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Real World Use of Lanreotide in Management of Neuroendocrine Tumours

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BACKGROUND: Majority of neuroendocrine tumors (NETs) arise from the gastrointestinal tract and present with metastases. Treatment is often with somatostatin analogues (SSA) such as lanreotide in the first line setting. We studied real world use of lanreotide in management of NETs.

METHODS: We performed a single-site retrospective chart review of all patients (n=69) on lanreotide for NETs at The Ottawa Hospital Cancer Center. We studied patient characteristics and provider practices surrounding lanreotide use.

RESULTS: 68% of patients were male and mean age was 63 years (range 35-93 years). The most common primary sites were the ileum (n=24, 35%) and pancreas (n=22, 32%). Most common sites of spread were to the liver (n= 49, 33%) and lymph nodes (n=46, 31%). Lanreotide was the first line of systemic treatment in 60 (87%) patients. Starting dose of 120 mg q4weeks was used in 66 (96%) patients. Dose escalation to 120 mg q3weeks occurred in 4 (6%) patients.The primary intention for treatment was tumour control (n= 32, 46%) or symptom and tumour control (n=34, 49%). Patients were on lanreotide for a median time duration of 22 months (range: 0-35). Radiographic disease stability was seen in 30 patients (43%) and progression in 29 patients (42%). Lanreotide discontinuation occurred in 32 (46%) patients mainly due to disease progression (n=17, 25%) or adverse events (n=7, 10%). Lanreotide was continued post progression in 19 (28%) patients.

CONCLUSION: Overall, the use of lanreotide at our center was in first line setting which is in keeping with current guidelines. Lanreotide was used for its antiproliferative properties in majority of cases. Dose escalation was seldom seen and it will be interesting to see how this practice changes given results of the CLARINET FORTE study which showed improvement in disease progression with

q2weeks administration of lanreotide while maintaining known safety profile.

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