DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute

Carcinoid Tumor Disease

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Introduction

In its report on the fiscal year (FY) 2007 budget for the Department of Health and Human Services, the House Committee on Appropriations stated the following:

> Carcinoid cancer and related neuroendocrine tumors are small, slow growing tumors found mostly in the gastrointestinal system, but can also be found in other parts of the body such as the pancreas and the lung. The Committee encourages the Director to expand and coordinate research and related activities with respect to carcinoid disease and carcinoid tumor biology across all relevant institutes, centers and offices, particularly at NCI, to help foster early and accurate diagnosis as well as develop new, safe, and effective treatments for the disease and move toward a cure. In addition, the Committee encourages NCI to hold a summit on carcinoid cancer and requests a report by June 1, 2007 on future research plans for carcinoid cancer. (House Report No. 109-515, page 126)

The following report has been prepared by the National Cancer Institute, National Institutes of Health, Department of Health and Human Services in response to this request.

Carcinoid Tumors

NCI is working towards finding early and accurate diagnostic methods, as well as developing new, safe, and effective treatments for all cancer types, including carcinoid and related neuroendocrine cancers.

Carcinoid tumors may arise from various sites, most commonly the gastrointestinal tract and the lung. The appendix, small bowel, and rectum account for over 90% of surgical cases occurring in the gastrointestinal tract. Small bowel carcinoids may occur in multiple sites in the same patient. Patients with carcinoid tumor are at increased risk for synchronous or metachronous second malignancies. The most common site for a second primary malignancy is the gastrointestinal tract.

Surgical resection is the standard curative action. If the primary tumor is localized and resectable, 5-year survival rates are excellent (70%-90%). Even in patients with distant metastasis, the disease is usually very indolent, with median survivals of 2 years or more.

Currently, NCI supports research on neuroendocrine tumors and carcinoids. Additionally a phase 3 trial evaluating bevacizumab in patients with advanced carcinoid tumors is in the final planning stages.

NCI staff are currently planning to hold a Summit on September 12 and 13, 2007, to discuss current research mechanisms and the barriers to diagnosis, prognosis, and treatment of carcinoid and related neuroendocrine tumors.

The Summit will assess the state of the science, identify research gaps, and recommend future directions for this research area. To accomplish this, the meeting will bring together scientists pursuing basic research on the molecular mechanisms of this disease, epidemiologists who assess genetic and environmental factors that may account for the increased rate of incidence, and clinical oncologists on the front line of diagnosis, prognosis, and treatment, as well as investigators with expertise in neuroendocrine and carcinoid tumor pathology, imaging, and other novel technologies. Finalization of the agenda, participants, and speakers for the Summit is underway.

This Summit provides a forum to discuss possible approaches for increasing awareness of the disease. Future research directions explored during the Summit may be used to develop initiatives to promote research on carcinoids and related neuroendocrine tumors. Such initiatives would likely include a number of organ sites, such as gastrointestinal, pancreas, and thyroid, due to the fact that this is such a rare disease that can affect many different sites. These types of initiatives also have the potential to encourage multidisciplinary approaches, which may include imaging, molecular diagnostics, and drug discovery, in turn, generating possible interest from other NIH Institutes and Centers.