

## AB121. P097. Retrospective comparison analysis between pathology and the fukuoka consensus in resected IPMN in a single center

Wentao Gao, Haifend Li, Min Tu, Chunhua Xi, Kuirong Jiang, Junli Wu, Feng Guo, Jianmin Chen, Jishu Wei, Zipeng Lu, Chen Lu, Cuncai Dai, Yi Miao

The First Affiliated Hospital of Nanjing Medical University, Nanjing 210029, China

**Background:** We retrospectively review 112 resected intraductal papillary mucinous neoplasms (IPMNs) to assess the validity of the Fukuoka consensus guidelines for predication of advanced neoplasia (AN). The management of IPMN continues to evolve. According to the 2017 Fukuoka consensus guidelines, IPMNs including branch duct IPMN (BD-IPMN), main-duct IPMN (MD-IPMN) and mixed-type IPMN (MT-IPMN). If with high-risk features, it should be resected. Here we assess its validity for predication of AN, by comparing it with pathology in resected IPMNs.

**Methods:** One hundred and twelve patients who underwent resections and pathological were identified as IPMN pathologically from 2010 to 2017 in the First Affiliated Hospital of Nanjing Medical University were retrospectively reviewed. Forty-three patients of the overall were selected to retrospectively review the imaging findings

and the Fukuoka consensus guidelines were applied to predict the malignancy of IPMNs.

**Results:** In the all one hundred and twelve patients, there are 73 males and 39 females, which the average age is  $63.87 \pm 9.17$ . There are 57 patients' pancreatic cystic lesions were  $\geq 3$  cm and the other 65 patients'  $< 3$  cm. Nevertheless, AN was 33.93% (38/112). According to the worrisome features and high-risk stigmata of the Fukuoka consensus, the 43 patients were divided into BD-IPMN, MD-IPMN, MT-IPMN, 16, 8 and 19, respectively. There are 13 patients (30.23%) with worrisome features, 6 patients (13.95%) with high-risk stigmata, 16 patients (37.21%) without worrisome features and high-risk stigmata, and 8 patients (18.61%) with both worrisome features and high-risk stigmata. AN was 12.50% (2/16) and lesions with atypical hyperplasia were 93.75% (15/16) for patients without worrisome features and high-risk stigmata. Moreover, for the patients with worrisome features and high-risk stigmata or both, AN was 25.93% (7/27) and lesions with atypical hyperplasia were 100% (27/27).

**Conclusions:** There are still limitations of guidelines between surgery and surveillance for IPMNs. Radical surgery or close surveillance is important to the patients with IPMNs, especially BD-IPMN with worrisome features or high-risk stigmata or both. However, the practical safety remains uncertain because of invasive carcinoma cases and unresected cases.

doi: 10.21037/apc.2018.AB121

**Cite this abstract as:** Gao W, Li H, Tu M, Xi C, Jiang K, Wu J, Guo F, Chen J, Wei J, Lu Z, Lu C, Dai C, Miao Y. Retrospective comparison analysis between pathology and the fukuoka consensus in resected IPMN in a single center. *Ann Pancreat Cancer* 2018;1:AB121. doi: 10.21037/apc.2018.AB121