

Pancreatic Lesions in VHL

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Most Pancreatic Lesions in VHL are Benign

- True Cysts
- Serous Cystadenoma
- Neuroendocrine Tumors(PNET)
- Classic Pancreatic Cancer risk is NOT increased

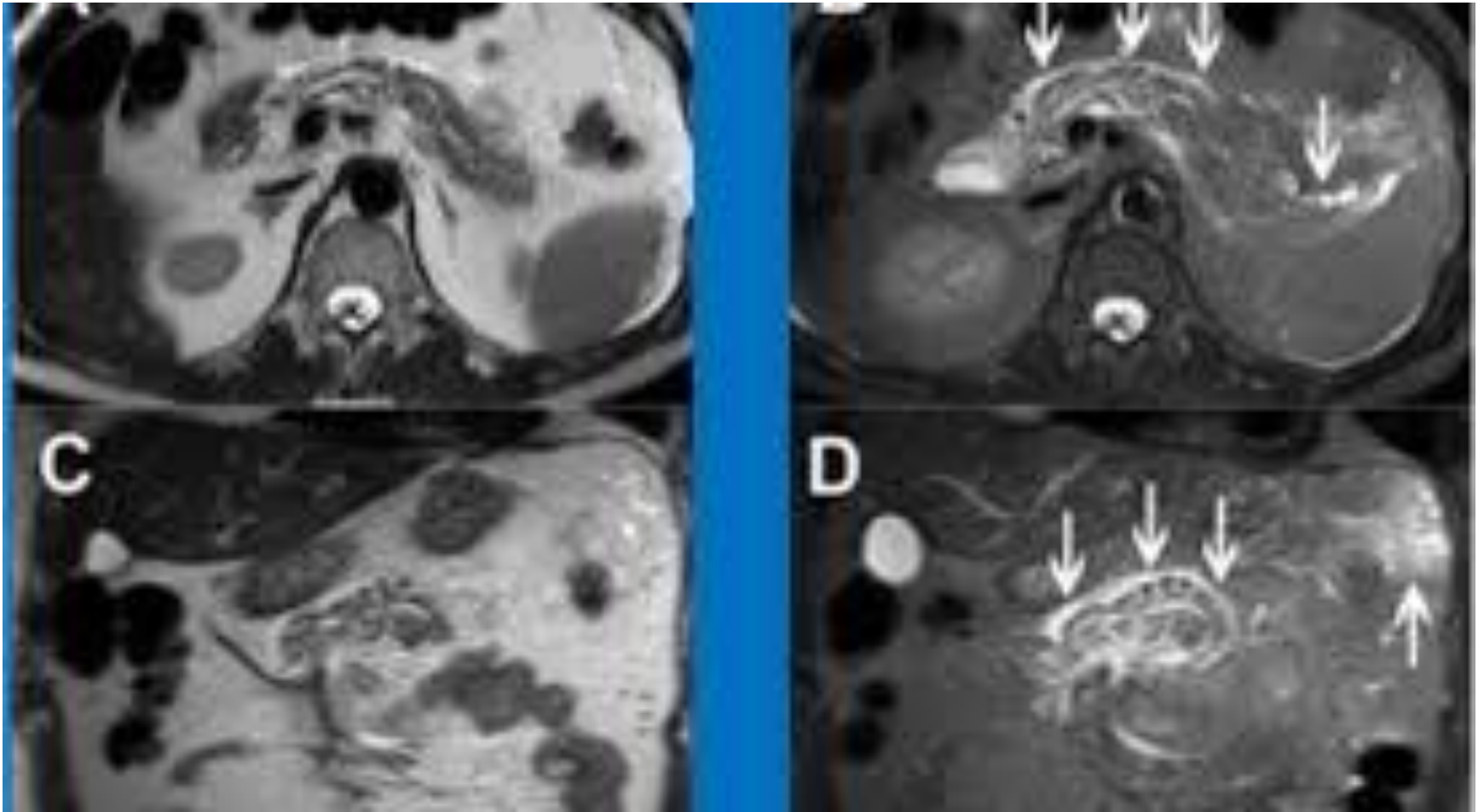
Seat of the Soul



Diagnosis and Surveillance

- CT Scan or MRI
- Endoscopic Ultrasound guided Biopsy
- Annual imaging – Team up with urology

