

# BC Cancer Protocol Summary for Management of Non-Functional Neuroendocrine Tumours of the GI Tract Using Octreotide (SANDOSTATIN LAR)

**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 (SANDOSTATIN LAR)	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 (SANDOSTATIN LAR) 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.