

# THE NET DIAGNOSTIC PROCESS AND THE ROLE OF GASTROINTESTINAL SPECIALISTS

Authors, S. LEYDEN<sup>1</sup>, M. McDONNELL<sup>2</sup>, C. BOUVIER<sup>3</sup>, M. PAVEL<sup>4</sup>, H. SINGH<sup>5</sup>, J. HOWE<sup>6</sup>, S. SINGH<sup>7</sup>, D. O'TOOLE<sup>8</sup>, J. CHEN<sup>9</sup>, D. VAN GENECHTEN<sup>10</sup>, E. GELLERMAN<sup>11</sup>, S. DUREJA<sup>12</sup>, C. RODIEN-LOUW<sup>13</sup>, T. KOLAROVA<sup>14</sup>

1. NeuroEndocrine Cancer Australia, Blairgowrie, VIC, AU, 2. NET Patient Network, Dublin, Ireland, 3. Neuroendocrine Cancer UK, Leamington Spa, UK, 4. Department of Endocrinology, Friedrich Alexander University Erlangen-Nuremberg, Erlangen, Germany, 5. Prince Court Medical Centre, Kuala Lumpur, Malaysia, 6. University of Iowa Carver College of Medicine, Iowa City, US; 7. Sunnybrook Odette Cancer Centre, University of Toronto, Toronto, Canada; 8. National Centre for Neuroendocrine Tumours, St. Vincent's University and Department of Clinical Medicine, St. James Hospital and Trinity, University College, Dublin, Ireland; 9. Department of Gastroenterology, the First Affiliated Hospital, Sun Yat-Sen, China, 10. vzw NET & MEN Kanker Belgium, Kortrijk, Belgium; 11. NET Research Foundation, Boston, US; 12. CNETS India, New Delhi, India; 13. APTED, Lyon, France, 14. INCA, Boston, US

## INTRODUCTION

- Neuroendocrine tumors (NETs) are rare and complex neoplasms with increasing incidence and prevalence worldwide.<sup>1</sup>
- The Survey of Challenges in Access to Diagnostics and Treatment for Neuroendocrine Tumor Patients (SCAN) assessed the delivery of healthcare to NET patients around the world.

## AIM

- SCAN assessed global delivery of NET healthcare in terms of:



- This analysis focused on the NET diagnostic process and the role gastroenterologists play in it.

## METHOD

- During Sept-Nov 2019, NET patients and healthcare professionals (HCP) completed a **self-reported** online survey.
- The survey was disseminated via social media and **through NET patient groups and medical society networks**.
- The survey was available in 14 languages: Arabic, Bulgarian, English, German, Dutch/Flemish, French, Japanese, Hindi, Italian, Mandarin (Chinese), Portuguese, Russian, Spanish, and Swahili.
- 2359 NET patients and 436 HCPs from 68 countries responded.

