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Effect of GLP-1 receptors agonists on progression free survival in patients with well differentiated neuroendocrine tumors treated with lanreotide

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BACKGROUND

The use of GLP-1 receptor agonists (GLP-RA) is steadily increasing in the US, especially for diabetes and weight loss management, yet their effects on neuroendocrine tumors (NET) remain unclear. Considering that diabetes and cancer become more prevalent in older population, understanding the relationship between GLP-RA with NET also becomes more relevant given multiple potential biochemical interactions. While GLP-RA are currently contraindicated patients with medullary carcinoma of the thyroid, preclinical studies have suggested that other primary NETs with high GLP1R expression may have increased growth in response to GLP-RA. This study explores GLP-RA use amongst patients with NETs in a retrospective data set.

METHODS

A retrospective cohort study was conducted at a large cancer center in New York City to evaluate NET patients with and without GLP-RA exposure. The study was IRB-approved, and patients were identified by chart review between January 2023 and March 2024. Exclusion criteria included high-grade neuroendocrine carcinoma, poorly differentiated neuroendocrine carcinoma, pheochromocytoma, and paragangliomas.

RESULTS

A total of 588 patients were included. 58.5% were females and 62% identified as white race. The mean age was 62.19 ±13.60. Of the 48 individuals (8.16%) exposed to GLP-RA, 63% initiated treatment after their NET diagnosis. 57% of the patients on GLP-RA had localized disease with grade 1 tumors and 72% did not have functional hormonal syndrome. They were started on GLP-RA mostly for diabetes control (67%). 29 individuals (59%) in the exposed group were treated with lanreotide and had a median [95% CI] progression free survival of 781 days [357; 1218].

CONCLUSIONS

Of our total 588 patients with NET in this study, only a small percentage (8.16%) had been treated with GLP-RA, which is likely due to the lack of data in its use in these patients. More research needs to be done in the safety and efficacy of GLP-RA use in this patient population.

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