European ENETS Neuroendocrine Tumor Society

Title: SOMATOSTATIN ANALOGS FOR PANCREATIC NEUROENDOCRINE TUMORS: IS THERE ANY BENEFIT WHEN KI-67 IS ≥ 10%?

Authors: Merola E[1]*, Alonso Gordoa T[2]*, Zhang P[3], Al-Toubah T[4], Pelle' E[4], Liu M[5], Laskaratos F[5], de Mestier L[6], Lamarca A[7], Hernando J[8], Cives M[9], van Leeuwaarde RS[10] on behalf on the NET Connect Network.

Institution: 1 Azienda Provinciale per i Servizi Sanitari (APSS), Trento, Italy, 2 University Hospital Ramon y Cajal, Madrid, Spain, 3 Peking University Cancer Hospital & Institute, in Beijing, China, 4 Moffitt Cancer Center, Tampa, FL, USA, 5 Neuroendocrine Tumour Unit, ENETS Centre of Excellence, Royal Free London NHS Foundation Trust, London, UK, 6 Beaujon University Hospital in Clichy, France., 7 The Christie NHS Foundation Trust, Manchester, United Kingdom, 8 Vall d´Hebron Universitary Hospital, Barcelona, Spain., 9 University of Bari, Italy, 10 University Medical Center Utrecht, The Netherlands,.

SOMATOSTATIN ANALOGS FOR PANCREATIC NEUROENDOCRINE TUMORS: IS THERE ANY BENEFIT WHEN KI-67 IS ≥ 10%?

BACKGROUND

The antiproliferative effect of first-line long acting somatostatin analogs (SSA) in advanced gastro-entero-pancreatic neuroendocrine tumors (GEP-NETs) was shown in the PROMID and the CLARINET trials.

Based on these trials, SSAs are included in the treatment algorithm of patients with NETs. However, there are still pending questions about the role of SSA in the therapeutic strategy of patients with NETs such as the potential benefit of this treatment in patients with panNET and Ki67 ≥ 10% that were not represented in the phase III trials.

MATERIALS & METHODS

STUDY DESIGN: This is a retrospective, non-randomized study that will be conducted in centers part of the NET-CONNECT network.

POPULATION: Patients with sporadic or syndromic metastatic pancreatic well differentiated NETs with a Ki67 ≥ 10%. Patients must have received first line treatment with SSA (octreotide LAR or lanreotide depot) between 2014 and 2018.

OBJECTIVES:
Primary aim: progression-free survival (PFS)
Secondary aims: toxicity and overall survival (OS)

RESULTS

After a median follow-up of 40.2 months, **median PFS (mPFS) was 11.9 months (95% CI 6.7-14.1 months) and 5-yr OS rate was 64.2% (SE:8.9%)** (Figure 1a and 1b).

According to **tumor grade**, mPFS was 12.2 months (95% CI 8.3-14.1) and 4.7 months (95% CI 1-8.6) for G2 and G3 tumors, respectively (P=0.02). According to **hepatic tumor burden**, mPFS was 13.8 months (95% CI 11-18.4), 12.4 months (95% CI 5-18.6), 6.5 months (95% CI 4.7-14.1) and 3 months (95% CI 3-14.1) when the liver load was <25%, 26%-50%, 51%-75% or > 75%, respectively (P=0.009). (Figure 2a and 2b). Most frequent adverse events were diarrhea (12%), pancreatic insufficiency (3%) and joint pain (3%).

Table 1. Demographics and baseline clinical characteristics

Characteristic	N = 59 (100%)
Sex – no. (%)	
Male	33(56)
Female	26(44)
Age – yr	59±12.7
Sporadic pancreatic NET	58(98)
MEN1	1(2)
Surgery before SSA	
Whipple procedure	5(9)
Pancreaticoduodenectomy	2(3)
Distal pancreatectomy	5(9)
Pancreatectomy not specified	4(7)
Ki-67 (%)	
10%	23(39)
10-15%	19(32)
15-20%	12(20)
20-25%	3(5)
>25%	2(3)
Type of somastatin analog	
Ocreotide	35(59)
Lanreotide	24(41)

