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INVITED LECTURE - ⁹⁰Y and ¹⁷⁷Lu labelled peptides for PRRT: nuclear and radiochemical aspects

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Somatostatin analogues designed to target tumor cells over-expressing somatostatin receptors have been radiolabelled with ⁹⁰Y- and ¹⁷⁷Lu for peptide receptor radionuclide therapy (PRRT). Clinical trials evidenced large patient variability as regards tumor and organs uptake, thus sustaining the need of tailored dosimetry, for a treatment course with improved safety and efficacy. However, Yttrium-90 does not decay with emission of a γ photon for imaging and cannot be used to estimate radiation dosimetry. Indium-111, which can be used for imaging has been employed as a surrogate. In case of ¹⁷⁷Lu-peptide therapy, its gamma-rays enable imaging, dosimetry, and therapy with the same compound.

The radiopharmaceuticals used for PRRT have in common a high renal activity concentration and kidneys have been identified as dose-limiting organs for PRRT, in particular during therapy with ⁹⁰Y-DOTATOC. Accurate kidney dosimetry plays a key role for the assessment of radiation nephropathy.

The optimal conditions for radiolabelling DOTA-peptides with ⁹⁰Y and ¹⁷⁷Lu have been evaluated. Reaction kinetics were found to be optimal at pH 4-4.5, with a steep decrease at lower pH. The binding kinetics are time- and temperature-dependent, the reactions being completed after 20 min at 80 °C. The highest specific activity (AS) of ⁹⁰Y and ¹⁷⁷Lu correspond to a mol/mol ratio of DOTA over nuclide of 3½ and 6, respectively. In general, at constant radiolabeling AS the RCP increased proportionally with ¹⁷⁷Lu AS, whereas at constant ¹⁷⁷Lu AS the RCP steeply decreased with increasing radiolabeling AS.

In conclusion, DOTA conjugated peptides can be efficiently radiolabelled at high AS (>50 MBq/nmol) by ¹⁷⁷LuCl₃ up to one half-life from production, considering that the standard AS at production of commercially available ¹⁷⁷Lu is generally > 740 GBq/mg.

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