

*VIRTUAL*

# World NEN Lives 2020 Congress Program

## September 23 – 24, 2020

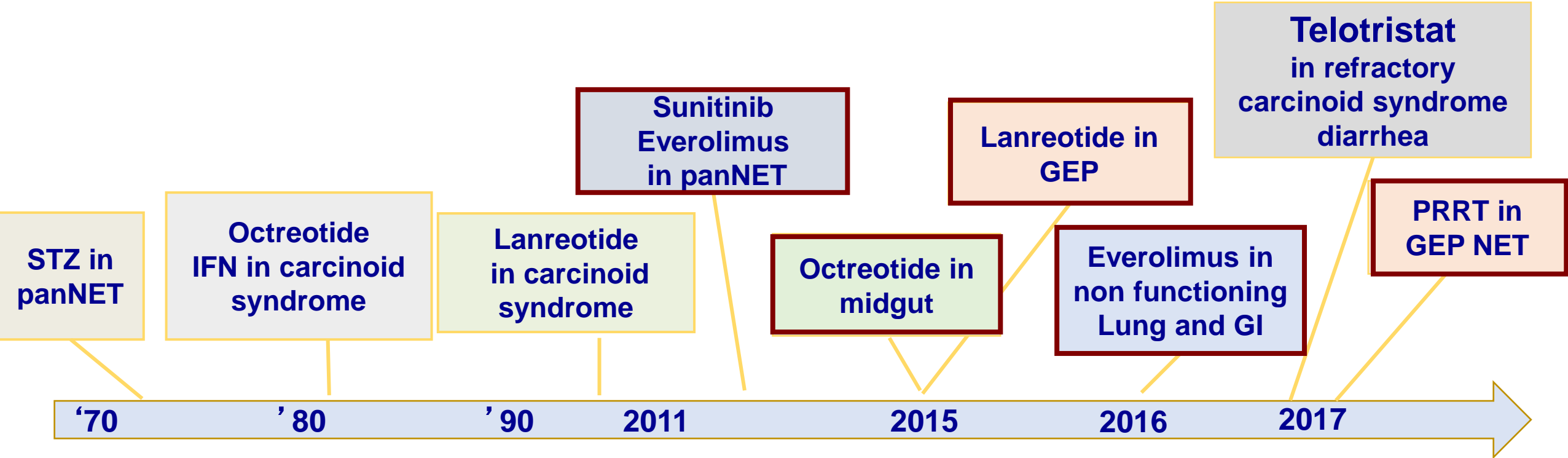
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*«If you have a NEN you will never  
receive a chemotherapy»*



