gutflix
GI learning, personalised

Summary

USE OF AN ALGO-BASED DECISION-MAKING TOOL TO COMPARE REAL-LIFE CLINICAL PRACTICE IN A SINGLE TERTIARY CENTER WITH THE KYOTO IPMN SURVEILLANCE RECOMMENDATIONS

Dana Ben-Ami Shor

UEG Week Berlin 2025 | Poster

Pancreas

October 6, 2025

A retrospective study of 200 side-branch IPMN patients found that fewer than 20% were managed according to Kyoto guidelines, with most undergoing more intensive surveillance than recommended without apparent reduction in pancreatic cancer incidence.

KEY POINTS

- Only 37 of 200 patients (18.5%) were managed in accordance with Kyoto guidelines following initial imaging, while 115 patients (57.5%) received more rigorous follow-up and 48 patients (24%) received less intensive monitoring than recommended
- Over-rigorous follow-up resulted in an average excess of 0.33 MRI/MRCPs per patient-year compared to guideline recommendations
- During median follow-up of 55.3 months radiologically and 63.5 months clinically, PDAC developed in only one patient from the conservatively managed group after five years of cyst stability
- The authors conclude that more intensive surveillance did not appear to reduce PDAC incidence and may inflict stress on patients and unnecessary use of public health resources
- The study suggests potential value of AI-based decision-support tools in standardizing clinical practice for side-branch IPMN management

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c21bffea-a815-11f0-8384-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.