(19) Europäisches Patentamt
European Patent Office
Office européen des brevets

(11) EP 1 848 464 B1

(12) **EUROPEAN PATENT SPECIFICATION**

(45) Date of publication and mention of the grant of the patent:
23.04.2014 Bulletin 2014/17

(21) Application number: **06705162.3**

(22) Date of filing: **10.02.2006**

(51) Int Cl.:
A61K 49/00 *(2006.01)* ***A61K 9/127*** *(2006.01)*
A61B 8/00 *(2006.01)* ***A61B 6/00*** *(2006.01)*
A61B 5/055 *(2006.01)* ***A61K 51/00*** *(2006.01)*
A61B 5/00 *(2006.01)* ***A61K 49/04*** *(2006.01)*
A61K 49/18 *(2006.01)* ***A61K 51/12*** *(2006.01)*
A61B 8/08 *(2006.01)*

(86) International application number:
PCT/CA2006/000207

(87) International publication number:
WO 2006/084382 (17.08.2006 Gazette 2006/33)

(54) **COMPOSITIONS AND METHODS FOR MULTIMODAL IMAGING**

ZUSAMMENSETZUNGEN UND VERFAHREN ZUR MULTIMODALEN BILDGEBUNG

COMPOSITIONS ET PROCEDES D'IMAGERIE MULTIMODALE

(84) Designated Contracting States:
AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IS IT LI LT LU LV MC NL PL PT RO SE SI SK TR

(30) Priority: **11.02.2005 US 651638 P**

(43) Date of publication of application:
31.10.2007 Bulletin 2007/44

(73) Proprietor: **University Health Network**
Toronto, Ontario M5G 1L7 (CA)

(72) Inventors:
- **JAFFRAY, David**
  Etobicoke, Ontario M9A 4Z3 (CA)
- **ALLEN, Christine**
  Toronto, Ontario M4V 1B9 (CA)
- **ZHENG, Jinzi**
  Toronto, Ontario M2R 2G9 (CA)
- **REILLY, Raymond Matthew**
  Brampton, Ontario L6Y 3A3 (CA)
- **PERKINS, Gregory Jason**
  Kingston, 6 (JM)

(74) Representative: **Walton, Seán Malcolm et al**
Mewburn Ellis LLP
33 Gutter Lane
London
EC2V 8AS (GB)

(56) References cited:
CA-A1- 2 459 724

- **MULDER W. J. M.: "MR molecular imaging and fluorescence microscopy for identification of activated tumor endothelium using a bimodal lipidic nanoparticle", THE FASEB JOURNAL, vol. 19, 1 December 2005 (2005-12-01), - 1 December 2005 (2005-12-01), pages 2008-2010, XP002668269,**
- **LANZA G.M. ET AL.: 'Targeted Antiproliferative Drug Delivery to Vascular Smooth Muscle Cells With a Magnetic Resonance Imaging Nanoparticle Contrast Agent. Implications for Rational Therapy of Restenosis' CIRCULATION vol. 106, no. 22, November 2002, UNITED STATES, pages 2842 - 2847, XP002391118**
- **LANZA G.M. ET AL.: 'Molecular imaging in MR with targeted paramagnetic nanoparticles' MEDICAMUNDI vol. 47, no. 1, April 2003, THE NETHERLANDS, pages 34 - 39, XP008120694**
- **HUGHES M.S. ET AL.: 'Targeted ultrasonic contrast agents for molecular imaging and therapy: a brief review' MEDICAMUNDI vol. 47, no. 1, April 2003, THE NETHERLANDS, pages 66 - 73, XP008120795**
- **WINTER P.M. ET AL.: 'Molecular Imaging of Angiogenesis in Early-Stage Atherosclerosis With alphavbeta3-Integrin-Targeted Nanoparticles' CIRCULATION vol. 88, no. 5, November 2003, pages 2270 - 2274, XP008120796**

Printed by Jouve, 75001 PARIS (FR)

(Cont. next page)

- **RUBIN D.L. ET AL.: 'Formulation of Radiographycally Detectable Gastrointestinal Contrast Agents for Magnetic Resonance Imaging: Effects of Barium Sulfate Additive on MR Contrast Agent Effectiveness' MAGN. RESON. MED. vol. 23, 1992, UNITED STATES, pages 154 - 165, XP000250035**
- **PARR M.J. ET AL.: 'Accumulation of Liposomal Lipid and Encapsulated Doxorubicin in Murine Lewis Lung Carcinoma: The Lack of Beneficial Effects by Coating Liposomes with Poly(ethylene glycol)' J. PHARMACOL. EXPER. THER. vol. 280, no. 3, 1997, pages 1319 - 1327, XP002099000**
- **PERKINS G.J. ET AL.: 'Nanoengineered multimodal contrast agent for medical imaging guidance' MEDICAL MEETING 2005: PHYSIOLOGY, FUNCTION, AND STRUCTURE FROM MEDICAL IMAGES, EDITED BY A.A. AMINI, A.MANDUCA, PROCEEDINGS OF THE SPIE vol. 5746, 2005, UNITED STATES, pages 31 - 39, XP008120797**
- **KRISHNA R. ET AL.: "Visualization of bioavailable liposomal doxorubicin using a non-perturbing confocal imaging technique", HISTOL HISTOPATHOL, vol. 16, 1 May 2001 (2001-05-01), pages 693-699,**

Remarks:

The file contains technical information submitted after the application was filed and not included in this specification

Description

FIELD OF THE INVENTION

[0001] This invention relates to the field of medical imaging and more specifically to the use of signal modifying agents in medical imaging.

BACKGROUND OF THE INVENTION

[0002] In recent years significant effort has been devoted to the development of multimodality imaging. Since each medical imaging modality has unique strengths and limitations, it is often through the compound use of multiple modalities that the complete assessment of a patient is achieved. Interest in the area of multimodality imaging has also been prompted by the realization that such techniques offer much more sophisticated characterization of the morphology and physiology of tissues and organs, and that confidence gained in the accurate correspondence or registration of different modalities greatly enhances their value (Barillot C, Lemoine D, Le Briquer L, et al. Eur J Radiol 1993;17:22-27.). Consequently, this improved value of imaging will ultimately allow for advances in diagnosis and evaluation of disease, image-guided therapeutic interventions, and assessment of treatment outcomes. The recent integration of computed topography (CT) and positron-emission tomography (PET) systems is a good example of the advantages of the multimodal approach (Townsend DW. Mol Imaging Biol 2004;6:275-290; Townsend DW, Carney JP, Yap JT, et al. J Nucl Med 2004;45 Suppl 1:4S-14S; Townsend DW, Beyer T. Br J Radiol 2002;75 Spec No:S24-30). The CT-PET combination has revolutionized the utilization of PET and served to increase the specificity of PET-based assessment. In the context of radiation therapy, there is a need to merge CT and magnetic resonance (MR) imaging with CT employed for 3D volumetric dose calculation (Rosenman JG, Miller EP, Tracton G, et al. Int J Radiat Oncol Biol Phys 1998;40:197-205.) and MR for accurate delineation of the target and normal structures as it provides exceptional soft tissue definition. For example, accurate delineation and targeting of the prostate gland in radiation therapy of prostate cancer necessitates parallel use of CT and MR imaging (Rasch C, Barillot I, Remeijer P, et al, Int J Radiat Oncol Biol Phys 1999;43:57-66.). Furthermore, CT technology in the form of conventional and cone-beam systems is employed on a daily basis to guide the delivery of radiation therapy on treatment machines (Uematsu M, Sonderegger M, Shioda A, et al. Radiother Oncol 1999;50: 337-339; Jaffray DA, Siewerdsen JH, Wong JW, et al. Int J Radiat Oncol Biol Phys 2002;53:1337-1349.).

[0003] Clinical imaging in all modalities requires an adequate level of differential contrast relative to noise be achieved in order to identify the structures or phenomena under observation. Although imaging on CT and MR can be performed without the administration of signal modifying agents there are numerous instances in both disease diagnosis and treatment, in which procedures benefit from the improved contrast and dynamics that are added by the use of these agents (Krause W. Adv Drug Deliv Rev 1999;37: 159-173; Saeed M, Wendland MF, Higgins CB. J Magn Reson Imaging 2000;12:890-898).

[0004] To date, although a multitude of signal modifying agents are commercially available for single modality imaging, few attempts have been made to develop signal modifying agents that can be used across multiple imaging modalities (McDonald MA, Watkin BS, Watkin KL. Small Invest Radiol 2003;38:305-310; Bloem JL, Wondergem J. Radiology 1989;171:578-579; Gierda DS, Bae KT.. Radiology 1999; 210: 829-834; Quinn AD, O'Hare NJ, Wallis FJ, et al. J Comput Assist Tomogr 1994;18: 634-636; Pena CS, Kaufman JA, Geller SC, et al. J Comput Assist Tomogr 1999;23:23-24.). The lack of development in this area is likely due to challenges presented by the fact that the distinct imaging modalities have different sensitivities for different signal modifying agents (Krause W. Adv Drug Deliv Rev 1999;37: 159-173.). A simple approach for realizing a multimodal signal modifying agent for CT and MR has been to exploit commercially available extracellular gadolinium-based signal modifying agents for enhancement in both of these modalities. In this case, the properties of gadolinium that allow for use in both CT and MR include its relatively high atomic number and paramagnetic characteristics (McDonald MA, Watkin BS, Watkin KL. Small Invest Radiol 2003; 38: 305-310; Bloem JL, Wondergem J. Radiology 1989;171:578-579; Gierda DS, Bae KT.. Radiology 1999; 210: 829-834; Quinn AD, O'Hare NJ, Wallis FJ, et al. J Comput Assist Tomogr 1994;18:634-636; Pena CS, Kaufman JA, Geller SC, et al. J Comput Assist Tomogr 1999;23:23-24.). However, due to their low molecular weight, these agents only remain in the vascular system for a short period of time, exhibit rapid dynamic distribution changes in different organs and are excreted quickly. The use of these agents for cross-modality imaging would therefore require both multiple administrations and fast imaging sequences. Also, the low gadolinium payload per molecule, relative to conventional iodinated signal modifying agents, would necessitate the administration of higher doses for adequate CT enhancement which may have implications in terms of both cost and toxicity (McDonald MA, Watkin BS, Watkin KL. Small Invest Radiol 2003;38:305-310; Bloem JL, Wondergem J. Radiology 1989;171:578-579; Gierda DS, Bae KT.. Radiology 1999;210:829-834; Quinn AD, O'Hare NJ, Wallis FJ, et al. J Comput Assist Tomogr 1994;18:634-636; Pena CS, Kaufman JA, Geller SC, et al. J Comput Assist Tomogr 1999;23:23-24.). Furthermore, the short *in vivo* residence time of these agents would impose limitations on the size of the anatomic region that could be imaged optimally and would exclude them from being used in image-guidance

applications due to their inability to provide prolonged contrast enhancement for the entire course of treatment (Saeed M, Wendland MF, Higgins CB. J Magn Reson Imaging 2000;12:890-898).

[0005] A viable way to effectively deliver the required amount of contrast in each imaging modality and to prolong the presence of the agents *in vivo* is to employ carriers such as liposomes. Specifically, liposome-based systems have been evaluated for either encapsulating (Kao CY, Hoffman EA, Beck KC, et al. Acad Radiol 2003;10:475-483; Leike JU, Sachse A, Rupp K. Invest Radiol 2001;36:303-308; Leander P, Hoglund P, Borseth A, et al. Eur Radiol 2001;11:698-704; Schmiedl UP, Krause W, Leike J, et al. Acad Radiol 1999;6:164-169; Spinazzi A, Ceriati S, Pianezzola P, et al. Invest Radiol 2000;35:1-7; Petersein J, Franke B, Fouillet X, et al. Invest Radiol 1999;34:401-409; Leander P, Hoglund P, Kloster Y, et al. Acad Radiol 1998;5 Suppl 1:S6-8; discussion S28-30; Krause W, Leike J, Schuhmann-Giampieri G, et al. Acad Radiol 1996;3 Suppl 2:S235-237; Dick A, Adam G, Tacke J, et al. Invest Radiol 1996;31:194-203; Revel D, Corot C, Carrillon Y, et al. Invest Radiol 1990;25 Suppl 1:S95-97; Musu C, Felder E, Lamy B, et al. Invest Radiol 1988;23 Suppl 1:S126-129; Zalutsky MR, Noska MA, Seltzer SE.. Invest Radiol 1987;22:141-147; Seltzer SE, Shulkin PM, Adams DF, et al. AJR Am J Roentgenol 1984;143:575-579; Jendrasiak GL, Frey GD, Heim RC, Jr. Invest Radiol 1985;20:995-1002; Torchilin VP. Curr Pharm Biotechnol 2000;1:183-215; Schneider T, Sachse A, Robling G, Brandl M. Int J Pharm 1995;117:1-12; Pauser S, Reszka R, Wagner S, et al. Anticancer Drug Des 1997;12:125-135.) or chelating (Weissig W, Babich J, Torchilin W. Colloids Surf B Biointerfaces 2000;18:293-299; Misselwitz B, Sachse A. Acta Radiol Suppl 1997;412:51-55; Unger E, Needleman P, Cullis P, et al. Invest Radiol 1988;23:928-932; Kabalka G, Buonocore E, Hubner K, et al. Radiology 1987;163:255-258; Grant CW, Karlik S, Florio E. Magn Reson Med 1989;11:236-243) single CT or MR signal modifying agents. Most of these liposome-based signal modifying agents have been explored for blood pool imaging due to the long *in vivo* circulation lifetimes that may be achieved for these carriers. Yet, liposomes have also been identified as suitable carriers for the delivery of agents to the lymphatic system since they have been shown to avoid aggregation at the site of injection and localize in lymph nodes (Nishioka Y, Yoshino H. Adv Drug Deliv Rev. 2001;47:55-64; Moghimi SM, Rajabi-Siahboomi AR. Prog Biphys Molec Biol. 1996;65:221-249; Oussoren C, Storm G. Adv Drug Deliv Rev 2001;50:143-156). The potential use of liposome-based signal modifying agents for lymphatic imaging is worth noting as it is well-known that the lymph nodes are the primary site for the metastases of many cancers (Swartz MA. Adv Drug Deliv Rev. 2001;50:3-20; Swartz MA, Skobe M. Microsc Res Tech 2001;55:92-99.). Until recently, there were no available non-invasive methods for distinguishing between lymph nodes enlarged due to the presence of metastatic cancer cells and nodes enlarged due to inflammation, or for identifying cancerous nodes of normal size. With the advent of Combidex® (Advanced Magnetics, Inc. USA), lymph nodes can now be enhanced in MR, and metastatic nodes can be differentiated from normal or inflamed nodes based on morphology and changes in signal intensity between scans performed before and after signal modifying agent injection (Xiang Y, Wang J, Hussain SM, Krestin GP. Eur Radiol. 2001;11:2319-2331).

[0006] LANZA G.M. ET AL.:,CIRCULATION, vol. 106, no. 22, November 2002, discloses a composition comprising a liposome encapsulating the MRI contrast agent gadolinium diethylene-triamine-pantaacetic acid-bis-oleate (Gd-DTPA-BOA), perfluorooctylbromide and the anticancer drugs doxorubicin and paclitaxel

SUIIAMARY OF THE INVENTION

[0007] The disclosure provides signal modifying compositions for medical imaging comprising a carrier and signal modifying agents specific for two or more imaging modalities. The compositions are characterized by retention efficiency, with respect of the signal modifying agents, that enables prolonged contrast imaging without depletion of the signal modifying agent from the carrier. The carriers of the present invention are lipid based the physico-chemical properties of which can be modified to entrap or chelate different signal modifying agents and mixtures thereof and to target specific organs or tumors within a mammal.

[0008] The co-localization of imaging modalities specific signal modifying agents in a carrier advantageously enables the registration of images obtained from different imaging modalities. The registration can be exploited to refine diagnosis, design of therapeutic regimen, follow the progress of therapy such as radiation therapy and optimize contrast enhancement.

[0009] Thus, in one aspect, there is provided an image signal modifier composition for imaging of a biological tissue as set out in claim 1. The composition comprising: two or more signal modifying agents, each of the agent being specific for at least one imaging modality; and a carrier comprising the two or more signal modifying agents and wherein the carrier is capable of retaining a sufficient amount of the agents for a time sufficient to acquire imaging data using the composition.

[0010] The signal modifying agents are specific for imaging modalities selected from magnetic resonance imaging (MRI), X-ray, positron emission tomography (PET), computed tomography (CT), single-photon emission computed tomography (SPECT) and optical imaging.

[0011] The carrier is a liposome.

[0012] In an embodiment of the invention the composition can be targeted to a desired location within a subject or

within a tissue. This can be achieved through control of the carrier physico-chemical properties or by inserting one or more recognition molecules such as antibodies, receptors/ligands, carbohydrates, proteins and peptide fragments.

[0013] In another embodiment the may comprise a therapeutic agent such as anticancer, antimicrobial, antifungal and antiviral agents.

[0014] A method for imaging one or more region of interest in a mammal may comprise: administering to the mammal a signal modifier composition waiting for a time sufficient for the composition to reach the region of interest; and obtaining an image of the one or more region of interest.

[0015] A method for registering images obtained from two or more imaging modalities may comprise: administering to a mammal a signal modifier composition, each agent being specific for at least one of the at least two or more imaging modalities; obtaining an image of one or more region of interest in the mammal using each of the at least two or more imaging modalities; and comparing the images obtained in b) to derive complementary information from the one or more region of interest.

[0016] In the present description by signal modifier or signal modifying it is meant that the signal obtained with a particular imaging modality is modified by a signal enhancing agent (contrast agent).

[0017] By biological tissue or tissue it is meant any part of an animal, such as a mammal, including but not limited to organs, vessels, blood, breast tissue, muscular tissue, bones and the like.

[0018] By retaining or retention efficiency it is meant the capacity of a carrier to prevent leakage of a signal modifier agent out of the carrier.

[0019] By targeting it is meant the preferential accumulation of the compositions of the present invention in a given organ or anatomical structure or tissue, including cell populations. By active targeting it is meant that a target binding molecule, specific for a molecule in the target, is incorporated in (or associated with) the composition. Examples comprise antibodies and receptor/ligand pairs. Passive targeting refers to preferential distribution of the composition due to its physico-chemical properties.

BRIEF DESCRIPTION OF THE DRAWINGS

[0020] Further features and advantages of the present invention will become apparent from the following detailed description, taken in combination with the appended drawings, in which:

Figure 1 is a schematic representation of the liposome-based signal modifying agent system;

Figure 2 is a transmission electron micrograph of the negatively stained dual-agent containing liposomes at (a) 40000 magnification and (b) 80000 magnification;

Figure 3 is an *in vitro* release profile for Iohexol and Gadoteridol from DPPC/cholesterol/DSPE-PEG (55/40/5 mol %) liposomes dialyzed under sink conditions (250-fold volume excess) against HBS (a) at 4°C (n=3) and (b) at 37°C (n=4);

Figure 4 is a plot of the size of the dual agent-containing liposomes during dialysis under sink conditions (250-fold volume excess) against HBS at 37°C (n=3);

Figure 5 is an image showing *in vitro* imaging efficacy of the liposome-based signal modifying agent system (a) in CT (2.5mm slice thickness, 120kV, 300mA and 15.2 cm FOV) and (b) in MRI (450ms TR, 9ms TE, 3mm slice thickness, 19.9cm FOV and 256 x 192 image carrier)

	[iodine] (mg/mL)	[gadolinium] (mg/mL)
A	16.98	3.55
B	8.49	1.77
C	1.70	0.35
D	0.17	0.04
E	0.07	0.02

Figure 6 (a) CT (2.5mm slice thickness, 120kV, 300mA and 15.2 cm FOV) attenuation in HU as a function of signal modifying agent concentration in mmol/L; although gadolinium has CT attenuation properties, iodine provides more effective CT enhancement. (b) Differential signal intensity (with respect to water) in MRI (400ms TR, 9ms TE, 3mm slice thickness, 19.9 cm FOV and 256 x 192 image carrier) as a function of increasing gadolinium and iodine concentrations; symbols represent liposome encapsulated agents (■), free Iohexol and Gadoteridol (▲), free Gadoteridol (●) and free Iohexol (▼);

Figure 7 (a) 1/T1 relaxation rate and (b) 1/T2 relaxation rate as a function of gadolinium (Gd) and iodine (I) concentration obtained at 20°C with a 1.5T, 20-cm-bore superconducting magnet controlled by an SMIS spectroscopy console; Encapsulation of Gadoteridol greatly reduces both the r_1 and r_2 of the gadolinium atoms;

	r_1 ($s^{-1}mmol^{-1}L$)	r^2 ($s^{-1}mmol^{-1}$ L)
(■) Free Gadoteridol	5.14 ± 0.06	6.21 ± 0.08
(●) Free Gadoteridol and Iohexol (1:29 mole ratio of Gd to I)	6.38 ± 0.16	7.83±0.20
(▲) Free Iohexol (x-axis = [I] in mmol/L)	0.00 ± 0.00	0.01 ± 0.01
(▼) Liposome encapsulated agents	1.23 ± 0.02	1.46 ± 0.02

