

Contents lists available at ScienceDirect

Bioorganic & Medicinal Chemistry





journal homepage: www.elsevier.com/locate/bmc

Synthesis of ⁶⁸Ga-labeled DOTA-nitroimidazole derivatives and their feasibilities as hypoxia imaging PET tracers

Lathika Hoigebazar^{a,b,c}, Jae Min Jeong^{a,b,c,*}, Mee Kyung Hong^{a,b,c}, Young Ju Kim^{a,b,c}, Ji Youn Lee^{a,b,c}, Dinesh Shetty^{a,b,c}, Yun-Sang Lee^{a,c}, Dong Soo Lee^{a,c,d}, June-Key Chung^{a,b,c}, Myung Chul Lee^{a,c}

^a Department of Nuclear Medicine, Institute of Radiation Medicine, Seoul National University College of Medicine, Seoul, Republic of Korea

^b Cancer Research Institute, Seoul National University College of Medicine, Seoul, Republic of Korea

^c Department of Radiation Applied Life Science, Seoul National University College of Medicine, Seoul, Republic of Korea

^d WCU Graduate School of Convergence Science and Technology, Seoul National University College of Medicine, Seoul, Republic of Korea

ARTICLE INFO

Article history: Received 10 December 2010 Revised 20 February 2011 Accepted 23 February 2011 Available online 26 February 2011

Keywords: Ga-68 ⁶⁸Ga Gallium Nitroimidazole

ABSTRACT

The imaging of hypoxia is important for therapeutic decision making in various diseases. ⁶⁸Ga is an important radionuclide for positron emission tomography (PET), and its usage is increasing, due to the development of the ⁶⁸Ge/⁶⁸Ga-generator. In the present study, the authors synthesized two nitroimidazole derivatives by conjugating nitroimidazole and 1,4,7,10-tetraazacyclododecane-1,4,7,10-tetraacetic acid (DOTA) via an amide bond (**4**) and a thiourea bond (**5**). Both derivatives were labeled with ⁶⁸Ga with high labeling efficiency and were stable after labeling. The low partition coefficients (log *P*) of ⁶⁸Ga-**4** (-4.6) and ⁶⁸Ga-**5** (-4.5) demonstrated the hydrophilic natures of the derivatives, and both showed higher uptake in cancer cell lines cultured under hypoxic condition than under normoxic condition. However, ⁶⁸Ga-**5** showed higher liver uptake than ⁶⁸Ga-**4** in a biodistribution study due to higher lipophilicity. In an animal PET study, ⁶⁸Ga-**4** showed higher standard uptake values (SUV) in tumors than ⁶⁸Ga-**5** in mice xenografted with CT-26 mouse colon cancer cells.

© 2011 Elsevier Ltd. All rights reserved.

1. Introduction

Hvpoxia is a characteristic feature of many human and animal tumors, and the subject of intensive research.^{1,2} In the case of short-term hypoxia, the metabolism can recover to normality, but if hypoxia persists, irreversible cell damage and death may occur.^{3,4} Furthermore, a marker of hypoxia would be useful in the oncologic field, because the presence of hypoxic cells in tumors is regarded to predict a poor response to radiotherapy and indicate the need for higher irradiation doses.⁵ Positron emission tomography (PET) offers a promising means of visualizing hypoxia,^{6,7} and in this context, several bioreductive substances have been evaluated as hypoxia tracers. In particular, nitroimidazole derivatives tend to accumulate in hypoxic cells, and thus, have been advocated for the imaging of hypoxic tissues.^{8–12} In the presence of sufficient oxygen, nitroimidazole undergoes immediate oxidation, but under hypoxic conditions, it undergoes enzymatic single electron reduction to form radical anions,^{13,14} which undergo further reduction to produce nitroso (2e⁻ reduction), hydroxylamine (4e⁻ reduction), and finally amine (6e⁻ reduction) derivatives. Furthermore, as a result of these processes, any associated radiolabel is selectively

retained in hypoxic cells.^{15,16} To date, radio halogenated nitroimidazoles, such as, [¹⁸F]fluoromisonidazole (FMISO),¹⁷ [¹⁸F]1- α -D-(2-deoxy-2-fluoroarabinofuranosyl)-2-nitroimidazole (FAZA)^{7,18} and [¹²³I]iodoazomycin arabinoside (IAZA),¹⁹ have been used clinically to detect hypoxia in tumors.

