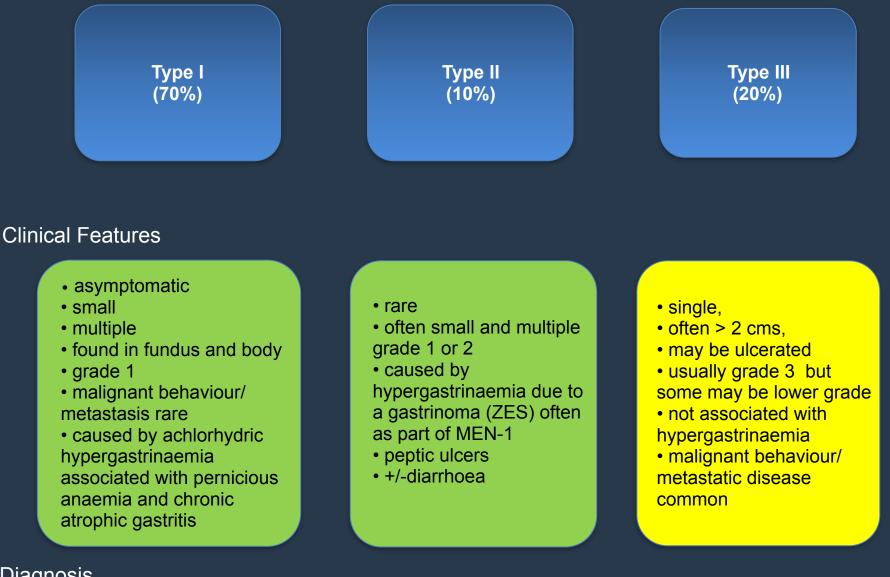
UKINETS bitesize guidance **Management of patients** with **Gastric Neuroendocrine** Neoplasm

PAGE 1 - DIAGNOSIS AND TREATMENT ALGORITHM



Diagnosis

- vitamin B12 (usually low)
- Hb and iron studies (IDA) common)
- anti-parietal cell antibodies (usually positive)
- fasting serum gastrin off PPI therapy (high)

 +/- gastric pH measurement during endoscopic assessment (pH>4)

- vitamin B12 (usually normal)
- Hb and iron studies (IDA common)
- anti-parietal cell antibodies (negative)
- fasting serum gastrin off PPI therapy (high) : substitute H2RA for 7 days, or do not stop PPI if felt high risk of peptic ulceration

 +/- gastric pH measurement during endoscopic assessment (pH<2)

biopsy

- full staging with CT (+/somatostatin receptor scintigraphy)
- FDG-PET

Management

- biopsy several of largest polyps and background stomach
- consider removal of polyps > 10 mm in size (ESD or EMR), consider EUS and CT assessment prior to removal
- surveillance OGD and screening for adenocarcinoma – biopsy background mucosa for dysplasia - every 1-2 years
- Preferably stop PPIs- will further increase gastrin and little rationale for ongoing treatment

- PPI +/- somatostatin analogues
- identify and remove gastrinoma where possible
- manage gastric polyps> 1cm as per type 1 GNENs
- operable disease: surgical resection following principles of managing adenocarcinoma
- lower grade tumours with no loco-regional spread (EUS): endoscopic removal by ESD (possibly EMR) may be considered
- systemic therapies are required for inoperable disease, choice is dictated by grade e.g. platinumbased chemo for G3, SSRA +/- PRRT



UK and Ireland Neuroendocrine Tumour Society

For more information, please visit our website: www.ukinets.org

UKINETS bitesize guidance Management of patients with Gastric Neuroendocrine Neoplasm

PAGE 2 - NOTES & REFERENCES

References

- 1. ENETs consensus management of patients with gastroduodenal neoplasms. Delle Fave et al. Neuroendocrinology 2012;95:74-87
- 2. The investigation and management of gastric neuroendocrine tumours. Basuroy R et al. AP&T 2014;39(10)1071-84

V.1 06/12/2018



UK and Ireland Neuroendocrine Tumour Society

For more information, please visit our website: www.ukinets.org