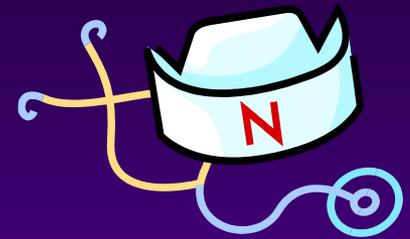


Neuroendocrine Tumors: A View From The Clinic



***CNETS Conference
May 23, 2015
Halifax, NS***



- ◆ **My name is Helen Searle**
- ◆ **I have been nursing for 34 years**
- ◆ **My career has spanned from maternity to geriatrics**
- ◆ **Twenty-four years has been related to oncology nursing**

- ◆ **I worked with Dr. Rayson for about 6 years**
- ◆ **The neuroendocrine practice at the QEII Health Sciences Centre has grown and we care for almost 200 patients from 3 provinces**

- ◆ **Neuroendocrine tumors can be difficult to diagnose**
- ◆ **You may have had many visits to your G.P. over several years with symptoms that could not be diagnosed**
- ◆ **Diagnosis is usually made if you end up in hospital, require surgery due to an acute episode of symptoms (i.e.: bowel obstruction or obstructive jaundice that you require a stent) or have a test that finds a problem by chance**
- ◆ **The only way to confirm the diagnosis is for a biopsy to be done which shows neuroendocrine tumor**
- ◆ **You may have your diagnosis initially discussed with you by a surgeon, family doctor, gastroenterologist or endocrinologist**

***You will be seen and
assessed by a nurse ...***



***... and then you meet
Dr. Rayson***



- ◆ **We understand that you and your family are feeling anxious and fearful because you have heard the word “tumor” or “cancer”**
- ◆ **The goal of our meeting is to explain to you the differences between these kinds of tumors and other types of cancers**

- ◆ **We explain to you that these tumors are very treatable and that our patients maintain good quality of life, usually for a long time**
- ◆ **Rarely do they require chemotherapy because these cancers are very different from others such as colon or breast cancer**

- ◆ **We will ask you about your symptoms and how long you have had these symptoms**
- ◆ **If you have already had surgery, we will ask you if your symptoms have improved**

- ◆ **We will explain to you the tests that may be done for us to see what treatments are best for the kind of neuroendocrine tumor you may have**

- ◆ **These tests may include**
 - ◆ **CT scan**
 - ◆ **MRI**
 - ◆ **PET (VG only at present)**
 - ◆ **Blood tests**
 - ◆ **Urine test for 24° 5HIAA**
 - ◆ **Octreotide scan and/or MIBG scan (these 2 tests have to be done at the VG)**

- ◆ **You may not require all of the above testing if your disease is stable or if you have had surgery that removed all your disease**

- ◆ **If symptoms change, then it is determined what tests need to be done**

- ◆ **We need to determine if your tumor is functional (hormone producing) or non-functional (non-hormone producing)**

- ◆ **We need to determine if you have**
 - ◆ **Carcinoid syndrome (i.e.: flushing of face or upper body)**
 - ◆ **Watery diarrhea**
 - ◆ **Abdominal cramps**
 - ◆ **Heart palpitations**
 - ◆ **Shortness of breath**

- ◆ **In general, carcinoid syndrome can develop when tumor cells spread to the liver**
- ◆ **Lung carcinoids can also cause syndrome even if no spread to the liver**
- ◆ **Also remember, if you have carcinoid syndrome, you may have only one symptom**
- ◆ **May be triggered by certain foods, alcohol, stress, exercise, surgery**
- ◆ **It can happen for no reason**
- ◆ **Carcinoid syndrome can also cause valve damage to the heart**
 - ◆ **This does not occur often**
 - ◆ **We have 8 patients with successful valve replacements**



***Treatments for
Carcinoid Syndrome and
Non-Functioning
Neuroendocrine Tumors***

Other Therapies/Treatments Available to Treat Neuroendocrine Tumors

- ◆ **Surgery to remove primary tumors**
- ◆ **Reduce tumor size, called debulking, to help reduce symptoms**
- ◆ **Radioisotope therapy (MIBG therapy) – only done at the VG**
 - ◆ **We work closely with our colleagues in Nuclear Medicine, as well as our booking clerks, to arrange this**
- ◆ **Hepatic artery chemoembolization done by Interventional Radiology**
- ◆ **Targeted medical treatments involving pills (Everolimus, Sunitinib)**

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- ◆ **Treatments for carcinoid syndrome may include the following depending on symptoms**
 - ◆ **Sandostatin injections (Octreotide)**
 - ◆ **This includes monthly injections of the drug Sandostatin (Octreotide)**
 - ◆ **the amount is based on the severity of the symptoms**
 - ◆ **There are also daily injections that can be given to help if symptoms are difficult to control with only monthly injections**
- ◆ **If it is determined that you need the injections, I will arrange for this to be done**
- ◆ **First needle is given by your family physician, then a registered nurse and is arranged through the ACCESS Sandostatin LAR Program**
- ◆ **Your drug plan may cover the drug but if not, it would be done through the ACCESS Sandostatin LAR Program, all patients have access regardless of financial status**
- ◆ **All patients are registered with the ACCESS Sandostatin LAR Program regardless of their drug coverage**

- ◆ **Once we determine where you are with your neuroendocrine disease, we then determine what follow-up will be needed**
 - ◆ **Some patients will require more frequent CT scans or other diagnostic testing is required**
 - ◆ **Some patients will require only annual CT scans due to disease stability**
 - ◆ **Some patients will require a 24° urine collection 5HIAA**
- ◆ **This is all determined on the individual and your current symptoms**
- ◆ **All of our patients have contact information to get a hold of us at the clinic**



***We thank the patients and
their families for the
privilege of being involved
in your care and our goal
is to provide you with the
most updated and expert
care you deserve!***