



# Photomedicine in Gynecology

Attila L. Major, MD, PhD

Training Course for Advanced Oncologic Laparoscopy

St. Petersburg - February 17, 2006

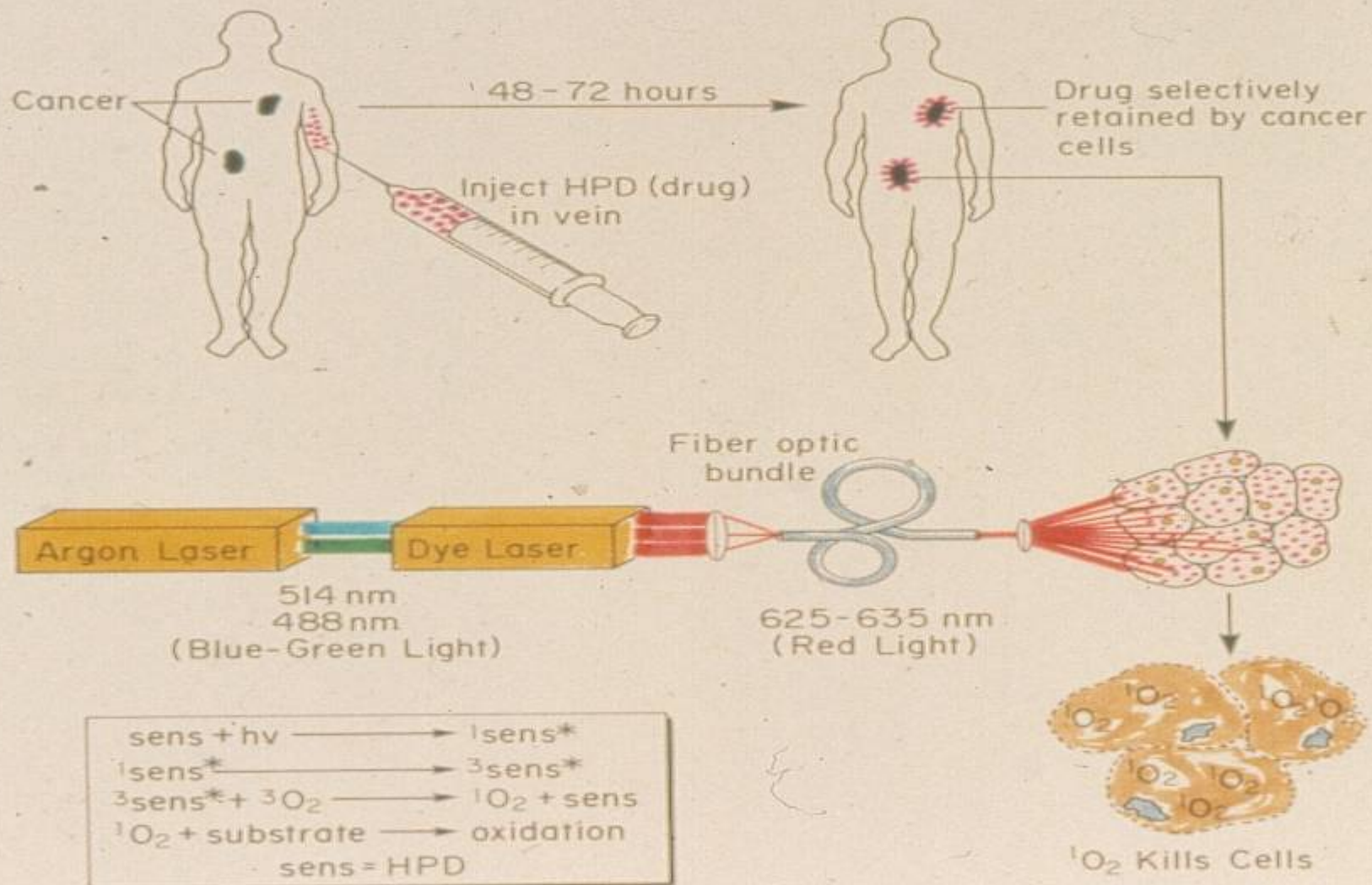
## Photodynamic Principle

- Use of a photo-enhancing or photo-sensitizing chemical to aid in the diagnosis or treatment of a target cell

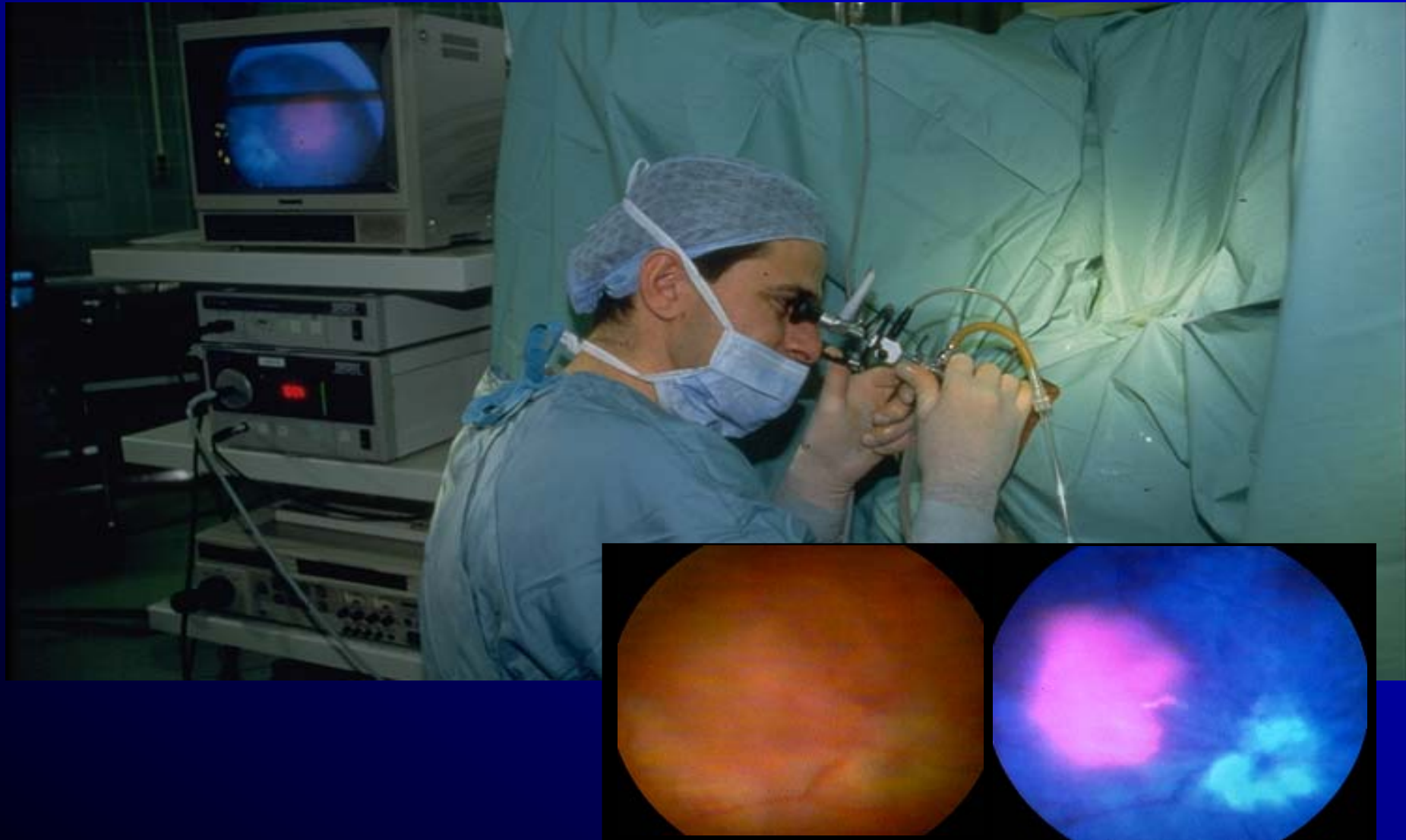
# Clinical Studies in Gynecology

- **Endometrial Ablation** Wyss et al, Int J Gyn & Obst 1998, Major et al, J Gynecol Surg 1999
- **Condyloma** Fehr et al, Am J Obst Gyn 1998
- **Cervical and vulvar dysplasia** Hillemanns et al, Cancer 2000
- **Ovarian cancer** Major et al, Gynecol Oncol 1997, Hornung et al, J Am Assoc Gynecol Laparosc, 1998, Major et al, Laser Med Sci 2002

# PHOTORADIATION THERAPY OF CANCER (Laser-Hematoporphyrin Derivative)



# PHOTODETECTION



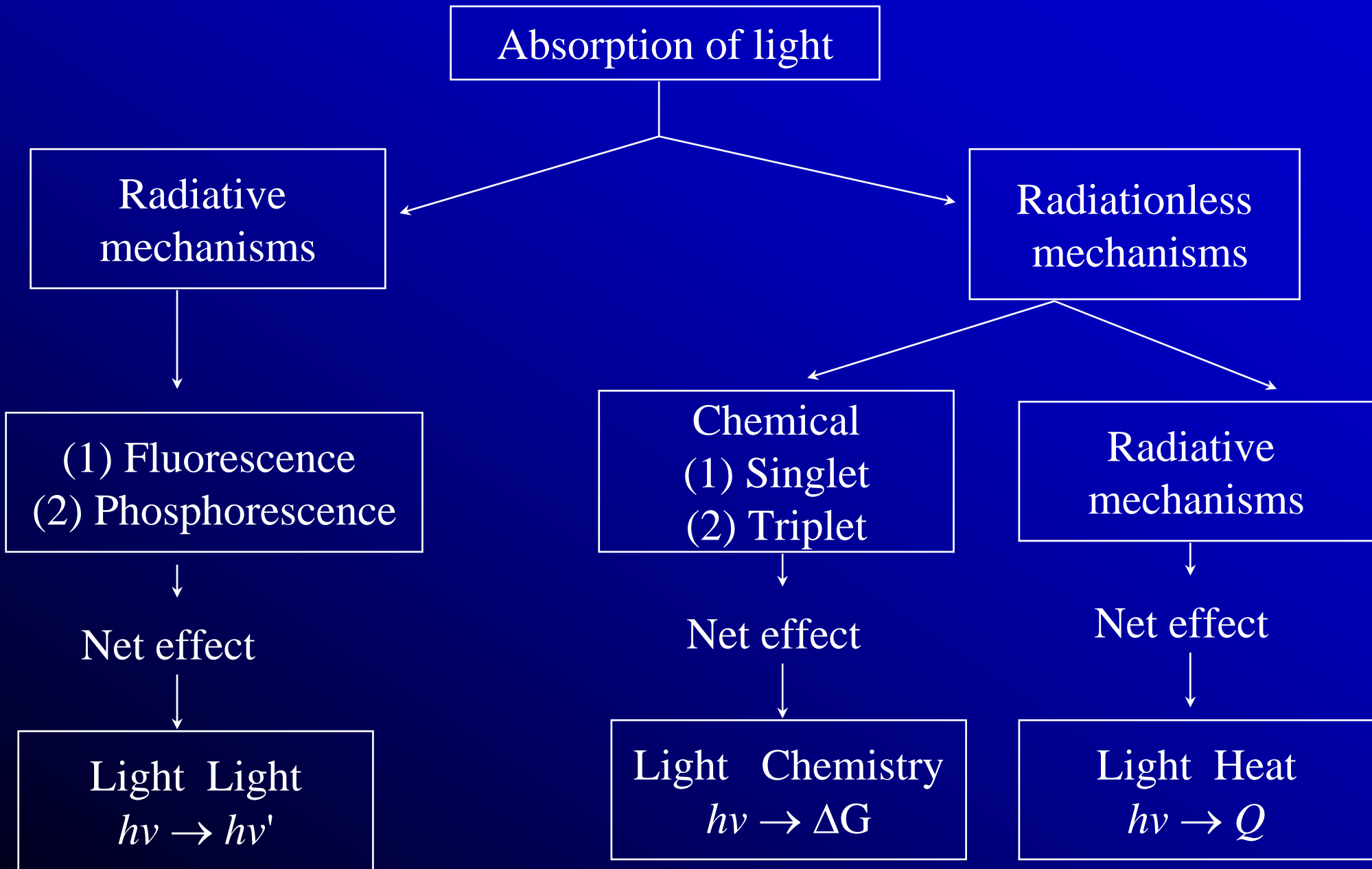
# Historical

**1976** J. F. KELLY + M. E. SNELL - First clinical PDT of a bladder carcinoma with HPD. (J. Urol., 115, 150, 1976).

**1978** T. J. DOUGHERTY et al.- Clinical assessment of PDT (Cancer Res., 38, 2628, 1978).

**! LASERS + OPTICAL FIBERS !**

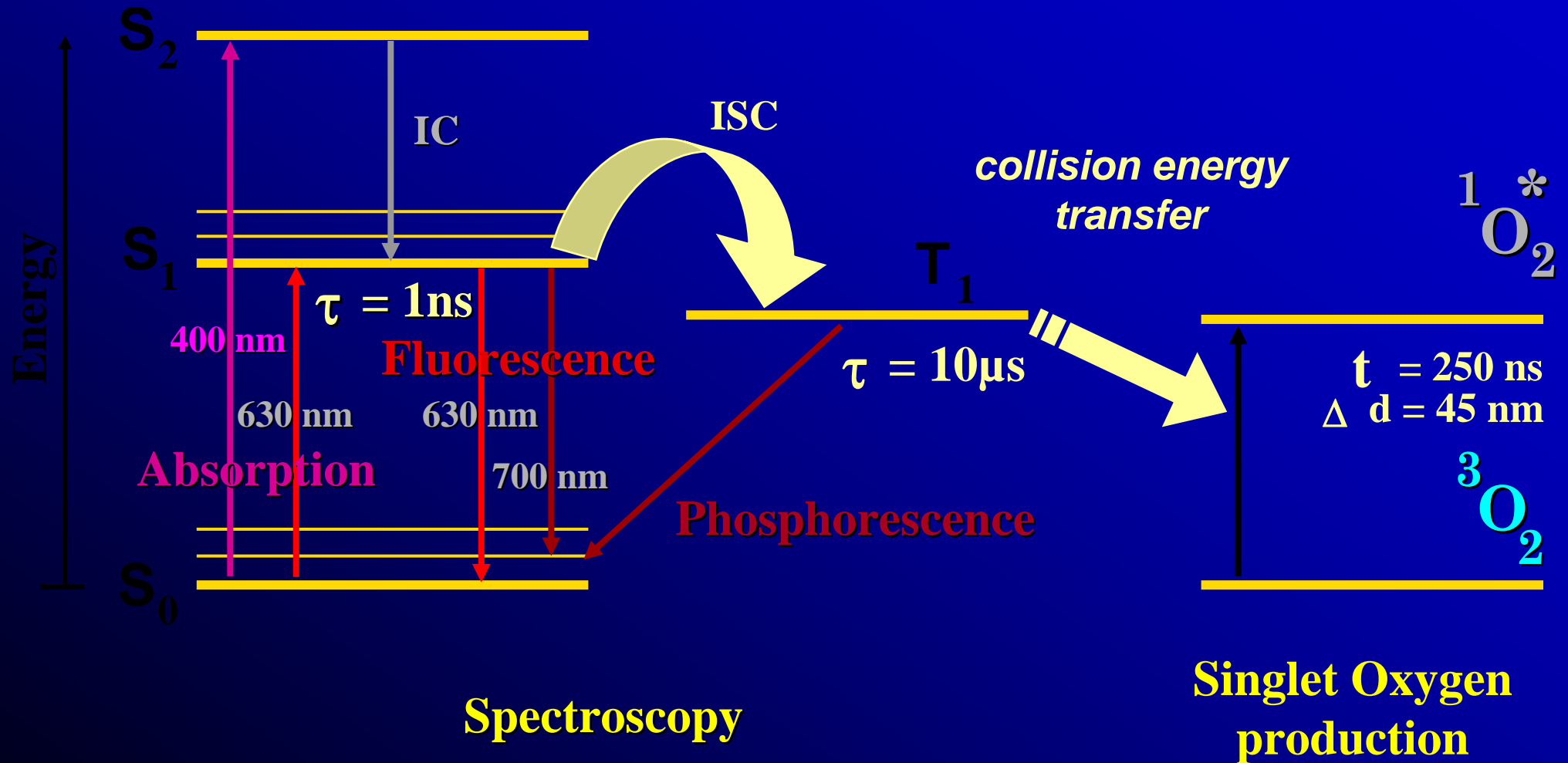
**1993** First approval (by the canadian health agency) of PDT with Photofrin® for the prophylactic treatment of bladder cancer.