The clinical applications of PET have been shown to be important for the evaluation and diagnosis of many diseases.²⁰ The radionuclides most commonly used for PET are ¹⁸F and ¹¹C, which are produced using an accelerator.^{21–23} Other metallic positron emitters, such as, ⁸⁶Y, ⁶⁴Cu, and ⁶⁸Ga also can be used for PET,^{24–30} and of these, ⁶⁸Ga is the most promising, because it can be obtained using a commercially available generator system consisting of an inorganic matrix immobilizing the parent radionuclide ⁶⁸Ge.³¹ This availability has led to great interest in the development of ⁶⁸Ga-labeled agents, because of its cost and convenience benefits. Furthermore, the parent nuclide ⁶⁸Ge has a long half-life of 270.8 days, which allows the generator to be used for almost a year.

1,4,7-Triazacyclononane-1,4,7-triacetic acid (NOTA) and 1,4,7,10-tetraazacyclododecane-1,4,7,10-tetraacetic acid (DOTA) are widely used bifunctional chelating agents, because they can form highly stable radiometal chelates with ⁶⁸Ga.³²⁻³⁴ DOTA has eight coordinating electron donor atoms, namely, four nitrogen atoms of tertiary amines and four oxygen atoms of carboxylic acids, whereby the four nitrogen atoms form a ring and two of the oxygen atoms

^{*} Corresponding author. Tel.: +82 2 2072 3805; fax: +82 2 745 7690. *E-mail address:* jmjng@snu.ac.kr (J.M. Jeong).

^{0968-0896/\$ -} see front matter @ 2011 Elsevier Ltd. All rights reserved. doi:10.1016/j.bmc.2011.02.041

from the pendant arm coordinate with gallium with a distorted octahedral geometry.³⁵ The two remaining carboxylic acid groups can be used for coupling with functional moieties. ⁶⁸Ga-labeled NOTAnitroimidazole derivatives have been reported to show high liver, kidney, and tumor uptakes.³⁶ Furthermore, it has been postulated that more hydrophilic NOTA derivatives show reduced liver uptake. In the present study, we investigated the potential uses of DOTAconjugated nitroimidazole derivatives, which are more hydrophilic than corresponding NOTA-conjugated derivatives, for ⁶⁸Ga-labeling and examined their biological properties.

2. Results and discussion

2.1. Chemistry

Hypoxia is defined as a condition with insufficient oxygen to support metabolism, and occurs when vascular supply is interrupted, especially in growing tumors. The detection and imaging of hypoxia would be of great use in therapeutic oncology, because hypoxic cells in tumors are more resistant to radiation than normoxic cells. Thus, the development of radiolabeled nitroimidazole derivatives for hypoxia imaging constitutes an active research field.

In the present study, nitroimidazole was conjugated with DOTA or DOTA derivatives as bifunctional chelating agents for labeling with ⁶⁸Ga. There was a report that a DOTA derivative conjugated with two metromidazole moieties for ⁶⁷Ga labeling.³⁷

In the present study, tert-butyl 2-bromoethylcarbamate was used as a linker to conjugate with a nitroimidazole group on one side and a chelating group on the other (Scheme 1). Compound 2 was synthesized from 1 and tert-butyl 2-bromoethylcarbamate using K₂CO₃ as a base in dimethylformamide (DMF). Overnight stirring at room temperature was enough for completion of the reaction. The product obtained was recrystallized in EtOAc. During the synthesis of 2, a yield of 35% was obtained when MeCN was used as a reaction solvent, but increased to 80% when the reaction was carried out in DMF, which we presume was due to the solubility characteristics of 1. The amine group was then deprotected using 1.25 M HCl in MeOH to give 3, which was recrystallized in MeOH and obtained at an yield of 84%. Reaction completions were checked by TLC, and chemical structures were confirmed by mass spectroscopy/electrospray in ionization positive mode (MS/ESI⁺) and by Nuclear magnetic resonance (NMR) of purified samples.

The intermediate **3** served as a precursor for **4** and **5**, as shown in Scheme 2. The synthesis of **4** was performed by acid–amine conjugation, whereas **5** was by synthesized by isothiocyanate–amine conjugation. The former reaction was carried out in water and DMF (1:1, v/v) using *N*,*N*'-dicyclohexylcarbodiimide (DCC) as a coupling agent in the presence of pyridine, and the latter in CHCl₃ using triethylamine (TEA) as a base. Reaction completeness was checked by MS/ESI⁺ and samples were purified by RP-HPLC (reverse phase-high performance liquid chromatography) to obtain **4** (53%) and **5** (75%) at high purity. NMR was used to confirm sample identities (Supplementary data).

2.2. Radiochemistry





Scheme 2. Synthesis of 2-(2-nitroimidazolyl)ethylamine-DOTA (**4**) and 2-(2-nitroimidazolyl)ethylamine-SCN-Bz-DOTA (**5**). (C) DOTA, H₂O/DMF, DCC, pyridine, conducted at rt overnight; (D) SCN-DOTA, CHCl₃, TEA, also conducted at rt overnight.