Figure 8 is a liver cross-section images from a rabbit, before and after injection of signal modifying agent, in CT and MR;
Figure 9 is a confocal microscopy image of a liposome formulation containing DPPC/Cholesterol/DSPEPEG/DPPE-NDB 1 (54.5/40/5/0.5 mole ratios) encapsulating iohexol and gadoteridol; 1,2-dipalmitoyl-sn-glycero-3-phosphoethanolamine-N-(7-nitro-2-1,3-benzoxadiaxol- 4-yl), the excitation wavelength is 460 nm and the emission wavelength is 534 nm; this liposome formulation is suitable for CT, MR and optical imaging;.
Figure 10 is a graphic of a relative signal enhancement of blood (aorta), liver (parenchyma) and kidney (medulla and cortex) up to 200 minutes following intravenous administration of the liposome-based signal modifying agent in (a) CT and (b) MR;
Figure 11 is (a) CT and MR liver cross section scans of a 2.1 kg white New Zealand rabbit obtained before (0 min.) and after (10, 30, 90 and 200 minutes) signal modifying agent injection. Note the visual contrast enhancement obtained in the aorta, the hepatic vessels, and the liver parenchyma up to 3 hours and 20 minutes in both imaging modalities. (b) CT and MR cross section scans of the left kidney obtained before (0 min.) and after (10, 60, 120 and 200 minutes) signal modifying agent injection. Note the visual contrast enhancement obtained in the kidney. The same window level was used for pre-and post-injection images;
Figure 12 are 3D maximum intensity projection images (anterior view) of the rabbit in CT (120 kV, 200 mA) and MR (3D FSPGR, TR/TE=9.8/4.3) before the injection of the contrast agent modified liposomes (0 minutes) and 48 hours and 168 hours post-injection (300 mg/kg of iodine and 16 mg/kg of gadolinium encapsulated in liposomes), the parallel visual enhancement seen in both CT and MR obtained in the major blood vessels, liver, spleen and intestines represents the liposome distribution over a 7-day period, the spine and part of the ribs of the rabbit have been masked in the CT image set for better soft tissue visualization;
Figure 13 is a graphic of the percentage of the total injected CT (iohexol, detected with HPLC at 245 nm wavelength) or MR agent (gadoteridol, detected with ICP-AES) remaining in mouse plasma (female Balb-C, 18-23g, one mouse per time point) and rabbit plasma (female New Zealand White, 2 kg, same rabbit used for all time points) at specific time points following administration, the ratio of iodine to gadolinium is 13.9 ± 3.0 in mice and 11.9 ± 0.5 in the rabbit at all time points;
Figure 14 is a liposome distribution estimated from the percentage of the injected gadolinium encapsulated in liposomes per gram of tissue (kidney, liver, spleen, heart and lung) over a 8-day period in female Balb-C mice; and
Figure 15 are relative signal differences measured in the rabbit aorta using CT and MR correlate linearly (R^2=0.9) with the iodine and gadoteridol concentrations detected in the rabbit plasma using HPLC and ICP-AES assays, respectively, the relative HU (ΔHU_{rel}) was calculated as a function of the HU value found at the same anatomic location prior to the injection of the liposome sample (ΔHU_0) as described in equation (1), similarly, the relative MR signal intensity (ΔSI_{rel}) was calculated as a function of the pre-injection signal intensity value (ΔSI_0) as described in equation (2).

$$\Delta HU_{rel} = \frac{(\Delta HU_{rel} - \Delta HU_0)}{\Delta HU_0} \qquad (1)$$

$$\Delta SI_{rel} = \frac{(\Delta SI_{rel} - \Delta SI_0)}{\Delta SI_0}$$

DETAILED DESCRIPTION OF THE INVENTION

[0021] A novel approach is provided, in which image signal modifier compositions are designed to provide long-lasting image signals for accurate spatial registration over the course of therapy or diagnosis and between imaging-modalities used in the design and guidance of the therapy. Such a composition provides a unique platform for accurate design, image-guided delivery, and assessment of therapy.

[0022] Thus, there is provided compositions and methods for signal modification such as contrast enhancement in imaging modalities. Multimodal signal modifier compositions comprise at least two signal modifying agents and a carrier, each signal modifying agent being specific for at least one imaging modality. The combination of the signal modifying agents enables the co-localization, within specific anatomical structures as part of biological tissues (organs, tumors) of mammals (including humans), of the signal modifying agents which, in turn, allows acquisition of the images obtained by two (or more) imaging modalities and also allows for registration of the images. Such compositions may be used for imaging various organs and tissues as well as any tubule and vessel system in the body (i.e. blood vessels, hepatic vessels, renal vessels, and the lymphatics).

[0023] The multimodal signal modifier compositions may be used with imaging modalities that are based on magnetic resonance, X-ray, optical, positron-emission, single-photon emission, provided that the signal modifying agents possess the required signal modifying properties as would be known to a person skilled in the art. For example in the case of magnetic resonance imaging (MRI) the signal modifying agent should possess magnetic properties (high relaxivity) capable of modifying the relaxation time of bulk water molecules. As another example, signal modifying agents for X-ray imaging should exhibit bulk attenuation characteristics. Signal modifying agents can possess properties that render them suitable for signal modification of more than one imaging modality. A carrier may comprise any combination of signal modifying agent. Non-limiting examples include: signal modifying agents for MRI/X-ray, MRI/optical, MRI/X-ray/optical, optical/PET, MRI/CT/optical, etc.

[0024] Signal modifying agents specific for each imaging modalities (CT, MRI radionuclide, optical) are well known in the art. Non-limiting examples of signal modifying agents include gadolinium, manganese and iron based agents (MRI), iodine based agent (CT), alpha, beta and positron emitting radiotracers (autoradiography, PET and SPECT), fluorophores (optical), and perfluorocarbons.

[0025] The multimodal signal modifier compositions of the present invention comprise a carrier having physico-chemical properties compatible with the retention of the signal modifying agents. Retention of the signal modifying agent molecules is desirable to prevent dispersion of the agent within the body and to prevent the depletion of the signal modifying agents from the carrier, which would reduce the signal intensity. Thus, effective retention results in prolonged *in vivo* contrast enhancement thereby avoiding the need for multiple administration over the course of image acquisition and allowing registration of images obtained over a period of time. In a preferred embodiment the carrier can retain between about 10 and 100% of the signal modifying agent over the course of imaging. In a more preferred embodiment this retention is of the order of about 80 to 100% and in an even more preferred embodiment the retention is above 90%. Thus the carrier should be sufficiently stable with respect to agents' retention so as to allow sufficient time for the composition to reach a region of interest an enable acquisition of imaging data. Furthermore the carrier should also remain in the tissue of interest for a time sufficient to allow acquisition of imaging data over a desired period of time. This period of time may depend on the information that is required, the nature of therapeutic regimens being applied, the progression of a disease and the like. The period of time may extend from a few minutes to several days.

[0026] The carrier is used to entrap (encapsulate) the signal modifying agents and consists of liposomes.

[0027] Lipid micelles have small diameters: 8nm-50nm and are made of a single lipid layer and are therefore suitable for encapsulating hydrophobic signal modifying agents, such as Perfluorooctyl bromide (perflubron).

[0028] The composition of the carrier may be adjusted as required in order to optimize the loading capacity, release kinetic profiles for each agent, and the stability of the overall system. For example, for a lipid-based carrier such as liposome, it is well known that the membrane fluidity may affect the permeability of certain compounds. The molecular characteristics of the membrane that are known to affect fluidity include, but are not limited to, lipid saturation, fatty acid chain length, charge of the polar head of the lipids, cholesterol content. It will be appreciated that encapsulation of the signal modifying agents should not substantially affect their signal modifying (for example contrast enhancing) properties. In this respect, the composition of the carrier preferably minimizes the leakage of the encapsulated agents and optimizes the contrast enhancement abilities of the encapsulated agents. For example, bulk water accessibility to signal modifying agents should be considered when designing a carrier composition for MRI. It will also be appreciated that the signal modifying agents may be chosen to be compatible with a given carrier composition. For example, while a signal modifying agent may be prone to leak out of a liposome having a given lipid composition, a different signal modifying agent may be less so for the same lipid composition.

[0029] In a preferred embodiment the lipid composition of the lipid based carrier comprises a neutral lipid, cholesterol and polyethylene glycol (PEG_{2000})-phosphatidylethanolamine (PE).

[0030] A second approach to couple the signal modifying agent(s) to the carrier involves chelation or covalent linking of at least one of the signal modifying agents to the outer surface of the carrier (a liposome). This approach can, for example, increase the access to bulk water thereby enhancing the efficiency of MR signal modifying agents. This strategy also maximizes the entire internal aqueous volume of the carrier as cargo space for the other or several other signal modifying agents. For example, radionuclides can be chelated on derivatized lipids. Hydrophilic agents can be chelated (see below) onto their outer surface along with Poly-ethylene glycol (PEG) groups. Chelators may comprise EDTA, DTPA, TETA, HYNIC and other structurally related analogues. It will be appreciated that coupling of signal modifying

agents may comprise high affinity linker molecules such as avidin-biotin. The signal modifying agent may also be covalently linked to the carrier. For example fluorophore can be thus linked to lipid molecules that can in turn be incorporated in a lipid carrier.

[0031] The encapsulation (or chelation) of small molecular weight signal modifying agents into a macromolecule carrier (i.e. liposome) significantly reduces their *in vivo* volume distribution, prolongs their *in vivo* circulation time and increases their ability to accumulate in specific locations within the body such as in tumors. It will be appreciated that accumulation may take place through passive or active targeting mechanisms. With respect to active targeting mechanisms, techniques such as antibody coating or attachment of specific cellular receptors/ligands (such as Epidermal Growth Factor, EGF and its receptor, EGFR) onto the surface of the carrier or in association with polymeric matrices may be used as would be known to those skilled in the art. Non-limiting examples also include small molecules (Saul JM, Annapragada A, Natarajan JV, et al. J Control Release 2003;92:49-67; Lee RJ, Low PS. Biochim Biophys Acta 1995;1233:134-144; Lee RJ, Low PS. J Biol Chem 1994;269:3198-3204.), sugar (carbohydrates) molecules (Spanjer HH, Scherphof GL. Biochim Biophys Acta 1983;734:40-47; Spanjer HH, Morselt H, Scherphof GL. Biochim Biophys Acta 1984;774:49-55; Banerjee G, Nandi G, Mahato SB, et al. J Antimicrob Chemother 1996;38:145-150; Luciani A, Olivier JC, Clement O, et al. Radiology 2004;231:135-142.), serum proteins (Afzelius P, Demant EJ, Hansen GH, et al. Biochim Biophys Acta 1989;979:231-238; Brown PM, Silvius JR. Biochim Biophys Acta 1990;1023:341-351; Lundberg B, Hong K, Papahadjopoulos D. Biochim Biophys Acta 1993;1149:305-312.) and antibodies (Heath TD, Montgomery JA, Piper JR, et al. Proc Natl Acad Sci U S A 1983;80:1377-1381; Debs RJ, Heath TD, Papahadjopoulos D. Biochim Biophys Acta 1987;901:183-190; Matthay KK, Abai AM, Cobb S, et al. Cancer Res 1989;49:4879-4886; Maruyama K, Holmberg E, Kennel SJ, et al. J Pharm Sci 1990;79:978-984; Allen TM, Ahmad I, Lopes de Menezes DE, et al.Biochem Soc Trans 1995;23:1073-1079) or antibody fragments (Kirpotin D, Park JW, Hong K, et al. Biochemistry 1997;36:66-75; Park JW, Hong K, Carter P, et al.. Proc Natl Acad Sci U S A 1995;92:1327-1331.). Consequently, nonspecific toxicity can be greatly reduced (i.e. renal-toxicity often associated with iodine-based signal modifying agents) and specific imaging efficacy increased.

[0032] It will be appreciated that active targeting can be tested for example by injecting a signal modifier composition comprising a target binding molecule for which the target is known and measuring the amount of the composition reaching the target. The target may be an extrinsic target, that is to say, the target can be incorporated in an animal at a predetermined location such as a tumor expressing a particular receptor for which the ligand is known and introduced in the composition.

[0033] The *in vivo* behavior of carrier such as distribution and clearance kinetics is highly dependent on the their size, composition, surface characteristics and route of administration. The size distribution of the carrier used in the present invention is between 30 and 1000 nm, preferably between 30 and 500 nm and most preferably between 50 and 150 nm.

[0034] Preferably the composition of the present invention will remain in circulation or in an organ for an extended period of time. Preferably the composition will remain for several hours and more preferably for several days.

[0035] It will be appreciated that the signal modifying agents may be separately encapsulated in or associated with carriers of the same sizes, membrane compositions and surface characteristics, conferring similar pharmacokinetic properties enabling the co-localization within tissues. However, the carriers may also differ in their properties and their pharmacokinetics properties may therefore be different. Insofar as the differences in the pharmacokinetics are known or measured, they may be exploited for differential localization within regions of interests in the body.

[0036] It will be appreciated that the carriers of the invention may comprise polymer-based material.

[0037] The contrast enhancing compositions of the present invention may also comprise therapeutic agents for delivery in organs/tissues/cells targeted by the carriers. The combination of the signal modifying agents and therapeutic agents advantageously allows the monitoring of the in-vivo distribution of therapeutic agent at least at the stage of agent delivery and the biological effects of the therapeutic agent (such as tumor shrinkage, etc.). Examples of therapeutic agents include anticancer drugs such as anthracyclines (i.e. doxorubicin, daunorubicin), vinca alkaloids (i.e. vincristine, navelbine) and other drugs such as 5-FU, ara-C, camptothecin analogues (i.e. lurtotecan, topotecan), platinum-based compounds (i.e. cisplatin, carboplatin), anti-fungal agents such as amphotericin B, antibacterial agents such as antibiotics (minocycline, doxycycline and the like), anti-viral agents and other therapeutic agents as would be know to those skilled in the art.

[0038] A method for imaging biological tissue may use the image signal modifier composition of the invention. The image signal modifier composition is administered to a subject and one or more images can be obtained with one or more imaging modality for which the composition provides signal modification such as contrast enhancement. It will be appreciated that a time sufficient to allow distribution of the signal modifier composition within the subject may be allowed prior to acquisition of the image.

[0039] The kinetics of distribution of the composition may depend on several factors such as the nature of the composition itself, the mode of injection and the like. Determination of the kinetics can be achieved, for example, by acquiring images at different times after administration of the composition.

[0040] The properties of the signal modifying agents can also influence the duration of the signal modification. Thus

it will be appreciated that the stability of the signal modifying agent may influence the quality of the image as well as the available window of time to acquire imaging data. The half-life of radionuclides and lifetime of fluorophores are examples of stability characteristics that should be taken in consideration. It will be further appreciated that the optimal concentration of the signal modifying agents within the carrier depends on the type of imaging being performed, the region of interest being imaged, the duration of the imaging protocol, the stability of the agent, the characteristics of the agents such as specific activity, quantum efficiency and any other factor as would be known to the person skilled in the art.

[0041] Image acquisition using the signal modifier composition of the invention may be used for the detection of abnormalities within biological tissues. By abnormalities it is meant anatomical structures not normally present in a tissue such a tumors for example.

[0042] A method for the registration of images obtained by two or more imaging modalities may use the composition of the present invention. A multimodal signal modifier composition advantageously co-localize the signal modifying agents thereby enabling the correlation of images obtained using two or more imaging modalities. Medical images can be divided in two types. Structural (anatomical) images and functional images. Functional and molecular imaging using single photon emission computed tomography (SPECT), positron emission tomography (PET) and optical imaging is extremely valuable in the diagnosis of various disorders. The method for the registration of images according to the present invention allows the correlation between structural (anatomical), functional and molecular images or a combination thereof thereby providing complementary information of a region of interest.

[0043] Furthermore, the long *in vivo* residence time of the compositions of the present invention allows for multiple scans to be obtained from one or more imaging modalities following a single injection. This in turn enables the direct correlation of the signals obtained in distinct imaging modalities and allow for correct correspondence between different regions in the image. Thus multimodal signal modifying compositions may also assist in the development of novel image registration techniques, such as biomechanical based registration, which can take advantage of the clear definition of organ boundaries and substructures enhanced in each modality. In addition to improving the performance of image registration techniques, this signal modifying agent may also enhance the ability to identify naturally occurring fiducial points (i.e. vessel bifurcations) used to verify the accuracy of registration techniques.

[0044] Multimodal image registration and fusion are valuable tools for both diagnosis and treatment planning because the combination of information from multiple sources can be applied to enhance conspicuity of reievant data with respect to irrelevant information. Thus, image acquisition and registration can contribute to the design, implementation and assessment of therapeutic regimens. For example, knowledge acquired from the spatio-temporal distribution of a therapeutic compound included in the carrier can be exploited to determine appropriate doses, frequency of administration, mode of administration. In particular the composition and method of the invention can be useful to establish therapeutic regimens for, cancer treatment, surgery, cell therapy, gene therapy or hyperthermia. For example, combination of MRI and CT images may advantageously be used for establishing radiation therapy protocols. The progress of the therapy may also be followed by acquiring images using more than one imaging modality over a given time period during and after the therapy.

[0045] The composition of the present invention can also be used as a fiducial marker. A fiducial marker is defined as a point or structure of reference (static or not). The composition of the invention is able to act as a moving structure of reference for multiple detectors (i.e. CT, MR, optical etc.) with a limited lifetime (hours). The advantage of using our agent as a multimodal fiducial marker for short-term applications is that it is much less invasive (and less painful) than implanting fiducial markers of any size. In addition, repeated injections of the agent could allow for use as a long-term fiducial marker.

[0046] Through size and composition variations (i.e. mixture of known ratios of one or more carrier of different sizes), differential in vivo circulation, accumulation and clearance kinetics can be achieved in order to tailor the agent for different imaging applications at the same time and/or at different times. In this respect, the pharmacokinetics of a particular composition may be adjusted so as to target organs/tissues/cells or tumors that require contrast enhancement. If necessary several different contrast enhancement compositions each having different pharmacokinetic properties can be used to optimize contrast enhancement of one or more desired regions of interest in a modality specific manner.

[0047] The composition of the invention is preferably administered to a subject using a pharmaceutical acceptable diluent compatible with the preservation of the physico-chemical properties of the composition such as saline solutions. The mode of administration may comprise intravenous, peritoneal, sub-cutaneous, intra muscular or other modes as would be known to the skilled in the art.

[0048] The composition of the invention may be provided in kits comprising the carrier formulation and signal modifying agents such as to provide a multi-modal image signal modifier composition. The kits may also comprise a pharmaceutically acceptable diluent and therapeutic agents.

Example 1

[0049] Radionuclide imaging in accordance with the method and composition described above may involve incorpo-

ration of derivatized lipids that can chelate the radiometals ^{99m}Tc and ^{111}In for SPECT imaging and ^{64}Cu for PET. These radionuclides are readily available from a generator system (^{99}Mo/^{99m}Tc; Bristol-Myers-Squibb) or can be purchased from MDS-Nordion Inc. (^{111}In and ^{64}Cu). PE lipid can be derivatized at the headgroup with HYNIC for labeling with ^{99m}Tc; DTPA for labeling with ^{111}In; or with TETA for labeling with ^{64}Cu. These bifunctional chelators are all commercially available from Macrocyclics Inc. Unilamellar liposomes can be prepared using established methods based on high-pressure extrusion and sonication. The labeled liposomes can be formed from the newly synthesized chelator-modified PE and the mixture of lipids originally employed in the liposome formulation. Following preparation, liposomes containing the chelator-modified PE lipid can be incubated with ^{99m}Tc, ^{111}In, ^{64}Cu or combination thereof in an appropriate labeling buffer for 30 minutes, then the unbound radioactivity can be removed by size-exclusion chromatography.

Example 2

Methods and Materials

Materials

[0050] The components of liposomes: 1,2-Dipalmitoyl-sn-Glycero-3-Phosphocholine (DPPC, M.W. 734), Cholesterol (CH, M.W. 387) and 1,2-Distearoyl-sn-Glycero-3-Phosphoethanolamine-N-[Poly(ethylene glycol)2000] (PEG_{2000}DSPE, M.W. 2774) were purchased from Northern Lipids Inc. (Vancouver, British Columbia, Canada). The CT signal modifying agent, Omnipaque® was obtained from Nycomed Imaging AS, Oslo, Norway. Omnipaque® (300 mg/mL of Iodine) contains iohexol (M.W. 821.14), an iodinated, water-soluble, non-ionic monomeric contrast medium. The MR signal modifying agent used was ProHance® from Bracco Diagnostics Inc. (Princeton, NJ, USA). ProHance® (78.6 mg/mL of gadolinium) contains gadoteridol (M.W. 558.7), a non-ionic gadolinium complex of 10-(2-hydroxy-propyl)-1,4,7,10-tetraazacyclododecane-1,4,7-triacetic acid.

Preparation of liposome formulations

[0051] Lipid mixtures (200 mmol/L) of DPPC, cholesterol and PEG_{2000}DSPE in 55:40:5 percent mole ratios were dissolved in ethanol at 70°C. The lipid-ethanol solution was then hydrated at 70°C with Omnipaque® and Prohance®. The initial ethanol content was 10 %vol. The resulting multilamellar vesicles were then extruded at 70°C with a 10 mL Lipex™ Extruder (Northern Lipids Inc., Vancouver, British Columbia, Canada). Specifically, the samples were first extruded 5 times with two stacked polycarbonate membranes of 0.2 μm pore size (Nucleopore® Track-Etch Membrane, Whatman Inc., Clifton, NJ, USA) and subsequently 5 times with two stacked polycarbonate membranes of 0.08 μm pore size.

