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Summary

DEVELOPMENT AND PROGRESSION OF PRESUMED IPMNS IN HIGH-RISK INDIVIDUALS UNDERGOING SURVEILLANCE: FAMILIAL PANCREATIC CANCER KINDREDS VERSUS PATHOGENIC GERMLINE VARIANT CARRIERS FROM THE IRFARPC REGISTRY

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Radiology & Imaging | Pancreas | Endoscopy | Digestive Oncology

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In a multicenter Italian surveillance cohort of 1,672 high-risk individuals, suspected branch-duct IPMNs showed similar prevalence, baseline characteristics, and short- to mid-term progression patterns between familial pancreatic cancer patients and pathogenic germline variant carriers, with age rather than genetic subgroup driving incident cyst development.

KEY POINTS

- Among 496 high-risk individuals with suspected IPMN (73.4% FPC, 26.6% PGV carriers), baseline cyst characteristics and imaging features were similar between hereditary risk groups.
- In 1,298 individuals without baseline cysts, 9.5% developed suspected IPMN during follow-up with no significant difference in cumulative incidence between FPC and PGV groups.
- Increasing age was the only independent predictor of incident cyst development (HR 1.03, 95% CI 1.02-1.05; p<0.001), while no PGV subgroup showed significantly higher risk than FPC in age-adjusted analysis.
- Longitudinal trajectories of index cyst diameter and main pancreatic duct diameter did not differ significantly across hereditary groups, and progression to worrisome features or high-risk stigmata was infrequent.
- Only two patients underwent surgery, revealing one invasive IPMN-associated carcinoma in a PGV carrier and one mixed-type IPMN with low-grade dysplasia in an FPC patient.

– The findings support surveillance strategies guided primarily by imaging phenotype and interval changes rather than genetic subgroup stratification.

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