After labeling, the reaction mixture was purified using an alumina cartridge to remove free ${}^{68}Ga^{3+}$. Labeling efficiencies were determined using Instant Thin Layer Chromatography-Silica Gel (ITLC-SG) (Supplementary data) and were > 98% for both **4** and **5**. The specific activities of ${}^{68}G-4$ and ${}^{68}Ga-5$ were 4.81×10^6 and 7.77×10^6 GBq/mol, respectively, and their partition coefficients (log *P*) were -4.6 and -4.5, respectively, which represented hydrophilic nature of both agents. ${}^{68}Ga-4$ was slightly more hydrophilic than ${}^{68}Ga-5$.

2.3. In vitro characterization

Protein bindings results at 10 and 60 min were; $4.25 \pm 0.02\%$ and $15.29 \pm 0.28\%$ for ⁶⁸Ga-**4**, and $8.83 \pm 1.48\%$ and $14.04 \pm 0.49\%$ for ⁶⁸Ga-**5**, respectively. Both agents were stable in prepared medium and in human serum for up to 120 min (see Supplementary data).

Hela (Henrietta lacks cervical cancer), CHO (Chinese hamster ovarian cancer), and CT-26 (mouse colon cancer) cell lines were used for the cell uptake study. All three cell lines showed significantly higher ⁶⁸Ga-**4** and ⁶⁸Ga-**5** uptakes after exposure for 1 h to hypoxic conditions than to normoxic conditions (Fig. 1). The uptake ratios (hypoxic/normoxic) of ⁶⁸Ga-**4** at 5, 15, 30 and 60 min were, 1.4, 1.9, 1.7, and 2.4 for Hela, 1.6, 2.1, 2.1, and 1.8 for CHO, and 1.5, 2.4, 4.2 and 6.8 for CT-26, respectively, and those of for ⁶⁸Ga-**5** were 0.6, 2.5, 1.6 and 2.1 for Hela, 2.1, 1.9, 2.6 and 2.3 for CHO, and 2.3, 1.9, 4.2 and 3.4 for CT-26. Thus, all three cell lines demonstrated higher uptakes under hypoxic condition than under normoxic condition. Of the cell lines, CT-26 showed greatest radioligand uptake, and thus CT-26 cells were chosen for the in vitro model and to evaluate radioligands developed during this study.

2.4. In vivo study

Biodistribution studies were performed on ⁶⁸Ga-**4** and ⁶⁸Ga-**5** after tail vein injection in mice bearing CT-26 xenografts (Fig. 2).





Figure 1. In vitro cell uptake studies of (A) ⁶⁸Ga-4 and (B) ⁶⁸Ga-5 under normoxic and hypoxic conditions in HeLa, CHO and CT-26 cells. Statistical analyses of uptakes under normoxic and hypoxic conditions were performed using the Student's *t*-test. (***p* <0.01, **p* <0.05, *n* = 4 at each time point).



Figure 2. Biodistribution studies in mice bearing a CT-26 xenograft; (A) ⁶⁸Ga-4 (0.37 MBq/0.1 mL) and (B) ⁶⁸Ga-5 (0.37 MBq/0.1 mL) injected via a tail vein at. Studies were performed at 10, 30, 60, and 120 min post-injection. (C) Tumor to blood ratios and (D) tumor to muscle ratio with respect to time.

Highest uptakes were found in the kidneys for both compounds, suggesting that the renal excretion route predominated. The higher liver and intestine uptakes of ⁶⁸Ga-**5** were presumed to be due to it higher lipophilicity. The initial tumor uptakes of ⁶⁸Ga-**4** and ⁶⁸Ga-**5**

at 10 min post-injection were 3.17 and 2.78% ID/g, respectively. These activities then decreased at 30 min (1.41% ID/g for 68 Ga-4 and 1.02% ID/g for 68 Ga-5), 60 min (0.98% ID/g for 68 Ga-4 and 0.66% ID/g for 68 Ga-5) and 120 min (0.64% ID/g for 68 Ga-4 and



Figure 3. Small-animal PET images obtained at 30 and 60 min after injecting (A) ⁶⁸Ga-4 or (B) ⁶⁸Ga-5 in mice bearing a CT-26 xenograft in the right shoulder. (C) and (D) show the SUVs of ⁶⁸Ga-4 and ⁶⁸Ga-5, respectively.

0.59% ID/g for ⁶⁸Ga-**5**). Furthermore, observed radioactivity decreases were more rapid in blood and muscle, and thus, tumor to blood and tumor to muscle ratios increased over 120 min post-injection; tumor to muscle ratios were 3.96 for ⁶⁸Ga-**4** and 12.48 for ⁶⁸Ga-**5** at 120 min (Fig. 2). The above results suggested that ⁶⁸Ga-**4** and ⁶⁸Ga-**5** are potential hypoxia imaging PET agents.

