

Contrast enhancement in medical imaging: At the crossroads of techniques and contrast agents – Improvements over the last decade

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ARTICLE INFO

Keywords:

Computed Tomography (CT)
Ultrasounds (US)
Magnetic Resonance Imaging (MRI)
Single Photon Emission Computed Tomography (SPECT)
Positron Emission Tomography (PET)
Optical Imaging (OI)
Photoacoustic Imaging (PAI)
Contrast agents - MRI/PAI probes

ABSTRACT

Early detection and diagnosis of pathologies is an essential part of clinical practice. This continually drives improvements in imaging modalities and contrast agents. The challenge is always to obtain the most accurate images possible of lesions, but also to detect tissue microstructures or metabolic events. This means combining resolution and sensitivity with deep-tissue imaging. Here, we review examples of contrast agents used in the various biomedical imaging modalities currently in use (CT, US, MRI, SPECT, PET, Fluorescence). We will then take a closer look at photoacoustic imaging (PAI), because of its intrinsic resolution and sensitivity. The review is structured as follows: first, the principle of each technique is discussed, followed by a description of the characteristics that the dedicated contrast agents must meet. Third, recent examples of molecular and nanoparticulate contrast agents will be described. Finally, a special section will be devoted to bimodal contrast agents combining MRI and PAI imaging, showing that it is a very promising tandem.

1. Introduction

Over the last two decades, the development of non-invasive *in vivo* imaging techniques has played a crucial role not only in clinical diagnosis, but also in preclinical research, both to assess the mechanism of disease development and to study the effects of medicines. In general, an imaging technique is expected to have not only high spatial resolution, but also a great depth of penetration. If we also want to gather molecular information, at cellular or sub-cellular level (molecular imaging), the techniques must be sensitive enough to detect targets present at very low concentrations, and therefore have excellent sensitivity [1]. The imaging techniques used in preclinical and clinical trials are Computed Tomography (CT), UltraSonography (US), Magnetic Resonance Imaging (MRI), nuclear imaging, in particular Positron Emission Tomography (PET) and Single-Photon Emission Computed Tomography (SPECT), and Optical Imaging (OI). CT, MRI,¹ and US, which are anatomical imaging methods, provide information about the anatomy of organs. SPECT, PET, and OI belong to the category of functional imaging techniques

which are used to obtain molecular or metabolic information within a given tissue or organ [2a]. More recently, a new technology, photoacoustic imaging (PAI), based on optical excitation and ultrasonic detection has emerged in the arsenal of techniques, with high expectations in terms of contrast, resolution and depth of penetration [2b]. Consequently, we will go on to identify the salient features of the technique that make it so effective, and we will describe the most common contrastophores used in this imaging mode.

No single imaging modality can meet the triple objective of resolution, sensitivity and depth of penetration [3]. Only a combination of these techniques, building on their respective strengths, can meet this challenge. To avoid any biodistribution problems, it is also necessary to combine these different modalities within a single object [4]. Under these conditions, it should be possible to diagnose a given patient with all the relevant anatomical and functional information.

In this publication, we will begin with an overview of the different conventional imaging modalities describing the physical principles inherent in each technique. Based on these principles, we will establish a

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¹ MRI can also be used for functional imaging, but only the anatomical aspect will be discussed here.

set of specifications to be met by contrast agents (CAs) developed for each modality, and present recent examples of (i) molecular (ii) coordination complex-based and (iii) nanoparticle-based contrastophores. Finally, a few examples of multimodal probes whether molecular or nanoparticle in nature, based on improved performance in terms of resolution, sensitivity, and penetration depth, using for this purpose the MRI-PAI combination will be described. Readers will not be surprised to find no mention about targeted probes, nor environmentally sensitive probes (pH, temperature, ions, sensitive redox probes, etc.) or theranostic devices, as the aim here is to establish a link between the physical principles of the techniques and the improvement ways for signal enhancement that are currently being explored.

2. Conventional imaging modalities

2.1. Anatomical imaging techniques

2.1.1. Computed Tomography (CT)

Obtaining anatomical images after irradiating a subject with X-rays has its origins in W. C. Roentgen's seminal experiment in 1895, in the Physical Institute of the University of Würzburg. It earned its discoverer the first Nobel Prize in Physics in 1901. The identification of this unknown radiation, named X for the occasion or *Röntgenstrahlung*, was an unexpected observation. When placed close to a Crookes discharge tube covered by a light-tight black cardboard envelope, Roentgen succeeded in making a platinum-barium cyanide screen fluorescent. Moreover, by placing various objects, including metal ones, between the tube and a photographic plate, he managed to obtain a snapshot of the objects, illustrating the fact that X-rays can penetrate matter. At Roentgen's first lecture to the Würzburg Physico-medical Society in 1896, he showed an X-ray of the conference chairman's hand. The transposition of physical experience to medical imaging was then launched [5]. Although conventional radiography has made a major contribution to medical diagnosis, its limitations led to the development of computed tomography (CT) in the early 1970s.

CT imaging is a 3-dimensional version of conventional X-ray radiography where the signals are processed to generate cross-sectional images. During a CT scan examination, ionizing radiations, X-rays, are delivered all around the body to generate an image based on hard tissue-induced attenuation. The X-ray beam is absorbed by the tissues

according to their respective mass energy absorption coefficient (μ_{en}/ρ) which depends on their density and their molecular composition. Consequently, structures like bones, constituted of atoms of higher atomic numbers and then higher electron densities absorb more the incident radiation and exhibit opacification [6].

CT images are characterized by a very good resolution ($\leq 20 \mu\text{m}$) a good penetration depth ($>500 \text{ mm}$) [1,7a] but low contrast. They are preferably used to locate skull fractures and traumatic brain injuries [8] or to identify cancer locations [9]. Most of the body's soft tissues have the same capacity to attenuate incident X-rays, which means that the contrast between these tissues is poor. To improve this contrast, it is necessary to use contrast agents whose role is to reinforce these opacification capacities where they accumulate. Thus, the contrast agents used in X-ray imaging contain atoms of high atomic number such as iodine ($Z = 53$). The most common small-molecule iodinated contrast agents which are used in medical applications are low molecular weight ($<2000 \text{ Da}$), low osmolality nonionic contrast agents [7b], derivatives of 1,3,5-triiodobenzene (Fig. 1) such as Iohexol (Omnipaque®, $\text{C}_{19}\text{H}_{26}\text{I}_3\text{N}_3\text{O}_9$, low osmolality), Iopamidol (Isovue®, $\text{C}_{17}\text{H}_{22}\text{I}_3\text{N}_3\text{O}_8$, low osmolality), Iosimenol ($\text{C}_{31}\text{H}_{36}\text{I}_6\text{N}_6\text{O}_{14}$, isomolar to plasma), Iodixanol (Visipaque®, $\text{C}_{35}\text{H}_{44}\text{I}_6\text{N}_6\text{O}_{15}$, low osmolality), and Iotrolan (Isovist®, $\text{C}_{37}\text{H}_{48}\text{I}_6\text{N}_6\text{O}_{18}$, low osmolality) [10].

With an atomic number close to that of iodine, barium (Ba : $Z = 56$) can also be used in CT contrast agents like barium sulfate [11].

To improve the performance of conventional X-ray contrast agents, a new generation of nanometric X-ray contrast agents has been developed. This type of structure has several advantages, as it increases the concentration of iodine per object, thereby enhancing opacification capacity. Their pharmacokinetic properties are also interesting since their residence time in the bloodstream is increased and their renal clearance improved [7,12]. Stealth liposomes containing iodinated contrast agents but also nanosuspensions, nanoemulsions, nanocapsules, polymeric nanoparticles (micelles constituted from amphiphilic polymers or dendrimers) and iodinated metal-organic frameworks have been developed [7,12]. Among new nano-sized systems, nanoparticles based on atoms with a higher atomic number than iodine, such as gold nanoparticles or gold nanorods (Au : $Z = 79$) [7,11–13], bismuth nanorods (Bi : $Z = 83$) [14] but also lanthanide nanoparticles (Gd : $Z = 64$, Er : $Z = 68$, Yb : $Z = 70$) [15] are interesting radiopaque nanoparticulate contrast media that possess favorable X-ray attenuating properties.

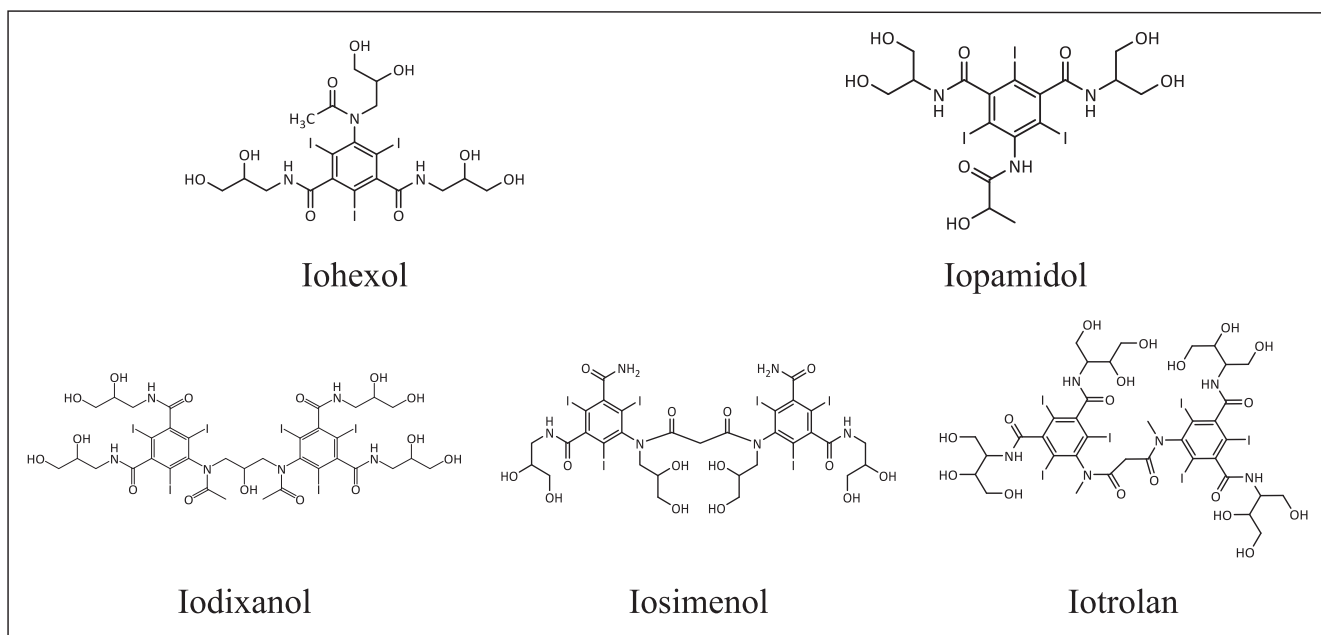


Fig. 1. Chemical structures of non-ionic iodinated CT contrast agents.

