

# The Role of Molecular Imaging in Predictive Medicine: A Review

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Received: 4 July 2024 / Accepted: 26 September 2024 / Published online: 30 December 2024

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**Abstract** Molecular imaging is emerging as a cornerstone of predictive medicine, offering advanced diagnostic capabilities that enable early detection, risk assessment, and personalized treatment strategies for a range of diseases. Unlike traditional imaging methods that focus on anatomical structures, molecular imaging visualizes biochemical and molecular changes, providing a detailed view of disease mechanisms in real time. This review explores the critical role of molecular imaging in oncology, cardiology, and neurology, highlighting its potential for identifying biomarkers indicative of disease risk, including genetic predispositions. By combining molecular imaging with genomic data and other predictive tools, clinicians can more effectively stratify risks and tailor preventive interventions.

Despite challenges such as high costs and the need for specialized expertise, the integration of molecular imaging into clinical practice promises to revolutionize healthcare by enabling timely, personalized care and potentially reducing long-term healthcare costs. The future of predictive medicine lies in further advancements in molecular imaging technologies, making them integral to the prevention, early detection, and management of diseases.

*Key word: Molecular imaging, predictive medicine, identifying biomarkers, genetic predispositions, Molecular imaging modality*

## 1. Introduction

Predictive medicine represents a paradigm shift in healthcare, aiming not only to treat diseases after their onset but also to predict and prevent diseases before they manifest[1]. In this context, molecular imaging is becoming increasingly important for the early detection, monitoring, and personalized treatment of various diseases, particularly in oncology, cardiology, and neurology. Molecular imaging employs advanced imaging technologies to visualize molecular and cellular processes in vivo[2]. By providing a detailed and real-time view of disease processes at the molecular level, molecular imaging enables more accurate diagnoses, improved monitoring of disease progression, and enhanced

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treatment planning[2]. This review discusses the critical role of molecular imaging in predictive medicine, exploring its applications in identifying individuals at risk for specific diseases, the current research landscape, and the prospects for integrating these technologies into clinical practice.

## 2. The Role of Molecular Imaging in Predictive Medicine

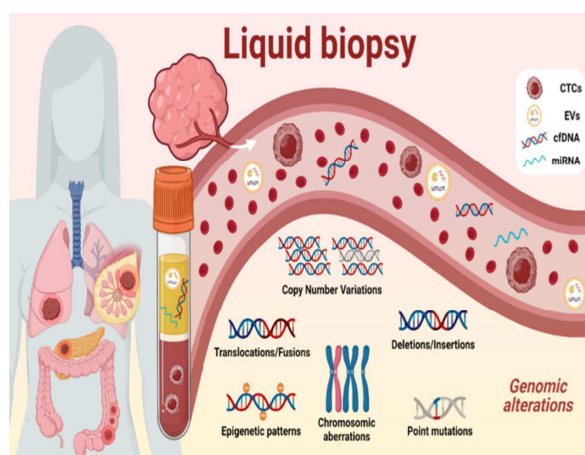
Molecular imaging allows for the visualization of molecular and cellular functions within organisms. Unlike traditional imaging methods that primarily focus on anatomical structures, molecular imaging technologies can reveal changes at the biochemical or molecular level, providing valuable insights into disease mechanisms and progression[3]. This ability to identify and monitor diseases at a fundamental level holds tremendous potential for predictive medicine. It not only enables the early detection of diseases before they become clinically apparent but also provides essential data for predicting disease progression and tailoring personalized treatment strategies[4].

In predictive medicine, molecular imaging can be utilized to identify biomarkers—specific molecules that indicate the presence or risk of disease. For instance, in cancer, molecular imaging can detect tumor-specific biomarkers at early stages, long before the tumor grows large enough to be identified by conventional imaging techniques such as CT or MRI scans. By identifying these biomarkers early, clinicians can intervene much sooner, improving patient outcomes and potentially preventing the onset of disease altogether[5].

