

# Targeted imaging and therapy in neuroendocrine tumors

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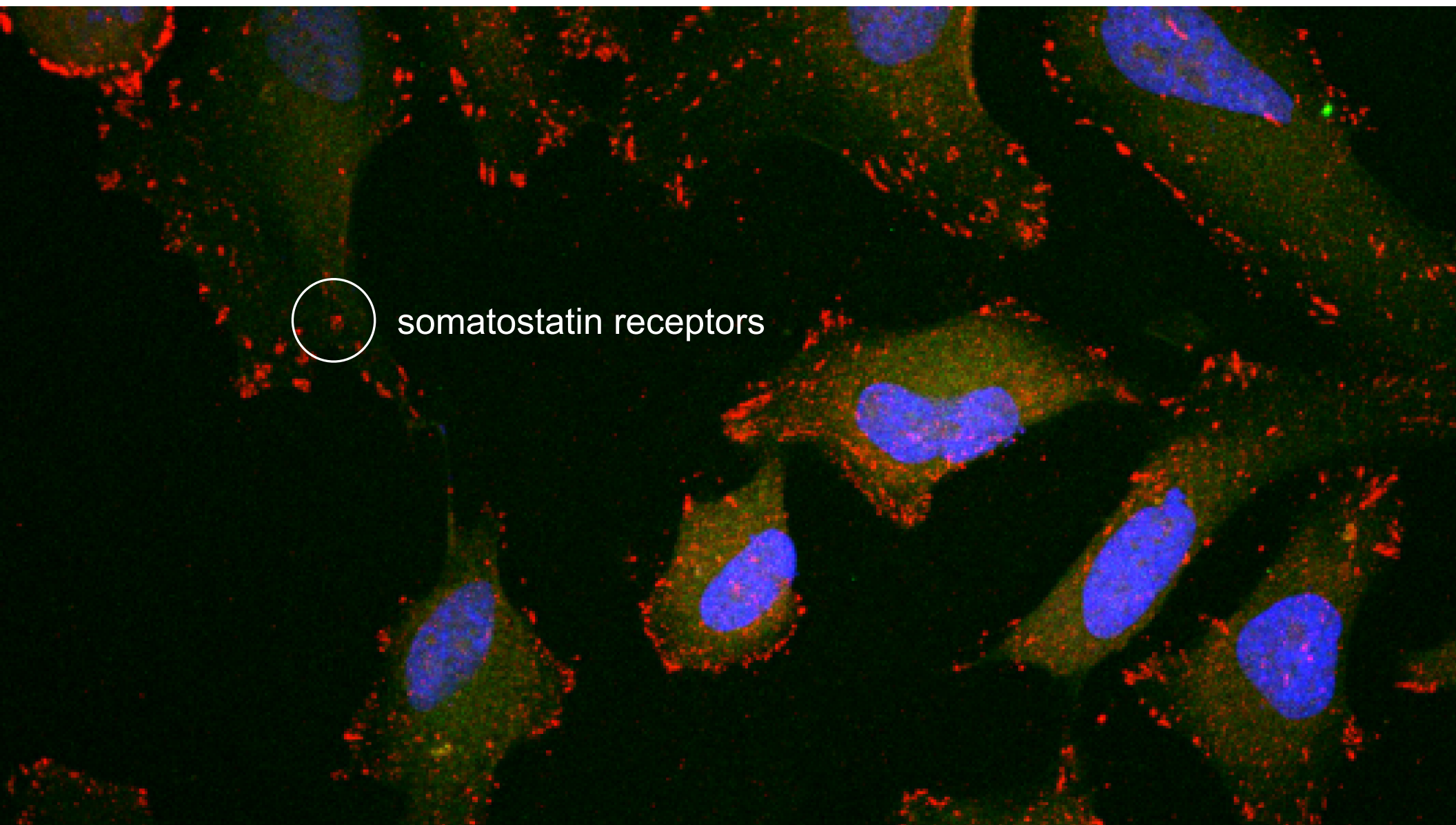


University of California  
San Francisco



# Neuroendocrine tumors

- Second most common tumor seen in GI oncology clinic
- Diverse sites of origin: small bowel, pancreas, lung, stomach, colon
  - Most common type is a “carcinoid” tumor
- Symptoms are common (diarrhea, flushing)
- Majority express the somatostatin receptor...