# FDA/EMA approved therapies for patients with advanced GEP NETs



# Neuroendocrine neoplasms: NEN

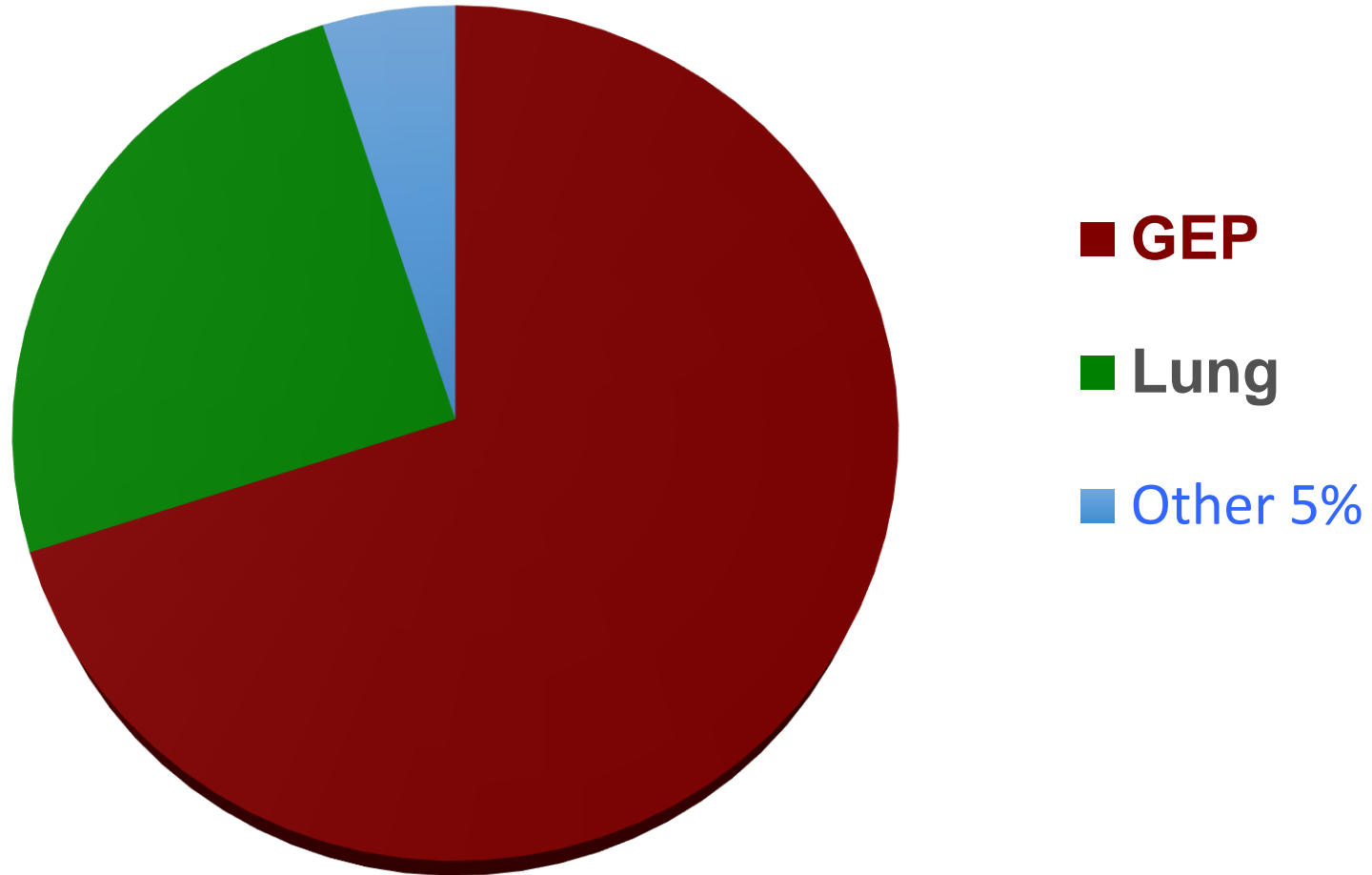
Well (moderately)  
differentiated  
or  
Low / intermediate grade  
or  
 $\leq 20\%$  Ki-67

