C-2

Real-World Observational Study of Somatostatin Analogs and Rescue Medication Use for Neuroendocrine Tumors in Canada

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BACKGROUND: Two long-acting somatostatin analogs (SSAs), octreotide long-acting release (OCT-LAR) and lanreotide autogel (LAN-ATG) are available for the management of neuroendocrine tumors (NETs). Patients may switch SSAs during treatment due to adverse events, preference, and reimbursement. For secretory disease, rescue medications may also be required concomitantly for diarrheal symptom relief. The impact of switching SSAs on rescue medication usage is unknown. This study evaluated the association between switching SSAs and rescue medication use in a real-world setting in Canada.

METHODS: Claims data from the IQVIA Private Drug Plan (PDP), Ontario Drug Benefit (ODB) program, and Régie de l'assurance maladie du Québec (RAMQ) were abstracted for the entire population. Eligible patients were those with a first SSA prescription dispensed between Sept 1, 2015 and Oct 31, 2019; this includes patients switching SSAs. Data were collected until SSA therapy stopped or the data collection period ended.

RESULTS: 1,837 patients were included; 1,705 (92.8%) did not switch SSA and 132 (7.2%) did. Of the patients with NETs who switched SSAs (n=101), 53.5% were 25-65 years old, 53.5% were female, and for 74.3% first-line SSA was OCT-LAR. Average time to switch was longer for those initiating treatment on OCT-LAR (1,105 days) compared with LAN-ATG (397 days); however, OCT-LAR treatment was commercially available prior to LAN-ATG.

The number of rescue medication claims decreased pre- to post-switch on average by: 57.1% across all patients (n=101; p=0.0069, paired t-test), 53.8% (n=75; p=0.0204, paired t-test) for patients switching from OCT-LAR to LAN-ATG and 72.7% (n=26; p=0.1629, paired t-test) for patients switching from LAN-ATG to OCT-LAR.

CONCLUSION: For patients requiring rescue medication, switching SSAs significantly reduced rescue medication claims, suggesting optimal use of long-acting SSAs may include switching between agents.

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