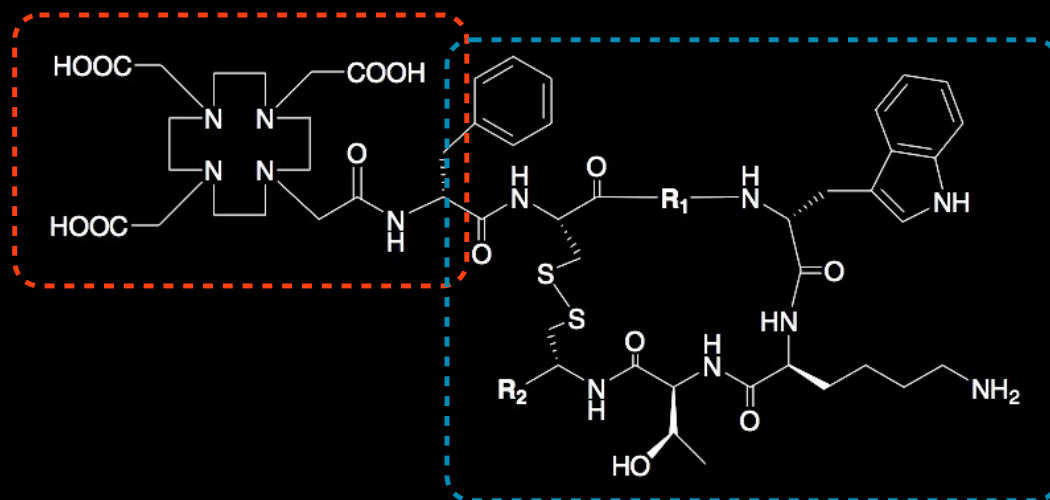


somatostatin receptors



# Somatostatin analogs

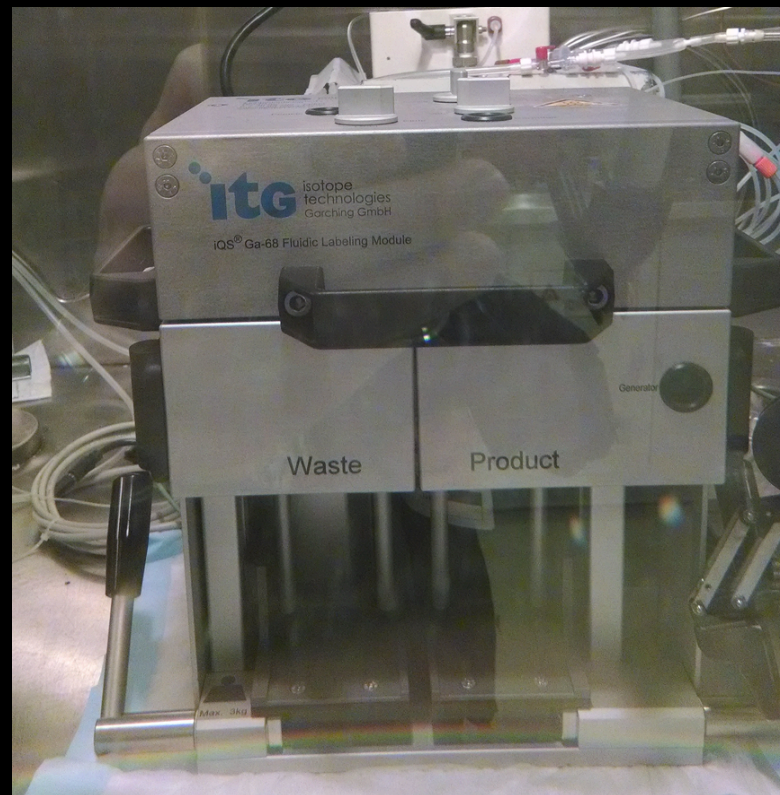
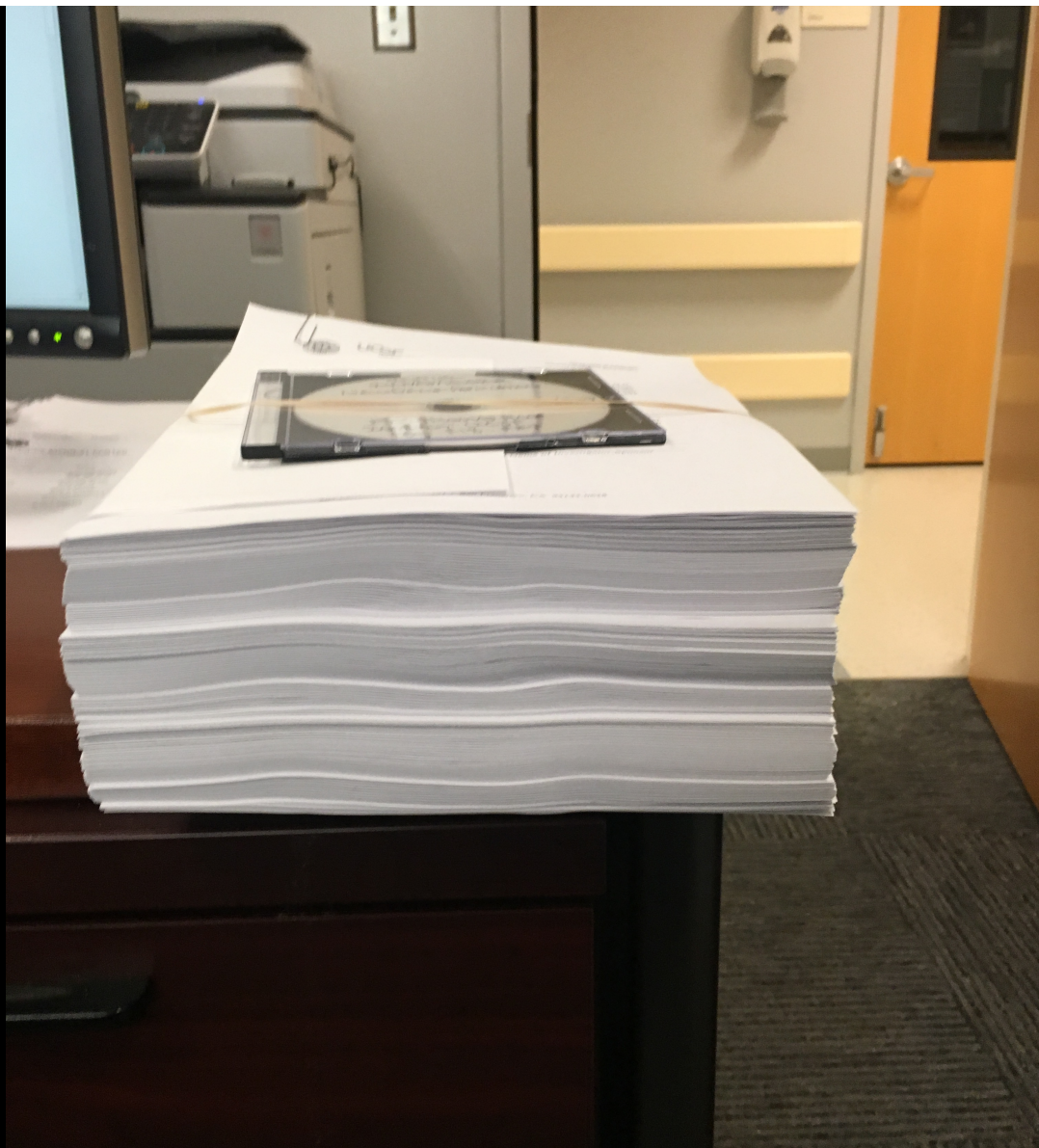
DOTA



