SHARED CARE AGREEMENT

Name of medicine	lanreotide and octreotide (somatostatin analogues)
Indication	for the treatment of neuroendocrine tumours

Version: **3.0** Approval date: **December 2024** Review date: **December 2027**

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer's Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Procedure for the Shared Care of Medicines, available here.

Roles and responsibilities

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

Consultant

- Assessing the need for somatostatin analogue therapy and recommending treatment with somatostatin analogues
- Liaising with the GP to share care and ensure appropriate administration of the drug
- Arrange administration of the first dose of somatostatin analogue in secondary care
- Reviewing the patient to assess toxicity and response to treatment
- Monitoring of FBC during clinic visits
- Advising the patient and GP of changes in dose, including changes in the frequency of doses

General Practitioners and primary care non-medical prescribers

- Prescribing the somatostatin analogue
- Administering the somatostatin analogue (in conjunction with the practice nurse where appropriate)
- Ensuring that pulse and blood pressure are monitored prior to dose being administered
- Liaising with the hospital consultant regarding any complication of therapy

Patient, relatives, carers

- Report any adverse effects to GP or consultant
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Support and Advice for the GP and primary care non-medical prescribers

For information on your patients' clinical management contact the referring Consultant's secretary:
Prof Strachan 0131 537 2810, Dr Wall 0131 537 3613 or 0131 537 3039 or via the WGH switchboard - 0131 537 1000

Cancer Navigation Hub 0300 123 1600

Key Information on the Medicine

Refer to current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of drug for the given indication

Secretion from many endocrine tumours is inhibited by natural somatostatin. Octreotide and lanreotide are analogues of somatostatin effective in reducing peptide hormone secretion from gastroenteropancreatic and carcinoid tumours.

Indication
Treatment is indicated for the management of symptoms associated with gastro-enteropancreatic neuroendocrine tumours. In addition somatostatin analogues slow down tumour growth

Dosage and administration
Short-acting octreotide is available as ampoules for subcutaneous injection. Administration produces rapid symptom response in the majority of patients. The initial dose is 50 micrograms 1-2 times daily by subcutaneous injection gradually increasing to 200 micrograms 3 times daily. This is rarely used in the long-term as the majority of patients are rapidly converted to long-acting analogues. Subcutaneous octreotide is prescribed and supplied by the hospital. Although in the past most patients were commenced on octreotide prior to the commencement of long acting somatostatin analogues, the majority of patients are now commenced directly on the long acting analogues.

ERF first choice: long-acting lanreotide
Lanreotide IPSEN 60mg, 90mg or 120mg is available as a pre-filled syringe. The usual starting dose is 120mg every 28 days, which may be adjusted according to response. It is administered by deep subcutaneous depot injection into the superior external quadrant of the buttock.

ERF second choice: long-acting octreotide
Sandostatin LAR® 10mg, 20mg and 30mg is provided as a powder for reconstitution. The usual starting dose is 30mg every 28 days, which may be adjusted according to response. It is administered by deep intramuscular depot injection, sites should be alternated between right and left gluteal muscle.

At the start of therapy patients will receive depot injections every 28 days, but the frequency and dose can be altered in response to degree of symptomatic control as advised by the specialist team.

Storage and administration information
- Follow specific manufacturer's instructions
- Store between 2 and 8°C protected from light
- Bring to room temperature prior to administration

Monitoring

Parameter	Frequency	Action required
Pulse & blood pressure (check for bradycardia)	2 weeks after first dose and prior to administration of injections thereafter	Discuss with consultant if symptomatic
Full blood count will be monitored by the specialist team during clinic visits. If macrocytosis is identified, the GP will be asked to check for vitamin B_{12} deficiency	FBC will be checked monitored by the specialist team during clinic visits 3 - 6 months after the start of treatment then annually	Supplementation with vitamin B_{12} / folate if deficiency identified

For awareness - *Routine monitoring is not required*
Glucose - awareness that hyperglycaemia can occur
- GP should be aware of the risk of hyperglycaemia and consider this if the patient presents with osmotic symptoms such as polyuria and polydipsia.
- In patients with pre-existing diabetes there may be worsening of glycaemic control

Thyroid function – slight decrease in thyroid function has been reported but is not usually of clinical significance
- If patient develops symptoms consistent with hypothyroidism, then thyroid function should be checked

Cautions, contraindications
- Pregnancy and breast feeding
- Depressed vitamin B_{12} levels and abnormal Schilling's tests have been observed in some patients receiving octreotide therapy. Monitoring of vitamin B_{12} levels is recommended during therapy with Sandostatin LAR® in patients who have a history of vitamin B_{12} deprivation

Drug interactions
- Somatostatin analogues may reduce the intestinal absorption of ciclosporin and delay the absorption of cimetidine
- Uncommon cases of bradycardia have been reported. Dose adjustments of drugs such as beta-blockers, calcium channel blockers, or agents to control fluid and electrolyte balance, may be necessary

Adverse effects
Very common (>1/10)

- Somatostatin analogues can inhibit the secretion of insulin and glucagon therefore impaired glucose tolerance is a common consequence of treatment and diabetic patients may require a dose adjustment of their diabetic medication. There is a small risk of significant transient hypoglycaemia following the first injection
- Diarrhoea, abdominal pain, nausea, constipation, flatulence; headache
- Injection site reactions – pain, swelling, rash

Common (> 1/100, < 1/10)

- Slight decrease in thyroid function – usually asymptomatic
- Dyspepsia, vomiting, abdominal bloating, loose stools, discolouration of faeces
- Steatorrhoea (may be overcome by the use of pancreatic enzyme supplements)
- Gallstones; elevated transaminase levels; pruritus, rash, alopecia; bradycardia

Please refer to Summary of Product Characteristics (SPC) for full detail of prescribing information: www.medicines.org.uk

The presence of this SCA does not compel a primary care prescriber to prescribe if they feel that it is out with the scope of their competencies (as per GMC guidance on safe prescribing) or resources, as ultimate responsibility lies with the prescribing, not the recommending, clinician.

For office use only:

Approved by the General Practice Prescribing Committee (GPPC) on 10th December 2024