

NEN PRECEPTORSHIP

LA PRATICA CLINICA NELLE NEOPLASIE NEUROENDOCRINE

5/6 Aprile 2018 | IEO, Istituto Europeo di Oncologia - Milano

NEN  **Preceptorship**

 **IEO**
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Sospetto diagnostico / Diagnosi probabile / Diagnosi certa



Fondazione IRCCS Ca' Granda
Ospedale Maggiore Policlinico

Sistema Socio Sanitario

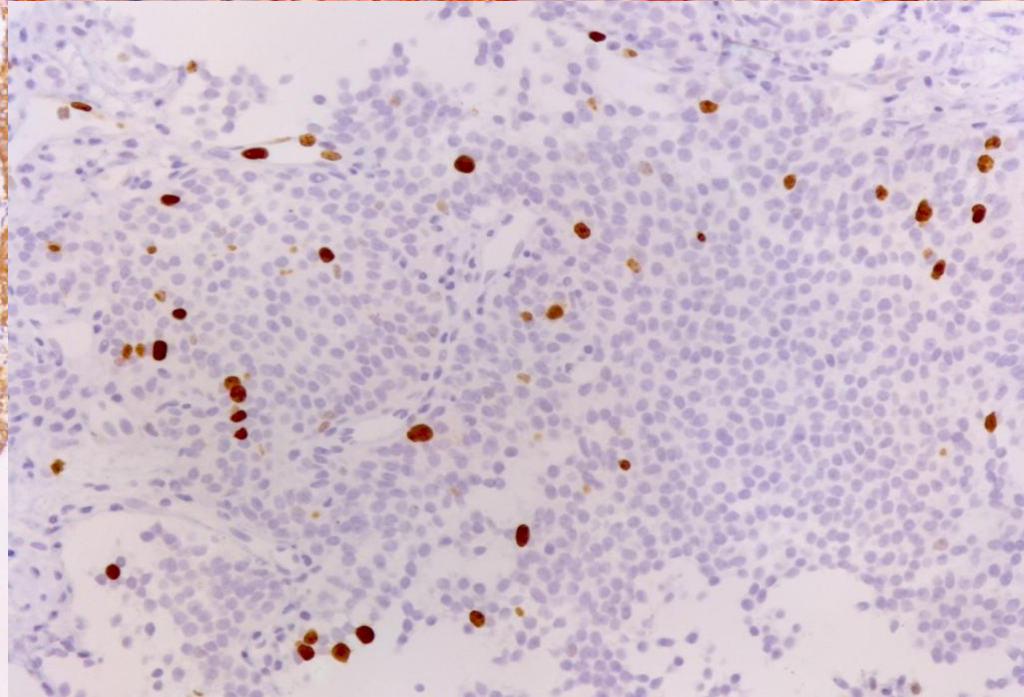
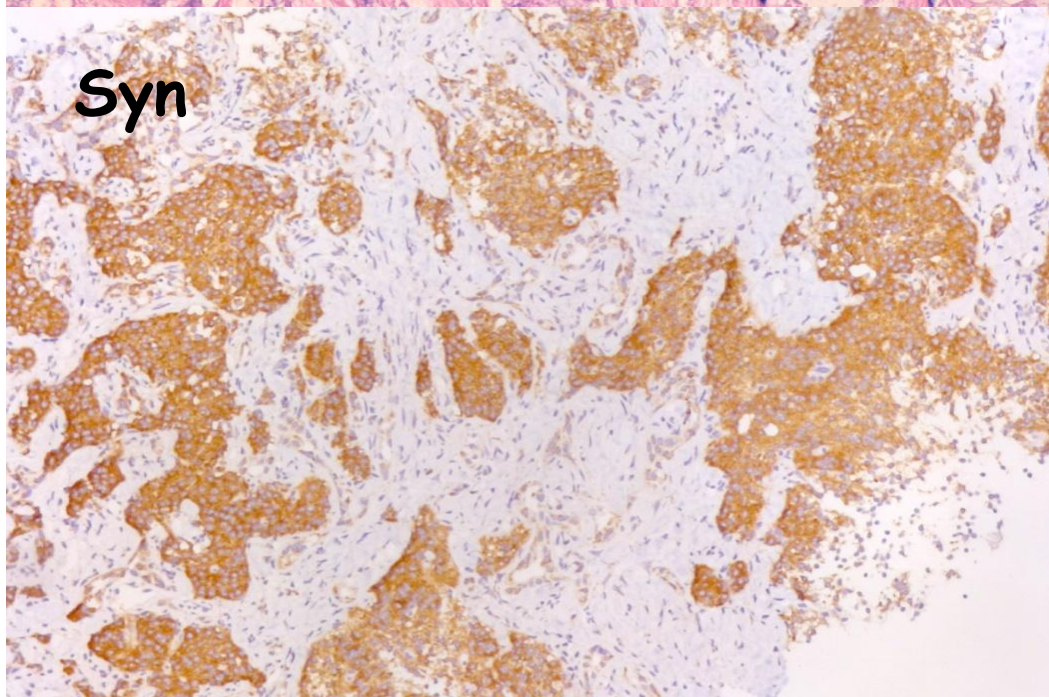
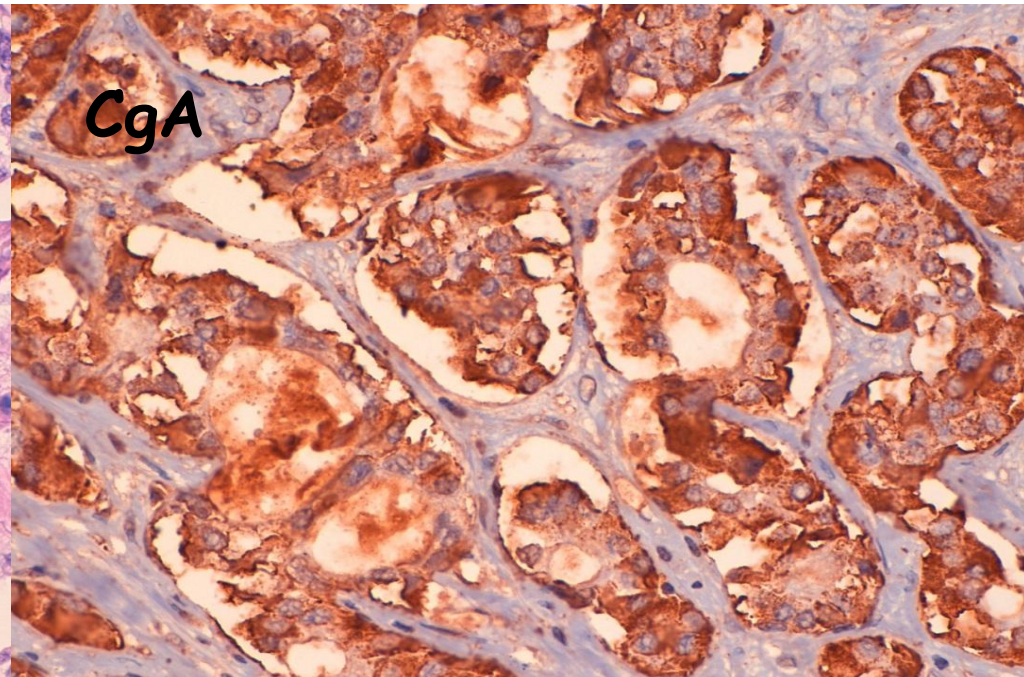
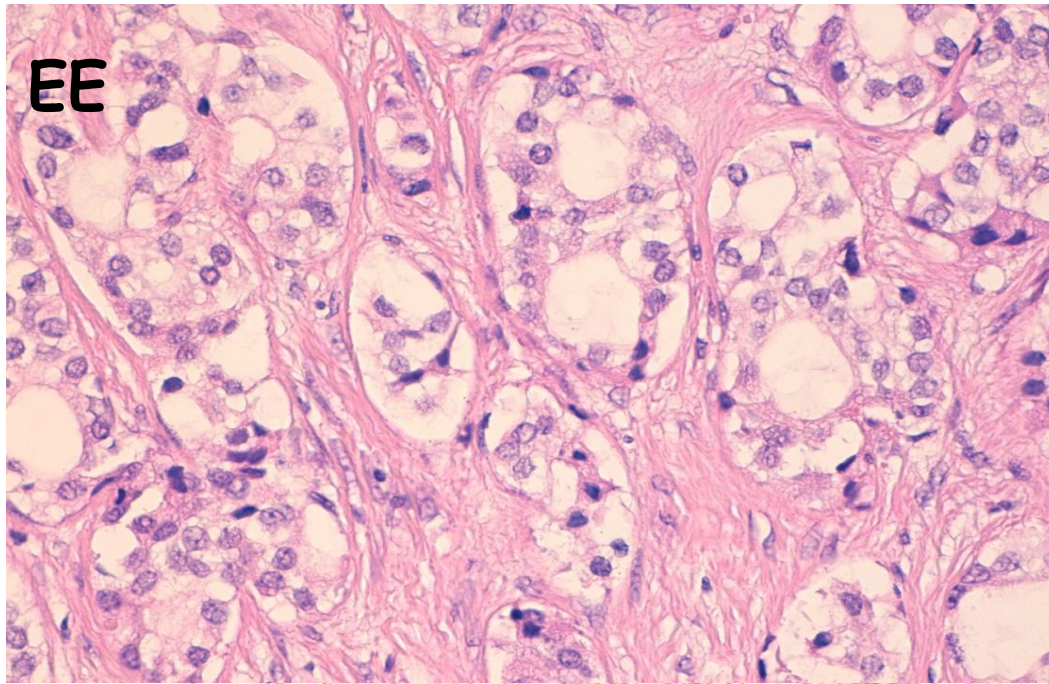