2.1.2. UltraSonography (US)

Ultrasound's history in medical applications [16] may begin with its use in undersea distance measurement and the experiments of J.-D. Colladon in Geneva. The 1820s saw, with the work of Lord Rayleigh, the development of methods for measuring the speed of sound in water and theories governing the physics of acoustic waves. The advent of the piezoelectric effect discovered by P. and J. Curie in the late 19th century marked a pivotal moment in the evolution of echo-sounding devices, facilitating the generation and reception of sound waves within the megahertz or ultrasound range. The two world wars that ensued subsequently precipitated the development of these systems for military purposes. The application of ultrasound in medical practice was initiated during and shortly after the Second World War. Beginning in the mid-1960s, the advent of commercial devices, facilitated by technological advances in electronics and piezoelectric materials, precipitated the rapid democratization of ultrasound imaging techniques [16b]. Even today, ultrasonography (or ultrasound imaging) is one of the most widely used medical imaging technologies and probably one of the less expensive.

This non-ionizing technique uses ultrasounds with frequencies between 20 kHz and 200 MHz. The US signal produced by a transducer, which can both emit, as well as detect the US echoes reflected (pulse-echo method) [17]. The principle of the technique is based on the reflection of the sound waves emitted by the ultrasonic transducer by the tissues, the intensity of this reflection being correlated to the acoustic impedances of the tissues (in other words their mechanical resistance to US waves). Interfaces between tissues of similar acoustic impedances usually generate low-intensity echoes (small acoustic impedance gradient). Conversely interfaces between biological tissues with very different acoustic impedances generate powerful echoes (large acoustic impedance gradient). If the acoustic impedance gradient between tissues is low, the intensity of the echo reflected by their interface will be low. In contrast, if this gradient is high, the reflected echo will be intense [17].

The advantage of US imaging is that soft tissues (such as nerves, muscles, tendons and vessels) can be visualized in real time. Its tissue penetration depth (several cms) can be tuned by the user, modifying the frequency, cycle, and exposure time. This can be an advantage but also a drawback since the result will be operator dependent. Moreover, this technique offers a poor resolution ($\sim 100\text{--}800\text{ }\mu\text{m}$) [1,7], and as for the other imaging modalities, this aspect can be improved using contrast agents. US contrast agents are characterized by a large acoustic scattering cross-section, so that they scatter US waves more strongly than the surrounding blood or tissues. In the first experiments using intra-arterial injection of Ultrasound Contrast Agent (UCA), US signal improvement was attributed to the formation of small bubbles during the product injection [18]. This has fostered the development of bubble-based UCAs and particularly microbubbles (MBs). Microbubbles are gas-filled structures that make excellent reflectors because of their density and, above all, their compressibility. As MBs strongly reflect sound waves, they increase the quantity of these waves returning to the transducer and therefore increase the signal-to-noise ratio. The two main factors governing their interaction with US are the physical properties of the MB population *i.e.*, nature of the gas, rigidity of the capsule, mean diameter and distribution of the bubble population, and obviously the amount of acoustic power locally delivered [19]. Surface tension and preventing the dissolution of the gas core of MBs are the key points to master when designing microbubbles [20]. To this end, several solutions have been developed to stabilize MBs including the development of MB shells based on albumin, PLGA-type polymers or phospholipids. Currently, several MB-based US contrast agents are at various stages of development for intravenous administration, such as Echovist®, Levovist®, Sonavist® [20]. However, the stability and the circulation time of these microbubbles are limited because of the high solubility of air in water. These issues have been addressed by replacing air with perfluorinated gases or sulphur hexafluoride (notably in Definity®, Optison®, Sonovue® and Sonazoid® products), which have limited solubility and

diffusibility in water [20]. Further improvements have also involved producing microbubble suspensions that are better controlled in terms of dispersity (monodisperse microbubbles) [21] and targeting for molecular imaging [22].

However, due to their micrometric size, their short circulation time in blood vessels and low extravasation, these MBs can only produce contrast-enhanced US imaging inside the vascular system. To overcome these limitations, the most recent UCAs are nanometric in size [23] even though acoustic diffusion diminishes as the size of the bubble decreases. However, the stability of small bubbles, due to faster gas loss than that of larger bubbles, can pose problems [22d]. To overcome this, nanobubbles for which the shell was stabilized with surfactant [24], with block copolymer [20c,25], or lipids (bubble-liposomes) [20c,26] were developed.

2.1.3. Magnetic Resonance Imaging (MRI)

The development of magnetic resonance imaging (MRI) exemplifies the ongoing success of applying physicochemical techniques to medical contexts. This development of nuclear magnetic resonance (NMR), was first explored and quantified by the pioneering research of I. I. Rabi (Nobel Prize in Physics in 1944), followed by E. M. Purcell and F. Bloch developments (Nobel Prize in Physics in 1952) [27]. They have respectively developed a resonance method for recording the magnetic properties of atomic nuclei and demonstrated the NMR phenomenon in fluids and solids. A few years later, while working on diffusion studies in solids, E. L. Hahn developed spin echo techniques [27b], a pivotal tool for signal generation in magnetic resonance imaging (MRI). The first biomedical application of MRI was proposed by R. V. Damadian in 1970 who demonstrated that it was possible to distinguish tumors from normal rat tissues [27c]. Inspired by Damadian's work, P. Lauterbur showed that it was possible to obtain a two-dimensional cross-sectional image of a living mouse by encoding the spatial information of NMR signals with magnetic field gradients. Moreover, the echo-planar imaging technique and the mathematical processing and computing analysis of signals developed by P. Mansfield allowed to considerably reduce the acquisition times and make a few years later MRI usable at a clinical level. For these fundamental advances, Lauterbur and Mansfield were awarded the Nobel Prize in Physiology and Medicine in 2003 [27a].

Magnetic resonance imaging (MRI) is therefore one of the most widely used medical imaging modalities for non-invasive, atraumatic and reliable diagnosis. This non-radiative technique, characterized by an absence of limit in penetration depth [1,7], can produce high-resolution anatomical images ($25\text{--}100\text{ }\mu\text{m}$ spatial resolution) which is of the uppermost importance for the early detection and localization of lesions [28]. Due to their nuclear spin, protons in tissue water molecules possess a magnetic moment and behave like small magnets. In the absence of a magnetic field B_0 , these tissue protons, are randomly oriented to one another, and the resulting tissue magnetization is zero. In the presence of a magnetic field B_0 , oriented in z , the protons will orient themselves relative to the field, while imparting a conical rotational motion - or precession - around it. The global population of nuclear spins will then split into two sub-populations, the majority of which will correspond to magnetic moments oriented parallel to B_0 , and the minority will correspond to magnetic moments oriented anti-parallel to B_0 . This difference in distribution results in a global tissue magnetization M_z , oriented in the same direction as the B_0 field. If a radio-frequency pulse is applied to the precessing spins, and if the frequency of the pulse is equal to the precession frequency of the spins around B_0 , then the pulse's energy will be transferred to the spins. As a result, the tissue magnetization M_z will shift in the transverse plane xy , perpendicular to the axis of orientation of B_0 . If the radiofrequency stimulus is released, the tissue magnetization M_z will return to its equilibrium position along z , in the direction of B_0 [29]. This return to equilibrium, which corresponds to the relaxation phenomenon, will be characterized by relaxation times, one being the longitudinal relaxation time T_1 , which represents the time required for the tissue magnetization M_z to recover

its initial position along the z axis, and the other, the transverse relaxation time T_2 , which corresponds to the time required for the magnetization in the xy plane to collapse. The T_1 and T_2 relaxation times of tissue protons are tissue-dependent. For instance, for an external field of 3 T, average T_1 relaxation times of grey and white matter are 1331×10^{-3} s and 832×10^{-3} s respectively while average T_2 relaxation times of grey and white matter are 80×10^{-3} s and 110×10^{-3} s respectively [30]. MRI allows to visualize these differences, both in T_1 and T_2 , and the resulting contrast between different soft tissues is superior in comparison to CT or US imaging modalities. However, even if these two relaxation mechanisms are used in MRI through T_1 -weighting and T_2 -weighting sequences, T_1 images are characterized by a better signal-to-noise ratio which is why they are so interesting.

Healthy and pathological tissues are sometimes difficult to distinguish, and contrast enhancement is necessary in many cases (including detecting tumors, inflammation, and infection). The solution consists then in increasing selectively the signal returned by the pathological tissue, by the administration of CAs. Two types of contrast agents are available: T_1 contrast agents and T_2 agents. The role of T_1 contrast agents is to decrease the longitudinal relaxation time (and thus accelerate the relaxation speed) of protons in tissue water molecules. The result is an increase in contrast through image brightening. T_2 contrast agents decrease the transverse relaxation time and have the opposite effect (image darkening). T_1 relaxation is greatly decreased in the presence of paramagnetic substances, i.e., those carrying unpaired electrons such as Gd(III) ion ([Xe]4f⁷ electronic configuration i.e. seven unpaired electrons and symmetrical electronic ground state) [31], while the most common T_2 -contrast agents are superparamagnetic iron oxide nanoparticles (SPION) [32]. To date, the commercially available MRI contrast agents are discrete Gd chelates (also known as Gadolinium-Based Contrast Agents, GBCAs). Indeed, since Gd(III) ion is significantly toxic in its aqua-ion form [31], its clinical use depends on its chelation within linear or macrocyclic polyaminocarboxylate ligands (Fig. 2) [33]. The parameter used to assess how effectively GBCAs brighten images is relaxivity r_1 . It corresponds to the reduction of the water proton's relaxation times (T_1) brought about by a 1 mM concentration of Gd ions. Thanks to their ability to enhance the contrast of MRI images, these complexes are also used for direct image guidance during radiotherapy treatment to ensure better anatomical alignment of the patient and facilitate daily adaptation of the treatment plan [34].²

However, it should be noted that the European Medicines Agency has recently withdrawn from the market or restricted the use of linear chelate-based contrast agents [33b]. Their *in vivo* stability has been called into question. Indeed, their ability to trap gadolinium permanently has been compromised and gadolinium depositions in different organs (e.g., brain, skin, liver, and bone) due to its demetallation have been demonstrated [35]. For these reasons, research in the field of paramagnetic contrast agents has focused on the development of gadolinium chelates that exhibit a higher relaxivity, which should enhance their efficacy and reduce the doses injected [36]. Alternatives to the gadolinium ion have also been explored, and high spin Mn(II) (5 unpaired electrons [37],) or high spin Fe(III) (5 unpaired electrons [37g,38],) chelates are being developed for T_1 MRI. Paramagnetic inorganic nanoparticles or nanoparticles incorporating paramagnetic complexes are also part of these alternatives and several recent reviews provide a good overview of these nanosystems [39]. Among paramagnetic inorganic nanoparticles, gadolinium oxide (Gd₂O₃), gadolinium fluoride (GdF₃), gadolinium phosphate (GdPO₄), and manganese oxide (MnO) nanoparticles have been investigated as T_1 contrast agents [39a–i]. To enhance their colloidal stability and to improve their biocompatibility these systems are most of the time coated with mesoporous silica and functionalized with PEG chains of different lengths. Ultra and extremely small iron oxide nanoparticles (USPIOs and

