



CME Session 6

Oncology and Theranostics Committee

Monday, October 21, 09:45 - 11:15

Session Title

Radioligand Therapy in NEN

Chairpersons

Valentina Ambrosini (Bologna, Italy)

Christophe Deroose (Leuven, Belgium)

Programme

09:45 - 10:10 **Tessa Brabander** (Rotterdam, Netherlands): Peptid-Radio-Rezeptor-Therapie in combination trials

10:10 - 10:30 **Ionnis Karfis** (Brussels, Belgium): Peptid-Radio-Rezeptor-Therapie retreatment

10:30 - 10:50 **Valentina Ambrosini** (Bologna, Italy): Peptid-Radio-Rezeptor-Therapie response assessment: morphological vs functional criteria?

10:50 – 11:15 **Christophe Deroose** (Leuven, Belgium): Emerging radiopharmaceuticals for Peptid-Radio-Rezeptor-Therapie in NEN

Educational Objectives

1. Provide overview on data regarding PRRT in combination with other pharmaceutical agents and the possibility to retreat patients with PRRT after a first course.
2. Present the different modalities for response assessment in NEN patients after PRRT, with a particular emphasis on morphological imaging (including RECIST 1.1, its strengths and limitations) and molecular imaging (including somatostatin receptor PET).
3. Make the attendees familiar with next generation radiopharmaceuticals that can be used for PRRT, including radiopharmaceuticals based on novel vector molecules, containing novel linkers and with new radionuclides (e.g. alpha- and Auger emitters).

Summary

This session will provide a state of the art overview on the evolution of PRRT. Current trial data exploring combination therapy in PRRT will be presented. An overview will be given about the selection of treatment for salvage PRRT and the results of this strategy will be present. The criteria to evaluate the effect of PRRT will be reviewed, with an emphasis on the complementing value of morphological and molecular imaging, highlighting strengths and weaknesses of both modalities. Finally, novels radiopharmaceuticals beyond the classically used ⁹⁰Y-DOTATOC and ¹⁷⁷Lu-DOTATATE will be presented, including radiopharmaceuticals with differences in vector molecule, chelator and/or radionuclide.

Key Words

PRRT; chemo-PRRT; salvage PRRT; neuroendocrine neoplasm; neuroendocrine tumor; somatostatin receptor; radionuclide therapy; alpha-emitter; agonist; antagonist