A small-animal PET study was performed in CT-26 xenografted mice. Images were obtained at 30 and 60 min after injecting ⁶⁸Ga-**4** or ⁶⁸Ga-**5** via tail veins. Both agents showed high kidney and bladder uptakes. PET studies confirmed the reduction in initial tumor uptakes. ⁶⁸Ga-**4** demonstrated more distinct tumor uptake than ⁶⁸Ga-**5** (Fig. 3). In addition, tumor standardized uptake values (SUVs) showed that ⁶⁸Ga-**4** uptake was greater than ⁶⁸Ga-**5** uptake, at 30 and 60 min. Mean SUVs were 0.81 ± 0.1 and 0.53 ± 0.1 for ⁶⁸Ga-**4** und 0.31 ± 0.1 and 0.17 ± 0.1 for ⁶⁸Ga-**5**, respectively. Furthermore, the tumor to non-tumor SUV ratios of ⁶⁸Ga-**4** was also greater than those of ⁶⁸Ga-**5** (at 30 min 5.08 ± 2.2 vs 1.86 ± 0.3 , respectively, and at 60 min 5.64 ± 0.8 vs 3.83 ± 0.8).

3. Conclusion

We describe the synthesis of two ⁶⁸Ga-labeled DOTA-nitroimidazole derivatives via amide or thiourea bond formation for the imaging tumor hypoxia. Both compounds were labeled within 10 min at high labeling efficiencies (>98%). Furthermore, both showed adequate stability in prepared medium and human serum, and time-dependent uptake by hypoxic cells. In addition, our biodistribution and PET studies demonstrated that the compounds have high tumor to muscle count density ratios. These promising in vivo and in vitro results suggest that both ⁶⁸Ga-labeled DOTAnitroimidazole derivatives offer the possibility of a fast and efficient means of detecting tumor hypoxia by ⁶⁸Ga PET imaging.

4. Experimental section

4.1. General

DOTA was purchased from ChemaTech (Dijon, France) and isothiocyanatobenzyl-1,4,7,10-tetraazacyclododecane-1,4,7,10-tetraacetic acid (SCN-DOTA) from Futurechem (Seoul, Korea). HPLC grade MeCN was purchased from Fischer Scientific Korea Ltd (Seoul, Korea). All other reagents were purchased from Sigma-Aldrich (St. Louis) and were used as supplied without further purification. The Thermo Scientific Pierce BCA protein assay kits used for protein concentration measurement were from Rockford (IL, USA).

MS/ESI was performed using a Waters ESI ion trap spectrometer (Milford, CT, USA) and high resolution mass spectra (HRMS) on a Jeol, JMS-600W Agilent 6890 series spectrometer (Tokyo, Japan) by fast atomic bombardment (FAB+) ionization detection in positive ion mode. Samples were diluted 50-fold with water or MeCN prior to injection. ¹H NMR and ¹³C NMR spectra were recorded on an AL 300 FT NMR spectrometer (300 MHz for ¹H and 75 MHz for ¹³C; Jeol, Tokyo, Japan) using residual solvent signals as an internal reference. ¹H chemical shifts are expressed as δ values (parts per million) relative to tetramethylsilane. For prep-HPLC, a XTerra[®] prep RP18 10 μ m (10 \times 250 mm) column (Waters Corporation, Milford, CT, USA) was eluted at a flow rate of 5 mL/min using the following solvents: solvent A: 10 mM HCl in H₂O, solvent B: MeCN. The unit was equipped with a 215 nm and 240 nm UV detection system. Analytical HPLC was performed using a XTerra[®] RP18 3.5 μ m (4.6 \times 100 mm) column (Waters Corporation, Milford, CT, USA), under the same conditions using a flow rate of 1 mL/min. ⁶⁸Ge/⁶⁸Ga-generator was obtained from Cyclotron Co. (Obninsk, Russia). The gamma scintillation counter was from Packard Cobra II (GMI; MN, USA). The Waters Sep-Pak Light Accell Plus QMA cartridge and the Alumina-N cartridge were both from Waters (Milford, CT, USA). Instant thin layer chromatography-silica gel (ITLC-SG) plates were purchased from Agilent Technologies (Wilmington, DE, USA). PET studies were performed using a dedicated small-animal PET/CT scanner (GE Healthcare; Princeton, NJ, USA).

