

# Neuroendocrine tumors: Peptide receptors radionuclide therapy (PRRT)

Receptor-mediated radioimmunotherapy (RIT) has become an exciting field in nuclear medicine. In some indications we are successful. Many concepts are experimental, although in use since many years [1-3], and only few, as e.g.  $^{90}\text{Y}$ -ibritumomab tiuxetan, have gone to market but still pose a number of challenges [4].

In this context, the review by Papamichail et al. in the Greek section of the Jan-Apr 2016 issue of the HJNM on receptor-mediated RIT regimens in neuroendocrine tumors including somatostatin analogues radiolabelled with  $^{111}\text{In}$ ,  $^{90}\text{Y}$ ,  $^{177}\text{Lu}$ , and  $^{213}\text{Bi}$  is most timely [5]. The perception of RIT, as we think, still needs further attention and distribution as it is a valuable aid or even alternative to conventional therapy schemes. This could work if the partners, oncologists, nuclear medicine physicians, and health economists take up the discussion-together, not separately. And as peers.

The authors declare that they have no conflicts of interest

## Bibliography

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## Erratum:

In the paper: "Description of the thyroid hormone resistance syndrome illustrated by such a case, which had two different carcinomas and was mistreated with iodine-131" published in the 3rd issue of HJNM for 2015, pages: 247-51, the correct legend for Figure 3 is: Thyroid papillary carcinoma of a nodule in the right thyroid lobe and for Figure 4 is: Nasal -small cell neuroendocrine carcinoma. Immunohistochemistry: CK (+), NSE (+), CgA (+), SYN (+).

Additionally, immunohistochemistry analysis necessary for the diagnosis of neuroendocrine carcinoma which was not mentioned in the above text is: CK (+), NSE (+), CgA (+), SYN (+), VIM (-), HMB45 (-), S-100(-), EMA (-), SMA (-), CK5/6 (-), P63 (-). In general the immunohistochemistry results of CK, NSE, CgA and SYN were positive.

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