

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

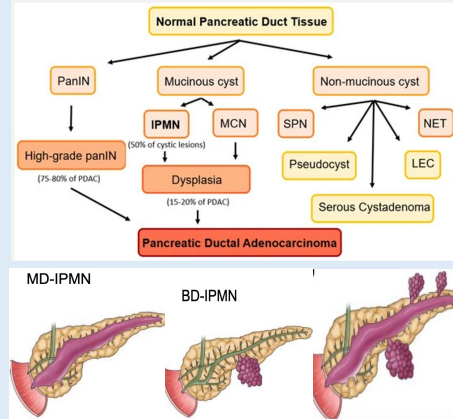
MC McGuigan ^{1,2} A Cameron ^{1,2}, M Coates ¹, D Chang, ^{1,2} E Dickson ¹, M Duxbury ^{1,2}, D Holroyd ¹, N Jamieson ^{1,2}

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% 2023-2025, 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).



Aims

- To define the patient and cyst characteristics, and outcomes of patients currently on IPMN surveillance in the WOS since 2008.
- Assess if earlier but safer cessation of follow up is appropriate following recent recommendations in the literature,⁽⁷⁾ and in keeping with the AGA⁽⁴⁾ recommendation that surveillance can be stopped after 5 years if the cyst remains stable.

Methods

- Retrospective data collection from hospital numbers of all patients in the WOS referred into the surveillance pathway.
- 2008-2023.
- Database created: patient and cyst characteristics, outcomes.

Discussion

In this high volume HPB Centre, these results demonstrates 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⁾ :

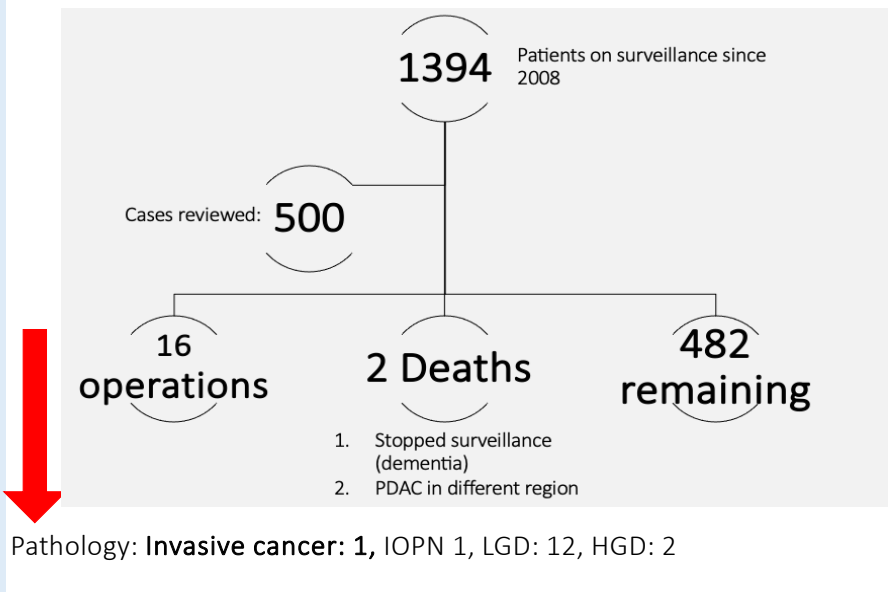
Size after 5 years	Age after 5 years	
30 mm	75 years or more	Consider surveillance discontinuation
15 mm	65 years or more	
And no WF or HRS		
Consider surveillance discontinuation		

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.

Results

Age of patient on surveillance	66 (16-85)
Age at referral	61 (16-78)
M:F	1:1.75
EUS	157
CT	471 (~1/patient)
MRI	1487 (~3/patient)
Clinics (in person & virtual)	2062 (~4/patient)



References

1. Rahib L, Wehner MR, Matrisian LM, Nead KT. Estimated Projection of US Cancer Incidence and Death to 2040. *JAMA Netw Open*. 2021 Apr 7;4(4):e214708
2. <https://www.pancreaticcancer.org.uk/>
3. Tanaka M, Fernández-del Castillo C, Kamisawa T, Jang JY, Levy P, Ohtsuka T, et al. Revisions of international consensus Fukuoka guidelines for the management of IPMN of the pancreas. *Pancreatology*. 2017 Sep;17(5):738–53.
4. European evidence-based guidelines on pancreatic cystic neoplasms. *Gut*. 2018 May;67(5):789–804.
5. Vege SS, Siring B, Jain R, Moayyedi P, Adams MA, Dorn SD, et al. American Gastroenterological Association Institute Guideline on the Diagnosis and Management of Asymptomatic Neoplastic Pancreatic Cysts.
6. Elta, G. H., Enestvedt, B. K., Sauer, B. G., & Lennon, A. M. (2018). ACG Clinical Guideline: Diagnosis and Management of Pancreatic Cysts. *American Journal of Gastroenterology*, 113(4), 464–479.
7. Marchegiani G, Pollini T, Burelli A, Han Y, Jung HS, Kwon W, et al. Surveillance for Presumed BD-IPMN of the Pancreas: Stability, Size, and Age Identify Targets for Discontinuation. *Gastroenterology*. 2023 Oct;165(4):1016–1024.e5.