



GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

European Society for Medical Oncology

ESMO Preceptorship Programme

Neuroendocrine neoplasms– Prague – 28-29 April 2017

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Atypical Bronchial Carcinoid: from research to clinical practice

Case presentation

- ◉ 56 years, Romanian male
- ◉ No relevant medical history, light smoker
- ◉ May 2014 Lobectomy and lymph node dissection, R0
- ◉ Lung **atypical carcinoid**, mitotic count 2/10 HPF, Ki67 7%, Chromogranin A and Synaptophysin positive, focal necrosis, TNM pT3 N2 M0
- ◉ Asymptomatic
- ◉ Systemic adjuvant treatment^{1,2}: not done,

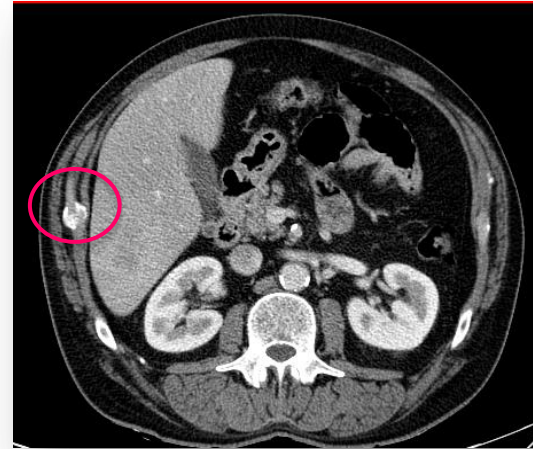
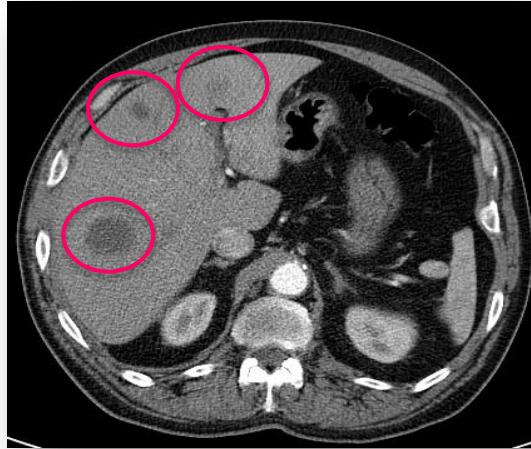
→ Follow-up started

1. Öberg K et al, Ann Oncol. 2012; 23: vii120-vii123

2. Caplin ME et al. Ann Oncol. 2015;26:1604-1620

Clinical management

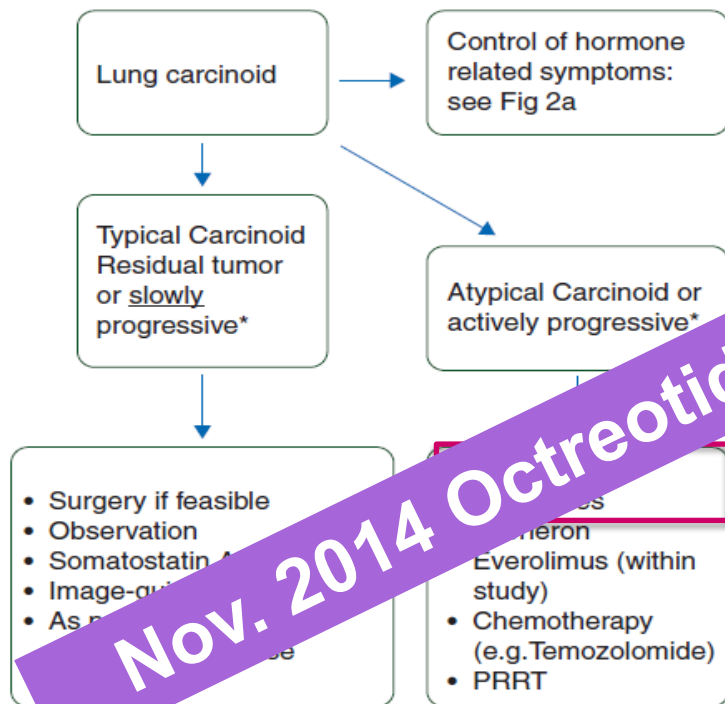
- ⊙ After 6 months:
ECOG PS 0, no symptoms, no carcinoid syndrome
- ⊙ **Thoracic abdominal CT scan:** at least 3 hepatic and 2 bone lesions (L5, VII right costal arch)



