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Summary

DETECTION OF FIBROSIS AND DIFFERENTIATION FROM INFLAMMATION IN IBD PATIENTS USING FAPI PET/CT IMAGING: THE PIMAFI STUDY

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First in-human study demonstrates that 68Ga-FAPi PET/CT imaging can detect and quantify intestinal fibrosis in inflammatory bowel disease patients, with uptake patterns correlating with histological fibrosis and FAP expression in surgical specimens.

KEY POINTS

- In 19 IBD patients (15 Crohn's disease, 4 ulcerative colitis) awaiting surgery, 68Ga-FAPi PET/CT tracer uptake was markedly increased in inflamed and fibrotic bowel regions compared to reference segments, with SUV50-60 values ranging 1.0 to 11 versus 0.3 to 1.1
- Pharmacokinetic analysis of time-activity curves distinguished fibrotic from inflammatory segments: inflammatory regions showed high peak uptake followed by decline (suggesting reversible, potentially non-specific uptake), while fibrotic segments showed low peak followed by stable plateau (suggesting irreversible, higher binding affinity uptake)
- Tracer uptake aligned with histological fibrosis scoring and enhanced FAP gene and protein expression in 52 transmural surgical samples, supporting the potential of 68Ga-FAPi PET/CT to differentiate fibrosis from inflammation non-invasively
- This imaging approach addresses an unmet need in IBD, as reliable intestinal fibrosis imaging modalities are currently lacking and hamper anti-fibrotic therapy development

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