ESMO ADVANCED COURSE ON INDIVIDUALISING THE THERAPEUTIC APPROACH IN PATIENTS WITH NENS

Primary tumor removal in metastatic disease

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DISCLOSURES
Research grant Ipsen
RESECTION OF PRIMARY NEN IN STAGE 4 DISEASE

Outline of the presentation

- Current ENETS guidelines for small bowel NEN and pancreatic NEN
- Clinical considerations and surgical risk
- Conclusions and take home message
## ENETS GUIDELINE 2016  SMALL BOWEL NEN

<table>
<thead>
<tr>
<th>Disease</th>
<th>Localized</th>
<th>Regional</th>
<th>Distant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage</td>
<td>I/II</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>TNM</td>
<td>T1–3N0M0</td>
<td>T4N0M0</td>
<td>TxNxM1</td>
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<tr>
<td></td>
<td>T1–4N1M0</td>
<td></td>
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</tbody>
</table>

### Surgical treatment | Radical resection | Radical resection with curative intent | Palliative resection | No resection
--- | --- | --- | --- | ---
Local radical open (or in selected pts) laparoscopic resection* of  
- primary tumor(s)**  
- lymph nodes (dissection along the superior mesenteric root)  
in combination with:  
- mets (liver)
Local radical open resection of  
- primary tumor(s)  
- lymph nodes (dissection along the superior mesenteric root)  
Due to:  
- local inoperability  
- comorbidity
Local radical open (in selected pts) laparoscopic resection of  
- primary tumor(s)  
- lymph nodes (dissection along the superior mesenteric root)  
- To avoid local complications (obstruction, bleeding etc.)  
- To possibly improve prognosis*