

1 **Low convergent validity of [<sup>11</sup>C]raclopride binding in extrastriatal brain**  
2 **regions: a PET study of within-subject correlations with [<sup>11</sup>C]FLB 457**

3 Tove Freiburghaus<sup>1</sup>, Jonas E. Svensson<sup>1</sup>, Granville J. Matheson<sup>1</sup>, Pontus Plavén-Sigra<sup>1,2</sup>,  
4 Johan Lundberg<sup>1</sup>, Lars Farde<sup>1</sup>, Simon Cervenka<sup>1</sup>

5 *<sup>1</sup>Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet*  
6 *and Stockholm Health Care Services, Region Stockholm, Stockholm, Sweden*

7 *<sup>2</sup>Neurobiology Research Unit, Copenhagen University Hospital, Rigshospitalet, Copenhagen,*  
8 *Denmark*

9  
10 Corresponding author:

11 Tove Freiburghaus

12 Centre for Psychiatry Research, Department of Clinical Neuroscience,

13 Karolinska Institutet and Stockholm Health Care Services, Region Stockholm,

14 Stockholm, Sweden

15 SE -171 76 Stockholm

16 Sweden

17 Phone: +46707823797

18 Email: [tove.freiburghaus@ki.se](mailto:tove.freiburghaus@ki.se)

19

20

## 21 **Abstract**

22 Dopamine D2 receptors (D2-R) in extrastriatal brain regions are of high interest for research  
23 in a wide range of psychiatric and neurologic disorders. Pharmacological competition studies  
24 and test-retest experiments have shown high validity and reliability of the positron emission  
25 tomography (PET) radioligand [<sup>11</sup>C]FLB 457 for D2-R quantification in extrastriatal brain  
26 regions. However, this radioligand is not available at most research centres. Instead, the  
27 medium affinity radioligand [<sup>11</sup>C]raclopride, which has been extensively validated for  
28 quantification of D2-R in the high-density region striatum, has been applied also in studies on  
29 extrastriatal D2-R. Recently, the validity of this approach has been questioned by  
30 observations of low occupancy of [<sup>11</sup>C]raclopride in extrastriatal regions in a pharmacological  
31 competition study. Here, we utilise a data set of 16 healthy control subjects examined with  
32 both [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 to assess the correlation in binding potential (BP<sub>ND</sub>) in  
33 extrastriatal brain regions. BP<sub>ND</sub> was quantified using the simplified reference tissue model  
34 with cerebellum as reference region. The rank order of mean regional BP<sub>ND</sub> values were  
35 similar for both radioligands, and corresponded to previously reported data, both post-mortem  
36 and using PET. Nevertheless, weak to moderate within-subject correlations were observed  
37 between [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 BP<sub>ND</sub> extrastriatally (Pearson's R: 0.30 - 0.56), in  
38 contrast to very strong correlations between repeated [<sup>11</sup>C]FLB 457 measurements (Pearson's  
39 R: 0.82 - 0.98). These results are likely related to low signal to noise ratio of [<sup>11</sup>C]raclopride  
40 in extrastriatal brain regions, and further strengthen the recommendation that extrastriatal D2-  
41 R measures obtained with [<sup>11</sup>C]raclopride should be interpreted with caution.

42 **Keywords:** PET, dopamine, D2-receptor, extrastriatal, raclopride, validation

43

## 44 **Introduction**

45 Of the dopamine receptor subtypes, the dopamine D2-receptor (D2-R) has been of central  
46 interest in research on many neurological and psychiatric disorders. For instance, early  
47 positron emission tomography (PET) studies on striatal brain regions using the medium  
48 affinity D2-R radioligand [<sup>11</sup>C]raclopride ( $K_d = 1.2$  nM) has provided crucial knowledge on  
49 the pharmacological properties of antipsychotic drugs (Farde, Hall, Ehrin, & Sedvall, 1986;  
50 Farde et al., 1992; Kapur, Remington, Zipursky, Wilson, & Houle, 1995; Nord & Farde,  
51 2011; Nordström et al., 1993), in addition to demonstrating slightly higher striatal D2-R in

52 patients with schizophrenia compared to healthy controls (Howes et al., 2012). More recently,  
53 an involvement in the pathophysiology of neurologic and psychiatric disorders has been  
54 suggested also for D2-R in extrastriatal brain regions. However, quantification of extrastriatal  
55 D2-R is challenging due to the much lower D2-R density, ranging from 1-30% to that of  
56 striatum (Hall et al., 1996).

57 To quantify D2-R binding in low-density extrastriatal regions, a series of radioligands with  
58 high affinity have been developed for both autoradiography and molecular imaging use (de  
59 Paulis, 2003). One of those is [<sup>11</sup>C]FLB 457 with the very high affinity of  $K_d = 0.02$  nM  
60 (Halldin et al., 1995). Occupancy and test-retest PET experiments have shown high validity  
61 and reliability, respectively, and the radioligand is therefore well suited for extrastriatal D2-R  
62 measurements (Farde et al., 1997; Halldin et al., 1995; Narendran, Himes, & Mason, 2013;  
63 Narendran, Mason, Chen, et al., 2011; Narendran, Mason, May, et al., 2011; Sudo et al., 2001;  
64 Suhara et al., 1999; Vilkmann et al., 2000). The synthesis of [<sup>11</sup>C]FLB 457 is, however,  
65 technically demanding since high specific radioactivity is required (Halldin et al., 1995;  
66 Olsson, Halldin, & Farde, 2004). Additionally, a limitation of high affinity radioligands such  
67 as [<sup>11</sup>C]FLB 457 and [<sup>18</sup>F]fallypride ( $K_d = 0.2$  nM) (Slifstein et al., 2004) is that accurate  
68 quantification of D2-R in the high-density region striatum is rendered either impossible or  
69 very impractical: [<sup>11</sup>C]FLB does not reach equilibrium within feasible scanning durations for  
70 carbon-11, and [<sup>18</sup>F]fallypride requires 3-4 hours of measurement. (Christian, Narayanan, Shi,  
71 & Mukherjee, 2000; Mukherjee et al., 2002; Slifstein et al., 2004).

72 Given the drawbacks of very high-affinity D2-R radioligands, some research centres have  
73 explored the possibility of using [<sup>11</sup>C]raclopride for measuring D2-R also outside of striatum.  
74 To date, several such studies have been conducted in patients with Huntington's disease  
75 (Pavese et al., 2003), schizophrenia (Talvik et al., 2006) and major depression (Jussi Hirvonen  
76 et al., 2008) as well as in response to methylphenidate in cocaine addiction (Volkow et al.,  
77 1997). Additionally, several studies on extrastriatal D2-R have been conducted in healthy  
78 individuals in relation to tetrahydrocannabinol effects (Stokes et al., 2010), physical activity  
79 and memory (Köhncke et al., 2018; Salami et al., 2019). Studies showing high test-retest  
80 reliability have been purported to support this extended use of [<sup>11</sup>C]raclopride (Alakurtti et al.,  
81 2015; J. Hirvonen et al., 2003; Karalija et al., 2019a), although conflicting data exists  
82 (Mawlawi et al., 2001; Svensson et al., 2019).

83 However, in addition to reliability, another necessary step for evaluating the suitability of a  
84 radioligand is to assess the validity of obtained outcome measures, i.e. if it measures what we  
85 expect it to be measuring. This is commonly tested by assessing specific binding in  
86 pharmacological competition (occupancy) studies. For [<sup>11</sup>C]FLB 457 such studies using  
87 aripiprazole and haloperidol showed significant displacement in all cortical ROIs (Narendran,  
88 Mason, Chen, et al., 2011) as well as in thalamus and temporal cortex (Farde et al., 1997).  
89 High specific binding of [<sup>11</sup>C]FLB 457 extrastrially was also demonstrated in one study  
90 where the amount of specific [<sup>11</sup>C]FLB 457 radioactivity was systematically varied (Suhara et  
91 al., 1999). With regard to [<sup>11</sup>C]raclopride, a recent study showed no competition for binding  
92 in frontal cortex, and the effect in thalamus and temporal cortex was significantly lower than  
93 in striatum (Svensson et al., 2019). These findings correspond with a previous occupancy  
94 study examining the thalamus, showing low [<sup>11</sup>C]raclopride displacement (Mawlawi et al.,  
95 2001). Together, these results suggest that the amount of specific binding of [<sup>11</sup>C]raclopride is  
96 very low in some extrastriatal regions, and not quantifiable at all in others.

