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Summary

Definition and surveillance of "trivial" pancreatic cysts

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Digestive Oncology | Gut Microbiota | Pancreas

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The speaker presented data showing that surveillance of low-risk pancreatic cysts by current Kyoto guidelines is not cost-effective, with simulation data indicating costs of €23 million per quality-adjusted life year gained, and proposed risk-stratified approaches including stopping surveillance for small stable cysts and implementing age-based cutoffs.

KEY POINTS

- The speaker reported that in a cohort analysis of approximately 1000 patients, small and stable pancreatic cysts without baseline worrisome features showed no significantly increased pancreatic cancer risk compared to the general population, and stable cysts had a 25-fold lower risk than unstable cysts.
- Simulation modeling of 5 million individuals stated that surveillance following Kyoto guidelines costs €7.9 million per thousand individuals to gain 0.3 quality-adjusted life years, which the speaker calculated as €23 million per QALY gained versus a Dutch cost-effectiveness threshold of €50,000.
- Meta-analysis data cited by the speaker showed pooled incidence of high-grade dysplasia or pancreatic cancer in low-risk cysts of 0.6% within five years and 1% after five years of surveillance.
- The speaker's simulation of 477 surveillance strategies indicated that stopping age is the most influential cost factor, with age 60 being most cost-efficient and surveillance after age 70 doing more harm than good.
- The speaker proposed defining trivial cysts as those smaller than 30mm remaining stable for five years, which could be discontinued from surveillance, and suggested following small cysts only once or twice to assess stability.

– The speaker stated in discussion that fine-needle aspiration does more harm than good in trivial cysts and should be reserved for diagnostic uncertainty or surgical decision-making, and noted that Erasmus MC is initiating a study to evaluate stopping surveillance in these low-risk categories.

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