BRCA1 0.9%
 - RAD51D and PALB2 0.4% each

Though BRCA2, CHEK2, ATM are common, note the number of rare pathogenic genetic alterations

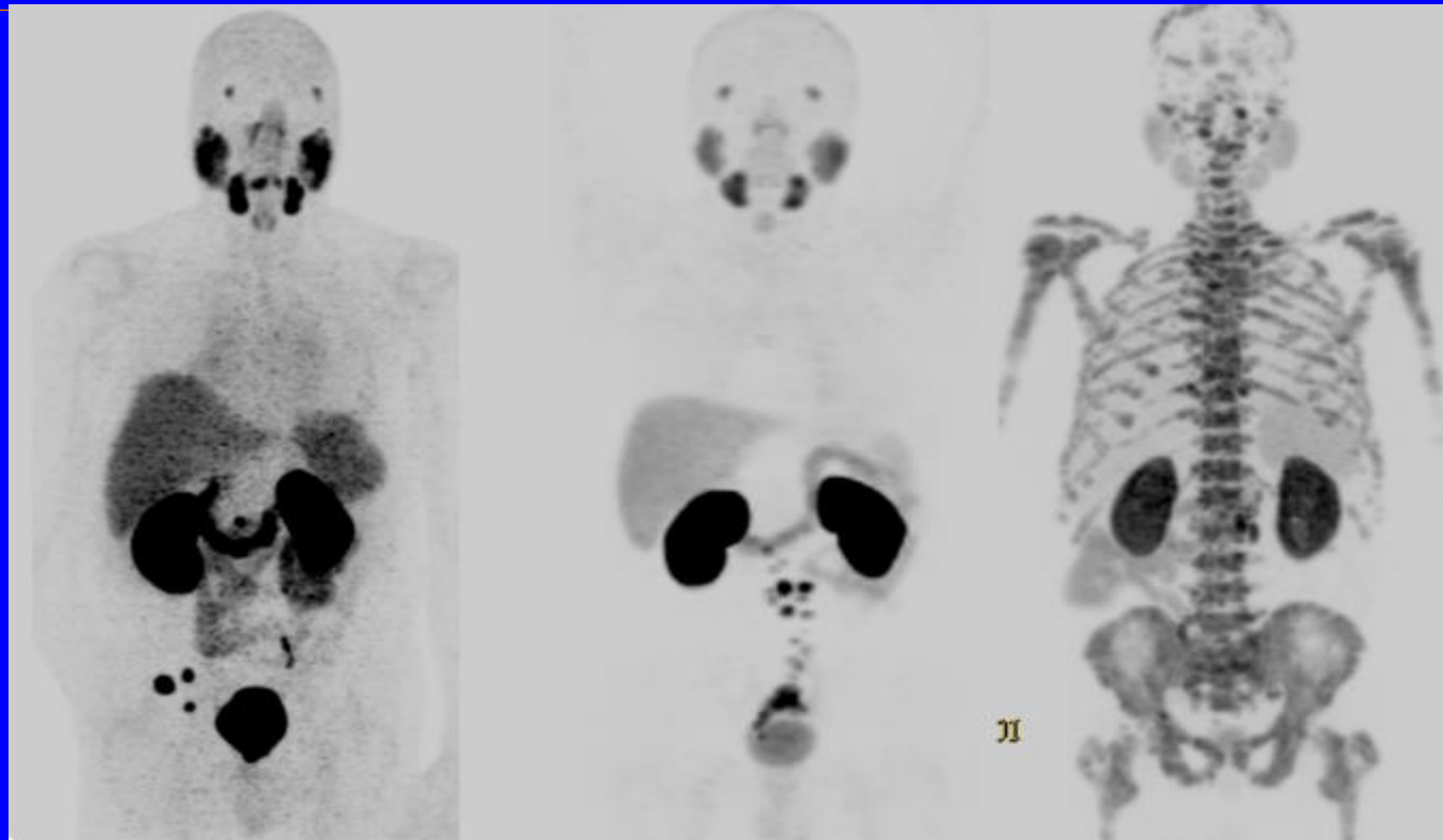
Nicolosi et al. JAMA Onc Feb 19, 2019



Molecular Imaging

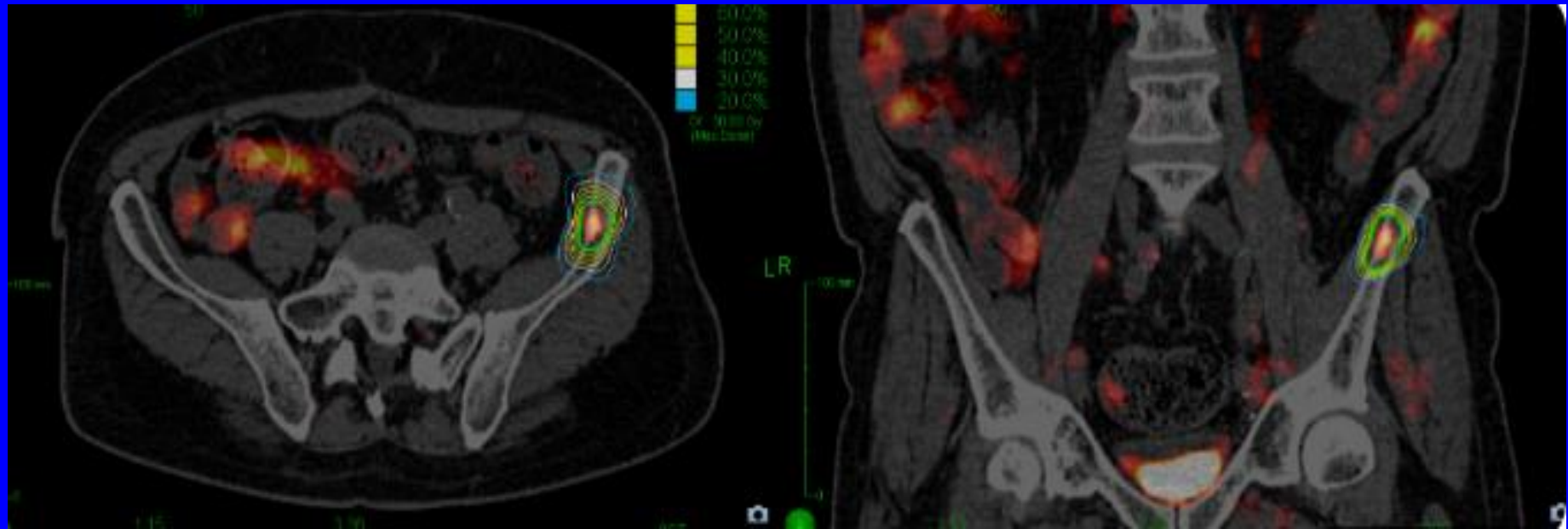
PSMA PET Imaging (^{18}F -DCFPyL)

Improved Sensitivity of Metastases



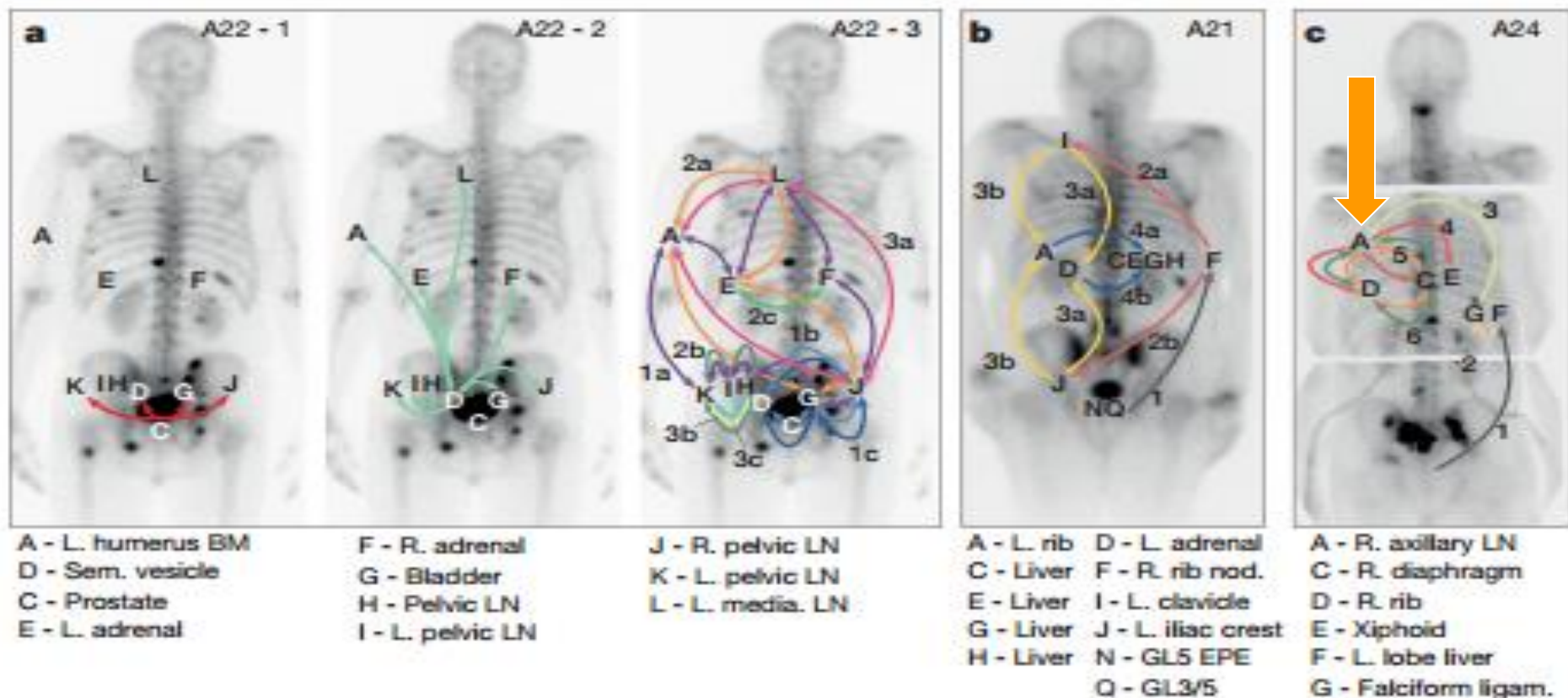
At least 10X better than CT

“Oligometastatic Disease”



The evolutionary history of lethal metastatic prostate cancer

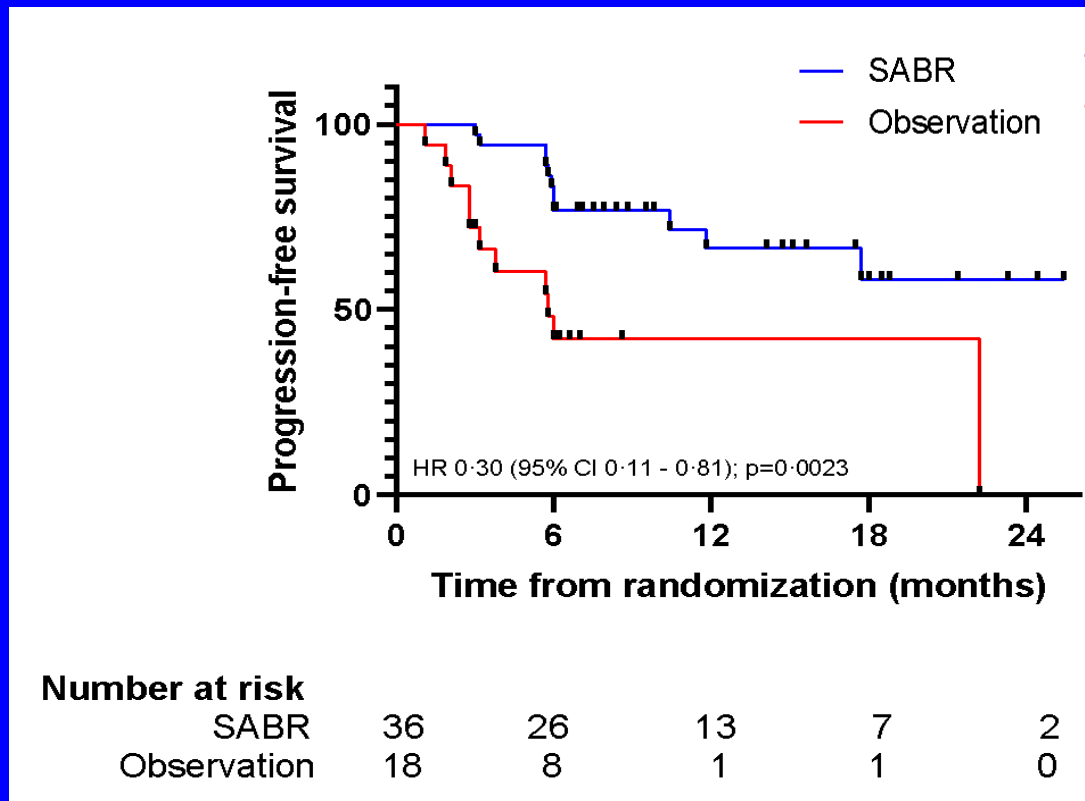
Gunes Gundem¹, Peter Van Loo^{1,2,3}, Barbara Kremeyer¹, Ludmil B. Alexandrov¹, Jose M. C. Tubio¹, Elli Papaemmanuil¹, Daniel S. Brewer^{4,5}, Heini M. L. Kallio⁶, Gunilla Högnäs⁶, Matti Annala⁶, Kati Kivinummi⁶, Victoria Goody¹, Calli Latimer¹, Sarah O'Meara¹, Kevin J. Dawson¹, William Isaacs⁷, Michael R. Emmert-Buck^{8†}, Matti Nykter⁶, Christopher Foster⁹, Zsafia Kote-Jarai¹⁰, Douglas Easton¹¹, Hayley C. Whitaker¹², ICGC Prostate UK Group[‡], David E. Neal^{12,13§}, Colin S. Cooper^{4,10§}, Rosalind A. Eeles^{10,14§}, Tapio Visakorpi⁶, Peter J. Campbell¹, Ultan McDermott^{1§*}, David C. Wedge^{1* &} G. Steven Bova^{6§*}



**If metastases beget metastases then
eradication of early metastatic disease
makes conceptual sense**

**Stereotactic body radiotherapy to
oligo-metastatic disease a new
standard of care**

Targeted radiation significantly improved progression-free survival (PFS)

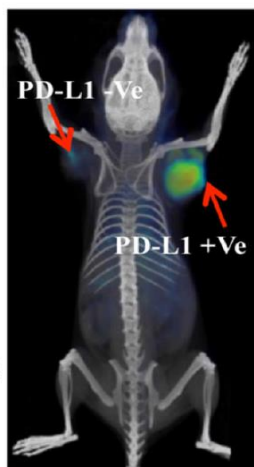
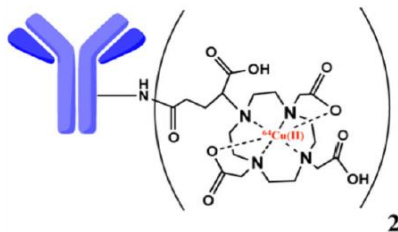


Hazard Ratio: 0.30
95% CI: 0.11 - 0.81
p-value: 0.0023

Location of disease:
The beginning not the end of imaging

24 h

[⁶⁴Cu]Atezolizumab
for PD-L1 detection



An effective immuno-PET imaging method to monitor CD8-dependent responses to immunotherapy

