Cabergoline for clinically nonfunctioning pituitary neuroendocrine tumor

Batista et al. from Sao Paulo conducted a randomized, parallel, open-label clinical trial that compared cabergoline with nonintervention in patients with residual nonfunctioning pituitary neuroendocrine tumor (NFPA) after transsphenoidal surgery over 2 years. The primary outcome was clinical efficacy (tumor reduction). The secondary outcome was the relationship between tumor dopamine D2 receptor (D2R) expression and clinical responsiveness. Tumor measurements and clinical evaluations were performed every 6 months.

In total, 59 and 57 individuals were randomly assigned to the study and control groups, respectively. At the end of the study, residual tumor shrinkage, stabilization, and enlargement were observed in 28.8%, 66.1%, and 5.1% of patients, respectively, in the medical-therapy group and in 10.5%, 73.7%, and 15.8% of patients, respectively, in the control group (P=0.01). The progression-free survival rate was 23.2 and 20.8 months for the study and control groups, respectively (P=0.01). D2R was not associated with cabergoline responsiveness. No major side effects were related to cabergoline use.

Cabergoline was an effective drug for treating residual NFPA, and its use was associated with a high rate of tumor shrinkage [1)].

1)
Batista RL, Musolino NRC, Cescato VAS, da Silva GO, Medeiros RSS, Herkenhoff CGB, Trarbach EB, Cunha-Neto MB. Cabergoline in the Management of Residual Nonfunctioning pituitary neuroendocrine tumor: A Single-Center, Open-Label, 2-Year Randomized Clinical Trial. Am J Clin Oncol. 2018 Dec 11. doi: 10.1097/COC.0000000000000505. [Epub ahead of print] PubMed PMID: 30540568.