



Case Study

Lutetium (^{177}Lu DKFZ-PSMA-617) Therapy (Pluvicto) in Metastatic Prostate Adenocarcinoma

PATIENT ONCOLOGY HISTORY

Age: 60-Year-Old Male

Diagnosis: Metastatic Castrate Resistance Prostate Cancer to the bone, hilar and paratracheal lymphadenopathy.

Previous Treatments: Cycles of palliative docetaxel, Provenge, Zytiga, Olaparib Cabazitaxel, with an ATR inhibitor, and palliative RT to Thoracic spine.

Clinical Assessment before the treatment begins: Radiating chest & pelvic pain, breathlessness on walking upstairs, decrease in appetite, and weight loss.

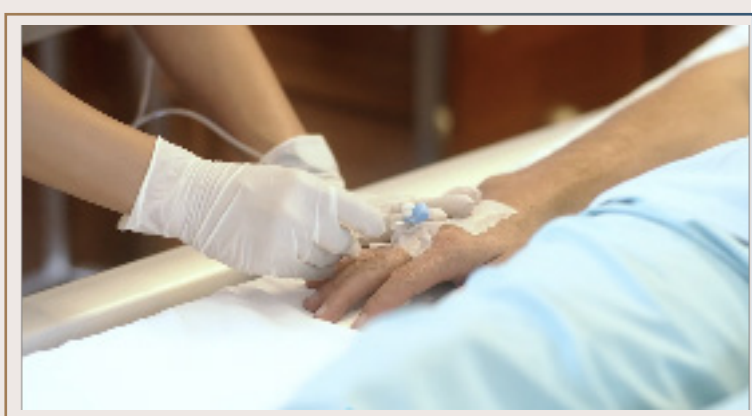
TREATMENT PROCEDURES

The patient was counselled regarding his extensive metastatic disease, including possible bone marrow involvement with the risk of relatively poorer outcomes in view of the disease's extent.

The treatment options, potential benefits of ^{177}Lu PSMA therapy tumor control and pain relief, complications and side effects including possible bone marrow suppression potentially requiring multiple Packed RBC or platelet transfusions, GCSF injections, and hospital or ICU admissions and in rare cases. The potential adverse effects of a dry mouth were also discussed.

Infusion: Lutetium PSMA Therapy

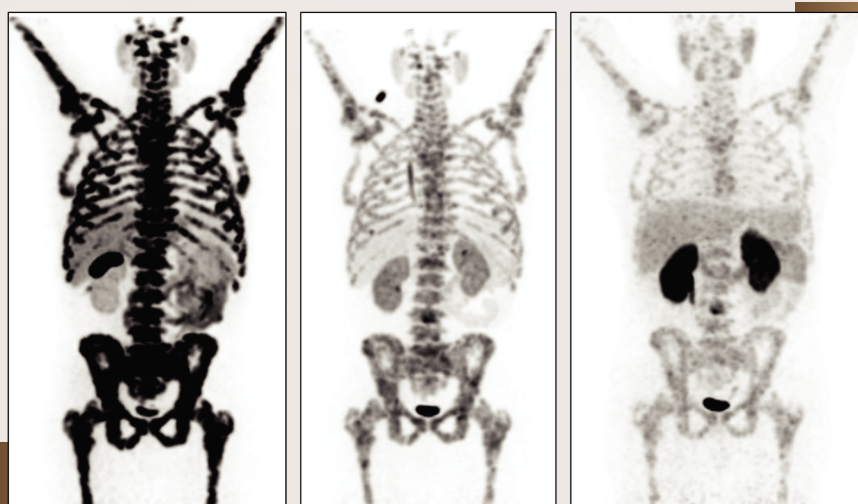
The patient received 1st dose of ^{177}Lu DKFZ-PSMA-617 by slow intravenous infusion using renal protection protocol (Hydration with intravenous normal saline). And after 3 months, he received the 2nd dose of ^{177}Lu DKFZ-PSMA-617. He is also on Enzalutamide daily under the guidance of the medical oncologist.



Clinical Assessment: The patient claimed a significant improvement in his general condition following the ^{177}Lu PSMA therapy. There is an improvement in his appetite and overall energy levels. He is not in pain and does not have to take any regular painkillers. He does not complain of any dry mouth. On examination, the patient was fairly nourished with some muscle wasting in the arms and legs. He was conscious, cooperative, and well-oriented. Vitals were stable. There was no cyanosis, clubbing, or edema. Bilateral chests clear. CVS examination showed heart sounds. The abdomen was soft and non-tender. There was no peripheral palpable lymphadenopathy.

After 2 months, the patient received the 3rd dose of ^{177}Lu DKFZPSMA-617 by slow intravenous infusion using renal protection protocol (Hydration with intravenous normal saline). And after 3 months, the patient received the 4th dose of ^{177}Lu DKFZ-PSMA-617. He continued taking Enzalutamide daily under the guidance of the medical oncologist.

Clinical Assessment: He did not have any post infusion immediate complications. The patient claimed a significant improvement in his general condition following the ^{177}Lu PSMA therapy.



Pre-therapy scan
PSA levels >1000ng/ml

After 02 cycle of Lu-177
PSMA therapy PSA
levels 531ng/ml

After 04 cycle of Lu-177
PSMA therapy PSA
levels 32.23ng/ml

Discuss your case with Dr. Ishita B. Sen and get a second opinion

+91 98111 27080

Useful Links

- > About Lu 177 PSMA Therapy
- > About Lu 177 PRRT Therapy
- > About Ac 225 PSMA Therapy
- > About Ac 225 PRRT Therapy
- > Metastasis directed Lu-177 PSMA Therapy in Prostate Cancer Patients with Oligometastatic Disease

*This is a general information, and is not intended to substitute for medical advice.