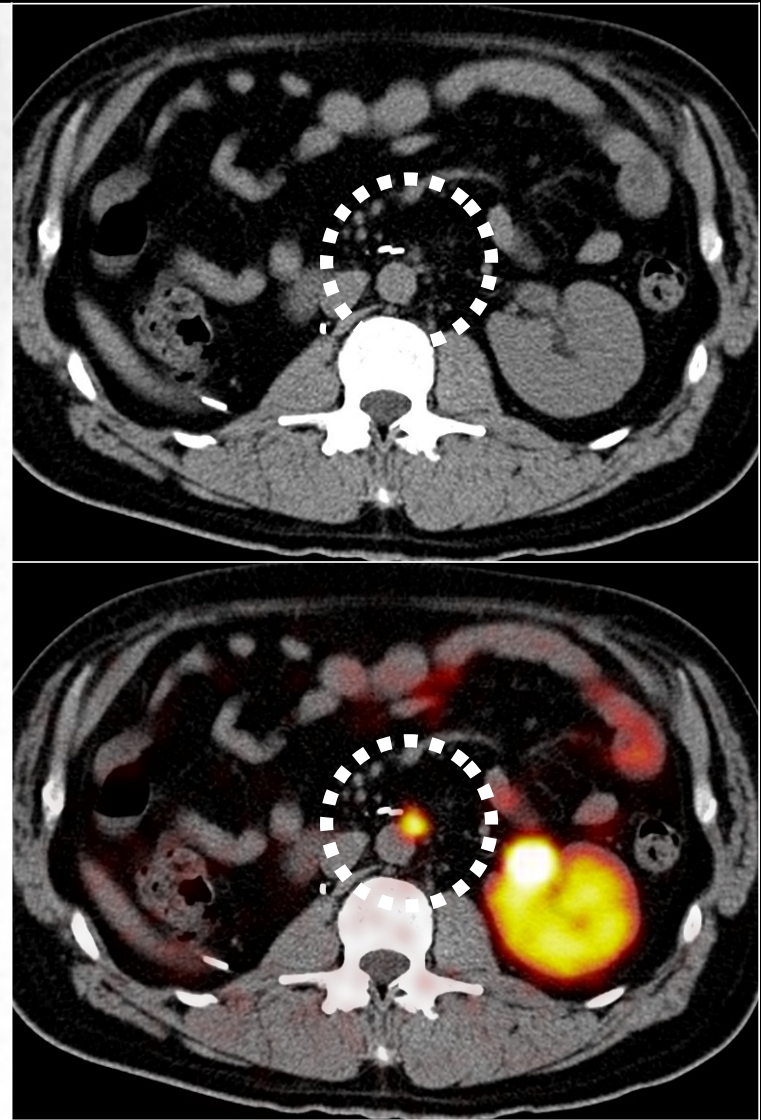
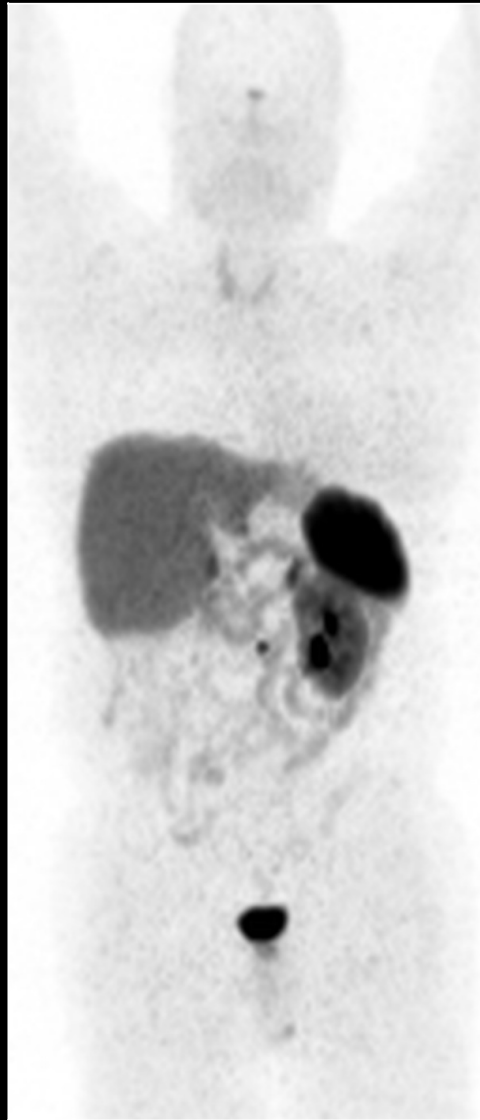
somatostatin  
analog

<i>Compound</i>	<b>R<sub>1</sub></b>	<b>R<sub>2</sub></b>
DOTA-OC	Phe	Thr(ol)
DOTA-TOC	Tyr	Thr(ol)
DOTA-TATE	Tyr	Thr
DOTA-NOC	Nal-1	Thr(ol)
DOTA-NOC-ATE	Nal-1	Thr
DOTA-BOC	BzThi	Thr(ol)
DOTA-BOC-ATE	BzThi	Thr



