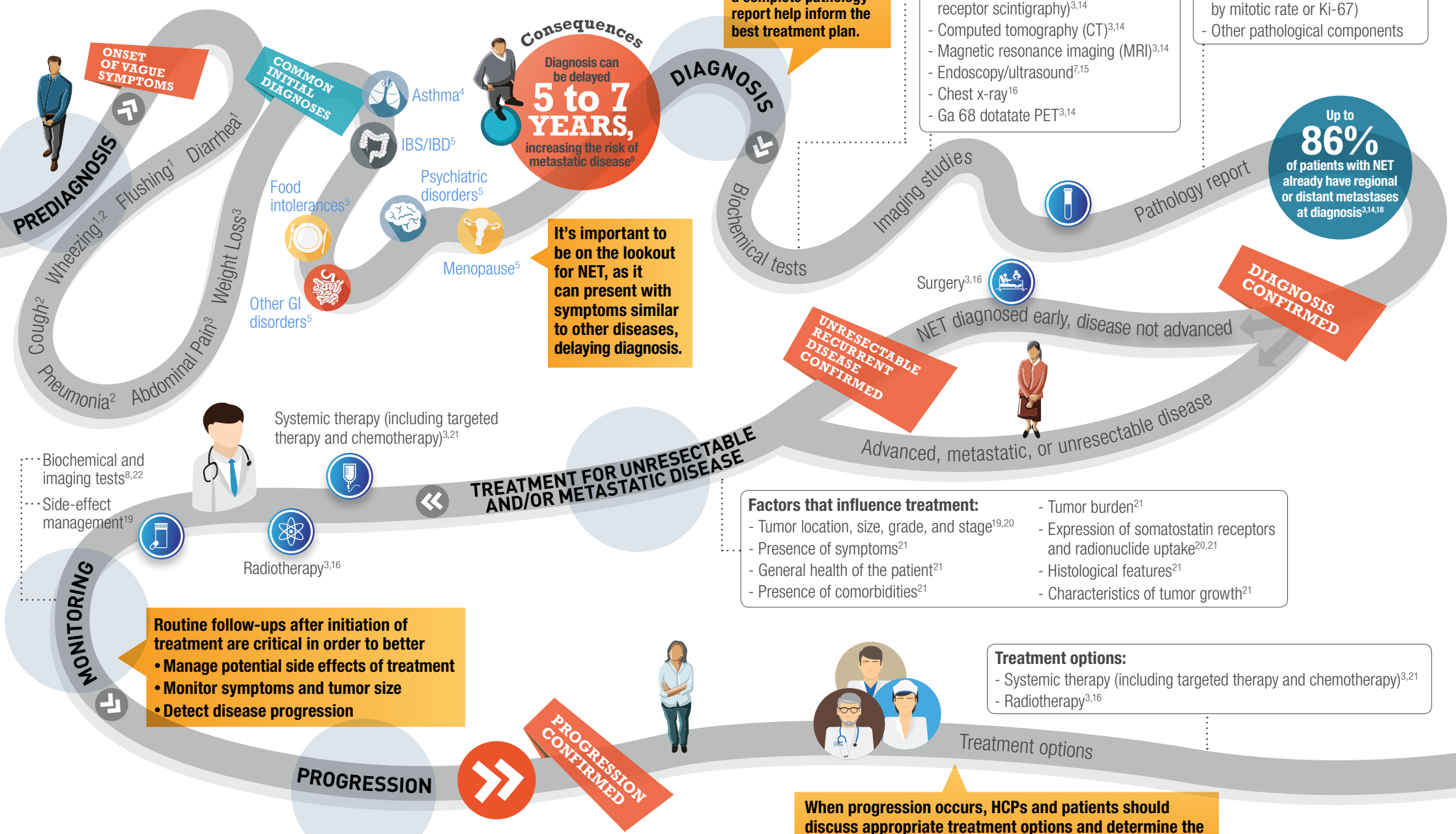


# The Clinical Path of Neuroendocrine Tumors

From initial diagnosis to treatment to disease progression, the journey for a patient with neuroendocrine tumors (NET) can be a long and difficult road. HCPs play a critical role in their care and in the management of their disease.



**Biochemical tests:**

- 5-HIAA<sup>7-9</sup>
- CgA<sup>10,11</sup>
- Synaptophysin<sup>12</sup>
- NSE<sup>11,13</sup>

**Imaging studies:**

- Octreoscan™ (somatostatin receptor scintigraphy)<sup>3,14</sup>
- Computed tomography (CT)<sup>3,14</sup>
- Magnetic resonance imaging (MRI)<sup>3,14</sup>
- Endoscopy/ultrasound<sup>7,15</sup>
- Chest x-ray<sup>16</sup>
- Ga 68 dotatate PET<sup>3,14</sup>

**Pathology report<sup>17</sup>:**

- Site of origin
- Diagnosis
- Histological features
- IHC staining
- Grade (proliferation, determined by mitotic rate or Ki-67)
- Other pathological components

**Consequences**

Diagnosis can be delayed **5 to 7 YEARS**, increasing the risk of metastatic disease<sup>6</sup>

**It's important to be on the lookout for NET, as it can present with symptoms similar to other diseases, delaying diagnosis.**

**Up to 86%** of patients with NET already have regional or distant metastases at diagnosis<sup>3,14,18</sup>

**UNRESECTABLE RECURRENT DISEASE CONFIRMED**

NET diagnosed early, disease not advanced

**DIAGNOSIS CONFIRMED**

Advanced, metastatic, or unresectable disease

**TREATMENT FOR UNRESECTABLE AND/OR METASTATIC DISEASE**

**Factors that influence treatment:**

- Tumor location, size, grade, and stage<sup>19,20</sup>
- Presence of symptoms<sup>21</sup>
- General health of the patient<sup>21</sup>
- Presence of comorbidities<sup>21</sup>
- Tumor burden<sup>21</sup>
- Expression of somatostatin receptors and radionuclide uptake<sup>20,21</sup>
- Histological features<sup>21</sup>
- Characteristics of tumor growth<sup>21</sup>

**Treatment options:**

- Systemic therapy (including targeted therapy and chemotherapy)<sup>3,21</sup>
- Radiotherapy<sup>3,16</sup>

**Routine follow-ups after initiation of treatment are critical in order to better**

- Manage potential side effects of treatment
- Monitor symptoms and tumor size
- Detect disease progression

**When progression occurs, HCPs and patients should discuss appropriate treatment options and determine the best course of action moving forward. Treatment options may vary depending on the stage of the disease.**

Abbreviations: CgA, chromogranin A; GI, gastrointestinal; IHC, immunohistochemical; HCPs, health care professionals; 5-HIAA, 5-hydroxyindoleacetic acid; IBD, inflammatory bowel disease; IBS, irritable bowel syndrome; NSE, neuron-specific enolase; PRRT, peptide receptor radionuclide therapy.  
**Octreoscan** is a trademark of Curium.

Discover more in-depth resources to support your NET clinical practice, from diagnosis to disease progression

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