

1113P: Care for Neuroendocrine Tumor Patients, Monitored by Medical Oncologists: Comparative Data From Europe vs. North America

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INTRODUCTION

- Neuroendocrine tumors (NETs) are rare and complex neoplasms, affecting various organs, but most commonly the gastrointestinal tract.¹
- NET incidence and prevalence is increasing worldwide making it one of the fastest growing classes of cancer.¹
- The International Neuroendocrine Cancer Alliance (INCA) consists of 27 patient advocacy and research groups and supports NET patients (and their families) by advocating on their behalf to improve time to diagnosis, care and research.

BACKGROUND

- The Survey of Challenges in Access to Diagnostics and Treatment for NET Patients (SCAN) measured healthcare delivery to neuroendocrine tumor patients globally.
- This analysis focused on the medical care received by NET patients who most often visited a medical oncologist (MO) comparing Europe (EU) and North America (NA).

METHODS

- During Sept-Nov 2019, NET patients and healthcare professionals (HCPs) completed an online survey.
- The survey was disseminated via social media and NET patient groups and medical society networks.
- The survey was available in 14 languages:
 - Arabic, Bulgarian, English, German, Dutch/Flemish, French, Japanese, Hindi, Italian, Mandarin (Chinese), Portuguese, Russian, Spanish, and Swahili.
- On average, NET patients took 20 minutes and HCPs 11 minutes to complete the questionnaire.

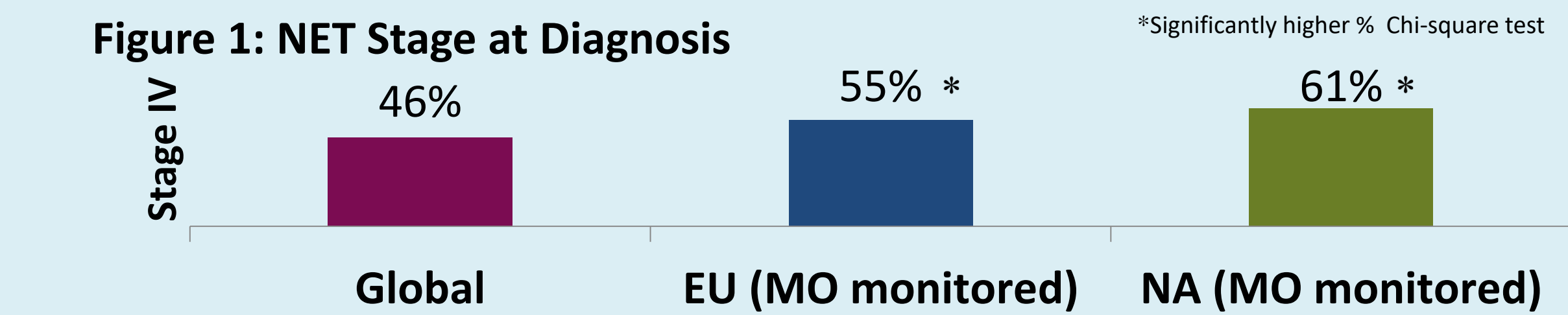
RESULTS

Participant Characteristics

- There were 2795 respondents from 68 countries.
- 1016 NET patients (43% of global sample, N=2359) reported a medical oncologist (MO) as the HCP most often visited for ongoing monitoring.
- 80% of these patients were from two geographic areas: Europe (EU) [40%, 409/1016] including 22 countries and North America (NA) [40%, 410/1016] (US and Canada).

