

Pancreas Cyst Mass Pathway

(Based on the Fukuoka Guideline)

Outside CT Scan Reviewed by Virginia Mason GI Radiologist

Are any of the following "high-risk stigmata" of malignancy present?
a) obstructive jaundice in a patient with cystic lesion of the head of the pancreas, b) enhancing mural nodule ≥ 5 mm, c) main pancreatic duct ≥ 10 mm

Yes

No

Consider surgery, if clinically appropriate

Are any of the following worrisome features present?
Clinical: Pancreatitis
Imaging: a) cyst ≥ 3 cm, b) enhancing mural nodule ≤ 5 mm, c) thickened/enhancing cyst walls, d) main duct size 5-9mm, e) abrupt change in caliber of pancreatic duct with distal pancreatic atrophy, f) lymphadenopathy, g) increased serum level of CA19-9, h) cyst growth rate ≥ 5 mm/2 years

If yes, perform endoscopic ultrasound

No

Yes

Are any of these features present?
a) Definite mural nodule(s) ≥ 5 mm
b) Main duct features suspicious for involvement
c) Cytology: suspicious or positive for malignancy

No

Inconclusive

What is the size of the largest cyst?

<1 cm

≤ 2 cm

2-3 cm

>3 cm

+ Lab every 6 months
- Hb-A1c
- CA 19-9

MRI in 1 year, then every 2-3 years, if stable

CT/MRI 6 months x 1 year yearly x 2 years, then lengthen interval up to 2 years if no change

MRI every 6 months, then every 1 year, if stable

If no surgery is decided, alternate MRI with EUS every 6 months

Based on: Maseo Tanaka, Carlos Fernandez-del Castillo, Terumi Kamisawa, Jin Young Jang, Philippe Levy, Takao Ohtsuka, Roberto Salvia, Yasuhiro Shimizu, Minoru Rada, Christopher L. Wolfgang, Revisions of international consensus Fukuoka guidelines for the management of IPMN of the pancreas. *Pancreatology* 2017;17:738-753