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Author response to: Survival after active surveillance *versus* upfront surgery for incidental small pancreatic neuroendocrine tumours

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Dear Editor

We welcome the comments from Yuan *et al.* The critical point is how to identify small non-functioning pancreatic neoplasms (NF-PanNENs) that are at risk of progression. Indeed, no reliable diagnostic tools are available, apart from those that identify clinical or radiological signs of malignancy. We agree with Yuan *et al.* on the promising role of genetic and epigenetic markers. Unfortunately, no study supports the routine assessment of genetic and epigenetic signatures in tissue samples obtained by fine-needle endoscopic ultrasound-guided biopsy (FNB). Thus, the inclusion criteria for our study reproduced a real-life clinical scenario, excluding patients with a reasonable clinical or radiological risk of malignancy.

Our study[1] clarified three crucial key points. First, active surveillance did not increase the mortality risk expected in a healthy population. We demonstrated that patients with low-risk small NF-PanNENs (without radiological or clinical signs of malignancy) could be considered healthy subjects, except for the need for active surveillance. This should lead to a change in mentality among physicians, discouraging both inappropriate and rushed indications for pancreatic resection. Second, the study showed that the risk of stage progression is negligible. In other words, despite a very limited number of small aggressive tumours, NF-Pan-NENs could be left in follow-up. Their indolent behaviour, characterized by very slow growth, mitigates the risks of this choice. Finally, the pathological results for the surgical group suggested that the actual rate of malignant small NF-Pan-NENs is small. Thus, even assuming that we will have a valid genetic screening test shortly to be used on FNB tissue samples, the real question is: in how many patients should fine-needle aspiration/FNB be performed in order to recognize and resect one aggressive small NF-PanNEN? The number of patients needed to screen would likely be too high, such that this engaging strategy would not be cost-effective for small and low-risk NF-Pan-NENs.

Reference

1. Ricci C, Partelli S, Landoni L, Rinzivillo M, Ingaldi C, Andreasi V *et al.* Survival after active surveillance *versus* upfront surgery for incidental small pancreatic neuroendocrine tumours. *Br J Surg* 2022;**109**:733–738

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