- ⊙ **Somatostatin receptor scintigraphy (SRS):** positive

Multidisciplinary tumor board

- Excluded surgical/locoregional approaches



Nov. 2014 Octreotide LAR 30 mg/month IM

→ First-line systemic treatment of low proliferation index and positive SRS advanced PCs²

PCs, pulmonary carcinoids

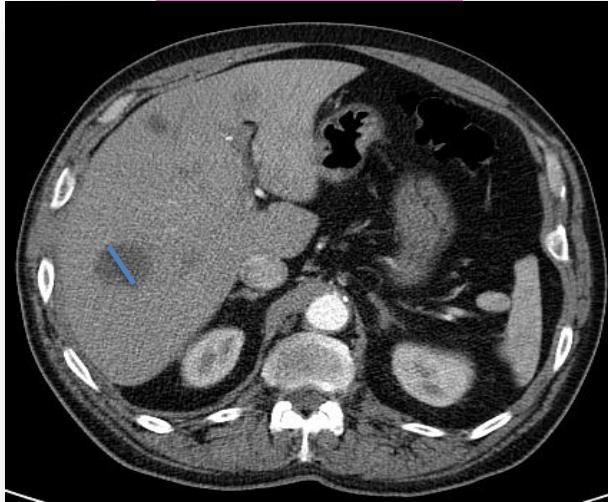
Octreotide LAR, octreotide long-acting repeatable

2. Caplin ME et al. *Ann Oncol.* 2015;26:1604-1620

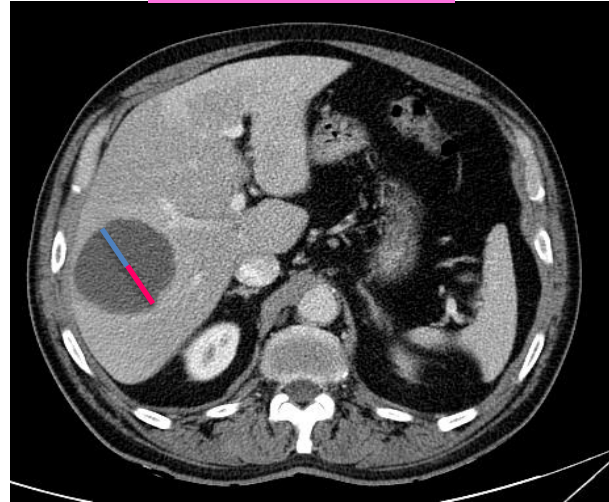
Clinical management

- After 6 months: **Thoracic abdominal CT scan** Hepatic Progression of disease, according to RECIST, 1.1

