



# 1° Corso Nazionale di aggiornamento I PER[CORSI]AME

Roma, 9-11 Novembre 2012



## Gestione delle terapie biologiche nei pazienti con NET



### Caso clinico 1

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# Caso clinico

- M, 69 anni (comorbilità: ernia discale L4-L5 operata nell' 81, stent iliaco sn '09, ipertrofia prostatica)
- pz asintomatico, in corso di ecografia addome, riscontro incidentale di 2 lesioni (17-32mm) al V-VI segmento epatico, confermate alla RMN e eco con mdc, compatibili con HCC (ipervascolarizzate in fase arteriosa, rapido wash-out in fase venosa)



# Intervento chirurgico

(maggio 2009)

→ riscontro intra-operatorio di metastasi epatiche  
di NET ileale

→ resezione segmento ileale di 38 cm +  
linfoadenomectomia + resezione del V-VI segmento  
epatico + metastasectomia al II segmento e al ligamento  
falciforme + colecistectomia

# Esame istologico:

(maggio 2009)



Roma,  
9-11 novembre 2012

- **Carcinoma endocrino ileale ben differenziato multifocale**  
(2 formazioni nodulari di 0,6 e 0,8 cm), coinvolgimento sieroso, invasione vascolare e perineurale
- Ki 67 1%, cromogranina A +, sinaptofisina +, serotonina +
- metastasi in 1:16 linfonodi del meso ileale
- 4 metastasi epatiche: la maggiore di 2,7 cm in sottoglissoniana
- Ki 67 1%, cromogranina A+ , sinaptofisina +, serotonina +

# TNM classification and disease staging (ENETS/UICC)

## T-primary tumor

**TX** Primary tumor cannot be assessed

**TO** No evidence of primary tumor

**T1** Tumor invades mucosa or submucosa and size  $\leq 1$  cm

**T2** Tumor invades muscularis propria or size  $> 1$  cm

**T3** Tumor invades subserosa

**T4** Tumor invades peritoneum/other organs

## N -regional lymph nodes

**NX** Regional lymph nodes cannot be assessed

**NO** No regional lymph node metastasis

**N1** Regional lymph node metastasis

## M -distant metastasis

**MX** Distant metastasis cannot be assessed

**MO** No distant metastases

**M1** Distant metastasis

**Stage I** T1 NO MO

**Stage IIa** T2 NO MO

IIb T3 NO MO

**Stage IIIa** T4 NO MO

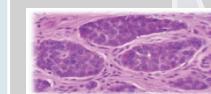
IIIb Any T N1 MO

**Stage IV** Any T Any N M1

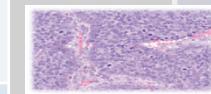
# Classificazione WHO dei GEP-NET

WHO 1980	WHO 2000	WHO 2010
Carcinoide	Tumore endocrino ben differenziato (WDET) <sup>a</sup>	NET G1 (carcinoide) <sup>b</sup>
	Carcinoma endocrino ben differenziato (WDEC) <sup>a</sup>	NET G2 <sup>b</sup>
Modificato da (1)	Tumore endocrino poco differenziato/ carcinoma a piccole cellule (PDEC)	NEC (tipo a larghe cellule o a piccole cellule) <sup>b,c</sup>

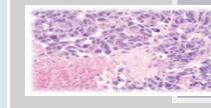
## Prognosi dei pazienti



Buona



Negativa



Modificato da (2,3)