# Photophysical Processes

Fluorescence detection

Photodynamic Therapy





# Photosensitizers

- Porphyrins
  - Photofrin (PF)
  - "Aminolevulinic acid (ALA)",  
Protoporphyrin IX (PpIX)
- Chlorins
  - m-Tetrahydroxyphenyl chlorin (mTHPC)
  - Benzoporphyrin derivative mono-acid (BPD)
  - Tin ethyl etiopurpurin (SnET2)
- Phtalocyanines

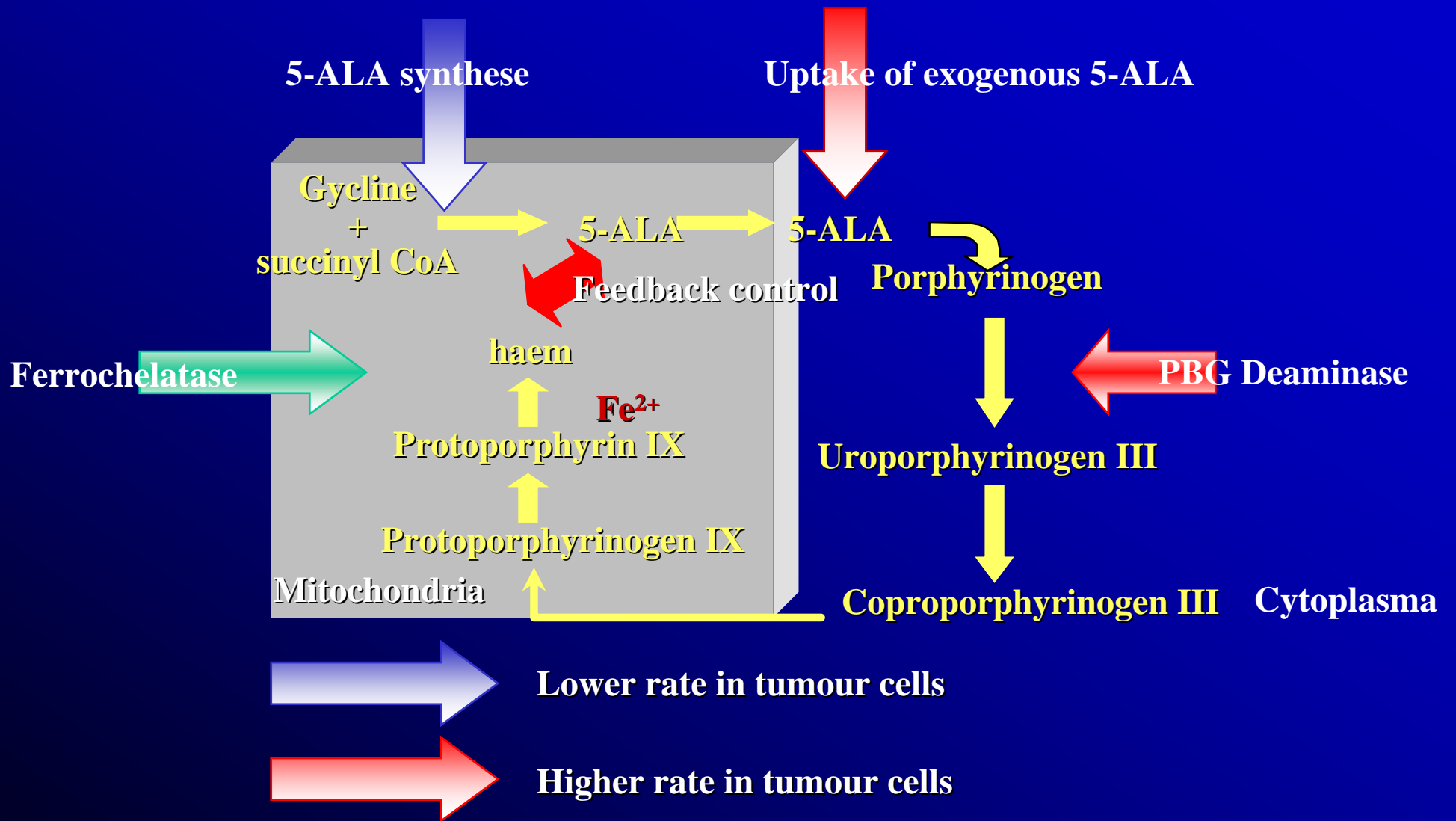
# PDT with second generation PS

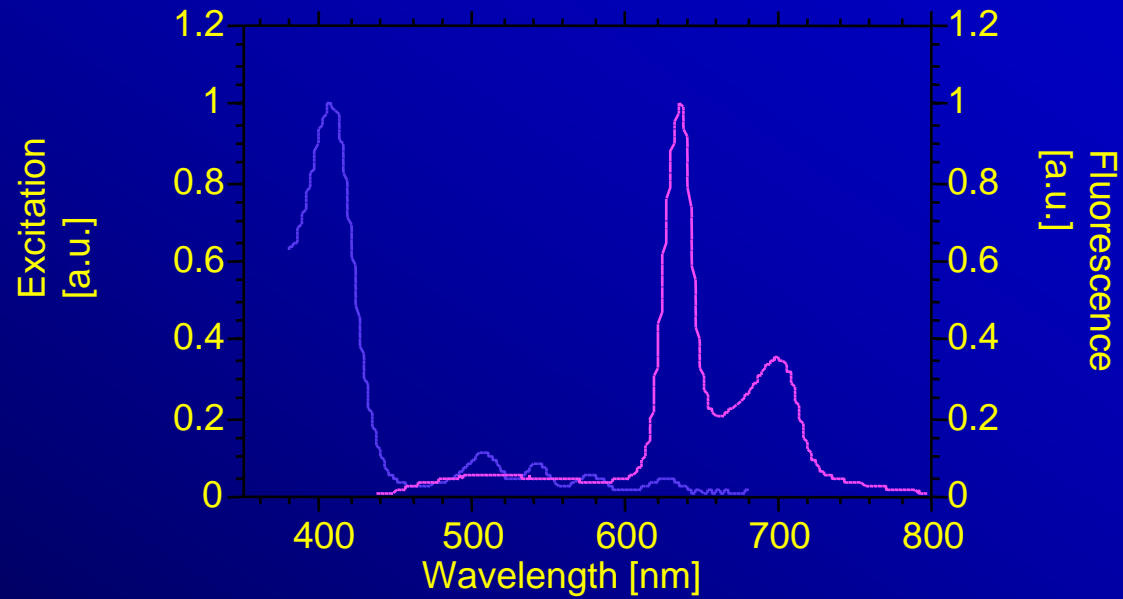
PS	Dose (mg/kg)	D / L (hours)	WL (nm)	Light dose (J/cm <sup>2</sup> )
mTHPC	0.075 - 0.15	96	652 (red) 514 (green)	5 - 20 75 - 120
ALA-PpIX	40 - 60 Topical 20%	4 - 6	635 and 405 (red and blue)	10 - 200
BPD-MA	0.3	0.4 - 2	690 (red)	50 - 150
NPe6	0.5 - 1	4 - 8	664 (red)	50 - 100
Lu-Tex	0.6 - 7	3	732 (red)	150
SnET2	1.2	24	660 (red)	200

# Photofrin Approval

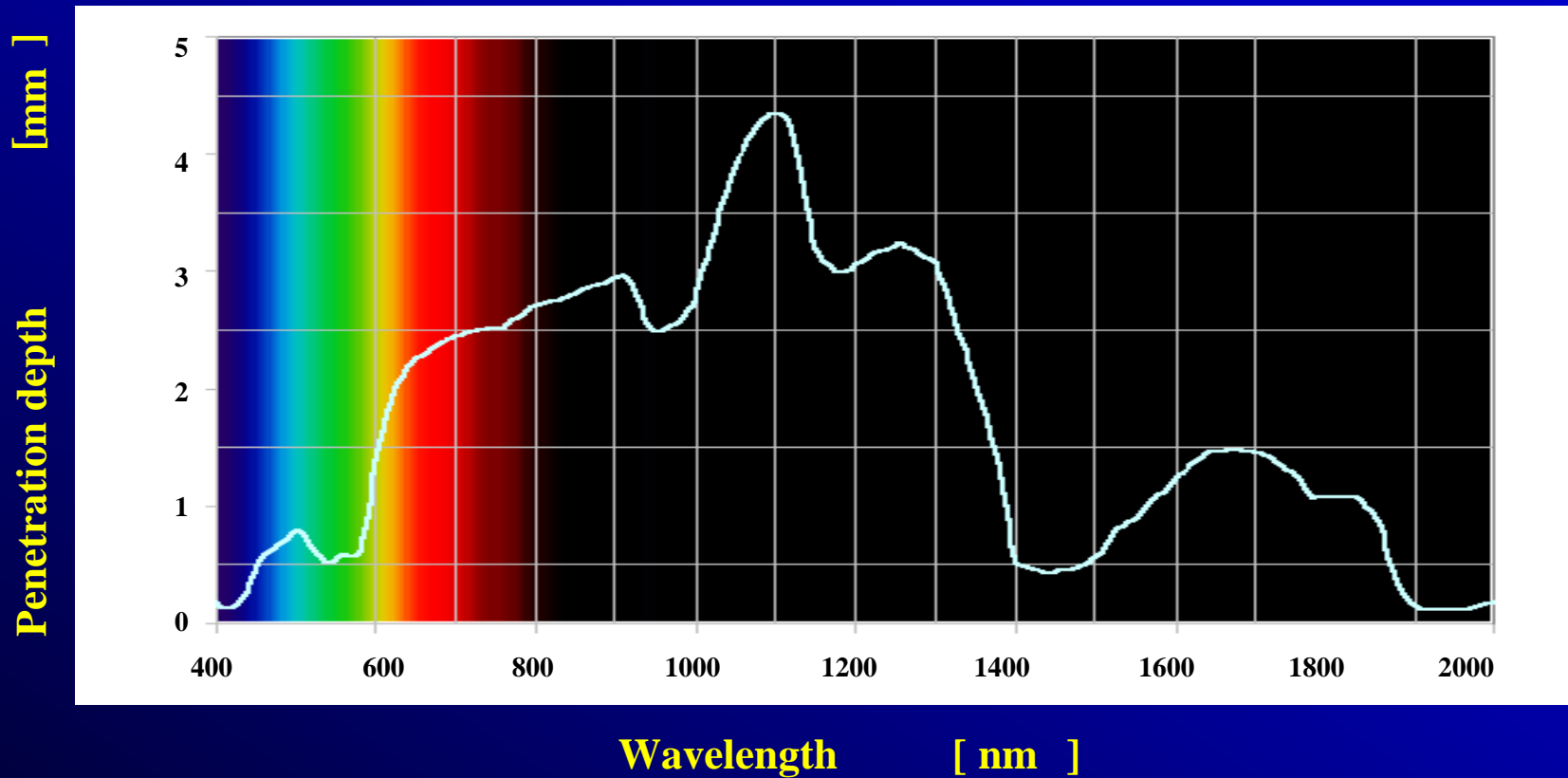
- Superficial bladder cancer (Canada 1993)
- Early and late oesophageal and lung ca (Netherlands 1994)
- Advanced oesophageal ca (USA 1995)
- Early ca of stomach, oesophagus, lung, cervix and cervical dysplasia (Japan 1994)

