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**Risk factors for pancreatic cancer in individuals with intraductal papillary mucinous neoplasms and no high-risk stigmata during up to 5 years of surveillance**

**Hamada T, Oyama H, Nevo D, et al. Risk factors for pancreatic cancer in individuals with intraductal papillary mucinous neoplasms and no high-risk stigmata during up to 5 years of surveillance: a prospective longitudinal cohort study. Gut 2025; 74(6): 971-982. doi: 10.1136/gutjnl-2024-333259.**

Intraductal papillary mucinous neoplasia (IPMN) are monoclonal pancreatic masses often detected incidentally, their potential for malignant transformation presents clinical challenges in terms of optimal surveillance and when surgical resection is warranted. Current international consensus favours resection in the presence of jaundice, enhancing mural nodule or main pancreatic duct dilatation beyond 10mm. This study sequentially imaged a cohort of 2,549 patients with IPMNs devoid of these high-risk stigmata every 6 to 12 months for between 25 and 7 years assessing radiological correlates for development of carcinoma.

The incidence of pancreatic carcinoma was 116 cases over a median 7.1 year follow up with 56 cases of IPMN-derived carcinoma and 60 cases of concomitant pancreatic ductal adenocarcinoma (PDAC) developing at a different site from the IPMN under surveillance. Larger IPMN size at baseline, main pancreatic duct (MPD) size and annual growth rate over two years was positively associated with risk of IPMN associated carcinoma, but not concomitant PDAC. Beyond the initial two years of follow up size of IPMN and growth rate ceased to be significant predictors of malignancy whereas MPD diameter continued to confer a higher risk of malignancy.

Hamada et al., used the data collected to construct a nomogram to stratify malignant potential of identified IPMNs at baseline based on size, MPD diameters, age, sex and number of IPMNs with predicted cancer incidence at two and five years. They argue that this data supports increasing surveillance intervals over the first two years for IPMNs that are larger, associated with duct dilatation and show increase in size over time. Beyond two years the overall size and change increases in size become less relevant and surveillance intervals are better stratified by MPD diameter alone.