Nov. 2014



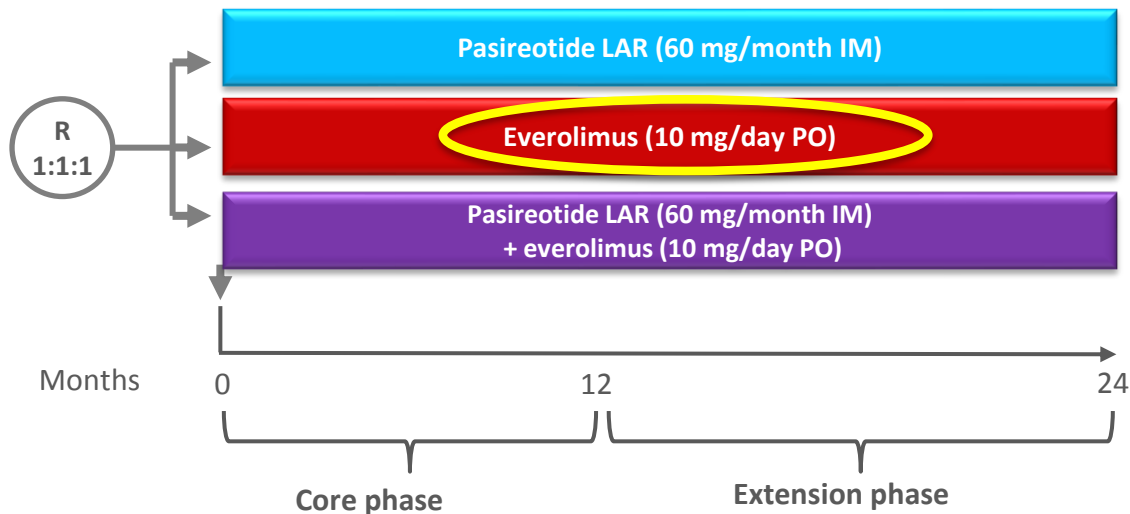
May 2015



05/2015 Enrollment in the International clinical trial: **LUNA TRIAL**

- A phase II, multicentre, randomized trial
- Efficacy and Safety of Pasireotide LAR or Everolimus Alone or in Combination in Patients With Advanced Carcinoids of the Lung/Thymus

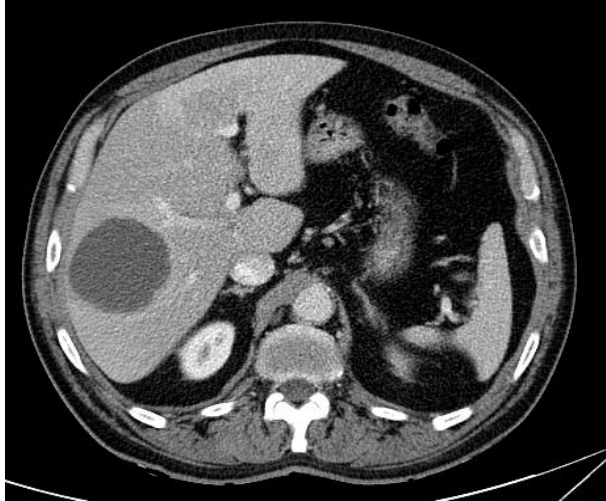
- Radiologic PD within 12 months
- All treatment lines, treatment-naïve
- WHO performance status ≤ 2



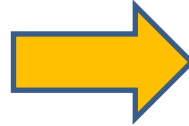
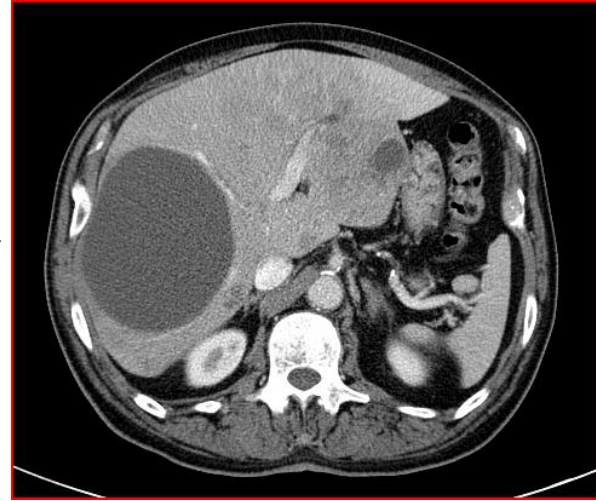
LUNA TRIAL

