CME Session 6
Oncology & Theranostics Committee
Monday, October 19, 09:45–11:15

Session Title
PRRT beyond GEP

Chairpersons
Valentina Ambrosini (Bologna, Italy)
Christophe Deroose (Leuven, Belgium)

Programme

09:45–10:05	**Tessa Brabander** (Rotterdam, Netherlands): Paraganglioma/Pheochromocytoma
10:05–10:30	**Valentina Ambrosini** (Bologna, Italy): Lung Carcinoids
10:30–10:55	**Andreas Buck** (Würzburg, Germany): Meningioma
10:55–11:15	**Désirée Deandreis** (Paris, France): Medullary Thyroid Cancer

Educational Objectives

1. Critically appraise the current evidence base for PRRT use in non-gastroenteropancreatic neuroendocrine tumours, including indications, patient selection criteria, and expected clinical outcomes.
2. Discuss PRRT efficacy as compared to alternative treatment options (e.g. everolimus in case of lung NET).
3. Integrate contemporary guidance and practical workflows for PRRT in non-GEP neuroendocrine tumours, with emphasis on SSTR imaging-based eligibility, multidisciplinary decision-making, and standardised response and toxicity assessment.

Summary
PRRT has become a recognised treatment option for patients with GEP-NET, the only indication currently covered by EMA approval of 177Lu-DOTATATE. However, preliminary clinical experience suggests that PRRT may also be beneficial in SSTR-expressing NET beyond GEP. This session provides updated knowledge and expertise on the use of PRRT in settings not yet approved by EMA—including lung carcinoids, paraganglioma/pheochromocytoma, meningioma, and medullary thyroid carcinoma—and translates recent updates into clinical practice by identifying tumour- and patient-specific predictors of benefit and risk, and outlining evidence-informed sequencing strategies with systemic therapies and local treatments.

Key Words
PRRT; Neuroendocrine; Lung Carcinoid; Meningioma; Pheochromocytoma; Paraganglioma; Medullary Thyroid Carcinoma