



AB126. P102. Clinicopathological feature of early-stage pancreatic cancer—tumor size was less than 10 mm

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Abstract: The remarkable progress of diagnostic imaging modality has made it possible to detect small pancreatic tumor, but has not lead to improvement of poor prognosis of pancreatic adenocarcinoma. Even in small pancreatic cancer, invasive nature is apparent and mostly it is “advanced” cancer. To improve its prognosis, it is necessary to detect pancreatic cancer in “earlier” stage, high grade PanIN (pancreatic intraepithelial carcinoma) or minute invasion (MI) to stroma before forming mass. The aim of this study was to investigate clinicopathological features of high grade PanIN (PanIN-H; n=14) and MI (n=6) in our institute. In 7 of the 20 patients tumor was located in

the head of pancreas. Nine patients were asymptomatic and suspected pancreatic disease during the follow-up of other diseases (n=8), on routine medical check-up (n=4). Six of 14 PanIN-H and all of MI patients had dilatation of branch pancreatic duct, which was detectable with imaging modality. Microscopic examination revealed that stromal fibrosis existed around carcinoma, even in PanIN-H. Fatty change of the pancreatic parenchyma was detected around minute pancreatic cancer. Only Five patients were diagnosed as having pancreatic cancer at first attempt of cytological examination, whereas the remaining patients required repeated cytological examination. In conclusion, pancreatography combined with cytological examination is advised for patients with minute abnormal findings on imaging modalities to detect carcinoma in situ. And a fatty change of the pancreatic parenchyma may be associated to “early pancreatic cancer”.

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