

ENETS 2016 Consensus Guidelines for the Management of Patients with Digestive Neuroendocrine Tumours: An Update

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Several guidelines and standards of care on the management of neuroendocrine tumours have been published by expert national and international groups in recent years [1–9]; additional changes in how these patients are managed is evolving rapidly and since the last European Neuroendocrine Tumor Society (ENETS) guidelines in 2011/12 [8] new important data have become available pertaining to novel diagnostic tools and therapies. In October 30th and 31st 2014, the ENETS held an Advisory Board meeting in Vienna aiming at critically discussing and updating the ENETS Guidelines on the Diagnosis and Treatment of Neuroendocrine Tumors generated initially in 2005–2006 [2,4] and revised in 2011 [8].

The consensus sessions covered the following neuroendocrine neoplasm-related topics by sites of origin or stage: gastroduodenal, hindgut, functional pancreatic, non-functional pancreatic, midgut (including appendix), and two final sessions that covered liver and other distant metastases from neuroendocrine neoplasms of any origin and a separate session devoted to neuroendocrine high grade tumours and carcinomas.

How we worked?

Participants at the conference were asked to focus on the relevant literature published between 2011 and 2015. They met over two and a half days, in which data and new evidence were presented. The participants then retreated to break-out sessions according to their disciplines and were required to answer questions listed in a workbook created by the session chairs and the organizing committee. The workbook questions were tailored on the text of the initial guidelines framework [2,4] focusing on the new available evidence. All relevant areas were updated via a thorough literature review and the questions that the chairpersons considered appropriate to discuss the new evidence. All participants were encouraged to challenge the document. Recent data on new evidence and insights were intensely discussed in working group sessions, as well as during the plenary session. Notes were taken continuously so that the final agreement on each question was noted and returned to each session chair for preparation of the consensus statements. The magnitude of the consensus for each answer was estimated to achieve unanimity. In addition to providing textual guidelines, delegates were requested to elaborate accurate but simple diagnostic and therapeutic algorithms to help practitioners in everyday practice (these will hopefully be accessible via a specific ENETS website link at a future date).

Owing to anticipated results emanating from three important phase III trials in 2015 further new additional data throughout 2015 was incorporated into the consensus achieved at the on-site Vienna meeting via the two chairs of each individual working group and additional data was presented to the Advisory Board meeting in November in Brussels 2015 to achieve consensus.

The next step was to review the data produced and to transform it into working papers for publication. The Organizing Committee defined a specific protocol establishing the design of each paper, the tasks for authors, and the general authorship policy. The papers were designed to update the previously published ENETS Guidelines, incorporating the approved consensus statements.

Achievements and Final Remarks

The following seven papers [10–16] are a significant and tangible result of two advisory Board Consensus Conference meetings. These Guidelines papers provide important updates from World Leaders in NET fields to compliment former consensus conferences in providing practical clinical evidence for NET patient management. The provision of useful diagnostic and therapy algorithms will also help to simplify everyday clinical practice. All participants contributed a great effort equally and delegates generously devoted their time, experience and enthusiasm to building the following

consensus guidelines. We thank them for their efforts and great dedication and good will. We believe that the following papers will be practical and useful instruments for health carers in dealing with patients with digestive NETs.

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