



Roma, 8-11 novembre 2018

NEN del pancreas: stato dell' arte



ITALIAN CHAPTER



TAKE HOME MESSAGES

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Conflitti di interesse



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Ai sensi dell'art. 3.3 sul conflitto di interessi, pag 17 del Regolamento Applicativo Stato-Regioni del 5/11/2009, dichiaro che negli ultimi 2 anni ho avuto rapporti diretti di finanziamento con i seguenti soggetti portatori di interessi commerciali in campo sanitario:

- Novartis
- Ipsen
- Bruno Farmaceutici



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Initial characterization of the patient and of the pathology



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Initial
characterization
of the patient

Integration between:

- **Pathological Status** (histology, grading, TNM, hormonal secretions)
- **Patient Status** (performance status, comorbidities, clinical evolution, social role)

Initial
characterization
of the pathology

- ❑ **The anatomopathological report** is of fundamental importance for the characterization of the pathology
- ❑ **A correctly quantified Ki67** is the first step for an appropriate treatment
- ❑ **Imaging :**
 - **Octreoscan® or Ga-68 PET/CT: G1-G2 NEN and G3 NEC** well differentiated or in some cases if they are high grade
 - **18F-FDG-PET/CT: G3-NEC**
 - **Octreoscan® or Ga-68 PET/CT + 18F-FDG-PET/CT:** limit in the forms not clearly defined.



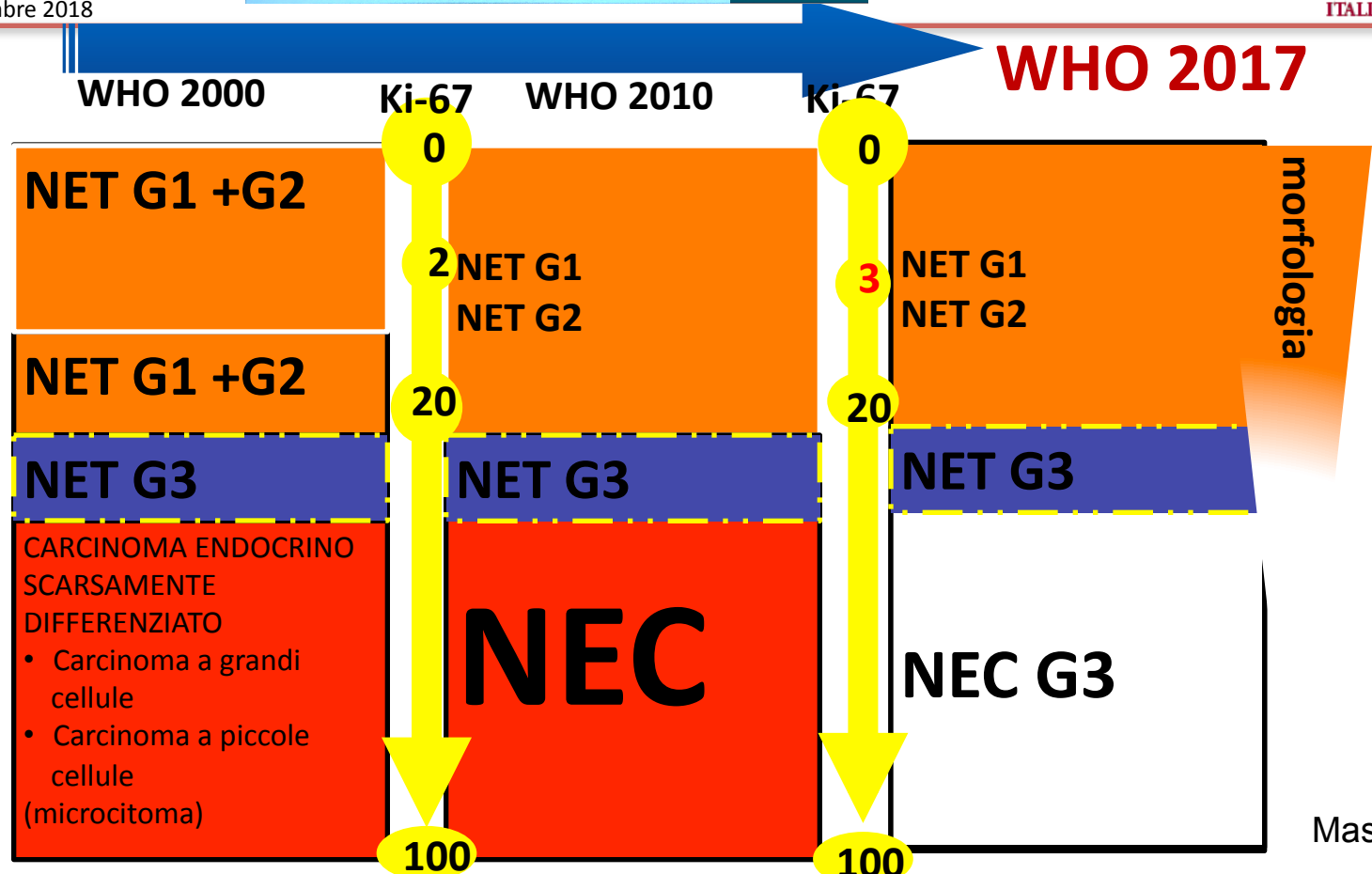
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Table 6.02 Comparison of the WHO classifications of pancreatic neuroendocrine neoplasms (PNEs)

