Health and Social Care Board

Interface Pharmacist Network
Specialist Medicines

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Lanreotide

Endocrinology Shared Care Guideline

Specialist Details

Name: _____

Location: _____

Tel: _____

Patient Identifier

Date: _____

Introduction

Lanreotide is an analogue of natural hypothalamic release-inhibiting hormone, somatostatin. Like somatostatin it is an inhibitor of various endocrine, neuroendocrine, exocrine and paracrine functions.

Licensed indications:

- **Acromegaly:** indicated for the treatment of acromegaly when the circulating levels of growth hormone (GH) and/or Insulin-like Growth Factor-1 (IGF-1) remain abnormal after surgery and/or radiotherapy.
- **Neuroendocrine Tumours (NET):** indicated for the relief of symptoms associated with neuroendocrine (particularly carcinoid) tumours.
    - **Thyroid tumours**: indicated for the treatment of thyrotrophic adenomas when the circulating level of thyroid stimulating hormone remains inappropriately high after surgery and/or radiotherapy.

Adult dosage and administration:

Lanreotide Autogel:

- **Acromegaly and neuroendocrine tumours**: Administered by deep subcutaneous injection, into the superior, external quadrant of the buttock. (Or the upper outer thigh if the patient is self administering). Initially 60mg Autogel every 28 days. Thereafter, the dose is adjusted according to the patient response and monitoring results to a maximum of 120mg every 28 days.

Lanreotide LA:

- **Acromegaly and neuroendocrine tumours**: Initially, one intramuscular injection should be given every 14 days. The frequency of subsequent injections may be varied in accordance with the individual patient's response (as judged by a reduction in symptoms and/or a reduction in GH and/or IGF-1 levels) such that injections can be given every 7 to 10 days as necessary.
    - **Thyroid tumours:** 30mg every 10-14 days.

Available as:

Lanreotide Autogel: 60mg, 90mg, 120mg. pre-filled syringe.
Lanreotide LA 30mg: Powder for reconstitution (with solvent supplied).

Hospital Specialist Responsibilities

- Assess if patient is suitable for treatment.
- Provide the patient with relevant information on use, side-effects and need for monitoring of medication.

Baseline tests:

- Hormone levels: IGF-1, GH, Thyroid function.
- Baseline ultrasonic examination of the gallbladder is recommended.

Hospital Specialist Responsibilities (continued)	• Arrange shared care with the patient's GP, sending a copy of this shared care guideline. • Monitor response to treatment using hormone levels at each review appointment. • Review results of safety monitoring and request additional tests as required. • Monitor disease response to treatment and need to continue therapy. • Continue to review the patient at specified intervals, sending a written summary to the GP whenever the patient is reviewed. • Provide any other advice or information on therapy or associated therapy to the GP if requested.
GP Responsibilities	• Prescribe lanreotide; continued prescribing is appropriate for patients attending regular review. • Arrange practice/district nurse to administer. • Adjust the dose as advised by the specialist. • Report adverse drug reactions to initiating specialist and usual bodies (e.g. CHM). • Ensure no drug interactions with other medicines.
Adverse Effects, Precautions and Contraindications	• **GI side effects** (anorexia, nausea, vomiting, cramping abdominal pain, abdominal bloating, flatulence, loose stools, diarrhoea and steatorrhoea) are common. • Growth hormone secreting pituitary tumours can expand during treatment with lanreotide: monitor for signs of tumour expansion e.g. visual field defects. • In patients with carcinoid tumours, lanreotide must not be prescribed before excluding the presence of an obstructive intestinal tumour. • **Gallstone formation**: Lanreotide may reduce gall bladder motility and may lead to gallstone formation in long-term recipients. (However, routine ultrasound of the gallbladder is not indicated as it would not affect clinical decision making). • **Altered glucose regulation**. Due to possible inhibitory effects on secretion of insulin and glucagon (both hyperglycaemia and more rarely hypoglycaemia have been reported) In patients with concomitant diabetes mellitus; monitoring of glucose tolerance is recommended and adjustment of antidiabetic therapy may be necessary. • **Bradycardia:** In patients without underlying cardiac problems lanreotide may lead to a decrease of heart rate without necessarily reaching the threshold of bradycardia. In patients suffering from cardiac disorders prior to lanreotide treatment, sinus bradycardia may occur. Care should be taken when initiating treatment with in patients with bradycardia. Concomitant administration of bradycardia-inducing drugs (e.g. beta blockers) may have an additive effect on any associated slight reduction of heart rate. Dose adjustments of such concomitant medications may be necessary.
Common Drug Interactions	• Concomitant administration of bradycardia-inducing drugs (e.g. beta blockers) may have an additive effect on any associated slight reduction of heart rate. Dose adjustments of such concomitant medications may be necessary. • The intestinal absorption of co-administered drugs may be affected.
Communication	For any queries relating to this patient's treatment with lanreotide, please contact the Specialist named at the top of this document.

This information is not inclusive of all prescribing information and potential adverse effects.
Please refer to full prescribing data in the SPC or the BNF

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