

# C-11

## Improvement of Carcinoid Syndrome (CS) Symptoms and Quality of Life (QoL) in CS Patients Treated with Somatostatin Analogs (SSAs)

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**BACKGROUND:** The present study aimed to examine change in CS symptoms and QoL in CS patients treated with SSAs using the validated FACT-G instrument.

**METHODS:** Patients in the US were recruited through an advocacy group to complete a two-part, anonymous online survey. Time point 1 (T1) survey was conducted from July-October 2016 and T2 was administered 6 months later. Eligible patients were  $\geq 18$  years old with CS symptoms and treated with SSA or non-SSA. Analyses were performed to assess change in FACT-G QoL scores between T1 and T2. Severity ratings of CS symptoms in the past month were classified as mild, moderate, severe, or not applicable. Duration of SSA treatment was categorized as  $\leq 2$ ,  $>2-5$ , and  $>5$  years.

**RESULTS:** Among 89 patients who completed T1 and T2 surveys, 98% were treated with SSAs at T1 or T2 (median duration of 5 years). At T2 versus T1, a higher proportion of patients did not report diarrhea (16% vs. 7%,  $p < 0.05$ ) or flushing (28% vs. 18%,  $p < 0.05$ ). Among patients treated with SSAs for  $\leq 2$ ,  $>2-5$  and  $>5$  years, mean change in FACT-G total score was +3.7, 0.0, and -1.2, respectively. Patients treated with SSAs for  $\leq 2$  years showed a clinically relevant improvement

on FACT-G by exceeding the minimal important difference (MID) of >3.0. In patients who experienced improvement in flushing (N=17), a mean change of +3.0 in FACT-G total score was observed, indicating better QoL. Patients whose flushing (N=13) and diarrhea (N=17) symptoms worsened had a mean change of -2.2 and -1.2 in FACT-G total score, respectively, showing worsened QoL.

**CONCLUSION:** This two-part survey showed that improvement in flushing resulted in the positive benefit in QoL while worsening of flushing/diarrhea resulted in a decline in QoL. Improvement in CS symptoms and QoL was most pronounced in the early years after SSA treatment initiation.