Radiotheranostics Today

Oncidium foundation

Voicing the Challenges and Opportunities of Radiotheranostics for Cancer Care

November 17th, 2026

Index

"Don't forget the child" Dr. Helen Nadel on pediatric radiotheranostics 03

A South African Trial Explores a **New Approach to High-Risk Neuroblastoma in Children** 05

The Human Capital Gap in Targeted Radionuclide Therapy (TRT) Commercialization 07

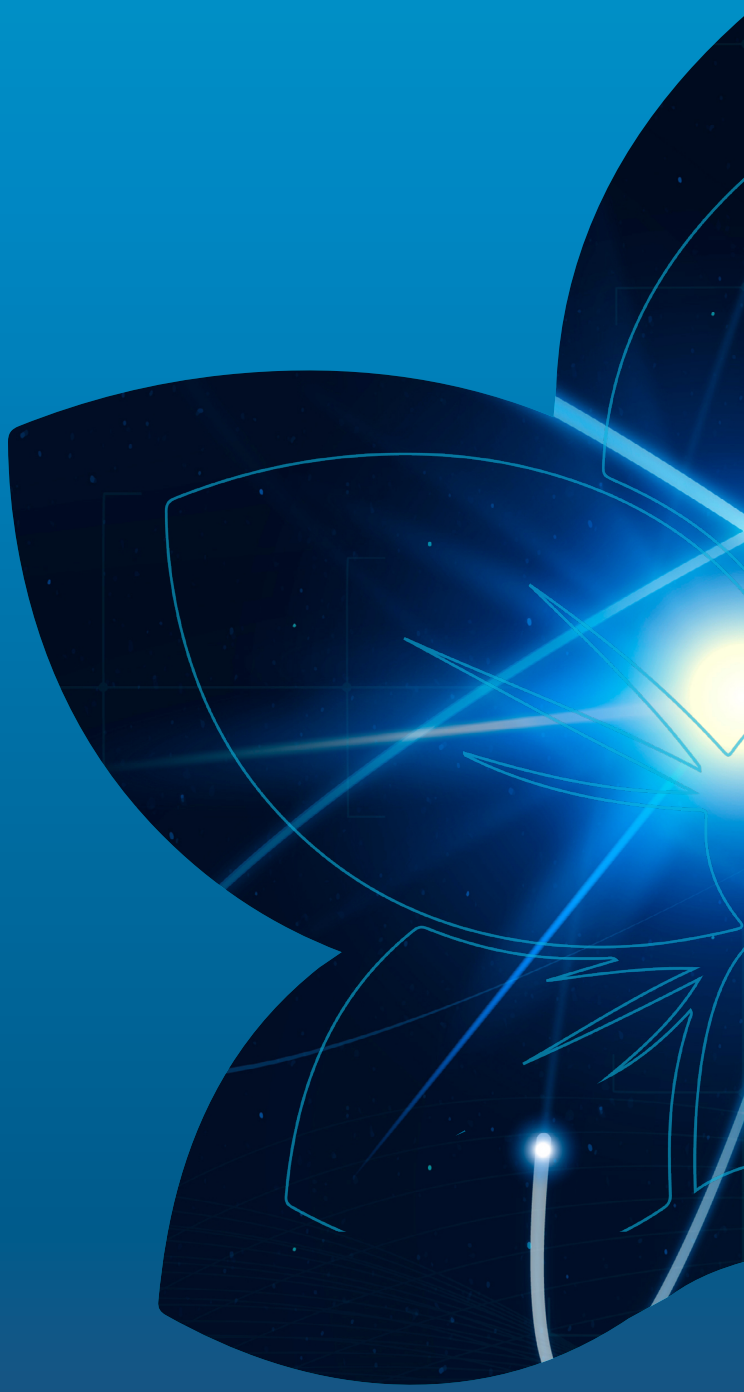
Lasting access: RLT-Connect in Egypt, Kenya and Ghana 11

Radiotheranostics in Kenya: An Emerging Landscape 12

NETRF: Accelerating the Next Generation of Neuroendocrine Cancer Research 13

Lu-177-PSMA-617 from a patient's perspective 14

What's up Oncidium? 15



Access - Education - Advocacy

EDITORIAL



Twenty years ago, the Oncidium foundation was nothing more than an idea, a vision to promote radiotheranostics. Fifteen years ago, that idea took shape: the foundation received its name, a board of highly committed and distinguished members was formed, and its mission evolved. The goal became to support promising radiolabeled molecules that had been stalled for purely financial reasons, helping them reach the market through a virtual radiopharmaceutical company backed by the foundation.

Five years later, the concept became reality, through a different path, as a real business. This shift also gave the foundation a new direction: helping patients gain access to these emerging therapies. In parallel, the first effective radiotheranostics reached the market, reinforcing this mission. About five years ago, a dedicated team began to take shape and the first ambassadors joined the effort.

Today, an increasing number of patients benefit from radiotheranostics, with Oncidium supporting those who struggle to access treatment. A growing network of friends, experts, physicians, ambassadors, and hospitals contributes to this endeavor, united by the goal of expanding knowledge and access. It may seem that all we need now is to continue growing and multiplying this effort. Unfortunately, reality is more complex.



By **Richard Zimmermann**
Founder of the Oncidium foundation

Over the past fifteen months, I was personally involved in the care of a patient, a close relative, diagnosed with glioblastoma. I knew the disease, its prognosis, and the alternatives under development. With my decades of experience, my extensive network of experts, and the many centers connected to Oncidium that could treat the patient, I was confident I could find the best possible option, one that might at least transform this deadly condition into a chronic one, as happened with NET twenty years ago.

Physicians in Australia, the Netherlands, the United States, Germany, and Austria were contacted, involved, and responded very positively. I am deeply grateful to all of them. A treatment protocol was established, and the patient appeared to be a potential responder to a radiotherapeutic under development. The doses were generously provided free of charge by the developing company. However, the treatment required travel abroad, on-site imaging, rapid coordination, and immediate action.

Then, suddenly, the disease accelerated exponentially, leaving no opportunity to benefit from the entire plan that had been put in place. In the end, the disease won the race. And I was left facing the painful truth that thirty years of experience and twenty years of supporting a foundation were of no help in this very specific and deeply personal case.

This leads to a far more important question: what happens to all the other cancer patients who do not have deep knowledge of their disease, who do not have access to a network of experts and hospitals? This is not only a matter of money. It is also a matter of people and connections, of understanding, communication, and the ability to spread the information.

This is where the foundation must focus for the next fifteen years: people supporting the foundation as connections for improved access, regulations, costs. Through them, more and more patients will benefit from this efficient modality.

“Don’t forget the child”: Dr. Helen Nadel on pediatric radiotheranostics



Dr. Helen Nadel, *Director of Pediatric Nuclear Medicine at Lucile Packard Children’s Hospital Stanford and past president of the Society of Nuclear Medicine and Molecular Imaging (SNMMI), joined Dr. Cristiana Gameiro-Paris, Scientific Advisor, and Tala Allahham, Head of Global Partnerships, of the Oncidium foundation to discuss radiotheranostics in children: what slows it down, how to talk to families about radiation, and why adolescents should no longer be left out of theranostics trials.*

What have you learned so far about the benefits and challenges of Targeted Radioligand Therapy (TRT) in children, including quality of life?

RLT in children is growing more slowly than in adults, but it is very exciting: in the week before this interview, we performed our first Lutathera treatment in a child at Stanford, which was a big accomplishment. The therapy is easily tolerated, and its impact is huge for children who have no other options.

The main barrier is a lack of information among referring clinicians. Many are not aware of TRT, and those who are often aren’t convinced, because there are very few clinical trials, they are small, and published results are variable. Around the world it is being done here and there, but not yet in an organized way. Then there is the organizational burden, from industry and from academic bureaucracy. For our first patient, we needed a contract with the radiopharmaceutical company, internal contracting approval, a safe treatment environment and an entry in our electronic health record. Each step seems routine, but each can take a lot of time, especially if you don’t know in advance that it is needed.

