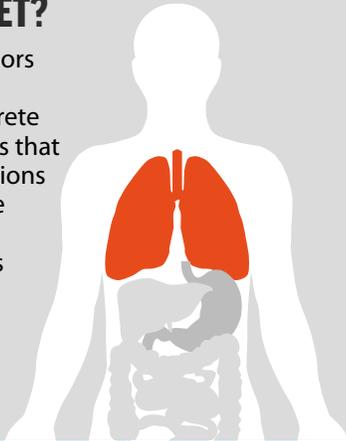


LUNG NEUROENDOCRINE TUMORS (NET)

What is Lung NET?

Neuroendocrine tumors arise from cells that can produce and secrete a variety of hormones that regulate bodily functions such as air flow in the lungs. Lung NET originate in the lungs and may also be referred to as lung carcinoids or bronchial NET.



There are 4 types of lung NET:

- Typical carcinoid (low grade)
- Atypical carcinoid (intermediate grade)
- Large cell neuroendocrine carcinoma (LCNEC)
- Small cell lung cancer (SCLC)

NET is diagnosed in approximately

5 cases per 100,000 people¹, with lung NET accounting for about

30% of NET diagnoses²

Functional vs. Non-Functional NET

Signs and symptoms of lung NET include:



Persistent Cough



Asthma-like Wheezing



Shortness of Breath



Chest Pain

Lung NET can be categorized as functional or non-functional tumors.

Non-Functional Tumors

- Can present with a broad variety of symptoms due to the tumor growing into adjacent or distant tissue but do not have a specific set of symptoms, or may be asymptomatic (show no symptoms)

Functional Tumors

- May produce symptoms and complications related to the excess release of hormones from the tumor cells, including the development of various neuroendocrine syndromes



Challenges in Diagnosing Lung NET

Diagnosing NET can often take years because lung NET tend to grow slowly or be asymptomatic.

At the time of diagnosis, approximately **28%** of lung NET patients have advanced disease.¹

- The 5-year survival rate for localized lung NET is **84%**, whereas the 5-year survival rate for patients with advanced lung NET is **27%**.¹

Delays in diagnosis can also lead to progressive disease, meaning that the cancer is growing, spreading or getting worse.

Managing Lung NET

A multidisciplinary team of medical experts is often involved in lung NET management. This team may include an oncologist, gastroenterologist, endocrinologist, surgeon, nurse and nutritionist, among others.

Managing lung NET depends on several factors, including the tumor type, size, location, stage of disease, patient's comorbidity and whether the patient has any other serious medical conditions.

- The primary treatment options for people living with lung NET are surgery, chemotherapy, and other drug treatments such as somatostatin analogs, targeted therapies and interferons
- For those with localized disease, meaning the cancer is limited to a certain part of the body, surgery is the primary treatment option. Second-line treatment may include adjuvant radiotherapies or chemotherapies
- For those with typical and atypical lung NET, therapeutic options include somatostatin analogs, chemotherapies and targeted therapies



1. Yao J, et al. One Hundred Years After "Carcinoid:" Epidemiology of and Prognostic Factors for Neuroendocrine Tumors in 35,825 Cases in the United States. J Clin Oncol. 2008; 26: 3063-72.
2. Gridelli C, et al. Treatment of pulmonary neuroendocrine tumours: State of the art and future developments. Cancer Treat Rev. 2012; 39: 466-472.