



北京協和醫院  
PEKING UNION MEDICAL COLLEGE HOSPITAL

# Evaluation of Safety, Biodistribution and Dosimetry of a Long-Acting Radiolabeled Somatostatin Analogue $^{177}\text{Lu}$ -DOTA-EB-TATE with and without Amino Acid Infusion

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# Disclosure

**This project was sponsored by Molecular Targeting Tech. Inc, USA**



# Background

**$^{177}\text{Lu}$ -DOTATATE is considered one of the most commonly used radiopharmaceuticals for peptide receptor radionuclide therapy (PRRT).**

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

## Phase 3 Trial of $^{177}\text{Lu}$ -Dotatate for Midgut Neuroendocrine Tumors

J. Strosberg, G. El-Haddad, E. Wolin, A. Hendifar, J. Yao, B. Chasen, E. Mittra,

**Approved in Europe in September 2017**

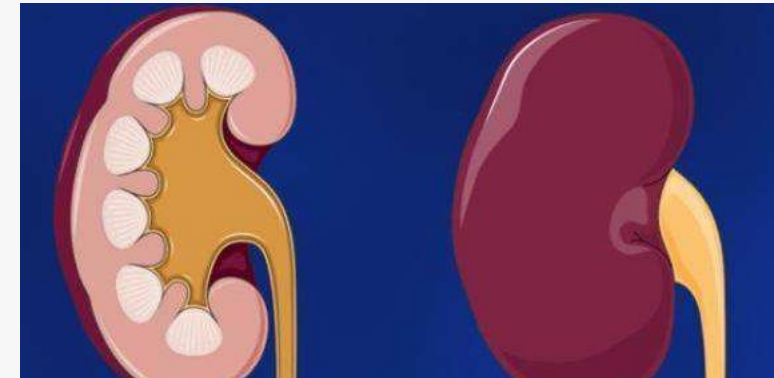
A. Benson, R. Srirajaskanthan, M. Pavel, J. Mora, J. Berlin, E. Grande, N. Reed,

**Approved in United States in January 2018**

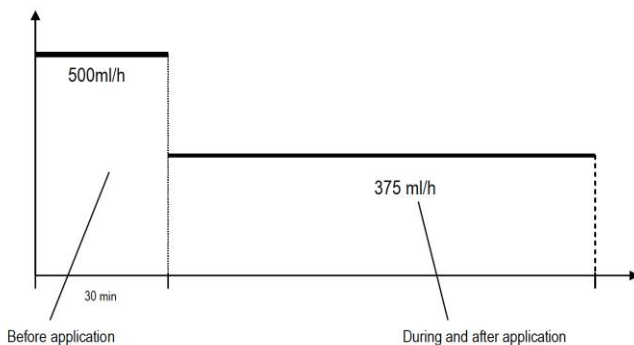
ABSTRACT

### BACKGROUND

Patients with advanced midgut neuroendocrine tumors who have had disease progression during first-line somatostatin analogue therapy have limited therapeutic options. This randomized, controlled trial evaluated the efficacy and safety of lutetium-177 ( $^{177}\text{Lu}$ )-Dotatate in patients with advanced, progressive, somatostatin-receptor-positive midgut neuroendocrine tumors.



Infusion rate:



