Octreotide for endocrine, oncologic, and gastrointestinal disorders: systematic review and budget impact analysis


Record Status
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Citation

Authors' objectives
The aim of the review was to examine the clinical and cost-effectiveness of octreotide for Health Canada-approved and unapproved uses, compared with placebo, no treatment, or active comparators. The indications that were reviewed included acromegaly; gastroenteropancreatic neuroendocrine tumours (GEPNETs); prevention of complications after pancreatic surgery; emergency management of bleeding esophageal varices; refractory diarrhea related to chemotherapy, HIV-AIDS, Crohn's disease, or ileostomy; hepatocellular or pancreatic cancer; inoperable bowel obstruction; short bowel syndrome; and pediatric idiopathic or persistent hyperinsulinism.

Authors' conclusions
Octreotide demonstrated improvement in surrogate markers of efficacy or short-term symptom control in patients with acromegaly, GEPNETs, esophageal bleeding, and bowel obstruction. Octreotide reduced the risk of some complications after pancreatic surgery. No overall benefit was detected in death rate or survival time for variceal bleeding, pancreatic surgery, or pancreatic cancer. No conclusions could be drawn about the impact of octreotide on health-related quality of life, the efficacy of OCT-SA compared to that of OCT-LA, or the optimal duration of octreotide therapy. A descriptive review of adverse events suggested that octreotide was not associated with substantial harm in the short term. We could not assess four indications (pediatric hyperinsulinism, short bowel syndrome, diarrhea related to ileostomy or to Crohn's disease) because of a lack of RCTs. Conclusions about the efficacy of octreotide in hepatocellular carcinoma or refractory diarrhea related to chemotherapy or HIV-AIDS could not be drawn. In our review of economic evaluations, there were sufficient data to draw conclusions for one indication. For patients undergoing pancreatic surgery, OCT-SA was more effective and less costly than placebo. For publicly funded drug plans, the expansion of listing criteria to include unapproved indications could double the expenditures on octreotide.

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