Richard Tavaré^{a,b,1}, Helena Escuin-Ordinas^c, Stephen Mok^b, Melissa N. McCracken^b, Kirstin A. Zettlitz^{a,b}, Felix B. Salazar^{a,b}, Owen N. Witte^{b,d,e,f}, Antoni Ribas^{b,c,g,h,i}, and Anna M. Wu^{a,b,g,1}

Internalization of secreted antigen-targeted antibodies by the neonatal Fc receptor for precision imaging of the androgen receptor axis

Daniel L. J. Thorek,^{1,2} Philip A. Watson,^{3*} Sang-Gyu Lee,^{2*} Anson T. Ku,² Stylianos Bournazos,⁴ Katharina Braun,⁵ Kwanghee Kim,⁶ Kjell Sjöström,⁷ Michael G. Doran,² Urpo Lamminmäki,⁸ Elmer Santos,² Darren Veach,^{2,9} Mesruh Turkekul,¹⁰ Emily Casey,¹¹ Jason S. Lewis,^{11,12} Diane S. Abou,¹ Marise R. H. van Voss,^{1,13} Peter T. Scardino,^{6,14} Sven-Erik Strand,¹⁵ Mary L. Alpaugh,¹⁶ Howard I. Scher,^{17,18} Hans Lilja,^{6,17,19,20,21†} Steven M. Larson,^{2,9†} David Ulmert^{6,11,22†}

Imaging of Prostate Cancer Using Gallium-68-Labeled Bombesin

Ida Sonni, MD*, Lucia Baratto, MD, Andrei Iagaru, MD

Molecular Imaging in Neuroendocrine Differentiation of Prostate Cancer

⁶⁸Ga-PSMA Versus ⁶⁸Ga-DOTA NOC PET-CT

Sharjeel Usmani, MBBS, MS, FEBNM, CBNC, *Najeeb Ahmed, MRCP, FRCR, †Fahad Marafi, KBNM, *Rashid Rasheed, MBBS, MS, *Henney G. Amanguno, MD, * and Fareeda al kandari, KBNM*

Pharmacokinetic Assessment of the Uptake of 16β-¹⁸F-Fluoro-5α-Dihydrotestosterone (FDHT) in Prostate Tumors as Measured by PET

Bradley J. Beattie^{*1}, Peter M. Smith-Jones^{*2}, Yuliya S. Jhanwar³, Heiko Schöder², C. Ross Schmidtlein⁴, Michael J. Morris⁵, Pat Zanzonico⁴, Olivia Squire², Gustavo S.P. Meirelles⁶, Ron Finn², Mohammad Namavari⁷, Shangde Cai², Howard I. Scher⁵, Steven M. Larson², and John L. Humm⁴

High Reproducibility of Tumor Hypoxia Evaluated by ¹⁸F-Fluoromisonidazole PET for Head and Neck Cancer

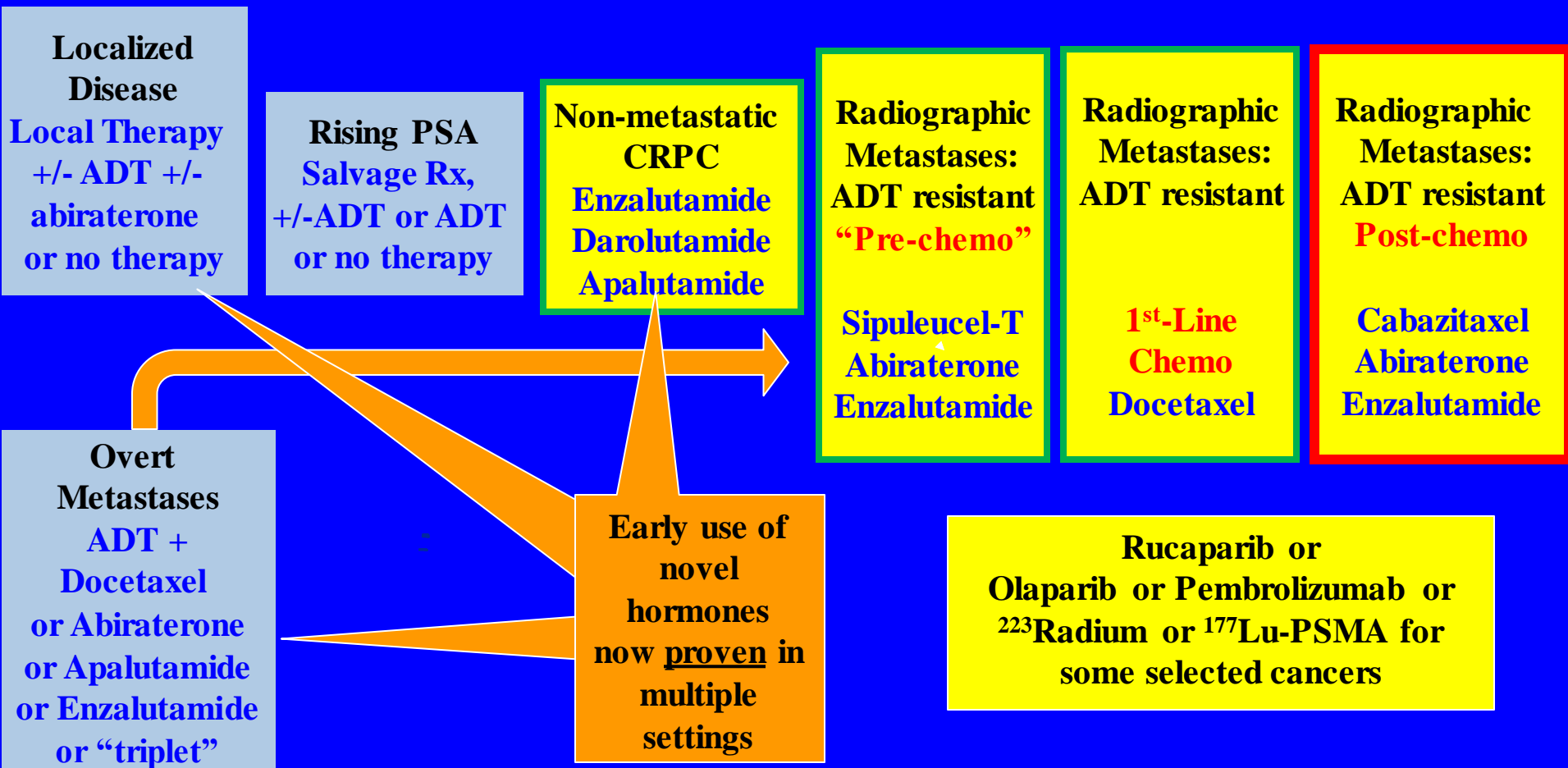
Shozo Okamoto¹, Tohru Shiga¹, Koichi Yasuda², Yoichi M. Ito³, Keiichi Magota¹, Katsuhiko Kasai¹, Yuji Kuge⁴, Hiroki Shirato², and Nagara Tamaki¹

Standard Therapies Today:

New hormonal agents are moving earlier and earlier

Castrate sensitive

Metastatic Castrate Resistant



Metastatic Hormone-Sensitive Prostate Cancer (HSPC) Landscape: Improvements in survival (1941-2021)

- ADT + docetaxel
 - CHAARTED (2015) and STAMPEDE (2015)
 - ADT + radiation to prostate in low volume metastatic disease
 - STAMPEDE (2018)
- ADT + abiraterone
 - LATITUDE (2019) and STAMPEDE (2020)
- ADT + enzalutamide
 - ENZAMET (2019) and ARCHES (2021)
- ADT + apalutamide
 - TITAN (2019)

Recent Updates for HSPC: New data on systemic treatments (2022-2023)

- PEACE-1 (M1)
 - ADT + docetaxel + abiraterone better than ADT + docetaxel
- ARASENS (M1)
 - ADT + docetaxel + darolutamide better than ADT + docetaxel
- STAMPEDE (M0)-High risk Non-Metastatic
 - ADT + radiation + abiraterone better than ADT + radiation

Do we accept PEACE-1 and ARASENS and use a triplet?

- No trials using ADT + “new hormone” +/- docetaxel so the contribution of docetaxel is unclear

Abiraterone acetate and prednisolone with or without enzalutamide for high-risk non-metastatic prostate cancer: a meta-analysis of primary results from two randomised controlled phase 3 trials of the STAMPEDE platform protocol

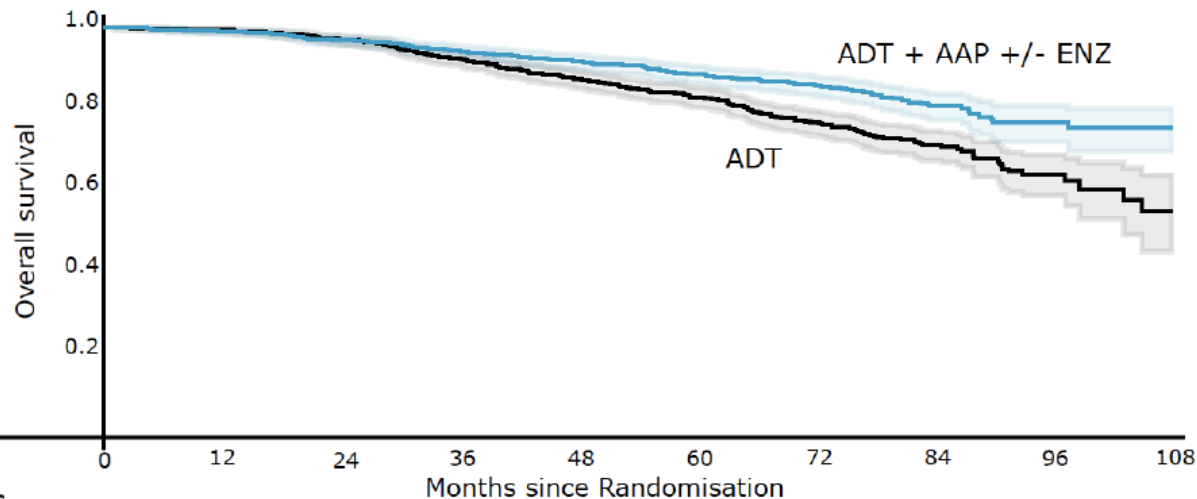
Gerhardt Attard, Laura Murphy, Noel W Clarke, William Cross, Robert J Jones, Christopher C Parker, Silke Gillessen, Adrian Cook, Chris Brawley, Claire L Amos, Nafisah Atako, Cheryl Pugh, Michelle Buckner, Simon Chowdhury, Zafar Malik, J Martin Russell, Clare Gilson, Hannah Rush, Jo Bowen, Anna Lydon, Ian Pedley, Joe M O'Sullivan, Alison Birtle, Joanna Gale, Narayanan Srihari, Carys Thomas, Jacob Tanguay, John Wagstaff, Prantik Das, Emma Gray, Mymoona Alzoueb, Omi Parikh, Angus Robinson, Isabel Syndikus, James Wylie, Anjali Zarkar, George Thalmann, Johann S de Bono, David P Dearnaley, Malcolm D Mason*, Duncan Gilbert, Ruth E Langley, Robin Millman, David Matheson, Matthew R Sydes†, Louise C Brown†, Mahesh K B Parmar†, Nicholas D James†, on behalf of the Systemic Therapy in Advancing or Metastatic Prostate cancer: Evaluation of Drug Efficacy (STAMPEDE) investigators‡*

Lancet 2022; 399: 447–60

STAMPEDE: Overall Survival

Attard et al. ESMO 2021 LBA4

Overall survival



Events

147 ADT+AAP +/- ENZ
236 ADT

HR: 0.60

95% CI 0.48 to 0.73

P value 9.3×10^{-7}

**6-year survival
improved from
77% to 86%**

SOC

| | 0 | 12 | 24 | 36 | 48 | 60 | 72 | 84 | 96 | 108 |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| At-risk | 988 | 974 | 947 | 901 | 837 | 610 | 368 | 200 | 63 | 10 |
| Censored | 0 | 8 | 11 | 14 | 28 | 216 | 421 | 568 | 693 | 742 |
| Event | 0 | 6 | 30 | 73 | 123 | 162 | 199 | 220 | 232 | 236 |

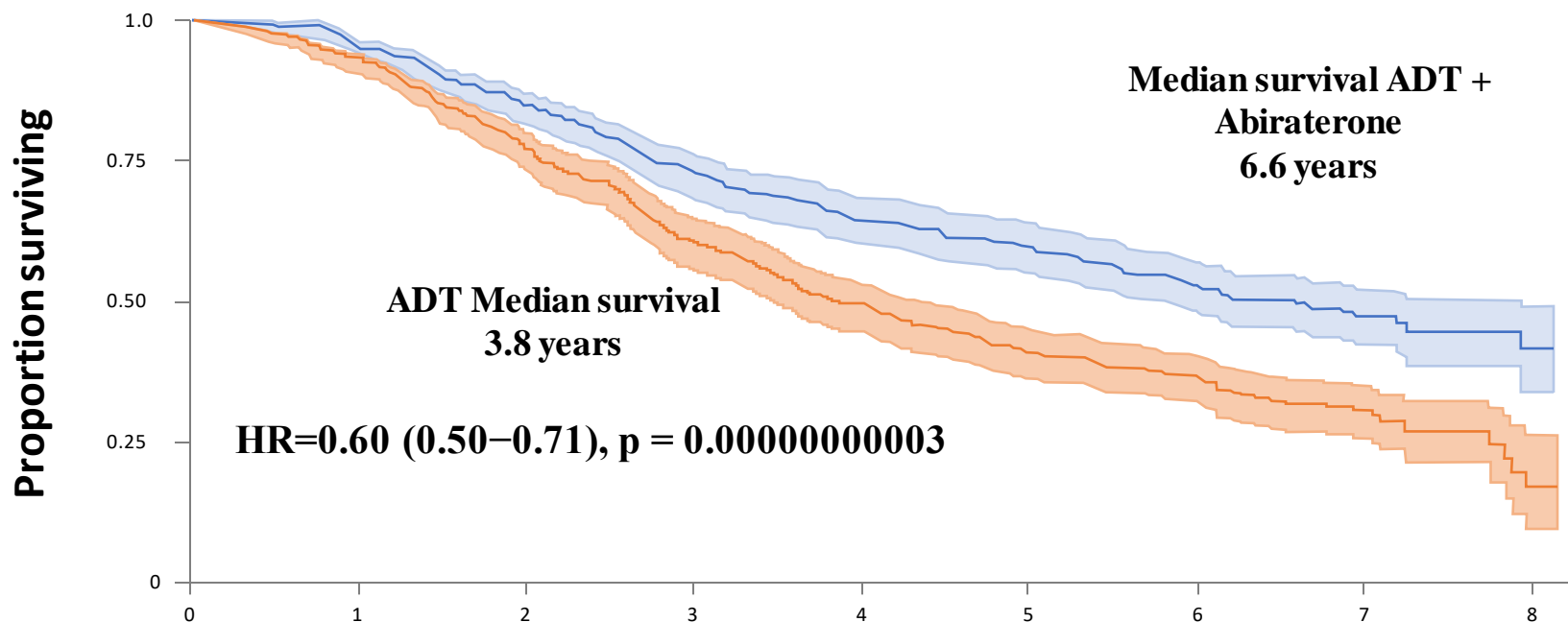
SOC+AAP +/- ENZ

| | 0 | 12 | 24 | 36 | 48 | 60 | 72 | 84 | 96 | 108 |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| At-risk | 986 | 956 | 928 | 899 | 861 | 645 | 386 | 205 | 74 | 16 |
| Censored | 0 | 21 | 29 | 32 | 46 | 234 | 477 | 641 | 766 | 823 |
| Event | 0 | 9 | 29 | 55 | 79 | 107 | 123 | 140 | 146 | 147 |

