

NEUROENDOCRINE CANCER

An overview for Gastroenterologists

KEY FACTS

- **Neuroendocrine cancers, often referred to as neuroendocrine neoplasms (NENs), are now the second most prevalent GI cancers and the 10th most prevalent cancers in England.(1)**
- **There are challenges to diagnosing NENs** because individual symptoms may mimic or be masked by more common conditions such as IBS. This can also be exacerbated by a perceived pressure to discharge patients with these symptoms who have had a normal gastroscopy and colonoscopy.(2)
- **Many gastrointestinal NEN patients are initially misdiagnosed and treated for the wrong disease.**
- **CT and MR imaging can assist in detecting NENs in symptomatic patients where a diagnosis has not been established by endoscopic or other means.** Clinical features that may suggest a need for further investigations, such as contrast-enhanced abdominal CT scan, may include persistent symptoms (e.g. diarrhoea or abdominal pain), new onset of symptoms in older patients in whom a new diagnosis of IBS is less likely, the presence of one or more carcinoid syndrome symptoms (facial flushing, diarrhoea, bronchospasm), weight loss or bowel obstructive symptoms.(2)
- **The diagnosis of neuroendocrine cancer can significantly and negatively impact the quality of life for patients (and their families).** This is due to multiple factors, including the effects of a new cancer diagnosis, potential tumour-associated hormonal symptoms, information, and diagnostic barriers and delays, alongside an often incurable and uncertain prognosis.(3)
- **Diagnosing patients earlier is life-changing because treatments can improve the prognosis and symptoms even in the presence of metastatic disease.**

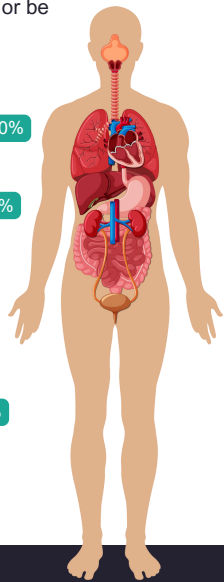
Lung / Bronchus: 20-30%

Digestive System: 60%

Stomach: 5%
Pancreas: 10%
Small Intestine: 5-25%
Colon: 13%
Rectum: 10-25%

Other Locations: 15%

Skin
Thymus
Ovary



Neuroendocrine cancers may develop almost anywhere in the body, most commonly within the respiratory or digestive tracts (GI tract /pancreas).

The likely locations of Neuroendocrine Cancer. (5)



DEFINITION OF NEUROENDOCRINE CANCER

Neuroendocrine neoplasms (NENs) are a heterogeneous group of cancers that arise in the neuroendocrine cells. The WHO has defined two principal subtypes:

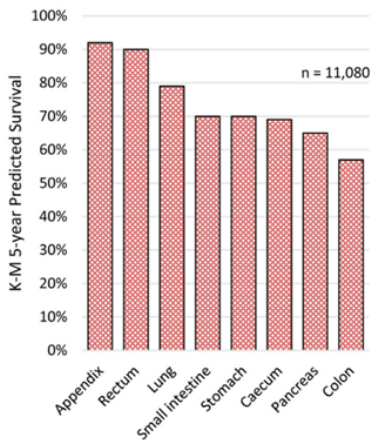
Neuroendocrine Tumours (NETs) and Neuroendocrine Carcinomas (NECs).
Both subtypes are considered malignant tumours.

Neuroendocrine tumours (NETs)	Neuroendocrine carcinomas (NECs)
<ul style="list-style-type: none"> • Two-thirds of NENs are NETs ~70% • Well-differentiated • Slow to rapid growth - Graded 1-3 • Relatively good prognosis • May present/develop site- associated hormone syndrome 	<ul style="list-style-type: none"> • One-third of NENs are NECs ~30% • Poorly differentiated • Rapid growth - Grade 3 • Poor prognosis • May present/develop paraneoplastic syndrome

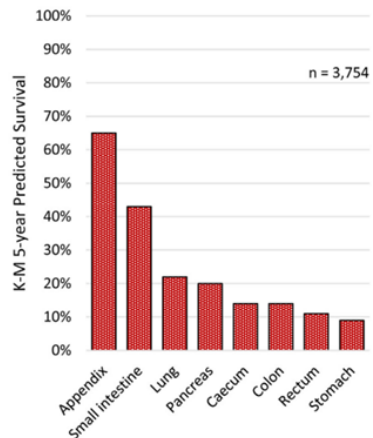
- Neuroendocrine neoplasms arising from the digestive tract are referred to as gastro-entero-pancreatic NENs (GEP-NENs), accounting for over 60% of NENs(4).
- The respiratory system represents the disease site in 20-30% of patients, and less commonly affected areas include skin, thymus, and reproductive system structures, such as the ovaries.