97 Another approach to assess the validity of a radioligand is to compare outcome measures with  
98 that of already established radioligands (convergent validity). Recently, studies comparing  
99 binding values in extrastriatal ROIs from separate cohorts examined with [<sup>11</sup>C]raclopride and  
100 [<sup>18</sup>F]Fallypride respectively, showed high correspondence between regional average binding  
101 levels (Karalija et al., 2019b; Papenberg et al., 2019). This is in contrast to data from a study  
102 showing weak correlations between extrastriatal average [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457  
103 binding (Egerton et al., 2009). Importantly, between-individual comparisons do not account  
104 for individual variability in binding and are therefore not suited for assessing measurement  
105 precision. We are not aware of any studies to date reporting between-radioligand correlations  
106 for individual ROIs, within the same subjects.

107 Here, we aimed to evaluate the convergent validity of extrastriatal [<sup>11</sup>C]raclopride, by  
108 assessing within-individual correlations between [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 binding in  
109 sixteen healthy control subjects examined with both radioligands. For reference, results were  
110 compared to test-retest correlations for each radioligand, as well as published post-mortem  
111 autoradiography data on regional D2-R distribution.

## 112 **Materials and methods**

### 113 *Subjects*

114 PET data from sixteen subjects (8 males, 8 females,  $56 \pm 8$  years old) who participated as  
115 healthy controls in a previously published PET study (Cervenka et al., 2006) were re-  
116 analysed. The subjects had no history of physical or mental illness as assessed by clinical  
117 interview, blood and urine tests, brain MRI and ECG. None of the subjects used nicotine and  
118 all were naïve to dopaminergic drugs. The subjects abstained from caffeine during the days of  
119 the PET examinations. All subjects gave written informed consent before participation  
120 according to the Helsinki declaration. The study was approved by the Ethics and Radiation  
121 Safety committees of the Karolinska Institute.

### 122 *Study design*

123 All participants underwent PET examinations with both [ $^{11}\text{C}$ ]raclopride and [ $^{11}\text{C}$ ]FLB 457 in  
124 random order. All sixteen subjects were examined in the evening (6-8 p.m.) on two separate  
125 days with each radioligand. Additionally, eight participants performed an additional PET  
126 examination with [ $^{11}\text{C}$ ]raclopride in the morning (10-12 p.m.) on the same day as the evening  
127 examination, whereas the other eight performed two PET examinations with [ $^{11}\text{C}$ ]FLB 457 in  
128 the same manner. All participants thus underwent three PET examinations each. The PET  
129 examinations for each individual were performed at a median of 7 days apart (range: 1- 27  
130 days).

### 131 *MRI and PET examinations*

132 T1-weighted magnetic resonance tomography images (MRI) were obtained using a 1.5T GE  
133 Signa system (Milwaukee, WI). Images were reconstructed into a  $256 \times 256 \times 156$  matrix  
134 with a resolution of  $1.02 \times 1.02 \times 1$  mm<sup>2</sup>. PET examinations were conducted using an ECAT  
135 Exact HR system (CTI/ Siemens, Knoxville, TN). To minimize head movement a plaster  
136 helmet was customized for each subject and used during both PET and MRI examinations.  
137 [ $^{11}\text{C}$ ]raclopride and [ $^{11}\text{C}$ ]FLB 457 were prepared as described elsewhere (Langer et al., 1999;  
138 Sandell et al., 2000). The radioligands were administered as bolus into the antecubital vein.  
139 Injected radioactivity and ligand mass was  $196 \pm 4$  MBq and  $0.62 \pm 0.40$  ug for  
140 [ $^{11}\text{C}$ ]raclopride and  $201 \pm 37$  MBq and  $0.58 \pm 0.43$  ug for [ $^{11}\text{C}$ ]FLB 457. Radioactivity was  
141 measured in the brain during 51 minutes for [ $^{11}\text{C}$ ]raclopride and 87 minutes for [ $^{11}\text{C}$ ]FLB  
142 457. The reconstructed volume was displayed as 47 horizontal sections with a center-to-center  
143 distance of 3.125 mm and a pixel size of  $2.02 \times 2.02$  mm<sup>2</sup>.

### 144 *Preprocessing and ROI definition*

145 PET images were corrected for head motion using a between-frame-correction realignment  
146 procedure (Schain et al., 2012). MR images were reoriented to the AC-PC (anterior and  
147 posterior commissure) plane. Freesurfer (version 6.0, <http://surfer.nmr.mgh.harvard.edu/>) was  
148 used to delineate regions of interest (ROIs) on the MRIs. Eight ROIs were chosen: occipital  
149 cortex, frontal cortex, temporal cortex, hippocampus, thalamus, amygdala, caudate and  
150 putamen, based on relevance for psychiatric and neurologic disorders as well as for the  
151 purpose of comparison with previous studies reporting on extrastriatal D2-receptors using  
152 [<sup>11</sup>C]raclopride (Alakurtti et al., 2015; J. Hirvonen et al., 2003; Karalija et al., 2019; Svensson  
153 et al., 2019). Cerebellar cortical grey matter was used as reference region. To avoid partial  
154 volume effects and contamination from neighbouring regions in the reference region, the  
155 cerebellum was trimmed in an automated process and included voxels behind and below the  
156 posterior tip of the 4<sup>th</sup> ventricle, above the lowest plane of pons, laterally of the left- and  
157 rightmost point of the 4<sup>th</sup> ventricle (as described by (Svensson et al., 2019)). Using SPM12  
158 (Wellcome Department of Cognitive Neurology, University College, London, UK), the MR  
159 image was coregistered to summed PET-images for each examination. The resulting  
160 coregistration parameters were used to apply ROIs to the dynamic PET data, to generate time  
161 activity curves (TACs) of mean radioactivity within each ROI for each frame.

#### 162 *Quantification of radioligand binding*

163 Kinetic analysis was performed on TACs using the simplified reference tissue model (SRTM)  
164 with cerebellar cortex as reference region. The outcome measure was non-displaceable  
165 binding potential (BP<sub>ND</sub>). BP<sub>ND</sub> is the ratio at equilibrium of specifically bound radioligand to  
166 that of nondisplaceable radioligand in tissue and is hence theoretically proportional to the  
167 amount of available D2-R (Innis et al., 2007). The SRTM has been validated for both  
168 [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 (Lammertsma AA & Hume SP, 1996; Olsson, Halldin,  
169 Swahn, & Farde, 1999).

#### 170 *Statistical analysis*

171 Rank order of [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 regional average BP<sub>ND</sub> were compared to  
172 post-mortem data from Hall et al (1996) data. For comparison to previously published reports  
173 (Karalija et al., 2019; Papenberg et al., 2019), we calculated Pearson's correlations between  
174 average [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 BP<sub>ND</sub> values for each ROI. Pearson's correlations  
175 were subsequently performed within subjects, using individual BP<sub>ND</sub> values in all ROIs. For  
176 comparative purposes, a within subject, within radioligand correlation of BP<sub>ND</sub> from repeated

177 measurements was calculated for both radioligands. All analyses were performed using R  
178 (version 3.5.3, *Great Truth*).

