UNRAVELING THE COMPLEXITY: INSIGHTS INTO APPENDICEAL GOBLET CELL CARCINOID MANAGEMENT AND SURVIVAL OUTCOMES

Authors: bdul Waheed1; Abdul Q Yasinzai, MD2; Asad Ullah3; Najiha Farooqi, MD, FACS4; Richard Hodges, MD, FACS1; Kirandeep Bains, MD5; Feroze Sidhwa, MD, FACS5; Subhasis Misra, MD, FACS11Saint Joseph Hospital Tampa, Florida; 2University of Florida Health Cancer Center Gainesville, Florida; 3Texas Tech University Health Science Center, Texas; 4Trauma and Critical Care, Stanford University Hospital, California; 5San Joaquin General Hospital, French Camp, California

Introduction

•Appendiceal goblet cell carcinoid (GCC) is a rare malignancy exhibiting features of both adenocarcinoma and carcinoid tumors.

•GCCs present unique diagnostic and therapeutic challenges due to their histopathological complexity and aggressive nature.

•This study aims to analyze epidemiological, clinical, and survival factors in a large GCC cohort.

Methods

•Data Source: SEER database (2011-2020)

• Study Design: Retrospective cohort study

• Statistical Analysis: Cox proportional hazards regression to assess survival predictor.

Discussion

Tabel 1: Clinical Data of 1,752 patients with Appendiceal Goblet cell Carcinoid

Feature	Data
Total Cases	1,752
Demographics, (%; N)	
Gender Distribution	51.3% males (899 patients), 48.7% females (853 patients)
Mean age of Diagnosis	6th decade
Ethnicity	81.6% Caucasian
Tumor Stage, (%; N)	
Tumor Stage - Localized	41.6% (728 cases)
Tumor Stage - Regional	25.0% (438 cases)
Tumor Stage - Distant	13.2% (231 cases)
Tumor Stage - Unstaged	20.2% (355 cases)
Tumor Grade, (%)	
Differentiation - Moderately	54.3%
Differentiation - Poorly	28.1%
Differentiation - Well	17.6%
Treatment, (%)	
Treatment - Surgical Resection	60% underwent appendectomy or more
Treatment - Chemotherapy	Administered to 30% of patients
Treatment - Radiation Therapy	Utilized in 20% of cases
Survival Data	
Mean Survival Duration	69.57 months
Median Survival	54 months
Survival Predictors	Negative Predictor: Regional spread and distant stage Positive predictor: Surgery

Abbreviation: %= Percentage, N; Numbers

Conclusion

•Surgery remains the cornerstone of GCC treatment, while chemotherapy and radiation provide additional benefits in advanced disease

•A multidisciplinary, personalized approach is essential to improving patient outcomes.

•Future research should focus on optimizing treatment combinations and enhancing survival strategies organize this

Future Directions

•Investigate the role of targeted therapies and immunotherapy in improving GCC survival outcomes.
•Conduct prospective clinical trials to refine multimodal treatment strategies.
•Explore molecular and genetic markers for better prognostication and individualized treatment plans.
•Develop standardized treatment guidelines to optimize management and improve patient outcomes across different healthcare settings.