

Dr. Liu presented a unique surgical perspective that patients who are eligible surgical candidates, should have surgery to remove their tumor. He supports his statements in saying that statistically patients who have surgery, given the slow progression of this disease “do not usually require intervention for 3-5 years after surgery.” Dr. Liu notes that while all patients may not be eligible candidates for surgery depending on the location, type, and stage of their disease; excision of the primary tumor should be strongly considered when possible.

Dr. Liu discussed the different medication types and indications for use related to the treatment of neuroendocrine tumors and carcinoid syndrome. He clearly relayed that somatostatin analogues (SSA) are currently the most common medications used to treat carcinoid symptoms. The prescription and administration of Sandostatin (Octreotide), and Somatuline (Lanreotide) were thoroughly discussed. The nursing indications that were very relative to practice regarded assessing patients with carcinoid symptoms and how the injections should be given correctly. The “pearls,” as he called them for allied health care professionals were to fully understand why patients may continue to have symptoms when initially starting the medication, education regarding symptoms not initially improving, and technically administering the medication correctly. Additionally, Dr. Liu discussed current treatment of nonfunctioning or poorly differentiated tumors with chemotherapy regimens like Everolimus (Afinitor), Sunitinib (Sutent), Capecitabine (Xeloda), and Temozolomide (Temodar)

Dr Liu’s discussion and presentation regarding the different regimens directly relate to nursing practice. Chemotherapy teaching is very common in nursing practice at Moffitt. His review of what side effects are to be expected reinforced to me that the education I am giving in practice is consistent and detailed. He also reviewed the new and exciting but not yet FDA approved Telotristat (Telestar) which is said to be in phase III trial for the rx of refractory (does not respond to other SSA therapy) carcinoid syndrome/metastatic neuroendocrine disease. In other presentations in the conference it was noted that this phase shows that patients had “statistically significant clinically meaningful” reductions in

bowel movement frequency that was previously inadequately controlled by other SSA therapy” (Kulke et al., NANETS 2015). In summary the presentation reinforces that allied health care professionals should make it a personal responsibility to acquire full education about medication regimens that are prescribed and the side effects that patients both should and should not expect. This presentation furthered my understanding of the pathways of the varied treatment of neuroendocrine tumors and carcinoid symptoms.

Again, thank you to the Healing NET foundation for this opportunity and wonderful experience.

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Moffitt Cancer Center 10/2015

Reference

- Kulke, MH et al. (2015) Telotristat Etiprate Shows Benefit in Treating Patients with Carcinoid Syndrome that is Inadequately Controlled by Somatostatin Analog Therapy in Phase 3 TLESTAR Clinical Trial. Presented at NANETS Sheraton Austin, TX.
- Liu, E. (2015) Medical Treatments – How Do They Work & What are The Side Effects?. Presented at NANETS Sheraton Austin, TX.