Although neuroendocrine tumors (NETs) have been recognized as a family of complex malignancies since 1907, major progress has been made only in the past 20 years in understanding and managing the disease. The detection and reported incidence of NETs have increased fivefold since 1973, suggesting that the tumors may be more common than previously believed. NETs arise predominantly in the gastrointestinal tract but can occur in any tissue containing endocrine precursor cells and can secrete hormone peptides that exert clinical symptoms of flushing and diarrhea. With the introduction of the somatostatin analog (SSA) octreotide in 1987, symptom management of NETs improved by diminishing morbidities and mortality associated with carcinoid syndrome. Clinical results suggest that the SSA agents octreotide and lanreotide also may provide antitumor benefits in addition to their suppression of carcinoid syndrome. Oncology nurses should be aware of the expanded role of SSA agents for symptom management and tumor control in patients with NETs and communicate treatment benefits, side-effect management, and effective adherence with patients for the optimal clinical management of NETs.