

PATIENT CASE STUDY #1:

PANCREATIC NET



Steven* is a 50-year-old college professor and a loving father to 2 daughters.

*Patient portrayed is an actor, and represents a hypothetical case.



Testing and Workup

- CT[†] imaging reveals a mass on the head of the pancreas
- Normal endocrine workup and complete blood count
- CgA[‡]: 80 ng/mL
- Biopsy reveals Ki-67: 2%, well-differentiated histology



Tumor Characteristics

- Pancreas primary
- Gallium-68 somatostatin receptor (SSR) imaging showed strong uptake in the pancreatic mass
- Nonfunctioning tumor, meaning there are no symptoms related to hormone secretion of the tumor cells
- Locally advanced, unresectable at diagnosis

Treatment Consideration: 1st-line (1L) therapy with Somatuline[®] Depot (lanreotide)



- Somatostatin analog (SSA) therapy for patients with locally advanced or metastatic pancreatic neuroendocrine tumors (NETs) that are unresectable and well- or moderately-differentiated is a proven 1L option^{1,2}

[†]CT=computed tomography.

[‡]CgA=chromogranin A.

INDICATIONS

SOMATULINE[®] DEPOT (lanreotide) is a somatostatin analog indicated for:


- the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival; and
- the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analog rescue therapy.

IMPORTANT SAFETY INFORMATION

Contraindications

- SOMATULINE DEPOT is contraindicated in patients with hypersensitivity to lanreotide. Allergic reactions (including angioedema and anaphylaxis) have been reported following administration of lanreotide.

Please see full Important Safety Information throughout; click here for the full [Prescribing Information](#) and [Patient Information](#).

 **Somatuline[®] Depot**
(lanreotide) Injection 120 mg

PATIENT CASE STUDY #1:

PRACTICE POINTERS



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Dr. Hendifar is a paid consultant of Ipsen Biopharmaceuticals, Inc.

- It is important to administer Gallium-68 SSR imaging in cases of suspected or diagnosed NET:
 - The scan helps confirm the biopsy, and whether the tumor is SSR-positive
 - Helps confirm tumor size and detect location
 - It has unique sensitivity to small NET metastases not achievable by other scans
- Be vigilant for exocrine pancreatic insufficiency (EPI) in NET patients:
 - Symptoms include steatorrhea and weight loss
 - Look for patients who report regularly experiencing abdominal pain after eating, especially after high-fat meals

“SSA therapy is a proven 1L option for patients with pancreatic NETs that are unresectable and well- or moderately-differentiated”

–Dr. Andrew Hendifar

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

- **Cholelithiasis and Gallbladder Sludge**
 - SOMATULINE DEPOT may reduce gallbladder motility and lead to gallstone formation.
 - Periodic monitoring may be needed.
 - If complications of cholelithiasis are suspected, discontinue SOMATULINE DEPOT and treat appropriately.
- **Hypoglycemia or Hyperglycemia**
 - Patients treated with SOMATULINE DEPOT may experience hypoglycemia or hyperglycemia.
 - Blood glucose levels should be monitored when SOMATULINE DEPOT treatment is initiated, or when the dose is altered, and antidiabetic treatment should be adjusted accordingly.

Please see full Important Safety Information throughout; click here for the full [Prescribing Information](#) and [Patient Information](#).



IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

- **Cardiovascular Abnormalities**

- SOMATULINE DEPOT may decrease heart rate.
- In patients without underlying cardiac disease, SOMATULINE DEPOT may lead to a decrease in heart rate without necessarily reaching the threshold of bradycardia.
- In patients suffering from cardiac disorders prior to treatment, sinus bradycardia may occur. Care should be taken when initiating treatment in patients with bradycardia.

Most Common Adverse Reactions

- **GEP-NETs:** Adverse reactions in >10% of patients who received SOMATULINE DEPOT were abdominal pain (34%), musculoskeletal pain (19%), vomiting (19%), headache (16%), injection site reaction (15%), hyperglycemia (14%), hypertension (14%), and cholelithiasis (14%).
- **Carcinoid Syndrome:** Adverse reactions occurring in the carcinoid syndrome trial were generally similar to those in the GEP-NET trial. Adverse reactions in $\geq 5\%$ of patients who received SOMATULINE DEPOT and at least 5% greater than placebo were headache (12%), dizziness (7%) and muscle spasm (5%).

Drug Interactions: SOMATULINE DEPOT may decrease the absorption of cyclosporine (dosage adjustment may be needed); increase the absorption of bromocriptine; and require dosage adjustment for bradycardia-inducing drugs (e.g., beta-blockers).

Special Populations

- **Lactation:** Advise women not to breastfeed during treatment and for 6 months after the last dose.

To report **SUSPECTED ADVERSE REACTIONS**, contact Ipsen Biopharmaceuticals, Inc. at 1-855-463-5127 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please click here for the full [Prescribing Information](#) and [Patient Information](#).

“Gallium-68 SSR imaging has unique sensitivity to small NET metastases”

–Dr. Andrew Hendifar

References: 1. Somatuline Depot (lanreotide) Injection [Prescribing Information]. Basking Ridge, NJ: Ipsen Biopharmaceuticals, Inc.; April 2019.
2. Kos-kudła B, Ćwikła J, Ruchała M, et al. Current treatment options for gastroenteropancreatic neuroendocrine tumors with a focus on the role of lanreotide. *Contemp Oncol (Pozn)*. 2017;21(2):115-122.