

Conference Programme

21ST ANNUAL ENETS CONFERENCE

for the Diagnosis and Treatment
of Neuroendocrine Tumor Disease

13–15 March 2024 | Vienna | Austria

On-site and Virtual

Dear Friends and Colleagues,

We would like to welcome you to ENETS' third hybrid event, the 21st Annual ENETS Conference, from 13–15 March 2024, in Vienna, Austria. We are sure that all participants, whether on-site or virtual, will have a great conference experience and benefit from numerous opportunities to enhance exchange and learning.

You can look forward to three days full of cutting-edge NET science and education in our conference programme:

- Day 1 is dedicated to our Postgraduate Course as well as basic and translational NET research.
- Days 2 and 3 are dedicated to translational and clinical NET research.

The scientific committee has left ample room for more than 30 oral abstract presentations. After reading your feedback, we have also once again re-introduced oral poster presentations in poster sessions scheduled during Wednesday's lunch break! Make sure you don't miss out.

The **Postgraduate Course** will address follow-up after R0 resection of thoracic and digestive NET, imaging in NET, and will look into how epidemiology affects the care of NEN patients. This programme will be rounded off with a robust MDT discussion on three clinical cases.

The **basic/translational programme** comprises four sessions including the cells of origin in NENs, immune tumor microenvironment and opportunities for therapy in NENs, DAXX/ATRX and MEN1 role in NET tumorigenesis, and the biology of PRRT.

During the second part of the conference, we will open with a session on hereditary neuroendocrine tumor syndromes. Other plenary sessions include drug development in NENs, rising endoscopic and surgical techniques for the treatment of GEP-NETs, and recent advances targeted radionuclide therapy. For the first time, ENETS will also host a roundtable discussion on barriers to accessing high-quality care in NENs – this panel discussion will include clinical voices from all around Europe as well as the patient's voice and a political perspective thanks to representatives from INCA and the European parliament.

ENETS is hosting this year's collaborative joint session with the European Society of Medical Oncology (ESMO). We appreciate our ESMO colleagues for offering the audience an interesting exchange on understanding biology to improve patient care in NETs and NECs, and ESMO / ENETS GEP-NET guidelines. You can expect this session to highlight, challenge, and stimulate multidisciplinary discussion.

ENETS looks to the future and presents new results from clinical and basic research in a variety of abstract session formats. A particular highlight in the programme includes an overview of the best publications in NET in 2023.

Exciting extra sessions will be offered including a collaborative session with the International Neuroendocrine Cancer Alliance (INCA) on patient-driven research, and a nurse and dietitian symposium.

On behalf of the ENETS Executive Committee, we look forward to your active participation in this year's conference.

With kind regards,



Eva Tiensuu Janson
ENETS Chair

Programme-Overview WEDNESDAY

📅 13 March 2024

	14th Annual ENETS Postgraduate Course 📍 Hall E	2nd ENETS Basic and Translational NET Research – A Forum on Basic and Translational Science in Neuroendocrine Neoplasms 📍 Hall F
🕒 08:45	Welcome and opening 21 st Annual ENETS Conference	Welcome and opening 21 st Annual ENETS Conference
🕒 08:50	Opening & overview 14 th Annual ENETS Postgraduate Course	Welcome 2 nd ENETS Basic and Translational NET Research Forum
🕒 09:00	Session A Follow-up after R0 resection of thoracic and digestive NET	Session 1 Cells of origin in NENs
🕒 10:30	Coffee Break – Entrance Hall	
🕒 11:00	Session B Imaging session for NET – A guide for clinicians	Session 2 Immune tumor microenvironment and opportunities for therapy in NENs
🕒 12:30	Lunch Break – Entrance Hall	
🕒 13:00	Poster presentation – Clinical science –	Poster presentation – Basic and translational science –
🕒 13:45	Lunch Break – Entrance Hall	
🕒 14:00	Session C Does epidemiology affect the care of NEN patients?	Session 3 DAXX/ATRX and MEN1 role in NET tumorigenesis
🕒 15:30	Coffee Break – Entrance Hall	
🕒 16:00	Session D MDT – Select the best locoregional therapy in slowly progressive NETs	Session 4 Biology of PRRT
🕒 17:30	Closing comments 14 th Annual ENETS Postgraduate Course	Closing comments 2 nd ENETS Basic and Translational NET Research Forum
🕒 17:40	ENETS projects	
🕒 18:00–19:00	Welcome reception – Entrance Hall	

Programme-Overview THURSDAY

📅 14 March 2024

	21st Annual ENETS Conference 📍 Hall E	21st Annual ENETS Conference 📍 Hall F
🕒 07:45		Satellite Symposium Industry-sponsored
🕒 08:45		
🕒 09:00	Session 1 Interdisciplinary management of neuroendocrine tumor syndromes – Which tools for which goals?	
🕒 10:30	Coffee Break – Entrance Hall	
🕒 11:00	Session 2A Drug development in NENs – Where are we heading?	Session 2B Clinical science abstract session
🕒 12:00		
🕒 12:30	Lunch Break – Entrance Hall	Satellite Symposium Industry-sponsored
🕒 14:00	Session 3A Joint ENETS/ESMO session	Session 3B Basic and translational science abstract session
🕒 15:00		
🕒 15:10	Life Achievement Award	
🕒 15:30	Coffee Break – Entrance Hall	
🕒 16:00	Session 4A Push the former limits – Rising endoscopic and surgical techniques for the treatment of GEP-NETs	Session 4B Nurse and dietitian symposium
🕒 17:30		
🕒 17:45	Roundtable Discussion Barriers to access high-quality care in NENs	
🕒 18:45		

Programme-Overview FRIDAY

📅 15 March 2024

	21st Annual ENETS Conference 📍 Hall E	21st Annual ENETS Conference 📍 Hall F
🕒 09:00	Session 5A Targeted radionuclide therapy – Recent advances	Session 5B INCA/ENETS Symposium – Motivating/empowering non-NEN healthcare professionals to think NENs
🕒 10:30	Coffee Break – Entrance Hall	
🕒 11:00	A Message from the new ENETS Chair	
🕒 11:10	Session 6 Best NET publications – What's new in the field?	
🕒 12:25	Awards ceremony	
🕒 12:55	Closing Comments	
🕒 13:00	Lunch Break – Entrance Hall	
🕒 14:00		

The 21st Annual ENETS Conference for the Diagnosis and Treatment of Neuroendocrine Tumor Disease, Vienna, Austria 13/03/2024 – 15/03/2024, has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 13.5 European CME credits (ECMEC@s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.”

“Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME® credit to AMA credit can be found at <https://edhub.ama-assn.org/pages/applications>.

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC@s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

Imprint

ENETS - European Neuroendocrine Tumor Society

ENETS Chair

Prof. Eva Tiensuu Janson

Registered at

Amtsgericht Charlottenburg, Berlin, Germany, on 20 October 2004
Registration Number: VR 23838 B

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Responsible for content

Scientific Committee

Status February 2024

Scientific Committee

- | | |
|-----------------------------|---------------------------|
| Detlef Bartsch, GER | Gregory Kaltsas, GRE |
| Eric Baudin, FRA | Andreas Kjaer, DEN |
| Nehara Begum, GER | Ilaria Marinoni, SUI |
| Jaume Capdevila, ESP | Francesco Panzuto, ITA |
| Justo Castaño, ESP | Marianne Ellen Pavel, GER |
| Mauro Cives, ITA | John Ramage, GBR |
| Anne Couvelard, FRA | Raj Srirajaskanthan, GBR |
| Jérôme Cros, FRA | Margot Tesselaar, NED |
| Nicola Fazio, ITA | Eva Tiensuu Janson, SWE |
| Rocio Garcia-Carbonero, ESP | |

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ENETS MEMBERSHIP

Membership Benefits:

- + **Reduced fee** to participate in the annual ENETS conferences
- + **Free online access** to ENETS official journal: 'The Journal of Neuroendocrinology'
- + **Free access** to ENETS guidelines
- + **Networking** through interdisciplinary NET projects with international NET specialists
- + **Collaboration** with task forces
- + **Increased chance** to be involved in NextGEN ENETS collaborative projects
- + **Opportunity** to apply for ENETS grants and awards
- + **Admission** to the annual ENETS General Assembly
- + **Voting rights** in elections



Life Achievement Award

Life Achievement Award: Professor Bertram Wiedenmann

Bertram Wiedenmann is Senior Professor at the Department of Hepatology and Gastroenterology at Charité Medical School in Berlin, Germany and was head of the department until 2019. His major research interests comprise molecular and cell biology involving especially cellular signal transduction pathways in the field of gastrointestinal oncology.



Prof. Wiedenmann received his M.D. from the Technical University of Munich Medical School in 1980. He completed a Fulbright Research Fellowship in haematology at the Albert Einstein College of Medicine, NY, USA (1980–1982), was a Research Associate in Cell Biology at the Biological Laboratories, Harvard University (1982–1983), and at the German Cancer Research Center, Heidelberg, Germany (1983–1984). In 2008 he founded 3B Pharmaceuticals, the now successful radiopharmaceutical Berlin company, which, among other things, is currently developing a radiopharmaceutical for the treatment of neuroendocrine neoplasia. Prof. Wiedenmann was chair of ASCO-GI in 2017 and is currently CMO of AutemTherapeutics, an American start-up company developing a novel oncological device. He is a member of several international and national societies, such as AGA, ASCO, and ESMO. He is the former chairman and long-term treasurer of the European Neuroendocrine Tumor Society (ENETS), former member of the steering committee of the Comprehensive Cancer Center Charité, and former coordinator of the site management organisation (SMO) for clinical studies (KKS Charité) at the Charité Medical School.

At the German Cancer Center, Heidelberg, Germany, Prof. Wiedenmann - together with Werner Franke - discovered the well-known tumor marker Synaptophysin. In addition to seven publications in Nature and its daughter journals, he has published more than 1,000 peer-reviewed papers and is a reviewer for many international and national journals.

ENETS Life Achievement Award Laureates and ENETS Honorary Members

2023	👤 Prof Guido Rindi, ITA
2022	👤 Prof Günter Klöppel, GER
2019	👤 Prof Barbro Eriksson, SWE
2018	👤 Prof Gianfranco Delle Fave, ITA
2017	👤 Prof Kjell Öberg, SWE
2016	👤 Prof Jean-Claude Reubi, SUI
2015	👤 Dr Robert T. Jensen, USA
2014	👤 Prof Eric Krenning, NED
2013	👤 Dr Larry Kvols, USA
2012	👤 Prof Steven Lamberts, NED
2011	👤 Prof Jens Rehfeld, DEN
2010	👤 Prof Enrico Solcia, ITA
2009	👤 Prof Rudolf Arnold, GER
2008	👤 Prof Jun Soga, JPN
2007	👤 Prof Lars Grimelius, SWE
2006	👤 Dame Julia M. Polak†, GBR
2005	👤 Prof Werner Creutzfeldt†, GER
2004	👤 Prof Michel Mignon, FRA

Scientific Faculty of the 21st Annual ENETS Conference 13–15 March 2024

Please take a look at our Speaker Gallery →



- Stephanie ALBAND, USA
MC | Session 5B - INCA | Moderator
Col: no conflict of interest to disclose
- Valentina AMBROSINI, ITA
PG | Session A | Speaker
Col: Receipt of honoraria or consultation fees: Speaker's honoraria from ESMIT / EANM / ESMOEL-MAACADEMY in the last 5 years; honoraria from cineca
- Dettlef BARTSCH, GER
MC | Session 4A | Moderator
Col: no conflict of interest to disclose
- Eric BAUDIN, FRA
PG | Moderator – PG | Session A | Speaker
Col: Receipt of grants/research supports: Novartis, HRA; Pfizer provided Sunitinib and Placebo for a study / Receipt of honoraria or consultation fees: Ipsen, Novartis, AAA, Pfizer, Hutchinson Ph / Other support: Support for attending meetings and/or travel: HRA, Novartis, Enterome; Coordinator of the French ENDOCAN network
- Nehara BEGUM, GER
PG | Session A | Moderator
Col: Guest speaker for Advanced Pharma, travel grants from Ipsen
- Peter BERNHARDT, SWE
BS | Session 4 | Moderator
Col: Receipt consultation fees: ITM and Affbody, Stock stakeholder: Theravision AB
- Pradeep BHANDARI, GBR
MC | Session 4A | Speaker
Col:
- Ivan BORBATH, BEL
PG | Session B | Speaker
Col: Receipt of grants/research supports: SERVIER; Receipt of honoraria or consultation fees: Ipsen, Roche, Astra Zeneca
- Mette BORRE, DEN
MC | Session 4B - Nurse Symposium | Moderator
Col: no conflict of interest to disclose
- Tessa BRABANDER, NED
MC | Session 5A | Speaker
Col: Receipt of grants/research support: AAA/Novartis / Receipt of honoraria or consultation fees: AAA/Novartis
- Luigi BUONAGURO, ITA
BS | Session 2 | Speaker
Col: no conflict of interest to disclose
- Edit BUZÁS, HUN
BS | Session 2 | Speaker
Col: no conflict of interest to disclose
- Jaume CAPDEVILA, ESP
PG | Session D | Speaker
Col: Receipt of honoraria or consultation fees: Advanced Accelerator Applications; Bayer; Eisai; Esteve; Exelixis; Ipsen; Isotopen Technologiën; Lilly; Merck Serono; Novartis; Pfizer; Roche/Genentech; Sanofi / Participation in a company sponsored speaker's Bureau: Bayer; Eisai; Esteve; Hutchison MediPharma; Ipsen; Isotopen Technol.; Lilly; Merck Serono; Novartis; Pfizer; Sanofi / Other support: Travel, Accommodations Expenses - Eisai; Ipsen; Pfizer
- Martyn CAPLIN, GBR
PG | Session D | Moderator – MC | Roundtable | Panellist – MC | Session 5B - INCA | Speaker
Col: Receipt of grants/research supports: AAA-Novartis; Ipsen / Receipt of honoraria or consultation fees: AAA-Novartis; Ipsen; Pfizer, INCA / Participation in a company sponsored speaker's bureau: AAA-Novartis; Ipsen; Pfizer, INCA
- Justo P. CASTAÑO, ESP
BS | Session 3 | Moderator
MC | Session 6 | Speaker
Col: Receipt of grants/research supports: Ipsen / Receipt of honoraria or consultation fees: Endocrine Oncology Eic (Bioscientifica) / Speaker fees or travel support: Ipsen, ADACAP (Novartis), Medscape (prIME Oncology)
- Chris CHANDLER, GBR
PG | Session D | Panellist
Col: no conflict of interest to disclose

- Yasmin CHOTALI DE LIMA, GBR
MC | Session 4B - Nurse Symposium | Moderator
Col: no conflict of interest to disclose
- Emanuel CHRIST, SUI
PG | Session B | Speaker
Col: Receipt of grants/research supports: Ipsen, Novartis, Pfizer, AAA, ITM / Receipt of honoraria or consultation fees: Ipsen, Novartis, Pfizer, NovoNordisk, Ricordati / Participation in a company sponsored speaker's bureau: Ipsen Novartis, Pfizer, NovoNordisk, Ricordati
- Mauro CIVES, ITA
BS | Moderator
MC | Session 2A | Speaker
Col: Receipts of honoraria or consultation fees: Ipsen, AAA-Novartis, Advanz Pharma / Participation in a company sponsored speaker's bureau: Ipsen, AAA-Novartis, Advanz Pharma
- Anne COUVELARD, FRA
BS | Moderator
MC | Session 1 | Moderator
Col: no conflict of interest to disclose
- Stefano Francesco CRINÒ, ITA
MC | Session 4A | Speaker
Col: no conflict of interest to disclose
- Adina CROITORU, ROU
PG | Session D | Moderator
Col: Receipt of grants/research supports by me and my hospital: BMS, Exelixis, Astellas Pharma, Five Prime Therapeutics, Gilead Sciences, Canfit, Nanocarrier / Receipt of honoraria or consultation fees: Ipsen, Pfizer, MSD
Oncology, Amgen, BMS, Sanofi, Roche, Novartis, Sandoz, Merck / Travel, accommodation, expenses: Merck, Servier, Ipsen
- Jérôme CROS, FRA
BS | Moderator
BS | Session 3 | Speaker
Col: Participation in a company sponsored speaker's Bureau: Novartis / Esteve (sponsored seminars)
- Meredith CUMMINS, AUS
MC | Session 5B - INCA | Speaker
Col: no conflict of interest to disclose
- Louis DE MESTIER, FRA
PG | Session D | Speaker & Panellist
Col: AAA/Novartis (consulting, lectures) / Esteve (consulting, research funding) / Ipsen (consulting) / Servier (consulting) / SIRTEx (consulting) / Viatrix (consulting)
- Timm DENECKE, GER
PG | Session B | Speaker
Col: Honoraria and travel support from Siemens, Canon, Bayer for scientific lectures and meetings
- Christophe M DEROOSE, BEL
MC | Session 5A | Speaker
Col: Receipt of honoraria or consultation fees: Sirtex, Advanced Accelerator Applications, Novartis, Ipsen, Terumo, PSI CRO, IRE. All paid to institution.
- Frédéric DESCHAMPS, FRA
PG | Session D | Speaker & Panellist
Col: Receipt of honoraria or consultation fees: Terumo, General Electric, Medtronic, Boston Scientific, IGEA
- Michel DUCREUX, FRA
MC | Session 3A | Moderator
Col: Receipt of grants/research supports: Roche, Keocyt / Receipt of honoraria or consultation fees: Roche, Servier, MSD, Pierre Fabre, MSD, Merck Serono, Ipsen, Bayer / Participation in a company sponsored speaker's bureau: Servier, Bayer, MSD, Pierre Fabre / Spouse/partner: My spouse is Head of the Oncology Business Unit Sandoz France
- Antongiulio FAGGIANO, ITA
MC | Session 1 | Moderator
Col: Other support: Ipsen and AAA (Novartis) Support to the University Department for research project
- Massimo FALCONI, ITA
MC | Session 4A | Speaker
MC | Roundtable | Panellist
Col: no conflict of interest to disclose
- Nicola FAZIO, ITA
PG | Session C | Moderator
Col: Receipt of grants/research supports: Ipsen, Merck, AAA, MSD / Receipt of honoraria or consultation fees: AAA, Merck, MSD, Novartis, Pfizer, Boehringer, Ipsen
- Lynette FERNANDEZ-CUESTA, FRA
BS | Session 1 | Moderator
Col: no conflict of interest to disclose

