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Pulmonary Neuroendocrine Neoplasms Diagnosis & Staging

PAGE 1 - DIAGNOSIS & STAGING ALGORITHM



Somatostatin Receptor Scintigraphy 68Ga-DOTATATE PET CT

¹⁸FDG PET CT

Anatomical Staging

- 1. Resectable (Stages I-IIIA, Single Station N2)
- 2. Unresectable Locoregional (Stage IIIA/B/C)
- 3. Metastatic (Stage IV)

Appropriate assessment of biochemistry

Urinary 5-HIAA, serum cortisol, ACTH, GHRH, IGF-1

Potential genetic association (MEN-1)

• * 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

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



UK and Ireland Neuroendocrine Tumour Society

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PAGE 2 - REFERENCES

References

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