NET Treatments and Follow-up Disease Management Comparative Perspective (US and Canada vs. Global)

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INTRODUCTION

- Neuroendocrine tumors (NETs) are rare and complex neoplasms, affecting multiple organs, but most commonly the gastrointestinal tract.[1]
- Globally, NET incidence and prevalence are increasing, making it one of the fastest growing classes of cancer.[1]
- The International Neuroendocrine Cancer Alliance (INCA) consists of 27 patient advocacy and research groups and supports NET patients and their families by advocating on their behalf to improve diagnosis, care and research.

OBJECTIVE

- This survey (SCAN*) aims to measure the global readiness to provide access to diagnostics and treatments for NET patients in terms of:

Awareness	Availability	Quality	Affordability

- This analysis focused on NET treatment and follow-up disease management in USA (US) and Canada (CA) vs. the situation globally (Global).

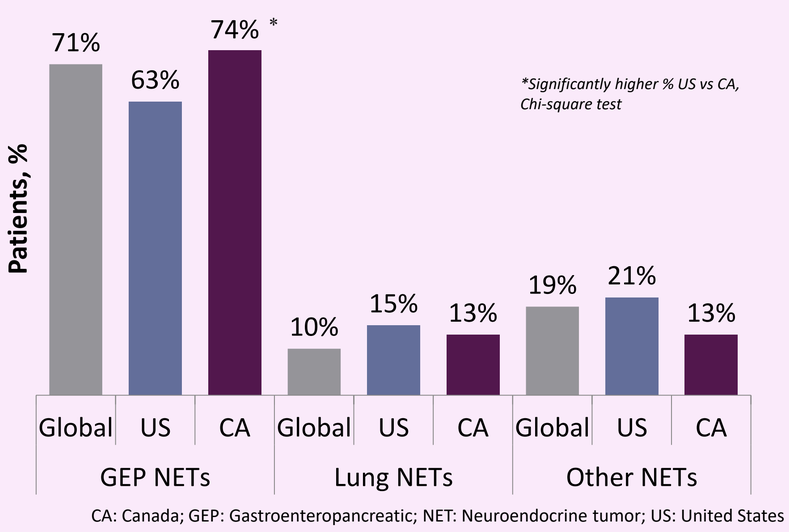
METHODS

- During Sept-Nov 2019, NET patients and healthcare professionals (HCP) completed an online survey.
- The survey was disseminated via social media and NET patient groups' and medical societies' 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.
- On average, NET patients took 20 minutes and HCPs 11 minutes to complete the questionnaire.

PARTICIPANT CHARACTERISTICS

- 2359 NET patients and 436 HCPs from 68 countries responded
- 22% (511/2359) of NET patient respondents were from the United States (US) and 9% (208/2359) were from Canada (CA).
- Primary NETs were most often gastroenteropancreatic (GEP) NETs, slightly less in US and more in CA than globally (Global: 71% [1670/2359]; US: 63% [323/511]; CA: 74% [154/208]; p<0.0001, Chi-squared, Figure 1).

Figure 1: Primary NET type



CA: Canada; GEP: Gastroenteropancreatic; NET: Neuroendocrine tumor; US: United States

- Mean patient age at the time of diagnosis globally was 51 years; 53 years in both the US and CA.

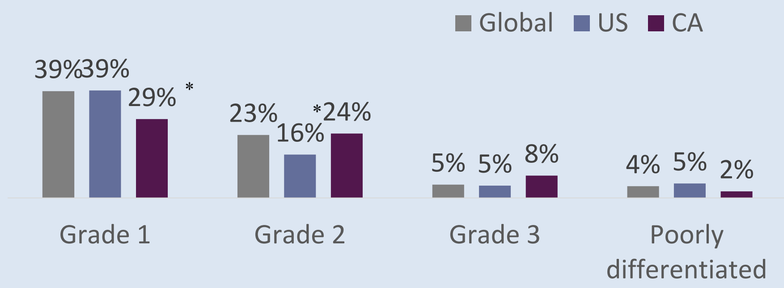
* SCAN – **S**urvey of **C**hallenges in **A**ccess to Diagnostics and Treatment for **N**euroendocrine Tumor (NET) Patients