As for quality of life, TRT is still rarely given upfront in pediatrics. Children are often treated as a last resort, with variable outcomes. We need proper, large clinical trials, something I have been working toward for many years. Families are also hesitant about anything involving radioactivity. So we face internal and external issues: knowledge, fear of radiation and bureaucracy.

Is the referral pathway more difficult than for other treatment modalities?

It is perceived as more difficult, but it actually isn’t. Recently, we needed a diagnostic radiopharmaceutical not approved by the FDA, which may lead to therapy. With strong support from our research team, we prepared an emergency request over three days and received an answer within 12 hours, based on adult data that matched pediatric data on radiation safety. In pediatrics we are hesitant to face regulatory hurdles, but once you do it, you see that the tide may be turning. Children aged 12 and up should not be excluded from any new clinical trial. Under 12 is more complex, but the FDA’s 2024 approval of Lutathera for patients 12 and older shows it can be done.

This would also help referrals. Parents and patients search for information; when they see a trial that includes their age group, they take it to their clinician and ask, “What about this?” Education is our next big step: for ourselves, our referring clinicians, our industry partners and our imaging partners.

> **“Education is our next big step: for ourselves, our referring clinicians, our industry partners and our imaging partners.”**

How do parents and children react when RLT is offered, and how do you explain it?

You have to use simple terms and familiar examples. Everybody has flown, so I compare the radiation to one or two return flights to Europe. I tell children they won’t glow in the dark and, unfortunately, won’t become Spider-Man. They laugh, but they understand. Once it’s explained, families are very interested in how it differs from treatments that have made them feel unwell.

Depending on the home situation, isolation is often needed, so we show families our dedicated room at Stanford in advance, with an anteroom for a parent. We explain that isolation protects family and pets, and compare it to COVID distancing rules; since the pandemic, people understand the time-and-distance principle. Written material helps too, even if they read it afterwards.

Information is just as important for the care team. Before our first treatment, the nurses were worried about exposure and patient handling. I went to the ward the day before to explain what we were doing and why, and we held a dress rehearsal of the infusion. That extra time, with a huddle, a roadmap and practice, is essential.

Which regulatory barriers still need to be addressed?

I can speak for Canada and the US. Globally there is so much variation that no unified approach exists yet, which our global initiative is trying to map. Historically, trials for patients under 18 were separate from adult trials, with different regulatory requirements. From my recent interactions, the FDA is open to change and recognizes that radiation safety, its primary concern, is similar from age 12 and up. Including adolescents would modestly enlarge the patient pool for industry trials, as they are currently completely excluded, without, I believe, increasing costs. We just need to keep knocking on the door.

Are you working with other centers worldwide?

We are trying. The pediatric community knows each other globally and meets through SNMMI and EANM. With colleagues on six continents, we are reviewing the SIOPEN and COG classifications for Curie score validation. The radiopharmaceutical I needed is readily available in Europe and the Middle East but not in North America, so data exist. Pilot studies must now grow into global efforts. The biggest barrier is time and money: we need insightful industry partners who see pilot studies that include children as a win-win. I am devoting this last part of my career to this effort.

A publication from the South African group on frontline RLT in neuroblastoma (the LuDO-SA trial) has just appeared, and there is the LuDO trial in Europe. But these have not really reached North America, and enrollment has been slow. We need to hear about such studies; even small ones help.

What expertise do health systems need to build?

There won't be a pediatric specialist in every major center, so what you need is a champion: a dedicated person willing to learn the skills required to treat children, working closely with the pediatric clinicians who manage these patients. As we know from adults, acute complications are very few, and clinicians need to hear that. The floodgates have opened. Start it and they will come: find the champion, and it gets going on its own.

Where should pediatric and adult theranostics follow different paths?

With children, everything takes longer: double the time and effort, at least at first. Children and parents need hands-on support, not just instructions. We perform these therapies perhaps 10 to 12 times a year, while adult centers do them every day, so my technologist observed in the adult setting, and we rehearse each time because it never becomes routine. It's the old adage: see one, do one, teach one.

What role can medical societies and the Oncidium foundation play?

Societies provide procedure standards and guidelines, and we are working on those on many fronts. Organizations such as the Oncidium foundation bring outreach, and you do a wonderful job of it, especially outside North America; we need to help you grow there. Presence at meetings such as the Children's Oncology Group matters, and they welcome it. We also need to talk to the societies that refer patients to us, such as pediatric hematology-oncology and disease-based groups, many of which now hold patient education days. When patients hear about TRT, they ask their clinicians, "Why can't I have this?" Information flows both ways. Testimonials help too, though they must be secured individually and privately. Keep creating ambassadors and champions who use their voice to educate.

This is a very exciting time for targeted radioligand therapy and theranostics. "Don't forget the child" is my key phrase for this time of my career and my life. I hope that next time, I can tell you we are doing TRT with clinical trial outcome data on six continents.

> ***"Don't forget the child"*** **is my key phrase for this time of my career and my life. I hope that next time, I can tell you we are doing TRT with clinical trial outcome data on six continents.**

A South African Trial Explores a New Approach to High-Risk Neuroblastoma in Children



Prof. Dr. Jaques van Heerden *is a paediatric oncologist at Antwerp University Hospital, Belgium, and Stellenbosch University, South Africa, with a research focus on neuroblastoma and childhood cancer care in low- and middle-income countries.*



Dr. Anita Brink *is a nuclear medicine physician at the International Atomic Energy Agency (IAEA) in Austria, with a primary focus on strengthening nuclear medicine service delivery in low- and middle-income countries.*

Neuroblastoma is the most common cancer of infancy and one of the more aggressive solid tumours diagnosed in young children. When it presents at an advanced stage, as it often does in children from under-resourced regions, survival rates fall well below what is achieved in high-income countries. In South Africa, children with stage 4 (or spread disease) high-risk neuroblastoma who receive standard induction chemotherapy respond less well than children treated with comparable protocols elsewhere in the world. Closing that gap, without increasing the intensity of the treatment, is one of the central challenges facing paediatric oncology teams in resource-constrained settings.

A trial now underway in South Africa is testing whether radiotheranostics can help.

What is being tested?

The LuDO-SA trial, a phase I, multi-centre, randomised controlled study, is investigating whether adding a single dose of [^{177}Lu]Lu-DOTATATE, added to standard first-line induction chemotherapy, can improve early treatment response in children newly diagnosed with stage 4 high-risk neuroblastoma. This radiolabelled molecule targets receptors commonly found on neuroblastoma cells and makes the cells sensitive to radiotherapy. This form of molecular radiotherapy, also known as peptide receptor radionuclide therapy, delivers targeted radiation directly to tumour cells that take up the DOTATATE compound, largely sparing surrounding healthy tissue.

Why DOTATATE therapy?

[^{177}Lu]Lu-DOTATATE therapy is already established for certain adult adrenal gland tumours and has previously been studied in children with relapsed or refractory neuroblastoma. The LuDO-SA trial differs in an important way: it introduces the therapy earlier, during first-line induction treatment, rather than after the disease has become resistant to conventional therapy, a later-line setting in which earlier international trials had limited success.

Why South Africa, why now?

The trial is coordinated through the South African Association for Paediatric Haematology and Oncology's Neuroblastoma Working Group, with Tygerberg Hospital, Stellenbosch University, as the lead site, alongside three further academic hospitals across the country. South Africa is a country with the capacity to produce the DOTATATE compound, without a need to import the compound, making it more affordable than other radioisotope compounds.

Children become eligible for enrolment once imaging confirms that their tumour takes up the DOTATATE-based tracer, showing that the treatment can reach and bind to the cancer.

Running a molecular radiotherapy trial within a public-sector, resource-constrained health system is itself a significant undertaking. It requires nuclear medicine, medical physics and paediatric oncology teams across several hospitals to work in close coordination, and depends on international partnerships for the supply of the radiopharmaceutical and for logistical support. The trial has drawn support from South African and international organizations, such as the Oncidium foundation that is donating Lu-177 doses through the RLT-Connect program with the support of NTP Radioisotopes (South Africa). This reflects a shared interest in generating treatment evidence that is directly relevant to African children, rather than relying solely on data extrapolated from very different healthcare settings.

