**Management of Cystic Pancreatic Mass**

* **High risk features (obstructive jaundice, enhancing solid component within cyst, main pancreatic duct ≥10mm)**
* **Consider Surgery**
* **Worrisome features? (clinical: pancreatitis; Imaging:** i) cyst >3 cm, ii) thickened/enhancing cyst walls, iii) main duct size 5-9 mm, iii) non-enhancing mural nodule iv) abrupt change in caliber of pancreatic duct with distal pancreatic atrophy.
* **Yes – Endoscopic Ultrasound (**Are any of these features present? Definite mural nodule, Main duct features suspicious for involvement, Cytology: suspicious or positive for malignancy)
* **Yes: Surgery**
* **No: What is the size of the largest cyst (see below)**
* **Inconclusive: Close f/u alternating MRI/EUS every 3-6 mo’s; Strongly consider surgery if young, fit patients**
* **No – What is the size of the largest cyst?**
* **<1 cm - CT/MRI in 2-3 years**
* **1-2 cm - CT/MRI yearly x 2yrs (if stable lengthen interval)**
* **2-3 cm – EUS in 3-6 mo’s, then lengthen interval alternating MRI & EUS as appropriate; consider surgery if young, fit patients**
* **>3 cm – Close f/u alternating MRI/EUS every 3-6 mo’s; Strongly consider surgery if young, fit patients**

**International consensus guidelines 2012 for the management of IPMN and MCN of the pancreas:** *Pancreatology 12 (2012) 183-197.*