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RE-CLASSIFICATION OF MIXED-TYPE IPMNS ALLOWS FOR BETTER DEFINITION OF EPIDEMIOLOGY, BIOLOGY AND OUTCOMES AFTER SURGICAL RESECTION

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Background: Mixed-type IPMNs have been historically categorized together with MD tumors. However, they encompass a spectrum that differs in terms of extent of MPD involvement

Aim: Re-classification of mixed-type IPMNs to better define groups that may diverge in pathological features and biological behavior

Patients & methods: Slide re-classification of all IPMNs operated between 1990 and 2013 at the MGH. IPMNs were divided into lesions with predominant involvement of the MPD (pred-MD) and into those with predominant involvement of the branch ducts (pred-Bd).

Results: Of 386 resected IPMN, 176 (46%) were pred-MD and 210 (54%) pred-Bd. Median age was 67; M:F ratio was 1.1:1 in pred-MD and 1:1.3 in pred-Bd (P=0.02). Pred-MD were more likely to be smokers, diabetic, jaundiced and to have a history of pancreatitis, weight loss and an elevated CA 19.9 (all P<0.05). Pred-MD were of the intestinal and gastric epithelial subtype in 48% and 34% of cases, respectively, while in pred-Bd these frequencies were 14% and 80% (P<0.001). 72% of pred-MD reached high-grade dysplasia and 39% were invasive, while only 21% and 5% respectively of pred-Bd they did (both P<0.001. Median FU was 90 months and 5-year OS 77%. 5-year DSS was 83% and 96% for the pred-MD and pred-Bd, respectively (P=0.002). For invasive cancers, 5-year DSS was 64% for pred-MD and 41% for pred-Bd (P=0.2).

Conclusion: Re-classification of mixed-type IPMN identifies two different entities. Pred-MD are more symptomatic and malignant than pred-Bd, and have worse prognosis. However, invasive pred-BD recurs more often and tends to have a worse DSS than invasive pred-MD