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Neuroendocrine tumors of the rectum

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Aim: To investigate the disease profile of neuroendocrine tumours (NET) of the rectum

Methods: Retrospective review of all the cases managed at a tertiary unit.

Results: A total of 57 cases were identified (median age 53 years: IQR 42-67; 61% were males). The median tumor size was 5mm. Female patient had larger sized tumor compared to males (p 0.01). About 54% of patients presented with rectal bleeding. NETS 1 cm accounted to 80.6% of the tumors. The frequency of grades low (G1), intermediate (G2) and high (G3) were 63%, 18.5% and 18.5%, respectively. The Ki-67 staining of ≤2% was 53%, >2-20% was 41.5% and >20% was G3 6%. Tumor > 5mm frequently showed G2 and G3 Ki67 (Kendall B, p 0.03) staining. Frequently positive markers also included synaptophysin in 49/50 (86%), CD56 30/32 (52.6%) and chromogranin 25/50 (50%) cases, respectively. Distant metastasis was present in 21% at the time of diagnosis (commonly in G3 NETS; 60%) and developed in 8.8% after curative treatment. Major surgical resection was only indicated in 9 (15.7%) patients. The median survival was 32 months (95%CI 19.7 – 44.2 months). About 7 patients (12.3%) died because of the disease process, however, the 5-year DFS and OS were 66% and 21%, respectively.

Conclusions: Rectal NETS are commonly symptomatic with 80% 1 cm in size requiring minimal surgical treatment to achieve cure. Five-year DFS and OS were independent of tumour size and grading.

Table 1: Clinical features

Age	**55 years (IQR 43 – 67 years)**	
Gender	Male= 35 (61%); Female = 22 (38%)	
Presenting Symptoms	Rectal bleeding	29 (55%)
	Incidental	9 (17%)
	Bowel habit change	7 (13%)
	Abdominal pain	7 (13%)
	Bowel obstruction	1 (2%)
Colonoscopy	Polyps	48
	Tumor	10
Organs affected	Pre-Treatment Mets	7 (12.3%)
	Liver	6
	Lung	4
	Peritoneum	3

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