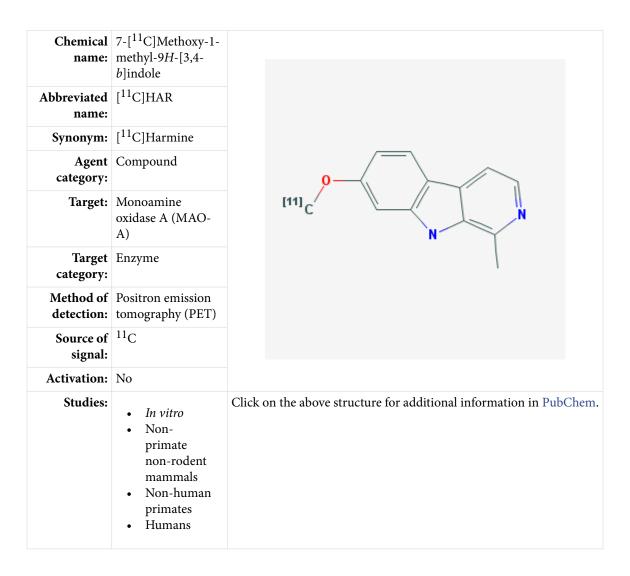
7-[¹¹C]Methoxy-1-methyl-9*H*-[3,4-*b*]indole

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Background

[PubMed]

Monoamine oxidase (MAO) is a mitochondrial enzyme which inactivates dopamine, noradrenaline and serotonin in the brain (1, 2). Two isoforms (A and B) of the enzyme have been identified. MAO-A preferentially oxidizes serotonin and noradrenaline, whereas MAO-B preferentially oxidizes phenethylamine. Dopamine is a substrate for both enzymes. MAO-A is predominately associated with depression and anxiety disorders while MAO-B is predominately associated with neurodegenerative disease, such as Parkinson's disease (PD) as indicated by studies with specific MAO isoform inhibitors (3-5).

For measurements of MAO-A activity, MAO-A inhibitor harmine (HAR) was radiolabeled as $[^{11}C]$ HAR for use in positron emission tomography (PET). HAR is a carboline analog, which is a competitive and reversible inhibitor of MAO-A with a K_i of 5 nM (6). $[^{11}C]$ HAR is being developed as a PET agent for the non-invasive study of brain MAO-A distribution and concentration in patients with psychiatric and neurologic disorders as well as neuroendocrine tumors.

Related Resource Links:

- Chapters in MICAD (MAO-A, MAO-B)
- Gene information in NCBI (MAO-A, MAO-B)
- Articles in Online Mendelian Inheritance in Man (OMIM) (MAO-A, MAO-B)
- Clinical trials (MAO-A, MAO-B)
- Drug information in FDA (MAO-A, MAO-B)

Synthesis

[PubMed]

Bergstrom et al. (7) reported synthesis of [¹¹C]HAR by direct O-methylation of 7hydroxy-1-methyl-9*H*-[3,4-*b*]indole with [¹¹C]methyl iodide in the presence of sodium hydroxide in DMSO, with a radiochemical yield of 72.5 \pm 3.6% (end of synthesis) after high-performance liquid chromatography purification. Radiochemical purities were >98% with a specific activity of 18-93 GBq/µmol (0.5-2.5 Ci/µmol) and a total synthesis time of 43 min.

In Vitro Studies: Testing in Cells and Tissues

[PubMed]

Bergstrom et al. (8) reported that $[^{11}C]$ HAR bound rapidly to frozen sections of rat brain with a K_d of 2.0 ± 0.7 nM. The binding was reversible by washings. There were about 14-22% non-specific binding, which could not be displaced by 1 μ M of HAR. The specific

[¹¹C]HAR

binding was inhibited by various MAO-A inhibitors, such as clorgyline (IC₅₀ = 16 nM), esuprone (IC₅₀ = 19 nM), and brofaromine (IC₅₀ = 50 nM). On the other hand, MAO-B inhibitors (deprenyl and pargyline) were inhibitory only at >1 μ M concentrations.

Animal Studies

Rodents

[PubMed]

No publication is currently available.

Other Non-Primate Mammals

[PubMed]

Jensen et al. (9) reported on PET studies in five adult female Gottingen minipigs with $[^{11}C]$ HAR under baseline conditions and after pargyline (a 20-fold more potent inhibitor of MAO-B than of MAO-A). Distribution volumes (DVs) of $[^{11}C]$ HAR relative to the arterial input were estimated from parametric images of brain regions of interest. The medial hypothalamus (139 ml/g) and ventral forebrain (139 ml/g) had the highest $[^{11}C]$ HAR binding, followed by the thalamus (135 ml/g), locus coeruleus (133 ml/g), striatum (104 ml/g), pituitary (92 ml/g), frontal cortex (91 ml/g), occipital cortex (84 ml/g), and cerebellum (74 ml/g). Pargyline pretreatment (6 mg/kg) reduced the magnitude of DV globally to 34-54 ml/g. Nearly complete inhibition of $[^{11}C]$ HAR binding was detected in the occipital cortex, frontal cortex, and striatum, but there was 15-35% of $[^{11}C]$ HAR binding resistant to pargyline inhibition in the pituitary gland and diencephalon.

Non-Human Primates

[PubMed]

Bergstrom et al. (7, 8) performed [¹¹C]HAR PET studies in rhesus monkeys and found rapid accumulation in the brain within minutes after injection. The accumulation of [¹¹C]HAR showed high radioactivity in all gray matter regions homogeneously, with a standard uptake value (SUV) of 2.5 at 3.5 min and a final value of 3.7 at 60 min. Pretreatments with various MAO-A inhibitors decreased the SUV to 2.3 at 60 min. Patlak graphic analysis estimated an IC₅₀ value of 0.05-0.1 mg/kg for blocking of [¹¹C]HAR uptake by HAR in the brain.

Human Studies

[PubMed]

Bergstrom et al. (10) studied 16 healthy male volunteers with $[^{11}C]$ HAR PET before and after pretreatment with esuprone (n = 8), moclobemide (n = 4) and placebo (n = 4). The

subject was given 200-300 MBq (5.4-9.1 mCi) of $[^{11}C]$ HAR with plasma metabolite samplings. The accumulation of $[^{11}C]$ HAR in the brain was high in all grey matter regions, with minor differences between different regions of the brain. Patlak graphic analyses revealed an 80% inhibition of $[^{11}C]$ HAR binding in the grey matter regions by esurprone and moclobemide. Later, Ginovart et al. (11) confirmed the moclobemide inhibition using a two-tissue compartment model to estimate DV values in regions of interest in the brain. $[^{11}C]$ HAR uptake was highest in the thalamus, followed by the temporal cortex=cingulated, occipital cortex, frontal cortex=putamen, and cerebellum. The estimated DV values were highly stable and not different from those estimated with the Logan analyses. There was a 64-79% reduction of $[^{11}C]$ HAR binding in the brain after dosing with moclobemide (300 mg daily for 10 days). The fraction of unchanged $[^{11}C]$ HAR in the plasma was 90% at 5 min, 46% at 20 min, and 34% at 30 min.

Orlefors et al. (12) showed [¹¹C]HAR PET could visualize tumors in 11 patients with midgut carcinoids (MGC) and endocrine pancreatic tumors (EPT). The mean SUV for MGC (n = 4) at 5 min was 7.5 ± 3.9 and for EPT (n = 7) 12.9 ± 2.7 , whereas the SUV for normal liver, intestine and pancreas were 3.1 ± 0.5 , 3.4 ± 1.2 and 8.9 ± 3.0 , respectively.

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