



P3.351: CAPTEM or Everolimus in Patients With Advanced Thoracic Neuroendocrine Tumors: Retrospective, Single-Center Study

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INTRODUCTION

Systemic treatment options for thoracic neuroendocrine tumors (NETs) include both chemotherapy and targeted therapy.

However, the optimal sequence and choice of treatment remain unclear.

While capecitabine-temozolomide (CAPTEM)¹ and everolimus^{2,3} have been studied separately in thoracic NETs, there are no direct comparisons between these regimens.

Nowadays, comparative data are available mainly for pancreatic NETs, whereas evidence in thoracic NETs remains limited.

METHODS

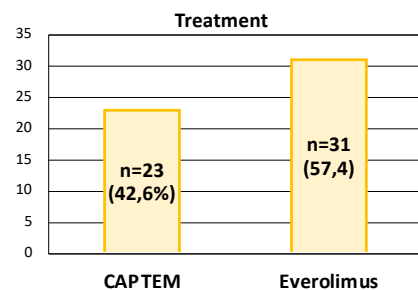
This retrospective, single-center study included patients with advanced thoracic NETs

n = 54 (1997-2025)

LUNG
n = 44/81,5%

THYMUS
n = 10/18,5%

- All pts received CAPTEM or everolimus as any line treatment



DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Everolimus is associated with longer mPFS compared to CAPTEM in pts with advanced thoracic NETs (TC and AC G2).
- Further prospective studies with larger sample size are needed to clarify the optimal treatment sequence and selection in pts with advanced thoracic NETs.

The 2021 WHO classification of thoracic tumors ^{4,5}	The proposed modified classification (N.N. Blokhin NMRCO) ⁶
Typical carcinoid (TC) or NET	Typical carcinoid (TC) or NET G1
<2 mitoses per 2 mm ² and no necrosis	
Atypical carcinoid (AC) or NET	Atypical carcinoid (AC) or NET G2
2-10 mitoses per 2 mm ² (or necrosis or both)	
Carcinoids or NET with elevated MI or Ki-67	AC with elevated MI or Ki-67 (NET G3)
AC morphology and >0 mitoses per 2 mm ² or Ki-67 >30% or both	

Table 1: The comparison of classification of thoracic NENs

REFERENCES & ACKNOWLEDGEMENTS



***Table 4** - Univariate and multivariate analysis of the risk for progression



***Table 5** - Univariate and multivariate analysis of the risk for death



References

The ORR was defined as the proportion of complete responses (CR) and partial responses (PR) among the total evaluable cases according to RECIST v1.1 criteria. The disease control rate (DCR) was defined as the proportion of CR, PR, and stable disease (SD) among the total evaluable cases according to RECIST v1.1 criteria.

RESULTS

Characteristics	CAPTEM		Everolimus		Overall		P
	N	%	N	%	N	%	
Gender							
Male	12	52,2	12	38,7	24	44,4	0,4
Female	11	47,8	19	61,3	30	55,6	
Median Ki67 – 12% (1-28%)							
Grade							
TC	2	8,7	5	16,1	7	13,0	0,6
AC G2	21	91,3	26	83,9	47	87,0	
Stage							
I-III	12	52,2	15	48,4	27	50,0	0,5
IV	11	47,8	16	51,6	27	50,0	
Carcinoid syndrome							
Yes	3	13,0	14	45,2	17	31,5	0,0*
No	20	87,0	17	54,8	37	68,5	
ECOG							
0-1	22	95,7	29	93,5	51	94,4	0,6
2	1	4,3	2	6,5	3	5,6	
Liver metastases							
Yes	5	21,7	10	32,3	15	27,8	0,5
No	18	78,3	21	67,7	39	72,2	
Bone metastases							
Yes	6	26,1	7	22,6	13	24,1	0,5
No	17	73,9	24	77,4	41	75,9	
Lung metastases							
Yes	2	8,7	8	25,8	10	18,5	0,1
No	21	91,3	23	74,2	44	81,5	
Distant lymph node metastases							
Yes	3	13,0	2	6,5	5	9,3	0,6
No	20	87,0	29	93,5	49	90,7	
Treatment line							
First	17	73,9	26	83,9	43	79,6	0,4
Second or later	6	26,1	5	16,1	11	20,4	

Table 2: Patient clinical and pathological features*

*The groups were comparable in terms of most baseline clinical characteristics, except the presence of carcinoid syndrome (likely due to the retrospective nature of the study and the small sample size)

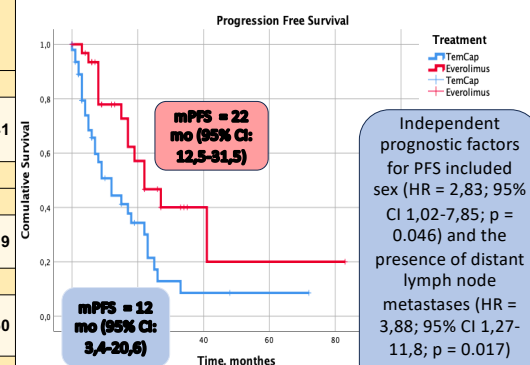


Fig. 1: Progression free survival by treatment

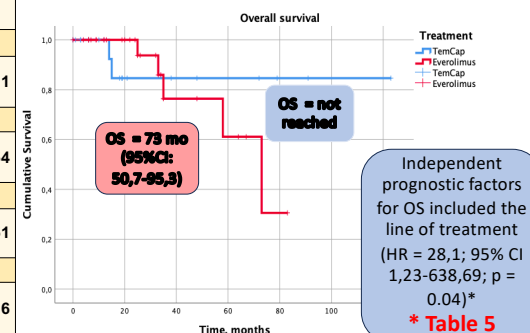


Fig. 2: Overall survival by treatment

	CAPTEM ¹		Everolimus ²	
	N	%	N	%
DCR	17/20	85	30/30	100
ORR	0/20	0	0/30	0
PD	3/20	15	0/30	0

Table 3: Treatment efficacy

¹ - 3 did not undergo follow-up assessment

² - 1 pt did not undergo follow-up assessment