

EP13.22: Lung Neuroendocrine Tumors: A 17-Year Peruvian Cohort With Advanced Presentation and Poor Survival in High-Grade Disease

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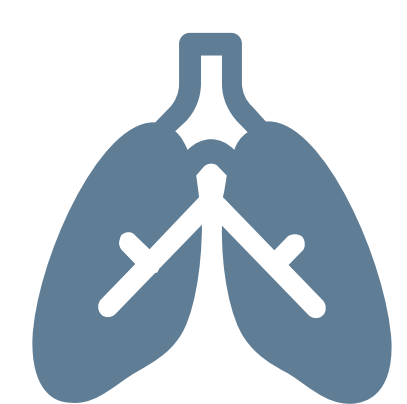
INTRODUCTION

Lung neuroendocrine tumors (LNETs) are a heterogeneous and rare group of neoplasms, ranging from indolent carcinoids to aggressive entities such as large cell neuroendocrine carcinoma (LCNEC) and small cell lung cancer (SCLC).

Despite advances with immunotherapy in high grade disease, access remains limited in low-and middle-income countries.

We aimed to describe clinical characteristics, treatment patterns, and survival outcomes in a resource-limited setting.

METHODS



Retrospective study of 153 patients diagnosed with LNETs (2007-2024) at the Instituto Nacional de Enfermedades Neoplásicas (INEN), Lima, Peru.



Overall survival (OS) was estimated using the Kaplan Meier method.

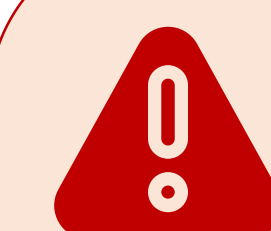


A subgroup analysis in high grade LNETs was performed using Cox regression to evaluate factors associated with OS (ECOG performance status, smoking history, age >65 years, and brain metastases).

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- ✓ Earlier diagnosis is critical: Most patients presented with unresectable or metastatic disease, highlighting the need to reduce diagnostic delays.
- ✓ High-grade LNETs carry a particularly poor prognosis: Median OS was only 7.9 months, with 21.1% early mortality.
- ✓ Access to systemic therapy remains limited: Only 35.8% of patients received systemic treatment. Improving access to effective therapies, including immunotherapy, is an urgent priority for patients with high-grade LNETs in resource-limited settings.



LNETs in this resource-limited setting are characterized by:

- ✓ **Advanced- stage presentation**
- ✓ **Limited access to systemic therapies**
- ✓ **Poor survival in high-grade tumors**
- ✓ **High early mortality**



