Asymptomatic 1 Patient with Incidental Pancreatic Cystic Mass
Detected on CT, MRI (with or without contrast) or US

<2 cm
- Single follow-up in 1 yr, preferably MRI 2
  - Stable: Benign, no further follow-up
  - Growth: Uncharacterized cystic mass

2-3 cm
- Imaging characterization, preferably MRI/MRCP 3
  - Uncharacterized cystic mass: Follow-up yearly
  - BD-IPMN: Follow-up every 6 mo for 2 years 4
  - Serous cystadenoma: Follow-up every 2 yr

>3 cm
- Serous cystadenoma: Consider resection when ≥ 4 cm
- Uncharacterized cystic mass or other cystic neoplasm: Cyst aspiration
- Resect, depending on co-morbidities and risk

1 Signs and symptoms include hyperamylasemia, recent onset diabetes, severe epigastric pain, weight loss, steatorrhea or jaundice.
2 Consider decreasing interval if younger, omitting with limited life expectancy. Recommend limited T2-weighted MRI for routine follow-ups.
3 Recommend pancreas-dedicated MRI with MRCP.
4 If no growth after 2 years, follow yearly. If growth OR suspicious features develop, consider resection.
5 BD-IPMN = branch duct intraductal papillary mucinous neoplasm.