ESIONPs) also display a T_1 -type behavior. [39h] An alternative to metal nanoparticles is to combine paramagnetic chelates, mainly Gd(III) chelates, with nanoparticles to increase the chelate relaxivity [39j–l]. Several strategies have been developed in this respect, including grafting, anchoring paramagnetic chelates to the surface of nanoparticles, or embedding these chelates within nanoparticles. Various nanomaterials have been used in this context such as modified natural nanoparticles, self-organized aromatic polyaromatic peptides, lipidic self-assembled nanostructures, dendrimers, mesoporous silica, and polymeric nanoparticles [39j–m]. For all these systems the increase in relaxivity by Gd chelate results in a much lower concentration of Gd required to achieve contrast. It should also be pointed out that the most effective strategy is to immobilize the chelates' global and local rotational movements by burying them in water-porous matrices. In this context, hydrogels, widely used to develop devices that interact intimately with biological organisms [40] constitute interesting systems. Indeed, hydrogels are characterized by a 3D polymer network formed through physical or chemical crosslinking surrounded by an aqueous solution. This structure confers to hydrogels good viscoelastic properties and their high-water content gives them attributes like those of liquids. These characteristics are perfectly in line with the specifications established to improve the relaxivity of GBCAs. As a result, nanohydrogels encapsulating Gd chelates have recently been developed as hypersensitive MRI probes [41]. When these paramagnetic complexes are embedded in a hydrogel matrix constituted of chitosan (CS) and hyaluronic acid (HA), a huge enhancement of the r_1 relaxivity per Gd ion is obtained between 10 and 60 MHz (r_1 (20 MHz) = 22.0, 28.6, 62.4, and 78 mM⁻¹ s⁻¹ for GdDTPA, GdDOTA, GdAAZTA and GdDOTP nanosuspensions respectively). In these nanohydrogels structures, the entrapment of Gd chelate results in a reduction of the rotational tumbling motion of the chelate, mediated by the viscosity of the aqueous solution within the hydrogel matrix [41a–i]. Thermodynamic and NMR measurements have highlighted that the interaction between the polymer matrix, metal chelates, and water induces a reorganization in the mesh-like structure of the hydrogels and the formation of nano-compartments in which water is in an unusual aggregate state. Moreover, multiple Gd chelate-water interactions are developed between the exchangeable protons of the water molecules coordinated to the Gd chelate and the other water molecules trapped within the hydrogel structure (freely moving water molecules or water molecules bonded to the polymer chains). A careful analysis of the relaxation data for Gd chelates encapsulated within nanohydrogels emphasizes the fast diffusion of the water molecules into the hydrogel structure and demonstrates that the exchange of water molecules with the surrounding water is fast enough not to hinder relaxivity [41e,f]. A similar analysis can be performed for nanogels incorporating Mn chelates [41g]. Consequently, embedding GBCAs within the chitosan-hyaluronic acid hydrogel matrix results in a significant amplification of the magnetic properties of Gd chelates (hydrodenticity concept) [41h, i], which appears to be promising for the development of nanoprobe with excellent MRI signal enhancement performance [42].

2.2. Functional imaging techniques

2.2.1. Single Photon Emission Computed Tomography (SPECT) and Positron Emission Tomography (PET)

These two imaging modalities used in nuclear medicine detect the radiation emitted by radioactive substances (or radiotracers) injected into the body. Although the use of radiotracers had already been implemented, particularly since the work of G. de Hevesy (Nobel Prize in Chemistry in 1943) [43], the beginnings of SPECT and PET date back to the 1960s with the pioneering work of D. E. Kuhl, S. Rankowitz and co-workers [43b]. Significant improvements were achieved in the following years, attributable to the contributions of A. M. Cormak and G. N. Hounsfield, who developed high-performance image reconstruction algorithms [43b]. Subsequently, an enhancement in sensitivity was achieved through the modification of the detection systems, including

² Complex charges and coordinated water molecules are omitted for clarity.

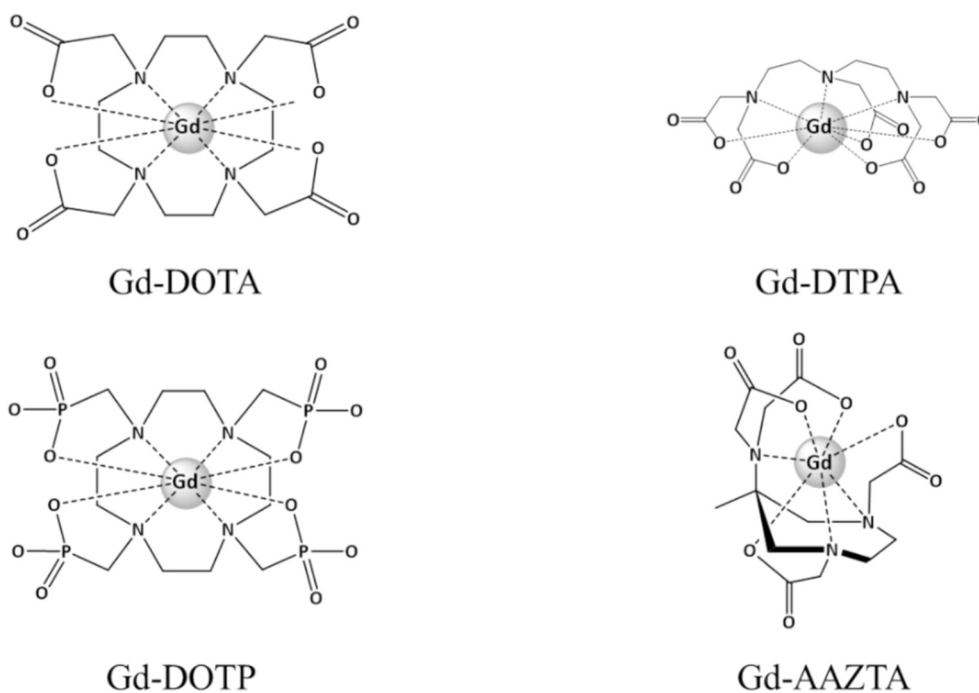


Fig. 2. Chemical structures of some representative linear and macrocyclic Gd chelates (GBCAs).

the multiplication of detectors in SPECT and the modification of detection system geometry in PET [43]. The images thus obtained give information based on the spatial concentration of injected radiopharmaceuticals and provide quantitative (picomolar-scale) biological evaluation of regional tissue function *in vivo*. Clinical applications of PET and SPECT are found in oncology, cardiology, neurology, and psychiatry. However, the spatial resolution of emission tomography is relatively poor compared to other modalities such as CT or MR.

Radionuclides used in SPECT imaging are single-photon emitters (γ rays), that are detected by a gamma (γ) camera. To obtain an image of a volume, the γ camera rotates around the body and collects a set of overlapping two-dimensional images, to build up the final three-dimensional image. For SPECT-based imaging, the radionuclide should emit one γ -ray per decay (100 % γ -emission yield) with energies between 100 and 370 keV (to prevent cellular damages, while still being energetic enough to penetrate the body completely), and with a convenient half-life (between 6 h and 3 days). The most common SPECT radionuclides are technetium-99 m (^{99m}Tc , half-life $t_{1/2} = 6$ h, γ -ray emission energy 141 keV), ^{123}I ($t_{1/2} = 13.2$ h, γ -ray emission energy 159 keV), ^{67}Ga ($t_{1/2} = 78.2$ h, γ -ray emission energy 93 keV), ^{111}In ($t_{1/2} = 67.2$ h, γ -ray emission energy 171 keV), and ^{201}Tl ($t_{1/2} = 73$ h, γ -ray emission energy 167 keV) [44]. Among these radioelements, ^{99m}Tc has a special status since its decay is long enough to handle the radiolabeling and imaging process and short enough to protect patients from exposure to unnecessary radioactive doses once the examination has been completed [44]. Lastly, its practical production method, using a transportable $^{99}\text{Mo}/^{99m}\text{Tc}$ generator, makes it easy and inexpensive to supply [45].

Radionuclides used in PET imaging are positron (β^+ particle) emitters. Positron decay occurs with neutron-poor radionuclides and consists of the conversion of a proton into a neutron with the simultaneous emission of a positron (β^+) and a neutrino (ν). The short-lived positron undergoes an annihilation reaction with a neighboring electron, producing two high-energy photons ($E = 511$ keV) emitted approximately 180° apart. PET detection then relies on the detection in coincidence of these γ -photons by an array ring of detectors, each detector being paired with another located 180° away from it. By comparison with SPECT, the use of this coincidence detection method considerably improves

sensitivity while ensuring excellent tissue penetration.

The most common PET radionuclides are short-lived β^+ emitters such as ^{11}C ($t_{1/2} = 20.4$ min), ^{13}N ($t_{1/2} = 10$ min), ^{15}O ($t_{1/2} = 2$ min), and ^{18}F ($t_{1/2} = 110$ min). ^{11}C , ^{13}N , and ^{15}O are mostly used for labeling organic small molecules since these atoms are core elements in biology. In the same way, ^{18}F can substitute a hydrogen atom by a bioisosteric replacement and fluorodeoxyglucose (^{18}F FDG) is the prototype of the ^{18}F -labelled compounds family. Detailed radiochemical methods used to synthesize small molecules bearing ^{11}C , ^{13}N , ^{15}O are provided in recent reviews [46]. Metal radionuclides (or radiometals) such as ^{64}Cu ($t_{1/2} = 12.8$ h), ^{68}Ga ($t_{1/2} = 67.6$ min), ^{89}Zr ($t_{1/2} = 78.4$ h) and ^{111}In ($t_{1/2} = 67.2$ h) are rather used for labeling biomolecules such as peptides, or antibodies to target cells with high selectivity and affinity. In these cases, metal radionuclides need to be chelated [46d,47].