**Tumours  
NET**

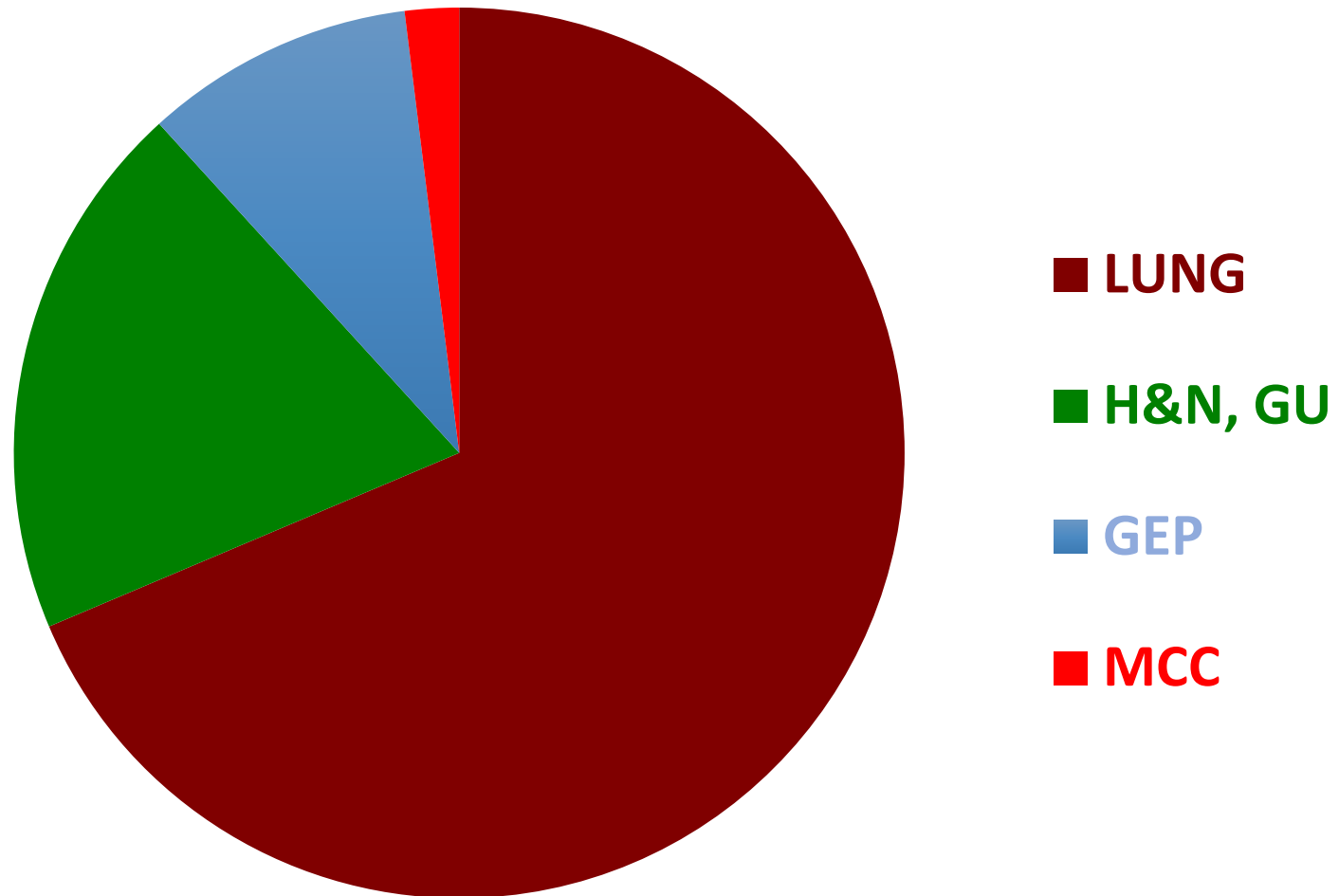
Poorly differentiated  
or  
High grade  
or  
 $> 20\%$  Ki-67

