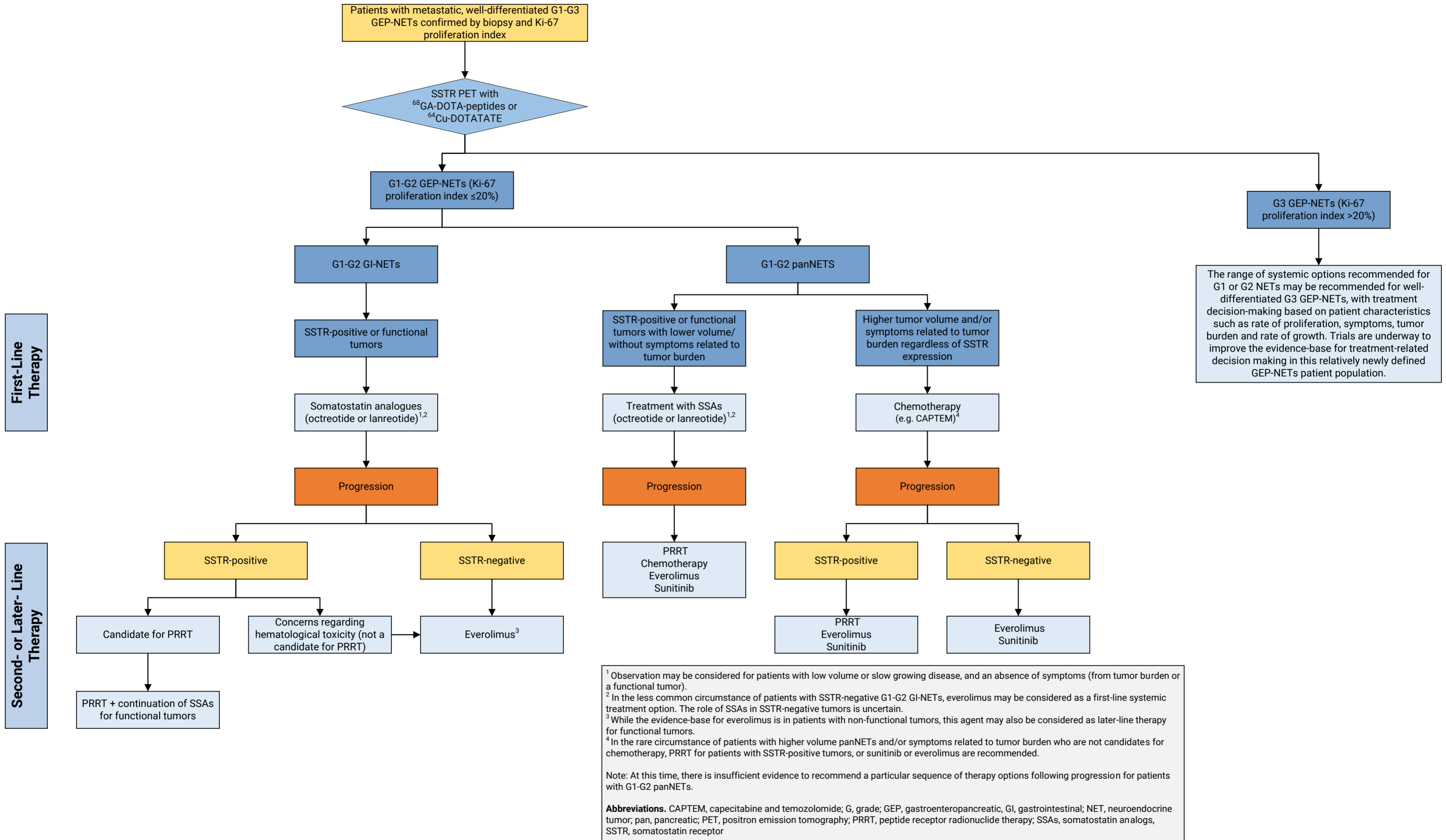


Systemic Therapy for Tumor Control in Well-Differentiated GEP-NETs Algorithm



First-Line Therapy

Second- or Later-Line Therapy

¹ Observation may be considered for patients with low volume or slow growing disease, and an absence of symptoms (from tumor burden or a functional tumor).
² In the less common circumstance of patients with SSTR-negative G1-G2 GI-NETs, everolimus may be considered as a first-line systemic treatment option. The role of SSAs in SSTR-negative tumors is uncertain.
³ While the evidence-base for everolimus is in patients with non-functional tumors, this agent may also be considered as later-line therapy for functional tumors.
⁴ In the rare circumstance of patients with higher volume panNETs and/or symptoms related to tumor burden who are not candidates for chemotherapy, PRRT for patients with SSTR-positive tumors, or sunitinib or everolimus are recommended.

Note: At this time, there is insufficient evidence to recommend a particular sequence of therapy options following progression for patients with G1-G2 panNETs.

Abbreviations. CAPTEM, capecitabine and temozolomide; G, grade; GEP, gastroenteropancreatic, GI, gastrointestinal; NET, neuroendocrine tumor; pan, pancreatic; PET, positron emission tomography; PRRT, peptide receptor radionuclide therapy; SSAs, somatostatin analogs, SSTR, somatostatin receptor