- BEST RESPONSE → Stable Disease according to RECIST, 1.1
- After 15 months: **Thoracic abdominal CT scan** Hepatic and Bone
Progression of disease according to RECIST, 1.1

May 2015



Aug. 2016



- Somatostatin receptor scintigraphy (SRS): positive

Treatment options

- ◉ **Chemotherapy** → Cisplatin+5-Fluorouracil+Streptozotocin³
Oxaliplatin+Capecitabine (XELOX)⁴
Temozolomide+/-Capecitabine^{5,6}
- ◉ **PRRT (Peptide Receptor Radionuclide Therapy)**⁷⁻⁹

◉ **Clinical trial**

3. Turner, *Br J Cancer*. 2010

4 Bajetta, *Cancer Chemother Pharmacol*. 2007

5. Ekeblad, *Clin Cancer Res*. 2007

6. Crona, *Lung cancer*. 2013

7. Bodei, *Eur J Nucl Med Mol Imaging*. 2004

8. Van Essen, *Eur J Nucl Med Mol Imaging*. 2007

9. Pfeifer, *Neuroendocrinology* 2011

08/2016 Enrollment in the Italian clinical trial: **ATLANT TRIAL**

- ⊙ A phase II, multicentre, single arm, open-label trial

ClinicalTrials.gov Identifier: NCT02698410

- ⊙ Efficacy and safety of **Somatuline Autogel** (120 mg/month) in combination with **temozolomide** (240 mg/day for 5 days/month PO), in progressive well differentiated thoracic NET
- ⊙ **Recruiting patients**

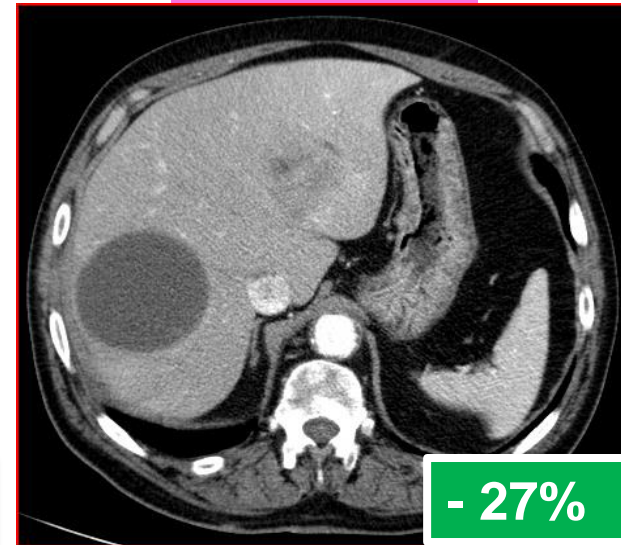
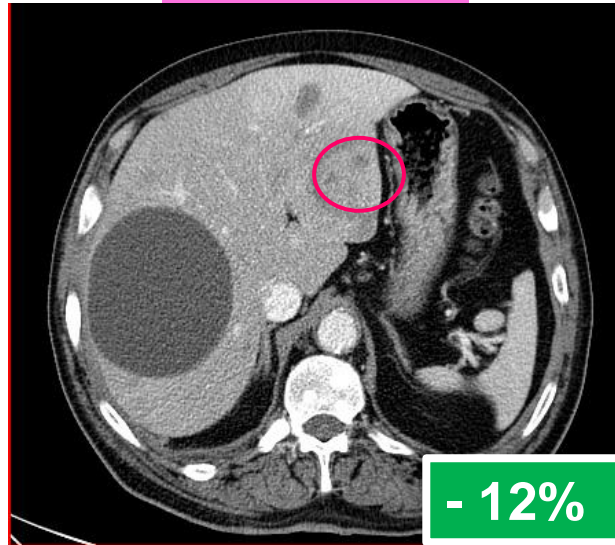
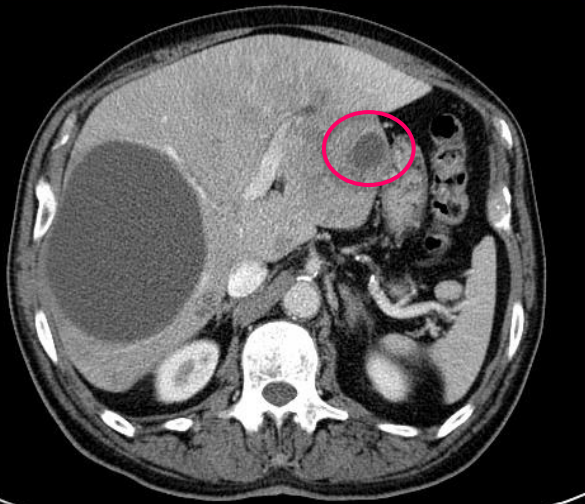
ATLANT TRIAL

