



2nd International Cancer Study & Therapy Conference

February 20-22, 2017 Baltimore, USA

An aggressive surgical approach to the management of neuroendocrine tumors: A Report of 1,000 surgical cytoreductions by a single institution

J. Philip Boudreaux¹, Eugene A. Woltering¹, Brianne A. Voros¹, David T. Beyer¹, Yi-Zarn Wang¹, Ramcharan Thiagarajan¹, Pamela Ryan, RN BSN², Anne Wright¹, Robert A. Ramirez² and M. Jennifer Ricks²

¹Louisiana State University Health Sciences Center, USA

²Neuroendocrine Tumor Program, Ochsner Medical Center – Kenner, USA

Background: Neuroendocrine tumors (NETs) are rare neoplasms. Our group has treated over 2,000 NET patients and has performed over 1,000 surgical cytoreductive procedures.

Study Design: Records of 834 NET patients who underwent surgical cytoreduction at our institution were reviewed. Demographic information, intraoperative findings, extent of disease, complications, and survival rates were calculated.

Results: 800 patients underwent 1,001 cytoreductive surgeries. Sixty-five percent had small bowel primaries. 138 patients presented with an unknown primary site, which was localized intraoperatively in 89% of these cases. The intraoperative complication rate was 9%. The incidence of intraoperative carcinoid crisis was 1%. Mean operative time was 368 ± 146 minutes. Mean hospital stay was 9 ± 10 days. Minor postoperative complications occurred following 43% of procedures and major postoperative complications were noted after 19% of procedures. The 30-day postoperative mortality rate was 2%. Median overall survival (OS) for pancreatic NETs was 124 months. The 5-, 10- and 20-year OS for pancreatic NETs were 67%, 51% and 36%, respectively. The life expectancy difference [between OS and actuarial survival (AS)] after surgical cytoreduction for pancreatic NETs was 16.6 years. Median OS for small bowel NETs was 161 months. The 5-, 10- and 20-year OS for small bowel NETs were 84%, 67% and 31%, respectively. The life expectancy difference after surgical cytoreduction for small bowel NETs was 11.7 years.

Conclusion: Surgical cytoreduction in NET patients has low morbidity and mortality rates and results in prolonged survival. We believe that surgical cytoreduction should play a major role in the care of patients with NETs.

Biography:

Dr. J. Philip Boudreaux is a Professor of Surgery at Louisiana State University Health Science Center School of Medicine in New Orleans, Louisiana. He attended medical school at LSUHSC – New Orleans and completed his internship at St. Jude Children's Research Hospital in Memphis, Tennessee. He completed his residency in General Surgery at Charity Hospital in New Orleans and has completed fellowships in Pediatric Surgery and in Organ Transplantation Immunology. Dr. Boudreaux is board certified in Surgery and Surgical Critical Care and holds a specialty certificate in Transplant Immunology. He currently practices at Ochsner Medical Center in Kenner, Louisiana where he has served as chairman of the Department of Surgery since 2009. Dr. Boudreaux was appointed as the Director of Liver, Pancreas, and Kidney Transplant Services at the Transplant Institute of New Orleans in 1997 and has served on the Board of Directors for the Louisiana Organ Procurement Agency since 1990. His group, the New Orleans Louisiana Neuroendocrine Tumor Specialists (NOLANETS), is a multidisciplinary team specializing in the treatment and management of neuroendocrine tumors (NETs). The NOLANETS team has treated over 2,000 NETs patients to date and performed over 1,000 surgical cytoreductions on patients with NETs.