

# 1 Validity and reliability of extrastriatal [<sup>11</sup>C]raclopride 2 binding quantification in the living human brain

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## Abstract

[<sup>11</sup>C]raclopride is a well established PET tracer for the quantification of dopamine D<sub>2/3</sub>R receptors in the striatum. Outside of the striatum the receptor density is up to two orders of magnitude lower. In contrast to striatal binding, the characteristics of extrastriatal [<sup>11</sup>C]raclopride binding quantification has not been thoroughly described. Still, binding data for e.g., neocortex is frequently reported in the scientific literature. Here we evaluate the validity and reliability of extrastriatal [<sup>11</sup>C]raclopride binding quantification. Two sets of healthy control subjects were examined with HRRT and [<sup>11</sup>C]raclopride: i) To assess the validity of extrastriatal [<sup>11</sup>C]raclopride binding estimates, eleven subjects were examined at baseline and after dosing with quetiapine, a D<sub>2/3</sub>R antagonist. ii) To assess test-retest repeatability, nine subjects were examined twice. Non displaceable binding potential ( $BP_{ND}$ ) was quantified using the simplified reference tissue model. Quetiapine dosing was associated with decrease in [<sup>11</sup>C]raclopride  $BP_{ND}$  in temporal cortex (18±17% occupancy) and thalamus (20±17%), but not in frontal cortex. Extrastriatal occupancy was lower than in putamen (51±4%). The mean absolute variation was 4-7% in the striatal regions, 17% in thalamus, and 13-59% in cortical regions. Our data indicate that [<sup>11</sup>C]raclopride PET is not a suitable tool for D<sub>2/3</sub>R binding quantification in extrastriatal regions.

Keywords: dopamine, extrastriatal, positron emission tomography, raclopride, reference region

## Introduction

The dopamine (DA) system is of key interest both in normal brain function and in the pathophysiology of neurological<sup>1</sup>, and psychiatric<sup>2,3</sup> disorders. Striatum is the brain region with the highest concentration of dopamine receptors<sup>4</sup> and also the most studied using positron emission tomography (PET). In recent years, quantification of dopamine receptors in extrastriatal regions has received more interest<sup>2,5</sup>. Specifically, striatal and extrastriatal availability of the dopamine D<sub>2</sub> receptor family has been of particular interest in psychiatry research as drugs targeting D<sub>2/3</sub> receptors (D<sub>2/3</sub>R) is an established treatment of psychosis and mood disorders<sup>6</sup>.

The dopamine D<sub>2/3</sub>R radioligand [<sup>11</sup>C]raclopride was developed in the 80's<sup>7</sup> and is one of the most frequently used PET radioligands to date. Due to its relatively low affinity to D<sub>2/3</sub>R (K<sub>d</sub> = 1.3 nM) [<sup>11</sup>C]raclopride has primarily been used to study receptor availability in striatal regions. Extrastriatally, the concentration of D<sub>2/3</sub>R is up to two orders of magnitude lower than in striatum<sup>8</sup>. To study regions with low levels of D<sub>2/3</sub>R, high affinity radioligands have been developed, e.g. [<sup>11</sup>C]FLB-457 (K<sub>d</sub> = 0.02 nM) and [<sup>18</sup>F]fallypride (K<sub>d</sub>=0.03 nM)<sup>9,10</sup>. These tracers are, however, not ideally suited to quantify D<sub>2/3</sub>R in striatum. If [<sup>11</sup>C]raclopride binding to extrastriatal D<sub>2/3</sub>R could be shown to be validly and reliably quantifiable, fewer PET-examinations would be required for studies where D<sub>2/3</sub>R in the whole brain is of interest. Although there is some indication of reliable quantification of the extrastriatal [<sup>11</sup>C]raclopride signal<sup>11,12</sup> (i.e., adequate test-retest properties), there is a lack of data supporting quantifiable specific

binding in these regions. In spite of this, several PET-laboratories, including our own, have applied [<sup>11</sup>C]raclopride to measure extrastriatal D<sub>2/3</sub>R availability in thalamus<sup>13–15</sup>, and in cortical regions<sup>16–18</sup>.

In a statistical context, reliability is the repeatability or consistency of a measurement. In PET research, the reliability of a binding measurement is typically assessed in a test-retest design, where PET-experiments are performed twice in a group of individuals, and the between- and within-individual variability of the measurements are evaluated<sup>19</sup>. Validity is the degree to which a measurement corresponds to what it is supposed to measure. A common approach to assess validity, i.e., determine whether, and the extent by which, the radioligand binds to the target of interest, is to perform a pharmacological challenge where PET measurements are conducted before and after administration of a competitor from a different chemical class.

Several such studies have been published for [<sup>11</sup>C]raclopride and striatum<sup>20–22</sup>. Extrastriatally, however, the data is sparse. Using haloperidol as a competitor Mawlawi (2001) showed that while achieving an occupancy of ~90% in striatum, only half of the purported specific binding in thalamus was displaced<sup>21</sup>. To our knowledge no competition experiments assessing [<sup>11</sup>C]raclopride binding in cortex have been published.