Determining whether patients have NETs or NECs is of vital importance, as this can have a significant impact on prognosis as well as treatment planning.(6) There are significant differences in 5-year survival of NETs and NECs.(7)

(A) Neuroendocrine tumours



(B) Neuroendocrine carcinoma





NENs are not as rare as you may think

“Most gastroenterologists will intermittently diagnose new cases of NET and, in addition, they are likely to regularly encounter patients who have established NET diagnoses.”(2)

- Between 1995-2018 the incidence of NENs has risen 371%: age-adjusted incidence increases from 2.35 to 8.61 per 100,000.(1)
- Neuroendocrine neoplasms have a higher prevalence than incidence: incidence ~ 9 per 100,000(1), prevalence ~ 35 per 100,000.(8)

CLINICAL PRESENTATION

- Diagnosing NENs is challenging, with data and patient experience reports indicating an average time to diagnosis of 3 years.(2)
- Symptoms may mimic or be masked by more common conditions such as IBS, Asthma or Menopause.(9)
- Routine tests may not raise suspicion or diagnosis of NENs, e.g. small bowel NENs may have negative endoscopy and normal FBC and CEA despite bowel symptoms.
- Symptoms may be tumour and hormone excess related. However, many may be asymptomatic at early stages, found incidentally through screening or other tests.
- Those with functioning tumours can have specific symptoms. For example, those with carcinoid syndrome may present with the classical triad of diarrhoea, flushing and wheezing.
- More than 50% of all cases will have Stage III-IV disease at the time of diagnosis.(10)
- In contrast to most other GI cancers, some patients with widespread stage 4 NETs have a relatively good prognosis, especially when the tumour is grade 1.

THINGS TO LOOK OUT FOR THAT COULD BE INDICATIVE OF NEUROENDOCRINE NEOPLASMS

- Peptic Ulcers (especially if unusual in size or number) in patients with no apparent cause, such as H. pylori infection or aspirin/NSAID use and with an incomplete response to standard doses of PPIs.
- Continuing abdominal pain
- Small amounts of weight loss
- Minimal response to routine medications such as loperamide or antispasmodics
- Symptoms similar to those caused by any tumour at a particular anatomical site (e.g. small bowel obstruction)
- General symptoms associated with a metastatic tumour (e.g. weight loss, fatigue).



USEFUL INVESTIGATIONS FOR DIAGNOSING NEUROENDOCRINE NEOPLASMS

- For people with persistent, troublesome, particularly watery diarrhoea for whom the standard tests have not confirmed a diagnosis, consider a functional NET and arrange a Gut Hormone Profile and measurement of plasma/urinary 5-HIAA.(11)
- Chromogranin A is the most useful general biomarker for NENs but is not completely sensitive or specific. It is helpful for patients with confirmed NEN but shouldn't be used as a screening test.
- Unusual-looking polyps in the stomach, duodenum, or rectum that could potentially be NENs should initially be biopsied rather than being removed at the time of the initial endoscopy. If a NEN is histologically confirmed, full tumour characterisation and staging are required to determine the optimal treatment plan.
- CT and MR imaging are useful for patients with persistent abdominal pain and diarrhoea and will often detect previously undiagnosed NENs. However, they will not necessarily demonstrate the full extent of the disease.
- Nuclear medicine scans (e.g. Ga DOTATATE PET/CT and FDG-PET/CT), whilst not available in every hospital, can be very useful for determining the full extent of the disease and the optimal treatment plan and these should be considered before proceeding to treatment unless it is an emergency.
- Refer patients with a confirmed or highly suspected diagnosis of NET/NEC to your local NET MDT or Centre of Excellence.

SPOTLIGHT ON NEUROENDOCRINE CANCER IS A COLLABORATION BETWEEN UKINETS & NEUROENDOCRINE CANCER UK



Clinical guidelines are available - alongside expert advice from any one of 14 UK accredited European Centres for Neuroendocrine Cancer - should NENs be suspected/diagnosed: UKINETS: www.ukinets.org ENETS: www.enets.org



Patient-facing and HCP information, education and support is available from Neuroendocrine Cancer UK Office: 01926 883487 | Helpline: 0800 434 6476

THE NEUROENDOCRINE CANCER UK STAKEHOLDER GROUP RECOMMENDED "NEUROENDOCRINE CANCER PATHWAY" LAUNCHED JUNE 2023. VISIT WWW.NEUROENDOCRINECANCER.ORG.UK FOR MORE INFORMATION AND THE LATEST UPDATES.

References

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11. More details in the BSG Guidelines for the investigation of chronic diarrhoea.