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NET RETREAT: a CCTG-SWOG Phase II Study of 177Lutetium-Dotatate Retreatment vs. Standard of Care in Metastatic GEPNET Patients.

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BACKGROUND

177Lu-DOTATATE is an FDA and Health Canada-approved treatment option for metastatic, progressive GEPNET patients. 177Lu-DOTATATE is now often considered an effective treatment for gastroentropancreatic neuroendocrine tumor (GEPNET) patients who have progressed on somatostatin analogs (SSA). Despite 177Lu- DOTATATE's effectiveness , many patients will eventually progress. Progression after prior use of PRRT does not necessarily render these tumors resistant to future PRRT treatments. PRRT retreatment strategies have been tested in various European centers where PRRT has been available for the past two decades. Several studies report single institute, non-randomized, retrospective data on PRRT retreatment with varying degrees of efficacy and relatively safe toxicity profiles. Despite a growing body of evidence favoring limited dose PRRT retreatment, as well as real world experience, prospective randomized data is lacking in support of a PRRT retreatment strategy. Prior studies also suffer from a heterogenous patient population and inconsistent PRRT regimens. NET-RETREAT fulfills an unmet medical need by exclusively studying limited dose retreatment of 177Lu-DOTATATE PRRT in GEPNET patients who have previously benefitted from PRRT.

METHODS

This multi-center prospective randomized study will evaluate the efficacy of the PRRT retreatment strategy and will also confirm the safety profile of a limited dose PRRT re-challenge. PRRT retreatment strategy builds on the fact that SSTR receptor expression remains intact in most patients post-initial PRRT progression and retreatment may be a safe and effective treatment.

RESULTS

N/A

CONCLUSIONS

N/A

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