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The useful combination of capecitabine and temozolomide (CAPTEM) in metastatic lung carcinoid tumors

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BACKGROUND

Capecitabine and temozolomide (CAPTEM) have been shown prospectively to have efficacy in pancreatic neuroendocrine tumors (NETs), however randomized controlled trials for CAPTEM in lung NETs have not been done¹⁻⁴. Despite this, there are guideline recommendations advocating for CAPTEM in lung NETs in certain circumstances. Additional data is needed to better understand responses, survival, and tolerability and to differentiate these findings between typical and atypical lung NETs.

METHODS

We identified adult patients with typical and atypical carcinoid (AC) tumors who have received CAPTEM under IRB approval at Vanderbilt-Ingram Cancer Center between 1/1/2019 and 3/15/2025. Variables including demographics, pathologic diagnosis, radiographic characteristics including somatostatin receptor positivity, treatment history, and outcomes including progression free survival (PFS), overall survival (OS) and disease control rate (DCR) were collected in Excel. Data analysis was conducted using R.

RESULTS

Twenty-seven patients were identified with a median age of 67 (55,72). The majority of patients were female (67%) and had AC tumors (81%). Treatment outcomes overall and by histology are listed in table 1.

Table 1			
	Overall (n=27)	Atypical (n=22)	Typical (n=5)
Median number of cycles ¹	12 (4, 19)	12 (4, 20)	12 (2, 18)
mPFS (months) ¹	13.8 (4.3, 26.5)	13.4 (4.2, 32.5)	12 (2, 18)
mOS (months) ¹	26.0 (12.3, 38.9)	26.6 (14.8, 48.0)	17.9 (10.8, 19.5)

Best Treatment Response			
CR ²	0 (0)	0 (0)	0 (0)
PR ²	2 (74)	1 (4.5)	1 (20)
SD ²	20 (74)	16 (73)	4 (80)
PD ²	4 (15)	4 (18)	0 (0)
Unknown ²	1 (3.7)	1 (4.5)	0 (0)
Disease control rate ²	22 (81)	17 (77)	
¹ Median (IQR) ² N, (%)			

In patients with somatostatin receptor positive avid disease on Octreoscan or ⁶⁸Gallium or ⁶⁴Copper DOTATATE-PET compared to those who had no avidity, there was a trend in improvement of PFS (16.7 months vs 7.8 months), however, OS (30.5 months vs 21.2 months) trended towards improvement in those with no avidity. DCR (100% vs 58%) was also improved in patients with avid disease (p=0.01). Drug related adverse effects resulting in hospitalization, dose reduction, and treatment discontinuation were 15%, 26%, and 19%, respectively.

CONCLUSIONS

CAPTEM results in a high disease control rate in both atypical and typical lung carcinoid tumors. Drug related adverse effects resulting in drug discontinuation were within the expected range and similar to rates in the ECOG-ACRIN E2211 trial. Ideally, randomized controlled trials studying CAPTEM in patients with lung NETs are needed to further elucidate safety and efficacy. Our study adds to the literature showing CAPTEM is a useful treatment in patients with metastatic lung NETs.

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