4.2. tert-N-Butyl 2-(2-nitroimidazolyl)ethylcarbamate (2)

K₂CO₃ (1.83 g, 13.26 mmol) was added to a solution of **1** (1 g, 8.84 mmol) in DMF (3 mL) with stirring. *tert*-Butyl 2-bromoethylcarbamate (1.98 g, 8.84 mmol) was then added dropwise and stirred at room temperature overnight. The reaction mixture was then filtered, the solid obtained was washed successively with MeOH, and solvent was removed by evaporation. The solid obtained was then dissolved in water and extracted with EtOAc. The organic layer was evaporated in vacuo to obtain the crude compound, which was recrystallized from EtOAc to afford the pure compound as a dark yellow solid (1.9 g, 84%). MS *m*/*z* (ESI⁺), (M+K)⁺: 279.1. ¹H NMR (CD₃OD): δ 7.35 (s, 1H), 7.10 (s, 1H), 4.51–4.54 (t, *J* = 9 Hz, 2H), 3.47–3.50 (t, *J* = 9 Hz, 2H), 1.28–1.39 (s, 9H). ¹³C NMR (CD₃OD): δ 158.4, 131.9, 129, 128.3, 80.4, 51.2, 40.8, 28.7.

4.3. 2-(2-Nitroimidazolyl)ethanamine (3)

To a solution of **2** (1.9 g) in MeOH (2 mL), 1.25 M HCl in MeOH (3 mL) was added at room temperature with continuous stirring and left on stir for 5 h. Crude compound **3** was obtained by filtration, washed successively with MeOH, and solvent was removed by evaporation in vacuo. The solid obtained was recrystallized from MeOH to afford the pure compound as a pale yellow solid (1.2 g, 84%). MS m/z (ESI⁺), (M+H)⁺: 157. ¹H NMR (300 MHz, CD₃OD): δ 7.56 (s, 1H), 7.21 (s, 1H), 4.75–4.79 (t, *J* = 12 Hz, 2H), 3.47–3.51 (t, *J* = 12 Hz, 2H). ¹³C NMR (CD₃OD): δ 145.2, 128.8, 128.5, 47.2, 39.7.

4.4. 2-(2-Nitroimidazolyl)ethylamine-DOTA (4)

To a solution of DOTA (0.050 g, 0.12 mmol) in water (3 mL) was added a solution of **3** (0.016 g, 0.08 mmol) in DMF (3 mL), followed by a solution of DCC (0.026 g, 0.12 mmol) in pyridine (0.5 mL), all with stirring. The reaction mixture was then stirred at room temperature overnight, filtered, washed thoroughly with water, and purified by RP-HPLC (100% of A for 5 min and 0–40% of B for 30 min) to give **4** as a white solid (36 mg, 53.7%). MS m/z (ESI⁺), (M+H)⁺: 543.2 obsd, 543.25 calcd. HRMS: 543.2529 obsd, 543.2527 calcd for C₂₁H₃₅N₈O₈. ¹H NMR (300 MHz, D₂O): δ 7.19 (s, 1H), 6.94 (s, 1H), 4.32 (s, 2H), 3.70–2.74 (br, 24H), 2.58 (s, 2H). ¹³C NMR (75 MHz, D₂O): δ 165.5, 145.2, 129.2, 128.1, 66.6, 50.2, 41.0, 39.1, 37.5, 31.9.

4.5. 2-(2-Nitroimidazolyl)ethylamine-SCN-Bz-DOTA (5)

A mixture of SCN-DOTA (0.05 g, 0.07 mmol) and **3** (0.021 g, 0.11 mmol) in CHCl₃ (1 mL) containing TEA (29 mg) were stirred overnight at room temperature. The resulting product was purified by preparative HPLC (0 to 100% of B for 30 min and 100% of B for 5 min) to give **5** as a white solid (48 mg, 75%). MS m/z (ESI⁺), (M+H)⁺: 708.1 obsd, 708.28 calcd. HRMS, (M+Na)⁺: 730.2589 obsd, 730.2595 calcd for C₂₉H₄₁N₉O₁₀S. ¹H NMR (300 MHz, D₂O): δ 7.13 (s, 1H), 7.03 (br, 2H), 6.90 (s, 1H), 6.85 (br, 2H), 4.35 (br, 3H), 4.05 (br, 2H), 3.80–3.32 (br, 10H), 3.07–2.95 (br, 9H), 2.59 (s, 1H), 2.35 (br, 1H), 1.78–1.77 (br, 3H). ¹³C NMR (75 MHz, D₂O): δ 181.0, 175.3, 174.4, 169.1, 145.2, 130.9, 129.4, 128.3, 127.1, 56.1, 55.2, 54.6, 53.5, 52.7, 52.1, 50.2, 49.7, 47.2, 46.7, 43.8, 31.6.

