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Lanreotide vs. Octreotide-LAR for Patients with Advanced Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs): An Observational Time and Motion Analysis

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BACKGROUND: Lanreotide is the only FDA-approved somatostatin analog to improve progression-free survival in patients with locally advanced or metastatic GEP-NET. Lanreotide and octreotide-LAR are both recommended in clinical practice. However, each agent possesses unique attributes in terms of efficacy, safety and drug delivery characteristics. To compare overall drug delivery efficiency between lanreotide and octreotide-LAR, an observational time and motion (T&M) study was undertaken in GEP-NET patients treated at 5 US cancer clinics (NCT03017690).

METHODS: Baseline patient data collection included age, disease grade/duration, prior therapies and performance status. Nursing time (drug preparation/administration), patient time (total appointment time, including preparation/administration) and resource use data were collected for GEP-NET patients being treated with lanreotide (n=22) or octreotide-LAR (n=22). Outcomes were presented as means/medians (95% CI) and compared using multilevel mixed regression models, with adjustments for clustering on cancer center. Primary study endpoint was the difference in nursing time between lanreotide and octreotide-LAR. Secondary endpoints included the difference

in total patient time, and qualitative information collected from nurse and patient surveys.

RESULTS: Patient groups were comparable for mean age, sex, and disease grade. The median dose of lanreotide and octreotide-LAR was 120 and 30 mg, respectively, administered every four weeks. Nursing time for lanreotide was associated with a statistically significant reduction (2.6 min; 95% CI: 2.1, 3.2) compared to octreotide-LAR (6.2 min; 95% CI: 4.4, 8.1; p=0.004). The mean total patient time for lanreotide and OCT LAR was comparable between groups (32.1 vs. 36.6 minutes; p=0.97). Nurses administering each drug reported increased concerns with octreotide-LAR related to needle clogging (p=0.034) and device failures (p=0.057). However, no nurses administering octreotide-LAR experienced clogging during the study.

CONCLUSION: Lanreotide was associated with significant reductions in nursing time, suggesting healthcare efficiency, compared to octreotide-LAR.