Treatment and Long-term Follow-up

Masao Tanaka
Chief Director, Shimonoseki City Hospital

The Fukuoka consensus guidelines for the management of IPMN of the pancreas highlighted a variety of issues that remain controversial and areas where further research is still needed.My talk will focus on the controversies in the treatment and long-term surveillance of IPMN.

The indications for resection of branch duct IPMN (BD-IPMN)became more conservative. BD-IPMN larger than 3cm without "high-risk stigmata" can be observed without immediate resection, particularly in elderly patients. This change was made in consideration of the low frequency of malignancy in resected BD-IPMN < 3cm hitherto reported. However, the change in the surgical indication has evoked much debate. A few reports claimed that even < 3cm "flat"BD-IPMNs are not without risk. Therefore, the size criterion for resection of BD-IPMN is still controversial, although the diagnostic methods to examine the cyst are not consistent among those reports.

Synchronous or metachronous combination of pancreatic cancer and benign IPMNs, and the development of a new carcinoma in the pancreas remaining after resection of IPMNsarerecent concerns in the long-term management of IPMN.In our series of 570 patients, the prevalence of distinctpancreatic cancer is 10%. Others also reported this phenomenon in 2.0to 9.2% of patients with BD-IPMN.

The incidence of distinct pancreatic cancerretrospectively estimated is around 1% per year in BD-IPMN patients. All BD-IPMNs indefinitely need periodical surveillance at least twice a year by either EUS, CT, or MR to check their malignant transformation and development of distinct pancreatic cancer during surveillance and even after resection of BD-IPMN with surgical indication. However, no firm evidences have been reported on this issue. The incidence of this phenomenon as well as the best modalityand intervalfor surveillance remain to be determined. One such prospective surveillance study is under way by the Japan Pancreas Society.