## 3. Recent Research on Molecular Imaging in Predictive Medicine

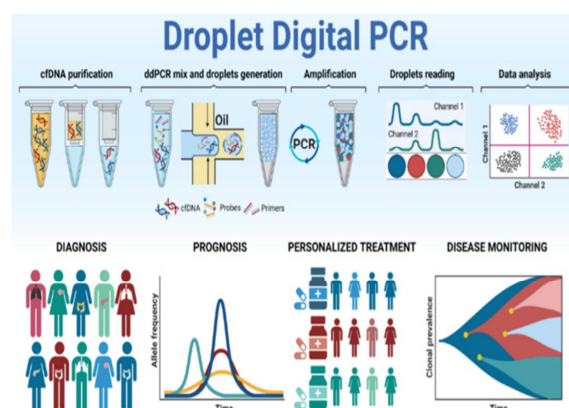
### 3.1. Predictive Medicine

Predictive medicine focuses on identifying individuals at high risk for specific diseases to prevent or delay the onset of those diseases. The foundation of predictive medicine lies in the identification of biomarkers that may indicate the presence or risk of disease [6].



**Figure 1** Schematic of the liquid biopsy composition. Liquid biopsy obtained from peripheral blood is composed of different tumoral components such as circulating tumor cells (CTCs), circulating cell-free DNA (cfDNA), extracellular vesicles (EVs), and micro-RNA (miRNA). These elements can be isolated for the identification of various tumor-specific genomic aberrations including point mutations, copy number variations, structural rearrangements, or epigenetic patterns[6].

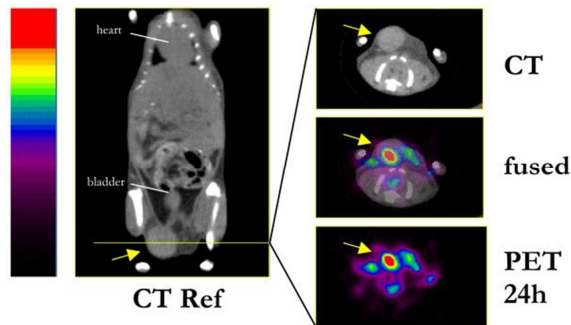
These biomarkers can be genetic, proteomic, or metabolic, and their detection often necessitates advanced diagnostic techniques [6].



**Figure 2** Summary of the ddPCR alterations screening process. The purified cfDNA is divided into thousands of oil droplets together with specific primers and probes. The ddPCR currently has several applications such as cancer

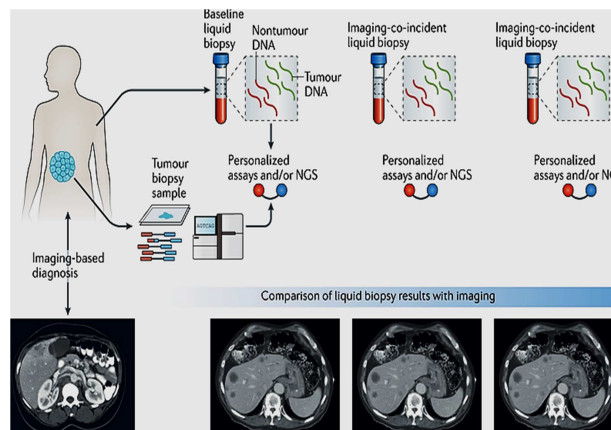
diagnosis, prognosis, personalized treatment administration, and disease monitoring[6].

Molecular imaging stands as one of the most powerful tools in predictive medicine, facilitating the noninvasive detection of these biomarkers within organisms, thereby enabling early diagnosis and risk assessment [7].



**Figure 3** Spontaneously grown breast tumors in MMTV mice over express CCND1 oncogene mRNA. Tumors (arrow) were detectable by PET imaging with Cu-64 labeled CCND1 specific probe. (These tumors were not imaged with F-18-FDG)[8].