RESULTS

NET Grade & Stage

- Almost half of patients globally, and a higher proportion in US and CA, had stage IV NETs at the time of diagnosis (Global: 46% [1077/2359]; US: 53% [266/511]; CA: 52% [109/208]; p<0.0001).
- 39% of patients globally and in US had Grade 1 NET at the time when they completed the survey, significantly less in CA (29%; p<0.0001, (Figure 2).
- 5% to 8% had Grade 3 NET and 2% to 5% - poorly differentiated neuroendocrine carcinoma.

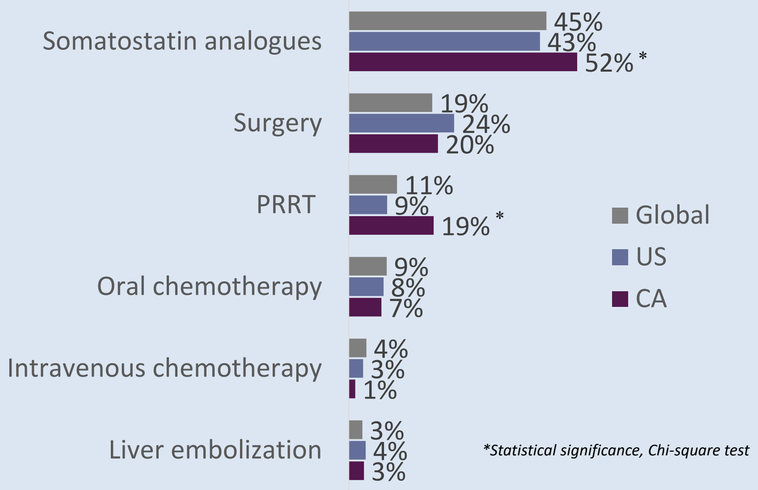
Figure 2: NET Grade



Treatment Tools Used

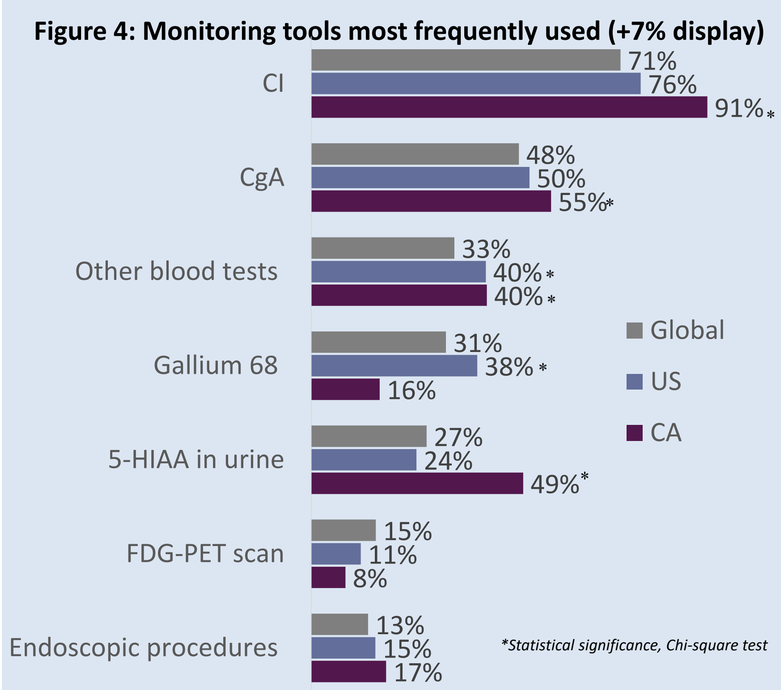
- Almost half of NET patients on treatment used somatostatin analogues (SSA; Global: 45%, 1022/2274, US: 44%, 214/492; CA: 52%, 105/202) (Figure 3)
- About one-fifth underwent surgery (Global: 19%, 432/2274, US: 24%, 118/492; CA: 20%, 41/202)
- About 10% received PRRT, more in CA (Global: 11%, 250/2274, US: 9%, 43/492; CA 19%, 39/202, p<0.0001).