## RESULTS

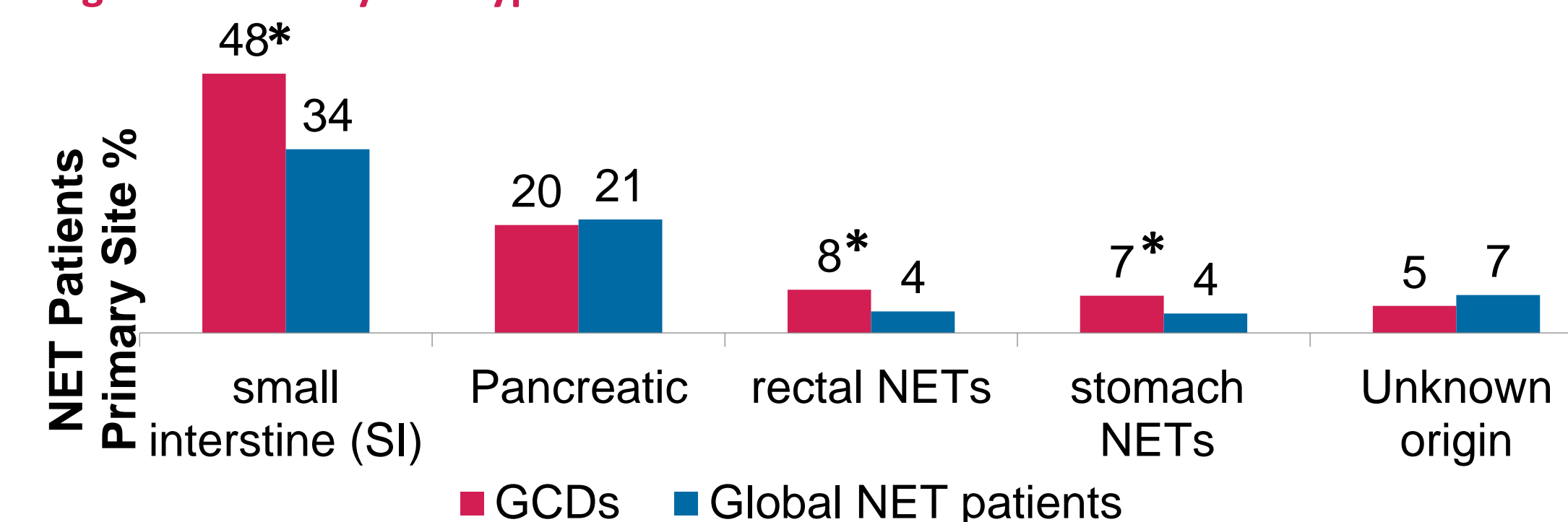
### Participant Characteristics:

- Globally, primary NETs were most often gastroenteropancreatic (GEP; 71%, 1670/2359), 10% were lung NETs and 7% were NETs of unknown origin.
- The patient-reported route to correct NET diagnosis included consultations with **more than one physician** namely surgeons (46%, 1085/2359), medical oncologists (40%, 944/2359), gastroenterologists (39%, 922/2359) and general practitioners (GPs) or family doctors (39%, 922/2359).

**Every fifth** NET patient was diagnosed correctly by a gastroenterologist (20%, 480/2359).

The sub-group of patients where gastroenterologists suggested diagnostic tests that led to the correct diagnosis (Gastroenterologist Correct Diagnosis - GCD) were **GEP NETs in 96% (435/480) of the cases**.