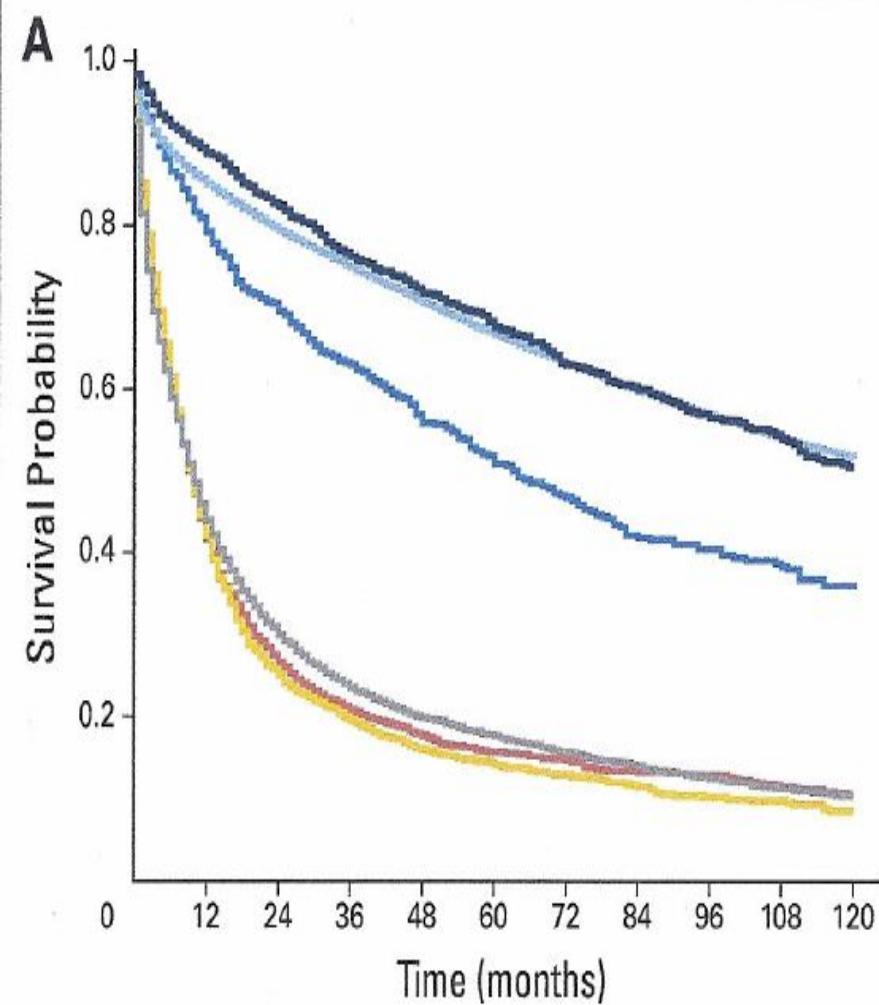
## Criteri di grading istopatologico (1,4,5)

G1	<2 mitosi x 10 HPF e/o <2% Ki-67
G2	2-20 mitosi x 10 HPF e/o 3-20% Ki-67
G3	>20 mitosi x 10 HPF e/o >20% Ki-67

Elaborazione da (1,4,5)

