Pharmacotherapeutic report on sunitinib malate (Sutent®) for the treatment of unresectable or metastatic, well-differentiated pancreatic neuroendocrine tumours with disease progression in adults

Medicine. Sunitinib malate, capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg.

Summary of the therapeutic value

Intended effects. The median Progression-Free Survival (PFS) was 11.4 months for the sunitinib arm compared to 5.5 months for the placebo arm. The hazard ratio was 0.42 (95% CI: 0.26-0.66). An indirect comparison between sunitinib and everolimus showed that these agents had a comparable advantage in PFS in comparison to placebo.

Unintended effects. The majority of adverse events with sunitinib (37.5 mg/day) were classified as mild to moderate. The most common serious adverse events were neutropoenia, hypertension, Palmar-plantar erythrodysaesthesia syndrome and leukopoenia. Seventeen percent of patients discontinued treatment as a result of adverse events. The majority of the adverse events with everolimus (10 mg/day) were classified as mild to moderate and 17% of patients discontinued treatment due to adverse events. Common serious adverse events were stomatitis, anaemia and hyperglycaemia.

Experience. Sufficient experience has been gained with sunitinib and limited experience with everolimus.

Applicability. There are no major differences between sunitinib and everolimus with respect to: contraindications, interactions with other medicinal products and special warnings/precautions of use.

Ease of use. There are no major differences in ease of use between sunitinib and everolimus.

Final conclusion. For the treatment of unresectable or metastatic, well-differentiated pancreatic neuroendocrine tumours with disease progression is the therapeutic value of sunitinib comparable with that of everolimus.