The aim of the present study was to explore both the validity and reliability of [<sup>11</sup>C]raclopride binding in extrastriatal regions. We performed a competition study in healthy controls attempting to replicate the results from Mawlawi (2001) for thalamus, but also to assess [<sup>11</sup>C]raclopride binding in cortex. This part of the study will from here

on be referred to as COMP. In the second part, from here on referred to as TRT, we evaluated the reliability of [ $^{11}\text{C}$ ]raclopride binding in extrastriatal regions using a test-retest design in a separate sample of healthy controls.

## Material and Methods

### Study design

Two independent datasets were used for the competition and the test-retest design. In COMP eleven healthy male subjects (21 - 29 ( $25 \pm 2.5$ ) years) participated in a previously published occupancy study of quetiapine<sup>23</sup>, clinical trial registration number: NCT00832221 (<http://www.clinicaltrials.gov/>). Quetiapine is a multimodal drug with  $\text{D}_{2/3}\text{R}$  antagonist properties ( $K_i = 245 \text{ nM}$ )<sup>24</sup>. Extended release (XR) or immediate release (IR) quetiapine was given once-daily during 12 days. After 4 days of dose titration of quetiapine XR from 50 mg to 300 mg, each subject received 300 mg quetiapine XR for 4 days. Treatment was then directly switched to 300 mg quetiapine IR for 4 days. The subjects participated in five PET measurements with [ $^{11}\text{C}$ ]raclopride: at baseline and at time for expected peak ( $T_{\max}$ ) and trough ( $T_{\min}$ ) plasma concentration for both drug formulations. The PET-experiments at  $T_{\max}$  were performed on the fourth day of administration of XR and IR respectively and the  $T_{\min}$  examination the morning after the last dose of each formulation. See the original publication for details<sup>23</sup>.

TRT consist of data from nine (six females) healthy subjects (37 - 71 ( $53 \pm 12$ ) years) not previously published. The subjects participated in two PET measurements with [ $^{11}\text{C}$ ]raclopride. Time between measurements was 14 to 27 days ( $20 \pm 5$ , mean  $\pm$  SD).

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127 All subjects in both studies were healthy according to a clinical interview of medical  
128 history; physical examination; psychiatric interview; blood and urine chemistry; and  
129 magnetic resonance imaging (MRI) of the brain. The procedures in both studies were  
130 approved by the Research Ethics Committee in Stockholm, Sweden, and the Radiation  
131 Safety Committee at Karolinska University Hospital, Stockholm, and were performed in  
132 accordance with the 2004 revision of the Declaration of Helsinki. All subjects gave their  
133 written informed consent before participation.

134

# 135 MRI

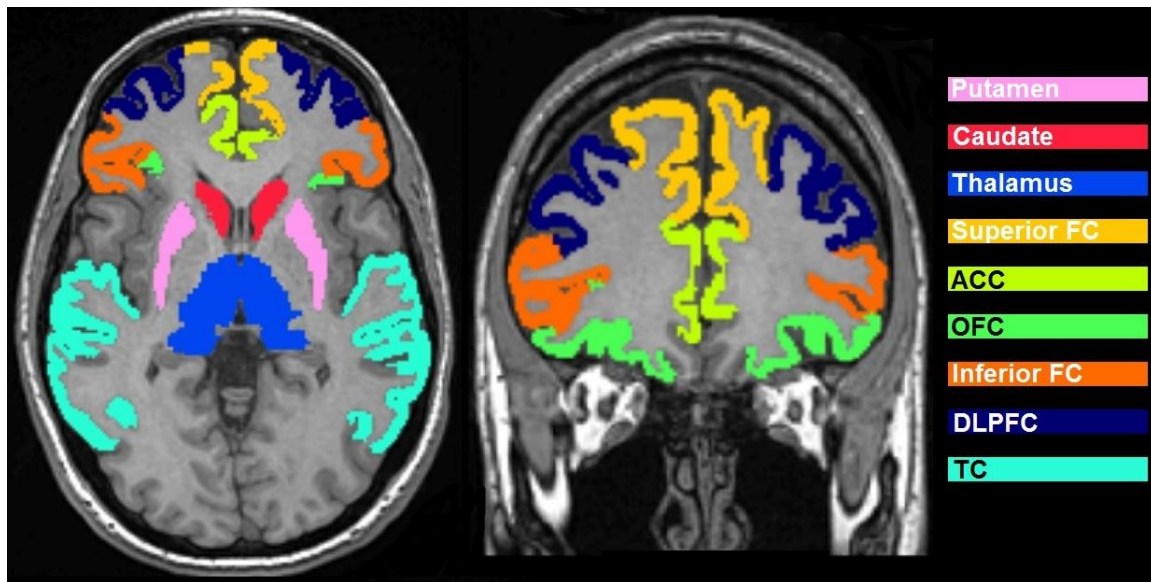
136 T1-weighted MRI images were acquired using a 1.5 T (COMP) or a 3 T (TRT ) GE Signa  
137 system (GE Medical Systems, USA).

138

# 139 Regions of interest

140 FreeSurfer (version 6.0, <http://surfer.nmr.mgh.harvard.edu/>)<sup>25</sup> was used to define ten  
141 regions of interest (ROIs) on the T1-weighted MRIs of all subjects (Figure 1). ROIs were  
142 chosen based on their relevance for both neurological and psychiatric disorders, as well  
143 as for comparison with previous test-retest studies on extrastriatal [<sup>11</sup>C]raclopride  
144 binding<sup>11,12</sup>.

