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**Impact of age, comorbidities and relevant changes on surveillance strategy of intraductal papillary mucinous neoplasms**

Crippa S, Marchegiani G, Belfiori G, et al. [Impact of age, comorbidities and relevant changes on surveillance strategy of intraductal papillary mucinous neoplasms: a competing risk analysis.](https://gut.bmj.com/content/73/8/1336) Gut 2024; 73: 1336-1342. doi: 10.1136/gutjnl-2023-329961,

Intra-ductal papillary mucinous neoplasms (IPMN) are benign cysts of the pancreas. Their identification is important because of their malignant potential, although IPMNs involving the branch ducts (BD-IPMN) appear to lower risk. Despite this, the long-term data on the fate of these cysts is limited, often leading to life-long surveillance. Consequently, Crippa et al., looked retrospectively at 926 patients undergoing surveillance imaging for a confirmed BD-IPMN (> 5mm) at three Italian centres without worrying features (WF) or high-risk stigmata (HRS). They aimed to better quantify the risk of progression and necessity of surveillance in different risk groups. Their main outcomes were ‘time to relevant change’, defined as ≥1 WF/HRS, surgery for IPMN or pancreatic ductal adenocarcinoma (PDAC), or death from IPMN/PDAC, and cumulative risk of death unrelated to IPMN/PDAC.

They identified that male sex, current or ex-smokers, and abdominal pain were all risk factors for IPMN relevant changes. They used these to construct a prediction score for risk of progression divided into low, medium, and high. The cumulative incidence of IPMN relevant changes increased over time in all three groups from 1.34%-4.36% at 1-year, to 13.73%-25.04% at 5-years. Although the risk increased, the actual rate of PDAC was only 1.6% (15/926). Concurrently, they used regression to identify that age and Charlson Comorbidity Index (CACL) were predictive of death unrelated to IPMN/PDAC that they used to create four groups. The overall 5-year survival in patients with a CACL >3 and age ≤75 was only 79.51% (95% CI; 67.2-94.1) whilst the remaining groups had a ≥95% survival, and all groups had a ≥95% 5-year PDAC free survival. Collectively, these findings show that the development of IPMN relevant changes is not uncommon, but the rate of PDAC is low, and among older co-morbid patients, the risk of death from other causes is much higher, questioning the need for surveillance continuation.