A Few Highlights To Consider on Hormone-Sensitive Disease

STAMPEDE randomized trial: Abiraterone plus prednisolone for hormone-naïve prostate cancer: Long-term results from metastatic (M1) patients

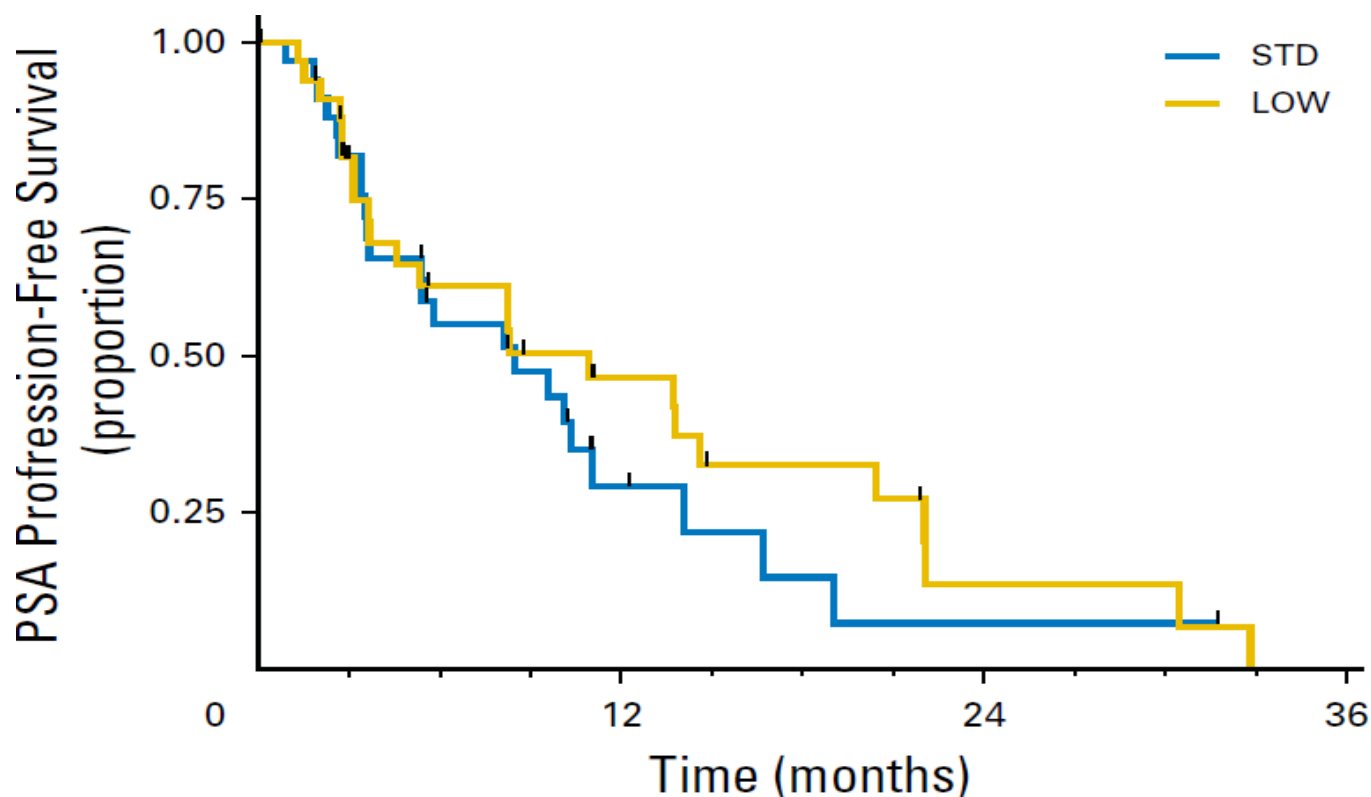
ADT+Abiraterone vs ADT: Overall Survival



Nicholas James; oral presentation number 611O, ESMO 2020

Prospective International Randomized Phase II Study of Low-Dose Abiraterone With Food Versus Standard Dose Abiraterone In Castration-Resistant Prostate Cancer

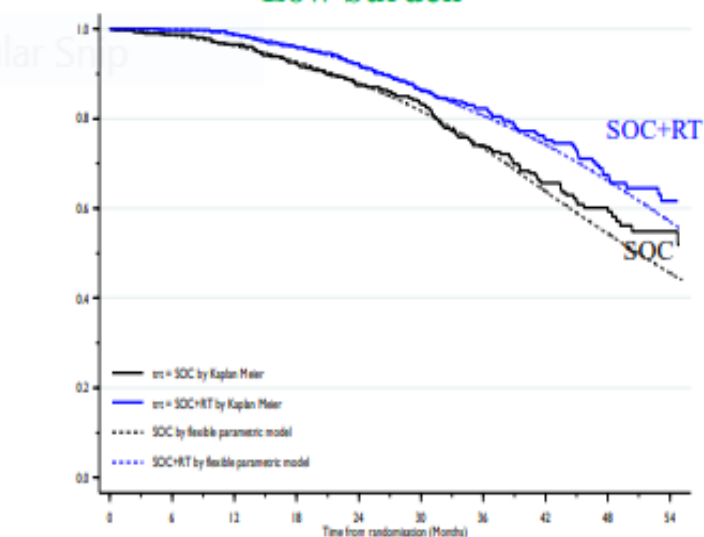
Russell Z. Szmulewitz, Cody J. Peer, Abiola Ibraheem, Elia Martinez, Mark F. Kozloff, Bradley Carthon, R. Donald Harvey, Paul Fishkin, Wei Peng Yong, Edmund Chiong, Chadi Nabhan, Theodore Karrison, William D. Figg, Walter M. Stadler, and Mark J. Ratain



Prostate radiotherapy in M1 (STAMPEDE): OS

Rectangular Shp

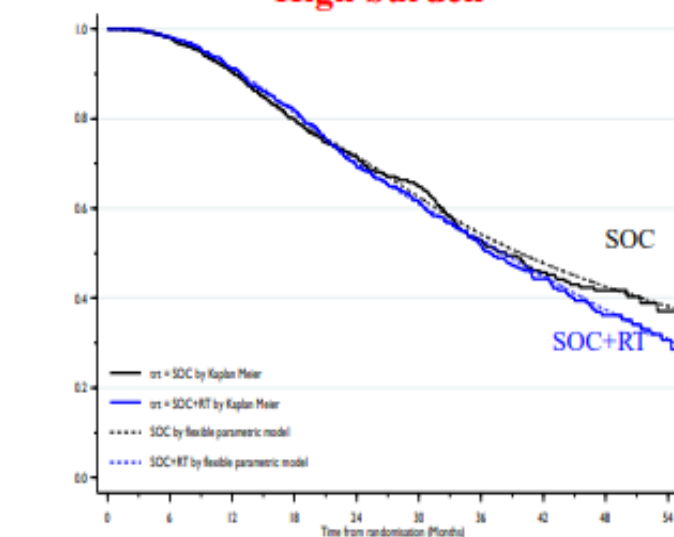
Low burden



| | 0 | 6 | 12 | 18 | 24 | 30 | 36 | 42 | 48 | 54 |
|--------|---------|---------|----------|----------|----------|----------|----------|----------|--------|----|
| SOC | 409 (8) | 400 (8) | 387 (17) | 361 (17) | 345 (12) | 217 (22) | 155 (14) | 110 (8) | 67 (5) | 25 |
| SOC+RT | 410 (1) | 405 (4) | 399 (12) | 364 (12) | 301 (15) | 242 (10) | 200 (15) | 137 (11) | 77 (5) | 14 |

HR: 0.68 (95% CI 0.52-0.90); p=0.007
 3 year OS (%):
 SOC = 73%
 SOC+RT = 81%

High burden



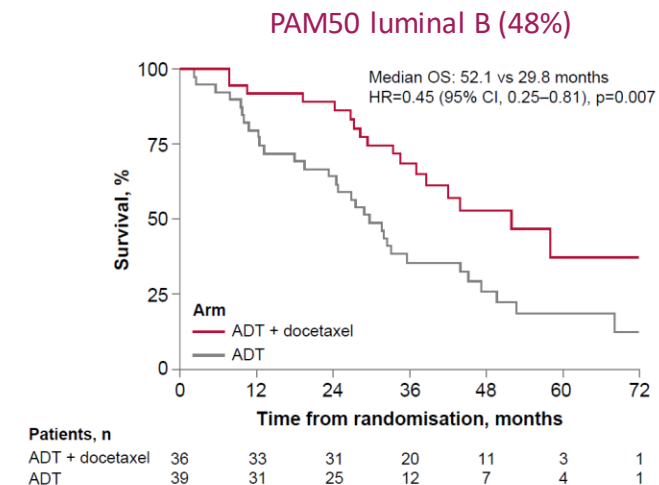
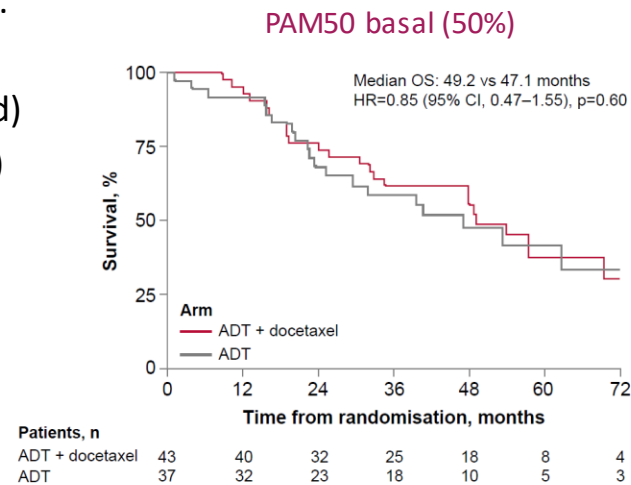
| | 0 | 6 | 12 | 18 | 24 | 30 | 36 | 42 | 48 | 54 |
|--------|----------|----------|----------|----------|----------|----------|----------|---------|--------|----|
| SOC | 567 (11) | 547 (42) | 500 (38) | 428 (41) | 312 (27) | 245 (43) | 161 (20) | 100 (7) | 48 (3) | 13 |
| SOC+RT | 553 (10) | 517 (38) | 487 (48) | 424 (57) | 302 (30) | 216 (31) | 146 (19) | 90 (14) | 44 (5) | 20 |

HR: 1.07 (95% CI 0.90-1.28); p=0.420
 3 year OS (%):
 SOC = 54%
 SOC+RT = 53%

Hypothesis generation: transcriptomic profiling may improve patient selection for docetaxel

Correlative study of CHAARTED (N=160):

- PAM50 gene expression profiling:
- 52.1% basal (vs 33.2% localised)
- 46.1% luminal B (vs 32.7% localised)
- 1.8% luminal A (vs 34.1% localised)



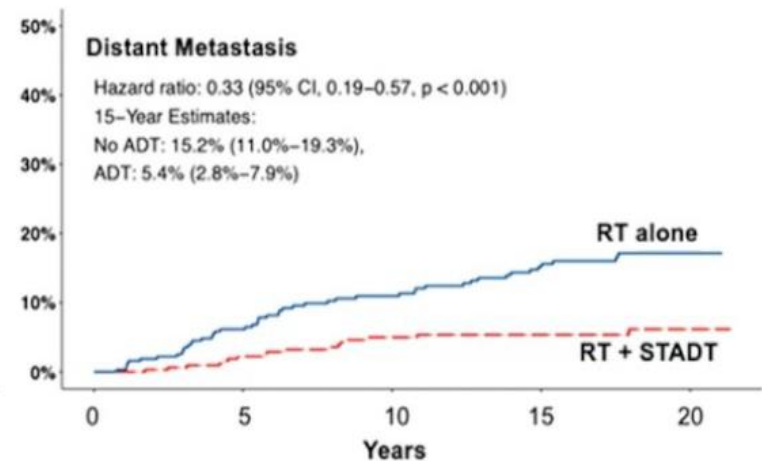
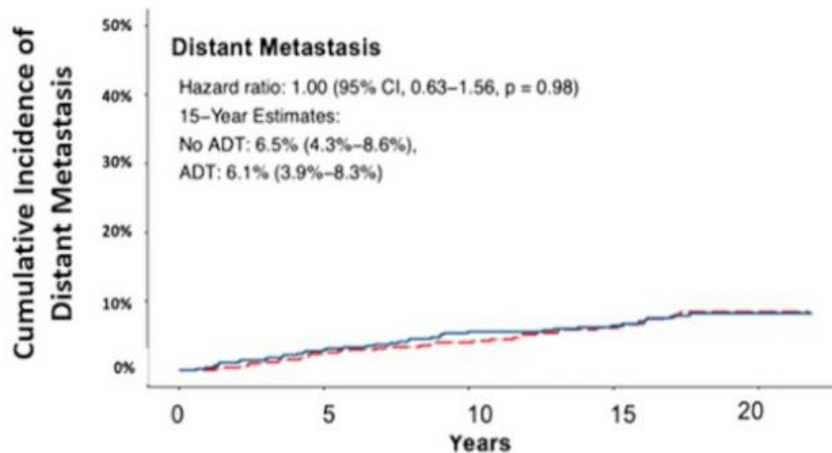
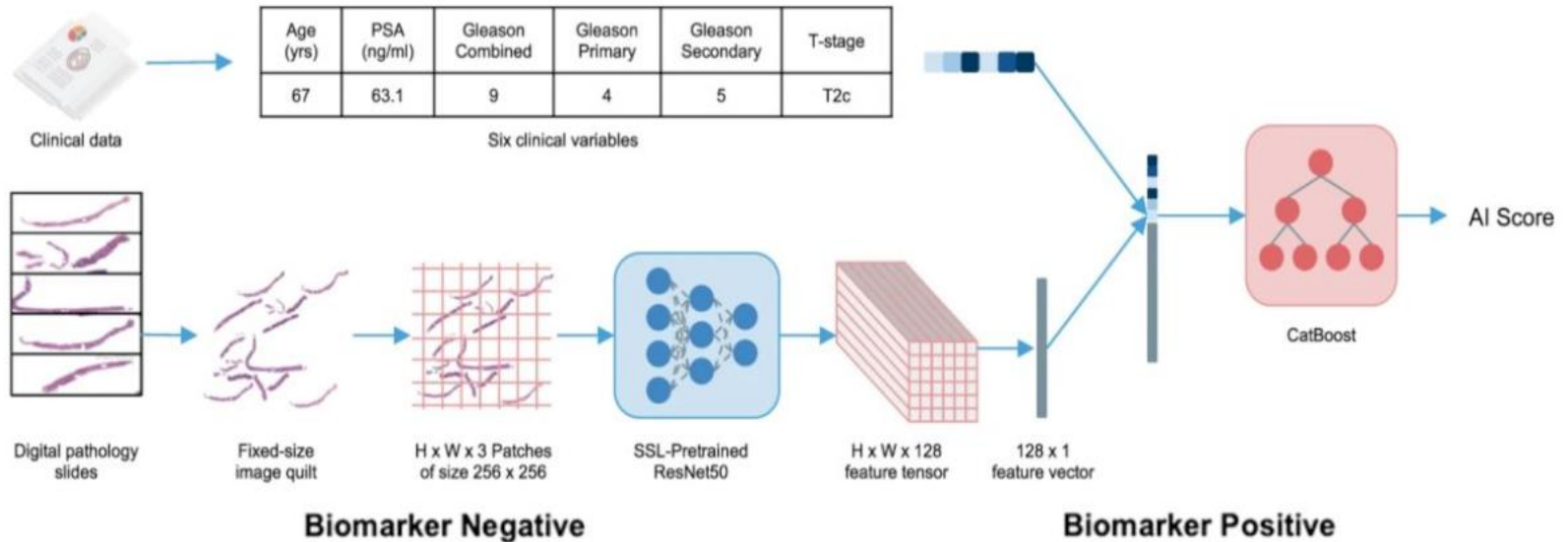
Docetaxel + ADT vs ADT appears to improve OS and time to mCRPC in luminal B subtype only