## 179 **Results**

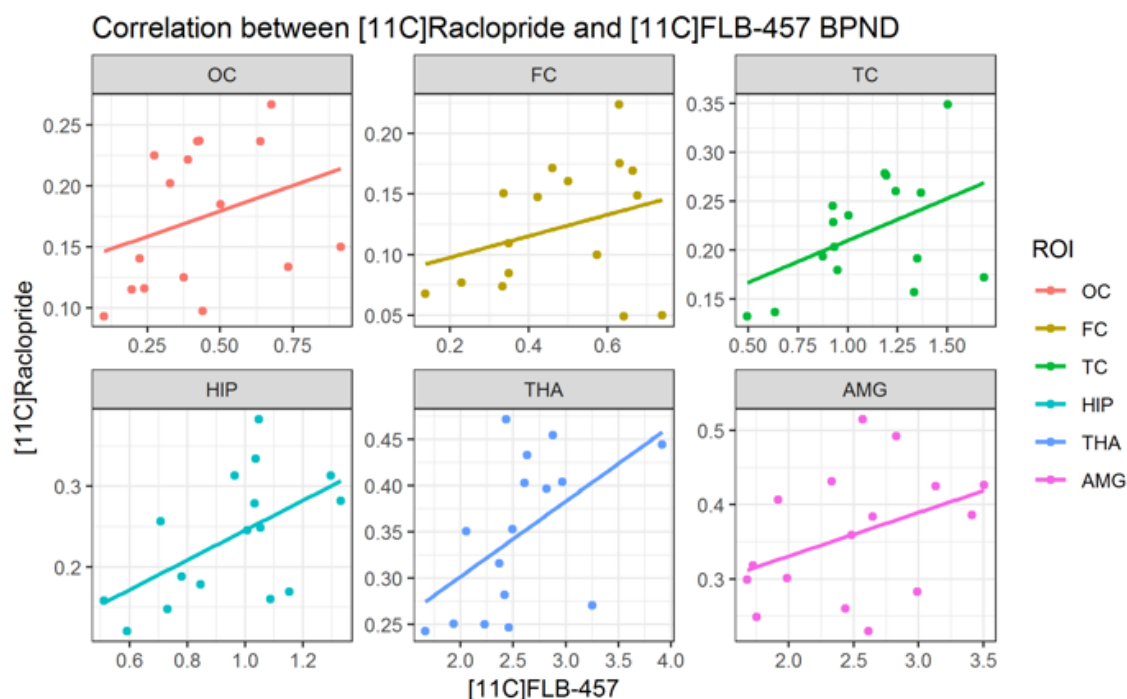
180 Descriptive data for [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 BP<sub>ND</sub> in extrastriatal ROIs are shown  
181 in Table 1. The regional average BP<sub>ND</sub> values of the evening PET examinations for each  
182 radioligand showed good rank-order agreement to published post-mortem autoradiography  
183 data using epidepride (Hall et al., 1996), indicating occipital cortex as the region with the  
184 lowest level of binding and the putamen as the region with the highest. The correlation in  
185 regional average [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 BP<sub>ND</sub> showed a similar pattern as for  
186 previous studies using [<sup>18</sup>F]fallypride (Karalija et al., 2019; Papenberg et al., 2019) (Pearson's  
187 R = 0.97) (Supplementary figure 1).

ROI	Post-mortem data: binding relative to putamen (%)	BP <sub>ND</sub> [ <sup>11</sup> C]raclopride mean (sd)	BP <sub>ND</sub> [ <sup>11</sup> C]FLB-457 mean (sd)
OC	0.07	0.17 (0.06)	0.43 (0.22)
FC	0.17	0.12 (0.05)	0.48 (0.18)
TC	1.48	0.22 (0.06)	1.10 (0.32)
HIP	2.58	0.24 (0.08)	0.95 (0.24)
THA	3.40	0.35 (0.08)	2.57 (0.54)
AMG	13.80	0.36 (0.09)	2.50 (0.58)
CAU	87.30	2.01 (0.23)	NA
PUT	100.00	2.79 (0.26)	NA

188 Table 1. Rank-order of D2-receptor density from post-mortem autoradiography, and in vivo [<sup>11</sup>C]raclopride and  
189 [<sup>11</sup>C]FLB 457 binding values. The data in the second column is retrieved from Hall et al., (Hall et al., 1996) and  
190 describes the level of binding in each ROI relative to the level of binding in the putamen. ROI = Region of  
191 interest, OC = occipital cortex, FC = frontal cortex, TC = temporal cortex, HIP = hippocampus, THA =  
192 thalamus, AMG = amygdala, CAU = caudate, PUT = putamen, BP<sub>ND</sub> = non-displaceable binding potential, sd =  
193 standard deviation.

194 Subsequently, we directly compared [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 BP<sub>ND</sub> in individual  
195 extrastriatal ROIs, within subjects. Weak to moderate correlations were observed in all  
196 extrastriatal ROIs (Figure 1). The R-values ranged from 0.30 to 0.56 (Table 2). The highest  
197 correlations were obtained in the amygdala (Pearson's R: 0.56), the thalamus (Pearson's R:  
198 0.50) and temporal cortex (Pearson's R: 0.46). Hence, the explained variance R<sup>2</sup> for these  
199 regions ranged from 9 to 31%.





200  
 201 Figure 1. Scatter plots of the relationship between [11C]raclopride and [11C]FLB 457 BPND in individual  
 202 extrastriatal ROIs. OC = occipital cortex, FC = frontal cortex, TC = temporal cortex, HIP = hippocampus, THA  
 203 = thalamus, AMG = amygdala.

