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Building an international research agenda for the surgical care of gastro-entero-pancreatic neuroendocrine tumors: results of the CUTNETs modified Delphi consensus phase.

Lev Bubis[1], Stefano Partelli[2], Léamarie Meloche-Dumas[3], Alexandra Gangi[4], Els Nieveen van Dijkum[5], Stefan Stättner[6], Massimo Falconi[2], Kjetil Søreide[7], Julie Hallet[8], on behalf of the Collaborative of sUrgical Teams for Neuroendocrine Tumors (CUTNETs)

[1]Department of Surgery, University of Manitoba, Winnipeg, Manitoba, Canada; [2]Vita-Salute San Raffaele University, and Pancreatic and Transplant Surgery Unit, IRCCS San Raffaele Scientific Institute, Milan, Italy; [3]Department of Surgery, University of Toronto, Toronto, Ontario, Canada; [4]Department of Surgery, Cedars-Sinai Medical Center, Los Angeles, California, USA; [5]Department of Surgery, Cancer Center Amsterdam, Amsterdam UMC, Amsterdam, The Netherlands; [6]Department of General, Visceral and Vascular Surgery, Salzkammergutklinikum, Vöcklabruck, Austria; [7]Department of Gastrointestinal Surgery, Stavanger University Hospital, Stavanger, Norway; [8]Department of Surgery, University of Toronto, and Susan Leslie Clinic for Neuroendocrine Tumors, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada

BACKGROUND

Surgical management remains a cornerstone of the management of gastro-entero-pancreatic neuroendocrine tumors (GEP-NETs), yet surgical indications and procedures are often inconsistent, and rest on fragmented, largely single-center evidence. We aimed to reach consensus on priority research gaps to address in the surgical care of GEP-NETs, with a view to build a research agenda.

METHODS

We conducted a modified Delphi consensus process with an international panel of surgical GEP-NET experts spanning academic and community practice and major surgical and NET societies across the Americas and Europe. An open-ended first round, informed by a scoping review, generated candidate research gaps, organized into 9 clinical and one methodology categories. In two subsequent survey rounds, panelists rated each item's importance on a 1-7 Likert scale. Consensus was determined by modified RAND/UCLA method: items were classified important (accepted) based on the median score, and consensus defined by fewer than one-third of panelists rating outside the three-point region containing the median.

RESULTS

Forty-one experts formed the panel with over 80% replying to each round. Eighty-two items across 10 categories were rated. After 2 rounds, 57 items (70%) reached consensus as important, 2 (2%) as not important, and 23 (28%) reached no consensus. The ten research questions with strongest consensus as important were timing and indications for surgery in well-differentiated Grade 3 NETs (91%), aggressive surgery versus systemic therapy in locally advanced pancreatic NETs (panNETs) (88%), role of neoadjuvant therapy in locally advanced panNETs (88%), when to safely cease observation of small non-functional panNETs (85%), role of liver resection in metastatic panNETs (85%), indications for primary tumor resection with inoperable metastases in small bowel and panNETs (82% each), optimal agent for neoadjuvant therapy in locally advanced panNETs (82%), selection of candidates for liver debulking surgery (79%), and adjuvant therapy after liver debulking (79%). The three research methodologies with strongest consensus were multicenter randomized controlled trials (97%), multicenter prospective cohort studies (94%), and quality-of-life studies (88%). Two questions were rejected: octreotide for postoperative pancreatic fistula prevention and hepatic arterial infusion for liver metastases. Two research questions showed bipolar disagreement: peritoneal cancer index cutoffs for cytoreduction and role of minimally invasive/robotic surgery.

CONCLUSIONS

International experts generated consensus on 57 priority research questions in the surgical care of GEP-NETs, including endorsement of multicenter, collaborative study designs. These priorities will undergo comparative ranking for prioritization to yield a focused actionable collaborative research agenda in the surgical care of GEP-NETs.

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