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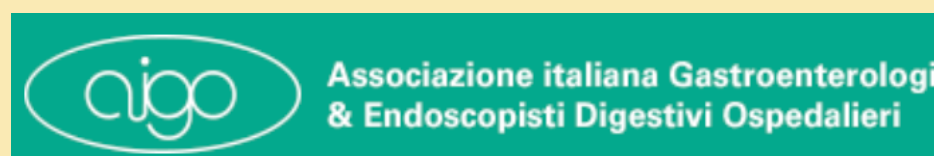


Autori e Chirurghi discutono su:

External validation of nomogram for predicting malignant intraductal papillary mucinous neoplasm (IPMN): from the theory to the clinical practice using the decision curve analysis model

Updates in Surgery (2021) 73:429–438
<https://doi.org/10.1007/s13304-021-00999-4>

- Introduzione F. Basile (Presidente SIC), M. Zago
- **Un Autore ci presenta il lavoro** (R. Casadei, Bologna)
- **Due gruppi e i panellists discutono i risultati dello studio**
 - La Scuola di Specializzazione
 - ▶ Gli Specializzandi di Verona con il Direttore (C. Bassi, R. Salvia)
 - Il Team ospedaliero
 - ▶ I Chirurghi dell'H Belcolle di Viterbo con il Direttore (R. Santoro)
 - I Panellists
 - ▶ A. Porcu (Delegato Regionale SIC, Sassari)
 - ▶ E. Buscarini (UO Gastroenterologia, Crema)
- **Polls, Q&A con tutti i partecipanti**
- **Cosa potremmo migliorare nel nostro Ospedale da domani?**



*Coordinamento a cura della
Commissione Formazione
Continua e Scuole SIC*

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ISCRIVITI

EXTERNAL VALIDATION OF NOMOGRAM FOR PREDICTING MALIGNANT INTRADUCTAL PAPILLARY MUCINOUS NEOPLASM (IPMN): FROM THE THEORY TO THE CLINICAL PRACTICE USING THE DECISION CURVE ANALYSIS MODEL

Riccardo Casadei, Claudio Ricci, Carlo Ingaldi, Alessandro Cornacchia, Marina Migliori, Mariacristina Di Marco, Nico Pagano, Carla Serra, Laura Alberici, Francesco Minni

The management of Intraductal papillary mucinous neoplasm (IPMN) is a challenging and controversial issue



This is a retrospective study:



From January 2004 to January 2020



457 patients affected by IPMN



98 patients underwent pancreatic resection

98 patients

52.1%

Female



69.7yrs

Median age



38.8%

Symptoms were non frequent



57.1%

IPMN type II



≤30mm

Cyst size



40.8%

Distal pancreatectomy
Most frequent resection



15.3%

Pancreatic fistula

To predict the presence of high-grade dysplasia or invasive carcinoma were used 2 methods:

1 Logistic regression analysis



Increasing the score, increases probability of IPMN high-grade dysplasia or invasive carcinoma in Main Duct (MD-IPMN) and Branch Duct (BD-IPMN)

2 Decision curve analysis (DCA)



DCA of MD-IPMN did not result clinically usefulness;
DCA of BD-IPMN seems useful in a range of value (40-60%) to select the patients

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