

ESMO Clinical Unit Visit Report

**Charité – Universitätsmedizin Berlin, Campus Virchow-Klinikum,
Dept. of Internal Medicine - Hepatology and Gastroenterology,
Augustenburger Platz 1, D-13353 Berlin, Germany**

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Multidisciplinary Management of Neuroendocrine Tumours

Project-Analysis of Somatostatin receptor negative patients

Fellow: Dr. Prashant Kumbhaj, Sri Aurobindo Institute of Medical Sciences, Indore, MP, India.

Mentor(s): Professor Dr Marianne Pavel, Head NET unit, Gastroenterology & Hepatology Department.

Introduction:

The Charité Comprehensive Cancer Center (CCCC) is a center of excellence in oncology, supported by Deutsche (German Cancer Aid). It is a member of the organization of European Cancer Institutes and is certified by German Cancer Society.

The CCCC unifies clinical and academic oncology, thereby coordinating diagnosis, therapy, medical and psychological issues and follow up care for patients, and offers new approaches to prevention and early cancer diagnosis. It offers modern guideline based therapies, as well as, experimental therapies supported by the latest scientific research. I wanted to have the opportunity to experience the day to day work in a European university hospital and to observe the decision making processes to improve patient care. My main aim was to focus on multidisciplinary management of neuroendocrine tumours and to participate in research project to extend my experience in translational research and to have a paper published as a result of my stay at CCCC. This is the reason and motivation for applying for the clinical unit visit fellowship at Charité Comprehensive Cancer Center.

Main part:

During my stay at CCCC, my main focus was to learn Interdisciplinary management of neuroendocrine tumours. I was mainly rotated through Neuroendocrine Tumour unit, Nuclear Medicine Department and interventional radiology department.

(1) Neuroendocrine tumour unit – During my initial weeks I was posted at Neuroendocrine Tumour (NET) unit, where I along with NET unit head Prof Pavel, participated in outpatient clinics, ward rounds and multidisciplinary tumour board to discuss NET patients. In outpatient clinics I observed wide variety of neuroendocrine tumours ranging from gastrointestinal NET to lung and prostate NET. Some patients in outpatient clinic was in longer and Regular follow up of over 15-20 years. The exciting thing was that if patient fails any treatment, patient had to be discussed in multidisciplinary tumour board and offered best available treatment including clinical trials. I came across very rare neuroendocrine tumours of pancreatic origin, glucagonoma in the outpatient clinic. Prof Pavel discussed every patient in outpatient clinic with me to teach me the various aspects of management of NET. She also discussed clinical trial patients being treated there with targeted therapy. Prof Pavel allotted me a project **“Analysis of somatostatin receptor negative neuroendocrine tumour”**. I have completed the project and submitted to Prof Pavel.

(2) Nuclear Medicine –This visit was my first experience in any nuclear medicine department. I participated in ward rounds and observed radionuclide therapy in NET, radioactive iodine therapy for thyroid cancers. In diagnostic nuclear medicine, first time I had an opportunity to see the DOTATATE/DOTATOC scans for NET. It was a great experience in nuclear medicine to see all the diagnostic as well as therapeutic procedures.

(3) Interventional radiology –I was also rotated through this speciality as some ablative procedures in neuroendocrine tumours are done in this speciality. Trans-arterial chemoembolization, Trans-arterial radio embolisation, after loading are some local ablative therapies for neuroendocrine tumours which I saw first time there.

(4) Immunotherapy - I also rotated through immunotherapy department for one day where I had an opportunity to see all the new immunotherapy drugs and immunotherapy clinical trials.

(5) Radiation Oncology – For a single day posting in radiation oncology, I participated in a morning conference and ward rounds and had a chance to see hyperthermia treatment in some tumours. I also visited therapeutic radiation treatment rooms where I had observed cyber knife treatment, tomotherapy and brachytherapy.

Conclusion:

In conclusion, this was a great experience here, I learned multidisciplinary management of neuroendocrine tumours and clinical trials in neuroendocrine tumours, which I have not seen in my home institute. This visit also enhanced my knowledge in some other oncology specialities. This visit will impact my future plans and helped me to learn, discuss and share knowledge with international experts to understand oncology in better way. The knowledge I gained here will be

disseminated among my colleagues in treating neuroendocrine tumours in my home institute. I am thankful to all faculty members of Gastroenterology, Nuclear Medicine, Interventional Radiology department for their teaching and sharing of knowledge.



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