In the OLE core study, lanreotide autogel/depot (in the OLE) 120 mg in metastatic enteropancreatic neuroendocrine tumors: the CLARINET study extension

Background

• In the CLARINET core study, lanreotide autogel/depot (in the OLE) 120 mg in metastatic enteropancreatic neuroendocrine tumors: the CLARINET study extension.

• An open-label extension (OLE) of the core study evaluated long-term safety and efficacy.2,3 Although the vast majority of the core-study population (96%) had stable disease (SD) at the end of the core study, patients with progressive disease (PD) while receiving placebo during the core study were eligible for the end of the core study where they had been receiving lanreotide or placebo.4

• Both the pre-specified interim and final analysis of the OLE demonstrated acceptable long-term safety/laboratory of lanreotide autogel 120 mg.5,6

• Here, we report the final analysis of PFS for lanreotide autogel, and also the PFS within subgroups according to tumor origin and prior therapy.

Methods

• Patients were enrolled into the core study if they had metastatic, well- or moderately differentiated grade 1 or 2 (G1-2) neuroendocrine tumors (NET) in the pancreas, rectum, or bronchus, or unknown primary.

• Patients were eligible for the OLE if they had: – SD at the end of the 96-week core study after receiving lanreotide or placebo, or withdrawn as a result of PD while receiving placebo.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.

– Patients with a NET of midgut origin had a higher median PFS than those receiving placebo in the core study.