C-49

Pattern of Disease Recurrence and Treatment after Surgery for Nonfunctioning Well-Differentiated Pancreatic Neuroendocrine Tumors (NF-PanNET)

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BACKGROUND: The risk of recurrence after curative surgery for pancreatic neuroendocrine tumors (PanNET) is reported to be between 10% and 30%. Among the available locoregional and systemic treatments, there are no specific recommendations regarding the best option for treating recurrent disease. The aims of this study were to evaluate the pattern of recurrence after surgery performed with curative intent for nonfunctioning (NF)-PanNET and to analyze the impact of treatment on disease progression.

METHODS: All patients submitted to curative surgery for sporadic, well-differentiated, NF-PanNET at two Italian centers between 2001 and 2018, with evidence of disease recurrence during follow-up, were included (n = 46).

RESULTS: The most frequent type of recurrence was distant metastases (n = 38, 83%), located in the liver in 100% of cases, whereas 8 patients (17%) had an isolated local recurrence. Therapy for first disease recurrence included both locoregional (n = 14) and systemic treatments (n = 32). A second disease recurrence/progression occurred in 28 patients (61%). Patients who underwent systemic treatment after the first disease recurrence had better progression-free survival (1-year PFS 78%) compared to those submitted to a locoregional procedure (1-year PFS 50%; p = 0.007).

Independent predictors of shortened PFS after the first disease recurrence were the type of treatment (locoregional, Hazard Ratio [HR] 4.452, p = 0.001), the presence of necrosis (HR 2.732, p = 0.022) and age (> 60 years, HR 2.494, p = 0.040).

CONCLUSION: Upfront locoregional treatment of the first recurrence of NF-PanNET after curative surgery should be avoided in favor of systemic therapy.

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