'Free' radiometals, whether they are intended for SPECT or PET imaging, need to be sequestered by organic ligands to prevent their toxicity. The safest way to use these radiometals *in vivo* is to complex them with bifunctional chelating agents (BFCAs) [48]. BFCAs are molecules consisting of two distinct parts, one dedicated to chelating the metal as strongly as possible, and the other, a carrier molecule, that can be covalently coupled to targeting molecules of interest. This assembly is defined as a radiopharmaceutical. It should also be noted that, depending on the nature of the chelating group, this bifunctional architecture can also be used to complex lanthanides for MRI or optical imaging purposes. Linkers, useful for modifying the pharmacokinetic profile of the radiopharmaceuticals but also used to distance the chelating part to the carrier molecule are used as bridges (Fig. 3). The nature of the chelating unit depends on the radiometal chemical demands (ligand donor atom preferences according to Pearson's hard and soft acids and bases theory, coordination number, and coordination geometry) [48]. A significant number of BFCAs have been developed to meet the constraints of efficient radiometal coordination and some recent developments can be found in the references [49]. Among the prospective chelators, macrocycles bearing extra coordinating pendant arms such as DOTA, TETA, NOTA, PCTA, MACROPA, and their derivatives [49a–d,g–j] have enabled a good control of radiometal coordination.

Nanomaterial-based formulations can also provide high-

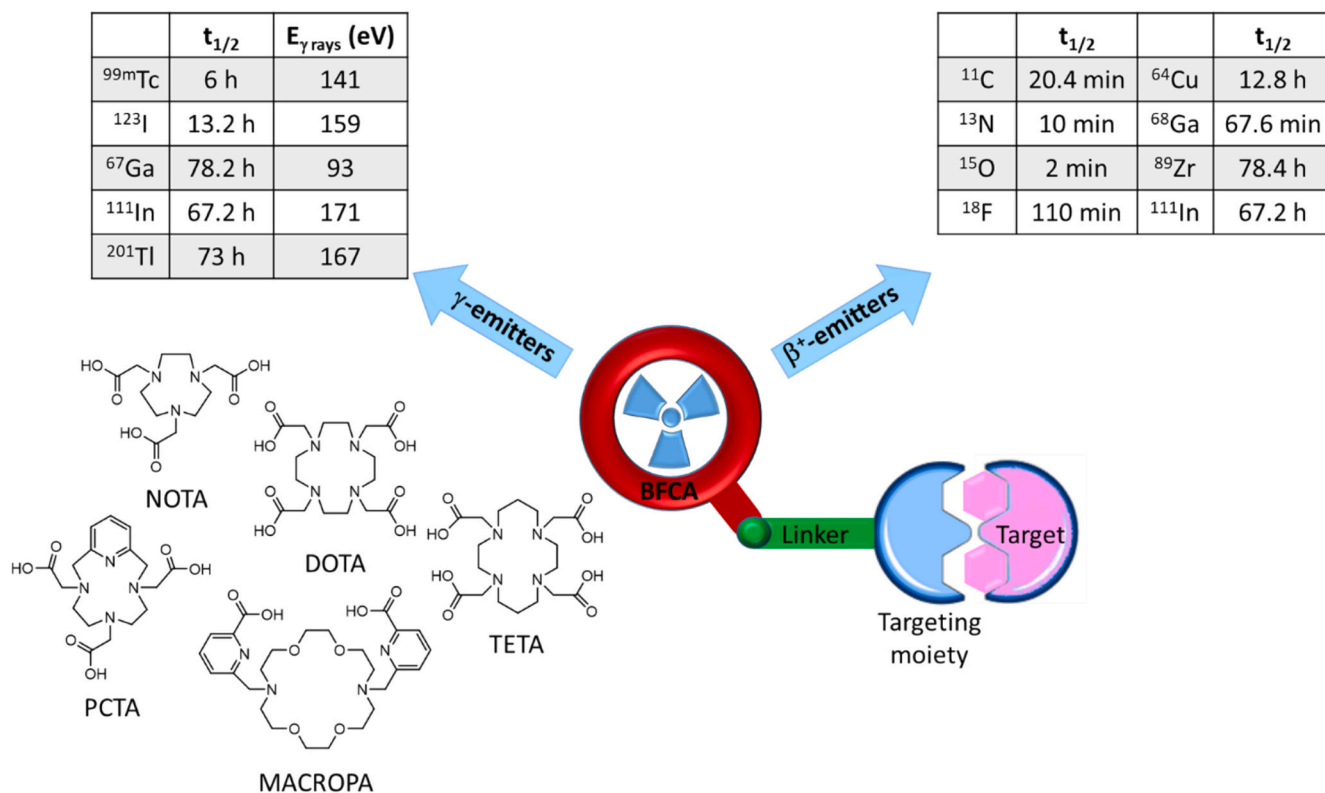


Fig. 3. Bifunctional chelating agents (BFCA). a- Selected radionuclides for SPECT and PET imaging (in the Tables). b- Chelators for inorganic labeling bifunctional chelating agents (structures bottom left).

performance solutions for use in SPECT and PET imaging. Organic (liposomes, protein-based, polymeric micelles, dendrimers, and polymers) or inorganic nanomaterials (C-based nanomaterials, metal-based nanomaterials, Si-based nanomaterials) have been developed with this in mind [50]. A special feature of radiometal labeling of nanomaterials, is that the time required to synthesize and purify nanomaterials must be compatible with the lifetime of the radiometals used. Various strategies that can be divided into three categories, *i.e.*, (i) nanomaterial surface labeling, (ii) incorporation of radioelements into nanoparticles or (iii) at the interface between nanomaterials and ligands, have been implemented to this end. Those three strategies are described in detail in the references [51].

2.2.2. Optical Imaging (OI)

Optical imaging is another non-invasive diagnostic method based on the detection of photons emitted by luminophores administered to patients. While the development of dedicated microscopes dates back to the early 20th century, the phenomenon of light emission excited the curiosity of scientists in the 1800s. Blue light emission from a colorless quinine solution when illuminated by the sunlight under certain incidence had already been demonstrated almost simultaneously by Sir J. Herschel and Sir D. Brewster in the mid-1800s [52a,b]. The luminescence of calcium fluoride already well-documented, and that of calcium sulfite was also observed by E. Becquerel [52c], who in 1842 established that emitted light has a longer wavelength than incident light. In 1852, Sir G. G. Stokes formalized the phenomenon (Stokes' law), and coined the term "fluorescence" to describe it [52c].

Photoluminescence (including fluorescence and phosphorescence) is one of the most used optical modalities because of its high sensitivity, its good specificity, and its low limit of detection. The distinction between fluorescence and phosphorescence, as proposed by F. Perrin in 1929, was later formalized in the renowned Jablonski diagram (1935, [52a]). Fluorescence relies first on the absorption of a photon by a given luminophore. This luminophore will absorb light if the energy of the

incident photon matches with the energy difference between the singlet electronic ground state of the luminophore (S_0) and an excited electronic state of higher energy. After a brief delay of time, the excited-state luminophore undergo relaxation to the ground state via various photo-emissive mechanisms. For fluorescence emission, the relaxation takes place an excited singlet state S_1 to the ground state S_0 , and during this process the spin multiplicity is preserved. Phosphorescence is another emission mechanism which involves relaxation between an excited triplet state T to the ground state S_0 and, in this case, there is a multiplicity change during relaxation [53].

Optical imaging uses photons with wavelengths ranging from the visible to the near infrared (NIR) (500 to 1500 nm wavelength) [54]. The optical signal within the visible range (400–700 nm) is limited to imaging the surface and its proximity (*i.e.* 1–2 mm depth), due to the absorption of light by oxy- and deoxy-hemoglobin (HbO_2 and Hb exhibit large absorption bands between 500 and 600 nm, see Fig. 6 below), water, and tissue constituents. For *in vivo* imaging, wavelengths in the NIR windows are preferable because in these ranges light scattering and absorption by tissue constituents are minimized. The first NIR window (NIR-I, 650–900 nm) offers good characteristics, as tissues have minimal absorption and minimal background autofluorescence, and provides the best visualization of deeper structures (up to 2 cm from the surface) [54]. However in this region, scattering remains important. The second NIR window (NIR-II, 1000–1800 nm), often split into the NIR-IIa (1000–1350 nm range) and NIR-IIb (1500–1800 nm) allows the *in vivo* luminescence contrast improvement. Indeed, in this wavelength range, light absorption and scattering are greatly reduced (compared to NIR-I), while autofluorescence is also reduced. Consequently, resolution and in-depth imaging are improved, enabling the observation of deeper tissues with higher spatial resolution. Finally, despite NIR-IIb light absorption by water is slightly stronger than in the NIR-I region, photon scattering and autofluorescence are even less important, enabling unprecedented improvements in detection depth, resolution, and sensitivity [55].

Because most tissues generate no NIR fluorescence contrast, NIR-fluorescence imaging usually requires the use of NIR-fluorescent probes (or NIR-fluorophores) [56]. Their absorption and luminescent wavelengths must match the regions where tissues feature minimum absorption and autofluorescence, *i.e.*, as mentioned above, in the NIR-I and NIR-II regions. The most studied exogenous NIR probes are small fluorescent molecules (Fig. 4), and among them cyanines (conjugated polymethine framework with an odd number of carbon atoms terminally disubstituted by nitrogen-containing heterocycles) [56c–e], rhodamine derivatives (whose xanthene core is modified to shift the emission wavelength to NIR) [51c–e,f], BODIPY-based probes (whose 3 and/or 5-positions are substituted by a styryl substituent for instance) [56c–e], squaraine-based probes [56c–e], croconaine dyes (based on donor-acceptor-donor structure), [56g] porphyrin and phthalocyanine derivatives [56c–e]. However to date only two fluorophores are clinically approved, methylene blue (MB; $\lambda_{\text{abs}} = 664$ nm, $\lambda_{\text{em}} \sim 680$ nm), and indocyanine green (ICG; $\lambda_{\text{abs}} = 785$ nm, $\lambda_{\text{em}} = 810$ nm) [57].

Fluorescent metal complexes [58] and particularly lanthanide metal complexes [59] are another important class of probes with unique luminescent properties, including metal-centered emission, long luminescence lifetime that allows discrimination of the lanthanide complex signal from autofluorescence, large Stokes shift (*i.e.*, shift between the emission wavelength and the absorption wavelength), and high resistance to photobleaching. Trivalent lanthanide ions have a $[\text{Xe}]4f^n$ electronic configuration and their luminescent properties originate from $4f$ - $4f$ transitions, $4f^n \rightarrow 4f^n 5d^1$ transitions, and charge transfer transitions between the metal and its chelate (MLCT or LMCT). The main requirement to generate a sufficient lanthanide emission is to sensitize them with an appropriate organic chromophore, which has the role to absorb excitation light and to transfer the resulting energy to the accepting

levels of luminescent lanthanide cations (“antenna effect”). The energies of lanthanide electronic levels differ from one lanthanide to another, leading to sharp emission bands associated to $4f$ - $4f$ metal-centered transitions. These wavelengths vary from the visible to NIR range according to the lanthanide. For a given lanthanide they have a constant value, which is very useful for imaging because their position is insensitive to the chemical or biological environment [58,59].

