The surveillance of Intraductal papillary mucinous neoplasm (IPMN) in the West of Scotland (WOS)

MC McGuigan 1,2, A Cameron 1,2, M Coates 1,2, D Chang, 1,2 E Dickson 1, M Duxbury 1,2, D Holroyd 1, N Jamieson 1,2

1. Department of HPB Surgery, Glasgow Royal Infirmary
2. Wolfson Wohl Cancer Research Centre, School of Cancer Sciences, University of Glasgow

Background
- Pancreatic Ductal Adenocarcinoma (PDAC) will soon be the second leading cause of cancer death. (1)
- 10th most common cancer in UK, predicted to increase by 5% 2013-2025, and 2038-2040. (2)
- 15% of PDAC's develop from pancreatic cysts.
- 5-10% of all cystic lesions progress to adenocarcinoma.
- 20% population >60 have an incidental cyst.
- >50% incidentally detected cysts = IPMN.
- CT & MRI: Incidental diagnosis.
- Standard = surveillance.
- No concordance on stopping surveillance between IAP, European, AGA and AC guidelines (3,4,5,6).

Results
Pathology: Invasive cancer: 1, IOPN 1, LGD: 12, HGD: 2

Methods
- Retrospective data collection from hospital numbers of all patients in the WOS referred into the surveillance pathway.
- Database created: patient and cyst characteristics, outcomes.

Discussion
In this high volume HPB Centre, these results demonstrate that surveillance has a significant burden on the patient, with numerous investigations, and on the health service. There are lots of patients (1394), very few operations (3.2% of cohort analysed) and very few cancers: 6.2%. The stakes are high, with pancreatic surgery carrying significant risks including death, but pancreatic cancer having poor survival rates. The AGA guidelines (2015) recommend the cessation of surveillance if the cyst has been stable for 5 years, but this is the only guideline to recommend this, the ACG, IAP and European guidelines are not in concordance. A recent international study recommended (7):

Conclusions & Next steps
- Completion of data base and further analysis required.
- Liaise with IPMN leads in Scotland for a multicenter review.
- Long term goal: Earlier but safer cessation of follow up, with a referral pathway which includes devolution of follow up. Both of which will improve patient safety.

References
2. https://www.pancreasuk.org.uk/