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Gastrointestinal and Unknown Primary Neuroendocrine Tumours: A Retrospective Analysis †

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Abstract: Gastrointestinal and Unknown primary neuroendocrine tumors (GI-NETs/UP-NETs) are rare neoplasms with large heterogeneity. We performed a retrospective study in our center to investigate the clinicopathological features, treatment, and prognostic factors of these types of NET. Data were collected from 34 patients diagnosed with either GI-NET or UP-NET between 2011 and 2019 who benefited from somatostatin analogs during follow-up. Information processing was done using SPSS Statistics 26. Kaplan-Meier method and log-rank analysis were used to determine the prognostic significance of different variables. The commonest known site of diagnosis was the small intestine (n=16, 47.1%), followed by colon (n=4, 11.8%), stomach (n=2, 5.9%) and appendix (n=1, 2.9%). The rest of 32.4% (n=11) were NET of the unknown primary site. Histological grade was determined by the latest criteria. 64.7% (n=22) of patients had progressive disease, with a statistically significant impact on overall survival. The mean duration of octreoctide/lanreotide treatment was 38.94 ±26.62 months. Progression-free survival was significantly shorter in stomach NETs (median 2.5 months±0.5), followed by colon NETs (median 7months± 2.19), unknown primary NETs (median 16months± 9.62), and small bowel NETs (median 17 months±6) (p=0.002), with no influence of tumor location on overall survival. More than half of the patients (55.9%, n=19) needed chemotherapy sometimes during disease evolution and probably due to a more aggressive disease survival analysis revealed a significantly worse outcome. Therefore, this study constitutes a comprehensive analysis of GI and UP NETs that helps improve our understanding, demonstrating several prognostic factors that can be considered in the management of this malignant entity.

Keywords: unknown primary neuroendocrine tumors; gastrointestinal neuroendocrine tumors; somatostatine analogs; octreoctide; lanreotide.

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Conflicts of Interest

The authors declare no conflict of interest.