



CARING FOR CARCINOID FOUNDATION

Dedicated to discovering a cure for carcinoid cancer

Ask The Doctor **November 2008**

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1) I am seeing a lot great research on Carcinoid/NET related to GI track tumors. Is their research working in parallel on non-GI related tumors (lungs, appendix, ovaries, thymic, etc) affecting other Carcinoid and NET patients?

Yes, there is parallel research going on that examines carcinoid tumors that do not arise from the GI tract. The GI tract is the most common site of carcinoid tumors, so that is why most of the focus is on GI carcinoids. However, there are certainly going to be some common themes between GI carcinoids and non-GI carcinoids, so any insights that are gained from research on GI carcinoids is likely to be applicable to other types of carcinoids.

2) Has there been shown to be any heritability in patients with carcinoid and neuroendocrine tumors? How important is it to inform immediate and extended family members of your diagnosis?

There is one important inherited syndrome called the Multiple Endocrine Neoplasia-Type 1 (MEN-1) syndrome, in which there is a familial risk for neuroendocrine tumors. This syndrome is passed on from generation to generation, and is characterized by neuroendocrine tumors of the parathyroid gland, pancreatic islets, and pituitary gland. Carcinoid tumors are not usually seen in this syndrome. If there are any indicators that this type of syndrome might be present, then it would be important to get this evaluated by your physician. However, most cases of carcinoid and NETs are not due to the MEN-1 syndrome. In these cases, we don't think that there is a significant risk to other family members.

3) Since the 2007 NCI NET Conference, have there been any significant efforts to educate physicians and specialists about carcinoid and NETs, in order to

improve early detection and diagnosis?

Physician education is a very important and challenging area. There are a number of educational symposia, such as the GI Cancer symposium sponsored by ASCO, AGAI, ASTRO, SSO, in which such topics are included to increase awareness of carcinoids and NETs.

4) How will developing treatments that suppress HoxC6 work differently from Sandostatin?

HoxC6 functions in a pathway that is independent of the somatostatin (Sandostatin) pathway. There are many different molecular pathways that control the growth of carcinoid cells, and the ultimate goal is to be able to block as many of these pathways as possible. Although the use of somatostatin is an important way to treat carcinoids, it is not a “cure” and identifying other agents to block additional pathways along with somatostatin is an important goal.