

Long term safety, tolerability and efficacy of extended release somatostatin analogues (SST-A)

J. González, M. Arnorriaga, M. Picallo, M.L. Ramirez, YL. Olmedilla, A. Lopez, V. Andía, R. García – Centeno, S. Monereo.
 Department of Endocrinology, Hospital Universitario Gregorio Marañón.

OBJECTIVES

The main indications for the SST-A are acromegalies and/or neuroendocrine tumors. They can increase fecal fats, which could lead to the loss of fat soluble vitamins. There are few published studies showing the effects of the long term use.

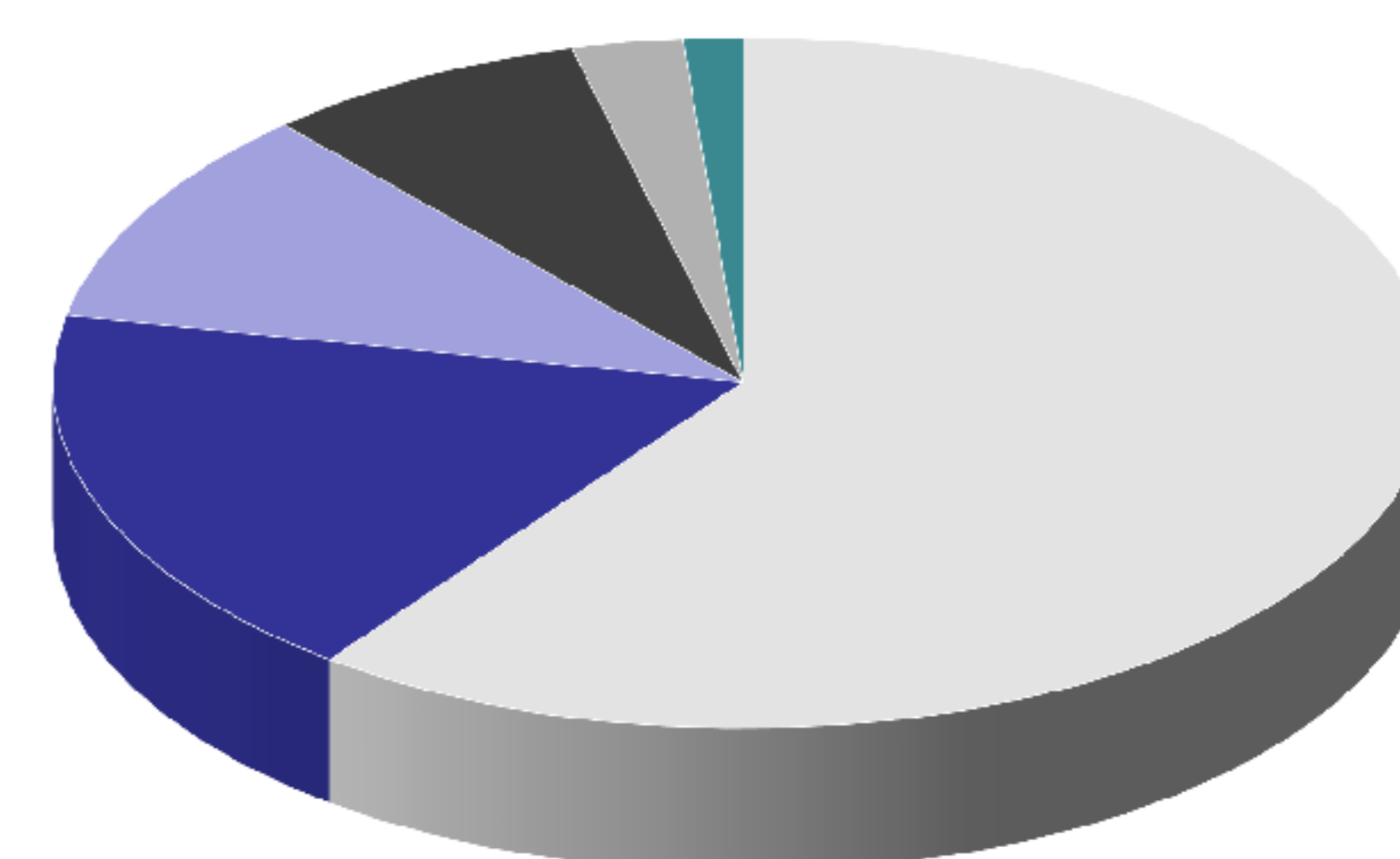
METHODS

Retrospective study of patients with SST-A indicated from our endocrinology department in the last 10 years. We analysed indications and different epidemiological, clinical and laboratory data, at baseline and after treatment with SST-A. Results expressed as: percentages (qualitative variables), average and standard deviation (SD) (quantitative variables), with a significance level of $p < 0.05$.

RESULTS

39 patients (66.6% women, 33.3% men) of 57.5 (13.68) years. Indications: acromegaly 71.8%, gastroenteropancreatic NETs 15.4% (4 MENI, 1 VHL, 1 sporadic), gigantism 5.1%, advanced medullary thyroid cancer 2.6%, Graves' ophthalmopathy 2.5% and thoracic neurofibroma in NFI 2.6%. 69.2% was treated with Octreotide LAR average dose of 44.73 (32.27) mg/28d and 25.6%, with Lanreotide Autogel 46.5 (35.88) mg/28d or both 5.1%. Durability of 57.12 (13.68) months. 7.6% were cured, 79.58% controlled the disease, 12.82% had persistent disease (2 acromegalies and 3 NETs progressed). Side effects: gastrointestinal 17.9%, biliary 20.5% (7.69% asymptomatic cholelithiasis, 2.6% symptomatic cholelithiasis, 10.3% cholecystectomy) and 2.6% post-injection reactions. Analytical changes after treatment: HbA1c 6.3% (3.20) vs 6.5% (3.02) $p < 0.008$, AST 18.02 (6.97) vs 24.87 (25.78) $p < 0.008$, GGT 31.89 (44.09) vs 76.52 (160.75) $p < 0.075$, FA 98 (68.92) vs 149.34 (202.74) $p < 0.06$. There were no significant differences in other analytical or vitamin parameters. 12.6% of patients discontinued treatment for: healing 7.6%, intolerance 2.5% and ineffectiveness 2.5%.

Side effects



■ None
 ■ Gastrointestinal
 ■ Cholecystectomy
 ■ Asymptomatic cholelithiasis
 ■ Symptomatic cholelithiasis
 ■ Post-injection reactions

SST-A	Before	After	Statistical significance
HbA1c (%)	6,3	6,5	$p < 0,008$
AST (U/L)	18,02	24,87	$P < 0,008$
GGT (U/L)	31,89	76,52	$P < 0,075$
FA (U/L)	98	149,34	$P < 0,06$

References

- Deficiencies in fat-soluble vitamins in long-term users of somatostatin analogue H.-B. Fiebrich G. van den Berg, I. P. Kema, T. P. Links, J. H. Kleibeuker, A. P. van Beek, A. M. E. Walenkamp, W. J. Sluiter & E. G. E. de Vries
- Octeotide LAR datasheet.
- Lanreotide LAR datasheet.

CONCLUSIONS

SST-A are effective and well tolerated drugs. We found no evidence of malabsorption due to its use. Most frequent adverse effects were digestive, hepatobiliary and glycemic alterations, as described in the literature.

