



Memorial Sloan Kettering
Cancer Center

Workshop on Radiopharmaceutical Therapy (RPT)
Normal Tissue Effects in the Clinic (TEC)
RPT-TEC-2022

SEPTEMBER 24 - 29, 2022



Considerations on nephrotoxicity of PRRT

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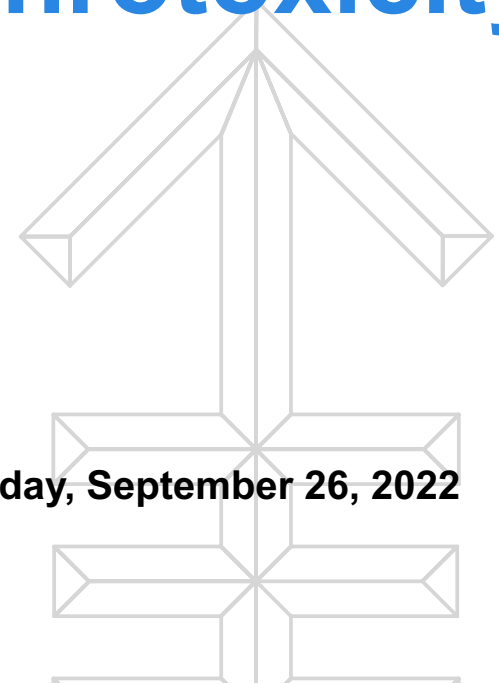
Attending, Director of Targeted Radionuclide Therapy

Molecular Imaging and Therapy Service

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Professor of Radiology, Weill Medical College of Cornell University

