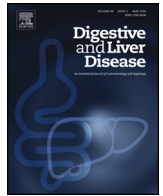




Contents lists available at ScienceDirect

Digestive and Liver Disease

journal homepage: www.elsevier.com/locate/dld



Oncology

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

Bertrand Brireau^{a,b,*}, Romain Coriat^{a,b}

^a Service de gastro-entérologie et oncologie digestive, Hôpital Cochin, Paris, France

^b Unité INSERM U1016, Université Paris Descartes, Sorbonne Paris Cité, Paris, France

ARTICLE INFO

Article history:

Received 13 January 2017

Received in revised form 3 March 2017

Accepted 6 March 2017

Available online xxx

Keywords:

Chemotherapy

Pancreatic neuroendocrine tumor

Somatostatin analogues

Therapeutic strategy

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.

© 2017 Editrice Gastroenterologica Italiana S.r.l. Published by Elsevier Ltd. All rights reserved.

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].

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.

* Corresponding author at: Service de gastro-entérologie et oncologie digestive, Hôpital Cochin, Paris, France. Fax: 01 58 41 17 05.

E-mail address: bertrand.brireau@aphp.fr (B. Brireau).

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

Localized grade 1–2 panNEN	Response (%)
Q1: A 65-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?	
• Surgical resection	7.8
• Somatostatin analogues	0
• Surveillance	92.2
Q2: A 35-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	98
• Somatostatin analogues	2
• Surveillance	
Q3: A 35-year old woman 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	54
• Somatostatin analogues	8
• Surveillance	38
Q4: A 75-year old man had a panNEN (WD; Ki-67 1%) of the pancreas' head. High uptake on OctreoScan. Tumor size: 30 mm. Surgery is contraindicated because of co-morbidities. What would you recommend?	
• Somatostatin analogues	36
• Surveillance	64
Q5: A 75-year old man had a panNEN (WD; Ki-67 10%) of the pancreas' tail. Tumor size: 22 mm. Moderate uptake on OctreoScan; no uptake on 18-FDG PET CT scan. What would you recommend?	
• Surgical resection	86
• Somatostatin analogues	10
• Surveillance	4
• Chemotherapy	0
• Targeted drugs	0
Q6: A 35-year old man underwent enucleation of a pancreas' head panNEN (tumor size: 20 mm; WD; Ki-67 12%). Resection is incomplete because of positive lateral margins (R1 resection). What would you recommend?	
• Radical surgery	49
• Somatostatin analogues	0
• Surveillance	45
• Adjuvant chemotherapy	0
• Adjuvant radiotherapy	6
Metastatic grade 1–2 panNEN	Response (%)
Q12: A 40-year old woman had a panNEN (WD; Ki-67 1%) of the pancreas' head without vascular involvement, but with 3 liver metastases of the left lobe. What would you recommend?	
• Surveillance	6.3
• Somatostatin analogues	25.0
• Surgical resection: cephalic duodeno-pancreatectomy and left hepatic resection	68.8
Q13: A 64-year old man had a panNEN (WD; Ki-67 1%) of the pancreas' head with numerous, bilobar and non-resectable liver metastases (liver tumor burden: 20%). The entire lesions uptake on OctreoScan. What would you recommend?	
• Surveillance	12.5
• Somatostatin analogues	77.1
• Systemic chemotherapy	4.2
• Everolimus or sunitinib	0
• Hepatic intra-arterial therapy	6.3

Download English Version:

<https://daneshyari.com/en/article/5655434>

Download Persian Version:

<https://daneshyari.com/article/5655434>

[Daneshyari.com](https://daneshyari.com)