

THE LANCET Oncology

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Nesti C, Bräutigam K, Benavent M, et al. Hemicolectomy versus appendectomy for patients with appendiceal neuroendocrine tumours 1–2 cm in size: a retrospective, Europe-wide, pooled cohort study. *Lancet Oncol* 2023; published online Jan 11. [https://doi.org/10.1016/S1470-2045\(22\)00750-1](https://doi.org/10.1016/S1470-2045(22)00750-1).

Hemicolectomy for patients with appendiceal neuroendocrine tumours

1-2cm in size: a retrospective, Europe-wide, pooled, cohort study

Supplementary appendix

Methods Appendix

From the 14 excluded institutions, five had no patients meeting the inclusion criteria (Medical University of Innsbruck, Austria; European Institute of Oncology, Milan, Italy; University Medical Center Groningen, Netherlands; University Medical Center Utrecht, Netherlands; and Haukeland University Hospital, Bergen, Norway), and nine withdrew due to a lack of time and resources, respectively, or a conflict of interests (Aarhus University Hospital, Denmark; University Medical Center Hamburg-Eppendorf, Hamburg, Germany; Semmelweis University, Budapest, Hungary; Trinity College Dublin, the University of Dublin, Ireland; University of Glasgow, Scotland; La Paz University Hospital, Madrid, Spain; Kent Oncology Centre, United Kingdom; Oxford University Hospital, United Kingdom; and University Hospital Southampton, United Kingdom).

Supplementary Tables

Table S1. European institutions included in the study.

Name of the institution	Responsible local principle investigator	Number of patients recruited after centralized histo-pathological review
Indywidualna Specjalistyczna Praktyka Lekarska, Warsaw, Poland	B Ćwikła	25
Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark	P Holmager	20
Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland	R M Kaderli	19
Hospital Universitario Central de Asturias, ISPA, Oviedo, Spain	P Jimenez-Fonseca	18
Royal Free Hospital London, London, UK	C Toumpanakis	16
National and Kapodistrian University of Athens, ENETS Center of Excellence, Athens, Greece	G Kaltsas	13
The Netherlands Cancer Institute, Amsterdam, The Netherlands	M E T Tesselaar	12
Hôpitaux Universitaires Genève, Geneva, Switzerland	L A Orci	10
Hadassah Medical Organization and Faculty of Medicine, The Hebrew University of Jerusalem, Jerusalem, Israel	S Grozinsky-Glasberg	10
Université Reims Champagne Ardenne, CHU de Reims, Reims, France	G Cadiot	8
Medical University of Graz, Graz, Austria	M J Thalhammer	7
Imperial College London, London, UK	A Frilling	7
IRCCS Policlinico San Matteo Fondazione, Pavia, Italy	A Vanoli	7
Uppsala University, Uppsala, Sweden	B Klimacek	7
Medical University of Vienna, General Hospital Vienna, Vienna, Austria	A Selberherr	7
Charité University Medicine Berlin, Berlin, Germany	H Jann	6
University Hospitals Leuven, Belgium	C Verslype	6
Fondazione Policlinico Universitario A. Gemelli IRCCS, Roma, Italy	G Rindi	6
University Hospital Virgen del Rocío, Instituto de Biomedicina De Sevilla (IBIS), Seville, Spain	M Benavent	6
Amsterdam UMC location University of Amsterdam, Amsterdam, The Netherlands	E J M Nieveen van Dijkum	5
Vall d'Hebron University Hospital, Barcelona, Spain	J Hernando	5
Hospital Universitario 12 de Octubre, Madrid, Spain	R Garcia-Carbonero	5
Oslo University Hospital, Rikshospitalet, Oslo, Norway	E Thiis-Evensen	5
Sant'Andrea University Hospital, ENETS Center of Excellence, Rome, Italy	F Panzuto	5
Erasmus MC, Rotterdam, The Netherlands	J Hofland	5
University Hospital Antwerp, Edegem, Belgium	T Vandamme	4
University of Lausanne, Lausanne, Switzerland	M Matter	4
Kantonsspital St. Gallen, St. Gallen, Switzerland	T Clerici	4
Universitätsspital Zürich und Universität Zürich, Zürich, Switzerland	A R Siebenhüner	4
University Hospital of Friedrich-Alexander University Erlangen-Nuremberg, Erlangen, Germany	M Pavel	3
Martin-Luther University of Halle-Wittenberg, Halle, Germany	K Lorenz	3
Kings College Hospital, London, UK	J Ramage	3
UKGM and Philipps University Marburg, Marburg, Germany	A Rinke	3
Zentralklinik Bad Berka, Bad Berka, Germany	D Kaemmerer	2
Hampshire Hospital, UK	J Ramage	2
Hospices Civils de Lyon, HEH, Lyon, France	V Hervieu	2
The Christie NHS Foundation Trust, Manchester, UK	H Clouston	2
University Hospital of Basel, Basel, Switzerland	E Christ	1
Medical University of Silesia, Katowice, Poland	B Kos-Kudła	1
Hospital Universitario Marqués de Valdecilla, IDIVAL, Santander, Spain	C López López	0

Table S2. Association of regional lymph node metastases in patients with right-sided hemicolectomy (N = 112) with histopathological risk factors for appendectomy specimens according to the ENETS guidelines.

	Patients without regional lymph node metastases, No. (%)	Patients with regional lymph node metastases, No. (%)	P value
Tumour location			
Tip/middle	67 (74.4)	13 (59.1)	.10
Base	14 (15.6)	3 (13.6)	
Not available	9 (10.0)	6 (27.3)	
Tumour grade			
Grade 1	74 (82.2)	16 (72.7)	.17
Grade 2	8 (8.9)	5 (22.7)	
Not available	8 (8.9)	1 (4.5)	
Resection margin			
R0	79 (87.8)	14 (63.6)	.023
R1	9 (10.0)	6 (27.3)	
Not available	2 (2.2)	2 (9.1)	
Lymphovascular invasion			
Yes	22 (24.4)	10 (45.5)	.14
No	59 (65.6)	11 (50.0)	
Not available	9 (10.0)	1 (4.5)	
Mesoappendix infiltration			
≤3mm	27 (30.0)	9 (40.9)	.36
>3mm	11 (12.2)	4 (18.2)	
Not available	52 (57.8)	9 (40.9)	

Three patients with right-sided hemicolectomy were excluded from the analysis due to missing evaluation of regional lymph nodes in the histopathological specimen.

Table S3. Logistic regression model fitted for having regional lymph node metastases in patients with right-sided hemicolectomy (N = 112).

	Odds ratio	95% confidence interval		P value
Tumour location				
Tip/middle	1.00			
Base	.57	.11	2.97	.50
Not available	4.78	.95	23.94	.057
Tumour grade				
Grade 1	1.00			
Grade 2	2.10	.48	9.18	.32
Not available	.76	.07	8.16	.82
Resection margin				
R0	1.00			
R1	5.58	1.18	26.46	.031
Not available	2.23	.19	26.26	.52
Lymphovascular invasion				
Yes	1.00			
No	.55	.18	1.72	.30
Not available	.12	.01	1.82	.13
Mesoappendix infiltration				
≤3mm	1.00			
>3mm	.99	.20	4.87	.99
Not available	.57	.16	2.06	.39

The coefficients of this logistic regression model were used to predict the probability to have regional lymph node metastases according to the individual histopathological risk factors in each patient with appendectomy only.