For further notes, including references, please see the following pages.

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**UKINETS bitesize guidance**

**Pulmonary Neuroendocrine Neoplasms**

**Diagnosis & Staging**

**PAGE 1 - DIAGNOSTIC & STAGING ALGORITHM**

- **Histology**
  - **Morphology**
  - **Grade**

- **IHC for Synaptophysin, Chromogranin and CD56**

- **Somatostatin Receptor Scintigraphy**
  - 68Ga-DOTATATE PET CT

- **DIPNECH**
  - Diffuse Idiopathic Pulmonary Neuroendocrine Cell Hyperplasia

- **TC**
  - Typical Carcinoid

- **AC**
  - Atypical Carcinoid

- **LC NEC**
  - Large Cell Neuroendocrine Carcinoma

- **Anatomical Staging**
  - **Resectable (Stages I-IIIA, Single Station N2)**
  - **Unresectable Locoregional (Stage IIIA/B/C)**
  - **Metastatic (Stage IV)**

- **Appropriate assessment of biochemistry**
  - Urinary 5-HIAA, serum cortisol, ACTH, GHRH, IGF-1
  - Potential genetic association (MEN-1)

- **18FDG PET CT**

- • *1: Use of Ki-67
  - (i) Ki-67 may be useful in biopsy in helping distinguish typical and atypical bronchial carcinoid from small cell lung cancer cytology.
  - (ii) Ki-67 does not reliably distinguish typical from atypical bronchial carcinoid in any material.
  - (iii) Ki-67 may help in predicting prognosis of typical and atypical bronchial carcinoid.
  - (iv) The optimal methodology for assessing and counting Ki-67 positive cells in bronchial neuroendocrine tumours remains unsettled.

- • SC NEC (SCLC): This diagnosis is excluded for the purpose of the algorithm as this disease is managed via the Lung Cancer MDT"


This document is based upon the Oxford ENETS Centre of Excellence Guidance produced by Professor Denis Talbot. UKINETS is grateful for permission to use and amend this guidance for national use.

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