

# Somatostatin Analogues (SSAs)

## What is Somatostatin?

Somatostatin is a hormone made naturally in the body which controls the release of other hormones (such as serotonin) and chemicals from the stomach, pancreas, and the bowel. When neuroendocrine cancer is present in the body the normal balance of hormones can be disrupted causing an overproduction of hormones. Some NETs make large amounts of hormones which cause a group of symptoms called carcinoid syndrome which can lead to symptoms such as flushing, palpitations and diarrhoea. - See our fact sheets for further information. <https://neuroendocrine.org.au/fact-sheets>

## What are Somatostatin Analogues (SSAs)?

Somatostatin analogues (SSAs) are types of drugs which are a man-made version of somatostatin.

Somatostatin Analogues are a common initial treatment for many neuroendocrine tumours to slow the disease and reduce symptoms.

### How do SSAs work?

SSAs work in two ways:

- They help stop your body from making too many hormones and can reduce the symptoms they cause
- Slow down the speed of tumour growth.

## How is SSA treatment given?

- SSAs are given by an injection either under the skin (subcutaneous) or into a muscle (intramuscular)
- Occasionally SSAs can be administered by an infusion (mainly before surgery or dental work)
- There are short and long-acting types of SSAs
- Short acting SSAs are given once or twice a day for short periods to control symptoms
- Long acting SSAs are usually given every four weeks as an ongoing treatment
- SSAs are sometimes given more frequently such as three weekly to reduce symptoms
- In some circumstances a long and short acting SSA will be used together to attempt to control symptoms .

## Types of SSAs

Examples of SSAs include:

- **Octreotide** (Sandostatin LAR® Sandostatin)
- **Lanreotide** (Somatuline® Autogel & Mytolac)

Referring to the Consumer Medical information provided with each drug will inform you on the correct storage and conditions required.

## Important things to know:

- SSAs require correct preparation to ensure safe and effective administration
- It is important to store SSAs correctly
- The injection of SSAs is usually by either a trained health care professional, or in some instances, training may be provided for either self-injection or for a support person to give the injection.

## Side effects:

### Side effects of Somatostatin analogues may include:

- Loss of appetite
- Feeling sick
- Feeling bloated
- Stomach pain
- Tiredness (fatigue)
- Headaches



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- Higher or lower blood sugar levels
- Increased diarrhoea (this is rare)
- Gallstones
- Soreness at the injection site
- Fat Malabsorption (stools that appear pale, oily, float or are hard to flush).

Our factsheet on vitamin and mineral deficiencies has more information on this side effect.

You might have higher or lower blood sugar levels. If you are diabetic, you will need to check your blood sugar levels more often. After talking with your GP or treating team, you may find you need a change in your current medication doses, such as diabetes tablets or insulin injections, if they are prescribed for you.

Having SSAs over many months may cause gallstones. Therefore, you may have an ultrasound scan of your gallbladder before you start treatment, and then every 6 to 12 months as recommended by your doctor or healthcare team. Between 10 and 50 out of 100 people (10% to 50%) develop gallstones while they are having SSAs. Most people have no symptoms from the gallstones.

For more detailed information about what side effects to expect, and how to manage them:

- Talk to your treating health care professional team
- See our further information and fact sheets on managing side effects  
<https://neuroendocrine.org.au/factsheet>

This factsheet contains general information about SSAs. Your treating team will provide you with more information personalised to your care. For more information call the **NET Nurse 1300 287 363**.



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