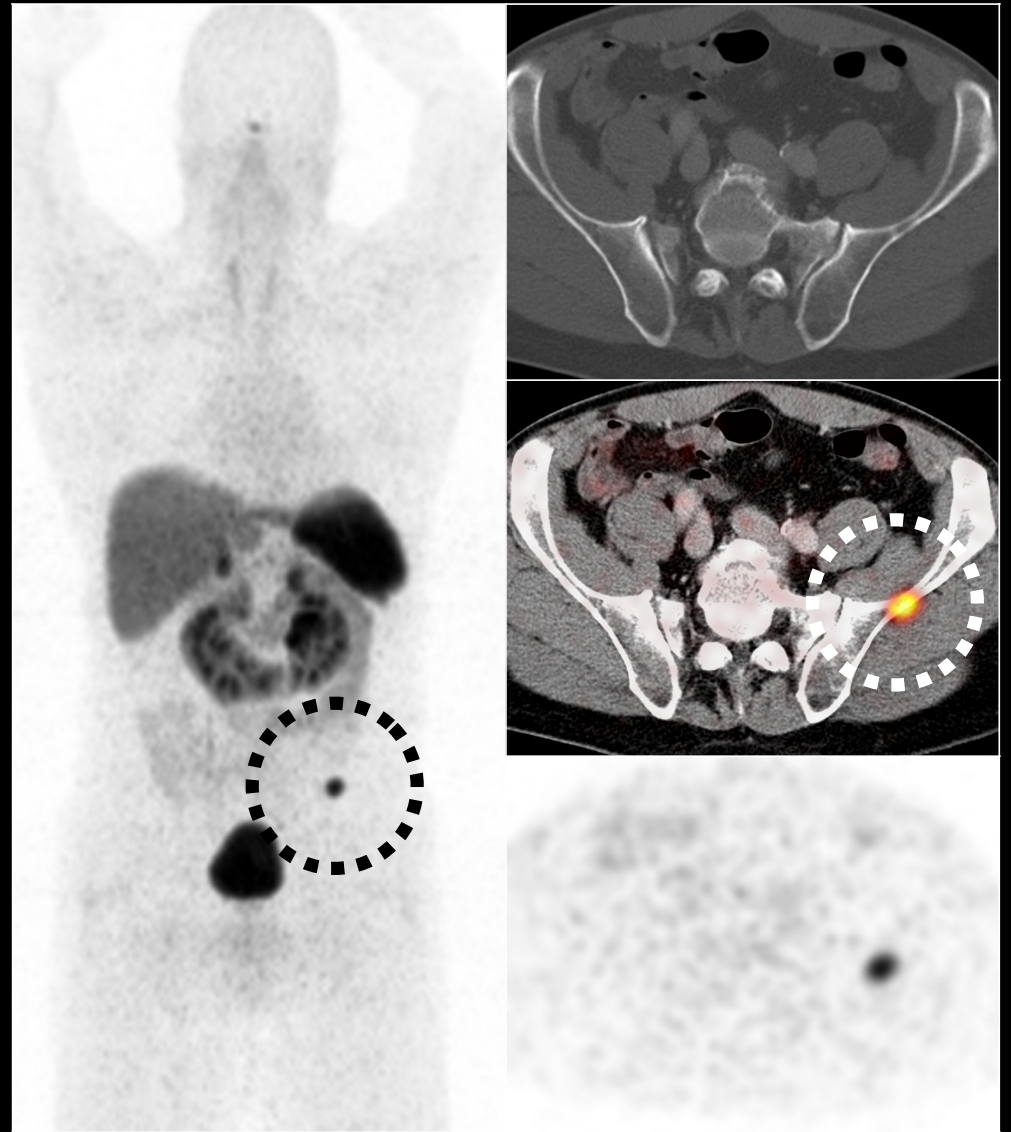


51 year old  
with carcinoid  
status post  
resection





53 year old man with  
NET of the kidney  
status post resection



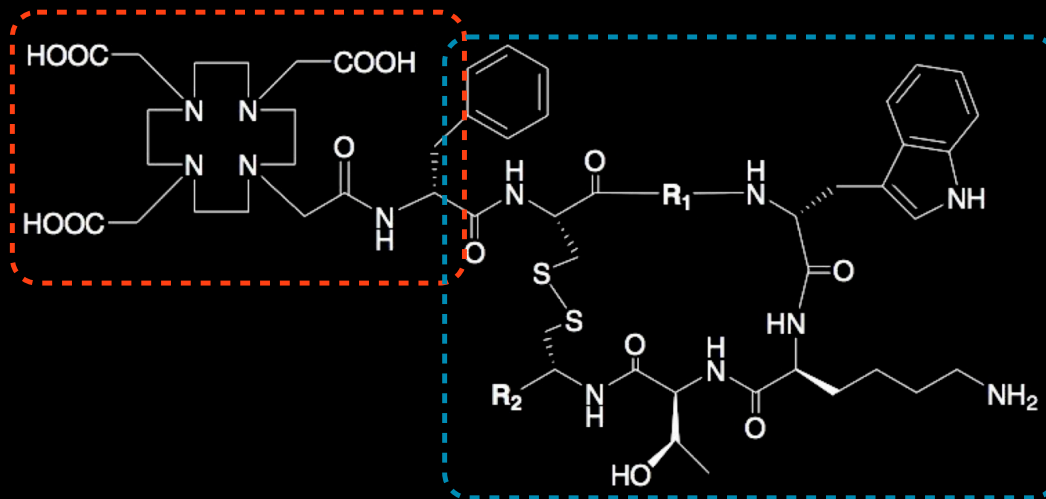


