

The impact of SARS CoV2 pandemic on PRRT in neuroendocrine patients: one-year experience in an ENETS certified center

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AIM, MATERIALS AND METHODS

The aim of this study was to understand if SARS-CoV2 infection has modified the clinical management of PRRT of NEN pts treated at IEO. We compared the number of cycles of PRRT (either in clinical practice or in clinical trials) performed at IEO from February 2020 to January 2021 with those performed in the same time frame in the previous year, from February 2019 to January 2020. During these periods the patients were treated in the same way; they received PRRT as inpatient, staying one night in the hospital (Radiometabolic Therapy Unit). During COVID-19 pandemic, the patient received a PCR test the day before, and the day of PRRT received a particular triage for COVID-19.

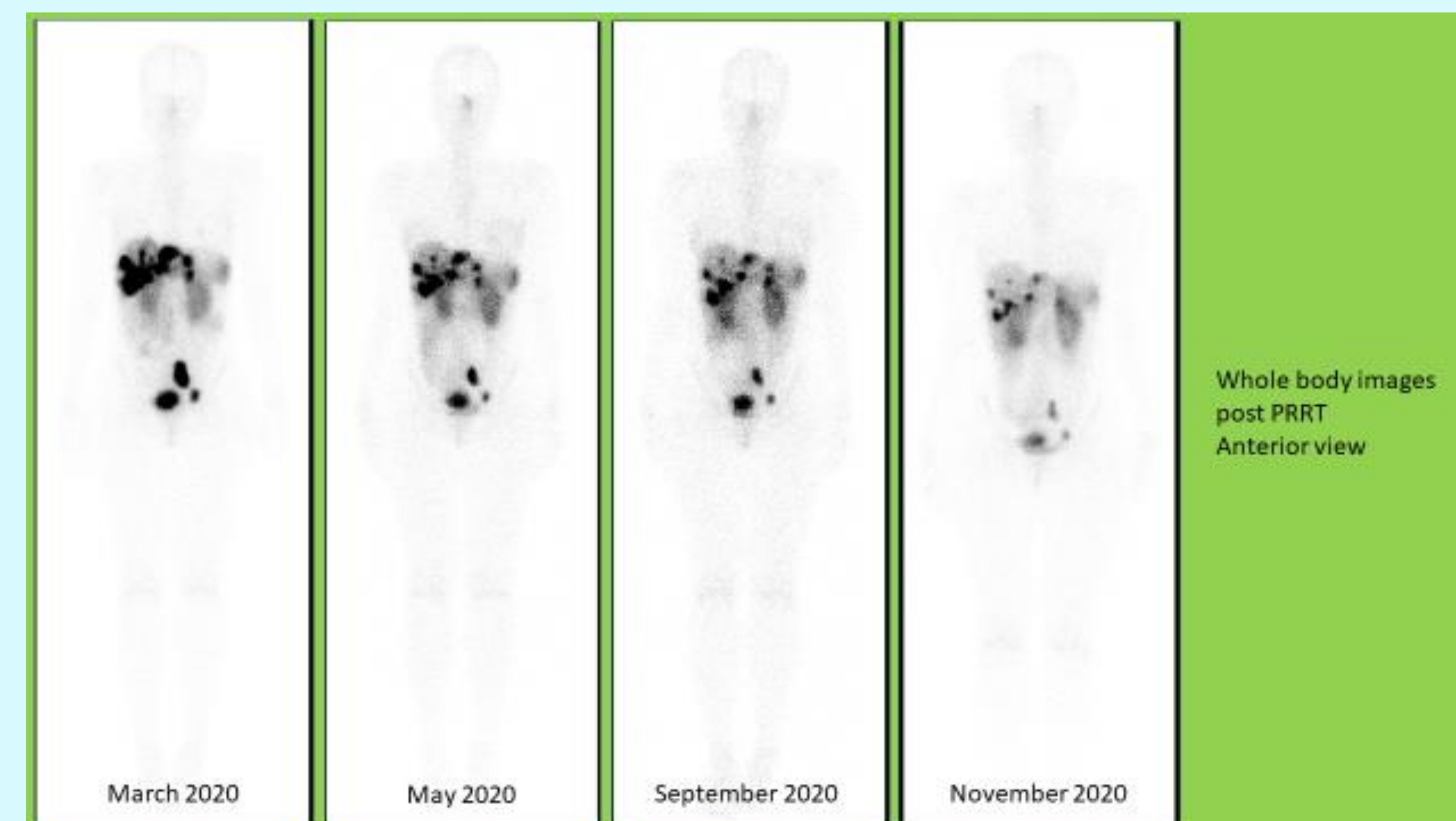
BACKGROUND

Oncological patients are at higher risk of being affected by COVID-19, with an increased risk of severe illness and mortality; however, in the same time, it is important to go on with assistance and treatments.

In an Italian recently published multicenter study, 45.5% of centers reported a delay in the beginning of PRRT for new candidates, and a delay in 15% in those patients who had already started PRRT, as a consequence of COVID-19.

RESULTS

- The activity of IEO neuroendocrine tumor board never stopped.
- From February 2019 to January 2020, we performed 10 cycles of PRRT
- From February 2020 to January 2021, despite SARSCoV2, we increased the number of patients treated, with a total of 75 cycles of PRRT (either in clinical practice or in clinical trials), without any delay.
- Only one patient coming from South of Italy could not travel during lockdown period, so this patient received PRRT near at home.
- A young patient coming from abroad arrived in Milano and could receive PRRT on time.
- During this period only 2 patients were affected by COVID-19, at the end of the treatment. They were not still vaccinated; however the disease was mild, without consequences. These patients were syndromic, receiving somatostatin analogue, that was not stopped during COVID-19.



Female, 43 yo, GEP NET
Liver mts, Lymphnode mts
Previous therapy: SSA

Lu-177-oxodotreotide, 4 cycles

CONCLUSIONS

The results of our experience demonstrate that as far as PRRT is concerned, those centers with more experience and with a dedicated nuclear medicine unit performing PRRT like in our Institute, they are able to adapt to the new organizations imposed by the extraordinary situation. However, the network of our neuroendocrine multidisciplinary tumor board was able to provide continuity in care without withdrawing PRRT.

Besides the Author of this abstract, all these other Colleagues of IEO neuroendocrine tumor board participated to the clinical management of NET patients:

E Pisa, L Funicelli, D Zerini, F Spada, M Rubino, A Laffi, D Ravizza, U Fumagalli Romario, F Petrella, E Pennacchioli, P Prestianni