**Carcinomas  
NEC**

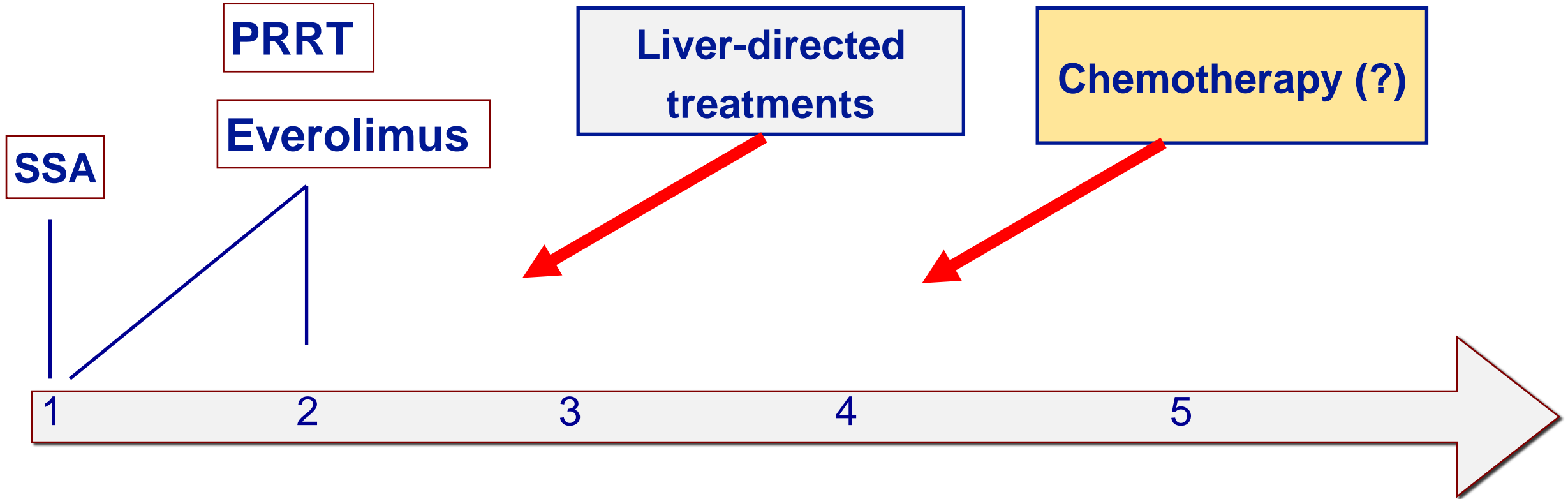
## Neuroendocrine tumors (NET)



