

Pancreatic Neuroendocrine Tumors (Islet Cell Tumors) Treatment (PDQ®)



Patient Version | Health Professional Version | En español

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Treatment Options for Pancreatic Neuroendocrine Tumors

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A link to a list of current [clinical trials](#) is included for each treatment section. For some types or [stages](#) of [cancer](#), there may not be any trials listed. Check with your doctor for clinical trials that are not listed here but may be right for you.

Gastrinoma

Treatment of [gastrinoma](#) may include [supportive care](#) and the following:

- For [symptoms](#) caused by too much [stomach acid](#), treatment may be a [drug](#) that decreases the amount of acid made by the stomach.
- For a single [tumor](#) in the head of the [pancreas](#):
 - [Surgery](#) to remove the tumor.
 - Surgery to cut the [nerve](#) that causes stomach [cells](#) to make acid and treatment with a drug that decreases stomach acid.
 - Surgery to remove the whole stomach (rare).
- For a single tumor in the body or tail of the pancreas, treatment is usually surgery to remove the body or tail of the pancreas.
- For several tumors in the pancreas, treatment is usually surgery to remove the body or tail of the pancreas. If tumor remains after surgery, treatment may include either:
 - Surgery to cut the nerve that causes stomach cells to make acid and treatment with a drug that decreases stomach acid; or
 - Surgery to remove the whole stomach (rare).
- For one or more tumors in the [duodenum](#) (the part of the [small intestine](#) that connects to the stomach), treatment is usually [pancreatoduodenectomy](#) (surgery to remove the head of the pancreas, the [gallbladder](#), nearby [lymph nodes](#) and part of the [stomach](#), [small intestine](#), and [bile duct](#)).
- If no tumor is found, treatment may include the following:
 - Surgery to cut the nerve that causes stomach cells to make acid and treatment with a drug

that decreases stomach acid.

- Surgery to remove the whole stomach (rare).
- If the cancer has spread to the liver, treatment may include:
 - Surgery to remove part or all of the liver.
 - Radiofrequency ablation or cryosurgical ablation.
 - Chemoembolization.
- If cancer has spread to other parts of the body or does not get better with surgery or drugs to decrease stomach acid, treatment may include:
 - Chemotherapy.
 - Hormone therapy.
- If the cancer mostly affects the liver and the patient has severe symptoms from hormones or from the size of tumor, treatment may include:
 - Hepatic arterial occlusion, with or without systemic chemotherapy.
 - Chemoembolization, with or without systemic chemotherapy.

Check for U.S. clinical trials from NCI's list of cancer clinical trials that are now accepting patients with [gastrinoma](#). For more specific results, refine the search by using other search features, such as the location of the trial, the type of treatment, or the name of the drug. General information about clinical trials is available from the [NCI Web site](#).

Insulinoma

Treatment of insulinoma may include the following:

- For one small tumor in the head or tail of the pancreas, treatment is usually surgery to remove the tumor.
- For one large tumor in the head of the pancreas that cannot be removed by surgery, treatment is usually pancreatoduodenectomy (surgery to remove the head of the pancreas, the gallbladder, nearby lymph nodes and part of the stomach, small intestine, and bile duct).
- For one large tumor in the body or tail of the pancreas, treatment is usually a distal pancreatectomy (surgery to remove the body and tail of the pancreas).
- For more than one tumor in the pancreas, treatment is usually surgery to remove any tumors in the head of the pancreas and the body and tail of the pancreas.
- For tumors that have spread to lymph nodes or other parts of the body, treatment may include the following:
 - Surgery to remove the tumor.
 - Radiofrequency ablation or cryosurgical ablation, if the tumor cannot be removed by surgery.
- For tumors that cannot be removed by surgery, treatment may include the following:
 - Combination chemotherapy.
 - Palliative drug therapy to decrease the amount of insulin made by the pancreas.
 - Hormone therapy.
 - Radiofrequency ablation or cryosurgical ablation.

- If the cancer mostly affects the liver and the patient has severe symptoms from hormones or from the size of tumor, treatment may include:
 - Hepatic arterial occlusion, with or without systemic chemotherapy.
 - Chemoembolization, with or without systemic chemotherapy.