PAM50, Prediction Analysis

Hamid A Sweeney C. Annals of Oncology. 2021

Artificial Intelligence in Prostate Cancer (Artera AI)

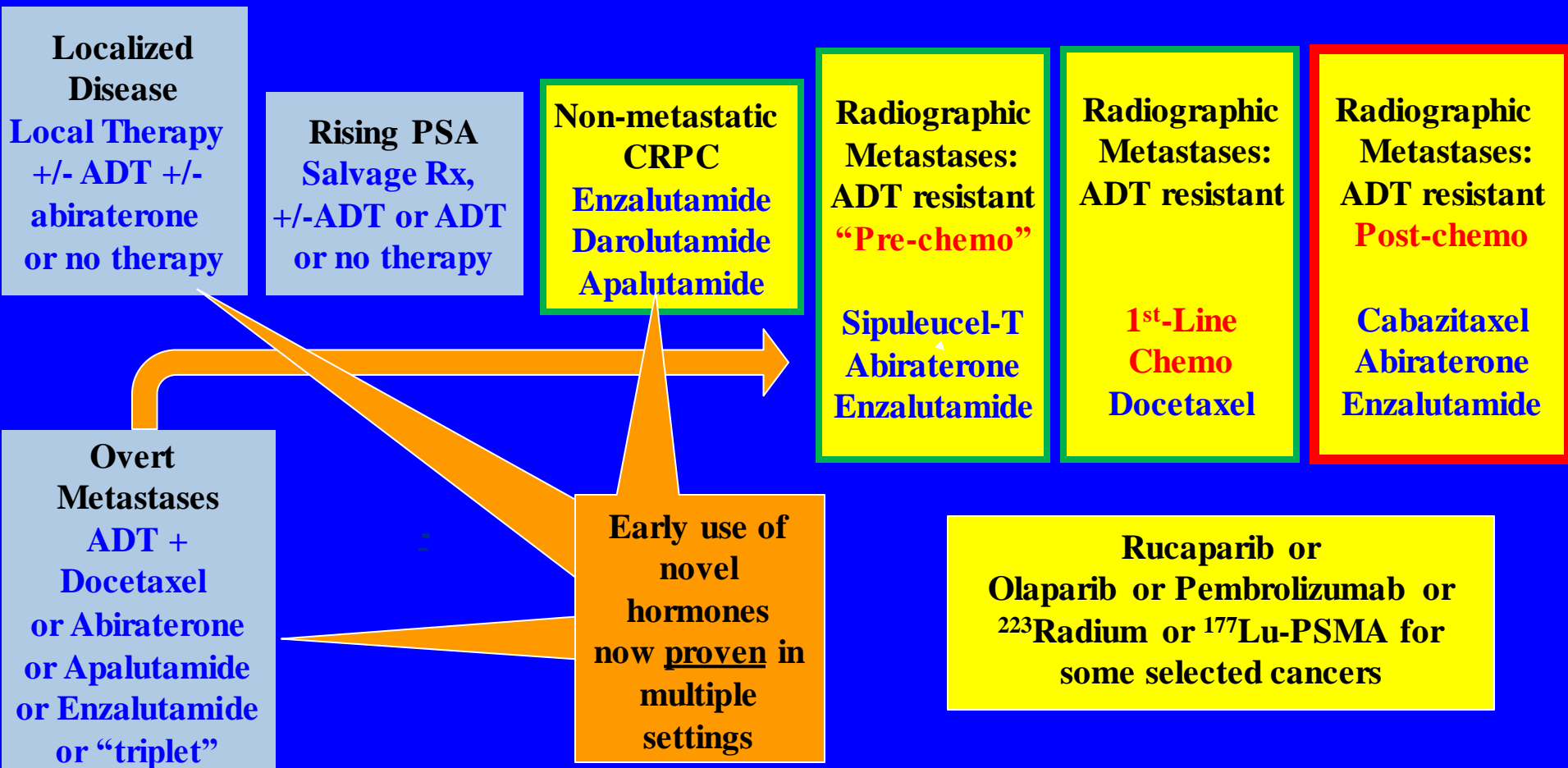
Mohamad et al. ASTRO 2022



Standard Therapies Today: Moving to Castrate-Resistant Prostate Cancer

Castrate sensitive

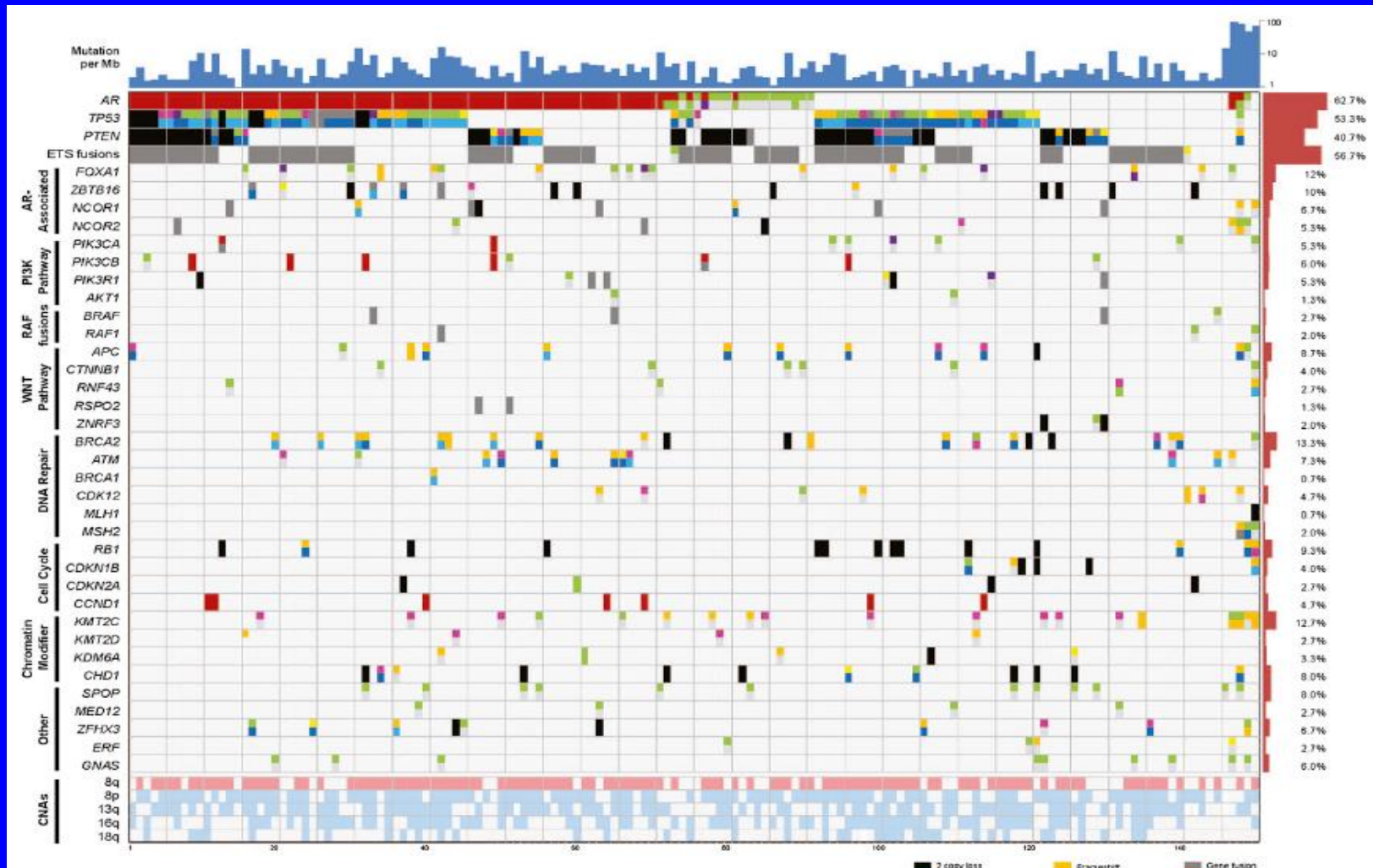
Metastatic Castrate Resistant



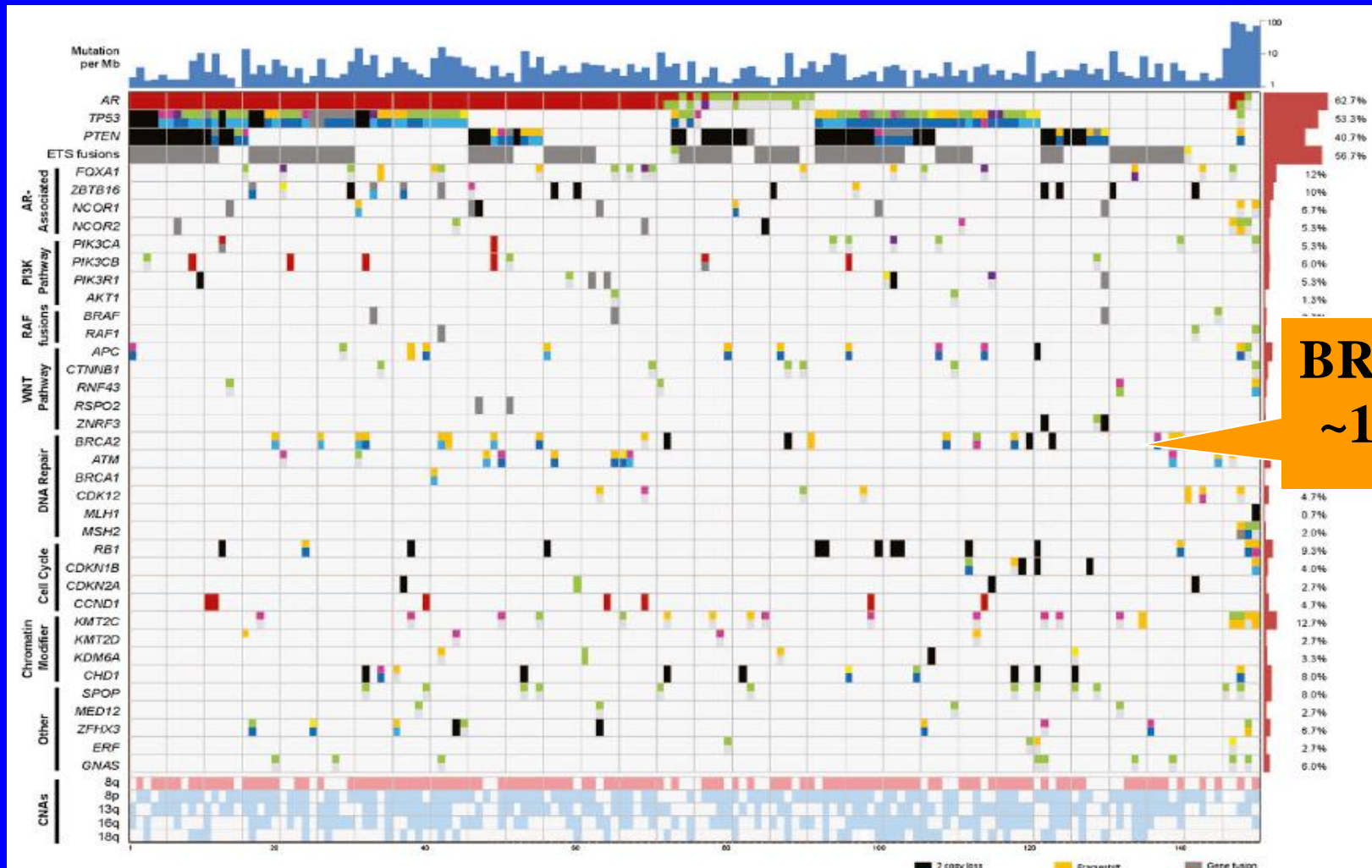
| TRIAL | FRONT LINE mCRPC | HR | Survival (months)* |
|--------------------|---|-------------|------------------------------------|
| TAX 327 | Docetaxel/prednisone vs mitoxantrone/prednisone | 0.79 | 19.2 vs 16.3* (2.9 months) |
| IMPACT | Sipuleucel-T vs Control | 0.78 | 25.8 vs 21.7 (4.1 months) |
| COU-AA-302 | Abiraterone/prednisone vs Placebo/prednisone | 0.79 | 35.3 vs. 31.1* (4.2 months) |
| PREVAIL | Enzalutamide vs Placebo | 0.71 | 35.3 vs. 31.3* (4.0 months) |
| | POST-DOCETAXEL mCRPC | | |
| TROPIC | Cabazitaxel/prednisone vs mitoxantrone/prednisone | 0.70 | 15.1 vs 12.7 (2.4 months) |
| COU-AA- 301 | Abiraterone/prednisone vs Placebo/prednisone | 0.74 | 15.8 vs 11.2* (4.6 months) |
| AFFIRM | Enzalutamide vs Placebo | 0.63 | 18.4 vs 13.6 (4.8 months) |
| | BONE DOMINANT FRONT LINE and POST-DOCETAXEL mCRPC | | |
| ALSYMPCA | Standard of care +/- radium-223 | 0.70 | 14.9 vs 11.3* (3.6 months) |
| | POST-ABI OR -ENZA OR POST-ABI OR -ENZA AND -DOCETAXEL (HRR SUBSET) | | |
| PROfound | Olaparib vs abi/enza second line | 0.69 | 19.1 vs 14.7** (4.4 months) |
| | Third Line (POST-ABI or -ENZA and POST-DOCETAXEL) | | |
| CARD | Cabazitaxel vs abi/enza second line | 0.64 | 13.6 vs 11.0 (2.6 months) |
| VISION | Standard of care +/- PSMA-617 Lu-177*** | 0.62 | 15.3 vs 11.3 (4.0 months) |

* Mature analysis **BRCA1/BRCA2 subset ***PSMA PET Positive subset

Challenges: Somatic Genetics show mCRPC is a heterogeneous group of diseases



Challenges: mCRPC is a heterogeneous group of diseases



BRCA2
~12%

Improved Survival: Phase III Olaparib Trial (PARP inhibition) in BRCA2 mutated Prostate Cancer

