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Epidemiological description of a patient's cohort with diagnosis of neuroendocrine tumors in a Colombian health care institution (CTIC)

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BACKGROUND

Neuroendocrine neoplasms (NENs) are considered rare tumors, but their incidence has significantly increased in recent years. In Colombia, there are few epidemiological descriptions of the population affected by this pathology.

METHODS

Descriptive analysis was conducted on patients with a confirmed histopathological diagnosis of neuroendocrine neoplasm who were evaluated in Colombian Health Care Institution (CTIC) over a two-year period, from July 2022 to July 2024. The analysis included demographic, epidemiological, tumor behavior, and histopathological characteristics.

RESULTS

47 cases were analyzed in total, with an ECOG: 0 - 1 reported in 91% of cases. The mean age was 63 years, Neuroendocrine Tumors (NETs) were more common than Neuroendocrine Carcinomas (NECs) (78,7% vs. 17%); within well-differentiated NETs 45,9% were grade 1, 45,9% grade 2 and 8,1% grade 3. Pancreas was the most frequent primary site (29,8%), followed by ileum (27,7%), and stomach (14,9%), in which were mostly NECs. Stages distribution is as follows: stage I: 20,9%, stage II: 4,7%, stage III 16,4% and stage IV 58,1%. Liver (81,5%), followed by retroperitoneum (33,3%), peritoneum (29,6%) are the most frequent sites of metastatic disease, and less frequently lung and bones (22,2%). In 15,6% of patients, symptoms consistent with carcinoid syndrome and/or elevated 5HIIA levels were reported in well-differentiated NETs. Second primary neoplasms were observed in almost 20% of the cases and 100% of them patients had a history of at least one first-degree relative with a diagnosis of some malignant disease.

Functional imaging was performed prior to systemic or surgical treatment in 57% of cases.

Chemotherapy was used 25,5% and somatostatin analogs 50% in patients treated. Lu-177-Dotatate Therapy was initiated in 4,3% of cases. The use of other targeted therapies such as cabozantinib, sunitinib, and everolimus, was less common. Primary tumor resection was performed in 50% of cases and mortality was observed in 8,5% of patients.

CONCLUSIONS

This descriptive analysis has identified these patients had similar characteristics as the general NENs population, as diagnosis age, carcinoid syndrome prevalence, and cases proportion were initially diagnosed as stage IV. In striking way, this cohort from a Colombian institution shows a higher proportion in cases of gastric NECs and second primary neoplasms. Overall, these findings highlight the importance of precise diagnostic evaluation to improve patient care. More analytical studies on a higher number of patients in the Colombian population are proposed for the future.

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