Collimator Selection, Acquisition Speed, and Visual Assessment of $^{131}$I-Tositumomab Biodistribution in a Phantom Model

Hung K. Tan, CNMT, Richard W. Wassenaar, PhD, and Wanzhen Zeng, MD, PhD

Division of Nuclear Medicine, Ottawa Hospital, Ottawa, Ontario, Canada

$^{131}$I-Tositumomab has been used in treating patients with non-Hodgkin’s lymphoma. It is generally recommended that high-energy collimators be used to image patients before they receive $^{131}$I-tositumomab therapy, to determine the effective half-life for therapeutic dose and gross biodistribution. Because many nuclear medicine departments do not possess high-energy collimators, this study was designed to assess the suitability of using medium-energy collimators. The effect of scanning speed was also investigated, in an attempt to optimize the acquisition time. 

Methods: Measurements were taken using an elliptic anthropomorphic torso phantom and an organ-scanning phantom fitted with fillable spheres (1–5 cm in diameter) and organ inserts. Three phantom studies were performed with differing initial $^{131}$I concentrations in the organs, the spheres, and the thoracic and abdominal chambers. Images were acquired with both high-energy and medium-energy collimators and at acquisition speeds of 20 and 100 cm/min. The half-life for each combination (study/collimator/speed) was calculated from a linear fit of the data. The contrast of the tumor sphere was assessed using 2 identical regions, placed on and beside the sphere, and averaged over several time points. Biodistribution and image quality were visually assessed by 2 independent observers.

Results: Measured half-life values and visual assessment of biodistribution showed no significant difference between the 2 collimators ($P = 0.32$) or acquisition speeds ($P = 0.85$). A significant difference in the contrast of the tumor spheres was observed between the 2 collimators ($P < 0.01$) but not between acquisition speeds. Visual assessment of the images showed increased noise on the image acquired at 100 cm/min, although this noise did not affect lesion detectability. 

Conclusion: Measured half-life is not significantly different between the 2 collimators; hence, calculation of the residence time would be nearly the same. Medium-energy collimators can be used to accurately calculate the $^{131}$I-tositumomab therapeutic dose and detect alterations in biodistribution.

Key Words: Bexxar; medium-energy collimators; whole-body acquisition speed


Received Jun. 13, 2006; revision accepted Sep. 11, 2006.

For correspondence or reprints contact: Wanzhen Zeng, MD, PhD, Division of Nuclear Medicine, Ottawa Hospital, Civic Campus, 1053 Carling Ave., Ottawa ON, Canada, K1Y 4E9.

E-mail: wzeng@ottawahospital.on.ca

COPYRIGHT © 2006 by the Society of Nuclear Medicine, Inc.
increased area of background counts between the heart/lungs and abdominal organs (Fig. 1). A set of hollow spheres with diameters of 1–5 cm was placed in the abdominal cavity to simulate tumor lesions.

All studies were acquired on a dual-head γ-camera (e.cam; Siemens) with a 15% symmetric energy window centered on the 364-keV photopeak of 131I. The camera heads were positioned directly beneath and 30 cm above the imaging table to acquire the posterior and anterior views, respectively.

Study Protocols

Clinically, 3 whole-body images are acquired on different days to assess 131I-tositumomab biologic decay and biodistribution. To simulate the varying biodistribution resulting from biologic and physical decay, 3 experiments were performed with various radiotracer concentrations in the organs and spheres. Phantom activity was estimated on the basis of the relative whole-body counts measured at different time points by Dr. Seldin et al. (5). The percentage of activity in each organ was based on the measured activity of approximately 100 patients collected by Corixa (Haren D. Rupani, written communication, January 2005).

Experiment 1. The concentration of 131I in the organs was similar to that of a patient’s biodistribution on the same day as 131I-tositumomab administration (Table 1). Whole-body phantom images were acquired for 5 time points (0, 2, 4, 8, and 13 d after 131I administration) for both the high-energy and the medium-energy collimators. At each time point, images were acquired using speeds of 20 and 100 cm/min. Three tumor spheres (diameters of 3, 4, and 5 cm) of 18 MBq/L concentration were placed in the abdominal cavity. The whole-body activity was 74 MBq.

