

[Neuroendocrine Tumor - Latest Research](#) [1]

This section has been reviewed and approved by the [Cancer.Net Editorial Board](#) [2], 04/2014

ON THIS PAGE: You will read about the scientific research being done now to learn more about this type of tumor and how to treat it. To see other pages, use the menu on the side of your screen.

Doctors are working to learn more about neuroendocrine tumors, how to best treat them, and how to provide the best care to people diagnosed with this disease. The following areas of research may include new options for patients through [clinical trials](#) [3]. Always talk with your doctor about the diagnostic and treatment options best for you.

New chemotherapy and drug combinations. A study has shown that the drug octreotide (Sandostatin) can slow tumor growth in patients with a neuroendocrine tumor of the midgut (the lower part of the small intestine) that has spread. Drugs used in chemotherapy, such as fluorouracil, leucovorin (Wellcovorin), and oxaliplatin (Eloxatin), work in different ways to stop the growth of tumor cells, either by destroying the cells or by stopping them from dividing.

Targeted therapy and combined treatments. Monoclonal antibodies are a type of targeted therapy that blocks tumor growth in different ways. Some block the ability of tumor cells to grow and spread. Others find tumor cells and help destroy them or carry tumor-killing substances to them. Both everolimus and sunitinib have been shown to delay the growth of islet cell carcinoma in clinical trials.

Bevacizumab (Avastin) is a type of monoclonal antibody. It is focused on stopping angiogenesis, which is the process of making new blood vessels. Because a tumor needs the nutrients delivered by blood vessels to grow and spread, the goal of anti-angiogenesis therapies is to “starve” the tumor. When combined with chemotherapy, it may destroy more tumor cells than chemotherapy alone. Bevacizumab may also stop the growth of neuroendocrine tumors by

blocking blood flow to the tumor. Another anti-angiogenic drug being studied for neuroendocrine tumors is sorafenib (Nexavar), which may stop the growth of tumor cells by blocking some of the enzymes needed for cell growth and by blocking blood flow to the tumor.

Supportive care. Clinical trials are underway to find better ways of reducing symptoms and side effects of current neuroendocrine tumor treatments in order to improve patients' comfort and quality of life.

Looking for More About the Latest Research?

If you would like additional information about the latest areas of research regarding neuroendocrine tumors, explore these related items that will take you outside of this guide:

- To find clinical trials specific to your diagnosis, talk with your doctor or [search online clinical trial databases now](#) [4].
- Review [research announced at the 2012 Gastrointestinal \(GI\) Cancers Symposium](#) [5] about a new treatment option for rare neuroendocrine tumors or [research presented at the 2014 GI Cancers Symposium](#) [6] about a new chemotherapy combination for metastatic neuroendocrine tumors.

The next section addresses how to cope with the symptoms of the disease or the side effects of its treatment. Use the menu on the side of your screen to select Coping with Side Effects, or you can select another section, to continue reading this guide.

Links

[1] <http://www.cancer.net/cancer-types/neuroendocrine-tumor/latest-research>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/19444>

[4] <http://www.cancer.net/node/24878>

[5] <http://www.cancer.net/node/30721>

[6] <http://www.cancer.net/node/30734>