







issues for these patients. Therefore in advanced patients with orbital metastases, the alternative loco-regional treatments alone or in combination with systemic therapy may constitute a viable treatment alternative to a surgical excision (exenteratio orbitis).<sup>[7]</sup>

The currently proposed treatment of orbital metastases in well-differentiated NETs includes surgery, beam radiotherapy, especially for single and symptomatic lesions, peptide receptor radiotherapy or systemic medical treatment. The integration of local treatment with SSA could provide long-term disease control, preserving the patient's quality of life. Although the SSA objective response rates are limited (5-10%), these drugs are characterized by high rates of disease stabilization, up to 50-60% in clinical trials and with optimal profiles of safety and tolerability.<sup>[8]</sup> Moreover, the efficacy of SSA has been recently shown by two prospective, randomized, placebo-controlled trials, the PROMID and CLARINET studies.<sup>[9,10]</sup> These studies evaluated the impact of SSA treatment (octreotide long-acting release 30 mg every 28 days and Lanreotide ATG 120 mg every 28 days), leading to demonstration of their antiproliferative effects. The mean time to progression in the PROMID trial was 14.3 months in the octreotide LAR arm compared to 6 months in the placebo arm.<sup>[9]</sup> In the CLARINET trial, Lanreotide ATG was associated with a significant improvement in mean progression free survival compared to placebo (progression-free survival not reached in the treatment group vs. 18 months in the placebo group).<sup>[10]</sup> Based on these results, the use of SSA is recommended for its antiproliferative effect in well differentiated NENs with an indolent course in patients with both functioning and non-functioning tumors. SSAs represent a valid treatment option in cases where good quality of life is paramount and in which a surgical approach is not accepted, feasible or is contraindicated.

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### Conflicts of interest

There are no conflicts of interest.

### Patient consent

Obtained.

### Ethics approval

The patient was treated within the standards of our institute and the report was approved.

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