Introduction

- Somatostatin analogs (SAA) are the treatment of choice for hormonal symptoms associated with neuroendocrine tumors (NETs).
- NETs may exhibit prolonged periods of tumor stabilization. If allowed, a longer treatment-free interval is interpreted as treatment-induced stability, this may lead to inaccurate conclusions about treatment efficacy.
- Clinical studies have suggested that SAs may stabilize or, rarely, induce partial response in NET tumor growth.

This phase II clinical trial (NCT0032646) is the first to examine the antitumor activity of monthly SSA therapy in patients with documented progressive NET.

Materials and methods

- Caucasian patients (n=30) with advanced and/or metastatic, well-differentiated GEP or BP NETs that had progressed within the last 18 months were treated with deep subcutaneous lanreotide (Somatuline Autogel®) 120 mg every 28 days, in 17 Spanish hospitals.
- Sample size was based on the assumption that 25% and 12% of patients with progressive NETs receiving SSA treatment are progression-free after the first and second years of treatment, respectively.
- Inclusion criteria were:
  - age ≥18 years
  - Interstitial lung disease of well-differentiated GEP or BP NETs that had progressed within the last 6 months were treated with deep subcutaneous lanreotide (Somatuline Autogel®) 120 mg every 28 days. Data are median (range) unless stated otherwise; ECOG, Eastern Cooperative Oncology Group.

Exclusion criteria included:
- SSA treatment during the 6 months prior to the study inclusion, and chemotherapy or interferon for 18 months prior to the study inclusion.
- Radioiodine evaluation in case of tumor size (computed tomography, magnetic resonance imaging, according to RECIST criteria, was performed every three treatment cycles for an independent radiologist with expertise in NETs).
- The primary endpoint is the efficacy of lanreotide in NET growth stabilization in patients with progressive progressive NETs.

Introduction

- Efficacy of lanreotide in NET growth stabilization
- Exclusion criteria included SSA treatment during the 6 months prior to the study.
- A total of 30 patients were included in the study.

The primary endpoint, efficacy of lanreotide in NET growth stabilization, was to evaluate whether the tumor growth in patients with progressive gastroenteropancreatic (GEP) or bronchopulmonary (BP) NETs was not.amenable to surgery or chemotherapy.

Results

- Baseline demographic and clinical characteristics are presented in Table 1.

Table 1. Baseline demographic and clinical characteristics of patients with progressive neuroendocrine tumors treated in a study of the efficacy of lanreotide on tumor progression.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>63 (20–78)</td>
</tr>
<tr>
<td>ECOG category, n (%)</td>
<td>1 (3.3) 1 (3.3)</td>
</tr>
<tr>
<td>Disease activity, n (%)</td>
<td>20.0 (26.7) 1.0 (13.3)</td>
</tr>
<tr>
<td>Tumor functionality, n (%)</td>
<td>23.3 (7.7) 23.3 (7.7)</td>
</tr>
<tr>
<td>Prior treatment for NETs, n (%)</td>
<td>20.0 (26.7) 1.0 (13.3)</td>
</tr>
<tr>
<td>Gender</td>
<td>15 (50) 9 (30.0) 10 (33.3)</td>
</tr>
<tr>
<td>Race</td>
<td>15 (50) 9 (30.0) 10 (33.3)</td>
</tr>
<tr>
<td>Prior treatment for NETs, n (%)</td>
<td>20.0 (26.7) 1.0 (13.3)</td>
</tr>
<tr>
<td>Tumor functionality, n (%)</td>
<td>23.3 (7.7) 23.3 (7.7)</td>
</tr>
</tbody>
</table>

Conclusions

- In this study, administration of lanreotide 120 mg every 28 days to 29 patients with progressive NET or BP NET provided a median PFS of 12.2 months and was well tolerated.

Acknowledgements

The authors thank the patients and investigators in this study. The authors also thank Watermeadow Medical for their assistance in preparing this poster.

Somatostatin Autogel® is known as lanreotide Depot® in the USA.