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Oncology

May we challenge the ENETS guidelines in pancreatic neuroendocrine neoplasms? A quiz for French experts

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ABSTRACT

Introduction: Recent guidelines have been published by a consensus of international experts (2016 ENETS guidelines). Nevertheless, in case of pancreatic neuroendocrine neoplasms (panNEN) the ENETS guidelines fail to propose a unique strategy in some situations, due to the lack of high-level of evidence and the absence of formal agreement between the experts drawing up the guidelines.

Material and methods: A survey of 25 questions on panNEN was sent to 104 French experts challenging the guidelines. Questions focused on clinical situations in localized G-1/2 panNEN, localized G-3 panNEN, metastatic G-1/2 panNEN, and metastatic G-3 panNEN for which multiple options were proposed by the ENETS guidelines.

Results: Fifty-seven experts (55%) have answered the survey. 18/25 questions obtained at least 50% similar responses, allowing a "consensus" or a "position statement". Among the results, surgery of small panNEN is preferred to surveillance in young patients; the temozolomide–capecitabine combination is favored instead of streptozotocin-based chemotherapy for G-1/2 metastatic panNEN.

Conclusion: French experts are mostly in line with the European guidelines, but some differences do exist. Whilst waiting for prospective studies, this survey helps physicians to propose standardized procedures and identifies situations where a step forward has been enabled by French experts. This questionnaire paves the way for a simplified therapeutic algorithm of panNEN.

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1. Introduction

The management of pancreatic neuroendocrine neoplasms (panNENs) has been improved over the past decade and the number of treatment options has risen significantly. The contribution of new treatments is undeniable, allowing better prognosis and longer survival for patients, as well as increased complexity in the therapeutic strategy. Tumor grade, cell differentiation, proliferation index (Ki-67), mitotic index, functional syndrome, number and location of metastases, tumor burden and presence of somatostatin receptors are the main characteristics to take into account in the management of panNENs. A recent update of guidelines about localized and metastatic panNEN have been published by a consensus of international experts (2016 ENETS (European NeuroEndocrine Tumor Society) guidelines) to help physicians in the therapeutic strategy [1–3].

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However, and despite all efforts to standardize the management, a large gap may exist between international guidelines and clinical practice. Such differences are due to the lack of high-level evidence, the absence of formal agreement between the experts drawing up the guidelines, the complexity of the treatment center and the access to novel treatments. Considering these variations, we conducted a national survey of 104 French physicians, experts in panNEN, based on the multiple options left in the 2016 ENETS guidelines to determine their clinical practice.

2. Material and methods

A survey was sent to 104 French digestive oncologists identified as experts in the management of panNEN. All experts were considered as such, since they were active members of the RENATEN (Réseau National de prise en charge des Tumeurs neuro-Endocrines Malignes Sporadiques et Héréditaires) network, whose main topic is the management of neuroendocrine tumors. Surgeons, pathologists, and radiologists were excluded. The survey was sent anonymously by e-mail to the experts, with two reminders at days 14 and 35.

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Table 1

Quiz of the French experts on G-1 and G-2 pancreatic neuroendocrine neoplasms (panNENs).

20. A 5.5 year old man had a panNEN (WD; Ki 67 1%) of the pancreas' head. High-uptake on OctreoScan. Tumor size: 12 mm. Tumor is stable for 6 months on CT Scan. What would you recommend? 7.8 * Sungical resection 7.8 * Sungical resection 7.8 * Surveillance 20. A 2.5 year old man had a panNEN (WD; Ki-67 1%) of the pancreas' head. High-uptake on OctreoScan. Tumor size: 35 mm. What would you recommend? \$ Surgical resection \$ Surgical resection 2. \$ Surveillance 23: A 25-year old man had a panNEN (WD; Ki-67 1%) of the pancreas' head. High-uptake on OctreoScan. Tumor is stable for 6 months on CT scan. Tumor size: 20 mm. What would you recommend? \$ Surgical resection \$ Surgical resection	Q1: A 65-year old man had a panNEN (WD; K1-67 18) of the pancreas' head. High-uptake on OctreoScan. Tumor size: 12 mm. Tumor is stable for 6 months on C1 scan. What would you recommend? Surgical resection Surgical resection Surveillance Q2: A 35-year old man had a panNEN (WD; K1-67 18) of the pancreas' head. High-uptake on OctreoScan. Tumor size: 35 mm. What would you recommend? Surveillance Q3: A 35-year old man had a panNEN (WD; K1-67 18) of the pancreas' head. High-uptake on OctreoScan. Tumor size: 35 mm. What would you recommend? Surveillance Q3: A 35-year old woman had a panNEN (WD; K1-67 18) of the pancreas' head. High-uptake on OctreoScan. Tumor is stable for 6 months on C1 scan. Tumor size: 20 mm. What would you recommend? Surveillance Q3: A 35-year old man had a panNEN (WD; K1-67 18) of the pancreas' head. High-uptake on OctreoScan. Tumor is stable for 6 months on C1 scan. Tumor size: 20 mm. What would you recommend? Surveillance Q4: A75-year old man had a panNEN (WD; K1-67 18) of the pancreas' head. High uptake on OctreoScan. Tumor size: 30 mm. Surgery is contrainficated because of co-morbidities. What would you recommend? Somatostatin analogues Somatostatin analogues Somatostatin analogues Somatostatin analogues C5: A 75-year old man had a panNEN (WD; K1-67 103) of the pancreas' teal. Tumor size: 22 mm. Moderate uptake on OctreoScan; no uptake on 18-FDC PET C1 scan. What would you recommend? Somatostatin analogues OctreoScan. Tumor size: 20 mm. WD; K1-67 103) of the pancreas' head panNEN (tumor size: 22 mm. Moderate uptake on OctreoScan; no uptake on 18-FDC PET C1 scan. What would you recommend? Somatostatin analogues OctreoScan. Tumor size: 20 mm. WD; K1-67 123) Resection is incomplete because of positive lateral margins (R1 resection). What would you recommend? Somatostatin analogues Adjuvant chemotherapy Adjuvant chemotherapy Adjuvant radiotherapy Adjuvant radiotherapy Adjuvant radiotherapy Adjuvant radiotherapy	Quiz of the French experts on G-1 and G-2 pancreatic neuroendocrine neoplasms (panNENs).	
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	• Everolimus or sunitinib 0		
• Everolimus or sunitinib 0	• Hepatic intra-arterial therapy 6.3	Everolimus or sunitinib	0
• Hepatic intra-arterial therapy 6.3		Hepatic intra-arterial therapy	6.3

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