



Practical lessons from surgical management of NENs



MENETS

World NEN Lives Congress 2020

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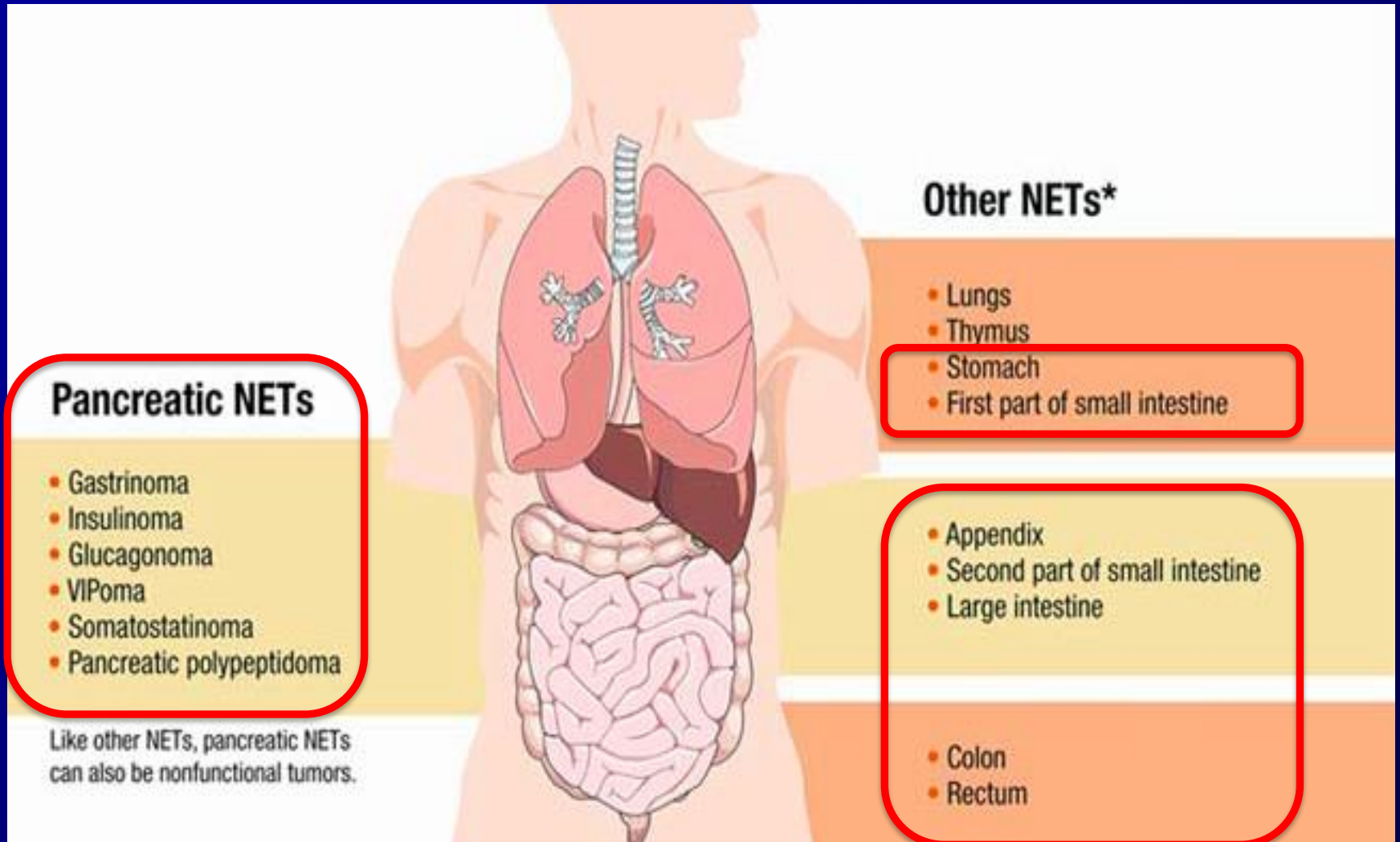
Background

- Indolent course - think zebra
- Increase awareness





Background





Background

- Gastro-intestinal tract:
 - Stomach 7%
 - Small intestine 45%
 - Appendix 17%
 - Colon 11 %
 - Rectum 20%



Decision process

- Diagnosis
- Labs
- Imaging
- Decision to operate
- Decision on type of surgery
- Follow up



Diagnosis

- Almost always tissue diagnosis
 - Gastroscopy
 - Colonoscopy
 - Liver biopsy
 - Pancreatic biopsy (EUS)
- Incidental finding after surgery
 - Appendix
 - Small bowel tumor



Labs

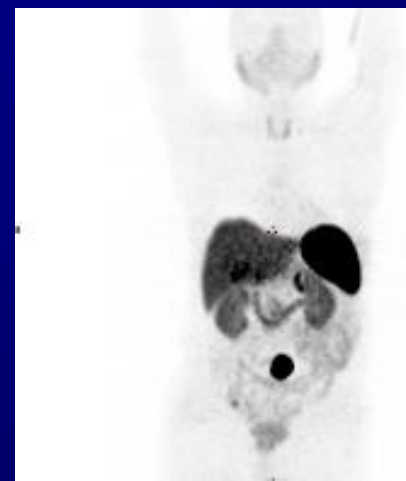
- General
- CgA
- Urinary 5HIAA
- Pancreatic hormones
- Other





Imaging

- Functional imaging
 - SSR scans
- Anatomical imaging
 - CT
 - MRI





Decision to operate

- MDT
 - Endocrinology
 - Surgery
 - Radiology
 - Oncology
 - Gastroenterology
 - Nuclear medicine
 - Pathology





Decision to operate

- Effect on prognosis vs. symptoms
- Operability (patient)
- Resectability (tumor, lymph nodes, metastasis)
 - RO
 - R1



Decision on type of surgery

- Preoperative considerations
 - Somatostatin drip
- Laparoscopy / open surgery
- Oncological resection
- Gallbladder



Follow up

- Immediate
 - Perioperative
 - Pathology
- Long term
 - Recurrence
 - SSA
 - Adjuvant therapy



Conclusions

- NENs surgery – never simple
- High volume center / surgeon
- MDT



NET MDT



S. Glasberg



D. Gross



K. Oleinikov

NET Unit, Endocrinology



O. Maimon



A. Meirovitz



A. Salmon

Oncology



A. Bloom



L. Appelbaum
-Pikarsky



N. Goldberg



N. Lev-Cohain

Radiology



Y. Krausz



J. Godefroy



A. Chicheportiche

Nuclear Medicine



H. Mazeh



A. Khalailieh



J. Weinberger

Surgery



H. Jacob



J. Epshtein



A. Benson

Gastroenterology



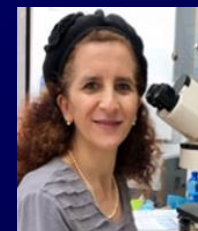
D. Gilon
Cardio-
oncology



A. Korach
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Surgery



U. Izhar
Thoracic Surgery



K. Atlan



J. Diamant
Pathology

Pathology

