

New study may improve treatment of intestinal tumours

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Patients with neuroendocrine tumours that have spread beyond the intestines should not have surgery before they present with abdominal-related symptoms. This is shown in a new study by researchers at Uppsala University, who hope the results will have major significance, especially for the many patients who may run a reduced risk of unnecessary surgeries and complications in the future.

Cancer care guidelines have long stipulated that patients with smaller neuroendocrine intestinal tumours should have [surgery](#) as soon as a tumour is detected. Now a new study from researchers at Uppsala University shows that surgical procedures carried out before the patient presents with abdominal-related symptoms have no impact on survival length. However, they do entail increased risk of complications, including in the form of intestinal obstruction, which may result in the need for additional surgery.

"The course of events is relatively common, because small neuroendocrine tumours are often first detected when they have spread beyond the intestine, usually to the liver, and surgery is then recommended promptly. But in our study, we followed up 363 patients who have been treated since 1985, and we found nothing to indicate that surgery carried out within six months after receiving a diagnosis produces better results than nonsurgical treatment until the patient presents with abdominal-related symptoms, such as pain or signs of [intestinal obstruction](#)," says Peter Stålberg, Adjunct Professor and one of the authors of the new article.

The findings may soon have an impact on [cancer care](#) practice, as the Swedish guidelines for treatment will be reviewed in autumn 2017 and the European guidelines will be reviewed in 2018.

"We hope our findings have major significance, partly through more effective use of care resources, but above all, for the many [patients](#) who will run a reduced risk of [unnecessary surgeries](#) and complications in the future," says Olov Norlén, another author of the study.

The researchers behind the findings are now preparing a new study in which they will carry out further comparisons of effects between early surgical measures and waiting on surgery until the patient presents with abdominal-related symptoms.

More information: Kosmas Daskalakis et al. Association of a Prophylactic Surgical Approach to Stage IV Small Intestinal Neuroendocrine Tumors With Survival, *JAMA Oncology* (2017). [DOI: 10.1001/jamaoncol.2017.3326](#)

Provided by Uppsala University

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