# Haem Biosynthesis

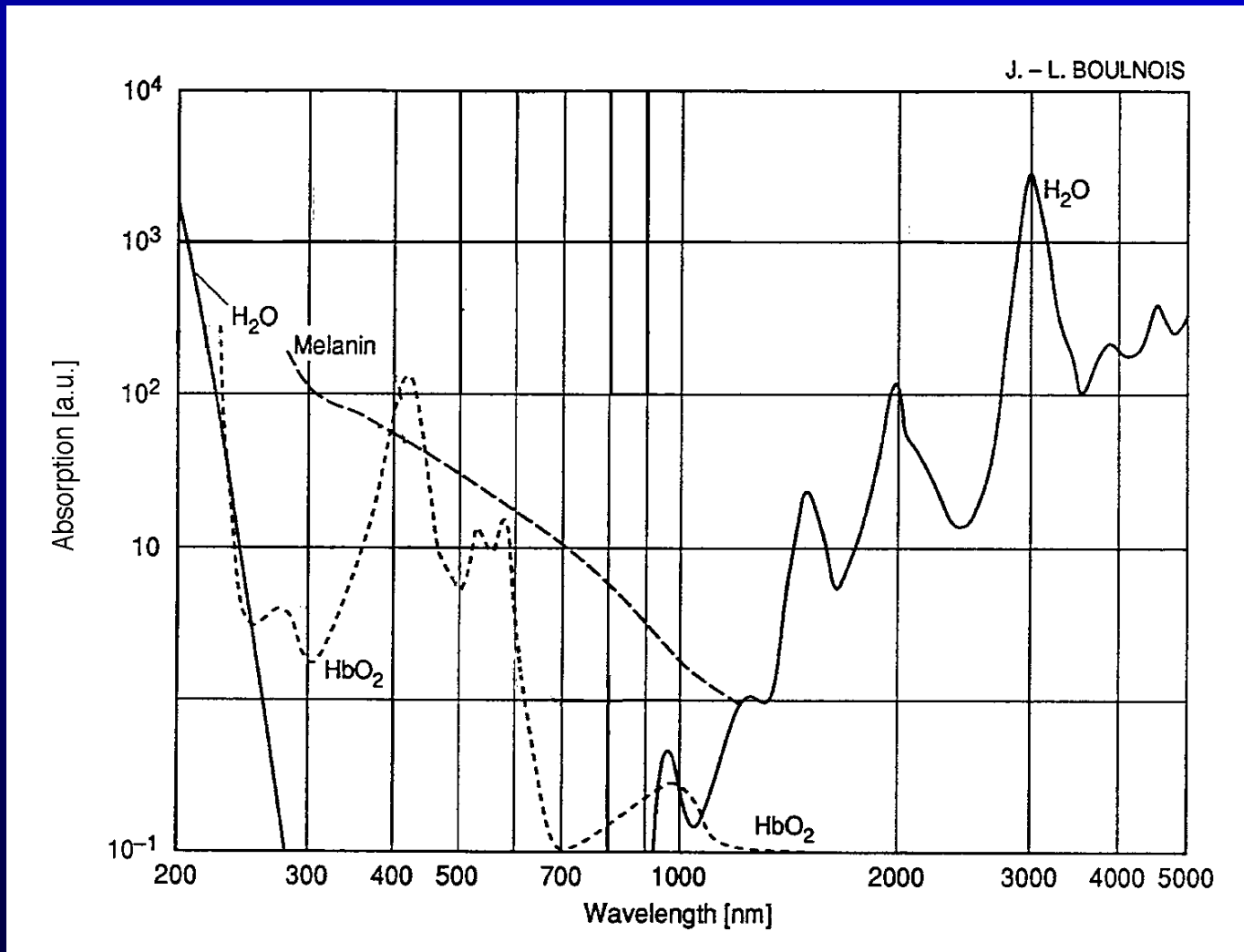




*Absorption (dark line) and fluorescence (light line) spectrum of PpIX solved in DMSO. Values of absorption and fluorescence do not correspond to each other*



*Penetration depth of light in tissue in relation to the wavelength*

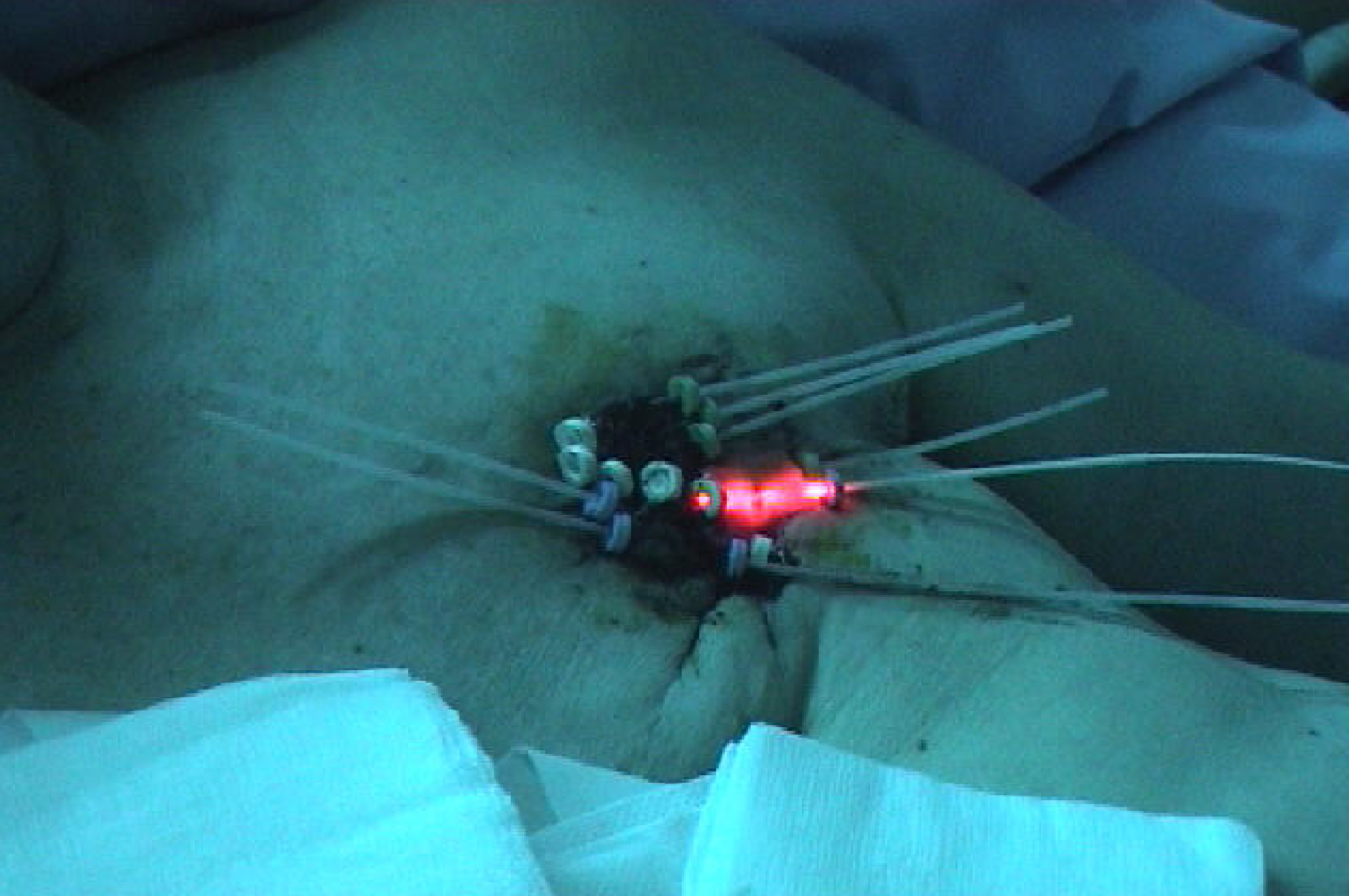


**Absorption of water, melanin (broken line) and oxyhemoglobin (HbO<sub>2</sub>) (dotted line)**

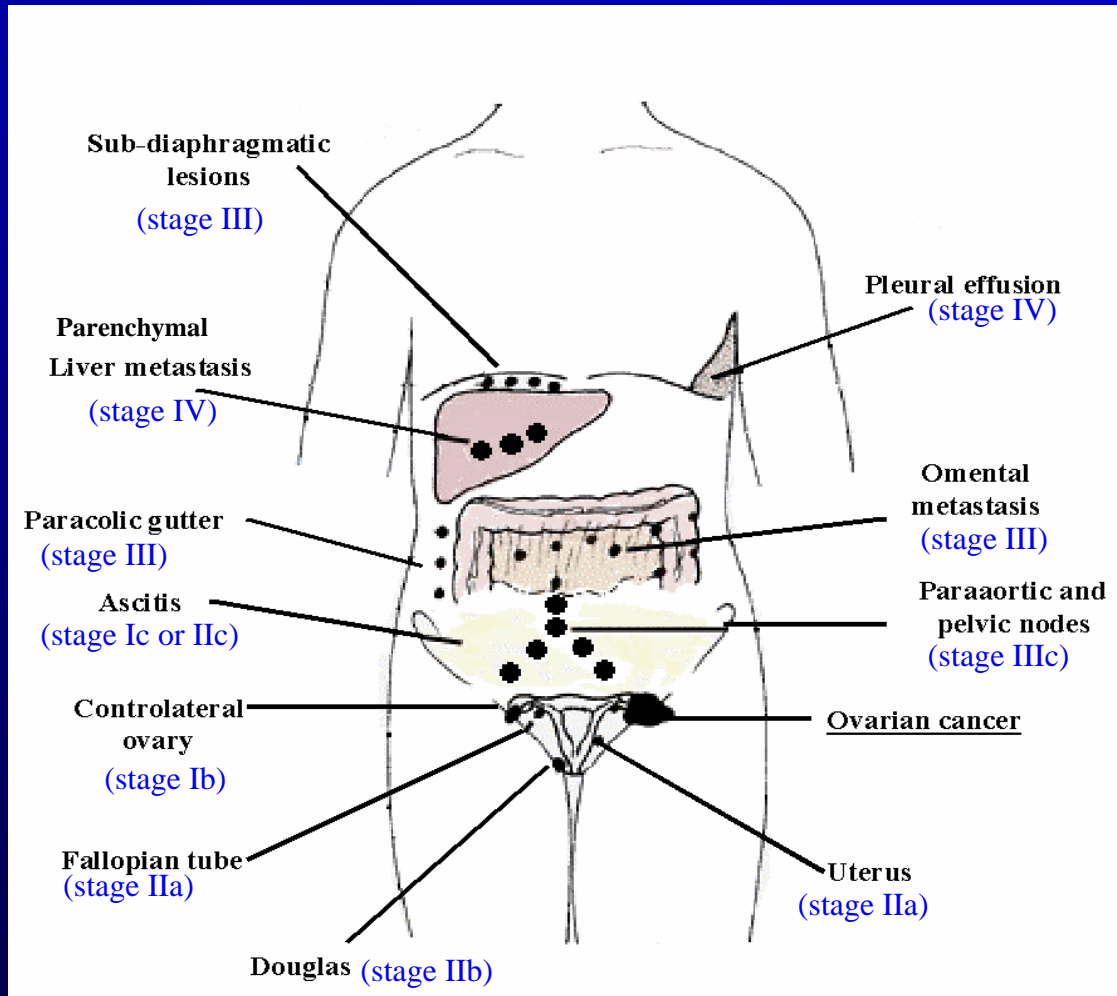








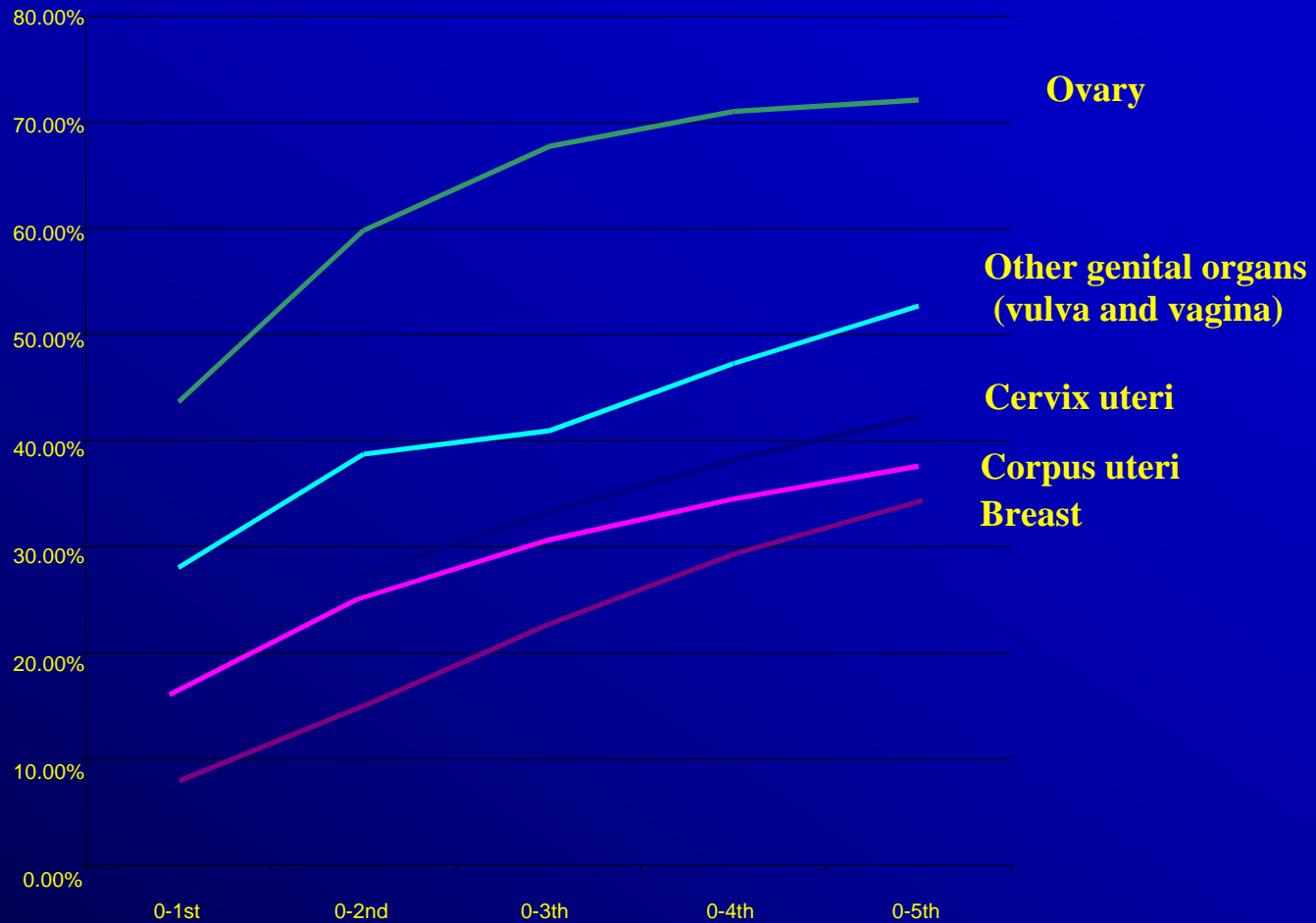




*Figure 1*

***Common sites of ovarian cancer metastases.***

*Ovarian cancer spreads fast to the whole abdominal cavity by exfoliation*



*5-Year cumulative lethality of gynecologic malignancies in Geneva*

## Epithelial Ovarian Cancer

- Fourth most frequent cause of “cancer-related” death
- 65% diagnosed with stage III-IV disease
- Initial response: 80% platinum sensitive
- 5 year survival rate: 15-20%
- Second look laparotomy
  - Historically: no effect on survival
    - 1/3 macroscopic
    - 1/3 microscopic
    - 1/3 negative
  - 50% of patients with a negative second look laparotomy will recur

