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Risk of Metastatic Spread in Patients with Early-Stage, Surgically Resected Pancreatic Neuroendocrine Tumors

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Background: The risk of metastatic spread among patients with early-stage surgically resected pancreatic neuroendocrine tumors has not been well established.

Methods: Patients with surgically resected localized or locally advanced pancreatic neuroendocrine tumors treated at the H. Lee Moffitt Cancer Center between 1999 and 2010 were assigned a stage (I-III) based on the new AJCC classification. Recurrence-free survival was measured for each stage. A separate analysis was performed excluding patients who had been referred to Moffitt Cancer Center after metastatic recurrence.

Results: 123 patients with non-metastatic, surgically-resected pancreatic neuroendocrine tumors were identified. 5-year recurrence-free survival correlated with AJCC stage ($p=0.01$; table 1).

Conclusions: The novel AJCC 7th Edition TNM classification for pancreatic neuroendocrine tumors is highly prognostic for recurrence in patients with surgically resected non-metastatic tumors.

Table 1: 5-year RFS rates of patients with surgically resected, non-metastatic pancreatic NETs stratified by the AJCC staging system

TNM Stage	Number of patients	5-year RFS	Number of patients*	5-year RFS*
Stage I	77	78%	64	90%
Stage II	40	53%	27	73%
Stage III	6	33%	3	66%

*Excluding patients who presented to Moffitt Cancer Center after metastatic recurrence

