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Race is an Independent Predictor for Surgery Offer in Patients with Small Bowel Neuroendocrine Tumors But Not Pancreatic Neuroendocrine Tumors

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BACKGROUND: Despite generally accepted guidelines, management of small bowel (SBNETs) and pancreatic neuroendocrine tumors (PanNETs) remains inconsistent; that includes eligibility for/actual offer of surgical interventions. We sought to determine which patient characteristics are predictive of this in NET patients.

METHODS: The Surveillance, Epidemiology, and End Results (SEER) Program database was queried for PanNET/SBNET patients between 1998-2017. Demographic and pathologic data were compared between patients who were offered surgery and those who were not. Multivariate logistic regression was performed to identify independent predictors for patients being offered surgery.

RESULTS: A total of 2618 (56.5%) patients were offered surgery for PanNET and 2017 (43.5%) were not. Patients who were older ($p<0.001$), non-urban ($p=0.001$), had M1 stage disease ($p<0.001$), and high-grade tumors ($p<0.001$) were less likely to be offered surgery. Patients were likely to be offered surgery regardless of sex ($p=0.006$), income ($p=0.038$), T stage ($p<0.001$), and N stage ($p<0.001$). On multivariate analysis, younger age ($p<0.001$), N1 stage ($p<0.001$), M0 stage ($p<0.001$) and low grade ($p<0.001$) were independent predictors for being offered surgery for PanNET. In contrast, 2618 (88.5%) patients had surgery offered for SBNET and 997 (11.5%) did not. Older patients were less likely to be offered surgery ($p<0.001$). Patients were likely to be offered surgery regardless of race ($p<0.001$), urban status ($p=0.011$), T stage ($p<0.001$), N stage ($p<0.001$), M stage ($p<0.001$), or grade ($p<0.001$). On multivariate analysis, younger age ($p=0.003$), white race ($p=0.002$), T3-T4 stage ($p<0.001$), N1 stage ($p<0.001$), and M0 stage

($p < 0.001$) were independent predictors for being offered surgery for SBNET.

CONCLUSION: Our study confirmed common factors for surgery offer, but, unexpectedly, white race was an independent predictor for whether a patient was offered surgery for SBNET but not PanNET. This discrepancy could reflect treatment facility related factors and deserves further investigation.

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