neuroendocrine & endocrine tumours and cup

GASTROENTEROPANCREATIC NEUROENDOCRINE TUMORS (GEPNET) REGISTRY: UPDATE FROM AN INTERNATIONAL COLLABORATION


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Results: As of December 1, 2013 (cut-off for this interim analysis), 1005 pts were enrolled, 933 were evaluable. At diagnosis, median age was 54 yrs [range: 12-87], gender ratio was balanced (49% male). The majority of pts (740/933, 77%) had symptoms at the time of diagnosis. Abdominal pain and weight loss were the most commonly reported symptoms. The most frequently reported primary site was the pancreas (42%) followed by the stomach (17%). The majority of pts had well-differentiated tumors (70%). Immunostaining results for Synaptophysin and Chromogranin A were reported for the majority of patients (77% and 82% respectively). Proliferative indices were less frequently reported; mitotic index: 17% and Ki-67: 50% pts. Use of computed tomography scanning was the main modality of disease evaluation (44% pts). Other imaging modalities including functional PET and octreotide scintigraphy were used in <10% pts at diagnosis. The use of serum CgA testing at diagnosis and 24 h urine 5HIAA tests were rarely used (11% and 7% pts), although there was substantial variation by geographic region. The most common initial therapy was surgery (60%) followed by somatostatin analogues (17%) and chemotheraphy (16%). Median progression free survival was 57.3 months (95%CI: 52.2-64.4), and varied by primary tumor site as well as WHO (2004) classification at diagnosis.

Conclusions: The GEPNET Registry continues to provide important information as it relates to the diagnosis and treatment of patients in the participating countries. This analysis has highlighted the need for clinical practice improvement to ensure better evaluation of patients.

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