# “Theranostics”

The use of the same compound for both diagnosis and therapy

Imaging:  
Ga-68

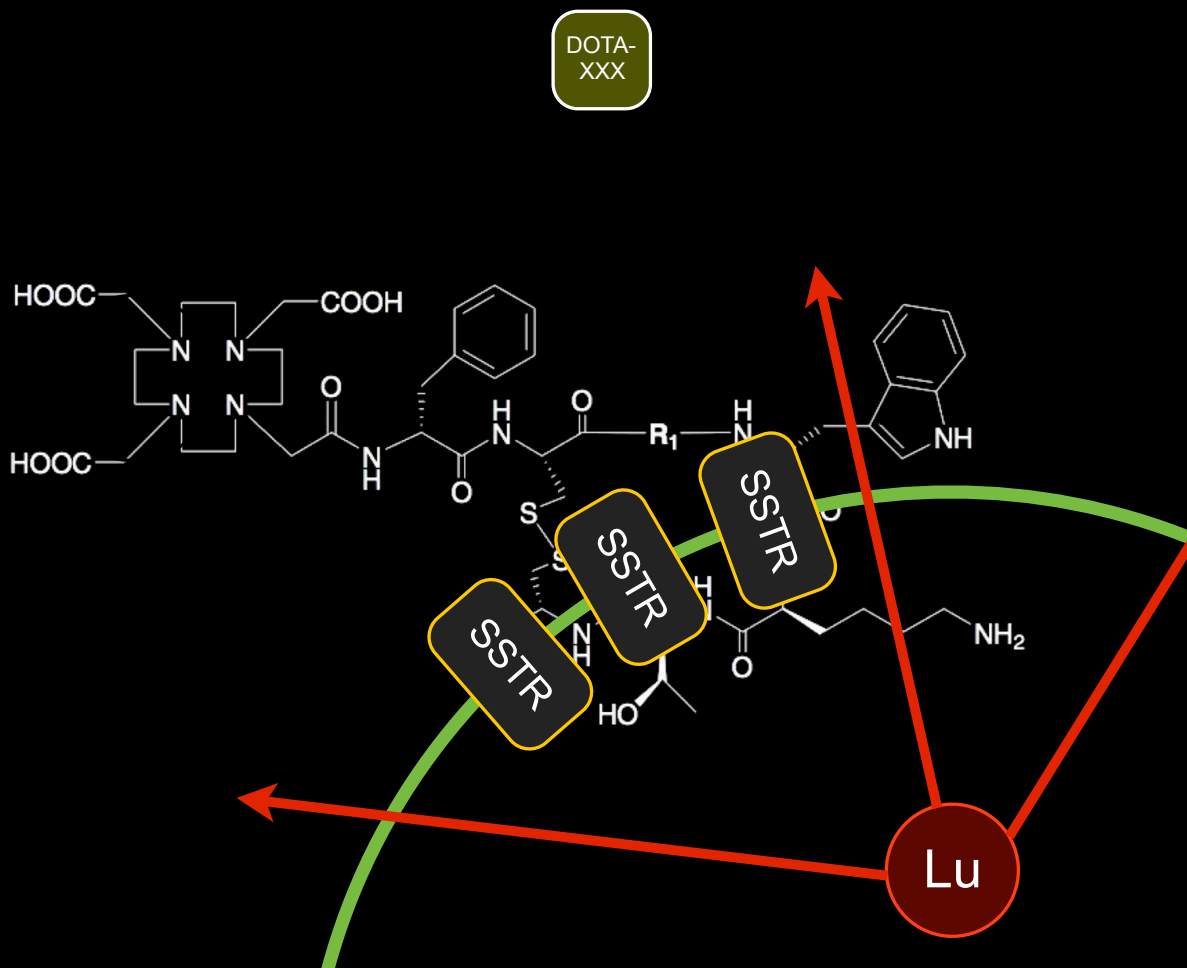
Therapy:  
Lu-177  
Y-90



somatostatin  
analog

*PRRT*

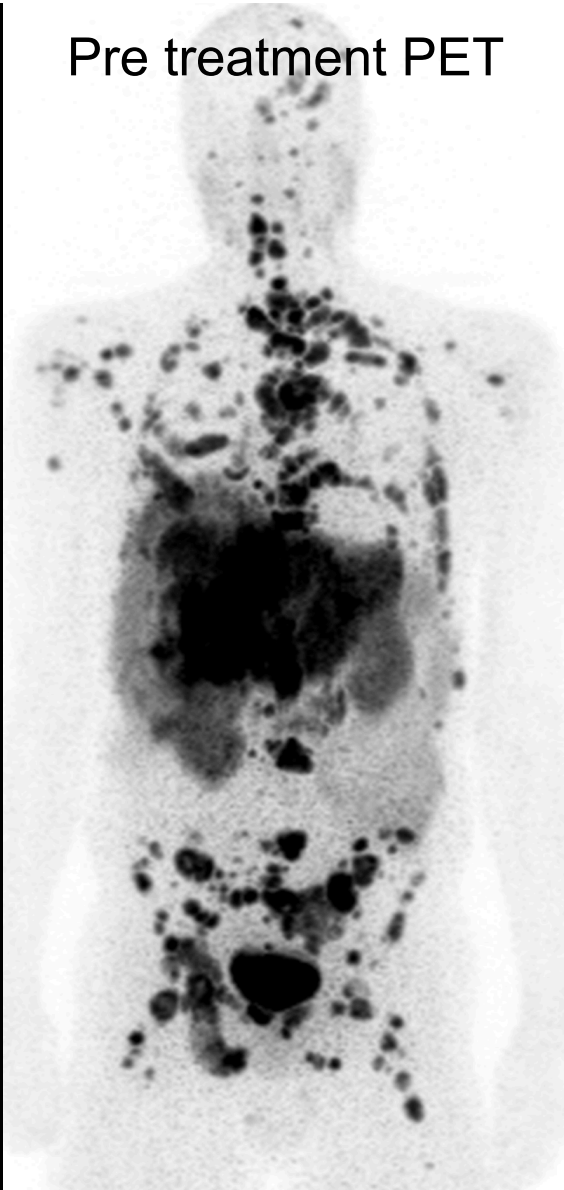