145



**FIGURE 1.** MRI for one subject from the COMP data with regions of interest overlaid. Nucleus accumbens not visible. ACC, Anterior cingulate cortex; DLPFC, dorsolateral prefrontal cortex; FC, frontal cortex; OFC, orbitofrontal cortex; TC, temporal cortex.

### Radiochemistry

[<sup>11</sup>C]raclopride was prepared as described previously<sup>26</sup>. The injected radioactivity in COMP ranged between 227-235 MBq (232±2) for the baseline examination; 207-236 (225±10) for Tmax XR (p=0.11); and 223-236 (231±5) for Tmax IR (p=0.67). The specific radioactivity was 336±264 GBq/μmol for the baseline examination; 342±280 GBq/μmol for Tmax XR (p=0.96); and 198±89 for Tmax IR (p=0.17). Injected mass was 0.32±0.17 μg for the baseline examination; 0.36±0.29 μg for Tmax XR (p=0.67); and 0.49±0.26 for Tmax IR (p=0.12). In TRT the injected radioactivity ranged between 296-524 MBq (397±98) for PET1 and 156-561 (411±135) for PET2 (p=0.80). The specific radioactivity was 148±49 GBq/μmol for PET1 and 206±75 GBq/μmol for PET2 (p=0.07) corresponding to an injected mass of 1.08±0.64 μg for PET1 and 0.82±0.52 μg for PET2 (p=0.37).

163

# 164 PET experimental procedure

165 In each PET-experiment a saline solution containing [<sup>11</sup>C]raclopride was injected into a  
166 antecubital vein as a bolus (<10s). The cannula was then immediately flushed with 10 mL  
167 saline.

168 All subjects were examined using a high-resolution research tomograph (HRRT;  
169 Siemens Molecular Imaging, USA) with a maximum spatial resolution of ~2mm full-  
170 width-half-maximum<sup>27</sup>. Transmission scans were performed prior to each PET  
171 measurement in order to correct for signal attenuation.

172 Brain radioactivity was measured continuously, in COMP for 63 minutes and in  
173 TRT for 51 minutes. The radioactivity was reconstructed in consecutive time frames, in  
174 COMP, four 15 s, four 30 s, six 1 min, six 3 min and six 6 min frames. In TRT the initial  
175 frame sequence was identical to COMP whereas the number of 6 min frames at end of  
176 data acquisition was reduced to four.

177

# 178 Quantitative analysis

179 PET images were corrected for head motion using a frame-to-first-minute realignment  
180 procedure<sup>28</sup>. Using SPM5 (Wellcome Department of Cognitive Neurology, University  
181 College, London, UK), the T1-weighted MR-images were co-registered to a summed  
182 PET-image. To obtain regional time-activity curves, the ROIs were projected onto the  
183 realigned dynamic PET-image.

184



From the time-activity curves,  $BP_{ND}$  was estimated using the simplified reference tissue model (SRTM)<sup>29</sup>. Cerebellum, a region where specific binding has been considered negligible<sup>8</sup>, was used as reference. The cerebellar cortex volume was first defined using FreeSurfer, then trimmed in an automated process to include only voxels above lowest plane of pons; behind and below the posterior tip of the 4th ventricle. Only voxels located laterally of the left- and rightmost point of the 4<sup>th</sup> ventricle was included. The outer layer of the resulting mask was then eroded by one voxel (Supplementary Figure S1).

### Calculations and statistics

Statistical analyses and data visualization were performed using R (version 3.3.3).

Occupancy (%) of quetiapine was calculated according to the equation:

$$Occupancy = \frac{(BP_{ND}^{baseline} - BP_{ND}^{drug})}{BP_{ND}^{baseline}} \times 100 \quad (1)$$

The validity of extrastriatal [<sup>11</sup>C]raclopride  $BP_{ND}$  was tested comparing the baseline examination with examinations after pretreatment with quetiapine XR and IR respectively. Specific binding was defined as present when a significant ( $p < 0.05$ ) decrease was showed using paired one sided t test.

Test-retest reproducibility for the TRT data was assessed using the following metrics:

*Absolute variability (VAR):*

$$VAR = \frac{|BP_{ND}^{PET1} - BP_{ND}^{PET2}|}{\frac{1}{2}(BP_{ND}^{PET1} + BP_{ND}^{PET2})} \times 100 \quad (2)$$

209

210 VAR is a measure of the absolute reliability of a measurement expressed as a percentage  
211 of the average  $BP_{ND}$  value. PET1 refers to the first PET measurement, and PET2 refers to  
212 the second PET measurement. The reported value is the average VAR for all subjects.

213

214 *Intraclass correlation coefficient (ICC):*

215

$$ICC = \frac{MS_B - MS_W}{MS_B + MS_W} \quad (3)$$

217

218 where  $MS_B$  denote the between subjects mean sum of squared variance and  $MS_W$  the  
219 within subject mean sum of squared variance. ICC normalizes the measurement error to  
220 the between-subject variance and will give information on how well a test can distinguish  
221 between individuals. The score can vary between -1 and 1, values closer to 1 indicate that  
222 most of the variance is due to between-subject rather than within-subject variation<sup>30</sup>.

