

PANCREATIC CYST SURVEILLANCE PROGRAM

INTRODUCTION

The Ascension Wisconsin Pancreatic Cyst Team is a multi-disciplinary team that utilizes best practices to promote early detection, comprehensive assessment, and appropriate follow-up to provide personalized treatment with the aim of reducing the risk of development of pancreatic cancer or complications related to pancreatic cysts.

PROGRAM GOALS

Improve management of pancreatic cysts

- Improve the coordination of care for patients with concerning pancreatic cysts.
- Identify individuals in which appropriately timed surgical resection of their pancreatic cyst can reduce mortality from pancreatic adenocarcinoma.
- Manage appropriately the risks of surgical resection for pancreatic cysts.

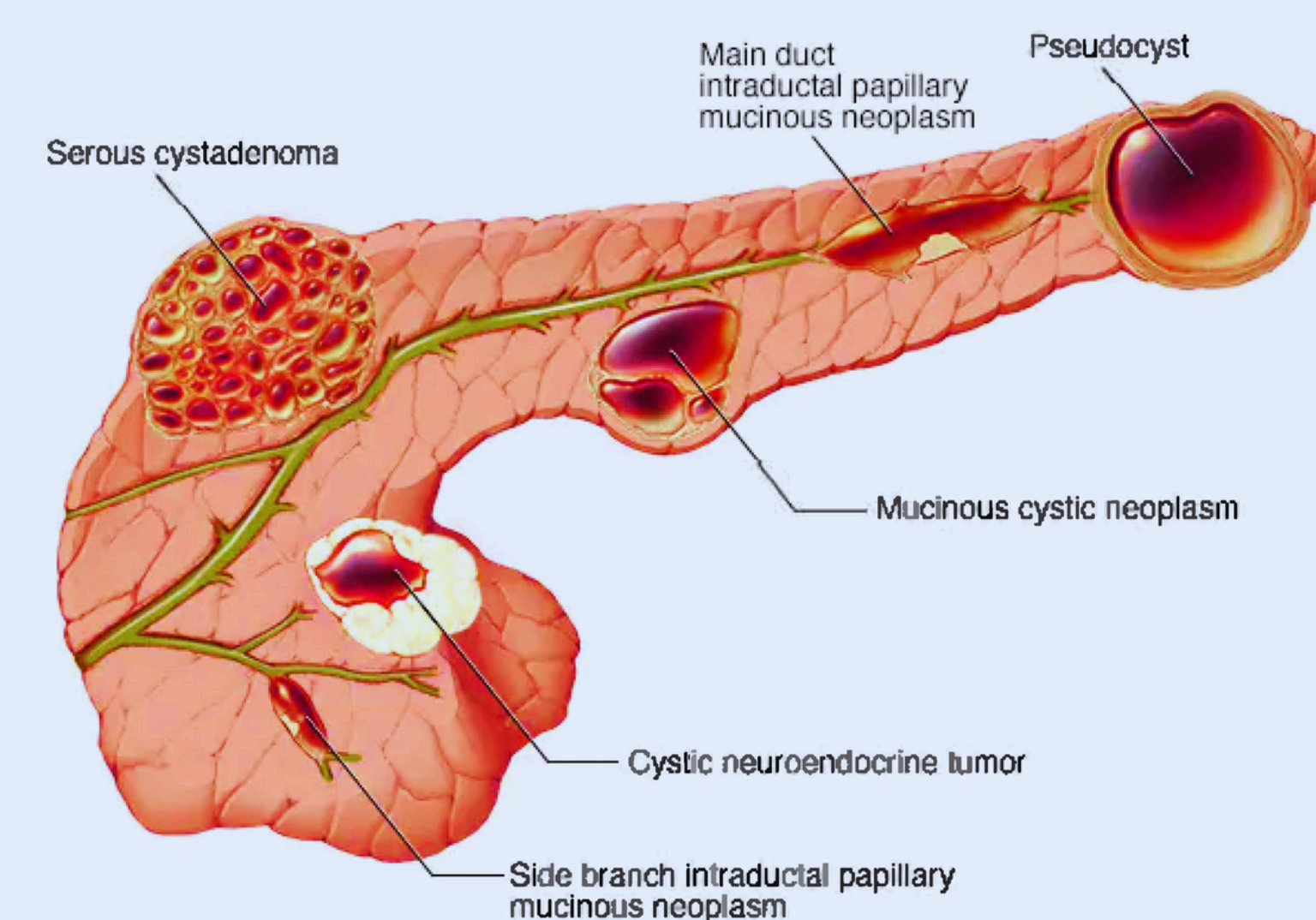
Improve identification of individuals at increased risk for developing pancreatic cancer

- Decrease the time from identification of a concerning pancreatic finding to next phase of care.
- Increase the percent of early-stage pancreatic cancer diagnoses, decrease late-stage diagnoses.
- Reduce lifestyle risk factors that increase risk of pancreatic cyst and pancreatic cancer development.

