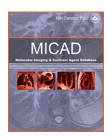


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Biotinylated anti-Tn ML\$128 monoclonal antibodystreptavidin-¹¹¹In-DTPA-biotin

Bt-MLS128-SA-111 In-biotin

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Chemical name:	Biotinylated anti-Tn MLS128 monoclonal antibody-streptavidin- ¹¹¹ In-DTPA-biotin	
Abbreviated name:	Bt-MLS128-SA- ¹¹¹ In-biotin	
Synonym:		
Agent Category:	Antibody	
Target:	Tumor-associated carbohydrate Tn antigen	
Target Category:	Antigen	
Method of detection:	Single-photon emission computed tomography (SPECT); gamma planar imaging	
Source of signal / contrast:	¹¹¹ In	
Activation:	No	
Studies:	 In vitro Rodents	No structure available.

Background

[PubMed]

Tn antigen is a tumor-associated carbohydrate epitope (*N*-acetyl-galactosamine (GalNAc)-*O*-Ser/Thr (GalNAca-*O*-Ser/Thr)) (1-3). Three-step targeting with biotinylated MLS128 monoclonal antibody (Bt-MLS128 mAb), streptavidin (SA), and ¹¹¹In-diethylenetriamine pentaacetic acid (DTPA)-biotin (¹¹¹In-biotin) was developed for *in vivo* imaging of Tn antigen-expressing tumors (4). It was designed on the basis of avidin's extraordinarily high binding affinity for biotin.

Avidin's high affinity for biotin was first exploited in histochemical applications in the mid-1970s (5, 6). This affinity is more than one million times higher than that of most antibodies for most antigens. Avidin has four binding sites for biotin, and most proteins, including enzymes, can be conjugated with several molecules of biotin. The avidin-biotin binding is essentially irreversible. These properties allow molecular complexes to be formed between avidin and biotinylated antibodies. In addition, small molecular sizes of avidin and biotin allow improved tumor uptake and rapid intratumoral spatial distribution.

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Altered glycosylation on the cell surface is a hallmark of malignant transformation and tumor progression. Incomplete synthesis of the carbohydrate chains and precursor accumulation result in loss of the normal carbohydrate antigens and high expression of the tumor-associated carbohydrate antigens (7-9). Lewis Y, TF, Globo H, GM2, polysialic acid, sialyl Lewis A, Tn, and sialyl Tn are some of the antigens investigated intensively as diagnostic markers or as vaccine antigens (8-11). The antigen was first reported as a tumor-associated antigen nearly 40 years ago (12). It is composed of a single GalNAc glycan residue attached *via* an α -linkage to either the serine (Ser) or the threonine (Thr) of a polypeptide chain (9, 11). In normal tissues, Tn antigen is masked by covalently bound terminal carbohydrate moieties, but in tumors it is unmasked because of defective Oglycosylation. Accordingly, Tn antigen is rarely expressed in normal tissues, but it is widely expressed in human carcinomas or hematological cancers. It has been reported that the Tn antigen is expressed in 70–90% of breast, colon, lung, bladder, cervical, ovarian, stomach, and prostate tumors (1, 3, 7). The expression levels of the Tn antigen are closely associated with tumor aggressiveness and poor survival of patients (8, 10). In addition, Tn antigen is recognized by the human immune system as a novel epitope, provoking immune responses in patients. There is a strong correlation among the expression of the Tn antigen, the development of the spontaneous antibodies against Tn, and the prognosis for patients with carcinomas. Clinical trials are under way to deliberately provoke or enhance human immune responses by injecting patients with synthetic peptide antigens bearing Tn structure (3, 8, 13-15). Tn antigen has attracted significant interest as a target for tumor diagnosis and immunotherapy. A number of anti-Tn IgG and IgM antibodies have been generated and investigated for their imaging feasibilities and anti-tumor activities (2, 4, 16-22). The results are generally inconsistent. There are still some issues to be resolved, such as immunogenicity, reduced effectiveness in vivo, and cross-reactivity against type-A blood antigen. In addition, directly radiolabeled antibodies usually show a slow and low uptake by tumors, and their blood clearance is also slow. Nakamoto et al. tested the imaging feasibility of three-step targeting with Bt-MLS128, SA, and ¹¹¹In-biotin in mice bearing LS180 human colon cancer xenografts (4).

