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Summary

Pancreatic and small bowel neuroendocrine tumours: Pathology and classification

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Neuroendocrine tumours of the pancreas and small intestine are all malignant neoplasms across a spectrum of low-grade malignancy, distinct from high-grade neuroendocrine carcinomas, with emerging pathologic parameters refining prognostication and management.

KEY POINTS

- The speaker stated that neuroendocrine tumours (NETs) and neuroendocrine carcinomas (NECs) are two distinct entities distinguished by histopathology: NETs are well-differentiated with low Ki67 and syndrome-related pathways, while NECs are high-grade malignancies with Ki67 typically 60-70% and adenocarcinoma-type molecular alterations including K-ras and p53.
- The speaker reported ten-year survival of all NETs as approximately 50-60%, emphasising that NETs are more aggressive than commonly appreciated and comparing them unfavourably to breast and prostate cancers when analysed in reliable databases.
- The speaker stated that all NETs are malignant, even low-grade well-differentiated tumours, which will grow and eventually catch up with the patient if left unresected, though small low-stage tumours may be curable with resection.
- Ki67 cut-off of 10% distinguishes G2A from G2B pancreatic NETs, with G2B showing very high metastatic rates aligning with G3 behaviour, and the speaker reported this has been verified by other groups.
- Additional pathologic parameters with prognostic value include growth pattern, with infiltrative tumours showing ten times higher metastatic rate than demarcated tumours in small pancreatic NETs, necrosis as recorded per WHO guidelines, and histologic subtype such as oncocytic variants showing more aggressive behaviour.

– The speaker described grey-zone or ambiguous cases between NET and NEC with intermediate features and stated that panels including retinoblastoma, p53, and Ki67 help classification, with the speaker performing p53 testing in pancreatic NETs above 10% Ki67 because p53 mutation predicts aggressive behaviour.

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