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Submitted by:

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NCCN Guidelines Panel: Neuroendocrine and Adrenal Tumors

On behalf of the Society of Interventional Oncology, we respectfully request the NCCN Neuroendocrine and Adrenal Tumors guideline panel review the enclosed recommendation:

Specific Change 1: WDG3-4. Guidelines state, "Consider addition of liver-directed therapy (embolization, selective internal RT, ablation, SBRT)." Transarterial chemoembolization is commonly used for treatment of well-differentiated neuroendocrine tumor of all grades and should be listed as one of the liver-directed therapy options. Selective internal radiation therapy (Yttrium-90 radioembolization) may be more practical for patients with diffuse multifocal liver metastases due to ability to deliver treatment rapidly to a larger portion of the liver with less toxicity than chemoembolization or embolization. Please consider revising as follows: consider the addition of liver-directed therapy (selective internal radiation therapy, chemoembolization, embolization, ablation, SBRT).

The following articles are submitted in support of Specific Change 1:

Chen JX, Rose S, White SB, El-Haddad G, Fidelman N, Yarmohammadi H, Hwang W, Sze DY, Kothary N, Stashek K, Wileyto EP, Salem R, Metz DC, Soulen MC. Embolotherapy for Neuroendocrine Tumor Liver Metastases: Prognostic Factors for Hepatic Progression-Free Survival and Overall Survival. *Cardiovasc Intervent Radiol.* 2017 Jan;40(1):69-80. doi: 10.1007/s00270-016-1478-z.

Thank you for your consideration,

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