BS = 2nd ENETS Basic and Translational NET Research Forum | 13 March 2024
PG = 14th Annual ENETS Postgraduate Course | 13 March 2024
MC = Main conference | 14 & 15 March 2024

Scientific Faculty of the 21st Annual ENETS Conference 13–15 March 2024

Please take a look at our Speaker Gallery →



- Rocio GARCIA-CARBONERO, ESP
BS | Session 2 | Moderator – MC | Session 3A | Moderator – MC | Roundtable | Panellist
Col: Receipt of grants/research supports: BMS; MSD, Pfizer / Receipt of honoraria or consultation fees: AAA-Novartis, Advanz Pharma, Amgen, Astellas, Bayer, BMS, Boehringer, Esteve, GSK, Hutchmed, Ipsen, Merck, Midatech Pharma, MSD, PharmaMar, Pierre Fabre, Servier / Spouse/partner: Abbie, Astra Zeneca, Genomica, Gilead, Glaxo, Janssen, Lilly, Roche, Sanofi, Sysmex
- Wanda GEILVOET, NED
MC | Session 4B - Nurse Symposium | Moderator
Col: Receipt of honoraria or consultation fees: CORE2ED
- Simona GLASBERG, ISR
PG | Session C | Moderator
MC | Session 2A | Speaker
Col: Receipt of grants/research support and honoraria or consultation fees: Novartis/AAA, Ipsen, SERB, Camurus
- Wenzel HACKENG, NED
BS | Session 3 | Moderator
Col: no conflict of interest to disclose
- Julien HADOUX, FRA
MC | Session 3A | Speaker
Col: Receipt of grants/research support: Novartis, IQVIA/Lilly / Receipt of honoraria or consultation fees: Lilly, Ipsen, Bayer, PharmaMar, Roche, HRA pharma, AAA, Eisai
- Tak-Wai HO, GBR
MC | Session 4B - Nurse Symposium | Speaker
Col: no conflict of interest to disclose
- Hans HOFLAND, NED
PG | Session A | Speaker
Col: Receipt of honoraria or consultation fees: Ipsen, Novartis, SERB
- Nicola JERVIS
MC | Session 4B – Nurse Symposium | Speaker
Col: no conflict of interest to disclose
- Gregory KALTSAS, GRE
MC | Session 1 | Speaker
Col: Receipt of grants/research supports: Ipsen, Pfizer, FARAN, BOKOSMOS, Sanofi / Receipt of honoraria or consultation fees: Ipsen
- Atsuko KASAJIMA, GER
MC | Session 6 | Speaker
Col: no conflict of interest to disclose
- Andreas KJAER, DEN
BS | Session 4 | Moderator
MC | Session 5A | Moderator & Speaker
Col: Co-founder of Curasight, Inventor/IPR on 64Cu-DOTATATE
- Günter KLÖPPEL, GER
BS | Session 2 | Moderator
Col: no conflict of interest to disclose
- Ulrich Peter KNIGGE, DEN
PG | Poster Session/CS | Moderator
MC | Session 2A | Moderator
Col: no conflict of interest to disclose
- Teodora KOLAROVA, BUL
MC | Session 5B - INCA | Speaker
Col: INCA has received institutional grants from the following companies: Novartis, AAA, Ipsen, ITM, Camurus, Curium, SERB Pharmaceuticals, RayzeBio, Esteve
- Beata KOS-KUDŁA, POL
PG | Session D | Panellist
Col: Receipt of honoraria or consultation fees: Merck, Ipsen, Novartis, Pfizer / Participation in a company sponsored speaker's bureau: Merck, IBSA, Ipsen, Novartis, Pfizer
- Susanne KOSSATZ, GER
BS | Session 4 | Speaker
Col: Receipt of grants/research support: Research support from ITM Isotope Technologies Munich SE and Trimt GmbH for projects unrelated to the topic of the talk / Receipt of honoraria or consultation fees: Speaker honoraria ITM Isotope Technologies Munich SE

- Anna KOU-MARIANOU, GRE
PG | Session A | Moderator
MC | Roundtable | Panellist
Col: Educational Grants: Ipsen Greece, FARAN Greece, Pfizer Greece
- Angela LAMARCA, ESP
MC | Session 3A | Speaker
Col: Travel and educational support from Ipsen, Pfizer, Bayer, AAA, SirtEx, Novartis, Mylan, Delcath Advanz Pharma and Roche / Speaker honoraria from Merck, Pfizer, Ipsen, Incyte, AAA/Novartis, QED, Servier, Astra Zeneca, Eisai, Roche, Advanz Pharma and MSD / Advisory and consultancy honoraria from Eisai, Nutricia, Ipsen, QED, Roche, Servier, Boston Scientific, Albireo Pharma, AstraZeneca, Boehringer Ingelheim, GENFIT, TransThera Biosciences, Taiho and MSD / Principal Investigator-associated Institutional Funding form QED, Merck, Boehringer Ingelheim, Servier, Astra Zeneca, GenFit, Panbela Therapeutics, Novocure GmbH, Camurus AB, Albireo Pharma, Taiho, TransThera and Roche / Member of the Knowledge Network and NETConnect Initiatives funded by Ipsen
- Kate LINES, GBR
BS | Session 3 | Speaker
Col: no conflict of interest to disclose
- Alexandre LUGAT, FRA
BS | Session 4 | Speaker
Col: no conflict of interest to disclose
- Tu Vinh LUONG, GBR
PG | Session B | Speaker
Col: no conflict of interest to disclose
- Ilaria MARINONI, SUI
BS | Moderator – BS | Session 3 | Speaker
Col: no conflict of interest to disclose
- Wendy MARTIN, GBR
MC | Session 4B - Nurse Symposium | Moderator
Col: Speakers fees from the following companies: Ipsen, Advanced Accelerator Applications
- Mark McDONNELL, IRL
MC | Roundtable | Panellist
MC | Session 5B - INCA | Speaker
Col: INCA receives support from Ipsen, Advanced Accelerator Applications, Victory NET, ITM, SERB Pharmaceuticals, RayzeBio, Camurus, Curium
- Mairéad McNAMARA, GBR
PG | Session D | Speaker
Col: Receipt of grants/research support: Ipsen, NuCana, Servier, Astra Zeneca / Receipt of honoraria or consultation fees: Incyte, Astra Zeneca / Participation in a company sponsored speaker's bureau: Astra Zeneca, AAA
- Anna MONDINO, ITA
BS | Session 2 | Speaker
Col: no conflict of interest to disclose
- Lise MUNK PLUM, DEN
MC | Session 4B – Nurse Symposium | Moderator
Col: no conflict of interest to disclose
- Els NIEVEEN VAN DIJKUM, NED
PG | Session C | Speaker
Col: no conflict of interest to disclose
- Julie NONNEKENS, NED
BS | Session 4 | Speaker
Col: Receipt of grants/research support: Quirem Medical, a Terumo company; POINT Biopharma / Receipt of honoraria or consultation fees: Novartis
- Dermot O'TOOLE, IRL
MC | Session 4A | Moderator
MC | Session 5B - INCA | Speaker
Col: no conflict of interest to disclose
- Francesco PANZUTO, ITA
PG | Moderator – PG | Session C | Speaker
Col: no conflict of interest to disclose
- Ulrich-Frank PAPE, GER
MC | LAA | Laudator
Col: Speaker honoraria for AAA/Novartis Pharma and Ipsen Pharma / Research funding by AAA/Novartis Pharma and Ipsen Pharma
- Stefano PARTELLI, ITA
PG | Session D | Speaker & Panellist
Col: no conflict of interest to disclose
- Andreas PASCHER, GER
MC | Session 4A | Speaker
Col: Receipt of honoraria or consultation fees: Ipsen, Novartis

BS = 2nd ENETS Basic and Translational NET Research Forum | 13 March 2024

PG = 14th Annual ENETS Postgraduate Course | 13 March 2024

MC = Main conference | 14 & 15 March 2024

Scientific Faculty of the 21st Annual ENETS Conference
13–15 March 2024

Please take a look at our Speaker Gallery →



- Attila PATÓCS, HUN
MC | Session 1 | Speaker
Col: no conflict of interest to disclose
- Marianne Ellen PAVEL, GER
MC | Session 2A | Speaker – MC | Roundtable |
Panellist – MC | Session 5A | Moderator
Col: Receipt of honoraria or consultation fees: Novartis / AAA, Ipsen, Riemser, Boehringer-Ingelheim, MSD, Lilly, Hutchmed, Recordati, SERB
- Aurel PERREN, SUI
BS | Session 1 | Speaker
Col: Receipt of honoraria or consultation fees: Novartis / Stock stakeholder: Roche Sandoz
- Deborah PITFIELD, GBR
MC | Session 4B - Nurse Symposium | Moderator
Col: Receipt of honoraria or consultation fees: AAA Novartis
- Catalina POIANA, ROU
MC | Roundtable | Panellist
Col: Invited speaker for Ipsen Pharma Romania SRL, AMGEN Romania SRL, SC Pfizer Romania SRL, Novo Nordisk Romania
- Elizabeth QUAGLIA, GBR
MC | Session 4B - Nurse Symposium | Speaker
Col: I have received honoararia for speaking from Ipsen and AAA (Novartis)
- Roland RAD, GER
BS | Session 1 | Speaker
Col: no conflict of interest to disclose
- John RAMAGE, GBR
MC | Session 6 | Speaker
Col: no conflict of interest to disclose
- Nicholas Simon REED, GBR
MC | Session 6 | Moderator
MC | Awards Ceremony | Moderator
Col: Receipt of honoraria or consultation fees: Ipsen, Novartis, Esteve / Participation in a company sponsored speaker's bureau: Novartis
- Guido RINDI, ITA
PG | Poster Session/BS | Moderator
MC | Session 3B | Moderator
Col: AAA speaker bureau; Bracco Imaging Suisse, consultation fees
- Anja RINKE, GER
PG | Session C | Speaker
Col: Research/clinical trials: Novartis GmbH; Ipsen Pharma GmbH, ITM Solucion GmbH / Honoraria for presentations/advisory board attendance: Advanz Pharma, Esteve Pharmaceuticals GmbH, Falk Foundation e.V., Ipsen Pharma, Novartis Radiopharmaceuticals GmbH / Non-financial COIs: Membership BDI, DGVS, Deutsche Krebsgesellschaft, ESMO, Board of the German NET Registry, AIO, ENETS (until 5/23 Advisory Board)
- Philippe RUSZNIEWSKI, FRA
MC | Roundtable | Moderator & Speaker
Col: Scientific Advisor to AAA and Ipsen
- Anguraj SADANANDAM, GBR
BS | Session 2 | Moderator
Col: Advisor: Diagnostring Laboratories and Enedra Therapeutics / Co-Founder: Oncoassign
- Ana SANTOS, POR
PG | Poster Session/CS | Moderator
MC | Session 2B | Moderator
Col: no conflict of interest to disclose
- Michele SIMBOLO, ITA
BS | Session 1 | Speaker
Col: no conflict of interest to disclose
- Stacey SMITH, GBR
MC | Session 4B - Nurse Symposium | Speaker
Col: Receipt of honoraria or consultation fees: Novartis, AAA and Ipsen / Participation in a company sponsored speaker's bureau: Novartis, AAA and Ipsen

- Francesca SPADA, ITA
MC | Session 2A | Speaker
Col: Personal financial interests: Advisory board, public speaking: Ipsen, Advanced Accelerator Applications, MSD/ Merck, Hutchmed / Institutional financial interests: Clinical trials (P.I.): GETNE, Incyte, MSD / Non-financial interests: AIOM: coordinator of neuro-endocrine neoplasms guidelines, ITANET: member of the scientific board, ESMO: member of the NETs and Endocrine Tumours faculty
- Ernst-Jan SPEEL, NED
PG | Poster Session/BS | Moderator
MC | Session 3B | Moderator
Col: Receipt of grants/research supports: Pfizer, Bayer
- Raj SRIRAJASKANTHAN, GBR
PG | Session C | Speaker
Col: Receipt of grants/research support: AAA/Novartis / Receipt of honoraria or consultation fees: Ipsen, AAA, Novartis, ITM, Advanz
- Peter STALBERG, SWE
MC | Session 4A | Speaker
Col: no conflict of interest to disclose
- Anders SUNDIN, SWE
PG | Session B | Speaker – PG | Session D | Panellist
Col: no conflict of interest to disclose
- Margot TESSELAAR, NED
PG | Session B | Speaker
Col: Receipt of grants/research supports: Merck BV
- Rajesh THAKKER, GBR
MC | Session 2 | Speaker
Col: Receipt of grants/research supports: Novo Nordisk, Novartis, BMS
- Christina THIRLWELL, GBR
MC | Session 3A | Speaker
Col: Conference travel support from Ipsen and Novartis
- Eva TIENSUU JANSON, SWE
MC | Session 1 | Speaker – MC | Roundtable |
Panellist – MC | Session 5B - INCA | Moderator – MC |
Session 6 | Moderator – MC | Awards Ceremony |
Moderator
Col: Scientific Committee for Nordic NET, Ipsen. Paid to department
- Christos TOUMPANAKIS, GBR
PG | Session B | Moderator
MC | Session 2A | Moderator
Col: I will participate at AAA Satellite Symposium on 14/3/2024 / Receipt of grants/research supports: AAA, Ipsen / Receipt of honoraria or consultation fees: AAA, Ipsen / Participation in a company sponsored speaker's bureau: AAA, Ipsen
- Marie-Louise VAN VELTHUYSEN, NED
PG | Session B | Moderator
Col: no conflict of interest to disclose
- Thomas WALTER, FRA
MC | Session 2A | Speaker
Col: Receipt of grants/research supports: Ipsen, AdAcAp, BIODENA / Receipt of honoraria or consultation fees: Terumo, AdAcAp, Esteve, Incyte
- Staffan WELIN, SWE
MC | Session 2A | Moderator
Col: Receipt of honoraria or consultation fees: AAA, Ipsen, SERB Pharma
- Bertram WIEDENMANN, GER
MC | LAA | Recipient
Col: Stock stakeholder: Autem Therapeutics, Hanover, NH, USA; 3B Pharmaceuticals, Berlin, Germany
- Dario ZERINI, ITA
PG | Session D | Speaker & Panellist
Col: no conflict of interest to disclose

BS = 2nd ENETS Basic and Translational NET Research Forum | 13 March 2024
PG = 14th Annual ENETS Postgraduate Course | 13 March 2024
MC = Main conference | 14 & 15 March 2024

ENETS Centers of Excellence

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Blackout Times for Exhibitors and Sponsors

Wednesday	13 March	08:45–12:30 and 14:00–18:00
Thursday	14 March	09:00–12:30 and 14:00–17:30
Friday	15 March	09:00–13:00

Business Lounge & Speaker's Preview Room

Location:	Room 0.30	
Opening hours:	Wednesday	13 March 08:00–18:00
	Thursday	14 March 08:30–18:00
	Friday	15 March 08:30–11:30

Laptops and printing services are available, e.g. for boarding passes.

