EXTENSIVE "MULTITASKING" SURGERY FOR ADVANCED NEUROENDOCRINE TUMORS IT IS SAFE AND EFFECTIVE

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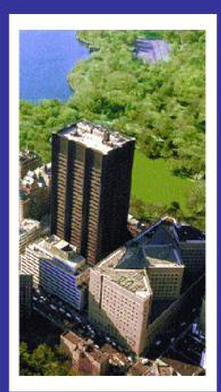


AIMS

To assess safety and effectiveness of extensive surgical "debulking" in patients with advanced carcinoid/neuroendocrine tumors.

MATERIALS AND METHODS

n= 57 patients

age range: 26-78

22 males-35 females

from : 1994 to 2007

EXTENSIVE MAJOR DEBULKING SURGERY IN ONE OPERATIVE SESSION.

- Resection of primary tumor(s): gastrointestinal and Pancreas
- Resection of metastatic lymph nodes
- Peritoneal resection
- Liver resection(s): wedges +/- segmentectomy +/- Lobectomy
- Liver cryoablation +/- radiofrequency ablation
- Cholecystectomy
- Hysterectomy + oophorectomy

Samples of all tumor tissues were submitted for IN-VITRO CELL CULTURES for evaluation of chemotherapy resistance/ sensitivity, Ki-67, EGFR and VEGFR.

TO PERSONALISE POSTOPERATIVE TREATMENT.

6 patients underwent right heart valve replacements for carcinoid involvement prior to abdominal surgery.

ALL patients were treated with Octreotide

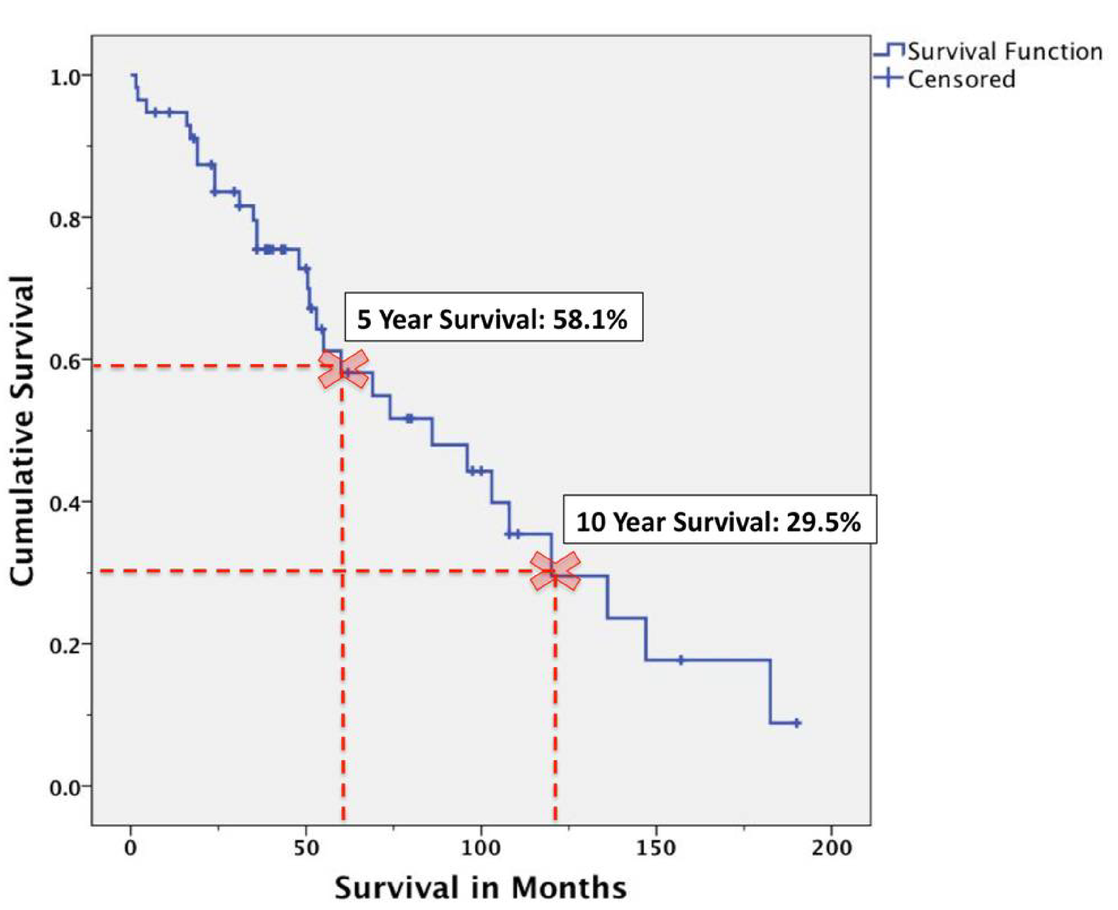
- Preoperative: short and long-acting
- Intraoperative: intravenous infusion
- Postoperative: long acting
- +/- chemotherapy +/- 90Y hepatic artery embolization

Follow-UP

- Minimal of 3 years.
- Median survival: 86 months
- Mean survival: 91.84 months

RESULTS

- NO OPERATIVE MORTALITIES (0/57)
- ALL PATIENTS HAD IMMEDIATE RELIEF OF CARCINOID SYMPTOMS
- NO CARCINOID CRISES (0/57)
- 4 MAJOR COMPLICATIONS: treated non-surgically
  - 1 pancreatic fistula
  - 1 biliary fistula
  - 1 pancreatitis
  - 1 abdominal hematoma



CONCLUSIONS

Major, extensive surgical debulking is SAFE and EFFECTIVE. It is an expedient step of multimodality treatment of advanced metastatic neuroendocrine tumors.

REFERENCES

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