

PRRT

Peptide receptor radionuclide therapy (PRRT) or Lutate

PRRT is an outpatient therapy that is effective for some patients with NETs.

Lutetium-177 Octreotate Therapy (Lutate) is primarily used to treat people with NETs when other types of treatment, such as surgery or chemotherapy, are not suitable or are ineffective. This may be due to the size, location and number of tumours present. Lutetium-177 Octreotate is a very specific therapy that can only be used when tumours express a large number of somatostatin receptors. Most NETs show an increase in somatostatin receptors. Other tumours such as head and neck cancers, non-small cell lung cancer, small cell lung cancer and Merkel cell cancer may also express somatostatin receptors. If this therapy is being considered, a diagnostic scan is performed (Gallium 68 PET scan) to distinguish if the tumours are positive for somatostatin receptors

If having this treatment, you may have a dose of chemotherapy to prepare or sensitise the tumour cells for the PRRT. You will also have an infusion of amino acids to help protect your kidneys.

Depending on the treatment regimen, PRRT is given as an induction course of four treatments separated by 6 to 8 weeks. You may have more PRRT later: your doctor will advise you about this.

You may have nausea, fatigue, some hair loss (not baldness), risk of carcinoid syndrome flare and minor changes in the production of your blood as side effects of this treatment. You should contact your treatment team if you do experience any of these side effects as these side effects can be managed.