

# C-17

## Integration of Radioembolization with CapTem for Liver-Dominant G2 NETs: Long-Term Outcomes

Michael C. Soulen<sup>1</sup>, Ursina R. Teitelbaum<sup>2</sup>, Rosemarie Mick<sup>3</sup>, Jennifer Eads<sup>2</sup>, Jeffrey I. Mondschein<sup>1</sup>, Mandeep Dagli<sup>1</sup>, Diana van Houten<sup>1</sup>, Nevena Damjanov<sup>2</sup>, Charles Schneider<sup>2</sup>, Keith Cengel<sup>4</sup>, David C. Metz<sup>5</sup>.

<sup>1</sup>Division of Interventional Oncology, <sup>2</sup>Division of Medical Oncology, <sup>3</sup>Department of Biostatistics, Epidemiology and Informatics, <sup>4</sup>Department of Radiation Oncology, and <sup>5</sup>Department of Gastroenterology; Neuroendocrine Tumor Program, Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA.

### BACKGROUND

Capecitabine-Temozolomide (CapTem) is an effective oral chemotherapy regimen for NETs. Both drugs are radiosensitizers. A feasibility study of integrated CapTem and Y90 transarterial radioembolization (TARE) in patients with grade 2 neuroendocrine tumor (NET) liver metastases reported encouraging objective response rate (ORR) and progression-free survival (PFS). This study expands that report to a larger cohort with long-term oncologic follow-up.

### METHODS

Therapy consisted of monthly cycles of capecitabine 600 mg/m<sup>2</sup> twice daily for 14 days and temozolomide 150-200 mg/m<sup>2</sup> on day 10-14. Simulation angiography was performed during the initial cycle. The dominant lobe was radioembolized on day 7 of the second cycle of CapTem. Patients with bilobar disease had the other lobe treated on day 7 of the third or fourth cycle. CapTem was continued until progression or intolerance. Clinical and laboratory assessment was done monthly and imaging every 3 months. Toxicities were assessed using CTCAE v5. Resposne was evaluated by RECIST. Hepatic-PFS, PFS and overall survival (OS) were estimated using Kaplan-Meier, subgroups were compared using the log rank test.

### RESULTS

35/37 patients completed the prescribed regimen. Primary sites of disease were pancreas (16), lung (10), gut (7) and unknown (4). Mean duration of CapTem was 12 months (range, 4-32 mo). Toxicities were as expected for each therapy individually. ORR in the liver was 72% with a disease control rate of 100%. Median PFS was 36 mo (95% CI, 25-45 months). Differences in PFS among primary sites were not significant. Median overall survival was 41 months (95% CI, 24-87 months) from initiation of CapTemY90 therapy and 130 months (95% CI, 56-172 months) from initial diagnosis.

### CONCLUSIONS

Combined modality CapTem with TARE provides durable control of G2 NET liver metastases for substantially longer than expectations for embolotherapy or chemotherapy alone.

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