Intraindividual tumor heterogeneity in NET – Further insight by C-X-C motif chemokine receptor 4-directed imaging

Rudolf A. Werner^{1,2} · Alexander Weich³ · Andreas Schirbel¹ · Samuel Samnick¹ · Andreas K. Buck¹ · Takahiro Higuchi¹ · Hans-Jürgen Wester⁴ · Constantin Lapa¹



A 67-year-old man with a history of a G3 (Ki67: 80 %) neuroendocrine tumor (NET) of the stomach was referred for re-

Constantin Lapa lapa_c@ukw.de

- ¹ Department of Nuclear Medicine, University Hospital Würzburg, Oberdürrbacher Str. 6, 97080 Würzburg, Germany
- ² Else-Kröner-Forschungskolleg, University Hospital Würzburg, Würzburg, Germany
- ³ Department of Internal Medicine II, Gastroenterology, University Hospital Würzburg, Würzburg, Germany
- ⁴ Pharmaceutical Radiochemistry, Technische Universität München, Munich, Germany

staging with [¹⁸F]-fluorodeoxy-glucose ([¹⁸F]FDG) and somatostatin receptor (SSTR) positron emission tomography/ computed tomography (PET/CT) using [⁶⁸Ga]-DOTA-D-Phe-Tyr³-octreotide ([⁶⁸Ga]DOTATOC). Additionally, C-X-C motif chemokine receptor 4- (CXCR4-) directed imaging with [⁶⁸Ga]Pentixafor PET/CT for endoradiotherapy evaluation was performed. Imaging revealed multiple hepatic metastases. Of note, marked heterogeneity, including SSTR+/ FDG+/CXCR4- (yellow arrows), exclusively FDG+ as well as FDG+/CXCR4+ lesions (white arrows) could be recorded. SSTR and CXCR4 expression did not demonstrate a significant coincidence.

Whereas different patterns of [¹⁸F]FDG and [⁶⁸Ga]DOTATOC positivity are well-known and have been described in a number of studies [1–3], this is the first report demonstrating valuable complementary insight into the complexity of tumor heterogeneity by investigation of the CXCR4 expression profile in NET in which receptor overexpression has been described with more aggressive histology [4]. This observation might be especially interesting for G2 NET patients in whom CXCR4 positivity might denote more aggressive disease or in G3 NET in which high receptor expression might represent a new therapy option [5], in particular in advanced disease stages. Further research is warranted to elucidate the underlying mechanisms or prognostic implications.

References

 Basu S, Sirohi B, Shrikhande SV. Dual tracer imaging approach in assessing tumor biology and heterogeneity in neuroendocrine tumors: its correlation with tumor proliferation index and possible multifaceted implications for personalized clinical management decisions, with focus on PRRT. Eur J Nucl Med Mol Imaging. 2014;41: 1492–6. doi:10.1007/s00259-014-2805-8.

- Basu S, Kwee TC, Gatenby R, Saboury B, Torigian DA, Alavi A. Evolving role of molecular imaging with PET in detecting and characterizing heterogeneity of cancer tissue at the primary and metastatic sites, a plausible explanation for failed attempts to cure malignant disorders. Eur J Nucl Med Mol Imaging. 2011;38:987–91. doi:10.1007/s00259-011-1787-z.
- Lapa C, Werner RA, Herrmann K. Visualization of tumor heterogeneity in neuroendocrine tumors by positron emission tomography. Endocrine. 2016;51:556–7. doi:10.1007/s12020-015-0661-3.
- 4. Kaemmerer D, Trager T, Hoffmeister M, Sipos B, Hommann M, Sanger J, et al. Inverse expression of somatostatin and CXCR4

chemokine receptors in gastroenteropancreatic neuroendocrine neoplasms of different malignancy. Oncotarget. 2015;6:27566–79. doi:10.18632/oncotarget.4491.

 Herrmann K, Schottelius M, Lapa C, Osl T, Poschenrieder A, Hanscheid H, et al. First-in-human experience of CXCR4directed endoradiotherapy with 177Lu- and 90Y-labeled pentixather in advanced-stage multiple myeloma with extensive intra- and extramedullary disease. J Nucl Med. 2016;57:248–51. doi:10.2967/jnumed.115.167361.