



## $^{64}\text{Cu}$ -Tetraazacyclododecane-*N,N',N'',N'''*-tetraacetic acid-conatumumab

$^{64}\text{Cu}$ -DOTA-conatumumab

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Created: October 8, 2011; Updated: December 29, 2011.

<b>Chemical name:</b>	$^{64}\text{Cu}$ -Tetraazacyclododecane- <i>N,N',N'',N'''</i> -tetraacetic acid-conatumumab	Structure is not available in <a href="#">PubChem</a> .
<b>Abbreviated name:</b>	$^{64}\text{Cu}$ -DOTA-conatumumab	
<b>Synonym:</b>	$^{64}\text{Cu}$ -DOTA-AMG 655	
<b>Agent category:</b>	Antibody	
<b>Target:</b>	Death receptor 5 (DR5), also known as TRAIL-R2 (TR2)	
<b>Target category:</b>	Receptor	
<b>Method of detection:</b>	Positron emission tomography (PET)	
<b>Source of signal:</b>	$^{64}\text{Cu}$	
<b>Activation:</b>	No	
<b>Studies:</b>	<ul style="list-style-type: none"> <li><i>In vitro</i></li> <li>Rodents</li> </ul>	

## Background

[PubMed]

The tumor necrosis factor–related apoptosis-inducing ligand (TRAIL) receptor is a member of the tumor necrosis factor superfamily of cytokines that selectively activate a complex apoptotic pathway (caspase cascade) in tumor cells, thereby inducing apoptosis (cell death) (1, 2). There are two cell-surface TRAIL receptors (death receptor 4 [DR4] and 5 [DR5]) that are capable of inducing apoptosis and three decoy TRAIL receptors that are not capable of inducing apoptotic signals (3, 4). Conatumumab is a fully human monoclonal antibody (mAb) that acts as a human DR5 agonist antibody to tumor cells, which causes apoptosis in *in vitro* and *in vivo* studies (5, 6). Conatumumab is being evaluated in clinical trials (7, 8). Rossin et al. (9) reported the development of  $^{64}\text{Cu}$ -tetraazacyclododecane-*N,N',N'',N'''*-tetraacetic acid-conatumumab ( $^{64}\text{Cu}$ -DOTA-conatumumab) for positron emission tomography (PET) imaging of DR5 in nude mice bearing tumor xenografts.

## Related Resource Links:

- Chapters in MICAD ([DR5](#))

- Gene information in NCBI ([DR5](#))
- Articles in Online Mendelian Inheritance in Man (OMIM) ([DR5](#))
- Clinical trials ([Conatumumab](#))

## Synthesis

[PubMed]

2,2',2''-(10-(2-(2,5-dioxopyrrolidin-1-yloxy)-2-oxoethyl)-1,4,7,10-tetraazacyclododecane-1,4,7-triyl)triacetic acid (DOTA-*N*-hydroxysuccinimide) was added to conatumumab (100 nmol) in phosphate-buffered saline (9). The reaction mixture was adjusted to pH 8.5 and incubated for ~2 h at room temperature. DOTA-conatumumab was purified with column chromatography. DOTA-conatumumab (0.6–1.2 nmol) was incubated with 33–222 MBq (1–6 mCi)  $^{64}\text{CuCl}_2$  in ammonium acetate buffer (pH 5.5) for 1 h at 37°C.  $^{64}\text{Cu}$ -DOTA-conatumumab was purified with column chromatography, with a radiochemical purity of >95%. The specific activities were 6 MBq/nmol (0.16 mCi/nmol) and 123 MBq/nmol (3.3 mCi/nmol) for *ex vivo* biodistribution studies and PET studies, respectively. There were approximately five DOTA molecules per antibody.  $^{64}\text{Cu}$ -DOTA-conatumumab was stable in mouse serum for 24 h at 37°C.

## In Vitro Studies: Testing in Cells and Tissues

[PubMed]

Rossin et al. (9) performed competition binding experiments using a conatumumab immobilized Biacore sensor chip. DOTA-conatumumab and conatumumab inhibited the binding of huTR2-Fc (1 nM) with 50% inhibition concentration ( $\text{IC}_{50}$ ) values of 0.389 nM and 0.320 nM, respectively. The potency of DOTA-conatumumab and conatumumab to induce caspase 3/7 activities was compared in Colo205 human colon tumor cells. The effective doses to induce 50% of the maximum caspase 3/7 activities were  $0.135 \pm 0.31$  nM and  $0.128 \pm 0.30$  nM ( $n = 5$ ), respectively. These data suggest that DOTA-conatumumab and conatumumab exhibit similar immunoreactivity and agonist activity for DR5.

## Animal Studies

### Rodents

[PubMed]

Rossin et al. (9) performed PET and *ex vivo* biodistribution studies of 0.33 MBq (0.009 mCi)  $^{64}\text{Cu}$ -DOTA-conatumumab (52 pmol) in nude mice ( $n = 4/\text{group}$ ) bearing Colo205 tumors at 6 h and 24 h after injection. *Ex vivo* tumor accumulation values were  $13.86 \pm 1.19\%$  injected dose/gram (ID/g) and  $20.68 \pm 3.03\%$  ID/g at 6 h and 24 h after injection, respectively. Accumulation at 24 h after injection was highest in the spleen (42.66% ID/g), followed by the blood (18.14% ID/g), liver (10.75% ID/g), lung (9.30% ID/g), heart (6.06% ID/g), and kidney (5.99% ID/g). Co-injection of conatumumab (2 nmol) decreased the radioactivity levels in the tumors and spleen by 50%–60% at 6 h and 24 h after injection. The binding in the spleen may be because of binding of  $^{64}\text{Cu}$ -DOTA-conatumumab to splenic Fc receptors on macrophages. Little inhibition was observed in the other normal tissues.  $^{64}\text{Cu}$ -DOTA-conatumumab remained >98% intact in the blood at 24 h after injection.

Whole-body PET images were obtained in the tumor-bearing mice ( $n = 2/\text{group}$ ) at 1, 6 and 24 h after injection of 3.7 MBq (0.1 mCi)  $^{64}\text{Cu}$ -DOTA-conatumumab (30 pmol) (9). High levels of background radioactivity were detected at 1 h and 6 h. However, the tumors could be visualized at 6 h. The standard uptake value (SUV) of the tumors was 3.16 at 24 h. Co-injection of conatumumab (2 nmol) decreased the SUV to 1.55 with ~50% inhibition. The spleen SUV decreased from 1.73 (control) to 1.23 (blocked).

## Other Non-Primate Mammals

[PubMed]

No publication is currently available.

## Non-Human Primates

[PubMed]

No publication is currently available.

## Human Studies

[PubMed]

No publication is currently available.

## NIH Support

CA86307

## References

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