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A Prospective Nordic Study on the Use of Chromogranin A for the Prediction of Progression in Patients with Pancreatic and Small Intestinal Neuroendocrine Tumors

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BACKGROUND: Somatostatin analogues (SSAs) provide symptomatic control and anti-proliferative activity in NETs. Data comparing the two currently available long-acting SSAs lanreotide and octreotide LAR are limited.

METHODS: Claims data from the IQVIA Private Drug Plan, Ontario Drug Benefit program and Régie de l'assurance-maladie du Québec in Canada were compiled for patients receiving their first SSA between 09/2015-06/2018. Injection burden, rescue medication use, treatment persistence, and costs were compared over a 12-month period from first SSA prescription. Averages were compared by t-test and persistence on therapy was evaluated by log-rank test.

RESULTS: A total of 908 patients were included: 375 received lanreotide 120 mg subcutaneously and 533 received octreotide LAR 30 mg intramuscularly. During the first 30 days of therapy, octreotide LAR use was associated with increased use of rescue medications, such as short acting octreotide, as compared to lanreotide (0.22 vs 0.03 claims/patient, P<0.0001), but this difference disappeared after Day 30 and by Day 360 decreased to 0.03 vs 0.02 claims/patient p=0.43. The combination of short-acting octreotide as rescue medication and octreotide LAR resulted in more injections/year for patients versus lanreotide (13.4 vs 12.5, P<0.0001). More patients remained on lanreotide than octreotide LAR after 1 year (70% vs 55%, log-rank P=0.0005). Reasons for discontinuation were not documented in administrative data. Mean total annual costs that also considered

rescue medications were lower for lanreotide than octreotide LAR ($27,829.35 versus $31,255.49 CAD/patient, respectively, p<0.0001).

CONCLUSIONS: In the absence of clinical trials directly comparing lanreotide and octreotide LAR, factors driving the selection of SSA are unclear. Our real-world study using administrative data suggests that treatment with lanreotide appears less burdensome and less costly and results in greater treatment persistence than octreotide LAR.