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Temozolomide and Thalidomide for Neuroendocrine Tumors: A Retrospective Report

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Background: Gastroenteropancreatic neuroendocrine tumors are complex malignancies and even in this era of newer targeted therapies there remains a need for more tolerable therapy options, as conventional chemotherapy regimens have significant side effects. We evaluated the efficacy of oral temozolomide in combination with thalidomide in patients with metastatic neuroendocrine tumors.

Methods: We conducted a retrospective analysis of 15 patients with well-differentiated metastatic neuroendocrine tumors (pancreatic 7, small bowel 6, bronchial carcinoid 2) who received combination therapy of oral temozolomide, at a dose of 150mg/m^2 PO for 7 days followed by 7 days rest and thalidomide, 100 mg PO daily. All patients received Bactrim for PCP prophylaxis. Patients' charts were reviewed in detail for evidence of toxicity, radiologic response, objective biochemical response and progression free survival.

Results: Patient demographics: Median age 59 yrs (range 31-75), ration of men to women 7:8, median duration of thalidomide was 5 months and temozolomide was 11 months (range 1-38 months). The median follow-up time was 30.6 months for patients who remain alive (4 deaths have occurred). Biochemical response rate (50% decrease in markers) was seen in 53% of patients, radiologic response was seen in 53%. Median duration of response was 13 months (95% CI: 6-14), 1 yr progression free survival rate was 60% (95% CI: 28.5-81). Toxicities included lymphopenia 33 % (n=5), neuropathy 27% (n=4), DVT 13% (n=2), and one instance each of pancreatitis, renal failure, cardiomyopathy, and pneumonia.

Conclusions: Our results are similar to those reported by Kulke et al and support the addition of this oral combination to the armamentarium for treatment of metastatic neuroendocrine tumors of gastrointestinal tract.