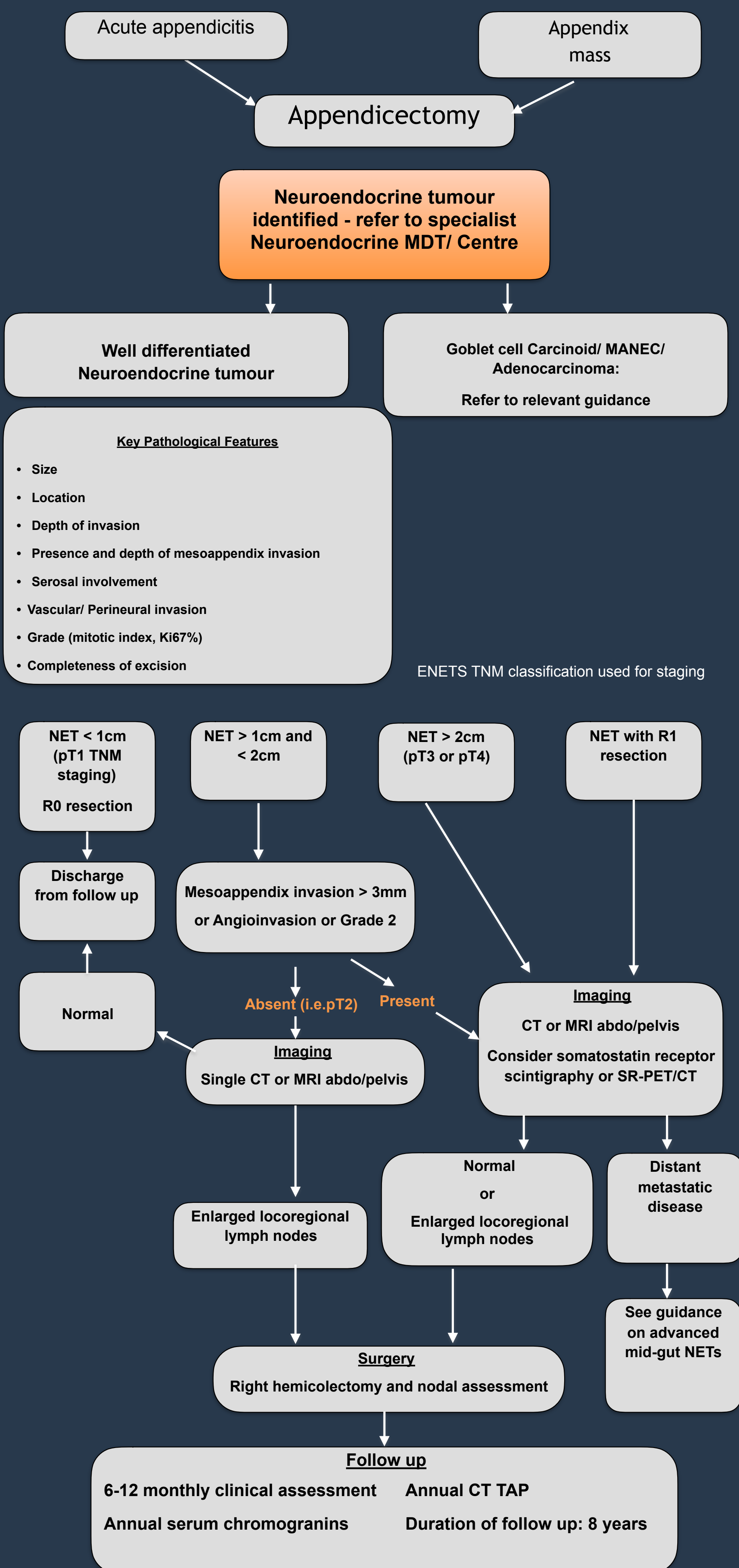


UKINETS bitesize guidance

Guidance for the management of NETs of the Appendix

PAGE 1 - MANAGEMENT ALGORITHM



For further notes, including references, please see the following pages...



UK and Ireland Neuroendocrine Tumour Society

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Guidelines for the management of NETs of the Appendix

PAGE 2 - NOTES & REFERENCES

Neuroendocrine neoplasms of the appendix are mainly diagnosed incidentally following appendicectomy with a rate of 3-5/1000 appendicectomies

Simple appendicectomy is adequate treatment for tumours <1cm in diameter where complete resection has been achieved, which have an excellent prognosis.

1-3

For tumours > 2cm in diameter, there is a greater risk of nodal involvement and right hemicolectomy is therefore recommended.¹⁻³

For tumours measuring between 1 and 2cm in diameter, risk factors for nodal involvement include the presence of deep mesoappendix invasion (>3mm), angioinvasion, and Grade 2 histology. Right hemicolectomy is therefore recommended for these patients.¹⁻³

A recent meta-analysis of appendiceal well differentiated neuroendocrine tumours in children confirmed a higher risk of lymph node metastases in children with tumours > 2cm in size. However there was no recurrence or mortality observed in children who were treated with simple appendicectomy even when there were pathological criteria indicating the need for a right hemicolectomy.⁶

The frequency, nature and duration of follow up is poorly evidence based, but current guidelines recommend 6-12 monthly clinical assessment, and annual imaging for at least 8 years.^{4,5}

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