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Summary

LONG TERM OUTCOMES OF A EUROPEAN COHORT OF AUTOIMMUNE PANCREATITIS PATIENTS

Jonas Rosendahl

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Gut Microbiota | IBD | Pancreas

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In a 477-patient European multicenter study of type 1 autoimmune pancreatitis, any maintenance treatment after remission induction reduced relapse risk by approximately half (OR 0.51, 95% CI 0.37-0.72), with benefit limited to patients at higher predicted relapse risk.

KEY POINTS

- 150 patients (31%) relapsed over a mean 32-month follow-up, with biliary involvement (OR 1.62), acute pancreatitis at baseline (OR 2.1), and main pancreatic duct narrowing (OR 1.6) independently associated with relapse, while focal mass presentation was protective (OR 0.65).
- Maintenance treatment with anti-rheumatic drugs (azathioprine, methotrexate, mycophenolate) and low-dose glucocorticoids showed equivalent relapse-free survival, with no significant difference between agents.
- A validated prediction model stratified patients into four relapse-risk categories; only higher-risk groups derived benefit from maintenance therapy, while low-risk patients showed overlapping relapse rates with or without maintenance.
- At longest follow-up, diabetes mellitus affected 33% and pancreatic exocrine insufficiency 29% of patients, with only one case of pancreatic cancer detected.
- The presenter suggested in discussion that immunomodulators may be preferable to low-dose glucocorticoids for maintenance, and noted emerging use of rituximab, though registry data were insufficient for comparative analysis.

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