

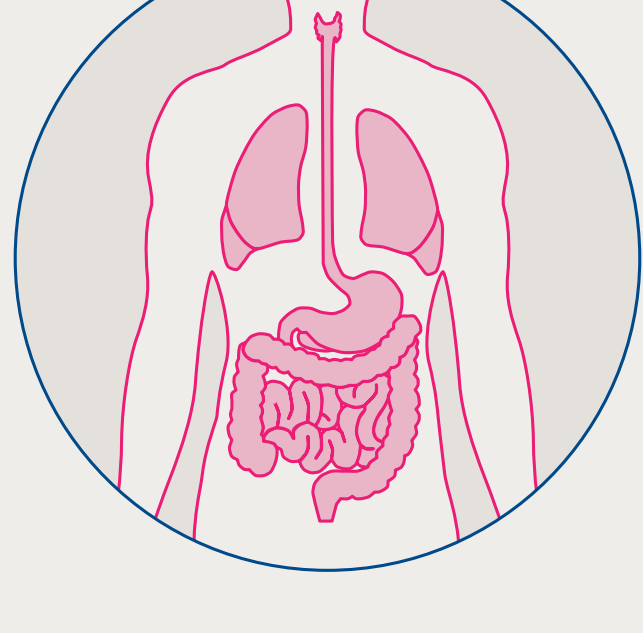
Patterns of use and clinical outcomes with long-acting somatostatin analogs for neuroendocrine tumors

Harrow et al¹

BACKGROUND

Neuroendocrine tumors (NETs) are a group of rare malignancies arising from cells in the endocrine system^{2,3}

In Europe, the annual age-adjusted incidence rate is approximately 25 per 1,000,000 people, with incidence increasing due to advances in diagnostic techniques⁴



Real-world data comparing patterns of use and clinical outcomes of LAN and OCT are lacking

Treatment for NETs

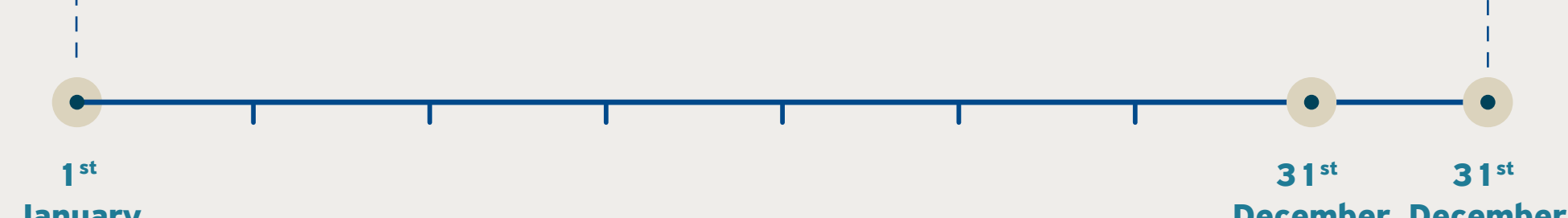
- Long-acting somatostatin analogs (LA SSAs) are approved as first-line treatment for NETs⁵
- **Lanreotide autogel (LAN)** is approved to treat gastroenteropancreatic (GEP) NETs and the symptoms associated with NETs^{5,6}
- **Octreotide long-acting release (OCT)** is approved for the treatment of functional GEP-NETs and advanced NETs of the midgut

STUDY DESIGN

Retrospective cohort study based on administrative claims data

Time period during which included patients initiated treatment with LAN or OCT^a

Follow-up period: at least one year of follow-up for all patients



SNDS^b Claims Database

Covers ~99% of the French population⁷

Included patients

- At least 18 years of age
- Receiving treatment for any NETs^c
- Receiving an LA SSA for the first time^d
- Received at least six subsequent dispensings of first-line LAN or OCT during the first year of treatment

Outcomes compared between patients receiving LAN and patients receiving OCT

- Treatment persistence (evaluated by measuring median treatment duration)
- Time to second-line treatment^e
- Treatment switching (defined as the initiation of a second LA SSA within a maximum of 12 months after the initiation of the first LA SSA)
- Dispensing of pancreatic enzyme replacement therapy (PERT)
- Use of rescue medication
- Average monthly dose above the recommended dose

