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Medical Treatment Consensus in Unresectable Midgut Gastrointestinal Neuroendocrine Tumors

Jonathan R. Strosberg[1]; George A. Fisher[2]; Al B. Benson[3]; Jennifer L. Malin[4]; Lowell B. Anthony[5]; Bulent Arslan[6]; John F. Gibbs[7]; Edward Greeno[8]; Renuka V. Iyer[9]; Michelle K. Kim[10]; William J. Maples[11]; Philip A. Philip[12]; Edward M. Wolin[13]; Dasha Cherepanov[14]; Michael S. Broder[14]

[1] Department of Gastrointestinal Oncology, H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL
[2] Department of Medicine, Division of Oncology, Stanford University Medical Center, Stanford, CA
[3] Robert H. Lurie Comprehensive Cancer Center of Northwestern University, Chicago, IL
[4] David Geffen School of Medicine, University of California, Los Angeles, CA
[5] Department of Internal Medicine, Division of Medical Oncology, University of Kentucky Markey Cancer Center, Lexington, KY
[6] Rush University Medical Center, Chicago, Illinois
[7] Department of Surgery, State University of New York at Buffalo, Buffalo, NY
[8] Department of Medicine, Division of Hematology, Oncology, and Transplantation, University of Minnesota, Minneapolis, MN
[9] Department of Medical Oncology, Roswell Park Cancer Institute, Buffalo, NY
[10] Department of Medicine - Gastroenterology Mount Sinai School of Medicine, New York, NY
[11] Mission Health System, Asheville, NC
[12] Department of Oncology, Karmanos Cancer Institute, Detroit, MI
[13] Samuel Oschin Cancer Center, Cedars-Sinai Medical Center, Los Angeles, CA
[14] Partnership for Health Analytic Research, LLC, Beverly Hills, CA

Background: Neuroendocrine tumors (NETs) comprise mostly carcinoid or pancreatic NETs and are rare with symptoms that may be difficult to control. Current treatment guidelines lack some specificity. We summarize an expert panel consensus on medical treatment of well-differentiated unresectable midgut NETs.

Methods: Consensus statements were developed via RAND/UCLA Delphi process, which involved a diverse group of physician experts (e.g., by specialty, geography, practice) developing comprehensive clinical patient scenarios and rating the scenarios on the appropriateness of various medical therapies before and after a face-to-face meeting. Experts and moderator were blinded to funding source. Scenarios were rated on a 1-9 scale and were labeled as appropriate, inappropriate, or uncertain. Scenarios with >2 ratings in 1-3 and >2 in 7-9 range were considered to have disagreement and were not assigned an appropriateness rating.

Results: Panelists (age: 38-63 years) were from the northeast, midwest, south, and west regions. Specialties represented were medical and surgical oncology, interventional radiology, and gastroenterology. Panelists had practiced for a mean 15.5 years (range: 6-33). Panelists rated 202 scenarios. The proportion for which there was disagreement decreased from 11.7% (23 scenarios) before the meeting to 4.5% (9) after. Post-meeting, 49% (99 scenarios) were rated inappropriate,

29.7% (60) were uncertain, and 16.8% (34) were appropriate. Consensus statements from the scenarios included: 1) it is appropriate to use somatostatin analogs (SA) as 1st-line therapy in all patients, 2) it is appropriate to increase the dose/frequency of octreotide-LAR as 2nd-line therapy in patients with uncontrolled symptoms up to 60 mg every 4 weeks or up to 40 mg every 3 or 4 weeks for refractory carcinoid syndrome. Other treatment options may also be appropriate in 2nd-line.

Conclusion: Treatment consensus obtained in this study is concordant with NCCN recommendations. The Delphi process allowed quantification of ratings in a systematic and reliable way while improving consensus in a group of physicians on the appropriateness of medical therapies in midgut NETs.