Physico-chemical characterization liposome formulations

Liposome size and morphology

[0052] The size of liposomes was measured by dynamic light scattering (DLS) at 25°C using a DynaPro DLS (Protein Solutions, Charlottesville, VA, USA). Liposome morphology was studied by transmission electron microscopy (TEM) with a Hitachi 7000 microscope operating at an acceleration voltage of 80 kV. The liposome sample was first diluted in distilled water and then mixed with phosphotungstic acid (PTA) in a 1:1 volume ratio. The sample solutions were then deposited onto negatively charged copper grids that had been pre-coated with carbon.

Evaluation of loading efficiency, in vitro stability and in vitro release kinetics

[0053] Following liposome preparation (the average molecular weight of each liposome was estimated to be $5x10^8$ g/mol) the unencapsulated agent was removed by membrane dialysis. Specifically, 1 mL of the liposome sample was placed in an 8000 molecular weight cut-off (MWCO) dialysis bag suspended in 250 mL of HEPES buffer saline (HBS) and left to stir for 8 hours. The liposomes were then ruptured using a 10-fold volume excess of ethanol in order to measure the concentration of encapsulated agents. The iodine concentration was determined using a UV assay with detection at a wavelength of 245 nm (Heλios γ, Spectronic Unicam, MA, USA). The gadolinium concentration was determined using an assay based on inductively coupled plasma atomic emission spectrometry (ICP-AES Optima 3000DV, Perkin Elmer, MA, USA). The encapsulation efficiency of the agents was calculated using the following equation:

$$\%\ \text{encapsulation efficiency} = \frac{\text{amount of agent encapsulated}}{\text{amount of agent added during preparation}} \cdot 100$$

[0054] The *in vitro* release kinetic profile for both agents was assessed by the dialysis method (Liu J, Xiao Y, Allen C. J Pharm Sci 2004;93:132-143.). In short, 1 mL of the liposome sample was placed in a dialysis bag (MWCO 8000) suspended in 250 mL of HBS and incubated at 4°C or 37°C. At specific time points, 5 mL of the dialysate was removed for measurement of the iodine and gadolinium concentrations and 5 mL of fresh HBS was added in order to maintain constant volume. The stability of the liposomes was assessed by measuring the size of liposomes at specific time points during the incubation period.

In vitro CT and MR imaging

[0055] *In vitro* contrast efficacy was determined by imaging the liposome formulated signal modifying agents at varying concentrations in both CT and MR, using a multimodal imaging phantom. To minimize the amount of agent leakage from liposomes, *in vitro* imaging scans were performed immediately following the removal of free agents by dialysis. CT scanning was performed using a GE LightSpeed Plus 4-detector helical scanner (General Electric Medical Systems, Milwaukee, WI, USA) with the following scan parameters: 2.5 mm slice thickness, 120 kV, 300 mA and 15.2 x 15.2 cm field of view (FOV). The mean attenuation in Hounsfield units was measured using circular regions of interest (ROI). Attenuation values were then plotted against signal modifying agent concentrations using linear regression analysis.

[0056] MR imaging was performed with a 1.5 Tesla GE Signa TwinSpeed MR scanner and a head coil (General Electric Medical Systems, Milwaukee, WI, USA). The phantom and the vials were filled to capacity to minimize air-induced susceptibility artefacts. Scans were produced using a T1 weighted spin echo sequence with a repetition time (TR) of 400 ms, an echo time (TE) of 9 ms, a slice thickness of 3 mm, a FOV of 1 9.9 x 19.9 cm and an image carrier of 256 x 192 pixels. The relative signal intensity was taken over the ROI. Solutions of free signal modifying agents were also imaged as controls in both modalities.

In vitro relaxometry

[0057] All *in vitro* relaxometry measurements were performed at 20°C on a 1.5 Tesla, 20-cm-bore superconducting magnet (Nalorac Cryogenics Corp., Martinez, CA) controlled by an SMIS spectroscopy console (SMIS, Surrey, UK). The T_1 relaxation time data were acquired using an inversion recovery (IR) sequence (45) with 35 inversion recovery time (TI) values logarithmically spaced from 1 to 32000 ms. A 10 second delay was given between each acquisition and the next inversion pulse. The T_2 relaxation time data were acquired using a CPMG sequence (Carr H, Purcell E. Phys Rev 1954;94:630-638; Meiboom S, Gill S. 1958;29:668-691.) with TE/TR = 1/10000 ms. For every measurement 2000 even echoes were sampled with 8 averages. The effects of any residual transverse magnetization following the off-resonance irradiation was removed by phase-cycling the $\pi/2$ pulse (-x/x).

The T_1 relaxation data were analyzed assuming mono-exponential behaviour ($S = M_0 \cdot \left(1 - 2 \cdot e^{-\frac{t}{T1}}\right)$, where *S* is the signal observed, M_0 is the magnetization at equilibrium, *t* is time and T_1 is the longitudinal relaxation time). All T_2 decay data were plotted to a one component T_2 model with a Gaussian fit on a logarithmic time scale. The r_1 and r_2 values were calculated from linear regression analysis of $1/T_1$ and $1/T_2$ relaxation rates versus gadolinium concentration.

Results

Physico-chemical characterization of liposome formulation

[0058] The prepared liposome formulation resulted in vesicles having a spherical morphology (Figure 2) and a mean diameter of 74.4 ± 3.3 nm. Table 1 summarizes the agent loading properties of the liposome formulation. The average loading efficiency (n=8) achieved for iohexol was 19.6 ± 2.8 % (26.5 ± 3.8 mg/mL iodine loaded, approximately 1.3×10^6 iodine molecules per liposome), which represents an agent to lipid ratio of approximately 0.2:1 (wt:wt). The average loading efficiency (n=8) attained for gadoteridol was 18.6 ± 4.4 % (6.6 ± 1.5 mg/mL gadolinium loaded, approximately 1.3×10^5 gadolinium molecules encapsulated in one liposome), which represents an agent to lipid ratio of approximately 0.05:1 (wt:wt).

Table 1.

Diameter (nm)	Iodine added (mg/m L)	Iodine loaded (mg/mL)	Iodine loading efficien cy (%)	Gadolini um added (mg/mL)	Gadolini um loaded (mg/mL)	Gadoliniu m loading efficiency (%
74.4 ± 3.3	135	26.5 ± 3.8	19.6 ± 2.8	35.5	6.6 ± 1.5	18.6 ± 4.4

[0059] Figure 3 includes the *in vitro* release profile for both agents under sink conditions in physiological buffer at 4°C (Figure 3a) and 37°C (Figure 3b). As shown, following the 15-day incubation period at 4°C, 8.7 ± 1.5 % and 6.6 ± 4.5 % of the encapsulated iodine and gadolinium were released, respectively, and at 37°C, 9.1 ± 2.5 % and 7.5 ± 1.4 % of the encapsulated iodine and gadolinium were released, respectively. The liposomes were also sized periodically during the incubation period in order to assess their stability under sink conditions in HBS at 37°C. As seen in Figure 4 the liposome size remains constant throughout the incubation period.

In vitro imaging

[0060] Visual contrast enhancement was observed in CT and MR when the liposome-based signal modifying agent was imaged *in vitro* at varying concentrations (Figures 5a and 5b).

[0061] Figure 6a illustrates the measured CT attenuation of the liposome encapsulated signal modifying agents, the unencapsulated iohexol, the unencapsulated gadoteridol and the mixture of unencapsulated iohexol and gadoteridol. Attenuation values varied linearly with concentration for all signal modifying agent solutions. Linear regression analysis revealed an attenuation of 11.1 ± 0.5 HU/(mg of gadolinium) in 1 mL of HBS for the unencapsulated gadoteridol (r=0.99), 29.0 ± 0.4 HU/(mg of iodine) in 1mL of HBS for the unencapsulated iohexol (r=0.99), 38.8 ± 0.5 HU/(mg of iodine and 0.2 mg of gadolinium) in 1 mL of HBS for the mixture of unencapsulated iohexol and gadoteridol (r=0.99), and 36.3 ± 0.5 HU/(mg of iodine and 0.2 mg of gadolinium) in 1 mL of HBS for the liposome formulation (r=0.99). The slightly lower attenuation values observed for the liposome encapsulated iohexol and gadoteridol compared to free iohexol and gadoteridol are due to the presence of lipids, which, with respect to water, have lower CT attenuation values (between -60 and -100 HU).

[0062] Figure 6b illustrates the MR relative signal profile as a function of gadolinium concentration. It is known that the linearity between gadolinium concentration and relative signal intensity in MR is lost when critical values of gadolinium concentration are reached (Takeda M, Katayama Y, Tsutsui T, et al. Tohoku J Exp Med 1993;171:119-128; Tweedle MF, Wedeking P, Telser J, et al. Magn Reson Med 1991;22:191-194; discussion 195-196; Morkenborg J, Pedersen M, Jensen FT, et al. Magn Reson Imaging 2003;21:637-643). Furthermore, negative enhancement occurs in MR when the gadolinium concentration reaches high enough levels to cause significant T_2 shortening, which in turn causes signal loss (Choyke PL, Frank JA, Girton ME, et al. Radiology 1989;170:713-720; Carvlin MJ, Arger PH, Kundel HL, et al. Radiology 1989;170:705-711; May DA, Pennington DJ. Radiology 2000;216:232-236; Davis PL, Parker DL, Nelson JA, et al. Invest Radiol 1988;23:381-388*).* The three plots in Figure 6b for liposome encapsulated gadoteridol and iohexol, free gadoteridol and iohexol and free gadoteridol all exhibit non-linear characteristics. The free iohexol plot confirms that iodine in the concentration range of 0 to 17 mmol/L shows signal intensity levels comparable to those achieved by water. The average differential signal intensity (SI) in MR for free iohexol samples was 1.8 ± 7.1 SI relative to water. The unencapsulated gadoteridol samples reached peak differential signal intensities (> 600 SI with respect to water) in the gadolinium concentration range of 1 to 9 mmol/L. This is in accordance with previous findings (Morkenborg J, Pedersen M, Jensen FT, et al. Magn Reson Imaging 2003;21:637-643; Choyke PL, Frank JA, Girton ME, et al. Radiology 1989;170:713-720; Carvlin MJ, Arger PH, Kundel HL, et al. Radiology 1989;170:705-711; May DA, Pennington DJ. Radiology 2000;216:232-236.). A decrease in signal intensity (up to 20%) was observed when free gadoteridol was mixed with iohexol. This finding is consistent with previous reports on the capability of iodinated signal modifying agents to diminish the signal enhancing effects of gadolinium (Montgomery DD, Morrison WB, Schweitzer ME, et al. J Magn Reson Imaging 2002;15:334-343; Kopka L, Funke M, Fischer U, et al.. AJR Am J Roentgenol 1994;163:621-; Kopka L, Funke M, Fischer U, et al. Rofo 1994;160:349-352). Encapsulation of gadoteridol and iohexol in liposome was found to cause a right shift in the differential signal intensity profile (peak signal intensities in MR achieved with gadolinium concentration ranging from 5 to 18 mmol/L). Encapsulation of gadoteridol in the interior of liposomes diminishes MR signal at lower gadolinium concentrations (< 5 mmol/L) due to limited bulk water access which decreases $1/T_1$ values (Fossheim SL, Fahlvik AK, Klaveness J, et al. Magn Reson Imaging 1999;17:83-89.). At higher gadolinium concentrations (> 5 mmol/L), however, encapsulation of gadoteridol significantly dampens the T_2 relaxation effect allowing high signal levels to be maintained over a much broader gadolinium concentration range in MR.

In vitro relaxometry

[0063] For the relaxometry measurements, T_1 (Figure 7a) and T_2 (Figure 7b) rates were observed to be linear and concentration dependent for both the liposome encapsulated and the unencapsulated signal modifying agents. The r_1 and r_2 values of unencapsulated gadoteridol were 5.1 and 6.2 $s^{-1}mmol^{-1}L$, respectively. The r_1 and r_2 values for gadoteridol in the presence of iohexol were 6.4 and 7.8 $s^{-1}mmol^{-1}L$, respectively, and the r_1 and r_2 values for the liposome encapsulated agents were 1.2 and 1.5 $s^{-1}mmol^{-1}L$. The r_1 and r_2 values for iohexol were found to be 0.0 $s^{-1}mmol^{-1}L$. Therefore, the encapsulation of the paramagnetic agent gadoteridol in liposomes significantly reduces both the $1/T_1$ and $1/T_2$ relaxivity values, in accordance with Figure 6b, as well as previously published data (Fossheim SL, Fahlvik AK, Klaveness J, et al. Magn Reson Imaging 1999;17:83-89.).

in vivo imaging

[0064] Figure 8 provide an example of how the liposome-based multimodal signal modifying agent can provide structure correspondence for registration and fusion of images acquired from different imaging modalities.

optical imaging

[0065] Optical contrast enhancement imaging is demonstrated in figure 9 wherein a confocal microscopy image of carrier comprising gadoteridol, iohexol and a fluorophore is shown. Such a carrier would therefore be suitable for MRI, CT and optical imaging or combination thereof.

[0066] Examples of multi-modal agents for use in fluorescence optical imaging may include preparation of two types of lipids: (1) phosphatidylethanolamine (PE) conjugated with the fluorescent probe (example: PE-Alexa Fluor 680) and (2) PE conjugated with biotin (i.e. PE-biotin). These lipids can serve as building blocks or components of the lipid bilayer and thus enable the multi-modal agent to support near IR fluorescence optical imaging. Near IR optical fluorescence imaging has the advantage of operating at a wavelength range at which most tissues exhibit low inherent scattering and minimal absorption and it is known to have a higher penetration depth, making it more useful for *in vivo* imaging applications. Following preparation, liposomes containing the PE-biotin lipid can be incubated with a streptavidin or avidin conjugated fluorescent probe with removal of the excess probe using gel filtration chromatography. It will be appreciated that other approaches to incorporate a fluorophore in the image signal modifier of the invention can be used as would be known to the skilled in the art.

[0067] In the case of CT, agents containing elements with high atomic number, such as iodine, are able to increase the differential x-ray attenuation between different soft tissues and organs. Whereas, MR signal modifying agents made up of paramagnetic metals, such as gadolinium, are able to deliver signals by increasing surrounding tissue relaxivity. Furthermore, the differences in intrinsic sensitivity and resolution between the two imaging modalities create a requirement for substantially different concentrations of each reporter moiety in order to achieve adequate signal intensity. For example, in a clinical context, MR is sensitive to gadolinium concentrations between 1-10 μg/mL, while CT requires at least 1 mg/mL of iodine for detection. A multimodal signal modifying composition with efficacy in CT and MR should preferably accommodate this 100-fold differential in sensitivity and minimize any agent-related signal interferences across different imaging modalities.

[0068] In a study liposomes were selected as a system for delivery of CT and MR signal modifying agents at appropriate concentrations. Encapsulation of iohexol in liposomes does not affect the CT attenuation capability of this agent; therefore, as long as a sufficient quantity of iodine is loaded into the interior of the liposomes adequate signal enhancement is expected; although gadolinium relaxation is greatly dependent on the amount of water that the gadolinium atoms can access when encapsulated, the permeability of the liposome membrane can be easily adjusted by varying the lipid composition and cholesterol content (Raffy S, Teissie J.. Biophys J 1999;76:2072-2080; Lasic DD. Trends Biotechnol 1998;16:307-321; Drummond DC, Meyer O, Hong K, et al. Pharmacol Rev 1999;51:691-74). In addition, liposomes constitute a highly versatile delivery system. Their size can be easily altered and monodisperse size distributions may be achieved by preparation of the formulation using the high-pressure extrusion method. Also, the surface of liposomes may be modified in order to create vehicles suitable for specific applications. For example, the addition of PEG to the liposome surface has been shown to increase the *in vivo* circulation lifetime of these vehicles (Allen C, Dos Santos N, Gallagher R, et al. Biosci Rep 2002;22:225-250; Allen TM, Hansen C. Biochim Biophys Acta 1991;1068:133-141). It has also been found that PEGylated liposomes can achieve up to two times higher r_1 relaxivity values compared to conventional liposomes. The increase in the r_1 relaxivity values for the PEGylated liposomes has been attributed to the presence of PEG-associated water protons in the vicinity of the liposome membrane (Trubetskoy VS, Cannillo JA, Milshtein A, et al. Magn Reson Imaging 1995;13:31-37). Specific moieties may also be conjugated to the liposome surface in order to actively target specific tissues or cells. In this way, with the appropriate surface modifications, liposome-based signal modifying agents may become suitable candidates for use in functional, molecular and optical imaging applications.

[0069] Systems for delivery of signal modifying agents for use in blood-pool and lymphatic imaging applications should have minimal agent release *in vivo*. A stable formulation with slow release profiles for both agents allows for prolonged imaging studies and repeated scans in CT and MR. It is known that extracellular agents with small molecular weights such as iohexol and gadoteridol have a much faster clearance profile in blood compared to colloidal carriers such as liposomes (Saeed M, Wendland MF, Higgins CB. J Magn Reson Imaging 2000;12:890-898.). Therefore, as the encapsulated agents are released from the liposomes, the signal enhancement will diminish in both CT and MR at a rate that is proportional to that of agent release and clearance. The slow agent release profiles (< 9% of each agent released over 15 days, Figure 3) and stability (liposome size remained unchanged over 15 days, Figure 4) achieved *in vitro* for the current liposome formulation provide adequate retention to achieve image enhancement.

[0070] The imaging efficacy in CT and MR of the liposome-based signal modifying agent was assessed *in vitro* with a purpose-built phantom (Figures 5a, 5b, 6a and 6b). The $1/T_1$ and $1/T_2$ relaxivity characteristics of the agent were also investigated (Figures 7a and 7b). From the results obtained, it can be concluded that in order to achieve 100 HU of attenuation in CT, ~ 2.7 mg/mL of the liposome encapsulated iodine is needed, and in order to achieve significant MR enhancement (> 600 SI differential signal intensity with respect to water) a minimum of 5 mmol/L (-0.8 mg/mL) of the encapsulated gadolinium is necessary. It will be appreciated that other signal intensity enhancement can be obtained using different concentration of signal modifying agents. The loading characteristics of the current system under investigation (Table 1) allow for significant contrast enhancement in both imaging modalities to be maintained for up to a 10-fold volume dilution following injection.

Example 3

Materials

[0071] The following lipids: 1,2-Dipalmitoyl-*sn*-Glycero-3-Phosphocholine (DPPC, M.W. 734), Cholesterol (CH, M.W. 387) and 1,2-Distearoyl-sn-Glycero-3-Phosphoethanolamine-N-[Poly(ethylene glycol)2000] (PEG_{2000}DSPE, M.W. 2774) were purchased from Northern Lipids Inc. (Vancouver, British Columbia, Canada). Omnipaque® was obtained from Nycomed Imaging AS, Oslo, Norway. Omnipaque® (300 mg/mL of iodine) contains iohexol (M.W. 821.14), an iodinated, water-soluble, non-ionic monomeric contrast medium. ProHance® from Bracco Diagnostics Inc. (Princeton, NJ, USA). ProHance® (78.6 mg/mL of gadolinium) contains gadoteridol (M.W. 558.7), a non-ionic gadolinium complex of 10-(2-hydroxy-propyl)-1,4,7,10-tetraazacyclododecane-1,4,7-triacetic acid.

Liposome preparation

[0072] 200 mmol/L of the DPPC, cholesterol and PEG_{2000}DSPE (55:40:5 mole ratio) mixture was dissolved in ethanol at 70°C and then hydrated with Omnipaque® and Prohance®. The total ethanol content was 10 $\%_{vol}$. The resulting multilamellar vesicles were sonicated for 1 minute for each mL of liposome solution to yield unilamellar vesicles.

Liposome characterization

Size and morphology

[0073] The size of liposomes was measured by dynamic light scattering (DLS) at 25°C using a DynaPro DLS (Protein Solutions, Charlottesville, VA, USA). Transmission electron microscopy (TEM, Hitachi 7000 microscope) was used to assess the liposome morphology. TEM was operated at an acceleration voltage of 75 kV. The liposome sample was first diluted in distilled water and then mixed with phosphotungstic acid (PTA) in a 1:1 volume ratio. The sample solutions were then deposited onto negatively charged and carbon pre-coated copper grids.

In vivo CT and MR imaging

[0074] The following study was performed under a protocol approved by the University Health Network Animal Care and Use Committee. The female New Zealand white rabbit weighing 2.1 kg was anesthetized with an intramuscular injection of 40 mg/kg of ketamine and 5 mg/mL of xylazine, followed by 2% isoflurane vapor given by inhalation. The signal modifying agent was injected with an automated injector connected to the marginal ear vein catheter at a rate of 1 mL/second. For the MR scan, 10 mL of the signal modifying agent solution (75 mg/kg of iodine and 83 mg/kg of gadolinium encapsulated in lipsomes) was injected and flushed with 20mL of saline solution. MR imaging was performed with a 1.5 Tesla GE Signa TwinSpeed MR scanner (General Electric Medical Systems, Milwaukee, WI, USA). Scans were produced using a 3D FSGR sequence with a repetition time (TR) of 7.2 ms, an echo time (TE) of 1.6 ms, a slice thickness of 3.4 mm with an overlap of 1.7 mm, a field of view (FOV) of 27.8 x27.8 cm and a matrix of 256 x 224. The

signal intensity (SI) was measured in selected tissues using circular regions of interest (ROI).

[0075] The CT scan was performed 4 days after the MR scan to allow for complete clearance of the signal modifying agent. For the CT scan 20 mL of the signal modifying agent solution (150 mg/kg of iodine and 166 mg/kg of gadolinium encapsulated in liposomes) was injected and flushed with 20mL of saline solution. CT imaging was performed using a GE LightSpeed Plus 4-slice helical scanner (General Electric Medical Systems, Milwaukee, WI, USA) with the following scan parameters: 2.5 mm slice thickness, 120 kV, 200 mA and 49.9 x 49.9 cm FOV. The mean attenuation in Hounsfield units (HU) in selected regions of interest was measured using ROI.