Looking ahead

Beyond its primary question, whether adding [^{177}Lu]Lu-DOTATATE improves the metastatic response to induction chemotherapy, the trial is also gathering information on the feasibility of delivering this kind of therapy in a resource-limited setting, and on how the radiopharmaceutical behaves in South African children specifically. This feasibility and dosimetry data matters beyond the current trial: it will help determine whether, and how, radiotheranostics could be more broadly integrated into paediatric cancer care in similar settings across the region and whether it is safe for African children.

The aim of the trial is to include 20 patients diagnosed with stage 4 (distant spread) neuroblastoma. Of these, 10 will receive a single dose of [^{177}Lu]Lu-DOTATATE and 10 will serve as a control group, who will not receive the radiopharmaceutical. Currently, 15 patients have been included of which 8 have received a single dose of [^{177}Lu]Lu-DOTATATE.

The trial remains open to recruitment, with findings expected in due course. Should the approach prove both safe and feasible in this earlier treatment setting, it could offer a meaningful additional tool for children who currently have too few good options at diagnosis towards cure. Just as importantly, it offers a model for how molecular radiotherapy research can be conducted equitably, with children from low- and middle-income countries included in shaping the evidence from the start, rather than waiting for it to arrive from elsewhere.

Most importantly, to improve the cure rates for neuroblastoma in limited-resource settings.

The rest of the research team

Tygerberg Hospital, Cape Town: Anel van Zyl, Mariana Kruger, James Warwick, Celeste Burger, Tumelo Moalosi, Christoffel van Reenen, Nanette Bruwer

Inkosi Albert Luthuli Central Hospital, Durban: Kershinee Reddy, Mariza Vorster, Thokozani Mkhize

Red Cross War Memorial Children's Hospital, Cape Town: Alan Davidson, Khanyisile Hlongwa, Daniella Violante

Chris Hani Baragwanath Hospital, Johannesburg: Biance Rowe, Gita Naidu, Lizette Louw, Bronwin van Wyk

The Human Capital Gap in Targeted Radionuclide Therapy (TRT) Commercialization



Taylor Prejna
Oncidium Ambassador - USA

The commercial trajectory of radiopharmaceutical imaging and therapy has outpaced not only physical infrastructure and isotope supply, but also the professional infrastructure required to deliver it. What was, within the span of a single decade, a specialty confined to a small number of academic nuclear medicine departments has become a mainstream modality within precision oncology.

Pipeline Maturation and Label Expansion as Determinants of Workforce Need

That expansion is driven by more than procedural volume: in the United States, it reflects the approval of new radiopharmaceuticals by the Food and Drug Administration, the rise of novel theranostic approaches, and the increasing integration of TRT into standard cancer treatment pathways.[1]

Label expansion of already-approved agents is a substantial part of this picture. In March 2026, the FDA broadened the label for Novartis's Pluvicto (^{177}Lu-PSMA-617) to permit use in PSMA-positive metastatic castration-resistant prostate cancer prior to chemotherapy, moving the therapy out of a heavily pretreated salvage population and into a larger patient pool that competes directly against established standards of care.[2] Alongside label expansion, a widening pipeline of novel agents is targeting oncology indications with limited existing treatment options: developers are advancing radioligand candidates across a broader range of solid tumors, exploring both alpha- and beta-emitting isotopes, and pursuing combination regimens that pair radioligands with immunotherapies or DNA damage response agents.[3] Analysts covering the sector describe a global radiopharmaceuticals market moving from roughly eight billion dollars in 2025 toward figures in the mid-teens of billions by the early 2030s, with the therapeutic segment identified as the fastest-growing category within that total.[4] That growth is expressed in the form of new treatment centers opening dosing suites, community oncology practices adding TRT service lines, and contract development and manufacturing organizations (CDMOs) expanding capacity to meet demand for actinium-225, lutetium-177, and a widening set of alpha- and beta-emitting isotopes, all of it supported by a manufacturing and distribution infrastructure that remains fundamentally distinct from conventional pharmaceutical production rather than converging toward it, built as it is around cyclotrons, generators, and decay-driven timelines rather than the batch chemistry and shelf-stable logistics of small-molecule and biologic manufacturing. Each of these expansions presupposes the availability of trained personnel at every point in the chain that carries a therapeutic radiopharmaceutical from production through distribution and into a patient, and it is across that full chain, rather than at any single point within it, that the industry's growth curve and its workforce curve have diverged.

> **“Each of these expansions presupposes the availability of trained personnel at every point in the chain”**

Cultivating Specialized Expertise Across the Radiopharmaceutical Supply Chain

At the production end, the shortage of qualified talent is compounded by the distance between the conventions of traditional pharmaceutical manufacturing and the operational realities of radioactive drug substances, a distance that is frequently underestimated rather than overstated. Coverage of recent industry meetings has observed a recurring pattern among organizations entering the field from conventional biopharmaceutical backgrounds, noting that new entrants continue to approach radiopharmaceutical development through the lens of conventional drug development and consistently underestimate the manufacturing, distribution, and clinical execution requirements unique to radioactive products, a pattern that reinforces the importance of specialist expertise spanning both traditional pharmaceutical development and radiopharmaceutical science.[5] This gap has become commercially significant enough to reshape the manufacturing landscape itself, as sponsors increasingly look outside their own organizations for personnel capable of bridging the two disciplines.

The CDMO market serving radiopharmaceutical developers has grown accordingly, as pharmaceutical and biotechnology sponsors increasingly outsource development, production, and final-mile logistics to specialized partners in response to the demands of isotope handling and the stringency of regulatory requirements attached to radioactive products.[6] A radiopharmaceutical CDMO's competitive position rests substantially on its ability to staff cyclotron and manufacturing operations, radiochemistry, dispensing, and quality control functions with personnel trained specifically in the handling of radioactive materials, a skill set that cannot be readily transferred from conventional small-molecule or biologics manufacturing and that remains scarce relative to the number of facilities now competing for it.

Distribution poses a related but distinct workforce challenge, since the half-lives that define many therapeutic isotopes leave little margin for error in the logistics chain connecting a manufacturing facility to a treatment center. The compressed timelines involved mean that personnel responsible for dispensing, radiation-safe packaging, and time-sensitive coordination of transportation must be trained not only in pharmaceutical logistics but in radiation safety protocols specific to the isotope being transported. Market analysts tracking the sector have identified “shelf life” as a structural constraint on scalability, requiring rapid, tightly coordinated production, distribution, and administration workflows that complicate supply chain logistics considerably relative to conventional pharmaceuticals.[7] As isotope diversity expands beyond the long-established iodine-131 platforms, the distribution workforce faces an increasingly narrow and unforgiving operating window, and the professionals capable of managing it reliably remain concentrated in a small number of specialized radiopharmacies and CDMOs rather than distributed broadly across the supply chain.

