Leeds Network Pancreas Cyst Pathway – updated for Circulation November 2024

Patients for Pancreatic MDT Discussion

All newly diagnosed pancreatic cysts should be reviewed locally by a GI radiologist to ensure correct diagnosis. Refer to the central MDT if the following criteria apply:

- Age **≤ 80** with cyst **≥3cm**
- Mural nodule
- Thickened/enhancing cyst wall
- Growth rate **≥5mm**/year or **≥10mm** over 2 years between surveillance scans
- Main pancreatic duct **≥5mm** or abrupt calibre change in duct
- Jaundice
- New onset diabetes or significant deterioration in diabetic control
- Acute pancreatitis caused by IPMN

Cyst Surveillance

If these criteria do not apply, the patient does not need central MDT review, and can be followed up locally according to the cyst follow-up pathway:

- Initial MR pancreas at 1 year from initial scan, then 2 yearly MR pancreas until unfit for surgery or develops one of the above features, which would trigger MDT review (all scans should be reviewed by local GI radiologist – suggest using an abbreviated unenhanced MRI protocol for follow-up)
- Patients with significant co-morbidity who would not be a candidate for surgery should not enter cyst surveillance
- Incidental pancreatic cysts detected in patients aged **≥80** years old could be considered for surveillance in exceptional circumstances if the patient is extremely fit and understands the implications of undergoing surveillance, including possible future major pancreatic surgery and its associated risk of morbidity / mortality. Such patients would need to first be seen and assessed fit for surveillance in a surgical clinic
- Patients with comorbidities should be assessed regularly face to face to ensure surveillance imaging remains in their best interests depending upon anticipated life expectancy and/or fitness for surgery

Cessation of Surveillance

- Surveillance should be discontinued for patients who are unfit for surgery or have a life expectancy of <10 years
- Surveillance can stop for cysts <2cm with no worrisome features and stable for 5 years in asymptomatic patients
  (discontinuation may not be applicable in those with familial / genetic risk as the risk of pancreatic cancer appears to be cumulative over time)

References

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Presented at the West Yorkshire and Harrogate Cancer Alliance HPB OPG meeting 13/12/2024