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Optimal Surveillance Intervals For Branch Duct Intraductal Papillary Mucinous Neoplasm Of The Pancreas And A Proposal Of Candidates For Surveillance Discontinuation After 5-year Follow-up Using Large

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Background : Despite the increasing prevalence of IPMN, data on the growth and malignancy conversion rates based on long-term surveillance cohorts are limited. Many international guidelines recommend surveillance for benign lesions; however, the optimal interval and duration are unclear. To determine the optimal surveillance protocol and propose those who may be exempted from surveillance.

Methods : This study was a large scale international multicenter retrospective cohort study. A total of 3,825 patients with IPMN were enrolled from five large tertiary pancreatic centers. Included were patients with BD-IPMN who underwent surveillance or surgery between January 1988 and December 2020. After thorough review of the patients, 3,656 patients were analyzed. Changes in size of cyst, worrisome features/high-risk stigmata and malignancy conversion rate were assessed. Patients who underwent surveillance over 60 months were compared for suggesting discontinuation of surveillance protocol. Clinical data collection began January 2021, and duration of mean follow-up was 84 months.

Results : After excluding patients with insufficient information or a follow-up of <6 months, 3,656patients with BD-IPMN were identified. The mean age of patient was 63.7years. There were 1,682 mal (46.0%) and 1,973 female patients (54.0%). A total of 172 patients (4.7%) were confirmed to have malignant lesions. Considering cyst growth, the time to develop worrisome feature(s) and malignancy conversion, 1.5, 1 and 0.5year surveillance interval could be optimal for the cyst <2, 2~3, and 3cm respectively after initial short-term(6 months) follow up. Patients with <3 cm cysts, no worrisome features, and no growth during 5-year surveillance did not show malignancy conversion after 5 years of follow-up and had a time to progression of >10 years

Conclusions : We recommend 1.5, 1- and 0.5-year surveillance interval for the surveillance of BD-IPMN <2, 2~3, and >3cm respectively after initial short-term (6 months) follow up based on a large international IPMN cohort. For patients with small cysts(size <2cm) showing no morphological changes during the initial 5-year surveillance, surveillance may be discontinued in those who are unfit for surgery or have a limited life expectancy of ≤10 years.

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