Figure 1a and 1b. Survival outcomes for the whole population

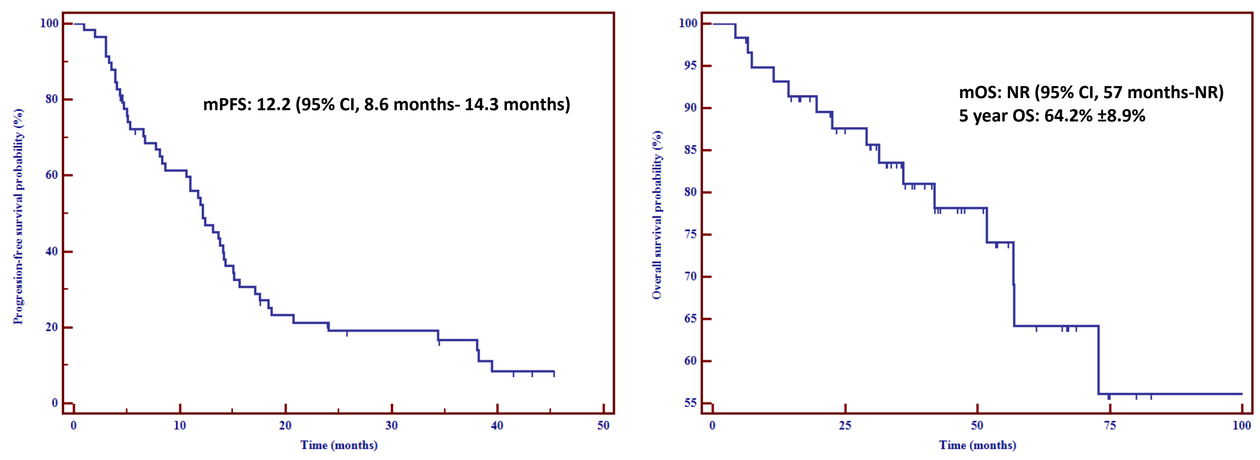
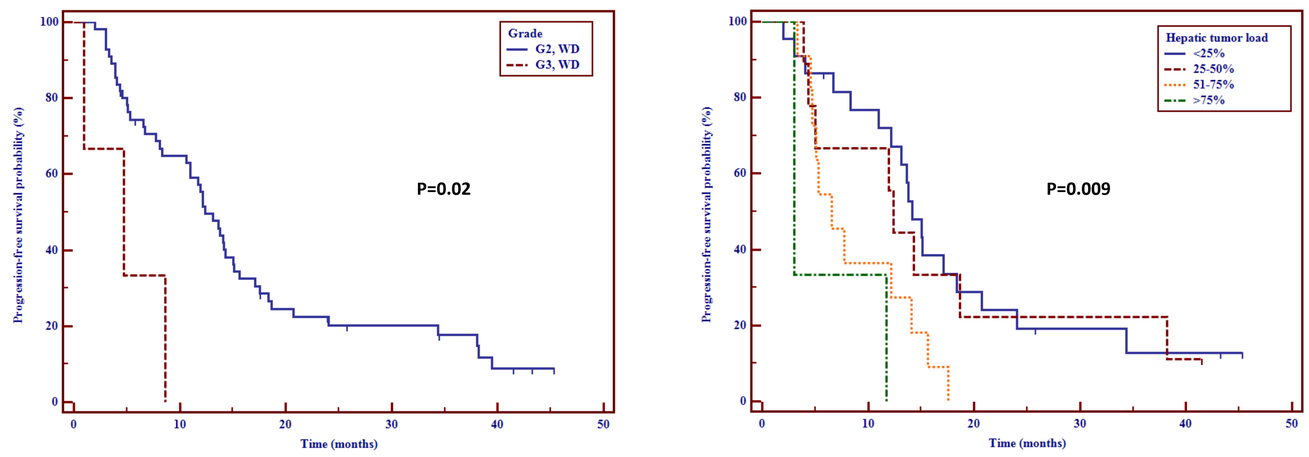


Figure 2a and 2b. Survival outcomes according to tumor grade and hepatic tumor load



CONCLUSIONS

SSAs appear to be effective and safe in metastatic PanNETs with Ki-67 comprised between 10% and 35%. Activity in G3 tumors appears to be quite limited. Prospective series are needed to confirm these results.

References

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