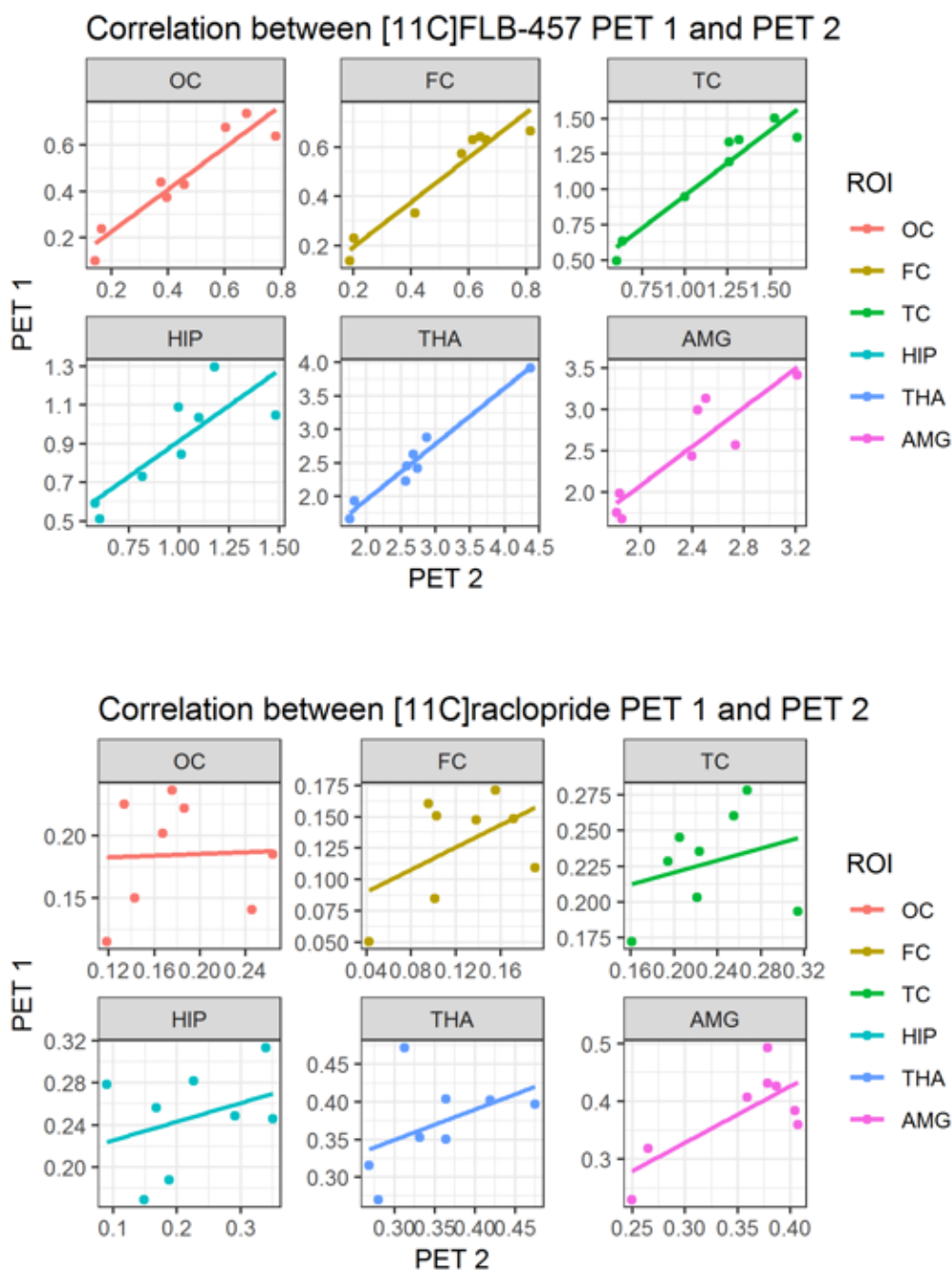
204

ROI	[11C]raclopride – [11C]FLB 457 Pearson's R (95% CI)	[11C]FLB 457 repeated measurements Pearson's R (95% CI)	[11C]raclopride repeated measurements Pearson's R (95% CI)
OC	0.30 (-0.23 – 0.69)	0.94 (0.71 – 0.99)	0.04 (-0.68 – 0.72)
FC	0.31 (-0.22 – 0.70)	0.97 (0.82 – 0.99)	0.51 (-0.30 – 0.89)
TC	0.46 (-0.05 – 0.78)	0.96 (0.78 – 0.99)	0.28 (-0.53 – 0.82)
HIP	0.39 (-0.13 – 0.74)	0.82 (0.27 – 0.97)	0.35 (-0.48 – 0.85)
THA	0.50 (0.00 – 0.80)	0.98 (0.89 – 1.00)	0.46 (-0.37 – 0.88)
AMG	0.56 (0.09 – 0.83)	0.89 (0.51 – 0.98)	0.75 (0.10 – 0.95)

205  
 206 Table 2. Table with correlation coefficients and confidence intervals: [11C]raclopride to [11C]FLB 457 (evening  
 207 PET-examinations); [11C]FLB 457 to [11C]FLB 457(repeated measurements); [11C]raclopride to [11C]raclopride  
 208 (repeated measurements). 95% CI = confidence interval. ROI = region of interest. OC = occipital cortex, FC =  
 209 frontal cortex, TC = temporal cortex, HIP = hippocampus, THA = thalamus, AMG = amygdala.  
 210 Within-radioligand correlations for both [11C]raclopride and [11C]FLB-457 are presented in  
 211 Figure 2 as well as Table 2. For [11C]FLB 457 the average Pearson's R was 0.93, whereas for



212 [11C]raclopride the corresponding average was 0.40. For additional test-retest metrics for  
 213 [11C]raclopride and [11C]FLB 457 see supplementary material (Supplementary Table 1 and 2).



214  
 215 Figure 2. Scatter plot of test-retest reliability for [11C]FLB 457 and [11C]raclopride BP<sub>ND</sub> in individual  
 216 extra-axial ROIs. OC = occipital cortex, FC = frontal cortex, TC = temporal cortex, HIP = hippocampus, THA  
 217 = thalamus, AMG = amygdala.

218 **Discussion**

219 To our knowledge this is the first study to report on within-subject correlations of binding in  
220 extrastriatal ROIs between [<sup>11</sup>C]raclopride and a very high affinity D2-R radioligand. Overall,  
221 the agreement to [<sup>11</sup>C]FLB 457 BP<sub>ND</sub> was found to be low, indicating low convergent validity  
222 of [<sup>11</sup>C]raclopride for measurements in extrastriatal brain regions. Given that multiple  
223 competition and test-retest studies have demonstrated that [<sup>11</sup>C]FLB 457 is a well suited  
224 radioligand to index extrastriatal D2-R binding (Farde et al., 1997; Halldin et al., 1995;  
225 Narendran et al., 2013; Narendran, Mason, Chen, et al., 2011; Narendran, Mason, May, et al.,  
226 2011; Sudo et al., 2001; Suhara et al., 1999; Vilkmann et al., 2000), the results imply that the  
227 low correlation to [<sup>11</sup>C]raclopride binding is due to low precision of [<sup>11</sup>C]raclopride for  
228 extrastriatal D2-R quantification.

229 Reports of associations in regional average BP<sub>ND</sub> between [<sup>11</sup>C]raclopride and post-mortem  
230 data, as well as between [<sup>11</sup>C]raclopride and the very high affinity radioligand [<sup>18</sup>F]fallypride,  
231 have been purported to support the use of [<sup>11</sup>C]raclopride extrastrially (Karalija et al., 2019;  
232 Papenberg et al., 2019), although conflicting data have also been presented (Egerton et al.,  
233 2009). In the present study we could confirm a rank order association between regional  
234 average [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457 BP<sub>ND</sub> as well as with post-mortem data. These  
235 results may be interpreted as support for some degree of accuracy (i.e. closeness to the “true”  
236 underlying values) of [<sup>11</sup>C]raclopride extrastrially, but only on a group level. It should be  
237 noted that all these analyses include ROIs with markedly different levels of D2-R density,  
238 thus forming subgroups which can lead to spurious correlations (Makin & De Xivry, 2019).  
239 Importantly, our results clearly show that associations between regional averages do not  
240 predict the strength of within-subject correlations. In the present study, the correlation  
241 coefficient for extrastriatal regions ranged between 0.30 - 0.56, corresponding to a median R<sub>2</sub>  
242 of 0.18, which means that only about 18% of the variation in [<sup>11</sup>C]raclopride BP<sub>ND</sub> is  
243 explained by variation in [<sup>11</sup>C]FLB 457 BP<sub>ND</sub>. For two methods purported to measure the  
244 same thing, this agreement is very poor. For comparison, the correlation coefficient for  
245 repeated [<sup>11</sup>C]FLB 457 measurements was 0.82 - 0.98, corresponding to a median explained  
246 variance of 90%. In summary, even if some specific binding may be detectable in  
247 extrastriatal regions, such that some degree of accuracy can be claimed based on group data,  
248 this does not necessarily indicate adequate precision, and thereby validity, of extrastriatal  
249 [<sup>11</sup>C]raclopride measurements of D2-R at the individual level.

250 A likely factor explaining the observed low precision of [<sup>11</sup>C]raclopride in extrastriatal  
251 regions is the very low level of specific binding, leading to a low signal-to-noise ratio.

252 Importantly, an *in vitro* study with the radioligand [<sup>3</sup>H]raclopride, with the same affinity as  
253 [<sup>11</sup>C]raclopride (Hall, Köhler, Gawell, Farde, & Sedvall, 1988), showed no specific binding in  
254 amygdala, hippocampus or cerebellum, whereas specific binding in frontal and temporal  
255 cortex was much lower compared to putamen and caudate (Hall, Farde, & Sedvall, 1988).  
256 Low specific in relation to non-specific binding in extrastriatal regions has also been  
257 confirmed in *in vivo* occupancy studies. In two small occupancy studies using haloperidol, in  
258 4/5 subjects only roughly 50% of [<sup>11</sup>C]raclopride BP<sub>ND</sub> in thalamus corresponded to specific  
259 binding (Hirvonen et al., 2003; Mawlawi et al., 2001). More recently, lower occupancy of  
260 [<sup>11</sup>C]raclopride was shown by Svensson et al. in a larger competition study (n=9) using  
261 quetiapine. Lower occupancy in thalamus compared to striatum was observed in both high  
262 and low dose regimens (20% of thalamic BP<sub>ND</sub> was displaced with doses displacing 50% of  
263 BP<sub>ND</sub> in striatum) (Svensson et al., 2019). Additionally, only 18 % of raclopride binding was  
264 occupied in the temporal cortex, whereas in frontal cortical regions and the anterior cingulate  
265 no clear reduction was seen in BP<sub>ND</sub> after administration of quetiapine, suggesting no specific  
266 binding in these regions. The corresponding pattern between this competition study and the  
267 present results, with numerically lower correlations in frontal cortical regions compared to  
268 thalamus and temporal cortex, suggest decreasing validity of [<sup>11</sup>C]raclopride measurements as  
269 a function of lower D2-R density.

