

**Supplementary Table 1 Currently ongoing trials enrolling gastro-entero-pancreatic neuroendocrine neoplasms**

Study name	NCT number	Study design	Population	Arm 1	Arm 2	Outcomes
RMPanNET	NCT04066322	Observational, prospective, real-world study	Metastatic Pan- NETs receiving systemic treatment	Continue systemic treatment	Radical surgery +/- systemic treatment	PFS; OS; Post-surgical morbidity; Post-surgical mortality
NEONEC	NCT04268121	Single-phase, phase-II study; Parallel prospective, cohort study	Locally differentiated digestive NEC; Intra-operative diagnosis of differentiated digestive NEC	Neoadjuvant CHT <sup>1</sup> → surgery (or CHT-RT for rectal NECs)	Surgery → adjuvant CHT <sup>1</sup>	→ RFS at 12-mo; Response to neoadjuvant therapy and to surgery/CHT-RT; Candidates to surgery/CHT-RT after neoadjuvant CHT; OS; Toxicity; OS; Toxicity
ASPEN	NCT03084770	Observational, prospective, cohort study	Sporadic, asymptomatic, non-functioning Pan-NENs ≤ 2 cm (treatment arm	Surgery → Follow-up: Imaging every 6 mo for 2 yr, then yearly for 5 yr	Follow-up: Imaging every 6 mo for 2 yr, then yearly for 5 yr	DFS/PFS; Frequency of NF-Pan-NEN ≤ 2 cm; Post-surgical morbidity/mortality

			decided by treating physician)			ty; Number of resected patients; Evolution of the neoplasm; Quality of life
ArTisaN	NCT04362436	Open-label, phase-II study	Inoperable neuroendocrine liver metastases	SIRT		Toxicity; Objective response rate; PFS; OS; Quality of life; Radiomics; Measurement of biomarker ctDNA
LUTIA	NCT03590119	With-in subject randomized, phase-II/III study	Progressive, unresectable NETs G1-G2 liver metastases, with tumor load > 25% and at least one lesion ≥ 3 cm	Intra-arterial <sup>177</sup> Lu- dotatate (selective right hepatic artery)	Intra-arterial <sup>177</sup> Lu-dotatate (selective left hepatic artery)	Difference between the intra- arterial treated liver lobe and the intra-venous treated liver lobe; On SPECT/CT, tumor-to-non- tumor (T/N) activity

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						concentration ratio; On SPECT/CT, absolute values of mean tumor and healthy liver absorbed dose; Tumor response; On SPECT/CT, dose-response relation; Toxicity; Uptake in extrahepatic lesions and in the contralateral lobe; Difference in kidney uptake
REMINET	NCT02288377	Prospective, multicentre, phase-II/III, double-blind	Non-functioning, unresectable duodeno-pancreatic NETs,	Lanreotide 120 mg every 28 d until disease progression	Placebo	PFS; OS

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		randomized study	progressive before 1 <sup>st</sup> -line therapy, with stable disease or response to 1 <sup>st</sup> -line therapy						
TNE-IDC-COLE	NCT04735198	Randomized, open-label study	Intestinal NETs requiring primary tumor surgery	Primary tumor surgery prophylactic cholecystectomy	Primary tumor + surgery	Primary tumor	Rate of biliary stones; Rate of post-operative complications; Incidence of: Anastomotic dehiscence, wound infection, reoperation; Bowel movements after surgery; Quality of life		
NETTER-2	NCT03972488	Randomized, phase-III, open-label study	Unresectable GEP-NETs G2-G3, with Ki67 10%-55%, SSTR+ target	Lutathera long-acting octreotide	plus High dose long-acting octreotide		PFS; Objective response/disease control rate; Duration of		

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			lesions			response; Time to Decline health status; Toxicity; Time to death
NeoLuPaNET	NCT04385992	Prospective, phase-II, single-arm study	Resectable PanNETs with Ki67 > 10%, with tumor size > 40 mm and SSTR+ lesions	Neoadjuvant <sup>177</sup> Lu-DOTATATE → surgery		Morbidity; Mortality; Radiological response
EVINEC	NCT02113800	Open-label, prospective, single arm study	NENs progressive after 1 <sup>st</sup> -line therapy	G3, Everolimus		Toxicity; PFS/time to progression; Objective response/DCR; Duration of response; Quality of life; Biomarkers
SENECA	NCT03387592	Randomized, non-comparative, multicentre	Metastatic NECs after 1 <sup>st</sup> -line therapy	FOLFIRI	CAPTEM	Objective response/DCR; Toxicity; OS; PFS; Quality of life;

		phase-II trial					Biomarkers
RAPNEN	NCT03834701	Open-label, prospective, single arm study	Non metastatic Pan-NETs G1-G2, < 25 mm	EUS-RFA			Adverse events; Rates of secondary surgery
NCT02248012	NCT02248012	Open-label, prospective, single arm study	Unresectable GEP-NENs with Ki67 20%-55%	Everolimus + temozolomide as 1 <sup>st</sup> -line treatment			DCR; Toxicity; Time to death
PRODIGE 41- BEVANEC	NCT02820857	Randomized, phase-II, open-label study	Advanced GEP-NECs, progressive after 1 <sup>st</sup> -line CHT	Bevacizumab + FOLFIRI as 2 <sup>nd</sup> -line therapy			Proportion of patients alive after 6 mo
COMPETE	NCT03049189	Randomized, phase-III, open-label study	Unresectable, progressive GEP-NETs G1-G2, with SSTR+ lesions	<sup>177</sup> Lu-edotreotide	Everolimus		PFS; OS
SEQTOR	NCT02246127	Randomized, cross-over, open-label study	Progressive, unresectable, advanced Pan-NETs G1-G2	Streptozocin at 1 <sup>st</sup> -line → Everolimus	Everolimus at 1 <sup>st</sup> -line → Streptozocin		First and second PFS/time to progression; Hazard ratio; Toxicity; Ratio of

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incremental cost-  
efficacy; Response  
rate; Biochemical  
response; OS;  
Quality of Life

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<sup>1</sup>Platinum-based regimen + Etoposide.

NCT: National Clinical Trial; Pan-NET: Pancreatic neuroendocrine tumor; PFS: Progression-free survival; OS: Overall survival; RFS: Recurrence-free survival; NEC: Neuroendocrine carcinoma; CHT: Chemotherapy; RT: Radiotherapy; NEN: Neuroendocrine neoplasm; DFS: Disease-free survival; SIRT: TheraSpheres Selective Internal Radiation Therapy; SPECT/CT: Single Photon Emission Computed Tomography; SSTR: Somatostatin receptor; DCR: Disease control rate; EUS-RFA: Endoscopic Ultrasound-guided RadioFrequency Ablation; FOLFIRI: Folinic Acid (Leucovorin)-Fluorouracil-Irinotecan.