Certificate of Attendance and Accreditation

Certificates of Attendance will be available after the event on www.enets.org via myENETS from 25 March 2024 onwards.

Charging Station for Mobile Phones and Laptops

Charging stations are located at the Business Lounge (room 0.30).

Cloakroom

Location:	Room 0.11/0.12 on the right side of the entrance hall	
Opening hours:	Wednesday	13 March 08:00–21:00
	Thursday	14 March 07:30–20:00
	Friday	15 March 08:00–17:30

Storage room for your coats, baggage and poster tubes.

CME Credits | Distribution

13 March	Morning session: 3 CME credits	Afternoon session: 3 CME credits
14 March	Morning session: 3 CME credits	Afternoon session: 2 CME credits
15 March	Morning session: 2.5 CME credits	
Maximum:	13.5 CME credits	

CME Credits | How to receive them

Please scan your name badge every time you enter a session. You may scan in and out at the entrance to each plenary room.

If you lose your badge, please go to the registration desk to receive a new one.

Emergencies

The safety and security of attendees and staff is the priority of ENETS and the ACV. In the event of an emergency inside the convention center, please immediately inform the registration desk or ENETS Office and provide the nature and the exact location of the emergency.

Exhibition Hall

Location: Between Hall E and F
Opening hours: Wednesday 13 March 08:00–18:00
 Thursday 14 March 08:00–18:00
 Friday 15 March 08:00–14:00

For the floor plan of the exhibition hall please refer to page 60.

Feedback and Comments

Feedback and evaluation will be available via the conference platform and via myENETS on www.enets.org.

Liability

Attendees are, at all times, responsible for the security of personal items such as purses, laptops, electronic equipment, etc.

Lost & Found

Location: Cloakroom, located in room 0.11-0.12 on the ground floor

Any items remaining in Lost and Found at the close of the event will be turned over to the Convention Center (ACV) security personnel. ENETS is not responsible for any lost or stolen items.

Marketing

Market research and marketing events are prohibited during the Annual Conference, phRMA guidelines must be observed. For specific questions related to marketing activities, please contact the ENETS Office: info@enets.org.

Mobile Website – Conference App

How can I use the web-based ENETS Conference App as an app on my mobile phone?



Apple iOS

- From the website, tap the "Share" menu button 
- Scroll down and select "Add to home screen" 
- Tap "Add" in the top right corner and you're done!

Android

- From the website, tap on the "three dots icon" in the top right corner to open the menu
- Then select "Add to home screen"
- Confirm, and you're done!

Mobile Phones and Electronic Devices

Please be considerate of your fellow attendees and turn off or silence mobile phones and electronic devices during all educational sessions and special events.

Office | ENETS

Location: Room 0.31
Opening hours: Wednesday 13 March 08:00–18:00
 Thursday 14 March 08:00–18:00
 Friday 15 March 08:00–14:00

Poster Exhibition

Location: In the entrance hall
Opening hours: Wednesday 13 March 08:00–18:00
 Thursday 14 March 08:00–18:00
 Friday 15 March 08:00–14:00

All posters must be removed by 14:00 CET on Friday. Any posters not removed will be disposed of.

Recordings (Session Proceedings)

Watch your favourite sessions again at home or listen to sessions you missed! Unless otherwise noted, all sessions are recorded and offered via myENETS one week after the conference.

Registration Desk | ENETS Conference

Location: Ground floor
Opening hours: Wednesday 13 March 07:30–18:00
 Thursday 14 March 07:30–18:00
 Friday 15 March 08:15–13:00

Satellite Symposia | Industry-sponsored Symposia

Location: Hall F
Time: Satellite Symposium I Thursday 14 March 07:45–08:45
 Satellite Symposium II Thursday 14 March 12:30–14:00

Entry is free of charge.

Smoking Areas

Location: Ground floor – On the terrace behind Hall E

ENETS from A to Z

Speaker's Preview Room & Business Lounge

Location: Business Lounge, room 0.30

Designated for conference speakers to upload and preview their presentations.

Transport

The closest underground station is "Kaisermühlen/VIC", taxis are available there, too.

WIFI Access

Wireless internet access will be available in most areas.

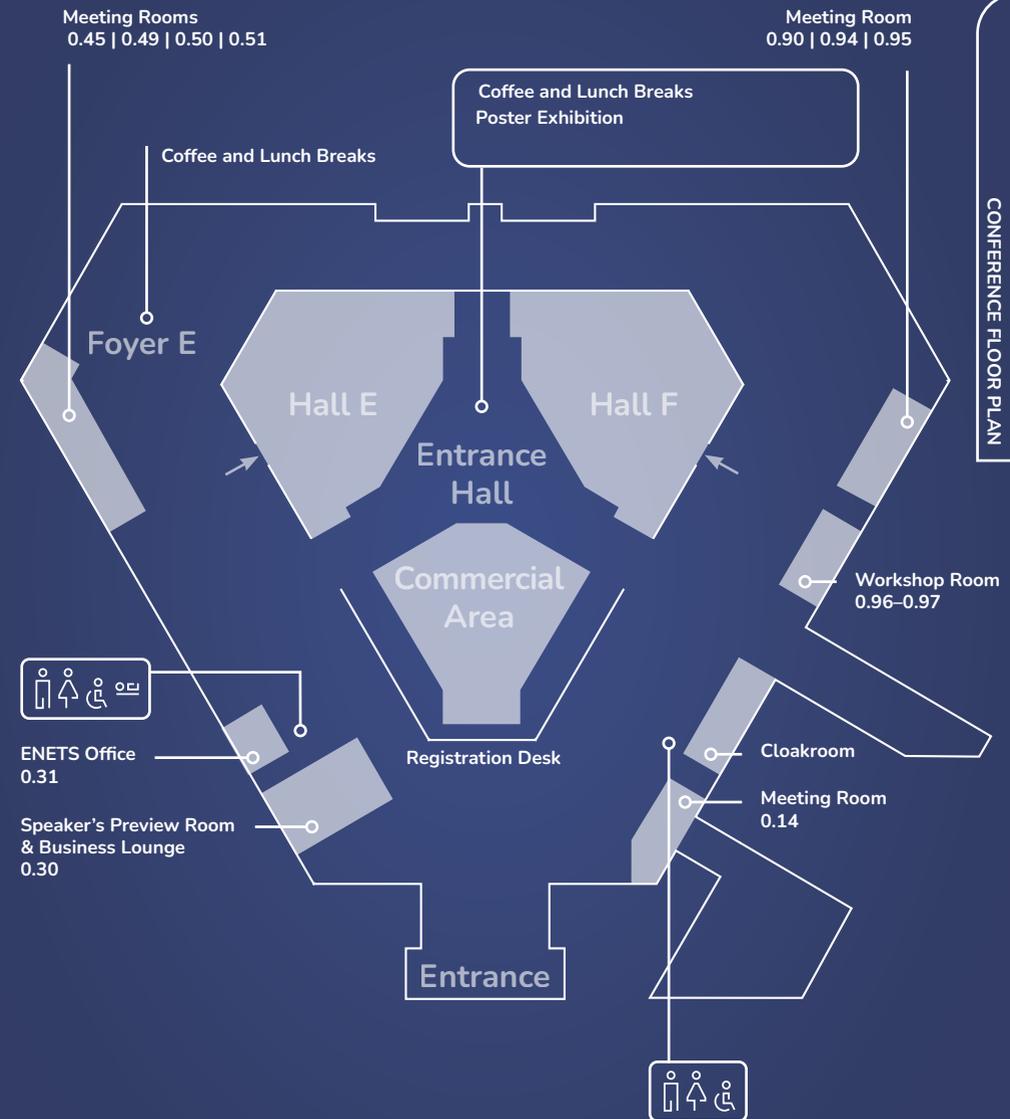
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Conference Floor Plan



08:45–08:50	Welcome and opening – 21st Annual ENETS Conference 👤 Eva Tiensuu Janson, SWE	Hall E
08:50–09:00	Opening & overview – 14th Annual ENETS Postgraduate Course 👤 Eric Baudin, FRA Francesco Panzuto, ITA	Hall E
09:00–10:30	Session A: Follow-up after R0 resection of thoracic and digestive NET 👤 Moderators: Nehara Begum, GER Anna Koumariou, GRE	Hall E
09:00	Recurrence free survival of thoracic and digestive NET: What we know about type and frequency 👤 Eric Baudin, FRA	
09:15	Q & A	
09:20	Performance of PET imaging to detect recurrence: State of the art 👤 Valentina Ambrosini, ITA	
09:35	Q & A	
09:40	Functioning syndrome: Is it a good marker of recurrence? 👤 Hans Hofland, NED	
09:55	Q & A	
10:00	Panel discussion	
10:30–11:00	Coffee Break	Entrance Hall
11:00–12:30	Session B: Imaging session for NET – A guide for clinicians 👤 Moderators: Christos Toumpanakis, GBR Marie-Louise van Velthuysen, NED	Hall E
11:00	Feature of primary, node and liver mets of digestive NET at CT or MRI at diagnosis and treatment alteration 👤 Anders Sundin, SWE	
11:15	Q & A	
11:20	Features of bone mets at CT or MRI at diagnosis and treatment alteration 👤 Timm Denecke, GER	
11:35	Q & A	
11:40	Pathological aspects 👤 Tu Vinh Luong, GBR	
11:50	Q & A	

11:55–12:10	How do I select unresectable NET patients for PRRT: The good, the bad, the unknown	
11:55	Oncologist's view 👤 Margot Tesselaar, NED	
12:00	Endocrinologist's view 👤 Emanuel Christ, SUI	
12:05	Gastroenterologist's view 👤 Ivan Borbath, BEL	
12:10–12:30	Panel discussion 👤 Ivan Borbath, BEL Emanuel Christ, SUI Timm Denecke, GER Christophe Deroose, BEL Tu Vinh Luong, GBR Anders Sundin, SWE Margot Tesselaar, NED	
12:30–14:00	Lunch Break	Entrance Hall
13:00–13:45	Poster presentation – Clinical science 👤 Moderators: Ulrich Knigge, DEN Ana Santos, POR	Hall E
13:00	Durvalumab (D) plus Tremelimumab (T) for the treatment of patients with progressive, advanced medullary thyroid carcinoma (MTC) – DUTHY (GETNE-T1812) trial 👤 Alejandro Garcia-Alvarez, ESP	
13:04	Discussion	
13:07	Identification of new biomarkers associated with prognosis of pancreatic neuroendocrine neoplasms and establishment of survival prediction model 👤 Qiyun Tang, CHN	
13:11	Discussion	
13:15	Identifying patients with undiagnosed small intestinal neuroendocrine tumors using statistical and machine learning: Model development and validation study 👤 Mohid Khan, GBR	
13:19	Discussion	
13:22	Familial midgut neuroendocrine tumors (FM-NETs): Results of the nationwide TCF cohort from the GTE-RENATEN network 👤 Louis de Mestier, FRA	
13:26	Discussion	
13:30	Interim safety and exploratory efficacy results of a phase 2, randomized, parallel-group study of oral Paltusotine treatment in subjects with carcinoid syndrome 👤 Simron Singh, CAN	
13:34	Discussion	
13:38	TECANT ERA PerMed study – Somatostatin receptor antagonists as a new sensitive diagnostic tool for reliable assessment of the SSTR status in neuroendocrine neoplasms 👤 Marta Opalinska, POL	
13:42	Discussion	

PROGRAMME – 13 MARCH

13:00	Poster presentation – Basic and translational science 📍 Hall F 👤 Moderators: Guido Rindi, ITA Ernst-Jan Speel, NED
13:00	Uncovering the genomic profiling of metastatic pheochromocytomas and paragangliomas: Leveraging plasma circulating tumor DNA for comprehensive genetic characterization and monitoring 👤 Carlota Arenillas Lallana, ESP
13:04	Discussion
13:07	Machine-learning identified optimized classification models for the diagnosis of typical and atypical lung carcinoids based on the genomic variance 👤 Yi-Ying Guo, CHN
13:11	Discussion
13:15	Unanticipated heterogeneity in high-grade large-cell neuroendocrine carcinoma pinpoints cell sub-state specific therapeutic targets 👤 Olivia Debnath, GER
13:19	Discussion
13:22	Assessment of the current and emerging criteria for the histopathological classification of lung neuroendocrine tumors in the lungNENomics project 👤 Émilie Mathian, FRA
13:26	Discussion
13:30	Enhancer heterogeneity of lung carcinoids reveals sensitivity to FGF signaling inhibition 👤 Yotam Drier, ISR
13:34	Discussion
13:38	Cell-free DNA (cfDNA) methylation profiling for minimally invasive cancer detection in patients with Extra-Pulmonary NeuroEndocrine Carcinoma (EP-NEC) 👤 Melissa Frizziero, GBR
13:42	Discussion
14:00–15:30	Session C: Does epidemiology affect the care of NEN patients? 📍 Hall E 👤 Moderators: Nicola Fazio, ITA Simona Glasberg, ISR
14:00	Are NET over diagnosed? Which consequence on clinical practice? 👤 Francesco Panzuto, ITA
14:15	Environmental factors – How do these influence preventional care? 👤 Raj Srirajaskanthan, GBR
14:30–15:00	Management of incidentalomas across thoracic and digestive NET primaries – Are we consistent?
14:30	Gastroenterologist's view 👤 Anja Rinke, GER
14:45	Surgeon's view 👤 Els Nieveen van Dijkum, NED
15:00	Panel discussion

PROGRAMME – 13 MARCH

15:30–16:00	Coffee Break 📍 Entrance Hall
16:00–17:35	Session D: MDT – Select the best locoregional therapy in slowly progressive NETs 📍 Hall E 👤 Moderators: Martyn Caplin, GBR Adina Croitoru, ROU
16:00–16:25	Case 1: Liver mets 👤 Jaume Capdevila, ESP
	MDT panel discussion 👤 Jaume Capdevila, ESP Chris Chandler, GBR Louis de Mestier, FRA Frédéric Deschamps, FRA Beata Kos-Kudła, POL Stefano Partelli, ITA Anders Sundin, SWE Dario Zerini, ITA
16:25–16:50	Case 2: Bone mets 👤 Mairéad McNamara, GBR
	MDT panel discussion 👤 Jaume Capdevila, ESP Chris Chandler, GBR Louis de Mestier, FRA Frédéric Deschamps, FRA Beata Kos-Kudła, POL Stefano Partelli, ITA Anders Sundin, SWE Dario Zerini, ITA
16:50–17:15	Case 3: Ablation of small incidental pancreatic primary 👤 Louis de Mestier, FRA
	MDT Panel discussion 👤 Jaume Capdevila, ESP Chris Chandler, GBR Louis de Mestier, FRA Frédéric Deschamps, FRA Beata Kos-Kudła, POL Stefano Partelli, ITA Anders Sundin, SWE Dario Zerini, ITA
17:15–17:35	Summary from locoregional panel
17:15	Surgeon's view 👤 Stefano Partelli, ITA
17:25	Interventional radiologist's view 👤 Frédéric Deschamps, FRA
17:30	Radiotherapist's view 👤 Dario Zerini, ITA
17:35–17:40	Closing comments – 14th Annual ENETS Postgraduate Course 📍 Hall E 👤 Eric Baudin, FRA Francesco Panzuto, ITA
17:40–18:00	ENETS projects 📍 Hall E 👤 Eva Tiensuu Janson, SWE

08:45–08:50	Welcome and opening – 21st Annual ENETS Conference 👤 EvaTiensuu Janson, SWE	Hall F livestream from Hall E
08:50–09:00	Welcome – 2nd ENETS Basic and Translational NET Research – A Forum on Basic and Translational Science in Neuroendocrine Neoplasms 👤 Mauro Cives, ITA Anne Couvelard, FRA Jérôme Cros, FRA Iliaria Marinoni, SUI	Hall F
09:00–10:30	Session 1: Cells of origin in NENs 👤 Moderators: Lynnette Fernandez-Cuesta, FRA Günter Klöppel, GER	
09:00	Cells of origin in PanNENs 👤 Aurel Perren, SUI	
09:15	Discussion	
09:20	Cells of origin in gastric NENs 👤 Roland Rad, GER	
09:35	Discussion	
09:40	Cells of origin in lung NENs 👤 Michele Simbolo, ITA	
09:55	Discussion	
10:00	Oral Abstract Presentation: Epigenetic prediction of aging and metabolic traits provides insight into tumor biology in multi-focal ileal neuroendocrine tumors 👤 Amy Webster, GBR	
10:07	Discussion	
10:10	Oral Abstract Presentation: The evolutionary history of metastatic pancreatic neuroendocrine tumors reveals a therapy driven route to high-grade transformation 👤 Samuel Backman, SWE	
10:17	Discussion	
10:20	Session summary	
10:30–11:00	Coffee Break	Entrance Hall
11:00–12:30	Session 2: Immune tumor microenvironment and opportunities for therapy in NENs 👤 Moderators: Rocio Garcia-Carbonero, ESP Anguraj Sadanandam, GBR	Hall F
11:00	The road from nSARS-CoV-2 vaccines to therapeutic vaccines against cancer: Where are we? 👤 Luigi Buonaguro, ITA	
11:15	Discussion	
11:20	Adoptive cellular therapies and innovative immunotherapeutic approaches against NENs 👤 Anna Mondino, ITA	