270 In addition to validity, reliability provides additional information about a method that can  
271 guide its use (Matheson, 2019). Test-retest studies of [<sup>11</sup>C]FLB 457 using SRTM have shown  
272 high reliability in cortical brain regions and thalamus (Sudo et al., 2001; Vilkmán et al.,  
273 2000), a result later replicated in additional extrastriatal brain regions (Narendran et al., 2013;  
274 Narendran, Mason, May, et al., 2011). In the present study we confirmed high test-retest  
275 reliability of [<sup>11</sup>C]FLB 457. For [<sup>11</sup>C]raclopride, some test-retest studies in extrastriatal  
276 regions have shown high reliability (Alakurtti et al., 2015; J. Hirvonen et al., 2003; Karalija et  
277 al., 2019a). In contrast, our observations of low to moderate test-retest reliability are in line  
278 with results by Mawlawi et al and Svensson et al (Mawlawi et al., 2001; Svensson et al.,  
279 2019). The question regarding the reliability of [<sup>11</sup>C]raclopride extrastriatally remains to be  
280 resolved. However it should be noted that this is of secondary importance if the validity of  
281 measurements is inadequate. I.e. it is of little use to assess the reliability or consistency of  
282 extrastriatal D2-R measurements, when we cannot ascertain that BP<sub>ND</sub> is a suitable index of  
283 D2-R availability.

284 One potential explanation that has been proposed for the putative combination of low validity  
285 and high reliability of extrastriatal [ $^{11}\text{C}$ ]raclopride measurements is that  $\text{BP}_{\text{ND}}$  in these regions  
286 may be inflated by a contribution of non-displaceable distribution volume ( $V_{\text{ND}}$ ) due to lower  
287 non-specific binding in the reference region compared to target regions. Since  $V_{\text{ND}}$  is assumed  
288 to be stable over time, such a contamination effect would lead to over-estimated reliability  
289 measures (Mawlawi et al., 2001; Svensson et al., 2019, 2020).

290 Our results have implications for the evidential value of previous studies reporting on  
291 extrastriatal binding measures using [ $^{11}\text{C}$ ]raclopride. Even for the thalamus, where we found  
292 numerically higher correlations and aforementioned occupancy studies support some degree  
293 of specific [ $^{11}\text{C}$ ]raclopride binding (Hirvonen et al., 2003; Mawlawi et al., 2001; Svensson et  
294 al., 2019), most PET studies have insufficient power to detect anything less than large effect  
295 sizes (Svensson et al., 2019, 2020). With low power comes an elevated risk for type II, and  
296 potentially also type I errors (Button et al., 2013; Loken & Gelman, 2017). A previous  
297 [ $^{11}\text{C}$ ]raclopride study from our lab reported lower D2-R  $\text{BP}_{\text{ND}}$  in the right thalamus in 18  
298 drug-naïve patients with schizophrenia compared to 17 control subjects (Talvik et al., 2006).  
299 Even though this result is broadly in line with studies using high affinity D2-R radioligands  
300 (Graff-Guerrero et al., 2009; Kessler et al., 2009; Lehrer et al., 2010; Suhara et al., 2002;  
301 Talvik, Nordström, Olsson, Halldin, & Farde, 2003; Tuppurainen et al., 2006), there is hence  
302 reason to question the effect size and conclusion of the study. To avoid problems of both low  
303 sensitivity and spurious findings we recommend that future research on extrastriatal D2-R is  
304 conducted using high-affinity radioligands only.

305 There are limitations to this study. Cross-sectional studies have indicated that increasing age  
306 is associated with a reduction in D2-R density, with estimates in extrastriatal regions ranging  
307 from around 5 – 13 % per decade, as well as lower interindividual differences in  $\text{BP}_{\text{ND}}$  (Inoue  
308 et al., 2001; Kaasinen et al., 2000; Rinne et al., 1993). The mean age of the subjects in this  
309 study was 56 years. It is conceivable that higher D2-R levels in a younger sample could  
310 increase the signal-to-noise ratio for extrastriatal [ $^{11}\text{C}$ ]raclopride binding measures. Moreover,  
311 the relatively high age of the participants may have contributed to lower ICC values in the  
312 test-retest analysis. Furthermore, [ $^{11}\text{C}$ ]FLB 457 have a low but detectable level of specific  
313 binding in the cerebellum (Narendran, Mason, Chen, et al., 2011; Olsson et al., 2004),  
314 although the impact on  $\text{BP}_{\text{ND}}$  in target regions has been shown to be small (Olsson et al.,  
315 2004). Finally, the experiments for between-radioligand comparisons were further apart  
316 compared to experiments for within-radioligand comparisons which may have contributed to

317 the low correlations between [<sup>11</sup>C]raclopride and [<sup>11</sup>C]FLB 457, however it should be noted  
318 that the within-radioligand correlations for [<sup>11</sup>C]raclopride were similarly low, whereas  
319 corresponding correlations for [<sup>11</sup>C]FLB 457 were high.

320 In conclusion, our study adds to recently published data indicating low validity of  
321 [<sup>11</sup>C]raclopride binding measures in extrastriatal brain regions. The results have important  
322 implications for the interpretation of previously published data and should inform the design  
323 of future PET studies of D2-R outside striatal regions, to save time and resources.

324

### 325 **Declaration of interest**

326 TF, PPS, GJM, SC, JS, JL report no competing financial interests in relation to the present  
327 work.

328

### 329 **Funding**

330 SC was supported by the Swedish Research Council (Grant No. 523-2014-3467). PPS was  
331 supported by the Swedish Society for Medical Research and the Lundbeck Foundation. JL  
332 was supported by the Swedish Research Council (Grant No. 523-2013-09304) and by Region  
333 Stockholm (clinical research appointment K 2017-4579).

334

## 335 **References**

- 336 Alakurtti, K., Johansson, J. J., Joutsa, J., Laine, M., Bäckman, L., Nyberg, L., & Rinne, J. O.  
337 (2015). Long-term test-retest reliability of striatal and extrastriatal dopamine D2/3  
338 receptor binding: Study with [<sup>11</sup>C]raclopride and high-resolution PET. *Journal of*  
339 *Cerebral Blood Flow and Metabolism*, 35(7), 1199–1205.
- 340 Button, K. S., Ioannidis, J. P. A., Mokrysz, C., Nosek, B. A., Flint, J., Robinson, E. S. J., &  
341 Munafò, M. R. (2013). Power failure: Why small sample size undermines the reliability  
342 of neuroscience. *Nature Reviews Neuroscience*, 14(5), 365–376.
- 343 Cervenka, S., Pålhagen, S. E., Comley, R. A., Panagiotidis, G., Cselényi, Z., Matthews, J. C.,  
344 Lai, R. Y., Halldin, C., Farde, L. (2006). Support for dopaminergic hypoactivity in  
345 restless legs syndrome: A PET study on D2-receptor binding. *Brain*, 129(8), 2017–2028.
- 346 Christian, B. T., Narayanan, T. K., Shi, B., & Mukherjee, J. (2000). Quantitation of striatal  
347 and extrastriatal D-2 dopamine receptors using PET imaging of [<sup>18</sup>F]fallypride in  
348 nonhuman primates. *Synapse*, 38(1), 71–79.
- 349 de Paulis, T. (2003). The discovery of epidepride and its analogs as high-affinity radioligands  
350 for imaging extrastriatal dopamine D(2) receptors in human brain. *Current*  
351 *Pharmaceutical Design*, 9(8), 673–696.
- 352 Egerton, A., Mehta, M. A., Montgomery, A. J., Lappin, J. M., Howes, O. D., Reeves, S. J.,  
353 Cunningham, V. J., Grasby, P. M. (2009). The dopaminergic basis of human behaviors:  
354 A review of molecular imaging studies. *Neuroscience and Biobehavioral Reviews*, 33(7),  
355 1109–1132.
- 356 Farde, L., Hall, H., Ehrin, E., & Sedvall, G. (1986). Quantitative analysis of D2 dopamine  
357 receptor binding in the living human brain by PET. *Science*, 231(4735), 258–261.
- 358 Farde, L., Nordström, A.-L., Wiesel, F.-A., Pauli, S., Halldin, C., & Sedvall, G. (1992).  
359 Positron Emission Tomographic Analysis of Central D1 and D2 Dopamine Receptor  
360 Occupancy in Patients Treated With Classical Neuroleptics and Clozapine Relation to.  
361 *Arch Gen Psychiatry*, 49(7), 538-544.
- 362 Farde, L., Suhara, T., Nyberg, S., Karlsson, P., Nakashima, Y., Hietala, J., & Halldin, C.  
363 (1997). A PET-study of [<sup>11</sup>C]FLB 457 binding to extrastriatal D2-dopamine receptors in  
364 healthy subjects and antipsychotic drug-treated patients. *Psychopharmacology*, 133(4),  
365 396–404.
- 366 Graff-guerrero, A., Mizrahi, R., Agid, O., Marcon, H., Barsoum, P., & Rusjan, P. (2009). The  
367 Dopamine D 2 Receptors in High-Affinity State and D 3 Receptors in Schizophrenia : A