Besides these small fluorescent probes, water-soluble fluorescent polymers constituted of π -conjugated backbones (*i.e.*, a delocalized electronic structure that exhibits efficient coupling between its segments), and terminal charged groups (which can be functionalized with a variety of recognition elements) have been developed for *in vitro* but also *in vivo* fluorescence imaging [60].

Recently, new luminescent concepts have emerged to improve NIR probes efficiency. One of the very first important development concerns the design of two-photon absorbing, NIR-emitting fluorescent probes [61]. This concept has gained in importance since the advent of NIR laser sources. Two-photon absorption and in general multiple photon absorption are a non-linear process involving the simultaneous absorption of two (or multiple) photons whose combined energy is sufficient to induce a molecular transition to an excited electronic state. For example, two-photon fluorescence occurs when two less energetic photons are simultaneously absorbed. Two-photon absorbers - NIR emitters (i) are generally made up of extended π -conjugated systems with, wherever possible, a fully planar architecture, and (ii) are also the site of intramolecular charge transfer *via* the grafting of donor groups (D) on one side and acceptor groups (A) on the other [61].

The second development concerns the aggregation-induced emission (AIE) concept and the design of AIE luminogens (AIEgens) [62a]. AIEgens exhibit weak or no fluorescence in solution but emit strong

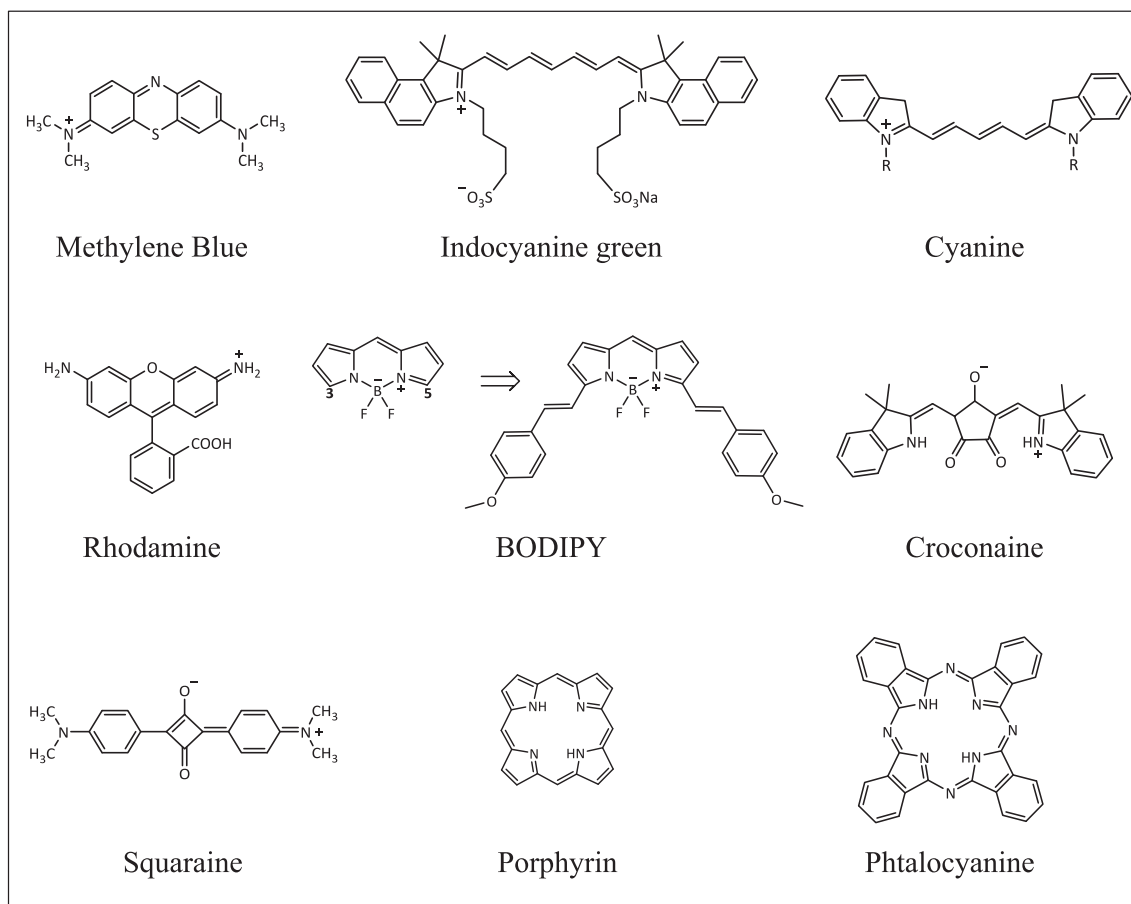


Fig. 4. Basic chemical structures of NIR probes.

fluorescence signals in the NIR range upon formation of sterically hindered aggregates [62]. AIEgens have a similar structure as NIR-2photons absorbers *i.e.*, a π -conjugated backbone with donor-acceptor (D-A) architecture. In the transition from the isolated to the aggregated state, the conjugated system carrying the intramolecular charge transfer system is prevented from intramolecular rotations and vibrations, which promotes radiative decay, and then emission in the NIR.

A third possible development is fluorescent nanomaterials [55,63]. They include quantum dots (QDs) [55b,64], organic semi-conducting materials (OSM) and AIEgens encapsulated in nanoparticles [65], single-wall carbon nanotubes (SWCNTs) and carbon dots (CDs) [55b,66], gold nanoparticles (AuNPs) [67], rare-earth based up-conversion nanoparticles (UCNPs) [68]. Most of these nanomaterials are constituted of heavy metals (Cd, Te, Pb for QD, Au for AuNPs) or C (for SWCNT and CD), and Ln^{3+} ions (for UCNPs), and the safety of several of them is still controversial. This means that more detailed toxicity studies are needed, and improvements in their biocompatibility are a prerequisite for their routine use *in vivo*.

3. PhotoAcoustic Imaging (PAI)

The history of photoacoustic imaging dates to 1880, when A. G. Bell discovered the photoacoustic (PA) effect. At that time, Bell was working with his assistant C. Tainter on another means of communication, the photophone, which was designed to produce acoustic waves by irradiating a photosensitive selenium crystal with light, and thus wirelessly transmitting voice messages. This result was generalized when it was demonstrated that the illumination of different solid substances, but also of absorbing gases, with a rapidly interrupted beam of light energy resulted in the emission of acoustic energy at the same frequency as the modulation frequency [69]. However, due to the limited power of the light sources available at that time and low energy conversion rates, the acoustic emissions obtained were too weak to be detected by the existing instruments. In the 1990s, the development of pulsed laser light sources and acoustic detection equipment led to considerable improvements in sensitivity, enabling photoacoustic imaging to enter the biomedical field. In the following paragraph a few physical elements for understanding the propagation of light energy in optically scattering media such as biological tissue will be introduced.

3.1. General principle

Photoacoustic imaging (PAI) combines optical excitation and ultrasound (US) detection. In PAI, a light beam (nanosecond pulsed laser - pulse duration < 10 ns) is sent onto the surface of the tissue. The light beam's energy is then repeatedly absorbed and scattered by chromophores. From a mechanistic point of view, absorbed optical energy excites electrons in chromophores from ground states to excited states. Excited electrons return to their ground state, releasing energy either in

radiative form (the same mechanism as described for fluorescence emission, see above) or as thermal energy. (Fig. 5) This second mechanism induces thermoelastic expansion of the surrounding tissue, leading to a local increase in pressure and the emission of acoustic waves. These two mechanisms are not decorrelated, which implies that for PAI, thermal conversion efficiency must be favored at the expense of fluorescence.

The advantage of outgoing acoustic waves is that they are much less attenuated and scattered by tissues than photons. As a result, the output acoustic signal recovered by the transducers is better than that of an optical signal [70].

3.2. Penetration depth and spatial resolution

In PAI, tissue penetration depth depends on the attenuation of incoming photons and outgoing acoustic waves. In most soft tissues, optical attenuation dominates and according to the incident wavelength, the chromophores (*e.g.*, hemoglobin) present in the body will absorb the light beam to a greater or lesser extent. Therefore, in the choice of wavelength range, it is important to favor wavelengths where light absorption by the tissues is at the minimum, *i.e.*, as with optical imaging, in the near-infrared range (NIR). For example, using an excitation wavelength of 800 nm and without the use of contrast agents, mammary vascularization was observed down to a depth of 4 cm [71]. The penetration depth can be increased if PAI contrast agents that strongly absorb in the NIR range are used [72].

PAI spatial resolution depends on the frequency components of the acoustic wave reaching the detector, and not on the signal generation process itself because of the nature of the laser pulses used (frequencies between 10 and 100 MHz). The main factor limiting spatial resolution will be the acoustic attenuation present in soft tissues, and this resolution will decrease with penetration depth [73].

3.3. Photoacoustic imaging modalities

PAI can be divided into several categories: photoacoustic tomography (PAT) which is the traditional mode of PAI, photoacoustic microscopy (PAM) and their associated techniques. These categories within PA imaging are differentiated at the instrumental level rather than at the level of fundamental methodology.

In PAT, a large-diameter pulsed laser beam is used to illuminate the tissue surface.

Acoustic waves are detected using detectors placed at different points around the target tissue. Different types of geometry are commonly used for detection [74–77]. Spherical geometry allows, at least in theory, perfect reconstruction of the initial pressure distribution since acoustic waves are detected in all directions in space. However, the installation of such detectors is not always straightforward and for this reason, many PA scanners use arc-shaped focused detector arrays [77].

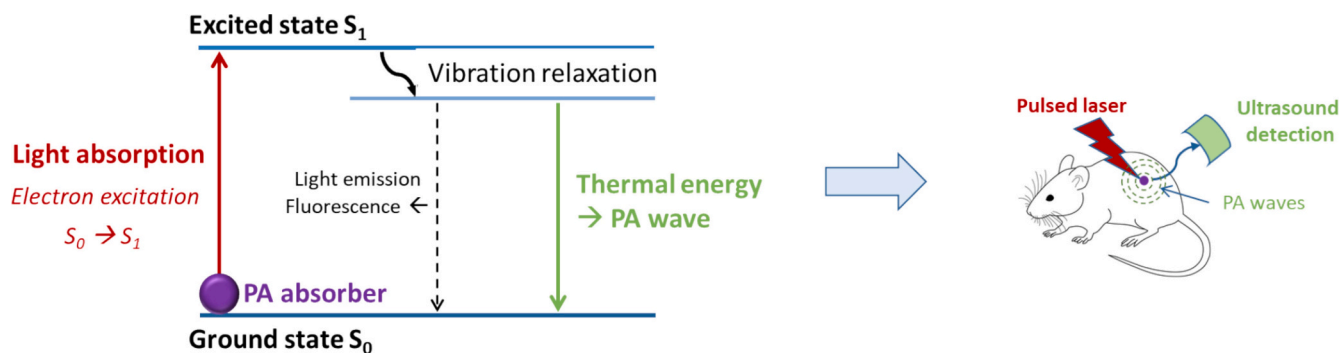


Fig. 5. Electron de-excitation pathways after absorption of an incident light showing the two competitive relaxation mechanisms *i.e.* fluorescence and heat release (inspired from Ref. [70]).

