

Debate

Topic

Should a D3 lymphadenectomy be standard in colon cancer?

Presentation Preference

Oral Presentation

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Abstract Title

Survey of Challenges in Access to Diagnostics and Treatment for Neuroendocrine Tumor (NET) Patients (SCAN) – application of surgery in treatment of SI NETs

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Abstract Text

Background

SCAN assessed global delivery of NET diagnostics and treatment in terms of awareness, availability, quality and affordability. This analysis focused on surgical treatment of small intestinal (SI) NETs.

Materials and Methods

During Sept-Nov 2019, NET patients and healthcare professionals (HCPs) involved in NET management completed an online survey, available in 14 languages.

Results

In total, there were 2795 respondents from 68 countries across 6 continents (2359 patients/carers; 436 HCPs). Primary NETs were most often SI (34% [798/2359]) and pancreatic (21% [488/2359]). Surgeons represented 11% (47/436) of HCP respondents, medical oncologists 25% (108/436), and gastroenterologists 15% (66/436). The majority of

patients with small intestinal NETs, both globally (88% [705/798]) and within Europe (86% [342/397]), were aware of surgery as a treatment option for NETs. Over four-fifths believed surgery to be available to them (globally: 85% [677/798]; Europe: 83% [331/393]). At the time of the survey, approximately one-fifth of SI NET patients were receiving surgical treatment (globally: 21% [165/798]; Europe: 17% [66/393]). HCP awareness of surgical NET treatment was high in Europe (89% [133/149]) and across the globe (90% [392/436]). All HCPs aware of NET surgery reported it as an available treatment option (globally: 90% [392/436]; Europe: 89% [133/149]). Approximately half of SI NET patients stated that surgeons suggested the test leading to NET diagnosis or were otherwise involved in their NET diagnosis, both worldwide (51% [405/798]) and in Europe (45% [177/397]). HCPs estimated a surgeon's involvement in diagnosis to be slightly higher both globally (62% [272/436]) and within Europe (65% [97/149]). Patients reported less surgeon involvement in ongoing monitoring (globally: 25% [200/798]; Europe: 20% [80/397]) compared to the responses given by HCPs (globally: 46% [202/436]; Europe: 41% [61/149]). Surgery was reported as free or completely affordable to patients by half of HCPs globally (54% [236/436]) and by over two-thirds of HCPs working in Europe (70% [104/149]). Some out-of-pocket costs NET treatment over 12 months were reported in 58% of European SI patients (231/397) and in 66% globally (520/798; $p < 0.0001$ by Chi-square), with mean costs globally for surgery of \$1200 (N=30) (unit price) compared to \$150 in Europe.

Conclusions

Surgery plays an important role in the treatment of SI NETs worldwide, including Europe. Although awareness and availability of surgery is reassuringly high, to further improve standards of NET care, it is imperative to improve access to affordable surgery for all NET patients.