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## Real-World Management of Extrapulmonary Neuroendocrine Carcinoma (epNEC) from the Perspective of Healthcare Providers in the VOICE Study

*Jason Starr[1], Jessica Thomas[2], Karalyn Faulkner[3], Lisa Yen[4], Maryann Furlong-Wahmann[5], Susan Meckler-Plummer[6], Nicholas Liu[7], Katherine Vrieze[7], Alena Christensen[7], Stephen Ijioma[7], Yan Meng[8], Béatrice Libchaber[8], Lynn Huynh[8], Maral DerSarkissian[8], Mei Sheng Duh[8], Aman Chauhan[9]*

*[1]Mayo Clinic; [2]Neuroendocrine Tumor Research Foundation; [3]The Healing NET Foundation; [4]Neuroendocrine Cancer Foundation; [5]Neuroendocrine Cancer Awareness Network; [6]Minkahz NETs Mission; [7]Boehringer Ingelheim Pharmaceutics, Inc; [8]Analysis Group, Inc; [9]University of California San Francisco Health*

### BACKGROUND

epNEC is a rare and aggressive cancer with limited evidence on real-world patient management. This study aimed to assess real-world patient journey, experiences and unmet needs across the care pathway from the perspective of healthcare providers (HCPs).

### METHODS

A cross-sectional, web-based comprehensive survey of US oncologists treating ≥1 patient with epNEC in the past 12 months was administered between Jan-Feb 2026. Data on referral and diagnosis (dx), treatment (tx) selection, biomarker testing and unmet needs were analyzed.

### RESULTS

Among 100 HCPs (median age 45 years; 77% male; 82% medical oncologists or hematologists/oncologists; 61% community setting), 31% reported ≥1 month from initial patient contact to referral to oncologist. Referral delays were reported by 75% of HCPs, primarily due to initial misclassification (68%). A total of 28% reported frequent diagnostic challenges differentiating epNEC from neuroendocrine tumors (NET), largely due to overlapping features (68%); 73% cited improved access to specialized pathology review as a key unmet need.

Most HCPs (80%) agreed that epNEC requires more urgent tx than NET. Platinum-etoposide (PE)-based regimens were the most common tx in 1L (59%), followed by immunotherapy (I/O)-based regimen (25%); 2L choices were heterogeneous. Tx goals shifted from prolonging survival in 1L to improving symptoms and quality of life in 2L.

However, 61% and 64% reported neutral or dissatisfaction with available 1L and 2L tx, with the greatest unmet need in efficacy.

Biomarker testing was widely valued, with 95% and 92% of HCPs considering it important for dx and tx decisions, respectively. Awareness and testing of DLL3 was high (83% and 68%, respectively). Among HCPs who had not tested for DLL3 (32%), 78% were willing to order DLL3 testing to inform tx selection. Overall, 91% would consider DLL3-targeted therapy for eligible patients.

## CONCLUSIONS

HCPs reported challenges across the epNEC care pathway, characterized by diagnostic delays, limited access to pathology review, and limited satisfaction with current tx. High willingness to adopt biomarker-driven approaches, particularly DLL3-targeted strategies, highlights an opportunity to improve tx selection.

## ABSTRACT ID #36561