



REPORT FROM The NANETS 10th Annual Symposium

NET Disease Management: Innovation in a Rapidly Changing Landscape

**OCTOBER 19–21, 2017
PHILADELPHIA, PA**

NANETS, the North American Neuroendocrine Tumor Society, is a medical society established by healthcare professionals dedicated to advancing the field of neuroendocrine tumour (NET) disease management.

Neuroendocrine tumour (NET) disease is rare and complex, presenting a double challenge: medical professionals are likely to see only a few cases in the course of their careers, and treatment advances are occurring quickly.

Each year, NANETS brings physicians, nurses, pharmacists, allied healthcare providers, researchers, residents and students together at its international symposium, the largest professional NET disease meeting of medical professionals in North America.

This symposium is highly interactive, and emphasizes optimal multidisciplinary care by holding sessions geared to both medical and allied health professionals. The medical sessions focus on results of recent clinical trials, the incorporation of recently approved therapeutics into treatment

plans, and comparative benefits and drawbacks of different diagnostic and treatment options.

The allied health program at the symposium is designed to meet the needs of nurses, nurse practitioners and other health professionals from a variety of settings and specialties. Sessions explore the challenges of delivering well-coordinated, patient-centred cancer care in a complex modern healthcare system, looking at areas such as the role of information technology and system navigation, strategies to improve patient quality of life, genetic counseling, nutrition and survivorship concerns.

Combining these two streams is an innovative way to promote cross-fertilization and mutual understanding of the challenges presented by NETs, as well as encourage multidisciplinary care.



Behind the scenes at NANETS with

The NANETS annual symposium provides an opportunity to exchange new knowledge about diagnosis and treatment, bringing together medical professionals with first-hand experience in managing the disease. Canadian Oncology Societies (COS) spoke with a number of presenters, who described highlights from the meeting.

MEETING HIGHLIGHTS

Among the messages that immediately stood out to participants were the enthusiasm expressed by keynote speaker Dr. Drew Pardoll from Johns Hopkins University for immunotherapy in NETs. Recent studies are showing that patients who previously had very poor outcomes are now effectively cured in some instances with immunotherapy approaches. Sessions focused on multidisciplinary practice of neuroendocrine tumour management revealed the truly integrated roles that various team members play in the care of these cancers, and solid quality-of-life data revealed the impact of treatment from the patient's perspective. Advances in peptide receptor radionuclide therapy were addressed with discussion around how it can be integrated into care pathways. Medical treatments are evolving, and the symposium was an excellent opportunity to find out about the trials underway. Dr. Simron Singh from Sunnybrook Health Sciences Centre, who cochaired the meeting program alongside Dr. David Metz and Dr. Michael Soulen from the University of Pennsylvania, was especially pleased at the opportunity to hear Canadian speakers bringing Canadian research and Canadian perspectives.

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Dr. Tim Asmis, Medical Oncologist at The Ottawa Hospital Cancer Centre, facilitated a mock tumour board with the audience, choosing to present a patient with a small 1.6 cm pancreatic neuroendocrine tumour that was found incidentally. He walked the audience through various management scenarios with that patient, prompting interesting discussion around different approaches and concerns. Find out more about how the format worked to highlight perspectives from different professionals working in different settings. Watch the interview with Dr. Asmis at www.cos.ca.



Dr. Christopher Heaphy is an Assistant Professor of Pathology at the Johns Hopkins University School of Medicine. His research focuses on the contribution of telomere biology in cancer development and progression. His group has been studying pancreatic neuroendocrine tumours (PNETs) and has found that there are 2 telomere pathways they can follow: either telomerase, or the alternative lengthening of telomeres (ALT) pathway. The group was the first to discover a strong correlation between ATRX (alpha-thalassemia/mental retardation X-linked) mutations and DAXX (death-domain associated protein) mutations with activation of the ALT pathway. What they're trying to do now is use this as a prognostic marker to predict outcomes for patients who are diagnosed with PNETs, and potentially in targeted therapy as a pathway that gets upregulated in cancer. He spoke with COS about the basic science behind these discoveries, and about the need for new markers that are either prognostic or predictive of response to therapy. See the interview at www.cos.ca.