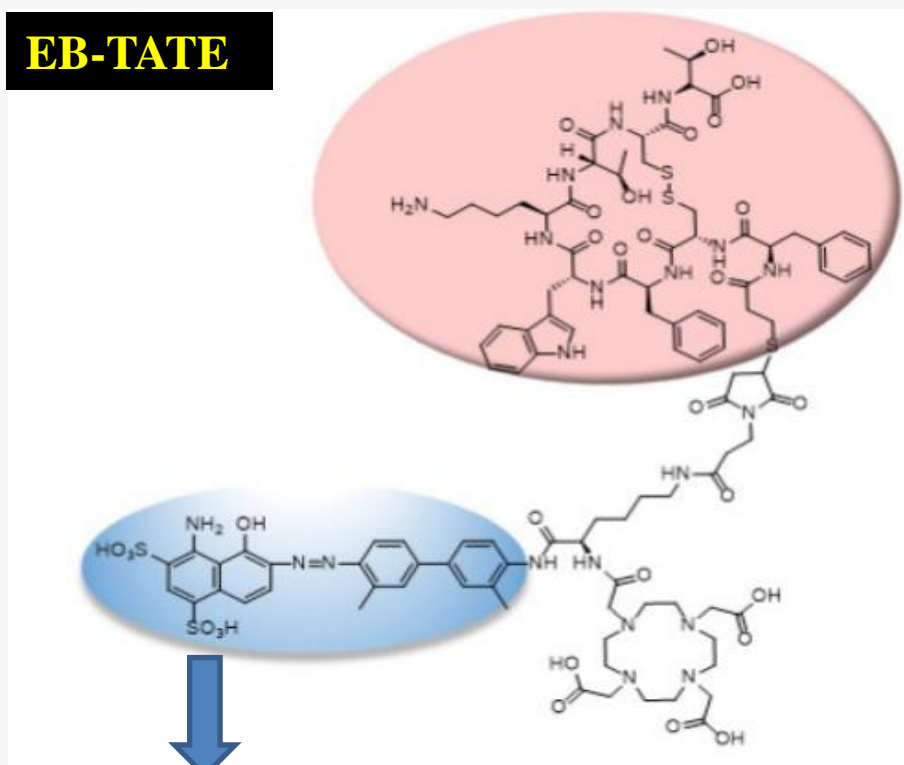
**Infusion scheme for amino-acid solution with lysine+arginine**



# Background

$^{177}\text{Lu}$ -DOTA-EB-TATE has an extended circulation in the blood, which may **make the amino acid infusion unnecessary.**

**EB-TATE**



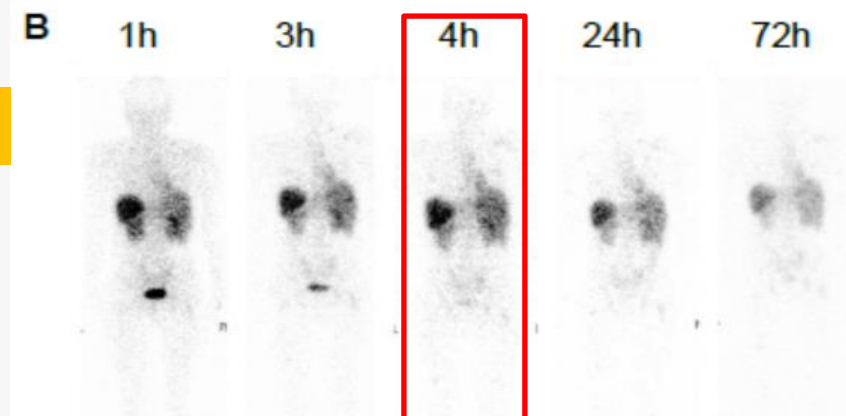
**Binding to serum albumin**

**EB-TATE**

**TATE**



$^{177}\text{Lu}$ -DOTA-EB-TATE was accumulated in the kidneys over time.



