BC Cancer Protocol Summary for Treatment of Growth Hormone Secreting Pituitary Adenoma Using Octreotide (SANDOSTATIN LAR®)

Protocol Code *CNOCTLAR*

Tumour Group *Neuro-Oncology*

Contact Physician *Dr. Brian Thiessen*

ELIGIBILITY:
Patients with growth hormone (GH) secreting pituitary tumours
- who are not cured by surgical procedure or not a good surgical candidate and
- having persistent GH metabolic symptoms
- may be used in combination with bromocriptine (CNB), cabergoline (CNCAB) or quinagolide (CNQUIN)

EXCLUSIONS:
- Pregnant or lactating 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 (SANDOSTATIN LAR®)	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 (SANDOSTATIN LAR®) 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 (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 Dr. Brian Thiessen 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.