Recent advancements in genomic medicine, which can identify genetic predispositions to various diseases, have further underscored the importance of integrating molecular imaging with other predictive techniques. By combining genetic information with molecular imaging data, clinicians can achieve a more comprehensive understanding of an individual's disease risk and tailor preventive strategies accordingly [9].



**Figure 4.** Liquid biopsy assays enable the monitoring of

genomic alterations present in circulating tumour DNA[9].

### 3.2. Molecular Imaging

Molecular imaging encompasses several techniques, including positron emission tomography (PET), single photon emission computed tomography (SPECT), magnetic resonance imaging (MRI), and optical imaging. These techniques employ specific tracers or contrast agents designed to interact with particular molecular targets in the body to visualize disease processes [10].

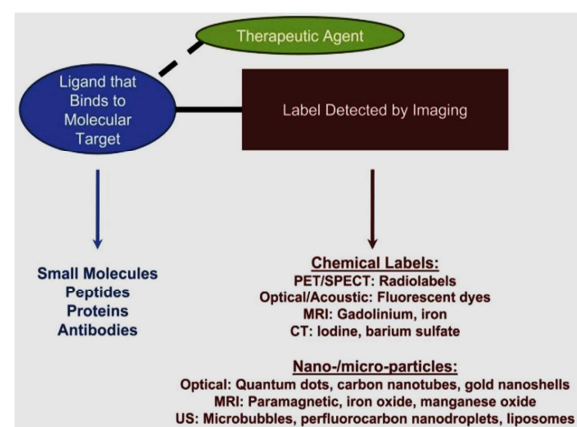


Figure 5. Contrast agents used for molecular imaging are composed of at least 2 entities: one component such as an antibody, peptide, nucleic acid, or a small molecule for binding to the molecular target, and a label for readout by an imaging modality. More sophisticated contrast agents can include multiple parts for targeting several molecules at once, as well as, several labels for multimodality imaging. Drugs can also be attached/encapsulated for targeted therapy[11].

Among the various molecular imaging modalities, PET and SPECT are the most widely utilized for detecting metabolic and molecular changes in tissues [12]. For instance, PET employs radioactive tracers such as fluorodeoxyglucose (FDG) to evaluate cellular glucose metabolism, a common marker for various cancers[12].

Table 1. Most common used PET radioisotopes.

| Radionuclides | $^{11}\text{C}$ | $^{13}\text{N}$ | $^{15}\text{O}$ | $^{18}\text{F}$ | $^{64}\text{Cu}$ | $^{68}\text{Ga}$ | $^{82}\text{Rb}$ | $^{166}\text{Ho}$ |
|---------------|-----------------|-----------------|-----------------|-----------------|------------------|------------------|------------------|-------------------|
| Energy (keV)  | 511             |                 |                 |                 |                  |                  |                  |                   |
| $T_{1/2}$     | 20.39 m         | 9.97 m          | 2.04 m          | 109.77 m        | 13 h             | 67.63 m          | 1.27 m           | 27 h              |

Table 2. Most common used SPECT radioisotopes.

| Radionuclides | $^{67}\text{Ga}$ | $^{67}\text{Cu}$ | $^{99\text{m}}\text{Tc}$ | $^{111}\text{In}$ | $^{123}\text{I}$ | $^{153}\text{Sm}$ | $^{159}\text{Gd}$ | $^{166}\text{Ho}$ | $^{177}\text{Lu}$ |
|---------------|------------------|------------------|--------------------------|-------------------|------------------|-------------------|-------------------|-------------------|-------------------|
| Energy (keV)  | 93               | 185              | 140                      | 245               | 159              | 103               | 363               | 80                | 208               |
| $T_{1/2}$     | 3.26 d           | 3 d              | 6.06 h                   | 2.83 d            | 13.2 h           | 47 h              | 20 h              | 26 h              | 7 d               |