Workforce Constraints at the Patient Interface

The patient-facing workforce carries perhaps the most extensively documented shortage of the three, in part because professional societies have prioritized measuring it directly. Survey data collected by the European Association of Nuclear Medicine describe a field that is professionally satisfied but structurally strained, reporting high career satisfaction and optimism about future growth alongside persistent vacancies and disparities in career advancement and leadership.[8] That survey, conducted with support from EANM's Initiatives in Nuclear Medicine to Support Professional Interest and Recruitment in Europe project and its Young Professional Council, drew responses from 239 professionals across 31 countries, with physicians comprising the largest share of respondents at just over 58%, followed by physicists and engineers and then technologists.[9] The severity of the shortage becomes more explicit in formal disputes over professional jurisdiction. In a published response to a proposed curriculum framework from a competing specialty society, nuclear medicine physicians argued directly against the premise that demand for their expertise was diminishing, stating that the need for nuclear medicine physicians has in fact increased and that a global shortage of trained physicians already limits the delivery of services to patients who need them, with projections indicating the shortfall will worsen.[10]

The technologist workforce, which sits closest to the point of dose preparation and administration, faces a parallel and in some respects more acute version of the same problem. An analysis published in the Journal of Nuclear Cardiology in late 2025 described what its authors termed a scanner room crisis, in which the accreditation infrastructure for training new nuclear medicine technologists has been contracting even as clinical demand accelerates, reporting an alarming workforce shortage threatening the efficiency and accessibility of nuclear medicine services and an aging technologist population in which workers over forty years of age account for roughly three-quarters of the workforce.[11] Compounding this demographic pressure is a decades-long decline in training capacity itself: nearly two hundred nuclear medicine technology programs have closed or withdrawn from accreditation since the Joint Review Committee on Educational Programs in Nuclear Medicine Technology began accrediting programs in 1970, a trend reflected in declining graduate numbers over the past decade.[11]

> **A therapeutic modality that depends on technologists trained specifically in radiopharmaceutical preparation and administration, radiation safety, and post-therapy imaging protocols cannot scale commercially if the pipeline producing those technologists continues to narrow, regardless of how much upstream production and distribution capacity is added.**

A therapeutic modality that depends on technologists trained specifically in radiopharmaceutical preparation and administration, radiation safety, and post-therapy imaging protocols cannot scale commercially if the pipeline producing those technologists continues to narrow, regardless of how much upstream production and distribution capacity is added.

Collective Action by Professional Societies

Institutional responses to these shortages have increasingly treated the value chain as a single interconnected workforce problem rather than a set of separate staffing gaps. The Society of Nuclear Medicine and Molecular Imaging's (SNMMI) Theranostics Program illustrates this integrated framing directly, having been described as a coordinated initiative to integrate radiopharmaceutical therapies into mainstream care by improving access, reimbursement, workforce capacity, and regulatory alignment together, rather than treating workforce development as separable from the commercial and regulatory dimensions of the field's growth.[12] Within the patient-care segment specifically, the society has expanded who is considered part of the qualified care team, formally recognizing advanced practice roles that did not previously exist within the specialty's professional taxonomy. Nuclear medicine advanced associates now function as physician extenders who work under the supervision of licensed physicians to support patient care across diagnostic imaging, theranostics, and radiotherapy, incorporating technologist-level training in both diagnostic and therapeutic nuclear medicine, even as some nurse practitioner and physician assistant programs entering the field do not yet include equivalent preparation and instead rely on on-the-job training, a gap the society expects to widen as the advanced practice provider workforce continues to grow.[13] Formal credentialing infrastructure spanning production-adjacent and patient-facing competencies alike is following this expansion, including a three-level Radiopharmaceutical Therapy Dosimetry Certificate program spanning technologists, physicians, and physicists, developed alongside workshops bringing together academic, industry, and federal regulatory stakeholders to address dose optimization specifically within radiopharmaceutical therapy development.[14]

A comparable recognition of the multidisciplinary nature of the workforce challenge is visible on the technologist side, where responsibilities now extend well beyond dose administration into functions that touch distribution and quality as much as direct patient care. A 2025 EANM NMTs in Theranostics initiative convened by several international technologist societies illustrates the scope of this redefinition: as theranostics programs expand, the responsibilities of nuclear medicine technologists are evolving to span patient education and counseling, radiopharmaceutical preparation, radiation safety, image acquisition, post-therapy imaging, clinical trial operations, and multidisciplinary coordination, prompting four organizations to launch a coordinated global effort establishing an international consortium focused specifically on technologists working in theranostics.[15] That consortium has noted that while global professional guidance consistently emphasizes multidisciplinary teamwork, safety, and education in theranostics, the actual training expectations, scope of practice, and defined responsibilities for technologists continue to vary considerably by country and by institution, motivating an effort to harmonize competency standards while still accounting for country-specific practice environments.[15]

Cultivating the Pipeline of Talent

Medical societies increasingly treat production, distribution and patient care as one connected workforce problem rather than separate staffing gaps.

Recruitment into the field, finally, remains the constraint underlying all three segments of the value chain, as production, distribution, and patient-care roles alike depend on a pipeline of entrants that has not kept pace with clinical and commercial demand. Research conducted by EANM's Oncology and Theranostics Committee examined this dynamic among nuclear medicine residents specifically, finding that the shortage of young talent entering the field affects the delivery of clinical service directly, while also undermining the participation of younger professionals in research that is itself necessary to sustain a rapidly evolving specialty, with the number of residents choosing nuclear medicine as a specialty having declined in many countries despite an increase in the broader hiring of nuclear medicine and nuclear radiology physicians during the same period.[16] In response, EANM has built dedicated recruitment infrastructure, most visibly through its INSPIRE initiative, designed specifically to address future workforce shortages and positioned as a sustained effort to support professional interest and recruitment in nuclear medicine across Europe, with a standing presence at the organization's annual congress.[17]

The commercialization of radiopharmaceutical therapeutics has created a genuinely new category of oncology care, one capable of delivering targeted radiation with a precision that conventional systemic therapy cannot match. The translation of that scientific promise into reliable patient access depends on a workforce spanning production, distribution, and direct patient care in roughly equal measure, one that must be built deliberately across all three rather than assumed to scale on its own.

The evidence gathered by SNMMI and EANM over the past several years describes an industry whose commercial ambitions have consistently run ahead of its capacity to staff the full value chain that carries a therapeutic dose from production to patient. Sustaining the current pace of growth in radiopharmaceutical therapy will require the same level of institutional investment currently directed toward isotope supply, manufacturing capacity, and clinical trial infrastructure to be directed toward the people who prepare, transport, dose, and monitor these therapies at every stage. How quickly and how safely this therapeutic category reaches the patients who stand to benefit from it will ultimately be set by the size and readiness of that workforce, not by manufacturing throughput or capital investment alone.

How quickly and how safely this therapeutic category reaches the patients who stand to benefit from it will ultimately be set by the size and readiness of that workforce, not by manufacturing throughput or capital investment alone.

References:

1. "UAB/SNMMI Nuclear Medicine Therapy Intensive: Advancing Competence and Innovation in Radiopharmaceutical Therapy." PMC. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC12688043/

2. Fassbind, S. "Radioligand therapy momentum continues into 2026." Labiotech, February 2026. https://www.labiotech.eu/in-depth/radioligand-therapy/

3. "Pharm Exec's 2026 Pipeline Report: Next Frontiers in Focus." PharmExec, July 2026. https://www.pharmexec.com/view/pharm-exec-s-2026-pipeline-report-next-frontiers-in-focus

4. Precedence Research. "Radiopharmaceuticals Market Size to Exceed USD 15.21 Billion By 2035." April 2026. https://www.precedenceresearch.com/radiopharmaceuticals-market

5. PSI CRO. "SNMMI 2026: Innovative new isotopes, indications, and combination therapies." June 2026. https://psi-cro.com/snmmi-2026-innovation-combination-theranostics/

6. DelveInsight / GlobeNewswire. "Global Radiopharmaceutical CDMO Market to Accelerate Substantially at a CAGR of ~10% by 2034." July 2026. https://www.globenewswire.com/news-release/2026/07/29/3335488/0/en/Global-Radiopharmaceutical-CDMO-Market-to-Accelerate-Substantially-at-a-CAGR-of-10-by-2034-DelveInsight.html

7. Polaris Market Research. "Radiopharmaceuticals Market Size, Industry Demand 2026-2034." July 2026. https://www.polarismarketresearch.com/industry-analysis/radiopharmaceuticals-market

8. "EANM nuclear medicine workforce survey: Sentiments, gaps, and strategic priorities in Europe." ScienceDirect, February 2026. https://www.sciencedirect.com/science/article/pii/S3051292126000023

9. AuntMinnieEurope. "Unfilled vacancies and disparities persist in nuclear medicine." February 2026. https://www.auntminnieeurope.com/clinical-news/molecular-imaging/article/15817570/unfilled-vacancies-and-disparities-persist-in-nuclear-medicine