Experiment 2. The concentration of 131I in the organs and tumor spheres was similar to that of a patient’s biodistribution on day 3 after 131I administration (Table 1). Acquisition and measurements similar to those of experiment 1 were performed on days 0, 2, 5, 9, and 12. The whole-body activity was 92 MBq.

Experiment 3. This experiment was designed to test the ability of the medium-energy collimators to detect low-contrast lesions of various sizes. The concentration of 131I activity in the organs was identical to that used in experiment 1 (Table 1). In addition, 6 tumor spheres (diameters of 1, 1.5, 2, 3, 4, and 5 cm) of 740 MBq/L concentration were placed within the abdominal cavity. Images were acquired on 0, 2, 5, and 9 d after 131I administration at acquisition speeds of 20 and 100 cm/min.

Before each experiment, 1-min background images were acquired with both the high-energy and the medium-energy collimators. These images were used to correct the whole-body activity for background activity.

Data Analysis

For each experiment, the total whole-body counts, corrected for background activity, were plotted as a function of time on a semilog plot. The half-life was calculated from a linear least-squares fit of the data, along with the 95% confidence interval. This 95% confidence interval was used to determine half-life agreement between collimators. Three-way ANOVA was performed to study the intercollimator, interexperiment, and interspeed variations in half-life measurements.

The γ-camera sensitivity was defined as the ratio of the total counts from the 131I point source images divided by the activity measured in the dose calibrator. Mean sensitivity (over all time points and experiments) and the coefficient of variation were calculated for both the high-energy and the medium-energy collimators.

Tumor-to-background contrast was measured using 2 identical, circular regions of interest placed over and beside the 4-cm sphere on the posterior image, as shown in Figure 1. The contrast was calculated as the ratio of counts in the region of interest over the sphere to counts in the region of interest over the background. This ratio was calculated for both the high-energy and the medium-energy collimators and at speeds of 20 and 100 cm/min. The mean contrast (averaged over the time points) and 1 SD are reported. A paired t test was used to compare the contrast between acquisition speeds and collimators.

All images (acquired at the various time points, acquisition speeds, etc.) were visually assessed by a nuclear medicine physician and nuclear medicine physicist working independently. Each observer adjusted the color intensity before assessing the images. The observers noted overall image quality, whether all tumor spheres could be identified on the image, and whether the relative organ tracer distributions were altered from the normal biodistribution. The observers were aware of collimator selection and acquisition speed, which were apparent based on image quality. Background activity was increased on images acquired using the fast speed or the medium-energy collimators.

RESULTS

Half-Life Measurement

The calculated half-life values of the anterior whole-body decay curves, along with the 95% confidence interval, are presented in Table 2. Three-way ANOVA indicated no difference in half-life values between collimators (P = 0.32) or acquisition speeds (P = 0.85) but a significant difference between experiments (P < 0.001).

The sensitivity of the γ-camera was found to be 2.3 and 6.5 kcts/MBq for the high-energy and medium-energy collimators, respectively. The coefficient of variation of the sensitivities was calculated to be 2.0% and 2.5% with the high-energy and medium-energy collimators, respectively.

Visual Assessment

Visual assessment of all the images indicated no differences between the high-energy and medium-energy
collimators in terms of organ tracer distribution. However, background activity was increased on the images acquired with medium-energy collimators, likely because of increased scattering. Image quality was visually superior at an acquisition speed of 20 cm/min than at 100 cm/min, because of the increase in counts at 20 cm/min. Tumor detectability was unaffected by acquisition speed: All tumor spheres were visualized, regardless of acquisition speed.

In experiments 1 and 2, with the tumor sphere concentration approximately twice that in the spleen, the 2 tumor lesions in the right and left upper quadrants were visualized on all images, as shown in Figure 2. Another tumor sphere, embedded between the liver and spleen, was only faintly visualized on all images. In experiment 3, with the lower $^{131}$I concentration in the spheres, the 2-cm tumor sphere in the right upper abdomen was clearly visualized on images acquired with high-energy collimators but poorly visualized on images acquired with medium-energy collimators.