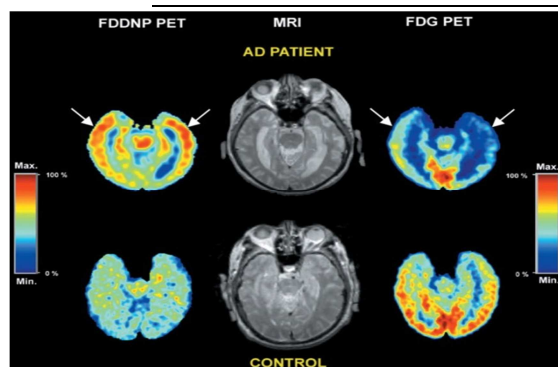


Figure 6. The  $^{18}\text{F}$ -FDDNP-PET, MRI, and FDG-PET images for a representative AD patient (the top row) and an HC (the bottom row). The  $^{18}\text{F}$ -FDDNP images were acquired by summing frames 12-14, corresponding to 25-54 minutes post- $^{18}\text{F}$ -FDDNP injection. The FDG images were obtained by summing frames corresponding to 20-60 minutes post-FDG administration. The arrows display that brain areas with FDG low glucose metabolism are matched with the localization of NFTs and Aps resulting from  $^{18}\text{F}$ -FDDNP binding. Reproduced with the permission from ref. (14). PET, positron emission tomography; MRI, magnetic resonance imaging; AD, Alzheimer's disease; HC, healthy control; NFTs, neurofibrillary tangles; Aps,  $\beta$ -amyloid plaques[13].

Similarly, MRI can provide insights into tissue properties and molecular interactions at the cellular level using molecularly targeted contrast agents. These imaging modalities are crucial for the early

detection of disease and for monitoring disease progression in real time [14].

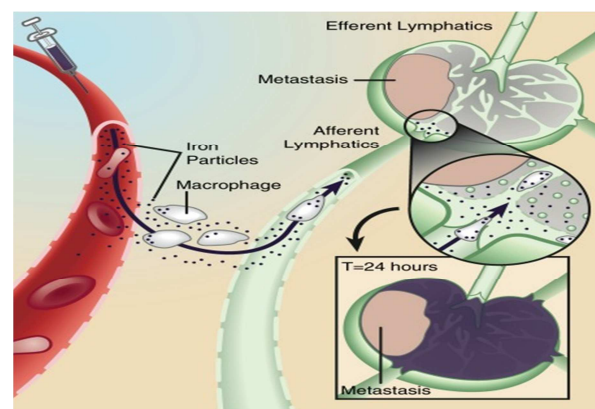


Figure 7. Mechanism of action for lymphotropic superparamagnetic nanoparticles, one of the first clinically used cellular MR contrast agents. Systemically injected particles gain access to the interstitium and are drained through lymphatic vessels. In a normal lymph node, iron oxide nanoparticles are taken up by phagocytic cells, which cause the lymph node to become dark on T2-weighted images due to susceptibility artifacts from iron. If a lymph node is partially or fully replaced by metastatic cells, fewer nanoparticles are retained in the lymph node, which therefore remains bright on T2-weighted images[14].