Figure 1: Primary NET type

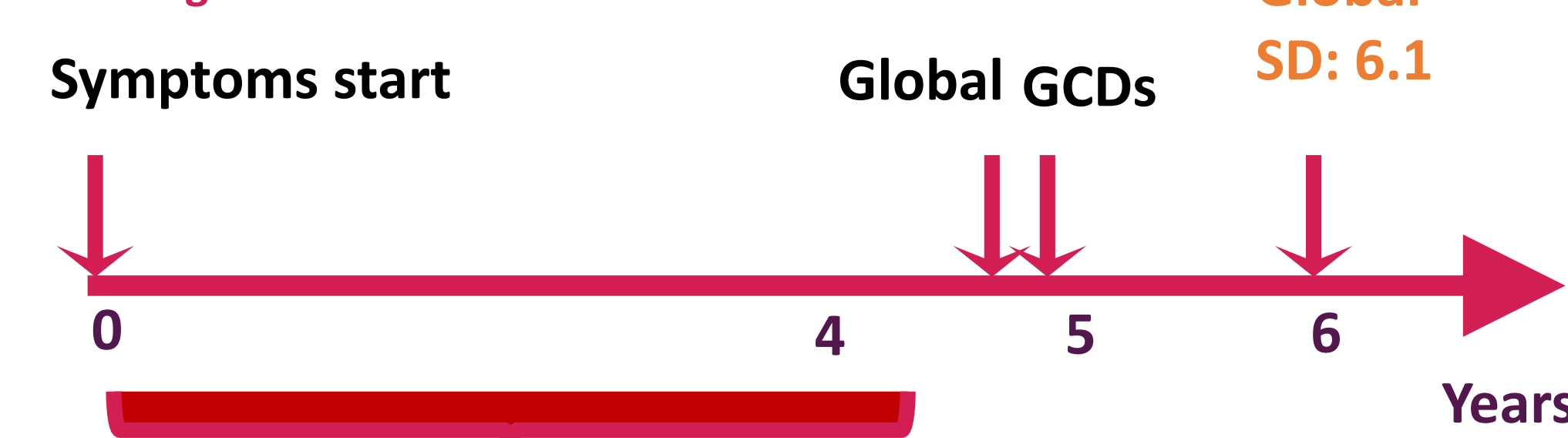


\* GCDs statistically significantly higher vs. Global fraction,  $p < 0.0001$  by Chi-square

### NET Diagnosing, Misdiagnosing and Staging:

- After initial symptoms and tests, NET was the first diagnosis for 28% of GCD patients (28%, 134/480) vs. 27% Global (640/2359).
- 44% of patients were initially misdiagnosed at least once with other conditions (GCD: 211/480, Global: 1043/2359).
- Most common misdiagnoses were Gastritis/Other digestive (52%, 110/211), or IBS (42%, 88/211).**
- One quarter (GCD 26%, 125/480 vs. global 26%, 613/2359) had their diagnosis made incidentally during testing for another condition.

Figure 2: Mean time to correct NET diagnosis and proportion of misdiagnosis



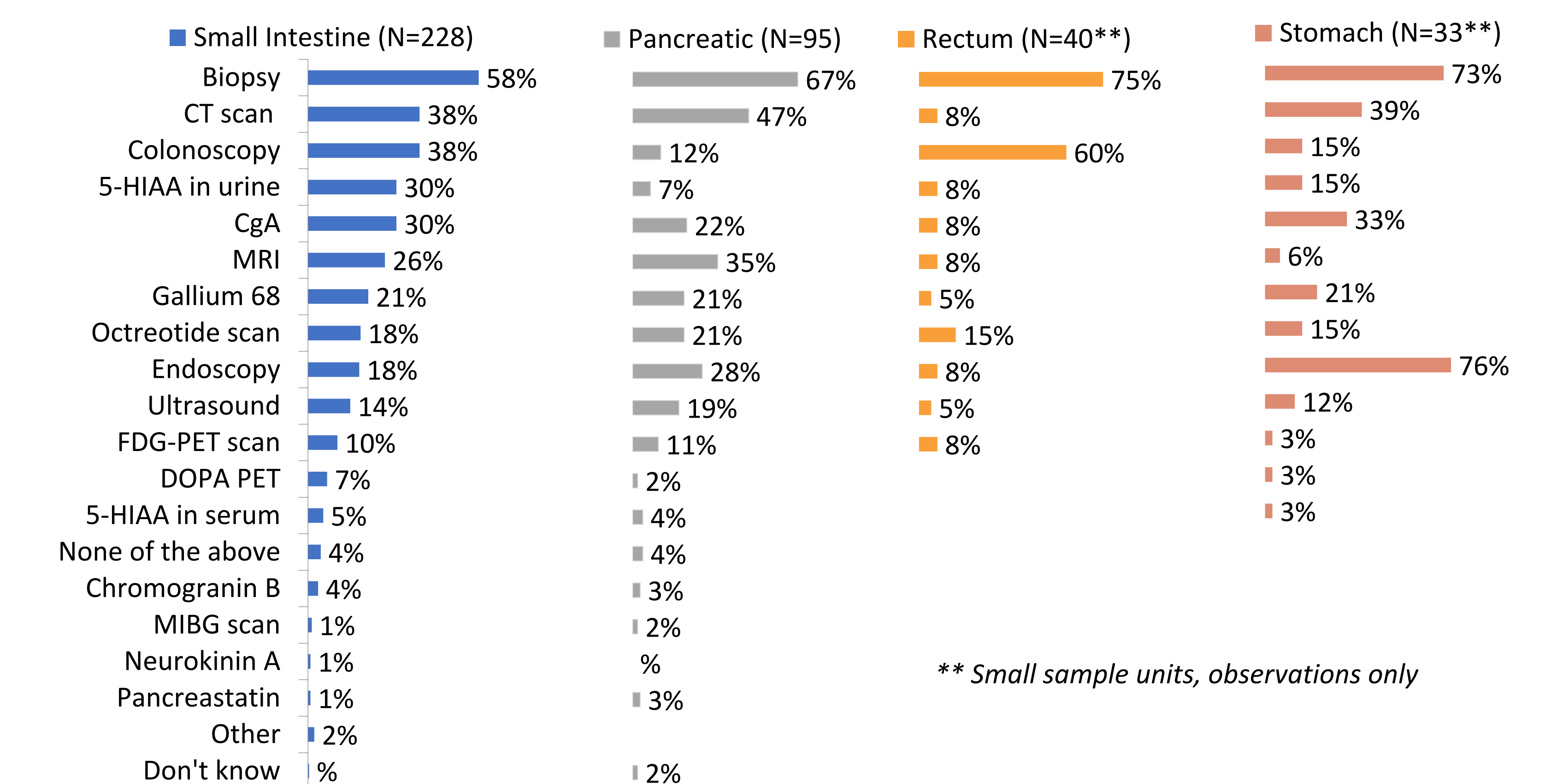
GCDs = Global : 44% initially misdiagnosed