Sept 20, 2020

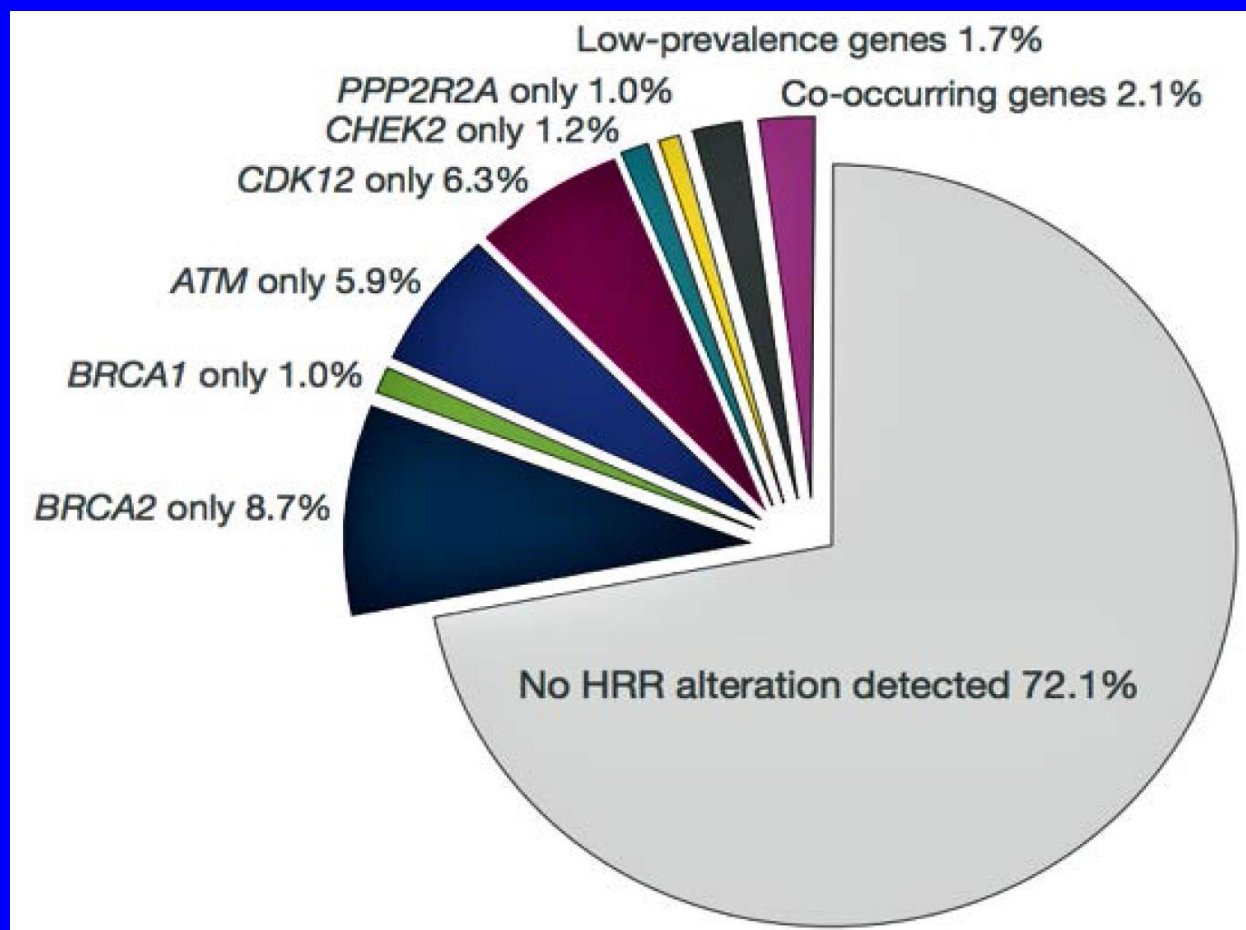
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Survival with Olaparib in Metastatic Castration-Resistant Prostate Cancer

M. Hussain, J. Mateo, K. Fizazi, F. Saad, N. Shore, S. Sandhu, K.N. Chi, O. Sartor, N. Agarwal, D. Olmos, A. Thiery-Vuillemin, P. Twardowski, G. Roubaud, M. Özgüroğlu, J. Kang, J. Burgents, C. Gresty, C. Corcoran, C.A. Adelman, and J. de Bono, for the PROfound Trial Investigators*

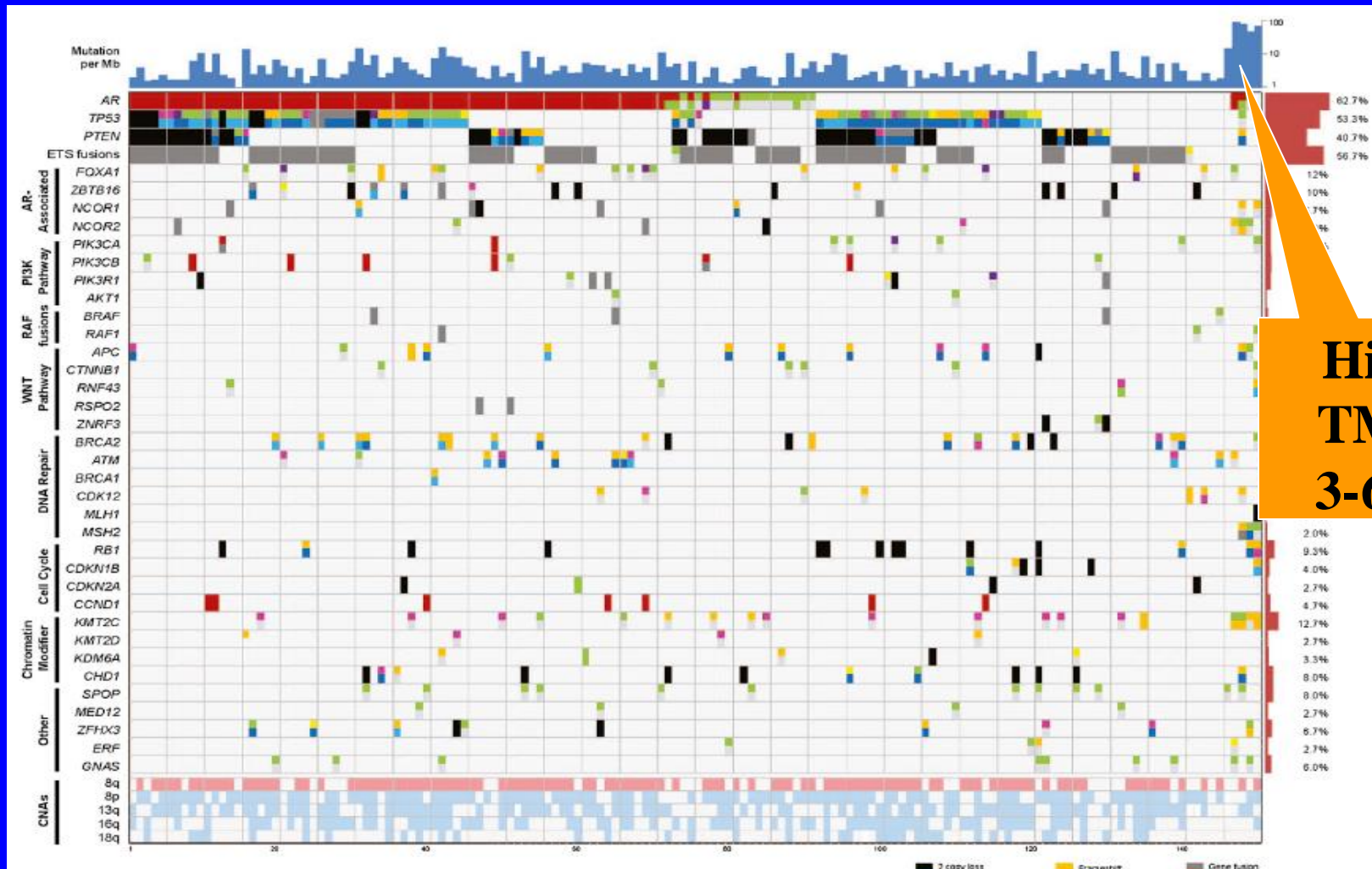
**PROfound data: 4047 pts tested,
28% had DNA repair defects
31% had Quality Issues with Genomic Assays**
De Bono et al. ESMO 2019, #5118



Assessment of circulating tumor DNA (ctDNA)

- ctDNA accessible in most everyone whereas tissue based assays can be problematic in prostate cancer
- FDA approval to identify eligible patients with specific mutations
 - Rucaparib for BRCA1/2 mutations (Aug 26, 2020)
 - Olaparib for BRCA1/2 or ATM mutations (Nov 9, 2020)

Challenges: mCRPC is a heterogeneous group of diseases

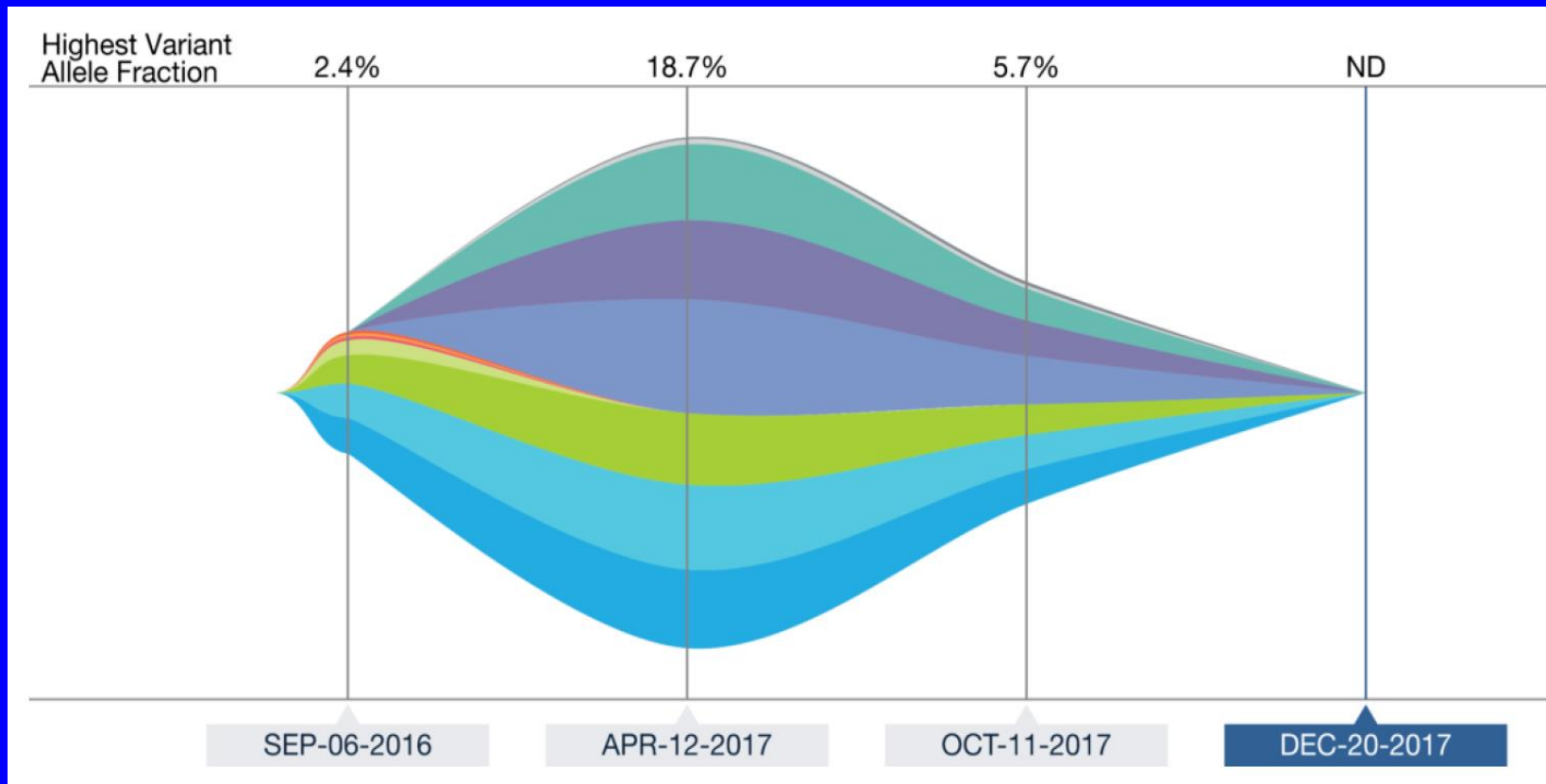


**High
TMB
3-6%**

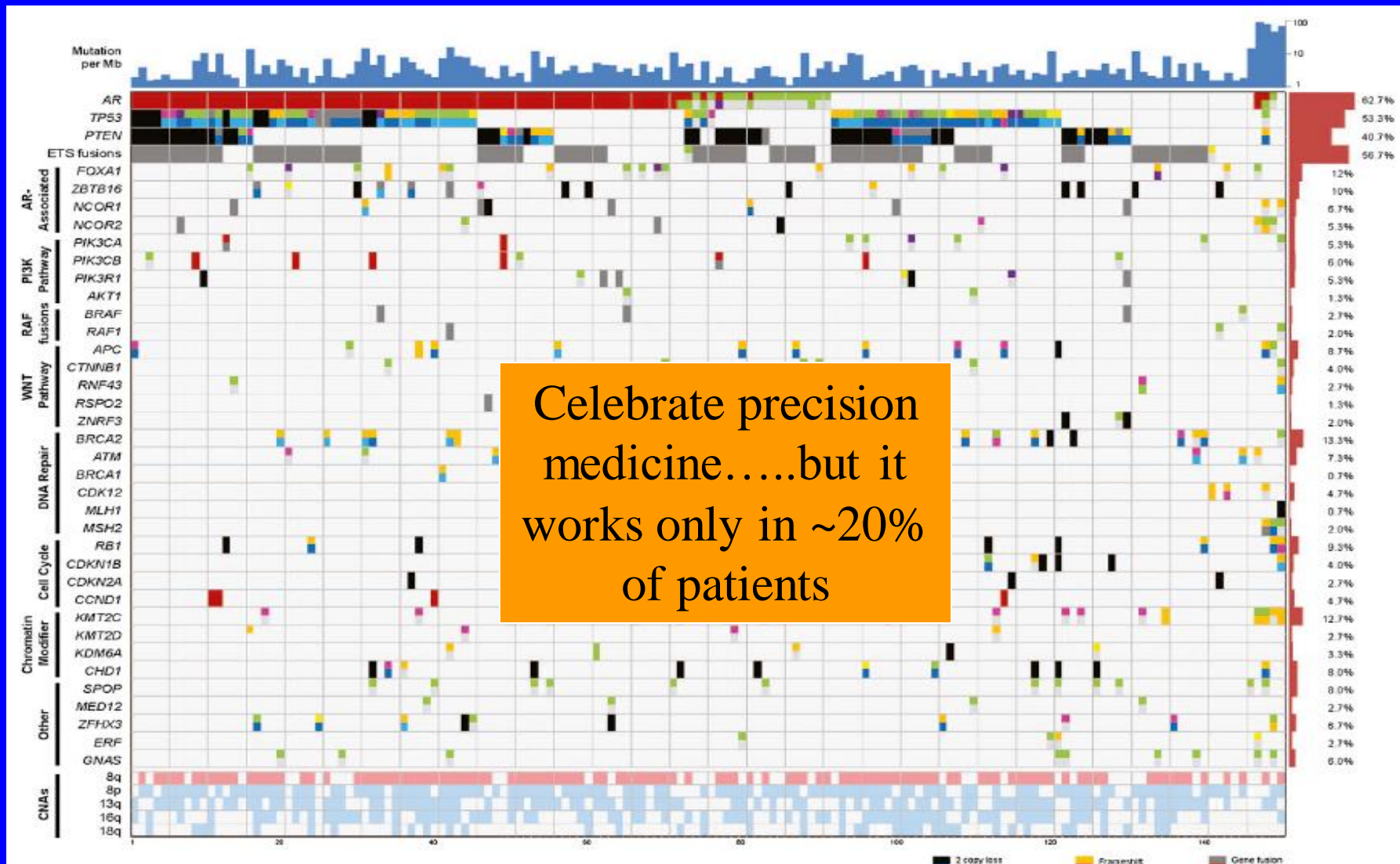
**Immunotherapy (Pembrolizumab) FDA approved
for tumors that are MSI high or high tumor
mutational burden (>10 per Mb) or mismatch
repair deficient**

**Do not miss these.....at times the response can be
dramatic and long lived**

cDNA changes after Pembrolizumab in a mCRPC patient with mismatch repair deficiency