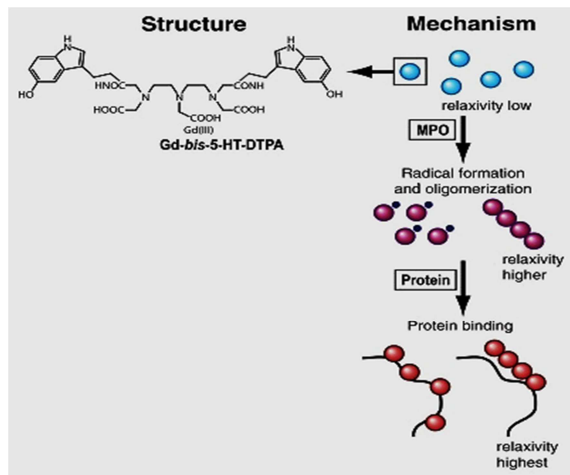


Figure 8. Chemical structure of activatable MR molecular probe (left) and mechanism of action (right). The probe, gadolinium-5-hydroxytryptamide-diethylene triamine pentaacetic acid (*Gd-bis-5-HT-DTPA*) has a relatively low relaxivity (low visibility on MR images) in its native state (blue spheres). When the probe reaches an environment rich in myeloperoxidase (*MPO*), an enzyme secreted by white blood cells in inflammation, its monomers undergo rapid condensation into paramagnetic oligomers (purple spheres), leading to an increase in atomic relaxivity. This change in relaxivity is due to modulation of the rotational correlation time  $\tau_r$ . Likewise, the relaxivity and therefore the MR signal increase even further when the probe binds to proteins [14].

### 3.3. Integrated Approach

The integration of molecular imaging and predictive medicine presents the potential to develop targeted prevention strategies and personalized treatments [15]. For example, in oncology, molecular imaging is employed not only to detect tumors at an early stage but also to identify individuals at risk of developing cancer due to genetic predisposition or environmental factors. By visualizing molecular changes associated with cancer, such as the overexpression of specific receptors, molecular imaging can assist in determining the likelihood of disease development before it becomes clinically apparent [16].

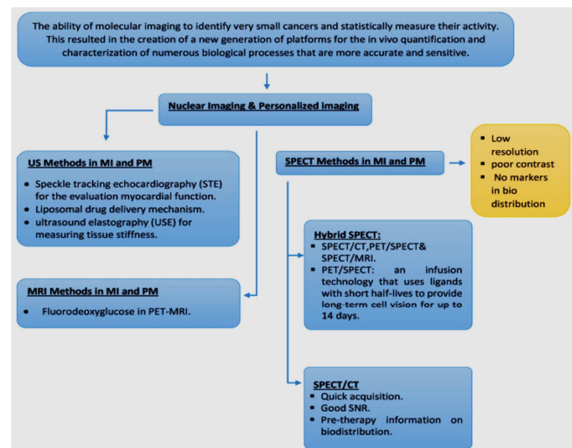


Figure 9. An improved knowledge of how a person's particular molecular and genetic profile renders them prone to various diseases has resulted from scientific developments in customized medicine. The assessment of disease heterogeneity and progression planning, treatment, molecular features, and long-term follow-up are all common uses for molecular imaging techniques. The following illustration presents the key findings of this review [17].

In cardiology, molecular imaging has made significant advancements in predicting cardiovascular disease. By imaging specific molecules involved in inflammation or plaque accumulation in the arteries, individuals at risk for heart attacks or strokes can be identified. This predictive capability can facilitate early intervention, including lifestyle modifications, medications, or other preventive measures, which can substantially reduce the risk of serious cardiovascular events [18].

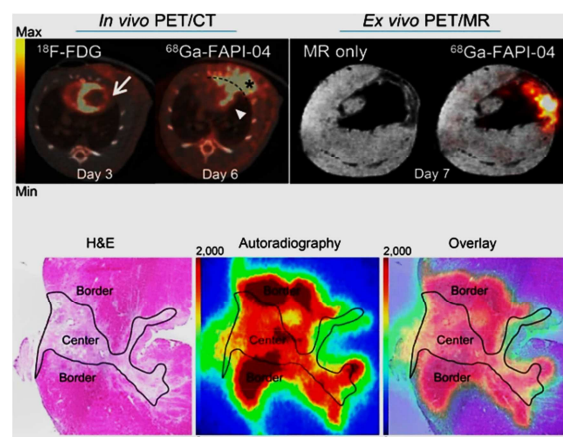


Figure 10. Imaging of activated myofibroblasts after myocardial infarction in rats using the fibroblast activation protein (FAP) targeted  $^{68}\text{Ga}$ -FAP-04. At 6 days after

coronary artery occlusion, FAPI PET signal is increased in the infarct and border zone territory defined by reduced 18F-FDG uptake (upper panel, left) and confirmed ex vivo by PET/MR (upper panel, right). High-resolution autoradiography and adjacent hematoxylin and eosin (H&E) histology localized the strongest FAPI signal to the border zone surrounding the center of the infarct (lower panel) [19].

