

BC Cancer Protocol Summary for Management of Non-Functional Neuroendocrine Tumours of the GI Tract using Octreotide **Long Acting**

Protocol Code

GINFOCLAR

Tumour Group

GI

Contact Physician

GI Systemic Therapy

ELIGIBILITY:

- Non-functional neuroendocrine tumours of gastrointestinal origin
- SSAs should be continued until tumour progression. For functional tumours, please refer to protocol GIOCTLAR.
- Patients with non-functional tumours are allowed sequential use of octreotide and everolimus, but not in combination.

EXCLUSIONS:

- Pregnant or lactating women
- Hypersensitivity to lanreotide, somatostatin, or related peptides (such as octreotide)
- Complicated, untreated lithiasis of the bile ducts

TESTS:

- Pretreatment ultrasound of the gall bladder is recommended to rule out the formation of gallstones. May be repeated as clinically indicated.
- Blood glucose is recommended prior to therapy initiation and with dose changes.
- Cardiac monitoring (such as heart rate) is recommended in patients with pre-existing cardiac disorders.
- serial CT scan or alternative imaging as appropriate to assess for progression

PREMEDICATIONS:

- Not usually required

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
octreotide long acting	30 mg	Intramuscular (deep intragluteal*) injection

*May use quadriceps for self-administration

Repeat every four weeks until tumour progression or intolerable toxicity.

DOSE MODIFICATIONS:

For patients in whom side effects develop, individualized dosing can be considered. For non-functional tumours, there is currently insufficient evidence to support dose escalation outside of a trial protocol.

PRECAUTIONS:

- **Concomitant diabetes:** Patients on oral hypoglycemics or insulin should be monitored closely for changes in blood glucose levels for several days after the start of octreotide [long acting](#) to determine the need for any dosage adjustments.
- **Previous history of gallstones.**
- **Potential for some impairment in thyroid function:** monitor for signs and symptoms of hypothyroidism.

Call the GI Systemic Therapy physician at your regional cancer centre or the GI Systemic Therapy Chair Dr. Theresa Chan at (604) 930-2098 with any problems or questions regarding this treatment program.

References:

1. Rinke A, et al. Placebo-controlled, double blind, prospective randomized study of the effect of octreotide LAR in the control of tumor growth in patients with metastatic neuroendocrine midgut tumors: A report from the PROMID study group. *J Clin Oncol* 2009, 27(28): 4656-4664.
2. Singh S, et al. Diagnosis and management of gastrointestinal neuroendocrine tumors: An evidence-based Canadian consensus. *Cancer Treat Rev* 2016, 47: 32-45.