In PAM, the image is obtained by mechanically scanning the focused laser beam or the focused ultrasound detector. Unlike PAT, PAM does not require a reconstruction algorithm to obtain the PA image. PAM is divided into two sub-categories: optical-resolution photoacoustic microscopy (OR-PAM), and acoustic-resolution photoacoustic microscopy (AR-PAM) [78]. For OR-PAM, focusing will take place at the level of the excitation light beam, offering very high spatial resolution. Optical diffusion will limit the imaging depth to 1 mm, which is comparable to optical microscopy. For AR-PAM, a relatively large area is illuminated and focusing takes place at the level of the ultrasound detector. The imaging depth in biological tissue is greater than for OR-PAM (3 mm) [78].

If we are to compare the performances of PAM and PAT in terms of penetration depth and spatial resolution, PAM techniques offer a high spatial resolution (sub-micron spatial resolution) at the expense of penetration depth while PAT techniques offer the greatest depth of penetration into the tissues (cm) and a spatial resolution of a few hundred microns.

Multi-spectral optoacoustic tomography (MSOT) is one of the PAT techniques. It involves the illumination of the sample of interest with light pulses of different wavelengths and recording the ultrasound waves generated by the various photosensitive molecules [79]. This technique is then able to differentiate between different endogenous photo-absorbers and exogenous administered probes thanks to spectroscopic analysis. For that, exogenous optical agents must have spectral characteristics sufficiently distinct from those of the endogenous chromophores so that the signal can be extracted by spectral subtraction (at least in the first instance). Different exogenous optical agents have been used for this purpose and will be presented in the following section.

3.4. Contrast agents for photoacoustic imaging

3.4.1. Endogenous contrast agents

In the human body, it is possible to visualize the anatomical characteristics of tissues containing endogenous PAI chromophores such as hemoglobin, lipids, and water. Hemoglobin and melanin, which absorb much more than the other endogenous chromophores, are considered a primary source of contrast (Fig. 6).

As shown in Fig. 6, hemoglobin, and more specifically oxy- and deoxy-hemoglobin, dominates the absorption of the light beam for wavelengths below 1000 nm. Hemoglobin absorption is therefore used in PAI to visualize the vascular system [80]. Melanin has a higher absorption coefficient than hemoglobin but is localized in well-defined areas (skin, retina) and therefore in fewer tissues. For these reasons,

melanin does not dominate contrast in PAI as hemoglobin does, but it can be useful for visualizing the pigmented epithelium of the retina, and certain pigmented lesions in the skin [81]. However, it is possible to exploit chromophores that absorb less, such as water and lipids, thanks to their characteristic spectral signatures [82]. The absorption peaks for lipids are around 920, 1210, and 1710 nm. These absorptions allow to localize lipid deposits such as those found in atherosclerotic plaques [83].

In addition to endogenous chromophores, the injection of exogenous chromophores that absorb visible and near-infrared wavelengths can provide additional sources of contrast in PA imaging. Different examples will be described in the following section.

3.4.2. Exogenous contrast agents

For the contrast of exogenous agents to be maximal, it is important to minimize the contribution of endogenous contrast agents present in the tissues. The optical absorption of biological tissues is minimal in the NIR region ranging in the biological transparency window *i.e.*, from 700 to 1100 nm. Therefore, exogenous contrast agents must (i) absorb light in the NIR, (ii) have a high molar absorption coefficient in this frequency range and a high thermal conversion, while (iii) having a low fluorescence quantum yield, and (iv) be biocompatible. The family of PAI exogenous agents is subdivided into organic and inorganic agents [84].

Inorganic contrast agents: They include noble metal nanomaterials, carbon-based nanomaterials, and transition metal chalcogenides (TMC). Illumination of metallic nanomaterials enables high absorption of optical signals as well as a strong conversion of light into heat thanks to the phenomenon of localized surface plasmon resonance (LSPR). This phenomenon takes place when the frequency of the incident photons corresponds to the frequency of electron oscillations in the conduction band of metals, generating a strong optical absorption. Among metallic nanomaterials, gold-based nanomaterials exhibit very good plasmonic properties [85]. Furthermore, their absorption of NIR light can also be tuned by controlling their size their morphology and their aggregation state. Among the nanostructures studied for PAI, nanorods [85c], nanostars [85d], nanocages [85e], nanovesicles [85f], were developed. The ability of gold nanoparticles to intensify the photoacoustic phenomenon, by shifting the absorption length into the near-IR range, is also mediated by aggregation [85g]. However, it is important to note that some gold-based nanomaterials have poor photothermal stability, which means that they could melt under pulsed laser irradiation and therefore lose their optical absorbance. It is also important to remember that gold-based nanomaterials biodegradability is still a challenge [85h].

Any NIR-absorbing nanosystem can be a candidate contrast agent for PAI, provided it is a poor fluorophore. Thus, upconversion nanoparticles (UCNPs) based on oleic acid stabilized $\text{NaY}_4\text{:Yb}^{3+}\text{:Er}^{3+}$ phosphors made water-dispersible in the presence of cyclodextrin, have proved suitable for PAI [86]. In this case, the enhancement of the photoacoustic signal is based on the combination of the UCNPs' heating capacity and the quenching of their photoluminescence by a non-radiative process.

Carbon-based nanomaterials [87a] such as carbon nanotubes [87b], graphene flakes [87c] but also carbon dots [87d] or hollow carbon-based nanoparticles [87e] have also been developed as contrast agents for PAI. In addition to being easy to manufacture, they have the advantage of having a strong NIR absorption and a high photothermal conversion efficiency. If their absorption coefficient needs to be enhanced, the elaboration of hybrid systems with gold nanomaterials can be considered [87a]. However, special caution should be paid to using carbon nanomaterials, especially long and rigid carbon nanotubes, because of their potential toxicity and their biopersistence [87f].

Two-dimensional transition metal chalcogenides (2D TMC) and dichalcogenides (2D TMDC) nanomaterials whose formulas are respectively MX and MX_2 (where M represents a transition metal from groups IVB to VIIB, and X a chalcogenide typically S, Se and Te) are also of interest for photoacoustic imaging [88]. The most studied TM(D)C semi-

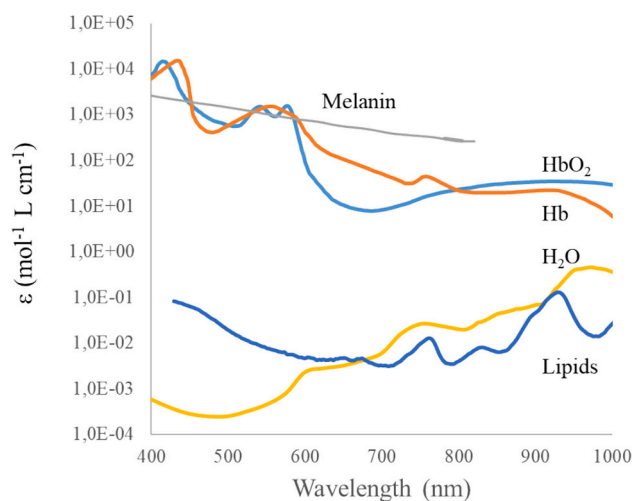


Fig. 6. Optical absorption spectra of endogenous chromophores in tissues. Adapted from <http://omlc.ogi.edu>

conducting materials include copper selenide (CuSe) [88c], tungsten sulfide (WS₂) [88d], molybdenum sulfide (MoS₂) [88e], because of their strong NIR absorption and good photothermal conversion efficacy. The disadvantage of TM(D)Cs is that they contain heavy metals and, here again, attention must be paid to their non-degradability, which can lead to deleterious long-term biological effects and, consequently, limit their use in clinical applications.

In addition to PAI contrast agents cited above, black phosphorus (BP) bulk crystals, when exfoliated into single atomic layer-structured nanosheets have been developed for PAI applications [89]. Indeed, these metal-free semi-conducting structures possess tunable energy band gap, compatible with strong absorption in the UV and NIR regions as well as high photothermal conversion properties. In particular, pegylated ultrasmall BP nanoparticles were injected into tumor-bearing mice, and the accumulation of these long-circulating nanoparticles have allowed to discriminate by PAI the tumor from vital organs [89c]. However, the toxicity of BP-based nanosystems to cells is still debated. In particular, the influence of their biodegradation mechanisms and by-products on cells is still poorly understood and has not yet been sufficiently evaluated to allow their safe use *in vivo* [89e].

Organic contrast agents: In parallel with inorganic agents, biocompatible organic dyes have been developed as PAI contrast agents. This category of probes includes molecules and organic nanoparticles. Among the most used molecular dyes are heptamethine-based cyanine dyes (Fig. 7) [90a–e].

Heptamethine cyanine dyes are widely used due to their narrow absorption bands in the NIR range and high molar extinction coefficients, and good photothermal performances. Their photophysical properties can be tuned by modifying the polymethine chain as well as the heterocyclic moieties. Finally, these molecules can be considered as small and easily eliminated from the body. Thus, in the family of heptamethine cyanine dyes, FDA-approved indocyanine green (ICG) [91a], IRDye800CW [91b], (Fig. 8) or AlexaFluor 750 [91c] have been used for PA imaging applications.

ZW800–1 is a heptamethine indocyanine zwitterionic fluorophore that has attracted growing interest for uses in PAI [92]. This biocompatible dye reported by Frangioni's group has been developed as an alternative to ICG since this later is far from being ideal due to its moderate optical properties, its high liver uptake, its non-specific interaction with background tissues, and its instability in aqueous medium. The heptamethine core of ZW800–1 is hydrophobic, and the presence of ammonium and sulfonate groups provides zwitterionic character and water solubility [92a]. Its absorption peak is around 790 nm, in the window of biological transparency. It has a high molar extinction coefficient ($\epsilon_{788\text{ nm}} = 249,000\text{ L mol}^{-1}$ in 100 % FBS) as well as a high thermal conversion capacity, and its fluorescence quantum yield is relatively low (15.1 %) [92a].

