Introduction: Long-acting (LA) SSA therapy is a common first-line medical treatment for acromegaly or NETs. Real-world data on patients’ injection experience with the latest LA SSA devices/formulations are limited.

Aims: PRESTO 2 assessed injection experience among patients treated with lanreotide autogel/depot prefilled syringe (LAN) or octreotide LA release syringe (OCT).

Methods: Conducted in 2021, PRESTO 2 was an e-survey of adults with acromegaly or NETs in Canada, Ireland, the UK and USA who had received ≥3 months’ treatment with LAN or OCT (planned sample size, 304 [min 76/cohort]; 50: 50 ratio [+/- 10%]). The primary endpoint was the proportion of patients with injection-site pain lasting >2 days after last injection, analyzed using multivariate logistic regression analysis. Secondary endpoints included interference with daily life due to injection-site pain, technical injection problems, and other aspects of injection experience in patients who had used their current SSA for >6 months.

Results: There were 304 respondents (acromegaly, n=85; NETs, n=219) from the USA (46.1%), Canada (27.3%), Ireland (13.5%) and the UK (13.2%); 55.3% were receiving LAN and 44.7% OCT; 69.2% were female; mean (SD) age was 59.6 (11.1) years. Fewer patients had injection-site pain lasting >2 days after last dose with LAN (6.0%) versus OCT (22.8%); the odds of pain lasting >2 days were significantly lower for LAN versus OCT, adjusted for disease group and occurrence of injection-site reaction (OR 0.13 [95% CI 0.06–0.30]; p<0.0001). Nine patients in the acromegaly subgroup had injection-site pain >2 days after last dose (LAN, 1; OCT, 8). In patients receiving LAN versus OCT, respectively, injection-site pain interfered with daily life ‘a little bit’ in 37.2% versus 52.5% and ‘quite a bit’ in 3.8% versus 7.5%. Among patients with >6 months’ experience with current SSA (92.4% of all patients), technical injection problems never occurred in 76.8% with LAN versus 42.9% with OCT. Consequences included replacement of syringe with injection given on the day (LAN, 5.6%; OCT, 23.6%) or not (LAN, 2.8%; OCT, 5.6%), or needle replacement only with injection given that day (LAN, 0.0%; OCT, 50.0%). Pain at injection site occurred with LAN versus OCT ‘never’ for 13.5% versus 7.1%, ‘rarely’ for 43.2% versus 37.3%, and ‘most of the time’ for 27.1% versus 42.9%.

Conclusions: Fewer patients using LAN had injection-site pain lasting >2 days after last injection compared to OCT; thus the primary endpoint was met. Other advantages of LAN versus OCT were seen and included improvements in occurrence of technical problems. These findings demonstrate the importance of injection modality for overall LA SSA injection experience, and the associated impact on daily life, for patients with acromegaly or NETs.

Presentation: Monday, June 13, 2022 12:30 p.m. - 2:30 p.m.