Sara Massironi

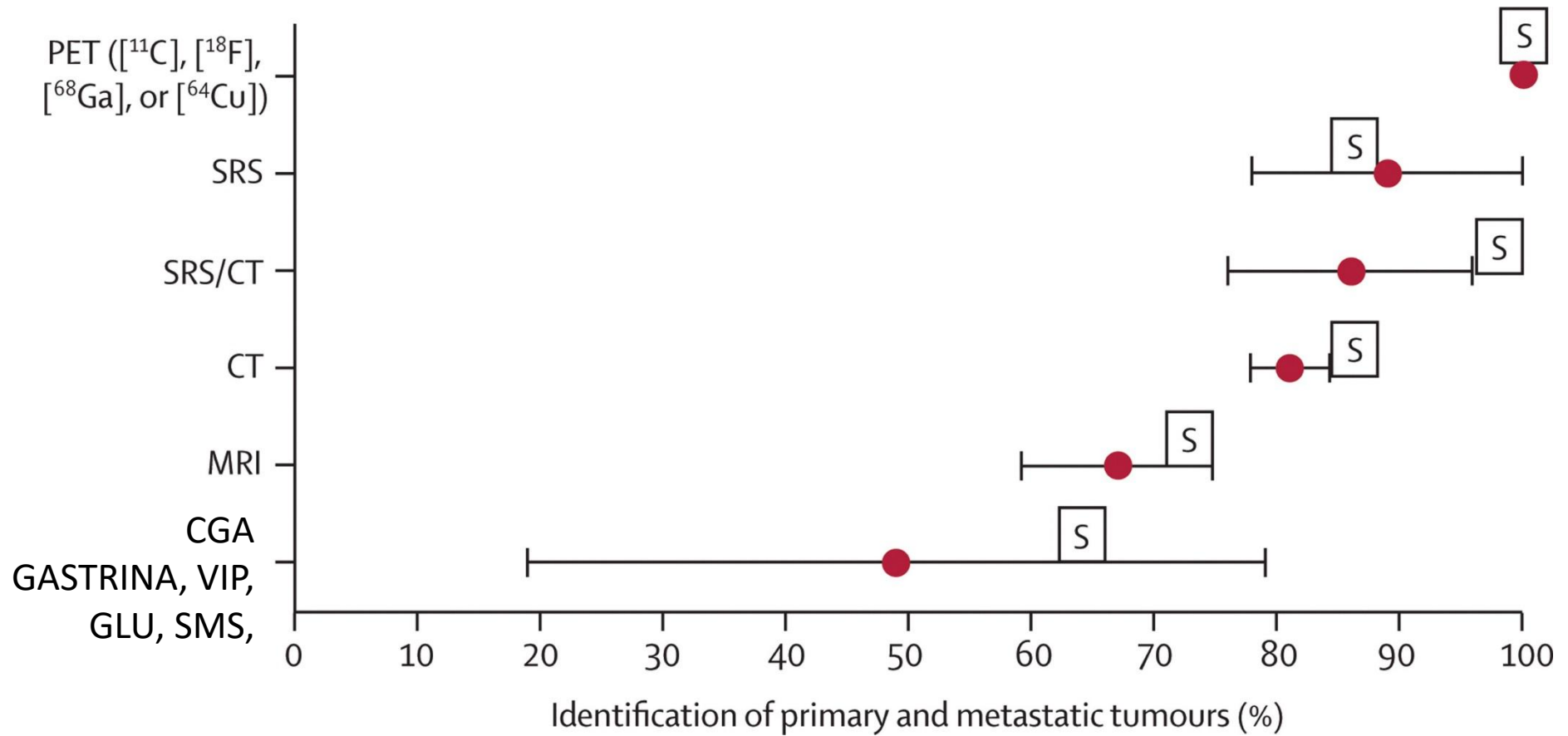
Gastroenterology and Endoscopy Unit, Fondazione IRCCS Ca' Granda
Ospedale Maggiore Policlinico, Via F. Sforza 35, Milan

