PATIENT CASE STUDY #3: CARCINOID SYNDROME

Patient Workup

- Symptoms began 3 years ago and include diarrhea, intermittent dry flushing, anxiety, and abdominal pain
- Past diagnoses have included Crohn’s disease, menopause, and anxiety disorder
- Stool sample without blood helps rule out Crohn’s; intermittent dry flushing helps rule out menopausal origin; diarrhea and flushing together raise suspicion of NET
- Workup confirms diagnosis of metastatic midgut carcinoid (neuroendocrine) tumor
- Dissatisfied with the frequency of short-acting SSA injections for carcinoid syndrome

Treatment Consideration: Somatuline® Depot (lanreotide), a 1st-line (1L) therapy\(^1,2\)

- Somatostatin analog (SSA) therapy for PFS\(^1\) improvement in patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic GEP-NETs
- Somatostatin analog (SSA) therapy for carcinoid syndrome (CS); when used, it reduces frequency of short-acting SSA rescue therapy

Cora* is a 57-year-old executive and enjoys cooking for friends and family.

*Patient portrayed by an actor, and represents a hypothetical case.
\(^1\)PFS=progression-free survival.

IMPORTANT SAFETY INFORMATION

Contraindications
- SOMATULINE DEPOT is contraindicated in patients with hypersensitivity to lanreotide. Allergic reactions (including angioedema and anaphylaxis) have been reported following administration of lanreotide.

Warnings and Precautions
- Cholelithiasis and Gallbladder Sludge
  - SOMATULINE DEPOT may reduce gallbladder motility and lead to gallstone formation.
  - Periodic monitoring may be needed.
  - If complications of cholelithiasis are suspected, discontinue SOMATULINE DEPOT and treat appropriately.

Please see full Important Safety Information throughout; click here for full Prescribing Information and Patient Information.
PATIENT CASE STUDY #3:
PRACTICE POINTERS

• Consider a broad range of diagnoses when assessing patients with diarrhea and flushing—including NETs3–6:
  − Use the “FDR” mnemonic—flushing, diarrhea, and right-sided heart failure—to raise suspicion of NET
  − Differentiate carcinoid diarrhea from IBS and IBD if it is persistent and non-flaring, occurs at night and daytime, and appears related to excess serotonin secretion. Further testing may help rule these out
  − Dry flushing may help rule out menopause as a cause
  − Flushing and anxiety not related to a particular cause can rule out anxiety disorder

• 5-HIAA test can help diagnose new patients, but false positives can occur. Results should be considered with the patient’s overall presentation4

• Customize diet recommendations to the patient7:
  − Consider avoiding foods high in amines like aged cheese or smoked meats to help manage carcinoid symptoms
  − Monitor dehydration and fluid intake
  − A food journal can help the patient identify any symptom triggers

Daneng Li, MD
Co-director of the Neuroendocrine Tumor Program, City of Hope National Medical Center in California
Dr. Li is a paid consultant of Ipsen Biopharmaceuticals, Inc.

“Have a broad differential diagnosis when you’re seeing a patient that has symptoms that could potentially be carcinoid syndrome, such as diarrhea or flushing.”
—Dr. Daneng Li

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions (continued)

• Hypoglycemia or Hyperglycemia
  − Patients treated with SOMATULINE DEPOT may experience hypoglycemia or hyperglycemia.
  − Blood glucose levels should be monitored when SOMATULINE DEPOT treatment is initiated, or when the dose is altered, and antidiabetic treatment should be adjusted accordingly.

• Cardiovascular Abnormalities
  − SOMATULINE DEPOT may decrease heart rate.
  − In patients without underlying cardiac disease, SOMATULINE DEPOT may lead to a decrease in heart rate without necessarily reaching the threshold of bradycardia.
  − In patients suffering from cardiac disorders prior to treatment, sinus bradycardia may occur. Care should be taken when initiating treatment in patients with bradycardia.

Please see full Important Safety Information throughout; click here for the full Prescribing Information and Patient Information.
IMPORTANT SAFETY INFORMATION (continued)

Most Common Adverse Reactions

• **GEP-NETs:** Adverse reactions in >10% of patients who received SOMATULINE DEPOT were abdominal pain (34%), musculoskeletal pain (19%), vomiting (19%), headache (16%), injection site reaction (15%), hyperglycemia (14%), hypertension (14%), and cholelithiasis (14%).

• **Carcinoid Syndrome:** Adverse reactions occurring in the carcinoid syndrome trial were generally similar to those in the GEP-NET trial. Adverse reactions in ≥5% of patients who received SOMATULINE DEPOT and at least 5% greater than placebo were headache (12%), dizziness (7%) and muscle spasm (5%).

**Drug Interactions:** SOMATULINE DEPOT may decrease the absorption of cyclosporine (dosage adjustment may be needed); increase the absorption of bromocriptine; and require dosage adjustment for bradycardia-inducing drugs (e.g., beta-blockers).

**Special Populations**

• **Lactation:** Advise women not to breastfeed during treatment and for 6 months after the last dose.

To report SUSPECTED ADVERSE REACTIONS, contact Ipsen Biopharmaceuticals, Inc. at 1-855-463-5127 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch

Please click here for the full Prescribing Information and Patient Information.

“What I say to my patients is that no one size fits all. Dietary guidance has to be done in terms of a personalized and individualized approach.”

—Dr. Daneng Li