223

224 *Standard error of measurement (SEM):*

225

$$SEM = SD\sqrt{(1 - ICC)} \quad (4)$$

227

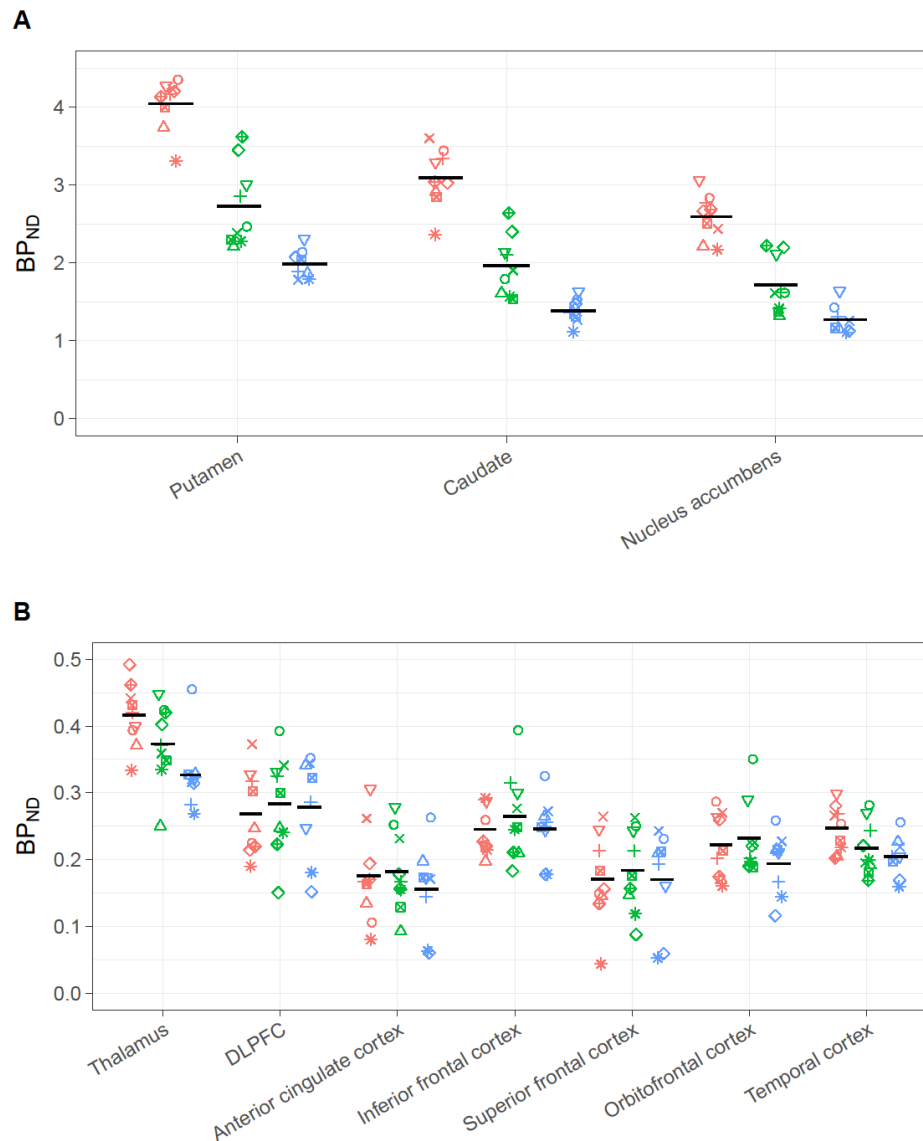
228 SEM is expressed in the same unit as the outcome (in this study  $BP_{ND}$ ). It is an estimate  
229 of the standard deviation of the measurement error and can be viewed as the uncertainty

surrounding the outcome in a single examination<sup>30</sup>. Notably, though similarly named, the standard error of the *mean* and standard error of *measurement* are diverse statistical concepts.

## Results

In the COMP dataset, two subjects were excluded before image analysis due to excessive head movement during the baseline measurement. Excessive head movement was defined as more than 3 mm displacement from the reference position in more than 10% of the frames as seen in the realignment plot. In addition, PET acquisition data from the quetiapine IR measurement for one subject was excluded due to a delay of the examination of two hours beyond expected  $T_{\max}$  for the plasma concentration of the drug. Nine subjects were included in the final analysis of baseline and quetiapine XR data. For the quetiapine IR data eight subjects were analyzed. In the TRT dataset SRTM failed in the anterior cingulate cortex in one individual producing a negative  $BP_{ND}$  value. This value was excluded from further analysis.

Results from COMP are shown in Figure 2. In extrastriatal regions a significant decrease of  $BP_{ND}$  was seen only in thalamus and temporal cortex (TC) after treatment with XR as well as IR formulations of quetiapine (Table 1). In putamen the occupancy was  $33 \pm 11\%$  and  $51 \pm 4\%$  (mean  $\pm$  SD) in the quetiapine XR and IR measurements respectively. Occupancy was lower in extrastriatal regions:  $10 \pm 14\%$  and  $20 \pm 17\%$  in thalamus and  $12 \pm 11\%$  and  $18 \pm 17\%$  in TC (Table 1).