- BEST RESPONSE → Stable disease according to RECIST, 1.1
- After 9 months (Apr.2017): **Thoracic abdominal CT scan** Stable disease according to RECIST, 1.1

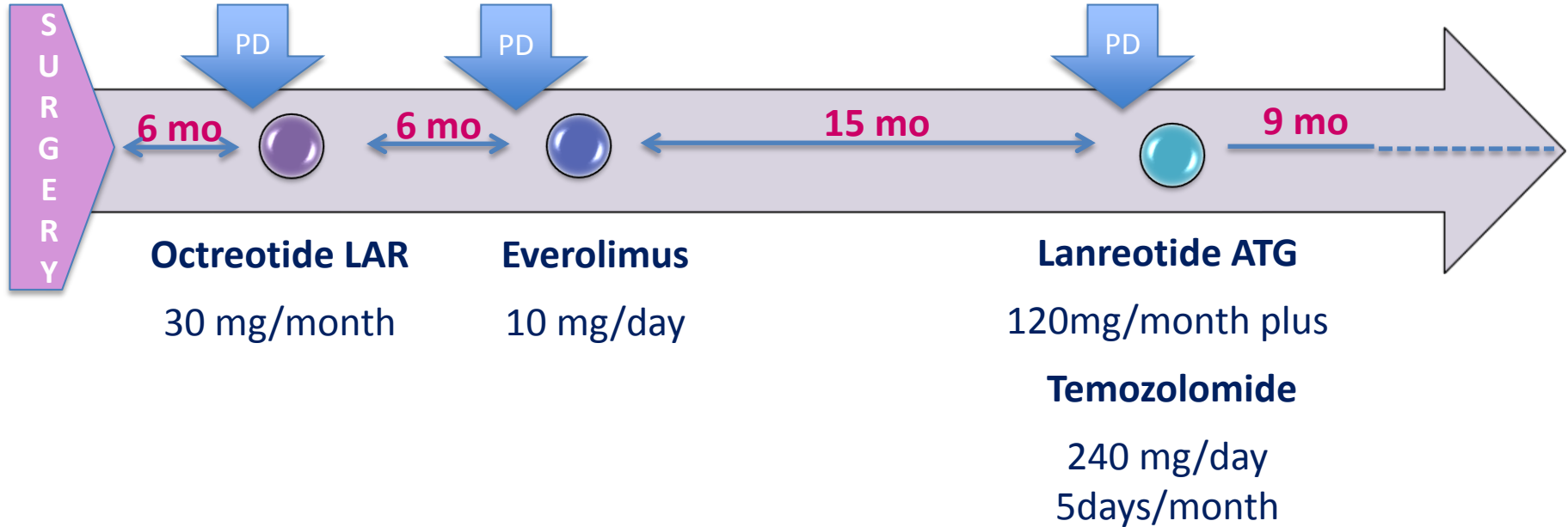
Aug. 2016

Jan. 2017

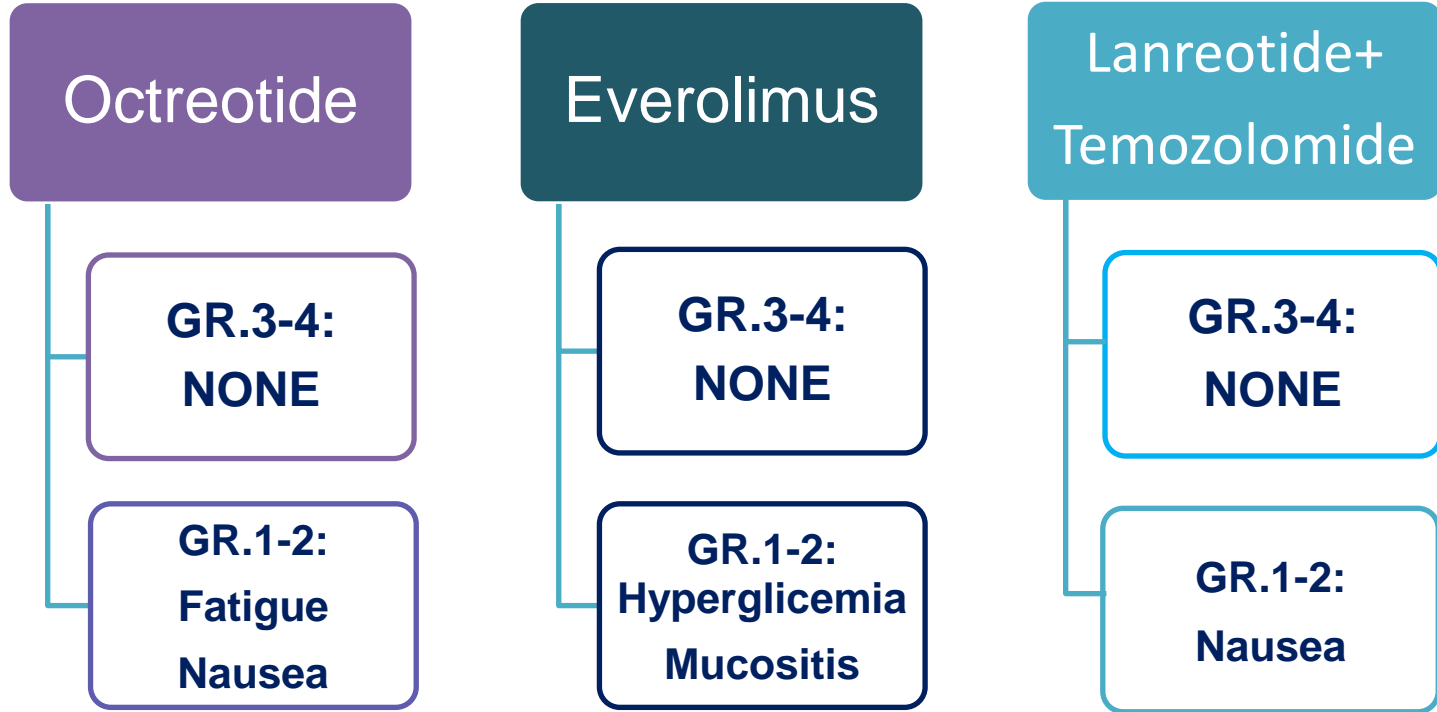
Apr. 2017



Therapies and responses



Toxicities



Discussion: Atypical bronchial carcinoids (ACs)

- ◉ In N+ radically resected ACs:
adjuvant systemic therapy?
- ◉ In SRS positive metastatic ACs:
SSA or Everolimus upfront?
- ◉ Has PRRT a role in the
metastatic setting?
- ◉ Chemotherapy in metastatic ACs,
what a preferred option?



