

When you spot first progression, make sure you're in first position to treat it.



Recurring or worsening symptoms may indicate progression of NET cancer,¹ which can be confirmed with imaging scans and other laboratory tests.^{2,3} Identifying and acting on disease progression early gives you the opportunity to change treatment and potentially optimise patient outcomes.^{2,4} So the next time you notice a return or worsening of symptoms, make sure that you think progression.

THINK PROGRESSION. ACT EARLY.⁴

References: 1. de Mestier L, Dromain C, d'Assignies G, et al. Evaluating digestive neuroendocrine tumor progression and therapeutic responses in the era of targeted therapies: state of the art. *Endocr Relat Cancer*. 2014; 21(3): R105–R120. 2. Merino-Casabiel X, Aller J, Arbizu J, et al. Consensus document on the progression and treatment response criteria in gastroenteropancreatic neuroendocrine tumors. *Clin Transl Oncol*. 2018; 20(12): 1522–1528. 3. Niederle B, Pape U-F, Costa F, et al. ENETS consensus guidelines update for neuroendocrine neoplasms of the jejunum and ileum. *Neuroendocrinology*. 2016; 103(2): 125–138. 4. Ter-Minassian M, Zhang S, Brooks NV, et al. Association between tumor progression endpoints and overall survival in patients with advanced neuroendocrine tumors. *Oncologist* 2017; 22(2): 165–172.

Listen to your NET patients' symptoms. They could be telling you to act now.¹



Paying close attention to your NET patients' recurring or worsening symptoms is essential, as they could be a sign of disease progression.¹ Confirming progression with imaging scans and other laboratory tests gives you the opportunity to change treatment and potentially optimise patient outcomes.^{2,4} So the next time your patients display symptoms like flushing, diarrhoea, abdominal pain, wheezing and palpitations,³ think progression.

THINK PROGRESSION. ACT EARLY.⁴

References: 1. de Mestier L, Dromain C, d'Assignies G, et al. Evaluating digestive neuroendocrine tumor progression and therapeutic responses in the era of targeted therapies: state of the art. *Endocr Relat Cancer*. 2014; 21(3): R105–R120. 2. Merino-Casabiel X, Aller J, Arbizu J, et al. Consensus document on the progression and treatment response criteria in gastroenteropancreatic neuroendocrine tumors. *Clin Transl Oncol*. 2018; 20(12): 1522–1528. 3. Niederle B, Pape U-F, Costa F, et al. ENETS consensus guidelines update for neuroendocrine neoplasms of the jejunum and ileum. *Neuroendocrinology*. 2016; 103(2): 125–138. 4. Ter-Minassian M, Zhang S, Brooks NV, et al. Association between tumor progression endpoints and overall survival in patients with advanced neuroendocrine tumors. *Oncologist* 2017; 22(2): 165–172.



Abdominal pain

Diarrhoea

Palpitations

Wheezing

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Satellite Symposium Sponsored by Novartis
21st Annual ENETS Conference 2024

Connecting the dots: Charting the course in GEP-NET treatment

Thursday, 14 March 2024

12:30–14:00 CET

Hall F, Austria Center Vienna
Vienna, Austria

Our faculty



Christos Toumpanakis
(Chair)

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Simron Singh

University of Toronto &
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& Institute for Clinical Evaluative
Sciences, Toronto, Canada



Niklaus Schaefer

University of Lausanne &
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21st Annual ENETS Conference 2024

Connecting the dots: Charting the course in GEP-NET treatment

Welcome

Join our expert faculty to review the **unmet needs, current treatment landscape, and latest data** for metastatic grade 2 and grade 3 GEP-NETs. We will also explore the **best approach to treatment selection** in this setting considering the multiple prognostic and predictive factors for RLT outcomes and discuss the **importance of multi-disciplinary collaboration** in the management of patients with NETs.

Agenda

- **Welcome and introduction**
Christos Toumpanakis
- **Current treatment landscape, unmet needs, and emerging clinical data in metastatic grade 2 and grade 3 GEP-NETs**
Simron Singh
- **Investigational therapies in GEP-NETs**
Christos Toumpanakis
- **Helping to improve patient selection by deciphering prognostic/predictive factors for RLT**
Niklaus Schaefer
- **Panel discussion**
All
- **Audience Q&A**
All

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