Long-Acting Octreotide

Indication

Treatment of patients with symptoms associated with functional* gastro-entero-pancreatic endocrine tumours e.g. carcinoid tumours with features of the carcinoid syndrome.
*Or non-functional but positive on octreotide or gallium PET/CT scan

Treatment of patients with advanced neuroendocrine tumours of the midgut or of unknown primary origin where non-midgut sites of origin have been excluded.

Regimen details

Sandostatin (long acting e.g. Sandostatin LAR or generic) 30mg (higher doses may be considered if there is inadequate symptom control)

Cycle frequency

Every 4 weeks

Number of cycles

Indefinite

Administration

FOR DEEP INTRAGLUTEAL INJECTION ONLY

Follow the instructions carefully to ensure proper reconstitution of Sandostatin LAR before deep intragluteal injection.

There are three critical steps in the reconstitution of Sandostatin LAR. **Not following them could result in failure to deliver the drug appropriately;**

- **The injection kit must reach room temperature.** Remove the injection kit from the fridge and let the kit stand at room temperature for a minimum of 30 minutes before reconstitution, but do not exceed 24 hours.
- After adding the diluent solution, let the vial stand for a minimum of 2 minutes (up to 5 minutes) to **ensure that the powder is fully saturated.**
- After saturation, **shake the vial moderately** in a horizontal direction for a minimum of 30 seconds **until a uniform suspension is formed.**

The Sandostatin LAR suspension must only be prepared **immediately** before administration. Sandostatin LAR should only be administered by a trained healthcare professional.

Investigations – pre first cycle

For functional carcinoid tumours consider a test dose with subcutaneous octreotide (50-100 micrograms)

Investigations –pre subsequent cycles

Review monthly for the first 2-3 months then review every 3-6 months
Consider 6-monthly ultrasound examination of the gallbladder to identify treatable gallstones

Standard limits for administration to go ahead

N/A

Dose modifications

No dose adjustment is necessary in patients with renal impairment or the elderly.
Dose adjustment may be required in patients with liver cirrhosis.

Adverse effects –

for full details consult product literature/ reference texts

Gastrointestinal disorders	
Very common:	Diarrhoea, abdominal pain, nausea, constipation, flatulence.
Common:	Dyspepsia, vomiting, abdominal bloating, steatorrhoea, loose stools, discolouration of faeces.
Nervous system disorders	
Very common:	Headache.
Common:	Dizziness.
Endocrine disorders	
Common:	Hypothyroidism, thyroid dysfunction (e.g., decreased TSH, decreased total T4, and decreased free T4).
Hepatobiliary disorders	
Very common:	Cholelithiasis.
Common:	Cholecystitis, biliary sludge, hyperbilirubinaemia.
Metabolism and nutrition disorders	
Very common:	Hyperglycaemia.
Common:	Hypoglycaemia, impaired glucose tolerance, anorexia.
Uncommon:	Dehydration.
General disorders and administration site conditions	
Very common:	Injection site reactions.
Common:	Asthenia.
Investigations	
Common:	Elevated transaminase levels.
Skin and subcutaneous tissue disorders	
Common:	Pruritus, rash, alopecia.
Respiratory disorders	
Common:	Dyspnoea.
Cardiac disorders	
Common:	Bradycardia.
Uncommon:	Tachycardia.

Significant drug interactions

– for full details consult product literature/ reference texts

Bradycardia has been reported so consider adjusting doses of drugs such as beta blockers and calcium channel blockers.
Hyperglycaemia may occur and antidiabetic treatment may need to be adjusted

References

SPC Sandostatin LAR https://www.medicines.org.uk/emc/product/7828 accessed 15/07/2020

THIS PROTOCOL HAS BEEN DIRECTED BY DR LAU, CLINICIAN FOR NEURO-ENDOCRINE TUMOURS

RESPONSIBILITY FOR THIS PROTOCOL LIES WITH THE HEAD OF SERVICE

Date: July 2020
Review: July 2022
VERSION: 3