SHARED CARE PROTOCOL	NHS Lothian
Octreotide and Lanreotide (Somatostatin analogues)	
Clinical indication: **neuroendocrine tumours**	
Version 4: March 2008	Due for review: March 2010

Introduction
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.

Shared care:

A shared care protocol is used to **facilitate the sharing of care and transfer of prescribing.** This would usually take place once the patient's condition is stable; the patient is demonstrably benefiting from the treatment and is free from any significant side effects. GPs should only take on the prescribing when they are confident in the use of the drug, in the context of the protocol. Contingency plans must be in place to enable the patient to receive the recommended treatment, should the GP decline to prescribe.

Indication for Therapy:
Treatment must be initiated under the supervision of an oncologist or endocrinologist. Treatment is used in the management of gastro-enteropancreatic neuroendocrine tumours.

Preparations available, recommended dosage and administration

Short Acting Octreotide
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 now are commenced directly on the long acting analogues.

Long acting Octreotide
Sandostatin LAR 10mg, 20mg and 30mg is provided as a powder for reconstitution then administered by intramuscular depot injection.
The cost of the ampoules are £749, £999 and £1248 respectively.

Long acting Lanreotide
Somatuline Autogel 60mg, 90mg or 120mg is available as a pre-filled syringe for deep subcutaneous injection.
The cost of the syringes are £617, £821 and £1060 respectively.

Both drugs are given by depot injection every 28 days. They can inhibit the secretion of insulin and glucagon, therefore there is a risk of transient hypoglycaemia following the first injection.
Both preparations can be obtained from the wholesaler by a community pharmacist. They are stored between 2 and 8°C protected from light, but should be brought to room temperature prior to administration. At the start of therapy patients receive injections every 28 days, but the frequency and strength of injections can be altered in response to symptomatic response.

Shared care responsibilities

Aspects of care for which the hospital consultant is responsible:

- Assessment of the need for somatostatin analogue therapy
- Recommending treatment with somatostatin analogues
- Liaising with the GP to share care and assure appropriate administration of the drug
- Reviewing the patient

Aspects of care for which the GP is responsible:

- Prescribing the somatostatin analogue
- Administering the somatostatin analogue (in conjunction with the practice nurse where appropriate)
- Liaising with the hospital consultant regarding any complication of therapy

Adverse effects

- Steatorrhoea (may be overcome by the use of pancreatic enzyme supplements)
- Gallstones
- 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 hypoglycaemia following the first injection
- Injection site reactions – pain, swelling, rash
- Anorexia and weight loss
- Nausea, vomiting, bloating and wind

Drug interactions

- Somatostatin analogues may reduce the intestinal absorption of ciclosporin and delay the absorption of cimetidine.

Precautions and contra-indications

- Pregnancy and breast feeding

Contact points

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This information was prepared by the Consultants in the Edinburgh Cancer Centre and the Department of Endocrinology and the Pharmacists at the Western General Hospital, Edinburgh, through liaison with the General Practice Prescribing Committee and Drug and Therapeutics Committee, LUHD.

Approved for use by the General Practice Prescribing Committee and the Drug and Therapeutics Committee, LUHD – March 2008.