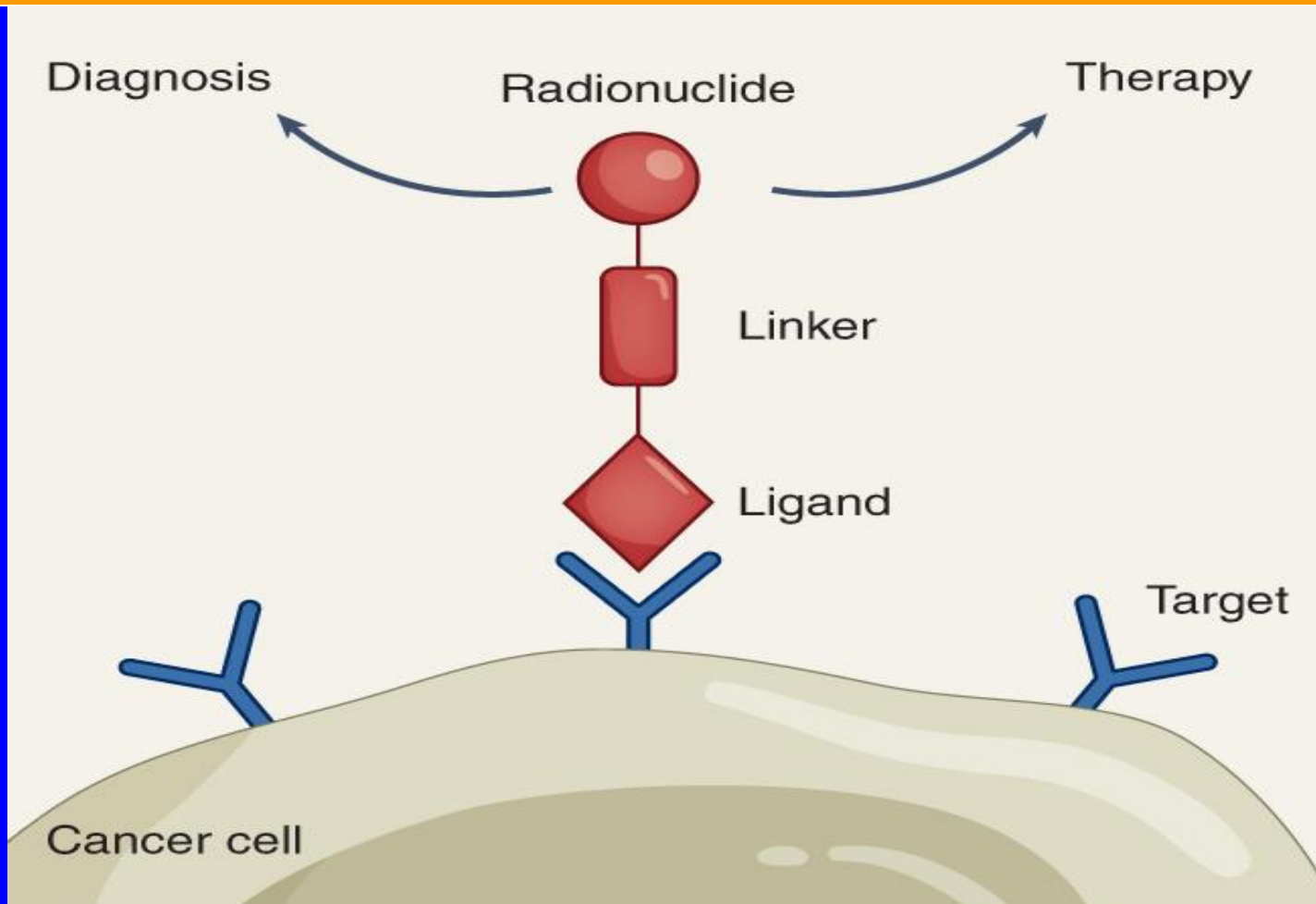


Challenges: CRPC is a heterogeneous disease with many molecular alterations



Celebrate precision medicine.....but it works only in ~20% of patients

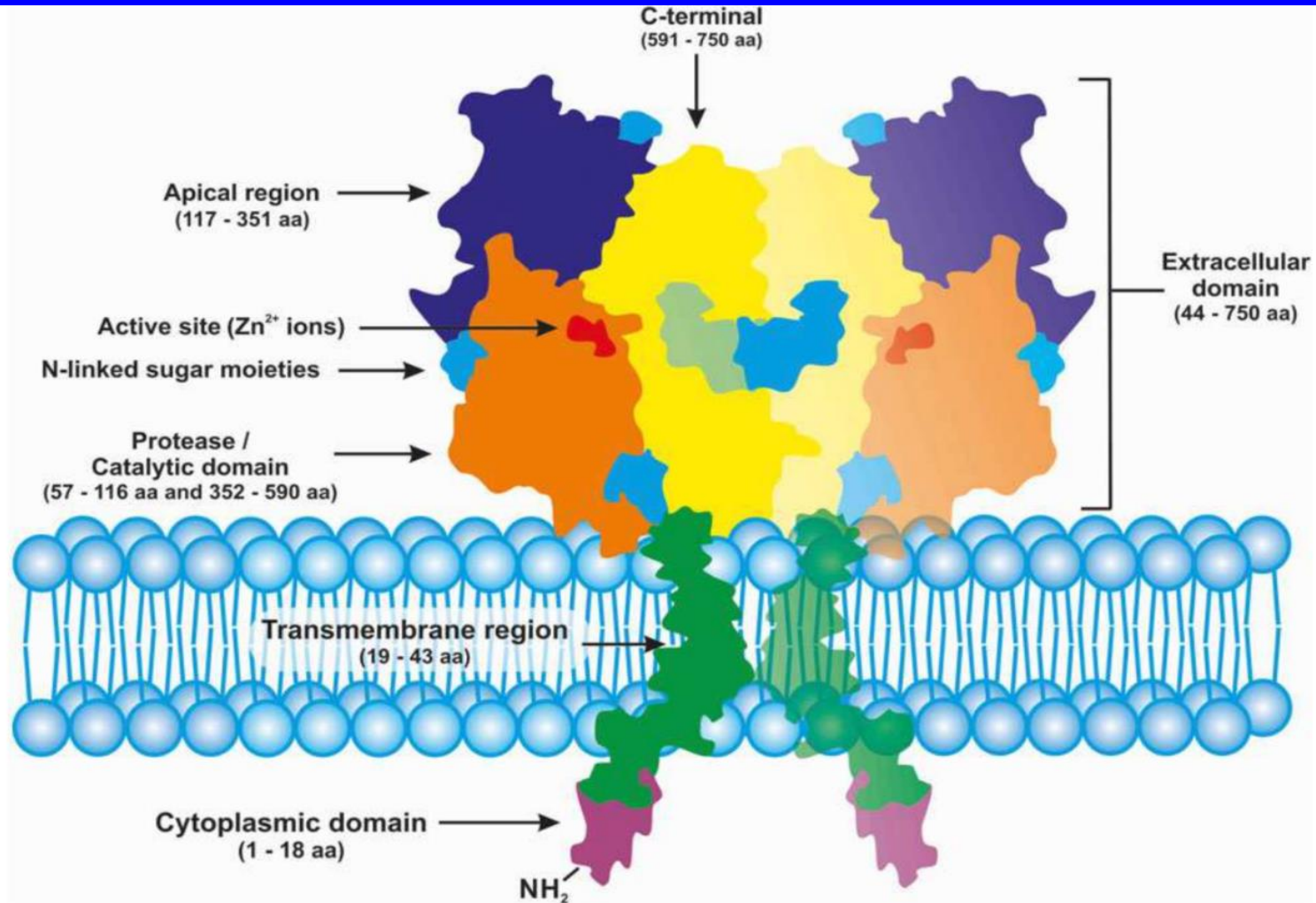
Theranostics: See it... Treat it....Love it!



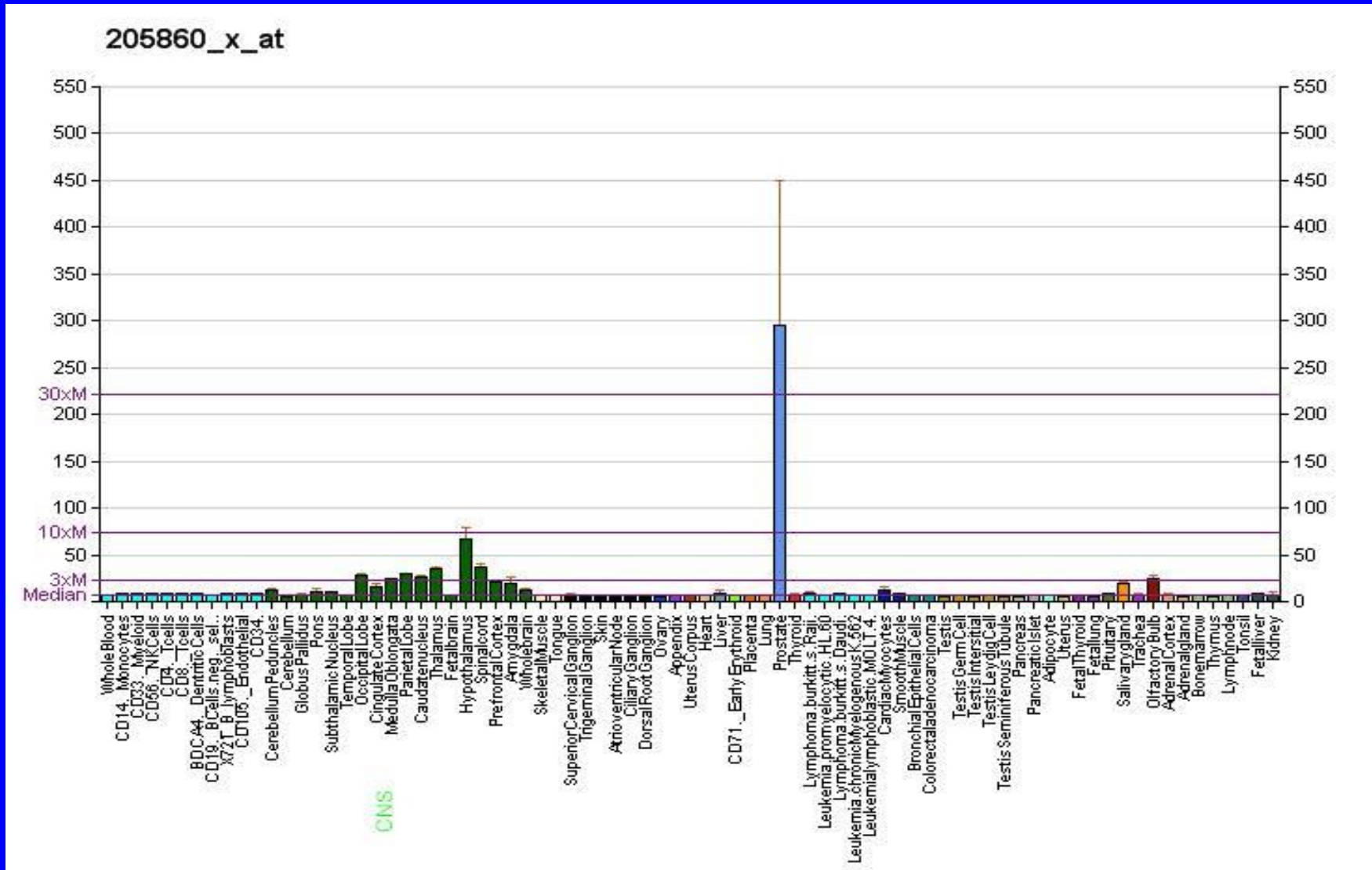
Cell surface target, a ligand, a linker, and an isotope

PSMA Targeted Therapies

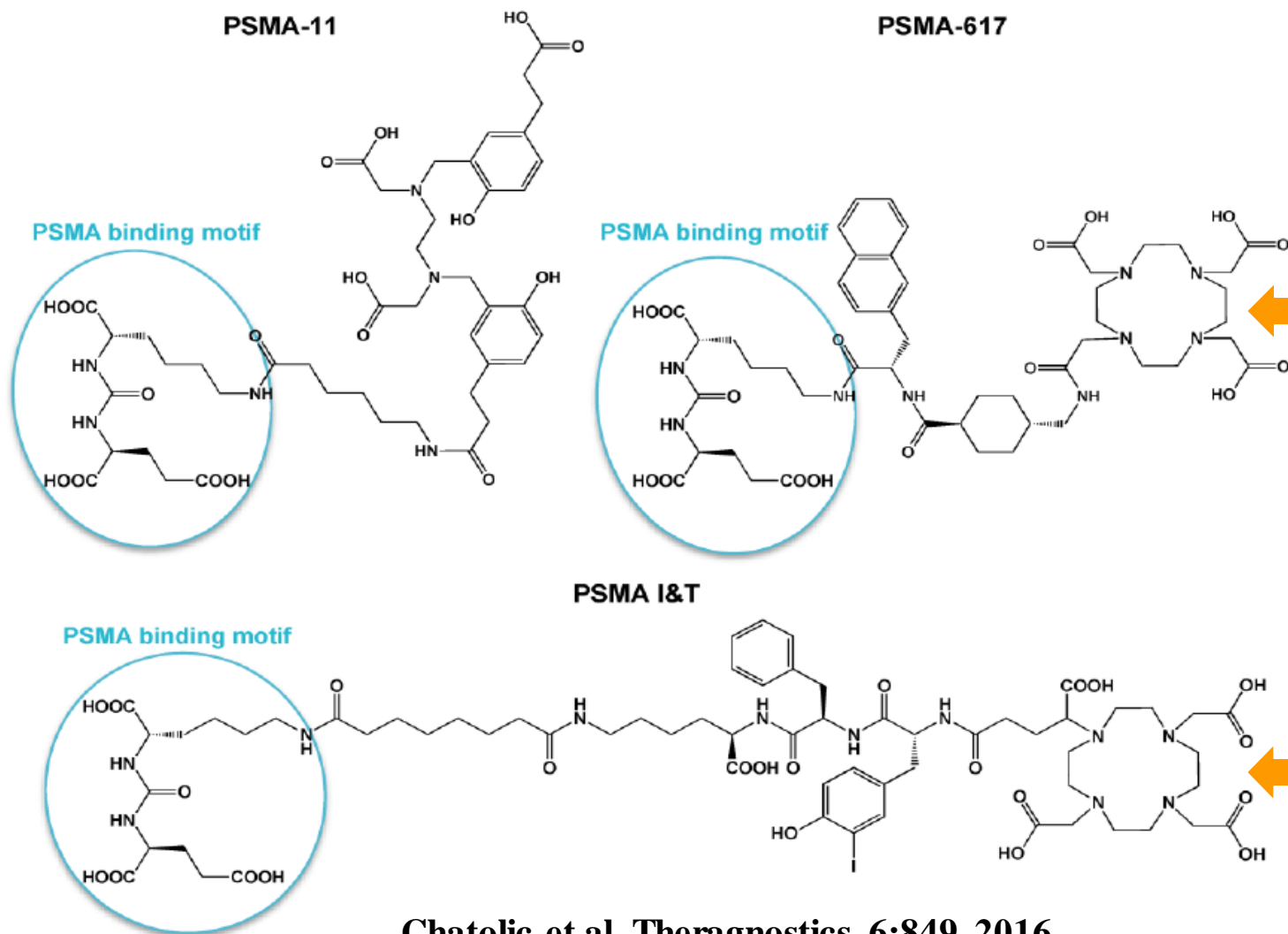
Image from O'Driscott C et al, Br J Pharm 2016