10. "Letter to Editor for 'European Association of Nuclear Medicine (EANM) response to the proposed ASTRO's framework for radiopharmaceutical therapy curriculum development for trainees.'" PMC. https://pmc.ncbi.nlm.nih.gov/articles/PMC9745708/

11. "Scanner room crisis: Bridging the workforce shortage gap of nuclear medicine technologists." Journal of Nuclear Cardiology, October 2025. https://www.journalofnuclearcardiology.org/article/S1071-3581(25)00401-5/abstract

12. "A New Era of Precision Medicine: The SNMMI Is Leading Progress in Nuclear Medicine and Radiopharmaceutical Therapy." Journal of Nuclear Medicine, December 2025. https://jnm.snmjournals.org/content/66/12/7A

13. "Radiopharmaceutical Therapy: Rapid Growth, Rising Challenges, and the Critical Need for Expertise." Journal of Nuclear Medicine, December 2025. https://jnm.snmjournals.org/content/66/12/1871

14. "Innovation and Dedication Spur Excellence in Nuclear Medicine and Molecular Imaging." Journal of Nuclear Medicine, June 2024. https://jnm.snmjournals.org/content/65/6/11A

15. EANM. "NMTs in Theranostics." October 2025. https://eanm.org/news/survey-nuclear-medicine-technologists-in-theranostics/

16. "How to attract young talent to nuclear medicine step 1: a survey conducted by the EANM Oncology and Theranostics Committee." PMC. https://pmc.ncbi.nlm.nih.gov/articles/PMC10684400/

17. AuntMinnieEurope. "EANM puts focus on theranostics at 2024 annual meeting." October 2024. https://www.auntminnieeurope.com/clinical-news/molecular-imaging/article/15704949/eanm-puts-focus-on-theranostics-at-2024-annual-meeting

Lasting access:
RLT-Connect in Egypt, Kenya and Ghana



Dr. Alice Viana
Scientific Director



Elisa Cannarozzo
Patient Access Coordinator

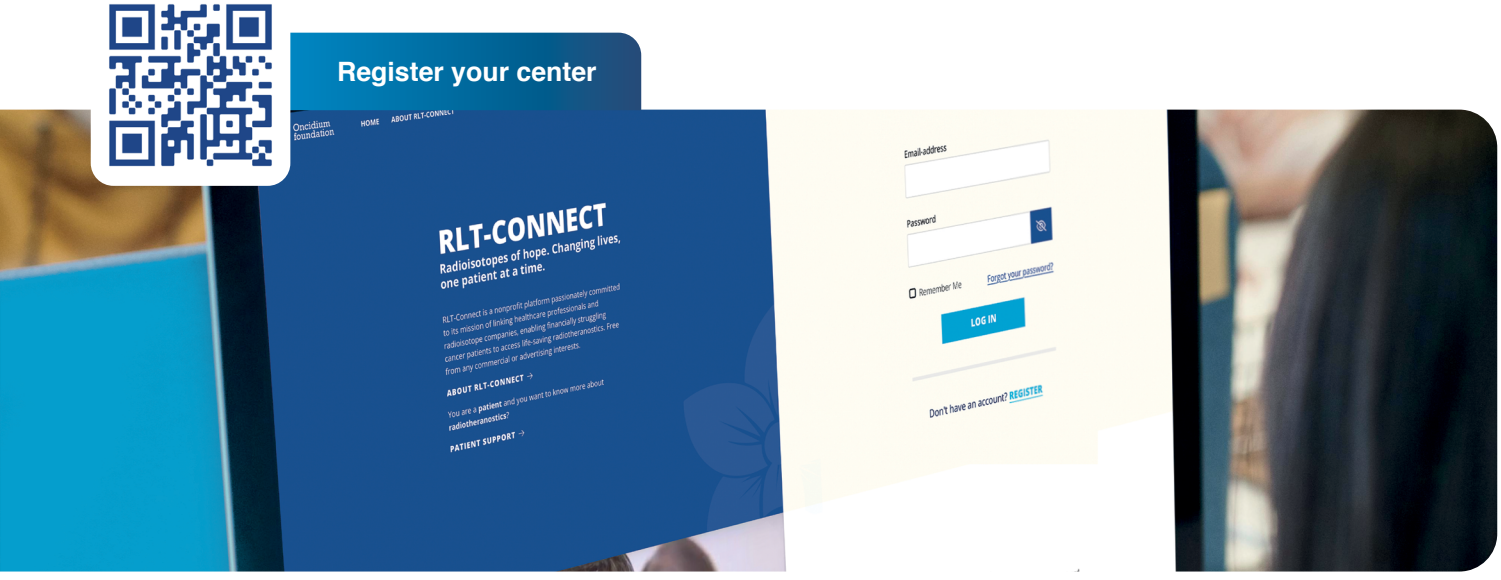
RLT-Connect, the Oncidium foundation's treatment donation program, is making the case for equitable access to targeted radionuclide therapy (TRT) heard well beyond the hospitals it supports. Behind each donated dose is a health system taking a first step, and a community that sees what is possible.



- **In Egypt,** at Ain Shams University Hospital we supported with the radioisotope doses the first [^{177}Lu] Lu-PSMA treatment in an Egyptian public hospital. The impact of this collaborative achievement has resonated within the community and drew the attention of a major Egyptian media, **eXtra News**
- **In Kenya** in November 2025, Oncidium supported the first [^{177}Lu]Lu-PSMA treatments at the public institution Kenyatta Hospital (KUTRRH) in collaboration with an IAEA technical cooperation programme. Today, 5 hospitals and 3 local partners for radiopharmacy are recognizing the program as an additional route to equitable access.
- In West Africa, starting with **Nigeria** last year and **Ghana** this year, RLT-Connect donated doses to treat patients who can't access the treatment otherwise, questioning affordability in the region while encouraging the use of existing infrastructures at service of the population.

Why does it matter? Each request sent to RLT-Connect documents where access is missing, and it counts in the body of real-world evidence on the global unmet access need. RLT-Connect is a bridge, not a destination: the real goal is sustainable, locally anchored access, and the incoming requests show where that effort is most needed.

The initial achievements of our initiatives were presented as posters at EANM: "Expanding global access to radioligand therapy: Real-world experience from the Oncidium RLT-Connect platform" and " Inequities in ^{177}Lu-PSMA Radioligand Therapy Reimbursement Across European Countries " on RLT access disparities across Europe at ESMO, and we look forward to strengthening our data together with the professionals leading the effort for better access.



Radiotheranostics in Kenya:
An Emerging Landscape



Dr. Elizabeth Itotia
Senior Pharmaceuticals Specialist
Oncidium Ambassador - Kenya





In less than two years, Kenya has moved from having no local ^{177}Lu targeted radionuclide therapy to delivering treatment in both private and public healthcare settings. This rapid transition reflects the broader growth of nuclear medicine in the country, but it also brings a new challenge into focus: how to ensure that the ability to deliver radiotheranostics translates into meaningful patient access.

Kenya introduced its first PET/CT approximately eight years ago. Since 2022, six additional systems have become operational, bringing the current number to seven. This rapid expansion has strengthened the molecular imaging infrastructure needed to support theranostics and reflects the broader growth of nuclear medicine services in the country.

^{177}Lu-based therapy became available in Kenya in mid-2025, initially through the private sector. The public sector followed in November 2025, when Kenyatta University Teaching, Referral and Research Hospital (KUTRRH) administered ^{177}Lu-PSMA therapy. Additional centres commenced treatment in 2026. Thus, within a relatively short period, Kenya has established ^{177}Lu therapy across both private and public healthcare settings.

The KUTRRH initiative was supported by the Oncidium foundation, which sponsored the ^{177}Lu-PSMA doses, while technical training and capacity-building were facilitated by the International Atomic Energy Agency (IAEA) through Kenya's KEN6027 national project. This collaboration supported the development of local expertise while demonstrating the feasibility of delivering Targeted Radionuclide Therapy (TRT) within the public health system.

