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Real World Analysis of Extrapulmonary Neuroendocrine Carcinoma Patients in South Florida.

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BACKGROUND

Extrapulmonary Neuroendocrine Carcinomas (ep-NECs) are rare and aggressive malignancies with extremely poor prognoses and limited therapeutic options. Real world experience regarding ep-NEC patients representing unique South Florida patient population is currently lacking.

METHODS

We conducted a retrospective review of ep-NEC patients managed between January 2023, and May 2026 at University of Miami. Patients who were primarily treated at our site and had complete clinical and radiographic data were included in the analysis. Median PFS and median OS were calculated using the Kaplan-Meier curve.

RESULTS

Twenty-nine patients met eligibility. 86% were White, 10% Black, and 4% Asian race. 21% patients identified as Hispanic. The median age was 60 years. Our cohort included 41% small cell carcinoma, 35% large cell NEC and 24% poorly differentiated unspecified NEC patients. The most common primary site of origin was of gastrointestinal origin (n=16), followed by pancreas (n=2), unknown primary (n=4), gynecological (n=1) and other organs (n=6; pelvic, prostate, breast and esophagus). Only one patient presented with brain metastasis at diagnosis, while five patients developed brain metastasis later; all six patients with brain metastasis belonged to small cell subtype of NEC. Seven patients had local disease and 22 had metastatic disease. Ki 67 index was available on 19 of 21 patients in the metastatic cohort; 15 of 19 patients were noted to have Ki-67 index >80. The median PFS on frontline platinum doublet chemotherapy (as concurrent chemoradiation

or adjuvant chemotherapy) in patients with local disease (n=7) was 10 months (95% CI:4.86 to 15.13). In contrast, those with metastatic disease at diagnosis (n=22), the median PFS was 4 months (95% CI: 2.89 to 5.10). The median OS for all patients with metastatic disease at the time of data cut-off was 16.09 months. 69% and 48% of the patients received second- and third-line therapy respectively.

CONCLUSIONS

Our analysis of a Hispanic-enriched extrapulmonary neuroendocrine carcinoma (ep-NEC) cohort confirms that most patients present with metastatic disease at diagnosis. Notably, the risk of CNS metastasis in ep-NEC is substantially lower than historically reported for thoracic NEC. Characterized by highly aggressive biology, most ep-NEC patients exhibited a Ki-67 index greater than 80%. Furthermore, attrition is high, with fewer than half of patients progressing to third-line therapy. With a median overall survival (OS) of approximately 16 months, these findings underscore ep-NEC as a critical unmet medical need.

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