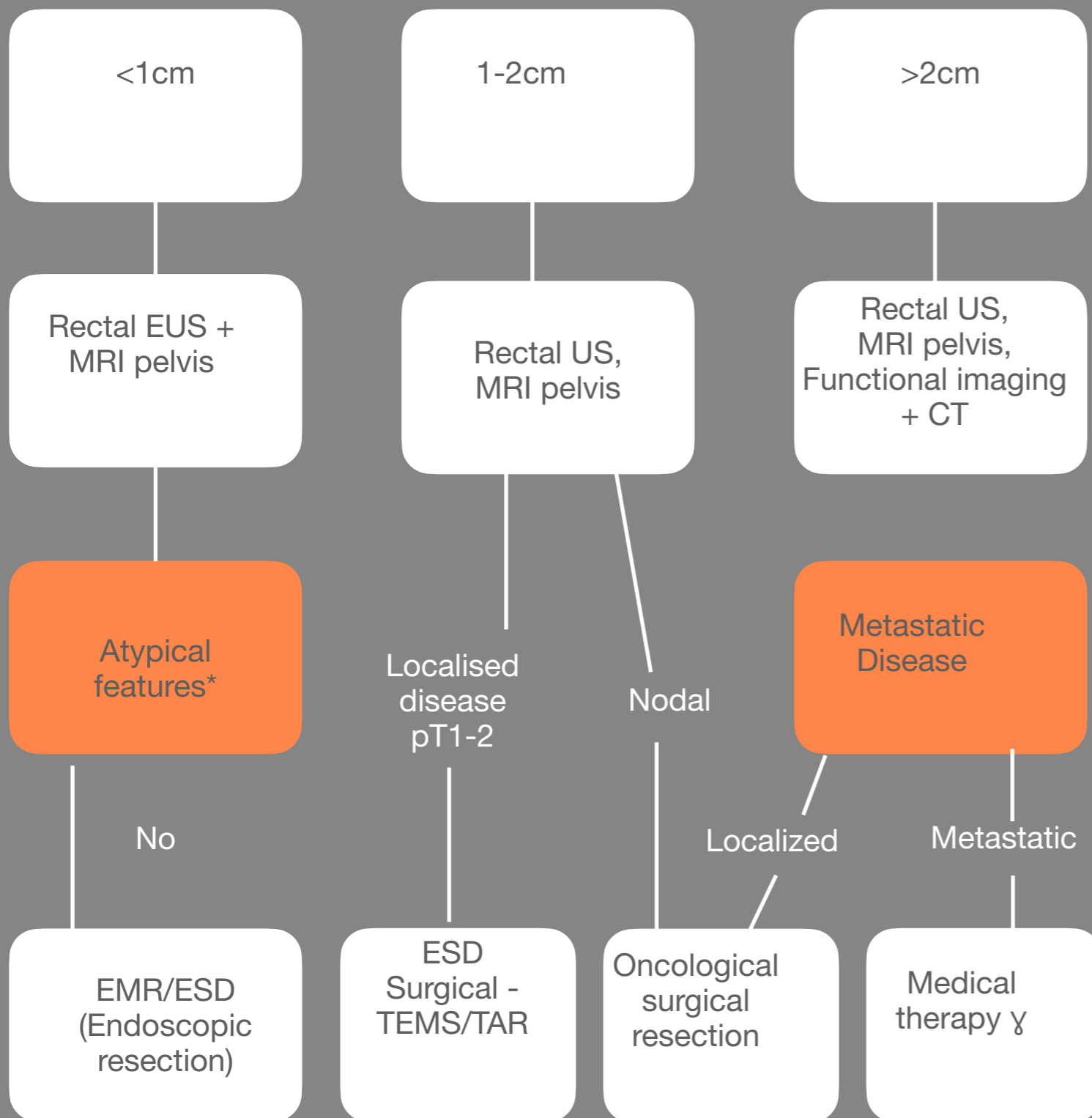


## Rectal NET Management Algorithm



- \* Atypical features at endoscopy include – semipedunculated or ulcerated lesion. Or changes to the surface with depression, erosion or ulcers as well as a hyperaemic colour

- γ Consideration of primary tumour resection +/- local radiotherapy in the context of metastatic disease can be discussed on an individual patient basis

## Rectal NETS Notes & References

Rectal NETs are increasing in incidence, this in part related to screening programmes for colon cancer

Often these lesions are incorrectly characterised as hyperplastic polyps and biopsy resected.

Frequently small lesions are incompletely excised due to the method used for endoscopic removal. There is no clear guidance in these cases, however, the risk of recurrence is low for small <1cm G1 NETs. Therefore, a flexible sigmoidoscopy to assess the site and remove any residual NET is recommended.

Lesions less 1cm have a 4% - 20% chance of lymph node metastases.

Size, grade & age are predictive factors in lesions <1cm vs. >1cm.

Stage and grade of tumour are predictive of survival.

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