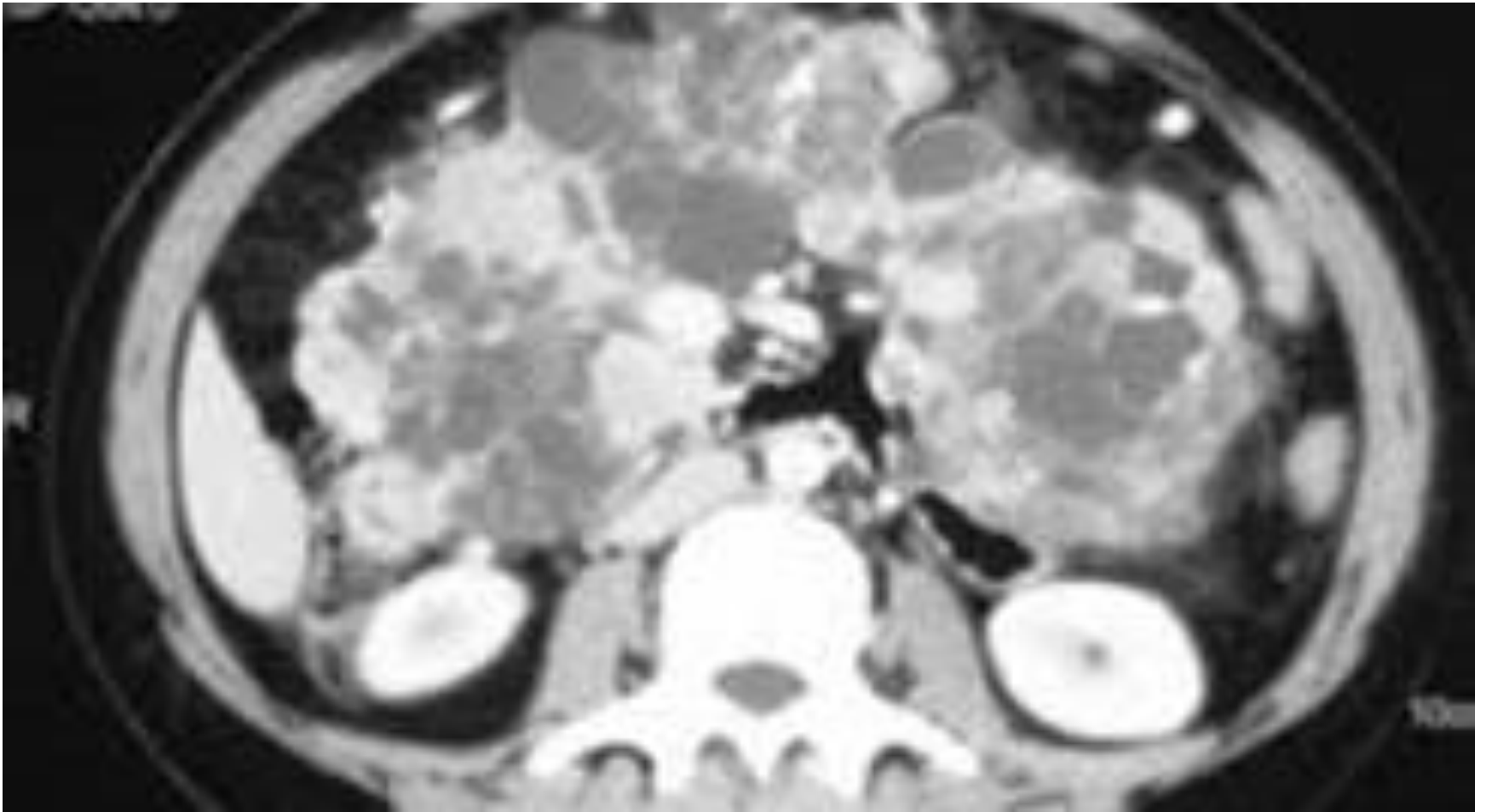
CT and MRI Scan



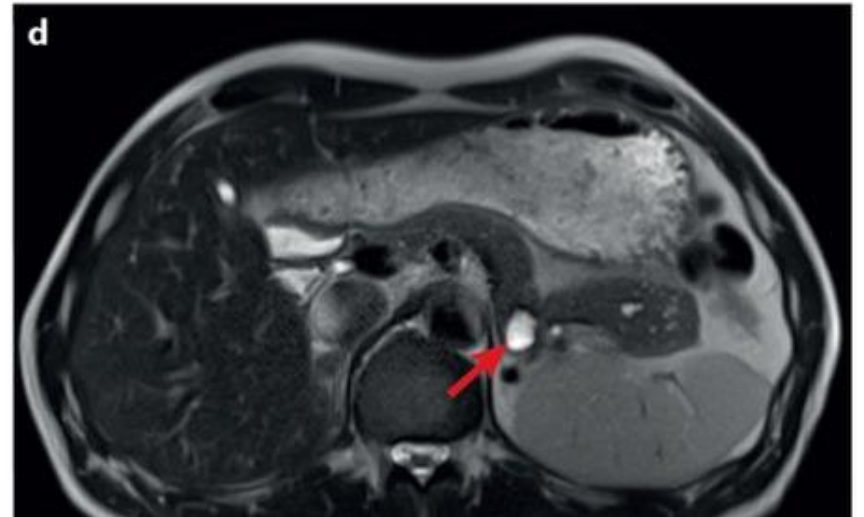
Mild VHL Pancreas



Typical VHL Pancreas



PNET vs. Cyst



Editorial: Pancreatic neuroendocrine tumors: Primum non nocere

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Surgery 2016, 159, 348-349

- Criteria for Observation
- Small, < 2cm
- Low Ki 67, <2%
- Asymptomatic

PNET Resection Criteria

- 633 VHL patients followed at NCI
- 108 (17%) had PNETs
- 9 People developed metastatic disease
- Risk Factors
 - Size >3 cm
 - Doubling Time >500 days
 - Exon 3 Mutation

Clinical, genetic and radiographic analysis of 108 patients with von Hippel-Lindau disease (VHL) manifested by pancreatic neuroendocrine neoplasms (PNETs).

Blansfield JA, et al. Surgery. 2007;142(6):814.