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Corsica -Ajaccio

SYNCHRONOUS PRE-MALIGNANT LESIONS IN PATIENTS WITH BILIO-PANCREATIC CANCER

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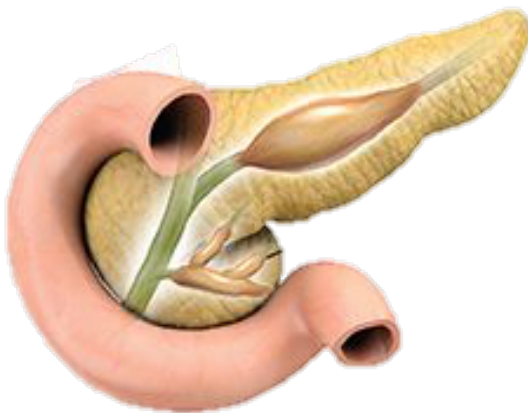
The European Board
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Pancreatic synchronous pre-malignant lesions

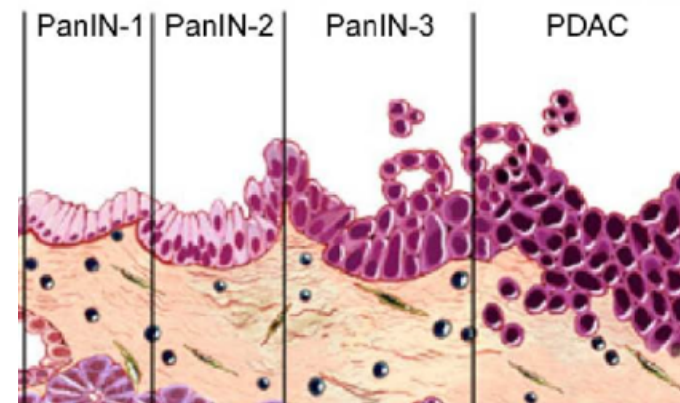
IPMN

Main duct and/or high-grade dysplasia



PanINs

Main duct and/or high-grade dysplasia (PanINs-3)



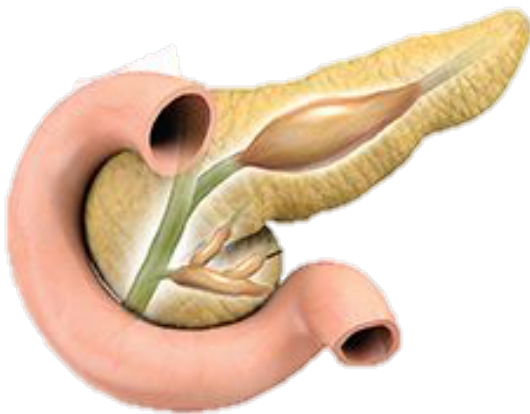
- **High-risk lesions** for development of pancreatic cancer
- Usually **multifocal**
- Can be **synchronous with pancreatic cancer**



Pancreatic synchronous pre-malignant lesions

IPMN

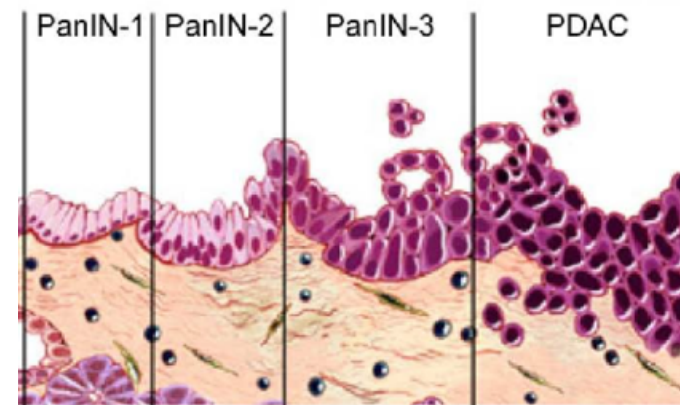
Main duct and/or high-grade dysplasia



Diagnostic accuracy of CT/MRI is 80%

PanINs

Main duct and/or high-grade dysplasia (PanINs-3)



Microscopic lesions detected only in the surgical specimen

After partial pancreatic resection, synchronous lesions in the pancreatic remnant may progress to invasive cancer.

