

ENETS Consensus Guidelines for the Management of Patients with Rare Metastases from Digestive Neuroendocrine Tumors: Rationale and Working Framework. Introduction

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Following the ENETS Consensus Guidelines meetings in Frascati, Italy in 2005 and 2006 concerning the management of patients with digestive neuroendocrine tumors (NET) of the foregut, midgut and hindgut [1, 2], the ENETS decided that guidelines for rare metastatic sites should be developed. Little is known about metastases involving the peritoneum, lung, bone, brain and other rarer sites and consensus opinion from a group of international experts in this field would help in the overall management of patients with such disease localizations.

ENETS decided to devote part of an ENETS Advisory Board meeting which took place in Palma de Mallorca, Spain in November 2008 to achieving consensus guidelines in patients with rare metastases of digestive neuroendocrine tumors. The experts were invited from over 20 countries. Three working groups, representing all medical disciplines actively involved in managing patients with digestive NETs, were formed to examine diagnostic and management issues pertaining to the following metastases: (1) peritoneal, (2) bone and lung, and (3) brain and other rare metastases. The complete list of delegates is provided at the end of this commentary, as well as at the end of each of the three following papers. A working booklet was prepared in advance by the organizing com-

mittee, using as a basis the published text of the recent ENETS Guidelines so that specific questions could be prepared and presented to the different working groups. The booklet was provided to the participants at the conference venue.

At the conference, following a short overview of each metastatic group in a plenary session, each working group gathered separately to discuss group-specific questions. Each session had a chairperson responsible for the case presentation and for conducting the general assembly toward consensus. Each working group had a group leader responsible for presenting specific questions and preparing group statements for the general assembly. Once agreement was reached within each group, consensus statements were discussed and approved or rejected by all participants. This procedure was rigorously followed for all 3 sessions.

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References

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- 2 Rindi G, de Herder WW, O'Toole D, Wiedenmann B: Consensus guidelines for the management of patients with digestive neuroendocrine tumors: the second event and some final considerations. *Neuroendocrinology* 2008;87:5–7.