GASTROINTESTINAL NEUROENDOCRINE TUMOURS: TUMOUR CHARACTERISTICS AND TREATMENT MODALITIES DETERMINE LONG-TERM CLINICAL OUTCOME

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The German NET-registry reports data from > 2000 pts. with NET mainly of the GI-tract from 21 centers in Germany.

A preference of metastatic as well as pancreatic and small bowel NET is reported.

Carcinoid syndrome, hyperinsulinemic hypoglycemic neuroglycopenia (insulinoma syndrome) and Zollinger-Ellison syndrome are the most frequent functional syndromes.

Survival rates in this cohort with initial diagnosis since 1999 are very good when compared to historical cohorts.

Stratification according to WHO classification or to grading according to Ki67-index identify significant prognostic subgroups.

Analysis of this large cohort reveals improved survival in NET-patients with modern management strategies.

References:
1 Papes UF et al. Endocr Rel Cancer 2006
2 Papes UF et al. Cancer 2008
3 Panteschi et al. Endocr Rel Cancer 2005
5 Pölling U et al. The German NET-Registry: An audit on the diagnosis and therapy of neuroendocrine tumors. Neuroendocrinology 2009

Results:

Table 1: Basic data in the German NET-registry

<table>
<thead>
<tr>
<th>number of included cases: 2045</th>
<th>number of evaluable cases: 1856</th>
</tr>
</thead>
<tbody>
<tr>
<td>mean age at initial diagnosis: 65.3 yrs</td>
<td>median follow-up: 2.34 yrs</td>
</tr>
<tr>
<td>median age at initial diagnosis: 58 yrs (range 13-93)</td>
<td>median follow-up: 1.53 yrs (range 1-13.6yrs)</td>
</tr>
</tbody>
</table>

Figure 1: Age distribution at initial diagnosis

Table 2: Therapeutic modalities in the cohort (a) and success rates of surgery (b)

<table>
<thead>
<tr>
<th>Tx-mode</th>
<th>total</th>
<th>as 1st-line-Tx</th>
<th>as 2nd-neoplasm</th>
<th>as 1st-line-Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>surgery</td>
<td>1836</td>
<td>1370</td>
<td>504</td>
<td>438</td>
</tr>
<tr>
<td>medical Tx</td>
<td>1155</td>
<td>320</td>
<td>154</td>
<td>134</td>
</tr>
<tr>
<td>radionucleide Tx</td>
<td>411</td>
<td>61</td>
<td>67</td>
<td>54</td>
</tr>
<tr>
<td>ablative Tx</td>
<td>185</td>
<td>15</td>
<td>RX</td>
<td>68</td>
</tr>
</tbody>
</table>

Figure 2: Primary tumour localizations (a), observed metastatic localizations (b) and prevalence of specific hormone hypersecretion syndromes (c) in the cohort

Figure 3: Results of survival analysis in the whole cohort

Figure 4: Results of survival analysis stratified according to WHO classification (a) or grading [Ki67- or mitotic-index, ENETS] (b)

Conclusions:

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