WHO 1998	WHO 2000/2004	WHO 2010	WHO 2017
Islet cell tumour (adenoma/carcinoma)	Well-differentiated endocrine tumour/carcinoma (WDET/WDEC)	NET G1/G2	NET G1/G2/G3 (well-differentiated NET)
Poorly differentiated endocrine carcinoma	Poorly differentiated endocrine carcinoma / small cell carcinoma (PDEC)	NET (G3), large cell or small cell type	NET (G3), large cell or small cell type (poorly differentiated NET)
	Mixed exocrine-endocrine carcinoma (MEEC)	Mixed adeno-neuroendocrine carcinoma	Mixed neuroendocrine-non-neuroendocrine neoplasm
Pseudotumour lesions	Tumour-like lesions (TLLs)	Hyperplastic and preneoplastic lesions	



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Massimo Milione



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Clinical decisions according to the pathological picture: Dynamic risk stratification



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These are the components of the dynamic risk stratification



- Functionality
- Resecability (complete, R0)
- Primitive site
- Morphology and Grading, TNM Staging
- Bio-humoral markers
- Morphological imaging (CT – MRI)
- Functional imaging and receptor status (SRS, Ga-68 PET/CT, 18F-FDG-PET)
- State of the disease (stable, in progression)
- **QoL**
- **Life expectation**



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Interdisciplinary Discussion

What treatment/follow up?



