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Survival Rates for Goblet Cell Carcinoma of the Appendix

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Dear Editor,

Goblet cell carcinoma is a rare tumor of the appendix and optimal treatment is subject to debate. Fortunately, we found a good overview of the prognosis and recommendations for treatment of goblet cell carcinoma in 'Consensus guidelines for the management of patients with digestive neuroendocrine tumours: well-differentiated tumour/carcinoma of the appendix and goblet cell carcinoma', published in your journal [1].

Recently, a 53-year-old woman presented to the emergency room with signs of an acute appendicitis. Pathologic investigation of the resected appendix showed a phlegmonous infected appendix and a goblet cell carcinoma of 1.2 cm in diameter with some mesenteric ingrowth. We treated our patient as recommended in the guidelines and performed a right hemicolectomy with additional bilateral salpingo-oophorectomy.

However, we have some concerns about the survival rates published in table 3 and the text of the consensus guidelines. We found a discrepancy between 5-year survival rates mentioned in table 3 of the guidelines and the table as found in the cited source. The reported 5-year survival rates in table 3 for localized, regional and distant stages are 55, 21 and 7%, respectively, with a 5-year survival rate of 18% for all stages. It seems as if the 5-year survival rates for Signet cell carcinoma have accidentally been used for table 3 in the guidelines. Hereby, we provided the table as found in the cited source by McGory et al. [2] (table 1).

Reply

I had some feedback from Drs. Plockinger (first author) on the paper and Salazar (writer of the part on goblet cell carcinoids), and Dr. Salazar confirms that there is an error in the table (as noticed by Richard ten Broek) and that the comments of Richard ten Broek are, therefore, justified.

Wouter de Herder, Rotterdam

Table 1. Overall 5-year survival outcomes for the most common appendiceal cancer histologies (in percentages)

	Mucinous	Adeno	Carcinoid	Goblet	Signet
All stages	46	42	83 ^a	76 ^a	18 ^a
Localized	64	64	94 ^a	86 ^a	55
Regional	54 ^b	37	83 ^a	74 ^a	21
Distant	32 ^a	11	31 ^b	18 ^b	7

p values based on comparison with adenocarcinoma (p = not significant unless otherwise noted).

^a p < 0.0001 compared with adenocarcinoma 5-year survival.

^b p < 0.05 compared with adenocarcinoma 5-year survival.

In the text, the overall 5-year survival rate of 76% corresponds with the cited source. However, the differentiated survival rates mentioned in the text for localized, regional and distant stages (64, 23 and 12%, respectively) seem to have been copied accidentally from the tables with staging at diagnosis instead of the survival table.

We conclude that there has been some inaccuracy in referring to the 5-year survival rates for goblet cell carcinoma that may lead to an overestimating of the mortality from goblet cell carcinomas.

References

- 1 Plockinger U, Couvelard A, Falconi M, Sundin A, Salazar R, Christ E, de Herder WW, Gross D, Knapp WH, Knigge UP, Kulke MH, Pape UF; Frascati Consensus Conference participants: Consensus guidelines for the management of patients with digestive neuroendocrine tumours: well-differentiated tumour/carcinoma of the appendix and goblet cell carcinoma. *Neuroendocrinology* 2008;87:20–30.
- 2 McGory ML, Maggard MA, Kang H, O'Connell JB, Ko CY: Malignancies of the appendix: beyond case series reports. *Dis Colon Rectum* 2005;48:2264–2271.

I agree with Wouter de Herder, and the correction letter is welcome for the sake of the general policy of error control of *Neuroendocrinology*. However, it has to be said that the guidelines to be corrected have been outdated by the more recent ones published last year in *Neuroendocrinology* [1].

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Reference

- 1 ENETS 2011 Consensus Guidelines for the Management of Patients with Digestive Neuroendocrine Tumors. *Neuroendocrinology* 2012;95:67–178.