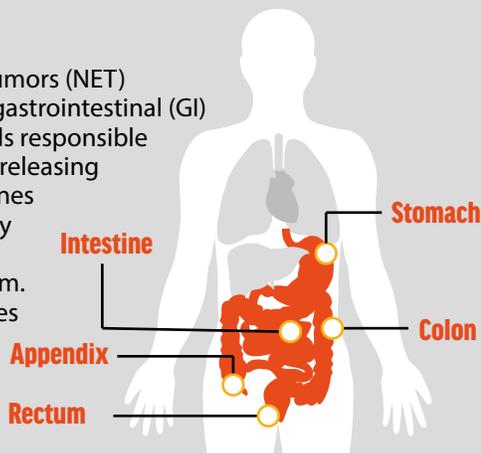


GASTROINTESTINAL NEUROENDOCRINE TUMORS

About GI NET

Neuroendocrine tumors (NET) originating in the gastrointestinal (GI) tract arise from cells responsible for producing and releasing a variety of hormones that regulate bodily functions within the digestive system. The GI tract includes the following:



NET is diagnosed in approximately **5 cases per 100,000¹** people, with GI NET accounting for

54%
of NET diagnoses².

GI NET can occur in these different stages:

- **Localized GI NET:** Cancer has not spread beyond where it originally started
- **Metastasized (advanced, inoperable) GI NET:** Cancer has spread to other areas of the body, making it difficult to treat

Signs & Symptoms

Signs and symptoms of GI NET often depend on tumor location and whether the NET is functional or nonfunctional. Symptoms may include, but are not limited to:



GI NET can be either symptomatic (functional) or asymptomatic (nonfunctional). **30%** of GI NET are symptomatic³.

Functional GI NET

- Produce symptoms related to the excess hormones released by the tumor cells
- May cause carcinoid syndrome – a set of symptoms that occurs when a GI NET releases extreme amounts of hormones

Nonfunctional GI NET

- May be asymptomatic or can produce symptoms related to the NET itself, such as pain, as the tumor grows
- Are typically found in the small intestine, colon or rectum
- Generally patients present late or with advanced disease
- May produce nonintact hormones

Diagnosis

Inaccurate or delayed diagnoses are common because GI NET are usually small and tend to grow slowly. The symptoms of functional GI NET are often mistaken for other conditions, such as irritable bowel syndrome or food allergies.

Nonfunctional GI NET are often found by accident because there may be vague symptoms or none at all.

Some nonfunctional GI NET may cause symptoms from their infiltrative growth, such as intestinal obstruction.

Management Approach

A multidisciplinary team of medical experts is often involved in GI NET management. This team may include an oncologist, gastroenterologist, endocrinologist, surgeon, nurse and nutritionist, among others.

Management of GI NET depends on several factors, including the stage of disease, size and location of tumor, and whether the patient has any other serious medical conditions.

- For those with localized disease, surgery is the primary treatment⁴
- For patients with advanced GI NET, treatment options include chemotherapies and targeted therapies⁴

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2. Lawrence B, Gustafsson B, Chan A, et al. The Epidemiology of Gastroenteropancreatic Neuroendocrine Tumors. *Endocrinol Metab Clin N Am.* 2011; 40: 1-18.

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4. Gridelli C, Rossi A, Airomab G, et al. Treatment of pulmonary neuroendocrine tumours: State of the art and future developments. *Cancer Treat Rev.* 2012; 39: 466-472.

