UKINETS bitesize guidance
Pulmonary Neuroendocrine Neoplasms
Follow Up

PAGE 1 - FOLLOW UP ALGORITHM

**Surgical Resection**
- Typical Carcinoid (TC)
- Atypical Carcinoid (AC)

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**TC**
*Typical Carcinoid*

- Pathology stage pT1N0 or pT2N0

**AC**
*Atypical Carcinoid*

- Pathology stage >pT3N0
  - Node +ve
  - Primary >3cm
  - R1/R2 resection

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**POST OP BASELINE INVESTIGATIONS**
- CT Thorax Abdomen Pelvis
- Ga Dotatate PET scan (Octreotide scan)
- Baseline biochemistry
  - 5HIAA
  - Chromogranin A

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**No**
Follow Up

**Yes**
Follow Up

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**One of more of the following:**
- Ki-67 >5
- FDG PET SUVmax >4.0
- Lymphovascular or neurovascular invasion
- SIRT

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**Post op: Year 1 to 2**
- Clinical FU: 6 monthly
- Biochem FU: 6 monthly CgA*
- Radiology FU: 12 monthly CT TAP

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**Post op: Year 3 to 10**
- Clinical FU: 12 monthly
- Biochem FU: 12 monthly CgA*
- Radiology FU: 12 monthly CT TAP (24 monthly from Year 5)

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**Post op: Year 11 to 15**
- Clinical FU: 24 monthly
- Biochem FU: 24 monthly CgA*
- Radiology FU: 24 monthly CT TAP

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**Post op: Year 15 onwards**
- Patient reporting

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*optional dependant on local availability
For further notes, including references, please see the following pages...

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UK and Ireland Neuroendocrine Tumour Society
For more information, please visit our website: www.ukinets.org
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References (numbered in the figure)