It should be noted, however, that the aqueous solubility, the photophysical stability, and the half-life in circulation of these organic PAI probes can be improved if they are conveyed within nanocarriers such as micelles [93a–c], liposomes [93d–k] polymersomes [93l], or even proteins [93m–n]. It should also be noted that cyanine probes tend to aggregate in solution, making them poorly soluble and therefore of little interest for *in vivo* applications. However, the formation of aggregates (J-

aggregates) is accompanied by a bathochromic shift of absorption wavelengths towards the NIR-II window. Strategies for encapsulating these J-aggregates within micelles, liposomes or polymersomes therefore take advantage of the absorption of aggregated probes beyond 900 nm to significantly enhance the photoacoustic signal. Furthermore, compared to inorganic nanomaterials, nanocarriers doped with these dyes show very good biocompatibility and biodegradability [94].

Among organic systems that exhibit interesting photoacoustic properties, structurally conjugated conductive and semiconductive polymers have been developed as PAI contrast agents. These polymers are characterized by a π -conjugated backbone in which electrons are delocalized by different mechanisms (hopping, tunneling and related mechanisms). They can be designed to have large extinction coefficients, adjustable absorption wavelengths, which results in tunable optical properties, namely high NIR-absorption. They can also be formulated along with amphiphilic polymers or surfactants into nanoparticles with good water dispersibility and biocompatibility [95a–d,h,m]. Different backbones such as, polyfluorene – co – thiophen [95a], diketopyrrolopyrrole-dithiophene [95b], indigoid π -conjugated moieties [95c], pyrrolopyrrole [95o], polythiophene-co-pyrazine [95i], polydopamine [95l] or backbones based on electron donor-electron acceptor pairs [95d,e,f,j,k,l] have been used. The corresponding conjugated polymers and related nanoparticles exhibit strong absorption in the NIR-I and NIR-II optical windows which favors PAI effect higher than that of gold nanoparticles or carbon nanotubes [96].

In the context of organic systems developed for photoacoustic imaging, melanin nanoparticles cannot be avoided. As previously mentioned, melanin is an endogenous photo-absorber that has no characteristic maximum in the NIR region but demonstrates a broad absorption spectrum that can be activated by any laser wavelength [81]. By mimicking melanin, water-soluble melanin nanoparticles are therefore active systems for photoacoustic imaging [97]. Synthetic melanin nanoparticles are obtained from melanin granules isolated from natural sources [97a], by neutralization of dopamine hydrochloride with sodium hydroxide and spontaneous oxidation of dopamine in air [97b,c], or enzymatic oxidation of precursor molecules such as tyrosine and 3,4-dihydroxy-L-phenylalanine [97b].

Water solubility can be improved by pegylation [97e]. Melanin nanoparticle surface can also be designed to amplify the PA signal strength by aggregation [97c], to promote condensation with nucleic acids [97f] or to target specific angiogenesis receptors [97j].

The native biocompatibility of melanin is maintained in all categories of melanin-like nanoparticles since they exhibit low or minor toxicity [97i]. They can also be used as delivery systems thanks to encapsulation or grafting drugs strategies to provide interesting therapeutic solutions [97k].

4. Bimodal MRI-PAI imaging

To meet resolution and sensitivity requirements, combinations of techniques possessing these two characteristics are currently being developed. Of the various imaging modalities mentioned above, MRI is one of the most widely used in medical imaging, thanks to its excellent resolution and lack of penetration depth limits. To compensate for its

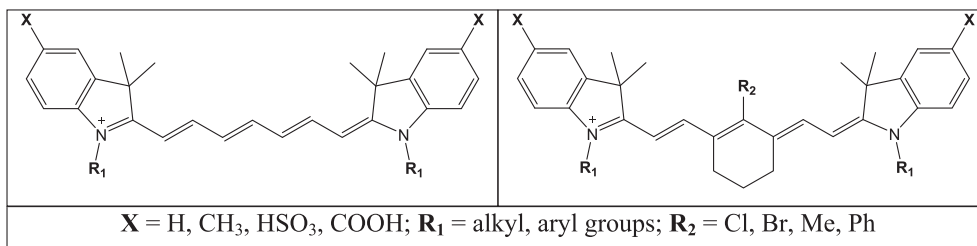


Fig. 7. Prototype of heptamethine cyanine dyes: general structures.

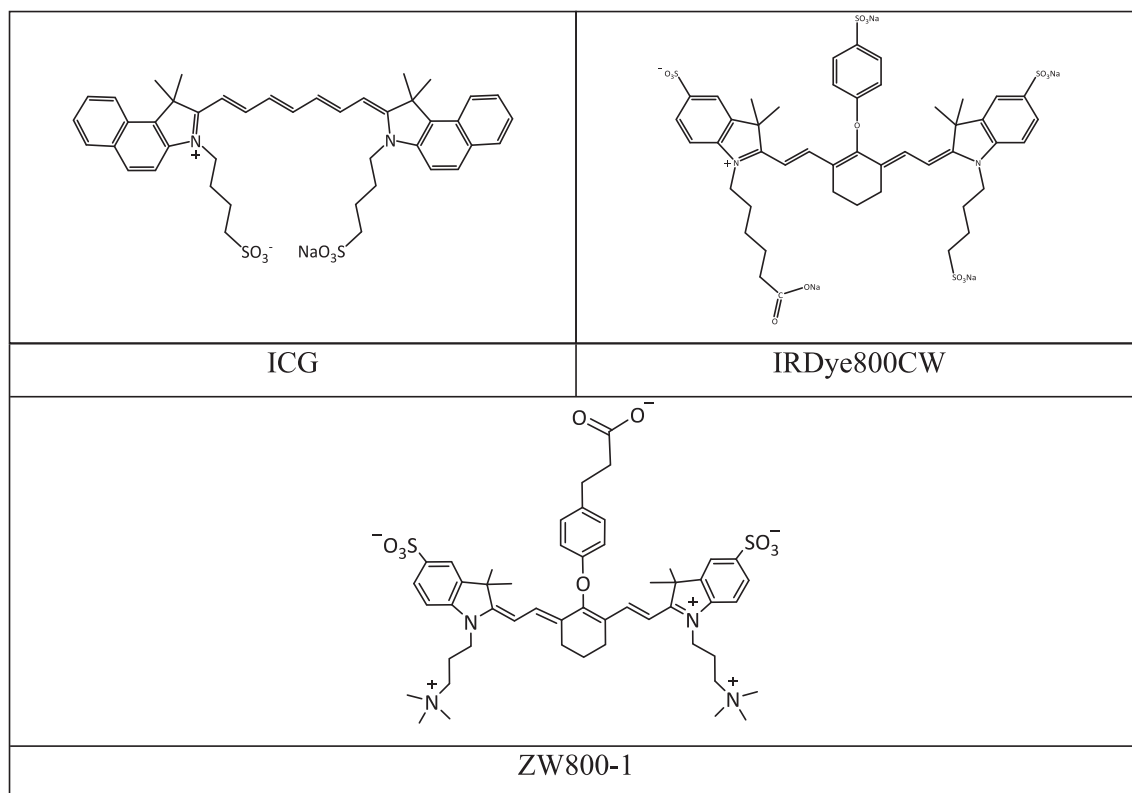


Fig. 8. Examples of PAI organic dyes.

lack of sensitivity, the solution is to combine MRI with another imaging modality with good sensitivity. Tandem MRI-OI, MRI-PET, and MRI-SPECT imaging modalities are already in use. The use of non-ionizing radiation is recommended for patient health, doctors, and nursing staff. This is why the combination of MRI with optical imaging can be favored over nuclear imaging. Despite its very high sensitivity, OI does not penetrate biological tissue very deeply, even using NIR emission (which allows penetration depths of up to up to 2 cm), and spatial resolution is poor because of photon scattering. This is where PA imaging comes in, because as previously said, this non-ionizing technique has a good sensitivity a better penetration depth, and a far finer depth localization [79e]. The creation of a bimodal MRI-PAI probe would therefore make it possible to combine the good resolution of MRI with the sensitivity of PAI [98a,b]. Various approaches to combine the two imaging modalities have been reported. In the following, we provide a non-exhaustive list of what exists in the literature and present a few examples. One solution is to take advantage of the ability of certain constituents, such as europium, to exhibit bimodal MRI/PAI behavior [99]. The mode of action of these probes is based on the redox-responsive nature of Eu and the difference in the properties between Eu in the +2 and +3 oxidation states. Thus, Eu in the +2 oxidation state is active in T_1 -weighted magnetic resonance imaging and also in photoacoustic imaging, while Eu in the +3 oxidation state is inactive in both imaging modes. That said, although the design of this type of bimodal probe is straightforward, their biocompatibility in living systems remains a major concern. A second solution is to combine the two separate imaging functions in a single unit. To this end, two approaches, molecular and nanoparticulate, have been developed. An example of a molecular probe is the combination of the Gd-PCTA complex and the ZW800-1 chromophore on a L-lysine backbone [100]. MR and PA phantom images illustrate the appearance of contrast in both imaging modalities. Probably more widespread is the combination of the two imaging functionalities *via* the nanoparticle pathway. Several approaches have been developed for this purpose. The first approach, which bridges the gap

between the molecular and nanoparticle aspects, involves combining a gadolinium chelate for MRI imaging and a near-IR chromophore (tri-azole IR780) within a molecular platform. The resulting Gd-IR780 entity then evolves in apoptotic tumor cells into a macrocyclic Gd-IR780MC form that can self-assemble *in vivo* as Gd-IR780-NPs nanoparticles. In this form, a strong aggregation-caused quenching (ACQ) effect helps to enhance the PA signal of IR780 probe, and restrict molecular rotation of Gd chelate which results in r_1 relaxivity enhancement [101].

The following approaches involve developing bimodal inorganic/inorganic or hybrid inorganic/organic MRI/PAI nanoparticles.

In the first category, both MRI and PAI functionalities are provided by inorganic components [102]. Prussian-Blue (PB) nanoprobe has thus been developed for this goal [102a], PB combining both MRI and PAI properties. This iron-based probe proved to be responsive to redox stimuli, particularly in the presence of ONOO^- , its MRI and PAI efficiencies being exalted. Cobalt core/carbon shell or cobalt core/gold shell-based nanoparticles with both magnetization and light absorption properties were also described [102b,c]. In these probes, ferromagnetic cobalt particles that provide magnetization and T_2 -weighted MR images were coated with a carbon or a gold shell for either PA imaging and biocompatibility. Alongside these combinations, most functional associations make extensive use of iron oxide-based magnetic nanoparticles. Fe_3O_4 superparamagnetic nanoparticles provide T_2 -MRI contrast or according to the magnetic core size a T_1 - T_2 double-contrast while PA modality is ensured by gold nanoparticles within magneto-plasmonic Janus vesicles [102d], MnO_2 nanostructures [102e], Fe_3O_4 itself [102f], or Cu_2O whose near-IR absorption and therefore PA signal are greatly enhanced by sulfidization in the presence of endogenous H_2S in colon cancer tumors [102g].

