BACKGROUND

Neuroendocrine tumors (NETs) are a heterogeneous group of malignancies that arise from neuroendocrine cells throughout the body.1,2 They are defined by the presence of precursor granules within tumor cells stained with chromogranin A (CgA) and/or synaptophysin.3

More recently, plasma measurement of CgA has become available and has demonstrated that CgA is a biomarker for carcinoid syndrome,5 should be measured in 24-hour urine samples associated with reductions in CgA in patients with NET8,9

RADIANT-2 was an international, multicenter, double-blind, placebo-controlled, phase III study12

OBJECTIVE

To examine the antitumor activities of everolimus + octreotide LAR in patients with advanced NET

METHODS

PATIENTS AND METHODS

Objective

Randomized, placebo-controlled trial

Inclusion criteria

Exclusion criteria

Assessment of serum CgA levels were available for evaluation in 212 of 216 (98%) of patients

Randomization

Baseline assessments of serum CgA levels were available for evaluation in 212 of 216 (98%) of patients

Baseline characteristics

The RADIANT-2 trial included a large population of patients with advanced NET and allowed, for the first time, assessment of the effect of elevated urinary 5-HIAA levels on progression-free survival (PFS) in patients with advanced NET.12

RESULTS

PFS was significantly longer in patients with nonelevated baseline CgA biomarker levels than for patients with elevated baseline CgA biomarker levels (12.0 months vs 8.4 months; HR, 0.65; 95% CI, 0.48-0.89; P = .003) (Table 4).

CONCLUSIONS

Table 2. Median PFS by Adjuvant Central Review by Biomarker Baseline Levels

Table 1. Baseline Demographics and Disease Characteristics

Table 3. Median PFS by Adjuvant Central Review by Biomarker Baseline Levels and Treatment

Table 4. Median PFS by Adjuvant Central Review by Biomarker Response

REFERENCES
