

COMPLICATIONS OF SURGERY FOR GASTRO-ENTERO-PANCREATIC NEUROENDOCRINE TUMORS - RESULTS FROM THE EUROCRINE REGISTRY

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Purpose: Surgery is recommended for most patients with gastro-entero-pancreatic neuroendocrine tumors (GEP-NETs). Rates of perioperative complications and mortality have been reported in few mostly retrospective single center series, but there has been no analysis on risk factors for perioperative complications and mortality to date. Methods: Data of GEP-NET patients operated between January 2015 and September 2018 were retrieved from EUROCRINE, a European endocrine surgical quality registry, and analyzed regarding rate and risk factors of surgical complications. Risk factors were assessed by logistic regression. Results: Some 378 patients (211 female, 167 male; age median 63, range 15-89 years) were included. Most NETs were located in the small intestine (SI) (n=132) or pancreas (n=111), the rest in the stomach (n=34), duodenum (n=30), appendix (n=30), colorectum (n=22), or with unknown primary (n=15). Approximately 89% of tumors were well or moderately differentiated, and 39% of patients had distant metastases at the time of operation. Severe complications (Clavien-Dindo ≥ 3) occurred in 56 (15%) patients, and 4 (1%) patients died perioperatively. Severe complications were more frequent in surgery for duodenopancreatic NETs (22%) versus SI-NETs (11%) ($p < 0.014$), in patients with lymph node metastases and curative aim of surgery (21%) versus non-metastasized tumors or palliative surgery (21%) ($p < 0.015$), and in functioning tumors (23%) versus nonfunctioning tumors (13%) ($p < 0.032$). Complication rates were not associated with tumor stage or grade. Conclusions: Severe complications are frequent in GEP-NET surgery. Besides the tumor location, curative resection of nodal metastases, and functioning tumors are risk factors for complications.