[0076] Both MR and CT scanning sequences were repeated at known time intervals following signal modifying agent injection (3, 5, 7, 10, 15, 20, 25, 30, 45, 60, 75, 90, 105, 120, 135, 150, 165, 180, and 200 minutes).

Results

In vivo imaging

[0077] CT and MR image analysis were performed using circular ROI in the aorta, the liver parenchyma, the kidney medulla and cortex before and after injection of signal modifying agent to obtain relative enhancement values. Figure 10a shows the CT relative attenuation curve vs. time after injection for the tissues of interest. The average differential attenuation was 81.4 $\pm$ 13.05 ΔHU in the blood (aorta), 38.0 $\pm$ 5.1 ΔHU in the liver parenchyma, 14.8 $\pm$ 10.3 ΔHU in the kidney medulla and 9.1 $\pm$ 1.7 ΔHU in the kidney cortex 200 minutes following injection. Figure 10b illustrates the relative signal intensity changes vs. time in MR. At the study endpoint (200 minutes following injection), an enhancement of 731.9 $\pm$ 144.2 ΔSI was measured in the aorta, 178.6 $\pm$ 41.4 ΔSI in the liver parenchyma, 833.61 $\pm$ 33.84 ΔSI in the kidney medulla and 461.7 $\pm$ 78.1 ΔSI in the kidney cortex.

[0078] Signal enhancement in the aorta, the liver parenchyma and the kidney cortex reached peak values approximately 10 minutes following the administration of the signal modifying agent. A gradual decrease in signal values occurred over the remaining 190 minutes (Figure 11a) in both imaging modalities. In the kidney medulla, however, although both the CT and MR differential signal curves peaked 30 minutes following signal modifying agent injection, the CT signal eventually decreased to levels similar to those found in the kidney cortex (consistent with a previously published liposome-based CT agent), while the signal in MR gradually leveled to values similar to those achieved in blood (Figure 11 b).

[0079] The impressive *in vitro* stability and release behavior of this formulation was demonstrated to translate into prolonged *in vivo* residence times and maintenance of significant signal enhancement both locally (in the liver and kidney) and systemically (in the blood stream) in CT and MR (Figures 10 and 11). The substantial signal increase achieved and maintained in the aorta (81.4 $\pm$ 13.05 ΔHU in CT and 731.9 $\pm$ 144.2 signal intensity ΔSI in MR 200 minutes after injection) suggested that this liposome-based signal modifying agent holds great potential for blood pool imaging, particularly for cardiovascular applications. The enhancement obtained in the liver and the kidney offered insight into the route by which this formulation is cleared *in vivo.* Based on previously published data, the primary route of clearance for drug-carrying stealth PC liposomes is the liver. This is consistent with the high signals achieved and maintained in the liver parenchyma in both imaging modalities over the course of this study. Without wishing to be bound by any theory, the increase in signal (measured in both CT and MR) in the kidney medulla during the first half hour following administration may be attributed to the initial burst release of the encapsulated agents from the liposomes (refer to Figure 10). Following release of the encapsulated agents from the liposomes, they are cleared via the renal route due to their low molecular weights. It is worth noting that in CT, 200 minutes post injection, the levels of signal in the kidney medulla and cortex returned to values close to those obtained prior to signal modifying agent injection. While in MR, although the signal in both the medulla and the cortex decreased gradually over time, at the 200 minute time point, the signal measured in the medulla was still significantly higher than that measured in the cortex. A possible explanation for this is the difference in the clearance rates for iohexol and gadoteridol from the kidneys. The non-linearity in the relationship between MR signal and gadolinium concentration may also have contributed to the difference between the signal levels measured in the kidney medulla for the two imaging modalities.

[0080] The parallel and prolonged contrast enhancement achieved in CT and MR makes this signal modifying agent ideal for multimodality image registration. For example, cases of mis-registration due to unpredicted signal variations in different imaging modalities in the regions of interest would be greatly reduced with its use. Its long *in vivo* residence time will allow for multiple scans to be obtained following a single injection. This in turn will enable the direct correlation of the signals obtained in distinct imaging modalities and allow for correct correspondence between different regions in the image. This multimodal signal modifying agent may also assist in the development of novel image registration techniques, such as biomechanical based registration, which can take advantage of the clear definition of organ boundaries and substructures enhanced in each modality. In addition to improving the performance of image registration techniques, this signal modifying agent may also enhance the ability to identify naturally occurring fiducial points (i.e. vessel bifurcations) used to verify the accuracy of registration techniques.

Example 4

[0081] In an additional study, a longitudinal imaging-based assessment of the *in vivo* stability (Figure 12) of the signal modifying agent modified liposome was conducted in a rabbit model (2 kg New Zealand White rabbit, 10 mL of the signal modifying agent loaded liposome solution containing 200 mg/kg of iodine and 16 mg/kg of gadolinium). Visual contrast enhancement and measurable signal increases produced by the presence of signal modifying agent carrying liposomes was induced in various organ systems (i.e. heart and blood vessels, liver, spleen, kidney and intestines) in both CT and MR over a 7-day period. Following the extraction of each agent from rabbit plasma, it was determined that 17.7% of the injected iohexol (95.9 μg/mL of iodine) and 17.3% of the injected gadoteridol (7.9 μg/mL of gadolinium) still circulated in the bloodstream 7 days post-injection. The plasma circulation half-life of the present liposome formulation in rabbits was found to be approximately 45 hours (and approximately 25 hours in Balb-C mice,Figure 13). A biodistribution study was also performed in Balb-C mice identifying the tissue distribution of liposomes using gadolinium as a surrogate marker (Figure 14).

[0082] Correlations were established between the iodine and gadolinium concentrations found in the rabbit plasma and the signal enhancement obtained in the rabbit aorta in CT and MR, relatively, using circular regions of interest over 6 time points (10 minutes, 24, 48, 72, 120 and 168 hours post-injection). Fairly linear relationships (R2=0.9) were found between the iodine concentration and relative HU increase in CT, and between the gadolinium concentration and relative signal intensity increase in MR (Figure 15).

Example 5

[0083] The signal modifying agents used in CT and MR can be entrapped during liposome preparation; while for optical and radionuclide imaging the specific building blocks (i.e. derivatized lipids) can be incorporated into the lipid bilayer. The commonly employed non-exchangeable, non-metabolizable lipid marker ^{3}[H]-cholesterol hexadecyl ether (CHE) can also be incorporated into the liposomes. The signal modifying composition can be administered *i.v.* via the dorsal tail vein to normal healthy Balb/c mice and animals can be imaged post-administration at specific time points (i.e. 30 mins., 1, 2, 4, 6, 8, 12, 24, 36, 48, 72 hrs.) Also, following each imaging time point, the mice can be sacrificed by cervical dislocation and samples of blood, liver, spleen, kidneys and other tissues excised, weighed and analyzed in order to determine the concentrations of lipid (liquid scintillation counting for ^{3}H-CHE), CT agent (HPLC analysis with UV detection for iohexol), MR agent (ICP-AES for gadoteridol), fluorescence optical agent (HPLC with fluorescence detection) and/or radionuclide (γ-counter). The ratio of agent or radionuclide to lipid can be calculated for each time point in order to evaluate the retention of agent in the carrier. Also, the results from imaging can be compared to the actual concentration of contrast agent or radionuclide in the blood and tissues in order to determine the sensitivity and linearity of the imaging signal.

Example 6

[0084] Active targeting can be evaluated in a well-established mouse tumour xenograft model of human breast cancer that has been used routinely for evaluation of novel radiopharmaceuticals for breast cancer imaging and targeted radiotherapy. The model consists of athymic mice implanted subcutaneously with MDA-MB-468 human breast cancer cells that overexpress epidermal growth factor receptors (EGFR) (1 x 10^{6} EGFR/cell). The EGFR is arguably one of the most well-validated targets on solid tumors ever studied. Interest in targeting the receptor has led to at least two FDA-approved targeted agents for treatment of EGFR-positive malignancies: Iressa™ (Astra-Zeneca), a small molecule tyrosine kinase inhibitor, and Erbitux™ (Imclone), a monoclonal antibody (mAb) directed at the extracellular ligand-binding domain.

Preparation of Actively Targeted Multi-Modal Agents

[0085] Active targeting can be can be enabled by using derivatized lipids. For example, N-hydroxy succinimydyl ester terminated PEG conjugated PE (PE-PEG-NHS) and biotin terminated PEG conjugated PE (PE-PEG-biotin). The PE-N-PEG-NHS may be used to couple peptides or proteins with a free amino terminus or ε-NH_2 group to the liposomes (e.g. EGF); while, the PE-N-PEG-biotin may be used to attach the wide range of available biotin functionalized ligands to the liposomes using streptavidin as the coupling agent. EGFR targeted liposomes can be formed from PEN-PEG-NHS and the mixture of lipids described above (i.e. DPPC, cholesterol and PEG_{2000}DSPE). For imaging in CT and MR the agents can be entrapped during liposome preparation; while, for optical and radionuclide imaging the specific building blocks (i.e. derivatized lipids) can be incorporated into the lipid bilayer. Following preparation, the liposomes containing the PE-N-PEG-NHS lipid can be mixed with EGF in PBS for 24 hours and the reaction mixture can then be dialyzed in order to remove the uncoupled EGF. The EGF-conjugation efficiency can be measured using the Micro BCA Protein Assay. The size and stability of the EGF-conjugated-liposomes can be evaluated using DLS. The ability of the EGF-

coupled liposomes to interact with their receptors on MDA-MB-468 cells can be evaluated by flow cytometry or by direct or competition radioligand binding assays.

Evaluation of EGFR-Targeted Multi-Modal Agents in Mouse Model of Breast Cancer

[0086] The liposomes can be administered i.v. via the dorsal tail vein to athymic mice bearing MDA-MB-468 s.c. human breast cancer xenografts (0.25-0.5 cm diameter). The tumour and normal tissue uptake as well as imaging properties of the signal modifying composition can be evaluated. Region-of-interest (ROI) analysis can be performed on the images to evaluate accumulation in the tumour and identifiable organs. Specifically, the kinetics of tumour uptake as well as temporal and spatial distribution of the targeted (and non-targeted liposomes for comparison) can be determined. In addition, following select imaging time points, groups of mice can be sacrificed by cervical dislocation and samples of blood, tumour, liver, spleen, and other tissues excised, weighed and analyzed in order to determine the concentration of lipid and contrast agent (iohexol, gadoteridol or radionuclide). The specificity of targeting can be evaluated by comparison with imaging and biodistribution studies in mice pre-administered a 500-fold molar express of unconjugated EGF to saturate EGFR on the tumours, A comparison of the tumour and normal tissue uptake of targeted and non-targeted multi-modal contrast agent can also be made, since we expect that some tumour accumulation of the non-targeted agent may occur through the enhanced vascular permeability observed in solid tumours. These multi-modality imaging studies which simultaneously collect two or more signals can reveal important and potentially large differences in the sensitivity of detection of MR, CT and nuclear or fluorescent optical imaging with respect to their capability to detect phentotypic properties of tumours.

Claims

1. A composition for imaging of a biological tissue, said composition comprising:

a) two or more agents that enhance the signal obtained with an imaging modality selected from magnetic resonance imaging (MRI), X-ray, positron emission tomography (PET), computed tomography (CT), single-photon emission computed tomography (SPECT), and optical imaging, each of said agents being specific for at least one imaging modality ; and
b) a carrier comprising said two or more agents wherein said carrier is a liposome and retains a sufficient amount of said agents for a time sufficient to acquire *in vivo* imaging data from each of the two or more agents using said composition, and

wherein said composition is specific for two or more imaging modalities selected from magnetic resonance imaging (MRI), X-ray, positron emission tomography (PET), computed tomography (CT), single-photon emission computed tomography (SPECT), and optical imaging .

2. The composition as claimed in claim 1 wherein said carrier has a retention efficiency of about 10 to 100% for a time sufficient to acquire imaging data.

3. The composition as claimed in claim 1 wherein said carrier has a retention efficiency of about 80 to 100% for a time sufficient to acquire imaging data.

4. The composition as claimed in any one of claims 1 to 3 wherein said composition provides signal modification for image data acquisition in said biological tissue for a predetermined amount of time.

5. The composition as claimed in claim 4 wherein said predetermined amount of time is between about 1 minute and about 14 days.

6. The composition as claimed in claim 4 wherein said predetermined amount of time is between about 5 minutes and about 7 days.

7. The composition as claimed in claim 1 wherein said agents are selected from iodine, gadolinium, manganese, iron, perfluorocarbons, alpha, beta, gamma and positron emitting radiotracers and a fluorophore.

8. The composition as claimed in claim 1 wherein said two or more agents are specific for imaging modalities selected from MRI, CT, PET, SPECT, optical imaging and combinations thereof.

9. The composition as claimed in claim 8 wherein said agents specific for MRI, CT, PET, SPECT and optical imaging comprise gadolinium, iodine, a positron emitting radioisotope, a gamma ray emitting radioisotope and a fluorophore respectively.

10. The composition as claimed in claim 1 wherein said liposomes comprise one or more lipids, cholesterol (CHOL) and one or more PEGylated lipids.

11. The composition as claimed in claim 10 wherein said one or more lipids is a neutral lipid, optionally wherein said neutral lipid is phosphatidylcholine (PC) and said PEGylated lipid is polyethylene glycol-phosphatidylethanolamine (PEG-PE), and optionally wherein said PC:CHOL:PEG-PE are in a molar ratio of about 55:40:5.

12. The composition as claimed in claim 11 wherein said PC is Dipalmitoyl-PC (DPPC), said PEG-PE is PEG2000-Distearoyl-PE (PEG2000-DSPE), wherein said agent specific for MRI comprises gadoteridol and wherein said agent specific for CT comprises iohexol.

13. The composition as claimed in any one of claims 1-12 wherein said liposomes have a diameter of between 30 nm and 1000 nm.

14. The composition as claimed in any one of claims 1-12 wherein said liposomes have a diameter of between 30 nm and 500 nm.

15. The composition as claimed in any one of claims 1-12 wherein said liposomes have a diameter of between 50 nm and 150 nm.

16. The composition as claimed in any one of claims 1-8 wherein said carrier is targeted to a specific target within a mammal.

17. The composition as claimed in claim 9 wherein said targeting is achieved through control of said carrier's physico-chemical properties.

18. The composition as claimed in claim 9 wherein said carrier comprises one or more recognition molecules to achieve targeting.

19. The composition as claimed in claim 18 wherein said target is a cell population.

20. The composition as claimed in claim 18 or 19 wherein said one or more recognition molecules are selected from antibodies, receptors/ligands, carbohydrates, proteins and peptide fragments.

21. The composition as claimed in any one of claims 1-20 further comprising a therapeutic agent.

22. The composition as claimed in claim 21 wherein said therapeutic agent is selected from anticancer, antimicrobial, antifungal and antiviral agents.23.

23. Use of the composition as claimed in any one of claim 1-20 for imaging one or more regions of interest in a mammal using two or more imaging modalities selected from magnetic resonance imaging (MRI), X-ray, positron emission tomography (PET), computed tomography (CT), single-photon emission computed tomography (SPECT), and optical imaging, and combinations thereof.

24. A composition as claimed in any one of claims 1-22 for use in imaging one or more regions of interest in a mammal using two or more imaging modalities selected from magnetic resonance imaging (MRI), X-ray, positron emission tomography (PET), computed tomography (CT), single-photon emission computed tomography (SPECT), optical imaging, f and combinations thereof, wherein the one or more regions of interest comprises an abnormality and the abnormality is detected by said imaging, optionally wherein the abnormality is a tumor.

25. The use as claimed in claim 23 wherein said composition is used as a fiducial marker.

26. A composition according to any one of claims 1-20 for use in a method for registering images obtained from two or more imaging modalities in a mammal, said method comprising:

a) administering to a mammal the composition as claimed in any one of claims 1-20, wherein in the composition, each agent is specific for at least one of said two or more imaging modalities;
b) obtaining an image of one or more regions of interest in said mammal using each of said two or more imaging modalities; and
c) comparing the images obtained in b) to derive complementary information from said one or more regions of interest; optionally wherein said complementary information is selected from anatomical information, molecular information, functional information, physiological information and combinations thereof.

27. The composition for use as claimed in claim 26, wherein the composition further comprises a therapeutic agent and the method further comprises the step of estimating a pharmacokinetic profile of the therapeutic agent.

28. The composition for use as claimed in claim 27 further comprising the step of designing an administration regimen for the therapeutic agent based on said pharmacokinetic profile.

29. A kit for assembling a composition as claimed in any one of claims 1-22 comprising a carrier formulation and two or more agents.

30. The kit as claimed in claim 29 further comprising a pharmaceutically acceptable diluent.

Patentansprüche

1. Zusammensetzung zur Abbildung eines biologischen Gewebes, wobei die Zusammensetzung Folgendes umfasst:

a) zwei oder mehr Mittel, die das mit einer aus Magnetresonanzbildgebung (MRI), Röntgen, Positronenemissionstomographie (PET), Computertomographie (CT), Einzelphotonen-Emissionscomputertomographie (SPECT) und optischer Bildgebung ausgewählten Bildgebungsmodalität erhaltene Signal verstärken, wobei jedes der Mittel für zumindest eine Bildgebungsmodalität spezifisch ist; und
b) einen Träger, der die zwei oder mehr Mittel umfasst, worin der Träger ein Liposom ist und eine ausreichende Menge der Mittel ausreichend lange behält, um *In*-vivo-Bildgebungsdaten von jedem der beiden oder mehreren Mittel unter Verwendung der Zusammensetzung zu erhalten, und

worin die Zusammensetzung für zwei oder mehr aus Magnetresonanzbildgebung (MRI), Röntgen, Positronenemissionstomographie (PET), Computertomographie (CT), Einzelphotonen-Emissionscomputertomographie (SPECT) und optischer Bildgebung ausgewählten Bildgebungsmodalitäten spezifisch ist.

2. Zusammensetzung nach Anspruch 1, worin der Träger über einen zur Erhebung von Bildgebungsdaten ausreichenden Zeitraum eine Retentionswirksamkeit von etwa 10 bis 100 % aufweist.

3. Zusammensetzung nach Anspruch 1, worin der Träger über einen zur Erhebung von Bildgebungsdaten ausreichenden Zeitraum eine Retentionswirksamkeit von etwa 80 bis 100 % aufweist.

4. Zusammensetzung nach einem der Ansprüche 1 bis 3, worin die Zusammensetzung Signalmodifikation zur Erhebung von Bildgebungsdaten in dem biologischen Gewebe für eine vorbestimmte Zeitspanne bereitstellt.

5. Zusammensetzung nach Anspruch 4, worin die vorbestimmte Zeitspanne zwischen etwa 1 min und etwa 14 Tagen liegt.

6. Zusammensetzung nach Anspruch 4, worin die vorbestimmte Zeitspanne zwischen etwa 5 min und etwa 7 Tagen liegt.

7. Zusammensetzung nach Anspruch 1, worin die Mittel aus Iod, Gadolinium, Mangan, Eisen, Perfluorkohlenwasserstoffen, α-, β-, γ- und Positronenemissionstracer und einem Fluorophor ausgewählt sind.

8. Zusammensetzung nach Anspruch 1, worin die zwei oder mehr Mittel für aus MRI, CT, PET, SPECT, optischer Bildgebung und Kombinationen daraus ausgewählte Bildgebungsmodalitäten spezifisch sind.

9. Zusammensetzung nach Anspruch 8, worin die für MRI, CT, PET, SPECT und optische Bildgebung spezifischen

Mittel Gadolinium, Iod, ein Positronen emittierendes Radioisotop, ein γ-Strahlen emittierendes Radioisotop bzw. ein Fluorophor umfassen.

10. Zusammensetzung nach Anspruch 1, worin die Liposomen ein oder mehrere Lipide, Cholesterin (CHOL) und ein oder mehrere PEGylierte Lipide umfassen.

11. Zusammensetzung nach Anspruch 10, worin das eine oder die mehreren Lipide ein neutrales Lipid sind, worin gegebenenfalls das neutrale Lipid Phosphatidylcholin (PC) ist und das PEGylierte Lipid Polyethylenglykol-Phosphatidylethanolamin (PEG-PE) ist und worin gegebenenfalls das Molverhältnis PC:CHOL:PEG-PE bei etwa 55:40:5 liegt.

12. Zusammensetzung nach Anspruch 11, worin das PC Dipalmitoyl-PC (DPPC) und das PEG-PE PEG2000-Distearoyl-PE (PEG2000-DSPE) ist, worin das für MRI spezifische Mittel Gadoteridol umfasst und worin das für CT spezifische Mittel Iohexol umfasst.

13. Zusammensetzung nach einem der Ansprüche 1 bis 12, worin die Liposomen einen Durchmesser zwischen 30 nm und 1000 nm aufweisen.

14. Zusammensetzung nach einem der Ansprüche 1 bis 12, worin die Liposomen einen Durchmesser zwischen 30 nm und 500 nm aufweisen.

15. Zusammensetzung nach einem der Ansprüche 1 bis 12, worin die Liposomen einen Durchmesser zwischen 30 nm und 150 nm aufweisen.

16. Zusammensetzung nach einem der Ansprüche 1 bis 8, worin der Träger auf ein bestimmtes Ziel innerhalb eines Säugetiers gerichtet ist.