## Neuroendocrine carcinomas (NEC)



# Metastatic G2 SSTR-2 + small bowel NET



# Metastatic G2 SSTR-2 + pancreatic NET

Everolimus

Sunitinib

PRRT

Chemotherapy

SSA

Liver-directed treatments

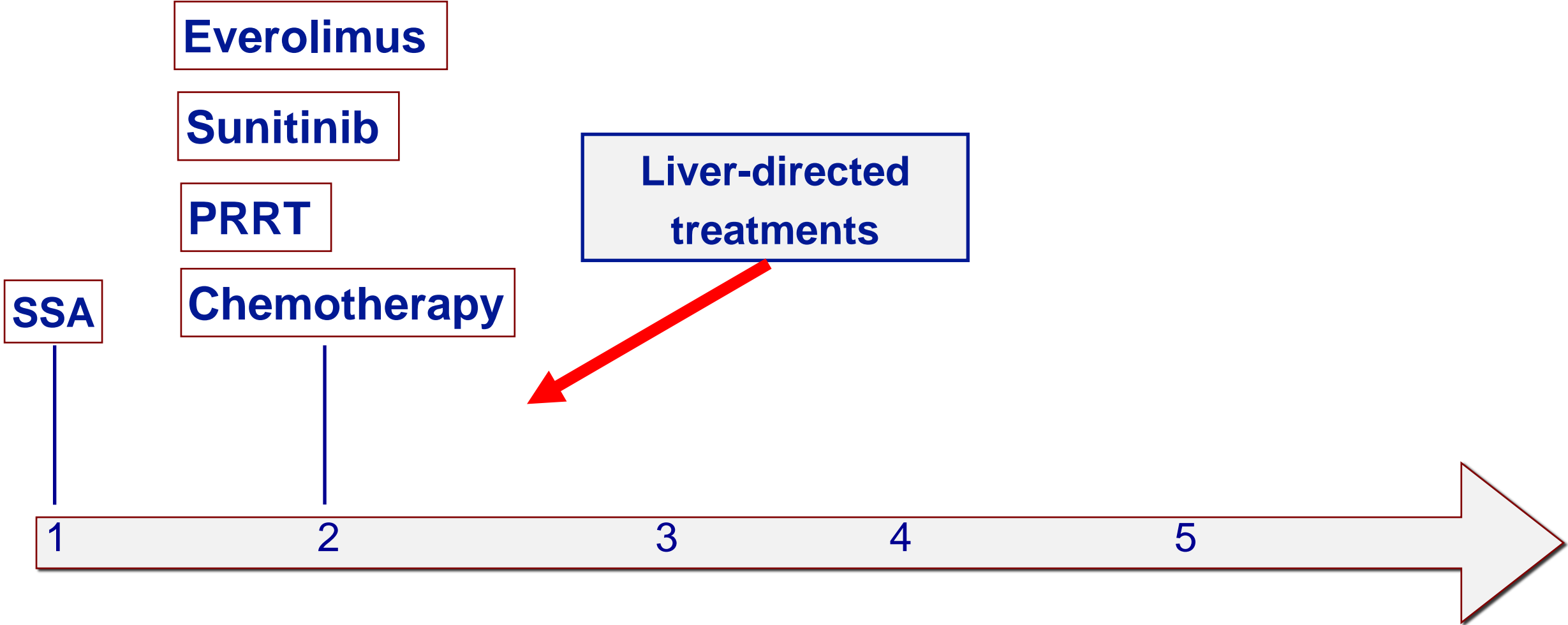
1

2

3

4

5





*«If you have a NET you will never  
receive a chemotherapy»*



# Chemotherapy for NECs

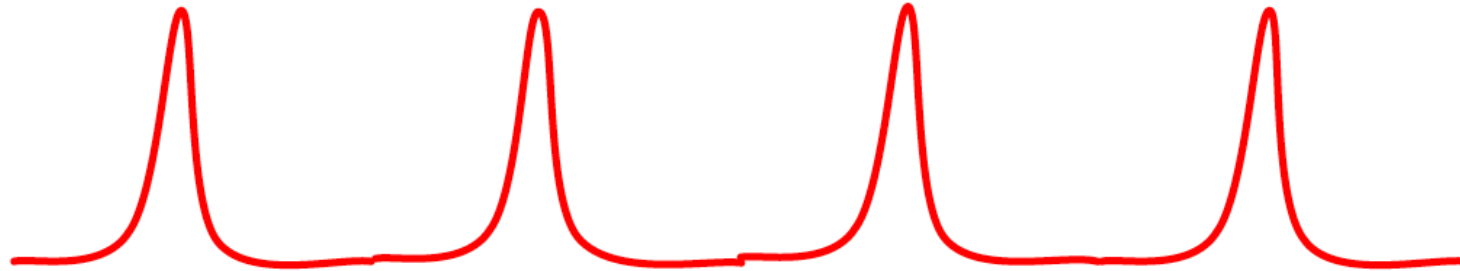
- Cisplatin or Carboplatin
- + Etoposide or Irinotecan

# Chemotherapy for NETs

- Intravenous or oral
- Conventional or metronomic schedule

# Different schedules of chemotherapy

**“CONVENTIONAL”**



**Maximum Tolerated Dose (MTD)**

**“METRONOMIC”**



**Continuative low dose**

# Different schedules of metronomic chemotherapy

**Oral daily**  
(e.g. CTX, capecitabine, UFT)



**I.V. weekly**  
(e.g. taxanes, anthracyclines)



**I.V. protracted continuous infusion**  
(e.g. 5-FU)



# Locally advanced NEC

- Upfront radical surgical removal
- Neo-adjuvant chemo+/-radiotherapy
- Adjuvant chemo+/-radiotherapy

## Concluding remarks

- Chemotherapy and radiotherapy are part of the therapeutic options for a NEN patient
- Their goal can be «curative» or, more commonly, «palliative»
- Metronomic chemo may be a good option for asymptomatic patients with indolent disease, but evidence should be improved
- Radiotherapy is more frequently indicated for high-grade NEN

# European Institute of Oncology, IRCCS, IEO, ENETS CoE



**IEO NEN  
MDT**

**Thanks!**