# Androgen receptor and estrogen receptor imaging in metastatic breast cancer patients

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The aim of this study is to evaluate androgen receptor (AR) and estrogen receptor (ER) expression non-invasively by means of PET imaging with the tracers 18F-FDHT and 18F-FES.

To verify the PET results, the standard diagnostic biopsy will be...

**Ethical review** Approved WMO **Status** Recruitment stopped

**Health condition type** Breast neoplasms malignant and unspecified (incl nipple)

Study type Interventional

# **Summary**

#### ID

NL-OMON39731

#### Source

**ToetsingOnline** 

#### **Brief title**

AR imaging metastatic breast cancer

#### **Condition**

Breast neoplasms malignant and unspecified (incl nipple)

#### **Synonym**

breast cancer

#### Research involving

Human

## **Sponsors and support**

**Primary sponsor:** Universitair Medisch Centrum Groningen

Source(s) of monetary or material Support: Ministerie van OC&W, Center for

Translational Molecular Medicine (CTMM)

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#### Intervention

Keyword: androgen receptor, estrogen receptor, imaging, PET

#### **Outcome measures**

#### **Primary outcome**

The sensitivity and specificity of FDHT PET and FES PET to visualize and quantify AR- and ER-expression respectively, when compared to imunnohistochemistry on the biopsied metastasis.

#### **Secondary outcome**

- the heterogeneity of FDHT and FES uptake among metastases within an individual patient, as well as the inter-patient differences.
- interobserver variation in PET interpretation between two independent observers from both study sites (VUMC and UMCG)

# **Study description**

#### **Background summary**

Patients with breast cancer can nowadays be treated with endocrine therapy when the tumor is sensitive to estrogens (which is in case of estrogen receptor [ER] positive disease. It is known that tumor ER status can change during disease progression and up to 30% of the metastases show discordant ER-expression compared to the primary tumor. For this reason, several guidelines now recommand to perform a biopsy of a metastasis to re-evaluate ER status (among others). It is however not always possible to perform a biopsy due to patient factors or the location of the lesion. Moreover, a biopsy only provides information of a single lesion and may not always be representative for the overall ER status of the patient's disease. For this reason, it would be valuable to obtain information about tumor endocrine sensitivity by non-invasive measurements like positron emission tomography (PET) imaging.

## **Study objective**

The aim of this study is to evaluate androgen receptor (AR) and estrogen

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receptor (ER) expression non-invasively by means of PET imaging with the tracers 18F-FDHT and 18F-FES. To verify the PET results, the standard diagnostic biopsy will be performed as well as a CT-scan and bone scan.

#### Study design

Patients will undergo two experimental procedures: the FES-PET scan to image ER-expression; and the FDHT-PET scan to image AR-expression.

Within a 6-8 week timeframe other (standard) diagnostics will also be performed (CT-scan, bone scan and tumor biopsy).

#### Intervention

PET scan (twice)

#### Study burden and risks

The radiation burden for the patient is ~11 mSv

## **Contacts**

#### **Public**

Universitair Medisch Centrum Groningen

Hanzeplein 1 Groningen 9713GZ NL

#### Scientific

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# **Trial sites**

## **Listed location countries**

**Netherlands** 

# **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

#### Inclusion criteria

- 1. Metastatic breast cancer, with at least one known metastasis outside of the liver
- 2. Presence of a lesion that is safely accessible for tumor biopsy (may be liver lesion)
- 3. Postmenopausal status defined as one of the following:
- a. age >=60 years
- b. previous bilateral oophorectomy
- c. age <60 years and amenorrhea for >12 months in the absence of interfering hormonal therapies (such as LH-RH agonists and ER-antagonists)
- d. patients age <60 years using an ER-antagonist should have amenorrhea for > 12 months and FSH >24 U/L and LH >14 U/L
- e. patient age <60 years using LH-RH agonists should continue LH-RH-agonists until after the PET procedures
- 4. Initially ER-positive tumor histology.
- 5. ECOG performance status 0-2.
- 6. Signed written informed consent
- 7. Able to comply with the protocol

#### **Exclusion criteria**

- 1. Use of estrogen receptor ligands, including tamoxifen, fulvestrant or estrogens, or androgen receptor ligands, during the 6 weeks before entry into the study
- 2. Life-expectancy <= 3 months

# Study design

## **Design**

Study phase: 2

Study type: Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

#### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 16-09-2014

Enrollment: 20

Type: Actual

### Medical products/devices used

Product type: Medicine

Brand name: 18F-FDHT

Generic name: 16beta-[18F]fluoro-5alpha-dihydrotestosterone

Product type: Medicine

Brand name: 18F-FES

Generic name: 16alpha-[18F]fluoro-17beta-estradiol

## **Ethics review**

Approved WMO

Date: 13-11-2013

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 10-10-2014

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 20-10-2014

Application type: Amendment

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

Approved WMO

Date: 20-10-2014

Application type: First submission

Review commission: METC Universitair Medisch Centrum Groningen (Groningen)

# **Study registrations**

## Followed up by the following (possibly more current) registration

No registrations found.

# Other (possibly less up-to-date) registrations in this register

No registrations found.

# In other registers

Register ID

EudraCT EUCTR2012-003981-42-NL

CCMO NL41954.042.12