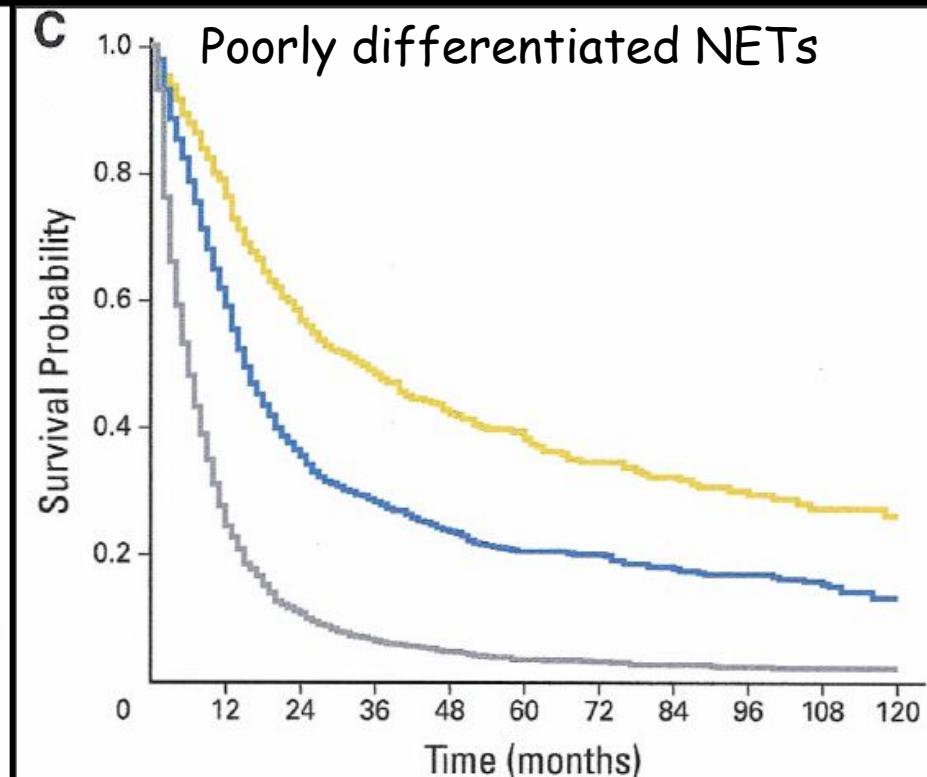
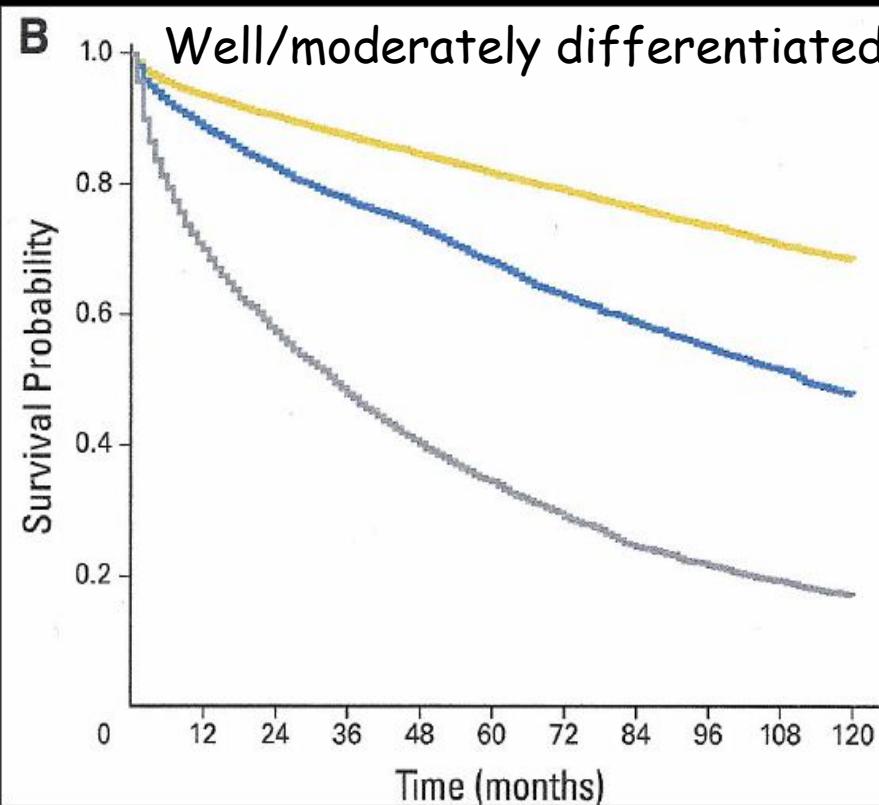
1. Bosman FT, et al. WHO Classification of Tumours of the Digestive System, Fourth Edition, p. 13-14, 2010; 2. Strosberg JR, et al. Gastrointest Cancer Res 2008; 2(3): 113-25. 3.Pape UF et al. Cancer 2008;113:256-65; 4. Rindi G, et al. Virchows Arch 2006; 449: 395-401; 5. Rindi G, et al. Virchows Arch 2007; 451: 757-62.

# Survival duration by histology



	Median Survival	
	Months	95%CI
Carcinoid/islet cell: well-differentiated	124	101 to 147
Carcinoid/islet cell: unspecified grade	129	124 to 134
Carcinoid/islet cell: moderately differentiated	64	56 to 72
Neuroendocrine: poorly differentiated	10	9 to 11
Neuroendocrine: anaplastic	10	9 to 11
Neuroendocrine: unspecified grade	10	9 to 11