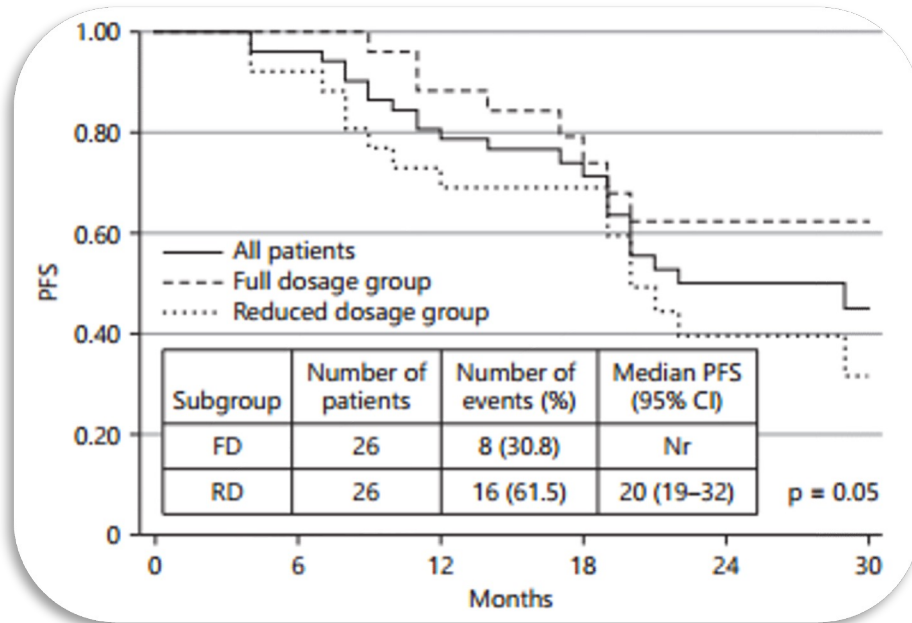
Monday, September 26, 2022



No Dosimetry, Patient-adjusted Treatments based on Risk factors

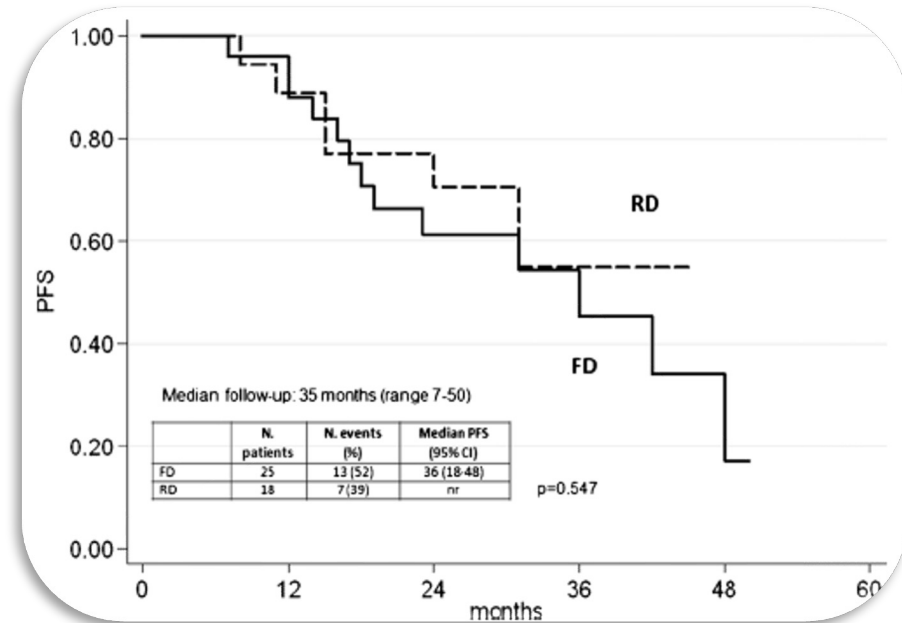
¹⁷⁷Lu-DOTATATE

P-NETs



Paganelli G Neuroendocrinology 2013

GI-NETs



Paganelli G EJNMMI 2014

Lower PFS in lower PRRT dosages

Full dose scheme recommended

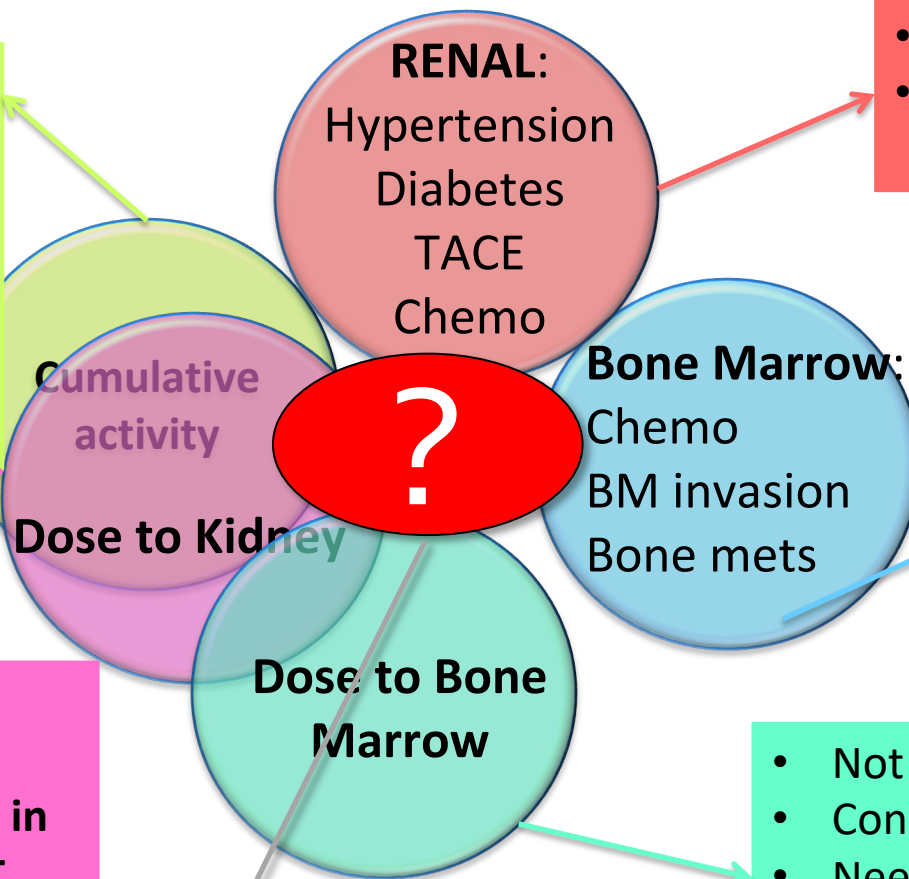
No difference between dose regimens

Risk pts may benefit from PRRT



Predicting Toxicity to PRRT

Retreatments up to 97 GBq may be uneventful in small subsets of probably individually tolerant patients



- More valid for Y-PRRT
- Explain only <20% of toxicities

