



- Title** OctreoScan® Scintigraphy for Gastro-entero-pancreatic (GEP) Neuroendocrine Tumors, August 1999
- Agency** MSAC, Medical Services Advisory Committee
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- Reference** MSAC application 1003. Assessment report, ISSN 1443-7120.

Aim

To assess the safety and effectiveness of the service and under what circumstances public funding should be supported for the service.

Conclusions and results

Safety: OctreoScan is safe at recommended doses.

Effectiveness: OctreoScan has the advantage of being able to image the whole body. It can detect extrapancreatic tumors and metastatic lesions outside of the abdomen and chest, and MEN-1 tumors. It is less sensitive in detecting insulinomas.

Sensitivity and specificity could not be determined as test results were not compared in blind fashion with an acceptable 'gold standard'. There is some evidence that OctreoScan changes patient management, but no evidence to suggest increased cure rates and survival time.

Cost-effectiveness: It was not possible to assess cost-effectiveness due to lack of validated data on test accuracy and impact on clinical outcomes.

Recommendations

Public funding should be supported for OctreoScan where:

- Biochemical evidence indicates a GEP neuroendocrine tumor and conventional radiology produces negative or equivocal structural imaging, or
- Biochemical and conventional imaging indicates a surgically amenable disease to rule out further metastatic disease.

However, the evidence is insufficient to support public funding for octreotide therapy as a viable therapeutic option.

Method

MSAC conducted a systematic review of the biomedical literature from 1989 to 1999 by accessing biomedical electronic databases, the Internet, and international health technology agency websites. Reference lists of reviews and other articles were also searched. Data was also available from unpublished trials conducted by a manufacturer of the technology (Mallinckrodt Medical Petten).