# Recommended surgical staging procedures

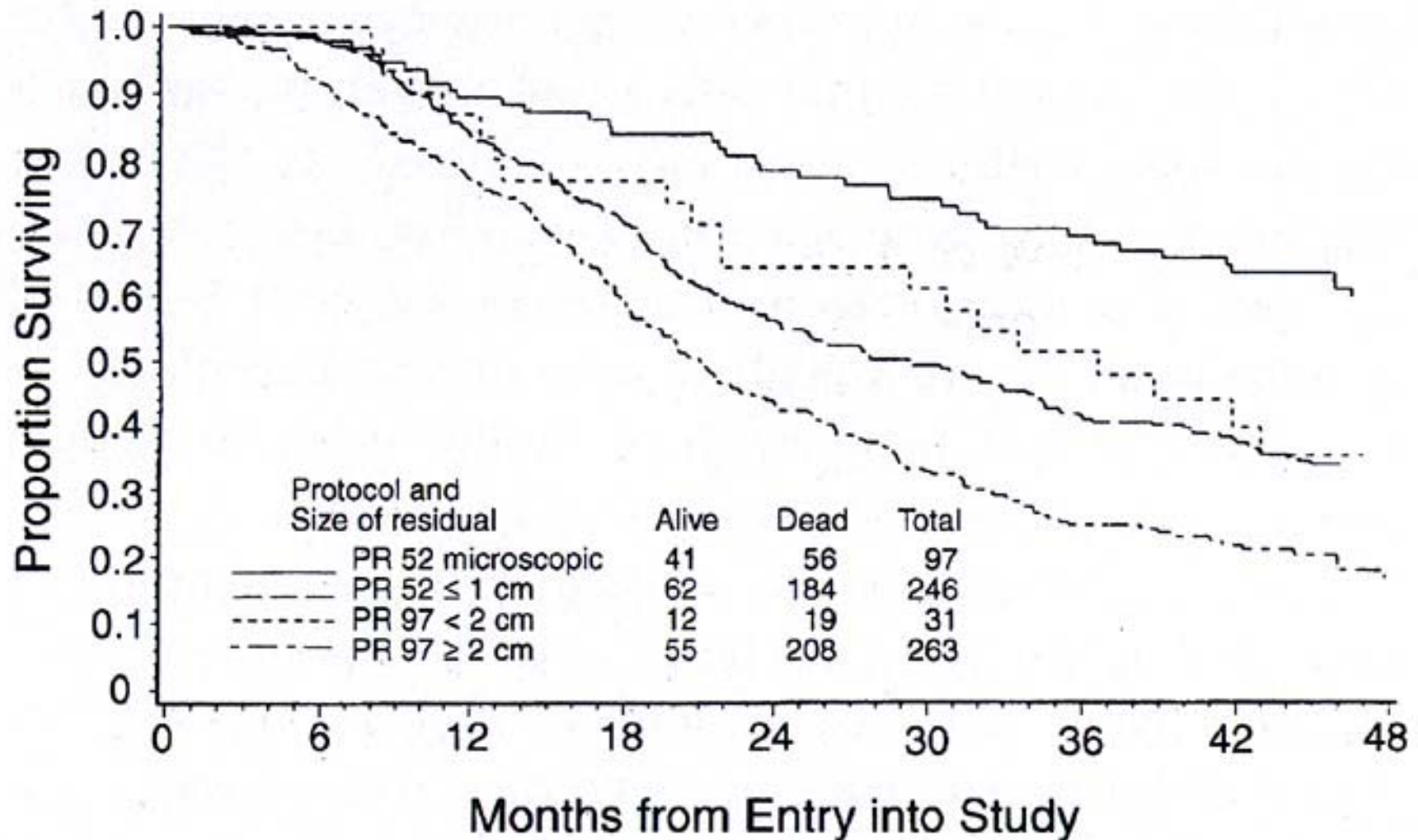
- Peritoneal washings
- Total abdominal hysterectomy and bilateral salpingo-oophorectomy  
(Unilateral salpingo-oophorectomy may be appropriate for selected patients with Stage IA disease who desire to defer definitive surgery until completion of childbearing.)
- Infracolic omentectomy
- Pelvic and para-aortic lymph-node sampling
- Peritoneal biopsies from:
  - cul-de-sac
  - rectal and bladder serosa
  - right and left pelvic sidewalls
  - right and left paracolic gutters
  - right and left diaphragms
  - any adhesions

# Results of restaging laparotomies in women with apparent early stage ovarian carcinoma

<b>Authors (year)</b>	<b>Number of patients</b>	<b>FIGO stage at initial surgery</b>	<b>% upstaged</b>
<b>Bagley 1973</b>	5	I-II	60%
<b>Young 1983</b>	100	IA-IIB	31%
<b>Helewa 1986</b>	25	I	20-25%
<b>Buchsbaum 1989</b>	140	I-II	22,4%
<b>Archer 1991</b>	24	I-II	20,8%
<b>Soper 1992</b>	30	I-II	30%
<b>Stier 1998</b>	45	IA-IIB	16%
<b>Leblanc 2000</b>	28	I	21%



# Survival by initial tumor size



# Second look surgery: Why perform it?

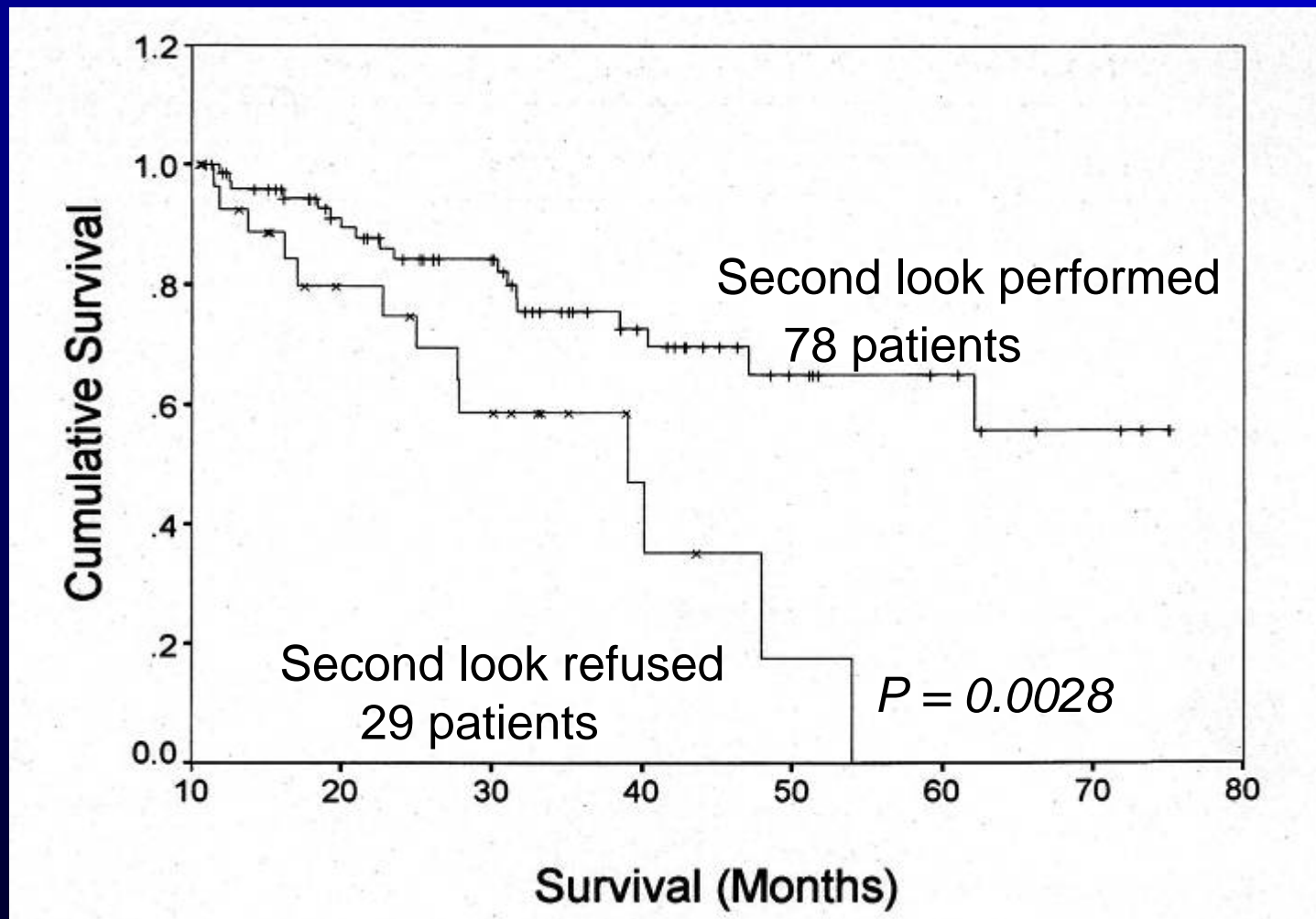
- **Contra**

- Recurrence rates of 50 % after negative second look surgery
- Absence of proven salvage therapy
- Lack of demonstrable survival benefit

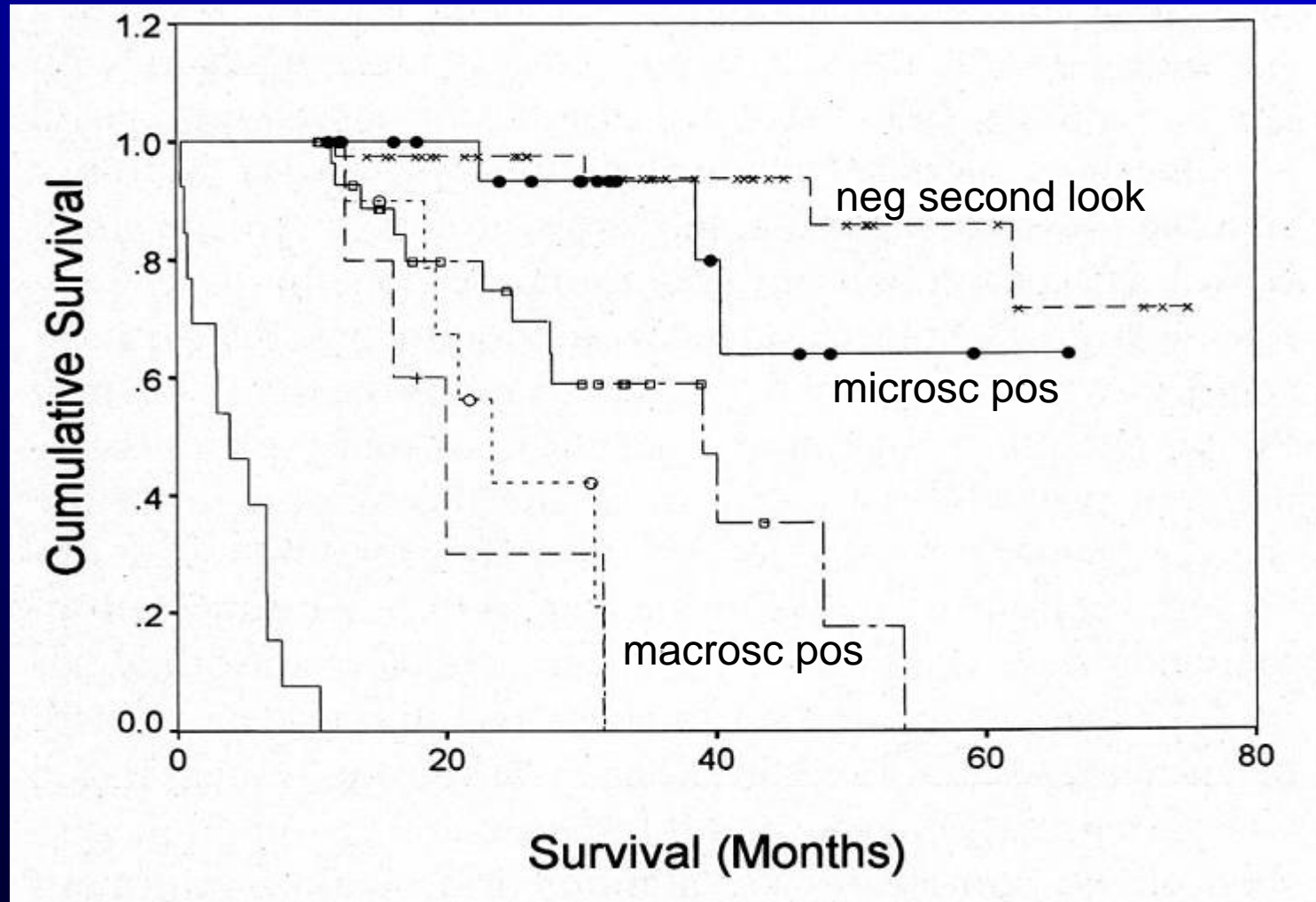
- **Pro**

- No proven alternative surveillance techniques (CT, Ca125, etc.)
- Possible survival benefit of secondary cytoreduction
- Possible long term survival benefit for patients undergoing second line chemotherapy with minimal residual disease.

# Survival by performance of second look



# Survival by outcome of second look



# Potential of *In Vivo* Fluorescence

- Staging laparotomy
  - 30% upstaged (Young RC, JAMA, 1983; Zanetta G, Ann Oncol, 1998)
- Second Look
  - 50% recurrence of negative second-look after combination chemotherapy (DiSaia PJ, Mosby-Year Book, 1997)

# AIMS

- To evaluate *photodetection* of ovarian cancer peritoneal implants in the animal model
- To study pharmacokinetics of the photosensitizer precursor aminolevulinic acid (ALA)
- To evaluate *photodetection* of ovarian cancer peritoneal implants in patients
- To analyse toxicity of ALA *photodynamic therapy* (PDT) in the animal model

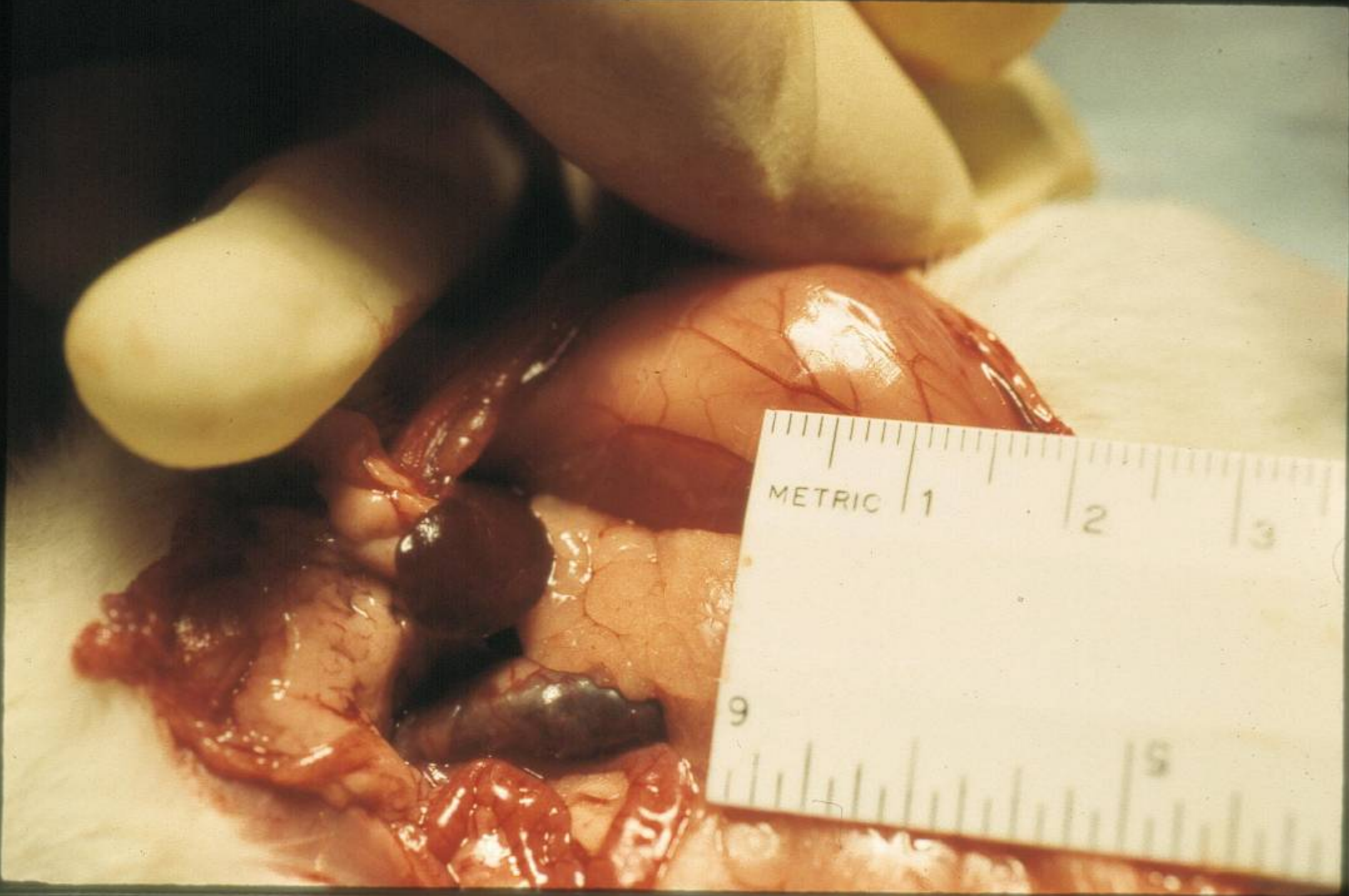
# Enhanced diagnosis through photodetection