Neurological diseases, such as Alzheimer's disease and Parkinson's disease, also benefit from molecular imaging [20]. For instance, in Alzheimer's disease, molecular imaging can detect amyloid plaque accumulation in the brain, a hallmark of the disease, years before clinical symptoms manifest. Early detection of these molecular changes can enable timely treatment initiation, potentially slowing disease progression or even preventing its onset in genetically predisposed individuals [20]

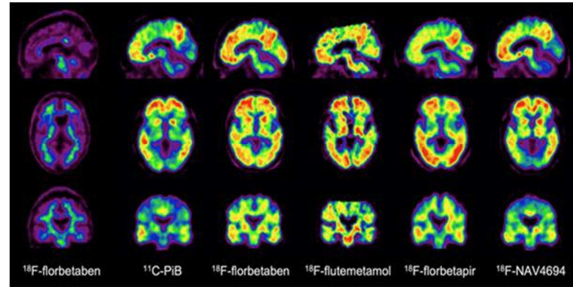


Figure 12. Not only can molecular imaging using PET help show the pathologic hallmarks of Alzheimer disease and assess loss of dopaminergic terminals in parkinsonian disorders, but the development of novel tracers for neuroinflammation and synaptic density further allows for elucidation of the molecular pathologic characteristics of dementia disorders[20].

Moreover, utilizing molecular imaging in conjunction with other predictive tools, such as genetic testing and lifestyle assessments, can enhance accuracy and predictive power [21]. The combination of molecular imaging with other diagnostic techniques can facilitate more precise risk stratification and the development of personalized prevention and treatment plans for patients [21].

Table 3. Advantages and disadvantages of different diagnostic methods for Non-small cell lung cancer[22].

| Diagnostic Method | Advantages  | Disadvantages   |
|-------------------|---|---|
| MRI               | No ionizing radiation exposure                    | Limited availability and restricted access            |
|                   | Detailed imaging of soft tissues                  | Lower sensitivity for detecting small lesions         |
| PET               | Detects metabolic and molecular changes           | Higher cost and limited availability                  |
|                   | High sensitivity for detecting metastasis         | Potential for false positives due to FDG accumulation |
| CT                | Widely available and rapid access                 | Exposes the patient to ionizing radiation             |
|                   | High spatial resolution and early tumor detection | Potential for false positives due to benign lesions   |
| FISH Biomarkers   | Provides genetic information about                | Requires specialized laboratory analysis              |

| Diagnostic Method                     | Advantages   | Disadvantages   |
|---------------------------------------|--|---|
|                                       | specific cancer subtypes   |   |
| PCR Biomarkers                        | Provides genetic information about specific cancer subtypes,                 | Requires specialized laboratory analysis  |
| IHC Biomarkers                        | Provides protein expression information, Helps differentiate cancer subtypes | Requires specialized personnel and equipment, results may vary depending on the method used |
| Next Generation Sequencing Biomarkers | Provides comprehensive genetic information                                   | Requires specialized laboratory analysis  |
| Liquid Biopsy                         | Non-invasive and lower risk for the patient                                  | Lower sensitivity compared to tissue biopsy   |
|                                       | Enables monitoring of genetic changes over time                              | Potential for false negatives due to low concentration                                      |
| Tissue Biopsy                         | Provides tissue samples for histopathological analysis                       | Invasive procedure with associated risks  |
|                                       | High precision and detection of genetic mutations                            | Potential complications such as bleeding or infection                                       |

