Lanreotide (INN) is a medication used in the management of acromegaly and symptoms caused by neuroendocrine tumors, most notably carcinoid syndrome. It is a long-acting somatostatin analog, like octreotide. Its sequence is H-D-2Nal-Cys(1)-Tyr-D-Trp-Lys-Val-Cys(1)-Thr-NH2.

Six patients who were not suitable for surgery were given 60 mg of lanreotide (Autogel(R)) every four weeks. All patients were German nationals and Caucasians. When the response of our patients was unsatisfactory, the dose was increased sequentially to 90 mg every four weeks, 120 mg every four weeks, 120 mg every three weeks and 180 mg every three weeks. The treatment duration was 12 to 24 months. In all cases, the lanreotide dose was 120 mg every 4 weeks or higher. In five of our patients, growth hormone (GH) levels were successfully reduced (in three patients GH <2.5 ng/ml was achieved). Insulin-like growth factor 1 levels were normalized in three patients and decreased in two patients. One patient failed to show a biochemical response to lanreotide therapy or pegvisomant therapy. Tumor shrinkage or degeneration was observed in the five responding patients. No drug-related adverse events were noted.

Conclusions: These results suggest that lanreotide at high doses of 120 mg every four weeks or more is an effective first-line therapy for patients with acromegaly that surgery alone cannot treat [1)]

1)
Wuster C, Both S, Cordes U, Omran W, Reisch R. Primary treatment of acromegaly with high-dose lanreotide: a case series. J Med Case Rep. 2010 Mar 8;4:85. doi: 10.1186/1752-1947-4-85. PMID: 20211008; PMCID: PMC2845144.