

## An ACP-led Pancreatic Cyst Surveillance Service

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### Background

The prevalence of pancreatic cysts (PCs) is increasing, due largely to advances and increased utilisation of medical imaging<sup>1</sup>. Certain PCs, particularly IPMNs (intraductal papillary mucinous neoplasms), are considered precursors of pancreatic adenocarcinoma<sup>2</sup>. Restrictive surveillance is recommended for those who do not meet criteria for surgery but may later develop high risk features, at which point potentially curative surgery can be offered at an early stage<sup>3</sup>.

### Aims

At our trust, we have developed a dedicated ACP-led pancreatic cyst surveillance clinic. The aim of the service is to ensure a standardised approach to the surveillance of patients at our hospital and a select group of high-risk patients identified through the HPB MDT.

### Methods

A PC surveillance clinic was designed and delivered from April 2023. The service underwent a formal inauguration and was promoted at the regional HPB MDT. All patients receive a standardized approach to surveillance in-line with international guidelines<sup>3</sup> or regional MDT recommendation, and are offered a F2F or virtual clinic review at each surveillance interval. A robust database was designed to capture relevant patient details and serve as a future research aid.

### Outcomes

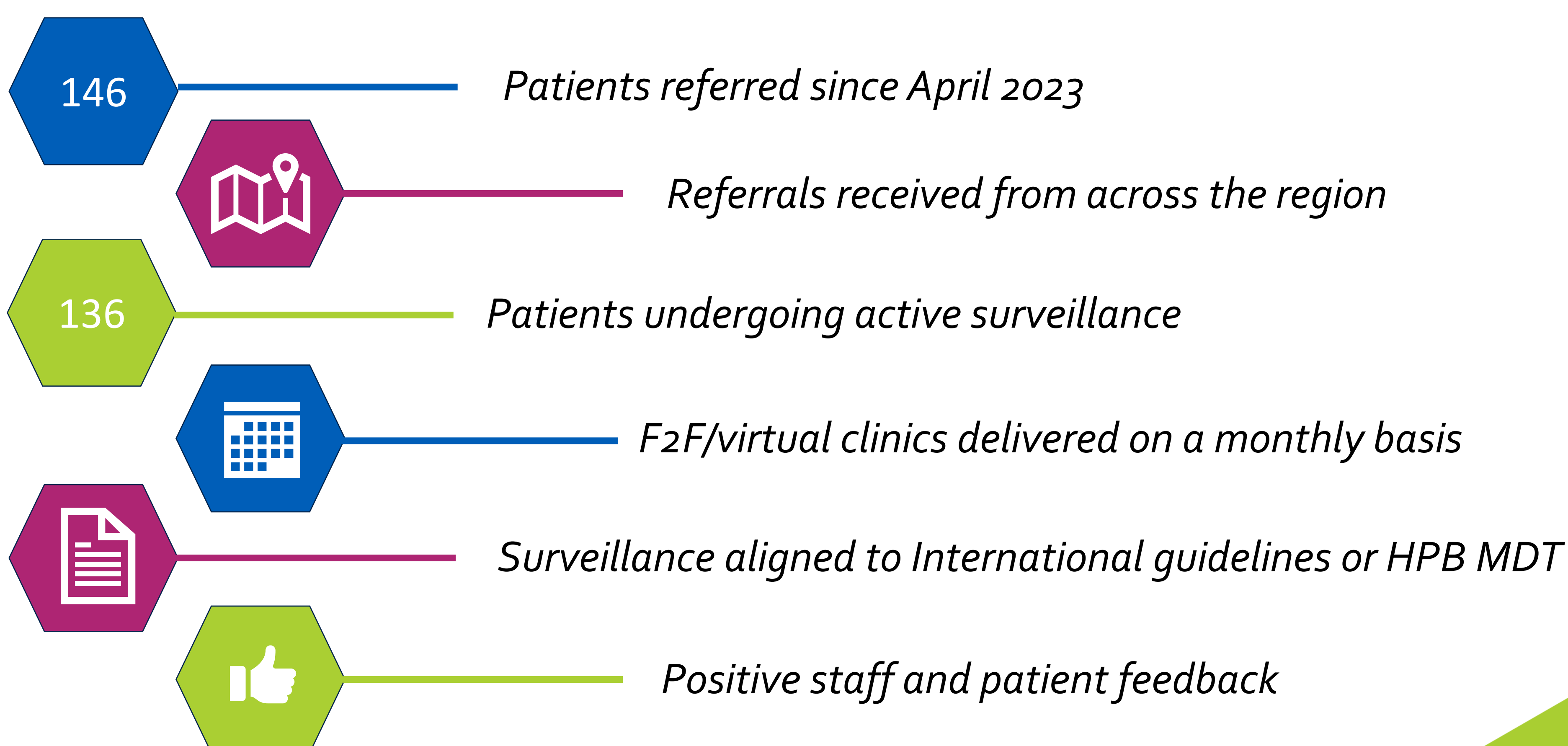
At present (05/2024), 145 patients have been referred to the service. 134 are undergoing active surveillance. Although malignant transformation has not yet been observed, high risk stigmata are present in 3 cases (2%) and worrying features in 18 (13%).

### Staff and Patient Experience

93% of all surveyed patients (16) report a greater sense of involvement in their care relating to pancreatic cyst surveillance. Additionally, patients report a better understanding of their pancreatic cyst and their individual surveillance protocol (93%). Multiple specialties, including primary care, have referred to the PC surveillance clinic. Referrer feedback (7) has been overwhelmingly positive and staff are satisfied with this innovative service (100%).

### Conclusions

Robust surveillance of patients with PC will likely improve early detection and prognosis of pancreatic cancer by enabling early identification of resectable cases<sup>4</sup>. This service will offer a single point of contact which will improve retainment and follow-up of these patients.



### References:

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