PSMA: Gene Expression High in the Prostate



PSMA binding molecules can be linked to diagnostic isotopes (^{68}Ga) or therapeutic isotopes (such as ^{177}Lu or ^{225}Ac)



ORIGINAL ARTICLE

Lutetium-177–PSMA-617 for Metastatic Castration-Resistant Prostate Cancer

O. Sartor, J. de Bono, K.N. Chi, K. Fizazi, K. Herrmann, K. Rahbar, S.T. Tagawa, L.T. Nordquist, N. Vaishampayan, G. El-Haddad, C.H. Park, T.M. Beer, A. Armour, W.J. Pérez-Contreras, M. DeSilvio, E. Kpamegan, G. Gericke, R.A. Messmann, M.J. Morris, and B.J. Krause, for the VISION Investigators*

June 23, 2021

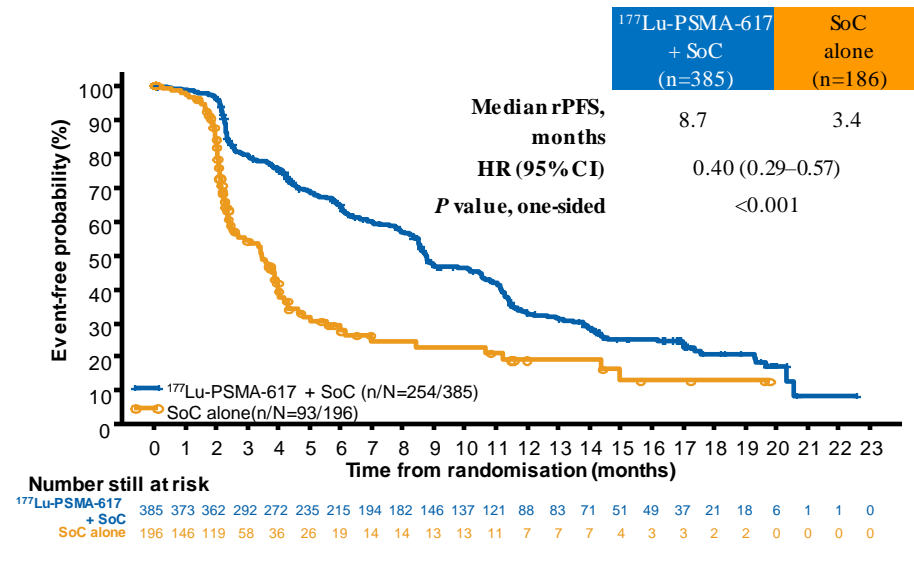
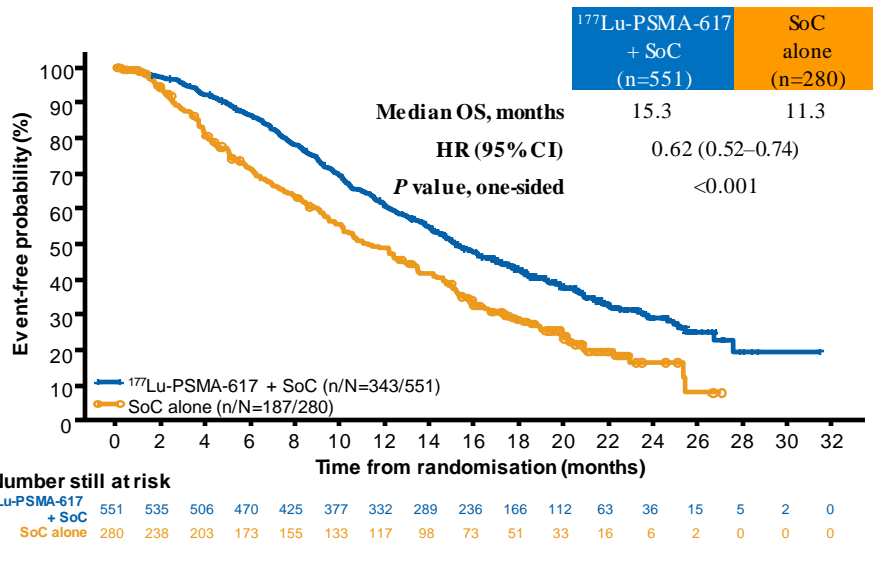
Active in those with PSMA PET positive metastatic disease

VISION: ^{177}Lu -PSMA-617 pivotal Phase III trial

VISION met both primary endpoints of OS and rPFS¹

OS: 38% risk reduction for death¹

rPFS: 60% risk reduction for progression/death¹

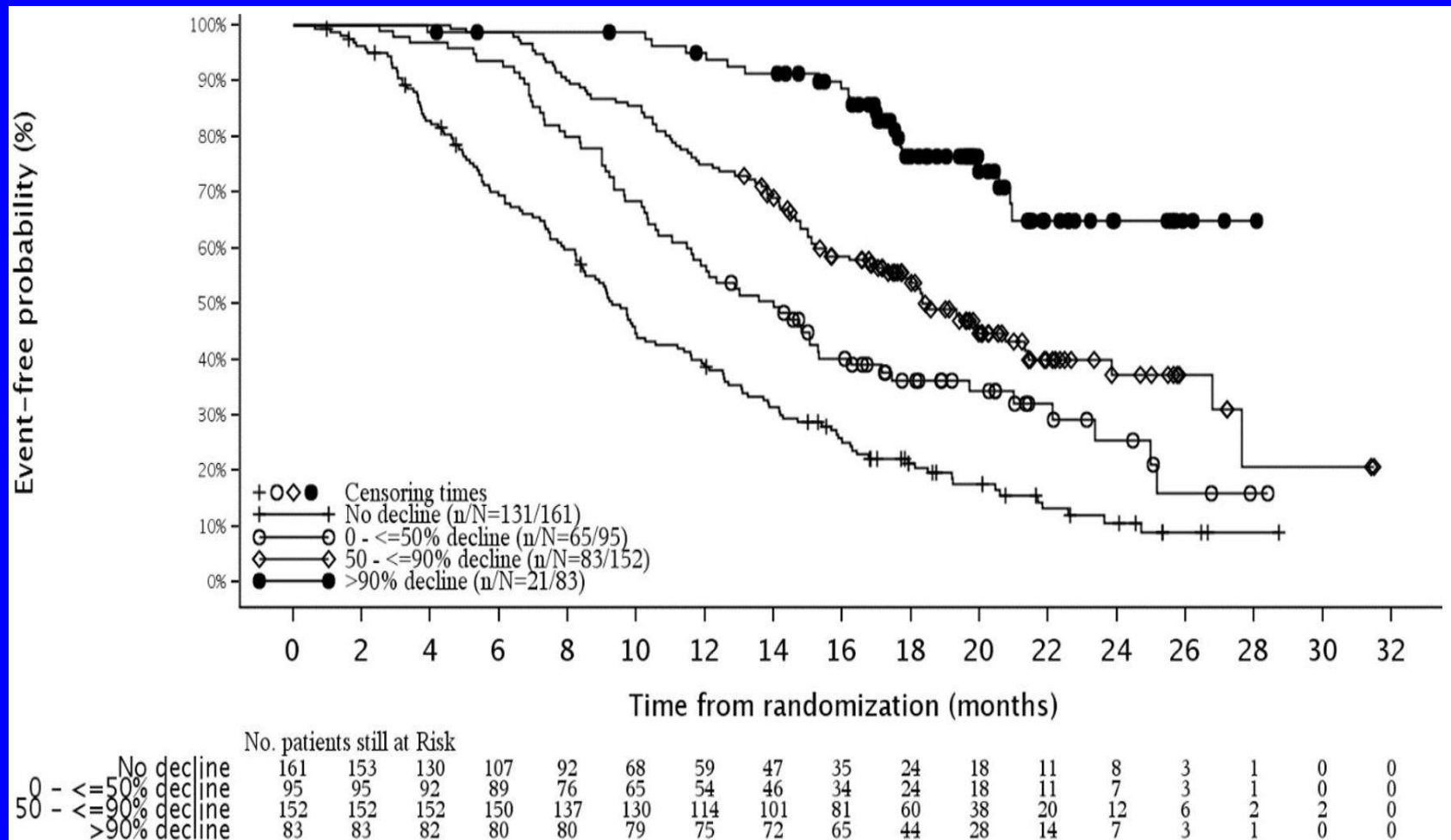


CI, confidence interval; HR, hazard ratio; OS, overall survival; PSMA, prostate-specific membrane antigen; rPFS, radiographic progression-free survival; SoC, standard of care.

1. Sartor O, et al. N Engl J Med. 2021; doi: 10.1056/NEJMoa2107322. Online ahead of print.

PSA decline at <12 weeks and Overall Survival

Armstrong et al. Annals of Oncology (2022) 33 (suppl_7): S616-S652.

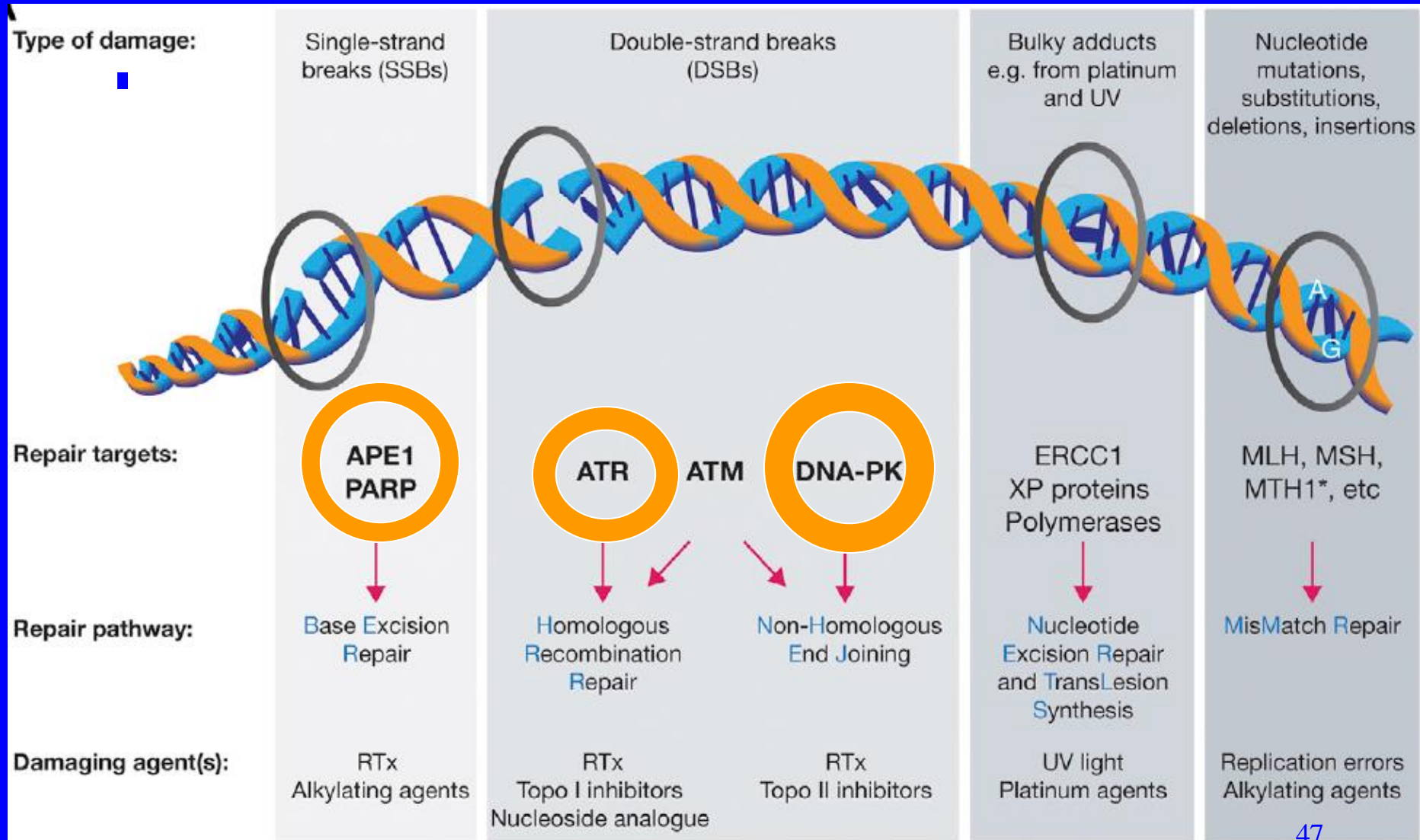


Synergistic opportunities with radiopharmaceuticals

Molecularly Targeted Isotopic Therapy

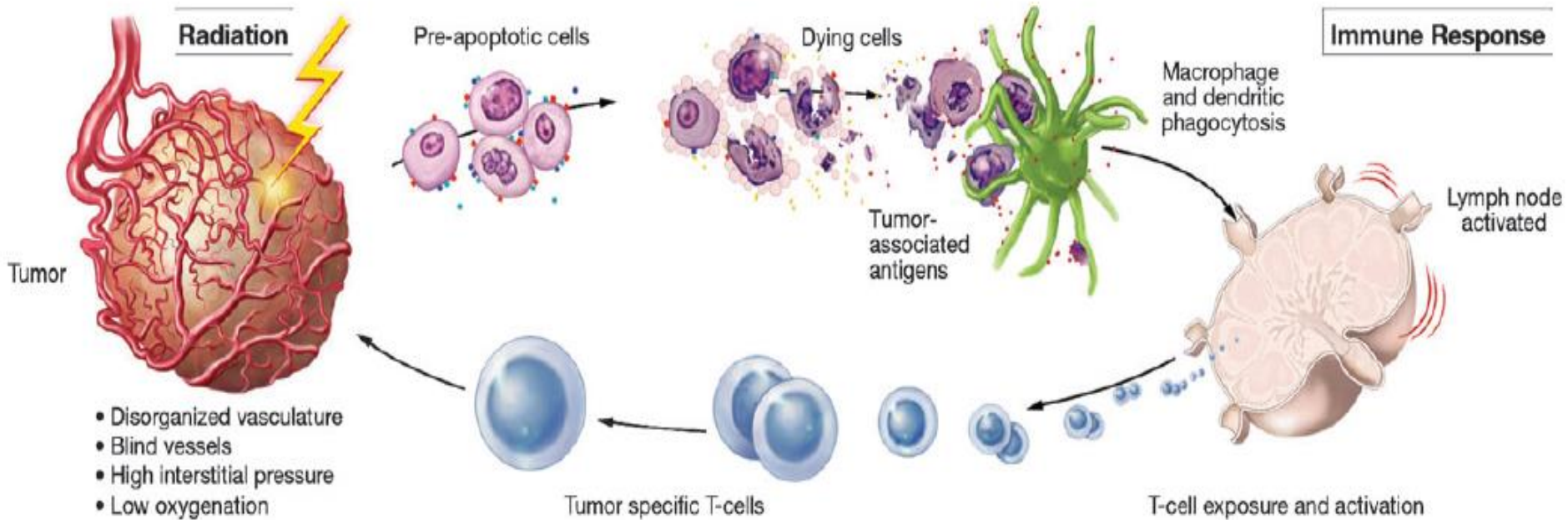
**Small molecules, peptides, antibodies,
minibodies, aptamers, and
radionuclides**

Targeting DNA damage repair pathways in combination with radionuclides



Antigen release from radiated tumor: Synergy with immunotherapies?