In the second category, one of the two functionalities is provided by an organic or organometallic component [103]. Bimodal contrast agents were developed by association of conjugated polymers with iron oxide nanoparticles using an amphiphilic polymer [103a]. This combination enhances the photoacoustic activity of the conjugated polymer part

(compared with the version in the absence of a superparamagnetic agent), while preserving the intact MRI action of the iron oxide nanoparticles. ICG-coated superparamagnetic iron oxide nanoparticle clusters [103b] or association of iron oxide and gold nanoparticles coated with a layer of silver nanoparticles and covalently conjugated with IRDye800RS [103c] have also been designed to be detected in T₂ MRI and PAI in real-time. They were also used in a surgical resection model for PA-guided surgery. In several nanoparticle structures, the paramagnetic ions commonly used in MRI contrast agents have been integrated into nanoparticles in their ionic form. Gd(III) or Mn(II) ions were thus trapped within melanin nanoparticles leading to T₁-MRI and PAI bimodal probe [103d,e]. Multi-layered up-converting nanoparticles with a NaGdF₄ shell and ICG surface functionalization were developed to provide access to high-quality MRI and PAI images [103f]. Gd(III) can also be introduced as the [GdO]⁺ cation in sulfonate based saline [GdO]⁺[ICG]⁻ nanoparticles [103g]. Gadolinium ions were also incorporated in the form of Gd chelates (GdDTPA) into nanoparticles and associated with bismuth nanoparticles [103h]. Probably more securely, they were also encapsulated as chelates (GdDOTA) in nanogels of hyaluronic acid, and chitosan functionalized with ZW800 as PAI probe [103i]. In the latter systems, encapsulation of gadolinium chelates in a hydrophilic matrix considerably amplifies their MRI signal [103i]. Similarly, grafting ZW800 to the hydrogel matrix enhances its PAI signal. As already described for MRI contrast agents, the use of biocompatible hydrogel structures is proving to be an attractive solution for bringing together complementary imaging modalities such as MRI and PAI imaging, while also amplifying the corresponding contrasts when compared with those obtained by individual probes.

5. Conclusion

The vast array of imaging techniques and contrast agents available to the preclinical and medical worlds enables us to acquire the anatomical and functional information needed for diagnosis. Each imaging modality necessitates the utilization of a contrast agent, either to optimize its performance (e.g., X-ray, MRI, US) or because, without a contrast agent, the modality is rendered ineffective, as the signal detecting the pathological zone is emitted by the injected exogenous probe (e.g., SPECT, PET, OI, PAI). A review of the specific characteristics of each technique is summarized in the table below (Table 1). Clearly, no single technique can meet all the necessary criteria in terms of resolution, sensitivity and depth of penetration. With regard to sensitivity, the most effective techniques are unquestionably SPECT, PET and optical and photoacoustic imaging. However, SPECT and PET have the disadvantage of exposing patients and medical staff to radiation and optical methods suffer from low spatial resolution (OI) and penetration depth (PAI). About spatial resolution, MRI, X-ray, and ultrasound are the most effective techniques but MRI, without the use of contrast agents, is relatively insensitive, while X-ray has the same drawbacks than SPECT and PET nuclear imaging techniques. Finally, from the point of view of deep tissue imaging, X-ray imaging, MRI, SPECT and PET have no limits in terms of penetration depth, unlike, for example, optical methods which, depending on the wavelength, are subject to limitations imposed by the diffraction of photons by tissues. Thus, the quest for earlier and more accurate diagnosis, coupled with the growing need for image-guided surgery, implies that imaging strategies based on a combination of complementary techniques must be developed.

Therefore, from a chemical point of view, this is accompanied by the development of single or multi-modal molecular or nanoparticulate

Table 1
Imaging modalities at a glance.

X-rays Sensitivity: $10^{-2} - 10^{-4} \text{ mol.L}^{-1}$ Spatial resolution : $< 20 \text{ } \mu\text{m}$ Penetration depth : no limit Drawback : radiation exposure	SPECT Sensitivity: $10^{-10} \text{ mol.L}^{-1}$ Spatial resolution : $0.5 - 1 \text{ mm}$ Penetration depth : no limit Drawback : radiation exposure
MRI Sensitivity: $10^{-3} - 10^{-5} \text{ mol.L}^{-1}$ Spatial resolution : $25 - 100 \text{ } \mu\text{m}$ Penetration depth : no limit Drawback : low sensitivity	PET Sensitivity: $10^{-11} - 10^{-12} \text{ mol.L}^{-1}$ Spatial resolution : $1 - 2 \text{ mm}$ Penetration depth : no limit Drawback : radiation exposure
ULTRASOUNDS Sensitivity: $10^{-8} \text{ mol.L}^{-1}$ Spatial resolution : $50 - 500 \text{ } \mu\text{m}$ Penetration depth : $\text{mm} - \text{cm}$ Drawback : low penetration depth	OPTICAL IMAGING Sensitivity: $10^{-12} \text{ mol.L}^{-1}$ Spatial resolution : $1 - 5 \text{ mm}$ Penetration depth : $1 - 2 \text{ mm}$ Drawback : low spatial resolution
PAI Sensitivity: $10^{-9} - 10^{-12} \text{ mol.L}^{-1}$ Spatial resolution : $50 - 500 \text{ } \mu\text{m}$ Penetration depth : $< 5 \text{ cm}$ Drawback : poor tissue penetration at short wavelength	

contrast agents, tailored to the desired imaging modalities. In particular, this review shows that a wide variety of nanoparticle probes that improve not only the performances of conventional contrast agents but also their pharmacological properties can be envisaged.

The next step is to develop nanoparticles able to deliver imaging agents to a specific target *in vivo*. As stated in the introduction, our intention was not to provide an overview of the field of targeted nanoparticles for imaging. Still, we can provide some key points to consider so that these probes can hit their target, improve image accuracy, and be low or non-toxic. For imaging purposes, nanoparticles do not need to penetrate deep into tissues but rapidly detect the relevant target sites while minimizing off-target recognition, and then be eliminated from the body via renal clearance.

While the dual criteria of resolution and sensitivity must be met, validation of targets that play a critical role in disease, identification of candidates with high affinity and adsorption at the target site, evaluation of the dose required for a high signal-to-noise ratio, and low potential toxicity are essential considerations. In other words, to get from the laboratory to the patient's bedside, these targeted nanoparticles need to provide unique information that is impossible to obtain through other ways, and their route of administration must be similar to that of conventional imaging products [104a]. The intravenous administration of imaging agents is a standard procedure, and this will also apply to the nanoparticles under discussion.

The biodistribution of nanoparticles is influenced by their size, geometry, charge, and surface modification [104b]. A compromise must be found in terms of size, given that nanoparticles smaller than 10 nm are rapidly eliminated by the kidneys, while those larger than or equal to 300 nm are rapidly taken up by mononuclear phagocytic cells [104c]. In the case of intravenous administration, a major limitation to their delivery and targeting is their opsonization and their recognition by the reticuloendothelial system [104d]. To overcome this drawback, nanoparticle coatings should be considered, PEGylation being one of the most developed until now. The grafting of poly(ethyleneglycol)s, particularly those with a molecular weight of at least 2000 Da, induces the formation of a hydrating layer at the nanoparticle surface which hinders the adsorption of proteins. In order not to compromise the exposure of targeting ligands to cell receptors, PEG coverage must be sufficiently low for the PEG chains to adopt mushroom-shaped conformations. A probably more satisfactory solution would be to install the targeting ligand to the end of PEG chains with higher grafting densities to favor brush-like conformations and ensure good presentation of the ligands to the receptors to be targeted [104d]. However, this solution is not without drawbacks, as it is well known that when PEGylated nanoparticles are repeatedly administered, they can lose their long-circulation properties due to an accelerated blood clearance phenomenon [104e]. Alternatives such as poly(ethyl ethylene phosphate)s [104f], zwitterionic polymers [104g] or coatings that can incorporate peptide mimetics capable of preventing phagocytosis by macrophages [104h] are conceivable prospects.

Prior to their utilization in clinical applications, it is imperative that the biosafety of nanoparticles is given due consideration. Oxidative stress and reactive oxygen species production, inflammation, mitochondrial dysfunction and DNA damage as well as cellular uptake and possible nanoparticle internalization must be subjected to rigorous *in vitro* evaluation [104i]. Although these assessments are readily available, they only very partially reflect the *in vivo* toxicity of nanoparticles. The biodistribution and clearance of nanoparticles offer insights into their localization, retention, and metabolism. Furthermore, analysis of animal's blood composition and identification of histological modifications of specific cells, tissues, or organs induced by the exposition of animals to nanoparticles provide a valuable indication of the toxicity of nanoparticles. Finally, acute toxicity and long-term toxicity tests are important reference points in the preclinical assessment of nanoparticle safety [104i]. Although the animal models used for these assessments are physiologically different from humans, these studies allow the most

appropriate systems to be selected before clinical trials.

In the meantime, we believe that developing systems using (i) active substances already approved by international medicines agencies and (ii) materials and solvents recognised for their long-term biocompatibility and bioresorbability, is probably the medium-term path to follow.

Authors' Contribution

Camille Gosée did the bibliographical research for the document and wrote the first versions of the manuscript. Juliette Moreau and Céline Henoumont took part in the literature search on MR imaging agents and reviewed this part of the manuscript. Juliette Moreau took part in the literature search on optical imaging agents and reviewed this part of the manuscript. Maite Callewaert and Christelle Kowandy took part in the literature search on nanoparticle imaging agents and reviewed the part of the manuscript dedicated to nanoparticles for MRI. Lionel Larbanoix supervised bibliographic research on photoacoustic imaging. Sophie Laurent was instrumental in finding the necessary funding for the study and participated in the proofreading process. Françoise Chuburu also helped find the necessary funding, and, with Cyril Cadiou, supervised the entire bibliographical study and drafting of the manuscript.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Chuburu reports financial support was provided by Programme de coopération transfrontalière Interreg France-Wallonie-Vlaanderen. Reports a relationship with that includes. Has patent pending to. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Acknowledgments

The project leading to this publication has received funding from Université de Reims Champagne-Ardenne and Université de Mons (Camille Gosée PhD fellowship). The authors would like to thank the "Programme de coopération transfrontalière Interreg France-Wallonie-Vlaanderen" for its support through the "Nanocardio" project, and Nano'Mat and PAnET platforms (supported by the European Regional Development Fund and the Region Champagne Ardenne). The CMMI and its bioprofiling platform would like to thank the European Regional Development Fund and the Walloon Region for their financial support.

Data availability

Data will be made available on request.

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