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Prospective Observational Study in Patients with Locally Advanced or Metastatic Gastroenteropancreatic Neuroendocrine Tumors Treated with Lanreotide Depot in a US Community Oncology Setting: Interim Analysis

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BACKGROUND: Neuroendocrine tumors (NETs) are rare, often slow-growing forms of cancer arising from the endocrine system. At least 50% of NETs originate in the small-bowel, colon, stomach, or pancreas, and are known collectively as gastroenteropancreatic-NETs (GEP-NETs). The aim of this prospective observational study is to provide a real-world view of the patient experience on lanreotide depot treatment for GEP-NETs in the US Oncology community-setting.

METHODS: Patients treated with lanreotide depot 120mg SC every 28 days were evaluated every 6 months to determine clinically defined outcomes (based on disease progression and treatment modification) and overall-survival (OS). Symptoms (i.e. flushing/diarrhea), treatment-satisfaction and adverse-events (AEs) were also assessed. Adult patients (age >18 years), locally-advanced or metastatic disease, well-differentiated NET, initiating or previously treated with lanreotide depot, measurable disease, ECOG-PS 0-2 were included.

Patients were excluded if they had any hypersensitivity to lanreotide, poorly-differentiated or high-grade GEP-NET tumors, or had progressed between lanreotide depot initiation and study-entry. This interim analysis describes the experience of the first 50 patients who have had 1 year of follow-up on lanreotide depot.

RESULTS: Among the 50 patients with one year of follow-up, median age was 65 years, 84% were Caucasians, 96% had ECOG-PS 0/1 and 36% had octreotide LAR experience prior to study. At 12 months, clinically defined progression-free-survival was 92% (95% CI: 79-97), OS =96% (95% CI: 84-99), largely no change in flushing or diarrhea was observed, and at one-year on treatment, >80% patients were still satisfied with the drug. Top reasons for discontinuation are disease progression (10%) and AEs (4%). The main AEs reported are nausea (6%), fatigue (4%) and abdominal pain (4%).

CONCLUSION: This interim analysis provides the first prospectively collected real-world outcomes of patients treated with lanreotide depot for GEP-NETs. Interim results suggest lanreotide depot is effective in disease control and most patients are satisfied with their treatment.