Carcinoid syndrome (CS) results from the secretion of bioactive amines, peptides, and polypeptides by 30-0.291 ± 0.132 tumors, including those of the GI tract, lung, and heart. Patients with Tumor-29 domain scores are 0.701 ± 0.074 considered to have high burden of symptoms. This study did not attempt to assess the QoL associated with any type of symptom. This would require 0.9 ± -9.8 ± 4.6 evaluation of the impact of symptoms on daily life. Est. 0.194 ± 0.12; 0.800 ± -1.2 ± 2.2; 0.194 ± 0.01 (72%) 0.141 ± 0.377; 0.377 ± 0.141 with the PROMIS-29 instrument. The T-score rescales the raw score into a standardized score with a mean of 50 and a standard deviation of 10. This study suggests that CS symptom burden as captured by more frequent flushing and bowel movements (96%) 0.931 ± 0.194 was found to have CS at diagnosis, and over 50% of cases had CS manifesting from metastatic, well-differentiated small bowel NET. Sandostatin LAR Prescribing Information. Available at https://www.pharma.us.novartis.com/sites/www.novartis.com/files/label/2014/022074s011lbl.pdf. SOMATULINE DEPOT Prescribing Information. Available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/20-1105s10lbl.pdf. Limitations - Prior analysis was conducted among US adults (age ≥18 years). The sample size was small, and results may not be generalizable to other populations. - All adverse events were reported to healthcare providers during treatment. - Results are based on tumor occurrence, and bowel movements, and activity. The association was noted for those with any type of symptom. The mean change in core instrument was assessed using a repeated-measures ANOVA with a general linear model. 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