

## EDITOR'S NEWS

☼ I hope this newsletter finds you relaxed and enjoying the summer safe in the knowledge that all is arranged for a September trip to Belfast (unlike me). Some of you may be asking why the change from the normal date and venue of the UKI NETS annual meeting. Well, it isn't often that a new society like ours gets the opportunity to have a combined conference with a society that has been running them since 1976. The International Regulatory Peptide Society (or RegPep to its friends) promotes the exchange of information from basic and clinical research on all aspects of regulatory peptides through meetings such as this. Previous alumni of the RegPep society have included the discoverers of gastrin (Rod Gregory), vasoactive intestinal polypeptide (Victor Mutt) and even their very own Grossman (Morton) who nurtured the development of the society in its early years. Through the organisational skill and determination of Professor Joy Ardill, a tripartite meeting between RegPep, UKI NETs and the NET Patient Foundation has come together. Hopefully cross fertilisation between the groups in such a convivial setting will make for a memorable few days. See you there.

ALAN ANTHONY

# UKI NETS 8th National Conference

MONDAY 6 SEPTEMBER 2010, BELFAST

☼ This year UKI NETS is joining together with the 18th International Symposium on Regulatory Peptides and the First National NET Patient Foundation forum, on 5-8 September. This will bring together for the first time basic science research and clinical research, together with diagnosis, treatment and management of neuroendocrine tumours and patient care and concerns.

The conferences will begin on the evening of Sunday 5 September when, after a brief opening ceremony, there will be a Memorial Lecture for Keith Buchanan who was a founder member of the UK NET initiative and who dedicated more than 30 years to research into regulatory peptides and neuroendocrine tumours and the management and care of patients with NETs in Northern Ireland.

Monday will be devoted to the now familiar style of programme for UKI NETS and you will find the preliminary programme highlights on page 2. Don't miss the Joydeep Chatterjee European Lecture on recent advances in the diagnosis and treatment of adrenocortical carcinoma and the Joydeep Chatterjee Transatlantic Lecture on molecular biology of NETs. Many of you may be involved in the NET Patient Foundation programme and we are planning a series of small symposia on Tuesday 7 September that will cover aspects of emerging treatment options, a transatlantic approach to diagnosis and prognosis, and some other interesting topics. You will also see the full programme for REGPEP 2010 and you are very welcome to register for further days.



Our objective for these three days in Belfast is to bring together investigators from multiple disciplines who are undertaking cutting-edge research on regulatory peptides derived from the diffuse endocrine system. We hope that the meeting will be a forum for new ideas and a place of education. The scientific committees have planned a programme of the highest standard throughout the three days. We look forward to seeing you there!

For further information and to register, please visit the UKI NETS website [www.ukinets.org](http://www.ukinets.org).

For information on the 18th International Symposium on Regulatory Peptides, please visit [www.regpep-society.com](http://www.regpep-society.com).

## UKI NETS 2010 Programme Highlights

### MENII and MTC

Joydeep Chatterjee  
European Lecture

Managing Liver  
metastases in NETs  
Surgery

Embolisation & RFA  
Radionucleotide  
Therapy & SIRTs  
Chemotherapy  
Case discussions

Selected Oral  
Presentations

Nurses Forum

Debate: The  
management of imaging  
negative gastrinoma  
in MENI should be  
conservative

Biological Models  
for MENI

Joydeep Chatterjee  
Transatlantic Lecture

Patient and  
Quality of Life  
NET Patient Foundation  
Carcinoid and the  
psyche - managing  
the depressed patient  
Quality of Life  
assessment in patients  
with NETs

Presentation of Prizes

Register at  
[www.ukinets.org](http://www.ukinets.org)



## UK and Ireland Neuroendocrine Tumour Society

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# What's new in NET imaging and image-guided therapy - 2010

Selected highlights from the European Congress of Radiology (ECR; Vienna, March) and Society of Nuclear Medicine (SNM; Salt Lake City, June) Annual Scientific Meetings.

