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Lurbinectedin in Extrapulmonary Metastatic Neuroendocrine Carcinomas

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BACKGROUND: Patients with metastatic neuroendocrine carcinomas (NECs) have limited therapeutic options after progressing through platinum-based regimens. Off-label use of lurbinectedin for metastatic NECs is a potential treatment option for progression after standard frontline therapies. Here, we describe our institutional experience for using lurbinectedin for extrapulmonary metastatic NECs.

METHODS: We identified patients with extrapulmonary NECs who received lurbinectedin through advanced text explorer (ATE) using search terms “neuroendocrine” and “lurbinectedin”. Of the 29 unique patients identified using our search strategy, we excluded patients who did not receive lurbinectedin as planned, and those with small cell lung cancer or non-small cell lung cancer with neuroendocrine differentiation. Four patients met our criteria and data on the following variables were extracted for each: age at diagnosis, sex, biology, Ki-67, the primary site, number of prior lines of therapy, prior platinum, and atezolizumab therapy, number of cycles, date of lurbinectedin initiation, and date of progression.

RESULTS: Within the cohort, the median age at diagnosis was 62.5 years, with 50% females. Of these, 2 small cell, 1 large cell, and 1 poorly differentiated NEC, NOS were identified (Ki-67:80% in 2 patients). The primary sites included: pancreas (2), esophagus (1) and ureteropelvic junction (1). All patients received a prior platinum/etoposide and atezolizumab with median number of 1.5 prior lines of therapy. The median number of cycles of lurbinectedin was 3.5. The median time to treatment failure was 2.6 months. No drug discontinuations, interruptions, or dose reductions due to toxicities were observed.

CONCLUSION: Lurbinectedin is a potential option for metastatic NECs relapsed

after platinum agents and immunotherapy, with the median time to treatment failure of 2.6 months in our small retrospective cohort.

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Patient Characteristics for Lurbinectedin in Extrapulmonary Neuroendocrine Carcinomas

Age/Sex	Biology	No. of prior lines of therapy	No. of cycles of Lurbinectedin	Time to Treatment Failure (TTF) (months)
72 M	Small Cell	1	5	3.5
66 F	Poorly differentiated	2	4	3.6
59 M	Large Cell	1	2	1.1
35 F	Small Cell	3	3	1.8