- *Photodetection* of ovarian cancer peritoneal implants in the animal model
- Determination of the best Photosensitizer
- *Photodetection* of ovarian cancer peritoneal implants in ovarian cancer patients

# NuTu-19 Ovarian Cancer Animal Model

- **Cell line** - NuTu-19 - Spontaneous mutation
- **Histology** - Poorly differentiated ovarian adenocarcinoma with papillary features
- **Growth pattern** - I.P. serosal nodules with local tissue invasion (omentum, diaphragm, liver, peritoneum)
- **Malignant ascites** - average vol. 50-70ml in 6 weeks
- **Survival** -  $10^6$  cells I.P are 100% fatal, mean survival of 50 days
- **Non-immunogenic tumor developed in an immunocompetent host**





METRIC

1

2

3

9

5

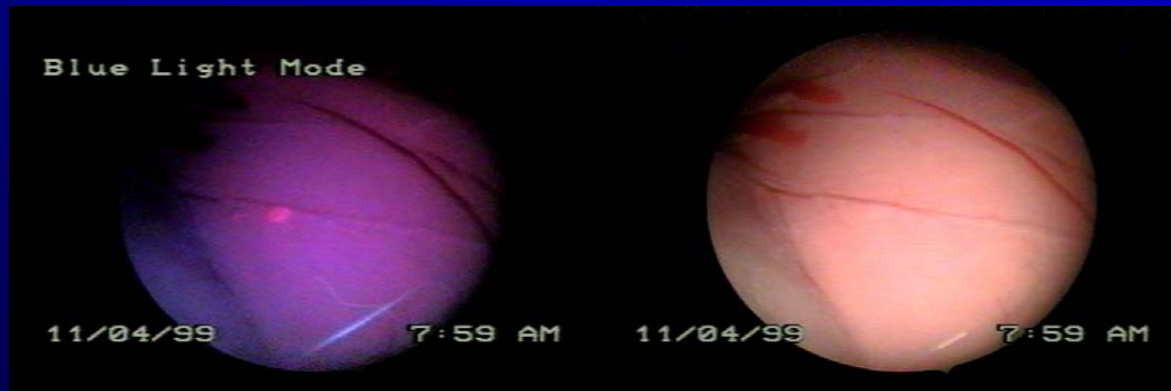




# Epithelial ovarian cancer PDD in NuTu-19 rat model



A

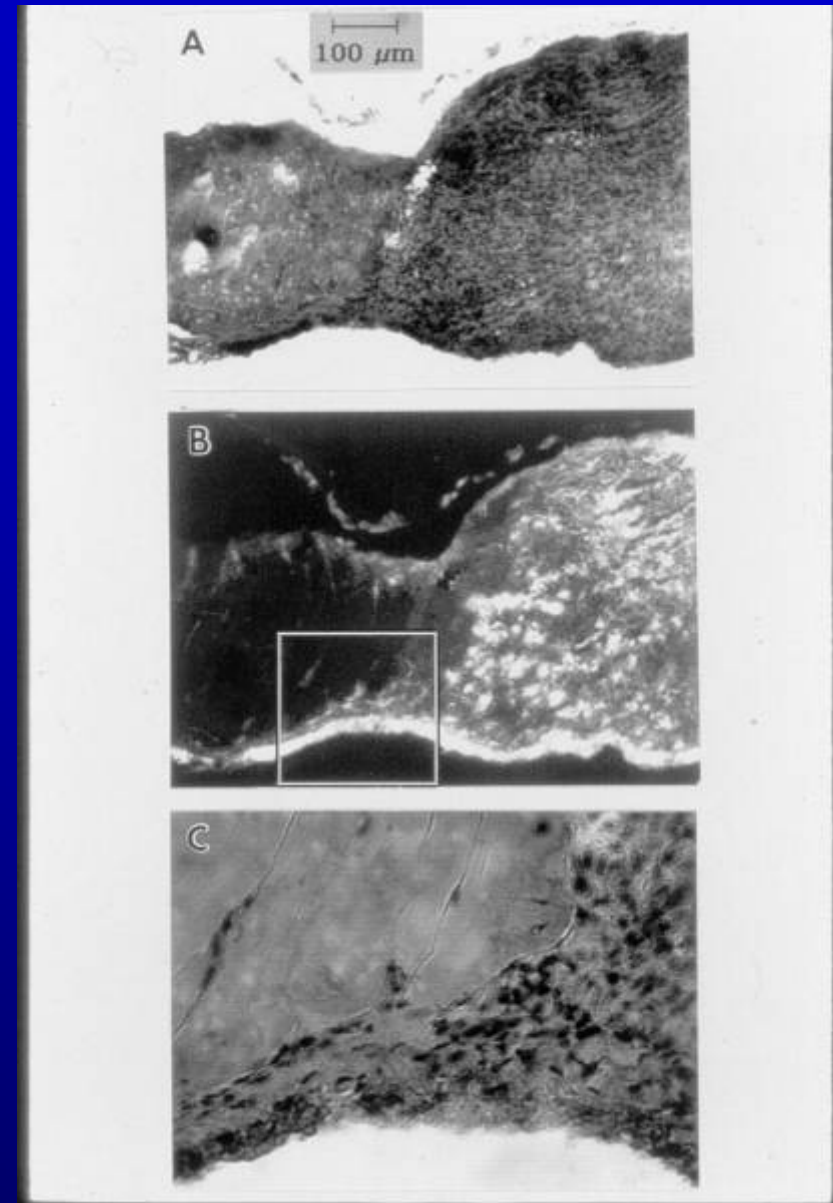


B

8mM h-ALA IV prior to photodetection 2 hours later

Light micrographs (A) and fluorescence (B) of a peritoneal nodule (size < 0.5 mm) 6 hr after ip ALA administration.

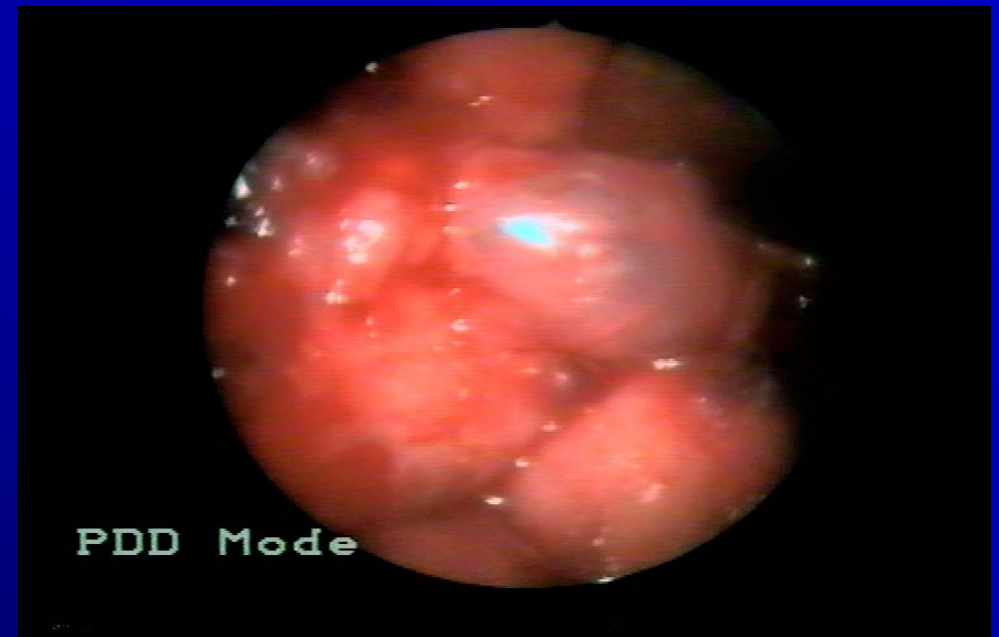
Magnification (C) of the peritoneal serosa (boxed area in B) showing a thin layer of tumor matching with the fluorescence



# Numbers of metastases detected with white and blue light detection for different concentrations of h-ALA and ALA

Concentration [mM]	Time after inst.	White light	Bluelight	Ratio
4	2.5	9	19	2.1
4	2.5	0	4	8
8	2.0	21	37	1.8
8	2.0	36	57	1.6
8	2.0	13	29	2.2
8	2.0	4	24	6
12	2.0	3	8	2.7
20	2.0	9	25	2.8
8 (ALA)	2.0	10	16	1.6

# Human Epithelial Ovarian cancer PDD



10mg/ml ALA applied topically prior to photodetection

# Ovarian cancer PDD second-look feasibility Study

Stage III-IV ovarian + 6-8 cycles taxoid platinum chemotherapy

Clinical complete response

Second-look operation with white light and PDD.

**Retrospective Data**  
No second-look

Neg. second-look operation  
with white and PDD.

Pos. second-look operation  
with white light or PDD

Lesions < 1/2 cm via  
white or PDD or  
microscopic disease

Macroscopic lesions  
> 1/2cm via  
white or PDD

Second-line  
chemotherapy

Second line  
chemotherapy.

Survival data.

Survival data.

Survival data

Retrospective  
survival data.



# CONCLUSIONS

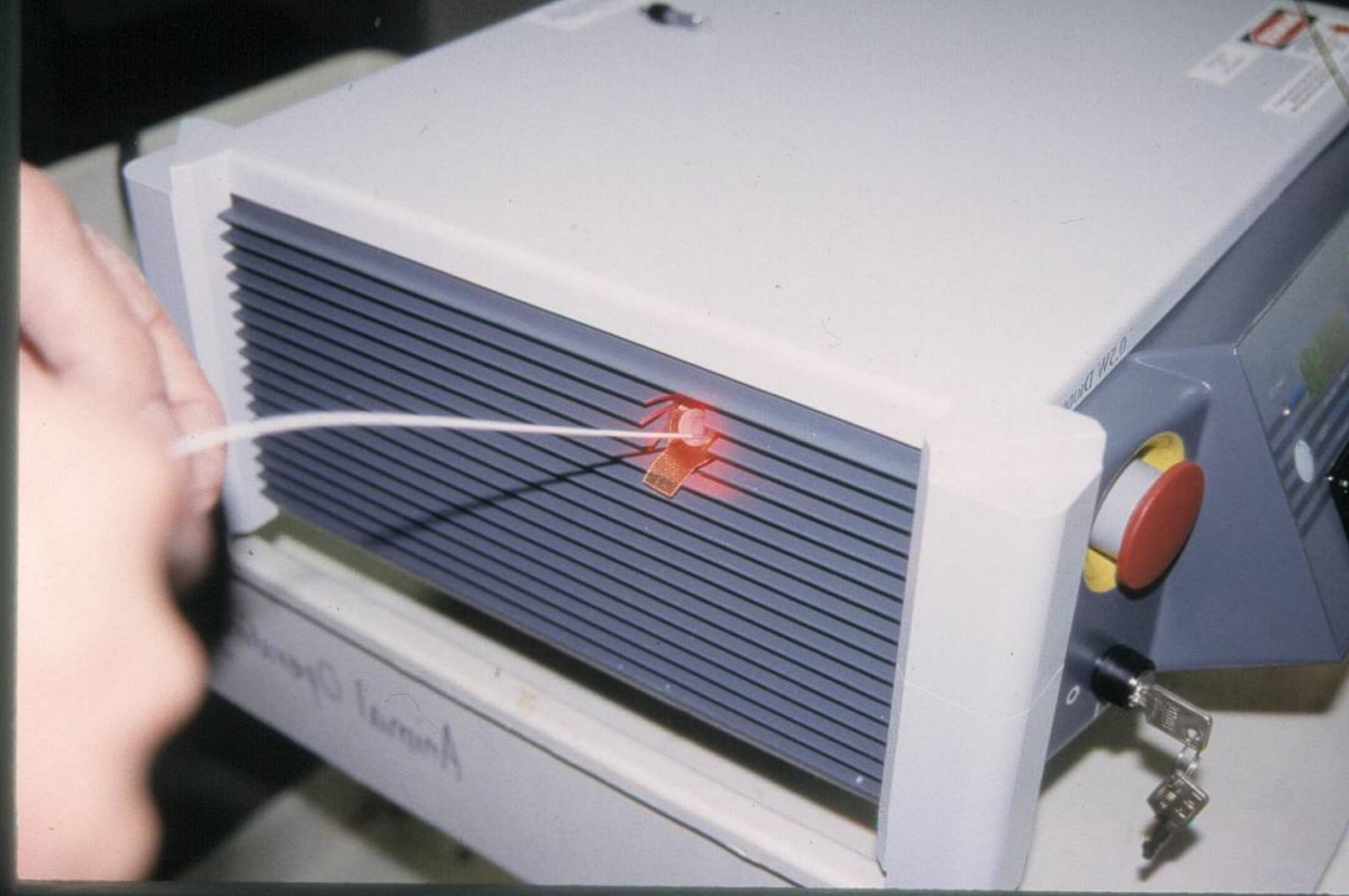
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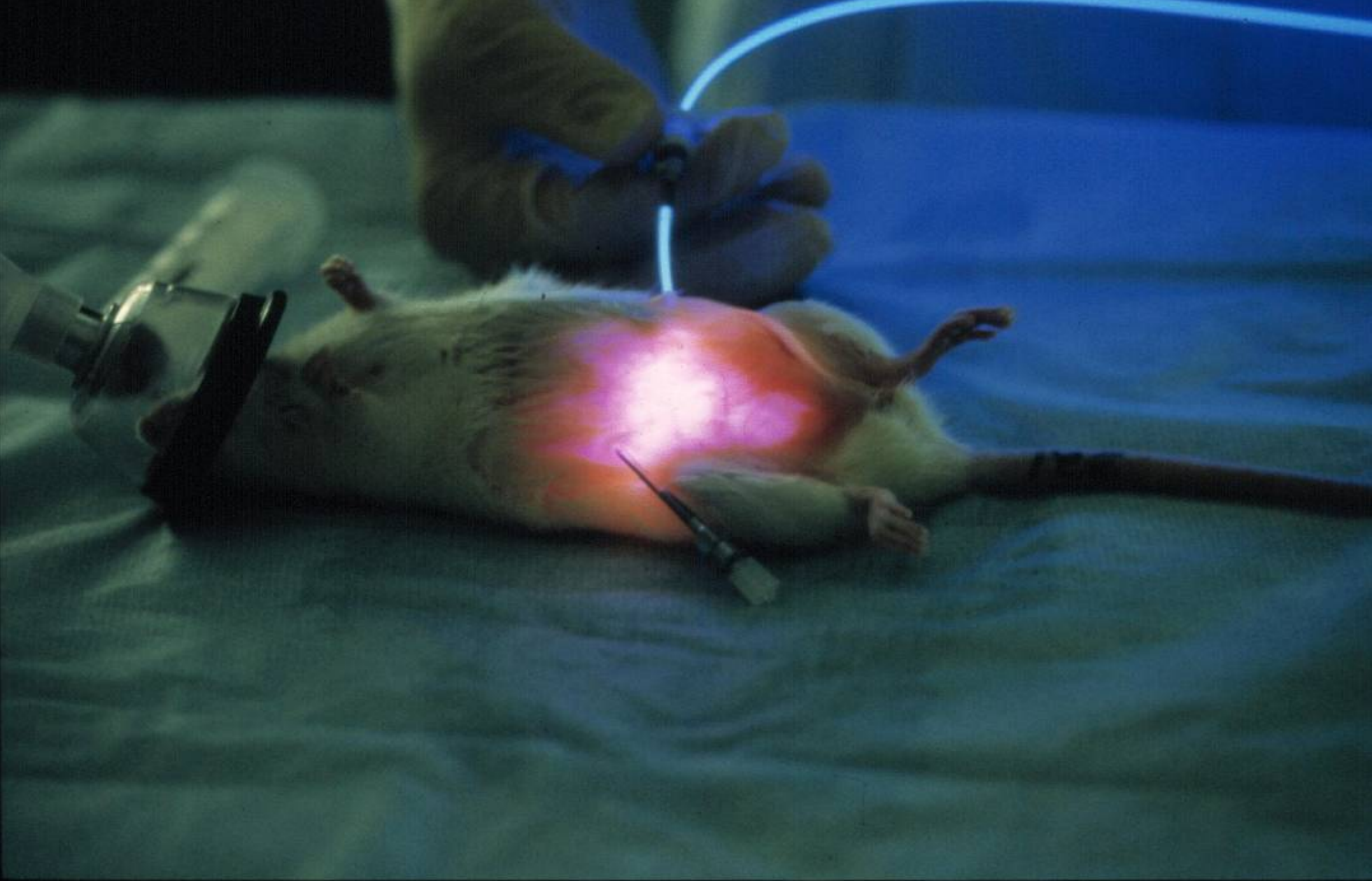
- Photodetection has been shown to be efficient in the animal model and feasible in patients
- Photodetection of ovarian cancer peritoneal implants, not visible by other methods, is a conceivable goal for the future
- The impact on survival has to be demonstrated in further studies