sara.massironi@policlinico.mi.it

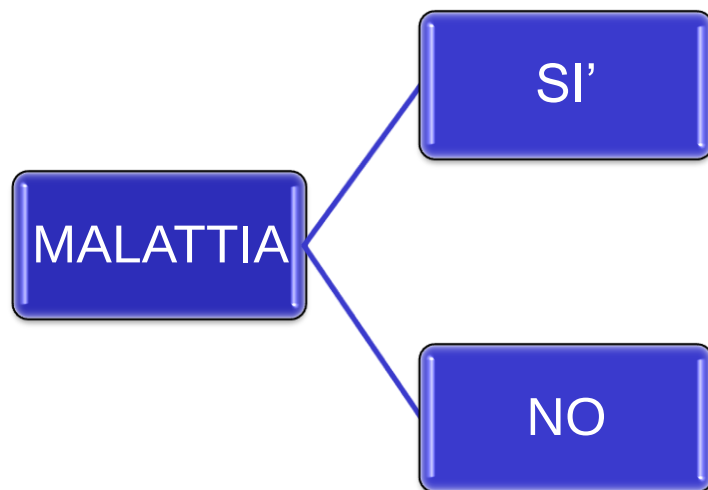
Strumenti diagnostici- diretti



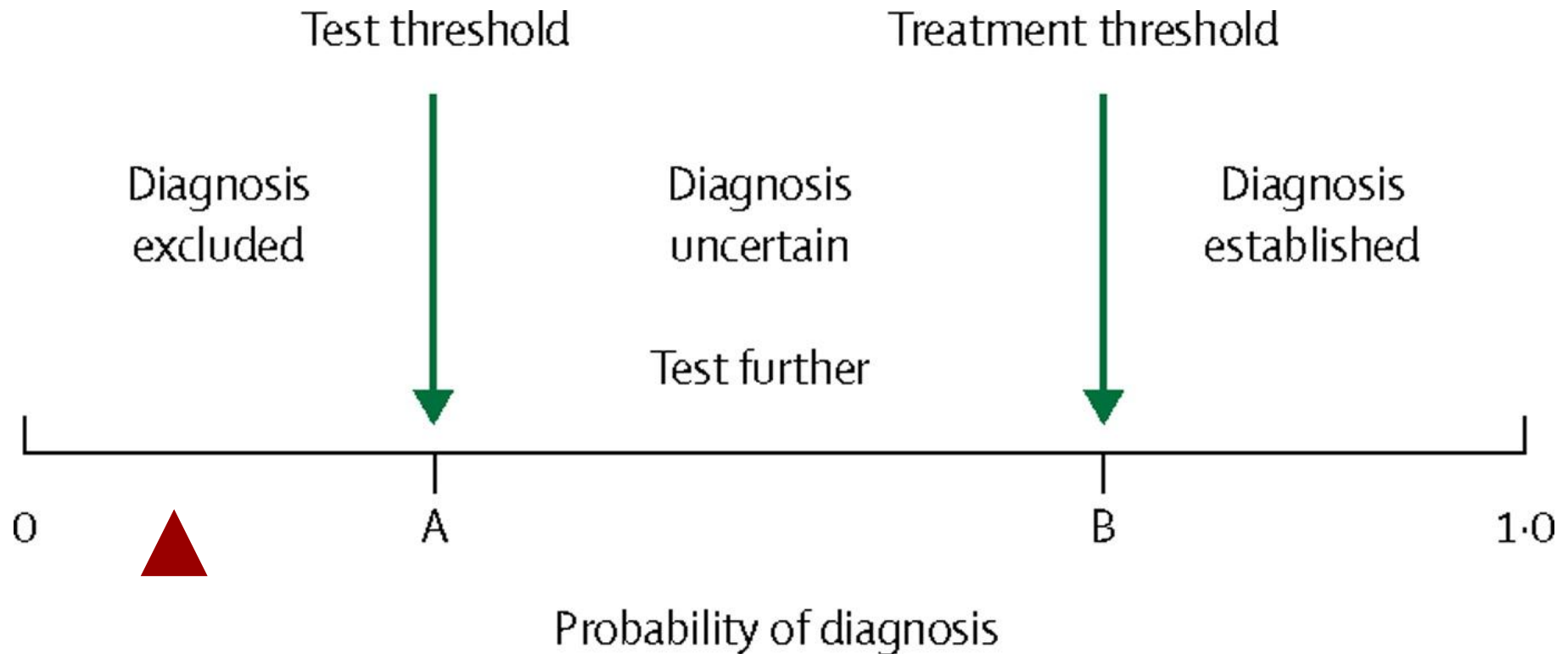
Metodiche indirette



DIAGNOSI



Diagnosi



$$\text{Soglia A} = \frac{(\text{FP})(\text{rischio tx inappropriata}) + (r \text{ test dx})}{(\text{FP})(r \text{ tx inappropriata}) + (\text{VP})(\text{beneficio tx appropriata})}$$

$$\text{Soglia B} = \frac{(\text{VN})(\text{rischio tx inappropriata}) - (r \text{ test dx})}{(\text{VN})(r \text{ tx inappropriata}) + (\text{FP})(\text{beneficio tx appropriata})}$$

Vignetta 1

Donna, 48 anni presentava una storia di tre anni di dolore addominale episodico e diarrea. Non calo ponderale. Talvolta flushing al volto

