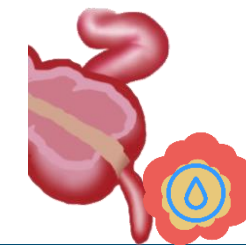




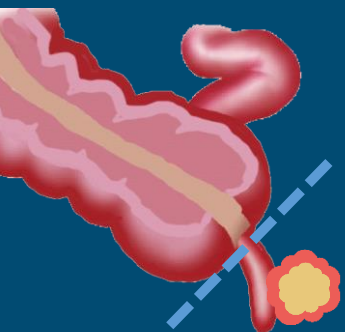
# ASCRS Clinical Practice Guidelines: Appendiceal Neoplasms



Colonoscopy should be done with workup (1C)



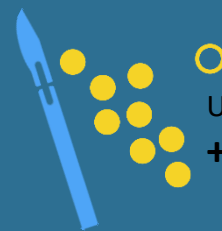
Appendectomy indicated if **abnormal appendix** seen during unrelated operation (1C)



Neuroendocrine:

## Right Colectomy

if: >2cm, high grade, LVI, base or mesentery involved (1C)

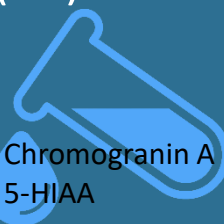
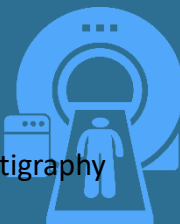


Up to 40% with + Lymph Nodes

Neuro-endocrine specific **imaging** not always required (2B), but **biochemical testing** recommended (2B)



Somatostatin Scintigraphy  
Dotatate-PET



Chromogranin A  
5-HIAA

Mucinous/AdenoCA:

Low Grade **Mucinous**:  
Appendectomy alone (1B)



**Adenocarcinoma**:  
Right colectomy (1C)



**Peritoneal Involvement**:  
Cytoreduction ± HIPEC (1B)



DISEASES  
OF THE  
COLON &  
RECTUM



Glasgow SC et al. *Dis Colon Rectum* 2019;62(12)

