

Documents

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Real-world costs and dynamics of surveillance in patients who underwent surgery for low-risk branch duct intraductal papillary mucinous neoplasms

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Abstract

Surveillance costs and appropriateness of surgery of “low-risk” BD-IPMNs are relevant issues. In this study we evaluated the rate of correct indication for pancreatectomy defined as high grade dysplasia (HGD) at histology in 961 patients who underwent surveillance for a median of 5.1 years. Undertreatment and overtreatment were defined as invasive cancer and low grade dysplasia (LGD) at histology, respectively. Of the 66 patients (6.9%) who were operated, only 16 (23.8%) had a HGD while 40 (59.7%) had a LGD and 10 (14.9%) an invasive cancer, without differences regarding timing of surgery. The mean surveillance cost was € 194.9 ± 107.6 per patient-year, with a median cost of € 277.1 ± 148.2 in the correct surgery group compared with € 222.7 ± 111.6 and € 197 ± 102.7 in the overtreatment and undertreatment groups. The surveillance mean cost from diagnosis to surgery was € 854.8. Rate of appropriate surgery in BD-IPMNs under surveillance is low. © 2022

Author Keywords

Branch-duct IPNM; Cost-effectiveness; EUS; Intraductal papillary mucinous neoplasm; Pancreas; Pancreatic cystic neoplasm; Pancreatic surgery

Index Keywords

CA 19-9 antigen, carcinoembryonic antigen; adult, aged, alcohol consumption, Article, body mass, clinical feature, cohort analysis, computer assisted tomography, controlled study, cost effectiveness analysis, diabetes mellitus, disease surveillance, dysplasia, endoscopic ultrasonography, family history, female, fine needle aspiration biopsy, follow up, health care cost, histology, human, human tissue, intraductal papillary mucinous tumor, major clinical study, male, nuclear magnetic resonance imaging, overtreatment, pancreatectomy, pancreatic ductal carcinoma, retrospective study, tumor invasion, colloid carcinoma, pancreas carcinoma, pancreas tumor, pancreatectomy, pathology, risk; Adenocarcinoma, Mucinous, Carcinoma, Pancreatic Ductal, Humans, Pancreatectomy, Pancreatic Neoplasms, Retrospective Studies, Risk

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