

SHARED CARE

Drug: Lanreotide (Somatuline Autogel) Protocol number: CV 40

Indication: ACROMEGALY, CARCINOID SYNDROME AND OTHER PEPTIDE HORMONE SECRETING TUMOURS

General guidance:

This protocol sets out details for the shared care of patients requiring **long acting lanreotide autogel (Somatuline Autogel)** and should be read in conjunction with the General Guidelines for Shared Care. Sharing of care requires communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. **The doctor who prescribes the medication legally assumes responsibility for the drug and the consequences of its use.** The prescriber has a duty to keep themselves informed about the medicines they prescribe, their appropriateness, effectiveness and cost. They should also keep up to date with the relevant guidance on the use of the medicines and on the management of the patient's condition.

Background:

Lanreotide Autogel is a long acting peptide analogue of somatostatin. This neurohormone is a potent inhibitor of hormone secretion from several rare tumours including growth hormone (GH) - secreting pituitary tumours (acromegaly), carcinoid tumours, insulinomas, glucagonomas, VIPomas and other gut hormone secreting tumours. This leads to marked improvement in symptoms and general clinical condition in many patients but is not curative. However, lanreotide may have a small antitumour effect in some individuals, especially in acromegaly.

Indications for Lanreotide therapy

- Preoperative treatment for 3 months prior to pituitary surgery can improve the efficacy of such surgery by causing a slight reduction in tumour size.
- Long term treatment of acromegaly in those with contra-indications to surgery and/or radiotherapy or in whom surgery is only partially effective, or whilst awaiting the effects of radiotherapy.
- Symptomatic treatment of patients with carcinoid syndrome, glucagonomas and VIPomas and occasionally, insulinomas in whom surgery is contraindicated or only partially effective.

Diagnostic criteria

Diagnosis is usually straightforward based on the clinical features together with appropriate hormone measurements and radiological imaging techniques.

Responsibilities

A. Consultant responsibilities

1. When treatment is **initiated** send Shared Care request form with Shared Care Protocol to GP.
2. Baseline and continued monitoring of biochemical parameters (see page 2)
3. Initiate therapy following full discussion with the patient of benefits and risks, and following a two week trial of short-acting subcutaneous octreotide (sandostatin) to confirm that there are no unacceptable side effects. Titrate lanreotide autogel dose and undertake monitoring of clinical response and side effects.
4. Provide patient and/or carers with advice about their medical condition, overall management and prognosis.
5. When a GP positive response to SC has been received and patient has been stabilised send a letter to GP “handing over” the Shared Care of the patient to the GP.
6. Respond to any request from GP to review the patient due to adverse effects of therapy.
7. Advise the GP on continued justification for lanreotide autogel therapy, following any medical review of the patient and associated drug therapy.
8. Notify GP if patient is failing to attend for appropriate monitoring and advise GP on appropriate action.

B. General practitioner responsibilities

1. Within one week of receipt return the completed Shared Care request form to indicate whether or not willing to undertake Shared Care.
2. Prescribe **lanreotide autogel** as part of the shared care testing agreement.
3. Seek advice from the consultant on any aspect of patient care which is of concern.
4. Report adverse effects of therapy to the consultant and the Medicines and Health Care products Regulatory Agency (MHRA)
5. To act on advice provided by the Consultant if patient does not attend for appropriate monitoring.

C. Patient responsibilities

1. Consent to treatment with lanreotide autogel.
2. Attend regular appointments with specialist centre and GP.
3. Report any side effects to the specialist or GP whilst receiving lanreotide autogel

Dosage regimen

The starting dose of Lanreotide Autogel is usually 60 or 90 mg by monthly deep subcutaneous injection. In some patients higher doses (120 mg) are required in order to produce maximal lowering of circulating hormone levels.

Monitoring

Initial diagnosis and screening will be undertaken in the specialist endocrine unit. Thereafter patients will usually be reviewed in the endocrine clinic at intervals of 6 months to 1 year with monitoring of hormone levels and clinical response. Dosage will be adjusted in the clinic on the basis of these parameters.

Adverse effects:

The safety record is excellent but patients may experience initial nausea, vomiting, loose motions, mild steatorrhoea, bloating and colicky abdominal pain which usually settle with continued therapy. Up to 20% of patients may develop gall stones on octreotide therapy due to impairment of gall bladder motility and enterohepatic circulation. However, this causes symptoms in only occasional patients hence routine gallbladder ultrasonography is not indicated.

Interactions and precautions:

Lanreotide Autogel therapy in adulthood is safe. However, diabetic patients may require reduced doses of their therapy due to actions of lanreotide on the pancreas and patients with insulinomas may need particularly careful monitoring following the introduction of therapy and at each dosage change. There is one potential drug interaction:

- the absorption of ciclosporin is reduced by lanreotide resulting in reduced plasma concentration.

Contact details

Centre for Endocrine and Diabetes Sciences
University Hospital of Wales

Tel. 02920 742309

Date of review May 2017