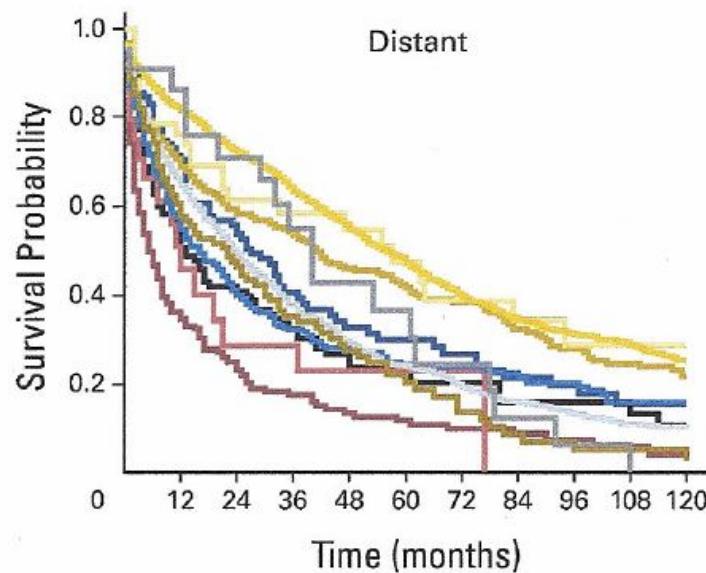
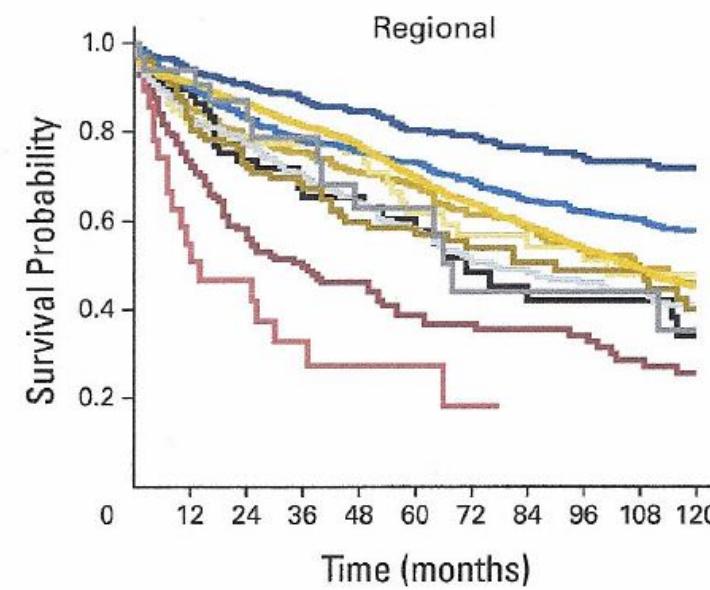
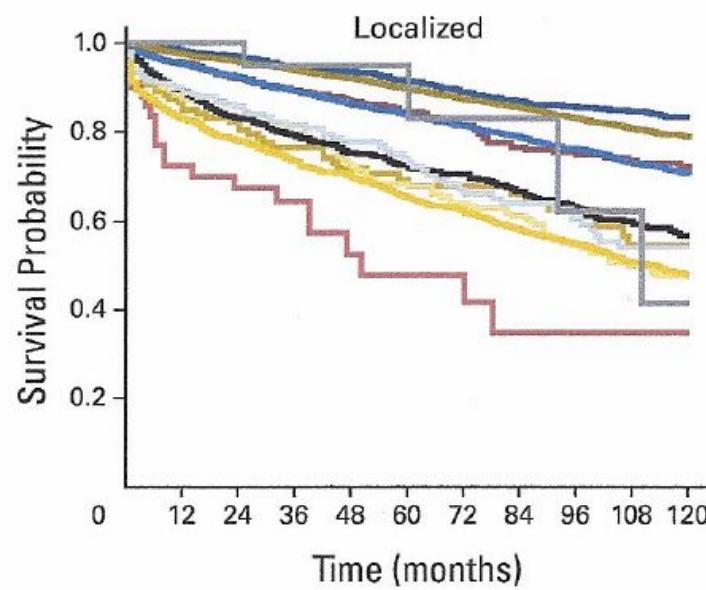
# Survival duration by histology and stage



Median Survival		
	Months	95%CI
Localized	223	208 to 238
Regional	111	104 to 118
Distant	33	31 to 35

Median Survival		
	Months	95%CI
Localized	34	27 to 41
Regional	14	13 to 15
Distant	5	4.5 to 5.5

# Survival duration by primary tumor site

**A**


Color	Site	Median Survival (months)		
		Localized	Regional	Distant
Blue	Appendix	>360	>360	27
Yellow	Cecum	135	107	41
Purple	Colon	261	36	5
Light Blue	Duodenum	107	101	57
Black	Gastric	154	71	13
Red	Liver	50	14	12
Dark Blue	Lung	227	154	16
Grey	Pancreas	136	77	24
Dark Yellow	Rectum	290	90	22
Gold	Small bowel	111	105	56
Light Grey	Thymus	110	68	40

