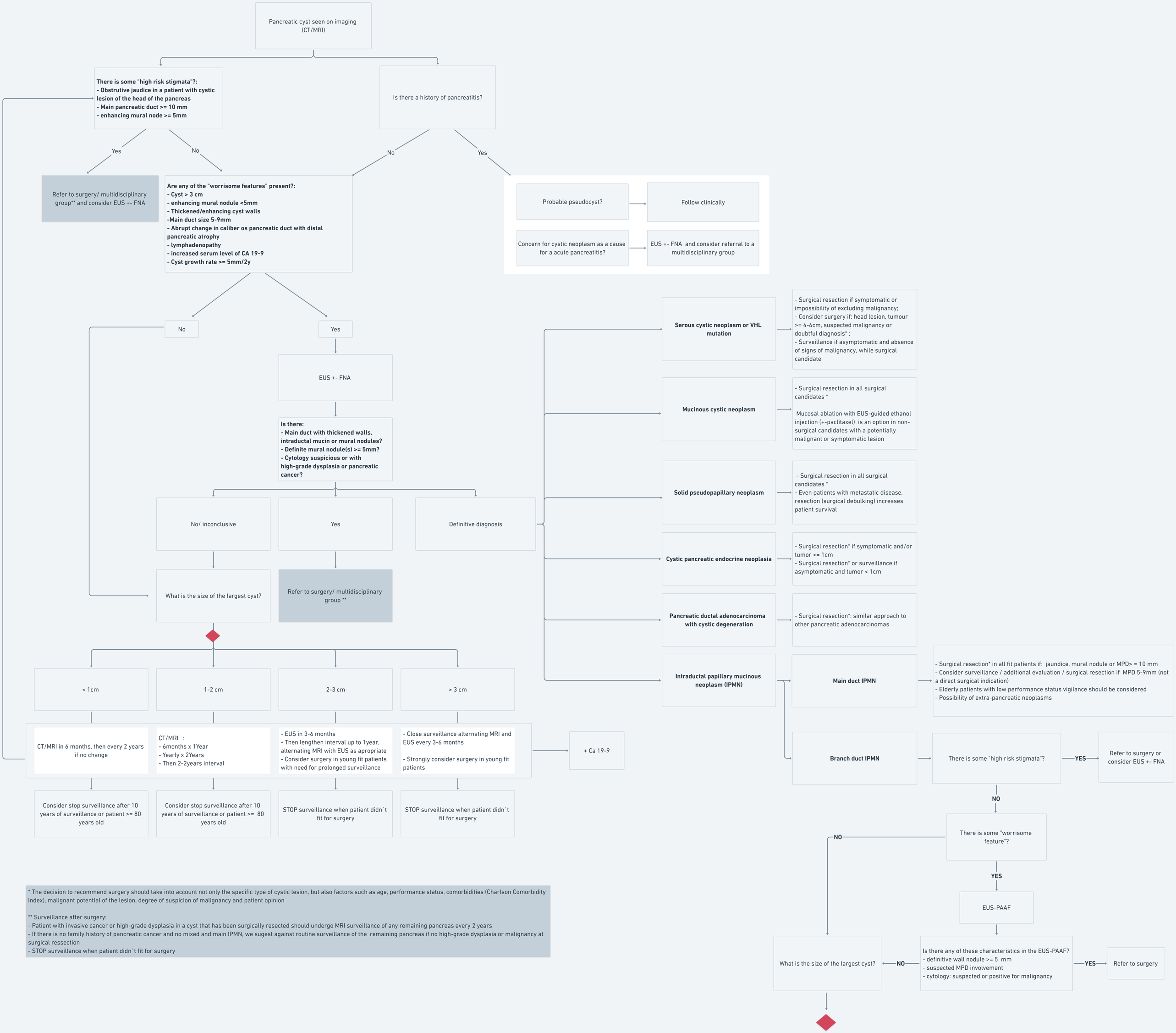

* The decision to recommend surgery should take into account not only the specific type of cystic lesion, but also factors such as age, performance status, comorbidities (Charlson Comorbidity Index), malignant potential of the lesion, degree of suspicion of malignancy and patient opinion

** Surveillance after surgery:
- Patient with invasive cancer or high-grade dysplasia in a cyst that has been surgically resected should undergo MRI surveillance of any remaining pancreas every 2 years
- If there is no family history of pancreatic cancer and no mixed and main IPMN, we sugest against routine surveillance of the remaining pancreas if no high-grade dysplasia or malignancy at surgical ressection
- STOP surveillance when patient didn´t fit for surgery