^aLAN 60-120 mg, OCT 10-30 mg

^bSystème National des Données de Santé, a national French claims database

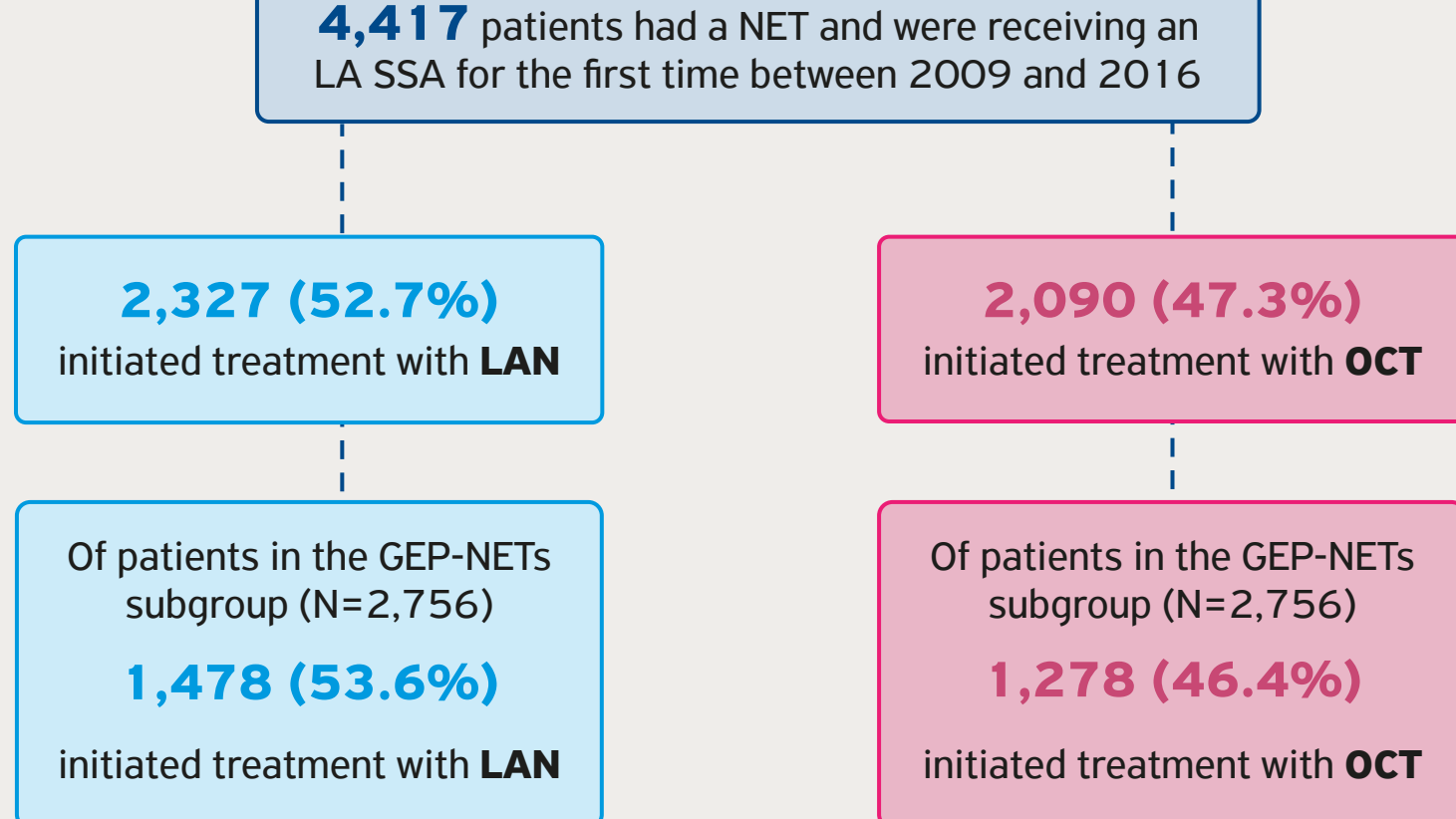
^cPatients with acromegaly or thyrotroph adenoma were excluded from this analysis

^dIndicated by no LA SSA treatment (identified using product identifier and Anatomic Therapeutic Chemical codes) in the prior 12 months