# 1° follow up

(sett. 2009)



Roma,  
9-11 novembre 2012

- Karnofsky 100%
- Cromogranina A: 42 ng/ml (v.n. 19-98)
- 5-HIAA: 4,2 mg/24 h (v.n. 2-7)

# PET-CT-<sup>68</sup>GA-DOTANOC

(4-11-09)

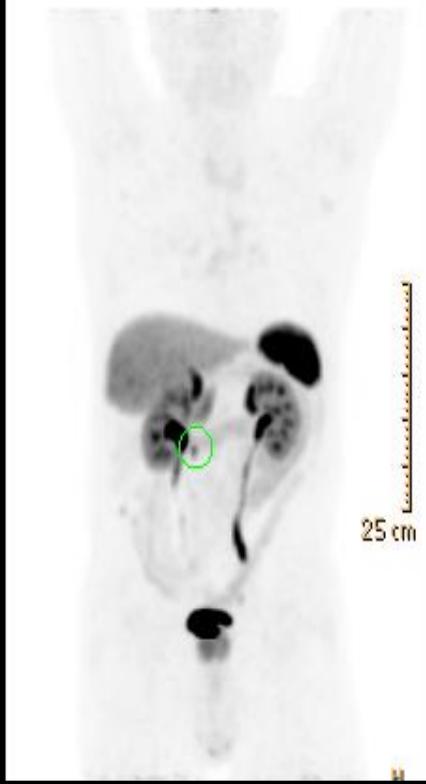


Roma,  
9-11 novembre 2012

[WB\_CTAC] Body  
11/4/2009

PT: [WB\_CTAC] Body  
CT: Body-Low Dose CT  
PT: 11/4/2009  
CT: 11/4/2009

Body-Low Dose CT  
11/4/2009



piccolo linfonodo mesenteriale in regione mesogastrica ds  
ipercaptante

# Terapia consigliata

(novembre 2009)