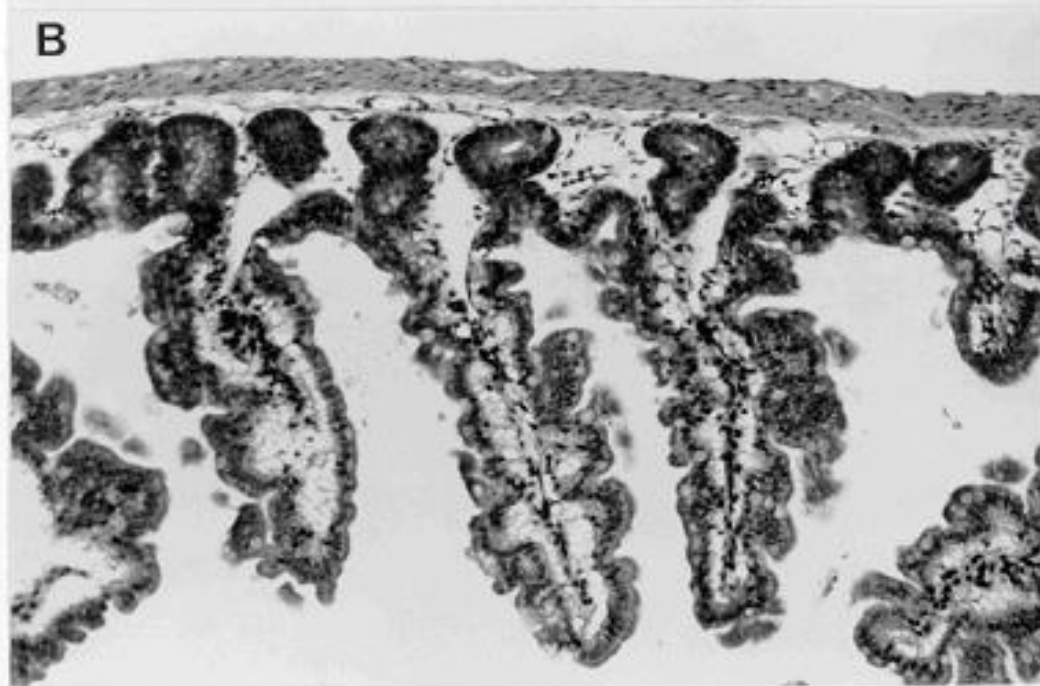
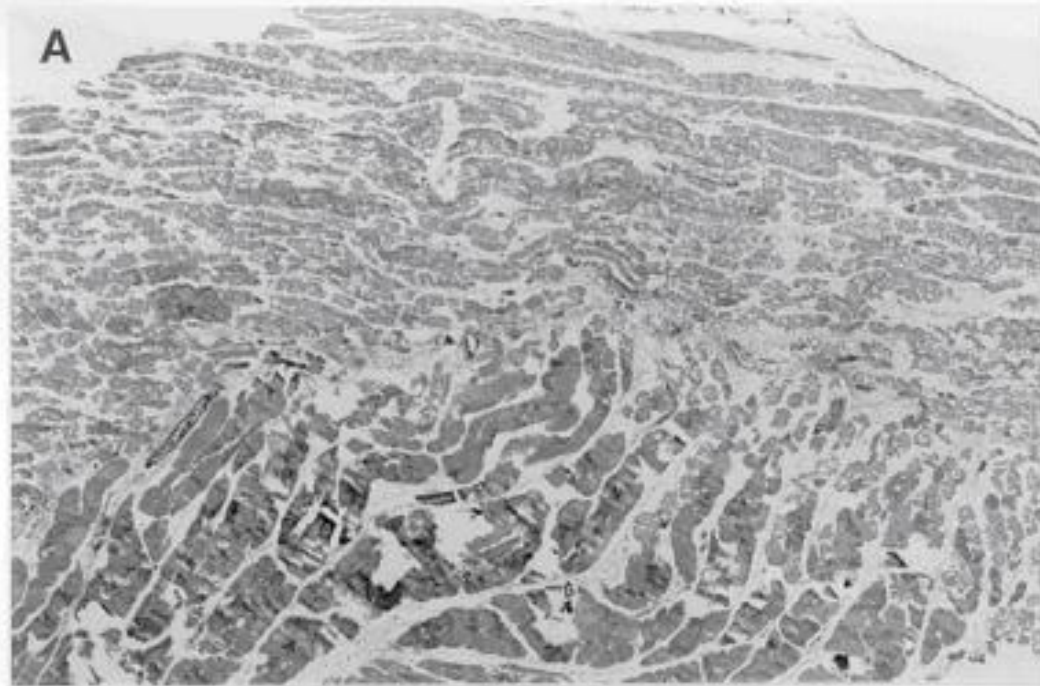
**“The facts remains that a large number of patients are being treated almost to the point of “cure” and an additional stroke of some sort is needed.”**

(DiSaia, Clinical Gynecological Oncology, Mosby-Year Book, 1997)

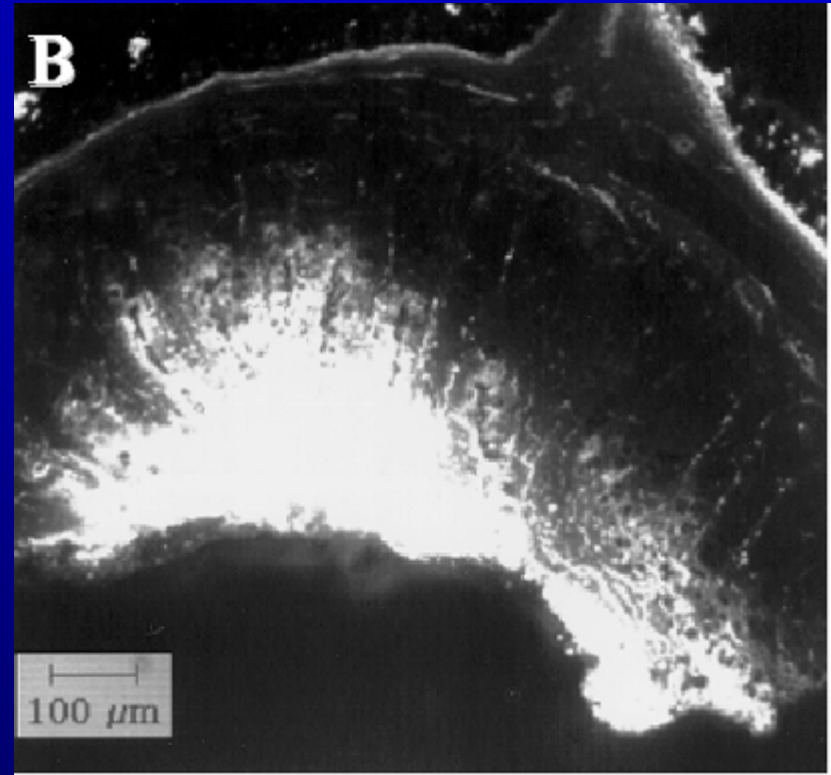
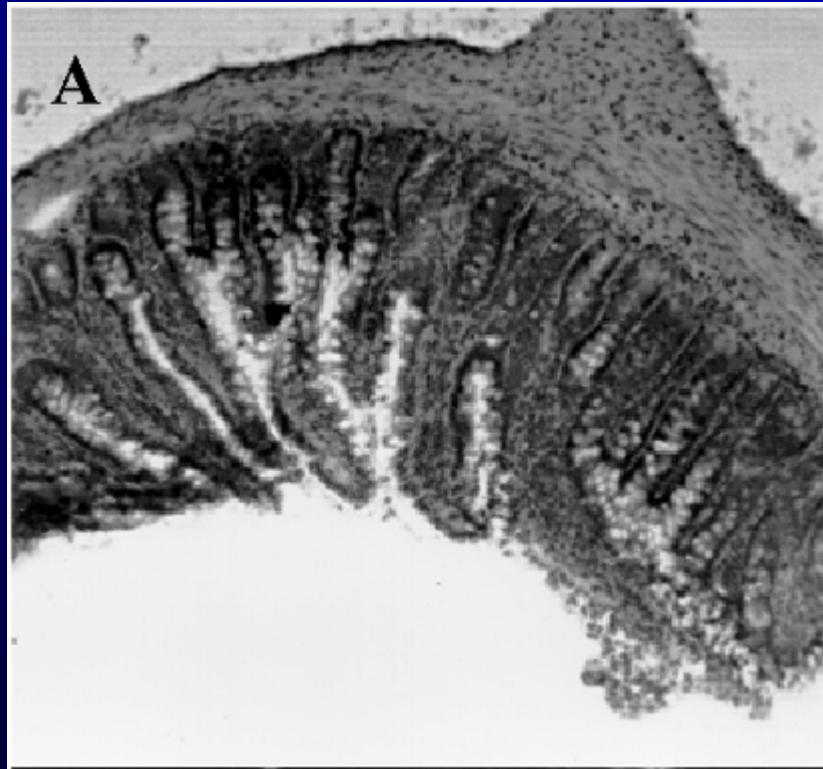
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# Light micrographs (A) and fluorescence (B) of small intestine 6 hr after ip ALA



# AIMS

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- Proof of principle of gene based photodynamic therapy of the peritoneal cavity after IP administration of ALA-S virus (establishment of a stable NuTu 19 ALA-S mutant cell line)

# Problems in gene therapy

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- Transfection, transduction rate
- Side effects
- Tissue penetration
- Immune reaction
- Specificity



# Results

- Pp IX production in the NuTu-19 ovarian cancer cell line after ALA and ALA-S mutant adenovirus application
- Toxicity (cell killing) of ALA, ALA-S virus and LacZ adenovirus in NuTu-19 cells
- Transduction rate of GFP adenovirus (CMV) in NuTu cells and in control cells (293T)

# Perspective

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- Proof of efficient photodynamic therapy in the animal model after I.P ALA-S virus administration, impact on survival
- Increase transduction rate
- Achieve cancer specific expression of the transgene

# **PDT of cervical intraepithelial neoplasia**

- Rationale**
- Introduction**
- Study design**
- Material and Methods**
- Results**

## **Aim**

- **Determine if h-ALA is selectively absorbed by dysplastic cells at various times after topical application (5min to 7 hours)**

## **Rationale**

- **Increasing incidence of cervical precancerous lesions in younger women**
- **Treatment of precancer of the cervix (conization) is an invasive procedure with its peri-operative risk and potential long term risk for fertility**

