About the Editor

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Kjell Öberg is Professor of Endocrine Oncology at the Medical Faculty of Uppsala University, Sweden. He is a specialist in endocrinology. He founded the Department of Endocrine Oncology at Uppsala University Hospital and has 30 years experience in the field of neuroendocrine tumors. He is the Chairman of Centre of Excellence of Endocrine Tumors, Uppsala University; President Elect of the European Neuroendocrine Society (ENETS) and member of Royal Society of Sciences. He has given several hundreds of presentations at international meetings and published 500 papers.

Foreword

Advances in neuroendocrine tumor management

Kjell Öberg

Neuroendocrine tumors (NETs), previously being almost unrecognized, have during the last few decades generated increased attention among physicians as well as patients. International organizations, such as the European Neuroendocrine Tumor Society and the North American Neuroendocrine Tumor Society, and dedicated colleagues worldwide have significantly increased the interest for these diseases among oncologists, endocrinologists, gastroenterologists and surgeons. Patient advocacy groups worldwide have also been instrumental in the increase in awareness. The European Neuroendocrine Tumor Society, which was established in the year 2000, had fewer than 100 members in 2000 and at the last meeting in Lisbon 2011 there were more than 800 members and 1500 people present at the annual conference. There are several reasons for this increased attention to NETs, in particular improved diagnostics, such as new biomarkers and molecular imaging, as well as new therapies based on randomized trials. Only 30 years ago, we had only one approved drug for treatment of pancreatic NETs – streptozotocin. Today, we have two new ‘targeted therapies’: the tyrosine kinase inhibitor sunitinib and the mTOR inhibitor everolimus. Peptide receptor radiotherapy has not yet been approved but is widely applied in Europe, Australia, India and in some other countries. We are now moving into personalized medicine in the era of ‘theragnostics’ and large-scale sequencing will rapidly change the understanding of cancer biology and will

identify new targets as well as explain the causes of drug resistance. However, it will be also a challenge to analyze all the generated data with the help of bioinformatics so we will not end up in a genomic chaos. Maybe individual patients will require different combinations of drugs based on the tumor genome. There is also an unmet need of new sensitive biomarkers for early primary diagnosis and recurrence.

The present book includes six chapters dealing with classification, molecular profiles and diagnosis and different kinds of treatment for NETs. It covers the most recent data in terms of diagnosis, classification and treatment of NETs. I hope it will be an enjoyable read.

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