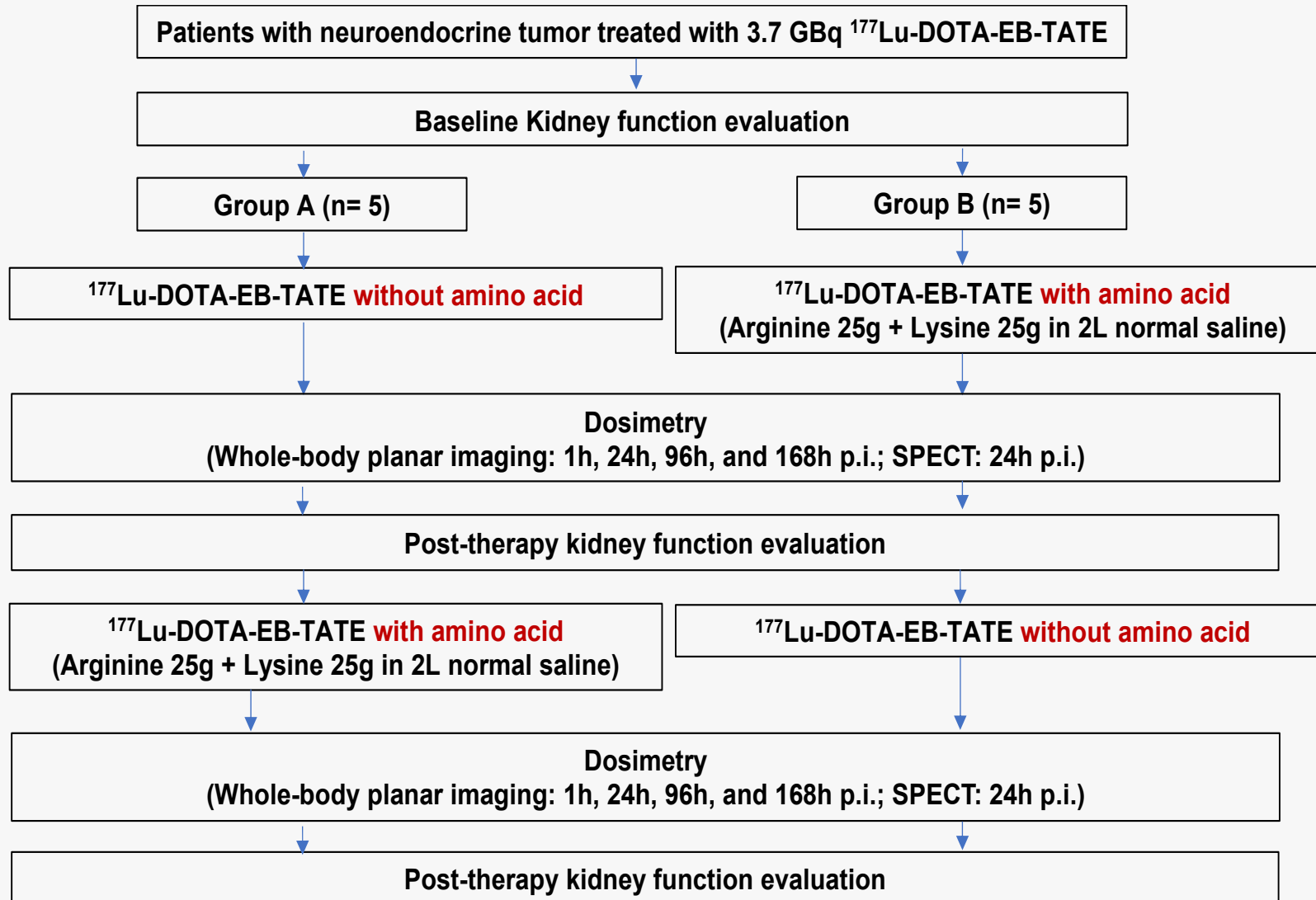


## Aim

To evaluate the **safety, biodistribution and dosimetry** of  **$^{177}\text{Lu}$ -DOTA-EB-TATE with and without amino acid infusion** in the treatment of neuroendocrine tumors (NETs).



