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Tumors **of the pancreas** and biliary tree remain formidable challenges to patients and clinicians. These tumors elude early detection, rapidly spread locally and systemically, and frequently recur despite apparently complete resection. Cystic tumors **of the pancreas**, however, may represent a subset of patients who do not uniformly require aggressive resection, and a thoughtful, evidence-based ...
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Validation and head-to-head comparison of four models for predicting malignancy in intraductal papillary mucinous neoplasm of the pancreas: A study based on endoscopic ultrasound findings

Jie Hua, Bo Zhang, Xiu-Jiang Yang, Yi-Yin Zhang, Miao-Yan Wei, Chen Liang, Qing-Cai Meng, Jiang Liu, Xian-Jun Yu, Jin Xu, Si Shi

Abstract

BACKGROUND

Several models are currently available for predicting the malignancy of pancreatic intraductal papillary mucinous neoplasm (IPMN), namely, the Pancreatic Surgery Consortium (PSC), the Japan Pancreas Society (JPS), the Johns Hopkins Hospital (JHH), and the Japan-Korea (JPN-KOR) models. However, a head-to-head comparison that shows which model is more accurate for this individualized prediction is lacking.

AIM

To perform a head-to-head comparison of the four models for predicting the malignancy of pancreatic IPMN.

METHODS

A total of 181 patients with IPMN who had undergone surgical resection were identified from a prospectively maintained database. The characteristics of IPMN in patients were recorded from endoscopic ultrasound imaging data and report archives. The performance of all four models was examined using Harrell's concordance indexes (C-indexes), calibration plots, decision curve analyses, and diagnostic tests.

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Another study of 35 patients who underwent **EUS-guided FNA** of **ampullary lesions** (with follow-up available in 27 patients) revealed 13 patients with **adenocarcinoma**, six with atypical cells (four suspicious for cancer and two consistent with **reactive atypia**), two with **adenomas**, one with **carcinoid**, and 13 with no evidence of malignancy.