A final question is: Should we always give the same amount of ^{177}Lu for every cycle? Although this is now the standard approach, it is reasonable to ask whether advantages might accrue to administering different amounts of radioactivity at different treatment cycles. Kulkarni et al. from the Zentralklinik Bad Berka (Germany) reported on "Serial dosimetry during ^{177}Lu-PSMA radioligand therapy in the same patient" [316]. The authors performed dosimetry, imaging, and other analyses at each cycle of therapy (Fig. 11). All dosimetric parameters pertaining to metastases showed a reduction between the first and second therapy cycles: uptake declined by 57%, residence time by 62%, and dose by 64%. In contrast, the renal uptake increased by 62% and the residence time was 34% higher at the second cycle. The mean renal dose was therefore higher in the following cycles (34%). The authors emphasized the importance of performing individual dosimetry at the first and at least the second cycle. These results require further study to understand the mechanisms at work but also suggest that we may want to adjust the amount of ^{177}Lu administered from cycle to cycle.

This highlights lecture will be continued in the February issue of Newsline.

The First Theranostic Conference at the American University of Beirut Medical Center

Hossein Jadvar, MD, PhD, MPH, MBA, Past SNMMI President

Nuclear medicine is gaining strength across the world. One of the major strategic goals of the SNMMI has been to support our international membership and activities. The First American University of Beirut Medical Center (AUBMC) Theranostics Conference was held in Lebanon on November 10–11, with the theme "See What You Treat." I was privileged to participate, along with my colleagues Homer Macapinlac, MD (MD Anderson Cancer Center; Houston, TX), Medhat Osman, MD (St. Louis University; MO), Partha Choudhary, MD (Rajiv Gandhi Cancer Institute; Delhi, India), and Diana Paez, MD (International Atomic Energy Agency [IAEA]; Vienna, Austria). The meet ing was organized by the AUBMC Division of Nuclear Medicine, Department of Diagnostic Radiology, and led by Mohammad B. Haidar, MD. The IAEA endorsed the 2-day conference, which was designed to highlight research and clinical work in theranostics, focusing on current capabilities and the future outlook in Lebanon and the Middle East. The conference also included local nonimaging clinical specialists (e.g., urologists, medical oncologists, radiation oncologists, and surgeons), who actively participated in discussions on the utility and limitations of imaging in various clinical settings. On the cultural side, we had a brief opportunity to visit a few of the major sites within the beautiful city of Beirut and enjoy authentic Lebanese cuisine. I hope that more such local engagements will be held across the world to promote nuclear medicine and molecular imaging.

Attendees at the First American University of Beirut Medical Center Theranostics Conference.