Pancreatic Cyst on Imaging

Most consistent with

Serous Cyst Adenoma

- Refer to surgical clinic to review symptoms
- Resect if symptomatic
- 3. No further imaging

Pseudocyst

- Correlate with history
- Refer to GI
 medicine clinic to
 review symptoms
 and etiology
- 3. No further imaging

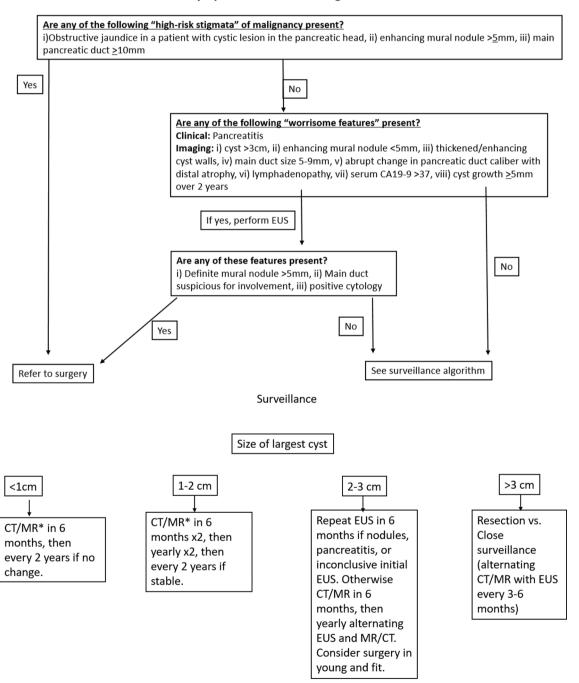
Malignancy, Solid Pseudopapillary Neoplasm, or Mucinous Cystic Neoplasm

1. Refer to surgery

IPMN

- 1. For BD-IPMN:
 - a) If asymptomatic see BD-IPMN algorithm
 - b) If symptomatic then refer to surgery
- 2. For MD-IPMN or mixed:
 - a) If duct ≥5mm then MRCP and Pancreatoscopy
 - b) If duct <5mm then EUS

Asymptomatic BD-IPMN Algorithm



- *MR recommended if GFR<30 or age <55years
- 1. Surveillance until age 80 or medically unfit for resection.
- 2. If cyst diagnosed at age >80, then follow q2yr x2 and stop if stable. If growth then follow BD-IPMN algorithm

Figure S1 Evaluation of pancreatic cystic lesions. Adapted from the University of Alabama at Birmingham Pancreatobiliary Disease Center Approach to Cystic Lesions of the Pancreas. (Source: Ali M. Ahmed, 2019).