- Mean time to correct diagnosis for misdiagnosed GCD patients was 4.81 years (mean, SD: 6.8 N=209) vs. 4.75 years globally (mean, SD: 6.1 N=1042).

### Diagnostic Tools That Led to Correct Diagnosis Among NET Patients Diagnosed by a GI Specialist:

- The diagnostic tools that most often led to correct diagnosis for SI NET were biopsy (58%, 133/228), CT scan and colonoscopy (both at 38%, 87/228), 5-HIAA in urine and Chromogranin A (CgA) **both at 30%** (69/228).
- PNETs were diagnosed most often by biopsy (67% 64/95), CT scan (47%, 45/95), MRI (35%, 33/95) and endoscopy (28%, 27/95).
- Rectal NETs were diagnosed in 75% of GCD patients via biopsy (30/40).
- NET diagnoses were received most frequently in hospitals without a NET specialist (GCD 38%, 182/480; Global 41%, 967/2359).

Figure 3: Correct Diagnostic Tools by NET Primary Site Administered for the GCD Patients



\*\* Small sample units, observations only

## ACKNOWLEDGEMENTS

INCA would like to thank all its members as well as its partners: ENETS (European Neuroendocrine Tumor Society), NANETS (North American Neuroendocrine Tumor Society), APNETS (Asia-Pacific Neuroendocrine Society), CommNETs (Commonwealth Neuroendocrine Tumor Group), JNETS (Japan Neuroendocrine Tumor Society), CSNET (Chinese Study Group for Neuroendocrine Tumors), UICC (Union for International Cancer Control), EURORDIS (European Organisation for Rare Diseases), NORD (National Organization for Rare Disorders) and European Cancer Organisation and many others for their instrumental support of this global effort.

INCA would also like to thank its industry supporters: Ipsen, ITM, AAA and Novartis.

## REFERENCES

- Dasari A, et al. JAMA Oncol 2017;3:1335-42.

## CONTACT INFORMATION

International Neuroendocrine Cancer Alliance

<https://www.incalliance.org>, e-mail: [post@incalliance.org](mailto:post@incalliance.org)

## POSTER CATEGORY

Neuroendocrine Tumors