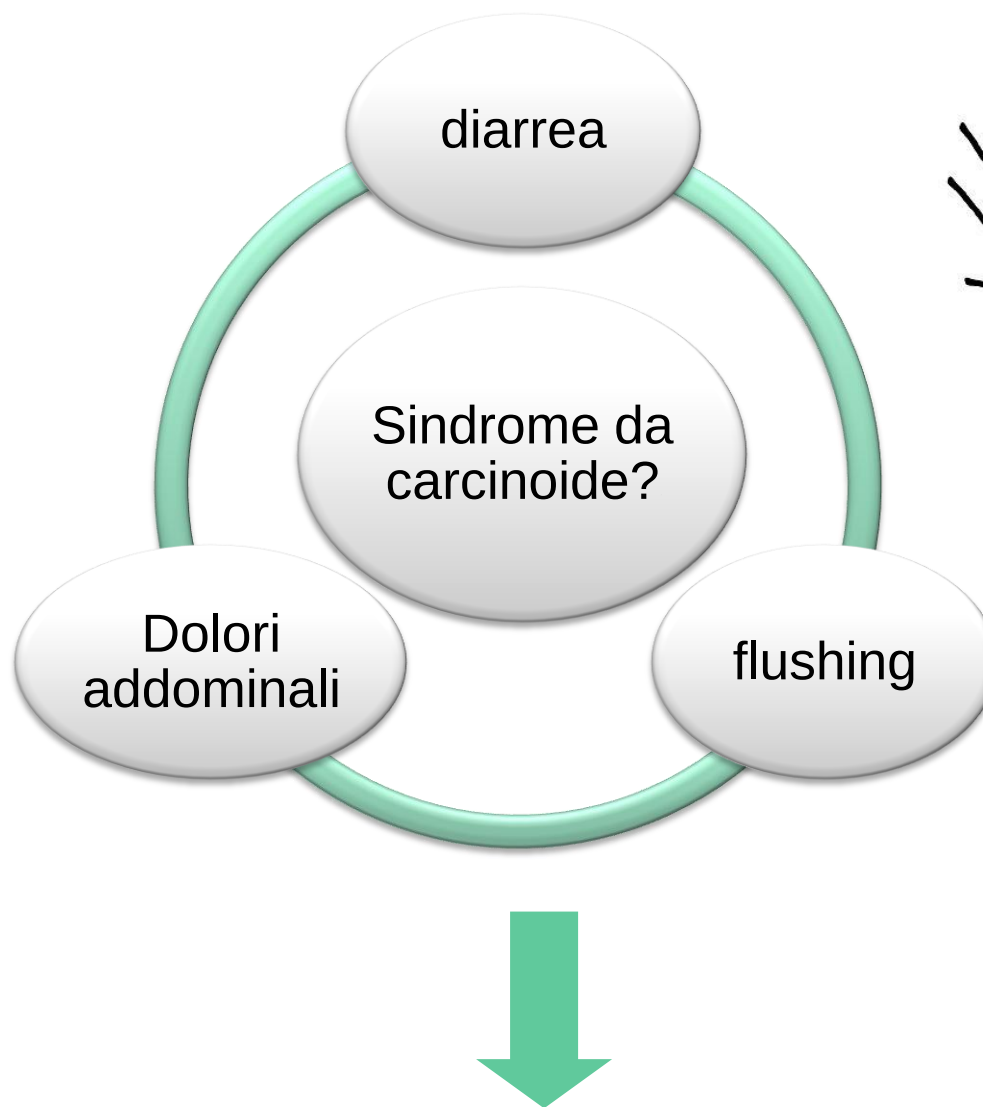
EGDS e colon neg

Celiachia negativa

Ecografia addome: angioma epatico

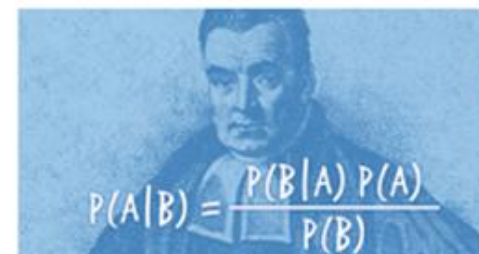


Vignetta 1



ESAMI BIOCHIMICI

- 5HIAA= 15 mg/24h (vn <10)
- CgA =65 (<100)
- PP= normale
- VIP= normale



CLINICAL PROBLEM-SOLVING

Clinical Problem-Solving

A LITTLE MATH HELPS THE MEDICINE GO DOWN

RICHARD I. KOPELMAN, M.D., JOHN B. WONG, M.D.,
AND STEPHEN G. PAUKER, M.D.

recent history of travel or needle sticks. His clinical rotations over the past nine months have been in municipal and Veterans Affairs hospital. He did not recall caring for any patients with active tuberculosis but had been exposed to varicella in the previous month. He smoked a half pack of cigarettes daily and was taking no med-

July 31, 1975

Un po' di conoscenza e un po' di matematica.....

$$P(A|B) = \frac{P(B|A)P(A)}{P(B)}$$

Diagram illustrating the components of the formula:

- A red circle highlights $P(A)$, with an arrow pointing to "PREVALENZA DI MALATTIA".
- A green circle highlights $P(B|A)$, with an arrow pointing to "TEST".

- Prevalenza di t. neuroendocrini 35/100.000 (<0.1%)