- 368 Clinical [ 11 C ] - ( + ) -PHNO PET Study. *Neuropsychopharmacology*, 34(4), 1078–  
369 1086.
- 370 Hall, H., Farde, L., Halldin, C., Hurd, Y. L., Pauli, S., & Sedvall, G. (1996). Autoradiographic  
371 localization of extrastriatal D2-dopamine receptors in the human brain using  
372 [125I]epidepride. *Synapse*, 23(2), 115–123.
- 373 Hall, H., Köhler, C., Gawell, L., Farde, L., & Sedvall, G. (1988). Raclopride, a new selective  
374 ligand for the dopamine-D2 receptors. *Progress in Neuropsychopharmacology and*  
375 *Biological Psychiatry*, 12(5), 559–568.
- 376 Halldin, C., Farde, L., Hogberg, T., Mohell, N., Hall, H., Suhara, T., Karlsson, P., Nakashima,  
377 Y., Swahn, C. G. (1995). Carbon-11-FLB 457: A radioligand for extrastriatal D2  
378 dopamine receptors. *Journal of Nuclear Medicine*, 36(7), 1275–1281.
- 379 Hirvonen, J., Aalto, S., Lumme, V., Någren, K., Kajander, J., Vilkmán, H., Hagelberg, N.,  
380 Oikonen, V., Hietala, J. (2003). Measurement of striatal and thalamic dopamine d2  
381 receptor binding with c-raclopride. *Nuclear Medicine Communications*, 24(12), 1207–  
382 1214.
- 383 Hirvonen, J., Karlsson, H., Kajander, J., Markkula, J., Rasi-Hakala, H., Någren, K., Salminen,  
384 J. K., Hietala, J. (2008). Striatal dopamine D2 receptors in medication-naive patients  
385 with major depressive disorder as assessed with [11C]raclopride PET.  
386 *Psychopharmacology*, 197(4), 581–590.
- 387 Howes, O. D., Kambeitz, J., Kim, E., Stahl, D., Slifstein, M., Abi-Dargham, A., & Kapur, S.  
388 (2012). The nature of dopamine dysfunction in schizophrenia and what this means for  
389 treatment: Meta-analysis of imaging studies. *Archives of General Psychiatry*, 69(8), 776–  
390 786.
- 391 Innis, R. B., Cunningham, V. J., Delforge, J., Fujita, M., Gjedde, A., Gunn, R. N., Holden, J.,  
392 Houle, S., Hoang, S. C., Ichise, M., Iida, H., Ito, H., Kimura, Y., Koeppe, R. A.,  
393 Knudsen, G. M., Knuuti, J., Lamertsmaa, A. A., Laruelle, M., Logan, J., Maguire, R. P.,  
394 Mintun, M. A., Morris, E. D., Parsey, R., Price, J. C., Slifstein, M., Sossi, V., Suhara, T.,  
395 Votaw, J. R., Wong, D. F., Carson, R. E. (2007). Consensus nomenclature for in vivo  
396 imaging of reversibly binding radioligands. *Journal of Cerebral Blood Flow and*  
397 *Metabolism*, 27(9), 1533–1539.
- 398 Inoue, M., Suhara, T., Sudo, Y., Okubo, Y., Yasuno, F., Kishimoto, T., Yoshikawa, K.,  
399 Tanada, S. (2001). Age-related reduction of extrastriatal dopamine D2 receptor measured  
400 by PET. *Life Sciences*, 69(9), 1079–1084.
- 401 Kaasinen, V., Vilkmán, H., Hietala, J., Någren, K., Helenius, H., Olsson, H., Farde, L., Rinne,



- 402 J. O. (2000). Age-related dopamine D2/D3 receptor loss in extrastriatal regions of the  
403 human brain. *Neurobiology of Aging*, *21*(5), 683–688.
- 404 Kapur, S., Remington, G., Zipursky, R. B., Wilson, A. A., & Houle, S. (1995). The D2  
405 dopamine receptor occupancy of risperidone and its relationship to extrapyramidal  
406 symptoms: A pet study. *Life Sciences*, *57*(10).
- 407 Karalija, N., Jonasson, L., Johansson, J., Papenberg, G., Salami, A., Andersson, M., Katrine,  
408 R., Nyberg, L., Boraxbekk, C. J. (2019). High long-term test–retest reliability for  
409 extrastriatal 11C-raclopride binding in healthy older adults. *Journal of Cerebral Blood*  
410 *Flow and Metabolism*.
- 411 Kessler, R. M., Woodward, N. D., Riccardi, P., Li, R., Ansari, M. S., Anderson, S., Dawant,  
412 B., Zald, D., Meltzer, H. Y. (2009). Dopamine D2 Receptor Levels in Striatum,  
413 Thalamus, Substantia Nigra, Limbic Regions, and Cortex in Schizophrenic Subjects.  
414 *Biological Psychiatry*, *65*(12), 1024–1031.
- 415 Köhncke, Y., Papenberg, G., Jonasson, L., Karalija, N., Wåhlin, A., Salami, A., Andersson,  
416 M., Axelsson, J. E., Nyberg, L., Riklund, K., Bäckman, L., Lindenberger, U., Lövdén,  
417 M. (2018). Self-rated intensity of habitual physical activities is positively associated with  
418 dopamine D2/3 receptor availability and cognition. *NeuroImage*, *181*(July), 605–616.
- 419 Lammertsma AA, & Hume SP. (1996). Simplified reference tissue model for PET receptor  
420 studies. *Neuroimage*, *4*(4), 153–158.
- 421 Langer, O., Någren, K., Dolle, F., Lundkvist, C., Sandell, J., Swahn, C.-G., Vaufrey, F.,  
422 Crouzel, C., Maziere, B., Halldin, C. (1999). Precursor synthesis and radiolabelling of  
423 the dopamine D2 receptor ligand [11C]raclopride from [11C]methyl triflate. *Journal of*  
424 *Labelled Compounds and Radiopharmaceuticals*, *42*(12), 1183–1193.
- 425 Lehrer, D. S., Christian, B. T., Kirbas, C., Chiang, M., Sidhu, S., Short, H., Wang, B., Shi, B.,  
426 Chu, K., Merrill, B., Buchsbaum, M. S. (2010). F-Fallypride binding potential in patients  
427 with schizophrenia compared to healthy controls. *Schizophrenia Research*, *122*(1–3),  
428 43–52.
- 429 Loken, E., & Gelman, A. (2017). Measurement error and the replication crisis. *Science*,  
430 *355*(6325), 584–585.
- 431 Makin, T. R., & De Xivry, J. J. O. (2019). Ten common statistical mistakes to watch out for  
432 when writing or reviewing a manuscript. *ELife*, *8*, 1–13.
- 433 Matheson, G. J. (2019). We need to talk about reliability: making better use of test-retest  
434 studies for study design and interpretation. *PeerJ*, *7*, e6918.
- 435 Mawlawi, O., Martinez, D., Slifstein, M., Broft, A., Chatterjee, R., Hwang, D. R., Huang, Y.,