**FIGURE 2.** COMP [<sup>11</sup>C]raclopride binding data. A) Striatal ROIs (for reference). Each ROI represents three PET examinations, from left to right: Baseline (red); at T<sub>max</sub> post quetiapine XR (green); at T<sub>max</sub> post quetiapine IR (blue). Horizontal bars represent mean BP<sub>ND</sub>. B) Extrastriatal ROIs, same order of PET examinations as in A. DLPFC, dorsolateral prefrontal cortex.

**TABLE 1.** Quetiapine occupancy data

Region	Baseline (n = 9)	Quetiapine XR (n = 9)			Quetiapine IR (n = 8)		
	Mean $\pm$ SD (BP <sub>ND</sub> )	Mean $\pm$ SD (BP <sub>ND</sub> )	test vs baseline (p)	occ (%)	Mean $\pm$ SD (BP <sub>ND</sub> )	test vs baseline (p)	occ (%)
Putamen	4.05 $\pm$ 0.33	2.73 $\pm$ 0.53	<0.001	32.58	1.99 $\pm$ 0.19	<0.001	50.62
Caudate	3.1 $\pm$ 0.37	1.97 $\pm$ 0.39	<0.001	36.14	1.39 $\pm$ 0.16	<0.001	54.96
Nucleus Accumbens	2.6 $\pm$ 0.29	1.72 $\pm$ 0.36	<0.001	33.86	1.27 $\pm$ 0.18	<0.001	50.75
Thalamus	0.42 $\pm$ 0.05	0.37 $\pm$ 0.06	0.029	9.93	0.33 $\pm$ 0.06	0.007	19.53
DLPFC	0.27 $\pm$ 0.06	0.28 $\pm$ 0.07	0.747	-7.49	0.28 $\pm$ 0.08	0.556	-3.19
Anterior cingulate	0.18 $\pm$ 0.07	0.18 $\pm$ 0.06	0.616	-15.82	0.16 $\pm$ 0.07	0.287	-2.48
Inferior frontal cortex	0.25 $\pm$ 0.04	0.26 $\pm$ 0.07	0.865	-7.7	0.25 $\pm$ 0.05	0.465	-0.44
Superior frontal cortex	0.17 $\pm$ 0.07	0.18 $\pm$ 0.06	0.782	-23.26	0.17 $\pm$ 0.07	0.418	-2.67
OFC	0.22 $\pm$ 0.05	0.23 $\pm$ 0.06	0.602	-2.37	0.19 $\pm$ 0.05	0.059	12.63
Temporal cortex	0.25 $\pm$ 0.03	0.22 $\pm$ 0.04	0.007	12.07	0.2 $\pm$ 0.03	0.01	17.75

P-values calculated using one sided paired t tests. BP<sub>ND</sub>, binding potential using simplified reference tissue model; DLPFC, dorsolateral prefrontal cortex; occ, occupancy; OFC, orbitofrontal cortex; SD, standard deviation

263

264 TRT was completed in nine control subjects. ICC values were higher and VAR values

265 were lower in striatal ROIs, compared to extrastriatal regions (Table 2).

**TABLE 2.** [<sup>11</sup>C]raclopride test-retest data; BP<sub>ND</sub> values and statistics

Region	Scan 1 (BP <sub>ND</sub> )		Scan 2 (BP <sub>ND</sub> )		Difference			
	n	Mean $\pm$ SD	Mean $\pm$ SD	Range	SD	VAR (%)	ICC	SEM
Putamen	9	3.59 $\pm$ 0.35	3.66 $\pm$ 0.33	-0.17 to 0.36	0.16	3.71	0.88	0.12
Caudate	9	2.61 $\pm$ 0.3	2.62 $\pm$ 0.19	-0.28 to 0.28	0.19	6.15	0.74	0.12
Nucleus Accumbens	9	2.21 $\pm$ 0.27	2.22 $\pm$ 0.22	-0.35 to 0.43	0.24	7.42	0.57	0.15
Thalamus	9	0.42 $\pm$ 0.08	0.45 $\pm$ 0.06	-0.1 to 0.13	0.08	16.33	0.27	0.06
DLPFC	9	0.16 $\pm$ 0.07	0.17 $\pm$ 0.05	-0.03 to 0.08	0.03	25.96	0.81	0.03
Anterior cingulate	8	0.17 $\pm$ 0.09	0.21 $\pm$ 0.05	-0.03 to 0.15	0.06	35.43	0.57	0.05
Inferior frontal cortex	9	0.22 $\pm$ 0.06	0.22 $\pm$ 0.05	-0.05 to 0.06	0.04	12.91	0.82	0.02
Superior frontal cortex	9	0.13 $\pm$ 0.08	0.15 $\pm$ 0.04	-0.04 to 0.09	0.04	58.88	0.81	0.03
OFC	9	0.14 $\pm$ 0.07	0.13 $\pm$ 0.04	-0.13 to 0.04	0.05	21.63	0.64	0.03
Temporal cortex	9	0.21 $\pm$ 0.05	0.21 $\pm$ 0.03	-0.04 to 0.05	0.03	13.83	0.70	0.02

BP<sub>ND</sub>, binding potential using simplified reference tissue model; DLPFC, dorsolateral prefrontal cortex; ICC, interclass correlation coefficient; OFC, orbitofrontal cortex; SD, standard deviation; SEM, standard error of measurement; VAR, absolute variability

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## Discussion

We have examined the validity and reliability of the extrastriatal binding characteristics of [<sup>11</sup>C]raclopride. No specific raclopride binding could be detected in most examined cortical areas, as determined using a pharmacological competition analysis. In the thalamus and TC ROIs we observed some indication of specific binding, although occupancy was lower than in striatum. Further, the test-retest repeatability of extrastriatal  $BP_{ND}$  was low in our data.

