

Evidence of Improved Survival when Patients are Referred on to a Specialist NET Clinic with Multidisciplinary Team Management

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Background: European guidelines emphasise the importance of referral to centres of expertise for patients diagnosed with neuroendocrine tumours (NETs). Such clinics (NSC) should function in association with a multidisciplinary team (MDT) that includes surgeons, gastroenterologists, endocrinologists, nuclear physicians oncologists, radiologists, pathologists and specialist NET nurses.

NETs of the mid gut are one of the more common NETs, accounting for about 25% of cases. Diagnosis may be delayed. However, when diagnosis is secured many treatment options are available to these patients in recent years.

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Methods: Our aim was to assess survival outcome in patients diagnosed with midgut NETs treated at a NSC compared to those who were not referred.

Results: Patients included numbered 254. Male/female ratio was 134/120. Median age (range) at diagnosis was 66.2 (18.2-92.4) years. 172 patients attended the NSC, 82 did not.

Five year survival for those attending the NSC was 67.5% and for those not attending 29.9% ($P < 0.001$).

In the NSC group (5.8%) patients died within 6 months, in the non-NSC group (21.95%)

To remove bias due to the difference in age at diagnosis, patients were age matched at diagnosis ($\pm 6M$). 69 matched pairs were identified. Those surviving $< 3M$ were excluded (to exclude terminally ill patients). Survival was improved in the clinic group, (Log-rank test $P = 0.012$).

Conclusion: Patients with midgut NETs managed at a NSC with a MDT have improved survival.