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Clinical Significance Of Cyst Location In Intraductal Papillary Mucinous Neoplasms Of The Pancreas: A Retrospective Multi Institutional Study

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Background : In clinical practice, intraductal papillary mucinous neoplasms (IPMNs) of the pancreas with “high risk stigmata” (HRS) or “worrisome features” (WF) are referred for resection. Lesion location in other malignancies, such as colorectal cancer, has been shown to be a relevant prognostic indicator of survival and response to therapy; however, this has not been examined for IPMNs. Also the surgical approach and therefore the postoperative burden to the patient is quite different according the location of the lesion. Therefore, the aim of this study was to investigate the association of IPMN location within the pancreas with risk of high grade dysplasia or invasive cancer.

Methods : We reviewed the medical records of patients who underwent pancreatectomy performed for pancreatic IPMN between 2010 and 2022 from 3 tertiary centers. Clinicopathological variables and perioperative and survival outcomes were evaluated. HRS and WF were defined by the 2012 Fukuoka international consensus guidelines.

Results : Among 225 patients, 119 (52.9%) patients had head/uncinate cysts, while 106 (47.1%) had body/tail cysts. No differences were noted between groups with regard to age, duct type, cyst size, or presence of at least one WF. Patients with cysts in the head/uncinate were more often male (58% vs 46.2%), had at least one HRS (53.8% vs 34.9%, $p < 0.05$), and more often harbored high grade dysplasia or invasive cancer (52.9% vs 36.8%, $p < 0.05$). On multivariate analysis, age (odds ratio 1.034, $p = 0.036$) and cyst location (odds ratio 2.006, $p = 0.03$) in the head/uncinate remained significantly associated with presence of high grade dysplasia or invasive cancer. Although not statistically significant ($p = 0.066$), there appeared to be a trend toward decreased survival in patients with cysts of the head or uncinate process.

Conclusions : Cyst location can be predictive of high grade dysplasia or invasive cancer in patients with IPMNs. Head/uncinate cysts are more likely to harbor malignancy compared to those of the body/tail. Although further studies are needed to confirm these findings, cyst location should also be considered part of the decision making process for surveillance vs resection for IPMNs.

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