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Endocrinology

Oncology

Pathology

Radiology

Nuclear Medicine

Gastroenterology-
Endoscopy

Surgery



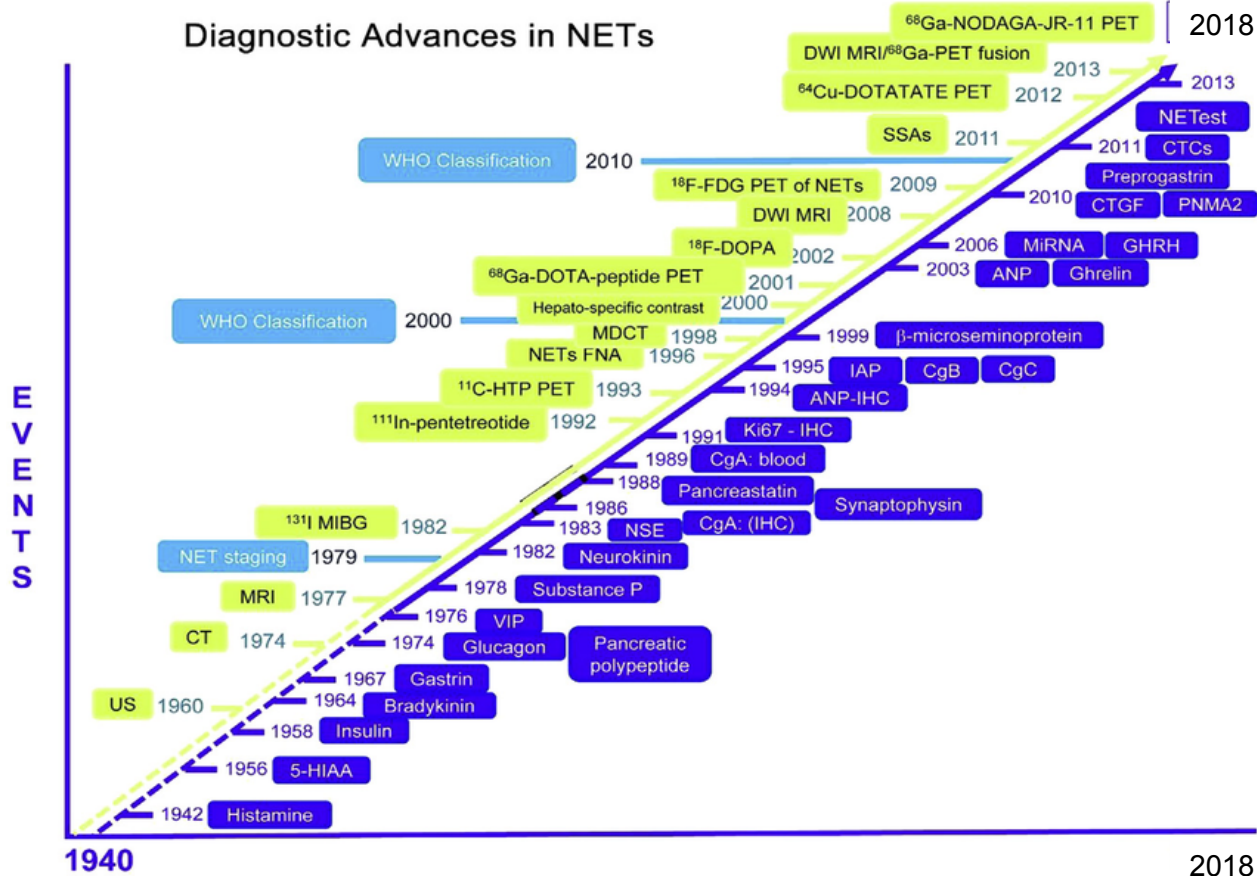


NEN pancreas: inquadramento clinico



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Sara Massironi



Valutazione iniziale: ruolo dell'endocrinologo nella possibile associazione con forme ereditarie



Clinical Practice Guideline

Clinical Practice Guidelines for Multiple Endocrine Neoplasia Type 1 (MEN1)

J Clin Endocrinol Metab 97: 2990–3011, 2012

MEN1: MANIFESTAZIONI CLINICHE

Type (chromosome location)	Tumors (estimated penetrance)	Gene, most frequently mutated codons
MEN1 (11q13)	<p>Parathyroid adenoma (90%)</p> <p>Enteropancreatic tumor (30–70%): gastrinoma (40%), insulinoma (10%), nonfunctioning and PPoma (20–55%), glucagonoma (<1%), VIPoma (<1%)</p> <p>Pituitary adenoma (30–40%): prolactinoma (20%), somatotropinoma (10%), corticotropinoma (<5%), nonfunctioning (<5%)</p> <p>Associated tumors: adrenal cortical tumor (40%), pheochromocytoma (<1%), bronchopulmonary NET (2%), thymic NET (2%), gastric NET (10%), lipomas (30%), angiofibromas (85%), collagenomas (70%), meningiomas (8%)</p>	<p><i>MEN1</i></p> <p>83/84, 4-bp del (≈4%)</p> <p>119, 3-bp del (≈3%)</p> <p>209–211, 4-bp del (≈8%)</p> <p>418, 3-bp del (≈4%)</p> <p>514–516, del or ins (≈7%)</p> <p>Intron 4 ss, (≈10%)</p>



POSITION STATEMENT

Italian Association of Clinical Endocrinologists (AME) position statement: a stepwise clinical approach to the diagnosis of gastroenteropancreatic neuroendocrine neoplasms

Franco Grimaldi · Nicola Fazio · Roberto Attanasio · Andrea Frasoldati · Enrico Papini · Francesco Angelini · Roberto Baldelli · Debora Berretti · Sara Bianchetti · Giancarlo Bizzarri · Marco Caputo · Roberto Castello · Nadia Cremonini · Anna Crescenzi · Maria Vittoria Davì · Angela Valentina D'Elia · Antongiulio Faggiano · Stefano Pizzolitto · Annibale Versari · Michele Zini · Guido Rindi · Kjell Öberg

We recommend chest-abdomen MDCT as the rou-

1. Stadiazione sistemica
2. Evolutività radiologica

ization of liver involvement.

We recommend the use of SSTR functional imaging for localization and staging of G1-G2 GEP-NENs.

