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PREF-NET:

A patient preference and experience study
demonstrating that patients **prefer home administration**
of **Lanreotide Ipsen** over hospital administration



Study design



Key findings

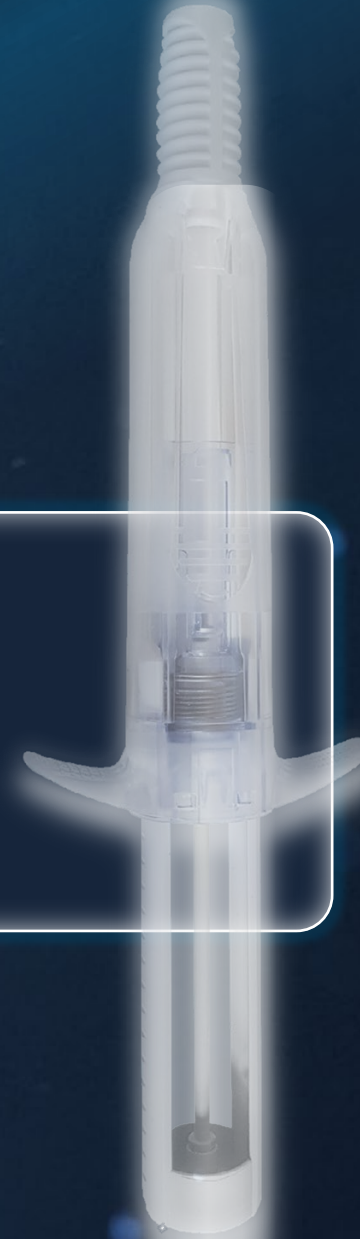


Find out more

Khan MS, et al. Annual ENETS Conference 2023. Abstract I12

LAN-UK-000554 | January 2025

This presentation has been commissioned by Ipsen and is intended for UK healthcare professionals only.



Study design

PREF-NET was a **cross-sectional, patient-reported** study of adults with **GEP-NETs** in the UK. The study had two parts:



Primary endpoint
To describe overall patient preference for treatment administration setting: home vs hospital administration.



LOCATIONS



ELIGIBILITY



DEMOGRAPHICS



LIMITATIONS

Locations



**5 study sites across
England and Wales**

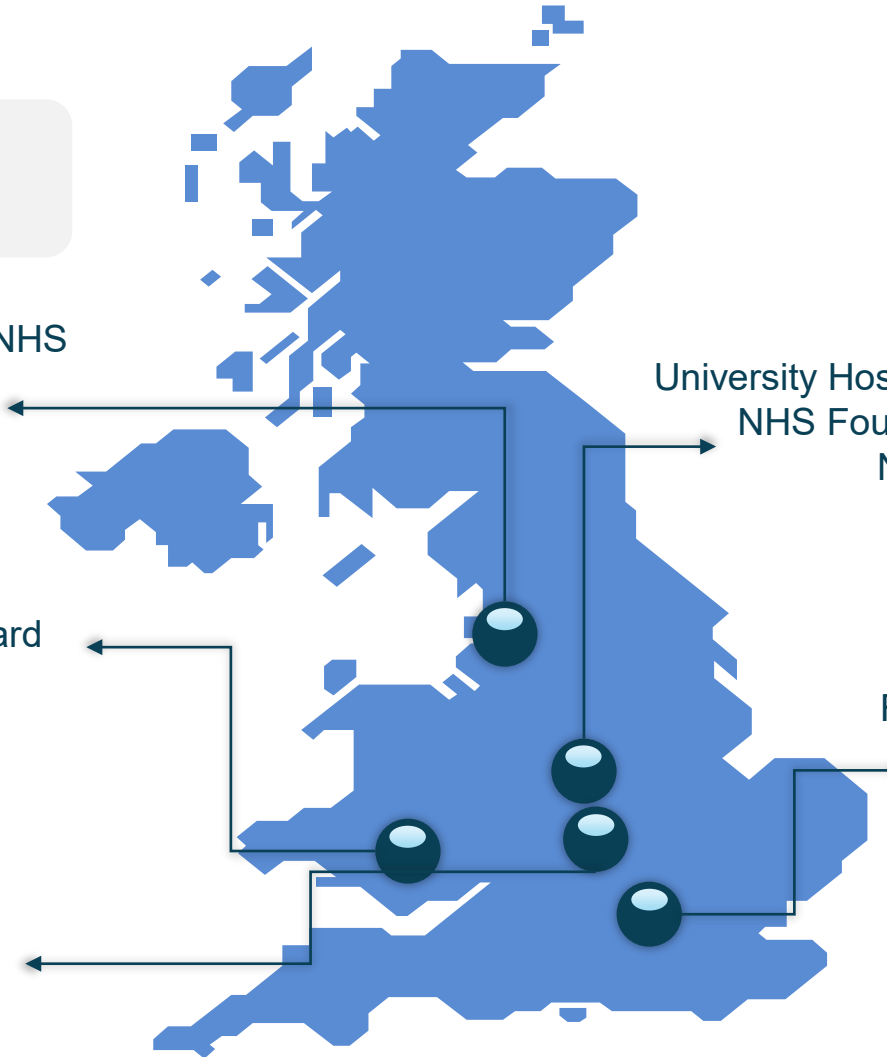
Liverpool University Hospitals NHS
Foundation Trust
N=17

