

## 29. Neuroendocrine Tumors of the Stomach

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### Authors

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### Emerging Prognostic Factors for Clinical Care

Measurement of the following prognostic factors is not required for clinical staging but may assist the clinician in monitoring the clinical care of patients with well-differentiated gastric NETs.

### Pancreastatin Level

Pancreastatin is expected to be normal in type I gastric NETs and PPI-induced cell hyperplasia and to be elevated in type II (gastrinoma-associated) gastric NETs.<sup>1-3</sup> Some studies suggest that if metastases have occurred in type II gastric NETs, pancreastatin usually is elevated. Type III gastric NETs are gastrin independent, but pancreastatin may be significantly elevated and be helpful as a tumor biomarker. The efficacy of pancreastatin as a biomarker for NETs must be validated in future prospective trials. There are at least three large reference laboratories that routinely measure pancreastatin; all are CLIA licensed and CAP accredited. AJCC Level of Evidence: II

### Risk Assessment Models

The AJCC recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.<sup>4</sup> Although this is a monumental step toward the goal of precision medicine, this work was published only very recently. Therefore, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine Core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

### Recommendations for Clinical Trial Stratification

Although only a few prospective trials have been conducted to date concerning NETs of the stomach, this expert panel proposes collecting data prospectively (see Registry Data Collection Variables for this disease) so that future groups can design trials based on the following stratification criteria.

Histologic grade

AJCC Cancer Staging Manual, 8<sup>th</sup> Edition stage

Type I vs. type II vs. type III gastric NET

Open resection vs. endoscopic submucosal resection

Nodal involvement

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Metastatic sites

### Bibliography

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4. Kattan MW, Hess KR, Amin MB, et al. American Joint Committee on Cancer acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine. *CA: a cancer journal for clinicians*. 2016.