Note: Investigators from the same research group as Nakamoto et al. also labeled the anti-Tn MLS128 mAb directly with $^{125}\text{I}/^{131}\text{I}$ ($^{125}\text{I}/^{131}\text{I-MLS128}$) and ^{111}In ($^{111}\text{In-MLS128}$), separately, and investigated their biodistribution and the feasibility of imaging tumors in mice bearing LS180 tumor xenografts. They also tested the imaging feasibility of two-step targeting with Bt-MLS128 and $^{125}\text{I-SA}$ (Bt-MLS128- $^{125}\text{I-SA}$) in mice with LS180 tumor xenografts (17, 19, 20, 23, 24).

Synthesis

[PubMed]

Imaging with three-step targeting included three agents: Bt-MLS128, SA, and 111 In-biotin (4, 20). The anti-Tn MLS128 is a mouse IgG3 antibody with κ light chain, and it was produced by immunizing mice with LS180 human colorectal cancer cells (21). The antibody was purified from the ascitic fluid of the hybridoma-bearing mice with protein A affinity chromatography. The murine OST6 mAb against an alkaline phosphatase-related substance was used as the control. The antibodies were biotinylated by mixing them with sulfosuccinimidyl-6-(biotinamido)hexanoate, and they were then purified with chromatography on PD-10 gel. The average numbers of biotin molecules coupled to the MLS128 and OST6 were 1.2 and 1.7, respectively. Bt-MLS128, Bt-OST6, and SA were also labeled with 125 I with the chloramine-T method. The labeling efficiencies of radioiodinated Bt-MLS128, Bt-OST6, and SA were 63.2, 58.3, and 81.3%, respectively, and their specific activities were 23.4, 21.6, and 30.1 GBq/µg (0.63, 0.58, and 0.81 kCi/µg), respectively. The 111 In-DTPA-biotin was developed by mixing DTPA-biotin with 111 In-chloride. The labeling efficiency of the 111 In-biotin was >99%, and its specific activity was 296.0 GBq/µg (8 kCi/µg).

In Vitro Studies: Testing in Cells and Tissues

[PubMed]

Nakamoto et al. analyzed the binding abilities of 125 I-Bt-MLS128 and 125 I-SA to the immobilized avidin, biotin, and LS180 tumor cells by incubating them together for 1 h at 4°C (4). More than 95% of 125 I-Bt-MLS128 bound to immobilized avidin. The immunoreactive fraction of 125 I-Bt-MLS128 that bound to the LS180 tumor cells was 47.2%, which was slightly lower than that of the unmodified MLS128 (data not shown). 125 I-SA showed >90% binding to the biotin-coated beads. There was no significant binding between the control 125 I-Bt-OST6 and the LS180 cells.

Animal Studies

Rodents

[PubMed]

Nakamoto et al. analyzed the biodistribution of the Bt-MLS128, 125 I-SA, and 111 In-biotin system in female BALB/c nu/nu mice bearing subcutaneous LS180 tumor xenografts (4). The mice were pretreated with intravenous (i.v.) administration of Bt-MLS128, followed by i.v. injection of 125 I-SA 2 days later. 111 In-biotin was administered via i.v. injection on day 1, 4, or 7, separately, after injection of 125 I-SA (n = 4-5 mice/time point). The mice were euthanized 2 h later, and the radioactivity levels of 125 I and 111 In were simultaneously counted with dual-channel counting. For the control mice, Bt-OST6 was given to the mice instead of Bt-MLS128.

