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Summary

Neuroendocrine cancer: A good indication for transplant?

Massimo Malagó

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Surgery | Hepatobiliary | Digestive Oncology | Colorectal

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Liver transplantation for neuroendocrine neoplasia can produce exceptional outcomes in highly selected patients, but the emergence of PRRT as effective therapy has raised the bar for demonstrating transplant benefit over modern non-surgical treatments.

KEY POINTS

- The speaker reported that the 2016 Milano series by Mazzaferro showed striking differences in overall survival and disease-free survival for liver transplantation in selected low-grade neuroendocrine neoplasia patients, with ten-year data sustaining the benefit.
- Multiple randomized trials of PRRT were presented showing significant survival benefits: the NETTER-1 trial compared Dotatate PRRT versus octreotide, and NETTER-2 demonstrated that PRRT is the active agent, with the speaker noting that G3 tumors and pancreatic NET also showed favorable responses.
- Liver resection remains the preferred approach when feasible, with the speaker stating that the threshold between advanced resection and transplantation is more biological than technical.
- The speaker emphasized that transplant benefit—defined as the survival difference between transplantation and best alternative therapy—is the proper decision metric, not overall survival alone, and that historical transplant benefit estimates likely overstate current advantages because PRRT has strengthened the comparator arm.
- No head-to-head trials exist comparing PRRT versus liver resection or transplantation, and the optimal treatment sequencing remains uncertain, according to the speaker.
- The speaker proposed that PRRT may serve as dynamic selection beyond Ki-67 grading and stated that centers should achieve 96% one-year and over 90% five-year survival before offering transplantation for this indication.

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