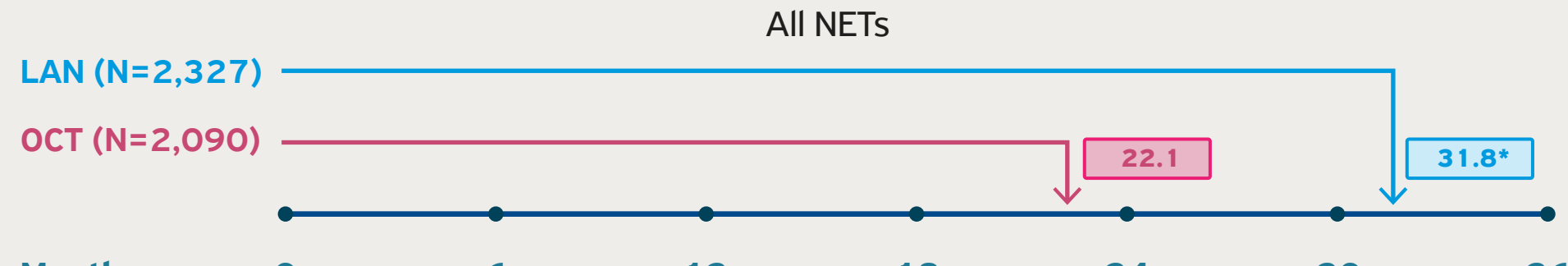
^eOnly evaluated in the subgroup of patients with gastroenteropancreatic (GEP) NETs

RESULTS

Included patients



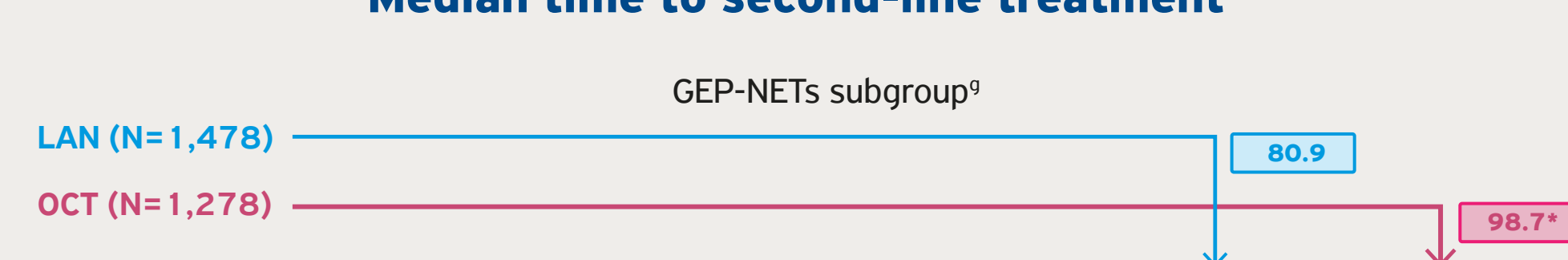
Treatment persistence^f



*p<0.0001 for LAN vs OCT, calculated using the log-rank test. 95% confidence interval (CI) for LAN was 29.1-34.0 and for OCT was 20.1-24.5

^fEvaluated by measuring median treatment duration

Median time to second-line treatment



*p=0.97 for LAN vs OCT, calculated using the log-rank test. 95% CI for LAN was 69.9-97.0 and for OCT was 65.8-NA

^gAnalysis limited to the GEP-NETs subgroup due to availability of data

Treatment switching

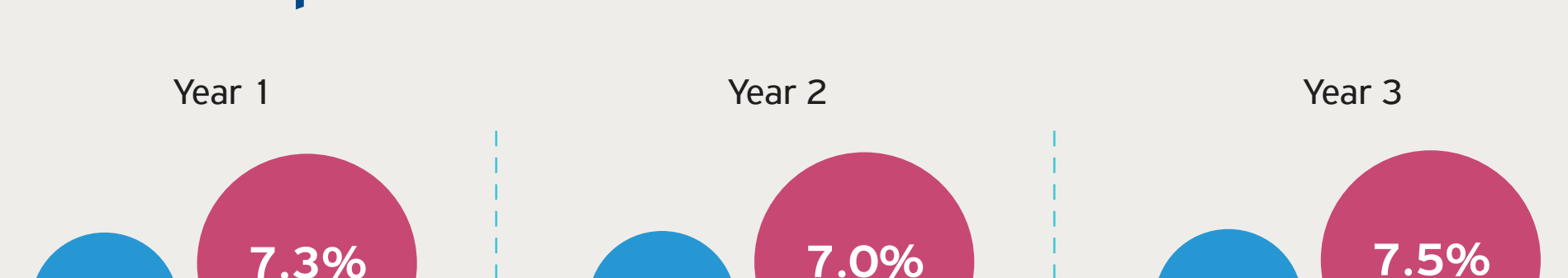


*p<0.0001 for LAN vs OCT



*p<0.0015 for LAN vs OCT

Percentage of patients with average monthly dose per trimester above the recommended dose