We recommend PET/CT with ^{68}Ga -labeled SA as the procedure of choice. When not available, ^{111}In -pentetretotide (Octreoscan®) scintigraphy may be used.

We recommend against the routine use of ^{18}F -FDG PET/CT.

We suggest ^{18}F -FDG PET/CT for staging high grade (G3) and selected G2 GEP-NENs.

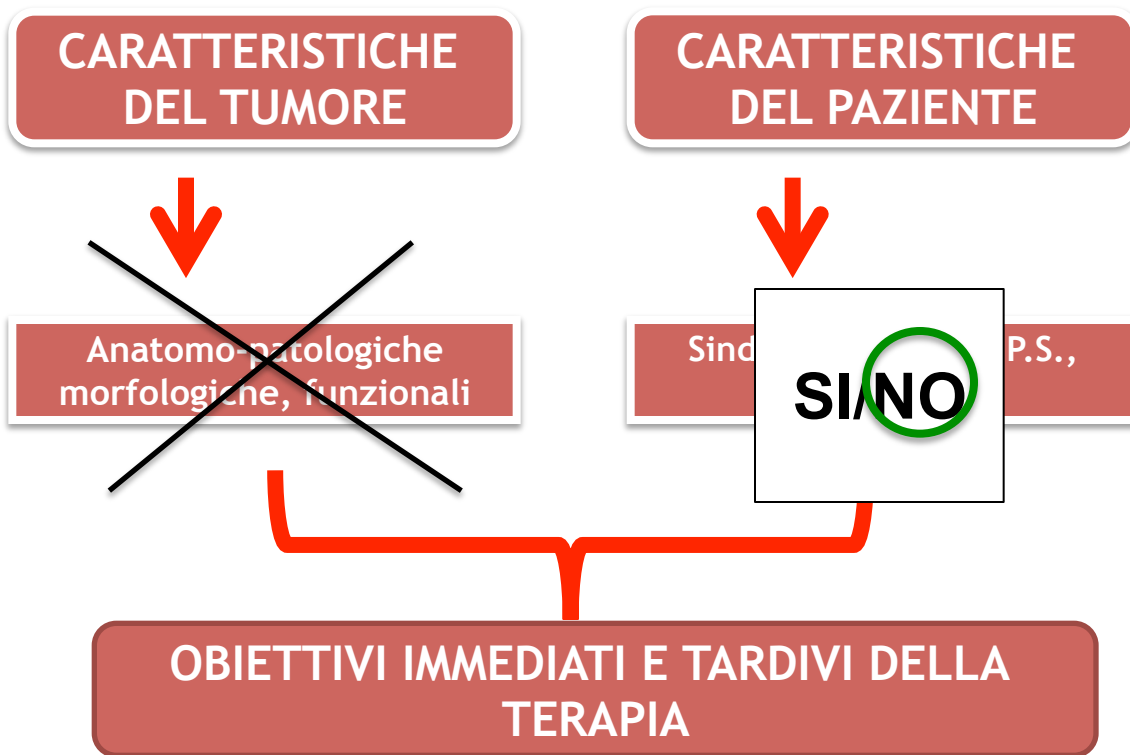


PanNET NF: strategia terapeutica



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TERAPIA MEDICA DEI PNET



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Evidenze scientifiche consistenti: studi positivi di fase III

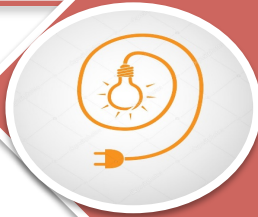
- Clarinet: Lanreotide nei GEP-NEN: P-NET
- Radiant 3: Everolimus nei P-NET
- Sunitinib: nei P-NET

- Terapia radiorecettoriale - PPRT

- Nuovo ruolo della chemioterapia: Temozolomide - Capecitabina



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In clinical practice the choice of a single therapeutic option should consider the global treatment strategy.

It is strongly advised to have a multidisciplinary discussion relative to the global therapeutic strategy, the response to the therapy and follow-up.

Take Home Messages



After the initial characterization of the patient and the tumor the immediate and long term treatment should be determined by a multidisciplinary consultation.



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Take Home Messages

The evaluation of treatment response can modify the initial prognostic risk, thus changing the therapeutic strategy towards second line treatment, if available, or increased monitoring



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GRAZIE PER L'ATTENZIONE



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