Determination of glucose metabolism

The Fluorodeoxyglucose ([18F]FDG) method

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Metabolism

Organisms capable of aerobic respiration <u>metabolize glucose</u> and <u>oxygen</u> to release <u>energy.</u>

Glucose metabolic pathway

 Glycolysis - the oxidation metabolism of glucose molecules to obtain ATP and pyruvate

Glucose Metabolism in the brain: BBB passage

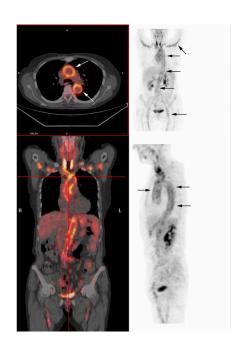
Glucose transport by specialized transporters: e.g., GLUT1, GLUT2

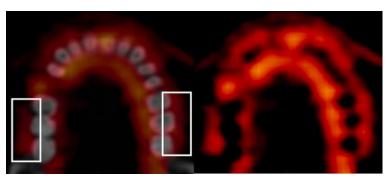
Why do we want to measure glucose metabolism?

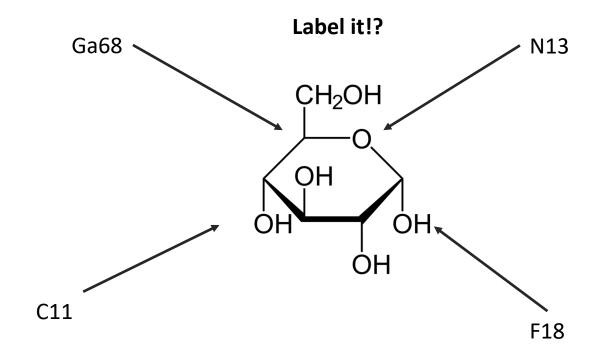
Why do we want to measure glucose metabolism?

- Tumour assessment/monitoring
- Diagnosis and monitoring of conditions with dysregulated metabolism (e.g., AD)

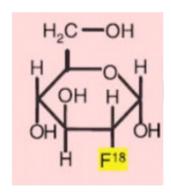
- Inflammation, e.g.
 - Cardiovascular
 - Periodontitis