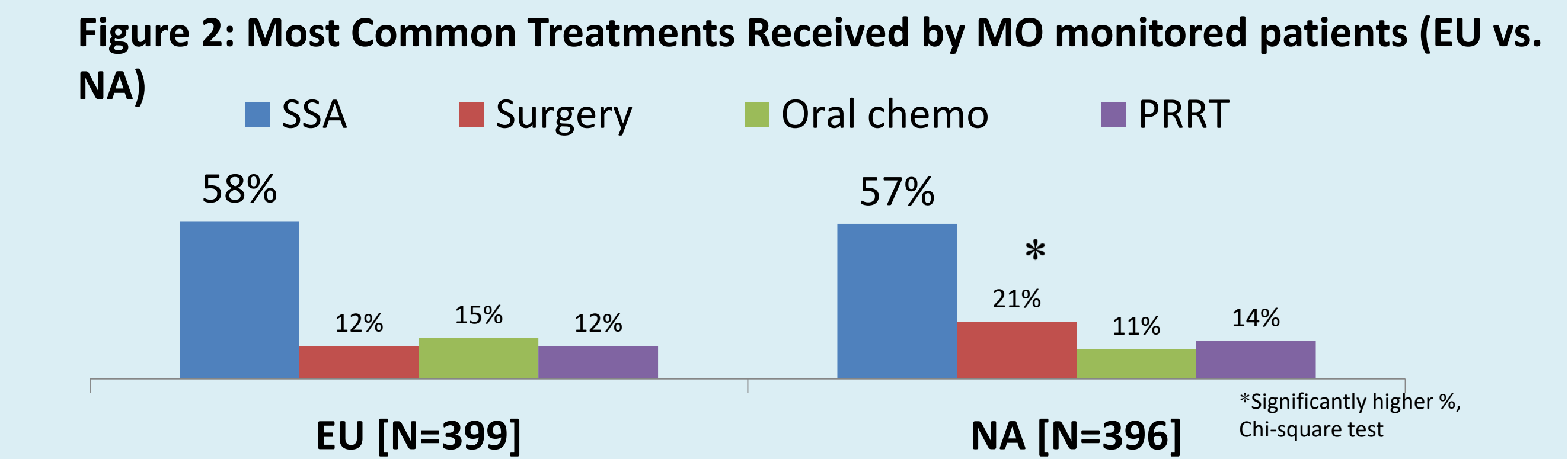
NET Type & Stage

- Primary NETs for this sub-group were most often GEP NETs (74%, 754/1016, EU: 76%, 312/409; NA 72%, 296/410), which was similar to data from all countries (71%, 1670/2359).
- 55% from EU (223/409) and 61% from NA (252/410) had stage IV disease at diagnosis – both significantly higher than the percentage reported by patients globally (46%, 1077/2359, p<0.0001). (Fig. 1)



Treatments Received

- The most commonly used treatments for this sub-group of patients were somatostatin analogues (SSA), surgery (higher in NA), oral chemotherapy and PRRT (Fig. 2)

