

Abstract Net 2013

Neuroendocrine tumor: results of an epidemiological survey in a single center (AOUUD)

Introduction. The incidence and prevalence of Neuroendocrine tumors (NET) have greatly increased over the past 30 years. The management of neuroendocrine tumors involves a multidisciplinary approach, so in 2004 the Endocrinology and Metabolic Unit developed a local/regional network to manage NET patients and to increase the physicians awareness of the disease.

Objective A retrospective study of patients diagnosed with NET from 1990 to 2012 was gathered data regarding the NETs epidemiology and to examine some characteristics of the health care/assistance process.

Methodology Data collection from the hospital computerized clinical charts, old handwritten records, and the “NET Management Study” database. Beside the demographic/epidemiologic data, information was acquired regarding the dates of the initial symptoms, of the first clinical visit, of confirmed diagnosis and first endocrinological visit.

Results Of 319 patients with confirmed diagnosis, sufficient data were collected in 285 patients (89.3%) 146 males (51.2%), and 139 (48.7%) females. The average age at diagnosis was 54.6 years (range, 19-98yrs), with no significant difference between GEP-NET and T-NET, and with a slight predominance of women in GEP (51.3%) and men in T-NET (53.8%). Between 2002-2012, the incidence rate was 18.8 cases per 100,000 NET. The result is underestimated as some cases with confirmed diagnosis were not included in the database due to lack of data.

The analysis examined the time elapsed between the patient's first visit concerning his/her health problem and his/her first endocrinological visit, and the time between the date of diagnosis and his/her first endocrinological visit. When comparing the two time intervals before and after the development of the network, 1990-2005 and 2006- 2012, the number of patients seen by the endocrinologists within the first 3 months after diagnosis was significantly higher in the time interval after the network implementation; no significant difference in the interval between the first clinical and the first endocrinology visit.

Conclusions. In this region too the NET incidence has been increasing. The implementation of a network helped increase the local physicians' knowledge and assure a quicker diagnosis/referral to the endocrinologist.