# Methods

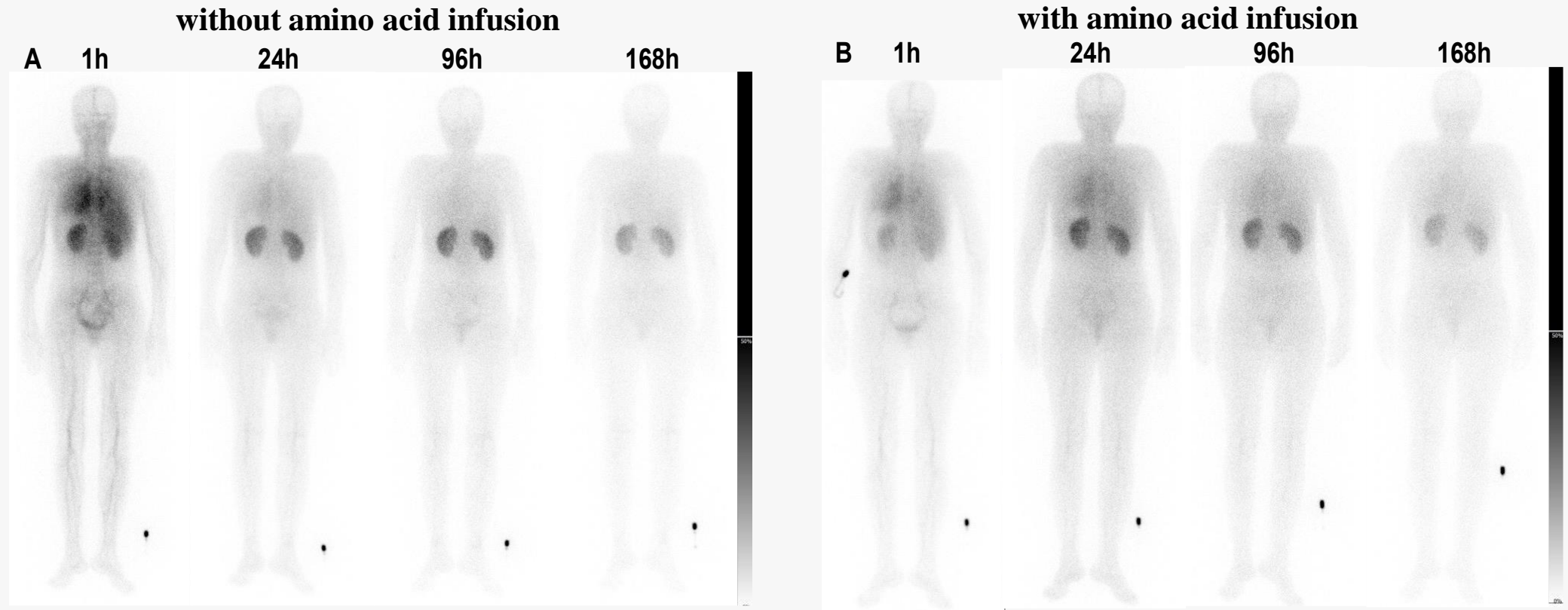


**Kidney function:**  
**creatinine** and **BUN** at baseline, 1 week and 4 weeks after PRRT;  
**GFR** at baseline and 8 weeks after PRRT.