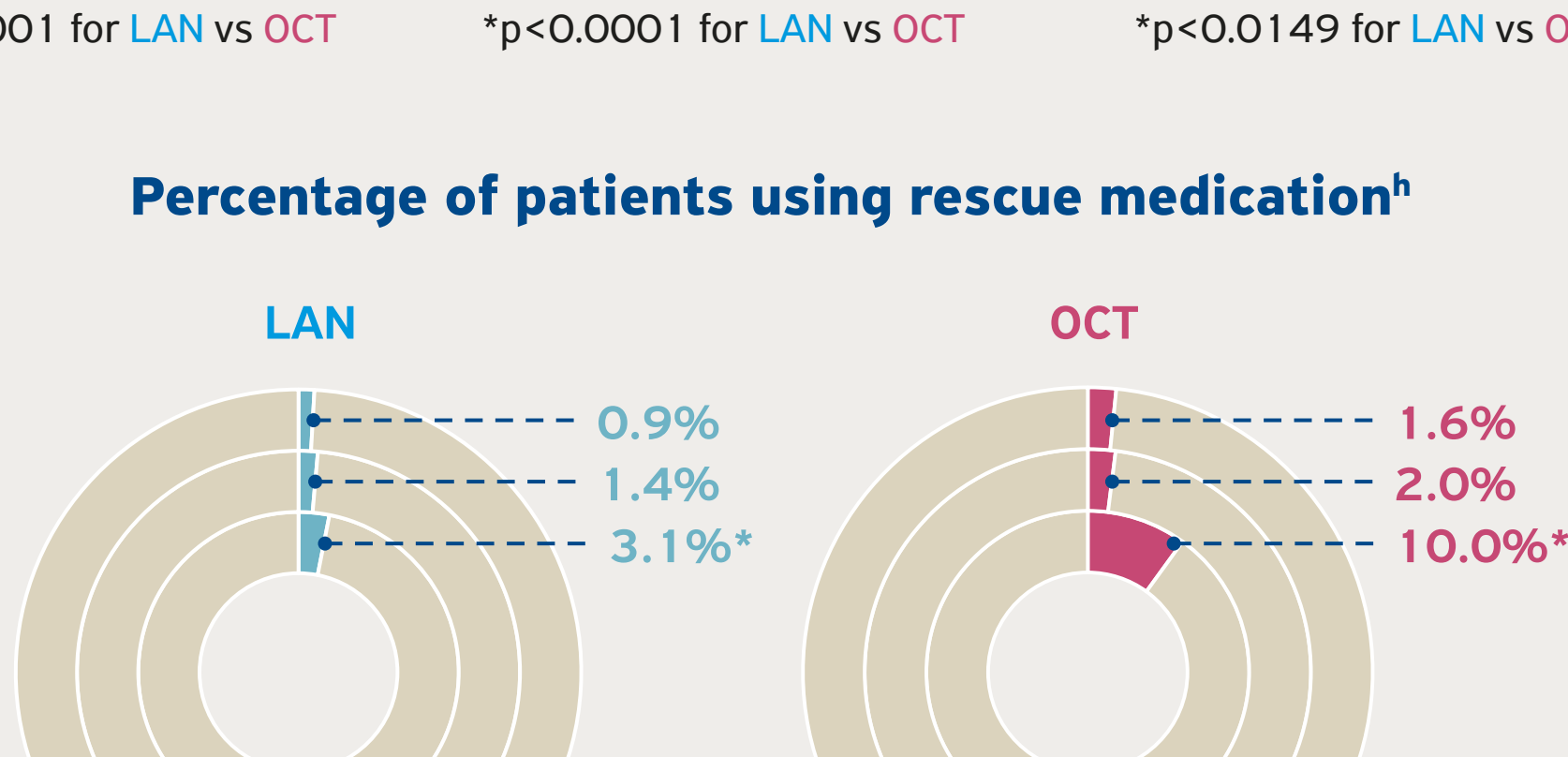


*p<0.0001 for LAN vs OCT

*p<0.0001 for LAN vs OCT

*p<0.0149 for LAN vs OCT

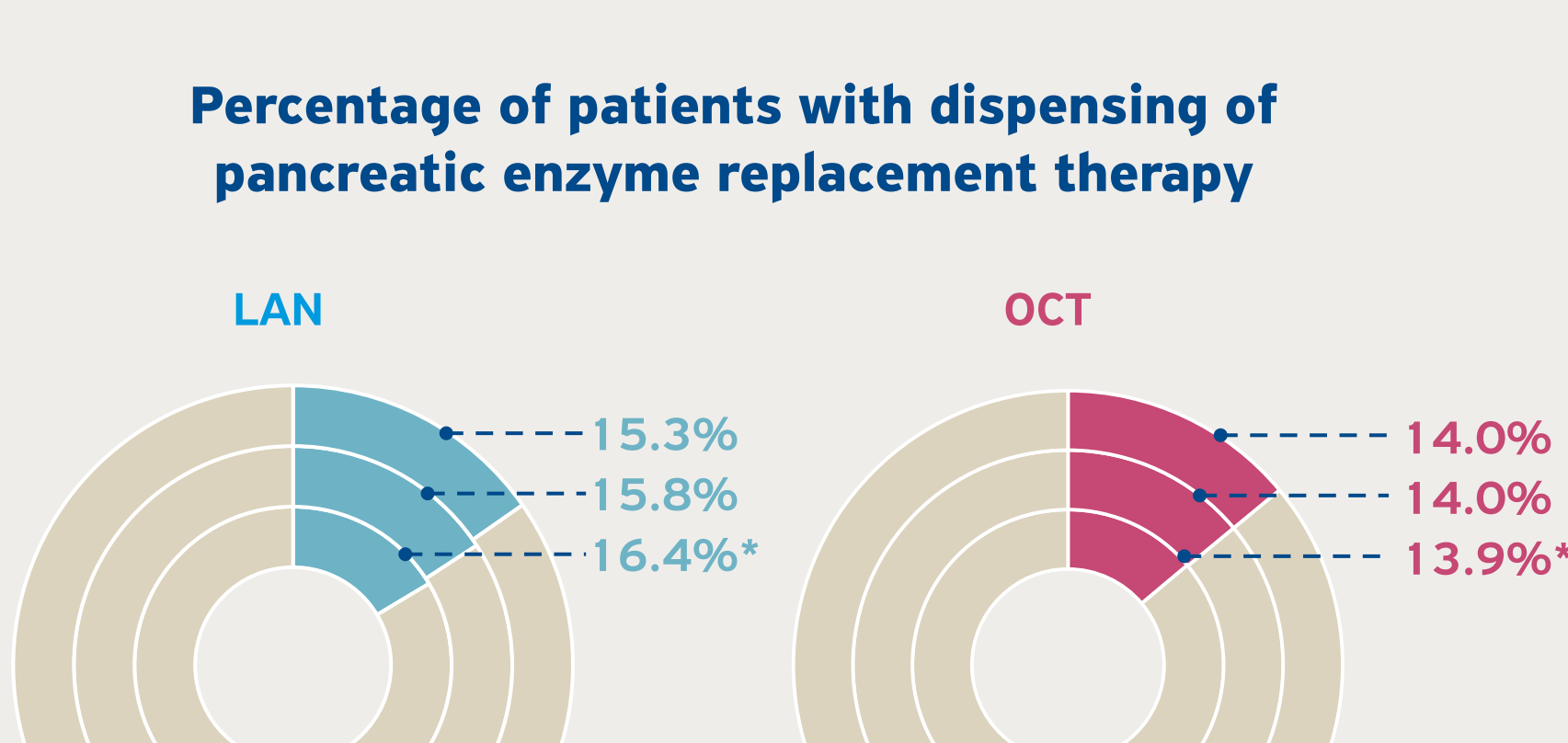
Percentage of patients using rescue medication^h



*p<0.0001 for LAN vs OCT during Year 1; no significant difference for LAN vs OCT in Year 2 (p=0.2042) or Year 3 (p=0.1275)

^hDefined as the use of a short-acting SSA

Percentage of patients with dispensing of pancreatic enzyme replacement therapy



*p=0.0189 for LAN vs OCT during Year 1; no significant difference for LAN vs OCT in Year 2 (p=0.4477) or Year 3 (p=0.1629)

CONCLUSIONS

The results of this study suggest potential clinical and economic advantages of LAN over OCT in the management of NETs in the French population

These findings should be further explored in specific, controlled studies

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