17. Zusammensetzung nach Anspruch 9, worin das Richten durch die Kontrolle der physikalisch-chemischen Eigenschaften des Trägers bewerkstelligt wird.

18. Zusammensetzung nach Anspruch 9, worin der Träger ein oder mehrere Erkennungsmoleküle zur Bewerkstelligung des Richtens umfasst.

19. Zusammensetzung nach Anspruch 18, worin das Ziel eine Zellpopulation ist.

20. Zusammensetzung nach Anspruch 18 oder 19, worin das eine oder die mehreren Erkennungsmoleküle aus Antikörpern, Rezeptoren/Liganden, Kohlenhydraten, Proteinen und Peptidfragmenten ausgewählt sind.

21. Zusammensetzung nach einem der Ansprüche 1 bis 20, die außerdem ein therapeutisches Mittel umfasst.

22. Zusammensetzung nach Anspruch 21, worin das therapeutische Mittel aus Antikrebs-, antimikrobiellen, antipilzlichen und antiviralen Mitteln ausgewählt ist.

23. Verwendung einer Zusammensetzung nach einem der Ansprüche 1 bis 20 zum Abbilden einer oder mehrerer Regionen von Interesse bei einem Säugetier unter Verwendung von zwei oder mehr aus Magnetresonanzbildgebung (MRI), Röntgen, Positronenemissionstomographie (PET), Computertomographie (CT), Einzelphotonen-Emissionscomputertomographie (SPECT) und optischer Bildgebung und Kombinationen daraus ausgewählten Bildgebungsmodalitäten.

24. Zusammensetzung nach einem der Ansprüche 1 bis 22 zur Verwendung beim Abbilden einer oder mehrerer Regionen von Interesse bei einem Säugetier unter Verwendung von zwei oder mehr aus Magnetresonanzbildgebung (MRI), Röntgen, Positronenemissionstomographie (PET), Computertomographie (CT), Einzelphotonen-Emissionscomputertomographie (SPECT) und optischer Bildgebung und Kombinationen daraus ausgewählten Bildgebungsmodalitäten, worin die eine oder die mehreren Regionen von Interesse eine Anomalie umfassen und die Anomalie durch dieses Abbilden detektiert wird, worin die Anomalie gegebenenfalls ein Tumor ist.

25. Verwendung nach Anspruch 23, worin die Zusammensetzung als Bezugsmarker verwendet wird.

26. Zusammensetzung nach einem der Ansprüche 1 bis 20 zur Verwendung in einem Verfahren zur Registrierung von Bildern, die aus zwei oder mehr Bildgebungsmodalitäten bei einem Säugetier erhalten wurden, wobei das Verfahren Folgendes umfasst:

a) das Verabreichen einer Zusammensetzung nach einem der Ansprüche 1 bis 20 an ein Säugetier, worin in der Zusammensetzung jedes Mittel für zumindest eine der zwei oder mehr Bildgebungsmodalitäten spezifisch ist;
b) das Erhalten eines Bildes von einer oder mehreren Regionen von Interesse bei dem Säugetier unter Einsatz jeder der beiden oder mehreren Bildgebungsmodalitäten; und
c) das Vergleichen der im Zuge von b) erhaltenen Bilder, um komplementäre Informationen von der einen oder den mehreren Regionen von Interesse abzuleiten, worin gegebenenfalls die komplementären Informationen aus anatomischen Informationen, molekularen Informationen, funktionellen Informationen, physiologischen Informationen und Kombinationen daraus ausgewählt sind.

27. Zusammensetzung zur Verwendung nach Anspruch 26, worin die Zusammensetzung außerdem ein therapeutisches Mittel umfasst und das Verfahren außerdem den Schritt des Ermittelns eines pharmakokinetischen Profils des therapeutischen Mittels umfasst.

28. Zusammensetzung zur Verwendung nach Anspruch 27, die außerdem den Schritt des Erstellens eines Verabreichungsschemas für das therapeutische Mittel auf Basis des pharmakokinetischen Profils umfasst.

29. Set zur Zusammenstellung einer Zusammensetzung nach einem der Ansprüche 1 bis 22, die eine Trägerformulierung und zwei oder mehr Mittel umfasst.

30. Set nach Anspruch 29, das außerdem ein pharmazeutisch annehmbares Verdünnungsmittel umfasst.

Revendications

1. Composition pour l'imagerie d'un tissu biologique, ladite composition comprenant :

a) deux ou plusieurs agents qui augmentent le signal obtenu avec une modalité d'imagerie sélectionnée parmi l'imagerie par résonnance magnétique (IRM), rayons X, tomographie par émission de positrons (PET), tomographie assistée par ordinateur (CT), tomographie d'émission mono-photonique assistée par ordinateur (SPECT) et imagerie optique, chacun desdits agents étant spécifique d'au moins une modalité d'imagerie ; et
b) un support comprenant lesdits deux agents ou plus, où ledit support est un liposome et retient une quantité suffisante desdits agents pendant un temps suffisant pour acquérir des données d'imagerie *in vivo* de chacun des deux agents ou plus en utilisant ladite composition, et

où ladite composition est spécifique pour deux ou plusieurs modalités d'imagerie sélectionnées parmi l'imagerie par résonnance magnétique (IRM), rayons X, tomographie par émission de positrons (PET), tomographie assistée par ordinateur (CT), tomographie d'émission mono-photonique assistée par ordinateur (SPECT) et imagerie optique.

2. Composition selon la revendication 1, dans laquelle ledit support possède une efficacité de retenue d'environ 10 à 100% pendant un temps suffisant pour acquérir des données d'imagerie.

3. Composition selon la revendication 1, dans laquelle ledit support possède une efficacité de retenue d'environ 80 à 100% pendant un temps suffisant pour acquérir des données d'imagerie.

4. Composition selon l'une quelconque des revendications 1 à 3, dans laquelle ladite composition réalisé une modification de signaux pour l'acquisition de données d'imagerie dans ledit tissu biologique pendant une quantité de temps prédéterminée.

5. Composition selon la revendication 4, dans laquelle ladite quantité de temps prédéterminée est entre environ 1 minute et environ 14 jours.

6. Composition selon la revendication 4, dans laquelle ladite quantité de temps prédéterminée est entre environ 5 minutes et environ 7 jours.

7. Composition selon la revendication 1, dans laquelle lesdits agents sont sélectionnés parmi l'iode, le gadolinium, le manganèse, le fer, les perfluoro-carbones, les radiotraçeurs par alpha, béta, gamma et positron émission et un fluorophore.

8. Composition selon la revendication 1, dans laquelle lesdits deux ou plusieurs agents sont spécifiques de modalités d'imagerie sélectionnées parmi IRM, CT, PET, SPECT, imagerie optique et leurs combinaisons.

9. Composition selon la revendication 8, dans laquelle lesdits agents spécifiques à IRM, CY, PET, SPECT et imagerie optique comprennent du gadolinium, iode, un radio-isotope émetteur de positrons, un radio-isotope émetteur de rayons gamma et un fluorophore, respectivement.

10. Composition selon la revendication 1, dans laquelle lesdits liposomes comprennent un ou plusieurs lipides, du cholestérol (CHOL) et un ou plusieurs lipides pégylatés.

11. Composition selon la revendication 10, dans laquelle ledit un ou plusieurs lipides est un lipide neutre, en option ou ledit lipide neutre est une phosphatidylcholine (PC) et ledit lipide pégylaté est polyéthylène glycol-phosphatidyl-éthanolamine (PEG-PE), et en option où ledit PC:CHOL :PEG-PE sont en un rapport molaire d'environ 55:40 :5.

12. Composition selon la revendication 11, dans laquelle ledit PC est dipalmitoyl-PC (DPPC), ledit PEG-PE est PEG2000-distéaroyl-PE(PEG2000-DSPE), où ledit agent spécifique pour l'IRM comprend du gadoteridol et où ledit agent spécifique pour CT comprend iohexol.

13. Composition selon l'une quelconque des revendications 1 à 12, dans laquelle lesdits liposomes ont un diamètre compris entre 30 nm et 1000 nm.

14. Composition selon l'une quelconque des revendications 1-12, dans laquelle lesdits liposomes ont un diamètre compris entre 30 nm et 500 nm.

15. Composition selon l'une quelconque des revendications 1 à 12, dans laquelle lesdits liposomes ont un diamètre compris entre 50 nm et 150 nm.

16. Composition selon l'une quelconque des revendications 1 à 8, dans laquelle ledit support est ciblé sur une cible spécifique dans un mammifère.

17. Composition selon la revendication 9, dans laquelle ledit ciblage est atteint par le contrôle des propriétés physico-chimiques du support.

18. Composition selon la revendication 9, dans laquelle ledit support comprend une ou plusieurs molécules de reconnaissance pour atteindre le ciblage.

19. Composition selon la revendication 18, dans laquelle ladite cible est une population de cellules.

20. Composition selon la revendication 18 ou 19, dans laquelle ladite une ou plusieurs molécules de reconnaissance sont sélectionnées parmi les anticorps, récepteurs/ligands, carbohydrates, protéines et fragments de peptide.

21. Composition selon l'une quelconque des revendications 1 à 20, comprenant en outre un agent thérapeutique.

22. Composition selon la revendication 21, dans laquelle ledit agent thérapeutique est sélectionné parmi des agents anti-cancer, antimicrobiens, antifongiques et antiviraux.

23. Utilisation de la composition telle que revendiquée dans l'une quelconque des revendications 1 à 20 pour l'imagerie d'une ou de plusieurs régions d'intérêt chez un mammifère en utilisant deux ou plusieurs modalités d'imagerie sélectionnées parmi l'imagerie par résonnance magnétique (IRM), rayons X, tomographie par émission de positrons (PET), tomographie assistée par ordinateur (CT), tomographie d'émission mono-photonique assistée par ordinateur (SPECT) et imagerie optique et leurs combinaisons.

24. Composition selon l'une quelconque des revendications 1 à 22 pour utilisation dans l'imagerie d'une ou de plusieurs régions d'intérêt chez un mammifère en utilisant deux ou plusieurs modalités d'imagerie sélectionnées parmi l'ima-

gerie par résonnance magnétique (IRM), rayons X, tomographie par émission de positrons (PET), tomographie assistée par ordinateur (CT), tomographie d'émission mono-photonique asssistée par ordinateur (SPECT), imagerie optique et leurs combinaisons, où une ou plusieurs régions d'intérêt précitées comprennent une anomalie, et où l'anomalie est détectée par ladite imagerie, en option ou l'anomalie est une tumeur.

25. Utilisation selon la revendication 23, dans laquelle ladite composition est utilisée comme marqueur fiduciaire.

26. Composition selon l'une quelconque des revendications 1 à 20 pour utilisation dans un procédé pour enregistrer des images obtenues de deux ou plusieurs modalités d'imagerie chez un mammifère, ledit procédé comprenant :

a) administrer à un mammifère la composition telle que revendiquée dans l'une quelconque des revendications 1 à 20, où dans la composition, chaque agent est spécifique d'au moins une desdites deux ou plusieurs modalités d'imagerie ;
b) obtenir une image d'une ou de plusieurs régions d'intérêt chez ledit mammifère en utilisant chacune desdites deux ou plusieurs modalités d'imagerie ; et
c) comparer les images obtenues dans b) pour dériver des informations complémentaires de ladite une ou plusieurs régions d'intérêt, en option où ladite information complémentaire est sélectionnée parmi une information anatomique, information moléculaire, information fonctionnelle, information physiologique et leurs combinaisons.

27. Composition pour utilisation selon la revendication 26, dans laquelle la composition comprend en outre un agent thérapeutique, et le procédé comprend en outre l'étape consistant à estimer un profil pharmacocinétique de l'agent thérapeutique.

28. Composition pour utilisation selon la revendication 27, comprenant en outre l'étape consistant à désigner un régime d'administration de l'agent thérapeutique basé sur ledit profil pharmacocinétique.

29. Kit pour l'assemblage d'une composition telle que revendiquée dans l'une quelconque des revendications 1 à 22 comprenant une formulation de support et deux ou plusieurs agents.

30. Kit selon la revendication 29, comprenant en outre un diluent acceptable du point de vue pharmaceutique.

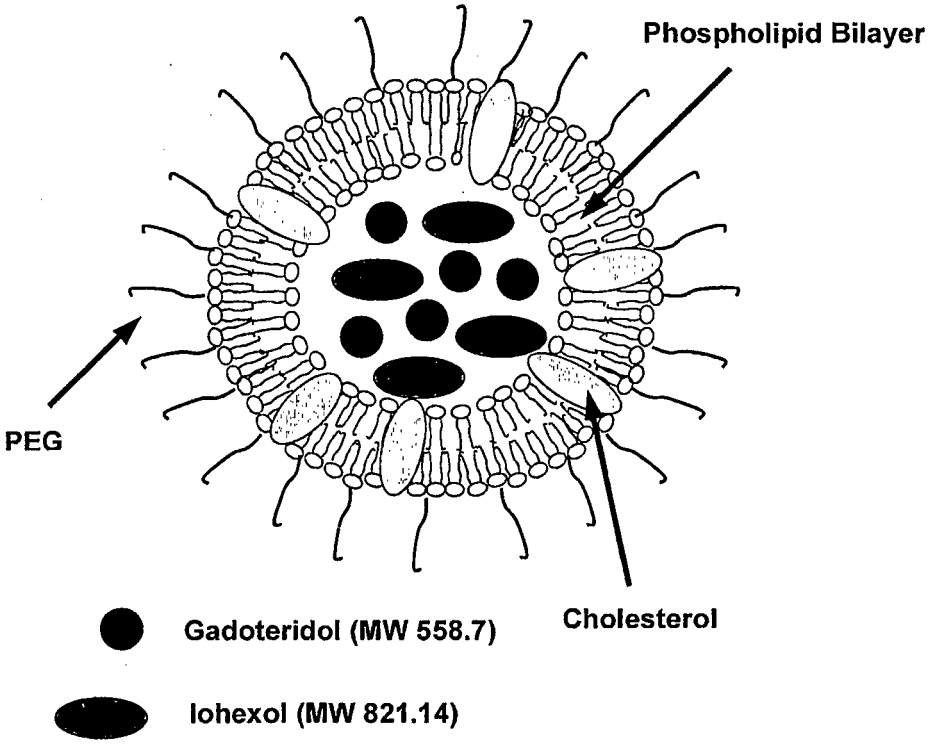

Phospholipid Bilayer
PEG
Cholesterol
Gadoteridol (MW 558.7)
Iohexol (MW 821.14)

FIGURE 1

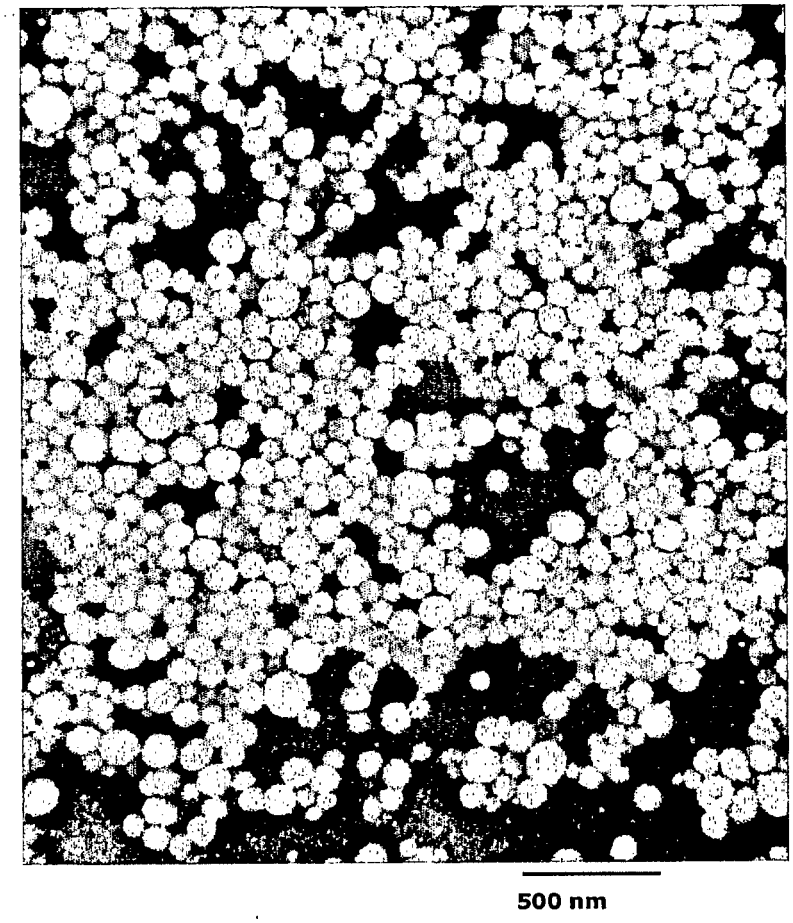


FIGURE 2(a)

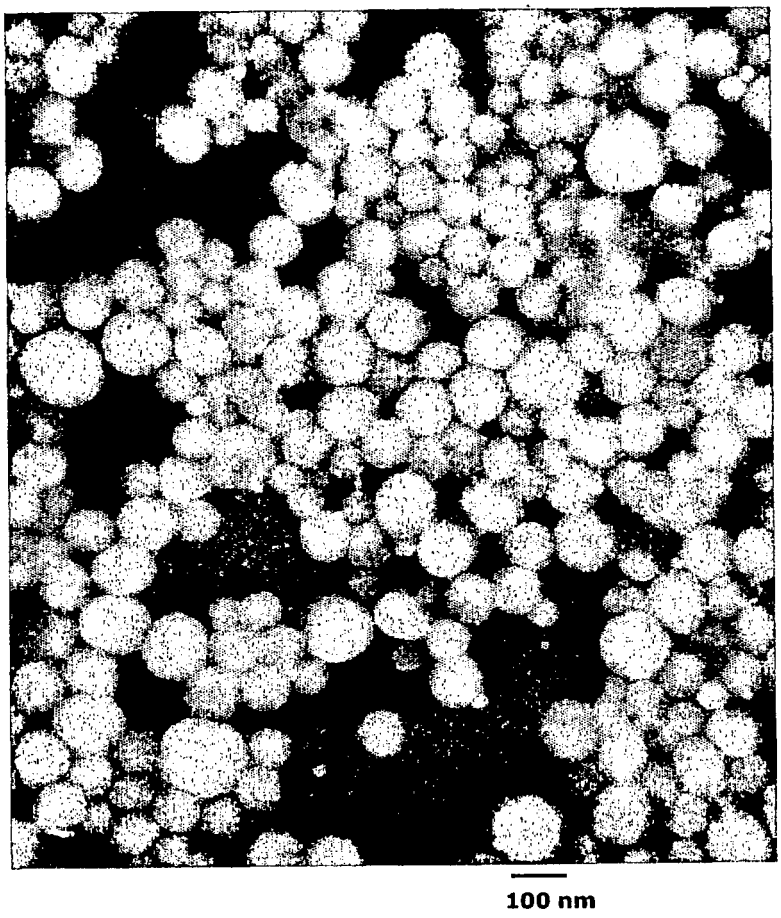


FIGURE 2(b)

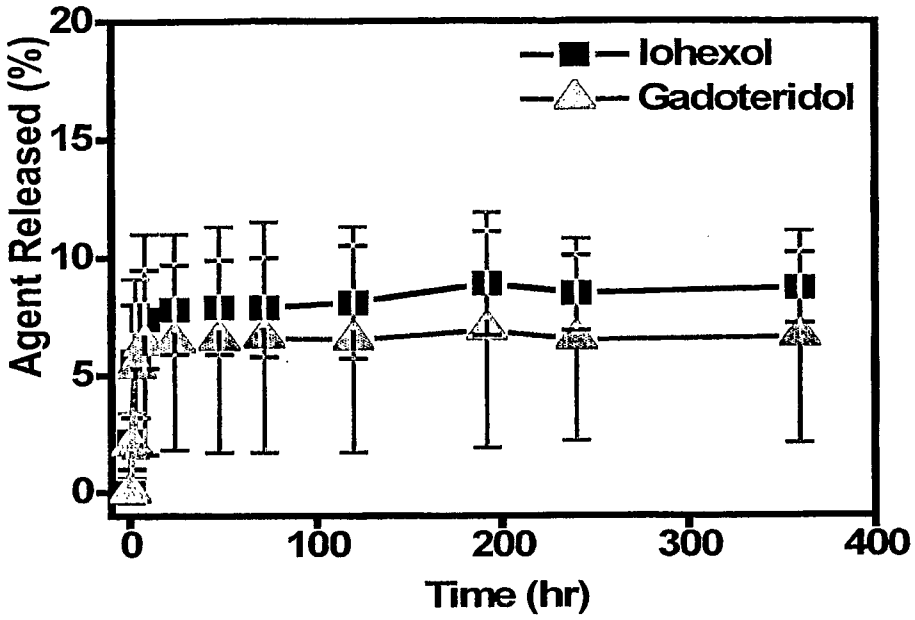


FIGURE 3(a)