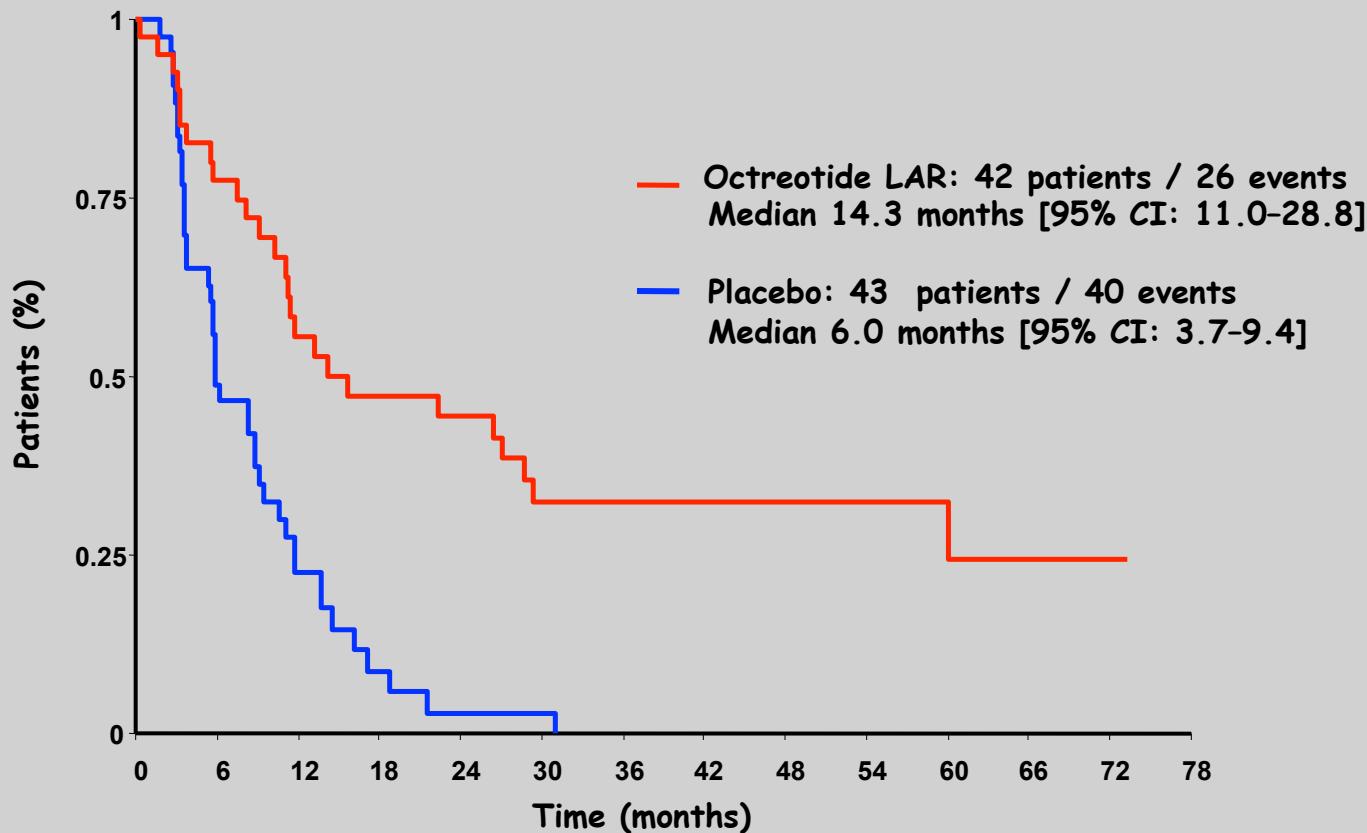


Roma,  
9-11 novembre 2012

- Octreotide s.c. 0,1 mg 1 fl x 2/die s.c. x 7 gg
- Octreotide LAR 20 mg 1 fl/28 gg i.m.
- Controllo TAC addome dopo 6 mesi: linfonodo mesenteriale (9 mm) stazionario
- Prosegue octreotide LAR → 30 mg/28 gg

# Octreotide LAR 30 mg significantly prolongs time to tumor progression compared with placebo

66% reduction in the risk of tumour progression  
 $HR = 0.34$  [95% CI: 0.20-0.59]  $P=0.000072$



Neuroendocrinology 2012

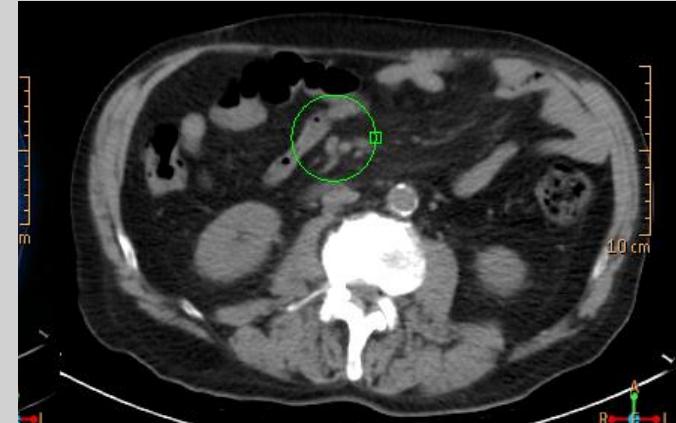
## ENETS Consensus Guidelines

*Medical therapy in advanced disease:  
Antiproliferative Treatment  
Somatostatin Analogues (SSA)*

- ✓ In functioning and non-functioning midgut tumors
- ✓ First-line therapy in non-functioning, progressive, small intestinal G1 NET
- ✓ In individual cases of midgut NET G2, alternative therapies to SSA may be considered

# Follow up successivo

SD: nov.2009 → sett.2011:



