

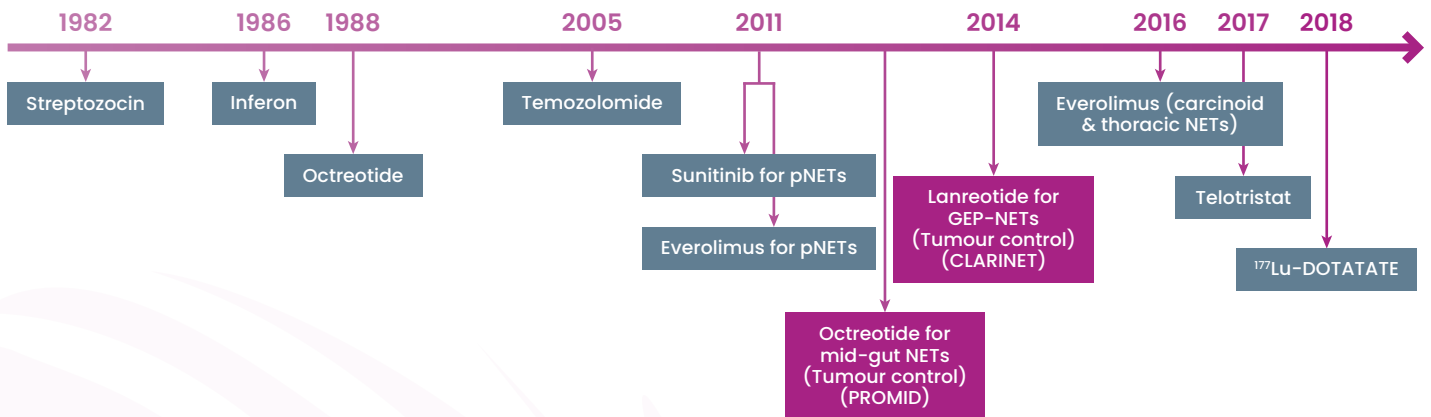
THE ROLE OF SSA AT PROGRESSION TO CONTINUE OR NOT?

CLINICAL TAKEAWAYS

Potential patient groups and treatment strategies

- In patients with well-differentiated Grade 1/2 NETS and slowly progressive asymptomatic disease, the following strategies could be potential considerations in selected patients
 - ▶ Increase the SSA dose (increase frequency from 4 weeks to 2 weeks)
 - ▶ Increase the monthly dose of SSA
- SSA as maintenance (after stopping chemotherapy [for toxicity concerns] in stable patients)
- Patients receiving PRRT (during and/or post-PRRT)

Therapies approved for the treatment of NETs¹



Clinical evidence for continuing SSAs on progression

PROSPECTIVE STUDIES

NETTER-1²

All study patients continued high dose octreotide (60 mg every 4 weeks) regardless of functional status

CLARINET FORTE³

Reducing lanreotide autogel dosing interval (from every 4 weeks to every 2 weeks) provided clinically meaningful PFS with no safety concerns

REMINET⁴

Maintenance lanreotide autogel treatment provided encouraging efficacy results and reduced toxicity

RETROSPECTIVE ANALYSES

- Significantly better outcomes with SSA + PRRT vs PRRT alone⁵
- High-dose SSA (increased administered dose or shortened interval between administrations) shown to be an active treatment option with no safety concerns⁶

1. Chauhan A, et al. Cancers 2022;14:5248 2. Strosberg, et al. N Engl J Med 2017;376:125-35; 3. Pavel M, et al. Eur J Cancer. 2021;1157:403-14; 4. Lepage C, et al. Eur J Cancer. 2022;175:31-40; 5. Yordanova A, et al. Clin Cancer Res. 2018;24:4672-79; 6. Lamberti G, et al. J Clin Endocrinol Metab. 2020;105:dgz035

¹⁷⁷Lu, lutetium-177; GEP, gastroenteropancreatic; NET, neuroendocrine tumour; pNET, pancreatic neuroendocrine tumour; PFS, progression-free survival; PRRT, peptide receptor radionuclide therapy; SSA, somatostatin analogue

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