

# BC Cancer Protocol Summary for Treatment of Growth Hormone Secreting Pituitary Adenoma Using Lanreotide (SOMATULINE AUTOGEL®)

**Protocol Code**

CNLAN

**Tumour Group**

Neuro-Oncology

**Contact Physician**

Dr. [Rebecca Harrison](#)

## ELIGIBILITY:

### Patients must have:

- Growth hormone (GH) secreting pituitary tumours, not curable by surgical procedure or not a good surgical candidate,
- persistent GH metabolic symptoms, and
- not candidate for intramuscular injections

### Note:

May be used in combination with bromocriptine (CNB) [or](#) cabergoline (CNCAB)

## EXCLUSIONS:

### Patients must not:

- have complicated, untreated lithiasis of the bile ducts
- be pregnant or breast feeding

## TESTS:

- No specific tests apart from those required to monitor the underlying disease
- A pretreatment ultrasound of the gall bladder is recommended to rule out the formation of gallstones. Repeat ultrasound if symptoms suggestive of biliary colic while on therapy
- Blood glucose prior to therapy initiation and with dose changes
- Cardiac monitoring recommended in patients with pre-existing cardiac disorders

## PREMEDICATIONS:

- None

## TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
Ianreotide (SOMATULINE AUTOGEL®)	60, 90 or 120 mg**	Deep subcutaneous (superior outer quadrant of buttocks*) injection

\*May use upper outer thigh for self-administration

Repeat every four weeks.

\*\*May start with 120 mg dose if clinically indicated. Maximum dose is 120 mg every 4 weeks

## DOSE MODIFICATIONS:

For patients in whom symptoms are not fully controlled within the 4 weeks, the dose of lanreotide (SOMATULINE AUTOGEL®) may be increased to a maximum of 120 mg every 4 weeks.

**Hepatic dysfunction:** Starting dose may be reduced to 60 mg

**Renal dysfunction:** Starting dose may be reduced to 60 mg

## PRECAUTIONS:

- **Concomitant diabetes:** Patients should be monitored closely for changes in blood glucose levels for several days after the start of lanreotide (SOMATULINE AUTOGEL®) and when dose is changed to determine the need for any dosage adjustments in insulin or oral hypoglycemics.
- **Previous history of gallstones.**
- **Potential for some impairment in thyroid function:** monitor for signs and symptoms of hypothyroidism.
- **Pre-existing bradycardia** – initiate with caution and monitor heart rate

Call Dr. [Rebecca Harrison](#) or tumour group delegate at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

## References:

1. Caron P, Beckers A, Cullen DR, et al. Efficacy of the new long-acting formulation of lanreotide (lanreotide Autogel) in the management of acromegaly. J Clin Endocrinol Metab. 2002;87(1):99-104.
2. Murray RD, Melmed S. A critical analysis of clinically available somatostatin analog formulations for therapy of acromegaly. J Clin Endocrinol Metab. 2008;93(8):2957-68.
3. Lanreotide monograph. Cancer Drug Manual. BC Cancer. Vancouver, BC: accessed Feb 2020.