

Consensus Guidelines for the Management of Patients with Digestive Neuroendocrine Tumors: The Second Event and Some Final Considerations

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The Second Event

With respect to neuroendocrine tumors (NETs), despite guidelines published by expert national and international (European Neuroendocrine Tumor Society – ENETS) groups [1–4], consensus on patient management is difficult to reach, especially in light of the relatively limited evidence available in the current literature. ENETS, as a leading force in the field, managed to define consensus standards on diagnosis and treatment of tumors of foregut origin among international experts [5]. The same premise leading to the consensus guidelines for the management of patients with NETs of foregut origin (stomach, pancreas and upper jejunum) [5] was applied to produce the present set of papers.

Also, a new TNM classification and grading system were proposed as necessary complements [6]. Based on the work already accomplished, ENETS organized a second conference to discuss consensus standards for the diagnosis and treatment of patients with tumors of midgut (lower jejunum, ileum, cecum and appendix) and hindgut (colon and rectum) origin and the liver with metastatic deposits from gastroenteropancreatic NETs. This second Consensus Conference was held in Frascati, Italy, in November 1–4, 2006.

The Working Format

Fifty-six experts active in the field of digestive endocrine tumors from 18 countries attended the second Consensus Conference. Attendees were invited on the basis of their acumen (proven publication track and clinical practice) in the field on NETs. The attendees represented all medical branches involved in managing patients with gastroenteropancreatic NETs. They were assigned to four working groups according to their specific clinical expertise: (1) Pathology and Genetics (11 participants); (2) Surgery (8 participants); (3) Imaging and Radiology (6 participants), and (4) Medicine and Clinical Pathology (31 participants). The complete list is provided at the end of this commentary, as well as at the end of each of the five following papers.

The Conference was divided sequentially into five sessions devoted to specific topics on an anatomical basis (Small Intestine; Colon and Rectum; Appendix; Metastatic Liver, and Poorly-Differentiated Endocrine Carcinomas of Hindgut and Midgut Origin). The Organizing Committee (the four front authors) prepared in advance a working booklet, reporting the text of the ENETS guidelines with specific questions for different working groups. The booklet was provided to all the participants at the conference venue.

The work was organized such that, after a short case presentation in a plenary 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 statements. Each working group had a Group Leader responsible for presenting the specific questions and to prepare the group statements to the general assembly. To expedite discussion, Chairmen and Group Leaders received the part of the booklet relevant to their specific session prior to the conference. 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 followed for all five sessions. In addition, the TNM staging and grading proposals were discussed as prepared by the Pathology and Genetics working group along each relevant session, amended and finally approved by the plenary session. The program, the booklet with specific queries and the original files with rough consensus statements are made available on the ENETS site (www.neuroendocrine.net).

Following this, the Organizing Committee defined and approved a specific protocol establishing the design of each paper, the definition of tasks for authors, the general authorship policy and the assignment of different tasks to participants either responsible or most involved in different sessions. The papers were designed to expand and update the previously published ENETS guidelines [3], incorporating the approved consensus statements. The authors were requested to follow the common format used in the guidelines papers of the first Consensus Conference [5]. This format indeed proved to be flexible enough to accommodate different subjects and different authors' views, however not all papers contain the exact same structure. The paper frame proved consistent enough to highlight the specific consensus statements in a practical and user-friendly way.

Achievements and Final Remarks

The five following papers are part of the tangible results of the second Frascati Consensus Conference, a separate and equally important result being the TNM staging/grading proposal for midgut and hindgut NETs [7]. These papers complete the work initiated at the first Frascati Consensus Conference and conclude a project conceived and started by ENETS in winter 2004.

A great effort was made by the Society and by all participants, equally and generously devoting their time, experience and enthusiasm to building the following con-

sensus guidelines. We thank the Society organizational staff for such a long-term endeavor, and all participants for their substantial effort and good will. We believe that standards are possible even for such a complex tumor disease. The following papers are practical and useful instruments for all professionals dealing with patients with digestive NETs and we hope that our message will ultimately have a positive impact on patients' lives.

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Complete List of Participants

The Complete List of Participants of the 'Consensus Conference on the ENETS Guidelines for the Diagnosis and Treatment of Neuroendocrine Gastrointestinal Tumors, Part 2: Midgut and Hindgut Tumors' Held in Frascati (Rome, Italy), November 1–4, 2006

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