5.16 Resectable Pulmonary Carcinoid Tumours: Insights and Outcomes from a Single-Centre Review

[1]Laura Staunton, [1]Ali Alsinan, [1]Taya Keating, [1]Rebecca Weedle, [1]Ronan Ryan, [1]Vincent Young, [1]Gerard Fitzmaurice
[1]St James's Hospital, Dulbin, Ireland

Background: Pulmonary carcinoid tumours are rare, neuroendocrine tumours accounting for 1-2% of lung malignancies. Subtypes include typical (TC) and atypical (AC). The gold standard treatment for localised pulmonary carcinoid tumours is surgical resection. This retrospective review examines the characteristics, histopathology, and management of this select patient cohort. **Methods:** 191 patients underwent surgical resection in our institution from January 2010 - April 2024. Data reviewed included patient demographics, histopathology, stage and treatment received. STATA was used to perform summary statistics, survival and logistic regression analysis. **Results:** Average patient age was 55 years with 80% TC and 20% AC. 70% were stage 1 with 10% N1 and 18% N2 disease. Lymph node metastasis occurred most frequently at station 7 (33%). Logistic regression evaluated factors influencing recurrence - histology ($p=0.037$) was statistically significant; N2 disease ($p=0.321$) and size ($p=0.613$) were not. Metastatic disease presented most commonly in liver (58%) with a mean time to presentation of 38 months. Logistic regression showed no significant difference in recurrence for patients receiving chemotherapy ($p=0.112$), when considering histology as a confounder. 5-year survival analysis demonstrated an overall survival rate of 96.3% - 98.7% for TCs and 87.9% for AC's. **Conclusions:** Surgical resection remains the mainstay of treatment for pulmonary carcinoid tumours with an excellent overall 5-year survival rate of 96.3% at our institution. **Conflict of Interest:** The authors declare that they have no conflict of interest **References:**

1. Caplin ME, Baudin E, Ferolia P, Filosso P, Garcia-Yuste M et al. Pulmonary neuroendocrine (carcinoid) tumors: European Neuroendocrine Tumor Society expert consensus and recommendations for best practice for typical and atypical pulmonary carcinoids. *Ann Oncol.* 2015; 26(8):1604-20
2. Oberg K, Hellman P, Ferolia P, Papotti M. Neuroendocrine bronchial and thymic tumors. *Ann Oncol.* 2012;7: 120-3.
3. Kunz PL, Reidy-Lagunes D, Anthony LB, Bertino EM, Brendtro K et al. Consensus guidelines for the management and treatment of neuroendocrine tumors. Pancreas. 2013; 42(4):557-77
4. Gosain R, Mukherjee S, Yendamuri SS, Iyer R. Management of Typical and Atypical Pulmonary Carcinoids based on different established guidelines. Cancers 2018; 10(12):510