Supplementary Online Content


eFigure 1. Summary of Literature Search
eFigure 2. Overall Survival of Whole Cohort and by Primary Site
eTable. Summary of CommNETS Follow-up Recommendations

This supplementary material has been provided by the authors to give readers additional information about their work.
**eFigure 1. Summary of Literature Search**

- Medline search: 576 abstracts identified
- Abstracts of meetings (ASCO, ESMO, NANETS, and ENETS)
  - Excluded: Not relevant to follow-up: 126
  - No original data collection: 38
  - <25 patients: 23
  - Stage 4 disease: 176
  - Non NET cancer: 164
  - Duplicate: 11
- 39 articles for full text review
- 6 articles
- 6 articles did not compare follow-up
- 0 studies identified
eFigure 2. Overall Survival of Whole Cohort and by Primary Site
### eTable. Summary of CommNETS Follow-up Recommendations

<table>
<thead>
<tr>
<th>Clinical question</th>
<th>A) Midgut NET</th>
<th>B) Pancreatic NET</th>
<th>C) Rectal NET</th>
<th>D) Appendiceal NET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Which patients do not need follow-up?</td>
<td>Incidental Grade 1, stage I tumours</td>
<td>Grade 1, node negative, size &lt;2cm tumours; completely resected insulinomas</td>
<td>Grade 1, node negative, T1 tumours</td>
<td>Grade 1, size &lt;1cm tumours</td>
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<tr>
<td>2) How should patients be surveilled, and how often?</td>
<td>With CT/MRI annually for 3 years then every 1-2 years. (more often if Ki-67 index&gt;10% or lymph node positivity). No biomarkers.</td>
<td>With CT/MRI annually for 3 years then every 1-2 years. (more often if Ki-67 index&gt;5% or lymph node positivity). No biomarkers.</td>
<td>If resection margin status questionable – one-off sigmoidoscopy at 12 months. If concern for nodal recurrence – one-off TRUS or MRI at 12 months. (consider increased surveillance if T2+, size&gt;2cm, Grade 2-3, or positive lymph nodes). If positive margin without other high-risk features – annual sigmoidoscopy.</td>
<td>With CT/MRI imaging, depending on age and comorbidities (more often if local resection, size&gt;2cm, Grade 2-3, or lymph node positivity)</td>
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<tr>
<td>4) How long should patients be followed up for?</td>
<td>At least 10 years</td>
<td>10 years</td>
<td>No consensus.</td>
<td>No consensus</td>
</tr>
</tbody>
</table>

TRUS: Trans-rectal ultrasound.