BRIEF SUMMARY OF THE TRANSPARENCY COMMITTEE OPINION

SOMATULINE (lanreotide), somatostatin analogue

Substantial clinical benefit in the treatment of non-resectable and non-progressive gastroenteropancreatic neuroendocrine tumours, constituting a possible alternative to simple monitoring.

Insufficient clinical benefit for non-resectable and progressive gastroenteropancreatic neuroendocrine tumours.

Main points

- SOMATULINE LP 120 mg now has marketing authorisation in adults in the treatment of non-resectable, locally-advanced or metastatic gastroenteropancreatic neuroendocrine tumours (GEP-NETs) of grades 1 and 2 with a Ki 67 index ≤ 10%, originating from the midgut or pancreas or of unknown origin, after ruling out a primary site at the hindgut.
- Its efficacy relative to placebo has been demonstrated in terms of progression-free survival in patients who received simple therapeutic monitoring (at baseline, stable disease for 3 to 6 months according to RECIST). No benefit on overall survival was demonstrated.
- No data in patients with progressive disease are available.

Pre-existing indications

SOMATULINE LP already has marketing authorisation in the treatment of acromegaly, clinical symptoms in acromegaly and symptomatic treatment of carcinoid tumours.

Therapeutic use

- Surgical resection is the only curative treatment for GEP-NETs. When this is impossible, the treatment differs according to the characteristics of the tumour. In the case of non-progressive tumour, therapeutic monitoring or treatment with a somatostatin analogue at an anti-tumour dose is recommended. When the tumour is progressive, the therapeutic strategy differs depending on the primary origin of the tumour. The available treatments are chemotherapy, targeted therapies (everolimus or sunitinib), interferon or chemoembolisation.
- In case of functioning tumour, regardless of its origin and its progression, symptomatic treatment with somatostatin analogue must be initiated, whether the tumour is progressive or not.

Role of the medicinal product in the therapeutic strategy

Lanreotide at anti-tumour dose can be used first line as an alternative to simple monitoring in the treatment of patients with non-resectable and non-progressive GEP-NETs. Lanreotide allows the implementation of more aggressive treatment to be delayed. On the other hand, when the tumour is progressive, lanreotide at anti-tumour dose has not proven its efficacy in the therapeutic strategy. The role of lanreotide as a symptomatic treatment for functioning tumours remains well-established.

1 This summary does not cover these indications

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Clinical data

- The assessment of the safety and efficacy of lanreotide in this new indication relies on a phase III, randomised, double-blind, placebo-controlled study of 204 patients with a non-resectable and predominantly stable (96%), well-differentiated (99.5%), grade 1 (69%) GEP-NET with a proliferation index Ki-67 ≤ 5% (72%).
  - Lanreotide has demonstrated its superiority versus placebo on the primary endpoint: at the end of 96 weeks, the median time until tumour progression or death was not reached in the lanreotide group and was 18 months in the placebo group: HR = 0.47; 95% CI = [0.30; 0.73].
  - A clinical benefit was also demonstrated on the percentage of alive and progression-free patients observed at 96 weeks: 52.5% versus 25.2%, HR 3.27, 95% CI = [1.81; 5.92]. On the other hand, no difference was demonstrated between the two groups in terms of overall survival (HR = 1.05, 95% CI = [0.55; 2.03], not significant). Quality of life was not changed in the lanreotide group compared to the placebo group (non-significant difference of 0.31 points on the EORTC QLQ-C30 scale).
- The most commonly reported adverse reactions were gastrointestinal disorders (diarrhoea and abdominal pain), cholelithiasis (often asymptomatic) and reactions at the injection site.

Special prescribing conditions

- Initial hospital prescription

Benefit of the medicinal product

- In non-resectable and non-progressive GEP-NETs in adults, in the marketing authorisation indication:
  - The actual benefit* of SOMATULINE LP 120 mg is **substantial**.
  - SOMATULINE LP 120 mg does not have clinical added value** (CAV V, non-existent) in the treatment strategy for non-progressive GEP-NETs.
  - Recommends inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

- In non-resectable and progressive GEP-NETs in adults, in the marketing authorisation indication:
  - The actual benefit* of SOMATULINE LP 120 mg is **insufficient**.
  - Does not recommend inclusion on the list of reimbursable products for supply by pharmacists and for hospital use.

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* The actual benefit (AB) of a proprietary medicinal product describes its benefit primarily in terms of its clinical efficacy and the seriousness of the condition being treated. The HAS Transparency Committee assesses the AB, which can be substantial, moderate, low or insufficient for reimbursement for hospital use.

** The clinical added value (CAV) describes the improvement in treatment provided by a medicinal product compared with existing treatments. The HAS Transparency Committee assesses the degree of CAV on a scale from I (major) to IV (minor). A level V CAV means "no clinical added value".

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