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Perioperative management of carcinoid crisis: protocol for a modified Delphi international expert consensus statement with patient engagement

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BACKGROUND

Patients with neuroendocrine tumors (NETs) are at risk of carcinoid crisis when undergoing operations, which is associated with adverse post-operative outcomes. There is no contemporary guideline regarding the perioperative management of patients at risk of carcinoid crisis. Moreover, recent evidence has challenged traditional management with somatostatin analogs preparation and avoidance of beta-adrenergic medication. Therefore, specific guidance is needed to provide evidence-based care and improve the quality of surgical care for patients with NETs. Using a modified Delphi consensus methodology, we aim to establish expert consensus regarding the perioperative management of patients undergoing operations for NETs at risk of carcinoid crisis (loco-regional or metastatic midgut and broncho-pulmonary NETs).

METHODS

An international expert panel representing surgical oncology, anesthesiology, medical oncology, endocrinology, and patient partners will be assembled. A literature review and summary was performed and will be presented to the panel to support voting rounds. A first survey round will ask panelists to assess the relevance of items (e.g. preparation, monitoring) to be included in the statement and suggest additional items. Statements will then be generated for items assessed as relevant. Panelists will score their agreement with each statement using a 7-point Likert scale during 2 to 3 survey rounds, aiming for ≥70% consensus for (dis)agreement. A final in-person round will be held to review and re-score items that did not reach consensus. Dissent and sentiment analyses will be conducted to explore if scoring was influenced by the make-up of the panel. Finally, a public consultation will be held for stakeholders (interested patients, care partners, healthcare professionals, and members of the public) to provide feedback on the final statement, using elements of the AGREE-REX tool as a framework.

RESULTS

The literature review was conducted and an international panel of 59 experts has been assembled. The first survey round for assessment of items' relevance is set for August 2023. The final expert consensus statement is expected by March 2024, with stakeholders' consultation to take place in March to May 2024.

CONCLUSIONS

The proposed modified Delphi expert consensus will fill an important gap in the perioperative management of patients with NETs at risk of carcinoid crisis. It will contribute to standardization of care and improvement of outcomes for this patient population. The international panel and unique patient and public engagement strategy will contribute to the external validity and applicability of the resulting expert consensus statement.

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