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