11:35	Discussion	
11:40	The roles of extracellular vesicles in the immune system 👤 Edit Buzás, HUN	
11:55	Discussion	
12:00	Oral Abstract Presentation: Ex vivo expansion of TILs from panNET liver metastasis: In search of novel adoptive transfer strategies for the treatment of NETs 👤 Nada Chaoul, ITA	
12:07	Discussion	
12:10–12:30	Emerging issues on NET basic research	
12:10	Oral Abstract Presentation: Decoding and targeting of metabolic heterogeneity in pancreatic neuroendocrine tumors (PanNETs): MCT1 and MCT4 in the crosshair for precision therapy 👤 Martin Sadowski, SUI	
12:17	Discussion	
12:20	Oral Abstract Presentation: Establishment of novel patient-derived preclinical models for neuroendocrine tumors 👤 Iacovos Michael, CAN	
12:27	Discussion	
12:30–14:00	Lunch Break	Entrance Hall
13:00–13:45	Poster presentation – Clinical science 👤 Moderators: Ulrich Knigge, DEN Ana Santos, POR	Hall E
13:00–13:45	Poster presentation – Basic and translational science 👤 Moderators: Guido Rindi, ITA Ernst-Jan Speel, NED	Hall F
14:00–15:30	Session 3: DAXX/ATRX and MEN1 role in NET tumorigenesis 👤 Moderators: Justo P. Castaño, ESP Wenzel Hackeng, NED	Hall F
14:00	DAXX/ATRX and MEN1 function in healthy tissues 👤 Kate Lines, GBR	
14:10	Discussion	
14:15	Oncogenic mechanisms associated with DAXX/ATRX and MEN1 alterations in NETs and what we still do not understand 👤 Iliaria Marinoni, SUI	
14:30	Discussion	
14:35	Clinical impact of DAXX/ATRX alterations in NETs: A two-faced role 👤 Jérôme Cros, FRA	
14:50	Discussion	

14:55	Oral Abstract Presentation: Transcriptomic analysis of PanNET tumor progression from microtumor to metastasis in MEN1 patients 👤 Aziz Chouchane, SUI	
15:02	Discussion	
15:05	Oral Abstract Presentation: MAPK and mTOR pathway activation is associated with chemotherapy resistance and a poor prognosis in G3 advanced NENs 👤 Juan Luis Catoya, ESP	
15:12	Discussion	
15:15	Oral Abstract Presentation: New insights into the progression of NET G3 with a focus of NETs with NEC-like transformation 👤 Atsuko Kasajima, GER	
15:22	Discussion	
15:25	Session summary	
15:30–16:00	Coffee Break	📍 Entrance Hall
16:00–17:30	Session 4: Biology of PRRT 👤 Moderators: Peter Bernhardt, SWE Andreas Kjaer, DEN	📍 Hall F
16:00	PRRT mechanisms of action: Known and unknown 👤 Julie Nonnekens, NED	
16:15	Discussion	
16:20	How can we advance PRRT, new preclinical model? 👤 Alexandre Lugat, FRA	
16:35	Discussion	
16:40	Red marrow toxicities of PRRT: Biological mechanisms 👤 Susanne Kossatz, GER	
16:55	Discussion	
17:00	Oral Abstract Presentation: 5-Hydroxymethylcytosine profiling of plasma-derived circulating free DNA in patients with pancreatic neuroendocrine tumors treated with [177Lu]Lu-DOTA-TATE 👤 Jon Sponheim, NOR	
17:07	Discussion	
17:10	Oral Abstract Presentation: Predictive factors of persistent thrombocytopenia after 177Lu-DOTATATE in patients with neuroendocrine tumors 👤 Sandrine Oziel-Taieb, FRA	
17:17	Discussion	
17:20	Conclusive remarks 👤 Mauro Cives, ITA Anne Couvelard, FRA Jérôme Cros, FRA Ilaria Marinoni, SUI	
17:30–17:35	Closing comments – 2nd ENETS Basic and Translational NET Research – A Forum on Basic and Translational Science in Neuroendocrine Neoplasms 👤 Mauro Cives, ITA Anne Couvelard, FRA Jérôme Cros, FRA Ilaria Marinoni, SUI	📍 Hall F

07:45–08:45	Satellite Symposium – Industry-sponsored	📍 Hall F
09:00–10:30	Session 1: Interdisciplinary management of neuroendocrine tumor syndromes – Which tools for which goals? 👤 Moderators: Anne Couvelard, FRA Antongiulio Faggiano, ITA	📍 Hall E
09:00	Keynote speech: MEN-1 – State of the art 👤 Rajesh Thakker, GBR	
09:20	Molecular approaches for the diagnosis of hereditary NEN in 2023 – The geneticist view 👤 Attila Patócs, HUN	
09:30	MEN-2-3-4 👤 Gerlof Valk, NED	
09:40	Discussion	
09:45	von Hippel Lindau disease 👤 Gregory Kaltsas, GRE	
09:55	Discussion	
10:00	Inherited small intestinal NET 👤 Eva Tiensuu Janson, SWE	
10:10	Discussion	
10:15	Oral Abstract Presentation: Evaluation of circulating extracellular vesicles as suitable prognostic markers in MEN1-associated non-functioning pancreatic neuroendocrine neoplasia 👤 Jerena Manoharan, GER	
10:22	Discussion	
10:25	Final comments & Wrap-up 👤 Anne Couvelard, FRA Antongiulio Faggiano, ITA	
10:30–11:00	Coffee Break	📍 Entrance Hall
11:00–12:30	Session 2A: Drug development in NENs – Where are we heading? 👤 Moderators: Christos Toumpanakis, GBR Staffan Welin, SWE	📍 Hall E
11:00	Development of SST-targeted drugs: Current and future perspectives 👤 Simona Glasberg, ISR	
11:10	Discussion	
11:15	Update on clinical trials with systemic therapies in NETs 👤 Francesca Spada, ITA	
11:25	Discussion	
11:30	Update on clinical trials with systemic therapies in NECs 👤 Thomas Walter, FRA	
11:40	Discussion	

11:45	What can we achieve with molecular profiling of NENs and when should it be done? 👤 Marianne Pavel, GER	
11:55	Discussion	
12:00	T-Cell redirecting strategies in NENs: CARs, BiTEs and beyond 👤 Mauro Cives, ITA	
12:10	Discussion	
12:15	Oral Abstract Presentation: Updated data from a phase I trial of the DLL3/CD3 IgG-like T-cell engager BI 764532 in patients (pts) with DLL3-positive (+) tumors: Focus on extrapulmonary neuroendocrine carcinomas (epNECs) 👤 Jaume Capdevila, ESP	
12:22	Discussion	
12:25	Final comments	
11:00–12:12	Session 2B: Clinical science abstract session 👤 Moderators: Ulrich Knigge, DEN Ana Santos, POR	📍 Hall F
11:00	Precision medicine in advanced NENs: Molecular profiling and target actionability real world data 👤 Giovanni Farinea, ITA	
11:06	Discussion	
11:09	Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH): An international case series 👤 Hussein Almeamar, IRL	
11:15	Discussion	
11:18	Nordic NEC 2: Characteristics and treatment outcome in a prospective cohort of 698 patients with high-grade digestive neuroendocrine neoplasms (NET G3 and NEC) 👤 Halfdan Sorbye, NOR	
11:24	Discussion	
11:27	A phase II study of Lenvatinib and Everolimus in advanced well-differentiated extra pancreatic neuroendocrine tumors 👤 Arvind Dasari, USA	
11:33	Discussion	
11:36	Portal vein resection in pancreatic neuroendocrine neoplasms 👤 Anna Nießen, GER	
11:42	Discussion	
11:45	Prognostic significance of nodal micrometastases in patients with non-functioning pancreatic neuroendocrine tumors (NF-PanNETs) – A survival analysis from a prospective observational study 👤 Valentina Andreasi, ITA	
11:51	Discussion	

11:54	The global leadership into malnutrition criteria reveals a high percentage of malnutrition which negatively influences overall survival in patients with gastroenteropancreatic neuroendocrine tumors (GEP-NETs) treated with somatostatin analogues 👤 Dominique Clement, GBR	
12:00	Discussion	
12:03	Responses to Cabozantinib plus Atezolizumab in a wide population of advanced and progressive neuroendocrine neoplasms (NENs): A prospective multi-cohort basket phase II Trial (CABATEN / GETNE-T1914) 👤 Javier Molina Cerrillo, ESP	
12:09	Discussion	
12:30–14:00	Satellite Symposium - Industry-sponsored	📍 Hall F
12:30–14:00	Lunch Break	📍 Entrance Hall
14:00–15:10	Session 3A: Joint ENETS/ESMO session 👤 Moderators: Michel Ducreux, FRA Rocio Garcia-Carbonero, ESP	📍 Hall E
Understanding biology to improve patient care...		
14:00	...in NETs 👤 Chrissie Thirlwell, GBR	
14:15	Discussion	
14:20	...in NECs 👤 Julien Hadoux, FRA	
14:35	Discussion	
14:40	ESMO / ENETS GEP NEN guidelines/guidance: Clinical application 👤 Angela Lamarca, ESP	
14:55	Discussion	
15:00	Oral Abstract Presentation: Temozolomide treatment induces an MMR-dependent hypermutator phenotype in well differentiated pancreatic neuroendocrine tumors 👤 Louis de Mestier, FRA	
15:07	Discussion	
14:00–15:00	Session 3B: Basic and translational science abstract session 👤 Moderators: Guido Rindi, ITA Ernst-Jan Speel, NED	📍 Hall F
14:00	Integrative molecular analysis of lung neuroendocrine neoplasms with different Ki-67 indices identifies a molecular transition group between low- and high-grade neoplasms 👤 Michele Simbolo, ITA	
14:07	Discussion	
14:10	Metabolite biomarker discovery for pancreatic neuroendocrine tumors using metabolomic approach 👤 Arnaud Jannin, FRA	

14:17	Discussion	
14:20	DNA damage repair genes alterations in pancreatic neuroendocrine tumor treated with Temozolomide 👤 Elena Trevisani, ITA	
14:27	Discussion	
14:30	Mesenteric fibrosis in small intestinal neuroendocrine tumors (SI-NETs): Pathogenesis and therapeutic targets 👤 Maria Ines Castanho Martins, GBR	
14:37	Discussion	
14:40	Characterising the tumor microenvironment of multifocal small intestinal NETs 👤 Netta Mäkinen, USA	
14:47	Discussion	
14:50	Specific spliceosomic landscapes reveal a possible link between RNA processing and panNETs behaviour 👤 Sergio Pedraza-Arévalo, ESP	
14:57	Discussion	
15:10–15:30	Life Achievement Award 📍 Hall E 👤 Moderator: Eva Tiensuu Janson, SWE	
15:10	Laudatio 👤 Ulrich-Frank Pape, GER	
15:20	Recipient and keynote address 👤 Bertram Wiedenmann, GER	
15:30–16:00	Coffee Break 📍 Entrance Hall	
16:00–17:30	Session 4A: Push the former limits – Rising endoscopic and surgical techniques for the treatment of GEP-NETs 📍 Hall E 👤 Moderators: Detlef Bartsch, GER Dermot O'Toole, IRL	
16:00	Endoscopic treatment of gastroduodenal NETs – Techniques and limits 👤 Pradeep Bhandari, GBR	
16:10	Discussion	
16:15	Endoscopic ablation of small pNEN – Techniques and limits 👤 Stefano Francesco Crinò, ITA	
16:25	Discussion	
16:30	Resection of advanced neuroendocrine liver metastases – New options and limits 👤 Andreas Pascher, GER	
16:40	Discussion	
16:45	Vascular resections for locally advanced pNETs – Techniques and limits 👤 Massimo Falconi, ITA	
16:55	Discussion	

17:00	Resection of locally advanced SI-NET – Techniques and limits 👤 Peter Stalberg, SWE	
17:10	Discussion	
17:15	Oral Abstract Presentation: Radio-guided surgery with a new generation β-probe for radio-labelled somatostatin analogue, in patients with small-intestinal neuroendocrine tumors – A Phase II surgical trial 👤 Maria Danieli, ITA	
17:22	Discussion	
17:25	Closing comments	
16:00–17:30	Session 4B: Nurse and dietitian symposium 📍 Hall F 👤 Moderator: Wendy Martin, GBR	
16:00	Welcome 👤 Wendy Martin, GBR	
16:05–16:35	New – Transplantation 👤 Moderators: Lise Munk Plum, DEN Deborah Pitfield GBR	
16:05	Where are we now with liver transplantation and is it an option for NEN patients 👤 Stacey Smith, GBR	
16:15	Transplant Case study 👤 Elizabeth Quaglia, GBR	
16:25	Liver transplantation: Utilising patient involvement to reduce unmet informational needs 👤 Nicola Jervis, GBR	
16:35–16:55	Improved 👤 Moderators: Yasmin Chotai de Lima, GBR Wanda Geilvoet, NED	
16:35	Nutritional management of insulinomas 👤 Tak-Wai Ho, GBR	
16:55–17:25	Ongoing care – Abstract Session 👤 Moderators: Mette Borre, DEN Wendy Martin, GBR	
16:55	Patient initiated follow up for surgically resected neuroendocrine cancer patients using a digital system – My Record (2023) 👤 Emma Ramsey, GBR	
17:05	Evaluation of the utility of group therapy as a mechanism of delivering facilitated psychosocial support to those with a neuroendocrine neoplasm diagnosis 👤 Rebecca Hargreaves, GBR	
17:15	Psychiatric and cognitive function in patients with serotonin producing neuroendocrine tumors 👤 Margot Tesselaar, NED	
17:25	Closing comments 👤 Wendy Martin, GBR	

17:45–18:45	Roundtable Discussion: Barriers to access high-quality care in NENs 🗣️ Moderator: Philippe Ruzsniwski, FRA	📍 Hall E
17:45	EU NEN Policy Recommendations (Take-home messages) 🗣️ Philippe Ruzsniwski, FRA	
18:00	Roundtable discussion – Physicians', patients' & politicians' perspectives 🗣️ Martyn Caplin, GBR Massimo Falconi, ITA Rocio Garcia-Carbonero, ESP Anna Koumarianou, GRE Nichola Larkins, BEL Mark McDonnell, IRL Marianne Pavel, GER Catalina Poiana, ROU Eva Tiensuu Janson, SWE	
	<ul style="list-style-type: none"> • Physicians' perspective from different geographic regions • Patients' perspective (INCA representative) • Politicians' perspective (EU Commissioner representative) 	

09:00–10:30	Session 5A: Targeted radionuclide therapy – Recent advances 🗣️ Moderators: Andreas Kjaer, DEN Marianne Pavel, GER	📍 Hall E
09:00	PRRT with 177Lu labelled somatostatin analogues: Current status and future directions 🗣️ Christophe Deroose, BEL	
09:15	Targeted alpha radionuclide therapies – A game changer? 🗣️ Andreas Kjaer, DEN	
09:30	What is next – New isotopes and novel targets? 🗣️ Tessa Brabander, NED	
09:45	Oral Abstract Presentation: [177Lu]Lu-DOTA-TATE in newly diagnosed patients with advanced grade 2 and grade 3, well-differentiated gastroenteropancreatic neuroendocrine tumors: Primary analysis of the phase 3 randomized NETTER-2 study 🗣️ Wouter W. de Herder, NED	
09:52	Panel Discussion	
10:10	Oral Abstract Presentation: Metabolic tumor volume (MTV) as a biomarker in patients with gastroenteropancreatic neuroendocrine neoplasms (GEPNENs): A multicentre study 🗣️ David Chan, AUS	
10:17	Discussion	
10:20	Oral Abstract Presentation: PET/CT imaging of the somatostatin receptor with [18F]AlF-NOTA-octreotide PET/CT: Analysis of impact on tumor staging and therapeutic management 🗣️ Hannes Leupe, BEL	
10:27	Discussion	
09:00–10:30	Session 5B: INCA/ENETS Symposium – Motivating/empowering non-NEN healthcare professionals to think NENs 🗣️ Moderators: Stephanie Alband, USA Eva Tiensuu Janson, SWE	📍 Hall F
09:00	Opening 🗣️ Stephanie Alband, USA Eva Tiensuu Janson, SWE	
09:05	Think NENs – Educating primary care physicians about NENs 🗣️ Dermot O'Toole, IRL	
09:30	Think NENs video collage and a demo of the e-learning platform	
09:35	Promoting Think NENs locally and globally 🗣️ Teodora Kolarova, BUL	
09:42	Key to success and lessons learned 🗣️ Meredith Cummins, AUS	
09:50	Engaging second-line non-NEN healthcare professionals 🗣️ Martyn Caplin, GBR	
10:05	Working as a global community to promote better understanding of NENs 🗣️ Mark McDonnell, IRL	
10:10	Discussion	
10:27	Wrap-up and closing comments 🗣️ Stephanie Alband, USA Eva Tiensuu Janson, SWE	

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| <ul style="list-style-type: none"> ▪ Anna Battistella, ITA ▪ Elio Benevento, ITA ▪ Felix Bolduan, GER ▪ Maria Daniela, ITA ▪ Marie Line EL Asmar, GBR ▪ Frederik Erdmann, NED ▪ Daphne Leunissen, NED ▪ Hannes Leupe, NED | <ul style="list-style-type: none"> ▪ Jerena Manoharan, GER ▪ Laura Mariën, BEL ▪ María Trinidad Moreno Montilla, ESP ▪ Mohamed Mortagy, GBR ▪ Sergio Pedraza-Arèvalo, ESP ▪ Huijing Tan, CHN ▪ Elena Trevisani, ITA |
|---|--|

ENETS has received a total of 317 abstracts and most of those were of exceptional quality.

