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Integrated Safety Analysis of Telotristat Ethyl in Patients With Carcinoid Heart Disease

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BACKGROUND: Release of serotonin by neuroendocrine tumors is associated with carcinoid heart disease (CaHD), which may pose challenges for carcinoid syndrome (CS) treatment. We aimed to examine the safety of telotristat ethyl, a novel tryptophan hydroxylase inhibitor, in a subgroup of patients with CS with a medical history of CaHD.

METHODS: Adverse event (AE) data were pooled from 2 Phase 3 studies in CS in which 211 patients were randomly assigned 1:1:1 to receive placebo, telotristat ethyl 250 mg, or telotristat ethyl 500 mg 3×/day (tid) for 12 weeks and offered open-label telotristat ethyl 500 mg tid in a 36-week extension.

RESULTS: The CaHD subgroup consisted of 53 patients: 17, 17, and 19 on placebo, telotristat ethyl 250 mg, and telotristat ethyl 500 mg, respectively. Mean age was 62, 57% were male, and mean body mass index was 23.5. Over the first 12 weeks, the proportions of patients with ≥1 AE were similar among treatment arms. On placebo, telotristat ethyl 250 mg, and telotristat ethyl 500 mg, respectively, study drug discontinuations due to AEs occurred in 2, 3, and 4 patients; severe AEs occurred in 4, 0, and 1 patients; and serious AEs occurred in 6, 4, and 2 patients. There was 1 death and 1 cardiovascular AE on placebo (hospitalization with mitral valve incompetence). The long-term safety profile

on open-label telotristat ethyl was similar to that in the first 12 weeks. Short- and long-term safety were similar in patients with CaHD and the overall safety population.

CONCLUSION: The safety profile of telotristat ethyl in patients with CS and CaHD was similar to that of telotristat ethyl in the overall population.