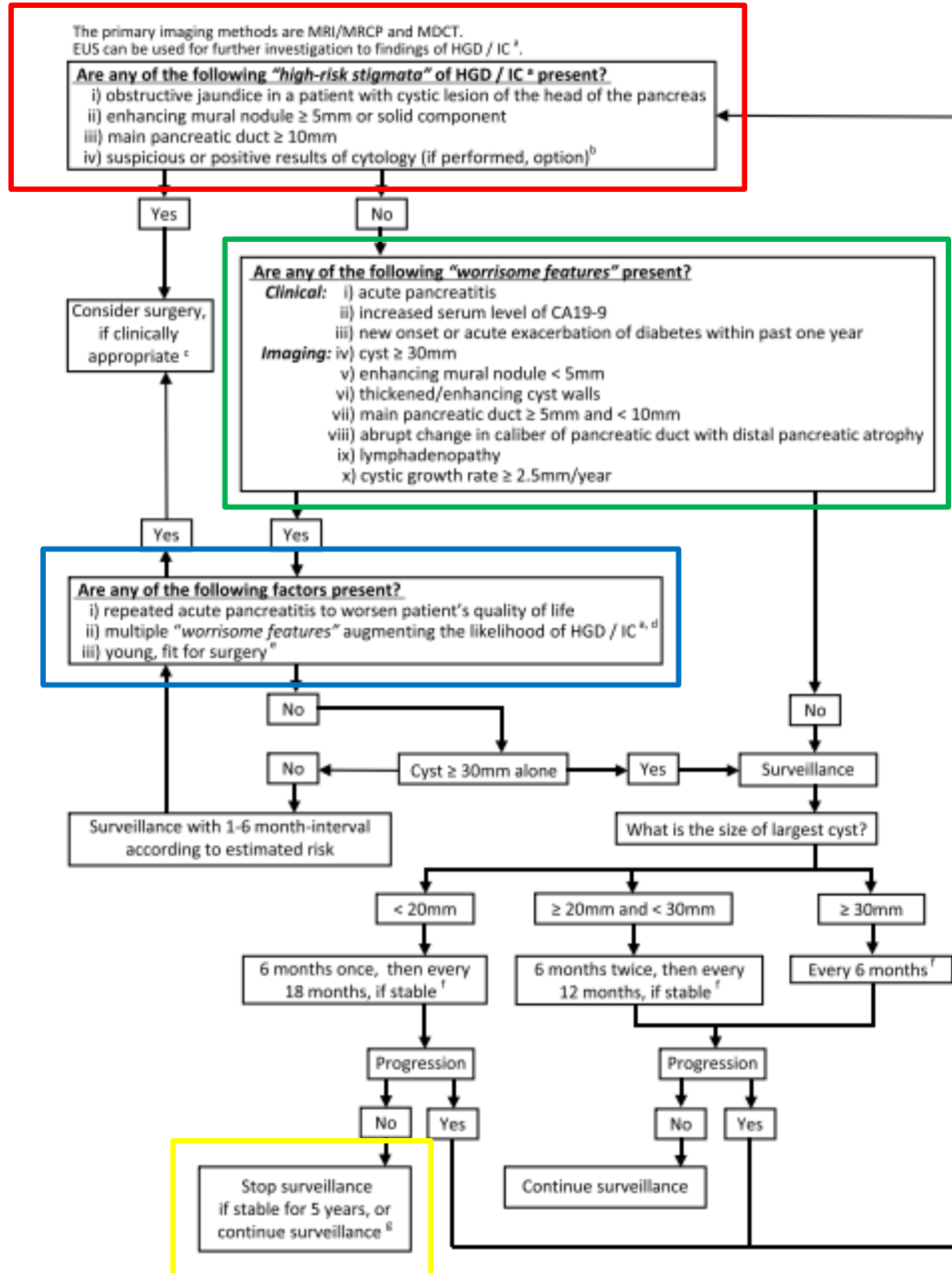


# Severn Hepato – Pancreaticobiliary Unit

February 2024

## Management and follow up of pancreatic cysts

Modified from Ohtsuka et al 2024



The International cyst guidance has been modified. For a free to access PDF please see:

[International evidence-based Kyoto guidelines for the management of intraductal papillary mucinous neoplasm of the pancreas - ScienceDirect](#)

The key changes are:

The guidance is less proscriptive regarding type of imaging. It formalises monitoring cysts > 3 cm if there are no other worrisome features. It reduces the frequency of imaging for smaller cysts and no longer differentiates between cysts that are 1 cm or less and those that a 2 cm or less. It additionally increases the time between imaging for all cyst types. In the lowest risk cysts it also has the option of ceasing follow-up.

The current updated guidance has similar high-risk stigmata (red box) and similar worrisome features (green box).

For those patients with a worrisome feature an additional set of criteria are then applied (blue box) and this helps differentiate those who you might immediately consider for surgery verses those who can enter more intensive surveillance.

Follow-up is then by size of cyst but the categories are now, less than 20 mm, 20-30 mm, and more than 30 mm.

The use of EUS is suggested less frequently and tends to relate to a concern that there may be either high-grade dysplasia or invasive cancer (see text at start of red box). As highlighted above, the imaging modality is no longer defined as closely.

In those with stable cysts for more than 5 years in the less than 20 mm group a cessation of follow-up is now an option (yellow box).