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Summary

CLINICAL OUTCOMES OF PATIENTS WITH RECTAL NEUROENDOCRINE TUMORS ≤1 CM FOLLOWING LOCAL EXCISION

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Colorectal

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A dual-center retrospective study of 91 patients with rectal neuroendocrine tumors ≤10 mm found that guideline-recommended resection techniques significantly improved prognosis compared to non-recommended methods.

KEY POINTS

- Among 91 patients with rNETs ≤10 mm undergoing local excision, tumor progression occurred in 15 patients (16.5%) with only one case of lymph node metastasis, confirming low metastatic risk.
- Guideline-recommended resection techniques (m-EMR, ESD, EFTR, TAMIS/TEMS) were used in 37.4% of patients and significantly improved prognosis (HR 0.12, p = 0.04) compared to non-recommended methods such as biopsy forceps or snare polypectomy.
- Median progression-free survival was 28 months, with positive R1 resection margins found in 29.7% of cases and lymphovascular invasion detected in two cases.
- Most tumors were G1 grade (93.4%) with median size 5 mm and median Ki-67 index of 2%, and two deaths occurred but were unrelated to the tumor.
- This material is most relevant to gastroenterologists and endoscopists managing small rectal neuroendocrine tumors.

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