Grade 2 Ileum NET with liver and bone metastasis
DISCLOSURE OF INTEREST

None
CASE REPORT

JPB, male, 67 years old

April 2015

- Diarrhea (4/5 dejections/day) and abdominal pain
- It was thought to be an inflammatory bowel disease and he was medicated with mesalazine, with little clinical improvement
CASE REPORT

JPB, male, 67 years old

April 2015
• Diarrhea (4/5 dejections/day) and abdominal pain
• It was thought to be an inflammatory bowel disease and he was medicated with mesalazine, with little clinical improvement

April 2016
• CT scan: mesenteric lesion (solid, irregular) with 4.2cm and 2 liver metastasis on segment III (2.7cm) and VI (4cm)
**CASE REPORT**

**JPB, male, 67 years old**

- **April 2015**
  - Diarrhea (4/5 dejections/day) and abdominal pain
  - It was thought to be an inflammatory bowel disease and he was medicated with mesalazine, with little clinical improvement

- **April 2016**
  - CT scan: mesenteric lesion (solid, irregular) with 4.2cm and 2 liver metastasis on segment III (2.7cm) and VI (4cm)

- **ER**
  - Ileal perforation with ischemia, adjacent to tumoral mass
  - Surgery: ileal resection and ileostomy
  - Liver biopsy
CASE REPORT

JPB, male, 67 years old

April 2015
- Diarrhea (4/5 dejections/day) and abdominal pain
- It was thought to be an inflammatory bowel disease and he was medicated with mesalazine, with little clinical improvement

April 2016
- CT scan: mesenteric lesion (solid, irregular) with 4.2cm and 2 liver metastasis on segment III (2.7cm) and VI (4cm)

ER
- Ileal perforation with ischemia, adjacent to tumoral mass
- Surgery: ileal resection and ileostomy
- Liver biopsy

Histological Report:
- Grade 2 Neuroendocrine neoplasia (Ki67=20%)
- No evidence of primary tumour
- TxN1M1

ESMO Preceptorship Course on NEN
CASE REPORT

The patient then performed the following exams:

- **April 2016** Upper endoscopy: 7mm gastric polyp: benign
- **June 2016** $^{68}$Ga-DOTANOC PET/CT: uptake on primary tumour (mesenteric lesion), with multiple liver and lymph node metastasis
- **June 2016**: Cromogranin A >300nmol/L (<6); Serotonin 1122.4 µg/L (117.5-193.3)

Images 1, 2 and 3: $^{68}$Ga-DOTANOC PET/CT showing mesenteric lesion and multiple liver and lymph node metastasis
CASE REPORT

The patient then performed the following exams:

- **April 2016** Upper endoscopy: 7mm gastric polyp: benign
- **June 2016** $^{68}$Ga-DOTANOC PET/CT: uptake on primary tumour (mesenteric lesion), with multiple liver and lymph node metastasis
- **June 2016**: Cromogranin A >300nmol/L (<6); Serotonin 1122.4 µg/L (117.5-193.3)

He started octreotide LAR 30mg, with clinical improvement of carcinoid symptoms and biochemical response:

- Cg A 180.7nmol/L (<6)
CASE REPORT

- Clinical and imagiological follow-up revealed worsening of carcinoid syndrome and progression of disease:
  - **June 2017** $^{68}$Ga-DOTANOC PET/CT: uptake on primary tumour; progression of liver disease and bone metastasis in D3
  - **September 2017** 5HIAA 1098 µg/L (117-193 µg/L); CgA 1431.6 nmo/L (<6)

Images 4, 5 and 6: $^{68}$Ga-DOTANOC PET/CT (June 2017) showing progression of liver disease and bone metastasis in D3
CASE REPORT

January 2018: He was sent to our department. On observation: exuberant flushing

- **Biochemical evaluation**: CgA 39460 ng/mL (<102); 5HIAA 106.4mg/24h (<15)
- **18F-FDG PET/CT**: uptake on primary tumour, extensive liver, peritoneal and lymph node metastasis; bone metastasis in D3
- **Evaluation by cardiologist**: no signs of carcinoid heart disease on echocardiography; NT-proBNP 94.8pg/mL (<300)
January 2018: He was sent to our department. On observation: exuberant flushing

- **Biochemical evaluation**: CgA 39460 ng/mL (<102); 5HIAA 106.4mg/24h (<15)
- **18F-FDG PET/CT**: uptake on primary tumour, extensive liver, peritoneal and lymph node metastasis; bone metastasis in D3
- **Evaluation by cardiologist**: no signs of carcinoid heart disease on echocardiography; NT-proBNP 94.8pg/mL (<300)

**Multidisciplinary team meeting:**
Increase dosage of Octreotide LAR to 60mg
It was decided not to treat with PRRT due to high uptake in FDG PET
Radiotherapy
NEXT THERAPY

Grade 2 ileum NET with liver, lymph node and bone metastasis
- Progression of disease
- Refractory carcinoid syndrome
**Next Therapy**

- Grade 2 ileum NET with liver, lymph node and bone metastasis
  - Progression of disease
  - Refractory carcinoid syndrome

**Everolimus?**
- 2nd/3rd line therapy after failure of SSA/PRRT

**Chemotherapy?**
- Streptozotocin/5-fluorouracil
- Capecitabine/temozolamide

**Telostristat?**
- Oral serotonin synthetesis inhibitor
- Refractory carcinoid syndrome not adequately controlled by SSA therapy