All accepted abstracts **exclusive** Case Reports and Trials in Progress/Trials in Concept will be published in the **Journal of Neuroendocrinology**.

All accepted abstracts inclusive Case Reports and Trials in Progress/Trials in Concept will be published on www.enets.org.



Abstracts selected for ORAL ABSTRACT PRESENTATION at the 21st Annual ENETS Conference

- A03** **Backman S et al.** The evolutionary history of metastatic pancreatic neuroendocrine tumors reveals a therapy driven route to high-grade transformation
- A05** **Chouchane A et al.** Transcriptomic analysis of PanNET tumor progression from microtumor to metastasis in MEN1 patients
- A15** **Mäkinen N et al.** Characterising the tumor microenvironment of multifocal small intestinal NETs
- A20** **Pedraza-Arévalo S et al.** Specific spliceosomal landscapes reveal a possible link between RNA processing and panNETs behaviour
- A22** **Simbolo M et al.** Integrative molecular analysis of lung neuroendocrine neoplasms with different Ki-67 indices identifies a molecular transition group between low- and high-grade neoplasms
- A26** **Trevisani E et al.** DNA damage repair genes alterations in pancreatic neuroendocrine tumor treated with Temozolomide
- A27** **Webster A et al.** Epigenetic prediction of aging and metabolic traits provides insight into tumor biology in multi-focal ileal neuroendocrine tumors
- B01** **Bräutigam K et al.** Decoding and targeting of metabolic heterogeneity in pancreatic neuroendocrine tumors (PanNETs): MCT1 and MCT4 in the crosshair for precision therapy
- B02** **Castanho Martins M I et al.** Mesenteric fibrosis in small intestinal neuroendocrine tumors (SI-NETs): Pathogenesis and therapeutic targets
- B03** **Chaoul N et al.** Ex vivo expansion of TILs from panNET liver metastasis: In search of novel adoptive transfer strategies for the treatment of NETs
- B05** **Kulathunga N et al.** Establishment of novel patient-derived preclinical models for neuroendocrine tumors
- D17** **Clement D et al.** The global leadership into malnutrition criteria reveals a high percentage of malnutrition which negatively influences overall survival in patients with gastroenteropancreatic neuroendocrine tumors (GEP-NETs) treated with somatostatin analogues
- D50** **Penugonda M et al.** Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH): An international case series
- E03** **Andreasi V et al.** Prognostic significance of nodal micrometastases in patients with non-functioning pancreatic neuroendocrine tumors (NF-PanNETs) – A survival analysis from a prospective observational study
- E09** **Kasajima A et al.** New insights into the progression of NET G3 with a focus of NETs with NEC-like transformation
- F03** **Catoya J L et al.** MAPK and mTOR pathway activation is associated with chemotherapy resistance and a poor prognosis in G3 advanced NENs

- F04** **Farinea G et al.** Precision medicine in advanced NENs: Molecular profiling and target actionability real world data
- F07** **Jannin A et al.** Metabolite biomarker discovery for pancreatic neuroendocrine tumors using metabolomic approach
- F23** **Sponheim J et al.** 5-Hydroxymethylcytosine profiling of plasma-derived circulating free DNA in patients with pancreatic neuroendocrine tumors treated with [177Lu]Lu-DOTA-TATE
- H05** **Chan D et al.** Metabolic tumor volume (MTV) as a biomarker in patients with gastroenteropancreatic neuroendocrine neoplasms (GEPNENs): A multicentre study
- H06** **de Herder W W et al.** [177Lu]Lu-DOTA-TATE in newly diagnosed patients with advanced grade 2 and grade 3, well-differentiated gastroenteropancreatic neuroendocrine tumors: Primary analysis of the phase 3 randomised NETTER-2 study
- H08** **Leupe H et al.** PET/CT imaging of the somatostatin receptor with [18F]AlF-NOTA-octreotide PET/CT: Analysis of impact on tumor staging and therapeutic management
- H16** **Oziel-Taieb S et al.** Predictive factors of persistent thrombocytopenia after 177Lu-DOTATATE in patients with neuroendocrine tumors
- I03** **Capdevila J et al.** Updated data from a phase I trial of the DLL3/CD3 IgG-like T-cell engager BI 764532 in patients (pts) with DLL3-positive (+) tumors: Focus on extrapulmonary neuroendocrine carcinomas (epNECs)
- I08** **Dasari A et al.** A phase II study of Lenvatinib and Everolimus in advanced well-differentiated extra pancreatic neuroendocrine tumors
- I09** **de Mestier L et al.** Temozolomide treatment induces an MMR-dependent hypermutator phenotype in well-differentiated pancreatic neuroendocrine tumors
- I21** **Molina-Cerrillo J et al.** Responses to Cabozantinib plus Atezolizumab in a wide population of advanced and progressive neuroendocrine neoplasms (NENs): A prospective multi-cohort basket phase II Trial (CABATEN / GETNE-T1914)
- I24** **Sorbye H et al.** Nordic NEC 2: Characteristics and treatment outcome in a prospective cohort of 698 patients with high-grade digestive neuroendocrine neoplasms (NET G3 and NEC)
- J05** **Bertani E et al.** Radio-guided surgery with a new generation γ -probe for radiolabelled somatostatin analogue, in patients with small intestinal neuroendocrine tumors – A Phase II surgical trial
- J12** **Manoharan J et al.** Evaluation of circulating extracellular vesicles as suitable prognostic markers in MEN1-associated non-functioning pancreatic neuroendocrine neoplasia
- J13** **Nielsen A et al.** Portal vein resection in pancreatic neuroendocrine neoplasms
- P01** **Jervis N et al.** Evaluation of the utility of group therapy as a mechanism of delivering facilitated psychosocial support to those with a neuroendocrine neoplasm diagnosis
- P02** **Luijendijk M et al.** Psychiatric and cognitive function in patients with serotonin producing neuroendocrine tumors

Best oral presentation prizes will be awarded in the categories basic science and clinical science. The winners will be announced in the Awards Ceremony on Friday, 15 March 2024.



Abstracts selected for ORAL POSTER PRESENTATION at the 21st Annual ENETS Conference

A06	👤	Davis E et al. Enhancer heterogeneity of lung carcinoids reveals sensitivity to FGF signalling inhibition
A07	👤	Debnath O et al. Unanticipated heterogeneity in high-grade large-cell neuroendocrine carcinoma pinpoints cell sub-state specific therapeutic targets
A08	👤	Frizziero M et al. Cell-free DNA (cfDNA) methylation profiling for minimally invasive cancer detection in patients with Extra-Pulmonary NeuroEndocrine Carcinoma (EP-NEC)
A17	👤	Mathian E et al. Assessment of the current and emerging criteria for the histopathological classification of lung neuroendocrine tumors in the lungNENomics project
D18	👤	Clift A et al. Identifying patients with undiagnosed small intestinal neuroendocrine tumors using statistical and machine learning: Model development and validation study
D31	👤	Hunaut T et al. Familial midgut neuroendocrine tumors (FM-NETs): Results of the nationwide TCF cohort from the GTE-RENATEN network
E05	👤	Guo Y Y et al. Machine-learning identified optimized classification models for the diagnosis of typical and atypical lung carcinoids based on the genomic variance
F01	👤	Arenillas C et al. Uncovering the genomic profiling of metastatic pheochromocytomas and paragangliomas: Leveraging plasma circulating tumor DNA for comprehensive genetic characterisation and monitoring
F26	👤	Yanling X et al. Identification of new biomarkers associated with prognosis of pancreatic neuroendocrine neoplasms and establishment of survival prediction model
H15	👤	Opalinska M et al. TECANT ERA PerMed study – Somatostatin receptor antagonists as a new sensitive diagnostic tool for reliable assessment of the SSTR status in neuroendocrine neoplasms
I12	👤	García-Álvarez A et al. Durvalumab (D) plus Tremelimumab (T) for the treatment of patients with progressive, advanced medullary thyroid carcinoma (MTC) - DUTHY (GETNE-T1812) trial
I29	👤	Usiskin K et al. Interim safety and exploratory efficacy results of a phase 2, randomised, parallel-group study of oral Paltusotine treatment in subjects with carcinoid syndrome

Best oral presentation prizes will be awarded in the categories basic science and clinical science. The winners will be announced in the Awards Ceremony on Friday, 15 March 2024.

A | BASIC SCIENCE – GENETICS, EPIGENETICS, MIRNAS, OMICS

A01*	👤	Axling, F. et al. Metformin inhibits small intestinal neuroendocrine tumor proliferation in vivo
A02	👤	Backman, S. et al. Identifying potential tumor drivers through integration of gene expression and DNA copy number in SI-NET
A03	👤	Backman, S. et al. The evolutionary history of metastatic pancreatic neuroendocrine tumors reveals a therapy driven route to high-grade transformation
A04	👤	Chen, L. et al. Single-cell transcriptomic analysis of small intestinal neuroendocrine tumors revealed potential mechanisms of mesenteric fibrosis
A05	👤	Chouchane, A. et al. Transcriptomic analysis of PanNET tumor progression from microtumor to metastasis in MEN1 patients
A06	👤	Davis, E. et al. Enhancer heterogeneity of lung carcinoids reveals sensitivity to FGF signaling inhibition
A07	👤	Debnath, O. et al. Unanticipated heterogeneity in high-grade large-cell neuroendocrine carcinoma pinpoints cell sub-state specific therapeutic targets
A08	👤	Frizziero, M. et al. Cell-free DNA (cfDNA) methylation profiling for minimally invasive cancer detection in patients with Extra-Pulmonary NeuroEndocrine Carcinoma (EP-NEC)
A09	👤	Ibáñez-Costa, A. et al. Unravelling the RNA landscape of small intestine neuroendocrine neoplasms applying transcriptomic and spliceosomic perspectives
A10	👤	Kaplinsky, A. et al. Evaluating a possible association between promoter methylation level of genes encoding catecholamine metabolizing enzymes and metanephrine secretion in pheochromocytoma and paraganglioma
A11	👤	La Salvia, A. et al. Prognostic significance of metabolomics clusters in extra-pancreatic NETs: Lung NET sub-analysis
A12	👤	Lin, X. et al. Immune landscape of small intestinal neuroendocrine tumor at single-cell level
A13	👤	Liu, S. et al. Dissecting the intro- and inter-tumor heterogeneity of adrenocortical carcinoma by single-cell multi-omics analyses
A14	👤	Liu, M. et al. Dissecting the single-cell transcriptome network underlying thymic neuroendocrine tumor and thymus non-malignant tissues
A15	👤	Mäkinen, N. et al. Characterising the tumor microenvironment of multifocal small intestinal NETs
A16	👤	Mariën, L. et al. Detecting NET using Methylation-based biomarkers and the novel IMPRESS technology
A17	👤	Mathian, E. et al. Assessment of the current and emerging criteria for the histopathological classification of lung neuroendocrine tumors in the lungNENomics project
A18	👤	Moreno Montilla, M. et al. Transcriptomic and spliceosomic landscapes of pancreatic neuroendocrine tumors generated through Oxford Nanopore Technology sequencing
A19	👤	Nyiró, G. et al. Differences in the microRNA expression of G1 and G2 pancreatic neuroendocrine tumors
A20	👤	Pedraza-Arévalo, S. et al. Specific spliceosomic landscapes reveal a possible link between RNA processing and panNETs behaviour
A21	👤	Salingereeva, D. et al. Prevalence of germline mutations in pancreatic neuroendocrine tumors

A22	👤	Simbolo, M. et al. Integrative molecular analysis of lung neuroendocrine neoplasms with different Ki-67 indices identifies a molecular transition group between low- and high-grade neoplasms	🏆
A23	👤	Song, Y. et al. Inactivation of PHLDA3 gene leading to tumorigenesis of pancreatic neuroendocrine tumors and its molecular mechanisms	
A24	👤	Sun, Y. et al. Germline mutation spectrum of neuroendocrine tumors	
A25	👤	Tan, H. et al. Thoughts on the results of genetic map of a family	
A26	👤	Trevisani, E. et al. DNA damage repair genes alterations in pancreatic neuroendocrine tumor treated with Temozolomide	🏆
A27	👤	Webster, A. et al. Epigenetic prediction of aging and metabolic traits provides insight into tumor biology in multi-focal ileal neuroendocrine tumors	🏆
A28	👤	Wen, Y. et al. Clinical and epidemiological profile of neuroendocrine differentiation – A hospital-based retrospective study	
A29	👤	Ye, M. et al. m6A modifications promote the invasion and metastasis of pancreatic neuroendocrine neoplasms by activating the Integrin/FAK signalling pathway via TGFB1	
A30	👤	Ye, Z. et al. Single-cell sequencing reveals the heterogeneity of pancreatic neuroendocrine tumors under the pattern of genomic instability and histological grading	

B | BASIC SCIENCE – IN-VITRO MODELS, TUMOR GROWTH, CTCS

B01	👤	Bräutigam, K. et al. Decoding and targeting of metabolic heterogeneity in pancreatic neuroendocrine tumors (PanNETs): MCT1 and MCT4 in the crosshair for precision therapy	🏆
B02	👤	Castanho Martins, M. et al. Mesenteric fibrosis in small intestinal neuroendocrine tumors (SI-NETs): Pathogenesis and therapeutic targets	🏆
B03	👤	Chaoul, N. et al. Ex vivo expansion of TILs from panNET liver metastasis: In search of novel adoptive transfer strategies for the treatment of NETs	🏆
B04	👤	Hu, S. et al. Establishment of a rat model of diarrhea induced by Surufatinib	
B05	👤	Kulathunga, N. et al. Establishment of novel patient-derived preclinical models for neuroendocrine tumors	🏆
B06	👤	Sela Peremen, L. et al. Uncovering the role of netrins and DCC (deleted in colorectal cancer) in pancreatic neuroendocrine neoplasms (PNEN) tumorigenesis	
B07	👤	Tornesello, M. et al. Anticancer activity of Cabozantinib and Temozolomide in cell lines derived from lung carcinoid and pancreatic neuroendocrine tumors	
B08	👤	Viol, F. et al. Aurora kinase A inhibition as a promising therapeutic strategy in ARID1A-mutated neuroendocrine carcinomas: First results of an in vitro and in vivo study	
B09	👤	Wang, Y. et al. Construction and comparison of non-functional pancreatic neuroendocrine tumor models	
B10	👤	Wang, F. et al. Hepatic metastatic model establishment of pancreatic neuroendocrine tumor by hemi-splenectomy	
B11	👤	Ye, Z. et al. The stromal microenvironment endows pancreatic neuroendocrine tumors with spatially specific invasive and metastatic phenotypes	
B12	👤	Zuo, X. et al. Development of clinically representative patient-derived organoid models for diverse G1/G2 gastroenteropancreatic neuroendocrine tumors	