Check for U.S. clinical trials from NCI's list of cancer clinical trials that are now accepting patients with [insulinoma](#). For more specific results, refine the search by using other search features, such as the location of the trial, the type of treatment, or the name of the drug. General information about clinical trials is available from the [NCI Web site](#).

Glucagonoma

Treatment may include the following:

- For one small tumor in the head or tail of the pancreas, treatment is usually surgery to remove the tumor.
- For one large tumor in the head of the pancreas that cannot be removed by surgery, treatment is usually pancreatoduodenectomy (surgery to remove the head of the pancreas, the gallbladder, nearby lymph nodes and part of the stomach, small intestine, and bile duct).
- For more than one tumor in the pancreas, treatment is usually surgery to remove the tumor or surgery to remove the body and tail of the pancreas.
- For tumors that have spread to lymph nodes or other parts of the body, treatment may include the following:
 - Surgery to remove the tumor.
 - Radiofrequency ablation or cryosurgical ablation, if the tumor cannot be removed by surgery.
- For tumors that cannot be removed by surgery, treatment may include the following:
 - Combination chemotherapy.
 - Hormone therapy.
 - Radiofrequency ablation or cryosurgical ablation.
- If the cancer mostly affects the liver and the patient has severe symptoms from hormones or from the size of tumor, treatment may include:
 - Hepatic arterial occlusion, with or without systemic chemotherapy.
 - Chemoembolization, with or without systemic chemotherapy.

Check for U.S. clinical trials from NCI's list of cancer clinical trials that are now accepting patients with [glucagonoma](#). For more specific results, refine the search by using other search features, such as the location of the trial, the type of treatment, or the name of the drug. General information about clinical trials is available from the [NCI Web site](#).

Other Pancreatic Neuroendocrine Tumors (Islet Cell Tumors)

For VIPoma, treatment may include the following:

- Fluids and hormone therapy to replace fluids and electrolytes that have been lost from the body.
- Surgery to remove the tumor and nearby lymph nodes.
- Surgery to remove as much of the tumor as possible when the tumor cannot be completely removed or has spread to distant parts of the body. This is palliative therapy to relieve symptoms and improve the quality of life.
- For tumors that have spread to lymph nodes or other parts of the body, treatment may include the following:
 - Surgery to remove the tumor.
 - Radiofrequency ablation or cryosurgical ablation, if the tumor cannot be removed by surgery.
- For tumors that continue to grow during treatment or have spread to other parts of the body, treatment may include the following:
 - Chemotherapy.
 - Targeted therapy.

For somatostatinoma, treatment may include the following:

- Surgery to remove the tumor.
- For tumors that have spread to distant parts of the body, surgery to remove as much of the tumor as possible to relieve symptoms and improve quality of life.
- For tumors that continue to grow during treatment or have spread to other parts of the body, treatment may include the following:
 - Chemotherapy.
 - Targeted therapy.

Treatment of other types of pancreatic neuroendocrine tumors (NETs) may include the following:

- Surgery to remove the tumor.
- For tumors that have spread to distant parts of the body, surgery to remove as much of the tumor as possible or hormone therapy to relieve symptoms and improve quality of life.
- For tumors that continue to grow during treatment or have spread to other parts of the body, treatment may include the following:
 - Chemotherapy.
 - Targeted therapy.

Check for U.S. clinical trials from NCI's list of cancer clinical trials that are now accepting patients with [islet cell tumor](#). For more specific results, refine the search by using other search features, such as the location of the trial, the type of treatment, or the name of the drug. General information about clinical trials is available from the [NCI Web site](#).

Recurrent or Progressive Pancreatic Neuroendocrine Tumors (Islet Cell Tumors)

Treatment of pancreatic neuroendocrine tumors (NETs) that continue to grow during treatment or recur (come back) may include the following:

- Surgery to remove the tumor.
- Chemotherapy.
- Hormone therapy.
- Targeted therapy.
- For liver metastases:
 - Regional chemotherapy.
 - Hepatic arterial occlusion or chemoembolization, with or without systemic chemotherapy.

- A clinical trial of a new therapy.

Check for U.S. clinical trials from NCI's list of cancer clinical trials that are now accepting patients with [recurrent islet cell carcinoma](#). For more specific results, refine the search by using other search features, such as the location of the trial, the type of treatment, or the name of the drug. General information about clinical trials is available from the [NCI Web site](#).

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