

Editorial

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The recent European approval of lutetium (^{177}Lu) oxodotreotide increases treatment options for gastroenteropancreatic neuroendocrine tumors

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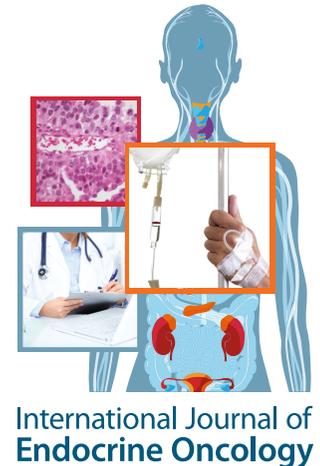
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“Lutetium (^{177}Lu) oxodotreotide is the very first registered PRRT to be brought to the European NET patient community, providing an alternative option by targeting tumors with radiolabeled molecules that bind to specific receptors expressed by the tumor.”

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The recent European Approval of Lutetium (^{177}Lu) oxodotreotide has meant the introduction of another new therapy option to treat gastroenteropancreatic neuroendocrine tumors (GEP-NETs). Lutetium (^{177}Lu) oxodotreotide is a ^{177}Lu -labeled somatostatin analog peptide for the treatment of unresectable or metastatic, progressive, well-differentiated (G1 and G2), somatostatin receptor-positive GEP-NETs in adults. It belongs to an emerging form of treatment called peptide receptor radionuclide therapy (PRRT), which involves targeting tumors with radiolabeled molecules that bind to specific receptors expressed by the tumor.

The European approval of Lutetium (^{177}Lu) oxodotreotide allows for its marketing in all 28 European Union member states, as well as Iceland, Norway and Liechtenstein. This approval is based on the results of a randomized pivotal Phase III study, NETTER-1, in midgut NET patients; and efficacy and safety data from a Phase I/II trial conducted by Erasmus Medical Center in more than 1200 patients with a wide range of NET indications [1].



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