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Patient-reported symptom burden after surgery for entero-pancreatic neuroendocrine tumors: a population-level analysis.

Carlotta Sarzo[1], Léamarie Meloche-Dumas[2], Colin Court[3], Stefano Partelli[1], Massimo Falconi[1], Jessica Armah[4], Wing Chan[5], Anna Ding[4], Simron Singh[3], Julie Hallet[3]

[1]Vita-Salute San Raffaele University, Milan, Italy; [2]Department of Surgery, University of Toronto, Toronto, Ontario, Canada; [3]Susan Leslie Clinic for Neuroendocrine Tumors, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada; [4]Evaluative Clinical Sciences, Sunnybrook Research Institute, Toronto, Ontario, Canada; [5]Cancer program, ICES, Toronto, Ontario, Canada

BACKGROUND

Patients with entero-pancreatic neuroendocrine neoplasms (EP-NENs) have unique supportive care needs. Patient-reported evidence on the post-operative experience after EP-NET surgery is limited. We described patient-reported symptom patterns and identify factors associated with moderate-to-severe symptom burden in the 6 months following surgery for EP-NENs.

METHODS

We conducted a population-level retrospective cohort study of adults (≥18 years old) undergoing resection for EP-NENs. Patient-reported symptom burden was captured with prospectively collected Edmonton Symptom Assessment System (ESAS) scores. Monthly prevalence of moderate-to-severe symptoms (ESAS ≥4) over 6 months after surgery was computed. Multivariable modified Poisson regression identified factors associated with reporting moderate-to-severe symptoms. Generalized linear mixed models estimated symptom score trajectories over time.

RESULTS

Among 1,327 patients completing at least one ESAS assessment, 3,078 scores were recorded over 6 months after surgery. The most commonly reported moderate-to-severe symptoms over that time period were tiredness (32%–41%), lack of wellbeing (30%–37%), and anxiety (21%–28%). Overall prevalence of moderate-to-severe symptoms was relatively stable, with clinically significant changes observed only for anxiety, which decreased by 12% within the first post-operative month, and lack of appetite, which rose initially before declining by month 3. Average total-ESAS score improved by approximately 5 points over 6 months after all EP-NENs surgeries, from an average of 21.4 before surgery to 14.6 at month 4. Pancreatectomy was associated with an initial rise in moderate-to-severe symptom reporting followed by progressive decline by month 3. Small bowel resection

and hepatectomy had clinically stable symptom trajectories overall. Symptom burden did not differ by 24-hour urinary 5-hydroxyindoleacetic acid elevation. Female sex was associated with higher risk of reporting moderate-to-severe anxiety, nausea, lack of appetite, tiredness, and poor wellbeing. Advancing age was independently associated with lower risk of reporting moderate-to-severe anxiety, depression, drowsiness, nausea, and tiredness.

CONCLUSIONS

Patients undergoing surgery for EP-NENs report a mostly stable burden of moderate-to-severe symptoms over 6 months after surgery, with procedure-specific trajectories and patient-level predictors that can guide counseling, expectations setting, recovery care pathways, and proactive symptom management.

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