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.

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

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; BS, bile duct/pancreas; NSE, neuron-specific enolase; PRRT, peptide receptor radionuclide therapy.

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Up to 86% of patients with NET already have regional or distant metastases at diagnosis3,14,18

Factors that influence treatment:
- Tumor location, size, grade, and stage19,20
- Presence of symptoms21
- General health of the patient21
- Presence of comorbidities21
- Expression of somatostatin receptors and radionuclide uptake20,21
- Histological features21
- Characteristics of tumor growth21

Treatment options:
- Systemic therapy (including targeted therapy and chemotherapy)3,21
- Radiotherapy3,16