Gastric Neuroendocrine Tumours

Standard of Care Pathway for Gastric NETs

TITLE OF DOCUMENT	Gastric Neuroendocrine Tumours – Standard of Care Pathway for Gastric NETs
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AUTHOR/S	*Dr James Britton, Consultant Gastroenterologist* *James.britton@nca.nhs.uk* *Alex Riley, Pathway Manager* *Alexandra.riley6@nhs.net*
WHICH PROGRAMME / PATHWAY BOARD / GROUP HAS PRODUCED THIS DOCUMENT (IF APPLICABLE)	GM OG Pathway Board, GM OG Endoscopy Subgroup, The Christie NHS Foundation Trust, Manchester Foundation Trust (Wythenshawe)
WHAT CONSULTATION HAS TAKEN PLACE?	*This document has been developed during OG MDT Reform to support the diagnostic pathway and ongoing management of Gastric NETs. All stakeholders within the OG pathway have been involved in the development of this document. The document follows NICE guidelines.*
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Gastric NET

Mapping OGD
- Background Mucosa (Sydney Protocol)
- Assessment for CAG and IM
- Lesion number / Size / Paris Classification
- +/- Gastric pH (off PPI)
- Serum gastrin

Background CAG / IM mucosa
Multiple <1cm – 2cm lesions
Gastric pH and serum gastrin high
Histology Grade 1-2

TYPE 1 G NET

Background Hypertrophied / ulcerated mucosa
Multiple 1-2cm lesions
Gastric pH low, serum gastrin high
Histology Grade 1-2

TYPE 2 GNET
(Zollinger Ellison Syndrome, younger patient, MEN type 1)

Normal Background Mucosa
Solitary >2cm (polypoid/ulcerated) lesion
Gastric pH and serum gastrin normal
Histology Grade 3

TYPE 3 G NET

MAJORITY of G NETS
Risk of Metastasis
Very Low

RARE
Risk of Metastasis
10-30% (liver / abdominal lymph nodes)

LOOK AND BEHAVE LIKE GASTRIC ADENOCARCINOMA
Risk of Metastasis
Comparable to Gastric Adenocarcinoma

OG MDT Review;
Pathology
OGD
CT TAP

Referral to Professor Mansoor @Christie
+/- Gallium PET
+/- NET MDT
+/- Endoscopic Resection / Surveillance