UKINETS bitesize guidance

Guidance for the management of NETs of the Appendix

**PAGE 1 - MANAGEMENT ALGORITHM**

**Acute appendicitis**

**Appendectomy**

**Neuroendocrine tumour identified - refer to specialist Neuroendocrine MDT/centre**

**Well differentiated Neuroendocrine tumour**

**Key Pathological Features**

- Size
- Location
- Depth of invasion
- Presence and depth of mesoappendix invasion
- Serosal involvement
- Vascular/Perineural invasion
- Grade (mitotic index, Ki67%)
- Completeness of excision

**NET < 1cm (pT1 TNM staging)**

R0 resection

Discharge from follow up

**NET > 1cm and < 2cm**

Mesoappendix invasion > 3mm or Angioinvasion or Grade 2

CT or MRI abdomen/pelvis

Enlarged locoregional lymph nodes

Surgery

Follow up

6-12 monthly clinical assessment

Annual serum chromogranins

Duration of follow up: 8 years

**NET > 2cm (pT3 or pT4)**

NET with R1 resection

**Goblet cell Carcinoid/MANEC/Adenocarcinoma:**

Refer to relevant guidance

**UK and Ireland Neuroendocrine Tumour Society**

For more information, please visit our website: www.ukinets.org

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

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PAGE 2 - NOTES & REFERENCES

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UKI NETS

For tunours > 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

References