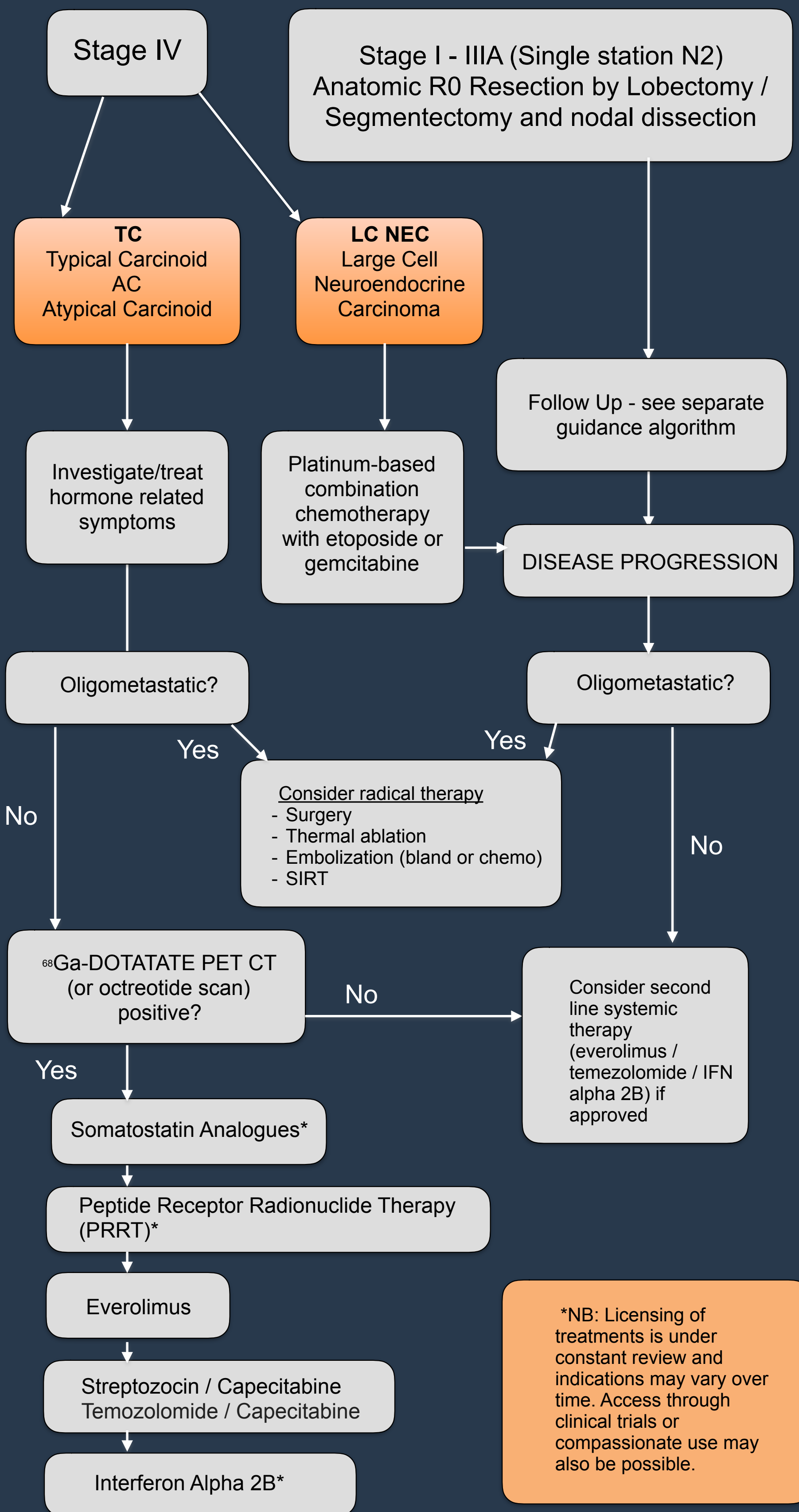


# UKINETS bitesize guidance

## Pulmonary Neuroendocrine Neoplasms Treatment

PAGE 1 - TREATMENT ALGORITHM



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



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## Pulmonary Neuroendocrine Neoplasms Treatment

PAGE 2 - NOTES & REFERENCES

### General Considerations

Owing to the low incidence compared with lung cancer, there are no clinical trial data to provide definitive guidance on post-operative management of Pulmonary NETs following complete resection. Expert consensus and recommendations are based on consideration of prognostic factors such as stage of disease, morphology and grade of disease<sup>1</sup>. It is, of course, essential to discuss fully the options of management with the patient. Currently the only licenced therapies are Everolimus and chemotherapy.

### Typical Carcinoid Tumours

Adjuvant treatment is not recommended following complete excision.

### Atypical Carcinoid Tumours

There is no evidence to support adjuvant treatment for fully resected (R0), node negative (N0) disease but a more intense post-operative follow up is recommended than for Typical Carcinoid Tumours. For node positive disease (N1-2), and/or high Ki67 and/or high mitotic index the risk of recurrence is greater and adjuvant treatment may be considered. Discussion with the patient regarding the lack of supporting evidence is important before adjuvant treatment is recommended.

### Large Cell Neuroendocrine Carcinomas

This WHO group has an increased risk of recurrence with behaviour similar to non-small cell lung cancer (NSCLC). Adjuvant cytotoxic chemotherapy is a reasonable option for node positive disease or for large tumours (at least 4cm) of any nodal stage.

### Choice of Chemotherapy

There is no evidence from which to infer the choice of chemotherapy regimen. Based on studies in NSCLC, the combination of etoposide and cisplatin is reasonable. Temozolomide and oxaliplatin combination therapy or everolimus may also be considered.

### References

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2. Rindi G, Klersy C, Inzani Fetal. Grading the neuroendocrine tumours of the lung: an evidence-based proposal. *Endocr Relat Cancer* 2013; 21: 1-16
3. Kayanil, Conry BG, Groves A Metal. A comparison of 68Ga-DOTATATE and 18F-FDG PET/CT in pulmonary neuroendocrine tumours. *J Nucl Med* 2009; 50(12): 1927-32

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