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Patient-Reported Symptom Burden of Carcinoid Syndrome Diarrhea Inadequately Controlled by Somatostatin Analog Therapy

Jonathan Strosberg¹; Vijay N. Joish²; Chad McKee²; Susan Giacalone²; Raul Perez-Olle²; Ann Fish-Stegall³; Kanika Kapoor⁴; Sam Dharba⁵; Al B. Benson⁶

¹Moffitt Cancer Center; ²Lexicon Pharmaceuticals, Inc.;

³Biologics McKesson, Inc.; ⁴Diplomat; ⁵Datawave Solutions;

⁶Feinberg School of Medicine, Northwestern University

BACKGROUND: Telotristat ethyl (TE) is indicated for the treatment of carcinoid syndrome (CS) diarrhea (CSD) in combination with somatostatin analog (SSA) therapy in adults inadequately controlled by SSA therapy. The objective of this study is to evaluate changes in patient-reported CS symptoms after initiating TE in clinical practice. Here we summarize patient-reported CS symptom burden at baseline prior to TE initiation.

METHODS: Patients initiating TE between March and November 2017 were invited to a nurse support program and to provide CS symptom burden prior to TE initiation (baseline) and at the end of months 1, 2, and 3 by telephone interview. Patient-reported CS symptoms included: daily bowel movement (BM) and flushing episodes frequency, stool form on a scale of 1 (hard to pass) to 10 (entirely liquid), nausea, urgency and abdominal pain on a scale of 0 (not at all) to 100 (worse imaginable). Functional status was collected using the ECOG score (0 to 4). Additionally, other demographic (age, gender, insurance) and clinical variables (e.g., background treatment, frequency and dose of SSA) were also collected at baseline. Summary statistics were used to describe patient-reported symptom burden prior to initiating TE.

RESULTS: 791 CSD patients opted in to the TE nurse program. On average patients were 64 + 12.3 years old, 55% were females, and 42% and 37% of patients had commercial or Medicare insurance. CSD patients had been diagnosed with CS for an average of 6.0 + 5.8 years. Most (88%, n=697) reported current SSA LAR use (70% octreotide, 30% lanreotide) and 8% (n=63) reported using octreotide IR. Patient reported CS symptom burden and functional status are provided in Table 1.

CONCLUSION: Prior to initiating TE, CSD patients inadequately controlled by SSA had significant CS symptom burden. Future analyses will evaluate the real-world patient-reported effectiveness of TE over the first three months of treatment.

Table 1:

Patient-Reported Symptom Burden in Patients with CSD Inadequately Controlled by SSA

Patient reported CS symptoms	Mean (SD)	Min – Max	Survey Responses n (%)
Diarrhea Symptoms, BM (per day)	6.3 (3.47)	1 – 30	770 (97%)
Diarrhea Symptoms, Stool Form (1-10)	6.7 (2.02)	1 – 10	777 (98%)
Diarrhea Symptoms, Urgency (1-100)	29.7 (34.59)	1 – 100	744 (94%)
Nausea (1-100)	39.4 (26.29)	1 – 100	144 (18%)
Abdominal Pain (1-100)	19.7 (25.41)	1 – 100	527 (67%)
Flushing (per day)	2.9 (3.13)	1 – 30	631 (80%)
Functional Status (ECOG: 0-4)	1.4 (0.65)	1 – 4	650 (82%)

CS, carcinoid syndrome; BM, bowel movements.