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SURGERY IS NOT MANDATORY FOR ALL PANCREATIC NEUROENDOCRINE TUMORS

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Non-functional pancreatic neuroendocrine tumors (p-NETs) are rare pancreatic neoplasms with low metastasis risks. While resection with lymphadenectomy is the preferred treatment, selected cases may benefit from close follow-up without surgery. We report outcomes of patients managed non-surgically. Patients were prospectively selected based on tumor size <20 mm, non-functionality, Ki67 index <10%, and well-differentiated histology. Analysis included 8 out of 10 patients followed for >24 months between January 2018 -December 2024.

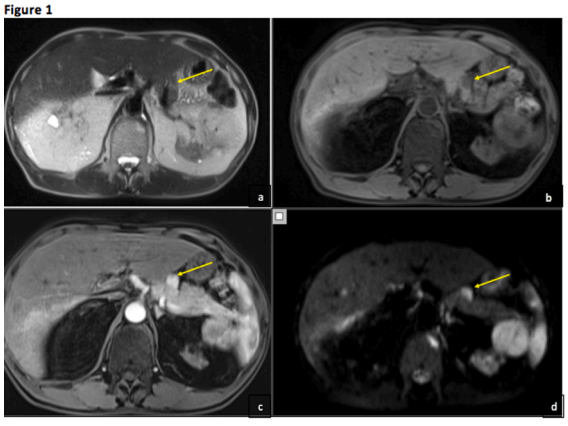
Median age of the 8 patients (3 male, 5 female) was 58 years (range: 34−75). Seven lesions were incidentally diagnosed, and one patient presented with pain. MRI identified lesions in all cases, with additional CT in 5 and PET (Ga-68 or FDG) in 6. Tumors were evenly distributed between the pancreatic head (n=4) and body (n=4), with a mean size of 13 mm (range: 8−19 mm). Imaging revealed no lymph node or distant metastases.

EUS-guided biopsy confirmed well-differentiated tumors in all patients, with a mean Ki-67 index of 2% (range: 1−8%). Seven patients had grade 1 p-NETs, and one had grade 2. Mean NSE levels were 15 ng/mL (range: 9−23), and chromogranin A was 102 ng/mL (range: 21−204) in 5 patients, with no significant changes during follow-up.

Patients were monitored for a mean of 42 months (range: 24−84) with annual MRI and NSE assessments, showing no tumor progression.

Non-surgical management of small, well-differentiated p-NETs with low Ki67 index is effective, avoiding unnecessary surgeries.

Figure 1



a) The pancreatic neuroendocrine tumor (p-NET), measuring 13x9 mm, was located in the distal pancreas corpus, with a mild exophytic extension to the peripancreatic area and proximity to the left lobe of the liver. The lesion was hyperintense on T2-weighted imaging.
b) The lesion appeared hypointense and heterogeneous on T1-weighted imaging
c) In the early arterial phase, the lesion exhibited hypervascular contrast enhancement.
d) In the diffusion-weighted imaging (DWI) sequence, the lesion maintained its contrast enhancement. These imaging findings were consistent with a neuroendocrine tumor.

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IRREVERSIBLE ELECTROPORATION (IRE) FOR PANCREATIC CANCER: USE AND CHALLENGES IN LATIN AMERICA

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Challenges in the Implementation of IRE in Latin America:

Accessibility and Cost: Specialized IRE equipment requires significant financial investment, limiting its availability in healthcare centers with constrained budgets.

Professional Training: The correct application of IRE demands specific training for healthcare professionals, and the lack of adequate training programs may hinder its effective implementation.

Healthcare Infrastructure: IRE requires advanced technology and specialized technical support, which can be challenging in regions with limited infrastructure.

Clinical Research and Evidence: Local research is essential to evaluate the applicability and outcomes of IRE in Latin American populations.

Regulation and Approval: Regulatory processes vary between countries, affecting the speed at which IRE can be adopted in clinical practice.

The Hospital Civil de Guadalajara "Fray Antonio Alcalde," in Jalisco, Mexico, is a leading healthcare institution providing high-specialty medical services. Committed to delivering safe and high-quality treatment for LAPC, the hospital has implemented an interdisciplinary strategy to strengthen training in IRE.

This initiative covers IRE in both open surgery and percutaneous procedures, involving interventional radiology and hepatopancreatobiliary oncologic surgery departments. The primary goal is to expand therapeutic options and optimize clinical outcomes.

Despite challenges in healthcare systems in Mexico and Latin America, the hospital has successfully and safely implemented this treatment in a dozen patients.

While IRE represents a promising innovation in pancreatic cancer treatment, its implementation in Latin America faces significant obstacles that require strategic and collaborative approaches to improve cancer care outcomes.