HIGH-DOSE TREATMENT WITH SOMATOSTATIN ANALOGS IN NEUROENDOCRINE TUMORS

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INTRODUCTION & OBJECTIVE

Somatostatin analogs (SSA) have been demonstrated to increase time to progression in patients affected with well-differentiated NETs. In progressive or metastatic NETs, increasing SSA dose or shortening the dosing interval are common clinical practice, though empirical. Aim of this study is to evaluate efficacy and safety of high-dose SSA treatment in patients with progressive disease under standard SSA dose.

PATIENTS & METHODS

Twenty-one patients (median age 56.8 yrs) with G1-G2 well differentiated NET of different origin were retrospectively identified among 118 patients under SSA therapy (18%). All 21 patients were treated with SSA high-dose schedule treatment, after disease progression under standard dose. The median follow-up with high dose SSA was 22.3 months (range 4-76). High-dose schedule included octreotide LAR in 15 patients (73%) and lanreotide Autogel in 6 (27%).

RESULTS

Partial objective tumor response was recorded in 1 patient (5%), stabilization in 10 (47.5%) and progression in 10 (47.5%). Progression free survival (PFS) was significantly higher with high-dose treatment compared with standard dose (32 *vs* 8 months, $p<0.05$) (Fig.1). Among 16 patients who were symptomatic under standard dose, complete clinical response was obtained in 1 (6%), partial response in 9 (57%). Side effects were abdominal discomfort (5%), asymptomatic gallstones (5%) and type 2 diabetes mellitus (5%).

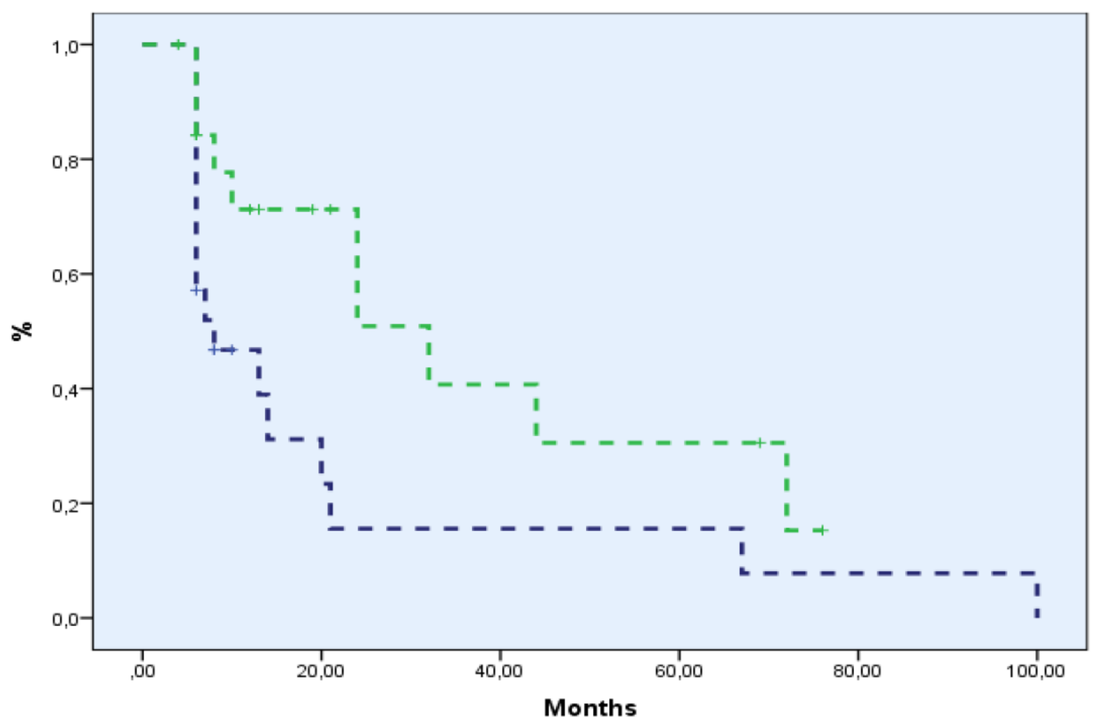

Figure 1: PFS in 21 NET patients treated with high-dose SSA treatment (green line) compared with standard SSA dose (blue line)
(32 vs 8 months, $p<0.05$).

CONCLUSIONS

High-dose SSA treatment in progressive NET is still effective in patients refractory to standard dose.

No additional toxicity is observed with high-dose SSA treatment compared with standard dose.

References

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