BERLIN 2025 ESMO congress

1726P

Lutetium (Lu-177) dotatate [L] versus everolimus [E] after somatostatin analogues in patients with well-differentiated advanced neuroendocrine tumors of the gastrointestinal tract (GI-NET): Efficacy comparison using real-world data evidence

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Background

Lutetium Lu-177 dotatate [L] and Everolimus [E] are standard options in well-differentiated advanced neuroendocrine tumors of the gastrointestinal tract (GI-NET) patients. However, there are no data comparing these two therapeutic options after octreotide or lanreotide progression.

Methods

Utilizing the TriNetX Global Collaborative Network, a platform that operates globally based on retrospective anonymized and aggregated clinical data, a sample of GI-NETs patients from 40 healthcare organizations (HCOs) who met the initial criteria was selected. Overall survival (OS) was analyzed between these cohorts using a Kaplan-Meier analysis. Hazard Ratio (HR) and its 95% confidence interval (95%CI) were calculated to evaluate the difference between cohorts. Propensity Score Matching (PSM) was used to balance the cohorts based on age, gender, and race mitigating possible cofounding variables. All statistical analyses were conducted utilizing the TriNetX Analytics function in the online research platform.

Results

A total of 223 GI-NETs patients met the study criteria and were included in our study, 101 in L arm and 122 in E arm. After standardized PMS, 72 patients in L arm and 72 patients in E arm were selected for survival analysis. The median follow-up was 245 days for L arm and 305 days for E arm. GI-NET patients treated with L and E showed a median OS of 1757 and 549 days respectively. OS was superior in L arm both previous to PSM and before PSM (post-PMS HR 0.264, 95%CI 0.126-0.550, p=0.040). The OS benefit was non-significant in crossover therapy scenario (post-PMS HR 0.416 95%CI 0.255 -1.258).

Conclusions

In this study, based on Real World data, Lutetium (Lu-177) dotatate showed better overall survival than Everolimus in advanced well-differentiated neuroendocrine tumors of the gastrointestinal tract after octreotide or lanreotide therapy. To date this is the largest study comparison between this two therapeutic options.

Legal entity responsible for the study

The authors.

Funding

Has not received any funding.

Disclosure

All authors have declared no conflicts of interest.