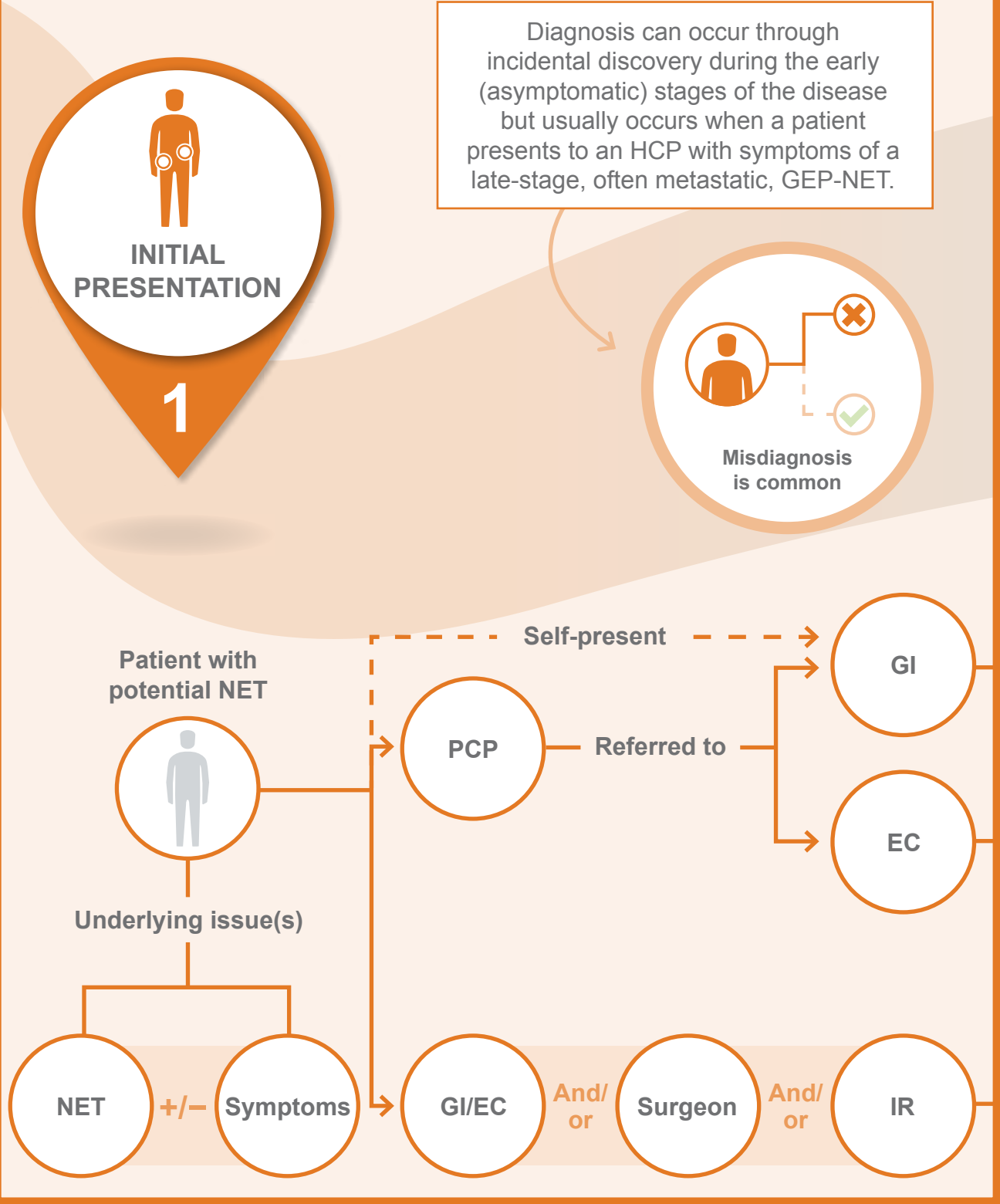


Characterization of the gastroenteropancreatic neuroendocrine tumour patient journey

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5–7 years average time to first diagnosis of a GEP-NET

BACKGROUND

The current management of patients with GEP-NETs varies between institutions, regions and countries.

Misdiagnoses and delays in diagnosis are common.^{1–3}

A survey was conducted to identify knowledge gaps, inefficiencies and unmet needs in the current GEP-NET patient care pathway.

- Inconvenience for the patient?
- Costs to the healthcare system?
- Confidence of the HCP?
- Cost to the patient?

METHODS

Interviews were conducted between December 2019 and February 2020 with HCPs and patients from the USA and the EU (France, Italy, Spain, UK).

