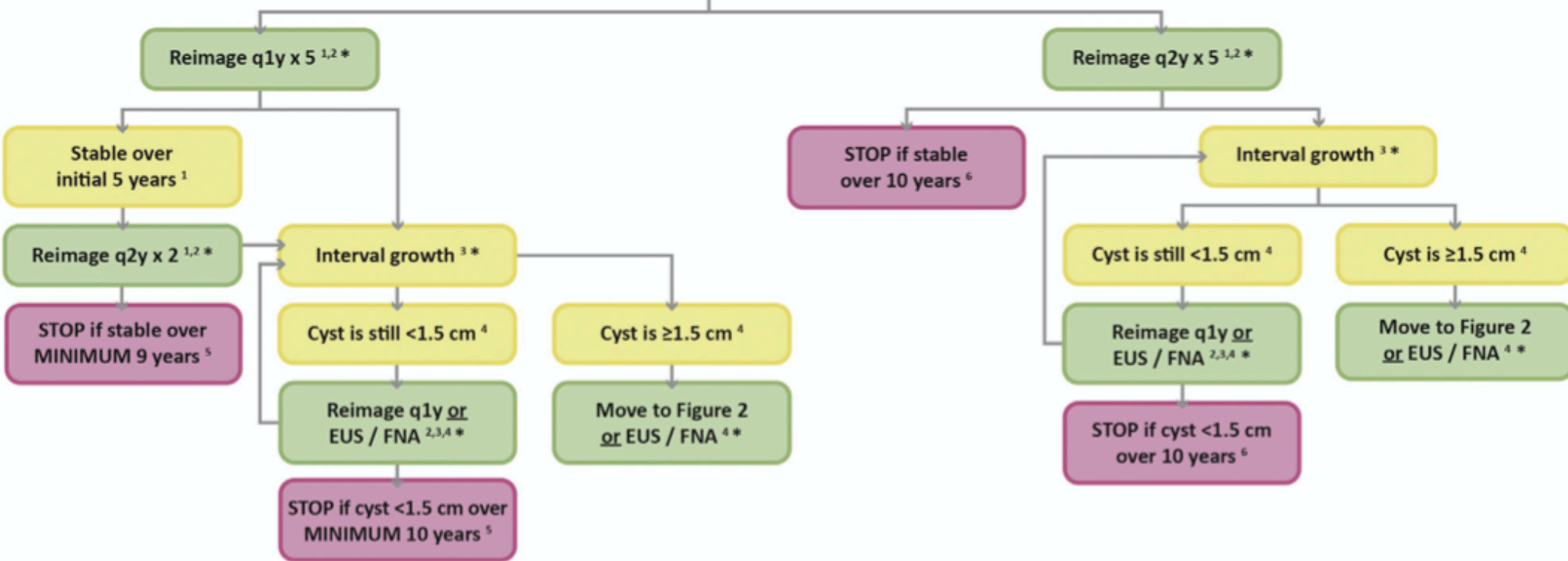


<65 years at presentation

<1.5 cm Incidental pancreatic cyst

65-79 years at presentation



LEGEND

1 While single follow-up of tiny “white dot” lesions at 2 years is appropriate, the need for further follow-up and length of follow-up, if stable, is unknown. Some radiologists do not report these lesions for patients with advanced age (>75-80 years of age).

2 Imaging follow-up with contrast-enhanced MRI or pancreas protocol CT.

3 Growth defined as 100% increase in longest axis diameter (on axial or coronal image) for cysts <5mm, and 50% increase for cysts ≥5mm and <15mm. No growth = stable.

4 Following growth, imaging follow-up or EUS/FNA may be performed. In general, EUS/FNA merits stronger consideration for larger or faster-growing cysts relative to smaller or slower-growing cysts. After EUS/FNA, further work-up is result-dependent (see Figure 2B).

5 Some may choose to continuously follow cysts detected in patients <65-years-old until those patients reach 80.

6 If the patient reaches 80 years before the end of follow-up, follow-up should generally stop. If the patient is close to – but not yet – 80 years when the cyst is first detected, then when the patient reaches 80 years, Figure 4 can be used to guide further management.

*Appearance of any mural nodule, wall thickening, dilation of MPD ≥7mm, or extrahepatic biliary obstruction/jaundice should prompt immediate EUS/FNA and surgical evaluation regardless of size or amount of growth.