

# Predicting Survival of Small Intestine Neuroendocrine Tumors (NETs): Experiences from a Major Referral Center

CLICK TO GO BACK TO KIOSK MENU

Susheian Kelly, Jeffrey Aalberg, Alexandra Agathis, Katherine Phillips, Kenneth Haines,, Michelle Kim, Celia Divino

Department of Surgery, The Mount Sinai Hospital, New York, NY, 10029



## BACKGROUND

- Small intestine NETs (SI-NETs) account for 41.8% of all gastrointestinal malignancies
- There is lack of formal prognostic tools for guiding management decisions and for counseling patients
- The NET nomogram, developed by Modlin et al, has prognostic significance but has not been validated in the US
- This is the first external validation of this nomogram in US patients from an urban tertiary referral center

## METHODS

- Retrospective chart review of SI-NET patients at Mount Sinai's Center for Carcinoid and NETs
- Inclusion: diagnosis 2005-2017, biopsy confirmation, surgical resection
- Variables were selected and categorized according to the methods outlined by Modlin et al
- Wilcoxon test and Cox regression was used to validate the nomogram

## RESULTS

- Our analysis of 121 patients showed that the NET nomogram significantly predicted survival (p=0.01)
- Wilcoxon test demonstrated statistically significant differences in nomogram scores between alive and deceased patients (p=0.0096)
- The nomogram was also useful for stratifying patients into low risk (<83 points) vs high risk (>83 points) groups (p=0.01)
- Clinical utility of the nomogram was limited by biomarker availability and inconsistencies in grading and staging classifications.

## CONCLUSIONS

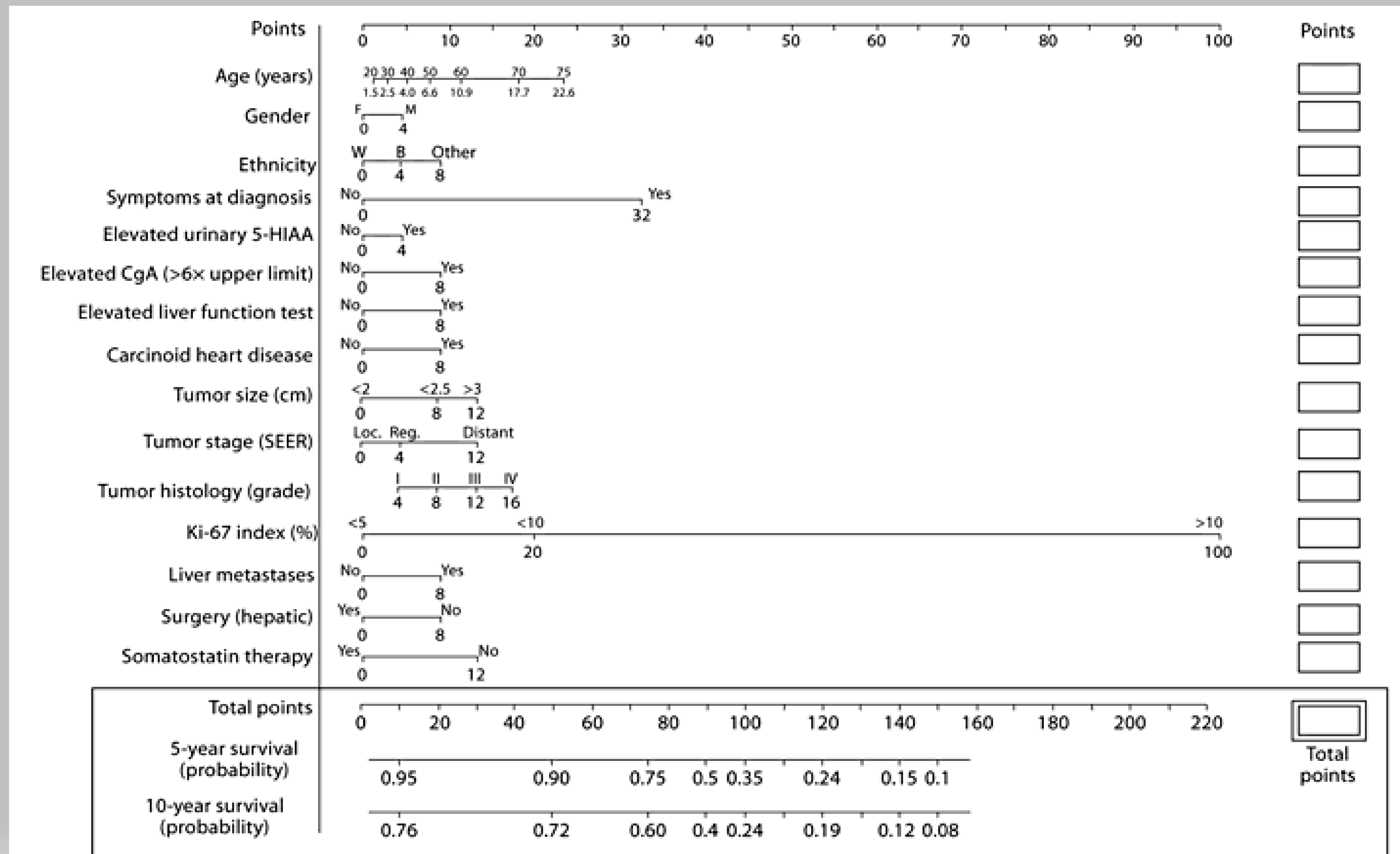
- The NET nomogram was a reliable tool for prognostication and for risk stratification
- However, refinement of grading and staging classification, and the addition of further clinicopathological parameters could improve its prognostic accuracy and clinical utility

## RESULTS

	N	%
<b>Demographic</b>		
Age at diagnosis (median, range)	56	21-89
Female	68	56
White	74	61
Black	8	7
Other	39	32
<b>Clinical Variables</b>		
Symptoms at diagnosis	90	74
Elevated CgA >6x ULN	16	13
Elevated LFT	53	44
Liver metastasis	59	49
Carcinoid heart disease	12	10
<b>Pathological Variables</b>		
<b>Primary tumor size</b>		
< 2.0 cm	59	49
2.0-2.5 cm	18	15
> 3.0 cm	44	36
<b>Tumor Stage</b>		
local	15	12
regional	36	30
distant	70	58
<b>Grade</b>		
G1	90	74
G2	30	25
G3	1	0.8
G4	0	0
<b>Ki67 Index</b>		
<5%	105	87
5-10%	10	8
>10%	6	5

Treatment	N	%
Hepatic Surgery	59	49
Somatostatin Therapy	74	61
<b>Outcomes</b>		
Survival	110	90.9
Follow-up (years) Median, range	3.1	0.5-12
Nomogram score Median, range	40.6	206

# The NET Nomogram



Reproduced with permission from Modlin I, M, Gustafsson B, I, Pavel M, Svejda B, Lawrence B, Kidd M, A. Nomogram to Assess Small-Intestinal Neuroendocrine Tumor ('Carcinoid') Survival. *Neuroendocrinology*. 2010;92(3):143-157.