Canadian Oncology Societies

The valuable collection of new knowledge and insight into this rare disease set presented at NANETS warrants further dissemination. *Oncology Exchange* is collaborating with COS to bring proceedings of the symposium to a wide Canadian audience. In this issue, we offer you a summary of some of the key topics discussed at the meeting. A full report will be included in the February 2018 issue of *Oncology Exchange*.



Dr. Thomas Hope, Radiologist affiliated with the University of California at San Francisco, gave a state-of-the-science update on personalizing therapy for NETs with functional imaging. The approval and wide availability in the US of gallium-68 dotatate has changed the way patients are imaged and staged, allowing for much better location of tumours and detection of somatostatin receptors on the tumours, which is important to management with targeted therapy or peptide receptor radionuclide therapy. In an interview with COS, he compares the gallium scan with previous imaging technologies, and describes how peptide receptor radionuclide therapy (PRRT) differs from the previous systemic therapies. See the interview at www.cos.ca.



Dr. Eric Nakakura, Gastrointestinal Cancer Surgeon from the University of California at San Francisco, participated in a panel discussion on emerging topics in NETs, looking specifically at how much surgical therapy is enough when treating midgut NETs. He highlights problems such as the imprecise terminology employed to describe NETs and the need to focus more on the ileal NET as a distinct process. He discusses the progression of ileal NETs and the benefits and risks of surgery, along with symptoms that point to significant risk of obstruction requiring surgical treatment. Dr. Nakakura further describes how ileal masses develop and surgical techniques suited to the particular size and location of the mass. See the interview at www.cos.ca.



Dr. Alexandria Phan was at the meeting with 3 posters from the team at Cancer Treatment Centers of America. They present followup data on the extended open-label phase of CLARINET, further analysis of the CLARINET study itself, and the ELECT study. They confirm a persistent antitumour response to lanreotide in patients with nonfunctional advanced NETs of the gastrointestinal (GI) tract. They also show that there is a subgroup of patients with nonfunctional pancreatic NETs who still have elevated chromogranin A and 5-HIAA (5-hydroxyindoleacetic acid), forcing us to ask whether there is a need for a reclassification of nonfunctional disease. In an interview with COS, Dr. Phan discusses differences between pancreatic and GI NETs that emerged in these studies, discusses the decision of when to initiate systemic therapy in a patient with asymptomatic metastatic GI NET, and describes her experience in using lanreotide in terms of side effects and patient quality of life. Watch the interview at www.cos.ca.



Dr. Eva Segelov, Medical Oncologist at Monash Health and Monash University in Australia, presented the combined CommNETS (Commonwealth Neuroendocrine Tumour Group)/NANETS guidelines for followup after resection of GI or small-intestine NETs. This consensus guideline provides a slightly different view from the current guidelines on how patients should be followed up once they've had curative surgery for a small-bowel NET. Dr. Segelov participated in a very large population-based cohort study in collaboration with the Institute for Clinical Evaluative Sciences in Ontario. Among the most important findings, they saw that NETs can recur up to 10 years following the initial tumour, and that followup imaging schedules should be extended in consequence. Find out more about the consensus guidelines in Dr. Segelov's interview with COS at www.cos.ca.

What Canadian oncologists are saying about the NANETS Symposium:

“ The most important thing I learned with respect to my practice would be the quality-of-life data that came out of the NETTER-1 trial, seeing that not only is PRRT efficacious with respect to the disease, but more importantly, from a patient's perspective, quality of life is dramatically improved or better than in those on the placebo arm. It gives more confidence that you're giving the right treatment for the right person. ”



— Dr. Sten Myerhaug, Radiation Oncologist, Odette Cancer Centre

“ I'm attending the NANETS conference for the first time because I'm now dealing with most of the patients with neuroendocrine tumours at the Saskatoon Cancer Centre. It's a good platform for this rare tumour site where people come together to share their experiences and work to improve patient care. ”



— Dr. Tehmina Asif, Medical Oncologist, Saskatchewan Cancer Agency

Look for a full report on the 2017 NANETS Symposium in the February 2018 issue of *Oncology Exchange*!



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