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Pancreatic Neuroendocrine Tumours (PanNETs)

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Background: Pancreatic neuroendocrine tumours (PanNETs) are a rare subset of pancreatic neoplasms arising from islet cells, comprising 2-5% of all pancreatic tumours. These tumours exhibit heterogeneous clinical behaviour and may be functioning (hormone-producing) or non-functioning. Though many cases are sporadic, PanNETs may also occur in the context of hereditary syndromes such as Multiple Endocrine Neoplasia type 1 (MEN1), Von Hippel-Lindau (VHL), and Neurofibromatosis type 1 (NF1).

Types: Functioning PanNETs are classified based on the predominant hormone secreted, including insulinomas, Gastrinoma, glucagonomas, VIPoma, and Somatostatinoma. Non-functioning PanNETs, which do not produce a clinical hormone syndrome, are often diagnosed incidentally or at an advanced stage.

Diagnosis: Diagnostic work-up includes hormonal assays (e.g., insulin, gastrin, chromogranin A), imaging (CT, MRI), and functional nuclear imaging with Ga-68 DOTATATE PET/CT. Histopathological confirmation with immunohistochemistry (e.g., synaptophysin, chromogranin) and grading using Ki-67 index are essential for prognostication.

Management: For localized disease, surgical resection offers the best chance for cure. In metastatic or unresectable cases, somatostatin analogues (e.g., octreotide, Lanreotide) are used to control symptoms and Tumour progression. Targeted therapies such as Everolimus and sunitinib have shown efficacy in progressive disease. Peptide Receptor Radionuclide Therapy (PRRT) with Lu-177 DOTATATE is another promising option for somatostatin receptor–positive tumours. Chemotherapy (e.g., streptozocin, temozolomide) may be considered for high-grade or rapidly progressive tumours.

Conclusion: PanNETs are complex tumours requiring individualized, multidisciplinary care. While prognosis is generally better than for pancreatic adenocarcinoma, outcomes depend on tumour grade, stage, and responsiveness to therapy. Advances in imaging and targeted treatments have significantly improved management and survival in recent years.

Biography

Kamran Nazir is a committed and enthusiastic Registrar in Gastroenterology at Lancashire Teaching Hospitals NHS Trust, Preston, UK. With an impressive academic foundation—holding MBBS, MRCP (UK), ESEGH, and an MSc in Gastroenterology-he brings both expertise and passion to his clinical practice. Deeply interested in hepatology, particularly transplant hepatology, he is dedicated to advancing patient care through evidence-based medicine, academic research, and multidisciplinary collaboration. He is currently focused on pursuing an MPhil in Hepatology, aiming to broaden his expertise and contribute to pioneering research in liver disease management. Widely recognized for his commitment to education, clinical excellence, and innovation, he aspires to become a leading clinician-researcher, driving meaningful progress in the hepatology community.

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