Identify potential research opportunities for patients at increased risk for developing pancreatic cysts and pancreatic cancer.

PANCREATIC CYST SURVEILLANCE VISIT COMPONENTS

- Assessment of Clinical Risk Factors
 - Pancreatitis
 - Diabetes
 - Obesity
- Assessment of Lifestyle Risk Factors
 - Smoking
 - Alcohol
 - Diet
 - Exercise
- Assessment of Family History
 - Genetic Testing if appropriate
- Shared-Decision Making regarding surveillance
 - Discussion of recommended work-up and surveillance
 - Explanation of risks/benefits of imaging and biopsy (EUS)
 - Assess if appropriate candidate to undergo pancreatic cyst resection or treatment of cancer if work-up determines it is warranted



PANCREATIC CYST SURVEILLANCE TEAM

- Surgical Oncologists
- High-Risk Nurse Practitioner
- Nurse Coordinators
- Gastroenterologists
- Radiologists
- Pathologists

WHY IS THIS IMPORTANT?

Pancreatic cystic lesions are widely prevalent and commonly encountered in abdominal imaging.

Lesions with high malignant potential:

Intraductal papillary mucinous neoplasm (IPMN) of the main pancreatic duct
 Mucinous cystic neoplasm (MCN)
 Solid pseudopapillary neoplasia (SPN)

Lesions with intermediate malignant potential:

Intraductal papillary mucinous tumor of the pancreas [IPMN] involving the secondary ducts
 Cystic endocrine tumor

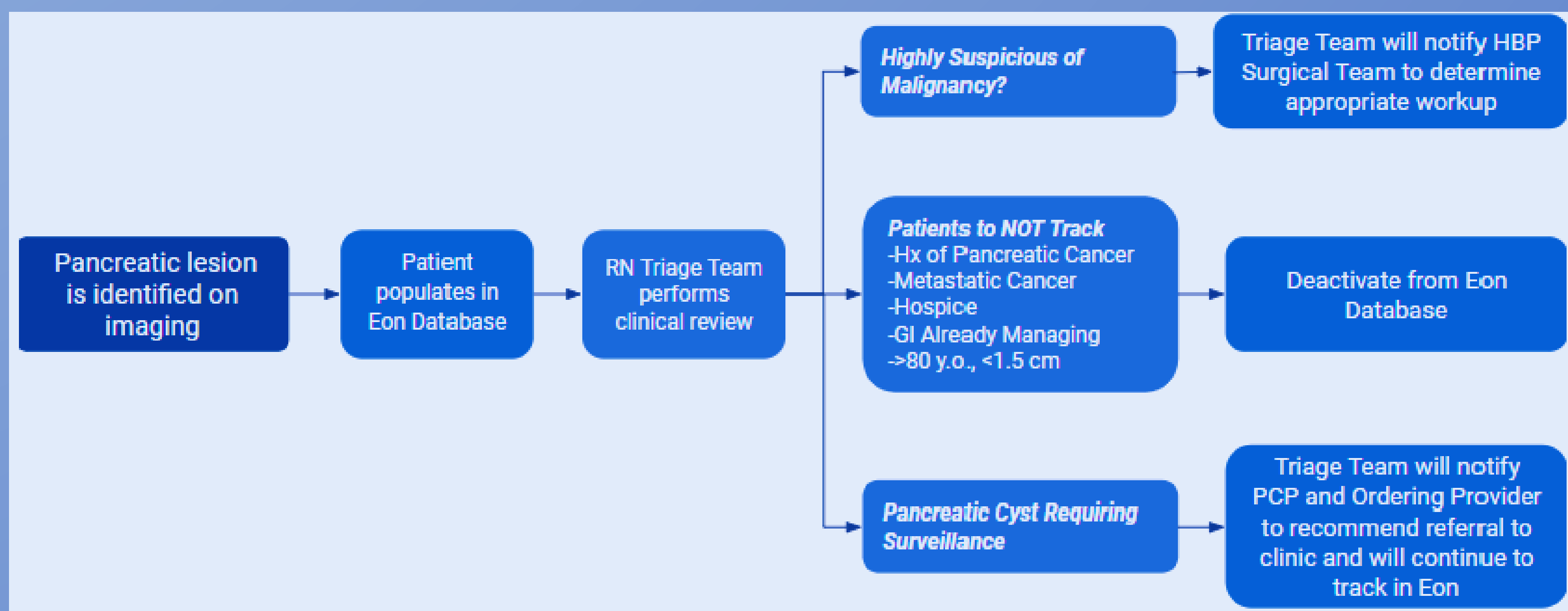
Lesions with NO malignant potential:

