Optimising followup after complete surgical resection of Gastrointestinal Neuroendocrine Tumours- a Delphi process to produce expert consensus in an area lacking clinical evidence

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Introduction: Optimal follow-up for completely resected GI-NETs has not been well defined, with heterogeneity in awareness and application of existing guidelines. Aim(s): To investigate follow-up in GI-NETs using RAND/UCLA appropriateness methodology (RAM). Materials and methods: A multidisciplinary expert panel (n=18) scored 193 follow up care scenarios for GI-NETs using an online survey. Appropriateness of schedules and investigations for follow up were scored from 1 to 9. Median appropriateness scores were considered. Consensus was reached when 75% scored the scenario similarly. Results: Significant variation in followup duration and intensity existed, particularly beyond five years. For both Grade 1 & 2 tumours, followup frequency was impacted by nodal status, size and time since resection. Regardless of site, grade, tumour size or nodal status, cross sectional imaging and blood/urine-based biomarkers were scored as appropriate, whereas uncertainty in appropriateness was recorded for functional imaging. Fully resected, Grade 1 appendiceal NET, size <1cm was deemed appropriate to never follow up; but if 1-2 cm, there was uncertainty about frequency but certainty in the use of CT and biomarkers. Fully resected, Grade 1, T1 rectal NET was scored appropriate to followup once at 12 months with sigmoidoscopy, then discharge from followup. Conclusion: Using RAM, we describe appropriate followup frequency and necessary tests for follow up care of patients with fully resected GI-NETS. Areas of uncertainty requiring more study were identified.