



telotristat), with an additional application currently under review (lutathera). With the advent of low-cost  $^{68}\text{Ga}$  generators, many research institutions now have the capability to do research and clinical trials using targeted therapy with the same peptide by changing out the isotopes for diagnostic or therapeutic use.

As a patient with a rare disease, it has been encouraging to see the increase in the development of new imaging and treatment options. Reviewing the Graham et al. article reminds the entire patient community just how many researchers from around the world are vested in improving patient outcomes and quality of life. Although it took 22 y to bring forward a new approval for an imaging agent for NETs, there is no reason to wait an additional 22 y for the next agent. DOTATOC and other targeted peptides will give clinicians new tools to work with in the management of NET patients. More tools will continue to increase access for

patients to undergo diagnostic imaging and improved outcomes. I concur with the authors' closing statement that  $^{68}\text{Ga}$ -DOTATOC "appears to be an excellent imaging agent to assess patients with known NET and frequently leads to a change in management."

## REFERENCES

1. Graham MM, Gu X, Ginader T, Breheny P, Sunderland JJ.  $^{68}\text{Ga}$ -DOTATOC imaging of neuroendocrine tumors: a systematic review and meta-analysis. *J Nucl Med*. 2017;58:1452–1458.
2. Dasari A, Shen C, Halperin D, et al. Trends in the incidence, prevalence, and survival outcomes in patients with neuroendocrine tumors in the United States. *JAMA Oncol*. April 27, 2017 [Epub ahead of print].
3. Balon HR, Brown TLY, Goldsmith SJ, et al. The SNM practice guideline for somatostatin receptor scintigraphy 2.0. *J Nucl Med Technol*. 2011;39:317–324.