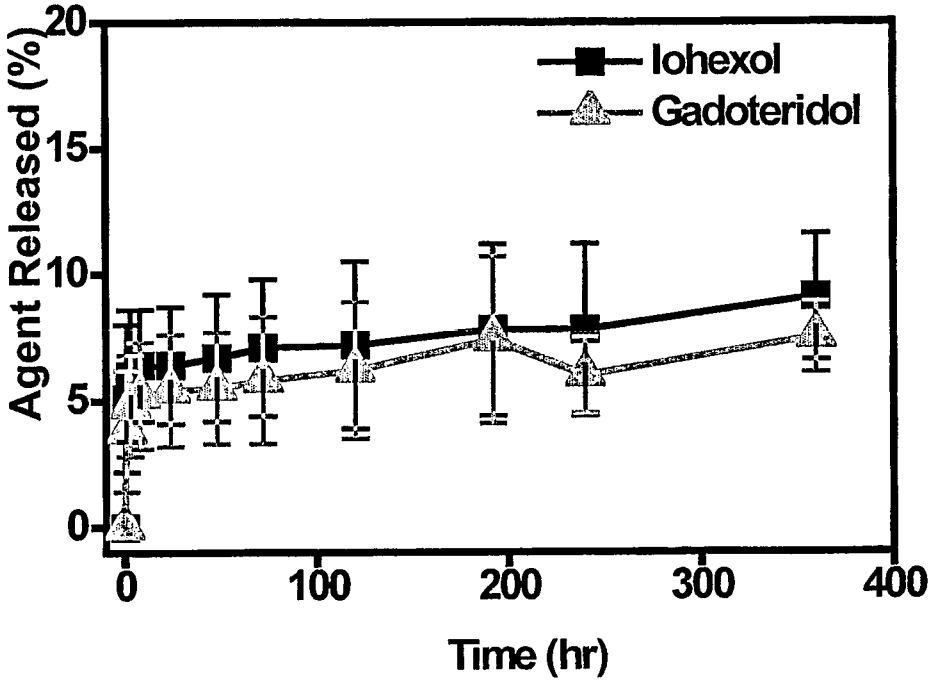


FIGURE 3(b)

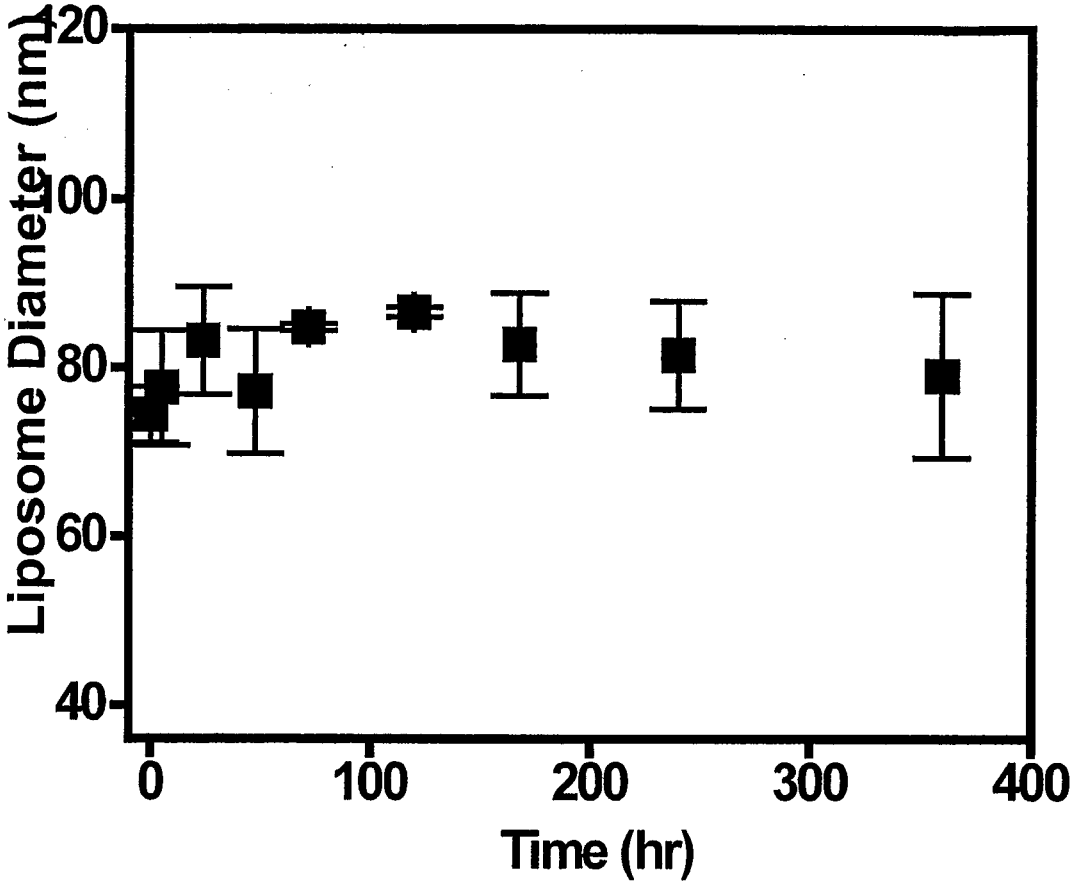


FIGURE 4

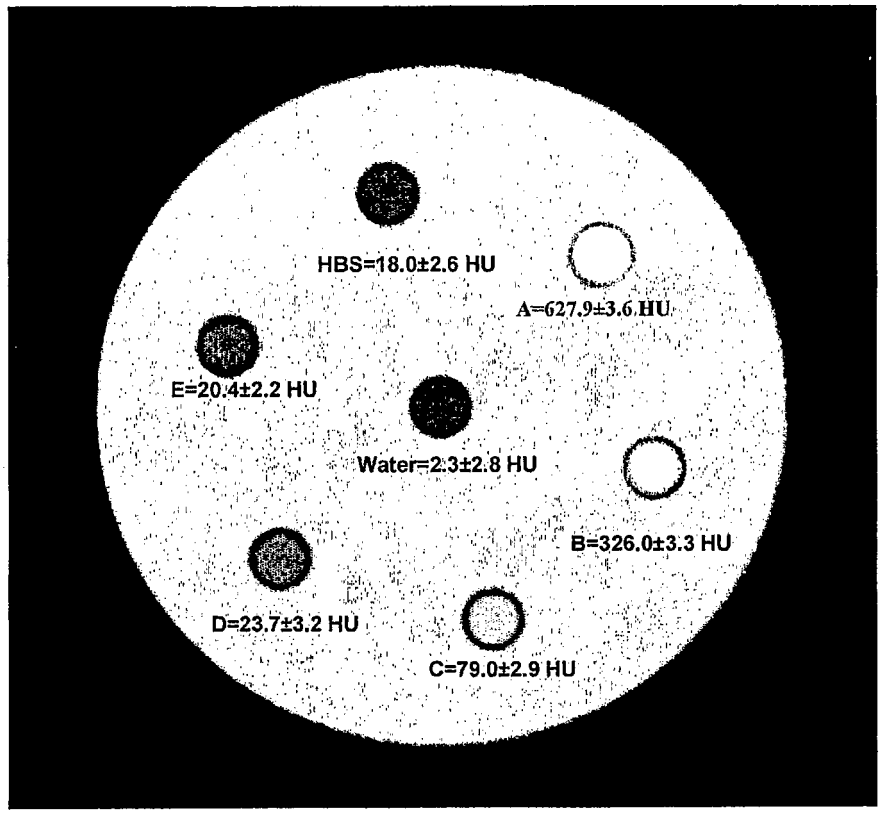

HBS=18.0±2.6 HU
A=627.9±3.6 HU
E=20.4±2.2 HU
Water=2.3±2.8 HU
B=326.0±3.3 HU
D=23.7±3.2 HU
C=79.0±2.9 HU

FIGURE 5(a)

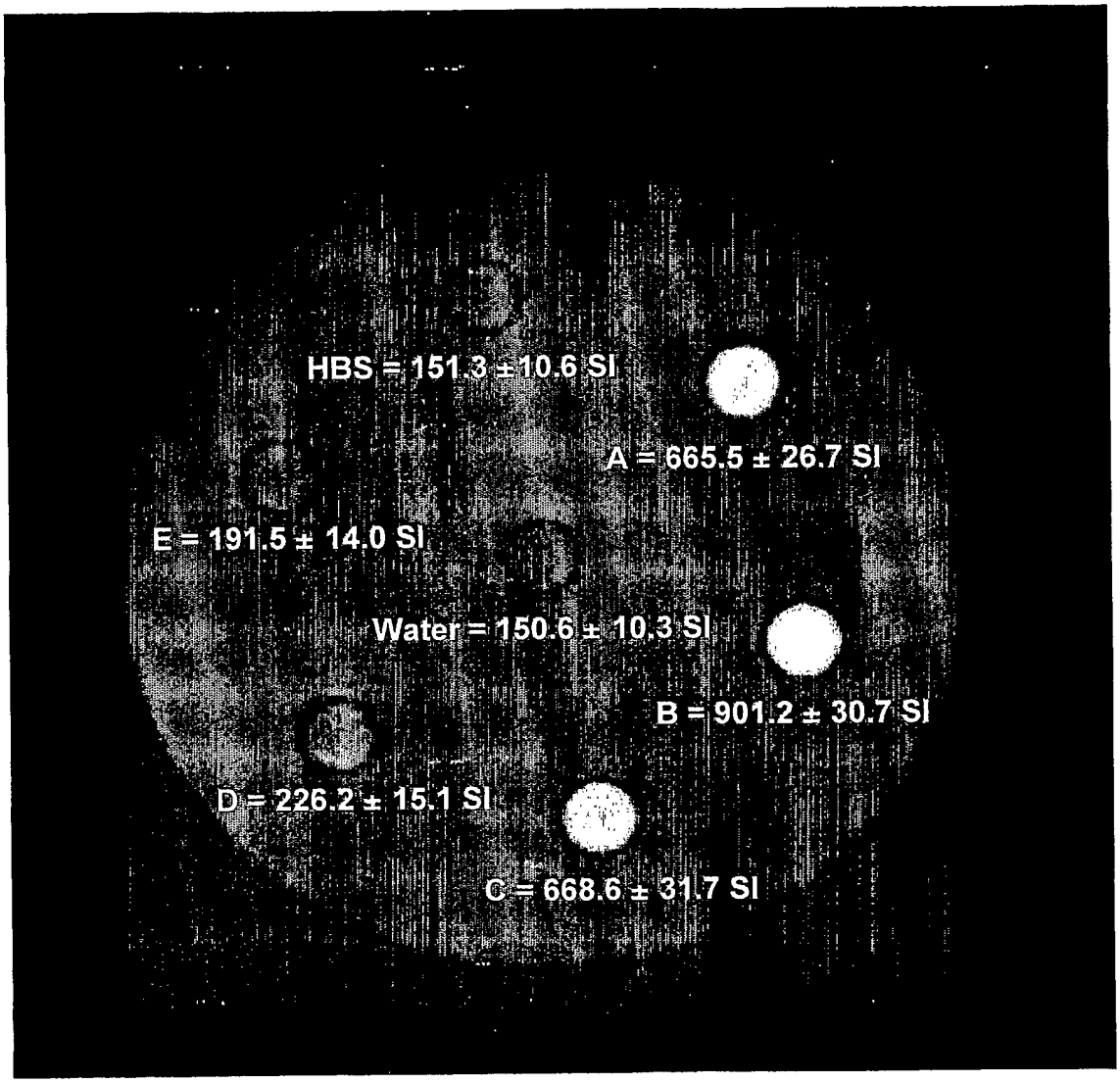

HBS = 151.3 ± 10.6 SI
A = 665.5 ± 26.7 SI
E = 191.5 ± 14.0 SI
Water = 150.6 ± 10.3 SI
B = 901.2 ± 30.7 SI
D = 226.2 ± 15.1 SI
C = 668.6 ± 31.7 SI

FIGURE 5(b)

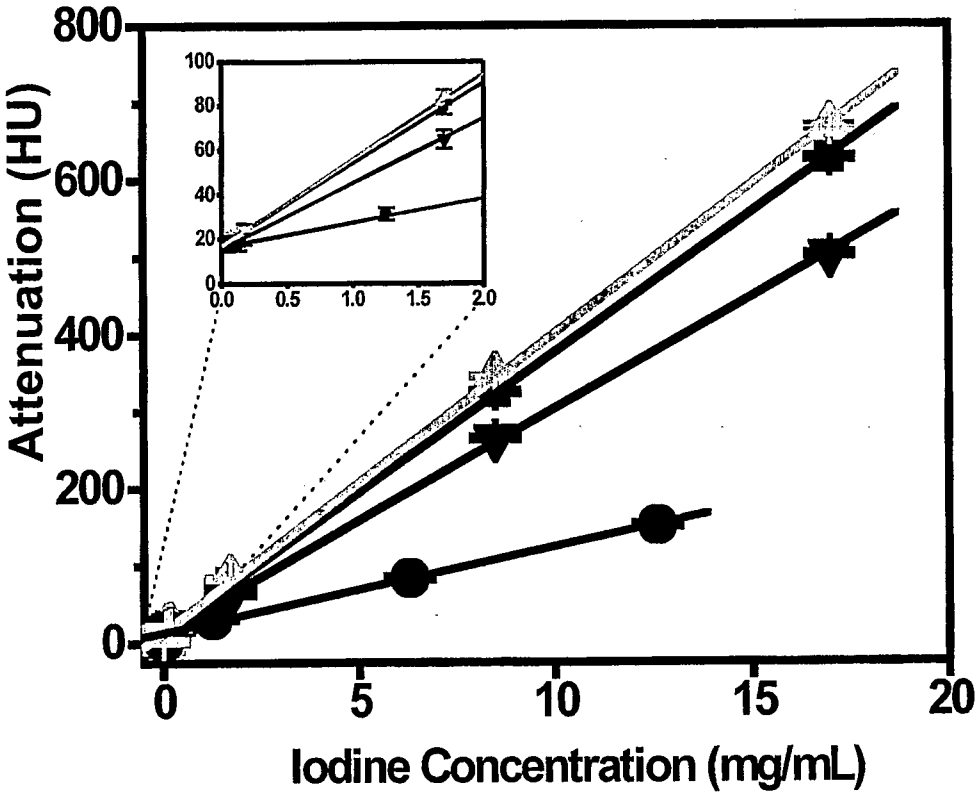

800
600
400
200
0
Attenuation (HU)
0
5
10
15
20
Iodine Concentration (mg/mL)
100
80
60
40
20
0
0.0
0.5
1.0
1.5
2.0

FIGURE 6(a)

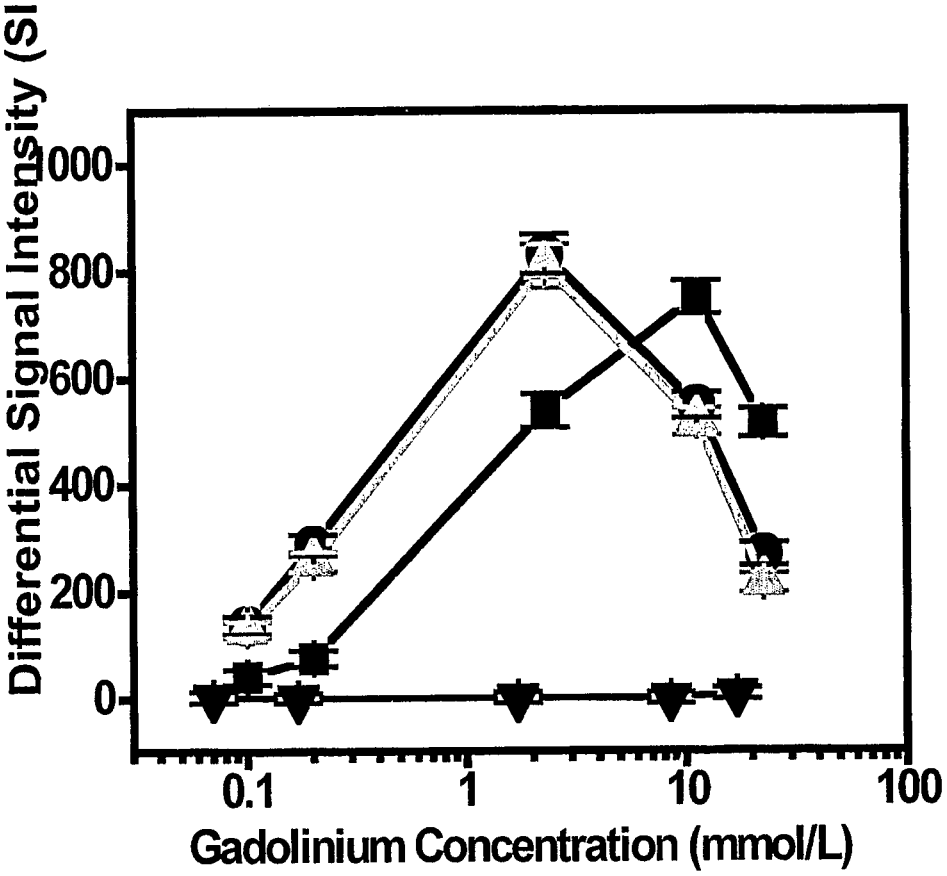

Differential Signal Intensity (SI
1000
800
600
400
200
0
0.1
1
10
100
Gadolinium Concentration (mmol/L)

FIGURE 6(b)

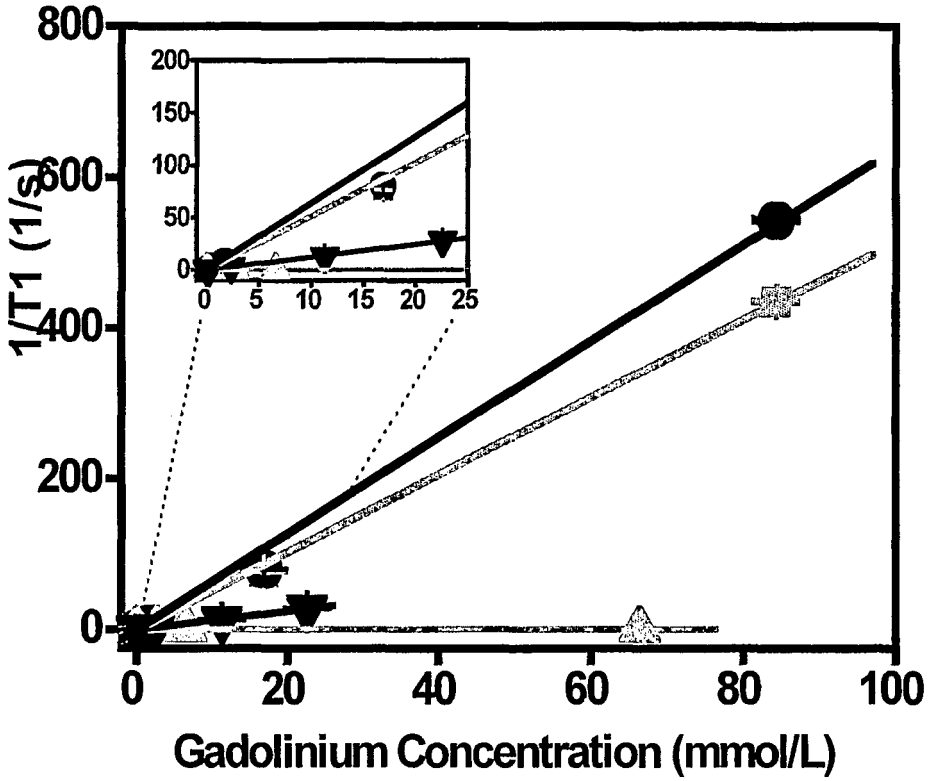

800
600
400
200
0
1/T1 (1/s)
0
20
40
60
80
100
Gadolinium Concentration (mmol/L)
200
150
100
50
0
0
5
10
15
20
25

FIGURE 7(a)

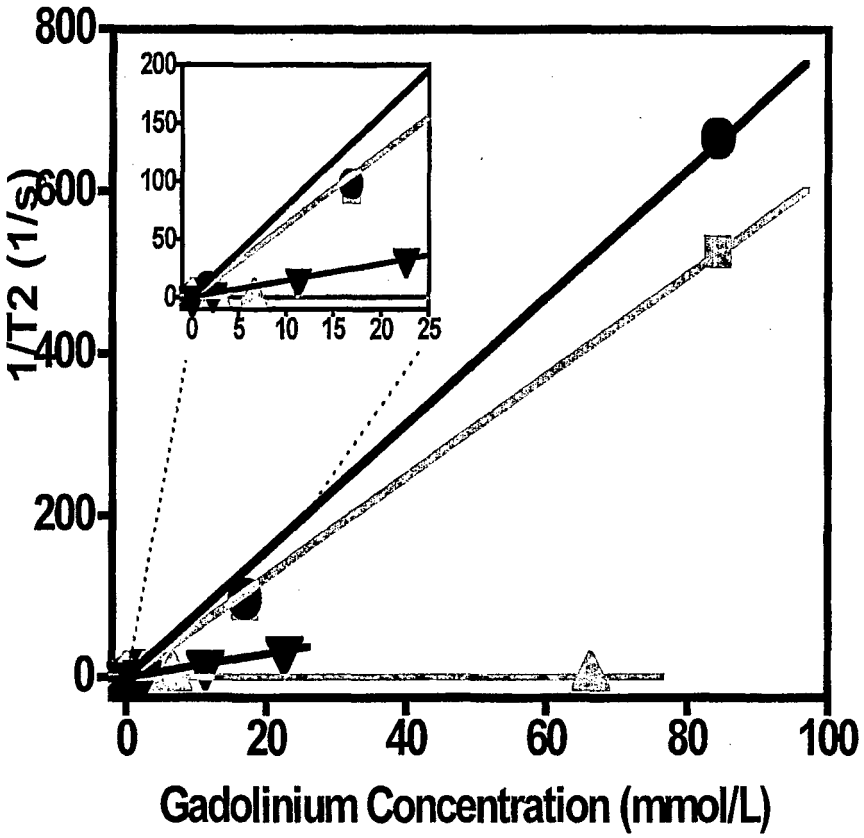

800
600
400
200
0
1/T2 (1/s)
0
20
40
60
80
100
Gadolinium Concentration (mmol/L)
200
150
100
50
0
0
5
10
15
20
25

