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Summary

Primary tumour resection in metastatic pancreatic and small bowel NET: Evidence-based practice or surgical tradition?

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Two expert presentations examined the role of primary tumor resection in metastatic pancreatic and small bowel neuroendocrine tumors, emphasizing that surgery must be highly selective and individualized based on local complications, tumor biology, and patient fitness rather than survival data from heterogeneous retrospective studies.

KEY POINTS

- The speaker stated that mesenteric desmoplasia in intestinal NETs can cause bowel obstruction, ischemia, hydronephrosis, malnutrition, SIBO, and ectopic varices from superior mesenteric vein obstruction, and that PRRT in the presence of mesenteric fibrosis risks inducing inflammation leading to obstruction, ischemia, perforation, and death within days to weeks.
- Meta-analyses showed some survival benefit for primary resection in intestinal NETs, but the speaker noted the studies were heterogeneous and retrospective with selection bias favoring younger, fitter patients with slow-growing and more resectable disease, and that no randomized trial has established a survival effect.
- The speaker stated that pancreatic tail tumors occluding the splenic vein can cause isolated gastric varices with risk of fatal variceal bleeding and hypersplenism with pancytopenia that renders patients unfit for medical treatment, making resection important to prevent complications during subsequent therapies like PRRT.
- For pancreatic NETs, the speaker recommended observation for asymptomatic lesions under 1 cm without duct dilation or vein involvement, individualized management for 1 to 2 cm lesions, and surgery for lesions greater than 2 cm or with main duct dilation.

- The speaker stated that debulking before PRRT can improve penetration depth and concentration of the radiopharmaceutical in the tumor, and presented cases where maximal debulking followed by PRRT resulted in long-term disease control, with one patient tumor-free seven years after staged Whipple procedure, hepatectomy, and PRRT.
- The speaker recommended that primary resection in metastatic disease should be justified by achievable complete clearance, prevention of credible local threats such as obstruction or ischemia, or treatment-limiting hypersplenism, and that primary-only surgery should be used very selectively because observational survival associations do not establish causality.

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