

■ ■ ■ Pancreatic NETs: What you need to know

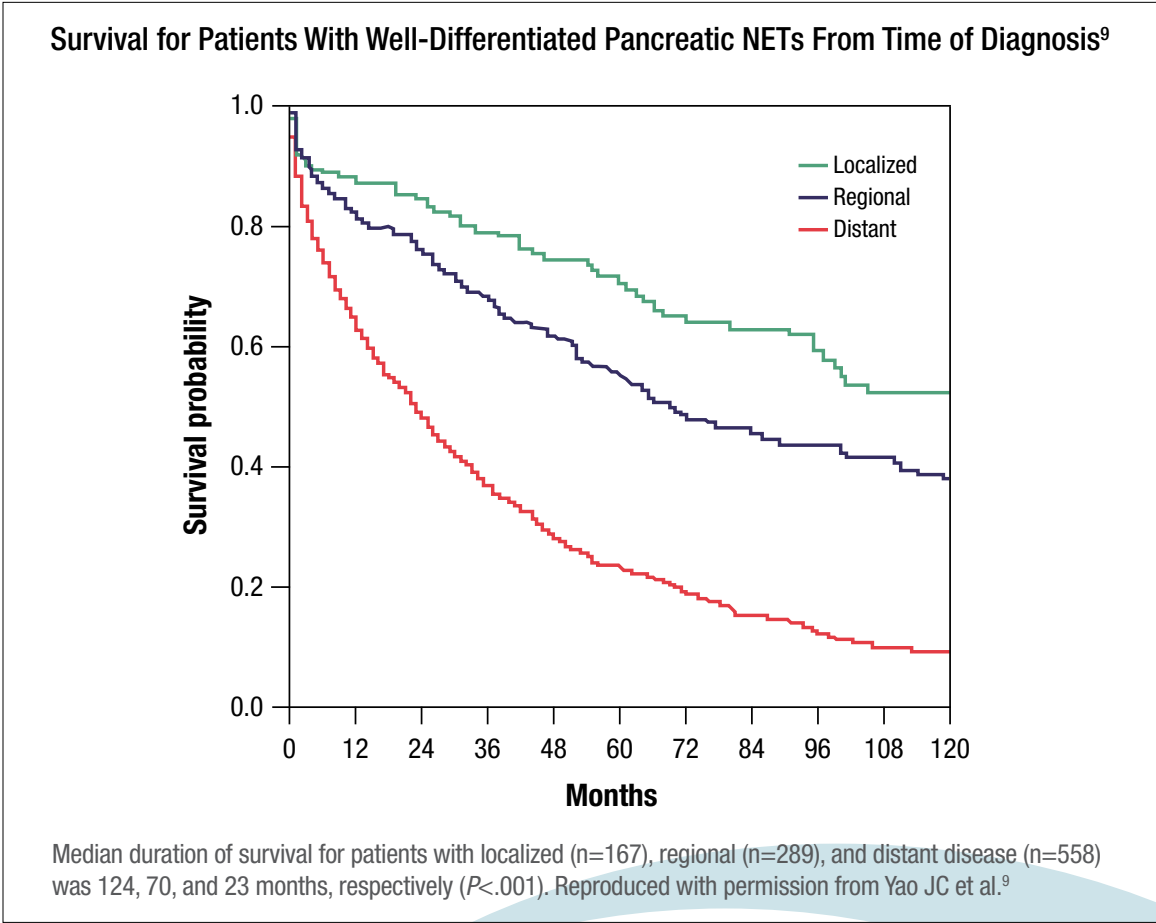
Complex and variable

Pancreatic neuroendocrine tumors (NETs) represent up to 10% of all pancreatic cancers by prevalence.¹ They have a distinctly different tumor biology from other types of pancreatic cancer.²⁻⁴

Most pancreatic NETs are well- or moderately differentiated⁵ but can vary in clinical presentation and aggressiveness, depending on histology.^{1,6,7}

Metastatic potential

As many as 64% of patients with pancreatic NETs present with distant metastases,⁸ which is a key predictor of outcomes.⁹ In fact, the median survival for patients with well-differentiated pancreatic NETs presenting with distant metastases is 23 months.⁹



Other prognostic factors for pancreatic NETs include⁹:

- Location of primary tumor
- Age at diagnosis

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■ ■ ■ Pancreatic NETs: What you can do

Detect and diagnose

Functional pancreatic NETs can potentially oversecrete hormones that may cause diverse syndromes and symptoms.^{1,6,7,10}

Nonfunctional pancreatic NETs may cause symptoms due to tumor growth and spread.^{6,7}

| Type of Pancreatic NET ^{1,6,7} | Major Symptoms/ Syndromes ^{1,6,7} | Prevalence of Metastases ⁶ |
|---|---|---------------------------------------|
| Insulinoma | Hypoglycemia | <15% |
| Gastrinoma | Recurrent peptic ulcer, abdominal pain, diarrhea (Zollinger-Ellison syndrome) | <50% |
| Nonfunctional | Mass effect, weight loss | Majority |

Other less common pancreatic NETs that also cause hormonal syndromes include glucagonomas, VIPomas, and somatostatinomas.^{1,6}

Actively monitor your patients

Because pancreatic NETs may cause clinical syndromes, it is important to manage the symptoms presented in functional pancreatic NETs.^{1,6,7}

Imaging techniques, such as triple-phase computed tomography (CT), and tumor biomarkers, such as CgA, are important tools to monitor progression of advanced pancreatic NETs.^{6,7,11-13}

Manage advanced disease

Management options for advanced pancreatic NETs currently include resection of hepatic metastases, chemotherapy, chemoembolization, and radiofrequency ablation.⁶

Clinical trials with investigational agents may be an appropriate option for some patients.¹

The complexity and diversity of pancreatic NETs require active monitoring and multidisciplinary management to help optimize outcomes.

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