

High Grade Dysplasia in Biliary Tract & Pancreas: How Can We Regard and Treat?

Lecture Title: **Discrepancy between Western and Eastern pathologists: Eastern pathologist view point**

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Intraductal epithelial proliferative lesions in the pancreatic ducts and the biliary tract have been noted clinicopathologically and molecular pathologically, which are considered as precursor lesions of the invasive adenocarcinoma of each. Currently, flat lesions of them are called as pancreatic intraepithelial neoplasia (PanIN) and biliary intraepithelial neoplasia (Bil-IN), and macroscopic papillary lesions are as intraductal papillary mucinous neoplasm (IPMN) and intraductal papillary neoplasm of the bile duct (IPNB). According to the recent Baltimore consensus (2015), both PanIN and IPMN are graded into low-grade (previous PanIN-1 or 2, and IPMN with low-grade or intermediate-grade dysplasia) and high-grade (previous PanIN-3 and IPMN with high-grade dysplasia). Verona consensus (2016), same as the Baltimore consensus, adopted 2-tiered system for IPMN. And the latter mentioned that the word “carcinoma in situ” was still employed for the most advanced forms of high-grade dysplasia in many part of the world. This means IPMN, high grade is not strictly same as carcinoma in situ/non-invasive carcinoma. The newest “General rule for pancreatic cancer by Japan Pancreas Society (JPS)” partly adopted the terms of those international consensus, however definition of them including “high-grade dysplasia”, “carcinoma in situ” and “non-invasive carcinoma” are still controversial mainly due to historic and traditional implication in Japan. Eastern countries’, especially Japanese, criteria make much account of cell and nuclear morphology; on the other hand Western countries’ criteria focuses more on objective features including existence of stromal invasion or not. Biliary tract is tending to be classified using the same criteria used to classify the preinvasive lesions of the pancreas. For the international comparison, we should know the common and different points in the histological criteria of the “high grade dysplasia” of the intraductal epithelial proliferative lesions.