

Ochsner's Neuroendocrine Tumor Clinic
200 West Esplanade Ave., Suite 200 ▪ Kenner, LA 70065
Phone: 504-464-8500 ▪ 1-866-91-ZEBRA
We're on the Web! Visit us at www.ochsner.org/nets

June 2012



From the Lab...

By Dr. Eugene Woltering

Dr. Woltering along with Dr. Go, Dr. Vinik, and Dr. O'Dorisio worked with the scientists at Inter-Science Institute (ISI) to develop a plasma 5-HIAA assay. This new assay offers a more convenient alternative to the 24-hour urinary 5-HIAA assay, which generally takes patients 2 days. Benefits of the plasma 5-HIAA assay include overnight fasting vs. patients abstaining from certain food and drugs 48-hours prior to testing. In addition, the plasma 5-HIAA can be drawn at the same time as the patient's routine biomarkers vs. patients collecting their urine for a period of 24-hours in a container that must be kept refrigerated. The CPT code for this test is 82542.



Interesting Facts

-  49 of our NET patients are over the age of 80
-  The oldest patient we followed celebrated 97 birthdays!



[Nutrition Corner: American Institute of Cancer Research](#)

[Nutrition Guidelines:](#)

By Leigh-Anne Burns

The American Institute of Cancer recommends the same nutrition guidelines for cancer survivors as well as all Americans. These guidelines suggest eating a plant based diet, focused on grains, fruits and vegetables. Meat sources are recommended only in small amounts. Among patients living with NETs, many foods that are normally considered healthy are not well tolerated due to symptoms of malabsorption. By selecting and preparing meals high in grains, fruits and vegetables, symptoms such as gas and diarrhea can be decreased. For those suffering from digestive problems, nutrient dense foods such as potatoes are good options to include in a dietplan. *The American Plate* and the *Choose My Plate* are available as online resources.



Reference: American Institute of Cancer Research website: www.aicr.org

Recent Publications from Our Clinic



[An Extended Phase II Trial of ¹²⁵I Methylene Blue for Sentinel Lymph Node Identification in Women with Breast Cancer:](#)

By Dr. Eugene Woltering

In an extended phase II trial 62 women were enrolled to determine if an injection of ¹²⁵I-labeled methylene blue (¹²⁵I-MB) is an effective method to detect sentinel lymph nodes (SLNs) in women with breast cancer. All patients were anesthetized and then injected with 1 mCi of ¹²⁵I-MB in the areola subcutaneous. During the procedure 58/62 (94%) patients had SLNs detected. A total of 112 nodes were dissected from 58 women; 111 of these nodes were considered sentinel. Two women had complications; one had superficial skin staining and one had a superficial skin slough. Both healed uneventfully. No allergic reactions were observed and no radioactive uptake in the thyroid was seen. Patient satisfaction is higher with this technique than with the traditional ^{99m}Tc sulfur colloid procedure because all injections are performed while the patient is anesthetized. ¹²⁵I-MB is mixed and administered in the operating room, improving hospital efficiency. ¹²⁵I emits a lower energy gamma than ^{99m}Tc thus, lowering the surgeon's radiation exposure. ¹²⁵I-MB SLN identification is safe, cost effective and produces equivalent outcomes compared to the traditional technique, making it an attractive alternative.



[Cirrhosis: Diagnosis, Management, and Prevention:](#)

By Dr. Daniel Raines

Cirrhosis is the 12th leading cause of death in the United States, and is most commonly caused by alcohol abuse and viral hepatitis; (although, nonalcoholic fatty liver disease-induced cirrhosis is increasing in prevalence). Patients with cirrhosis should be screened for hepatocellular carcinoma every 6–12 months.

Common side effects of cirrhosis include hepatic encephalopathy, ascites, and GI bleeding. Causes of hepatic encephalopathy include constipation, infection, GI bleeding, certain medications, electrolyte imbalances, and noncompliance with medical therapy. These should be sought and managed before instituting the use of lactulose or rifaximin. Ascites should be treated initially with salt restriction and diuresis. Patients with acute episodes of GI bleeding should be monitored carefully and have an endoscopy performed within 24 hours. Treating alcohol abuse, screening for viral hepatitis, and controlling risk factors for nonalcoholic fatty liver disease are mechanisms by which a primary care physician can reduce the incidence of cirrhosis.



[Surgical Treatment Options for Rectal Carcinoid Cancer: Trans-Anal Excision versus Low Anterior Resection with Total Mesorectal Excision:](#)

By Dr. Yi-Zarn Wang

Rectal carcinoids are relatively rare and thus, the optimal surgical treatment remains controversial. Often, primary tumors less than 2 cm are assumed to be indolent and treated by local trans-anal excision. Rectal carcinoids are more

[Surgical Treatment Options for Rectal Carcinoid Cancer](#)

–Continued from page 2–

malignant than previously portrayed. In addition, primary tumors greater than 1 cm have a higher rate of lymph node metastasis than earlier reported. Tumors larger than 1 cm should have a Low Anterior Resection with Total Mesorectal Excision as initial definitive treatment. For tumors less than 1 cm, surgical treatment should be individualized.



New Technology: The Neoprobe®

By Dr. J. Philip Boudreaux

The Neoprobe® is a gamma-guided surgical instrument that is highly useful for procedures such as parathyroidectomy and sentinel node biopsy. This state of the art instrument

is now used by our surgical team for lymphatic mapping and identification of tumors for removal. The Neoprobe® is minimally invasive and allows for pinpoint localization of tumor. A high radioactivity account is obtained when the probe is placed over the tumor. When the tumor is removed, the radioactivity drops back down to normal/background levels. The target tumor's removal can be confirmed via both *ex vivo* count of specimen and *in vivo* count of the surgical field. The Neoprobe® has many advantages over more conventional techniques. It allows for target-directed dissection which is time saving, resulting in less tissue damage and blood loss. It is currently one of the most minimally invasive procedures possible allowing for a rapid recovery. Furthermore, it enhances the degree of debulking possible by allowing the surgeon to identify tumor deposits that might have otherwise been missed.

Clinical Trials

By: Dr. Richard Campeau

123I MIBG Scan with GE



We are *currently enrolling patients* for a supplemental study to predict heart failure in patients that need a routine MIBG scan. This trial requires no additional tests or scans.

177Lu DOTA-TATE

Study screening now in progress, enrollment – Fall 2012.

¹⁷⁷Lu DOTA-TATE systemic therapy has been used to treat metastatic NETs with a high success rate throughout Europe. We are one of 14 centers in the U.S. preparing to offer this treatment.

Please call (504) 464-8500 if you are interested in participating.

Mark your calendars...

National NET Patient Conference ■ New Orleans, LA ■ September 20 – 22, 2012

Register online at carcinoidawareness.org or call 866-850-9555 for more information.

Book your room early!! AARP Convention in town at the same time – rooms **will** sell out!

NANETS Annual Meeting ■ San Diego, CA;

October 11–13, 2012

Louisiana Carcinoid/NET Patient Support Group

Contact Louisiana.nets@gmail.com for meeting dates and times or with any questions.