

## **Impact of Prior Somatostatin Analog Use on PFS in the Phase III RADIANT-2 Trial of Everolimus + Octreotide LAR vs Placebo + Octreotide LAR in Patients with Advanced Neuroendocrine Tumors**

**Lowell Anthony**,<sup>1</sup> Neha Singh,<sup>2</sup> Vanessa Q. Passos,<sup>3</sup>  
Marianne Pavel,<sup>4</sup> Kjell Oberg,<sup>5</sup> James C. Yao<sup>6</sup>

<sup>1</sup>Ochsner Kenner Medical Center, Kenner, LA 70065;

<sup>2</sup>Novartis Healthcare Pvt. Ltd., Madhapur, Hyderabad, India 500 081; <sup>3</sup>Novartis Pharmaceuticals Corporation, Florham Park, NJ 07932; <sup>4</sup>Department of Hepatology and Gastroenterology, Charité-Universitätsmedizin Berlin/Campus Virchow Klinikum, Berlin, Germany 13353;

<sup>5</sup>Department of Endocrine Oncology, University Hospital, Uppsala, Sweden S-751 85; <sup>6</sup>MD Anderson Cancer Center, Houston, TX 77030

**Background:** In the phase III RADIANT-2 study, everolimus plus octreotide LAR provided a clinically meaningful 5.1-month increase in median progression-free survival (PFS) vs placebo plus octreotide LAR in patients with advanced, low- or intermediate-grade NET and a history of secretory symptoms (flushing and/or diarrhea). The effect of previous treatment with a long-acting somatostatin analog (SSA) on PFS in RADIANT-2 is presented here.

**Methods:** Patients (N=429) were randomized to the combination of everolimus 10 mg/d orally + octreotide LAR 30 mg intramuscularly q28d (E+O; n=216) or placebo + octreotide LAR (P+O; n=213). The primary endpoint was PFS per adjudicated central review by RECIST (v1.0). SSA treatment before study entry was permitted, although the prior doses used are not available at this time.

**Results:** Of the 429 patients randomized to treatment, 339 (79%) had received SSA before study entry, including 173 (80%) in the E+O group and 166 (78%) in the P+O group. Among patients with prior SSA therapy, the median duration of prior SSA exposure was 1.7 years for E+O and

1.8 years for P+O. The time since diagnosis was >6 months for 96% of patients who received prior SSA therapy vs. 73% of patients who did not. E+O improved median PFS vs. P+O in patients with and without previous SSA treatment (table). Although not statistically significant, E+O dramatically improved median PFS vs P+O in patients who did not receive prior SSA therapy (25.2 vs 13.6 months, respectively).

**Conclusions:** In RADIANT-2, E+O prolonged PFS regardless of previous SSA use in patients with advanced NET and a history of secretory symptoms.

<b>Group</b>	<b>E+O Median PFS (95% CI), mo n</b>	<b>P+O Median PFS (95% CI), mo n</b>	<b>HR (95% CI)</b>
Prior SSA treatment	14.3 (12.0-20.1) n=173	11.1 (8.4-14.6) n=166	0.81 (0.6-1.09)
No prior SSA treatment	25.2 (12.0-not reached) n=43	13.6 (8.2-22.7) n=47	0.63 (0.35-1.11)