

## 30. Neuroendocrine Tumors of the Duodenum and Ampulla of Vater

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### Authors

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### Emerging Prognostic Factors for Clinical Care

#### Pancreastatin

Pancreastatin is a posttranslational product of CgA whose blood level inversely correlates with prognosis in some NETs.<sup>1,2</sup> Levels also correlate with the number of NET liver metastases and may be useful in monitoring for recurrence after surgery or response to therapy.<sup>1,2</sup> Perioperative pancreastatin level appears to be an independent predictor of outcome in duodenal NETs<sup>3</sup>; however, additional studies are needed to validate these findings. Compared with CgA, pancreastatin may have better sensitivity and specificity in diagnosing NETs, because it is not affected by PPI use, type I gastric NETs, or pernicious anemia.<sup>8,9</sup> There are at least three large CLIA-compliant and CAP-sanctioned reference laboratories that routinely measure pancreastatin. AJCC Level of Evidence: III

#### 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

Histologic grade (G1/2 vs. G3)

#### Bibliography

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