Systemic Anti-Cancer Treatment Protocol

Somatuline Autogel® (Lanreotide)

PROTOCOL REF: MPHASOMST
(Version No. 1.0)

Approved for use in:

- The treatment of grade 1 and a subset of grade 2 (Ki67 index up to 10%) gastro-enteropancreatic neuroendocrine tumours (GEP-NETs) of midgut, pancreatic or unknown origin where hindgut sites of origin have been excluded**,** in adult patients with unresectable locally advanced or metastatic disease
- The treatment of symptoms associated with neuroendocrine (particularly carcinoid) tumours.

Dosage:

Recommended starting dose:

Drug	Dosage	Route	Frequency
Lanreotide	60mg to 120mg	SC*****	Every 28 days

*****see administration notes

Supportive Treatments:

N/A

Extravasation risk:

N/A

Administration:

Somatuline Autogel® is administered by **deep subcutaneous injection** in the superior external quadrant of the buttock or in the upper outer thigh. The injection site should alternate between the right and left side.

Regardless of the injection site, the skin should not be folded and the needle should be inserted rapidly and to its full length, perpendicularly to the skin.

Main toxicities

Skin/ Admin Site	Injection site reactions, pain, pruritus, rash, alopecia
Immune System	Allergic reactions (including angioedema, anaphylaxis, hypersensitivity)
Nervous System	Headache, dizziness, lethargy
Psychiatric disorders	Insomnia
Gastrointestinal	Diarrhoea, abdominal pain, nausea, vomiting, flatulence, abdominal bloating, steatorrhoea, dyspepsia, constipation, pancreatitis
Endocrine disorders	Hypothyroidism, thyroid dysfunction (decreased TSH, decreased total T4, decreased free T4)
Cardiac	Bradycardia
Vascular	Hot flushes
Respiratory	Dyspnoea
Metabolism/ Nutrition disorders	Hyperglycaemia, hypoglycaemia, impaired glucose tolerance, anorexia, dehydration
Hepatobiliary	Cholelithiasis, cholecystitis, hyperbilirubinaemia, elevated transaminase levels

Investigations and Treatment Plan:

	Pre	C1	C2	C3	C4	Ongoing
Medical Assessment	X		X	X	X	Every cycle for first 3 cycles then every 3 months (unless clinically indicated)
Nursing Assessment		X	X	X	X	Every cycle
U&E & LFTs	X		X	X	X	Every cycle
FBC	X		X	X	X	Every cycle
TFTs	X				X	Every 12 weeks (unless clinically indicated)
Blood Glucose	X		X	X	X	Every cycle
CT scan	X				X	Every 3 months (unless clinically indicated)
Informed Consent	X					
PS recorded	X	X	X	X	X	Every Cycle
Toxicities documented	X	X	X	X	X	Every Cycle
Weight recorded	X	X	X	X	X	Every cycle

References:

Somatuline Autogel, Summary of Product Characteristics. https://www.medicines.org.uk/emc/product/4808/smpc