4.6. General procedure used for the radiolabeling experiment

⁶⁸GaCl₃ (39.6–245.3 MBq) was eluted from a ⁶⁸Ge/⁶⁸Ga-generator using 0.1 M HCl. Compound **4** (30 μg) or **5** (25 μg) was then added to the HCl solution containing ⁶⁸Ga, followed by 1 M sodium acetate buffer (pH 5, 0.1 mL) to adjust the pH to \sim 3. The reaction mixture was then heated to 100 °C for 10 min. The labeled derivatives were passed through an alumina-N cartridge pre-washed with water and monitored by ITLC-SG using 0.1 M Na₂CO₃ as an eluant to check labeling efficiencies (⁶⁸Ga³⁺ remained at the origin, and labeled products moved to the solvent front).

4.7. Radiochemical evaluations of the labeled derivatives

The stabilities of 68 Ga-**4** and 68 Ga-**5** were investigated in prepared medium at room temperature and in human serum at 37 °C for 2 h. Degradations were monitored by ITLC-SG using 0.1 M Na₂CO₃ and 0.1 M HCl as eluents.

To determine partition coefficients, 0.1 M sodium phosphate buffer (pH 7.4, 3 g) was added to octanol (3 g), and 68 Ga-**4** (1.0 MBq/10 µL) or 68 Ga-**5** (1.1 MBq/10 µL) were added, mixed vigorously, and centrifuged (3000 rpm) for 5 min. Aliquots of the aqueous and octanol phases were sampled and counted using a gamma counter. Log *P* values were then calculated.

For the protein binding study, PD-10 columns were preconditioned by treating them with 1.0 mL of 1% bovine serum albumin in 0.1 M DTPA followed by successive washing with 100 mL of phosphate buffered saline (PBS). ⁶⁸Ga-**4** (1.3 MBq/10 μ L) or ⁶⁸Ga-**5** (1.1 MBq/10 μ L) were mixed with human serum (1 mL) and incubated for 10 or 60 min at 37 °C. Each mixture was then loaded onto the preconditioned PD-10 column and eluted with PBS to obtain thirty 0.5 mL fractions. Radioactivities were measured as cpm (counts per minute) using a gamma counter. A 2 μ L aliquot from each fraction was spotted on filter paper and stained with Coomassie blue to check for the presence of protein. Protein bound fractions appeared at the void volume and free fractions at the bed volume.

4.8. In vitro cell uptake study

Cell uptake studies were carried out using the HeLA, CHO, and CT-26 cell lines. All three cell lines were maintained in Dulbecco's Modified Eagle's Medium (DMEM) containing 10% fetal bovine serum (both from Welgene Inc., Daegu, Korea) and a 1% antibiotic mixture (penicillin, streptomycin, and amphotericin B: 10,000 IU/10 mg/25 µg/mL, Mediatech Inc. Manassas, VA, USA) in a 5% CO₂ incubator at 37 °C. Cells were sub-cultured overnight in 24-well plates (2×10^5 cells/mL), and then pre-incubated under normoxic or hypoxic conditions for 4 h. For the normoxic condition, we used 5% CO₂ in air, and for the hypoxic condition 5% CO₂ in N₂. ⁶⁸Ga-**4** (0.37 MBq/100 µL) or ⁶⁸Ga-**5** (0.43 MBq/100 µL) were added to the wells and incubated for 5, 15, 30, or 60 min. Wells were then washed with DMEM and cells were suspended in 0.5% sodium dodecyl sulfate (SDS) in PBS (0.5 mL). Tracer uptakes were measured using a gamma counter and total protein concentrations in samples were determined using the bicinchonic acid method.

4.9. Biodistribution studies in mice bearing colon cancer xenografts

Experiments using mice were carried out according to protocols approved by the Institutional Animal Care and Use Committee of the Clinical Research Institute at Seoul National University Hospital (an Association for the Assessment and Accreditation of Laboratory Animal Care approved facility). In addition, National Research Council guidelines for the care and use of laboratory animals (revised in 1996) were observed throughout. The mouse colon cancer cell line CT-26 was grown in RPMI 1640 medium containing 10% fetal bovine serum and 1% antibiotics. Cells were washed with 10 mL of PBS by centrifugation (3000 rpm). Balb/c mice were injected subcutaneously in right shoulders with $2 \times 10^5/0.1$ mL CT-26 cells, and 14 days later, ⁶⁸Ga-labeled agents (0.37 MBq/ 0.1 mL) were injected intravenously into each mouse via a tail vein. Mice were sacrificed by decapitation at various times (10, 30, 60, and 120 min) after radiotracer administration. Tumor, blood, muscle, and other organs were then excised, blotted, weighed, and counted. Results are expressed as percentages of injected doses per gram of tissue (% ID/g).

