

# **Impact of Prior Somatostatin Analogue (SSA) Use on Progression-free Survival (PFS) in Patients with Advanced Nonfunctional Neuroendocrine Tumors (NET) of Lung or Gastrointestinal (GI) Origin: A Secondary Analysis from the RADIANT-4 Study**

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**Background:** In the RADIANT-4 study, EVE reduced the risk of disease progression or death by 52% vs placebo (PBO;  $P < 0.00001$ ) in patients (pts) with advanced, well-differentiated, progressive, nonfunctional NET of lung/GI tract. This subgroup analysis assessed the impact of prior SSA on PFS in the RADIANT-4 study.

**Methods:** Pts were randomized (2:1) to receive EVE 10 mg/d or PBO. This analysis reports baseline characteristics, PFS, and safety by prior SSA use.

**Results:** Of 302 pts randomized, 163 (54%) had any prior SSA use (mostly for tumor control; EVE vs PBO: 53% vs 56%). Baseline characteristics were similar in pts with or without prior SSA. Primary tumor sites in prior SSA group: Lung (23%), GI (65%), and NET of unknown primary (12%). Pts received  $\geq 1$  type of SSA, which included octreotide LAR (77%), octreotide SC (14%), lanreotide (14%). Median duration of exposure to prior SSA was 15 mo (range,  $<0.1$ -103.5). Median PFS (central review; EVE vs PBO) in prior SSA group was 11.1 (95% CI, 9.2-13.3) mo vs 4.5 (3.6-7.9) mo (HR 0.56; 95% CI, 0.37-0.85); in SSA naïve pts, 9.5 (8.2-16.7) mo vs 3.7 (2.4-8.1) mo (HR 0.57; 95% CI, 0.36-0.89). The most common drug-related adverse events (AEs) in EVE arm (prior SSA vs SSA naïve) included stomatitis (60% vs 50%), diarrhea (34% vs 28%), and peripheral edema (28% vs 23%).

**Conclusion:** EVE improves PFS in pts with advanced, progressive, nonfunctional NET of lung/GI tract regardless of prior SSA use. AEs were manageable and consistent with the overall population.