



## AB028. S028. Risk of the serous cystic neoplasms in pancreas results from no surgical intervention: a multi-center retrospective study

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**Background:** Serous cystic neoplasms (SCN) of the pancreas are known as no malignant potential, so accurate diagnosis of SCN is significant for pancreatic cancer early detection and prevention as well as avoidance of unnecessary surgeries. However, the faults of preoperative diagnosis may highly increase the risk of carcinogenesis.

**Methods:** A total of 99 patients with exactly preoperative diagnostic SCN and 678 patients with pathologically confirmed SCN were retrieved from sixteen institutions

from January 1st, 2006 to December 31st, 2016. Analyses were conducted to evaluate the exact risks of SCN with no surgical intervention.

**Results:** Of the 678 patients, 4 were pathologically verified as carcinogenesis, so the canceration rate was 0.6%, which was less than the risk of surgical interventions. However, among the 99 patients with exactly preoperative diagnostic SCN, 3 were verified as intraductal papillary mucinous neoplasms (IPMN), 9 as mucinous cystic neoplasms (MCN), 4 as solid pseudopapillary tumors (SPT). Thus the canceration rate through preoperative diagnosis had approximately elevated to 2.9%, which was obviously higher than the risks from surgeries.

**Conclusions:** The preoperative diagnostic SCN still has the potential suitability for surgical resection. Therefore, one more precise diagnostic model should be investigated to improve the clinical practice.

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