Figure 3: Treatment tools most frequently used (+3% display)



- More patients in the US and especially in CA were monitored by conventional imaging (CI), e.g. CT, MRI, ultrasound (Global: 71%, 1617/2273, US: 76%, 100/508; CA: 91%, 185/203);
- Other blood tests were administered more frequently in the US and CA vs. Global (Global: 33%, 749/2273, US: 40%, 204/508; CA: 40%, 82/203).

Figure 4: Monitoring tools most frequently used (+7% display)

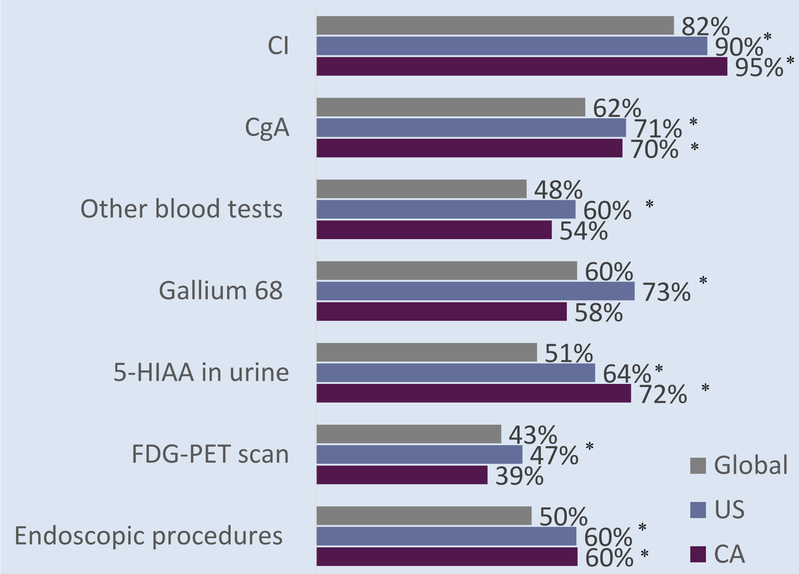


RESULTS [cont.]

Treatments and Ongoing Monitoring Tools Availability

- Availability of all these treatments and monitoring tools was similar or higher in the US and CA vs. Global.
- Gallium 68 SR-PET/CT had significantly higher availability in the US according to patients (Global: 60%, 1364/2273, US: 73%, 371/508; CA: 58%, 117/203, p<0.0001)(Figure 5).

Figure 5: Monitoring tools availability



CONCLUSIONS

- **SCAN represents the biggest global compendium of data about NETs to date.**
- **There is a divergence between the treatment and follow-up approaches used globally, in CA and the US.**
- **Data clearly demonstrate the differences in providing NET care, both globally and within advanced economies such as US and CA.**
- **Follow-up disease management strategies vary significantly around the world.**
- **A consensus on the optimal standard follow-up for NETs is still lacking.**

REFERENCES

1. Dasari A, Shen C, Halperin D, *et al*. JAMA Oncol 2017;3:1335-42.

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), CNETS (Chinese Neuroendocrine Tumor Society), UICC (Union for International Cancer Control), EURORDIS (European Organisation for Rare Diseases), NORD (National Organization for Rare Disorders) and E.C.O. (European Cancer Organisation) and many others for their instrumental support of this global effort.

FUNDING AND DISCLOSURE

- This study was sponsored by Ipsen, ITM and Novartis.
- The lead author has nothing to declare.