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Comparative Analysis of Octreotide Long Acting Release (LAR) and Lanreotide in Gastroenteropancreatic Neuroendocrine Tumors (GEP-NETs): A Single Institution Experience.

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BACKGROUND: Somatostatin analogues (SSAs) include octreotide long acting release (LAR) and lanreotide are often the first-line therapy for both symptoms and tumor control in well-differentiated metastatic GEP-NETs. However, there is no current data to support the use of one SSA versus the other. This study compared both SSAs in terms of progression free survival (PFS) and biochemical response in metastatic GEP-NETs.

METHODS: This is a retrospective analysis of patients with metastatic well-differentiated GEP-NETs who were treated with a first line octreotide LAR or lanreotide at University Hospitals Seidman Cancer Center. The probability of PFS (date of diagnosis to the date of disease progression) was estimated using Kaplan-Meier methods and the difference of PFS between groups was examined by log-rank. The predictors of biochemical response were evaluated using multivariable logistic regression model. All tests are two-sided and p-value ≤ 0.05 were considered statistically significant.

RESULTS: 131 patients had first line SSAs (105 octreotide LAR vs 26 lanreotide). Median PFS was not statistically different between octreotide LAR and lanreotide (38.7 mos vs 32.6 mos, HR = 1.1, 95% CI: 0.62-1.93, p=0.75). After controlling for age, gender, primary tumor type, liver tumor burden, functionality and whether the primary tumor was resected, multivariable analysis continued to show no significant difference in PFS (HR 1.04, 95% CI: 0.59 – 1.85, p = 0.89). In terms of biochemical response (mainly CgA, U5HIAA), there was no significant difference using both univariate (OR 0.63, 95% CI: 0.17-2.29, p = 0.48) and multivariable analysis (OR 0.25, 95% CI: 0.047-1.26, p = 0.09).

CONCLUSION: There is no significant difference in both PFS and biochemical response between octreotide LAR and lanreotide in the first-line treatment of metastatic well differentiated GEP-NETs. Future randomized trials should compare SSAs in the first line setting as well as the benefit of continuing them post-progression.

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