

Everolimus for Advanced, Progressive, Nonfunctional Neuroendocrine Tumors (NET) of the Gastrointestinal (GI) Tract: Efficacy and Safety from a RADIANT-4 Subgroup Analysis

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Background: Everolimus (EVE) demonstrated progression-free survival (PFS) benefit of 7.1 months compared to placebo in the phase 3 RADIANT-4 study in patients (pts) with advanced, well-differentiated, progressive, nonfunctional NET. This subgroup analysis evaluated the efficacy and safety of EVE in GI NET subset of RADIANT-4.

Methods: In RADIANT-4, pts were randomized (2:1) to EVE (10 mg/d) or PBO. The present analysis included pts with GI NET (stomach, colon, rectum, appendix, caecum, ileum, duodenum, jejunum, or small intestine).

Results: Of 302 pts, 175 had GI NET (EVE [n=118], PBO [n=57]). Median age was 63 years; females: 55%; G1/G2: 75%/25%; WHO PS 0/1: 78% or 22%; Caucasian: 73%. Ileum (41%), rectum (23%) and jejunum (13%) were the most common locations. Prior therapies (EVE vs PBO) included: surgery (70% vs 84%), somatostatin analogues (59% vs 63%), and chemotherapy (19% vs 12%). Median PFS (95% CI) by central review (EVE vs PBO) was 13.1 (9.2-17.3) mo vs 5.4 (3.6-9.3) mo with an estimated 44% risk-reduction in favor of EVE (HR, 0.56; 95%CI, 0.37-0.84). The most frequent G3/4 adverse events irrespective of drug-relationship reported in ≥5% pts (EVE vs PBO) included diarrhea, hypertension, and stomatitis.

Conclusion: EVE demonstrated improvement in PFS for pts with GI NET with an estimated 44% reduction of risk in disease progression or death in favor of EVE vs PBO. Safety profile for EVE was consistent with that previously reported.