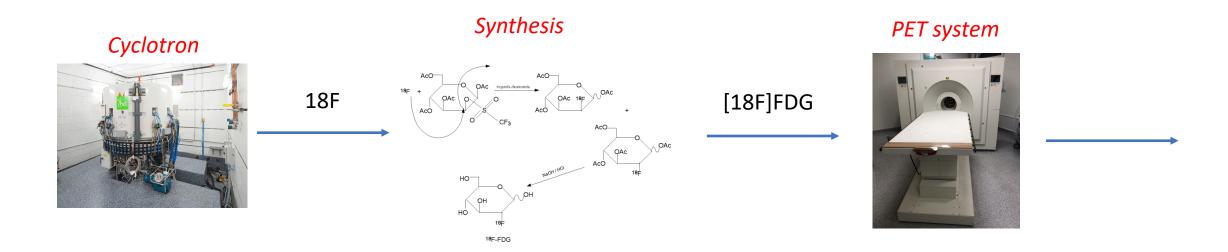


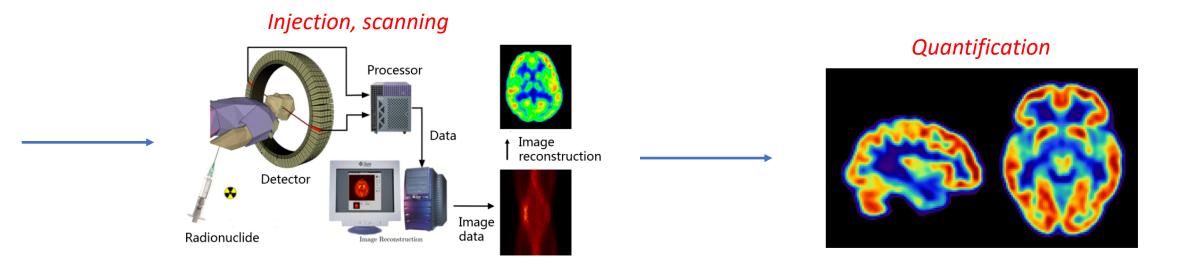




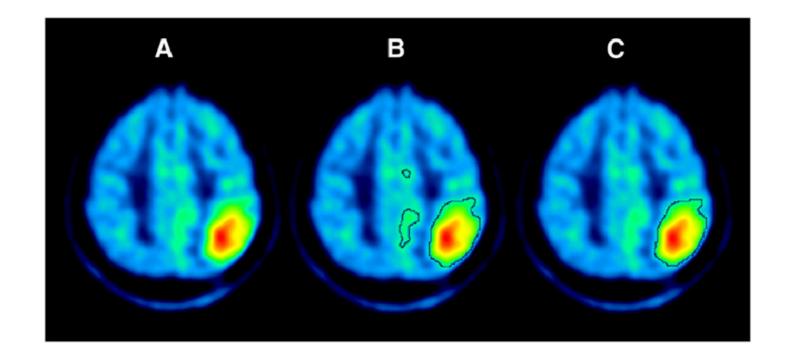
- Fluorodeoxyglucose (18F) or 2-deoxy-2-[18F]fluoro-D-glucose
- Aka [18F]FDG
- FDG is a glucose analouge







Radioactivity in region?



- Radioactivity in region?
- Standardized Uptake value?

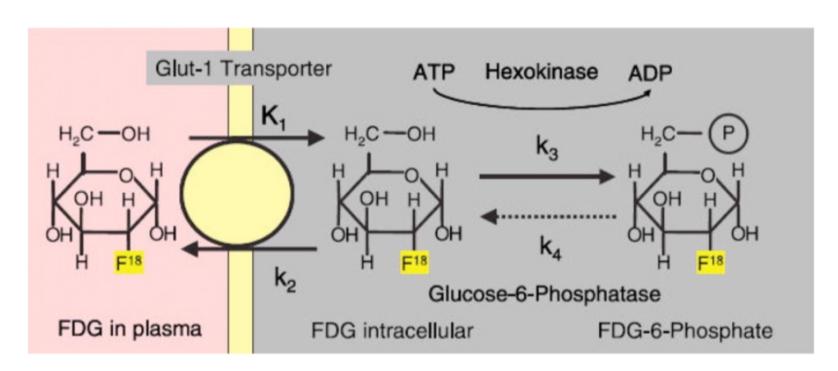
Radioactivty in region

- Radioactivity in region?
- Standardized Uptake value?

$$SUV = \frac{Radioactivty\ in\ region}{injected\ radioactivty/bodyweight}$$

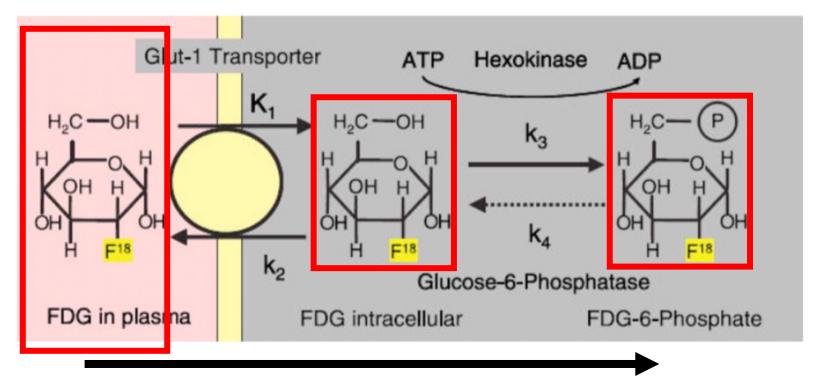
 Full quantification: directly account for how much radioligand is "presented" to the brain

- Fluorodeoxyglucose (18F) or 2-deoxy-2-[18F]fluoro-D-glucose
- Aka [18F]FDG
- FDG is a glucose analouge



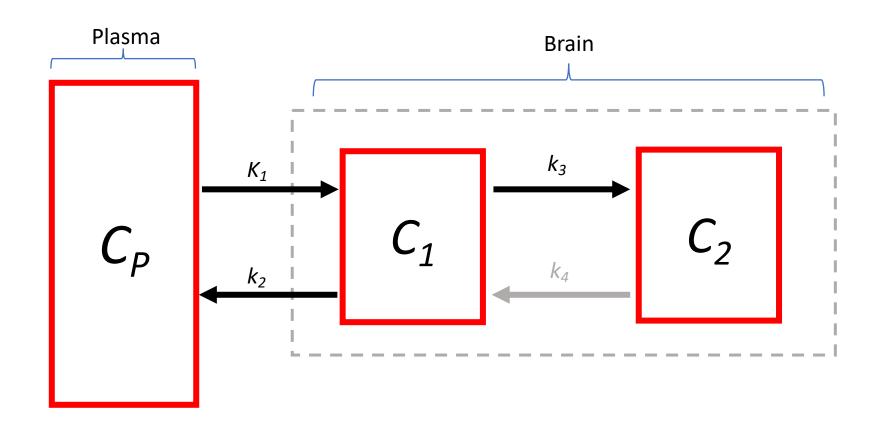
What does this look similar to?