HCPs	Patients
Yes Moderate or strong expertise in managing patients with GEP-NETs	Yes Received a diagnosis of GEP-NET
Yes/No Provide PRRT for patients with GEP-NETs	Yes Received at least two different types of prior treatments (including PRRT) for a GEP-NET
Yes/No Experience with the radiolabelled SSA ¹⁷⁷ Lu-DOTATATE	

Survey questions captured information on multiple patient journey parameters.

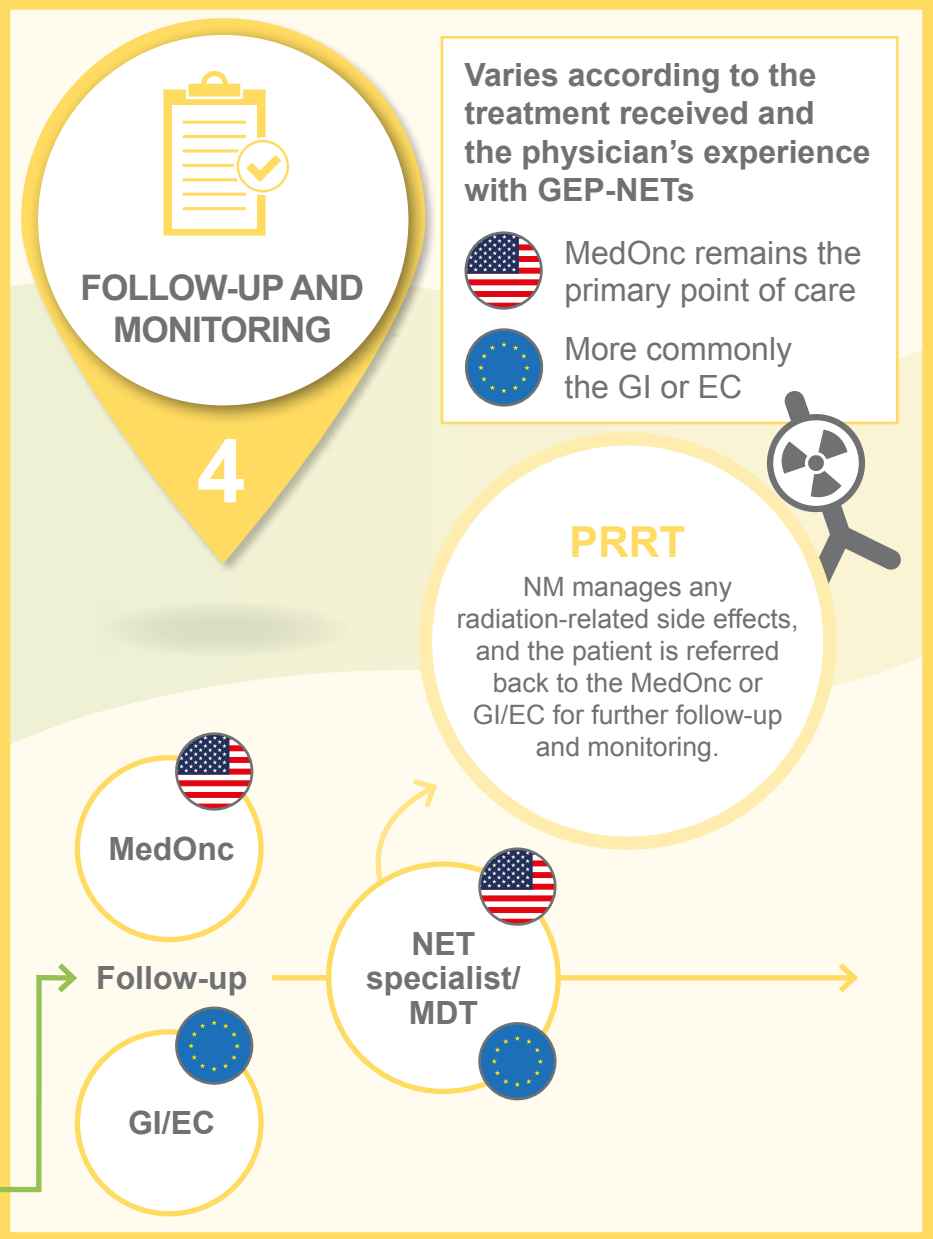
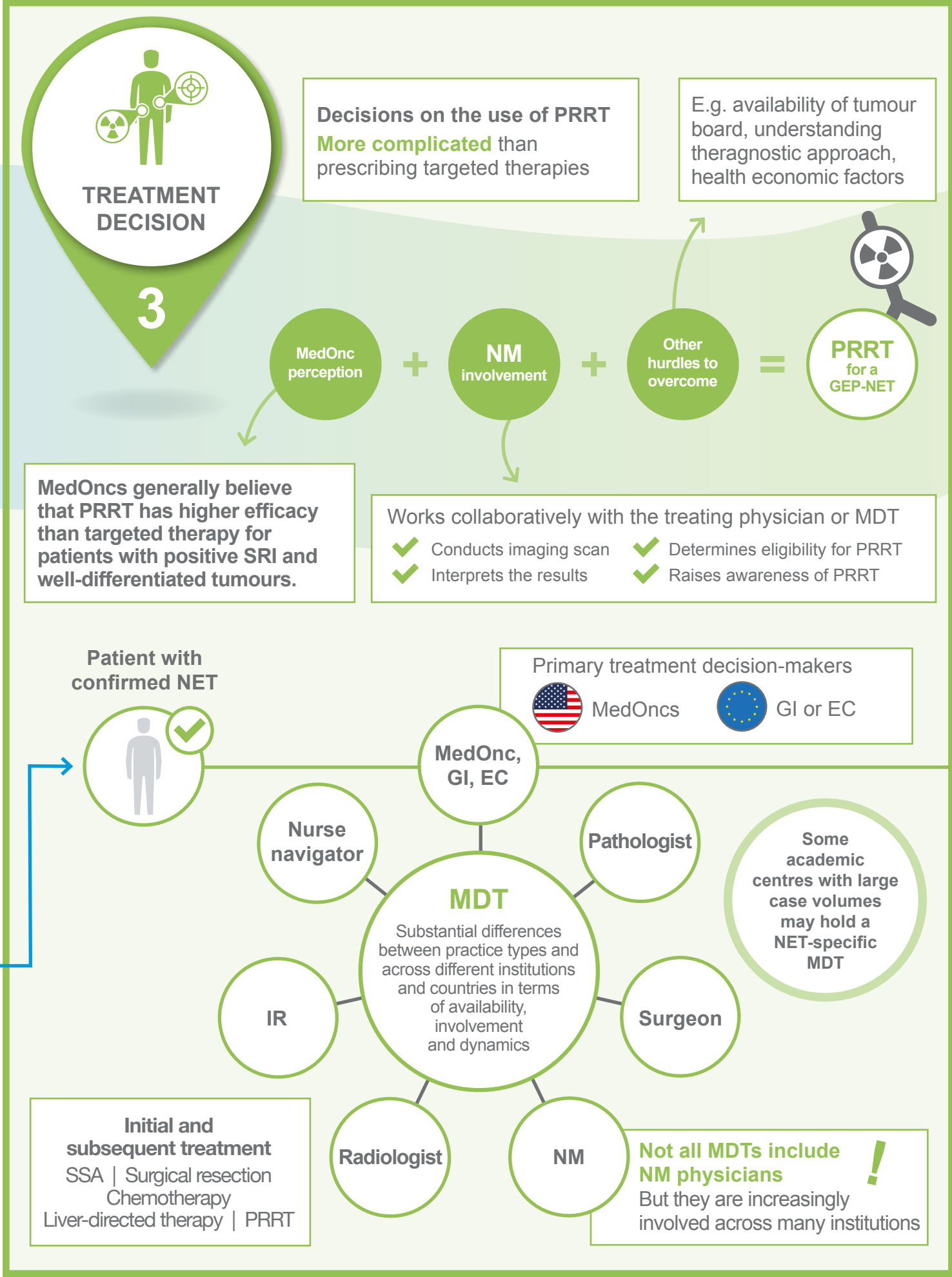
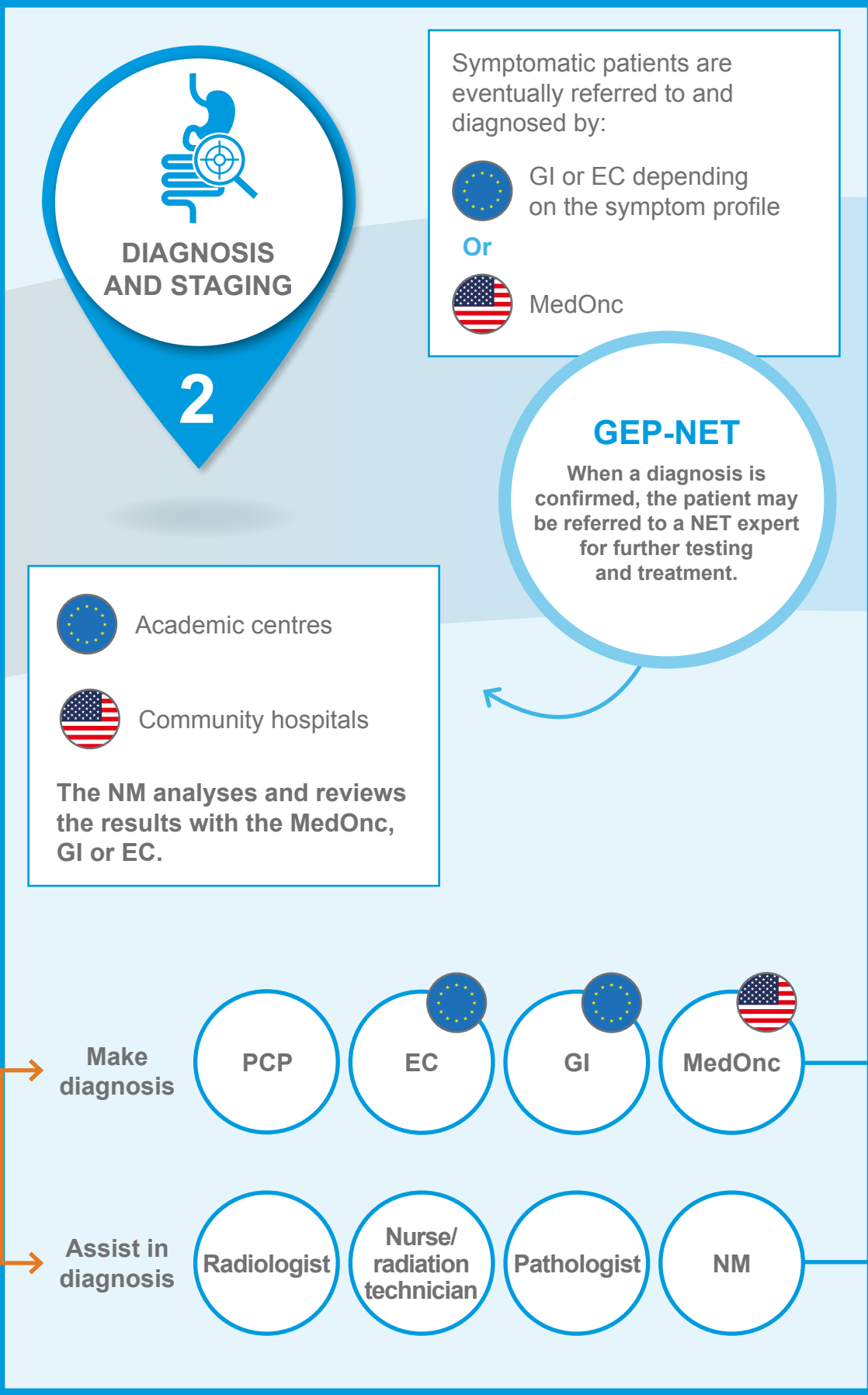
- Sociodemographic characteristics
- Clinical characteristics | Initial presentation
- Referral and consultation | Diagnosis
- Treatment decisions | Patient eligibility
- Prescription responsibilities
- Patient monitoring and follow-up

