



GOOD SCIENCE
BETTER MEDICINE
BEST PRACTICE

European Society for Medical Oncology

ESMO Preceptorship Programme

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Case Study

Presentation

- ◉ 56 year old male, office worker
- ◉ Presentation
 - ◉ Diarrhea, vomiting, fatigue and abdominal pain
- ◉ Investigations
 - ◉ CT – tail of pancreas mass, liver, peritoneal and omental metastases
- ◉ Liver biopsy
 - ◉ Neuroendocrine tumour, well differentiated, Ki67 26% - Grade 3

Initial Management

- ◉ Discussed in NET MDM
 - Advised FDG and dotatate PET
 - both showed uptake in the same areas
 - CT repeated – disease progression
 - Clinically well.
- ◉ Although well differentiated, due to high Ki67 and rapid progression
 - commenced carboplatin and etoposide
 - CT after 3 cycles – stable disease

Post chemotherapy

- ◉ After 6 cycles of chemotherapy
 - CT showed maintained stable disease
 - Dotatate and FDG PET – some metabolic response (same areas)
 - Chemotherapy was stopped but he was started on somatostatin analogue
- ◉ 2 months later became unwell with sweats and fatigue
 - Found to be hypoglycaemic
 - Insulin and c-peptide levels very high

Histology review...

- ◉ CT showed some progression
- ◉ Re-discussed at MDM
 - Histology re-discussed
 - Next step - ?chemo/TKI/Lutetium
- ◉ Commenced steroids, diazoxide
- ◉ Started on Everolimus
- ◉ Within 1-2 weeks, BMs improved
- ◉ Tolerated Everolimus well
- ◉ After 6 cycles, BMs became unstable again

Subsequent treatment

- ◉ CT confirmed progressive disease
- ◉ Next step ?
- ◉ Started chemotherapy with streptozacin and capacitance
- ◉ Completed 10 cycles, CT stable disease
- ◉ Further episodes of hypoglycemia
- ◉ Commenced lutetium – insulin levels decreased, radiological stable, remained well
- ◉ After 2 cycles of lutetium - sudden deterioration
- ◉ Admitted to hospital, significant progression – best supportive care

Summary

- ◉ Well differentiated high grade pancreatic NET – uncommon but not rare
- ◉ Non functioning at presentation – later became very symptomatic with high insulin levels
- ◉ These tumours tend to be excluded from clinical trials
- ◉ Decide which treatment options were best, and in what order