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New Chemotherapy Combination Shows Promise for Patients with Treatment-Resistant Neuroendocrine Tumors

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Early results from an ongoing phase II clinical trial have shown that a new chemotherapy combination, CAPTEM, may be an effective second-line treatment option for patients with a neuroendocrine tumor that has spread to other parts of the body, even for tumors that haven't responded to other standard (commonly used) treatments. A second-line treatment is given if the first treatment does not work, starts but then stops working, or causes serious side effects. CAPTEM combines two drugs, capecitabine (Xeloda) and temozolomide (Temodar), which are given in a specific order—capecitabine first, temozolomide second—based on research that showed this might be more effective than giving both drugs at the same time.

This study included 28 patients with various types of metastatic neuroendocrine tumors (tumors that develop from hormone-producing cells found in the nervous system or the endocrine system). All of these patients had previously received treatment with high doses of the drug octreotide (Sandostatin LAR), but the cancer got worse, or the patients were not able to take octreotide. Nearly all of these patients (95%) benefitted from CAPTEM treatment. This drug combination shrank the tumor in 43% of patients and delayed tumor growth in 54%.

Importantly, a large portion of patients with a carcinoid or pituitary tumor, two types of neuroendocrine tumors that are more difficult to treat, responded to CAPTEM treatment. Among the 12 patients with carcinoid tumors, 41% had their tumor shrink. This is particularly encouraging since less than 4% of these types of tumors usually respond to chemotherapy. Among the four patients with pituitary tumors that were resistant to radiation therapy, chemotherapy, and surgery, two experienced a complete remission (when a tumor cannot be detected in the body and there are no symptoms), one had a tumor that shrank by 75%, and one has had stable disease (the tumor has not changed) for five years.

The benefits of CAPTEM treatment appear to be long-lasting. Half of those treated had no signs of the tumor growing or spreading for more than two-and-a-half years, and one-quarter (25%) of patients had stable tumors for more than four years. Based on these promising results, the

researchers believe that CAPTEM may eventually replace all other second-line therapies for metastatic neuroendocrine tumors.

What this means for patients

“In this study we’re seeing patients who had been given six months to live still alive eight years after starting CAPTEM treatment,” said lead study author Robert Fine, MD, an associate professor of medicine at New York Presbyterian Hospital-Columbia University Medical Center in New York City. “This combination was effective, even in patients with tumors that hadn’t responded to any other standard treatment, including chemotherapy, high-dose octreotide, radiation therapy, or surgery. The rate of serious side effects was also low with CAPTEM.” According to Dr. Fine, people with a metastatic neuroendocrine tumor should be able to access both temozolomide and capecitabine fairly easily, and insurance would likely cover the cost as there is scientific evidence that supports the use of each drug separately for this group of patients.

Questions to ask the doctor

- What type of neuroendocrine tumor do I have?
- What stage is the tumor? What does this mean?
- What treatment plan do you recommend? Why?
- What other treatment options are available if the first treatment doesn’t work?
- What clinical trials are open to me?

For More Information

[Guide to Neuroendocrine Tumor](#) [2]

[Understanding Chemotherapy](#) [3]

[When the First Treatment Doesn’t Work](#) [4]

[Advanced Cancer Care Planning](#) [5]

Links:

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