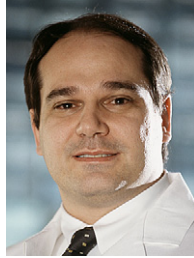
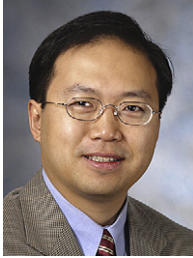


## Preface



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*Guest Editors*

**N**euroendocrine tumors arise from neuroendocrine cells dispersed throughout the body and comprise an interesting but rare entity that remains poorly understood by most people. The general impression is that these tumors are more often discussed in tumor boards than are seen in the day-to-day clinics. However, while neuroendocrine tumors are still appropriately considered to be rare, in recent years their incidence has been on the rise. Neuroendocrine tumors consist of a relatively heterogeneous group of carcinomas that are often well differentiated and associated with an indolent clinical course. Because of their ability to produce hormones, their clinical presentations can be rather dramatic, requiring prompt expert treatment. Some neuroendocrine tumors are associated with relatively rare genetic syndromes, which should be suspected particularly when the tumors arise at an early age. An alert physician and a prepared pathologist are often required to secure a diagnosis. The importance of an adequate pathology cannot be overemphasized, since neuroendocrine tumors are not uncommonly mislabeled.

Because of their usual indolent biology, neuroendocrine tumors can often be cured when detected early enough. However, the same indolent nature makes an early diagnosis unlikely, and since the disease is generally incurable in the setting of metastatic disease, most patients are treated for many years. Successful management requires an understanding of the disease process as a whole and a multi-modality approach. Depending on the case, the inputs from

medical oncology, surgery, endocrinology, gastroenterology, pathology, radiology, genetics, and nuclear medicine are required.

In this issue, leading investigators in the field from all over the world comprehensively review the biology and diagnosis of the carcinoid, islet cell carcinoma, adrenal cortical carcinoma, pheochromocytoma, medullary thyroid carcinoma, and Merkel cell carcinomas. Keeping in mind the needs of physicians handling real cases, particular emphasis is placed on current and novel therapeutic strategies. The rare nature of these tumors makes them less attractive for large clinical trials. However, the recent development of molecular targeted agents has triggered a welcome surge in the number of trials involving patients who have neuroendocrine tumors. In many ways, these tumors are the ideal candidates for targeted therapies because of their slow growth and because several tumors have an identified molecular event related to their development. Hopefully, this substantial increase in the number of clinical trials will be reflected by a similar improvement in results.

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