



UKINETS bitesize guidance
Localisation of Functional Pancreatic Neuroendocrine Tumours

Localisation

Tumours may be small and require a number of imaging modalities to identify. These include triple phase CT, MRI, endoscopic US and SSR imaging such as ⁶⁸Ga dotatate PET CT

Additional
localisation
studies
(Insulinoma)

1. Selective arterial calcium sampling
2. Exendin PET CT (limited availability - Insulinoma)

Initial
medical
management

Insulinoma
Diet,
diazoxide

Gastrinoma
High dose
PPI

Glucagonoma
Diet, SSA

VIPoma
IV fluids,
SSA,
steroids

Somatostatinoma
SSA

PPoma
SSA

Genetic
testing

Consider if multiple primary tumours in multiple organs, age onset <40yrs, family history

(ENETS 2023 Guidance for Functioning Pancreatic Neuroendocrine Tumour Syndromes. J Neuroendocrinol 2023; 35)

**UKINETS bitesize guidance
Functional Pancreatic Neuroendocrine Tumours**

fPNET (rare pancreatic primary)

Carcinoid syndrome

ACTHoma

PTHrPoma

Calcitoninoma

GNRHoma

Features

Flushing
Diarrhoea
Bronchospasm

Cushing's
syndrome

High calcium
Low phosphate

Diarrhoea
Flushing

Acromegaly

Bloods

24hr urinary 5HIAA
Plasma 5HIAA

24hr urinary free
cortisol
Salivary cortisol
1mg ODT
ACTH

Raised PTHrP
Suppressed PTH

Calcitonin

IGF1
OGTT with
growth
hormone