C | BASIC SCIENCE – SIGNALLING PATHWAYS, RECEPTORS, BIOMARKERS

C01	👤	Angelioudaki, I. et al. Plasma extracellular vesicles number and size distinguish patients with neuroendocrine neoplasms	
C02	👤	Bolduan, F. et al. Sortilin: A novel marker and potential therapeutic target for functional neuroendocrine tumors	
C03	👤	Calabrese, C. et al. The role of adipocytes in neuroendocrine neoplasms: Molecular and metabolic adaptations	
C04	👤	García Vioque, V. et al. The somatostatin system – A silent messenger in pheochromocytomas and paragangliomas?	
C05	👤	Gorai, P. et al. Proteomic profiling reveals C1QA and COMP as promising plasma biomarkers for early detection of pancreatic neuroendocrine tumors	
C06	👤	Gu, D. et al. Hypoxia upregulating ACS2 enhances lipid metabolism reprogramming through HMGCS1 mediated PI3K/AKT/mTOR pathway to promote the progression of pancreatic neuroendocrine neoplasms	
C07	👤	Hu, C. et al. FOXA2-initiated transcriptional activation of INHBA induced by methylmalonic acid promotes pancreatic neuroendocrine neoplasm progression	
C08	👤	Ji, S. et al. MEN1 deficiency-regulated MGMT expression controls Temozolomide tolerance of pancreatic neuroendocrine tumors	
C09	👤	Ji, S. et al. Telomerase-independence function of Dyskerin is therapeutic vulnerability in TP53 mutant pancreatic neuroendocrine tumors	
C10	👤	Lens-Pardo, A. et al. Validation of a 3-gene signature of response to axitinib in patients with advanced NETs	
C11	👤	Liu, S. et al. Machine learning-based identification of disulfidptosis-associated signature for improving outcomes and immunotherapy responses in patients with adrenocortical carcinoma	
C12	👤	Liu, M. et al. Network pharmacology reveal the mechanism of Cordycepin and neuroendocrine tumors	
C13	👤	Malavasi, E. et al. PTK2 PROTAC unveiled as a selective inhibitor of gastrointestinal neuroendocrine cell proliferation via multi-target drug screening	
C14	👤	Zhang, W. et al. Small extracellular vesicles miR-183-5p derived from highly invasive pancreatic neuroendocrine tumors reprogram macrophages towards SPP1+ macrophages	

D | EPIDEMIOLOGY / NATURAL HISTORY / PROGNOSIS – REGISTRIES, NATIONWIDE AND REGIONAL SURVEYS

D01	👤	Al-Toubah, T. et al. Do metastatic appendiceal NETs ever develop metachronously after appendectomy or right hemicolectomy?	
D02	👤	Amin, T. et al. CHGA and DAXX/ATRX expression influence the outcome of pancreatic head neuroendocrine tumors	
D03	👤	Apostolidis, L. et al. Primary hepatic neuroendocrine neoplasms – Clinical characteristics and treatment outcomes of a rare disease	
D04	👤	Argente Pla, M. et al. Just a matter of weight? Final results from NUTRIGETNE study in patients with Gastroenteropancreatic (GEP) Neuroendocrine Neoplasms (NENs)	

D05	 Barkmanova, J. et al. 14 years of the Czech Neuroendocrine Tumors Registry
D06	 Bel-Ange, A. et al. BRCA gene mutations and NEN – Is it just random or a meaningful coincidence?
D07	 Belabdi, D. et al. The risk of venous thromboembolism in neuroendocrine neoplasms: A single-center experience
D08	 Benevento, E. et al. Clinical manifestation and aggressiveness of duodenopancreatic neuroendocrine tumors (DP-NET) in patients with MEN1 syndrome: A possible role of exon 2 mutations in menin gene
D09	 Cai, W. et al. Clinicopathological characteristics and survival of head and neck neuroendocrine carcinoma
D10	 Cannavale, G. et al. Neuroendocrine neoplasms in the young: The experience of a single-center study
D11	 Casabella, A. et al. Bone health in neuroendocrine neoplasms
D12	 Cehic, G. et al. Peptide receptor radionuclide therapy (PRRT) in patients with neuroendocrine neoplasms: A prospective multi-site study evaluating quality of life and objective response
D13	 Chan, J. et al. US real-world study of the burden of medication in patients with gastroenteropancreatic neuroendocrine tumors (GEP-NETs)
D14	 Chen, X. et al. Prevalence of depressive and anxiety symptoms and disorders in neuroendocrine neoplasms: A systematic review and meta-analysis
D15	 Ciobanu, O. A. et al. MEN1 syndrome across four generations
D16	 Clement, D. et al. The effect of the Covid-19 pandemic on the body composition of patients with gastroenteropancreatic neuroendocrine tumors using a somatostatin analogue
D17	 Clement, D. et al. The global leadership into malnutrition criteria reveals a high percentage of malnutrition which negatively influences overall survival in patients with gastroenteropancreatic neuroendocrine tumors (GEP-NETs) treated with somatostatin analogues 
D18	 Clift, A. et al. Identifying patients with undiagnosed small intestinal neuroendocrine tumors using statistical and machine learning: Model development and validation study 
D19	 Dai, C. et al. Overview of 609 cases of neuroendocrine neoplasms
D20	 de Hosson, L. D. et al. Infrastructure FOr Rare Cancer in the NEtherlands, towards a comprehensive platform for early detection and diagnosis of rare cancers (FORCE), and especially neuroendocrine neoplasms (NEN)
D21	 Del Olmo-García, M. et al. Impact of nutritional status in the quality of life (QoL) of patients with advanced gastroenteropancreatic (GEP) neuroendocrine neoplasms (NENs) in Spain: NUTRIGETNE Study
D22	 El Asmar, M. et al. Factors influencing emergency admissions in patients with neuroendocrine neoplasms (NEN) in England 2016-2017
D23	 Erdmann, F. H. et al. Prediction of recurrence for grade 1-2 small bowel neuroendocrine neoplasms after curative-intended resection
D24	 Fisher, J. et al. Long-term outcomes for medically managed carcinoid heart disease patients: A retrospective, longitudinal survey
D25	 Gallo, C. et al. Exploring the biological and clinical heterogeneity of grade 2 pancreatic neuroendocrine tumors: Insights into diagnosis, prognosis, and therapeutic targets
D26	 González-Devia, D. et al. Neuroendocrine tumors in pediatrics and young adults

D27	 Han, D. et al. Unveiling racial disparities in hepatic neuroendocrine tumors: A comprehensive analysis
D28	 Hassan, D. et al. Sexual dimorphism in small intestinal NETs: Any association with development of mesenteric metastases?
D29	 Hernando, J. et al. Incidence patterns and clinical implications of venous thromboembolism (VTE) in patients (pts) with neuroendocrine neoplasms (NEN)
D30	 Huang, Z. et al. Neuroendocrine differentiation in gastric cancer: Epidemiological insights and therapeutic implications
D31	 Hunaut, T. et al. Familial midgut neuroendocrine tumors (FM-NETs): Results of the nationwide TCF cohort from the GTE-RENATEN network 
D32	 Islam, O. et al. Quali-NET: A prospective study on patient-reported quality of life in neuroendocrine neoplasms
D33	 Jain, D. et al. Pulmonary neuroendocrine tumors – Symptomatology, tumor characteristics, treatment strategies, and long-term outcomes in 37 Patients
D34	 Karapanagioti, A. et al. Long-term natural history of enterochromaffin-like cell (ECL) hyperplasia
D35	 Konyakhina, A. et al. Characteristics of gastric neuroendocrine tumors type 1
D36	 Laffi, A. et al. Grade 2 (G2) gastro-entero-pancreatic (GEP) neuroendocrine tumors (NETs): Risk stratification beyond Ki-67?
D37	 Liccardi, A. et al. Gender differences in lung neuroendocrine tumors: A single-center experience
D38	 Lijun, Y. et al. Clinical characteristics and prognostic factors analysis of 75 patients with neuroendocrine neoplasms (NENs) in XinJiang region
D39	 Maas, C. et al. Disease-specific mortality in a single-center cohort of 427 patients with carcinoid syndrome
D40	 Maciejewski, A. et al. Splenic metastases in the course of neuroendocrine tumors – Are they really that uncommon?
D41	 Magno, S. et al. Epidemiology and outcomes of NET in a Portuguese cancer center
D42	 Maly, M. et al. Neuroendocrine tumors in the stomach: An epidemiological analysis of Belgian Cancer Registry data
D43	 Maratta, M. et al. Pivotal role of the multidisciplinary tumor board on the management of neuroendocrine neoplasms – Impact of MTB decisions in an ENETS Center of Excellence
D44	 Massironi, S. et al. Assessing the frequency of type I gastric neuroendocrine neoplasms in autoimmune atrophic gastritis: A multi-center study in Italy
D45	 Mortagy, M. et al. Prediction of survival for patients with neuroendocrine neoplasms (NENs) using multivariable cox regression and survival nomograms: Data from National Cancer Registration and Analysis Service (NCRAS, UK) Database
D46	 Mortagy, M. et al. Sex differences in survival of neuroendocrine neoplasms (NENs): Comparative study of patients from National Cancer Registration and Analysis Service (NCRAS, UK) and Surveillance, Epidemiology, and End Results (SEER, US) databases
D47	 Møller, S. et al. Recurrence free survival and disease-specific survival in patients with pancreatic neuroendocrine neoplasms: A single-center retrospective study of 413 patients
D48	 Panzuto, F. et al. Itanet national prospective database: A comprehensive analysis of epidemiology and clinical presentation of GEP-NEN in Italy

D49  Papadopoulou-Marketou, N. et al. Metastatic potential and associated mortality in a Greek cohort of 123 MEN1 patients

D50  Penugonda, M. et al. Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH): An international case series

D51  Roman-Gonzalez, A. et al. Clinical, genetic and histopathological characterisation of patients with multiple endocrine neoplasia type 1 in two high complexity hospitals in Medellín, Colombia

D52  Rossi, R. et al. Gender role in the authorship of Italian academic medical literature on neuroendocrine neoplasms: Cliché or reality?

D53  Sabella, G. et al. YAP-1 as prognostic marker for immunochemotherapy response in SCLC patients

D54  Slott, C. et al. Outlook for 615 small intestinal neuroendocrine tumor patients: Recurrence risk after surgery and disease-specific survival in advanced disease

D55  Smiroldo, V. et al. Preliminary experience with a new institutional dedicated neuroendocrine team in a tertiary

D56  Starr, J. et al. Burden of medication in patients with lung neuroendocrine tumors (NETs) in a US real-world setting

D57  Sun, W. et al. Malignancy of gastric neuroendocrine tumors is higher than pancreatic neuroendocrine tumors in Chinese population – Characterisation and analysis of factors

D58  Tang, L. et al. High expression of ADAM15 in non-functional pancreatic neuroendocrine tumors is associated with high-density tumor-infiltrating neutrophils and predicts poor outcome

D59  Thuringer, J. et al. Pelvic metastases in patients with neuroendocrine tumors: A rare site of metastases

D60  Wedin, M. et al. Clinical impact and prognosis of patients with Si-NET and bone metastases – Do they matter?

D61  Xue, B. et al. Correlation between clinicopathologic features and prognosis of 196 cases of pancreatic neuroendocrine tumors

D62  Zea Lopera, J. et al. National registry of pheochromocytomas and paragangliomas in the Colombian territory: Epidemiological insights and clinical profiles

D63  Zidane, H. et al. Digestive neuroendocrine tumors in the Mostaganémoise region (western Algeria)

E | PATHOLOGY – GRADING, STAGING

E01  Ahn, B. et al. Radiologic tumor border status can further stratify patients with pancreatic neuroendocrine tumor

E02  Al-Toubah, T. et al. Association of long-term PPI use with low-risk gastric neuroendocrine tumor

E03  Andreasi, V. et al. Prognostic significance of nodal micrometastases in patients with non-functioning pancreatic neuroendocrine tumors (NF-PanNETs) – A survival analysis from a prospective observational study

E04  Guedj, N. et al. Clinical application of digital pathology: Proposal of a new G0 category useful in small intestinal NET (SI-NET)

E05  Guo, Y. et al. Machine-learning identified optimised classification models for the diagnosis of typical and atypical lung carcinoids based on the genomic variance

E06  Gutierrez Gordo, M. et al. The importance of pathological sample review in the initial workup study in reference centers: The experience of an ENETS Center of Excellence

E07  Huang, D. et al. A combined nomogram to predict liver metastasis of pancreatic neuroendocrine tumors: Integrating deep learning radiomics and computational pathology

E08  Jiajing, L. et al. Mixed neuroendocrine and non-neuroendocrine tumors of the digestive system (MiNEN): A clinicopathological observation

E09  Kasajima, A. et al. New insights into the progression of NET G3 with a focus of NETs with NEC-like transformation

E10  Leunissen, D. et al. Immunohistochemical profiling of lung carcinoid subtypes and marker comparison of matched primary and metastatic tumors

E11  Moser, E. et al. Hormonally characterised NF-PanNETs and their clinicopathological features

E12  Sabella, G. et al. Ordinary colorectal cancers expressing synaptophysin: Myth or reality?

E13  Xie, Z. et al. Compare the optimal TNM staging of resectable functional and non-functional pancreatic neuroendocrine tumors

F | BIOMARKERS – CLINICAL APPLICATIONS

F01  Arenillas, C. et al. Uncovering the genomic profiling of metastatic pheochromocytomas and paragangliomas: Leveraging plasma circulating tumor DNA for comprehensive genetic characterisation and monitoring

F02  Bourdeleau-Guerry, P. et al. Temporal increase in Ki-67 index in patients with pancreatic neuroendocrine tumors (PanNETs): Frequency, prognostic impact, and causal factors

F03  Catoya, J. et al. MAPK and mTOR pathway activation is associated with chemotherapy resistance and a poor prognosis in G3 advanced NENs

F04  Farinea, G. et al. Precision medicine in advanced NENs: Molecular profiling and target actionability real world data

F05  Gagliardi, I. et al. Comparative targeted NGS analysis between solid and liquid biopsies in GEP-NET: A pilot study

F06  Gagliardi, I. et al. Liquid biopsy as a new tool for the molecular profiling of neuroendocrine neoplasms: The Gustave Roussy experience

F07  Jannin, A. et al. Metabolite biomarker discovery for pancreatic neuroendocrine tumors using metabolomic approach

F08  Johansen, S. et al. Tryptophan pathway metabolites as prognostic biomarkers of recurrent disease in curatively operated neuroendocrine tumor patients

F09  Jumai, N. et al. Identification of gastroenteropancreatic neuroendocrine tumor with high liver tumor burden based on clinicopathological features

F10  Kerolles, M. et al. Serum 5-hydroxyindoleacetic acid is equivalent to 24-hour urinary 5-hydroxyindoleacetic acid for the diagnosis of carcinoid syndrome

F11  Komarnicki, P. et al. Serum b-HCG as a biomarker in neuroendocrine tumors: A reconsideration of single-analyte approach

F12  Lau, T. et al. The role of fibrosis markers in predicting decline in renal function in patients undergoing PRRT

F13  Lecoeur, A. et al. Interest of serum and urinary 5HIAA, serotonin, chromogranin A and NT-proBNP assays as predictive factors for the development of carcinoid heart disease in neuroendocrine tumors

F14	 Mancini, C. et al. Evaluation of the impact of indoleamine 2,3-deoxygenase (IDO) enzyme activity in neuroendocrine tumors (NETs)
F15	 Minotta, R. et al. Evaluation of Neutrophil-to-Lymphocyte Ratio (NLR), Platelet-to-Lymphocyte Ratio (PLR) and Systemic Immune-Inflammation Index (SII) as potential bi-omarkers in patients with sporadic pancreatic neuroendocrine tumors (pNET)
F16	 Mulders, M. et al. What is the carcinoid syndrome? A critical appraisal of its proposed mediators
F17	 Pachnikova, G. et al. Characterisation of new biomarkers from patients with neuroendocrine cancer using liquid biopsy methods
F18	 Paravani, P. et al. Prospective analysis of the risk of post-surgical recurrence in lung typical carcinoid
F19	 Pokossy Epee, J. et al. Prognostic impact of molecular signatures in pancreatic metastatic neuroendocrine tumors (PRODETEN)
F20	 Raia, S. et al. Immunohistochemical analysis for galectin-3 and outcomes in medullary thyroid cancer
F21	 Salimgereeva, D. et al. Role of gastric mucosa evaluation in diagnostic of pancreatic neuroendocrine tumors functional status
F22	 Spada, F. et al. A single institution experience of clinic-molecular characterisation and correlation with treatment outcomes in patients with advanced extrapulmonary high grade neuroendocrine carcinomas: The NIRVANA study
F23	 Sponheim, J. et al. 5-Hydroxymethylcytosine profiling of plasma-derived circulating free DNA in patients with pancreatic neuroendocrine tumors treated with [177Lu]Lu-DOTA-TATE 
F24	 van Weert, T. et al. Performance of a prognostic OTP, CD44, Ki-67 biomarker panel on paired biopsies and resections of lung carcinoids
F25	 Verrico, M. et al. New insight in the environment immunophenotyping of gastroenteropancreatic neuroendocrine neoplasms: CD 90 expression
F26	 Yanling, X. et al. Identification of new biomarkers associated with prognosis of pancreatic neuroendocrine neoplasms and establishment of survival prediction model 
F27	 Yin, L. et al. Exploring the expression of DLL3 in gastroenteropancreatic neuroendocrine carcinomas and its potential diagnostic value