Our results have implications when interpreting and planning clinical studies. Similar to Mawlawi (2001) the COMP data indicate that only half of the calculated  $BP_{ND}$  in thalamus reflect specific binding. Estimations of effect sizes need to be adjusted accordingly. Assuming that 10% difference in the density of D<sub>2/3</sub>R in thalamus is considered a relevant clinical finding in a cross-sectional study, the corresponding apparent effect size would be ~0.8, requiring 25 subjects per group for 80% power. Our results however indicate that the actual effect size would be ~0.3, translating into 175 subjects per group. Importantly, a non-significant finding in an extrastriatal region in a [<sup>11</sup>C]raclopride study powered for striatal regions will give very little information on whether an effect is present or not.

We investigated the test-retest repeatability of [<sup>11</sup>C]raclopride binding in a sample with a clinically relevant age- and gender diversity. We observed a VAR of 3.7-7.4% and ICC between 0.57-0.88 in striatal regions. The results are similar to a previous test-retest study

of [ $^{11}\text{C}$ ]raclopride in a bolus-constant infusion protocol and a high resolution PET system<sup>11</sup>, and numerically superior to previously published lower resolution PET data<sup>31,32</sup>. The reliability of our data was lower in extrastriatal regions compared to striatum (Table 2). We were not able to replicate the VAR values of 3.7-13.1% or ICC of 0.64-0.92 in the extrastriatal regions reported by Alakurtti et al (2015). Further, it should be noted that before validity is proven it is difficult to interpret ICC and VAR, or rather: poor values still indicate a problem even if the validity is good, but before accepting a high ICC or low VAR as indicative of reliable *specific* binding, validity need to be established.

Our data indicate that the greater part of [ $^{11}\text{C}$ ]raclopride  $BP_{ND}$  measured in neocortex does not reflect specific binding. However, since we consistently measure higher [ $^{11}\text{C}$ ]raclopride signal in, e.g., frontal cortex, compared to cerebellum the question arises to what this difference should be ascribed if not to specific binding? The explanation suggested by Mawlawi (2001) is a systematically lower non-displaceable compartment ( $V_{ND}$ ) in cerebellum compared to cerebral target regions<sup>21</sup>, a  $V_{ND}$ -bias. This interpretation is in line with our observations of lower occupancy in regions with lower densities of  $D_{2/3}R$  (see Figure S2 for an explanation on how  $V_{ND}$ -bias propagates to occupancy values). The presence of a discrete difference in  $V_{ND}$  between target and reference will not matter much in receptor rich regions (i.e. striatum) but will become a serious validity issue in low-binding regions. If, for example,  $V_{ND}$  is 10% lower in the reference region then the “true”  $BP_{ND}$  in the target region will be falsely increased with 0.1 and 10%<sup>33</sup>. In, e.g., frontal cortex where we might have a “true” [ $^{11}\text{C}$ ]raclopride  $BP_{ND}$  of 0.05 or less,

even a small  $V_{ND}$ -bias would thus be highly problematic. However, since the protocol did not include arterial blood sampling, a more detailed analysis of  $V_{ND}$  in different ROIs was not possible.

There are other possible explanations for the observed differences in quetiapine occupancy between high and low density  $D_{2/3}R$  regions: (i) quetiapine could have different occupancy in different brain regions. In the time span between baseline- and post drug examinations quetiapine could (ii) cause the extrastriatal expression of  $D_{2/3}R$  to increase, or (iii) cause the concentration of endogenous dopamine to decrease. However, several previous occupancy studies of quetiapine at steady-state using high affinity radioligands have shown similar or higher occupancy of  $D_{2/3}R$  in cortex compared to striatum<sup>34,35</sup> and no study has, to our knowledge, shown lower occupancy. This makes i-iii unlikely explanations to our findings.

There are some limitations to this study. The standardized uptake value (SUV) in cerebellum was lower in the examinations performed after pretreatment with quetiapine compared to baseline (supplement, Figure S3 and Table S1). This may be explained by (i) presence of specific [ $^{11}C$ ]raclopride binding to  $D_{2/3}R$  in cerebellum; (ii) that quetiapine displaces non-specific binding of raclopride, or (iii) that quetiapine decreases [ $^{11}C$ ]raclopride brain uptake. (i) will result in an underestimation of occupancy equally in low- and high binding regions and would thus not alter the conclusions of our results<sup>33,36</sup>. The same is true for (ii) given that the displacement of non-specific binding is equal in all regions. Additionally, we observed that centrum semiovale (Figure S1), a region



containing only white matter, showed similar decrease of SUV (Figure S3) which lends support to explanation (ii) and (iii). The explanation we find most probable, (iii), would also likely not affect our results since the decrease of measured radioactivity would be proportional in target and reference regions.