# Peptide Receptor Radionuclide Therapy



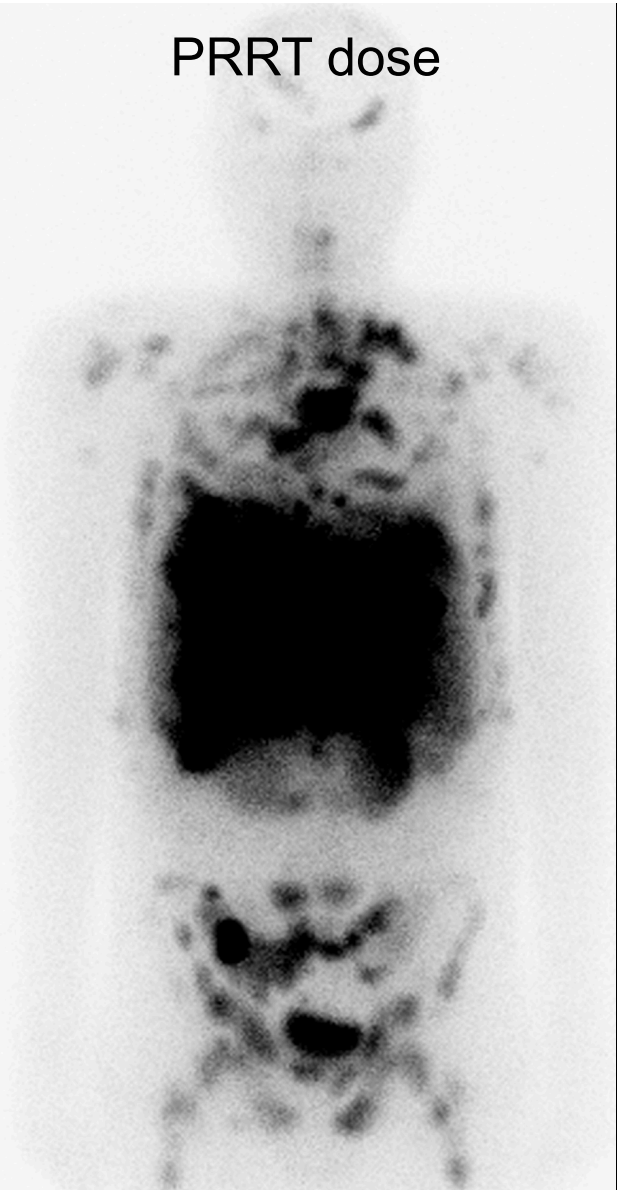




Pre treatment PET

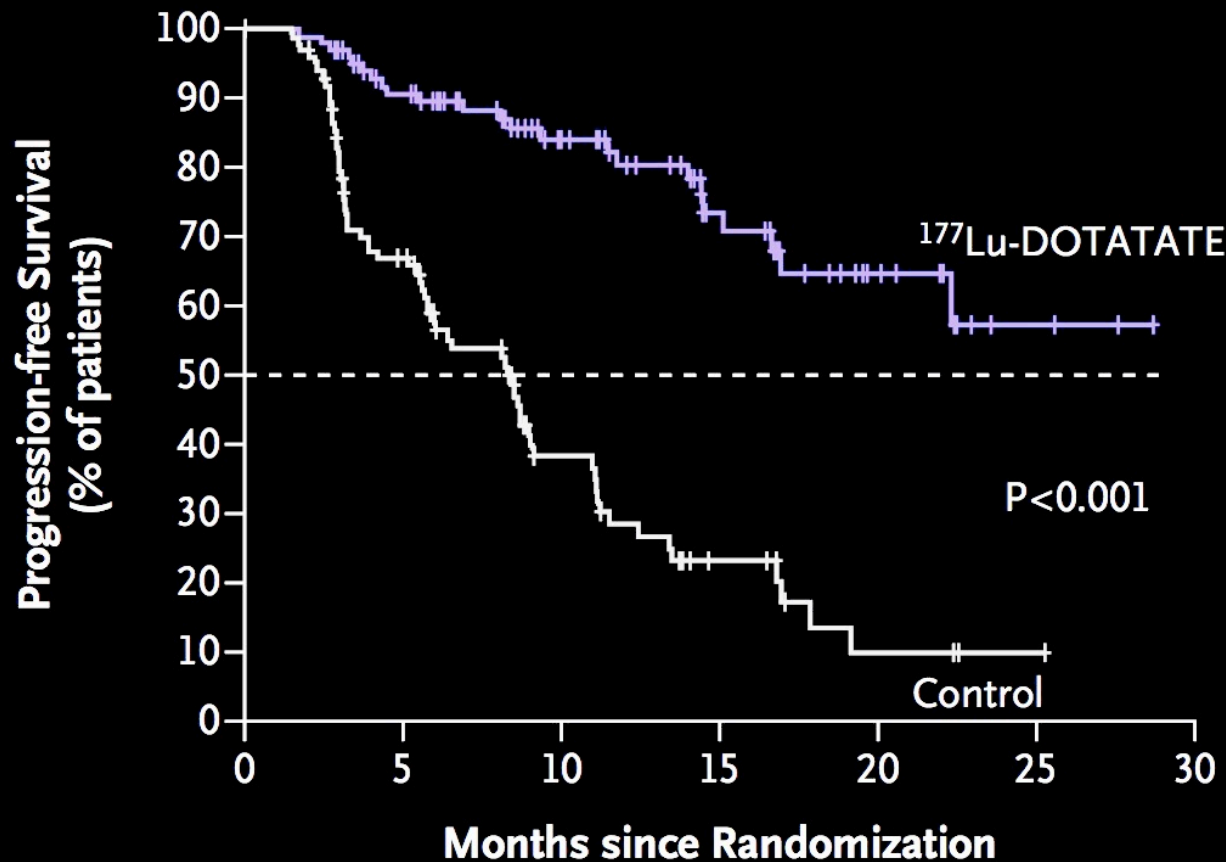


PRRT dose



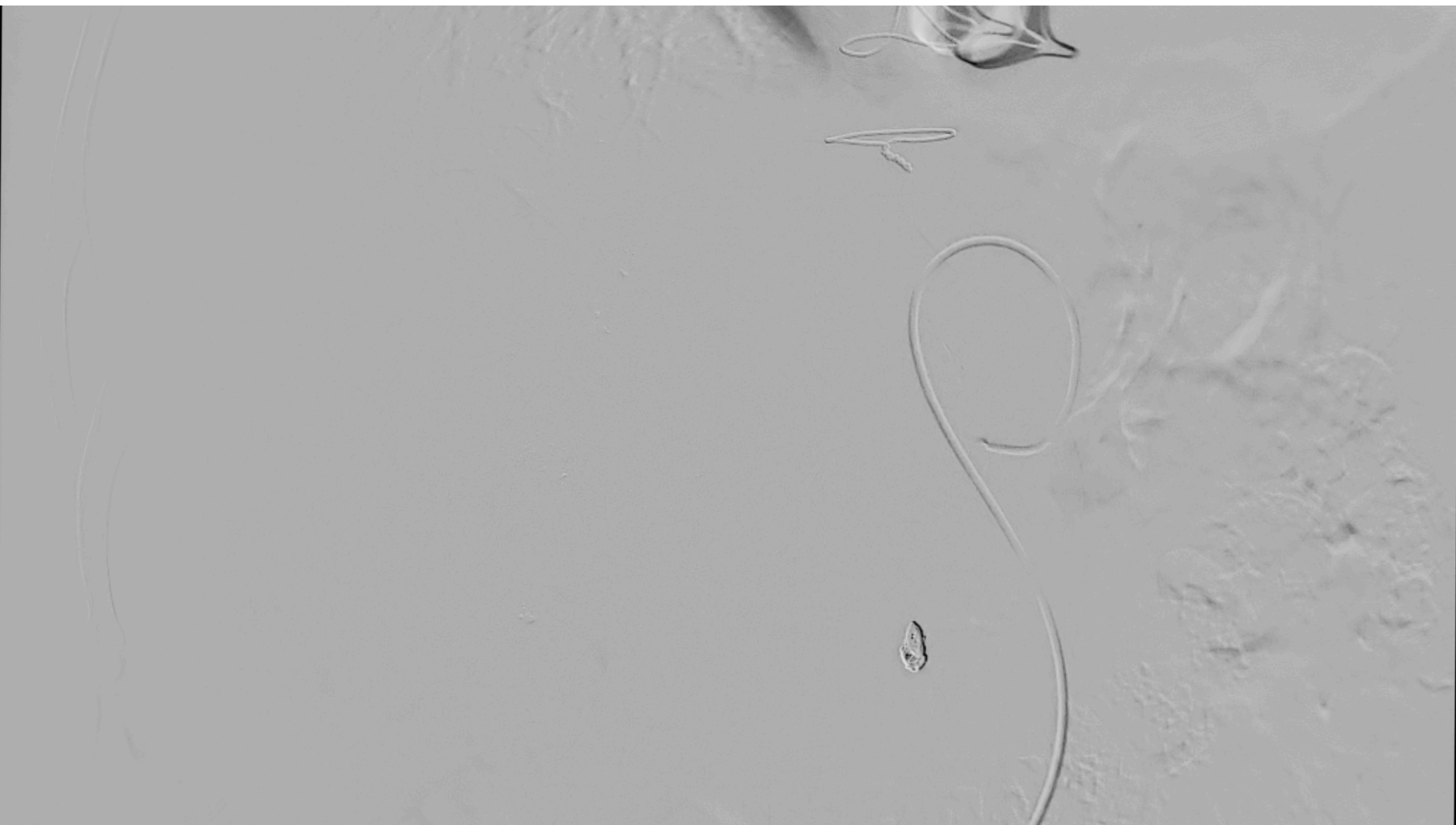
# NETTER-1: Radiographic progression free survival