Se diarrea cronica ~2%

- (5-HIAA) sensibilità e specificità al 90%

LR+=9

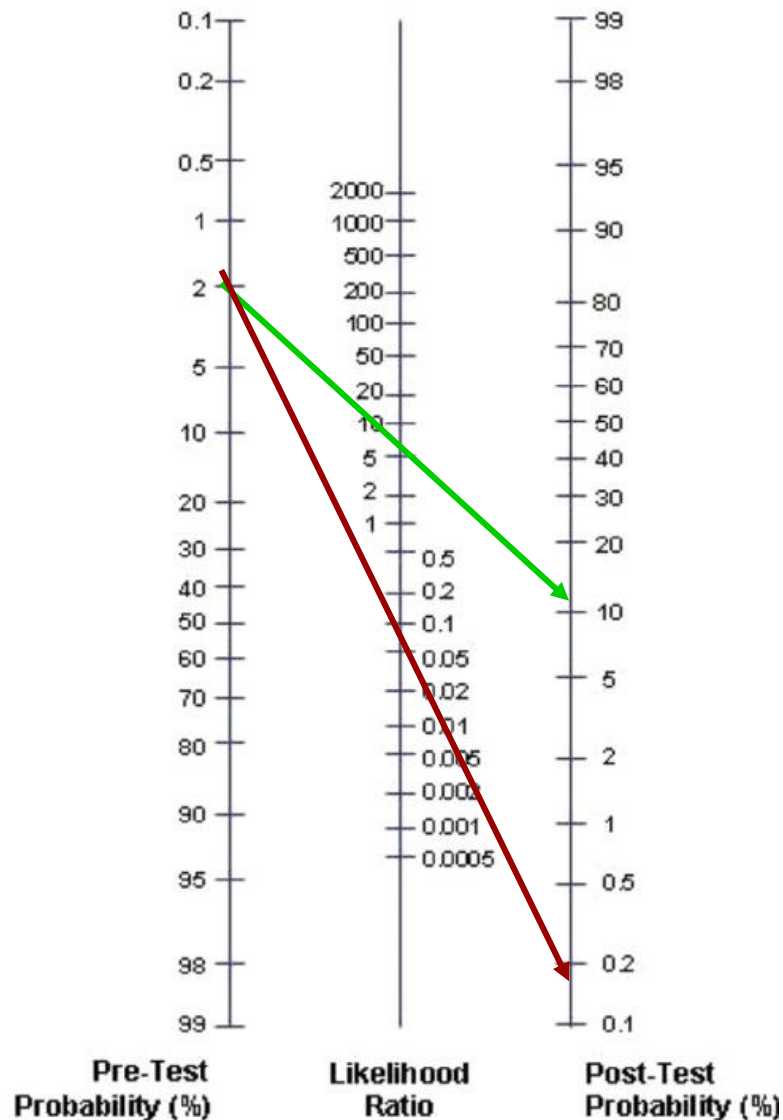
LR-=0.11

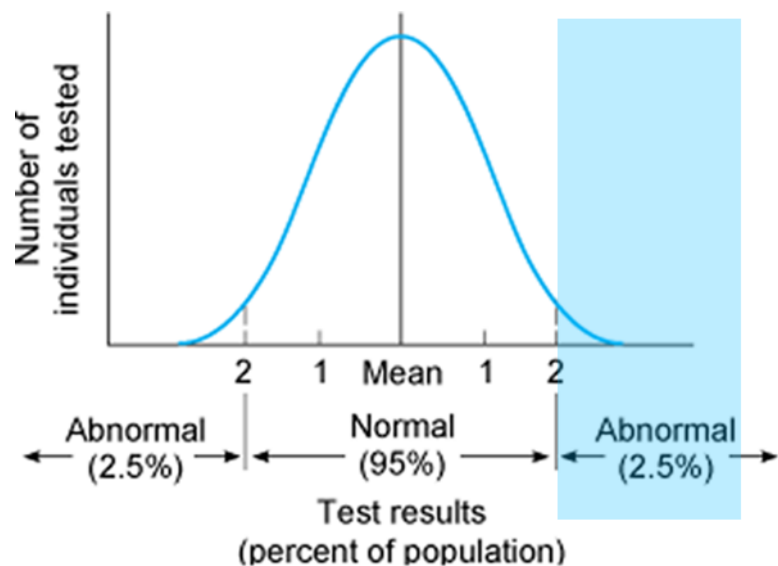
$$P(A|B) = \frac{P(B|A)P(A)}{P(B)}$$

LR+=9

LR-=0.11

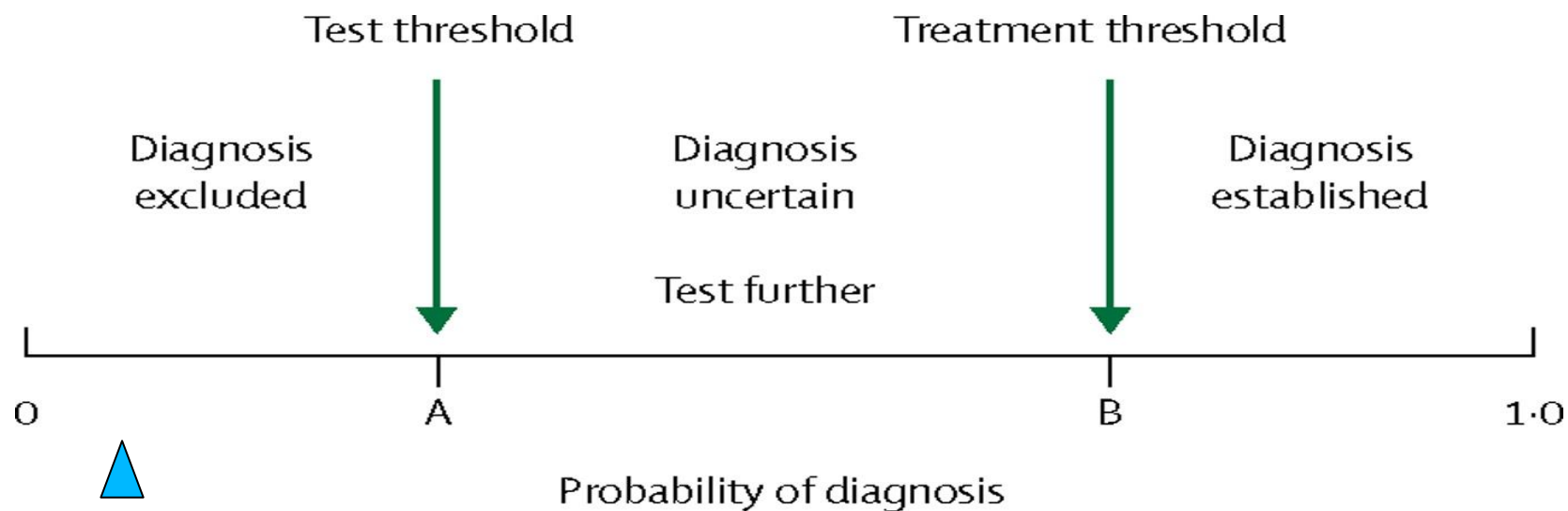
- Se test negativo: →0%
- Se test positivo: probabilità di malattia è 10%, ovvero 90% di non essere malato



