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Surgical strategies and outcome in small bowel neuroendocrine tumors

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Neuroendocrine tumors (NET) of the small bowel represent a rare tumor entity. Although the incidence has increased over the last decades, randomized clinical trials addressing these tumors are still lacking, and treatment strategies are formulated on the basis of retrospective studies on large patient numbers from tertiary referral centers. Interestingly, the largest cohort of patients present with a stage IV disease with distant, mostly liver, metastases. Compared to other cancers of gastrointestinal origin, chemotherapy options are limited and therefore, surgery is often the most important part in the multimodal treatment regime. Localizes or regionally restricted small bowel NET can be cured by surgery and have a favourable outcome. Repetitive surgery in combination with interventional techniques and chemotherapy provides excellent 5 years survival rates in stage IV patients above 60%, exceeding those rates from other gastrointestinal cancers. Surgical strategies emcompass multi-stage liver resection, resection of the primary tumor even in the backdrop of unresectable liver metastases, and other debulking procedures.

In combination with medical and interventional treatment options, aggressive surgical strategies result in excellent survival rates. Most important, all treatment decisions should be formulated by an expert tumor board to provide care for these rare tumor patients on the highest level.

Biography

Nils Habbe graduated from Medical School of the University Marburg in 2004 and completed his M.D. in 2005. Furthermore, he worked from 2007-2008 as a postdoctoral fellow at the Johns Hopkins School of Medicine, Baltimore, USA. In 2010, Nils Habbe became a board-certified surgeon and serves since January 2012 as a consultant at the Department of General and Visceral Surgery of the University Hospital Frankfurt, Germany. He has published and co-authored more than 25 papers in reputed journals.

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