- 436 Simpson, N., Ngo, K., Van Heertum, R., Laruelle, M. (2001). Imaging human  
437 mesolimbic dopamine transmission with positron emission tomography: I. Accuracy and  
438 precision of D2 receptor parameter measurements in ventral striatum. *Journal of*  
439 *Cerebral Blood Flow and Metabolism*, 21(9), 1034–1057.
- 440 Mukherjee, J., Christian, B. T., Dunigan, K. A., Shi, B., Narayanan, T. K., Satter, M., &  
441 Mantil, J. (2002). Brain imaging of 18F-fallypride in normal volunteers: Blood analysis,  
442 distribution, test-retest studies, and preliminary assessment of sensitivity to aging effects  
443 on dopamine D-2/D-3 receptors. *Synapse*, 46(3), 170–188.
- 444 Narendran, R., Himes, M., & Mason, N. S. (2013). Reproducibility of post-amphetamine  
445 [11C]FLB 457 binding to cortical D2/3 receptors. *PloS One*, 8(9), e76905.
- 446 Narendran, R., Mason, N. S., Chen, C., Himes, M., Keating, P., May, M. A., Rabiner, E. A.,  
447 Laruelle, M., Mathis, C. A., Frankle, G. (2011). Evaluation of dopamine D2/3 specific  
448 binding in the cerebellum for the PET radiotracer [11C]FLB 457: implications for  
449 measuring cortical dopamine release. *Synapse*, 65(10), 991–997.
- 450 Narendran, R., Mason, N. S., May, M. A., Chen, C.-M., Kendro, S., Ridler, K., Rabiner, E.  
451 A., Laruelle, M., Mathis, C. A., Frankle, W. G. (2011). Positron emission tomography  
452 imaging of dopamine D<sub>2/3</sub> receptors in the human cortex with [11C]FLB 457:  
453 reproducibility studies. *Synapse (New York, N.Y.)*, 65(1), 35–40.
- 454 Nord, M., & Farde, L. (2011). Antipsychotic Occupancy of Dopamine Receptors in  
455 Schizophrenia. *CNS Neuroscience and Therapeutics*, 17(2), 97–103.
- 456 Nordström, A. L., Farde, L., Wiesel, F. A., Forslund, K., Pauli, S., Halldin, C., & Uppfeldt, G.  
457 (1993). Central D2-dopamine receptor occupancy in relation to antipsychotic drug  
458 effects: A double-blind PET study of schizophrenic patients. *Biological Psychiatry*,  
459 33(4), 227–235.
- 460 Olsson, H., Halldin, C., & Farde, L. (2004). Differentiation of extrastriatal dopamine D2  
461 receptor density and affinity in the human brain using PET. *NeuroImage*, 22(2), 794–  
462 803.
- 463 Olsson, H., Halldin, C., Swahn, C., & Farde, L. (1999). II Quantification of [ C ] FLB 457  
464 Binding to Extrastriatal Dopamine Receptors in the Human Brain. *Blood*, 19(10), 1164–  
465 1173.
- 466 Papenberg, G., Jonasson, L., Karalija, N., Johansson, J., Köhncke, Y., Salami, A., Andersson,  
467 M., Axelsson, J., Wåhlin, A., Riklund, K., Lindenberger, U., Lövdén, M., Nyberg, L.,  
468 Bäckman, L. (2019). Mapping the landscape of human dopamine D2/3 receptors with  
469 [11C]raclopride. *Brain Structure and Function*, 224(8), 2871–2882.

- 470 Pavese, N., Andrews, T. C., Brooks, D. J., Ho, A. K., Rosser, A. E., Barker, R. A., Robins, T.  
471 W., Sahakian, B. J., Dunnett, S. B., Piccini, P. (2003). Progressive striatal and cortical  
472 dopamine receptor dysfunction in Huntington's disease: A pet study. *Brain*, *126*(5),  
473 1127–1135.
- 474 Rinne, J. O., Hietala, J., Ruotsalainen, U., Säkö, E., Laihin, A., Någren, K., Lehtikoinen, P.,  
475 Oikonen, V., Syvälahti, E. (1993). Decrease in human striatal dopamine D2 receptor  
476 density with age: A PET study with [<sup>11</sup>C]raclopride. In *Journal of Cerebral Blood Flow*  
477 *and Metabolism* (Vol. 13).
- 478 Salami, A., Garrett, D. D., Wählin, A., Rieckmann, A., Papenberg, G., Karalija, N., Jonasson,  
479 L., Andersson, M., Axelsson, J., Johansson, J., Riklund, K., Lövdén, M., Lindenberger,  
480 U., Bäckman, L., Nyberg, L. (2019). Dopamine D 2/3 binding potential modulates neural  
481 signatures of working memory in a load-dependent fashion. *Journal of Neuroscience*,  
482 *39*(3), 537–547.
- 483 Sandell, J., Langer, O., Larsen, P., Dolle, F., Vaufrey, F., Demphel, S., Crouzel, C., Halldin,  
484 C. (2000). Improved specific radioactivity of the PET radioligand [<sup>11</sup>C]FLB 457 by use  
485 of the GE medical systems PETtrace MeI microlab. *Journal of Labelled Compounds and*  
486 *Radiopharmaceuticals*, *43*(4), 331–338.
- 487 Schain, M., Tóth, M., Cselényi, Z., Stenkrona, P., Halldin, C., Farde, L., & Varrone, A.  
488 (2012). Quantification of serotonin transporter availability with [ <sup>11</sup>C]MADAM - A  
489 comparison between the ECAT HRRT and HR systems. *NeuroImage*, *60*(1), 800–807.
- 490 Slifstein, M., Hwang, D. R., Huang, Y., Guo, N. N., Sudo, Y., Narendran, R., Talbot, P.,  
491 Laruelle, M. (2004). In vivo affinity of [<sup>18</sup>F]fallypride for striatal and extrastriatal  
492 dopamine D2 receptors in nonhuman primates. *Psychopharmacology*, *175*(3), 274–286.
- 493 Stokes, P. R. A., Egerton, A., Watson, B., Reid, A., Breen, G., Lingford-Hughes, A., Nutt, D.  
494 J., Mehta, M. A. (2010). Significant decreases in frontal and temporal [<sup>11</sup>C]-raclopride  
495 binding after THC challenge. *NeuroImage*, *52*(4), 1521–1527.
- 496 Sudo, Y., Sudo, Y., Suhara, T., Suhara, T., Inoue, M., Ito, H., Suzuki, K., Saijo, T., Halldin,  
497 C., Farde, L. (2001). Reproducibility of [ <sup>11</sup> c]flb 457 binding in extrastriatal regions.  
498 *Nuclear Medicine Communications*, *22*(11), 1215–1221.
- 499 Suhara, T., Okubo, Y., Yasuno, F., Sudo, Y., Inoue, M., Ichimiya, T., Nakashima, Y.,  
500 Nakayama, K., Tanada, S., Suzuki, K., Halldin, C., Farde, L. (2002). Decreased  
501 dopamine D2 receptor binding in the anterior cingulate cortex in schizophrenia. *Archives*  
502 *of General Psychiatry*, *59*(1), 25–30.
- 503 Suhara, T., Sudo, Y., Okauchi, T., Maeda, J., Kawabe, K., Suzuki, K., Okubo, Y., Nakashima,

504 Y., Ito, H., Tanada, S., Halldin, C., Farde, L. (1999). Extrastriatal dopamine D2 receptor  
505 density and affinity in the human brain measured by 3D PET. *International Journal of*  
506 *Neuropsychopharmacology*, 2(2), 73–82.

507 Svensson, J. E., Schain, M., Plavén-Sigray, P., Cervenka, S., Tiger, M., Nord, M., Halldin, C.,  
508 Farde, L., Lundberg, J. (2019). Validity and reliability of extrastriatal [11C]raclopride  
509 binding quantification in the living human brain. *NeuroImage*, 202, 116143.

510 Svensson, J. E., Schain, M., Plavén-Sigray, P., Cervenka, S., Tiger, M., Nord, M., Halldin, C.,  
511 Farde, L., Lundberg, J. (2020). *In response to the letter “ [ 11 C]raclopride and*  
512 *extrastriatal binding to D2/3 receptors” by Dr. Heiko Backes. NeuroImage*, 207,  
513 116371.

514 Takahashi, K., Mizuno, K., Sasaki, A. T., Wada, Y., Tanaka, M., Ishii, A., Tajima, K.,  
515 Tsuyuguchi, N., Watanabe, K., Zeki, S., Watanabe, Y. (2015). Imaging the passionate  
516 stage of romantic love by dopamine dynamics. *Frontiers in Human Neuroscience*,  
517 9(191).

