Rani Kanthan, J Gastrointest Dig Syst 2017, 7:6(Suppl)
DOI: 10.4172/2161-069X-C1-058

CO-ORGANIZED EVENT

13th International Conference on Clinical Gastroenterology & Hepatology
&
2nd International Conference on Digestive Diseases

December 07-08, 2017 Madrid, Spain

Pancreatic neuroendocrine tumors in 2017

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Pancreatic neuroendocrine tumors [PNET] in 2017 still remain a rare group of largely unpredictable and unfathomable neoplasms. This is further compounded by the fact that though grouped together as a single neoplastic category: these heterogeneous tumors arise from different neuroendocrine cells, may produce diverse secretory products resulting in multiple clinical presentations with different diagnostic radiographic features that progress along aberrant pathways from indolent to aggressive and therefore have different guiding management principles, and result in varied tumor/patient outcomes. In this context, accurate diagnosis is challenging, and consensus-evidence-based management guidelines are often unclear. A high degree of clinical suspicion is required for accurate diagnosis and best patient management. the prevalence of PNET's have been increasing, from 15 to 24% in the 1980s and upto 60% more recently; though this trend may be due to greater awareness with more specific systems of classification, and increased radiological detection rates. Although, several classifications have been employed, from the clinical perspectives, PNETs are broadly divided into functional and non-functional tumors. Various diagnostic modalities have been used for diagnosis, tumor localization, and staging. Surgical resection continues to be the primary modality of treatment for most localized PNETs. For advanced disease, systemic therapy alone or in combination with loco-regional treatment has resulted in improved outcomes. Overall metastatic PNETs are associated with much better outcomes and prolonged survival compared with traditional pancreatic adenocarcinoma. This presentation will highlight these salient features of PNET with emphasis on the current terminology, epidemiology, and classification of these tumors together with a discussion on their etiopathogenesis, associated syndromes, principles of diagnosis including pathology with World Health Organization updates, and the current trends in the management of PNETs. Finally, prognostic determinants and predictive factors with propositions for future directions in the understanding and management of PNET's will be proposed.

Biography

Rani Kanthan is a Consultant Anatomical Pathologist in the Dept. of Pathology and Laboratory Medicine at the University of Saskatchewan with a focused interest in Surgical Oncology including breast and gastrointestinal tract. She has published 120 peer reviewed manuscripts that are indexed in PubMed/Google scholar and serves as an Editorial Board Member in various journals. She is an active medical educator and continues to participate and present at various national and international meetings with more than 125 conference abstract presentations to her credit.

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