

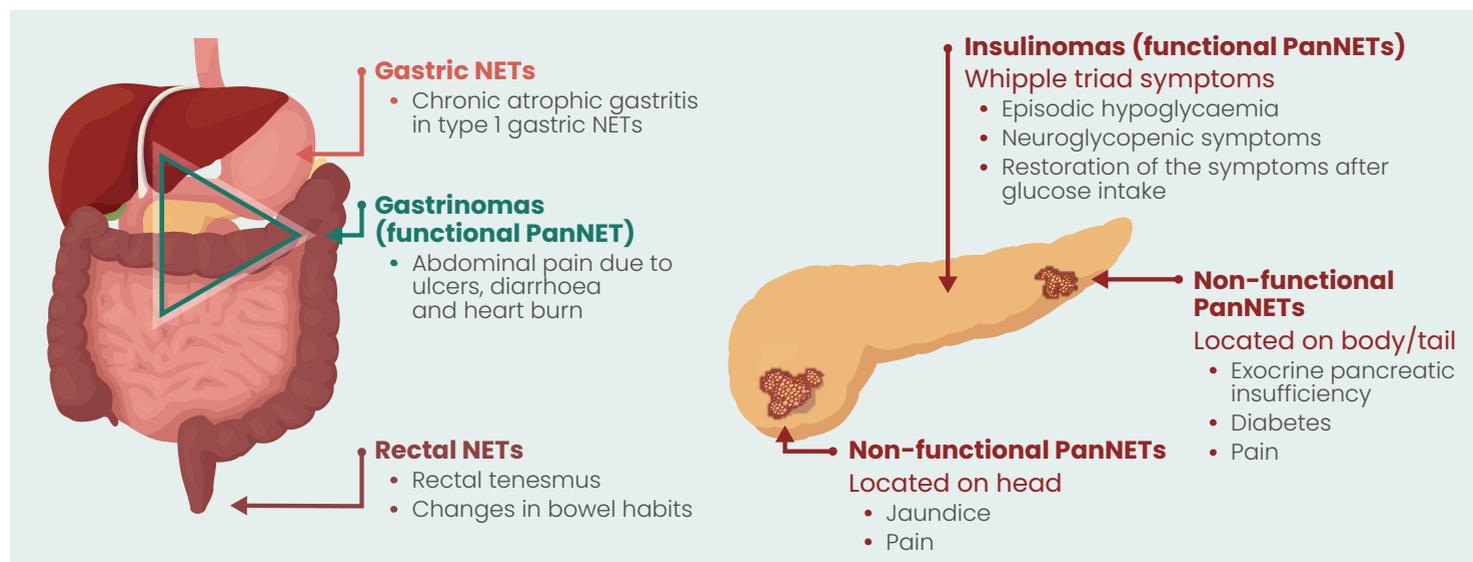
Recognising, Diagnosing & Managing Neuroendocrine Tumours

1. Recognising the symptoms of a potential pancreatic, gastric, rectal and appendiceal NET can be challenging as presentation may be heterogenous, depending on hormone secretion, size, and location, with many patients experiencing symptoms similar to those found in other conditions

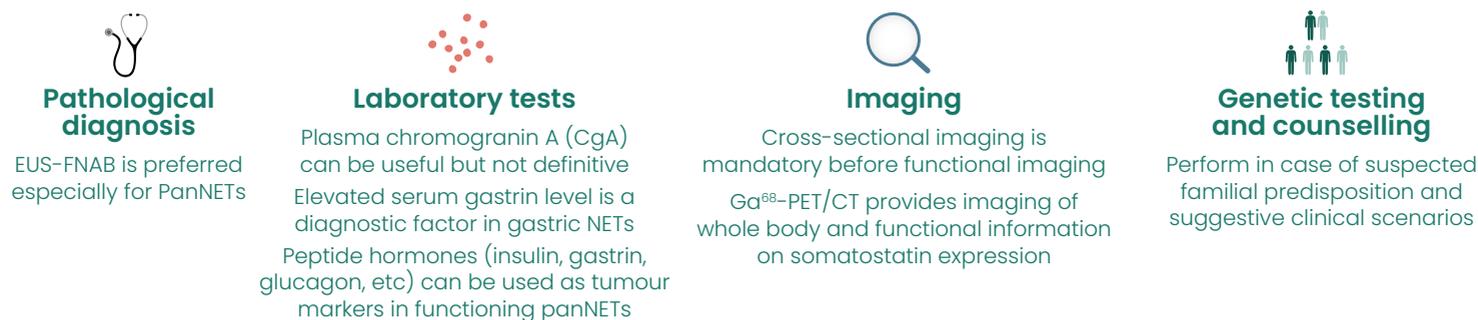
2. Steps to diagnosis include assessment of size, grade, and stage of the tumour, whether the tumour is hormone-secreting, and evaluation of predisposition due to an underlying hereditary syndrome (i.e., MEN1 syndrome, VHL syndrome, NFI syndrome, etc)

3. Referral to a NET centre of excellence is advised, to ensure comprehensive care by a multidisciplinary team, with access to advanced imaging techniques and innovative treatments

1 RECOGNISING SYMPTOMS

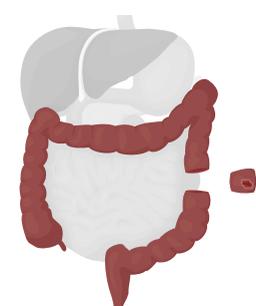


2 STEPS TO DIAGNOSIS



ADVISABLE TO REFER PATIENT TO NET CENTRE OF EXCELLENCE UPON CONFIRMED HISTOPATHOLOGICAL DIAGNOSIS

3 TUMOUR MANAGEMENT



Surgery or endoscopic resection are the mainstay of treatment for localised NETs

- PanNETs <2 cm in diameter should undergo active surveillance rather than surgical resection in the absence of worrisome features
- Gastrectomy should be avoided in type 1 GNET
- Rectal NETs <2cm can be locally excised, while >2cm NETs require total mesorectal excision. Localised rectal NETs should not be treated as rectal cancers with chemotherapy
- Appendiceal NETs up to 2 cm which have been fully resected via appendectomy might not require a right-sided hemicolectomy

CT, computed tomography; EUS-FNAB, endoscopic ultrasound fine-needle aspiration biopsy; Ga^{68} , gallium-68; GNET, gastric NET; NET, neuroendocrine tumour; NFI, neurofibromatosis 1; PanNET, pancreatic NET; VHL, von Hippel-Lindau.

Basuroy R, et al. Aliment Pharmacol Ther. 2014;39:1071-84; Caplin M, et al. Neuroendocrinology. 2012;95:88-97; Cives M, et al. CA Cancer J Clin. 2018;68:471-87; Falconi M, et al. Neuroendocrinology. 2012;95:120-34; Jensen R, et al. Neuroendocrinology. 2012;95:98-119.

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