

C-23

The Sequencing of Lanreotide (LAN) After Octreotide LAR (OCT) for the Treatment of Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs)

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BACKGROUND: Somatostatin analogs (SSAs) are used to treat functioning GEP-NETs (which may secrete bioamines and hormones with/without associated symptoms) and nonfunctioning GEP NETs. LAN is effective in both SSA-experienced and SSA-naïve NET patients with carcinoid syndrome. This study (NCT03112694) describes treatment response among patients with locally advanced/metastatic GEP-NETs treated with LAN following OCT treatment.

METHODS: A multicenter, retrospective medical record review of patients with locally advanced GEP-NETs was conducted in adults who received ≥ 90 days OCT monotherapy followed by ≥ 90 days LAN monotherapy. Records were reviewed to collect data including demographics, clinical characteristics, treatment responses, treatment duration, reason for treatment change, and clinical progression. Clinically defined progressive disease (CDPD) and clinical progression-free duration (CPFD) were based on radiological imaging, symptom control, biomarker(s), and/or clinical judgment.

RESULTS: The sample included N=91 patients: male (n=37, 40.7%), age (mean) at diagnosis=57.7 years (SD=10.9). Median follow-up duration was 59.5 months (IQR: 41.4–94.9). Most patients presented with Stage IV disease (71.0%) and liver metastases (71.4%). Most common primary tumor sites were small intestine (63.7%) and pancreas (14.3%). Fifty-five patients (60.4%) had functional disease at diagnosis. Common reasons for transition to LAN included CDPD (22.0%), formulary change (15.4%), and patient preference (9.9%). Data show 30.8% of OCT patients had CDPD at start of LAN treatment. After initiation of LAN, 24.2% of patients had CDPD on LAN during observed follow-up. Median OCT treatment duration was 30.2 months (IQR: 13.8–54.1). CPFD on LAN (n=91) was 23.7 months (95% CI: 20.2–NE). For CDPD OCT patients (n=28) and clinically defined stable disease OCT patients (n=52), CPFD was 15.2 months (95% CI: 11.4–NE) and 24.7 months (95% CI: 24.7–NE), respectively.

CONCLUSION: These results suggest patients with either functioning or nonfunctioning GEP-NETs could transition from OCT to LAN. The CPFD observed under LAN in this SSA-pretreated population warrants further exploration.