Abstract for submission to the 15th Annual ENETS Conference

7-9 March 2018; Barcelona, Spain

Submission deadline: Sunday 3rd December 2017 (notifications will be sent early January 2018)

Basic category: Basic science / **clinical research** / case reports

Special category:

- Biomarkers
- Endocrine malignancies (MTC, pheochromocytoma) - diagnosis and therapy
- **Epidemiology/Natural history/Prognosis- Registries, nationwide and regional surveys**
- Imaging and Interventions (radiology, endoscopy)
- Medical treatment - Chemotherapy Somatostatin analogues, Interferon
- Medical treatment - others, not specified
- Medical treatment -Targeted therapies
- **Non digestive NETs (bronchial, thymic, others) - diagnosis and therapy**
- Nuclear Medicine - Imaging and Therapy (PRRT)
- Pathology - grading, staging
- Surgical treatment and Ablative Therapies

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Preferred presentation type: poster / oral / **either**

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- Abstract submission implies that the primary author has the consent of all authors and has obtained necessary institutional clearances.
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Title: A *Comparison of Diagnostic and Management Pathways for Patients with Lung Neuroendocrine Tumors in ENETS Centres of Excellence vs Non-accredited Centres in the UK: Results from the National Lung NET pathway Project ('LEAP')*

Authors: Denis Talbot[1], Stuart Ferguson[2], Wasat Mansoor[3]

Author affiliations:

[1] University of Oxford, Oxford, UK, OX3 7LE, denis.talbot@oncology.ox.ac.uk, 01865 235308

[2] Novartis Pharmaceuticals UK Ltd, Medical Affairs, Frimley, UK, GU15 3YL, stuart.ferguson@novartis.com, 07342 081374

[3] The Christie NHS Foundation Trust, Medical Oncology, Manchester, UK, M20 4BX, Was.Mansoor@christie.nhs.uk, 0161 446 3209

Contact email of person to contact for additional information (and website, if existing): denis.talbot@oncology.ox.ac.uk

Abstract (max 1750 characters including spaces, no table permitted). Current character count = 1691

Introduction/background: The ENETS network of accredited NET Centres of Excellence (CoE) across Europe was established to standardise and improve NET management.

Aims: To compare diagnostic and patient management pathways for lung NET in ENETS CoE with non-accredited UK centres (non-CoE).

Materials and methods: Between Oct 2016–May 2017 clinicians at 27 UK centres were interviewed about current patient management. Respondents were from all 10 CoE (4 oncologists, 6 other specialists) and 17 non-CoE (15 oncologists, 2 other specialists). Results are presented as CoE vs non-CoE respondents.

Results: Tests and investigations used routinely at diagnosis, include: Pathology, WHO classification (9/10 [90%] vs 12/17 [71%]), Ki-67 index (8/10 [80%] vs 13/17 [76%]); Radiology/Somatostatin Receptor Scintigraphy (SRS), gallium 68 SRS positron emission tomography (PET) (7/10 [70%] vs 3/17 [18%]), FDG PET (9/10 [90%] vs 13/17 [76%]), octreotide SRS (6/10 [60%] vs 12/17 [71%]), bone scan (4/10 [40%] vs 4/17 [24%]); Biochemistry, serum or urine 5-hydroxyindoleacetic acid (8/10 [80%] vs 12/17 [71%]), chromogranin A (10/10 [100%] vs 12/17 [71%]).

All 10 CoE and 15/17 (88%) non-CoE respondents had a NET specialist multidisciplinary team meeting (MDTM); 9/10 (90%) vs 7/17 (41%) had a NET clinical nurse specialist; 8/10 (80%) vs 5/17 (29%) had a lung NET patient database.

Conclusions: Although based on small numbers, these results suggest that there is wider use of ENETS recommended tests/assessments and greater access to NET nurse specialists and MDTM in CoE compared with non-CoE. This may reflect the rigorous auditing required for ENETS accreditation. Further work is needed to determine whether these apparent differences translate into improved patient outcomes.

Keywords: Lung NET, Centre of Excellence, ENETS, treatment pathways, diagnostics

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