#### 4. Conclusion and Prediction

The integration of molecular imaging into predictive medicine has the potential to revolutionize healthcare. Molecular imaging can enhance patient outcomes through early disease detection and intervention, as well as personalized treatment strategies by providing insights into disease mechanisms at the molecular level. Furthermore, it holds promise for reducing healthcare costs by preventing disease onset before extensive and costly treatments become necessary. However, several challenges remain for the widespread adoption of molecular imaging in clinical practice. These include the high costs

associated with imaging technologies, the need for expertise in interpreting imaging results, and the development of novel molecular probes that can more precisely target disease biomarkers. Additionally, further research is required to establish clear guidelines for the use of molecular imaging for predictive purposes and to evaluate its long-term impact on patient outcomes. In the future, the combination of molecular imaging with other predictive tools, such as genomics and artificial intelligence, will further enhance their utility. Personalized predictive medicine driven by molecular imaging promises to significantly improve healthcare delivery by providing tailored prevention and treatment strategies based on each individual's molecular profile. As these technologies continue to

advance, molecular imaging is expected to become an indispensable tool in the quest to more effectively predict, prevent, and treat disease. This review highlights the critical role that molecular imaging plays in advancing predictive medicine and its potential to transform healthcare. With ongoing research and development, molecular imaging technologies will provide unprecedented insights into disease prediction, ultimately leading to more personalized and effective healthcare solutions.

## Reference

- [1] Golubnitschaja O, Kinkorova J, Costigliola V. "Predictive, Preventive and Personalised Medicine as the hardcore of 'Horizon 2020'": EPMA position paper. *EPMA J*. 2014 Apr 7;5(1):6. doi: 10.1186/1878-5085-5-6.
- [2] Pysz MA, Gambhir SS, Willmann JK. "Molecular imaging: current status and emerging strategies", *Clin Radiol*. 2010 Jul;65(7):500-16. doi: 10.1016/j.crad.2010.03.011.
- [3] Rowe SP, Pomper MG. "Molecular imaging in oncology: Current impact and future directions", *CA Cancer J Clin*. 2022 Jul;72(4):333-352. doi: 10.3322/caac.21713
- [4] Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, Aldairem A, Alrashed M, Bin Saleh K, Badreldin HA, Al Yami MS, Al Harbi S, Albekairy AM. "Revolutionizing healthcare: the role of artificial intelligence in clinical practice", *BMC Med Educ*. 2023 Sep 22;23(1):689. doi: 10.1186/s12909-023-04698-z.
- [5] Malik MMUD, Alqahtani MM, Hadadi I, Kanbayti I, Alawaji Z, Aloufi BA. "Molecular Imaging Biomarkers for Early Cancer Detection: A Systematic Review of Emerging Technologies and Clinical Applications", *Diagnostics (Basel)*. 2024 Nov 3;14(21):2459. doi: 10.3390/diagnostics14212459.
- [6] Palacín-Aliana I, García-Romero N, Asensi-Puig A, Carrión-Navarro J, González-Rumayor V, Ayuso-Sacido Á. "Clinical Utility of Liquid Biopsy-Based Actionable Mutations Detected via ddPCR", *Biomedicines*. 2021 Jul 28;9(8):906. doi: 10.3390/biomedicines9080906.
- [7] Malik MMUD, Alqahtani MM, Hadadi I, Kanbayti I, Alawaji Z, Aloufi BA. "Molecular Imaging Biomarkers for Early Cancer Detection: A Systematic Review of Emerging Technologies and Clinical Applications", *Diagnostics (Basel)*. 2024 Nov 3;14(21):2459. doi: 10.3390/diagnostics14212459.
- [8] Thakur ML. "Genomic biomarkers for molecular imaging: predicting the future", *Semin Nucl Med*. 2009 Jul;39(4):236-46. doi: 10.1053/j.semnuclmed.2009.03.006.
- [9] Berger MF, Mardis ER. "The emerging clinical relevance of genomics in cancer medicine", *Nat Rev Clin Oncol*. 2018 Jun;15(6):353-365. doi: 10.1038/s41571-018-0002-6.
- [10] Ying Zhao, Wenyi Zheng, Moustapha Hassan, "Chapter 4 - Nanoparticles for imaging application", *Frontiers of Nanoscience*, Vol. 16, 2020, Pages 67-88, doi:10.1016/B978-0-08-102828-5.00004-8.
- [11] Pysz MA, Gambhir SS, Willmann JK. "Molecular imaging: current status and emerging strategies", *Clin Radiol*. 2010 Jul;65(7):500-16. doi: 10.1016/j.crad.2010.03.011.
- [12] Crişan G, Moldovean-Cioroianu NS, Timaru DG, Andrieş G, Căinap C, Chiş V. "Radiopharmaceuticals for PET and SPECT Imaging: A Literature Review over the Last Decade", *Int J Mol Sci*. 2022 Apr 30;23(9):5023. doi: 10.3390/ijms23095023.
- [13] Fengmei Lu, Zhen Yuan, "PET/SPECT molecular imaging in clinical neuroscience: Recent advances in the investigation of CNS diseases", *June 2015, Quantitative Imaging in Medicine and Surgery* 5(3):433-47, DOI:10.3978/j.issn.2223-4292.2015.03.16
- [14] Kircher MF, Willmann JK. "Molecular body imaging: MR imaging, CT, and US. part I. principles", *Radiology*. 2012 Jun;263(3):633-43. doi: 10.1148/radiol.12102394.
- [15] Ghasemi M, Nabipour I, Omrani A, Alipour Z, Assadi M. "Precision medicine and molecular imaging: new targeted approaches toward cancer therapeutic and diagnosis", *Am J Nucl Med Mol*