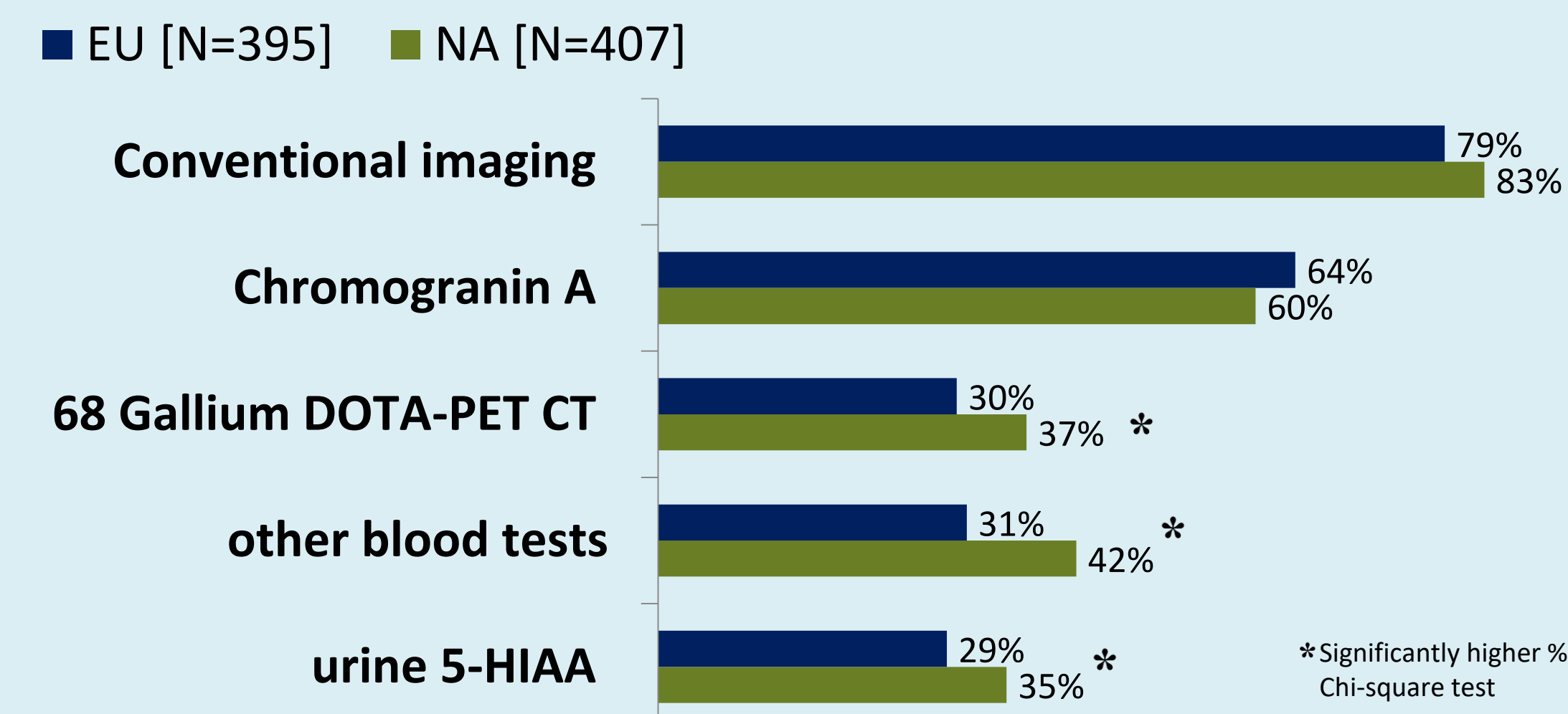


RESULTS continued

Ongoing Monitoring Tools

- The most common monitoring tools used by MOs in both the EU and NA were conventional imaging and chromogranin A (Figure 3).
- ⁶⁸Gallium DOTA-PET CT, other blood tests (fasting serum glucose, fasting gastrin, glucagon, VIP) and urine 5-HIAA were also used significantly more frequently in NA.

Figure 3: Most Common Monitoring Tools Usage (EU vs. NA)



Medical Specialist Involvement

- MOs were the most often visited specialists in the follow-up of these patients, although 2.98 HCPs on average were involved.
- After removing MOs, these were most often GPs/family doctors (EU, 48%, 197/409; NA: 44%, 181/410) and nurses (EU: 27%, 111/409; NA: 22%, 91/410).
- In cases where a third HCP was involved, in EU this was most often a nuclear medicine specialist (23%) or a radiologist (20%), while in NA this was a surgeon (25%).
- Multidisciplinary teams (MDT) were rarely used both in EU (35%, 143/409) and NA (32%, 131/410).

Recommendations

- The key recommendation from patients was to have *more healthcare professionals knowledgeable in NETs* (EU: 58%, 237/409, NA: 71%, 291/410 p<0.0001).

CONCLUSIONS

- SCAN represents the biggest global compendium of data about NETs.
- Since over half of patients present with metastatic disease, delayed NET diagnosis is a critical challenge that needs to be overcome to improve patient outcomes.
- Medical oncologists were found to be the leading HCPs for ongoing monitoring for almost half of NET patients globally.
- Data indicate significant differences in therapeutic and follow-up procedures and low usage of the multidisciplinary approach even in the EU and NA, the leading geographic areas for NET medical care.
- A global standard for NET monitoring and higher expertise in NETs among HCPs are needed.

REFERENCES

- Dasari A, et al. JAMA Oncol 2017;3:1335-42.

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