## Progression-free Survival



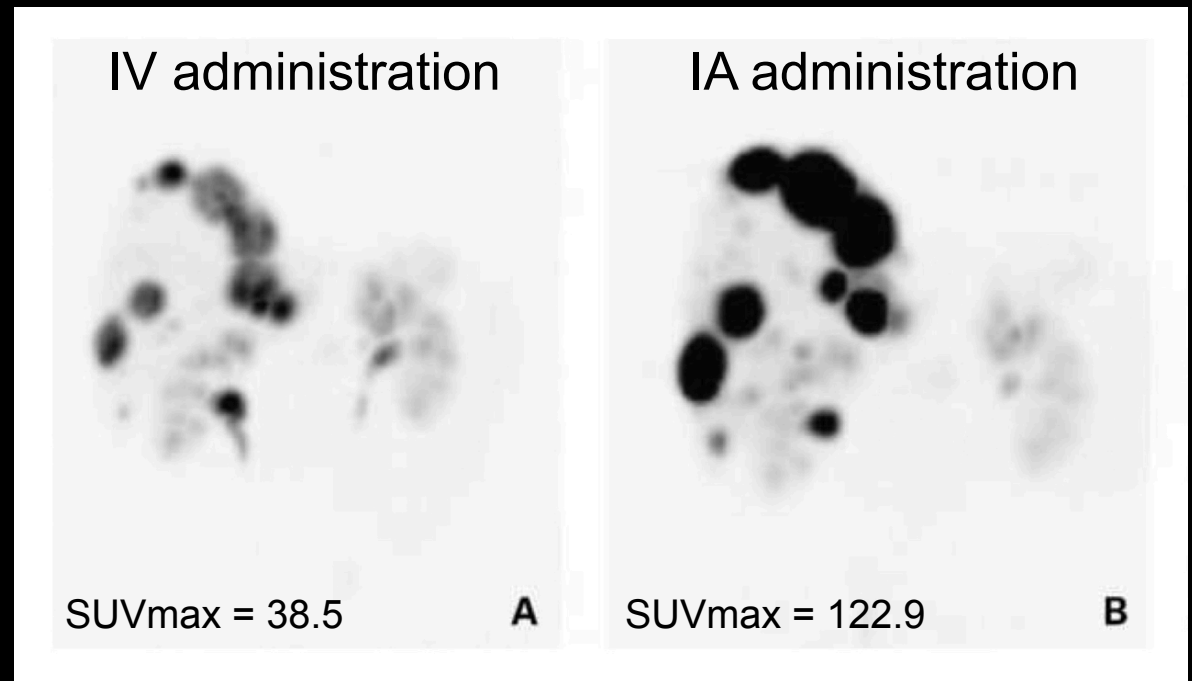
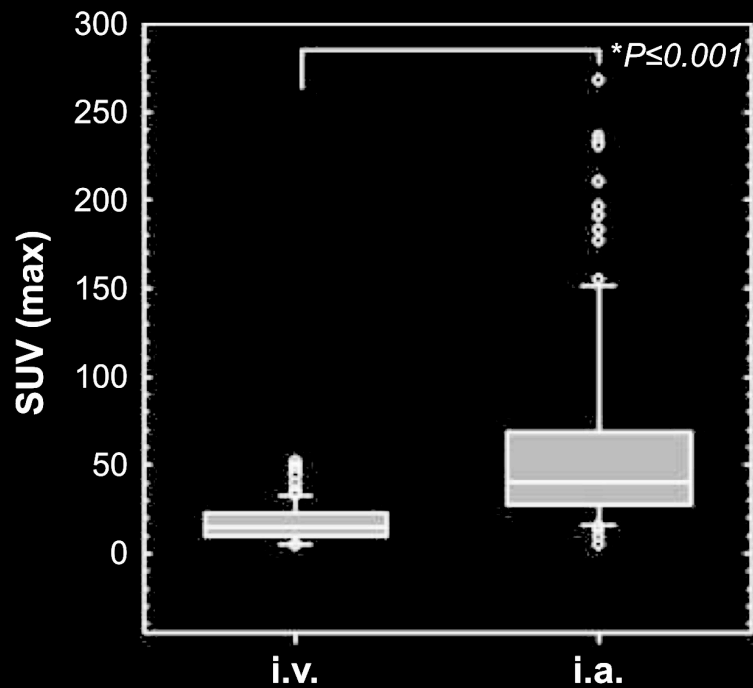
Predetermined endpoint was at 20 months:

