

Evaluating nationwide application of minimally invasive surgery for small bowel neuroendocrine neoplasms and the impact on survival

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Methods

- Patients with SB-NEN in 2010 - 2015
- Data from Dutch cancer and pathology registration
- Kaplan-Meier + Cox regression

Background

60% of all ileal neoplasms are of neuroendocrine origin. Most patients are amenable for surgery, with a median OS for stage IV >50 months. Generally, minimally invasive surgery is not preferred.

Aim

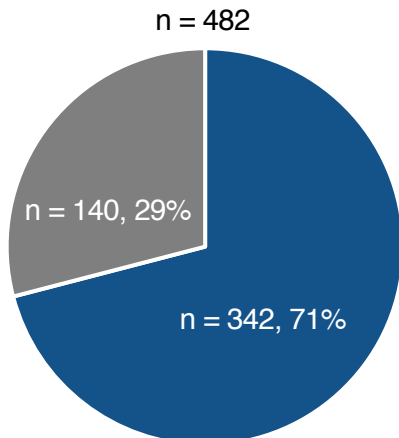
- Primary: to evaluate surgical approach for SB-NEN at a national level considering selection based on patient and tumor characteristics.
- Secondarily: to identify independent predictors of overall survival.

Conclusion

Laparoscopy was the approach in $\pm 30\%$ of SB-NEN at a national level with selection of the more favorable patients. Laparoscopy remained independently associated with better overall survival besides age and stage, but residual confounding cannot be excluded.

Results

- Patient selection
- Regional and academic hospitals (82 vs. 18%, $P = 0.012$)
- cTNM ($P < 0.001$)
- Similar lymph node yield ($P > 0.05$)
- 'More multifocal tumors found with open surgery (24 vs. 14%, $P = 0.014$), but does not affect OS
- Conversion rate 36%



■ Open ■ Laparoscopic

Overall survival stratified for open and laparoscopic surgery in (A) all patients, (B) stage I-III patients and (C) stage IV patients