Regarding the test-retest dataset, a caveat that should be highlighted is the fact that time between examinations was  $20 \pm 5$  days. Most commonly, PET test-retest examinations are performed within 1-2 days. This protocol was chosen to mimic that of typical clinical studies where patients are examined repeatedly under an extended period of time, an established test-retest design for evaluation of clinical applicability<sup>32,37</sup>.

## Conclusions

In most brain regions outside striatum, we could not find proof of valid [<sup>11</sup>C]raclopride binding quantification, as little or no decrease in  $BP_{ND}$  was seen after administration of a competitor. Further, we found extrastriatal test-retest repeatability to be poor. While confirming the validity and reliability of [<sup>11</sup>C]raclopride binding quantification in striatum, our findings indicate that [<sup>11</sup>C]raclopride PET not is a suitable tool for D<sub>2/3</sub>R binding quantification in extrastriatal regions. Before validity is proven strong caution is warranted when interpreting studies applying [<sup>11</sup>C]raclopride for measuring of D<sub>2/3</sub>R availability in extrastriatal regions.

## References

- 359 1. Kalia L V, Lang AE, Shulman G. Parkinson ' s disease. *Lancet* 2015; 386: 896–  
360 912.
- 361 2. Howes OD, Kambeitz J, Kim E, et al. The nature of dopamine dysfunction in  
362 schizophrenia and what this means for treatment: Meta-analysis of imaging studies.  
363 *Arch Gen Psychiatry* 2012; 69: 776–786.
- 364 3. Volkow ND, Wiers CE, Shokri-Kojori E, et al. Neurochemical and metabolic  
365 effects of acute and chronic alcohol in the human brain: Studies with positron  
366 emission tomography. *Neuropharmacology* 2017; 122: 175–188.
- 367 4. Hall H, Farde L, Halldin C, et al. Autoradiographic localization of extrastriatal D2-  
368 dopamine receptors in the human brain using [125I]epidepride. *Synapse*. 1996; 23:  
369 115–123.
- 370 5. Aalto S. Frontal and Temporal Dopamine Release during Working Memory and  
371 Attention Tasks in Healthy Humans: a Positron Emission Tomography Study  
372 Using the High-Affinity Dopamine D2 Receptor Ligand [11C]FLB 457. *J*  
373 *Neurosci* 2005; 25: 2471–2477.
- 374 6. Piel M, Vernaleken I, Rösch F. Positron emission tomography in CNS drug  
375 discovery and drug monitoring. *J Med Chem* 2014; 57: 9232–9258.
- 376 7. Farde L, Ehrin E, Eriksson L, et al. Substituted benzamides as ligands for  
377 visualization of dopamine receptor binding in the human brain by positron  
378 emission tomography. *Proc Natl Acad Sci* 1985; 82: 3863–3867.
- 379 8. Hall H, Farde L, Hallden C, et al. Autoradiographic localization of extrastriatal  
380 D2-dopamine receptors in the human brain using [125I]epidepride. *Synapse* 1996;  
381 23: 115–123.
- 382 9. Mukherjee J, Christian BT, Dunigan KA, et al. Brain imaging of 18F-fallypride in  
383 normal volunteers: Blood analysis, distribution, test-retest studies, and preliminary  
384 assessment of sensitivity to aging effects on dopamine D-2/D-3 receptors. *Synapse*  
385 2002; 46: 170–188.
- 386 10. Farde L, Suhara T, Nyberg S, et al. A PET-study of [11C]FLB 457 binding to  
387 extrastriatal D2-dopamine receptors in healthy subjects and antipsychotic drug-  
388 treated patients. *Psychopharmacology (Berl)* 1997; 133: 396–404.
- 389 11. Alakurtti K, Johansson JJ, Joutsa J, et al. Long-term test–retest reliability of striatal

390 and extrastriatal dopamine D2/3 receptor binding: study with [11C]raclopride and  
391 high-resolution PET. *J Cereb Blood Flow Metab* 2015; 35: 1199–1205.

392 12. Hirvonen J, Aalto S, Lumme V, et al. Measurement of striatal and thalamic  
393 dopamine D2 receptor binding with 11C-raclopride. *Nucl Med Commun* 2003; 24:  
394 1207–14.

395 13. Hirvonen J, Karlsson H, Kajander J, et al. Striatal dopamine D2 receptors in  
396 medication-naïve patients with major depressive disorder as assessed with  
397 [11C]raclopride PET. *Psychopharmacology (Berl)* 2008; 197: 581–590.

398 14. Volkow ND, Wang G-J, Fowler JS, et al. Decreased striatal dopaminergic  
399 responsiveness in detoxified cocaine-dependent subjects. *Nature* 1997; 386: 830–  
400 833.

401 15. Talvik M, Nordström AL, Okubo Y, et al. Dopamine D2receptor binding in drug-  
402 naïve patients with schizophrenia examined with raclopride-C11 and positron  
403 emission tomography. *Psychiatry Res - Neuroimaging* 2006; 148: 165–173.

404 16. Köhncke Y, Papenberg G, Jonasson L, et al. Self-rated intensity of habitual  
405 physical activities is positively associated with dopamine D 2/3 receptor  
406 availability and cognition. *Neuroimage* 2018; 181: 605–616.