Explain only <20% of toxicities

- More reliable parameter
- Not dose-limiting in standard Lu-PRRT

- Not entirely reliable parameter
- Consider microenvironment
- Needs refinement and additional radiobiological measures

Unable to predict toxicity in the single patient

Bodei L et al. 2014, 2015
Cremonesi et al. 2011
Ahmadzadehfar H et al 2017
Sandstrom et al. 2013



G3 and G4 toxicity in 807 pts treated at IEO Milan (1997-2013)

Median cumulative activity:

•⁹⁰Y-TOC : 10.1 GBq

•⁹⁰Y-TOC+¹⁷⁷Lu-TATE : 6.4+12.7 GBq

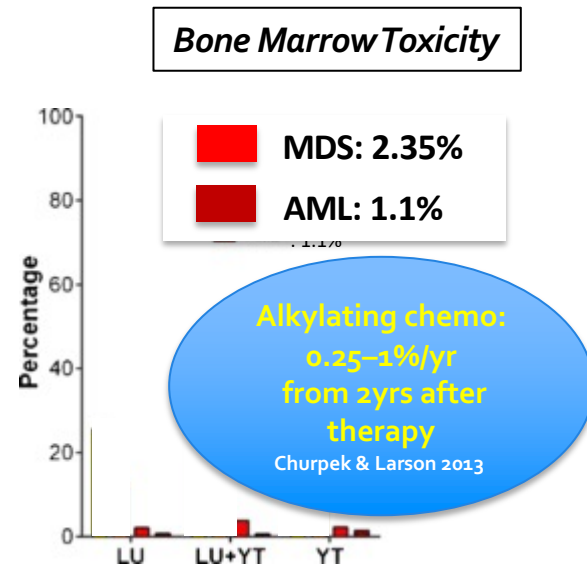
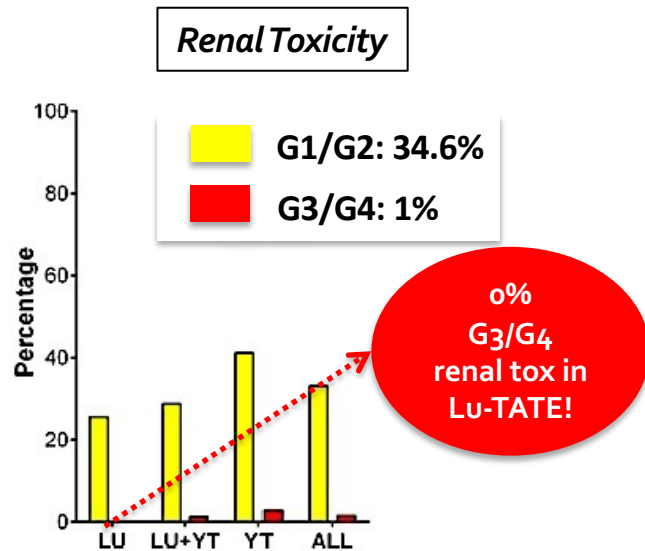
•¹⁷⁷Lu-TATE : 22.9 GBq