FIGURE 7(b)

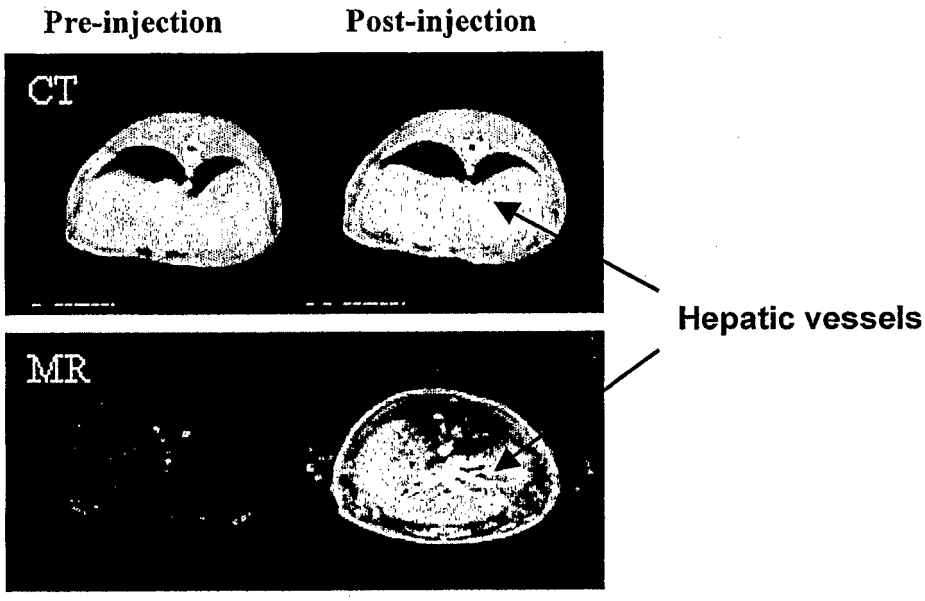


FIGURE 8

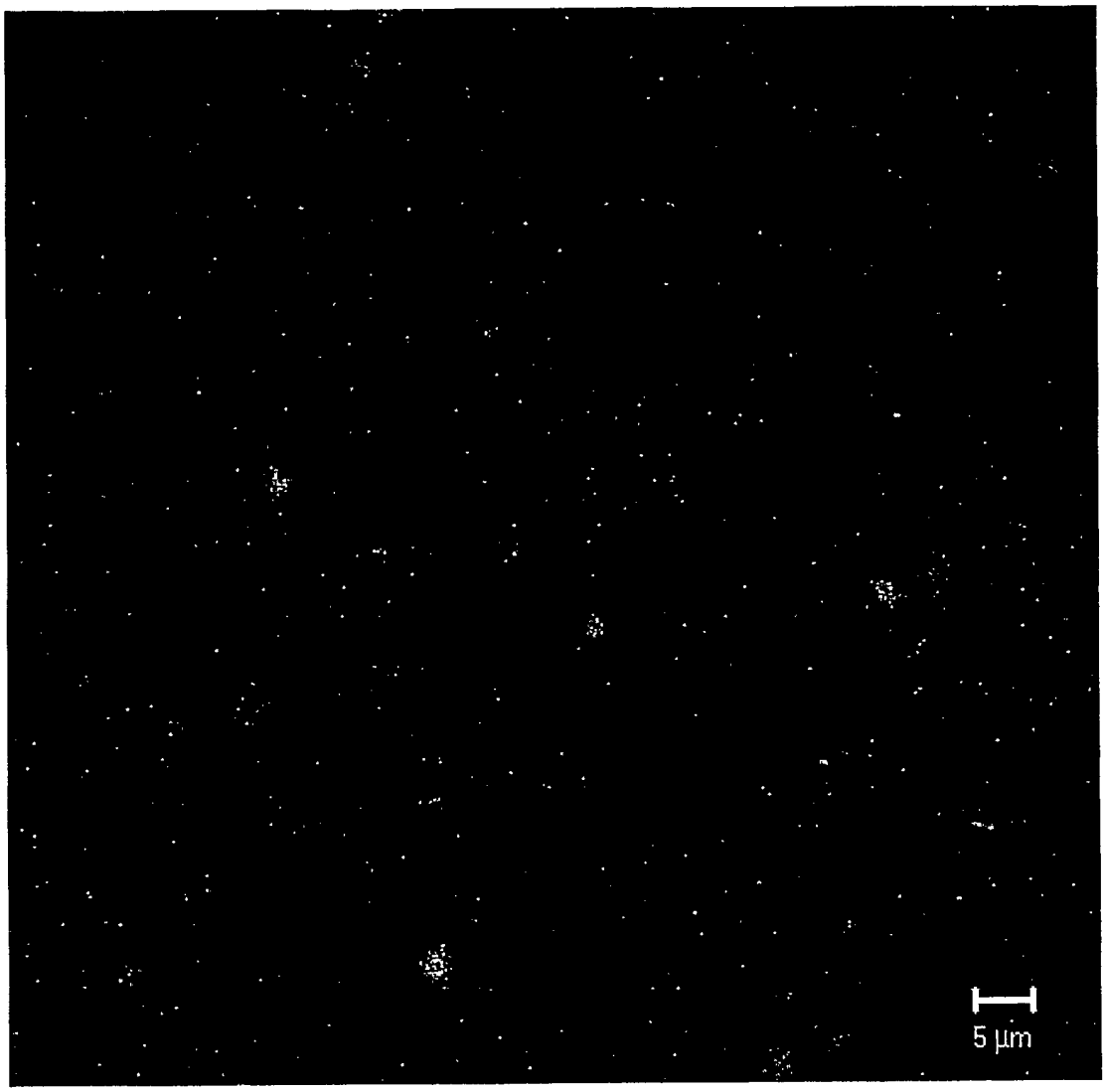
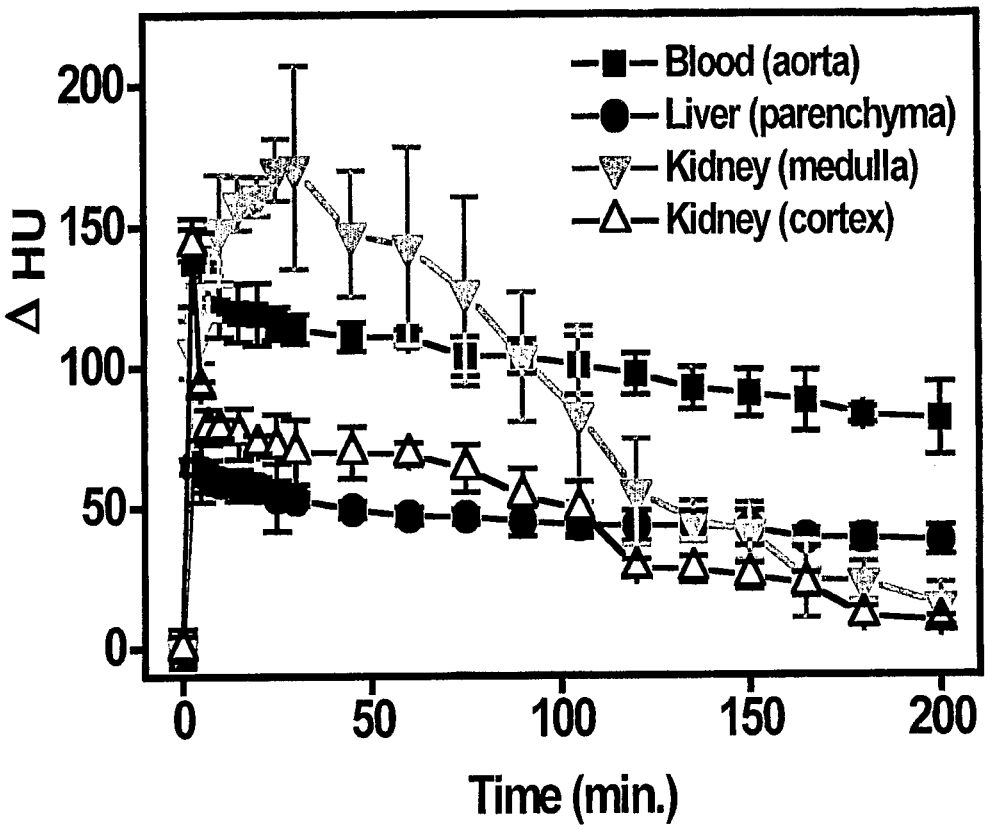


FIGURE 9


Blood (aorta)
Liver (parenchyma)
Kidney (medulla)
Kidney (cortex)
Δ HU
200
150
100
50
0
0
50
100
150
200
Time (min.)

FIGUR E 10(a)

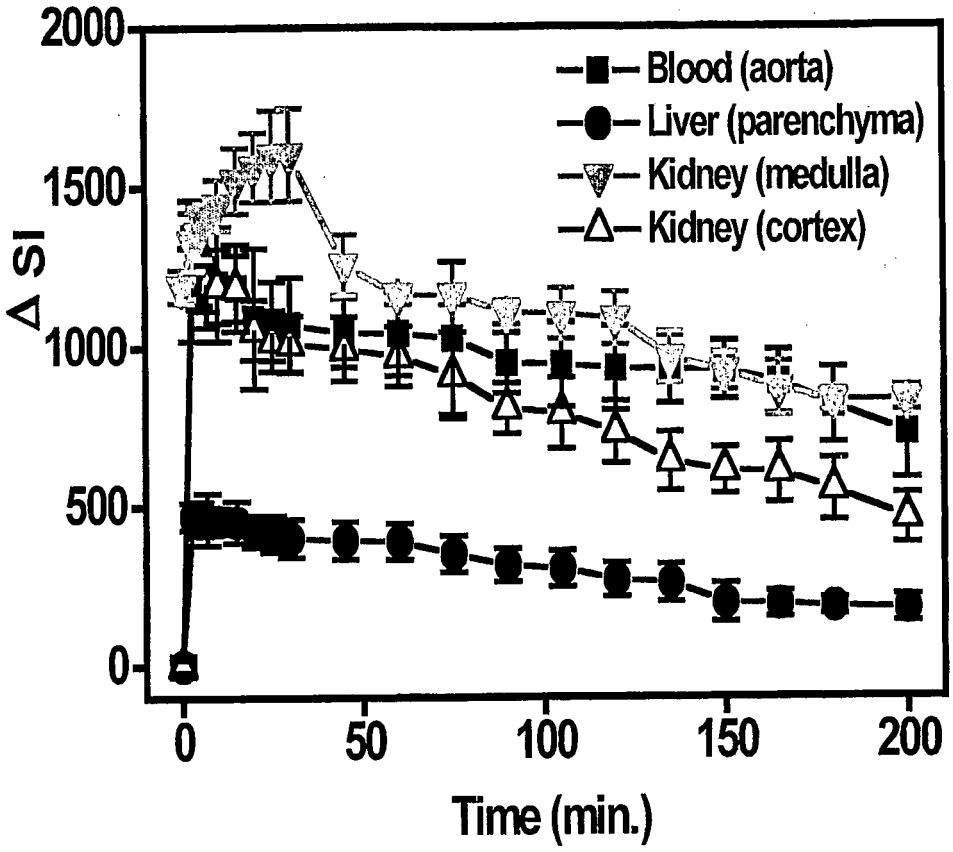

2000
1500
1000
500
0
Δ SI
0
50
100
150
200
Time (min.)
Blood (aorta)
Liver (parenchyma)
Kidney (medulla)
Kidney (cortex)

FIGURE 10(b)

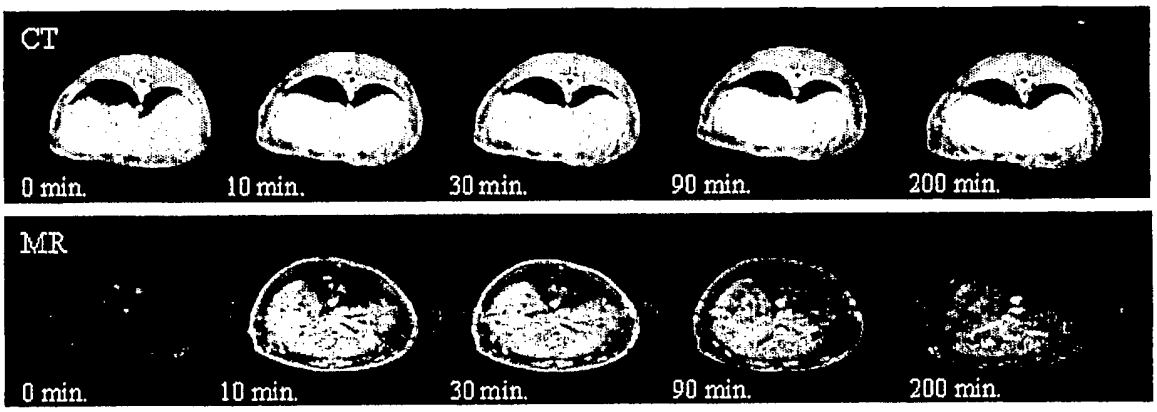


FIGURE 11(a)

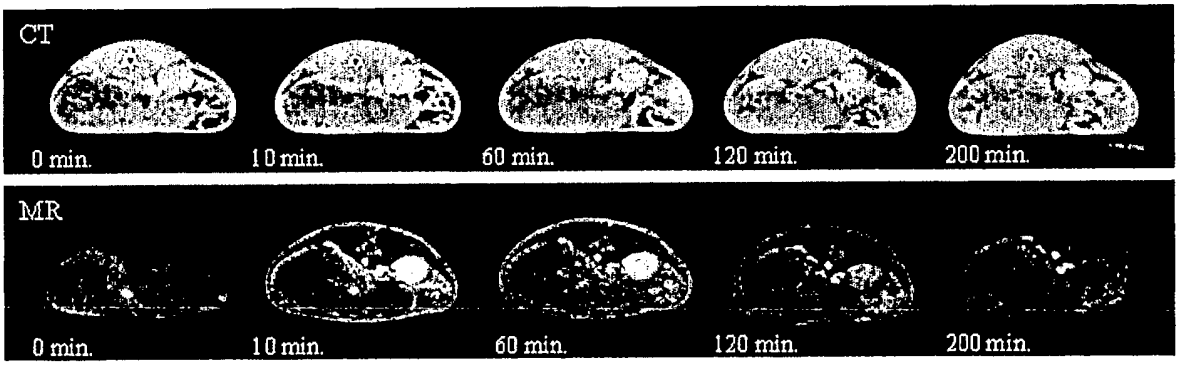


FIGURE 11(b)

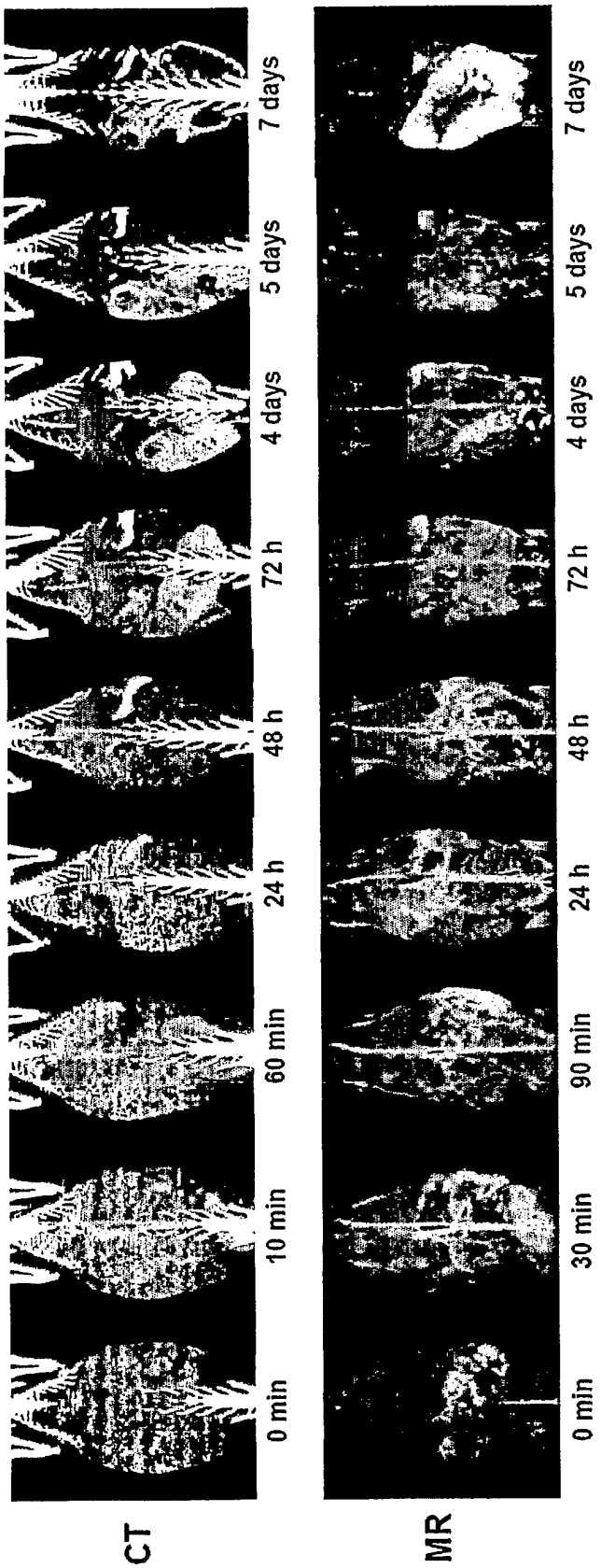

CT
MR
0 min
10 min
30 min
60 min
90 min
24 h
48 h
72 h
4 days
5 days
7 days

FIGURE 12

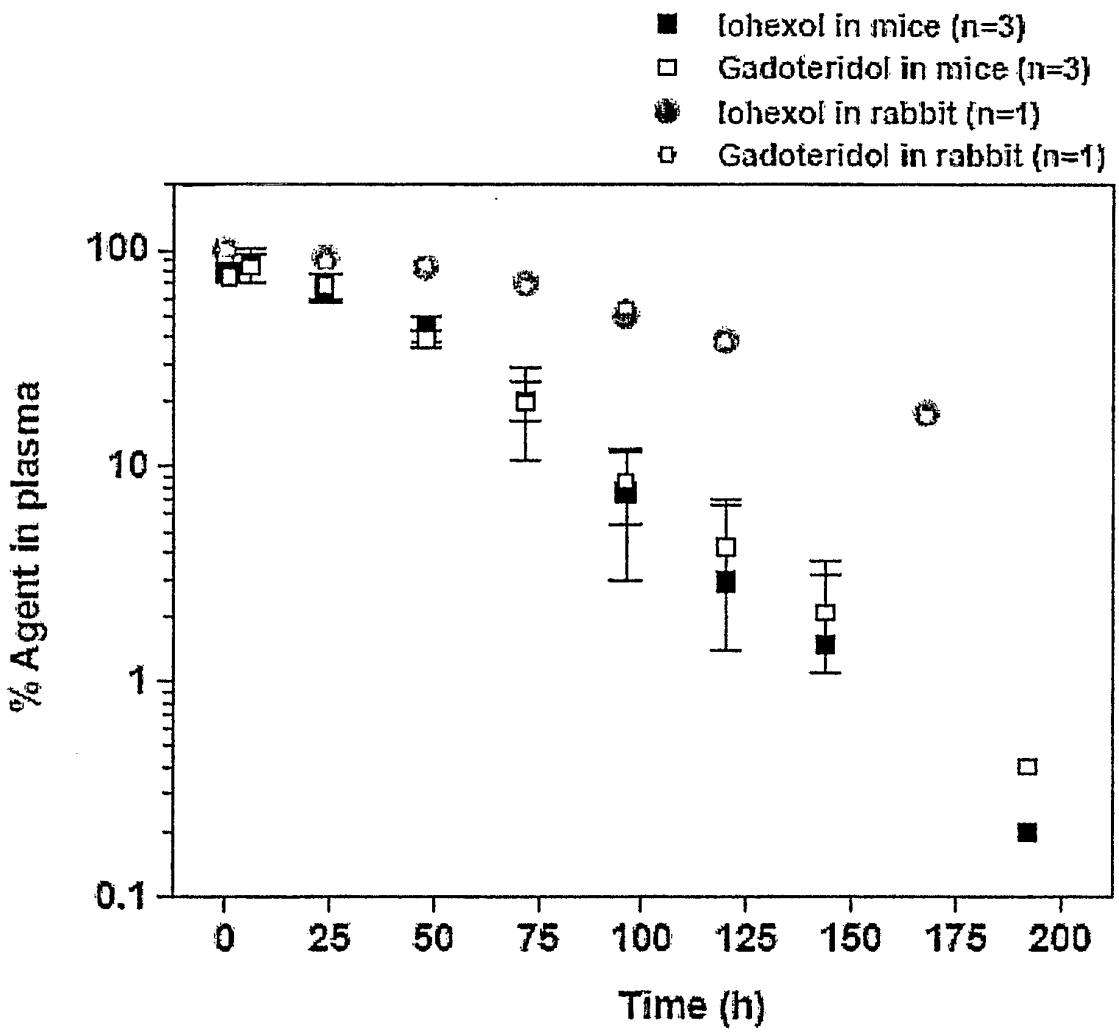

Iohexol in mice (n=3)
Gadoteridol in mice (n=3)
Iohexol in rabbit (n=1)
Gadoteridol in rabbit (n=1)
% Agent in plasma
100
10
1
0.1
0
25
50
75
100
125
150
175
200
Time (h)