## Imaging

At ECR 2010, Öksüz *et al.* highlighted the potential role of pre-therapeutic <sup>68</sup>Gallium DOTATOC PET/CT in predicting response to radiopeptide therapy with <sup>90</sup>Yttrium DOTATOC for somatostatin-receptor expressing NETs. Their study looked at 40 patients with advanced NETs who underwent <sup>68</sup>Ga DOTATOC PET/CT prior to treatment with <sup>90</sup>Y DOTATOC. According to tumour shrinkage, decrease of tumour markers and clinical condition, 20 patients responded, 16 were non-responders, and 4 showed equivocal follow-up findings. Defining a favourable outcome as SUV > 20, PET predicted treatment response of all responders and 15/16 non-responders. Only one non-responder presented with SUV > 20. All patients with equivocal findings showed SUV < 20 with tumour progression during follow-up. Pre-therapeutic <sup>68</sup>Ga DOTATOC tumour uptake (SUV > 20) was strongly associated with the results of subsequent radionuclide therapy.

ÖKSÜZ M ET AL. 2010 *INSIGHTS INTO IMAGING 1* (SUPPLEMENT 1) 127-322. ABSTRACT B-699.

At SNM 2010, a group from Munich reported their experience of using <sup>68</sup>Ga-DOTATATE PET/CT for early prediction of time-to-progression (TTP) and clinical outcome after the first cycle of peptide receptor radionuclide treatment (PRRT) in NETs patients. Haug *et al.* investigated 33 consecutive patients at baseline and 3 months after the first PRRT cycle with <sup>68</sup>Ga DOTATATE PET/CT and found that decreased <sup>68</sup>Ga-DOTATATE uptake in tumours after the first cycle significantly predicted TTP and improvement of clinical symptoms.

HAUG A ET AL. 2010 *JOURNAL OF NUCLEAR MEDICINE 51* (SUPPLEMENT 2) ABSTRACT 57.

## Therapy

Again from Munich, Paprottka *et al.* presented a study report at ECR 2010 on single-session, whole-liver radio-embolisation using <sup>90</sup>Y-microspheres in a cohort of 25 patients with otherwise treatment-refractory liver metastases from NETs. This was found to be a safe and effective treatment with anti-tumoural effect supported by good local tumour control (20.8% showed partial response, 75% showed stable disease), decrease in tumour marker levels and improvement in clinical symptoms.

PAPROTTKA PM ET AL. 2010 *INSIGHTS INTO IMAGING 1* (SUPPLEMENT 1) 127-322. ABSTRACT B-249.

Also at ECR 2010, Vogl *et al.* presented the results of their retrospective study of 48 patients who underwent repeated selective hepatic trans-arterial chemotherapy (TACE) using either mitomycin C alone or combined mitomycin C and gemcitabine. Both treatment protocols were well tolerated with only minor side effects and no major complications. Results of local tumour control evaluation according to the RECIST criteria were: (combined mitomycin C and gemcitabine vs. mitomycin C alone) partial response, 11.1% vs. 23.3%; stable disease, 50% vs. 53.3%; progressive disease, 38.9% vs. 23.3%. The 5 year survival was 4 times greater for patients treated with mitomycin C and gemcitabine compared with mitomycin C alone with a doubling of the median progression free survival, indicating that TACE with mitomycin C and gemcitabine can control local tumours effectively and improve survival rate in patients with liver metastases from NETs.

VOGL T ET AL. 2010 *INSIGHTS INTO IMAGING 1* (SUPPLEMENT 1) 127-322. ABSTRACT B-245.

At SNM 2010, another German study reported the safety and efficacy of combined TACE and PRRT in treatment of rapidly progressing NETs. Hoersch *et al.* treated 30 patients who had very high tumour load or severe functional syndromes (FS) with sequential TACE (mean of 2.8 cycles) and PRRT using <sup>90</sup>Y and/or <sup>177</sup>Lu DOTATATE/DOTATOC (average of 4 cycles). Grade 3 acute hepatic encephalopathy was seen in 1 patient after TACE. Pre-therapy severe FS were present in 9 patients, of whom 2 died due to progressive FS and/or progressive tumours while FS could be controlled by combined treatment in 7 patients. Disease was stabilised in 53% for a mean of 7 months, with partial remissions observed in 7% lasting a mean of 5 months. Progressive disease (PD) was seen in 40% at a mean of 2.7 months after the last treatment and 9 patients died of PD. They concluded that combined PRRT and TACE seems to be safe, has few side effects and can control severe FS effectively. While overall prognosis remains poor, a subgroup of patients responded with long-lasting disease stabilisation.

HOERSCH D ET AL. 2010 *JOURNAL OF NUCLEAR MEDICINE 51* (SUPPLEMENT 2) ABSTRACT 335.

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