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Summary

RISK STRATIFICATION FOR BD-IPMN MALIGNANT TRANSFORMATION. THE ROLE OF OPERATIVE DIMENSIONAL GROUPING IN THE COST-EFFECTIVENESS OPTIMIZATION OF SURVEILLANCE GUIDELINES. THE PACMANS STUDY

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Digestive Oncology | Endoscopy | Immunology | Mechanisms & Personalised Medicine | Pancreas | Radiology & Imaging

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A multicentric Italian study of 333 BD-IPMN patients found malignant degeneration in only 3.3% over 4 years and proposes new dimensional cut-offs at 1.5 and 3 cm that could reduce surveillance costs by 11% while maintaining diagnostic accuracy.

KEY POINTS

- Malignant degeneration occurred in 3.3% of 333 BD-IPMN patients followed for a median of 4 years across four Italian tertiary centers.
- Independent risk factors for malignancy were presence of high-risk stigmata (HR 4.4, p=0.04), at least two worrisome features (HR 5.8, p=0.01), and cyst size (HR 2.0, p<0.001); presence of only one worrisome feature did not independently predict risk.
- New dimensional cut-offs at 1.5 cm and 3.0 cm stratified three risk categories with significantly different neoplastic potential (OR 6.6 and 9.8), discriminating malignant risk with AUC 0.91.
- A proposed surveillance strategy based on these cut-offs reduced cost per patient for 3-year follow-up from €670 to €587 (11% savings, p=0.001) without changing diagnosis rates or time to diagnosis.
- The speaker noted that 65% of patients had cysts smaller than 1.5 cm at diagnosis and emphasized that mural nodules and rate of size increase are important predictive features.

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