- Two-tissue compartment model!
- Aka the "2TCM"



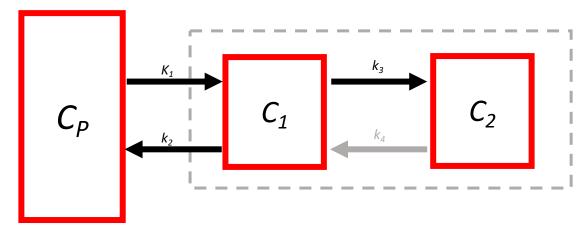
Metabolic rate for FDG (Plasma glucose * rate-constant)

Two-tissue compartment model



Two-tissue compartment model

$$PET(t) = C_1(t) + C_2(t)$$



$$\frac{dC_{1}(t)}{dt} = K_{1}C_{P}(t) - (k_{2} + k_{3})C_{1}(t)$$

$$\frac{dC_{2}(t)}{dt} = k_{3}C_{1}(t) - k_{4}C_{1}(t)$$

Reversible v.s. Irreversible radioligands

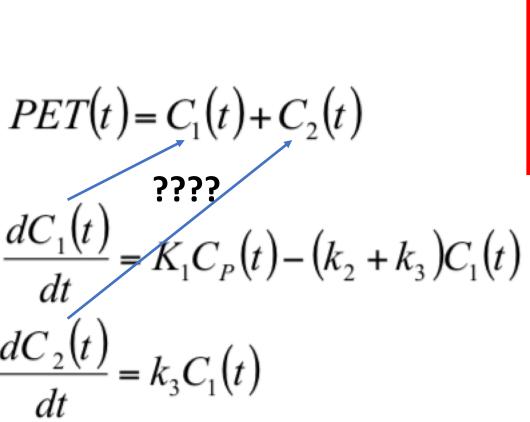
Reversible (e.g. [11C]raclopride):

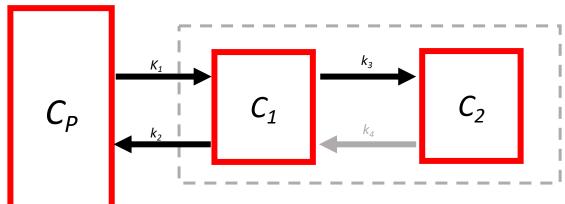
- Equilibrate rapidly enables relatively short scan durations
- Often better for suited [11C] labeled radiotracers
- May often be used with single tissue compartment models
- Linearization (Logan), equilibrium, or reference tissue methods all often easily used

Irreversible (e.g. [18F]FDG):

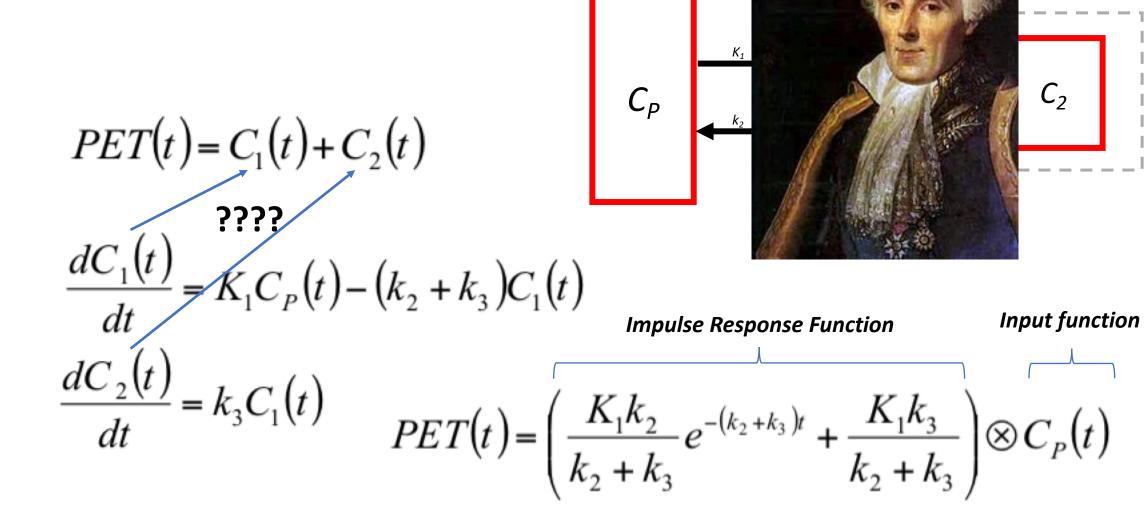
- Dissociate very slowly (k4→0): may require long scan durations
- Often better suited for [18F] labeled radiotracers
- Must be used with 2-tissue compartment models
- Sometimes linearization (Patlak) or reference tissue methods possible