Grade ^a	All		⁹⁰ Y		⁹⁰ Y+ ¹⁷⁷ Lu		¹⁷⁷ Lu	
	No. of patients	Percent of patients	No. of patients	Percent of patients	No. of patients	Percent of patients	No. of patients	Percent of patients
0	67	8.3	33	9.2	11	7.0	23	7.9
1	410	50.8	147	40.8	75	47.8	188	64.8
2	253	31.4	129	35.8	54	34.4	70	24.1
3	63	7.8	39	10.8	15	9.6	9	3.1
4	14	1.7	12	3.3	2	1.3	0	0
Total	807	100	360	100	157	100	290	100
1/2		82.2		76.7		82.2		89.0
3/4		9.5		14.2		10.8		3.1



Permanent toxicity after PRRT is low and comparable to other treatments

n=807

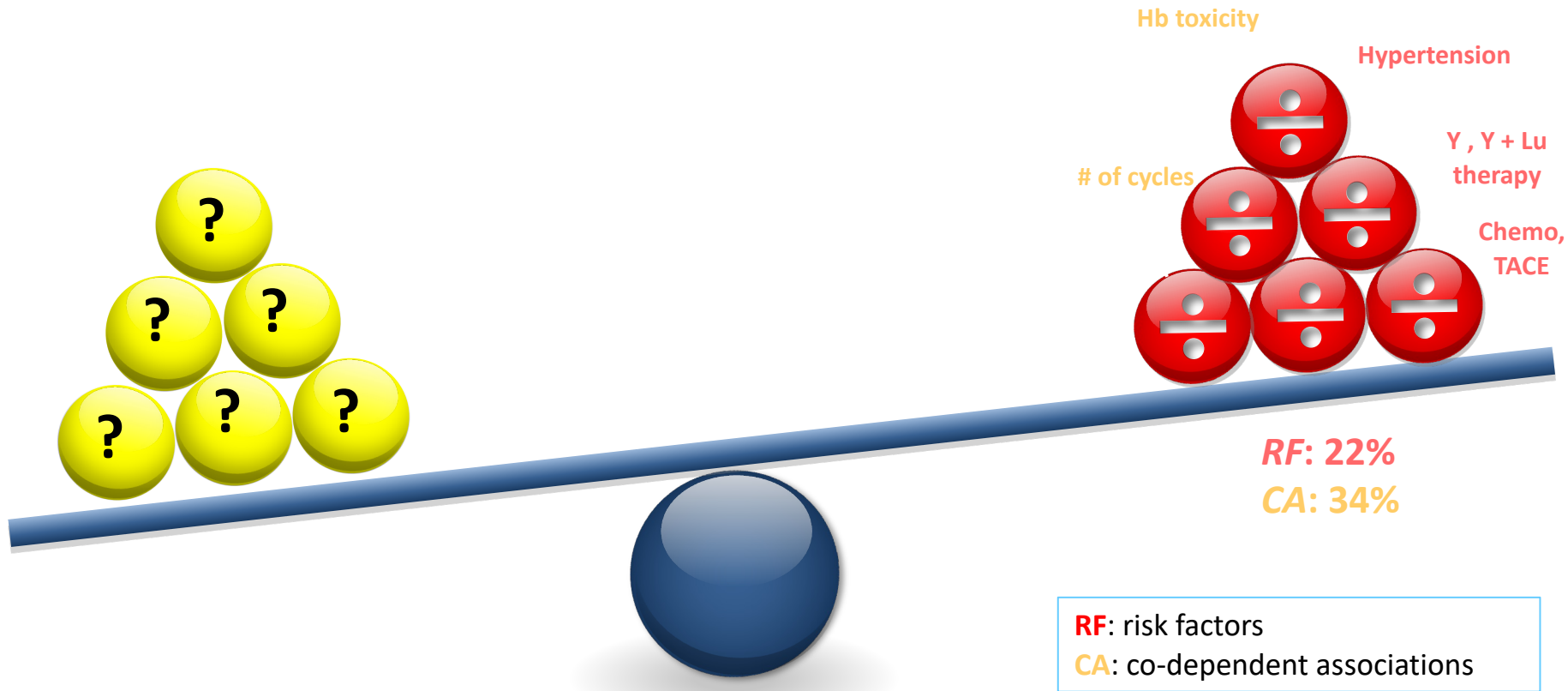


- Severe nephrotoxicity was virtually absent after ¹⁷⁷Lu-peptides
- Bone marrow toxicity low and comparable with other anti neoplastic therapies

