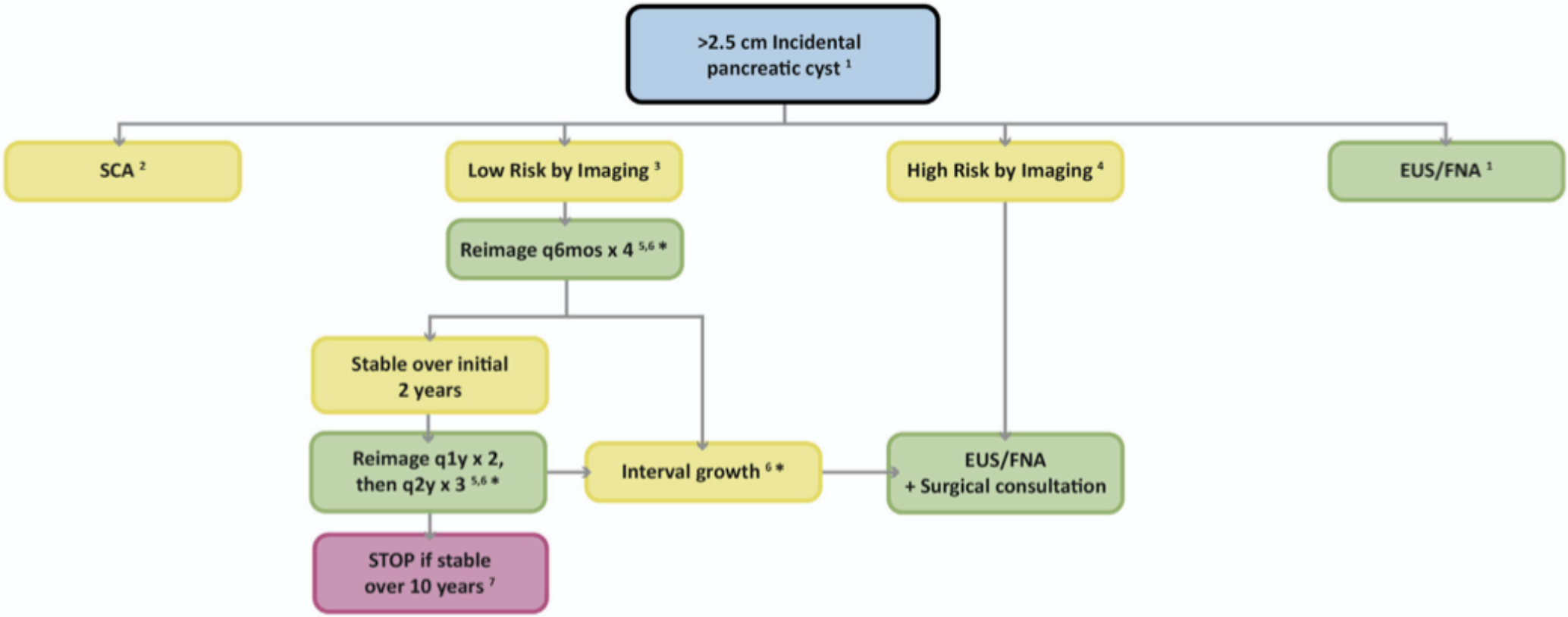

LEGEND

1 Immediate EUS/FNA performed in many centers for all cysts of this size.

2 For SCA>4cm, surgical consultation for consideration of resection is advised.

3 Low-risk features: no mural nodule, no wall thickening, normal caliber MPD, no peripheral Ca++. If surgery is contemplated for low-risk cysts, EUS/FNA is strongly advised before the procedure.

4 High-risk features: mural nodules, wall thickening, MPD ≥7mm maximal diameter, peripheral Ca++. All patients with "high risk stigmata" (extrahepatic biliary obstruction/jaundice, enhancing mural nodule, MPD ≥ 10mm) at time of cyst detection should undergo immediate clinical evaluation for surgery.

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

6 Growth defined as 20% increase in longest axis diameter, as depicted on either axial or coronal image. No growth = stable.

7 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.