Two-tissue compartment model





Two-tissue compartment model



Fitting FDG time-activity curves

 Try out different values for K1, k2 and k3 until a good fit has been obtained

$$PET(t) = \left(\frac{K_1 k_2}{k_2 + k_3} e^{-(k_2 + k_3)t} + \frac{K_1 k_3}{k_2 + k_3}\right) \otimes C_P(t)$$

Parameter of interest!

 K_{I}

What is K₁?

 Try out different values for K1, k2 and k3 until a good fit has been obtained

$$PET(t) = \left(\frac{K_1 k_2}{k_2 + k_3} e^{-(k_2 + k_3)t} + \frac{K_1 k_3}{k_2 + k_3}\right) \otimes C_P(t)$$

Parameter of interest!

 K_{l} Metabolic rate constant or "Influx rate" of FDG

$$Met FDG = C_P^{GLU} * K_I$$

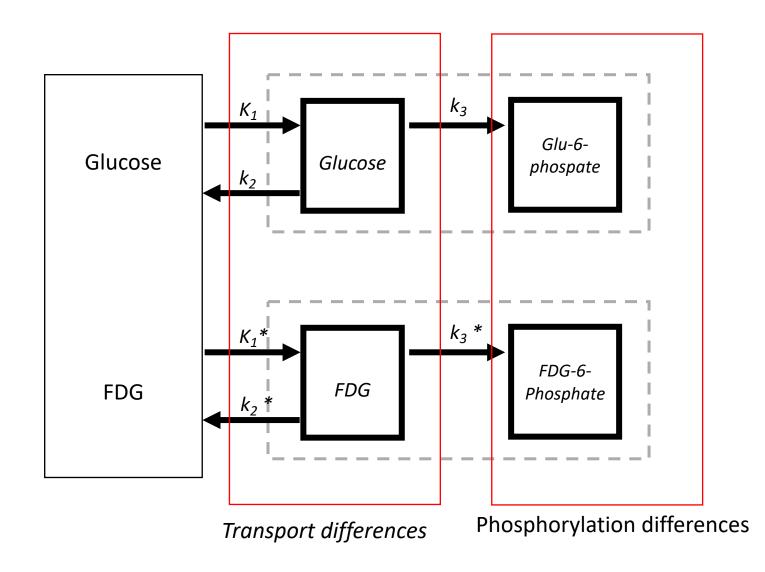
Glucose metabolism?

• We have estimated the metabolic rate of FDG

This is not the same as the metabolic rate of glucose

We need to make a few corrections...

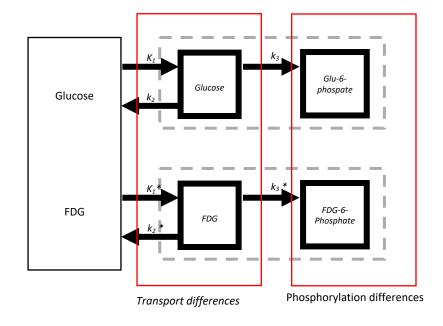
Lumping the corrections together



Glucose Metabolism

$$MR_{Glu} = \frac{C_P^{Glu}}{LC} K_I^{FDG}$$

Lumping the corrections together



$$MR_{Glu} = \frac{C_P^{Glu}}{LC} K_I^{FDG}$$

LC ≈ 0.6

In summary

- Glucose metab is a fundamental biological process in breathing organisms
- Facilitated transportation into the brain is a saturable process
- Critical for diagnosing and monitoring medical conditions
- Radiolabel and inject an glucose analogue: FDG
- Measure uptake in the organ via the PET system
- SUV or full quantification?
 - Two-tissue-compartment model: K₁
 - Met Glucose = $K_1 * C_P^{GLU} / LC$