Nephrotoxicity: Comparative Analysis of Clinical Factor Weight

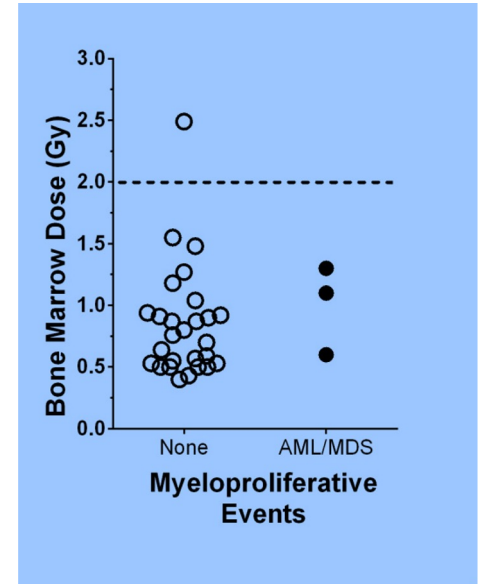
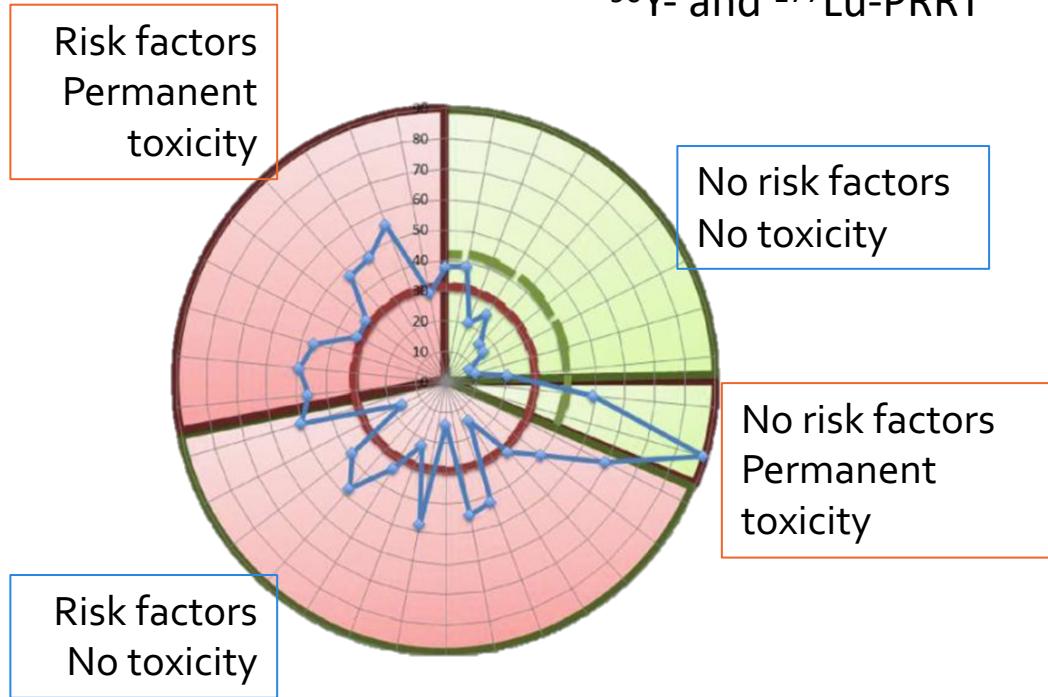
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Persistent nephrotoxicity (Y-PRRT)



Dosimetry isn't all...

^{90}Y - and ^{177}Lu -PRRT



Unless very high doses are administered, there is a grey zone of unpredictable outcome around the thresholds

Individual susceptibility to adverse *sequelae* of PRRT is likely to have an individual genetic basis.