The principal challenge is now affordability rather than availability. The majority of Kenyans rely on the Social Health Authority (SHA) for healthcare financing. PET/CT is included within the SHA benefits package, with PET/CT services reimbursed under the scheme. In contrast, ^{177}Lu-based TRT does not currently have a comparable reimbursement pathway through SHA. Patients therefore largely depend on private insurance or out-of-pocket payment, making treatment unaffordable for many who could potentially benefit.

Consequently, a key policy priority for Kenya is to establish an evidence-based pathway for the inclusion of appropriate TRT indications within SHA coverage. Aligning TRT financing with the country's expanding nuclear medicine capacity would be an important step towards making these therapies accessible to the wider population.

The development of TRT has also stimulated wider collaboration and regional dialogue. The Oncidium foundation hosted the Nairobi Radiotheranostics Summit during the World Health Summit Regional Meeting in Nairobi in April 2026, bringing together stakeholders to consider the development and expansion of radiotheranostics in Africa.

Kenya's experience demonstrates how quickly radiotheranostics can develop when clinical expertise, infrastructure and strategic partnerships converge. **With ^{177}Lu therapy now established in both private and public settings, the next phase is to build on this foundation through sustainable financing and continued capacity development. The measure of success will ultimately be not only whether TRT can be delivered in Kenya, but whether patients who can benefit from it can afford to receive it.**

NETRF: Accelerating the Next Generation of Neuroendocrine Cancer Research

Founded by a patient in 2005, the Neuroendocrine Tumor Research Foundation (NETRF) was established with a mission to fund research that leads to cures and more effective treatments for neuroendocrine cancer. Today, NETRF is the leading global funder of neuroendocrine cancer research, with $43 million invested since its founding.

NETRF identifies critical gaps in the field and supports promising ideas with the potential to change how neuroendocrine cancers are detected, understood, and treated. The NETRF Research Roadmap focuses this investment on three priorities: earlier detection, new therapies, and precision medicine to better match treatment to each patient and their tumor biology.

Neuroendocrine tumors have been central to the development of modern radiotheranostics. For more than three decades, somatostatin receptor-targeted imaging and peptide receptor radionuclide therapy (PRRT) have demonstrated how a molecular target can be used both to visualize disease and deliver targeted treatment. Building on that history, NETRF has invested more than $5.8 million across 30 grants advancing radiotheranostics and molecular imaging.

NETRF-supported scientists have explored new radionuclides and radiopharmaceuticals, next-generation imaging agents and molecular targets, strategies to improve PRRT, and approaches to predict treatment benefit. Projects include work with terbium-161 and actinium-225, copper-61 PET imaging, FAP- and EphA2-targeted approaches, PRRT radiosensitization, and models to improve treatment selection and response assessment.

NETRF supports investigators and projects at different stages of development, with awards ranging from $100,000 Pilot Awards to $800,000 Accelerator Awards. Applications undergo a rigorous, competitive two-stage scientific review by external experts and NETRF's Board of Scientific Advisors, helping NETRF support high-quality science while bringing new expertise into the field. NETRF welcomes investigators bringing new ideas, technologies, and expertise to neuroendocrine cancer research. Explore **NETRF Funding Opportunities**, contact grants@netrf.org to discuss a research idea, or sign up for future grant announcements through the **NETRF Research Strategy page.**

NETRF's commitment to research is matched by an equally strong commitment to patient education. NETRF translates scientific progress into trusted, accessible information through a free patient guide, in-person and virtual conferences, the NETWise podcast, YouTube programming, and the NET Knowledge Center.

A word from Oncidium

Some of the most important progress in radiotheranostics has been driven by patients. NETRF is a good example. It was founded by a patient in 2005 and describes itself as the leading global funder of neuroendocrine cancer research. It has invested more than $5.8 million in radiotheranostics and molecular imaging alone.

At the Oncidium foundation, we see patient organizations as essential partners. They know which questions matter most to patients. They keep research focused on what matters to patients and help turn science into care.

We thank NETRF for sharing their story. We hope it encourages more collaboration between researchers, clinicians and patient communities.

NETRF's resources support patients and families as they navigate neuroendocrine cancer treatment and embrace Thrivership, the belief that life after a cancer diagnosis can be about more than getting through each day. It recognizes that growth, fulfillment, and joy can coexist alongside uncertainty. Clinicians are encouraged to share these resources with patients and families. Healthcare professionals, patients, and families can explore educational resources through the **NETRF NET Knowledge Center.**

Learn more about NETRF, its mission, and programs at **netrf.org.**

^{177}Lu-PSMA-617 from a patient's perspective



Dr. Dirk Wyndaele
Prostate Cancer Patient & Patient Advocate

Dirk Wyndaele, M.D., a nuclear medicine physician affiliated with the new patient advocacy and policy department at the Oncidium foundation, is also living with prostate cancer, though he has not received this therapy himself. Drawing on both his own patient experience and his professional expertise, he explains what targeted radionuclide therapy (TRT) with ^{177}Lu-PSMA-617 means for those undergoing this treatment.

Targeted radionuclide therapy targets cancer cells with great precision. This helps spare healthy tissue as much as possible and may limit side effects. Treatment is tailored to the patient's medical history, the characteristics of the tumor, and their own treatment goals. The aim is not only to slow the tumor's progression, but also to reduce symptoms and preserve quality of life for as long as possible.

From treating people living with cancer to becoming one

I believe accurate information is especially important because of my personal history. I have worked as a nuclear medicine physician for 27 years. In 2021, I was diagnosed with upper urinary tract cancer and Parkinson's disease. After a second recurrence, I underwent major surgery in 2023 in which bladder and prostate cancers were removed. I now live with one kidney and a urinary stoma, my "rosebud."

From becoming informed to informing others

My experience has strengthened my belief that patients should receive clear and timely information, be able to make shared decisions with a trusted doctor, and have space to share their emotions with their partner, friends, and family.

The VISION study

The VISION study investigated ^{177}Lu-PSMA-617 in men with metastatic prostate cancer who had already received previous treatments. This internal radiation therapy binds to prostate cancer cells and was added to standard care in 2022 (FDA approval following the VISION study).

In the VISION study, participants lived longer and their disease remained stable for longer than with standard care alone. Their quality of life also remained stable for longer on average: 9.7 months versus 2.4 months. Pain worsened later (14.3 versus 2.9 months), and bone-related problems, such as fractures or the need for radiation therapy, occurred later (11.5 versus 6.8 months).

How well is the treatment tolerated?

According to the VISION results, the treatment was generally well tolerated, including by people who had already received several treatments. Possible side effects include dry mouth, dry eyes, fatigue, nausea, and changes in blood counts. Anaemia and low platelet counts occur more often, which is why blood tests are performed regularly. Side effects did not clearly increase as patients received more treatment cycles.

Who benefits most?

The more strongly the cancer lights up on the PSMA scan, the greater the likelihood that the treatment will work. A marked drop in PSA during the first twelve weeks also indicates a more favorable outcome. A post hoc analysis of VISION presented at ESMO 2022 showed that when PSA fell by more than 90%, quality of life remained stable for an average of 11.3 months, compared with 3.3 months when PSA did not decrease. However, a treatment benefit was observed across all groups studied.

What does this mean for patients' treatment choice?

^{177}Lu-PSMA-617 may be an option when previous hormone therapy and chemotherapy are no longer sufficiently effective and the PSMA scan is positive. The benefit is not only living longer, but above all living longer with less pain and a better quality of life. Treatment consists of up to six injections; depending on effectiveness and tolerability, additional injections may sometimes be considered. The patient's overall health, symptoms, and personal preferences remain key factors in the decision.

Finally, patients may want to bring a few questions to their doctor: Am I eligible based on my PSMA scan? What can I expect in my situation? Which side effects are likely and how will they be managed? How will we know whether the therapy is working? And what options will remain afterward?