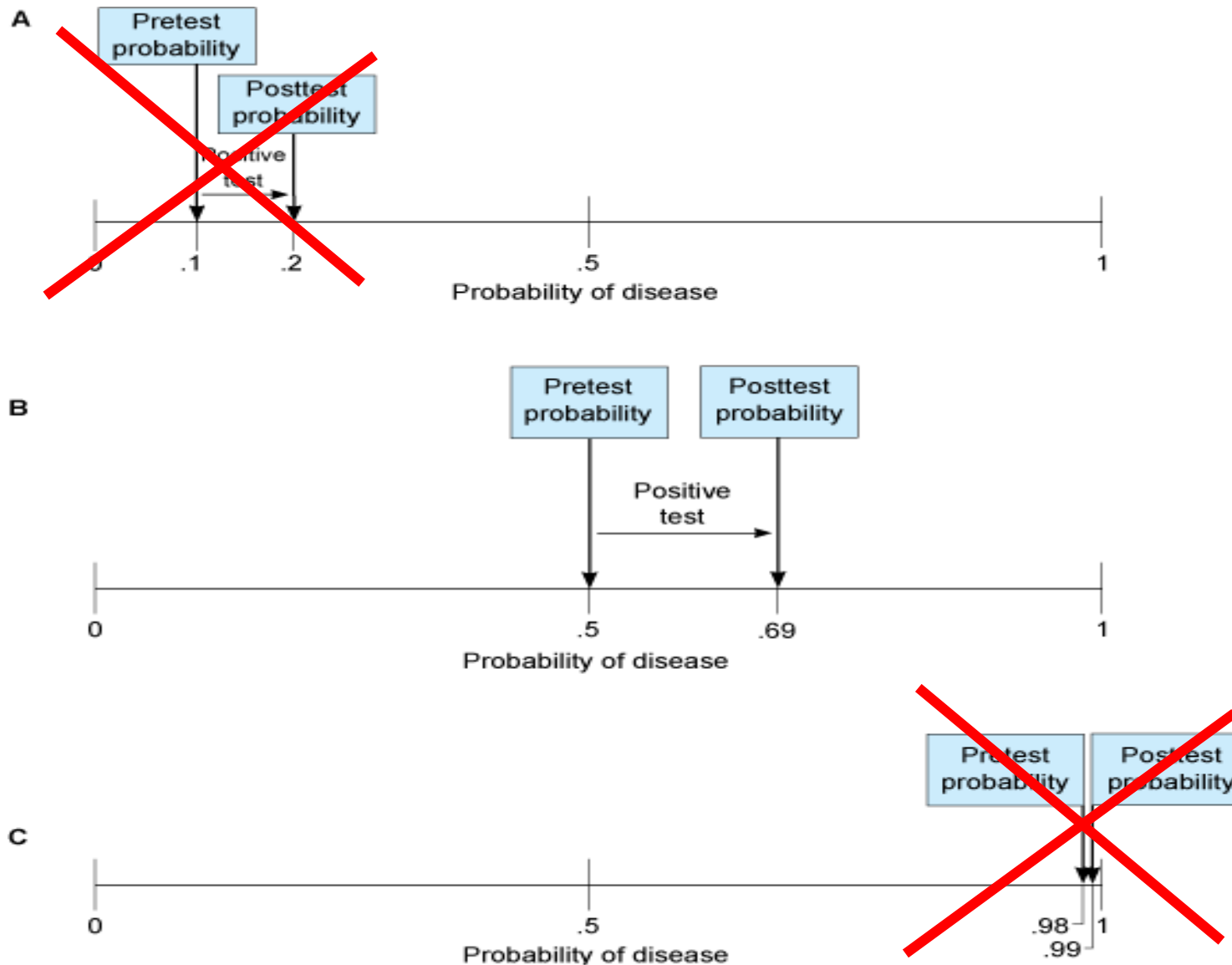


■ 5HIAA

2.5%



Quando eseguire un test diagnostico?



Source: Maxine A. Papadakis, Stephen J. McPhee,
Michael W. Rabow: Current Medical Diagnosis & Treatment 2018
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Vignetta 1

DOLORE ADDOMINALE

ROME IV Criteria (May 2016)

Recurrent abdominal pain, on average at least 1 day per week in the last 3 months associated with 2 or more of the following criteria:

1. *Related to defecation*
2. *Associated with change in frequency of stool.*
3. *Associated with change in stool form*

IBS can be further classified based on predominant symptoms:

- *Diarrhoea dominant: IBS-D*
- *Constipation dominant: IBS-C*
- *Mixed: IBS-M*
- *Non-Specific: IBS-N*

Anchoring Bias



- Also called “premature closure”
- the failure to continue considering reasonable alternatives after a primary diagnosis is reached, is the most common diagnostic error
- ie *When the diagnosis is made, the thinking stops*

Croskerry, P. Acad Med 2003; 78:775-80.

“WET” FLUSHING

Associato a sudorazione

Post-menopausale

Emozionale (blushing)

“DRY” FLUSHING

Non associato a sudorazione

Frequente effetto collaterale di farmaci → dd sy carcinoidi

IBS 10-15% nella popolazione, 25-50% delle visite gastro

Criteri di Roma 95% accuratezza → post test prob >95%

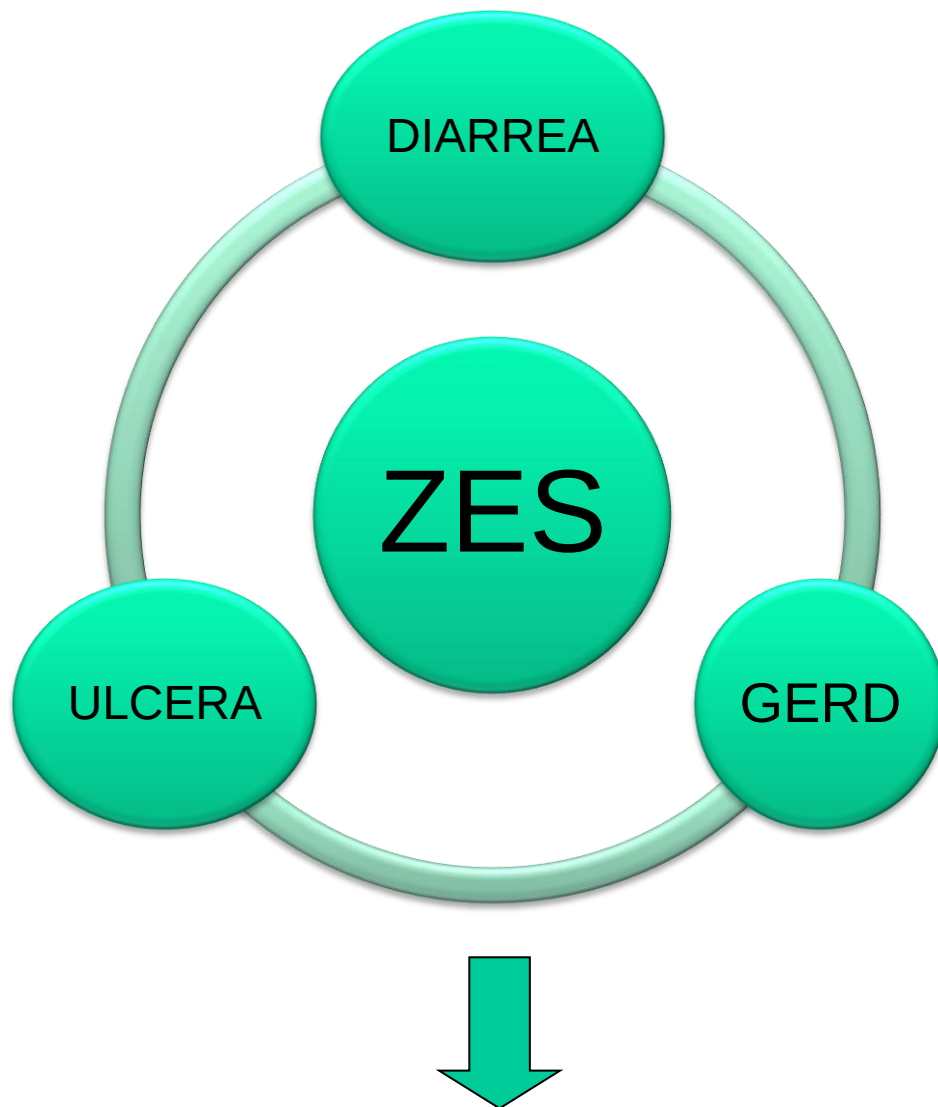
Ripete 5HIAA = 5 mg/24h (vn <10)

Vignetta 2



- uomo, 55 aa
- Diarrea da circa 1 anno, calo ponderale modesto (72→68 Kg)
- EEC: Hb 11, ferritina 4
- Colon neg
- EGDS: pliche ipertrofiche del fondo, gastrite antrale, multiple UD (bulbo)
- In anamnesi:
 - 2000: Ulcera duodenale (HP-vo)
 - Da 10 aa: GERD

Vignetta 2



Diagnosi probabile? Certa?

