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Surveillance of Small Rectal Carcinoid Tumors in the Absence of Metastatic Disease

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Background: The incidence of rectal carcinoids is rapidly increasing, typically presenting as small (<1.0 cm) localized tumors. While the evaluation of rectal carcinoids on presentation is well standardized, surveillance following resection has not been well established.

Methods: A prospective database documented patients with rectal carcinoids at our institution between January 1995 and September 2011. Information collected included patient and tumor characteristics, treatment method, surveillance schedule, recurrence, and survival.

Results: Twenty-eight patients with rectal carcinoid were identified. Ten patients were excluded for tumors >1 cm, known metastases, <6 months follow-up, or previous resection. The mean age of the remaining patients was 56±3 years and 61% were female. All patients were diagnosed on endoscopy, with 50% diagnosed incidentally on screening endoscopy. Treatment methods included endoscopic therapy (n=13, 72%), transanal excision (n=3, 17%), and transanal endoscopic microsurgery (n=1, 5.5%). One patient (5.5%) received no additional invasive therapy after diagnostic endoscopy. The mean tumor diameter was 4.6±0.5 mm. The average length of follow-up was 5.4±0.9 years, with a median number of 2 follow-up endoscopies (range 0–6). Two patients (11%) died within the follow-up period from non-carcinoid causes. Importantly, no surviving patients developed local or distant recurrence with up to 12.3 years of follow-up.

Conclusion: Based on this experience, patients presenting with small (≤1.0 cm), non-metastatic rectal carcinoids are unlikely to develop local or distant recurrence after resection. Aggressive surveillance with repeat endoscopies or other imaging studies after resection may be unnecessary in this patient population.