The biodistribution data collected by counting the ¹²⁵I-SA accumulation showed that the tumor had a significantly higher uptake of 125 I-SA in the Bt-MLS128-pretreated mice than in control mice (P < 0.05). The 125 I-SA radioactivity in the tumors decreased gradually over time: 6.39 ± 1.23 , 4.66 ± 0.52 , and $3.24 \pm 0.92\%$ injected dose per gram of tissue (ID/g) on days 1, 4, and 7, respectively. The radioactivity levels of ¹²⁵I-SA decreased much faster in blood than in tumors: 1.75 ± 0.32 , 0.5 ± 0.17 , and $0.28 \pm 0.03\%$ ID/g in blood on days 1, 4, and 7, respectively. The difference in ¹²⁵I-SA clearance between the tumor and blood resulted in increased tumor/blood ratios over time: 3.69, 9.90, and 11.62, on days 1, 4, and 7, respectively (P < 0.05). Among the organs examined, the kidney had the highest level of 125 I-SA radioactivity: 44.67 ± 6.58 , 44.04 ± 7.12 , and 26.36 \pm 2.08% ID/g on days 1, 4, and 7, respectively. The biodistribution data collected by counting the 111 In-biotin accumulation also showed that the tumor had a significantly higher level of ¹¹¹In-biotin radioactivity in the Bt-MLS128-pretreated mice than in control mice (0.51 \pm 0.07 versus 0.14 \pm 0.01% ID/g on day 4, P < 0.05). The radioactivity levels of ¹¹¹In-biotin in the tumors decreased with the prolonged interval between injections of ¹²⁵I-SA and ¹¹¹In-biotin, but the facilitated blood clearance of ¹¹¹In-biotin compensated for the decreased tumor uptake, providing higher tumor/blood ratios. The radioactivity levels in the tumors were $1.41 \pm 0.24, 0.51$ \pm 0.07, and 0.56 \pm 0.14% ID/g, respectively, and the tumor/blood ratios were 1.51, 2.61, and 4.01, on day 1, 4, or 7, respectively (P < 0.05). Again, among the organs examined, the kidney had the highest level of ¹¹¹In-biotin radioactivity: 8.83 ± 1.81 , 6.97 ± 0.70 , and $5.88 \pm 1.29\%$ ID/g on days 1, 4, and 7, respectively. Scintigraphic images were consistent with the results of biodistribution data. Clear tumor images were obtained as early as 2 h after injection of ¹¹¹In-biotin.

Zhang et al. from the same research group as Nakamoto et al. analyzed the biodistribution of the Bt-MLS128, SA, and 111 In-biotin system in female BALB/c *nu/nu* mice bearing LS180 intraperitoneal tumor xenografts (20). The study involved i.v. pretreatment with Bt-MLS128 for 48 h, followed by intraperitoneal (i.p.) injection of SA. At 24 h after SA injection, 111 In-biotin was administered *via* i.v. or i.p. injection, and the mice were euthanized 2 h later. The data showed that i.p. injection of 111 In-biotin resulted in significantly higher tumor uptake (9.54 \pm 3.51 *versus* 3.60 \pm 0.77% ID/g, P < 0.05) and tumor/blood ratio (2.80 \pm 1.24 *versus* 1.03 \pm 0.21, P < 0.05) than i.v. injection. With increasing doses from 0.3 µg to 10 µg of 111 In-biotin, the tumor uptake of 111 In-biotin decreased (9.54 \pm 3.51 *versus* 1.47 \pm 0.30% ID/g, P = 0.007), but the tumor/blood ratio was not different (2.80 \pm 1.24 *versus* 2.97 \pm 0.44, P > 0.5). It is worth noting that the relative doses of the various reagents in multistep targeting are

more complicated than that of antibody in one-step targeting. Tumor uptake of the ¹²⁵I-SA improved with an increased dose of Bt-MLS128. However, this also provided more antibodies in circulation and slowed down the clearance of radioactivity, thus affecting the tumor/blood ratio. On the other hand, the higher dose of radioabeled SA or biotin decreased the tumor uptake of radioactivity, which may be related to relative limited number of the binding site in tumor. At the same time, the less complex formed in circulation, the faster the clearance of radioactivity, leading to less change of the tumor/blood ratio.

Other Non-Primate Mammals

[PubMed]

No references are currently available.

Non-Human Primates

[PubMed]

No references are currently available.

Human Studies

[PubMed]

No references are currently available.

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