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The Use of Octreotide LAR in Routine Canadian Practice: Dosing Considerations and Persistence Rates



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BACKGROUND: Octreotide LAR is a well-established treatment option for symptomatic metastatic neuroendocrine tumors (NETs) in Canada with dosing available at 10, 20 and 30 mg doses. However, there is a lack of real-world data on the impact of dosing on treatment persistence.

METHODS: Retrospective analysis of data collected through the Sandostatin Patient Support Program in Canada; 90% home injections.

RESULTS: Between March 2008 and December 2018, 2,047 NET patients (median age 65 years; 52% men) were enrolled (2% initiated at 10 mg, 32% at 20 mg, 62% at 30 mg, 4% at > 30 mg). 64% of patients were at a 28-day dosing frequency. Patients treated at tertiary institutions or by physicians experienced with treating NETs (>20 patients) were more likely to be initiated at 30 mg ($p < 0.0001$). 46% and 79% of patients initiated on 20 mg and 30 mg remained on the same dose, respectively, and 38% initiated at 20 mg were increased to 30 mg.

Overall persistence at year 1, 2, and 3 was 67.7%, 53.5%, and 44.4%, respectively, with a median persistence of 857 days. The three most common reasons for discontinuation included death (42%), transition to palliative care (9%), and switch to alternative treatment (8%).

Treatment persistence was significantly higher in patients initiated at 30 mg vs 20 mg ($p = 0.0449$) and correlated with clinician experience (1,049 days for clinicians treating 5-19 patients vs 551 days for those treating 1-2 patients; $p < 0.0001$). Persistence was numerically higher in patients with gastrointestinal vs pancreatic NETs (931 vs 731 days).

CONCLUSION: In Canadian routine practice, physician experience has a significant impact on treatment duration. Centralizing care to higher volume centres may have positive effects on persistence. Long-term use of octreotide LAR remains an important therapeutic option for NETs.

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