

BC Cancer Protocol Summary for Treatment of Growth Hormone Secreting Pituitary Adenoma using Octreotide Long Acting

Protocol Code

CNOCTLAR

Tumour Group

Neuro-Oncology

Contact Physician

Dr. Rebecca Harrison

ELIGIBILITY:

Patients must have:

- Growth hormone (GH) secreting pituitary tumours
 - not curable by surgical procedure or not a good surgical candidate, and
 - persistent GH metabolic symptoms

Note:

May be used in combination with bromocriptine (CNB) or cabergoline (CNCAB)

EXCLUSIONS:

- Pregnant or breast feeding women

TESTS:

- No specific tests apart from those required to monitor the underlying disease
- A pretreatment ultrasound of the gall bladder is recommended to rule out the formation of gallstones. Repeat ultrasound if symptoms suggestive of biliary colic while on therapy.

PREMEDICATIONS:

- None

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
octreotide long acting	20 mg	Intramuscular (deep intragluteal*) injection

*May use quadriceps for self-administration

Repeat every four weeks. Treatment may be started while patient is receiving octreotide daily SC injections. These should be continued for two weeks after the first octreotide monthly IM injection.

DOSE MODIFICATIONS:

For patients in whom symptoms are not fully controlled within the 4 weeks, the dose of octreotide **long acting** may be increased to a maximum of 60 mg every 4 weeks.

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 Dr. Rebecca Harrison or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

References

1. Yang L et al. Octreotide Long-Acting Release (LAR) – a review of its use in the management of acromegaly. *Drugs* 2010;70(13):1745-69.
2. Klibanski A et al. The endocrine tumour summit 2008: appraising therapeutic approaches for acromegaly and carcinoid syndrome. *Pituitary* 2010;13:266-86.
3. Melmed S et al. Guidelines for acromegaly management: an update. *J Clin Endocrinol Metab* 2009;94(5):1509-17.