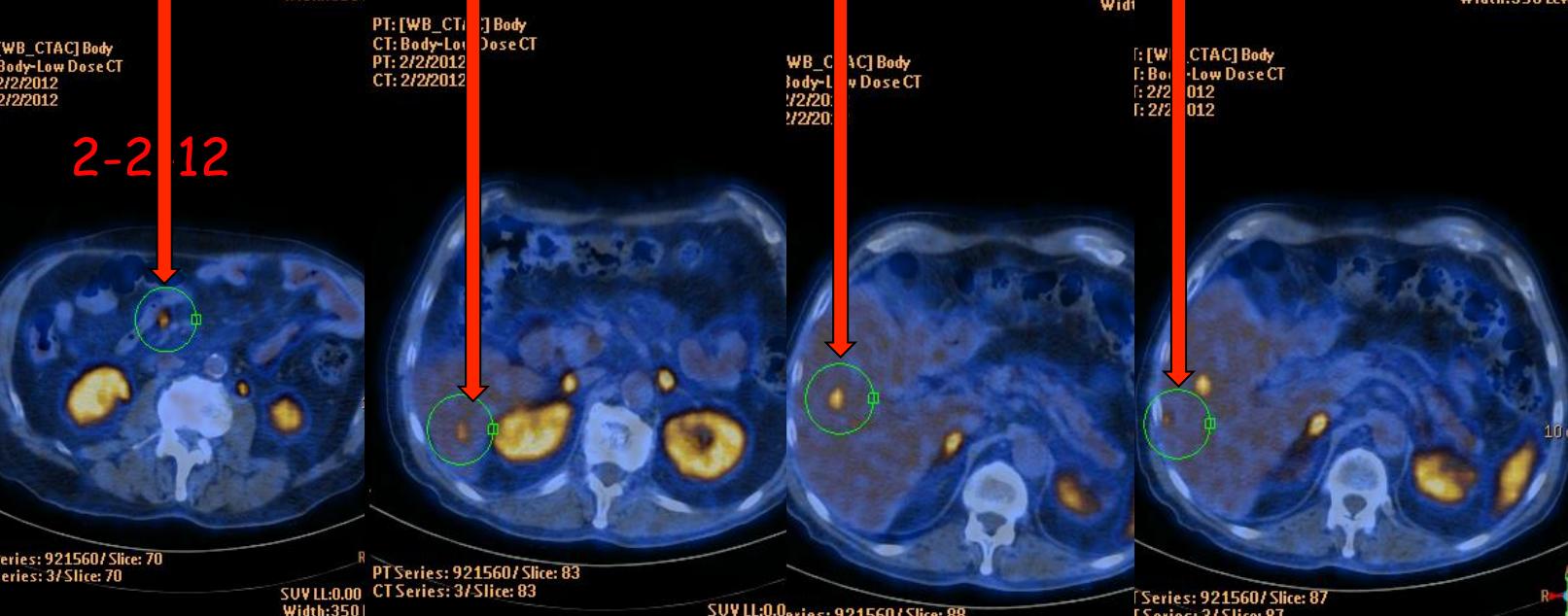
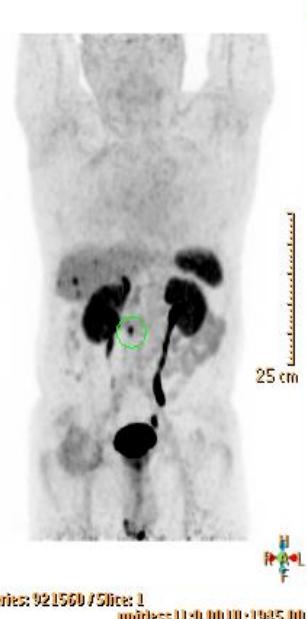
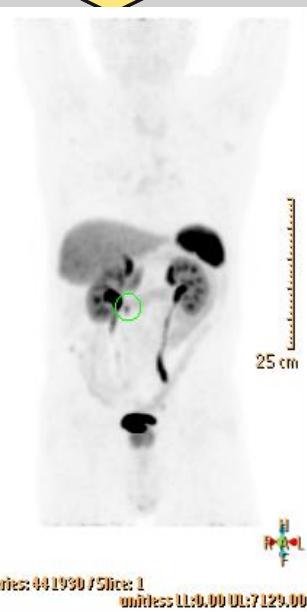
# Follow up

(Feb..2012)



Roma,  
9-11 novembre 2012

- Karnofsky 100%
- Cromogranina A 132 ng/ml (v.n. 19-98)
- 5-HIAA: nella norma
- PET-CT-<sup>68</sup>GA-DOTANOC: comparsa di almeno 4 metastasi al lobo epatico ds

PET-CT- $^{68}\text{GA-DOTANOC}$ 

# Net ileale G1 in progressione epatica quale trattamento?



Roma,  
9-11 novembre 2012

1. Aumento dosaggio/intervalli di octreotide
2. Terapia radiometabolica con  $^{90}\text{Y}$ -dotatoc o  $^{177}\text{Lu}$ -dotataate
3. HAE/TACE
4. Everolimus
5. Chemioterapia

