

**Supplemental Table 2. Comparison of clinical practice according to the age groups in the management of pancreatic cystic neoplasms**

Variable	Young <sup>a</sup> participants (n = 81)	Old <sup>b</sup> participants (n = 34)	p value
Sex, male/female	79/2	32/2	0.580
Specialty			0.320
Gastroenterologist	76 (93.8)	34 (100)	
Surgeon	5 (6.2)	0	
Type of hospital			0.903
PS	24 (29.6)	8	
TA	57 (70.4)	26 (76.5)	
Performing EUS	71 (87.7)	31 (91.2)	0.752
Preferred guidelines			0.255
2012/2017 IAP	56 (69.1)	19 (55.9)	
2018 ACG	15 (18.5)	7 (20.6)	
2018 European	10 (12.3)	8 (23.5)	
Preferred initial imaging modalities			0.509
Enhanced CT	15 (18.5)	11 (32.4)	
GE-MRI/MRCP	33 (40.7)	14 (41.2)	
MRI/MRCP	11 (13.6)	3 (8.8)	
EUS	21 (25.9)	6 (17.6)	
ERCP	1 (1.2)	0	
Preferred follow-up imaging modalities			0.433
Enhanced CT	51 (63)	16 (47.1)	
GE-MRI/MRCP	6 (7.4)	6 (17.6)	
MRI/MRCP	12 (14.8)	7 (20.6)	
EUS	8 (9.9)	3 (8.8)	
US	4 (4.9)	2 (5.9)	
What time interval would you choose for surveillance in 2–3 cm PCNs			0.085
Every 3 months	29 (35.8)	5 (14.7)	
Every 6 months	49 (60.5)	27 (79.4)	
Every year	3 (3.7)	2 (5.9)	
What time interval would you choose for surveillance in PCNs with MPD dilation (5–9 mm)			0.009
Every 3 months	10 (12.3)	0	
Every 6 months	64 (79)	28 (82.3)	
Every years	7 (8.7)	6 (17.1)	
Do you follow-up PCNs for more than 5 years			0.317
Yes	77 (95.1)	34 (100)	
No	4 (3.6)	0	
When would you usually recommend surgery			0.593
High-risk stigmata <sup>c</sup>	66 (81.5)	28 (82.4)	
Worrisome features <sup>d</sup>	15 (18.5)	6 (17.6)	

Values are presented as number (%).

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

<sup>a</sup>Participants aged 31 to 50 years were categorized as young.

<sup>b</sup>Participants aged 50 above were categorized as old.

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

<sup>d</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].