

Expectant Management of the Asymptomatic Primary is Safe in Patients Undergoing Chemoembolization for Metastatic Neuroendocrine Carcinoma

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Background: Traditional dogma dictates resection of the primary lesion in metastatic carcinoid, yet the fate of these lesions is unclear. We reviewed our experience with selective resection of primary tumors in patients with metastatic carcinoid undergoing transcatheter arterial chemoembolization (TACE).

Methods: We reviewed 197 patients who underwent TACE for metastatic carcinoid. Indications for TACE were symptom palliation, hepatic progression, or extensive hepatic tumor burden. Primaries were left in situ if asymptomatic or if resection was overly morbid.

Results: At the time of first TACE, 97 patients had undergone resection of their primary lesions. Of 100 primaries not resected at time of TACE, 93 were asymptomatic. During mean follow-up of 35.6 months, 4 (4%) became symptomatic. An additional three primaries were resected after TACE prior to symptoms developing. No deaths were related to primaries left in situ or operations involving their removal.

Conclusions: We show that asymptomatic primary tumors in patients with metastatic neuroendocrine carcinoma uncommonly require intervention, and even more rarely become symptomatic after treatment of their metastases with TACE. These data support the expectant management of an asymptomatic primary tumor in patients undergoing TACE for metastatic carcinoid.