4.10. Small-animal PET studies

CT-26 cells (2×10^5 cells) in normal saline (0.1 mL) were subcutaneously injected into mouse right shoulders. The tumors grew to a diameter of ~15 mm in 14 days. ⁶⁸Ga-**4** (24.1 MBq/0.15 mL) and ⁶⁸Ga-**5** (39.3 MBq/0.15 mL) were intravenously injected into tumor-bearing mice via tail veins. Mice were anesthetized with 2% isoflurane and PET images were obtained at 30 and 60 min postinjection. Acquired 3-dimensional emission data was reconstructed to temporally framed sonograms by Fourier rebinning using an ordered subset expectation maximization reconstruction algorithm without attenuation correction. Images were visualized using ASIPro VM 5.0 software.

Image and region of interest (ROI) analyses of PET data sets were performed using ASIPro software. The spherical ROIs of radius 1.5 mm placed in tumors and muscles were collected, and mean (value/pixel) and standard deviation were determined. SUV values were calculated using the formula, SUV = CCF/(injected dose/body weight).

Where, CCF (decay corrected activity concentration) was calculated using the formula.

 $\underset{(MBq/mL)}{CCF} = \underset{(mCi/mL)}{radioactivity} \times \underset{(0.891 \ for \ ^{68}Ga)}{branching} \underset{(value/pixel)}{ratio} \times \underset{(value/pixel)}{ROI}$

Acknowledgments

This research was supported partly by the National Research Laboratory Program of NRF (R0A-2008-000-20116-0) and the Converging Research Program funded by MEST (2010K001055).

Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.bmc.2011.02.041. These data include MOL files and InChiKeys of the most important compounds described in this article.

