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Disclosing the CXCR4 expression status in multiple myeloma by in vivo molecular imaging

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Chemokine receptors form a large family of G-protein coupled receptors that mediate chemotaxis of cells towards a gradient of chemokines. The chemokine receptor-4 (CXCR4) exerts its biological effect by binding its ligand CXCL12 (or Stromal-cell derived factor-1, SDF-1) which activates downstream pathways, ultimately resulting in altered cell adhesion and cell homing. Physiologically, the CXCR4/CXCL12 interaction plays a pivotal role in the recruitment and homing of hematopoietic stem/ progenitor cells and immune cells. In cancer, CXCR4 expression is associated with tumor dissemination and prognosis. Using lymphomoproliferative disorders as an exemplary CXCR4-expressing cancer entity, we here first report on the preclinical evaluation of [68Ga]Pentixafor-Positron Emission Tomography (Pentixafor-PET) as a method for CXCR4 imaging. Our analyses indicate that [68Ga]Pentixafor binds with high affinity and selectivity to human CXCR4 in vitro. Furthermore, Pentixafor-PET provides images with excellent specificity and contrast when assessed in mice xenografted with human CXCR4-positive lymphoma. Next, we analyzed in vivo CXCR4 expression in a series of fifteen patients with advanced multiple myeloma (MM) who underwent Pentixafor-PET in addition to routine CT (n=1) or FDG-PET/CT (n=14). Nine of fourteen (64%) FDG-PET scans were rated visually positive, whereas eleven of fifteen (73%) Pentixafor-PET scans revealed disease manifestations. Visual comparison of FDG and Pentixafor scans resulted in comparable findings in three (21%) patients, detection of more Pentixafor-PET-positive lesions in seven (50%) patients, detection of more FDG-PET-positive lesions in two (14%) patients, and complementary information in two (14%) patients. Importantly, application of [68Ga]Pentixafor was well tolerated and assessment of blood counts and standard CD34+ flow cytometry did not reveal significant changes associated with tracer application. In summary, our data document the first methodology for clinical in vivo PET imaging of CXCR4 ch