G | IMAGING AND INTERVENTIONS (RADIOLOGY, ENDOSCOPY, EMBOLISATION)

G01	 Ahmed, Q. et al. Artisan: Prospective phase II trial of TheraSphere Selective Internal Radiation Therapy (SIRT) for liver metastases in neuroendocrine tumors (NETs)
G02	 Briol, D. et al. Selective internal radiation therapy for neuroendocrine liver metastases: Efficacy, safety and prognostic factors – A retrospective single institution study
G03	 Chen, J. et al. Adverse events after endoscopic ultrasound-guided fine-needle aspiration and fine-needle biopsy in pancreatic neuroendocrine tumors: A systematic review
G04	 Chen, L. et al. Trans arterial embolisation for liver metastasis in patients with well-differentiated grade 3 gastroenteropancreatic neuroendocrine tumors
G05	 Diamantopoulos, L. et al. Patterns of radiotracer uptake in patients with resectable lung carcinoids undergoing preoperative functional imaging
G06	 Feola, T. et al. The diagnostic role of DWI-MRI for liver metastases of neuroendocrine neoplasms (NENs) in comparison with the functional imaging

G07	 Gould, H. et al. Hospital record data on the clinical presentation and diagnostic investigations of small intestinal neuroendocrine tumors (SI-NETs)
G08	 Hijioka, S. et al. Treatment strategy for pancreatic NETs smaller than 2 cm should be based on the diagnosis of malignancy as well – New treatment strategy for small pancreatic NETs
G09	 Masoni, B. et al. A single-center experience of locoregional treatments application in neuroendocrine liver metastases
G10	 Nunez Rodriguez, J. et al. Tolerability and outcomes of neuroendocrine tumors treated with peptide receptor radionuclide therapy and stereotactic body radiation therapy
G11	 Ren, S. et al. Prognostic role and predictors of lymph node involvement in pancreatic neuroendocrine tumors
G12	 Rossi, R. et al. Incidental endoscopic removal of a rectal neuroendocrine tumor: What to do?
G13	 Roy, M. et al. Diagnostic work-up for neuroendocrine tumors of occult primary at diagnosis: A retrospective monocentric study of 61 cases
G14	 Shen, X. et al. A nomogram to preoperatively predict the aggressiveness of non-functional pancreatic neuroendocrine tumors based on CT features
G15	 Shen, X. et al. Association of body composition with survival in patients with Pancreatic Neuroendocrine Tumors (PNET) following curative resection
G16	 Tang, W. et al. A CT-based radiomics and deep learning signature for evaluating the somatostatin receptor 2 in non-functional pancreatic neuroendocrine tumors: A multicohort, retrospective study
G17	 Tang, W. et al. Development and validation of CT-based radiomics deep learning signatures to preoperatively predict lymph node metastasis in non-functional pancreatic neuroendocrine tumor: A multi-cohort study
G18	 Varghese, D. et al. Machine learning model: Predicting prognosis in neuroendocrine tumors
G19	 Vedio, A. et al. Comparison of trans arterial embolisation (TAE) or chemoembolisation (TACE) using streptozotocin (STZ) and biomarker study in patients with metastatic neuroendocrine tumors (NET)
G20	 von Stempel, C. et al. Validation of a radiomics model to predict symptoms complications from small intestinal NET mesenteric metastases – Preliminary report
G21	 Yu, H. et al. The efficacy and safety analysis of trans arterial embolisation in the treatment of cystic neuroendocrine neoplasm liver metastasis

H | NUCLEAR MEDICINE – IMAGING AND THERAPY (PRRT)

H01	 Barone, A. et al. Neoadjuvant PRRT with 90Y-DOTATOC: Preliminary results from a monocentric perspective study
H02	 Bian, L. et al. Comparison of the diagnostic value of 68Ga-DOTANOC, 18F-FDOPA, and 18F-FDG PET/CT for metastatic paraganglioma
H03	 Bian, J. et al. The application of 68Ga-DOTANOC PET/CT after endoscopic submucosal dissection for patients with rectal NET
H04	 Boehm, E. et al. Peptide Receptor Radionuclide Therapy (PRRT) in the management of patients with ectopic Cushing's syndrome due to metastatic gastroenteropancreatic neuroendocrine neoplasia (GEPNEN): A single-center experience
H05	 Chan, D. et al. Metabolic tumor volume (MTV) as a biomarker in patients with gastroenteropancreatic neuroendocrine neoplasms (GEPNENs): A multi-center study 

H06	👤 de Herder, W. et al. [177Lu]Lu-DOTA-TATE in newly diagnosed patients with advanced grade 2 and grade 3, well-differentiated gastroenteropancreatic neuroendocrine tumors: Primary analysis of the phase 3 randomised NETTER-2 study	🎤
H07	👤 Georgakopoulos, A. et al. Delays in the dosing administration of PRRT in advanced neuroendocrine tumors – Is there an adverse impact?	
H08	👤 Leupe, H. et al. PET/CT imaging of the somatostatin receptor with [18F]AlF-NOTA-octreotide PET/CT: Analysis of impact on tumor staging and therapeutic management	🎤
H09	👤 Lopes-Pinto, M. et al. Functioning neuroendocrine neoplasms: Symptomatic control with 177Lu-DOTATATE	
H10	👤 Maas, C. et al. Peptide receptor radionuclide therapy is effective for hormonal control of carcinoid syndrome	
H11	👤 Martinez Lago, N. et al. Real-world efficacy and safety of re-treatment with [177Lu] Lu-DOTA-TATE in patients with neuroendocrine tumors (NETs)	
H12	👤 Mileva, M. et al. Grade ≥3 subacute haematological toxicity with 177Lu-DOTATATE PRRT – Results from LUMEN study	
H13	👤 Negre, M. et al. Lutetium-177 Dotatate Peptide Receptor Radionuclide Therapy in metastatic pheochromocytoma and paraganglioma: Experience in our center	
H14	👤 Okamoto, K. et al. Safety and efficacy of peptide radionuclide therapy (PRRT) with 177Lu-DOTATATE for Japanese patients with neuroendocrine neoplasm (NEN): A single-center retrospective study	
H15	👤 Opalinska, M. et al. TECANT ERA PerMed study – Somatostatin receptor antagonists as a new sensitive diagnostic tool for reliable assessment of the SSTR status in neuroendocrine neoplasms	🎤
H16	👤 Oziel-Taieb, S. et al. Predictive factors of persistent thrombocytopenia after 177Lu-DOTATATE in patients with neuroendocrine tumors	🎤
H17	👤 Pelle, E. et al. Risk of bowel ischemia in patients with mesenteric neuroendocrine tumors after treatment with 177Lu-DOTATATE	
H18	👤 Sánchez Gómez, L. et al. 177Lu-DOTATATE (177Lu) efficacy in metastatic well-differentiated neuroendocrine tumors (wdNET): Differences in response according to metastases (met) location	
H19	👤 Sansovini, M. et al. 177Lu-dotatate as salvage therapy in bronchial and GEP NET patients: The IRST "Dino Amadori" experience	
H20	👤 Singh, A. et al. Routine early 68Ga-DOTATATE PET/CT has low diagnostic yield after resection of pancreatic neuroendocrine neoplasms	
H21	👤 Sponheim, J. et al. Peptide receptor radionuclide treatment in an outpatient setting – A single-center experience	
H22	👤 Stolniceanu, C. et al. The quantitative assessment importance in NETs diagnosis	
H23	👤 Strosberg, J. et al. Phase Ib portion of the ACTION-1 Phase Ib/3 trial of RYZ101 in gastroenteropancreatic neuroendocrine tumors (GEP-NETs) progressing after 177Lu somatostatin analogue (SSA) therapy: Safety and efficacy findings	
H24	👤 Warfvinge, C. et al. Relationship between absorbed dose and response in neuroendocrine tumors treated with [177Lu]Lu-DOTA-TATE	
H25	👤 Weich, A. et al. Prostate-specific membrane antigen-targeting theranostics in neuroendocrine neoplasms – Initial results from the GI-PSMA phase II trial	
H26	👤 Xu, J. et al. The value of 68Ga-DOTANOC and 18F-FDG PET/CT for predicting the prognosis of patients with metastatic rectal neuroendocrine tumor	

Legend: 🎤 Selected for Oral Abstract Presentation 🎤 Selected for Oral Poster Presentation
 *The numbers of the abstracts (e.g. A01, B01...) are the numbers of the poster panels displayed in the exhibition hall.

H27	👤 Yi, Z. et al. Heterogenous uptake of 68Ga-DOTATATE and 18F-FDG in patients with initially diagnosed neuroendocrine tumors: Which patients are suitable for dual-tracer PET imaging?	
I MEDICAL TREATMENT – ALL TYPES OF SYSTEMIC ANTI-CANCER THERAPIES (SACT)		
I01	👤 Bechairia, W. et al. Digestive neuroendocrine tumors diagnosis and therapeutic particularities: Experience of medical oncology center of Annaba, Algeria	
I02	👤 Bengueddach, A. et al. 8-year follow-up reveals therapeutic approaches for patients with neuroendocrine neoplasms – Findings from the TNE West Network: 2016-2023	
I03	👤 Capdevila, J. et al. Updated data from a phase I trial of the DLL3/CD3 IgG-like T-cell engager BI 764532 in patients (pts) with DLL3-positive (+) tumors: Focus on extrapulmonary neuroendocrine carcinomas (epNECs)	🎤
I04	👤 Chai, M. et al. Promising outcomes with surufatinib-vinorelbine combination therapy in lung cancer with neuroendocrine differentiation	
I05	👤 Cheng, Z. et al. Treatments, clinicopathological characteristics and prognosis in thymic neuroendocrine tumors (TNETs): With especial reference to Temozolomide (TMZ)-based chemotherapy	
I06	👤 Chi, Y. et al. S-1/temozolomide versus S-1/temozolomide plus thalidomide in advanced pancreatic and non-pancreatic neuroendocrine tumors (STEM): A randomised, open-label, multi-center phase 2 trial	
I07	👤 Clement, D. et al. High prevalence of deficiencies in fat-soluble vitamins, minerals and trace elements but no relation with malnutrition in patients with gastroenteropancreatic neuroendocrine tumors using somatostatin analogues	
I08	👤 Dasari, A. et al. A phase II study of Lenvatinib and Everolimus in advanced well-differentiated extra pancreatic neuroendocrine tumors	🎤
I09	👤 de Mestier, L. et al. Temozolomide treatment induces an MMR-dependent hypermutator phenotype in well-differentiated pancreatic neuroendocrine tumors	🎤
I10	👤 Duan, X. et al. Molecular typing and mutational characterisation of rectal neuroendocrine neoplasms	
I11	👤 Evdokimova, E. et al. Analysis of the NET G3 of lungs	
I12	👤 García-Álvarez, A. et al. Durvalumab (D) plus Tremelimumab (T) for the treatment of patients with progressive, advanced medullary thyroid carcinoma (MTC) – DUTHY (GETNE-T1812) trial	🎤
I13	👤 Gervaso, L. et al. Risk of venous thromboembolism according to molecular profiling in patients with neuroendocrine carcinoma	
I14	👤 Islam, O. et al. Sequential Everolimus and Sunitinib treatment in progressive, advanced, pancreatic NENs: Real-world data from the Belgian Group of Digestive Oncology DNET & NETwerk	
I15	👤 Jiang, L. et al. The safety and efficacy of surufatinib for the treatment of advanced neuroendocrine tumors: A prospective, multi-center, real-world study	
I16	👤 Konyakhina, A. et al. Gastric mucosa conditions during atrophic gastritis and gastric neuroendocrine neoplasia type 1 (gNEN 1)	
I17	👤 Li, X. et al. Camrelizumab plus chemotherapy as first-line treatment for advanced extrapulmonary neuroendocrine carcinoma: An investigator-initiated phase 2 study (CAMEC trial)	
I18	👤 Li, X. et al. Comparative efficacy of Surufatinib plus transarterial embolisation versus Surufatinib monotherapy in neuroendocrine tumor with liver metastasis: A prospective, randomised, controlled trial	

I19	 Liu, M. et al. Efficacy, safety and prognostic factors of Capecitabine plus Temozolomide regimen in patients with thymic neuroendocrine neoplasms	
I20	 Maratta, M. et al. Upfront Oxaliplatin–Fluoropyrimidine chemotherapy and Somatostatin Analogues (SSA) in advanced well-differentiated G2/G3 gastro-entero-pancreatic neuroendocrine tumors (GEP-NETs)	
I21	 Molina-Cerrillo, J. et al. Responses to Cabozantinib plus Atezolizumab in a wide population of advanced and progressive neuroendocrine neoplasms (NENs): A prospective multi-cohort basket phase II Trial (CABATEN / GETNE-T1914)	
I22	 Ramos, M. et al. Real world data of CAPTEM in metastatic neuroendocrine tumors	
I23	 Romano, E. et al. Prevalence of sarcopenia in patients with advanced intestinal neuroendocrine neoplasms at time of diagnosis	
I24	 Sorbye, H. et al. Nordic NEC 2: Characteristics and treatment outcome in a prospective cohort of 698 patients with high-grade digestive neuroendocrine neoplasms (NET G3 and NEC)	
I25	 Spada, F. et al. An Italian multi-center phase II trial of Metronomic Temozolomide in unfit patients with advanced neuroendocrine neoplasms: MeTe study	
I26	 Srirajaskanthan, R. et al. Development of a mobile app for patients with neuroendocrine neoplasms: A collaborative project between United Kingdom NET Society and Neuroendocrine Tumour Patient Foundation	
I27	 Su, T. et al. Effectiveness and safety of surufatinib in treating pheochromocytomas and paragangliomas	
I28	 Thuringer, J. et al. Octreotide infusion pump in patients with functional neuroendocrine tumors and refractory hormonal syndromes	
I29	 Usiskin, K. et al. Interim safety and exploratory efficacy results of a phase 2, randomised, parallel-group study of oral Paltusotine treatment in subjects with carcinoid syndrome	
I30	 Wang, Z. et al. A prospective, open-label study evaluating the efficacy and safety of Surufatinib (S) in combination with CAPTEM as conversion therapy in patients with unresectable pancreatic neuroendocrine tumors (pNET)	
I31	 Wang, W. et al. Efficacy and safety of Surufatinib in combination with CAPTEM for patients with advanced G2/G3 NETs: Preliminary results from a single-arm, phase II study	
I32	 Wang, Y. et al. Real-world study of Surufatinib combined with hepatic artery infusion chemotherapy (HAIC) for high-grade neuroendocrine neoplasm	
I33	 Wotherspoon, I. et al. A review of the Scottish national Peptide Receptor Radionuclide Therapy (PRRT) service with focus on patients with small bowel neuroendocrine tumors (SBNET) treated between April 2019 and March 2021	
I34	 Zhang, L. et al. Brachytherapy in craniopharyngiomas: A systematic review and meta-analysis of long-term follow-up	
I35	 Zhang, P. et al. Surufatinib plus Sintilimab and IBI310 in patients with high-grade advanced-neuroendocrine neoplasm (HG-NEN): A multi-center, single arm phase 2 study	
I36	 Zhulikov, Y. et al. Efficiency of GemCap + mitotane in platinum and mitotane resistant adrenocortical carcinoma	
I37	 Zhulikov, Y. et al. Temozolomide as second and subsequent lines of treatment in metastatic adrenocortical cancer: Prospective phase II clinical trial	