## **Treatment of CIN: Excisional methods**

- **Cold knife conisation**
- **Loop electrocurgical excision procedure (LEEP)**

## **Treatment of CIN: Ablative methods**

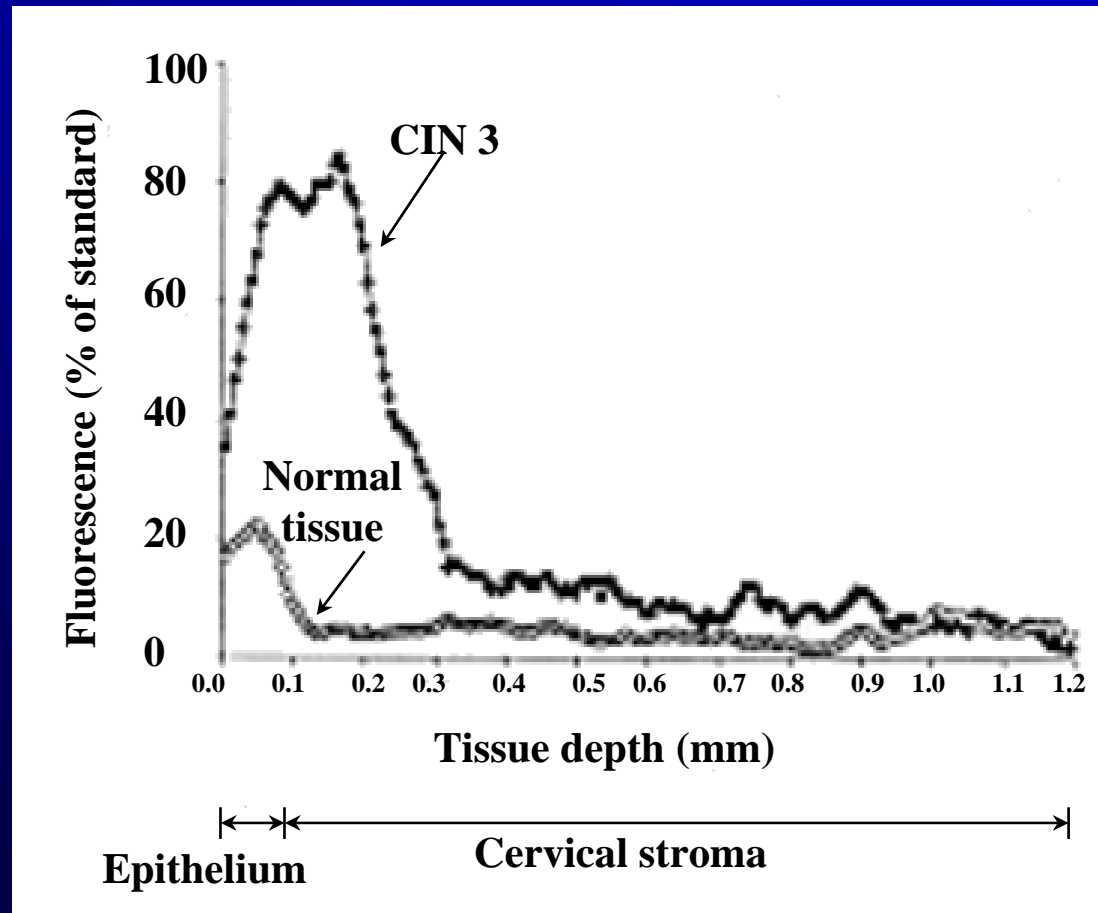
- **Cryotherapy**
- **Laser vaporisation**
- **Photodynamic therapy**

## **Advantages to treat CIN with PDT**

- **Outpatient clinic**
- **Specificity (drug, light)**
- **Tailored to the shape of the cervix**
- **No stromal destruction (stenosis, cervix insufficiency)**
- **Cell death by apoptosis (no inflammation, no scarring)**
- **Specific HPV destruction (tetrapyrrol)**
- **Repeatable**



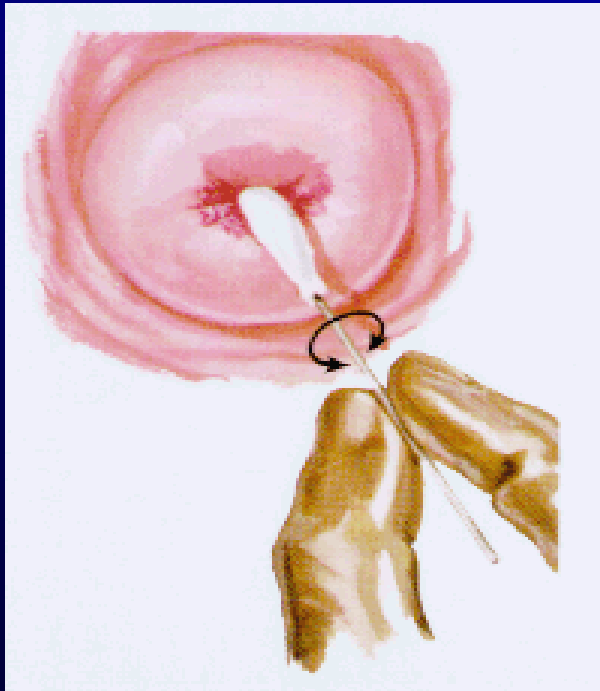
## Representative spatial distribution of 5-ALA induced porphyrin fluorescence related tissue type



## **Material and methods**

- Phase I clinical trial involving 30 non-pregnant women with already biopsy-proven CIN 1-3**
- Application of a 0.5 % h-ALA**
- Random biopsies at time points ranging from 5min to 7 hours**
- Image analysis on frozen tissue sections using Zeiss Axiophot image analysis system**

## Topical application of h-ALA



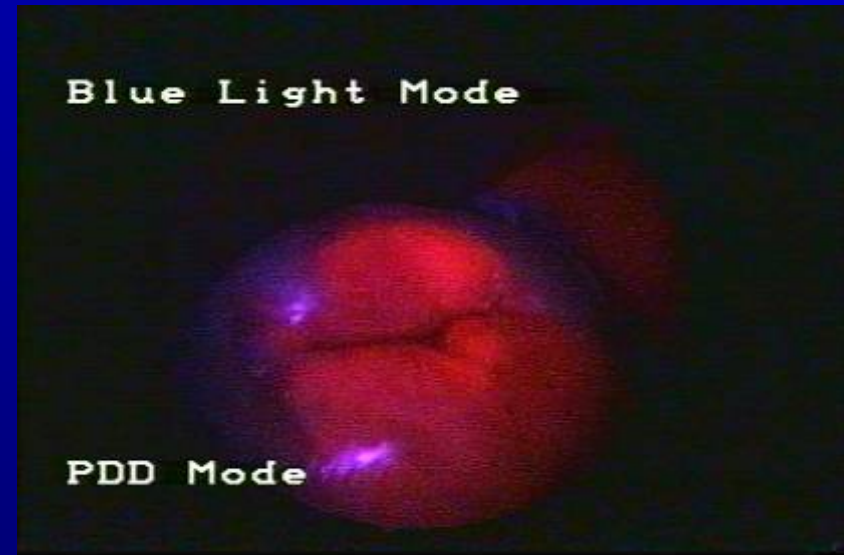
- Rinsing the cervix with physiological NaCl
- A solution of h-ALA of 0.5% is applied topically on the cervix with help of a gauze sponge and cervical cup
- 5 biopsies are taken in dimmed light before performing conization

# Fluorescence image of the cervix after h-ALA application

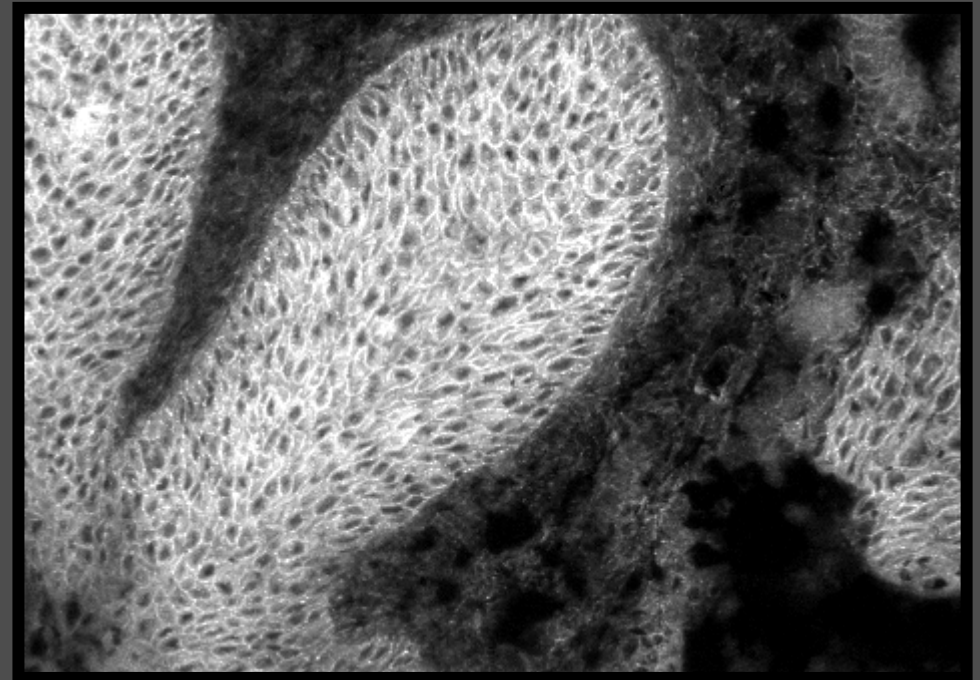
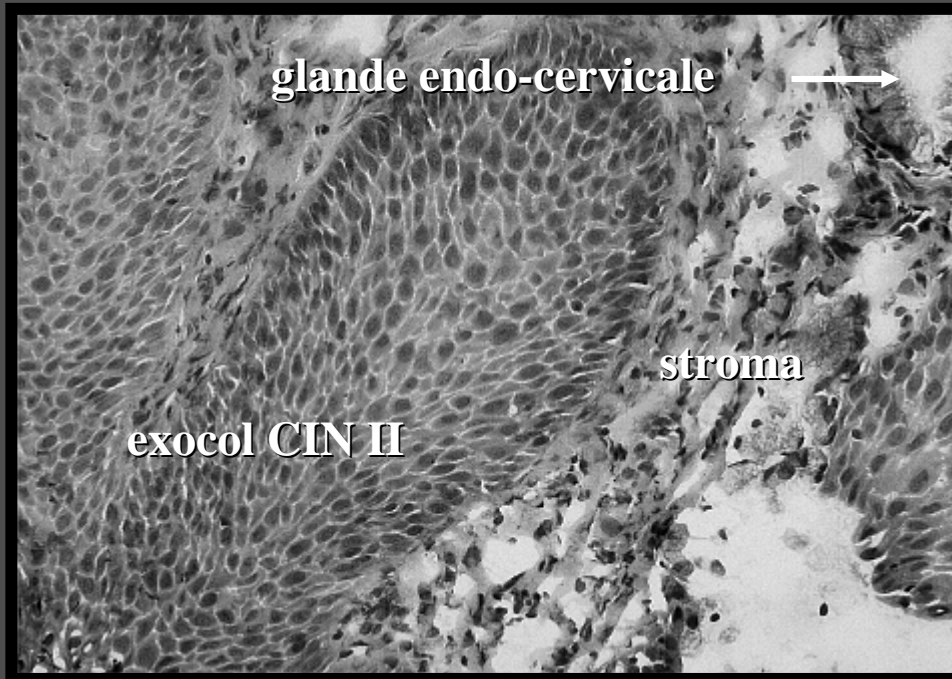
White light



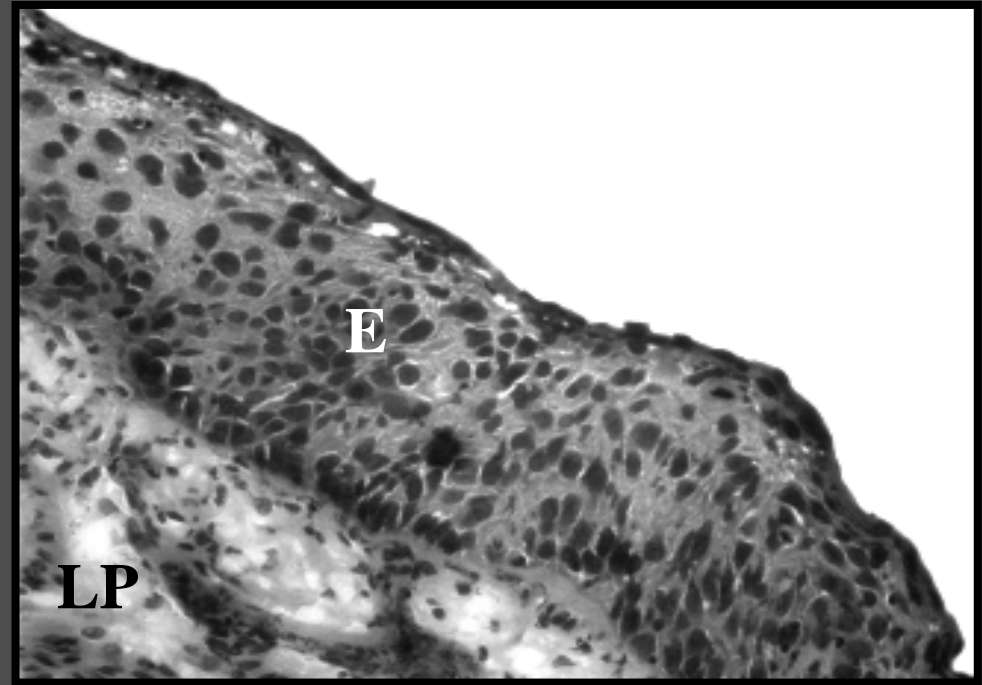
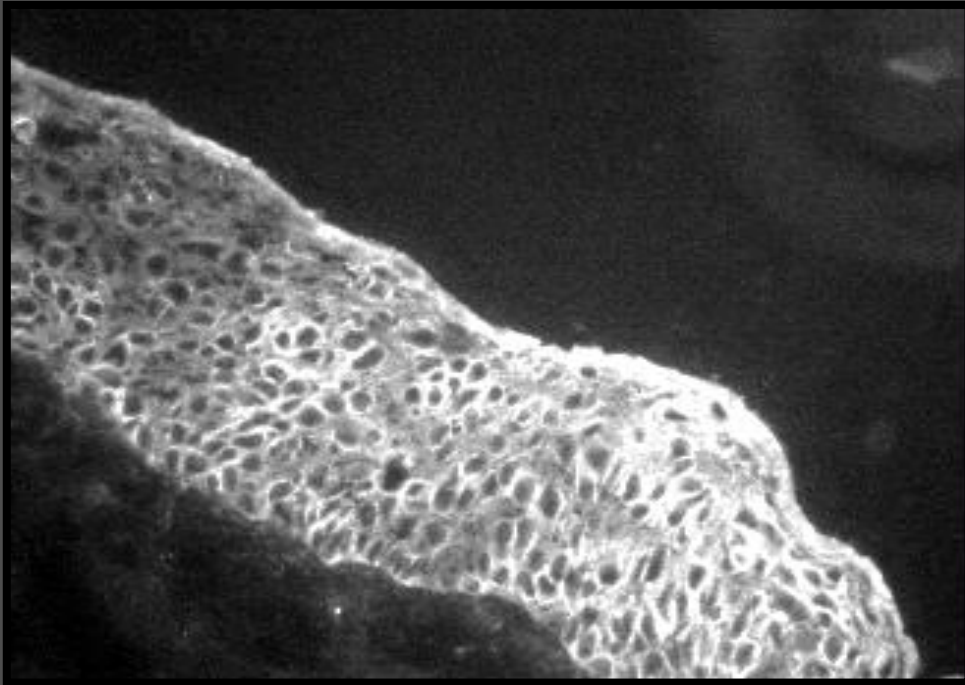
Fluorescence



Fluorescence image and white light image of the cervix uteri after the application of 3% acetic acid. Application of 10mg h-ALA in 10ml 0.9% NaCl solution on the cervix during 3 hrs.