University Hospitals Birmingham
NHS Foundation Trust
N=13

Cardiff and Vale
University Health Board
N=16

Royal Free London NHS
Foundation Trust
N=10

University Hospitals Coventry
and Warwickshire NHS Trust
N=24



Eligibility



**Online
survey**



Patients completing the **online survey** were asked to take part in a **telephone interview**



**Telephone
interview**

Eligible patients were:

- Aged ≥ 18 years with GEP-NETs
- Receiving a stable dose of Lanreotide Ipsen at home
- Switched from hospital to home administration in the previous 4–24 months

Eligible patients were:

- Switched from hospital to home administration in the previous 4–24 months

Demographics



Survey population (N=80)

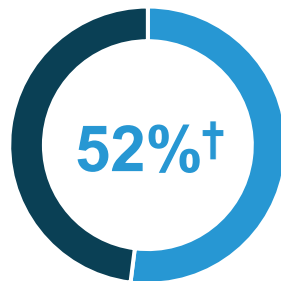
Interview population (N=20)



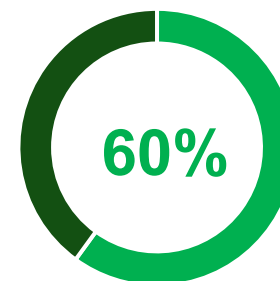
Mean **age**
(years)



*77 patients responded to this question



Male sex



†75 patients responded to this question



Demographics

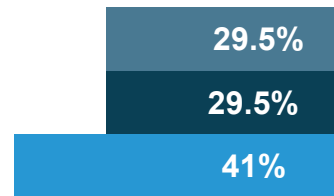


Survey population (N=80*)

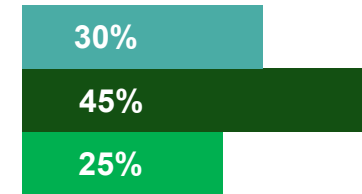
*78 patients responded to this question

Interview population (N=20)

Time since switch to home administration



<6 months ago
6 months–1 year ago
≥1 year ago

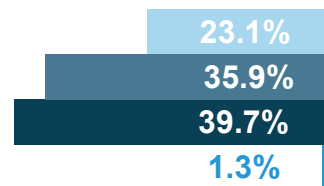


Survey population (N=80*)

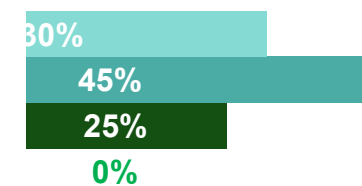
*78 patients responded to this question

Interview population (N=20)

