

**Supplementary Table 1. Comparison of gastroenterologists and surgeons in the management of pancreatic cystic neoplasms**

Variable	Gastroenterologist (n = 110)	Surgeon (n = 5)	p value
Sex, male/female	106/4	5/0	0.547
Age, yr			0.201
31–40	32 (29.1)	1 (20)	
41–50	44 (40.0)	4 (80)	
51–60	29 (26.4)	0	
60 or more	5 (4.5)	0	
Type of hospital			0.067
PS	32 (29.1)	0	
TA	78 (70.9)	5 (100)	
Preferred guidelines			0.111
2012/2017 IAP	70 (63.6)	5 (100)	
2018 ACG	22 (20.0)	0	
2018 European	18 (16.4)	0	
Preferred initial imaging modalities			0.747
Enhanced CT	24 (21.8)	2 (40)	
GE-MRI/MRCP	45 (40.9)	2 (40)	
MRI/MRCP	14 (12.7)	0	
EUS	26 (23.6)	1 (20)	
ERCP	1 (0.9)	0	
Preferred follow-up imaging modalities			0.200
Enhanced CT	62 (56.4)	5 (100)	
GE-MRI/MRCP	12 (10.9)	0	
MRI/MRCP	19 (17.3)	0	
EUS	11 (10.0)	0	
US	6 (17.3)	0	
What time interval would you choose for surveillance in 2–3 cm PCNs			0.790
Every 3 months	32 (30.1)	2 (40)	
Every 6 months	79 (66.4)	3 (60)	
Every year	5 (4.5)	0	
What time interval would you choose for surveillance in PCNs with MPD dilation (5–9 mm)			0.480
Every 3 months	10 (9.1)	0	
Every 6 months	77 (79.1)	5 (100)	
Every years	13 (11.8)	0	
Do you follow-up PCNs for more than 5 years			0.547
Yes	106 (96.4)	5 (100)	
No	4 (3.6)	0	
When would you usually recommend surgery			0.801
High-risk stigmata <sup>a</sup>	90 (91.8)	4 (80)	
Worrisome features <sup>b</sup>	20 (18.2)	1 (20)	

Values are presented as number (%).

PS, primary/secondary; TA, tertiary/academic; IAP, International Association of Pancreatology; ACG, American College Gastroenterology; CT, computed tomography; GE-MRI, gadolinium-enhanced magnetic resonance imaging; MRCP, magnetic resonance cholangiopancreatography; EUS, endoscopic ultrasound; ERCP, endoscopic retrograde choangiopancreatography; US, ultrasound; PCN, pancreas cystic neoplasm; MPD, main pancreatic duct.

<sup>a</sup>High-risk stigmata including obstructive jaundice due to cyst, enhancing mural nodule ( $\geq 5$  mm), MPD dilation ( $\geq 10$  mm) [6].

<sup>b</sup>Worrisome features including cyst ( $\geq 3$  cm), enhancing mural nodule ( $\leq 5$  mm), MPD dilation (5–6 mm), cyst growth rate  $\geq 5$  mm/2 years, thickened/enhancing cyst walls, abrupt change in pancreatic duct diameter with distal pancreatic atrophy, lymphadenopathy, increased serum level of CA 19-9 [6].