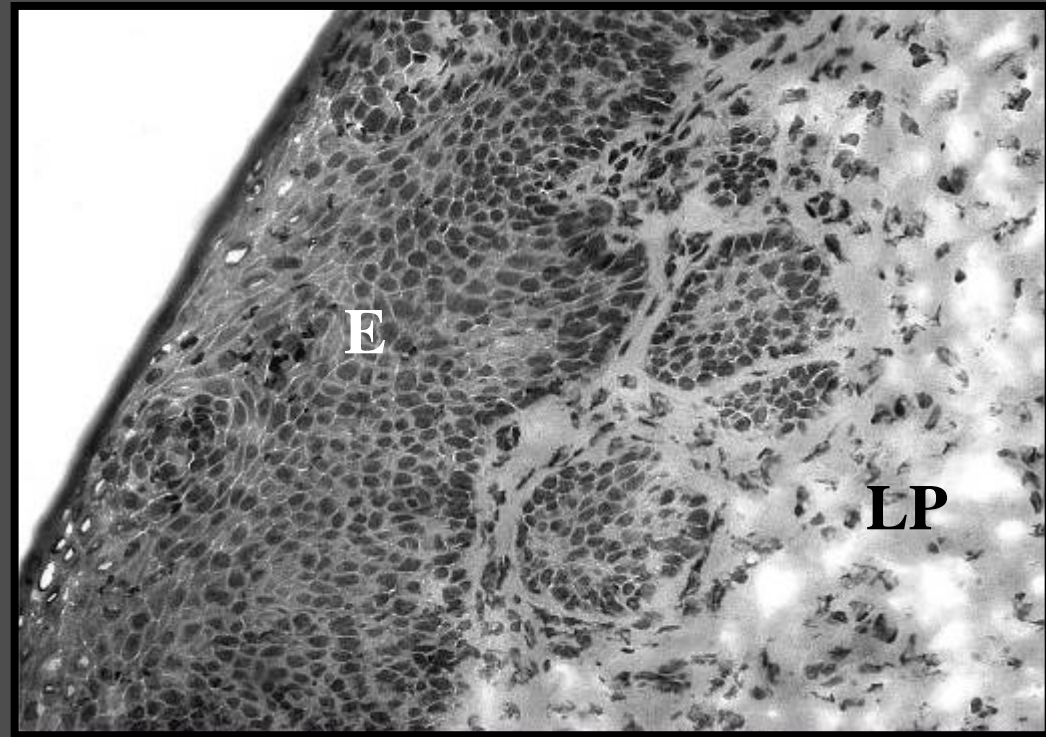
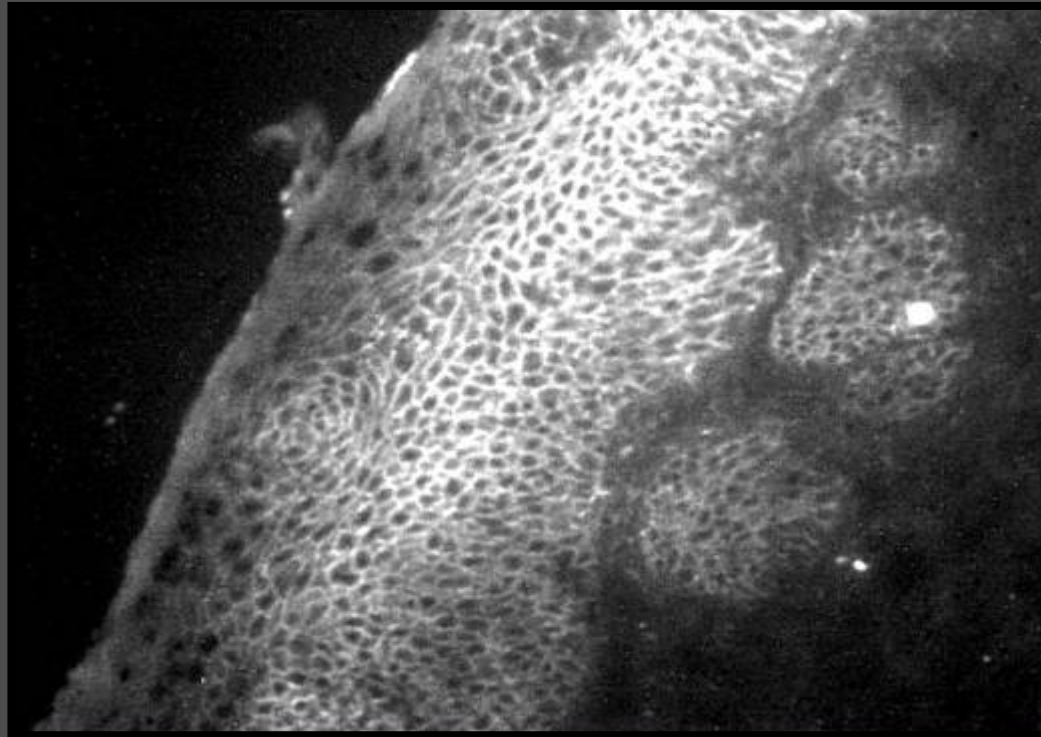


*Cin III 20x (exocol), h-ALA 0,5%, 75 min*



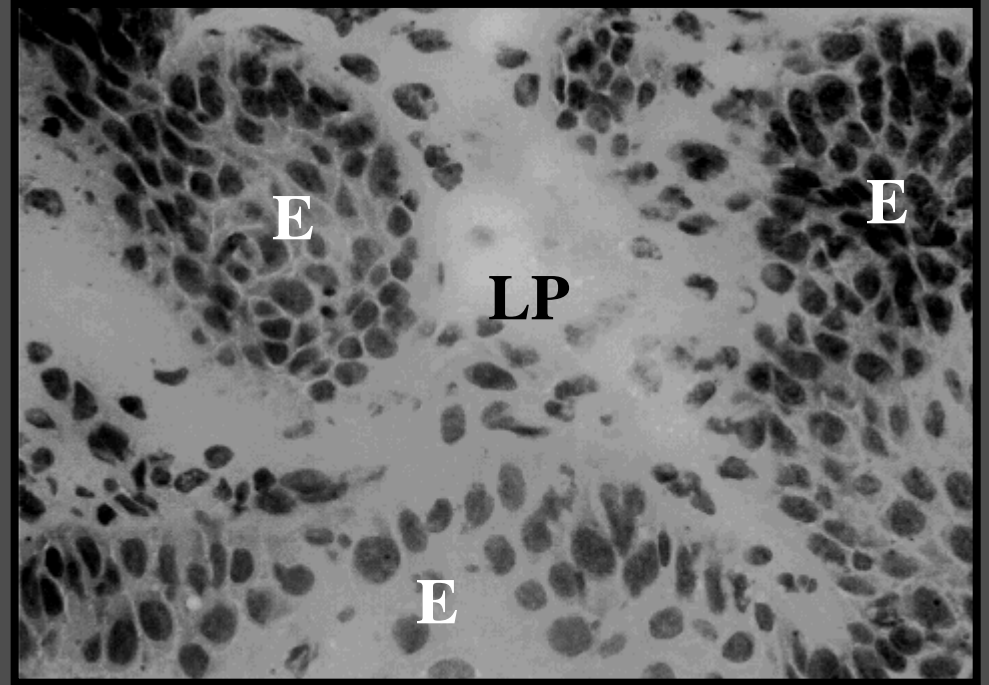
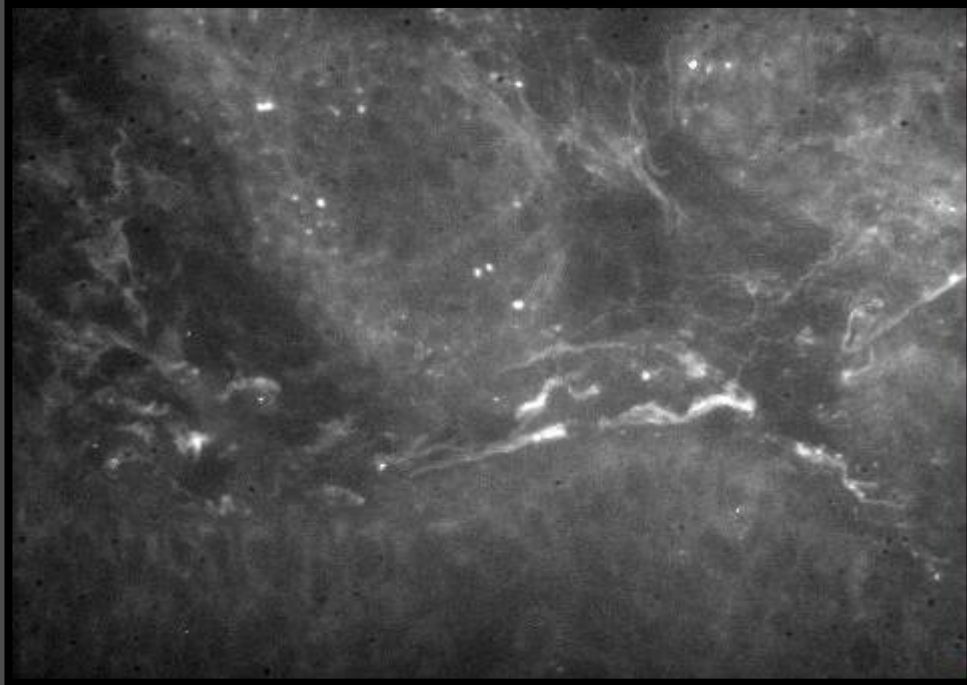
**E- epithelium, LP-lamina propria**

*Cin II (exocol) 10X, h-ALA 0,5%, 30 min*



**E- epithelium, LP-lamina propria**

*Cin II 20X (exocol), h-ALA 0,5%, 5min.*



**E- epithelium, LP-lamina propria**



Patients with high-grade cervical intraepithelial neoplasia (HSIL, CIN II-III,) in whom it is planned to perform a conisation.



Pretreatment with topically applied hexyl-Aminolevulinic acid. Formulation: 0.5 % h-ALA creme. Application time: 30, 60, 120, 180 minutes.



Photodynamic treatment with non-thermal laser (635 nm; 200mW/cm<sup>2</sup> ; 100 J/ cm<sup>2</sup>). Application time: 10 minutes.



One month later.

**Conisation.**



Histopathological examination.



Evaluation of the result of PDT.



Long-term follow-up.

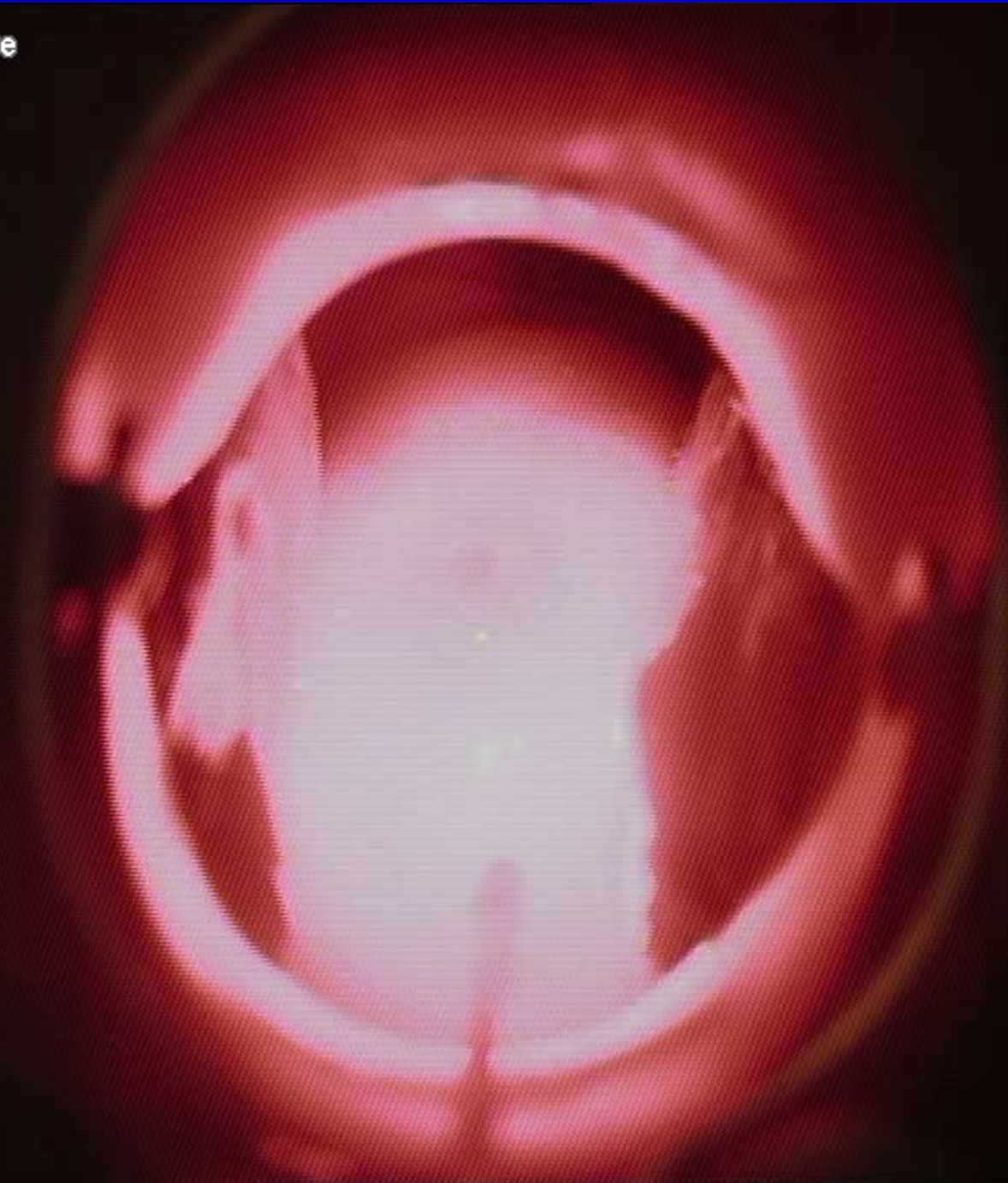
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Hubert van den Bergh

Georges Wagnières

Norbert Lange

Didier Goujon

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Thomas Stepinac

Attila L. Major

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Ivanna Mayboroda

Anis Feki