Administration of medication



Myself
Partner/family member
Nurse
Someone else

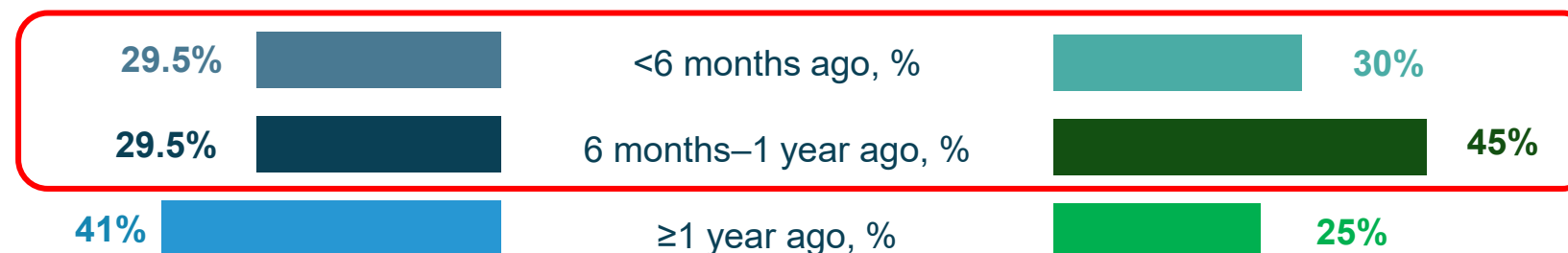


Limitations



Potential **recall bias** of experiences with hospital vs home administration, particularly in those patients **switching** to home administration a **longer time ago**. However, **most patients switched less than 1 year ago**.

Time since switch to home administration

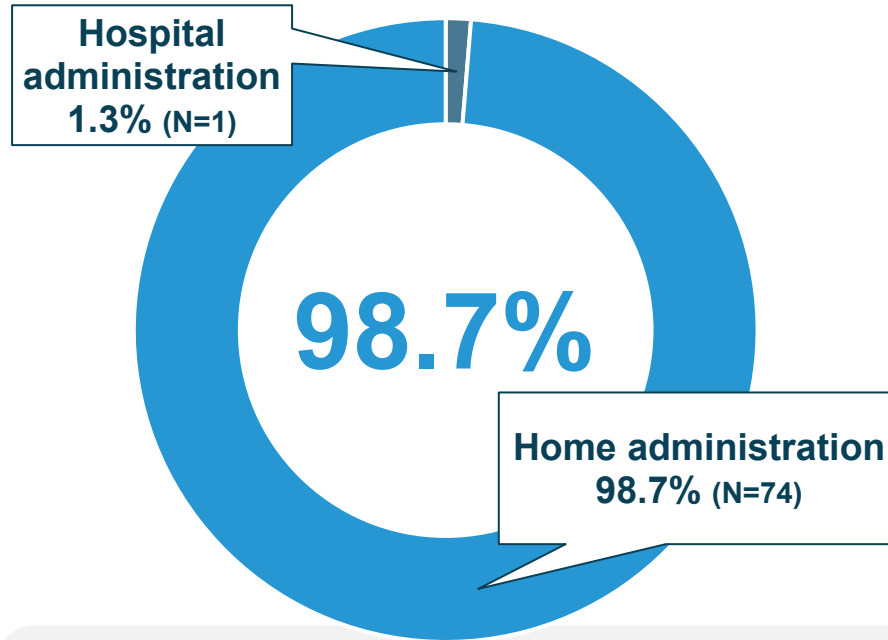


Survey population (N=80*)

Interview population (N=20)

*78 patients responded to this question

Key findings



Over 98% of respondents (N=75) preferred to receive Lanreotide Ipsen injections at home vs in the hospital.

Home vs hospital administration...