Evaluate the **incidence of synchronous pre-malignant lesions** in the surgical specimens of patients treated for blio-pancreatic cancer



METHODS

- Retrospective study
- Patients with bilio-pancreatic cancer submitted to surgery between 2012 and 2017



Synchronous pre-malignant lesions → IPMN and PanIN

High-risk lesions → IPMN or PanIN of main duct and/or high-grade dysplasia

- All surgical specimen were reviewed to evaluate the presence of synchronous pre-malignant lesions.
- Diagnostic accuracy of pre-operative CT/MRI for detection of cystic lesions was assessed.
- Comparison of demographic and clinical characteristics of patients with and without synchronous pre-malignant lesions.



Synchronous pre-malignant lesions

125 patients submitted to pancreatic surgery with curative intent were evaluated



97 patients had malignant lesions of the pancreas, ampulla of Vater or CBD

29 (30%) with synchronous pre-malignant lesions

IPMN: 14 patients

PanIN: 9 patients

IPMN + PanIN: 6 patients

19 (20%) with high-risk synchronous pre-malignant lesions

High-risk IPMN: 8 patients

High-risk PanIN: 7 patients

High-risk IPMN + High-risk PanIN: 4 patients



IPMN – Diagnostic accuracy of CT/MRI

97 patients with malignant lesions → 15 excluded for unavailable CT/MRI

IPMN: 22 patients

Cystic lesions in preoperative CT/MRI (n=82)

Accuracy, % (n)	79% (65/82)
Sensitivity, % (n)	27 % (6/22)
Specificity, % (n)	98% (59/60)
Positive predictive value, % (n)	86% (6/7)
Negative predictive value, % (n)	79% (59/75)



Patients with and without synchronous lesions

97 patients with malignant lesions

	Group without pre-malignant lesions (n=68)	Group with pre-malignant lesions (n=29)	P
Age - years (mean $\pm$ SD)	67.9 $\pm$ 12.6	69.6 $\pm$ 8.1	0.521
Male gender , n (%)	39 (57%)	15 (52%)	0.609
Pathology , n (%)			
<i>Pancreatic adenocarcinoma</i>	31 (46%)	22 (76%)	0.006
Surgery , n (%)			
<i>Segmental pancreatectomy</i>	60 (88%)	20 (69%)	0.022
<i>Total pancreatectomy</i>	8 (12%)	9 (31%)	
Follow-up – months (range)	11 (0-64)	13 (0-60)	-

RESULTS

Type of surgery

97 patients with malignant lesions

	Segmental pancreatectomy (n=80)	Total pancreatectomy (n=17)	P
Without pre-malignant lesions, <i>n</i> (%)	60 (75%)	8 (47%)	0.022
With pre-malignant lesions, <i>n</i> (%)	20 (25%)	9 (53%)	

