

BP SY 3-2

What is new in revised guidelines: Indications and timing of surgery.

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Lecture : There are five topics for the revision of the international consensus guidelines for the management of IPMN of the pancreas 2017 conducted by International Association of Pancreatology (IAP); (1) revision of high-risk stigmata (HRS) and worrisome features (WF), (2) adequate surveillance protocol of non-resected IPMN, (3) surveillance after resection of IPMN, (4) pathological aspect, and (5) molecular markers in cystic fluid. The ideal timing for surgery in patients with IPMN is considered as the time just before the lesion becoming "high grade dysplasia (carcinoma in situ)"; however, it is quite difficult to adequately diagnose such lesion preoperatively. Endoscopic ultrasonography (EUS) has become standard procedure to evaluate various pancreatic diseases including IPMN, while findings of EUS are not included in HRS/WF. Application of EUS findings to HRS/WF, especially size of mural nodule, and results of EUS-guided aspiration cytology, will be included. Revisions of the thresholds of the size of mural nodule and the diameter of main pancreatic duct for HRS/WF are the important discussion points. The risk of multiple WF remains unresolved issue, and the various nomograms are expected to contribute to the adequate determination of the operative indication in patients with multiple WF. Cyst fluid markers may also be useful to discriminate IPMNs from other cysts, and to identify high-grade dysplasia or early stage PDAC. Of note, the IAP guidelines will continue to use the terms "HRS" or "WF", instead of "absolute or relative indication for surgery" as used in European guidelines, because predictive value of "HRS" or "absolute indication for surgery" for malignant IPMN remains not so high, and discussion with the patients based on their general condition and preference is needed.