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Initial Evaluation of Patients with NETS: A Prospective Evaluation of the Influence of Intensive Pre-Visit Counseling

Pamela Ryan BSN RN¹, Jarret Brashear BS, Yi-Zarn Wang MD², Lowell B. Anthony MD², J. Philip Boudreaux MD², Saju Joseph MD², Richard Campeau MD² and Eugene A. Woltering MD²

¹The Kenner Ochsner Neuroendocrine Tumor Clinic, Kenner, LA 70065

²LSU Health Sciences Center, New Orleans, LA 70112

Introduction: Many referring physicians are unfamiliar with the pathologic, biochemical or radiologic evaluation of neuroendocrine tumors (NETS).

Hypothesis: Intensive pre-visit counseling using a predetermined list of tests will ensure that patients have the majority of data needed to do proper patient evaluation and treatment planning at their initial visit.

Methods: Over an 18 month period (January 2008 until July 2009) patients were prospectively studied to determine if intensive pre-visit counseling would result in the requested reports being available at the time of the patient's initial visit. Scan and biomarker results had to be from studies done within six months of the visit. Results were expressed as the percent of patients who had these requested reports available at the time of their initial evaluation.

Results: Charts from 288 patients who had been intensively counseled about what data was needed for their initial visit were reviewed. Two hundred and twenty seven (79%) of these patient had previous NETS surgery. Eighty nine percent (89%) of patients who had previous NETS surgery had their operative notes and 93% had their pathology reports available at their initial visit. The percent of patients with other data available at initial visit are listed below.

Pathology Data

Ki-67	Chromogranin (CGA) staining	Quantitative CGA	Synaptophysin staining	Quantitative synaptophysin
34%	68%	14%	60%	11%

Plasma and Urinary Biomarker Data

Chromogranin A	Pancreastatin	24 Hour Urine 5-HIAA	Neurokinin A	Serotonin
82%	64%	71%	61%	56%

Scan Data

OctreoScan [®]	CT /MRI scans
76%	94%

Conclusions: Intensive pre-visit counseling of patients scheduled for appointments with NETS specialists results in those patients having the majority of the requested test results available at the time of their first appointment. Histologic stains that define a tumor's proliferation rate (Ki-67) and differentiation (quantitative CGA and synaptophysin stains) seem to be the most difficult to obtain.