Kamrava et al., Molecular Biosystems: 5:1249–1372, 2009



Systemic/local immune enhancement

- Vaccine
- Checkpoint inhibitors
 - Anti-CTLA-4
 - Anti-PD-1
 - Anti-PD-L1
 - Anti-TIM3
- Co-stimulatory agonists
 - Anti-OX40
 - Anti-4-1BB
 - Anti-GITR
 - Anti-CD27
 - Anti-CD40
- Exogenous cytokines
 - IL-2
 - IL-7
 - IL-12
 - IL-15
 - IL-21
 - GM-CSF

New trials will bring PSMA Lu-177 in the pre-chemo mCRPC space

Novartis Pluvicto™ shows statistically significant and clinically meaningful radiographic progression-free survival benefit in patients with PSMA-positive metastatic castration-resistant prostate cancer

Dec 05, 2022

Ad hoc announcement pursuant to Art. 53 LR

- Phase III PSMAfore trial with Pluvicto™ met the primary endpoint of radiographic progression-free survival (rPFS) in PSMA-positive mCRPC who have been treated with androgen-receptor pathway inhibitor (ARPI) therapy¹
- Pluvicto becomes the first PSMA-targeted radioligand therapy to demonstrate clinical benefit in mCRPC patients before receiving taxane-based chemotherapy¹, addressing a significant unmet need²

Alpha Particles

(Two protons and two neutrons)

Very destructive at short range

**Significant percentage of double strand
breaks resulting in high cell lethality**

Short range....50-100 microns

The NEW ENGLAND JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

JULY 18, 2013

VOL. 369 NO. 3




Alpha Emitter Radium-223 and Survival in Metastatic Prostate Cancer

C. Parker, S. Nilsson, D. Heinrich, S.I. Helle, J.M. O'Sullivan, S.D. Fosså, A. Chodacki, P. Wiechno, J. Logue, M. Seke, A. Widmark, D.C. Johannessen, P. Hoskin, D. Bottomley, N.D. James, A. Solberg, I. Syndikus, J. Kliment, S. Wedel, S. Boehmer, M. Dall'Oglio, L. Franzén, R. Coleman, N.J. Vogelzang, C.G. O'Bryan-Tear, K. Staudacher, J. Garcia-Vargas, M. Shan, Ø.S. Bruland, and O. Sartor, for the ALSYMPCA Investigators*

First alpha emitter in medicine
Hats off to Roy Larsen and Oyvind Bruland at Algeta!!!

Radium-223 only goes to bone stroma!

**Radium-223 moved the field forward but
tumor targeted alpha therapy will be better**

| | Radionuclide | Chelate | Half life | Total alpha | “Long lived” Intermediate | Final |
|---|---------------------|--------------------------------------|-------------------|---------------------------|----------------------------------|---------------|
| | Terbium-149 | DOTA | 4.1 hours | 1 alpha | | Nd-145 |
|  | Astatine-211 | Various | 7.2 hours | 1 alpha | | Pb-207 |
| | Bismuth-212 | C-DEPA/ DTPA/DO TA | 61 minutes | 1 alpha 1 beta | | Pb-208 |
|  | Lead-212 | TCMC, DOTAM, and more | 10.6 hours | 1 alpha 2 beta | | Pb-208 |
| | Bismuth-213 | C-DEPA/ DTPA/DO TA | 46 minutes | 1 alpha 2 beta | | Bi-209 |
| | Radium-223 | None yet | 11.4 days | 4 alpha 2 beta | | Pb-207 |
| | Radium-224 | None yet | 3.6 days | 4 alpha | Lead-212 | Pb-208 |
|  | Actinium-225 | DOTA Macropa | 10.0 days | 4 alpha 2 beta | Bismuth-213 | Bi-209 |
| | Thorium-227 | HOPO | 18.7 days | 5 alpha | Radium-223 | Pb-207 |

Catalytic Images and Selected Data

Radio-conjugates: PSMA targeted alpha emitters (Actinium-225) as 9th line treatment

Kratochwil et al. J Nuc Med 57: 1-4, 2016

Patient A

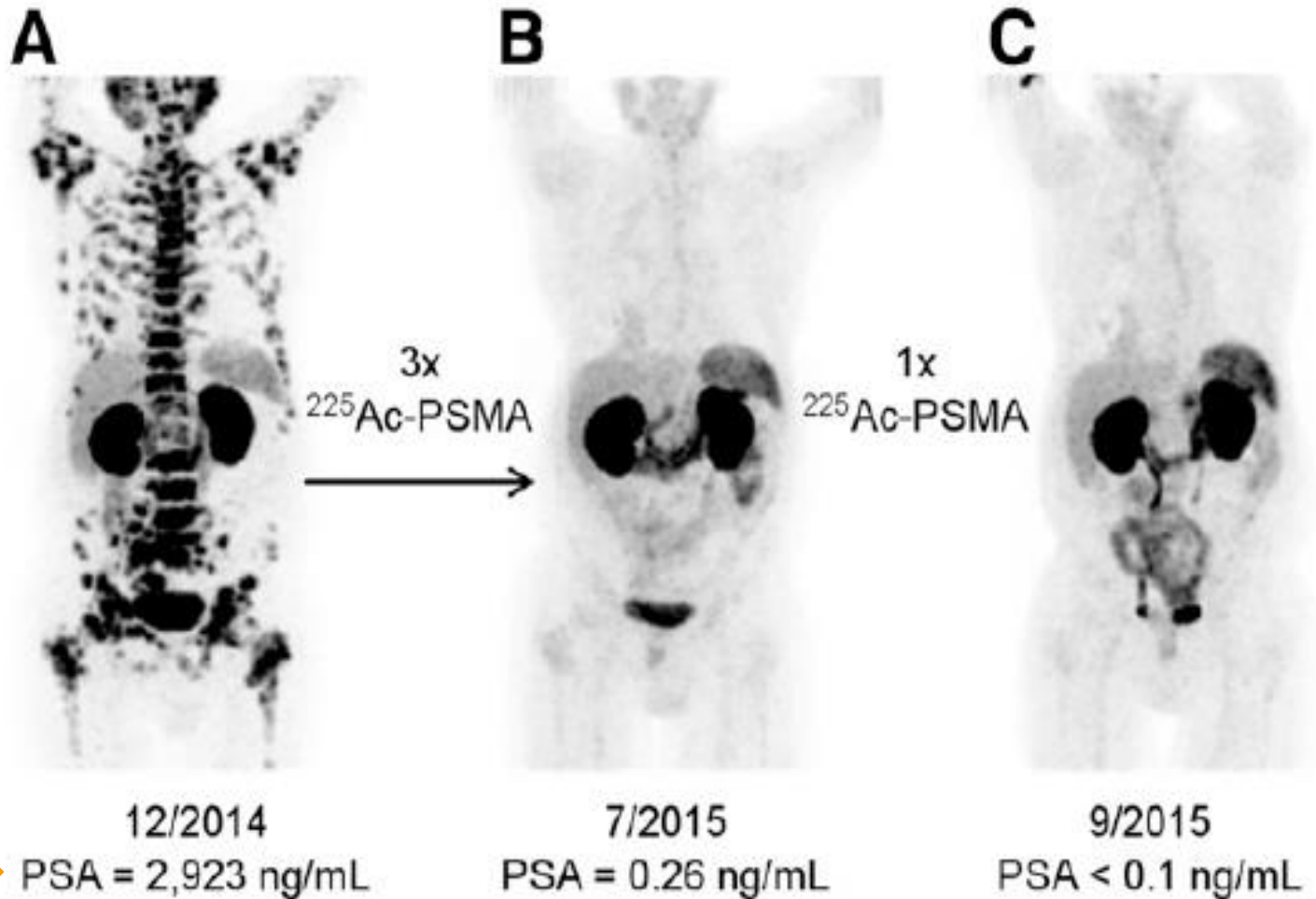
Leuprorelin
Zoledronate

Docetaxel (50 cycles)
Carmustine/epirubicin in
hyperthermia

Abiraterone
Enzalutamide

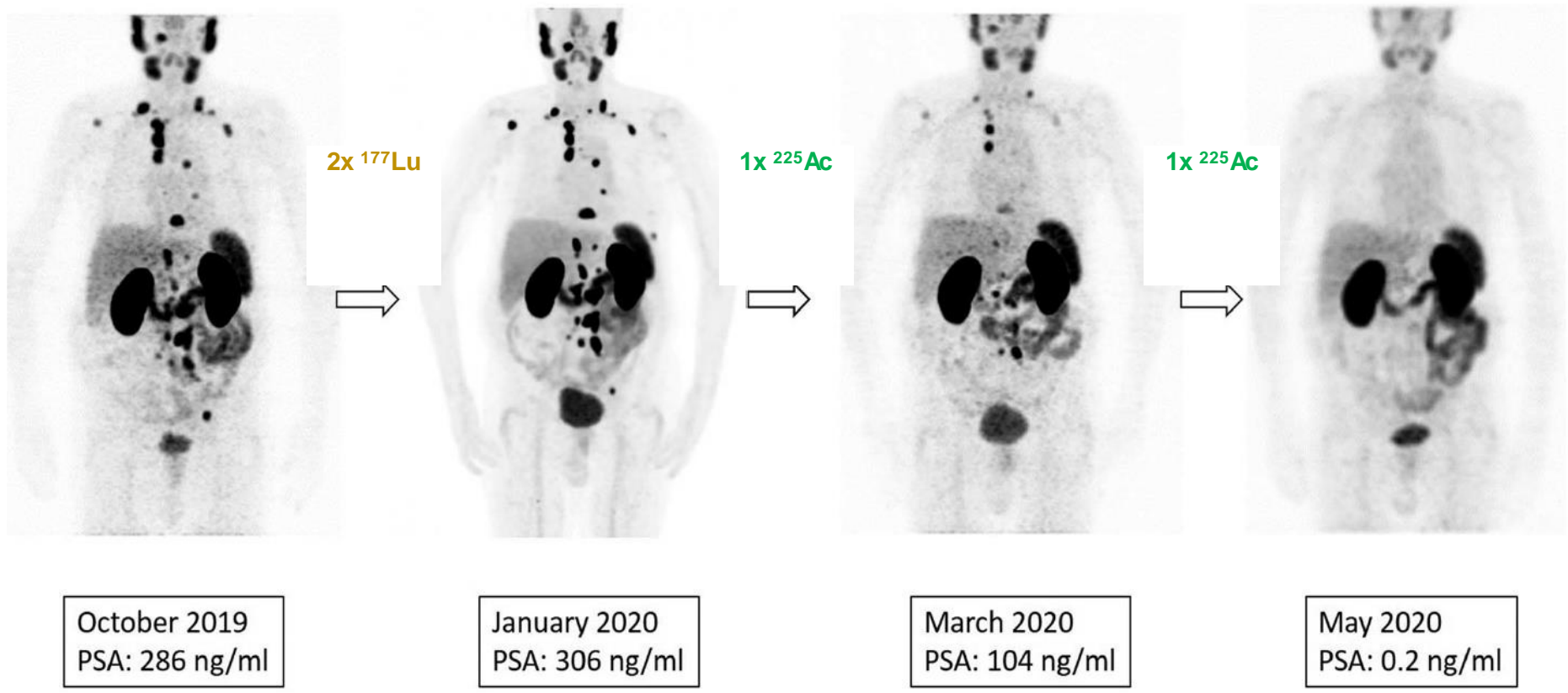
²²³Ra (6 cycles)

Abiraterone reexposition
Estramustine



PSMA Ac-225 overcoming resistance to PSMA Lu-177

Sanli et al. (2021) Clin Nucl. Med 46(12):943-95

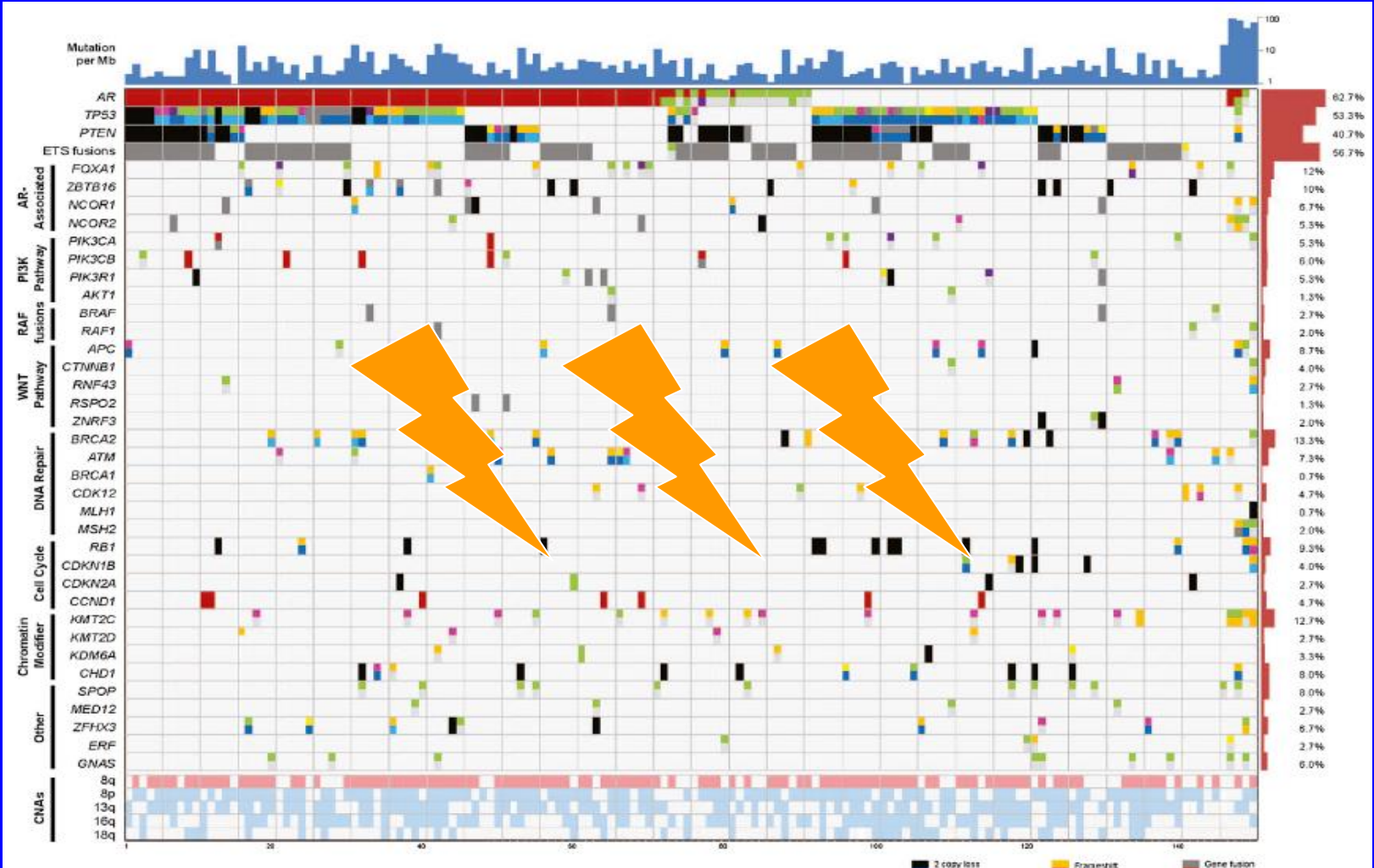


PSA waterfall after PSMA-617 Ac-225 in mCRPC patients without prior Abi/Enza

Sathegke et al. Journal of Nuclear Medicine May 2019, jnumed.119.229229



Challenges: Metastatic prostate cancer is a heterogeneous group of diseases but radiation can kill them all!



Robinson et al. Cell 161:1215, 2015

**Thanks for
the
opportunity
to be here
today!**



osartor@tulane.edu