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Real World Analysis of Long-Acting Somatostatin Analog (LA-SSA) Treatment and Dose Escalation Among Patients with Neuroendocrine Tumors (NET)

Callisia N. Clarke, MD, MS[1], Paul Cockrum, BSci, PharmD, RPh[2], Thomas J.R. Beveridge, MSc, PhD[2], Michelle Jerry, MS[3], Donna McMorrow, BS[3], Anh Thu Tran, PharmD[3], Alexandria T. Phan, MD[4].

[1]Medical College of Wisconsin, Milwaukee, WI; [2]Ipsen Biopharmaceuticals, Basking Ridge, NJ; [3]Merative, Cambridge, MA; 4Phan & Associates, Houston, TX.

BACKGROUND

LA-SSA therapy, including octreotide long-acting release (LAR) and lanreotide depot (LAN), is recommended as first-line therapy for treatment of unresectable or metastatic NETs. Understanding treatment sequencing and dosing patterns of LA-SSAs is essential for clinical decision-making to provide value-based management of NET for both the patients and healthcare system. This study describes treatment patterns of LA-SSA therapy among privately insured patients with NET in the US.

METHODS

Claims data for patients with NET who were newly treated with LA-SSAs for ≥3 months were extracted from IBM MarketScan Commercial and Medicare databases between 1/1/2015-10/31/2021 (earliest LA-SSA treatment = index date). Treatment patterns were reported during index LA-SSA treatment, including treatment duration, dose, up to 2 dose escalations, use of rescue therapy with short-acting octreotide at any time during treatment, and transition to other LA-SSA. Doses were reported as 28-day doses based on days' supply/drug quantity (for outpatient pharmacy claims) or units of service (for outpatient medical claims). Dose escalation was defined as an increase in quantity administered or frequency of injections (28-day to 21-day cycles). Chi-square tests, two sample t-tests, and log-rank test were used for binary variables, continuous variables, and treatment duration estimated using the Kaplan-Meier approach, respectively.

RESULTS

A total of 762 patients with NET treated with LA-SSAs were identified (241 started on LAN and 521 started on octreotide LAR). Treatment duration was longer for LAN than octreotide LAR (median 3.4 vs. 2.2 years, p-value=0.004). Compared to octreotide LAR, fewer LAN patients experienced a first and second dose escalation (first dose escalation: 6% vs. 27%; second dose escalation: 1% vs. 5%; all p-values <0.05). Additionally, fewer LAN patients used rescue treatment (8% vs. 14%, p-value=0.011). Doses based on days' supply/drug quantity or units of service were reported for most patients, and 2% of LAN patients received an above label 28-day dose (>120mg) compared to 14% of octreotide LAR patients (>30mg; p-value <0.05). Amongst patients whose initial treatment ended during follow-up (90 LAN and 274 octreotide LAR patients), fewer LAN patients transitioned to the other LA-SSA compared to octreotide LAR (19% (n=17) vs. 34% (n=92), p-value=0.008).

CONCLUSIONS

Compared with octreotide LAR patients, LAN patients were more likely to remain on their initial LA-SSA treatment longer as well as on their starting dose without dose escalation, and less likely to use rescue treatment.

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