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Somatostatin Analog Usage in Neuroendocrine Tumors: A Retrospective Database Analysis

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BACKGROUND: Long-acting somatostatin analogs (lanreotide depot and octreotide LAR; SSAs) are currently recommended for symptom and disease control in patients with advanced gastrointestinal and pancreatic neuroendocrine tumors (GEPNET). The objective of this study was to understand SSA dose/frequency patterns given the previously reported dose escalations with octreotide LAR and after the lanreotide depot US GEPNET indication.

METHODS: This retrospective database analysis used existing patient-level US commercial claims data from 1/2015-12/2016. Patients identified with metastatic NET (lung or GEPNET) were indexed at the earliest initiation of treatment with an SSA (i.e., octreotide LAR or lanreotide depot). Treatment patterns and dosing/frequency of SSAs were described from NET diagnosis through treatment change.

RESULTS: The sample included 108 (female=50.9%) and 440 (female=53.4%) patients on lanreotide depot and octreotide LAR, respectively. Mean age (years) at metastatic diagnosis and start of SSA therapy was 60.7 and 61.5 for lanreotide depot and 61.9 and 62.8 for octreotide LAR. The proportion of patients with carcinoid syndrome differed across octreotide LAR and lanreotide depot usage (LAN=11.1% v OCT=19.8%, p=0.015). Lanreotide depot and octreotide LAR was first line metastatic treatment in 93.5% and 92.5% of patients, respectively. The proportions of patients with doses/frequencies above

guideline recommendations (OCT=30mg/4weeks and LAN=120mg/4weeks) at last administration differed across the SSAs (LAN=4.5% vs. OCT=14.8%, $p<0.001$), while median time to discontinuation (months) was similar (LAN=6.6 and OCT=7.7, $p=0.609$). The most common treatment after index SSA included lanreotide depot (17%) for octreotide LAR patients and loco-regional intervention (e.g. ablative therapy, 12%) for lanreotide depot patients.

CONCLUSION: This descriptive analysis represents a recent view of SSA utilization after lanreotide depot approval for GEPNET in the US. The analysis highlights consistent dosing/frequency with lanreotide depot compared to dose escalations observed with octreotide LAR. Further investigation into these treatment patterns is needed as the NET treatment landscape continues to change.