



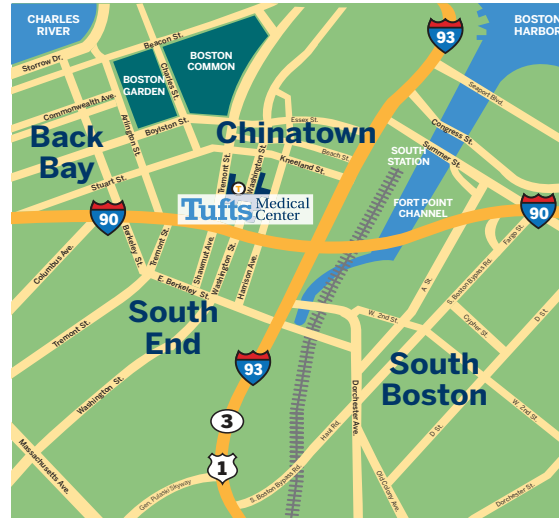
Rectal carcinoids are fairly rare. Local excision with clear margins is recommended for all small tumors, even after attempted removal with colonoscopy because of the high likelihood of residual disease, excellent cure rates, and minimal risk of complications. Treatment of patients with large tumors and metastases is individualized based on extent of disease and preferences.

To make an appointment or ask a question, call the Division of Colon and Rectal Surgery at **617-636-6190**.

For urgent problems, call the Tufts Medical Center operator at **617-636-5000** and ask for the on-call physician for Colon and Rectal Surgery.

Rectal Carcinoids

Symptoms and Treatment



Tufts Medical Center is easily accessible by car from the Massachusetts Turnpike (Route 90), the Central Artery and the Southeast Expressway (Route 93). Tufts Medical Center is located in downtown Boston, in Chinatown and the Theater District and within walking distance of the Boston Common, Downtown Crossing and many hotels and restaurants. For directions, visit www.tuftsmedicalcenter.org/AboutUs/Directions.

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WHAT IS A CARCINOID TUMOR?

Carcinoid tumors are relatively rare tumors which are most commonly found in the intestinal tract and the lungs. All tumors arise from cells and tissues normally found in the body. Carcinoids develop from neuroendocrine cells which produce small amounts of hormones such as serotonin which help the body function. Some, but not all, carcinoids tumors produce larger amounts of these hormonal secretions which can have significant effects on the rest of the body. Carcinoids in the intestinal tract are most commonly found in the ileum (lower small intestine), appendix and rectum. Unsuspected carcinoids of the small bowel and appendix may be found during any abdominal surgery. They are generally removed when found.

WHAT IS CARCINOID SYNDROME?

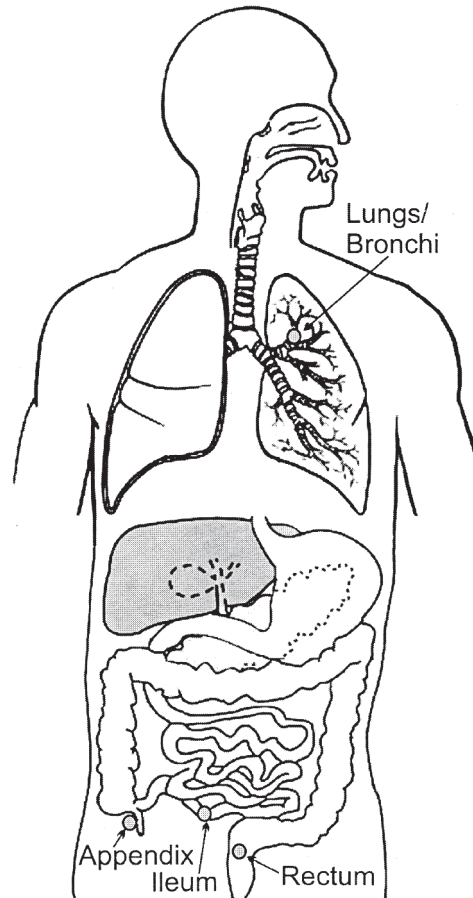
Carcinoid syndrome occurs when the hormones released from the tumors get into the main or systemic blood circulation. This may cause symptoms of flushing (red face, feeling hot), abdominal pain, diarrhea or shortness of breath. Hormones from intestinal carcinoids have to go through the liver before they get to the rest of the body. Most of these hormones are broken down in the liver. Carcinoid syndrome may be seen when the tumor originates in the lungs or when intestinal disease has spread to the liver and the hormones can get into the systemic circulation.

HOW ARE RECTAL CARCINOIDS FOUND?

Most rectal carcinoids are small and do not produce local symptoms or hormones. They are most often found at early stages during screening colonoscopies. Because of more vigorous screening for colorectal cancer, the number of rectal carcinoids discovered during colonoscopy has risen in recent years. They usually appear as a small (¼–½ inch) yellowish mass beneath the mucosal lining of the bowel. During the colonoscopy, the mass may be biopsied; however, it is difficult to remove them entirely because of their location beneath the surface.

HOW DO RECTAL CARCINOIDS BEHAVE?

Because of their relative rarity, the course of untreated carcinoids and their optimal treatment are not known. Some carcinoids seem to be fairly benign, while others are more malignant and aggressive and may grow, invade and spread to other parts of the body. The major determinant seems to be size when found. Although most rectal carcinoids are small when found, it is not clear whether they will grow into larger ones or spread to other parts of the body (metastases). Occasionally, a larger rectal carcinoid will be found. Once the tumor is larger than 1 inch, the risk for spread and for eventual death is quite high.



HOW ARE RECTAL CARCINOIDS TREATED?

Local excision of small rectal carcinoids through the anus is very likely to result in cure. Local excision is well tolerated with high cure rates, low complication rates, short hospital times and rapid return to regular activities. Although colonoscopic removal of rectal carcinoids is incomplete in at least one half of patients, transanal endoscopic microsurgical (TEM) excision using specialized equipment placed into the rectum through the anus is very successful at complete excision.

Treatment of patients with large rectal carcinoids is difficult because patients often already have disease that has spread to other parts of the body (metastases) and because their response to chemotherapy or radiation is not very good. Generally, the tumor, along with the rectum and surrounding tissues (mesentery) containing the blood vessels and lymph nodes is removed (resected). The need for a colostomy depends on where the tumor is located in the rectum. Tumors in the upper rectum may be removed and the bowel reconnected (low anterior resection of the rectum with colorectal anastomosis — LAR) so that bowel movements are fairly normal. If the tumor is in the low rectum, then the entire rectum and anus must be removed (abdomino-perineal resection and colostomy — APR). Treatment of patients with advanced disease requires a balance of aggressive therapy with maintenance of the best possible quality of life.