Serous cystic adenoma (SCN)
 Pseudocysts
 Simple cysts

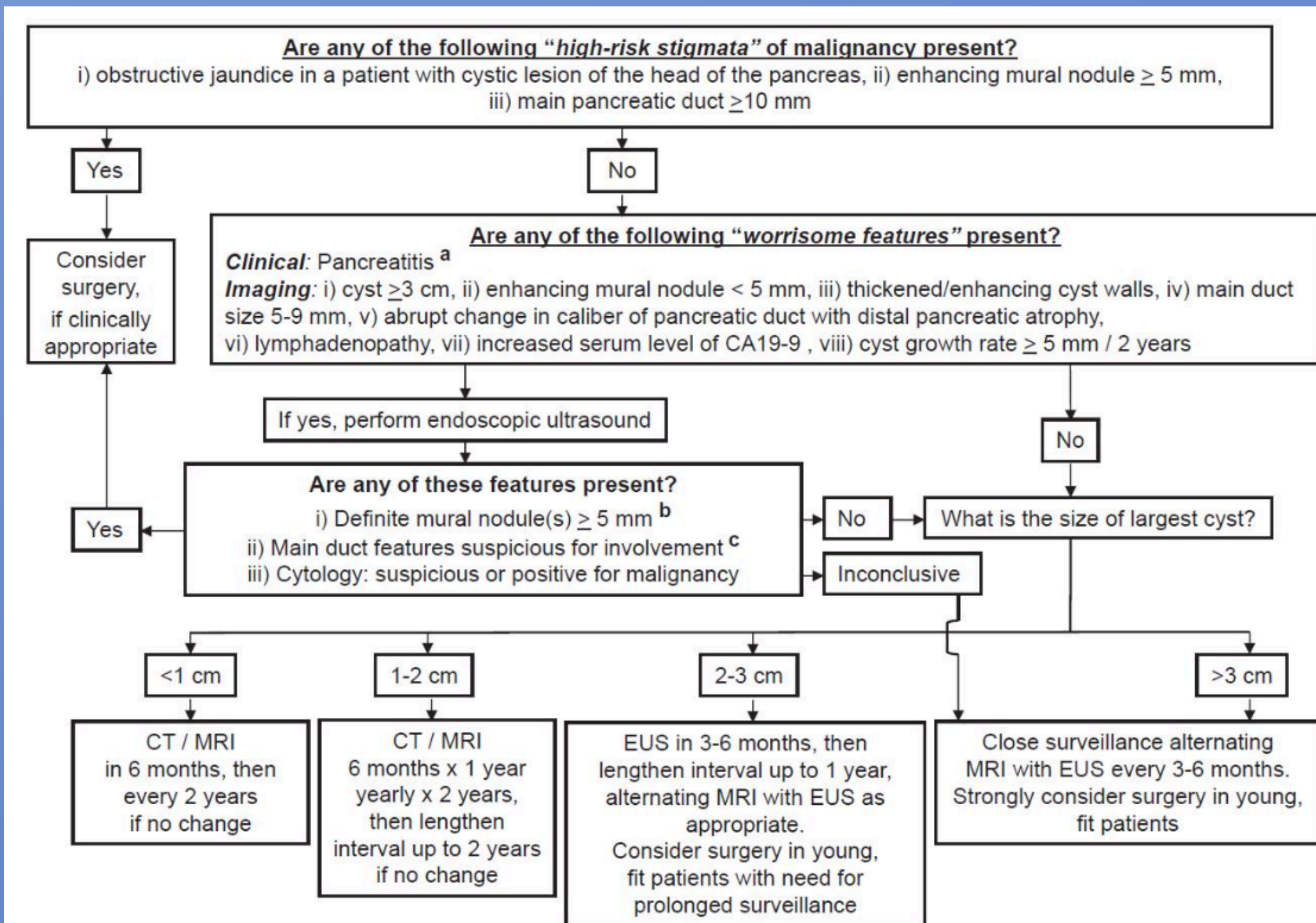
IDENTIFICATION AND TRACKING OF PATIENTS WITH PANCREATIC CYSTS

Eon Patient Management Software - A cloud-based system that uses computational linguistics to review radiology reports and highlights patients when scans discover pancreatic abnormalities. Allows the clinic to track patients with cysts.

