

Special Issue

Clinical Treatment of Neuroendocrine Neoplasm

Message from the Guest Editors

Neuroendocrine neoplasms (NENs) constitute a heterogeneous group of malignancies arising from the diffuse neuroendocrine cell system. Gastro-entero-pancreatic (GEP) NENs account for more than 70% of NENs, followed by the lung. About 90% of cases are well differentiated forms of neuroendocrine tumors (NETs), with slow proliferation and prolonged survival rates. Histological diagnosis is mandatory in all NENs patients, and the neuroendocrine phenotype is proven by the immunohistochemical analysis of the neuroendocrine markers, such as synaptophysin and/or chromogranin A. In loco-regional disease, surgery is the treatment of choice, while the goal of systemic therapy with somatostatin analogue therapy (SSAs) is to control the clinical symptoms and the tumour growth. Further systemic therapies are recommended for their antiproliferative effect on NENs patients, such as IFN- α , Everolimus, Chemotherapy and Sunitinib. In recent years, nuclear medicine has also played an important role in the management and diagnosis of NENs.

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