

## P-7:

# Association Between Duration of Somatostatin Analogs (SSAs) Use and Quality of Life in Patients with Carcinoid Syndrome in the United States Based on the FACT-G Instrument

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**BACKGROUND:** Carcinoid syndrome (CS) results from the secretion of bioactive amines by functional NET. The only FDA-approved agents to treat CS symptoms (CSS) are SSAs. This study assessed the association of duration of SSA use and quality of life (QoL) among patients with CSS using the validated Functional Assessment of Cancer Therapy-General (FACT-G) instrument.

**METHODS:** Patients with CSS in the US were recruited by NCAN for a two-part online, anonymous survey (~6 months apart); first survey was fielded between July-October 2016 and results are reported here. Adult patients who received either SSA or non-SSA treatment for CSS control were eligible. The survey consisted of demographic, clinical and QoL questions, including FACT-G. Descriptive and multivariable regression analyses, adjusting for demographic and clinical characteristics, were performed to assess predictors of FACT-G QoL scores. Duration of SSA use was categorized into quartiles (<2.7, 2.7-4.42, 4.43-8.0, and >8.0 years).

**RESULTS:** 117 patients (mean age 58 years) completed the first survey. Majority of the patients (98.3%) received SSAs in the past month. The mean±SD FACT-G total score was 67.6±20.0 (range: 0-108), lower than that of the general US population (80.1±18.1). The mean±SD duration of SSA use was 6.1±4.7 years. Descriptive analysis suggested that patients receiving SSA treatment for >8 years had higher (better) FACT-G subscale and total scores than reference group <2.7 years. Multivariable models showed that FACT-G total score was 11.3 points (P=0.033) higher for patients treated with SSA >8 years compared to those treated for <2.7 years. Similar patterns were observed for two FACT-G subscales - Physical Well Being and Functional Well Being.

**CONCLUSION:** The duration of SSA use was positively associated with QoL benefit among CS patients. This may be explained by long-term effectiveness of SSAs or selection bias favoring patients with more indolent disease. Future studies will be needed to distinguish between these possibilities.