My message

Whatever your role, my message is the same: informed patients make better care possible, but only if the people around them make room for it. Patients can ask questions and share experiences. Clinicians, patients, families, and health systems can listen and explain, and decide together. **When medical expertise and a patient's knowledge of their own situation come together, everyone benefits.**

Launch of a Patient Advocacy & Policy department

This year, we brought our advocacy work together in a dedicated department: Patient Advocacy & Policy. It formalises work already under way in Argentina, Kenya and at EU level.

The science is advancing, but access to care has not always kept pace. We advocate alongside patients, not only for them. Our new Experts by Experience Task Force of patients, caregivers and healthcare professionals now helps guide our priorities: awareness & acceptability, evidence generation, and governance & policy integration.



> **When patients lead the conversation, care becomes more precise, more equitable, and more human.**

Supporting RLT-Connect treatment donation, one km at a time

The Tackle Cancer Challenge 2026 has turned movement into 32 doses of targeted radionuclide treatment, donated through RLT-Connect to cancer patients in need.

1500 participants walked, ran, rode and hiked +90 000 km together. Every 5000 km, our partners donated one more dose.

Thank you to everyone who took part, whatever the distance, and to our sponsors for turning kilometers into treatment.



1500 Participants • **32** Doses donated

Ambassador Meetings

USA regional ambassador meeting

At SNMMI, Oncidium's USA ambassadors met around a problem the field knows well: radiotheranostics is advancing fast, but that progress does not automatically reach patients.

Three questions framed the discussion:

- Where is the access gap most acute, and what can Oncidium do that others cannot?
- What would genuinely move the needle for patients, referring physicians, and the field?
- Where do we start, and which partnerships get us there faster?

Those questions have shaped our work since. The team will keep working to make sure innovation reaches the people who need it most.



Global ambassador meeting



Our ambassadors met at EANM with one goal: to turn ideas into action for awareness of and access to TRT.

What we worked on together:

- **The WHA Resolution:** we explored what it means in practice.
- **Patients at the center:** we welcomed our patient task force for the first time.
- **From innovation to patient impact:** we mapped the barriers in between: affordability, availability, accessibility, resources and regulation.
- **Measuring progress:** if the access gap is measurable, so is our impact.
- **Renewed commitments:** we turned insights into commitments and, of course, celebrated our ambassadors' dedication.

We are grateful to our guests, Prof. Andrew Scott from Austin Health and Dr. May Abdel-Wahab from the IAEA for helping us think about how to close the radiotheranostics gap. Thank you to Dr. Ilya Gipp for moderating the session.

Thank you to every ambassador, speaker and guest who made the trip. The work continues, side by side.

Events around the world



Our ambassador, Alexia Daoust, at the French Senate following "Journée de la RIV"

Journée de la RIV, France

Most people never hear the word radiotheranostics until a cancer diagnosis brings it into their own treatment options. Most policymakers never hear it at all.

On 31 March 2026, Oncidium spent a day narrowing that gap in Paris, walking through what targeted radionuclide therapy actually looks like in thyroid, prostate and neuroendocrine cancer, in front of patients, clinicians, researchers and decision-makers. For each cancer, the physician and a patient took the stage together, not one after the other:

- **Thyroid cancer, with Dr. Eve Piekarski**
- **Prostate cancer, with Prof. Dr. Loïc Djaileb and two of his patients**
- **Neuroendocrine tumours, with Prof. Dr. Anne-Ségolène Cottereau**

The day closed on what comes next: Prof. Richard Zimmermann, Dr. Jules Zang and Prof. Jérémie Calais on the trials already running in France, beyond what is approved today.

The idea didn't stay in Paris. Three months later, Ambassador Alexia Daoust carried the same conviction into the French Senate. In October, a second Oncidium ambassador ran a patient advocacy day at CANM in Canada, building on what began in Paris.

EANM

In Vienna, we took time to discuss and exchange with you all to see how to improve patient access. Professionals came to learn how to register on RLT-Connect and request donated doses for patients in need. Others stopped to look at our new patient information leaflets or to meet our new Patient Advocacy & Policy department. We also had the chance to have our poster, “Expanding global access to radioligand therapy: Real-world experience from the Oncidium RLT-Connect platform”, shared during the congress, showing what we have learned so far about getting treatment to the patients who need it.





Improving access was never going to be the short route, and EANM showed us how many people are ready to walk it with us. Thank you to everyone who stopped by, shared an idea or offered to collaborate. See you next year!



Consolidating our partnership with the IAEA

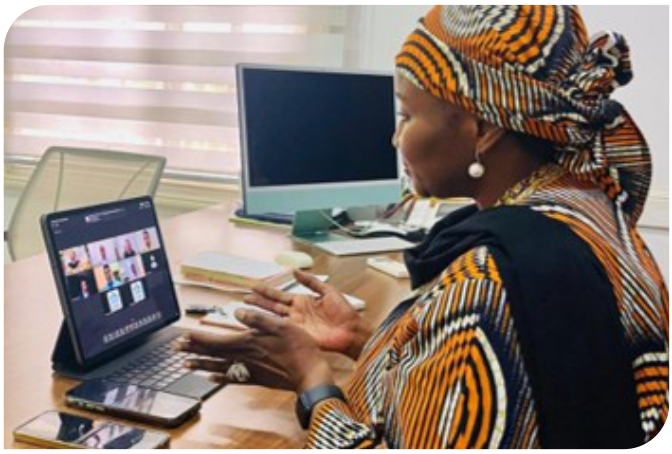
"Innovation only matters when it reaches patients."

That was the central message of our CEO, Rebecca Lo Bue, at a side event of the International Atomic Energy Agency (IAEA) General Conference in Vienna, where she shared the Oncidium foundation's perspective.

Alongside Dr. Diana Paez, Rebecca presented the progress made through our collaboration with the IAEA and our shared efforts to improve access to targeted radionuclide therapy.



The third edition of the Radiotheranostics Summit moved online, opening the conversation to a wider audience.



Picture: Dr. Zainab Shinkafi-Bagudu, UICC PRESIDENT-ELECT 2024-2026 and Medicaid Cancer Foundation founder, making the closing remarks of the three-webinar series.

Held in collaboration with Medicaid Cancer Foundation from Nigeria, it showed that a virtual format can travel without losing the conversation. More than 600 participants registered, and the audience stayed engaged from start to finish, raising challenging and necessary questions. Speakers covered the science of radiotheranostics, the infrastructure and skills Nigeria needs to scale up access, and lessons from established programs worldwide.

> **It is important that we stop telling Africa's healthcare story primarily through the lens of what is lacking. There is existing capacity, expertise, and innovation to build on. This meeting is really about expanding access and exploring how Nigeria could serve as a pilot for a scalable model across sub-Saharan Africa.**

Dr. Akintunde Orunmuyi, Nuclear Medicine Department, University Hospital Southampton NHS Foundation Trust, Oncidium Ambassador.

Each edition of this traveling forum moves the field from fragmented efforts toward coordinated action, working to make radiotheranostics a global standard of care, not a privilege.

Lost in Regulation: How Patients Pay the Price for Complexity

From September 23rd to 25th, Cairo hosted the 21st ICRT (International Conference on Radiopharmaceutical Therapy) organized by WARMTH (World Association of Radiopharmaceutical and Molecular Therapy) and the Egyptian Theranostics Summit.





Oncidium's Scientific Director, Dr. Alice Viana, gave the presentation "Lost in Regulation: How Patients Pay the Price for Complexity", where she showed that patients are the most affected when regulation of radiopharmaceuticals lags behind science. Egypt is an example: currently, isotopes are regulated by the radiation authority, with discussions ongoing on dual supervision with health authorities. The transition towards dual supervision has left hospitals unable to import newer isotopes (e.g. Tb-161 and Ac-225). After the presentation, representatives of the Egyptian Ministry of Health approached us to discuss creative ways to regulate radiopharmaceuticals. Conversations like this are exactly where improvements and fit-for-purpose regulation begin.

