

# Consensus Guidelines for the Management of Patients with Digestive Neuroendocrine Tumors: Why Such Guidelines and How We Went about It

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## The Starting Point

The demand for standards in the stratification and treatment of patients with gastroenteropancreatic (neuro)endocrine tumors (NETs) prompted the European Neuroendocrine Tumor Society (ENETS) to define guidelines [1, 2]. Guidelines had been proposed, however, no attempt was made to reach consensus on specific issues [3, 4]. Given that published evidence on many aspects pertaining to digestive NETs is and continues to be limited, complete consensus in the diagnostic and management arena is unlikely to be achieved. Nonetheless, ENETS has sought to define the European standards in this intriguing field. Therefore, the circulation of ideas with discussion of different opinions and comparison of experiences (both published and according to expert specialists) were deemed indispensable in undertaking such a difficult task. The Society organized two conferences to discuss the previously published ENETS Guidelines, with the aim of arriving at consensus standards on the diagnosis and treatment of digestive NETs. The first consensus conference was held in Frascati, Italy, in November 2005 and focused on foregut tumors; the second conference is planned for November 2006 and will be devoted to midgut and hindgut tumors.

## How We Worked

Sixty-two experts active in the field of digestive NETs from 20 different countries attended the first Consensus Conference. Attendees were invited on the basis of their proven expert scientific and clinical experience in NETs. The attendees represented all medical disciplines involved in managing patients with digestive NETs. They were assigned to four working groups according to their specific clinical expertise: (1) Pathology and Genetics (11 participants); (2) Surgery (10 participants); (3) Imaging and Radiology (10 participants), and (4) Medicine and Clinical Pathology (31 participants). The complete list of delegates is provided at the end of this commentary, as well as at the end of each of the six following papers.

The Conference was divided sequentially into 8 sessions devoted to specific topics on an anatomical basis (Gastric NET, Sessions 1 and 2; Duodenal NET; Pancreatic NET, Sessions 1–4; Poorly Differentiated Endocrine Carcinomas of foregut origin). A working booklet was prepared in advance by the organizing committee, using as a basis the published text of the ENETS Guidelines so that specific questions could be prepared and presented to different working groups. The booklet was provided to the participants only at the conference venue.

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At the conference, following a short case presentation in a plenary session (which underlined typical problems in diagnosis and management in each tumor session), each working group gathered separately to discuss group-specific questions. Each session had a chairperson responsible for the case presentation and for conducting the general assembly toward consensus. Each working group had a group leader responsible for presenting specific questions and preparing group statements to the general assembly. Once agreement was reached within each group, consensus statements were discussed and approved or rejected by all participants gathered in the general assembly. This procedure was rigorously followed for all eight sessions. In addition, the TNM staging proposal prepared by the Pathology and Genetics working group was amended and finally approved by the plenary session of the Consensus Conference. The program, the booklet with specific queries and the original file with rough consensus statements are made available via the ENETS site ([www.neuroendocrine.net](http://www.neuroendocrine.net)).

### What Was Achieved

The following seven papers are a significant and tangible result of the Conference. The reported work was organized after a meeting of the Organizing Committee and entailed the design of the paper and the assignment of each task to leading participants involved in the different sessions. The papers were designed to incorporate the present consensus statements within the previously published ENETS Guidelines [2]. The authors were free to approach the work however they wished, though, in the end, a common format would be agreed upon. This format proved to be flexible enough to accommodate different subjects and the individual views of the authors so that, as can be seen here, not all papers display exactly the same structure. The frame was, as well, consistent enough to highlight the specific consensus statements in a practical and user-friendly way. In addition, a TNM-staging/grading proposal for foregut endocrine tumors was also put forward by the expert pathologists, discussed by all experts and has already been published [5].

### Final Remarks

All participants contributed a great effort equally and delegates generously devoted their time, experience and enthusiasm to building the following consensus guide-

lines. We thank them for their dedication and good will. We believe that the following papers will be practical and useful instruments for all professionals dealing with patients with digestive NETs. These consensus guidelines underline the possibility of achieving practical standards in such a complex tumor disease and should provide a good framework for patient management and aid in directing future investigative efforts.

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