**Dosimetric calculations:**  
**HERMES software**



# Biodistribution

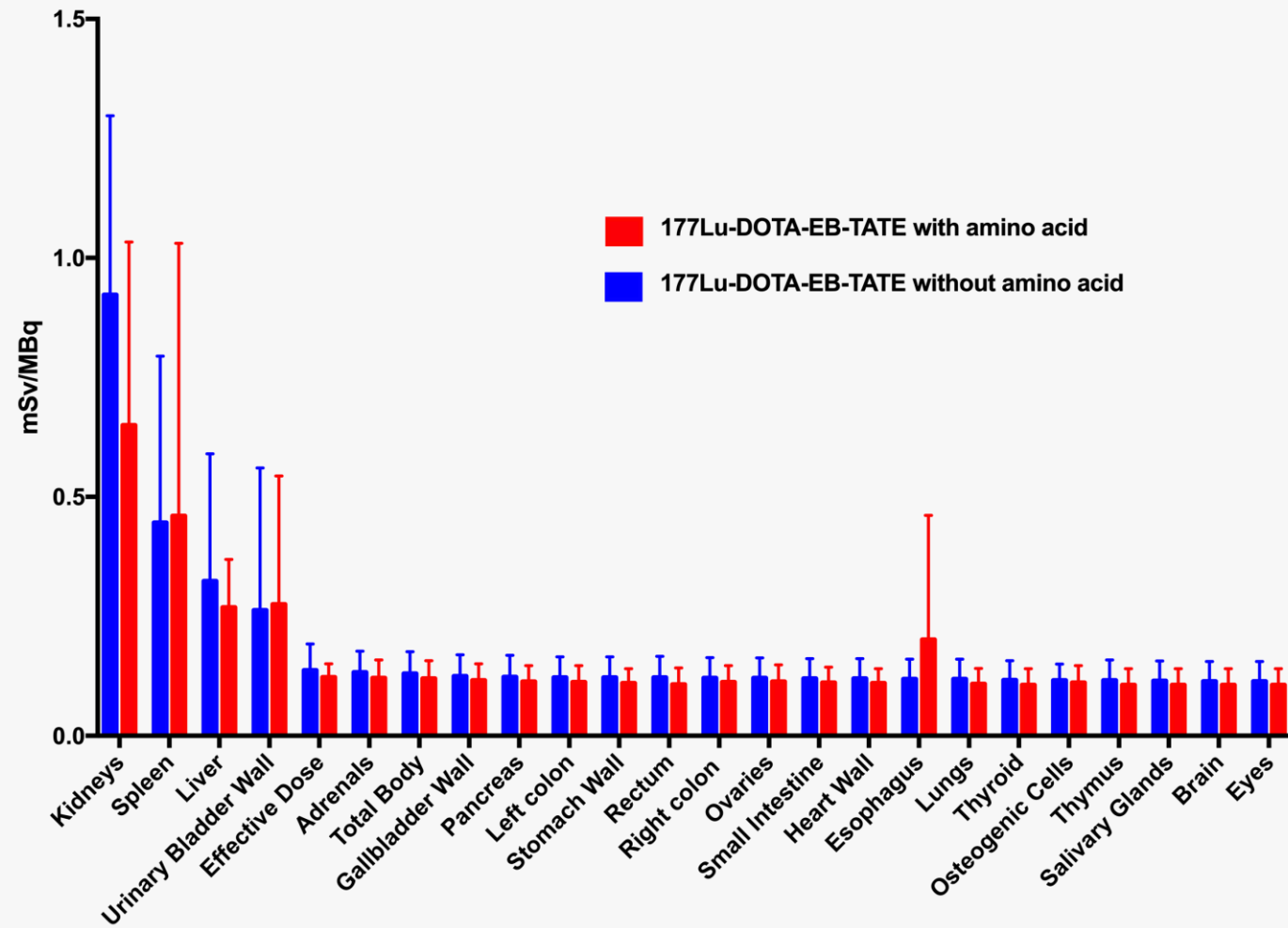


Representative whole-body **posterior** projection images of a 41-y-old female patient at **1, 24, 96 and 168 h** after intravenous administration of  $^{177}\text{Lu}$ -DOTA-EB-TATE with or without amino acid infusion.

The renal uptake was **lower at 1h** after administration with amino acid infusion, but the accumulation in the kidney from 24 hours to 168 hours was **similar** after administration with or without amino acid infusion.