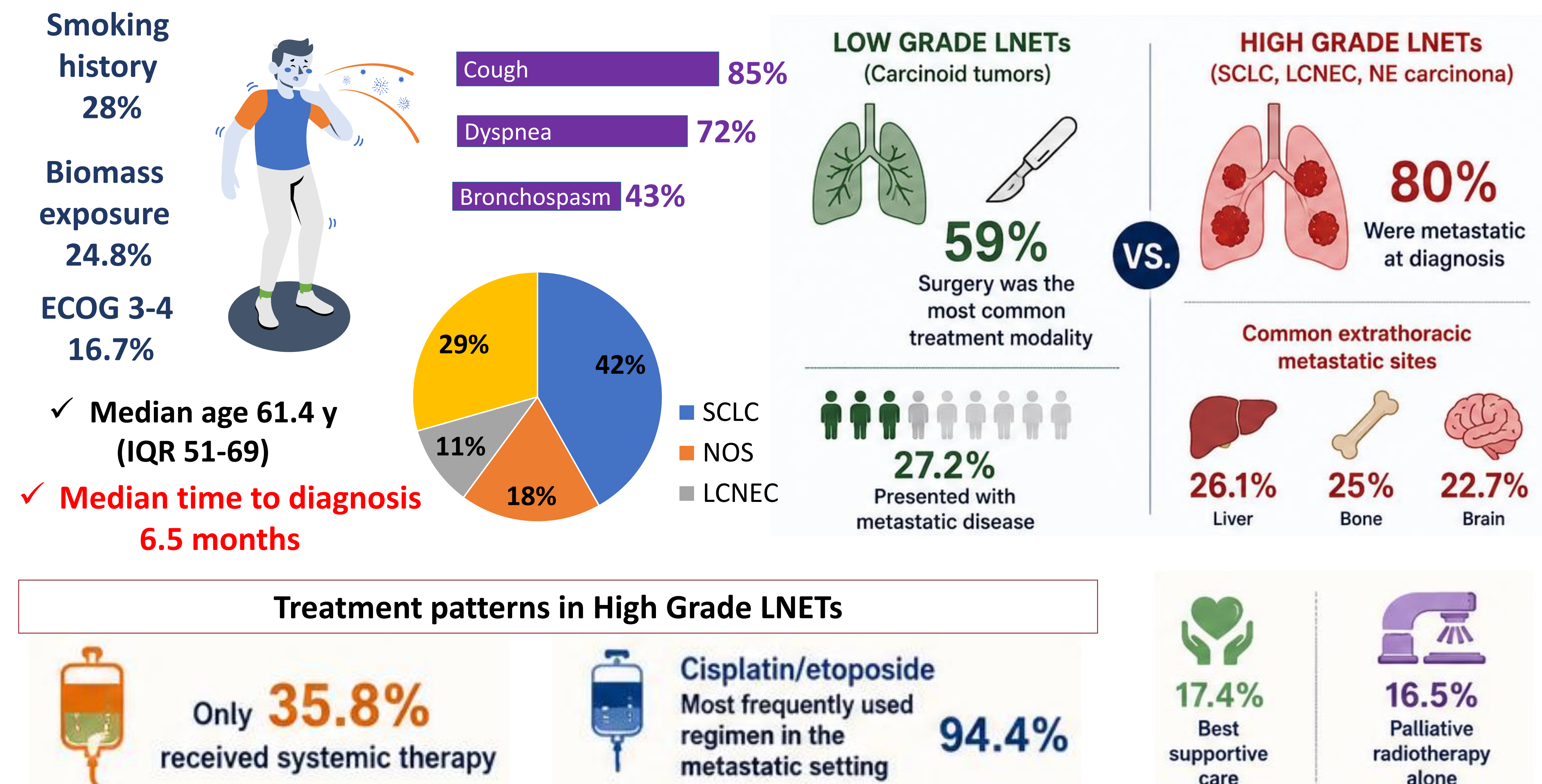
Urgent need to improve early diagnosis and expand access to effective therapies, including immunotherapy in low- and middle- income countries.

