

## AB027. S027. Factors associated with invasive intraductal papillary mucinous carcinoma

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**Background:** Invasive intraductal papillary mucinous carcinoma (IPMC) may have distant or lymph node metastasis, and postoperative recurrence may occur, leading to poor survival even after resection. To identify the specific predictors of invasive IPMC for branch duct (BD), main duct (MD), and mixed types.

**Methods:** This study included 286 consecutive patients undergoing surgical resection for intraductal papillary mucinous neoplasm (IPMN). We compared clinical features between invasive IPMC and noninvasive IPMN for each morphological type.

**Results:** High mural nodule size measured by endoscopic ultrasonography was an independent predictor of invasive IPMC in all types of IPMN [BD-IPMN: P=0.01, odds

ratio (OR), 1.992; mixed-IPMN: P=0.042, OR, 1.178; MD-IPMN: P=0.01, OR, 1.443]. Its cutoff values, determined by a receiver operating characteristic were 9 mm in BD-IPMN and 6 mm in mixed- and MD-IPMNs. A high carcinoembryonic antigen (CEA) level in the pancreatic juice was an independent predictive factor of mixed- and MD-invasive IPMCs (mixed-IPMN: P=0.011, OR, 1.002; MD-IPMN: P=0.048, OR, 1.002), and the cutoff values were determined to be 150 and 300 ng/mL, respectively. In addition, we found that being female (P=0.014, OR, 6.135) and having elevated serum carbohydrate antigen 19-9 (P=0.009, OR, 29.412) were also independent predictors of mixed-invasive IPMC, and using any two among four identified predictors yielded the highest accuracy (79.0%). For all types, the accuracy for these predictors was 86.0% for differentiation between invasive and noninvasive IPMN. **Conclusions:** The measurement of mural nodule size in all types of IPMN and the CEA level in the pancreatic juice in mixed- and MD-IPMNs might play important roles in predicting invasive IPMC, but further large studies are needed to confirm these results (*JAMA Surg*, 2017).

doi: 10.21037/apc.2018.AB027

**Cite this abstract as:** Hirono S, Kawai M, Okada KI, Miyazawa M, Kitahata Y, Kobayashi R, Yanagisawa A, Yamaue H. Factors associated with invasive intraductal papillary mucinous carcinoma. *Ann Pancreat Cancer* 2018;1:AB027. doi: 10.21037/apc.2018.AB027