INTRODUCTION

The NCCN Oncology Outcomes Database was queried to identify patients presenting to one of seven NCCN member institutions with a pathologically confirmed newly or previously diagnosed NET. Newly diagnosed patients presented to an NCCN institution within 120 days following initial diagnosis. Previously diagnosed patients presented more than 120 days after diagnosis.

METHODS

• The NCCN Oncology Outcomes Database was queried to identify patients presenting to one of seven NCCN member institutions with a pathologically confirmed newly or previously diagnosed NET. Newly diagnosed patients presented to an NCCN institution within 120 days following initial diagnosis. Previously diagnosed patients presented more than 120 days after diagnosis.

• Institutional IRR approval was obtained at all participating institutions: The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins; Dana-Farber Cancer Institute; The University of Texas MD Anderson Cancer Center; UCSF Helen Diller Family Comprehensive Cancer Center; The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute, Columbus, OH; Robert H. Lurie Comprehensive Cancer Center of Northwestern University; and The Ohio State University Comprehensive Cancer Center.

• The study population consisted of patients presenting with eligible histologies between January 2004 and December 2007 (n=2,798).

RESULTS (continued)

• Distribution of age, gender, race, ethnicity and tumor type is reported in Table 1.

• Patient distribution by year of presentation was: 2004 (18%), 2005 (25%), 2006 (27%) and 2007 (30%).

• The majority of patients who presented to NCCN institutions were newly diagnosed (Figure 2).

• 10% of patients were diagnosed with NET before presenting to the NCCN Institution. Among these patients, the median time between initial NET diagnosis and presentation to the NCCN institution was 2 years (SD=6).

• Institutional differences exist in point of entry defined as the specialty clinic where eligible patients first present to the institution (Figure 3).

• Patients initially presented for treatment to medical oncology, whereas slightly more NET patients initially presented to surgical oncology (data not shown).

• A slightly higher proportion of carcinoid patients initially presented to medical oncology, whereas slightly more pNET patients initially presented to surgical oncology (data not shown).

DISCUSSION

• This large NCCN NET Outcomes database provides a robust platform to characterize this rare disease and its treatment with actual patient data, and includes longitudinal follow-up.

• NCCN institutions reflected markedly variable point of entry for neuroendocrine tumor treatment.

• Further study is needed to characterize the differences in point of entry by NET histology.

CONCLUSIONS

• The baseline demographic and clinical characteristics of NET patients in this new database are consistent with those previously reported in population based registries.

• This is the first analysis of data from the NCCN NET Outcomes Database and was limited to the data collected at initial staging. For future analyses, the full NCCN NET database containing comprehensive diagnostic, staging, treatment, and clinical outcomes for this rare disease, will be utilized.

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