

EANM project group

“Absorbed dose verification in targeted radionuclide therapy”

Stage-1 survey: *Interest & capacity mapping (~5 minutes)*

List of questions for preparation

Q1. Country of your institution?

(dropdown with all Countries)

Q2. Name of your institution?

(short text)

Q3. Which therapies are currently performed at your centre?

(tick all that apply)

- Pluvicto (¹⁷⁷Lu-PSMA-617)
- Other PSMA-targeted ¹⁷⁷Lu therapy (free text)
- Lutathera (¹⁷⁷Lu-DOTATATE)
- Other SSTR-targeted ¹⁷⁷Lu therapy (free text)
- None

Q4. Approximate number of therapy administrations per year

(i.e. total number of annual treatment cycles, including multiple cycles per patient)

PSMA-targeted therapies:

- 0
- <50
- 50–100
- 100–250
- >250

SSTR-targeted therapies:

- 0
- <50
- 50–100
- 100–250
- >250

Q4. What post-therapy imaging is routinely performed?

(what is feasible beyond routine practice is addressed in Section C)

PSMA-targeted therapies:

- No post-therapy imaging
- Whole-body planar only
- Single SPECT/CT
- Single SPECT/CT + planar (often referred to as “hybrid”)
- Multiple SPECT/CT acquisitions

SSTR-targeted therapies:

- No post-therapy imaging
- Whole-body planar only
- Single SPECT/CT
- Single SPECT/CT + planar (often referred to as “hybrid”)
- Multiple SPECT/CT acquisitions

Q5. Is patient-specific dosimetry currently performed in routine clinical practice?

(i.e. absorbed doses are calculated on a routine basis, even if this does not affect clinical decision-making)

PSMA-targeted therapies:

- No

- Yes, in selected cases
- Yes, routinely (with occasional exceptions)

SSTR-targeted therapies:

- No
- Yes, in selected cases
- Yes, routinely (with occasional exceptions)

Q6. Would additional post-therapy imaging time points be feasible in a small patient subgroup as part of an EANM project group?

(exact patient numbers and imaging time points would be defined later; feasibility should be considered based on internal hospital resources)

PSMA-targeted therapies:

- Yes
- No

SSTR-targeted therapies:

- Yes
- No

Q7. Would additional dosimetry be feasible in such a subgroup?

(exact patient numbers and imaging time points would be defined later; feasibility should be considered based on internal hospital resources)

PSMA-targeted therapies:

- Feasible
- Not feasible

SSTR-targeted therapies:

- Feasible
- Not feasible

Q8. PET-based staging / response imaging is typically:

(multiple options possible)

- Acquired in-house
- Acquired externally (referrer), images available
- Acquired externally, report only
- Not routinely performed

Q9. Therapy response is primarily evaluated:

- On-site at our centre
- Externally (referrer)
- Combination of on-site and external evaluation

Q10. Which data types could, in principle, be contributed (anonymized / pseudonymized) to an EANM project?

(with appropriate ethics approval)

- Post-therapy imaging data (SPECT/CT / planar)
- PET imaging data
- CT imaging data
- Dosimetry data (derived values only)
- Clinical outcome data (e.g. PSA, toxicity)
- None

Q11. Is your centre interested in participating in an EANM project group on absorbed dose verification?

- Yes
- No

Q12. May we contact you for a more detailed follow-up survey or expert discussions?

- Yes (contact details: name & email address of contact person)
- No