BACKGROUND

- Gastrintestinal neuroendocrine tumors (NETs) are rare neoplasms that originate from the secretory cells of the neuroendocrine system and produce peptides and neuropeptides causing characteristic hormonal syndromes, including carcinoid syndrome.

OBJECTIVE

- To use the RAND/UCLA modified Delphi panel process to develop a consensus on medical treatment of well-differentiated grade 1-2 tumors unresectable non-MIDGUT NETs.

METHODS

- The modified RAND/UCLA Delphi process involved recruitment of physician experts, development of patient scenarios, collection of ratings, statistical summary of panel agreement, and development of consensus statements.

- Patient Physicians
- Thirteen physician experts in treatment of NETs, representing various specialties, were appointed to serve on the study steering committee, on the panel, or both; one physician was assigned the moderator role.
- Experts and the moderator were blinded to the funding source.

Development of Clinical Patient Scenarios

- Following the experts’ review of a summary of published evidence on treatment of NETs, we collaborated to develop a comprehensive list of key variables used to construct patient scenarios.

Variables Used to Construct Clinical Patient Scenarios in Non-MIDGUT NETs

<table>
<thead>
<tr>
<th>Variable</th>
<th>Relevant Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Site</td>
<td>Gastroenteropancreatic (GEP) NETs, GI NETs, midgut NETs, other NETs</td>
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<tr>
<td>Location of treatment</td>
<td>Endocrine tumor, local therapy, systemic therapy, primary treatment, etc.</td>
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<tr>
<td>Patient’s primary problem</td>
<td>Symptomatic, asymptomatic, micturition, rectal, etc.</td>
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<tr>
<td>Family history</td>
<td>First-degree relative with GEP NET, etc.</td>
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<tr>
<td>Postoperative and postchemotherapy status</td>
<td>Time to surgery, time to chemotherapy, etc.</td>
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<tr>
<td>Frequency</td>
<td>Weekly, every 2 weeks, every 4 weeks, every 3 months</td>
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<tr>
<td>Response to treatment</td>
<td>Complete response, partial response, stable disease, etc.</td>
</tr>
<tr>
<td>Median survival</td>
<td>1 year, 2 years, 5 years, 10 years</td>
</tr>
<tr>
<td>Median progression</td>
<td>1 year, 2 years, 5 years, 10 years</td>
</tr>
</tbody>
</table>

RESULTS

Panel Characteristics

- The 10 panelists had a mean age of 54.4 years.
- Specialties of panelists included medical and surgical oncology, interventional radiology, and gastroenterology.
- Panelists were experienced in treating NETs in general, and had specific expertise in the treatment of NETs in general.
- Five panelists were previously involved with the development of other NET treatment guidelines.

Patient Scenarios Scored: Inappropriate, Uncertain, Appropriate, or Disagreement

- Of the 202 NET patient scenarios, 12 were scored as inappropriate, 47 were scored as uncertain, 139 were scored as appropriate, and 4 were scored as disagreement.

CONCLUSIONS

- Treatment consensus obtained in this study is concordant with NCCN recommendations.
- The consensus statements produced in this study are useful in informing the development of guidance for patients, physicians, and payers to address specific scenarios not covered in other guidelines.
- In this study, we show how an expert panel methodology, namely the RAND/UCLA modified Delphi process, enabled participants to systematically quantify their assessment of the literature in a valid way while improving overall panel consensus on the appropriateness of medical therapies in non-MIDGUT NETs.

LIMITATIONS

- The Delphi panel approach resulted in a detailed consensus statement that can inform the development of treatment guidelines for patients and may also guide clinicians in their clinical decision-making for patients with non-MIDGUT NETs.

REFERENCES

-APPLICATION: This study was sponsored by Novartis Pharmaceuticals Corporation.