407 17. Stokes PRA, Egerton A, Watson B, et al. Significant decreases in frontal and  
408 temporal [11C]-raclopride binding after THC challenge. *Neuroimage* 2010; 52:  
409 1521–1527.

410 18. Pavese N, Andrews TC, Brooks DJ, et al. Progressive striatal and cortical  
411 dopamine receptor dysfunction in Huntington’s disease: A pet study. *Brain* 2003;  
412 126: 1127–1135.

413 19. Matheson GJ. We need to talk about reliability: Making better use of test retest  
414 studies for study design and interpretation. *bioRxiv*.

415 20. Farde L, Ehrin E, Eriksson L, et al. Substituted benzamides as ligands for  
416 visualization of dopamine receptor binding in the human brain by positron  
417 emission tomography. *Proc Natl Acad Sci* 1985; 82: 3863 LP-3867.

418 21. Mawlawi O, Martinez D, Slifstein M, et al. Imaging human mesolimbic dopamine  
419 transmission with positron emission tomography: I. Accuracy and precision of  
420 D(2) receptor parameter measurements in ventral striatum. *J Cereb Blood Flow*

- 421        *Metab* 2001; 21: 1034–57.
- 422    22.    Yokoi F, Gründer G, Biziere K, et al. Dopamine D2 and D3 Receptor Occupancy  
423        in Normal Humans Treated with the Antipsychotic Drug Aripiprazole (OPC  
424        14597): A Study Using Positron Emission Tomography and [11C]Raclopride.  
425        *Neuropsychopharmacology* 2002; 27: 248.
- 426    23.    Nord M, Nyberg S, Brogren J, et al. Comparison of D2 dopamine receptor  
427        occupancy after oral administration of quetiapine fumarate immediate-release and  
428        extended-release formulations in healthy subjects. *Int J Neuropsychopharmacol*  
429        2011; 14: 1357–1366.
- 430    24.    Jensen NH, Rodriguiz RM, Caron MG, et al. N-Desalkylquetiapine, a Potent  
431        Norepinephrine Reuptake Inhibitor and Partial 5-HT<sub>1A</sub> Agonist, as a Putative  
432        Mediator of Quetiapine's Antidepressant Activity.  
433        *Neuropsychopharmacology* 2007; 33: 2303.
- 434    25.    Fischl B. FreeSurfer. *Neuroimage* 2012; 62: 774–781.
- 435    26.    Langer O, Någren K, Dolle F, et al. Precursor synthesis and radiolabelling of the  
436        dopamine D2 receptor ligand [11C]raclopride from [11C]methyl triflate. *J Label*  
437        *Compd Radiopharm* 1999; 42: 1183–1193.
- 438    27.    Varrone A, Sjöholm N, Eriksson L, et al. Advancement in PET quantification  
439        using 3D-OP-OSEM point spread function reconstruction with the HRRT. *Eur J*  
440        *Nucl Med Mol Imaging* 2009; 36: 1639–1650.
- 441    28.    Schain M, Tóth M, Cselényi Z, et al. Quantification of serotonin transporter  
442        availability with [11C]MADAM - A comparison between the ECAT HRRT and  
443        HR systems. *Neuroimage* 2012; 60: 800–807.
- 444    29.    Lammertsma AA, Hume SP. Simplified Reference Tissue Model for PET Receptor  
445        Studies. *Neuroimage* 1996; 4: 153–158.
- 446    30.    Weir JP. Quantifying Test-Retest Reliability Using the Intraclass Correlation  
447        Coefficient and the Sem. *J Strength Cond Res* 2005; 19: 231–240.
- 448    31.    Hietala J, Någren K, Lehtikainen P, et al. Measurement of striatal D2 dopamine  
449        receptor density and affinity with [11C]-raclopride in vivo: a test-retest analysis. *J*  
450        *Cereb Blood Flow Metab* 1999; 19: 210–7.
- 451    32.    Schlösser R, Brodie JD, Dewey SL, et al. Long-term stability of neurotransmitter

- 452 activity investigated with 11C-raclopride PET. *Synapse* 1998; 28: 66–70.
- 453 33. Salinas CA, Searle GE, Gunn RN. The simplified reference tissue model : model  
454 assumption violations and their impact on binding potential. *J Cereb Blood Flow*  
455 *& Metab* 2014; 35: 304–311.
- 456 34. Kessler RM, Ansari MS, Riccardi P, et al. Occupancy of Striatal and Extrastriatal  
457 Dopamine D2 Receptors by Clozapine and Quetiapine. *Neuropsychopharmacology*  
458 2006; 31: 1991–2001.
- 459 35. Vernaleken I, Janouschek H, Raptis M, et al. Dopamine D2/3 receptor occupancy  
460 by quetiapine in striatal and extrastriatal areas. *Int J Neuropsychopharmacol* 2010;  
461 13: 951–960.
- 462 36. Olsson H, Halldin C, Farde L. Differentiation of extrastriatal dopamine D2  
463 receptor density and affinity in the human brain using PET. 2004; 22: 794–803.
- 464 37. Lundberg J, Halldin C, Farde L. Measurement of serotonin transporter binding  
465 with PET and [11C]MADAM: A test–retest reproducibility study. *Synapse* 2006;  
466 60: 256–263.
- 467