Imaging. 2016 Nov 30;6(6):310-327.

[16] Kircher MF, Hricak H, Larson SM. “Molecular imaging for personalized cancer care”, *Mol Oncol*. 2012 Apr;6(2):182-95. doi: 10.1016/j.molonc.2012.02.005. Epub 2012 Mar 10. Erratum in: *Mol Oncol*. 2016 Dec;10(10):1627. doi: 10.1016/j.molonc.2016.09.006.

[17] Salih S, Elliyanti A, Alkatheeri A, AlYafei F, Almarri B, Khan H. “The Role of Molecular Imaging in Personalized Medicine”, *J Pers Med*. 2023 Feb 19;13(2):369. doi: 10.3390/jpm13020369.

[18] Osborn EA, Jaffer FA. “The advancing clinical impact of molecular imaging in CVD”, *JACC Cardiovasc Imaging*. 2013 Dec;6(12):1327-41. doi: 10.1016/j.jcmg.2013.09.014.

[19] Thackeray, J.T. “Molecular Imaging Using Cardiac PET/CT: Opportunities to Harmonize Diagnosis and Therapy”, *Curr Cardiol Rep* 23, 96 (2021). <https://doi.org/10.1007/s11886-021-01526-y>.

[20] Villemagne VL, Barkhof F, Garibotto V, Landau SM, Nordberg A, van Berckel BNM. “Molecular Imaging Approaches in Dementia”, *Radiology*. 2021 Mar;298(3):517-530. doi: 10.1148/radiol.2020200028.

[21] Johnson KB, Wei WQ, Weeraratne D, Frisse ME, Misulis K, Rhee K, Zhao J, Snowdon JL. “Precision Medicine, AI, and the Future of Personalized Health Care”, *Clin Transl Sci*. 2021 Jan;14(1):86-93. doi: 10.1111/cts.12884.

[22] Juan Carlos Restrepo, Diana Dueñas, Zuray Corredor, Yamil Liscano, “Advances in Genomic Data and Biomarkers: Revolutionizing NSCLC Diagnosis and Treatment”, *Cancers* 2023, 15(13), 3474; doi:10.3390/cancers15133474