FIGURE 13

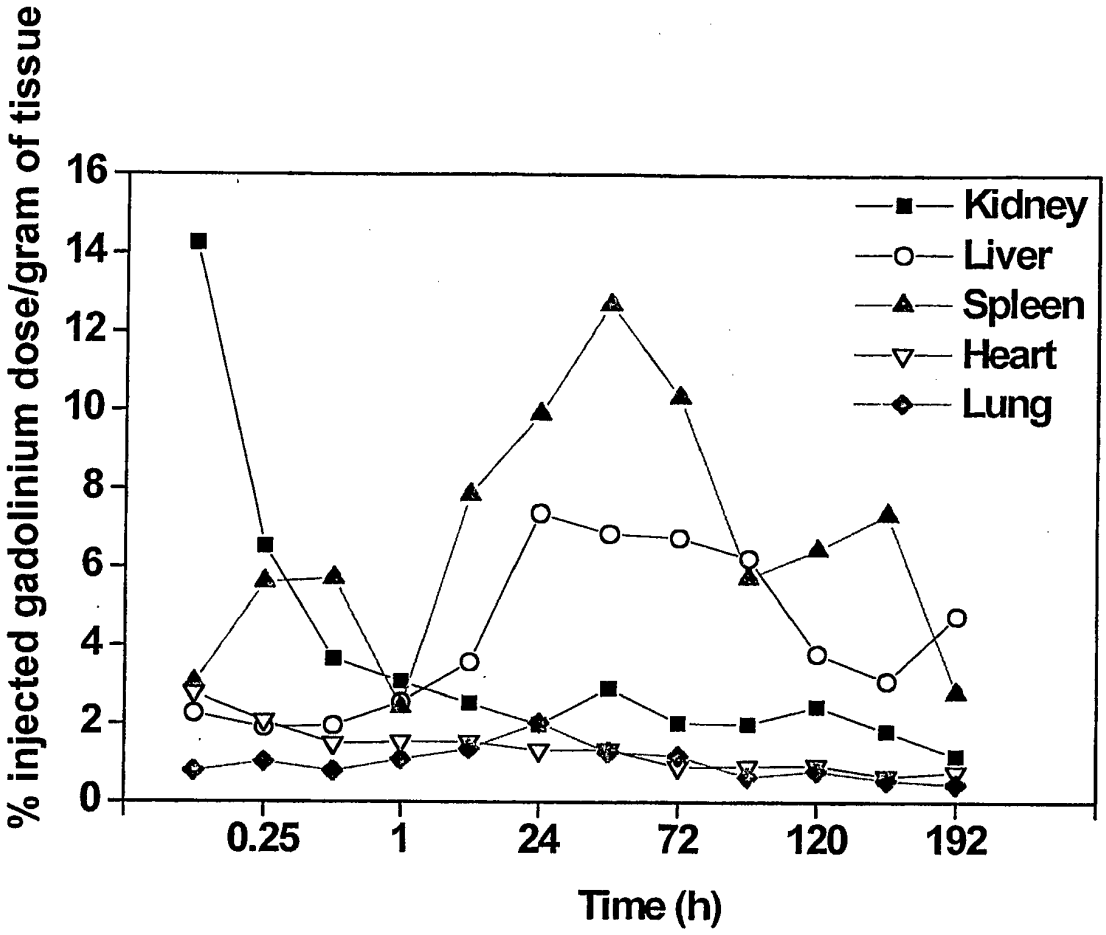

% injected gadolinium dose/gram of tissue
16
14
12
10
8
6
4
2
0
0.25
1
24
72
120
192
Time (h)
Kidney
Liver
Spleen
Heart
Lung

FIGURE 14

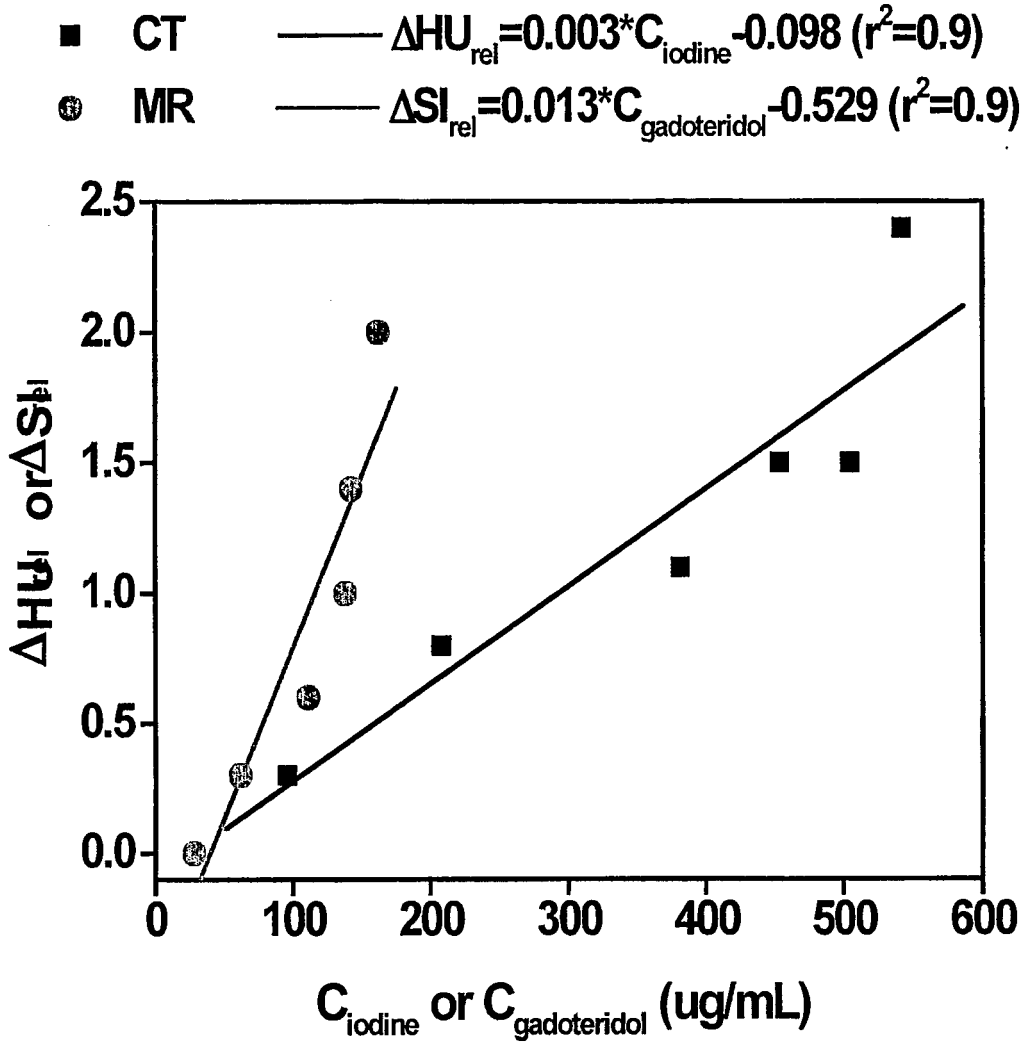

CT —— ΔHU_rel=0.003*C_iodine-0.098 (r²=0.9)
MR —— ΔSI_rel=0.013*C_gadoteridol-0.529 (r²=0.9)
2.5
2.0
1.5
1.0
0.5
0.0
0
100
200
300
400
500
600
C_iodine or C_gadoteridol (ug/mL)

FIGURE 15

REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Non-patent literature cited in the description

- **BARILLOT C ; LEMOINE D ; LE BRIQUER L et al.** *Eur J Radiol,* 1993, vol. 17, 22-27 **[0002]**
- **TOWNSEND DW.** *Mol Imaging Biol,* 2004, vol. 6, 275-290 **[0002]**
- **TOWNSEND DW ; CARNEY JP ; YAP JT et al.** *J Nucl Med,* 2004, vol. 45 (1), 4S-14S **[0002]**
- **TOWNSEND DW ; BEYER T.** *Br J Radiol,* 2002, vol. 75 (S24-30 **[0002]**
- **ROSENMAN JG ; MILLER EP ; TRACTON G et al.** *Int J Radiat Oncol Biol Phys,* 1998, vol. 40, 197-205 **[0002]**
- **RASCH C ; BARILLOT I ; REMEIJER P et al.** *Int J Radiat Oncol Biol Phys,* 1999, vol. 43, 57-66 **[0002]**
- **UEMATSU M ; SONDEREGGER M ; SHIODA A et al.** *Radiother Oncol,* 1999, vol. 50, 337-339 **[0002]**
- **JAFFRAY DA ; SIEWERDSEN JH ; WONG JW et al.** *Int J Radiat Oncol Biol Phys,* 2002, vol. 53, 1337-1349 **[0002]**
- **KRAUSE W.** *Adv Drug Deliv Rev,* 1999, vol. 37, 159-173 **[0003] [0004]**
- **SAEED M ; WENDLAND MF ; HIGGINS CB.** *J Magn Reson Imaging,* 2000, vol. 12, 890-898 **[0003] [0004] [0069]**
- **MCDONALD MA ; WATKIN BS ; WATKIN KL.** *Small Invest Radiol,* 2003, vol. 38, 305-310 **[0004]**
- **BLOEM JL ; WONDERGEM J.** *Radiology,* 1989, vol. 171, 578-579 **[0004]**
- **GIERDA DS ; BAE KT.** *Radiology,* 1999, vol. 210, 829-834 **[0004]**
- **QUINN AD ; O'HARE NJ ; WALLIS FJ et al.** *J Comput Assist Tomogr,* 1994, vol. 18, 634-636 **[0004]**
- **PENA CS ; KAUFMAN JA ; GELLER SC et al.** *J Comput Assist Tomogr,* 1999, vol. 23, 23-24 **[0004]**
- **KAO CY ; HOFFMAN EA ; BECK KC et al.** *Acad Radio,* 2003, vol. 10, 475-483 **[0005]**
- **LEIKE JU ; SACHSE A ; RUPP K.** *Invest Radiol,* 2001, vol. 36, 303-308 **[0005]**
- **LEANDER P ; HOGLUND P ; BORSETH A et al.** *Eur Radiol,* 2001, vol. 11, 698-704 **[0005]**
- **SCHMIEDL UP ; KRAUSE W ; LEIKE J et al.** *Acad Radiol,* 1999, vol. 6, 164-169 **[0005]**
- **SPINAZZI A ; CERIATI S ; PIANEZZOLA P et al.** *Invest Radiol,* 2000, vol. 35, 1-7 **[0005]**
- **PETERSEIN J ; FRANKE B ; FOUILLET X et al.** *Invest Radiol,* 1999, vol. 34, 401-409 **[0005]**
- **LEANDER P ; HOGLUND P ; KLOSTER Y et al.** *Acad Radiol,* 1998, vol. 5 (1), 6-8 **[0005]**
- **KRAUSE W ; LEIKE J ; SCHUHMANN-GIAMPIERI G et al.** *Acad Radiol,* 1996, vol. 3 (2), 235-237 **[0005]**
- **DICK A ; ADAM G ; TACKE J et al.** *Invest Radiol,* 1996, vol. 31, 194-203 **[0005]**
- **REVEL D ; COROT C ; CARRILLON Y et al.** *Invest Radiol,* 1990, vol. 25 (1), 95-97 **[0005]**
- **MUSU C ; FELDER E ; LAMY B et al.** *Invest Radiol,* 1988, vol. 23 (1), 126-129 **[0005]**
- **ZALUTSKY MR ; NOSKA MA ; SELTZER SE.** *Invest Radiol,* 1987, vol. 22, 141-147 **[0005]**
- **SELTZER SE ; SHULKIN PM ; ADAMS DF et al.** *AJR Am J Roentgenol,* 1984, vol. 143, 575-579 **[0005]**
- **JENDRASIAK GL ; FREY GD ; HEIM RC, JR.** *Invest Radiol,* 1985, vol. 20, 995-1002 **[0005]**
- **TORCHILIN VP.** *Curr Pharm Biotechnol,* 2000, vol. 1, 183-215 **[0005]**
- **SCHNEIDER T ; SACHSE A ; ROBLING G ; BRANDL M.** *Int J Pharm,* 1995, vol. 117, 1-12 **[0005]**
- **PAUSER S ; RESZKA R ; WAGNER S et al.** *Anticancer Drug Des,* 1997, vol. 12, 125-135 **[0005]**
- **WEISSIG W ; BABICH J ; TORCHILIN W.** *Colloids Surf B Biointerfaces,* 2000, vol. 18, 293-299 **[0005]**
- **MISSELWITZ B ; SACHSE A.** *Acta Radiol Suppl,* 1997, vol. 412, 51-55 **[0005]**
- **UNGER E ; NEEDLEMAN P ; CULLIS P et al.** *Invest Radiol,* 1988, vol. 23, 928-932 **[0005]**
- **KABALKA G ; BUONOCORE E ; HUBNER K et al.** *Radiology,* 1987, vol. 163, 255-258 **[0005]**
- **GRANT CW ; KARLIK S ; FLORIO E.** *Magn Reson Med,* 1989, vol. 11, 236-243 **[0005]**
- **NISHIOKA Y ; YOSHINO H.** *Adv Drug Deliv Rev.,* 2001, vol. 47, 55-64 **[0005]**
- **MOGHIMI SM ; RAJABI-SIAHBOOMI AR.** *Prog Biphys Molec Biol.,* 1996, vol. 65, 221-249 **[0005]**
- **OUSSOREN C ; STORM G.** *Adv Drug Deliv Rev,* 2001, vol. 50, 143-156 **[0005]**
- **SWARTZ MA.** *Adv Drug Deliv Rev.,* 2001, vol. 50, 3-20 **[0005]**
- **SWARTZ MA ; SKOBE M.** *Microsc Res Tech,* 2001, vol. 55, 92-99 **[0005]**
- **XIANG Y ; WANG J ; HUSSAIN SM ; KRESTIN GP.** *Eur Radiol.,* 2001, vol. 11, 2319-2331 **[0005]**
- **LANZA G.M. et al.** *CIRCULATION,* November 2002, vol. 106 (22 **[0006]**
- **SAUL JM ; ANNAPRAGADA A ; NATARAJAN JV et al.** *J Control Release,* vol. 92, 49-67 **[0031]**
- **LEE RJ ; LOW PS.** *Biochim Biophys Acta,* 1995, vol. 1233, 134-144 **[0031]**
- **LEE RJ ; LOW PS.** *J Biol Chem,* 1994, vol. 269, 3198-3204 **[0031]**

- **SPANJER HH ; SCHERPHOF GL.** *Biochim Biophys Acta,* 1983, vol. 734, 40-47 **[0031]**
- **SPANJER HH ; MORSELT H ; SCHERPHOF GL.** *Biochim Biophys Acta,* 1984, vol. 774, 49-55 **[0031]**
- **BANERJEE G ; NANDI G ; MAHATO SB et al.** *J Antimicrob Chemother,* 1996, vol. 38, 145-150 **[0031]**
- **LUCIANI A ; OLIVIER JC ; CLEMENT O et al.** *Radiology,* 2004, vol. 231, 135-142 **[0031]**
- **AFZELIUS P ; DEMANT EJ ; HANSEN GH et al.** *Biochim Biophys Acta,* 1989, vol. 979, 231-238 **[0031]**
- **BROWN PM ; SILVIUS JR.** *Biochim Biophys Acta,* 1990, vol. 1023, 341-351 **[0031]**
- **LUNDBERG B ; HONG K ; PAPAHADJOPOULOS D.** *Biochim Biophys Acta,* 1993, vol. 1149, 305-312 **[0031]**
- **HEATH TD ; MONTGOMERY JA ; PIPER JR et al.** *Proc Natl Acad Sci U S A,* 1983, vol. 80, 1377-1381 **[0031]**
- **DEBS RJ ; HEATH TD ; PAPAHADJOPOULOS D.** *Biochim Biophys Acta,* 1987, vol. 901, 183-190 **[0031]**
- **MATTHAY KK ; ABAI AM ; COBB S et al.** *Cancer Res,* 1989, vol. 49, 4879-4886 **[0031]**
- **MARUYAMA K ; HOLMBERG E ; KENNEL SJ et al.** *J Pharm Sci,* 1990, vol. 79, 978-984 **[0031]**
- **ALLEN TM ; AHMAD I, LOPES DE ; MENEZES DE et al.** *Biochem Soc Trans,* 1995, vol. 23, 1073-1079 **[0031]**
- **KIRPOTIN D ; PARK JW ; HONG K et al.** *Biochemistry,* 1997, vol. 36, 66-75 **[0031]**
- **PARK JW ; HONG K ; CARTER P et al.** *Proc Natl Acad Sci U S A,* 1995, vol. 92, 1327-1331 **[0031]**
- **LIU J ; XIAO Y ; ALLEN C.** *J Pharm Sci,* 2004, vol. 93, 132-143 **[0054]**
- **CARR H ; PURCELL E.** *Phys Rev,* 1954, vol. 94, 630-638 **[0057]**
- **TAKEDA M ; KATAYAMA Y et al.** *J Exp Med,* 1993, vol. 171, 119-128 **[0062]**
- **TWEEDLE MF ; WEDEKING P ; TELSER J et al.** *Magn Reson Med,* 1991, vol. 22, 191-194 **[0062]**
- **MORKENBORG J ; PEDERSEN M ; JENSEN FT et al.** *Magn Reson Imaging,* 2003, vol. 21, 637-643 **[0062]**
- **CHOYKE PL ; FRANK JA ; GIRTON ME et al.** *Radiology,* 1989, vol. 170, 713-720 **[0062]**
- **CARVLIN MJ ; ARGER PH ; KUNDEL HL et al.** *Radiology,* 1989, vol. 170, 705-711 **[0062]**
- **MAY DA ; PENNINGTON DJ.** *Radiology,* 2000, vol. 216, 232-236 **[0062]**
- **DAVIS PL ; PARKER DL ; NELSON JA et al.** *Invest Radiol,* 1988, vol. 23, 381-388 **[0062]**
- **MONTGOMERY DD ; MORRISON WB ; SCHWEITZER ME et al.** *J Magn Reson Imaging,* 2002, vol. 15, 334-343 **[0062]**
- **KOPKA L ; FUNKE M ; FISCHER U et al.** *AJR Am J Roentgenol,* 1994, vol. 163, 621 **[0062]**
- **KOPKA L ; FUNKE M ; FISCHER U et al.** *Rofo,* 1994, vol. 160, 349-352 **[0062]**
- **FOSSHEIM SL ; FAHLVIK AK ; KLAVENESS J et al.** *Magn Reson Imaging,* 1999, vol. 17, 83-89 **[0062] [0063]**
- **RAFFY S ; TEISSIE J.** *Biophys J,* 1999, vol. 76, 2072-2080 **[0068]**
- **LASIC DD.** *Trends Biotechnol,* 1998, vol. 16, 307-321 **[0068]**
- **DRUMMOND DC ; MEYER O ; HONG K et al.** *Pharmacol Rev,* 1999, vol. 51, 691-74 **[0068]**
- **ALLEN C ; DOS SANTOS N ; GALLAGHER R et al.** *Biosci Rep,* 2002, vol. 22, 225-250 **[0068]**
- **ALLEN TM ; HANSEN C.** *Biochim Biophys Acta,* 1991, vol. 1068, 133-141 **[0068]**
- **TRUBETSKOY VS ; CANNILLO JA ; MILSHTEIN A et al.** *Magn Reson Imaging,* 1995, vol. 13, 31-37 **[0068]**

专利名称(译)	用于多模态成像的组合物和方法		
公开(公告)号	EP1848464A4	公开(公告)日	2012-03-07
申请号	EP2006705162	申请日	2006-02-10
[标]申请(专利权)人(译)	大学健康网络		
申请(专利权)人(译)	大学健康网络		
当前申请(专利权)人(译)	大学健康网络		
[标]发明人	JAFFRAY DAVID ALLEN CHRISTINE ZHENG JINZI REILLY RAYMOND MATTHEW PERKINS GREGORY JASON		
发明人	JAFFRAY, DAVID ALLEN, CHRISTINE ZHENG, JINZI REILLY, RAYMOND MATTHEW PERKINS, GREGORY JASON		
IPC分类号	A61K49/00 A61K9/127 A61B8/00 A61B6/00 A61B5/055 A61K51/00 A61B5/00 A61B8/08 A61K49/04 A61K49/18 A61K51/12		
CPC分类号	A61K49/04 A61B5/055 A61B5/415 A61B5/418 A61B6/00 A61B6/5247 A61B8/00 A61B8/5238 A61K9/127 A61K9/1271 A61K49/0002 A61K49/0466 A61K49/1812 A61K51/1234		
优先权	60/651638 2005-02-11 US		
其他公开文献	EP1848464A1 EP1848464B1		
外部链接	Espacenet		

摘要(译)

提供了用于医学成像的信号调节组合物，其包含载体和特异于两种或更多种成像模态的信号调节剂。该组合物的特征在于保留效率，相对于信号调节剂，其能够实现延长的对比度成像，而不会从载体中显着消耗信号调节剂。本发明的载体是基于脂质的或基于聚合物的，其物理化学性质可以被修饰以捕获或螯合不同的信号调节剂及其混合物，并靶向哺乳动物内的特定器官或肿瘤或组织。