In many cutting-edge therapies, innovation is outpacing regulation, therefore regulatory bodies need to renew the standard registration rules of the pharmaceutical industry, without losing the main objective of protecting the interests of the population. Besides that, nuclear medicine is international by nature: a dose may be irradiated in one country, labelled in a second and injected in a third. For that reason, the sector needs shared, harmonized and fit-for-purpose regulation that benefits every stakeholder.

This is where Oncidium comes in to face this challenge. Since its beginning, the Oncidium foundation has advocated alongside patients to improve access to targeted radionuclide therapy. This year, we strengthened this commitment by establishing a dedicated Patient Advocacy & Policy Department. We do not duplicate the work of professional societies or the IAEA. Instead, we work with them, and we do what only a patient-facing organization present in 80 countries can do: turn local problems into a documented, evidence-backed case for system change.

TeLuNa: International Multicenter Phase II Study of Terbium-161 PSMA in Lutetium naïve Metastatic castration-resistant prostate cancer mCRPC Patients

Key Facts about TeLuNa

Study Feature	Description
Study design	Investigator-initiated, international multicenter Phase II clinical study
Disease	Metastatic castration-resistant prostate cancer (mCRPC)
Patient population	Lutetium-177 PSMA-naïve patients
Investigational therapy	161Tb-PSMA-I&T
Primary objectives	Safety, treatment efficacy, personalized dosimetry and clinical feasibility
Current status	Patient recruitment has started in Türkiye; four patients have been enrolled to date.

From Innovation to Clinical Translation

Radiotheranostics has entered a new phase in which innovation is increasingly driven not only by the discovery of new molecular targets but also by the optimization of therapeutic radionuclides. While lutetium-177 has become an established component of prostate cancer radiotheranostics, ongoing research continues to investigate radionuclides with physical characteristics that may further enhance treatment efficacy.

Among these, terbium-161 has emerged as a promising therapeutic radionuclide. Its emission spectrum combines beta particles with conversion and Auger electrons, generating interest in its potential to improve radiation delivery, particularly at the microscopic level. Whether these theoretical and preclinical advantages translate into meaningful clinical benefit remains an important question that can only be answered through prospective clinical research.

The Vision Behind TeLuNa

The TeLuNa initiative was established to generate prospective clinical evidence on terbium-161-labelled PSMA-I&T in patients with lutetium-177 PSMA-naïve metastatic castration-resistant prostate cancer. Designed as an investigator-initiated international multicenter Phase II clinical study, the project aims to evaluate safety, therapeutic efficacy, and personalized dosimetry while contributing to a deeper understanding of next-generation radiotheranostic strategies.

Beyond the evaluation of a novel therapeutic radionuclide, TeLuNa reflects a broader scientific objective: advancing precision medicine through optimized radionuclide selection, individualized treatment planning, and evidence-based clinical implementation.

From Protocol to Patients

Following completion of the necessary regulatory and ethical approvals, patient recruitment has recently begun in Leading Center Ankara University in Türkiye within the framework of the ongoing international multicenter clinical study.

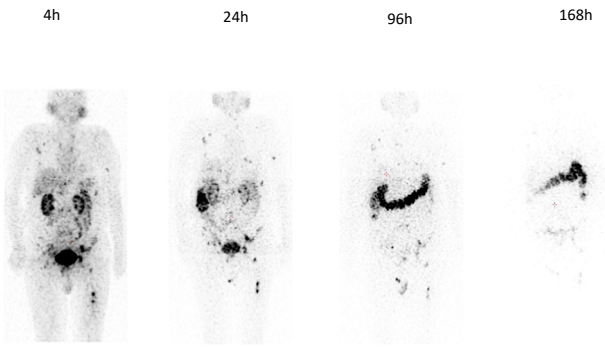
At the time of writing, four patients have been enrolled. Although recruitment remains at an early stage and no efficacy or safety conclusions can yet be drawn, this milestone represents the successful transition of TeLuNa from study planning to clinical implementation. As additional participants are recruited internationally, the study is expected to generate prospective evidence regarding treatment response, imaging findings, safety, and quantitative dosimetry.

Why Terbium-161 Matters

Interest in terbium-161 extends beyond the evaluation of a single investigational therapy. It represents part of a broader effort to refine targeted radionuclide therapy through radionuclides capable of delivering radiation over multiple spatial scales. Future studies will determine whether its physical characteristics translate into measurable improvements in tumor control, treatment tolerability, or patient outcomes.

The future of radiotheranostics will depend on continued innovation supported by collaborative clinical research. International investigator-driven studies such as TeLuNa provide an important framework for evaluating emerging radionuclides under standardized clinical conditions while promoting scientific collaboration across institutions and countries. As patient recruitment progresses, TeLuNa is expected to contribute valuable prospective evidence supporting the evolution of personalized radionuclide therapy.

Patients enrolled at Ankara University



The TeLuNa study is supported by an Ambassador grant from the Oncidium foundation. The study is conducted through an investigator-initiated international multicenter collaboration, with TerThera BV and EDH Nuclear Medicine & Healthcare Services Ltd. participating as collaborators. The scientific design, conduct, analysis, and reporting of the study remain under the responsibility of the investigators.



Prof. Dr. Çiğdem Soydal
Department of Nuclear Medicine, Türkiye &
Oncidium Ambassador

Nuclear Olympiad: Hackapower LATAM 2026 Successfully Announces the Winners

A Brazilian master's student won the Hackapower LATAM 2026 competition, earning a trip to Vienna, Austria and support to accelerate his project toward a startup.

The Nuclear Olympiad: Hackapower, established in 2023 by Dr. Patricia Wieland and Dr. Eliene Silva, is an annual event that engages students with real-world challenges in the nuclear sector, thereby promoting multidisciplinary innovation in energy, healthcare, sustainability, and safety. The program has already benefited approximately 250 undergraduate, master's, and doctoral students by enhancing their leadership, teamwork, communication, and entrepreneurship abilities, as well as enabling them to undertake complex projects and develop sustainable solutions.

The competition was organized by the Centre for Technological Transformation in Education, Leadership, Innovation, and Sustainability (ELISTEC) and supported by the Oncidium foundation and CIETEC, an incubator within the University of São Paulo's innovation ecosystem. The 2026 edition was the first to focus only on the development of innovative solutions to increase patient access to radiotheranostics and to be open to all Latin American countries. The edition received 47 applications from ten countries: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Mexico, Peru, Uruguay, and Venezuela.

The jury panel composed of seven international experts in nuclear medicine, entrepreneurship, regulation, supply chain, and logistics evaluated the submissions based on the following criteria: relevance to the proposed theme, clarity and comprehensibility, logical organization and structure, supporting evidence and justification, and creativity and innovation.



The project "The LATAM Radiopharmaceutical System (LRS): A Digital Infrastructure to Expand Radiotheranostics in Latin America" was awarded the highest score by the jury panel. The project was developed by the master's student Paulo Henrique Garcia Ruis under the mentorship of Dr. Ana Carolina Costa da Silva.

As part of the award, Paulo and his mentor will receive support from the Oncidium foundation to attend EANM'26 in Vienna, where the project will be presented at the foundation's Global Ambassadors Meeting.

"The mentorship sessions helped me move beyond a technical perspective and understand how the project could be implemented at scale," Paulo explains. *"Entrepreneurship, clinical practice and regulatory training helped me turn theory into practice."*

See you soon at:

- **European Cancer Summit, Belgium 18-20 Nov 2026**
- **ITANET, Italy 19-20 nov 2026**
- **SNMMI mid-winter, USA, 4-6 Feb 2027**
- **ASCO GU, USA 11-13 Feb 2027**
- **Theranostics World Congress, Japan March 11-14 2027**
- **JFNM - Journée de la medecine nucléaire, France March 17-19 2027**
- **PSMA Conference & Beyond, USA, March 18-19 2027**

Corporate Sponsors

Institutions and Programs Partners

RLT-Connect Sponsors



Oncidium foundation

Access - Education - Advocacy

The Oncidium foundation

Rue du Bosquet, 15A
BE-1435 Mont-Saint-Guibert | Belgium

contact@oncidium-life.org

www.oncidiumfoundation.org

Register to receive future issues