# Cosa abbiamo fatto....

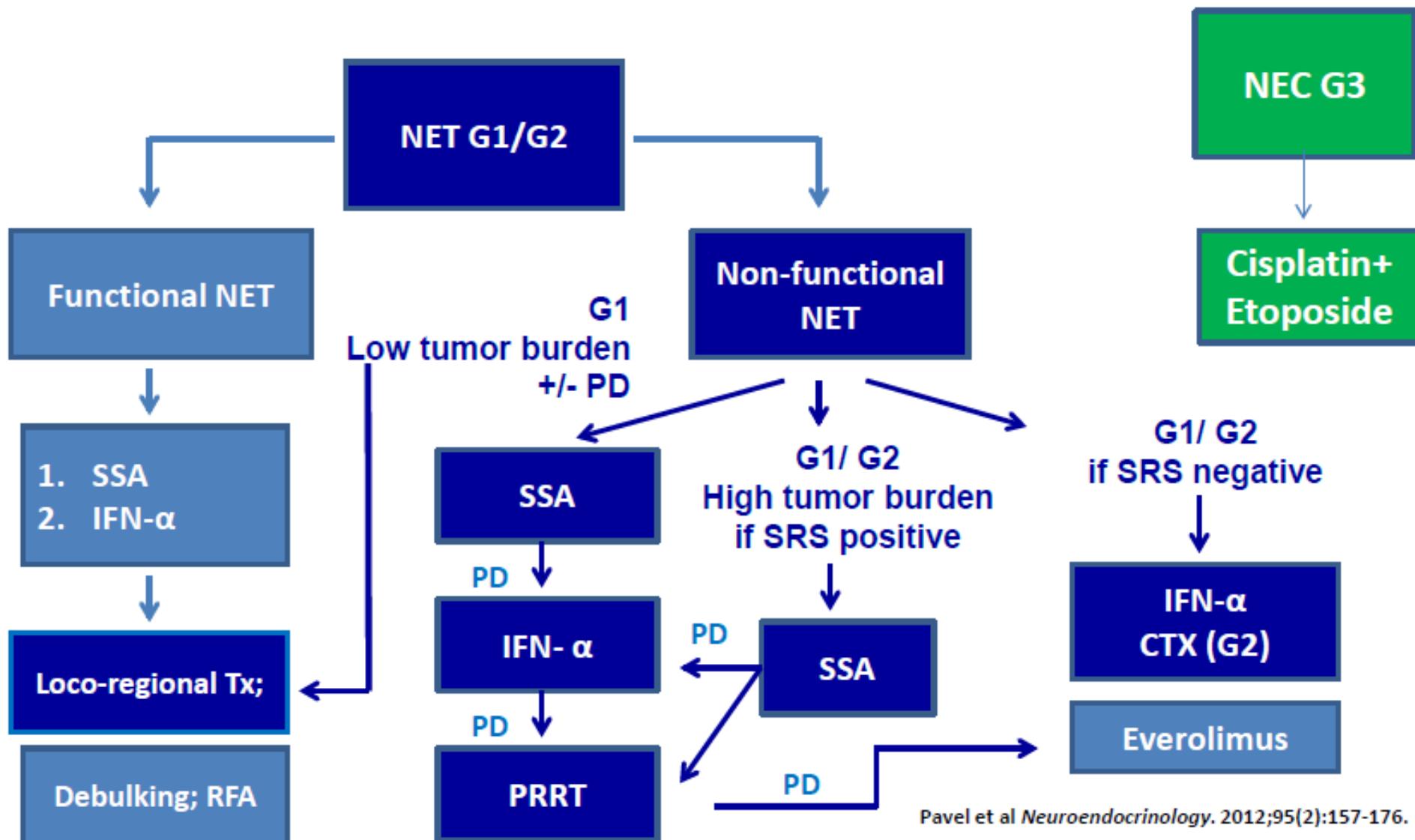


Roma,  
9-11 novembre 2012

- Continua octreotide LAR 30 mg/28 gg
- $^{177}\text{Lu}$ -dotataate 4 cicli: da 04/12 a 09/12 attivita' cumulativa 700 mC

# Pharmacological Therapy in Metastatic Nonresectable Intestinal NET

## ENETS Consensus Guidelines 2011





10 Novembre 2012  
Giornata mondiale  
dei tumori neuroendocrini