J | SURGICAL TOPICS

J01	 Barnard, P. et al. Management and surveillance for rectal neuroendocrine tumors: A single-center retrospective analysis and comparison with ENETS guidelines	
J02	 Battistella, A. et al. Factors associated with post-operative pancreatic insufficiency after distal pancreatectomy for localised non-functioning pancreatic neuroendocrine tumors (NF-PanNET)	
J03	 Bennaoum, S. M. E. A. et al. Digestive neuroendocrine tumors – Retrospective study and experience of the general surgery department of EHU Oran	
J04	 Bennaoum, S. M. E. A. et al. Pancreatic neuroendocrine tumors – Epidemiological profile and surgical aspects	
J05	 Bertani, E. et al. Radio-guided surgery with a new generation β -probe for radiolabelled somatostatin analogue, in patients with small intestinal neuroendocrine tumors – A Phase II surgical trial	
J06	 Borbon, L. et al. Peptide Receptor Radionuclide Therapy improves progression free and overall survival in patients who progress after resection of gastroenteropancreatic NETs	
J07	 Chibane, A. et al. Surgery of small bowel neuroendocrine tumors: 10 years' experience at a tertiary center	
J08	 Clift, A. et al. 10 years' experience of managing small intestinal neuroendocrine tumors at an ENETS Center of Excellence	
J09	 Gajda, M. et al. Risk factors of clinically relevant pancreatic fistula after pancreaticoduodenectomy for pancreatic neuroendocrine tumors – Single-center retrospective study	
J10	 Kalepu, J. et al. Leak rates in pancreatico-duodenectomy procedures in pancreatic NETs compared to pancreatic ductal adenocarcinoma resections	
J11	 Liang, Y. et al. Liver debulking surgery affect the treatment efficacy of SSAs	
J12	 Manoharan, J. et al. Evaluation of circulating extracellular vesicles as suitable prognostic markers in MEN1-associated non-functioning pancreatic neuroendocrine neoplasia	
J13	 Nießen, A. et al. Portal vein resection in pancreatic neuroendocrine neoplasms	
J14	 Palaniappan, V. et al. A systematic review of hepatic transplantation for neuroendocrine liver metastases – Focus on long-term outcomes	
J15	 Pasquali, C. et al. Pancreatic neuroendocrine tumors mimicking pancreatic metastases from renal neoplasms	
J16	 Péncreac'h, S. et al. The contribution of functional imaging in predicting the risk of recurrence after pancreatic surgery for neuroendocrine tumors	
J17	 Sponheim, J. et al. Valvular surgery in carcinoid heart disease – Indications and outcome	
J18	 Wang, F. et al. Mapping of lymph node metastasis in non-functional pancreatic neuroendocrine tumors: A retrospective analysis of 455 patients	

K | OTHER RARE NENS TO INCLUDE NON-DIGESTIVE AND NON-THORACIC E.G. PHAEOS / PGL AND MTC

K01	 Dai, C. et al. Clinical and pathological characteristics of 77 cases of extra adrenal paraganglioma	
K02	 Di Iasi, G. et al. Pheochromocytoma and paraganglioma: Gender differences in lipid profile	

- K03  Halperin, R. et al. Uncommon manifestations in type 4 familial paraganglioma syndrome – A large cohort of patients harbouring the SDHB p.Q214Ter variant
- K04  Tan, H. et al. Analysis of the efficacy of STEM chemotherapy in patients with metastatic paraganglioma

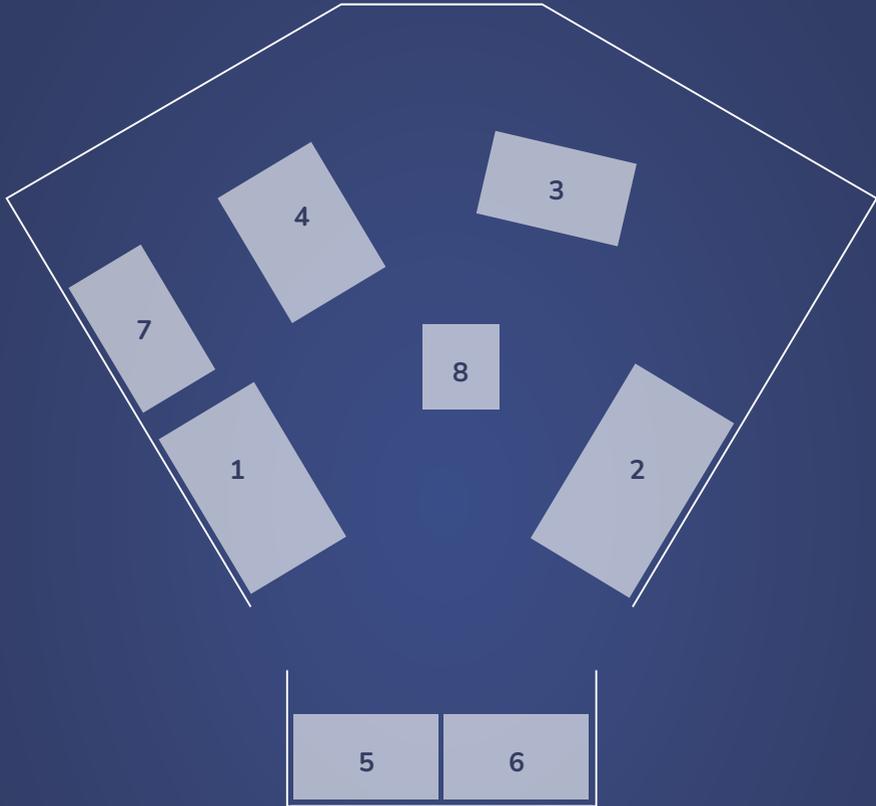
L | CASE REPORTS

- L01  Azarraga, C. et al. Intra-arterial Peptide Receptor Radionuclide Therapy in a Filipino male with predominantly hepatic metastasis in a known primary pancreatic neuroendocrine tumor
- L02  Bennaoum, S. M. E. A. et al. Breast neuroendocrine carcinomas surgery: A case report
- L03  Blanco Cuso, L. et al. Cystic Pancreatic Neuroendocrine Tumors: Rare but more common?
- L04  Cai, W. et al. Mediastinal neuroendocrine tumor with heart metastasis response to immunotherapy
- L05  Chianpian, C. et al. Complete and sustained response after peptide receptor radionuclide therapy in a 66-year-old Filipino male with metastatic pancreatic neuroendocrine tumor: A case report primary
- L06  Cidade Rodrigues, C. et al. Non-functional alpha-cell hyperplasia with glucagonoma: A case report
- L07  Falkman, L. et al. BRAF/MEK combination treatment in a patient with BRAF mutated neuroendocrine carcinoma
- L08  Florez, A. et al. Idiopathic diffuse neuroendocrine diffuse neuroendocrine hyperplasia - A case report
- L09  González Devia, D. et al. 68-Gallium DOTANOC PET/CT pitfall in adnexal tumor
- L10  Jia, X. et al. A case report of a high-grade pancreatic NET patient with high tumor mutation burden who benefited from chemotherapy combined with immunotherapy
- L11  Jimenez Gordo, A. et al. Synchronous case of advanced gastric Her-2 + adenocarcinoma and metastatic neuroendocrine neoplasm of unknown origin – A MiNEN case?
- L12  Kaid, M. et al. Carcinoid heart in neuroendocrine tumor – Experience of medical departement oncology Oran, Algeria
- L13  Kontana, E. et al. Olaparib use in a patient diagnosed with BRCA2 mutated adrenocortical carcinoma: A case report
- L14  Liang, Y. et al. SDHx germline mutation in thymic neuroendocrine tumors
- L15  Liang, Y. et al. Testicular neuroendocrine tumors – A retrospective study (five cases)
- L16  Mathara Diddhenipothage, S. et al. Metastatic insulinoma – A clinical conundrum
- L17  Mulders, M. et al. Ovarian neuroendocrine tumor metastases can induce estrogen production in postmenopausal patients
- L18  Na, H. et al. Clinical value of endoscopic submucosal dissection combined with chemotherapy for treatment of oesophageal neuroendocrine carcinoma
- L19  Peiró, I. et al. Hypercalcemia due to parathyroid hormone-related protein (PTHrP) secretion in pNETs: A series of cases
- L20  Rehman, Z. et al. Liver transplantation for neuroendocrine tumor liver metastases: UK and Ireland's pioneering pilot programme

- L21  Roman-Gonzalez, A. et al. 18 F-DOPA PET/CT leading to diagnosis of micro pheochromocytoma
- L22  Samia, K. et al. Primary hepatic neuroendocrine tumor in a series of 8 cases
- L23  Sherriff, D. et al. Immediate and sustained response of hypoglycaemia to Streptozotocin-based chemotherapy in metastatic Insulinoma: A case report
- L24  Sherriff, D. et al. Management of unresectable insulinoma using cloud-based continuous glucose monitoring: A case report
- L25  Sun, Y. et al. ALK-targeted therapy in atypical carcinoid of the lung: A case report
- L26  Tan, H. et al. A case of multiple endocrine neoplasia type 1 (MEN1) phenotype caused by CDC73 mutation
- L27  Tan, H. et al. A case report of metastatic mediastinal MiNEN with clinical complete remission
- L28  Töke, J. et al. Tricuspid valve replacement and liver transplantation in a 51-year-old female patient with grade 1 ileum NET and refractory carcinoid syndrome
- L29  Torresan, I. et al. Pit and pitfalls of tumor mutational burden assessment in well-differentiated pancreatic neuroendocrine tumors: Two case reports from University of Verona
- L30  Tu, R. et al. Carcinoid syndrome caused by pulmonary neuroendocrine tumor liver metastases: A case report
- L31  Verdasca, F. et al. Mixed neuroendocrine-non-neuroendocrine neoplasms of the rectum: A case report
- L32  Xie, Z. et al. A case of conversion therapy for pancreatic neuroendocrine tumor with liver metastasis using Surufatinib combined with CAPTEM
- L33  Xu, X. et al. Heterogeneity of multiple pancreatic neuroendocrine tumors identified by 68Ga-DOTA-NOC and 68Ga-exendin-4 PET/CT in a patient with endogenous hyperinsulinemic hypoglycaemia and multiple endocrine neoplasia 1
- L34  Yanping, Z. et al. A case of functional pancreatic neuroendocrine tumor with hypercalcemia as the main manifestation
- L35  Yu, F. et al. Type 1 gastric neuroendocrine tumors (g-NETs) with vitamin B12 deficiency-caused nerve function damage – A case report

M | TRIALS-IN-PROGRESS / TRIAL CONCEPTS

- M01  Asp, P. et al. START-NET: Systemic Targeted Adaptive RadioTherapy of NeuroEndocrine Tumors – An open-label, multi-center, randomised phase III trial comparing safety and efficacy of personalised vs non-personalised radionuclide therapy with 177Lu-DOTATOC
- M02  Capdevila, J. et al. DAREON™-7: A Phase I, open-label, dose escalation and expansion cohort trial of the delta-like ligand (DLL3)-targeting T-cell engager BI 764532, plus first-line platinum-based chemotherapy in patients with DLL3-positive neuroendocrine carcinomas
- M03  Chan, D. et al. CAPTEM and PRRT to improve overall response for pancreatic NETs (pNETs) – The CORONET trial
- M04  Chhajlani, S. et al. Continuing Somatostatin Analogues Upon progression in Neuroendocrine tumor pAtients (SAUNA trial) – Study protocol for a bi-national, multi-center, open-label, randomised, pragmatic clinical trial
- M05  García-Álvarez, A. et al. A phase 3 randomised study of 177Lu-edotreotide or everolimus in patients with advanced neuroendocrine tumors of lung or thymic origin (LEVEL, GETNE-T2217)



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NAVIGATING THE WINDING ROAD OF NET PATIENT TREATMENT – A MULTIDISCIPLINARY EXPERT OPINION

Thursday, 14th March 2024, 07:45 – 08:45 CET
Austria Center Vienna (Hall F)



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Thor Halfdanarson
(Mayo Clinic, Rochester, USA)



Nuclear Medicine:
Paola Anna Erba
(University of Milan Bicocca, Milan, Italy)



Oncology:
Julien Hadoux
(Gustave Roussy, Villejuif, France)



Endocrinology:
Wouter De Herder
(Erasmus MC, Rotterdam, The Netherlands)



Surgery:
Andrea Frilling
(Imperial College, London, UK)

Patient case discussion – An on-site/live molecular tumor board

Our Satellite Symposium, chaired by Dr. Halfdanarson, will provide insights into current therapeutic options for patients with neuroendocrine tumors, as well as highlight the role of precision medicine in finding the most appropriate treatment for every patient. Using a molecular tumor board format, a panel of international experts will review a patient case and discuss the therapeutic strategy they would recommend.



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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

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January 2024

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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



Abdominal pain Diarrhoea Palpitations Wheezing

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.

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Key figures¹



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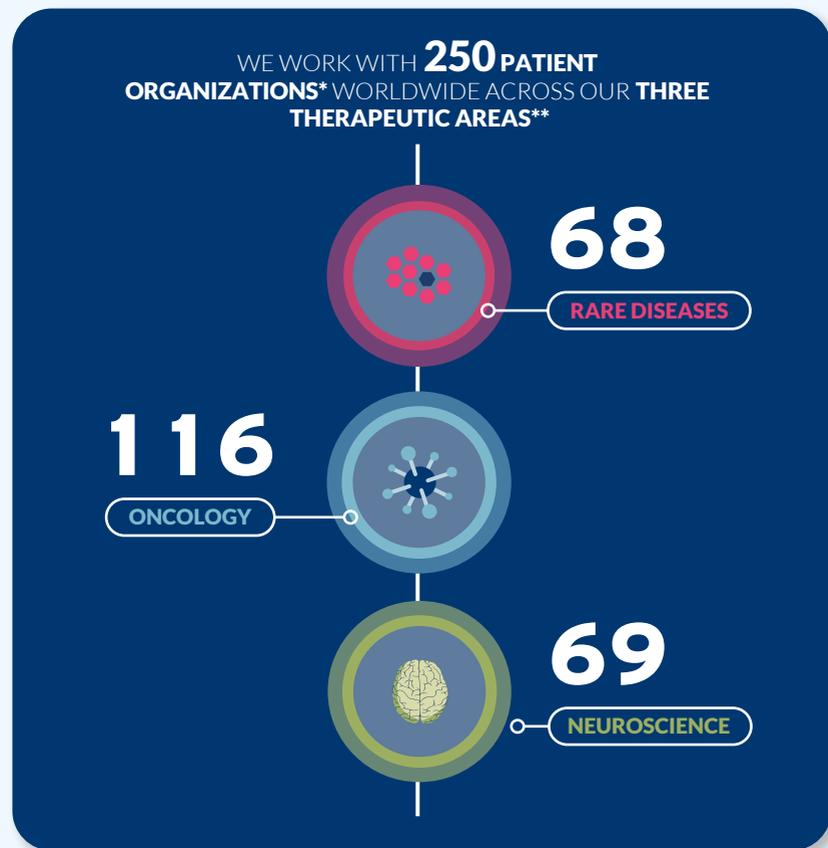
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ALLSC-ALL-003293, ALLSC-AT-000010. Date of preparation: January 2024

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*At 5th May 2023
 **Some Patient Organizations (POs) cover more than one therapy area

ONCOLOGY CASE STUDY

Patient Support Program

Neuroendocrine Tumors (NETs) & Acromegaly

? In response to NHS capacity pressures and to reduce patient's travel to hospitals for ongoing, regular treatment, Ipsen UK developed their Homecare service – now known as the Ipsen HomeZonePLUS service



💡 Since **April 2017**, Ipsen UK have partnered with Logistics **AND** Nursing provider companies to ensure patients can receive their medication at their homes and benefit from nursing support if it is required, with the aim of achieving Self/Other administration.



73 = Number of NHS Centres signed to PSP in 2024
3,350 = Patients receiving their medication at home, each month
1,325 = Patients receiving nurse support
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5 YEARS

Is the mean time to a correct diagnosis of a NET¹
(n=2,359 NET patients)

Neuroendocrine tumors (NETs) commonly arise within the gastrointestinal tract and pancreas. They are thought of as rare 'ZEBRAS' of the gastroenterology and cancer world, meaning patients are commonly misdiagnosed and often face long diagnostic delays, with a mean time to a correct diagnosis of ~5 years.¹ However, NETs are not as rare as often thought; they are more prevalent than any other gastrointestinal cancer except colorectal adenocarcinoma.¹⁻⁴

44%

of NET patients are initially misdiagnosed¹
(n=2359)

Download the guide
and **THINK ZEBRA**
in your everyday clinical practice



NET=neuroendocrine tumor.

1. Kolarova T, et al. Presented at IASGO 2021, based on INCA SCAN results. 2. Dureja S, et al. J. Neuroendocrinol. 2023; 35(6):e113310. 3. Khan M.S, et al. Frontline Gastroenterol. 2020; 13(1) 50-56. 4. Eads J.R, et al. Pancreas 2020;49(9):1123-1130

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Neuroendocrine Neoplasms Policy Recommendations



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Women in NET (WiN) Initiative

Support Network

The WiN group, along with ENETS, is currently exploring ways to provide:

- + Mentorship
- + Regular virtual and physical meetings
- + Project proposals, where young and seniors work together
- + Guidance and support
- + Visibility
- + Publication support

To join the WiN group,
please contact info@enets.org.

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