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Multicenter clinical registry of patients with a neuroendocrine tumor (NET) diagnosis receiving 177Lu-DOTATATE

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BACKGROUND

Since FDA and EMA approval of 177Lu-DOTATATE to treat advanced NETs, there has been rapid adoption of this therapy. To allow for collaboration and data centralization related to NET treatment with 177Lu-DOTATATE, two major US NET centers have partnered to create a NET registry compiling clinicopathologic, epidemiologic, radiologic, and molecular data for patients receiving 177Lu-DOTATATE therapy.

METHODS

This IRB-approved multicenter NET registry uses REDCap (Research Electronic Data Capture) to collect over 200 variables for patients treated at Memorial Sloan Kettering Cancer Center (MSK) or the University of California, San Francisco (UCSF). Patients with a diagnosis of advanced NET and previous or current treatment with 177Lu-DOTATATE are eligible. Registry sections include: demographics and baseline clinicopathologic data, prior treatment history, radiologic results, and collection of data related to 177Lu-DOTATATE treatment (dosing, total cycles administered, treatment-related toxicities, radiologic response assessment). Data are continually updated.

RESULTS

As of 8/2024, the registry includes 479 patients (pts) who have received at least one dose of 177Lu-DOTATATE (sex: 238 female, 50%, race: 362 White/Caucasian, 75%). Site of origin includes: pancreas (183 pts, 38%), small bowel (164 pts, 34%), bronchial (30 pts, 6%), rectal (17 pts, 4%), paraganglioma-pheochromocytoma (9 pts, 2%), gastric (8 pts, 2%), other (28 pts, 6%), unknown (40 pts, 8%). Tumor grade at initial diagnosis: grade 1 (130 pts, 27%), grade 2 (246 pts, 51%), grade 3 (86 pts, 18%), unknown (17 pts, 4%). Most patients received 4 cycles of 177Lu-DOTATATE (326 pts, 68%).

CONCLUSIONS

This multicenter clinical registry represents a collaboration between two academic centers to study real-world outcomes for patients receiving 177Lu-DOTATATE therapy. Ongoing addition of eligible patients and project-relevant variables supports our effort to continuously expand the utility of this registry. As this registry grows, important questions related to the sequencing of 177Lu-DOTATATE in NET treatment as well as identifying biomarkers (clinicopathologic, radiologic, molecular) of response and resistance to 177Lu-DOTATATE can be addressed. Our shared goal is to advance our use of 177Lu-DOTATATE for this heterogenous disease

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