References and notes

- 1. Rockwell, S.; Dobrucki, I. T.; Kim, E. Y.; Marrison, S. T.; Vu, V. T. *Curr. Mol. Med.* **2009**, *9*, 442.
- Dehdashti, F.; Grigsby, P. W.; Lewis, J. S.; Laforest, R.; Siegel, B. A.; Welch, M. J. J. Nucl. Med. 2008, 49, 201.
- Shimizu, S.; Eguchi, Y.; Kamiike, W.; Itoh, Y.; Hasegawa, J.; Yamabe, K.; Otsuki, Y.; Matsuda, H.; Tsujimoto, Y. Cancer Res. 1996, 56, 2161.
- Steinbach, J. P.; Wolburg, H.; Klumpp, A.; Probst, H.; Weller, M. Cell Death Differ. 2003, 10, 823.
- 5. Vavere, A. L.; Lewis, J. S. J. Chem. Soc., Dalton Trans. 2007, 4893.
- 6. Lee, S. T.; Scott, A. M. Semin. Nucl. Med. 2007, 37, 451.
- Kumar, P.; Emami, S.; Kresolek, Z.; Yang, J.; McEwan, A. J.; Wiebe, L. I. Med. Chem. 2009, 5, 118.
- Kumar, P.; Naimi, E.; McEwan, A. J.; Wiebe, L. I. *Bioorg. Med. Chem.* 2010, *18*, 2255.
 Piert, M.; Machulla, H. I.; Picchio, M.; Reischl, G.; Ziegler, S.; Kumar, P.; Wester, H.
- J.; Beck, R.; McEwan, A. J.; Wiebe, L. I.; Schwaiger, M. J. Nucl. Med. **2005**, 46, 106. 10. Tewson, T. I. Nucl. Med. Biol. **1997**, 24, 755.
- Hewson, T. J. Nucl. Med. Biol. 1997, 24, 755.
 Mallia, M. B.; Subramanian, S.; Mathur, A.; Sarma, H. D.; Venkatesh, M.; Banerjee, S. Bioorg. Med. Chem. Lett. 2008, 18, 5233.
- 12. Riche, F.; d'Hardemare, A. D.; Sepe, S.; Riou, L.; Fagret, D.; Vidal, M. Bioorg. Med. Chem Lett 2001 11 71
- Linder, K. E.; Chan, Y. W.; Cyr, J. E.; Malley, M. F.; Nowotnik, D. P.; Nunn, A. D. J. Med. Chem. 1994, 37, 9.
- Aboagye, E. O.; Lewis, A. D.; Johnson, A.; Workman, P.; Tracy, M.; Huxham, I. M. Br. J. Cancer 1995, 72, 312.
- 15. Nunn, A.; Linder, K.; Strauss, H. W. Eur. J. Nucl. Med. 1995, 22, 265.
- 16. Takasawa, M.; Moustafa, R. R.; Baron, J. C. Stroke 2008, 39, 1629.
- Bejot, R.; Kersemans, V.; Kelly, C.; Carroll, L.; King, R. C.; Gouverneur, V. Nucl. Med. Biol. 2010, 37, 565.
- Cairns, R. A.; Bennewith, K. L.; Graves, E. E.; Giaccia, A. J.; Chang, D. T.; Denko, N. C. Clin. Cancer Res. 2009, 15, 7170.
- Stypinski, D.; Wiebe, L. I.; Mercer, J. R. J. Pharm. Biomed. Anal. 1998, 16, 1067.
 Rigo, P.; Paulus, P.; Kaschten, B. J.; Hustinx, R.; Bury, T.; Jerusalem, G.; Benoit, T.
- Eur. J. Nucl. Med. 1996, 23, 1641.
 Xaira, K.; Endo, M.; Abe, M.; Nakagawa, K.; Ohde, Y.; Okumura, T.; Takahashi, T.; Murakami, H.; Tsuya, A.; Nakamura, Y.; Naito, T.; Hayashi, I.; Serizawa, M.; Koh, Y.; Hanaoka, H.; Tominaga, H.; Oriuchi, N.; Kondo, H.; Nakajima, T.; Yamamoto, N. J. Clin. Oncol. 2010, 28, 3746.
- Hasebe, M.; Yoshikawa, K.; Ohashi, S.; Toubaru, S.; Kawaguchi, K.; Sato, J.; Mizoe, J.; Tsujii, H. Mol. Imaging Biol. 2010, 12, 554.
- Van Laere, K.; Clerinx, K.; D'Hondt, E.; de Groot, T.; Vandenberghe, W. J. Nucl. Med. 2010, 51, 588.
- Herzog, H.; Rosch, F.; Stocklin, G.; Lueders, C.; Qaim, S. M.; Feinendegen, L. E. J. Nucl. Med. 1993, 34, 2222.
- Thakur, M. L.; Aruva, M. R.; Gariepy, J.; Acton, P.; Rattan, S.; Prasad, S.; Wickstrom, E.; Alavi, A. J. Nucl. Med. 2004, 45, 1381.
- Jeong, J. M.; Hong, M. K.; Chang, Y. S.; Lee, Y. S.; Kim, Y. J.; Cheon, G. J.; Lee, D. S.; Chung, J. K.; Lee, M. C. J. Nucl. Med. 2008, 49, 830.
- Shetty, D.; Jeong, J. M.; Ju, C. H.; Kim, Y. J.; Lee, J. Y.; Lee, Y. S.; Lee, D. S.; Chung, J. K.; Lee, M. C. Bioorg. Med. Chem. 2010, 18, 7338.
- Shetty, D.; Jeong, J. M.; Ju, C. H.; Lee, Y. S.; Jeong, S. Y.; Choi, J. Y.; Yang, B. Y.; Lee, D. S.; Chung, J. K.; Lee, M. C. *Nucl. Med. Biol.* **2010**, *37*, 893.
- Yang, B. Y.; Jeong, J. M.; Kim, Y. J.; Choi, J. Y.; Lee, Y. S.; Lee, D. S.; Chung, J. K.; Lee, M. C. Nucl. Med. Biol. 2010, 37, 149.
- 30. Shetty, D.; Lee, Y. S.; Jeong, J. M. Nucl. Med. Mol. Imaging 2010, 44, 233.
- Breeman, W. A.; Verbruggen, A. M. Eur. J. Nucl. Med. Mol. Imaging 2007, 34, 978.
 Shetty, D.; Choi, S. Y.; Jeong, J. M.; Hoigebazar, L.; Lee, Y. S.; Lee, D. S.; Lee, M. C.;
- Chung, J. K. Eur. J. Inorg. Chem. 2010, 5432. 33. Velikyan, I.; Beyer, G. J.; Langstrom, B. Bioconjugate Chem. 2004, 15, 554.
- Jeong, J. M.; Kim, Y. J.; Lee, Y. S.; Lee, D. S.; Chung, J. K.; Lee, M. C. Nucl. Med. Mol. Imaging 2009, 43, 330.
- Benetollo, F.; Bombieri, G.; Calabi, L.; Aime, S.; Botta, M. Inorg. Chem. 2003, 42, 148.
- Hoigebazar, L.; Jeong, J. M.; Choi, S. Y.; Choi, J. Y.; Shetty, D.; Lee, Y. S.; Lee, D. S.; Chung, J. K.; Lee, M. C.; Chung, Y. K. J. Med. Chem. 2010, 53, 6378.
- Mukai, T.; Suwada, J.; Sano, K.; Okada, M.; Yamamoto, F.; Maeda, M. Bioorg. Med. Chem. 2009, 17, 4285.