O-22

Drivers and Barriers to Workforce Development in Neuroendocrine Neoplasms: Insights from the NANETS "Why NENs" Early-Career Survey

Udhayvir Singh Grewal[1], Cassandra Cleare[2], Bradley T. Loeffler[3], Matthew T Gao[3], Erin L. Cline[3], Samantha Greenberg[4], Erin Ward[5], Garima Gupta[6], Virginia Corbett[7], Seth Jason Concors[1], Simron Singh[8], Claire Mulvey[9], Jessica Maxwell[10]

[1]Winship Cancer Institute of Emory University, Atlanta, GA; [2]North American Neuroendocrine Tumor Society, New York, NY; [3]Holden Comprehensive Cancer Center, Iowa City, IA; [4]UT Southwestern Medical Center, Dallas, TX; [5]Huntsman Cancer Institute, Salt Lake City, UT; [6]University of Alabama at Birmingham Medical Center, Birmingham, AB; [7]Mount Sinai Medical Center, New York, NY; [8]Sunnybrook Health Sciences Center, Toronto, ON; [9]University of California San Francisco Medical Center, San Francisco, CA; [10]The University of Texas MD Anderson Cancer Center, Houston, TX

BACKGROUND

The neuroendocrine neoplasm (NEN) workforce remains relatively small despite rising disease incidence and increasing therapeutic complexity. Understanding the factors that drive entry into and retention within the NEN field is critical to developing a sustainable multidisciplinary workforce.

METHODS

A cross-sectional, anonymous electronic survey was distributed to NANETS members (September-December 2025). The survey evaluated respondent specialty, training stage, NEN practice characteristics, mentorship experiences, institutional support, research involvement, and long-term career goals. Respondents completing at least one survey item were included in this preliminary analysis. Descriptive statistics summarized categorical variables as frequencies and percentages.

RESULTS

Responses from 50 respondents were included in the final analysis. Respondents represented surgery (n=20, 40%), medical oncology (n=18, 36%), endocrinology (n=5, 10%), pathology (n=3, 6%), and translational science (n=3, 6%). Most respondents were within 0–2 years of completing formal training (20, 40%), 17 (34%) within 3-5 years of training completion, and 13 (26%) still in training. NENs were a primary clinical and/or research focus for 35 respondents (70%), and 35 (70%) reported high-volume NEN practices.The most common factors driving initial interest in NENs were exposure during training (n=35, 73%) and strong mentorship (n=30, 63%), while scientific curiosity (n=14, 29%) and institutional opportunity (n=13, 27%) were less frequently reported. For career retention,

ongoing mentorship was the most cited factor (n=32, 67%), followed by access to opportunities (n=26, 54%) and supportive colleagues (n=26, 54%). Overall, 30 (67%) rated mentorship as “critical” to their career development, and 38 (84%) reported currently receiving formal (n=6, 13%) or informal (n=32, 71%) mentorship. Only 15 respondents (34%) reported active leadership or collaboration in NEN trials/research, while 26 (59%) expressed interest but had not yet become involved. Among those not engaged, the most common barriers were uncertainty regarding how to start (n=21, 68%), lack of mentors (n=12, 39%), and inadequate infrastructure (n=10, 32%). Key unmet needs included protected time (n=21, 48%), multidisciplinary collaboration (n=20, 45%), and trial access (n=19, 43%). Future aspirations included becoming dedicated NEN clinicians (n=25, 60%), educators/mentors (n=22, 52%), and program leaders (n=19, 45%).

CONCLUSIONS

Among early-career professionals, mentorship and exposure during training are key drivers of entry into and retention within the NEN field. However, substantial barriers remain in translating early interest into meaningful academic and research engagement. These findings highlight actionable opportunities for professional societies and institutions to strengthen mentorship pathways, expand infrastructure, and foster the professional development of the next generation of NEN specialists.

ABSTRACT ID #36608