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Summary

THE DOMINANCE OF HOST COMORBIDITIES OVER CYSTIC MORPHOLOGY IN MANAGEMENT OF INTRADUCTAL PAPILLARY MUCINOUS NEOPLASMS: A COMPETING RISK ANALYSIS IN HIGH-RISK HOST POPULATIONS

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In high-risk IPMN patients aged ≥75 years or with high comorbidity burden managed non-operatively, non-IPMN-related death is the primary determinant of long-term survival, exceeding IPMN-related mortality even in those with high-risk cyst features.

KEY POINTS

- Among high-risk host patients with high-risk cysts managed without surgery, 10-year cumulative incidence of non-IPMN-related death was 67.91%, more than double the IPMN-related death rate of 25.25%.
- In high-risk host patients with low-risk cysts, 10-year non-IPMN-related death reached 49.13% compared to only 14.60% for IPMN-related events.
- Cyst growth rate ≥2.5mm/year and elevated CA19-9 independently predicted IPMN-related death, while Charlson Comorbidity Index score independently predicted non-IPMN-related death in high-risk host patients with high-risk cysts.
- Among 8 high-risk host patients with high-risk cysts who underwent surgery, 75% (6/8) had high-grade dysplasia or invasive carcinoma on pathology.
- The study suggests conservative management may be appropriate for frail or elderly IPMN patients even in the presence of high-risk cyst features, integrating host factors with tumor characteristics in clinical decisions.

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