# Biodistribution

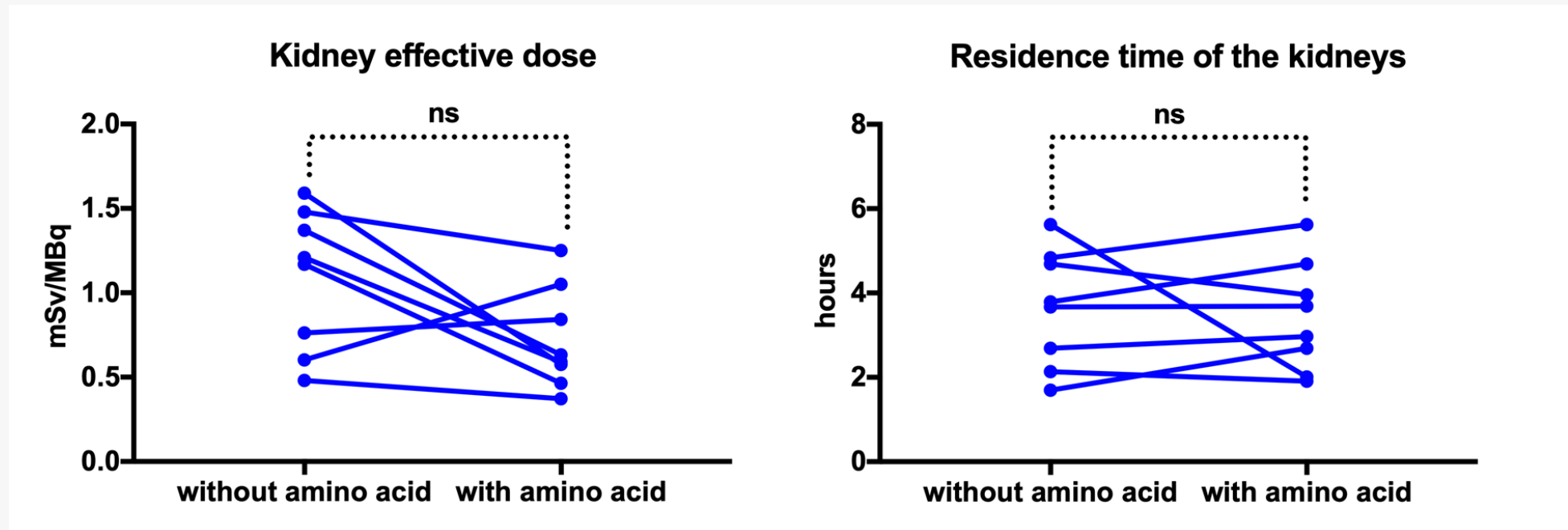






# Dosimetry

(Paired t test)



$d = -0.361 \pm 0.490, P = 0.076 (n = 8)$

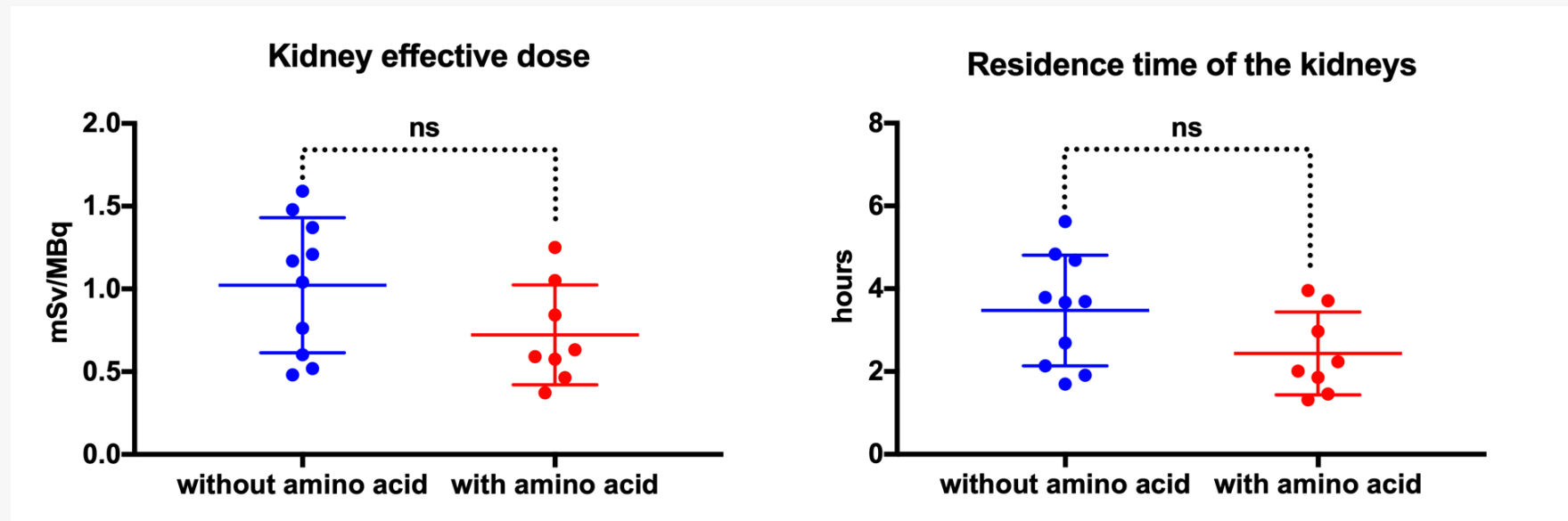
$d = -0.200 \pm 1.501, P = 0.718 (n = 8)$