Gastrina: 1500 pg/mL (vn <108)

CgA: 302 (vn < 100)

Prevalenza ZES: 1:500.000 persone



1% delle ulcere duodenali (ricorrenti) → ZES

+ HP -vità

+ diarrea

+ GERD

10% probabilità a priori

Gastrina

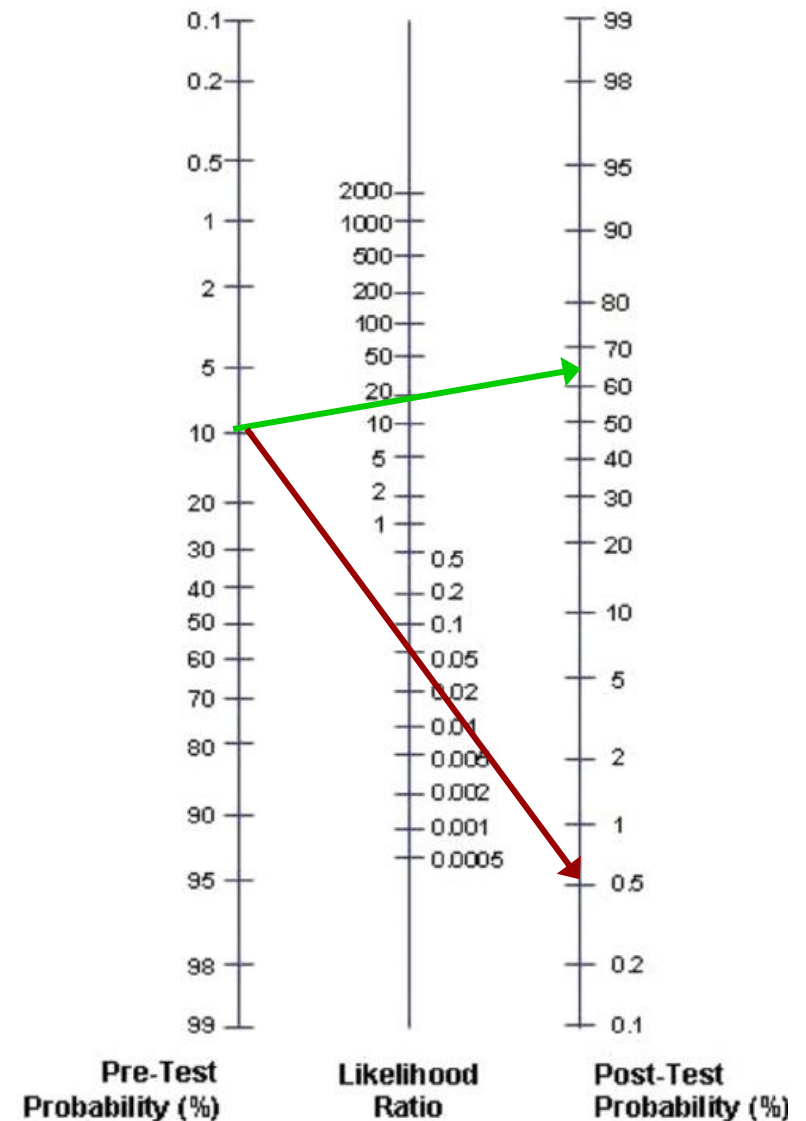
Sens e spec per valori >1000 e $\text{ph} < 3$

=95%

LR+: 19

LR-: 0.05

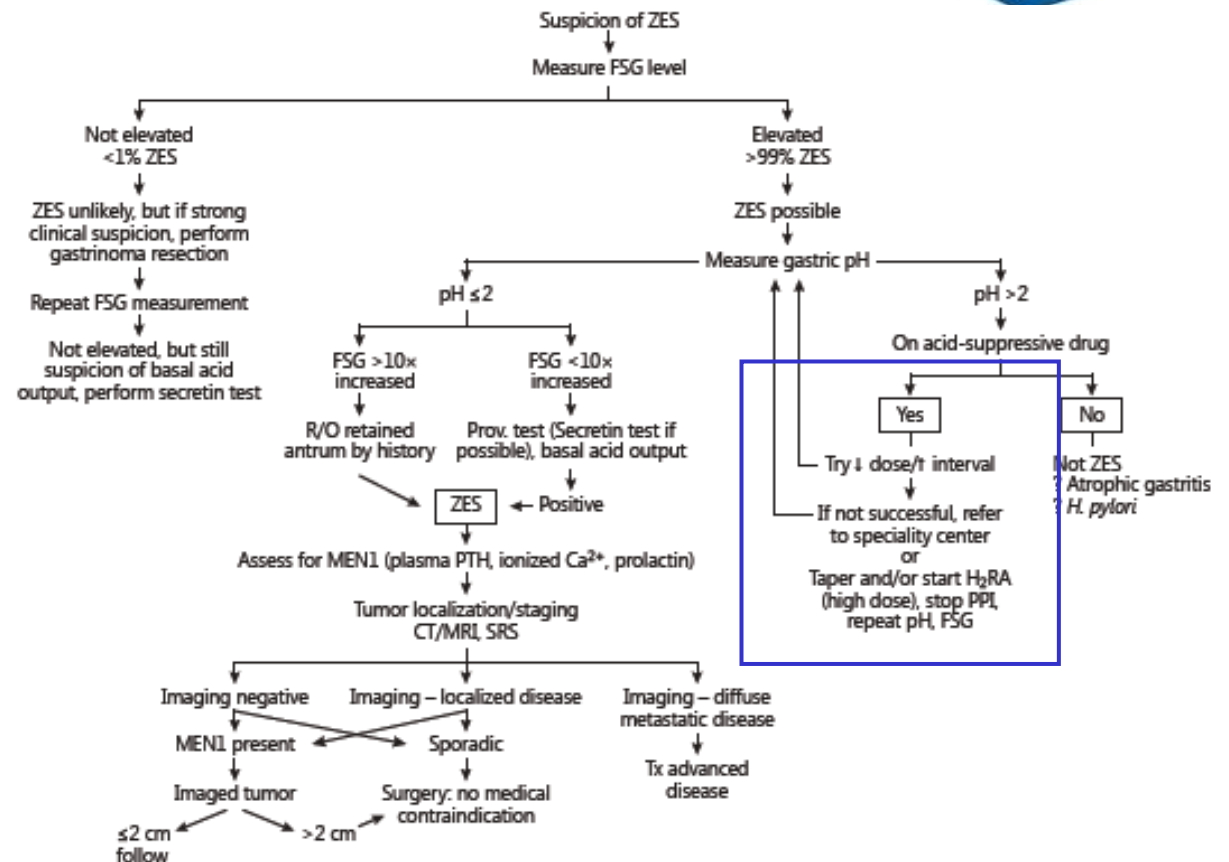
$$P(A|B) = \frac{P(B|A)P(A)}{P(B)}$$



CHE FARE?



- Test secretina (off PPI)?
- Stop PPI per 7 gg e ri
- EUSP?
- TAC/RMN?
- PETgallio?



Metz DC et al. *Int J Endocr Oncol.* 2017;4:167-185.