**Tumor Contrast**

Tumor-to-background contrast, presented in Table 2, was significantly lower with medium-energy collimators ($P < 0.01$) for all experiments and at both speeds. However, acquisition speed did not affect contrast ($P = \text{not statistically significant}$).

**DISCUSSION**

The current therapeutic regimen is based on several factors, including the patient's weight or body surface area, bone marrow dosimetry, and the residence time of $^{131}$I-tositumomab. Residence time is calculated by sequential measurement of whole-body counts. This study found that the half-life value measured from the sequential whole-body images did not change with medium-energy collimators. As well, the use of medium-energy collimators did not alter the gross biodistribution of tracer uptake by individual organs, as assessed by 2 independent observers. This finding indicates that the use of medium-energy collimators is suitable for assessment of $^{131}$I-tositumomab residence time.

The current recommended scanning speed of 10–30 cm/min results in a maximum scanning time of 20 min for a whole-body scan. In the $^{131}$I-tositumomab study protocol, 3 whole-body scans are required before the final treatment, for a total scanning time of approximately 1 h. This length of time can place a significant burden on a busy nuclear medicine department. This study demonstrated that a scanning speed of 10–30 cm/min may be conservative. Half-life values and tumor-to-background contrast were not significantly different when a 100 cm/min acquisition speed was used. However, a noticeable increase in noise was associated with the lower counts but, again, did not adversely affect half-life values.

With the use of medium-energy collimators, a decrease in tumor-to-background contrast was found, along with a decrease in the visualization of small tumors. This observation may have a significant application in tumor response assessment. Tumor response, assessed by the tumor counts after therapy, has been shown to be related to tumor radiation dose (4). Our study demonstrated that the counts-to-activity conversion factor is dependent on the level of background activity and the collimator selection. The use of medium-energy collimators may decrease the accuracy of assessing quantitative tumor response and should be used with caution.

**TABLE 2**

<table>
<thead>
<tr>
<th>Experiment 1</th>
<th>Experiment 2</th>
<th>Experiment 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition speed (cm/min)</td>
<td>Collimator type</td>
<td>t$_{1/2}$ (d)</td>
</tr>
<tr>
<td>20</td>
<td>High-energy</td>
<td>8.3</td>
</tr>
<tr>
<td></td>
<td>Medium-energy</td>
<td>8.5</td>
</tr>
<tr>
<td>100</td>
<td>High-energy</td>
<td>8.4</td>
</tr>
<tr>
<td></td>
<td>Medium-energy</td>
<td>8.5</td>
</tr>
</tbody>
</table>

$^*P < 0.01$, compared with high-energy collimators at same speed.
Nevertheless, the decreased visualization of small tumors with medium-energy collimators would not affect $^{131}$I-tositumomab treatment, because the purpose of the scans is to detect gross alterations in biodistribution rather than to reveal tumor sites. Studies have shown that the whole-body tumor burden has no impact on the overall response to, or toxicity of, $^{131}$I-tositumomab therapy (6,7). Furthermore, all patients should be treated, regardless of whether tumors are visualized in the dosimetric study, because the purpose of the scans is solely to detect alterations in biodistribution (8–11).

**CONCLUSION**

The measured $^{131}$I-tositumomab half-life and organ activity were not affected by the collimator selection. Medium-energy collimators can be used to assess $^{131}$I-tositumomab therapeutic dose and to detect alterations in biodistribution. A faster acquisition speed can be used without compromising calculations of residence time or detection of altered biodistribution.

**ACKNOWLEDGMENTS**

This work was supported by a grant from GlaxoSmithKline Pharmaceuticals. The authors thank Dr. Rupani for helpful suggestions and for providing $^{131}$I-tositumomab biodistribution data of lymphoma patients.

**REFERENCES**