RESULTS

54 interviews completed

49 HCPs | **5** patients with GEP-NETs

Key survey insights are described for each of the four main steps of the GEP-NET patient journey.



CONCLUSIONS

The real-world GEP-NET patient journey is heterogeneous and complex, with several unmet needs, inefficiencies and knowledge gaps.

Patients see multiple HCPs, with misdiagnoses being common during the average of 5–7 years to first diagnosis of GEP-NET.

Differences in decisions on patient management between institutions and regions.

NM physicians are not always involved in the MDT, but they can help to improve awareness of PRRT.

Improved GEP-NET education, along with multidisciplinary collaboration of experts, is key to faster referrals and the best decisions on the most appropriate treatment for individual patients.

A clear pathway can help all patients with GEP-NETs to access a consistent and reliable standard of care, including PRRT.

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Abbreviations

EC, endocrinologist; GEP-NET, gastroenteropancreatic neuroendocrine tumour; GI, gastroenterologist; HCP, healthcare professional; IR, interventional radiologist; Lu, lutetium; MDT, multidisciplinary team; MedOnc, medical oncologist; NET, neuroendocrine tumour; NM, nuclear medicine; PCP, primary care provider; PRRT, peptide receptor radionuclide therapy; SRI, somatostatin receptor imaging; SSA, somatostatin analogue.

Disclosures

GF has served on data safety monitoring boards for Astra Zeneca and Hutchison MediPharma International, and on advisory boards or as a consultant for Merck, Taiho and Pfizer. He has received honoraria from Advanced Accelerator Applications (AAA; a Novartis company) and Ipsen, and has received research support for clinical trials from Genentech/Roche, Aduro, Xencor and FortySeven. VN, FE and SM are employees of AAA, which develops and markets treatments for cancer. VN and SM own stock at Novartis. Research was funded by AAA. Under the direction of the authors, Dr Martin Guppy, an employee of Oxford PharmaGenesis, provided writing assistance for this poster with funding from AAA. AAA reviewed the poster for scientific accuracy.

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