REFERENCES & ACKNOWLEDGEMENTS

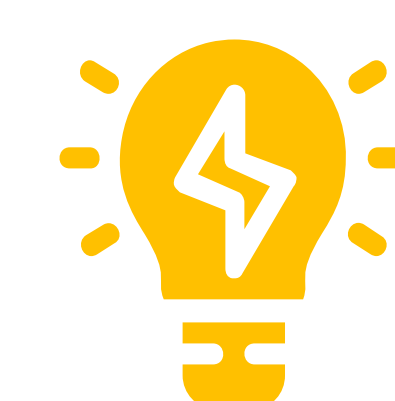
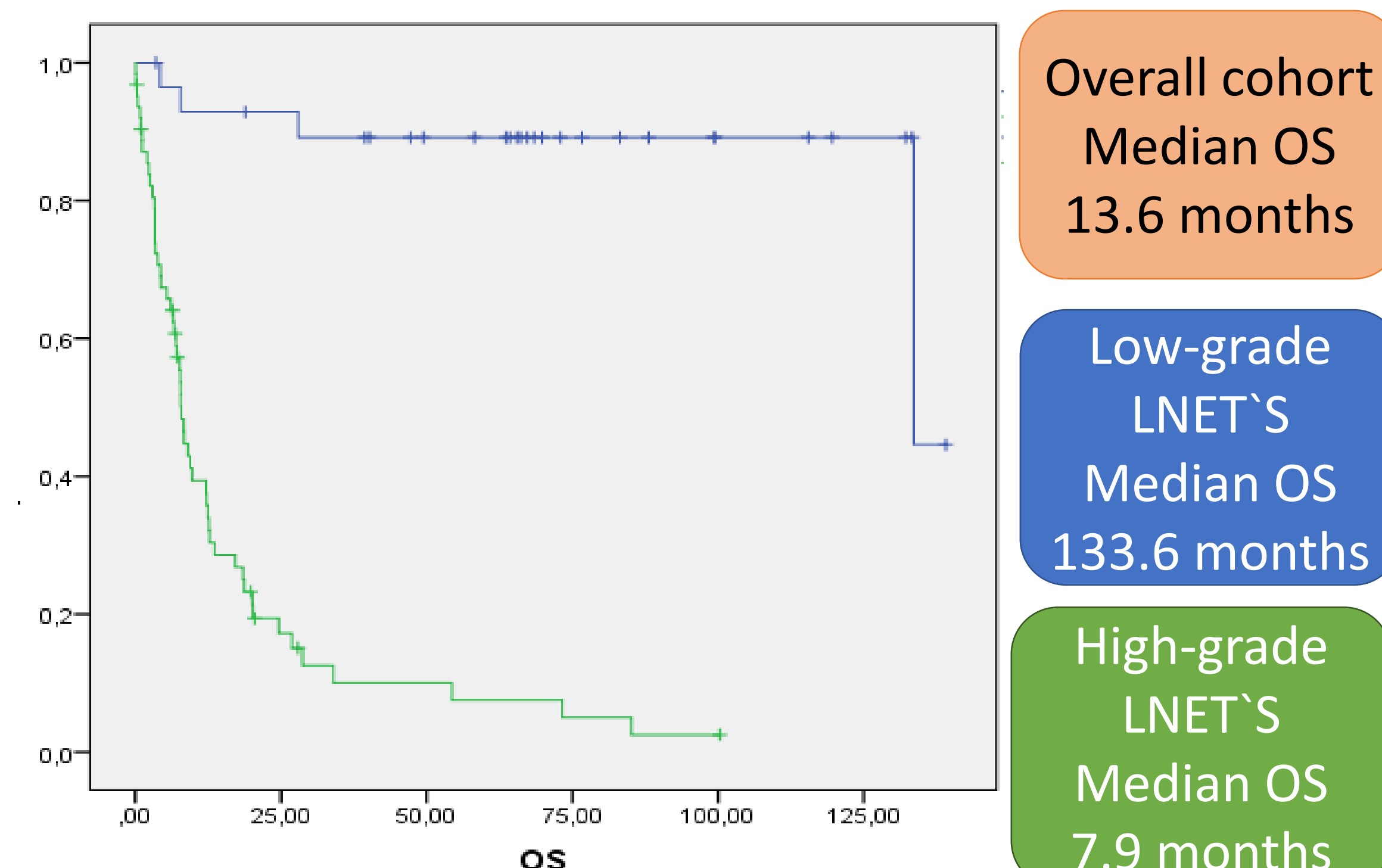
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RESULTS



SURVIVAL OUTCOMES



Patients with low-grade LNETs had markedly longer survival compared with those high-grade LNETs.

PROGNOSTIC ANALYSIS IN HIGH-GRADE LNETS



Cox regression analysis

Evaluated factors: ECOG performance status, smoking history, age >65 years, brain metastases

Factor	HR (95% CI)	p value
ECOG 3-4	1.25 (0.66 – 2.38)	0.49
Smoking history	1.12 (0.60 – 2.07)	0.72
Age >65 years	1.18 (0.64 – 2.19)	0.59
Brain metastases	1.37 (0.72 – 2.61)	0.33



No evaluated variable was significantly associated with overall survival.