- ✓ had **positive effects** on patients' sense of **wellbeing**
- ✓ **saves patients time** that they can reinvest into their daily life
- ✓ **reduces patient burden** (time and costs)



PATIENT WELLBEING



TIME & PRODUCTIVITY

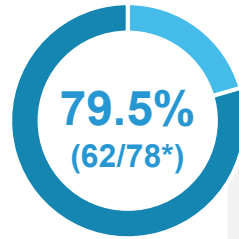


PATIENT BURDEN

Patient wellbeing

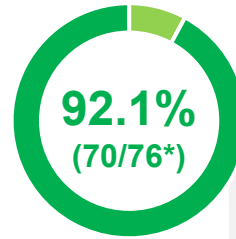


Quality of life¹



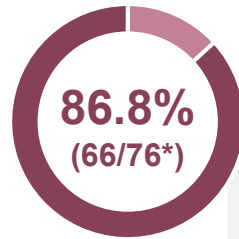
found the switch from hospital to home administration had a **much better** effect on their **QoL**

Convenience^{1,2}



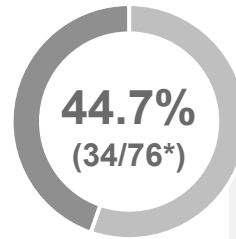
found the **convenience** of home administration **much better** vs hospital administration

Independence^{1,2}



found the **ability to be independent much better** with home vs hospital administration

Relationships^{1,2}



found they had **much better relationships with family members and/or friends** with home vs hospital administration

*Number of respondents.

QoL=quality of life.

1. Khan MS, et al. UKI NETS 2022. Poster P2; 2. Khan MS, et al. Annual ENETS Conference 2023. Abstract I12.

Time and productivity



Work^{1,2}

44.6% (33/74*)

of respondents thought that their **ability to work** was **much better** with home vs hospital administration

Social activities^{1,2}

60.5% (46/76*)

of respondents thought they had a **much better** ability to **engage in social activities** with home vs hospital administration

Holiday^{1,2}

68.4% (52/76*)

of respondents found the **ability to plan and/or go on holiday** **much better** with home vs hospital administration

*Number of respondents.

1. Khan MS, et al. UKI NETS 2022. Poster P2; 2. Khan MS, et al. Annual ENETS Conference 2023. Abstract I12.

Patient burden



Number of appointments¹



89.6%
(69/77*)

of respondents felt the **number of hospital or clinic visits in the previous 4 months was reduced** with home administration vs hospital administration

Time spent^{2,3}



89.7%
(70/78*)

of respondents thought the **time spent** (travel and waiting during medical appointments) was **much better** with home vs hospital administration

Treatment associated cost^{2,3}



80.5%
(62/77*)

of respondents felt the **cost** associated with home administration was **much better** vs hospital administration

*Number of respondents.

1. Ipsen Data on File LAN-UK-000073;

2. Khan MS, et al. UKI NETS 2022. Poster P2; 3. Khan MS, et al. Annual ENETS Conference 2023. Abstract I12.



Supporting patients and their nominated adult through **home-delivered medication** and **training** to **independently* administer Lanreotide Ipsen** at home.



Provides patients with a **support pack**



Allows you to **track the progress of patients' self-administration training**



KEY BENEFITS



SUPPORT RESOURCES



FOLLOW-UP

*For patients who receive a stable dose of Lanreotide Ipsen, and after appropriate training, the product may be administered either by the patient or by a trained person. The decision regarding administration by the patient or a trained person should be taken by a healthcare professional.



Key benefits



1



Nurse-led training

2



Medication delivery to patients

3



Supporting independent administration*
by the patient or a nominated adult

4



Regular updates to the patient's hospital team

*For patients who receive a stable dose of Lanreotide Ipsen, and after appropriate training, the product may be administered either by the patient or by a trained person. The decision regarding administration by the patient or a trained person should be taken by a healthcare professional.

Support packs



HomeZonePLUS nurses will offer to **provide every patient** with **booklets** about their treatment and diagnosis on the first visit.

The following booklets are included in the pack:

- ✓ Helping You Understand NETs or Helping You Understand Acromegaly (depending on the diagnosis)
- ✓ A Guide to Treatment With Lanreotide Ipsen
- ✓ Treatment Diary

In addition, an injection guide is available for patients and caregivers.

Tracking patient progress



The HomeZonePLUS nurse will keep you **updated after every patient visit** via a bespoke **HCP portal** or by sending a standard nurse visit form by **email**.



The HomeZonePLUS nurse will contact you directly should they have any **immediate concerns** about your patients.