Vignetta 2



EUSP: lesione istmo pancreatico 1 cm,
ipoecogena, ben delineata, vascolarizzata
all'ECD



EUSP

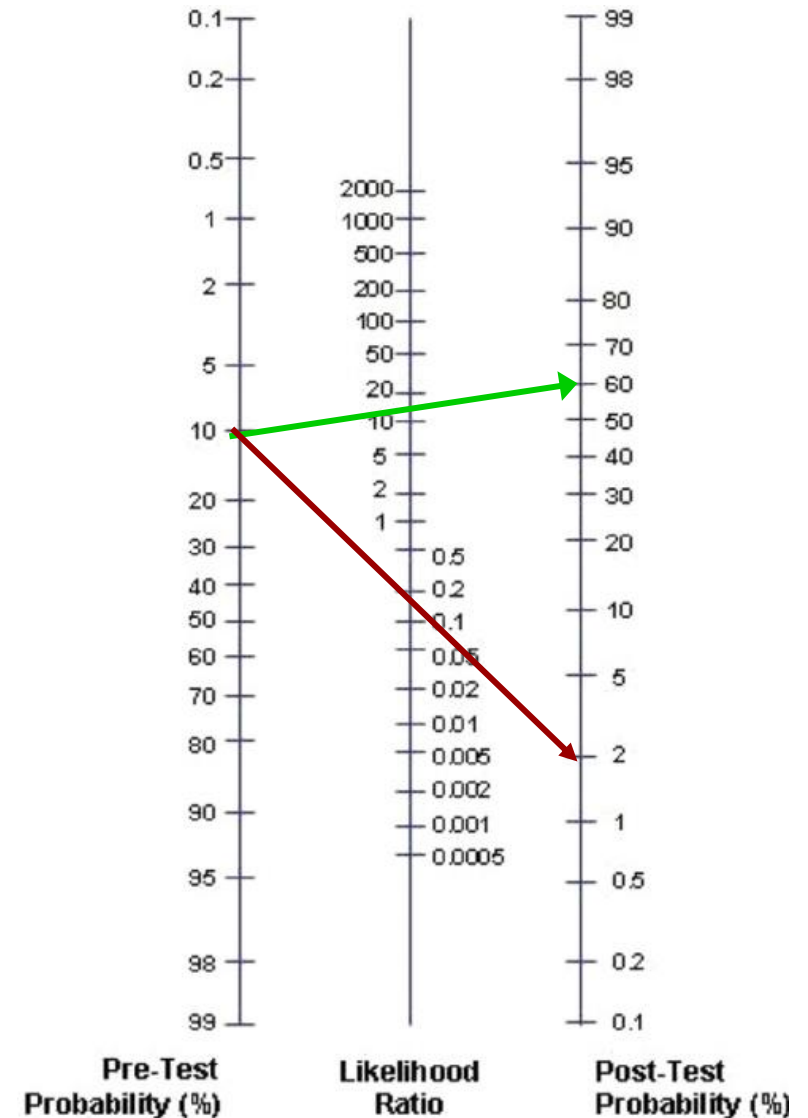
Pooled sensitivity= 87.2% (95%CI: 82.2-91.2).

Pooled specificity= 98.0% (95%CI: 94.3-99.6).

LR+= 11.1 (95%CI: 5.34-22.8)

LR-= 0.17 (95%CI: 0.13-0.24)

FNA: non diagnostico



Puli SR et al. World J Gastroenterol. 2013;19:3678-84.

⁶⁸ Gallium PET

Sens 93% (95% CI 89-96%)

Spec 96% (95% CI 91-99%)

LR+= 23

LR-=0.07

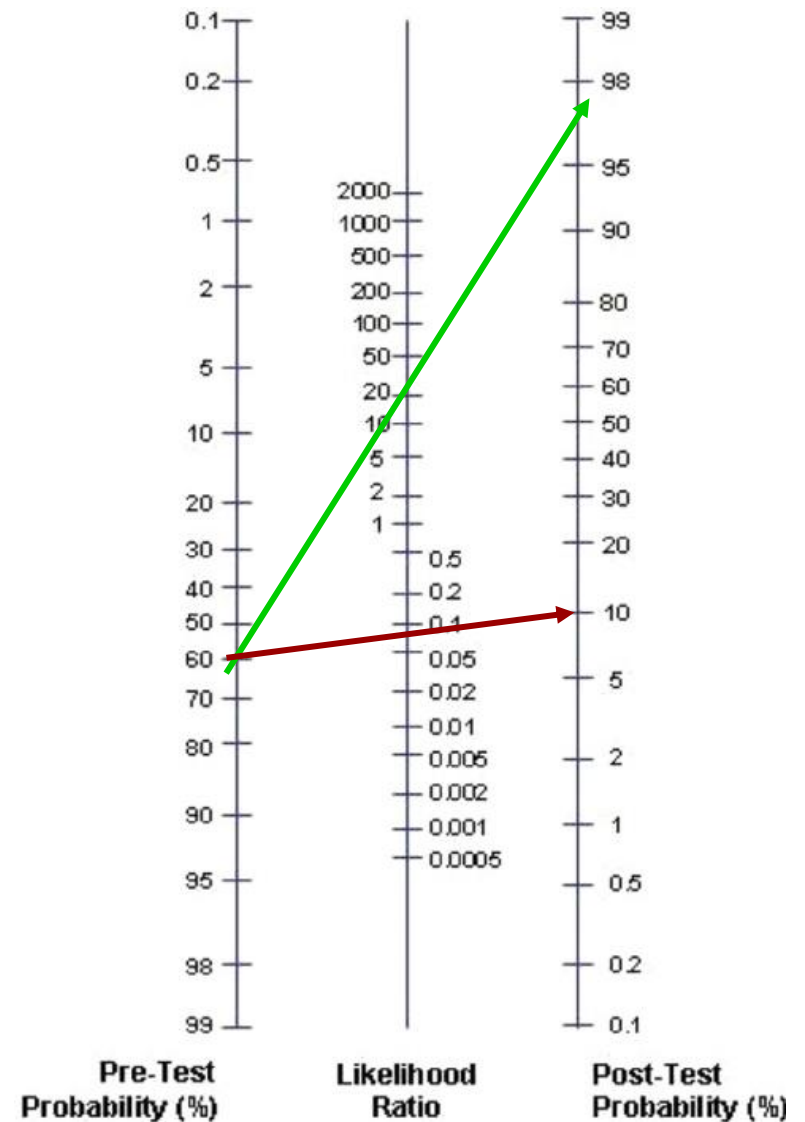
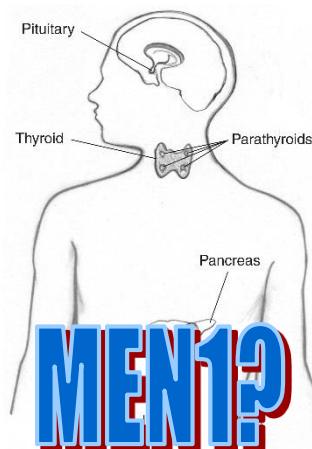
Yang J et al. Acta Radiol. 2014;55:389-98

PTH= 74.8 [6.5 - 36.8]

Calcio 11.36*

Ca++ 1.36 (<1.32)

25OHvit D 36.2





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