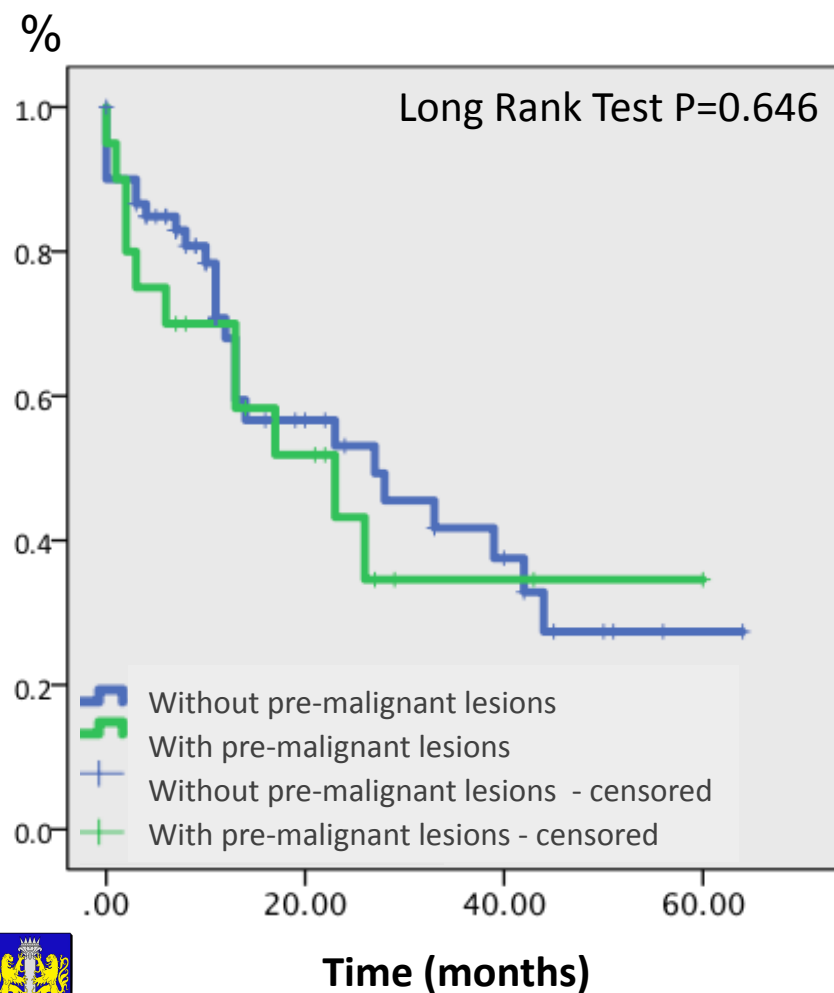


Survival impact?

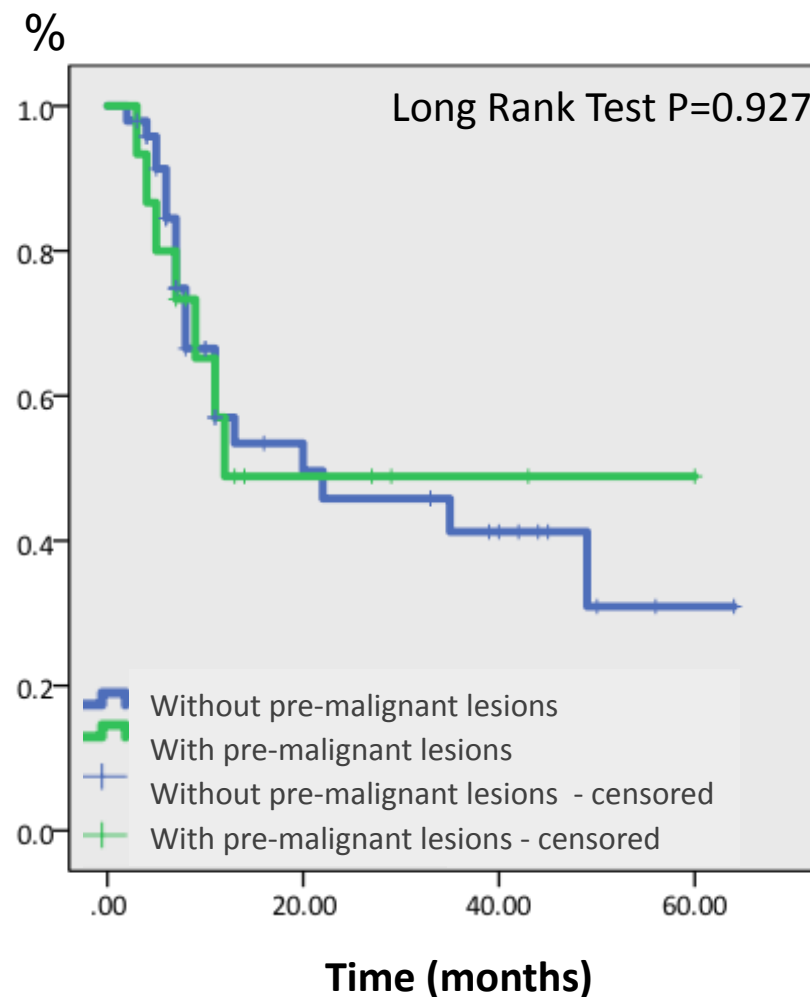


Segmental pancreatectomy - Survival

GLOBAL SURVIVAL



DISEASE-FREE SURVIVAL



CONCLUSIONS

- In this study, **30%** of patients who underwent pancreatic surgery for biliopancreatic cancer had **high-risk synchronous pre-malignant lesions**.
- Only **one-third of the cystic lesions were detected** in pre-operative CT/MRI.
- Synchronous pre-malignant lesions were more frequent after total pancreatectomy, which suggests that this association is still underestimated.
- These results raise the possibility that a segmental resection leaves behind a pancreatic remnant at risk of progression to invasive cancer.
- Therefore, in patients undergoing segmental pancreatectomy we may consider an intra-operative pancreatoscopy or more intensive surveillance programs, if the first strategy is not feasible.





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