INCIDENTAL PANCREATIC FINDING WORKFLOW

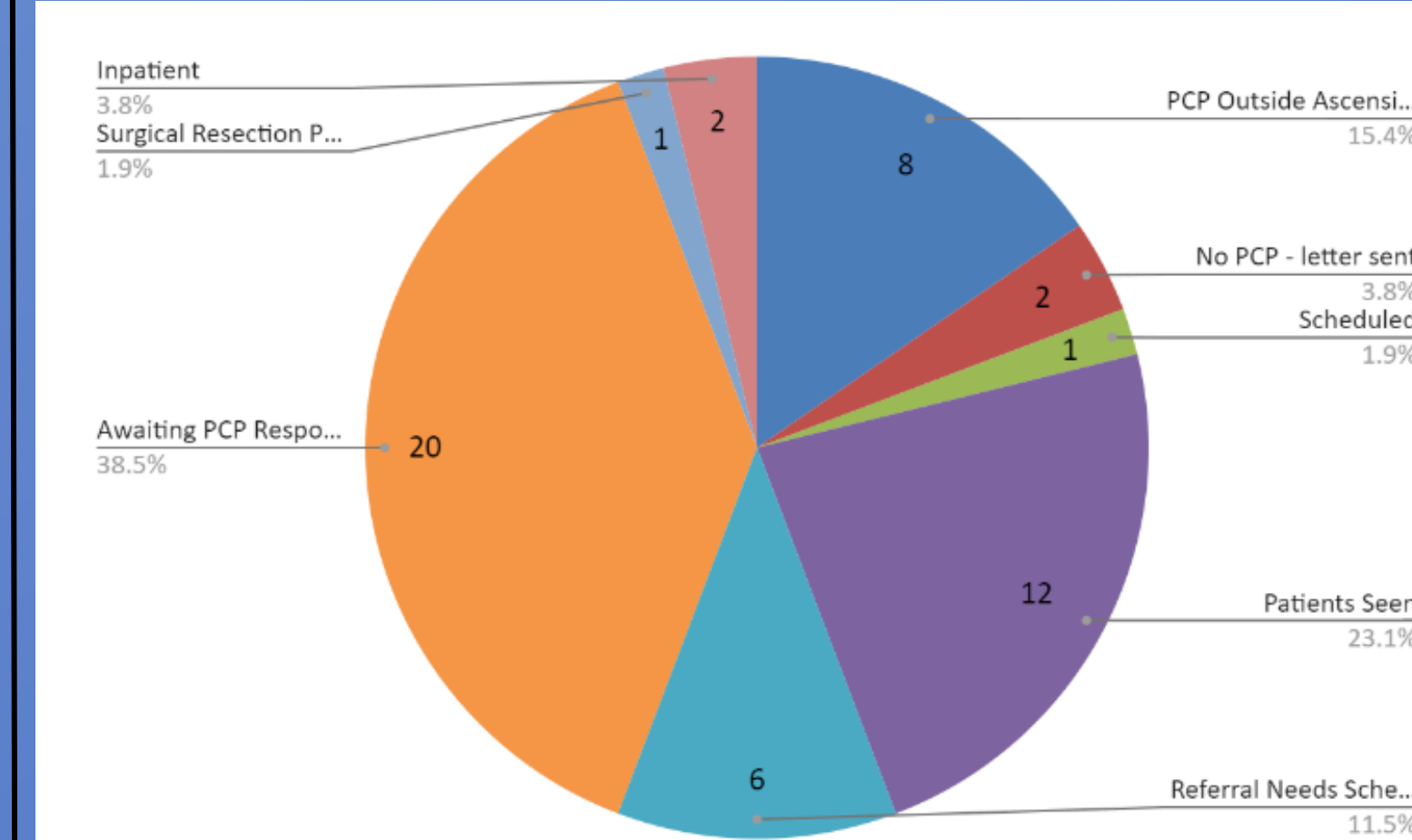


FUKUOKA GUIDELINES FOR MANAGING IPMNS



PILOT OUTCOMES - MARCH-MAY, 2024

- 1 patient with cyst resection
- 12 patients seen and enrolled in cyst surveillance
- 7 patients awaiting scheduling and to be seen



REFERENCES

- Vege S.S., Ziring B., Jain R., et al. American Gastroenterological Association Institute guideline on the management of asymptomatic neoplastic pancreatic cysts. *Gastroenterology*. 2015; 148: 819-822
- Basar O, et al. My treatment approach: Pancreatic cysts. *Mayo Clinic Proceedings*. 2017;92:1519.
- Tanaka M, Fernández-Del Castillo C, Kamisawa T, Jang JY, Levy P, Ohtsuka T, Salvia R, Shimizu Y, Tada M, Wolfgang CL. Revisions of international consensus Fukuoka guidelines for the management of IPMN of the pancreas. *Pancreatology*. 2017 Sep-Oct;17(5):738-753. doi: 10.1016/j.pan.2017.07.007. Epub 2017 Jul 13. PMID: 28735806.

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