*\*Two patients failed to receive the 2<sup>nd</sup>- PRRT because of the epidemic control policy.*



# Dosimetry

(Unpaired t test)



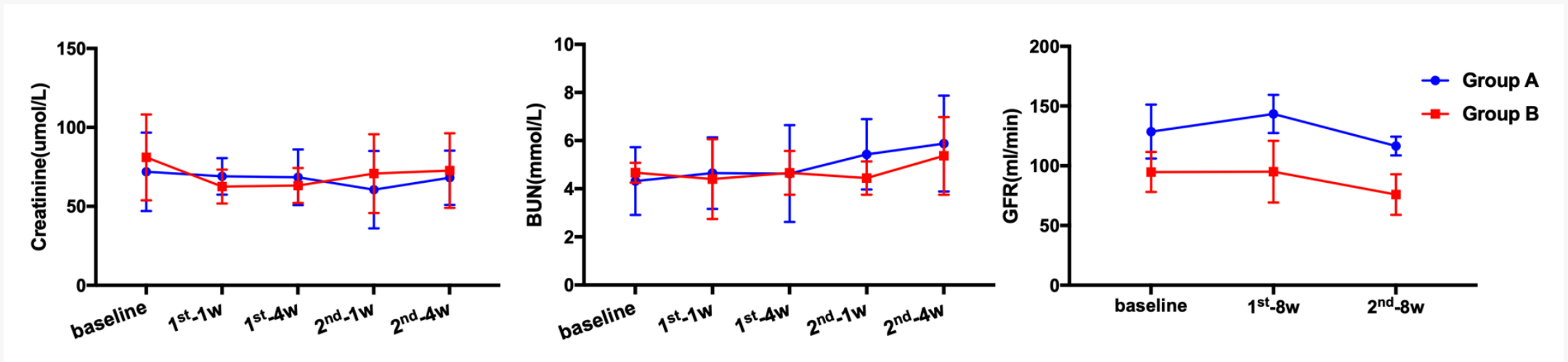
$1.023 \pm 0.129$  (n=10) vs  $0.722 \pm 0.107$  (n=8)  
(mSv/MBq)

$3.474 \pm 0.423$  (n=10) vs  $2.439 \pm 0.354$  (n=8)  
(h)



# Renal Function Evaluation

(Two-way Repeated Measurement ANOVA with Sidak's multiple comparisons test)



- There was **no significant difference** in Creatinine, BUN or GFR between each time point in group A or group B ( $P < 0.05$ ).
- There was **no significant difference** on renal function in the order of administration of  $^{177}\text{Lu}$ -DOTA-EB-TATE with or without amino acid infusion.



# Conclusions

- Administration of  $^{177}\text{Lu}$ -DOTA-EB-TATE without amino acid infusion has **acceptable slightly increased kidney absorbed dose and residence time of the kidneys, and does no harm to kidney function.**



# Acknowledgement

- **Peking Union Medical College Hospital, China--Professor Zhaohui Zhu**
- **National University of Singapore, Singapore--Professor Xiaoyuan Chen, Pek-Lan Khong and Jingjing Zhang**
- **University of Macau, China--Professor Greta Mok**
- **Beijing Nuclear Industry Hospital, China—Professor Yujun Shao and Hongbo Gao**
- **Molecular Targeting Tech. Inc, USA-- Koon Yan Pak**



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# Thanks!