- 65% in DOTATATE arm with our progression
- 11% in control arm



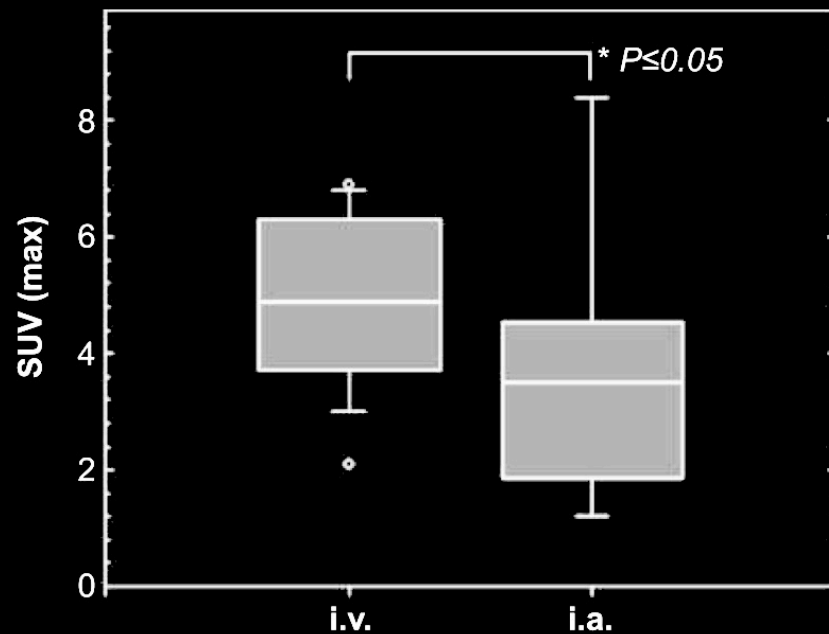


# Arterial (IA) vs venous (IV) administration

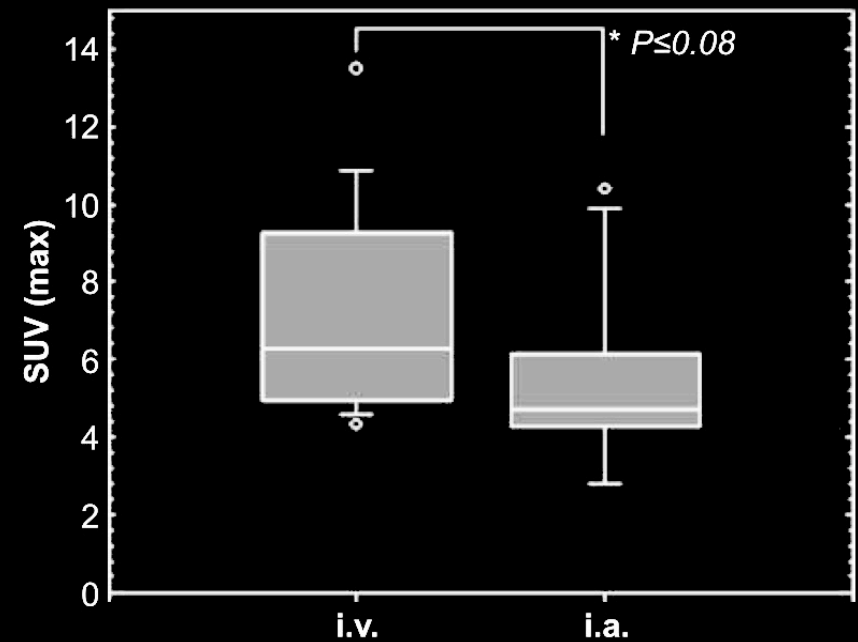


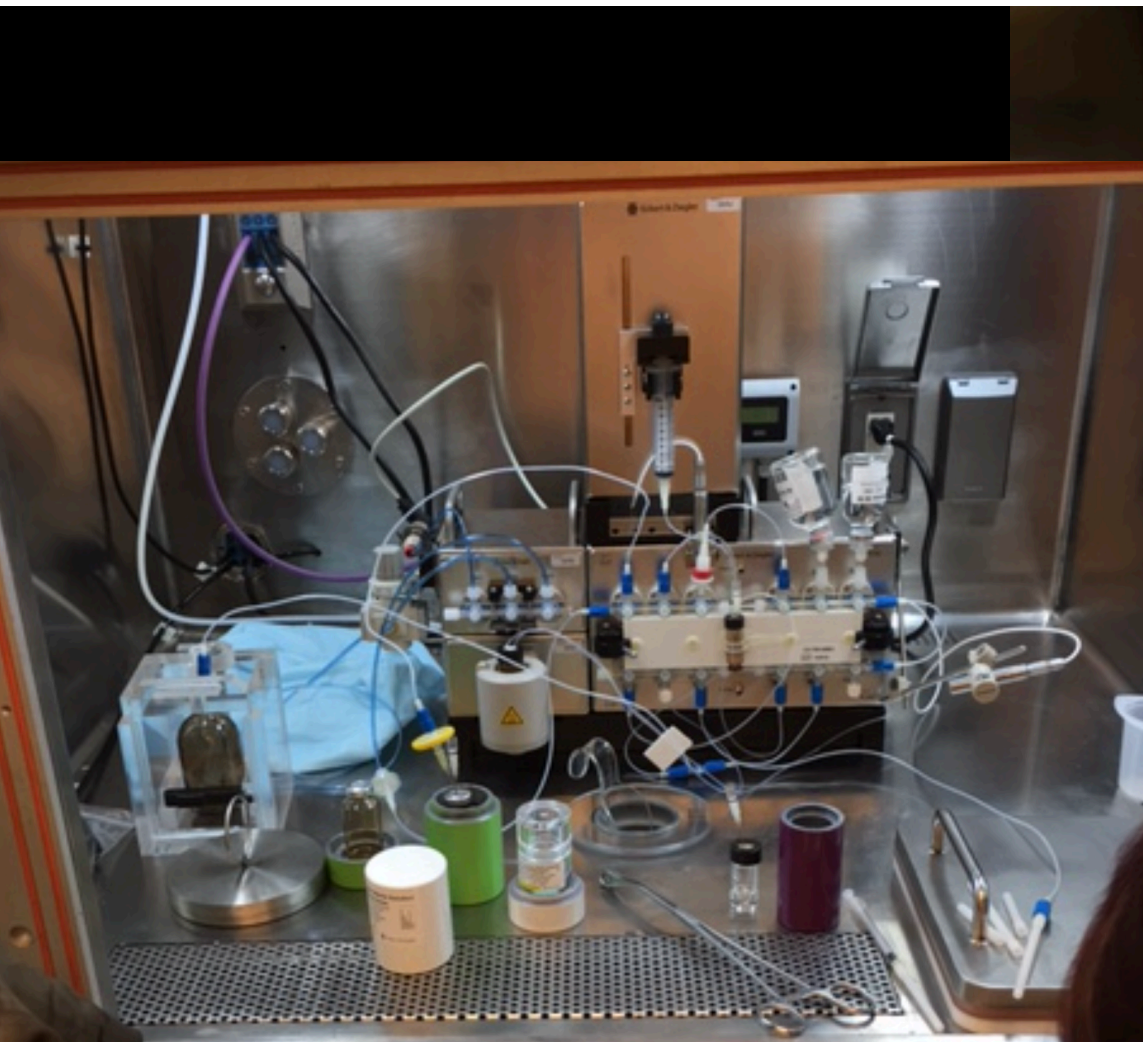
# SSTR-PRRT: IA vs IV administration

pituitary uptake



renal uptake







# “Arterial” administration

- Opened our first in house labeled therapy this summer
- $^{90}\text{Y}$  DOTATOC using hepatic arterial administration

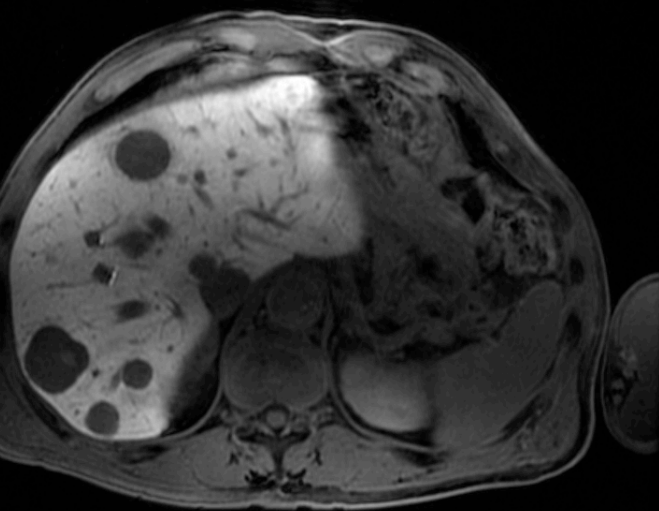


# Summary

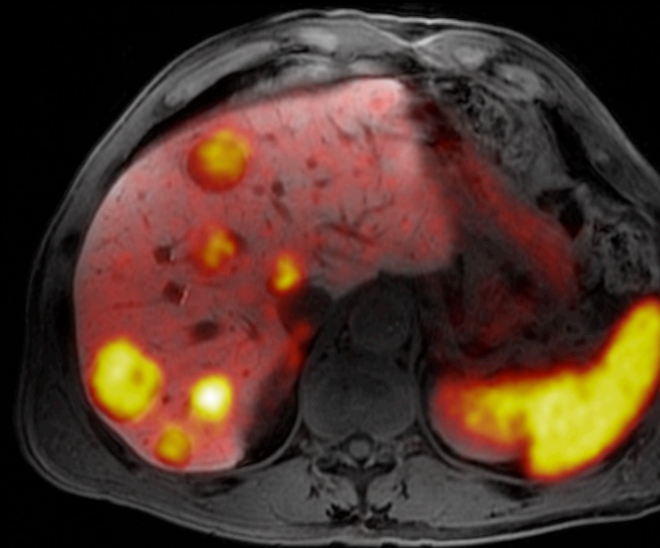
1. Somatostatin receptor PET is important in staging NET patients
2. Theranostics is the use of a compound for both imaging and therapy
3. PRRT has proven beneficial in NET patients
4. Novel treatments are being developed at UCSF

# UCSF Acknowledgements

- Medical Oncology
  - Emily Bergsland
  - Alan Venook
- Surgery
  - Eric Nakakura
- Interventional Radiology
  - Nicholas Fidelman
- Nuclear Medicine
  - Robert Flavell
- Miguel Hernandez Pampaloni
- Radiopharmacy
  - Salma Jivan
  - Ashley Mishoe
  - Jim Slater
- Technologists
  - Michelle Swenson
  - Scott Graham
  - Colette Dunleavy
- ITR / CRCs
  - Bryant Chee
  - Bella Nadler
  - Dora Tao



*Thank you!*



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