MATERIALS AND METHODS

Radiation Dosimetry Estimates

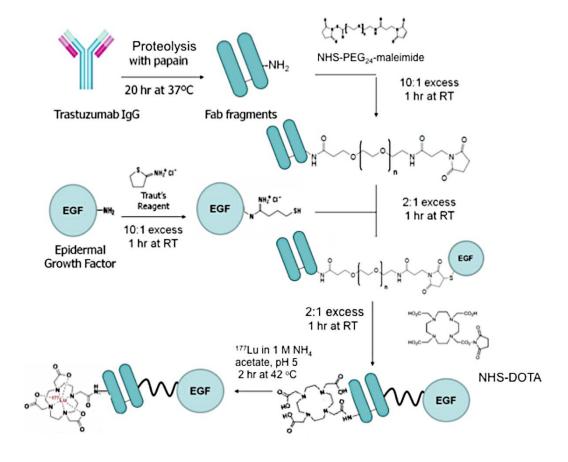
The radiation absorbed doses to the tumor and normal tissues in CD1 athymic mice with MDA-MB-231/H2N xenografts following injection of ¹¹¹In-DTPA-Fab-PEG₂₄-EGF or ¹⁷⁷Lu-DOTA-Fab-PEG₂₄-EGF were estimated from the previously reported biodistribution of ¹¹¹In-DTPA-Fab-PEG₂₄-EGF (1). The radioactivity in source organs at time points from 4 to 72 h p.i. was calculated by multiplying the %ID/g values by standard organ weights in mice (2) assuming an injected amount of 11.1 MBq (10 µg). The organ radioactivity was then corrected for radioactive decay by multiplying by e^(-λt), where λ is the decay constant (1.03 × 10⁻² h⁻¹ for ¹¹¹In and 4.3 × 10⁻³ h⁻¹ for ¹⁷⁷Lu) and t is the time p.i. Radioactivity in the tumor was similarly calculated by multiplying the %ID/g values by 0.2 g, assuming a tumour of $200 \pm 30 \text{ mm}^3$ measured in a previous study of ¹¹¹In-DTPA-Fab-PEG₂₄-EGF (1) and then correcting for radioactive decay. The cumulative radioactivity for the tumor and normal source organs from 0-72 h (\tilde{A}_{0-72h}) was estimated from the area under the curve (AUC) from 0 h to 72 h [AUC_{0-72h}; Bq \times sec] using Prism Ver. 4.0 software (GraphPad Inc., San Diego, CA). The cumulative radioactivity from 72 h to infinity $(\tilde{A}_{72h-\infty})$ was obtained by dividing the final radioactivity at 72 h by the decay constant, thus assuming elimination after this time point only by radioactive decay. The combined $\tilde{A}_{0-\infty}$ values for each organ were multiplied by the S-value (Gy/Bq \times sec) for ¹¹¹In and ¹⁷⁷Lu (2) to estimate the radiation absorbed doses (Gy). The dose delivered to the tumor was estimated based on the S-

values using the sphere model in OLINDA/EXT radiation dose assessment software, assuming a tumor with diameter of 3.5 mm (3).

RESULTS

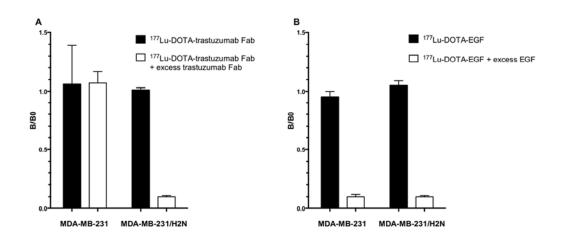
Bispecific Radioimmunoconjugates (bsRICs)

Fig. S1 1 shows the method of synthesis of the trastuzumab Fab-PEG₂₄-EGF bispecific immunoconjugates and their radiolabeling with ¹⁷⁷Lu. The binding of ¹⁷⁷Lu-DOTA-trastuzumab Fab or ¹⁷⁷Lu-DOTA-EGF to MDA-MB-231/H2N cells in the absence or presence of an excess of unlabeled trastuzumab Fab or EGF is shown in Fig. S2.



Supplemental Fig. 1. Synthesis of bispecific ¹⁷⁷Lu-DOTA-Fab-PEG₂₄-EGF radioimmunoconjugates. Fab fragments of trastuzumab produced by proteolytic digestion of the intact IgG were reacted with a 10-fold mole excess of NHS-PEG₂₄-maleimide for 1 hour at room temperature (RT). EGF was thiolated by reaction with a 10-fold mole excess of 2-iminothiolane (Traut's reagent) for 1 hour at RT. Then a 2-fold mole excess of thiolated EGF was reacted with maleimide functionalized PEG₂₄-Fab for 1 hour at RT. Fab-PEG₂₄-EGF immunoconjugates were purified and reacted with a 2-fold mole excess of NHS-DOTA for 1 hour at RT. Following re-purification, DOTA-

Fab-PEG₂₄-EGF was labeled with ¹⁷⁷Lu by incubation with ¹⁷⁷LuCl₃ in 1 M ammonium acetate buffer, pH 5.0 for 2 hours at 42 °C. The synthesis of the bispecific radioimmunoconjugates was adapted from Razumienko et al. (*1*).



Supplemental Fig. 2. Binding of (A) 177 Lu-DOTA-trastuzumab Fab (1 nmol/L) or (B) 177 Lu-DOTA-EGF (6.4 nmols/L) to MDA-MB-231 cells (HER2^{low}/EGFR^{mod}) and MDA-MB-231/H2N cells (HER2^{mod}/EGFR^{mod}) in the absence or presence of an excess of unlabeled trastuzumab Fab (69 nmols/L) or EGF (1,659 nmols/L). B/B₀: Binding in the presence of competitor divided by the binding in the absence of competitor. Values shown represent the mean \pm SD (n=3).

REFERENCES

- 1. Razumienko E DL, Scollard D, Reilly RM. MicroSPECT/CT imaging of coexpressed HER2 and EGFR on subcutaneous human tumor xenografts in athymic mice using ¹¹¹In-labeled bispecific radioimmunoconjugates. *Breast Cancer Res Treat*. 2013;138:709-718.
- Bitar A, Lisbona A, Thedrez P, et al. A voxel-based mouse for internal dose calculations using Monte Carlo simulations (MCNP). *Phys Med Biol*. 2007;52:1013-1025.
- 3. Stabin MG, Sparks RB, Crowe E. OLINDA/EXM: the second-generation personal computer software for internal dose assessment in nuclear medicine. *J Nucl Med.* 2005;46:1023-1027.