

Recurrence After Complete Resection of Gastrointestinal (GNET) or Pancreatic Neuroendocrine Tumors (PNET): Single Center Analysis

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Background: In patients (pts) with completely resected neuroendocrine tumors (NETs) adjuvant therapy is not currently indicated. Additional data regarding time to progression (TTP) and overall survival (OS) of pt with resected NETs are necessary to design adequately powered studies in this setting. Whenever possible, complete surgical resection with curative intent of the primary tumor should be performed; however, many pts don't develop disease recurrence. The probability of recurrence may vary depending on tumor site and biologic aggressiveness. The aims of this study were to evaluate TTP and OS after complete resection of carcinoid (GNET) or pancreatic NETs (PNET).

Methods: We analyze retrospectively 36 GNET pts (3 stomach, 4 duodenum, 18 ileum, 7 appendix, 4 colon) and 28 PNET pts with completely resected disease followed at our center between January 1995 and February 2013, evaluating TTP and OS.

Results: Between 36 GNET pts group, 14 pts experience relapse with mTTP 16,92 (0,8-133,40+) months and mOS 150,67(31,8-1199,3+) months, while 22 pts still not present relapse and are still alive (median OS 95,13 m+). Between 28 PNET pts group, 15 pt experience relapse with mTTP 25, 43 (3,57-141,00+) months and mOS 123,86 (4,57-77,17+) months, while 13 pts still not present relapse and are still alive (median OS 50,11 m+). Pts with not evidenced disease after metastatic site completely resected mTTP and MOS were 9,03 (5,1-32,77+) and 150,37 (83,8-172,37+) months in GNET group (3pts), 3,95 (1,93-50,77+) and 36,68 (16,8-55,33+) months in PNET group(4 pts). Between pts with primary tumor completely resected without synchronous metastasis, mTTP and mOS were 56,37 (9,2-1112,9+) and 59,93 (5,7-1199,3+) in GNET group (34pts), 68,83 (7,16-1238,6+) and 38,57(6,1-1376,87+)months in PNET group (24pt).

Conclusion: G1-G2 GNET and PNET have comparable TTP and OS when radically resected. Pts radically resected who have undergone complete resection of metastases seems to have poorer TTP.