

NET Patient Foundation

NET Patient Foundation (NPF) is a UK wide charity solely dedicated to providing support and information to those affected by Neuroendocrine Cancer.

Goblet Cell Carcinoma

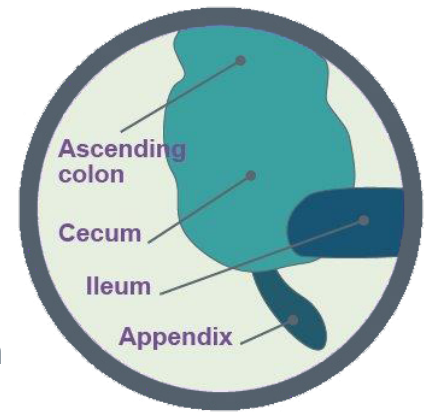
Goblet cell carcinoma of the appendix should be considered as a completely different entity to neuroendocrine tumours of the appendix.

Expert Recommendation

Referral to national peritoneal cancer services (Manchester / Basingstoke) for MDT review or advice, re cytoreductive surgery + / - hyperthermic intraperitoneal chemotherapy (HIPEC) should be considered. Patients who may benefit the most are incompletely resected GCC with stage II/III/IV disease.

The Appendix

The appendix can be found near the junction where the large and small bowel meet. It is a small thin tube, approximately 4 inches long. Normally the appendix sits in the lower right abdomen. It has no clearly identified function in humans.



Goblet Cell Carcinomas are rare (less than 5% of all appendiceal cancers) and are usually diagnosed during postoperative histology with two thirds of cases incidental findings after appendicectomy or ileo-caecal resection for abdominal pain and right iliac fossa mass. Metastasis are found at presentation (most commonly to peritoneum, omentum, ovaries, liver) in approximately 10% of tumours.

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Blood / Urine Tests

- Full blood count
- Liver and kidney function
- Biochemical :
- Urinary 5-HIAA
- CEA, Ca19-9 and Ca-125 are more likely to be positive than neuroendocrine markers
- Routine measurement of chromogranin A is not recommended.

Scans

- CT thorax, abdomen and pelvis or MRI abdomen and pelvis
- FDG-PET
- Octreotide (SPECT) scan or Gallium-Dotatate PET/CT is not routinely recommended.

Pathology

- Use of Tang criteria may help in prognostication regarding relapse and survival
- Nb// Review by specialist GI or neuroendocrine histopathologist is recommended
- Differentiation and cellular morphology
- Synaptophysin
- Chromogranin
- CEA
- Ki67.

For all cancer patients, medical care including treatments need to be personalised not only to the specific type of cancer, but also the specific background medical history and current health status of the individual affected. So even if you have a diagnosis that sounds the same as someone else's, your care and treatment may be different. Your medical team will discuss your care and treatment options with you, so that, together, you can make an informed choice about your ongoing plan of care.

Consideration should be given to refer all patients diagnosed with GCC to a specialist centre (NET/Colorectal) for MDT review of diagnosis and treatment plan development.

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The scheduled follow-up for patients after curative surgical treatment should include clinical, biochemical and imaging every 3 - 6 months, then yearly, as per guidelines for colorectal adenocarcinoma.

Gastrointestinal follow-up may also be recommended because of the reported association of GCC (up to 48%) with gastro- intestinal neoplasms.

Some authors recommend lifelong surveillance as significant risk of relapse remains after 5 years.

NB//

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Advanced disease: follow up as per guidelines – nb should be guided by prognosis, expected treatment efficacy and treatment related toxicity (performance status and clinical indication for active intervention).

A big part of meeting with your doctors, or specialist nurse, is to make sure you get the information you need to understand what's happening, so that you can make an informed choice about your care. Asking questions can be difficult, especially if you're feeling nervous, confused, frightened or struggling to understand what you are being told. You might want to know as much as possible straight away or prefer to take things in small amounts at your own pace.

Suggestions that may help:

- Prepare a list of questions that are important to you
- Ask for simple explanations - do not be worried about asking your nurse or doctor to repeat what they have said
- Take someone with you or ask if you can record the conversation. Many mobile phones have a record function or an app you can download
- Ask for a copy of any letters sent to your GP and/or other care team(s)
- If you have a nurse specialist - keep in touch. They can be a great source of information and support for you.

Example questions:

- Who can I call if I have any questions? Who is my main point of contact?
- Who will be involved in my care?
- What are the treatment options for me? How might they affect me ?
- How often will I need to have scans and tests?
- Are there any flags or warning signs I need to look out for?

Further information about making the most of your consultations can be found in our handbook: www.netpatientfoundation.org

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Goblet Cell Carcinoma Guidance Clinical practice Page UKINETS - www.ukinets.org