518 Talvik, M., Nordström, A. L., Okubo, Y., Olsson, H., Borg, J., Halldin, C., & Farde, L.  
519 (2006). Dopamine D2 receptor binding in drug-naïve patients with schizophrenia  
520 examined with raclopride-C11 and positron emission tomography. *Psychiatry Research -*  
521 *Neuroimaging*, 148(2–3), 165–173.

522 Talvik, M., Nordström, A. L., Olsson, H., Halldin, C., & Farde, L. (2003). Decreased thalamic  
523 D2/D3 receptor binding in drug-naïve patients with schizophrenia: A PET study with  
524 [11C]FLB 457. *International Journal of Neuropsychopharmacology*, 6(4), 361–370.

525 Tuppurainen, H., Kuikka, J. T., Laakso, M. P., Viinamäki, H., Husso, M., & Tiihonen, J.  
526 (2006). Midbrain dopamine D 2/3 receptor binding in schizophrenia. *Eur Arch*  
527 *Psychiatry Clin Neurosci*, 382–387.

528 Vilkmann, H., Kajander, J., Någren, K., Oikonen, V., Syvälahti, E., & Hietala, J. (2000).  
529 Measurement of extrastriatal D2-like receptor binding with [11C]FLB 457 - A test-retest  
530 analysis. *European Journal of Nuclear Medicine*, 27(11), 1666–1673.

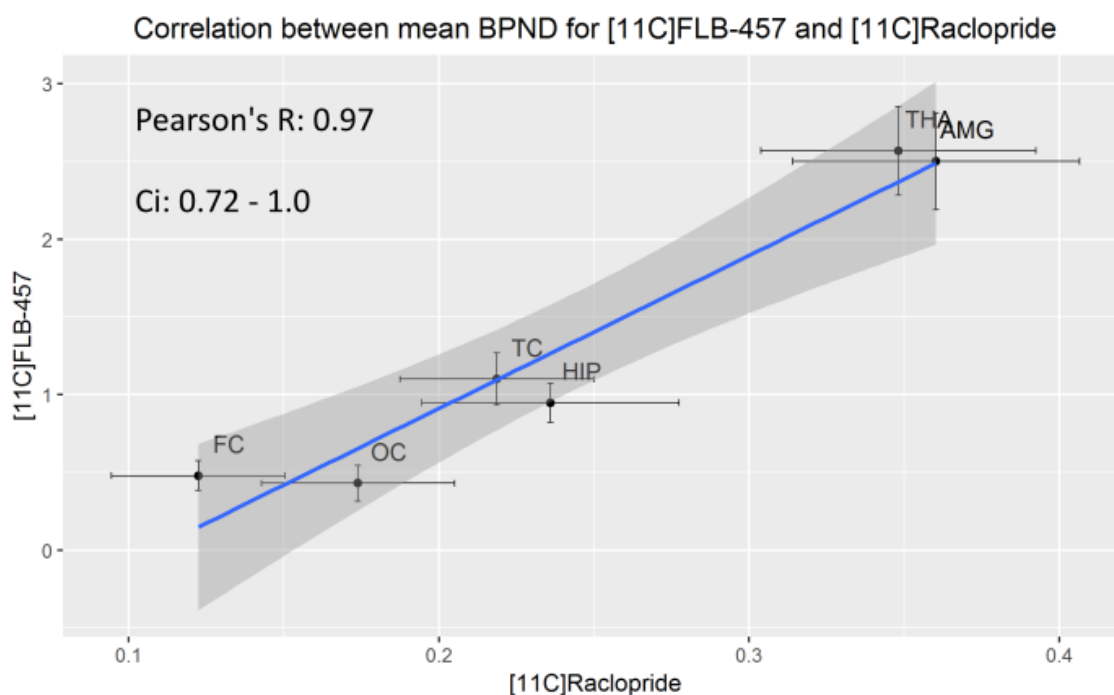
531 Volkow, N. D., Wang, G. J., Fowler, J. S., Logan, J., Gatley, S. J., Hitzemann, R., Chen, A.  
532 D., Dewey, S. L., Pappas, N. (1997). Decreased striatal dopaminergic responsiveness in  
533 detoxified cocaine- dependent subjects. *Nature*, 386(6627), 830–833.

534

535

536

537 **Supplementary material:**



538

539 Figure 1. Correlation between regional average  $[^{11}\text{C}]$ raclopride and  $[^{11}\text{C}]$ FLB 457 BPND. Ci: confidence interval.

540 OC = occipital cortex, FC = frontal cortex, TC = temporal cortex, HIP = hippocampus, THA = thalamus, AMG

541 = amygdala. The 95% confidence intervals within each ROI are marked with vertical and horizontal lines.

542

ROI	PET 1 mean BPND (sd)	PET 2 mean BPND (sd)	SEM	Absvar	Icc (icc_l - icc_u)	Signvar (sd)
OC	0.18 (0.05)	0.18 (0.04)	0.01	0.27	0.10 (-0.60 - 0.72)	0.04 (0.34)
FC	0.12 (0.05)	0.13 (0.04)	0.01	0.26	0.55 (-0.14 - 0.89)	0.05 (0.33)
TC	0.23 (0.05)	0.23 (0.04)	0.01	0.14	0.33 (-0.40 - 0.81)	0.00 (0.21)
HIP	0.23 (0.09)	0.25 (0.05)	0.02	0.30	0.31 (-0.42 - 0.81)	0.15 (0.43)
THA	0.35 (0.07)	0.37 (0.06)	0.02	0.13	0.47 (-0.24 - 0.86)	0.06 (0.18)
AMG	0.35 (0.06)	0.38 (0.08)	0.02	0.13	0.70 (0.13 - 0.93)	0.07 (0.14)
CAU	1.97 (0.20)	2.02 (0.17)	0.06	0.07	0.55 (-0.14 - 0.89)	0.03 (0.09)
PUT	2.77 (0.13)	2.79 (0.25)	0.07	0.06	0.46 (-0.26 - 0.86)	0.01 (0.08)

543 Table 1. Test-retest for  $[^{11}\text{C}]$ raclopride. Average BPND within each ROI in morning and evening PET  
 544 experiments (PET 1 and PET 2) as well as standard deviations. SEM = standard error of measurement, absvar =  
 545 average absolute variability, icc = intraclass correlation coefficient, icc\_l and icc\_u are the upper and lower  
 546 bounds of the 95 percent confidence interval, signvar = signed variability (for detecting bias between  
 547 measurements) normalised to the grand mean.

548

<b>ROI</b>	<b>PET 1 mean BPND (sd)</b>	<b>PET 2 mean BPND (sd)</b>	<b>SEM</b>	<b>Absvar</b>	<b>Icc (icc_l - icc_u)</b>	<b>Signvar (sd)</b>
OC	0.45 (0.23)	0.45 (0.22)	0.05	0.17	0.95 (0.79 - 0.99)	0.00 (0.22)
FC	0.51 (0.23)	0.48 (0.21)	0.04	0.12	0.96 (0.80 - 0.99)	-0.08 (0.15)
TC	1.16 (0.39)	1.10 (0.37)	0.08	0.07	0.95 (0.80 - 0.99)	-0.05 (0.09)
HIP	0.97 (0.30)	0.89 (0.27)	0.06	0.13	0.80 (0.34 - 0.96)	-0.08 (0.15)
THA	2.68 (0.80)	2.52 (0.68)	0.13	0.07	0.95 (0.66 - 0.99)	-0.06 (0.07)
AMG	2.35 (0.50)	2.50 (0.65)	0.15	0.10	0.85 (0.46 - 0.97)	0.05 (0.12)
CAU	NA	NA	NA	NA	NA	NA
PUT	NA	NA	NA	NA	NA	NA

549 Table 2. Test-retest for [<sup>11</sup>C]FLB Average BPND within each ROI in morning and evening PET experiments  
550 (PET 1 and PET 2) as well as standard deviations. SEM = standard error of measurement, absvar = average  
551 absolute variability, icc = intraclass correlation coefficient, icc\_l and icc\_u are the upper and lower bounds of the  
552 95 percent confidence interval, signvar = signed variability (for detecting bias between measurements)  
553 normalised to the grand mean.